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Swansea Bay University
Health Board



Meeting Date	22nd September 2020	Agenda Item	3.1
Report Title	Quality & Safety Performance Report		
Report Author	Hannah Roan, Head of Performance & Commissioning (interim)		
Report Sponsor	Darren Griffiths, Director of Finance and Performance (interim)		
Presented by	Darren Griffiths, Director of Finance and Performance (interim)		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2020/21 NHS Wales Delivery Framework.		
Key Issues	<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>From the 1st April 2020, RAGing has not been applied to the targeted intervention priorities as the profiles were based on the actions within the 2020/21 annual plan which are now not being progressed due to the COVID-19 pandemic. In the absence of local profiles, in-month movement will now be utilised as the basis of RAGing for these measures until revised profiles are received. However, this is unlikely to happen until the pandemic has subsided and services start to return to a new level of normality</p> <p>Key high level issues to highlight this month are as follows:</p> <p>Primary and Community Care measures- A new suite of Primary and Community Care measures are included in this report. The measures mirror those that are reported to the Primary and Community Care Services Unit Board via a bespoke scorecard created in response to the COVID19 pandemic. The measures will continue to be expanded over the coming months to ensure that a complete picture of how services within primary and community care are providing access for patients during the pandemic.</p>		

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

Planned Care- waiting times continue to increase for first outpatient appointments and treatment following direction from Welsh Government in March 2020 to suspend all non-urgent outpatient appointments (ensuring that urgent appointments are prioritised) and to suspend non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery). This increase is mirrored in both diagnostic and therapy waiting times. Our clinical services continue to work on reinstating activity in a planned and safe way in alignment with the Quarter 2 Operational Plan. The Health Board is also linked in with the collaborative work being undertaken on a national level to introduce risk stratification into the management of waiting lists.

Cancer- The backlog of Urgent Suspected Cancer (USC) patients waiting over 53 days reduced again in August 2020 to the best position since March 2020. The percentage of USC patients treated within 62 days remains above 80% this year, although the position is challenging as a result of increasing referrals and continuing restrictions due to COVID-19. August's figures are in the process of being validated at the time of writing this report.

Mental Health- performance against the Mental Health Measures is being maintained and all targets were achieved in July 2020. Psychological therapies continues to struggle to achieve the 26 weeks access target, however performance improved from 84% in June 2020 to 89% in August 2020.

Child and Adolescent Mental Health Services (CAMHS)-access to CAMHS remains exceptionally high for all measures with the exception of the Neurodevelopmental Disorder (NDD) access measure which was 30% in July 2020 against the 80% target.

Healthcare Acquired Infections- In August 2020, the number of c.difficile cases in Swansea Bay significantly increased and the cumulative number of cases between April and August 2020 remains 72% higher than the same period in 2019/20.

Serious Incidents closures- Performance against the 80% target was 50% in August 2020. Despite only 2 closure forms being due for submission in August 2020, only 1 form was submitted on time (by Morriston Hospital Delivery Unit). The form that missed the

	submission deadline was from Mental Health and Learning Disabilities Unit.			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. 			

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

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

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

The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the operational pressures within the Health Board relating to the COVID-19 pandemic, it was agreed that the narrative

update would be omitted from this performance report until operational pressures significantly ease. Despite a reduction in the narrative contained within this report, considerable work has been undertaken to include additional measures that aid in describing how the healthcare systems has changed as a result of the pandemic.

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

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

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

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

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

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



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Appendix 1- Quality & Safety Performance Report

September 2020



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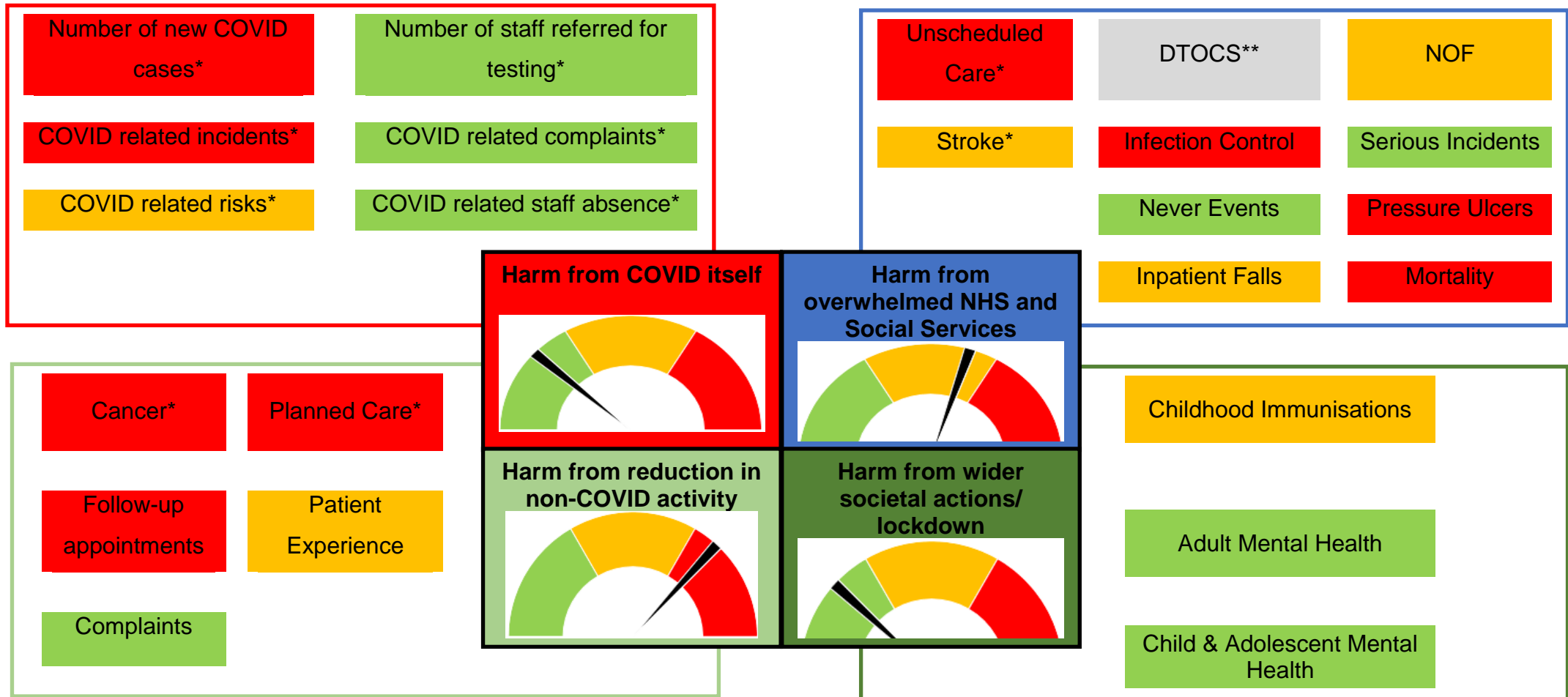
1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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

- Q&S report detail is reduced to reflect data capture currently available.
- The structure of the Q&S report is now aligned with the quadrants of harm from the Q2 Operational Plan.
- Primary and Community Care measures have been added to the report
- Adult Mental health access performance remains excellent and CAMHS access is being maintained at a high level (with five out of the seven measures achieving 100% in July 2020 including access to urgent assessments within 48 hours).
- Increasing demand on unscheduled care system is resulting in a deterioration in performance, although levels of demand remain lower than previous years.
- Planned care system is struggling which is evident in the increasing size of the waiting list and longer waiting times.
- USC referral numbers have increased resulting in the front end of the waiting list continuing to rise which will result in a future “wave” of breaching patients.
- *C.difficile* remains an area of concern with cumulative cases to date this financial year significantly exceeding the number of cases for the same period in 2019/20.
- Concerns response performance deteriorated in June 2020 and fell below the internal profile of 80%. The number of formal complaints received has increased but continues to be lower than usual.
- The number of Friends & Family surveys completed is increasing and the overall recommendation rate is 83% in August 2020.
- Serious Incident numbers have reduced. SI closure performance was poor in August 2020 (50%)
- No new Never Event recorded in August 2020.
- Fractured neck of femur performance in June 2020 continues to be broadly at Welsh National levels (see detail below) and showing an improved position compared with June 2019.

2. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

** Data not available

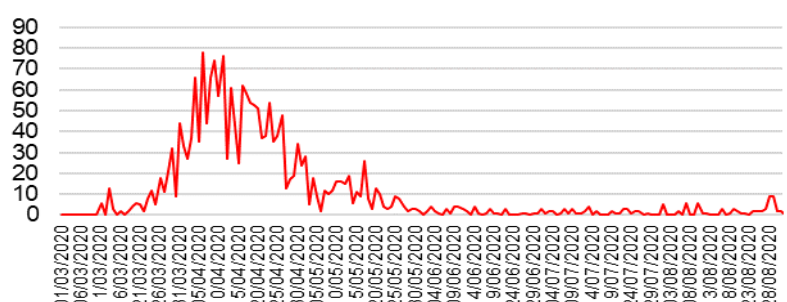
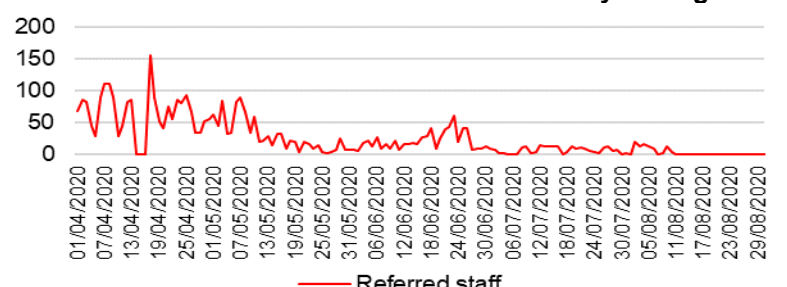

*RAG status based on in-month movement in the absence of local profiles

3. HARM QUADRANT- HARM FROM COVID ITSELF

3.1 Overview

Harm quadrant- Harm from Covid itself																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Number of new COVID19 cases*	HB Total												1,356	293	34	42	63
Number of staff referred to the Community Testing Unit (CTU)*	HB Total												1,969	735	296	199	88
Number of staff awaiting results of COVID19 test*	HB Total												90	19	16	1	0
Number of COVID19 related incidents*	HB Total												119	66	40	25	37
Number of COVID19 related serious incidents*	HB Total												1	0	2	0	0
Number of COVID19 related complaints*	HB Total												69	61	39	58	26
Number of COVID19 related risks*	HB Total												17	19	12	4	6
Number of staff self isolated (asymptomatic)*	Medical												81	39	27		
	Nursing Registered												270	166	145		
	Nursing Non Registered												148	105	112		
	Other												352	206	190		
Number of staff self isolated (symptomatic)*	Medical												90	13	7		
	Nursing Registered												289	117	56		
	Nursing Non Registered												177	67	37		
	Other												304	95	41		
% sickness*	Medical												15%	4%	3%		
	Nursing Registered												14%	7%	5%		
	Nursing Non Registered												17%	8%	7%		
	Other												11%	5%	4%		
	All												13%	6%	5%		

3.2 Updates on key measures

COVID CASES AND TESTING		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p> <p>2. Number of staff referred to the Community Testing Unit (CTU)</p> <p>3. Number of staff waiting results of Antigen test</p>	<p>1. Number of new COVID cases In August 2020, there were an additional 63 positive cases recorded bringing the cumulative total to 2,026 since March 2020. On average, there were 2 new cases per day in August 2020 compared with an average of 45 new cases during the peak of COVID19 in April 2020.</p> <p>2. Staff referred to the Community Testing Unit (CTU) In August 2020, 88 members of staff were referred to the CTU. A total of 4,625 staff Antigen tests have been carried out since data collection began in March 2020 of which 945 were positive (22% positive result rate).</p> <p>3. Number of staff awaiting results of Antigen test The number of staff awaiting the result of their Antigen test has significantly reduced since April 2020, when the highest recorded daily number was 344 members of staff waiting. The monthly figures for this measure are based on a snapshot on the last working day rather than a cumulative total as there is a risk of double counting as the same member of staff could be waiting a number of days and therefore included in multiple daily figures. As at the 31st August 2020, there were no members of staff waiting for their test result. Even though this number changes on a daily basis, throughout August 2020 the daily numbers have remained low.</p>	<p>1. Number of new COVID19 cases for Swansea Bay population</p>  <p>2. Number of staff referred to the community testing unit</p>  <p>— Referred staff</p> <p>3. Number of staff awaiting Antigen test result</p>  <p>— Staff awaiting results</p>

COVID RELATED STAFF ABSENCE					
Description	Current Performance	Trend			
Staff absence due to COVID19 <i>1.Number of staff self isolating (asymptomatic)</i> <i>2.Number of staff self isolating (symptomatic)</i> <i>3.% staff sickness</i>	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government. July 2020 data for COVID specific absences was not available at the time of writing this report.</p> <p>1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) The number of staff self-isolating reduced between May and June 2020 across all categories. Registered nursing continues to have the largest proportion of self-isolating staff who are symptomatic.</p> <p>3. % Staff sickness The percentage of staff sickness absence due to COVID-19 reduced from 13% in April to 6% in May 2020 and then to 5% in June 2020.</p> <p>This is mirrored in the overall sickness rate for the Health Board (for all staff absences) as the rate reduced from 10% in April 2020 to 8.69% in May 2020 and then to 7.2% in June 2020. In July 2020 the in-month rate reduced further to 6.5%</p>	1.Number of staff self isolating (asymptomatic)			
			Apr-20	May-20	Jun-20
		Medical	81	39	27
		Nursing (registered)	270	166	145
		Nursing (non- registered)	148	105	112
Other	352	206	190		
		2.Number of staff self isolating (symptomatic)			
	Apr-20	May-20	Jun-20		
Medical	90	13	7		
Nursing Reg	289	117	56		
Nursing Non Reg	177	67	37		
Other	304	95	41		
		3.% staff sickness			
	Apr-20	May-20	Jun-20		
Medical	15%	4%	3%		
Nursing Reg	14%	7%	5%		
Nursing Non Reg	17%	8%	7%		
Other	11%	5%	4%		
All	13%	6%	5%		

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

4.1 Overview

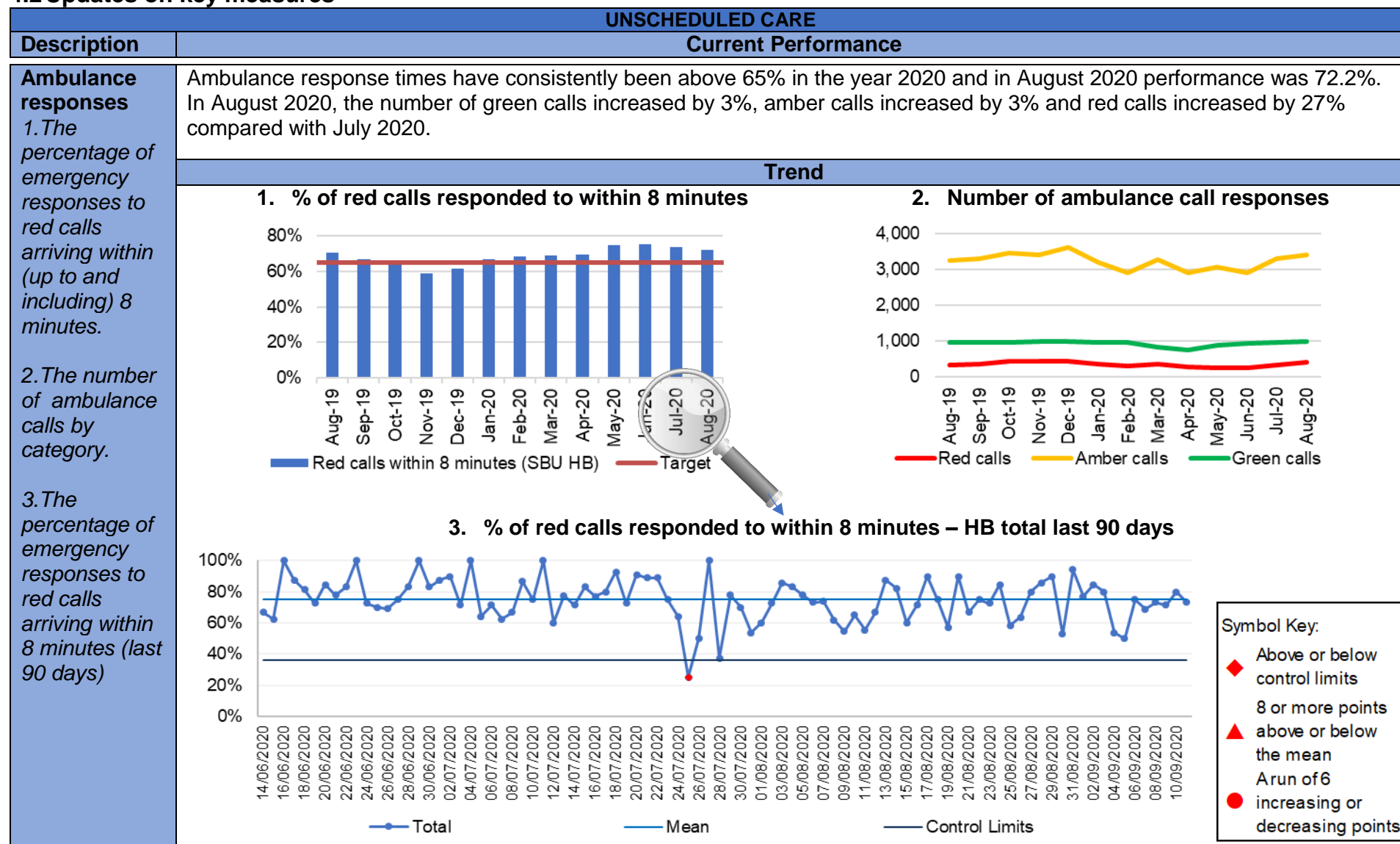
Harm from overwhelmed NHS and social care system																		
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	
Unscheduled Care																		
Number of ambulance handovers over one hour*	Morrison	0			599	746	802	799	830	820	664	433	43	19	45	116	160	
	Singleton				33	32	25	22	38	28	40	29	18	1	2	4	3	
	Total				632	778	827	821	868	848	704	462	61	20	47	120	163	
% 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%			63.7%	60.5%	60.9%	62.2%	60.2%	60.7%	63.5%	63.1%	69.8%	75.6%	82.3%	71.8%	72.6%	
	NPTH				96.4%	94.6%	95.3%	99.0%	97.4%	95.1%	98.7%	96.3%	99.5%	99.9%	99.4%	99.8%	99.4%	
	Singleton			MIU closed														
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morrison	0			74.3%	71.4%	71.0%	73.2%	70.9%	71.6%	74.1%	72.8%	78.4%	83.5%	87.7%	80.1%	80.6%	
	NPTH				740	939	889	926	1,017	1,038	783	557	130	97	81	223	286	
	Singleton			MIU closed														
Total					740	939	890	927	1,018	1,038	783	557	131	97	81	223	286	
Stroke																		
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			42%	29%	55%	55%	39%	24%	62%	47%	Data not available	53%			57%	51%
	Total	(UK SNAP average)			42%	29%	55%	55%	39%	24%	62%	47%		53%			57%	51%
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			48%	42%	47%	49%	44%	43%	38%	43%		49%			48%	53%
	Total	(UK SNAP average)			48%	42%	47%	49%	44%	43%	38%	43%		49%			48%	53%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			95%	95%	94%	98%	100%	90%	97%	98%		100%			95%	97%
	Total	(UK SNAP average)			95%	95%	94%	98%	100%	90%	97%	98%		100%			95%	97%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month			27%	0%	0%	0%	20%	0%	0%	0%	30%			25%	0%	
	Total	improvement trend			27%	0%	0%	0%	20%	0%	0%	0%	30%			25%	0%	
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			48%	50%	49%	45%	38%	33%	28%	33%	31%			44%	62%	
Fractured Neck of Femur (NOF)																		
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			74.6%	76.3%	76.2%	77.1%	78.7%	79.8%	79.3%	79.1%	79.4%	80.3%	81.6%			
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			57.8%	59.6%	59.5%	60.4%	57.3%	56.8%	58.3%	57.5%	56.5%	57.8%	54.3%			
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			68.0%	69.0%	70.5%	69.8%	71.2%	73.0%	73.2%	74.5%	75.1%	75.8%	75.7%			
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			69.3%	71.1%	73.2%	73.2%	74.5%	72.8%	73.2%	73.3%	73.8%	74.9%	74.6%			
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			31.7%	35.2%	38.3%	40.4%	45.3%	48.6%	51.8%	54.7%	56.0%	59.4%	61.0%			
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			69.5%	70.2%	70.9%	72.1%	72.7%	73.3%	72.3%	73.1%	74.1%	74.9%	74.5%			
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month improvement trend			8.7%	8.5%	8.0%	8.0%	8.1%	8.0%	8.6%	8.7%	8.7%	8.7%				
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			82.6%	90.0%	95.9%	77.6%	84.4%	78.6%	87.5%	75.0%	78.9%	78.7%				

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	12		13	18	15	10	20	18	16	15	8	8	14	17	24
	PCCS Hospital		1	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0	0	0	0	0	0	0	0	1	0	0	0	0	0	
	Morrison		4	5	5	3	7	10	6	6	3	3	1	5	5	5	
	NPTH		1	0	3	1	1	0	1	2	1	2	1	0	2	2	
	Singleton		3	0	2	1	4	5	8	0	1	1	1	3	1	1	
	Total		21	22	23	25	15	32	33	31	23	14	14	17	25	32	32
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	3		3	5	2	3	4	7	2	5	6	4	8	3	7
	PCCS Hospital		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		2	2	7	4	4	4	3	1	3	1	3	2	4	4	
	NPTH		0	1	1	0	0	1	1	0	0	0	0	0	0	0	
	Singleton		2	0	3	4	3	1	2	3	1	1	1	1	1	1	
	Total		7	7	8	13	11	11	13	8	9	10	6	12	6	12	12
Number of C.difficile cases	PCCS Community	12 month reduction trend	4		5	2	6	4	4	5	4	3	2	10	6	4	14
	PCCS Hospital		0	0	0	1	0	0	0	1	0	0	0	1	0	1	
	MH&LD		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		3	6	6	9	3	3	9	4	6	4	8	6	5	5	
	NPTH		1	1	1	2	1	0	0	1	1	0	1	0	0	1	
	Singleton		1	1	5	2	3	3	1	0	2	2	4	1	2	2	
	Total		9	10	10	19	17	11	11	15	8	11	16	20	11	23	23
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		3	2	0	4	2	1	1	3	5	2	5	2	4
	PCCS Hospital		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0	0	0	0	0	0	0	0	0	0	0	1	0	0	
	Morrison		5	4	3	3	2	6	2	2	1	3	0	2	6	6	
	NPTH		0	1	0	0	1	0	0	0	0	0	2	0	0	0	
	Singleton		3	2	1	1	1	1	0	2	0	1	1	1	0	0	
	Total		11	11	9	4	8	6	8	3	7	6	6	9	5	10	10
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	2		2	0	0	0	1	1	0	0	0	2	0	1	3
	PCCS Hospital		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		1	0	0	1	1	0	0	0	2	1	0	0	0	0	
	NPTH		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton		1	2	1	0	0	2	1	1	0	2	0	0	0	0	
	Total		4	4	2	1	1	2	3	1	1	2	5	0	1	3	3
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	100.0%	100.0%	96.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	MH&LD				97.1%	96.8%	97.3%	94.4%	93.8%	99.0%	97.1%	98.2%	98.3%	98.3%	97.9%	98.3%	96.8%
	Morrison				95.8%	96.5%	96.2%	99.4%	97.9%	97.0%	91.6%	100.0%	96.6%	100.0%	96.6%	96.2%	97.2%
	NPTH				100.0%	100.0%	100.0%	98.3%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%
	Singleton				94.9%	95.8%	95.9%	95.0%	95.3%	96.3%	90.8%	99.5%	97.3%	100.0%	98.9%	99.7%	84.3%
	Total				96.0%	96.5%	96.9%	96.7%	96.0%	97.4%	93.3%	99.4%	97.8%	99.3%	97.9%	98.1%	93.7%

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Serious Incidents & Risks																	
Number of Serious Incidents	PCCS	12 month reduction trend			2	1	1	2	4	2	1	2	0	0	0	0	0
	MH&LD				11	7	10	5	8	4	11	10	7	5	7	9	4
	Morrison				3	5	5	1	4	2	1	4	0	1	1	1	1
	NPTH				1	0	1	1	1	2	2	2	0	0	0	0	0
	Singleton				6	2	2	2	3	4	5	2	2	0	0	0	1
	Total				23	19	19	11	20	14	20	20	9	6	8	10	6
Number of Never Events	PCCS	0			0	0	1	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				0	0	0	0	1	1	0	0	0	0	1	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				1	0	0	0	0	0	0	0	0	0	0	0	0
	Total				1	0	1	0	1	1	0	0	0	0	1	0	0
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			37	25	29	31	24	26	25	39	34	33	34	28	
	PCCS Hospital				0	0	1	0	1	0	1	0	3	0	0	0	
	MH&LD				0	0	0	1	1	0	0	1	0	0	0	0	
	Morrison				4	5	7	14	11	18	22	18	10	21	8	12	
	NPTH				4	0	1	0	1	0	1	1	4	2	0	1	
	Singleton				6	4	11	7	10	12	17	11	8	6	10	6	
	Total				51	34	49	53	48	56	66	70	59	62	52	47	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			8	8	2	8	3	5	8	8	4	6	9	4	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				0	1	0	2	1	2	1	0	2	0	1	0	
	NPTH				0	0	1	0	0	0	0	0	0	0	0	0	
	Singleton				0	0	1	0	1	0	2	1	0	0	0	0	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			174	111	229	288	301	383	578	540	635	541	299	283	

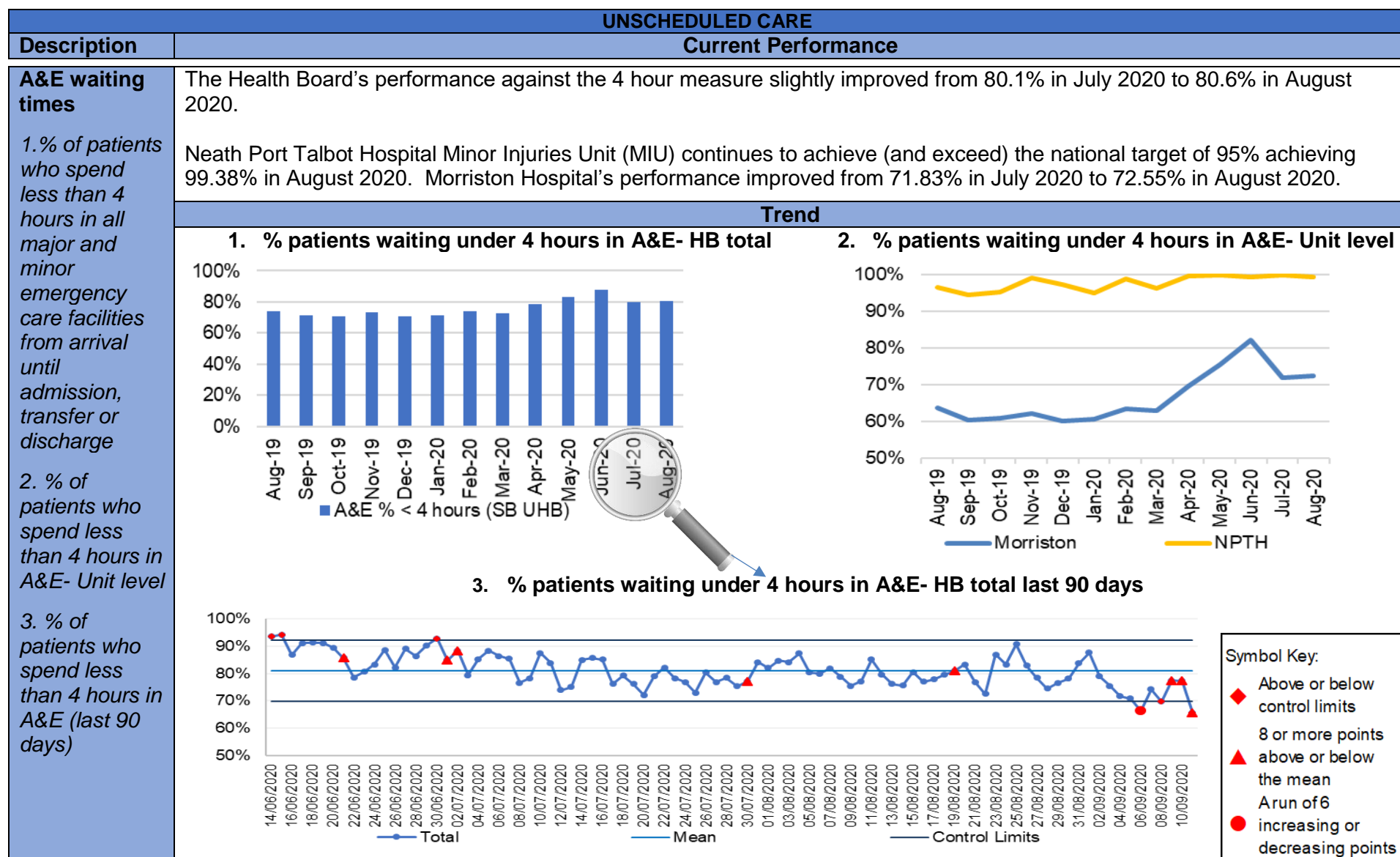
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Inpatient Falls																	
Total number of Inpatient Falls	PCCS	12 month reduction trend			7	9	10	9	10	7	9	9	1	4	7	8	7
	MH&LD				57	65	43	56	52	44	31	42	52	55	48	48	71
	Morrison				85	93	102	94	117	110	76	69	60	73	52	69	85
	NPTH				32	22	51	42	59	42	48	56	47	32	55	45	30
	Singleton				46	52	49	39	59	46	43	34	33	45	34	38	34
	Total				227	241	255	240	297	249	207	210	193	209	196	208	227
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			5.35	5.74	5.84	5.70	6.92	5.68	5.19	5.73	7.90	7.80	6.73	6.48	6.59
Mortality																	
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			100%	100%	94%	100%	99%	98%	100%	98%	100%	100%	100%	97%	
	Singleton				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	NPTH				100%	100%	100%	100%	94%	100%	100%	29%	69%	92%	100%	57%	
	Total				100%	100%	96%	100%	99%	98%	100%	96%	96%	99%	100%	96%	
Stage 2 mortality reviews completed within 60 days	Morrison	95%			80%	25%	73%	71%	64%	77%	33%	0%	33%	38%			
	Singleton				20%	0%	40%	100%	67%	100%	50%	0%	33%	0%			
	NPTH				-	-	100%	-	-	100%	-	-	-	0%			
	Total				60%	89%	65%	78%	67%	75%	44%	0%	30%	27%			
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.26%	1.26%	1.27%	1.29%	1.31%	1.33%	1.30%	1.30%	1.45%	1.49%	1.49%	1.54%	
	Singleton				0.45%	0.46%	0.44%	0.43%	0.44%	0.42%	0.43%	0.43%	0.46%	0.47%	0.48%	0.49%	
	NPTH				0.11%	0.09%	0.10%	0.13%	0.14%	0.13%	0.16%	0.16%	0.21%	0.22%	0.22%	0.23%	
	Total (SBU)				0.76%	0.77%	0.77%	0.78%	0.79%	0.71%	0.72%	0.75%	0.80%	0.88%	0.89%	0.92%	

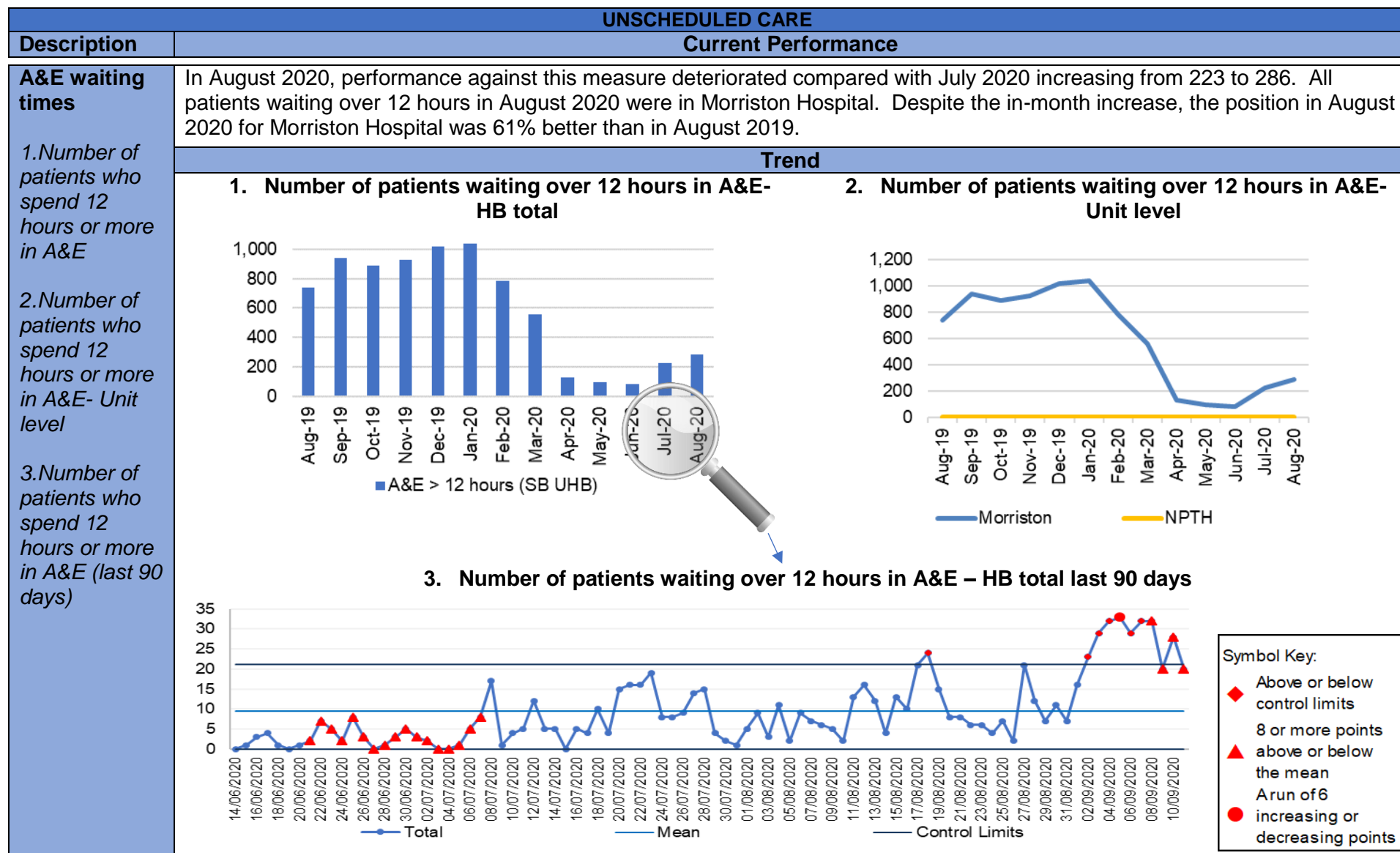
4.2 Updates on key measures

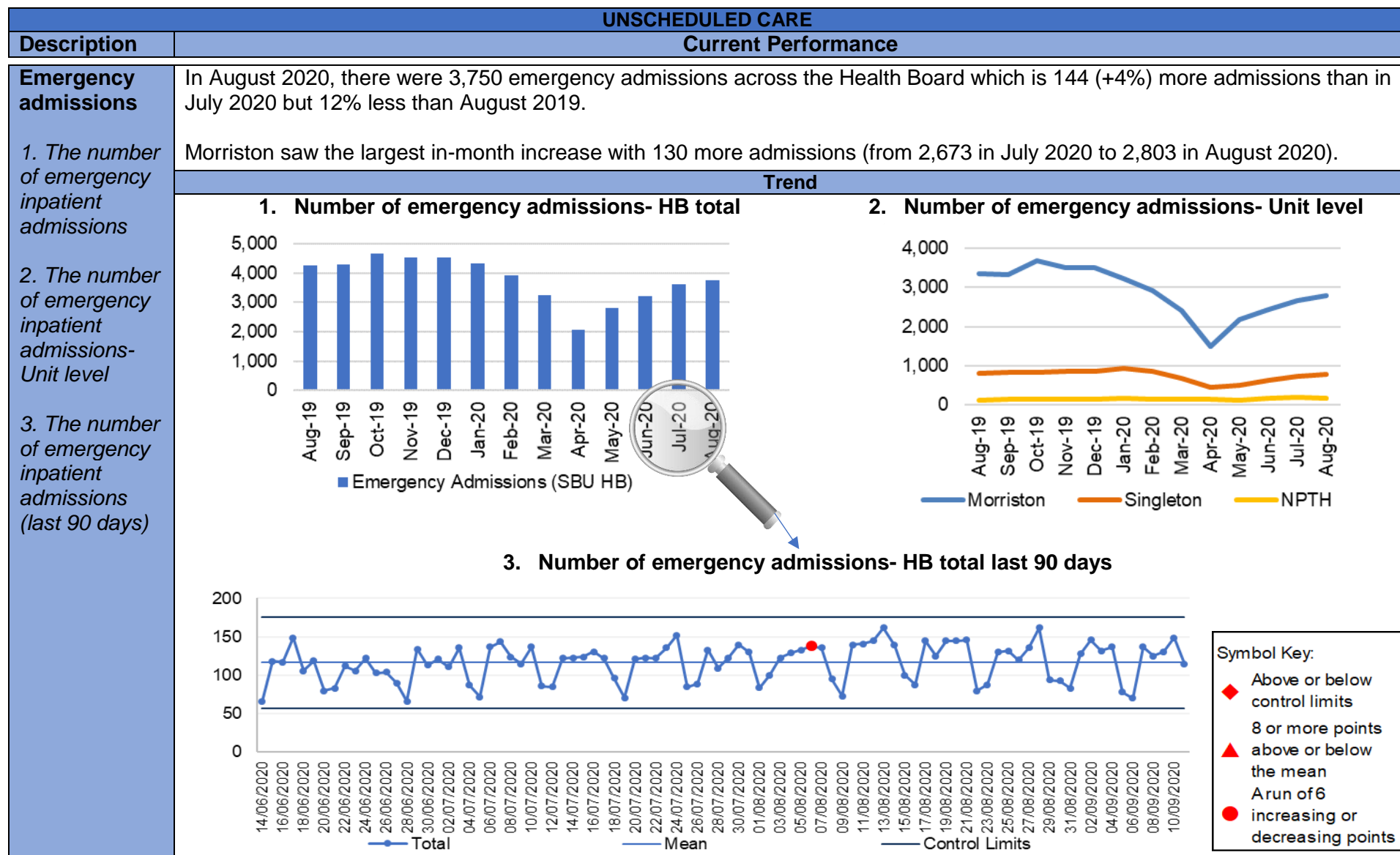


UNSCHEDULED CARE	
Description	Current Performance
Ambulance handovers 1. The number of ambulance handovers over one hour 2. The number of ambulance handovers over one hour- Unit level 3. The number of ambulance handovers over one hour (last 90 days)	<p>In August 2020, there were 163 ambulance to hospital handovers taking over 1 hour; this is a significant reduction from 632 in August 2019. In August 2020, 160 handovers over 1 hour were attributed to Morriston Hospital and 3 were attributed to Singleton Hospital.</p> <p>The number of handover hours lost over 15 minutes also significantly reduced from 1,751 in August 2019 to 418 in August 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> 3. Number of ambulance handovers- 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 ▲ above or below the mean Ar un of 6 ● increasing or decreasing points </div> </div> </div>

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A&E Attendances <i>1.The number of attendances at emergency departments in the Health Board</i> <i>2.The number of attendances at emergency departments in the Health Board – Unit level</i> <i>3.The number of attendances at emergency departments in the Health Board (since March 2020)</i>	Despite an in-month increase of 6% between July and August 2020, overall ED/MIU attendances in August 2020 were 10% lower compared with August 2019 (from 10,787 to 9,684).																																																																																																																																																																																																																																																													
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	<div><div><div>1. Number of A&E attendances- HB total</div><table><caption>1. Number of A&E attendances- HB total</caption><thead><tr><th>Month</th><th>Total A&E Attendances (SBU HB)</th></tr></thead><tbody><tr><td>Aug-19</td><td>10,787</td></tr><tr><td>Sep-19</td><td>10,787</td></tr><tr><td>Oct-19</td><td>10,787</td></tr><tr><td>Nov-19</td><td>10,787</td></tr><tr><td>Dec-19</td><td>10,787</td></tr><tr><td>Jan-20</td><td>10,787</td></tr><tr><td>Feb-20</td><td>10,787</td></tr><tr><td>Mar-20</td><td>10,787</td></tr><tr><td>Apr-20</td><td>10,787</td></tr><tr><td>May-20</td><td>10,787</td></tr><tr><td>Jun-20</td><td>10,787</td></tr><tr><td>Jul-20</td><td>10,787</td></tr><tr><td>Aug-20</td><td>9,684</td></tr></tbody></table></div><div><div>2. Number of A&E attendances- Unit level</div><table><caption>2. Number of A&E attendances- Unit level</caption><thead><tr><th>Month</th><th>Morriston</th><th>NPTH</th></tr></thead><tbody><tr><td>Aug-19</td><td>7,000</td><td>3,500</td></tr><tr><td>Sep-19</td><td>7,000</td><td>3,500</td></tr><tr><td>Oct-19</td><td>7,000</td><td>3,500</td></tr><tr><td>Nov-19</td><td>7,000</td><td>3,500</td></tr><tr><td>Dec-19</td><td>7,000</td><td>3,500</td></tr><tr><td>Jan-20</td><td>7,000</td><td>3,500</td></tr><tr><td>Feb-20</td><td>7,000</td><td>3,500</td></tr><tr><td>Mar-20</td><td>7,000</td><td>3,500</td></tr><tr><td>Apr-20</td><td>7,000</td><td>3,500</td></tr><tr><td>May-20</td><td>7,000</td><td>3,500</td></tr><tr><td>Jun-20</td><td>7,000</td><td>3,500</td></tr><tr><td>Jul-20</td><td>7,000</td><td>3,500</td></tr><tr><td>Aug-20</td><td>7,000</td><td>3,500</td></tr></tbody></table></div><div><div>3. Number of A&E attendances -HB total last 90 days</div><table><caption>3. Number of A&E attendances -HB total last 90 days</caption><thead><tr><th>Date</th><th>Total</th><th>Mean</th><th>Control Limits</th></tr></thead><tbody><tr><td>14/06/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>16/06/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>18/06/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>20/06/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>22/06/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>24/06/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>26/06/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>28/06/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>30/06/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>02/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>04/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>06/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>08/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>10/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>12/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>14/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>16/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>18/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>20/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>22/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>24/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>26/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>28/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>30/07/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>01/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>03/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>05/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>07/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>09/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>11/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>13/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>15/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>17/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>19/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>21/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>23/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>25/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>27/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>29/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>31/08/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>02/09/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>04/09/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>06/09/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>08/09/2020</td><td>300</td><td>300</td><td>300</td></tr><tr><td>10/09/2020</td><td>300</td><td>300</td><td>300</td></tr></tbody></table></div></div> <div><div>Symbol Key:</div><div><div>◆ Above or below control limits</div><div>▲ 8 or more points above or below the mean</div><div>Arund of 6</div><div>● increasing or decreasing points</div></div></div>	Month	Total A&E Attendances (SBU HB)	Aug-19	10,787	Sep-19	10,787	Oct-19	10,787	Nov-19	10,787	Dec-19	10,787	Jan-20	10,787	Feb-20	10,787	Mar-20	10,787	Apr-20	10,787	May-20	10,787	Jun-20	10,787	Jul-20	10,787	Aug-20	9,684	Month	Morriston	NPTH	Aug-19	7,000	3,500	Sep-19	7,000	3,500	Oct-19	7,000	3,500	Nov-19	7,000	3,500	Dec-19	7,000	3,500	Jan-20	7,000	3,500	Feb-20	7,000	3,500	Mar-20	7,000	3,500	Apr-20	7,000	3,500	May-20	7,000	3,500	Jun-20	7,000	3,500	Jul-20	7,000	3,500	Aug-20	7,000	3,500	Date	Total	Mean	Control Limits	14/06/2020	300	300	300	16/06/2020	300	300	300	18/06/2020	300	300	300	20/06/2020	300	300	300	22/06/2020	300	300	300	24/06/2020	300	300	300	26/06/2020	300	300	300	28/06/2020	300	300	300	30/06/2020	300	300	300	02/07/2020	300	300	300	04/07/2020	300	300	300	06/07/2020	300	300	300	08/07/2020	300	300	300	10/07/2020	300	300	300	12/07/2020	300	300	300	14/07/2020	300	300	300	16/07/2020	300	300	300	18/07/2020	300	300	300	20/07/2020	300	300	300	22/07/2020	300	300	300	24/07/2020	300	300	300	26/07/2020	300	300	300	28/07/2020	300	300	300	30/07/2020	300	300	300	01/08/2020	300	300	300	03/08/2020	300	300	300	05/08/2020	300	300	300	07/08/2020	300	300	300	09/08/2020	300	300	300	11/08/2020	300	300	300	13/08/2020	300	300	300	15/08/2020	300	300	300	17/08/2020	300	300	300	19/08/2020	300	300	300	21/08/2020	300	300	300	23/08/2020	300	300	300	25/08/2020	300	300	300	27/08/2020	300	300	300	29/08/2020	300	300	300	31/08/2020	300	300	300	02/09/2020	300	300	300	04/09/2020	300	300	300	06/09/2020	300	300	300	08/09/2020	300	300	300	10/09/2020	300	300
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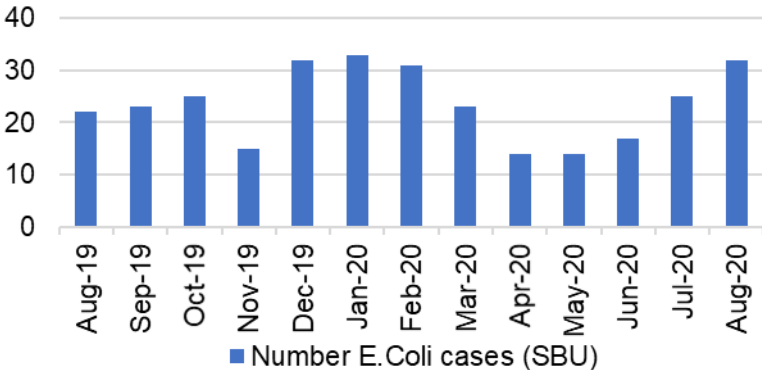
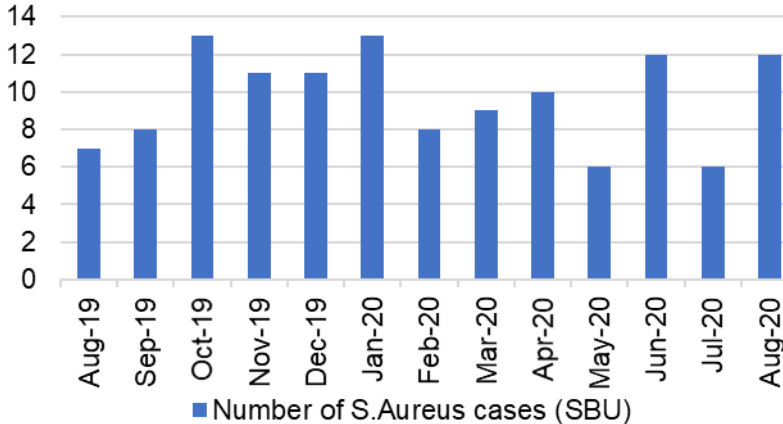


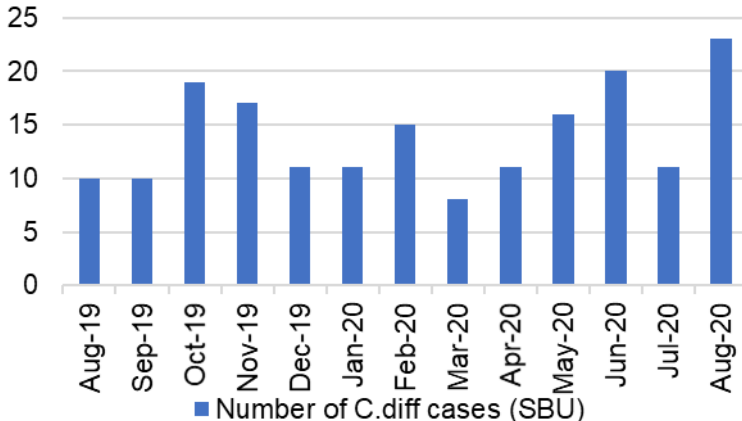
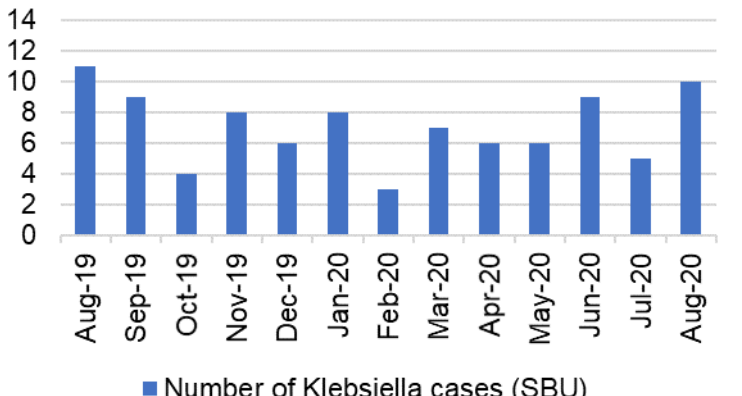


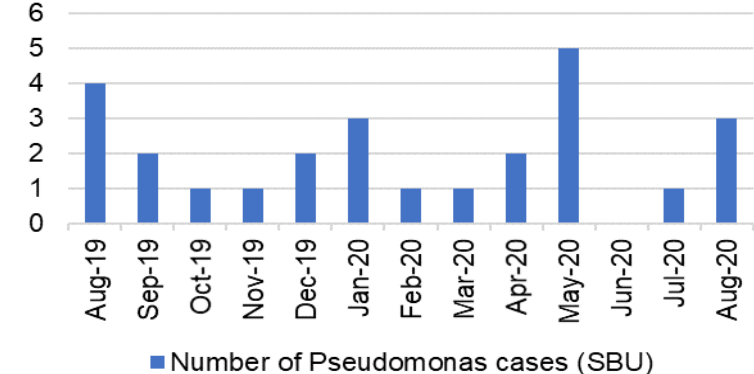
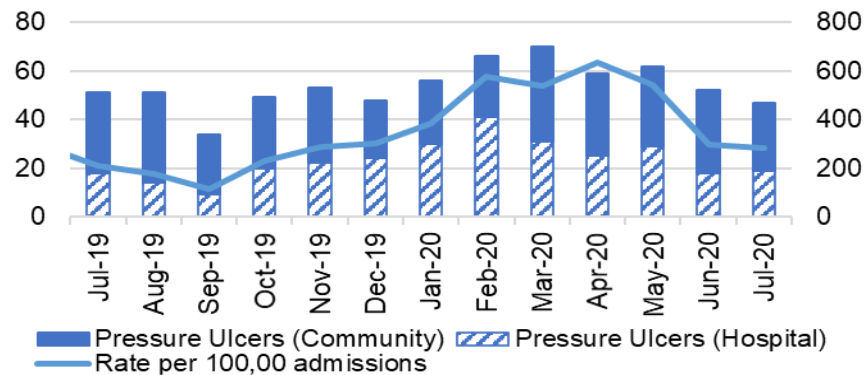
UNSCHEDULED CARE		
Description	Current Performance	Trend
Medically Fit <i>The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</i>	<p>In August 2020, there were on average 112 patients who were deemed medically/ discharge fit but were still occupying a bed in the Health Board's Hospitals.</p> <p>The number of medically/ discharge fit patients has risen every month since June 2020, with August 2020 seeing an 11% increase compared with July 2020 (from 101 to 112).</p> <p>Morrison Hospital saw the largest in-month increase from 24 in July to 39 in August 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 August 2020, there were seven elective procedures cancelled due to lack of beds on the day of surgery. This is 3 more cancellations than in July 2020 (from 4 to 7).</p> <p>In August 2020 the seven cancelled procedure were attributed to Morrison Hospital.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p>

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	<p>1. Prompt orthogeriatric assessment- In June 2020, 81.6% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 8.8% more than in June 2019.</p> <p>2. Prompt surgery- In June 2020, 54.3% of patients had surgery the day following presentation with a hip fracture. This is a reduction from June 2019 which was 56.0%</p> <p>3. NICE compliant surgery- 75.7% of operations were consistent with the NICE recommendations in June 2020. This is an improvement of 11% compared with June 2019 (from 64.7% to 75.7%). In June 2020, Morriston was above the all-Wales average of 69.4%.</p> <p>4. Prompt mobilisation- In June 2020, 74.6% of patients were out of bed the day after surgery. This is an improvement of 6.9% compared with June 2019 and slightly above the all-Wales average of 74.1%.</p>	<p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p>

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 61% of patients were not delirious in the week after their operation in June 2020. This is an improvement of 31.8% compared with June 2019.	<p>5. Not delirious when tested</p> <p>100% 50% 0%</p> <p>Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20</p> <p>Morryston All-Wales Eng, Wal & N. Ire</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 74.5% of patients in June 2020 were discharged back to their original residence. This was slightly above the all-Wales average of 74.4%.	<p>6. Return to original residence</p> <p>80% 75% 70% 65%</p> <p>Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20</p> <p>Morryston All-Wales Eng, Wal & N. Ire</p>
7. <i>30 day mortality rate</i>	7. 30 day mortality rate- In May 2020 the mortality rate for Morryston Hospital was 8.7% which is in line with the rate in May 2019. The mortality rate in Morryston Hospital in May 2020 is higher than the all-Wales average of 7.5% and the national average of 7.6%.	<p>7. 30 day mortality rate</p> <p>10% 5% 0%</p> <p>May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20</p> <p>Morryston All-Wales Eng, Wal & N. Ire</p>

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">32 cases of <i>E. coli</i> bacteraemia were identified in August 2020, of which 8 were hospital acquired and 24 were community acquired.Cumulative cases from April to August 2020 is 24% less than the equivalent period in 2019/20.	<p>Number of <i>healthcare acquired E.coli</i> bacteraemia cases</p>  <table border="1"><caption>Number of healthcare acquired E.coli bacteraemia cases</caption><thead><tr><th>Month</th><th>Number E.Coli cases (SBU)</th></tr></thead><tbody><tr><td>Aug-19</td><td>22</td></tr><tr><td>Sep-19</td><td>23</td></tr><tr><td>Oct-19</td><td>25</td></tr><tr><td>Nov-19</td><td>15</td></tr><tr><td>Dec-19</td><td>32</td></tr><tr><td>Jan-20</td><td>33</td></tr><tr><td>Feb-20</td><td>31</td></tr><tr><td>Mar-20</td><td>23</td></tr><tr><td>Apr-20</td><td>14</td></tr><tr><td>May-20</td><td>14</td></tr><tr><td>Jun-20</td><td>17</td></tr><tr><td>Jul-20</td><td>25</td></tr><tr><td>Aug-20</td><td>32</td></tr></tbody></table>	Month	Number E.Coli cases (SBU)	Aug-19	22	Sep-19	23	Oct-19	25	Nov-19	15	Dec-19	32	Jan-20	33	Feb-20	31	Mar-20	23	Apr-20	14	May-20	14	Jun-20	17	Jul-20	25	Aug-20	32
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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 August 2020, of which 5 were hospital acquired and 7 were community acquired.Cumulative cases from April to August 2020 is 23% less than the equivalent period in 2019/20.	<p>Number of <i>healthcare acquired S.aureus</i> bacteraemia cases</p>  <table border="1"><caption>Number of healthcare acquired S.aureus bacteraemia cases</caption><thead><tr><th>Month</th><th>Number of S.Aureus cases (SBU)</th></tr></thead><tbody><tr><td>Aug-19</td><td>7</td></tr><tr><td>Sep-19</td><td>8</td></tr><tr><td>Oct-19</td><td>13</td></tr><tr><td>Nov-19</td><td>11</td></tr><tr><td>Dec-19</td><td>11</td></tr><tr><td>Jan-20</td><td>13</td></tr><tr><td>Feb-20</td><td>8</td></tr><tr><td>Mar-20</td><td>9</td></tr><tr><td>Apr-20</td><td>10</td></tr><tr><td>May-20</td><td>6</td></tr><tr><td>Jun-20</td><td>12</td></tr><tr><td>Jul-20</td><td>6</td></tr><tr><td>Aug-20</td><td>12</td></tr></tbody></table>	Month	Number of S.Aureus cases (SBU)	Aug-19	7	Sep-19	8	Oct-19	13	Nov-19	11	Dec-19	11	Jan-20	13	Feb-20	8	Mar-20	9	Apr-20	10	May-20	6	Jun-20	12	Jul-20	6	Aug-20	12
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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 23 <i>Clostridium difficile</i> toxin positive cases in August 2020, of which 9 were hospital acquired and 14 were community acquired.Cumulative cases from April to August 2020 is 72% more than the equivalent period of 2019/20 (81 in 2020/21 compared with 47 in 2019/20).	<p>Number of healthcare acquired C.difficile cases</p>  <table><caption>Number of C.diff cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Aug-19</td><td>10</td></tr><tr><td>Sep-19</td><td>10</td></tr><tr><td>Oct-19</td><td>19</td></tr><tr><td>Nov-19</td><td>17</td></tr><tr><td>Dec-19</td><td>11</td></tr><tr><td>Jan-20</td><td>11</td></tr><tr><td>Feb-20</td><td>15</td></tr><tr><td>Mar-20</td><td>8</td></tr><tr><td>Apr-20</td><td>11</td></tr><tr><td>May-20</td><td>16</td></tr><tr><td>Jun-20</td><td>20</td></tr><tr><td>Jul-20</td><td>11</td></tr><tr><td>Aug-20</td><td>23</td></tr></tbody></table>	Month	Number of C.diff cases (SBU)	Aug-19	10	Sep-19	10	Oct-19	19	Nov-19	17	Dec-19	11	Jan-20	11	Feb-20	15	Mar-20	8	Apr-20	11	May-20	16	Jun-20	20	Jul-20	11	Aug-20	23
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Aug-20	23																													
Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none">There were 10 cases of Klebsiella sp in August 2020, of which 6 were hospital acquired and 4 were community acquired.Cumulative cases from April to August 2020 is 3% less than the equivalent period in 2019/20.	<p>Number of healthcare acquired Klebsiella cases</p>  <table><caption>Number of Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Aug-19</td><td>11</td></tr><tr><td>Sep-19</td><td>9</td></tr><tr><td>Oct-19</td><td>4</td></tr><tr><td>Nov-19</td><td>8</td></tr><tr><td>Dec-19</td><td>6</td></tr><tr><td>Jan-20</td><td>8</td></tr><tr><td>Feb-20</td><td>3</td></tr><tr><td>Mar-20</td><td>7</td></tr><tr><td>Apr-20</td><td>6</td></tr><tr><td>May-20</td><td>6</td></tr><tr><td>Jun-20</td><td>9</td></tr><tr><td>Jul-20</td><td>5</td></tr><tr><td>Aug-20</td><td>10</td></tr></tbody></table>	Month	Number of Klebsiella cases (SBU)	Aug-19	11	Sep-19	9	Oct-19	4	Nov-19	8	Dec-19	6	Jan-20	8	Feb-20	3	Mar-20	7	Apr-20	6	May-20	6	Jun-20	9	Jul-20	5	Aug-20	10
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HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There were 3 cases of <i>P.Aeruginosa</i> bacteraemia in August 2020 compared with 1 case in July 2020. Cumulative cases from April to August 2020 is 35% less than the equivalent period in 2019/20. 	Number of healthcare acquired Pseudomonas cases  <p>■ Number of Pseudomonas cases (SBU)</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
Number of pressure ulcers 1. <i>Total number of pressure ulcers developed in hospital and in the community</i> 2. <i>Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none"> In July 2020, there were 47 cases of healthcare acquired pressure ulcers, of which 28 were community acquired and 19 were hospital acquired. The number of grade 3+ pressure ulcers in July 2020 was 4, of which all were community acquired. 	Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions  <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>

SERIOUS INCIDENTS																																												
Description	Current Performance	Trend																																										
Serious Incidents- <i>1. The number of serious incidents</i> <i>2. The number of Never Events</i> <i>3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 6 Serious Incidents for the month of August 2020 to Welsh Government. 4 were attributed to the Mental Health and Learning Disabilities, 1 was in Morriston Hospital and 1 was in Singleton Hospital.	1. and 2. Number of serious incidents and never events <table><caption>Number of Serious Incidents and Never Events</caption><thead><tr><th>Month</th><th>Number of Serious Incidents</th><th>Number of never events</th></tr></thead><tbody><tr><td>Aug-19</td><td>24</td><td>0</td></tr><tr><td>Sep-19</td><td>19</td><td>0</td></tr><tr><td>Oct-19</td><td>20</td><td>0</td></tr><tr><td>Nov-19</td><td>11</td><td>0</td></tr><tr><td>Dec-19</td><td>21</td><td>0</td></tr><tr><td>Jan-20</td><td>15</td><td>0</td></tr><tr><td>Feb-20</td><td>20</td><td>0</td></tr><tr><td>Mar-20</td><td>20</td><td>0</td></tr><tr><td>Apr-20</td><td>9</td><td>0</td></tr><tr><td>May-20</td><td>6</td><td>0</td></tr><tr><td>Jun-20</td><td>9</td><td>0</td></tr><tr><td>Jul-20</td><td>10</td><td>0</td></tr><tr><td>Aug-20</td><td>6</td><td>0</td></tr></tbody></table>	Month	Number of Serious Incidents	Number of never events	Aug-19	24	0	Sep-19	19	0	Oct-19	20	0	Nov-19	11	0	Dec-19	21	0	Jan-20	15	0	Feb-20	20	0	Mar-20	20	0	Apr-20	9	0	May-20	6	0	Jun-20	9	0	Jul-20	10	0	Aug-20	6	0
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May-20	6	0																																										
Jun-20	9	0																																										
Jul-20	10	0																																										
Aug-20	6	0																																										
2. There were no Never Events reported in August 2020.																																												
3. In August 2020, performance against the 80% target of submitting closure forms within 60 working days was 50%. Of the 2 closure forms due to be submitted to Welsh Government in August 2020, only 1 was submitted on time by Morriston Delivery Unit. The other form that did not meet the closure target was from Mental Health & Learning Disabilities Delivery Unit.	3. % of serious incidents closed within 60 days <table><caption>% of serious incidents closed within 60 days</caption><thead><tr><th>Month</th><th>% Serious Incidents assured</th></tr></thead><tbody><tr><td>Aug-19</td><td>70%</td></tr><tr><td>Sep-19</td><td>20%</td></tr><tr><td>Oct-19</td><td>48%</td></tr><tr><td>Nov-19</td><td>55%</td></tr><tr><td>Dec-19</td><td>38%</td></tr><tr><td>Jan-20</td><td>28%</td></tr><tr><td>Feb-20</td><td>30%</td></tr><tr><td>Mar-20</td><td>30%</td></tr><tr><td>Apr-20</td><td>5%</td></tr><tr><td>May-20</td><td>28%</td></tr><tr><td>Jun-20</td><td>0%</td></tr><tr><td>Jul-20</td><td>0%</td></tr><tr><td>Aug-20</td><td>50%</td></tr></tbody></table> <p>* 0% compliance in June and July 2020</p>	Month	% Serious Incidents assured	Aug-19	70%	Sep-19	20%	Oct-19	48%	Nov-19	55%	Dec-19	38%	Jan-20	28%	Feb-20	30%	Mar-20	30%	Apr-20	5%	May-20	28%	Jun-20	0%	Jul-20	0%	Aug-20	50%															
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Jun-20	0%																																											
Jul-20	0%																																											
Aug-20	50%																																											


























INPATIENT FALLS																														
Description	Current Performance	Trend																												
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 227 in August 2020, which is an increase from 208 in July 2020.The Health Board has agreed a targeted action to reduce Falls by 10%.	<p>Number of inpatient Falls</p> <table><caption>Number of inpatient Falls (SBU HB)</caption><thead><tr><th>Month</th><th>Falls</th></tr></thead><tbody><tr><td>Aug-19</td><td>230</td></tr><tr><td>Sep-19</td><td>240</td></tr><tr><td>Oct-19</td><td>250</td></tr><tr><td>Nov-19</td><td>240</td></tr><tr><td>Dec-19</td><td>290</td></tr><tr><td>Jan-20</td><td>240</td></tr><tr><td>Feb-20</td><td>210</td></tr><tr><td>Mar-20</td><td>210</td></tr><tr><td>Apr-20</td><td>190</td></tr><tr><td>May-20</td><td>200</td></tr><tr><td>Jun-20</td><td>190</td></tr><tr><td>Jul-20</td><td>200</td></tr><tr><td>Aug-20</td><td>227</td></tr></tbody></table> <p>■ Inpatient Falls (SBU HB) — 10% reduction profile</p>	Month	Falls	Aug-19	230	Sep-19	240	Oct-19	250	Nov-19	240	Dec-19	290	Jan-20	240	Feb-20	210	Mar-20	210	Apr-20	190	May-20	200	Jun-20	190	Jul-20	200	Aug-20	227
Month	Falls																													
Aug-19	230																													
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Feb-20	210																													
Mar-20	210																													
Apr-20	190																													
May-20	200																													
Jun-20	190																													
Jul-20	200																													
Aug-20	227																													

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 August 2020, the percentage of completed discharge summaries was 66%.	<p>% discharge summaries approved and sent</p> <table><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Aug-19</td><td>65%</td></tr><tr><td>Sep-19</td><td>62%</td></tr><tr><td>Oct-19</td><td>65%</td></tr><tr><td>Nov-19</td><td>65%</td></tr><tr><td>Dec-19</td><td>68%</td></tr><tr><td>Jan-20</td><td>68%</td></tr><tr><td>Feb-20</td><td>70%</td></tr><tr><td>Mar-20</td><td>72%</td></tr><tr><td>Apr-20</td><td>62%</td></tr><tr><td>May-20</td><td>65%</td></tr><tr><td>Jun-20</td><td>70%</td></tr><tr><td>Jul-20</td><td>65%</td></tr><tr><td>Aug-20</td><td>66%</td></tr></tbody></table> <p>■ % of completed discharge summaries</p>	Month	% of completed discharge summaries	Aug-19	65%	Sep-19	62%	Oct-19	65%	Nov-19	65%	Dec-19	68%	Jan-20	68%	Feb-20	70%	Mar-20	72%	Apr-20	62%	May-20	65%	Jun-20	70%	Jul-20	65%	Aug-20	66%
	Month		% of completed discharge summaries																											
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May-20	65%																													
Jun-20	70%																													
Jul-20	65%																													
Aug-20	66%																													
	In August 2020, compliance ranged from 55% in Singleton Delivery Unit to 80% in Mental Health & Learning Disabilities Delivery Unit.																													

CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	July 2020 reports the crude mortality rate for the health board at 0.92% compared to 0.89% in July 2020.	Crude hospital mortality rate by Hospital (74 years of age or less) <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Jul-19</td><td>1.30%</td><td>0.45%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Aug-19</td><td>1.30%</td><td>0.45%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Sep-19</td><td>1.30%</td><td>0.45%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Oct-19</td><td>1.30%</td><td>0.45%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Nov-19</td><td>1.30%</td><td>0.45%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Dec-19</td><td>1.30%</td><td>0.45%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Jan-20</td><td>1.30%</td><td>0.45%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Feb-20</td><td>1.30%</td><td>0.45%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Mar-20</td><td>1.30%</td><td>0.45%</td><td>0.10%</td><td>0.75%</td></tr><tr><td>Apr-20</td><td>1.45%</td><td>0.45%</td><td>0.10%</td><td>0.80%</td></tr><tr><td>May-20</td><td>1.45%</td><td>0.45%</td><td>0.10%</td><td>0.80%</td></tr><tr><td>Jun-20</td><td>1.45%</td><td>0.45%</td><td>0.10%</td><td>0.80%</td></tr><tr><td>Jul-20</td><td>1.54%</td><td>0.49%</td><td>0.23%</td><td>0.92%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jul-19	1.30%	0.45%	0.10%	0.75%	Aug-19	1.30%	0.45%	0.10%	0.75%	Sep-19	1.30%	0.45%	0.10%	0.75%	Oct-19	1.30%	0.45%	0.10%	0.75%	Nov-19	1.30%	0.45%	0.10%	0.75%	Dec-19	1.30%	0.45%	0.10%	0.75%	Jan-20	1.30%	0.45%	0.10%	0.75%	Feb-20	1.30%	0.45%	0.10%	0.75%	Mar-20	1.30%	0.45%	0.10%	0.75%	Apr-20	1.45%	0.45%	0.10%	0.80%	May-20	1.45%	0.45%	0.10%	0.80%	Jun-20	1.45%	0.45%	0.10%	0.80%	Jul-20	1.54%	0.49%	0.23%	0.92%
	Month		Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total																																																																		
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	A breakdown by Delivery Unit for July 2020: <ul style="list-style-type: none">• Morriston – 1.54%• Singleton – 0.49%• NPT – 0.23%																																																																							

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

5.1 Overview

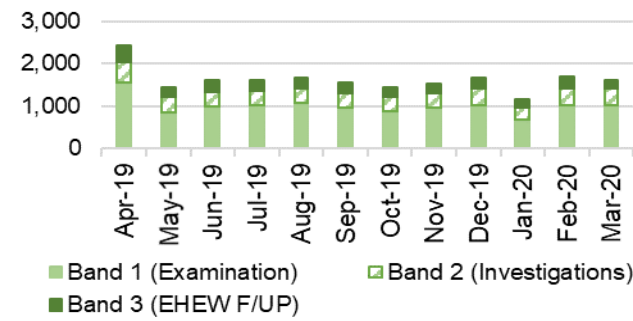
Harm from reduction in non-Covid activity																		
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	
Cancer																		
% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis *	Morriston	98%			90%	84%	98%	93%	88%	98%	95%	92%	92%	67%	73%	78%	61%	
	NPTH				100%	-	100%	100%	-	-	100%	-	-	-	-	100%	100%	
	Singleton				96%	98%	97%	96%	96%	100%	92%	94%	100%	88%	91%	100%	93%	
	Total				93%	91%	98%	95%	92%	99%	93%	93%	97%	82%	85%	90%	85%	
% 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%			83%	92%	81%	82%	91%	96%	81%	85%	80%	75%	86%	84%	60%	
	NPTH				100%	67%	100%	100%	100%	67%	100%	100%	100%	100%	-	100%	100%	
	Singleton				83%	81%	85%	87%	93%	81%	75%	83%	80%	82%	89%	98%	95%	
	Total				84%	86%	84%	86%	92%	86%	78%	85%	81%	86%	88%	91%	87%	
Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)	Total	12 month improvement trend			68%	73%	70%	71%	77%	71%	66%	76%	71%	72%	73%	82%	77%	
Planned Care																		
Number of patients waiting > 26 weeks for outpatient appointment*	Morriston	0			361	431	486	460	539	593	421	901	2,704	4,785	6,496	8,661	11,359	
	NPTH				0	0	0	1	0	0	0	0	2	18	18	50	181	
	Singleton				564	608	666	659	766	860	872	1,141	2,762	4,445	5,387	6,929	8,792	
	PC&CS				0	0	0	0	0	0	13	13	31	52	63	81	165	
	Total				925	1,039	1,152	1,120	1,305	1,453	1,306	2,055	5,499	9,300	11,964	15,721	20,497	
Number of patients waiting > 36 weeks for treatment*	Morriston	0			2,819	2,893	3,298	3,529	3,896	4,067	4,087	4,701	5,762	6,944	8,977	11,882	14,722	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	3	15	
	Singleton				444	672	958	1,058	1,245	1,556	1,642	1,807	2,590	3,296	4,423	6,135	7,650	
	PC&CS				0	0	0	0	0	0	0	1	3	7	17	45	66	
	Total (inc. diagnostics > 36 wks)				3,263	3,565	4,256	4,587	5,141	5,623	5,729	6,509	8,355	10,247	13,417	18,065	22,453	
Number of patients waiting > 8 weeks for a specified diagnostics*	Morriston	0			337	294	223	226	569	628	424	1,407	5,461	7,197	6,816	6,236	6,628	
	Singleton				7	0	0	0	0	0	0	0	327	1,149	1,217	1,274	1,447	
	Total				344	294	223	226	569	628	424	1,407	5,788	8,346	8,033	7,510	8,075	
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			1	0	0	0	0	0	1	0	1	11	0	0	0	
	NPTH				0	0	0	0	0	0	0	12	52	78	130	138	145	
	PC&CS				0	0	1	0	0	0	0	39	334	893	1,516	1,416	1,373	
	Total				1	0	1	0	0	0	1	51	387	982	1,646	1,554	1,518	

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment	Total	Reduce by at least 35% by Mar-21	111,891		134,363	132,054	131,471	130,648	131,263	131,090	128,674	125,708	123,082	121,434	120,468	120,062	120,969
Number of patients delayed by over 100% past their target date	Total		18,598		25,758	23,537	21,778	20,498	20,579	19,969	17,747	18,258	19,538	21,026	21,448	22,101	23,209
Number of patients delayed past their agreed target date (booked and not booked)	Total		48,523		51,914	48,692	45,458	43,648	44,928	43,979	41,417	45,963	51,028	53,046	51,933	52,278	55,446
Number of Ophthalmology patients without an allocated health risk factor	Total	0			737	721	522	553	557	333	368	143	57	43	48	213	
Number of patients without a documented clinical review date	Total	0			211	194	165	172	187	177	179	5	11	27	50	43	65
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			132	154	194	242	144	185	180	105	38	48	167	183	220
	MH&LD				19	18	21	9	17	19	14	25	11	14	7	6	34
	Morrison				1,914	1,566	1,728	1,727	1,069	1,277	1,364	646	43	88	110	143	174
	NPTH				474	454	532	397	379	464	350	173	10	12	17	22	24
	Singleton				1,562	1,267	1,464	1,198	884	1,261	1,120	796	60	104	99	154	207
	Total				4,082	2,441	3,918	3,564	2,476	3,187	3,014	1,720	150	247	393	502	625
% of patients who would recommend and highly recommend	PCCS	90%	80%		89%	94%	88%	95%	86%	92%	92%	88%	84%	77%	88%	91%	79%
	MH&LD				68%	61%	86%	67%	41%	74%	64%	44%	36%	57%	57%	33%	41%
	Morrison				93%	93%	94%	94%	95%	94%	96%	96%	98%	94%	94%	94%	83%
	NPTH				98%	98%	96%	96%	97%	97%	97%	97%	60%	67%	47%	68%	92%
	Singleton				96%	95%	95%	95%	95%	96%	95%	95%	93%	96%	83%	92%	87%
	Total				94%	95%	94%	95%	95%	95%	95%	95%	90%	92%	87%	91%	83%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		90%	100%	92%	93%	100%	91%	-	100%	-	100%	100%	94%	83%
	MH&LD				-	-	-	-	-	-	-	-	-	-	-	0%	100%
	Morrison				78%	86%	70%	75%	71%	85%	70%	100%	100%	100%	67%	90%	80%
	NPTH				72%	71%	94%	50%	67%	91%	88%	67%	-	-	-	100%	100%
	Singleton				86%	87%	89%	89%	85%	84%	88%	90%	95%	100%	67%	90%	82%
	Total				81%	85%	83%	83%	83%	86%	81%	90%	95%	100%	79%	91%	83%
Number of new complaints received	PCCS	12 month reduction trend			7	12	10	7	6	15	7	4	4	11	15	10	10
	MH&LD				14	11	17	24	9	17	5	3	4	9	8	13	10
	Morrison				40	45	72	54	37	60	59	42	9	20	29	36	36
	NPTH				9	6	11	11	3	8	7	1	8	5	7	5	2
	Singleton				35	29	39	30	20	33	25	34	8	8	15	12	18
	Total				114	110	159	137	87	142	113	92	37	54	77	79	81
% 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%		100%	70%	63%	64%	71%	59%	64%	29%	83%	73%	50%		
	MH&LD				93%	77%	71%	46%	56%	65%	67%	67%	100%	78%	63%		
	Morrison				100%	98%	100%	96%	91%	95%	75%	40%	88%	94%	89%		
	NPTH				67%	83%	82%	64%	100%	100%	88%	100%	75%	80%	71%		
	Singleton				67%	80%	73%	83%	53%	81%	80%	58%	75%	75%	83%		
	Total				84%	85%	83%	76%	75%	83%	76%	48%	81%	81%	75%		

HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.2 Primary and Community Care Overview

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



No claims submitted between April and July 2020

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

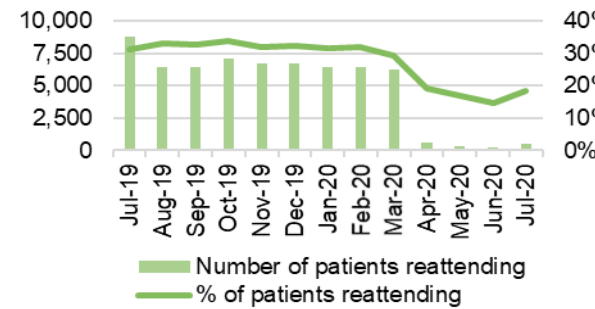


Chart 9: District Nursing- Number of patients on caseload

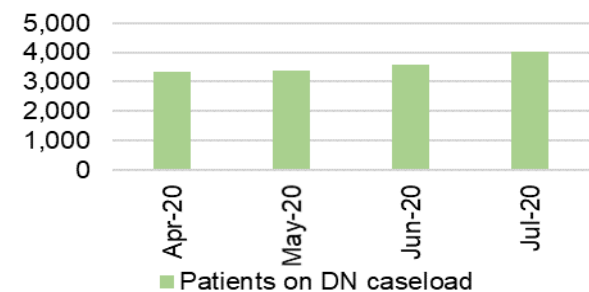


Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

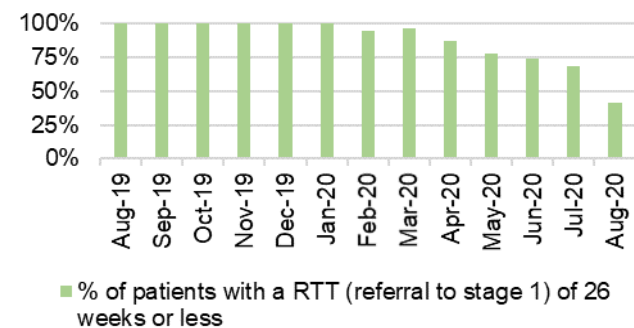


Chart 2: Common Ailment Scheme - Number of consultations provided

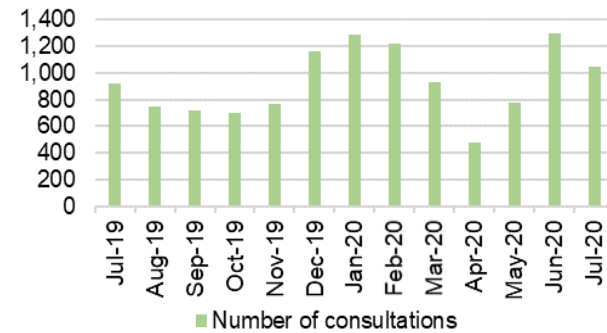


Chart 6: Pregnancy Advisory Service- Referral to appointment within 5 days and treatment within 10 days

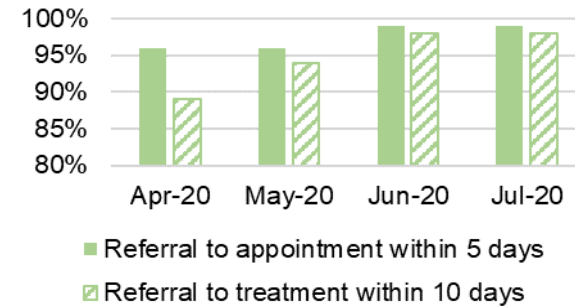


Chart 10: District Nursing- Total number of contacts

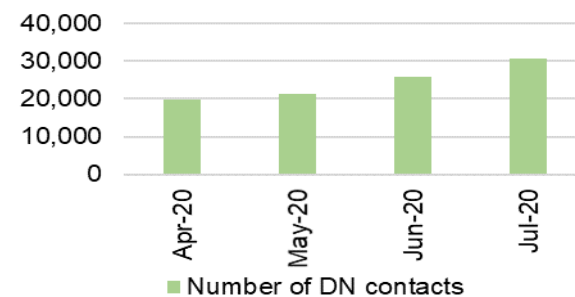


Chart 14: Audiology- Number of remote consultations

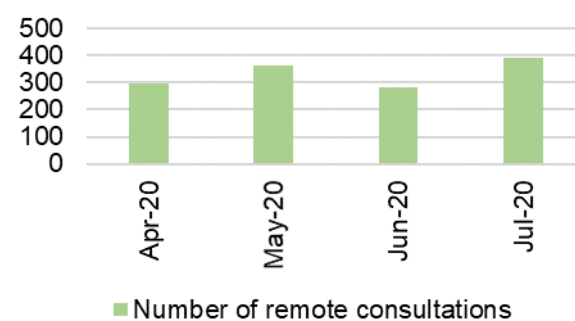


Chart 3: Urgent Dental Centre- Total episodes of patient care

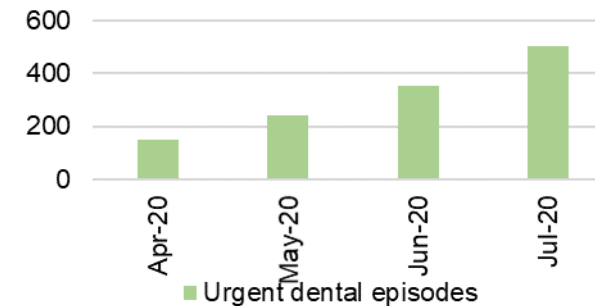


Chart 7: Sexual health services- Attendances at sexual health ambulance

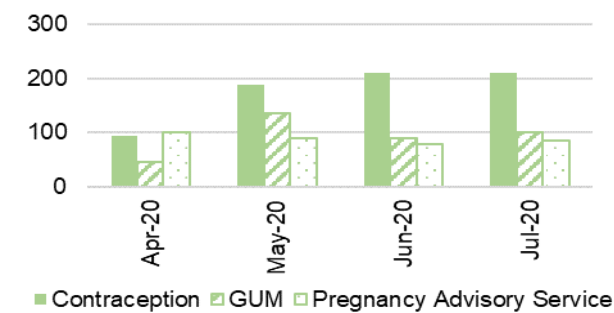


Chart 11: Community wound clinic- Number of attendances and number of home visits

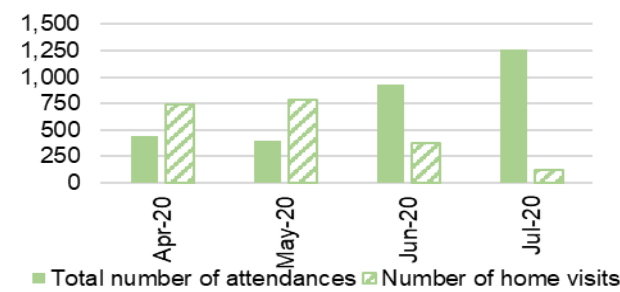


Chart 15: Total number of patients on the waiting list

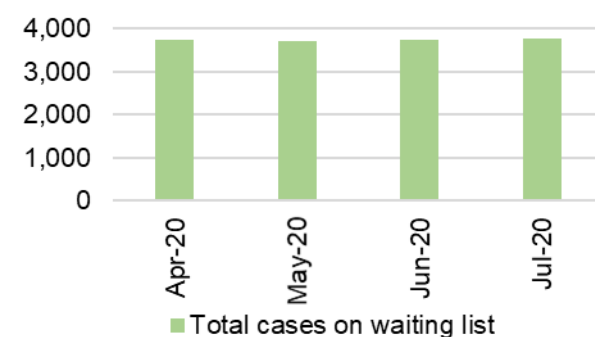


Chart 4: General Dental Practice activity- Total number of telephone calls received

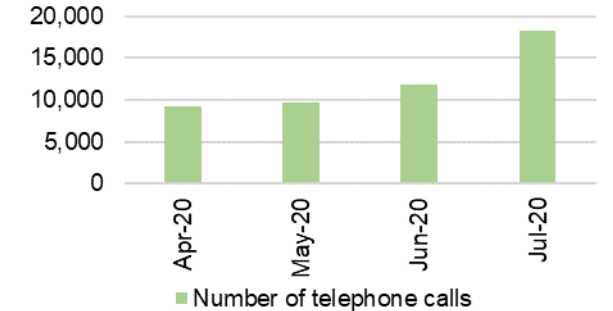


Chart 8: Sexual health services- Patient outcomes

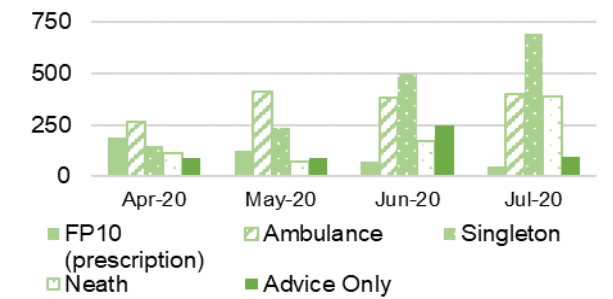


Chart 12: Community wound clinic- Number of assessments by location

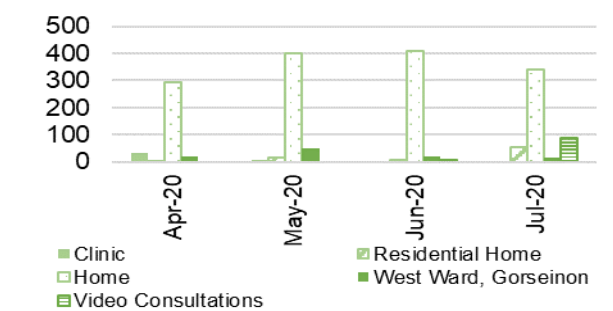
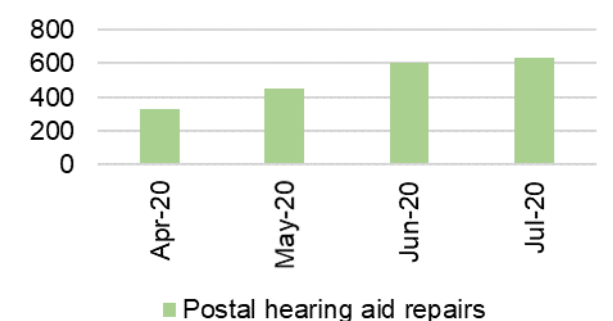


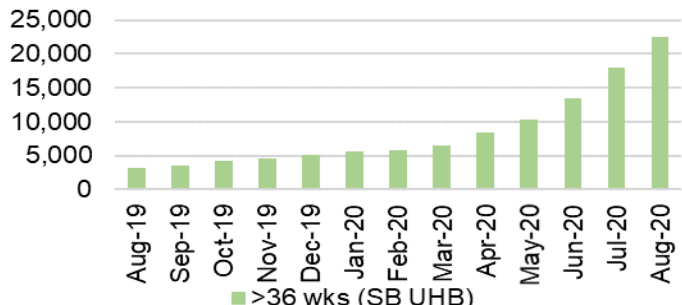
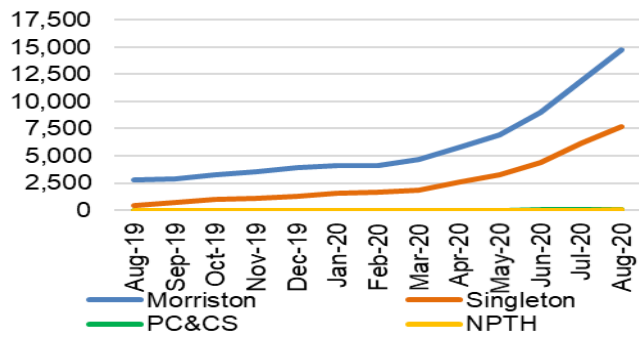
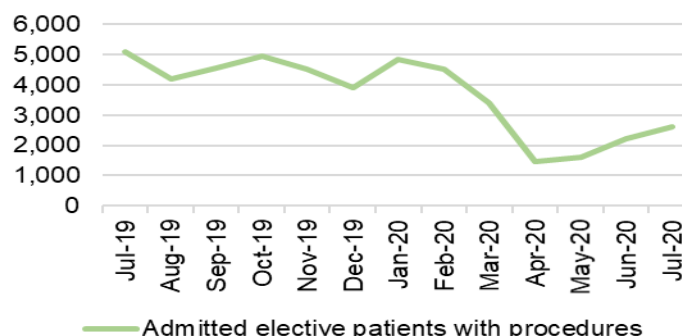
Chart 16: Number of postal hearing aid repairs



5.2 Updates on key measures

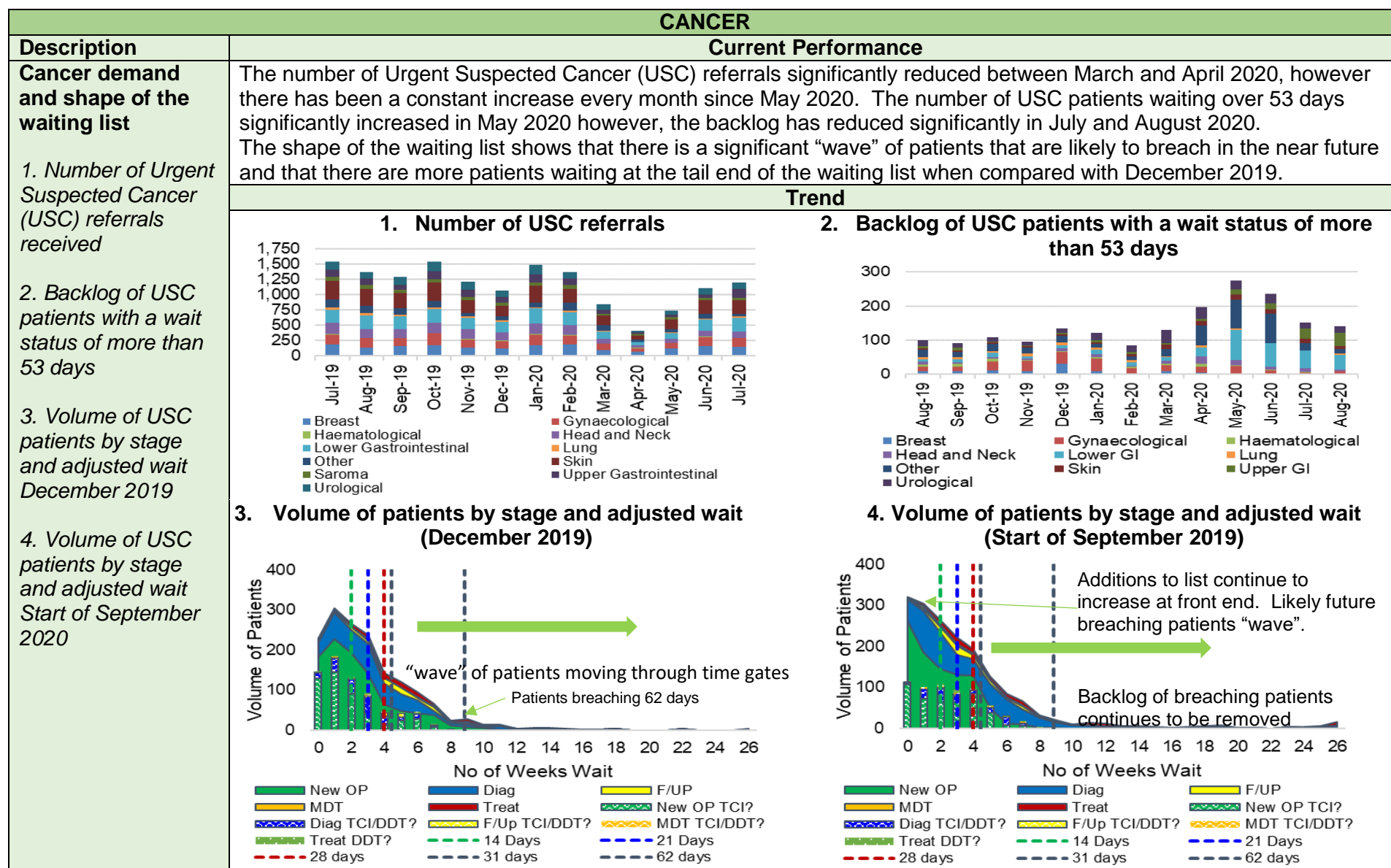
PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	The number of GP referrals and additions to the outpatient waiting list per week have continued to increase each month since May 2020. This is reflected in the reduction in the size of the waiting list in April 2020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

PLANNED CARE	
Description	Current Performance
Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Unit Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. In August 2020, there were 20,497 patients waiting over 26 weeks compared with 15,721 in July 2020. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment closely followed by ENT and Orthopaedics. The number of outpatient attendances has significantly reduced since February 2020 due to COVID19, however chart 4 shows that the number of attendances has started to increase from May 2020. Work is currently being undertaken to accurately record the split between face to face and virtual attendances.</p> <p>Trend</p> <div> <div> <p>1. Number of stage 1 over 26 weeks- HB total</p> <p>■ Outpatients > 26 wks (SB UHB)</p> </div> <div> <p>2. Number of stage 1 over 26 weeks- Unit level</p> <p>— Morriston — Singleton — PC&CS — NPTH</p> </div> </div> <div> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at August 2020</p> </div> <div> <p>4. Outpatient activity undertaken</p> <p>— New outpatient attendances - - - Follow-up attendances</p> </div>

PLANNED CARE																																																																																																																														
Description	Current Performance																																																																																																																													
Patients waiting over 36 weeks for treatment <i>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</i> <i>2. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Unit level</i> <i>3. Number of elective admissions</i>	<p>The number of patients waiting longer than 36 weeks from referral to treatment continues to increase In August 2020, there were 22,453 patients waiting over 36 weeks compared with 18,065 in July. 7,836 of the 22,453 patients in August 2020 were waiting over 52 weeks, this is an increase from 6,556 in July 2020. Orthopaedics/ Spinal accounted for 26% of the breaches, followed by Ophthalmology with 19%. Chart 3 below shows the shape of the 36 week waiting list and that there are now outpatients waiting over 36 weeks (10,235 in August 2020).</p> <p>The number of patients receiving a procedure (and subsequently removed from the waiting list) significantly reduced since March 2020 which is resulting in the increase in waiting times.</p>																																																																																																																													
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	<div><div><p>1. Number of patients waiting over 36 weeks- HB total</p><table><caption>1. Number of patients waiting over 36 weeks- HB total</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Aug-19</td><td>3,000</td></tr><tr><td>Sep-19</td><td>3,500</td></tr><tr><td>Oct-19</td><td>4,000</td></tr><tr><td>Nov-19</td><td>4,500</td></tr><tr><td>Dec-19</td><td>5,000</td></tr><tr><td>Jan-20</td><td>5,500</td></tr><tr><td>Feb-20</td><td>6,000</td></tr><tr><td>Mar-20</td><td>6,500</td></tr><tr><td>Apr-20</td><td>7,000</td></tr><tr><td>May-20</td><td>8,000</td></tr><tr><td>Jun-20</td><td>10,000</td></tr><tr><td>Jul-20</td><td>13,000</td></tr><tr><td>Aug-20</td><td>18,065</td></tr></tbody></table><p>■ >36 wks (SB UHB)</p></div><div><p>2. Number of patients waiting over 36 weeks- Unit level</p><table><caption>2. Number of patients waiting over 36 weeks- Unit level</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Aug-19</td><td>3,000</td><td>1,000</td><td>500</td><td>500</td></tr><tr><td>Sep-19</td><td>3,500</td><td>1,200</td><td>500</td><td>500</td></tr><tr><td>Oct-19</td><td>4,000</td><td>1,400</td><td>500</td><td>500</td></tr><tr><td>Nov-19</td><td>4,500</td><td>1,600</td><td>500</td><td>500</td></tr><tr><td>Dec-19</td><td>5,000</td><td>1,800</td><td>500</td><td>500</td></tr><tr><td>Jan-20</td><td>5,500</td><td>2,000</td><td>500</td><td>500</td></tr><tr><td>Feb-20</td><td>6,000</td><td>2,200</td><td>500</td><td>500</td></tr><tr><td>Mar-20</td><td>7,000</td><td>3,000</td><td>500</td><td>500</td></tr><tr><td>Apr-20</td><td>8,000</td><td>4,000</td><td>500</td><td>500</td></tr><tr><td>May-20</td><td>10,000</td><td>5,000</td><td>500</td><td>500</td></tr><tr><td>Jun-20</td><td>12,000</td><td>6,000</td><td>500</td><td>500</td></tr><tr><td>Jul-20</td><td>14,000</td><td>7,000</td><td>500</td><td>500</td></tr><tr><td>Aug-20</td><td>15,000</td><td>8,000</td><td>500</td><td>500</td></tr></tbody></table><p>— Morriston — Singleton — PC&CS — NPTH</p></div><div><p>3. Number of elective admissions</p><table><caption>3. Number of elective admissions</caption><thead><tr><th>Month</th><th>Admitted elective patients with procedures</th></tr></thead><tbody><tr><td>Jul-19</td><td>5,000</td></tr><tr><td>Aug-19</td><td>4,500</td></tr><tr><td>Sep-19</td><td>4,800</td></tr><tr><td>Oct-19</td><td>5,000</td></tr><tr><td>Nov-19</td><td>4,500</td></tr><tr><td>Dec-19</td><td>4,000</td></tr><tr><td>Jan-20</td><td>4,800</td></tr><tr><td>Feb-20</td><td>4,500</td></tr><tr><td>Mar-20</td><td>3,500</td></tr><tr><td>Apr-20</td><td>1,500</td></tr><tr><td>May-20</td><td>1,500</td></tr><tr><td>Jun-20</td><td>2,000</td></tr><tr><td>Jul-20</td><td>2,500</td></tr></tbody></table><p>— Admitted elective patients with procedures</p></div></div>	Month	Number of patients	Aug-19	3,000	Sep-19	3,500	Oct-19	4,000	Nov-19	4,500	Dec-19	5,000	Jan-20	5,500	Feb-20	6,000	Mar-20	6,500	Apr-20	7,000	May-20	8,000	Jun-20	10,000	Jul-20	13,000	Aug-20	18,065	Month	Morriston	Singleton	PC&CS	NPTH	Aug-19	3,000	1,000	500	500	Sep-19	3,500	1,200	500	500	Oct-19	4,000	1,400	500	500	Nov-19	4,500	1,600	500	500	Dec-19	5,000	1,800	500	500	Jan-20	5,500	2,000	500	500	Feb-20	6,000	2,200	500	500	Mar-20	7,000	3,000	500	500	Apr-20	8,000	4,000	500	500	May-20	10,000	5,000	500	500	Jun-20	12,000	6,000	500	500	Jul-20	14,000	7,000	500	500	Aug-20	15,000	8,000	500	500	Month	Admitted elective patients with procedures	Jul-19	5,000	Aug-19	4,500	Sep-19	4,800	Oct-19	5,000	Nov-19	4,500	Dec-19	4,000	Jan-20	4,800	Feb-20	4,500	Mar-20	3,500	Apr-20	1,500	May-20	1,500	Jun-20	2,000	Jul-20
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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 August 2020 achieving 46.5%.	Percentage of patient waiting less than 26 weeks <table><caption>Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Aug-19</td><td>80%</td><td>85%</td><td>88%</td><td>100%</td></tr><tr><td>Sep-19</td><td>78%</td><td>84%</td><td>87%</td><td>100%</td></tr><tr><td>Oct-19</td><td>78%</td><td>83%</td><td>86%</td><td>100%</td></tr><tr><td>Nov-19</td><td>78%</td><td>82%</td><td>85%</td><td>100%</td></tr><tr><td>Dec-19</td><td>77%</td><td>81%</td><td>84%</td><td>100%</td></tr><tr><td>Jan-20</td><td>78%</td><td>80%</td><td>83%</td><td>100%</td></tr><tr><td>Feb-20</td><td>75%</td><td>78%</td><td>80%</td><td>95%</td></tr><tr><td>Mar-20</td><td>70%</td><td>75%</td><td>75%</td><td>95%</td></tr><tr><td>Apr-20</td><td>60%</td><td>65%</td><td>65%</td><td>90%</td></tr><tr><td>May-20</td><td>50%</td><td>55%</td><td>55%</td><td>85%</td></tr><tr><td>Jun-20</td><td>45%</td><td>50%</td><td>50%</td><td>80%</td></tr><tr><td>Jul-20</td><td>40%</td><td>45%</td><td>45%</td><td>75%</td></tr><tr><td>Aug-20</td><td>35%</td><td>40%</td><td>45%</td><td>80%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Aug-19	80%	85%	88%	100%	Sep-19	78%	84%	87%	100%	Oct-19	78%	83%	86%	100%	Nov-19	78%	82%	85%	100%	Dec-19	77%	81%	84%	100%	Jan-20	78%	80%	83%	100%	Feb-20	75%	78%	80%	95%	Mar-20	70%	75%	75%	95%	Apr-20	60%	65%	65%	90%	May-20	50%	55%	55%	85%	Jun-20	45%	50%	50%	80%	Jul-20	40%	45%	45%	75%	Aug-20	35%	40%	45%	80%
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Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In July 2020, 55.5% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20, however this has not been sustained so far in 2020/21.</p> <p>* August 2020 data was not available at the time of writing this report</p>	Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments <table><caption>Percentage of ophthalmology R1 patients seen within target or within 25% of target date</caption><thead><tr><th>Month</th><th>% R1 patients seen within target or within 25% of target date</th></tr></thead><tbody><tr><td>Jul-19</td><td>65%</td></tr><tr><td>Aug-19</td><td>65%</td></tr><tr><td>Sep-19</td><td>65%</td></tr><tr><td>Oct-19</td><td>68%</td></tr><tr><td>Nov-19</td><td>70%</td></tr><tr><td>Dec-19</td><td>70%</td></tr><tr><td>Jan-20</td><td>75%</td></tr><tr><td>Feb-20</td><td>78%</td></tr><tr><td>Mar-20</td><td>75%</td></tr><tr><td>Apr-20</td><td>70%</td></tr><tr><td>May-20</td><td>65%</td></tr><tr><td>Jun-20</td><td>65%</td></tr><tr><td>Jul-20</td><td>55.5%</td></tr></tbody></table>	Month	% R1 patients seen within target or within 25% of target date	Jul-19	65%	Aug-19	65%	Sep-19	65%	Oct-19	68%	Nov-19	70%	Dec-19	70%	Jan-20	75%	Feb-20	78%	Mar-20	75%	Apr-20	70%	May-20	65%	Jun-20	65%	Jul-20	55.5%																																										
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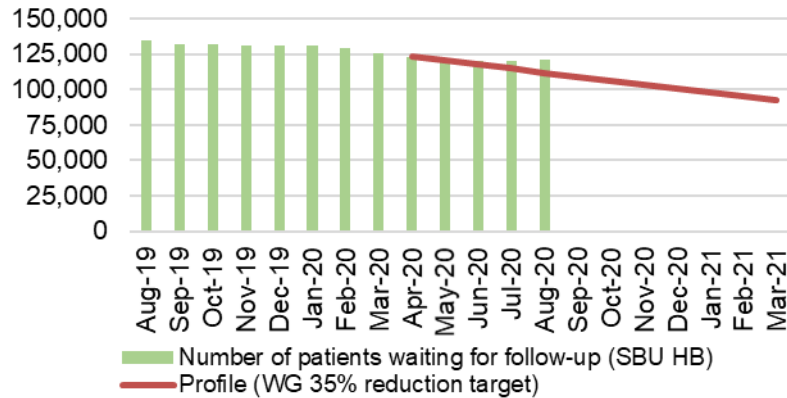
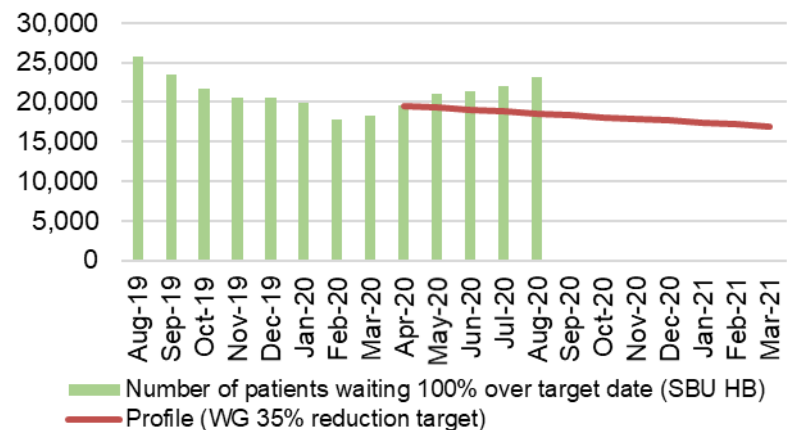
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Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In August 2020, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 7,872 in July 2020 to 8,075 in August 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 August 2020:</p> <ul style="list-style-type: none">• Radiology= 3,171• Cardiac tests= 2,674• Endoscopy= 1,447• Neurophysiology= 678• Physiological measurement= 57• Fluoroscopy= 41• Cystoscopy= 7	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <table border="1"><caption>Approximate data for Number of patients waiting longer than 8 weeks for diagnostics</caption><thead><tr><th>Month</th><th>Cardiac tests</th><th>Endoscopy</th><th>Other diagnostics (inc. radiology)</th></tr></thead><tbody><tr><td>Aug-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Sep-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Oct-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Nov-19</td><td>200</td><td>0</td><td>0</td></tr><tr><td>Dec-19</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Jan-20</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Feb-20</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Mar-20</td><td>1,000</td><td>200</td><td>500</td></tr><tr><td>Apr-20</td><td>2,000</td><td>1,000</td><td>4,000</td></tr><tr><td>May-20</td><td>2,500</td><td>1,200</td><td>4,800</td></tr><tr><td>Jun-20</td><td>2,500</td><td>1,200</td><td>4,500</td></tr><tr><td>Jul-20</td><td>2,300</td><td>1,300</td><td>4,000</td></tr><tr><td>Aug-20</td><td>2,600</td><td>1,400</td><td>4,000</td></tr></tbody></table>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Aug-19	200	0	0	Sep-19	200	0	0	Oct-19	200	0	0	Nov-19	200	0	0	Dec-19	500	0	0	Jan-20	500	0	0	Feb-20	500	0	0	Mar-20	1,000	200	500	Apr-20	2,000	1,000	4,000	May-20	2,500	1,200	4,800	Jun-20	2,500	1,200	4,500	Jul-20	2,300	1,300	4,000	Aug-20	2,600	1,400	4,000																																																								
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Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In August 2020 there were 1,518 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in August 2020 are:</p> <ul style="list-style-type: none">• Podiatry= 764• Audiology= 443• Speech & Language Therapy= 166• Dietetics= 145• Physiotherapy= 0	<p>Number of patients waiting longer than 14 weeks for therapies</p> <table border="1"><caption>Approximate data for Number of patients waiting longer than 14 weeks for therapies</caption><thead><tr><th>Month</th><th>Occ Therapy/ LD (MH)</th><th>Occ Therapy (exc. MH)</th><th>Audiology</th><th>Speech & Language</th><th>Dietetics</th><th>Phsyio</th><th>Podiatry</th></tr></thead><tbody><tr><td>Aug-19</td><td>0</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><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><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><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><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><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><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><td>50</td></tr><tr><td>Apr-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>300</td></tr><tr><td>May-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>800</td></tr><tr><td>Jun-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1,500</td></tr><tr><td>Jul-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1,400</td></tr><tr><td>Aug-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1,518</td></tr></tbody></table>	Month	Occ Therapy/ LD (MH)	Occ Therapy (exc. MH)	Audiology	Speech & Language	Dietetics	Phsyio	Podiatry	Aug-19	0	0	0	0	0	0	0	Sep-19	0	0	0	0	0	0	0	Oct-19	0	0	0	0	0	0	0	Nov-19	0	0	0	0	0	0	0	Dec-19	0	0	0	0	0	0	0	Jan-20	0	0	0	0	0	0	0	Feb-20	0	0	0	0	0	0	0	Mar-20	0	0	0	0	0	0	50	Apr-20	0	0	0	0	0	0	300	May-20	0	0	0	0	0	0	800	Jun-20	0	0	0	0	0	0	1,500	Jul-20	0	0	0	0	0	0	1,400	Aug-20	0	0	0	0	0	0	1,518
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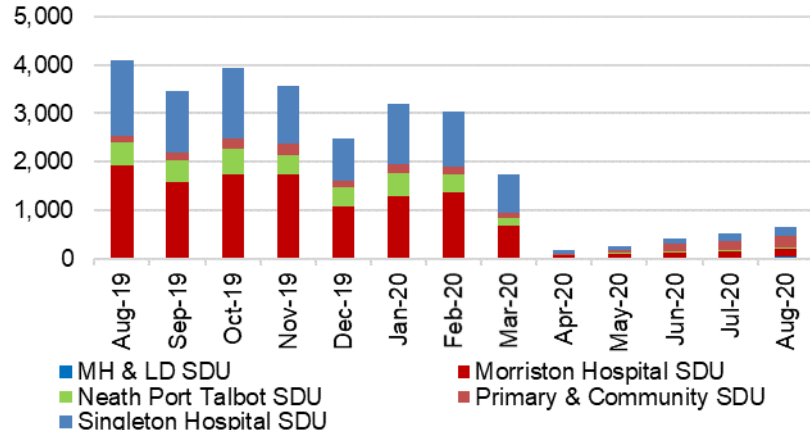
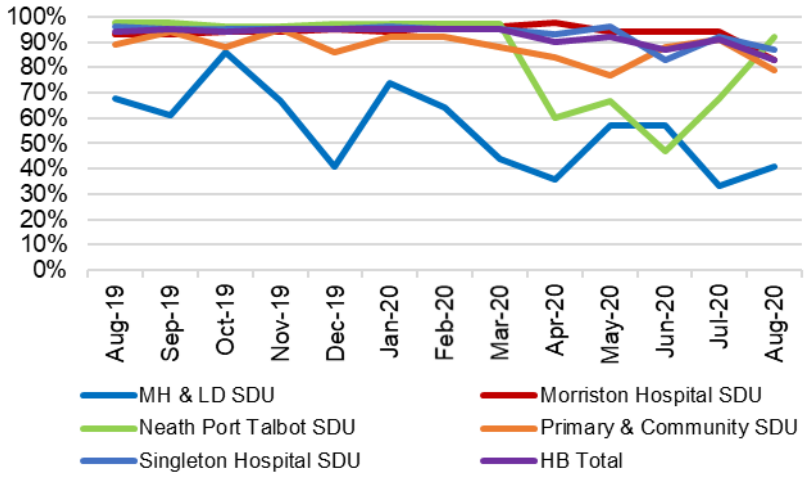


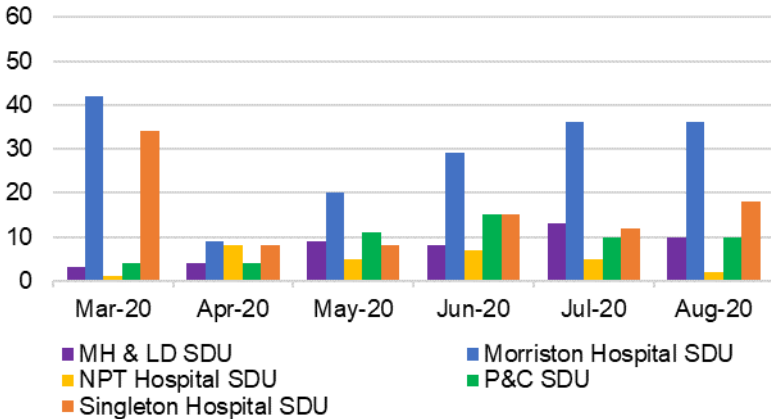
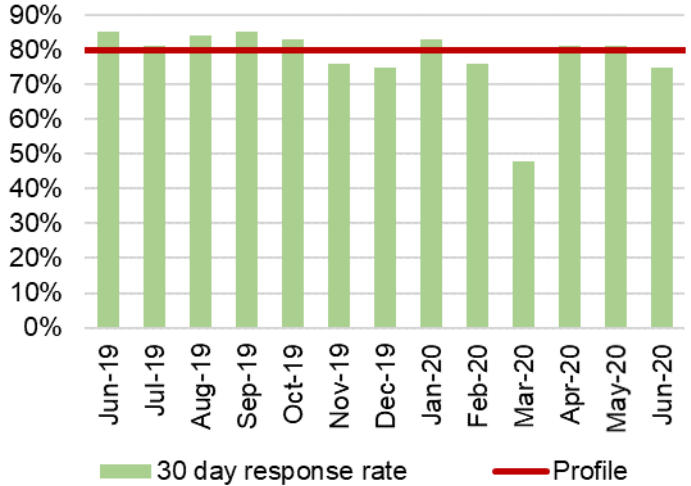
CANCER																																																										
Description	Current Performance	Trend																																																								
Cancer- NUSC waiting times- <i>Percentage of patients newly diagnosed with cancer, not via urgent route that started definitive treatment within 31 days of diagnosis</i>	<p>August 2020 figures will be finalised on the 2nd October 2020. Draft figures indicate a possible achievement of 85% of patients starting treatment within 31 days. At the time of writing this report there are 9 breaches* across the Health Board for August 2020:</p> <ul style="list-style-type: none">• Upper GI – 3• Gynaecological – 2• Urological – 2• Head & Neck – 1• Lower GI - 1 <p><i>*Breach validation is ongoing, this number also includes suspected cancers awaiting final histological confirmation, and therefore the position may improve.</i></p>	<p>Percentage of NUSC patients starting treatment within 31 days of diagnosis</p> <table><caption>Percentage of NUSC patients starting treatment within 31 days of diagnosis</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Aug-19</td><td>90%</td><td>95%</td><td>95%</td></tr><tr><td>Sep-19</td><td>85%</td><td>95%</td><td>95%</td></tr><tr><td>Oct-19</td><td>95%</td><td>95%</td><td>95%</td></tr><tr><td>Nov-19</td><td>95%</td><td>95%</td><td>95%</td></tr><tr><td>Dec-19</td><td>90%</td><td>95%</td><td>95%</td></tr><tr><td>Jan-20</td><td>95%</td><td>95%</td><td>95%</td></tr><tr><td>Feb-20</td><td>90%</td><td>90%</td><td>95%</td></tr><tr><td>Mar-20</td><td>90%</td><td>90%</td><td>95%</td></tr><tr><td>Apr-20</td><td>90%</td><td>95%</td><td>95%</td></tr><tr><td>May-20</td><td>65%</td><td>85%</td><td>95%</td></tr><tr><td>Jun-20</td><td>75%</td><td>90%</td><td>95%</td></tr><tr><td>Jul-20</td><td>80%</td><td>95%</td><td>95%</td></tr><tr><td>Aug-20</td><td>60%</td><td>90%</td><td>95%</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Aug-19	90%	95%	95%	Sep-19	85%	95%	95%	Oct-19	95%	95%	95%	Nov-19	95%	95%	95%	Dec-19	90%	95%	95%	Jan-20	95%	95%	95%	Feb-20	90%	90%	95%	Mar-20	90%	90%	95%	Apr-20	90%	95%	95%	May-20	65%	85%	95%	Jun-20	75%	90%	95%	Jul-20	80%	95%	95%	Aug-20	60%	90%	95%
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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>August 2020 figures will be finalised on the 2nd October 2020. Draft figures indicate a possible achievement of 87% of patients starting treatment within 62 days. At the time of writing this report there are 13 breaches* in total across the Health Board for August 2020:</p> <ul style="list-style-type: none">• Lower GI – 4• Upper GI – 3• Urological – 3• Haematological – 2• Head & Neck – 1 <p><i>*Breach validation is ongoing, this number also includes a suspected cancer awaiting final histological confirmation, and therefore the position may improve.</i></p>	<p>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>Aug-19</td><td>85%</td><td>85%</td><td>100%</td></tr><tr><td>Sep-19</td><td>90%</td><td>80%</td><td>70%</td></tr><tr><td>Oct-19</td><td>80%</td><td>85%</td><td>100%</td></tr><tr><td>Nov-19</td><td>80%</td><td>85%</td><td>100%</td></tr><tr><td>Dec-19</td><td>90%</td><td>90%</td><td>100%</td></tr><tr><td>Jan-20</td><td>95%</td><td>80%</td><td>70%</td></tr><tr><td>Feb-20</td><td>80%</td><td>75%</td><td>100%</td></tr><tr><td>Mar-20</td><td>85%</td><td>85%</td><td>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>85%</td><td>90%</td><td>100%</td></tr><tr><td>Jul-20</td><td>85%</td><td>100%</td><td>100%</td></tr><tr><td>Aug-20</td><td>60%</td><td>95%</td><td>100%</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Aug-19	85%	85%	100%	Sep-19	90%	80%	70%	Oct-19	80%	85%	100%	Nov-19	80%	85%	100%	Dec-19	90%	90%	100%	Jan-20	95%	80%	70%	Feb-20	80%	75%	100%	Mar-20	85%	85%	75%	Apr-20	80%	80%	100%	May-20	75%	80%	100%	Jun-20	85%	90%	100%	Jul-20	85%	100%	100%	Aug-20	60%	95%	100%
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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>August 2020 figures will be finalised on the 2nd October 2020. Draft figures indicate a possible achievement of 77% of patients starting treatment within 62 days of the suspicion of cancer first being raised. At the time of writing this report 36 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>90% 80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20</p> <p>— % of patients started treatment within 62 days (with suspensions) - - % of patients started treatment within 62 days (without suspensions)</p>																																				
USC backlog <i>The number of patients with an active wait status of more than 53 days</i>	<p>End of August 2020 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th><th>53 - 62 days</th><th>63 ></th></tr> </thead> <tbody> <tr><td>Breast</td><td>1</td><td>0</td></tr> <tr><td>Gynaecological</td><td>3</td><td>4</td></tr> <tr><td>Haematological</td><td>0</td><td>1</td></tr> <tr><td>Head and Neck</td><td>1</td><td>3</td></tr> <tr><td>Lower GI</td><td>13</td><td>31</td></tr> <tr><td>Lung</td><td>2</td><td>2</td></tr> <tr><td>Other</td><td>2</td><td>11</td></tr> <tr><td>Skin</td><td>7</td><td>1</td></tr> <tr><td>Upper GI</td><td>14</td><td>26</td></tr> <tr><td>Urological</td><td>7</td><td>11</td></tr> <tr><td>Grand Total</td><td>50</td><td>90</td></tr> </tbody> </table>	Tumour Site	53 - 62 days	63 >	Breast	1	0	Gynaecological	3	4	Haematological	0	1	Head and Neck	1	3	Lower GI	13	31	Lung	2	2	Other	2	11	Skin	7	1	Upper GI	14	26	Urological	7	11	Grand Total	50	90	<p>Number of patients with a wait status of more than 53 days</p> <p>300 250 200 150 100 50 0</p> <p>Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20</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 August 2020 the percentage of patients seen within 14 days to first appointment ranged between 14% and 35%.	The number of patients waiting for a first outpatient appointment (by total days waiting) - End of August 2020 <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>>31</th><th>Total</th></tr><tr><td>Breast</td><td>8</td><td>45</td><td>5</td><td>1</td><td>58</td></tr><tr><td>Children Cancer</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Gynaecological</td><td>2</td><td>4</td><td>10</td><td>138</td><td>154</td></tr><tr><td>Haematological</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Head&Neck</td><td>1</td><td>1</td><td>19</td><td>23</td><td>44</td></tr><tr><td>LGI</td><td>0</td><td>2</td><td>7</td><td>0</td><td>9</td></tr><tr><td>Lung</td><td>0</td><td>1</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Other</td><td>1</td><td>2</td><td>1</td><td>3</td><td>7</td></tr><tr><td>Sarcoma</td><td>0</td><td>4</td><td>1</td><td>0</td><td>5</td></tr><tr><td>Skin</td><td>3</td><td>4</td><td>3</td><td>33</td><td>43</td></tr><tr><td>UGI</td><td>0</td><td>0</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Urological</td><td>1</td><td>18</td><td>3</td><td>0</td><td>22</td></tr><tr><td>Total</td><td>16</td><td>81</td><td>49</td><td>199</td><td>345</td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	8	45	5	1	58	Children Cancer	0	0	0	0	0	Gynaecological	2	4	10	138	154	Haematological	0	0	0	0	0	Head&Neck	1	1	19	23	44	LGI	0	2	7	0	9	Lung	0	1	0	0	1	Other	1	2	1	3	7	Sarcoma	0	4	1	0	5	Skin	3	4	3	33	43	UGI	0	0	0	1	1	Urological	1	18	3	0	22	Total	16	81	49	199	345
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak. <table><tr><th>Measure</th><th>Target</th><th>Aug-20</th></tr><tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>63%</td></tr><tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>92%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>57%</td></tr><tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>91%</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>46%</td></tr><tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>75%</td></tr></table>	Measure	Target	Aug-20	Scheduled (21 Day Target)	80%	63%	Scheduled (28 Day Target)	100%	92%	Urgent SC (7 Day Target)	80%	57%	Urgent SC (14 Day Target)	100%	91%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	46%	Elective Delay (28 Day Target)	100%	75%	Radiotherapy waiting times 																																																									
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FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	<p>In August 2020, the overall size of the follow-up waiting list reduced by 0.3% compared with July 2020 (from 120,062 to 120,062).</p> <p>In August 2020 there was a total of 55,446 patients waiting for a follow-up past their target date. This is an in-month increase of 6.1% (from 52,278 in July 2020 to 55,446 in August 2020).</p> <p>Of the 55,446 delayed follow-ups in August 2020, 9,467 had appointment dates and 45,979 were still waiting for an appointment.</p> <p>In addition, 23,209 were waiting 100%+ over target date in August 2020. This is a 5% increase when compared with July 2020.</p>	<p>1. Total number of patients waiting for a follow-up</p>  <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> 

PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in August 2020 was 83% and 625 surveys were completed: <ul style="list-style-type: none"> ➤ Neath Port Talbot Hospital (NPTH) completed 24 surveys in August 2020, with a recommended score of 92%. ➤ Singleton Hospital completed 207 surveys for August, with a recommended score of 87%. ➤ Morriston Hospital completed 174 surveys in August 2020, with a recommended score of 83%. ➤ Mental Health & Learning Disabilities completed 34 surveys for August 2020, with a recommended score of 41%. ➤ Primary & Community Care completed 220 surveys for August, with a recommended score of 79%. 	1. Number of friends and family surveys completed 
		2. % of patients/ service users who would recommend and highly recommend 

COMPLAINTS																																																																																						
Description	Current Performance	Trend																																																																																				
Patient concerns <i>1. Number of formal complaints received</i> <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In August 2020, the Health Board received 81 formal complaints; this is a 29% reduction when compared with August 2019 (from 114 to 81). The monthly number of complaints received has been significantly lower since the COVID19 outbreak in March 2020.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 75% in June 2020 against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Performance in June 2020 ranged from 50% Primary Care & Community Delivery Unit to 89% in Morriston Delivery Unit.</p>	<div><h3>1. Number of formal complaints received</h3><table border="1"><caption>1. Number of formal complaints received</caption><thead><tr><th>Month</th><th>MH & LD SDU</th><th>NPT Hospital SDU</th><th>Singleton Hospital SDU</th><th>Morriston Hospital SDU</th><th>P&C SDU</th></tr></thead><tbody><tr><td>Mar-20</td><td>2</td><td>1</td><td>34</td><td>42</td><td>3</td></tr><tr><td>Apr-20</td><td>4</td><td>8</td><td>8</td><td>10</td><td>4</td></tr><tr><td>May-20</td><td>9</td><td>5</td><td>8</td><td>20</td><td>11</td></tr><tr><td>Jun-20</td><td>8</td><td>7</td><td>15</td><td>29</td><td>15</td></tr><tr><td>Jul-20</td><td>13</td><td>5</td><td>12</td><td>36</td><td>10</td></tr><tr><td>Aug-20</td><td>10</td><td>2</td><td>18</td><td>36</td><td>10</td></tr></tbody></table></div> <div><h3>2. Response rate for concerns within 30 days</h3><table border="1"><caption>2. Response rate for concerns within 30 days</caption><thead><tr><th>Month</th><th>30 day response rate</th><th>Profile</th></tr></thead><tbody><tr><td>Jun-19</td><td>85%</td><td>80%</td></tr><tr><td>Jul-19</td><td>80%</td><td>80%</td></tr><tr><td>Aug-19</td><td>83%</td><td>80%</td></tr><tr><td>Sep-19</td><td>85%</td><td>80%</td></tr><tr><td>Oct-19</td><td>82%</td><td>80%</td></tr><tr><td>Nov-19</td><td>75%</td><td>80%</td></tr><tr><td>Dec-19</td><td>74%</td><td>80%</td></tr><tr><td>Jan-20</td><td>82%</td><td>80%</td></tr><tr><td>Feb-20</td><td>75%</td><td>80%</td></tr><tr><td>Mar-20</td><td>48%</td><td>80%</td></tr><tr><td>Apr-20</td><td>80%</td><td>80%</td></tr><tr><td>May-20</td><td>80%</td><td>80%</td></tr><tr><td>Jun-20</td><td>75%</td><td>80%</td></tr></tbody></table></div>	Month	MH & LD SDU	NPT Hospital SDU	Singleton Hospital SDU	Morriston Hospital SDU	P&C SDU	Mar-20	2	1	34	42	3	Apr-20	4	8	8	10	4	May-20	9	5	8	20	11	Jun-20	8	7	15	29	15	Jul-20	13	5	12	36	10	Aug-20	10	2	18	36	10	Month	30 day response rate	Profile	Jun-19	85%	80%	Jul-19	80%	80%	Aug-19	83%	80%	Sep-19	85%	80%	Oct-19	82%	80%	Nov-19	75%	80%	Dec-19	74%	80%	Jan-20	82%	80%	Feb-20	75%	80%	Mar-20	48%	80%	Apr-20	80%	80%	May-20	80%	80%	Jun-20	75%	80%
Month	MH & LD SDU	NPT Hospital SDU	Singleton Hospital SDU	Morriston Hospital SDU	P&C SDU																																																																																	
Mar-20	2	1	34	42	3																																																																																	
Apr-20	4	8	8	10	4																																																																																	
May-20	9	5	8	20	11																																																																																	
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6 HARM QUADRANT- HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

6.1 Overview

Harm from wider societal actions/lockdown																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Childhood immunisations																	
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%	•	95.5%			96.2%			97.0%						
	Swansea			•	95.8%			95.9%			95.5%						
	HB Total			•	95.7%			96.0%			96.1%						
% children who received MenB2 vaccine by age 1	NPT	95%	90%	•	95.8%			96.5%			97.0%						
	Swansea			•	96.0%			95.9%			95.3%						
	HB Total			•	95.9%			96.1%			95.9%						
% children who received PCV2 vaccine by age 1	NPT	95%	90%	•	95.8%			96.2%			97.3%						
	Swansea			•	96.0%			95.9%			95.9%						
	HB Total			•	95.9%			96.0%			96.4%						
% children who received Rotavirus vaccine by age 1	NPT	95%	90%	•	94.4%			95.4%			96.4%						
	Swansea			•	94.1%			94.4%			94.2%						
	HB Total			•	94.2%			94.8%			95.0%						
% children who received MMR1 vaccine by age 2	NPT	95%	90%	•	94.8%			93.6%			95.3%						
	Swansea			•	93.8%			93.8%			94.4%						
	HB Total			•	94.2%			93.7%			94.7%						
% children who received PCV3 vaccine by age 2	NPT	95%	90%	•	95.3%			94.1%			96.4%						
	Swansea			•	94.2%			93.3%			93.9%						
	HB Total			•	94.7%			93.6%			94.8%						
% children who received MenB4 vaccine by age 2	NPT	95%	90%	•	95.1%			93.6%			96.1%						
	Swansea			•	93.6%			93.1%			93.0%						
	HB Total			•	94.2%			93.3%			94.2%						
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%	•	94.0%			93.8%			95.6%						
	Swansea			•	93.5%			93.3%			93.0%						
	HB Total			•	93.7%			93.5%			94.0%						

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
% children who are up to date in schedule by age 4	NPT	95%	90%	↑	88.1%	86.4%			91.6%								
	Swansea			↑	87.1%	88.6%			86.5%								
	HB Total			↑	87.4%	87.8%			88.4%								
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%	↑	92.3%	92.2%			92.0%								
	Swansea			↑	92.9%	91.0%			91.0%								
	HB Total			↑	92.6%	91.5%			92.0%								
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%	↑	93.0%	93.0%			92.6%								
	Swansea			↑	93.0%	91.4%			92.1%								
	HB Total			↑	93.0%	92.0%			92.3%								
% children who received MMR vaccination by age 16	NPT	95%	90%	↑	93.9%	89.4%			95.9%								
	Swansea			↑	92.8%	91.7%			95.2%								
	HB Total			↑	93.2%	90.9%			95.5%								
% children who received teenage booster by age 16	NPT	90%	85%	↑	86.5%	91.8%			89.3%								
	Swansea			↑	89.8%	88.1%			91.5%								
	HB Total			↑	88.6%	89.5%			90.7%								
% children who received MenACWY vaccine by age 16	NPT	Improve		↑	88.5%	92.4%			90.7%								
	Swansea			↑	90.2%	88.9%			92.2%								
	HB Total			↑	89.6%	90.2%			91.6%								

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Mental Health Services																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			98%	100%	100%	98%	100%	100%	100%	94%	100%	100%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			63%	98%	99%	77%	69%	87%	93%	67%	44%	78%	100%	100%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			12%	32%	63%	17%	4%	0%	0%	14%		88%	100%	100%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			64%	98%	98%	82%	69%	87%	93%	75%	46%	72%	100%	100%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	> 18 years old	80%			98%	98%	98%	97%	98%	93%	97%	97%	99%	99%	100%	99%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			89%	87%	100%	100%	100%	94%	100%	94%		100%	100%	100%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			93%	96%	97%	90%	92%	89%	94%	97%	97%	100%	96%	96%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			100%	100%	100%	100%	100%	100%	100%	99.5%	93%	89%	84%	89%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			39%	38%	38%	36%	36%	28%	35%	38%	35%	30%	28%	30%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%			99%	100%	100%	100%	100%	100%	99%	99%	99%	97%	91%	98%	
% 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%			91%	92%	92%	92%	91%	93%	92%	91%	93%	92%	92%	94%	

6.2 Updates on key measures

ADULT MENTAL HEALTH		
Description	Current Performance	Trend
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In July 2020, 99% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In July 2020, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 96%.</p> <p>3. 94% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in July 2020.</p> <p>4. In July 2020, 89% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28</p> <p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <p>3. % residents with a valid Care and Treatment Plan (CTP)</p> <p>4. % waiting less than 26 weeks for Psychology Therapy</p>

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)																																																										
Description	Current Performance	Trend																																																								
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In July 2020, 100% of CAMHS patients received an assessment within 48 hours.	<div>1. Crisis- assessment within 48 hours</div> <table border="1"><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th><th>Target</th></tr></thead><tbody><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>95%</td><td>100%</td></tr><tr><td>Apr-20</td><td>100%</td><td>100%</td></tr><tr><td>May-20</td><td>100%</td><td>100%</td></tr><tr><td>Jun-20</td><td>100%</td><td>100%</td></tr><tr><td>Jul-20</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	Target	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	95%	100%	Apr-20	100%	100%	May-20	100%	100%	Jun-20	100%	100%	Jul-20	100%	100%														
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Jul-20	100%	100%																																																								
2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 100% of routine assessments were undertaken with 28 days from referral in July 2020 against a target of 80%.	<div>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</div> <table border="1"><thead><tr><th>Month</th><th>% of assessments in 28 days</th><th>% therapeutic interventions in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Jul-19</td><td>100%</td><td>0%</td><td>80%</td></tr><tr><td>Aug-19</td><td>100%</td><td>0%</td><td>80%</td></tr><tr><td>Sep-19</td><td>100%</td><td>0%</td><td>80%</td></tr><tr><td>Oct-19</td><td>100%</td><td>0%</td><td>80%</td></tr><tr><td>Nov-19</td><td>100%</td><td>0%</td><td>80%</td></tr><tr><td>Dec-19</td><td>100%</td><td>0%</td><td>80%</td></tr><tr><td>Jan-20</td><td>100%</td><td>0%</td><td>80%</td></tr><tr><td>Feb-20</td><td>100%</td><td>0%</td><td>80%</td></tr><tr><td>Mar-20</td><td>100%</td><td>0%</td><td>80%</td></tr><tr><td>Apr-20</td><td>100%</td><td>0%</td><td>80%</td></tr><tr><td>May-20</td><td>100%</td><td>0%</td><td>80%</td></tr><tr><td>Jun-20</td><td>100%</td><td>0%</td><td>80%</td></tr><tr><td>Jul-20</td><td>100%</td><td>0%</td><td>80%</td></tr></tbody></table>	Month	% of assessments in 28 days	% therapeutic interventions in 28 days	Target	Jul-19	100%	0%	80%	Aug-19	100%	0%	80%	Sep-19	100%	0%	80%	Oct-19	100%	0%	80%	Nov-19	100%	0%	80%	Dec-19	100%	0%	80%	Jan-20	100%	0%	80%	Feb-20	100%	0%	80%	Mar-20	100%	0%	80%	Apr-20	100%	0%	80%	May-20	100%	0%	80%	Jun-20	100%	0%	80%	Jul-20	100%	0%	80%
Month	% of assessments in 28 days		% therapeutic interventions in 28 days	Target																																																						
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Jul-20	100%	0%	80%																																																							
3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 100% of therapeutic interventions were started within 28 days following assessment in July 2020.																																																									
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 30% of NDD patients received a diagnostic assessment within 26 weeks in July 2020 against a target of 80%.	<div>4. NDD- assessment within 26 weeks</div> <table border="1"><thead><tr><th>Month</th><th>%NDD within 26 weeks</th><th>Target</th></tr></thead><tbody><tr><td>Jul-19</td><td>0%</td><td>80%</td></tr><tr><td>Aug-19</td><td>0%</td><td>80%</td></tr><tr><td>Sep-19</td><td>0%</td><td>80%</td></tr><tr><td>Oct-19</td><td>0%</td><td>80%</td></tr><tr><td>Nov-19</td><td>0%</td><td>80%</td></tr><tr><td>Dec-19</td><td>0%</td><td>80%</td></tr><tr><td>Jan-20</td><td>0%</td><td>80%</td></tr><tr><td>Feb-20</td><td>0%</td><td>80%</td></tr><tr><td>Mar-20</td><td>0%</td><td>80%</td></tr><tr><td>Apr-20</td><td>0%</td><td>80%</td></tr><tr><td>May-20</td><td>0%</td><td>80%</td></tr><tr><td>Jun-20</td><td>0%</td><td>80%</td></tr><tr><td>Jul-20</td><td>0%</td><td>80%</td></tr></tbody></table>	Month	%NDD within 26 weeks	Target	Jul-19	0%	80%	Aug-19	0%	80%	Sep-19	0%	80%	Oct-19	0%	80%	Nov-19	0%	80%	Dec-19	0%	80%	Jan-20	0%	80%	Feb-20	0%	80%	Mar-20	0%	80%	Apr-20	0%	80%	May-20	0%	80%	Jun-20	0%	80%	Jul-20	0%	80%														
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 100% of routine assessments by SCAMHS were undertaken within 28 days in July 2020.	<div>5. S-CAMHS % assessments within 28 days</div> <table border="1"><thead><tr><th>Month</th><th>% S-CAMHS assessments in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Jul-19</td><td>100%</td><td>80%</td></tr><tr><td>Aug-19</td><td>100%</td><td>80%</td></tr><tr><td>Sep-19</td><td>100%</td><td>80%</td></tr><tr><td>Oct-19</td><td>100%</td><td>80%</td></tr><tr><td>Nov-19</td><td>100%</td><td>80%</td></tr><tr><td>Dec-19</td><td>100%</td><td>80%</td></tr><tr><td>Jan-20</td><td>100%</td><td>80%</td></tr><tr><td>Feb-20</td><td>100%</td><td>80%</td></tr><tr><td>Mar-20</td><td>100%</td><td>80%</td></tr><tr><td>Apr-20</td><td>100%</td><td>80%</td></tr><tr><td>May-20</td><td>100%</td><td>80%</td></tr><tr><td>Jun-20</td><td>100%</td><td>80%</td></tr><tr><td>Jul-20</td><td>100%</td><td>80%</td></tr></tbody></table>	Month	% S-CAMHS assessments in 28 days	Target	Jul-19	100%	80%	Aug-19	100%	80%	Sep-19	100%	80%	Oct-19	100%	80%	Nov-19	100%	80%	Dec-19	100%	80%	Jan-20	100%	80%	Feb-20	100%	80%	Mar-20	100%	80%	Apr-20	100%	80%	May-20	100%	80%	Jun-20	100%	80%	Jul-20	100%	80%														
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*Data for April 2020 not available for measures 2 and 3

APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 related	Number of new COVID19 cases*	Local			Aug-20						63
	Number of staff referred to the Community Testing Unit (CTU)*	Local			Aug-20						88
	Number of staff awaiting results of COVID19 test*	Local			Aug-20						0
	Number of COVID19 related incidents*	Local			Aug-20						37
	Number of COVID19 related serious incidents*	Local			Aug-20						0
	Number of COVID19 related complaints*	Local			Aug-20						26
	Number of COVID19 related risks*	Local			Aug-20						6
	Number of staff self isolated (asymptomatic)*	Local			Jun-20						474
	Number of staff self isolated (symptomatic)*	Local			Jun-20						141
	% sickness*	Local			Jun-20						4.5%

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Aug-20	160		3			163
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	National	95%		Aug-20	72.6%	99.4%				80.6%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		Aug-20	286	0				286
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Aug-20	51%					51%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Aug-20	53%					53%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Aug-20	97%					97%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Aug-20	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Aug-20	62%					62%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	21	Aug-20	5	2	1	24	0	32
	Number of S.aureus bacteraemia cases	National		7	Aug-20	4	0	1	7	0	12
	Number of C.difficile cases	National		9	Aug-20	5	1	2	15	0	23
	Number of Klebsiella cases	National		11	Aug-20	6	0	0	4	0	10
	Number of Aeruginosa cases	National		4	Aug-20	0	0	0	3	0	3
	Compliance with hand hygiene audits	Local	95%		Aug-20	97%	94%	84%	100%	97%	94%
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Jun-20	81.6%					81.6%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Jun-20	54.3%					54.3%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Jun-20	75.7%					75.7%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Jun-20	74.6%					74.6%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Jun-20	61.0%					61.0%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Jun-20	74.5%					74.5%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		May-20	8.7%					8.7%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		May-20	78.7%					78.7%
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		Aug-20	1	0	1	0	4	6
	Number of Never Events	Local	0		Aug-20	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Jul-20	12	1	6	28	0	47
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Jul-20	0	0	0	4	0	4
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Jul-20						283
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Aug-20	85	30	34	7	71	227
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Aug-20						6.59
Mortality	Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Local	95%		Jul-20	97%	57%	100%			96%
	Stage 2 mortality reviews completed within 60 days	Local	95%		May-20	38%	0%	0%			27%
	Crude hospital mortality rate by Delivery Unit (74 years of age or less)	National	12 month reduction trend		Jul-20	1.54%	0.23%	0.49%			0.92%

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

Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis*	National	98%		Aug-20 (draft)	61%	100%	93%			85%
	% patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral*	National	95%		Aug-20 (draft)	60%	100%	95%			87%
	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	12 month improvement trend		Aug-20 (draft)						77%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Aug-20	11,359	181	8,792	165		20,497
	Number of patients waiting > 36 weeks for treatment	National	0		Aug-20	14,722	15	7,650	66		22,453
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Aug-20	6,628		1,447			8,075
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Aug-20		145		1,373	0	1,518
	Total number of patients waiting for a follow-up outpatient appointment	National	111,891		Aug-20						120,468
	Number of patients delayed by over 100% past their target date	National	18,598		Aug-20						21,448
	Number of patients delayed past their agreed target date (booked and not booked)	Local	48,523		Aug-20						51,933
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Jul-20						213
	Number of patients without a documented clinical review date	Local	0		Aug-20						50
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Aug-20	174	24	207	220	34	625
	% of patients who would recommend and highly recommend	Local	90%	80%	Aug-20	83%	92%	87%	79%	41%	83%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Aug-20	80%	100%	82%	83%	100%	83%
	Number of new complaints received	Local	12 month reduction rend		Aug-20	36	2	18	10	10	81
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	National	75%	80%	Jun-20	89%	71%	83%	50%	63%	75%

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

Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q4 2019/20						96.1%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q4 2019/20						95.9%
	% children who received PCV2 vaccine by age 1		95%	90%	Q4 2019/20						96.4%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q4 2019/20						95.0%
	% children who received MMR1 vaccine by age 2		95%	90%	Q4 2019/20						94.7%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q4 2019/20						94.8%
	% children who received MenB4 vaccine by age 2		95%	90%	Q4 2019/20						94.2%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q4 2019/20						94.0%
	% children who are up to date in schedule by age 4		95%	90%	Q4 2019/20						88.4%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q4 2019/20						92.0%
	% children who received 5 in 1 vaccine by age 5	Local	95%	90%	Q4 2019/20						92.3%
	% children who received MMR vaccination by age 16		95%	90%	Q4 2019/20						95.5%
	% children who received Teenage booster by age 16		90%	85%	Q4 2019/20						90.7%
	% children who received MenACWY vaccine by age 16		Improve		Q4 2019/20						91.6%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Jul-20						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Jul-20						100%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Jul-20						100%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Jul-20						100%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Jul-20					99%	99%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Jul-20						100%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Jul-20					96%	96%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Jul-20					89%	89%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Jul-20						30%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Jul-20						98%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Jul-20					94%	94%

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

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	
COVID19 related measures	Number of new COVID19 cases	Local	Jul-20	42		Reduce												1,356	293	34	42	63	
	Number of staff referred to the Community Testing Unit (CTU)	Local	Jul-20	199		Reduce												1,969	735	296	199	88	
	Number of staff awaiting results of COVID19 test	Local	Jul-20	1		Reduce												90	19	16	1	0	
	Number of COVID19 related incidents	Local	Jul-20	25		Reduce												119	66	40	25	37	
	Number of COVID19 related serious incidents	Local	Jul-20	0		Reduce												1	0	2	0	0	
	Number of COVID19 related complaints	Local	Jul-20	58		Reduce												69	61	39	58	26	
	Number of COVID19 related risks	Local	Jul-20	4		Reduce												17	19	12	4	6	
	Number of staff self isolated (asymptomatic)	Local	Jun-20	474		Reduce												851	516	474			
	Number of staff self isolated (symptomatic)	Local	Jun-20	141		Reduce												860	292	141			
% sickness	Local	Jun-20	4.5%		Reduce													13%	6%	5%			
Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	
Unscheduled Care	% 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	National	Jun-19	97%	90%																		
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Aug-20	72%	65%	65%	✔	69%		71%	67%	66%	59%	62%	67%	69%	69%	70%	75%	76%	74%	72%	
	Number of ambulance handovers over one hour	National	Aug-20	163	0			1,237		632	778	827	821	868	848	704	462	61	20	47	120	163	
	Handover hours lost over 15 minutes	Local	Aug-20	418						1,751	2,432	2,778	3,212	3,361	3,545	2,247	1,623	209	125	178	315	418	
	% 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	Aug-20	81%	95%			80.4%		74%	71%	71%	73%	71%	72%	74%	73%	78%	83%	88%	80%	81%	
	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	Aug-20	286	0			1,795		740	939	890	927	1,018	1,038	783	557	131	97	81	223	286	
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	May-20	78.7%	12 month ↑			86.0%		82.6%	90.0%	95.9%	77.6%	84.4%	78.6%	87.5%	75.0%	78.9%	78.7%				
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	May-20	80.0%	12 month ↑			60%		73.0%	74.0%	76.0%	77.0%	78.0%	80.0%	79.0%	79.0%	79.0%	80.0%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Aug-20	51.4%	54.0%			47.3%		42%	29%	55%	55%	39%	24%	62%	47.4%	Data not available			52.7%	57.4%	51.4%
	CT Scan (<1 hrs) (local)	Local	Aug-20	52.8%						48%	42%	47%	49%	44%	43%	38%	42.5%				49.1%	48.2%	52.8%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Aug-20	97.2%	85.3%			83.5%		95%	95%	94%	98%	100%	90%	97%	97.5%				100.0%	94.6%	97.2%
	Thrombolysis door to needle <= 45 mins	Local	Aug-20	0.0%	12 month ↑					27%	0%	0%	0%	20%	0%	0%	0.0%				30.0%	25.0%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Aug-20	61.7%	12 month ↑			44.2%		48%	50%	49%	45%	38%	33%	28%	32.8%				30.7%	44.3%	61.7%
	% of stroke patients who receive a 6 month follow-up assessment	National	Q1 20/21	50%	Qtr on qtr ↑			47.2%				45%								49.6%			
DTCs	Number of mental health HB DTCs	National	Mar-20	13	12 month ↓	27	✔	69		18	19	22	22	22	23	16	13	DTC reporting temporarily suspended					
	Number of non-mental health HB DTCs	National	Mar-20	60	12 month ↓	50	✘	354		69	69	76	61	53	52	69	60	DTC reporting temporarily suspended					
	% critical care bed days lost to delayed transfer of care	National	Q4 19/20	26.2%	Quarter on quarter ↓			16.6%			30.3%			21.3%			26.2%						

Harm from overwhelmed NHS and social care system																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Aug-20	62.5	<67		✓	85.13		81.7	81.2	80.8	76.3	78.6	80.8	82.5	81.4	43.8	43.0	46.4	53.8	62.5
	Number of E.Coli bacteraemia cases (Hospital)		Aug-20	8						9	5	10	5	12	15	15	8	6	6	3	8	8
	Number of E.Coli bacteraemia cases (Community)			24						13	18	15	10	20	18	16	15	8	8	14	17	24
	Total number of E.Coli bacteraemia cases			32						22	23	25	15	32	33	31	23	14	14	17	25	32
	Cumulative cases of S.aureus bacteraemias per 100k pop		Aug-20	28.2	<20		✗	53.55		37.5	34.9	35.6	35.4	35.2	35.6	34.8	34.2	31.5	24.7	28.8	26.1	28.2
	Number of S.aureus bacteraemias cases (Hospital)		Aug-20	5						4	3	11	8	7	6	6	4	4	2	4	3	5
	Number of S.aureus bacteraemias cases (Community)			7						3	5	2	3	4	7	2	5	6	4	8	3	7
	Total number of S.aureus bacteraemias cases			12						7	8	13	11	11	13	8	9	10	6	12	6	12
	Cumulative cases of C.difficile per 100k pop		Aug-20	50.2	<26		✗	21.34		27.7	29.3	33.4	35.8	35.6	35.3	36.5	35.4	34.4	42.9	49.5	45.3	50.2
	Number of C.difficile cases (Hospital)		Aug-20	9						5	8	13	13	7	6	11	5	9	6	14	7	9
	Number of C.difficile cases (Community)			14						5	2	6	4	4	5	4	3	2	10	6	4	14
	Total number of C.difficile cases			23						10	10	19	17	11	11	15	8	11	16	20	11	23
	Cumulative cases of Klebsiella per 100k pop		Aug-20	22.1				27.73		22.1	23.6	22.0	22.3	21.9	22.1	21.0	21.1	18.8	18.4	21.6	20.0	22.1
	Number of Klebsiella cases (Hospital)		Aug-20	6						8	7	4	4	4	7	2	4	1	4	4	3	6
	Number of Klebsiella cases (Community)			4						3	2	0	4	2	1	1	3	5	2	5	2	4
	Total number of Klebsiella cases			10				127		11	9	4	8	6	8	3	7	6	6	9	5	10
	Cumulative cases of Aeruginosa per 100k pop		Aug-20	6.7						10.4	9.8	8.8	8.1	7.9	8.0	7.6	7.2	6.3	10.7	7.2	6.2	6.7
	Number of Aeruginosa cases (Hospital)		Aug-20	0						2	2	1	1	1	2	1	1	2	3	0	0	0
	Number of Aeruginosa cases (Community)			3						2	0	0	0	1	1	0	0	0	2	0	1	3
	Total number of Aeruginosa cases			3				37		4	2	1	1	2	3	1	1	2	5	0	1	3
	Hand Hygiene Audits - compliance with WHO 5 moments	Local	Aug-20	94%		95%	✓			96%	96%	97%	97%	96%	97%	93%	99%	98%	99%	98%	98%	94%
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Jun-20	95%		95%	✓				87.0%		92.0%		90.0%					95.0%		
	% stop or review date documented on medication chart		Jun-20	51%		95%	✗				63.0%		51.0%		57.0%					51.0%		
	% of antibiotics prescribed on stickers		Jun-20	0%		95%	✗				81.0%		86.0%		81.0%					0.0%		
	% appropriate antibiotic prescriptions choice		Jun-20	96%		95%	✓				96.0%		99.0%		97.0%					96.0%		
	% of patients receiving antibiotics for >7 days		Jun-20	11%		<20%	✓				15.0%		10.0%		12.0%					11.0%		
	% of patients receiving surgical prophylaxis for > 24 hours		Jun-20	80%		<20%	✗				40.0%		50.0%		33.0%					80.0%		
	% of patients receiving IV antibiotics > 72 hours		Jun-20	49%		<30%	✗				41.0%		48.0%		57.0%					49.0%		
Serious Incidents and risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Aug-20	50%	90%	80%	✗			71%	20%	47%	55%	38%	28%	29%	30%	7%	29%	0%	0%	50%
	Number of new Never Events	National	Aug-20	0	0	0	✓			1	0	1	0	1	1	0	0	0	0	1	0	0
	Number of risks with a score greater than 20	Local	Aug-20	121		12 month ↓	✗			88	103	104	105	109	111	114	108	109	101	110	115	121
Pressure Ulcers	Number of risks with a score greater than 16	Local	Aug-20	210		12 month ↓	✗			175	197	204	200	202	205	204	198	202	193	204	204	210
	Number of pressure ulcers acquired in hospital	Local	Jul-20	19		12 month ↓	✗			14	9	20	22	24	30	41	31	25	29	18	19	
	Number of pressure ulcers developed in the community		Jul-20	28		12 month ↓	✗			37	25	29	31	24	26	25	39	34	33	34	28	
	Total number of pressure ulcers		Jul-20	47		12 month ↓	✗			51	34	49	53	48	56	66	70	59	62	52	47	
	Number of grade 3+ pressure ulcers acquired in hospital		Jul-20	0		12 month ↓	✓			0	1	2	2	2	2	3	1	2	0	1	0	
	Number of grade 3+ pressure ulcers acquired in community		Jul-20	4		12 month ↓	✓			8	8	2	8	3	5	8	8	4	6	9	4	
Inpatient Falls	Total number of grade 3+ pressure ulcers		Jul-20	4		12 month ↓	✓			8	9	4	10	5	7	11	9	6	6	10	4	
	Number of Inpatient Falls	Local	Aug-20	227		12 month ↓	✓			227	241	255	240	297	249	207	210	193	209	196	208	227
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Jul-20	96%	95%	95%	✓			100.0%	100.0%	95.9%	100.0%	98.5%	98.4%	100.0%	95.7%	95.6%	99.3%	100.0%	95.5%	
	Stage 2 mortality reviews required	Local	Jul-20	10						9	9	17	9	15	16	8	9	10	11	10	10	
	% stage 2 mortality reviews completed	Local	May-20	27%		100%	✗			60.0%	89.0%	64.7%	78.0%	67.0%	75.0%	44.4%	0.0%	30.0%	27.3%			
	Crude hospital mortality rate (74 years of age or less)	National	Jul-20	0.92%	12 month ↓			1.20%		0.76%	0.77%	0.77%	0.78%	0.79%	0.71%	0.72%	0.75%	0.80%	0.88%	0.89%	0.92%	
	% of deaths scrutinised by a medical examiner	National			Qtr on qtr ↑													New measure for 2020/21 - awaiting data				
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Aug-20	92%		98%	✗			96.8%	96.0%	94.5%	93.7%	96.4%	97.7%	95.17%	91.9%	92.0%	93.9%	91.6%	96.6%	92.4%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Jul-20	96%	95%	95%	✓			96%	96%	96%	93%	95%	96%	95%	94%	94%	97%	97%	96%	
	% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	National	2019/20	91%	Annual ↑			93.9%		2019/20= 91.4%												
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Aug-20	66%		100%	✗			63.0%	61.0%	63.0%	63.0%	65.0%	66.0%	67.0%	68%	61%	63%	67%	63%	66%
Workforce	Agency spend as a % of the total pay bill	National	Apr-20	4.04%	HB target TBC			4.03%		4.43%	4.92%	4.09%	4.31%	4.07%	4.95%	4.69%	4.46%	4.04%				
	Overall staff engagement score – scale score method	National	2018	3.81	Improvement			3.82		2018= 3.81												
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Aug-20	58%	85%	85%	✗	64.7%		71%	71%	67%	69%	70%	72%	74%	72%	68%	63%	60%	59%	58%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	National	2018	55%	Improvement			54%		2018= 55%												
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Aug-20	80%	85%	85%	✗	80.3%		78%	78%	79%	80%	80%	81%	82%	83%	82%	79%	79%	80%	80%
	% workforce sickness and absent (12 month rolling)	National	Jul-20	7.03%	12 month ↓			5.85%		5.99%	5.98%	6.04%	6.05%	6.09%	6.15%	6.18%	6.31%	6.65%	6.88%	6.98%	7.03%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2018	72%	Improvement			73%		2018= 72%												

Harm from reduction in non-Covid activity																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Primary Care	% of GP practices offering daily appointments between 17:00 and 18:30 hours	Local	Jul-20	88%	Annual ↑	95%	✗	86.2%		88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	
	% of GP practices open during daily core hours or within 1 hour of daily core hours	Local	Jul-20	97%	Annual ↑	95%	✓			95%	95%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	
	% of GP practices that have achieved all standards set out in the National Access Standards for in-hours GMS	National	2019/20	38.80%	100%			59.7%		2019/20=38.8%												
	% of population regularly accessing NHS primary dental care	Local	Sep-19	61.5%	4 quarter ↑			55%			61.5%											
	% of children regularly accessing NHS primary dental care within 24 months	National	Q2 19/20	78.8%	4 quarter ↑			68.30%			78.8%											
	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Jul-20	18.6%	4 quarter ↓			32.2%		33.3%	32.7%	33.8%	32.1%	32.3%	31.6%	31.8%	29.4%	19.2%	16.8%	14.7%	18.6%	
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	Aug-20 (draft)	85.0%	98%			95.0%		93%	91%	98%	95%	92%	99%	93%	93%	97%	82%	85%	90%	85%
	% 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	Aug-20 (draft)	87.0%	95%			78.2%		84%	86%	84%	86%	92%	86%	78%	85%	81%	86%	88%	91%	87%
	% of patients starting definitive treatment within 62 days from point of suspicion (with adjustments)	National	Aug-20 (draft)	77.0%	12 month ↑			75.4%		68.0%	73.0%	70.0%	71.0%	77.0%	71%	66%	76%	71%	72%	73%	82%	77%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Aug-20	63.0%	80%		✗			40.0%	46.0%	54.0%	50.0%	43.0%	34.0%	28.0%	56.0%	49.0%	46.0%	57.0%	71.0%	63.0%
	Scheduled (28 Day Target)	Local	Aug-20	92.0%	100%		✗			81.0%	72.0%	73.0%	75.0%	63.0%	60.0%	58.0%	77.0%	86.0%	84.0%	93.0%	97.0%	92.0%
	Urgent SC (7 Day Target)	Local	Aug-20	57.0%	80%		✗			62.0%	56.0%	62.0%	56.0%	53.0%	50.0%	52.0%	48.0%	45.0%	33.0%	65.0%	57.0%	57.0%
	Urgent SC (14 Day Target)	Local	Aug-20	91.0%	100%		✗			95.0%	89.0%	86.0%	88.0%	79.0%	79.0%	92.0%	89.0%	91.0%	83.0%	90.0%	97.0%	91.0%
	Emergency (within 1 day)	Local	Aug-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	Aug-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	Aug-20	46.0%	80%		✗			46.0%	46.0%	30.0%	38.0%	35.0%	58.0%	56.0%	84.0%	76.0%	83.0%	92.0%	52.0%	46.0%
	Elective Delay (28 Day Target)	Local	Aug-20	75.0%	100%		✗			65.0%	48.0%	38.0%	44.0%	58.0%	68.0%	73.0%	94.0%	88.0%	100.0%	100.0%	97.0%	75.0%
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Aug-20	8,075	0			61,217		344	294	223	226	569	628	424	1,407	5,788	8,346	8,033	7,510	8,075
	Number of patients waiting > 14 weeks for a specified therapy	National	Aug-20	1,518	0			16056		1	0	1	0	0	0	1	51	387	982	1,646	1,554	1,518
	% of patients waiting < 26 weeks for treatment	National	Aug-20	46.5%	95%			62.6%		86.4%	85.1%	84.5%	84.1%	82.6%	81.8%	82.3%	80.2%	72.3%	64.0%	59.5%	52.4%	46.5%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Aug-20	20,497	0					925	1,039	1,152	1,120	1,305	1,453	1,306	2,055	5,499	9,300	11,964	15,721	20,497
	Number of patients waiting > 36 weeks for treatment	National	Aug-20	22,453	0			90,027		3,263	3,565	4,256	4,587	5,141	5,623	5,729	6,509	8,355	10,247	13,419	18,065	22,453
	The number of patients waiting for a follow-up outpatient appointment	National	Aug-20	120,969	35% reduction by March 2021	111,891	✗	771,953		134,363	132,054	131,471	130,648	131,263	131,090	128,674	125,708	123,082	121,434	120,468	120,062	120,969
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Aug-20	23,209		18,598	✗	185,427		25,758	23,537	21,778	20,498	20,579	19,969	17,747	18,258	19,538	21,026	21,448	22,101	23,209
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Jul-20	55.5%	95%			50.8%		63.6%	65.7%	69.5%	70.8%	71.6%	75.9%	78.5%	76.2%	69.9%	64.1%	63.4%	55.5%	
Hepatitis C	Number of patients with Hepatitis C who have successfully completed their course of treatment in the reporting year	National			HB target TBC													New measure for 2020/21- awaiting data				
DNAs	% of patients who did not attend a new outpatient appointment	Local	Aug-20	4.6%	12 month ↓					6.6%	6.5%	6.6%	6.7%	7.4%	6.5%	6.0%	5.6%	4.7%	3.1%	4.4%	3.9%	4.6%
	% of patients who did not attend a follow-up outpatient appointment	Local	Aug-20	5.9%	12 month ↓					7.5%	8.0%	7.9%	7.5%	8.0%	7.7%	6.9%	6.5%	5.6%	3.5%	4.7%	5.1%	5.9%
Theatre Efficiencies	Theatre Utilisation rates	Local	Aug-20	90.0%		90%	✓			56%	67%	69%	70%	56%	63%	66%	35%	6%	11%	16%	42%	90%
	% of theatre sessions starting late	Local	Aug-20	45.9%		<25%	✗			38%	43%	42%	51%	46%	44%	43%	38%	45%	43%	46%	51%	46%
	% of theatre sessions finishing early	Local	Aug-20	28.0%		<20%	✗			38%	43%	38%	41%	43%	41%	42%	40%	43%	45%	36%	37%	28%
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Jun-20	2,648	> 5% annual ↓			13,445		3,193	3,245	3,317	3,318	3,329	3,372	3,249	3,225	3,080	2,858	2,648		
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AVMSG appraisals	National	Q3 19/20	98.7%	100%	100%	✗	98%			98.5%			98.6%			98.7%					

Harm from reduction in non-Covid activity																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q4 19/20	323.9	4 quarter ↓			312.7			279.1			336.5			323.9					
	Patients aged 65 years or over prescribed an antipsychotic	National	Q4 19/20	1,474	qtr on qtr ↓			10,006			1,470			1,474			1,476					
	Number of women of child bearing age prescribed valproate as a % of all women of child bearing age	National			Quarter on quarter ↓													New measure for 2020/21 - awaiting data				
	Opioid average daily quantities per 1,000 patients	National	Q4 19/20	4,329.0	4 quarter ↓			4,429			4,486			4,409			4,329					
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q4 19/20	80.7%	Quarter on quarter ↑			82.9%			80.0%			80.2%			80.7%					
	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items per 1,000 patients	Local	Q4 19/20	12.8	4 quarter ↓			12.0			13.3			13.6			12.8					
Patient experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	National	2018/19	6.4	Annual ↑			6.31		2018/19= 6.4												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2018/19	93.7%	Annual ↑			92.5%		2018/19= 93.7%												
	Number of friends and family surveys completed	Local	Aug-20	625		12 month ↑	✗			4,082	2,441	3,918	3,564	2,476	3,187	3,014	1,720	150	247	393	502	625
	% of who would recommend and highly recommend	Local	Aug-20	83%		90%	✗			94%	95%	94%	95%	95%	95%	95%	95%	90%	92%	87%	91%	83%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Aug-20	83%		90%	✗			81%	85%	83%	83%	83%	86%	81%	90%	95%	100%	79%	91%	83%
Complaints	Number of new formal complaints received	Local	Aug-20	81		12 month trend ↓	✓			114	110	159	137	87	142	113	92	37	54	77	79	81
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Jun-20	75%	75%	80%	✓	58.6%		84%	85%	83%	76%	75%	83%	76%	48%	81%	81%	75%		
	% of acknowledgements sent within 2 working days	Local	Aug-20	100%		100%	✓			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Research	Number of Health and Care Research Wales clinical research portfolio studies	National	Q4 19/20	102	10% annual ↑	102	✓				57			84			102					
	Number of Health and Care Research Wales commercially sponsored studies		Q4 19/20	36	5% annual ↑	37	✗				26			31			36					
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		Q4 19/20	1,505	10% annual ↑	2,081	✗				618			1,109			1,505					
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q4 19/20	205	5% annual ↑	138	✓				93			179			205					

Harm from wider societal actions/lockdown																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	Performance Trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2019/20	34.20%	Annual ↑			35.30%		2019/20= 34.2%													
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 19/20	96%	95%			96.0%			96%			96%			96%						
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 19/20	92%	95%			92.4%			93%			92%			92%						
Smoking cessation	% of adult smokers who make a quit attempt via smoking cessation services	National	Jan-20	2.4%	5% annual target	4.2%	✗	2.4%		1.3%	1.5%	1.7%	1.9%	2.1%	2.4%								
	% of those smokers who are co-validated as quit at 4 weeks	National	Q3 19/20	55.4%	40% annual target	40.0%	✓	44.1%			55%			55%									
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q4 19/20	383.9	4 quarter ↓			402.6			435.0			406.5			383.9						
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q1 20/21	49%	4 quarter ↑			59.9%			44.7%			27.4%			48.7%			49.0%			
Influenza	% uptake of influenza among 65 year olds and over	National	2019/20	68.0%	75%			69.4%					49.3%	62.0%	66.2%	68.7%	68.0%	68.1%	Data collection restarts October 2020				
	% uptake of influenza among under 65s in risk groups	National	2019/20	43.4%	55%			44.1%					14.7%	32.0%	39.2%	42.8%	43.4%	44.0%					
	% uptake of influenza among pregnant women	National	2019/20	86.1%	75%			78.5%															78.2%
	% uptake of influenza among children 2 to 3 years old	Local	2019/20	50.3%				41.5%					0.8%	24.0%	42.1%	48.2%	50.3%	50.3%					
	% uptake of influenza among healthcare workers	National	2019/20	58.7%	60%			58.7%					42.0%	55.0%	56.0%	58.7%	58.7%	58.7%					
Screening services	Uptake of screening for bowel cancer	National	2018/19	57.0%	60%			57.3%		2018/19= 57.0% (data relates to ABMU, awaiting disaggregation of SBU data)													
	Uptake of screening for breast cancer	National	2018/19	73.6%	70%			72.8%		2018/19= 73.6% (data relates to ABMU, awaiting disaggregation of SBU data)													
	Uptake of screening for cervical cancer	National	2018/19	72.1%	80%			73.2%		2018/19= 72.1% (data relates to ABMU, awaiting disaggregation of SBU data)													
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jul-20	100%		100%	✓			98%	100%	100%	98%	100%	100%	100%	94%	100%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jul-20	30%	80%	80%	✗	34.5%		39%	38%	38%	36%	36%	28%	35%	38%	35%	30%	28%	30%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Jul-20	100%	80%	80%	✓	70.8%		63%	98%	99%	77%	69%	87%	93%	67%	44%	78%	100%	100%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Jul-20	100%		80%	✓	77.0%		12%	32%	63%	17%	4%	0%	0%	14%		88%	100%	100%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Jul-20	100%		80%	✓	72.8%		89%	87%	100%	100%	100%	94%	100%	94%		100%	100%	100%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jul-20	100%		80%	✓			64%	98%	98%	82%	69%	87%	93%	75%	46%	72%	100%	100%		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Jul-20	98%		90%	✓	93.0%		99%	100%	100%	100%	100%	100%	99%	99%	99%	97%	91%	98%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Jul-20	99%	80%	80%	✓	95.6%		98%	98%	98%	97%	98%	93%	97%	97%	99%	99%	100%	99%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jul-20	96%	80%	80%	✓	92.9%		93%	96%	97%	90%	92%	89%	94%	97%	97%	100%	96%	96%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jul-20	89%	95%	95%	✗	63.8%		100%	100%	100%	100%	100%	100%	100%	100%	93%	89%	84%	89%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jul-20	94%	90%	90%	✓	85.1%		91%	92%	92%	92%	91%	93%	92%	91%	93%	92%	92%	94%		
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2018/19	3.34	Annual ↓			4.33		2018/19= 3.34													
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2018/19	59.4%	Annual ↑			54.7%		2018/09= 59.4%													