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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28th September 2021	Agenda Item	2.1
Report Title	Integrated Performance Report		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
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 NHS Wales Delivery Framework.		
Key Issues	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the ongoing 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>Historically Welsh Government publish a revised NHS Wales Delivery Framework on an annual basis. In 2021/22 a new Single Outcomes Framework for Health and Social Care was due to be published however, development of the framework was delayed due to the COVID19 pandemic. As a result, the 2020/21 Delivery Framework measures have been rolled over for 2021/22. During 2021-22, the Delivery Framework will be redeveloped to create a set of outcomes measures, reflecting the current work on the single integrated outcomes framework. The intention of the new integrated framework measures is to demonstrate how patients and populations are better off through the delivery of services and allowing a different balance across our traditional services.</p> <p>The Health Board continues to refine the organisation's annual plan and develop recovery trajectories. As soon as the trajectories are agreed, they will be included in this report for this month recovery trajectories for Urgent emergency care and Cancer are included. In the absence of local profiles, in-month movement will continue to be utilised as the basis of RAGing for the enhanced monitoring measures.</p>		

Key high level issues to highlight this month are as follows:

2021/22 Delivery Framework

COVID19- The number of new cases of COVID19 has seen an increase in August 2021, with 7,177 new cases being reported in-month. The occupancy rate of confirmed COVID patients in general medical and critical care beds remains at a low rate, however figures are slowly increasing.

Unscheduled Care- Demand for emergency department care within Swansea Bay University (SBU) Health Board has steadily increased since January 2021, however August 2021 saw a decrease in A&E attendances. This decrease in demand has had a positive impact on the 4-hour A&E target, with the compliance level increasing in August 2021. However, the number of patients waiting over 12 hours in A&E continues to increase.

Planned Care- August 2021 saw a slight in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment. The number waiting over 36 weeks for treatment has also increased further. The waiting list for stage 1 patients continues to increase, however August 2021 saw a further reduction in the number of referrals received by secondary care. Therapy waiting times have increase in August 2021, however some therapy services have maintained a nil breach position (i.e. Occupational Therapy and Audiology).

Cancer- August 2021 (draft data) saw a further deterioration in performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days. The backlog of patients waiting over 63 days increased in August 2021 and is now similar to the monthly position that was seen in quarters 2 and 3 for 2020/21. 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 continues to be maintained. All Welsh Government targets were achieved in August 2021. Psychological therapies within 26 weeks continue to be maintained at 100%.

Child and Adolescent Mental Health Services (CAMHS)- Access times for routine CAMHS still continue to not meet the required targets, with crisis performance deteriorating to 79% against the 100% target. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, however performance continues to increase slowly, achieving 34% in July 2021 against a target of 80%.

Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. 			

INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

In 2021/22, a Single Outcomes Framework for Health and Social Care was due to be published but was delayed due to the COVID19 pandemic. Welsh Government has confirmed that during 2021/22 the Single Outcomes Framework will be developed for adoption in 2022/23 and that the 2020/21 measures will be rolled over into 2021/22.

The NHS Wales Delivery Framework sets out 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. 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.

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.
- **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 Service Groups as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.
- **Involvement** – Corporate and Service Group leads are key in identifying performance issues and identifying actions to take forward.

Report History	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in August 2021. This is a routine monthly report.
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Appendices	Appendix 1: Integrated Performance Report
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Appendix 1- Integrated Performance Report September 2021



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1. OVERVIEW

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

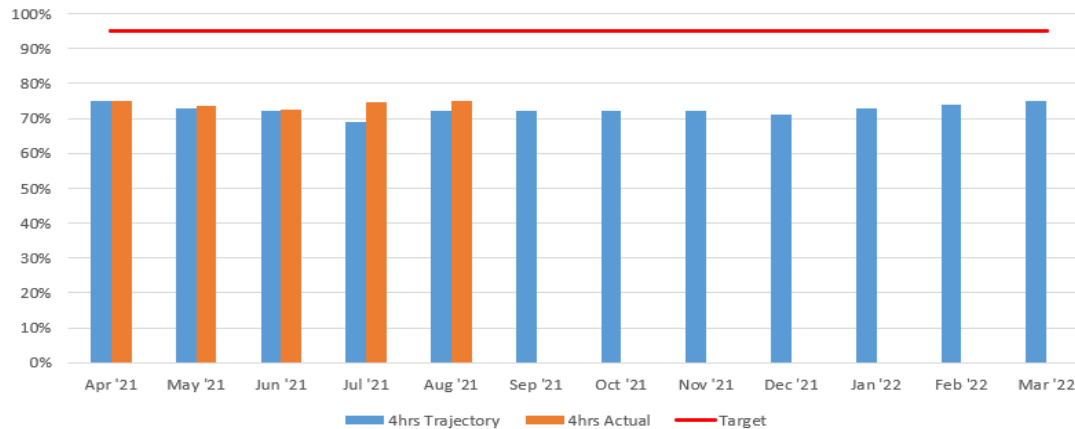
Successes	Concerns
<p>543,067 Total vaccinations undertaken (23.8.21)</p> <p>11,078 (3%↓) A&E attendances – currently seeing the first reduction in attendances since January '21</p> <p>100% MH&LD patients waited less than 26 weeks for psychological therapy (performing above the nation 95% target)</p> <p>0 Never Events reported</p> <p>1,918 (2.9%↓) Patients waiting over 8 weeks for Cardiac diagnostics only</p> <p>↓ August 2021 saw a reduction in the average lost bed days</p> <p>29,770 (14.5%↓) Patients waiting for a follow-up outpatients appointment who are delayed over 100%</p> <p>176 (4%↓) Operations cancelled on the day</p>	<p>21 New confirmed cases of Covid admitted (23.8.21)</p> <p>1014 (15%↑) Waits in A&E over 12 hours (July '21)</p> <p>Variable Pay ↑ Variable pay shows a significant increase in August, however some £2.8m of the increased overtime relates to the arrears payment of the overtime holiday pay settlement, which has been funded by WG.</p> <p>233 Medically fit patients Highest figure reported in > 2 years</p> <p>79% CAMHS patients received assessment within 48hrs (against the 100% target)</p> <p>7,177 (↑) Positive Covid cases in August 2021.</p> <p>91 (↑) Cases of healthcare acquired pressure ulcers</p> <p>↑ There has been an increase in the number of e.coli cases reported</p>

HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

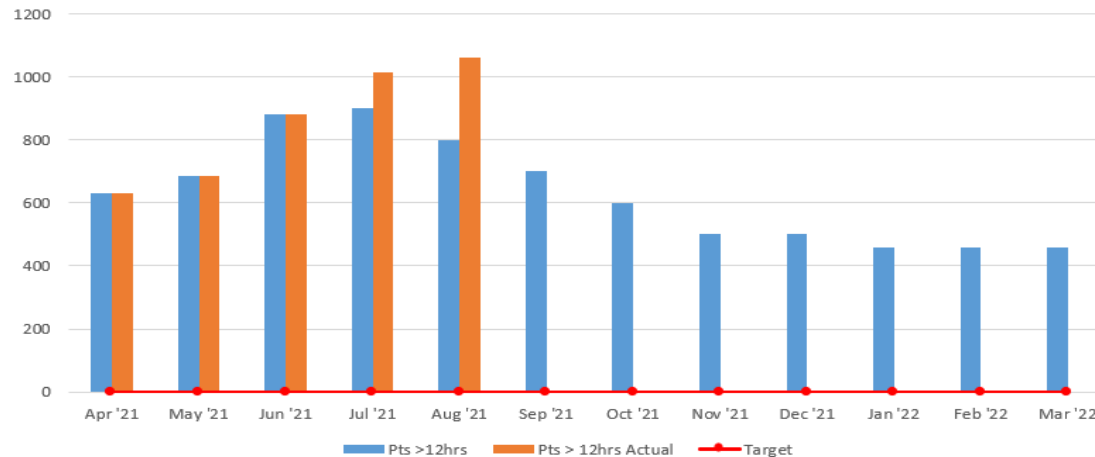
1. Submitted recover trajectory for A&E 4hr performance

SBUHB 4hr Performance 2021-22



2. Submitted recovery trajectory for A&E 12-hour performance

Patients > 12 hours Performance 2021-22



1. As outlined, proposed recovery trajectories have been submitted for unscheduled care in line with the requirements of the health Board Performance escalation framework.

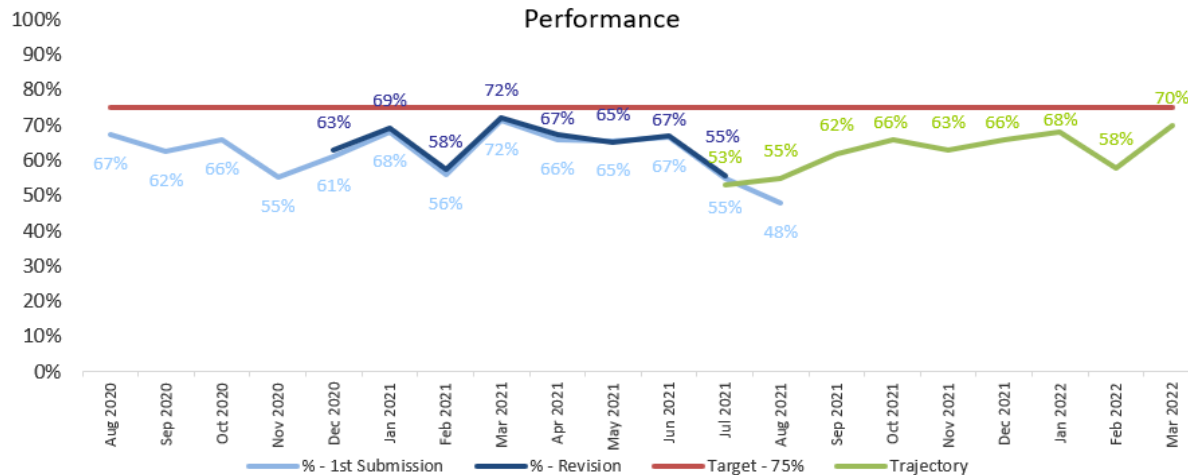
The current A&E four-hour performance figures for August 2021 are sitting at 75%, which is currently tracking above the outlined trajectory.

2. The proposed 12-hour performance trajectory shows a consistent reduction in patients in the coming months, however 12-hour performance continues to decline.

A detailed recovery plan outlining key actions has been included in the September PFC agenda.

HARM FROM REDUCTION IN NON-COVID ACTIVITY CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1.SCP performance trajectory



2. Proposed backlog improvements to support SCP performance

Target for PTL Backlog 7% improvement month to month	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Acute Leukaemia	0	0	0	0	0	0	0	0
Brain/CNS	1	1	1	1	1	1	1	1
Breast	30	28	26	24	22	20	17	15
Children's Cancer	0	0	0	0	0	0	0	0
Gynaecological	38	35	33	30	27	25	22	19
Haematological	10	9	9	8	7	7	6	5
Head and Neck	26	24	22	21	19	17	15	13
Lower Gastrointestinal	360	335	310	284	259	234	209	184
Lung	26	24	22	21	19	17	15	13
Other	5	5	4	4	4	3	3	3
Sarcoma	7	7	6	6	5	5	4	4
Skin	22	20	19	17	16	14	13	11
Upper Gastrointestinal	60	56	52	47	43	39	35	31
Urological	95	88	82	75	68	62	55	48
Total	680	632	585	537	490	442	394	347

1. The Cancer team has submitted the proposed recovery trajectory for the SCP performance. Graph 1 shows that by the end of March 2022, the position will almost be recovered providing the backlog reduction can be maintained, along with the proposed activity.

Cancer services are still yet to recover fully in terms of Outpatient activity which has impacted the performance, however recent announcements regarding covid guidance will have a positive impact on this situation.

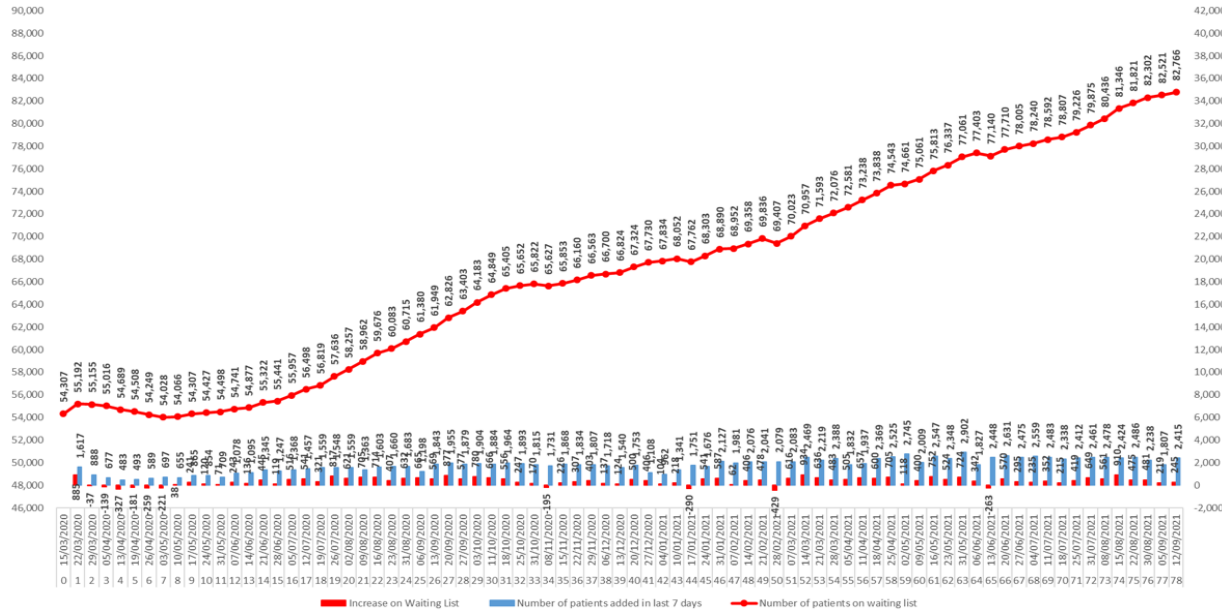
2. Shows the breakdown per specialty of the current backlog per specialty and the proposed reduction in throughout the remainder of the financial years.

A detailed recovery plan outlining key actions has been included in the September PFC agenda.

HARM FROM REDUCTION IN NON-COVID ACTIVITY PLANNED CARE

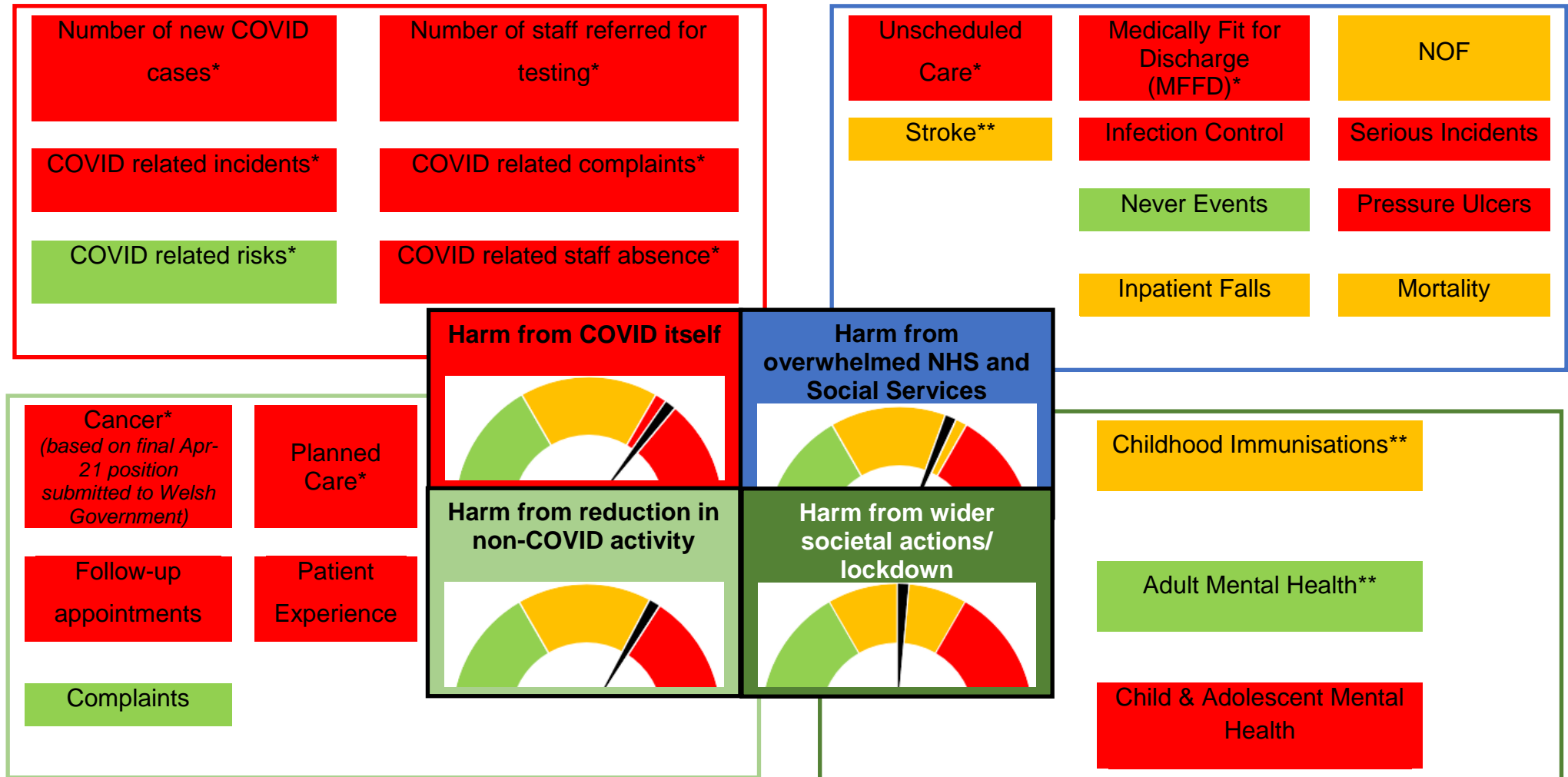
1. Total waiting list movement

Modelled Total Number of Patients on Waiting List should all Removals Cease



1. 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

3.1 HARM FROM COVID ITSELF

Chart 1 Number of new COVID19 cases

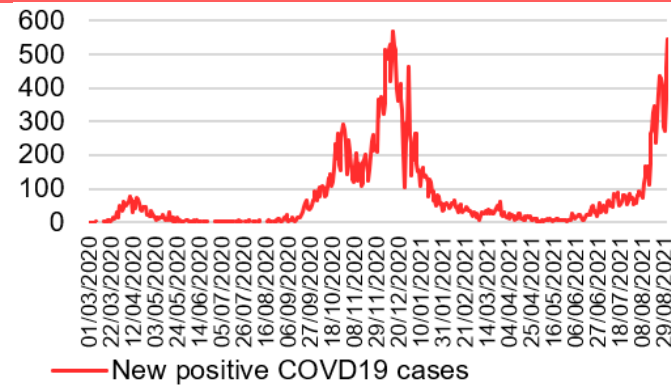


Chart 2: Number of new COVID19 cases (cumulative)

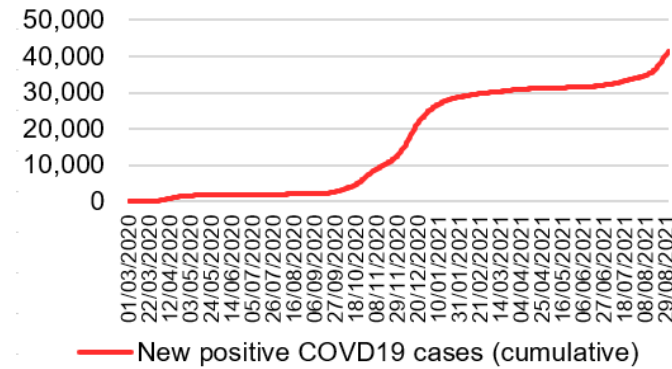


Chart 3: Number of COVID19 tests completed and positivity rate

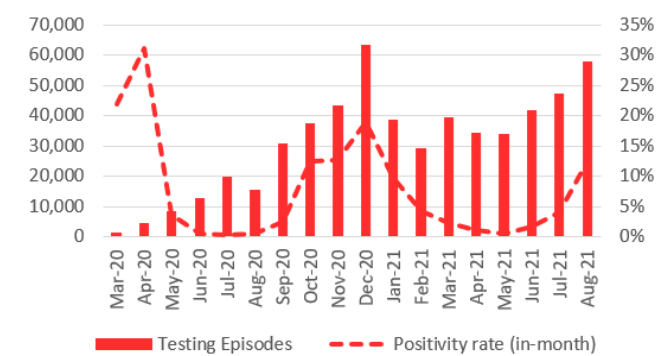


Chart 4: Number of staff referred for Antigen testing

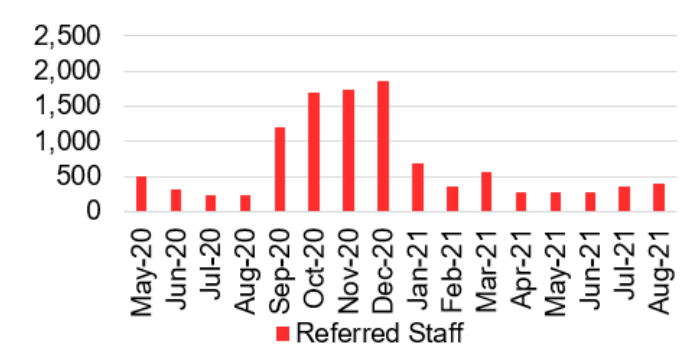


Chart 5: Outcome of staff COVID19/ antigen tests

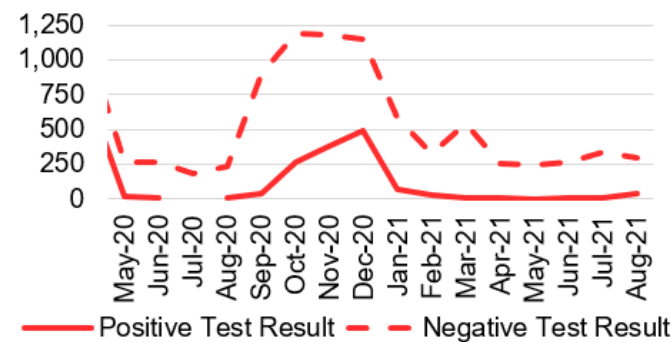


Chart 6: Number of COVID19 related incidents

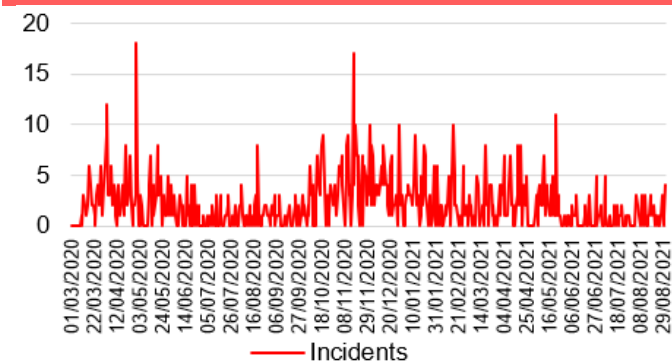


Chart 7: Number of COVID19 related serious incidents

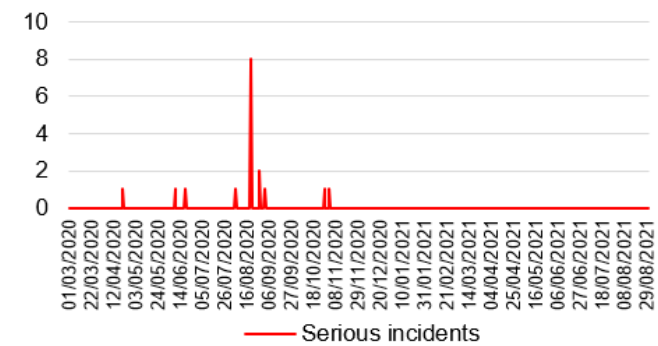


Chart 8: Number of COVID19 related complaints

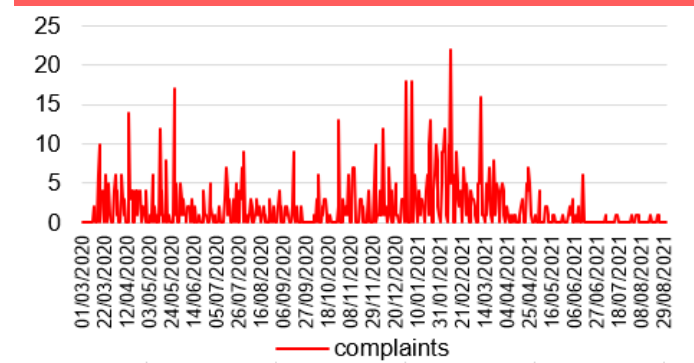


Chart 9: Number of COVID19 related risks

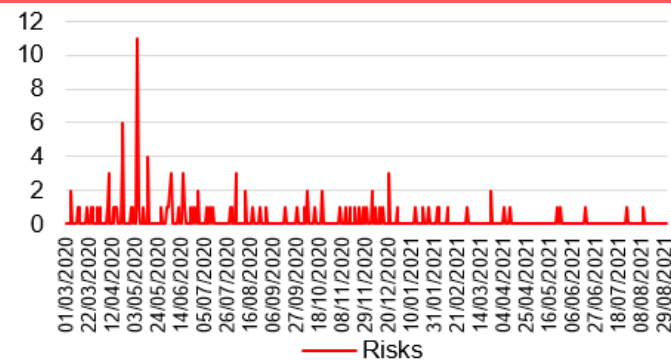


Chart 10: Number of staff self-isolating (asymptomatic)

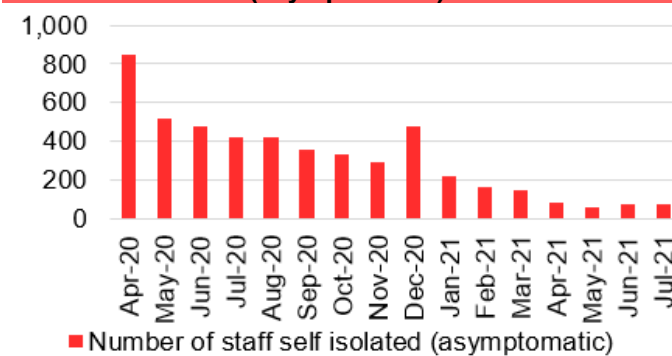


Chart 11: Number of staff self isolating (symptomatic)

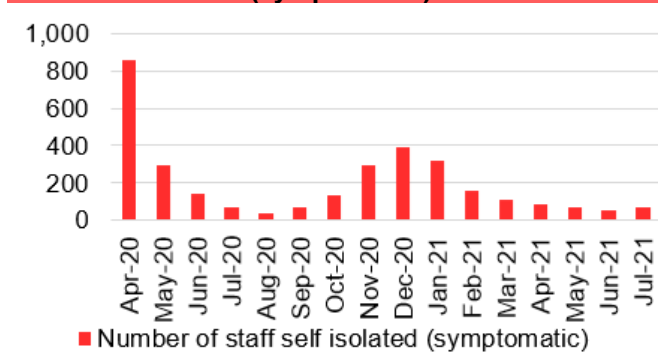


Chart 12: % staff sickness

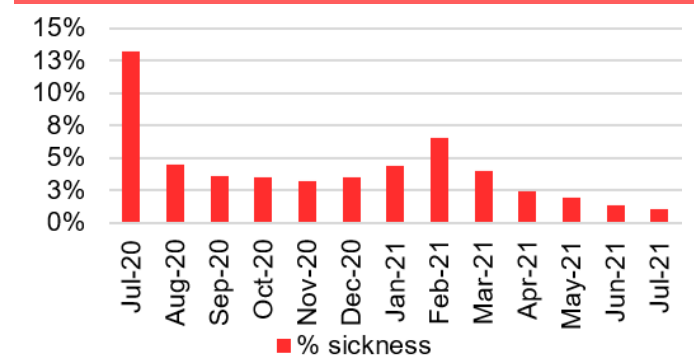


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

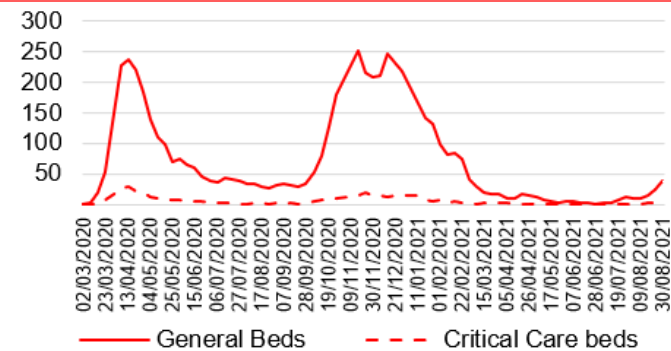


Chart 14: Number of hospital deaths with any mention of COVID19



Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

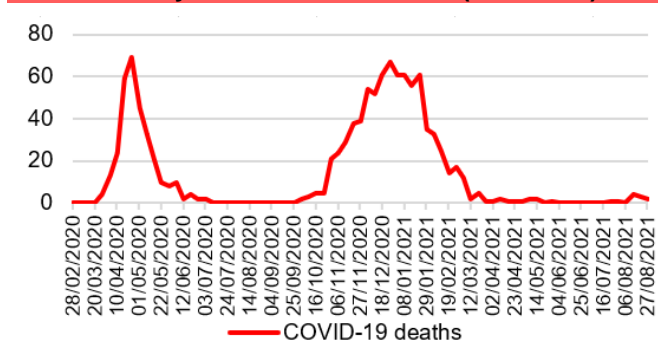
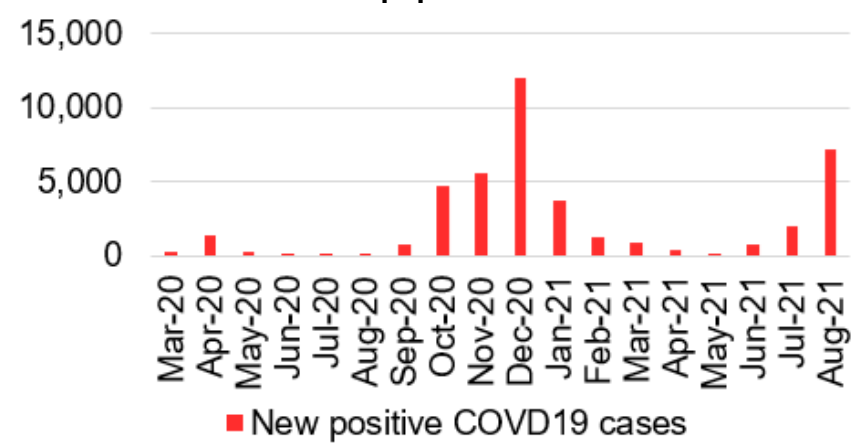
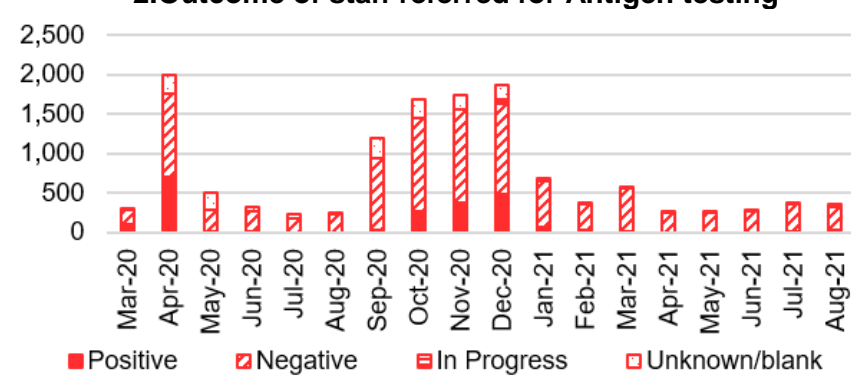
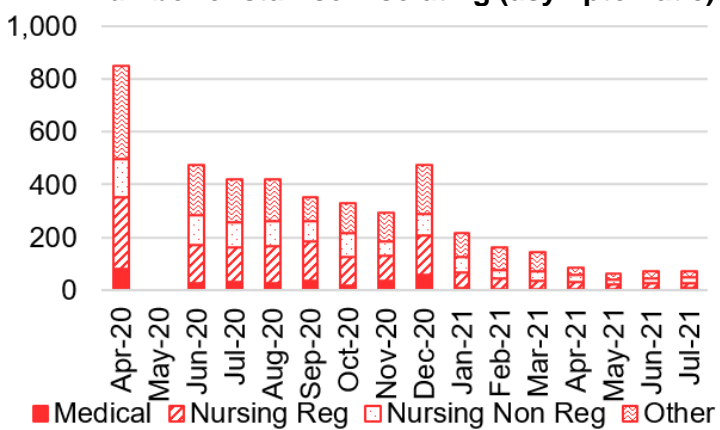
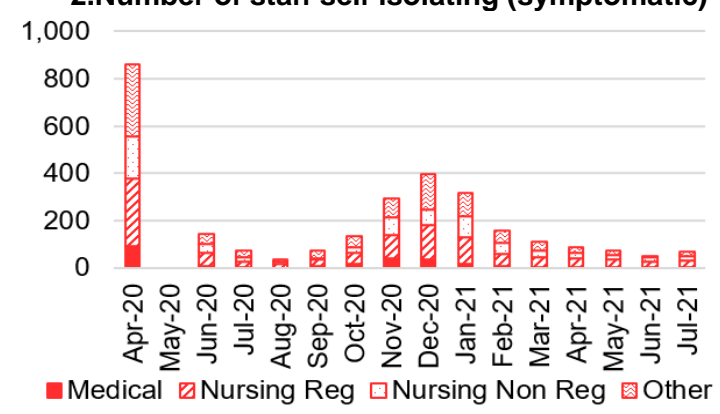


Chart 16: Number of mortuary spaces



3.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p><i>1. Number of new COVID19 cases in Swansea Bay population area</i></p>	<p>1. Number of new COVID cases In August 2021, there were an additional 7,177 positive cases recorded bringing the cumulative total to 41,274 in Swansea Bay since March 2020.</p>	<p>1.Number of new COVID19 cases for Swansea Bay population</p>  <p>■ New positive COVID19 cases</p>
	<p>3. Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and August 2021 is 13,278 of which 16% have been positive (Cumulative total).</p>	<p>2.Outcome of staff referred for Antigen testing</p>  <p>■ Positive ▨ Negative ■ In Progress □ Unknown/blank</p>

Staff absence due to COVID19 1.Number of staff self-isolating (asymptomatic) 2.Number of staff self isolating (symptomatic) 3.% staff sickness	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government. 1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between April and July 2021, the number of staff self-isolating (asymptomatic) slightly increased from 70 to 71 and the number of staff self-isolating (symptomatic) increased from 50 to 67. In July 2021, the “non-registered nursing staff” had the largest number of self-isolating staff who are asymptomatic and “Registered Nursing staff” had the largest number of self-isolating staff who are symptomatic. 3. % Staff sickness The percentage of staff sickness absence due to COVID19 has slightly increased from 0.9% in June 2021 to 1.26% in July 2021. <i>* Updated data for August 2021 not available when publishing report*</i>																																																																																																													
	1.Number of staff self isolating (asymptomatic) 																																																																																																													
	2.Number of staff self isolating (symptomatic) 																																																																																																													
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HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

4.1 Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111

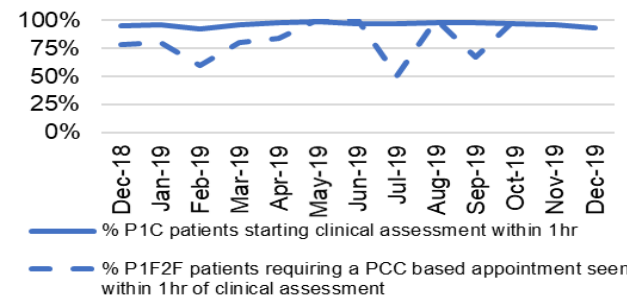


Chart 2: % red calls responded to within 8 minutes

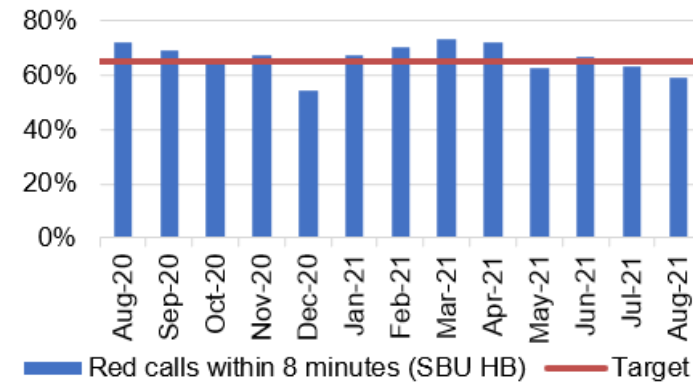


Chart 3: Number of ambulance handovers over 1 hour

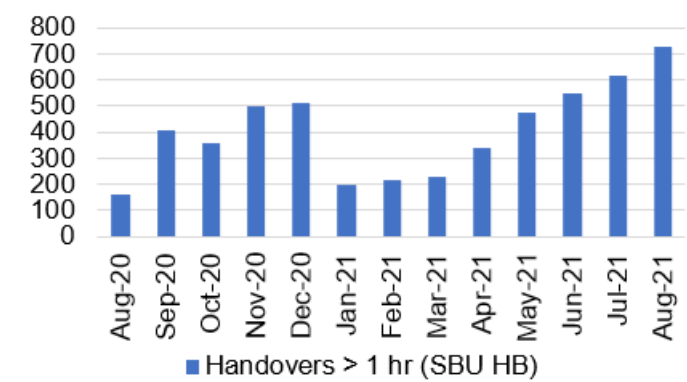


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

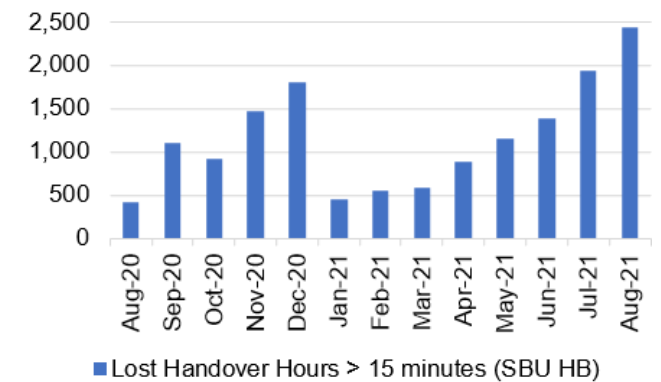


Chart 5: A&E Attendances

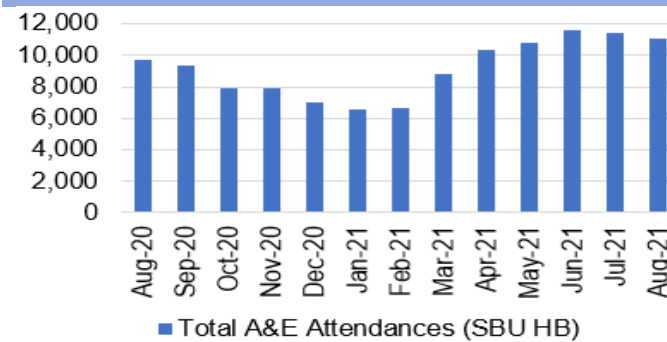


Chart 6: % patients who spend less than 4 hours in A&E

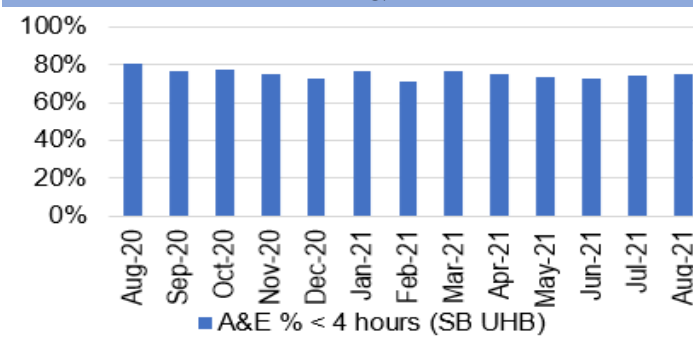


Chart 7: Number of patients waiting over 12 hours in A&E

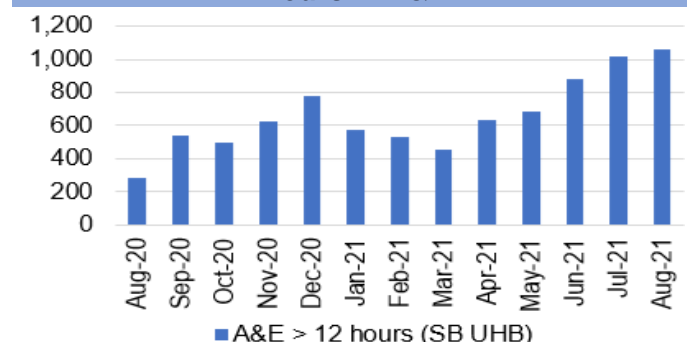


Chart 8: Number of emergency admissions

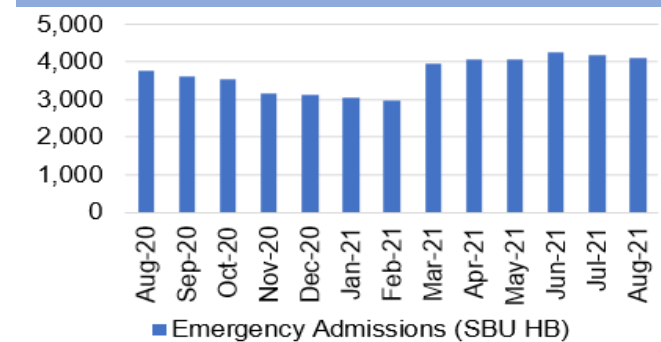


Chart 9: Elective procedures cancelled due to lack of beds

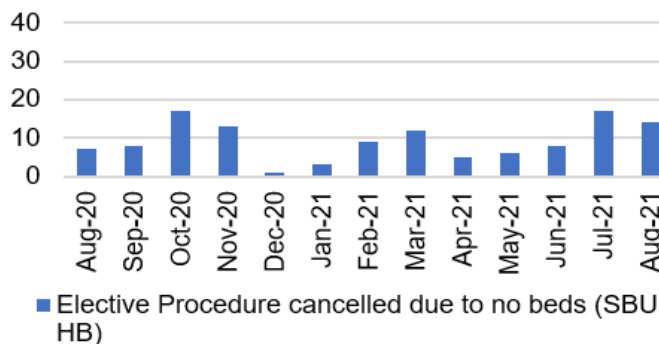


Chart 10: Number of Medically Fit For Discharge (MFFD) patients

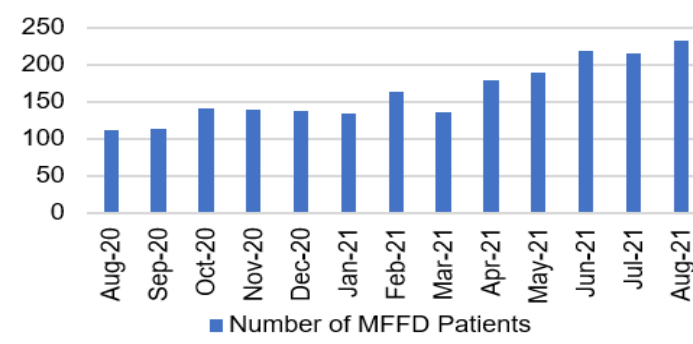


Chart 11: Delay reason for Medically Fit For Discharge (MFFD) patients

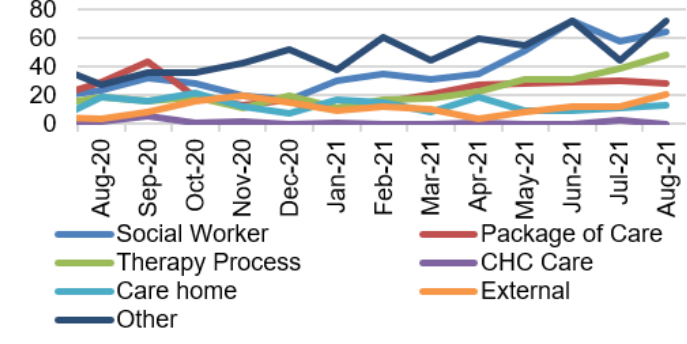


Chart 12: % of critical care bed days lost to delayed transfers of care

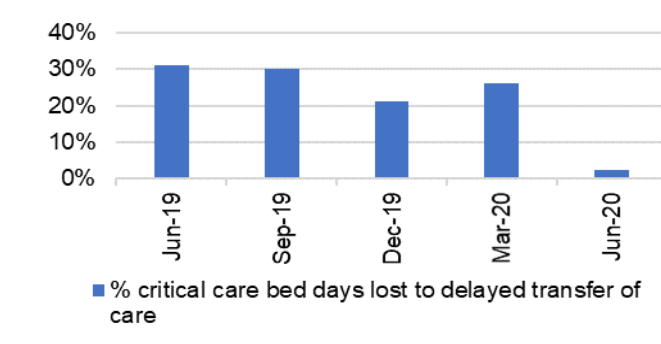


Chart 12: % of patients (> 60 years) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours

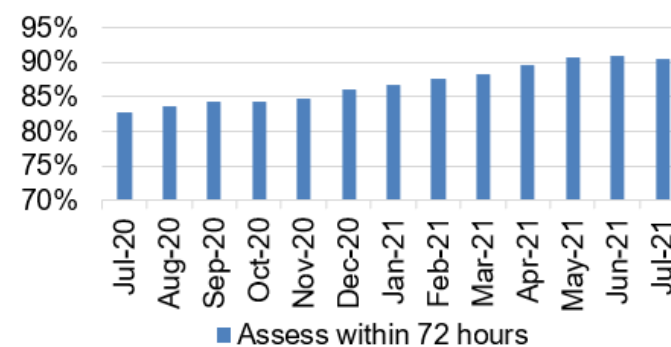


Chart 13: Direct admission to Acute Stroke Unit within 4 hours

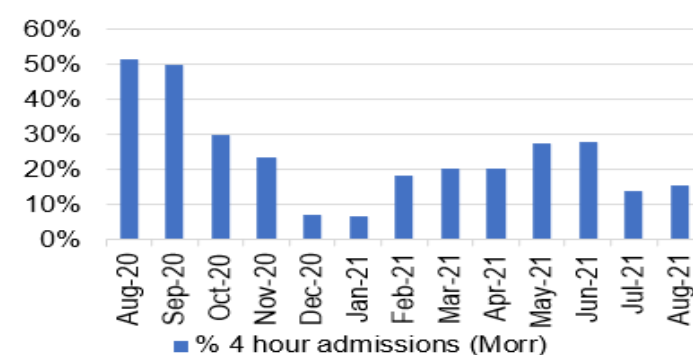


Chart 14: % of stroke patients receiving CT scan with 1 hour

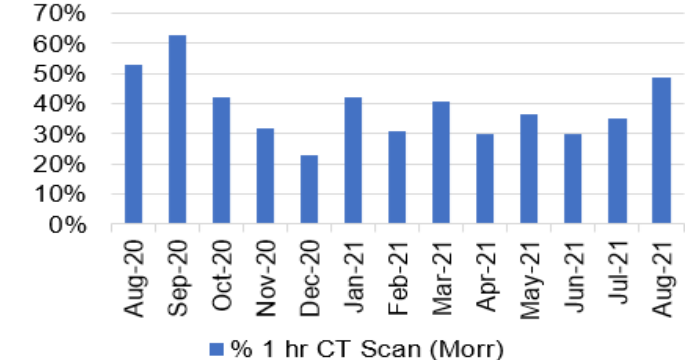
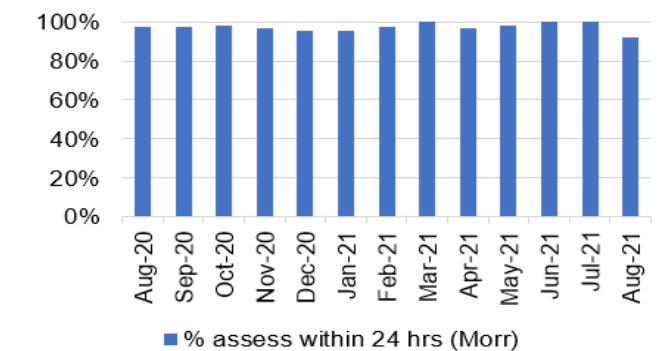


Chart 15: % stroke patients receiving consultant assessment within 24 hours

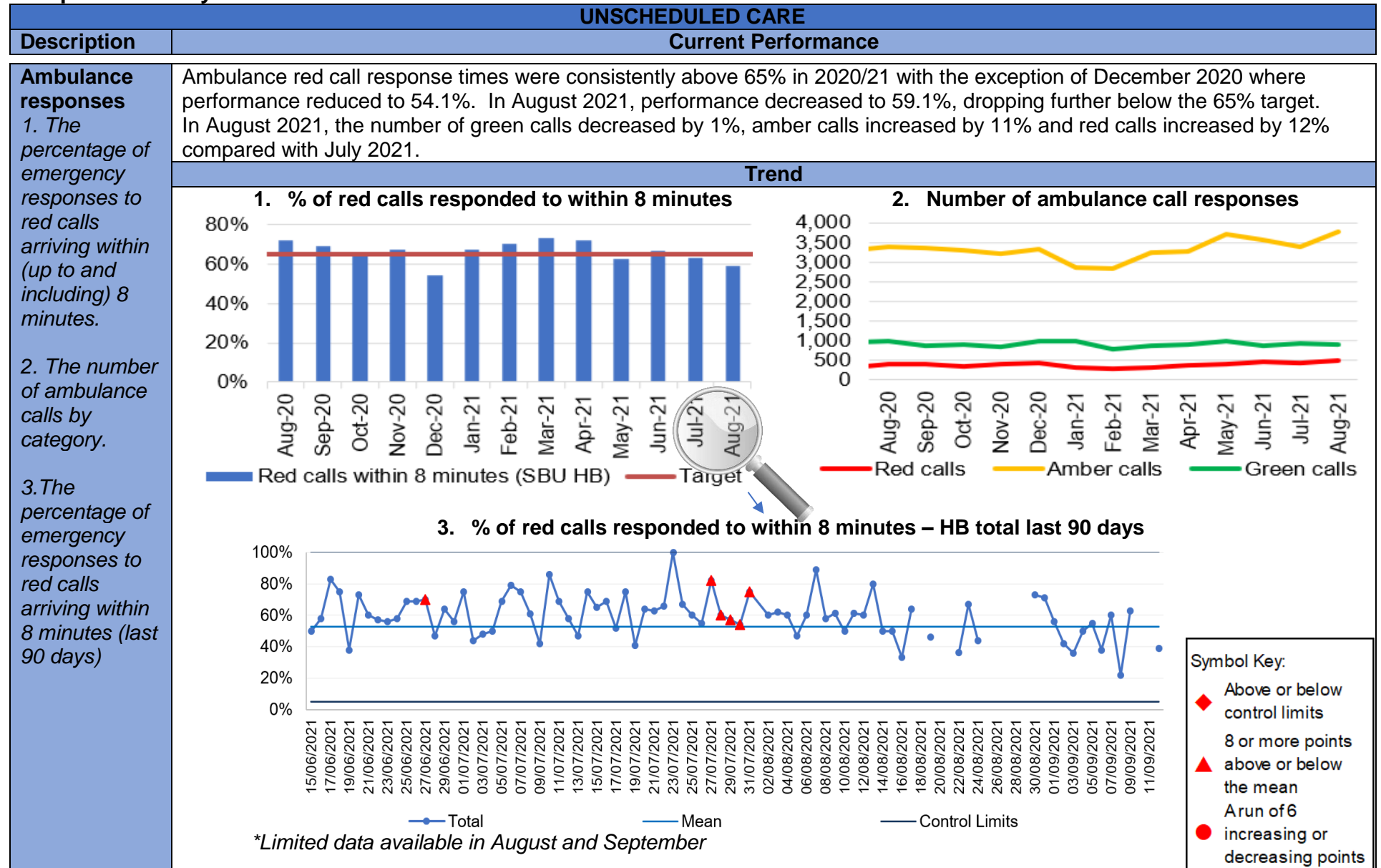


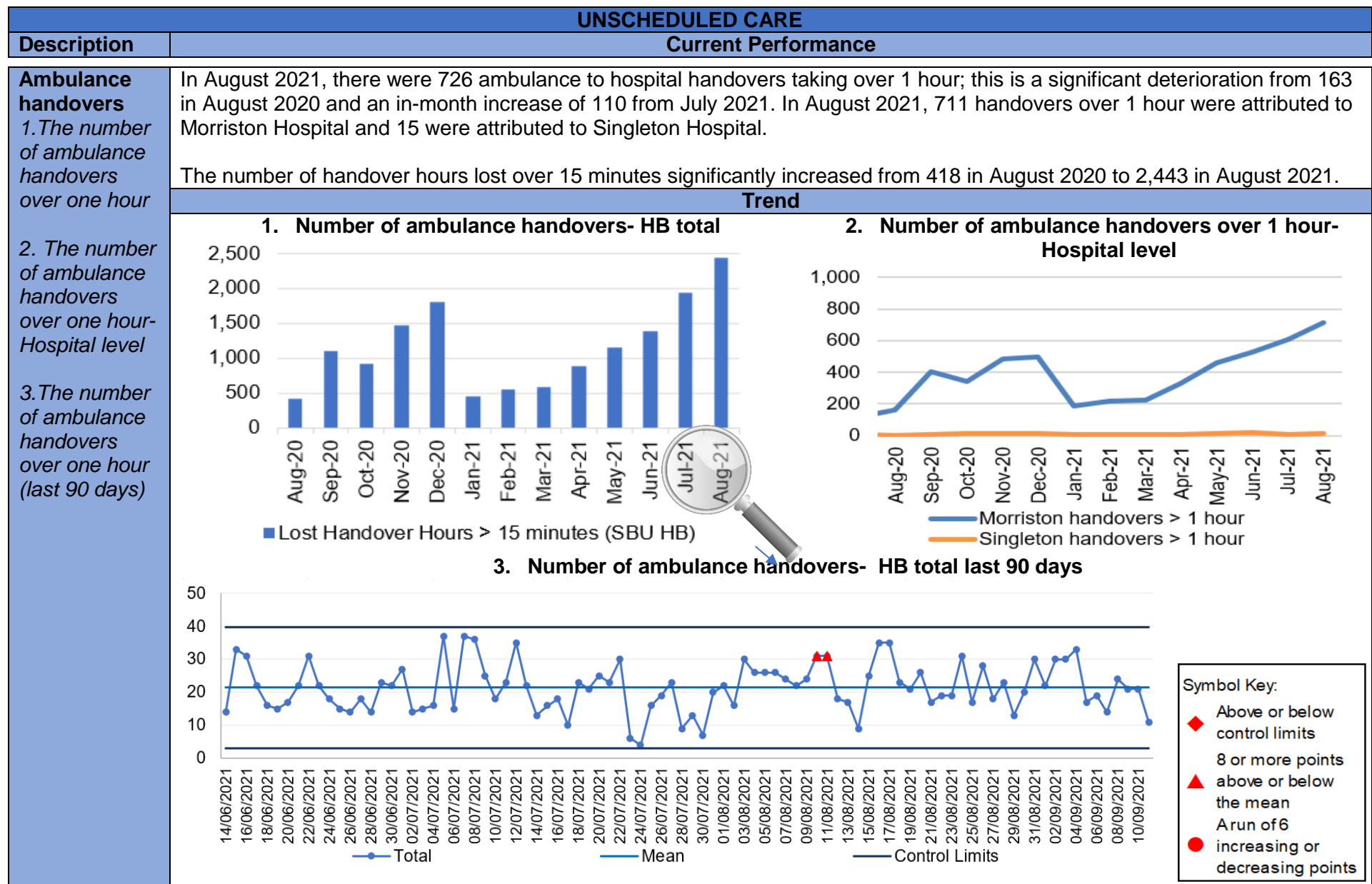
Unscheduled Care Overview (August 2021)

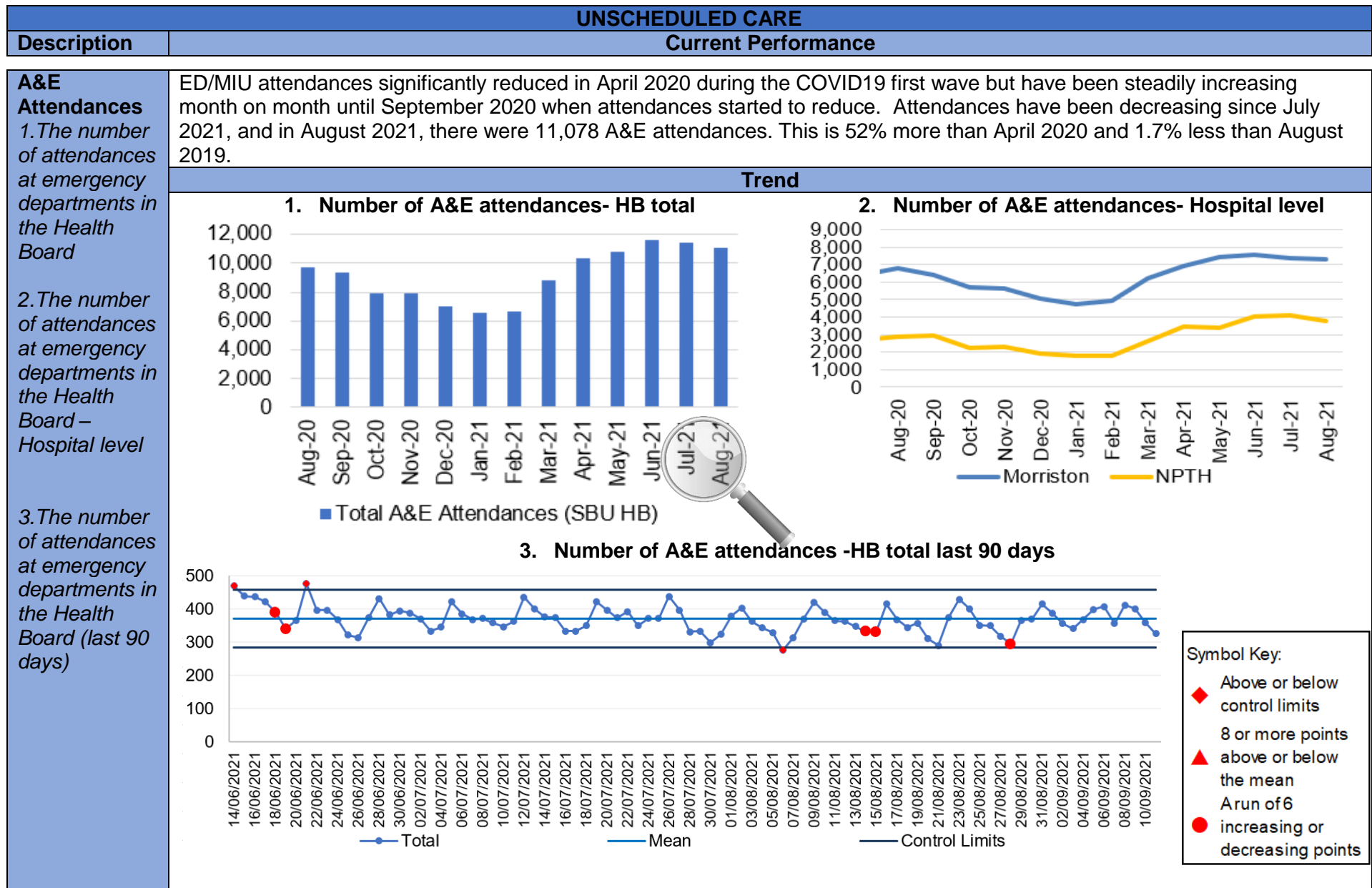
Primary Care Access		Ambulance	Emergency Department	
97% (→) GP practices open during daily core hours	88% (→) GP practices offering appointments between 5pm-6:30pm	59.1 (4%↓) Red calls responded to within 8 minutes	11,078 (3%↓) A&E attendances	75.04% (0.4%↓) Waits in A&E under 4 hours
93% (3%↓) % of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered (<i>July-19</i>)	100% (33%↑) % of Out of Hours (OOH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment (<i>Oct-19</i>)	726 (18%↑) Ambulance handovers over 1 hour	1060 (5%↑) Waits in A&E over 12 hours	1,917 (1%↑) Patients admitted from A&E
		3,772 (11%↑) Amber calls		
		491 (12%↑) Red calls		
Emergency Activity		Patient Flow		
4,110 (2%↓) Emergency Inpatient Admissions	309 (-14%↓) (Jun-21) Emergency Theatre Cases	13 (19%↓) (Mar-20) Mental Health DTOCs * Data collection temporarily suspended	60 (13%↓) (Mar-20) Non-Mental Health DTOCs * Data collection temporarily suspended	
368 (15%↑) (Jun-21) Trauma theatre cases	14 (18%↓) Elective procedures cancelled due to no beds		233 (8%↑) Medically fit patients	

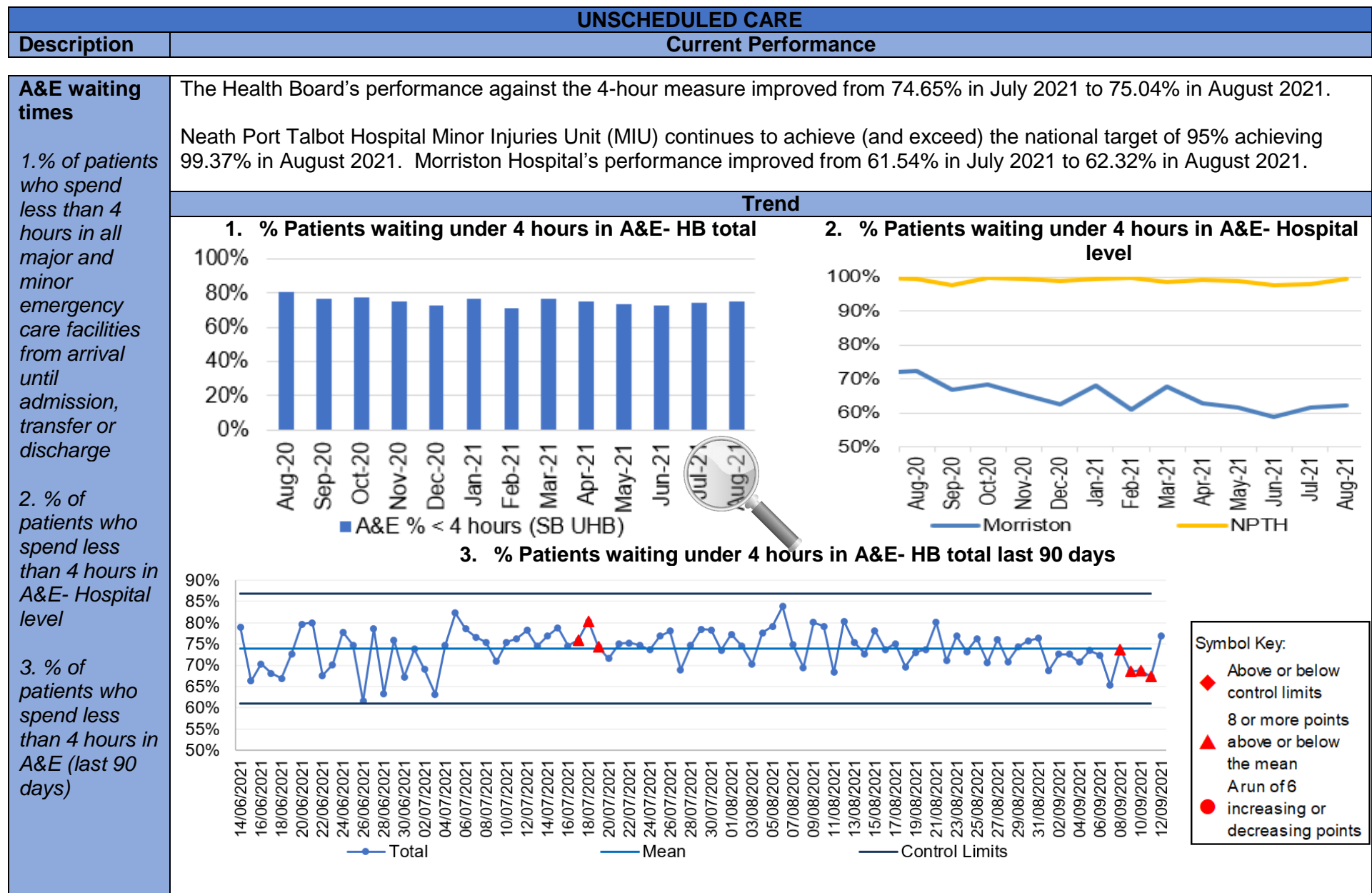
*RAG status and trend is based on in month-movement

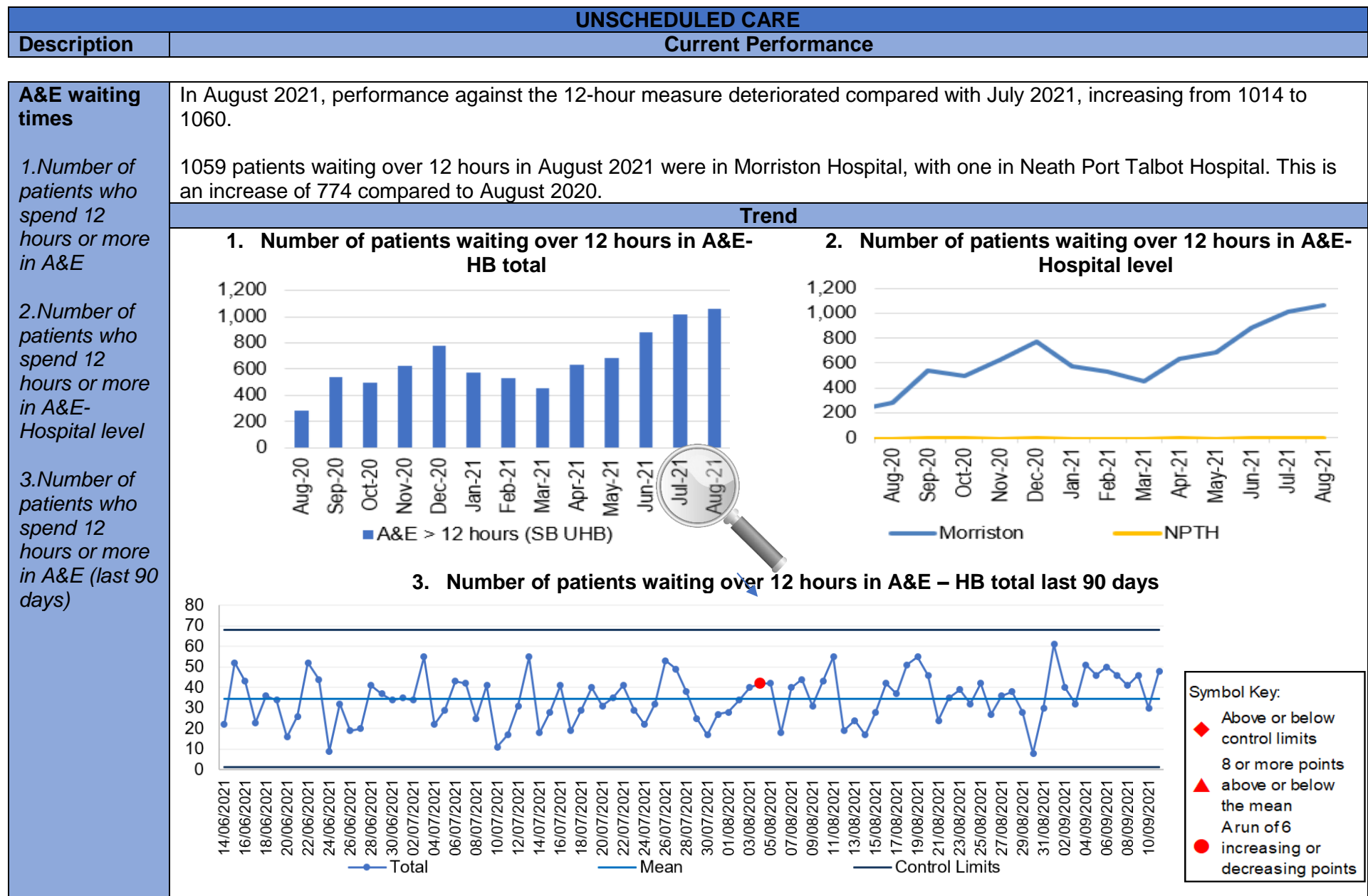
4.2 Updates on key measures

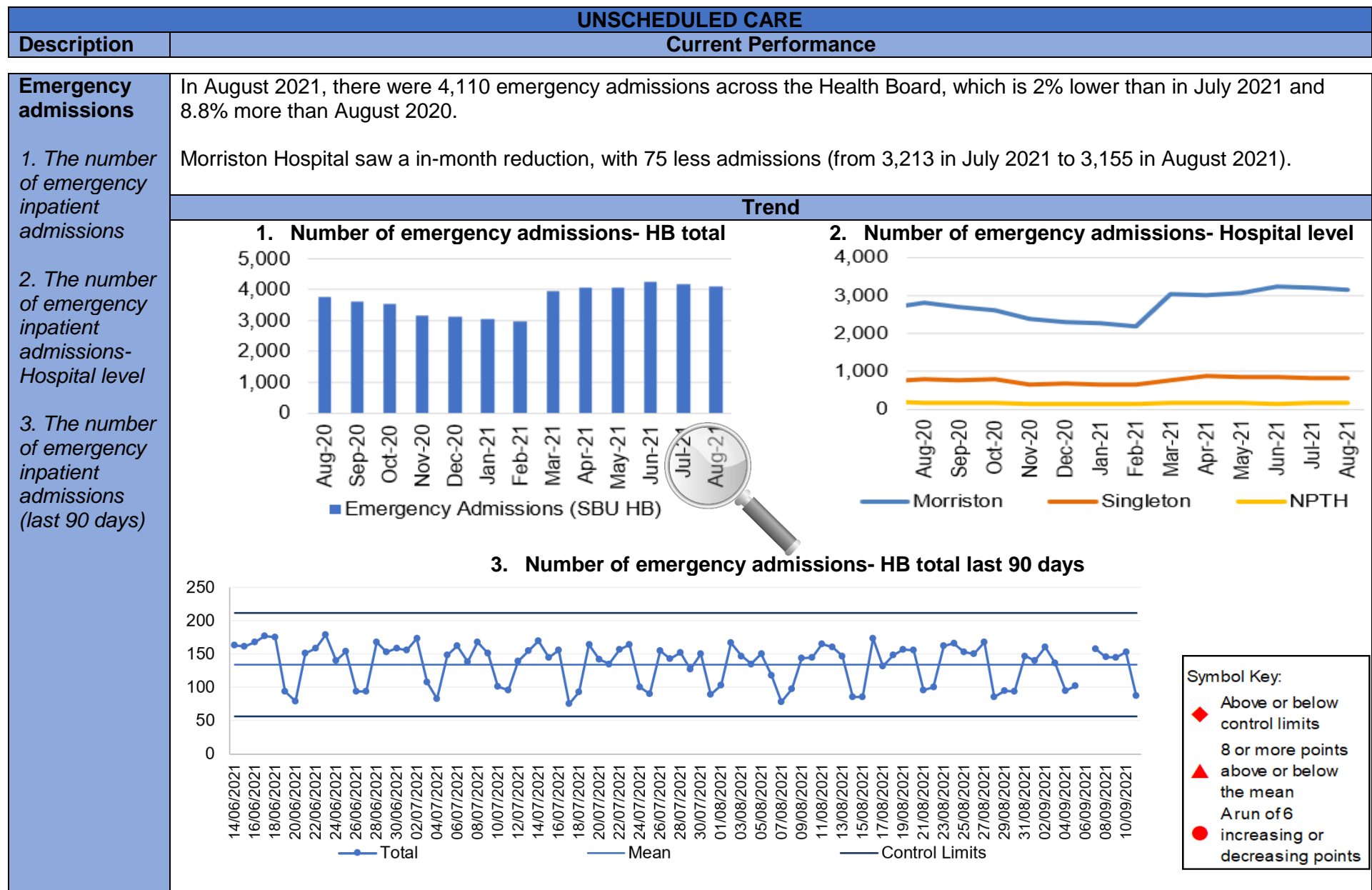


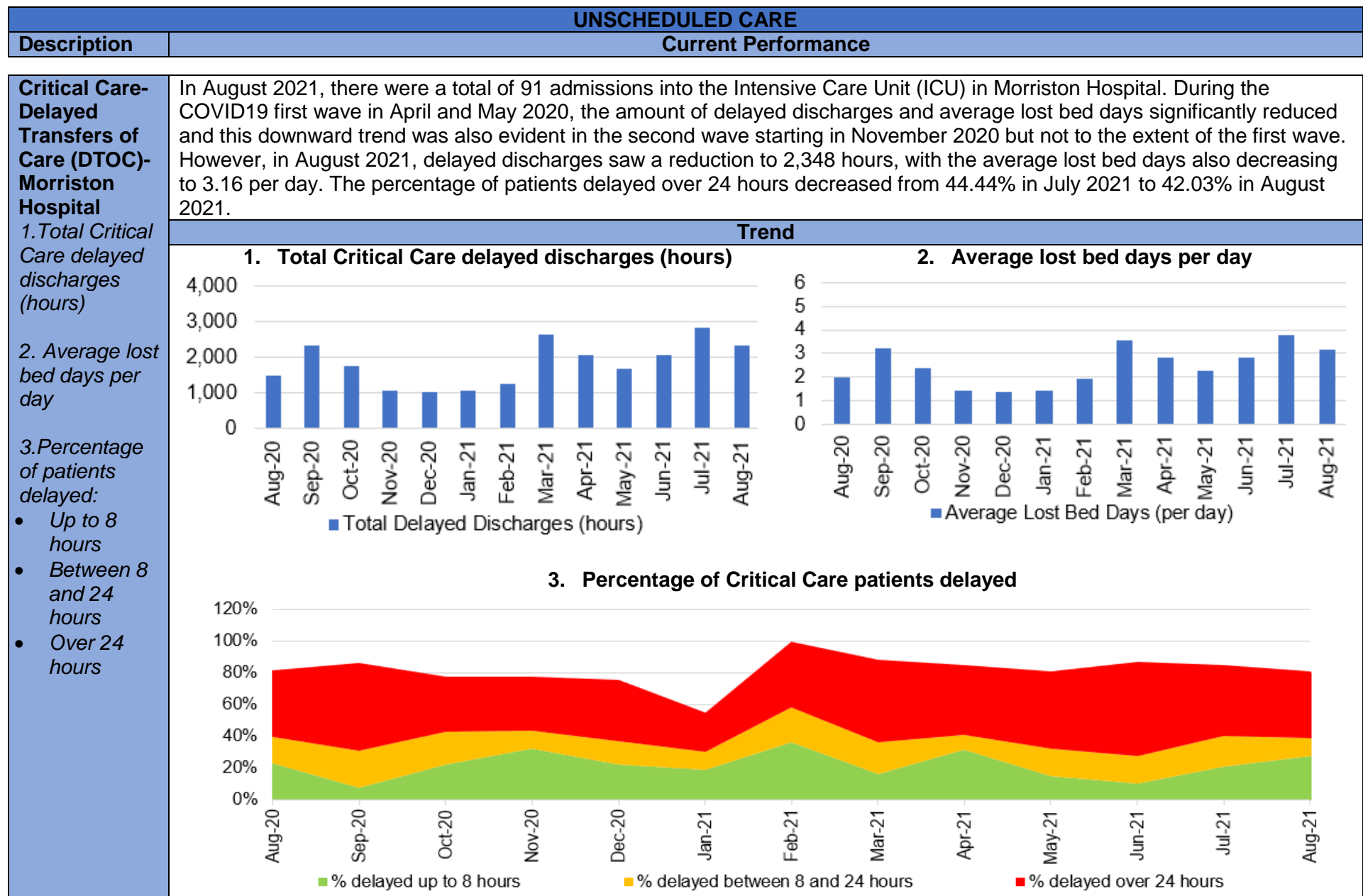








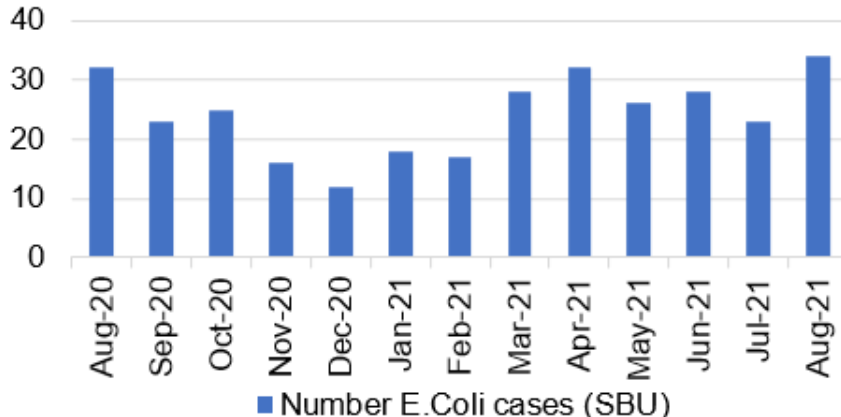
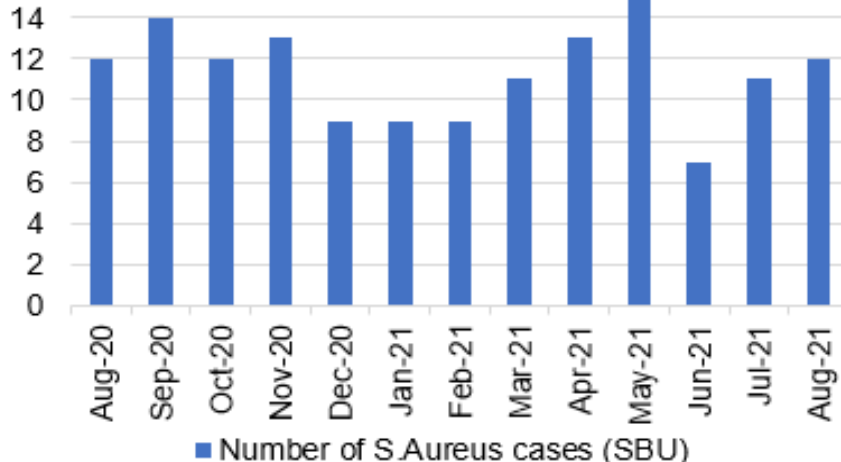


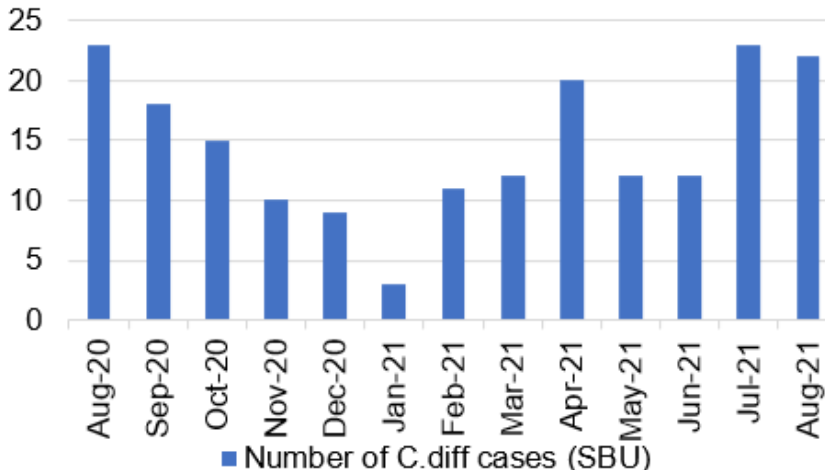
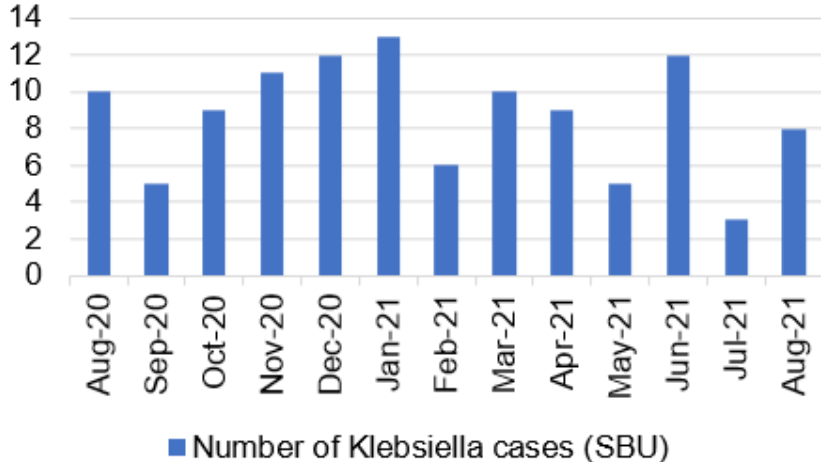


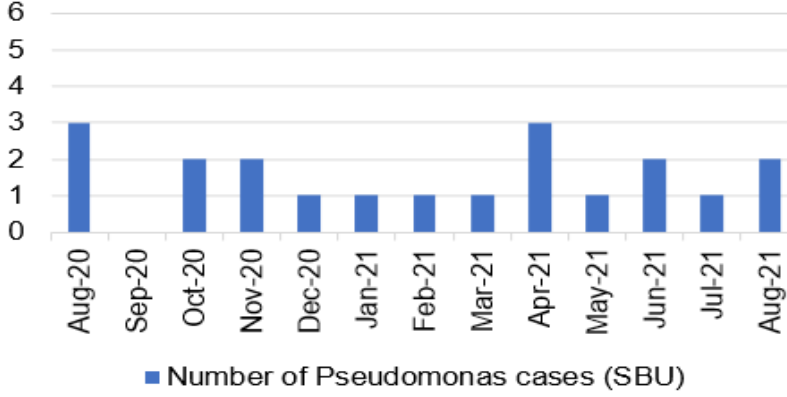
UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Medically Fit <i>The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</i>	<p>In August 2021, there were on average 233 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>The number of medically/ discharge fit patients returned to the average that was seen in quarter 3 for 2021/21 in March 2021, after a significant increase in February 2021. It began increasing again in May 2021, with August 2021 (233) now seeing the highest number of medically/ discharge fit patients in over two years.</p> <p>In August 2021, Morriston Hospital had the largest proportion of medically/ discharge fit patients with 92, followed by Neath Port Talbot Hospital with 69.</p>	<p>The number of discharge/ medically fit patients by site</p> <table><caption>Estimated data for The number of discharge/ medically fit patients by site</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Aug-20</td><td>35</td><td>30</td><td>30</td><td>10</td></tr><tr><td>Sep-20</td><td>40</td><td>40</td><td>20</td><td>10</td></tr><tr><td>Oct-20</td><td>60</td><td>50</td><td>25</td><td>10</td></tr><tr><td>Nov-20</td><td>60</td><td>40</td><td>25</td><td>10</td></tr><tr><td>Dec-20</td><td>55</td><td>40</td><td>20</td><td>20</td></tr><tr><td>Jan-21</td><td>55</td><td>45</td><td>25</td><td>10</td></tr><tr><td>Feb-21</td><td>65</td><td>45</td><td>45</td><td>5</td></tr><tr><td>Mar-21</td><td>40</td><td>40</td><td>40</td><td>10</td></tr><tr><td>Apr-21</td><td>70</td><td>35</td><td>70</td><td>5</td></tr><tr><td>May-21</td><td>65</td><td>40</td><td>75</td><td>5</td></tr><tr><td>Jun-21</td><td>80</td><td>50</td><td>75</td><td>10</td></tr><tr><td>Jul-21</td><td>90</td><td>50</td><td>70</td><td>5</td></tr><tr><td>Aug-21</td><td>92</td><td>55</td><td>70</td><td>15</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Aug-20	35	30	30	10	Sep-20	40	40	20	10	Oct-20	60	50	25	10	Nov-20	60	40	25	10	Dec-20	55	40	20	20	Jan-21	55	45	25	10	Feb-21	65	45	45	5	Mar-21	40	40	40	10	Apr-21	70	35	70	5	May-21	65	40	75	5	Jun-21	80	50	75	10	Jul-21	90	50	70	5	Aug-21	92	55	70	15
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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 2021, there were 14 elective procedures cancelled due to lack of beds on the day of surgery. This is 7 more cancellations than in August 2020 and 3 less than July 2021.</p> <p>12 of the cancelled procedures were attributed to Morriston Hospital, with 2 attributed to Neath Port Talbot Hospital.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table><caption>Estimated data for Total number of elective procedures cancelled due to lack of beds</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Aug-20</td><td>6</td><td>0</td><td>0</td></tr><tr><td>Sep-20</td><td>7</td><td>0</td><td>2</td></tr><tr><td>Oct-20</td><td>16</td><td>0</td><td>0</td></tr><tr><td>Nov-20</td><td>13</td><td>0</td><td>0</td></tr><tr><td>Dec-20</td><td>1</td><td>0</td><td>0</td></tr><tr><td>Jan-21</td><td>2</td><td>0</td><td>0</td></tr><tr><td>Feb-21</td><td>9</td><td>0</td><td>0</td></tr><tr><td>Mar-21</td><td>11</td><td>0</td><td>1</td></tr><tr><td>Apr-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>May-21</td><td>6</td><td>0</td><td>0</td></tr><tr><td>Jun-21</td><td>7</td><td>0</td><td>1</td></tr><tr><td>Jul-21</td><td>17</td><td>0</td><td>0</td></tr><tr><td>Aug-21</td><td>14</td><td>0</td><td>2</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Aug-20	6	0	0	Sep-20	7	0	2	Oct-20	16	0	0	Nov-20	13	0	0	Dec-20	1	0	0	Jan-21	2	0	0	Feb-21	9	0	0	Mar-21	11	0	1	Apr-21	5	0	0	May-21	6	0	0	Jun-21	7	0	1	Jul-21	17	0	0	Aug-21	14	0	2														
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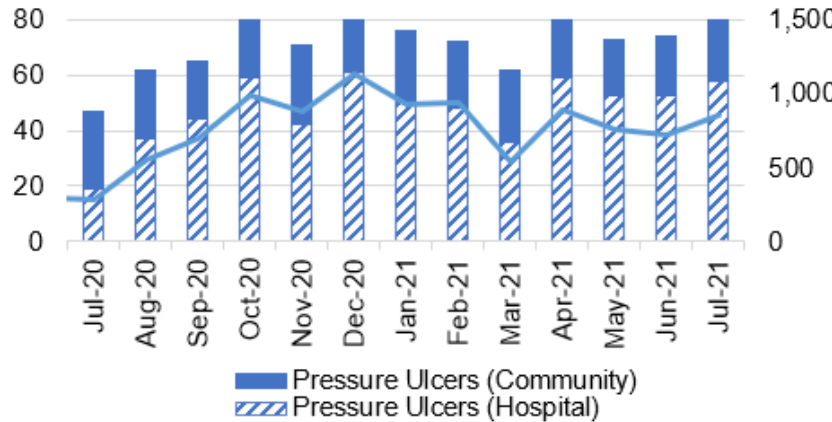
FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation 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 July 2021, 90.5% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 11% more than in April 2020.</p> <p>2. Prompt surgery- In July 2021, 59.5% of patients had surgery the day following presentation with a hip fracture. This is an improvement from July 2020 which was 53.7%</p> <p>3. NICE compliant surgery- 71.2% of operations were consistent with the NICE recommendations in July 2021. This is 0.1% more than in July 2020. In June 2021, Morriston was below the all-Wales average of 72.7%.</p> <p>4. Prompt mobilisation- In July 2021, 75.7% of patients were out of bed the day after surgery. This is 0.2% less than in June 2020.</p>	<p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p>

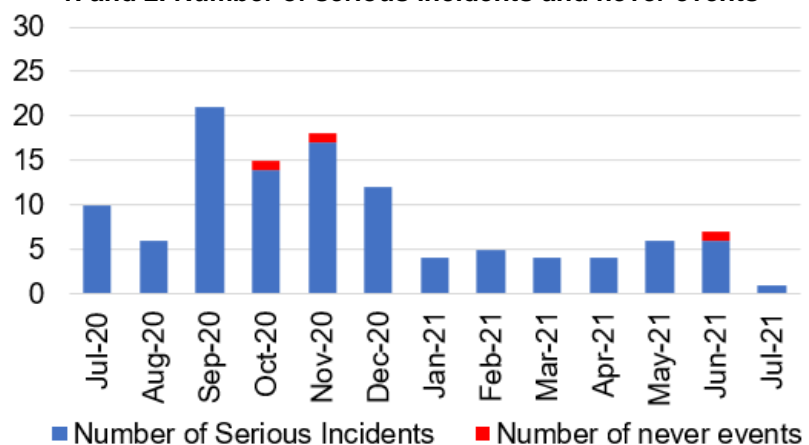
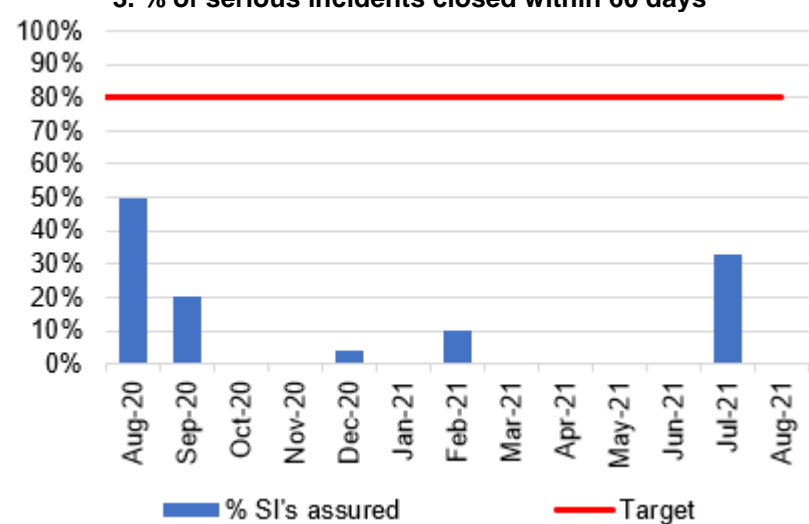
FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 76.8% of patients were not delirious in the week after their operation in July 2021. This is an improvement of 10.1% compared with July 2020.	<p>5. Not delirious when tested</p> <table><caption>5. Not delirious when tested (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jul-20</td><td>55</td><td>50</td><td>60</td></tr><tr><td>Aug-20</td><td>58</td><td>52</td><td>60</td></tr><tr><td>Sep-20</td><td>60</td><td>54</td><td>60</td></tr><tr><td>Oct-20</td><td>62</td><td>56</td><td>60</td></tr><tr><td>Nov-20</td><td>65</td><td>58</td><td>60</td></tr><tr><td>Dec-20</td><td>68</td><td>59</td><td>60</td></tr><tr><td>Jan-21</td><td>70</td><td>60</td><td>60</td></tr><tr><td>Feb-21</td><td>72</td><td>61</td><td>60</td></tr><tr><td>Mar-21</td><td>74</td><td>62</td><td>60</td></tr><tr><td>Apr-21</td><td>75</td><td>63</td><td>60</td></tr><tr><td>May-21</td><td>76</td><td>64</td><td>60</td></tr><tr><td>Jun-21</td><td>77</td><td>65</td><td>60</td></tr><tr><td>Jul-21</td><td>77</td><td>60</td><td>60</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jul-20	55	50	60	Aug-20	58	52	60	Sep-20	60	54	60	Oct-20	62	56	60	Nov-20	65	58	60	Dec-20	68	59	60	Jan-21	70	60	60	Feb-21	72	61	60	Mar-21	74	62	60	Apr-21	75	63	60	May-21	76	64	60	Jun-21	77	65	60	Jul-21	77	60	60
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Mar-21	74	62	60																																																							
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May-21	76	64	60																																																							
Jun-21	77	65	60																																																							
Jul-21	77	60	60																																																							
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- 73% of patients in June 2021 were discharged back to their original residence. This is 2.5% less than in June 2020. * The All-Wales data for July 2021 was not available at the time this report was published.	<p>6. Return to original residence</p> <table><caption>6. Return to original residence (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jun-20</td><td>75</td><td>75</td><td>70</td></tr><tr><td>Jul-20</td><td>78</td><td>74</td><td>70</td></tr><tr><td>Aug-20</td><td>78</td><td>73</td><td>70</td></tr><tr><td>Sep-20</td><td>77</td><td>72</td><td>70</td></tr><tr><td>Oct-20</td><td>75</td><td>71</td><td>70</td></tr><tr><td>Nov-20</td><td>74</td><td>70</td><td>70</td></tr><tr><td>Dec-20</td><td>73</td><td>70</td><td>70</td></tr><tr><td>Jan-21</td><td>72</td><td>70</td><td>70</td></tr><tr><td>Feb-21</td><td>71</td><td>70</td><td>70</td></tr><tr><td>Mar-21</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Apr-21</td><td>70</td><td>70</td><td>70</td></tr><tr><td>May-21</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Jun-21</td><td>73</td><td>73</td><td>70</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jun-20	75	75	70	Jul-20	78	74	70	Aug-20	78	73	70	Sep-20	77	72	70	Oct-20	75	71	70	Nov-20	74	70	70	Dec-20	73	70	70	Jan-21	72	70	70	Feb-21	71	70	70	Mar-21	70	70	70	Apr-21	70	70	70	May-21	70	70	70	Jun-21	73	73	70
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Feb-21	71	70	70																																																							
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Apr-21	70	70	70																																																							
May-21	70	70	70																																																							
Jun-21	73	73	70																																																							
7. <i>30 day mortality rate</i>	7. 30 day mortality rate- In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%. * Updated data is currently not available, but is being reviewed.	<p>7. 30 day mortality rate</p> <table><caption>7. 30 day mortality rate (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jan-20</td><td>8.5</td><td>7.5</td><td>7.5</td></tr><tr><td>Feb-20</td><td>8.5</td><td>7.2</td><td>7.5</td></tr><tr><td>Mar-20</td><td>8.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Apr-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr><tr><td>May-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr><tr><td>Jun-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr><tr><td>Jul-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr><tr><td>Aug-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Sep-20</td><td>7.0</td><td>7.0</td><td>7.5</td></tr><tr><td>Oct-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Nov-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Dec-20</td><td>8.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Jan-21</td><td>7.5</td><td>6.9</td><td>7.6</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	8.5	7.5	7.5	Feb-20	8.5	7.2	7.5	Mar-20	8.5	7.0	7.5	Apr-20	8.0	7.0	7.5	May-20	8.0	7.0	7.5	Jun-20	8.0	7.0	7.5	Jul-20	8.0	7.0	7.5	Aug-20	7.5	7.0	7.5	Sep-20	7.0	7.0	7.5	Oct-20	7.5	7.0	7.5	Nov-20	7.5	7.0	7.5	Dec-20	8.5	7.0	7.5	Jan-21	7.5	6.9	7.6
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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">34 cases of <i>E. coli</i> bacteraemia were identified in August 2021, of which 9 were hospital acquired and 25 were community acquired.Cumulative cases from July 2021 to August 2021 are 22% lower than the equivalent period in 2020/21. (104 in 2021/22 compared with 127 in 2020/21).	<p>Number of healthcare acquired E.coli bacteraemia cases</p>  <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Aug-20</td><td>32</td></tr><tr><td>Sep-20</td><td>23</td></tr><tr><td>Oct-20</td><td>25</td></tr><tr><td>Nov-20</td><td>16</td></tr><tr><td>Dec-20</td><td>12</td></tr><tr><td>Jan-21</td><td>18</td></tr><tr><td>Feb-21</td><td>17</td></tr><tr><td>Mar-21</td><td>28</td></tr><tr><td>Apr-21</td><td>32</td></tr><tr><td>May-21</td><td>26</td></tr><tr><td>Jun-21</td><td>28</td></tr><tr><td>Jul-21</td><td>23</td></tr><tr><td>Aug-21</td><td>34</td></tr></tbody></table>	Month	Number of cases	Aug-20	32	Sep-20	23	Oct-20	25	Nov-20	16	Dec-20	12	Jan-21	18	Feb-21	17	Mar-21	28	Apr-21	32	May-21	26	Jun-21	28	Jul-21	23	Aug-21	34
Month	Number of cases																													
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Aug-21	34																													
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 Staph. aureus bacteraemia in August 2021, of which 8 were hospital acquired and 4 were community acquired.Cumulative cases from July 2021 to August 2021 are 17.8% lower than the equivalent period in 2020/21 (45 in 2021/22 compared with 53 in 2020/21).	<p>Number of healthcare acquired S.aureus bacteraemia cases</p>  <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Aug-20</td><td>12</td></tr><tr><td>Sep-20</td><td>14</td></tr><tr><td>Oct-20</td><td>12</td></tr><tr><td>Nov-20</td><td>13</td></tr><tr><td>Dec-20</td><td>9</td></tr><tr><td>Jan-21</td><td>9</td></tr><tr><td>Feb-21</td><td>9</td></tr><tr><td>Mar-21</td><td>11</td></tr><tr><td>Apr-21</td><td>13</td></tr><tr><td>May-21</td><td>15</td></tr><tr><td>Jun-21</td><td>7</td></tr><tr><td>Jul-21</td><td>11</td></tr><tr><td>Aug-21</td><td>12</td></tr></tbody></table>	Month	Number of cases	Aug-20	12	Sep-20	14	Oct-20	12	Nov-20	13	Dec-20	9	Jan-21	9	Feb-21	9	Mar-21	11	Apr-21	13	May-21	15	Jun-21	7	Jul-21	11	Aug-21	12
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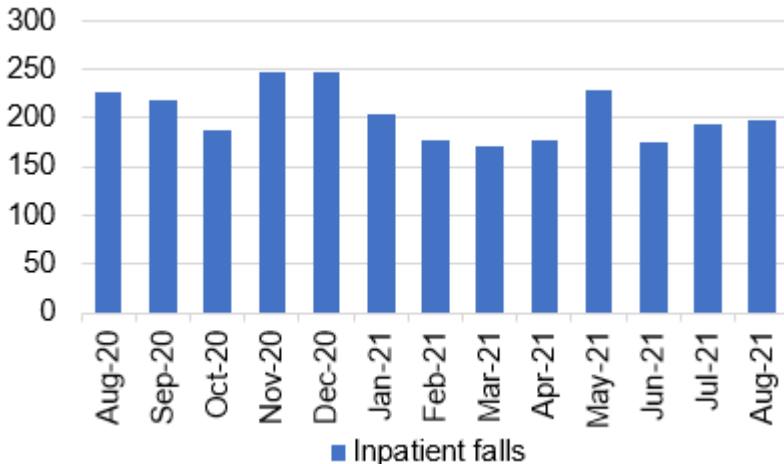
HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
Healthcare Acquired Infections (HCAI)-<i>C.difficile</i> <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 22 <i>Clostridium difficile</i> toxin positive cases in August 2021, of which 20 were hospital acquired and 2 were community acquired.Cumulative cases from July 2021 to August 2021 are 34.8% more than the equivalent period of 2020/21 (66 in 2021/22 compared with 43 in 2020/21).	<p>Number of healthcare acquired <i>C.difficile</i> cases</p>  <table><caption>Number of healthcare acquired <i>C.difficile</i> cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Aug-20</td><td>23</td></tr><tr><td>Sep-20</td><td>18</td></tr><tr><td>Oct-20</td><td>15</td></tr><tr><td>Nov-20</td><td>10</td></tr><tr><td>Dec-20</td><td>9</td></tr><tr><td>Jan-21</td><td>3</td></tr><tr><td>Feb-21</td><td>11</td></tr><tr><td>Mar-21</td><td>12</td></tr><tr><td>Apr-21</td><td>20</td></tr><tr><td>May-21</td><td>12</td></tr><tr><td>Jun-21</td><td>12</td></tr><tr><td>Jul-21</td><td>23</td></tr><tr><td>Aug-21</td><td>22</td></tr></tbody></table>	Month	Number of cases	Aug-20	23	Sep-20	18	Oct-20	15	Nov-20	10	Dec-20	9	Jan-21	3	Feb-21	11	Mar-21	12	Apr-21	20	May-21	12	Jun-21	12	Jul-21	23	Aug-21	22
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Healthcare Acquired Infections (HCAI)-<i>Klebsiella</i> sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none">There were 8 cases of <i>Klebsiella</i> sp in August 2021, of which 4 were hospital acquired and 4 were community acquired.Cumulative cases from July 2021 to August 2021 are 5.1% more than the equivalent period in 2020/21 (38 in 2021/22 compared with 36 in 2020/21).	<p>Number of healthcare acquired <i>Klebsiella</i> cases</p>  <table><caption>Number of healthcare acquired <i>Klebsiella</i> cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Aug-20</td><td>10</td></tr><tr><td>Sep-20</td><td>5</td></tr><tr><td>Oct-20</td><td>9</td></tr><tr><td>Nov-20</td><td>11</td></tr><tr><td>Dec-20</td><td>12</td></tr><tr><td>Jan-21</td><td>13</td></tr><tr><td>Feb-21</td><td>6</td></tr><tr><td>Mar-21</td><td>10</td></tr><tr><td>Apr-21</td><td>9</td></tr><tr><td>May-21</td><td>5</td></tr><tr><td>Jun-21</td><td>12</td></tr><tr><td>Jul-21</td><td>3</td></tr><tr><td>Aug-21</td><td>8</td></tr></tbody></table>	Month	Number of cases	Aug-20	10	Sep-20	5	Oct-20	9	Nov-20	11	Dec-20	12	Jan-21	13	Feb-21	6	Mar-21	10	Apr-21	9	May-21	5	Jun-21	12	Jul-21	3	Aug-21	8
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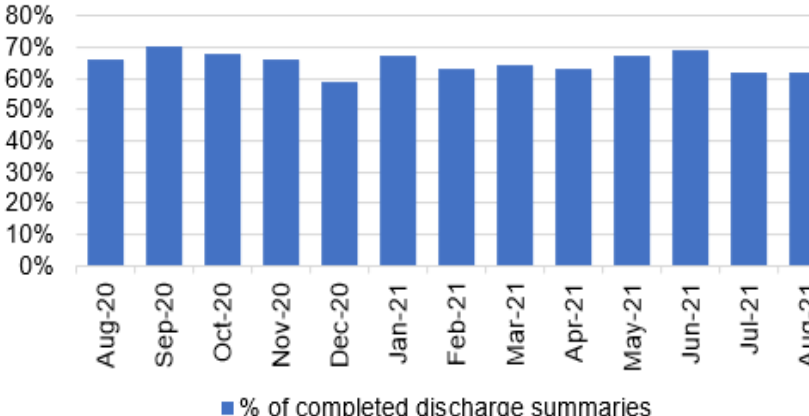
HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There were 2 cases of <i>P.Aeruginosa</i> bacteraemia reported in August 2021. Cumulative cases from July 2021 to August 2021 are 70% more than the equivalent period in 2020/21. 	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>	<ol style="list-style-type: none"> In July 2021 there were 91 cases of healthcare acquired pressure ulcers, 33 of which were community acquired and 58 were hospital acquired. There were 5 grade 3+ pressure ulcers in July 2021, of which 2 were community acquired and 3 were hospital acquired. The rate per 100,000 admissions increased from 723 in June 2021 to 853 in August 2021. 	Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions  <p>■ Pressure Ulcers (Community) ▨ Pressure Ulcers (Hospital)</p>

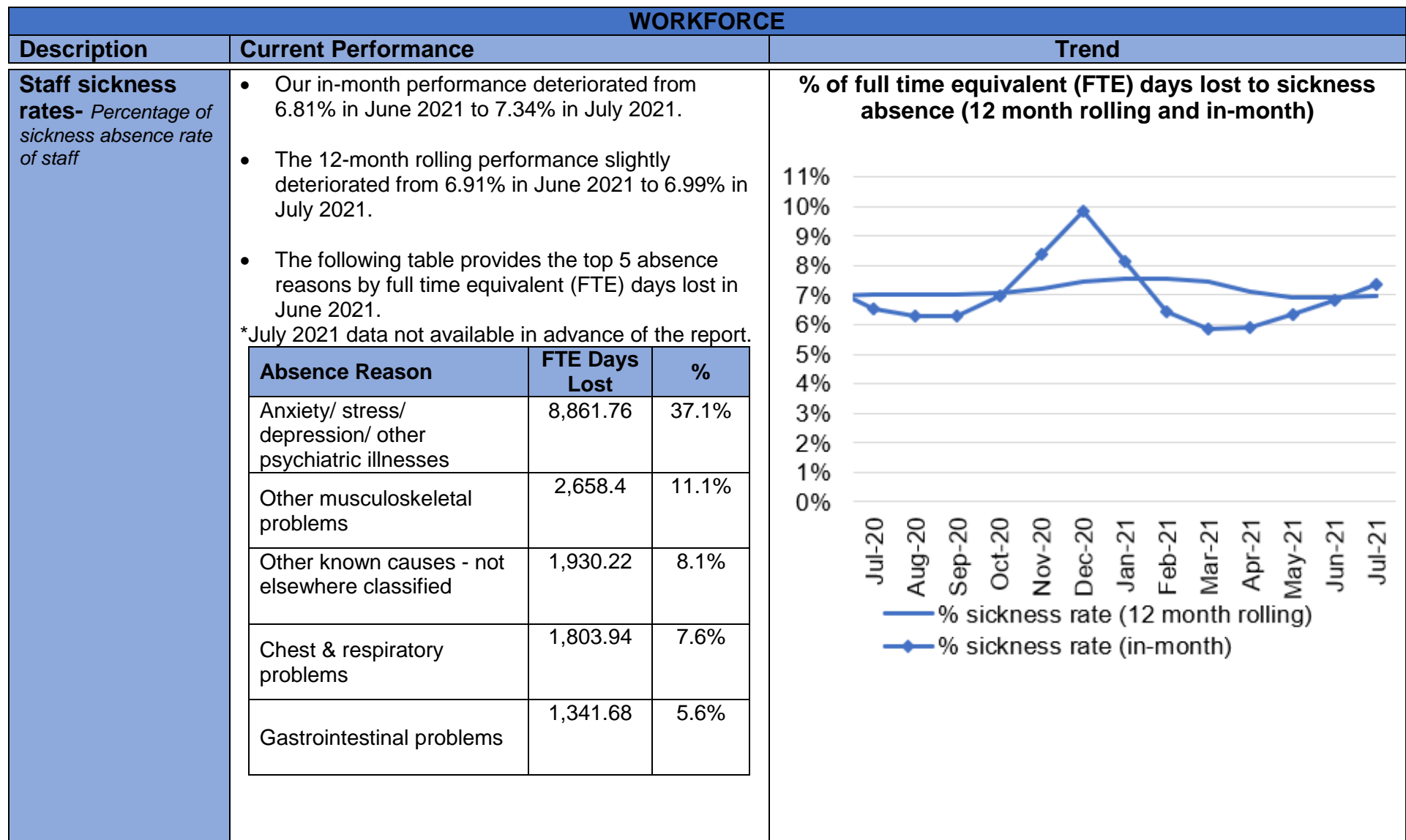
SERIOUS INCIDENTS		
Description	Current Performance	Trend
Serious Incidents- 1. <i>The number of serious incidents</i> 2. <i>The number of Never Events</i> 3. <i>Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 5 Serious Incidents for the month of August 2021 to Welsh Government. The breakdown of incidents in June 2021 are set out below:	1. and 2. Number of serious incidents and never events 
	2. There were no new Never Event's reported in August 2021.	
	3. In August 2021, performance against the 80% target of submitting closure forms within 60 working days was 0% as none of the closure forms due to be submitted to Welsh Government in August 2021 were submitted on time.	3. % of serious incidents closed within 60 days 

* 0% compliance in June, July, October and November 2020 and January, March, April, May and June 2021

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 198 in August 2021. This is 12.8% less than August 2020 where 227 falls were recorded.	<p>Number of inpatient Falls</p>  <table><caption>Number of inpatient Falls (Estimated Data)</caption><thead><tr><th>Month</th><th>Number of Falls</th></tr></thead><tbody><tr><td>Aug-20</td><td>227</td></tr><tr><td>Sep-20</td><td>215</td></tr><tr><td>Oct-20</td><td>185</td></tr><tr><td>Nov-20</td><td>245</td></tr><tr><td>Dec-20</td><td>245</td></tr><tr><td>Jan-21</td><td>200</td></tr><tr><td>Feb-21</td><td>175</td></tr><tr><td>Mar-21</td><td>165</td></tr><tr><td>Apr-21</td><td>175</td></tr><tr><td>May-21</td><td>225</td></tr><tr><td>Jun-21</td><td>170</td></tr><tr><td>Jul-21</td><td>190</td></tr><tr><td>Aug-21</td><td>198</td></tr></tbody></table> <p>■ Inpatient falls</p>	Month	Number of Falls	Aug-20	227	Sep-20	215	Oct-20	185	Nov-20	245	Dec-20	245	Jan-21	200	Feb-21	175	Mar-21	165	Apr-21	175	May-21	225	Jun-21	170	Jul-21	190	Aug-21	198
Month	Number of Falls																													
Aug-20	227																													
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Apr-21	175																													
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Jun-21	170																													
Jul-21	190																													
Aug-21	198																													

DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in August 2021, the percentage of completed discharge summaries was 62%.</p> <p>In August 2021, compliance ranged from 59% in Singleton Hospital to 76% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p>  <table><caption>% discharge summaries approved and sent (Estimated Data)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Aug-20</td><td>65%</td></tr><tr><td>Sep-20</td><td>70%</td></tr><tr><td>Oct-20</td><td>68%</td></tr><tr><td>Nov-20</td><td>65%</td></tr><tr><td>Dec-20</td><td>58%</td></tr><tr><td>Jan-21</td><td>68%</td></tr><tr><td>Feb-21</td><td>63%</td></tr><tr><td>Mar-21</td><td>64%</td></tr><tr><td>Apr-21</td><td>63%</td></tr><tr><td>May-21</td><td>67%</td></tr><tr><td>Jun-21</td><td>70%</td></tr><tr><td>Jul-21</td><td>62%</td></tr><tr><td>Aug-21</td><td>62%</td></tr></tbody></table> <p>■ % of completed discharge summaries</p>	Month	Percentage	Aug-20	65%	Sep-20	70%	Oct-20	68%	Nov-20	65%	Dec-20	58%	Jan-21	68%	Feb-21	63%	Mar-21	64%	Apr-21	63%	May-21	67%	Jun-21	70%	Jul-21	62%	Aug-21	62%
Month	Percentage																													
Aug-20	65%																													
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Jul-21	62%																													
Aug-21	62%																													

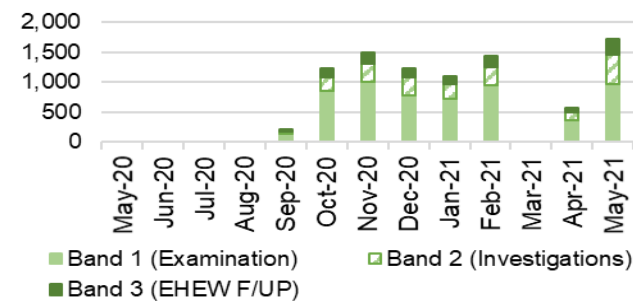
CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	July 2021 reports the crude mortality rate for the Health Board at 1.03% compared with 1.01% in June 2021.	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-20</td><td>1.5%</td><td>0.4%</td><td>0.2%</td><td>0.8%</td></tr><tr><td>Aug-20</td><td>1.5%</td><td>0.4%</td><td>0.2%</td><td>0.8%</td></tr><tr><td>Sep-20</td><td>1.5%</td><td>0.4%</td><td>0.2%</td><td>0.9%</td></tr><tr><td>Oct-20</td><td>1.6%</td><td>0.4%</td><td>0.2%</td><td>0.9%</td></tr><tr><td>Nov-20</td><td>1.7%</td><td>0.4%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Dec-20</td><td>1.8%</td><td>0.4%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Jan-21</td><td>1.9%</td><td>0.5%</td><td>0.3%</td><td>1.1%</td></tr><tr><td>Feb-21</td><td>2.0%</td><td>0.5%</td><td>0.2%</td><td>1.1%</td></tr><tr><td>Mar-21</td><td>1.8%</td><td>0.4%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Apr-21</td><td>1.7%</td><td>0.4%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>May-21</td><td>1.7%</td><td>0.4%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Jun-21</td><td>1.7%</td><td>0.4%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Jul-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jul-20	1.5%	0.4%	0.2%	0.8%	Aug-20	1.5%	0.4%	0.2%	0.8%	Sep-20	1.5%	0.4%	0.2%	0.9%	Oct-20	1.6%	0.4%	0.2%	0.9%	Nov-20	1.7%	0.4%	0.2%	1.0%	Dec-20	1.8%	0.4%	0.2%	1.0%	Jan-21	1.9%	0.5%	0.3%	1.1%	Feb-21	2.0%	0.5%	0.2%	1.1%	Mar-21	1.8%	0.4%	0.2%	1.0%	Apr-21	1.7%	0.4%	0.2%	1.0%	May-21	1.7%	0.4%	0.2%	1.0%	Jun-21	1.7%	0.4%	0.2%	1.0%	Jul-21	1.7%	0.5%	0.1%	1.0%
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	A breakdown by Hospital for July 2021: <ul style="list-style-type: none">• Morriston – 1.73%• Singleton – 0.52%• NPT – 0.12%																																																																							



HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Primary and Community Care Overview

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



No claims submitted between April and August 2020

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

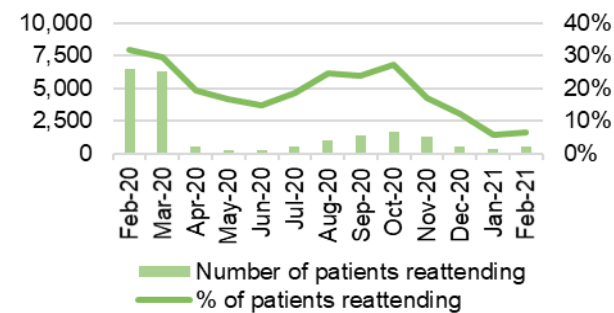


Chart 9: District Nursing- Number of patients on caseload

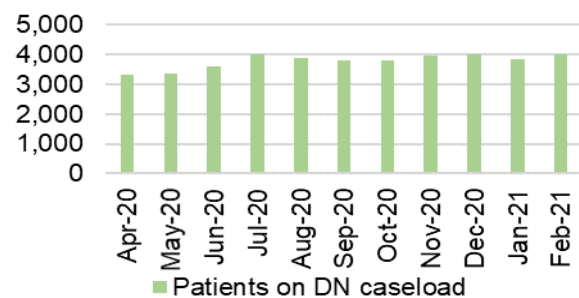


Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

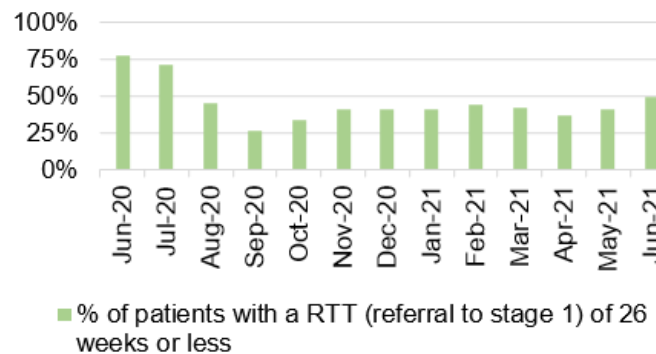


Chart 2: Common Ailment Scheme - Number of consultations provided

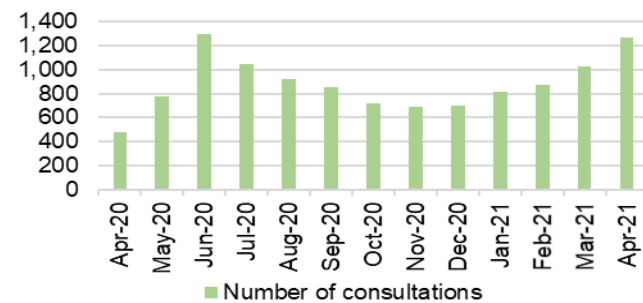


Chart 6: Pregnancy Advisory Service- Referral to appointment within 5 days and treatment within 10 days

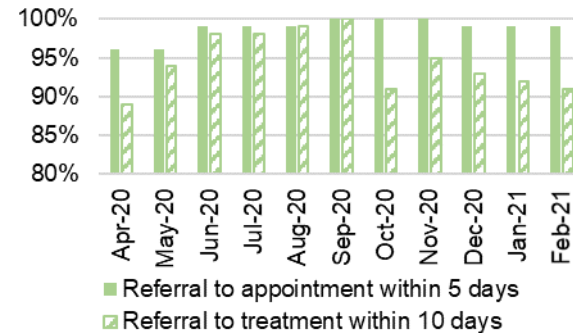


Chart 10: District Nursing- Total number of contacts

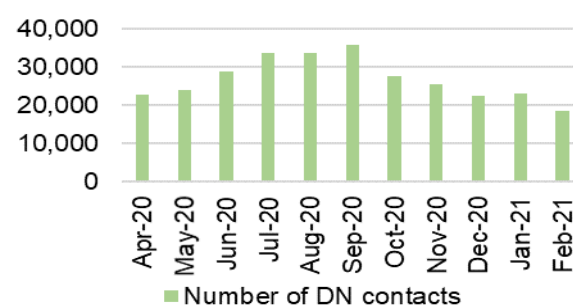
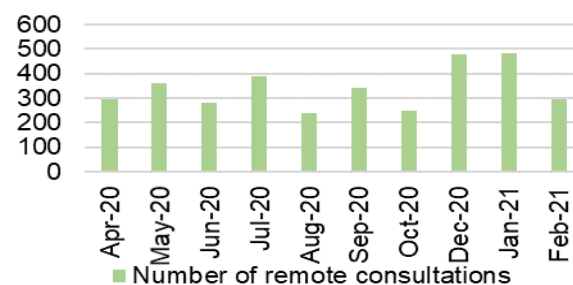


Chart 14: Audiology- Number of remote consultations



Nov-20 data not available

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

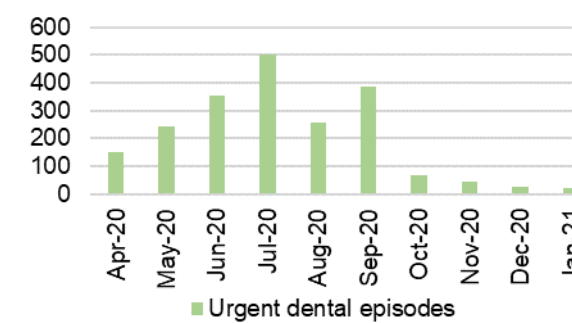


Chart 7: Sexual health services- Attendances at sexual health ambulance

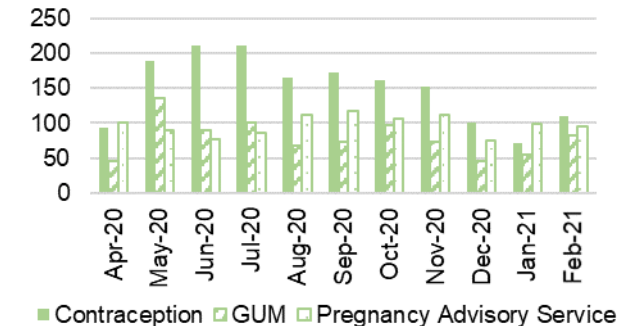


Chart 11: Community wound clinic- Number of attendances and number of home visits

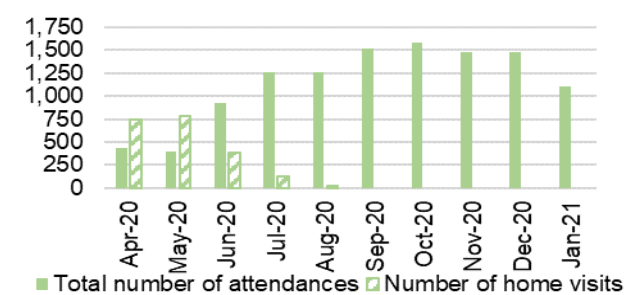
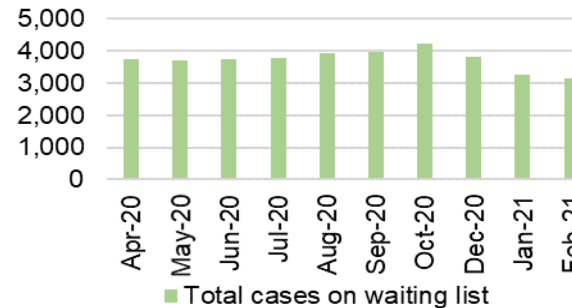


Chart 15: Audiology- Total number of patients on the waiting list



Nov-20 data not available

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

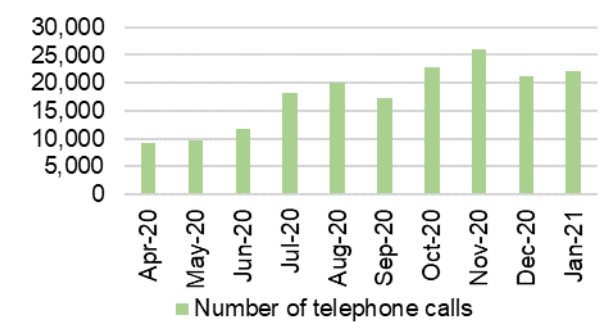


Chart 8: Sexual health services- Patient outcomes

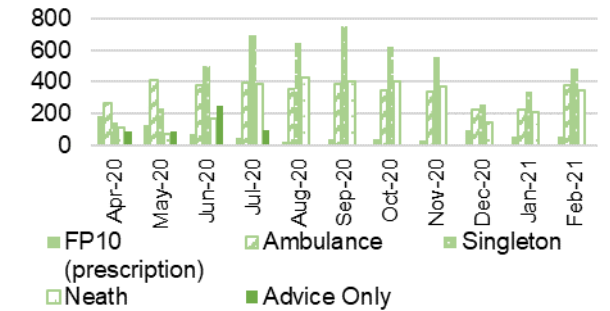


Chart 12: Community wound clinic- Number of assessments by location

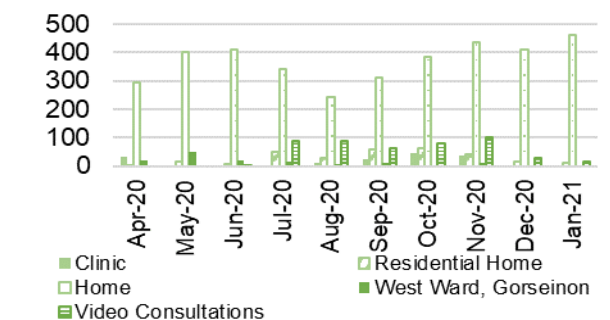
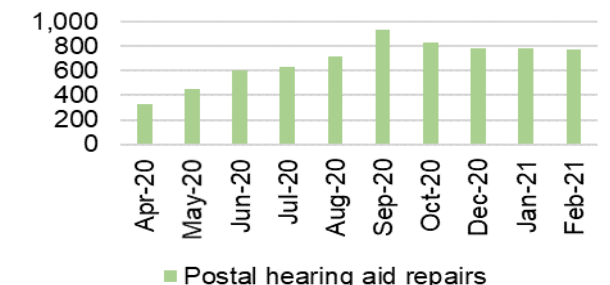


Chart 16: Audiology- Number of postal hearing aid repairs



Nov-20 data not available

Harm from reduction in non-Covid activity

5.2 Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

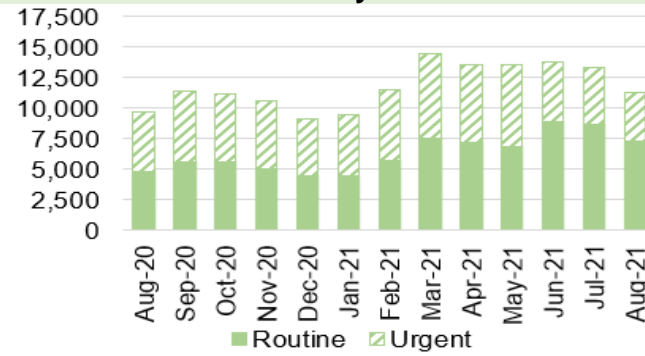


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

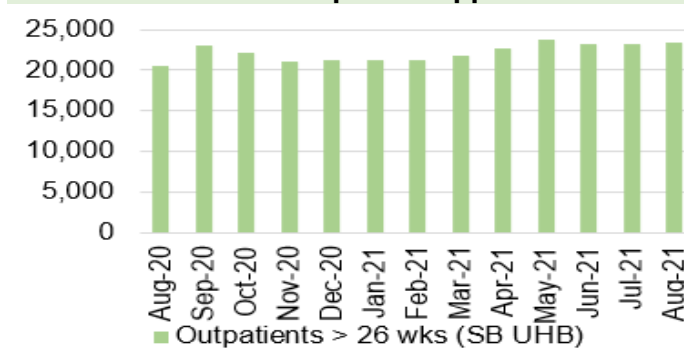


Chart 3: Number of patients waiting over 36 weeks for treatment

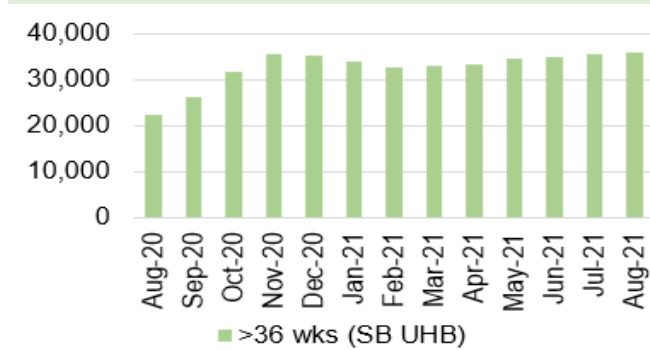


Chart 4: % patients waiting less than 26 weeks from referral to treatment

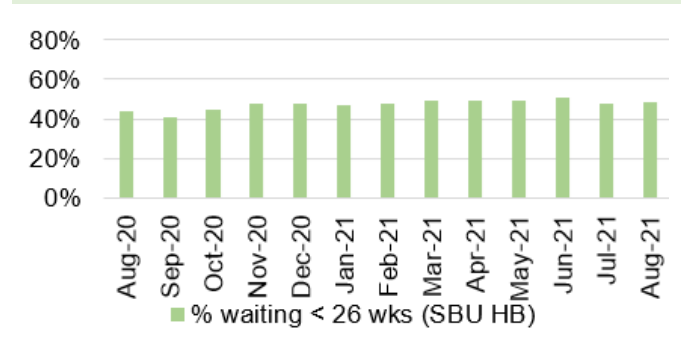


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

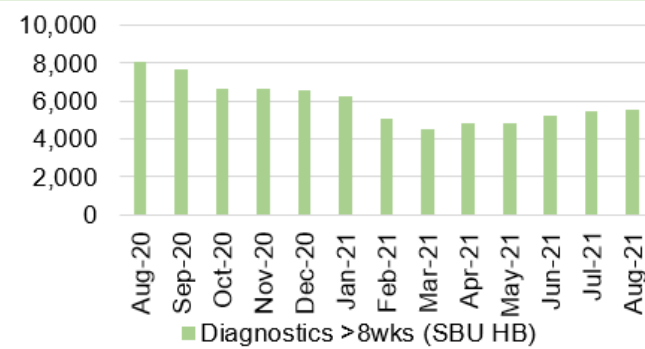


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

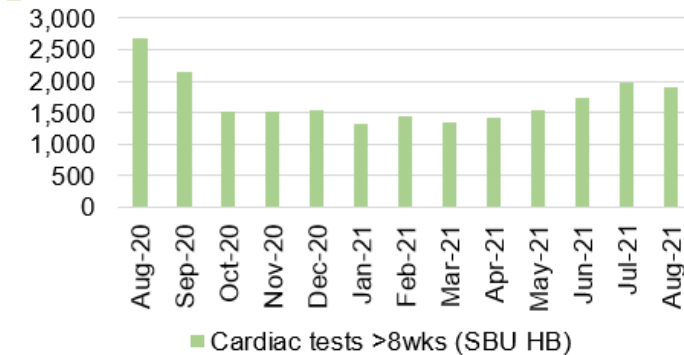


Chart 7: Number of patients waiting less than 14 weeks for Therapies

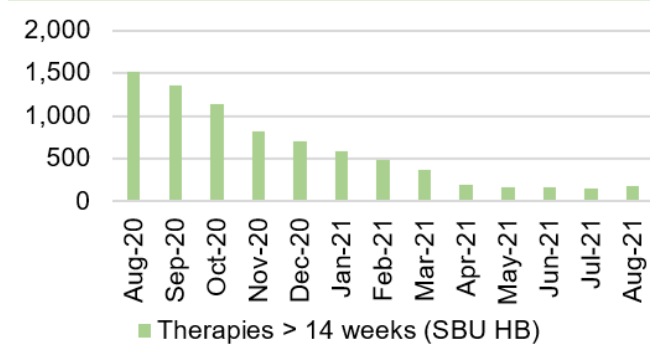


Chart 8: Cancer referrals

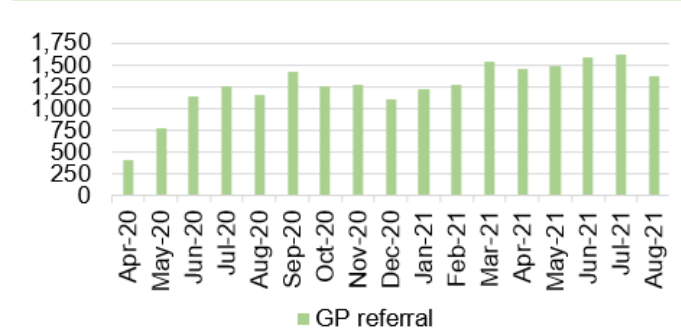


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

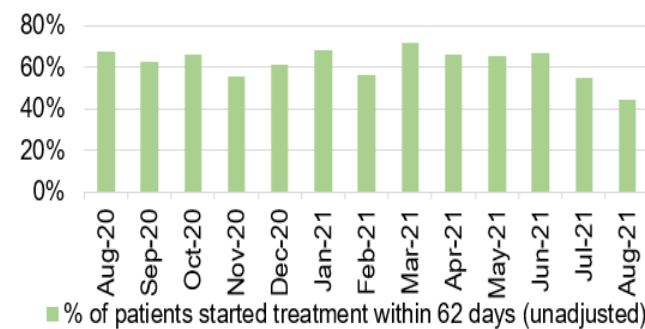


Chart 10: Number of new cancer patients starting definitive treatment

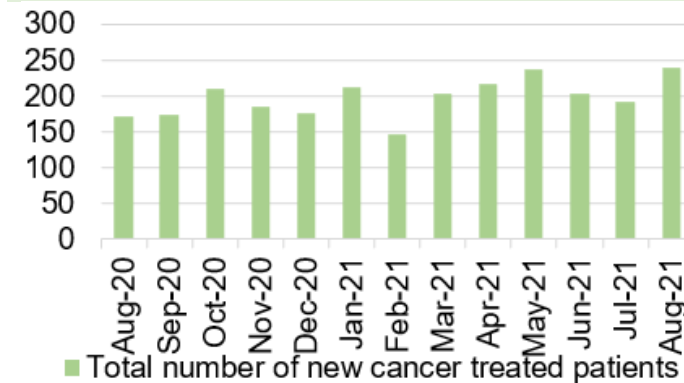


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

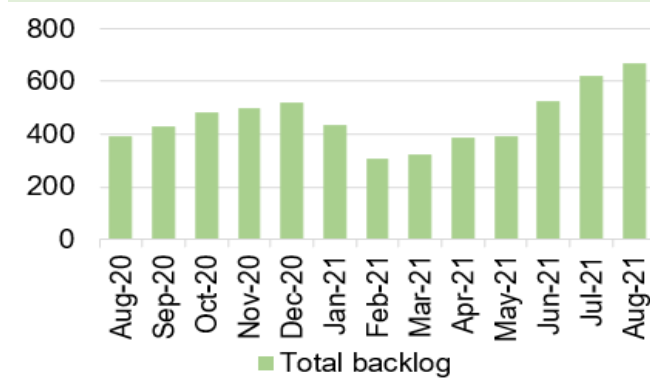


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

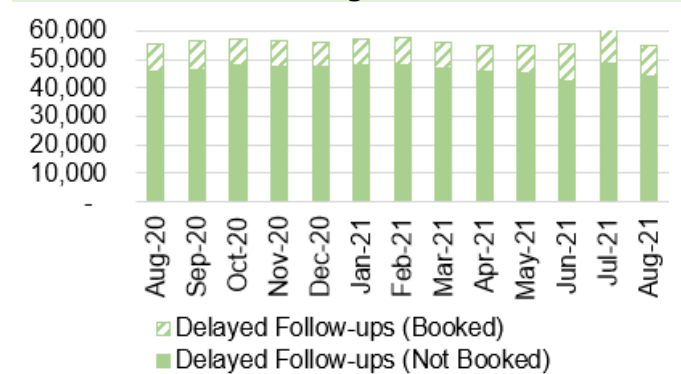


Chart 13: Number of patients without a documented clinical review date

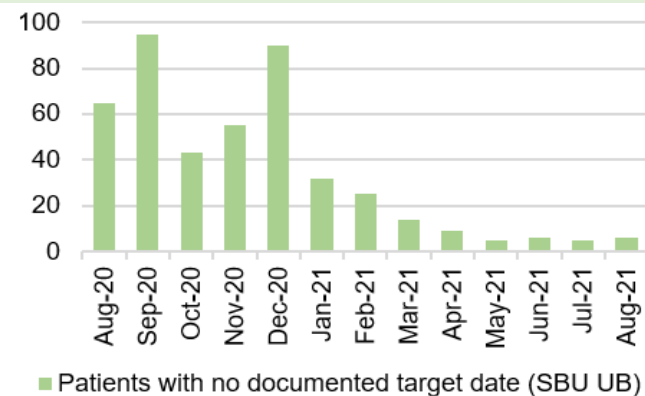


Chart 14: Ophthalmology patients without an allocated health risk factor

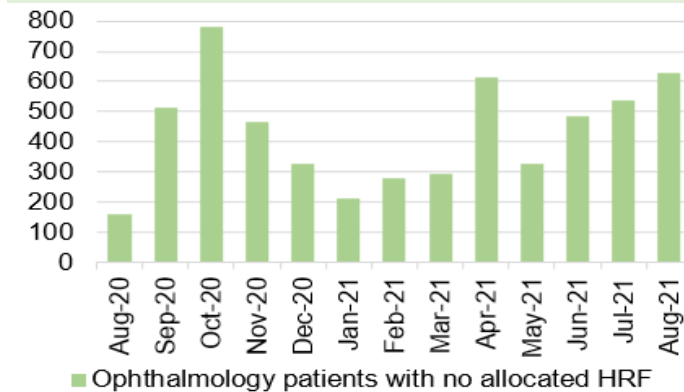


Chart 15: Total number of patients on the follow-up waiting list

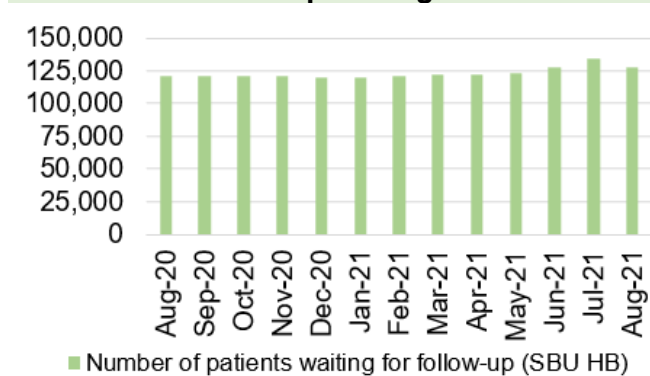
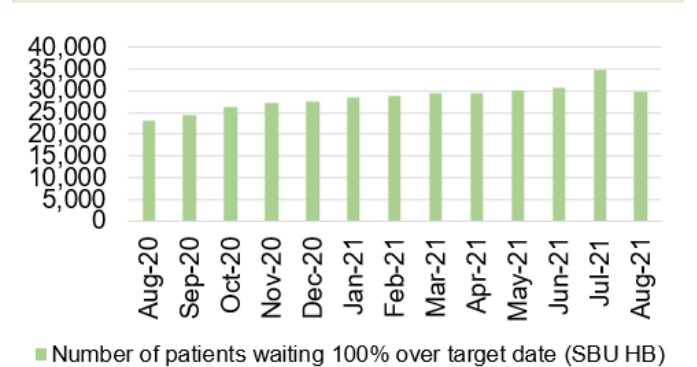


Chart 16: Number of patients delayed by over 100%



Planned Care- Overview (August 2021)

Demand		Waiting Times	
11,320 (15%↓) Total GP referrals	23,444 (1%↑) Patients waiting over 26 weeks for a new outpatient appointment	35,999 (1.2%↑) Patients waiting over 36 weeks for treatment	25,797 (1%↑) Patients waiting over 52 weeks for treatment
7,357 (15%↓) Routine GP referrals	48.3% (0.5%↑) Patients waiting under 26 weeks from referral to treatment	5,523 (2%↑) Patients waiting over 8 weeks for all reportable diagnostics	1,918 (2.9%↓) Patients waiting over 8 weeks for Cardiac diagnostics only
3,963 (15%↓) Urgent GP referrals	186 (23%↑) Patients waiting over 14 weeks for reportable therapies	127,391 (5.1%↓) Patients waiting for a follow-up outpatient appointment	29,770 (14.5%↓) Patients waiting for a follow-up outpatients appointment who are delayed over 100%
Cancer		Theatre Efficiencies	
1,634 (19.8%↓) Number of USC referrals received	667 (7.8%↑) USC backlog over 63 days	69% (3%↓) Theatre utilisation rate	46% (2%↓) % of theatres sessions finishing early
44.6% (10.4%↓) <i>draft</i> Patients starting first definitive cancer treatment within 62 days		44% (→) % of theatres sessions starting late	176 (4%↓) Operations cancelled on the day

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

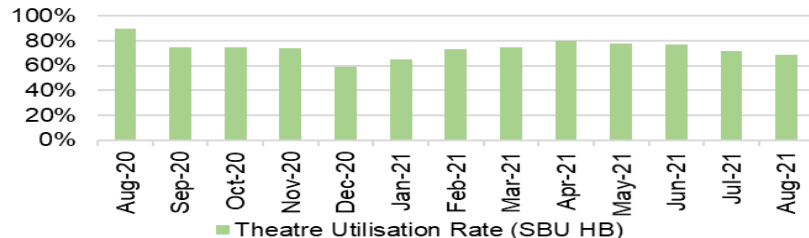
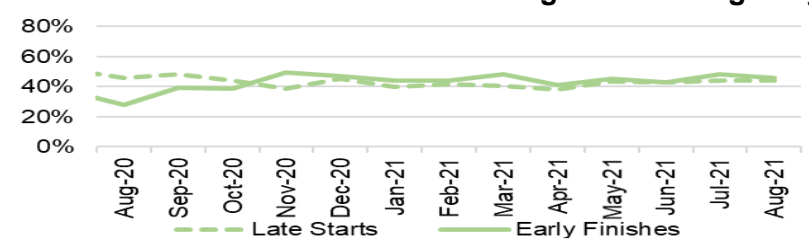
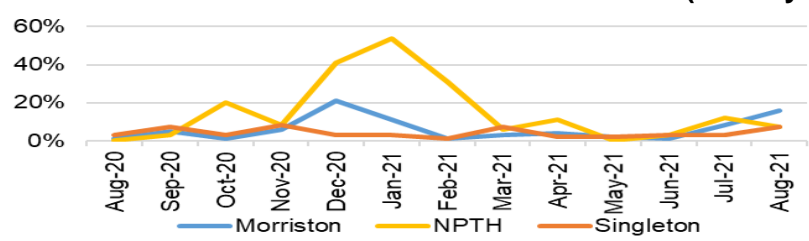
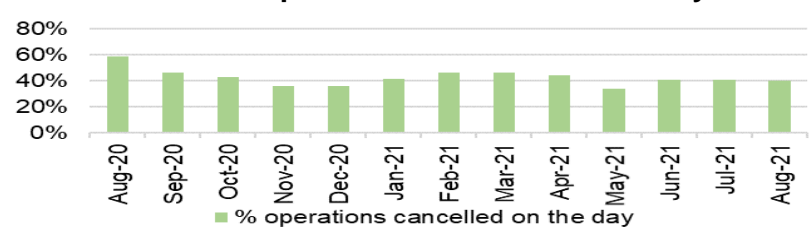
5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	The number of GP referrals and additions to the outpatient waiting list has increased 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. August 2021 has seen a further decrease in referral figures. Since September 2020 the number of referrals and additions appeared to stabilise but then started to increase again from January 2021. Chart 4 shows the shape of the current waiting list and chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.
1. GP Referrals <i>The number of Stage 1 additions per week</i>	Trend
2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i>	<p>1. Number of GP referrals received by SBU Health Board</p> <p>2. Number of stage 1 additions per week</p>
3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i>	<p>3. Total size of the waiting list and movement (December 2019)</p>
4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at June 2021</i>	<p>4. Total size of the waiting list and movement (August 2021)</p>

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)- Hospital 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 still a challenge. August 2021 saw a slight in-month increase in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 23,225 in July 2021 to 23,444 in August 2021. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment closely followed by Orthopaedics and ENT. The number of outpatient attendances has significantly reduced since February 2020 due to COVID19. Chart 4 shows that the number of attendances started to increase from April 2021.</p>
	Trend
	<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- Hospital level</p> <p>— Morriston — Singleton — PCT — NPTH</p> </div> <div> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at July 2021</p> </div> <div> <p>4. Outpatient activity undertaken</p> <p>— New outpatient attendances - - - Follow-up attendances</p> </div> </div>
<p>**Please note – reporting measures changed from June 2021 – Using power BI platform</p>	

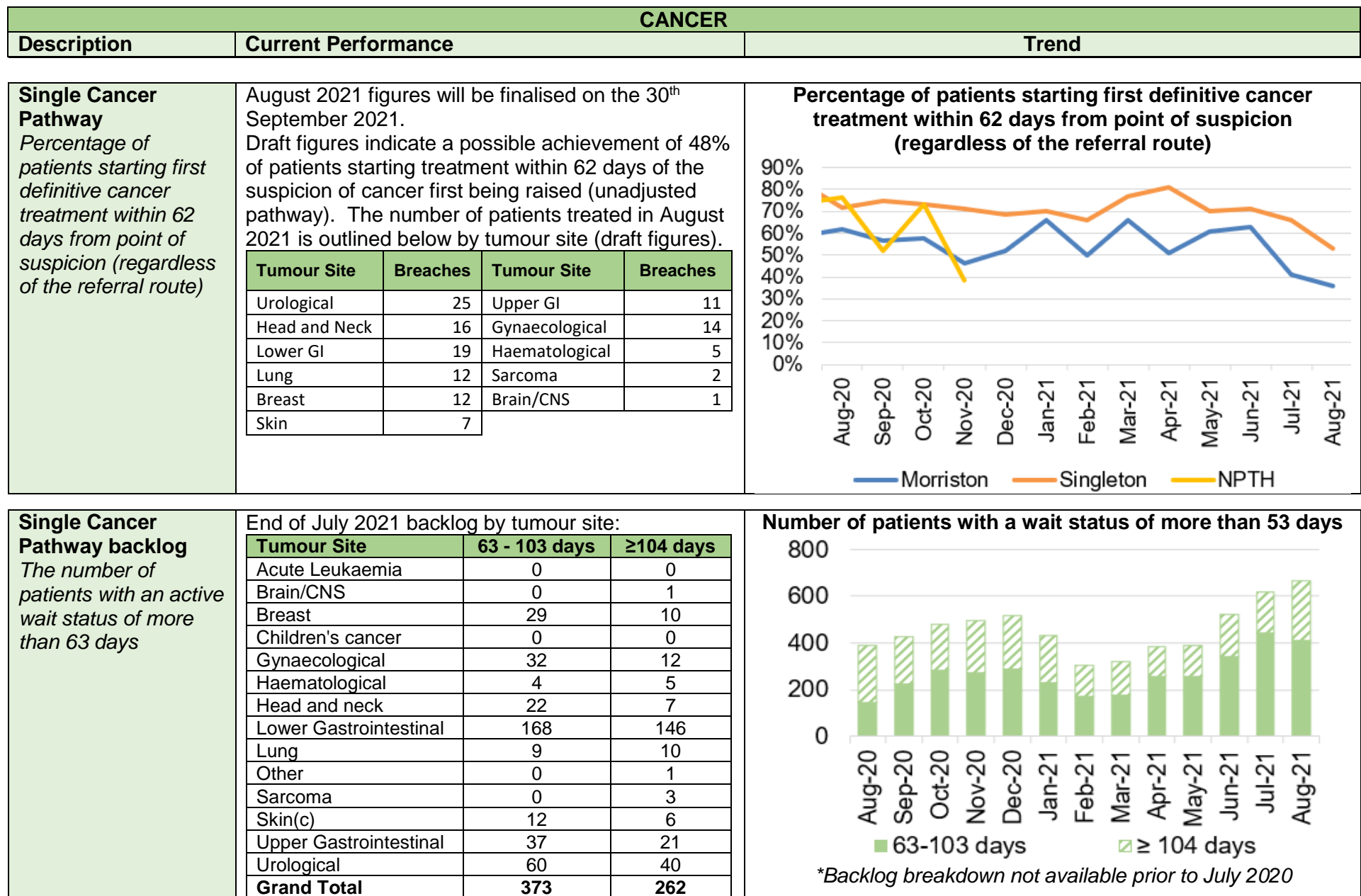
PLANNED CARE																																																																																																																														
Description	Current Performance																																																																																																																													
Patients waiting over 36 weeks for treatment 1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total 2. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Hospital level 3. Number of elective admissions	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. December 2020 was the first month in 2020 that saw an in-month reduction and this trend continued into January and February 2021 however, the number of breaches increased again from March 2021. In August 2021, there was 35,999 patients waiting over 36 weeks which is a 1.2% in-month increase from July 2021. 25,797 of the 35,999 were waiting over 52 weeks in August 2021.</p>																																																																																																																													
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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 August 2021, 46.1% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21 and this appears to be continuing into 2021/22.</p>	<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</p> <table><caption>Estimated data for 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</caption><thead><tr><th>Month</th><th>% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment</th><th>Target</th></tr></thead><tbody><tr><td>Aug-20</td><td>50%</td><td>100%</td></tr><tr><td>Sep-20</td><td>48%</td><td>100%</td></tr><tr><td>Oct-20</td><td>45%</td><td>100%</td></tr><tr><td>Nov-20</td><td>48%</td><td>100%</td></tr><tr><td>Dec-20</td><td>48%</td><td>100%</td></tr><tr><td>Jan-21</td><td>48%</td><td>100%</td></tr><tr><td>Feb-21</td><td>48%</td><td>100%</td></tr><tr><td>Mar-21</td><td>48%</td><td>100%</td></tr><tr><td>Apr-21</td><td>48%</td><td>100%</td></tr><tr><td>May-21</td><td>48%</td><td>100%</td></tr><tr><td>Jun-21</td><td>45%</td><td>100%</td></tr><tr><td>Jul-21</td><td>45%</td><td>100%</td></tr><tr><td>Aug-21</td><td>46.1%</td><td>100%</td></tr></tbody></table>	Month	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	Target	Aug-20	50%	100%	Sep-20	48%	100%	Oct-20	45%	100%	Nov-20	48%	100%	Dec-20	48%	100%	Jan-21	48%	100%	Feb-21	48%	100%	Mar-21	48%	100%	Apr-21	48%	100%	May-21	48%	100%	Jun-21	45%	100%	Jul-21	45%	100%	Aug-21	46.1%	100%																												
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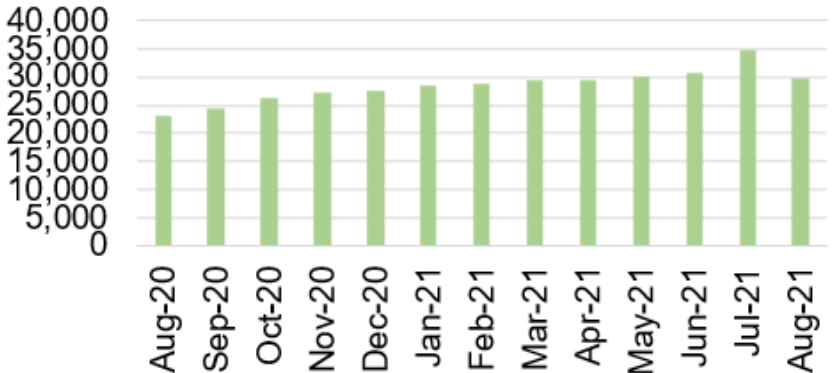
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Theatre Efficiency <i>1. Theatre Utilisation Rates</i> <i>2. % of theatre sessions starting late</i> <i>3. % of theatre sessions finishing early</i> <i>4. % of theatre sessions cancelled at short notice (<28 days)</i> <i>5. % of operations cancelled on the day</i>	<p>In August 2021 the Theatre Utilisation rate was 69%. This is an in-month decrease of 3% and a 31% decrease compared to August 2020.</p>	<p>1. Theatre Utilisation Rates</p>  <table><caption>Theatre Utilisation Rate (SBU HB)</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>Aug-20</td><td>90</td></tr><tr><td>Sep-20</td><td>75</td></tr><tr><td>Oct-20</td><td>75</td></tr><tr><td>Nov-20</td><td>75</td></tr><tr><td>Dec-20</td><td>65</td></tr><tr><td>Jan-21</td><td>65</td></tr><tr><td>Feb-21</td><td>75</td></tr><tr><td>Mar-21</td><td>75</td></tr><tr><td>Apr-21</td><td>80</td></tr><tr><td>May-21</td><td>78</td></tr><tr><td>Jun-21</td><td>78</td></tr><tr><td>Jul-21</td><td>72</td></tr><tr><td>Aug-21</td><td>69</td></tr></tbody></table>	Month	Rate (%)	Aug-20	90	Sep-20	75	Oct-20	75	Nov-20	75	Dec-20	65	Jan-21	65	Feb-21	75	Mar-21	75	Apr-21	80	May-21	78	Jun-21	78	Jul-21	72	Aug-21	69																											
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<p>In August 2021, 46% of theatre sessions finished early. This is an improvement from 48% in July 2021 but is 18% more than in August 2020.</p>	<p>5. % of operations cancelled on the day</p>  <table><caption>% of operations cancelled on the day</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>Aug-20</td><td>60</td></tr><tr><td>Sep-20</td><td>45</td></tr><tr><td>Oct-20</td><td>45</td></tr><tr><td>Nov-20</td><td>35</td></tr><tr><td>Dec-20</td><td>35</td></tr><tr><td>Jan-21</td><td>40</td></tr><tr><td>Feb-21</td><td>45</td></tr><tr><td>Mar-21</td><td>45</td></tr><tr><td>Apr-21</td><td>45</td></tr><tr><td>May-21</td><td>35</td></tr><tr><td>Jun-21</td><td>40</td></tr><tr><td>Jul-21</td><td>40</td></tr><tr><td>Aug-21</td><td>40</td></tr></tbody></table>	Month	Rate (%)	Aug-20	60	Sep-20	45	Oct-20	45	Nov-20	35	Dec-20	35	Jan-21	40	Feb-21	45	Mar-21	45	Apr-21	45	May-21	35	Jun-21	40	Jul-21	40	Aug-21	40																												
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<p>12% of theatre sessions were cancelled at short notice in August 2021 (61 sessions). This is an increase of 6% from July 2021 and is 10% more than in August 2021.</p>																																																									
<p>Of the operations cancelled in August 2021, 40% of them were cancelled on the day. This is a decrease from 41% in July 2021 and a decrease of 19% from August 2020.</p>																																																									

PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In August 2021, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,425 in July 2021 to 5,523 in August 2021.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for August 2021:</p> <ul style="list-style-type: none"> • Endoscopy= 1,959 • Cardiac tests= 1,918 • Cystoscopy= 9 	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <p>— Cardiac tests — Endoscopy — Other diagnostics (inc. radiology)</p>
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In August 2021 there were 186 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in August 2021 are:</p> <ul style="list-style-type: none"> • Speech & Language Therapy= 136 • Physiotherapy = 7 • Podiatry = 35 • Dietetics = 8 	<p>Number of patients waiting longer than 14 weeks for therapies</p> <p>■ Occ Therapy/ LD (MH) ■ Dietetics ■ Occ Therapy (exc. MH) ■ Phsyio ■ Audiology ■ Podiatry ■ Speech & Language</p>

CANCER	
Description	Current Performance
Cancer demand and shape of the waiting list 1. Number of Urgent Suspected Cancer (USC) referrals received 2. Source of suspicion for patients on Single Cancer Pathway (SCP) 3. Volume of patients by stage and adjusted wait-SCP (June 2020) 4. Volume of patients by stage and adjusted wait-SCP (June 2021)	<p>The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020. The shape of the waiting list shows that there is a significant “wave” of patients that are likely to breach in the near future, there is also an increased number of referrals being received in comparison with previous years.</p> <p>Trend</p> <div> <div> <p>1. Number of USC referrals</p> </div> <div> <p>2. Source of suspicion for patients starting cancer treatment</p> </div> <div> <p>3. Volume of patients by stage and adjusted wait (May 2020)-SCP</p> </div> <div> <p>4. Volume of patients by stage and adjusted wait (May 2021)- SCP</p> </div> </div>



CANCER																																																																																																																															
Description	Current Performance	Trend																																																																																																																													
USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>Week to week through June 2021 the percentage of patients seen within 14 days to first appointment ranged between 8% and 15%.</p> <p>*Updated data not available when publishing the report</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of June 2021</p> <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>>31</th><th>Total</th></tr><tr><td>Brain</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Breast</td><td>0</td><td>5</td><td>9</td><td>93</td><td>107</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>5</td><td>11</td><td>21</td><td>79</td><td>126</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>8</td><td>27</td><td>19</td><td>8</td><td>62</td></tr><tr><td>LGI</td><td>1</td><td>1</td><td>1</td><td>31</td><td>34</td></tr><tr><td>Lung</td><td>1</td><td>1</td><td>0</td><td>0</td><td>2</td></tr><tr><td>Other</td><td>4</td><td>2</td><td>1</td><td>1</td><td>8</td></tr><tr><td>Sarcoma</td><td>0</td><td>1</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Skin</td><td>7</td><td>60</td><td>76</td><td>22</td><td>165</td></tr><tr><td>UGI</td><td>1</td><td>2</td><td>1</td><td>3</td><td>7</td></tr><tr><td>Urological</td><td>2</td><td>9</td><td>11</td><td>4</td><td>26</td></tr><tr><td>Total</td><td>29</td><td>119</td><td>149</td><td>241</td><td>538</td></tr></table>		≤10	11-20	21-30	>31	Total	Brain	0	0	0	0	0	Breast	0	5	9	93	107	Children Cancer	0	0	0	0	0	Gynaecological	5	11	21	79	126	Haematological	0	0	0	0	0	Head&Neck	8	27	19	8	62	LGI	1	1	1	31	34	Lung	1	1	0	0	2	Other	4	2	1	1	8	Sarcoma	0	1	0	0	1	Skin	7	60	76	22	165	UGI	1	2	1	3	7	Urological	2	9	11	4	26	Total	29	119	149	241	538																																			
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	<p>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.</p> <table><tr><th>Measure</th><th>Target</th><th>August-21</th></tr><tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>57%</td></tr><tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>91%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>55%</td></tr><tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>95%</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>94%</td></tr><tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>97%</td></tr></table>	Measure	Target	August-21	Scheduled (21 Day Target)	80%	57%	Scheduled (28 Day Target)	100%	91%	Urgent SC (7 Day Target)	80%	55%	Urgent SC (14 Day Target)	100%	95%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	94%	Elective Delay (28 Day Target)	100%	97%	<p>Radiotherapy waiting times</p> <table><caption>Radiotherapy waiting times (Estimated Data)</caption><thead><tr><th>Month</th><th>Scheduled (21 Day Target)</th><th>Scheduled (28 Day Target)</th><th>Urgent SC (7 Day Target)</th><th>Urgent SC (14 Day Target)</th><th>Emergency (within 1 day)</th><th>Emergency (within 2 days)</th></tr></thead><tbody><tr><td>Aug-20</td><td>65%</td><td>85%</td><td>55%</td><td>95%</td><td>100%</td><td>100%</td></tr><tr><td>Sep-20</td><td>55%</td><td>75%</td><td>50%</td><td>90%</td><td>100%</td><td>100%</td></tr><tr><td>Oct-20</td><td>60%</td><td>80%</td><td>45%</td><td>85%</td><td>100%</td><td>100%</td></tr><tr><td>Nov-20</td><td>55%</td><td>75%</td><td>35%</td><td>95%</td><td>100%</td><td>100%</td></tr><tr><td>Dec-20</td><td>70%</td><td>85%</td><td>50%</td><td>90%</td><td>100%</td><td>100%</td></tr><tr><td>Jan-21</td><td>45%</td><td>80%</td><td>50%</td><td>95%</td><td>100%</td><td>100%</td></tr><tr><td>Feb-21</td><td>35%</td><td>75%</td><td>25%</td><td>85%</td><td>100%</td><td>100%</td></tr><tr><td>Mar-21</td><td>35%</td><td>80%</td><td>35%</td><td>80%</td><td>100%</td><td>100%</td></tr><tr><td>Apr-21</td><td>40%</td><td>85%</td><td>40%</td><td>85%</td><td>100%</td><td>100%</td></tr><tr><td>May-21</td><td>40%</td><td>85%</td><td>50%</td><td>80%</td><td>100%</td><td>100%</td></tr><tr><td>Jun-21</td><td>55%</td><td>90%</td><td>45%</td><td>85%</td><td>100%</td><td>100%</td></tr><tr><td>Jul-21</td><td>60%</td><td>95%</td><td>45%</td><td>75%</td><td>100%</td><td>100%</td></tr><tr><td>Aug-21</td><td>57%</td><td>91%</td><td>55%</td><td>95%</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	Scheduled (21 Day Target)	Scheduled (28 Day Target)	Urgent SC (7 Day Target)	Urgent SC (14 Day Target)	Emergency (within 1 day)	Emergency (within 2 days)	Aug-20	65%	85%	55%	95%	100%	100%	Sep-20	55%	75%	50%	90%	100%	100%	Oct-20	60%	80%	45%	85%	100%	100%	Nov-20	55%	75%	35%	95%	100%	100%	Dec-20	70%	85%	50%	90%	100%	100%	Jan-21	45%	80%	50%	95%	100%	100%	Feb-21	35%	75%	25%	85%	100%	100%	Mar-21	35%	80%	35%	80%	100%	100%	Apr-21	40%	85%	40%	85%	100%	100%	May-21	40%	85%	50%	80%	100%	100%	Jun-21	55%	90%	45%	85%	100%	100%	Jul-21	60%	95%	45%	75%	100%	100%	Aug-21	57%	91%	55%	95%	100%	100%
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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 2021, the overall size of the follow-up waiting list decreased by 6,512 patients compared with July 2021 (from 133,903 to 127,391).</p>	<div>1. Total number of patients waiting for a follow-up</div>  <table border="1"><caption>1. Total number of patients waiting for follow-up (SBU HB)</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Aug-20</td><td>120,000</td></tr><tr><td>Sep-20</td><td>120,000</td></tr><tr><td>Oct-20</td><td>120,000</td></tr><tr><td>Nov-20</td><td>120,000</td></tr><tr><td>Dec-20</td><td>120,000</td></tr><tr><td>Jan-21</td><td>120,000</td></tr><tr><td>Feb-21</td><td>120,000</td></tr><tr><td>Mar-21</td><td>120,000</td></tr><tr><td>Apr-21</td><td>120,000</td></tr><tr><td>May-21</td><td>120,000</td></tr><tr><td>Jun-21</td><td>125,000</td></tr><tr><td>Jul-21</td><td>130,000</td></tr><tr><td>Aug-21</td><td>125,000</td></tr></tbody></table> <div>2. Delayed follow-ups: Number of patients waiting 100% over target</div>  <table border="1"><caption>2. Delayed follow-ups: Number of patients waiting 100% over target date (SBU HB)</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Aug-20</td><td>22,000</td></tr><tr><td>Sep-20</td><td>23,000</td></tr><tr><td>Oct-20</td><td>25,000</td></tr><tr><td>Nov-20</td><td>26,000</td></tr><tr><td>Dec-20</td><td>27,000</td></tr><tr><td>Jan-21</td><td>28,000</td></tr><tr><td>Feb-21</td><td>28,000</td></tr><tr><td>Mar-21</td><td>29,000</td></tr><tr><td>Apr-21</td><td>29,000</td></tr><tr><td>May-21</td><td>30,000</td></tr><tr><td>Jun-21</td><td>30,000</td></tr><tr><td>Jul-21</td><td>35,000</td></tr><tr><td>Aug-21</td><td>30,000</td></tr></tbody></table>	Month	Number of patients	Aug-20	120,000	Sep-20	120,000	Oct-20	120,000	Nov-20	120,000	Dec-20	120,000	Jan-21	120,000	Feb-21	120,000	Mar-21	120,000	Apr-21	120,000	May-21	120,000	Jun-21	125,000	Jul-21	130,000	Aug-21	125,000	Month	Number of patients	Aug-20	22,000	Sep-20	23,000	Oct-20	25,000	Nov-20	26,000	Dec-20	27,000	Jan-21	28,000	Feb-21	28,000	Mar-21	29,000	Apr-21	29,000	May-21	30,000	Jun-21	30,000	Jul-21	35,000	Aug-21	30,000
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	<p>In August 2021, there was a total of 54,993 patients waiting for a follow-up past their target date. This is an in-month decrease of 9.3% (from 60,618 in July 2021 to 54,993 in August 2021).</p>																																																									
	<p>Of the 54,993 delayed follow-ups in August 2021, 11,002 had appointment dates and 43,991 were still waiting for an appointment.</p>																																																									
	<p>In addition, 29,770 patients were waiting 100%+ over target date in August 2021. This is a 14.5% decrease when compared with July 2021.</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 2021 was 92% and 2,075 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,106 surveys in August 2021, with a recommended score of 92%. Morrison Hospital completed 642 surveys in August 2021, with a recommended score of 92%. Primary & Community Care completed 245 surveys for August 2021, with a recommended score of 94%. The Mental Health Service Group completed 59 surveys for August 2021, with a recommended score of 93%. 	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p> <p>* Data not available for April 2021. Neath Port Talbot included in Singleton's figures from May 2021</p>

COMPLAINTS														
Description	Current Performance	Trend												
Patient concerns <i>1. Number of formal complaints received</i> <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In July 2021, the Health Board received 139 formal complaints; this is lower than the number seen in June 2021 (159).</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and July 2021 was higher than the pre-COVID levels.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 69% in July 2021, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table><thead><tr><th></th><th>30 day response rate</th></tr></thead><tbody><tr><td>Neath Port Talbot Hospital</td><td>100%</td></tr><tr><td>Morriston Hospital</td><td>76%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>58%</td></tr><tr><td>Primary, Community and Therapies</td><td>54%</td></tr><tr><td>Singleton Hospital</td><td>54%</td></tr></tbody></table>		30 day response rate	Neath Port Talbot Hospital	100%	Morriston Hospital	76%	Mental Health & Learning Disabilities	58%	Primary, Community and Therapies	54%	Singleton Hospital	54%	<p>1. Number of formal complaints received</p> <p>■ MH & LD ■ Morriston Hospital ■ NPT Hospital ■ PCCS ■ Singleton Hospital</p> <p>2. Response rate for concerns within 30 days</p> <p>■ Health Board Total ■ HB Profile</p>
		30 day response rate												
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HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

6.1 Vaccinations and Immunisations

Chart 1: % children who received 3 doses of the hexavalent '6 in 1' vaccine and MenB2 vaccine by age 1

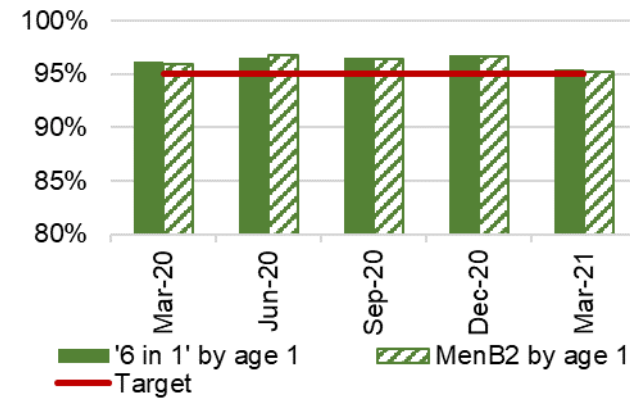


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

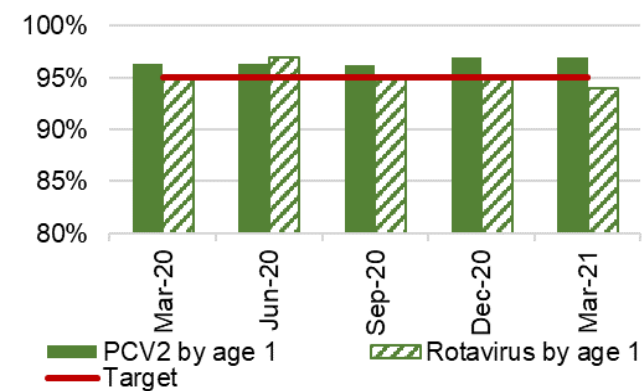


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

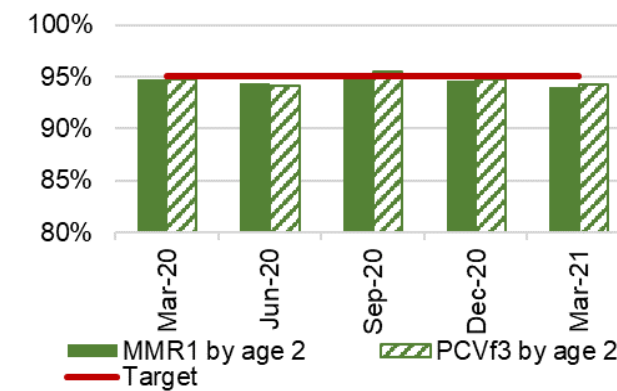


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2



Chart 5: % children who are up to date in schedule by age 4

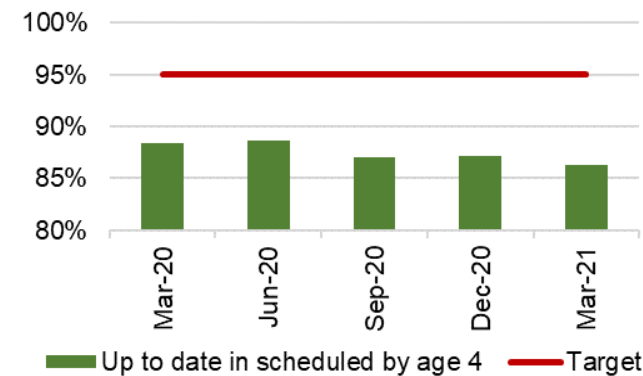


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

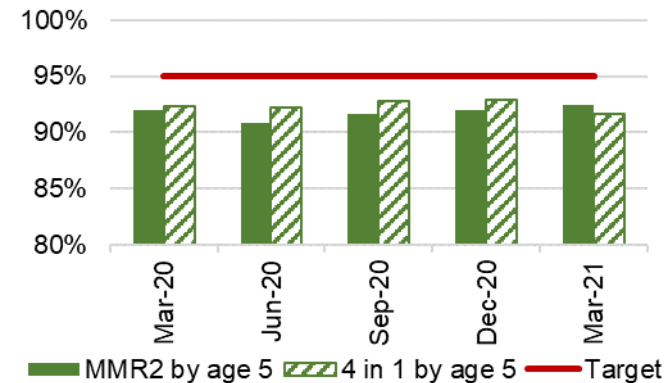


Chart 7: % children who received MMR vaccine and teenage booster by age 16



Chart 8: % children who received MenACWY vaccine by age 16

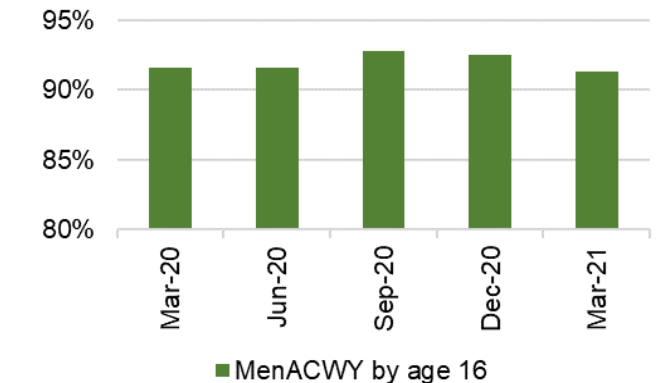
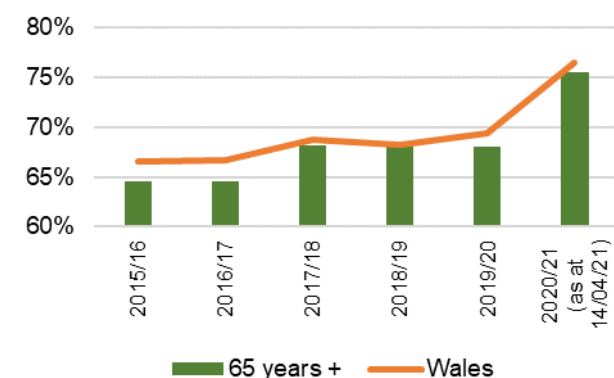
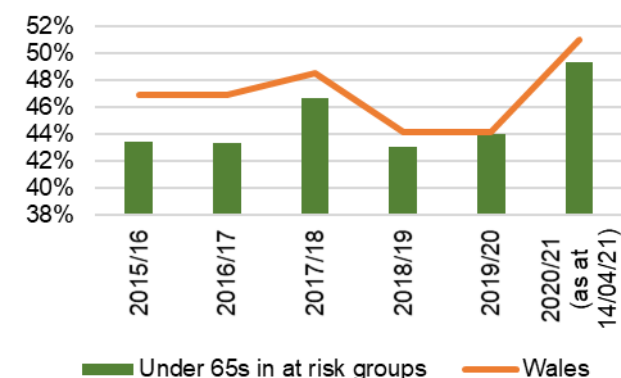


Chart 9: Influenza uptake for amongst 65 year olds and over



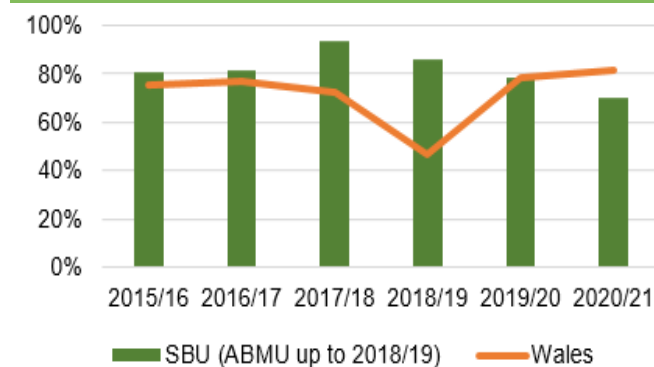
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 10: Influenza uptake for amongst under 65s in risk groups



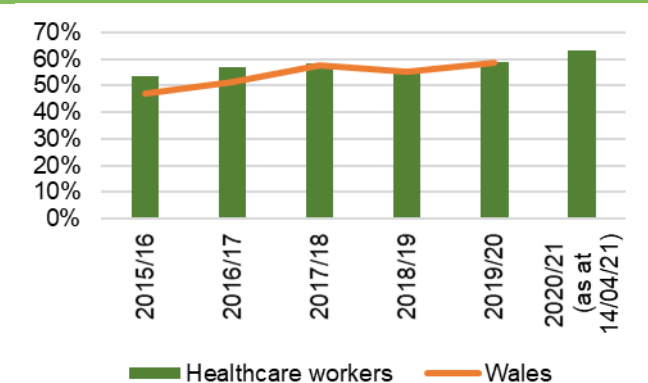
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board.
2020/21 data not available

Chart 12: Influenza uptake for amongst healthcare workers



Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board.
2020/21 all-Wales data not yet available

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

6.2 Mental Health Overview

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

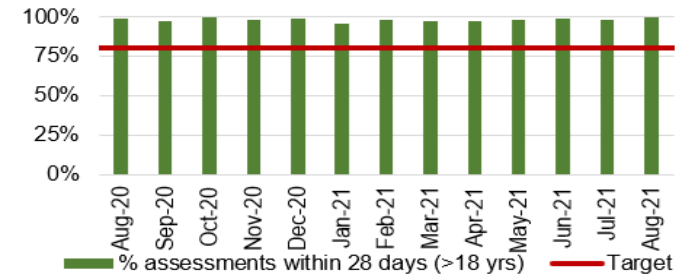


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

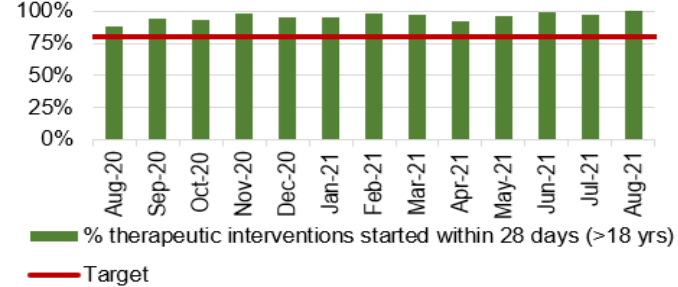


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

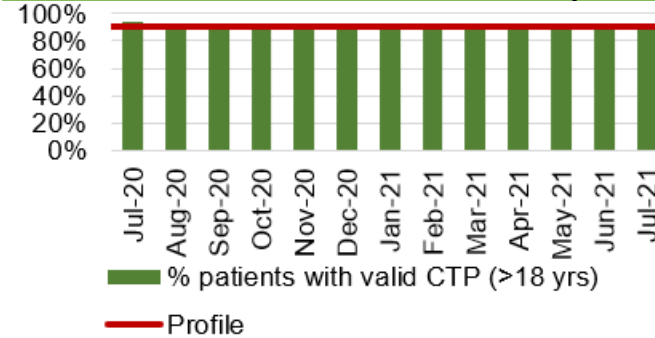


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

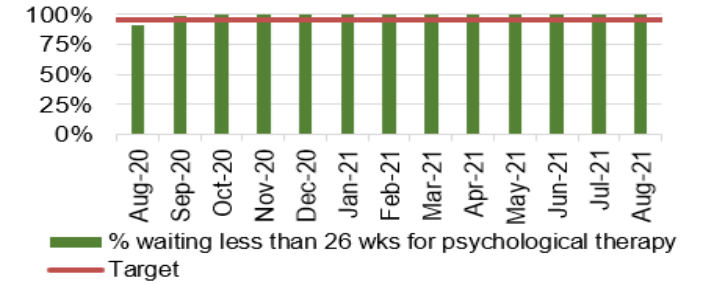


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

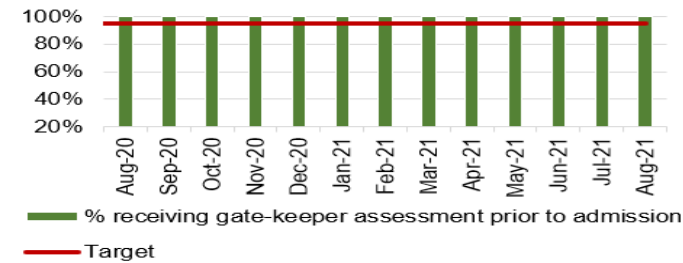


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

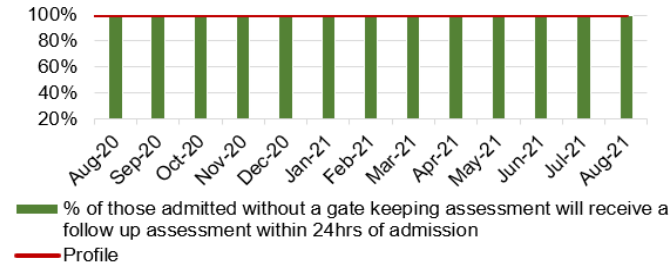


Chart 7: % of patients waiting under 14 weeks for Therapies

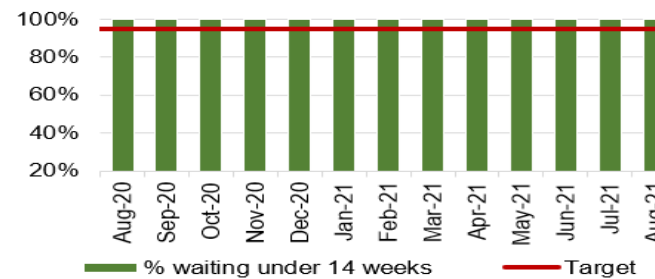


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

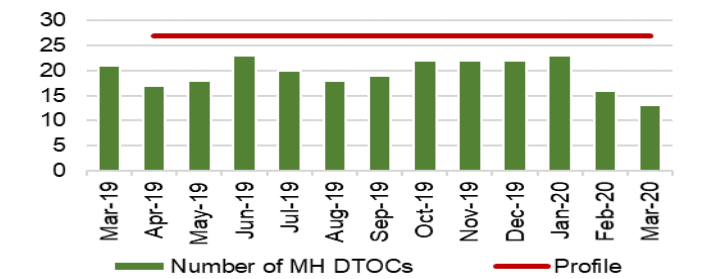


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

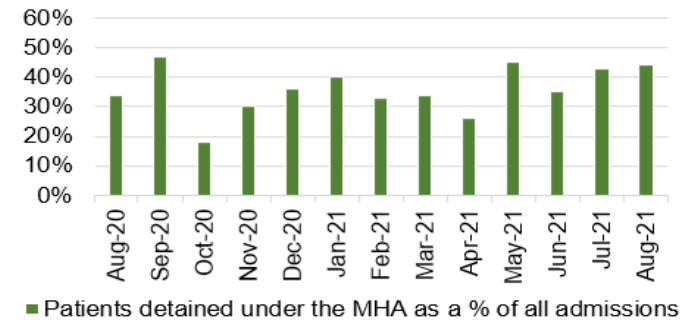


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

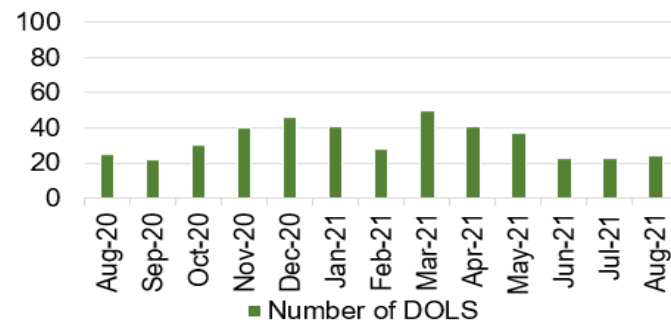


Chart 11: Number of Serious Incidents

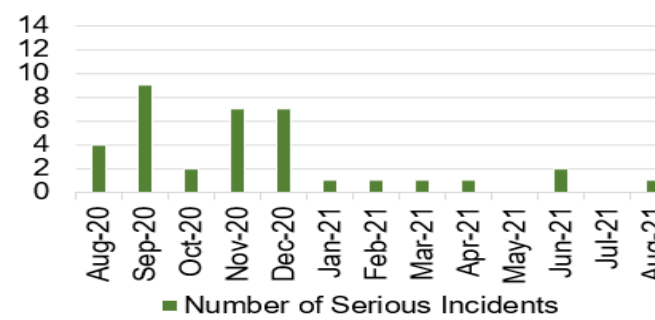
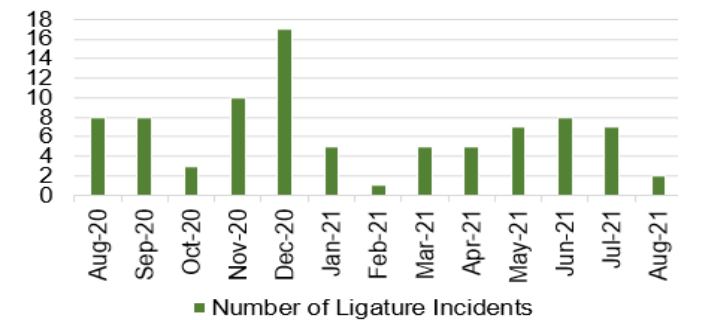


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

Chart 13: Urgent assessments undertaken within 48 hours from receipt of referral

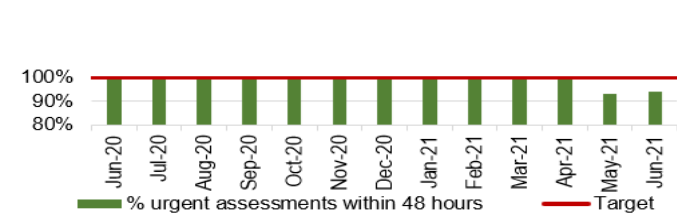


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

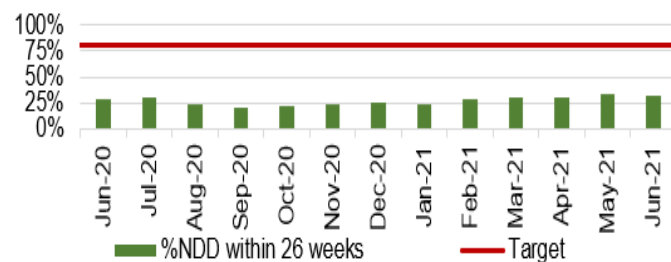


Chart 15: Assessment and intervention within 28 days

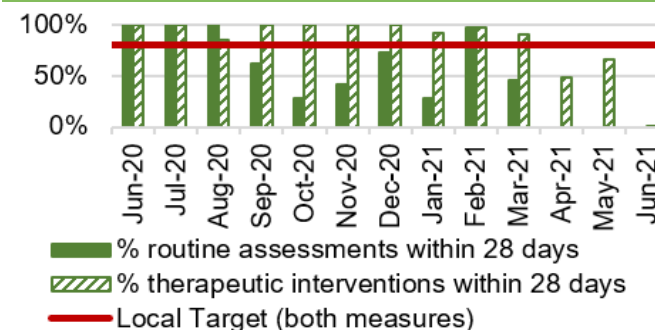
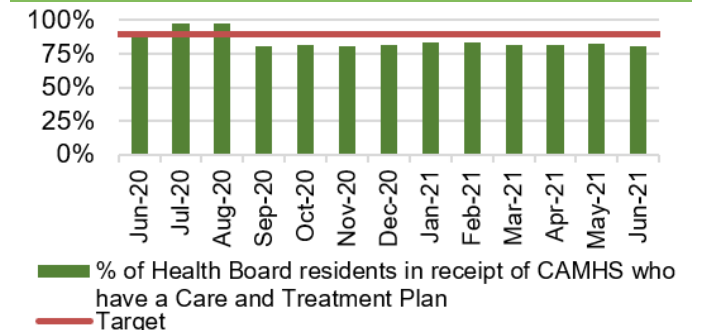


Chart 16: % of residents with a Care and Treatment Plan



6.3 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 2021, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In July 2021, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 97%.</p> <p>3. 88% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in July 2021.</p> <p>4. In July 2021, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jul-20</td><td>100%</td><td>80%</td></tr> <tr><td>Aug-20</td><td>100%</td><td>80%</td></tr> <tr><td>Sep-20</td><td>100%</td><td>80%</td></tr> <tr><td>Oct-20</td><td>100%</td><td>80%</td></tr> <tr><td>Nov-20</td><td>100%</td><td>80%</td></tr> <tr><td>Dec-20</td><td>100%</td><td>80%</td></tr> <tr><td>Jan-21</td><td>100%</td><td>80%</td></tr> <tr><td>Feb-21</td><td>100%</td><td>80%</td></tr> <tr><td>Mar-21</td><td>100%</td><td>80%</td></tr> <tr><td>Apr-21</td><td>100%</td><td>80%</td></tr> <tr><td>May-21</td><td>100%</td><td>80%</td></tr> <tr><td>Jun-21</td><td>100%</td><td>80%</td></tr> <tr><td>Jul-21</td><td>98%</td><td>80%</td></tr> </tbody> </table> <p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <table border="1"> <caption>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jul-20</td><td>100%</td><td>80%</td></tr> <tr><td>Aug-20</td><td>100%</td><td>80%</td></tr> <tr><td>Sep-20</td><td>100%</td><td>80%</td></tr> <tr><td>Oct-20</td><td>100%</td><td>80%</td></tr> <tr><td>Nov-20</td><td>100%</td><td>80%</td></tr> <tr><td>Dec-20</td><td>100%</td><td>80%</td></tr> <tr><td>Jan-21</td><td>100%</td><td>80%</td></tr> <tr><td>Feb-21</td><td>100%</td><td>80%</td></tr> <tr><td>Mar-21</td><td>100%</td><td>80%</td></tr> <tr><td>Apr-21</td><td>100%</td><td>80%</td></tr> <tr><td>May-21</td><td>100%</td><td>80%</td></tr> <tr><td>Jun-21</td><td>100%</td><td>80%</td></tr> <tr><td>Jul-21</td><td>97%</td><td>80%</td></tr> </tbody> </table> <p>3. % residents with a valid Care and Treatment Plan (CTP)</p> <table border="1"> <caption>3. % residents with a valid Care and Treatment Plan (CTP)</caption> <thead> <tr> <th>Month</th> <th>% patients with valid CTP</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jul-20</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-20</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-20</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-20</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-20</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-20</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-21</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-21</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-21</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-21</td><td>90%</td><td>95%</td></tr> <tr><td>May-21</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-21</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-21</td><td>88%</td><td>95%</td></tr> </tbody> </table> <p>4. % waiting less than 26 weeks for Psychology Therapy</p> <table border="1"> <caption>4. % waiting less than 26 weeks for Psychology Therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jul-20</td><td>100%</td><td>95%</td></tr> <tr><td>Aug-20</td><td>100%</td><td>95%</td></tr> <tr><td>Sep-20</td><td>100%</td><td>95%</td></tr> <tr><td>Oct-20</td><td>100%</td><td>95%</td></tr> <tr><td>Nov-20</td><td>100%</td><td>95%</td></tr> <tr><td>Dec-20</td><td>100%</td><td>95%</td></tr> <tr><td>Jan-21</td><td>100%</td><td>95%</td></tr> <tr><td>Feb-21</td><td>100%</td><td>95%</td></tr> <tr><td>Mar-21</td><td>100%</td><td>95%</td></tr> <tr><td>Apr-21</td><td>100%</td><td>95%</td></tr> <tr><td>May-21</td><td>100%</td><td>95%</td></tr> <tr><td>Jun-21</td><td>100%</td><td>95%</td></tr> <tr><td>Jul-21</td><td>100%</td><td>95%</td></tr> </tbody> </table>	Month	% assessments within 28 days (>18 yrs)	Target	Jul-20	100%	80%	Aug-20	100%	80%	Sep-20	100%	80%	Oct-20	100%	80%	Nov-20	100%	80%	Dec-20	100%	80%	Jan-21	100%	80%	Feb-21	100%	80%	Mar-21	100%	80%	Apr-21	100%	80%	May-21	100%	80%	Jun-21	100%	80%	Jul-21	98%	80%	Month	% therapeutic interventions started within 28 days (>18 yrs)	Target	Jul-20	100%	80%	Aug-20	100%	80%	Sep-20	100%	80%	Oct-20	100%	80%	Nov-20	100%	80%	Dec-20	100%	80%	Jan-21	100%	80%	Feb-21	100%	80%	Mar-21	100%	80%	Apr-21	100%	80%	May-21	100%	80%	Jun-21	100%	80%	Jul-21	97%	80%	Month	% patients with valid CTP	Target	Jul-20	95%	95%	Aug-20	95%	95%	Sep-20	95%	95%	Oct-20	95%	95%	Nov-20	95%	95%	Dec-20	95%	95%	Jan-21	95%	95%	Feb-21	95%	95%	Mar-21	95%	95%	Apr-21	90%	95%	May-21	95%	95%	Jun-21	95%	95%	Jul-21	88%	95%	Month	% waiting less than 26 wks for psychological therapy	Target	Jul-20	100%	95%	Aug-20	100%	95%	Sep-20	100%	95%	Oct-20	100%	95%	Nov-20	100%	95%	Dec-20	100%	95%	Jan-21	100%	95%	Feb-21	100%	95%	Mar-21	100%	95%	Apr-21	100%	95%	May-21	100%	95%	Jun-21	100%	95%	Jul-21	100%	95%
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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In July 2021, 79% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 29% of routine assessments were undertaken within 28 days from referral in July 2021 against a target of 80%.</p> <p>3. 100% of therapeutic interventions were started within 28 days following assessment by LPMHSS in July 2021.</p> <p>4. 34% of NDD patients received a diagnostic assessment within 26 weeks in July 2021 against a target of 80%.</p> <p>5. 29% of routine assessments by SCAMHS were undertaken within 28 days in July 2021.</p>	<p>1. Crisis- assessment within 48 hours</p> <p>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p>4. NDD- assessment within 26 weeks</p> <p>5. S-CAMHS % assessments within 28 days</p>

8. FINANCE UPDATES

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

Description	Current Performance	Trend																																							
Revenue Financial Position – expenditure incurred against revenue resource limit	<ul style="list-style-type: none"> The Health Board's annual plan produces a forecast deficit for 2021/22 of £42.077m. This includes £17.672m impact on savings delivery from 2020/21. The £42.077m forecast deficit equates to an expected monthly overspend of £3.506m. The Health Board was advised by WG to anticipate non-recurrent funding to support the 2020/21 savings impact and this reduces the HB forecast to £24.405m, which equates to an expected monthly overspend of £2.034m. This was reflected in the May position. The Health Board has reported a cumulative overspend of £10.185m against a forecast position of £10.169m. 	<p>HEALTH BOARD FINANCIAL PERFORMANCE 2021/22</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Operational Position (£'000)</th> <th>Target Overspend (£'000)</th> </tr> </thead> <tbody> <tr> <td>M1</td> <td>3,541</td> <td>3,506</td> </tr> <tr> <td>M2</td> <td>564</td> <td>3,506</td> </tr> <tr> <td>M3</td> <td>1,976</td> <td>2,034</td> </tr> <tr> <td>M4</td> <td>1,973</td> <td>2,034</td> </tr> <tr> <td>M5</td> <td>2,131</td> <td>2,034</td> </tr> <tr> <td>M6</td> <td>-</td> <td>2,034</td> </tr> <tr> <td>M7</td> <td>-</td> <td>2,034</td> </tr> <tr> <td>M8</td> <td>-</td> <td>2,034</td> </tr> <tr> <td>M9</td> <td>-</td> <td>2,034</td> </tr> <tr> <td>M10</td> <td>-</td> <td>2,034</td> </tr> <tr> <td>M11</td> <td>-</td> <td>2,034</td> </tr> <tr> <td>M12</td> <td>-</td> <td>2,034</td> </tr> </tbody> </table>	Month	Operational Position (£'000)	Target Overspend (£'000)	M1	3,541	3,506	M2	564	3,506	M3	1,976	2,034	M4	1,973	2,034	M5	2,131	2,034	M6	-	2,034	M7	-	2,034	M8	-	2,034	M9	-	2,034	M10	-	2,034	M11	-	2,034	M12	-	2,034
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Description	Current Performance	Trend
Capital Financial Position – expenditure incurred against capital resource limit	<ul style="list-style-type: none"> The forecast outturn capital position for 2021/22 is an overspend of £1.669m. Allocations are anticipated from WG which will balance this position. The reported forecast outturn position assumes that £0.552m of disposal income will be received. 	<p>Capital - Cumulative Performance to Plan</p>
Workforce Spend – workforce expenditure profile	<ul style="list-style-type: none"> The pay budgets are underspent by £2.9m after 5 months. This is after funding has been allocated to support additional costs associated with COVID and also funding of the overtime holiday pay arrears which were paid in August Variable pay shows a significant increase in August, however some £2.8m of the increased overtime relates to the arrears payment of the overtime holiday pay settlement, which has been funded by WG. Variable pay remains high, this reflects operational pressures, increasing sickness levels and recovery actions. The Health Board is incurring around £2.8m of additional pay costs per month related to COVID response and recovery, in addition to the TTP and vaccination costs. 	<p>Variable Pay Expenditure</p>

Description	Current Performance	Trend																																							
<p>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> The Health Board failed to deliver this target in 2020/21, with the target only being met on three of the twelve months. It is positive to note that the target has been met in each month to date this financial year, with a cumulative achievement of 95.799% for the first five months. The main reason for the failure to meet this target is delay in the receipting of goods and services, which prevent invoices being processed for payment and non-compliance with no PO no Pay policy. Whilst performance is positive for non-NHS invoices, the NHS position is less favourable. A workplan to improve the NHS position is being developed as part of the All Wales Accounts Payable group. 	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p> <table border="1"> <caption>PSPP Target Data</caption> <thead> <tr> <th>Month</th> <th>PSPP In Month (%)</th> <th>PSPP Cumulative (%)</th> </tr> </thead> <tbody> <tr> <td>M1</td> <td>95.40</td> <td>95.40</td> </tr> <tr> <td>M2</td> <td>96.80</td> <td>96.20</td> </tr> <tr> <td>M3</td> <td>95.20</td> <td>95.80</td> </tr> <tr> <td>M4</td> <td>95.60</td> <td>95.80</td> </tr> <tr> <td>M5</td> <td>96.80</td> <td>96.00</td> </tr> <tr> <td>M6</td> <td></td> <td></td> </tr> <tr> <td>M7</td> <td></td> <td></td> </tr> <tr> <td>M8</td> <td></td> <td></td> </tr> <tr> <td>M9</td> <td></td> <td></td> </tr> <tr> <td>M10</td> <td></td> <td></td> </tr> <tr> <td>M11</td> <td></td> <td></td> </tr> <tr> <td>M12</td> <td></td> <td></td> </tr> </tbody> </table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	M1	95.40	95.40	M2	96.80	96.20	M3	95.20	95.80	M4	95.60	95.80	M5	96.80	96.00	M6			M7			M8			M9			M10			M11			M12		
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APPENDIX 2: 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	SBU's all-Wales rank	Performance Trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21		
COVID19 related measures	Number of new COVID19 cases	Local	Aug-21	7,177		Reduce					66	787	4,664	5,525	11,976	3,759	1,208	907	406	189	708	1,946	7,177		
	Number of staff referred for Antigen Testing	Local	Aug-21	13,278		Reduce					3,564	4,765	6,460	8,201	10,065	10,749	11,115	11,683	11,957	12,224	12,505	12,872	13,278		
	Number of staff awaiting results of COVID19 test	Local	Aug-21	0		Reduce					0	38 (as at 10/10/20)	21 (as at 06/11/20)	41 (as at 06/12/20)	99 (as at 05/01/21)	78 (as at 07/02/21)	69 (as at 06/03/21)	2 (as at 11/04/21)	0	0	0	0	0		
	Number of COVID19 related incidents	Local	Aug-21	36		Reduce					39	30	87	141	127	84	63	53	74	67	23	24	36		
	Number of COVID19 related serious incidents	Local	Aug-21	0		Reduce					11	1	1	1	0	0	0	0	0	0	0	0	0		
	Number of COVID19 related complaints	Local	Aug-21	6		Reduce					27	30	37	50	83	106	131	98	38	13	16	4	6		
	Number of COVID19 related risks	Local	Aug-21	1		Reduce					8	2	6	7	10	3	3	3	2	2	1	1	1		
	Number of staff self isolated (asymptomatic)	Local	Aug-21	0		Reduce					420	353	329	291	475	218	160	145	84	71	70	71	0		
	Number of staff self isolated (symptomatic)	Local	Aug-21	0		Reduce					36	72	132	294	394	316	156	108	87	71	50	67	0		
% sickness	Local	Aug-21	0		Reduce						3.5%	3.2%	3.5%	4.4%	6.5%	4.0%	2.4%	1.9%	1.9%	1.9%	0.9%	1.9%	1.9%		
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	SBU's all-Wales rank	Performance Trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21		
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	Jun-21	67%	65%	65%	✖	61% (Apr-21)	1st (Apr-21)		72%	69%	66%	67%	54%	67%	70%	73%	72%	62%	67%	64%	59%		
	Number of ambulance handovers over one hour	National	Jun-21	547	0			3,124 (Apr-21)	4th (Apr-21)		163	410	355	500	510	195	219	231	337	477	547	616	726		
	Handover hours lost over 15 minutes	Local	Jun-21	138563%							418	1,100	916	1,474	1,804	455	550	583	877	1,154	1,386	1,937	2,443		
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Jun-21	1	95%			75.7% (Mar-21)	4th (Mar-21)		80.6%	76.4%	77.2%	75.4%	72.6%	77%	71%	77%	75%	73%	72%	75%	75%		
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Jun-21	88000%	0			4,317 (Mar-21)	3rd (Mar-21)		286	537	494	626	776	570	534	457	631	684	880	1,014	1,060		
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-21	70.7%	12 month ↑			82.0% (Feb-21)	5th (Feb-21)		93.9%	89.4%	90.0%	67.9%	68.0%	65.3%	70.7%								
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Feb-21	88.0%	12 month ↑			60% (Feb-21)	2nd (Feb-21)		83.0%	84.0%	84.0%	85.0%	86.0%	87.0%	88.0%								
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	May-21	28%	54.0%			22.6% (Mar-21)	4th out of 6 organisations (Mar-21)		51.4%	50.0%	29.8%	23.7%	7.1%	6.8%	18.2%	20.4%	20.3%	27.5%	28.3%	13.5%	15.4%		
	CT Scan (<1hrs) (local)	Local	May-21	37%							52.8%	62.5%	42.1%	31.7%	22.7%	42.2%	30.6%	40.8%	29.7%	36.5%	29.6%	34.6%	48.7%		
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	May-21	98%	85.3%			87.6% (Mar-21)	1st (Mar-21)		97.2%	97.5%	98.2%	96.7%	95.5%	95.6%	97.2%	100.0%	96.9%	98.1%	100.0%	100.0%	92.3%		
	Thrombolysis door to needle <= 45 mins	Local	May-21	0%	12 month ↑						0.0%	12.5%	11.1%	28.6%	0.0%	12.5%	0.0%	55.6%	25.0%	0.0%	33.3%	28.6%	20.0%		
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	May-21	40%	12 month ↑			46.8% (Mar-21)	3rd (Mar-21)		61.7%	80.1%	86.5%	65.1%	63.4%	65.7%	61.2%	55.9%	47.1%	39.7%	41.9%	45.4%	58.9%		
	% of stroke patients who receive a 6 month follow-up assessment	National	Q3 19/20	49.6%	Qtr on qtr ↑			62.2% (Q3 19/20)	5th out of 6 organisations (Q3 19/20)																
DTOCs	Number of mental health HB DTOCs	National	Mar-20	13	12 month ↓	27	✔				DTOC reporting temporarily suspended														
	Number of non-mental health HB DTOCs	National	Mar-20	60	12 month ↓	50	✖				DTOC reporting temporarily suspended														
	% critical care bed days lost to delayed transfer of care	National	Q1 20/21	26.2%	Quarter on quarter ↓			5.3% (Q1 20/21)	2nd (Q1 20/21)																

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	SBU's all-Wales rank	Performance Trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	May-21	88.9	<67		✗	77.95 (Apr-21)	5th (Apr-21)		62.5	64.0	65.7	63.8	60.7	60.0	59.8	61.9	99.8	88.9	89.4	89.4	90.5
	Number of E.Coli bacteraemia cases (Hospital)			11							8	7	14	5	5	6	6	9	12	11	5	8	9
	Number of E.Coli bacteraemia cases (Community)			15							24	16	11	11	7	12	11	19	20	15	23	15	25
	Total number of E.Coli bacteraemia cases			26							32	23	25	16	12	18	17	28	32	26	28	23	34
	Cumulative cases of S.aureus bacteraemias per 100k pop		May-21	44.5	<20		✗	27.01 (Apr-21)	6th (Apr-21)		28.2	30.7	31.5	32.7	31.7	31.6	31.4	31.6	40.5	44.5	37.0	36.0	35.5
	Number of S.aureus bacteraemias cases (Hospital)			5							5	7	6	7	6	5	7	4	4	5	5	7	8
	Number of S.aureus bacteraemias cases (Community)		May-21	10							7	7	6	6	3	4	2	7	9	10	2	4	4
	Total number of S.aureus bacteraemias cases			15							12	14	12	13	9	9	9	11	13	15	7	11	12
	Cumulative cases of C.difficile per 100k pop		Jul-21	0.0	<26		✗	28.94 (Apr-21)	6th (Apr-21)		50.2	51.2	50.4	48.4	45.7	42.0	41.5	41.1	62.3	49.1	46.2		55.0
	Number of C.difficile cases (Hospital)			16							9	12	12	8	6	3	9	7	15	7	6	16	20
	Number of C.difficile cases (Community)		Jul-21	7.0							14	6	3	2	3	0	2	5	5	5	6	7	2
	Total number of C.difficile cases			23							23	18	15	10	9	3	11	12	20	12	12	23	22
	Cumulative cases of Klebsiella per 100k pop		Jul-21	0.0							22.1	21.0	21.9	23.4	24.9	26.4	25.8	26.2	28.1	21.5	26.7	0.0	22.6
	Number of Klebsiella cases (Hospital)			2							6	3	7	7	8	8	4	1	4	3	5	2	4
	Number of Klebsiella cases (Community)		Jul-21	1.0							4	2	2	4	4	5	2	9	5	2	7	1	4
	Total number of Klebsiella cases			3				38 (Apr-21)	6th (Apr-21)		10	5	9	11	12	13	6	10	9	5	12	3	8
	Cumulative cases of Aeruginosa per 100k pop		Jul-21	0.0							6.7	5.6	5.7	5.8	5.5	5.2	5.1	4.9	9.4	6.1	6.2	0.0	5.5
	Number of Aeruginosa cases (Hospital)			0							0	0	1	1	1	0	0	0	2	0	1	0	1
	Number of Aeruginosa cases (Community)		Jul-21	1.0							3	0	1	1	0	1	1	1	1	1	1	1	1
	Total number of Aeruginosa cases			1				21 (Apr-21)	Joint 3rd (Apr-21)		3	0	2	2	1	1	1	1	3	1	2	1	2
Serious Incidents and risks	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jul-21	95.0%		95%	✓				94%	96%	97%	97%	96%	95%	93%	97%	96%	98%	96%	95%	95%
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Aug-21	0.0%	90%	80%	✗				50%	20%	0%	0%	4%	0%	10%	0%	0%	0%	0%	0%	0%
	Number of new Never Events	National		0.00	0	0	✓				0	0	1	1	0	0	0	0	0	0	1	0	0
	Number of risks with a score greater than 20	Local	Aug-21	31.00		12 month ↓	✗				121	117	130	138	146	148	140	142	40	41	32	30	31
	Number of risks with a score greater than 16	Local	Aug-21	52.00		12 month ↓	✗				210	206	224	224	238	242	233	230	54	58	50	50	52
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Jul-21	58.00		12 month ↓	✗				37	44	59	42	61	51	48	36	59	53	53	58	0
	Number of pressure ulcers developed in the community			33.00		12 month ↓	✓				25	21	34	29	26	25	24	26	31	20	21	33	0
	Total number of pressure ulcers			91.00		12 month ↓	✗				62	65	93	71	87	76	72	62	90	73	74	91	0
	Number of grade 3+ pressure ulcers acquired in hospital			3.00		12 month ↓	✗																

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	SBU's all-Wales rank	Performance Trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	August-21 (draft)	55.0%	12 month ↑			67.1% (Mar-21)	2nd out of 6 organisations (Mar-21)		67.4%	62.4%	65.9%	55.4%	61.0%	67.9%	56.4%	71.6%	65.7%	65.4%	65.4%	66.8%	55.0%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Aug-21	57%	80%		✗				63%	60%	75%	58%	71%	45%	35%	42%	37%	40%	31%	60%	57%
	Scheduled (28 Day Target)	Local	Aug-21	91%	100%		✗				92%	86%	90%	85%	88%	82%	80%	85%	77%	87%	70%	84%	91%
	Urgent SC (7 Day Target)	Local	Aug-21	55%	80%		✗				57%	54%	43%	31%	50%	50%	23%	41%	38%	50%	45%	46%	55%
	Urgent SC (14 Day Target)	Local	Aug-21	95%	100%		✗				91%	92%	86%	100%	85%	94%	91%	90%	83%	86%	87%	77%	95%
	Emergency (within 1 day)	Local	Aug-21	100%	80%		✓				100%	100%	100%	100%	100%	100%	100%	100%	91%	100%	100%	100%	100%
	Emergency (within 2 days)	Local	Aug-21	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	Aug-21	94%	80%		✓				46%	58%	58%	56%	71%	69%	61%	86%	82%	81%	91%	90%	94%
	Elective Delay (28 Day Target)	Local	Aug-21	97%	100%		✗				75%	60%	75%	73%	88%	89%	75%	93%	92%	84%	95%	97%	97%
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Aug-21	5523	0			41,693 (Mar-21)	2nd (Mar-21)		8,070	7,666	6,645	6,610	6,579	6,239	5,087	4,554	4,804	4,842	5,230	5,425	5,523
	Number of patients waiting > 14 weeks for a specified therapy	National	Aug-21	186	0			4,066 (Mar-21)	2nd (Mar-21)		1,518	1,350	1,135	817	708	584	491	369	201	166	171	151	186
	% of patients waiting < 26 weeks for treatment	National	Aug-21	48%	95%			52.5% (Mar-21)	6th (Mar-21)		43.7%	41.0%	44.8%	47.6%	48.0%	47.0%	47.9%	48.8%	49.1%	49.1%	50.7%	47.8%	48.3%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Aug-21	23444	0						20,497	23,069	22,050	21,005	21,179	21,208	21,225	21,750	22,752	23,700	23,279	23,225	23,444
	Number of patients waiting > 36 weeks for treatment	National	Aug-21	35999	0			216,418 (Mar-21)	3rd (Mar-21)		22,494	26,046	31,508	35,387	35,126	33,991	32,719	32,874	33,395	34,447	35,040	35,583	35,999
	The number of patients waiting for a follow-up outpatient appointment	National	Aug-21	127391	HB target TBC			747,782 (Mar-21)	5th (Mar-21)		120,969	120,962	120,968	120,874	119,963	119,999	120,882	121,403	122,303	123,088	127,444	133,903	127,391
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Aug-21	29770	HB target TBC			194,689 (Mar-21)	5th (Mar-21)		23,209	24,472	26,217	27,156	27,641	28,419	28,862	29,316	29,334	30,062	30,550	34,816	29,770
	% of RI ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Aug-21	46%	95%			44.8% (Mar-21)	3rd (Mar-21)		50.3%	47.7%	45.2%	48.4%	47.3%	46.7%	47.4%	47.7%	47.2%		46.7%	46.3%	46.1%
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-21	6.4%	12 month ↓						4.7%	6.4%	6.0%	6.6%	7.7%	7.1%	6.2%	5.6%	5.3%	5.7%	6.5%	6.5%	6.4%
	% of patients who did not attend a follow-up outpatient appointment	Local	Aug-21	7.5%	12 month ↓						6.0%	6.9%	6.5%	7.2%	8.2%	7.1%	6.2%	6.7%	6.1%	6.9%	5.5%	7.5%	7.5%
Theatre Efficiencies	Theatre Utilisation rates	Local	Aug-21	69.0%		90%	✗				90%	75%	75%	74%	59%	65%	73%	75%	80%	78%	77%	72%	69%
	% of theatre sessions starting late	Local	Aug-21	44.0%		<25%	✗				46%	49%	44%	39%	45%	40%	42%	40%	38%	43%	43%	44%	44%
	% of theatre sessions finishing early	Local	Aug-21	46.0%		<20%	✗				28%	39%	38%	50%	47%	44%	44%	48%	41%	45%	43%	48%	46%
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Jan-21	1,200	> 5% annual ↓			5,398 (Jan-21)	6th (Jan-21)		2,281	2,090	1,888	1,677	1,509	1,200							
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMMSG appraisals	National	Q2 20/21	98.8%	100%	100%	✗	98.3% (Q2 20/21)	3rd out of 6 organisations (Q2 20/21)			98.8%											
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q3 20/21	258.8	4 quarter ↓			241.96 (Q3 20/21)	6th (Q3 20/21)			249.9			258.8								
	Patients aged 65 years or over prescribed an antipsychotic	National	Q2 20/21	1,511	Quarter on quarter ↓			10,205 (Q2 20/21)	5th (Q2 20/21)			1,511											
	Number of women of child bearing age prescribed valproate as a % of all women of child bearing age	National	Q2 20/21	0.23%	Quarter on quarter ↓			0.16% (Q2 20/21)	7th (Q2 20/21)			0.23%											
	Opioid average daily quantities per 1,000 patients	National	Q2 20/21	4,369	4 quarter ↓			4,390.4 (Q2 20/21)	3rd (Q2 20/21)			4,369											
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q2 20/21	78.6%	Quarter on quarter ↑			82.6% (Q2 20/21)	4th (Q2 20/21)			78.6%											
Patient experience	Number of friends and family surveys completed	Local	Aug-21	2,075	12 month ↑		✓				625	2,804	1,047	787	584	678	798	1,050		4,590	3,297	1,912	2,075
	% of who would recommend and highly recommend	Local	Aug-21	92%		90%	✗				83%	93%	82%	84%	77%	79%	85%	87%		96%	97%	92%	92%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Aug-21	1		90%	✓				83%	84%	79%	85%	65%	81%	94%	93%		92%	96%	95%	92%
Complaints	Number of new formal complaints received	Local	Jul-21	13900%		12 month trend ↓	✗				74	107	121	103	83	78	94	117	100	115	159	139	0
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Jun-21	0	75%	80%	✓	71.9% (Q3 20/21)	2nd (Q3 20/21)		72%	82%	75%	82%	80%	71%	80%	81%					
	% of acknowledgements sent within 2 working days	Local	Aug-21	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Harm from wider societal actions/lockdown																																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21																
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2019/20	34.2%	Annual ↑			35.3% (2019/20)	5th (2019/20)																														
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 20/21	95.4%	95%			95.3% (Q3 20/21)	1st (Q3 20/21)			96.5%			96.7%			95.4%																					
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 20/21	92.4%	95%			92.1% (Q3 20/21)	3rdh (Q3 20/21)			91.7%			92.0%			92.4%																					
Smoking cessation	% of adult smokers who make a quit attempt via smoking cessation services	National	Q1-Q3 20/21	2.25%	5% annual target			2.39% (Q1-3 20/21)	4th (Q1-3 20/21)			1.66%			2.25%																								
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q3 20/21	308.8	4 quarter ↓			349.6 (Q3 20/21)	2nd (Q3 20/21)			331.7			308.8																								
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q4 20/21	45.5%	4 quarter ↑			67.2% (Q4 20/21)	6th (Q4 20/21)			23.2%			39.5%			45.5%																					
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-21	75.5%	75%			76.5% (Mar-21)	4th (Mar-21)		Data collection restarts October 2020			65.6%	72.4%	74.8%	75.2%	75.4%	75.5%	Data collection restarts October 2021																			
	% uptake of influenza among under 65s in risk groups	National	Mar-21	49.4%	55%			51.07% (Mar-21)	5th (Mar-21)					34.4%	42.8%	47.2%	48.7%	49.4%	49.4%																				
	% uptake of influenza among pregnant women	National	2019/20	78.2%	75%			78.5% (2019/20)	5th out of 10 organisations (2019/20)					Data not available																									
	% uptake of influenza among children 2 to 3 years old	Local	Mar-21	53.4%	50%			56.3% (Mar-21)	5th (Mar-21)					35.7%	48.8%	52.5%	53.2%	53.4%	53.4%																				
	% uptake of influenza among healthcare workers	National	Mar-21	63.4%	60%			58.7% (2019/20)	7th out of 10 organisations (2019/20)					56.2%	62.9%	63.0%	63.4%	63.4%	63.4%																				
Screening services	Uptake of screening for bowel cancer	National	2018/19	57.0%	60%			57.3% (2018/19)	4th (2018/19)																														
	Uptake of screening for breast cancer	National	2018/19	73.6%	70%			72.8% (2018/19)	2nd (2018/19)																														
	Uptake of screening for cervical cancer	National	2018/19	72.1%	80%			73.2% (2018/19)	5th (2018/19)																														
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jul-21	79%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%		94%	79%																	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jul-21	34%	80%	80%	✗	32.2% (Mar-21)	5th (Mar-21)		24%	21%	22%	24%	26%	24%	28%	30%	30%		32%	34%																	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Jul-21	41%	80%	80%	✗	75.8% (Mar-21)	3rd (Mar-21)		100%	98%	90%	88%	61%	53%	66%	63%	60%		58%	41%																	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Jul-21	29%		80%	✗	62.3% (Mar-21)	4th (Mar-21)		100%	62%	29%	41%	73%	29%	97%	46%	0%		0%	29%																	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Jul-21	100%		80%	✗	80.5% (Mar-21)	3rd (Mar-21)		86%	100%	100%	100%	100%	93%	97%	91%	43%		1%	100%																	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jul-21	29%		80%	✗				100%	98%	79%	62%	58%	60%	56%	53%	48%		44%	29%																	
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Jul-21	81%		90%	✗	84.6% (Mar-21)	5th (Mar-21)		98%	81%	82%	81%	82%	83%	84%	82%	82%		81%	81%																	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Jul-21	98%	80%	80%	✓	73.9% (Mar-21)	1st (Mar-21)		99%	97%	99.5%	98%	99%	96%	98%	97%	97%		99%	98%																	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jul-21	97%	80%	80%	✓	81.0% (Mar-21)	2nd (Mar-21)		88%	94%	93%	98%	95%	95%	98%	97%	92%		99%	97%																	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jul-21	100%	95%	95%	✓	61.3% (Mar-21)	1st (Mar-21)		91%	99%	99.7%	100%	100%	100%	100%	100%	100%		100%	100%																	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jul-21	88%	90%	90%	✓	85.3% (Mar-21)	2nd (Mar-21)		92%	90%	91%	91%	89%	91%	91%	91%	91%		88%	88%																	
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years)	National	2019/20	3.29	Annual ↓			3.97 (2019/20)	4th (2019/20)																														
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)																														