| Meeting Date | 24th November 2020 | Agenda Item | 3.1 |
|---|---|---|---|
| **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** | The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the operational pressures within the Health Board relating to the COVID-19 pandemic, it was agreed that the narrative update would be omitted from this iteration of the performance report.<br><br>From the 1st April 2020, RAG'ing has not been applied to the targeted intervention priorities as the profiles were based on the actions within the 2020/21 annual plan which are now not being progressed due to the COVID-19 pandemic. In the absence of local profiles, in-month movement will now be utilised as the basis of RAGing for these measures until revised profiles are received. However, this is unlikely to happen until the pandemic has subsided and services start to return to a new level of normality.<br><br>**Key high level issues to highlight this month are as follows:**<br><br>**Benchmarking data-** Welsh Government has recommenced publishing official statistics on NHS performance measures therefore enabling benchmarking data to be included in this report. The published data is being utilised by Welsh Government for management information and to provide assurance against the delivery of local Health Board quarterly plans. The benchmarking data can be found in the summary table starting on page 60 of this report. In addition to the all-Wales average/ total a new column | | |

| | |
|---|---|
| | has been added to the table which shows Swansea Bay University (SBU) Health Board's rank position for each measure against all NHS Wales organisations. It is hoped that the rank will help to see how SBU is performing against the other Health Boards in Wales.<br><br>**Unscheduled Care**- Demand for emergency department care within Swansea Bay University (SBU) Health Board reduced in October 2020, which could be because of the Firebreak Lockdown in Wales which came into effect on 23rd October and lasted 17 days. The percentage of patients seen within 4 hours in A&E and the number of patients waiting over 12 hours both improved in October 2020, as well as the number of ambulance to hospital delays over 1 hour.<br><br>**Planned Care**- October 2020 was the first month that has seen a reduction in the number of patients waiting over 26 weeks for an outpatient appointment since Welsh Government announced in March 2020 that all non-urgent elective appointments were to be suspended. However, the in-month reduction may be the result of the dip in primary care referrals during the first COVID19 wave in April and May 2020. Diagnostics and Therapy waiting times have significantly increased since March 2020 however, the number of patients waiting over target reduced again in October 2020 with some therapy services returning to a nil breach position (i.e. Occupational Therapy and Physiotherapy)<br><br>**Cancer**- The backlog of Urgent Suspected Cancer (USC) patients waiting over 53 days significantly increased in October 2020, which is reflected in a worsening projected position for October 2020 for the 31 and 62 day access targets. October's figures are in the process of being validated at the time of writing this report.<br><br>**Mental Health**- performance against the Mental Health Measures continues to be maintained and all targets were achieved in September 2020. Psychological therapies access times significantly improved in September 2020 with an achievement of 98.7% against the 95% target.<br><br>**Child and Adolescent Mental Health Services (CAMHS)-**access to CAMHS continues to be high for the majority of measures however, access to Neurodevelopmental Disorder (NDD) remains low at 21% in September 2020, and access times for routine assessments and patients receiving a Care Treatment Plan were below target for the first time in 2020/21.<br><br>**Healthcare Acquired Infections**- In October 2020, the number of c.difficile cases in Swansea Bay reduced and was in line with the internal monthly reduction target for October. |

| | | | | |
|---|---|---|---|---|
| | **Serious Incidents closures**- Performance against the 80% target was 0% in October 2020 as none of the seven closure forms due to be submitted to Welsh Government in October were submitted on time. All seven forms were for Mental Health and Learning Disabilities Service Group. The Service Group will be going out to advert shortly for two new investigators which will significantly improve the Group's ability to close cases within timeframe as well as clearing the backlog of open cases.<br><br>**Never Event**- There was one Never Event reported in October 2020. The event occurred in Maternity Services. | | | |
| **Specific Action Required** | **Information** | **Discussion** | **Assurance** | **Approval** |
| | ✓ | | ✓ | |
| **Recommendations** | Members are asked to:<br>• **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 performance report until operational pressures significantly ease. Despite a reduction in the narrative contained within this report, considerable work has been undertaken to include additional measures that aid in describing how the healthcare systems has changed as a result of the pandemic.

## 3. GOVERNANCE AND RISK ISSUES

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

## 4. FINANCIAL IMPLICATIONS

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

## 5. RECOMMENDATION

Members are asked to:

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

| Governance and Assurance | | |
|---|---|---|
| **Link to Enabling Objectives *(please choose)*** | **Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities** | |
| | Partnerships for Improving Health and Wellbeing | ☒ |
| | Co-Production and Health Literacy | ☒ |
| | Digitally Enabled Health and Wellbeing | ☒ |
| | **Deliver better care through excellent health and care services achieving the outcomes that matter most to people** | |
| | Best Value Outcomes and High Quality Care | ☒ |
| | Partnerships for Care | ☒ |
| | Excellent Staff | ☒ |
| | Digitally Enabled Care | ☒ |
| | Outstanding Research, Innovation, Education and Learning | ☒ |
| **Health and Care Standards** | | |
| ***(please choose)*** | Staying Healthy | ☒ |
| | Safe Care | ☒ |
| | Effective Care | ☒ |
| | Dignified Care | ☒ |
| | Timely Care | ☒ |
| | Individual Care | ☒ |
| | Staff and Resources | ☒ |

**Quality, Safety and Patient Experience**

The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.

There are no directly related Equality and Diversity implications as a result of this report.

**Financial Implications**

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

**Legal Implications (including equality and diversity assessment)**

A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.

**Staffing Implications**

A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.

| **Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)** | |
|---|---|
| The '5 Ways of Working' are demonstrated in the report as follows:<br>• **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.<br>• **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.<br>• **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.<br>• **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Service Groups as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.<br>• **Involvement** – Corporate and Service Groups 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 October 2020. This is a routine monthly report. |
| **Appendices** | Appendix 1: Quality & Safety performance report |

# Appendix 1- Quality & Safety Performance Report November 2020

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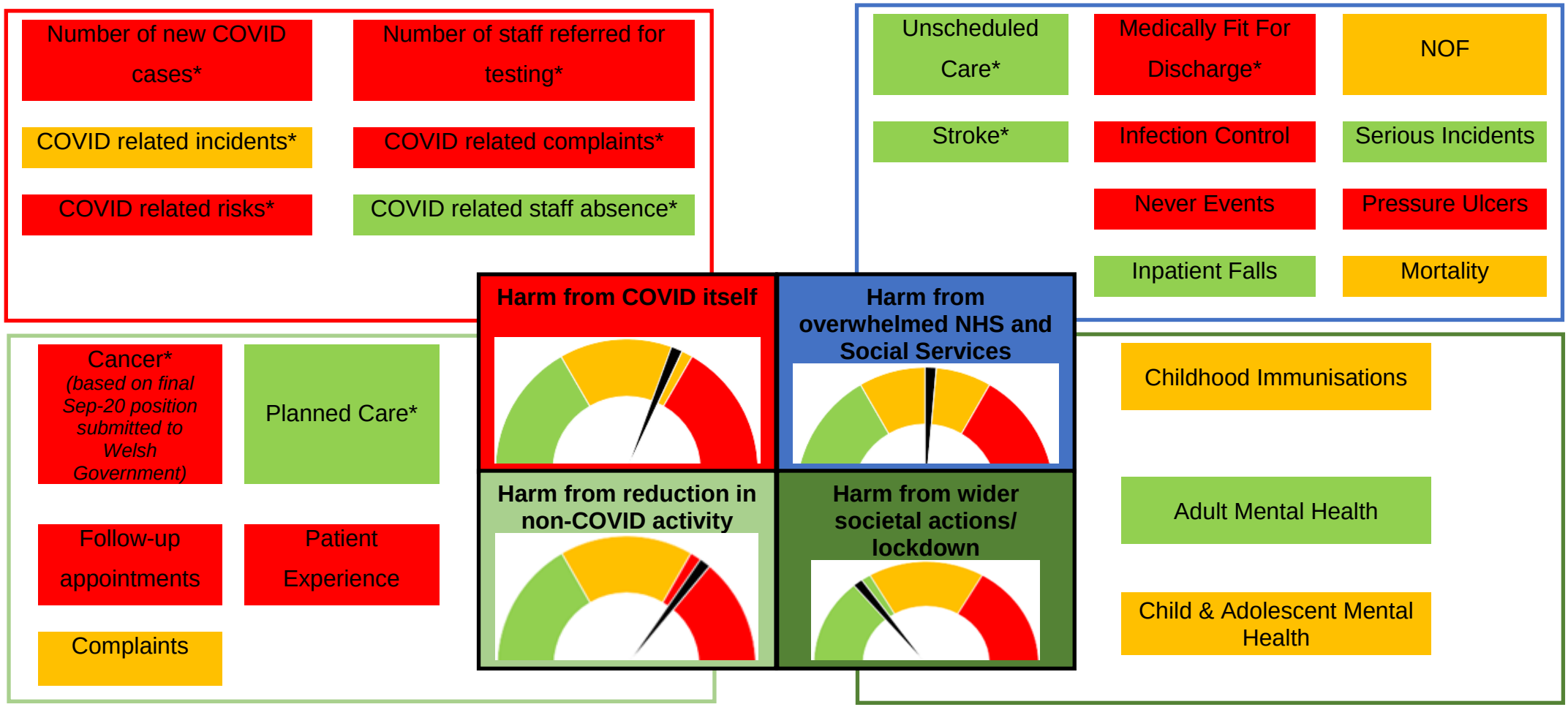
# 1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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.
- Adult Mental health access performance remains excellent and Psychological Therapy performance is back above target. CAMHS access is being maintained however the some measures fell below target for the first time in 2020/21 (i.e. routine assessments within 28 days and patients receiving a Care Treatment Plan)
- Demand on unscheduled care system reduced slightly in October 2020 resulting in an improvement in performance against the 4 and 12 hour A&E access targets as well as ambulance handover delays.
- Planned care system is struggling especially for treatment within 36 weeks, however the rate at which the size of the waiting list is increasing appears to be slowing down. In addition, October 2020 saw a reduction in the number of patients waiting over 26 weeks for a new outpatient appointment as well as a reduction in the number of patients waiting over target for diagnostics and therapies.
- Urgent Suspicion of Cancer (USC) referral numbers continue to increase with September 2020 receiving pre-covid numbers of referrals. This is resulting in an increase in the front end of the waiting list and an increase in the backlog of patients waiting more than 53 days.
- C.*difficile* saw an in-month reduction of 17% in October 2020 and the number of cases was in line with the organisation's internal reduction profile.
- Concerns response performance deteriorated in August 2020 and was below the national target of 75%. The number of formal complaints received has increased and is nearing pre-covid levels.
- The number of Friends & Family surveys completed reduced in October 2020 and the overall recommendation rate was 82% against an internal target of 90%.
- Serious Incident (SI) numbers have reduced. SI closure performance was poor in October 2020 (0%)
- One new Never Event recorded in October 2020.
- Fractured neck of femur performance in August 2020 continues to be broadly at Welsh National levels (see detail below) and showing an improved position compared with August 2019.

## 2. QUADRANTS OF HARM SUMMARY

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




*NB- RAG status is against national or local target*

** Data not available

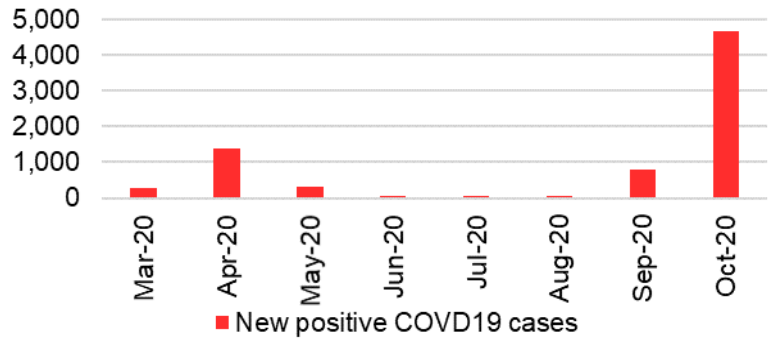
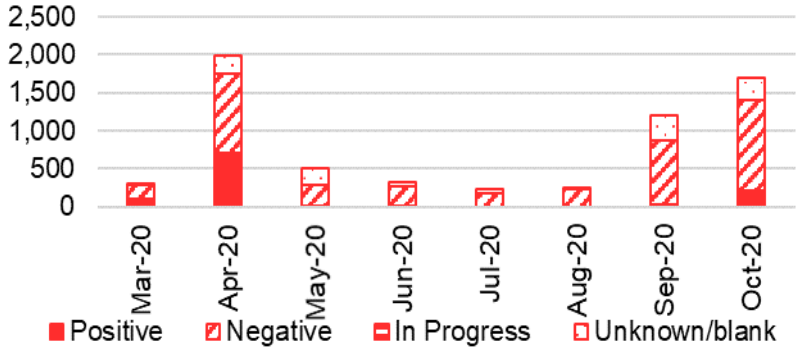
*RAG status based on in-month movement in the absence of local profiles

# 3. HARM QUADRANT- HARM FROM COVID ITSELF

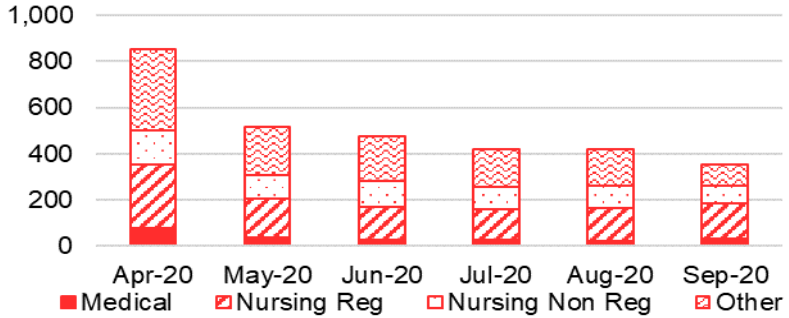
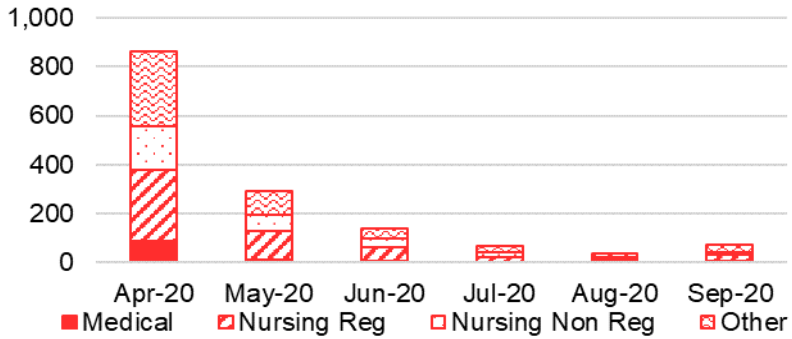
## 3.1 Overview

| Harm quadrant- Harm from Covid itself | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | | |
| | | | | | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| Number of new COVID19 cases* | HB Total | | | | | | | | | | 1,356 | 293 | 34 | 53 | 66 | 787 | 4,663 |
| Number of staff referred for Antigen Testing | HB Total | | | | | | | | | | 1,988 | 504 | 317 | 227 | 235 | 1,201 | 1,695 |
| Number of staff awaiting results of COVID19 test* | HB Total | | | | | | | | | | 0 | 19 | 16 | 1 | 0 | 38 (as at 10/11/20) | 21 (as at 06/11/20) |
| Number of COVID19 related incidents* | HB Total | | | | | | | | | | 119 | 67 | 40 | 26 | 39 | 30 | 87 |
| Number of COVID19 related serious incidents* | HB Total | | | | | | | | | | 1 | 0 | 2 | 0 | 9 | 1 | 0 |
| Number of COVID19 related complaints* | HB Total | | | | | | | | | | 69 | 61 | 39 | 58 | 27 | 28 | 31 |
| Number of COVID19 related risks* | HB Total | | | | | | | | | | 19 | 20 | 19 | 5 | 8 | 2 | 6 |
| Number of staff self isolated (asymptomatic)* | Medical | | | | | | | | | | 81 | 39 | 27 | 29 | 24 | 34 | |
| | Nursing Registered | | | | | | | | | | 270 | 166 | 145 | 133 | 142 | 149 | |
| | Nursing Non Registered | | | | | | | | | | 148 | 105 | 112 | 97 | 96 | 77 | |
| | Other | | | | | | | | | | 352 | 206 | 190 | 163 | 158 | 93 | |
| Number of staff self isolated (symptomatic)* | Medical | | | | | | | | | | 90 | 13 | 7 | 2 | 0 | 8 | |
| | Nursing Registered | | | | | | | | | | 289 | 117 | 56 | 23 | 14 | 25 | |
| | Nursing Non Registered | | | | | | | | | | 177 | 67 | 37 | 18 | 9 | 8 | |
| | Other | | | | | | | | | | 304 | 95 | 41 | 27 | 13 | 31 | |
| % sickness* | Medical | | | | | | | | | | 14.9% | 4.0% | 3.0% | 2.8% | 2.5% | 4.0% | |
| | Nursing Registered | | | | | | | | | | 14.2% | 7.0% | 5.1% | 4.0% | 4.0% | 4.4% | |
| | Nursing Non Registered | | | | | | | | | | 16.6% | 8.0% | 7.2% | 5.5% | 5.2% | 4.2% | |
| | Other | | | | | | | | | | 11.0% | 5.0% | 3.6% | 2.9% | 2.7% | 2.0% | |
| | All | | | | | | | | | | 13.2% | 6.0% | 4.5% | 3.6% | 3.5% | 3.2% | |

## 3.2 Updates on key measures

| COVID CASES AND TESTING | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| *1. Number of new COVID19 cases in Swansea Bay population area* | **1. Number of new COVID cases**<br>In October 2020, there were an additional 4,663 positive cases recorded bringing the cumulative total to 7,572 since March 2020. In October 2020, a total of 37,150 tests were carried out of which 12% (4,663) were positive. | **1.Number of new COVID19 cases for Swansea Bay population**<br>  |
| *2. Number of staff referred for Antigen testing* | **1. Staff referred for Antigen testing**<br>The cumulative number of staff referred for COVID testing between March 2020 and October 2020 is 6,460 of which 1,072 had had a positive COVID test result (17%). | |
| *3. Number of staff waiting results of Antigen test* | **2. Number of staff awaiting results of Antigen test**<br>Occupational Health has implemented a new reporting system that is now integrated with the Health Board's internal COVID dashboard. The new data is reported on a weekly rather than daily basis. The latest figures as at 6th November 2020 shows that 21 members of staff awaiting their antigen test result. | **2.Number of staff referred for Antigen testing**<br>  |

## COVID RELATED STAFF ABSENCE

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

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

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

## 4.1 Overview

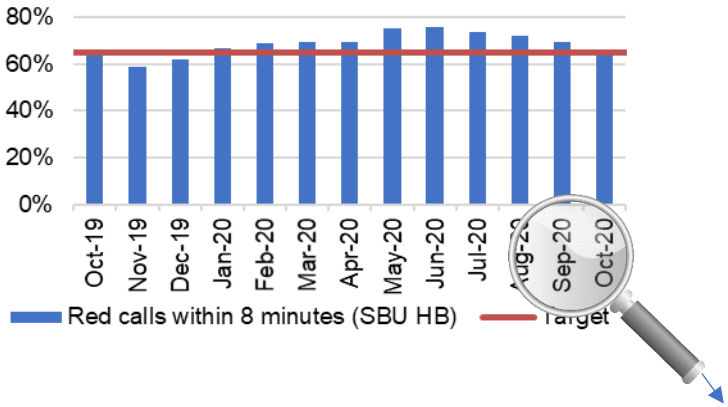
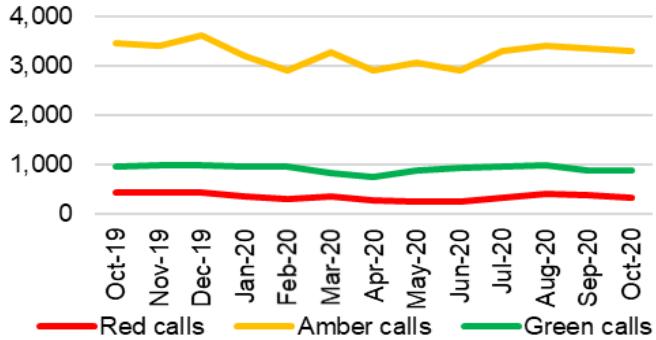
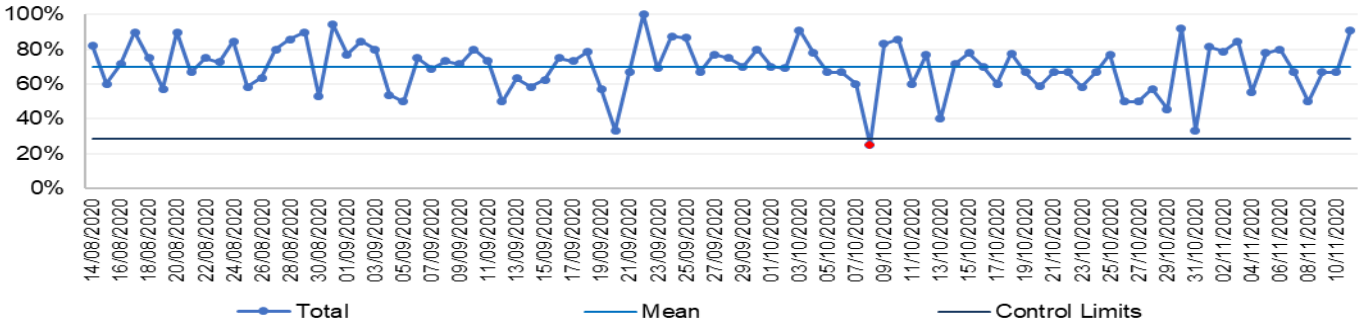
| Harm from overwhelmed NHS and social care system | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | | |
| | | | | | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| **Unscheduled Care** | | | | | | | | | | | | | | | | | |
| Number of ambulance handovers over one hour* | Morriston | 0 | | | 802 | 799 | 830 | 820 | 664 | 433 | 43 | 19 | 45 | 116 | 160 | 401 | 340 |
| | Singleton | | | | 25 | 22 | 38 | 28 | 40 | 29 | 18 | 1 | 2 | 4 | 3 | 9 | 15 |
| | **Total** | | | | **827** | **821** | **868** | **848** | **704** | **462** | **~1w** | **20** | **47** | **120** | **163** | **410** | **355** |
| % 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* | Morriston | 95% | | | 60.9% | 62.2% | 60.2% | 60.7% | 63.5% | 63.1% | 69.8% | 75.6% | 82.3% | 71.8% | 72.6% | 66.8% | 68.4% |
| | NPTH | | | | 95.3% | 99.0% | 97.4% | 95.1% | 98.7% | 96.3% | 99.5% | 99.9% | 99.4% | 99.8% | 99.4% | 97.5% | 99.8% |
| | **Total** | | | | **71.0%** | **73.2%** | **70.9%** | **71.6%** | **74.1%** | **72.8%** | **78.4%** | **83.5%** | **87.7%** | **80.1%** | **80.6%** | **76.4%** | **77.2%** |
| Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge* | Morriston | 0 | | | 889 | 926 | 1,017 | 1,038 | 783 | 557 | 130 | 97 | 81 | 223 | 286 | 536 | 493 |
| | NPTH | | | | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| | **Total** | | | | **890** | **927** | **1,018** | **1,038** | **783** | **557** | **131** | **97** | **81** | **223** | **286** | **537** | **494** |
| **Stroke** | | | | | | | | | | | | | | | | | |
| % of patients who have a direct admission to an acute stroke unit within 4 hours* | Morriston | 59.8% (UK SNAP average) | | | 55% | 55% | 39% | 24% | 62% | 47% | Data not available | | 53% | 57% | 51% | 50% | |
| | **Total** | | | | **55%** | **55%** | **39%** | **24%** | **62%** | 47% | | | 53% | 57% | 51% | 50% | |
| % of patients who receive a CT scan within 1 hour* | Morriston | 54.5% (UK SNAP average) | | | 47% | 49% | 44% | 43% | 38% | 43% | | | 49% | 48% | 53% | 63% | |
| | **Total** | | | | **47%** | **49%** | **44%** | **43%** | **38%** | 43% | | | 49% | 48% | 53% | 63% | |
| % of patients who are assessed by a stroke specialist consultant physician within 24 hours* | Morriston | 84.2% (UK SNAP average) | | | 94% | 98% | 100% | 90% | 97% | 98% | | | 100% | 95% | 97% | 98% | |
| | **Total** | | | | **94%** | **98%** | **100%** | **90%** | **97%** | 98% | | | 100% | 95% | 97% | 98% | |
| % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes | Morriston | 12 month improvement trend | | | 0% | 0% | 20% | 0% | 0% | 0% | | | 30% | 25% | 0% | 13% | |
| | **Total** | | | | **0%** | **0%** | **20%** | **0%** | **0%** | 0% | | | 30% | 25% | 0% | 13% | |
| % of patients receiving the required minutes for speech and language therapy | Morriston | 12 month improvement trend | | | 49% | 45% | 38% | 33% | 28% | 33% | | | 31% | 44% | 62% | 80% | |
| **Fractured Neck of Femur (NOF)** | | | | | | | | | | | | | | | | | |
| **Prompt orthogeriatric assessment-** % patients receiving an assessment by a senior geriatrician within 72 hours of presentation | Morriston | 75% | | | 76.2% | 77.1% | 78.7% | 79.8% | 79.3% | 79.1% | 79.5% | 80.4% | 81.9% | 82.6% | 83.5% | | |
| **Prompt surgery** - % patients undergoing surgery by the day following presentation with hip fracture | Morriston | 75% | | | 59.5% | 60.4% | 57.3% | 56.8% | 58.3% | 57.5% | 56.4% | 57.6% | 54.2% | 53.7% | 53.3% | | |
| **NICE compliant surgery** - % of operations consistent with the recommendations of NICE CG124 | Morriston | 75% | | | 70.5% | 69.8% | 71.2% | 73.0% | 73.2% | 74.5% | 75.5% | 76.1% | 76.2% | 74.4% | 74.0% | | |
| **Prompt mobilisation after surgery** - % of patients out of bed (standing or hoisted) by the day after operation | Morriston | 75% | | | 73.2% | 73.2% | 74.5% | 72.8% | 73.2% | 73.3% | 73.6% | 74.6% | 74.5% | 75.9% | 75.3% | | |
| **Not delirious when tested-** % patients (<4 on 4AT test) when tested in the week after operation | Morriston | 75% | | | 38.3% | 40.4% | 45.3% | 48.6% | 51.8% | 54.7% | 55.8% | 59.2% | 60.8% | 64.1% | 66.5% | | |
| **Return to original residence**- % patients discharged back to original residence, or in that residence at 120 day follow-up | Morriston | 75% | | | 70.9% | 72.1% | 72.7% | 73.3% | 72.3% | 73.1% | 73.3% | 74.0% | 75.4% | 76.8% | 77.3% | | |
| **30 day mortality** - crude and adjusted figures, noting ONS data only correct after around 6 months | Morriston | 12 month improvement trend | | | 8.0% | 8.0% | 8.1% | 8.0% | 8.6% | 8.7% | 8.7% | 8.7% | 8.6% | 7.9% | | | |
| % of survival within 30 days of emergency admission for a hip fracture | HB Total | 12 month improvement trend | | | 95.9% | 77.6% | 84.4% | 78.6% | 87.5% | 75.0% | 78.9% | 77.1% | 95.5% | 93.3% | | | |

| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| **Healthcare Acquired Infections** | | | | | | | | | | | | | | | | | |
| Number of E.Coli bacteraemia cases | PCCS Community | 12 month reduction trend | 14 | | 15 | 10 | 20 | 18 | 16 | 15 | 8 | 8 | 14 | 17 | 24 | 16 | 11 |
| | PCCS Hospital | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| | MH&LD | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morriston | | 5 | | 5 | 3 | 7 | 10 | 6 | 6 | 3 | 3 | 1 | 5 | 5 | 2 | 9 |
| | NPTH | | 3 | | 3 | 1 | 1 | 0 | 1 | 2 | 1 | 2 | 1 | 0 | 2 | 2 | 2 |
| | Singleton | | 2 | | 2 | 1 | 4 | 5 | 8 | 0 | 1 | 1 | 1 | 3 | 1 | 2 | 3 |
| | **Total** | | 24 | | **25** | **15** | **32** | **33** | **31** | **23** | **14** | **14** | **17** | **25** | **32** | **23** | **25** |
| Number of S.aureus bacteraemia cases | PCCS Community | 12 month reduction trend | 3 | | 2 | 3 | 4 | 7 | 2 | 5 | 6 | 4 | 8 | 3 | 7 | 7 | 6 |
| | PCCS Hospital | | 0 | | 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 | 0 |
| | Morriston | | 5 | | 7 | 4 | 4 | 4 | 3 | 1 | 3 | 1 | 3 | 2 | 4 | 5 | 4 |
| | NPTH | | 0 | | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Singleton | | 3 | | 3 | 4 | 3 | 1 | 2 | 3 | 1 | 1 | 1 | 1 | 1 | 2 | 2 |
| | **Total** | | 11 | | **13** | **11** | **11** | **13** | **8** | **9** | **10** | **6** | **12** | **6** | **12** | **14** | **12** |
| Number of C.difficile cases | PCCS Community | 12 month reduction trend | 5 | | 6 | 4 | 4 | 5 | 4 | 3 | 2 | 10 | 6 | 4 | 14 | 6 | 3 |
| | PCCS Hospital | | 1 | | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 |
| | MH&LD | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | Morriston | | 5 | | 6 | 9 | 3 | 3 | 9 | 4 | 6 | 4 | 8 | 6 | 5 | 7 | 6 |
| | NPTH | | 1 | | 1 | 2 | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 2 | 2 |
| | Singleton | | 3 | | 5 | 2 | 3 | 3 | 1 | 0 | 2 | 2 | 4 | 1 | 2 | 2 | 3 |
| | **Total** | | 15 | | **19** | **17** | **11** | **11** | **15** | **8** | **11** | **16** | **20** | **11** | **23** | **18** | **15** |
| Number of Klebsiella cases | PCCS Community | 12 month reduction trend | 0 | | 0 | 4 | 2 | 1 | 1 | 3 | 5 | 2 | 5 | 2 | 4 | 2 | 2 |
| | PCCS Hospital | | 0 | | 0 | 0 | 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 | 0 |
| | Morriston | | 3 | | 3 | 3 | 2 | 6 | 2 | 2 | 1 | 3 | 0 | 2 | 6 | 3 | 5 |
| | NPTH | | 1 | | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 |
| | Singleton | | 1 | | 1 | 1 | 1 | 1 | 0 | 2 | 0 | 1 | 1 | 1 | 0 | 0 | 1 |
| | **Total** | | 5 | | **4** | **8** | **6** | **8** | **3** | **7** | **6** | **6** | **9** | **5** | **10** | **5** | **9** |
| Number of Aeruginosa cases | PCCS Community | 12 month reduction trend | 0 | | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 3 | 0 | 1 |
| | PCCS Hospital | | 0 | | 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 | 0 |
| | Morriston | | 0 | | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| | NPTH | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Singleton | | 1 | | 1 | 0 | 0 | 2 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| | **Total** | | 1 | | **1** | **1** | **2** | **3** | **1** | **1** | **2** | **5** | **0** | **1** | **3** | **0** | **2** |
| Compliance with hand hygiene audits | PCCS | 95% | | | 100.0% | 100.0% | 96.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| | MH&LD | | | | 97.3% | 94.4% | 93.8% | 99.0% | 97.1% | 98.2% | 98.3% | 98.3% | 97.9% | 98.3% | 96.8% | 97.6% | 98.1% |
| | Morriston | | | | 96.2% | 99.4% | 97.9% | 97.0% | 91.6% | 100.0% | 96.6% | 100.0% | 96.6% | 96.2% | 97.2% | 95.4% | 99.3% |
| | NPTH | | | | 100.0% | 98.3% | 97.4% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 94.4% | 100.0% | 100.0% |
| | Singleton | | | | 95.9% | 95.0% | 95.3% | 96.3% | 90.8% | 99.5% | 97.3% | 100.0% | 98.9% | 99.7% | 84.3% | 95.0% | 94.2% |
| | **Total** | | | | **96.9%** | **96.7%** | **96.0%** | **97.4%** | **93.3%** | 99.4% | 97.8% | 99.3% | 97.9% | 98.1% | 93.7% | 96.2% | 97.2% |

| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| **Serious Incidents & Risks** | | | | | | | | | | | | | | | | | |
| Number of Serious Incidents | PCCS | 12 month reduction trend | | | 1 | 2 | 4 | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| | MH&LD | | | | 10 | 5 | 8 | 4 | 11 | 10 | 7 | 5 | 7 | 9 | 4 | 9 | 2 |
| | Morriston | | | | 5 | 1 | 4 | 2 | 1 | 4 | 0 | 1 | 1 | 1 | 1 | 4 | 3 |
| | NPTH | | | | 1 | 1 | 1 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 1 |
| | Singleton | | | | 2 | 2 | 3 | 4 | 5 | 2 | 2 | 0 | 0 | 0 | 1 | 3 | 6 |
| | **Total** | | | | **19** | **11** | **20** | **14** | **20** | **20** | **9** | **6** | **8** | **10** | **6** | **21** | **14** |
| Number of Never Events | PCCS | 0 | | | 1 | 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 |
| | Morriston | | | | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| | NPTH | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Singleton | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | **Total** | | | | **1** | **0** | **1** | **1** | **0** | **0** | **0** | **0** | **1** | **0** | **0** | **0** | **1** |
| **Pressure Ulcers** | | | | | | | | | | | | | | | | | |
| Total number of Pressure Ulcers | PCCS Community | 12 month reduction trend | | | 29 | 31 | 24 | 26 | 25 | 39 | 34 | 33 | 34 | 28 | 25 | 21 | |
| | PCCS Hospital | | | | 1 | 0 | 1 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | |
| | MH&LD | | | | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | |
| | Morriston | | | | 7 | 14 | 11 | 18 | 22 | 18 | 10 | 21 | 8 | 12 | 18 | 25 | |
| | NPTH | | | | 1 | 0 | 1 | 0 | 1 | 1 | 4 | 2 | 0 | 1 | 2 | 1 | |
| | Singleton | | | | 11 | 7 | 10 | 12 | 17 | 11 | 8 | 6 | 10 | 6 | 16 | 18 | |
| | **Total** | | | | **49** | **53** | **48** | **56** | **66** | **70** | **59** | **62** | **52** | **47** | **62** | **65** | |
| Total number of Grade 3+ Pressure Ulcers | PCCS Community | 12 month reduction trend | | | 2 | 8 | 3 | 5 | 8 | 8 | 4 | 6 | 9 | 4 | 5 | 5 | |
| | PCCS Hospital | | | | 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 | |
| | Morriston | | | | 0 | 2 | 1 | 2 | 1 | 0 | 2 | 0 | 1 | 0 | 2 | 0 | |
| | NPTH | | | | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Singleton | | | | 1 | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | |
| | **Total** | | | | **4** | **10** | **5** | **7** | **11** | **9** | **6** | **6** | **10** | **4** | **9** | **5** | |
| Pressure Ulcer (Hosp) patients per 100,000 admissions | Total | 12 month reduction trend | | | 229 | 288 | 301 | 383 | 578 | 540 | 635 | 540 | 298 | 281 | 550 | 705 | |

| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| **Inpatient Falls** | | | | | | | | | | | | | | | | | |
| Total number of Inpatient Falls | PCCS | 12 month reduction trend | | | 10 | 9 | 10 | 7 | 9 | 9 | 1 | 4 | 7 | 8 | 7 | 14 | 8 |
| | MH&LD | | | | 43 | 56 | 52 | 44 | 31 | 42 | 52 | 55 | 48 | 48 | 71 | 35 | 44 |
| | Morriston | | | | 102 | 94 | 117 | 110 | 76 | 69 | 60 | 73 | 52 | 69 | 85 | 81 | 77 |
| | NPTH | | | | 51 | 42 | 59 | 42 | 48 | 56 | 47 | 32 | 55 | 45 | 30 | 41 | 29 |
| | Singleton | | | | 49 | 39 | 59 | 46 | 43 | 34 | 33 | 45 | 34 | 38 | 34 | 48 | 28 |
| | **Total** | | | | **255** | **240** | **297** | **249** | **207** | **210** | **193** | **209** | **196** | **208** | **227** | **219** | **187** |
| Inpatient Falls per 1,000 beddays | **HB Total** | Between 3.0 & 5.0 | | | 5.84 | 5.70 | 6.92 | 5.68 | 5.19 | 5.73 | 7.76 | 7.71 | 6.64 | 6.44 | 6.54 | 6.08 | 5.24 |
| **Mortality** | | | | | | | | | | | | | | | | | |
| Universal Mortality reviews undertaken within 28 days (Stage 1 reviews) | Morriston | 95% | | | 94% | 100% | 99% | 98% | 100% | 98% | 100% | 100% | 100% | 97% | 96% | 100% | |
| | Singleton | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| | NPTH | | | | 100% | 100% | 94% | 100% | 100% | 29% | 69% | 92% | 100% | 57% | 86% | 83% | |
| | **Total** | | | | **96%** | **100%** | **99%** | **98%** | 100% | 96% | 96% | 99% | 100% | 96% | 97% | 99% | |
| Stage 2 mortality reviews completed within 60 days | Morriston | 95% | | | 73% | 71% | 64% | 77% | 33% | 0% | 33% | 38% | 44% | 100% | | | |
| | Singleton | | | | 40% | 100% | 67% | 100% | 50% | 0% | 33% | 0% | - | - | | | |
| | NPTH | | | | 100% | - | - | 100% | - | - | - | 0% | 100% | 67% | | | |
| | **Total** | | | | **65%** | **78%** | **67%** | **75%** | **44%** | **0%** | **30%** | **27%** | **50%** | **90%** | | | |
| Crude hospital mortality rate by Delivery Unit (74 years of age or less) | Morriston | 12 month reduction trend | | | 1.27% | 1.29% | 1.31% | 1.33% | 1.30% | 1.30% | 1.45% | 1.49% | 1.49% | 1.54% | 1.56% | 1.58% | |
| | Singleton | | | | 0.44% | 0.43% | 0.44% | 0.42% | 0.43% | 0.43% | 0.46% | 0.47% | 0.48% | 0.49% | 0.49% | 0.46% | |
| | NPTH | | | | 0.10% | 0.13% | 0.14% | 0.13% | 0.16% | 0.16% | 0.21% | 0.22% | 0.22% | 0.23% | 0.23% | 0.23% | |
| | **Total (SBU)** | | | | **0.77%** | **0.78%** | **0.79%** | **0.71%** | **0.72%** | **0.75%** | **0.80%** | **0.88%** | **0.89%** | **0.92%** | **0.90%** | **0.93%** | |

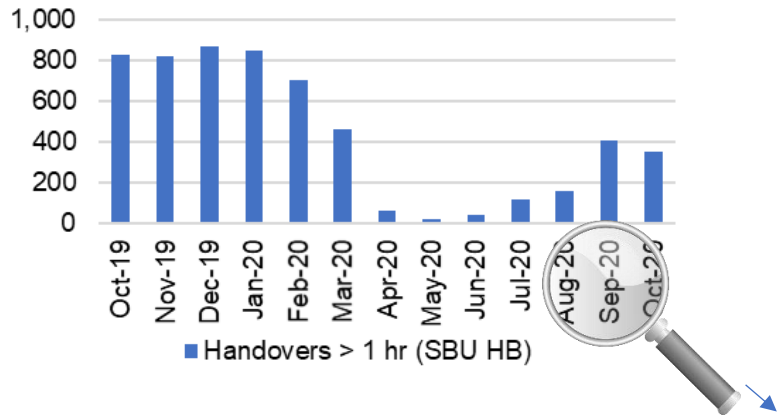
## 4.2 Updates on key measures

| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **Ambulance responses**<br>*1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.*<br><br>*2. The number of ambulance calls by category.*<br><br>*3.The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)* | Ambulance response times have consistently been above 65% in the year 2020 and in October 2020 performance was 66.2%. In October 2020, the number of green calls increased by 0.2% amber calls reduced by 2% and red calls reduced by 13% compared with September 2020.<br><br>**Trend**<br><br>**1. % of red calls responded to within 8 minutes**<br>  <br><br>**2. Number of ambulance call responses**<br>  <br><br>**3. % of red calls responded to within 8 minutes – HB total last 90 days**<br>  <br><br>Symbol Key:<br>◆ Above or below control limits<br>▲ 8 or more points above or below the mean<br>● A run of 6 increasing or decreasing points |

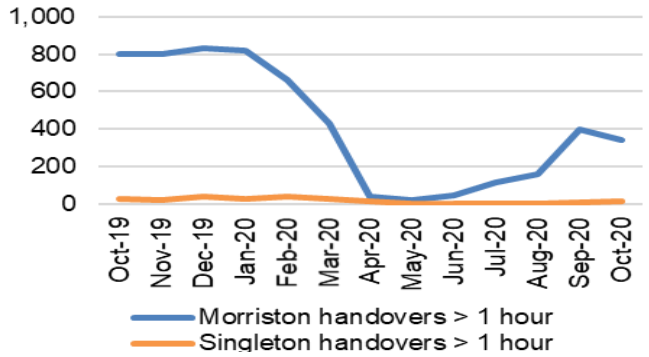
| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **Ambulance handovers**<br>*1.The number of ambulance handovers over one hour*<br><br>*2. The number of ambulance handovers over one hour- Hospital level*<br><br>*3.The number of ambulance handovers over one hour (last 90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

**Trend**

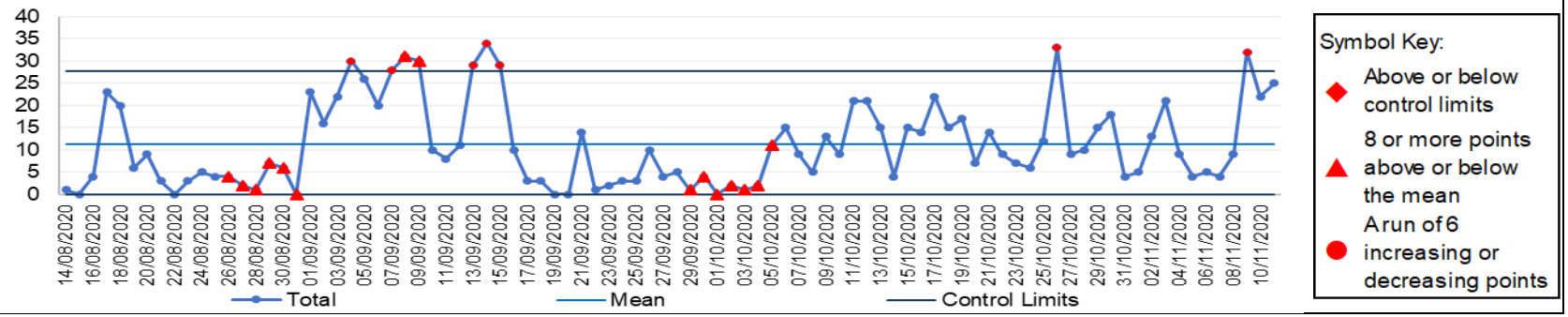
**1. Number of ambulance handovers- HB total**

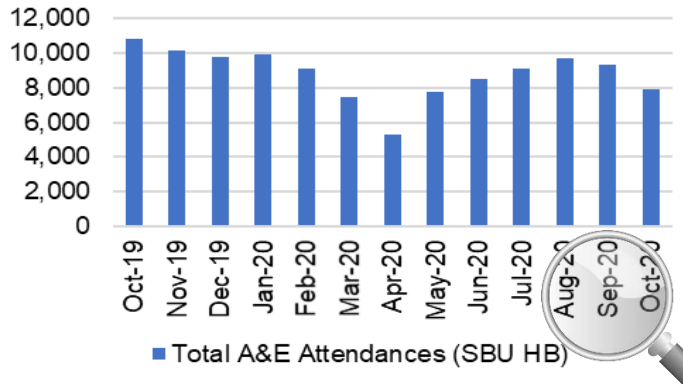
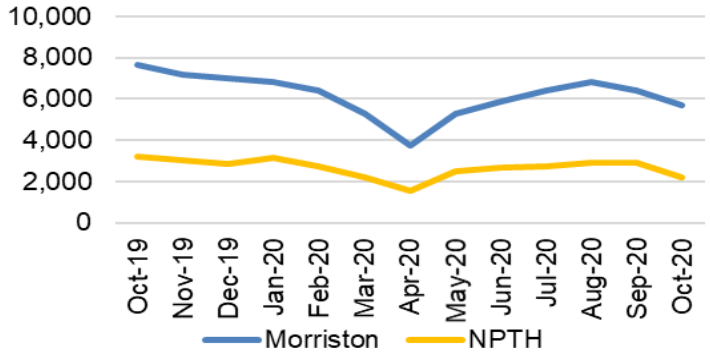
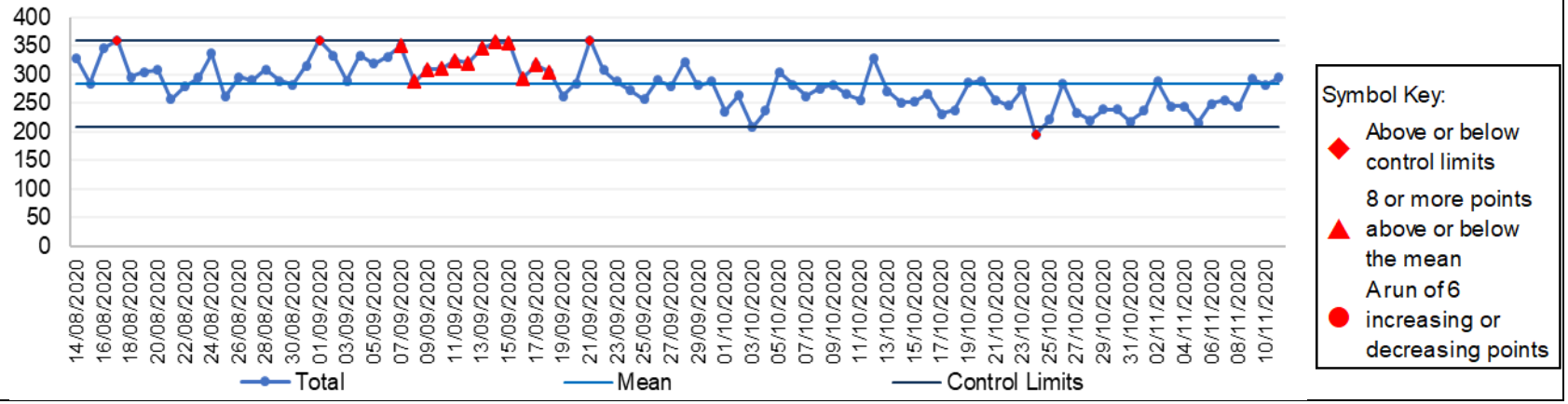



**2. Number of ambulance handovers over 1 hour- Hospital level**




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

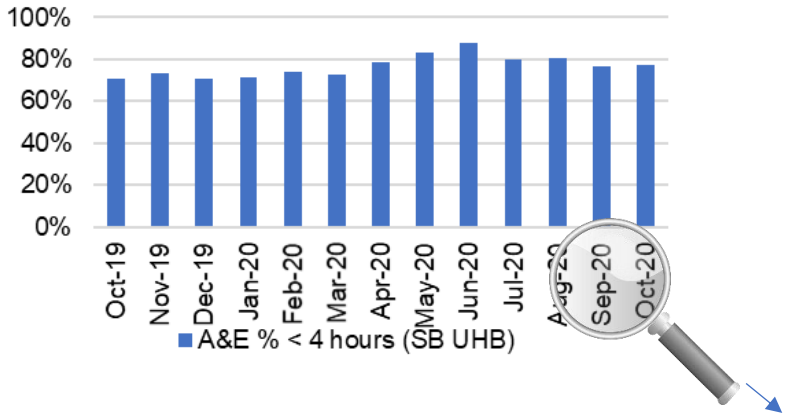


| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **A&E Attendances**<br>*1.The number of attendances at emergency departments in the Health Board*<br><br>*2.The number of attendances at emergency departments in the Health Board – Hospital level*<br><br>*3.The number of attendances at emergency departments in the Health Board (last 90 days)* | ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month of month until September 2020 when attendances started to reduce again. In October 2020, there were 7,908 A&E attendances, which is 15% less than September 2020 and 27% less than October 2019.<br>**Trend**<br>**1. Number of A&E attendances- HB total**<br>  <br><br>**2. Number of A&E attendances- Hospital level**<br>  <br><br>**3. Number of A&E attendances -HB total last 90 days**<br>  <br> |

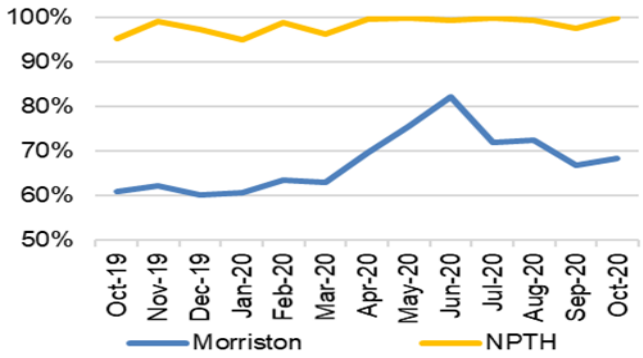
| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **A&E waiting times**<br><br>*1.% of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge*<br><br>*2. % of patients who spend less than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

**Trend**

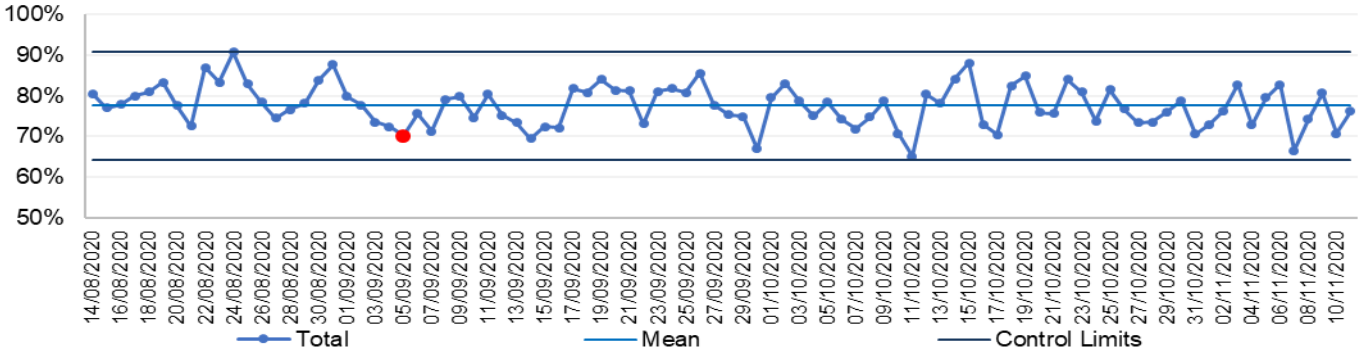
**1. % patients waiting under 4 hours in A&E- HB total**




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




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

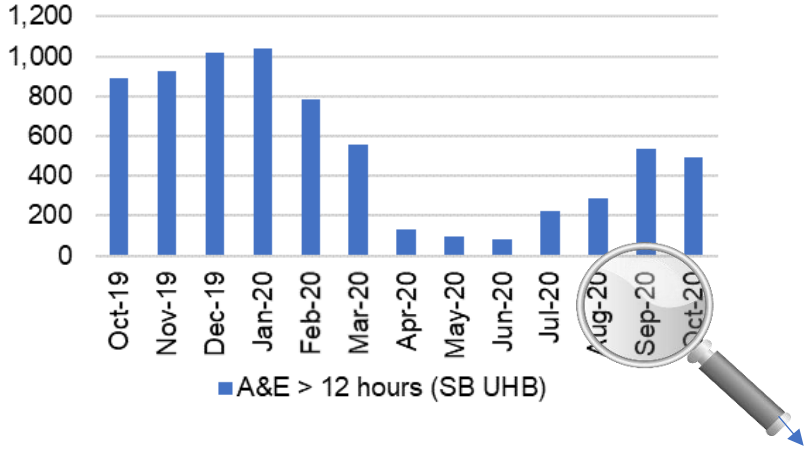



Symbol Key:
- ◆ Above or below control limits
- ▲ 8 or more points above or below the mean
- ● A run of 6 increasing or decreasing points

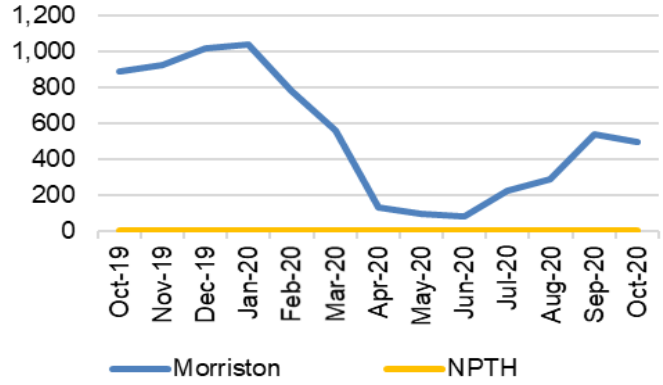
| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **A&E waiting times**<br><br>*1.Number of patients who spend 12 hours or more in A&E*<br><br>*2.Number of patients who spend 12 hours or more in A&E-Hospital level*<br><br>*3.Number of patients who spend 12 hours or more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

**Trend**

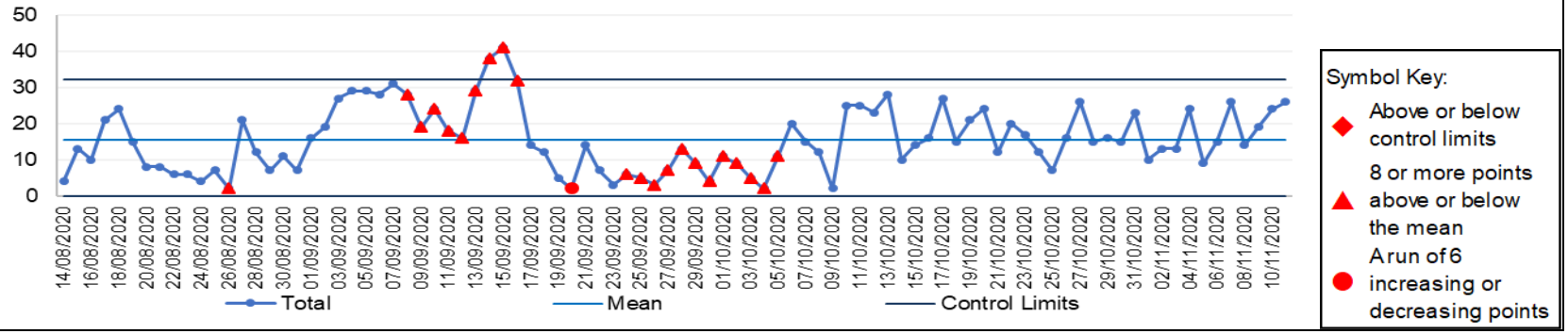
**1. Number of patients waiting over 12 hours in A&E-HB total**




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



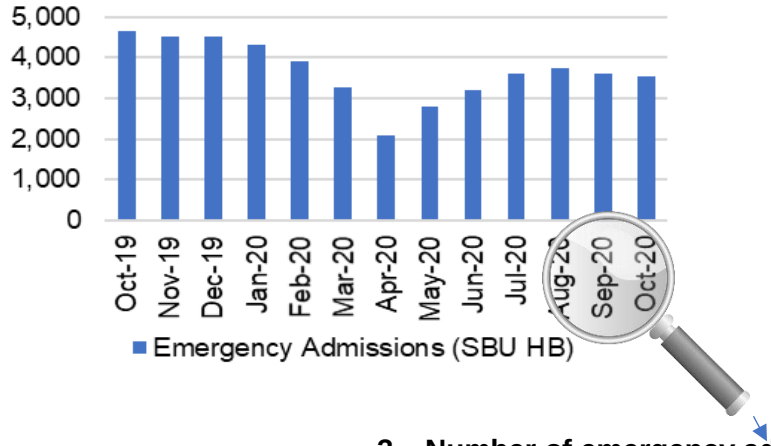

**3. Number of patients waiting over 12 hours in A&E – HB total last 90 days**



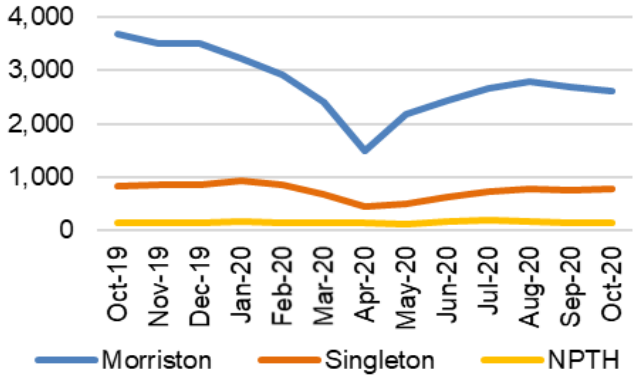
| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **Emergency admissions**<br><br>*1. The number of emergency inpatient admissions*<br><br>*2. The number of emergency inpatient admissions- Hospital level*<br><br>*3. The number of emergency inpatient admissions (last 90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

**Trend**

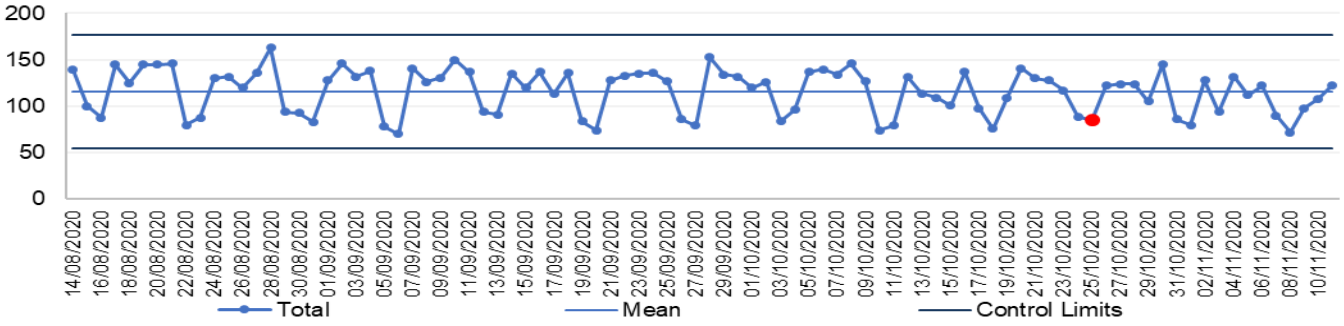
**1. Number of emergency admissions- HB total**




**2. Number of emergency admissions- Hospital level**




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

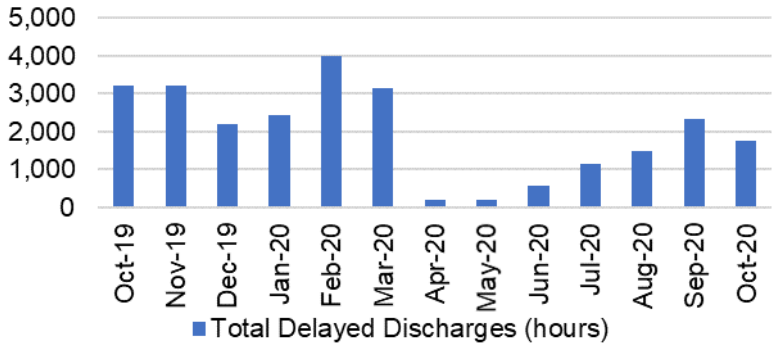



Symbol Key:
- Above or below control limits
- 8 or more points above or below the mean
- A run of 6 increasing or decreasing points

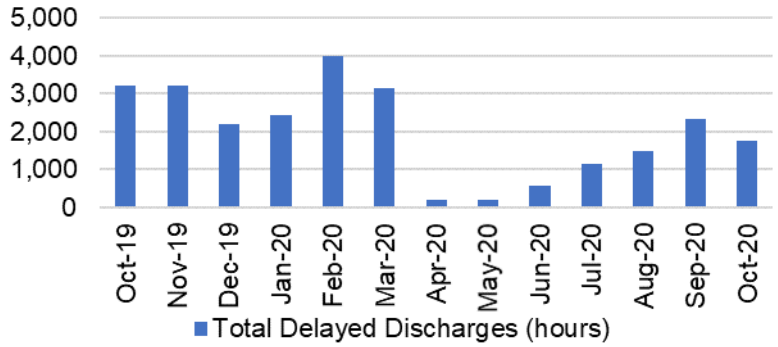
| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **Critical Care-Delayed Transfers of Care (DTOC)-Morriston Hospital**<br>*1.Total Critical Care delayed discharges (hours)*<br><br>*2. Average lost bed days per day*<br><br>*3.Percentage of patients delayed:*<br>• *Up to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

**Trend**

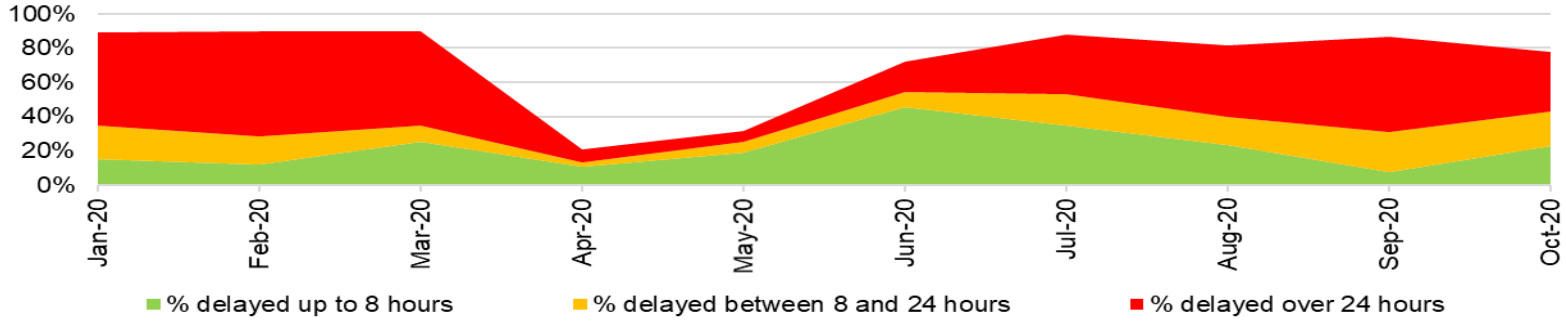
**1. Total Critical Care delayed discharges (hours)**



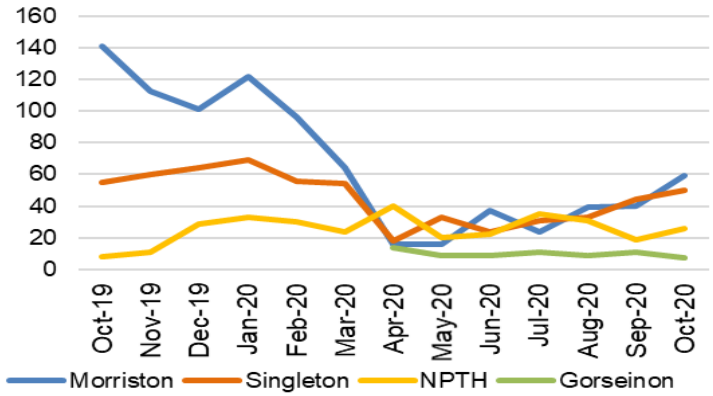
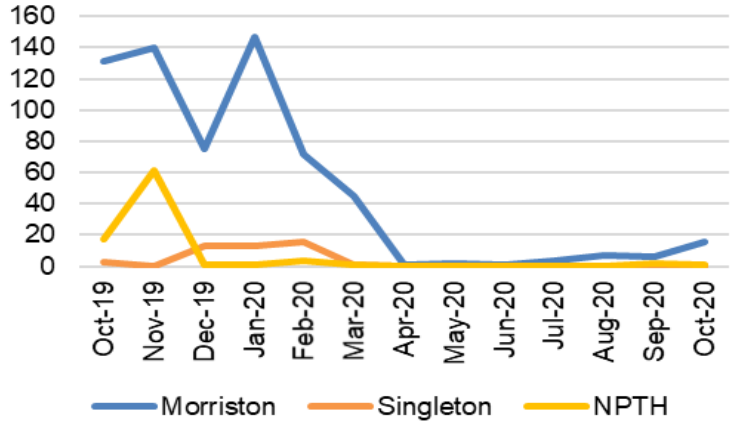

**2. Total Critical Care delayed discharges (hours)**

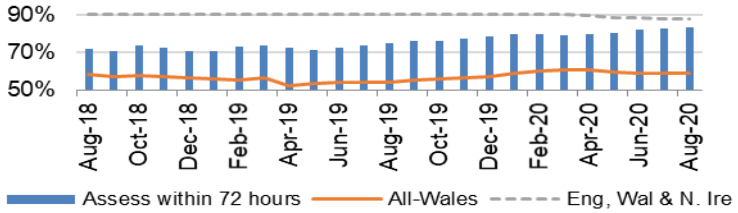
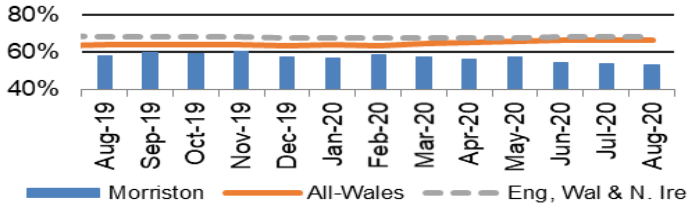
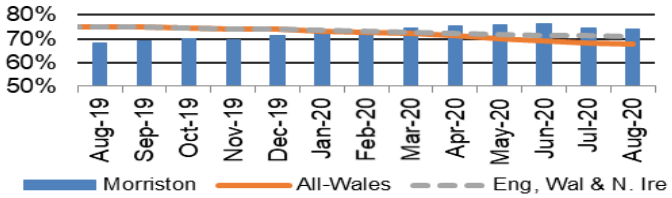
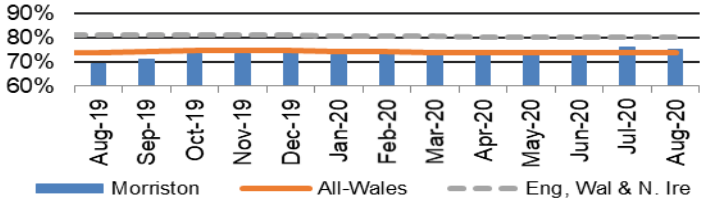


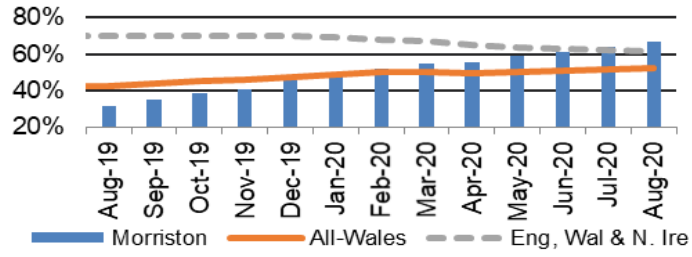
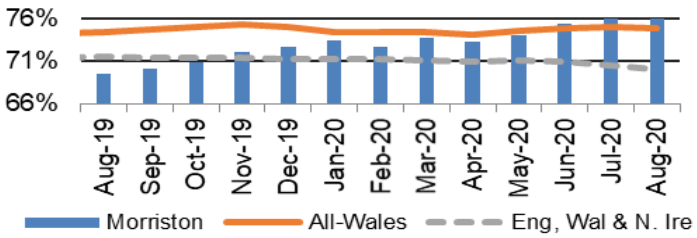
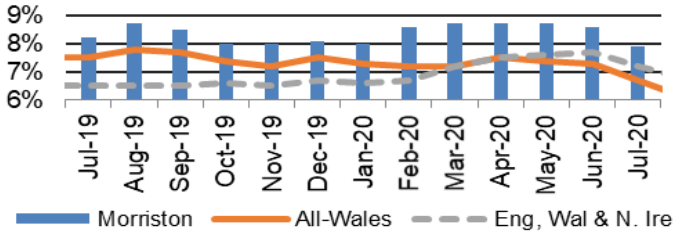

**3. Percentage of Critical Care patients delayed**

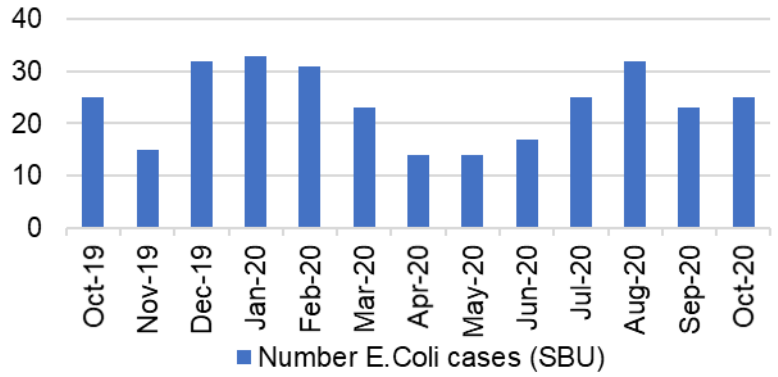
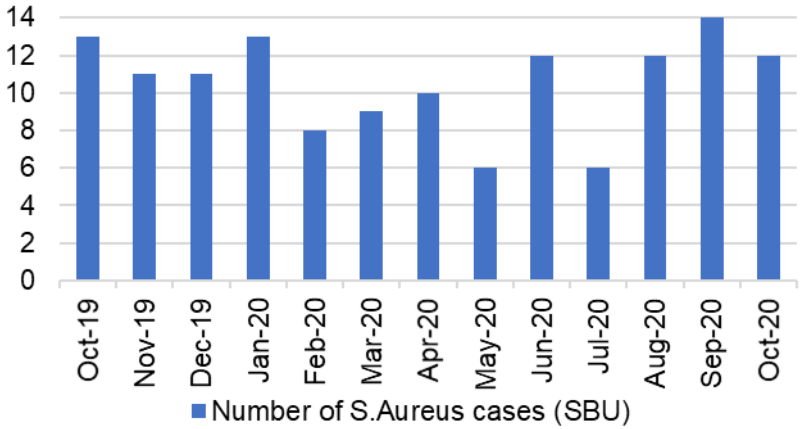


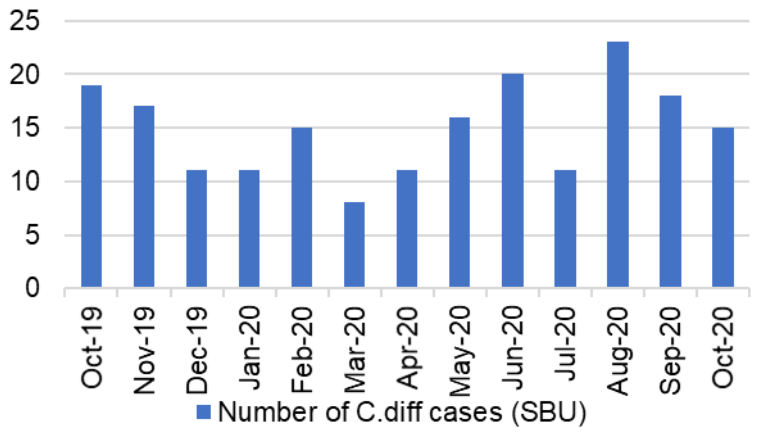
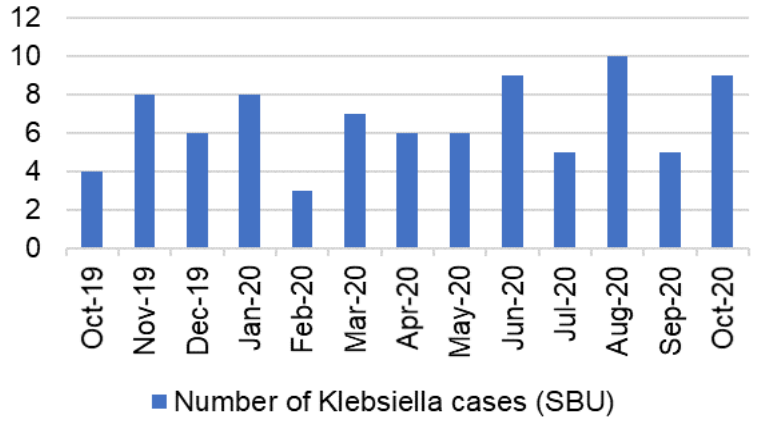

*Data prior to January 2020 is not available in the above percentage categories*

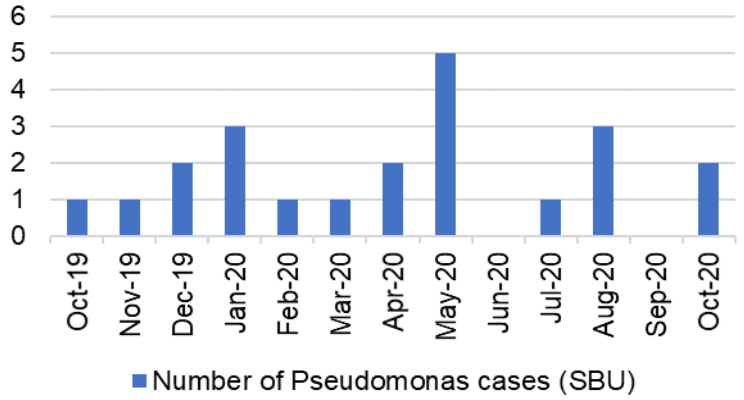
| UNSCHEDULED CARE | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Medically Fit**<br>*The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit* | In October 2020, there were on average 142 patients who were deemed medically/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

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

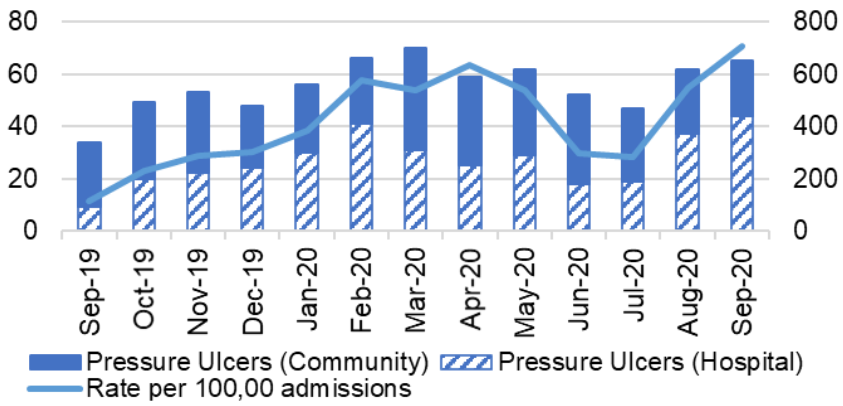
| FRACTURED NECK OF FEMUR (#NOF) | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| *5. Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation* | **5. Not delirious when tested**- 66.5% of patients were not delirious in the week after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

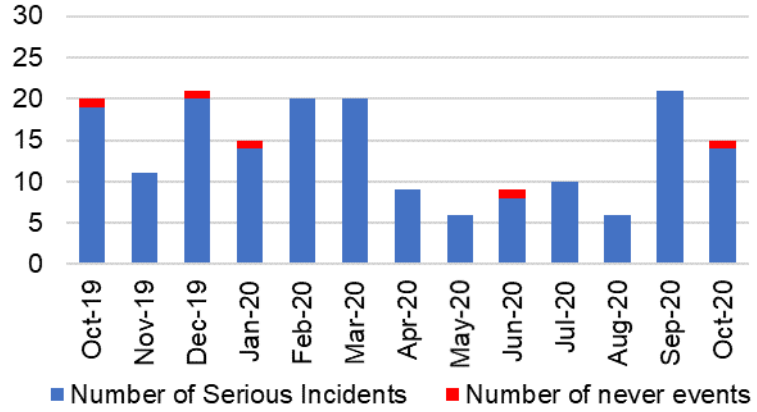
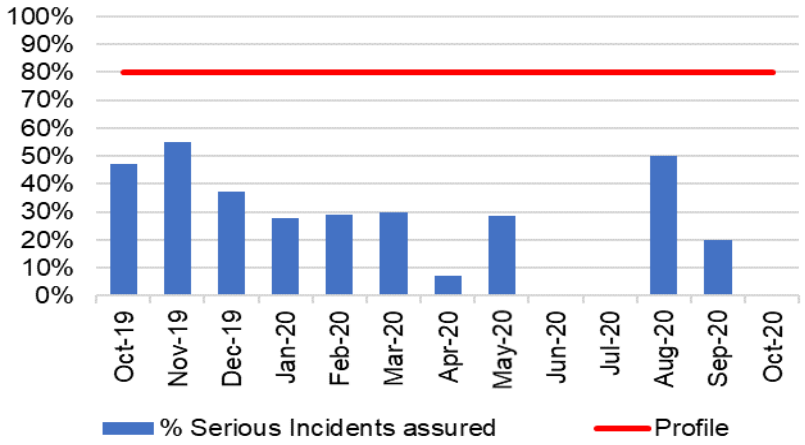
| HEALTHCARE ACQUIRED INFECTIONS | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-** *Number of laboratory confirmed E.coli bacteraemia cases* | • 25 cases of *E. coli* bacteraemia were identified in October 2020,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

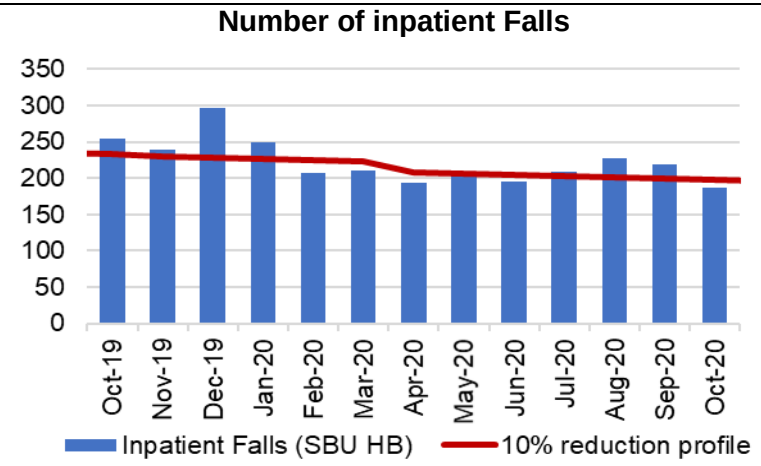
| HEALTHCARE ACQUIRED INFECTIONS | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Healthcare Acquired Infections (HCAI)- C.*difficile*-** *Number of laboratory confirmed C.difficile cases* | • There were 15 *Clostridium difficile* toxin positive cases in October 2020,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

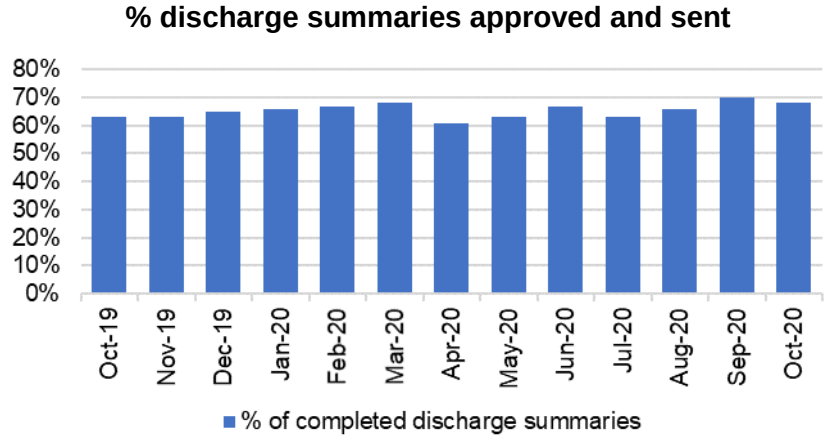
| HEALTHCARE ACQUIRED INFECTIONS | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Healthcare Acquired Infections (HCAI)- Aerugionosa-** *Number of laboratory confirmed Aerugionosa cases* | • There were 2 cases of *P.Aerginosa* bacteraemia in October 2020, of which 1 was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

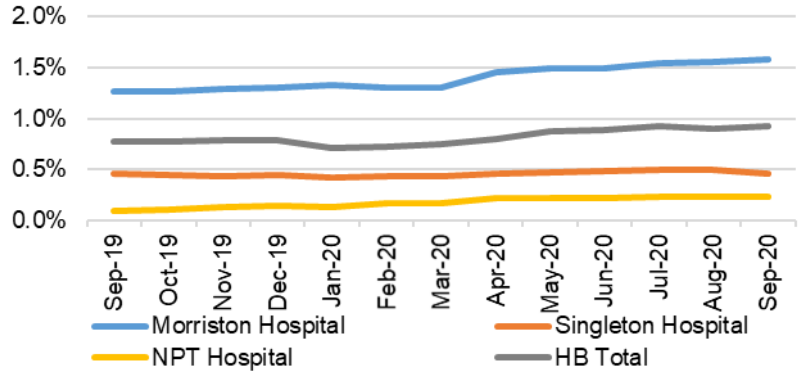


| PRESSURE ULCERS | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Number of pressure ulcers** *1. Total number of pressure ulcers developed in hospital and in the community*<br><br>*2. Rate of pressure ulcers per 100,000 admissions* | • In September 2020, there were 65 cases of healthcare acquired pressure ulcers, of which 21 where community acquired and 4 were hospital acquired.<br><br>All 5 grade 3+ pressure ulcers in September 2020 were community acquired.<br><br>• The rate per 100,000 admissions increased from 550 in September 2020 to 705 in October 2020. | **Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions**  |

| SERIOUS INCIDENTS | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Serious Incidents-**<br><br>*1. The number of serious incidents*<br><br>*2. The number of Never Events*<br><br>*3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales* | 1. The Health Board reported 14 Serious Incidents for the month of October 2020 to Welsh Government. The breakdown of incidents in October 2020 are set out below:<br>• 6 in Singleton Hospital<br>• 3 in Morriston Hospital<br>• 2 in Primary, Community and Therapy Services<br>• 2 in Mental Health and Learning Disabilities<br>• 1 in Neath Port Talbot Hospital<br><br>2. There was one new Never Events reported in November 2020 in maternity services. A strategy meeting was held with staff on 15th October 2020 to review the case and to identify actions to prevent reoccurrence.<br><br>3. In October 2020, performance against the 80% target of submitting closure forms within 60 working days was 0%. None of the seven closure forms due to be submitted to Welsh Government in October 2020 were submitted on time. All seven forms were for Mental Health & Learning Disabilities Service Group. | **1. and 2. Number of serious incidents and never events**<br>  <br><br>**3. % of serious incidents closed within 60 days**<br>  <br><br>** 0% compliance in June, July and October 2020* |

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

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

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

# 5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

## 5.1 Overview

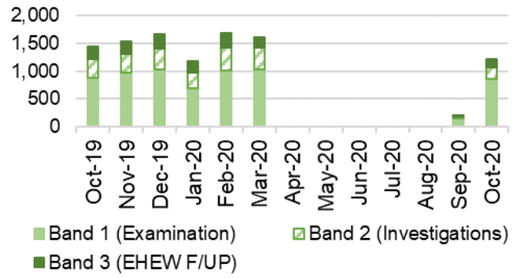
| Harm from reduction in non-Covid activity | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | | | |
| | | | | | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| 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% | | | 98% | 93% | 88% | 98% | 95% | 92% | 92% | 67% | 73% | 78% | 83% | 86% | *68%* |
| | NPTH | | | | 100% | 100% | - | - | 100% | - | - | - | - | 100% | 100% | - | - |
| | Singleton | | | | 97% | 96% | 96% | 100% | 92% | 94% | 100% | 88% | 91% | 100% | 97% | 100% | *94%* |
| | **Total** | | | | **98%** | **95%** | **92%** | **99%** | **93%** | **93%** | **97%** | **82%** | **85%** | **90%** | **91%** | **94%** | ***89%*** |
| % 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% | | | 81% | 82% | 91% | 96% | 81% | 85% | 80% | 75% | 86% | 84% | 73% | 72% | *59%* |
| | NPTH | | | | 100% | 100% | 100% | 67% | 100% | 100% | 100% | 100% | - | 100% | 100% | - | *50%* |
| | Singleton | | | | 85% | 87% | 93% | 81% | 75% | 83% | 80% | 82% | 89% | 98% | 97% | 87% | *78%* |
| | **Total** | | | | **84%** | **86%** | **92%** | **86%** | **78%** | **85%** | **81%** | **86%** | **88%** | **91%** | **91%** | **82%** | ***70%*** |
| Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions) | **Total** | 12 month improvement trend | | | 70% | 71% | 77% | 71% | 66% | 76% | 71% | 72% | 73% | 82% | 80% | 71% | *73.0%* |
| Planned Care | | | | | | | | | | | | | | | | | | |
| Number of patients waiting > 26 weeks for outpatient appointment* | Morriston | 0 | | | 486 | 460 | 539 | 593 | 421 | 901 | 2,704 | 4,785 | 6,496 | 8,661 | 11,359 | 12,882 | 12,617 |
| | NPTH | | | | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 18 | 18 | 50 | 181 | 208 | 129 |
| | Singleton | | | | 666 | 659 | 766 | 860 | 872 | 1,141 | 2,762 | 4,445 | 5,387 | 6,929 | 8,792 | 9,748 | 9,073 |
| | PC&CS | | | | 0 | 0 | 0 | 0 | 13 | 13 | 31 | 52 | 63 | 81 | 165 | 231 | 231 |
| | **Total** | | | | **1,152** | **1,120** | **1,305** | **1,453** | **1,306** | **2,055** | **5,499** | **9,300** | **11,964** | **15,721** | **20,497** | **23,069** | **22,050** |
| Number of patients waiting > 36 weeks for treatment* | Morriston | 0 | | | 3,298 | 3,529 | 3,896 | 4,067 | 4,087 | 4,701 | 5,762 | 6,944 | 8,977 | 11,882 | 14,722 | 16,846 | 20,035 |
| | NPTH | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 15 | 17 | 33 |
| | Singleton | | | | 958 | 1,058 | 1,245 | 1,556 | 1,642 | 1,807 | 2,590 | 3,296 | 4,423 | 6,135 | 7,650 | 8,810 | 10,514 |
| | PC&CS | | | | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 7 | 17 | 45 | 66 | 82 | 153 |
| | **Total** *(inc. diagnostics > 36 wks)* | | | | **4,256** | **4,587** | **5,141** | **5,623** | **5,729** | **6,509** | **8,355** | **10,248** | **13,419** | **18,078** | **22,494** | **26,046** | **30,735** |
| Number of patients waiting > 8 weeks for a specified diagnostics* | Morriston | 0 | | | 223 | 226 | 569 | 628 | 424 | 1,407 | 5,461 | 7,197 | 6,816 | 6,236 | 6,627 | 5,956 | 4,991 |
| | Singleton | | | | 0 | 0 | 0 | 0 | 0 | 0 | 327 | 1,149 | 1,217 | 1,274 | 1,443 | 1,710 | 1,905 |
| | **Total** | | | | **223** | **226** | **569** | **628** | **424** | **1,407** | **5,788** | **8,346** | **8,033** | **7,510** | **8,070** | **7,666** | **6,896** |
| Number of patients waiting > 14 weeks for a specified therapy* | MH&LD | 0 | | | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 11 | 0 | 0 | 0 | 0 | 0 |
| | NPTH | | | | 0 | 0 | 0 | 0 | 0 | 12 | 52 | 78 | 130 | 138 | 145 | 138 | 110 |
| | PC&CS | | | | 1 | 0 | 0 | 0 | 0 | 39 | 334 | 893 | 1,516 | 1,416 | 1,373 | 1,212 | 1,025 |
| | **Total** | | | | **1** | **0** | **0** | **0** | **1** | **51** | **387** | **982** | **1,646** | **1,554** | **1,518** | **1,350** | **1,135** |

| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| **Planned Care** | | | | | | | | | | | | | | | | | |
| Total number of patients waiting for a follow-up outpatient appointment | Total | Reduce by at least 35% by Mar-21 | 106,295 | | 131,471 | 130,648 | 131,263 | 131,090 | 128,674 | 125,708 | 123,082 | 121,434 | 120,468 | 120,062 | 120,969 | 120,962 | 120,968 |
| Number of patients delayed by over 100% past their target date | Total | | 18,127 | | 21,778 | 20,498 | 20,579 | 19,969 | 17,747 | 18,258 | 19,538 | 21,026 | 21,448 | 22,101 | 23,209 | 24,472 | 26,217 |
| Number of patients delayed past their agreed target date (booked and not booked) | Total | | 47,271 | | 45,458 | 43,648 | 44,928 | 43,979 | 41,417 | 45,963 | 51,028 | 53,046 | 51,933 | 52,278 | 55,446 | 56,843 | 57,380 |
| Number of Ophthalmology patients without an allocated health risk factor | Total | 0 | | | 522 | 553 | 557 | 333 | 368 | 143 | 57 | 43 | 48 | 213 | 162 | 513 | 780 |
| Number of patients without a documented clinical review date | Total | 0 | | | 165 | 172 | 187 | 177 | 179 | 5 | 11 | 27 | 50 | 43 | 65 | 95 | 43 |
| **Patient Experience/ Feedback** | | | | | | | | | | | | | | | | | |
| Number of friends and family surveys completed | PCCS | 12 month improvement trend | | | 194 | 242 | 144 | 185 | 180 | 105 | 38 | 48 | 167 | 183 | 220 | 239 | 208 |
| | MH&LD | | | | 21 | 9 | 17 | 19 | 14 | 25 | 11 | 14 | 7 | 6 | 34 | 49 | 48 |
| | Morriston | | | | 1,728 | 1,727 | 1,069 | 1,277 | 1,364 | 646 | 43 | 88 | 110 | 143 | 174 | 679 | 269 |
| | NPTH | | | | 532 | 397 | 379 | 464 | 350 | 173 | 10 | 12 | 17 | 22 | 24 | 62 | 40 |
| | Singleton | | | | 1,464 | 1,198 | 884 | 1,261 | 1,120 | 796 | 60 | 104 | 99 | 154 | 207 | 1,824 | 530 |
| | **Total** | | | | **3,918** | **3,564** | **2,476** | **3,187** | **3,014** | **1,720** | **150** | **247** | **393** | **502** | **625** | **2,804** | **1,047** |
| % of patients who would recommend and highly recommend | PCCS | 90% | 80% | | 88% | 95% | 86% | 92% | 92% | 88% | 84% | 77% | 88% | 91% | 79% | 74% | 65% |
| | MH&LD | | | | 86% | 67% | 41% | 74% | 64% | 44% | 36% | 57% | 57% | 33% | 41% | 39% | 19% |
| | Morriston | | | | 94% | 94% | 95% | 94% | 96% | 96% | 98% | 94% | 94% | 94% | 83% | 91% | 82% |
| | NPTH | | | | 96% | 96% | 97% | 97% | 97% | 97% | 60% | 67% | 47% | 68% | 92% | 94% | 90% |
| | Singleton | | | | 95% | 95% | 95% | 96% | 95% | 95% | 93% | 96% | 83% | 92% | 87% | 96% | 88% |
| | **Total** | | | | **94%** | **95%** | **95%** | **95%** | **95%** | **95%** | 90% | 92% | 87% | 91% | 83% | 93% | 82% |
| % of all-Wales surveys scoring 9 or 10 on overall satisfaction | PCCS | 90% | 80% | | 92% | 93% | 100% | 91% | - | 100% | - | 100% | 100% | 94% | 83% | 100% | 100% |
| | MH&LD | | | | - | - | - | - | - | - | - | - | - | 0% | 100% | 100% | 100% |
| | Morriston | | | | 70% | 75% | 71% | 85% | 70% | 100% | 100% | 100% | 67% | 90% | 80% | 79% | 58% |
| | NPTH | | | | 94% | 50% | 67% | 91% | 88% | 67% | - | - | - | 100% | 100% | 90% | 100% |
| | Singleton | | | | 89% | 89% | 85% | 84% | 88% | 90% | 95% | 100% | 67% | 90% | 82% | 79% | 90% |
| | **Total** | | | | **83%** | **83%** | **83%** | **86%** | **81%** | **90%** | **95%** | **100%** | **79%** | **91%** | **83%** | **84%** | **79%** |
| Number of new complaints received | PCCS | 12 month reduction rend | | | 10 | 7 | 6 | 15 | 7 | 4 | 4 | 11 | 15 | 10 | 10 | 8 | 14 |
| | MH&LD | | | | 17 | 24 | 9 | 17 | 5 | 3 | 4 | 9 | 8 | 13 | 10 | 10 | 20 |
| | Morriston | | | | 72 | 54 | 37 | 60 | 59 | 42 | 9 | 20 | 29 | 36 | 36 | 55 | 46 |
| | NPTH | | | | 11 | 11 | 3 | 8 | 7 | 1 | 8 | 5 | 7 | 5 | 2 | 7 | 6 |
| | Singleton | | | | 39 | 30 | 20 | 33 | 25 | 34 | 8 | 8 | 15 | 12 | 18 | 27 | 26 |
| | **Total** | | | | **159** | **137** | **87** | **142** | **113** | **92** | **37** | **54** | **77** | **79** | **81** | **114** | **121** |
| % 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% | | 63% | 64% | 71% | 59% | 64% | 29% | 83% | 73% | 50% | 80% | 60% | | |
| | MH&LD | | | | 71% | 46% | 56% | 65% | 67% | 67% | 100% | 78% | 63% | 69% | 50% | | |
| | Morriston | | | | 100% | 96% | 91% | 95% | 75% | 40% | 88% | 94% | 89% | 88% | 84% | | |
| | NPTH | | | | 82% | 64% | 100% | 100% | 88% | 100% | 75% | 80% | 71% | 100% | 50% | | |
| | Singleton | | | | 73% | 83% | 53% | 81% | 80% | 58% | 75% | 75% | 83% | 50% | 65% | | |
| | **Total** | | | | 83% | 76% | 75% | 83% | 76% | 48% | 81% | 81% | 75% | 79% | 72% | | |

# HARM FROM REDUCTION IN NON-COVID ACTIVITY

## 5.2 Primary and Community Care Overview

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




*No claims submitted between April and August 2020*

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

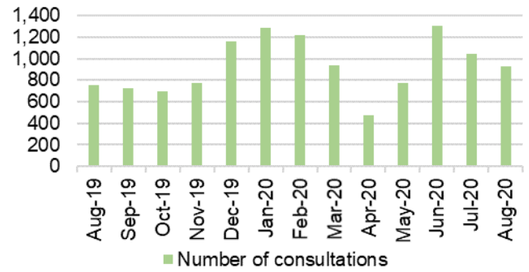



**Chart 3: Urgent Dental Centre- Total episodes of patient care**

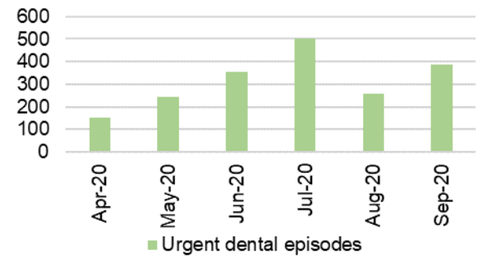



**Chart 4: General Dental Practice activity- Total number of telephone calls received**

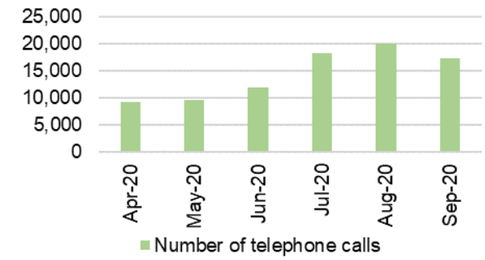



**Chart 5: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months**

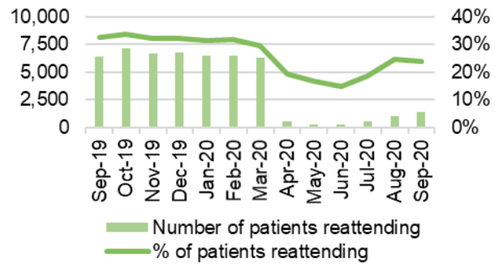



**Chart 6: Pregnancy Advisory Service- Referral to appointment within 5 days and treatment within 10 days**

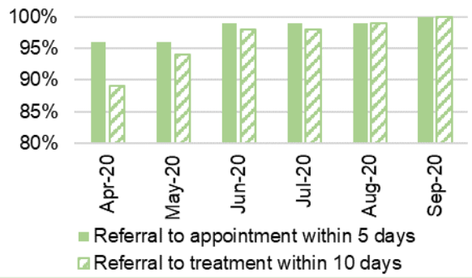



**Chart 7: Sexual health services- Attendances at sexual health ambulance**

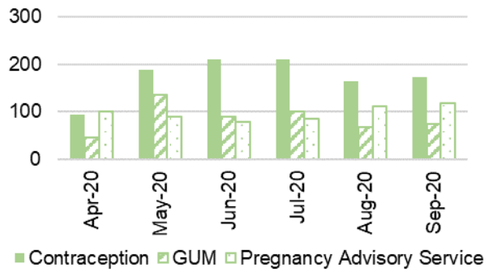



**Chart 8: Sexual health services- Patient outcomes**

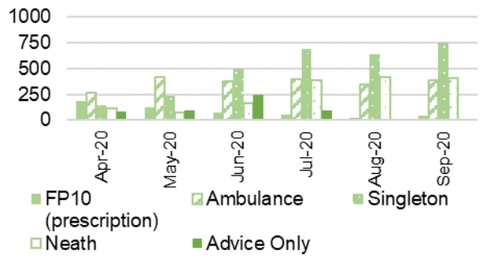



**Chart 9: District Nursing- Number of patients on caseload**

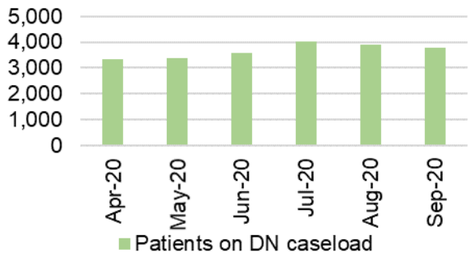



**Chart 10: District Nursing- Total number of contacts**

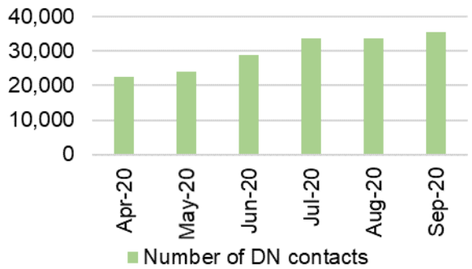



**Chart 11: Community wound clinic- Number of attendances and number of home visits**

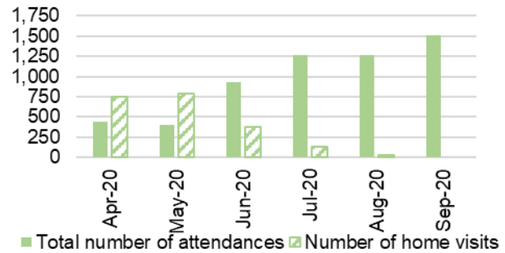



**Chart 12: Community wound clinic- Number of assessments by location**

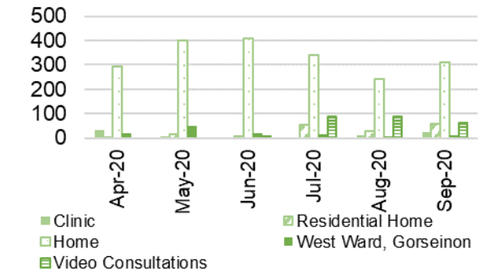



**Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**

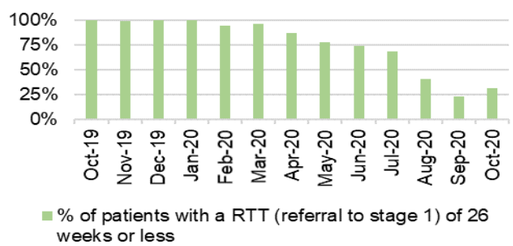



**Chart 14: Audiology- Number of remote consultations**

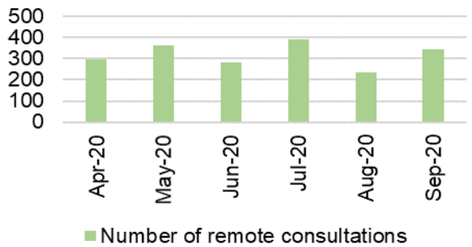



**Chart 15: Audiology- Total number of patients on the waiting list**

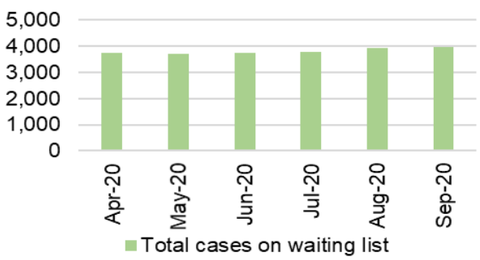
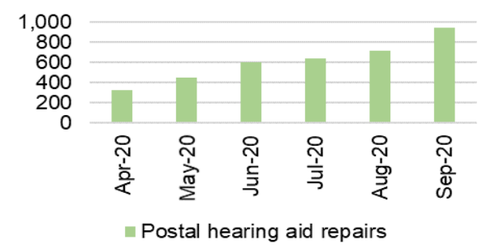
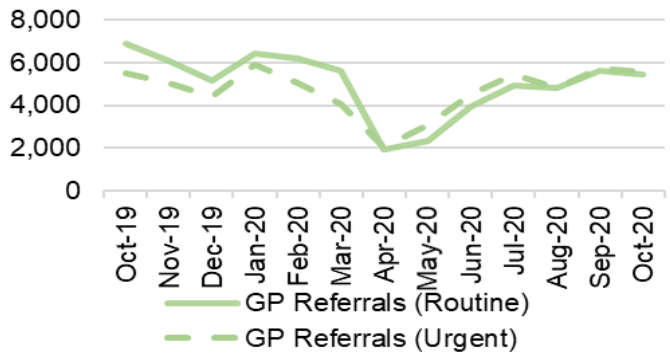
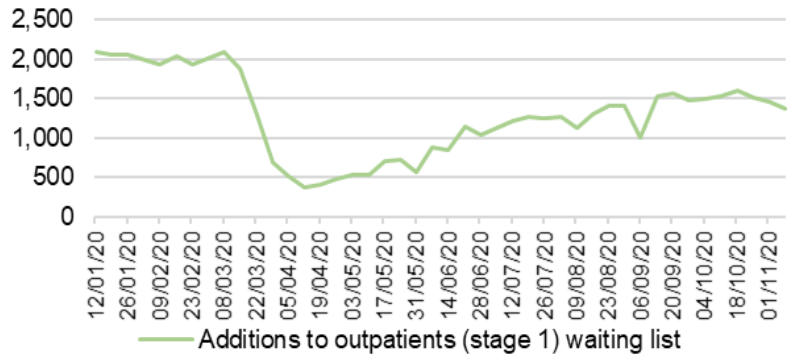
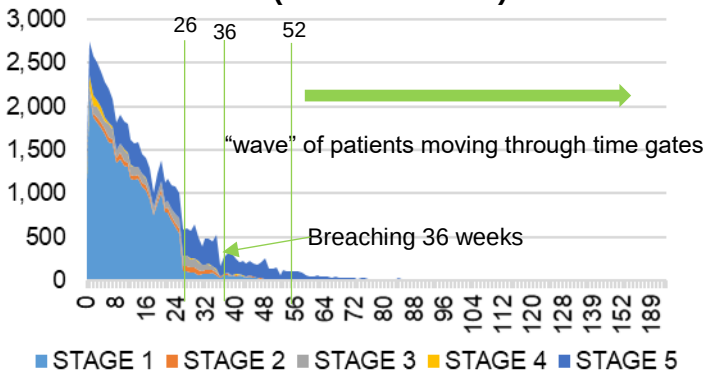
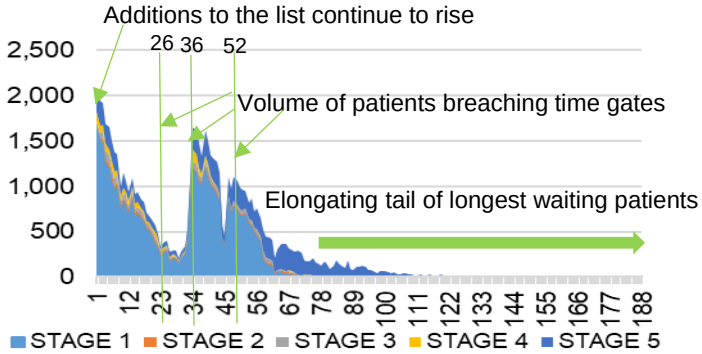



**Chart 16: Audiology- Number of postal hearing aid repairs**

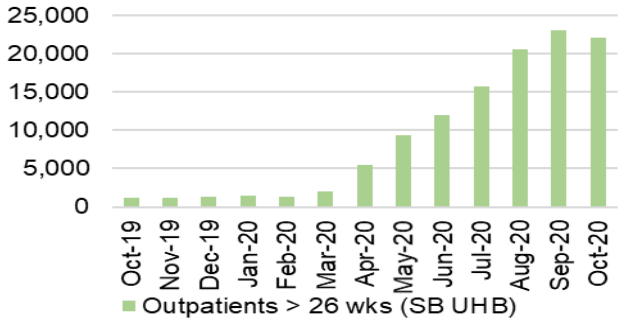


## 5.2 Updates on key measures

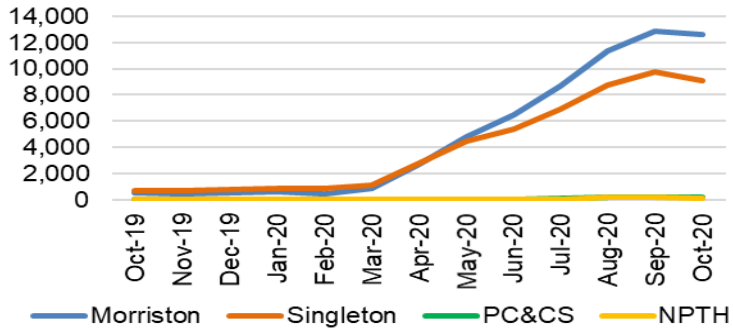
| PLANNED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **Referrals and shape of the waiting list** | The number of GP referrals and additions to the outpatient waiting list per week have been increasing each month since May 2020. This is reflected in the reduction in the size of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

| PLANNED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **Outpatient waiting times**<br><br>*1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total*<br><br>*2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level*<br><br>*3. Patients waiting over 26 weeks for an outpatient appointment by specialty*<br><br>*4. Outpatient activity undertaken* | The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. October 2020, was the first month in 2020/21 that saw an in-month reduction in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 23,069 in September to 22,050 in October 2020. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment closely followed by Orthopaedics and ENT. The number of outpatient attendances has significantly reduced since February 2020 due to COVID19, however chart 4 shows that the number of attendances has started to increase from May 2020. Work continues to be undertaken to accurately record the split between face-to-face and virtual attendances and will be reported through a new Outpatient dashboard. |
| | **Trend** |

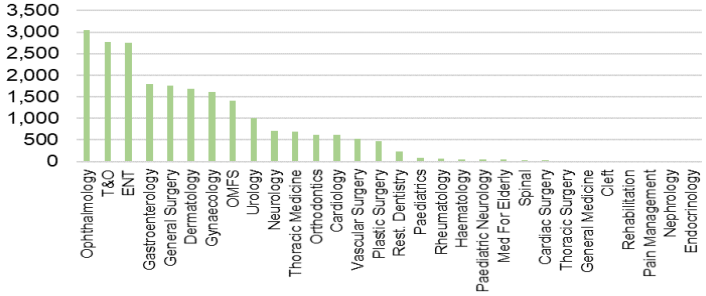
**1. Number of stage 1 over 26 weeks- HB total**



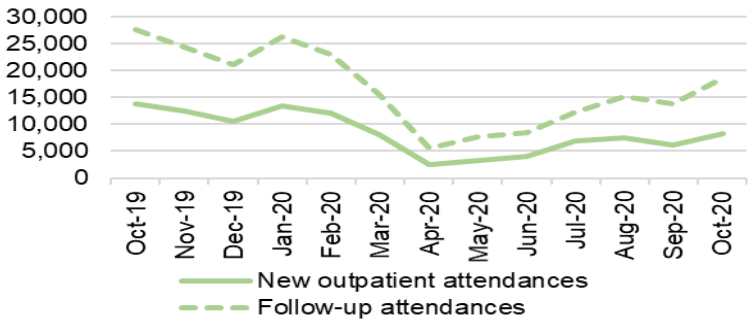

**2. Number of stage 1 over 26 weeks- Hospital level**

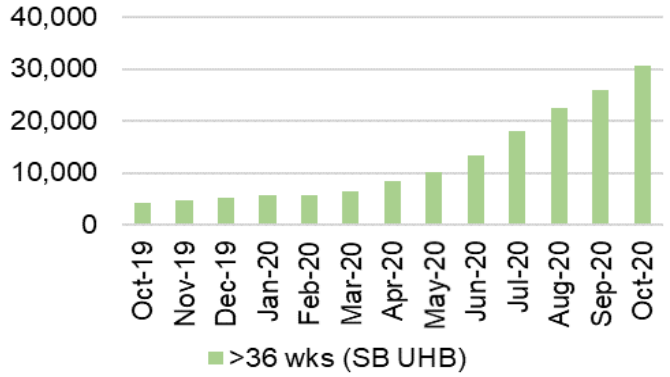
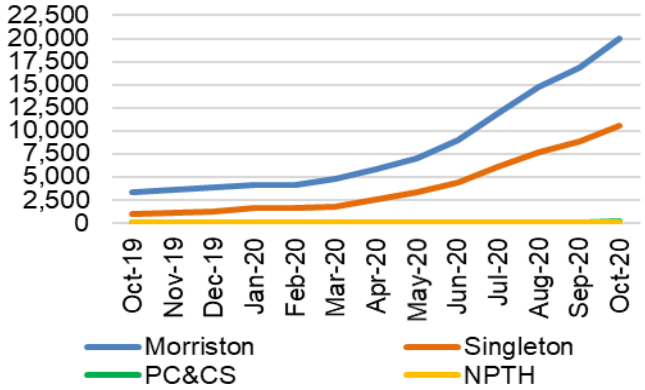
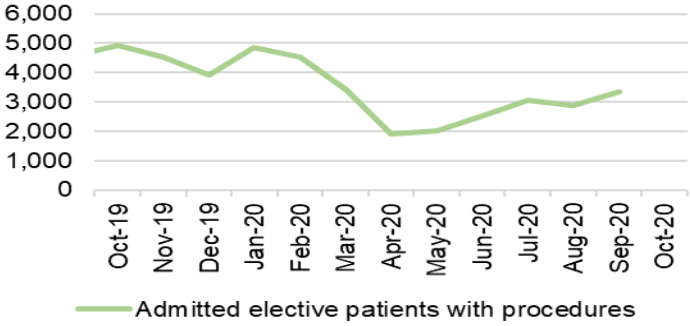


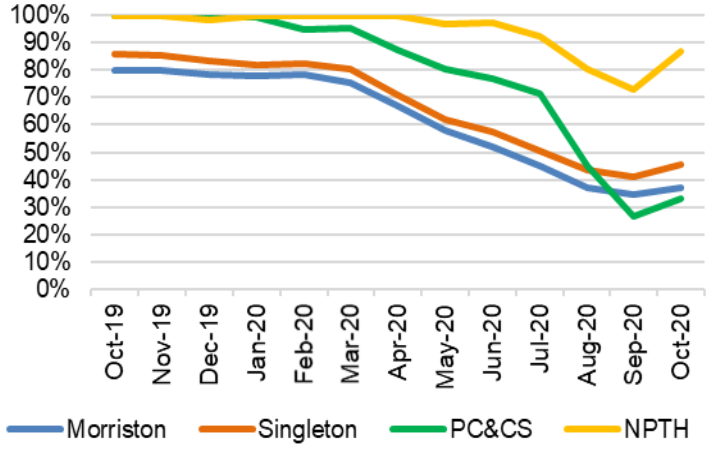

**3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at October 2020**

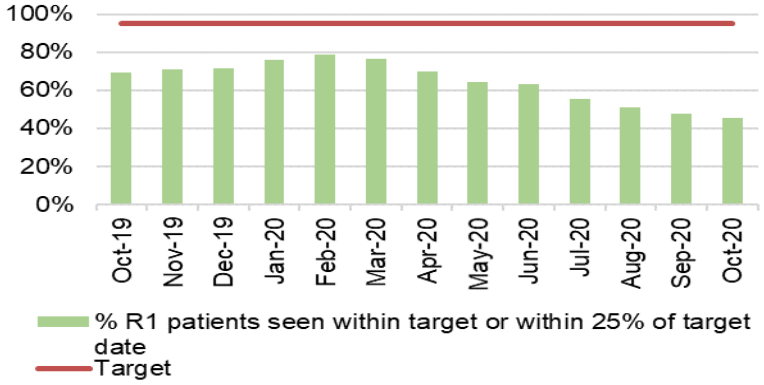


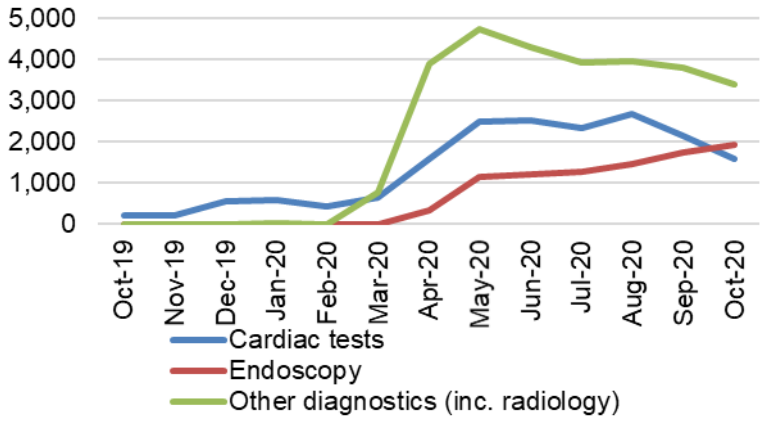
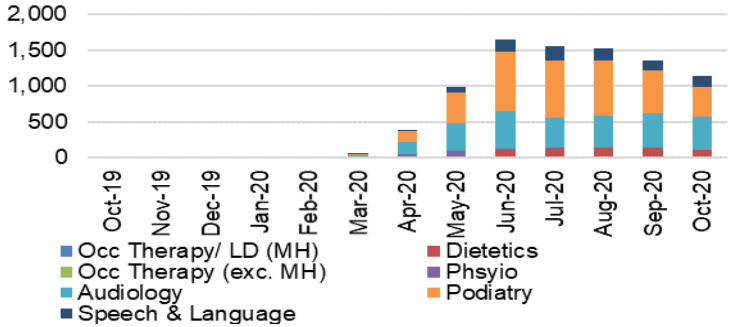

**4. Outpatient activity undertaken**



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

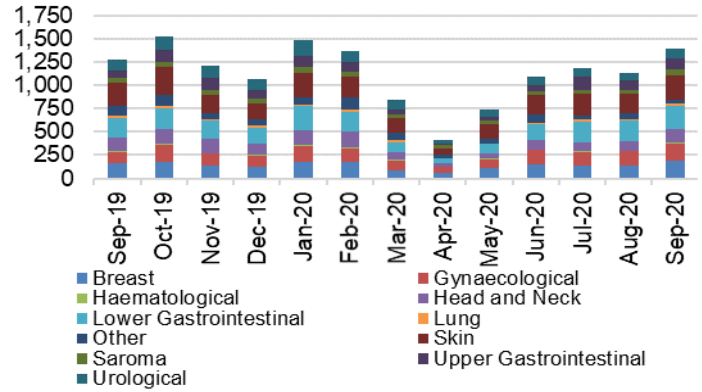
| PLANNED CARE | | |
|---|---|---|
| **Description** | **Current Performance** | |
| **Total waiting times**<br>*Percentage of patients waiting less than 26 weeks from referral to treatment* | Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%.<br><br>The percentage has consistently fallen during 2020/21 however, October was the first month to see and in-month improvement with an increase from 41.0% in September to 44.8% in October 2020. | **Percentage of patient waiting less than 26 weeks**<br>  <br> |

| | | |
|---|---|---|
| **Ophthalmology waiting times**<br>*Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments* | In October 2020, 45.2% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.<br><br>There was an upward trend in performance in 2019/20 however, there has been a continuous downward trend in performance so far in 2020/21. | **Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments**<br>  <br> |

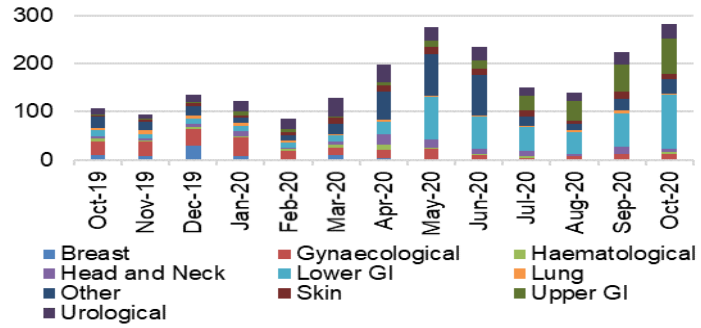
| PLANNED CARE | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Diagnostics waiting times**<br>*The number of patients waiting more than 8 weeks for specified diagnostics* | In October 2020, there was a reduction in the number of patients waiting over 8 weeks for specified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

| CANCER | |
|---|---|
| **Description** | **Current Performance** |
| **Cancer demand and shape of the waiting list**<br><br>*1. Number of Urgent Suspected Cancer (USC) referrals received*<br><br>*2. Backlog of USC patients with a wait status of more than 53 days*<br><br>*3. Volume of USC patients by stage and adjusted wait December 2019*<br><br>*4. Volume of USC patients by stage and adjusted wait Start of September 2020* | The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been a constant increase every month since May 2020. The number of USC patients waiting over 53 days significantly increased in May 2020 and started to reduce over the summer months but started to increase again in September 2020. The shape of the waiting list shows that there is a significant "wave" of patients that are likely to breach in the near future and that there are more patients waiting at the tail end of the waiting list when compared with December 2019. |
| | **Trend** |

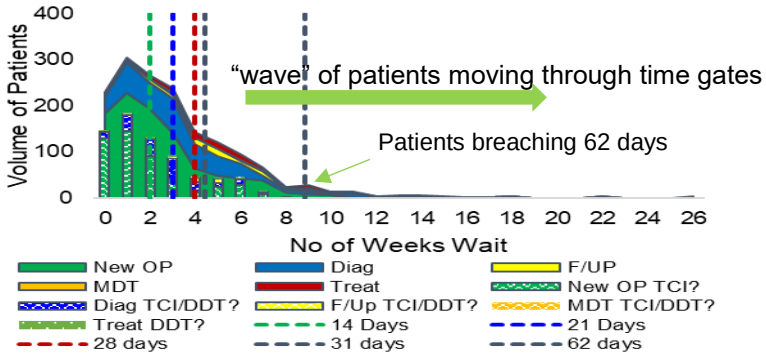
**1. Number of USC referrals**



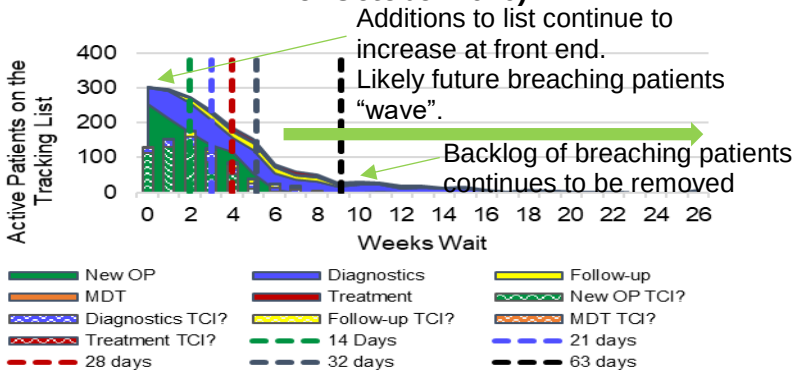

**2. Backlog of USC patients with a wait status of more than 53 days**

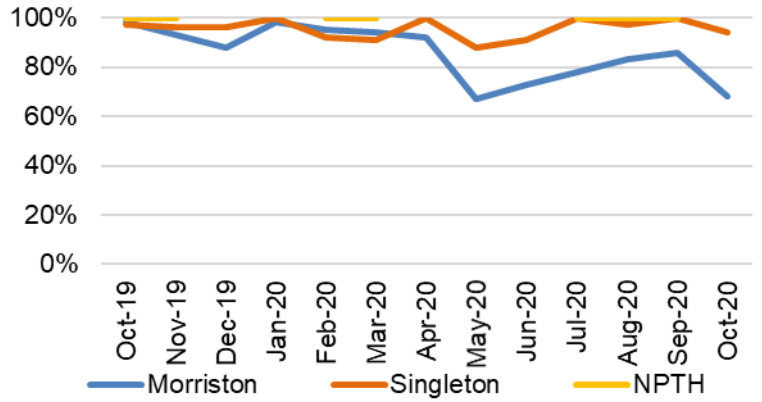
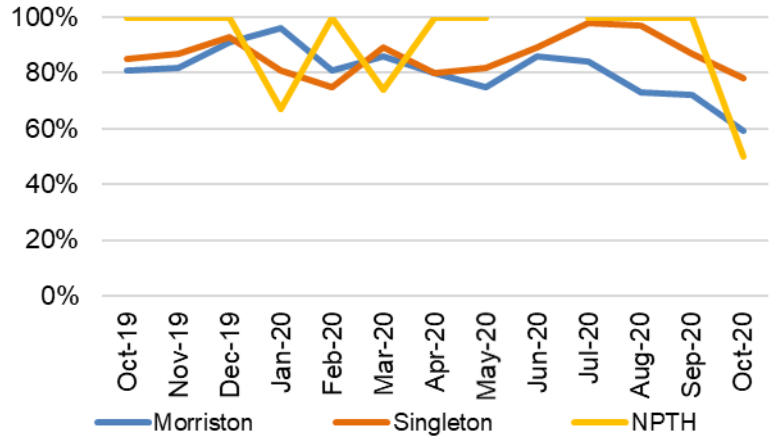


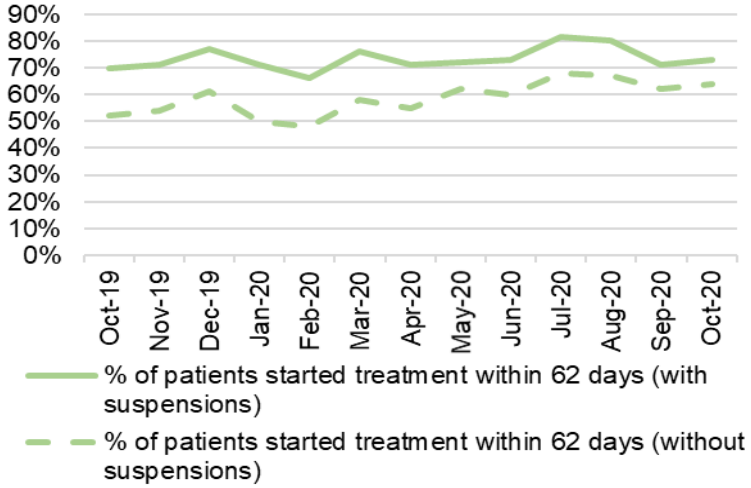
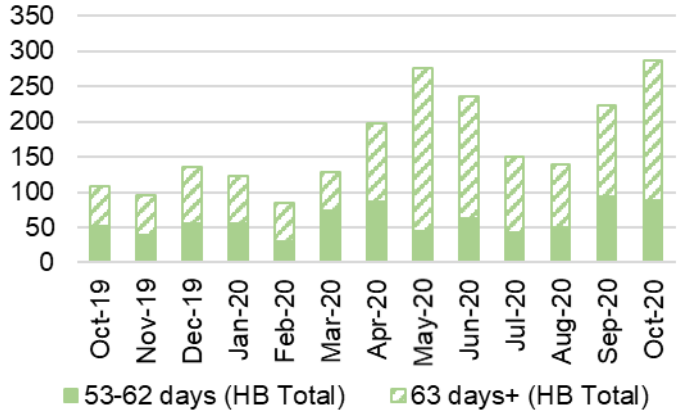

**3. Volume of patients by stage and adjusted wait (December 2019)**




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



| CANCER | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Cancer- NUSC waiting times-** *Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis* | October 2020 figures will be finalised on the 30th November 2020. Draft figures indicate a possible achievement of 89% of patients starting treatment within 31 days. At the time of writing this report there are 9 breaches* across the Health Board for October 2020:<br>• Lower GI – 4<br>• Urological – 4<br>• Upper GI - 1<br><br>**Breach validation is ongoing.* | **Percentage of NUSC patients starting treatment within 31 days of diagnosis**<br>  <br> |
| **Cancer- USC waiting times-** *Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral* | October 2020 figures will be finalised on the 30th November 2020. Draft figures indicate a possible achievement of 70% of patients starting treatment within 62 days. At the time of writing this report there are 28 breaches* in total across the Health Board for October 2020:<br>• Urological – 7<br>• Lower GI – 5<br>• Upper GI – 5<br>• Skin – 3<br>• Lung – 3<br>• Gynaecological – 2<br>• Head & Neck – 2<br>• Other - 1<br><br>**Breach validation is ongoing.* | **Percentage of USC patients starting treatment within 62 days of receipt of referral**<br>  <br> |

| CANCER | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Single Cancer Pathway**<br>*Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)* | October 2020 figures will be finalised on the 30th November 2020. Draft figures indicate a possible achievement of 64% of patients starting treatment within 62 days of the suspicion of cancer first being raised (unadjusted pathway). At the time of writing this report, 68 patients did not receive their treatment within the time frame.<br><br>Both adjusted and unadjusted waits are provided as per reporting requirements to Welsh Government. (73% adjusted with 51 breaches). | **Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)**<br>  <br> |
| **USC backlog**<br>*The number of patients with an active wait status of more than 53 days* | End of October 2020 backlog by tumour site: | **Number of patients with a wait status of more than 53 days**<br>  <br> |

| Tumour Site | 53 - 62 days | 63 > |
|---|---|---|
| Breast | 1 | 1 |
| Gynaecological | 5 | 5 |
| Haematological | 2 | 3 |
| Head and Neck | 3 | 4 |
| Lower GI | 31 | 80 |
| Lung | 0 | 3 |
| Other | 4 | 25 |
| Sarcoma | 1 | 3 |
| Skin | 5 | 6 |
| Upper GI | 23 | 52 |
| Urological | 13 | 16 |
| **Grand Total** | **88** | **198** |

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

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

Week to week through October 2020 the percentage of patients seen within 14 days to first appointment ranged between 7% and 10%.

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

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

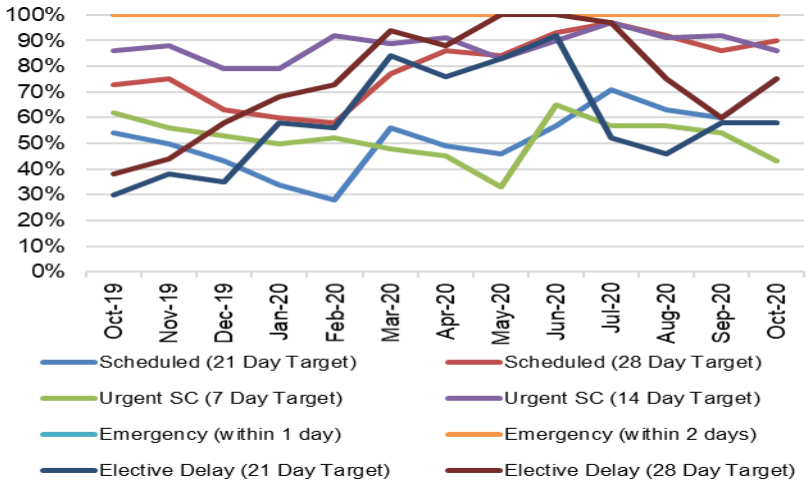
**Radiotherapy waiting times**

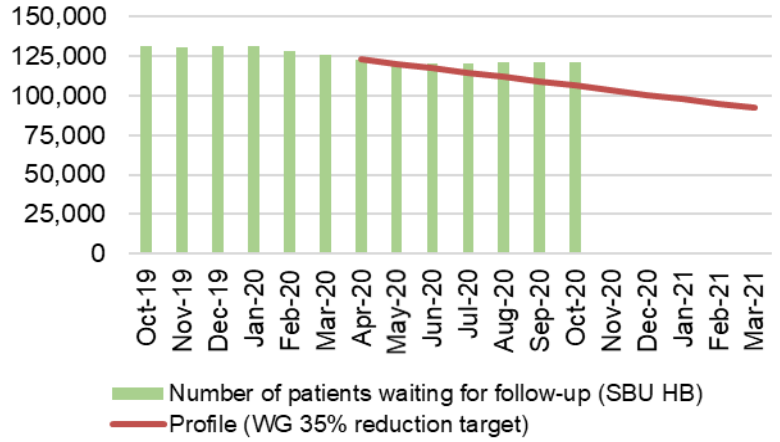
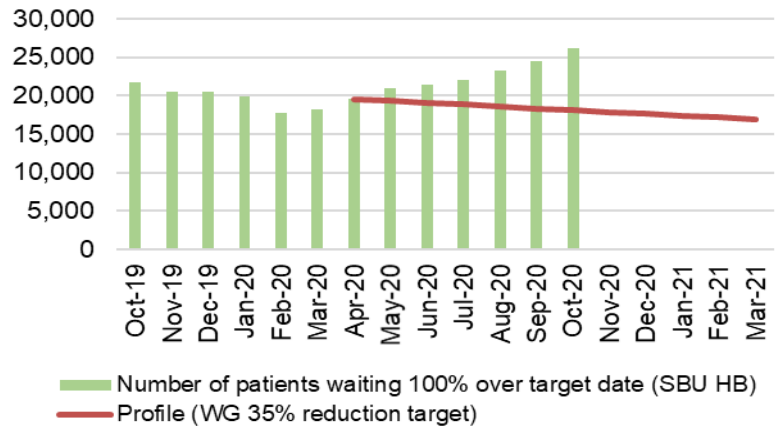
*The percentage of patients receiving radiotherapy treatment*

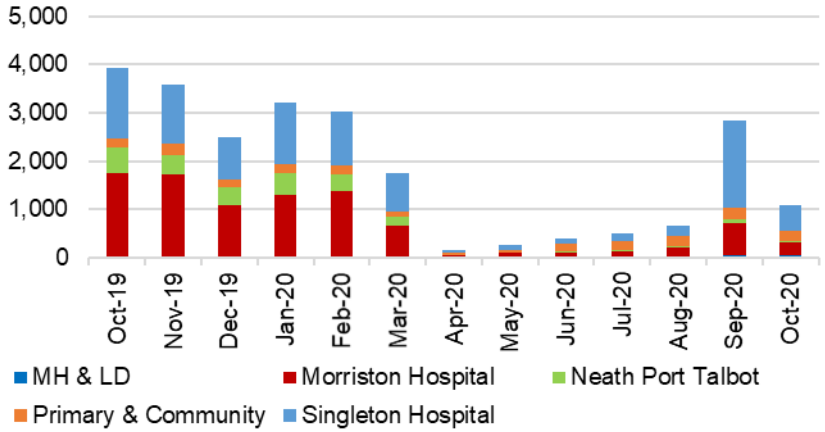
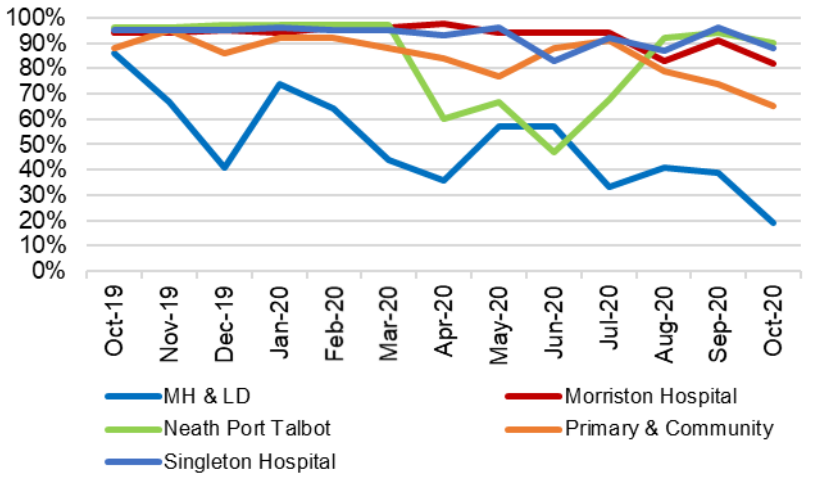
Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.

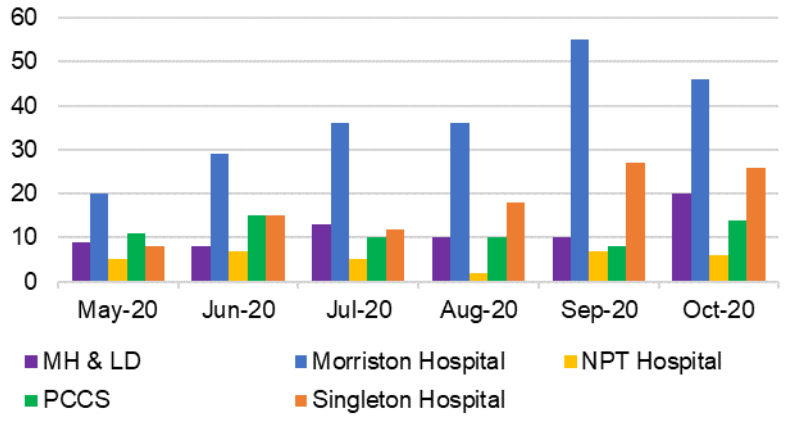
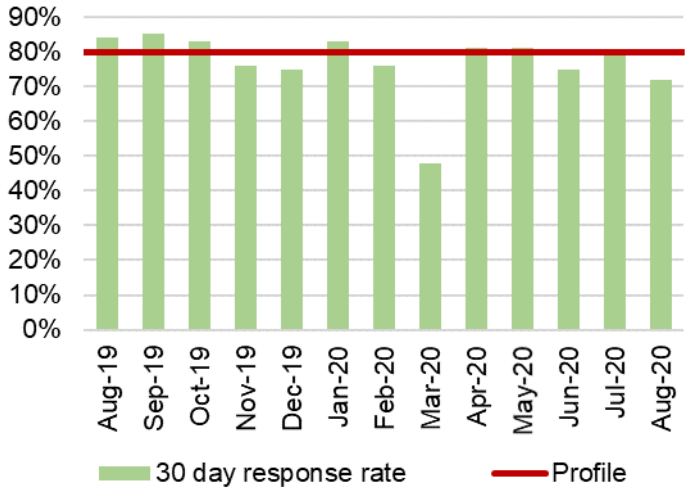
| Measure | Target | Oct-20 |
|---|---|---|
| Scheduled (21 Day Target) | 80% | 75% |
| Scheduled (28 Day Target) | 100% | 90% |
| Urgent SC (7 Day Target) | 80% | 43% |
| Urgent SC (14 Day Target) | 100% | 86% |
| Emergency (within 1 day) | 80% | 100% |
| Emergency (within 2 days) | 100% | 100% |
|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

**Radiotherapy waiting times**



| FOLLOW-UP APPOINTMENTS | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Follow-up appointments**<br><br>*1. The total number of patients on the follow-up waiting list*<br><br>*2. The number of patients waiting 100% over target for a follow-up appointment* | In October 2020, the overall size of the follow-up waiting list increased by 6 patients compared with September 2020 (from 120,962 to 120,968).<br><br>In October 2020, there was a total of 57,380 patients waiting for a follow-up past their target date. This is an in-month increase of 0.9% (from 56,843 in September 2020 to 57,380 in October 2020).<br><br>Of the 57,380 delayed follow-ups in October 2020, 9,360 had appointment dates and 48,020 were still waiting for an appointment.<br><br>In addition, 26, 217 patients were waiting 100%+ over target date in October 2020. This is a 7% increase when compared with September 2020. | **1. Total number of patients waiting for a follow-up**<br>  <br><br>**2. Delayed follow-ups: Number of patients waiting 100% over target**<br>  <br> |

| PATIENT EXPERIENCE | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Patient experience**<br><br>*1. Number of friends and family surveys completed*<br><br>*2. Percentage of patients/ service users who would recommend and highly recommend* | • Health Board Friends & Family patient satisfaction level in October 2020 was 82% and 1,047 surveys were completed:<br>➢ Neath Port Talbot Hospital (NPTH) completed 40 surveys in October 2020, with a recommended score of 90%.<br>➢ Singleton Hospital completed 530 surveys for October, with a recommended score of 88%.<br>➢ Morriston Hospital completed 269 surveys in October 2020, with a recommended score of 82%.<br>➢ Mental Health & Learning Disabilities completed 48 surveys for October 2020, with a recommended score of 19%.<br>➢ Primary & Community Care completed 208 surveys for October, with a recommended score of 65%. | **1. Number of friends and family surveys completed**<br>  <br><br>**2. % of patients/ service users who would recommend and highly recommend**<br>  <br> |

| COMPLAINTS | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Patient concerns**<br><br>*1. Number of formal complaints received*<br><br>*2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation* | 1. In October 2020, the Health Board received 121 formal complaints; this is a 24% reduction when compared with October 2019 (from 159 to 121). The monthly number of complaints received has been significantly lower since the COVID19 outbreak in March 2020 however, the numbers have gradually increased month on month since April 2020.<br><br>2. The overall Health Board rate for responding to concerns within 30 working days was 72% in August 2020 against the Welsh Government target of 75% and Health Board target of 80%.<br><br>Performance in August 2020 ranged from 50% in Neath Port Talbot Hospital and Mental Health & Learning Disabilities to 84% in Morriston Hospital. | **1. Number of formal complaints received**<br>  <br><br>**2. Response rate for concerns within 30 days**<br>  <br> |

# 6 HARM QUADRANT- HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

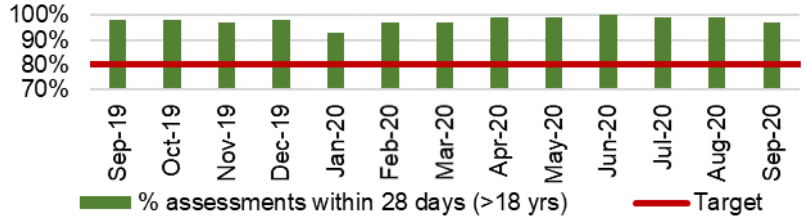
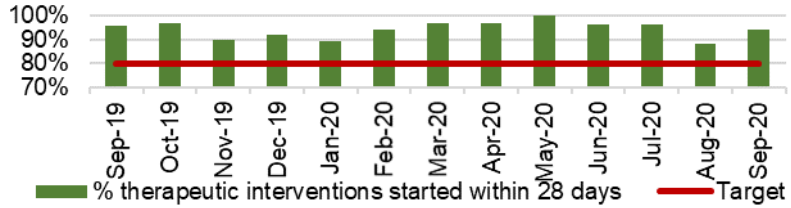
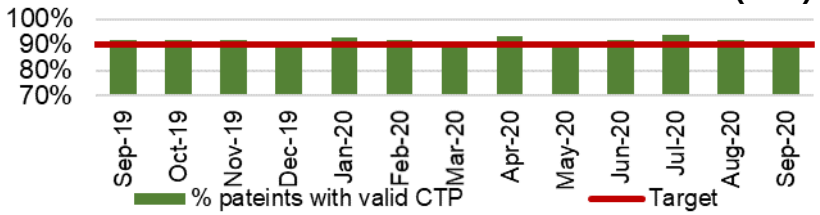
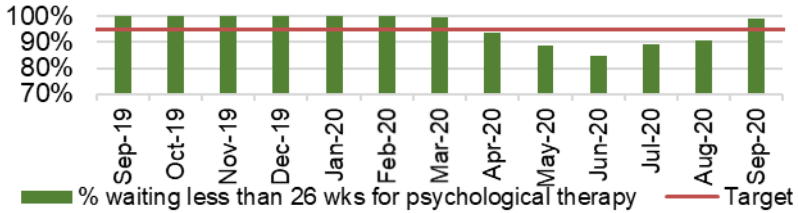
## 6.1 Overview

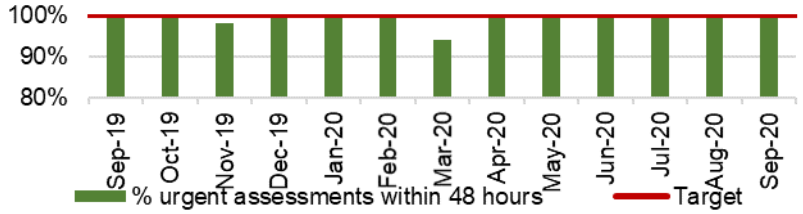
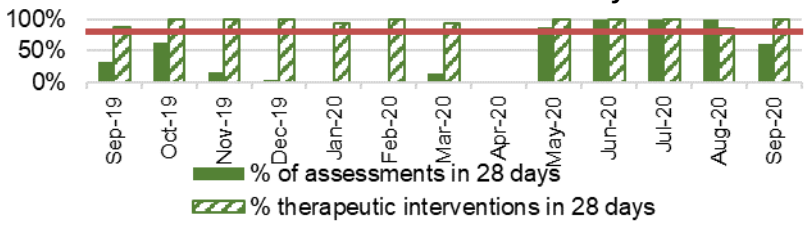
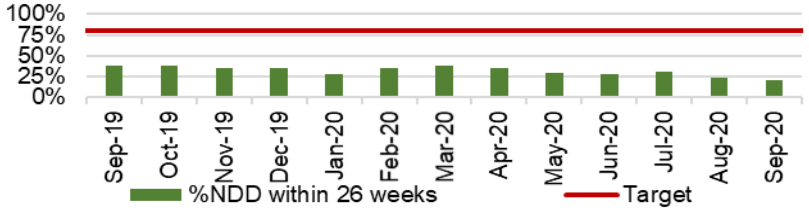
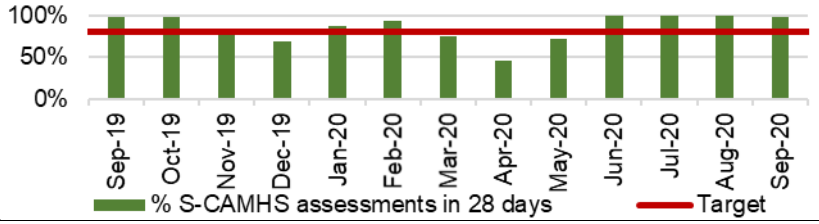
| Harm from wider societal actions/lockdown | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | | |
| | | | | | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| Childhood immunisations | | | | | | | | | | | | | | | | | |
| % children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | NPT | 95% | 90% | | 96.2% | | | 97.0% | | | 95.9% | | | | | | |
| | Swansea | | | | 95.9% | | | 95.5% | | | 96.9% | | | | | | |
| | **HB Total** | | | | **96.0%** | | | **96.1%** | | | **96.5%** | | | | | | |
| % children who received MenB2 vaccine by age 1 | NPT | 95% | 90% | | 96.5% | | | 97.0% | | | 96.6% | | | | | | |
| | Swansea | | | | 95.9% | | | 95.3% | | | 96.9% | | | | | | |
| | **HB Total** | | | | **96.1%** | | | **95.9%** | | | **96.8%** | | | | | | |
| % children who received PCV2 vaccine by age 1 | NPT | 95% | 90% | | 96.2% | | | 97.3% | | | 95.6% | | | | | | |
| | Swansea | | | | 95.9% | | | 95.9% | | | 96.9% | | | | | | |
| | **HB Total** | | | | **96.0%** | | | **96.4%** | | | **96.4%** | | | | | | |
| % children who received Rotavirus vaccine by age 1 | NPT | 95% | 90% | | 95.4% | | | 96.4% | | | 95.6% | | | | | | |
| | Swansea | | | | 94.4% | | | 94.2% | | | 97.6% | | | | | | |
| | **HB Total** | | | | **94.8%** | | | **95.0%** | | | **96.9%** | | | | | | |
| % children who received MMR1 vaccine by age 2 | NPT | 95% | 90% | | 93.6% | | | 95.3% | | | 92.1% | | | | | | |
| | Swansea | | | | 93.8% | | | 94.4% | | | 95.6% | | | | | | |
| | **HB Total** | | | | **93.7%** | | | **94.7%** | | | **94.4%** | | | | | | |
| % children who received PCVf3 vaccine by age 2 | NPT | 95% | 90% | | 94.1% | | | 96.4% | | | 92.4% | | | | | | |
| | Swansea | | | | 93.3% | | | 93.9% | | | 95.1% | | | | | | |
| | **HB Total** | | | | **93.6%** | | | **94.8%** | | | **94.1%** | | | | | | |
| % children who received MenB4 vaccine by age 2 | NPT | 95% | 90% | | 93.6% | | | 96.1% | | | 92.1% | | | | | | |
| | Swansea | | | | 93.1% | | | 93.0% | | | 94.2% | | | | | | |
| | **HB Total** | | | | **93.3%** | | | **94.2%** | | | **93.5%** | | | | | | |
| % children who received Hib/MenC vaccine by age 2 | NPT | 95% | 90% | | 93.8% | | | 95.6% | | | 91.5% | | | | | | |
| | Swansea | | | | 93.3% | | | 93.0% | | | 94.8% | | | | | | |
| | **HB Total** | | | | **93.5%** | | | **94.0%** | | | **93.6%** | | | | | | |

| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| % children who are up to date in schedule by age 4 | NPT | 95% | 90% | | 86.4% | | | 91.6% | | | 88.0% | | | | | | |
| | Swansea | | | | 88.6% | | | 86.5% | | | 89.2% | | | | | | |
| | **HB Total** | | | | **87.8%** | | | **88.4%** | | | **88.7%** | | | | | | |
| % of children who received 2 doses of the MMR vaccine by age 5 | NPT | 95% | 90% | | 92.2% | | | 92.0% | | | 91.8% | | | | | | |
| | Swansea | | | | 91.0% | | | 91.0% | | | 90.2% | | | | | | |
| | **HB Total** | | | | **91.5%** | | | **92.0%** | | | **90.8%** | | | | | | |
| % children who received 4 in 1 vaccine by age 5 | NPT | 95% | 90% | | 93.0% | | | 92.6% | | | 92.6% | | | | | | |
| | Swansea | | | | 91.4% | | | 92.1% | | | 91.9% | | | | | | |
| | **HB Total** | | | | **92.0%** | | | **92.3%** | | | **92.2%** | | | | | | |
| % children who received MMR vaccination by age 16 | NPT | 95% | 90% | | 89.4% | | | 95.9% | | | 96.1% | | | | | | |
| | Swansea | | | | 91.7% | | | 95.2% | | | 94.5% | | | | | | |
| | **HB Total** | | | | **90.9%** | | | **95.5%** | | | **95.1%** | | | | | | |
| % children who received teenage booster by age 16 | NPT | 90% | 85% | | 91.8% | | | 89.3% | | | 89.9% | | | | | | |
| | Swansea | | | | 88.1% | | | 91.5% | | | 91.5% | | | | | | |
| | **HB Total** | | | | **89.5%** | | | **90.7%** | | | **90.9%** | | | | | | |
| % children who received MenACWY vaccine by age 16 | NPT | Improve | | | 92.4% | | | 90.7% | | | 91.8% | | | | | | |
| | Swansea | | | | 88.9% | | | 92.2% | | | 91.5% | | | | | | |
| | **HB Total** | | | | **90.2%** | | | **91.6%** | | | **91.6%** | | | | | | |

| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
| 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% | 100% | 94% | 100% | 100% | 100% | 100% | 100% | 100% | |
| % of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 99% | 77% | 69% | 87% | 93% | 67% | 44% | 78% | 100% | 100% | 100% | 98% | |
| % of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 63% | 17% | 4% | 0% | 0% | 14% | | 88% | 100% | 100% | 100% | 62% | |
| % of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 98% | 82% | 69% | 87% | 93% | 75% | 46% | 72% | 100% | 100% | 100% | 98% | |
| % 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% | | | 98% | 97% | 98% | 93% | 97% | 97% | 99% | 99% | 100% | 99% | 99% | 97% | |
| % of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 100% | 100% | 100% | 94% | 100% | 94% | | 100% | 100% | 100% | 86% | 100% | |
| % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs) | > 18 years old | 80% | | | 97% | 90% | 92% | 89% | 94% | 97% | 97% | 100% | 96% | 96% | 88% | 94% | |
| % 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% | 99.5% | 93% | 89% | 84% | 89% | 91% | 99% | |
| % of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 38% | 36% | 36% | 28% | 35% | 38% | 35% | 30% | 28% | 30% | 24% | 21% | |
| % 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% | | | 100% | 100% | 100% | 100% | 99% | 99% | 99% | 97% | 91% | 98% | 98% | 81% | |
| % 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% | | | 92% | 92% | 91% | 93% | 92% | 91% | 93% | 92% | 92% | 94% | 92% | 90% | |

## 6.2 Updates on key measures

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

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

## 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** | **Morriston** | **NPTH** | **Singleton** | **Primary & Community** | **MH & LD** | **HB Total** |
| COVID19 related | Number of new COVID19 cases* | Local | | | Oct-20 | | | | | | 4,663 |
| | Number of staff referred for Antigen Testing* | Local | | | Oct-20 | | | | | | 1,695 |
| | Number of staff awaiting results of COVID19 test* | Local | | | Oct-20 | | | | | | 21 (as at 06/11/20) |
| | Number of COVID19 related incidents* | Local | | | Oct-20 | | | | | | 87 |
| | Number of COVID19 related serious incidents* | Local | | | Oct-20 | | | | | | 0 |
| | Number of COVID19 related complaints* | Local | | | Oct-20 | | | | | | 31 |
| | Number of COVID19 related risks* | Local | | | Oct-20 | | | | | | 6 |
| | Number of staff self isolated (asymptomatic)* | Local | | | Sep-20 | | | | | | 353 |
| | Number of staff self isolated (symptomatic)* | Local | | | Sep-20 | | | | | | 72 |
| | % sickness* | Local | | | Sep-20 | | | | | | 3.2% |

*In the absence of profiles, RAG status is based on in-month movement

## 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 | | Oct-20 | 340 | | 15 | | | 355 |
| | % 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% | | Oct-20 | 68.4% | 99.8% | | | | 77.2% |
| | 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 | | Oct-20 | 493 | 1 | | | | 494 |
| Stroke | % of patients who have a direct admission to an acute stroke unit within 4 hours* | National | 59.8% (UK SNAP average) | | Sep-20 | 50% | | | | | 50% |
| | % of patients who receive a CT scan within 1 hour* | National | 54.5% (UK SNAP average) | | Sep-20 | 63% | | | | | 63% |
| | % of patients who are assessed by a stroke specialist consultant physician within 24 hours* | National | 84.2% (UK SNAP average) | | Sep-20 | 98% | | | | | 98% |
| | % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes* | National | 12 month improvement trend | | Sep-20 | 13% | | | | | 13% |
| | % of patients receiving the required minutes for speech and language therapy* | National | 12 month improvement trend | | Sep-20 | 80% | | | | | 80% |
| Healthcare acquired infections | Number of E.Coli bacteraemia cases | National | 12 month reduction trend | 24 | Oct-20 | 9 | 2 | 3 | 11 | 0 | 25 |
| | Number of S.aureus bacteraemia cases | National | | 11 | Oct-20 | 4 | 0 | 2 | 6 | 0 | 12 |
| | Number of C.difficile cases | National | | 15 | Oct-20 | 6 | 2 | 3 | 3 | 1 | 15 |
| | Number of Klebsiella cases | National | | 5 | Oct-20 | 5 | 1 | 1 | 2 | 0 | 9 |
| | Number of Aeruginosa cases | National | | 1 | Oct-20 | 1 | 0 | 0 | 1 | 0 | 2 |
| | Compliance with hand hygiene audits | Local | 95% | | Oct-20 | 99% | 100% | 94% | 100% | 98% | 97% |
| Fractured Neck of Femur (#NOF) | Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation | Local | 75% | | Aug-20 | 83.5% | | | | | 83.5% |
| | Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture | Local | 75% | | Aug-20 | 53.3% | | | | | 53.3% |
| | NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 | Local | 75% | | Aug-20 | 74.0% | | | | | 74.0% |
| | Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation | Local | 75% | | Aug-20 | 75.3% | | | | | 75.3% |
| | Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation | Local | 75% | | Aug-20 | 66.5% | | | | | 66.5% |
| | Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up | Local | 75% | | Aug-20 | 77.3% | | | | | 77.3% |
| | 30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months | Local | 12 month improvement trend | | Jul-20 | 7.9% | | | | | 7.9% |
| | % of survival within 30 days of emergency admission for a hip fracture | Local | 12 month improvement trend | | Jul-20 | 93.3% | | | | | 93.3% |
| Serious incidents | Number of Serious Incidents | Local | 12 month reduction trend | | Oct-20 | 3 | 1 | 6 | 2 | 2 | 14 |
| | Number of Never Events | Local | 0 | | Oct-20 | 0 | 0 | 1 | 0 | 0 | 1 |
| Pressure Ulcers | Total number of Pressure Ulcers | Local | 12 month reduction trend | | Sep-20 | 25 | 1 | 18 | 21 | 0 | 65 |
| | Total number of Grade 3+ Pressure Ulcers | Local | 12 month reduction trend | | Sep-20 | 0 | 0 | 0 | 5 | 0 | 5 |
| | Pressure Ulcer (Hosp) patients per 100,000 admissions | Local | 12 month reduction trend | | Sep-20 | | | | | | 705 |
| Inpatient Falls | Total number of Inpatient Falls | Local | 12 month reduction trend | | Oct-20 | 77 | 29 | 28 | 8 | 44 | 187 |
| | Inpatient Falls per 1,000 beddays | Local | Between 3.0 & 5.0 | | Oct-20 | | | | | | 5.24 |
| Mortality | Universal Mortality reviews undertaken within 28 days (Stage 1 reviews) | Local | 95% | | Sep-20 | 100% | 83% | 100% | | | 99% |
| | Stage 2 mortality reviews completed within 60 days | Local | 95% | | Jul-20 | 100% | 67% | - | | | 90% |
| | Crude hospital mortality rate by Delivery Unit (74 years of age or less) | National | 12 month reduction trend | | Sep-20 | 1.58% | 0.23% | 0.46% | | | 0.93% |

*RAG status for targetted intervention measures is based on in-month movement in the absence of local profiles

## 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% | | Sep-20 | 86% | - | 100% | | | 94% |
| | % 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% | | Sep-20 | 72% | - | 87% | | | 82% |
| | Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)* | National | 12 month improvement trend | | Sep-20 | | | | | | 71% |
| Planned Care | Number of patients waiting > 26 weeks for outpatient appointment | National | 0 | | Oct-20 | 12,617 | 129 | 9,073 | 231 | | 22,050 |
| | Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks) | National | 0 | | Oct-20 | 20,035 | 33 | 10,514 | 153 | | 30,735 |
| | Number of patients waiting > 8 weeks for a specified diagnostics | National | 0 | | Oct-20 | 4,991 | | 1,905 | | | 6,896 |
| | Number of patients waiting > 14 weeks for a specified therapy | National | 0 | | Oct-20 | | 110 | | 1,025 | 0 | 1,135 |
| | Total number of patients waiting for a follow-up outpatient appointment | National | 106,295 | | Oct-20 | | | | | | 120,968 |
| | Number of patients delayed by over 100% past their target date | National | 18,127 | | Oct-20 | | | | | | 26,217 |
| | Number of patients delayed past their agreed target date (booked and not booked) | Local | 47,271 | | Oct-20 | | | | | | 57,380 |
| | Number of Ophthalmology patients without an allocated health risk factor | Local | 0 | | Oct-20 | | | | | | 780 |
| | Number of patients without a documented clinical review date | Local | 0 | | Oct-20 | | | | | | 43 |
| Patient Experience/ Feedback | Number of friends and family surveys completed | Local | 12 month improvement trend | | Oct-20 | 269 | 40 | 530 | 208 | 48 | 1,047 |
| | % of patients who would recommend and highly recommend | Local | 90% | 80% | Oct-20 | 82% | 90% | 88% | 65% | 19% | 82% |
| | % of all-Wales surveys scoring 9 or 10 on overall satisfaction | Local | 90% | 80% | Oct-20 | 58% | 100% | 90% | 100% | 100% | 79% |
| | Number of new complaints received | Local | 12 month reduction rend | | Oct-20 | 46 | 6 | 26 | 14 | 20 | 121 |
| | % 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% | Aug-20 | 84% | 50% | 65% | 60% | 50% | 72% |

*RAG for targetted intervention measures is based on in-month movement in the absence of local profiles

## Harm Quadrant- Harm from wider societal actions/lockdown

| Category | Measure | Target Type | Target | Internal HB Profile | Reporting period | Morriston | 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% | Q1 2020/21 | | | | | | 96.5% |
| | % children who received MenB2 vaccine by age 1 | Local | 95% | 90% | Q1 2020/21 | | | | | | 96.8% |
| | % children who received PCV2 vaccine by age 1 | | 95% | 90% | Q1 2020/21 | | | | | | 96.4% |
| | % children who received Rotavirus vaccine by age 1 | | 95% | 90% | Q1 2020/21 | | | | | | 96.9% |
| | % children who received MMR1 vaccine by age 2 | | 95% | 90% | Q1 2020/21 | | | | | | 94.4% |
| | % children who received PCVf3 vaccine by age 2 | | 95% | 90% | Q1 2020/21 | | | | | | 94.1% |
| | % children who received MenB4 vaccine by age 2 | | 95% | 90% | Q1 2020/21 | | | | | | 93.5% |
| | % children who received Hib/MenC vaccine by age 2 | | 95% | 90% | Q1 2020/21 | | | | | | 93.6% |
| | % children who are up to date in schedule by age 4 | | 95% | 90% | Q1 2020/21 | | | | | | 88.7% |
| | % of children who received 2 doses of the MMR vaccine by age 5 | National | 95% | 90% | Q1 2020/21 | | | | | | 90.8% |
| | % children who received 4 in 1 vaccine by age 5 | Local | 95% | 90% | Q1 2020/21 | | | | | | 92.2% |
| | % children who received MMR vaccination by age 16 | | 95% | 90% | Q1 2020/21 | | | | | | 95.1% |
| | % children who received teenage booster by age 16 | | 90% | 85% | Q1 2020/21 | | | | | | 90.9% |
| | % children who received MenACWY vaccine by age 16 | | Improve | | Q1 2020/21 | | | | | | 91.6% |
| Mental Health (Adult and Children) | % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs) | Local | 100% | | Sep-20 | | | | | | 100% |
| | % of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs) | National | 80% | | Sep-20 | | | | | | 98% |
| | % of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs) | National | 80% | | Sep-20 | | | | | | 62% |
| | % of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs) | Local | 80% | | Sep-20 | | | | | | 98% |
| | % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs) | National | 80% | | Sep-20 | | | | | 97% | 97% |
| | % of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs) | National | 80% | | Sep-20 | | | | | | 100% |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs) | National | 80% | | Sep-20 | | | | | 94% | 94% |
| | % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs) | National | 95% | | Sep-20 | | | | | 99% | 99% |
| | % of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs) | National | 80% | | Sep-20 | | | | | | 21% |
| | % residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs) | National | 90% | | Sep-20 | | | | | | 81% |
| | % residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs) | National | 90% | | Sep-20 | | | | | 90% | 90% |

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

# APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

## Harm from Covid itself

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

## Harm from overwhelmed NHS and social care system

| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | | Performance Trend | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Unscheduled Care | % 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered | National | Jun-19 | 97% | 90% | | | | | | | | | | | | | | | | | | |
| | % of emergency responses to red calls arriving within (up to and including) 8 minutes | National | Oct-20 | 66% | 65% | 65% | ✔ | 61.4% | 2nd (Sep-20) | | 66% | 59% | 62% | 67% | 69% | 69% | 70% | 75% | 76% | 74% | 72% | 69% | 66% |
| | Number of ambulance handovers over one hour | National | Oct-20 | 355 | 0 | | | 2,481 | 4th (Sep-20) | | 827 | 821 | 868 | 848 | 704 | 462 | 61 | 20 | 47 | 120 | 163 | 410 | 355 |
| | Handover hours lost over 15 minutes | Local | Oct-20 | 916 | | | | | | | 2,778 | 3,212 | 3,361 | 3,545 | 2,247 | 1,623 | 209 | 125 | 178 | 315 | 418 | 1,100 | 916 |
| | % of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge | National | Oct-20 | 77% | 95% | | | 76.5% | 5th (Sep-20) | | 71% | 73% | 71% | 72% | 74% | 73% | 78% | 83% | 88% | 80% | 81% | 76% | 77% |
| | Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge | National | Oct-20 | 494 | 0 | | | 3,729 | 5th (Sep-20) | | 890 | 927 | 1,018 | 1,038 | 783 | 557 | 131 | 97 | 81 | 223 | 286 | 537 | 494 |
| NOF | % of survival within 30 days of emergency admission for a hip fracture | National | Jul-20 | 93.3% | 12 month ↑ | | | 80.1% | 1st (Sep-20) | | 95.9% | 77.6% | 84.4% | 78.6% | 87.5% | 75.0% | 78.9% | 77.1% | 95.5% | 93.3% | | | |
| | % of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours | National | May-20 | 83.0% | 12 month ↑ | | | 60% | 2nd (Aug-20) | | 76.0% | 77.0% | 78.0% | 80.0% | 79.0% | 79.0% | 79.0% | 80.0% | 82.0% | 83.0% | | | |
| Stroke | Direct admission to Acute Stroke Unit (<4 hrs) | National | Sep-20 | 50.0% | 54.0% | | | 37.8% | 2nd (Aug-20) | | 55% | 55% | 39% | 24% | 62% | 47.4% | Data not available | | 52.7% | 57.4% | 51.4% | 50.0% | |
| | CT Scan (<1 hrs) (local | Local | Sep-20 | 62.5% | | | | | | | 47% | 49% | 44% | 43% | 38% | 42.5% | | | 49.1% | 48.2% | 52.8% | 62.5% | |
| | Assessed by a Stroke Specialist Consultant Physician (< 24 hrs) | National | Sep-20 | 97.5% | 85.3% | | | 83.5% | 1st (Aug-20) | | 94% | 98% | 100% | 90% | 97% | 97.5% | | | 100.0% | 94.6% | 97.2% | 97.5% | |
| | Thrombolysis door to needle <= 45 mins | Local | Sep-20 | 12.5% | 12 month ↑ | | | | | | 0% | 0% | 20% | 0% | 0% | 0.0% | | | 30.0% | 25.0% | 0.0% | 12.5% | |
| | % compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient | National | Sep-20 | 80.1% | 12 month ↑ | | | 39.2% | 2nd (Aug-20) | | 49% | 45% | 38% | 33% | 28% | 32.8% | | | 30.7% | 44.3% | 61.7% | 80.1% | |
| | % of stroke patients who receive a 6 month follow-up assessment | National | Q3 19/20 | 49.6% | Qtr on qtr ↑ | | | 62.2% | | | | | 49.6% | | | | | | | | | | |
| DTOCs | Number of mental health HB DToCs | National | Mar-20 | 13 | 12 month ↓ | 27 | ✔ | 69 | | | 22 | 22 | 22 | 23 | 16 | 13 | DTOC reporting temporarily suspended | | | | | | |
| | Number of non-mental health HB DToCs | National | Mar-20 | 60 | 12 month ↓ | 50 | ✖ | 354 | | | 76 | 61 | 53 | 52 | 69 | 60 | DTOC reporting temporarily suspended | | | | | | |
| | % critical care bed days lost to delayed transfer of care | National | Q1 20/21 | 26.2% | Quarter on quarter ↓ | | | 5.3% | 2nd (Q1 20/21) | | | | 21.3% | | | 26.2% | | | 2.5% | | | | |

## Harm from overwhelmed NHS and social care system

| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | | Performance Trend | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Infection control | Cumulative cases of E.coli bacteraemias per 100k pop | National | Oct-20 | 65.7 | <67 | | ✔ | 63.04 | 4th (Sep-20) | | 80.8 | 76.3 | 78.6 | 80.8 | 82.5 | 81.4 | 43.8 | 43.0 | 46.4 | 53.8 | 62.5 | 64.0 | 65.7 |
| | *Number of E.Coli bacteraemia cases (Hospital)* | | Oct-20 | *14* | | | | | | | *10* | *5* | *12* | *15* | *15* | *8* | *6* | *6* | *3* | *8* | *8* | *7* | *14* |
| | *Number of E.Coli bacteraemia cases (Community)* | | | *11* | | | | | | | *15* | *10* | *20* | *18* | *16* | *15* | *8* | *8* | *14* | *17* | *24* | *16* | *11* |
| | Total number of E.Coli bacteraemia cases | | | 25 | | | | | | | 25 | 15 | 32 | 33 | 31 | 23 | 14 | 14 | 17 | 25 | 32 | 23 | 25 |
| | Cumulative cases of S.aureus bacteraemias per 100k pop | | Oct-20 | 31.5 | <20 | | ✖ | 23.39 | 6th (Sep-20) | | 35.6 | 35.4 | 35.2 | 35.6 | 34.8 | 34.2 | 31.5 | 24.7 | 28.8 | 26.1 | 28.2 | 30.7 | 31.5 |
| | *Number of S.aureus bacteraemias cases (Hospital)* | | Oct-20 | *6* | | | | | | | *11* | *8* | *7* | *6* | *6* | *4* | *4* | *2* | *4* | *3* | *5* | *7* | *6* |
| | *Number of S.aureus bacteraemias cases (Community)* | | | *6* | | | | | | | *2* | *3* | *4* | *7* | *2* | *5* | *6* | *4* | *8* | *3* | *7* | *7* | *6* |
| | Total number of S.aureus bacteraemias cases | | | 12 | | | | | | | 13 | 11 | 11 | 13 | 8 | 9 | 10 | 6 | 12 | 6 | 12 | 14 | 12 |
| | Cumulative cases of C.difficile per 100k pop | | Oct-20 | 50.4 | <26 | | ✖ | 31.65 | 6th (Sep-20) | | 33.4 | 35.8 | 35.6 | 35.3 | 36.5 | 35.4 | 34.4 | 42.9 | 49.5 | 45.3 | 50.2 | 51.2 | 50.4 |
| | *Number of C.difficile cases (Hospital)* | | Oct-20 | *12* | | | | | | | *13* | *13* | *7* | *6* | *11* | *5* | *9* | *6* | *14* | *7* | *9* | *12* | *12* |
| | *Number of C.difficile cases (Community)* | | | *3* | | | | | | | *6* | *4* | *4* | *5* | *4* | *3* | *2* | *10* | *6* | *4* | *14* | *6* | *3* |
| | Total number of C.difficile cases | | | 15 | | | | | | | 19 | 17 | 11 | 11 | 15 | 8 | 11 | 16 | 20 | 11 | 23 | 18 | 15 |
| | Cumulative cases of Klebsiella per 100k pop | | Oct-20 | 21.9 | | | | | | | 22.0 | 22.3 | 21.9 | 22.1 | 21.0 | 21.1 | 18.8 | 18.4 | 21.6 | 20.0 | 22.1 | 21.0 | 21.9 |
| | *Number of Klebsiella cases (Hospital)* | | Oct-20 | *7* | | | | | | | 4 | 4 | 4 | 7 | 2 | 4 | *1* | *4* | *4* | *3* | *6* | *3* | *7* |
| | *Number of Klebsiella cases (Community)* | | | *2* | | | | | | | 0 | 4 | 2 | 1 | 1 | 3 | *5* | *2* | *5* | *2* | *4* | *2* | *2* |
| | Total number of Klebsiella cases | | | 9 | | | | 47 | 1st (Sep-20) | | 4 | 8 | 6 | 8 | 3 | 7 | 6 | 6 | 9 | 5 | 10 | 5 | 9 |
| | Cumulative cases of Aeruginosa per 100k pop | | Oct-20 | 5.7 | | | | | | | 8.8 | 8.1 | 7.9 | 8.0 | 7.6 | 7.2 | 6.3 | 10.7 | 7.2 | 6.2 | 6.7 | 5.6 | 5.7 |
| | *Number of Aeruginosa cases (Hospital)* | | Oct-20 | *1* | | | | | | | 1 | 1 | 1 | 2 | 1 | 1 | *2* | *3* | *0* | *0* | *0* | *0* | *1* |
| | *Number of Aeruginosa cases (Community)* | | | *1* | | | | | | | 0 | 0 | 1 | 1 | 0 | 0 | *0* | *2* | *0* | *1* | *3* | *0* | *1* |
| | Total number of Aeruginosa cases | | | 2 | | | | 11 | 1st (Sep-20) | | 1 | 1 | 2 | 3 | 1 | 1 | 2 | 5 | 0 | 1 | 3 | 0 | 2 |
| | Hand Hygiene Audits- compliance with WHO 5 moments | Local | Oct-20 | 97% | | 95% | ✔ | | | | 97% | 97% | 96% | 97% | 93% | 99% | 98% | 99% | 98% | 98% | 94% | 96% | 97% |
| Serious Incidents and risks | Of the serious incidents due for assurance, the % which were assured within the agreed timescales | National | Oct-20 | 0% | 90% | 80% | ✖ | | | | 47% | 55% | 38% | 28% | 29% | 30% | 7% | 29% | 0% | 0% | 50% | 20% | 0% |
| | Number of new Never Events | National | Oct-20 | 1 | 0 | 0 | ✖ | | | | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| | Number of risks with a score greater than 20 | Local | Oct-20 | 130 | | 12 month ↓ | ✖ | | | | 104 | 105 | 109 | 111 | 114 | 108 | 109 | 101 | 110 | 115 | 121 | 117 | 130 |
| | Number of risks with a score greater than 16 | Local | Oct-20 | 224 | | 12 month ↓ | ✖ | | | | 204 | 200 | 202 | 205 | 204 | 198 | 202 | 193 | 204 | 204 | 210 | 206 | 224 |
| Pressure Ulcers | *Number of pressure ulcers acquired in hospital* | Local | Sep-20 | 44 | | *12 month ↓* | ✖ | | | | *20* | *22* | *24* | *30* | *41* | *31* | *25* | *29* | *18* | *19* | *37* | *44* | |
| | *Number of pressure ulcers developed in the community* | | Sep-20 | 21 | | *12 month ↓* | ✔ | | | | *29* | *31* | *24* | *26* | *25* | *39* | *34* | *33* | *34* | *28* | *25* | *21* | |
| | Total number of pressure ulcers | | Sep-20 | 65 | | 12 month ↓ | ✖ | | | | 49 | 53 | 48 | 56 | 66 | 70 | 59 | 62 | 52 | 47 | 62 | 65 | |
| | *Number of grade 3+ pressure ulcers acquired in hospital* | | Sep-20 | 0 | | *12 month ↓* | ✔ | | | | *2* | *2* | *2* | *2* | *3* | *1* | *2* | *0* | *1* | *0* | *4* | *0* | |
| | *Number of grade 3+ pressure ulcers acquired in community* | | Sep-20 | 5 | | *12 month ↓* | ✖ | | | | *2* | *8* | *3* | *5* | *8* | *8* | *4* | *6* | *9* | *4* | *5* | *5* | |
| | Total number of grade 3+ pressure ulcers | | Sep-20 | 5 | | 12 month ↓ | ✔ | | | | 4 | 10 | 5 | 7 | 11 | 9 | 6 | 6 | 10 | 4 | 9 | 5 | |
| Inpatient Falls | Number of Inpatient Falls | Local | Oct-20 | 187 | | 12 month ↓ | ✔ | | | | 255 | 240 | 297 | 249 | 207 | 210 | 193 | 209 | 196 | 208 | 227 | 219 | 187 |
| Mortality | % of universal mortality reviews (UMRs) undertaken within 28 days of a death | Local | Sep-20 | 99% | 95% | 95% | ✔ | | | | 95.9% | 100.0% | 98.5% | 98.4% | 100.0% | 95.7% | 95.6% | 99.3% | 100.0% | 95.5% | 96.6% | 99.2% | |
| | Stage 2 mortality reviews required | Local | Sep-20 | 11 | | | | | | | 17 | 9 | 15 | 16 | 8 | 9 | 10 | 11 | 10 | 10 | 11 | 11 | |
| | % stage 2 mortality reviews completed | Local | Jul-20 | 90% | | 100% | ✖ | | | | 64.7% | 78.0% | 67.0% | 75.0% | 44.4% | 0.0% | 30.0% | 27.3% | 50.0% | 90.0% | | | |
| | Crude hospital mortality rate (74 years of age or less) | National | Sep-20 | 0.93% | 12 month ↓ | | | 1.23% | 3rd (Aug-20) | | 0.77% | 0.78% | 0.79% | 0.71% | 0.72% | 0.75% | 0.80% | 0.88% | 0.89% | 0.92% | 0.90% | 0.93% | |
| | % of deaths scrutinised by a medical examiner | National | | | Qtr on qtr ↑ | | | | | | | | | | | | New measure for 2020/21- awaiting data | | | | | | |
| NEWS | % patients with completed NEWS scores & appropriate responses actioned | Local | Oct-20 | 94% | | 98% | ✖ | | | | 94.5% | 93.7% | 96.4% | 97.7% | 95.17% | 91.9% | 92.0% | 93.9% | 91.6% | 96.6% | 92.4% | 93.6% | 93.9% |
| Coding | % of episodes clinically coded within 1 month of discharge | Local | Sep-20 | 96% | 95% | 95% | ✔ | | | | 96% | 93% | 95% | 96% | 95% | 94% | 94% | 97% | 97% | 96% | 96% | 96% | |
| | % of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme | National | 2019/20 | 91% | Annual ↑ | | | 93.9% | 7th (2019/20) | | 2019/20= 91.4% | | | | | | | | | | | | |
| E-TOC | % of completed discharge summaries (total signed and sent) | Local | Oct-20 | 68% | | 100% | ✖ | | | | 63.0% | 63.0% | 65.0% | 66.0% | 67.0% | 68% | 61% | 63% | 67% | 63% | 66% | 70% | 68% |
| Workforce | Agency spend as a % of the total pay bill | National | Jun-20 | 4.32% | 12 month ↓ | | | 4.08% | 7th out of 10 organisations (2018) | | 4.09% | 4.31% | 4.07% | 4.95% | 4.69% | 4.46% | 4.04% | 3.21% | 4.32% | | | | |
| | Overall staff engagement score – scale score method | National | 2018 | 3.81 | Improvement | | | 3.82 | 7th out of 10 organisations (2018) | | 2018= 3.81 | | | | | | | | | | | | |
| | % of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training) | National | Oct-20 | 58% | 85% | 85% | ✖ | 61.7% | 7th out of 10 organisations (Jun-20) | | 67% | 69% | 70% | 72% | 74% | 72% | 68% | 63% | 60% | 59% | 58% | 58% | 58% |
| | % staff who undertook a performance appraisal who agreed it helped them improve how they do their job | National | 2018 | 55% | Improvement | | | 54% | 2nd (2018) | | 2018= 55% | | | | | | | | | | | | |
| | % compliance for all completed Level 1 competency with the Core Skills and Training Framework | National | Oct-20 | 80% | 85% | 85% | ✖ | 79.5% | 7th out of 10 organisations (Jun-20) | | 79% | 80% | 80% | 81% | 82% | 83% | 82% | 79% | 79% | 80% | 80% | 80% | 80% |
| | % workforce sickness and absent (12 month rolling) | National | Sep-20 | 7.03% | 12 month ↓ | | | 5.99% | 9th out of 10 organisations (Jun-20) | | 6.04% | 6.05% | 6.09% | 6.15% | 6.18% | 6.31% | 6.65% | 6.88% | 6.98% | 7.03% | 7.03% | 7.03% | |
| | % staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment | National | 2018 | 72% | Improvement | | | 73% | 7th out of 10 organisations (2018) | | 2018= 72% | | | | | | | | | | | | |

## Harm from reduction in non-Covid activity

| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | | Performance Trend | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Primary Care | % of GP practices offering daily appointments between 17:00 and 18:30 hours | Local | Oct-20 | 88% | Annual ↑ | 95% | ✖ | 86.2% | | | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% |
| | % of GP practices open during daily core hours or within 1 hour of daily core hours | Local | Oct-20 | 97% | Annual ↑ | 95% | ✔ | | | | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% |
| | % of GP practices that have achieved all standards set out in the National Access Standards for in-hours GMS | National | 2019/20 | 38.80% | 100% | | | 59.7% | | | 2019/20=38.8% | | | | | | | | | | | | |
| | % of population regularly accessing NHS primary dental care | Local | Q4 19/20 | 60.6% | 4 quarter ↑ | | | 55% | 2nd (Q4 19/20) | | | | 61% | | | 61% | | | | | | | |
| | % of children regularly accessing NHS primary dental care within 24 months | National | Q4 19/20 | 78.7% | 4 quarter ↑ | | | 68.30% | 1st (Q4 19/20) | | | | 79% | | | 79% | | | | | | | |
| | % adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months | National | Sep-20 | 23.8% | 4 quarter ↓ | | | 32.2% | 2nd (Q2 19/20) | | 33.8% | 32.1% | 32.3% | 31.6% | 31.8% | 29.4% | 19.2% | 16.8% | 14.7% | 18.6% | 24.7% | 23.8% | |
| Cancer | % of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route) | National | Oct-20 (draft) | 89.0% | 98% | | | 96.1% | 5th out of 6 organisations (Aug-20) | | 98% | 95% | 92% | 99% | 93% | 93% | 97% | 82% | 85% | 90% | 91% | 94% | 89% |
| | % of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral | National | Oct-20 (draft) | 70.0% | 95% | | | 76.1% | 1st out of 6 organisations (Aug-20) | | 84% | 86% | 92% | 86% | 78% | 85% | 81% | 86% | 88% | 91% | 91% | 82% | 70% |
| | % of patients starting definitive treatment within 62 days from point of suspicion (with adjustments) | National | Oct-20 (draft) | 73.0% | 12 month ↑ | | | 75.4% | 3rd out of 6 organisations | | 70.0% | 71.0% | 77.0% | 71% | 66% | 76% | 71% | 72% | 73% | 82% | 80% | 71% | 73% |
| Radiotherapy waiting times | Scheduled (21 Day Target) | Local | Oct-20 | 0% | 80% | | ✖ | | | | 54% | 50% | 43% | 34% | 28% | 56% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| | Scheduled (28 Day Target) | Local | Oct-20 | 0% | 100% | | ✖ | | | | 73% | 75% | 63% | 60% | 58% | 77% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| | Urgent SC (7 Day Target) | Local | Oct-20 | 0% | 80% | | ✖ | | | | 62% | 56% | 53% | 50% | 52% | 48% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| | Urgent SC (14 Day Target) | Local | Oct-20 | 0% | 100% | | ✖ | | | | 86% | 88% | 79% | 79% | 92% | 89% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| | Emergency (within 1 day) | Local | Oct-20 | 0% | 80% | | ✔ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| | Emergency (within 2 days) | Local | Oct-20 | 0% | 100% | | ✔ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| | Elective Delay (21 Day Target) | Local | Oct-20 | 0% | 80% | | ✖ | | | | 30% | 38% | 35% | 58% | 56% | 84% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| | Elective Delay (28 Day Target) | Local | Oct-20 | 0% | 100% | | ✖ | | | | 38% | 44% | 58% | 68% | 73% | 94% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Planned Care | Number of patients waiting > 8 weeks for a specified diagnostics | National | Oct-20 | 6,896 | 0 | | | 62,024 | 3rd (Aug-20) | | 223 | 226 | 569 | 628 | 424 | 1,407 | 5,788 | 8,346 | 8,033 | 7,510 | 8,070 | 7,666 | 6,896 |
| | Number of patients waiting > 14 weeks for a specified therapy | National | Oct-20 | 1,135 | 0 | | | 11,786 | 5th (Aug-20) | | 1 | 0 | 0 | 0 | 1 | 51 | 387 | 982 | 1,646 | 1,554 | 1,518 | 1,350 | 1,135 |
| | % of patients waiting < 26 weeks for treatment | National | Oct-20 | 44.8% | 95% | | | 48.2% | 7th (Aug-20) | | 84.5% | 84.1% | 82.6% | 81.8% | 82.3% | 80.2% | 72.3% | 64.0% | 59.5% | 52.4% | 46.5% | 41.0% | 44.8% |
| | Number of patients waiting > 26 weeks for outpatient appointment | Local | Oct-20 | 22,050 | 0 | | | | | | 1,152 | 1,120 | 1,305 | 1,453 | 1,306 | 2,055 | 5,499 | 9,300 | 11,964 | 15,721 | 20,497 | 23,069 | 22,050 |
| | Number of patients waiting > 36 weeks for treatment | National | Oct-20 | 30,776 | 0 | | | 148,907 | 3rd (Aug-20) | | 4,256 | 4,587 | 5,141 | 5,623 | 5,729 | 6,509 | 8,355 | 10,248 | 13,419 | 18,078 | 22,494 | 26,046 | 30,776 |
| | The number of patients waiting for a follow-up outpatient appointment | National | Oct-20 | 120,968 | 35% reduction by March 2021 | 106,295 | ✖ | 767,839 | 5th (Aug-20) | | 131,471 | 130,648 | 131,263 | 131,090 | 128,674 | 125,708 | 123,082 | 121,434 | 120,468 | 120,062 | 120,969 | 120,962 | 120,968 |
| | The number of patients waiting for a follow-up outpatients appointment who are delayed over 100% | National | Oct-20 | 26,217 | | 18,127 | ✖ | 192,183 | 5th (Aug-20) | | 21,778 | 20,498 | 20,579 | 19,969 | 17,747 | 18,258 | 19,538 | 21,026 | 21,448 | 22,101 | 23,209 | 24,472 | 26,217 |
| | % of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment | National | Oct-20 | 45.2% | 95% | | | 46.6% | 3rd (Aug-20) | | 69.5% | 70.8% | 71.6% | 75.9% | 78.5% | 76.2% | 69.9% | 64.1% | 63.4% | 55.5% | 50.9% | 47.7% | 45.2% |
| Hepatitis C | Number of patients with Hepatitis C who have successfully completed their course of treatment in the reporting year | National | | | HB target TBC | | | | | | | | | | | | New measure for 2020/21- awaiting data | | | | | | |
| DNAs | % of patients who did not attend a new outpatient appointment | Local | Sep-20 | 6.0% | 12 month ↓ | | | | | | 6.6% | 6.7% | 7.4% | 6.5% | 6.0% | 5.6% | 4.8% | 3.3% | 4.2% | 4.0% | 4.8% | 6.0% | 6.5% |
| | % of patients who did not attend a follow-up outpatient appointment | Local | Sep-20 | 6.6% | 12 month ↓ | | | | | | 7.9% | 7.5% | 8.0% | 7.7% | 6.9% | 6.5% | 4.7% | 3.3% | 4.4% | 4.9% | 6.1% | 6.6% | 6.5% |
| Theatre Efficiencies | Theatre Utilisation rates | Local | Oct-20 | 75.0% | | 90% | ✖ | | | | 69% | 70% | 56% | 63% | 66% | 35% | 6% | 11% | 16% | 42% | 90% | 75% | 75% |
| | % of theatre sessions starting late | Local | Oct-20 | 43.8% | | <25% | ✖ | | | | 42% | 51% | 46% | 44% | 43% | 38% | 45% | 43% | 46% | 51% | 46% | 49% | 44% |
| | % of theatre sessions finishing early | Local | Oct-20 | 38.0% | | <20% | ✖ | | | | 38% | 41% | 43% | 41% | 42% | 40% | 43% | 45% | 36% | 37% | 28% | 39% | 38% |
| Postponed operations | Number of procedures postponed either on the day or the day before for specified non-clinical reasons | National | Jul-20 | 2,383 | > 5% annual ↓ | | | 13,015 | 5th (Aug-20) | | 3,317 | 3,318 | 3,331 | 3,375 | 3,252 | 3,228 | 3,084 | 2,862 | 2,652 | 2,383 | | | |
| Treatment Fund | All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals | National | Q4 19/20 | 98.7% | 100% | 100% | ✖ | 98% | 3rd out of 6 organisations (Q4 19/20) | | | | 98.6% | | | 98.7% | | | | | | | |

## Harm from reduction in non-Covid activity

| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | | Performance Trend | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Prescribing | Total antibacterial items per 1,000 STAR-PUs | National | Q4 19/20 | 323.9 | 4 quarter ↓ | | | 307.5 | 6th (Q4 19/20) | | | | 336.5 | | | 323.9 | | | | | | | |
| | Patients aged 65 years or over prescribed an antipsychotic | National | Q4 19/20 | 1,474 | qtr on qtr ↓ | | | 10,006 | 5th (Q4 19/20) | | | | 1,474 | | | 1,476 | | | | | | | |
| | Number of women of child bearing age prescribed valproate as a % of all women of child bearing age | National | | | Quarter on quarter ↓ | | | | | | | | | | | | New measure for 2020/21- awaiting data | | | | | | |
| | Opioid average daily quantities per 1,000 patients | National | Q4 19/20 | 4,329.0 | 4 quarter ↓ | | | 4,429 | 3rd (Q4 19/20) | | | | 4,409 | | | 4,329 | | | | | | | |
| | Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar | National | Q4 19/20 | 80.7% | Quarter on quarter ↑ | | | 82.9% | 3rd (Q4 19/20) | | | | 80.2% | | | 80.7% | | | | | | | |
| | Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items per 1,000 patients | Local | Q4 19/20 | 12.8 | 4 quarter ↓ | | | 12.0 | | | | | 13.6 | | | 12.8 | | | | | | | |
| Patient experience | Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales | National | 2018/19 | 6.4 | Annual ↑ | | | 6.31 | 2nd (2018/19) | | 2018/19= 6.4 | | | | | | | | | | | | |
| | % of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor | National | 2018/19 | 93.7% | Annual ↑ | | | 92.5% | | | 2018/19= 93.7% | | | | | | | | | | | | |
| | % of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital (Local) | Local | 2018/19 | 92.9% | Annual ↑ | | | 93.3% | | | 2018/19= 92.9% | | | | | | | | | | | | |
| | Number of friends and family surveys completed | Local | Oct-20 | 1,047 | | 12 month ↑ | ✖ | | | | 3,918 | 3,564 | 2,476 | 3,187 | 3,014 | 1,720 | 150 | 247 | 393 | 502 | 625 | 2,804 | 1,047 |
| | % of who would recommend and highly recommend | Local | Oct-20 | 82% | | 90% | ✔ | | | | 94% | 95% | 95% | 95% | 95% | 95% | 90% | 92% | 87% | 91% | 83% | 93% | 82% |
| | % of all-Wales surveys scoring 9 out 10 on overall satisfaction | Local | Oct-20 | 79% | | 90% | ✖ | | | | 83% | 83% | 83% | 86% | 81% | 90% | 95% | 100% | 79% | 91% | 83% | 84% | 79% |
| Complaints | Number of new formal complaints received | Local | Oct-20 | 121 | | 12 month trend ↓ | ✔ | | | | 159 | 137 | 87 | 142 | 113 | 92 | 37 | 54 | 77 | 79 | 81 | 114 | 121 |
| | % concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received | National | Aug-20 | 72% | 75% | 80% | ✖ | 58.6% | 2nd (Q1 20/21) | | 83% | 76% | 75% | 83% | 76% | 48% | 81% | 81% | 75% | 79% | 72% | | |
| | % of acknowledgements sent within 2 working days | Local | Oct-20 | 100% | | 100% | ✔ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Research | Number of patients recruited in Health and Care Research Wales clinical research portfolio studies | National | Q1 20/21 | 210 | 10% annual ↑ | 1,651 | ✖ | 3,486 | 6th out of 10 organisations (Q1 20/21) | | | | 1,109 | | | 1,505 | | | 210 | | | | |
| | Number of patients recruited in Health and Care Research Wales commercially sponsored studies | | Q1 20/21 | 2 | 5% annual ↑ | 215 | ✖ | 19 | 3rd out of 10 organisations (Q1 20/21) | | | | 179 | | | 205 | | | 2 | | | | |

## Harm from wider societal actions/lockdown

| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | SBU's all-Wales rank | Performance Trend | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Early years measures | % of babies who are exclusively breastfed at 10 days old | National | 2019/20 | 34.2% | Annual ↑ | | | 35.3% | 5th (2019/20) | | 2019/20= 34.2% | | | | | | | | | | | | |
| | % children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | National | Q1 20/21 | 96.5% | 95% | | | 96.2% | 3rd (Q1 20/21) | | | | 96% | | | 96% | | | 96.5% | | | | |
| | % of children who received 2 doses of the MMR vaccine by age 5 | National | Q1 20/21 | 90.8% | 95% | | | 92.4% | 6th (Q1 20/21) | | | | 92% | | | 92% | | | 90.8% | | | | |
| Smoking cessation | % of adult smokers who make a quit attempt via smoking cessation services | National | Q4 19/20 | 2.87% | 5% annual target | 4.2% | ✖ | 3.3% | 6th (Q4 19/20) | | 1.7% | 1.9% | 2.1% | 2.4% | | 2.87% | | | | | | | |
| | % of those smokers who are co-validated as quit at 4 weeks | National | Q3 19/20 | 52.6% | 40% annual target | 40.0% | ✔ | 41.6% | 2nd (Q4 19/20) | | | | 55% | | | 52.6% | | | | | | | |
| Alcohol | European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales | National | Q4 19/20 | 383.9 | 4 quarter ↓ | | | 402.6 | 2nd (Q4 19/20) | | | | 406.5 | | | 383.9 | | | | | | | |
| | % of people who have been referred to health board services who have completed treatment for alcohol abuse | National | Q1 20/21 | 49% | 4 quarter ↑ | | | 59.9% | 5th (Q1 20/21) | | | | 27.4% | | | 48.7% | | | 49.0% | | | | |
| Influenza | % uptake of influenza among 65 year olds and over | National | Oct-20 | 68.0% | 75% | | | 69.4% | 5th (2019/20) | | 49.3% | 62.0% | 66.2% | 68.7% | 68.0% | 68.1% | Data collection restarts October 2020 | | | | | | 65.6% |
| | % uptake of influenza among under 65s in risk groups | National | Oct-20 | 43.4% | 55% | | | 44.1% | 4th (2019/20) | | 14.7% | 32.0% | 39.2% | 42.8% | 43.4% | 44.0% | | | | | | | 34.4% |
| | % uptake of influenza among pregnant women | National | 2019/20 | 86.1% | 75% | | | 78.5% | 5th (2019/20) | | | | | | | 78.2% | | | | | | | Data not available |
| | % uptake of influenza among children 2 to 3 years old | Local | Oct-20 | 50.3% | 50% | | | 41.5% | | | 0.8% | 24.0% | 42.1% | 48.2% | 50.3% | 50.3% | | | | | | | 35.7% |
| | % uptake of influenza among healthcare workers | National | Oct-20 | 58.7% | 60% | | | 58.7% | 7th out of 10 organisations (2019/20) | | 42.0% | 55.0% | 56.0% | 58.7% | 58.7% | 58.7% | | | | | | | 56.2% |
| Screening services | Uptake of screening for bowel cancer | National | 2018/19 | 57.0% | 60% | | | 57.3% | 4th (2018/19) | | 2018/19= 57.0% (data relates to ABMU, awaiting disaggregation of SBU data) | | | | | | | | | | | | |
| | Uptake of screening for breast cancer | National | 2018/19 | 73.6% | 70% | | | 72.8% | 2nd (2018/19) | | 2018/19= 73.6% (data relates to ABMU, awaiting disaggregation of SBU data) | | | | | | | | | | | | |
| | Uptake of screening for cervical cancer | National | 2018/19 | 72.1% | 80% | | | 73.2% | 5th (2018/19) | | 2018/19= 72.1% (data relates to ABMU, awaiting disaggregation of SBU data) | | | | | | | | | | | | |
| CAMHS | % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) | Local | Sep-20 | 100% | | 100% | ✔ | | | | 100% | 98% | 100% | 100% | 100% | 94% | 100% | 100% | 100% | 100% | 100% | 100% | |
| | % Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks | National | Sep-20 | 21% | 80% | 80% | ✖ | 27.1% | 4th (Aug-20) | | 38% | 36% | 36% | 28% | 35% | 38% | 35% | 30% | 28% | 30% | 24% | 21% | |
| | % Patients waiting less than 28 days for a first outpatient appointment for CAMHS | National | Sep-20 | 98% | 80% | 80% | ✔ | 73.3% | 1st (Aug-20) | | 99% | 77% | 69% | 87% | 93% | 67% | 44% | 78% | 100% | 100% | 100% | 98% | |
| | P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral | National | Sep-20 | 62% | | 80% | ✖ | 87.4% | 1st (Aug-20) | | 63% | 17% | 4% | 0% | 0% | 14% | | 88% | 100% | 100% | 100% | 62% | |
| | P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS | National | Sep-20 | 100% | | 80% | ✔ | 74.3% | 4th (Aug-20) | | 100% | 100% | 100% | 94% | 100% | 94% | | 100% | 100% | 100% | 86% | 100% | |
| | S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral | Local | Sep-20 | 98% | | 80% | ✔ | | | | 98% | 82% | 69% | 87% | 93% | 75% | 46% | 72% | 100% | 100% | 100% | 98% | |
| | % residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP) | National | Sep-20 | 81% | | 90% | ✖ | 88.8% | 2nd (Aug-20) | | 100% | 100% | 100% | 100% | 99% | 99% | 99% | 97% | 91% | 98% | 98% | 81% | |
| Mental Health | % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age) | National | Sep-20 | 97% | 80% | 80% | ✔ | 91.7% | 1st (Aug-20) | | 98% | 97% | 98% | 93% | 97% | 97% | 99% | 99% | 100% | 99% | 99% | 97% | |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age) | National | Sep-20 | 94% | 80% | 80% | ✔ | 90.0% | 4th (Aug-20) | | 97% | 90% | 92% | 89% | 94% | 97% | 97% | 100% | 96% | 96% | 88% | 94% | |
| | % patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health | National | Sep-20 | 99% | 95% | 95% | ✔ | 57.3% | 1st (Aug-20) | | 100% | 100% | 100% | 100% | 100% | 100% | 93% | 89% | 84% | 89% | 91% | 99% | |
| | % residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP) | National | Sep-20 | 90% | 90% | 90% | ✔ | 85.3% | 2nd (Aug-20) | | 92% | 92% | 91% | 93% | 92% | 91% | 93% | 92% | 92% | 94% | 92% | 90% | |
| Self harm | Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) | National | 2019/20 | 3.29 | Annual ↓ | | | 3.97 | | | 2019/20= 3.29 | | | | | | | | | | | | |
| Dementia | % of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register) | National | 2018/19 | 59.4% | Annual ↑ | | | 54.7% | 2nd (2018/19) | | 2018/19= 59.4% | | | | | | | | | | | | |