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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



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Report Title	Quality & Safety Performance Report		
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Presented by	Darren Griffiths, Director of Finance and Performance (interim)		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2020/21 NHS Wales Delivery Framework.		
Key Issues	<p>The Quality and Safety Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the operational pressures within the Health Board relating to the COVID-19 pandemic, it was agreed that the narrative update would be omitted from this iteration of the performance report.</p> <p>In addition, RAGing has not been applied to the targeted intervention priorities from the 1st April 2020 as the profiles were based on the actions within the 2020/21 annual plan which are now not being progressed due to the 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 high level issues to highlight this month are as follows:</p> <p>Safeguarding- a paper was presented to Quality & Safety Forum in May 2020 outlining concerns regarding the accuracy of the safeguarding data being generated from the DATIX system's Themed Reports. The Health Board is working in conjunction with the National Safeguarding Team, Public Health Wales and RL Datix to pilot the development of an Once for Wales Safeguarding module. Moving forward, this will mean that Reports to Local Authority will be pre-populated through Datix, thus allowing the Health Board to collate all Safeguarding Report information more accurately for both adults and children. The Quality & Safety Group</p>		

supported suspending reporting of both safeguarding children and adult data in this report until the Once for Wales system is set up, therefore, there is no safeguarding activity is included in this iteration of the performance report.

Unscheduled Care- June 2020 saw an increase in demand for emergency departments within Swansea Bay University (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 since 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 2020. 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 page 51), 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 management strategies in

	<p>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> <p>Healthcare Acquired Infections- The number of c.difficile cases in Swansea Bay has seen a steady increase since March 2020 with June 2020 recording 20 cases which is the highest in-month total since October 2019.</p> <p>Serious Incidents closures- Performance against the 80% target deteriorated from 29% in May 2020 to 0% in June 2020. 15 closures forms were due in June 2020 however, none were submitted within timeframe. Mental Health & Learning Disabilities Unit continues to account for the largest proportion of serious incidents accounting for 10 out of the 15 due for closure in June 2020.</p> <p>Never Events- There was one never event in June 2020 which related to a retained foreign object post procedure in Burns & Plastics in Morriston Hospital.</p> <p>Childhood immunisations- There are concerns that some pre-school children may not be receiving their routine vaccinations on time due to the Coronavirus pandemic. Health professionals working in the community say they've had reports of parents and carers turning down invitations to attend their GP surgery due to concerns about potential infection. This could lead to a resurgence in preventable diseases such as measles and whooping cough in future. Historically, the Health Board has only reported performance against the immunisation measures included in the NHS Wales Delivery Framework (i.e. "6 in 1" at age 1 and MMR2 by age 5), however, going forward, data for all childhood immunisation will be included in this performance report in order to improve visibility of the data. Information is currently published on a quarterly basis however, discussions are being held with Public Health Wales regarding increasing the frequency of reporting.</p>			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. 			

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

The 2020/21 NHS Wales Delivery Framework sets out the 78 measures under the quadruple aims which the performance of the Health Board is measured. The 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** are aligned with the new quadruple aims within the national framework however the grouping and order of the measures can be changed for future iterations of this report if the committee feels that it would be beneficial to utilise alternative headings or ways of presenting the data.

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

With this in mind this Quality & Safety Performance report has been stripped back from its usual content to reflect the revised reporting arrangements, to reflect that some data is currently not being captured, but to also provider 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 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.

In addition, further refinement of the organisation's performance reporting framework is required to ensure that it is aligned with the priorities of the Health Board's operational plan and the quadrants of harm. A paper will 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 except for planned care. The Health Board has received additional funding for backlog reduction from Welsh Government and there is the possibility of a clawback at year-end however discussions are ongoing with Welsh Government.

5. RECOMMENDATION

Members are asked to:

- **NOTE-** current Health Board performance against key measures and targets and the actions being taken to improve performance.

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		
<p>At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein except for planned care. The Health Board has received additional funding for backlog reduction from Welsh Government and there is the possibility of a clawback at year-end however discussions are ongoing with Welsh Government.</p>		
Legal Implications (including equality and diversity assessment)		
<p>A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.</p>		
Staffing Implications		
<p>A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.</p>		

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

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

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

Report History

The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in May 2020. This is a routine monthly report.

Appendices

Appendix 1: Quality & Safety performance report



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Appendix 1- Quality & Safety Performance Report July 2020



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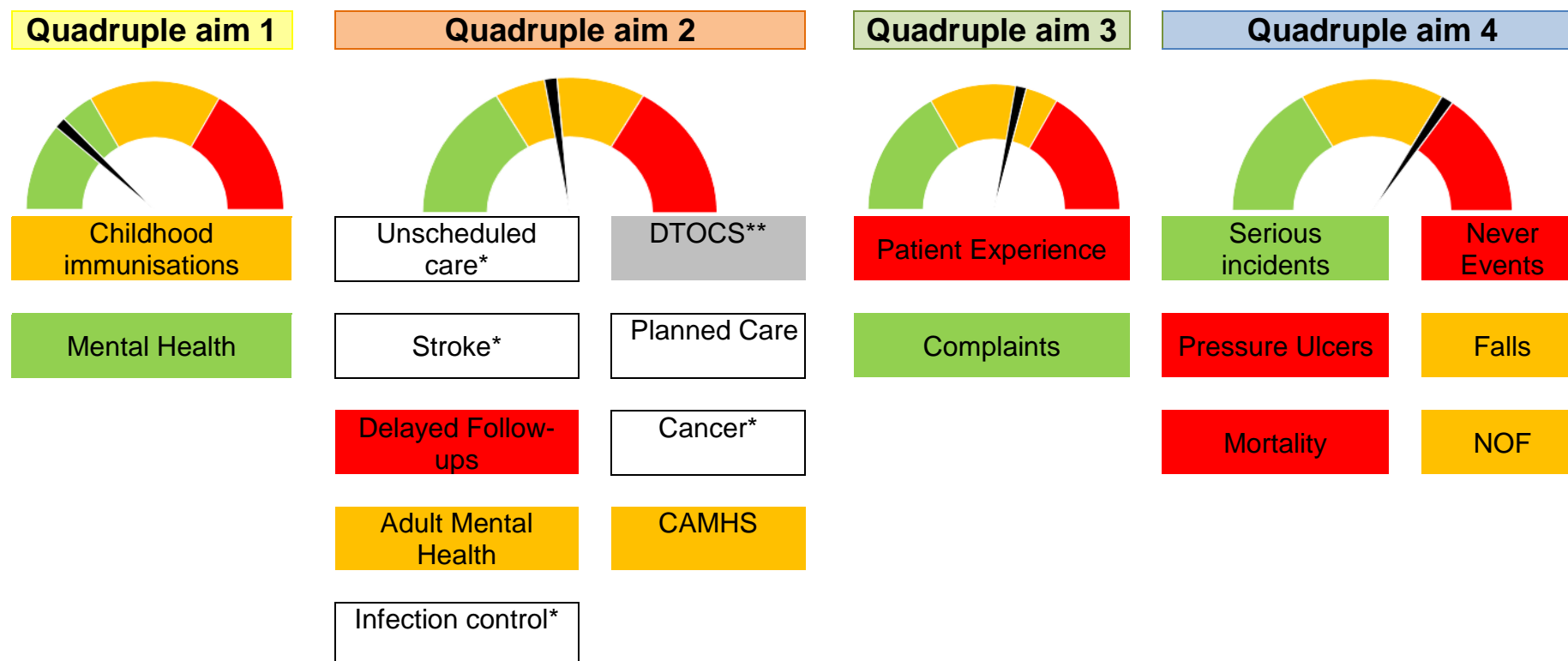
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1. Overview- Key performance indicators summary

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

- Q&S report detail is reduced to reflect data capture currently available.
- Paper to be presented to Performance & Finance Committee in July 2020 proposing a restructure to the performance reports to align with the quadrants of harm from the Q2 Operational Plan.
- Adult Mental health access performance remains excellent and CAMHS access is improving (with access to urgent assessments within 48 hours being maintained at 100%).
- Significant change in the unscheduled care system with performance improving. Attendance at ED is increasing but remains significantly lower than previous years.
- Significant change in the planned care system with referral numbers slowing increasing, but fewer treatments; the net effect of this is that the total waiting list size is increasing and patients are waiting longer.
- USC referral numbers are starting to increase. The backlog of patients requiring treatment (above 63 days) is showing signs of reducing, however treating patients within target is challenging.
- *C.difficile* is an area of concern as there has been a steady increase in numbers every month since March 2020.
- Concerns response performance improved in June 2020 and achieved the 80% target. The number of formal complaints received continues to be lower than usual.
- Serious Incident numbers have reduced. SI closure performance was exceptionally poor in June 2020 (0%)
- 1 Never Event in June 2020 (1st NE since 13th January 2020)
- Fractured neck of femur performance in April 2020 is broadly at Welsh National levels (see detail below) and showing an improved position compared with April 2019.

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



NB- RAG status is against national or local target

** Data not available

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

2. Summary

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

QUADRUPLE AIM 1: People in Wales have improved health and well-being with better prevention and self-management											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Mar-20						96.1%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Mar-20						95.9%
	% children who received PCV2 vaccine by age 1		95%	90%	Mar-20						96.4%
	% children who received Rotavirus vaccine by age 1		95%	90%	Mar-20						95.0%
	% children who received MMR1 vaccine by age 2		95%	90%	Mar-20						94.7%
	% children who received PCV3 vaccine by age 2		95%	90%	Mar-20						94.8%
	% children who received MenB4 vaccine by age 2		95%	90%	Mar-20						94.2%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Mar-20						94.0%
	% children who are up to date in schedule by age 4		95%	90%	Mar-20						88.4%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Mar-20						92.0%
	% children who received 3 in 1 vaccine by age 5	Local	95%	90%	Mar-20						92.3%
	% children who received MMR vaccination by age 16		95%	90%	Mar-20						95.5%
	% children who received teenage booster by age 16		90%	85%	Mar-20						90.7%
	% children who received MenACWY vaccine by age 16		Improve		Mar-20						91.6%
Mental Health	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 year olds)	National	90%		May-20						97%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 year olds)	National	90%		May-20					92%	92%

QUADRUPLE AIM 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour	National	0		Jun-20	45		2			47
	% 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		95%		Jun-20	82.3%	99.4%				87.7%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge		0		Jun-20	81	0				81
Delayed Transfers of Care (DTOCs)	Delayed transfers of care- mental health	National	12 month reduction trend			Data collection suspended					
	Delayed transfers of care- non-mental health										
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours	National	59.8% (UK SNAP average)		Jun-20	53%					53%
	% of patients who receive a CT scan within 1 hour	Local	54.5% (UK SNAP average)		Jun-20	49%					49%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours	National	84.2% (UK SNAP average)		Jun-20	100%					100%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Local	12 month improvement trend		Jun-20	30%					30%
	% of patients receiving the required minutes for speech and language therapy	National	12 month improvement trend		Jun-20	31%					31%

QUADRUPLE AIM 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	Local	0		Jun-20	6,496	18	5,387	63		11,964
	Number of patients waiting > 36 weeks for treatment	National	0		Jun-20	8,977	0	4,423	17		13,417
	Number of patients waiting > 8 weeks for a specified diagnostics		0		Jun-20	6,816		1,217			8,033
	Number of patients waiting > 14 weeks for a specified therapy		0		Jun-20		130		1,516	0	1,646
Delayed Follow-ups	Total number of patients waiting for a follow-up outpatient appointment	National	Reduce by at least 20% by Mar-21	119,423	Jun-20						120,468
	Number of patients delayed by over 100% past their target date		Reduce by at least 20% by Mar-21	17,345	Jun-20						24,971
	Number of patients delayed past there agreed target date (booked and not booked)		Reduce by at least 15% by Mar-20	43,665	Jun-20						51,933
	Number of Ophthalmology patients without an allocated health risk factor				May-20						43
	Number of patients without a documented clinical review date				Jun-20						50
Cancer	% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis	National	98%		Jun-20	56%		86%			80%
	% 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		95%		Jun-20	79%		70%			80%
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (>18 yrs)	National	0%		May-20					99%	99%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)		0%		May-20					100%	100%
	% patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		80%		May-20					89%	89%
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	100%		May-20						100%
	% of patients waiting less than 28 days for 1st outpatient appointment	National	80%		May-20						78%
	% of routine assessments undertaken within 28 days from receipt of referral		80%		May-20						88%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS		80%		May-20						100%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)	Local	80%		May-20						72%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	National	80%		May-20						30%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend		Jun-20						14
	Number of S.aureus bacteraemia cases				Jun-20						10
	Number of C.difficile cases				Jun-20						11
	Number of Klebsiella cases				Jun-20						6
	Number of Aeruginosa cases				Jun-20						2
	Compliance with hand hygiene audits	Local	95%		Jun-20	96.6%	100.0%	98.9%	100.0%	97.9%	97.9%

QUADRUPLE AIM 3: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Jun-20	110	17	99	167	7	400
	% of patients who would recommend and highly recommend		90%		Jun-20	94%	47%	83%	88%	57%	87%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction		90%		Jun-20	67%	-	67%	100%	-	79%
Complaints	Number of new complaints received	Local	12 month reduction trend		Jun-20	20	5	8	11	9	54
	% of complaints that have received a final reply or an interim reply within 30 working days	National	75%	80%	May-20	94%	80%	75%	73%	78%	81%

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											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		Jun-20	1	0	0	0	7	8
	Number of Never Events	National	0		Jun-20	1	0	0	0	0	1
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		May-20	21	2	6	33	0	62
	Total number of Grade 3 + Pressure Ulcers				May-20	0	0	0	6	0	6
	Pressure Ulcer (Hosp) patients per 100,000 admissions				May-20						545
Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Jun-20	52	55	34	7	48	196
	Falls per 1,000 beddays		Between 3.0 & 5.0		Jun-20						6.72
Mortality	Universal Mortality Reviews completed within 28 days	National	95%		May-20	100%	92%	100%			99%
	Stage 2 mortality reviews completed within 60 days	Local	100%		Mar-20	0%	-	0%			0%
	Crude Mortality	National	12 month reduction trend		May-20	1.49%	0.22%	0.47%			0.83%
Fractured Neck of Femur (NOF)	Prompt orthogeriatric assessment - % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	National	75%		Apr-20	79.4%					79.4%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture				Apr-20	56.5%					56.5%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124				Apr-20	75.1%					75.1%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation				Apr-20	73.6%					73.6%
	Not delirious when tested - % patients (<4 on 4AT test) when tested in the week after operation				Apr-20	56.1%					56.1%
	Return to original residence - % patients discharged back to original residence, or in that residence at 120 day follow-up				Apr-20	72.1%					72.1%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months				Apr-20	8.1%					8.1%
	% of survival within 30 days of emergency admission for a hip fracture		12 month improvement trend		Dec-19	83.6%					83.6%

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

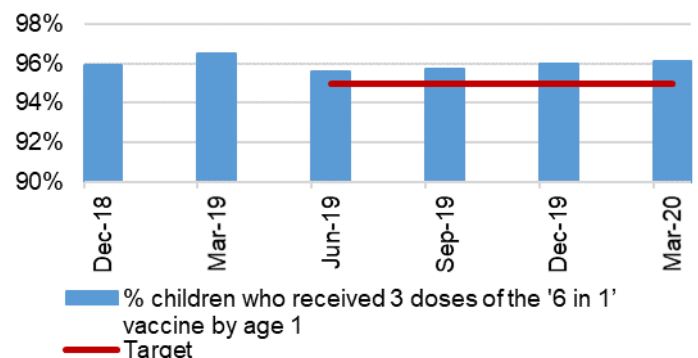
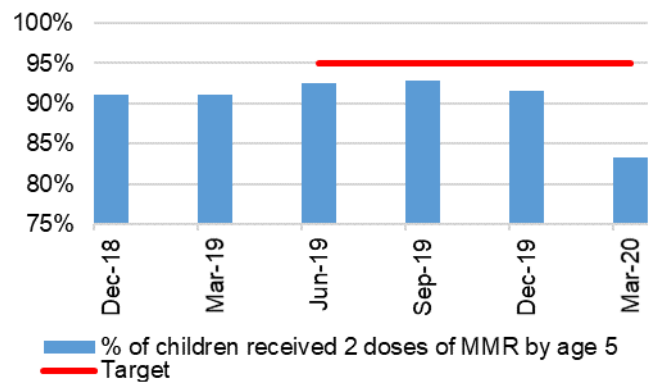
3. QUADRUPLE AIM 1: People in Wales have improved health and well-being with better prevention and self-management

3.1 Overview

QUADRUPLE AIM 1: People in Wales have improved health and well-being with better prevention and self-management																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					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
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%	. . .	95.2%	95.5%					96.2%	97.0%					
	Swansea								95.9%	95.5%							
	HB Total								96.0%	96.1%							
% children who received MenB2 vaccine by age 1	NPT	95%	90%	. . .	96.1%	95.8%					96.5%	97.0%					
	Swansea								95.9%	95.3%							
	HB Total								96.1%	95.9%							
% children who received PCV2 vaccine by age 1	NPT	95%	90%	. . .	95.2%	95.8%					96.2%	97.3%					
	Swansea								95.9%	95.9%							
	HB Total								96.0%	96.4%							
% children who received Rotavirus vaccine by age 1	NPT	95%	90%	. . .	95.5%	94.4%					95.4%	96.4%					
	Swansea								94.4%	94.2%							
	HB Total								94.8%	95.0%							
% children who received MMR1 vaccine by age 2	NPT	95%	90%	. . .	93.4%	94.8%					93.6%	95.3%					
	Swansea								93.8%	94.4%							
	HB Total								93.7%	94.7%							
% children who received PCV3 vaccine by age 2	NPT	95%	90%	. . .	94.7%	95.3%					94.1%	96.4%					
	Swansea								93.3%	93.9%							
	HB Total								93.6%	94.8%							
% children who received MenB4 vaccine by age 2	NPT	95%	90%	. . .	93.9%	95.1%					93.6%	96.1%					
	Swansea								93.1%	93.0%							
	HB Total								93.3%	94.2%							
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%	. . .	93.6%	94.0%					93.8%	95.6%					
	Swansea								93.3%	93.0%							
	HB Total								93.5%	94.0%							
% children who are up to date in schedule by age 4	NPT	95%	90%	. . .	89.8%	88.1%					86.4%	91.6%					
	Swansea								88.6%	86.5%							
	HB Total								87.8%	88.4%							

QUADRUPLE AIM 1: People in Wales have improved health and well-being with better prevention and self-management																
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU											
					Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%	* . .	94.4%		92.3%			92.2%			92.0%			
	Swansea			* . .	91.3%		92.9%			91.0%			91.0%			
	HB Total			* . .	92.5%		92.6%			91.5%			92.0%			
% children who received 2 in 1 vaccine by age 5	NPT	95%	90%	* . .	94.7%		93.0%			93.0%			92.6%			
	Swansea			* . .	91.0%		93.0%			91.4%			92.1%			
	HB Total			* . .	92.4%		93.0%			92.0%			92.3%			
% children who received MMR vaccination by age 16	NPT	95%	90%	* . .	95.9%		93.9%			89.4%			95.9%			
	Swansea			* . .	92.3%		92.8%			91.7%			95.2%			
	HB Total			* . .	93.6%		93.2%			90.9%			95.5%			
% children who received teenage booster by age 16	NPT	90%	85%	* . .	87.8%		86.5%			91.8%			89.3%			
	Swansea			* . .	89.1%		89.8%			88.1%			91.5%			
	HB Total			* . .	88.6%		88.6%			89.5%			90.7%			
% children who received MenACWY vaccine by age 16	NPT	Improve		* . .	88.6%		88.5%			92.4%			90.7%			
	Swansea			* . .	89.7%		90.2%			88.9%			92.2%			
	HB Total			* . .	89.3%		89.6%			90.2%			91.6%			
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	> 18 years old (CAI)	90%			98%	99%	99%	100%	100%	100%	100%	100%	99%	99%	99%	97%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	< 18 years old	90%			89%	88%	91%	92%	92%	92%	91%	93%	92%	91%	93%	92%

3.2 Updates on key measures

CHILDHOOD IMMUNISATIONS																
Description	Current Performance	Trend														
Childhood immunisations	<p>Measure 1: % of children who received 3 doses of the '6 in 1' vaccine by age 1</p>	<p>Measure 1: % of children who received 3 doses of the '6 in 1' vaccine by age 1</p>  <table><caption>Data for Measure 1: % of children who received 3 doses of the '6 in 1' vaccine by age 1</caption><thead><tr><th>Month</th><th>% of children</th></tr></thead><tbody><tr><td>Dec-18</td><td>96.0%</td></tr><tr><td>Mar-19</td><td>96.5%</td></tr><tr><td>Jun-19</td><td>95.5%</td></tr><tr><td>Sep-19</td><td>96.0%</td></tr><tr><td>Dec-19</td><td>96.0%</td></tr><tr><td>Mar-20</td><td>96.1%</td></tr></tbody></table>	Month	% of children	Dec-18	96.0%	Mar-19	96.5%	Jun-19	95.5%	Sep-19	96.0%	Dec-19	96.0%	Mar-20	96.1%
	Month	% of children														
Dec-18	96.0%															
Mar-19	96.5%															
Jun-19	95.5%															
Sep-19	96.0%															
Dec-19	96.0%															
Mar-20	96.1%															
<p>Measure 2: % of children who received 2 doses of the MMR vaccine by age 5</p>	<p>Measure 2: % of children who received 2 doses of the MMR vaccine by age 5</p>  <table><caption>Data for Measure 2: % of children who received 2 doses of the MMR vaccine by age 5</caption><thead><tr><th>Month</th><th>% of children</th></tr></thead><tbody><tr><td>Dec-18</td><td>91.0%</td></tr><tr><td>Mar-19</td><td>91.0%</td></tr><tr><td>Jun-19</td><td>92.0%</td></tr><tr><td>Sep-19</td><td>92.0%</td></tr><tr><td>Dec-19</td><td>91.0%</td></tr><tr><td>Mar-20</td><td>83.3%</td></tr></tbody></table>	Month	% of children	Dec-18	91.0%	Mar-19	91.0%	Jun-19	92.0%	Sep-19	92.0%	Dec-19	91.0%	Mar-20	83.3%	
Month	% of children															
Dec-18	91.0%															
Mar-19	91.0%															
Jun-19	92.0%															
Sep-19	92.0%															
Dec-19	91.0%															
Mar-20	83.3%															












MENTAL HEALTH																																												
Description	Current Performance	Trend																																										
Mental Health % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP): <ul style="list-style-type: none"> Under 18 years of age 18 years of age and over 	1) In May 2020, 97% of residents aged under 18 years of age were in receipt of secondary care MH services had a valid care and treatment plan against a target of 90%. 2) In May 2020, 92% of residents aged over 18 years of age were in receipt of secondary care MH services had a valid care and treatment plan against a target of 90%.	<p>Measure 1: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)</p> <p>The chart displays monthly data from May-19 to May-20. The y-axis represents the percentage from 0% to 100%. The legend indicates that solid blue bars represent patients aged 18 years and over, and hatched blue bars represent patients under 18 years. A red horizontal line at the 90% mark represents the profile target. Data for ages 18+ is consistently at 100%, while data for ages <18 fluctuates between approximately 85% and 98%.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% patients with valid CTP (>18 yrs)</th> <th>% patients with valid CTP (<18 yrs)</th> </tr> </thead> <tbody> <tr><td>May-19</td><td>100%</td><td>98%</td></tr> <tr><td>Jun-19</td><td>100%</td><td>95%</td></tr> <tr><td>Jul-19</td><td>100%</td><td>95%</td></tr> <tr><td>Aug-19</td><td>100%</td><td>95%</td></tr> <tr><td>Sep-19</td><td>100%</td><td>95%</td></tr> <tr><td>Oct-19</td><td>100%</td><td>95%</td></tr> <tr><td>Nov-19</td><td>100%</td><td>95%</td></tr> <tr><td>Dec-19</td><td>100%</td><td>95%</td></tr> <tr><td>Jan-20</td><td>100%</td><td>95%</td></tr> <tr><td>Feb-20</td><td>100%</td><td>95%</td></tr> <tr><td>Mar-20</td><td>100%</td><td>95%</td></tr> <tr><td>Apr-20</td><td>100%</td><td>92%</td></tr> <tr><td>May-20</td><td>100%</td><td>92%</td></tr> </tbody> </table>	Month	% patients with valid CTP (>18 yrs)	% patients with valid CTP (<18 yrs)	May-19	100%	98%	Jun-19	100%	95%	Jul-19	100%	95%	Aug-19	100%	95%	Sep-19	100%	95%	Oct-19	100%	95%	Nov-19	100%	95%	Dec-19	100%	95%	Jan-20	100%	95%	Feb-20	100%	95%	Mar-20	100%	95%	Apr-20	100%	92%	May-20	100%	92%
Month	% patients with valid CTP (>18 yrs)	% patients with valid CTP (<18 yrs)																																										
May-19	100%	98%																																										
Jun-19	100%	95%																																										
Jul-19	100%	95%																																										
Aug-19	100%	95%																																										
Sep-19	100%	95%																																										
Oct-19	100%	95%																																										
Nov-19	100%	95%																																										
Dec-19	100%	95%																																										
Jan-20	100%	95%																																										
Feb-20	100%	95%																																										
Mar-20	100%	95%																																										
Apr-20	100%	92%																																										
May-20	100%	92%																																										

4. QUADRUPLE AIM 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and support by engagement

4.1 Overview

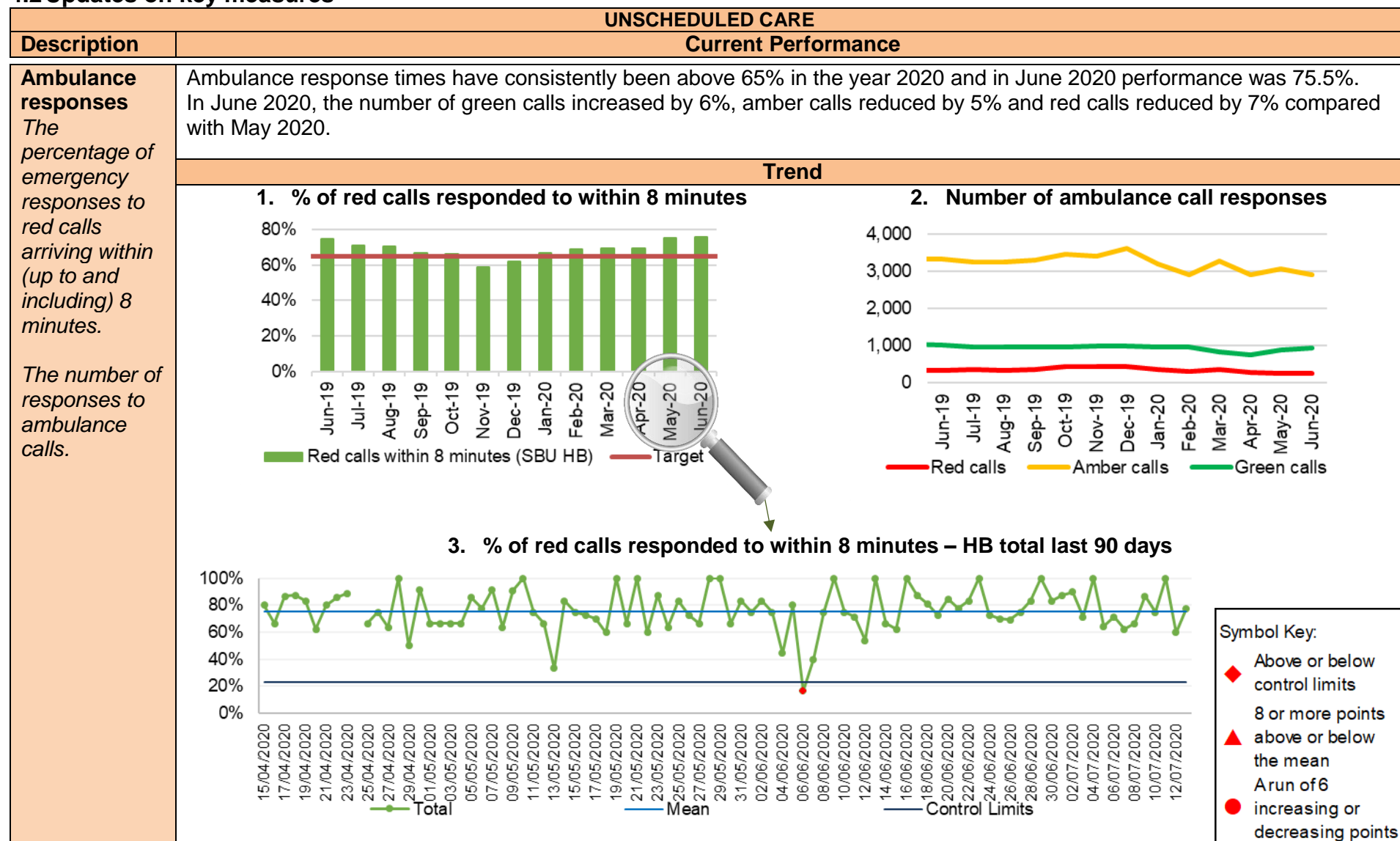
QUADRUPLE AIM 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU										Apr-20	May-20	Jun-20
					Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20			
Unscheduled Care																	
Number of ambulance handovers over one hour	Morrison	0			681	550	599	746	802	799	830	820	664	433	43	19	45
	Singleton				40	44	33	32	25	22	38	28	40	29	18	1	2
	Total				721	594	632	778	827	821	868	848	704	462	61	20	47
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Morrison	95%			63.4%	64.0%	63.7%	60.5%	60.9%	62.2%	60.2%	60.7%	63.5%	63.1%	69.8%	75.6%	82.3%
	NPTH				97.4%	95.7%	96.4%	94.6%	95.3%	99.0%	97.4%	95.1%	98.7%	96.3%	99.5%	99.9%	99.4%
	Singleton			MIU closed													
	Total				75.0%	74.5%	74.3%	71.4%	71.0%	73.2%	70.9%	71.6%	74.1%	72.8%	78.4%	83.5%	87.7%
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Morrison	0			644	642	740	939	889	926	1,017	1,038	783	557	130	97	81
	NPTH				0	0	0	0	1	1	1	0	0	0	1	0	0
	Singleton			MIU closed													
	Total				644	642	740	939	890	927	1,018	1,038	783	557	131	97	81
Delayed Transfers of Care (DTOC)																	
Number of mental health DTOCs	All Community Care	12 month reduction trend			2	4	2	1	8	4	4	4	3	0			
	All healthcare				11	8	8	10	6	9	9	9	6	5			
	Selection of care home				3	0	2	4	3	3	3	1	4	1			
	Waiting for availability of care home				11	6	6	3	5	5	5	7	3	7			
	Protection issues				0	0	0	0	0	0	0	0	0	0			
	Principal reason not agreed				0	0	0	0	0	0	0	0	0	0			
	Disagreements				0	0	0	0	0	1	1	1	0	0			
	Legal/ Financial				0	0	0	1	0	0	0	0	0	0			
	Other				0	2	0	0	0	0	0	1	0	0			
	Total				27	20	18	19	22	22	22	23	16	13			
Number of non- mental health DTOCs	Morrison	12 month reduction trend			32	21	27	23	24	16	13	13	20	12			
	Singleton				12	9	9	9	7	5	5	4	3	7			
	Gorseion				8	8	6	9	6	4	5	6	10	8			
	NPTH				16	20	22	20	29	27	24	23	30	27			
	Learning Disabilities				2	3	5	8	10	9	6	6	6	6			
	HB Total				70	61	69	69	76	61	53	52	69	60			

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU										Apr-20	May-20	Jun-20
					Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20			
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours	Morrison	59.8% (UK SNAP average)			57%	57%	42%	29%	55%	55%	39%	24%	62%	47%	Data not available	53%	
% of patients who receive a CT scan within 1 hour	Morrison	54.5% (UK SNAP average)			52%	59%	48%	42%	47%	49%	44%	43%	38%	43%		49%	
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Morrison	84.2% (UK SNAP average)			100%	98%	95%	95%	94%	98%	100%	90%	97%	98%		100%	
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Morrison	12 month improvement trend			0%	40%	27%	0%	0%	0%	20%	0%	0%	0%		30%	
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			41%	48%	48%	50%	49%	45%	38%	33%	28%	33%		31%	
Planned Care																	
Number of patients waiting > 26 weeks for outpatient appointment	Morrison	0			155	112	361	431	486	460	539	593	421	901	2,704	4,785	6,496
	NPTH				0	0	0	0	0	1	0	0	0	0	2	18	18
	Singleton				142	367	564	608	666	659	766	860	872	1,141	2,762	4,445	5,387
	PC&CS				0	0	0	0	0	0	0	0	13	13	31	52	63
	Total				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	Morrison	0			2,198	2,449	2,819	2,893	3,298	3,529	3,896	4,067	4,087	4,701	5,762	6,944	8,977
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				120	241	444	672	958	1,058	1,245	1,556	1,642	1,807	2,590	3,296	4,423
	PC&CS				0	0	0	0	0	0	0	0	0	1	3	7	17
	Total (inc. diagnostics > 36 weeks)				2,318	2,690	3,263	3,565	4,256	4,587	5,141	5,623	5,729	6,509	8,355	10,247	13,417
Number of patients waiting > 8 weeks for a specified diagnostics	Morrison	0			289	259	337	294	223	226	569	628	424	1,407	5,461	7,197	6,816
	Singleton				6	2	7	0	0	0	0	0	0	0	327	1,149	1,217
	Total				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	MH&LD	0			0	0	1	0	0	0	0	0	1	0	1	11	0
	NPTH				0	0	0	0	0	0	0	0	0	12	52	78	130
	PC&CS				0	0	0	0	1	0	0	0	0	39	334	893	1,516
	Total				0	0	1	0	1	0	0	0	1	51	387	982	1,646
Total number of patients waiting for a follow-up outpatient appointment	Total	Reduce by at least 20% by Mar-21	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
Number of patients delayed by over 100% past their target date	Total		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
Number of patients delayed past their agreed target date (booked and not booked)	Total		43,665		51,285	49,422	51,914	48,692	45,458	43,648	44,928	43,979	41,417	45,963	51,028	53,046	51,933
Number of Ophthalmology patients without an allocated health risk factor	Total	0 by March 21			1,101	744	737	721	522	553	557	333	368	143	57	43	
Number of patients without a documented clinical review date	Total				300	247	211	194	165	172	187	177	179	5	11	27	50

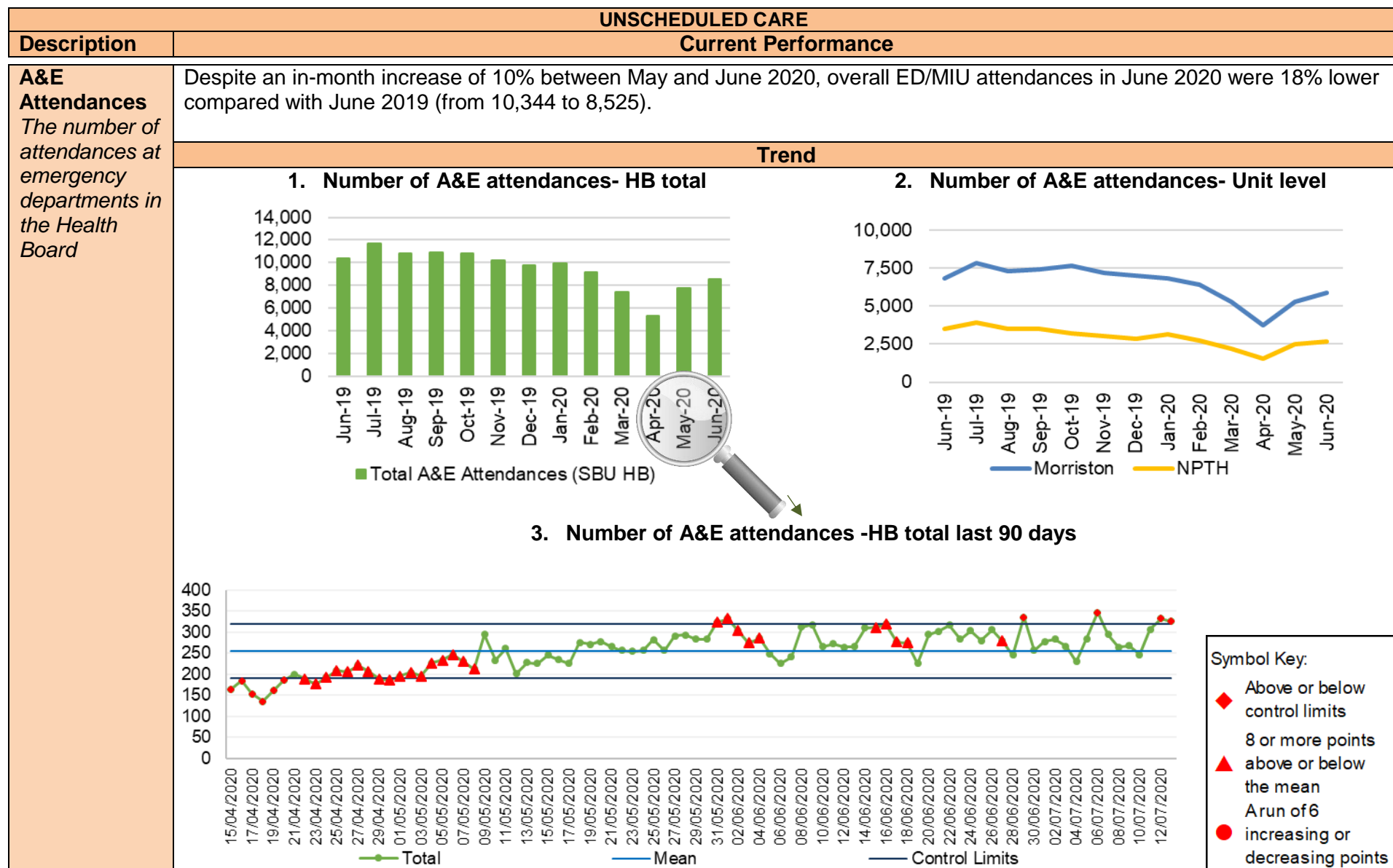
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Cancer																	
% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis	Morriston	98%			92.0%	88.0%	90.0%	84.0%	98.0%	93%	88%	98%	95%	92%	92%	67%	56%
	NPTH			-	100.0%	100.0%	-	100.0%	100%	-	-	100%	-	-	-	-	
	Singleton			95.0%	94.0%	96.0%	98.0%	97.0%	96%	96%	100%	92%	94%	100%	88%	86%	
	Total			93.7%	91.5%	93.3%	91.1%	97.7%	95%	92%	99%	93%	93%	97%	82%	80%	
% patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	Morriston	95%			85.0%	84.0%	83.0%	92.0%	81.0%	82%	91%	96%	81%	85%	80%	75%	79%
	NPTH			100.0%	20.0%	100.0%	67.0%	100.0%	100.0%	100.0%	67.0%	100%	100%	100%	100%	-	
	Singleton			77.0%	74.0%	83.0%	81.0%	85.0%	87%	93%	81%	75%	83%	80%	82%	70%	
	Total			80.8%	75.9%	83.8%	85.7%	83.8%	86%	92%	86%	78%	85%	81%	86%	80%	
Mental Health																	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	> 18 years old				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	> 18 years old				100%	99%	93%	96%	97%	90%	92%	89%	94%	97%	97%	100%	
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Total	80%			100%	100%	100%	100%	100%	100%	100%	100%	100%	99.5%	93%	89%	
Child & Adolescent Mental Health (CAMHS)																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	HB Total	100%			96%	100%	98%	100%	100%	98%	100%	100%	100%	94%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment	HB Total	80%					63%	98%	99%	77%	69%	87%	93%	67%	44%	78%	
% of routine assessments undertaken within 28 days from receipt of referral	HB Total	80%			3%	8%	12%	32%	63%	17%	4%	0%	0%	14%		88%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS	HB Total	80%			93%	93%	89%	87%	100%	100%	100%	94%	100%	94%		100%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS)	HB Total	80%			76%	59%	64%	98%	98%	82%	69%	87%	93%	75%	46%	72%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks	HB Total	80%			41%	47%	39%	38%	38%	36%	36%	28%	35%	38%	35%	30%	

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU										Apr-20	May-20	Jun-20
					Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20			
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend			22	21	13	18	15	10	20	18	16	15	8	8	14
	PCCS Hospital				1	0	1	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	1	0	0
	Morrison				6	12	4	5	5	3	7	10	6	6	3	3	1
	NPTH				0	0	1	0	3	1	1	0	1	2	1	2	1
	Singleton				0	2	3	0	2	1	4	5	8	0	1	1	1
	Total				29	35	22	23	25	15	32	33	31	23	14	14	17
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend			5	9	3	5	2	3	4	7	2	5	6	4	8
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison				2	6	2	2	7	4	4	4	3	1	3	1	3
	NPTH				1	1	0	1	1	0	0	1	1	0	0	0	0
	Singleton				3	1	2	0	3	4	3	1	2	3	1	1	1
	Total				11	17	7	8	13	11	11	13	8	9	10	6	12
Number of C.difficile cases	PCCS Community	12 month reduction trend			4	4	5	2	6	4	4	5	4	3	2	10	6
	PCCS Hospital				0	0	0	0	1	0	0	0	1	0	0	0	1
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison				5	4	3	6	6	9	3	3	9	4	6	4	8
	NPTH				0	1	1	1	1	2	1	0	0	1	1	0	1
	Singleton				1	4	1	1	5	2	3	3	1	0	2	2	4
	Total				10	13	10	10	19	17	11	11	15	8	11	16	20
Number of Klebsiella cases	PCCS Community	12 month reduction trend			4	4	3	2	0	4	2	1	1	3	6	4	8
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison				3	1	5	4	3	3	2	6	2	2	3	1	3
	NPTH				3	0	0	1	0	0	1	0	0	0	0	0	0
	Singleton				1	0	3	2	1	1	1	1	0	2	1	1	1
	Total				11	5	11	9	4	8	6	8	3	7	6	6	9
Number of Aeruginosa cases	PCCS Community	12 month reduction trend			4	0	2	0	0	0	1	1	0	0	8	8	14
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	1	0	0
	Morrison				1	1	1	0	0	1	1	0	0	0	3	3	1
	NPTH				0	0	0	0	0	0	0	0	0	0	1	2	1
	Singleton				1	0	1	2	1	0	0	2	1	1	1	1	1
	Total				6	1	4	2	1	1	2	3	1	1	2	5	0
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	MH&LD				97.8%	97.7%	97.1%	96.8%	97.3%	94.4%	93.8%	99.0%	97.1%	98.2%	98.3%	98.3%	97.9%
	Morrison				96.1%	98.2%	95.8%	96.5%	96.2%	99.4%	97.9%	97.0%	91.6%	100.0%	96.6%	100.0%	96.6%
	NPTH				100.0%	97.2%	100.0%	100.0%	100.0%	98.3%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Singleton				95.7%	94.8%	94.9%	95.8%	95.9%	95.0%	95.3%	96.3%	90.8%	99.5%	97.3%	100.0%	98.9%
	Total				97.1%	97.2%	96.0%	96.5%	96.9%	96.7%	96.0%	97.4%	93.3%	99.4%	97.8%	99.3%	97.9%

4.2 Updates on key measures



UNSCHEDULED CARE	
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>
	Trend
	<div> <div> 1. Number of ambulance handovers- HB total <p>■ Handovers > 1 hr (SBU HB)</p> </div> <div> 2. Number of ambulance handovers- Unit level <p>— Morriston handovers > 1 hour — Singleton handovers > 1 hour</p> </div> </div> <div> 3. Number of ambulance handovers- HB total last 90 days <p>● Total — Mean — Control Limits</p> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean — A run of 6 ● increasing or decreasing points </div>



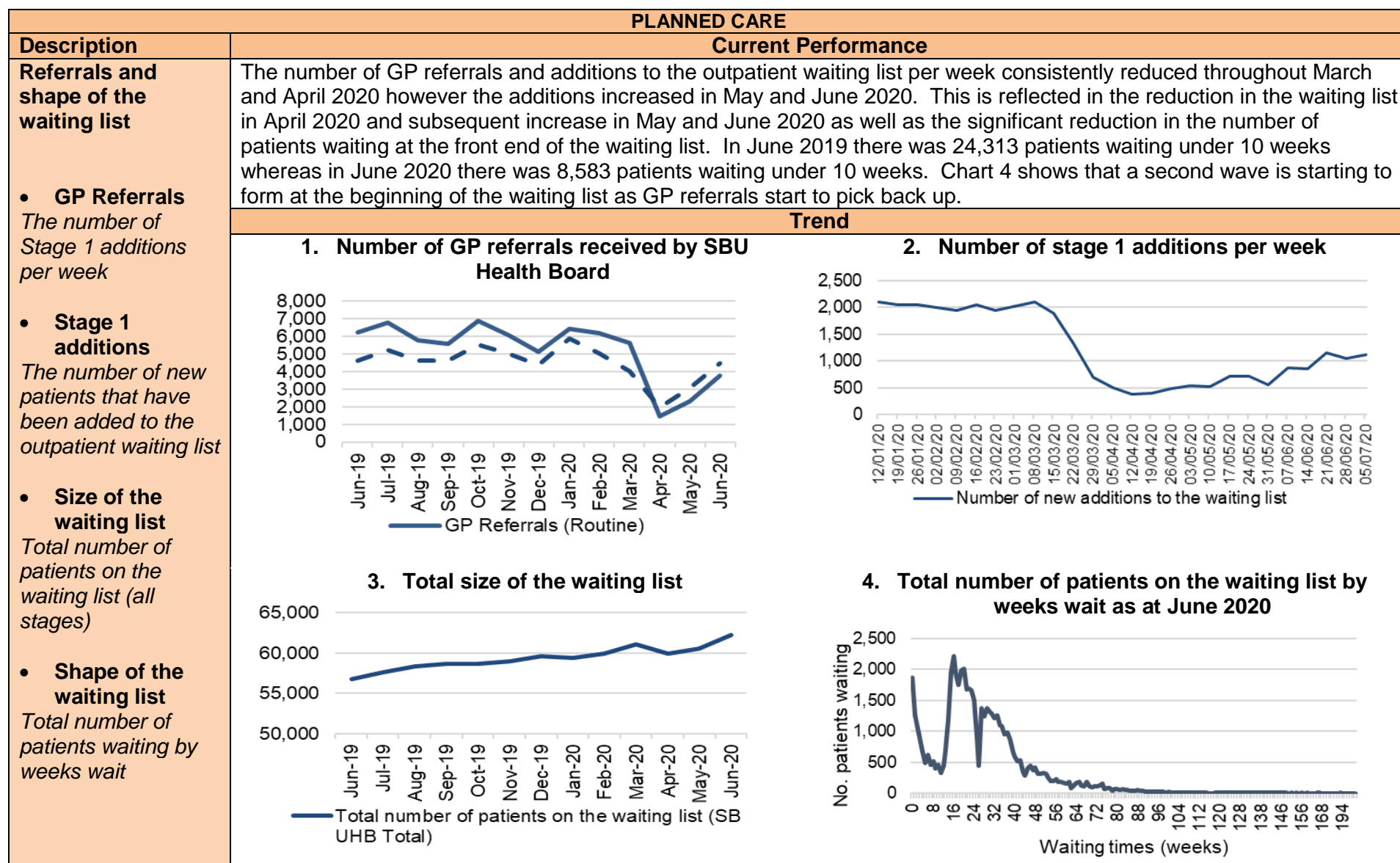
UNSCHEDULED CARE	
Description	Current Performance
A&E waiting times <i>The percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i>	<p>In June 2020, the Health Board's performance against the 4 hour metric 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>
	Trend
	<div> <div> 1. % patients waiting under 4 hours in A&E- HB total <p>■ A&E % < 4 hours (SB UHB)</p> </div> <div> 2. % patients waiting under 4 hours in A&E- Unit level <p>— Morriston — NPTH</p> </div> <div> 3. % patients waiting under 4 hours in A&E- HB total last 90 days <p>— Total — Mean — Control Limits</p> </div> <div> Symbol Key: <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean Arund of 6 ● increasing or decreasing points </div> </div>

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Description	Current Performance																																																																																																																																																																																																																																																													
A&E waiting times <i>The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge</i>	<p>In June 2020, performance against this measure improved compared with May 2020 reducing from 97 to 81. All patients waiting over 12 hours in June 2020 were in Morriston Hospital. The position in May 2020 for Morriston Hospital was the best position since July 2014.</p>																																																																																																																																																																																																																																																													
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UNSCHEDULED CARE	
Description	Current Performance
Emergency admissions	In June 2020, there were 3,207 emergency admissions across the Health Board which is 411 (+15%) more admissions than in May 2020 but 26% less than June 2019.
<i>The number of emergency inpatient admissions</i>	Morrison saw the largest in-month increase with 253 more admissions (from 2,176 in May 2020 to 2,429 in June 2020).
	Trend
	<div> <div> 1. Number of emergency admissions- HB total <p>■ Emergency Admissions (SBU HB)</p> </div> <div> 2. Number of emergency admissions <p>— Morrison — Singleton — NPTH</p> </div> <div> 3. Number of emergency admissions- HB total last 90 days <p>● Total — Mean — Control Limits</p> <div> Symbol Key: <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean ● Arun of 6 ● increasing or decreasing points </div> </div> </div>

UNSCHEDULED CARE		
Description	Current Performance	Trend
Medically Fit <i>The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</i>	<p>In 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>

UNSCHEDULED CARE		
Description	Current Performance	Trend
Delayed Transfers of Care (DTOC) The number of DTOCs per Health Board- Mental Health (all ages)	<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) The number of DTOCs per Health Board - Non Mental Health (age 75+)	<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>



PLANNED CARE	
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>
	Trend
	<div> <div> 1. Number of stage 1 over 26 weeks- HB total <p>■ Outpatients > 26 wks (SB UHB)</p> </div> <div> 2. Number of stage 1 over 26 weeks- Unit level <p>— Morriston — Singleton — PC&CS — NPTH</p> </div> </div> <div> <div> 3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at June 2020 </div> <div> 4. Outpatient activity undertaken <p>— New outpatient attendances - - - Follow-up attendances</p> </div> </div>

PLANNED CARE																																																																																																																																																																																																																																																																														
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Patients waiting over 36 weeks for treatment <i>The number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment</i>	<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>																																																																																																																																																																																																																																																																													
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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><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>82%</td><td>88%</td><td>90%</td><td>100%</td></tr><tr><td>Jul-19</td><td>82%</td><td>87%</td><td>90%</td><td>100%</td></tr><tr><td>Aug-19</td><td>81%</td><td>86%</td><td>90%</td><td>100%</td></tr><tr><td>Sep-19</td><td>80%</td><td>85%</td><td>90%</td><td>100%</td></tr><tr><td>Oct-19</td><td>80%</td><td>84%</td><td>90%</td><td>100%</td></tr><tr><td>Nov-19</td><td>79%</td><td>83%</td><td>90%</td><td>100%</td></tr><tr><td>Dec-19</td><td>78%</td><td>82%</td><td>90%</td><td>100%</td></tr><tr><td>Jan-20</td><td>78%</td><td>81%</td><td>90%</td><td>100%</td></tr><tr><td>Feb-20</td><td>78%</td><td>80%</td><td>88%</td><td>100%</td></tr><tr><td>Mar-20</td><td>75%</td><td>78%</td><td>85%</td><td>100%</td></tr><tr><td>Apr-20</td><td>65%</td><td>65%</td><td>80%</td><td>100%</td></tr><tr><td>May-20</td><td>58%</td><td>60%</td><td>78%</td><td>100%</td></tr><tr><td>Jun-20</td><td>52%</td><td>58%</td><td>75%</td><td>100%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Jun-19	82%	88%	90%	100%	Jul-19	82%	87%	90%	100%	Aug-19	81%	86%	90%	100%	Sep-19	80%	85%	90%	100%	Oct-19	80%	84%	90%	100%	Nov-19	79%	83%	90%	100%	Dec-19	78%	82%	90%	100%	Jan-20	78%	81%	90%	100%	Feb-20	78%	80%	88%	100%	Mar-20	75%	78%	85%	100%	Apr-20	65%	65%	80%	100%	May-20	58%	60%	78%	100%	Jun-20	52%	58%	75%	100%
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Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In 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><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>62%</td><td>95%</td></tr><tr><td>Jul-19</td><td>65%</td><td>95%</td></tr><tr><td>Aug-19</td><td>64%</td><td>95%</td></tr><tr><td>Sep-19</td><td>66%</td><td>95%</td></tr><tr><td>Oct-19</td><td>68%</td><td>95%</td></tr><tr><td>Nov-19</td><td>70%</td><td>95%</td></tr><tr><td>Dec-19</td><td>72%</td><td>95%</td></tr><tr><td>Jan-20</td><td>75%</td><td>95%</td></tr><tr><td>Feb-20</td><td>78%</td><td>95%</td></tr><tr><td>Mar-20</td><td>75%</td><td>95%</td></tr><tr><td>Apr-20</td><td>70%</td><td>95%</td></tr><tr><td>May-20</td><td>64.1%</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	62%	95%	Jul-19	65%	95%	Aug-19	64%	95%	Sep-19	66%	95%	Oct-19	68%	95%	Nov-19	70%	95%	Dec-19	72%	95%	Jan-20	75%	95%	Feb-20	78%	95%	Mar-20	75%	95%	Apr-20	70%	95%	May-20	64.1%	95%																												
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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>300</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>300</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>300</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>3500</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	300	0	0	Sep-19	300	0	0	Oct-19	200	0	0	Nov-19	200	0	0	Dec-19	500	0	0	Jan-20	500	0	0	Feb-20	300	0	0	Mar-20	500	100	500	Apr-20	1500	500	3500	May-20	2500	1200	4800	Jun-20	2500	1200	4500																																										
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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>100</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-20</td><td>0</td><td>0</td><td>400</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-20</td><td>0</td><td>0</td><td>500</td><td>100</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	100	0	0	0	May-20	0	0	400	0	0	0	Jun-20	0	0	500	100	0	0
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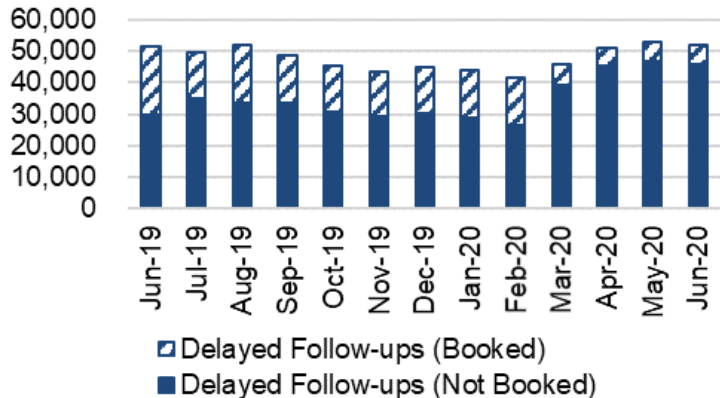
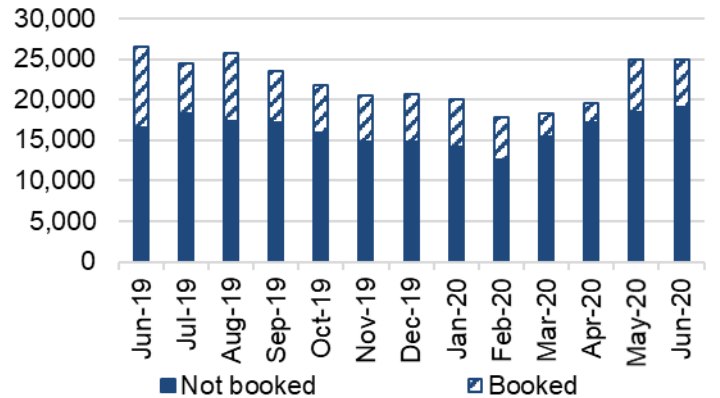
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Cancer- NUSC waiting times- <i>Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</i>	<p>June 2020 figures will be finalised on the 4th August 2020. Draft figures indicate 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>Percentage of NUSC patients starting treatment within 31 days of diagnosis</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jun-19</td><td>90%</td><td>95%</td><td>100%</td></tr><tr><td>Jul-19</td><td>85%</td><td>95%</td><td>100%</td></tr><tr><td>Aug-19</td><td>90%</td><td>95%</td><td>100%</td></tr><tr><td>Sep-19</td><td>85%</td><td>95%</td><td>100%</td></tr><tr><td>Oct-19</td><td>95%</td><td>95%</td><td>100%</td></tr><tr><td>Nov-19</td><td>90%</td><td>95%</td><td>100%</td></tr><tr><td>Dec-19</td><td>85%</td><td>95%</td><td>100%</td></tr><tr><td>Jan-20</td><td>95%</td><td>95%</td><td>100%</td></tr><tr><td>Feb-20</td><td>90%</td><td>90%</td><td>100%</td></tr><tr><td>Mar-20</td><td>90%</td><td>90%</td><td>100%</td></tr><tr><td>Apr-20</td><td>90%</td><td>95%</td><td>100%</td></tr><tr><td>May-20</td><td>65%</td><td>85%</td><td>90%</td></tr><tr><td>Jun-20</td><td>55%</td><td>85%</td><td>90%</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Jun-19	90%	95%	100%	Jul-19	85%	95%	100%	Aug-19	90%	95%	100%	Sep-19	85%	95%	100%	Oct-19	95%	95%	100%	Nov-19	90%	95%	100%	Dec-19	85%	95%	100%	Jan-20	95%	95%	100%	Feb-20	90%	90%	100%	Mar-20	90%	90%	100%	Apr-20	90%	95%	100%	May-20	65%	85%	90%	Jun-20	55%	85%	90%
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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>Percentage of USC patients starting treatment within 62 days of receipt of referral</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jun-19</td><td>85%</td><td>75%</td><td>100%</td></tr><tr><td>Jul-19</td><td>85%</td><td>70%</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>75%</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>90%</td><td>100%</td></tr><tr><td>Jan-20</td><td>85%</td><td>80%</td><td>75%</td></tr><tr><td>Feb-20</td><td>85%</td><td>75%</td><td>100%</td></tr><tr><td>Mar-20</td><td>80%</td><td>85%</td><td>75%</td></tr><tr><td>Apr-20</td><td>80%</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>80%</td><td>70%</td><td>100%</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Jun-19	85%	75%	100%	Jul-19	85%	70%	20%	Aug-19	85%	80%	100%	Sep-19	90%	80%	75%	Oct-19	85%	85%	100%	Nov-19	85%	85%	100%	Dec-19	90%	90%	100%	Jan-20	85%	80%	75%	Feb-20	85%	75%	100%	Mar-20	80%	85%	75%	Apr-20	80%	80%	100%	May-20	75%	80%	100%	Jun-20	80%	70%	100%
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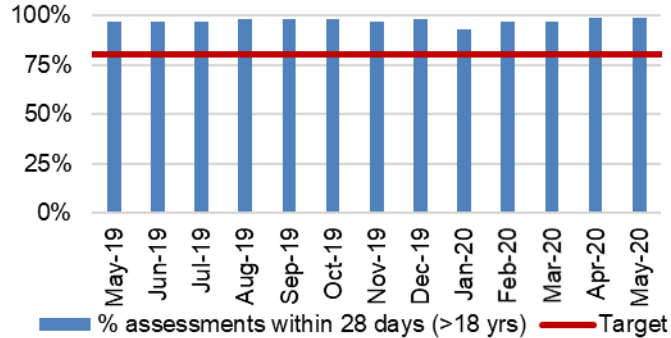
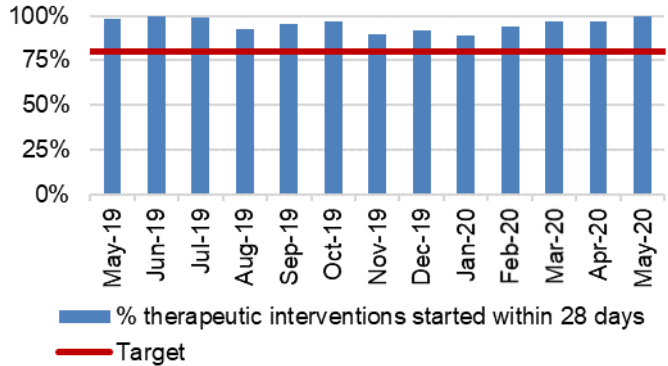
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Single Cancer Pathway <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i>	<p>June 2020 figures will be finalised on the 4th August 2020. Draft figures indicate 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>
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	Week to week through June 2020 the percentage of patients seen within 14 days to first appointment was approximately 30%	The number of patients waiting for a first outpatient appointment (by total days waiting) - End of June 2020					
			≤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		

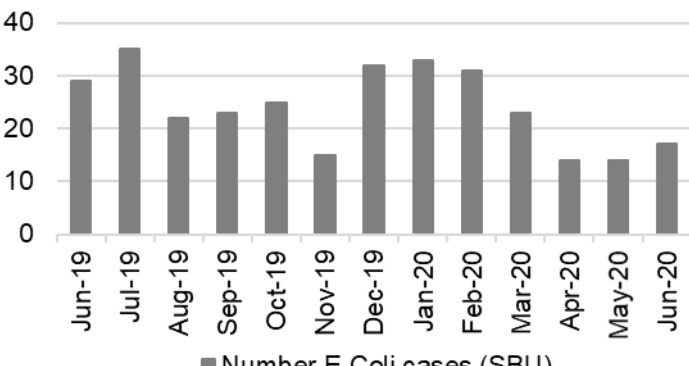
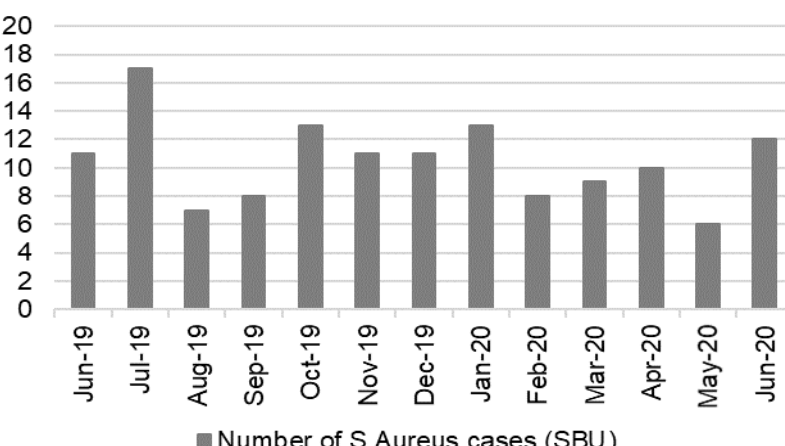
Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.	<table><tr><th>Measure</th><th>Target</th><th>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%
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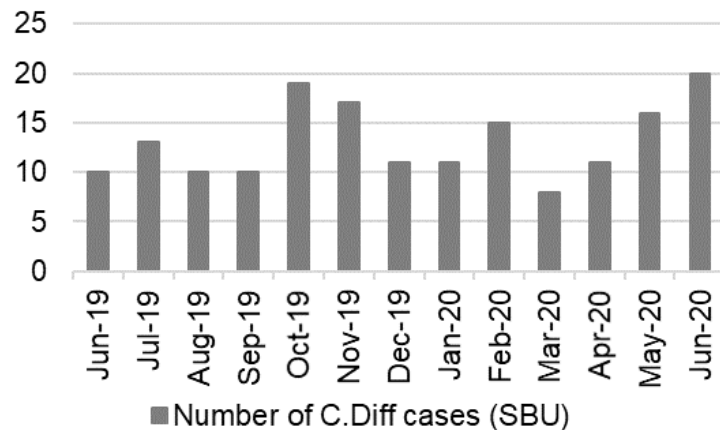
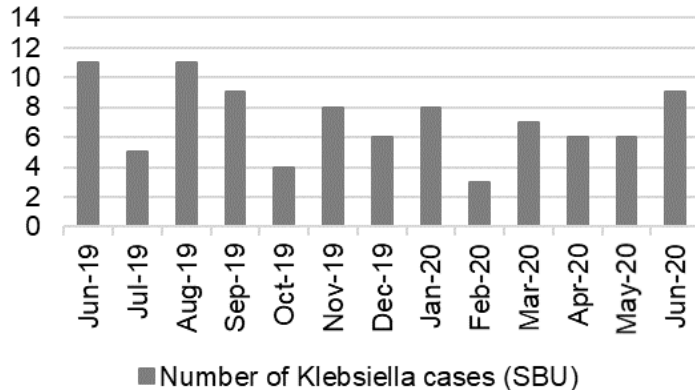
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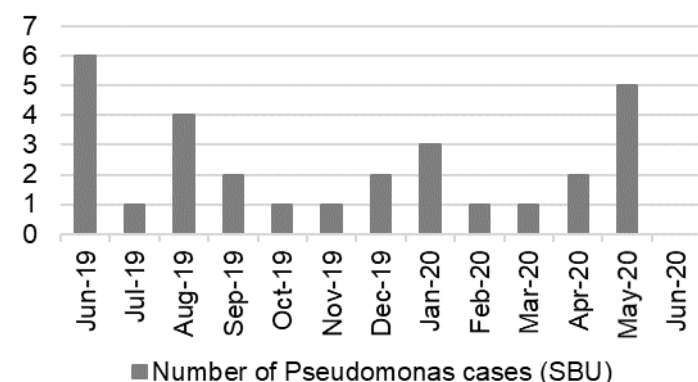
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Delayed follow-ups <i>The number patients delayed past their target date for a follow-up</i>	<p>In June 2020 there was a total of 51,933 patients waiting for a follow-up past their target date. This is a 2% reduction compared with May 2020 (from 53,046 to 51,933).</p> <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> <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>	<p>Delayed follow-ups: Number of patients waiting over target date</p>  <table border="1"> <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> </tr> </thead> <tbody> <tr><td>Jun-19</td><td>20,000</td><td>30,000</td></tr> <tr><td>Jul-19</td><td>18,000</td><td>32,000</td></tr> <tr><td>Aug-19</td><td>20,000</td><td>30,000</td></tr> <tr><td>Sep-19</td><td>18,000</td><td>32,000</td></tr> <tr><td>Oct-19</td><td>15,000</td><td>35,000</td></tr> <tr><td>Nov-19</td><td>15,000</td><td>35,000</td></tr> <tr><td>Dec-19</td><td>15,000</td><td>35,000</td></tr> <tr><td>Jan-20</td><td>15,000</td><td>35,000</td></tr> <tr><td>Feb-20</td><td>10,000</td><td>40,000</td></tr> <tr><td>Mar-20</td><td>15,000</td><td>35,000</td></tr> <tr><td>Apr-20</td><td>20,000</td><td>30,000</td></tr> <tr><td>May-20</td><td>20,000</td><td>33,000</td></tr> <tr><td>Jun-20</td><td>20,000</td><td>31,933</td></tr> </tbody> </table> <p>Delayed follow-ups: Number of patients waiting 100% over target</p>  <table border="1"> <caption>Delayed follow-ups: Number of patients waiting 100% over target</caption> <thead> <tr> <th>Month</th> <th>Not booked</th> <th>Booked</th> </tr> </thead> <tbody> <tr><td>Jun-19</td><td>18,000</td><td>8,000</td></tr> <tr><td>Jul-19</td><td>18,000</td><td>7,000</td></tr> <tr><td>Aug-19</td><td>18,000</td><td>8,000</td></tr> <tr><td>Sep-19</td><td>18,000</td><td>6,000</td></tr> <tr><td>Oct-19</td><td>15,000</td><td>7,000</td></tr> <tr><td>Nov-19</td><td>15,000</td><td>6,000</td></tr> <tr><td>Dec-19</td><td>15,000</td><td>6,000</td></tr> <tr><td>Jan-20</td><td>15,000</td><td>5,000</td></tr> <tr><td>Feb-20</td><td>12,000</td><td>6,000</td></tr> <tr><td>Mar-20</td><td>12,000</td><td>6,000</td></tr> <tr><td>Apr-20</td><td>15,000</td><td>5,000</td></tr> <tr><td>May-20</td><td>18,000</td><td>7,000</td></tr> <tr><td>Jun-20</td><td>18,000</td><td>7,000</td></tr> </tbody> </table>	Month	Delayed Follow-ups (Booked)	Delayed Follow-ups (Not Booked)	Jun-19	20,000	30,000	Jul-19	18,000	32,000	Aug-19	20,000	30,000	Sep-19	18,000	32,000	Oct-19	15,000	35,000	Nov-19	15,000	35,000	Dec-19	15,000	35,000	Jan-20	15,000	35,000	Feb-20	10,000	40,000	Mar-20	15,000	35,000	Apr-20	20,000	30,000	May-20	20,000	33,000	Jun-20	20,000	31,933	Month	Not booked	Booked	Jun-19	18,000	8,000	Jul-19	18,000	7,000	Aug-19	18,000	8,000	Sep-19	18,000	6,000	Oct-19	15,000	7,000	Nov-19	15,000	6,000	Dec-19	15,000	6,000	Jan-20	15,000	5,000	Feb-20	12,000	6,000	Mar-20	12,000	6,000	Apr-20	15,000	5,000	May-20	18,000	7,000	Jun-20	18,000	7,000
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1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In May 2020, 100% of CAMHS patients received an assessment within 48 hours.	<div>1. Crisis- assessment within 48 hours</div> <table><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th></tr></thead><tbody><tr><td>May-19</td><td>100%</td></tr><tr><td>Jun-19</td><td>100%</td></tr><tr><td>Jul-19</td><td>100%</td></tr><tr><td>Aug-19</td><td>100%</td></tr><tr><td>Sep-19</td><td>100%</td></tr><tr><td>Oct-19</td><td>100%</td></tr><tr><td>Nov-19</td><td>100%</td></tr><tr><td>Dec-19</td><td>100%</td></tr><tr><td>Jan-20</td><td>100%</td></tr><tr><td>Feb-20</td><td>100%</td></tr><tr><td>Mar-20</td><td>100%</td></tr><tr><td>Apr-20</td><td>100%</td></tr><tr><td>May-20</td><td>100%</td></tr></tbody></table> <div>2. NDD- assessment within 26 weeks</div> <table><thead><tr><th>Month</th><th>%NDD within 26 weeks</th></tr></thead><tbody><tr><td>May-19</td><td>45%</td></tr><tr><td>Jun-19</td><td>45%</td></tr><tr><td>Jul-19</td><td>45%</td></tr><tr><td>Aug-19</td><td>45%</td></tr><tr><td>Sep-19</td><td>45%</td></tr><tr><td>Oct-19</td><td>45%</td></tr><tr><td>Nov-19</td><td>45%</td></tr><tr><td>Dec-19</td><td>45%</td></tr><tr><td>Jan-20</td><td>45%</td></tr><tr><td>Feb-20</td><td>45%</td></tr><tr><td>Mar-20</td><td>45%</td></tr><tr><td>Apr-20</td><td>45%</td></tr><tr><td>May-20</td><td>30%</td></tr></tbody></table> <div>3. P-CAMHS- Therapeutic intervention within 28 days</div> <table><thead><tr><th>Month</th><th>% routine assessments within 28 days</th></tr></thead><tbody><tr><td>May-19</td><td>80%</td></tr><tr><td>Jun-19</td><td>80%</td></tr><tr><td>Jul-19</td><td>80%</td></tr><tr><td>Aug-19</td><td>80%</td></tr><tr><td>Sep-19</td><td>80%</td></tr><tr><td>Oct-19</td><td>80%</td></tr><tr><td>Nov-19</td><td>80%</td></tr><tr><td>Dec-19</td><td>80%</td></tr><tr><td>Jan-20</td><td>80%</td></tr><tr><td>Feb-20</td><td>80%</td></tr><tr><td>Mar-20</td><td>80%</td></tr><tr><td>Apr-20</td><td>80%</td></tr><tr><td>May-20</td><td>88%</td></tr></tbody></table> <div>4. and 5. S-CAMHS- % residents with assessment and intervention within 28 days</div> <table><thead><tr><th>Month</th><th>% routine assessments within 28 days</th><th>% therapeutic interventions within 28 days</th></tr></thead><tbody><tr><td>May-19</td><td>100%</td><td>100%</td></tr><tr><td>Jun-19</td><td>100%</td><td>100%</td></tr><tr><td>Jul-19</td><td>100%</td><td>100%</td></tr><tr><td>Aug-19</td><td>100%</td><td>100%</td></tr><tr><td>Sep-19</td><td>100%</td><td>100%</td></tr><tr><td>Oct-19</td><td>100%</td><td>100%</td></tr><tr><td>Nov-19</td><td>100%</td><td>100%</td></tr><tr><td>Dec-19</td><td>100%</td><td>100%</td></tr><tr><td>Jan-20</td><td>100%</td><td>100%</td></tr><tr><td>Feb-20</td><td>100%</td><td>100%</td></tr><tr><td>Mar-20</td><td>100%</td><td>100%</td></tr><tr><td>Apr-20</td><td>100%</td><td>100%</td></tr><tr><td>May-20</td><td>72%</td><td>100%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	May-19	100%	Jun-19	100%	Jul-19	100%	Aug-19	100%	Sep-19	100%	Oct-19	100%	Nov-19	100%	Dec-19	100%	Jan-20	100%	Feb-20	100%	Mar-20	100%	Apr-20	100%	May-20	100%	Month	%NDD within 26 weeks	May-19	45%	Jun-19	45%	Jul-19	45%	Aug-19	45%	Sep-19	45%	Oct-19	45%	Nov-19	45%	Dec-19	45%	Jan-20	45%	Feb-20	45%	Mar-20	45%	Apr-20	45%	May-20	30%	Month	% routine assessments within 28 days	May-19	80%	Jun-19	80%	Jul-19	80%	Aug-19	80%	Sep-19	80%	Oct-19	80%	Nov-19	80%	Dec-19	80%	Jan-20	80%	Feb-20	80%	Mar-20	80%	Apr-20	80%	May-20	88%	Month	% routine assessments within 28 days	% therapeutic interventions within 28 days	May-19	100%	100%	Jun-19	100%	100%	Jul-19	100%	100%	Aug-19	100%	100%	Sep-19	100%	100%	Oct-19	100%	100%	Nov-19	100%	100%	Dec-19	100%	100%	Jan-20	100%	100%	Feb-20	100%	100%	Mar-20	100%	100%	Apr-20	100%	100%	May-20	72%	100%
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May-20	72%	100%																																																																																																																														
2. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	2. 30% of NDD patients received a diagnostic assessment within 26 weeks in May 2020.																																																																																																																															
3. P-CAMHS - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	3. 88% of routine assessments were undertaken within 28 days in May 2020, against a target of 80%.																																																																																																																															
4. P-CAMHS - % Therapeutic interventions started within 28 days following assessment by LPMHSS	4. 100% of therapeutic interventions were started within 28 days following assessment in May 2020.																																																																																																																															
5. S-CAMHS - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 72% of routine assessments by SCAMHS were undertaken within 28 days in May 2020.																																																																																																																															

HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none">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.	<p>Number of healthcare acquired E.coli bacteraemia cases</p>  <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>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 of cases	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 of cases																													
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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.	<p>Number of healthcare acquired S.aureus bacteraemia cases</p>  <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>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 cases	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 cases																													
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HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 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																													
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Feb-20	3																													
Mar-20	7																													
Apr-20	6																													
May-20	6																													
Jun-20	9																													

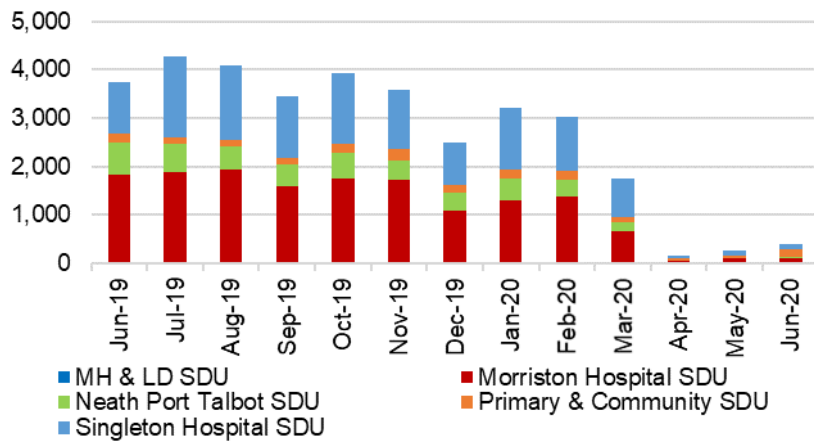
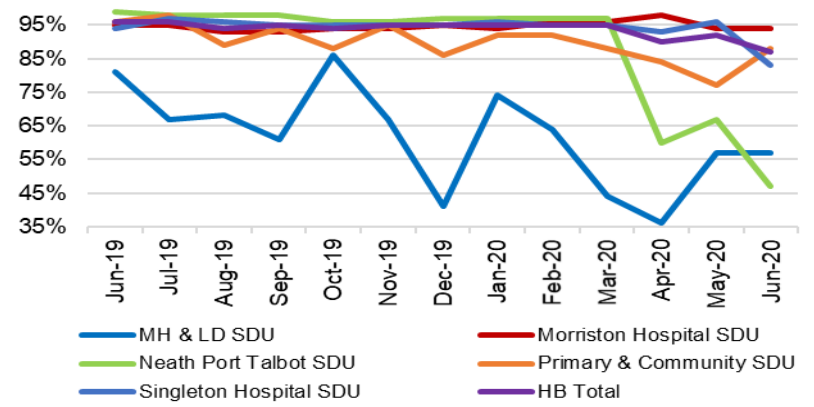
HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none">There were zero cases of <i>P.Aeruginosa</i> bacteraemia in June 2020.Cumulative cases from April to June 2020 is 42% more than the equivalent period in 2019/20.	Number of healthcare acquired Pseudomonas cases  <table><caption>Number of healthcare acquired Pseudomonas cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Pseudomonas cases (SBU)</th></tr></thead><tbody><tr><td>Jun-19</td><td>6</td></tr><tr><td>Jul-19</td><td>1</td></tr><tr><td>Aug-19</td><td>4</td></tr><tr><td>Sep-19</td><td>2</td></tr><tr><td>Oct-19</td><td>1</td></tr><tr><td>Nov-19</td><td>1</td></tr><tr><td>Dec-19</td><td>2</td></tr><tr><td>Jan-20</td><td>3</td></tr><tr><td>Feb-20</td><td>1</td></tr><tr><td>Mar-20</td><td>1</td></tr><tr><td>Apr-20</td><td>2</td></tr><tr><td>May-20</td><td>5</td></tr><tr><td>Jun-20</td><td>0</td></tr></tbody></table> <p>■ Number of Pseudomonas cases (SBU)</p>	Month	Number of Pseudomonas cases (SBU)	Jun-19	6	Jul-19	1	Aug-19	4	Sep-19	2	Oct-19	1	Nov-19	1	Dec-19	2	Jan-20	3	Feb-20	1	Mar-20	1	Apr-20	2	May-20	5	Jun-20	0
	Month	Number of Pseudomonas cases (SBU)																												
Jun-19	6																													
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5. QUADRUPLE AIM 3: The health and social care workforce in Wales is motivated and sustainable

5.1 Overview

QUADRUPLE AIM 3: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					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/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			188	129	132	154	194	242	144	185	180	105	38	48	167
	MH&LD				16	12	19	18	21	9	17	19	14	25	11	14	7
	Morrison				1,811	1,883	1,914	1,566	1,728	1,727	1,069	1,277	1,364	646	43	88	110
	NPTH				681	567	474	454	532	397	379	464	350	173	10	12	17
	Singleton				1,046	1,680	1,562	1,267	1,464	1,198	884	1,261	1,120	796	60	104	99
	Total				3,726	4,259	4,082	2,441	3,918	3,564	2,476	3,187	3,014	1,745	162	266	400
% of patients who would recommend and highly recommend	PCCS	90%	80%		96%	98%	89%	94%	88%	95%	86%	92%	92%	88%	84%	77%	88%
	MH&LD				81%	67%	68%	61%	86%	67%	41%	74%	64%	44%	36%	57%	57%
	Morrison				95%	95%	93%	93%	94%	94%	95%	94%	96%	96%	98%	94%	94%
	NPTH				99%	98%	98%	98%	96%	96%	97%	97%	97%	97%	60%	67%	47%
	Singleton				94%	97%	96%	95%	95%	95%	95%	96%	95%	95%	93%	96%	83%
	Total				96%	96%	94%	95%	94%	95%	95%	95%	95%	95%	90%	92%	87%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		-	93%	90%	100%	92%	93%	100%	91%	-	100%	-	100%	100%
	MH&LD				0%	0%	-	-	-	-	-	-	-	-	-	-	-
	Morrison				77%	74%	78%	86%	70%	75%	71%	85%	70%	100%	100%	100%	67%
	NPTH				78%	71%	72%	71%	94%	50%	67%	91%	88%	67%	-	-	-
	Singleton				82%	84%	86%	87%	89%	89%	85%	84%	88%	90%	95%	100%	67%
	Total				79%	77%	81%	85%	83%	83%	83%	86%	81%	90%	95%	100%	79%
Complaints																	
Number of new complaints received	PCCS	12 month reduction rend			9	11	7	12	10	7	6	15	7	4	4	4	11
	MH&LD				9	18	14	11	17	24	9	17	5	3	4	4	9
	Morrison				54	62	40	45	72	54	37	60	59	42	9	9	20
	NPTH				4	4	9	6	11	11	3	8	7	1	8	8	5
	Singleton				35	33	35	29	39	30	20	33	25	34	8	8	8
	Total				118	138	114	110	159	137	87	142	113	92	37	37	54
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	75%	80%		64%	53%	100%	70%	63%	64%	71%	59%	64%	29%	83%	73%	
	MH&LD				88%	88%	93%	77%	71%	46%	56%	65%	67%	67%	100%	78%	
	Morrison				96%	95%	100%	98%	100%	96%	91%	95%	75%	40%	88%	94%	
	NPTH				75%	67%	67%	83%	82%	64%	100%	100%	88%	100%	75%	80%	
	Singleton				77%	69%	67%	80%	73%	83%	53%	81%	80%	58%	75%	75%	
	Total				85%	81%	84%	85%	83%	76%	75%	83%	76%	48%	81%	81%	

5.2 Updates on key measures




























PATIENT EXPERIENCE		
Description	Current Performance	Trend
<p>Patient experience</p> <p>Measure 1: Number of friends and family surveys completed</p> <p>Measure 2: % of patients/ service users who would recommend and highly recommend</p>	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in June 2020 was 87% and 393 surveys were completed: <ul style="list-style-type: none"> Neath Port Talbot Hospital (NPTH) completed 17 surveys in June 2020, with a recommended score of 47%. Singleton Hospital completed 99 surveys for June, with a recommended score of 83%. Morrison Hospital completed 110 surveys in June 2020, with a recommended score of 94%. Mental Health & Learning Disabilities completed 7 surveys for June 2020, with a recommended score of 57%. Primary & Community Care completed 167 surveys for June, with a recommended score of 88%. 	<p>Measure 1: Number of friends and family surveys completed</p>  <p>Measure 2: % of patients/ service users who would recommend and highly recommend</p> 

COMPLAINTS																																																			
Description	Current Performance	Trend																																																	
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.	Number of formal complaints received <table border="1"><caption>Number of formal complaints received (Estimated Data)</caption><thead><tr><th>Month</th><th>MH & LD SDU</th><th>P&C SDU</th><th>Morriston Hospital SDU</th><th>Singleton Hospital SDU</th><th>NPT Hospital SDU</th><th>Health Board Total</th></tr></thead><tbody><tr><td>Jan-20</td><td>10</td><td>5</td><td>60</td><td>15</td><td>5</td><td>95</td></tr><tr><td>Feb-20</td><td>10</td><td>5</td><td>60</td><td>15</td><td>5</td><td>95</td></tr><tr><td>Mar-20</td><td>10</td><td>5</td><td>40</td><td>15</td><td>5</td><td>75</td></tr><tr><td>Apr-20</td><td>10</td><td>5</td><td>10</td><td>15</td><td>5</td><td>45</td></tr><tr><td>May-20</td><td>10</td><td>5</td><td>20</td><td>15</td><td>5</td><td>55</td></tr><tr><td>Jun-20</td><td>10</td><td>5</td><td>30</td><td>15</td><td>5</td><td>65</td></tr></tbody></table>	Month	MH & LD SDU	P&C SDU	Morriston Hospital SDU	Singleton Hospital SDU	NPT Hospital SDU	Health Board Total	Jan-20	10	5	60	15	5	95	Feb-20	10	5	60	15	5	95	Mar-20	10	5	40	15	5	75	Apr-20	10	5	10	15	5	45	May-20	10	5	20	15	5	55	Jun-20	10	5	30	15	5	65
		Month	MH & LD SDU	P&C SDU	Morriston Hospital SDU	Singleton Hospital SDU	NPT Hospital SDU	Health Board Total																																											
Jan-20	10	5	60	15	5	95																																													
Feb-20	10	5	60	15	5	95																																													
Mar-20	10	5	40	15	5	75																																													
Apr-20	10	5	10	15	5	45																																													
May-20	10	5	20	15	5	55																																													
Jun-20	10	5	30	15	5	65																																													
Response rate for concerns within 30 days <table border="1"><caption>Response rate for concerns within 30 days (Estimated Data)</caption><thead><tr><th>Month</th><th>30 day response rate</th></tr></thead><tbody><tr><td>May-19</td><td>82%</td></tr><tr><td>Jun-19</td><td>85%</td></tr><tr><td>Jul-19</td><td>80%</td></tr><tr><td>Aug-19</td><td>83%</td></tr><tr><td>Sep-19</td><td>85%</td></tr><tr><td>Oct-19</td><td>82%</td></tr><tr><td>Nov-19</td><td>75%</td></tr><tr><td>Dec-19</td><td>75%</td></tr><tr><td>Jan-20</td><td>82%</td></tr><tr><td>Feb-20</td><td>75%</td></tr><tr><td>Mar-20</td><td>48%</td></tr><tr><td>Apr-20</td><td>80%</td></tr><tr><td>May-20</td><td>81%</td></tr></tbody></table>	Month	30 day response rate	May-19	82%	Jun-19	85%	Jul-19	80%	Aug-19	83%	Sep-19	85%	Oct-19	82%	Nov-19	75%	Dec-19	75%	Jan-20	82%	Feb-20	75%	Mar-20	48%	Apr-20	80%	May-20	81%																							
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6. 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 outcomes

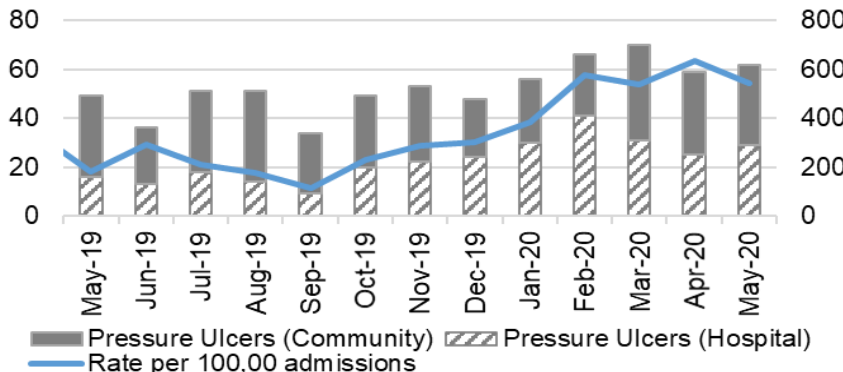
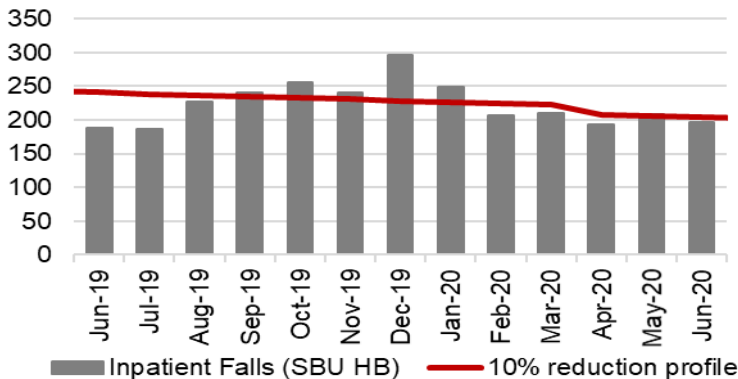
6.1 Overview

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																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU										Apr-20	May-20	Jun-20
					Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20			
Serious Incidents & Risks																	
Number of Serious Incidents	PCCS	12 month reduction trend			0	0	2	1	1	2	4	2	1	2	0	0	0
	MH&LD				13	6	11	7	10	5	8	4	11	10	7	5	7
	Morrison				2	4	3	5	5	1	4	2	1	4	0	1	1
	NPTH				0	2	1	0	1	1	1	2	2	2	0	0	0
	Singleton				2	3	6	2	2	2	3	4	5	2	2	0	0
	Total				18	16	23	19	19	11	20	14	20	20	9	6	8
Number of Never Events	PCCS	0			0	1	0	0	1	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison				1	0	0	0	0	0	1	1	0	0	0	0	1
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	1	0	0	0	0	0	0	0	0	0	0
	Total				1	1	1	0	1	0	1	1	0	0	0	0	1
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			23	33	37	25	29	31	24	26	25	39	34	33	
	PCCS Hospital				1	0	0	0	1	0	1	0	1	0	3	0	
	MH&LD				0	0	0	0	0	1	1	0	0	1	0	0	
	Morrison				4	8	4	5	7	14	11	18	22	18	10	21	
	NPTH				1	0	4	0	1	0	1	0	1	1	4	2	
	Singleton				7	10	6	4	11	7	10	12	17	11	8	6	
	Total				36	51	51	34	49	53	48	56	66	70	59	62	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			6	7	8	8	2	8	3	5	8	8	4	6	
	PCCS Hospital				1	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				0	1	0	1	0	2	1	2	1	0	2	0	
	NPTH				0	0	0	0	1	0	0	0	0	0	0	0	
	Singleton				0	1	0	0	1	0	1	0	2	1	0	0	
	Total				7	9	8	9	4	10	5	7	11	9	6	6	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			293	211	174	111	229	288	301	383	578	540	636.0	545	

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU										Apr-20	May-20	Jun-20
					Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20			
Falls																	
Total number of Inpatient Falls	PCCS	12 month reduction trend			7	5	7	9	10	9	10	7	9	9	1	4	7
	MH&LD				41	34	57	65	43	56	52	44	31	42	52	55	48
	Morrison				82	85	85	93	102	94	117	110	76	69	60	73	52
	NPTH				18	26	32	22	51	42	59	42	48	56	47	32	55
	Singleton				42	36	46	52	49	39	59	46	43	34	33	45	34
	Total				190	186	227	241	255	240	297	249	207	210	193	209	196
Inpatient Falls per 1,000 beddays	HB Total		Between 3.0 & 5.0		4.53	4.35	5.35	5.74	5.84	5.70	6.92	5.68	5.19	5.73	7.90	7.83	6.72
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			99%	99%	100%	100%	94%	100%	99%	98%	100%	98%	100%	100%	
	Singleton				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	NPTH				100%	100%	100%	100%	100%	100%	94%	100%	100%	29%	69%	92%	
	Total				99%	99%	100%	100%	96%	100%	99%	98%	100%	96%	96%	99%	
Stage 2 mortality reviews completed within 60 days	Morrison	95%			100%	67%	80%	25%	73%	71%	64%	77%	33%	0%			
	Singleton				75%	100%	20%	0%	40%	100%	67%	100%	50%	0%			
	NPTH				-	-	-	-	100%	-	-	100%	-	-			
	Total				93%	71%	60%	89%	65%	78%	67%	75%	44%	0%			
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.27%	1.27%	1.26%	1.26%	1.27%	1.29%	1.31%	1.33%	1.30%	1.30%	1.45%	1.49%	
	Singleton				0.42%	0.44%	0.45%	0.46%	0.44%	0.43%	0.44%	0.42%	0.43%	0.43%	0.46%		
	NPTH				0.09%	0.09%	0.11%	0.09%	0.10%	0.13%	0.14%	0.13%	0.16%	0.16%	0.21%		
	Total (SBU)				0.75%	0.76%	0.76%	0.77%	0.77%	0.78%	0.79%	0.71%	0.72%	0.75%	0.80%		
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			72.7%	73.4%	74.6%	76.3%	76.2%	77.1%	78.7%	79.8%	79.3%	79.1%	79.4%		
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			56.0%	56.6%	57.8%	59.6%	59.5%	60.4%	57.3%	56.8%	58.3%	57.5%	56.5%		
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			64.5%	66.7%	68.0%	69.0%	70.5%	69.8%	71.2%	73.0%	73.2%	74.5%	75.1%		
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			67.7%	67.3%	69.3%	71.1%	73.2%	73.2%	74.5%	72.8%	73.2%	73.3%	73.6%		
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			29.2%	31.7%	31.7%	35.2%	38.3%	40.4%	45.3%	48.6%	51.8%	54.7%	56.1%		
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			71.5%	70.3%	69.5%	70.2%	70.9%	72.1%	72.7%	73.3%	72.3%	73.1%	72.8%		
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month improvement trend			8.1%	8.2%	8.5%	8.3%	7.8%	7.8%	8.1%	7.8%	8.5%	8.5%	8.0%		
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			86.0%	77.8%	82.4%	75.4%	95.6%	75.6%	83.6%						

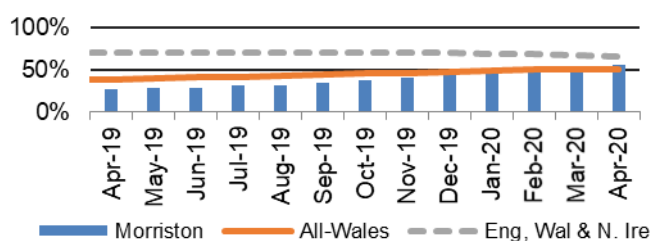
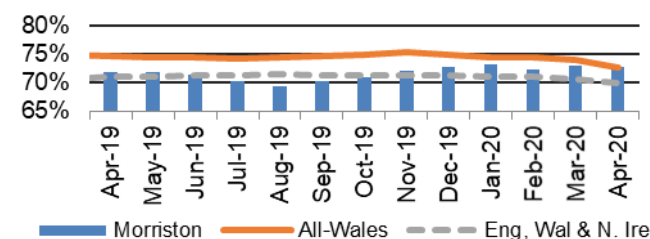
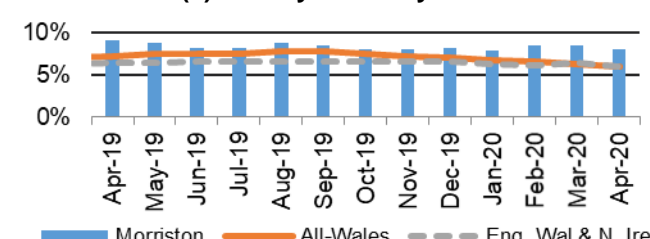
6.2 Updates on key measures

SERIOUS INCIDENTS																																												
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.	Number of serious incidents and never events <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>22</td><td>1</td></tr><tr><td>Sep-19</td><td>19</td><td>1</td></tr><tr><td>Oct-19</td><td>19</td><td>1</td></tr><tr><td>Nov-19</td><td>10</td><td>1</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>1</td></tr><tr><td>Mar-20</td><td>20</td><td>1</td></tr><tr><td>Apr-20</td><td>8</td><td>1</td></tr><tr><td>May-20</td><td>5</td><td>1</td></tr><tr><td>Jun-20</td><td>8</td><td>1</td></tr></tbody></table>	Month	Number of Serious Incidents	Number of never events	Jun-19	18	1	Jul-19	16	1	Aug-19	22	1	Sep-19	19	1	Oct-19	19	1	Nov-19	10	1	Dec-19	20	1	Jan-20	14	1	Feb-20	20	1	Mar-20	20	1	Apr-20	8	1	May-20	5	1	Jun-20	8	1
	Month	Number of Serious Incidents	Number of never events																																									
	Jun-19	18	1																																									
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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.	% of serious incidents closed within 60 days <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>50%</td></tr><tr><td>Nov-19</td><td>60%</td></tr><tr><td>Dec-19</td><td>40%</td></tr><tr><td>Jan-20</td><td>30%</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>10%</td></tr><tr><td>May-20</td><td>30%</td></tr><tr><td>Jun-20</td><td>0%</td></tr></tbody></table>	Month	% SI's assured (SB UHB)	Jun-19	40%	Jul-19	60%	Aug-19	70%	Sep-19	20%	Oct-19	50%	Nov-19	60%	Dec-19	40%	Jan-20	30%	Feb-20	30%	Mar-20	30%	Apr-20	10%	May-20	30%	Jun-20	0%														
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May-20	30%																																											
Jun-20	0%																																											
	<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	Number of ligature incidents <table><thead><tr><th>Month</th><th>Number of Ligature Incidents</th></tr></thead><tbody><tr><td>Jun-19</td><td>1</td></tr><tr><td>Jul-19</td><td>1</td></tr><tr><td>Aug-19</td><td>5</td></tr><tr><td>Sep-19</td><td>5</td></tr><tr><td>Oct-19</td><td>6</td></tr><tr><td>Nov-19</td><td>2</td></tr><tr><td>Dec-19</td><td>1</td></tr><tr><td>Jan-20</td><td>1</td></tr><tr><td>Feb-20</td><td>2</td></tr><tr><td>Mar-20</td><td>3</td></tr><tr><td>Apr-20</td><td>1</td></tr><tr><td>May-20</td><td>10</td></tr><tr><td>Jun-20</td><td>13</td></tr></tbody></table>	Month	Number of Ligature Incidents	Jun-19	1	Jul-19	1	Aug-19	5	Sep-19	5	Oct-19	6	Nov-19	2	Dec-19	1	Jan-20	1	Feb-20	2	Mar-20	3	Apr-20	1	May-20	10	Jun-20	13														
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Apr-20	1																																											
May-20	10																																											
Jun-20	13																																											
	<ul style="list-style-type: none">It is important to highlight the significant increase in ligature incidents in May and June 2020. However as explained in the cover paper, all incidents were low or no harm and were attributed to a small cluster of patients.																																											

PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
Number of pressure ulcers <i>Total number of grade 3, grade 4 and unstageable pressure ulcers developed in hospital and in the community</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><caption>Pressure Ulcers Data (Estimated from Chart)</caption><thead><tr><th>Month</th><th>Community PU</th><th>Hospital PU</th><th>Rate per 100,000</th></tr></thead><tbody><tr><td>May-19</td><td>30</td><td>18</td><td>250</td></tr><tr><td>Jun-19</td><td>25</td><td>15</td><td>300</td></tr><tr><td>Jul-19</td><td>30</td><td>18</td><td>250</td></tr><tr><td>Aug-19</td><td>30</td><td>18</td><td>200</td></tr><tr><td>Sep-19</td><td>25</td><td>10</td><td>150</td></tr><tr><td>Oct-19</td><td>30</td><td>18</td><td>250</td></tr><tr><td>Nov-19</td><td>30</td><td>18</td><td>250</td></tr><tr><td>Dec-19</td><td>25</td><td>18</td><td>250</td></tr><tr><td>Jan-20</td><td>30</td><td>25</td><td>350</td></tr><tr><td>Feb-20</td><td>35</td><td>30</td><td>550</td></tr><tr><td>Mar-20</td><td>40</td><td>30</td><td>500</td></tr><tr><td>Apr-20</td><td>35</td><td>25</td><td>600</td></tr><tr><td>May-20</td><td>30</td><td>32</td><td>500</td></tr></tbody></table>	Month	Community PU	Hospital PU	Rate per 100,000	May-19	30	18	250	Jun-19	25	15	300	Jul-19	30	18	250	Aug-19	30	18	200	Sep-19	25	10	150	Oct-19	30	18	250	Nov-19	30	18	250	Dec-19	25	18	250	Jan-20	30	25	350	Feb-20	35	30	550	Mar-20	40	30	500	Apr-20	35	25	600	May-20	30	32	500
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FALLS																																																										
Description	Current Performance	Trend																																																								
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">• The number of Falls reported via Datix web for Swansea Bay UHB was 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><caption>Inpatient Falls Data (Estimated from Chart)</caption><thead><tr><th>Month</th><th>Inpatient Falls (SBU HB)</th><th>10% reduction profile</th></tr></thead><tbody><tr><td>Jun-19</td><td>190</td><td>225</td></tr><tr><td>Jul-19</td><td>185</td><td>220</td></tr><tr><td>Aug-19</td><td>230</td><td>215</td></tr><tr><td>Sep-19</td><td>240</td><td>210</td></tr><tr><td>Oct-19</td><td>255</td><td>205</td></tr><tr><td>Nov-19</td><td>240</td><td>200</td></tr><tr><td>Dec-19</td><td>295</td><td>195</td></tr><tr><td>Jan-20</td><td>245</td><td>190</td></tr><tr><td>Feb-20</td><td>210</td><td>185</td></tr><tr><td>Mar-20</td><td>215</td><td>180</td></tr><tr><td>Apr-20</td><td>195</td><td>175</td></tr><tr><td>May-20</td><td>205</td><td>170</td></tr><tr><td>Jun-20</td><td>196</td><td>165</td></tr></tbody></table>	Month	Inpatient Falls (SBU HB)	10% reduction profile	Jun-19	190	225	Jul-19	185	220	Aug-19	230	215	Sep-19	240	210	Oct-19	255	205	Nov-19	240	200	Dec-19	295	195	Jan-20	245	190	Feb-20	210	185	Mar-20	215	180	Apr-20	195	175	May-20	205	170	Jun-20	196	165														
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DISCHARGE SUMMARIES																																																																								
Description	Current Performance	Trend																																																																						
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	The latest data shows that in June 2020, the percentage of completed discharge summaries was 67%.	% discharge summaries approved and sent <table border="1"><caption>% of completed discharge summaries</caption><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Jun-19</td><td>68%</td></tr><tr><td>Jul-19</td><td>64%</td></tr><tr><td>Aug-19</td><td>64%</td></tr><tr><td>Sep-19</td><td>61%</td></tr><tr><td>Oct-19</td><td>64%</td></tr><tr><td>Nov-19</td><td>64%</td></tr><tr><td>Dec-19</td><td>65%</td></tr><tr><td>Jan-20</td><td>66%</td></tr><tr><td>Feb-20</td><td>67%</td></tr><tr><td>Mar-20</td><td>68%</td></tr><tr><td>Apr-20</td><td>61%</td></tr><tr><td>May-20</td><td>64%</td></tr><tr><td>Jun-20</td><td>67%</td></tr></tbody></table>	Month	% of completed discharge summaries	Jun-19	68%	Jul-19	64%	Aug-19	64%	Sep-19	61%	Oct-19	64%	Nov-19	64%	Dec-19	65%	Jan-20	66%	Feb-20	67%	Mar-20	68%	Apr-20	61%	May-20	64%	Jun-20	67%																																										
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Crude Mortality Rate	May 2020 reports the crude mortality rate for the health board at 0.83% compared to 0.80% in April 2020.	Crude hospital mortality rate by Hospital (74 years of age or less) <table border="1"><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>May-19</td><td>1.25%</td><td>0.40%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Jun-19</td><td>1.25%</td><td>0.40%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Jul-19</td><td>1.25%</td><td>0.40%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Aug-19</td><td>1.25%</td><td>0.40%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Sep-19</td><td>1.25%</td><td>0.40%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Oct-19</td><td>1.25%</td><td>0.40%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Nov-19</td><td>1.25%</td><td>0.40%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Dec-19</td><td>1.25%</td><td>0.40%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Jan-20</td><td>1.30%</td><td>0.40%</td><td>0.10%</td><td>0.80%</td></tr><tr><td>Feb-20</td><td>1.25%</td><td>0.40%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Mar-20</td><td>1.25%</td><td>0.40%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Apr-20</td><td>1.45%</td><td>0.40%</td><td>0.10%</td><td>0.85%</td></tr><tr><td>May-20</td><td>1.49%</td><td>0.47%</td><td>0.22%</td><td>0.83%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	May-19	1.25%	0.40%	0.10%	0.75%	Jun-19	1.25%	0.40%	0.10%	0.75%	Jul-19	1.25%	0.40%	0.10%	0.75%	Aug-19	1.25%	0.40%	0.10%	0.75%	Sep-19	1.25%	0.40%	0.10%	0.75%	Oct-19	1.25%	0.40%	0.10%	0.75%	Nov-19	1.25%	0.40%	0.10%	0.75%	Dec-19	1.25%	0.40%	0.10%	0.75%	Jan-20	1.30%	0.40%	0.10%	0.80%	Feb-20	1.25%	0.40%	0.10%	0.75%	Mar-20	1.25%	0.40%	0.10%	0.75%	Apr-20	1.45%	0.40%	0.10%	0.85%	May-20	1.49%	0.47%	0.22%	0.83%
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	A breakdown by Delivery Unit for May 2020: <ul style="list-style-type: none">• Morriston – 1.49%• Singleton – 0.47%• NPT – 0.22%																																																																							

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF) (1) Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation (2) Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture (3) NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 (4) Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	(1) Prompt orthogeriatric assessment- In April 2020, 79.4% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 7% more than in April 2019.	(1) Prompt orthogeriatric assessment
	(2) Prompt surgery- In April 2020, 56.5% of patients had surgery the day following presentation with a hip fracture. This is an improvement from April 2019 which was 55.0%	(2) Prompt surgery
	(3) NICE compliant surgery- 75.1% of operations were consistent with the NICE recommendations in April 2020. This is an improvement of 11.8% compared with April 2019 (from 63.3% to 75.1%). In April 2020, Morriston was above the all-Wales average of 71.2%.	(3) NICE compliant Surgery
	(4) Prompt mobilisation- In April 2020 73.6% of patients were out of bed the day after surgery. This is an improvement of 5.4% compared with April 2019 and slightly above the all-Wales average of 73.1%.	(4) Prompt mobilisation



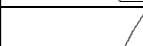
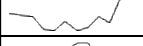

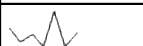
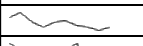


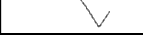
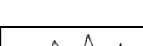

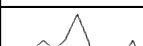


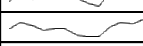

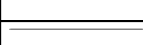
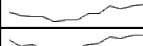


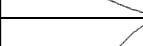


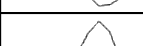


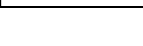


<p>(5) Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</p> <p>(6) Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</p> <p>(7) 30 day mortality rate</p>	<p>(5) Not delirious when tested- 56.1% of patients were not delirious in the week after their operation in April 2020. This is an improvement of 29.6% compared with April 2019 (26.5%).</p> <p>(6) Return to original residence- 72.8% of patients in April 2020 were discharged back to their original residence. This was slightly above the all-Wales average of 72.7%.</p> <p>(7) 30 day mortality rate- In April 2020 the mortality rate for Morriston was 8.0% which is 1% less than April 2019. The mortality rate in April 2020 is higher than the all-Wales and national average of 6.0%.</p>	<p>(5) Not delirious when tested</p>  <table><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr><tr><td>Apr-19</td><td>26.5%</td><td>56.1%</td><td>86.1%</td></tr><tr><td>May-19</td><td>30.0%</td><td>56.1%</td><td>86.1%</td></tr><tr><td>Jun-19</td><td>30.0%</td><td>56.1%</td><td>86.1%</td></tr><tr><td>Jul-19</td><td>30.0%</td><td>56.1%</td><td>86.1%</td></tr><tr><td>Aug-19</td><td>30.0%</td><td>56.1%</td><td>86.1%</td></tr><tr><td>Sep-19</td><td>30.0%</td><td>56.1%</td><td>86.1%</td></tr><tr><td>Oct-19</td><td>30.0%</td><td>56.1%</td><td>86.1%</td></tr><tr><td>Nov-19</td><td>30.0%</td><td>56.1%</td><td>86.1%</td></tr><tr><td>Dec-19</td><td>30.0%</td><td>56.1%</td><td>86.1%</td></tr><tr><td>Jan-20</td><td>30.0%</td><td>56.1%</td><td>86.1%</td></tr><tr><td>Feb-20</td><td>30.0%</td><td>56.1%</td><td>86.1%</td></tr><tr><td>Mar-20</td><td>30.0%</td><td>56.1%</td><td>86.1%</td></tr><tr><td>Apr-20</td><td>56.1%</td><td>56.1%</td><td>86.1%</td></tr></table> <p>(6) Return to original residence</p>  <table><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr><tr><td>Apr-19</td><td>72.7%</td><td>72.7%</td><td>72.7%</td></tr><tr><td>May-19</td><td>72.7%</td><td>72.7%</td><td>72.7%</td></tr><tr><td>Jun-19</td><td>72.7%</td><td>72.7%</td><td>72.7%</td></tr><tr><td>Jul-19</td><td>72.7%</td><td>72.7%</td><td>72.7%</td></tr><tr><td>Aug-19</td><td>72.7%</td><td>72.7%</td><td>72.7%</td></tr><tr><td>Sep-19</td><td>72.7%</td><td>72.7%</td><td>72.7%</td></tr><tr><td>Oct-19</td><td>72.7%</td><td>72.7%</td><td>72.7%</td></tr><tr><td>Nov-19</td><td>72.7%</td><td>72.7%</td><td>72.7%</td></tr><tr><td>Dec-19</td><td>72.7%</td><td>72.7%</td><td>72.7%</td></tr><tr><td>Jan-20</td><td>72.7%</td><td>72.7%</td><td>72.7%</td></tr><tr><td>Feb-20</td><td>72.7%</td><td>72.7%</td><td>72.7%</td></tr><tr><td>Mar-20</td><td>72.7%</td><td>72.7%</td><td>72.7%</td></tr><tr><td>Apr-20</td><td>72.8%</td><td>72.7%</td><td>72.7%</td></tr></table> <p>(7) 30 day mortality rate</p>  <table><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr><tr><td>Apr-19</td><td>8.0%</td><td>6.0%</td><td>6.0%</td></tr><tr><td>May-19</td><td>7.5%</td><td>6.0%</td><td>6.0%</td></tr><tr><td>Jun-19</td><td>7.0%</td><td>6.0%</td><td>6.0%</td></tr><tr><td>Jul-19</td><td>7.0%</td><td>6.0%</td><td>6.0%</td></tr><tr><td>Aug-19</td><td>7.0%</td><td>6.0%</td><td>6.0%</td></tr><tr><td>Sep-19</td><td>7.0%</td><td>6.0%</td><td>6.0%</td></tr><tr><td>Oct-19</td><td>7.0%</td><td>6.0%</td><td>6.0%</td></tr><tr><td>Nov-19</td><td>7.0%</td><td>6.0%</td><td>6.0%</td></tr><tr><td>Dec-19</td><td>7.0%</td><td>6.0%</td><td>6.0%</td></tr><tr><td>Jan-20</td><td>7.0%</td><td>6.0%</td><td>6.0%</td></tr><tr><td>Feb-20</td><td>7.0%</td><td>6.0%</td><td>6.0%</td></tr><tr><td>Mar-20</td><td>7.0%</td><td>6.0%</td><td>6.0%</td></tr><tr><td>Apr-20</td><td>6.0%</td><td>6.0%</td><td>6.0%</td></tr></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Apr-19	26.5%	56.1%	86.1%	May-19	30.0%	56.1%	86.1%	Jun-19	30.0%	56.1%	86.1%	Jul-19	30.0%	56.1%	86.1%	Aug-19	30.0%	56.1%	86.1%	Sep-19	30.0%	56.1%	86.1%	Oct-19	30.0%	56.1%	86.1%	Nov-19	30.0%	56.1%	86.1%	Dec-19	30.0%	56.1%	86.1%	Jan-20	30.0%	56.1%	86.1%	Feb-20	30.0%	56.1%	86.1%	Mar-20	30.0%	56.1%	86.1%	Apr-20	56.1%	56.1%	86.1%	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Apr-19	72.7%	72.7%	72.7%	May-19	72.7%	72.7%	72.7%	Jun-19	72.7%	72.7%	72.7%	Jul-19	72.7%	72.7%	72.7%	Aug-19	72.7%	72.7%	72.7%	Sep-19	72.7%	72.7%	72.7%	Oct-19	72.7%	72.7%	72.7%	Nov-19	72.7%	72.7%	72.7%	Dec-19	72.7%	72.7%	72.7%	Jan-20	72.7%	72.7%	72.7%	Feb-20	72.7%	72.7%	72.7%	Mar-20	72.7%	72.7%	72.7%	Apr-20	72.8%	72.7%	72.7%	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Apr-19	8.0%	6.0%	6.0%	May-19	7.5%	6.0%	6.0%	Jun-19	7.0%	6.0%	6.0%	Jul-19	7.0%	6.0%	6.0%	Aug-19	7.0%	6.0%	6.0%	Sep-19	7.0%	6.0%	6.0%	Oct-19	7.0%	6.0%	6.0%	Nov-19	7.0%	6.0%	6.0%	Dec-19	7.0%	6.0%	6.0%	Jan-20	7.0%	6.0%	6.0%	Feb-20	7.0%	6.0%	6.0%	Mar-20	7.0%	6.0%	6.0%	Apr-20	6.0%	6.0%	6.0%
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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 DToCs	National	Mar-20	13	12 month ↓	27	✔		27	20	18	19	22	22	22	23	16	13			
	Number of non-mental health HB DToCs	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 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 pay bill	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%