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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	22nd June 2021	Agenda Item	4.1
Report Title	Quality & Safety Performance Report		
Report Author	Darren Griffiths, Director of Finance and Performance (interim)		
Report Sponsor	Darren Griffiths, Director of Finance and Performance (interim)		
Presented by	Darren Griffiths, Director of Finance and Performance (interim)		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2020/21 NHS Wales Delivery Framework.		
Key Issues	<p>The 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>		

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

2021/22 Delivery Framework

COVID19- The number of new cases of COVID19 continues to reduce with May 2021 having the lowest amount of new cases of COVID19 since August 2020. In May 2021, the occupancy rate of confirmed COVID patients in general medical and critical care beds was the lowest rate recorded since the start of the pandemic in March 2020.

Unscheduled Care- Demand for emergency department care within Swansea Bay University (SBU) Health Board significantly increased in May 2021 with A&E attendances 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- May 2021 saw an in-month increase in the number of patients waiting over 16 weeks for a new outpatient appointment and over 36 weeks for treatment. The rate at which the waiting list was increasing appeared to be stabilising however, the size of the waiting list has increased every month since February 2021 which could be latent demand now entering the system. Therapy waiting times have significantly increased since March 2020 however, the number of patients waiting over target reduced again in May 2021 with some therapy services maintaining a nil breach position (i.e. Occupational Therapy and Physiotherapy).

Cancer- April 2021 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 May 2021 but remained lower than the monthly positions seen in quarters 2 and 3 for 2020/21. May's figures are in the process of being validated at the time of writing this report.

Mental Health- performance against the Mental Health Measures continues to be maintained. All targets were achieved in April 2021. Psychological therapies within 26 weeks continue to be maintained at 100%.

Child and Adolescent Mental Health Services (CAMHS)-Access times for routine CAMHS significantly deteriorated in April 2021 however; crisis waiting times continue to be maintained at 100%. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge achieving 30% in April 2021 against a target of 80%.

Serious Incidents closures- Performance against the 80% target was 0% in May 2021 as none of the three closure forms due to be submitted to Welsh Government were submitted on time.

	Patient Experience- A new feedback system was introduced in March 2021, which has resulted in no data being reported for April 2021 as the system, was not fully operational until the end of April 2021. May 2021 data is included in this report.			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. 			

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

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

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

Appendix 1 provides an overview of the Health Board's latest performance against the Delivery Framework measures along with key local quality and safety measures. A number of local COVID-19 specific measures have been included in this iteration of the performance report.

The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the operational pressures within the Health Board relating to the COVID-19 pandemic, it was agreed that the narrative update would be omitted from this performance report until operational pressures significantly ease. Despite a reduction in the narrative contained within this report, considerable work has been undertaken to include additional measures that aid in describing how the healthcare systems has changed as a result of the pandemic.

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

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

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

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

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

Report History	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in May 2021. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report



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Appendix 1- Quality & Safety Performance Report

June 2021



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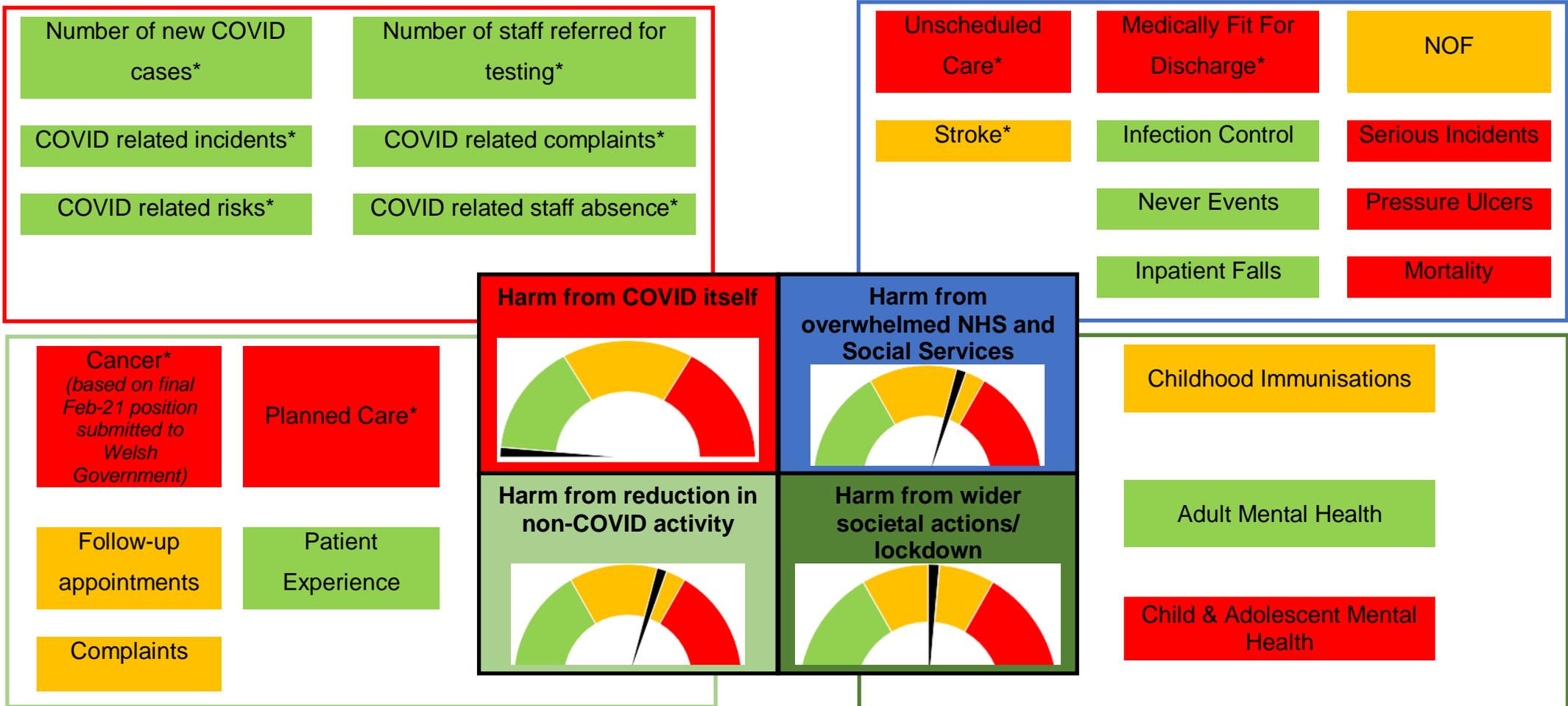
1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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

- Q&S report detail is reduced to reflect data capture currently available.
- Adult Mental health access performance remains excellent and Psychological Therapy performance continues to be over target, achieving 100% in April 2021. CAMHS access to assessments is a significant concern as 0% of patients were seen within 28 days of referral in April 2021.
- The demand on the unscheduled care system in May 2021 was in line with pre-covid levels resulting in a deterioration in performance against the 4 and 12 hour A&E access target.
- Planned care system is still challenging, especially for treatment within 36 weeks. The rate at which the size of the waiting list is increasing was slowing down however, referrals and additions to the waiting list are increasing each month. Although there was an in-month increase in the number of patients waiting over target for diagnostics, May 2021 saw a 42% reduction in breaches compared with May 2020. Therapy waiting times continue to reduce month on month with May 2021 achieving the best position since March 2020.
- Performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days, deteriorated in April 2021.
- Concerns response performance achieved the internal profile of 80% and the national target of 75% in March 2021. The number of formal complaints received increased in May 2021 to pre-COVID levels.
- The number of Friends & Family surveys completed increased significantly in May 2021 and the overall recommendation rate was 96% against an internal target of 90%.
- Serious Incident (SI) numbers have reduced. SI closure performance remained poor in May 2021 (0%)
- The last new Never Event was recorded in November 2020.
- Fractured neck of femur performance in March 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

3. HARM QUADRANT- HARM FROM COVID ITSELF

3.1 Overview

Harm quadrant- Harm from Covid itself																		
Measure	Locality	National/ Local Target	Internal profile	Trend														
					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	
Number of new COVID19 cases*	HB Total				303	57	53	66	787	4,664	5,525	11,976	3,759	1,208	907	406	189	
Number of staff referred for Antigen Testing	HB Total				504	317	227	235	1,201	1,695	1,741	1,864	684	366	568	274	267	
Number of staff awaiting results of COVID19 test*	HB Total				19	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	
Number of COVID19 related incidents*	HB Total				67	40	26	39	30	87	141	127	84	63	53	74	67	
Number of COVID19 related serious incidents*	HB Total				0	2	0	11	1	1	1	0	0	0	0	0	0	
Number of COVID19 related complaints*	HB Total				61	39	58	27	30	37	50	83	106	131	98	38	13	
Number of COVID19 related risks*	HB Total				20	19	5	8	2	6	7	10	3	3	3	2	2	
Number of staff self isolated (asymptomatic)*	Medical				39	27	29	24	34	17	36	55	7	2	3	2	1	
	Nursing Registered				166	145	133	142	149	106	93	152	61	40	32	28	18	
	Nursing Non Registered				105	112	97	96	77	95	56	81	57	33	35	25	20	
	Other				206	190	163	158	93	111	106	187	93	85	75	29	22	
Number of staff self isolated (symptomatic)*	Medical				13	7	2	0	8	17	41	34	16	5	1	1	1	
	Nursing Registered				117	56	23	14	25	44	97	145	112	52	44	39	33	
	Nursing Non Registered				67	37	18	9	8	25	77	68	88	49	29	24	20	
	Other				95	41	27	13	31	46	79	147	100	50	34	23	17	
% sickness*	Medical				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%	
	Nursing Registered				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%	
	Nursing Non Registered				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%	
	Other				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%	
	All				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%	

3.2 Updates on key measures

COVID CASES AND TESTING																																																																																		
Description	Current Performance	Trend																																																																																
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>1. Number of new COVID cases In May 2021, there were an additional 189 positive cases recorded bringing the cumulative total to 31,543 in Swansea Bay since March 2020. In May 2021, 33,601 tests were carried out of which 1% (189) were positive. This is the lowest positivity rate since August 2020.</p>	<p>1. Number of new COVID19 cases for Swansea Bay population</p> <table border="1"> <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>~100</td></tr> <tr><td>Apr-20</td><td>~1,000</td></tr> <tr><td>May-20</td><td>~500</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>~1,000</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>~11,500</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>~500</td></tr> <tr><td>May-21</td><td>~189</td></tr> </tbody> </table>	Month	New positive COVID19 cases	Mar-20	~100	Apr-20	~1,000	May-20	~500	Jun-20	~100	Jul-20	~100	Aug-20	~100	Sep-20	~1,000	Oct-20	~4,500	Nov-20	~5,500	Dec-20	~11,500	Jan-21	~3,500	Feb-21	~1,000	Mar-21	~1,000	Apr-21	~500	May-21	~189																																																
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<p>2. Number of staff referred for Antigen testing</p>	<p>2. Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and May 2021 is 12,224 of which 2,104 have had a positive COVID test result (17%).</p>	<p>2. Outcome of staff referred for Antigen testing</p> <table border="1"> <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>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Apr-20</td><td>~1,800</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>May-20</td><td>~400</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Jun-20</td><td>~200</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Jul-20</td><td>~100</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Aug-20</td><td>~100</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Sep-20</td><td>~1,100</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Oct-20</td><td>~1,600</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Nov-20</td><td>~1,600</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Dec-20</td><td>~1,800</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Jan-21</td><td>~600</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Feb-21</td><td>~300</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Mar-21</td><td>~500</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>Apr-21</td><td>~200</td><td>~100</td><td>~100</td><td>~100</td></tr> <tr><td>May-21</td><td>~200</td><td>~100</td><td>~100</td><td>~100</td></tr> </tbody> </table>	Month	Positive	Negative	In Progress	Unknown/blank	Mar-20	~200	~100	~100	~100	Apr-20	~1,800	~100	~100	~100	May-20	~400	~100	~100	~100	Jun-20	~200	~100	~100	~100	Jul-20	~100	~100	~100	~100	Aug-20	~100	~100	~100	~100	Sep-20	~1,100	~100	~100	~100	Oct-20	~1,600	~100	~100	~100	Nov-20	~1,600	~100	~100	~100	Dec-20	~1,800	~100	~100	~100	Jan-21	~600	~100	~100	~100	Feb-21	~300	~100	~100	~100	Mar-21	~500	~100	~100	~100	Apr-21	~200	~100	~100	~100	May-21	~200	~100	~100	~100
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COVID RELATED STAFF ABSENCE

Description	Current Performance	Trend																																																																																										
<p>Staff absence due to COVID19</p> <p><i>1. Number of staff self isolating (asymptomatic)</i></p> <p><i>2. Number of staff self isolating (symptomatic)</i></p> <p><i>3. % staff sickness</i></p>	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.</p> <p>1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between April and May 2021, the number of staff self-isolating (asymptomatic) reduced from 84 to 61 and the number of staff self-isolating (symptomatic) reduced from 87 to 71. In May 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>3. % Staff sickness The percentage of staff sickness absence due to COVID19 has significantly reduced from 13.2% in April 2020 to 1.0% in May 2021.</p> <p>May 2021 saw the lowest level of COVID19 related sickness since the pandemic began in March 2020.</p>	<div style="text-align: center;"> <p>1. Number of staff self isolating (asymptomatic)</p> </div> <div style="text-align: center;"> <p>2. Number of staff self isolating (symptomatic)</p> </div> <div style="text-align: center;"> <p>3. % staff sickness</p> <table border="1" style="margin: auto; border-collapse: collapse; text-align: center;"> <thead> <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> </tr> </thead> <tbody> <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> </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> </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> </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> </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> </tr> </tbody> </table> </div>		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	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%	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%	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%	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%	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%
	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																																																																														
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%																																																																														
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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%																																																																														
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%																																																																														

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

4.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	Unscheduled Care													
					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	
Number of ambulance handovers over one hour*	Morrison	0			19	45	116	160	401	340	484	499	187	215	225	332	462	
	Singleton				1	2	4	3	9	15	16	11	8	4	6	5	15	
	Total				20	47	120	163	410	355	500	510	195	219	231	337	477	
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	Morrison	95%			75.6%	82.3%	71.8%	72.6%	66.8%	68.4%	65.4%	62.7%	68.2%	61.0%	67.7%	62.8%	61.7%	
	NPTH				99.9%	99.4%	99.8%	99.4%	97.5%	99.8%	99.5%	99.0%	99.6%	99.7%	98.5%	99.2%	99.0%	
	Total				83.5%	87.7%	80.1%	80.6%	76.4%	77.2%	75.4%	72.6%	76.8%	71.3%	76.9%	74.9%	73.4%	
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morrison	0			97	81	223	286	536	493	626	775	570	534	457	630	684	
	NPTH				0	0	0	0	1	1	0	1	0	0	1	0		
	Total				97	81	223	286	537	494	626	776	570	534	457	631	684	
Stroke																		
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			Data not available	52.7%	57.4%	51.4%	50.0%	29.8%	23.7%	7.1%	6.8%	18.2%	20.4%	20.3%	27.5%	
	Total	(UK SNAP average)				52.7%	57.4%	51.4%	50.0%	29.8%	23.7%	7.1%	6.8%	18.2%	20.4%	20.3%	27.5%	
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			Data not available	49.1%	48.2%	52.8%	62.5%	42.1%	31.7%	22.7%	42.2%	30.6%	40.8%	29.7%	36.5%	
	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%	
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			Data not available	100.0%	94.6%	97.2%	97.5%	98.2%	96.7%	95.5%	95.6%	97.2%	100.0%	96.9%	98.1%	
	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%	
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month improvement trend			Data not available	30.0%	25.0%	0.0%	12.5%	11.1%	28.6%	0.0%	12.5%	0.0%	55.6%	25.0%	0.0%	
	Total	improvement trend				30.0%	25.0%	0.0%	12.5%	11.1%	28.6%	0.0%	12.5%	0.0%	55.6%	25.0%	0.0%	
% of patients receiving the required minutes for speech and language therapy	Morrison	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%	
Fractured Neck of Femur (NOF)																		
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%				80.6%	82.0%	82.8%	83.6%	84.4%	84.4%	84.7%	86.0%	86.8%	87.6%	88.3%		
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%				57.6%	54.2%	53.7%	53.3%	51.7%	51.0%	51.8%	54.1%	55.5%	56.3%	56.2%		
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%				70.0%	69.8%	70.0%	70.3%	70.2%	70.1%	69.6%	68.5%	70.3%	71.2%	70.5%		
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%				74.6%	74.5%	75.9%	75.6%	75.6%	76.3%	76.0%	74.3%	74.1%	74.1%	74.6%		
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%				59.2%	60.8%	64.1%	66.7%	68.9%	70.5%	71.1%	73.5%	74.4%	75.2%	75.3%		
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%				74.0%	75.5%	77.2%	78.0%	77.3%	76.2%	75.9%	75.6%	73.7%	74.3%	70.7%		
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month improvement trend				8.3%	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				77.1%	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													
					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	
Healthcare Acquired Infections																		
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	12		8	14	17	24	16	11	11	7	12	11	19	20	15	
	PCCS Hospital		0		0	0	0	0	1	0	0	0	0	0	0	0	0	1
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		3		3	1	5	5	2	9	2	2	3	3	5	5	8	
	NPTH		2		2	1	0	2	2	2	1	0	1	0	1	2	2	
	Singleton		2		1	1	3	1	2	3	2	3	2	3	3	5	0	
	Total		19	14	17	25	32	23	25	16	12	18	17	28	32	26		
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	5		4	8	3	7	7	6	6	3	4	2	7	9	10	
	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		1	3	2	4	5	4	3	1	5	4	2	2	1	
	NPTH		0		0	0	0	0	0	0	1	1	0	0	0	0	0	
	Singleton		1		1	1	1	1	2	2	3	4	0	3	2	2	4	
	Total		8	6	12	6	12	14	12	13	9	9	9	11	13	15		
Number of C.difficile cases	PCCS Community	12 month reduction trend	4		10	6	4	14	6	3	2	3	0	2	5	5	5	
	PCCS Hospital		0		0	1	0	1	1	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	1	0	0	0	0	0	0	0	
	Morrison		6		4	8	6	5	7	6	5	5	0	5	3	10	5	
	NPTH		1		0	1	0	1	2	2	1	0	1	2	1	1	1	
	Singleton		2		2	4	1	2	2	3	2	1	2	2	3	4	1	
	Total		13	16	20	11	23	18	15	10	9	3	11	12	20	12		
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		2	5	2	4	2	2	4	4	5	2	9	5	2	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	1	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		2		3	0	2	6	3	5	6	4	7	2	0	3	2	
	NPTH		0		0	2	0	0	0	1	0	2	0	1	0	1	0	
	Singleton		1		1	1	1	0	0	1	1	2	1	1	1	0	1	
	Total		6	6	9	5	10	5	9	11	12	13	6	10	9	5		
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	2		2	0	1	3	0	1	1	0	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		1	0	0	0	0	1	1	1	0	0	0	2	0	
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton		1		2	0	0	0	0	0	0	0	0	0	0	0	0	
	Total		4	5	0	1	3	0	2	2	1	1	1	1	3	1		
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.3%	98.3%	
	MH&LD				98.3%	97.9%	98.3%	96.8%	97.6%	98.1%	96.1%	96.8%	98.7%	97.4%	96.7%	98.1%	99.6%	
	Morrison				100.0%	96.6%	96.2%	97.2%	95.4%	99.3%	98.7%	96.8%	95.0%	92.8%	96.3%	95.8%	99.2%	
	NPTH				100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	95.7%	100.0%	100.0%	100.0%	100.0%	90.0%	
	Singleton				100.0%	98.9%	99.7%	84.3%	95.0%	94.2%	98.7%	96.0%	90.0%	88.5%	95.5%	100.0%	-	
	Total				99.3%	97.9%	98.1%	93.7%	96.2%	97.2%	97.3%	96.2%	95.1%	92.8%	97.0%	95.0%	95.0%	

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					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
Serious Incidents & Risks																	
Number of Serious Incidents	PCCS	12 month reduction trend			0	0	0	0	1	2	1	0	0	2	1	2	3
	MH&LD				5	7	9	4	9	2	7	7	1	1	1	1	0
	Morrison				1	1	1	1	4	3	5	1	2	1	2	0	2
	NPTH				0	0	0	0	4	1	1	0	0	0	0	0	0
	Singleton				0	0	0	1	3	6	3	4	1	1	0	1	1
	Total				6	8	10	6	21	14	17	12	4	5	4	4	6
Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Total	90%			29%	0%	0%	50%	20%	0%	0%	4%	0%	10%	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				0	1	0	0	0	0	1	0	0	0	0	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	1	0	0	0	0	0	0	0
	Total				0	1	0	0	0	1	1	0	0	0	0	0	0
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			33	34	28	25	21	34	29	26	25	24	26	31	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	1	0	3	0	0	0	0	1	0	0
	Morrison				21	8	12	18	25	27	27	41	31	26	24	25	
	NPTH				2	0	1	2	1	4	0	0	1	4	3	3	
	Singleton				6	10	6	16	18	25	15	20	19	17	9	31	
Total		62	52	47	62	65	93	71	87	76	72	62	90				
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			6	9	4	5	5	11	5	7	5	4	2	10	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				0	1	0	2	0	1	1	2	2	2	1	1	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	1	
	Singleton				0	0	0	2	0	3	3	1	0	1	0	2	
Total		6	10	4	9	5	15	9	10	7	7	3	14				
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			540	296	279	546	692	990	877	1,128	928	951	533	896	

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					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	
Inpatient Falls																		
Total number of Inpatient Falls	PCCS	12 month reduction trend			4	7	8	7	14	8	9	8	9	10	4	12	5	
	MH&LD				55	48	48	71	35	44	31	29	27	27	22	18	42	
	Morrison				73	52	69	85	81	77	120	129	92	67	84	81	105	
	NPTH				32	55	45	30	41	29	32	30	33	30	28	31	34	
	Singleton				45	34	38	34	48	28	47	48	38	42	33	34	42	
	Total				209	196	208	227	219	187	247	247	203	177	171	176	228	
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			7.71	6.64	6.44	6.53	6.07	5.23	7.26	6.91	5.56	5.40	4.62	4.85	5.94	
Mortality																		
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			100%	100%	97%	96%	100%	100%	98%	99%	100%	100%	98%	99%		
	Singleton				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	NPTH				92%	100%	57%	86%	83%	100%	92%	100%	100%	100%	86%	100%		
	Total				99%	100%	96%	97%	99%	100%	98%	99%	100%	100%	98%	99%		
Stage 2 mortality reviews completed within 60 days	Morrison	95%			38%	44%	100%	33%	56%	38%	25%	80%	43%					
	Singleton				0%	-	67%	75%	50%	-	-	50%	50%					
	NPTH				0%	100%	-	-	83%	0%	100%	-	0%					
	Total				27%	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%	1.49%	1.54%	1.56%	1.58%	1.66%	1.75%	1.86%	1.97%	2.05%	2.04%	1.80%		
	Singleton				0.47%	0.48%	0.49%	0.49%	0.46%	0.48%	0.50%	0.54%	0.56%	0.57%	0.56%	0.50%		
	NPTH				0.22%	0.22%	0.23%	0.23%	0.23%	0.22%	0.21%	0.20%	0.24%	0.18%	0.17%	0.15%		
	Total (SBU)				0.88%	0.89%	0.92%	0.90%	0.93%	0.97%	1.01%	1.08%	1.14%	1.17%	1.17%	1.04%		

4.2 Updates on key measures

UNSCHEDULED CARE																																																																																				
Description	Current Performance																																																																																			
Ambulance responses 1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. 2. The number of ambulance calls by category. 3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)	Ambulance response times were consistently above 65% in 2020/21 with the exception of December 2020 where performance reduced to 54.1%. In May 2021, performance reduced to 62.4%, dropping it below the 65% target. In May 2021, the number of green calls increased by 7%, amber calls increased by 13% and red calls increased by 4% compared with April 2021.																																																																																			
	Trend																																																																																			
	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>1. % of red calls responded to within 8 minutes</p> <table border="1"> <caption>1. % of red calls responded to within 8 minutes</caption> <thead> <tr> <th>Month</th> <th>% of red calls responded to within 8 minutes</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>75%</td></tr> <tr><td>Jun-20</td><td>75%</td></tr> <tr><td>Jul-20</td><td>75%</td></tr> <tr><td>Aug-20</td><td>72%</td></tr> <tr><td>Sep-20</td><td>68%</td></tr> <tr><td>Oct-20</td><td>65%</td></tr> <tr><td>Nov-20</td><td>65%</td></tr> <tr><td>Dec-20</td><td>54.1%</td></tr> <tr><td>Jan-21</td><td>65%</td></tr> <tr><td>Feb-21</td><td>70%</td></tr> <tr><td>Mar-21</td><td>75%</td></tr> <tr><td>Apr-21</td><td>72%</td></tr> <tr><td>May-21</td><td>62.4%</td></tr> </tbody> </table> </div> <div style="width: 45%;"> <p>2. % of red calls responded to within 8 minutes</p> <table border="1"> <caption>2. % of red calls responded to within 8 minutes</caption> <thead> <tr> <th>Month</th> <th>Red calls</th> <th>Amber calls</th> <th>Green calls</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>~300</td><td>~3000</td><td>~1000</td></tr> <tr><td>Jun-20</td><td>~300</td><td>~3000</td><td>~1000</td></tr> <tr><td>Jul-20</td><td>~300</td><td>~3500</td><td>~1000</td></tr> <tr><td>Aug-20</td><td>~300</td><td>~3500</td><td>~1000</td></tr> <tr><td>Sep-20</td><td>~300</td><td>~3500</td><td>~1000</td></tr> <tr><td>Oct-20</td><td>~300</td><td>~3500</td><td>~1000</td></tr> <tr><td>Nov-20</td><td>~300</td><td>~3500</td><td>~1000</td></tr> <tr><td>Dec-20</td><td>~300</td><td>~3500</td><td>~1000</td></tr> <tr><td>Jan-21</td><td>~300</td><td>~3500</td><td>~1000</td></tr> <tr><td>Feb-21</td><td>~300</td><td>~3500</td><td>~1000</td></tr> <tr><td>Mar-21</td><td>~300</td><td>~3500</td><td>~1000</td></tr> <tr><td>Apr-21</td><td>~300</td><td>~3500</td><td>~1000</td></tr> <tr><td>May-21</td><td>~300</td><td>~3500</td><td>~1000</td></tr> </tbody> </table> </div> </div>	Month	% of red calls responded to within 8 minutes	May-20	75%	Jun-20	75%	Jul-20	75%	Aug-20	72%	Sep-20	68%	Oct-20	65%	Nov-20	65%	Dec-20	54.1%	Jan-21	65%	Feb-21	70%	Mar-21	75%	Apr-21	72%	May-21	62.4%	Month	Red calls	Amber calls	Green calls	May-20	~300	~3000	~1000	Jun-20	~300	~3000	~1000	Jul-20	~300	~3500	~1000	Aug-20	~300	~3500	~1000	Sep-20	~300	~3500	~1000	Oct-20	~300	~3500	~1000	Nov-20	~300	~3500	~1000	Dec-20	~300	~3500	~1000	Jan-21	~300	~3500	~1000	Feb-21	~300	~3500	~1000	Mar-21	~300	~3500	~1000	Apr-21	~300	~3500	~1000	May-21	~300	~3500
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	<p>3. % of red calls responded to within 8 minutes – HB total last 90 days</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean — Arun of 6 ● increasing or decreasing points </div>																																																																																			

UNSCHEDULED CARE

Description

Current Performance

Ambulance handovers
 1. The number of ambulance handovers over one hour

In May 2021, there were 477 ambulance to hospital handovers taking over 1 hour; this is a significant deterioration from 20 in May 2020 and an in-month increase of 277 from April 2021. In May 2021, 462 handovers over 1 hour were attributed to Morriston Hospital and 15 were attributed to Singleton Hospital.

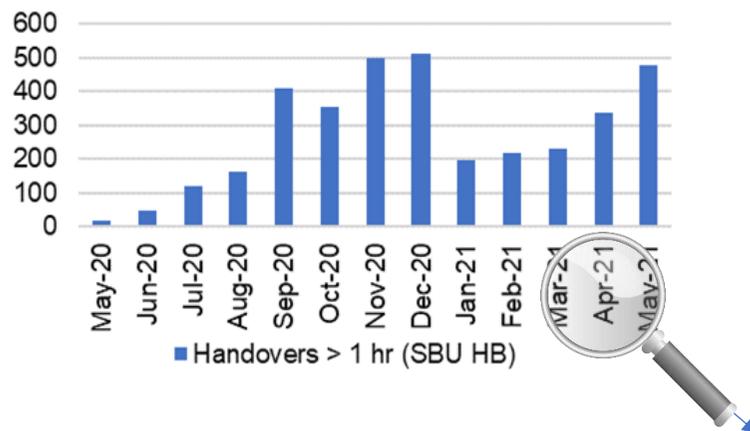
The number of handover hours lost over 15 minutes significantly increased from 125 in May 2020 to 1,154 in May 2021.

2. The number of ambulance handovers over one hour- Hospital level

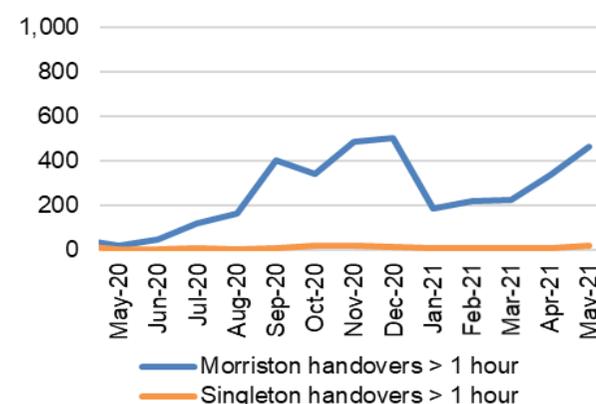
3. The number of ambulance handovers over one hour (last 90 days)

Trend

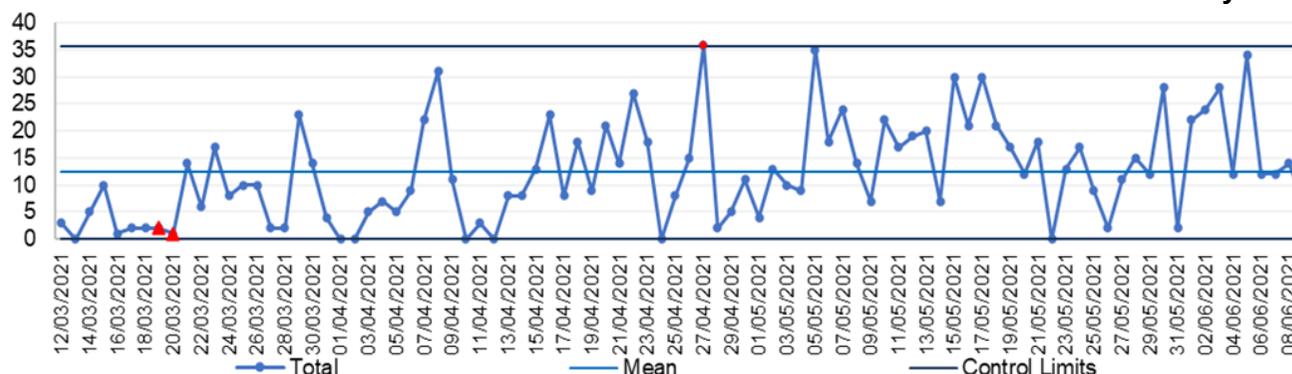
1. Number of ambulance handovers- HB total



2. Number of ambulance handovers- HB total



3. Number of ambulance handovers- HB total last 90 days



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UNSCHEDULED CARE

Description Current Performance

A&E Attendances

ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. Attendances have been increasing again since March 2021 and in May 2021, there were 10,818 A&E attendances. This is 5% more than April 2021 and 39% more than May 2020.

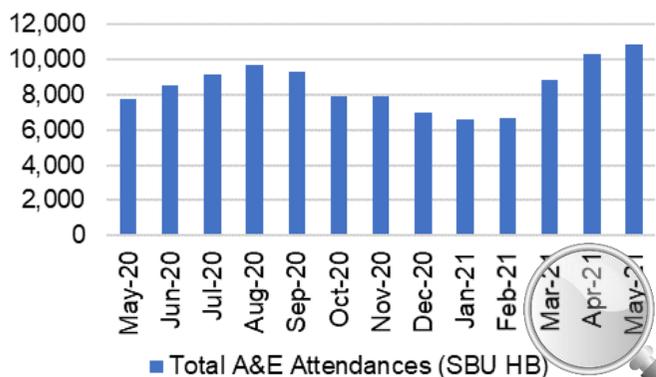
1. The number of attendances at emergency departments in the Health Board

2. The number of attendances at emergency departments in the Health Board – Hospital level

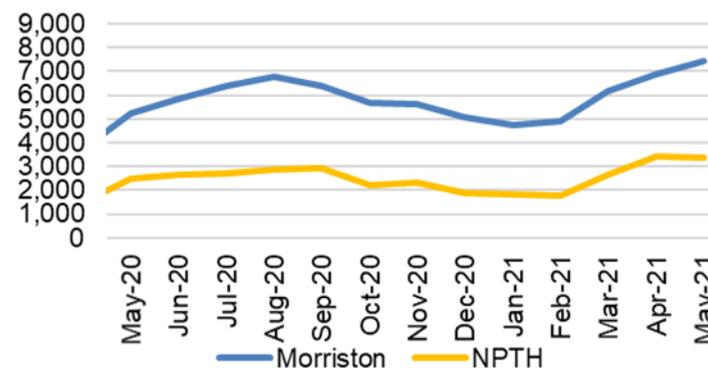
3. The number of attendances at emergency departments in the Health Board (last 90 days)

Trend

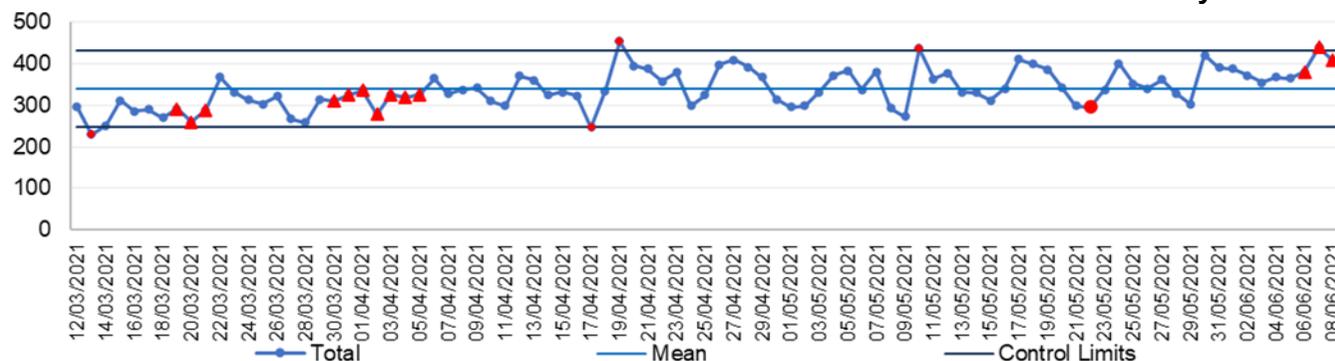
1. Number of A&E attendances- HB total



2. Number of A&E attendances- Hospital level



3. Number of A&E attendances -HB total last 90 days



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UNSCHEDULED CARE

Description

Current Performance

A&E waiting times

1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge

2. % of patients who spend less than 4 hours in A&E- Hospital level

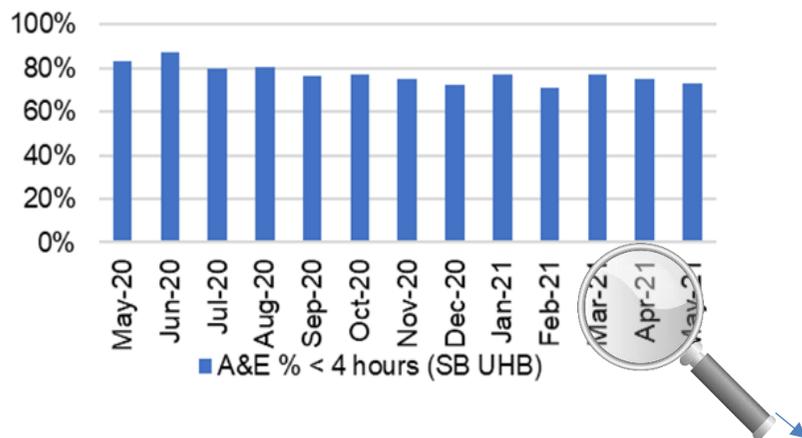
3. % of patients who spend less than 4 hours in A&E (last 90 days)

The Health Board's performance against the 4 hour measure deteriorated from 74.87% in April 2021 to 73.39% in May 2021.

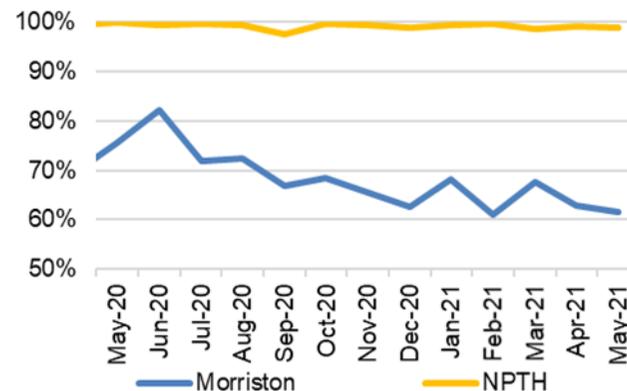
Neath Port Talbot Hospital Minor Injuries Unit (MIU) continues to achieve (and exceed) the national target of 95% achieving 98.99% in May 2021. Morriston Hospital's performance deteriorated from 62.80% in April 2021 to 61.70% in May 2021.

Trend

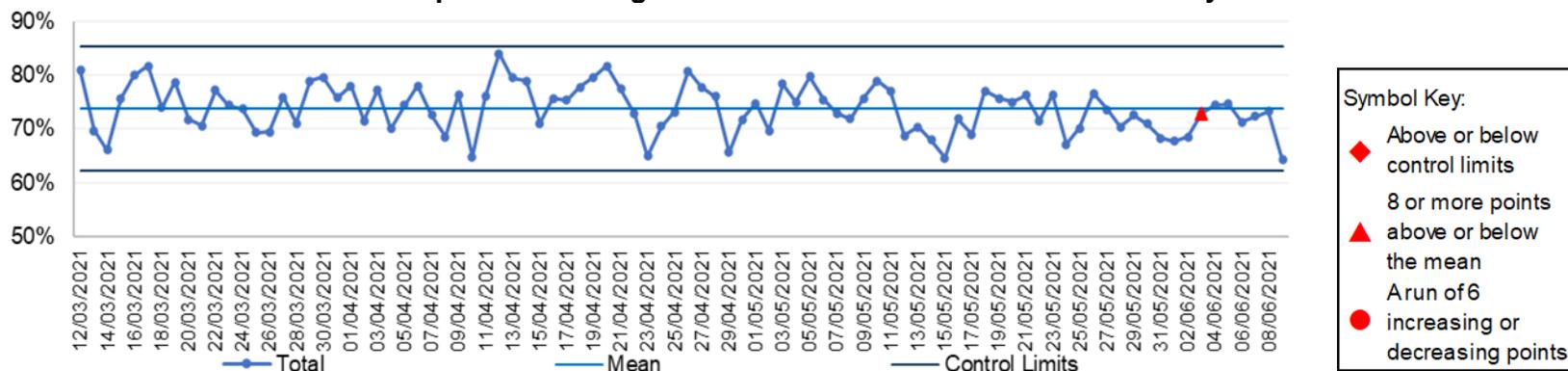
1. % patients waiting under 4 hours in A&E- HB total



2. % patients waiting under 4 hours in A&E- Hospital level



3. % patients waiting under 4 hours in A&E- HB total last 90 days



UNSCHEDULED CARE

Description

Current Performance

A&E waiting times

In May 2021, performance against this measure deteriorated compared with April 2021, increasing from 631 to 684.

All 684 patients waiting over 12 hours in May 2021 were in Morriston Hospital. This is an increase of 587 compared to May 2020.

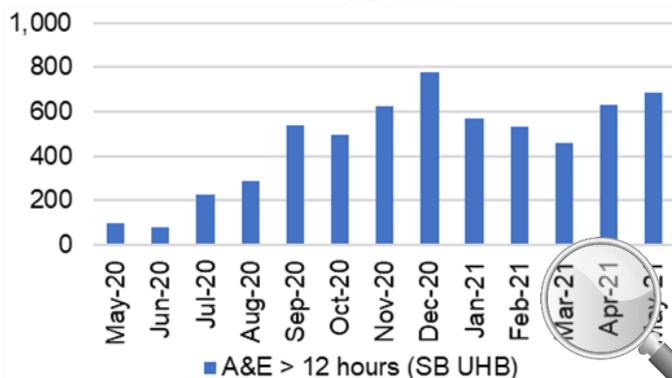
1. Number of patients who spend 12 hours or more in A&E

2. Number of patients who spend 12 hours or more in A&E- Hospital level

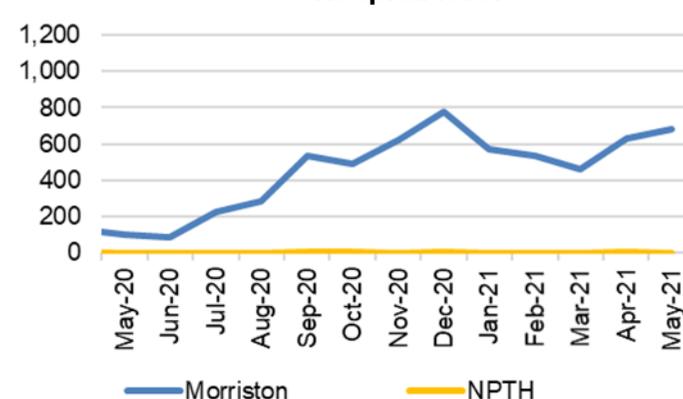
3. Number of patients who spend 12 hours or more in A&E (last 90 days)

Trend

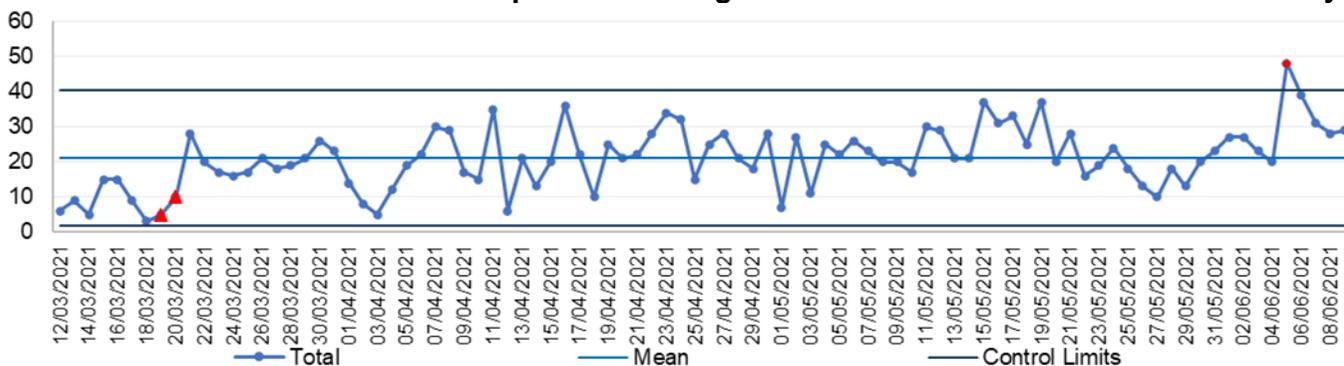
1. Number of patients waiting over 12 hours in A&E- HB total



2. Number of patients waiting over 12 hours in A&E- Hospital level



3. Number of patients waiting over 12 hours in A&E – HB total last 90 days



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UNSCHEDULED CARE

Description

Current Performance

Emergency admissions

In May 2021, there were 4,075 emergency admissions across the Health Board, which is 1% more admissions than in April 2021 and 46% more than May 2020.

1. The number of emergency inpatient admissions

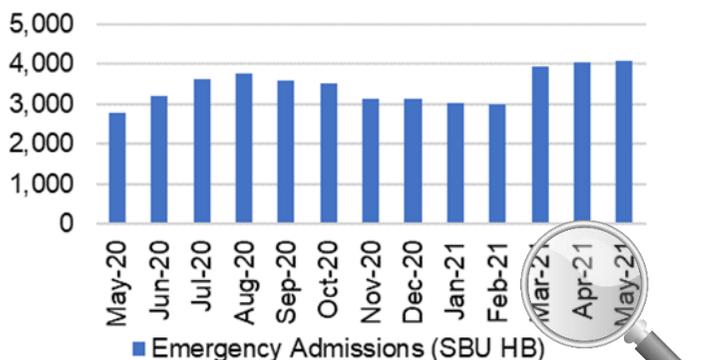
Morriston Hospital saw the largest in-month increase with 49 more admissions (from 3,011 in April 2021 to 3,060 in May 2021).

2. The number of emergency inpatient admissions- Hospital level

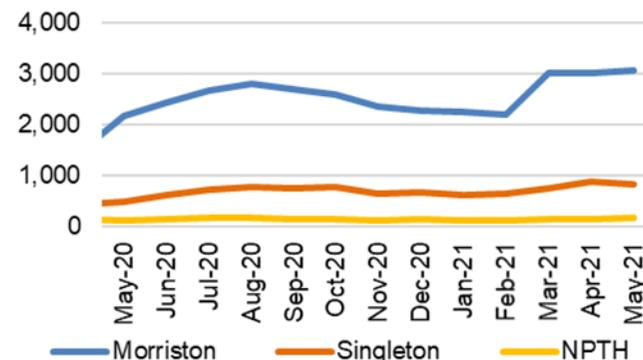
3. The number of emergency inpatient admissions (last 90 days)

Trend

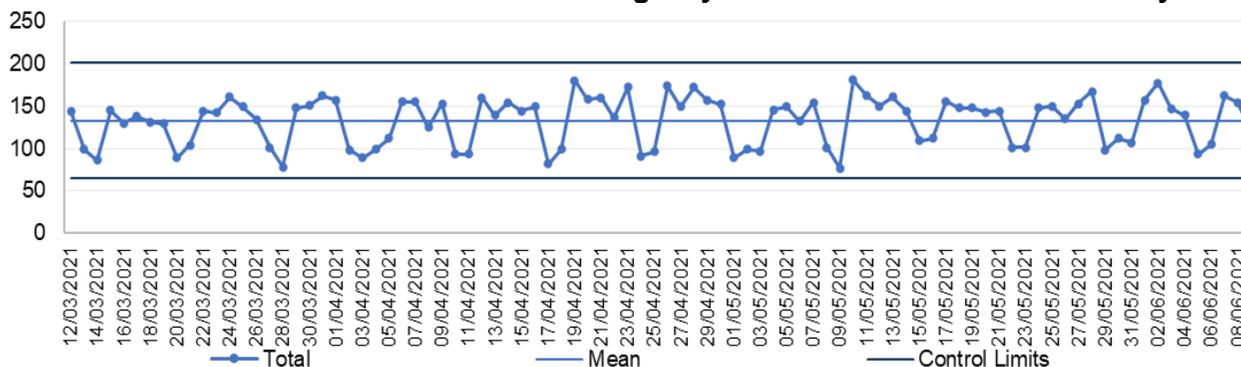
1. Number of emergency admissions- HB total



2. Number of emergency admissions- Hospital level



3. Number of emergency admissions- HB total last 90 days



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UNSCHEDULED CARE

Description

Current Performance

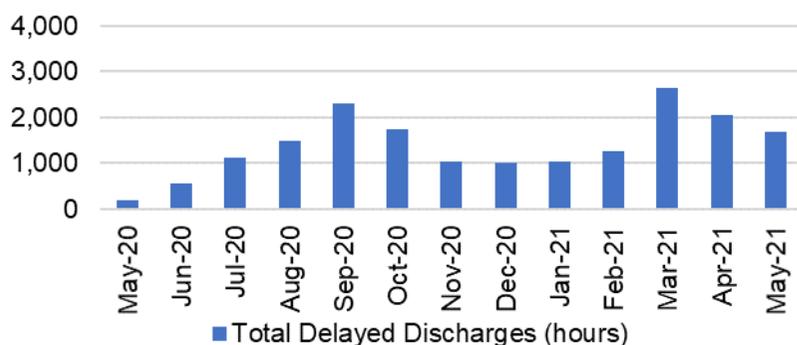
Critical Care-Delayed Transfers of Care (DTC)-Morrison Hospital

In May 2021, there were a total of 65 admissions into the Intensive Care Unit (ICU) in Morrison Hospital. During the COVID19 first wave in April and May 2020, the amount of delayed discharges and average lost bed days significantly reduced and this downward trend was also evident in the second wave starting in November 2020 but not to the extent of the first wave. In May 2021, delayed discharges totalled 1,676 hours and the average lost bed days was 2.3 per day. The percentage of patients delayed over 24 hours increased slightly from 44.44% in April 2021 to 48.01% in May 2021.

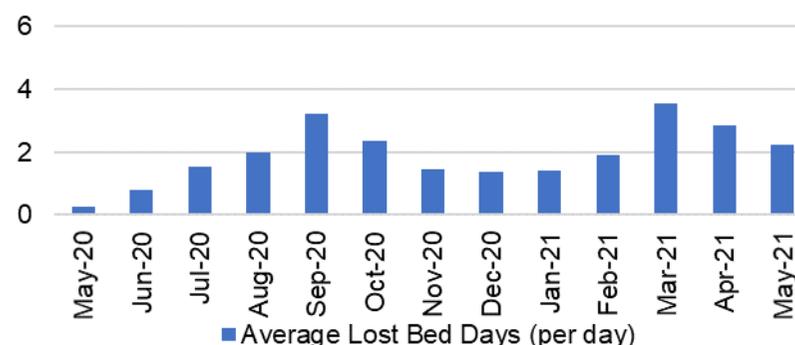
Trend

1. Total Critical Care delayed discharges (hours)
2. Average lost bed days per day
3. Percentage of patients delayed:
 - Up to 8 hours
 - Between 8 and 24 hours
 - Over 24 hours

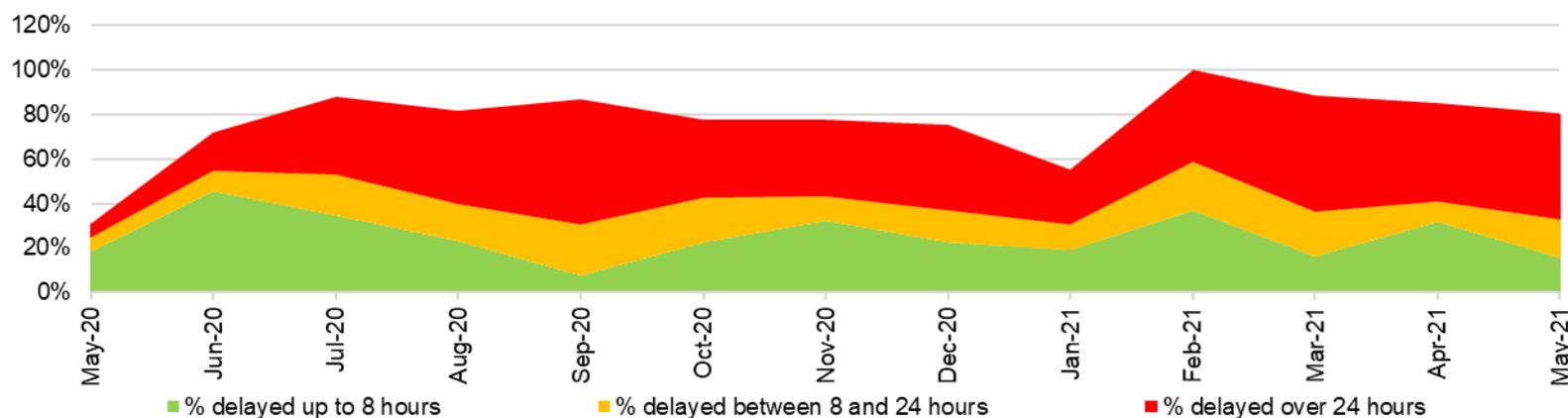
1. Total Critical Care delayed discharges (hours)



2. Total Critical Care delayed discharges (hours)



3. Percentage of Critical Care patients delayed



UNSCHEDULED CARE																																																										
Description	Current Performance	Trend																																																								
<p>Medically Fit <i>The number of patients waiting at each site in the Health Board that are deemed discharge/medically fit</i></p>	<p>In May 2021, there were on average 189 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 April and May 2021, with May 2021 seeing the highest number of medically/ discharge fit patients since January 2020.</p> <p>In May 2021, Neath Port Talbot Hospital had the largest proportion of medically/ discharge fit patients with 74, followed by Morriston Hospital with 67.</p>	<p>The number of discharge/ medically fit patients by site</p> <table border="1"> <caption>Estimated data for 'The number of discharge/ medically fit patients by site'</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>15</td><td>25</td><td>10</td></tr> <tr><td>Jun-20</td><td>35</td><td>20</td><td>10</td></tr> <tr><td>Jul-20</td><td>25</td><td>30</td><td>10</td></tr> <tr><td>Aug-20</td><td>35</td><td>30</td><td>10</td></tr> <tr><td>Sep-20</td><td>40</td><td>45</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>55</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>67</td><td>40</td><td>5</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	May-20	15	25	10	Jun-20	35	20	10	Jul-20	25	30	10	Aug-20	35	30	10	Sep-20	40	45	10	Oct-20	60	50	10	Nov-20	60	40	10	Dec-20	55	40	20	Jan-21	55	45	10	Feb-21	65	45	5	Mar-21	40	40	10	Apr-21	70	35	5	May-21	67	40	5
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<p>Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p>	<p>In May 2021, there were 6 elective procedures cancelled due to lack of beds on the day of surgery. This is 4 more cancellations than in May 2020 and 1 more than April 2021.</p> <p>All 6 of the cancelled procedures were attributed to Morriston Hospital.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Estimated data for 'Total number of elective procedures cancelled due to lack of beds'</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>2</td><td>0</td><td>0</td></tr> <tr><td>Jun-20</td><td>1</td><td>0</td><td>0</td></tr> <tr><td>Jul-20</td><td>4</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>2</td><td>0</td></tr> <tr><td>Oct-20</td><td>16</td><td>0</td><td>0</td></tr> <tr><td>Nov-20</td><td>13</td><td>0</td><td>0</td></tr> <tr><td>Dec-20</td><td>1</td><td>0</td><td>0</td></tr> <tr><td>Jan-21</td><td>2</td><td>0</td><td>0</td></tr> <tr><td>Feb-21</td><td>9</td><td>0</td><td>0</td></tr> <tr><td>Mar-21</td><td>11</td><td>0</td><td>1</td></tr> <tr><td>Apr-21</td><td>5</td><td>0</td><td>0</td></tr> <tr><td>May-21</td><td>6</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	May-20	2	0	0	Jun-20	1	0	0	Jul-20	4	0	0	Aug-20	7	0	0	Sep-20	6	2	0	Oct-20	16	0	0	Nov-20	13	0	0	Dec-20	1	0	0	Jan-21	2	0	0	Feb-21	9	0	0	Mar-21	11	0	1	Apr-21	5	0	0	May-21	6	0	0
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<p>Fractured Neck of Femur (#NOF)</p> <p>1. <i>Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</i></p> <p>2. <i>Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</i></p> <p>3. <i>NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</i></p> <p>4. <i>Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</i></p>	<p>1. Prompt orthogeriatric assessment- In March 2021, 88.3% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 9.1% more than in March 2020.</p> <p>2. Prompt surgery- In March 2021, 56.2% of patients had surgery the day following presentation with a hip fracture. This is a reduction from March 2020 which was 57.6%.</p> <p>3. NICE compliant surgery- 70.5% of operations were consistent with the NICE recommendations in March 2021. This is 4% less than in March 2020. In March 2021, Morriston was below the all-Wales average of 72.6%.</p> <p>4. Prompt mobilisation- In March 2021, 74.6% of patients were out of bed the day after surgery. This is 1.2% more than in March 2020.</p>	<p>1. Prompt orthogeriatric assessment</p> <table border="1"> <caption>1. Prompt orthogeriatric assessment</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>All-Wales</th> <th>Eng, Wal & N. 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Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	<p>5. Not delirious when tested- 75.3% of patients were not delirious in the week after their operation in March 2021. This is an improvement of 20.7% compared with March 2020.</p>	<p style="text-align: center;">5. Not delirious when tested</p> <table border="1"> <caption>5. Not delirious when tested</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Mar-20</td><td>50</td><td>60</td><td>60</td></tr> <tr><td>Apr-20</td><td>50</td><td>60</td><td>60</td></tr> <tr><td>May-20</td><td>50</td><td>60</td><td>60</td></tr> <tr><td>Jun-20</td><td>50</td><td>60</td><td>60</td></tr> <tr><td>Jul-20</td><td>50</td><td>60</td><td>60</td></tr> <tr><td>Aug-20</td><td>50</td><td>60</td><td>60</td></tr> <tr><td>Sep-20</td><td>50</td><td>60</td><td>60</td></tr> <tr><td>Oct-20</td><td>50</td><td>60</td><td>60</td></tr> <tr><td>Nov-20</td><td>50</td><td>60</td><td>60</td></tr> <tr><td>Dec-20</td><td>50</td><td>60</td><td>60</td></tr> <tr><td>Jan-21</td><td>50</td><td>60</td><td>60</td></tr> <tr><td>Feb-21</td><td>50</td><td>60</td><td>60</td></tr> <tr><td>Mar-21</td><td>75.3</td><td>60</td><td>60</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Mar-20	50	60	60	Apr-20	50	60	60	May-20	50	60	60	Jun-20	50	60	60	Jul-20	50	60	60	Aug-20	50	60	60	Sep-20	50	60	60	Oct-20	50	60	60	Nov-20	50	60	60	Dec-20	50	60	60	Jan-21	50	60	60	Feb-21	50	60	60	Mar-21	75.3	60	60
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6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	<p>6. Return to original residence- 70.7% of patients in March 2021 were discharged back to their original residence. This is 3% less than in March 2020.</p> <p>* The All-Wales data for March 2021 was not available at the time this report was published.</p>	<p style="text-align: center;">6. Return to original residence</p> <table border="1"> <caption>6. Return to original residence</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Mar-20</td><td>70</td><td>75</td><td>70</td></tr> <tr><td>Apr-20</td><td>70</td><td>75</td><td>70</td></tr> <tr><td>May-20</td><td>70</td><td>75</td><td>70</td></tr> <tr><td>Jun-20</td><td>70</td><td>75</td><td>70</td></tr> <tr><td>Jul-20</td><td>70</td><td>75</td><td>70</td></tr> <tr><td>Aug-20</td><td>70</td><td>75</td><td>70</td></tr> <tr><td>Sep-20</td><td>70</td><td>75</td><td>70</td></tr> <tr><td>Oct-20</td><td>70</td><td>75</td><td>70</td></tr> <tr><td>Nov-20</td><td>70</td><td>75</td><td>70</td></tr> <tr><td>Dec-20</td><td>70</td><td>75</td><td>70</td></tr> <tr><td>Jan-21</td><td>70</td><td>75</td><td>70</td></tr> <tr><td>Feb-21</td><td>70</td><td>75</td><td>70</td></tr> <tr><td>Mar-21</td><td>70.7</td><td>75</td><td>70</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Mar-20	70	75	70	Apr-20	70	75	70	May-20	70	75	70	Jun-20	70	75	70	Jul-20	70	75	70	Aug-20	70	75	70	Sep-20	70	75	70	Oct-20	70	75	70	Nov-20	70	75	70	Dec-20	70	75	70	Jan-21	70	75	70	Feb-21	70	75	70	Mar-21	70.7	75	70
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Mar-21	70.7	75	70																																																							
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* February 2021 data not available at the time this report was published</p>	<p style="text-align: center;">7. 30 day mortality rate</p> <table border="1"> <caption>7. 30 day mortality rate</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jan-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr> <tr><td>Feb-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr> <tr><td>Mar-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr> <tr><td>Apr-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr> <tr><td>May-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr> <tr><td>Jun-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr> <tr><td>Jul-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr> <tr><td>Aug-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr> <tr><td>Sep-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr> <tr><td>Oct-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr> <tr><td>Nov-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr> <tr><td>Dec-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr> <tr><td>Jan-21</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	8.0	7.0	7.5	Feb-20	8.0	7.0	7.5	Mar-20	8.0	7.0	7.5	Apr-20	8.0	7.0	7.5	May-20	8.0	7.0	7.5	Jun-20	8.0	7.0	7.5	Jul-20	8.0	7.0	7.5	Aug-20	8.0	7.0	7.5	Sep-20	8.0	7.0	7.5	Oct-20	8.0	7.0	7.5	Nov-20	8.0	7.0	7.5	Dec-20	8.0	7.0	7.5	Jan-21	7.5	6.9	7.6
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HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																												
<p>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i></p>	<ul style="list-style-type: none"> • 26 cases of <i>E. coli</i> bacteraemia were identified in May 2021, of which 11 were hospital acquired and 15 were community acquired. • Cumulative cases from April to May 2021 are 107% more than the equivalent period in 2020/21. (58 in 2021/22 compared with 28 in 2020/21). 	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <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>May-20</td><td>14</td></tr> <tr><td>Jun-20</td><td>17</td></tr> <tr><td>Jul-20</td><td>25</td></tr> <tr><td>Aug-20</td><td>32</td></tr> <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> </tbody> </table> <p>■ Number E.Coli cases (SBU)</p>	Month	Number of Cases	May-20	14	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
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<p>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i></p>	<ul style="list-style-type: none"> • There were 15 cases of <i>Staph. aureus</i> bacteraemia in May 2021, of which 5 were hospital acquired and 10 were community acquired. • Cumulative cases from April to May 2021 are 75% more than the equivalent period in 2020/21 (28 in 2021/22 compared with 16 in 2020/21). 	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <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>May-20</td><td>6</td></tr> <tr><td>Jun-20</td><td>12</td></tr> <tr><td>Jul-20</td><td>6</td></tr> <tr><td>Aug-20</td><td>12</td></tr> <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> </tbody> </table> <p>■ Number of S.Aureus cases (SBU)</p>	Month	Number of Cases	May-20	6	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
Month	Number of Cases																													
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HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																												
Healthcare Acquired Infections (HCAI)- C.difficile- Number of laboratory confirmed C.difficile cases	<ul style="list-style-type: none"> There were 12 <i>Clostridium difficile</i> toxin positive cases in May 2021, of which 7 were hospital acquired and 5 were community acquired. Cumulative cases from April to May 2021 are 19% more than the equivalent period of 2020/21 (32 in 2021/22 compared with 27 in 2020/21). 	<p style="text-align: center;">Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>16</td></tr> <tr><td>Jun-20</td><td>20</td></tr> <tr><td>Jul-20</td><td>11</td></tr> <tr><td>Aug-20</td><td>23</td></tr> <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> </tbody> </table>	Month	Number of C.diff cases (SBU)	May-20	16	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
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Healthcare Acquired Infections (HCAI)- Klebsiella sp- Number of laboratory confirmed Klebsiella sp cases	<ul style="list-style-type: none"> There were 5 cases of Klebsiella sp in May 2021, of which 3 was hospital acquired and 2 were community acquired. Cumulative cases from April to March 2021 are 17% more than the equivalent period in 2020/21 (14 in 2021/22 compared with 12 in 2020/21). 	<p style="text-align: center;">Number of healthcare acquired Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>6</td></tr> <tr><td>Jun-20</td><td>9</td></tr> <tr><td>Jul-20</td><td>5</td></tr> <tr><td>Aug-20</td><td>10</td></tr> <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> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	May-20	6	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
Month	Number of Klebsiella cases (SBU)																													
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HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There was 1 community acquired case of <i>P.Aeruginosa</i> bacteraemia in May 2021. Cumulative cases from April to May 2021 are 43% less than the equivalent period in 2020/21. 	Number of healthcare acquired Pseudomonas cases <p>■ Number of Pseudomonas cases (SBU)</p>

PRESSURE ULCERS		
Description	Current Performance	Trend
Number of pressure ulcers 1. <i>Total number of pressure ulcers developed in hospital and in the community</i> 2. <i>Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none"> In April 2021 there were 90 cases of healthcare acquired pressure ulcers, of which 31 were community acquired and 59 were hospital acquired. There were 14 grade 3+ pressure ulcers in April 2021, of which 10 were community acquired and 4 were hospital acquired. The rate per 100,000 admissions increased from 533 in March 2021 to 896 in April 2021. 	Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions <p>■ Pressure Ulcers (Community) ▨ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>

SERIOUS INCIDENTS																																																																																						
Description	Current Performance	Trend																																																																																				
<p>Serious Incidents-</p> <p>1. The number of serious incidents</p> <p>2. The number of Never Events</p> <p>3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</p>	<p>1. The Health Board reported 6 Serious Incidents for the month of May 2021 to Welsh Government. The breakdown of incidents in May 2021 are set out below:</p> <ul style="list-style-type: none"> • 3 in Primary, Community and Therapy Services • 2 in Morriston Hospital • 1 in Singleton Hospital <p>2. There was no new Never Event reported in May 2021.</p> <p>3. In May 2021, performance against the 80% target of submitting closure forms within 60 working days was 0% as none of the three closure forms due to be submitted to Welsh Government in May 2021 were submitted on time. Below is a breakdown of the eleven outstanding forms:</p> <ul style="list-style-type: none"> • 1 in Mental Health and Learning Disabilities • 1 in Singleton Hospital • 1 in Morriston Hospital 	<p>1. and 2. Number of serious incidents and never events</p> <table border="1"> <caption>Number of Serious Incidents and Never Events</caption> <thead> <tr> <th>Month</th> <th>Number of Serious Incidents</th> <th>Number of Never Events</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>6</td><td>0</td></tr> <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> </tbody> </table> <p>3. % of serious incidents closed within 60 days</p> <table border="1"> <caption>% of Serious Incidents Closed within 60 Days</caption> <thead> <tr> <th>Month</th> <th>% SI's assured</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>30%</td><td>80%</td></tr> <tr><td>Jun-20</td><td>0%</td><td>80%</td></tr> <tr><td>Jul-20</td><td>0%</td><td>80%</td></tr> <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> </tbody> </table> <p>* 0% compliance in June, July, October and November 2020 and January, March, April and May 2021</p>	Month	Number of Serious Incidents	Number of Never Events	May-20	6	0	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	Month	% SI's assured	Target	May-20	30%	80%	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%
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INPATIENT FALLS																														
Description	Current Performance	Trend																												
<p>Inpatient Falls <i>The total number of inpatient falls</i></p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 228 in May 2021. This is 9% more than May 2020 where 209 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Number of inpatient Falls (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Number of Falls</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>209</td></tr> <tr><td>Jun-20</td><td>195</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>200</td></tr> <tr><td>Feb-21</td><td>175</td></tr> <tr><td>Mar-21</td><td>170</td></tr> <tr><td>Apr-21</td><td>175</td></tr> <tr><td>May-21</td><td>228</td></tr> </tbody> </table>	Month	Number of Falls	May-20	209	Jun-20	195	Jul-20	205	Aug-20	225	Sep-20	215	Oct-20	185	Nov-20	245	Dec-20	245	Jan-21	200	Feb-21	175	Mar-21	170	Apr-21	175	May-21	228
Month	Number of Falls																													
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Apr-21	175																													
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DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<p>Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i></p>	<p>The latest data shows that in May 2021, the percentage of completed discharge summaries was 67%.</p> <p>In May 2021, compliance ranged from 62% in Singleton Hospital to 76% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% discharge summaries approved and sent (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>62%</td></tr> <tr><td>Jun-20</td><td>66%</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>70%</td></tr> <tr><td>Oct-20</td><td>68%</td></tr> <tr><td>Nov-20</td><td>65%</td></tr> <tr><td>Dec-20</td><td>58%</td></tr> <tr><td>Jan-21</td><td>66%</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>67%</td></tr> </tbody> </table>	Month	Percentage	May-20	62%	Jun-20	66%	Jul-20	62%	Aug-20	65%	Sep-20	70%	Oct-20	68%	Nov-20	65%	Dec-20	58%	Jan-21	66%	Feb-21	62%	Mar-21	63%	Apr-21	62%	May-21	67%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	<p>April 2021 reports the crude mortality rate for the Health Board at 1.04% compared with 1.17% in March 2021.</p> <p>A breakdown by Hospital for April 2021:</p> <ul style="list-style-type: none"> • Morriston – 1.80% • Singleton – 0.50% • NPT – 0.15% 	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Apr-20</td><td>1.40%</td><td>0.45%</td><td>0.20%</td><td>0.80%</td></tr> <tr><td>May-20</td><td>1.50%</td><td>0.45%</td><td>0.20%</td><td>0.85%</td></tr> <tr><td>Jun-20</td><td>1.50%</td><td>0.45%</td><td>0.20%</td><td>0.90%</td></tr> <tr><td>Jul-20</td><td>1.55%</td><td>0.45%</td><td>0.20%</td><td>0.90%</td></tr> <tr><td>Aug-20</td><td>1.55%</td><td>0.45%</td><td>0.20%</td><td>0.85%</td></tr> <tr><td>Sep-20</td><td>1.60%</td><td>0.45%</td><td>0.20%</td><td>0.90%</td></tr> <tr><td>Oct-20</td><td>1.70%</td><td>0.45%</td><td>0.20%</td><td>0.95%</td></tr> <tr><td>Nov-20</td><td>1.80%</td><td>0.45%</td><td>0.20%</td><td>1.00%</td></tr> <tr><td>Dec-20</td><td>1.90%</td><td>0.45%</td><td>0.20%</td><td>1.10%</td></tr> <tr><td>Jan-21</td><td>2.00%</td><td>0.45%</td><td>0.20%</td><td>1.10%</td></tr> <tr><td>Feb-21</td><td>2.00%</td><td>0.45%</td><td>0.20%</td><td>1.10%</td></tr> <tr><td>Mar-21</td><td>1.80%</td><td>0.45%</td><td>0.20%</td><td>1.05%</td></tr> <tr><td>Apr-21</td><td>1.80%</td><td>0.50%</td><td>0.15%</td><td>1.04%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Apr-20	1.40%	0.45%	0.20%	0.80%	May-20	1.50%	0.45%	0.20%	0.85%	Jun-20	1.50%	0.45%	0.20%	0.90%	Jul-20	1.55%	0.45%	0.20%	0.90%	Aug-20	1.55%	0.45%	0.20%	0.85%	Sep-20	1.60%	0.45%	0.20%	0.90%	Oct-20	1.70%	0.45%	0.20%	0.95%	Nov-20	1.80%	0.45%	0.20%	1.00%	Dec-20	1.90%	0.45%	0.20%	1.10%	Jan-21	2.00%	0.45%	0.20%	1.10%	Feb-21	2.00%	0.45%	0.20%	1.10%	Mar-21	1.80%	0.45%	0.20%	1.05%	Apr-21	1.80%	0.50%	0.15%	1.04%
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5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

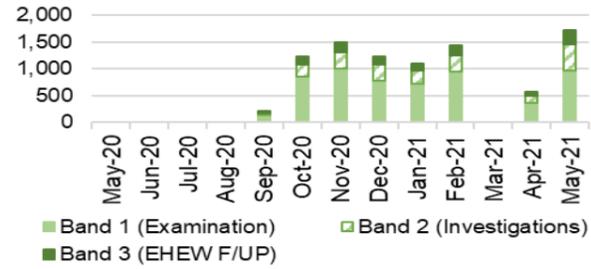
Harm from reduction in non-Covid activity																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Cancer																	
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	12 month improvement trend			61.8%	59.9%	68.2%	67.4%	62.4%	65.9%	55.4%	61.0%	67.9%	56.4%	71.6%	65.7%	60.0%
Planned Care																	
Number of patients waiting > 26 weeks for outpatient appointment*	Morrison	0			4,785	6,496	8,661	11,359	12,882	12,617	12,306	12,543	12,487	12,479	12,870	13,398	14,047
	NPTH				18	18	50	181	208	129	75	49	61	111	73	92	157
	Singleton				4,445	5,387	6,929	8,792	9,748	9,073	8,394	8,336	8,427	8,414	8,575	9,027	9,327
	PC&CS				52	63	81	165	231	231	230	251	233	221	232	235	169
	Total				9,300	11,964	15,721	20,497	23,069	22,050	21,005	21,179	21,208	21,225	21,750	22,752	23,700
Number of patients waiting > 36 weeks for treatment*	Morrison	0			6,944	8,977	11,882	14,722	16,846	20,035	22,298	22,391	21,695	21,199	21,228	21,579	22,095
	NPTH				0	0	3	15	17	33	48	42	41	43	45	46	45
	Singleton				3,296	4,423	6,135	7,650	8,810	10,514	11,865	11,629	11,385	10,788	10,942	11,134	11,727
	PC&CS				7	17	45	66	82	153	220	247	219	204	196	181	115
	Total (inc. diagnostics > 36 wks)				10,247	13,419	18,078	22,494	26,046	31,508	35,387	35,126	33,991	32,719	32,874	33,395	34,447
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	0			7,197	6,816	6,236	6,627	5,956	4,564	4,559	4,361	3,938	2,978	2,517	2,757	2,739
	Singleton				1,149	1,217	1,274	1,443	1,710	2,081	2,051	2,218	2,301	2,109	2,037	2,047	2,103
	Total				8,346	8,033	7,510	8,070	7,666	6,645	6,610	6,579	6,239	5,087	4,554	4,804	4,842
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			11	0	0	0	0	0	0	0	0	0	0	0	1
	NPTH				78	130	138	145	138	110	99	93	127	129	60	18	8
	PC&CS				893	1,516	1,416	1,373	1,212	1,025	718	615	457	362	309	183	157
	Total				982	1,646	1,554	1,518	1,350	1,135	817	708	584	491	369	201	166

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					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
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			121,434	120,468	120,062	120,969	120,962	120,968	120,874	119,963	119,999	120,882	121,403	122,303	123,088
Number of patients delayed by over 100% past their target date *	Total				21,026	21,448	22,101	23,209	24,472	26,217	27,156	27,641	28,419	28,862	29,316	29,334	30,062
Number of patients delayed past their agreed target date (booked and not booked) *	Total				53,046	51,933	52,278	55,446	56,843	57,380	56,647	56,210	57,297	57,458	55,944	55,086	54,664
Number of Ophthalmology patients without an allocated health risk factor	Total	0			43	48	213	162	513	780	464	326	212	281	294	614	326
Number of patients without a documented clinical review date	Total	0			27	50	43	65	95	43	55	90	32	25	14	9	5
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend		48	167	183	220	239	208	231	84	144	97	255		159	
	MH&LD			14	7	6	34	49	48	82	56	22	11		3		
	Morrison			88	110	143	174	679	269	155	152	168	211	326		1,330	
	NPTH			12	17	22	24	62	40	24	18	43	31	16			
	Singleton			104	99	154	207	1,824	530	377	330	323	459	453		3,098	
	Total			247	393	502	625	2,804	1,047	787	584	678	798	1,050		4,590	
% of patients who would recommend and highly recommend	PCCS	90%	80%	77%	88%	91%	79%	74%	65%	80%	62%	76%	77%	90%	100%		
	MH&LD			57%	57%	33%	41%	39%	19%	41%	21%	36%	88%	73%	100%		
	Morrison			94%	94%	94%	83%	91%	82%	86%	70%	76%	82%	86%	96%		
	NPTH			67%	47%	68%	92%	94%	90%	75%	67%	58%	32%	75%			
	Singleton			96%	83%	92%	87%	96%	88%	87%	85%	85%	92%	87%	97%		
	Total			92%	87%	91%	83%	93%	82%	84%	77%	79%	85%	87%	96%		
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%	100%	100%	94%	83%	100%	100%	80%	67%	90%	100%	100%			
	MH&LD			-	-	0%	100%	100%	100%	-	-	-	50%	-			
	Morrison			100%	67%	90%	80%	79%	58%	100%	33%	80%	71%	90%	93%		
	NPTH			-	-	100%	100%	90%	100%	-	67%	67%	100%	100%			
	Singleton			100%	67%	90%	82%	79%	90%	86%	80%	77%	95%	92%	93%		
	Total			100%	79%	91%	83%	84%	79%	85%	65%	81%	94%	93%	92%		
Number of new complaints received	PCCS	12 month reduction trend		11	16	14	10	18	22	24	24	9	10	22	8	16	
	MH&LD			9	8	13	10	10	20	13	6	11	15	10	26	15	
	Morrison			18	27	34	31	51	44	40	38	33	40	50	23	53	
	NPTH			5	7	5	2	7	6	7	1	7	6	7	4	3	
	Singleton			8	12	12	17	24	25	20	20	15	20	24	24	23	
	Total			52	73	77	74	107	121	103	83	78	94	117	100	115	
% 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%	73%	50%	80%	60%	92%	67%	76%	77%	63%	67%	67%			
	MH&LD			78%	63%	69%	50%	80%	70%	92%	75%	73%	64%	67%			
	Morrison			94%	89%	88%	84%	90%	86%	89%	91%	81%	95%	92%			
	NPTH			80%	71%	100%	50%	100%	67%	86%	0%	57%	67%	100%			
	Singleton			75%	83%	50%	65%	63%	64%	70%	70%	57%	68%	67%			
	Total			81%	75%	79%	72%	82%	75%	82%	80%	71%	80%	81%			

HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.2 Primary and Community Care Overview

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



No claims submitted between April and August 2020

Chart 2: Common Ailment Scheme - Number of consultations provided

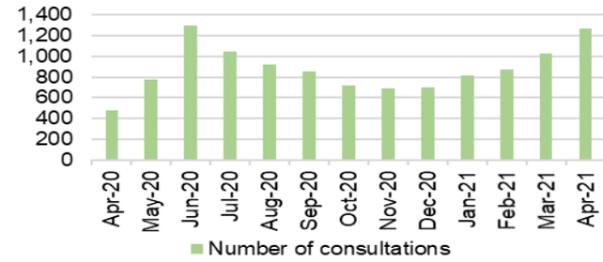


Chart 3: Urgent Dental Centre- Total episodes of patient care

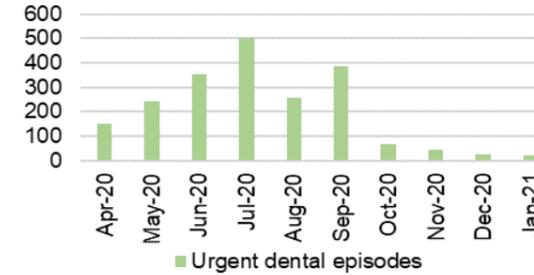


Chart 4: General Dental Practice activity- Total number of telephone calls received

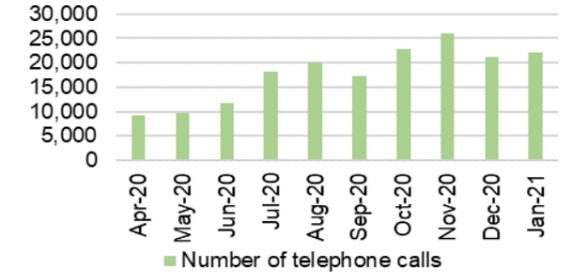


Chart 5: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months

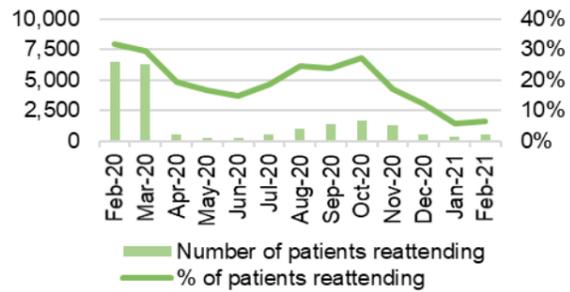


Chart 6: Pregnancy Advisory Service- Referral to appointment within 5 days and treatment within 10 days

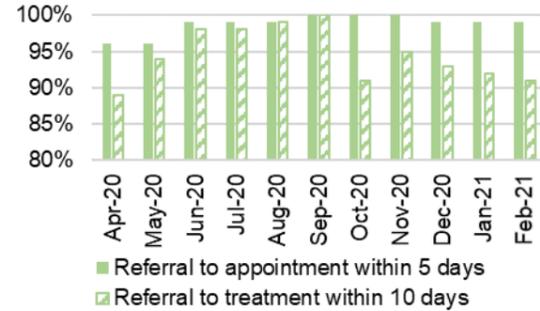


Chart 7: Sexual health services- Attendances at sexual health ambulance

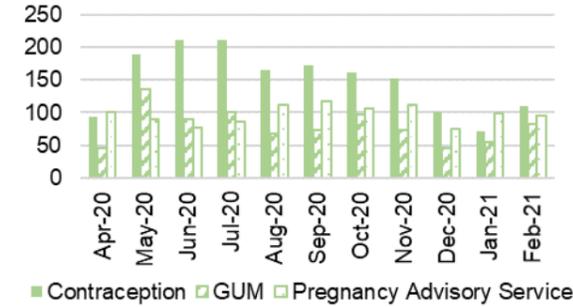


Chart 8: Sexual health services- Patient outcomes

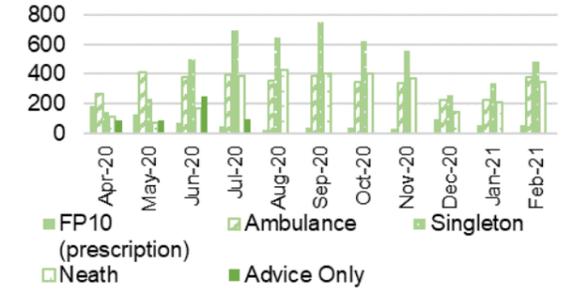


Chart 9: District Nursing- Number of patients on caseload

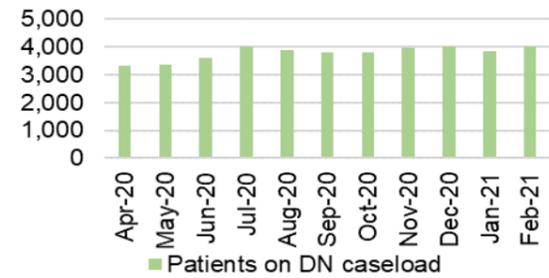


Chart 10: District Nursing- Total number of contacts

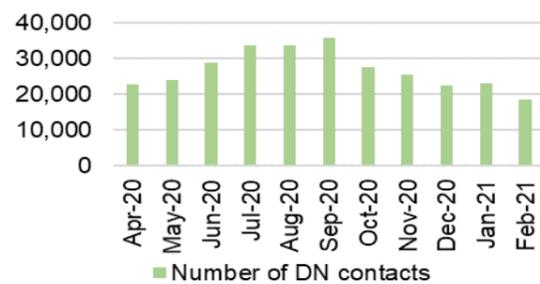


Chart 11: Community wound clinic- Number of attendances and number of home visits

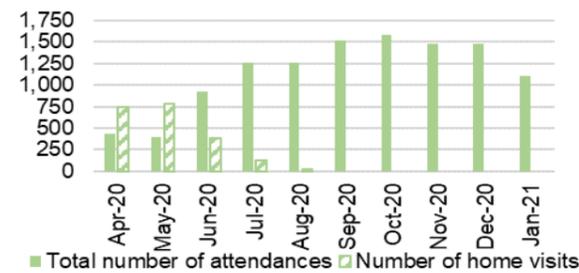


Chart 12: Community wound clinic- Number of assessments by location

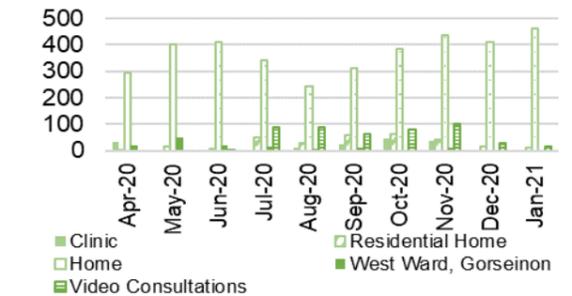


Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

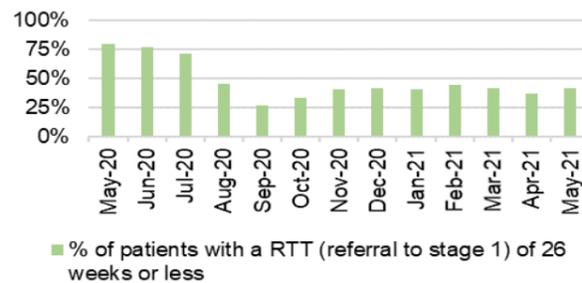
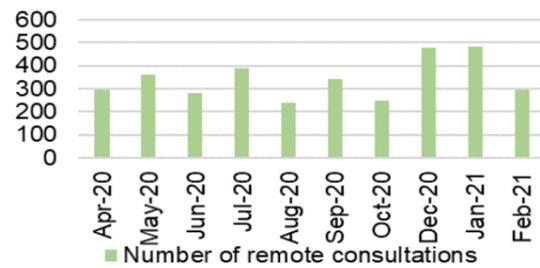
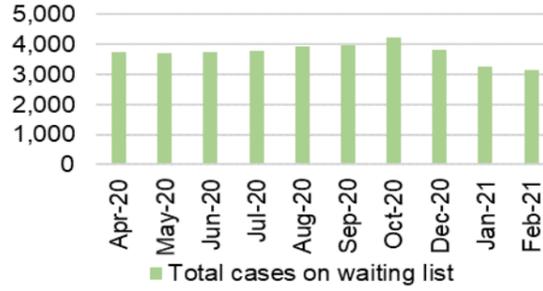


Chart 14: Audiology- Number of remote consultations



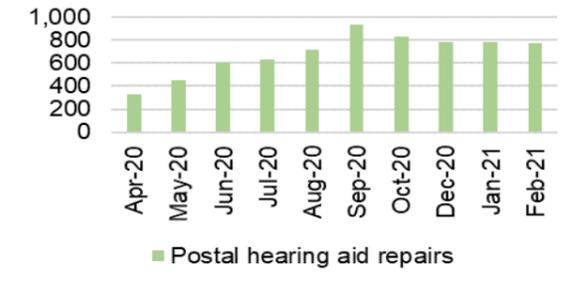
Nov-20 data not available

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



Nov-20 data not available

Chart 16: Audiology- Number of postal hearing aid repairs



Nov-20 data not available

5.2 Updates on key measures

PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list 1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at May 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 style="text-align: center;">Trend</p> <div style="display: flex; justify-content: space-around;"> <div style="width: 48%;"> <p>1. Number of GP referrals received by SBU Health Board</p> <p>Legend: GP Referrals (routine) (solid line), GP Referrals (urgent) (dashed line)</p> </div> <div style="width: 48%;"> <p>2. Number of stage 1 additions per week</p> <p>Legend: Additions to outpatients (stage 1) waiting list (solid line)</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="width: 48%;"> <p>3. Total size of the waiting list and movement (December 2019)</p> <p>Legend: STAGE 1 (blue), STAGE 2 (orange), STAGE 3 (grey), STAGE 4 (yellow), STAGE 5 (dark blue)</p> </div> <div style="width: 48%;"> <p>4. Total size of the waiting list and movement (May 2021)</p> <p>Legend: STAGE 1 (blue), STAGE 2 (orange), STAGE 3 (grey), STAGE 4 (yellow), STAGE 5 (dark blue)</p> </div> </div>

PLANNED CARE

Description

Outpatient waiting times

1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total

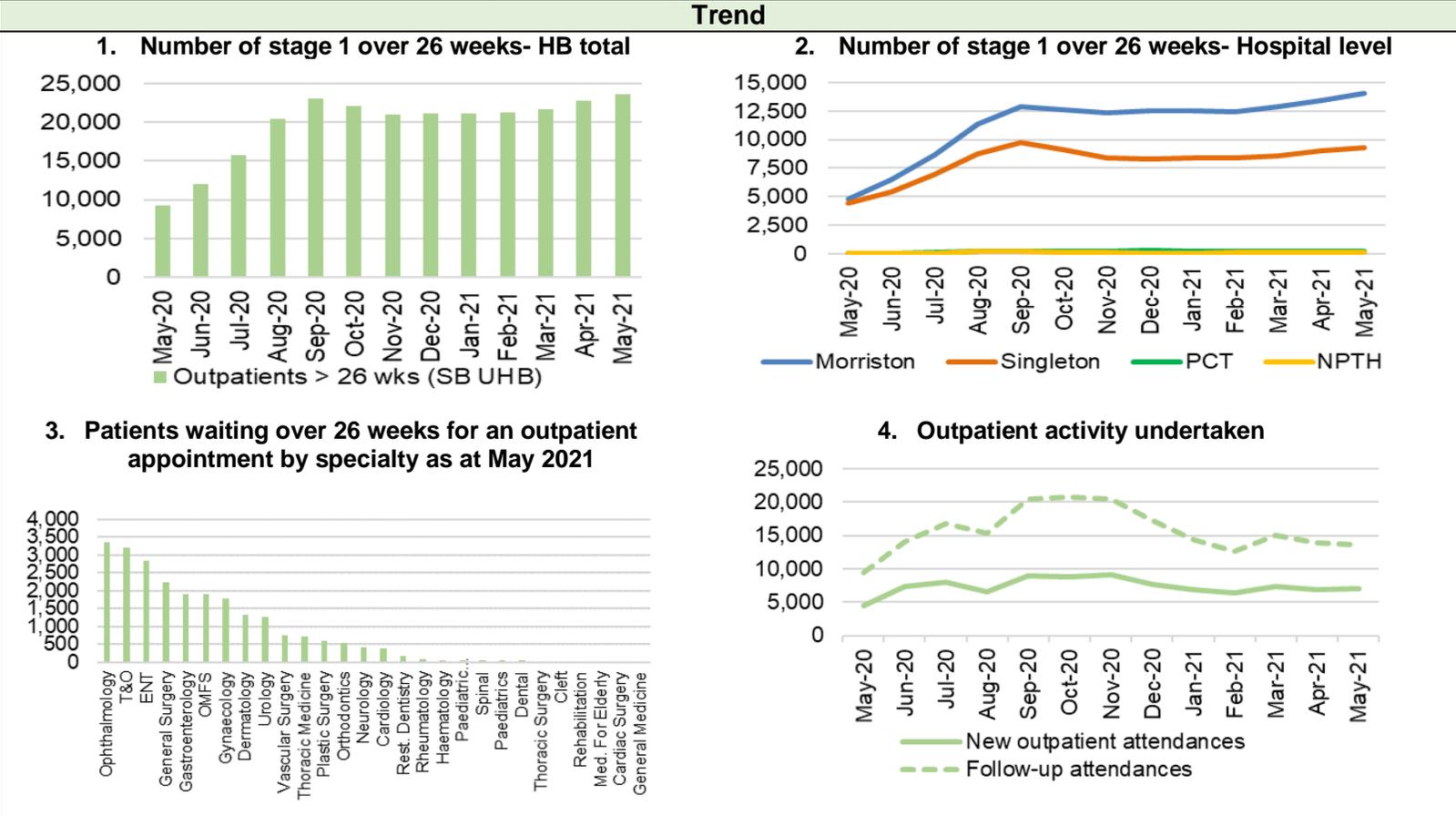
2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level

3. Patients waiting over 26 weeks for an outpatient appointment by specialty

4. Outpatient activity undertaken

Current Performance

The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. May 2021 saw an in-month increase in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 22,752 in April 2021 to 23,700 in May 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.



PLANNED CARE

Description

Patients waiting over 36 weeks for treatment

1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total

2. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Hospital level

3. Number of elective admissions

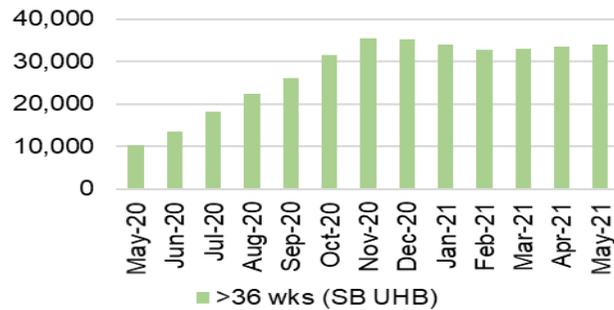
Current Performance

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 May 2021, there was 34,447 patients waiting over 36 weeks which is a 3.2% in-month increase from April 2021. 25,775 of the 34,447 were waiting over 52 weeks in May 2021. Orthopaedics/ Spinal accounted for 23% of the breaches, followed by Ophthalmology with 13%.

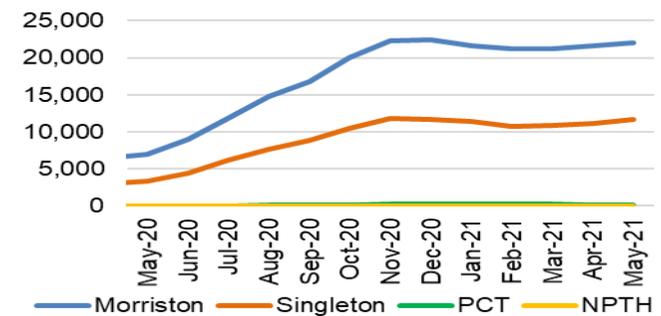
The number of patients receiving a procedure (and subsequently removed from the waiting list) has significantly reduced since March 2020 which is resulting in the increase in waiting times.

Trend

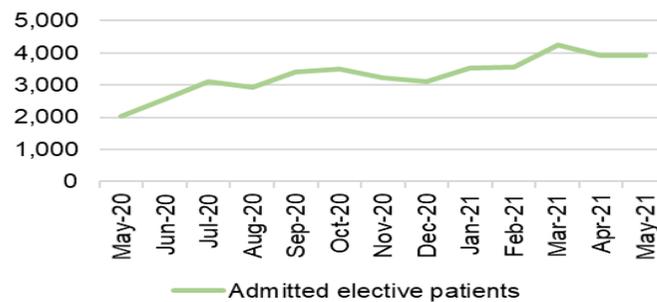
1. Number of patients waiting over 36 weeks- HB total



2. Number of patients waiting over 36 weeks- Hospital level



3. Number of elective admissions



PLANNED CARE

Description	Current Performance																																																																							
<p>Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i></p>	<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 May 2021, 49.1% of patients were waiting under 26 weeks from referral to treatment.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table border="1"> <caption>Approximate data for Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>Singleton (%)</th> <th>PCT (%)</th> <th>NPTH (%)</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>65</td><td>65</td><td>80</td><td>95</td></tr> <tr><td>Jun-20</td><td>55</td><td>55</td><td>75</td><td>95</td></tr> <tr><td>Jul-20</td><td>45</td><td>45</td><td>70</td><td>90</td></tr> <tr><td>Aug-20</td><td>35</td><td>40</td><td>45</td><td>75</td></tr> <tr><td>Sep-20</td><td>35</td><td>40</td><td>25</td><td>70</td></tr> <tr><td>Oct-20</td><td>35</td><td>45</td><td>35</td><td>85</td></tr> <tr><td>Nov-20</td><td>35</td><td>45</td><td>40</td><td>90</td></tr> <tr><td>Dec-20</td><td>35</td><td>45</td><td>40</td><td>90</td></tr> <tr><td>Jan-21</td><td>35</td><td>45</td><td>40</td><td>90</td></tr> <tr><td>Feb-21</td><td>35</td><td>45</td><td>40</td><td>90</td></tr> <tr><td>Mar-21</td><td>35</td><td>45</td><td>40</td><td>90</td></tr> <tr><td>Apr-21</td><td>35</td><td>45</td><td>40</td><td>90</td></tr> <tr><td>May-21</td><td>40</td><td>45</td><td>40</td><td>90</td></tr> </tbody> </table>	Month	Morriston (%)	Singleton (%)	PCT (%)	NPTH (%)	May-20	65	65	80	95	Jun-20	55	55	75	95	Jul-20	45	45	70	90	Aug-20	35	40	45	75	Sep-20	35	40	25	70	Oct-20	35	45	35	85	Nov-20	35	45	40	90	Dec-20	35	45	40	90	Jan-21	35	45	40	90	Feb-21	35	45	40	90	Mar-21	35	45	40	90	Apr-21	35	45	40	90	May-21	40	45	40	90
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<p>Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i></p>	<p>In May 2021, 46.7% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21 and this appears to be continuing into 2021/22.</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Approximate data for Percentage of ophthalmology R1 patients waiting within target date or within 25% in excess</caption> <thead> <tr> <th>Month</th> <th>% of R1 ophthalmology patient pathways (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>65</td><td>100</td></tr> <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>45</td><td>100</td></tr> <tr><td>Oct-20</td><td>45</td><td>100</td></tr> <tr><td>Nov-20</td><td>45</td><td>100</td></tr> <tr><td>Dec-20</td><td>45</td><td>100</td></tr> <tr><td>Jan-21</td><td>45</td><td>100</td></tr> <tr><td>Feb-21</td><td>45</td><td>100</td></tr> <tr><td>Mar-21</td><td>45</td><td>100</td></tr> <tr><td>Apr-21</td><td>45</td><td>100</td></tr> <tr><td>May-21</td><td>45</td><td>100</td></tr> </tbody> </table>	Month	% of R1 ophthalmology patient pathways (%)	Target (%)	May-20	65	100	Jun-20	65	100	Jul-20	55	100	Aug-20	50	100	Sep-20	45	100	Oct-20	45	100	Nov-20	45	100	Dec-20	45	100	Jan-21	45	100	Feb-21	45	100	Mar-21	45	100	Apr-21	45	100	May-21	45	100
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PLANNED CARE

Description	Current Performance	Trend																																																																																																																
<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In May 2021, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 4,534 in April 2021 to 4,842 in May 2021.</p> <p>The following is a breakdown for the 8 week breaches by diagnostic test for May 2021:</p> <ul style="list-style-type: none"> • Endoscopy= 2,103 • Cardiac tests= 1,547 • Neurophysiology= 963 • Radiology= 145 • Cystoscopy= 39 • Physiological measurement= 36 • Fluoroscopy= 9 	<p align="center">Number of patients waiting longer than 8 weeks for diagnostics</p> <table border="1"> <caption>Estimated data for Number of patients waiting longer than 8 weeks for diagnostics</caption> <thead> <tr> <th>Month</th> <th>Cardiac tests</th> <th>Endoscopy</th> <th>Other diagnostics (inc. radiology)</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>2,500</td><td>1,200</td><td>4,700</td></tr> <tr><td>Jun-20</td><td>2,500</td><td>1,300</td><td>4,200</td></tr> <tr><td>Jul-20</td><td>2,300</td><td>1,400</td><td>4,000</td></tr> <tr><td>Aug-20</td><td>2,600</td><td>1,500</td><td>4,000</td></tr> <tr><td>Sep-20</td><td>1,800</td><td>1,800</td><td>3,800</td></tr> <tr><td>Oct-20</td><td>1,500</td><td>2,100</td><td>3,000</td></tr> <tr><td>Nov-20</td><td>1,500</td><td>2,100</td><td>3,000</td></tr> <tr><td>Dec-20</td><td>1,500</td><td>2,200</td><td>2,800</td></tr> <tr><td>Jan-21</td><td>1,300</td><td>2,300</td><td>2,500</td></tr> <tr><td>Feb-21</td><td>1,400</td><td>2,200</td><td>1,500</td></tr> <tr><td>Mar-21</td><td>1,200</td><td>2,100</td><td>1,200</td></tr> <tr><td>Apr-21</td><td>1,400</td><td>2,100</td><td>1,300</td></tr> <tr><td>May-21</td><td>1,500</td><td>2,100</td><td>1,200</td></tr> </tbody> </table>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	May-20	2,500	1,200	4,700	Jun-20	2,500	1,300	4,200	Jul-20	2,300	1,400	4,000	Aug-20	2,600	1,500	4,000	Sep-20	1,800	1,800	3,800	Oct-20	1,500	2,100	3,000	Nov-20	1,500	2,100	3,000	Dec-20	1,500	2,200	2,800	Jan-21	1,300	2,300	2,500	Feb-21	1,400	2,200	1,500	Mar-21	1,200	2,100	1,200	Apr-21	1,400	2,100	1,300	May-21	1,500	2,100	1,200																																																								
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<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In May 2021 there were 166 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in May 2021 are:</p> <ul style="list-style-type: none"> • Speech & Language Therapy= 151 • Dietetics= 8 • Audiology=6 • Arts Therapies= 1 	<p align="center">Number of patients waiting longer than 14 weeks for therapies</p> <table border="1"> <caption>Estimated data for Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Speech & Language</th> <th>Podiatry</th> <th>Audiology</th> <th>Occ Therapy/ LD (MH)</th> <th>Occ Therapy (exc. MH)</th> <th>Dietetics</th> <th>Phsyio</th> </tr> </thead> <tbody> <tr><td>May-20</td><td>100</td><td>200</td><td>100</td><td>100</td><td>100</td><td>10</td><td>10</td></tr> <tr><td>Jun-20</td><td>150</td><td>300</td><td>100</td><td>100</td><td>100</td><td>10</td><td>10</td></tr> <tr><td>Jul-20</td><td>150</td><td>300</td><td>100</td><td>100</td><td>100</td><td>10</td><td>10</td></tr> <tr><td>Aug-20</td><td>150</td><td>300</td><td>100</td><td>100</td><td>100</td><td>10</td><td>10</td></tr> <tr><td>Sep-20</td><td>150</td><td>300</td><td>100</td><td>100</td><td>100</td><td>10</td><td>10</td></tr> <tr><td>Oct-20</td><td>150</td><td>300</td><td>100</td><td>100</td><td>100</td><td>10</td><td>10</td></tr> <tr><td>Nov-20</td><td>150</td><td>300</td><td>100</td><td>100</td><td>100</td><td>10</td><td>10</td></tr> <tr><td>Dec-20</td><td>150</td><td>300</td><td>100</td><td>100</td><td>100</td><td>10</td><td>10</td></tr> <tr><td>Jan-21</td><td>150</td><td>300</td><td>100</td><td>100</td><td>100</td><td>10</td><td>10</td></tr> <tr><td>Feb-21</td><td>150</td><td>300</td><td>100</td><td>100</td><td>100</td><td>10</td><td>10</td></tr> <tr><td>Mar-21</td><td>150</td><td>300</td><td>100</td><td>100</td><td>100</td><td>10</td><td>10</td></tr> <tr><td>Apr-21</td><td>150</td><td>300</td><td>100</td><td>100</td><td>100</td><td>10</td><td>10</td></tr> <tr><td>May-21</td><td>151</td><td>8</td><td>6</td><td>1</td><td>0</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Speech & Language	Podiatry	Audiology	Occ Therapy/ LD (MH)	Occ Therapy (exc. MH)	Dietetics	Phsyio	May-20	100	200	100	100	100	10	10	Jun-20	150	300	100	100	100	10	10	Jul-20	150	300	100	100	100	10	10	Aug-20	150	300	100	100	100	10	10	Sep-20	150	300	100	100	100	10	10	Oct-20	150	300	100	100	100	10	10	Nov-20	150	300	100	100	100	10	10	Dec-20	150	300	100	100	100	10	10	Jan-21	150	300	100	100	100	10	10	Feb-21	150	300	100	100	100	10	10	Mar-21	150	300	100	100	100	10	10	Apr-21	150	300	100	100	100	10	10	May-21	151	8	6	1	0	0	0
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CANCER

Description

Current Performance

Cancer demand and shape of the waiting list

The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020. The shape of the waiting list shows that there is a significant “wave” of patients that are likely to breach in the near future and there are more patients waiting at the tail end of the waiting list when compared with March 2020.

1. Number of Urgent Suspected Cancer (USC) referrals received

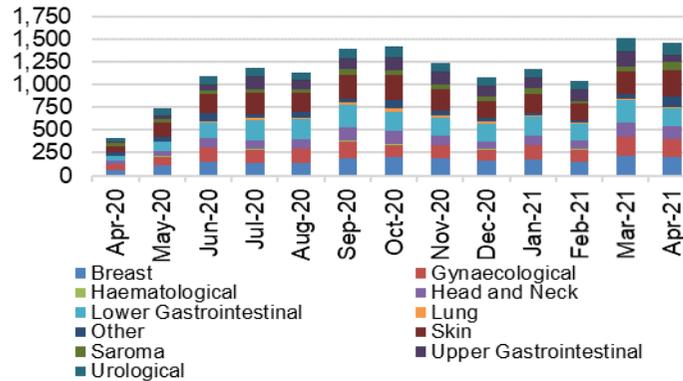
2. Source of suspicion for patients on Single Cancer Pathway (SCP)

3. Volume of patients by stage and adjusted wait-SCP (May 2020)

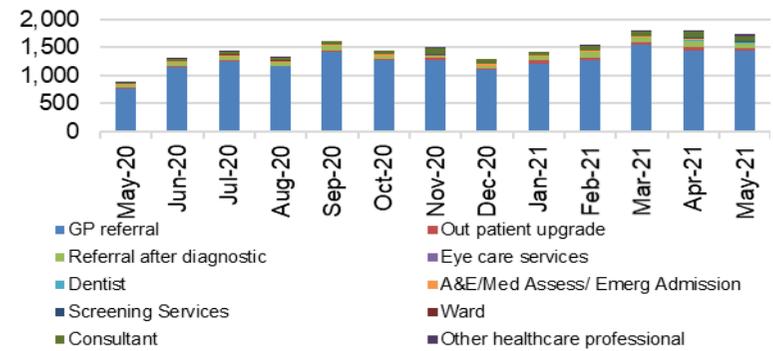
4. Volume of patients by stage and adjusted wait-SCP (May 2021)

Trend

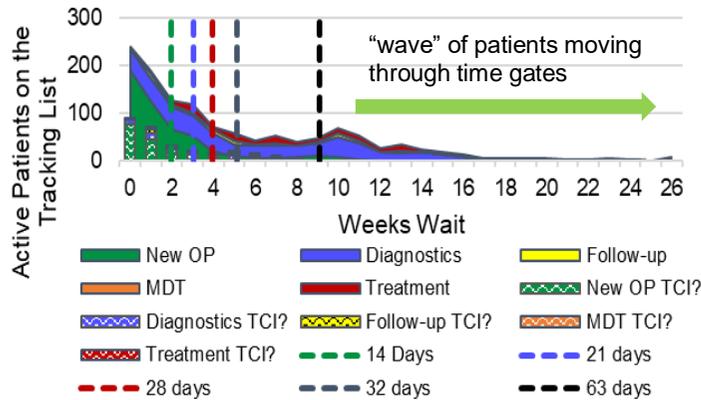
1. Number of USC referrals



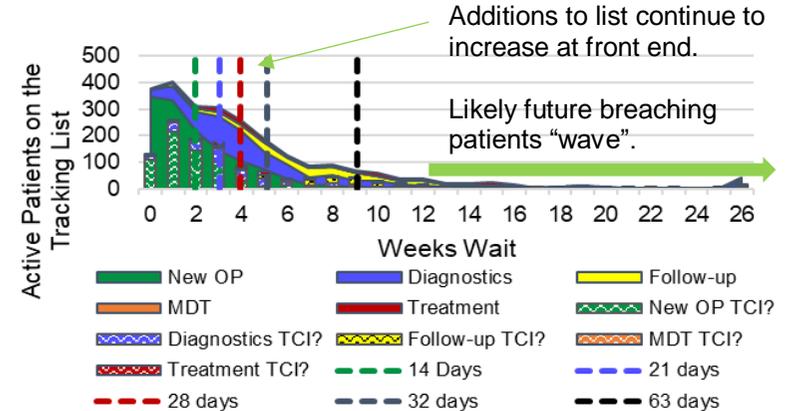
2. Source of suspicion for patients starting cancer treatment



3. Volume of patients by stage and adjusted wait (May 2020)-SCP



4. Volume of patients by stage and adjusted wait (May 2021)- SCP



CANCER																																																
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Single Cancer Pathway <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i>	May 2021 figures will be finalised on the 30 th June 2021. Draft figures indicate a possible achievement of 60% of patients starting treatment within 62 days of the suspicion of cancer first being raised (unadjusted pathway). At the time of writing this report, 96 patients did not receive their treatment within target. This includes 9 suspected cancers.	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) 																																														
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Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i>	End of May 2021 backlog by tumour site:	Number of patients with a wait status of more than 53 days 																																														
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CANCER

Description	Current Performance	Trend
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USC First Outpatient Appointments
The number of patients at first outpatient appointment stage by days waiting

Week to week through May 2021 the percentage of patients seen within 14 days to first appointment ranged between 9% and 14%.

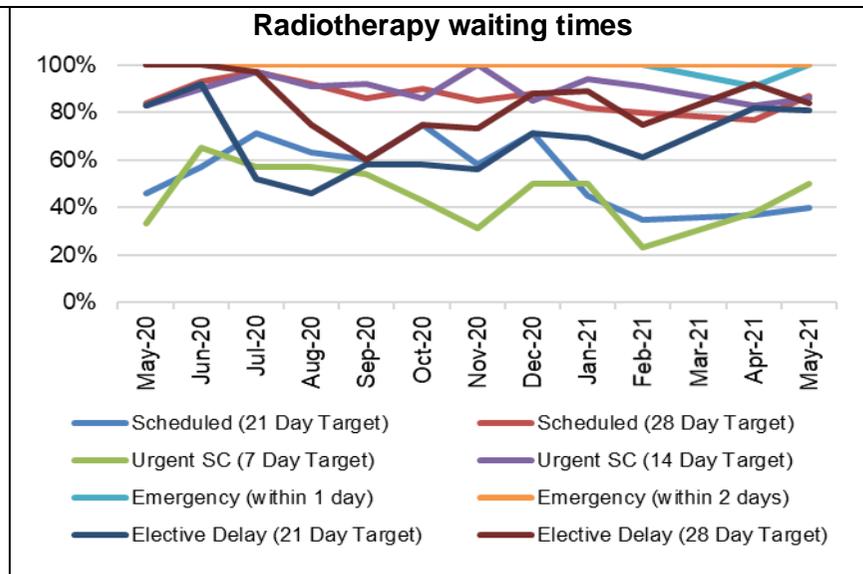
The number of patients waiting for a first outpatient appointment (by total days waiting) - End of May 2021

	≤10	11-20	21-30	>31	Total
Brain	0	0	1	0	1
Breast	0	2	53	105	160
Children Cancer	0	0	0	0	0
Gynaecological	1	6	18	118	143
Haematological	0	0	0	0	0
Head&Neck	3	22	27	7	59
LGI	0	4	5	27	36
Lung	0	0	1	0	1
Other	2	11	9	0	22
Sarcoma	0	1	1	0	2
Skin	1	30	17	3	51
UGI	0	2	7	1	10
Urological	0	2	14	1	17
Total	13	99	185	210	507

Radiotherapy waiting times
The percentage of patients receiving radiotherapy treatment

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.

Measure	Target	May-21
Scheduled (21 Day Target)	80%	40%
Scheduled (28 Day Target)	100%	87%
Urgent SC (7 Day Target)	80%	50%
Urgent SC (14 Day Target)	100%	86%
Emergency (within 1 day)	80%	100%
Emergency (within 2 days)	100%	100%
Elective Delay (21 Day Target)	80%	81%
Elective Delay (28 Day Target)	100%	84%



FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend

Follow-up appointments

1. The total number of patients on the follow-up waiting list

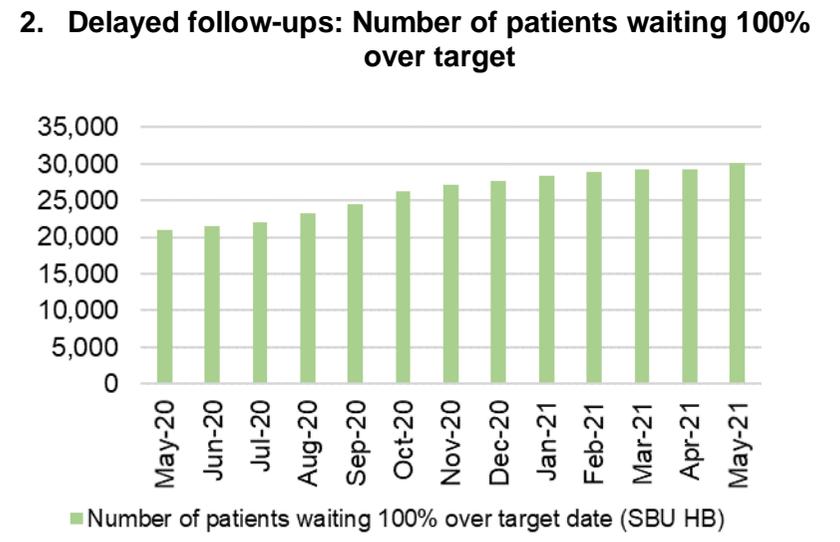
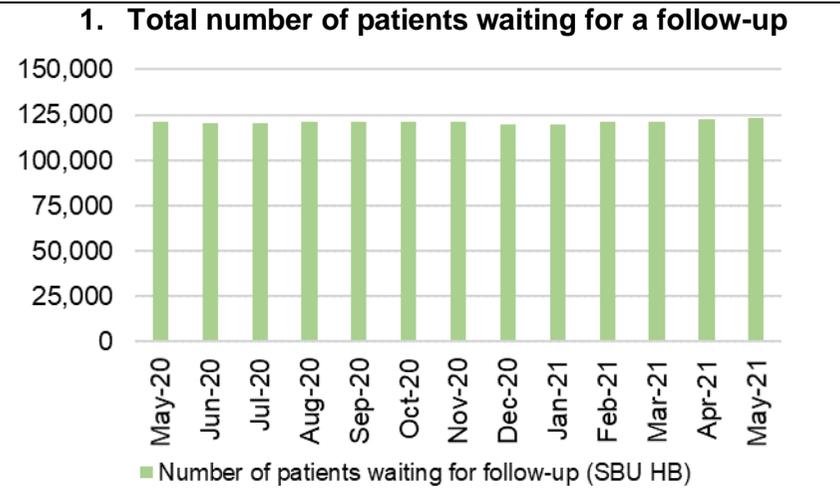
2. The number of patients waiting 100% over target for a follow-up appointment

In May 2021, the overall size of the follow-up waiting list increased by 785 patients compared with April 2021 (from 122,303 to 123,088).

In May 2021, there was a total of 54,664 patients waiting for a follow-up past their target date. This is an in-month reduction of 0.8% (from 55,086 in April 2021 to 54,664 in May 2021).

Of the 54,664 delayed follow-ups in May 2021, 9,113 had appointment dates and 45,551 were still waiting for an appointment.

In addition, 30,062 patients were waiting 100%+ over target date in May 2021. This is a 2.5% increase when compared with April 2021.



PATIENT EXPERIENCE

Description	Current Performance	Trend
<p>Patient experience</p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p>	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in May 2021 was 96% and 4,590 surveys were completed: <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 3,098 surveys in May 2021, with a recommended score of 97%. Morrison Hospital completed 1,330 surveys in May 2021, with a recommended score of 96%. Mental Health & Learning Disabilities completed 3 surveys for May 2021, with a recommended score of 100%. Primary & Community Care completed 159 surveys for May 2021, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p> <p>* Data not available for April 2021. Neath Port Talbot included in Singleton's figures from May 2021</p>

COMPLAINTS

Description	Current Performance	Trend												
<p>Patient concerns</p> <p><i>1. Number of formal complaints received</i></p> <p><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>	<p>1. In May 2021, the Health Board received 115 formal complaints; this is a 15% increase when compared with April 2021 (from 100 to 115).</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 May 2021 was back to pre-COVID levels.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 81% in March 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 border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9ead3;"> <th></th> <th style="text-align: center;">30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>Morrison Hospital</td> <td style="text-align: center;">92%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td style="text-align: center;">67%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td style="text-align: center;">67%</td> </tr> <tr> <td>Singleton Hospital</td> <td style="text-align: center;">67%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	100%	Morrison Hospital	92%	Mental Health & Learning Disabilities	67%	Primary, Community and Therapies	67%	Singleton Hospital	67%	<div style="margin-bottom: 20px;"> <p>1. Number of formal complaints received</p> <p style="font-size: small;">Legend: MH & LD (green), PCCS (purple), Morrison Hospital (blue), NPT Hospital (yellow), Singleton Hospital (orange)</p> </div> <div> <p>2. Response rate for concerns within 30 days</p> <p style="font-size: small;">Legend: 30 day response rate (green), Profile (red)</p> </div>
	30 day response rate													
Neath Port Talbot Hospital	100%													
Morrison Hospital	92%													
Mental Health & Learning Disabilities	67%													
Primary, Community and Therapies	67%													
Singleton Hospital	67%													

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											
					May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-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 #CV2 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 #CV3 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											
					May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-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 1 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 Menage 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											
					May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-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%	100%
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			78%	100%	100%	100%	98%	90%	88%	61%	53%	66%	63%	60%
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			89%	100%	100%	100%	62%	29%	41%	73%	29%	97%	46%	0%
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			72%	100%	100%	100%	98%	79%	62%	58%	60%	56%	53%	48%
% 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%			99%	100%	99%	99%	97%	99.5%	98%	99%	96%	98%	97%	97%
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			100%	100%	100%	86%	100%	100%	100%	100%	93%	97%	91%	49%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			100%	96%	96%	88%	94%	93%	98%	95%	95%	98%	97%	92%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			89%	84%	89%	91%	99%	99.7%	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%			30%	28%	30%	24%	21%	22%	24%	26%	24%	28%	30%	30%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%			97%	91%	98%	98%	81%	82%	81%	82%	83%	84%	82%	82%
% 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%	92%	94%	92%	90%	91%	91%	89%	91%	91%	91%	91%

6.2 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																		
Description	Current Performance	Trend																																																																																																																
<p>Adult Mental Health Measures:</p> <ol style="list-style-type: none"> 1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over) 2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over) 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) 4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health 	<ol style="list-style-type: none"> 1. In April 2021, 97% of assessments were undertaken within 28 days of referral for patients 18 years and over. 2. In April 2021, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 92%. 3. 91% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in April 2021. 4. In April 2021, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%. 	<ol style="list-style-type: none"> <p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>Data for Measure 1: % assessments within 28 days (> 18 yrs)</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Apr-20</td><td>97%</td></tr> <tr><td>May-20</td><td>97%</td></tr> <tr><td>Jun-20</td><td>97%</td></tr> <tr><td>Jul-20</td><td>97%</td></tr> <tr><td>Aug-20</td><td>97%</td></tr> <tr><td>Sep-20</td><td>97%</td></tr> <tr><td>Oct-20</td><td>97%</td></tr> <tr><td>Nov-20</td><td>97%</td></tr> <tr><td>Dec-20</td><td>97%</td></tr> <tr><td>Jan-21</td><td>97%</td></tr> <tr><td>Feb-21</td><td>97%</td></tr> <tr><td>Mar-21</td><td>97%</td></tr> <tr><td>Apr-21</td><td>97%</td></tr> </tbody> </table> <p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <table border="1"> <caption>Data for Measure 2: % therapeutic interventions started within 28 days (> 18 yrs)</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Apr-20</td><td>92%</td></tr> <tr><td>May-20</td><td>92%</td></tr> <tr><td>Jun-20</td><td>92%</td></tr> <tr><td>Jul-20</td><td>92%</td></tr> <tr><td>Aug-20</td><td>92%</td></tr> <tr><td>Sep-20</td><td>92%</td></tr> <tr><td>Oct-20</td><td>92%</td></tr> <tr><td>Nov-20</td><td>92%</td></tr> <tr><td>Dec-20</td><td>92%</td></tr> <tr><td>Jan-21</td><td>92%</td></tr> <tr><td>Feb-21</td><td>92%</td></tr> <tr><td>Mar-21</td><td>92%</td></tr> <tr><td>Apr-21</td><td>92%</td></tr> </tbody> </table> <p>3. % residents with a valid Care and Treatment Plan (CTP)</p> <table border="1"> <caption>Data for Measure 3: % patients with valid CTP (>18 yrs)</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Apr-20</td><td>91%</td></tr> <tr><td>May-20</td><td>91%</td></tr> <tr><td>Jun-20</td><td>91%</td></tr> <tr><td>Jul-20</td><td>91%</td></tr> <tr><td>Aug-20</td><td>91%</td></tr> <tr><td>Sep-20</td><td>91%</td></tr> <tr><td>Oct-20</td><td>91%</td></tr> <tr><td>Nov-20</td><td>91%</td></tr> <tr><td>Dec-20</td><td>91%</td></tr> <tr><td>Jan-21</td><td>91%</td></tr> <tr><td>Feb-21</td><td>91%</td></tr> <tr><td>Mar-21</td><td>91%</td></tr> <tr><td>Apr-21</td><td>91%</td></tr> </tbody> </table> <p>4. % waiting less than 26 weeks for Psychology Therapy</p> <table border="1"> <caption>Data for Measure 4: % waiting less than 26 wks for psychological therapy</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Apr-20</td><td>100%</td></tr> <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> </tbody> </table> 	Month	%	Apr-20	97%	May-20	97%	Jun-20	97%	Jul-20	97%	Aug-20	97%	Sep-20	97%	Oct-20	97%	Nov-20	97%	Dec-20	97%	Jan-21	97%	Feb-21	97%	Mar-21	97%	Apr-21	97%	Month	%	Apr-20	92%	May-20	92%	Jun-20	92%	Jul-20	92%	Aug-20	92%	Sep-20	92%	Oct-20	92%	Nov-20	92%	Dec-20	92%	Jan-21	92%	Feb-21	92%	Mar-21	92%	Apr-21	92%	Month	%	Apr-20	91%	May-20	91%	Jun-20	91%	Jul-20	91%	Aug-20	91%	Sep-20	91%	Oct-20	91%	Nov-20	91%	Dec-20	91%	Jan-21	91%	Feb-21	91%	Mar-21	91%	Apr-21	91%	Month	%	Apr-20	100%	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%
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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

Description	Current Performance	Trend																																																																																																																																																																																						
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In April 2021, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 0% of routine assessments were undertaken within 28 days from referral in April 2021 against a target of 80%.</p> <p>3. 49% of therapeutic interventions were started within 28 days following assessment by LPMHSS in April 2021.</p> <p>4. 30% of NDD patients received a diagnostic assessment within 26 weeks in April 2021 against a target of 80%.</p> <p>5. 48% of routine assessments by SCAMHS were undertaken within 28 days in April 2021.</p>	<p>1. Crisis- assessment within 48 hours</p> <table border="1"> <caption>1. 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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	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 related	Number of new COVID19 cases*	Local			May-21						189
	Number of staff referred for Antigen Testing*	Local			May-21						267
	Number of staff awaiting results of COVID19 test*	Local			May-21						0
	Number of COVID19 related incidents*	Local			May-21						67
	Number of COVID19 related serious incidents*	Local			May-21						0
	Number of COVID19 related complaints*	Local			May-21						13
	Number of COVID19 related risks*	Local			May-21						2
	Number of staff self isolated (asymptomatic)*	Local			May-21						61
	Number of staff self isolated (symptomatic)*	Local			May-21						71
% sickness*	Local			May-21						1.0%	

* 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	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		May-21	462		15			477
	% 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%		May-21	61.7%	99.0%				73.4%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		May-21	684	0				684
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	May-21	8	2	0	16	0	26
	Number of S.aureus bacteraemia cases	National		8	May-21	1	0	4	10	0	15
	Number of C.difficile cases	National		13	May-21	5	1	1	5	0	12
	Number of Klebsiella cases	National		6	May-21	2	0	1	2	0	5
	Number of Aeruginosa cases	National		4	May-21	0	0	0	1	0	1
	Compliance with hand hygiene audits	Local	95%		May-21	99%	90%	-	98%	100%	97%
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Mar-21	88.3%					88.3%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Mar-21	56.2%					56.2%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Mar-21	70.5%					70.5%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Mar-21	74.6%					74.6%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Mar-21	75.3%					75.3%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Mar-21	70.7%					70.7%
	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		May-21	2	0	1	3	0	6
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		May-21						0%
	Number of Never Events	Local	0		May-21	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Apr-21	25	3	31	31	0	90
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Apr-21	1	1	2	10	0	14
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Apr-21						896
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		May-21	105	34	42	5	42	228
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		May-21						5.94
Mortality	Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Local	95%		Apr-21	99%	100%	100%			99%
	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		Apr-21	1.80%	0.15%	0.50%			1.04%

Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	12 month improvement trend		Apr-21						66%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		May-21	14,047	157	9,327	169		23,700
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		May-21	22,095	45	11,727	115		34,447
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		May-21	2,739		2,103			4,842
	Number of patients waiting > 14 weeks for a specified therapy	National	0		May-21		8		157	1	166
	Total number of patients waiting for a follow-up outpatient appointment	National	0		May-21						123,088
	Number of patients delayed by over 100% past their target date	National	0		May-21						30,062
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		May-21						54,664
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		May-21						326
	Number of patients without a documented clinical review date	Local	0		May-21						5
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		May-21	1,330	Now reported under Singleton	3,098	159	3	4,590
	% of patients who would recommend and highly recommend	Local	90%	80%	Mar-21	96%		97%	100%	100%	96%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Mar-21	93%	93%	100%	-	92%	
	Number of new complaints received	Local	12 month reduction trend		May-21	53	3	23	16	15	115
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	National	75%	80%	Mar-21	92%	100%	67%	67%	67%	81%

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Harm Quadrant- Harm from wider societal actions/lockdown

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

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

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

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	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
COVID19 related measures	Number of new COVID19 cases	Local	May-21	189		Reduce					303	57	53	66	787	4,664	5,525	11,976	3,759	1,208	907	406	189
	Number of staff referred for Antigen Testing	Local	May-21	12,224		Reduce					2,785	3,102	3,329	3,564	4,765	6,460	8,201	10,065	10,749	11,115	11,683	11,957	12,224
	Number of staff awaiting results of COVID19 test	Local	May-21	0		Reduce					19	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
	Number of COVID19 related incidents	Local	May-21	67		Reduce					67	40	26	39	30	87	141	127	84	63	53	74	67
	Number of COVID19 related serious incidents	Local	May-21	0		Reduce					0	2	0	11	1	1	1	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	May-21	13		Reduce					61	39	58	27	30	37	50	83	106	131	98	38	13
	Number of COVID19 related risks	Local	May-21	2		Reduce					20	19	5	8	2	6	7	10	3	3	3	2	2
	Number of staff self isolated (asymptomatic)	Local	May-21	61		Reduce					516	474	422	420	353	329	291	475	218	160	145	84	61
	Number of staff self isolated (symptomatic)	Local	May-21	71		Reduce					292	141	70	36	72	132	294	394	316	156	108	87	71
	% sickness	Local	May-21	1.9%		Reduce					6.0%	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	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				
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	May-21	62%	65%	65%	✘	61% (Apr-21)	1st (Apr-21)		75%	76%	74%	72%	69%	66%	67%	54%	67%	70%	73%	72%	62%				
	Number of ambulance handovers over one hour	National	May-21	477	0			3,124 (Apr-21)	4th (Apr-21)		20	47	120	163	410	355	500	510	195	219	231	337	477				
	Handover hours lost over 15 minutes	Local	May-21	1154							125	178	315	418	1,100	916	1,474	1,804	455	550	583	877	1,154				
	% 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	May-21	73%	95%			75.7% (Mar-21)	4th (Mar-21)		83.5%	87.7%	80.1%	80.6%	76.4%	77.2%	75.4%	72.6%	77%	71%	77%	75%	73%				
	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	May-21	684	0			4,317 (Mar-21)	3rd (Mar-21)		97	81	223	286	537	494	626	776	570	534	457	631	684				
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)		77.1%	95.5%	93.5%	93.9%	89.4%	90.0%	67.9%	68.0%	65.3%	70.7%							
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Feb-21	88.0%	12 month ↑			60% (Feb-21)	2nd (Feb-21)		80.0%	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)		Data not available					52.7%	57.4%	51.4%	50.0%	29.8%	23.7%	7.1%	6.8%	18.2%	20.4%	20.3%	27.5%
	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%
	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%
	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%
	% 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%	55.9%	47.1%	39.7%
	% of stroke patients who receive a 6 month follow-up assessment	National	Q3 19/20	49.6%	Qtr on qtr ↑			62.2% (Q3 19/20)	5th out of 6 organisations (Q3 19/20)																		
DTOCs	Number of mental health HB DToCs	National	Mar-20	13	12 month ↓	27	✔				DTOC reporting temporarily suspended																
	Number of non-mental health HB DToCs	National	Mar-20	60	12 month ↓	50	✘				DTOC reporting temporarily suspended																
	% critical care bed days lost to delayed transfer of care	National	Q1 20/21	26.2%	Quarter on quarter ↓			5.3% (Q1 20/21)	2nd (Q1 20/21)			2.5%															

Harm from overwhelmed NHS and social care system																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	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		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	May-21	88.9	<67		✘	77.95 (Apr-21)	5th (Apr-21)		43.0	46.4	53.8	62.5	64.0	65.7	63.8	60.7	60.0	59.8	61.9	99.8	88.9		
	Number of E.Coli bacteraemia cases (Hospital)		May-21	11								6	3	8	8	7	14	5	5	6	6	9	12	11	
	Number of E.Coli bacteraemia cases (Community)		May-21	15									8	14	17	24	16	11	11	7	12	11	19	20	15
	Total number of E.Coli bacteraemia cases		May-21	26									14	17	25	32	23	25	16	12	18	17	28	32	26
	Cumulative cases of S.aureus bacteraemias per 100k pop		May-21	44.5	<20			✘	27.01 (Apr-21)	6th (Apr-21)		24.7	28.8	26.1	28.2	30.7	31.5	32.7	31.7	31.6	31.4	31.6	40.5	44.5	
	Number of S.aureus bacteraemias cases (Hospital)		May-21	5									2	4	3	5	7	6	7	6	5	7	4	4	5
	Number of S.aureus bacteraemias cases (Community)		May-21	10									4	8	3	7	7	6	6	3	4	2	7	9	10
	Total number of S.aureus bacteraemias cases		May-21	15									6	12	6	12	14	12	13	9	9	9	11	13	15
	Cumulative cases of C.difficile per 100k pop		May-21	49.1	<26			✘	28.94 (Apr-21)	6th (Apr-21)		42.9	49.5	45.3	50.2	51.2	50.4	48.4	45.7	42.0	41.5	41.1	62.3	49.1	
	Number of C.difficile cases (Hospital)		May-21	7									6	14	7	9	12	12	8	6	3	9	7	15	7
	Number of C.difficile cases (Community)		May-21	5									10	6	4	14	6	3	2	3	0	2	5	5	5
	Total number of C.difficile cases		May-21	12									16	20	11	23	18	15	10	9	3	11	12	20	12
	Cumulative cases of Klebsiella per 100k pop		May-21	21.5									18.4	21.6	20.0	22.1	21.0	21.9	23.4	24.9	26.4	25.8	26.2	28.1	21.5
	Number of Klebsiella cases (Hospital)		May-21	3									4	4	3	6	3	7	7	8	8	4	1	4	3
	Number of Klebsiella cases (Community)		May-21	2									2	5	2	4	2	2	4	4	5	2	9	5	2
	Total number of Klebsiella cases		May-21	5						38 (Apr-21)	6th (Apr-21)		6	9	5	10	5	9	11	12	13	6	10	9	5
	Cumulative cases of Aeruginosa per 100k pop		May-21	6.1									10.7	7.2	6.2	6.7	5.6	5.7	5.8	5.5	5.2	5.1	4.9	9.4	6.1
	Number of Aeruginosa cases (Hospital)		May-21	0									3	0	0	0	0	1	1	1	0	0	0	2	0
	Number of Aeruginosa cases (Community)		May-21	1									2	0	1	3	0	1	1	0	1	1	1	1	1
	Total number of Aeruginosa cases		May-21	1						21 (Apr-21)	Joint 3rd (Apr-21)		5	0	1	3	0	2	2	1	1	1	1	3	1
Hand Hygiene Audits - compliance with WHO 5 moments	Local	May-21	98%		95%		✔				99%	98%	98%	94%	96%	97%	97%	96%	95%	93%	97%	96%	98%		
Serious incidents and risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	May-21	0%	90%	80%	✘				29%	0%	0%	50%	20%	0%	0%	4%	0%	10%	0%	0%	0%		
	Number of new Never Events	National	May-21	0	0	0	✔				0	1	0	0	0	1	1	0	0	0	0	0	0		
	Number of risks with a score greater than 20	Local	May-21	127		12 month ↓	✘				101	110	115	121	117	130	138	146	148	140	142	132	127		
	Number of risks with a score greater than 16	Local	May-21	224		12 month ↓	✘				193	204	204	210	206	224	224	238	242	233	230	217	224		
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Apr-21	59		12 month ↓	✘				29	18	19	37	44	59	42	61	51	48	36	59			
	Number of pressure ulcers developed in the community		Apr-21	31		12 month ↓	✔				33	34	28	25	21	34	29	26	25	24	26	31			
	Total number of pressure ulcers		Apr-21	90		12 month ↓	✘				62	52	47	62	65	93	71	87	76	72	62	90			
	Number of grade 3+ pressure ulcers acquired in hospital		Apr-21	4		12 month ↓	✘				0	1	0	4	0	4	4	3	2	3	1	4			
	Number of grade 3+ pressure ulcers acquired in community		Apr-21	10		12 month ↓	✔				6	9	4	5	5	11	5	7	5	4	2	10			
Total number of grade 3+ pressure ulcers	Apr-21	14		12 month ↓	✘					6	10	4	9	5	15	9	10	7	7	3	14				
Inpatient Falls	Number of Inpatient Falls	Local	May-21	228		12 month ↓	✔				209	196	208	227	219	187	247	247	203	177	171	176	228		
	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Apr-21	99%	95%	95%	✔				99.3%	100.0%	95.5%	96.6%	99.2%	100.0%	98.1%	99.0%	100.0%	100.0%	97.6%	99.3%			
Mortality	Stage 2 mortality reviews required	Local	Apr-21	5							11	10	10	10	11	9	17	12	19	6	11	5			
	% stage 2 mortality reviews completed	Local	Jan-21	36.80%		100%	✘				27.3%	50.0%	90.0%	50.0%	54.5%	33.3%	35.7%	75.0%	36.8%						
	Crude hospital mortality rate (74 years of age or less)	National	Apr-21	1.04%	12 month ↓				1.56% (Mar-21)	4th (Mar-21)		0.88%	0.89%	0.92%	0.90%	0.93%	0.97%	1.01%	1.08%	1.14%	1.17%	1.04%			
% of deaths scrutinised by a medical examiner	National				Qtr on qtr ↑						New measure for 2020/21 - awaiting data														
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	May-21	99%		98%	✔				93.9%	91.6%	96.6%	92.4%	93.6%	93.9%	94.6%	98.5%	95.0%	96.3%	93.5%	97.4%	98.9%		
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	Apr-21	96%	95%	95%	✔				97%	97%	96%	96%	96%	95%	93%	93%	95%	96%	96%	96%			
	% 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	May-21	67%		100%	✘				63%	67%	63%	66%	70%	68%	66%	59%	67%	63%	64%	63%	67%		
Workforce	Agency spend as a % of the total pay bill	National	Oct-20	3.76%	12 month ↓			4.4% (Oct-20)	5th out of 10 organisations (Oct-20)		3.21%	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 PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	May-21	60%	85%	85%	✘		61.0% (Oct-20)	7th out of 10 organisations (Aug-20)		63%	60%	59%	58%	58%	58%	56%	54%	52%	51%	53%	57%	60%	
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	National	2018	55%	Improvement			54% (2018)	2nd (2018)																
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	May-21	80%	85%	85%	✘		79.4% (Oct-20)	5th out of 10 organisations (Aug-20)		79%	79%	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)		6.88%	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	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	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	
Primary Care	% of GP practices that have achieved all standards set out in the National Access Standards for in-hours GMS	National	2019/20	38.80%	100%			59.7% (2019/20)	7th (2019/20)															
	% of children regularly accessing NHS primary dental care within 24 months	National	Q2 20/21	72.6%	4 quarter ↑			63.8% (Q2 20/21)	1st (Q2 20/21)			75.9%			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)		16.8%	14.7%	18.6%	24.7%	23.8%	27.2%	17.2%	12.0%	5.9%	5.3%	6.6%			
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	May-21 (draft)	60.0%	12 month ↑			67.1% (Mar-21)	2nd out of 6 organisations (Mar-21)		61.8%	59.9%	68.2%	67.4%	62.4%	65.9%	55.4%	61.0%	67.9%	56.4%	71.6%	65.7%	60.0%	
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	May-21	40%	80%		✘				46%	57%	71%	63%	60%	75%	58%	71%	45%	35%	42%	37%	40%	
	Scheduled (28 Day Target)	Local	May-21	87%	100%		✘				84%	93%	97%	92%	86%	90%	85%	88%	82%	80%	85%	77%	87%	
	Urgent SC (7 Day Target)	Local	May-21	50%	80%		✘				33%	65%	57%	57%	54%	43%	31%	50%	50%	23%	41%	38%	50%	
	Urgent SC (14 Day Target)	Local	May-21	86%	100%		✘				83%	90%	97%	91%	92%	86%	100%	85%	94%	91%	90%	83%	86%	
	Emergency (within 1 day)	Local	May-21	100%	80%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	91%	100%
	Emergency (within 2 days)	Local	May-21	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	May-21	81%	80%		✔				83%	92%	52%	46%	58%	58%	56%	71%	69%	61%	86%	82%	81%	
Elective Delay (28 Day Target)	Local	May-21	84%	100%		✘				100%	100%	97%	75%	60%	75%	73%	88%	89%	75%	93%	92%	84%		
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	May-21	4,842	0			41,693 (Mar-21)	2nd (Mar-21)		8,346	8,033	7,510	8,070	7,666	6,645	6,610	6,579	6,239	5,087	4,554	4,804	4,842	
	Number of patients waiting > 14 weeks for a specified therapy	National	May-21	166	0			4,066 (Mar-21)	2nd (Mar-21)		982	1,646	1,554	1,518	1,350	1,135	817	708	584	491	369	201	166	
	% of patients waiting < 26 weeks for treatment	National	May-21	49.1%	95%			52.5% (Mar-21)	6th (Mar-21)		64.0%	59.4%	52.5%	43.7%	41.0%	44.8%	47.6%	48.0%	47.0%	47.9%	48.8%	49.1%	49.1%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	May-21	23,700	0						9,300	11,964	15,721	20,497	23,069	22,050	21,005	21,179	21,208	21,225	21,750	22,752	23,700	
	Number of patients waiting > 36 weeks for treatment	National	May-21	34,447	0			216,418 (Mar-21)	3rd (Mar-21)		10,247	13,419	18,078	22,494	26,046	31,508	35,387	35,126	33,991	32,719	32,874	33,395	34,447	
	The number of patients waiting for a follow-up outpatient appointment	National	May-21	123,088	HB target TBC			747,782 (Mar-21)	5th (Mar-21)		121,434	120,468	120,062	120,969	120,962	120,968	120,874	119,963	119,999	120,882	121,403	122,303	123,088	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	May-21	30,062	HB target TBC			194,689 (Mar-21)	5th (Mar-21)		21,026	21,448	22,101	23,209	24,472	26,217	27,156	27,641	28,419	28,862	29,316	29,334	30,062	
% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Apr-21	47.2%	95%			44.8% (Mar-21)	3rd (Mar-21)		64.1%	63.4%	55.5%	50.9%	47.7%	45.2%	48.4%	47.3%	46.7%	47.4%	47.7%	47.2%			
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	May-21	5.7%	12 month ↓						3.1%	4.4%	3.9%	4.7%	6.4%	6.0%	6.6%	7.7%	7.1%	6.2%	5.6%	5.3%	5.7%	
	% of patients who did not attend a follow-up outpatient appointment	Local	May-21	6.9%	12 month ↓						3.5%	4.7%	5.2%	6.0%	6.9%	6.5%	7.2%	8.2%	7.1%	6.2%	6.7%	6.1%	6.9%	
Theatre Efficiencies	Theatre Utilisation rates	Local	May-21	78.0%		90%	✘				11%	16%	42%	90%	75%	75%	74%	59%	65%	73%	75%	80%	78%	
	% of theatre sessions starting late	Local	May-21	43.3%		<25%	✘				43%	46%	51%	46%	49%	44%	39%	45%	40%	42%	40%	38%	43%	
	% of theatre sessions finishing early	Local	May-21	45.0%		<20%	✘				45%	36%	37%	28%	39%	38%	50%	47%	44%	44%	48%	41%	45%	
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)		2,869	2,659	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 AWMSG 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									
	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	May-21	4,590	12 month ↑		✔				247	393	502	625	2,804	1,047	787	584	678	798	1,050		4,590	
	% of who would recommend and highly recommend	Local	May-21	96%		90%	✘				92%	87%	91%	83%	93%	82%	84%	77%	79%	85%	87%		96%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	May-21	92%		90%	✔				100%	79%	91%	83%	84%	79%	85%	65%	81%	94%	93%		92%	
Complaints	Number of new formal complaints received	Local	May-21	115	12 month trend ↓		✘				52	73	77	74	107	121	103	83	78	94	117	100	115	
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Mar-21	81%	75%	80%	✔	71.9% (Q3 20/21)	2nd (Q3 20/21)		81%	75%	79%	72%	82%	75%	82%	80%	71%	80%	81%			
	% of acknowledgements sent within 2 working days	Local	May-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									
	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								

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	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
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)							65.6%	72.4%	74.8%	75.2%	75.4%	75.5%		
	% 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 collection restarts October 2020										Data not available	Data collection restarts October 2021
	% 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%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Apr-21	30%	80%	80%	✗	32.2% (Mar-21)	5th (Mar-21)		30%	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)		78%	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%	80%	✗	62.3% (Mar-21)	4th (Mar-21)		89%	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%	✗	80.5% (Mar-21)	3rd (Mar-21)		100%	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%	80%	✗				72%	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%	90%	✗	84.6% (Mar-21)	5th (Mar-21)		97%	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)		99%	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)		100%	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)		89%	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%	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)														