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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



| | | | |
|-------------------------------|---|--------------------|------------|
| Meeting Date | 28th July 2020 | Agenda Item | 2.1 |
| Report Title | Integrated Performance Report | | |
| Report Author | Hannah Roan, Head of Performance & Commissioning (interim) | | |
| Report Sponsor | Darren Griffiths, Director of Finance and Performance (interim) | | |
| Presented by | Darren Griffiths, Director of Finance and Performance (interim) | | |
| Freedom of Information | Open | | |
| Purpose of the Report | The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2020/21 NHS Wales Delivery Framework. | | |
| Key Issues | <p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the operational pressures within the Health Board relating to the COVID-19 pandemic, it was agreed that the narrative update would be omitted from this iteration of the performance report.</p> <p>In addition, RAGing has not been applied to the targeted intervention priorities from the 1st April 2020 as the profiles were based on the actions within the 2020/21 annual plan which are now not being progressed due to the COVID19 pandemic. The profiles will need to be revised once the pandemic has subsided and services start to return to a new level of normality.</p> <p>Key issues:</p> <p>Operational Plan Dashboard- The Health Board has developed an operational plan for quarter 2 2020/21 that outlines the approach that will be adopted to managing services during the COVID19 pandemic. The quarter 2 plan also outlines the organisation's clinically-led quality assessment approach to restarting services and to operational planning. The four quadrants of harm that feature in the operational plan show how the priorities of the quarter 2 plan address the impact of the COVID19 pandemic and how harm will be measured. A dashboard for measuring the priorities in the operational plan and the corresponding harm quadrants is included in page 12 of this</p> | | |

report. A detailed account of the further work to refine the organisation's reporting to ensure that it is aligned with the operational plan and the quadrants of harm is covered in a separate paper that will be presented to Performance & Finance Committee in July 2020.

Unscheduled Care- June 2020 saw an increase in demand for emergency departments within SBU Health Board however the level of demand remains significantly lower than previous years. In June 2020, the Minor Injuries Unit in Neath Port Talbot Hospital continued to exceed the national 4 hour waiting times target of 95%, falling just short of 100% (only 15 of 2,681 patients waited longer than 4 hours). Morriston Hospital's 4 hour performance in June 2020 was 82.3% which is a 7% improvement on May 2020. Morriston also saw an improvement in the 12 hour waiting times target with a reduction of 16% (from 97 in May 2020 to 81 in June 2020), this is the best position since July 2014.

Planned Care- waiting times continue to increase for first outpatient appointments and treatment following direction from Welsh Government in March 2020 to suspend all non-urgent outpatient appointments (ensuring that urgent appointments are prioritised) and to suspend non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery). In addition, there has been a significant increase in the number of patients waiting more than 8 weeks for diagnostics and more than 14 weeks for Therapies. The Q2 Operational Plan outlines how the Health Board will start to reinstate services in a planned, cautious and safe way ensuring that patients with the highest clinical priority receive treatment.

Cancer- The backlog of Urgent Suspected Cancer (USC) patients waiting over 53 days reduced in June 2020 for the first time in March 2020. The percentage of USC patients treated within 62 days shows a worsening picture for June 2020 and referrals are starting to pick back up which will have an impact in July. June's figures were in the process of being validated at the time of writing this report.

Mental Health- performance against the Mental Health Measures continues to be maintained and all targets were achieved in May 2020. Psychological therapies continues to struggle to achieve the 26 weeks access target, falling below 90% in June 2020. There was an increase in ligature incidents recorded in May and June 2020 (see chart 12 on page 16), however all were low harm or no harm and were attributed to a small cluster of patients. There would be a modest increase without these patients however this may be accounted for by the COVID restrictions on visitors and leave. Each ward is aware of this potential and has

| | | | | |
|---------------------------------|---|-------------------|------------------|-----------------|
| | <p>management strategies in place to reduce the frustration and anxiety the restrictions are causing for patients.</p> <p>Child and Adolescent Mental Health Services (CAMHS)- access to CAMHS saw an improved position for routine appointments in May 2020 with the exception of the Neurodevelopmental Disorder (NDD) access measure. Even though NDD did not see a notable improvement, performance remained in line with previous months.</p> | | | |
| Specific Action Required | Information | Discussion | Assurance | Approval |
| | ✓ | | ✓ | |
| Recommendations | <p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. | | | |

INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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. The measures within **Appendix 1** have been aligned with the new quadruple aims within the national framework.

The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the operational pressures within the Health Board relating to the COVID-19 pandemic, it was agreed that the narrative update would be omitted from this iteration of the performance report and that the performance report would have reduced coverage to focus on key performance areas which continue to be routinely reported and where data integrity can be assured.

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

- Mental health
- Unscheduled care
- Planned care (including delayed follow ups)

- Cancer
- Infection control
- Quality and Safety measures to include (serious incidents, complaints response times, pressure ulcers and falls)

It would be helpful if members of the committee could consider this focussed suite of measures and whether further additional measures would assist in providing increased understanding of the changes in our care systems, particular at the time of COVID-19 pressure.

The performance measures reported here, begin to highlight where the healthcare system is starting to change as a result of the need to respond to COVID-19. We are seeing considerable fewer attendances at our emergency departments (page 16, chart 7), reduced levels of referrals from our General Practitioners (page 26, chart 1) and changes to access times for aspects of care (pages 16 and 26).

In addition to the above, further refinement of the organisation's performance reporting framework is required to ensure that it is aligned with the priorities of the operational plan and the quadrants of harm. An initial draft of the Q2 operational plan dashboard can be found on page 12 of this report however, further work is required over the next month to source all of the data required to fully populate the dashboard. A paper will also be taken to Performance & Finance Committee in July 2020 that proposes changes to the organisation's performance framework which ensures that reporting is aligned with the operational plan and that measuring harm in the system is the golden thread running through all performance reports.

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. There is no current suggestion that a performance fund, similar to that seen in previous years will be made available but this will be explored with Welsh Government.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the Health Board performance against key measures and targets.

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

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

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

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

| | |
|-----------------------|---|
| Report History | The last iteration of the Integrated Performance Report was presented to the Health Board in June 2020. This is a routine monthly report. |
| Appendices | Appendix 1: Integrated Performance Report |



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Appendix 1- Integrated Performance Report July 2020



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1. OVERVIEW

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

| Successes | Priorities |
|---|---|
| <ul style="list-style-type: none"> All dental practices were able to open from 22nd June 2020 for urgent, non aerosol care and optometrist practices were also able to commence phased reopening. All GP practices have remained open during COVID-19 pandemic. Emergency care requiring hospital treatment continues to be delivered and aspects of urgent elective care have recommenced. Some non-Covid-19 services are being reintroduced but with plans in the background in case of a second wave of infections. The unscheduled care system is working efficiently. In May 2020, NPTH achieved 99% against the 4 hour target and Morriston achieved 82.3% which is the best position for six years. Whilst the number of attendances at the emergency departments is significantly lower than the same period last year, demand is slowly increasing. SBU HB has carried out over 15,000 COVID19 antibody tests for health care workers, education staff and colleagues from WAST. | <ul style="list-style-type: none"> Implementation of the health board's quarter two operational plan and development of the quarters three and four plans which will need to include a focus on winter planning and performance trajectories. Introduction of non-COVID essential services within primary and secondary care in the safest and most sustainable way possible Ensure that clinically urgent and cancer patients continue to be treated and ensure that access to radiotherapy and chemotherapy is maintained. Implementation of the newly adapted Hospital 2 Home (H2H) service model which introduces new discharge routes for patients, including the 'Community Wellbeing Support Service'. It is anticipated that the enhanced H2H service will reduce the number of medically fit for discharge patients. Ensure the new Test, Trace, and Protect TTP service is working effectively to help prevent transmission of COVID19 to the wider community. |
| Opportunities | Risks & Threats |
| <ul style="list-style-type: none"> Continue to explore further utilisation of digital technology to enable new ways of remote working. Take forward feedback from the staff wellbeing and working from home survey which is running from 29th June to 31st July 2020. Development of a survey to go out to the organisation to capture the wider experiences and views of the changes that have occurred as a result of COVID. The survey will provide the opportunity for staff to help identify those changes that people would want to abandon, adopt, adapt or amplify/spread. | <ul style="list-style-type: none"> The ongoing COVID19 pandemic continues to have a significant impact on the Health Board's ability to meet increasing demands. Extensive work continues to be undertaken in response to the outbreak. Key pressures include: <ul style="list-style-type: none"> Social distancing is limiting the rate at which staff can return to work and rota systems need to be considered alongside a continuation of remote working Reduction in outpatient appointments and elective treatments is increasing waiting times The health board's ability and pace to reintroduce essential services in the safest way for staff and patients |

2. TARGETED INTERVENTION PRIORITY MEASURES SUMMARY (HEALTH BOARD LEVEL) –June 2020

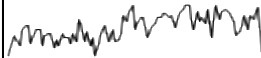


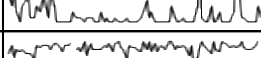


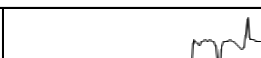



| | | | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | |
|--------------------------------|---|---------|-----------|--------|--------|-----------|--------|--------|-----------|--------|--------|-----------|--------|--------|
| | | | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-20 | Feb-20 | Mar-20 |
| Unscheduled Care | 4 hour A&E waits | Actual | 78.4% | 83.5% | 87.7% | | | | | | | | | |
| | | Profile | 76.8% | 77.2% | 77.1% | 78.8% | 78.4% | 77.7% | 78.5% | 78.9% | 78.5% | 79.0% | 81.4% | 82.5% |
| | 12 hour A&E waits | Actual | 131 | 97 | 81 | | | | | | | | | |
| | | Profile | 319 | 290 | 310 | 297 | 342 | 413 | 378 | 402 | 424 | 354 | 327 | 209 |
| | 1 hour ambulance handover | Actual | 61 | 20 | 47 | | | | | | | | | |
| | | Profile | 332 | 311 | 337 | 262 | 286 | 352 | 375 | 373 | 386 | 301 | 303 | 183 |
| Stroke | Direct admission within 4 hours | Actual | | | 53% | | | | | | | | | |
| | | Profile | 61% | 53% | 56% | 54% | 41% | 52% | 64% | 59% | 63% | 58% | 77% | 68% |
| | CT scan within 1 hour | Actual | | | 49% | | | | | | | | | |
| | | Profile | | | | | | | | | | | | |
| | Assessed by Stroke Specialist within 24 hours | Actual | | | 100% | | | | | | | | | |
| | | Profile | 96% | 95% | 95% | 98% | 97% | 95% | 95% | 98% | 98% | 96% | 96% | 99% |
| | Thrombolysis door to needle within 45 minutes | Actual | | | 30% | | | | | | | | | |
| | | Profile | | | | | | | | | | | | |
| | Patients receiving the required minutes for Speech and Language Therapy | Actual | | | 31% | | | | | | | | | |
| | | Profile | | | | | | | | | | | | |
| Planned care | Outpatients waiting more than 26 weeks | Actual | 5,499 | 9,300 | 11,964 | | | | | | | | | |
| | | Profile | | | | | | | | | | | | |
| | Treatment waits over 36 weeks | Actual | 8,355 | 10,247 | 13,419 | | | | | | | | | |
| | | Profile | 6,013 | 5,895 | 6,187 | 6,627 | 6,868 | 7,374 | 7,287 | 7,590 | 8,185 | 8,263 | 8,454 | 8,620 |
| | Diagnostic waits over 8 weeks | Actual | 5,788 | 8,346 | 8,033 | | | | | | | | | |
| | | Profile | 400 | 390 | 380 | 370 | 330 | 250 | 180 | 150 | 130 | 100 | 50 | 0 |
| | Therapy waits over 14 weeks | Actual | 387 | 982 | 1,646 | | | | | | | | | |
| | | Profile | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cancer | NUSC patients starting treatment in 31 days | Actual | 97% | 82% | 80% | | | | | | | | | |
| | | Profile | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% |
| | USC patients starting treatment in 62 days | Actual | 81% | 86% | 80% | | | | | | | | | |
| | | Profile | 87% | 83% | 86% | 86% | 90% | 93% | 92% | 91% | 96% | 95% | 94% | 94% |
| Healthcare Acquired Infections | Number of healthcare acquired C.difficile cases | Actual | 11 | 16 | 20 | | | | | | | | | |
| | | Profile | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| | Number of healthcare acquired S.Aureus Bacteraemia cases | Actual | 10 | 6 | 12 | | | | | | | | | |
| | | Profile | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| | Number of healthcare acquired E.Coli Bacteraemia cases | Actual | 14 | 14 | 17 | | | | | | | | | |
| | | Profile | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| | Number of healthcare acquired Klebsiella Bacteraemia cases | Actual | 6 | 6 | 9 | | | | | | | | | |
| | | Profile | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| | Number of healthcare acquired Pseudomonas aeruginosa cases | Actual | 2 | 5 | 0 | | | | | | | | | |
| | | Profile | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

- No RAG status provided as profiles were aligned to the actions in the 20/21 annual plan which are not currently being progressed due to COVID19
- The profiles included are the profiles set out in the original 2020/21 Annual plan
- No benchmarking data available as Welsh Government has stood down performance reporting arrangements during the COVID19 pandemic

3. OPERATIONAL PLAN DASHBOARD

The following dashboard shows how the Health Board performed against the measures in the Q2 operational plan. This is an initial draft and further work is required by the Performance Team in July 2020 to source all of the data required to populate the dashboard. This dashboard will be a key feature in future iterations of this performance report.

| Harm from Covid itself | | | | | | |
|---|---|--------|----------|--------|-----------------------------------|---|
| | Daily Trend <i>(from 1st Apr 20)</i> | Apr-20 | May-20 | Jun-20 | Q1 Total | Comments |
| Covid Demand: | | | | | | |
| • Number of new cases | | 1,356 | 293 | 34 | 1,683 | Monthly totals are based on the last day of the month. Source: COVID19 dashboard |
| • Number of staff referred for the Community Testing Unit | | 1,969 | 735 | 296 | 3,000 | Cumulative total for each month. Source: COVID19 dashboard |
| Number of staff awaiting results | | 190 | 12 | 11 | | Monthly totals are a snapshot taken on the last day of the month as a cumulative total for the month would include double counting. |
| Contact tracing and antibody testing measures: | | | | | | |
| Total number of people received an antibody test | | | | | 15,524 <i>(as at 13.07.20)</i> | Source: COVID staff briefing (13.07.20) |
| Contact tracing measures | | | | | | Data will be reported when an all-Wales collating and reporting system is in place. |
| Complaints, incidents and risks related to Covid: | | | | | | |
| • Number of incidents | | 119 | 66 | 39 | 224 | Source:COVID19 dashboard |
| • Number of serious incidents | | 1 | 0 | 2 | 3 | |
| • Number of complaints | | 69 | 61 | 36 | 166 | |
| • Number of risk | | 13 | 15 | 8 | 36 | |
| Daily PPE Stock- amount of supply: | | | | | | |
| •Mask – FFP3 | Morrison | | >48hrs | >48hrs | >48hrs | Snapshot taken on the last day of the month. Source:COVID19 dashboard |
| | Singleton | | >48hrs | >48hrs | >48hrs | |
| | NPTH | | >48hrs | >48hrs | >48hrs | |
| | PCC | | >48hrs | >48hrs | >48hrs | |
| | MH & LD | | >48hrs | >48hrs | >48hrs | |
| •Mask – FRSM Type 11R | Morrison | | 24-48hrs | >48hrs | >48hrs | Snapshot taken on the last day of the month. Source:COVID19 dashboard |
| | Singleton | | 24-48hrs | >48hrs | >48hrs | |
| | NPTH | | >48hrs | >48hrs | >48hrs | |
| | PCC | | 24-48hrs | >48hrs | >48hrs | |
| | MH & LD | | 24-48hrs | >48hrs | >48hrs | |
| •Gloves | Morrison | | >48hrs | >48hrs | >48hrs | Snapshot taken on the last day of the month. Source:COVID19 dashboard |
| | Singleton | | >48hrs | >48hrs | >48hrs | |
| | NPTH | | >48hrs | >48hrs | >48hrs | |
| | PCC | | >48hrs | >48hrs | >48hrs | |
| | MH & LD | | >48hrs | >48hrs | >48hrs | |
| •Gowns | Morrison | | >48hrs | >48hrs | >48hrs | Snapshot taken on the last day of the month. Source:COVID19 dashboard |
| | Singleton | | >48hrs | >48hrs | >48hrs | |
| | NPTH | | >48hrs | >48hrs | >48hrs | |
| | PCC | | >48hrs | >48hrs | >48hrs | |
| | MH & LD | | >48hrs | >48hrs | >48hrs | |
| Staff absence levels due to: | | | | | | |
| Number of staff self isolated (asymptomatic) | Medical | | 81 | 39 | | Data reported in arrears. Snapshots taken mid month (14th April & 14th May 2020) Source: Workforce |
| | Nursing Reg | | 270 | 166 | | |
| | Nursing Non Reg | | 148 | 105 | | |
| | Other | | 352 | 206 | | |
| Number of staff self isolated (symptomatic) | Medical | | 90 | 13 | | |
| | Nursing Reg | | 289 | 117 | | |
| | Nursing Non Reg | | 177 | 67 | | |
| | Other | | 304 | 95 | | |
| % sickness | Medical | | 15% | 4% | | |
| | Nursing Reg | | 14% | 7% | | |
| | Nursing Non Reg | | 17% | 8% | | |
| | Other | | 11% | 5% | | |
| | All | | 13% | 6% | | |

| Harm from overwhelmed NHS and social care system | | | | | | |
|---|---|--------------------|--------|--------|---------------|--|
| | Daily Trend (from 1st Apr 20) | Apr-20 | May-20 | Jun-20 | Q1 Total | Comments |
| NHS Wales Delivery Measures for USC: | | | | | | |
| • % of patients seen and discharged from A&E within 4 hours |  | 78.4% | 83.5% | 87.4% | 83.7% | Data includes Morriston Hospital and NPTH hospital. Source: Patient flow dashboard |
| • Number of patients waiting over 12 hours in A&E |  | 131 | 97 | 82 | 310 | Data includes Morriston Hospital and NPT hospital. Source: Patient flow dashboard |
| • Number of ambulance handovers taking over 1 hour |  | 61 | 20 | 47 | 128 | Data includes Morriston Hospital and Singleton hospital. Source: Patient flow dashboard |
| • % ambulance responses to red calls within 8 minutes |  | 69.5% | 75.0% | 75.5% | 73.1% | Source: WAST Health Board Area Report |
| ED demand (attendances) |  | 5,280 | 7,761 | 8,525 | 21,566 | Data includes Morriston Hospital and NPTH hospital. Source: Patient flow dashboard |
| Healthcare Acquired Infections: | | | | | | |
| • E.coli bacteraemia | Number of cases | 14 | 14 | 17 | 45 | Hospital and community attributed cases of infection. Source: Public Health Wales HCAI dashboard |
| | Rate per 100k pop. | 43.8 | 42.3 | 53.1 | 46.4 | |
| • Staph.Aueurs bacteraemia | Number of cases | 10 | 6 | 12 | 28 | |
| | Rate per 100k pop. | 31.3 | 18.1 | 37.5 | 28.8 | |
| • Clostridium Difficile | Number of cases | 11 | 16 | 20 | 47 | |
| | Rate per 100k pop. | 34.4 | 51.4 | 62.5 | 49.5 | |
| • Klebsiella spp. Bacteraemia | Number of cases | 6 | 6 | 9 | 21 | |
| | Rate per 100k pop. | 18.8 | 18.4 | 21.6 | 21.6 | |
| • Pseudomonas aeruginosa bacteraemia | Number of cases | 2 | 5 | 0 | 7 | |
| | Rate per 100k pop. | 6.3 | 15.1 | 0.0 | 7.2 | |
| Medically Fit for Discharge numbers |  | 88 | 81 | 85 | | Snapshot taken on the last day of the month. Source: COVID19 dashboard |
| Number of mortuary spaces |  | 72 | 161 | 233 | | Monthly totals are based on a snapshot of the number of vacant hospital mortuary spaces on the last day of the month. Source: COVID19 dashboard |
| Number of hospital deaths with positive COVID result |  | 157 | 22 | 1 | 180 | Source: COVID19 dashboard |
| Hospital bed occupancy (suspected and confirmed COVID19): | | | | | | |
| • General bed |  | 187 | 61 | 55 | | Snapshot taken on the last day of the month. Source: COVID19 dashboard |
| • Critical Care bed |  | 19 | 5 | 5 | | Snapshot taken on the last day of the month. Source: COVID19 dashboard |
| Care home resilience RAG rating | | Data to be sourced | | | | |

| Harm from reduction in non-Covid activity | | | | | | | |
|---|---|---|--------------------|--------|--------|----------|---|
| | | Daily Trend <i>(from 1st Apr 20)</i> | Apr-20 | May-20 | Jun-20 | Q1 Total | Comments |
| NHS Wales Delivery Framework measures for cancer, RTT and diagnostics | | | | | | | |
| •Cancer | NUSC- 31 day access target | | 97.1% | 89.7% | | | Data reported two months in arrears. Final June 2020 data will be available on 31/07/20 Source: SaFF report. |
| | USC- 62 day access target | | 80.8% | 89.8% | | | |
| | Single cancer pathway | | 71% | 70% | | | |
| •RTT | % waiting under 26 weeks | | 72.3% | 64.2% | 59.5% | | Snapshot taken on the last day of the month. Source: RTT and D&T monthly submission |
| | Number > 36 weeks | | 8,355 | 10,247 | 13,419 | | |
| •Diagnostics | Number > 8 weeks | | 5,788 | 8,346 | 8,033 | | |
| PROMs and PREMs | | | Data to be sourced | | | | |
| Patient Feedback: | | | | | | | |
| •Number of friends and family surveys completed | | | 150 | 247 | 393 | 790 | Source: Patient Feedback Team |
| •% of who would recommend and highly recommend | | | 90% | 92% | 87% | | |
| •% of All Wales surveys scoring 9 or 10 on overall satisfaction | | | 95% | 100% | 79% | | |
| Harm from wider societal actions/lockdown | | | | | | | |
| | | Daily Trend <i>(from 1st Apr 20)</i> | Apr-20 | May-20 | Jun-20 | Q1 Total | Comments |
| Vaccination and Immunisation rates- % of children who received: | | | | | | | |
| •3 doses of the '6 in 1' vaccine by age 1 | | | | | | 96.1% | 2020/21 Q1 data not available, due to be published September 2020. Data relates to 2019/20 Q4. Source: Public Health Wales COVER Report. |
| •MenB2 vaccine by age 1 | | | | | | 95.9% | |
| •PCV2 vaccine by age 1 | | | | | | 96.4% | |
| •Rotavirus vaccine by age 1 | | | | | | 95.0% | |
| •MMR1 vaccine by age 2 | | | | | | 94.7% | |
| •PCVf3 vaccine by age 2 | | | | | | 94.8% | |
| •MenB4 vaccine by age 2 | | | | | | 94.2% | |
| •Hib/MenC vaccine by age 2 | | | | | | 94.0% | |
| •Up to date in schedule by age 4 | | | | | | 88.4% | |
| •2 doses of the MMR vaccine by age 5 | | | | | | 92.0% | |
| •4 in 1 vaccine by age 5 | | | | | | 92.3% | |
| •MMR vaccination by age 16 | | | | | | 83.3% | |
| •Teenage booster by age 16 | | | | | | 90.7% | |
| •MenACWY vaccine by age 16 | | | | | | 91.6% | |
| MHLD and Children's services activity | | | | | | | |
| Adult Mental Health Services | % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral | | 99% | 99% | | | Reported two months in arrears. Source: Mental Health Measures monthly submission to Welsh Government |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS | | 97% | 100% | | | |
| | % patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health | | 93% | 89% | | | |
| | % residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP) | | 93% | 92% | | | |

| Harm from wider societal actions/lockdown | | | | | | | |
|--|---|---|--------------------|--------|--------|----------|---|
| | | Daily Trend <i>(from 1st Apr 20)</i> | Apr-20 | May-20 | Jun-20 | Q1 Total | Comments |
| Children & Adolescent Mental Health Services (CAMHS) | % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) | | 100% | 100% | | | Source: Cwm Taf Morgannwg University Health Board |
| | % Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks | | 35% | 30% | | | |
| | % Patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS) | | 44% | 33% | | | |
| | P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral | | Data not available | 88% | | | |
| | P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS | | Data not available | 100% | | | |
| | S-CAMHS - % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP) | | 99% | 97% | | | |
| | S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral | | 46% | 72% | | | |
| Primary care measures | | | Data to be sourced | | | | |
| Use of Consultant Connect and Ask My GP systems | | | Data to be sourced | | | | |

4.1 Mental Health and Learning Disabilities- Overview

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

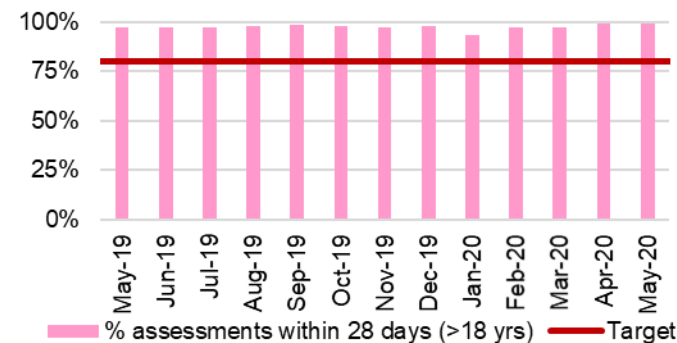


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

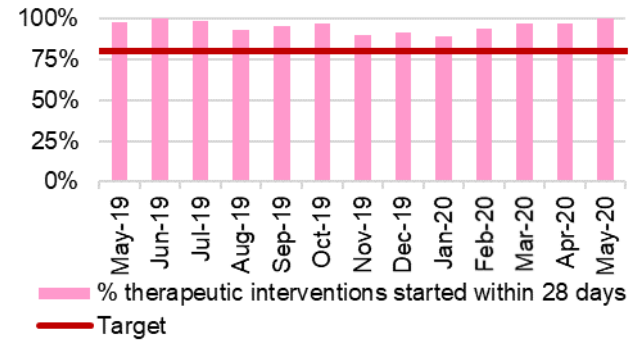


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)

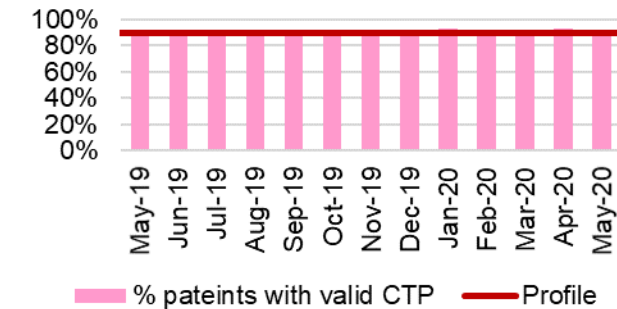


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health



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

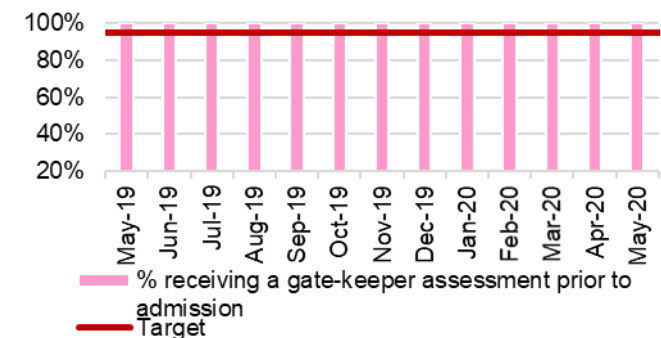


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

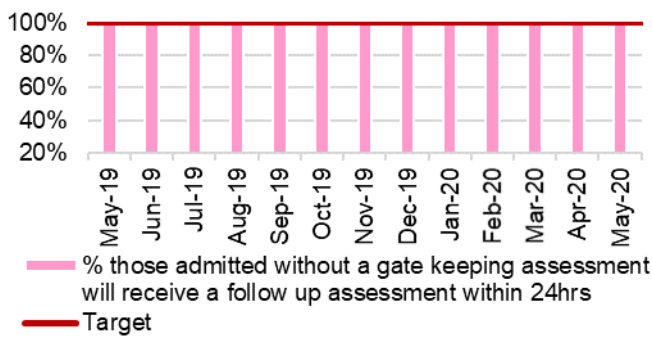


Chart 7: % of patients waiting under 14 weeks for Therapies

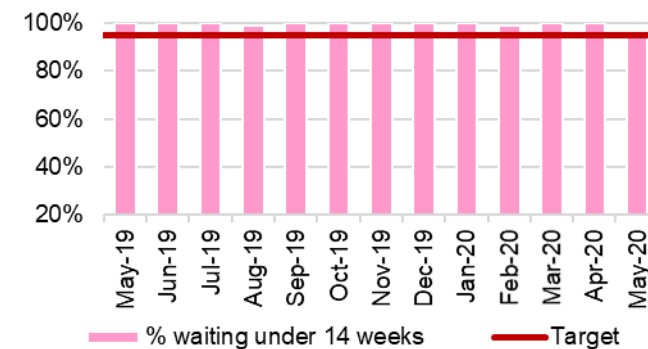


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

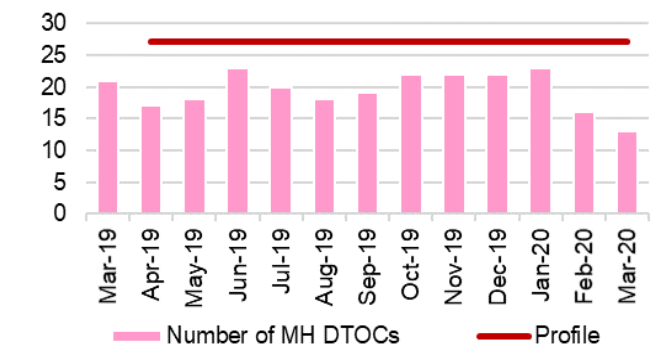


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

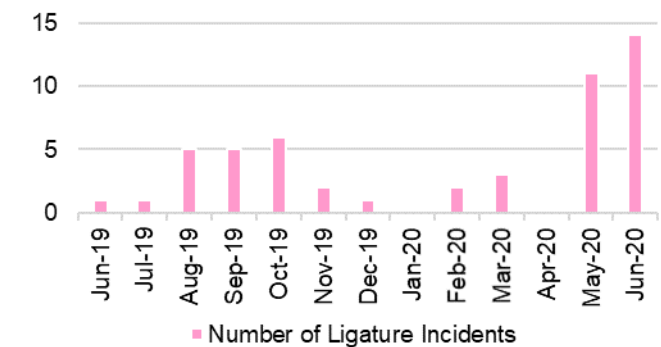


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

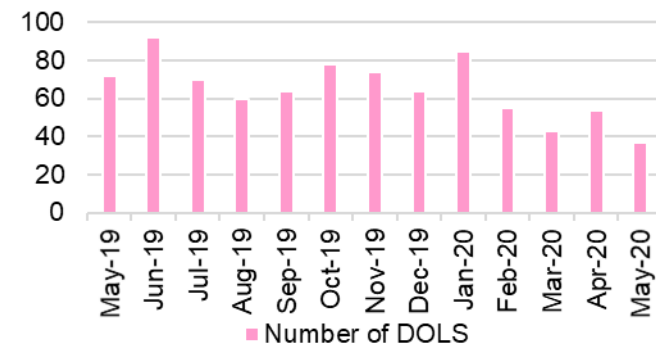


Chart 11: Number of Serious Incidents

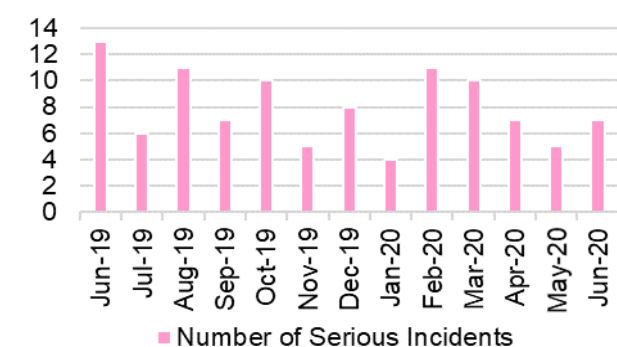
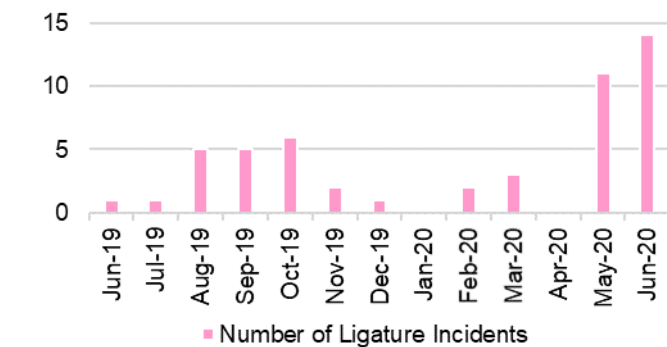


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

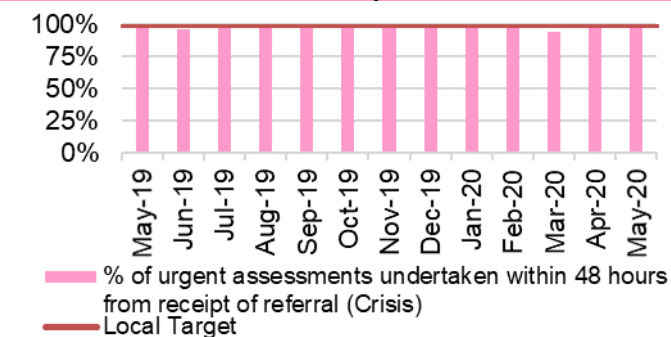


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

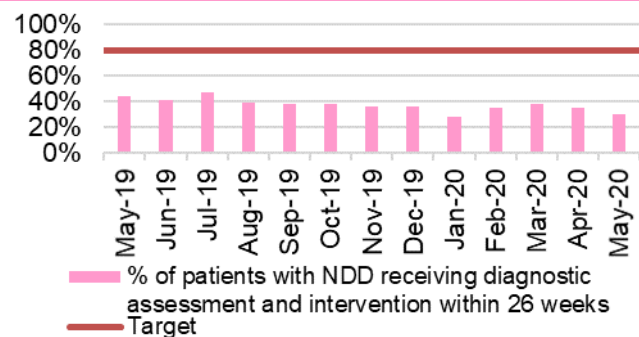


Chart 15: Assessment and intervention within 28 days

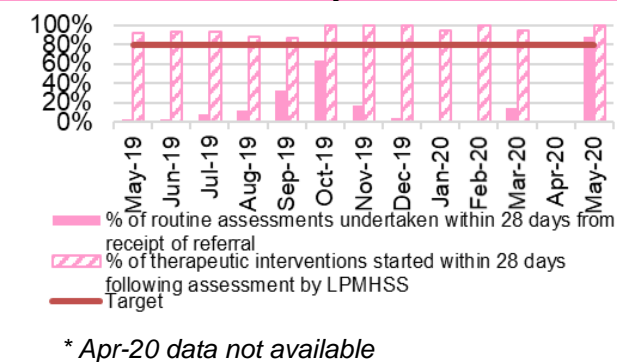
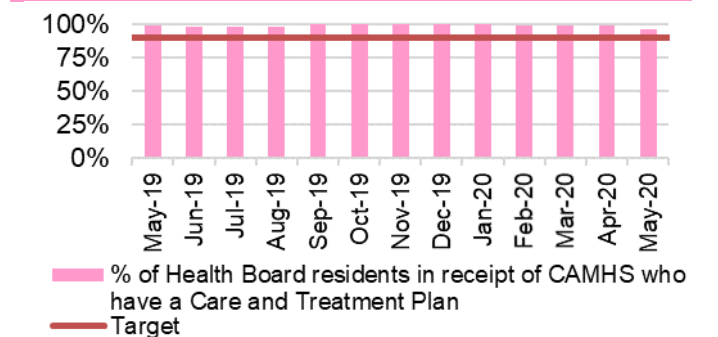


Chart 16: residents with a Care and Treatment Plan



5.1 Unscheduled Care- Overview

Chart 1: % GP practices offering daily appointments between 5pm- 6:30pm

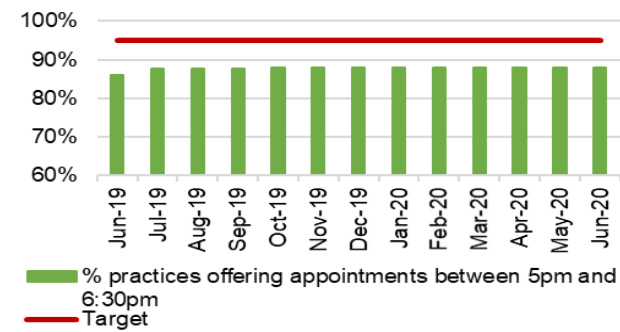


Chart 2: GP Out of Hours/ 111

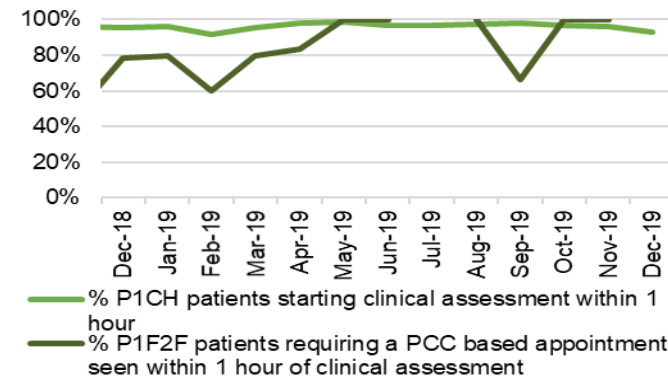


Chart 3: % red calls responded to within 8 minutes

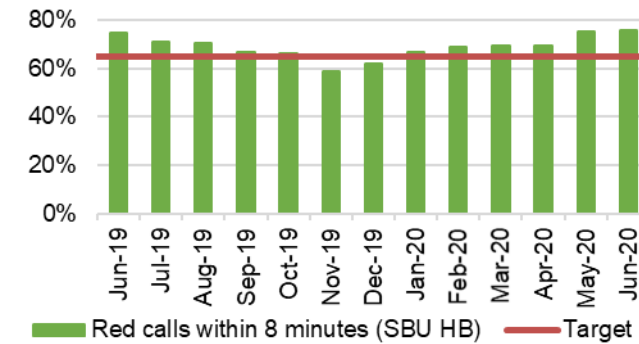


Chart 4: Number of ambulance handovers over 1 hour

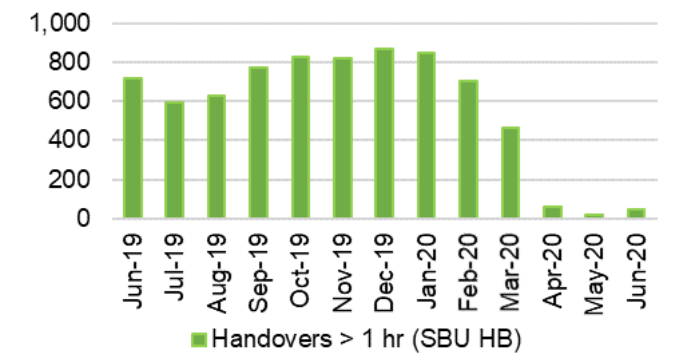


Chart 5: Lost hours- notification to ambulance handover over 15 minutes

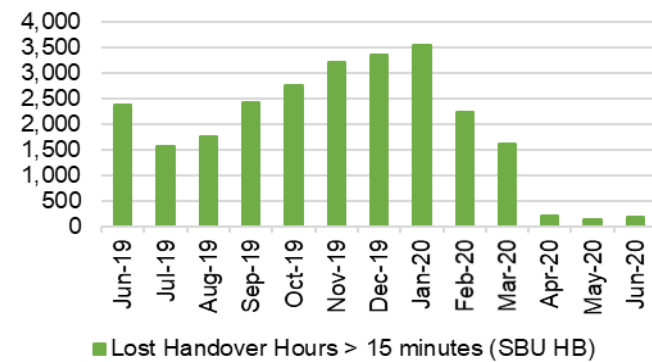


Chart 6: A&E Attendances

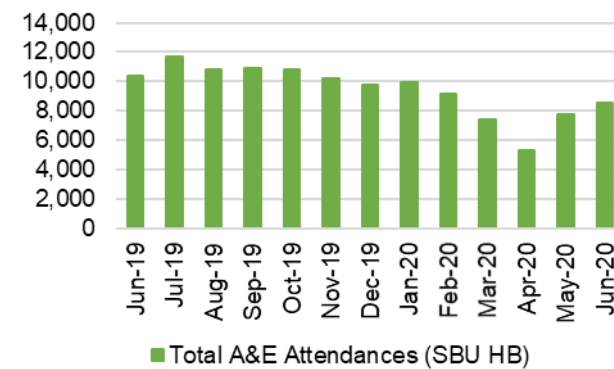


Chart 7: 90 days ED Attendance (15/04/20 to 13/07/20)

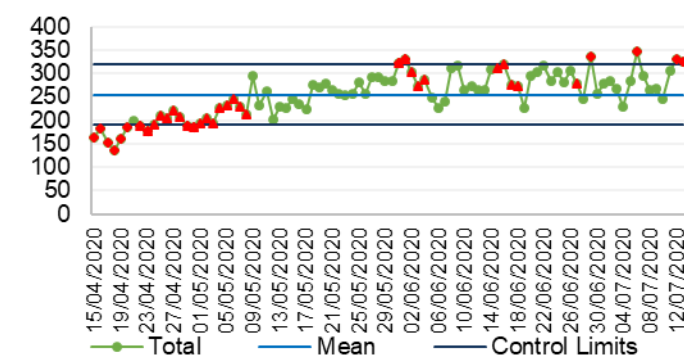


Chart 8: % patients who spend less than 4 hours in A&E

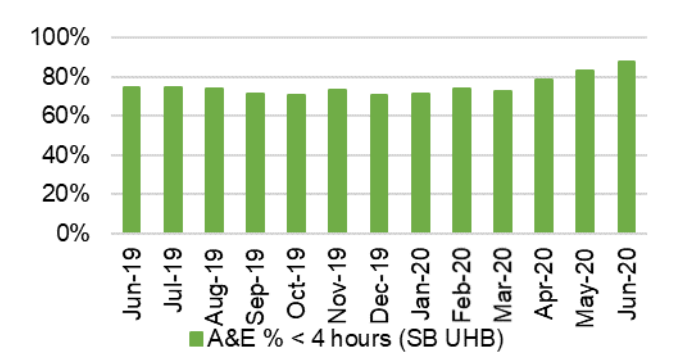


Chart 9: Number of patients waiting over 12 hours in A&E

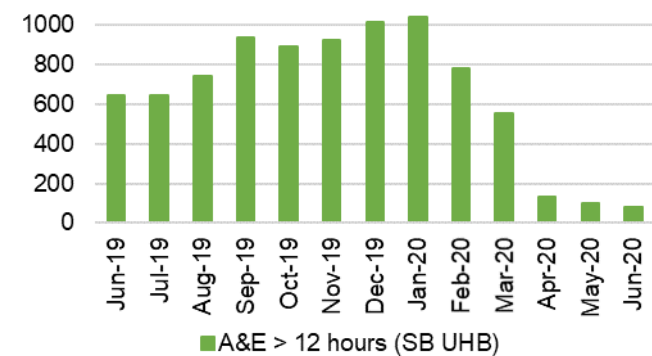


Chart 10: Number of emergency admissions

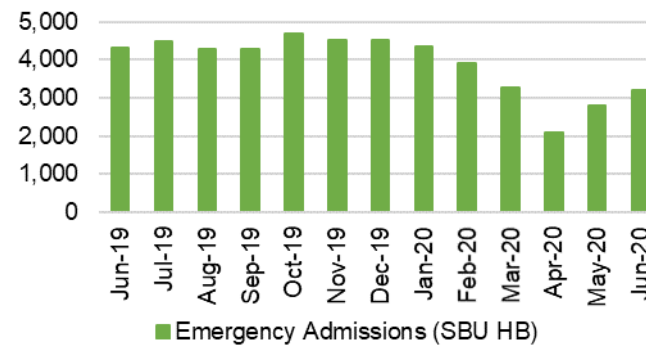


Chart 11: Elective procedures cancelled due to lack of beds

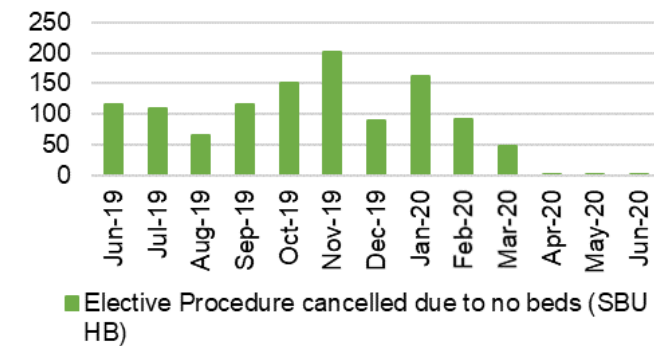


Chart 12: : Number of mental health delayed transfers of care

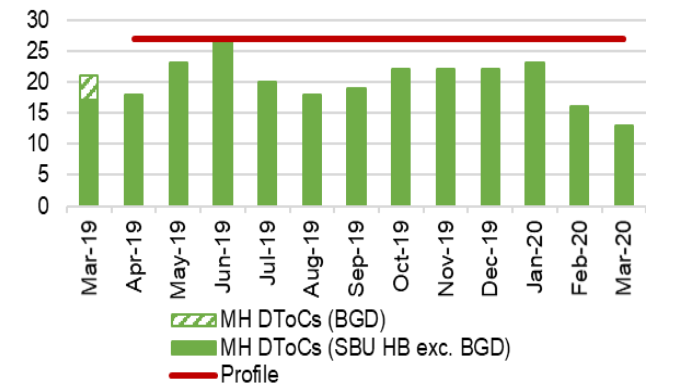


Chart 13: Number of non- mental health delayed transfers of care

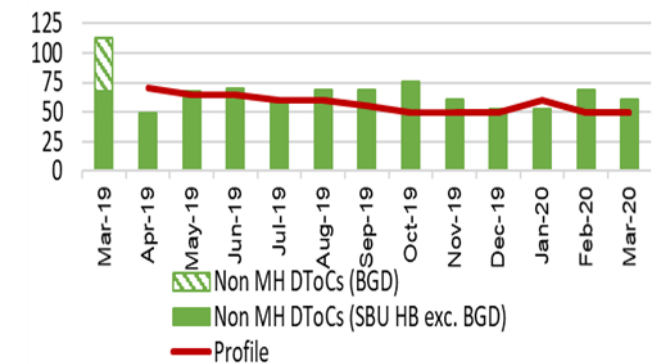


Chart 14: Number of new positive COVID-19 cases (13/03/20 to 13/07/20)



Chart 15: Number of cumulative COVID-19 positive cases (01/03/20 to 13/07/20)

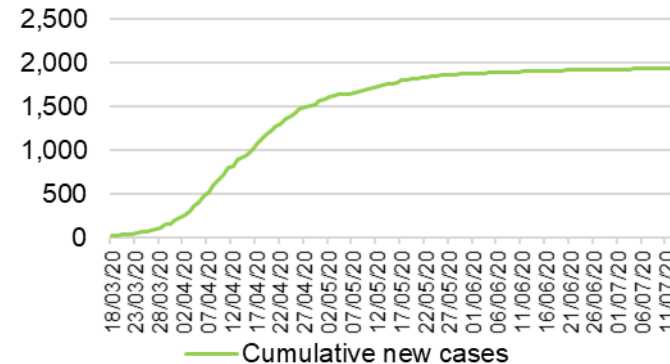
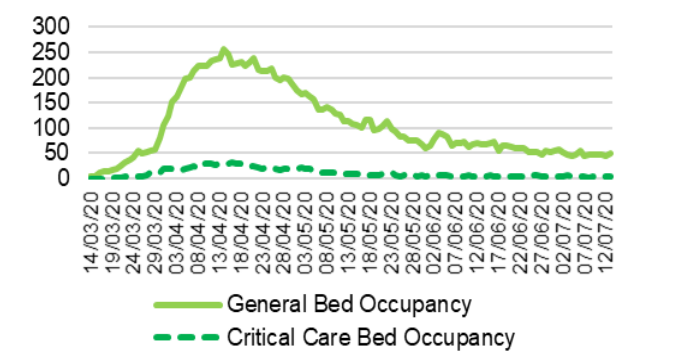


Chart 16: Confirmed and Suspected COVID-19 patient bed utilisation (14/03/20 to 13/07/20)



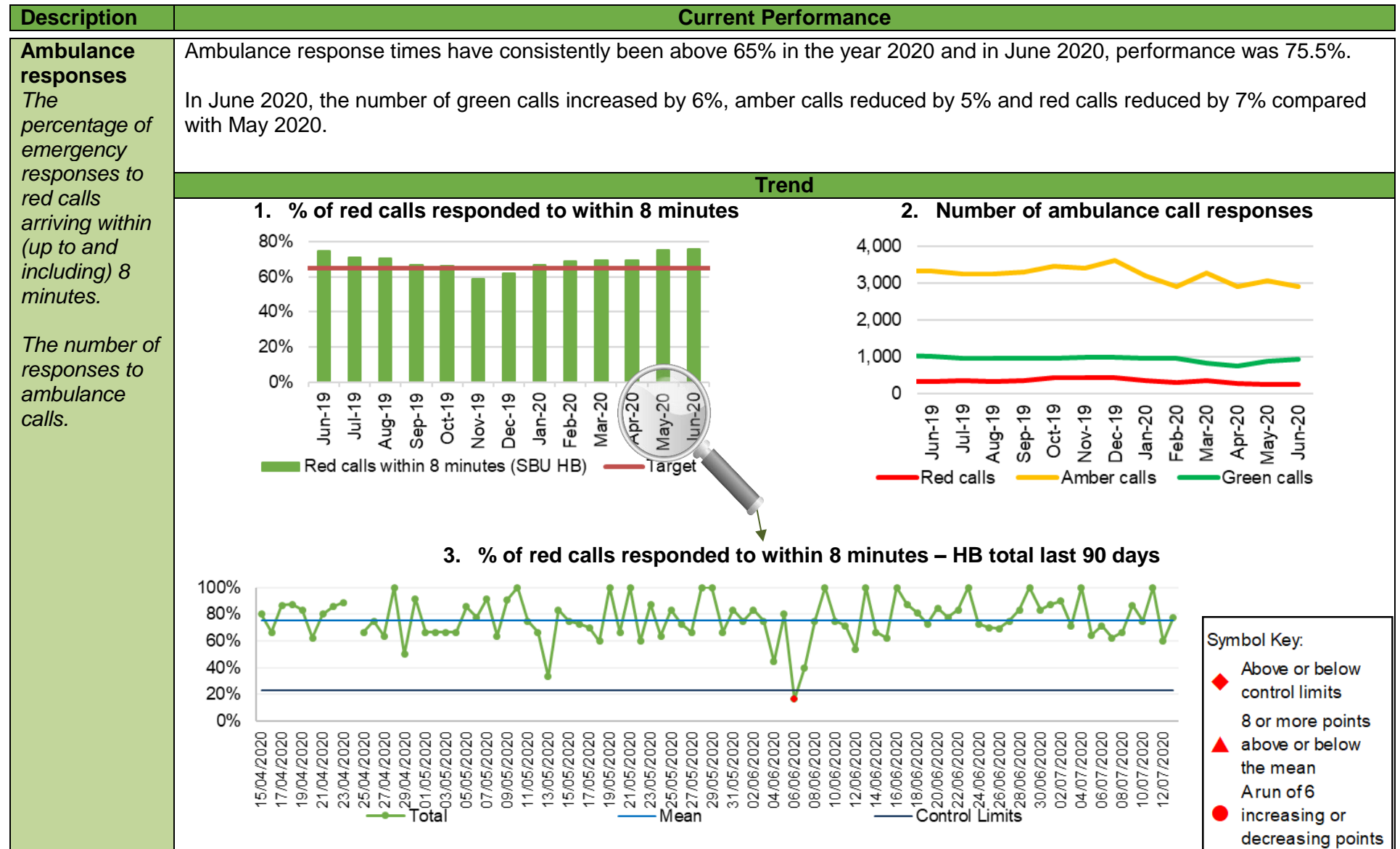
Unscheduled Care Overview (June 2020)

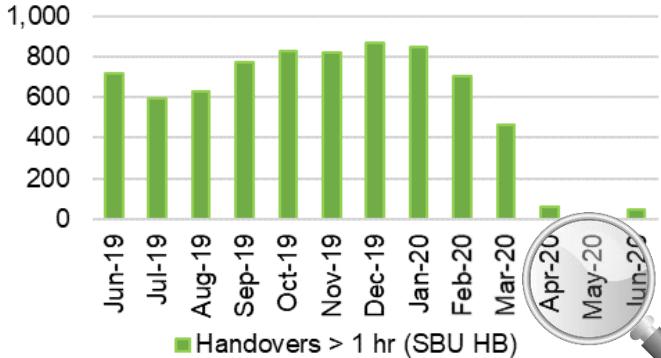
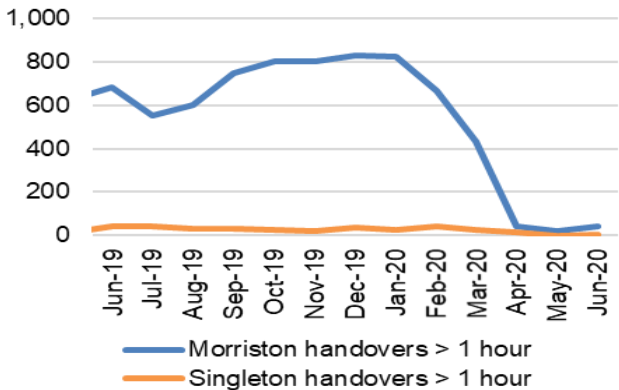
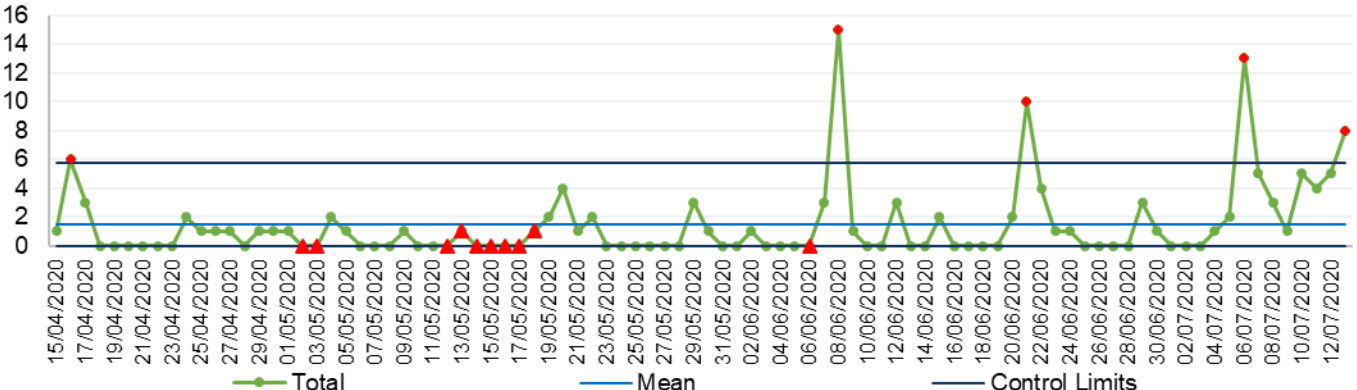
| Primary Care Access | | Ambulance | Emergency Department | |
|--|---|---|---|--|
| 97% (→) GP practices open during daily core hours | 88% (→) GP practices offering appointments between 5pm-6:30pm | 75.5% (0.5%↑) Red calls responded to within 8 minutes | 8,525 (10%↑) A&E attendances | 87.7% (4.2%↑) Waits in A&E under 4 hours |
| 93% (3%↓) % of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered (<i>July-19</i>) | 100% (50%↑) % of Out of Hours (OOH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment (<i>Jun-19</i>) | 47 (135%↑) Ambulance handovers over 1 hour | 81 (16%↓) Waits in A&E over 12 hours | 1,494 (5%↑) Patients admitted from A&E |
| | | 2,912 (5%↓) Amber calls | | |
| | | 251 (3%↓) Red calls | | |
| Emergency Activity | | Patient Flow | | |
| 3,207 (15%↑) Emergency Inpatient Admissions | 268 (2%↓) Emergency Theatre Cases | 13 (19%↓) (Mar-20) Mental Health DTOCs * Data collection temporarily suspended | 60 (13%↓) (Mar-20) Non-Mental Health DTOCs * Data collection temporarily suspended | |
| 248 (95%↑) Trauma theatre cases | 1 (50%↓) Elective procedures cancelled due to no beds | | 87 (10%↑) Medically fit patients | |

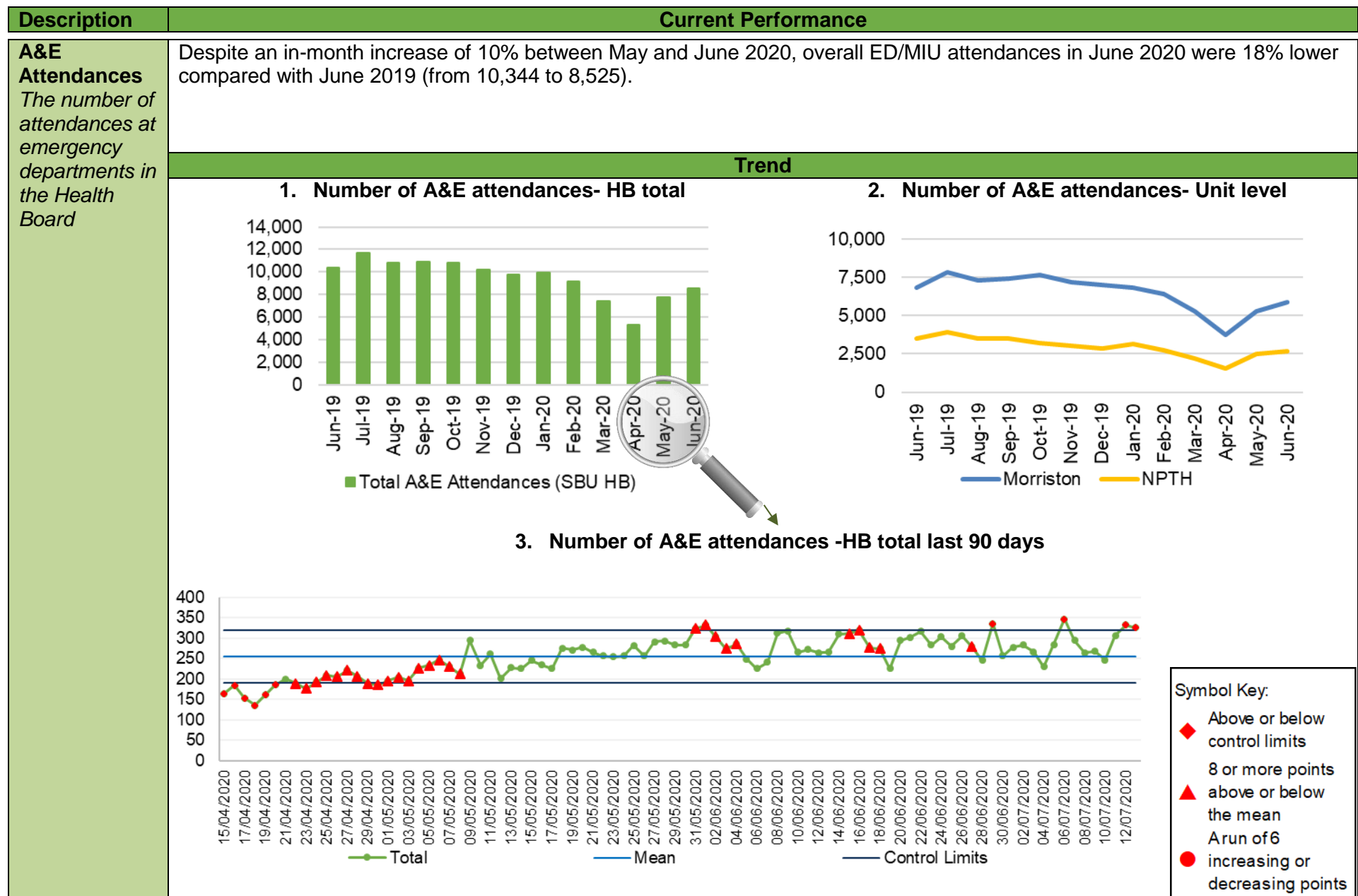
*RAG status and trend is based on in month-movement

5.2 Unscheduled Care - Updates

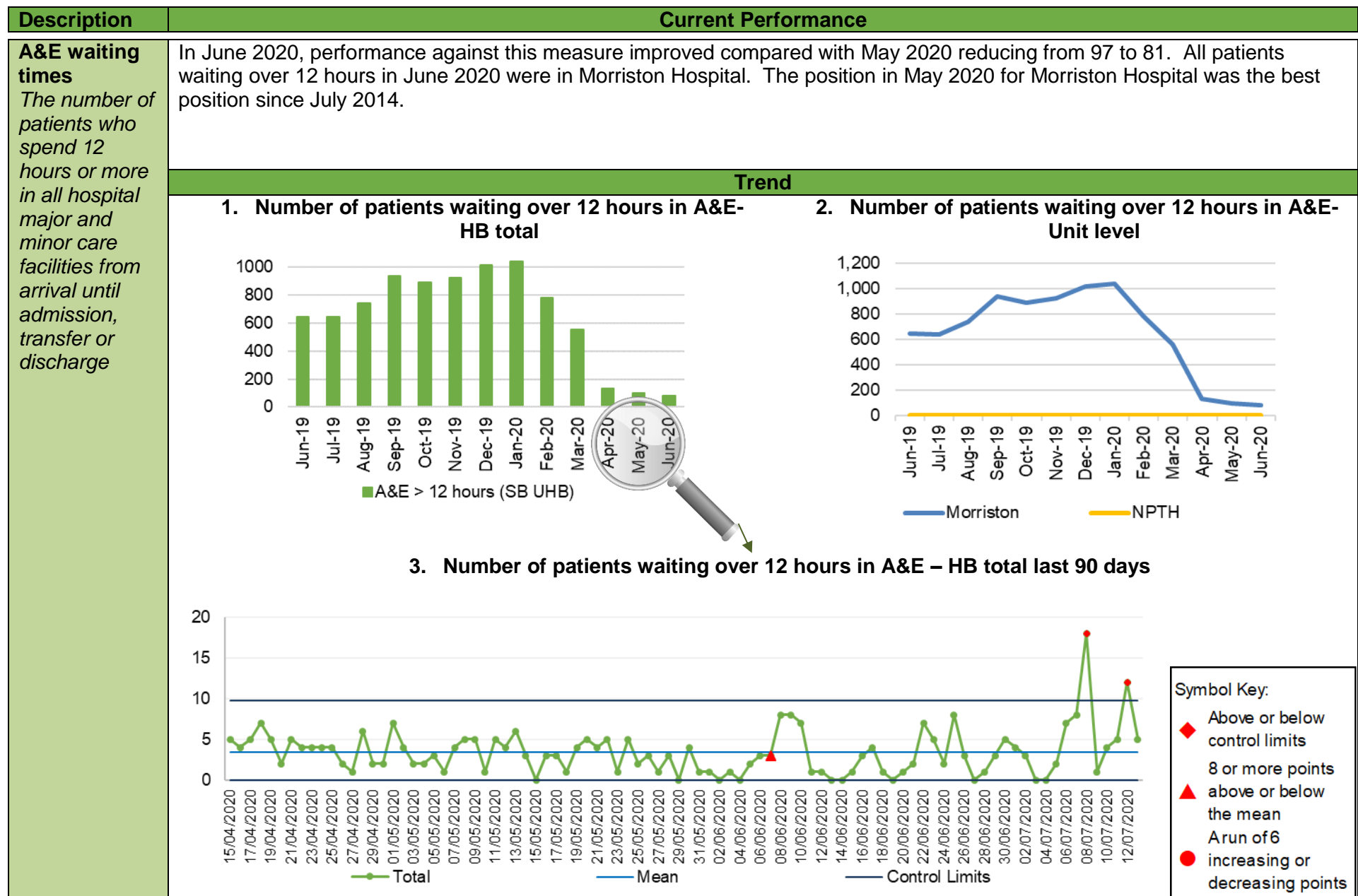
This section of the report provides further detail on key unscheduled care measures.

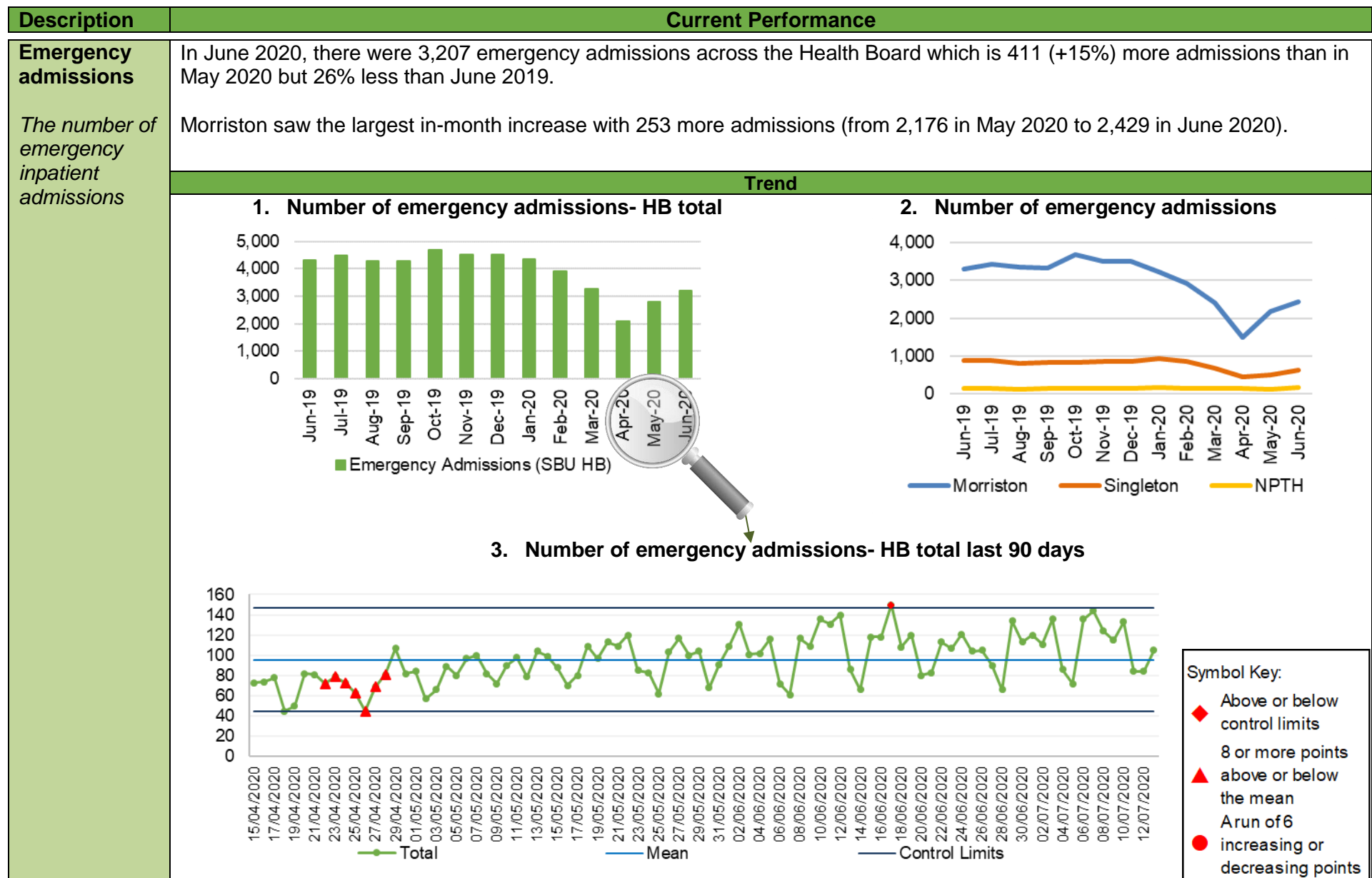


| Description | Current Performance |
|--|---|
| Ambulance handovers <i>The number of ambulance handovers over one hour</i> | <p>In June 2020, there were only 47 ambulance to hospital handovers taking over 1 hour, this is a significant reduction from 721 in June 2019.</p> <p>In June 2020, 45 handovers over 1 hour were attributed to Morriston Hospital and 2 were attributed to Singleton Hospital.</p> <p>The number of handover hours lost over 15 minutes also significantly reduced from 2,381 in June 2019 to 178 in June 2020.</p> |
| | <div data-bbox="1211 424 1301 451" style="text-align: center;">Trend</div> <div style="display: flex; justify-content: space-around;"> <div data-bbox="539 459 1182 486"> 1. Number of ambulance handovers- HB total </div> <div data-bbox="1368 459 2033 486"> 2. Number of ambulance handovers- Unit level </div> </div> <div style="display: flex; justify-content: space-around;">   </div> <div data-bbox="864 962 1693 989" style="text-align: center;"> 3. Number of ambulance handovers- HB total last 90 days </div> <div style="display: flex; justify-content: space-between;">  <div data-bbox="1832 1129 2085 1433" style="border: 1px solid black; padding: 5px;"> Symbol Key: <div style="display: flex; align-items: center;"> ◆ Above or below control limits </div> <div style="display: flex; align-items: center;"> ▲ 8 or more points above or below the mean </div> <div style="display: flex; align-items: center;"> ● A run of 6 </div> <div style="display: flex; align-items: center;"> ● increasing or decreasing points </div> </div> </div> |



| Description | Current Performance |
|--|--|
| A&E waiting times <i>The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i> | <p>In June 2020, the Health Board's performance against the 4 hour metric improved by 4.2% compared with May 2020 (from 83.5% to 87.7%).</p> <p>Neath Port Talbot Hospital Minor Injuries Unit (MIU) continues to achieve (and exceed) the national target of 95% achieving 99.44% in June 2020. Morriston Hospital's performance continues to improve with June 2020 achieving the best position since April 2014.</p> |
| | <p align="center">Trend</p> |
| | <div> <div> <p>1. % patients waiting under 4 hours in A&E- HB total</p> <p>■ A&E % < 4 hours (SB UHB)</p> </div> <div> <p>2. % patients waiting under 4 hours in A&E- Unit level</p> <p>— Morriston — NPTH</p> </div> <div> <p>3. % patients waiting under 4 hours in A&E- HB total last 90 days</p> <p>— Total — Mean — Control Limits</p> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ above or below the mean ● A run of 6 increasing or decreasing points </div> </div> |





| Description | Current Performance | Trend |
|--|--|---|
| Medically Fit <i>The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</i> | <p>In June 2020, there were on average 87 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board's Hospitals.</p> <p>June 2020 was the first month that saw a rise in the number of medically/ discharge fit patients since January 2020.</p> <p>Morrison saw the largest in-month from 15 in May 2020 to 27 in June 2020.</p> | <p>The number of discharge/ medically fit patients by site</p> <p>*Consistent data capture for Gorseinon not available before May 2020</p> |
| Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i> | <p>In June 2020, there was only one elective procedure cancelled due to lack of beds on the day of surgery. This is one less cancellation than in May 2010 (from 2 to 1).</p> <p>In June 2020 the one cancelled procedure was attributed to Morrison Hospital.</p> | <p>Total number of elective procedures cancelled due to lack of beds</p> |

| Description | Current Performance | Trend |
|--|--|---|
| Delayed Transfers of Care (DTOC) <i>The number of DTOCs per Health Board- Mental Health (all ages)</i> | <p>The number of mental health related delayed transfers of care in March 2020 from 16 to 13. This is the best position in 2019/20.</p> <p><i>* DTOC data collection has been temporarily suspended</i></p> | <p>Number of Mental Health DTOCs</p> |
| Delayed Transfers of Care (DTOC) <i>The number of DTOCs per Health Board - Non Mental Health (age 75+)</i> | <p>In March 2020, the number of non-mental health and learning disability delayed transfers of care was 60. This is 13% less than in February 2020 (from 69 to 60)</p> <p><i>* DTOC data collection has been temporarily suspended</i></p> | <p>Number of Non Mental Health DTOCs</p> |

6.1 Planned Care- Overview

Chart 1: Number of GP Referrals into secondary care

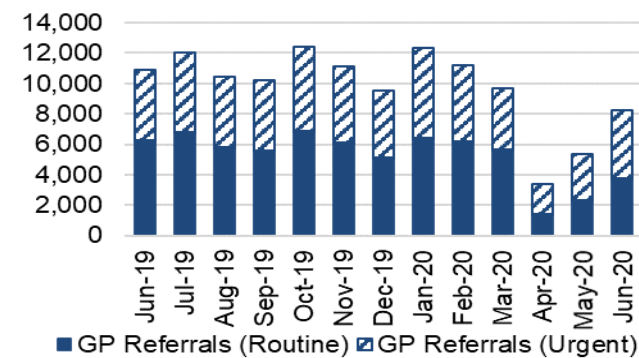


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

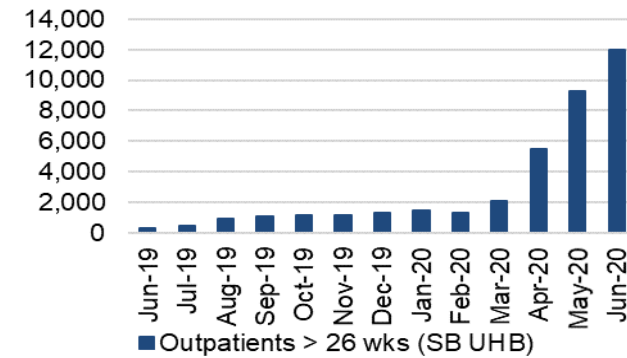


Chart 3: Number of patients waiting over 36 weeks for treatment

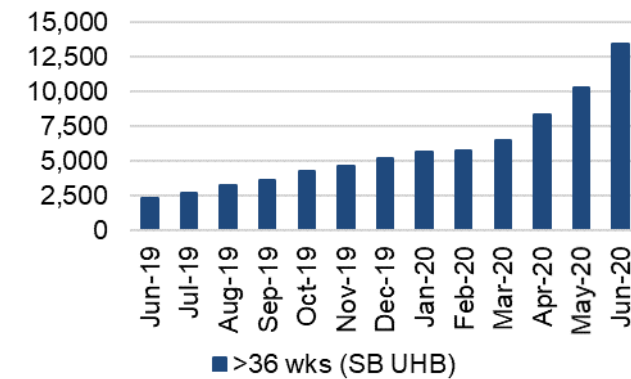


Chart 4: % patients waiting less than 26 weeks from referral to treatment

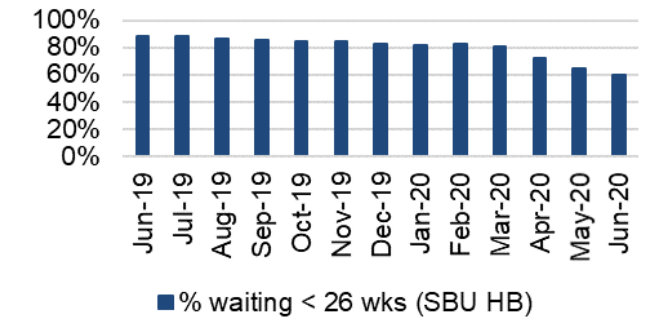


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

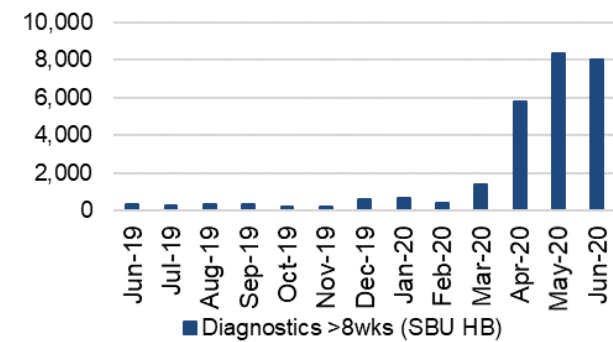


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

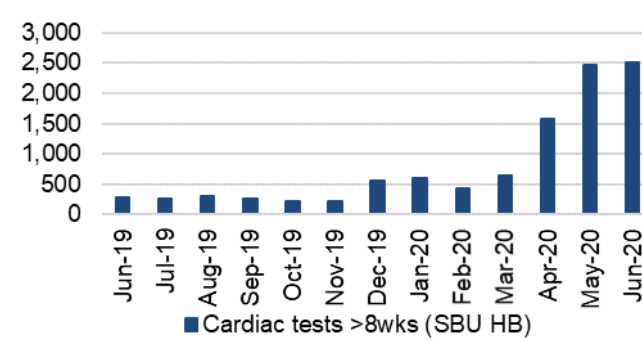


Chart 7: Number of patients waiting less than 14 weeks for Therapies

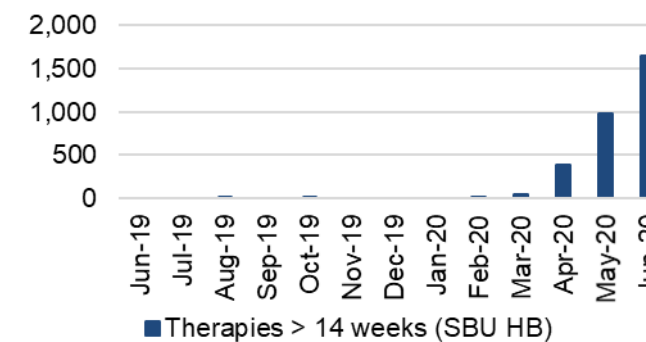


Chart 8: Cancer referrals

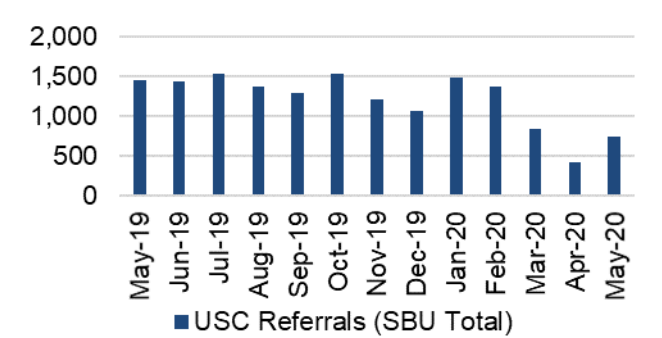


Chart 9: % patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days

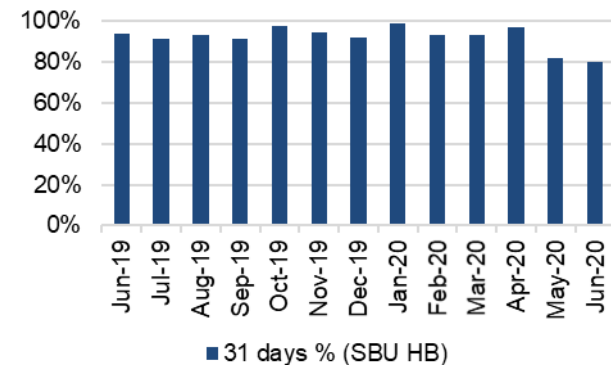


Chart 10: % patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral

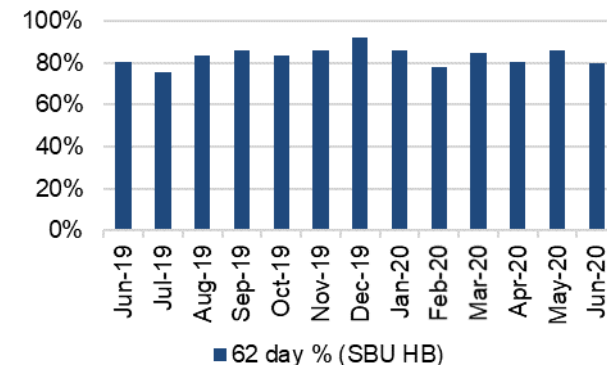


Chart 11: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)

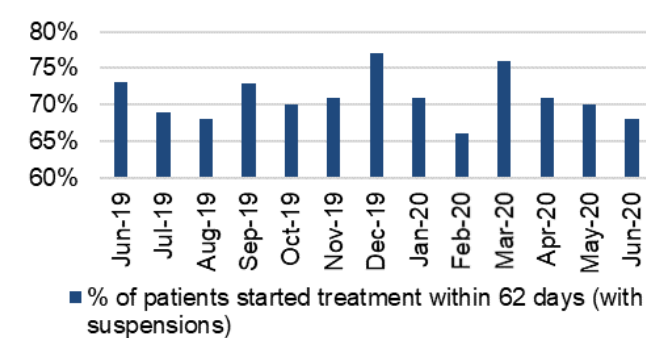


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date (planned care specialities only)

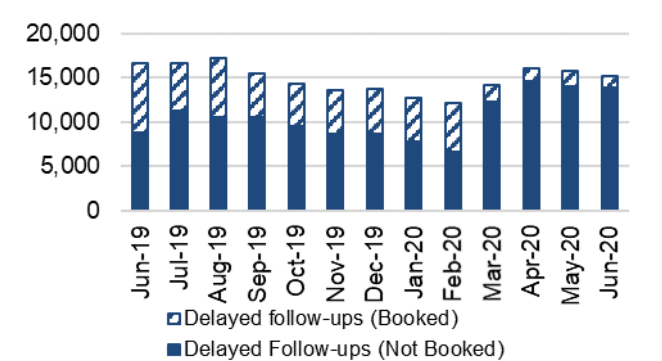


Chart 13: Number of patients without a documented clinical review date

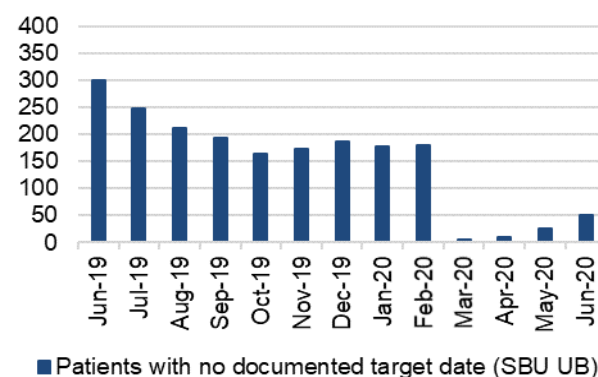


Chart 14: Ophthalmology patients without an allocated health risk factor

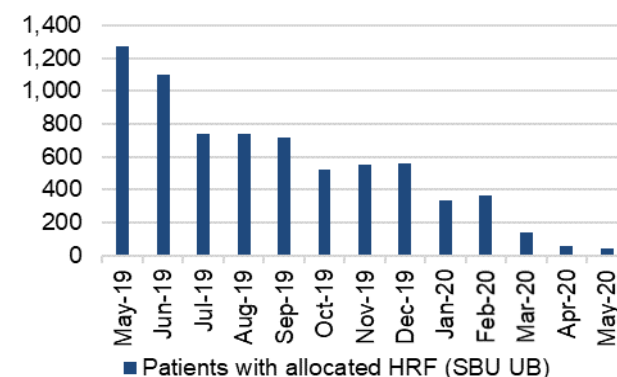


Chart 15: Total number of patients on the follow-up waiting list

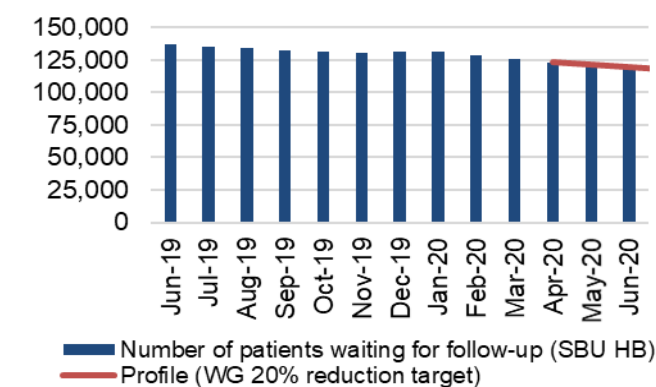
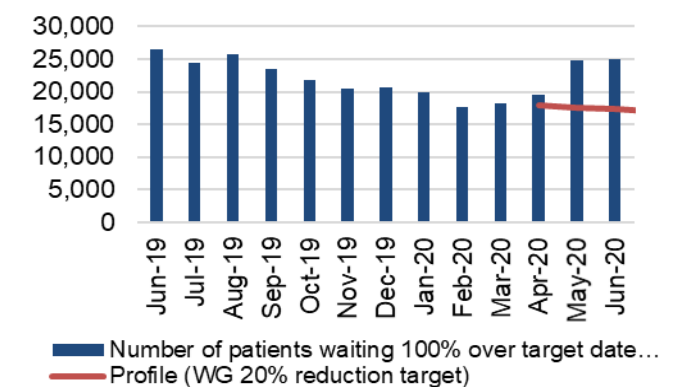


Chart 16: Number of patients delayed by over 100%



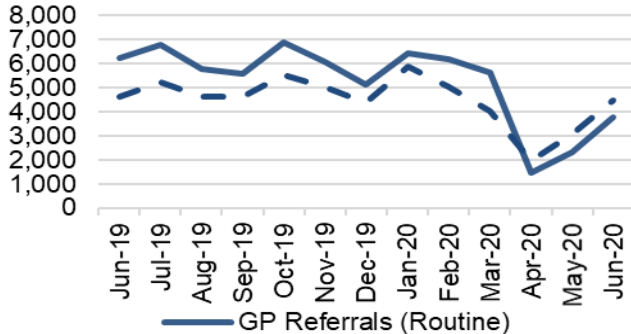
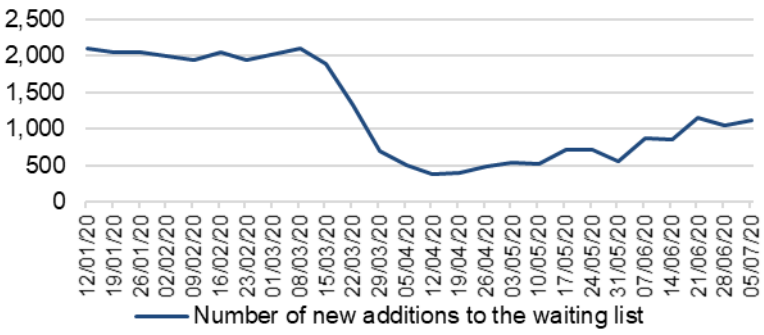
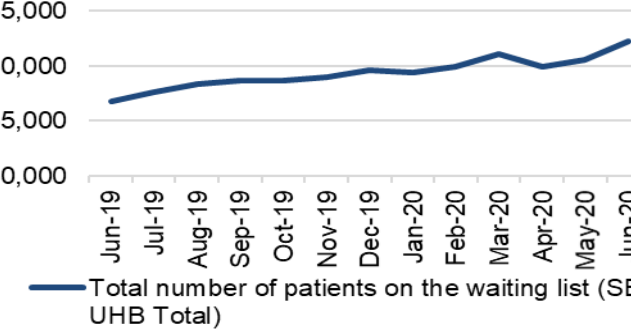
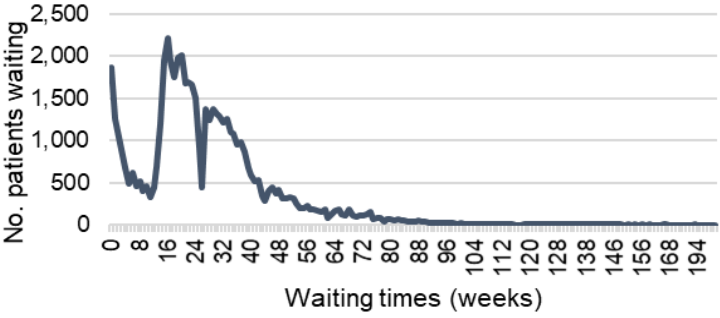
Planned Care- Overview (June 2020)

| Demand | | Waiting Times | |
|--|---|--|---|
| 8,255 (54%↑) Total GP referrals | 11,964 (29%↑) Patients waiting over 26 weeks for a new outpatient appointment | 13,419 (31%↑) Patients waiting over 36 weeks for treatment | 5,108 (22%↑) Patients waiting over 52 weeks for treatment |
| 3,768 (62%↑) Routine GP referrals | 59.5% (4.7%↓) Patients waiting under 26 weeks from referral to treatment | 8,033 (4%↓) Patients waiting over 8 weeks for all reportable diagnostics | 2,515 (1%↑) Patients waiting over 8 weeks for Cardiac diagnostics only |
| 4,487 (47%↑) Urgent GP referrals | 1,646 (68%↑) Patients waiting over 14 weeks for reportable therapies | 120,468 (0.8%↓) Patients waiting for a follow-up outpatient appointment | 24,971 (0.4%↑) Patients waiting for a follow-up outpatients appointment who are delayed over 100% |
| Cancer | | Theatre Efficiencies | |
| 737 (80%↑) Number of USC referrals received | 235 (15%↓) USC backlog over 52 days | 16% (5%↑) Theatre utilisation rate | 36% (9%↓) % of theatres sessions finishing early |
| 80% (2%↓) draft NUSC patients receiving treatment within 31 days | 80% (6%↓) draft USC patients receiving treatment within 62 days | 46% (3%↑) % of theatres sessions starting late | 63% (16%↑) Operations cancelled on the day |

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

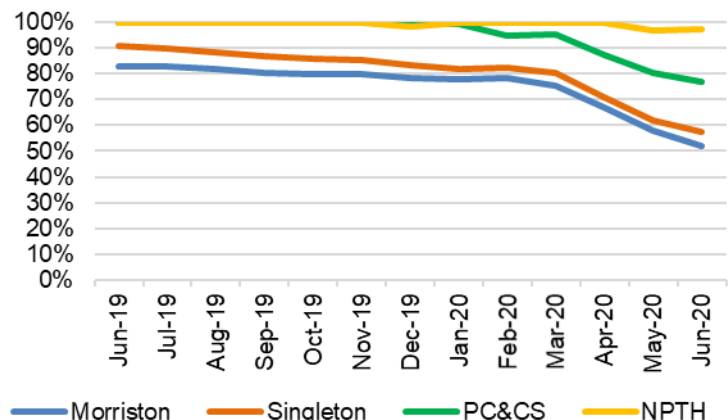
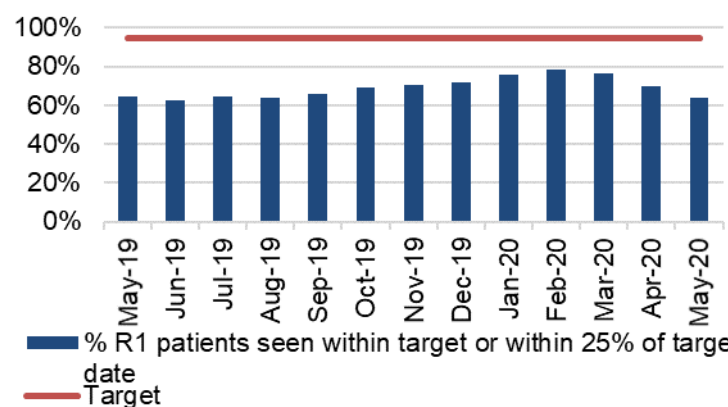
6.2 Planned Care Updates

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

| Description | Current Performance |
|---|---|
| <p>Referrals and shape of the waiting list</p> <ul style="list-style-type: none"> GP Referrals <i>The number of Stage 1 additions per week</i> Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> Size of the waiting list <i>Total number of patients on the waiting list (all stages)</i> Shape of the waiting list <i>Total number of patients waiting by weeks wait</i> | <p>The number of GP referrals and additions to the outpatient waiting list per week consistently reduced throughout March and April 2020 however the additions increased in May and June 2020. This is reflected in the reduction in the waiting list in April 2020 and subsequent increase in May and June 2020 as well as the significant reduction in the number of patients waiting at the front end of the waiting list. In June 2019 there was 24,313 patients waiting under 10 weeks whereas in June 2020 there was 8,583 patients waiting under 10 weeks. Chart 4 shows that a second wave is starting to form at the beginning of the waiting list as GP referrals start to pick back up.</p> <p style="text-align: center;">Trend</p> <div style="display: flex; justify-content: space-around;"> <div style="width: 48%;"> <p>1. Number of GP referrals received by SBU Health Board</p>  </div> <div style="width: 48%;"> <p>2. Number of stage 1 additions per week</p>  </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="width: 48%;"> <p>3. Total size of the waiting list</p>  </div> <div style="width: 48%;"> <p>4. Total number of patients on the waiting list by weeks wait as at June 2020</p>  </div> </div> |

| Description | Current Performance |
|---|--|
| Outpatient waiting times <i>The number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)</i> | <p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In June 2020, there were 11,964 patients waiting over 26 weeks compared with 9,300 in May 2020. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment closely followed by ENT and Orthopaedics. The number of outpatient attendances has significantly reduced since February 2020 due to COVID19, however chart 4 shows that the number of attendances has started to increase from May 2020. Work is currently being undertaken to accurately record the split between face to face and virtual attendances.</p> |
| | <p style="text-align: center;">Trend</p> |
| | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p>1. Number of stage 1 over 26 weeks- HB total</p> <p>■ Outpatients > 26 wks (SB UHB)</p> </div> <div style="width: 50%;"> <p>2. Number of stage 1 over 26 weeks- Unit level</p> <p>— Morriston — Singleton — PC&CS — NPTH</p> </div> <div style="width: 50%;"> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at June 2020</p> </div> <div style="width: 50%;"> <p>4. Outpatient activity undertaken</p> <p>— New outpatient attendances - - - Follow-up attendances</p> </div> </div> |

| Description | Current Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------|--------------------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|
| <p>Patients waiting over 36 weeks for treatment</p> <p><i>The number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment</i></p> | <p>The number of patients waiting longer than 36 weeks from referral to treatment continues to increase. In June 2020 there were 13,419 patients waiting over 36 weeks compared with 10,247 in May 2020. 5,108 of the 13,419 patients in June 2020 were waiting over 52 weeks, this is an increase from 4,204 in May 2020. Orthopaedics/ Spinal accounted for 32% of the breaches, followed by Ophthalmology with 17%. Chart 3 below shows the shape of the 36 week waiting list and that there are now outpatients waiting over 36 weeks.</p> <p>The number of patients receiving a procedure (and subsequently removed from the waiting list) significantly reduced since March 2020 which is resulting in the increase in waiting times.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Trend</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <div data-bbox="528 534 1223 598"> <p>1. Number of patients waiting over 36 weeks- HB total</p> </div> <div data-bbox="528 614 1200 981"> <table border="1"> <caption>1. Number of patients waiting over 36 weeks- HB total</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Jun-19</td><td>2,500</td></tr> <tr><td>Jul-19</td><td>2,800</td></tr> <tr><td>Aug-19</td><td>3,200</td></tr> <tr><td>Sep-19</td><td>3,500</td></tr> <tr><td>Oct-19</td><td>3,800</td></tr> <tr><td>Nov-19</td><td>4,200</td></tr> <tr><td>Dec-19</td><td>4,500</td></tr> <tr><td>Jan-20</td><td>4,800</td></tr> <tr><td>Feb-20</td><td>5,200</td></tr> <tr><td>Mar-20</td><td>5,500</td></tr> <tr><td>Apr-20</td><td>6,000</td></tr> <tr><td>May-20</td><td>6,500</td></tr> <tr><td>Jun-20</td><td>7,000</td></tr> </tbody> </table> <p>■ >36 wks (SB UHB)</p> </div> <div data-bbox="528 997 1223 1061"> <p>3. The shape of the waiting list over 36 weeks by stage as at June 2020</p> </div> <div data-bbox="528 1077 1200 1412"> <p>■ Outpatients ■ Admitted diagnostics ■ Diagnostics ■ Inpatients/ Daycases ■ Follow-up</p> </div> <div data-bbox="1290 534 2074 566"> <p>2. Number of patients waiting over 36 weeks- Unit level</p> </div> <div data-bbox="1357 582 2029 965"> <p>— Morriston — Singleton — PC&CS — NPTH</p> </div> <div data-bbox="1447 997 1917 1029"> <p>4. Number of elective admissions</p> </div> <div data-bbox="1357 1045 1984 1364"> <p>— Admitted elective patients with procedures</p> </div> | Month | Number of patients | Jun-19 | 2,500 | Jul-19 | 2,800 | Aug-19 | 3,200 | Sep-19 | 3,500 | Oct-19 | 3,800 | Nov-19 | 4,200 | Dec-19 | 4,500 | Jan-20 | 4,800 | Feb-20 | 5,200 | Mar-20 | 5,500 | Apr-20 | 6,000 | May-20 | 6,500 | Jun-20 |
| Month | Number of patients | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 2,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 2,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 3,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 3,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 4,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 4,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 4,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 5,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 6,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 6,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 7,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------|--|-----------|--------|------|--------|--------|-----|-----|--------|--------|-----|--------|-----|-----|--------|-----|-----|--------|-----|--------|--------|-----|-----|--------|--------|-----|--------|-----|-----|--------|-----|-----|--------|-----|--------|--------|-----|-----|--------|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|
| Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i> | Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. However, the percentage has consistently fallen during 2020/21 with June 2020 achieving 59.5%. | Percentage of patient waiting less than 26 weeks  <table><caption>Approximate data for Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Jun-19</td><td>80%</td><td>85%</td><td>90%</td><td>98%</td></tr><tr><td>Jul-19</td><td>80%</td><td>84%</td><td>90%</td><td>98%</td></tr><tr><td>Aug-19</td><td>79%</td><td>83%</td><td>89%</td><td>98%</td></tr><tr><td>Sep-19</td><td>78%</td><td>82%</td><td>88%</td><td>98%</td></tr><tr><td>Oct-19</td><td>78%</td><td>81%</td><td>87%</td><td>98%</td></tr><tr><td>Nov-19</td><td>77%</td><td>80%</td><td>86%</td><td>98%</td></tr><tr><td>Dec-19</td><td>76%</td><td>79%</td><td>85%</td><td>98%</td></tr><tr><td>Jan-20</td><td>76%</td><td>78%</td><td>84%</td><td>98%</td></tr><tr><td>Feb-20</td><td>75%</td><td>77%</td><td>83%</td><td>98%</td></tr><tr><td>Mar-20</td><td>74%</td><td>76%</td><td>82%</td><td>98%</td></tr><tr><td>Apr-20</td><td>65%</td><td>65%</td><td>75%</td><td>98%</td></tr><tr><td>May-20</td><td>55%</td><td>55%</td><td>70%</td><td>98%</td></tr><tr><td>Jun-20</td><td>50%</td><td>55%</td><td>75%</td><td>98%</td></tr></tbody></table> | Month | Morriston | Singleton | PC&CS | NPTH | Jun-19 | 80% | 85% | 90% | 98% | Jul-19 | 80% | 84% | 90% | 98% | Aug-19 | 79% | 83% | 89% | 98% | Sep-19 | 78% | 82% | 88% | 98% | Oct-19 | 78% | 81% | 87% | 98% | Nov-19 | 77% | 80% | 86% | 98% | Dec-19 | 76% | 79% | 85% | 98% | Jan-20 | 76% | 78% | 84% | 98% | Feb-20 | 75% | 77% | 83% | 98% | Mar-20 | 74% | 76% | 82% | 98% | Apr-20 | 65% | 65% | 75% | 98% | May-20 | 55% | 55% | 70% | 98% | Jun-20 | 50% | 55% | 75% | 98% |
| Month | Morriston | Singleton | PC&CS | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 80% | 85% | 90% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 80% | 84% | 90% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 79% | 83% | 89% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 78% | 82% | 88% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 78% | 81% | 87% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 77% | 80% | 86% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 76% | 79% | 85% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 76% | 78% | 84% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 75% | 77% | 83% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 74% | 76% | 82% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 65% | 65% | 75% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 55% | 55% | 70% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 50% | 55% | 75% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i> | <p>In May 2020 64.1% of ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20, however this has not been sustained so far in 2020/21.</p> | Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments  <table><caption>Approximate data for Percentage of ophthalmology R1 patients seen within target or within 25% of target</caption><thead><tr><th>Month</th><th>% R1 patients seen within target or within 25% of target</th><th>Target</th></tr></thead><tbody><tr><td>May-19</td><td>65%</td><td>95%</td></tr><tr><td>Jun-19</td><td>63%</td><td>95%</td></tr><tr><td>Jul-19</td><td>64%</td><td>95%</td></tr><tr><td>Aug-19</td><td>64%</td><td>95%</td></tr><tr><td>Sep-19</td><td>65%</td><td>95%</td></tr><tr><td>Oct-19</td><td>67%</td><td>95%</td></tr><tr><td>Nov-19</td><td>69%</td><td>95%</td></tr><tr><td>Dec-19</td><td>70%</td><td>95%</td></tr><tr><td>Jan-20</td><td>73%</td><td>95%</td></tr><tr><td>Feb-20</td><td>78%</td><td>95%</td></tr><tr><td>Mar-20</td><td>75%</td><td>95%</td></tr><tr><td>Apr-20</td><td>68%</td><td>95%</td></tr><tr><td>May-20</td><td>64%</td><td>95%</td></tr></tbody></table> | Month | % R1 patients seen within target or within 25% of target | Target | May-19 | 65% | 95% | Jun-19 | 63% | 95% | Jul-19 | 64% | 95% | Aug-19 | 64% | 95% | Sep-19 | 65% | 95% | Oct-19 | 67% | 95% | Nov-19 | 69% | 95% | Dec-19 | 70% | 95% | Jan-20 | 73% | 95% | Feb-20 | 78% | 95% | Mar-20 | 75% | 95% | Apr-20 | 68% | 95% | May-20 | 64% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | % R1 patients seen within target or within 25% of target | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-19 | 65% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 63% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 64% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 64% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 65% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 67% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 69% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 70% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 73% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 78% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 75% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 68% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 64% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

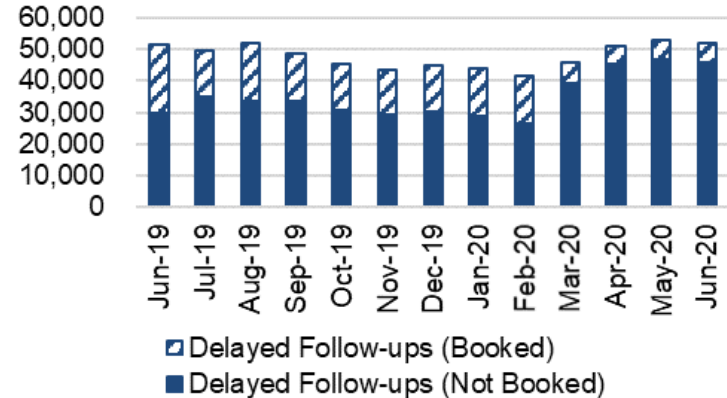
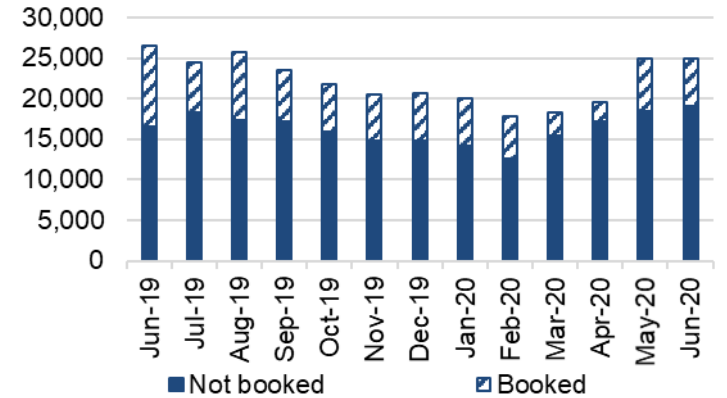
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i> | <p>In June 2020, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It reduced from 8,346 in May 2020 to 8,033 June 2020.</p> <p>All of the diagnostic areas have seen a significant increase in breaches since March 2020.</p> <p>The following is a breakdown for the 8 week breaches by diagnostic test for June 2020:</p> <ul style="list-style-type: none">• Radiology= 3,616• Cardiac tests= 2,515• Endoscopy= 1,217• Neurophysiology= 556• Fluoroscopy= 57• Physiological measurement= 48• Cystoscopy= 24 | <p>Number of patients waiting longer than 8 weeks for diagnostics</p> <table><caption>Estimated data for Number of patients waiting longer than 8 weeks for diagnostics</caption><thead><tr><th>Month</th><th>Cardiac tests</th><th>Endoscopy</th><th>Other diagnostics (inc. radiology)</th></tr></thead><tbody><tr><td>Jun-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Mar-20</td><td>500</td><td>100</td><td>500</td></tr><tr><td>Apr-20</td><td>1500</td><td>500</td><td>4000</td></tr><tr><td>May-20</td><td>2500</td><td>1200</td><td>4800</td></tr><tr><td>Jun-20</td><td>2500</td><td>1200</td><td>4500</td></tr></tbody></table> | Month | Cardiac tests | Endoscopy | Other diagnostics (inc. radiology) | Jun-19 | 200 | 0 | 0 | Jul-19 | 200 | 0 | 0 | Aug-19 | 200 | 0 | 0 | Sep-19 | 200 | 0 | 0 | Oct-19 | 200 | 0 | 0 | Nov-19 | 200 | 0 | 0 | Dec-19 | 500 | 0 | 0 | Jan-20 | 500 | 0 | 0 | Feb-20 | 500 | 0 | 0 | Mar-20 | 500 | 100 | 500 | Apr-20 | 1500 | 500 | 4000 | May-20 | 2500 | 1200 | 4800 | Jun-20 | 2500 | 1200 | 4500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Cardiac tests | Endoscopy | Other diagnostics (inc. radiology) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 200 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 200 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 200 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 200 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 200 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 200 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 500 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 500 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 500 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 500 | 100 | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 1500 | 500 | 4000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 2500 | 1200 | 4800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 2500 | 1200 | 4500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i> | <p>In June 2020 there were 1,646 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in June 2020 are:</p> <ul style="list-style-type: none">• Podiatry= 830• Audiology= 526• Speech & Language Therapy= 160• Dietetics= 115• Physiotherapy= 15 | <p>Number of patients waiting longer than 14 weeks for therapies</p> <table><caption>Estimated data for Number of patients waiting longer than 14 weeks for therapies</caption><thead><tr><th>Month</th><th>Occ Therapy/ LD (MH)</th><th>Occ Therapy (exc. MH)</th><th>Audiology</th><th>Speech & Language</th><th>Dietetics</th><th>Phsyio</th></tr></thead><tbody><tr><td>Jun-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></tbody></table> | Month | Occ Therapy/ LD (MH) | Occ Therapy (exc. MH) | Audiology | Speech & Language | Dietetics | Phsyio | Jun-19 | 0 | 0 | 0 | 0 | 0 | 0 | Jul-19 | 0 | 0 | 0 | 0 | 0 | 0 | Aug-19 | 0 | 0 | 0 | 0 | 0 | 0 | Sep-19 | 0 | 0 | 0 | 0 | 0 | 0 | Oct-19 | 0 | 0 | 0 | 0 | 0 | 0 | Nov-19 | 0 | 0 | 0 | 0 | 0 | 0 | Dec-19 | 0 | 0 | 0 | 0 | 0 | 0 | Jan-20 | 0 | 0 | 0 | 0 | 0 | 0 | Feb-20 | 0 | 0 | 0 | 0 | 0 | 0 | Mar-20 | 0 | 0 | 0 | 0 | 0 | 0 | Apr-20 | 0 | 0 | 0 | 0 | 0 | 0 | May-20 | 0 | 0 | 0 | 0 | 0 | 0 | Jun-20 | 0 | 0 | 0 | 0 | 0 | 0 |
| Month | Occ Therapy/ LD (MH) | Occ Therapy (exc. MH) | Audiology | Speech & Language | Dietetics | Phsyio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------|-----------|-----------|------|--------|-----|-----|------|--------|-----|-----|-----|--------|-----|-----|------|--------|-----|-----|-----|--------|-----|-----|------|--------|-----|-----|------|--------|-----|-----|------|--------|-----|-----|-----|--------|-----|-----|------|--------|-----|-----|-----|--------|-----|-----|------|--------|-----|-----|------|--------|-----|-----|------|
| Cancer- NUSC waiting times- <i>Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</i> | <p>June 2020 figures will be finalised on the 4th August 2020. Draft figures indicate a possible achievement of 80% of patients starting treatment within 31 days. At the time of writing this report there are 13 breaches* across the Health Board for May 2020:</p> <ul style="list-style-type: none">• Lower GI – 4• Gynaecological – 3• Head & Neck – 3• Urology - 3 <p><i>*Breach validation is ongoing, this number also includes suspected cancers awaiting final histological confirmation, and therefore the position may improve.</i></p> | <p>Percentage of NUSC patients starting treatment within 31 days of diagnosis</p> <table><caption>Estimated data for NUSC patients (31 days)</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jun-19</td><td>90%</td><td>95%</td><td>95%</td></tr><tr><td>Jul-19</td><td>85%</td><td>95%</td><td>95%</td></tr><tr><td>Aug-19</td><td>88%</td><td>95%</td><td>95%</td></tr><tr><td>Sep-19</td><td>85%</td><td>95%</td><td>95%</td></tr><tr><td>Oct-19</td><td>95%</td><td>95%</td><td>95%</td></tr><tr><td>Nov-19</td><td>90%</td><td>95%</td><td>95%</td></tr><tr><td>Dec-19</td><td>95%</td><td>95%</td><td>95%</td></tr><tr><td>Jan-20</td><td>95%</td><td>95%</td><td>95%</td></tr><tr><td>Feb-20</td><td>90%</td><td>95%</td><td>95%</td></tr><tr><td>Mar-20</td><td>90%</td><td>95%</td><td>95%</td></tr><tr><td>Apr-20</td><td>90%</td><td>95%</td><td>95%</td></tr><tr><td>May-20</td><td>65%</td><td>85%</td><td>95%</td></tr><tr><td>Jun-20</td><td>55%</td><td>85%</td><td>95%</td></tr></tbody></table> | Month | Morriston | Singleton | NPTH | Jun-19 | 90% | 95% | 95% | Jul-19 | 85% | 95% | 95% | Aug-19 | 88% | 95% | 95% | Sep-19 | 85% | 95% | 95% | Oct-19 | 95% | 95% | 95% | Nov-19 | 90% | 95% | 95% | Dec-19 | 95% | 95% | 95% | Jan-20 | 95% | 95% | 95% | Feb-20 | 90% | 95% | 95% | Mar-20 | 90% | 95% | 95% | Apr-20 | 90% | 95% | 95% | May-20 | 65% | 85% | 95% | Jun-20 | 55% | 85% | 95% |
| Month | Morriston | Singleton | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 90% | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 85% | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 88% | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 85% | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 95% | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 90% | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 95% | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 95% | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 90% | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 90% | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 90% | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 65% | 85% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 55% | 85% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cancer- USC waiting times- <i>Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days of receipt of referral</i> | <p>June 2020 figures will be finalised on the 4th August 2020. Draft figures indicate a possible achievement of 80% of patients starting treatment within 62 days. At the time of writing this report there are 12 breaches in total across the Health Board for June 2020:</p> <ul style="list-style-type: none">• Urological – 3• Lower GI – 2• Breast – 2• Haematology – 2• Skin – 2• Gynaecological – 1 <p><i>*Breach validation is ongoing, this number also includes suspected cancers awaiting final histological confirmation, and therefore the position may improve.</i></p> | <p>Percentage of USC patients starting treatment within 62 days of receipt of referral</p> <table><caption>Estimated data for USC patients (62 days)</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jun-19</td><td>85%</td><td>80%</td><td>100%</td></tr><tr><td>Jul-19</td><td>85%</td><td>75%</td><td>20%</td></tr><tr><td>Aug-19</td><td>85%</td><td>80%</td><td>100%</td></tr><tr><td>Sep-19</td><td>90%</td><td>80%</td><td>70%</td></tr><tr><td>Oct-19</td><td>85%</td><td>85%</td><td>100%</td></tr><tr><td>Nov-19</td><td>85%</td><td>85%</td><td>100%</td></tr><tr><td>Dec-19</td><td>90%</td><td>85%</td><td>100%</td></tr><tr><td>Jan-20</td><td>85%</td><td>80%</td><td>70%</td></tr><tr><td>Feb-20</td><td>85%</td><td>75%</td><td>100%</td></tr><tr><td>Mar-20</td><td>85%</td><td>85%</td><td>75%</td></tr><tr><td>Apr-20</td><td>85%</td><td>80%</td><td>100%</td></tr><tr><td>May-20</td><td>75%</td><td>80%</td><td>100%</td></tr><tr><td>Jun-20</td><td>75%</td><td>70%</td><td>100%</td></tr></tbody></table> | Month | Morriston | Singleton | NPTH | Jun-19 | 85% | 80% | 100% | Jul-19 | 85% | 75% | 20% | Aug-19 | 85% | 80% | 100% | Sep-19 | 90% | 80% | 70% | Oct-19 | 85% | 85% | 100% | Nov-19 | 85% | 85% | 100% | Dec-19 | 90% | 85% | 100% | Jan-20 | 85% | 80% | 70% | Feb-20 | 85% | 75% | 100% | Mar-20 | 85% | 85% | 75% | Apr-20 | 85% | 80% | 100% | May-20 | 75% | 80% | 100% | Jun-20 | 75% | 70% | 100% |
| Month | Morriston | Singleton | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 85% | 80% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 85% | 75% | 20% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 85% | 80% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 90% | 80% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 85% | 85% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 85% | 85% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 90% | 85% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 85% | 80% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 85% | 75% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 85% | 85% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 85% | 80% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 75% | 80% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 75% | 70% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Description | Current Performance | Trend |
|--|---|--|
| Single Cancer Pathway <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i> | <p>June 2020 figures will be finalised on the 4th August 2020. Draft figures indicate a possible achievement of 68% of patients starting treatment within 62 days of the suspicion of cancer first being raised. At the time of writing this report 43 patients did not receive their treatment within the time frame.</p> <p>Both adjusted and unadjusted waits are provided as per reporting requirements to WG.</p> | <p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p>— % of patients started treatment within 62 days (with suspensions)</p> |

| USC backlog <i>The number of patients with an active wait status of more than 53 days</i> | <p>End of June 2020 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th><th>53 - 62 days</th><th>63 ></th></tr> </thead> <tbody> <tr><td>Breast</td><td>0</td><td>1</td></tr> <tr><td>Gynaecological</td><td>4</td><td>6</td></tr> <tr><td>Haematological</td><td>1</td><td>1</td></tr> <tr><td>Head and Neck</td><td>1</td><td>9</td></tr> <tr><td>Lower GI</td><td>11</td><td>57</td></tr> <tr><td>Lung</td><td>0</td><td>1</td></tr> <tr><td>Other</td><td>23</td><td>62</td></tr> <tr><td>Skin</td><td>5</td><td>8</td></tr> <tr><td>Upper GI</td><td>4</td><td>13</td></tr> <tr><td>Urological</td><td>13</td><td>15</td></tr> <tr><td>Grand Total</td><td>62</td><td>173</td></tr> </tbody> </table> | Tumour Site | 53 - 62 days | 63 > | Breast | 0 | 1 | Gynaecological | 4 | 6 | Haematological | 1 | 1 | Head and Neck | 1 | 9 | Lower GI | 11 | 57 | Lung | 0 | 1 | Other | 23 | 62 | Skin | 5 | 8 | Upper GI | 4 | 13 | Urological | 13 | 15 | Grand Total | 62 | 173 | <p>Number of patients with a wait status of more than 53 days</p> <p>■ 53-62 days (HB Total) ■ 63 days+ (HB Total)</p> |
|---|--|-------------|--------------|------|--------|---|---|----------------|---|---|----------------|---|---|---------------|---|---|----------|----|----|------|---|---|-------|----|----|------|---|---|----------|---|----|------------|----|----|--------------------|-----------|------------|---|
| Tumour Site | 53 - 62 days | 63 > | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breast | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gynaecological | 4 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haematological | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Head and Neck | 1 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lower GI | 11 | 57 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lung | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 23 | 62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin | 5 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Upper GI | 4 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urological | 13 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total | 62 | 173 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

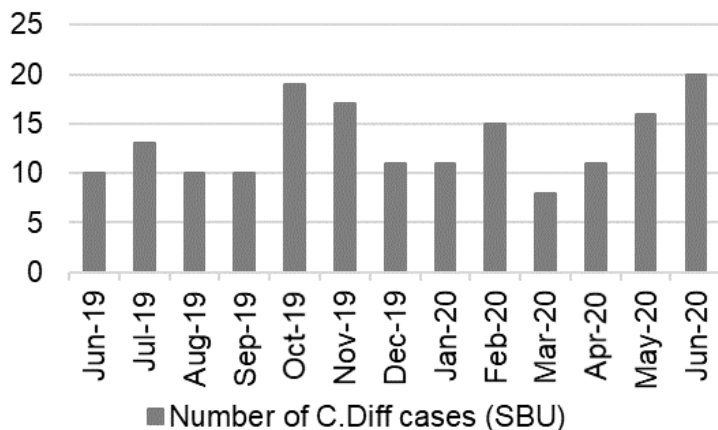
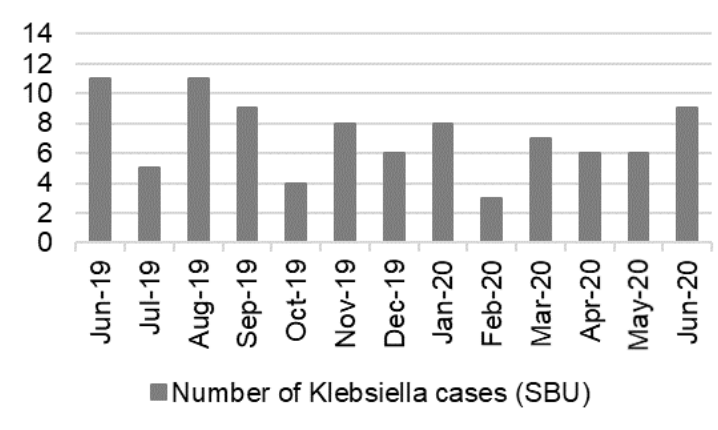
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------|--------|---------------------------|-------|-----|---------------------------|--------|-----|--------------------------|-----|-----|---------------------------|----------------|-----|--------------------------|-----|------|---------------------------|----------------|------|--------------------------------|-----|-----|--------------------------------|-----------|------|-----------------------------------|---|---|----|-----|---|---|----|----|----|------|---|---|---|---|---|-------|---|---|---|---|---|---------|---|---|---|---|---|------|---|----|----|----|----|-----|---|---|---|---|---|------------|---|---|---|---|---|-------|----|----|----|----|-----|
| USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i> | Week to week through June 2020 the percentage of patients seen within 14 days to first appointment was approximately 30% | The number of patients waiting for a first outpatient appointment (by total days waiting) - End of June 2020 <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>>31</th><th>Total</th></tr><tr><td>Breast</td><td>18</td><td>17</td><td>0</td><td>0</td><td>35</td></tr><tr><td>Gynaecological</td><td>3</td><td>5</td><td>24</td><td>46</td><td>78</td></tr><tr><td>Haematological</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Head&Neck</td><td>3</td><td>7</td><td>1</td><td>1</td><td>12</td></tr><tr><td>LGI</td><td>0</td><td>4</td><td>13</td><td>11</td><td>28</td></tr><tr><td>Lung</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Other</td><td>3</td><td>2</td><td>0</td><td>0</td><td>5</td></tr><tr><td>Sarcoma</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Skin</td><td>3</td><td>17</td><td>21</td><td>23</td><td>64</td></tr><tr><td>UGI</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Urological</td><td>1</td><td>3</td><td>1</td><td>0</td><td>5</td></tr><tr><td>Total</td><td>32</td><td>55</td><td>60</td><td>53</td><td>228</td></tr></table> | | ≤10 | 11-20 | 21-30 | >31 | Total | Breast | 18 | 17 | 0 | 0 | 35 | Gynaecological | 3 | 5 | 24 | 46 | 78 | Haematological | 0 | 0 | 0 | 0 | 0 | Head&Neck | 3 | 7 | 1 | 1 | 12 | LGI | 0 | 4 | 13 | 11 | 28 | Lung | 1 | 0 | 0 | 0 | 1 | Other | 3 | 2 | 0 | 0 | 5 | Sarcoma | 0 | 0 | 0 | 0 | 0 | Skin | 3 | 17 | 21 | 23 | 64 | UGI | 0 | 0 | 0 | 0 | 0 | Urological | 1 | 3 | 1 | 0 | 5 | Total | 32 | 55 | 60 | 53 | 228 |
| | ≤10 | 11-20 | 21-30 | >31 | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breast | 18 | 17 | 0 | 0 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gynaecological | 3 | 5 | 24 | 46 | 78 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haematological | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Head&Neck | 3 | 7 | 1 | 1 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LGI | 0 | 4 | 13 | 11 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lung | 1 | 0 | 0 | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 3 | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sarcoma | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin | 3 | 17 | 21 | 23 | 64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UGI | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urological | 1 | 3 | 1 | 0 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 32 | 55 | 60 | 53 | 228 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiotherapy waiting times <i>Percentage of patients receiving radiotherapy treatment</i> | Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak. <table><tr><th>Measure</th><th>Target</th><th>Jun-20</th></tr><tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>57%</td></tr><tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>93%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>65%</td></tr><tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>90%</td></tr><tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr><tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr><tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>92%</td></tr><tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>100%</td></tr></table> | Measure | Target | Jun-20 | Scheduled (21 Day Target) | 80% | 57% | Scheduled (28 Day Target) | 100% | 93% | Urgent SC (7 Day Target) | 80% | 65% | Urgent SC (14 Day Target) | 100% | 90% | Emergency (within 1 day) | 80% | 100% | Emergency (within 2 days) | 100% | 100% | Elective Delay (21 Day Target) | 80% | 92% | Elective Delay (28 Day Target) | 100% | 100% | Radiotherapy waiting times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Measure | Target | Jun-20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scheduled (21 Day Target) | 80% | 57% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scheduled (28 Day Target) | 100% | 93% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urgent SC (7 Day Target) | 80% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urgent SC (14 Day Target) | 100% | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency (within 1 day) | 80% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency (within 2 days) | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elective Delay (21 Day Target) | 80% | 92% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elective Delay (28 Day Target) | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-----------------------------|---------------------------------|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Delayed follow-ups <i>The number patients delayed past their target date for a follow-up</i> | <p>In June 2020 there was a total of 51,933 patients waiting for a follow-up past their target date. This is a 2% reduction compared with May 2020 (from 53,046 to 51,933).</p> | Delayed follow-ups: Number of patients waiting over target date  <table><caption>Delayed follow-ups: Number of patients waiting over target date</caption><thead><tr><th>Month</th><th>Delayed Follow-ups (Booked)</th><th>Delayed Follow-ups (Not Booked)</th><th>Total</th></tr></thead><tbody><tr><td>Jun-19</td><td>15,000</td><td>35,000</td><td>50,000</td></tr><tr><td>Jul-19</td><td>15,000</td><td>35,000</td><td>50,000</td></tr><tr><td>Aug-19</td><td>15,000</td><td>35,000</td><td>50,000</td></tr><tr><td>Sep-19</td><td>15,000</td><td>35,000</td><td>50,000</td></tr><tr><td>Oct-19</td><td>15,000</td><td>35,000</td><td>50,000</td></tr><tr><td>Nov-19</td><td>15,000</td><td>35,000</td><td>50,000</td></tr><tr><td>Dec-19</td><td>15,000</td><td>35,000</td><td>50,000</td></tr><tr><td>Jan-20</td><td>15,000</td><td>35,000</td><td>50,000</td></tr><tr><td>Feb-20</td><td>15,000</td><td>35,000</td><td>50,000</td></tr><tr><td>Mar-20</td><td>15,000</td><td>35,000</td><td>50,000</td></tr><tr><td>Apr-20</td><td>15,000</td><td>35,000</td><td>50,000</td></tr><tr><td>May-20</td><td>15,000</td><td>35,000</td><td>50,000</td></tr><tr><td>Jun-20</td><td>15,000</td><td>35,000</td><td>50,000</td></tr></tbody></table> | Month | Delayed Follow-ups (Booked) | Delayed Follow-ups (Not Booked) | Total | Jun-19 | 15,000 | 35,000 | 50,000 | Jul-19 | 15,000 | 35,000 | 50,000 | Aug-19 | 15,000 | 35,000 | 50,000 | Sep-19 | 15,000 | 35,000 | 50,000 | Oct-19 | 15,000 | 35,000 | 50,000 | Nov-19 | 15,000 | 35,000 | 50,000 | Dec-19 | 15,000 | 35,000 | 50,000 | Jan-20 | 15,000 | 35,000 | 50,000 | Feb-20 | 15,000 | 35,000 | 50,000 | Mar-20 | 15,000 | 35,000 | 50,000 | Apr-20 | 15,000 | 35,000 | 50,000 | May-20 | 15,000 | 35,000 | 50,000 | Jun-20 | 15,000 | 35,000 | 50,000 |
| | Month | | Delayed Follow-ups (Booked) | Delayed Follow-ups (Not Booked) | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jun-19 | | 15,000 | 35,000 | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 15,000 | 35,000 | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 15,000 | 35,000 | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 15,000 | 35,000 | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 15,000 | 35,000 | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 15,000 | 35,000 | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 15,000 | 35,000 | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 15,000 | 35,000 | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 15,000 | 35,000 | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 15,000 | 35,000 | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 15,000 | 35,000 | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 15,000 | 35,000 | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 15,000 | 35,000 | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Of the 51,933 delayed follow-ups in June 2020, 5,943 had appointment dates and 45,990 were still waiting for an appointment. In addition, 24,971 were waiting 100%+ over target date in June 2020. This is a 0.4% increase when compared with May 2020.</p> | Delayed follow-ups: Number of patients waiting 100% over target  <table><caption>Delayed follow-ups: Number of patients waiting 100% over target</caption><thead><tr><th>Month</th><th>Not booked</th><th>Booked</th><th>Total</th></tr></thead><tbody><tr><td>Jun-19</td><td>15,000</td><td>10,000</td><td>25,000</td></tr><tr><td>Jul-19</td><td>15,000</td><td>10,000</td><td>25,000</td></tr><tr><td>Aug-19</td><td>15,000</td><td>10,000</td><td>25,000</td></tr><tr><td>Sep-19</td><td>15,000</td><td>10,000</td><td>25,000</td></tr><tr><td>Oct-19</td><td>15,000</td><td>10,000</td><td>25,000</td></tr><tr><td>Nov-19</td><td>15,000</td><td>10,000</td><td>25,000</td></tr><tr><td>Dec-19</td><td>15,000</td><td>10,000</td><td>25,000</td></tr><tr><td>Jan-20</td><td>15,000</td><td>10,000</td><td>25,000</td></tr><tr><td>Feb-20</td><td>15,000</td><td>10,000</td><td>25,000</td></tr><tr><td>Mar-20</td><td>15,000</td><td>10,000</td><td>25,000</td></tr><tr><td>Apr-20</td><td>15,000</td><td>10,000</td><td>25,000</td></tr><tr><td>May-20</td><td>15,000</td><td>10,000</td><td>25,000</td></tr><tr><td>Jun-20</td><td>15,000</td><td>10,000</td><td>25,000</td></tr></tbody></table> | Month | Not booked | Booked | Total | Jun-19 | 15,000 | 10,000 | 25,000 | Jul-19 | 15,000 | 10,000 | 25,000 | Aug-19 | 15,000 | 10,000 | 25,000 | Sep-19 | 15,000 | 10,000 | 25,000 | Oct-19 | 15,000 | 10,000 | 25,000 | Nov-19 | 15,000 | 10,000 | 25,000 | Dec-19 | 15,000 | 10,000 | 25,000 | Jan-20 | 15,000 | 10,000 | 25,000 | Feb-20 | 15,000 | 10,000 | 25,000 | Mar-20 | 15,000 | 10,000 | 25,000 | Apr-20 | 15,000 | 10,000 | 25,000 | May-20 | 15,000 | 10,000 | 25,000 | Jun-20 | 15,000 | 10,000 | 25,000 | |
| Month | | Not booked | Booked | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 15,000 | 10,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 15,000 | 10,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 15,000 | 10,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 15,000 | 10,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 15,000 | 10,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 15,000 | 10,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 15,000 | 10,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 15,000 | 10,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 15,000 | 10,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 15,000 | 10,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 15,000 | 10,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 15,000 | 10,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 15,000 | 10,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>In June 2020, the overall size of the follow-up waiting list reduced by 0.8% compared with May 2020 (from 121,434 to 120,468).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

7. QUALITY AND SAFETY INDICATORS

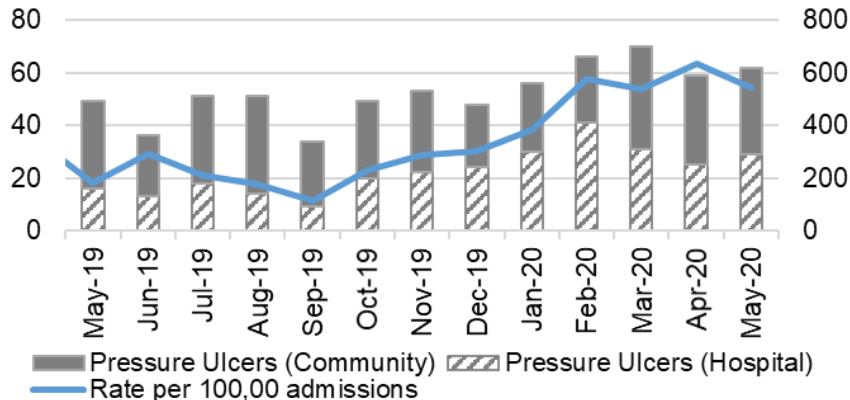
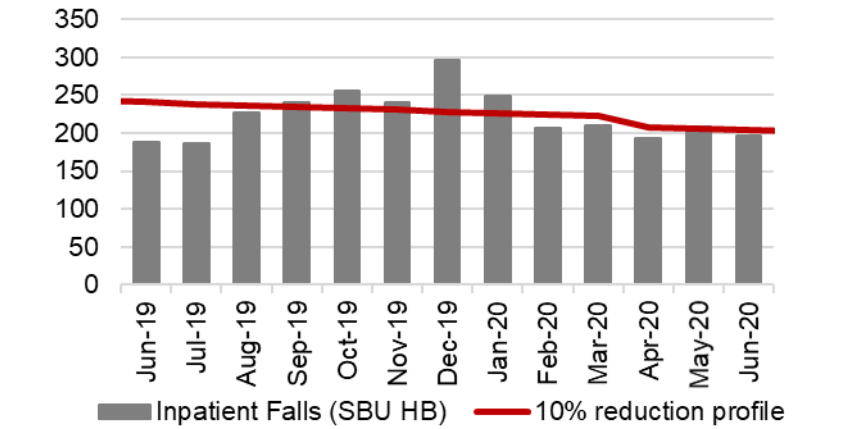
This section of the report provides further detail on key quality and safety measures.

| This section of the report provides further detail on key quality and safety measures. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------|--------------------------------|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i> | <ul style="list-style-type: none">17 cases of <i>E. coli</i> bacteraemia were identified in June 2020, of which 3 were hospital acquired and 14 were community acquired.Cumulative cases from April to June 2020 is 42% less than the equivalent period in 2019/20. | Number of healthcare acquired E.coli bacteraemia cases <table><thead><tr><th>Month</th><th>Number E.Coli cases (SBU)</th></tr></thead><tbody><tr><td>Jun-19</td><td>29</td></tr><tr><td>Jul-19</td><td>35</td></tr><tr><td>Aug-19</td><td>22</td></tr><tr><td>Sep-19</td><td>23</td></tr><tr><td>Oct-19</td><td>25</td></tr><tr><td>Nov-19</td><td>15</td></tr><tr><td>Dec-19</td><td>32</td></tr><tr><td>Jan-20</td><td>33</td></tr><tr><td>Feb-20</td><td>31</td></tr><tr><td>Mar-20</td><td>23</td></tr><tr><td>Apr-20</td><td>14</td></tr><tr><td>May-20</td><td>14</td></tr><tr><td>Jun-20</td><td>17</td></tr></tbody></table> | Month | Number E.Coli cases (SBU) | Jun-19 | 29 | Jul-19 | 35 | Aug-19 | 22 | Sep-19 | 23 | Oct-19 | 25 | Nov-19 | 15 | Dec-19 | 32 | Jan-20 | 33 | Feb-20 | 31 | Mar-20 | 23 | Apr-20 | 14 | May-20 | 14 | Jun-20 | 17 |
| Month | Number E.Coli cases (SBU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i> | <ul style="list-style-type: none">There were 12 cases of <i>Staph. aureus</i> bacteraemia in June 2020, of which 4 were hospital acquired and 8 were community acquired.Cumulative cases from April to June 2020 is 22% less than the equivalent period in 2019/20. | Number of healthcare acquired S.aureus bacteraemia cases <table><thead><tr><th>Month</th><th>Number of S.Aureus cases (SBU)</th></tr></thead><tbody><tr><td>Jun-19</td><td>11</td></tr><tr><td>Jul-19</td><td>17</td></tr><tr><td>Aug-19</td><td>7</td></tr><tr><td>Sep-19</td><td>8</td></tr><tr><td>Oct-19</td><td>13</td></tr><tr><td>Nov-19</td><td>11</td></tr><tr><td>Dec-19</td><td>11</td></tr><tr><td>Jan-20</td><td>13</td></tr><tr><td>Feb-20</td><td>8</td></tr><tr><td>Mar-20</td><td>9</td></tr><tr><td>Apr-20</td><td>10</td></tr><tr><td>May-20</td><td>6</td></tr><tr><td>Jun-20</td><td>12</td></tr></tbody></table> | Month | Number of S.Aureus cases (SBU) | Jun-19 | 11 | Jul-19 | 17 | Aug-19 | 7 | Sep-19 | 8 | Oct-19 | 13 | Nov-19 | 11 | Dec-19 | 11 | Jan-20 | 13 | Feb-20 | 8 | Mar-20 | 9 | Apr-20 | 10 | May-20 | 6 | Jun-20 | 12 |
| Month | Number of S.Aureus cases (SBU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------|----------------------------------|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|---|--------|----|--------|----|--------|----|
| Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i> | <ul style="list-style-type: none">There were 20 <i>Clostridium difficile</i> toxin positive cases in June 2020, of which 14 were hospital acquired and 6 were community acquired.Cumulative cases from April to June 2020 is 96% more than the equivalent period of 2019/20 (47 in 2020/21 compared with 24 in 2019/20). | Number of healthcare acquired C.difficile cases  <table><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.Diff cases (SBU)</th></tr></thead><tbody><tr><td>Jun-19</td><td>10</td></tr><tr><td>Jul-19</td><td>13</td></tr><tr><td>Aug-19</td><td>10</td></tr><tr><td>Sep-19</td><td>10</td></tr><tr><td>Oct-19</td><td>19</td></tr><tr><td>Nov-19</td><td>17</td></tr><tr><td>Dec-19</td><td>11</td></tr><tr><td>Jan-20</td><td>11</td></tr><tr><td>Feb-20</td><td>15</td></tr><tr><td>Mar-20</td><td>8</td></tr><tr><td>Apr-20</td><td>11</td></tr><tr><td>May-20</td><td>16</td></tr><tr><td>Jun-20</td><td>20</td></tr></tbody></table> | Month | Number of C.Diff cases (SBU) | Jun-19 | 10 | Jul-19 | 13 | Aug-19 | 10 | Sep-19 | 10 | Oct-19 | 19 | Nov-19 | 17 | Dec-19 | 11 | Jan-20 | 11 | Feb-20 | 15 | Mar-20 | 8 | Apr-20 | 11 | May-20 | 16 | Jun-20 | 20 |
| Month | Number of C.Diff cases (SBU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i> | <ul style="list-style-type: none">There were 9 cases of Klebsiella sp in June 2020, of which 4 were hospital acquired and 5 were community acquired.Cumulative cases from April to June 2020 is the same as the equivalent period in 2019/20. | Number of healthcare acquired Klebsiella cases  <table><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Jun-19</td><td>11</td></tr><tr><td>Jul-19</td><td>5</td></tr><tr><td>Aug-19</td><td>11</td></tr><tr><td>Sep-19</td><td>9</td></tr><tr><td>Oct-19</td><td>4</td></tr><tr><td>Nov-19</td><td>8</td></tr><tr><td>Dec-19</td><td>6</td></tr><tr><td>Jan-20</td><td>8</td></tr><tr><td>Feb-20</td><td>3</td></tr><tr><td>Mar-20</td><td>7</td></tr><tr><td>Apr-20</td><td>6</td></tr><tr><td>May-20</td><td>6</td></tr><tr><td>Jun-20</td><td>9</td></tr></tbody></table> | Month | Number of Klebsiella cases (SBU) | Jun-19 | 11 | Jul-19 | 5 | Aug-19 | 11 | Sep-19 | 9 | Oct-19 | 4 | Nov-19 | 8 | Dec-19 | 6 | Jan-20 | 8 | Feb-20 | 3 | Mar-20 | 7 | Apr-20 | 6 | May-20 | 6 | Jun-20 | 9 |
| Month | Number of Klebsiella cases (SBU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Description | Current Performance | Trend |
|--|---|--|
| Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i> | <ul style="list-style-type: none"> There were zero cases of <i>P.Aeruginosa</i> bacteraemia in June 2020. Cumulative cases from April to June 2020 is 42% more than the equivalent period in 2019/20. | <p>Number of healthcare acquired Pseudomonas cases</p> <p>■ Number of Pseudomonas cases (SBU)</p> |
| 30 day response rate for concerns- <i>Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i> | <ul style="list-style-type: none"> The overall Health Board rate for responding to concerns within 30 working days was 81% in May 2020 against the Welsh Government target of 75% and Health Board target of 80%. Performance in May 2020 ranged from 73% Primary Care & Community Delivery Unit to 94% in Morriston Delivery Unit. | <p>Response rate for concerns within 30 days</p> <p>■ 30 day response rate — Profile</p> |

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------------------|-----------------------------|------------------------|--------|--------|-----|--------|-----|--------|--------|--------|-----|--------|-----|--------|--------|--------|-----|--------|-----|--------|--------|--------|----|--------|-----|--------|--------|----|---|--------|----|---|--------|---|---|--------|---|---|--------|---|---|
| Serious Incidents- <ul style="list-style-type: none"><i>The number of serious incidents</i><i>The number of Never Events</i><i>Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i> | <ul style="list-style-type: none">The Health Board reported 8 Serious Incidents for the month of June 2020 to Welsh Government. | <p>Number of serious incidents and never events</p> <table><thead><tr><th>Month</th><th>Number of Serious Incidents</th><th>Number of never events</th></tr></thead><tbody><tr><td>Jun-19</td><td>18</td><td>1</td></tr><tr><td>Jul-19</td><td>16</td><td>1</td></tr><tr><td>Aug-19</td><td>23</td><td>2</td></tr><tr><td>Sep-19</td><td>19</td><td>0</td></tr><tr><td>Oct-19</td><td>19</td><td>1</td></tr><tr><td>Nov-19</td><td>11</td><td>0</td></tr><tr><td>Dec-19</td><td>20</td><td>1</td></tr><tr><td>Jan-20</td><td>14</td><td>1</td></tr><tr><td>Feb-20</td><td>20</td><td>0</td></tr><tr><td>Mar-20</td><td>20</td><td>0</td></tr><tr><td>Apr-20</td><td>9</td><td>0</td></tr><tr><td>May-20</td><td>6</td><td>0</td></tr><tr><td>Jun-20</td><td>8</td><td>1</td></tr></tbody></table> <p>■ Number of Serious Incidents ■ Number of never events</p> | Month | Number of Serious Incidents | Number of never events | Jun-19 | 18 | 1 | Jul-19 | 16 | 1 | Aug-19 | 23 | 2 | Sep-19 | 19 | 0 | Oct-19 | 19 | 1 | Nov-19 | 11 | 0 | Dec-19 | 20 | 1 | Jan-20 | 14 | 1 | Feb-20 | 20 | 0 | Mar-20 | 20 | 0 | Apr-20 | 9 | 0 | May-20 | 6 | 0 | Jun-20 | 8 | 1 |
| | Month | Number of Serious Incidents | Number of never events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jun-19 | 18 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jul-19 | 16 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 23 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 19 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 19 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 11 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 20 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 14 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 20 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 20 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 9 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 6 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 8 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <ul style="list-style-type: none">There was 1 Never Event reported in June 2020, which involved a retained foreign object post procedure. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <ul style="list-style-type: none">In June 2020, performance against the 80% target of submitting closure forms within 60 working days was 0%. Of the 15 closure forms due to be submitted to Welsh Government in June 2020, none were submitted on time (0%). The following is a breakdown of the 15 forms that were not submitted within target in June 2020:<ul style="list-style-type: none">Singleton – 2Morrison – 1MH & LD – 10NPT – 2 | <p>% of serious incidents closed within 60 days</p> <table><thead><tr><th>Month</th><th>% SI's assured (SB UHB)</th></tr></thead><tbody><tr><td>Jun-19</td><td>40%</td></tr><tr><td>Jul-19</td><td>60%</td></tr><tr><td>Aug-19</td><td>70%</td></tr><tr><td>Sep-19</td><td>20%</td></tr><tr><td>Oct-19</td><td>48%</td></tr><tr><td>Nov-19</td><td>55%</td></tr><tr><td>Dec-19</td><td>38%</td></tr><tr><td>Jan-20</td><td>28%</td></tr><tr><td>Feb-20</td><td>30%</td></tr><tr><td>Mar-20</td><td>30%</td></tr><tr><td>Apr-20</td><td>8%</td></tr><tr><td>May-20</td><td>28%</td></tr><tr><td>Jun-20</td><td>0%</td></tr></tbody></table> <p>■ % SI's assured (SB UHB) — Profile</p> | Month | % SI's assured (SB UHB) | Jun-19 | 40% | Jul-19 | 60% | Aug-19 | 70% | Sep-19 | 20% | Oct-19 | 48% | Nov-19 | 55% | Dec-19 | 38% | Jan-20 | 28% | Feb-20 | 30% | Mar-20 | 30% | Apr-20 | 8% | May-20 | 28% | Jun-20 | 0% | | | | | | | | | | | | | | |
| Month | % SI's assured (SB UHB) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 40% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 20% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 48% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 55% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 38% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 28% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 30% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 30% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 28% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-----------------|--------------------------|-------------|-----------------|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|----|----|-----|--------|----|----|-----|--------|----|----|-----|--------|----|----|-----|--------|----|----|-----|--------|----|----|-----|--------|----|----|-----|
| Number of pressure ulcers <i>Total number of pressure ulcers developed in hospital and in the community</i> <i>Rate of pressure ulcers per 100,000 admissions</i> | <ul style="list-style-type: none">• In May 2020, there were 62 cases of healthcare acquired pressure ulcers, of which 33 where community acquired and 29 were hospital acquired.• The number of grade 3+ pressure ulcers in May 2020 was 6, all of which were community acquired. | Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions  <table><thead><tr><th>Month</th><th>Community PU</th><th>Hospital PU</th><th>Rate per 100,00</th></tr></thead><tbody><tr><td>May-19</td><td>48</td><td>12</td><td>250</td></tr><tr><td>Jun-19</td><td>35</td><td>10</td><td>300</td></tr><tr><td>Jul-19</td><td>50</td><td>15</td><td>250</td></tr><tr><td>Aug-19</td><td>50</td><td>15</td><td>200</td></tr><tr><td>Sep-19</td><td>35</td><td>10</td><td>150</td></tr><tr><td>Oct-19</td><td>48</td><td>12</td><td>250</td></tr><tr><td>Nov-19</td><td>52</td><td>15</td><td>300</td></tr><tr><td>Dec-19</td><td>48</td><td>12</td><td>300</td></tr><tr><td>Jan-20</td><td>55</td><td>15</td><td>400</td></tr><tr><td>Feb-20</td><td>65</td><td>20</td><td>550</td></tr><tr><td>Mar-20</td><td>70</td><td>20</td><td>500</td></tr><tr><td>Apr-20</td><td>60</td><td>20</td><td>600</td></tr><tr><td>May-20</td><td>62</td><td>20</td><td>500</td></tr></tbody></table> | Month | Community PU | Hospital PU | Rate per 100,00 | May-19 | 48 | 12 | 250 | Jun-19 | 35 | 10 | 300 | Jul-19 | 50 | 15 | 250 | Aug-19 | 50 | 15 | 200 | Sep-19 | 35 | 10 | 150 | Oct-19 | 48 | 12 | 250 | Nov-19 | 52 | 15 | 300 | Dec-19 | 48 | 12 | 300 | Jan-20 | 55 | 15 | 400 | Feb-20 | 65 | 20 | 550 | Mar-20 | 70 | 20 | 500 | Apr-20 | 60 | 20 | 600 | May-20 | 62 | 20 | 500 |
| Month | Community PU | Hospital PU | Rate per 100,00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-19 | 48 | 12 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 35 | 10 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 50 | 15 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 50 | 15 | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 35 | 10 | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 48 | 12 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 52 | 15 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 48 | 12 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 55 | 15 | 400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 65 | 20 | 550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 70 | 20 | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 60 | 20 | 600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 62 | 20 | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inpatient Falls <i>The total number of inpatient falls</i> | <ul style="list-style-type: none">• The number of Falls reported via Datix web for Swansea Bay UHB was 196 in June 2020, which is a reduction from 209 in May 2020.• The Health Board has agreed a targeted action to reduce Falls by 10%. | Number of inpatient Falls  <table><thead><tr><th>Month</th><th>Inpatient Falls (SBU HB)</th></tr></thead><tbody><tr><td>Jun-19</td><td>190</td></tr><tr><td>Jul-19</td><td>185</td></tr><tr><td>Aug-19</td><td>230</td></tr><tr><td>Sep-19</td><td>235</td></tr><tr><td>Oct-19</td><td>255</td></tr><tr><td>Nov-19</td><td>240</td></tr><tr><td>Dec-19</td><td>295</td></tr><tr><td>Jan-20</td><td>245</td></tr><tr><td>Feb-20</td><td>210</td></tr><tr><td>Mar-20</td><td>210</td></tr><tr><td>Apr-20</td><td>195</td></tr><tr><td>May-20</td><td>205</td></tr><tr><td>Jun-20</td><td>196</td></tr></tbody></table> | Month | Inpatient Falls (SBU HB) | Jun-19 | 190 | Jul-19 | 185 | Aug-19 | 230 | Sep-19 | 235 | Oct-19 | 255 | Nov-19 | 240 | Dec-19 | 295 | Jan-20 | 245 | Feb-20 | 210 | Mar-20 | 210 | Apr-20 | 195 | May-20 | 205 | Jun-20 | 196 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Inpatient Falls (SBU HB) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 190 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 185 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 230 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 235 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 255 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 295 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 245 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 210 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 210 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 195 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 205 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 196 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

8. WORKFORCE UPDATES AND ACTIONS

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

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------|---------------|---|--|-----------|-------|------------------------------|----------|-------|---------------------|----------|------|--------------------------------|----------|------|---|----------|------|--|-------|------------------------------------|----------------------------|--------|------|------|--------|------|------|--------|------|------|--------|------|------|--------|------|------|--------|------|------|--------|------|------|--------|------|------|--------|------|------|--------|------|------|--------|------|------|--------|------|-------|--------|-------|-------|
| Staff sickness rates- <i>Percentage of sickness absence rate of staff</i> | <ul style="list-style-type: none"> Our in-month performance has improved from 10% in April 2020 to 8.69% in May 2020. The 12-month rolling performance to the end of May 2020 increased from 6.65% in April 2020 to 6.88% in May 2020. The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in May 2020. <table border="1"> <thead> <tr> <th>Absence Reason</th><th>FTE Days Lost</th><th>%</th></tr> </thead> <tbody> <tr> <td>Anxiety/ stress/ depression/ other psychiatric illnesses</td><td>10,588.91</td><td>33.3%</td></tr> <tr> <td>Chest & respiratory problems</td><td>6,422.12</td><td>20.2%</td></tr> <tr> <td>Infectious diseases</td><td>2,719.06</td><td>8.6%</td></tr> <tr> <td>Other musculoskeletal problems</td><td>2,455.73</td><td>7.7%</td></tr> <tr> <td>Other known causes - not elsewhere classified</td><td>1,618.37</td><td>5.1%</td></tr> </tbody> </table> | Absence Reason | FTE Days Lost | % | Anxiety/ stress/ depression/ other psychiatric illnesses | 10,588.91 | 33.3% | Chest & respiratory problems | 6,422.12 | 20.2% | Infectious diseases | 2,719.06 | 8.6% | Other musculoskeletal problems | 2,455.73 | 7.7% | Other known causes - not elsewhere classified | 1,618.37 | 5.1% | <p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</p> <table border="1"> <caption>Approximate data points from the graph</caption> <thead> <tr> <th>Month</th> <th>% sickness rate (12 month rolling)</th> <th>% sickness rate (in-month)</th> </tr> </thead> <tbody> <tr><td>May-19</td><td>6.0%</td><td>6.0%</td></tr> <tr><td>Jun-19</td><td>6.0%</td><td>6.0%</td></tr> <tr><td>Jul-19</td><td>6.0%</td><td>6.0%</td></tr> <tr><td>Aug-19</td><td>6.0%</td><td>6.0%</td></tr> <tr><td>Sep-19</td><td>6.0%</td><td>6.0%</td></tr> <tr><td>Oct-19</td><td>6.0%</td><td>6.5%</td></tr> <tr><td>Nov-19</td><td>6.0%</td><td>6.5%</td></tr> <tr><td>Dec-19</td><td>6.0%</td><td>7.0%</td></tr> <tr><td>Jan-20</td><td>6.0%</td><td>7.0%</td></tr> <tr><td>Feb-20</td><td>6.0%</td><td>6.5%</td></tr> <tr><td>Mar-20</td><td>6.0%</td><td>7.0%</td></tr> <tr><td>Apr-20</td><td>6.5%</td><td>10.0%</td></tr> <tr><td>May-20</td><td>6.88%</td><td>8.69%</td></tr> </tbody> </table> | Month | % sickness rate (12 month rolling) | % sickness rate (in-month) | May-19 | 6.0% | 6.0% | Jun-19 | 6.0% | 6.0% | Jul-19 | 6.0% | 6.0% | Aug-19 | 6.0% | 6.0% | Sep-19 | 6.0% | 6.0% | Oct-19 | 6.0% | 6.5% | Nov-19 | 6.0% | 6.5% | Dec-19 | 6.0% | 7.0% | Jan-20 | 6.0% | 7.0% | Feb-20 | 6.0% | 6.5% | Mar-20 | 6.0% | 7.0% | Apr-20 | 6.5% | 10.0% | May-20 | 6.88% | 8.69% |
| Absence Reason | FTE Days Lost | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anxiety/ stress/ depression/ other psychiatric illnesses | 10,588.91 | 33.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chest & respiratory problems | 6,422.12 | 20.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infectious diseases | 2,719.06 | 8.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other musculoskeletal problems | 2,455.73 | 7.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other known causes - not elsewhere classified | 1,618.37 | 5.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | % sickness rate (12 month rolling) | % sickness rate (in-month) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-19 | 6.0% | 6.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-19 | 6.0% | 6.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-19 | 6.0% | 6.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-19 | 6.0% | 6.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 6.0% | 6.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-19 | 6.0% | 6.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-19 | 6.0% | 6.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-19 | 6.0% | 7.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 6.0% | 7.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 6.0% | 6.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 6.0% | 7.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 6.5% | 10.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 6.88% | 8.69% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

9. FINANCE UPDATES

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

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | |
|--|--|--|--------------------------|------------------------------|--------------------------|--------------------------|----|-------|-------|-------|----|-------|-------|-------|----|-------|-------|--------|
| Revenue Financial Position – expenditure incurred against revenue resource limit | <ul style="list-style-type: none">The reported revenue financial position for June 2020 is an in-month overspend of £0.699m, resulting in a cumulative overspend of £16.328m.The overspend is made up of three key elements :<ul style="list-style-type: none">Operational overspend – the Health Board had a planned deficit forecast of £24.4m, which is £2.033m per month. The in-month operational position was £1.93m.Savings Delivery – the Health Board plan included the delivery of £23m of savings. The ability to progress the planned savings has been impacted by COVID-19. The impact in June is £1.476m.COVID-19 net cost impact – during June the Health Board incurred additional costs of COVID-19 of £27.099m which were partially offset by reduced expenditure particularly in planned care services and also slippage against planned investments and funding. This resulted in a net additional cost of COVID-19 of £24.121m. This significant increase reflects the partial inclusion of Bay Field Hospital set up costs in June.The COVID costs have been offset by £26.828m funding received from WG in June to support quarter 1 staffing costs and field hospital set up costs incurred. | <div><p>HEALTH BOARD FINANCIAL PERFORMANCE 2020/21</p><table><thead><tr><th>Month</th><th>Operational Position (£'000)</th><th>Savings Delivery (£'000)</th><th>Net COVID Impact (£'000)</th></tr></thead><tbody><tr><td>M1</td><td>2,118</td><td>1,749</td><td>1,529</td></tr><tr><td>M2</td><td>2,101</td><td>1,480</td><td>6,652</td></tr><tr><td>M3</td><td>1,930</td><td>1,476</td><td>-2,707</td></tr></tbody></table></div> | Month | Operational Position (£'000) | Savings Delivery (£'000) | Net COVID Impact (£'000) | M1 | 2,118 | 1,749 | 1,529 | M2 | 2,101 | 1,480 | 6,652 | M3 | 1,930 | 1,476 | -2,707 |
| | Month | Operational Position (£'000) | Savings Delivery (£'000) | Net COVID Impact (£'000) | | | | | | | | | | | | | | |
| M1 | 2,118 | 1,749 | 1,529 | | | | | | | | | | | | | | | |
| M2 | 2,101 | 1,480 | 6,652 | | | | | | | | | | | | | | | |
| M3 | 1,930 | 1,476 | -2,707 | | | | | | | | | | | | | | | |

| Description | Current Performance | Trend |
|---|--|-------|
| Workforce Spend – workforce expenditure profile | <ul style="list-style-type: none"> Whilst total workforce costs reduced by around £0.7m in June, this was anticipated in light of phasing bank holiday enhancement payments. Variable pay has reduced in month. There has been a reduction in overtime which in May reflected the additional contribution made by staff in the early weeks of the pandemic. Agency staff costs have increased particularly in Medical and Registered Nursing staff groups. This may be reflective of increased availability of agency staff. | |
| Capital Financial Position – expenditure incurred against capital resource limit | <ul style="list-style-type: none"> The forecast outturn capital position for 2020/21 is an overspend of £7.210m. Following on from the quarter 2 planning guidance and discussions at our June CRM, we are reviewing our approved plan against a number of options, to mitigate the adverse national funding position, while trying to maintain delivery and pace on a number of critical priority projects These include health & safety (Singleton cladding and anti-ligature) and maintaining the cancer clinical pathways (replacement of the CT-SIM). This is expected to be ratified by the main Board in July, with an update position provided in month 4. The forecast outturn includes latest estimates for COVID expenditure across our surge capacity, Field Hospitals and new ways of working, including home working. | |



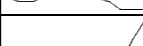


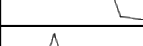
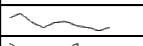







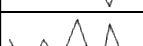

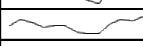
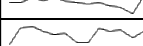
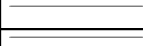

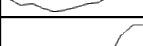
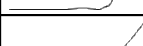
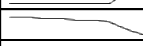
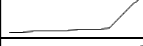


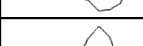

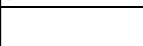
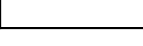
| Description | Current Performance | Trend | | | | | | | | | | | | |
|--|---|--|-------|-------------------|---------------------|-------|-------|-------|-----|-------|-------|------|-------|-------|
| <p>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p> | <ul style="list-style-type: none"> The number of invoices paid within 30 days in June exceeded the 95% target, with in month performance being 96.93%. This is the first month of the new financial year that the PSPP target has been achieved following performance of 94.33% in May and 87.86% in April when the COVID-19 pandemic was at its peak. The June performance has increased the cumulative compliance for the year to date from 90.73% at the end of May to 92.69% at the end of June. It is now imperative that the monthly PSPP performance exceeds 95% for the remainder of the financial year in order to ensure that a cumulative compliance figure of 95% is achieved for the 2020/21 financial year | <p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p> <table border="1"> <thead> <tr> <th>Month</th> <th>In Month PSPP (%)</th> <th>Cumulative PSPP (%)</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>87.86</td> <td>87.86</td> </tr> <tr> <td>May</td> <td>94.33</td> <td>90.73</td> </tr> <tr> <td>June</td> <td>96.93</td> <td>92.69</td> </tr> </tbody> </table> | Month | In Month PSPP (%) | Cumulative PSPP (%) | April | 87.86 | 87.86 | May | 94.33 | 90.73 | June | 96.93 | 92.69 |
| Month | In Month PSPP (%) | Cumulative PSPP (%) | | | | | | | | | | | | |
| April | 87.86 | 87.86 | | | | | | | | | | | | |
| May | 94.33 | 90.73 | | | | | | | | | | | | |
| June | 96.93 | 92.69 | | | | | | | | | | | | |

APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

The following dashboard provides an overview of the Health Board's performance against all NHS Wales Delivery Framework measures and key local measures.

| QUADRUPLE AIM 1: People in Wales have improved health and well-being with better prevention and self-management | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|---------------|---------------------|-------------------|----------------------------|----------------|-------------------|--|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--|--------|--------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Performance Trend | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 |
| Childhood Immunisation & breastfeeding | % of babies who are exclusively breastfed at 10 days old | National | | | Annual ↑ | | | | | | | | | | | | | | New measure for 2020/21- awaiting data | | |
| | % children who received 3 doses of the hexavalent ‘6 in 1’ vaccine by age 1 | National | Q4 19/20 | 96% | 95% | | | | 96% | | | 96% | | | 96% | | | 96% | | | |
| | % of children who received 2 doses of the MMR vaccine by age 5 | National | Q4 19/20 | 83% | 95% | | | | 93% | | | 93% | | | 92% | | | 83% | | | |
| | % of adult smokers who make a quit attempt via smoking cessation services | National | Jan-20 | 2.4% | 5% annual target | 4.2% | ✗ | | 0.8% | 1.0% | 1.3% | 1.5% | 1.7% | 1.9% | 2.1% | 2.4% | | | | | |
| | % of those smokers who are co-validated as quit at 4 weeks | National | Q2 19/20 | 55.3% | 40% annual target | 40.0% | ✓ | | 56% | | | 55% | | | | | | | | | |
| Alcohol | European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales | National | Q3 19/20 | 425.9 | 4 quarter ↓ | | | | 451.0 | | | 438.1 | | | 405.8 | | | | | | |
| | % of people who have been referred to health board services who have completed treatment for alcohol abuse | National | | | 4 quarter ↑ | | | | | | | | | | | | | | New measure for 2020/21- awaiting data | | |
| Influenza | % uptake of influenza among 65 year olds and over | National | Mar-20 | 68.0% | 75% | | | | | | | | 49.3% | 62.0% | 66.2% | 68.7% | 68.0% | 68.0% | Data collection restarts October 2020 | | |
| | % uptake of influenza among under 65s in risk groups | National | Mar-20 | 43.4% | 55% | | | | | | | | 14.7% | 32.0% | 39.2% | 42.8% | 43.4% | 43.4% | | | |
| | % uptake of influenza among pregnant women | National | 2018/19 | 86.1% | 75% | | | | | | | | | | | | | | | | |
| | % uptake of influenza among children 2 to 3 years old | National | Mar-20 | 50.3% | | | | | | | | 0.8% | 24.0% | 42.1% | 48.2% | 50.3% | 50.3% | | | | |
| | % uptake of influenza among healthcare workers | National | Mar-20 | 58.7% | 60% | | | | | | | | 42.0% | 55.0% | 56.0% | 58.7% | 58.7% | 58.7% | | | |
| Screening services | Uptake of screening for bowel cancer | National | 2018/19 | 57.0% | 60% | | | | 2018/19= 57.0% (data relates to ABMU, awaiting disaggregation of SBU data) | | | | | | | | | | | | |
| | Uptake of screening for breast cancer | National | 2019 | 72.8% | 70% | | | | 2019= 72.8% (data relates to ABMU, awaiting disaggregation of SBU data) | | | | | | | | | | | | |
| | Uptake of screening for cervical cancer | National | 2018/19 | 72.1% | 80% | | | | 2018/19= 72.1% (data relates to ABMU, awaiting disaggregation of SBU data) | | | | | | | | | | | | |
| Mental Health | % residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP) | National | May-20 | 96.8% | | 90% | ✓ | | 98% | 99% | 99% | 100% | 100% | 100% | 100% | 100% | 99% | 99% | 99% | 99% | |
| | % residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP) | National | May-20 | 92% | 90% | 90% | ✓ | | 89% | 88% | 91% | 92% | 92% | 92% | 91% | 93% | 92% | 91% | 93% | 92% | |
| | % 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 ↑ | | | | | 2018/09= 59.4% | | | | | | | | | | | |

| QUADRUPLE AIM 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|---------------|---------------------|-----------------|----------------------------|----------------|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|--------|--------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Performance Trend | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 |
| 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 | | |
| Primary Care | % of GP practices offering daily appointments between 17:00 and 18:30 hours | Local | Jun-20 | 88% | Annual ↑ | 95% | ✗ | | 86% | 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 | Jun-20 | 97% | Annual ↑ | 95% | ✓ | | 96% | 95% | 95% | 95% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% |
| | % of GP practices that have achieved all standards set out in the National Access Standards for in-hours GMS | National | | | 100% | | | | | | | | | | | | | | New measure for 2020/21- awaiting data | | |
| | % of population regularly accessing NHS primary dental care | Local | Sep-19 | 61.5% | 4 quarter ↑ | | | | 61.8% | | | 61.5% | | | | | | | | | |
| | % of children regularly accessing NHS primary dental care within 24 hours | National | | | 4 quarter ↑ | | | | | | | | | | | | | | New measure for 2020/21- awaiting data | | |
| | % 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered | National | Jun-19 | 97% | 90% | | | | | 97% | 97% | | | | | | | | | | |

| QUADRUPLE AIM 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|---------------|---------------------|-----------------------------|----------------------------|----------------|---|---------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------------------|---------|---------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Performance Trend | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 |
| Unscheduled Care | % of emergency responses to red calls arriving within (up to and including) 8 minutes | National | Jun-20 | 76% | 65% | 65% | ✓ |  | 75% | 71% | 71% | 67% | 66% | 59% | 62% | 67% | 69% | 69% | 70% | 75% | 76% |
| | Number of ambulance handovers over one hour | National | Jun-20 | 47 | 0 | | |  | 721 | 594 | 632 | 778 | 827 | 821 | 868 | 848 | 704 | 462 | 61 | 20 | 47 |
| | Handover hours lost over 15 minutes | Local | Jun-20 | 178 | | | |  | 2,381 | 1,574 | 1,751 | 2,432 | 2,778 | 3,212 | 3,361 | 3,545 | 2,247 | 1,623 | 209 | 125 | 178 |
| | % 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 | Jun-20 | 88% | 95% | | |  | 75% | 75% | 74% | 71% | 71% | 73% | 71% | 72% | 74% | 73% | 78% | 83% | 88% |
| | 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 | Jun-20 | 81 | 0 | | |  | 644 | 642 | 740 | 939 | 890 | 927 | 1,018 | 1,038 | 783 | 557 | 131 | 97 | 81 |
| | % of survival within 30 days of emergency admission for a hip fracture | National | Dec-19 | 83.6% | 12 month ↑ | | |  | 86.0% | 77.8% | 82.4% | 75.4% | 95.6% | 75.6% | 83.6% | | | | | | |
| Stroke | Direct admission to Acute Stroke Unit (<4 hrs) | National | Jun-20 | 52.7% | 56.3% | | |  | 57% | 57% | 42% | 29% | 55% | 55% | 39% | 24% | 62% | 47.4% | Data not available | | 52.7% |
| | CT Scan (<1 hrs) (local) | Local | Jun-20 | 49.1% | | | |  | 52% | 59% | 48% | 42% | 47% | 49% | 44% | 43% | 38% | 42.5% | | | 49.1% |
| | Assessed by a Stroke Specialist Consultant Physician (< 24 hrs) | National | Jun-20 | 100.0% | 83.9% | | |  | 100% | 98% | 95% | 95% | 94% | 98% | 100% | 90% | 97% | 97.5% | | | 100.0% |
| | Thrombolysis door to needle <= 45 mins | Local | Jun-20 | 30.0% | 12 month ↑ | | |  | 0% | 40% | 27% | 0% | 0% | 0% | 20% | 0% | 0% | 0.0% | | | 30.0% |
| | % compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient | National | Jun-20 | 30.7% | 12 month ↑ | | |  | 41% | 48% | 48% | 50% | 49% | 45% | 38% | 33% | 28% | 32.8% | | | 30.7% |
| | % of stroke patients who receive a 6 month follow-up assessment | National | Q2 19/20 | 45% | Qtr on qtr ↑ | | | | | | | 45% | | | | | | | | | |
| 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 | Jun-20 | 80.0% | 98% | | |  | 94% | 91% | 93% | 91% | 98% | 95% | 92% | 99% | 93% | 87% | 97% | 82% | 80% |
| | % 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 | Jun-20 | 80.0% | 95% | | |  | 81% | 76% | 84% | 86% | 84% | 86% | 92% | 86% | 78% | 73% | 81% | 86% | 80% |
| | % of patients starting definitive treatment within 62 days from point of suspicion (with adjustments) | National | Jun-20 | 68.0% | 12 month ↑ | | |  | 73.1% | 69.0% | 68.0% | 73.0% | 70.0% | 71.0% | 77.0% | 71% | 66% | 76% | 71% | 70% | 68% |
| Radiotherapy waiting times | Scheduled (21 Day Target) | Local | Jun-20 | 57.0% | 80% | | ✗ |  | 39.0% | 62.0% | 40.0% | 46.0% | 54.0% | 50.0% | 43.0% | 34.0% | 28.0% | 56.0% | 49.0% | 46.0% | 57.0% |
| | Scheduled (28 Day Target) | Local | Jun-20 | 93.0% | 100% | | ✗ |  | 75.0% | 87.0% | 81.0% | 72.0% | 73.0% | 75.0% | 63.0% | 60.0% | 58.0% | 77.0% | 86.0% | 84.0% | 93.0% |
| | Urgent SC (7 Day Target) | Local | Jun-20 | 65.0% | 80% | | ✗ |  | 52.0% | 52.0% | 62.0% | 56.0% | 62.0% | 56.0% | 53.0% | 50.0% | 52.0% | 48.0% | 45.0% | 33.0% | 65.0% |
| | Urgent SC (14 Day Target) | Local | Jun-20 | 90.0% | 100% | | ✗ |  | 76.0% | 93.0% | 95.0% | 89.0% | 86.0% | 88.0% | 79.0% | 79.0% | 92.0% | 89.0% | 91.0% | 83.0% | 90.0% |
| | Emergency (within 1 day) | Local | Jun-20 | 100.0% | 80% | | ✓ |  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| | Emergency (within 2 days) | Local | Jun-20 | 100.0% | 100% | | ✓ |  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| | Elective Delay (21 Day Target) | Local | Jun-20 | 92.0% | 80% | | ✓ |  | 61.0% | 52.0% | 46.0% | 46.0% | 30.0% | 38.0% | 35.0% | 58.0% | 56.0% | 84.0% | 76.0% | 83.0% | 92.0% |
| | Elective Delay (28 Day Target) | Local | Jun-20 | 100.0% | 100% | | ✓ |  | 80.0% | 61.0% | 65.0% | 48.0% | 38.0% | 44.0% | 58.0% | 68.0% | 73.0% | 94.0% | 88.0% | 100.0% | 100.0% |
| Planned Care | Number of patients waiting > 8 weeks for a specified diagnostics | National | Jun-20 | 8,033 | 0 | | |  | 295 | 261 | 344 | 294 | 223 | 226 | 569 | 628 | 424 | 1,407 | 5,788 | 8,346 | 8,033 |
| | Number of patients waiting > 14 weeks for a specified therapy | National | Jun-20 | 1,646 | 0 | | |  | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 51 | 387 | 982 | 1,646 |
| | % of patients waiting < 26 weeks for treatment | National | Jun-20 | 59.5% | 95% | | |  | 88.0% | 87.8% | 86.4% | 85.1% | 84.5% | 84.1% | 82.6% | 81.8% | 82.3% | 80.2% | 72.3% | 64.2% | 59.5% |
| | Number of patients waiting > 26 weeks for outpatient appointment | Local | Jun-20 | 11,964 | 0 | | |  | 297 | 479 | 925 | 1,039 | 1,152 | 1,120 | 1,305 | 1,453 | 1,306 | 2,055 | 5,499 | 9,300 | 11,964 |
| | Number of patients waiting > 36 weeks for treatment | National | Jun-20 | 13,419 | 0 | | |  | 2,318 | 2,690 | 3,263 | 3,565 | 4,256 | 4,587 | 5,141 | 5,623 | 5,729 | 6,509 | 8,355 | 10,247 | 13,419 |
| | The number of patients waiting for a follow-up outpatient appointment | National | Jun-20 | 120,468 | 20% reduction by March 2021 | 119,423 | ✗ |  | 137,057 | 135,400 | 134,363 | 132,054 | 131,471 | 130,648 | 131,263 | 131,090 | 128,674 | 125,708 | 123,082 | 121,434 | 120,468 |
| | The number of patients waiting for a follow-up outpatients appointment who are delayed over 100% | National | Jun-20 | 24,971 | | 17,345 | ✗ |  | 26,545 | 24,398 | 25,758 | 23,537 | 21,778 | 20,498 | 20,579 | 19,969 | 17,747 | 18,258 | 19,538 | 24,880 | 24,971 |
| | % of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment | National | May-20 | 64.1% | 95% | | |  | 62.4% | 64.4% | 63.6% | 65.7% | 69.5% | 70.8% | 71.6% | 75.9% | 78.5% | 76.2% | 69.9% | 64.1% | |
| Self harm | Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) | National | 2018/19 | 3.34 | Annual ↓ | | | | 2018/19= 3.34 | | | | | | | | | | | | |

| QUADRUPLE AIM 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|---------------|---------------------|-----------------|----------------------------|----------------|-------------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Performance Trend | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 |
| CAMHS | % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) | Local | May-20 | 100% | | 100% | ✔ | | 96% | 100% | 98% | 100% | 100% | 98% | 100% | 100% | 100% | 94% | 100% | 100% | |
| | % Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks | National | May-20 | 30% | 80% | 80% | ✘ | | 41% | 47% | 39% | 38% | 38% | 36% | 36% | 28% | 35% | 38% | 35% | 30% | |
| | % Patients waiting less than 28 days for a first outpatient appointment for CAMHS | National | May-20 | 78% | 80% | 80% | ✘ | | Data not available | | 63% | 98% | 99% | 77% | 69% | 87% | 93% | 67% | 44% | 78% | |
| | P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral | National | May-20 | 88% | | 80% | ✔ | | 3% | 8% | 12% | 32% | 63% | 17% | 4% | 0% | 0% | 14% | | 88% | |
| | P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS | National | May-20 | 100% | | 80% | ✔ | | 93% | 93% | 89% | 87% | 100% | 100% | 100% | 94% | 100% | 94% | | 100% | |
| | S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral | Local | May-20 | 72% | | 80% | ✘ | | 76% | 59% | 64% | 98% | 98% | 82% | 69% | 87% | 93% | 75% | 46% | 72% | |
| 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 | May-20 | 99% | 80% | 80% | ✔ | | 97% | 97% | 98% | 98% | 98% | 97% | 98% | 93% | 97% | 97% | 99% | 99% | |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age) | National | May-20 | 100% | 80% | 80% | ✔ | | 100% | 99% | 93% | 96% | 97% | 90% | 92% | 89% | 94% | 97% | 97% | 100% | |
| | % patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health | National | May-20 | 89% | 95% | 95% | ✘ | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 93% | 89% | |
| DTCs | Number of mental health HB DTCs | National | Mar-20 | 13 | 12 month ↓ | 27 | ✔ | | 27 | 20 | 18 | 19 | 22 | 22 | 22 | 23 | 16 | 13 | | | |
| | Number of non-mental health HB DTCs | National | Mar-20 | 60 | 12 month ↓ | 50 | ✘ | | 70 | 61 | 69 | 69 | 76 | 61 | 53 | 52 | 69 | 60 | | | |
| infection control | Cumulative cases of E.coli bacteraemias per 100k pop | National | Jun-20 | 46.4 | <67 | | ✔ | | 79.9 | 84.0 | 81.7 | 81.2 | 80.8 | 76.3 | 78.6 | 80.8 | 82.5 | 81.4 | 43.8 | 43.0 | 46.4 |
| | Number of E.Coli bacteraemia cases (Hospital) | | Jun-20 | 3 | | | | | 7 | 14 | 9 | 5 | 10 | 5 | 12 | 15 | 15 | 8 | 6 | 6 | 3 |
| | Number of E.Coli bacteraemia cases (Community) | | | 14 | | | | | 22 | 21 | 13 | 18 | 15 | 10 | 20 | 18 | 16 | 15 | 8 | 8 | 14 |
| | Total number of E.Coli bacteraemia cases | | | 17 | | | | | 29 | 35 | 22 | 23 | 25 | 15 | 32 | 33 | 31 | 23 | 14 | 14 | 17 |
| | Cumulative cases of S.aureus bacteraemias per 100k pop | | Jun-20 | 28.8 | <20 | | ✘ | | 36.3 | 40.8 | 37.5 | 34.9 | 35.6 | 35.4 | 35.2 | 35.6 | 34.8 | 34.2 | 31.5 | 24.7 | 28.8 |
| | Number of S.aureus bacteraemias cases (Hospital) | | Jun-20 | 4 | | | | | 6 | 8 | 4 | 3 | 11 | 8 | 7 | 6 | 6 | 4 | 4 | 2 | 4 |
| | Number of S.aureus bacteraemias cases (Community) | | | 8 | | | | | 5 | 9 | 3 | 5 | 2 | 3 | 4 | 7 | 2 | 5 | 6 | 4 | 8 |
| | Total number of S.aureus bacteraemias cases | | | 12 | | | | | 11 | 17 | 7 | 8 | 13 | 11 | 11 | 13 | 8 | 9 | 10 | 6 | 12 |
| | Cumulative cases of C.difficile per 100k pop | | Jun-20 | 49.5 | <26 | | ✘ | | 24.9 | 27.0 | 27.7 | 29.3 | 33.4 | 35.8 | 35.6 | 35.3 | 36.5 | 35.4 | 34.4 | 42.9 | 49.5 |
| | Number of C.difficile cases (Hospital) | | Jun-20 | 14 | | | | | 6 | 9 | 5 | 8 | 13 | 13 | 7 | 6 | 11 | 5 | 9 | 6 | 14 |
| | Number of C.difficile cases (Community) | | | 6 | | | | | 4 | 4 | 5 | 2 | 6 | 4 | 4 | 5 | 4 | 3 | 2 | 10 | 6 |
| | Total number of C.difficile cases | | | 20 | | | | | 10 | 13 | 10 | 10 | 19 | 17 | 11 | 11 | 15 | 8 | 11 | 16 | 20 |
| | Cumulative cases of Klebsiella per 100k pop | | Jun-20 | 21.6 | | | | | 21.8 | 20.3 | 22.1 | 23.6 | 22.0 | 22.3 | 21.9 | 22.1 | 21.0 | 21.1 | 18.8 | 18.4 | 21.6 |
| | Number of Klebsiella cases (Hospital) | | Jun-20 | 4 | | | | | 7 | 1 | 8 | 7 | 4 | 4 | 4 | 7 | 2 | 4 | 1 | 4 | 4 |
| | Number of Klebsiella cases (Community) | | | 5 | | | | | 4 | 4 | 3 | 2 | 0 | 4 | 2 | 1 | 1 | 3 | 5 | 2 | 5 |
| | Total number of Klebsiella cases | | | 9 | | | | | 11 | 5 | 11 | 9 | 4 | 8 | 6 | 8 | 3 | 7 | 6 | 6 | 9 |
| | Cumulative cases of Aeruginosa per 100k pop | | Jun-20 | 7.2 | | | | | 12.5 | 10.0 | 10.4 | 9.8 | 8.8 | 8.1 | 7.9 | 8.0 | 7.6 | 7.2 | 6.3 | 10.7 | 7.2 |
| | Number of Aeruginosa cases (Hospital) | | Jun-20 | 0 | | | | | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 3 | 0 |
| | Number of Aeruginosa cases (Community) | | | 0 | | | | | 4 | 0 | 2 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 0 |
| | Total number of Aeruginosa cases | | | 0 | | | | | 6 | 1 | 4 | 2 | 1 | 1 | 2 | 3 | 1 | 1 | 2 | 5 | 0 |
| | Hand Hygiene Audits- compliance with WHO 5 moments | Local | Jun-20 | 98% | | 95% | ✔ | | 97% | 97% | 96% | 96% | 97% | 97% | 96% | 97% | 93% | 99% | 98% | 99% | 98% |

| QUADRUPLE AIM 3: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|---------------|---------------------|-----------------|----------------------------|----------------|-------------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Performance Trend | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 |
| 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 ↑ | | | | 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 ↑ | | | | 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 ↑ | | | | 2018/19= 92.9% | | | | | | | | | | | | |
| | Number of friends and family surveys completed | Local | Jun-20 | 393 | | 12 month ↑ | ✗ | | 3,726 | 4,259 | 4,082 | 2,441 | 3,918 | 3,564 | 2,476 | 3,187 | 3,014 | 1,720 | 150 | 247 | 393 |
| | % of who would recommend and highly recommend | Local | Jun-20 | 1 | | 90% | ✗ | | 96% | 96% | 94% | 95% | 94% | 95% | 95% | 95% | 95% | 95% | 90% | 92% | 87% |
| | % of all-Wales surveys scoring 9 out of 10 on overall satisfaction | Local | Jun-20 | 1 | | 90% | ✗ | | 79% | 77% | 81% | 85% | 83% | 83% | 83% | 86% | 81% | 90% | 95% | 100% | 79% |
| Complaints | Number of new formal complaints received | Local | Jun-20 | 77 | | 12 month ↓ trend | ✓ | | 118 | 138 | 114 | 110 | 159 | 137 | 87 | 142 | 113 | 92 | 37 | 54 | 77 |
| | % concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received | National | May-20 | 81% | 75% | 80% | ✓ | | 85% | 81% | 84% | 85% | 83% | 76% | 75% | 83% | 76% | 48% | 81% | 81% | |
| | % of acknowledgements sent within 2 working days | Local | Jun-20 | 100% | | 100% | ✓ | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Workforce | Overall staff engagement score – scale score method | National | 2018 | 3.81 | Improvement | | | | 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 | Jun-20 | 60% | 85% | 85% | ✗ | | 70% | 71% | 71% | 71% | 67% | 69% | 70% | 72% | 74% | 72% | 68% | 63% | 60% |
| | % staff who undertook a performance appraisal who agreed it helped them improve how they do their job | National | 2018 | 55% | Improvement | | | | 2018= 55% | | | | | | | | | | | | |
| | % compliance for all completed Level 1 competency with the Core Skills and Training Framework | National | Jun-20 | 79% | 85% | 85% | ✗ | | 75% | 77% | 78% | 78% | 79% | 80% | 80% | 81% | 82% | 83% | 82% | 80% | 79% |
| | % workforce sickness and absent (12 month rolling) | National | May-20 | 6.88% | 12 month ↓ | | | | 6.03% | 6.01% | 5.99% | 5.98% | 6.04% | 6.05% | 6.09% | 6.15% | 6.18% | 6.31% | 6.65% | 6.88% | |
| | % 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 | | | | 2018= 72% | | | | | | | | | | | | |

| 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 | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|---------------|---------------------|-----------------|----------------------------|----------------|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Performance Trend | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 |
| Serious Incidents and risks | Of the serious incidents due for assurance, the % which were assured within the agreed timescales | National | Jun-20 | 0% | 90% | 80% | ✗ | | 40% | 60% | 71% | 20% | 47% | 55% | 38% | 28% | 29% | 30% | 7% | 29% | 0% |
| | Number of new Never Events | National | Jun-20 | 1 | 0 | 0 | ✗ | | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| | Number of risks with a score greater than 20 | Local | Jun-20 | 110 | | 12 month ↓ | ✗ | | 75 | 81 | 88 | 103 | 104 | 105 | 109 | 111 | 114 | 108 | 109 | 101 | 110 |
| | Number of risks with a score greater than 16 | Local | Jun-20 | 204 | | 12 month ↓ | ✗ | | 162 | 164 | 175 | 197 | 204 | 200 | 202 | 205 | 204 | 198 | 202 | 193 | 204 |
| Pressure Ulcers | Number of pressure ulcers acquired in hospital | Local | May-20 | 29 | | 12 month ↓ | ✗ | | 13 | 18 | 14 | 9 | 20 | 22 | 24 | 30 | 41 | 31 | 25 | 29 | |
| | Number of pressure ulcers developed in the community | | May-20 | 33 | | 12 month ↓ | ✗ | | 23 | 33 | 37 | 25 | 29 | 31 | 24 | 26 | 25 | 39 | 34 | 33 | |
| | Total number of pressure ulcers | | May-20 | 62 | | 12 month ↓ | ✗ | | 36 | 51 | 51 | 34 | 49 | 53 | 48 | 56 | 66 | 70 | 59 | 62 | |
| | Number of grade 3+ pressure ulcers acquired in hospital | | May-20 | 0 | | 12 month ↓ | ✗ | | 1 | 2 | 0 | 1 | 2 | 2 | 2 | 2 | 3 | 1 | 2 | 0 | |
| | Number of grade 3+ pressure ulcers acquired in community | | May-20 | 6 | | 12 month ↓ | ✓ | | 6 | 7 | 8 | 8 | 2 | 8 | 3 | 5 | 8 | 8 | 4 | 6 | |
| | Total number of grade 3+ pressure ulcers | | May-20 | 6 | | 12 month ↓ | ✓ | | 7 | 9 | 8 | 9 | 4 | 10 | 5 | 7 | 11 | 9 | 6 | 6 | |
| Inpatient Falls | Number of Inpatient Falls | Local | Jun-20 | 196 | | 12 month ↓ | ✗ | | 189 | 186 | 227 | 241 | 255 | 240 | 297 | 249 | 207 | 210 | 193 | 209 | 196 |

| 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 | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------|---------------------|----------------------|----------------------------|----------------|-------------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---|--------|--------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Performance Trend | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 |
| NEWS | % patients with completed NEWS scores & appropriate responses actioned | Local | Jun-20 | 92% | | 98% | ✗ | | 95.8% | 95.3% | 96.8% | 96.0% | 94.5% | 93.7% | 96.4% | 97.7% | 95.17% | 91.9% | 92.0% | 93.9% | 91.6% |
| Research | Number of Health and Care Research Wales clinical research portfolio studies | National | Q4 19/20 | 102 | 10% annual ↑ | 102 | ✓ | | 27 | | | 57 | | | 84 | | | 102 | | | |
| | Number of Health and Care Research Wales commercially sponsored studies | | Q4 19/20 | 36 | 5% annual ↑ | 37 | ✗ | | 5 | | | 26 | | | 31 | | | 36 | | | |
| | Number of patients recruited in Health and Care Research Wales clinical research portfolio studies | | Q4 19/20 | 1,505 | 10% annual ↑ | 2,081 | ✗ | | 491 | | | 618 | | | 1,109 | | | 1,505 | | | |
| | Number of patients recruited in Health and Care Research Wales commercially sponsored studies | | Q4 19/20 | 205 | 5% annual ↑ | 138 | ✓ | | 86 | | | 93 | | | 179 | | | 205 | | | |
| Mortality | % of universal mortality reviews (UMRs) undertaken within 28 days of a death | Local | May-20 | 99% | 95% | 95% | ✓ | | 99.4% | 98.6% | 100.0% | 100.0% | 95.9% | 100.0% | 98.5% | 98.4% | 100.0% | 95.7% | 95.6% | 99.3% | |
| | Stage 2 mortality reviews required | Local | May-20 | 9 | | | | | 13 | 13 | 9 | 9 | 17 | 9 | 15 | 16 | 8 | 9 | 10 | 9 | |
| | % stage 2 mortality reviews completed | Local | Mar-20 | 0% | | 100% | ✗ | | 92.9% | 71.4% | 60.0% | 89.0% | 64.7% | 78.0% | 67.0% | 75.0% | 44.4% | 0.0% | | | |
| | Crude hospital mortality rate (74 years of age or less) | National | May-20 | 0.83% | 12 month ↓ | | | | 0.75% | 0.76% | 0.76% | 0.77% | 0.77% | 0.78% | 0.79% | 0.71% | 0.72% | 0.75% | 0.80% | 0.83% | |
| | % of deaths scrutinised by a medical examiner | National | | | Qtr on qtr ↑ | | | | | | | | | | | | | | New measure for 2020/21 - awaiting data | | |
| Treatment Fund | All new medicines must be made available no later than 2 months after NICE and AWMMSG appraisals | National | Q3 19/20 | 98.6% | 100% | 100% | ✗ | | 98.5% | | | 98.5% | | | 98.6% | | | | | | |
| Prescribing | Total antibacterial items per 1,000 STAR-PUs | National | Q4 19/20 | 323.9 | 4 quarter ↓ | | | | 294.0 | | | 279.1 | | | 336.5 | | | 323.9 | | | |
| | Patients aged 65 years or over prescribed an antipsychotic | National | Q3 19/20 | 1,474 | qtr on qtr ↓ | | | | 1,433 | | | 1,470 | | | 1,474 | | | | | | |
| | Number of women of child bearing age prescribed valproate as a % of all women of child bearing age | National | | | Quarter on quarter ↓ | | | | | | | | | | | | | | New measure for 2020/21 - awaiting data | | |
| | Opioid average daily quantities per 1,000 patients | National | Q4 19/20 | 4,329.0 | 4 quarter ↓ | | | | 4,451 | | | 4,486 | | | 4,409 | | | 4,329 | | | |
| | Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar | National | Q2 19/20 | 80.0% | Quarter on quarter ↑ | | | | | | | 80.0% | | | | | | | | | |
| | Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items per 1,000 patients | Local | Q4 19/20 | 12.8 | 4 quarter ↓ | | | | 13.9 | | | 13.3 | | | 13.6 | | | 12.8 | | | |
| Antimicrobial Audits | % indication for antibiotic documented on medication chart | Local | Jun-20 | 95% | | 95% | ✓ | | | 91.0% | | 87.0% | | 92.0% | | 90.0% | | | | | 95.0% |
| | % stop or review date documented on medication chart | | Jun-20 | 51% | | 95% | ✗ | | | 54.0% | | 63.0% | | 51.0% | | 57.0% | | | | | 51.0% |
| | % of antibiotics prescribed on stickers | | Jun-20 | 0% | | 95% | ✗ | | | 81.0% | | 81.0% | | 86.0% | | 81.0% | | | | | 0.0% |
| | % appropriate antibiotic prescriptions choice | | Jun-20 | 96% | | 95% | ✓ | | | 97.0% | | 96.0% | | 99.0% | | 97.0% | | | | | 96.0% |
| | % of patients receiving antibiotics for >7 days | | Jun-20 | 11% | | <20% | ✓ | | | 11.0% | | 15.0% | | 10.0% | | 12.0% | | | | | 11.0% |
| | % of patients receiving surgical prophylaxis for > 24 hours | | Jun-20 | 80% | | <20% | ✗ | | | 18.0% | | 40.0% | | 50.0% | | 33.0% | | | | | 80.0% |
| | % of patients receiving IV antibiotics > 72 hours | | Jun-20 | 49% | | <30% | ✗ | | | 46.0% | | 41.0% | | 48.0% | | 57.0% | | | | | 49.0% |
| Primary Care | % adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months | National | May-20 | 16.8% | 4 quarter ↓ | | | | 35.7% | 31% | 33% | 32.7% | 34% | 32% | 32.3% | 32% | 32% | 29% | 19% | 17% | |
| Critical Care | % critical care bed days lost to delayed transfer of care | National | Q3 19/20 | 21.3% | Quarter on quarter ↓ | | | | 31.3% | | | | | | 21.3% | | | | | | |
| Postponed operations | Number of procedures postponed either on the day or the day before for specified non-clinical reasons | National | Jan-20 | 3,354 | > 5% annual ↓ | | | | | 3,288 | 3,174 | | | 3,308 | 3,313 | 3,354 | | | | | |
| Agency spend | Agency spend as a % of the total paybill | National | | | HB target TBC | | | | | | | | | | | | | | New measure for 2020/21 - awaiting data | | |
| Coding | % of episodes clinically coded within 1 month of discharge | Local | May-20 | 97% | 95% | 95% | ✓ | | 96% | 96% | 96% | 96% | 96% | 93% | 95% | 96% | 95% | 94% | 94% | 97% | |
| | % of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme | National | 2019/20 | 91% | Annual ↑ | | | | 2019/20= 91.4% | | | | | | | | | | | | |
| E-TOC | % of completed discharge summaries (total signed and sent) | Local | Jun-20 | 67% | | 100% | ✗ | | 69.0% | 64.0% | 63.0% | 61.0% | 63.0% | 63.0% | 65.0% | 66.0% | 67.0% | 68% | 61% | 63% | 67% |
| DNAs | % of patients who did not attend a new outpatient appointment | Local | Jun-20 | 3.9% | 12 month ↓ | | | | 6.2% | 6.5% | 6.6% | 6.5% | 6.6% | 6.7% | 7.4% | 6.5% | 6.0% | 5.6% | 4.7% | 3.6% | 3.9% |
| | % of patients who did not attend a follow-up outpatient appointment | Local | Jun-20 | 4.3% | 12 month ↓ | | | | 7.4% | 7.9% | 7.5% | 8.0% | 7.9% | 7.5% | 8.0% | 7.7% | 6.9% | 6.5% | 4.4% | 3.3% | 4.3% |
| Theatre Efficiencies | Theatre Utilisation rates | Local | Jun-20 | 16.0% | | 90% | | | 72% | 66% | 56% | 67% | 69% | 70% | 56% | 63% | 66% | 35% | 6% | 11% | 16% |
| | % of theatre sessions starting late | Local | Jun-20 | 45.6% | | <25% | | | 44% | 42% | 38% | 43% | 42% | 51% | 46% | 44% | 43% | 38% | 45% | 43% | 46% |
| | % of theatre sessions finishing early | Local | Jun-20 | 36.0% | | <20% | | | 39% | 40% | 38% | 43% | 38% | 41% | 43% | 41% | 42% | 40% | 43% | 45% | 36% |