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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24th August 2021	Agenda Item	4.2
Report Title	Quality & Safety 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 2020/21 NHS Wales Delivery Framework.		
Key Issues	<p>The Quality and Safety Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the 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. 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>		

	<p>Key high level issues to highlight this month are as follows:</p> <p>2021/22 Delivery Framework</p> <p>COVID19- The number of new cases of COVID19 has seen an increase in July 2021, with 1,946 new cases being reported in-month. However, the occupancy rate of confirmed COVID patients in general medical and critical care beds remains at its lowest rate recorded since the start of the pandemic in March 2020.</p> <p>Unscheduled Care- Demand for emergency department care within Swansea Bay University (SBU) Health Board significantly increased in July 2021 with A&E attendances now similar to those seen pre-Covid. This increase in demand was reflected in a deterioration in the 4 and 12 hour A&E targets as well as ambulance handovers.</p> <p>Planned Care- July 2021 saw a slight in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment, however the number waiting over 36 weeks for treatment has increased further. The waiting list for stage 1 patients continues to increase, however July 2021 saw a reduction in the number of referrals received by secondary care. Therapy waiting times have significantly reduced since July 2020 and the number of patients waiting over decreased further in July 2021 with some therapy services maintaining a nil breach position (i.e. Occupational Therapy and Dietetics).</p> <p>Cancer- July 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 July 2021 and is now similar to the monthly position that was seen in quarters 2 and 3 for 2020/21. June's figures are in the process of being validated at the time of writing this report.</p> <p>Mental Health- performance against the Mental Health Measures continues to be maintained. All targets were achieved in June 2021. Psychological therapies within 26 weeks continue to be maintained at 100%.</p> <p>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 94% against the 100% target. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, however performance continues to increase slowly, achieving 32% in June 2021 against a target of 80%.</p> <p>Serious Incidents closures- Performance against the 80% target was 0% in June 2021 as none of the three closure forms due to be</p>
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	<p>submitted to Welsh Government were submitted on time. Final July 2021 data is yet to be finalised for this report.</p> <p>Patient Experience- A new feedback system was introduced in March 2021, which has resulted in no data being reported for April 2021 as the system, was not fully operational until the end of April 2021. July 2021 data is included in this report.</p>			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. 			

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

In 2021/22 a Single Outcomes Framework for Health and Social 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		
<p>At this stage in the financial year there are no direct impacts on the Health Board’s financial bottom line resulting from the performance reported herein.</p>		
Legal Implications (including equality and diversity assessment)		
<p>A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.</p>		
Staffing Implications		
<p>A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.</p>		

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <ul style="list-style-type: none"> • 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 measurable 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 Groups leads are key in identifying performance issues and identifying actions to take forward. 	
Report History	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in June 2021. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report



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Appendix 1- Quality & Safety Performance Report

August 2021



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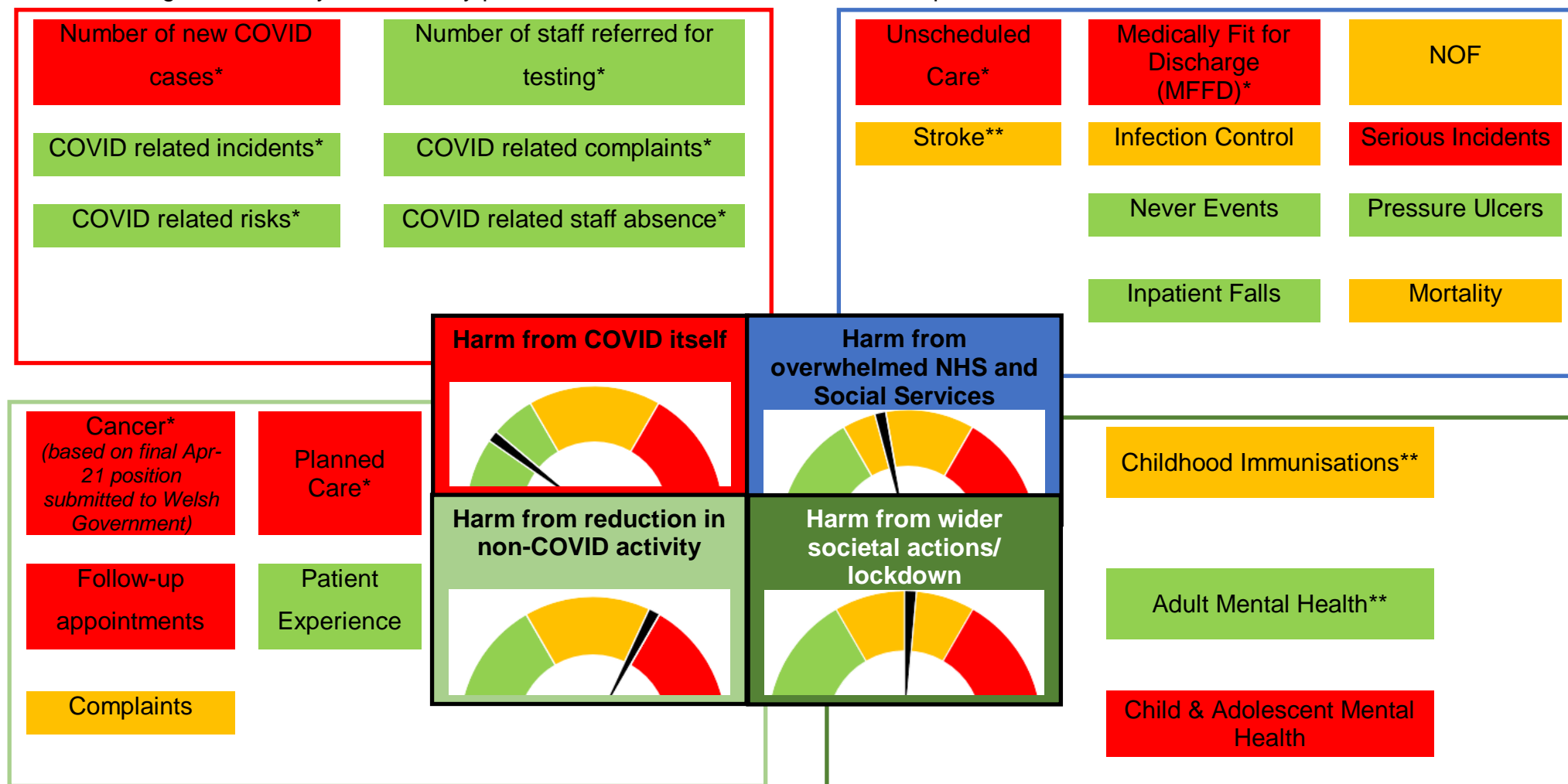
1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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

- Q&S report detail is reduced to reflect data capture currently available.
- Performance against the Mental Health Measures continues to be maintained. The majority of targets were achieved in June 2021. Psychological therapies within 26 weeks continue to be maintained at 100%. Access times for routine CAMHS still continue to not meet the required targets, with crisis performance deteriorating to 94% against the 100% target.
- Demand for emergency department care within Swansea Bay University (SBU) Health Board significantly increased in July 2021 with A&E attendances now similar to those at pre-Covid levels. This increase in demand was reflected in a deterioration in the 4 and 12 hour A&E targets as well as ambulance handovers.
- Planned care system is still challenging and July 2021 saw a slight in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment, however those waiting over 36 weeks for treatment has seen a continued increase. The waiting list for stage 1 patients continues to increase, however July saw a reduction in the number of referrals received by secondary care. Therapy waiting times have significantly increased since March 2020 and the number of patients waiting over target decreased in July 2021 with some therapy services maintaining a nil breach position (i.e. Occupational Therapy and Dietetics).
- July 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 July 2021 and is now similar to the monthly position that was seen in quarters 2 and 3 for 2020/21. July's figures are in the process of being validated at the time of writing this report
- Concern response performance did not achieve the national target of 75% in July 2021, and achieve 68% compliance. The number of formal complaints received in July 2021, remained the same as those received in June 2021 (159).
- The number of Friends & Family surveys completed decreased significantly in July 2021 and the overall recommendation rate was 92% against an internal target of 90%.
- Serious Incident (SI) numbers have remained consistent.
- There were no new Never events reported for July 2021.
- Fractured neck of femur performance in June 2021 continues to be broadly at Welsh National levels (see detail below) and showing an improved position compared with March 2020 2019 for most indicators.

2. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

** Data not available

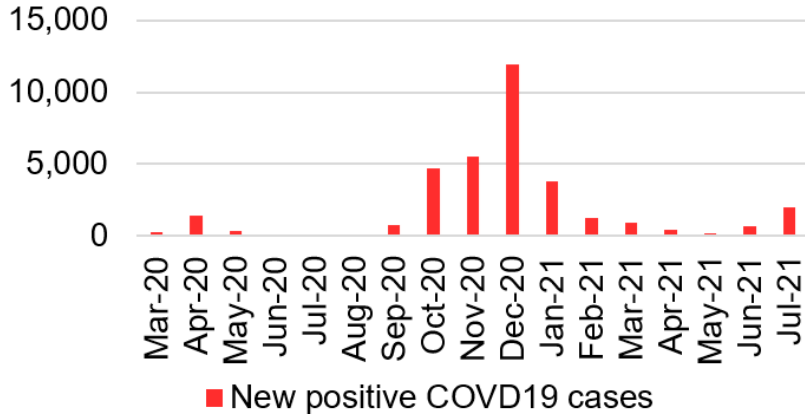
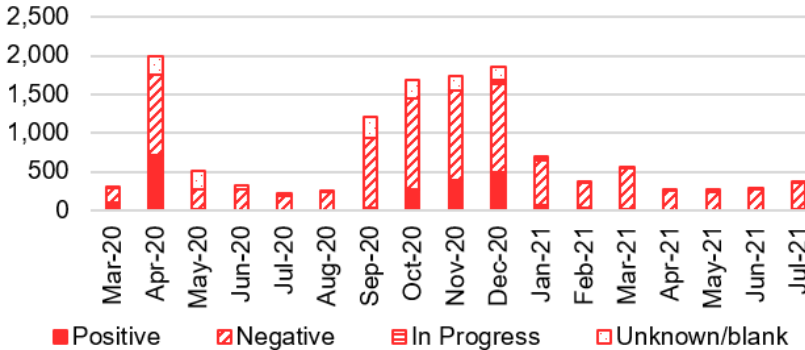
*RAG status based on in-month movement in the absence of local profiles

2. HARM QUADRANT- HARM FROM COVID ITSELF

3.1 Overview

		Harm quadrant- Harm from Covid itself																
Measure	Locality	National/ Local Target	Internal profile	Trend	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Number of new COVID19 cases*	HB Total				57	53	66	787	4,664	5,525	11,976	3,759	1,208	907	406	189	708	1,946
Number of staff referred for Antigen Testing	HB Total				317	227	235	1,201	1,695	1,741	1,864	684	366	568	274	267	281	367
Number of staff awaiting results of COVID19 test*	HB Total				16	1	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
Number of COVID19 related incidents*	HB Total				40	26	39	30	87	141	127	84	63	53	74	67	23	0
Number of COVID19 related serious incidents*	HB Total				2	0	11	1	1	1	0	0	0	0	0	0	0	0
Number of COVID19 related complaints*	HB Total				39	58	27	30	37	50	83	106	131	98	38	13	16	0
Number of COVID19 related risks*	HB Total				19	5	8	2	6	7	10	3	3	3	2	2	1	0
Number of staff self isolated (asymptomatic)*	Medical				27	29	24	34	17	36	55	7	2	3	2	1	3	7
	Nursing Registered				145	133	142	149	106	93	152	61	40	32	28	18	21	19
	Nursing Non Registered				112	97	96	77	95	56	81	57	33	36	25	20	18	24
Number of staff self isolated (symptomatic)*	Other				190	163	158	93	111	106	187	93	85	75	29	22	28	21
	Medical				7	2	0	8	17	41	34	16	5	1	1	1	2	3
	Nursing Registered				56	23	14	25	44	97	145	112	52	44	39	33	23	28
% sickness*	Nursing Non Registered				37	18	9	8	25	77	68	88	49	29	24	20	18	18
	Other				41	27	13	31	46	79	147	100	50	34	23	17	7	18
	Medical				3.0%	2.8%	2.5%	4.0%	3.2%	7.3%	8.3%	2.2%	0.7%	0.4%	0.3%	0.2%	0.5%	0.9%
% sickness*	Nursing Registered				5.1%	4.0%	4.0%	4.4%	3.8%	4.7%	7.4%	4.3%	2.3%	1.9%	1.6%	1.2%	1.1%	1.4%
	Nursing Non Registered				7.2%	5.5%	5.2%	4.2%	6.0%	6.5%	7.3%	7.0%	3.9%	3.1%	2.4%	1.9%	1.8%	1.8%
	Other				3.6%	2.9%	2.7%	2.0%	2.5%	3.0%	5.4%	3.1%	2.2%	1.7%	0.8%	0.6%	0.6%	0.7%
	All				4.5%	3.6%	3.5%	3.2%	3.5%	4.4%	6.5%	4.0%	2.4%	1.9%	1.3%	1.0%	0.9%	1.1%

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 July 2021, there were an additional 1,946 positive cases recorded bringing the cumulative total to 34,173 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>2. Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and July 2021 is 12,872 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.

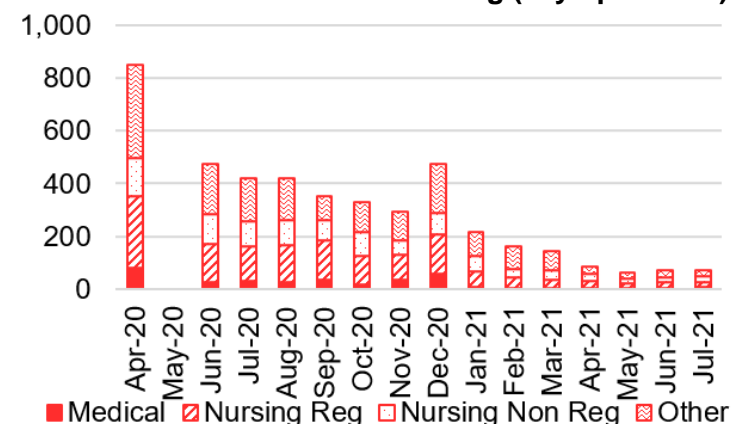
1. & 2. Number of staff self-isolating (asymptomatic and symptomatic)

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.

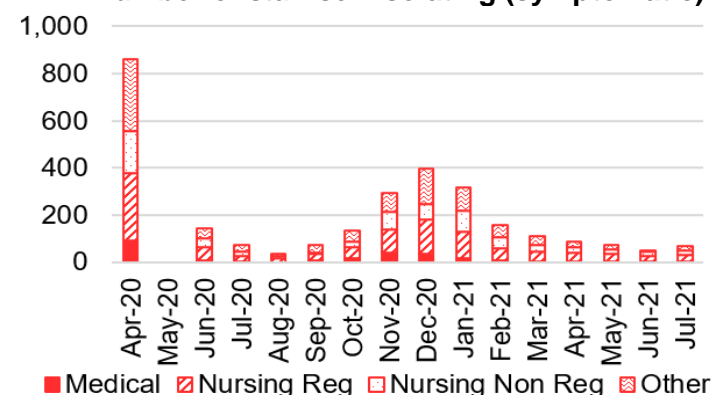
3. % Staff sickness

The percentage of staff sickness absence due to COVID19 has slightly increased from 0.9% in June 2021 to 1.26% in July 2021.

1. Number of staff self isolating (asymptomatic)



2. Number of staff self isolating (symptomatic)



3. % staff sickness

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Medical	14.9%	4.0%	3.0%	2.8%	2.5%	4.0%	3.2%	7.3%	8.3%	2.2%	0.7%	0.4%	0.3%	0.2%	0.5%
Nursing Reg	14.2%	7.0%	5.1%	4.0%	4.0%	4.4%	3.8%	4.7%	7.4%	4.3%	2.3%	1.9%	1.6%	1.2%	1.1%
Nursing Non Reg	16.6%	8.0%	7.2%	5.5%	5.2%	4.2%	6.0%	6.5%	7.3%	7.0%	3.9%	3.1%	2.4%	1.9%	1.8%
Other	11.0%	5.0%	3.6%	2.9%	2.7%	2.0%	2.5%	3.0%	5.4%	3.1%	2.2%	1.7%	0.8%	0.6%	0.6%
All	13.2%	6.0%	4.5%	3.6%	3.5%	3.2%	3.5%	4.4%	6.5%	4.0%	2.4%	1.9%	1.3%	1.0%	0.9%




















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

4.1 Overview

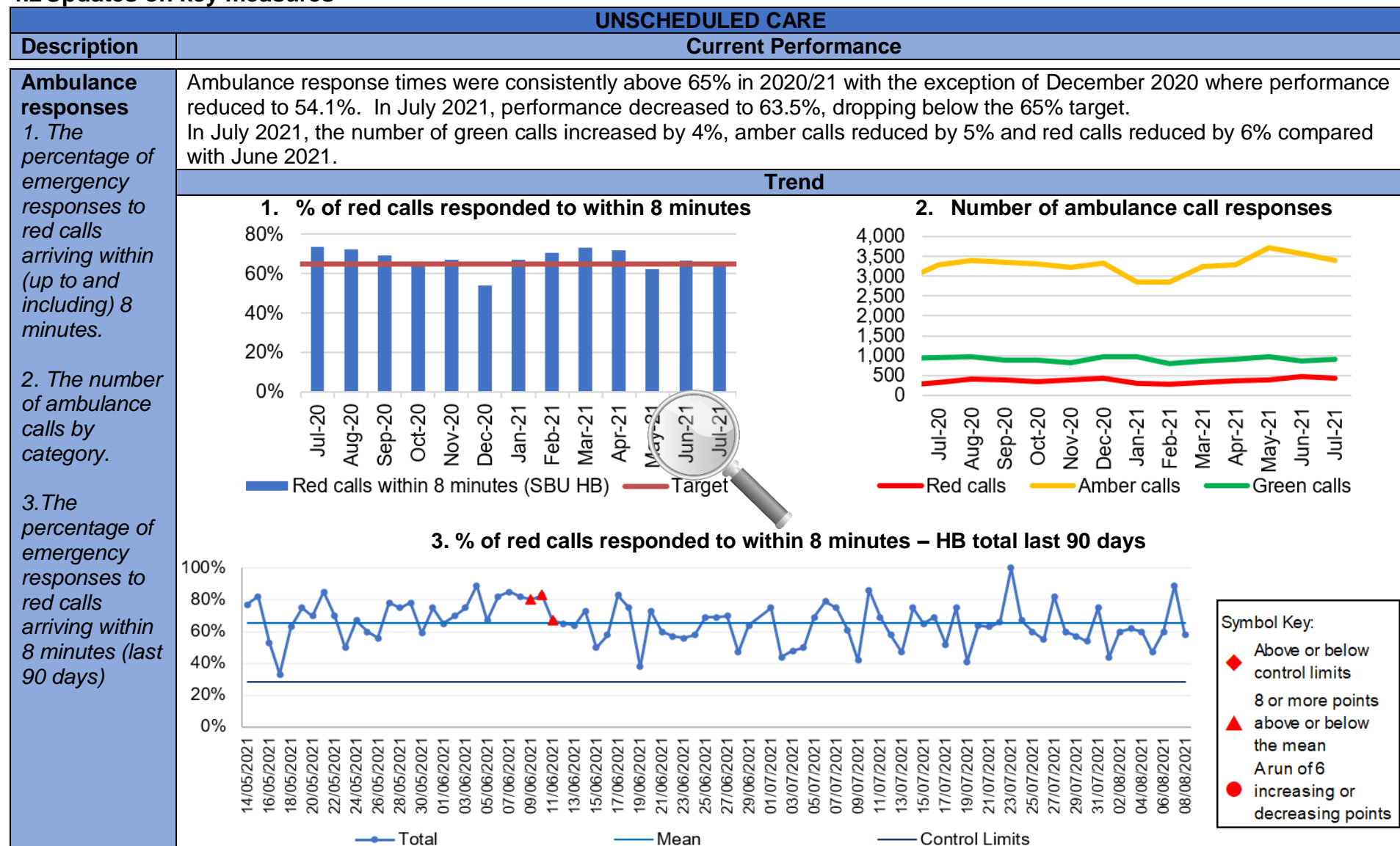
		Unscheduled Care																
Measure	Locality	National/ Local Target	Internal profile	Trend	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
					Unscheduled Care													
Number of ambulance handovers over one hour*	Morrison	0			45	116	160	401	340	484	499	187	215	225	332	462	528	607
	Singleton				2	4	3	9	15	16	11	8	4	6	5	15	19	9
	Total				47	120	163	410	355	500	510	195	219	231	337	477	547	616
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	Morrison	95%			82.3%	71.8%	72.6%	66.8%	68.4%	65.4%	62.7%	68.2%	61.0%	67.7%	62.8%	61.7%	59.0%	61.5%
	NPTH				99.4%	99.8%	99.4%	97.5%	99.8%	99.5%	99.0%	99.6%	99.7%	98.5%	99.2%	99.0%	97.7%	97.8%
	Total				87.7%	80.1%	80.6%	76.4%	77.2%	75.4%	72.6%	76.8%	71.3%	76.9%	74.9%	73.4%	72.4%	74.7%
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morrison	0			81	223	286	536	493	626	775	570	534	457	630	684	879	1,013
	NPTH				0	0	0	1	1	0	1	0	0	0	1	0	1	1
	Total				81	223	286	537	494	626	776	570	534	457	631	684	880	1,014
					Stroke													
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			52.7%	57.4%	51.4%	50.0%	29.8%	23.7%	7.1%	6.8%	18.2%	20.4%	20.3%	27.5%	28.3%	13.5%
	Total	(UK SNAP average)			52.7%	57.4%	51.4%	50.0%	29.8%	23.7%	7.1%	6.8%	18.2%	20.4%	20.3%	27.5%	28.3%	13.5%
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			49.1%	48.2%	52.8%	62.5%	42.1%	31.7%	22.7%	42.2%	30.6%	40.8%	29.7%	36.5%	29.6%	34.6%
	Total	(UK SNAP average)			49.1%	48.2%	52.8%	62.5%	42.1%	31.7%	22.7%	42.2%	30.6%	40.8%	29.7%	36.5%	29.6%	34.6%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			100.0%	94.6%	97.2%	97.5%	98.2%	96.7%	95.5%	95.6%	97.2%	100.0%	96.9%	98.1%	100.0%	100.0%
	Total	(UK SNAP average)			100.0%	94.6%	97.2%	97.5%	98.2%	96.7%	95.5%	95.6%	97.2%	100.0%	96.9%	98.1%	100.0%	100.0%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month			30.0%	25.0%	0.0%	12.5%	11.1%	28.6%	0.0%	12.5%	0.0%	55.6%	25.0%	0.0%	33.3%	28.6%
	Total	improvement trend			30.0%	25.0%	0.0%	12.5%	11.1%	28.6%	0.0%	12.5%	0.0%	55.6%	25.0%	0.0%	33.3%	28.6%
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month			30.7%	44.3%	61.7%	80.1%	86.5%	65.1%	63.4%	65.7%	61.2%	55.9%	47.1%	39.7%	41.9%	45.4%
					Fractured Neck of Femur (NOF)													
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			82.0%	82.8%	83.6%	84.4%	84.4%	84.7%	86.0%	86.8%	87.6%	88.3%	89.7%	90.7%	91.0%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			54.2%	53.7%	53.3%	51.7%	51.0%	51.8%	54.1%	55.5%	56.3%	56.2%	56.6%	57.2%	60.0%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			69.8%	70.0%	70.3%	70.2%	70.1%	69.6%	68.5%	70.3%	71.2%	70.5%	70.4%	70.1%	71.0%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			74.5%	75.9%	75.6%	75.6%	76.3%	76.0%	74.3%	74.1%	74.1%	74.6%	75.4%	75.9%	76.0%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			60.8%	64.1%	66.7%	68.9%	70.5%	71.1%	73.5%	74.4%	75.2%	75.3%	75.4%	75.9%	76.0%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			75.5%	77.2%	78.0%	77.3%	76.2%	75.9%	75.6%	73.7%	74.3%	70.7%	70.2%			
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month			8.2%	8.2%	7.6%	7.3%	7.7%	7.6%	8.4%	7.5%						
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month			95.5%	93.5%	93.9%	89.4%	90.0%	67.9%	68.0%	65.3%	70.7%					

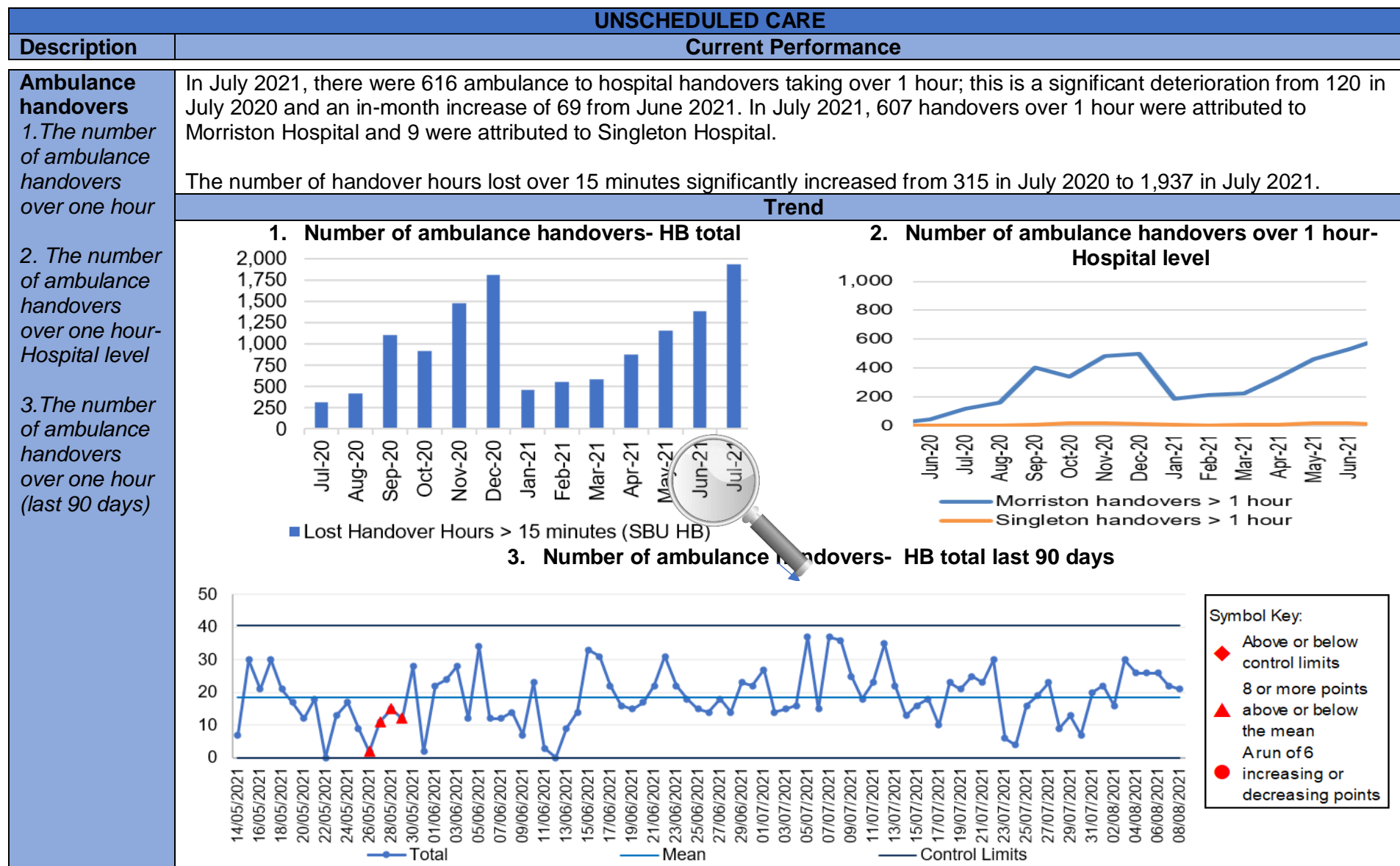
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Healthcare Acquired Infections																		
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	12		14	17	24	16	11	11	7	12	11	19	20	15	23	15
	PCCS Hospital		0		0	0	0	1	0	0	0	0	0	0	0	1	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		3		1	5	5	2	9	2	2	3	3	5	5	8	2	3
	NPTH		2		1	0	2	2	2	1	0	1	0	1	2	2	1	3
	Singleton		2		1	3	1	2	3	2	3	2	3	3	5	0	2	2
	Total		19		17	25	32	23	25	16	12	18	17	28	32	26	28	23
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	5		8	3	7	7	6	6	3	4	2	7	9	10	2	4
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		2		3	2	4	5	4	3	1	5	4	2	2	1	3	3
	NPTH		0		0	0	0	0	0	1	1	0	0	0	0	0	0	0
	Singleton		1		1	1	1	2	2	3	4	0	3	2	2	4	2	4
	Total		8		12	6	12	14	12	13	9	9	9	11	13	15	7	11
Number of C.difficile cases	PCCS Community	12 month reduction trend	4		6	4	14	6	3	2	3	0	2	5	5	5	6	7
	PCCS Hospital		0		1	0	1	1	0	0	0	0	0	0	0	0	0	1
	MH&LD		0		0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Morriston		6		8	6	5	7	6	5	5	0	5	3	10	5	3	7
	NPTH		1		1	0	1	2	2	1	0	1	2	1	1	1	1	0
	Singleton		2		4	1	2	2	3	2	1	2	2	3	4	1	2	8
	Total		13		20	11	23	18	15	10	9	3	11	12	20	12	12	23
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		5	2	4	2	2	4	4	5	2	9	5	2	7	1
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		2		0	2	6	3	5	6	4	7	2	0	3	2	1	2
	NPTH		0		2	0	0	0	1	0	2	0	1	0	1	0	0	0
	Singleton		1		1	1	0	0	1	1	2	1	1	1	0	1	4	0
	Total		6		9	5	10	5	9	11	12	13	6	10	9	5	12	3
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	2		0	1	3	0	1	1	0	1	1	1	1	1	1	1
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		1		0	0	0	0	1	1	1	0	0	0	2	0	1	0
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton		1		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total		4		0	1	3	0	2	2	1	1	1	1	3	1	2	1
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.3%	98.3%	96.0%	94.9%
	MH&LD			97.9%	98.3%	96.8%	97.6%	98.1%	96.1%	96.8%	98.7%	97.4%	96.7%	98.1%	99.6%	98.3%	95.9%	
	Morriston			96.6%	96.2%	97.2%	95.4%	99.3%	98.7%	96.8%	95.0%	92.8%	96.3%	95.8%	99.2%	94.5%	93.8%	
	NPTH			100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	95.7%	100.0%	100.0%	100.0%	100.0%	90.0%	95.0%	93.3%	
	Singleton			98.9%	99.7%	84.3%	95.0%	94.2%	98.7%	96.0%	90.0%	88.5%	95.5%	100.0%	-	100.0%	100.0%	
	Total			97.9%	98.1%	93.7%	96.2%	97.2%	97.3%	96.2%	95.1%	92.8%	97.0%	95.0%	95.0%	95.0%	95.0%	

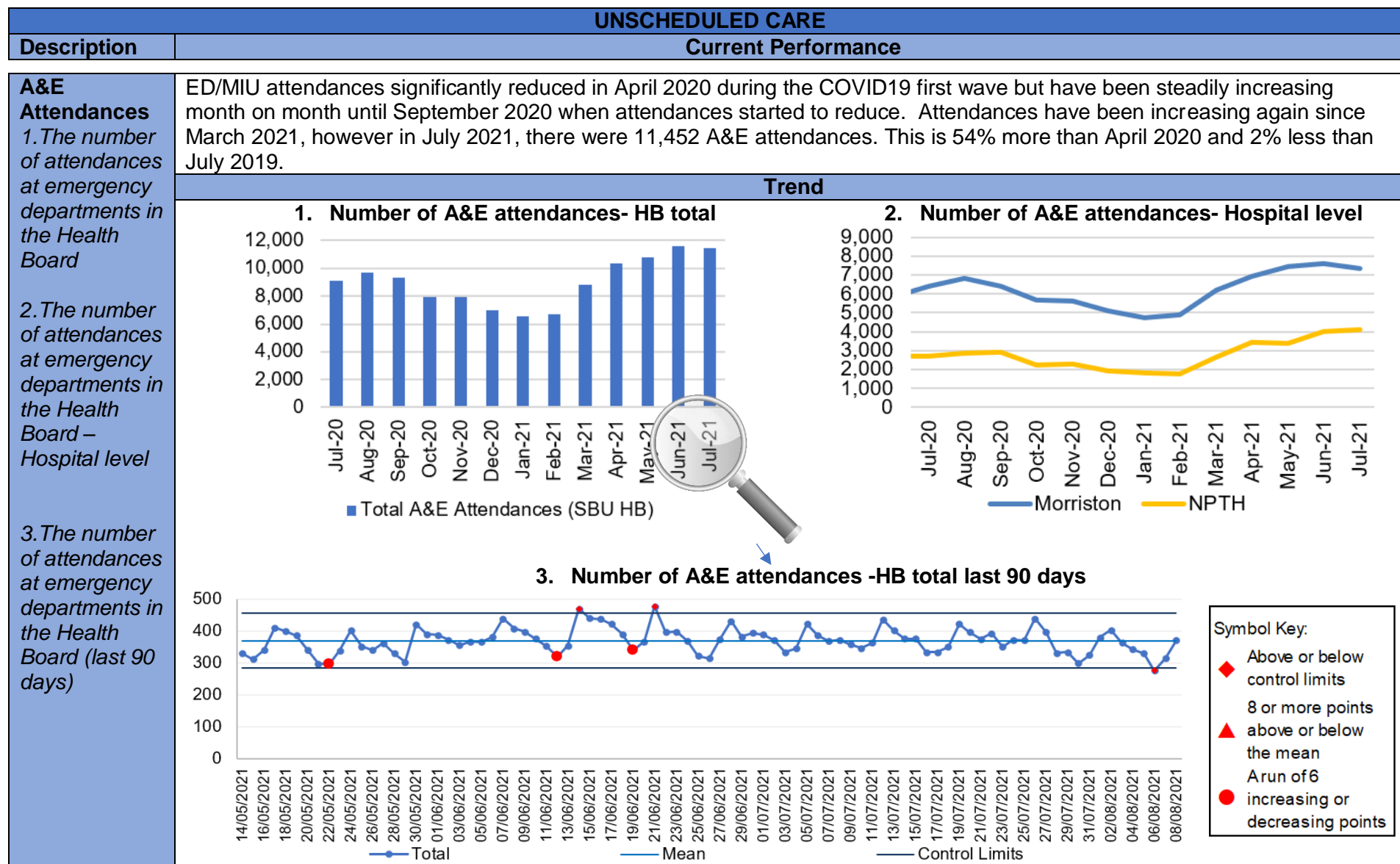
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU														
					Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
		Serious Incidents & Risks																	
Number of Serious Incidents	PCCS	12 month reduction trend			0	0	0	1	2	1	0	0	2	1	2	3	1	0	
	MH&LD				7	9	4	9	2	7	7	1	1	1	0	2	0		
	Morrison				1	1	1	4	3	5	1	2	1	2	0	2	1	0	
	NPTH				0	0	0	4	1	1	0	0	0	0	0	0	0	0	
	Singleton				0	0	1	3	6	3	4	1	1	0	1	1	2	0	
	Total				8	10	6	21	14	17	12	4	5	4	4	6	6	1	
Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Total	90%			0%	0%	50%	20%	0%	0%	4%	0%	10%	0%	0%	0%	0%	0%	
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				1	0	0	0	0	1	0	0	0	0	0	0	1	0	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				0	0	0	0	1	0	0	0	0	0	0	0	0	0	
	Total				1	0	0	0	1	1	0	0	0	0	0	0	1	0	
		Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			34	28	25	21	34	29	26	25	24	26	31	20	21	0	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	1	0	3	0	0	0	1	0	0	2	0	0	
	Morrison				8	12	18	25	27	27	41	31	26	24	25	30	25	0	
	NPTH				0	1	2	1	4	0	0	1	4	3	3	2	3	0	
	Singleton				10	6	16	18	25	15	20	19	17	9	31	19	25	0	
	Total				52	47	62	65	93	71	87	76	72	62	90	73	74	0	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			9	4	5	5	11	5	7	5	4	2	10	2	4	0	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				1	0	2	0	1	1	2	2	2	1	1	0	0	0	
	NPTH				0	0	0	0	0	0	0	0	0	0	1	0	0	0	
	Singleton				0	0	2	0	3	3	1	0	1	0	2	1	2	0	
	Total				10	4	9	5	15	9	10	7	7	3	14	3	6	0	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			296	279	546	692	990	877	1,128	928	951	533	896	756	0	0	

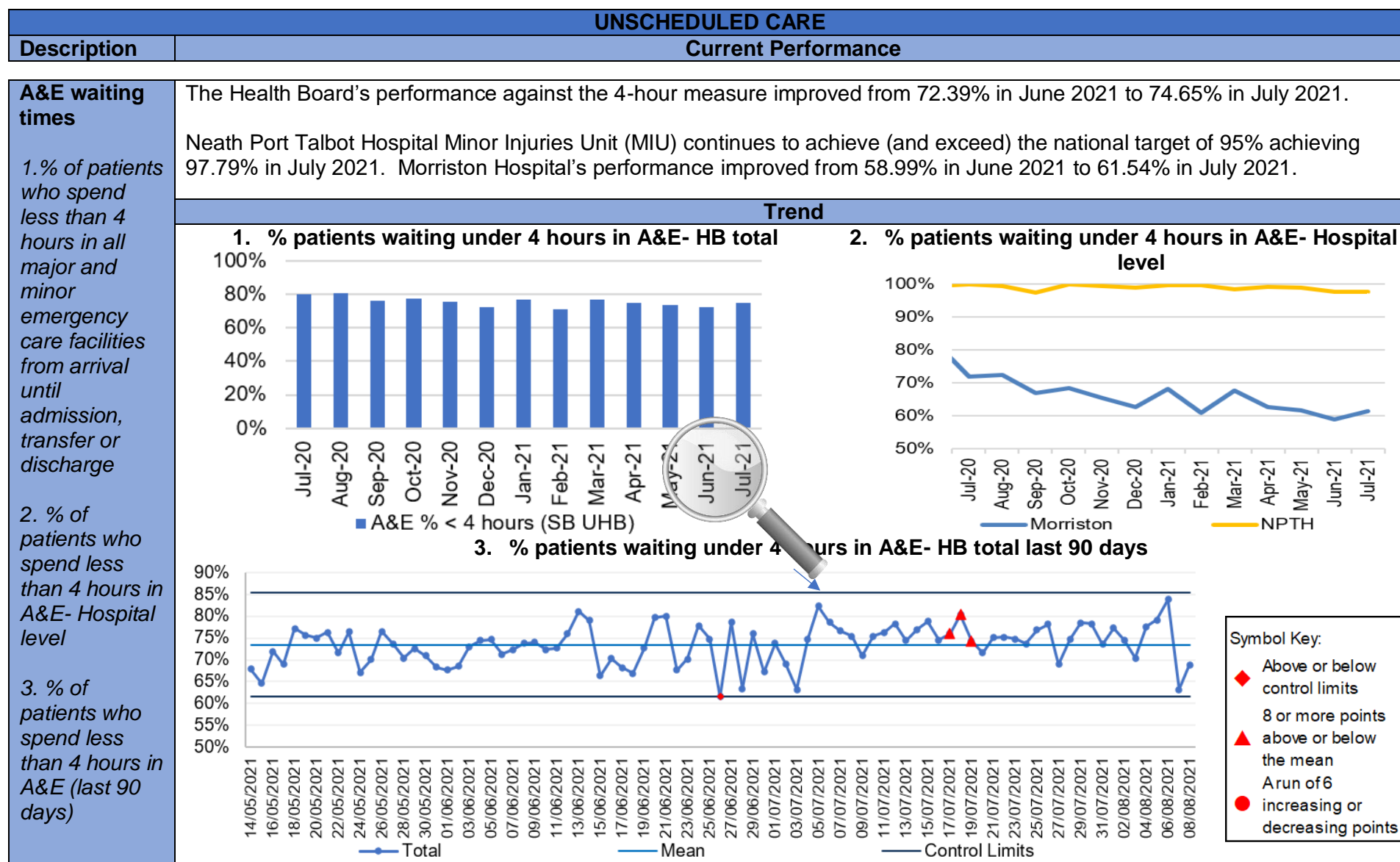
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
		Inpatient Falls																
Total number of Inpatient Falls	PCCS	12 month reduction trend			7	8	7	14	8	9	8	9	10	4	12	5	8	6
	MH&LD				48	48	71	35	44	31	29	27	27	22	18	42	24	32
	Morrison				52	69	85	81	77	120	129	92	67	84	81	105	69	66
	NPTH				55	45	30	41	29	32	30	33	30	28	31	34	32	41
	Singleton				34	38	34	48	28	47	48	38	42	33	34	42	41	48
	Total				196	208	227	219	187	247	247	203	177	171	176	228	174	193
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			6.64	6.44	6.53	6.07	5.23	7.26	6.91	5.56	5.40	4.62	4.85	5.94	4.50	
		Mortality																
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			100%	97%	96%	100%	100%	98%	99%	100%	100%	98%	99%	98%	98%	97%
	Singleton				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	NPTH				100%	57%	86%	83%	100%	92%	100%	100%	100%	86%	100%	88%	100%	100%
	Total				100%	96%	97%	99%	100%	98%	99%	100%	100%	98%	99%	98%	99%	98%
Stage 2 mortality reviews completed within 60 days	Morrison	95%			44%	100%	33%	56%	38%	25%	80%	43%						
	Singleton				-	67%	75%	50%	-	-	50%	50%						
	NPTH				100%	-	-	83%	0%	100%	-	0%						
	Total				50%	90%	50%	55%	33%	36%	75%	37%						
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.49%	1.54%	1.56%	1.58%	1.66%	1.75%	1.86%	1.97%	2.05%	2.04%	1.80%	1.76%	1.71%	0.00%
	Singleton				0.48%	0.49%	0.49%	0.46%	0.48%	0.50%	0.54%	0.56%	0.57%	0.56%	0.50%	0.52%	0.00%	0.00%
	NPTH				0.22%	0.23%	0.23%	0.23%	0.22%	0.21%	0.20%	0.24%	0.18%	0.17%	0.15%	0.15%	0.52%	0.00%
	Total (SBU)				0.89%	0.92%	0.90%	0.93%	0.97%	1.01%	1.08%	1.14%	1.17%	1.17%	1.04%	1.04%	0.13%	0.00%

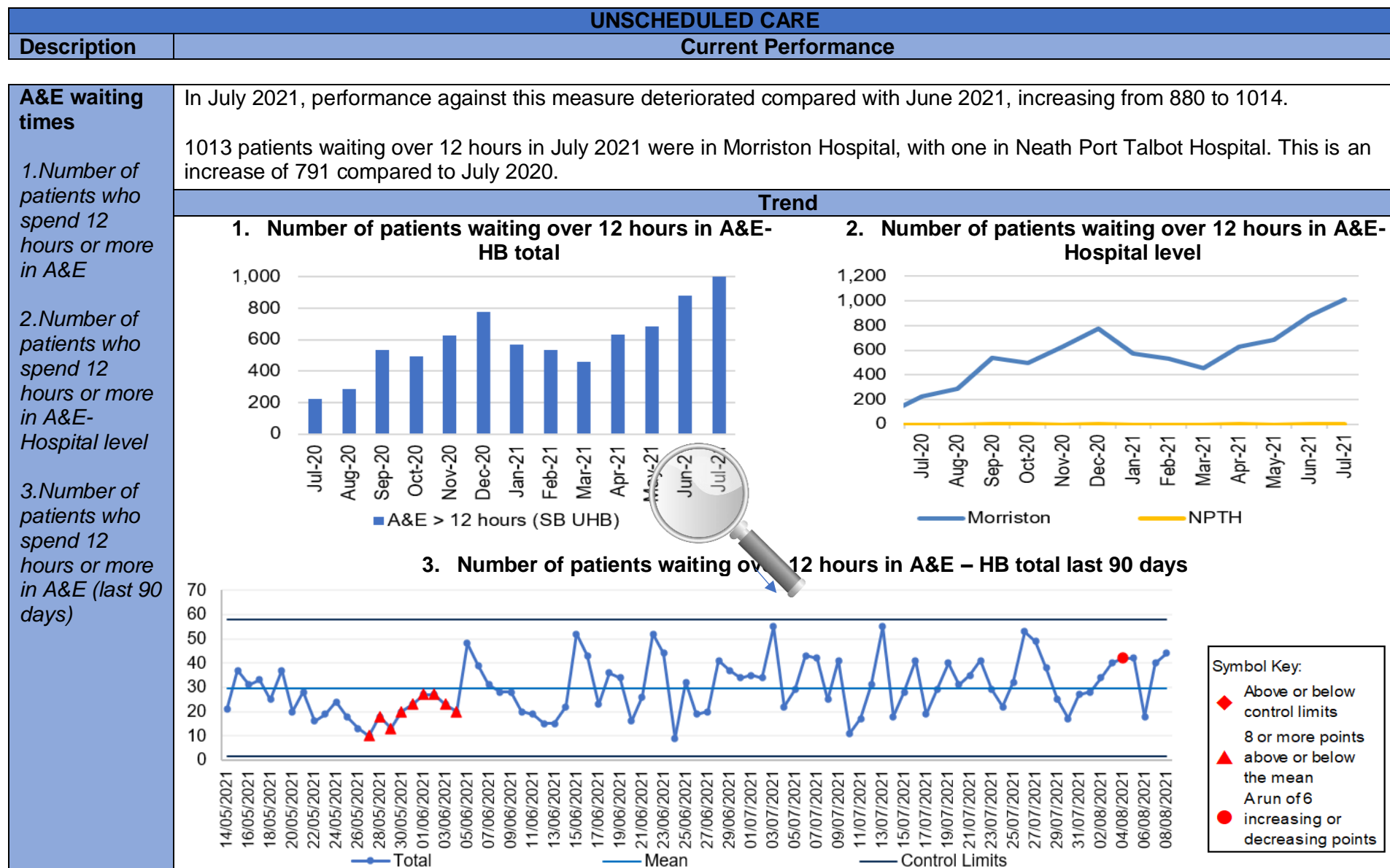
4.2 Updates on key measures

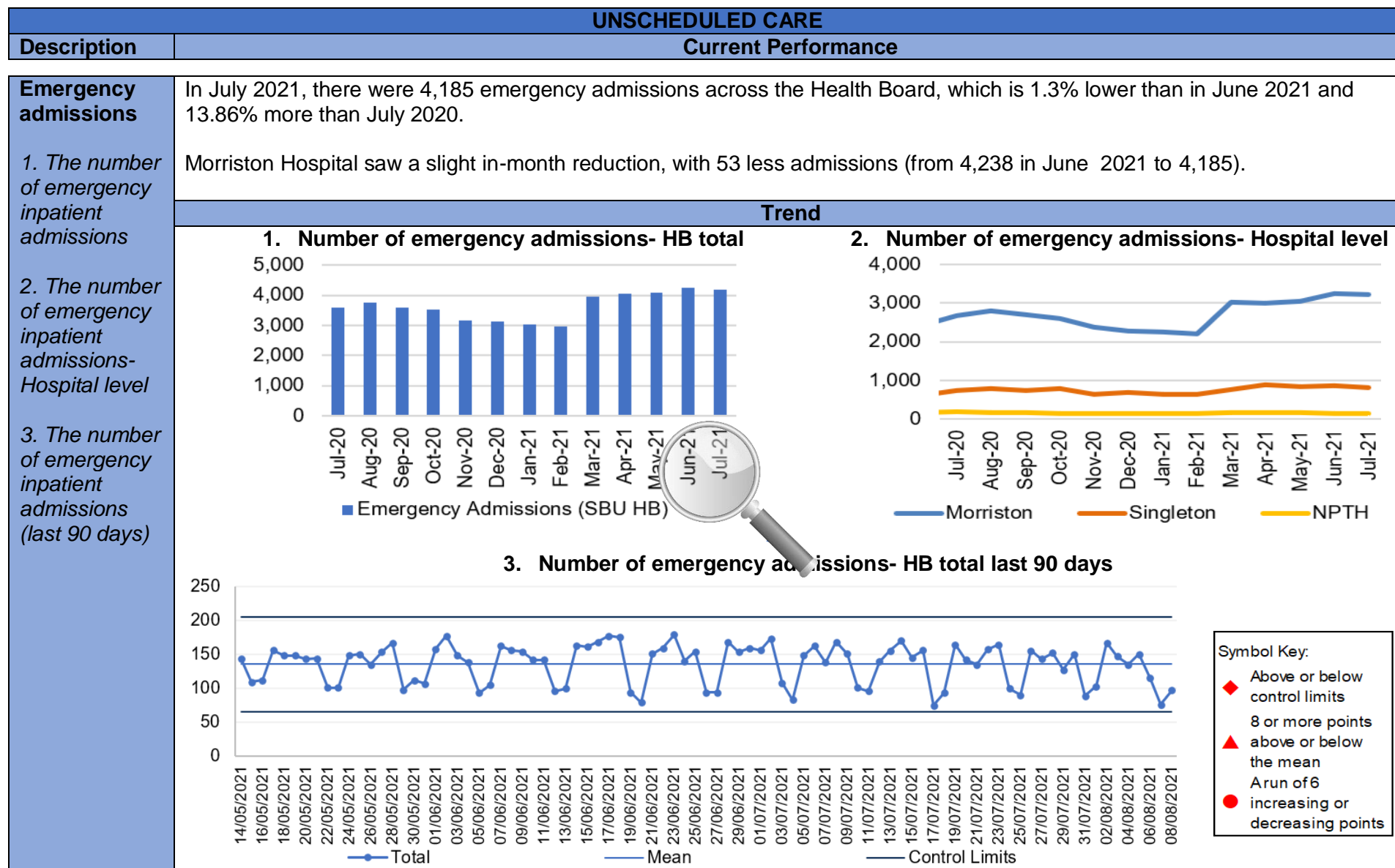


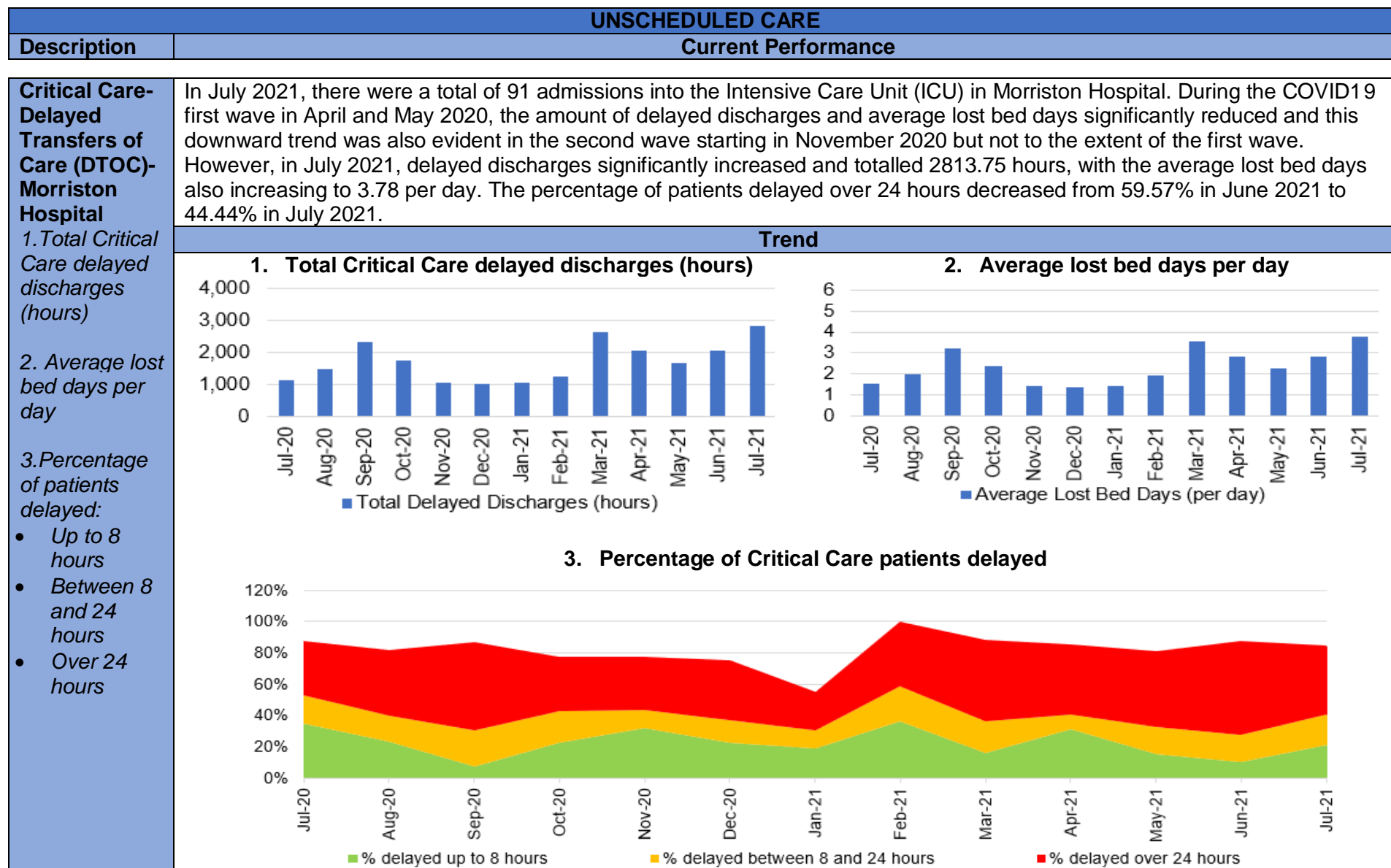








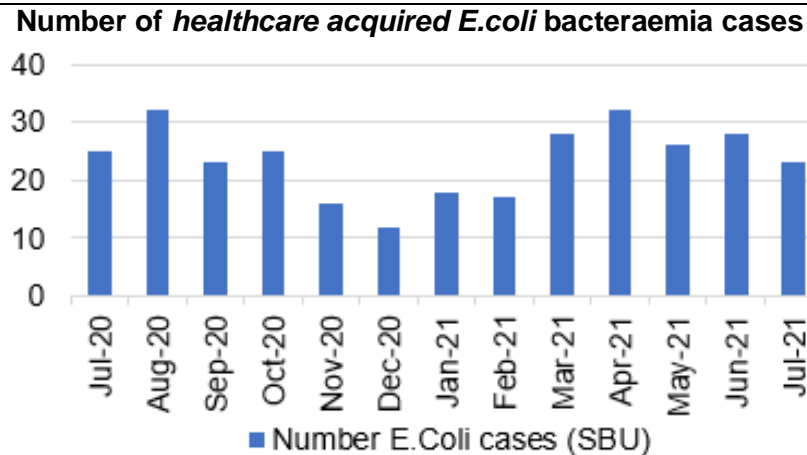
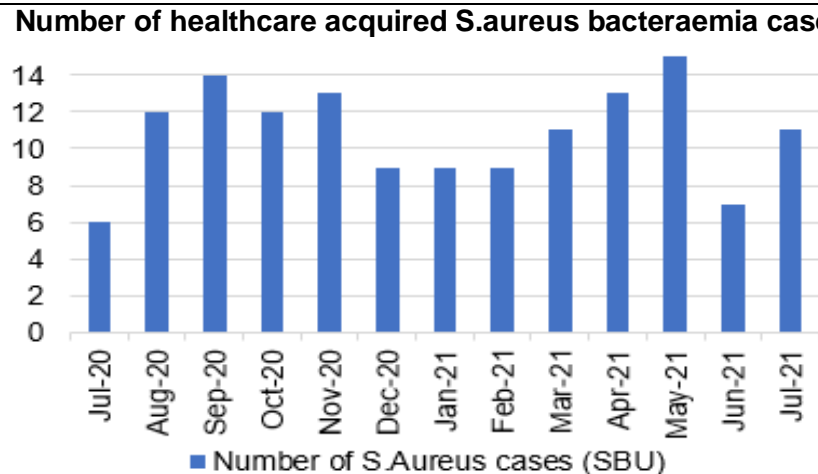




UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Medically Fit <i>The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</i>	<p>In July 2021, there were on average 216 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 increased again in both May and June 2021, with June 2021 (218) seeing the highest number of medically/ discharge fit patients since January 2020.</p> <p>In July 2021, Morriston Hospital had the largest proportion of medically/ discharge fit patients with 88, followed by Neath Port Talbot Hospital with 69.</p>	<p>The number of discharge/ medically fit patients by site</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Jul-20</td><td>30</td><td>30</td><td>30</td><td>10</td></tr><tr><td>Aug-20</td><td>40</td><td>35</td><td>35</td><td>10</td></tr><tr><td>Sep-20</td><td>45</td><td>40</td><td>40</td><td>10</td></tr><tr><td>Oct-20</td><td>60</td><td>50</td><td>50</td><td>10</td></tr><tr><td>Nov-20</td><td>60</td><td>40</td><td>40</td><td>10</td></tr><tr><td>Dec-20</td><td>55</td><td>40</td><td>40</td><td>20</td></tr><tr><td>Jan-21</td><td>55</td><td>45</td><td>45</td><td>10</td></tr><tr><td>Feb-21</td><td>65</td><td>45</td><td>45</td><td>10</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>40</td><td>70</td><td>10</td></tr><tr><td>May-21</td><td>70</td><td>45</td><td>75</td><td>10</td></tr><tr><td>Jun-21</td><td>80</td><td>55</td><td>80</td><td>10</td></tr><tr><td>Jul-21</td><td>88</td><td>55</td><td>69</td><td>10</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Jul-20	30	30	30	10	Aug-20	40	35	35	10	Sep-20	45	40	40	10	Oct-20	60	50	50	10	Nov-20	60	40	40	10	Dec-20	55	40	40	20	Jan-21	55	45	45	10	Feb-21	65	45	45	10	Mar-21	40	40	40	10	Apr-21	70	40	70	10	May-21	70	45	75	10	Jun-21	80	55	80	10	Jul-21	88	55	69	10
	Month	Morriston	Singleton	NPTH	Gorseinon																																																																			
Jul-20	30	30	30	10																																																																				
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Apr-21	70	40	70	10																																																																				
May-21	70	45	75	10																																																																				
Jun-21	80	55	80	10																																																																				
Jul-21	88	55	69	10																																																																				
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 July 2021, there were 17 elective procedures cancelled due to lack of beds on the day of surgery. This is 13 more cancellations than in July 2020 and 9 more than June 2021.</p> <p>All of the cancelled procedures were attributed to Morriston Hospital</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jul-20</td><td>2</td><td>0</td><td>0</td></tr><tr><td>Aug-20</td><td>7</td><td>0</td><td>0</td></tr><tr><td>Sep-20</td><td>6</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>1</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></tbody></table>	Month	Morriston	Singleton	NPTH	Jul-20	2	0	0	Aug-20	7	0	0	Sep-20	6	0	2	Oct-20	16	0	0	Nov-20	13	0	0	Dec-20	1	0	0	Jan-21	2	0	1	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														
Month	Morriston	Singleton	NPTH																																																																					
Jul-20	2	0	0																																																																					
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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																																																																					

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	<p>1. Prompt orthogeriatric assessment- In June 2021, 91% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 11.5% more than in April 2020.</p> <p>2. Prompt surgery- In June 2021, 60% of patients had surgery the day following presentation with a hip fracture. This is a an improvement from June 2020 which was 54.2%</p> <p>3. NICE compliant surgery- 71% of operations were consistent with the NICE recommendations in June 2021. This is 1.2% more than in June 2020. In June 2021, Morriston matched the all-Wales average of 71%.</p> <p>4. Prompt mobilisation- In June 2021, 76% of patients were out of bed the day after surgery. This is 0.1% more 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)																																																										
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5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	<p>5. Not delirious when tested- 76% of patients were not delirious in the week after their operation in June 2021. This is an improvement of 15.2% compared with June 2020.</p>	<p>5. Not delirious when tested</p> <table><caption>5. Not delirious when tested</caption><thead><tr><th>Month</th><th>Morryston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Jun-20</td><td>60%</td><td>60%</td><td>60%</td></tr><tr><td>Jul-20</td><td>62%</td><td>60%</td><td>60%</td></tr><tr><td>Aug-20</td><td>64%</td><td>60%</td><td>60%</td></tr><tr><td>Sep-20</td><td>66%</td><td>60%</td><td>60%</td></tr><tr><td>Oct-20</td><td>68%</td><td>60%</td><td>60%</td></tr><tr><td>Nov-20</td><td>70%</td><td>60%</td><td>60%</td></tr><tr><td>Dec-20</td><td>72%</td><td>60%</td><td>60%</td></tr><tr><td>Jan-21</td><td>74%</td><td>60%</td><td>60%</td></tr><tr><td>Feb-21</td><td>76%</td><td>60%</td><td>60%</td></tr><tr><td>Mar-21</td><td>76%</td><td>60%</td><td>60%</td></tr><tr><td>Apr-21</td><td>76%</td><td>60%</td><td>60%</td></tr><tr><td>May-21</td><td>76%</td><td>60%</td><td>60%</td></tr><tr><td>Jun-21</td><td>76%</td><td>60%</td><td>60%</td></tr></tbody></table>	Month	Morryston	All-Wales	Eng, Wal & N. Ire	Jun-20	60%	60%	60%	Jul-20	62%	60%	60%	Aug-20	64%	60%	60%	Sep-20	66%	60%	60%	Oct-20	68%	60%	60%	Nov-20	70%	60%	60%	Dec-20	72%	60%	60%	Jan-21	74%	60%	60%	Feb-21	76%	60%	60%	Mar-21	76%	60%	60%	Apr-21	76%	60%	60%	May-21	76%	60%	60%	Jun-21	76%	60%	60%
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6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	<p>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.</p> <p>* The All-Wales data for May 2021 was not available at the time this report was published.</p>	<p>6. Return to original residence</p> <table><caption>6. Return to original residence</caption><thead><tr><th>Month</th><th>Morryston</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>75%</td><td>75%</td><td>70%</td></tr><tr><td>Aug-20</td><td>75%</td><td>75%</td><td>70%</td></tr><tr><td>Sep-20</td><td>75%</td><td>75%</td><td>70%</td></tr><tr><td>Oct-20</td><td>75%</td><td>75%</td><td>70%</td></tr><tr><td>Nov-20</td><td>75%</td><td>75%</td><td>70%</td></tr><tr><td>Dec-20</td><td>75%</td><td>75%</td><td>70%</td></tr><tr><td>Jan-21</td><td>75%</td><td>75%</td><td>70%</td></tr><tr><td>Feb-21</td><td>75%</td><td>75%</td><td>70%</td></tr><tr><td>Mar-21</td><td>75%</td><td>75%</td><td>70%</td></tr><tr><td>Apr-21</td><td>75%</td><td>75%</td><td>70%</td></tr><tr><td>May-21</td><td>75%</td><td>75%</td><td>70%</td></tr><tr><td>Jun-21</td><td>73%</td><td>75%</td><td>70%</td></tr></tbody></table>	Month	Morryston	All-Wales	Eng, Wal & N. Ire	Jun-20	75%	75%	70%	Jul-20	75%	75%	70%	Aug-20	75%	75%	70%	Sep-20	75%	75%	70%	Oct-20	75%	75%	70%	Nov-20	75%	75%	70%	Dec-20	75%	75%	70%	Jan-21	75%	75%	70%	Feb-21	75%	75%	70%	Mar-21	75%	75%	70%	Apr-21	75%	75%	70%	May-21	75%	75%	70%	Jun-21	73%	75%	70%
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7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p> <table><caption>7. 30 day mortality rate</caption><thead><tr><th>Month</th><th>Morryston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Jan-20</td><td>8.0%</td><td>7.0%</td><td>7.5%</td></tr><tr><td>Feb-20</td><td>8.5%</td><td>7.0%</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	Morryston	All-Wales	Eng, Wal & N. Ire	Jan-20	8.0%	7.0%	7.5%	Feb-20	8.5%	7.0%	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">23 cases of <i>E. coli</i> bacteraemia were identified in July 2021, of which 8 were hospital acquired and 15 were community acquired.Cumulative cases from June 2021 to July 2021 are 32.5% lower than the equivalent period in 2020/21. (80 in 2021/22 compared with 106 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>Jul-20</td><td>25</td></tr><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></tbody></table>	Month	Number of cases	Jul-20	25	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
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Jul-21	23																													
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 11 cases of <i>Staph. aureus</i> bacteraemia in July 2021, of which 7 were hospital acquired and 5 were community acquired.Cumulative cases from June 2021 to July 2021 are 23.9% lower than the equivalent period in 2020/21 (35 in 2021/22 compared with 46 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>Jul-20</td><td>6</td></tr><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></tbody></table>	Month	Number of cases	Jul-20	6	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
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HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 23 <i>Clostridium difficile</i> toxin positive cases in July 2021, of which 16 were hospital acquired and 7 were community acquired.Cumulative cases from June 2021 to July 2021 are 58.8% more than the equivalent period of 2020/21 (54 in 2021/22 compared with 34 in 2020/21).	<p>Number of healthcare acquired C.difficile cases</p> <table><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Jul-20</td><td>11</td></tr><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></tbody></table> <p>■ Number of C.diff cases (SBU)</p>	Month	Number of C.diff cases (SBU)	Jul-20	11	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
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Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none">There were 3 cases of <i>Klebsiella</i> sp in July 2021, of which 2 were hospital acquired and 1 was community acquired.Cumulative cases from June 2021 to July 2021 are 10.7% more than the equivalent period in 2020/21 (28 in 2021/22 compared with 25 in 2020/21).	<p>Number of healthcare acquired Klebsiella cases</p> <table><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Jul-20</td><td>5</td></tr><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></tbody></table> <p>■ Number of Klebsiella cases (SBU)</p>	Month	Number of Klebsiella cases (SBU)	Jul-20	5	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
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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 was 1 community acquired case of <i>P.Aeruginosa</i> bacteraemia reported in July 2021. Cumulative cases from June 2021 to July 2021 are 62.5% less than the equivalent period in 2020/21. 	<p>Number of healthcare acquired Pseudomonas cases</p> <p>■ Number of Pseudomonas cases (SBU)</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none"> In June 2021 there were 74 cases of healthcare acquired pressure ulcers, of which 21 were community acquired and 53 were hospital acquired. There were 6 grade 3+ pressure ulcers in June 2021, of which 4 were community acquired and 2 were hospital acquired. The rate per 100,000 admissions decreased from 896 in April 2021 to 756 in May 2021. 	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <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 1 Serious Incident for the month of July 2021 to Welsh Government. The breakdown of incidents in June 2021 are set out below: 2. There were no new Never Event's reported in July 2021. 3. In June 2021, performance against the 80% target of submitting closure forms within 60 working days was 0% as none of the three closure forms due to be submitted to Welsh Government in June 2021 were submitted on time. Below is a breakdown of the eleven outstanding forms: <ul style="list-style-type: none"> • 1 in Mental Health and Learning Disabilities • 2 in Morriston Hospital 	<p>1. and 2. Number of serious incidents and never events</p> <table border="1"> <caption>Number of Serious Incidents and Never Events</caption> <thead> <tr> <th>Month</th> <th>Number of Serious Incidents</th> <th>Number of never events</th> </tr> </thead> <tbody> <tr><td>Jul-20</td><td>10</td><td>0</td></tr> <tr><td>Aug-20</td><td>6</td><td>0</td></tr> <tr><td>Sep-20</td><td>21</td><td>0</td></tr> <tr><td>Oct-20</td><td>15</td><td>0</td></tr> <tr><td>Nov-20</td><td>18</td><td>0</td></tr> <tr><td>Dec-20</td><td>12</td><td>0</td></tr> <tr><td>Jan-21</td><td>4</td><td>0</td></tr> <tr><td>Feb-21</td><td>5</td><td>0</td></tr> <tr><td>Mar-21</td><td>4</td><td>0</td></tr> <tr><td>Apr-21</td><td>4</td><td>0</td></tr> <tr><td>May-21</td><td>6</td><td>0</td></tr> <tr><td>Jun-21</td><td>7</td><td>0</td></tr> <tr><td>Jul-21</td><td>1</td><td>0</td></tr> </tbody> </table> <p>3. % of serious incidents closed within 60 days</p> <table border="1"> <caption>% of serious incidents closed within 60 days</caption> <thead> <tr> <th>Month</th> <th>% SI's assured</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jun-20</td><td>0%</td><td>80%</td></tr> <tr><td>Jul-20</td><td>0%</td><td>80%</td></tr> <tr><td>Aug-20</td><td>50%</td><td>80%</td></tr> <tr><td>Sep-20</td><td>20%</td><td>80%</td></tr> <tr><td>Oct-20</td><td>0%</td><td>80%</td></tr> <tr><td>Nov-20</td><td>0%</td><td>80%</td></tr> <tr><td>Dec-20</td><td>5%</td><td>80%</td></tr> <tr><td>Jan-21</td><td>0%</td><td>80%</td></tr> <tr><td>Feb-21</td><td>10%</td><td>80%</td></tr> <tr><td>Mar-21</td><td>0%</td><td>80%</td></tr> <tr><td>Apr-21</td><td>0%</td><td>80%</td></tr> <tr><td>May-21</td><td>0%</td><td>80%</td></tr> <tr><td>Jun-21</td><td>0%</td><td>80%</td></tr> </tbody> </table> <p>* July 2021 data is yet to be published.</p> <p>* 0% compliance in June, July, October and November 2020 and January, March, April, May and June 2021</p>	Month	Number of Serious Incidents	Number of never events	Jul-20	10	0	Aug-20	6	0	Sep-20	21	0	Oct-20	15	0	Nov-20	18	0	Dec-20	12	0	Jan-21	4	0	Feb-21	5	0	Mar-21	4	0	Apr-21	4	0	May-21	6	0	Jun-21	7	0	Jul-21	1	0	Month	% SI's assured	Target	Jun-20	0%	80%	Jul-20	0%	80%	Aug-20	50%	80%	Sep-20	20%	80%	Oct-20	0%	80%	Nov-20	0%	80%	Dec-20	5%	80%	Jan-21	0%	80%	Feb-21	10%	80%	Mar-21	0%	80%	Apr-21	0%	80%	May-21	0%	80%	Jun-21	0%	80%
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












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 193 in July 2021. This is 7.2% less than June 2020 where 208 falls were recorded.	<p>Number of inpatient Falls</p> <table><caption>Number of inpatient Falls (Estimated Data)</caption><thead><tr><th>Month</th><th>Falls</th></tr></thead><tbody><tr><td>Jul-20</td><td>205</td></tr><tr><td>Aug-20</td><td>225</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>175</td></tr><tr><td>Jul-21</td><td>193</td></tr></tbody></table> <p>■ Inpatient falls</p>	Month	Falls	Jul-20	205	Aug-20	225	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	175	Jul-21	193
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DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	The latest data shows that in July 2021, the percentage of completed discharge summaries was 62%.	<div><p>% discharge summaries approved and sent</p><table><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Jul-20</td><td>65%</td></tr><tr><td>Aug-20</td><td>68%</td></tr><tr><td>Sep-20</td><td>72%</td></tr><tr><td>Oct-20</td><td>70%</td></tr><tr><td>Nov-20</td><td>68%</td></tr><tr><td>Dec-20</td><td>60%</td></tr><tr><td>Jan-21</td><td>68%</td></tr><tr><td>Feb-21</td><td>65%</td></tr><tr><td>Mar-21</td><td>65%</td></tr><tr><td>Apr-21</td><td>65%</td></tr><tr><td>May-21</td><td>68%</td></tr><tr><td>Jun-21</td><td>70%</td></tr><tr><td>Jul-21</td><td>62%</td></tr></tbody></table><p>■ % of completed discharge summaries</p></div>	Month	% of completed discharge summaries	Jul-20	65%	Aug-20	68%	Sep-20	72%	Oct-20	70%	Nov-20	68%	Dec-20	60%	Jan-21	68%	Feb-21	65%	Mar-21	65%	Apr-21	65%	May-21	68%	Jun-21	70%	Jul-21	62%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	June 2021 reports the crude mortality rate for the Health Board at 1.01% compared with 1.04% in May 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>Jun-20</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Jul-20</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Aug-20</td><td>1.6%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Sep-20</td><td>1.6%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Oct-20</td><td>1.7%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Nov-20</td><td>1.8%</td><td>0.4%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Dec-20</td><td>1.9%</td><td>0.5%</td><td>0.1%</td><td>1.1%</td></tr><tr><td>Jan-21</td><td>2.0%</td><td>0.5%</td><td>0.2%</td><td>1.1%</td></tr><tr><td>Feb-21</td><td>2.1%</td><td>0.5%</td><td>0.2%</td><td>1.1%</td></tr><tr><td>Mar-21</td><td>2.0%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Apr-21</td><td>1.8%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>May-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Jun-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	Jun-20	1.4%	0.4%	0.1%	0.8%	Jul-20	1.5%	0.4%	0.1%	0.9%	Aug-20	1.6%	0.4%	0.1%	0.9%	Sep-20	1.6%	0.4%	0.1%	0.9%	Oct-20	1.7%	0.4%	0.1%	0.9%	Nov-20	1.8%	0.4%	0.1%	1.0%	Dec-20	1.9%	0.5%	0.1%	1.1%	Jan-21	2.0%	0.5%	0.2%	1.1%	Feb-21	2.1%	0.5%	0.2%	1.1%	Mar-21	2.0%	0.5%	0.1%	1.0%	Apr-21	1.8%	0.5%	0.1%	1.0%	May-21	1.7%	0.5%	0.1%	1.0%	Jun-21	1.7%	0.5%	0.1%	1.0%
	Month		Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total																																																																		
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	A breakdown by Hospital for June 2021: <ul style="list-style-type: none">• Morriston – 1.71%• Singleton – 0.52%• NPT – 0.13%																																																																							

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

5.1 Overview

		Harm from reduction in non-Covid activity																
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
					Cancer													
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	12 month improvement trend			59.9%	68.2%	67.4%	62.4%	65.9%	55.4%	61.0%	67.9%	56.4%	71.6%	65.7%	60.0%	54.4%	46.0%
					Planned Care													
Number of patients waiting > 26 weeks for outpatient appointment*	Morrison	0			6,496	8,661	11,359	12,882	12,617	12,306	12,543	12,487	12,479	12,870	13,398	14,047	13,867	14,080
	NPTH				18	50	181	208	129	75	49	61	111	73	92	157	228	271
	Singleton				5,387	6,929	8,792	9,748	9,073	8,394	8,336	8,427	8,414	8,575	9,027	9,327	9,053	8,769
	PC&CS				63	81	165	231	231	230	251	233	221	232	235	169	131	105
	Total				11,964	15,721	20,497	23,069	22,050	21,005	21,179	21,208	21,225	21,750	22,752	23,700	23,279	23,225
Number of patients waiting > 36 weeks for treatment*	Morrison	0			8,977	11,882	14,722	16,846	20,035	22,298	22,391	21,695	21,199	21,228	21,579	22,095	22,414	22,968
	NPTH				0	3	15	17	33	48	42	41	43	45	46	45	57	98
	Singleton				4,423	6,135	7,650	8,810	10,514	11,865	11,629	11,385	10,788	10,942	11,134	11,727	12,022	11,980
	PC&CS				17	45	66	82	153	220	247	219	204	196	181	115	119	82
	Total (inc. diagnostics > 36 wks)				13,419	18,078	22,494	26,046	31,508	35,387	35,126	33,991	32,719	32,874	33,395	34,447	35,040	35,128
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	0			6,816	6,236	6,627	5,956	4,564	4,559	4,361	3,938	2,978	2,517	2,757	2,739	3,162	3,390
	Singleton				1,217	1,274	1,443	1,710	2,081	2,051	2,218	2,301	2,109	2,037	2,047	2,103	2,068	2,035
	Total				8,033	7,510	8,070	7,666	6,645	6,610	6,579	6,239	5,087	4,554	4,804	4,842	5,230	5,425
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	0	0	0	0	0	0	0	0	0	1	0	0
	NPTH				130	138	145	138	110	99	93	127	129	60	18	8	15	0
	PC&CS				1,516	1,416	1,373	1,212	1,025	718	615	457	362	309	183	157	156	0
	Total				1,646	1,554	1,518	1,350	1,135	817	708	584	491	369	201	166	171	0

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
					Planned Care													
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			120,468	120,062	120,969	120,962	120,968	120,874	119,963	119,999	120,882	121,403	122,303	123,088	127,444	133,903
Number of patients delayed by over 100% past their target date *	Total				21,448	22,101	23,209	24,472	26,217	27,156	27,641	28,419	28,862	29,316	29,334	30,062	30,550	34,816
Number of patients delayed past their agreed target date (booked and not booked) *	Total				51,933	52,278	55,446	56,843	57,380	56,647	56,210	57,297	57,458	55,944	55,086	54,664	55,254	60,618
Number of Ophthalmology patients without an allocated health risk factor	Total	0			48	213	162	513	780	464	326	212	281	294	614	326	486	0
Number of patients without a documented clinical review date	Total	0			50	43	65	95	43	55	90	32	25	14	9	5	6	5
					Patient Experience/ Feedback													
Number of friends and family surveys completed	PCCS	12 month improvement trend			167	183	220	239	208	231	84	144	97	255		159	532	79
	MH&LD				7	6	34	49	48	82	56	22	8	11		3	0	0
	Morrison				110	143	174	679	269	155	152	168	211	326		1,330	934	699
	NPTH				17	22	24	62	40	24	18	43	31	16			0	0
	Singleton				99	154	207	1,824	530	377	330	323	459	453		3,098	1,808	1,029
	Total				393	502	625	2,804	1,047	787	584	678	798	1,050		4,590	3,297	1,912
% of patients who would recommend and highly recommend	PCCS	90%	80%		88%	91%	79%	74%	65%	80%	62%	76%	77%	90%		100%	100%	89%
	MH&LD				57%	33%	41%	39%	19%	41%	21%	36%	88%	73%		100%	0%	0%
	Morrison				94%	94%	83%	91%	82%	86%	70%	76%	82%	86%		96%	97%	93%
	NPTH				47%	68%	92%	94%	90%	75%	67%	58%	32%	75%			0%	0%
	Singleton				83%	92%	87%	96%	88%	87%	85%	85%	92%	87%		97%	97%	91%
	Total				87%	91%	83%	93%	82%	84%	77%	79%	85%	87%		96%	97%	92%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		100%	94%	83%	100%	100%	80%	67%	90%	100%	100%		100%	-	-
	MH&LD				-	0%	100%	100%	100%	-	-	-	-	50%		-	0%	-
	Morrison				67%	90%	80%	79%	58%	100%	33%	80%	71%	90%		93%	97%	
	NPTH				-	100%	100%	90%	100%	-	67%	67%	100%	100%			0%	
	Singleton				67%	90%	82%	79%	90%	86%	80%	77%	95%	92%		93%	97%	
	Total				79%	91%	83%	84%	79%	85%	65%	81%	94%	93%		92%	96%	
Number of new complaints received	PCCS	12 month reduction trend			16	14	10	18	22	24	24	9	10	22	8	16	16	
	MH&LD			8	13	10	10	20	13	6	11	15	10	26	15	19		
	Morrison			27	34	31	51	44	40	38	33	40	50	23	53	69		
	NPTH			7	5	2	7	6	7	1	7	6	7	4	3	10		
	Singleton			12	12	17	24	25	20	20	15	20	24	24	23	31		
	Total			73	77	74	107	121	103	83	78	94	117	100	115	159		
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	75%	80%		50%	80%	60%	92%	67%	76%	77%	63%	67%	67%				
	MH&LD				63%	69%	50%	80%	70%	92%	75%	73%	64%	67%				
	Morrison				89%	88%	84%	90%	86%	89%	91%	81%	95%	92%				
	NPTH				71%	100%	50%	100%	67%	86%	0%	57%	67%	100%				
	Singleton				83%	50%	65%	63%	64%	70%	70%	57%	68%	67%				
	Total				75%	79%	72%	82%	75%	82%	80%	71%	80%	81%				

5.3 Updates on key measures

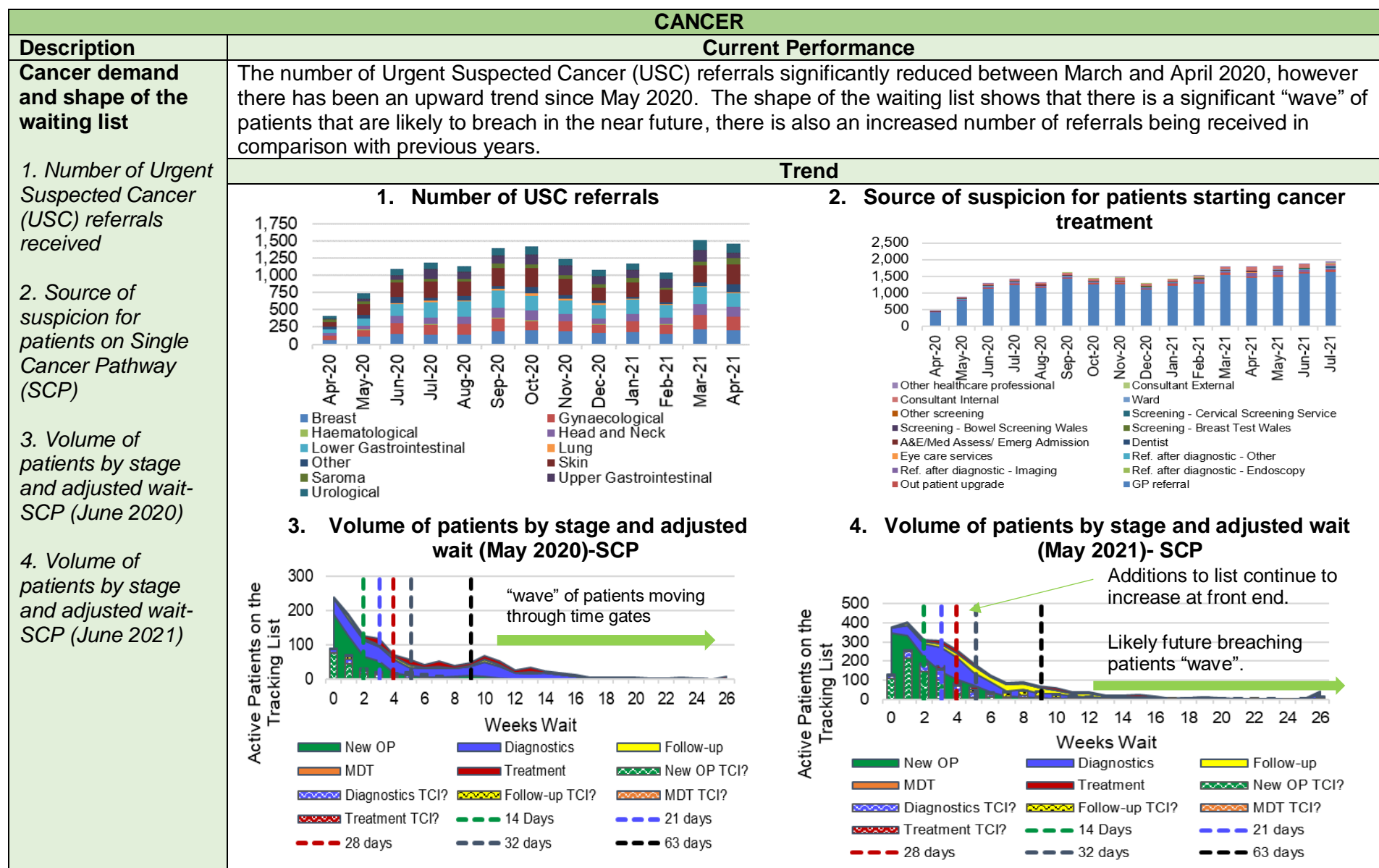
PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	The number of GP referrals and additions to the outpatient waiting list has increased each month since May 2020, this is reflected in the reduction in the size of the waiting list in April 2020 and subsequent increase every month since May 2020. July 2021 has seen the first slight 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>	<p>Trend</p> <div> <p>1. Number of GP referrals received by SBU Health Board</p> </div> <div> <p>2. Number of stage 1 additions per week</p> </div> <div> <p>3. Total size of the waiting list and movement (December 2019)</p> </div> <div> <p>4. Total size of the waiting list and movement (June 2021)</p> </div>

PLANNED CARE	
Description	Current Performance
Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- 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. However, July 2021 saw a slight in-month decrease in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 23,279 in June 2021 to 23,225 in July 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> 1. Number of stage 1 over 26 weeks- HB total <p>■ Outpatients > 26 wks (SB UHB)</p> </div> <div> 2. Number of stage 1 over 26 weeks- Hospital level <p>— Morriston — Singleton — PCT — NPTH</p> </div> <div> 3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at July 2021 </div> <div> 4. Outpatient activity undertaken <p>— New outpatient attendances - - - Follow-up attendances</p> </div> </div>
<p>**Please note – reporting measures changed from June 2021 – Using power BI platform</p>	

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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 July 2021, there was 35,128 patients waiting over 36 weeks which is a 0.25% in-month increase from June 2021. 25,485 of the 35,128 were waiting over 52 weeks in July 2021. Orthopaedics/ Spinal accounted for 23.4% of the 52-week breaches, followed by Ophthalmology with 12.7%.</p>																																																																																																																													
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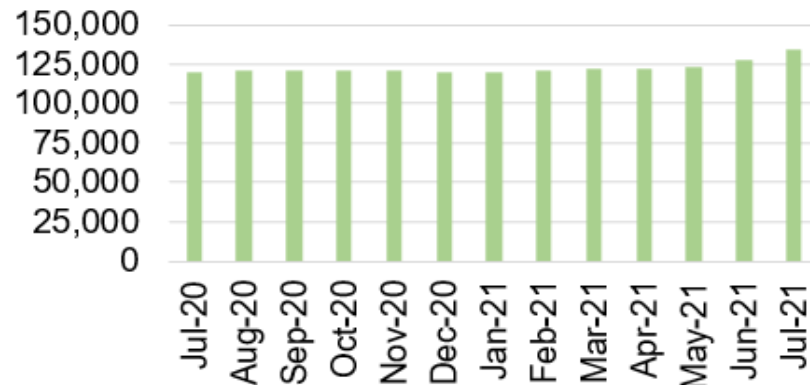
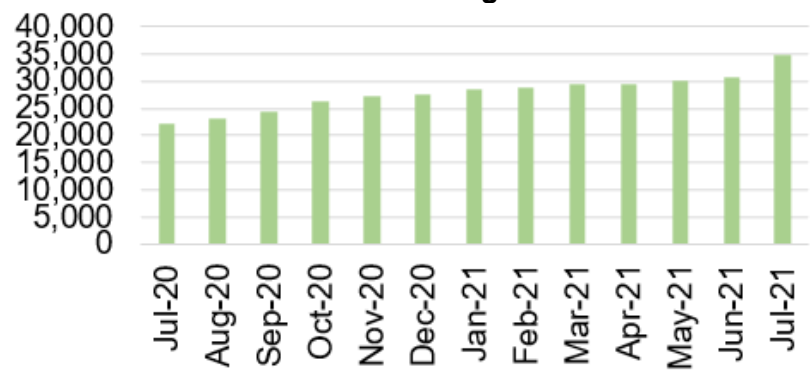
PLANNED CARE																																																																								
Description	Current Performance																																																																							
Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In July 2021, 47.8% of patients were waiting under 26 weeks from referral to treatment, which is an reduction on previous months.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table><caption>Estimated data for Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PCT</th><th>NPTH</th></tr></thead><tbody><tr><td>Jul-20</td><td>55%</td><td>50%</td><td>75%</td><td>95%</td></tr><tr><td>Aug-20</td><td>45%</td><td>40%</td><td>45%</td><td>80%</td></tr><tr><td>Sep-20</td><td>40%</td><td>35%</td><td>25%</td><td>75%</td></tr><tr><td>Oct-20</td><td>45%</td><td>45%</td><td>40%</td><td>85%</td></tr><tr><td>Nov-20</td><td>45%</td><td>45%</td><td>45%</td><td>90%</td></tr><tr><td>Dec-20</td><td>45%</td><td>45%</td><td>45%</td><td>90%</td></tr><tr><td>Jan-21</td><td>45%</td><td>45%</td><td>45%</td><td>88%</td></tr><tr><td>Feb-21</td><td>45%</td><td>45%</td><td>45%</td><td>85%</td></tr><tr><td>Mar-21</td><td>45%</td><td>45%</td><td>40%</td><td>90%</td></tr><tr><td>Apr-21</td><td>45%</td><td>45%</td><td>40%</td><td>88%</td></tr><tr><td>May-21</td><td>45%</td><td>45%</td><td>45%</td><td>85%</td></tr><tr><td>Jun-21</td><td>45%</td><td>45%</td><td>50%</td><td>82%</td></tr><tr><td>Jul-21</td><td>45%</td><td>45%</td><td>55%</td><td>85%</td></tr></tbody></table> <p>— Morriston — Singleton — PCT — NPTH</p>	Month	Morriston	Singleton	PCT	NPTH	Jul-20	55%	50%	75%	95%	Aug-20	45%	40%	45%	80%	Sep-20	40%	35%	25%	75%	Oct-20	45%	45%	40%	85%	Nov-20	45%	45%	45%	90%	Dec-20	45%	45%	45%	90%	Jan-21	45%	45%	45%	88%	Feb-21	45%	45%	45%	85%	Mar-21	45%	45%	40%	90%	Apr-21	45%	45%	40%	88%	May-21	45%	45%	45%	85%	Jun-21	45%	45%	50%	82%	Jul-21	45%	45%	55%	85%
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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 June 2021, 46.7% 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 waiting within target date or within 25% in excess of target date</caption><thead><tr><th>Month</th><th>% of R1 ophthalmology patient pathways</th><th>Target</th></tr></thead><tbody><tr><td>Jun-20</td><td>65%</td><td>100%</td></tr><tr><td>Jul-20</td><td>55%</td><td>100%</td></tr><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></tbody></table> <p>■ % of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment</p> <p>— Target</p>	Month	% of R1 ophthalmology patient pathways	Target	Jun-20	65%	100%	Jul-20	55%	100%	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%																												
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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 July 2021, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,230 in June 2021 to 5,425 in July 2021.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for July 2021:</p> <ul style="list-style-type: none"> • Endoscopy= 2,045 • Cardiac tests= 1,974 • Cystoscopy= 10 	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <p>Legend: 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 July 2021 there were 151 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in July 2021 are:</p> <ul style="list-style-type: none"> • Speech & Language Therapy= 149 • Physiotherapy = 1 • Podiatry = 1 	<p>Number of patients waiting longer than 14 weeks for therapies</p> <p>Legend: Occ Therapy/ LD (MH), Occ Therapy (exc. MH), Audiology, Speech & Language, Dietetics, Phsyio, Podiatry</p>



CANCER						
Description	Current Performance		Trend			
Single Cancer Pathway <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i>	July 2021 figures will be finalised on the 31 st August 2021. Draft figures indicate a possible achievement of 46% of patients starting treatment within 62 days of the suspicion of cancer first being raised (unadjusted pathway). The number of patients treated in July 2021 is outlined below by tumour site (draft figures).		Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) — Morriston — Singleton — NPTH			
	Tumour Site	Breaches			Tumour Site	Breaches
	Urological	22			Upper GI	7
	Head and Neck	26			Gynaecological	19
	Lower GI	16			Haematological	4
	Lung	14			Sarcoma	2
	Breast	39			Brain/CNS	0
	Skin	41				
	End of July 2021 backlog by tumour site:				Number of patients with a wait status of more than 53 days ■ 63-103 days ▨ ≥ 104 days <i>*Backlog breakdown not available prior to July 2020</i>	
	Tumour Site	63 - 103 days				
Acute Leukaemia	0	0				
Brain/CNS	1	0				
Breast	26	13				
Children's cancer	1	1				
Gynaecological	38	8				
Haematological	12	4				
Head and neck	23	6				
Lower Gastrointestinal	204	75				
Lung	20	8				
Other	4	2				
Sarcoma	8	2				
Skin(c)	11	1				
Upper Gastrointestinal	38	18				
Urological	55	41				
Grand Total	441	178				

CANCER																																																																																																																																																											
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	Week to week through June 2021 the percentage of patients seen within 14 days to first appointment ranged between 8% and 15%.	The number of patients waiting for a first outpatient appointment (by total days waiting) - End of June 2021 <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>	Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak. <table><tr><th>Measure</th><th>Target</th><th>June-21</th></tr><tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>31%</td></tr><tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>70%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>45%</td></tr><tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>87%</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>91%</td></tr><tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>95%</td></tr></table>	Measure	Target	June-21	Scheduled (21 Day Target)	80%	31%	Scheduled (28 Day Target)	100%	70%	Urgent SC (7 Day Target)	80%	45%	Urgent SC (14 Day Target)	100%	87%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	91%	Elective Delay (28 Day Target)	100%	95%	Radiotherapy waiting times <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><th>Elective Delay (21 Day Target)</th><th>Elective Delay (28 Day Target)</th></tr></thead><tbody><tr><td>Jun-20</td><td>50%</td><td>95%</td><td>50%</td><td>95%</td><td>100%</td><td>100%</td><td>95%</td><td>95%</td></tr><tr><td>Jul-20</td><td>65%</td><td>95%</td><td>65%</td><td>95%</td><td>100%</td><td>100%</td><td>95%</td><td>95%</td></tr><tr><td>Aug-20</td><td>60%</td><td>95%</td><td>60%</td><td>95%</td><td>100%</td><td>100%</td><td>95%</td><td>95%</td></tr><tr><td>Sep-20</td><td>60%</td><td>95%</td><td>60%</td><td>95%</td><td>100%</td><td>100%</td><td>95%</td><td>95%</td></tr><tr><td>Oct-20</td><td>60%</td><td>95%</td><td>60%</td><td>95%</td><td>100%</td><td>100%</td><td>95%</td><td>95%</td></tr><tr><td>Nov-20</td><td>60%</td><td>95%</td><td>60%</td><td>95%</td><td>100%</td><td>100%</td><td>95%</td><td>95%</td></tr><tr><td>Dec-20</td><td>60%</td><td>95%</td><td>60%</td><td>95%</td><td>100%</td><td>100%</td><td>95%</td><td>95%</td></tr><tr><td>Jan-21</td><td>60%</td><td>95%</td><td>60%</td><td>95%</td><td>100%</td><td>100%</td><td>95%</td><td>95%</td></tr><tr><td>Feb-21</td><td>60%</td><td>95%</td><td>60%</td><td>95%</td><td>100%</td><td>100%</td><td>95%</td><td>95%</td></tr><tr><td>Mar-21</td><td>60%</td><td>95%</td><td>60%</td><td>95%</td><td>100%</td><td>100%</td><td>95%</td><td>95%</td></tr><tr><td>Apr-21</td><td>60%</td><td>95%</td><td>60%</td><td>95%</td><td>100%</td><td>100%</td><td>95%</td><td>95%</td></tr><tr><td>May-21</td><td>60%</td><td>95%</td><td>60%</td><td>95%</td><td>100%</td><td>100%</td><td>95%</td><td>95%</td></tr><tr><td>Jun-21</td><td>31%</td><td>70%</td><td>45%</td><td>87%</td><td>100%</td><td>100%</td><td>91%</td><td>95%</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)	Elective Delay (21 Day Target)	Elective Delay (28 Day Target)	Jun-20	50%	95%	50%	95%	100%	100%	95%	95%	Jul-20	65%	95%	65%	95%	100%	100%	95%	95%	Aug-20	60%	95%	60%	95%	100%	100%	95%	95%	Sep-20	60%	95%	60%	95%	100%	100%	95%	95%	Oct-20	60%	95%	60%	95%	100%	100%	95%	95%	Nov-20	60%	95%	60%	95%	100%	100%	95%	95%	Dec-20	60%	95%	60%	95%	100%	100%	95%	95%	Jan-21	60%	95%	60%	95%	100%	100%	95%	95%	Feb-21	60%	95%	60%	95%	100%	100%	95%	95%	Mar-21	60%	95%	60%	95%	100%	100%	95%	95%	Apr-21	60%	95%	60%	95%	100%	100%	95%	95%	May-21	60%	95%	60%	95%	100%	100%	95%	95%	Jun-21	31%	70%	45%	87%	100%	100%	91%	95%
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FOLLOW-UP APPOINTMENTS																																																										
Description	Current Performance	Trend																																																								
Follow-up appointments <i>1. The total number of patients on the follow-up waiting list</i> <i>2. The number of patients waiting 100% over target for a follow-up appointment</i>	In July 2021, the overall size of the follow-up waiting list increased by 6,459 patients compared with June 2021 (from 127,444 to 133,903).	1. Total number of patients waiting for a follow-up  <table><caption>1. Total number of patients waiting for a follow-up</caption><thead><tr><th>Month</th><th>Number of patients waiting for follow-up (SBU HB)</th></tr></thead><tbody><tr><td>Jul-20</td><td>120,000</td></tr><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>127,444</td></tr><tr><td>Jul-21</td><td>133,903</td></tr></tbody></table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> 2. Delayed follow-ups: Number of patients waiting 100% over target  <table><caption>2. Delayed follow-ups: Number of patients waiting 100% over target</caption><thead><tr><th>Month</th><th>Number of patients waiting 100% over target date (SBU HB)</th></tr></thead><tbody><tr><td>Jul-20</td><td>22,000</td></tr><tr><td>Aug-20</td><td>22,000</td></tr><tr><td>Sep-20</td><td>22,000</td></tr><tr><td>Oct-20</td><td>22,000</td></tr><tr><td>Nov-20</td><td>22,000</td></tr><tr><td>Dec-20</td><td>22,000</td></tr><tr><td>Jan-21</td><td>22,000</td></tr><tr><td>Feb-21</td><td>22,000</td></tr><tr><td>Mar-21</td><td>22,000</td></tr><tr><td>Apr-21</td><td>22,000</td></tr><tr><td>May-21</td><td>22,000</td></tr><tr><td>Jun-21</td><td>22,000</td></tr><tr><td>Jul-21</td><td>34,816</td></tr></tbody></table> <p>■ Number of patients waiting 100% over target date (SBU HB)</p>	Month	Number of patients waiting for follow-up (SBU HB)	Jul-20	120,000	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	127,444	Jul-21	133,903	Month	Number of patients waiting 100% over target date (SBU HB)	Jul-20	22,000	Aug-20	22,000	Sep-20	22,000	Oct-20	22,000	Nov-20	22,000	Dec-20	22,000	Jan-21	22,000	Feb-21	22,000	Mar-21	22,000	Apr-21	22,000	May-21	22,000	Jun-21	22,000	Jul-21	34,816
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In July 2021, there was a total of 60,618 patients waiting for a follow-up past their target date. This is an in-month increase of 9.7% (from 55,254 in June 2021 to 60,618 in July 2021).																																																										
Of the 60,618 delayed follow-ups in July 2021, 12,023 had appointment dates and 48,595 were still waiting for an appointment.																																																										
In addition, 34,816 patients were waiting 100%+ over target date in July 2021. This is a 14% increase when compared with June 2021.																																																										

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 July 2021 was 92% and 1,912 surveys were completed, this is a 5% reduction from June 2021: <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,029 surveys in July 2021, with a recommended score of 91%. Morrison Hospital completed 699 surveys in July 2021, with a recommended score of 93%. Primary & Community Care completed 79 surveys for July 2021, with a recommended score of 89%. The Mental Health Service Group data is currently unavailable due to the change in system. 	<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> <		

HARM QUADRANT- HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

5.1 Overview

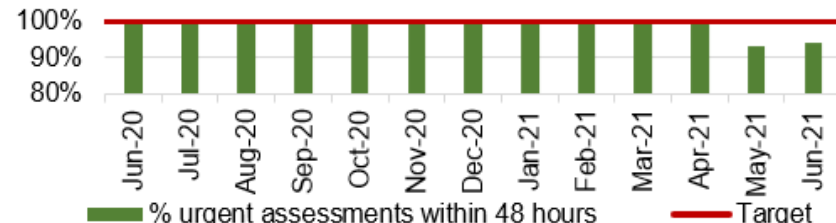
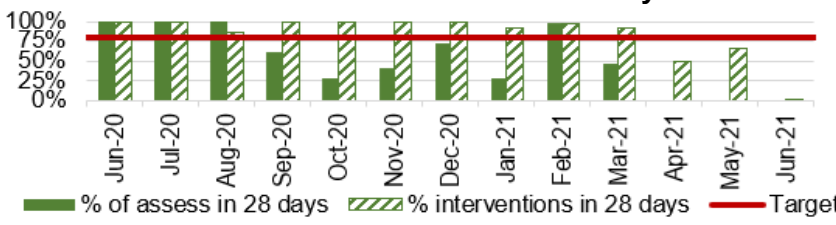
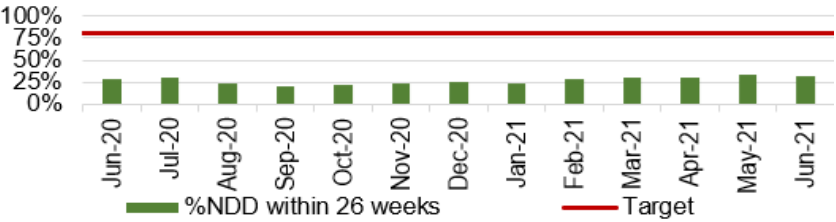
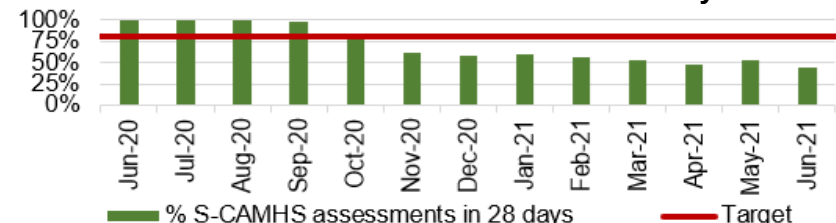
		Harm from wider societal actions/lockdown																
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Childhood immunisations																		
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%	* * *	95.9%	97.1%			97.2%				94.1%					
	Swansea			* * *	96.9%	96.2%			96.4%				96.3%					
	HB Total			* * *	96.5%	96.5%			96.7%				95.4%					
% children who received MenB2 vaccine by age 1	NPT	95%	90%	* * *	96.6%	97.1%			97.8%				93.8%					
	Swansea			* * *	96.9%	96.0%			95.8%				96.1%					
	HB Total			* * *	96.8%	96.4%			96.6%				95.2%					
% children who received PCV2 vaccine by age 1	NPT	95%	90%	* * *	95.6%	96.8%			98.1%				96.6%					
	Swansea			* * *	96.9%	95.8%			96.2%				97.2%					
	HB Total			* * *	96.4%	96.2%			96.9%				96.9%					
% children who received Rotavirus vaccine by age 1	NPT	95%	90%	* * *	95.6%	95.5%			95.0%				93.8%					
	Swansea			* * *	97.6%	94.5%			95.1%				94.1%					
	HB Total			* * *	96.9%	94.8%			95.1%				94.0%					
% children who received MMR1 vaccine by age 2	NPT	95%	90%	* * *	92.1%	96.5%			93.6%				95.5%					
	Swansea			* * *	95.6%	94.8%			95.2%				93.1%					
	HB Total			* * *	94.4%	95.4%			94.6%				94.0%					
% children who received PCV3 vaccine by age 2	NPT	95%	90%	* * *	92.4%	96.5%			93.9%				96.1%					
	Swansea			* * *	95.1%	95.0%			95.2%				93.3%					
	HB Total			* * *	94.1%	95.5%			94.7%				94.3%					
% children who received MenB4 vaccine by age 2	NPT	95%	90%	* * *	92.1%	96.5%			93.9%				95.5%					
	Swansea			* * *	94.2%	95.2%			95.2%				93.3%					
	HB Total			* * *	93.5%	95.6%			94.7%				94.1%					
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%	* * *	91.5%	96.8%			93.6%				95.2%					
	Swansea			* * *	94.8%	94.7%			94.8%				92.7%					
	HB Total			* * *	93.6%	95.4%			94.4%				96.3%					

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
% children who are up to date in schedule by age 4	NPT	95%	90%	* * *	88.0%	85.9%		86.4%		86.6%								
	Swansea			* * *	89.2%	87.7%		87.8%		86.2%								
	HB Total			* * *	88.7%	87.0%		87.2%		86.3%								
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%	* * *	91.8%	92.8%		92.0%		93.9%								
	Swansea			* * *	90.2%	91.0%		92.0%		91.4%								
	HB Total			* * *	90.8%	91.7%		92.0%		92.4%								
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%	* * *	92.6%	93.6%		92.5%		93.7%								
	Swansea			* * *	91.9%	92.4%		93.1%		90.5%								
	HB Total			* * *	92.2%	92.8%		92.9%		91.7%								
% children who received MMR vaccination by age 16	NPT	95%	90%	* * *	96.1%	95.6%		96.0%		90.5%								
	Swansea			* * *	94.5%	94.1%		93.6%		87.8%								
	HB Total			* * *	95.1%	94.7%		94.5%		88.9%								
% children who received teenage booster by age 16	NPT	90%	85%	* * *	89.9%	92.4%		92.7%		91.3%								
	Swansea			* * *	91.5%	91.6%		92.2%		90.0%								
	HB Total			* * *	90.9%	91.9%		92.4%		90.5%								
% children who received MenACWY vaccine by age 16	NPT	Improve		* * *	91.8%	93.1%		92.9%		92.1%								
	Swansea			* * *	91.5%	92.7%		92.3%		90.8%								
	HB Total			* * *	91.6%	92.8%		92.5%		91.3%								

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
					Mental Health Services													
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	93%	94%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			100%	100%	100%	98%	90%	88%	61%	53%	66%	63%	60%	61%	58%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			100%	100%	100%	62%	29%	41%	73%	29%	97%	46%	0%	0%	0%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			100%	100%	100%	98%	79%	62%	58%	60%	56%	53%	48%	53%	44%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	> 18 years old	80%			100%	99%	99%	97%	99.5%	98%	99%	96%	98%	97%	97%	98%	99%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			100%	100%	86%	100%	100%	100%	100%	93%	97%	91%	49%	67%	1%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			96%	96%	88%	94%	93%	98%	95%	95%	98%	97%	92%	96%	99%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			84%	89%	91%	99%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			28%	30%	24%	21%	22%	24%	26%	24%	28%	30%	30%	33%	32%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%			91%	98%	98%	81%	82%	81%	82%	83%	84%	82%	82%	83%	81%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%			92%	94%	92%	90%	91%	91%	89%	91%	91%	91%	91%	92%	88%	

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 June 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>98%</td><td>95%</td></tr> <tr><td>Aug-20</td><td>98%</td><td>95%</td></tr> <tr><td>Sep-20</td><td>98%</td><td>95%</td></tr> <tr><td>Oct-20</td><td>98%</td><td>95%</td></tr> <tr><td>Nov-20</td><td>98%</td><td>95%</td></tr> <tr><td>Dec-20</td><td>98%</td><td>95%</td></tr> <tr><td>Jan-21</td><td>98%</td><td>95%</td></tr> <tr><td>Feb-21</td><td>98%</td><td>95%</td></tr> <tr><td>Mar-21</td><td>98%</td><td>95%</td></tr> <tr><td>Apr-21</td><td>98%</td><td>95%</td></tr> <tr><td>May-21</td><td>98%</td><td>95%</td></tr> <tr><td>Jun-21</td><td>98%</td><td>95%</td></tr> <tr><td>Jul-21</td><td>98%</td><td>95%</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>97%</td><td>95%</td></tr> <tr><td>Aug-20</td><td>97%</td><td>95%</td></tr> <tr><td>Sep-20</td><td>97%</td><td>95%</td></tr> <tr><td>Oct-20</td><td>97%</td><td>95%</td></tr> <tr><td>Nov-20</td><td>97%</td><td>95%</td></tr> <tr><td>Dec-20</td><td>97%</td><td>95%</td></tr> <tr><td>Jan-21</td><td>97%</td><td>95%</td></tr> <tr><td>Feb-21</td><td>97%</td><td>95%</td></tr> <tr><td>Mar-21</td><td>97%</td><td>95%</td></tr> <tr><td>Apr-21</td><td>97%</td><td>95%</td></tr> <tr><td>May-21</td><td>97%</td><td>95%</td></tr> <tr><td>Jun-21</td><td>97%</td><td>95%</td></tr> <tr><td>Jul-21</td><td>97%</td><td>95%</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 (>18 yrs)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Jun-20</td><td>88%</td><td>95%</td></tr> <tr><td>Jul-20</td><td>88%</td><td>95%</td></tr> <tr><td>Aug-20</td><td>88%</td><td>95%</td></tr> <tr><td>Sep-20</td><td>88%</td><td>95%</td></tr> <tr><td>Oct-20</td><td>88%</td><td>95%</td></tr> <tr><td>Nov-20</td><td>88%</td><td>95%</td></tr> <tr><td>Dec-20</td><td>88%</td><td>95%</td></tr> <tr><td>Jan-21</td><td>88%</td><td>95%</td></tr> <tr><td>Feb-21</td><td>88%</td><td>95%</td></tr> <tr><td>Mar-21</td><td>88%</td><td>95%</td></tr> <tr><td>Apr-21</td><td>88%</td><td>95%</td></tr> <tr><td>May-21</td><td>88%</td><td>95%</td></tr> <tr><td>Jun-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	98%	95%	Aug-20	98%	95%	Sep-20	98%	95%	Oct-20	98%	95%	Nov-20	98%	95%	Dec-20	98%	95%	Jan-21	98%	95%	Feb-21	98%	95%	Mar-21	98%	95%	Apr-21	98%	95%	May-21	98%	95%	Jun-21	98%	95%	Jul-21	98%	95%	Month	% therapeutic interventions started within 28 days (>18 yrs)	Target	Jul-20	97%	95%	Aug-20	97%	95%	Sep-20	97%	95%	Oct-20	97%	95%	Nov-20	97%	95%	Dec-20	97%	95%	Jan-21	97%	95%	Feb-21	97%	95%	Mar-21	97%	95%	Apr-21	97%	95%	May-21	97%	95%	Jun-21	97%	95%	Jul-21	97%	95%	Month	% patients with valid CTP (>18 yrs)	Profile	Jun-20	88%	95%	Jul-20	88%	95%	Aug-20	88%	95%	Sep-20	88%	95%	Oct-20	88%	95%	Nov-20	88%	95%	Dec-20	88%	95%	Jan-21	88%	95%	Feb-21	88%	95%	Mar-21	88%	95%	Apr-21	88%	95%	May-21	88%	95%	Jun-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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1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In June 2021, 94% of CAMHS patients received an assessment within 48 hours.	<div>1. Crisis- assessment within 48 hours</div>  <table><caption>1. Crisis- assessment within 48 hours</caption><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th></tr></thead><tbody><tr><td>Jun-20</td><td>100%</td></tr><tr><td>Jul-20</td><td>100%</td></tr><tr><td>Aug-20</td><td>100%</td></tr><tr><td>Sep-20</td><td>100%</td></tr><tr><td>Oct-20</td><td>100%</td></tr><tr><td>Nov-20</td><td>100%</td></tr><tr><td>Dec-20</td><td>100%</td></tr><tr><td>Jan-21</td><td>100%</td></tr><tr><td>Feb-21</td><td>100%</td></tr><tr><td>Mar-21</td><td>100%</td></tr><tr><td>Apr-21</td><td>100%</td></tr><tr><td>May-21</td><td>94%</td></tr><tr><td>Jun-21</td><td>94%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	Jun-20	100%	Jul-20	100%	Aug-20	100%	Sep-20	100%	Oct-20	100%	Nov-20	100%	Dec-20	100%	Jan-21	100%	Feb-21	100%	Mar-21	100%	Apr-21	100%	May-21	94%	Jun-21	94%														
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2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 0% of routine assessments were undertaken within 28 days from referral in June 2021 against a target of 80%.	<div>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</div>  <table><caption>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</caption><thead><tr><th>Month</th><th>% of assess in 28 days</th><th>% interventions in 28 days</th></tr></thead><tbody><tr><td>Jun-20</td><td>100%</td><td>100%</td></tr><tr><td>Jul-20</td><td>100%</td><td>100%</td></tr><tr><td>Aug-20</td><td>100%</td><td>100%</td></tr><tr><td>Sep-20</td><td>100%</td><td>100%</td></tr><tr><td>Oct-20</td><td>100%</td><td>100%</td></tr><tr><td>Nov-20</td><td>100%</td><td>100%</td></tr><tr><td>Dec-20</td><td>100%</td><td>100%</td></tr><tr><td>Jan-21</td><td>100%</td><td>100%</td></tr><tr><td>Feb-21</td><td>100%</td><td>100%</td></tr><tr><td>Mar-21</td><td>100%</td><td>100%</td></tr><tr><td>Apr-21</td><td>100%</td><td>100%</td></tr><tr><td>May-21</td><td>100%</td><td>100%</td></tr><tr><td>Jun-21</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	% of assess in 28 days	% interventions in 28 days	Jun-20	100%	100%	Jul-20	100%	100%	Aug-20	100%	100%	Sep-20	100%	100%	Oct-20	100%	100%	Nov-20	100%	100%	Dec-20	100%	100%	Jan-21	100%	100%	Feb-21	100%	100%	Mar-21	100%	100%	Apr-21	100%	100%	May-21	100%	100%	Jun-21	100%	100%
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3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 1% of therapeutic interventions were started within 28 days following assessment by LPMHSS in June 2021.																																											
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 32% of NDD patients received a diagnostic assessment within 26 weeks in June 2021 against a target of 80%.	<div>4. NDD- assessment within 26 weeks</div>  <table><caption>4. NDD- assessment within 26 weeks</caption><thead><tr><th>Month</th><th>%NDD within 26 weeks</th></tr></thead><tbody><tr><td>Jun-20</td><td>32%</td></tr><tr><td>Jul-20</td><td>32%</td></tr><tr><td>Aug-20</td><td>32%</td></tr><tr><td>Sep-20</td><td>32%</td></tr><tr><td>Oct-20</td><td>32%</td></tr><tr><td>Nov-20</td><td>32%</td></tr><tr><td>Dec-20</td><td>32%</td></tr><tr><td>Jan-21</td><td>32%</td></tr><tr><td>Feb-21</td><td>32%</td></tr><tr><td>Mar-21</td><td>32%</td></tr><tr><td>Apr-21</td><td>32%</td></tr><tr><td>May-21</td><td>32%</td></tr><tr><td>Jun-21</td><td>32%</td></tr></tbody></table>	Month	%NDD within 26 weeks	Jun-20	32%	Jul-20	32%	Aug-20	32%	Sep-20	32%	Oct-20	32%	Nov-20	32%	Dec-20	32%	Jan-21	32%	Feb-21	32%	Mar-21	32%	Apr-21	32%	May-21	32%	Jun-21	32%														
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Mar-21	32%																																											
Apr-21	32%																																											
May-21	32%																																											
Jun-21	32%																																											
5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 44% of routine assessments by SCAMHS were undertaken within 28 days in June 2021.	<div>5. S-CAMHS % assessments within 28 days</div>  <table><caption>5. S-CAMHS % assessments within 28 days</caption><thead><tr><th>Month</th><th>% S-CAMHS assessments in 28 days</th></tr></thead><tbody><tr><td>Jun-20</td><td>44%</td></tr><tr><td>Jul-20</td><td>44%</td></tr><tr><td>Aug-20</td><td>44%</td></tr><tr><td>Sep-20</td><td>44%</td></tr><tr><td>Oct-20</td><td>44%</td></tr><tr><td>Nov-20</td><td>44%</td></tr><tr><td>Dec-20</td><td>44%</td></tr><tr><td>Jan-21</td><td>44%</td></tr><tr><td>Feb-21</td><td>44%</td></tr><tr><td>Mar-21</td><td>44%</td></tr><tr><td>Apr-21</td><td>44%</td></tr><tr><td>May-21</td><td>44%</td></tr><tr><td>Jun-21</td><td>44%</td></tr></tbody></table>	Month	% S-CAMHS assessments in 28 days	Jun-20	44%	Jul-20	44%	Aug-20	44%	Sep-20	44%	Oct-20	44%	Nov-20	44%	Dec-20	44%	Jan-21	44%	Feb-21	44%	Mar-21	44%	Apr-21	44%	May-21	44%	Jun-21	44%														
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APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 related	Number of new COVID19 cases*	Local			Jun-21						1,946
	Number of staff referred for Antigen Testing*	Local			Jun-21						367
	Number of staff awaiting results of COVID19 test*	Local			Jun-21						0
	Number of COVID19 related incidents*	Local			Jun-21						23
	Number of COVID19 related serious incidents*	Local			Jun-21						0
	Number of COVID19 related complaints*	Local			Jun-21						16
	Number of COVID19 related risks*	Local			Jun-21						1
	Number of staff self isolated (asymptomatic)*	Local			May-21						7
	Number of staff self isolated (symptomatic)*	Local			May-21						19
	% sickness*	Local			May-21						24

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Jun-21	528		15			616
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E)	National	95%		Jun-21	59.0%	97.7%				75%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from	National	0		Jun-21	879	1				1,014
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Jul-21	14%					14%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Jul-21	35%					35%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Jul-21	100%					100%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Jul-21	29%					29%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Jul-21	45%					45%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	19	Jul-21	3	3	2	15	0	23
	Number of S.aureus bacteraemia cases	National		8	Jul-21	3	0	4	4	0	11
	Number of C.difficile cases	National		13	Jul-21	7	0	8	8	0	23
	Number of Klebsiella cases	National		6	Jul-21	2	0	0	1	0	3
	Number of Aeruginosa cases	National		4	Jul-21	0	0	0	1	0	1
	Compliance with hand hygiene audits	Local	95%		Jul-21	94%	93%	100%	95%	96%	95%
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Jun-21	91.0%					91.0%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Jun-21	60.0%					60.0%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE	Local	75%		Jun-21	71.0%					71.0%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Jun-21	76.0%					76.0%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Jun-21	76.0%					76.0%
	Return to original residence- % patients discharged back to original residence, or in that	Local	75%		Apr-21	70.2%					70.2%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-21	7.5%					7.5%
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		Jul-21	0	0	0	0	0	1
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Jun-21						0%
	Number of Never Events	Local	0		Jul-21	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Jun-21	25	3	25	21	0	74
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Jun-21	0	0	2	4	0	6
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		May-21						756
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Jul-21	66	41	48	6	32	193
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Jun-21						4.50
Mortality	Universal Mortality reviews undertaken within 28 days	Local	95%		Jul-21	97%	100%	100%			98%
	Stage 2 mortality reviews completed within 60 days	Local	95%		Jan-21	43%	0%	50%			37%
	Crude hospital mortality rate by Delivery Unit (74 u)	National	12 month		May-21	1.76%	0.15%	0.52%			1.04%

Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	12 month improvement trend		Jun-21						46%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Jul-21	13,867	228	9,053	131		23,225
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Jul-21	22,414	57	12,022	119		35,128
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Jul-21	3,162		2,068			5,425
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Jul-21		15		156	0	0
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Jul-21						133,903
	Number of patients delayed by over 100% past their target date	National	0		Jul-21						34,816
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Jul-21						60,618
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Jul-21						0
Patient Experience/ Feedback	Number of patients without a documented clinical review date	Local	0		Jul-21						5
	Number of friends and family surveys completed	Local	12 month improvement trend		Jul-21	934	Now reported under Singleton	1,808	532	0	1,912
	% of patients who would recommend and highly recommend	Local	90%	80%	Jul-21	97%		97%	100%	0%	92%
	% of all Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Jun-21	97%		97%	-	0%	96%
	Number of new complaints received	Local	12 month reduction trend		Jun-21	69		31	16	19	159
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date	National	75%	80%	Mar-21	92%	100%	67%	67%	67%	81%

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

Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent 6 in 1 vaccine by age 1	National	95%	90%	Q4 2020/21						95.4%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q4 2020/21						95.2%
	% children who received PCV2 vaccine by age 1		95%	90%	Q4 2020/21						96.9%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q4 2020/21						94.0%
	% children who received MMR1 vaccine by age 2		95%	90%	Q4 2020/21						94.0%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q4 2020/21						94.3%
	% children who received MenB4 vaccine by age 2		95%	90%	Q4 2020/21						94.1%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q4 2020/21						96.3%
	% children who are up to date in schedule by age 4		95%	90%	Q4 2020/21						86.3%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q4 2020/21						92.4%
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q4 2020/21						91.7%
	% children who received MMR vaccination by age 16		95%	90%	Q4 2020/21						88.9%
	% children who received teenage booster by age 16		90%	85%	Q4 2020/21						90.5%
	% children who received MenACWY vaccine by age 16		Improve		Q4 2020/21						91.3%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Apr-21						100%
	% of patients waiting less than 26 days for 1st outpatient appointment (< 18 yrs)	National	80%		Apr-21						60%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Apr-21						0%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Apr-21						48%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt	National	80%		Apr-21					97%	97%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Apr-21						49%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by	National	80%		Apr-21					92%	92%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental	National	95%		Apr-21					100%	100%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18	National	80%		Apr-21						30%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and	National	90%		Apr-21						82%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and	National	90%		Apr-21					91%	91%

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

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

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Tread	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
COVID-19 related measures	Number of new COVID19 cases	Local	Jul-21	1,346		Reduce					53	66	787	4,664	5,525	11,376	3,759	1,208	307	406	183	708	1,346	
	Number of staff referred for Antigen Testing	Local	Jul-21	12,872		Reduce					3,329	3,564	4,765	6,460	8,201	10,065	10,749	11,115	11,683	11,957	12,224	12,505	12,872	
	Number of staff awaiting results of COVID19 test	Local	Jul-21	0		Reduce					1	0	38 (as at 10/10/20)	21 (as at 06/11/20)	41 (as at 06/12/20)	39 (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		
	Number of COVID19 related incidents	Local	Jul-21	0		Reduce					26	39	30	87	141	127	84	63	53	74	67	23		
	Number of COVID19 related serious incidents	Local	Jul-21	0		Reduce					0	11	1	1	1	0	0	0	0	0	0	0		
	Number of COVID19 related complaints	Local	Jul-21	0		Reduce					58	27	30	37	50	83	106	131	98	38	13	16		
	Number of COVID19 related risks	Local	Jul-21	0		Reduce					5	8	2	6	7	10	3	3	3	2	2	1		
	Number of staff self isolated (asymptomatic)	Local	Jul-21	71		Reduce						422	420	353	329	291	475	218	160	145	84	71	71	
Number of staff self isolated (symptomatic)	Local	Jul-21	67		Reduce						70	36	72	132	294	394	316	156	108	87	71	50	67	
% sickness	Local	Jul-21	0		Reduce						3.6%	3.5%	3.2%	3.5%	4.4%	6.5%	4.0%	2.4%	1.3%	1.3%	1.3%	0.3%	1.3%	
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 Tread	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-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	37%	30%																			
	% 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)		74%	72%	63%	66%	67%	54%	67%	70%	73%	72%	62%	67%	64%	
	Number of ambulance handovers over one hour	National	Jun-21	547	0			3,124 (Apr-21)	4th (Apr-21)		120	163	410	355	500	510	195	219	231	337	477	547	616	
	Handover hours lost over 15 minutes	Local	Jun-21	138563%							315	418	1,100	316	1,474	1,804	455	550	583	877	1,154	1,386	1,937	
	% 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	35%			75.7% (Mar-21)	4th (Mar-21)		80.1%	80.6%	76.4%	77.2%	75.4%	72.6%	77%	71%	77%	75%	73%	72%	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)		223	286	537	494	626	776	570	534	457	631	684	880	1,014	
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)		93.5%	93.3%	83.4%	90.0%	67.3%	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%	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)		57.4%	51.4%	50.0%	29.8%	23.7%	7.1%	6.8%	18.2%	20.4%	20.3%	27.5%	28.3%	13.5%	
	CT Scan (<1 hrs) (local)	Local	May-21	37%							48.2%	52.8%	62.5%	42.1%	31.7%	22.7%	42.2%	30.6%	40.8%	29.7%	36.5%	29.6%	34.6%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	May-21	98%	85.3%			87.6% (Mar-21)	1st (Mar-21)		94.6%	97.2%	97.5%	98.2%	96.7%	95.5%	95.6%	97.2%	100.0%	96.3%	98.1%	100.0%	100.0%	
	Thrombolysis door to needle <= 45 mins	Local	May-21	0%	12 month ↑						25.0%	0.0%	12.5%	11.1%	28.6%	0.0%	12.5%	0.0%	55.6%	25.0%	0.0%	33.3%	28.6%	
	% 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)		44.3%	61.7%	80.1%	86.5%	65.1%	63.4%	65.7%	61.2%	55.3%	47.1%	39.7%	41.3%	45.4%	
	% of stroke patients who receive a 6 month follow-up assessment	National	Q3 19/20	43.6%	Qtr on qtr ↑			62.2% (Q3 19/20)	5th out of 6 organisations (Q3 19/20)															
DTCOs	Number of mental health HB DTOCs	National	Mar-20	13	12 month ↓	27	✓				DTCOC reporting temporarily suspended													
	Number of non-mental health HB DTOCs	National	Mar-20	60	12 month ↓	50	✗				DTCOC 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)															
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	May-21	88.3	<67		✗	77.95 (Apr-21)	5th (Apr-21)		53.8	62.5	64.0	65.7	63.8	60.7	60.0	59.8	61.9	39.8	88.3	89.4	0.0	
	Number of E.Coli bacteraemia cases (Hospital)			11							8	8	7	14	5	5	6	6	9	12	11	5	8	
	Number of E.Coli bacteraemia cases (Community)		May-21	15								17	24	16	11	11	7	12	11	19	20	15	23	15
	Total number of E.Coli bacteraemia cases			26								25	32	23	25	16	12	18	17	28	32	26	28	23
	Cumulative cases of S.aureus bacteraemias per 100k pop		May-21	44.5	<20		✗	27.01 (Apr-21)	6th (Apr-21)		26.1	28.2	30.7	31.5	32.7	31.7	31.6	31.4	31.6	40.5	44.5	37.0	0.0	
	Number of S.aureus bacteraemias cases (Hospital)			5								3	5	7	6	7	6	5	7	4	4	5	5	7
	Number of S.aureus bacteraemias cases (Community)		May-21	10								3	7	7	6	6	3	4	2	7	9	10	2	4
	Total number of S.aureus bacteraemias cases			15								6	12	14	12	13	9	9	11	13	15	7	11	
	Cumulative cases of C.difficile per 100k pop		Jul-21	0.0	<26		✗	28.34 (Apr-21)	6th (Apr-21)		45.3	50.2	51.2	50.4	48.4	45.7	42.0	41.5	41.1	62.3	49.1	46.2		
	Number of C.difficile cases (Hospital)			16								7	9	12	12	8	6	5	9	7	15	7	6	16
	Number of C.difficile cases (Community)		Jul-21	7.0								4	14	6	3	2	3	0	2	5	5	5	6	7
	Total number of C.difficile cases			23								11	23	18	15	10	9	3	11	12	20	12	12	23
	Cumulative cases of Klebsiella per 100k pop		Jul-21	0.0								20.0	22.1	21.0	21.3	23.4	24.3	26.4	25.8	26.2	28.1	21.5	26.7	0.0
	Number of Klebsiella cases (Hospital)			2								3	6	3	7	7	8	8	4	1	4	3	5	2
	Number of Klebsiella cases (Community)		Jul-21	1.0								2	4	2	2	4	4	5	2	9	5	2	7	1
	Total number of Klebsiella cases			3				38 (Apr-21)	6th (Apr-21)		5	10	5	9	11	12	13	6	10	9	5	12	3	
	Cumulative cases of Aeruginosa per 100k pop		Jul-21	0.0								6.2	6.7	5.6	5.7	5.8	5.5	5.2	5.1	4.3	3.4	6.1	6.2	0.0
	Number of Aeruginosa cases (Hospital)			0								0	0	0	1	1	1	0	0	0	2	0	1	0
	Number of Aeruginosa cases (Community)		Jul-21	1.0								1	3	0	1	1	0	1	1	1	1	1	1	1
	Total number of Aeruginosa cases			1				21 (Apr-21)	Joint 3rd (Apr-21)		1	3	0	2	2	1	1	1	1	3	1	2	1	

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	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Serious Incidents and risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Jul-21	0.0%	90%	80%	✗				0%	50%	20%	0%	0%	4%	0%	10%	0%	0%	0%	0%	0%
	Number of new Never Events	National		1.00	0	0	✓				0	0	0	1	1	0	0	0	0	0	0	1	0
	Number of risks with a score greater than 20	Local	Jul-21	32.00		12 month ↓	✗				115	121	117	130	138	146	148	140	142	40	41	32	0
	Number of risks with a score greater than 16	Local		50.00		12 month ↓	✗				204	210	206	224	224	238	242	233	230	54	58	50	0
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Jun-21	53.00		12 month ↓	✗				19	37	44	53	42	67	57	48	36	53	53	53	
	Number of pressure ulcers developed in the community			21.00		12 month ↓	✓				28	25	21	34	29	26	25	24	26	31	20	21	
	Total number of pressure ulcers			74.00		12 month ↓	✗				47	62	65	93	71	87	76	72	62	90	73	74	
	Number of grade 3+ pressure ulcers acquired in hospital			2.00		12 month ↓	✗				0	4	0	4	4	3	2	3	1	4	1	2	
	Number of grade 3+ pressure ulcers acquired in community		Jun-21	4.00		12 month ↓	✓				4	5	5	11	5	7	5	4	2	10	2	4	
	Total number of grade 3+ pressure ulcers		Jun-21	6.00		12 month ↓	✗				4	9	5	15	9	10	7	7	3	14	3	6	
Inpatient Falls	Number of Inpatient Falls	Local	Jul-21	174		12 month ↓	✓				208	227	219	187	247	247	203	177	171	176	228	174	193
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Jul-21	99%	95%	95%	✓				95.5%	96.6%	99.2%	100.0%	98.1%	99.0%	100.0%	100.0%	97.6%	99.3%	98.0%	98.6%	97.6%
	Stage 2 mortality reviews required	Local	May-21	5							10	10	11	9	17	12	19	6	11	5	18	0	0
	% stage 2 mortality reviews completed	Local	Jan-21	36.80%		100%	✗				90.0%	50.0%	54.5%	33.3%	35.7%	75.0%	36.8%					0.0%	0.0%
	Crude hospital mortality rate (74 years of age or less)	National	Jun-21	1.01%	12 month ↓			1.56% (Mar-21)	4th (Mar-21)		0.92%	0.90%	0.93%	0.97%	1.01%	1.08%	1.14%	1.17%	1.17%	1.04%		1.01%	0.00%
	% of deaths scrutinised by a medical examiner	National				Qtr on qtr ↑					New measure for 2020/21- awaiting data												
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jun-21	95%		98%	✓				96.6%	92.4%	93.6%	93.9%	94.6%	98.5%	95.0%	96.3%	93.5%	97.4%	98.9%	95.0%	
HAT	Number of potentially preventable hospital acquired thromboses (HAT)	National	Q2 20/21	3	4 quarter ↓			6					3										
Coding	% of episodes clinically coded within 1 month of discharge	Local	May-21	96%	95%	95%	✓				96%	96%	96%	95%	93%	93%	95%	96%	96%	96%	96%	0%	
	% of clinical coding accuracy attained in the NWS national clinical coding accuracy audit programme	National	2019/20	91%	Annual ↑			93.9% (2019/20)	7th (2019/20)														
E-TOC	% of completed discharge summaries (total signed and	Local	Jun-21	69%		100%	✗				63%	66%	70%	68%	66%	59%	67%	63%	64%	63%	67%	69%	62%
Workforce	Agency spend as a % of the total pay bill	National	Oct-20	3.76%	12 month ↓			4.4% (Oct-20)	5th out of 10 organisations (Oct-20)		2.81%	3.62%	3.99%	3.76%									
	Overall staff engagement score - scale score method	National	2020	75%	Improvement			75% (2020)	6th out of 10 organisations (2020)		2020 = 75%												
	% of headcount by organisation who have had a PADRI/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jul-21	60%	85%	85%	✗	61.0% (Oct-20)	7th out of 10 organisations (Aug-20)		59%	58%	58%	58%	56%	54%	52%	51%	53%	57%	60%	65%	60%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	National	2018	55%	Improvement			54% (2018)	2nd (2018)														
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Jun-21	81%	85%	85%	✗	79.4% (Oct-20)	5th out of 10 organisations (Aug-20)		80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	81%	81%
	% workforce sickness absence (12 month rolling)	National	Jul-21	6.91%	12 month ↓			5.87% (Oct-20)	10th out of 10 organisations (Oct-20)		7.03%	7.03%	7.03%	7.07%	7.23%	7.48%	7.57%	7.56%	7.44%	7.12%	6.93%	6.91%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2020	67.1%	Improvement			67.8% (2020)	7th out of 10 organisations (2020)		2020 = 67.1%												

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	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
Primary Care	% of GP practices that have achieved all standards set out in the National Access Standards for in-hours GMS	National	2019/20	38.80%	100%			59.7% (2019/20)	7th (2019/20)															
	% of children regularly accessing NHS primary dental care within 24 months	National	Q2 20/21	72.6%	4 quarter ↑			63.8% (Q2 20/21)	1st (Q2 20/21)				72.6%											
	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Mar-21	6.6%	4 quarter ↓			21.8% (Q3 20/21)	1st (Q3 20/21)		18.6%	24.7%	23.8%	27.2%	17.2%	12.0%	5.9%	5.3%	6.6%					
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	July-21 (draft)	54.4%	12 month ↑			67.1% (Mar-21)	2nd out of 6 organisations (Mar-21)		68.2%	67.4%	62.4%	65.9%	55.4%	61.0%	67.9%	56.4%	71.6%	65.7%	65.4%	65.4%	54.4%	
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Jun-21	31%	80%		✗				71%	63%	60%	75%	58%	71%	45%	35%	42%	37%	40%	31%		
	Scheduled (28 Day Target)	Local	Jun-21	70%	100%		✗				97%	92%	86%	90%	85%	88%	82%	80%	85%	77%	87%	70%		
	Urgent SC (7 Day Target)	Local	Jun-21	45%	80%		✗				57%	57%	54%	43%	31%	50%	50%	23%	41%	38%	50%	45%		
	Urgent SC (14 Day Target)	Local	Jun-21	87%	100%		✗				97%	91%	92%	86%	100%	85%	94%	91%	90%	83%	86%	87%		
	Emergency (within 1 day)	Local	Jun-21	100%	80%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	91%	100%	100%		
	Emergency (within 2 days)	Local	Jun-21	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	Elective Delay (21 Day Target)	Local	Jun-21	91%	80%		✓				52%	46%	58%	58%	56%	71%	69%	61%	86%	82%	81%	91%		
	Elective Delay (28 Day Target)	Local	Jun-21	95%	100%		✗				97%	75%	60%	75%	73%	88%	89%	75%	93%	92%	84%	95%		
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jul-21	5,425	0			41,693 (Mar-21)	2nd (Mar-21)		7,510	8,070	7,666	6,645	6,610	6,579	6,239	5,087	4,554	4,804	4,842	5,230	5,425	
	Number of patients waiting > 14 weeks for a specified therapy	National	Aug-21	151	0			4,066 (Mar-21)	2nd (Mar-21)		1,554	1,518	1,350	1,135	817	708	584	491	369	201	166	171	151	
	% of patients waiting < 26 weeks for treatment	National	Sep-21	0	95%			52.5% (Mar-21)	6th (Mar-21)		52.5%	43.7%	41.0%	44.8%	47.6%	48.0%	47.0%	47.9%	48.8%	49.1%	49.1%	50.7%	47.8%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Oct-21	23,225	0						15,721	20,497	23,069	22,050	21,005	21,179	21,208	21,225	21,750	22,752	23,700	23,279	23,225	
	Number of patients waiting > 36 weeks for treatment	National	Nov-21	35,128	0			216,418 (Mar-21)	3rd (Mar-21)		18,078	22,494	26,046	31,508	35,387	35,126	33,991	32,719	32,874	33,395	34,447	35,040	35,128	
	The number of patients waiting for a follow-up outpatient appointment	National	Dec-21	133,903	HB target			747,782 (Mar-21)	5th (Mar-21)		120,062	120,369	120,362	120,368	120,874	119,363	119,999	120,882	121,403	122,303	123,088	127,444	133,903	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jan-22	34,816	TBC			194,689 (Mar-21)	5th (Mar-21)		22,101	23,209	24,472	26,217	27,156	27,641	28,419	28,862	29,316	29,334	30,062	30,550	34,816	
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Feb-22	0	95%			44.8% (Mar-21)	3rd (Mar-21)		55.5%	50.9%	47.7%	45.2%	48.4%	47.3%	46.7%	47.4%	47.7%	47.2%		46.7%		
Hepatitis C	Number of patients with Hepatitis C who have successfully completed their course of treatment in the reporting year	National			HB target						New measure for 2020/21 - awaiting data													
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jun-21	6.5%	12 month ↓						3.9%	4.7%	6.4%	6.0%	6.6%	7.7%	7.1%	6.2%	5.6%	5.3%	5.7%	6.5%		
	% of patients who did not attend a follow-up outpatient appointment	Local	Jun-21	5.5%	12 month ↓						5.2%	6.0%	6.9%	6.5%	7.2%	8.2%	7.1%	6.2%	6.7%	6.1%	6.9%	5.5%		
Theatre Efficiencies	Theatre Utilisation rates	Local	Jun-21	77.0%		90%	✗				42%	90%	75%	75%	74%	59%	65%	73%	75%	80%	78%	77%		
	% of theatre sessions starting late	Local	Jun-21	43.0%		<25%	✗				51%	46%	49%	44%	39%	45%	40%	42%	40%	38%	43%	43%		
	% of theatre sessions finishing early	Local	Jun-21	43.0%		<20%	✗				37%	28%	39%	38%	50%	47%	44%	44%	48%	41%	45%	43%		
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)		2,391	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 A/WMSG 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-PU's	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	Jul-21	1,912		12 month ↑	✓				502	625	2,804	1,047	787	584	678	798	1,050		4,590	3,297	1,912	
	% of who would recommend and highly recommend	Local	Jul-21	92%		90%	✗				91%	83%	93%	82%	84%	77%	79%	85%	87%		96%	97%	92%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Jun-21	1		90%	✓				91%	83%	84%	79%	85%	65%	81%	94%	93%		92%	96%		
Complaints	Number of new formal complaints received	Local	Jun-21	15900%		12 month trend	✗				77	74	107	121	103	83	78	94	117	100	115	159	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)		79%	72%	82%	75%	82%	80%	71%	80%	81%					
	% of acknowledgements sent within 2 working days	Local	Jun-21	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Research	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	National	Q1-Q3 20/21	1,328	10% annual ↑	1,651	✓	6,378 (Q1-2 20/21)	5th out of 10 organisations (Q1-2 20/21)				376			1328								
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q1-Q3 20/21	36	5% annual ↑	215	✗	73 (Q1-2 20/21)	2nd out of 10 organisations (Q1-2 20/21)				21			36								

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	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-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%						
	% 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	Apr-21	100%		100%	✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%							
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Apr-21	30%	80%	80%	✘	32.2% (Mar-21)	5th (Mar-21)		30%	24%	21%	22%	24%	26%	24%	28%	30%	30%							
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Apr-21	60%	80%	80%	✘	75.8% (Mar-21)	3rd (Mar-21)		100%	100%	98%	90%	88%	61%	53%	66%	63%	60%							
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Apr-21	0%		80%	✘	62.3% (Mar-21)	4th (Mar-21)		100%	100%	62%	29%	41%	73%	29%	97%	46%	0%							
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Apr-21	49%		80%	✘	80.5% (Mar-21)	3rd (Mar-21)		100%	86%	100%	100%	100%	100%	93%	97%	91%	49%							
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Apr-21	48%		80%	✘				100%	100%	98%	79%	62%	58%	60%	56%	53%	48%							
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Apr-21	82%		90%	✘	84.6% (Mar-21)	5th (Mar-21)		98%	98%	81%	82%	81%	82%	83%	84%	82%	82%							
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	Apr-21	97%	80%	80%	✔	73.9% (Mar-21)	1st (Mar-21)		99%	99%	97%	99.5%	98%	99%	96%	98%	97%	97%							
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Apr-21	92%	80%	80%	✔	81.0% (Mar-21)	2nd (Mar-21)		96%	88%	94%	93%	98%	95%	95%	98%	97%	92%							
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Apr-21	100%	95%	95%	✔	61.3% (Mar-21)	1st (Mar-21)		89%	91%	99%	99.7%	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	Apr-21	91%	90%	90%	✔	85.3% (Mar-21)	2nd (Mar-21)		94%	92%	90%	91%	91%	89%	91%	91%	91%	91%							
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)																		