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Bwrdd Iechyd Prifysgol  
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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>27<sup>th</sup> July 2021</b>	<b>Agenda Item</b>	<b>4.3</b>
<b>Report Title</b>	<b>Quality &amp; Safety Performance Report</b>		
<b>Report Author</b>	Meghann Reynolds Head of Performance		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance and Performance (interim)		
<b>Presented by</b>	Darren Griffiths, Director of Finance and Performance (interim)		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	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.		
<b>Key Issues</b>	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the ongoing operational pressures within the Health Board relating to the COVID-19 pandemic, it was agreed that the narrative update would be omitted from this iteration of the performance report.</p> <p>Historically Welsh Government publish a revised NHS Wales Delivery Framework on an annual basis. In 2021/22 a new Single Outcomes Framework for Health and Social Care was due to be published however, development of the framework was delayed due to the COVID19 pandemic. As a result, the 2020/21 Delivery Framework measures have been rolled over for 2021/22. During 2021-22, the Delivery Framework will be redeveloped to create a set of outcomes measures, reflecting the current work on the single integrated outcomes framework. The intention of the new integrated framework measures is to demonstrate how patients and populations are better off through the delivery of services, and allowing a different balance across our traditional services.</p> <p>The Health Board continues to refine the organisation's annual plan and develop recovery trajectories. As soon as the trajectories are agreed, they will be included in this report. 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><b>Key high level issues to highlight this month are as follows:</b></p> <p><b>2021/22 Delivery Framework</b></p> <p><b>COVID19-</b> The number of new cases of COVID19 has seen an increase in June 2021, with 708 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><b>Unscheduled Care-</b> Demand for emergency department care within Swansea Bay University (SBU) Health Board significantly increased in June 2021 with A&amp;E attendances now higher than at pre-Covid levels. This increase in demand was reflected in a deterioration in the 4 and 12 hour A&amp;E targets as well as ambulance handovers.</p> <p><b>Planned Care-</b> June 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 slight increase. The waiting list for stage 1 patients continues to increase, however June saw a reduction in the number of referrals received by secondary care. Therapy waiting times have significantly decreased since June 2020 and the number of patients waiting over target slightly increased in June 2021 with some therapy services maintaining a nil breach position (i.e. Occupational Therapy and Physiotherapy).</p> <p><b>Cancer-</b> June 2021 (draft data) saw a 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 June 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><b>Mental Health-</b> performance against the Mental Health Measures continues to be maintained. All targets were achieved in May 2021. Psychological therapies within 26 weeks continue to be maintained at 100%.</p> <p><b>Child and Adolescent Mental Health Services (CAMHS)-</b>Access times for routine CAMHS still continue to not meet the required targets, with crisis performance deteriorating to 93% against the 100% target. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, however performance continues to increase steadily, achieving 33% in May 2021 against a target of 80%.</p>
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	<p><b>Serious Incidents closures-</b> Performance against the 80% target was 0% in June 2021 as none of the three closure forms due to be submitted to Welsh Government were submitted on time.</p> <p><b>Patient Experience-</b> 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. June 2021 data is included in this report.</p>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE-</b> current Health Board performance against key measures and targets.</li> </ul>			

# 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

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives (please choose)</b>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>
<b>Health and Care Standards</b>		
<b>(please choose)</b>	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"/>
<b>Quality, Safety and Patient Experience</b>		
<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>		
<b>Financial Implications</b>		
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.		
<b>Legal Implications (including equality and diversity assessment)</b>		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		
<b>Staffing Implications</b>		

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.	
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <ul style="list-style-type: none"> <li>• <b>Long term</b> – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.</li> <li>• <b>Prevention</b> – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being.</li> <li>• <b>Integration</b> – 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.</li> <li>• <b>Collaboration</b> – 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.</li> <li>• <b>Involvement</b> – Corporate and Service Groups leads are key in identifying performance issues and identifying actions to take forward.</li> </ul>	
<b>Report History</b>	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in May 2021. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Quality & Safety performance report



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# Appendix 1- Quality & Safety Performance Report

## July 2021





## CONTENTS PAGE

	Page numbers:
1. <a href="#"><u>OVERVIEW – KEY PERFORMANCE INDICATORS SUMMARY</u></a>	11
2. <a href="#"><u>QUADRANTS OF HARM SUMMARY</u></a>	12
3. <b>HARM QUADRANT- HARM FROM COVID ITSELF</b>	
3.1 <a href="#"><u>Overview</u></a>	13
3.2 Updates on key measures:	14
• <a href="#"><u>COVID cases and Testing</u></a>	15
• <a href="#"><u>Staff absence due to COVID</u></a>	
4. <b>HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM</b>	
4.1 <a href="#"><u>Overview</u></a>	16-19
4.2 Updates on key measures:	
• <a href="#"><u>Unscheduled care</u></a>	20-27
• <a href="#"><u>Fractured Neck of Femur (#NOF)</u></a>	28-29
• <a href="#"><u>Healthcare Acquired Infections</u></a>	30-32
• <a href="#"><u>Pressure Ulcers</u></a>	32
• <a href="#"><u>Serious Incidents</u></a>	33
• <a href="#"><u>Inpatient Falls</u></a>	34
• <a href="#"><u>Discharge Summaries</u></a>	34
• <a href="#"><u>Crude Mortality</u></a>	35
5. <b>HARM QUADRANT- REDUCTION IN NON-COVID ACTIVITY</b>	
5.1 <a href="#"><u>Overview</u></a>	36-37
5.2 <a href="#"><u>Primary and Community Care Overview</u></a>	38
5.3 Updates on key measures:	
• <a href="#"><u>Planned care</u></a>	39-43
• <a href="#"><u>Cancer</u></a>	44-46

• <a href="#">Follow-up appointments</a>	47
• <a href="#">Patient Experience</a>	48
• <a href="#">Complaints</a>	49
 <b>6. HARM QUADRANT- HARM FROM WIDER SOCIETAL ACTIONS/ LOCKDOWN</b>	
6.1 <a href="#">Overview</a>	50-52
6.2 Updates on key measures:	
• <a href="#">Adult Mental Health</a>	53
• <a href="#">Child and Adolescent Mental Health</a>	54
 <b><a href="#">APPENDIX 2: SUMMARY OF KEY MEASURES BY SERVICE GROUP</a></b>	55-58
 <b><a href="#">APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD</a></b>	59-62

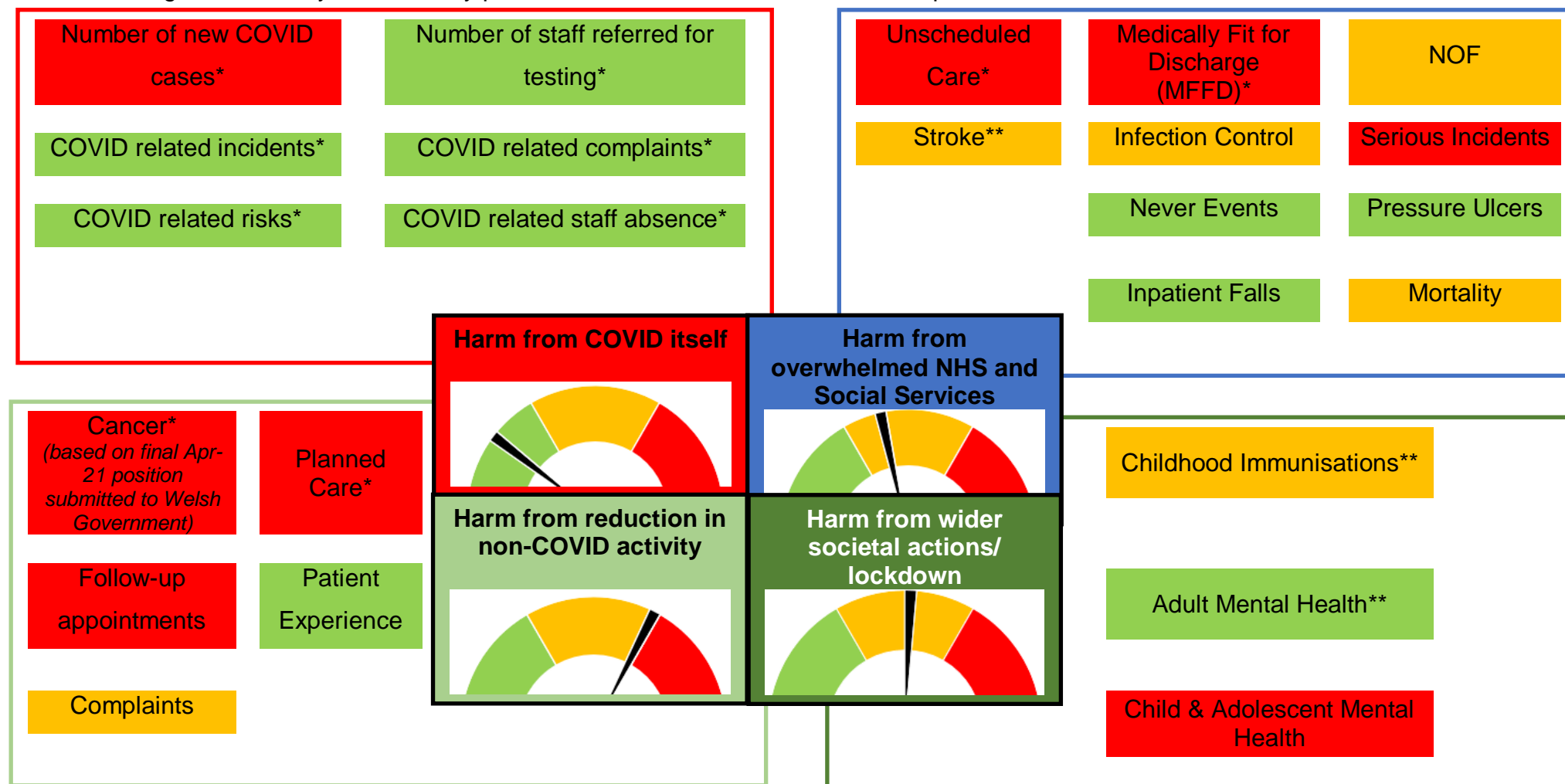
## 1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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. All targets were achieved in May 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 93% against the 100% target.
- Demand for emergency department care within Swansea Bay University (SBU) Health Board significantly increased in June 2021 with A&E attendances now higher than 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 June 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 slight increase. The waiting list for stage 1 patients continues to increase, however June saw a reduction in the number of referrals received by secondary care. Therapy waiting times have significantly decreased since June 2020 and the number of patients waiting over target slightly increased in June 2021 with some therapy services maintaining a nil breach position (i.e. Occupational Therapy and Physiotherapy).
- June 2021 (draft data) saw a 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 June 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.
- Concerns response performance achieved the national target of 75% in April 2021, however did not meet the national target of 80%. The number of formal complaints received increased in June 2021 by 38% compared to May 2021.
- The number of Friends & Family surveys completed decreased significantly in June 2021 and the overall recommendation rate was 97% against an internal target of 90%.
- Serious Incident (SI) numbers have remained consistent. SI closure performance remained poor in June 2021 (0%)
- Morriston Hospital recorded a new Never Event in June 2021.
- Fractured neck of femur performance in May 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

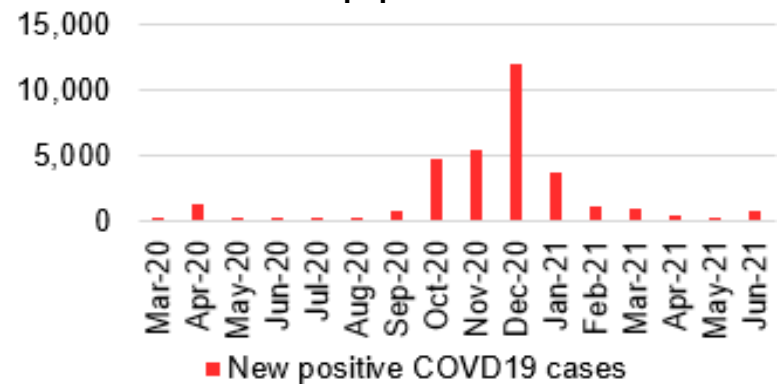
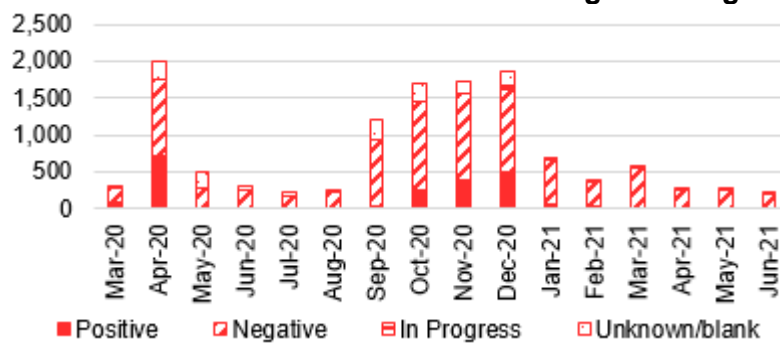
\*RAG status based on in-month movement in the absence of local profiles

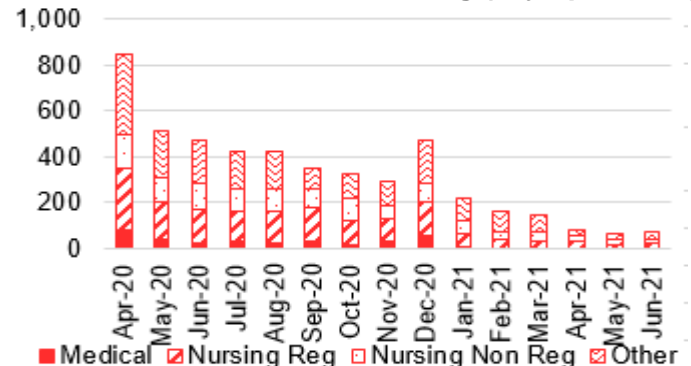
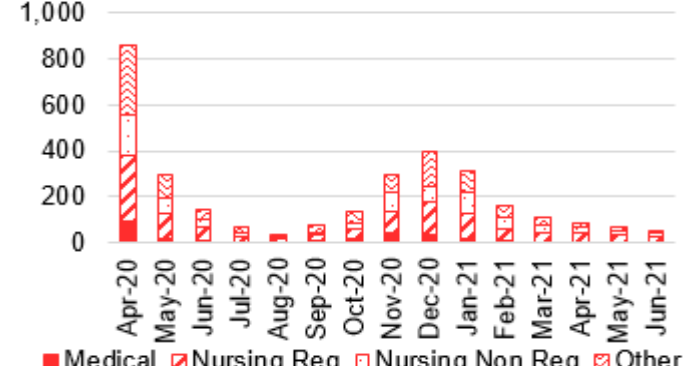
## 2. HARM QUADRANT- HARM FROM COVID ITSELF

### 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	
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	
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	207	
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	
Number of COVID19 related incidents*	HB Total				40	26	39	30	87	141	127	84	63	53	74	67	23	
Number of COVID19 related serious incidents*	HB Total				2	0	11	1	1	1	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	
Number of COVID19 related risks*	HB Total				19	5	8	2	6	7	10	3	3	3	2	2	1	
Number of staff self isolated (asymptomatic)*	Medical				27	29	24	34	17	36	55	7	2	3	2	1	3	
	Nursing Registered				145	133	142	149	106	93	152	61	40	32	28	18	21	
	Nursing Non Registered				112	97	96	77	95	56	81	57	33	35	25	20	18	
	Other				190	163	158	93	111	106	187	93	85	75	29	22	28	
Number of staff self isolated (symptomatic)*	Medical				7	2	0	8	17	41	34	16	5	1	1	1	2	
	Nursing Registered				56	23	14	25	44	97	145	112	52	44	39	33	23	
	Nursing Non Registered				37	18	9	8	25	77	68	88	49	29	24	20	18	
	Other				41	27	13	31	46	79	147	100	50	34	23	17	7	
% sickness*	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%	
	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%	
	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%	
	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%	
	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%	

### 3.1 Updates on key measures

COVID TESTING																																																																																							
Description	Current Performance	Trend																																																																																					
1. Number of new COVID19 cases in Swansea Bay population area	<b>1. Number of new COVID cases</b> In June 2021, there were an additional 708 positive cases recorded bringing the cumulative total to 32,251 in Swansea Bay since March 2020.	<b>1.Number of new COVID19 cases for Swansea Bay population</b>  <table><caption>1. Number of new COVID19 cases for Swansea Bay population</caption><thead><tr><th>Month</th><th>New positive COVID19 cases</th></tr></thead><tbody><tr><td>Mar-20</td><td>0</td></tr><tr><td>Apr-20</td><td>1,000</td></tr><tr><td>May-20</td><td>0</td></tr><tr><td>Jun-20</td><td>0</td></tr><tr><td>Jul-20</td><td>0</td></tr><tr><td>Aug-20</td><td>0</td></tr><tr><td>Sep-20</td><td>0</td></tr><tr><td>Oct-20</td><td>4,500</td></tr><tr><td>Nov-20</td><td>5,500</td></tr><tr><td>Dec-20</td><td>12,000</td></tr><tr><td>Jan-21</td><td>3,500</td></tr><tr><td>Feb-21</td><td>1,000</td></tr><tr><td>Mar-21</td><td>1,000</td></tr><tr><td>Apr-21</td><td>0</td></tr><tr><td>May-21</td><td>0</td></tr><tr><td>Jun-21</td><td>0</td></tr></tbody></table>	Month	New positive COVID19 cases	Mar-20	0	Apr-20	1,000	May-20	0	Jun-20	0	Jul-20	0	Aug-20	0	Sep-20	0	Oct-20	4,500	Nov-20	5,500	Dec-20	12,000	Jan-21	3,500	Feb-21	1,000	Mar-21	1,000	Apr-21	0	May-21	0	Jun-21	0																																																			
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2. Number of staff referred for Antigen testing	<b>1. Staff referred for Antigen testing</b> The cumulative number of staff referred for COVID testing between March 2020 and June 2021 is 12,431 of which	<b>2.Outcome of staff referred for Antigen testing</b>  <table><caption>2. Outcome of staff referred for Antigen testing</caption><thead><tr><th>Month</th><th>Positive</th><th>Negative</th><th>In Progress</th><th>Unknown/blank</th></tr></thead><tbody><tr><td>Mar-20</td><td>200</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-20</td><td>1,800</td><td>200</td><td>0</td><td>0</td></tr><tr><td>May-20</td><td>400</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Jun-20</td><td>300</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Jul-20</td><td>200</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Aug-20</td><td>200</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Sep-20</td><td>1,200</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Oct-20</td><td>1,600</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Nov-20</td><td>1,600</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Dec-20</td><td>1,800</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Jan-21</td><td>700</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Feb-21</td><td>400</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Mar-21</td><td>500</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Apr-21</td><td>200</td><td>100</td><td>0</td><td>0</td></tr><tr><td>May-21</td><td>200</td><td>100</td><td>0</td><td>0</td></tr><tr><td>Jun-21</td><td>200</td><td>100</td><td>0</td><td>0</td></tr></tbody></table>	Month	Positive	Negative	In Progress	Unknown/blank	Mar-20	200	0	0	0	Apr-20	1,800	200	0	0	May-20	400	100	0	0	Jun-20	300	100	0	0	Jul-20	200	100	0	0	Aug-20	200	100	0	0	Sep-20	1,200	100	0	0	Oct-20	1,600	100	0	0	Nov-20	1,600	100	0	0	Dec-20	1,800	100	0	0	Jan-21	700	100	0	0	Feb-21	400	100	0	0	Mar-21	500	100	0	0	Apr-21	200	100	0	0	May-21	200	100	0	0	Jun-21	200	100	0	0
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Jun-20	300	100	0	0																																																																																			
Jul-20	200	100	0	0																																																																																			
Aug-20	200	100	0	0																																																																																			
Sep-20	1,200	100	0	0																																																																																			
Oct-20	1,600	100	0	0																																																																																			
Nov-20	1,600	100	0	0																																																																																			
Dec-20	1,800	100	0	0																																																																																			
Jan-21	700	100	0	0																																																																																			
Feb-21	400	100	0	0																																																																																			
Mar-21	500	100	0	0																																																																																			
Apr-21	200	100	0	0																																																																																			
May-21	200	100	0	0																																																																																			
Jun-21	200	100	0	0																																																																																			

<b>Staff absence due to COVID19</b>  <i>1.Number of staff self-isolating (asymptomatic)</i>  <i>2.Number of staff self isolating (symptomatic)</i>          <i>3.% staff sickness</i>	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.</p> <p><b>1. &amp; 2. Number of staff self-isolating (asymptomatic and symptomatic)</b> Between April and June 2021, the number of staff self-isolating (asymptomatic) slightly increased from 61 to 70 and the number of staff self-isolating (symptomatic) reduced from 71 to 50. In June 2021, “other” staff had the largest number of self-isolating staff who are asymptomatic and Registered Nursing had the largest number of self-isolating staff who are symptomatic.</p> <p><b>3. % Staff sickness</b> The percentage of staff sickness absence due to COVID19 has significantly reduced from 13.2% in April 2020 to 0.9% in June 2021.</p> <p>June 2021 saw the lowest level of COVID19 related sickness since the pandemic began in March 2020.</p>																																																																																																															
	<p><b>1.Number of staff self isolating (asymptomatic)</b></p> 																																																																																																															
	<p><b>2.Number of staff self isolating (symptomatic)</b></p> 																																																																																																															
<p><b>3.% staff sickness</b></p> <table><tr><th></th><th>Apr-20</th><th>May-20</th><th>Jun-20</th><th>Jul-20</th><th>Aug-20</th><th>Sep-20</th><th>Oct-20</th><th>Nov-20</th><th>Dec-20</th><th>Jan-21</th><th>Feb-21</th><th>Mar-21</th><th>Apr-21</th><th>May-21</th><th>Jun-21</th></tr><tr><td>Medical</td><td>14.9%</td><td>4.0%</td><td>3.0%</td><td>2.8%</td><td>2.5%</td><td>4.0%</td><td>3.2%</td><td>7.3%</td><td>8.3%</td><td>2.2%</td><td>0.7%</td><td>0.4%</td><td>0.3%</td><td>0.2%</td><td>0.5%</td></tr><tr><td>Nursing Reg</td><td>14.2%</td><td>7.0%</td><td>5.1%</td><td>4.0%</td><td>4.0%</td><td>4.4%</td><td>3.8%</td><td>4.7%</td><td>7.4%</td><td>4.3%</td><td>2.3%</td><td>1.9%</td><td>1.6%</td><td>1.2%</td><td>1.1%</td></tr><tr><td>Nursing Non Reg</td><td>16.6%</td><td>8.0%</td><td>7.2%</td><td>5.5%</td><td>5.2%</td><td>4.2%</td><td>6.0%</td><td>6.5%</td><td>7.3%</td><td>7.0%</td><td>3.9%</td><td>3.1%</td><td>2.4%</td><td>1.9%</td><td>1.8%</td></tr><tr><td>Other</td><td>11.0%</td><td>5.0%</td><td>3.6%</td><td>2.9%</td><td>2.7%</td><td>2.0%</td><td>2.5%</td><td>3.0%</td><td>5.4%</td><td>3.1%</td><td>2.2%</td><td>1.7%</td><td>0.8%</td><td>0.6%</td><td>0.6%</td></tr><tr><td>All</td><td>13.2%</td><td>6.0%</td><td>4.5%</td><td>3.6%</td><td>3.5%</td><td>3.2%</td><td>3.5%</td><td>4.4%</td><td>6.5%</td><td>4.0%</td><td>2.4%</td><td>1.9%</td><td>1.3%</td><td>1.0%</td><td>0.9%</td></tr></table>																		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%
	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

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
					Unscheduled Care												
Number of ambulance handovers over one hour*	Morriston	0			45	116	160	401	340	484	499	187	215	225	332	462	528
	Singleton				2	4	3	9	15	16	11	8	4	6	5	15	19
	Total				47	120	163	410	355	500	510	195	219	231	337	477	547
% 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*	Morriston	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%
	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%
	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%
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morriston	0			81	223	286	536	493	626	775	570	534	457	630	684	879
	NPTH				0	0	0	1	1	0	1	0	0	0	1	0	1
	Total				81	223	286	537	494	626	776	570	534	457	631	684	880
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morriston	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%	0.0%
	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%	0.0%
% of patients who receive a CT scan within 1 hour*	Morriston	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%	0.0%
	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%	0.0%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morriston	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%	0.0%
	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%	0.0%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morriston	12 month 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%	0.0%
	Total				30.0%	25.0%	0.0%	12.5%	11.1%	28.6%	0.0%	12.5%	0.0%	55.6%	25.0%	0.0%	0.0%
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend			30.7%	44.3%	61.7%	80.1%	86.5%	65.1%	63.4%	65.7%	61.2%	55.9%	47.1%	39.7%	0.0%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	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%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	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%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	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%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	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%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	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%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	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	Morriston	12 month improvement trend			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 improvement trend			95.5%	93.5%	93.9%	89.4%	90.0%	67.9%	68.0%	65.3%	70.7%				

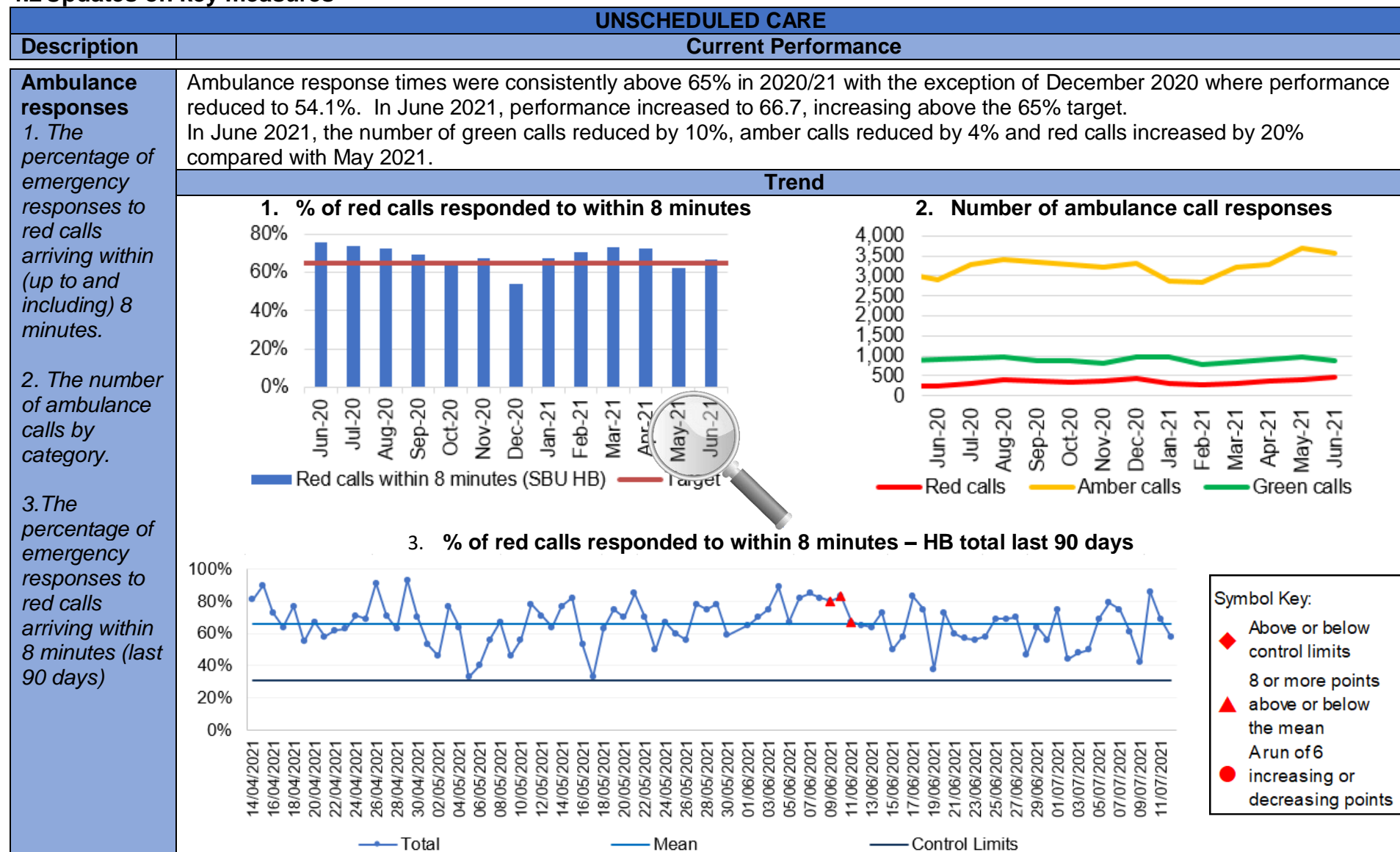


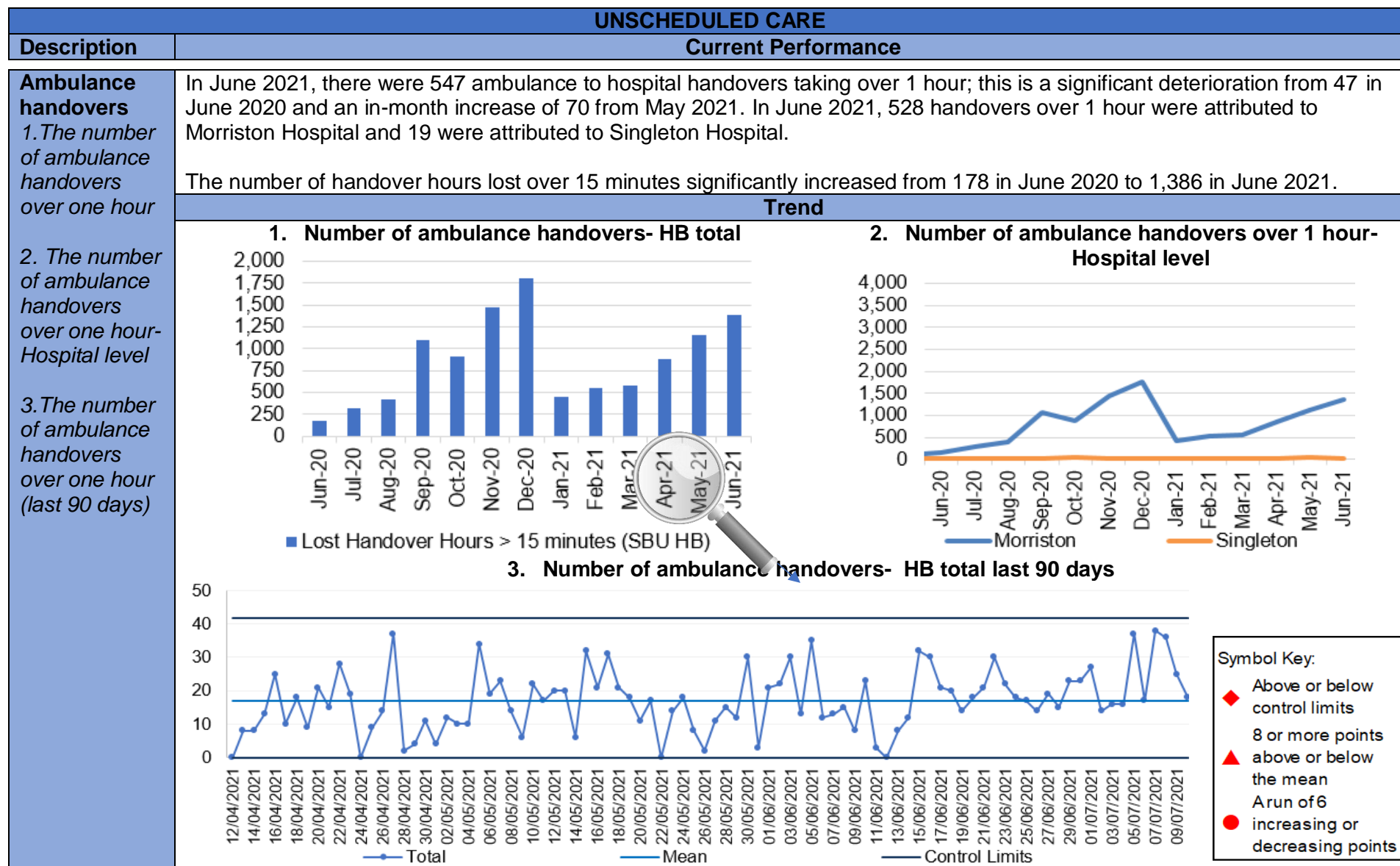
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	12		14	17	24	16	11	11	7	12	11	19	20	15	23
	PCCS Hospital		0		0	0	0	1	0	0	0	0	0	0	0	1	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		3		1	5	5	2	9	2	2	3	3	5	5	8	2
	NPTH		2		1	0	2	2	2	1	0	1	0	1	2	2	1
	Singleton		2		1	3	1	2	3	2	3	2	3	3	5	0	2
	Total		19		17	25	32	23	25	16	12	18	17	28	32	26	28
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
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		2		3	2	4	5	4	3	1	5	4	2	2	1	3
	NPTH		0		0	0	0	0	0	1	1	0	0	0	0	0	0
	Singleton		1		1	1	1	2	2	3	4	0	3	2	2	4	2
	Total		8		12	6	12	14	12	13	9	9	9	11	13	15	7
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
	PCCS Hospital		0		1	0	1	1	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	1	0	0	0	0	0	0	0	0
	Morrison		6		8	6	5	7	6	5	5	0	5	3	10	5	3
	NPTH		1		1	0	1	2	2	1	0	1	2	1	1	1	1
	Singleton		2		4	1	2	2	3	2	1	2	2	3	4	1	2
	Total		13		20	11	23	18	15	10	9	3	11	12	20	12	12
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		5	2	4	2	2	4	4	5	2	9	5	2	7
	PCCS Hospital		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
	Morrison		2		0	2	6	3	5	6	4	7	2	0	3	2	1
	NPTH		0		2	0	0	0	1	0	2	0	1	0	1	0	0
	Singleton		1		1	1	0	0	1	1	2	1	1	1	0	1	4
	Total		6		9	5	10	5	9	11	12	13	6	10	9	5	12
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	2		0	1	3	0	1	1	0	1	1	1	1	1	1
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		1		0	0	0	0	1	1	1	0	0	0	2	0	1
	NPTH		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
	Total		4		0	1	3	0	2	2	1	1	1	1	3	1	2
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%
	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%
	Morrison				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%
	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%
	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%
	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%

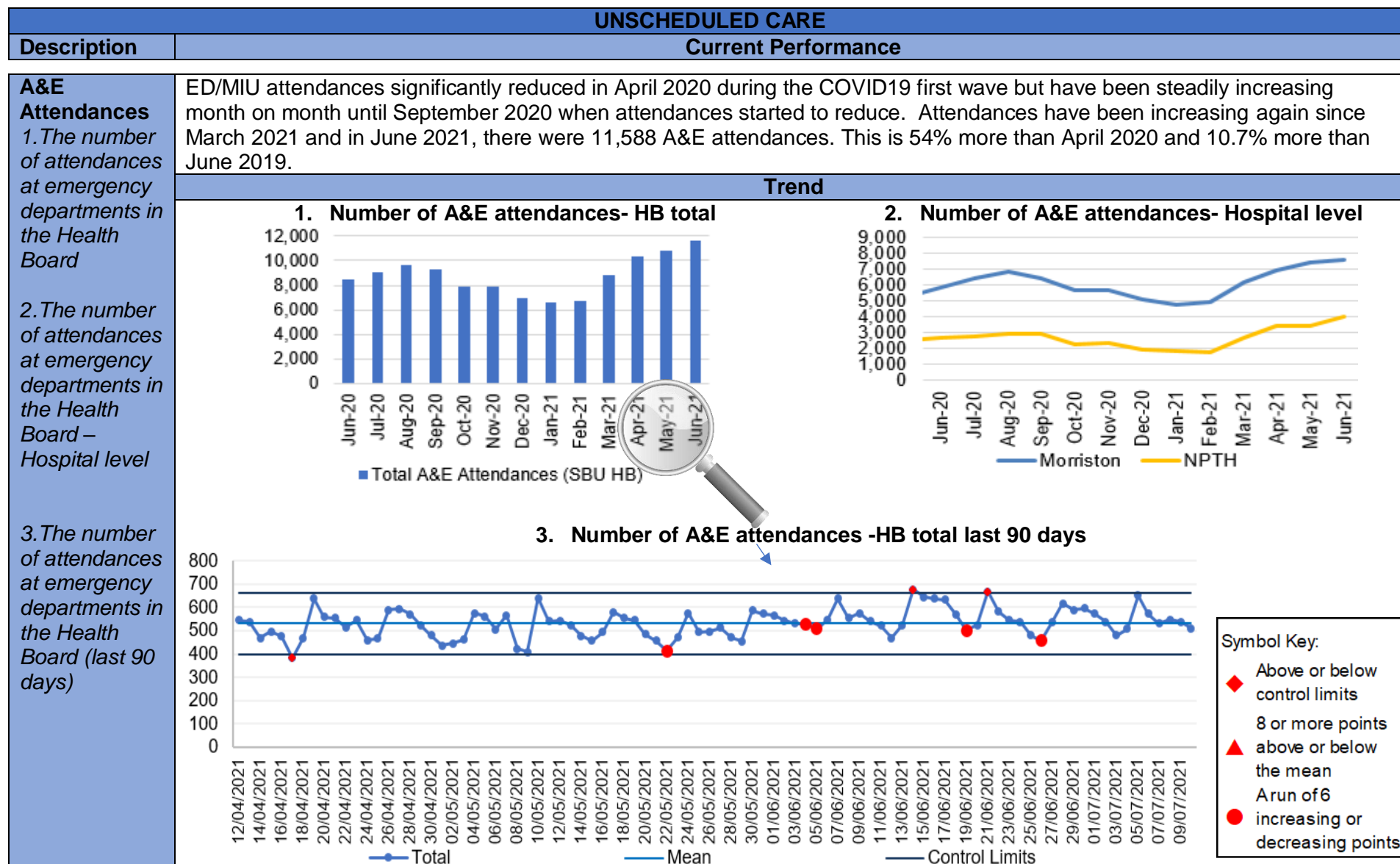
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Serious Incidents & Risks																	
Number of Serious Incidents	PCCS	12 month reduction trend		0	0	0	1	2	1	0	0	2	1	2	3	1	
	MH&LD			7	9	4	9	2	7	7	1	1	1	0	2		
	Morrison			1	1	1	4	3	5	1	2	1	2	0	2	1	
	NPTH			0	0	0	4	1	1	0	0	0	0	0	0	0	
	Singleton			0	0	1	3	6	3	4	1	1	0	1	1	2	
	Total			8	10	6	21	14	17	12	4	5	4	4	6	6	
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%	
Number of Never Events	PCCS	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	
	Morrison			1	0	0	0	0	1	0	0	0	0	0	0	1	
	NPTH			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	
	Total			1	0	0	0	1	1	0	0	0	0	0	0	1	
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	0	
	PCCS Hospital			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	
	Morrison			8	12	18	25	27	41	31	26	24	25	30	0		
	NPTH			0	1	2	1	4	0	0	1	4	3	3	2	0	
	Singleton			10	6	16	18	25	15	20	19	17	9	31	19	0	
Total number of Grade 3+ Pressure Ulcers	Total	52	47	62	65	93	71	87	76	72	62	90	73	0			
	PCCS Community	12 month reduction trend		9	4	5	5	11	5	7	5	4	2	10	2	0	
	PCCS Hospital			0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison			1	0	2	0	1	1	2	2	2	1	1	0	0	
	NPTH			0	0	0	0	0	0	0	0	0	0	1	0	0	
Singleton	0			0	2	0	3	3	1	0	1	0	2	1	0		
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend		10	4	9	5	15	9	10	7	7	3	14	3	0	
					296	279	546	692	990	877	1,128	928	951	533	896	756	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
		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
	MH&LD				48	48	71	35	44	31	29	27	27	22	18	42	24
	Morrison				52	69	85	81	77	120	129	92	67	84	81	105	69
	NPTH				55	45	30	41	29	32	30	33	30	28	31	34	32
	Singleton				34	38	34	48	28	47	48	38	42	33	34	42	41
	Total				196	208	227	219	187	247	247	203	177	171	176	228	174
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%	0%
	Singleton				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%
	NPTH				100%	57%	86%	83%	100%	92%	100%	100%	100%	86%	100%	88%	0%
	Total				100%	96%	97%	99%	100%	98%	99%	100%	100%	98%	99%	98%	0%
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%	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%
	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%	0.00%
	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%	0.00%

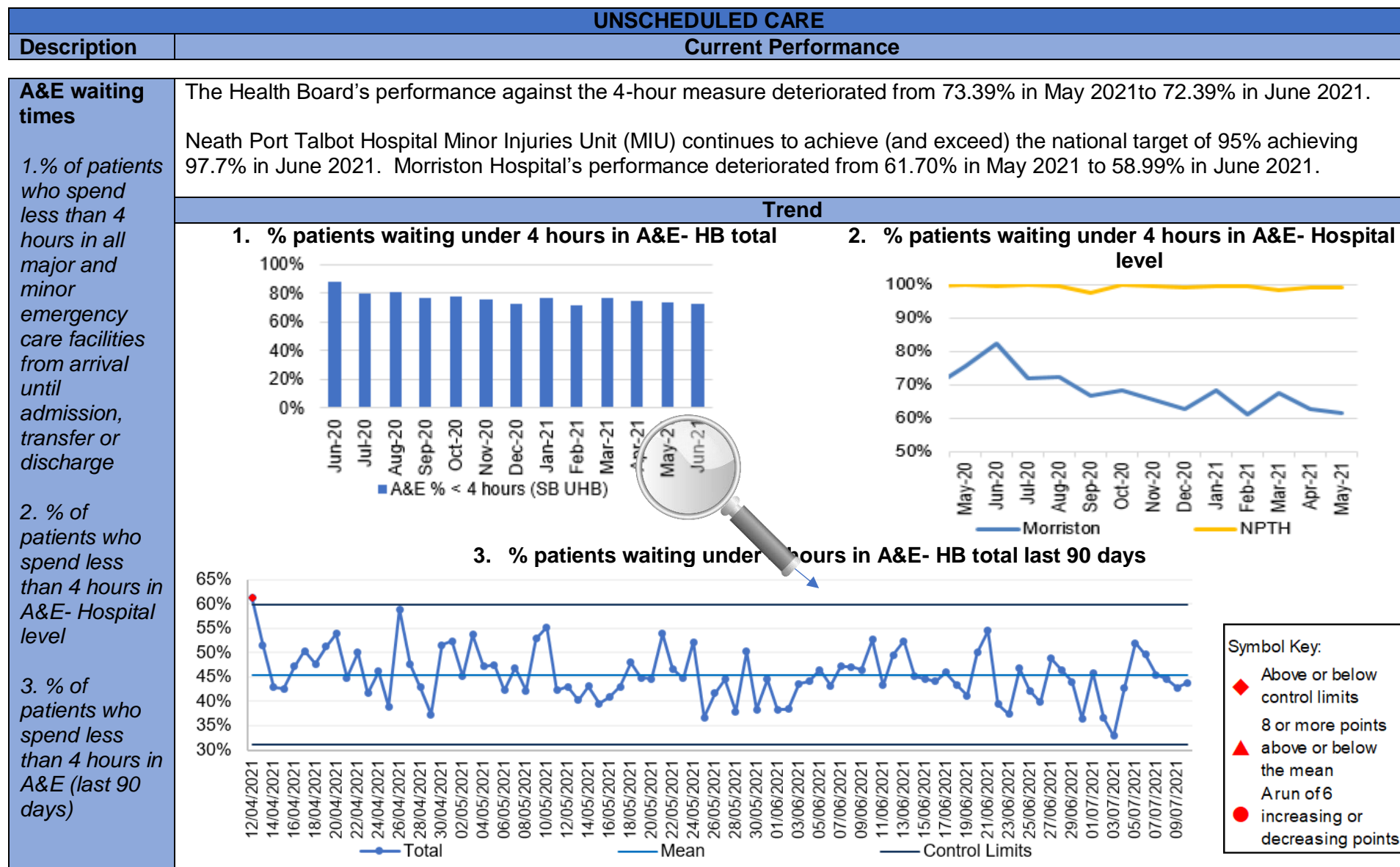
## 4.2 Updates on key measures

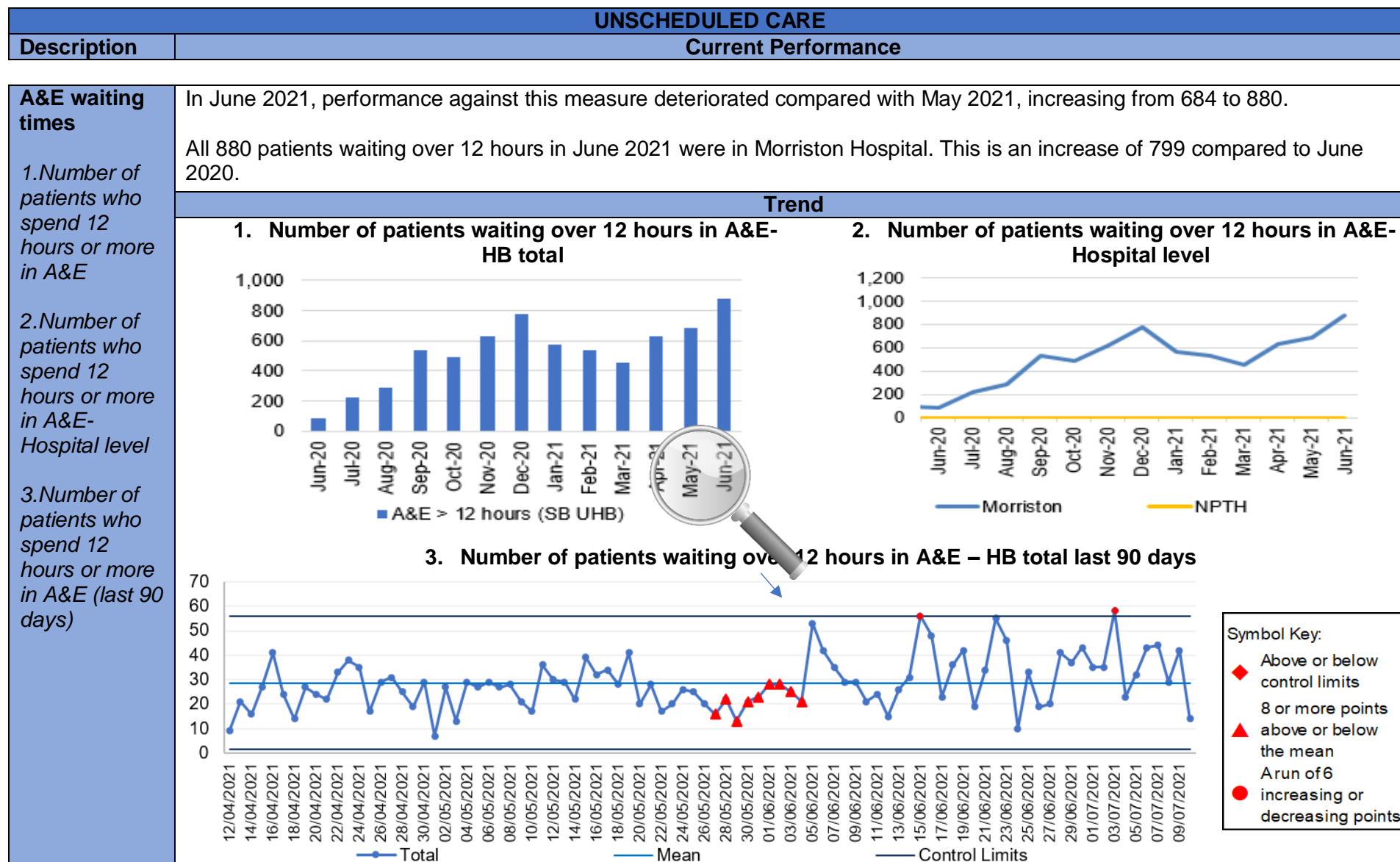




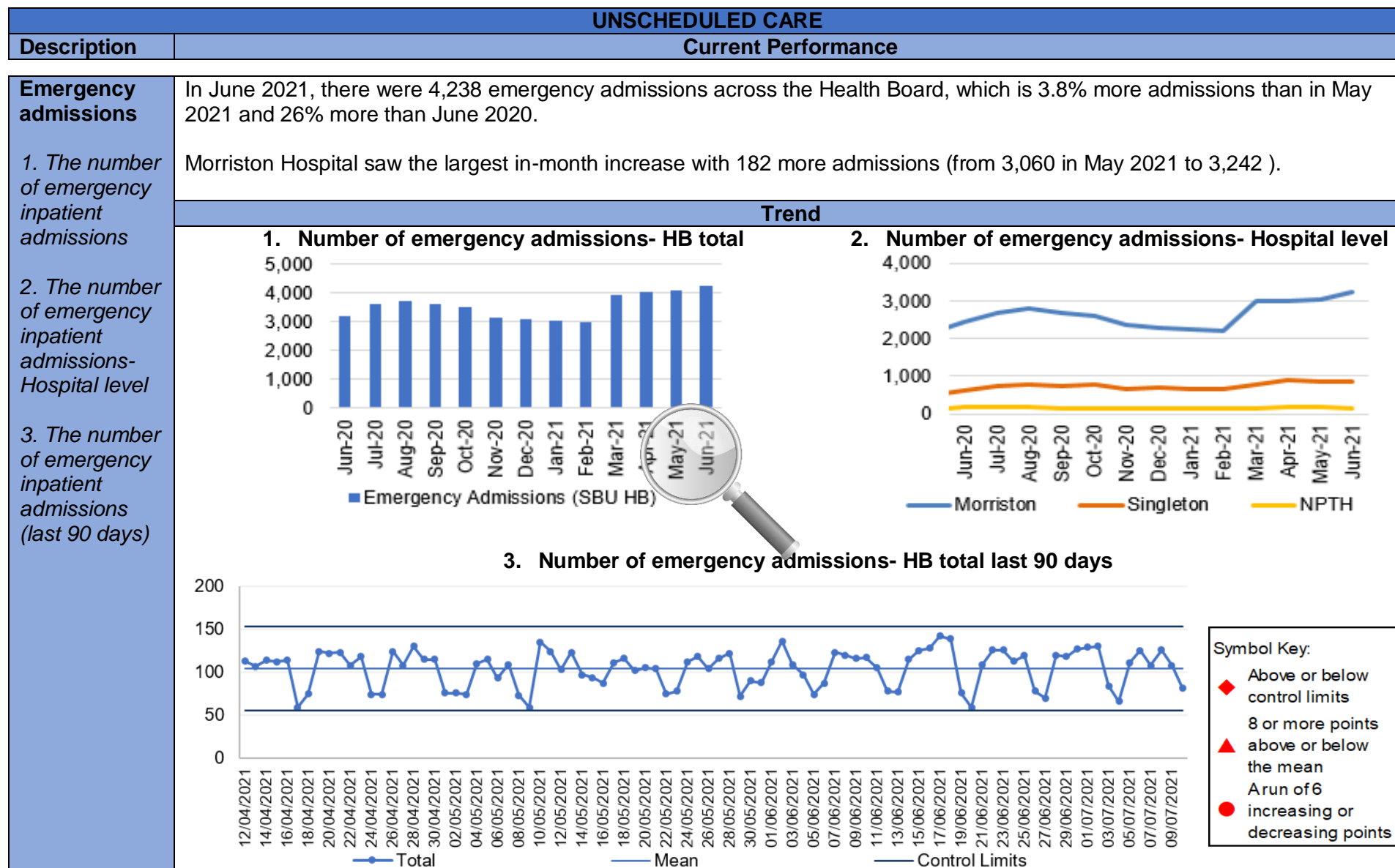


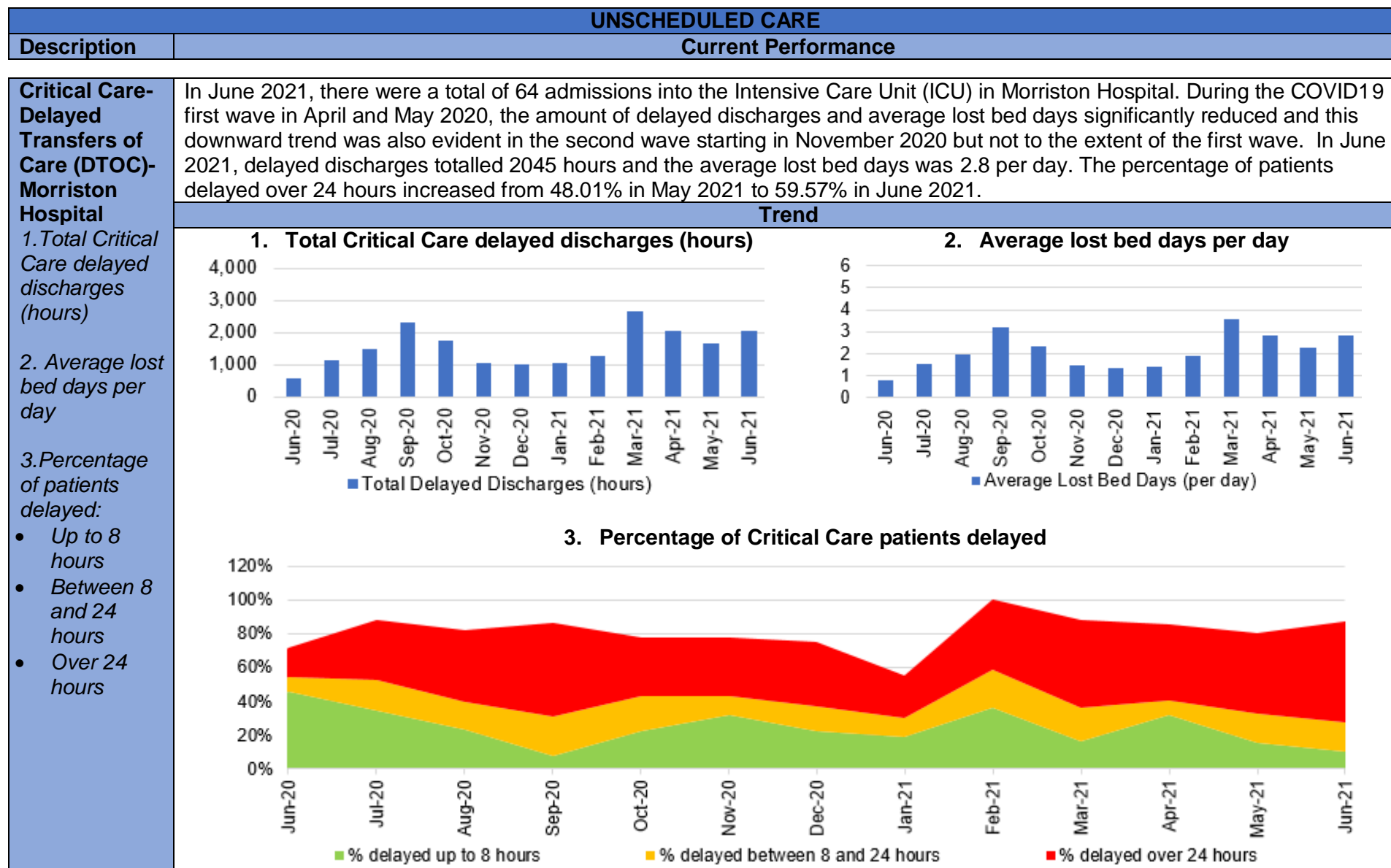








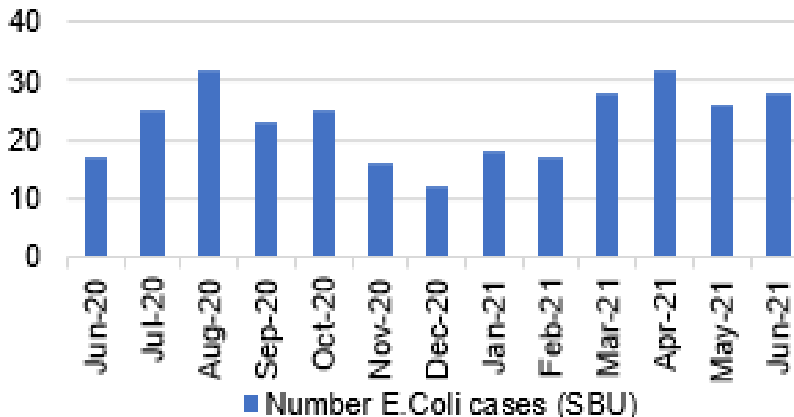
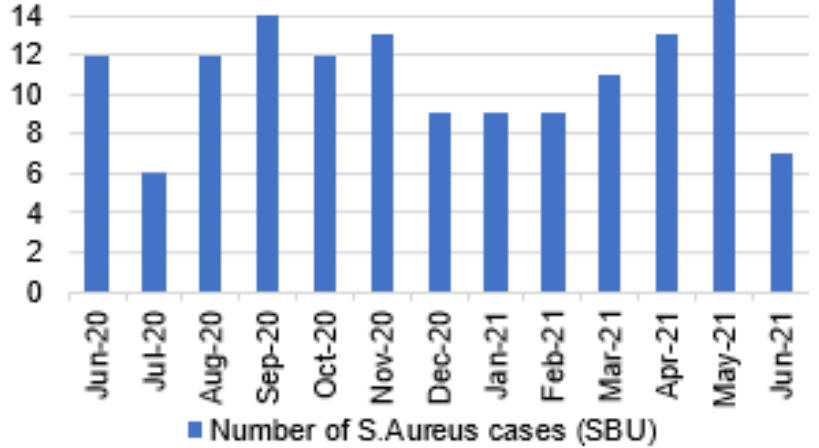




UNSCHEDULED CARE																																																										
Description	Current Performance	Trend																																																								
<b>Medically Fit</b> <i>The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</i>	<p>In June 2021, there were on average 218 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 June 2021, Morriston Hospital had the largest proportion of medically/ discharge fit patients with 79, followed by Neath Port Talbot Hospital with 77.</p>	<p><b>The number of discharge/ medically fit patients by site</b></p> <table border="1"><caption>Data for The number of discharge/ medically fit patients by site</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jun-20</td><td>28</td><td>22</td><td>10</td></tr><tr><td>Jul-20</td><td>35</td><td>30</td><td>10</td></tr><tr><td>Aug-20</td><td>25</td><td>35</td><td>10</td></tr><tr><td>Sep-20</td><td>40</td><td>30</td><td>10</td></tr><tr><td>Oct-20</td><td>60</td><td>50</td><td>10</td></tr><tr><td>Nov-20</td><td>60</td><td>40</td><td>10</td></tr><tr><td>Dec-20</td><td>55</td><td>40</td><td>20</td></tr><tr><td>Jan-21</td><td>58</td><td>45</td><td>10</td></tr><tr><td>Feb-21</td><td>65</td><td>45</td><td>5</td></tr><tr><td>Mar-21</td><td>40</td><td>40</td><td>10</td></tr><tr><td>Apr-21</td><td>70</td><td>35</td><td>5</td></tr><tr><td>May-21</td><td>70</td><td>40</td><td>5</td></tr><tr><td>Jun-21</td><td>79</td><td>77</td><td>10</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Jun-20	28	22	10	Jul-20	35	30	10	Aug-20	25	35	10	Sep-20	40	30	10	Oct-20	60	50	10	Nov-20	60	40	10	Dec-20	55	40	20	Jan-21	58	45	10	Feb-21	65	45	5	Mar-21	40	40	10	Apr-21	70	35	5	May-21	70	40	5	Jun-21	79	77	10
Month	Morriston	Singleton	NPTH																																																							
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Apr-21	70	35	5																																																							
May-21	70	40	5																																																							
Jun-21	79	77	10																																																							
<b>Elective procedures cancelled due to lack of beds</b> <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In June 2021, there were 8 elective procedures cancelled due to lack of beds on the day of surgery. This is 7 more cancellations than in June 2020 and 2 more than May 2021.</p> <p>7 of the cancelled procedures were attributed to Morriston Hospital and 1 attributed to Neath Port Talbot hospital</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p> <table border="1"><caption>Data for Total number of elective procedures cancelled due to lack of beds</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jun-20</td><td>1</td><td>0</td><td>0</td></tr><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>0</td></tr><tr><td>Feb-21</td><td>9</td><td>0</td><td>0</td></tr><tr><td>Mar-21</td><td>11</td><td>0</td><td>0</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>8</td><td>0</td><td>1</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Jun-20	1	0	0	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	0	Feb-21	9	0	0	Mar-21	11	0	0	Apr-21	5	0	0	May-21	6	0	0	Jun-21	8	0	1
Month	Morriston	Singleton	NPTH																																																							
Jun-20	1	0	0																																																							
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Jun-21	8	0	1																																																							

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
<b>Fractured Neck of Femur (#NOF)</b> 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><b>1. Prompt orthogeriatric assessment-</b> In March 2021, 90.7% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 10.1% more than in April 2020.</p> <p><b>2. Prompt surgery-</b> In May 2021, 57.2% of patients had surgery the day following presentation with a hip fracture. This is a slight reduction from May 2020 which was 57.6%</p> <p><b>3. NICE compliant surgery-</b> 70.1% of operations were consistent with the NICE recommendations in May 2021. This is 0.1% more than in May 2020. In March 2021, Morriston was below the all-Wales average of 72.8%.</p> <p><b>4. Prompt mobilisation-</b> In May 2021, 75.9% of patients were out of bed the day after surgery. This is 1.3% more than in May 2020.</p>	<p><b>1. Prompt orthogeriatric assessment</b></p> <p><b>2. Prompt surgery</b></p> <p><b>3. NICE compliant Surgery</b></p> <p><b>4. Prompt mobilisation</b></p>

FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i>	5. <b>Not delirious when tested-</b> 75.9% of patients were not delirious in the week after their operation in May 2021. This is an improvement of 16.7% compared with May 2020.	<p><b>5. Not delirious when tested</b></p> <table border="1"><caption>5. Not delirious when tested (Estimated Data)</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>May-20</td><td>55</td><td>50</td><td>65</td></tr><tr><td>Jun-20</td><td>60</td><td>52</td><td>65</td></tr><tr><td>Jul-20</td><td>62</td><td>53</td><td>65</td></tr><tr><td>Aug-20</td><td>65</td><td>54</td><td>65</td></tr><tr><td>Sep-20</td><td>68</td><td>55</td><td>65</td></tr><tr><td>Oct-20</td><td>70</td><td>56</td><td>65</td></tr><tr><td>Nov-20</td><td>72</td><td>57</td><td>65</td></tr><tr><td>Dec-20</td><td>74</td><td>58</td><td>65</td></tr><tr><td>Jan-21</td><td>75</td><td>59</td><td>65</td></tr><tr><td>Feb-21</td><td>76</td><td>60</td><td>65</td></tr><tr><td>Mar-21</td><td>76</td><td>61</td><td>65</td></tr><tr><td>Apr-21</td><td>76</td><td>62</td><td>65</td></tr><tr><td>May-21</td><td>76</td><td>63</td><td>65</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	May-20	55	50	65	Jun-20	60	52	65	Jul-20	62	53	65	Aug-20	65	54	65	Sep-20	68	55	65	Oct-20	70	56	65	Nov-20	72	57	65	Dec-20	74	58	65	Jan-21	75	59	65	Feb-21	76	60	65	Mar-21	76	61	65	Apr-21	76	62	65	May-21	76	63	65
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May-21	76	63	65																																																							
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. <b>Return to original residence-</b> 70.2% of patients in April 2021 were discharged back to their original residence. This is 3.1% less than in April 2020.  * The All-Wales data for May 2021 was not available at the time this report was published.	<p><b>6. Return to original residence</b></p> <table border="1"><caption>6. Return to original residence (Estimated Data)</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Apr-20</td><td>72</td><td>75</td><td>70</td></tr><tr><td>May-20</td><td>72</td><td>74</td><td>70</td></tr><tr><td>Jun-20</td><td>72</td><td>74</td><td>70</td></tr><tr><td>Jul-20</td><td>72</td><td>74</td><td>70</td></tr><tr><td>Aug-20</td><td>75</td><td>74</td><td>70</td></tr><tr><td>Sep-20</td><td>75</td><td>73</td><td>70</td></tr><tr><td>Oct-20</td><td>72</td><td>73</td><td>70</td></tr><tr><td>Nov-20</td><td>72</td><td>72</td><td>70</td></tr><tr><td>Dec-20</td><td>72</td><td>72</td><td>70</td></tr><tr><td>Jan-21</td><td>72</td><td>72</td><td>70</td></tr><tr><td>Feb-21</td><td>72</td><td>72</td><td>70</td></tr><tr><td>Mar-21</td><td>70</td><td>72</td><td>70</td></tr><tr><td>Apr-21</td><td>68</td><td>72</td><td>70</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Apr-20	72	75	70	May-20	72	74	70	Jun-20	72	74	70	Jul-20	72	74	70	Aug-20	75	74	70	Sep-20	75	73	70	Oct-20	72	73	70	Nov-20	72	72	70	Dec-20	72	72	70	Jan-21	72	72	70	Feb-21	72	72	70	Mar-21	70	72	70	Apr-21	68	72	70
Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)																																																							
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Apr-21	68	72	70																																																							
7. <i>30 day mortality rate</i>	7. <b>30 day mortality rate-</b> 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%.  * February 2021 data not available at the time this report was published.	<p><b>7. 30 day mortality rate</b></p> <table border="1"><caption>7. 30 day mortality rate (Estimated Data)</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Jan-20</td><td>7.8</td><td>7.5</td><td>6.8</td></tr><tr><td>Feb-20</td><td>8.5</td><td>7.4</td><td>6.8</td></tr><tr><td>Mar-20</td><td>8.5</td><td>7.3</td><td>6.8</td></tr><tr><td>Apr-20</td><td>8.0</td><td>7.2</td><td>6.8</td></tr><tr><td>May-20</td><td>8.0</td><td>7.1</td><td>6.8</td></tr><tr><td>Jun-20</td><td>8.0</td><td>7.0</td><td>6.8</td></tr><tr><td>Jul-20</td><td>8.0</td><td>6.9</td><td>6.8</td></tr><tr><td>Aug-20</td><td>7.5</td><td>6.8</td><td>6.8</td></tr><tr><td>Sep-20</td><td>7.2</td><td>6.7</td><td>6.8</td></tr><tr><td>Oct-20</td><td>7.5</td><td>6.8</td><td>6.8</td></tr><tr><td>Nov-20</td><td>7.5</td><td>6.9</td><td>6.8</td></tr><tr><td>Dec-20</td><td>8.2</td><td>7.0</td><td>6.8</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	7.8	7.5	6.8	Feb-20	8.5	7.4	6.8	Mar-20	8.5	7.3	6.8	Apr-20	8.0	7.2	6.8	May-20	8.0	7.1	6.8	Jun-20	8.0	7.0	6.8	Jul-20	8.0	6.9	6.8	Aug-20	7.5	6.8	6.8	Sep-20	7.2	6.7	6.8	Oct-20	7.5	6.8	6.8	Nov-20	7.5	6.9	6.8	Dec-20	8.2	7.0	6.8	Jan-21	7.5	6.9	7.6
Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)																																																							
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HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"><li>28 cases of <i>E. coli</i> bacteraemia were identified in June 2021, of which 5 were hospital acquired and 23 were community acquired.</li><li>Cumulative cases from May 2021 to June 2021 are 23% lower than the equivalent period in 2020/21. (61 in 2021/22 compared with 75 in 2020/21).</li></ul>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p>  <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Jun-20</td><td>17</td></tr><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></tbody></table>	Month	Number of cases	Jun-20	17	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
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Jun-21	28																													
<b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i>	<ul style="list-style-type: none"><li>There were 7 cases of Staph. aureus bacteraemia in June 2021, of which 5 were hospital acquired and 2 were community acquired.</li><li>Cumulative cases from May 2021 to June 2021 are 6% more than the equivalent period in 2020/21 (35 in 2021/22 compared with 33 in 2020/21).</li></ul>	<p><b>Number of healthcare acquired S.aureus bacteraemia cases</b></p>  <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Jun-20</td><td>12</td></tr><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></tbody></table>	Month	Number of cases	Jun-20	12	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
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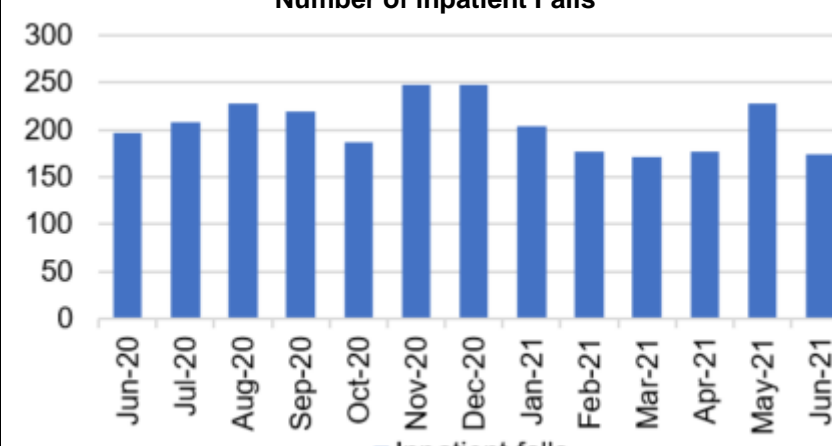
HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI)- C.difficile-</b> <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"><li>There were 12 <i>Clostridium difficile</i> toxin positive cases in June 2021, of which 6 were hospital acquired and 6 were community acquired.</li><li>Cumulative cases from May 2021 to June 2021 are 87.5% more than the equivalent period of 2020/21 (45 in 2021/22 compared with 24 in 2020/21).</li></ul>	<p><b>Number of healthcare acquired C.difficile cases</b></p> <table><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Jun-20</td><td>20</td></tr><tr><td>Jul-20</td><td>11</td></tr><tr><td>Aug-20</td><td>23</td></tr><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></tbody></table> <p>■ Number of C.diff cases (SBU)</p>	Month	Number of C.diff cases (SBU)	Jun-20	20	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
Month	Number of C.diff cases (SBU)																													
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<b>Healthcare Acquired Infections (HCAI)- Klebsiella sp-</b> <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"><li>There were 12 cases of Klebsiella sp in June 2021, of which 5 was hospital acquired and 7 were community acquired.</li><li>Cumulative cases from May 2021 to June 2021 are 10% more than the equivalent period in 2020/21 (22 in 2021/22 compared with 20 in 2020/21).</li></ul>	<p><b>Number of healthcare acquired Klebsiella cases</b></p> <table><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Jun-20</td><td>9</td></tr><tr><td>Jul-20</td><td>5</td></tr><tr><td>Aug-20</td><td>10</td></tr><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></tbody></table> <p>■ Number of Klebsiella cases (SBU)</p>	Month	Number of Klebsiella cases (SBU)	Jun-20	9	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
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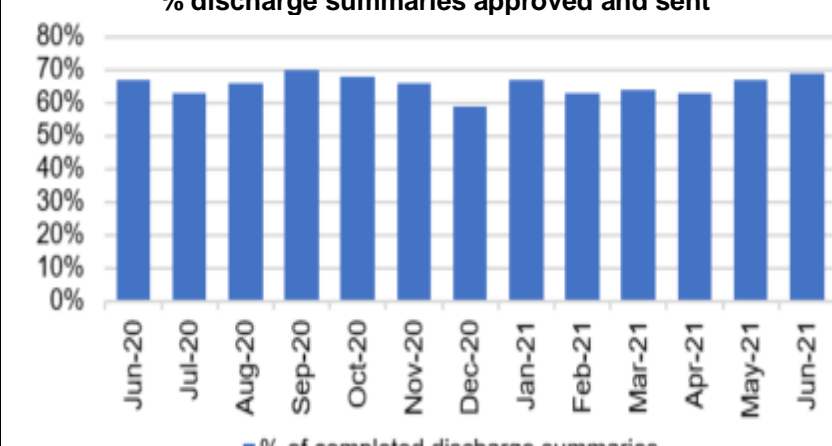


HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
<b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> <li>There was 1 community and 1 hospital acquired case of <i>P.Aeruginosa</i> bacteraemia in June 2021.</li> <li>Cumulative cases from May 2021 to June are 71% less than the equivalent period in 2020/21.</li> </ul>	<p><b>Number of healthcare acquired Pseudomonas cases</b></p> <p>■ Number of Pseudomonas cases (SBU)</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
<b>Number of pressure ulcers</b> <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"> <li>In May 2021 there were 73 cases of healthcare acquired pressure ulcers, of which 20 were community acquired and 53 were hospital acquired.</li> <li>There were 3 grade 3+ pressure ulcers in May 2021, of which 2 were community acquired and 1 was hospital acquired.</li> <li>The rate per 100,000 admissions decreased from 896 in April 2021 to 756 in May 2021.</li> </ul>	<p><b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b></p> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>



SERIOUS INCIDENTS																																																																																						
Description	Current Performance	Trend																																																																																				
<b>Serious Incidents-</b> 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 4 Serious Incidents for the month of June 2021 to Welsh Government. The breakdown of incidents in June 2021 are set out below: <ul style="list-style-type: none"> <li>1 in Primary, Community and Therapy Services</li> <li>1 in Morriston Hospital</li> <li>2 in Singleton Hospital</li> </ul>	<p><b>1. and 2. Number of serious incidents and never events</b></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>Jun-20</td><td>8</td><td>1</td></tr> <tr><td>Jul-20</td><td>10</td><td>0</td></tr> <tr><td>Aug-20</td><td>6</td><td>0</td></tr> <tr><td>Sep-20</td><td>21</td><td>0</td></tr> <tr><td>Oct-20</td><td>14</td><td>1</td></tr> <tr><td>Nov-20</td><td>17</td><td>1</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>6</td><td>1</td></tr> </tbody> </table> <p>■ Number of Serious Incidents ■ Number of never events</p> <p><b>3. % of serious incidents closed within 60 days</b></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>■ % SI's assured — Target</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	Jun-20	8	1	Jul-20	10	0	Aug-20	6	0	Sep-20	21	0	Oct-20	14	1	Nov-20	17	1	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	6	1	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																												
<b>Inpatient Falls</b> <i>The total number of inpatient falls</i>	<ul style="list-style-type: none"><li>The number of Falls reported via Datix web for Swansea Bay UHB was 174 in June 2021. This is 11% less than June 2020 where 196 falls were recorded.</li></ul>	<p><b>Number of inpatient Falls</b></p>  <table><caption>Number of inpatient Falls (Estimated Data)</caption><thead><tr><th>Month</th><th>Number of Falls</th></tr></thead><tbody><tr><td>Jun-20</td><td>196</td></tr><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>205</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>174</td></tr></tbody></table> <p>■ Inpatient falls</p>	Month	Number of Falls	Jun-20	196	Jul-20	205	Aug-20	225	Sep-20	215	Oct-20	185	Nov-20	245	Dec-20	245	Jan-21	205	Feb-21	175	Mar-21	165	Apr-21	175	May-21	225	Jun-21	174
		Month	Number of Falls																											
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May-21	225																													
Jun-21	174																													

DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	The latest data shows that in June 2021, the percentage of completed discharge summaries was 69%.	<p><b>% discharge summaries approved and sent</b></p>  <table><caption>% discharge summaries approved and sent (Estimated Data)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Jun-20</td><td>65%</td></tr><tr><td>Jul-20</td><td>62%</td></tr><tr><td>Aug-20</td><td>65%</td></tr><tr><td>Sep-20</td><td>68%</td></tr><tr><td>Oct-20</td><td>67%</td></tr><tr><td>Nov-20</td><td>65%</td></tr><tr><td>Dec-20</td><td>58%</td></tr><tr><td>Jan-21</td><td>65%</td></tr><tr><td>Feb-21</td><td>62%</td></tr><tr><td>Mar-21</td><td>63%</td></tr><tr><td>Apr-21</td><td>62%</td></tr><tr><td>May-21</td><td>65%</td></tr><tr><td>Jun-21</td><td>69%</td></tr></tbody></table> <p>■ % of completed discharge summaries</p>	Month	Percentage	Jun-20	65%	Jul-20	62%	Aug-20	65%	Sep-20	68%	Oct-20	67%	Nov-20	65%	Dec-20	58%	Jan-21	65%	Feb-21	62%	Mar-21	63%	Apr-21	62%	May-21	65%	Jun-21	69%
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May-21	65%																													
Jun-21	69%																													
	In June 2021, compliance ranged from 56% in Singleton Hospital to 76% in Mental Health & Learning Disabilities.																													

CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	May 2021 reports the crude mortality rate for the Health Board at 1.04% compared with 1.04% in March 2021.	<b>Crude hospital mortality rate by Hospital (74 years of age or less)</b> <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morrison Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>May-20</td><td>1.4%</td><td>0.4%</td><td>0.2%</td><td>0.8%</td></tr><tr><td>Jun-20</td><td>1.4%</td><td>0.4%</td><td>0.2%</td><td>0.8%</td></tr><tr><td>Jul-20</td><td>1.5%</td><td>0.4%</td><td>0.2%</td><td>0.9%</td></tr><tr><td>Aug-20</td><td>1.5%</td><td>0.4%</td><td>0.2%</td><td>0.8%</td></tr><tr><td>Sep-20</td><td>1.5%</td><td>0.4%</td><td>0.2%</td><td>0.9%</td></tr><tr><td>Oct-20</td><td>1.6%</td><td>0.4%</td><td>0.2%</td><td>0.9%</td></tr><tr><td>Nov-20</td><td>1.7%</td><td>0.4%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Dec-20</td><td>1.8%</td><td>0.5%</td><td>0.2%</td><td>1.1%</td></tr><tr><td>Jan-21</td><td>1.9%</td><td>0.5%</td><td>0.3%</td><td>1.1%</td></tr><tr><td>Feb-21</td><td>2.0%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Mar-21</td><td>1.8%</td><td>0.4%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Apr-21</td><td>1.7%</td><td>0.4%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>May-21</td><td>1.7%</td><td>0.4%</td><td>0.2%</td><td>1.0%</td></tr></tbody></table>	Month	Morrison Hospital	Singleton Hospital	NPT Hospital	HB Total	May-20	1.4%	0.4%	0.2%	0.8%	Jun-20	1.4%	0.4%	0.2%	0.8%	Jul-20	1.5%	0.4%	0.2%	0.9%	Aug-20	1.5%	0.4%	0.2%	0.8%	Sep-20	1.5%	0.4%	0.2%	0.9%	Oct-20	1.6%	0.4%	0.2%	0.9%	Nov-20	1.7%	0.4%	0.2%	1.0%	Dec-20	1.8%	0.5%	0.2%	1.1%	Jan-21	1.9%	0.5%	0.3%	1.1%	Feb-21	2.0%	0.5%	0.2%	1.0%	Mar-21	1.8%	0.4%	0.2%	1.0%	Apr-21	1.7%	0.4%	0.2%	1.0%	May-21	1.7%	0.4%	0.2%	1.0%
	Month		Morrison Hospital	Singleton Hospital	NPT Hospital	HB Total																																																																		
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Mar-21	1.8%	0.4%	0.2%	1.0%																																																																				
Apr-21	1.7%	0.4%	0.2%	1.0%																																																																				
May-21	1.7%	0.4%	0.2%	1.0%																																																																				
	A breakdown by Hospital for May 2021: <ul style="list-style-type: none"><li>Morrison – 1.76%</li><li>Singleton – 0.52%</li><li>NPT – 0.15%</li></ul>																																																																							

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

### 5.1 Overview

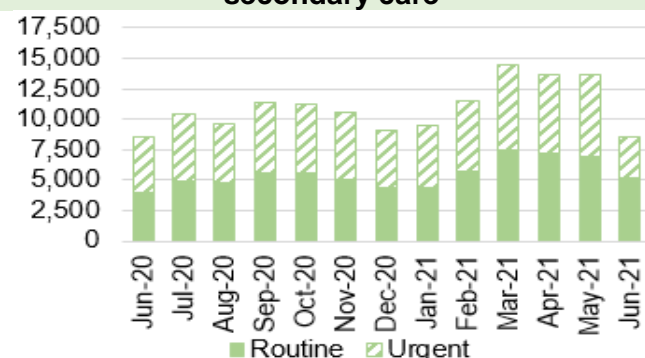
		Harm from reduction in non-Covid activity															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
		Cancer															
Single Cancer Pathway- % of patients started 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%
		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
	NPTH				18	50	181	208	129	75	49	61	111	73	92	157	227
	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	9,015
	PC&CS				63	81	165	231	231	230	251	233	221	232	235	169	130
	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	23,239
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
	NPTH				0	3	15	17	33	48	42	41	43	45	46	45	57
	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	11,949
	PC&CS				17	45	66	82	153	220	247	219	204	196	181	115	95
	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	34,943
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
	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
	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
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
	NPTH				130	138	145	138	110	99	93	127	129	60	18	8	15
	PC&CS				1,516	1,416	1,373	1,212	1,025	718	615	457	362	309	183	157	156
	Total				1,646	1,554	1,518	1,350	1,135	817	708	584	491	369	201	166	171

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
					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
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
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
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	
Number of patients without a documented clinical review date	Total	0		50	43	65	95	43	55	90	32	25	14	9	5	6	
					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	
	MH&LD			7	6	34	49	48	82	56	22	8	11		3	0	
	Morriston			110	143	174	679	269	155	152	168	211	326		1,330	934	
	NPTH			17	22	24	62	40	24	18	43	31	16			0	
	Singleton			99	154	207	1,824	530	377	330	323	459	453		3,098	1,808	
	Total			393	502	625	2,804	1,047	787	584	678	798	1,050		4,590	3,297	
% of patients who would recommend and highly recommend	PCCS	90%	80%		88%	91%	79%	74%	65%	80%	62%	76%	77%	90%		100%	100%
	MH&LD				57%	33%	41%	39%	19%	41%	21%	36%	88%	73%		100%	0%
	Morriston				94%	94%	83%	91%	82%	86%	70%	76%	82%	86%		96%	97%
	NPTH				47%	68%	92%	94%	90%	75%	67%	58%	32%	75%			0%
	Singleton				83%	92%	87%	96%	88%	87%	85%	85%	92%	87%		97%	97%
	Total				87%	91%	83%	93%	82%	84%	77%	79%	85%	87%		96%	97%
% 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%
	Morriston				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 rend		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
	Morriston				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%			
	Morriston				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%			

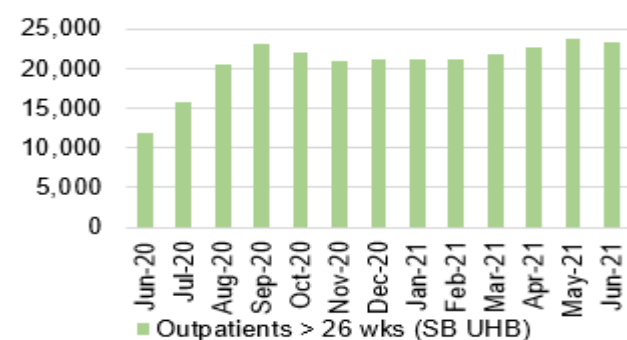
## Harm from reduction in non-Covid activity

### 5.2 Planned Care Overview

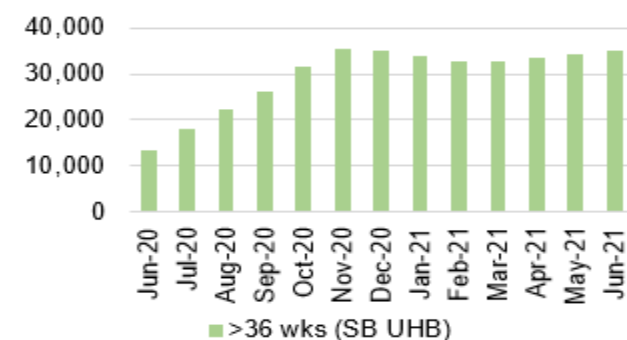
**Chart 1: Number of GP Referrals into secondary care**



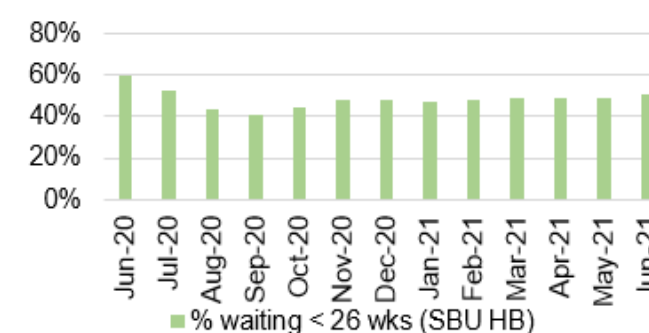
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



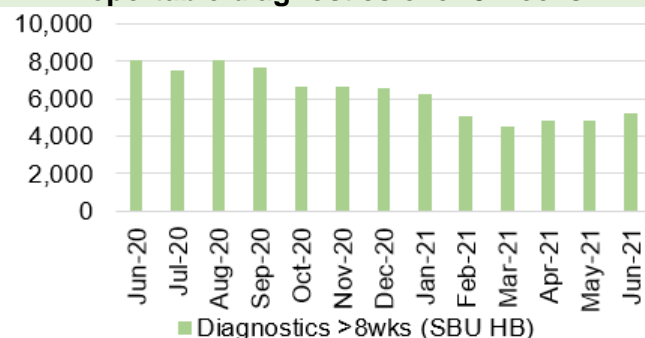
**Chart 3: Number of patients waiting over 36 weeks for treatment**



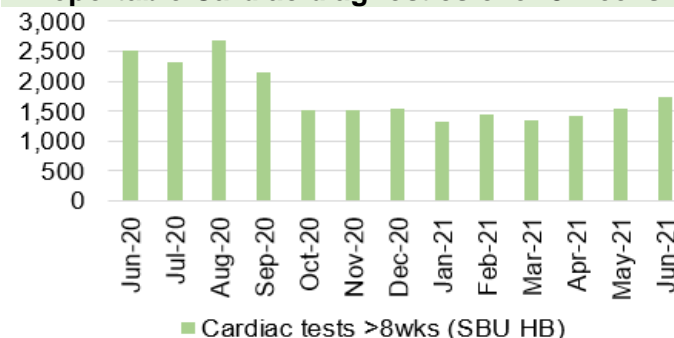
**Chart 4: % patients waiting less than 26 weeks from referral to treatment**



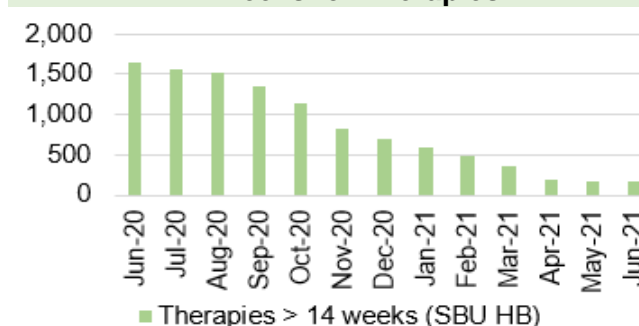
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



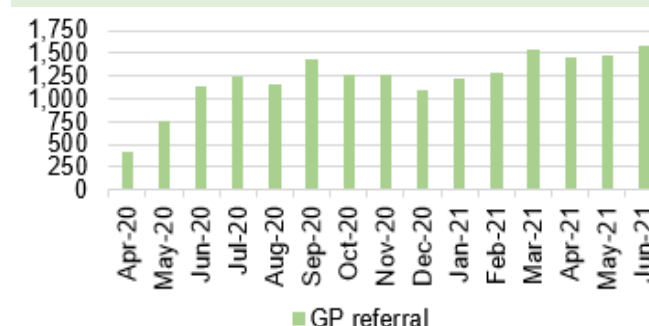
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



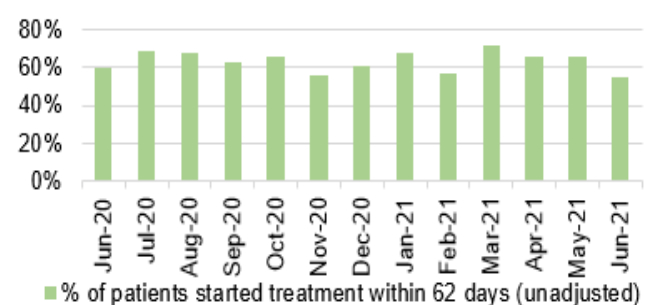
**Chart 7: Number of patients waiting less than 14 weeks for Therapies**



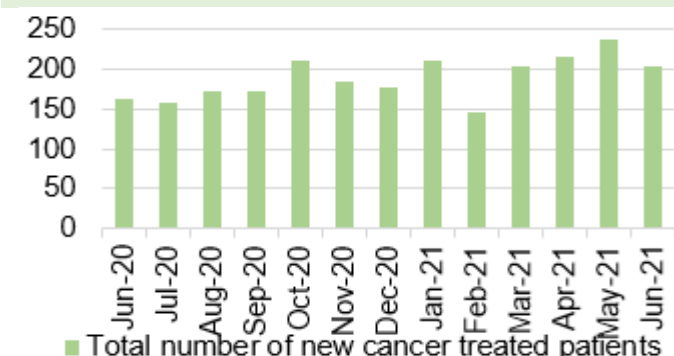
**Chart 8: Cancer referrals**



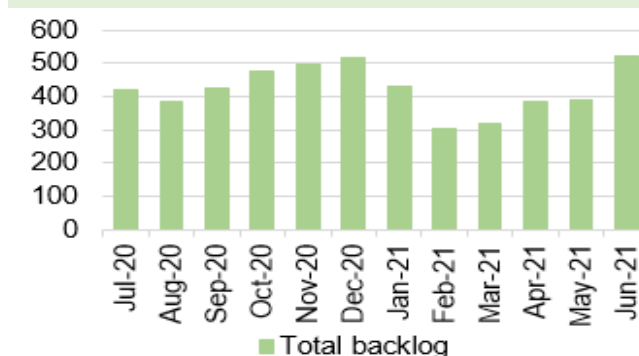
**Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion**



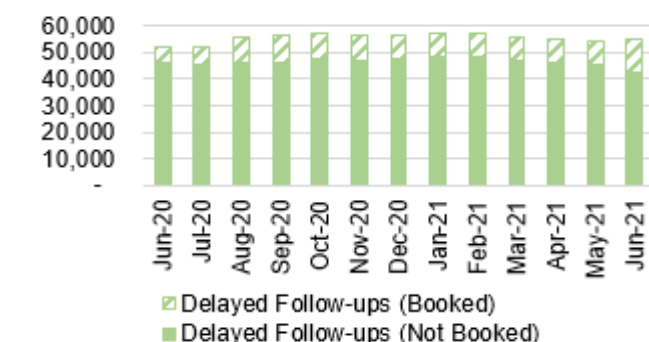
**Chart 10: Number of new cancer patients starting definitive treatment**



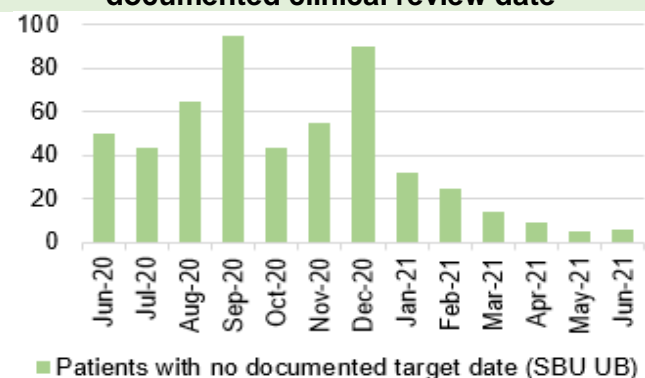
**Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days**



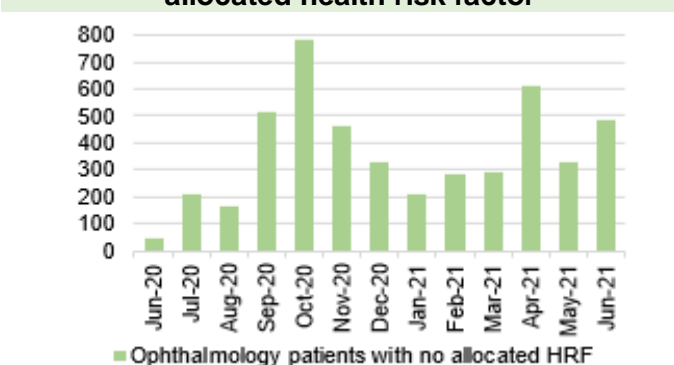
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date**



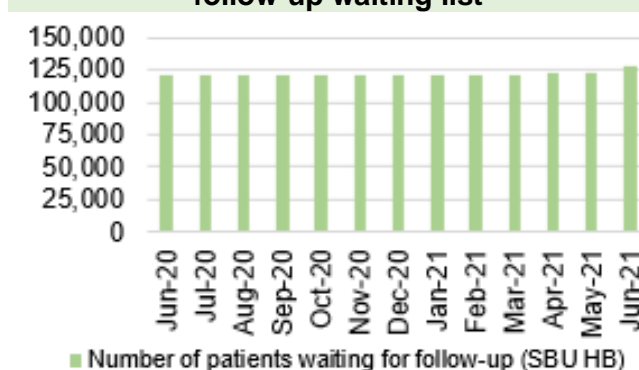
**Chart 13: Number of patients without a documented clinical review date**



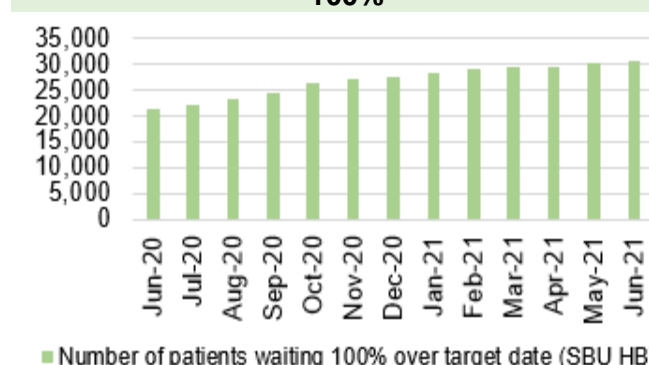
**Chart 14: Ophthalmology patients without an allocated health risk factor**



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



**Chart 16: Number of patients delayed by over 100%**





### 5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
<b>Referrals and shape of the waiting list</b>  <b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>  <b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>  <b>3. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at December 2019</i>  <b>4. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at June 2021</i>	<p>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. 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.</p> <p><b>Trend</b></p> <div> <div> <b>1. Number of GP referrals received by SBU Health Board</b> </div> <div> <b>2. Number of stage 1 additions per week</b> </div> </div> <div> <div> <b>3. Total size of the waiting list and movement (December 2019)</b> </div> <div> <b>4. Total size of the waiting list and movement (June 2021)</b> </div> </div>

PLANNED CARE	
Description	Current Performance
<b>Outpatient waiting times</b>  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, June 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 23,700 in May 2021 to 23,239 in June 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 May 2020 but has plateaued from December 2020 onwards.</p>
	<b>Trend</b>
	<div> <div> <b>1. Number of stage 1 over 26 weeks- HB total</b>  <p>■ Outpatients &gt; 26 wks (SB UHB)</p> </div> <div> <b>2. Number of stage 1 over 26 weeks- Hospital level</b>  <p>— Morriston — Singleton — PCT — NPTH</p> </div> </div> <div> <b>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at May 2021</b>  </div> <div> <b>4. Outpatient activity undertaken</b>  <p>— New outpatient attendances        - - - Follow-up attendances</p> </div>

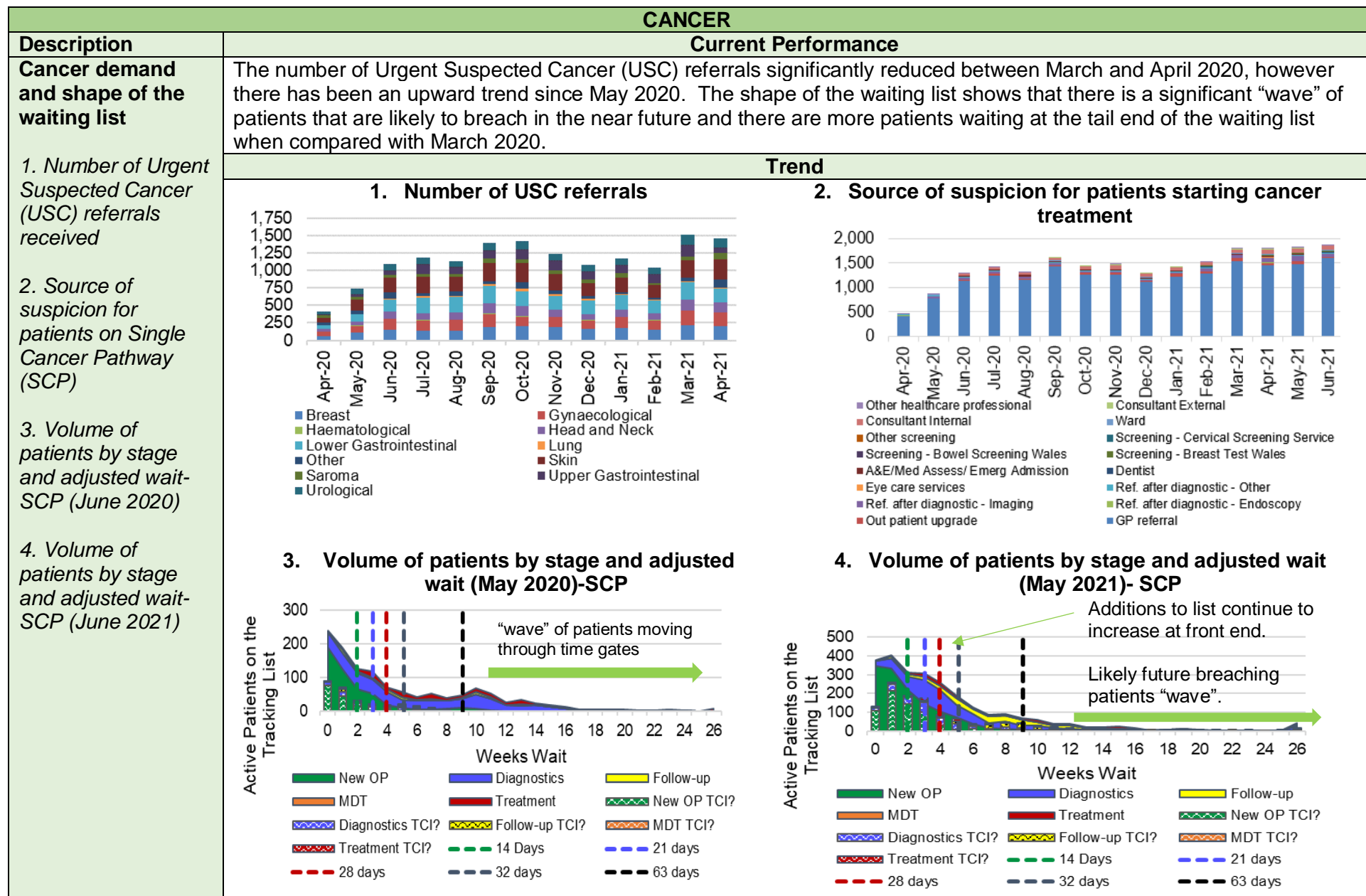
\*\*Please note – reporting measures changed from June 2021 – Using power BI platform

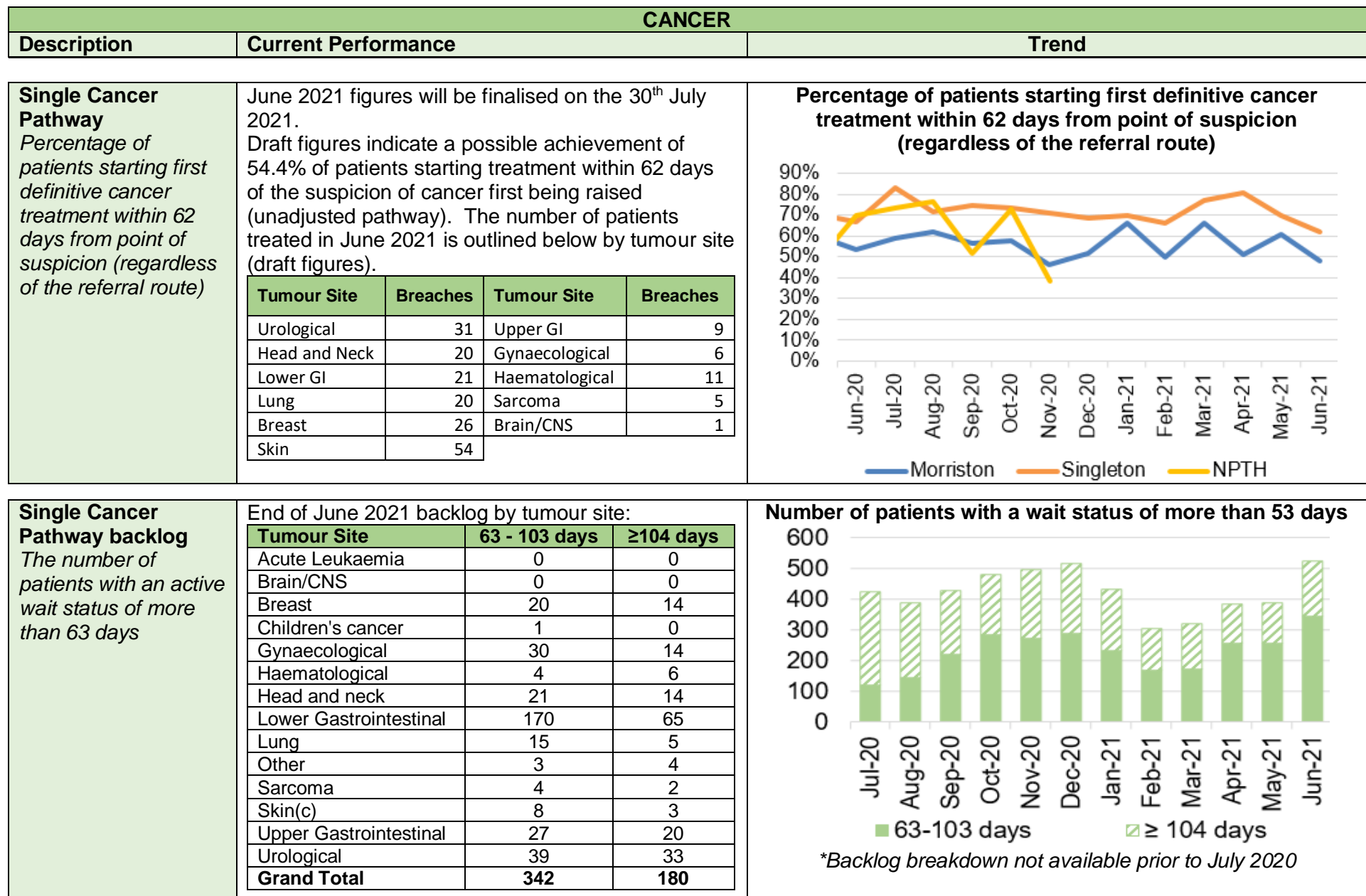


PLANNED CARE																																																																																																																														
Description	Current Performance																																																																																																																													
<b>Patients waiting over 36 weeks for treatment</b>  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 June 2021, there was 34,943 patients waiting over 36 weeks which is a 1.4% in-month increase from May 2021. 25,164 of the 34,943 were waiting over 52 weeks in June 2021. Orthopaedics/ Spinal accounted for 23.3% of the 52-week breaches, followed by Ophthalmology with 13%.</p> <p>The number of patients receiving a procedure (and subsequently removed from the waiting list) has significantly reduced since March 2020 which is resulting in the increase in waiting times.</p>																																																																																																																													
	Trend																																																																																																																													
	<div><div><p>1. Number of patients waiting over 36 weeks- HB total</p><table><caption>1. Number of patients waiting over 36 weeks- HB total</caption><thead><tr><th>Month</th><th>&gt;36 wks (SB UHB)</th></tr></thead><tbody><tr><td>Jun-20</td><td>13,000</td></tr><tr><td>Jul-20</td><td>18,000</td></tr><tr><td>Aug-20</td><td>22,000</td></tr><tr><td>Sep-20</td><td>25,000</td></tr><tr><td>Oct-20</td><td>30,000</td></tr><tr><td>Nov-20</td><td>35,000</td></tr><tr><td>Dec-20</td><td>35,000</td></tr><tr><td>Jan-21</td><td>34,000</td></tr><tr><td>Feb-21</td><td>33,000</td></tr><tr><td>Mar-21</td><td>33,000</td></tr><tr><td>Apr-21</td><td>34,000</td></tr><tr><td>May-21</td><td>34,000</td></tr><tr><td>Jun-21</td><td>35,000</td></tr></tbody></table></div><div><p>2. Number of patients waiting over 36 weeks- Hospital level</p><table><caption>2. Number of patients waiting over 36 weeks- Hospital level</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PCT</th><th>NPTH</th></tr></thead><tbody><tr><td>Jun-20</td><td>8,000</td><td>4,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Jul-20</td><td>12,000</td><td>6,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Aug-20</td><td>15,000</td><td>8,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Sep-20</td><td>18,000</td><td>10,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Oct-20</td><td>22,000</td><td>12,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Nov-20</td><td>23,000</td><td>12,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Dec-20</td><td>23,000</td><td>11,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Jan-21</td><td>22,000</td><td>11,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Feb-21</td><td>21,000</td><td>11,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Mar-21</td><td>21,000</td><td>11,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Apr-21</td><td>22,000</td><td>11,000</td><td>1,000</td><td>1,000</td></tr><tr><td>May-21</td><td>22,000</td><td>12,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Jun-21</td><td>23,000</td><td>12,000</td><td>1,000</td><td>1,000</td></tr></tbody></table></div><div><p>3. Number of elective admissions</p><table><caption>3. Number of elective admissions</caption><thead><tr><th>Month</th><th>Admitted elective patients</th></tr></thead><tbody><tr><td>Jun-20</td><td>2,500</td></tr><tr><td>Jul-20</td><td>3,000</td></tr><tr><td>Aug-20</td><td>3,000</td></tr><tr><td>Sep-20</td><td>3,500</td></tr><tr><td>Oct-20</td><td>3,500</td></tr><tr><td>Nov-20</td><td>3,200</td></tr><tr><td>Dec-20</td><td>3,200</td></tr><tr><td>Jan-21</td><td>3,500</td></tr><tr><td>Feb-21</td><td>3,500</td></tr><tr><td>Mar-21</td><td>4,200</td></tr><tr><td>Apr-21</td><td>4,000</td></tr><tr><td>May-21</td><td>4,000</td></tr><tr><td>Jun-21</td><td>4,500</td></tr></tbody></table></div></div>	Month	>36 wks (SB UHB)	Jun-20	13,000	Jul-20	18,000	Aug-20	22,000	Sep-20	25,000	Oct-20	30,000	Nov-20	35,000	Dec-20	35,000	Jan-21	34,000	Feb-21	33,000	Mar-21	33,000	Apr-21	34,000	May-21	34,000	Jun-21	35,000	Month	Morriston	Singleton	PCT	NPTH	Jun-20	8,000	4,000	1,000	1,000	Jul-20	12,000	6,000	1,000	1,000	Aug-20	15,000	8,000	1,000	1,000	Sep-20	18,000	10,000	1,000	1,000	Oct-20	22,000	12,000	1,000	1,000	Nov-20	23,000	12,000	1,000	1,000	Dec-20	23,000	11,000	1,000	1,000	Jan-21	22,000	11,000	1,000	1,000	Feb-21	21,000	11,000	1,000	1,000	Mar-21	21,000	11,000	1,000	1,000	Apr-21	22,000	11,000	1,000	1,000	May-21	22,000	12,000	1,000	1,000	Jun-21	23,000	12,000	1,000	1,000	Month	Admitted elective patients	Jun-20	2,500	Jul-20	3,000	Aug-20	3,000	Sep-20	3,500	Oct-20	3,500	Nov-20	3,200	Dec-20	3,200	Jan-21	3,500	Feb-21	3,500	Mar-21	4,200	Apr-21	4,000	May-21	4,000	Jun-21
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<b>Total waiting times</b> <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 June 2021, 50.6% of patients were waiting under 26 weeks from referral to treatment, which is an improvement on previous months.</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p> <table><caption>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>Jun-20</td><td>55%</td><td>60%</td><td>80%</td><td>95%</td></tr><tr><td>Jul-20</td><td>50%</td><td>55%</td><td>70%</td><td>90%</td></tr><tr><td>Aug-20</td><td>40%</td><td>45%</td><td>45%</td><td>80%</td></tr><tr><td>Sep-20</td><td>35%</td><td>40%</td><td>30%</td><td>75%</td></tr><tr><td>Oct-20</td><td>40%</td><td>45%</td><td>40%</td><td>85%</td></tr><tr><td>Nov-20</td><td>40%</td><td>48%</td><td>42%</td><td>90%</td></tr><tr><td>Dec-20</td><td>40%</td><td>48%</td><td>42%</td><td>92%</td></tr><tr><td>Jan-21</td><td>40%</td><td>48%</td><td>42%</td><td>90%</td></tr><tr><td>Feb-21</td><td>42%</td><td>48%</td><td>45%</td><td>88%</td></tr><tr><td>Mar-21</td><td>40%</td><td>48%</td><td>42%</td><td>90%</td></tr><tr><td>Apr-21</td><td>42%</td><td>48%</td><td>40%</td><td>88%</td></tr><tr><td>May-21</td><td>45%</td><td>48%</td><td>45%</td><td>85%</td></tr><tr><td>Jun-21</td><td>45%</td><td>50%</td><td>55%</td><td>85%</td></tr></tbody></table>	Month	Morriston	Singleton	PCT	NPTH	Jun-20	55%	60%	80%	95%	Jul-20	50%	55%	70%	90%	Aug-20	40%	45%	45%	80%	Sep-20	35%	40%	30%	75%	Oct-20	40%	45%	40%	85%	Nov-20	40%	48%	42%	90%	Dec-20	40%	48%	42%	92%	Jan-21	40%	48%	42%	90%	Feb-21	42%	48%	45%	88%	Mar-21	40%	48%	42%	90%	Apr-21	42%	48%	40%	88%	May-21	45%	48%	45%	85%	Jun-21	45%	50%	55%	85%
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<b>Ophthalmology waiting times</b> <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><b>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</b></p> <table><caption>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</caption><thead><tr><th>Month</th><th>% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment</th><th>Target</th></tr></thead><tbody><tr><td>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>45%</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>45%</td><td>100%</td></tr><tr><td>Jun-21</td><td>45%</td><td>100%</td></tr></tbody></table>	Month	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	Target	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	45%	100%	Feb-21	48%	100%	Mar-21	48%	100%	Apr-21	48%	100%	May-21	45%	100%	Jun-21	45%	100%																												
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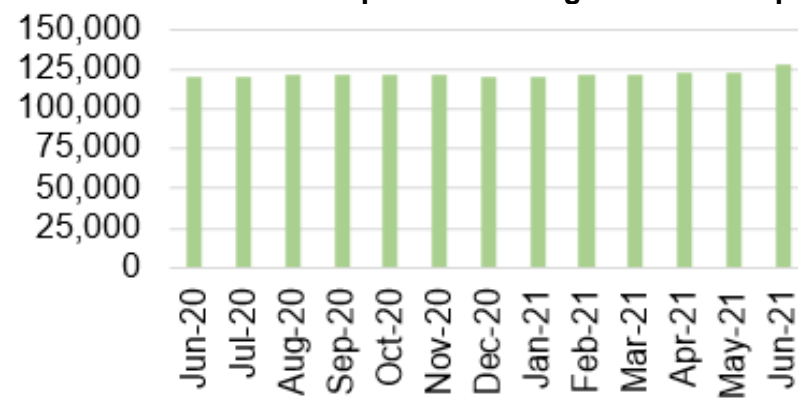
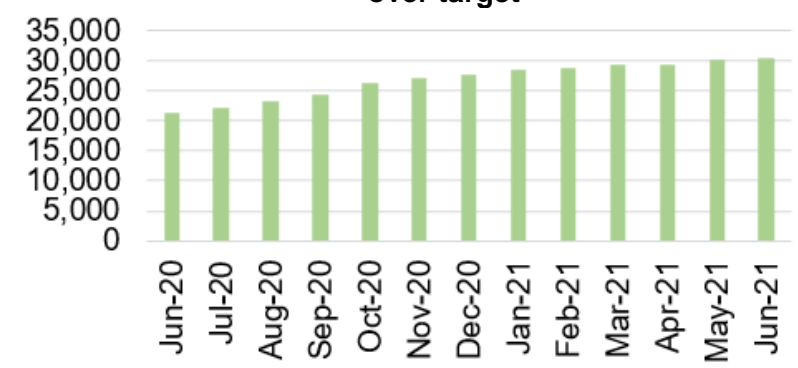
PLANNED CARE		
Description	Current Performance	Trend
<b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In June 2021, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 4,842 in May 2021 to 5,230 in June 2021.</p> <p>The following is a breakdown for the 8 week breaches by diagnostic test for June 2021:</p> <ul style="list-style-type: none"> <li>• Endoscopy= 2,100</li> <li>• Cardiac tests= 1,732</li> <li>• Cystoscopy= 32</li> </ul>	<p><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p> <p>Legend:</p> <ul style="list-style-type: none"> <li>Cardiac tests</li> <li>Endoscopy</li> <li>Other diagnostics (inc. radiology)</li> </ul>
<b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In June 2021 there were 171 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in June 2021 are:</p> <ul style="list-style-type: none"> <li>• Speech &amp; Language Therapy= 156</li> <li>• Dietetics= 15</li> </ul>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <p>Legend:</p> <ul style="list-style-type: none"> <li>Occ Therapy/ LD (MH)</li> <li>Occ Therapy (exc. MH)</li> <li>Audiology</li> <li>Speech &amp; Language</li> <li>Dietetics</li> <li>Phsyio</li> </ul>





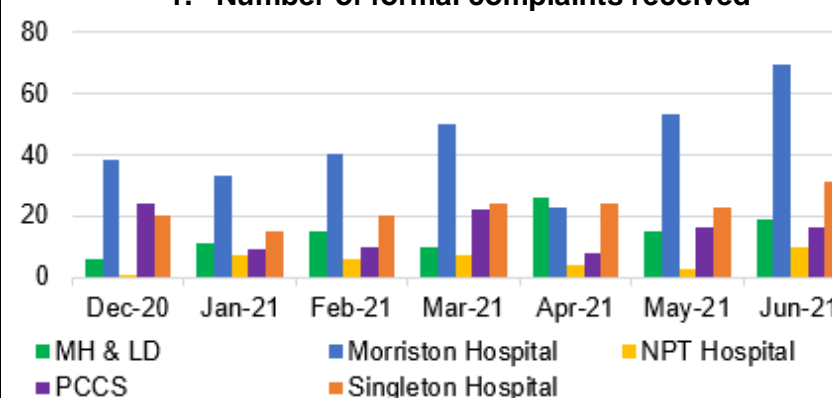
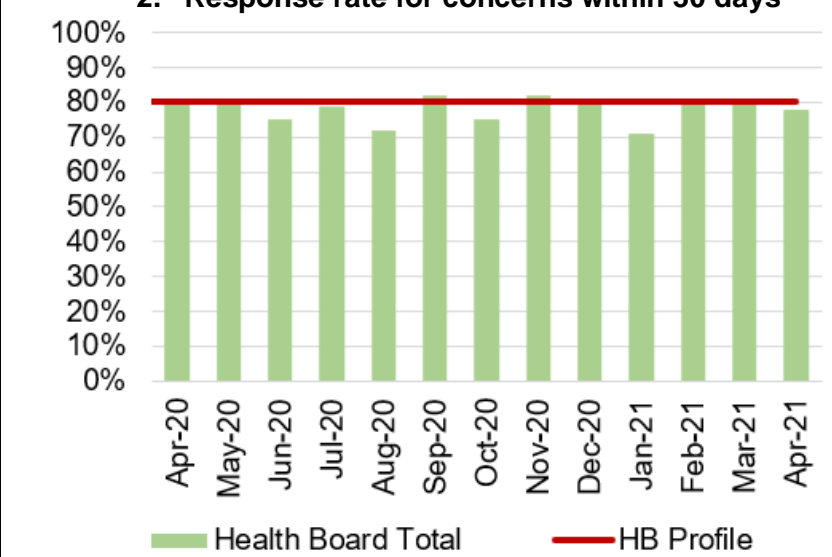
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Description	Current Performance	Trend																																																																																																																																																									
<b>USC First Outpatient Appointments</b> <i>The number of 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%.	<b>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of June 2021</b> <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>&gt;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&amp;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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<b>Radiotherapy waiting times</b>  <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%	<b>Radiotherapy waiting times</b> <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>85%</td><td>95%</td><td>50%</td><td>90%</td><td>100%</td><td>100%</td><td>90%</td><td>95%</td></tr><tr><td>Jul-20</td><td>50%</td><td>95%</td><td>65%</td><td>95%</td><td>100%</td><td>100%</td><td>50%</td><td>95%</td></tr><tr><td>Aug-20</td><td>60%</td><td>75%</td><td>60%</td><td>90%</td><td>100%</td><td>100%</td><td>45%</td><td>85%</td></tr><tr><td>Sep-20</td><td>60%</td><td>85%</td><td>55%</td><td>90%</td><td>100%</td><td>100%</td><td>55%</td><td>85%</td></tr><tr><td>Oct-20</td><td>60%</td><td>75%</td><td>50%</td><td>90%</td><td>100%</td><td>100%</td><td>55%</td><td>85%</td></tr><tr><td>Nov-20</td><td>55%</td><td>70%</td><td>30%</td><td>95%</td><td>100%</td><td>100%</td><td>55%</td><td>85%</td></tr><tr><td>Dec-20</td><td>70%</td><td>85%</td><td>50%</td><td>90%</td><td>100%</td><td>100%</td><td>70%</td><td>90%</td></tr><tr><td>Jan-21</td><td>45%</td><td>80%</td><td>50%</td><td>90%</td><td>100%</td><td>100%</td><td>60%</td><td>85%</td></tr><tr><td>Feb-21</td><td>35%</td><td>75%</td><td>25%</td><td>90%</td><td>100%</td><td>100%</td><td>60%</td><td>85%</td></tr><tr><td>Mar-21</td><td>40%</td><td>90%</td><td>40%</td><td>90%</td><td>100%</td><td>100%</td><td>85%</td><td>95%</td></tr><tr><td>Apr-21</td><td>35%</td><td>75%</td><td>35%</td><td>85%</td><td>100%</td><td>100%</td><td>80%</td><td>90%</td></tr><tr><td>May-21</td><td>40%</td><td>85%</td><td>50%</td><td>90%</td><td>100%</td><td>100%</td><td>80%</td><td>90%</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	85%	95%	50%	90%	100%	100%	90%	95%	Jul-20	50%	95%	65%	95%	100%	100%	50%	95%	Aug-20	60%	75%	60%	90%	100%	100%	45%	85%	Sep-20	60%	85%	55%	90%	100%	100%	55%	85%	Oct-20	60%	75%	50%	90%	100%	100%	55%	85%	Nov-20	55%	70%	30%	95%	100%	100%	55%	85%	Dec-20	70%	85%	50%	90%	100%	100%	70%	90%	Jan-21	45%	80%	50%	90%	100%	100%	60%	85%	Feb-21	35%	75%	25%	90%	100%	100%	60%	85%	Mar-21	40%	90%	40%	90%	100%	100%	85%	95%	Apr-21	35%	75%	35%	85%	100%	100%	80%	90%	May-21	40%	85%	50%	90%	100%	100%	80%	90%	Jun-21	31%	70%	45%	87%	100%	100%	91%	95%
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Jan-21	45%	80%	50%	90%	100%	100%	60%	85%																																																																																																																																																			
Feb-21	35%	75%	25%	90%	100%	100%	60%	85%																																																																																																																																																			
Mar-21	40%	90%	40%	90%	100%	100%	85%	95%																																																																																																																																																			
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May-21	40%	85%	50%	90%	100%	100%	80%	90%																																																																																																																																																			
Jun-21	31%	70%	45%	87%	100%	100%	91%	95%																																																																																																																																																			



FOLLOW-UP APPOINTMENTS																																																										
Description	Current Performance	Trend																																																								
<b>Follow-up appointments</b>  <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 June 2021, the overall size of the follow-up waiting list increased by 4,356 patients compared with May 2021 (from 123,088 to 127,444).	<b>1. Total number of patients waiting for a follow-up</b>  <table><caption>1. Total number of patients waiting for a follow-up (SBU HB)</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Jun-20</td><td>120,000</td></tr><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>123,088</td></tr><tr><td>Jun-21</td><td>127,444</td></tr></tbody></table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <b>2. Delayed follow-ups: Number of patients waiting 100% over target</b>  <table><caption>2. Delayed follow-ups: Number of patients waiting 100% over target date (SBU HB)</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Jun-20</td><td>20,000</td></tr><tr><td>Jul-20</td><td>21,000</td></tr><tr><td>Aug-20</td><td>22,000</td></tr><tr><td>Sep-20</td><td>23,000</td></tr><tr><td>Oct-20</td><td>24,000</td></tr><tr><td>Nov-20</td><td>25,000</td></tr><tr><td>Dec-20</td><td>26,000</td></tr><tr><td>Jan-21</td><td>27,000</td></tr><tr><td>Feb-21</td><td>28,000</td></tr><tr><td>Mar-21</td><td>29,000</td></tr><tr><td>Apr-21</td><td>29,000</td></tr><tr><td>May-21</td><td>29,000</td></tr><tr><td>Jun-21</td><td>30,550</td></tr></tbody></table> <p>■ Number of patients waiting 100% over target date (SBU HB)</p>	Month	Number of patients	Jun-20	120,000	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	123,088	Jun-21	127,444	Month	Number of patients	Jun-20	20,000	Jul-20	21,000	Aug-20	22,000	Sep-20	23,000	Oct-20	24,000	Nov-20	25,000	Dec-20	26,000	Jan-21	27,000	Feb-21	28,000	Mar-21	29,000	Apr-21	29,000	May-21	29,000	Jun-21	30,550
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In June 2021, there was a total of 55,254 patients waiting for a follow-up past their target date. This is an in-month increase of 1.1% (from 54,664 in May 2021 to 55,254).																																																										
Of the 55,254 delayed follow-ups in June 2021, 12,745 had appointment dates and 42,509 were still waiting for an appointment.																																																										
In addition, 30,550 patients were waiting 100%+ over target date in June 2021. This is a 1.6% increase when compared with May 2021.																																																										

PATIENT EXPERIENCE		
Description	Current Performance	Trend
<b>Patient experience</b>  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"> <li>Health Board Friends &amp; Family patient satisfaction level in June 2021 was 97% and 3,297 surveys were completed:               <ul style="list-style-type: none"> <li>Singleton/ Neath Port Talbot Hospitals Service Group completed 1,808 surveys in June 2021, with a recommended score of 97%.</li> <li>Morrison Hospital completed 934 surveys in May 2021, with a recommended score of 96%.</li> <li>Mental Health &amp; Learning Disabilities completed 0 surveys for June 2021</li> <li>Primary &amp; Community Care completed 532 surveys for June 2021, with a recommended score of 100%.</li> </ul> </li> </ul>	<p><b>1. Number of friends and family surveys completed</b></p> <p><b>2. % of patients/ service users who would recommend and highly recommend</b></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																																																					
<b>Patient concerns</b>  <i>1. Number of formal complaints received</i>  <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In June 2021, the Health Board received 159 formal complaints; this is a 38% increase when compared with May 2021 (from 115 to 159).</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and June 2021 was higher than pre-COVID levels.</p>	<p><b>1. Number of formal complaints received</b></p>  <table><caption>1. Number of formal complaints received (Estimated Data)</caption><thead><tr><th>Month</th><th>MH &amp; LD</th><th>Morryston Hospital</th><th>NPT Hospital</th><th>PCCS</th><th>Singleton Hospital</th></tr></thead><tbody><tr><td>Dec-20</td><td>5</td><td>38</td><td>2</td><td>22</td><td>20</td></tr><tr><td>Jan-21</td><td>10</td><td>32</td><td>5</td><td>10</td><td>15</td></tr><tr><td>Feb-21</td><td>15</td><td>40</td><td>5</td><td>10</td><td>20</td></tr><tr><td>Mar-21</td><td>10</td><td>50</td><td>5</td><td>22</td><td>25</td></tr><tr><td>Apr-21</td><td>25</td><td>22</td><td>5</td><td>10</td><td>25</td></tr><tr><td>May-21</td><td>15</td><td>55</td><td>5</td><td>15</td><td>22</td></tr><tr><td>Jun-21</td><td>20</td><td>70</td><td>10</td><td>15</td><td>30</td></tr></tbody></table>	Month	MH & LD	Morryston Hospital	NPT Hospital	PCCS	Singleton Hospital	Dec-20	5	38	2	22	20	Jan-21	10	32	5	10	15	Feb-21	15	40	5	10	20	Mar-21	10	50	5	22	25	Apr-21	25	22	5	10	25	May-21	15	55	5	15	22	Jun-21	20	70	10	15	30					
	Month	MH & LD	Morryston Hospital	NPT Hospital	PCCS	Singleton Hospital																																																	
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Mar-21	10	50	5	22	25																																																		
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May-21	15	55	5	15	22																																																		
Jun-21	20	70	10	15	30																																																		
<p>2. The overall Health Board rate for responding to concerns within 30 working days was 78% in April 2021, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table><thead><tr><th></th><th>30 day response rate</th></tr></thead><tbody><tr><td>Neath Port Talbot Hospital</td><td>100%</td></tr><tr><td>Morryston Hospital</td><td>100%</td></tr><tr><td>Mental Health &amp; Learning Disabilities</td><td>69%</td></tr><tr><td>Primary, Community and Therapies</td><td>88%</td></tr><tr><td>Singleton Hospital</td><td>61%</td></tr></tbody></table>		30 day response rate	Neath Port Talbot Hospital	100%	Morryston Hospital	100%	Mental Health & Learning Disabilities	69%	Primary, Community and Therapies	88%	Singleton Hospital	61%	<p><b>2. Response rate for concerns within 30 days</b></p>  <table><caption>2. Response rate for concerns within 30 days (Estimated Data)</caption><thead><tr><th>Month</th><th>Health Board Total</th><th>HB Profile</th></tr></thead><tbody><tr><td>Apr-20</td><td>80%</td><td>80%</td></tr><tr><td>May-20</td><td>80%</td><td>80%</td></tr><tr><td>Jun-20</td><td>75%</td><td>80%</td></tr><tr><td>Jul-20</td><td>78%</td><td>80%</td></tr><tr><td>Aug-20</td><td>72%</td><td>80%</td></tr><tr><td>Sep-20</td><td>82%</td><td>80%</td></tr><tr><td>Oct-20</td><td>75%</td><td>80%</td></tr><tr><td>Nov-20</td><td>82%</td><td>80%</td></tr><tr><td>Dec-20</td><td>80%</td><td>80%</td></tr><tr><td>Jan-21</td><td>70%</td><td>80%</td></tr><tr><td>Feb-21</td><td>80%</td><td>80%</td></tr><tr><td>Mar-21</td><td>80%</td><td>80%</td></tr><tr><td>Apr-21</td><td>78%</td><td>80%</td></tr></tbody></table>	Month	Health Board Total	HB Profile	Apr-20	80%	80%	May-20	80%	80%	Jun-20	75%	80%	Jul-20	78%	80%	Aug-20	72%	80%	Sep-20	82%	80%	Oct-20	75%	80%	Nov-20	82%	80%	Dec-20	80%	80%	Jan-21	70%	80%	Feb-21	80%	80%	Mar-21	80%	80%	Apr-21	78%	80%
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## 6 HARM QUADRANT- HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

### 6.1 Overview

		Harm from wider societal actions/lockdown															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					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
		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 PCVf3 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	
% 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
		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%	
% 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%	
% 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%	
% 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%	
% 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%	
% 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%	
% 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%	
% 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%	
% 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%	
% 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%	
% 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%	

## 6.2 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																										
Description	Current Performance	Trend																																																																																																																																																																								
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In May 2021, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In May 2021, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 96%.</p> <p>3. 92% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in May 2021.</p> <p>4. In May 2021, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p>	<p><b>1. % Mental Health assessments undertaken within 28 days from receipt of referral</b></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 (&gt;18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>98%</td><td>95%</td></tr> <tr><td>Jun-20</td><td>98%</td><td>95%</td></tr> <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> 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Description	Current Performance	Trend																																										
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In May 2021, 93% of CAMHS patients received an assessment within 48 hours.	<div><h3>1. Crisis- assessment within 48 hours</h3><table><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th></tr></thead><tbody><tr><td>May-20</td><td>100%</td></tr><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>93%</td></tr></tbody></table></div>	Month	% urgent assessments within 48 hours	May-20	100%	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	93%														
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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 May 2021 against a target of 80%.	<div><h3>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</h3><table><thead><tr><th>Month</th><th>% of assess in 28 days</th><th>% interventions in 28 days</th></tr></thead><tbody><tr><td>May-20</td><td>80%</td><td>80%</td></tr><tr><td>Jun-20</td><td>80%</td><td>80%</td></tr><tr><td>Jul-20</td><td>80%</td><td>80%</td></tr><tr><td>Aug-20</td><td>80%</td><td>80%</td></tr><tr><td>Sep-20</td><td>50%</td><td>80%</td></tr><tr><td>Oct-20</td><td>25%</td><td>80%</td></tr><tr><td>Nov-20</td><td>50%</td><td>80%</td></tr><tr><td>Dec-20</td><td>75%</td><td>80%</td></tr><tr><td>Jan-21</td><td>25%</td><td>80%</td></tr><tr><td>Feb-21</td><td>80%</td><td>80%</td></tr><tr><td>Mar-21</td><td>50%</td><td>80%</td></tr><tr><td>Apr-21</td><td>50%</td><td>80%</td></tr><tr><td>May-21</td><td>50%</td><td>80%</td></tr></tbody></table></div>	Month	% of assess in 28 days	% interventions in 28 days	May-20	80%	80%	Jun-20	80%	80%	Jul-20	80%	80%	Aug-20	80%	80%	Sep-20	50%	80%	Oct-20	25%	80%	Nov-20	50%	80%	Dec-20	75%	80%	Jan-21	25%	80%	Feb-21	80%	80%	Mar-21	50%	80%	Apr-21	50%	80%	May-21	50%	80%
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3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 67% of therapeutic interventions were started within 28 days following assessment by LPMHSS in May 2021.																																											
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 33% of NDD patients received a diagnostic assessment within 26 weeks in May 2021 against a target of 80%.	<div><h3>4. NDD- assessment within 26 weeks</h3><table><thead><tr><th>Month</th><th>%NDD within 26 weeks</th></tr></thead><tbody><tr><td>May-20</td><td>33%</td></tr><tr><td>Jun-20</td><td>33%</td></tr><tr><td>Jul-20</td><td>33%</td></tr><tr><td>Aug-20</td><td>33%</td></tr><tr><td>Sep-20</td><td>33%</td></tr><tr><td>Oct-20</td><td>33%</td></tr><tr><td>Nov-20</td><td>33%</td></tr><tr><td>Dec-20</td><td>33%</td></tr><tr><td>Jan-21</td><td>33%</td></tr><tr><td>Feb-21</td><td>33%</td></tr><tr><td>Mar-21</td><td>33%</td></tr><tr><td>Apr-21</td><td>33%</td></tr><tr><td>May-21</td><td>33%</td></tr></tbody></table></div>	Month	%NDD within 26 weeks	May-20	33%	Jun-20	33%	Jul-20	33%	Aug-20	33%	Sep-20	33%	Oct-20	33%	Nov-20	33%	Dec-20	33%	Jan-21	33%	Feb-21	33%	Mar-21	33%	Apr-21	33%	May-21	33%														
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 53% of routine assessments by SCAMHS were undertaken within 28 days in May 2021.	<div><h3>5. S-CAMHS % assessments within 28 days</h3><table><thead><tr><th>Month</th><th>% S-CAMHS assessments in 28 days</th></tr></thead><tbody><tr><td>May-20</td><td>53%</td></tr><tr><td>Jun-20</td><td>53%</td></tr><tr><td>Jul-20</td><td>53%</td></tr><tr><td>Aug-20</td><td>53%</td></tr><tr><td>Sep-20</td><td>53%</td></tr><tr><td>Oct-20</td><td>53%</td></tr><tr><td>Nov-20</td><td>53%</td></tr><tr><td>Dec-20</td><td>53%</td></tr><tr><td>Jan-21</td><td>53%</td></tr><tr><td>Feb-21</td><td>53%</td></tr><tr><td>Mar-21</td><td>53%</td></tr><tr><td>Apr-21</td><td>53%</td></tr><tr><td>May-21</td><td>53%</td></tr></tbody></table></div>	Month	% S-CAMHS assessments in 28 days	May-20	53%	Jun-20	53%	Jul-20	53%	Aug-20	53%	Sep-20	53%	Oct-20	53%	Nov-20	53%	Dec-20	53%	Jan-21	53%	Feb-21	53%	Mar-21	53%	Apr-21	53%	May-21	53%														
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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						708
	Number of staff referred for Antigen Testing*	Local			Jun-21						207
	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						3
	Number of staff self isolated (symptomatic)*	Local			May-21						21
	% sickness*	Local			May-21						18

\* 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			547
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	National	95%		Jun-21	59.0%	97.7%				72%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		Jun-21	879	1				880
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		May-21	28%					28%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		May-21	37%					37%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		May-21	98%					98%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		May-21	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		May-21	40%					40%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	19	Jun-21	2	1	2	23	0	28
	Number of S.aureus bacteraemia cases	National		8	Jun-21	3	0	2	2	0	7
	Number of C.difficile cases	National		13	Jun-21	3	1	2	6	0	12
	Number of Klebsiella cases	National		6	Jun-21	1	0	4	7	0	12
	Number of Aeruginosa cases	National		4	Jun-21	1	0	0	1	0	2
	Compliance with hand hygiene audits	Local	95%		Jun-21	94%	95%	100%	96%	98%	95%
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		May-21	90.7%					90.7%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		May-21	57.2%					57.2%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		May-21	70.1%					70.1%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		May-21	75.9%					75.9%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		May-21	75.9%					75.9%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	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%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-21	70.7%					70.7%
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		Jun-21	1	0	2	1	2	6
	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		Jun-21	1	0	0	0	0	1
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		May-21	30	2	19	20	2	73
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		May-21	0	0	1	2	0	3
	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		Jun-21	69	32	41	8	24	174
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Jun-21						4.50
Mortality	Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Local	95%		May-21	98%	88%	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 years of age or less)	National	12 month reduction trend		May-21	1.76%	0.15%	0.52%			1.04%



Harm quadrant- Harm from							
Category	Measure	Target Type	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National					54%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	227	9,015	130		23,239
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	57	11,949	95		34,943
	Number of patients waiting > 8 weeks for a specified diagnostics	National		2,068			5,230
	Number of patients waiting > 14 weeks for a specified therapy	National	15		156	0	171
	Total number of patients waiting for a follow-up outpatient appointment	National					127,444
	Number of patients delayed by over 100% past their target date	National					30,550
	Number of patients delayed past their agreed target date (booked and not booked)	Local					55,254
	Number of Ophthalmology patients without an allocated health risk factor	Local					486
	Number of patients without a documented clinical review date	Local					6
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	Now reported under Singleton	1,808	532	0	3,297
	% of patients who would recommend and highly recommend	Local		97%	100%	0%	97%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local		97%	-	0%	96%
	Number of new complaints received	Local	10	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 the complaint was first received by the organisation	National	100%	67%	67%	67%	81%

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

Harm Quadrant- Harm from							
Category	Measure	Target Type	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					95.4%
	% children who received MenB2 vaccine by age 1	Local					95.2%
	% children who received PCV2 vaccine by age 1						96.9%
	% children who received Rotavirus vaccine by age 1						94.0%
	% children who received MMR1 vaccine by age 2						94.0%
	% children who received PCVf3 vaccine by age 2						94.3%
	% children who received MenB4 vaccine by age 2						94.1%
	% children who received Hib/MenC vaccine by age 2						96.3%
	% children who are up to date in schedule by age 4						86.3%
	% of children who received 2 doses of the MMR vaccine by age 5	National					92.4%
	% children who received 4 in 1 vaccine by age 5	Local					91.7%
	% children who received MMR vaccination by age 16						88.9%
	% children who received teenage booster by age 16						90.5%
	% children who received MenACWY vaccine by age 16						91.3%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local					100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National					60%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National					0%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local					48%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National				97%	97%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National					49%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National				92%	92%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National				100%	100%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National					30%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National					82%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National				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

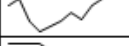


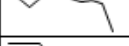
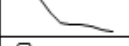
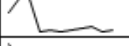

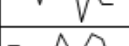
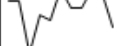

## APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

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 Trend	Jan-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
COVID-19 related measures	Number of new COVID19 cases	Local	Jun-21	708		Reduce					57	53	66	787	4,664	5,525	11,376	3,759	1,208	907	406	183	708
	Number of staff referred for Antigen Testing	Local	Jun-21	12,431		Reduce					3,102	3,329	3,564	4,765	6,460	8,201	10,065	10,749	11,115	11,683	11,957	12,224	12,431
	Number of staff awaiting results of COVID19 test	Local	Jun-21	0		Reduce					16	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)	63 (as at 06/03/21)	2 (as at 11/04/21)	0	0	0
	Number of COVID19 related incidents	Local	Jun-21	23		Reduce					40	26	39	30	87	141	127	84	63	53	74	67	23
	Number of COVID19 related serious incidents	Local	Jun-21	0		Reduce					2	0	11	1	1	1	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Jun-21	16		Reduce					39	58	27	30	37	50	83	106	131	98	38	13	16
	Number of COVID19 related risks	Local	Jun-21	1		Reduce					19	5	8	2	6	7	10	3	3	3	2	2	1
	Number of staff self isolated (asymptomatic)	Local	Jun-21	0		Reduce					474	422	420	353	329	291	475	218	160	145	84	61	
COVID-19 related measures	Number of staff self isolated (symptomatic)	Local	Jun-21	0		Reduce					141	70	36	72	132	234	394	316	156	108	87	71	
	% sickness	Local	May-21	0		Reduce					4.5%	3.6%	3.5%	3.2%	3.5%	4.4%	6.5%	4.0%	2.4%	1.9%	1.9%	1.9%	
Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-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
Unscheduled Care	% 111 patients prioritised as PICH that started their definitive clinical assessment within 1 hour of their initial call being answered	National	Jun-19	97%	90%																		
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jun-21	67%	65%	65%	✗	61% (Apr-21)	1st (Apr-21)		76%	74%	72%	69%	66%	67%	54%	67%	70%	73%	72%	62%	67%
	Number of ambulance handovers over one hour	National	Jun-21	547	0			3,124 (Apr-21)	4th (Apr-21)		47	120	163	410	355	500	510	195	219	231	337	477	547
	Handover hours lost over 15 minutes	Local	Jun-21	138563%							178	315	418	1,100	916	1,474	1,804	455	550	583	877	1,154	1,386
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Jun-21	1	95%			75.7% (Mar-21)	4th (Mar-21)		87.7%	80.1%	80.6%	76.4%	77.2%	75.4%	72.6%	77%	71%	77%	75%	73%	72%
	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)		81	223	286	537	434	626	776	570	534	457	631	684	880
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)		35.5%	33.5%	33.3%	89.4%	30.0%	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)		82.0%	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)		52.7%	57.4%	51.4%	50.0%	29.8%	23.7%	7.1%	6.8%	18.2%	20.4%	20.3%	27.5%	0.0%
	CT Scan (<1 hrs) (local)	Local	May-21	37%							49.1%	48.2%	52.8%	62.5%	42.1%	31.7%	22.7%	42.2%	30.6%	40.8%	29.7%	36.5%	0.0%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	May-21	98%	85.3%			87.6% (Mar-21)	1st (Mar-21)		100.0%	94.6%	97.2%	97.5%	98.2%	96.7%	95.5%	95.6%	97.2%	100.0%	96.9%	98.1%	0.0%
	Thrombolysis door to needle <= 45 mins	Local	May-21	0%	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%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	May-21	40%	12 month ↑			46.8% (Mar-21)	3rd (Mar-21)		30.7%	44.3%	61.7%	80.1%	86.5%	65.1%	63.4%	65.7%	61.2%	55.3%	47.1%	39.7%	0.0%
DTOCs	Number of mental health HB DTOCs	National	Mar-20	13	12 month ↓	27	✓																
	Number of non-mental health HB DTOCs	National	Mar-20	60	12 month ↓	50	✗																
	% 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)		2.5%												
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	May-21	88.9	<67		✗	77.95 (Apr-21)	5th (Apr-21)		46.4	53.8	62.5	64.0	65.7	63.8	60.7	60.0	59.8	61.9	99.8	88.9	89.4
	Number of E.Coli bacteraemia cases (Hospital)		May-21	11							5	8	8	7	14	5	5	6	6	9	12	11	5
	Number of E.Coli bacteraemia cases (Community)		May-21	15							14	17	24	16	11	11	7	12	11	19	20	15	23
	Total number of E.Coli bacteraemia cases		May-21	26							17	25	32	23	25	16	12	18	17	28	32	26	28
	Cumulative cases of S.aureus bacteraemias per 100k pop		May-21	44.5	<20		✗	27.01 (Apr-21)	6th (Apr-21)		28.8	26.1	28.2	30.7	31.5	32.7	31.7	31.6	31.4	31.6	40.5	44.5	37.0
	Number of S.aureus bacteraemia cases (Hospital)		May-21	5							4	5	5	7	6	7	6	5	7	4	4	5	5
	Number of S.aureus bacteraemia cases (Community)		May-21	10							8	5	7	7	6	6	5	4	2	7	9	10	2
	Total number of S.aureus bacteraemia cases		May-21	15							12	6	12	14	12	13	9	9	9	11	13	15	7
	Cumulative cases of C.difficile per 100k pop		May-21	49.1	<26		✗	28.94 (Apr-21)	6th (Apr-21)		49.5	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)		May-21	7							14	7	9	12	12	8	6	5	9	7	15	7	6
	Number of C.difficile cases (Community)		May-21	5							6	4	14	6	5	2	5	0	2	5	5	5	6
	Total number of C.difficile cases		May-21	12							20	11	23	18	15	10	9	3	11	12	20	12	12
	Cumulative cases of Klebsiella per 100k pop		May-21	21.5							21.6	20.0	22.1	21.0	21.9	23.4	24.9	26.4	25.8	26.2	28.1	21.5	26.7
	Number of Klebsiella cases (Hospital)		May-21	5							4	5	6	5	7	7	8	8	4	7	4	5	5
	Number of Klebsiella cases (Community)		May-21	2							5	2	4	2	2	4	4	5	2	9	5	2	7
	Total number of Klebsiella cases		May-21	5				38 (Apr-21)	6th (Apr-21)		9	5	10	5	9	11	12	13	6	10	9	5	12
	Cumulative cases of Aeruginosa per 100k pop		May-21	6.1							7.2	6.2	6.7	5.6	5.7	5.8	5.5	5.2	5.1	4.9	9.4	6.1	6.2



Harm from overwhelmed NHS and social care system																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance 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		
Infection control	Cumulative cases of C.difficile per 100k pop	National	May-21	49.1	<26		✗	28.94 (Apr-21)	6th (Apr-21)		49.5	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)			7								14	7	9	12	12	8	6	3	3	7	15	7	6	
	Number of C.difficile cases (Community)		May-21	5									6	4	14	6	3	2	3	0	2	5	5	5	6
	Total number of C.difficile cases			12									20	11	23	18	15	10	9	3	11	12	20	12	12
	Cumulative cases of Klebsiella per 100k pop		May-21	21.5									21.6	20.0	22.1	21.0	21.9	23.4	24.9	26.4	25.8	26.2	28.1	21.5	26.7
	Number of Klebsiella cases (Hospital)			3									4	3	6	3	7	7	8	8	4	1	4	3	5
	Number of Klebsiella cases (Community)		May-21	2									5	2	4	2	2	4	4	5	2	3	5	2	7
	Total number of Klebsiella cases			5					38 (Apr-21)	6th (Apr-21)			9	5	10	5	9	11	12	13	6	10	9	5	12
	Cumulative cases of Aeruginosa per 100k pop		May-21	6.1									7.2	6.2	6.7	5.6	5.7	5.8	5.5	5.2	5.1	4.9	9.4	6.1	6.2
	Number of Aeruginosa cases (Hospital)			0									0	0	0	0	1	1	1	0	0	0	2	0	1
	Number of Aeruginosa cases (Community)		May-21	1									0	1	3	0	1	1	0	1	1	1	1	1	1
	Total number of Aeruginosa cases			1						21 (Apr-21)	Joint 3rd (Apr-21)		0	1	3	0	2	2	1	1	1	1	3	1	2
Hand Hygiene Audits- compliance with WHO 5 moments	Local	May-21	98%			95%	✓				98%	98%	94%	96%	97%	97%	96%	95%	93%	97%	96%	98%	96%		
Serious incidents and risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Jun-21	0%	90%	80%	✗				0%	0%	50%	20%	0%	0%	4%	0%	10%	0%	0%	0%	0%	0%	
	Number of new Never Events	National	Jun-21	1	0	0	✓					1	0	0	0	1	1	0	0	0	0	0	0	1	
Pressure Ulcers	Number of risks with a score greater than 20	Local	Jun-21	113		12 month ↓	✗				110	115	121	117	130	138	146	148	140	142	132	127	113		
	Number of risks with a score greater than 16	Local	Jun-21	219		12 month ↓	✗				204	204	210	206	224	224	238	242	233	230	217	224	219		
	Number of pressure ulcers acquired in hospital	Local	May-21	59		12 month ↓	✗				18	19	37	44	59	42	61	51	48	36	59	53			
	Number of pressure ulcers developed in the community		May-21	31		12 month ↓	✓				34	28	25	21	34	29	26	25	24	26	31	20			
	Total number of pressure ulcers		May-21	90		12 month ↓	✗				52	47	62	65	93	71	87	76	72	62	90	73			
	Number of grade 3+ pressure ulcers acquired in hospital		May-21	4		12 month ↓	✗				1	0	4	0	4	4	3	2	3	1	4	1			
Number of grade 3+ pressure ulcers acquired in community	May-21		10		12 month ↓	✓				9	4	5	5	11	5	7	5	4	2	10	2				
Total number of grade 3+ pressure ulcers		May-21	14		12 month ↓	✗					10	4	9	5	15	9	10	7	7	3	14	3			
Inpatient Falls	Number of Inpatient Falls	Local	Jun-21	174		12 month ↓	✓				196	208	227	219	187	247	247	203	177	171	176	228	174		
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	May-21	99%	95%	95%	✓				100.0%	95.5%	96.6%	99.2%	100.0%	98.1%	99.0%	100.0%	100.0%	97.6%	99.3%	98.0%	0.0%		
	Stage 2 mortality reviews required	Local	May-21	5								10	10	10	11	9	17	12	19	6	11	5	18	0	
	% stage 2 mortality reviews completed	Local	Jan-21	36.80%		100%	✗					50.0%	90.0%	50.0%	54.5%	33.3%	35.7%	75.0%	36.8%				0.0%		
	Crude hospital mortality rate (74 years of age or less)	National	May-21	1.04%	12 month ↓				1.56% (Mar-21)	4th (Mar-21)		0.89%	0.92%	0.90%	0.93%	0.97%	1.01%	1.08%	1.14%	1.17%	1.17%	1.04%		0.00%	
NEWS	% of deaths scrutinised by a medical examiner	National			Qtr on qtr ↑						New measure for 2020/21- awaiting data														
	% patients with completed NEWS scores & appropriate responses actioned	Local	Jun-21	95%		98%	✓				91.6%	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			3											
Coding	% of episodes clinically coded within 1 month of discharge	Local	May-21	96%	95%	95%	✓				97%	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%	✗				67%	63%	66%	70%	68%	66%	59%	67%	63%	64%	63%	67%	69%		
Work force	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)		4.32%	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 PAFR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jun-21	85%	85%	85%	✗	61.0% (Oct-20)	7th out of 10 organisations (Aug-20)		60%	59%	58%	58%	58%	56%	54%	52%	51%	53%	57%	60%	85%		
	% 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	80%	85%	85%	✗	79.4% (Oct-20)	5th out of 10 organisations (Aug-20)		79%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%		
	% workforce sickness absence (12 month rolling)	National	Apr-21	7.12%	12 month ↓			5.87% (Oct-20)	10th out of 10 organisations (Oct-20)		6.98%	7.03%	7.03%	7.03%	7.07%	7.23%	7.48%	7.57%	7.56%	7.44%	7.12%				
	% 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	Wales Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-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	
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%			53.7% (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)		75.3%			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)		14.7%	18.6%	24.7%	23.8%	27.2%	17.2%	12.0%	5.3%	5.3%	6.6%				
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	June-21 (draft)	65.4%	12 month ↑			67.1% (Mar-21)	2nd out of 6 organisations (Mar-21)		59.3%	68.2%	67.4%	62.4%	65.9%	55.4%	61.0%	67.9%	56.4%	71.6%	65.7%	65.4%	65.4%	
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Jun-21	31%	80%		✗				57%	71%	63%	60%	75%	58%	71%	45%	35%	42%	37%	40%	31%	
	Scheduled (28 Day Target)	Local	Jun-21	70%	100%		✗				93%	97%	92%	86%	90%	85%	88%	82%	80%	85%	77%	87%	70%	
	Urgent SC (7 Day Target)	Local	Jun-21	45%	80%		✗				65%	57%	57%	54%	43%	31%	50%	50%	23%	41%	38%	50%	45%	
	Urgent SC (14 Day Target)	Local	Jun-21	87%	100%		✗				90%	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%	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%	100%	
	Elective Delay (21 Day Target)	Local	Jun-21	91%	80%		✓				92%	92%	46%	58%	58%	56%	71%	69%	61%	86%	82%	81%	91%	
	Elective Delay (28 Day Target)	Local	Jun-21	95%	100%		✗				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	Jun-21	5,230	0			41,693 (Mar-21)	2nd (Mar-21)		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	
	Number of patients waiting > 14 weeks for a specified therapy	National	Jun-21	171	0			4,066 (Mar-21)	2nd (Mar-21)		1,646	1,554	1,518	1,350	1,135	817	708	584	491	369	201	166	171	
	% of patients waiting < 26 weeks for treatment	National	Jun-21	1	95%			52.5% (Mar-21)	6th (Mar-21)		59.4%	52.5%	43.7%	41.0%	44.8%	47.6%	48.0%	47.0%	47.3%	48.8%	49.1%	49.1%	50.6%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jun-21	23,239	0						11,964	15,721	20,497	23,069	22,050	21,005	21,179	21,208	21,225	21,750	22,752	23,700	23,239	
	Number of patients waiting > 36 weeks for treatment	National	Jun-21	34,943	0			216,418 (Mar-21)	3rd (Mar-21)		13,419	18,078	22,494	26,046	31,508	35,387	35,126	33,391	32,719	32,874	33,395	34,447	34,943	
	The number of patients waiting for a follow-up outpatient appointment	National	Jun-21	127,444	HB target	TBC		747,782 (Mar-21)	5th (Mar-21)		120,468	120,062	120,363	120,362	120,368	120,874	119,363	119,399	120,882	121,403	122,303	123,088	127,444	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jun-21	30,550				194,689 (Mar-21)	5th (Mar-21)		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	
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Jun-21	46.7%	95%			44.8% (Mar-21)	3rd (Mar-21)		63.4%	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 TBC					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 ↓						4.4%	3.3%	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 ↓						4.7%	5.2%	6.0%	6.9%	6.5%	7.2%	8.2%	7.1%	6.2%	6.7%	6.1%	6.3%	5.5%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Jun-21	77.0%		90%	✗				16%	42%	90%	75%	75%	74%	59%	65%	73%	75%	80%	78%	77%	
	% of theatre sessions starting late	Local	Jun-21	43.0%		<25%	✗				46%	51%	46%	43%	44%	39%	45%	40%	42%	40%	38%	43%	43%	
	% of theatre sessions finishing early	Local	Jun-21	43.0%		<20%	✗				36%	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)		2,653	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)		98.7%			98.8%										
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q3 20/21	258.8	4 quarter ↓			241.96 (Q3 20/21)	6th (Q3 20/21)		243.8			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)		1,464			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%			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)		4,308			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)		80.2%			78.6%										
Patient experience	Number of friends and family surveys completed	Local	Jun-21	3,297		12 month ↑	✓				393	502	625	2,804	1,047	787	584	678	798	1,050		4,590	3,297	
	% of who would recommend and highly recommend	Local	Jun-21	97%		90%	✗				87%	91%	83%	93%	82%	84%	77%	79%	85%	87%		96%	97%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Jun-21	1		90%	✓				79%	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	✗				73	77	74	107	121	103	83	78	94	117	100	115	159	
	% 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)		75%	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%	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)		210			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)		2			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	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	
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%			96.5%			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)		90.8%			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)		279.6			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)		32.8%			23.2%			39.5%			45.5%				
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-21	75.5%	75%			76.5% (Mar-21)	4th (Mar-21)		Data collection restarts October 2020					65.6%	72.4%	74.8%	75.2%	75.4%	75.5%	Data collection restarts October 2021		
	% uptake of influenza among under 65s in risk groups	National	Mar-21	49.4%	55%			51.07% (Mar-21)	5th (Mar-21)							34.4%	42.8%	47.2%	48.7%	49.4%	49.4%			
	% uptake of influenza among pregnant women	National	2019/20	78.2%	75%			78.5% (2019/20)	5th out of 10 organisations (2019/20)							Data not available								
	% uptake of influenza among children 2 to 3 years old	Local	Mar-21	53.4%	50%			56.3% (Mar-21)	5th (Mar-21)							35.7%	48.8%	52.5%	53.2%	53.4%	53.4%			
	% uptake of influenza among healthcare workers	National	Mar-21	63.4%	60%			58.7% (2019/20)	7th out of 10 organisations (2019/20)							56.2%	62.9%	63.0%	63.4%	63.4%	63.4%			
Screening services	Uptake of screening for bowel cancer	National	2018/19	57.0%	60%			57.3% (2018/19)	4th (2018/19)															
	Uptake of screening for breast cancer	National	2018/19	73.6%	70%			72.8% (2018/19)	2nd (2018/19)															
	Uptake of screening for cervical cancer	National	2018/19	72.1%	80%			73.2% (2018/19)	5th (2018/19)															
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Apr-21	100%		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)		28%	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%	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%	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%	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%	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)		91%	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)		100%	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%	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)		84%	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)		92%	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)															