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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>23<sup>rd</sup> March 2021</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Quality &amp; Safety Performance Report</b>		
<b>Report Author</b>	Hannah Roan, Head of Performance & Commissioning (interim)		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance and Performance (interim)		
<b>Presented by</b>	Darren Griffiths, Director of Finance and Performance (interim)		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2020/21 NHS Wales Delivery Framework.		
<b>Key Issues</b>	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the operational pressures within the Health Board relating to the COVID-19 pandemic, it was agreed that the narrative update would be omitted from this iteration of the performance report.</p> <p>From the 1<sup>st</sup> April 2020, RAG'ing has not been applied to the targeted intervention priorities as the profiles were based on the actions within the 2020/21 annual plan which are now not being progressed due to the COVID-19 pandemic. In the absence of local profiles, in-month movement will now be utilised as the basis of RAGing for these measures until revised profiles are received. However, this is unlikely to happen until the pandemic has subsided and services start to return to a new level of normality.</p> <p><b>Key high level issues to highlight this month are as follows:</b></p> <p><b>COVID19-</b> February 2021 had the lowest amount of new cases of COVID19 since September 2020. The occupancy rate in general medical beds remains high for recovering COVID patients in February 2021 however, the rate of admissions for new confirmed patients significantly reduced.</p> <p><b>Unscheduled Care-</b> Demand for emergency department care within Swansea Bay University (SBU) Health Board increased in in February 2021 resulting in a deterioration in the percentage of</p>		

	<p>patients seen within 4 hours in A&amp;E and ambulances handovers taking longer than one hour. However, despite the deterioration in 4 hour performance, there was an in-month improvement in the number of patients waiting over 12 hours.</p> <p><b>Planned Care-</b> January 2021 saw an in-month reduction in the number of patients waiting over 36 weeks for treatment and the number of patients waiting over 26 weeks appears to have stabilised. Diagnostics and Therapy waiting times have significantly increased since March 2020 however, the number of patients waiting over target reduced again in February 2021 with some therapy services maintaining a nil breach position (i.e. Occupational Therapy and Physiotherapy).</p> <p><b>Cancer-</b> January 2021 saw an improvement in performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days. The backlog of patients waiting over 63 days reduced in February 2021 and was the best position so far in 2020/21. February's figures are in the process of being validated at the time of writing this report.</p> <p><b>Mental Health-</b> performance against the Mental Health Measures continues to be maintained. All targets were achieved in January 2021. Psychological therapies access times were 100% for the third month in a row in January 2021.</p> <p><b>Child and Adolescent Mental Health Services (CAMHS)-</b>Access times for routine and specialist CAMHS continue to be a challenge and were below target again in January 2021. This is due to an increase in demand and a reduction in capacity with staffing levels continuing to be low. Crisis waiting times and access to therapeutic interventions are being maintained at 100%.</p> <p><b>Healthcare Acquired Infections-</b> In February 2021 all categories of healthcare acquired infections were within the Health Board's internal reduction profile.</p> <p><b>Serious Incidents closures-</b> Performance against the 80% target was 10% in February 2021 as only one of the ten closure forms due to be submitted to Welsh Government were submitted on time.</p>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE-</b> current Health Board performance against key measures and targets.</li> </ul>			

# QUALITY & SAFETY PERFORMANCE REPORT

## 1. INTRODUCTION

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

## 2. BACKGROUND

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

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

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

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

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

The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the operational pressures within the

Health Board relating to the COVID-19 pandemic, it was agreed that the narrative update would be omitted from this performance report until operational pressures significantly ease. Despite a reduction in the narrative contained within this report, considerable work has been undertaken to include additional measures that aid in describing how the healthcare systems has changed as a result of the pandemic.

### **3. GOVERNANCE AND RISK ISSUES**

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

### **4. FINANCIAL IMPLICATIONS**

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

### **5. RECOMMENDATION**

Members are asked to:

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

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

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

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

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

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



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# Appendix 1- Quality & Safety Performance Report

## March 2021



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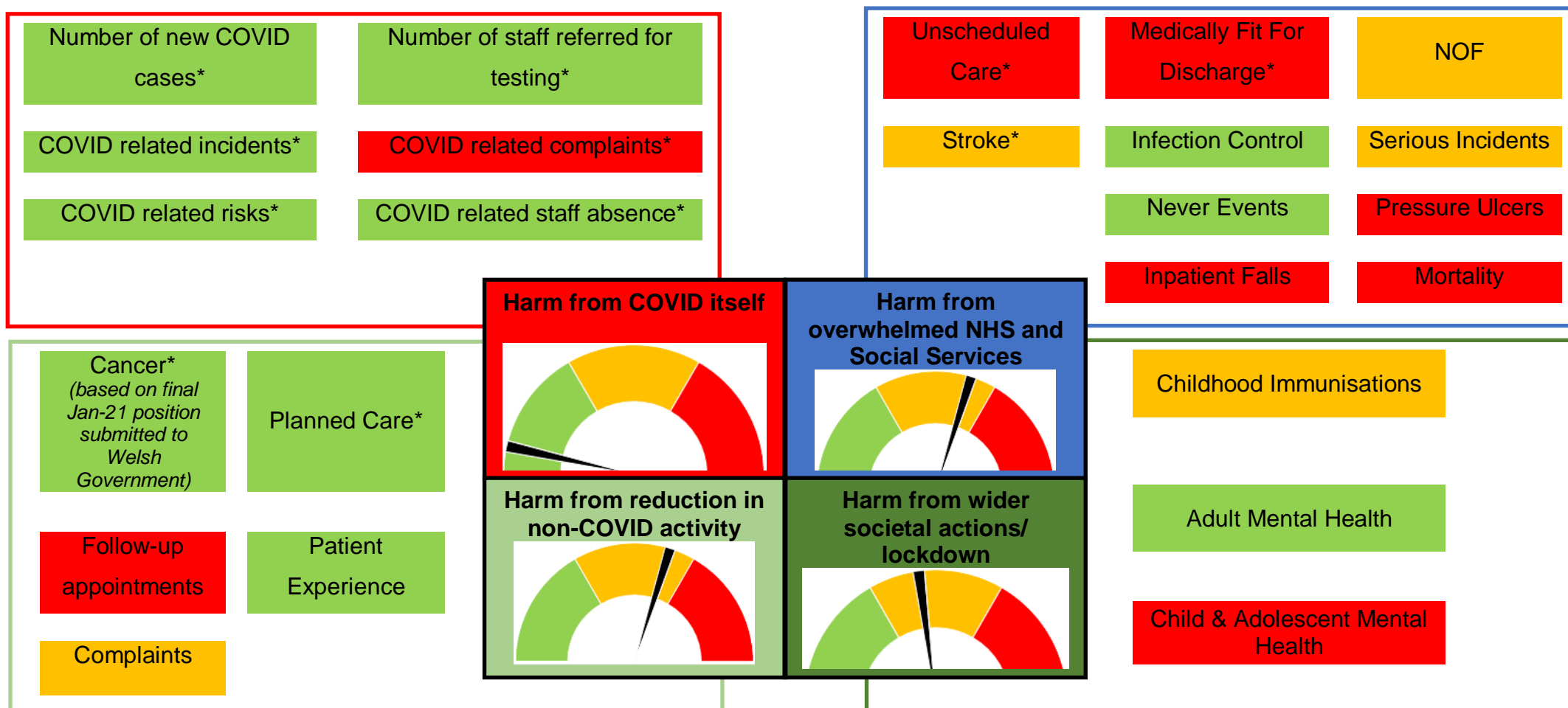
## 1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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 January 2021. CAMHS access to assessments continues to be significantly below target to increased demand and reduced capacity but performance is now on an improving trajectory.
- Demand on unscheduled care system increased in February 2021 and performance deteriorated against the 4 hour A&E access target as well as ambulance handover delays.
- Planned care system is still challenging, especially for treatment within 36 weeks, however the rate at which the size of the waiting list is increasing appears to be slowing down. January 2021 saw a reduction in the number of patients waiting over 36 weeks however, it is likely that this is due to the dip in referrals received in April and May 2020 during the first wave of COVID19. Although there are a significant number of patients waiting over target for diagnostics and therapies, the number of breaches continues to reduce month on month.
- Performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days, improved in January 2021 and the backlog of patients waiting over 63 days reduced in February 2021.
- All categories of healthcare acquired infections were on, or below, target in February 2021.
- Concerns response performance achieved the internal profile of 80% in December 2020. The number of formal complaints received increased in February 2021 but remained slightly below pre-COVID levels.
- The number of Friends & Family surveys completed increased in February 2021 and the overall recommendation rate was 85% against an internal target of 90%.
- Serious Incident (SI) numbers have reduced. SI closure performance remained poor in February 2021 (10%)
- The last new Never Event was recorded in November 2020.
- Fractured neck of femur performance in December 2020 continues to be broadly at Welsh National levels (see detail below) and showing an improved position compared with December 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

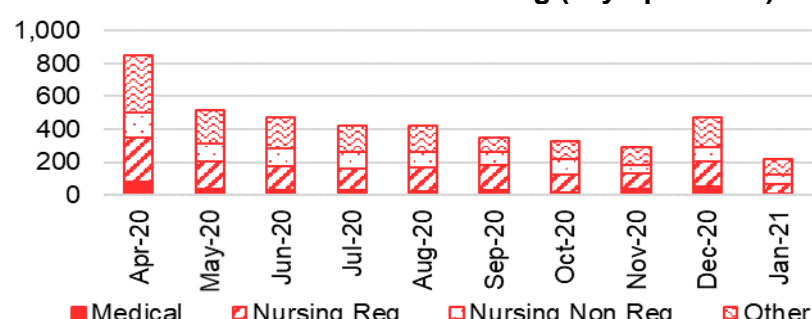
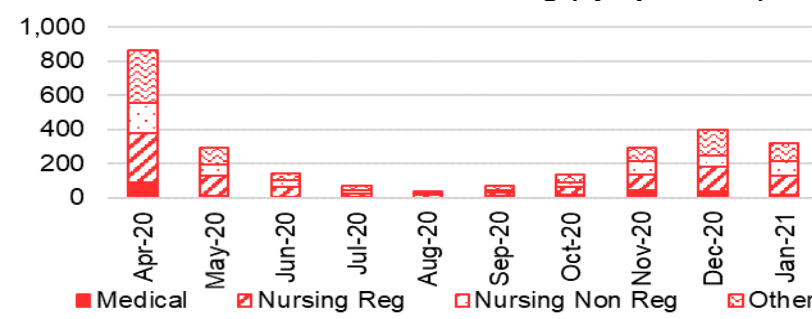
### 3. HARM QUADRANT- HARM FROM COVID ITSELF

#### 3.1 Overview

Harm quadrant- Harm from Covid itself																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Number of new COVID19 cases*	HB Total						1,381	303	57	53	66	787	4,663	5,525	11,973	3,759	1,207
Number of staff referred for Antigen Testing	HB Total						1,988	504	317	227	235	1,201	1,695	1,741	1,864	684	366
Number of staff awaiting results of COVID19 test*	HB Total						0	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)
Number of COVID19 related incidents*	HB Total						119	67	40	26	39	30	87	141	127	84	63
Number of COVID19 related serious incidents*	HB Total						1	0	2	0	11	1	1	1	0	0	0
Number of COVID19 related complaints*	HB Total						77	61	39	58	27	30	37	50	83	106	131
Number of COVID19 related risks*	HB Total						19	20	19	5	8	2	6	7	10	3	3
Number of staff self isolated (asymptomatic)*	Medical						81	39	27	29	24	34	17	36	55	7	
	Nursing Registered						270	166	145	133	142	149	106	93	152	61	
	Nursing Non Registered						148	105	112	97	96	77	95	56	81	57	
	Other						352	206	190	163	158	93	111	106	187	93	
Number of staff self isolated (symptomatic)*	Medical						90	13	7	2	0	8	17	41	34	16	
	Nursing Registered						289	117	56	23	14	25	44	97	145	112	
	Nursing Non Registered						177	67	37	18	9	8	25	77	68	88	
	Other						304	95	41	27	13	31	46	79	147	100	
% sickness*	Medical						14.9%	4.0%	3.0%	2.8%	2.5%	4.0%	3.2%	7.3%	8.3%	2.2%	
	Nursing Registered						14.2%	7.0%	5.1%	4.0%	4.0%	4.4%	3.8%	4.7%	7.4%	4.3%	
	Nursing Non Registered						16.6%	8.0%	7.2%	5.5%	5.2%	4.2%	6.0%	6.5%	7.3%	7.0%	
	Other						11.0%	5.0%	3.6%	2.9%	2.7%	2.0%	2.5%	3.0%	5.4%	3.1%	
	All						13.2%	6.0%	4.5%	3.6%	3.5%	3.2%	3.5%	4.4%	6.5%	4.0%	

### 3.2 Updates on key measures

COVID CASES AND TESTING		
Description	Current Performance	Trend
1. Number of new COVID19 cases in Swansea Bay population area	1. Number of new COVID cases In February 2021, there were an additional 1,207 positive cases recorded bringing the cumulative total to 30,036 in Swansea Bay since March 2020. In February 2021, 27,641 tests were carried out of which 4% (1,207) were positive. This is the lowest positivity rate since September 2020.	1. Number of new COVID19 cases for Swansea Bay population
		2. Outcome of staff referred for Antigen testing
2. Number of staff referred for Antigen testing	1. Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and February 2021 is 11,115 of which 2,092 have had a positive COVID test result (19%).	
3. Number of staff waiting results of Antigen test	2. Number of staff awaiting results of Antigen test Occupational Health has implemented a new reporting system that is now integrated with the Health Board's internal COVID dashboard. The new data is reported on a weekly rather than daily basis. The latest figures as at 6 <sup>th</sup> March 2021 show that 69 members of staff awaiting their antigen test result.	

COVID RELATED STAFF ABSENCE																																																																												
Description	Current Performance	Trend																																																																										
<b>Staff absence due to COVID19</b>  <i>1.Number of staff self isolating (asymptomatic)</i>  <i>2.Number of staff self isolating (symptomatic)</i>  <i>3.% staff sickness</i>	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.</p> <p><b>1. &amp; 2. Number of staff self-isolating (asymptomatic and symptomatic)</b> Between December 2020 and January 2021, the number of staff self-isolating (asymptomatic) significantly reduced from 475 to 218 and the number of staff self-isolating (symptomatic) reduced from 394 to 316. In January 2021, “other” staff had the largest number of self-isolating staff who are asymptomatic and Registered Nursing had the largest number of self-isolating staff who are symptomatic.</p> <p><b>3. % Staff sickness</b> The percentage of staff sickness absence due to COVID19 has significantly reduced from 13.2% in April 2020 to 4.0% in January 2021.</p> <p>January 2021 saw the lowest level of COVID19 related sickness since October 2020.</p>	<p><b>1.Number of staff self isolating (asymptomatic)</b></p>  <p><b>2.Number of staff self isolating (symptomatic)</b></p>  <p><b>3.% staff sickness</b></p> <table><tr><th></th><th>Apr-20</th><th>May-20</th><th>Jun-20</th><th>Jul-20</th><th>Aug-20</th><th>Sep-20</th><th>Oct-20</th><th>Nov-20</th><th>Dec-20</th><th>Jan-21</th></tr><tr><td>Medical</td><td>14.9%</td><td>4.0%</td><td>3.0%</td><td>2.8%</td><td>2.5%</td><td>4.0%</td><td>3.2%</td><td>7.3%</td><td>8.3%</td><td>2.2%</td></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></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></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></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></tr></table>										Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Medical	14.9%	4.0%	3.0%	2.8%	2.5%	4.0%	3.2%	7.3%	8.3%	2.2%	Nursing Reg	14.2%	7.0%	5.1%	4.0%	4.0%	4.4%	3.8%	4.7%	7.4%	4.3%	Nursing Non Reg	16.6%	8.0%	7.2%	5.5%	5.2%	4.2%	6.0%	6.5%	7.3%	7.0%	Other	11.0%	5.0%	3.6%	2.9%	2.7%	2.0%	2.5%	3.0%	5.4%	3.1%	All	13.2%	6.0%	4.5%	3.6%	3.5%	3.2%	3.5%	4.4%	6.5%	4.0%
			Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21																																																																
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All	13.2%	6.0%	4.5%	3.6%	3.5%	3.2%	3.5%	4.4%	6.5%	4.0%																																																																		

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




















### 4.1 Overview

Harm from overwhelmed NHS and social care system																		
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Unscheduled Care																		
Number of ambulance handovers over one hour*	Morrison	0			664	433	43	19	45	116	160	401	340	484	499	187	215	
	Singleton				40	29	18	1	2	4	3	9	15	16	11	8	4	
	Total				704	462	~1w	20	47	120	163	410	355	500	510	195	219	
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	Morrison	95%			63.5%	63.1%	69.8%	75.6%	82.3%	71.8%	72.6%	66.8%	68.4%	65.4%	62.7%	68.2%	61.0%	
	NPTH				98.7%	96.3%	99.5%	99.9%	99.4%	99.8%	99.4%	97.5%	99.8%	99.5%	99.0%	99.6%	99.7%	
	Total				74.1%	72.8%	78.4%	83.5%	87.7%	80.1%	80.6%	76.4%	77.2%	75.4%	72.6%	76.8%	71.3%	
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			783	557	130	97	81	223	286	536	493	626	775	570	534	
	NPTH				0	0	1	0	0	0	1	1	0	1	0	0		
	Total				783	557	131	97	81	223	286	537	494	626	776	570	534	
Stroke																		
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			62%	47%	Data not available	52.7%	57.4%	51.4%	50.0%	29.8%	23.7%	7.1%	6.8%	18.2%		
	Total	(UK SNAP average)			62%	47%		52.7%	57.4%	51.4%	50.0%	29.8%	23.7%	7.1%	6.8%	18.2%		
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			38%	43%		49.1%	48.2%	52.8%	62.5%	42.1%	31.7%	22.7%	42.2%	30.6%		
	Total	(UK SNAP average)			38%	43%		49.1%	48.2%	52.8%	62.5%	42.1%	31.7%	22.7%	42.2%	30.6%		
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			97%	98%		100.0%	94.6%	97.2%	97.5%	98.2%	96.7%	95.5%	95.6%	97.2%		
	Total	(UK SNAP average)			97%	98%		100.0%	94.6%	97.2%	97.5%	98.2%	96.7%	95.5%	95.6%	97.2%		
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month improvement trend			0%	0%		30.0%	25.0%	0.0%	12.5%	11.1%	28.6%	0.0%	12.5%	0.0%		
	Total				0%	0%		30.0%	25.0%	0.0%	12.5%	11.1%	28.6%	0.0%	12.5%	0.0%		
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			28%	33%		30.7%	44.3%	61.7%	80.1%	86.5%	65.1%	63.4%	65.7%	61.2%		
Fractured Neck of Femur (NOF)																		
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			79.3%	79.1%		79.5%	80.6%	82.0%	82.8%	83.6%	84.4%	84.4%	84.7%	86.0%		
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			58.3%	57.5%		56.4%	57.6%	54.2%	53.7%	53.3%	51.7%	51.0%	51.8%	54.1%		
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			73.2%	74.5%		69.9%	70.0%	69.8%	70.0%	70.3%	70.2%	70.1%	69.6%	68.5%		
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			73.2%	73.3%		73.6%	74.6%	74.5%	75.9%	75.6%	75.6%	76.3%	76.0%	74.3%		
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			51.8%	54.7%	55.8%	59.2%	60.8%	64.1%	66.7%	68.9%	70.5%	71.1%	73.5%			
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			72.3%	73.1%	73.3%	74.0%	75.5%	77.2%	78.0%	77.3%	76.2%	75.9%	75.6%			
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month improvement trend			8.6%	8.7%	8.3%	8.3%	8.2%	8.2%	7.6%	7.3%	7.7%	7.6%				
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			87.5%	75.0%	78.9%	77.1%	95.5%	93.5%	93.9%	89.4%	89.7%	65.4%				

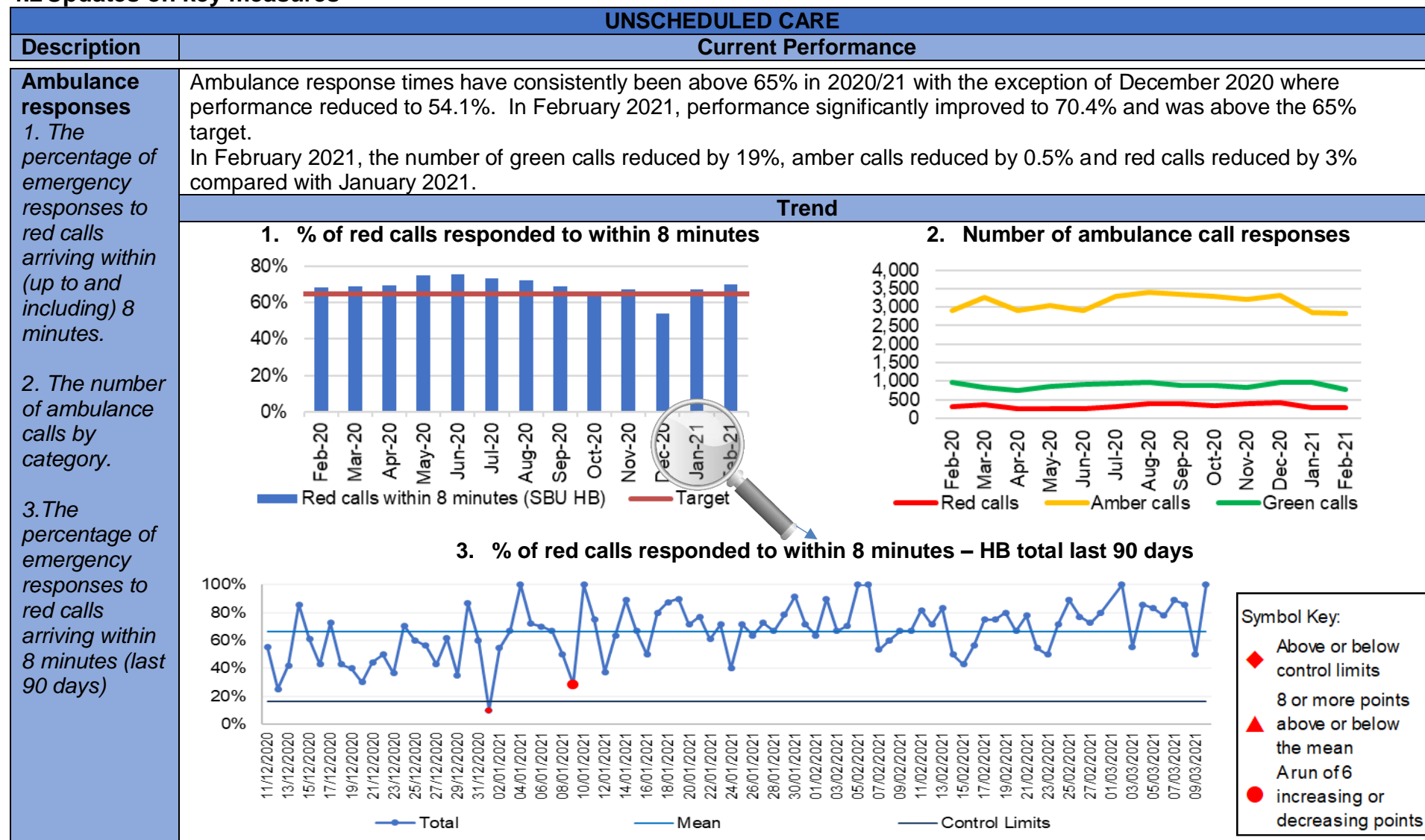
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	17		16	15	8	8	14	17	24	16	11	11	7	12	11
	PCCS Hospital		0		0	0	0	0	0	0	0	1	0	0	0	0	0
	MH&LD		0		0	0	1	0	0	0	0	0	0	0	0	0	0
	Morrison		9		6	6	3	3	1	5	5	2	9	2	2	3	3
	NPTH		0		1	2	1	2	1	0	2	2	2	1	0	1	0
	Singleton		4		8	0	1	1	1	3	1	2	3	2	3	2	3
	Total		30		31	23	14	14	17	25	32	23	25	16	12	18	17
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	5		2	5	6	4	8	3	7	7	6	6	3	4	2
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		4		3	1	3	1	3	2	4	5	4	3	1	5	3
	NPTH		1		1	0	0	0	0	0	0	0	0	1	1	0	0
	Singleton		1		2	3	1	1	1	1	1	2	2	3	4	0	3
	Total		11		8	9	10	6	12	6	12	14	12	13	9	9	8
Number of C.difficile cases	PCCS Community	12 month reduction trend	4		4	3	2	10	6	4	14	6	3	2	3	0	2
	PCCS Hospital		0		1	0	0	0	1	0	1	1	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	1	0	0	0	0
	Morrison		4		9	4	6	4	8	6	5	7	6	5	5	0	5
	NPTH		0		0	1	1	0	1	0	1	2	2	1	0	1	2
	Singleton		3		1	0	2	2	4	1	2	2	3	2	1	2	2
	Total		11		15	8	11	16	20	11	23	18	15	10	9	3	11
Number of Klebsiella cases	PCCS Community	12 month reduction trend	2		1	3	5	2	5	2	4	2	2	4	4	5	2
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	1	0	0	0	0	0	0	0	0
	Morrison		4		2	2	1	3	0	2	6	3	5	6	4	7	2
	NPTH		0		0	0	0	0	2	0	0	0	1	0	2	0	1
	Singleton		1		0	2	0	1	1	1	0	0	1	1	2	1	1
	Total		7		3	7	6	6	9	5	10	5	9	11	12	13	6
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		0	0	0	2	0	1	3	0	1	1	0	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		0		0	0	2	1	0	0	0	0	1	1	1	0	0
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton		2		1	1	0	2	0	0	0	0	0	0	0	0	0
	Total		3		1	1	2	5	0	1	3	0	2	2	1	1	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%	100.0%	100.0%
	MH&LD				97.1%	98.2%	98.3%	97.9%	98.3%	96.8%	97.6%	98.1%	96.1%	96.8%	98.7%	97.4%	
	Morrison				91.6%	100.0%	96.6%	100.0%	96.6%	96.2%	97.2%	95.4%	99.3%	98.7%	96.8%	95.0%	92.8%
	NPTH				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	95.7%	100.0%	100.0%
	Singleton				90.8%	99.5%	97.3%	100.0%	98.9%	99.7%	84.3%	95.0%	94.2%	98.7%	96.0%	90.0%	88.5%
	Total				93.3%	99.4%	97.8%	99.3%	97.9%	98.1%	93.7%	96.2%	97.2%	97.3%	96.2%	95.1%	92.8%



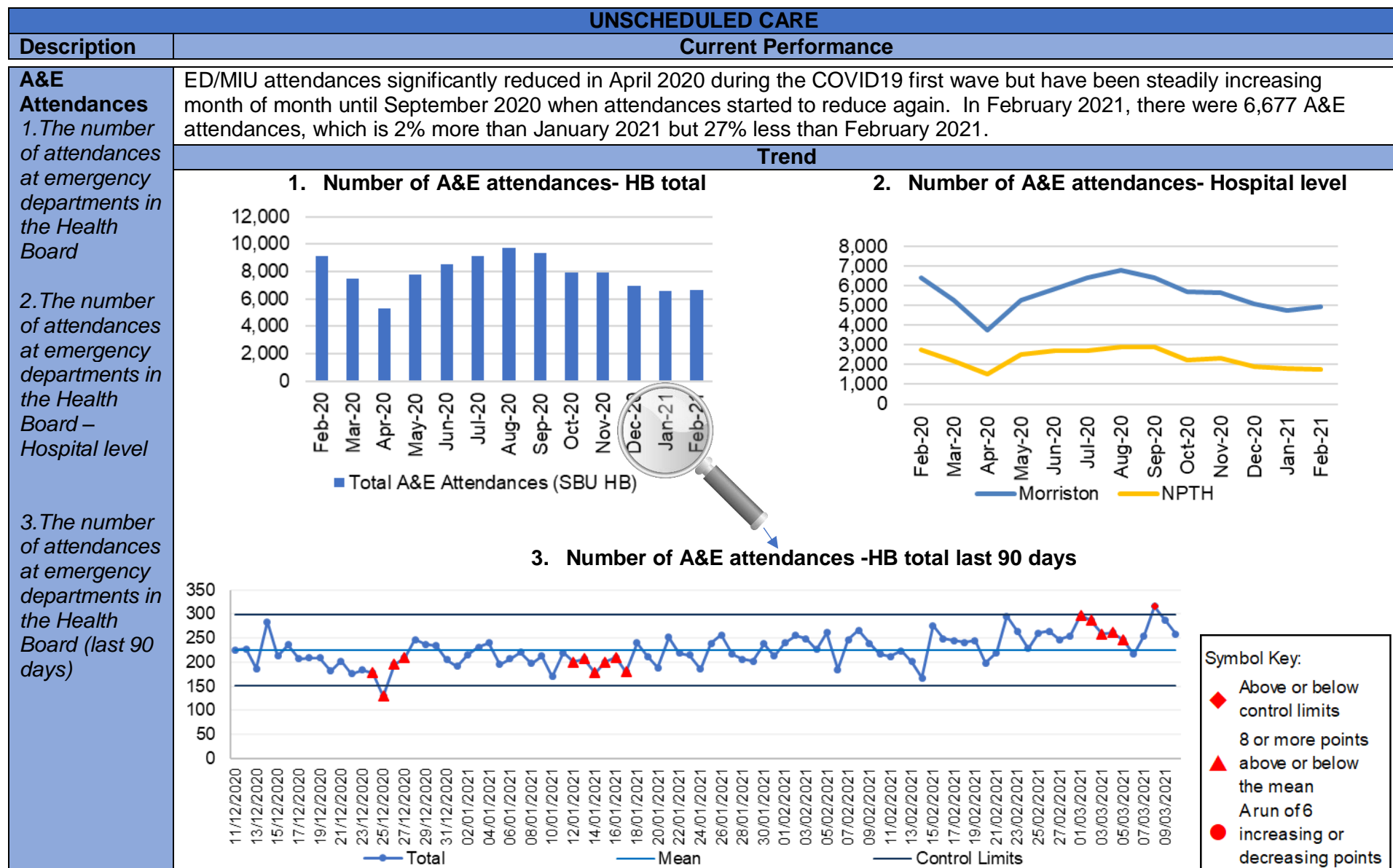
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Serious Incidents & Risks																	
Number of Serious Incidents	PCCS	12 month reduction trend			1	2	0	0	0	0	0	1	2	1	0	0	2
	MH&LD				11	10	7	5	7	9	4	9	2	7	7	1	1
	Morrison				1	4	0	1	1	1	1	4	3	5	1	2	1
	NPTH				2	2	0	0	0	0	0	4	1	1	0	0	0
	Singleton				5	2	2	0	0	0	1	3	6	3	4	1	1
	Total				20	20	9	6	8	10	6	21	14	17	12	4	5
Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Total	90%			29%	30%	7%	29%	0%	0%	50%	20%	0%	0%	4%	0%	10%
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	0	0	0	1	0	0	0	0	1	0	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	0	0	0	1	0	0	0	0
	Total				0	0	0	0	1	0	0	0	1	1	0	0	0
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			25	39	34	33	34	28	25	21	34	29	26	25	
	PCCS Hospital				1	0	3	0	0	0	0	0	0	0	0	0	
	MH&LD				0	1	0	0	0	0	1	0	3	0	0	0	
	Morrison				22	18	10	21	8	12	18	25	27	27	41	31	
	NPTH				1	1	4	2	0	1	2	1	4	0	0	1	
	Singleton				17	11	8	6	10	6	16	18	25	15	20	19	
	Total			66	70	59	62	52	47	62	65	93	71	87	76		
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			8	8	4	6	9	4	5	5	11	5	7	5	
	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				1	0	2	0	1	0	2	0	1	1	2	2	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				2	1	0	0	0	0	2	0	3	3	1	0	
	Total			11	9	6	6	10	4	9	5	15	9	10	7		
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			578	540	635	540	296	279	546	693	990	878	1,133	948	

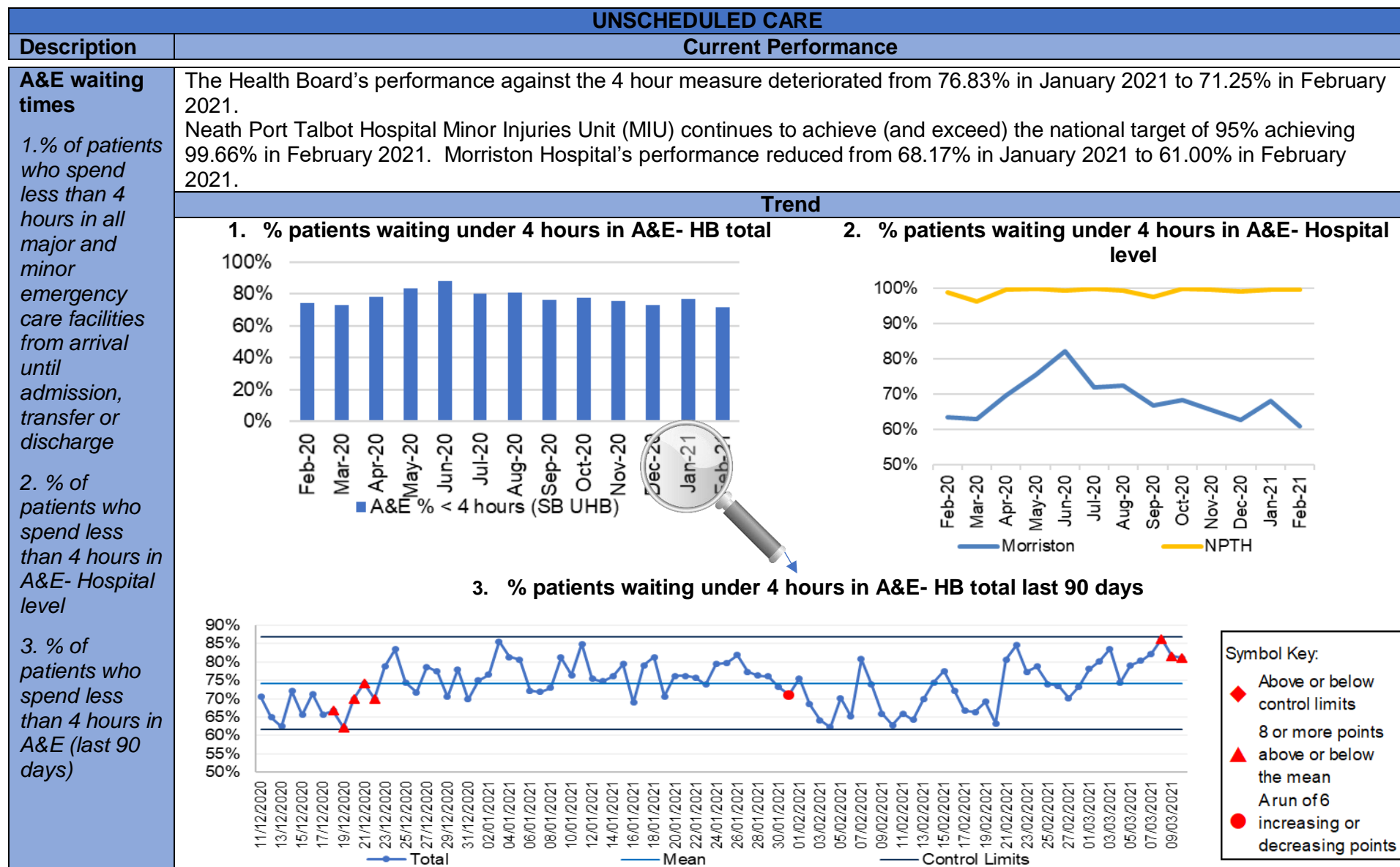
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Inpatient Falls																	
Total number of Inpatient Falls	PCCS	12 month reduction trend			9	9	1	4	7	8	7	14	8	9	8	9	11
	MH&LD				31	42	52	55	48	48	71	35	44	31	29	27	27
	Morrison				76	69	60	73	52	69	85	81	77	120	129	92	67
	NPTH				48	56	47	32	55	45	30	41	29	32	30	33	30
	Singleton				43	34	33	45	34	38	34	48	28	47	48	38	42
	Total				207	210	193	209	196	208	227	219	187	247	247	203	177
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			5.19	5.73	7.76	7.71	6.64	6.44	6.53	6.07	5.23	7.26	6.91	5.56	5.39
Mortality																	
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			100%	98%	100%	100%	100%	97%	96%	100%	100%	98%	99%	100%	
	Singleton				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	NPTH				100%	29%	69%	92%	100%	57%	86%	83%	100%	92%	100%	100%	
	Total				100%	96%	96%	99%	100%	96%	97%	99%	100%	98%	99%	100%	
Stage 2 mortality reviews completed within 60 days	Morrison	95%			33%	0%	33%	38%	44%	100%	33%	56%	38%	25%			
	Singleton				50%	0%	33%	0%	-	67%	75%	50%	-	-			
	NPTH				-	-	-	0%	100%	-	-	83%	0%	100%			
	Total				44%	0%	30%	27%	50%	90%	50%	55%	33%	36%			
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.30%	1.30%	1.45%	1.49%	1.49%	1.54%	1.56%	1.58%	1.66%	1.75%	1.86%		
	Singleton				0.43%	0.43%	0.46%	0.47%	0.48%	0.49%	0.49%	0.46%	0.48%	0.50%	0.54%		
	NPTH				0.16%	0.16%	0.21%	0.22%	0.22%	0.23%	0.23%	0.23%	0.22%	0.21%	0.20%		
	Total (SBU)				0.72%	0.75%	0.80%	0.88%	0.89%	0.92%	0.90%	0.93%	0.97%	1.01%	1.08%		

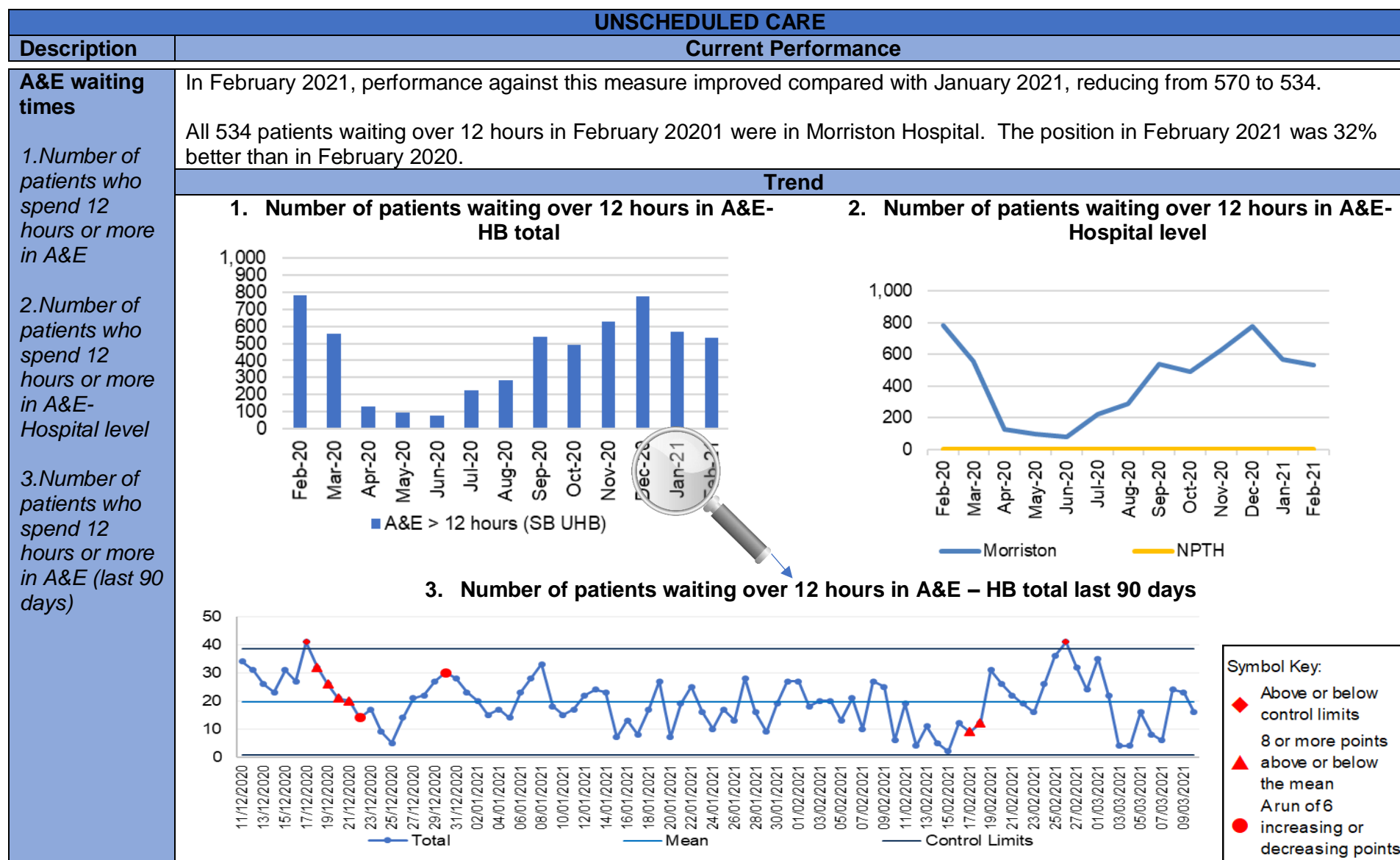
## 4.2 Updates on key measures



UNSCHEDULED CARE																																																																																																																																																																																																																	
Description	Current Performance																																																																																																																																																																																																																
<b>Ambulance handovers</b> 1. The number of ambulance handovers over one hour  2. The number of ambulance handovers over one hour- Hospital level  3. The number of ambulance handovers over one hour (last 90 days)	<p>In February 2021, there were 219 ambulance to hospital handovers taking over 1 hour; this is a significant improvement from 704 in February 2020 but an in-month deterioration from January 2021 (from 195 to 219). In February 2021, 215 handovers over 1 hour were attributed to Morriston Hospital and 4 were attributed to Singleton Hospital.</p> <p>The number of handover hours lost over 15 minutes significantly reduced from 2,247 in February 2020 to 550 in February 2021.</p>																																																																																																																																																																																																																
	<p><b>Trend</b></p> <div><div><p><b>1. Number of ambulance handovers- HB total</b></p><table><caption>1. Number of ambulance handovers- HB total</caption><thead><tr><th>Month</th><th>Handovers &gt; 1 hr (SBU HB)</th></tr></thead><tbody><tr><td>Feb-20</td><td>704</td></tr><tr><td>Mar-20</td><td>450</td></tr><tr><td>Apr-20</td><td>50</td></tr><tr><td>May-20</td><td>20</td></tr><tr><td>Jun-20</td><td>30</td></tr><tr><td>Jul-20</td><td>100</td></tr><tr><td>Aug-20</td><td>150</td></tr><tr><td>Sep-20</td><td>400</td></tr><tr><td>Oct-20</td><td>350</td></tr><tr><td>Nov-20</td><td>480</td></tr><tr><td>Dec-20</td><td>500</td></tr><tr><td>Jan-21</td><td>195</td></tr><tr><td>Feb-21</td><td>219</td></tr></tbody></table></div><div><p><b>2. Number of ambulance handovers over 1 hour- Hospital level</b></p><table><caption>2. 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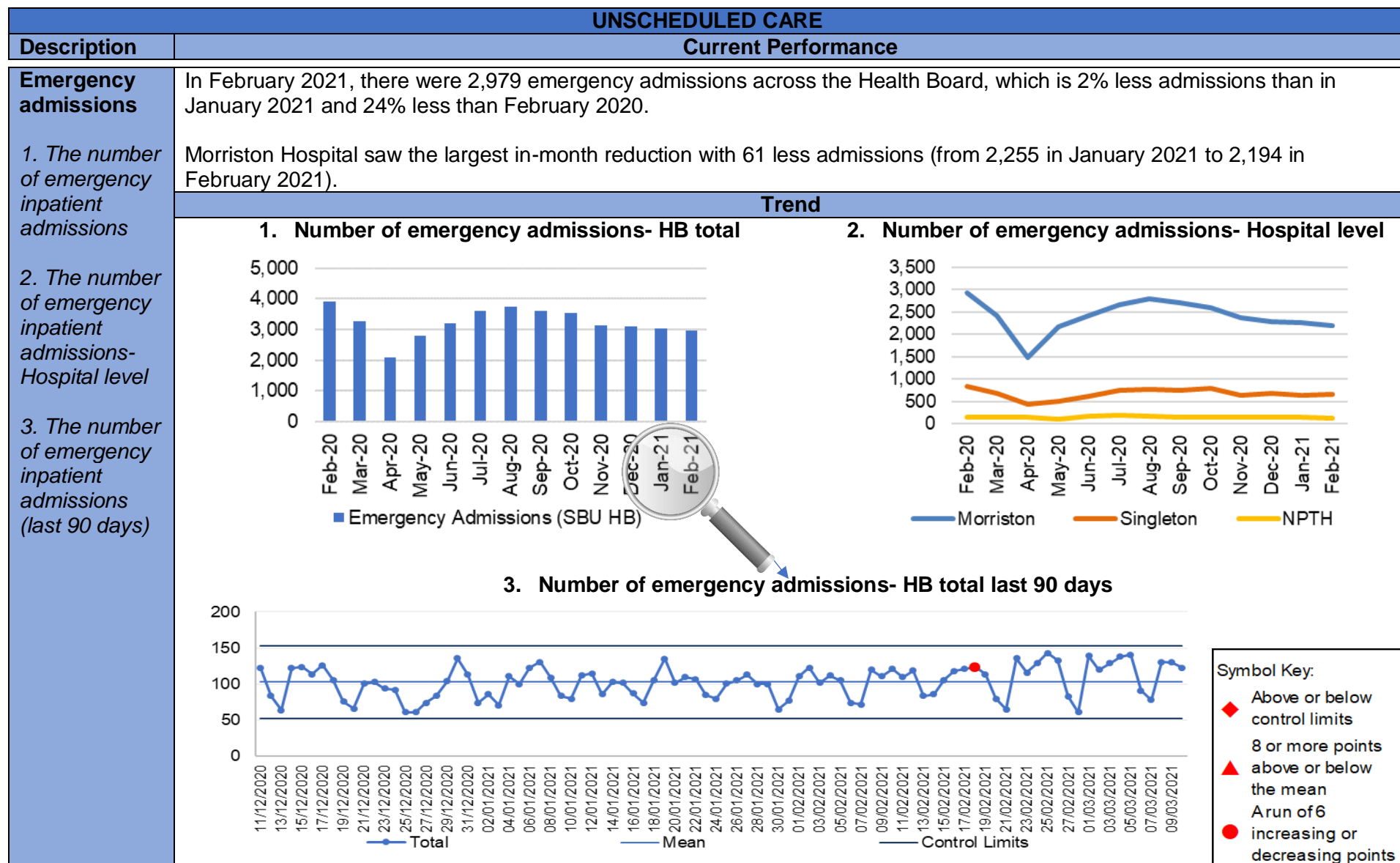




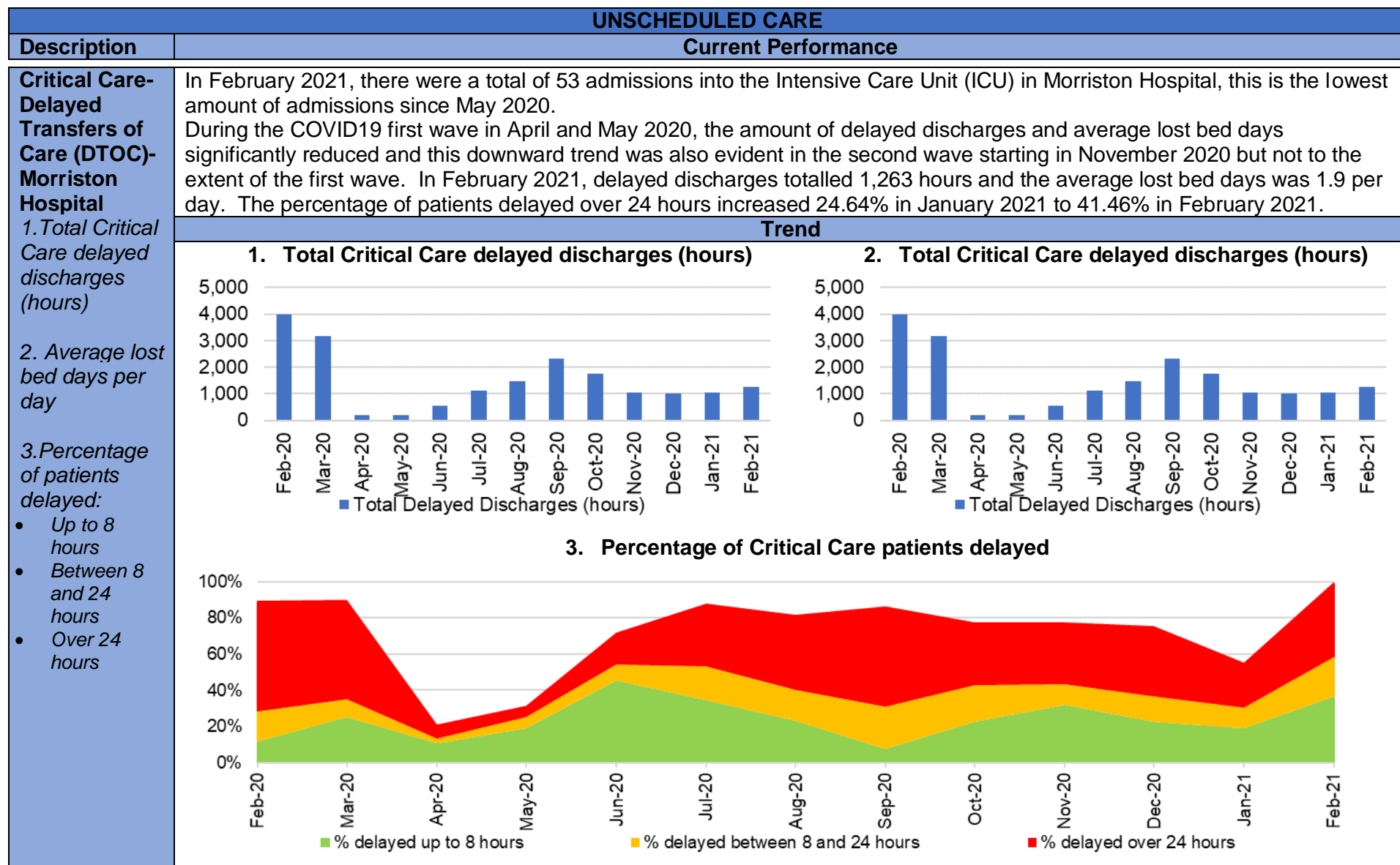
**Symbol Key:**

- ◆ Above or below control limits
- ▲ above or below the mean
- Arund of 6
- increasing or decreasing points





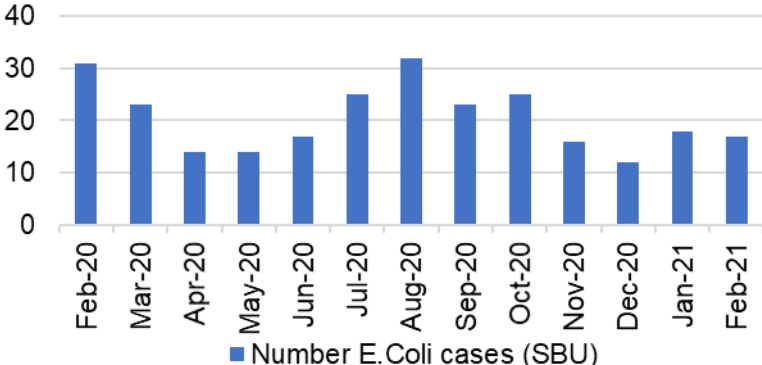
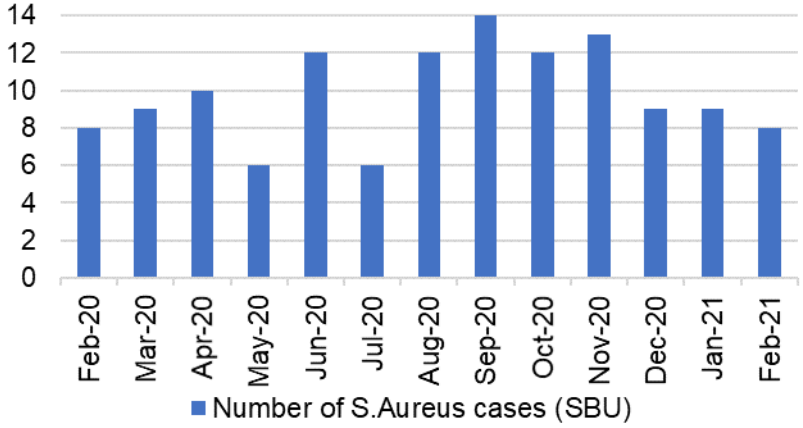


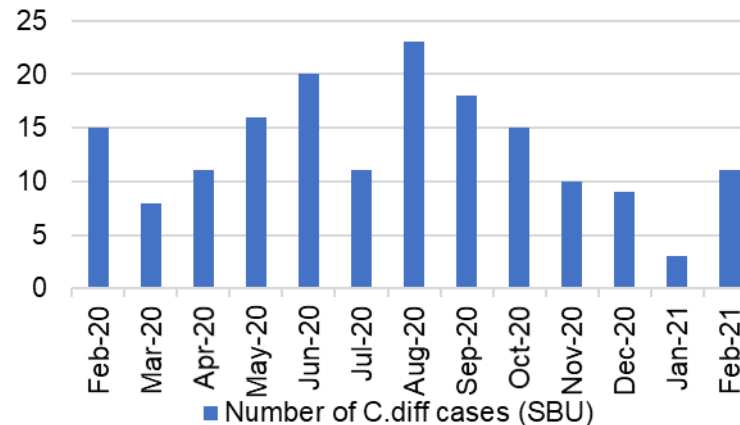
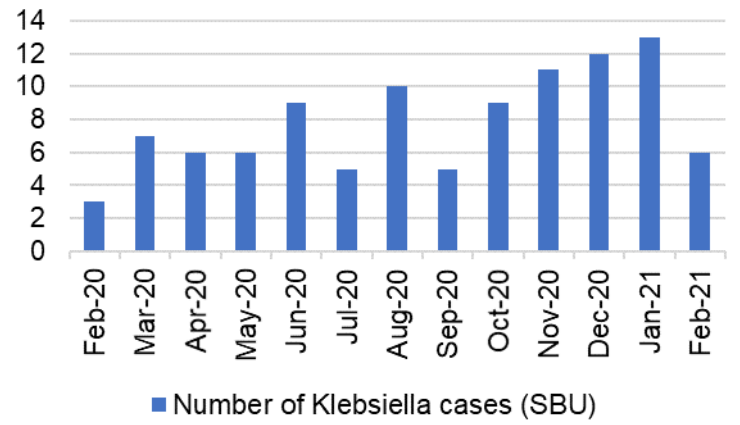


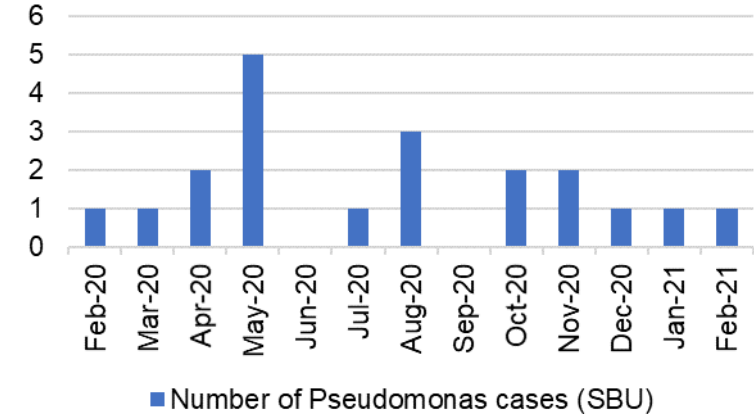
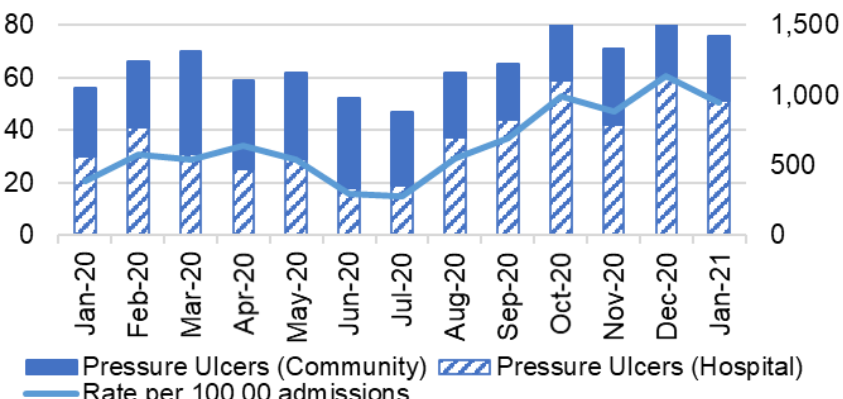
UNSCHEDULED CARE		
Description	Current Performance	Trend
<b>Medically Fit</b> <i>The number of patients waiting at each site in the Health Board that are deemed discharge/medically fit</i>	<p>In February 2021, there were on average 163 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>The number of medically/ discharge fit patients has steadily reduced every month since November 2020 however, February 2021 saw the highest number of medically/ discharge fit patients since February 2020.</p> <p>In February 2021, Morriston Hospital had the largest proportion of medically/ discharge fit patients with 64 out of the 163 followed by Singleton Hospital and Neath Port Talbot Hospital both with 47.</p>	<p><b>The number of discharge/ medically fit patients by site</b></p> <p>*Consistent data capture for Gorseinon not available before April 2020</p>
<b>Elective procedures cancelled due to lack of beds</b> <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In February 2021, there were 9 elective procedures cancelled due to lack of beds on the day of surgery. This is 83 less cancellation than in February 2020 and 6 more than January 2021.</p> <p>In February 2021, all 9 cancelled procedures were attributed to Morriston Hospital.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p>

FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
<b>Fractured Neck of Femur (#NOF)</b> <i>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</i>  <i>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</i>  <i>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</i>  <i>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</i>	<b>1. Prompt orthogeriatric assessment-</b> In December 2020, 86% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 7.3% more than in December 2019.	<b>1. Prompt orthogeriatric assessment</b> <table><caption>1. Prompt orthogeriatric assessment</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Dec-19</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Jan-20</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Feb-20</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Mar-20</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Apr-20</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>May-20</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Jun-20</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Jul-20</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Aug-20</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Sep-20</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Oct-20</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Nov-20</td><td>78%</td><td>78%</td><td>78%</td></tr><tr><td>Dec-20</td><td>86%</td><td>78%</td><td>78%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Dec-19	78%	78%	78%	Jan-20	78%	78%	78%	Feb-20	78%	78%	78%	Mar-20	78%	78%	78%	Apr-20	78%	78%	78%	May-20	78%	78%	78%	Jun-20	78%	78%	78%	Jul-20	78%	78%	78%	Aug-20	78%	78%	78%	Sep-20	78%	78%	78%	Oct-20	78%	78%	78%	Nov-20	78%	78%	78%	Dec-20	86%	78%	78%
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<b>2. Prompt surgery-</b> In December 2020, 54.1% of patients had surgery the day following presentation with a hip fracture. This is a reduction from December 2019 which was 57.3%	<b>2. Prompt surgery</b> <table><caption>2. Prompt surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Dec-19</td><td>57.3%</td><td>70%</td><td>75%</td></tr><tr><td>Jan-20</td><td>57.3%</td><td>70%</td><td>75%</td></tr><tr><td>Feb-20</td><td>57.3%</td><td>70%</td><td>75%</td></tr><tr><td>Mar-20</td><td>57.3%</td><td>70%</td><td>75%</td></tr><tr><td>Apr-20</td><td>57.3%</td><td>70%</td><td>75%</td></tr><tr><td>May-20</td><td>57.3%</td><td>70%</td><td>75%</td></tr><tr><td>Jun-20</td><td>57.3%</td><td>70%</td><td>75%</td></tr><tr><td>Jul-20</td><td>57.3%</td><td>70%</td><td>75%</td></tr><tr><td>Aug-20</td><td>57.3%</td><td>70%</td><td>75%</td></tr><tr><td>Sep-20</td><td>57.3%</td><td>70%</td><td>75%</td></tr><tr><td>Oct-20</td><td>57.3%</td><td>70%</td><td>75%</td></tr><tr><td>Nov-20</td><td>57.3%</td><td>70%</td><td>75%</td></tr><tr><td>Dec-20</td><td>54.1%</td><td>70%</td><td>75%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Dec-19	57.3%	70%	75%	Jan-20	57.3%	70%	75%	Feb-20	57.3%	70%	75%	Mar-20	57.3%	70%	75%	Apr-20	57.3%	70%	75%	May-20	57.3%	70%	75%	Jun-20	57.3%	70%	75%	Jul-20	57.3%	70%	75%	Aug-20	57.3%	70%	75%	Sep-20	57.3%	70%	75%	Oct-20	57.3%	70%	75%	Nov-20	57.3%	70%	75%	Dec-20	54.1%	70%	75%	
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<b>3. NICE compliant surgery-</b> 68.5% of operations were consistent with the NICE recommendations in December 2020. This is 2.7% less than in December 2019. In December 2020, Morriston was below the all-Wales average of 72.5%.	<b>3. NICE compliant Surgery</b> <table><caption>3. NICE compliant Surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Dec-19</td><td>71.2%</td><td>70%</td><td>75%</td></tr><tr><td>Jan-20</td><td>71.2%</td><td>70%</td><td>75%</td></tr><tr><td>Feb-20</td><td>71.2%</td><td>70%</td><td>75%</td></tr><tr><td>Mar-20</td><td>71.2%</td><td>70%</td><td>75%</td></tr><tr><td>Apr-20</td><td>71.2%</td><td>70%</td><td>75%</td></tr><tr><td>May-20</td><td>71.2%</td><td>70%</td><td>75%</td></tr><tr><td>Jun-20</td><td>71.2%</td><td>70%</td><td>75%</td></tr><tr><td>Jul-20</td><td>71.2%</td><td>70%</td><td>75%</td></tr><tr><td>Aug-20</td><td>71.2%</td><td>70%</td><td>75%</td></tr><tr><td>Sep-20</td><td>71.2%</td><td>70%</td><td>75%</td></tr><tr><td>Oct-20</td><td>71.2%</td><td>70%</td><td>75%</td></tr><tr><td>Nov-20</td><td>71.2%</td><td>70%</td><td>75%</td></tr><tr><td>Dec-20</td><td>68.5%</td><td>70%</td><td>75%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Dec-19	71.2%	70%	75%	Jan-20	71.2%	70%	75%	Feb-20	71.2%	70%	75%	Mar-20	71.2%	70%	75%	Apr-20	71.2%	70%	75%	May-20	71.2%	70%	75%	Jun-20	71.2%	70%	75%	Jul-20	71.2%	70%	75%	Aug-20	71.2%	70%	75%	Sep-20	71.2%	70%	75%	Oct-20	71.2%	70%	75%	Nov-20	71.2%	70%	75%	Dec-20	68.5%	70%	75%	
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<b>4. Prompt mobilisation-</b> In December 2020, 74.3% of patients were out of bed the day after surgery. This is in line with performance in December 2020.	<b>4. Prompt mobilisation</b> <table><caption>4. Prompt mobilisation</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Dec-19</td><td>74.3%</td><td>70%</td><td>75%</td></tr><tr><td>Jan-20</td><td>74.3%</td><td>70%</td><td>75%</td></tr><tr><td>Feb-20</td><td>74.3%</td><td>70%</td><td>75%</td></tr><tr><td>Mar-20</td><td>74.3%</td><td>70%</td><td>75%</td></tr><tr><td>Apr-20</td><td>74.3%</td><td>70%</td><td>75%</td></tr><tr><td>May-20</td><td>74.3%</td><td>70%</td><td>75%</td></tr><tr><td>Jun-20</td><td>74.3%</td><td>70%</td><td>75%</td></tr><tr><td>Jul-20</td><td>74.3%</td><td>70%</td><td>75%</td></tr><tr><td>Aug-20</td><td>74.3%</td><td>70%</td><td>75%</td></tr><tr><td>Sep-20</td><td>74.3%</td><td>70%</td><td>75%</td></tr><tr><td>Oct-20</td><td>74.3%</td><td>70%</td><td>75%</td></tr><tr><td>Nov-20</td><td>74.3%</td><td>70%</td><td>75%</td></tr><tr><td>Dec-20</td><td>74.3%</td><td>70%</td><td>75%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Dec-19	74.3%	70%	75%	Jan-20	74.3%	70%	75%	Feb-20	74.3%	70%	75%	Mar-20	74.3%	70%	75%	Apr-20	74.3%	70%	75%	May-20	74.3%	70%	75%	Jun-20	74.3%	70%	75%	Jul-20	74.3%	70%	75%	Aug-20	74.3%	70%	75%	Sep-20	74.3%	70%	75%	Oct-20	74.3%	70%	75%	Nov-20	74.3%	70%	75%	Dec-20	74.3%	70%	75%	
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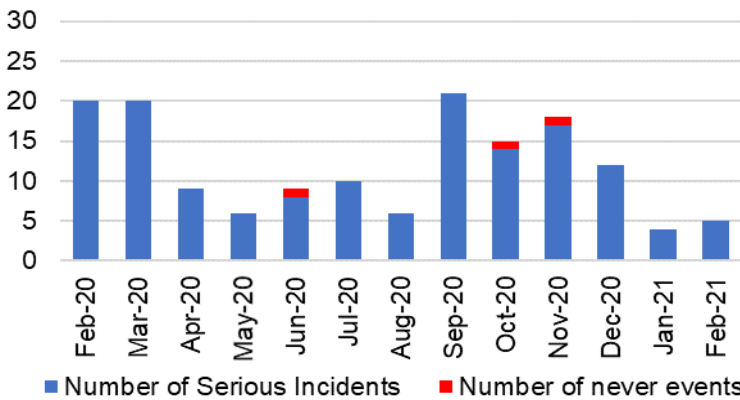
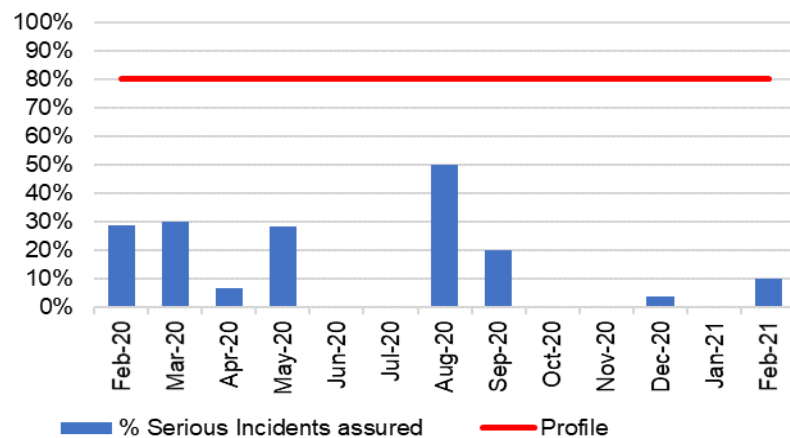
FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i>	5. <b>Not delirious when tested-</b> 73.5% of patients were not delirious in the week after their operation in December 2020. This is an improvement of 28.2% compared with December 2019.	<b>5. Not delirious when tested</b> <table border="1"><caption>Approximate data for Chart 5: Not delirious when tested</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Dec-19</td><td>45</td><td>48</td><td>65</td></tr><tr><td>Jan-20</td><td>48</td><td>50</td><td>65</td></tr><tr><td>Feb-20</td><td>50</td><td>52</td><td>65</td></tr><tr><td>Mar-20</td><td>55</td><td>55</td><td>65</td></tr><tr><td>Apr-20</td><td>58</td><td>58</td><td>65</td></tr><tr><td>May-20</td><td>60</td><td>60</td><td>65</td></tr><tr><td>Jun-20</td><td>62</td><td>62</td><td>65</td></tr><tr><td>Jul-20</td><td>65</td><td>65</td><td>65</td></tr><tr><td>Aug-20</td><td>68</td><td>68</td><td>65</td></tr><tr><td>Sep-20</td><td>70</td><td>70</td><td>65</td></tr><tr><td>Oct-20</td><td>72</td><td>72</td><td>65</td></tr><tr><td>Nov-20</td><td>73</td><td>73</td><td>65</td></tr><tr><td>Dec-20</td><td>73.5</td><td>73.5</td><td>65</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Dec-19	45	48	65	Jan-20	48	50	65	Feb-20	50	52	65	Mar-20	55	55	65	Apr-20	58	58	65	May-20	60	60	65	Jun-20	62	62	65	Jul-20	65	65	65	Aug-20	68	68	65	Sep-20	70	70	65	Oct-20	72	72	65	Nov-20	73	73	65	Dec-20	73.5	73.5	65
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Nov-20	73	73	65																																																							
Dec-20	73.5	73.5	65																																																							
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. <b>Return to original residence-</b> 75.6% of patients in December 2020 were discharged back to their original residence. This was above the all-Wales average of 73.7%.	<b>6. Return to original residence</b> <table border="1"><caption>Approximate data for Chart 6: Return to original residence</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Dec-19</td><td>72</td><td>74</td><td>70</td></tr><tr><td>Jan-20</td><td>73</td><td>74</td><td>70</td></tr><tr><td>Feb-20</td><td>73</td><td>74</td><td>70</td></tr><tr><td>Mar-20</td><td>74</td><td>74</td><td>70</td></tr><tr><td>Apr-20</td><td>74</td><td>74</td><td>70</td></tr><tr><td>May-20</td><td>74</td><td>74</td><td>70</td></tr><tr><td>Jun-20</td><td>75</td><td>74</td><td>70</td></tr><tr><td>Jul-20</td><td>76</td><td>74</td><td>70</td></tr><tr><td>Aug-20</td><td>76</td><td>74</td><td>70</td></tr><tr><td>Sep-20</td><td>76</td><td>74</td><td>70</td></tr><tr><td>Oct-20</td><td>75</td><td>74</td><td>70</td></tr><tr><td>Nov-20</td><td>75</td><td>74</td><td>70</td></tr><tr><td>Dec-20</td><td>75.6</td><td>73.7</td><td>70</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Dec-19	72	74	70	Jan-20	73	74	70	Feb-20	73	74	70	Mar-20	74	74	70	Apr-20	74	74	70	May-20	74	74	70	Jun-20	75	74	70	Jul-20	76	74	70	Aug-20	76	74	70	Sep-20	76	74	70	Oct-20	75	74	70	Nov-20	75	74	70	Dec-20	75.6	73.7	70
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Dec-20	75.6	73.7	70																																																							
7. <i>30 day mortality rate</i>	7. <b>30 day mortality rate-</b> In November 2020 the mortality rate for Morryston Hospital was 7.6% which is 0.4% lower than November 2019. The mortality rate in Morryston Hospital in November 2020 is higher than the all-Wales average of 7.3% but lower than the national average of 7.9%.	<b>7. 30 day mortality rate</b> <table border="1"><caption>Approximate data for Chart 7: 30 day mortality rate</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Nov-19</td><td>7.8</td><td>7.5</td><td>7.2</td></tr><tr><td>Dec-19</td><td>7.8</td><td>7.5</td><td>7.2</td></tr><tr><td>Jan-20</td><td>7.8</td><td>7.5</td><td>7.2</td></tr><tr><td>Feb-20</td><td>8.2</td><td>7.5</td><td>7.2</td></tr><tr><td>Mar-20</td><td>8.2</td><td>7.5</td><td>7.2</td></tr><tr><td>Apr-20</td><td>8.0</td><td>7.5</td><td>7.2</td></tr><tr><td>May-20</td><td>8.0</td><td>7.5</td><td>7.2</td></tr><tr><td>Jun-20</td><td>7.8</td><td>7.5</td><td>7.2</td></tr><tr><td>Jul-20</td><td>7.8</td><td>7.5</td><td>7.2</td></tr><tr><td>Aug-20</td><td>7.5</td><td>7.5</td><td>7.2</td></tr><tr><td>Sep-20</td><td>7.2</td><td>7.5</td><td>7.2</td></tr><tr><td>Oct-20</td><td>7.5</td><td>7.5</td><td>7.2</td></tr><tr><td>Nov-20</td><td>7.6</td><td>7.3</td><td>7.9</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Nov-19	7.8	7.5	7.2	Dec-19	7.8	7.5	7.2	Jan-20	7.8	7.5	7.2	Feb-20	8.2	7.5	7.2	Mar-20	8.2	7.5	7.2	Apr-20	8.0	7.5	7.2	May-20	8.0	7.5	7.2	Jun-20	7.8	7.5	7.2	Jul-20	7.8	7.5	7.2	Aug-20	7.5	7.5	7.2	Sep-20	7.2	7.5	7.2	Oct-20	7.5	7.5	7.2	Nov-20	7.6	7.3	7.9
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HEALTHCARE ACQUIRED INFECTIONS																														
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<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"><li>17 cases of <i>E. coli</i> bacteraemia were identified in February 2021, of which 6 were hospital acquired and 11 were community acquired.</li><li>Cumulative cases from April 2020 to February 2021 are 28% less than the equivalent period in 2019/20.</li></ul>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p>  <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Feb-20</td><td>31</td></tr><tr><td>Mar-20</td><td>23</td></tr><tr><td>Apr-20</td><td>14</td></tr><tr><td>May-20</td><td>14</td></tr><tr><td>Jun-20</td><td>17</td></tr><tr><td>Jul-20</td><td>25</td></tr><tr><td>Aug-20</td><td>32</td></tr><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></tbody></table>	Month	Number of cases	Feb-20	31	Mar-20	23	Apr-20	14	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
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<b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i>	<ul style="list-style-type: none"><li>There were 8 cases of <i>Staph. aureus</i> bacteraemia in February 2021, of which 6 were hospital acquired and 2 were community acquired.</li><li>Cumulative cases from April 2020 to February 2021 are 10% less than the equivalent period in 2019/20.</li></ul>	<p><b>Number of healthcare acquired S.aureus bacteraemia cases</b></p>  <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Feb-20</td><td>8</td></tr><tr><td>Mar-20</td><td>9</td></tr><tr><td>Apr-20</td><td>10</td></tr><tr><td>May-20</td><td>6</td></tr><tr><td>Jun-20</td><td>12</td></tr><tr><td>Jul-20</td><td>6</td></tr><tr><td>Aug-20</td><td>12</td></tr><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>8</td></tr></tbody></table>	Month	Number of cases	Feb-20	8	Mar-20	9	Apr-20	10	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	8
Month	Number of cases																													
Feb-20	8																													
Mar-20	9																													
Apr-20	10																													
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	8																													

HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI)- C.difficile-</b> <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"><li>There were 11 <i>Clostridium difficile</i> toxin positive cases in February 2021, of which 9 were hospital acquired and 2 were community acquired.</li><li>Cumulative cases from April 2020 to February 2021 are 13% more than the equivalent period of 2019/20 (147 in 2020/21 compared with 130 in 2019/20).</li></ul>	<p><b>Number of healthcare acquired C.difficile cases</b></p>  <table><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Feb-20</td><td>15</td></tr><tr><td>Mar-20</td><td>8</td></tr><tr><td>Apr-20</td><td>11</td></tr><tr><td>May-20</td><td>16</td></tr><tr><td>Jun-20</td><td>20</td></tr><tr><td>Jul-20</td><td>11</td></tr><tr><td>Aug-20</td><td>23</td></tr><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></tbody></table> <p>■ Number of C.diff cases (SBU)</p>	Month	Number of C.diff cases (SBU)	Feb-20	15	Mar-20	8	Apr-20	11	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
Month	Number of C.diff cases (SBU)																													
Feb-20	15																													
Mar-20	8																													
Apr-20	11																													
May-20	16																													
Jun-20	20																													
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Aug-20	23																													
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Oct-20	15																													
Nov-20	10																													
Dec-20	9																													
Jan-21	3																													
Feb-21	11																													
<b>Healthcare Acquired Infections (HCAI)- Klebsiella sp-</b> <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"><li>There were 6 cases of Klebsiella sp in February 2021, of which 4 were hospital acquired and 2 were community acquired.</li><li>Cumulative cases from April 2020 to February 2021 are 23% more than the equivalent period in 2019/20.</li></ul>	<p><b>Number of healthcare acquired Klebsiella cases</b></p>  <table><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Feb-20</td><td>3</td></tr><tr><td>Mar-20</td><td>7</td></tr><tr><td>Apr-20</td><td>6</td></tr><tr><td>May-20</td><td>6</td></tr><tr><td>Jun-20</td><td>9</td></tr><tr><td>Jul-20</td><td>5</td></tr><tr><td>Aug-20</td><td>10</td></tr><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></tbody></table> <p>■ Number of Klebsiella cases (SBU)</p>	Month	Number of Klebsiella cases (SBU)	Feb-20	3	Mar-20	7	Apr-20	6	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
Month	Number of Klebsiella cases (SBU)																													
Feb-20	3																													
Mar-20	7																													
Apr-20	6																													
May-20	6																													
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Nov-20	11																													
Dec-20	12																													
Jan-21	13																													
Feb-21	6																													

HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
<b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> <li>There was 1 community acquired case of <i>P.Aeruginosa</i> bacteraemia in February 2021.</li> <li>Cumulative cases from April 2020 to February 2021 are 33% less than the equivalent period in 2019/20.</li> </ul>	<b>Number of healthcare acquired Pseudomonas cases</b>  <p>■ Number of Pseudomonas cases (SBU)</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
<b>Number of pressure ulcers</b> 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"> <li>In January 2021 there were 76 cases of healthcare acquired pressure ulcers, of which 25 were community acquired and 51 were hospital acquired.</li> <li>There were 7 grade 3+ pressure ulcers in January 2021, of which 5 were community acquired and 2 were hospital acquired.</li> <li>The rate per 100,000 admissions reduced from 1,133 in December 2020 to 948 in January 2021.</li> </ul>	<b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b>  <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital)  — Rate per 100,00 admissions</p>



SERIOUS INCIDENTS																																												
Description	Current Performance	Trend																																										
<b>Serious Incidents-</b>  <i>1. The number of serious incidents</i>   <i>2. The number of Never Events</i>   <i>3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i>	<p>1. The Health Board reported 5 Serious Incidents for the month of February 2021 to Welsh Government. The breakdown of incidents in February 2021 are set out below:</p> <ul style="list-style-type: none"><li>• 2 in Primary, Community and Therapy Services</li><li>• 1 in Mental Health and Learning Disabilities</li><li>• 1 in Morriston Hospital</li><li>• 1 in Singleton Hospital</li></ul>	<p><b>1. and 2. Number of serious incidents and never events</b></p>  <table><caption>Number of Serious Incidents and Never Events</caption><thead><tr><th>Month</th><th>Number of Serious Incidents</th><th>Number of never events</th></tr></thead><tbody><tr><td>Feb-20</td><td>20</td><td>0</td></tr><tr><td>Mar-20</td><td>20</td><td>0</td></tr><tr><td>Apr-20</td><td>9</td><td>0</td></tr><tr><td>May-20</td><td>6</td><td>0</td></tr><tr><td>Jun-20</td><td>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></tbody></table> <p>■ Number of Serious Incidents   ■ Number of never events</p>	Month	Number of Serious Incidents	Number of never events	Feb-20	20	0	Mar-20	20	0	Apr-20	9	0	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
	Month	Number of Serious Incidents	Number of never events																																									
	Feb-20	20	0																																									
Mar-20	20	0																																										
Apr-20	9	0																																										
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																																										
<p>2. There was no new Never Event reported in February 2021.</p>																																												
<p>3. In February 2021, performance against the 80% target of submitting closure forms within 60 working days was 10%. One of the ten closure forms due to be submitted to Welsh Government in February 2021 was submitted on time. Below is a breakdown of the nine outstanding forms:</p> <ul style="list-style-type: none"><li>• 2 in Morriston Hospital</li><li>• 3 in Singleton Hospital</li><li>• 3 in Mental Health and Learning Disabilities</li><li>• 1 in Primary, Community and Therapy Services</li></ul>	<p><b>3. % of serious incidents closed within 60 days</b></p>  <table><caption>% of serious incidents closed within 60 days</caption><thead><tr><th>Month</th><th>% Serious Incidents assured</th></tr></thead><tbody><tr><td>Feb-20</td><td>30%</td></tr><tr><td>Mar-20</td><td>30%</td></tr><tr><td>Apr-20</td><td>5%</td></tr><tr><td>May-20</td><td>28%</td></tr><tr><td>Jun-20</td><td>0%</td></tr><tr><td>Jul-20</td><td>0%</td></tr><tr><td>Aug-20</td><td>50%</td></tr><tr><td>Sep-20</td><td>20%</td></tr><tr><td>Oct-20</td><td>0%</td></tr><tr><td>Nov-20</td><td>0%</td></tr><tr><td>Dec-20</td><td>3%</td></tr><tr><td>Jan-21</td><td>0%</td></tr><tr><td>Feb-21</td><td>10%</td></tr></tbody></table> <p>■ % Serious Incidents assured   ■ Profile</p>	Month	% Serious Incidents assured	Feb-20	30%	Mar-20	30%	Apr-20	5%	May-20	28%	Jun-20	0%	Jul-20	0%	Aug-20	50%	Sep-20	20%	Oct-20	0%	Nov-20	0%	Dec-20	3%	Jan-21	0%	Feb-21	10%															
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Sep-20	20%																																											
Oct-20	0%																																											
Nov-20	0%																																											
Dec-20	3%																																											
Jan-21	0%																																											
Feb-21	10%																																											

\* 0% compliance in June, July, October and November 2020 and January 2021



INPATIENT FALLS																														
Description	Current Performance	Trend																												
<b>Inpatient Falls</b> <i>The total number of inpatient falls</i>	<ul style="list-style-type: none"><li>The number of Falls reported via Datix web for Swansea Bay UHB was 177 in February 2021. This is 14% less than February 2020 where 207 falls were recorded.</li><li>The Health Board has agreed a targeted action to reduce Falls by 10%.</li></ul>	<p><b>Number of inpatient Falls</b></p> <table><thead><tr><th>Month</th><th>Inpatient Falls (SBU HB)</th></tr></thead><tbody><tr><td>Feb-20</td><td>207</td></tr><tr><td>Mar-20</td><td>210</td></tr><tr><td>Apr-20</td><td>195</td></tr><tr><td>May-20</td><td>205</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>205</td></tr><tr><td>Feb-21</td><td>177</td></tr></tbody></table> <p>■ Inpatient Falls (SBU HB)    — 10% reduction profile</p>	Month	Inpatient Falls (SBU HB)	Feb-20	207	Mar-20	210	Apr-20	195	May-20	205	Jun-20	195	Jul-20	205	Aug-20	225	Sep-20	215	Oct-20	185	Nov-20	245	Dec-20	245	Jan-21	205	Feb-21	177
Month	Inpatient Falls (SBU HB)																													
Feb-20	207																													
Mar-20	210																													
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






























DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in February 2021, the percentage of completed discharge summaries was 63%.</p> <p>In February 2021, compliance ranged from 54% in Singleton Hospital to 83% in Mental Health &amp; Learning Disabilities.</p>	<p><b>% discharge summaries approved and sent</b></p> <table><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Feb-20</td><td>65%</td></tr><tr><td>Mar-20</td><td>68%</td></tr><tr><td>Apr-20</td><td>60%</td></tr><tr><td>May-20</td><td>63%</td></tr><tr><td>Jun-20</td><td>66%</td></tr><tr><td>Jul-20</td><td>63%</td></tr><tr><td>Aug-20</td><td>65%</td></tr><tr><td>Sep-20</td><td>68%</td></tr><tr><td>Oct-20</td><td>67%</td></tr><tr><td>Nov-20</td><td>65%</td></tr><tr><td>Dec-20</td><td>58%</td></tr><tr><td>Jan-21</td><td>66%</td></tr><tr><td>Feb-21</td><td>63%</td></tr></tbody></table> <p>■ % of completed discharge summaries</p>	Month	% of completed discharge summaries	Feb-20	65%	Mar-20	68%	Apr-20	60%	May-20	63%	Jun-20	66%	Jul-20	63%	Aug-20	65%	Sep-20	68%	Oct-20	67%	Nov-20	65%	Dec-20	58%	Jan-21	66%	Feb-21	63%
Month	% of completed discharge summaries																													
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Feb-21	63%																													

CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	December 2020 reports the crude mortality rate for the Health Board at 1.08% compared with 1.01% in November 2020.	<b>Crude hospital mortality rate by Hospital (74 years of age or less)</b> <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Dec-19</td><td>1.30%</td><td>0.40%</td><td>0.20%</td><td>0.80%</td></tr><tr><td>Jan-20</td><td>1.35%</td><td>0.40%</td><td>0.20%</td><td>0.75%</td></tr><tr><td>Feb-20</td><td>1.30%</td><td>0.40%</td><td>0.20%</td><td>0.75%</td></tr><tr><td>Mar-20</td><td>1.30%</td><td>0.40%</td><td>0.20%</td><td>0.75%</td></tr><tr><td>Apr-20</td><td>1.45%</td><td>0.40%</td><td>0.20%</td><td>0.80%</td></tr><tr><td>May-20</td><td>1.50%</td><td>0.40%</td><td>0.20%</td><td>0.85%</td></tr><tr><td>Jun-20</td><td>1.50%</td><td>0.40%</td><td>0.20%</td><td>0.85%</td></tr><tr><td>Jul-20</td><td>1.55%</td><td>0.40%</td><td>0.20%</td><td>0.90%</td></tr><tr><td>Aug-20</td><td>1.55%</td><td>0.40%</td><td>0.20%</td><td>0.90%</td></tr><tr><td>Sep-20</td><td>1.55%</td><td>0.40%</td><td>0.20%</td><td>0.90%</td></tr><tr><td>Oct-20</td><td>1.65%</td><td>0.40%</td><td>0.20%</td><td>0.95%</td></tr><tr><td>Nov-20</td><td>1.75%</td><td>0.40%</td><td>0.20%</td><td>1.00%</td></tr><tr><td>Dec-20</td><td>1.86%</td><td>0.54%</td><td>0.20%</td><td>1.08%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Dec-19	1.30%	0.40%	0.20%	0.80%	Jan-20	1.35%	0.40%	0.20%	0.75%	Feb-20	1.30%	0.40%	0.20%	0.75%	Mar-20	1.30%	0.40%	0.20%	0.75%	Apr-20	1.45%	0.40%	0.20%	0.80%	May-20	1.50%	0.40%	0.20%	0.85%	Jun-20	1.50%	0.40%	0.20%	0.85%	Jul-20	1.55%	0.40%	0.20%	0.90%	Aug-20	1.55%	0.40%	0.20%	0.90%	Sep-20	1.55%	0.40%	0.20%	0.90%	Oct-20	1.65%	0.40%	0.20%	0.95%	Nov-20	1.75%	0.40%	0.20%	1.00%	Dec-20	1.86%	0.54%	0.20%	1.08%
	Month		Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total																																																																		
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	<p>A breakdown by Hospital for December 2020:</p> <ul style="list-style-type: none"><li>• Morriston – 1.86%</li><li>• Singleton – 0.54%</li><li>• NPT – 0.20%</li></ul> <p>* January 2021 data was not available at the time of writing this report.</p>																																																																							

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

### 5.1 Overview

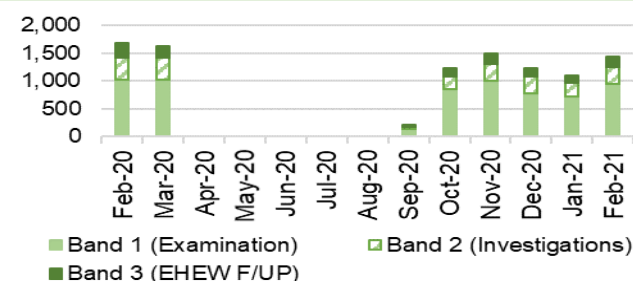
Harm from reduction in non-Covid activity																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Cancer																	
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	12 month improvement trend			48.0%	58.0%	54.7%	61.8%	59.9%	68.2%	67.4%	62.4%	65.9%	55.4%	61.0%	67.9%	50.0%
Planned Care																	
Number of patients waiting > 26 weeks for outpatient appointment*	Morrison	0			421	901	2,704	4,785	6,496	8,661	11,359	12,882	12,617	12,306	12,543	12,487	12,479
	NPTH				0	0	2	18	18	50	181	208	129	75	49	61	111
	Singleton				872	1,141	2,762	4,445	5,387	6,929	8,792	9,748	9,073	8,394	8,336	8,427	8,414
	PC&CS				13	13	31	52	63	81	165	231	231	230	251	233	221
	Total				1,306	2,055	5,499	9,300	11,964	15,721	20,497	23,069	22,050	21,005	21,179	21,208	21,225
Number of patients waiting > 36 weeks for treatment*	Morrison	0			4,087	4,701	5,762	6,944	8,977	11,882	14,722	16,846	20,035	22,298	22,391	21,695	21,199
	NPTH				0	0	0	0	0	3	15	17	33	48	42	41	43
	Singleton				1,642	1,807	2,590	3,296	4,423	6,135	7,650	8,810	10,514	11,865	11,629	11,385	10,788
	PC&CS				0	1	3	7	17	45	66	82	153	220	247	219	204
	Total (inc. diagnostics > 36 wks)				5,729	6,509	8,355	10,247	13,419	18,078	22,494	26,046	30,735	34,431	34,309	33,340	32,234
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	0			424	1,407	5,461	7,197	6,816	6,236	6,627	5,956	4,564	4,559	4,361	3,938	2,978
	Singleton				0	0	327	1,149	1,217	1,274	1,443	1,710	2,081	2,051	2,218	2,301	2,109
	Total				424	1,407	5,788	8,346	8,033	7,510	8,070	7,666	6,645	6,610	6,579	6,239	5,087
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			1	0	1	11	0	0	0	0	0	0	0	0	0
	NPTH				0	12	52	78	130	138	145	138	110	99	93	127	129
	PC&CS				0	39	334	893	1,516	1,416	1,373	1,212	1,025	718	615	457	362
	Total				1	51	387	982	1,646	1,554	1,518	1,350	1,135	817	708	584	491

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment	Total	Reduce by at least 35% by Mar-21	95,104		128,674	125,708	123,082	121,434	120,468	120,062	120,969	120,962	120,968	120,874	119,963	119,999	120,882
Number of patients delayed by over 100% past their target date	Total		17,187		17,747	18,258	19,538	21,026	21,448	22,101	23,209	24,472	26,217	27,156	27,641	28,419	28,862
Number of patients delayed past their agreed target date (booked and not booked)	Total		44,766		41,417	45,963	51,028	53,046	51,933	52,278	55,446	56,843	57,380	56,647	56,210	57,297	57,458
Number of Ophthalmology patients without an allocated health risk factor	Total	0			368	143	57	43	48	213	162	513	780	464	326		
Number of patients without a documented clinical review date	Total	0			179	5	11	27	50	43	65	95	43	55	90	32	25
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			180	105	38	48	167	183	220	239	208	231	84	144	97
	MH&LD				14	25	11	14	7	6	34	49	48	82	56	22	8
	Morrison				1,364	646	43	88	110	143	174	679	269	155	152	168	211
	NPTH				350	173	10	12	17	22	24	62	40	24	18	43	31
	Singleton				1,120	796	60	104	99	154	207	1,824	530	377	330	323	459
	Total				3,014	1,720	150	247	393	502	625	2,804	1,047	787	584	678	798
% of patients who would recommend and highly recommend	PCCS	90%	80%		92%	88%	84%	77%	88%	91%	79%	74%	65%	80%	62%	76%	77%
	MH&LD				64%	44%	36%	57%	57%	33%	41%	39%	19%	41%	21%	36%	88%
	Morrison				96%	96%	98%	94%	94%	94%	83%	91%	82%	86%	70%	76%	82%
	NPTH				97%	97%	60%	67%	47%	68%	92%	94%	90%	75%	67%	58%	32%
	Singleton				95%	95%	93%	96%	83%	92%	87%	96%	88%	87%	85%	85%	92%
	Total				95%	95%	90%	92%	87%	91%	83%	93%	82%	84%	77%	79%	85%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		-	100%	-	100%	100%	94%	83%	100%	100%	80%	67%	90%	100%
	MH&LD				-	-	-	-	-	0%	100%	100%	100%	-	-	-	-
	Morrison				70%	100%	100%	100%	67%	90%	80%	79%	58%	100%	33%	80%	71%
	NPTH				88%	67%	-	-	-	100%	100%	90%	100%	-	67%	67%	100%
	Singleton				88%	90%	95%	100%	67%	90%	82%	79%	90%	86%	80%	77%	95%
	Total				81%	90%	95%	100%	79%	91%	83%	84%	79%	85%	65%	81%	94%
Number of new complaints received	PCCS	12 month reduction rend			7	4	7	11	16	14	10	18	22	24	24	9	10
	MH&LD				5	3	4	9	8	13	10	10	20	13	6	11	15
	Morrison				59	42	8	18	27	34	31	51	44	40	38	33	40
	NPTH				7	1	8	5	7	5	2	7	6	7	1	7	6
	Singleton				25	34	8	8	12	12	17	24	25	20	20	15	20
	Total				113	92	37	52	73	77	74	107	121	103	83	78	94
% 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%		64%	29%	83%	73%	50%	80%	60%	92%	67%	76%	77%		
	MH&LD				67%	67%	100%	78%	63%	69%	50%	80%	70%	92%	75%		
	Morrison				75%	40%	88%	94%	89%	88%	84%	90%	86%	89%	91%		
	NPTH				88%	100%	75%	80%	71%	100%	50%	100%	67%	86%	0%		
	Singleton				80%	58%	75%	75%	83%	50%	65%	63%	64%	70%	70%		
	Total				76%	48%	81%	81%	75%	79%	72%	82%	75%	82%	80%		

## HARM FROM REDUCTION IN NON-COVID ACTIVITY

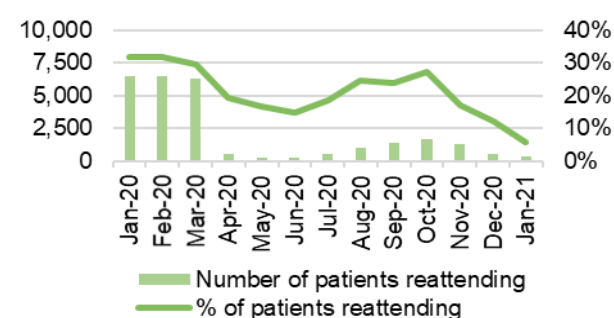
### 5.2 Primary and Community Care Overview

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

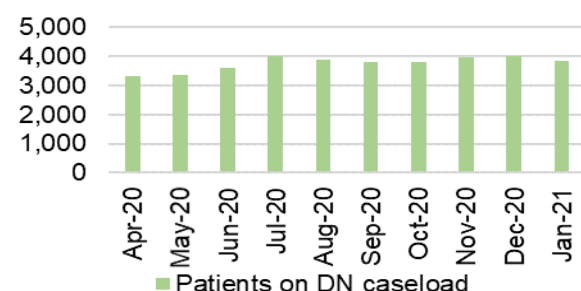


No claims submitted between April and August 2020

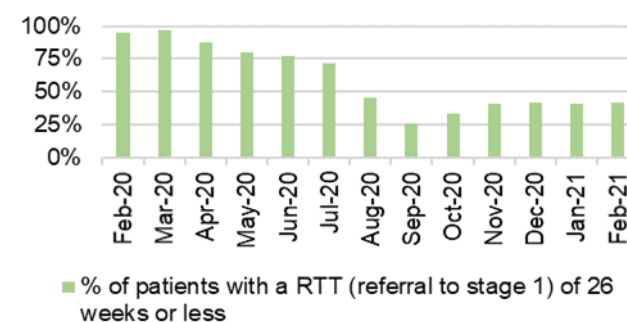
**Chart 5: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months**



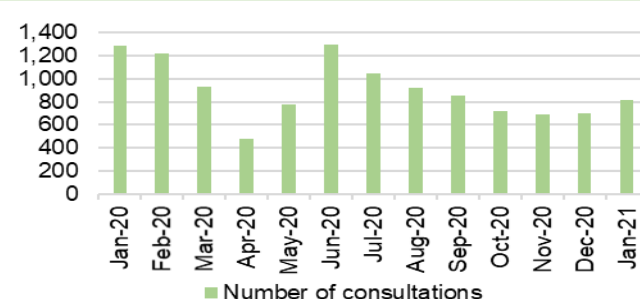
**Chart 9: District Nursing- Number of patients on caseload**



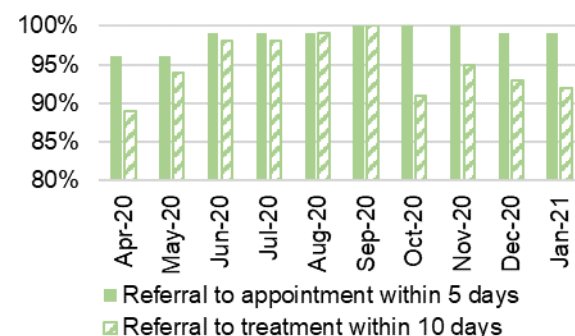
**Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



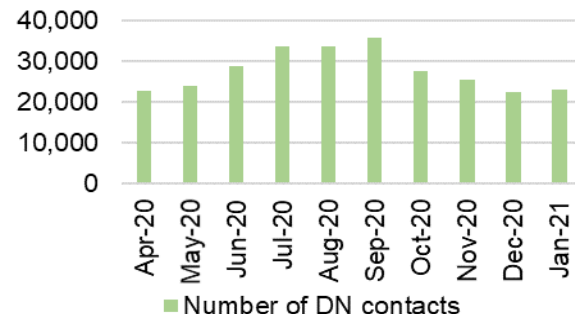
**Chart 2: Common Ailment Scheme - Number of consultations provided**



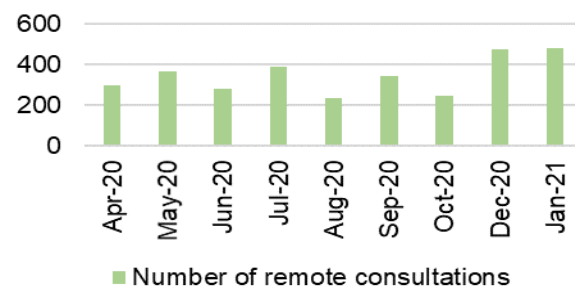
**Chart 6: Pregnancy Advisory Service- Referral to appointment within 5 days and treatment within 10 days**



**Chart 10: District Nursing- Total number of contacts**

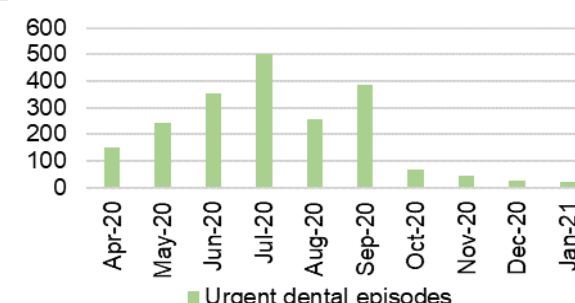


**Chart 14: Audiology- Number of remote consultations**

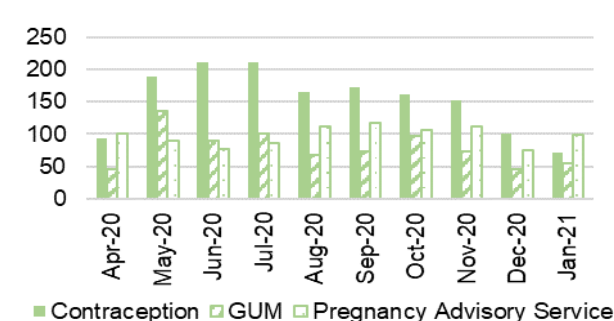


Nov-20 data not available

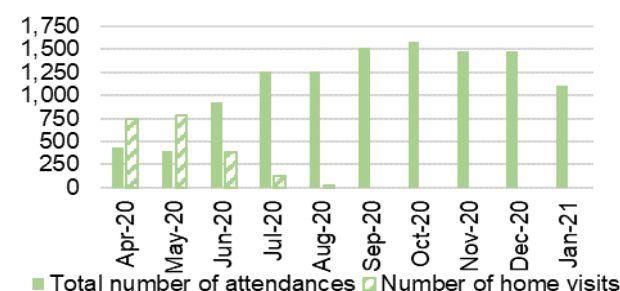
**Chart 3: Urgent Dental Centre- Total episodes of patient care**



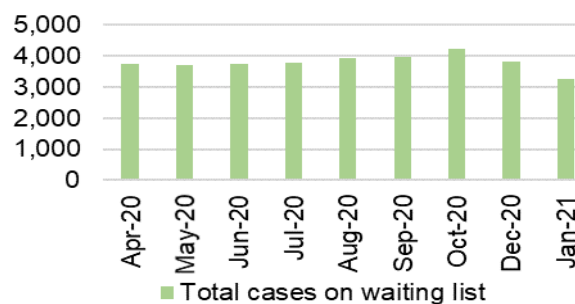
**Chart 7: Sexual health services- Attendances at sexual health ambulance**



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

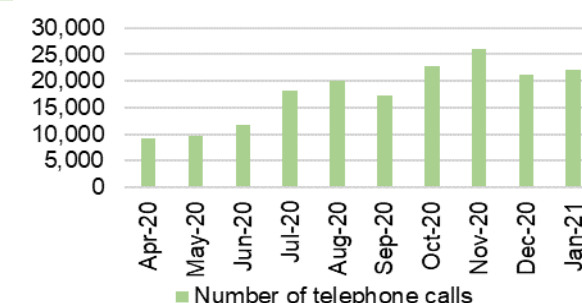


**Chart 15: Audiology- Total number of patients on the waiting list**

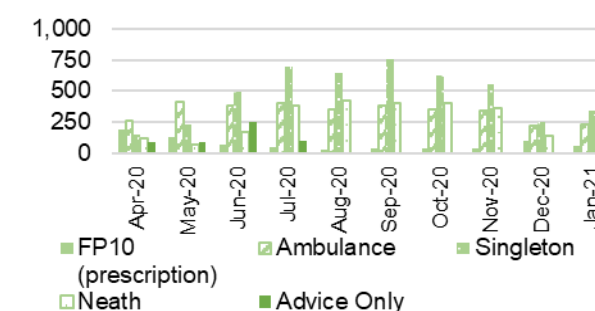


Nov-20 data not available

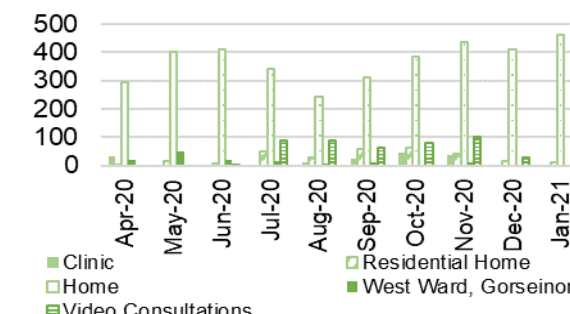
**Chart 4: General Dental Practice activity- Total number of telephone calls received**



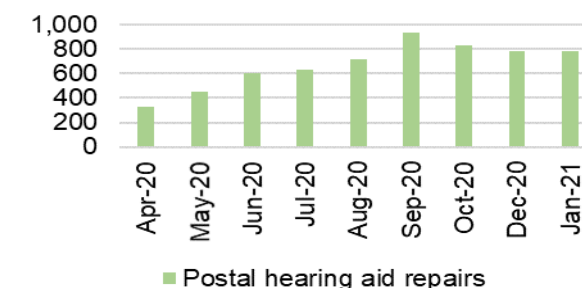
**Chart 8: Sexual health services- Patient outcomes**



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

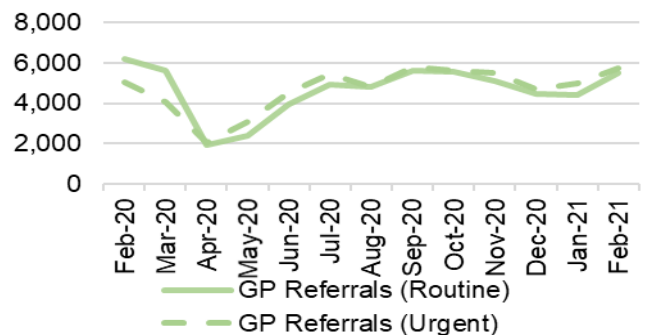
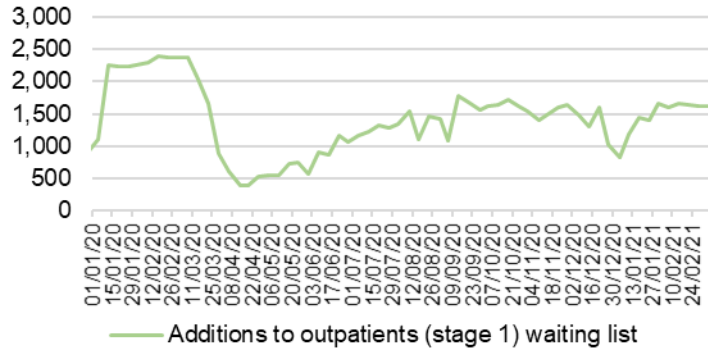
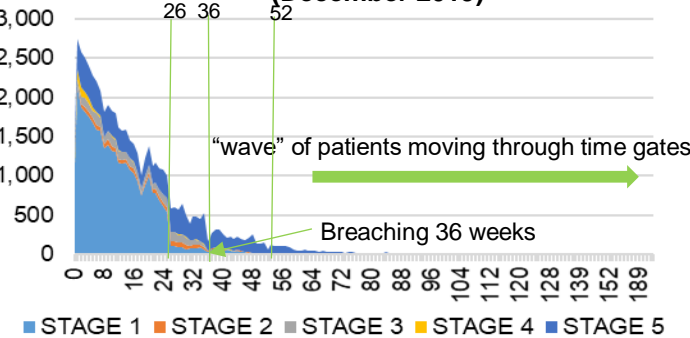
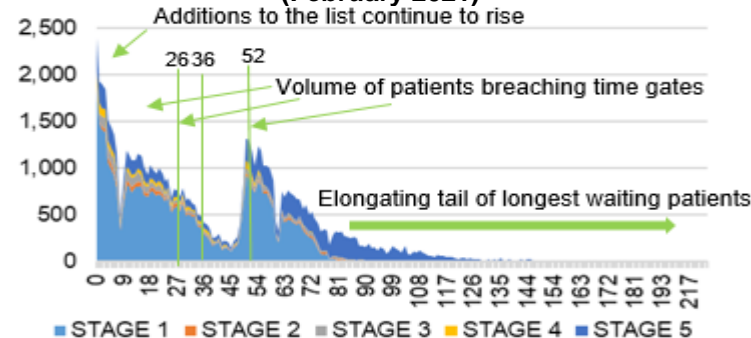


**Chart 16: Audiology- Number of postal hearing aid repairs**



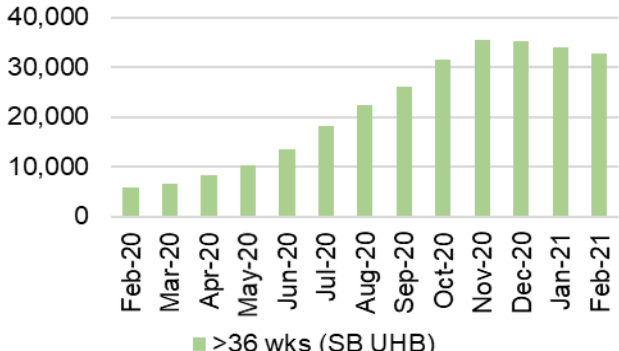
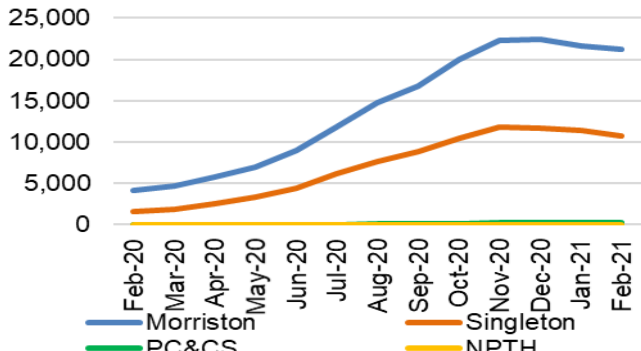
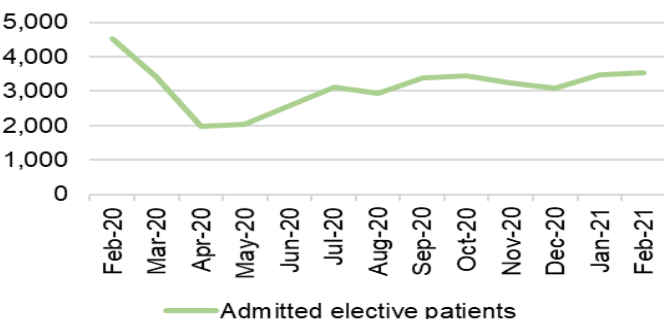
Nov-20 data not available

## 5.2 Updates on key measures

PLANNED CARE	
Description	Current Performance
<b>Referrals and shape of the waiting list</b>	The number of GP referrals and additions to the outpatient waiting list 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. However, since September 2020 the number of referrals and additions to the waiting list appear to have stabilised. Chart 4 shows the shape of the waiting list and the second wave that has formed at the beginning of the waiting list as GP referrals start to pick back up.
<b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>  <b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>  <b>3. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at December 2019</i>  <b>4. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at February 2021</i>	<p><b>Trend</b></p> <p><b>1. Number of GP referrals received by SBU Health Board</b></p>  <p><b>2. Number of GP Number of stage 1 additions per week</b></p>  <p><b>1. Total size of the waiting list and movement (December 2019)</b></p>  <p><b>2. Total size of the waiting list and movement (February 2021)</b></p> 



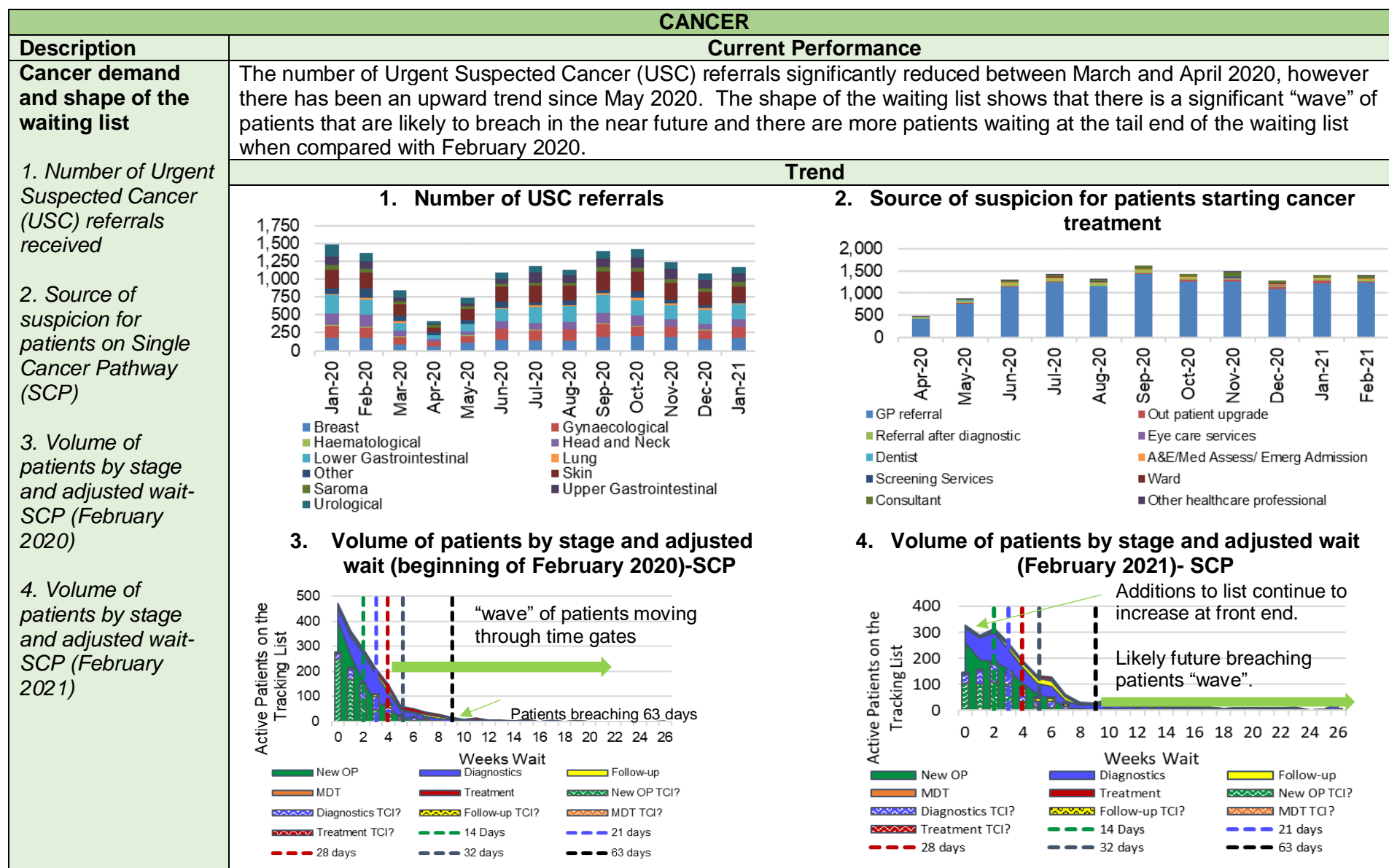
PLANNED CARE	
Description	Current Performance
<b>Outpatient waiting times</b>  1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total  2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level  3. Patients waiting over 26 weeks for an outpatient appointment by specialty  4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is a challenge. February 2021 saw a slight in-month increase in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 21,179 in January 2021 to 21,225 in February 2021. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment closely followed by Ophthalmology and General Surgery. 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. Work continues to be undertaken to accurately record the split between face-to-face and virtual attendances and will be reported through a new Outpatient dashboard.</p>
	<p><b>Trend</b></p> <div> <div> <p><b>1. Number of stage 1 over 26 weeks- HB total</b></p> <p>■ Outpatients &gt; 26 wks (SB UHB)</p> </div> <div> <p><b>2. Patients waiting over 26 weeks for an outpatient appointment by specialty as at February 2021</b></p> </div> </div> <div> <div> <p><b>1. Number of stage 1 over 26 weeks- Hospital level</b></p> <p>— Morriston — Singleton — PC&amp;CS — NPTH</p> </div> <div> <p><b>2. Outpatient activity undertaken</b></p> <p>— New outpatient attendances — Follow-up attendances</p> </div> </div>

PLANNED CARE	
Description	Current Performance
<p><b>Patients waiting over 36 weeks for treatment</b></p> <p><i>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</i></p> <p><i>2. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Hospital level</i></p> <p><i>3. Number of elective admissions</i></p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. However, December 2020 was the first in 2020 that saw an in-month reduction and this trend continued into January and February 2021. In February 2021, there was 32,719 patient waiting over 36 weeks which is a 4% in-month reduction from January 2021. 25,177 of the 32,719 were waiting over 52 weeks in February 2021. Orthopaedics/ Spinal accounted for 23% of the breaches, followed by Ophthalmology with 13%.</p> <p>The number of patients receiving a procedure (and subsequently removed from the waiting list) has significantly reduced since March 2020 which is resulting in the increase in waiting times.</p>
	Trend
	<div> <p><b>1. Number of patients waiting over 36 weeks- HB total</b></p>  <p>■ &gt;36 wks (SB UHB)</p> </div> <div> <p><b>2. Number of patients waiting over 36 weeks- Hospital level</b></p>  <p>— Morriston — Singleton — PC&amp;CS — NPTH</p> </div> <div> <p><b>3. Number of elective admissions</b></p>  <p>— Admitted elective patients</p> </div>



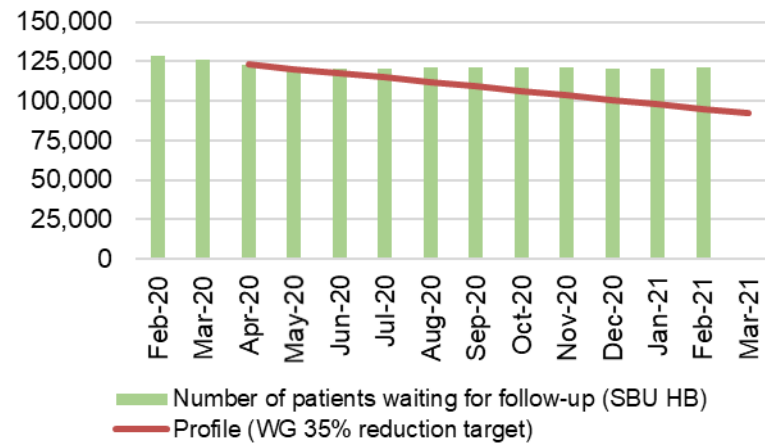
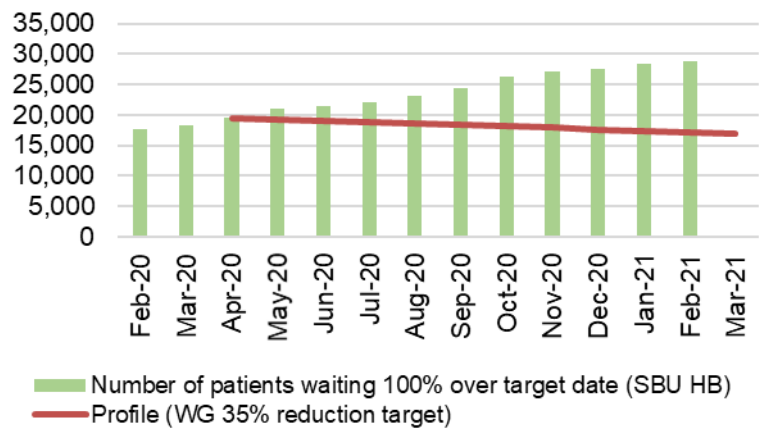
PLANNED CARE																																																																								
Description	Current Performance																																																																							
<b>Total waiting times</b> <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%.</p> <p>The percentage consistently fell every month between April and September 2020, but has started to increase again. In February 2021, 47.9% of patients were waiting under 26 weeks from referral to treatment. This is an in-month improvement of 0.9% from 47.0% in January 2021 to 47.9% in February 2021.</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p> <table><caption>Estimated data for Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PC&amp;CS</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-20</td><td>80%</td><td>85%</td><td>95%</td><td>98%</td></tr><tr><td>Mar-20</td><td>78%</td><td>82%</td><td>92%</td><td>98%</td></tr><tr><td>Apr-20</td><td>75%</td><td>78%</td><td>85%</td><td>95%</td></tr><tr><td>May-20</td><td>65%</td><td>68%</td><td>78%</td><td>92%</td></tr><tr><td>Jun-20</td><td>58%</td><td>62%</td><td>72%</td><td>90%</td></tr><tr><td>Jul-20</td><td>52%</td><td>55%</td><td>65%</td><td>85%</td></tr><tr><td>Aug-20</td><td>45%</td><td>48%</td><td>55%</td><td>75%</td></tr><tr><td>Sep-20</td><td>42%</td><td>45%</td><td>48%</td><td>70%</td></tr><tr><td>Oct-20</td><td>45%</td><td>48%</td><td>52%</td><td>85%</td></tr><tr><td>Nov-20</td><td>45%</td><td>48%</td><td>45%</td><td>90%</td></tr><tr><td>Dec-20</td><td>45%</td><td>48%</td><td>45%</td><td>92%</td></tr><tr><td>Jan-21</td><td>45%</td><td>48%</td><td>45%</td><td>92%</td></tr><tr><td>Feb-21</td><td>42%</td><td>48%</td><td>45%</td><td>90%</td></tr></tbody></table>	Month	Morriston	Singleton	PC&CS	NPTH	Feb-20	80%	85%	95%	98%	Mar-20	78%	82%	92%	98%	Apr-20	75%	78%	85%	95%	May-20	65%	68%	78%	92%	Jun-20	58%	62%	72%	90%	Jul-20	52%	55%	65%	85%	Aug-20	45%	48%	55%	75%	Sep-20	42%	45%	48%	70%	Oct-20	45%	48%	52%	85%	Nov-20	45%	48%	45%	90%	Dec-20	45%	48%	45%	92%	Jan-21	45%	48%	45%	92%	Feb-21	42%	48%	45%	90%
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<b>Ophthalmology waiting times</b> <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In December 2020, 47.3% 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 has been a continuous downward trend in performance in 2020/21.</p> <p><i>NB. January and February 2021 figures were not available at the time of writing this report</i></p>	<p><b>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</b></p> <table><caption>Estimated data for Percentage of ophthalmology R1 patients seen within target or within 25% of target date</caption><thead><tr><th>Month</th><th>% R1 patients seen within target or within 25% of target date</th><th>Target</th></tr></thead><tbody><tr><td>Dec-19</td><td>72%</td><td>100%</td></tr><tr><td>Jan-20</td><td>75%</td><td>100%</td></tr><tr><td>Feb-20</td><td>78%</td><td>100%</td></tr><tr><td>Mar-20</td><td>75%</td><td>100%</td></tr><tr><td>Apr-20</td><td>70%</td><td>100%</td></tr><tr><td>May-20</td><td>65%</td><td>100%</td></tr><tr><td>Jun-20</td><td>62%</td><td>100%</td></tr><tr><td>Jul-20</td><td>55%</td><td>100%</td></tr><tr><td>Aug-20</td><td>50%</td><td>100%</td></tr><tr><td>Sep-20</td><td>48%</td><td>100%</td></tr><tr><td>Oct-20</td><td>45%</td><td>100%</td></tr><tr><td>Nov-20</td><td>48%</td><td>100%</td></tr><tr><td>Dec-20</td><td>47%</td><td>100%</td></tr></tbody></table>	Month	% R1 patients seen within target or within 25% of target date	Target	Dec-19	72%	100%	Jan-20	75%	100%	Feb-20	78%	100%	Mar-20	75%	100%	Apr-20	70%	100%	May-20	65%	100%	Jun-20	62%	100%	Jul-20	55%	100%	Aug-20	50%	100%	Sep-20	48%	100%	Oct-20	45%	100%	Nov-20	48%	100%	Dec-20	47%	100%																												
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Description	Current Performance	Trend																																																																																																																
<b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In February 2021, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It reduced from 6,239 in January 2021 to 5,087 in February 2021.</p> <p>The following is a breakdown for the 8 week breaches by diagnostic test for February 2021:</p> <ul style="list-style-type: none"><li>• Endoscopy= 2,109</li><li>• Cardiac tests= 1,454</li><li>• Neurophysiology= 901</li><li>• Radiology= 550</li><li>• Fluoroscopy= 38</li><li>• Cystoscopy= 21</li><li>• Physiological measurement= 14</li></ul>	<p><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p> <table><caption>Approximate data for Number of patients waiting longer than 8 weeks for diagnostics</caption><thead><tr><th>Month</th><th>Cardiac tests</th><th>Endoscopy</th><th>Other diagnostics (inc. radiology)</th></tr></thead><tbody><tr><td>Feb-20</td><td>500</td><td>0</td><td>0</td></tr><tr><td>Mar-20</td><td>1000</td><td>0</td><td>1000</td></tr><tr><td>Apr-20</td><td>1500</td><td>500</td><td>4000</td></tr><tr><td>May-20</td><td>2500</td><td>1200</td><td>4800</td></tr><tr><td>Jun-20</td><td>2500</td><td>1200</td><td>4500</td></tr><tr><td>Jul-20</td><td>2300</td><td>1300</td><td>4000</td></tr><tr><td>Aug-20</td><td>2700</td><td>1500</td><td>4000</td></tr><tr><td>Sep-20</td><td>2000</td><td>1800</td><td>3800</td></tr><tr><td>Oct-20</td><td>1500</td><td>2200</td><td>3000</td></tr><tr><td>Nov-20</td><td>1500</td><td>2100</td><td>3000</td></tr><tr><td>Dec-20</td><td>1500</td><td>2200</td><td>2800</td></tr><tr><td>Jan-21</td><td>1300</td><td>2300</td><td>2500</td></tr><tr><td>Feb-21</td><td>1454</td><td>2109</td><td>5087</td></tr></tbody></table>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Feb-20	500	0	0	Mar-20	1000	0	1000	Apr-20	1500	500	4000	May-20	2500	1200	4800	Jun-20	2500	1200	4500	Jul-20	2300	1300	4000	Aug-20	2700	1500	4000	Sep-20	2000	1800	3800	Oct-20	1500	2200	3000	Nov-20	1500	2100	3000	Dec-20	1500	2200	2800	Jan-21	1300	2300	2500	Feb-21	1454	2109	5087																																																								
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<b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In February 2021 there were 491 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in February 2021 are:</p> <ul style="list-style-type: none"><li>• Audiology=225</li><li>• Dietetics= 129</li><li>• Speech &amp; Language Therapy= 128</li><li>• Podiatry= 9</li></ul>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <table><caption>Approximate data for Number of patients waiting longer than 14 weeks for therapies</caption><thead><tr><th>Month</th><th>Occ Therapy/ LD (MH)</th><th>Occ Therapy (exc. MH)</th><th>Audiology</th><th>Speech &amp; Language</th><th>Dietetics</th><th>Phsyio</th><th>Podiatry</th></tr></thead><tbody><tr><td>Feb-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-20</td><td>0</td><td>0</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-20</td><td>0</td><td>0</td><td>200</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-20</td><td>0</td><td>0</td><td>300</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-20</td><td>0</td><td>0</td><td>400</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-20</td><td>0</td><td>0</td><td>500</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-20</td><td>0</td><td>0</td><td>600</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-20</td><td>0</td><td>0</td><td>700</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-20</td><td>0</td><td>0</td><td>800</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Dec-20</td><td>0</td><td>0</td><td>900</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-21</td><td>0</td><td>0</td><td>1000</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Feb-21</td><td>0</td><td>0</td><td>1100</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></tbody></table>	Month	Occ Therapy/ LD (MH)	Occ Therapy (exc. MH)	Audiology	Speech & Language	Dietetics	Phsyio	Podiatry	Feb-20	0	0	0	0	0	0	0	Mar-20	0	0	0	0	0	0	0	Apr-20	0	0	100	0	0	0	0	May-20	0	0	200	0	0	0	0	Jun-20	0	0	300	0	0	0	0	Jul-20	0	0	400	0	0	0	0	Aug-20	0	0	500	0	0	0	0	Sep-20	0	0	600	0	0	0	0	Oct-20	0	0	700	0	0	0	0	Nov-20	0	0	800	0	0	0	0	Dec-20	0	0	900	0	0	0	0	Jan-21	0	0	1000	0	0	0	0	Feb-21	0	0	1100	0	0	0	0
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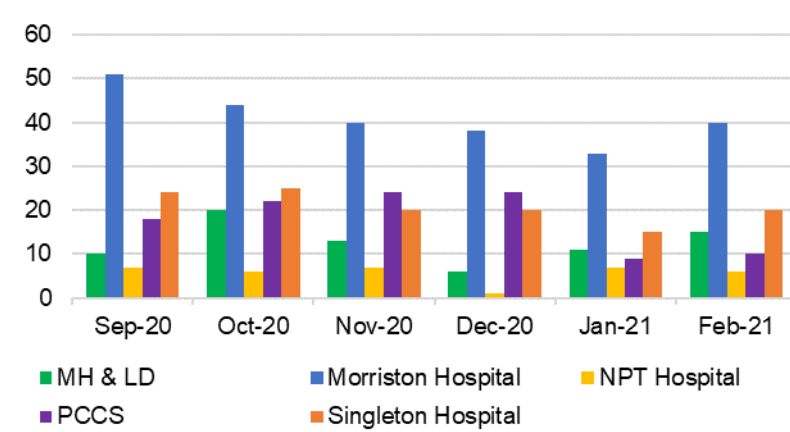
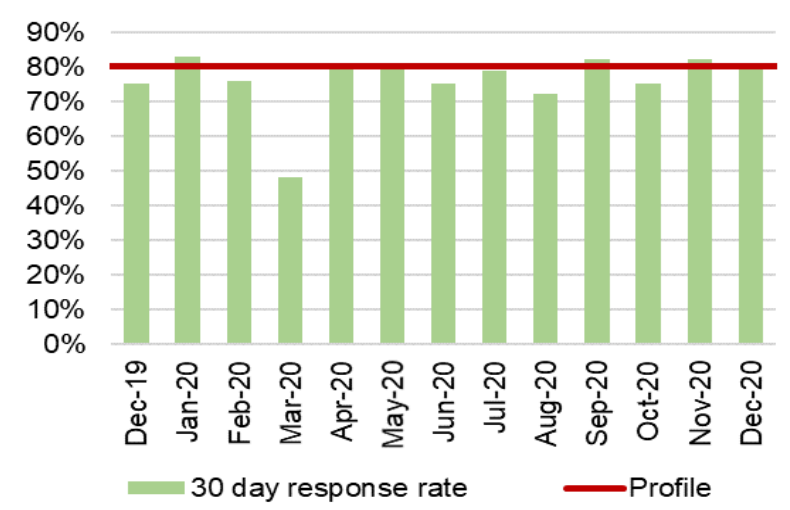
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Description	Current Performance		Trend																																																	
<b>Single Cancer Pathway</b> <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i>	February 2021 figures will be finalised on the 31 <sup>st</sup> March 2021.		<b>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</b>  — Morriston — Singleton — NPTH																																																	
	<table><tr><th>Tumour Site</th><th>Breaches</th><th>Tumour Site</th><th>Breaches</th></tr><tr><td>Urological</td><td>23</td><td>Upper GI</td><td>5</td></tr><tr><td>Lower GI</td><td>19</td><td>Breast</td><td>4</td></tr><tr><td>Lung</td><td>10</td><td>Sarcoma</td><td>2</td></tr><tr><td>Haematology</td><td>7</td><td>Skin</td><td>1</td></tr><tr><td>Head &amp; Neck</td><td>6</td><td>Gynaecological</td><td>5</td></tr></table>	Tumour Site			Breaches	Tumour Site	Breaches	Urological	23	Upper GI	5	Lower GI	19	Breast	4	Lung	10	Sarcoma	2	Haematology	7	Skin	1	Head & Neck	6	Gynaecological	5																									
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	<table><tr><th>Tumour Site</th><th>63 - 103 days</th><th>≥104 days</th></tr><tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr><tr><td>Brain/CNS</td><td>2</td><td>0</td></tr><tr><td>Breast</td><td>6</td><td>1</td></tr><tr><td>Children's cancer</td><td>0</td><td>0</td></tr><tr><td>Gynaecological</td><td>24</td><td>8</td></tr><tr><td>Haematological</td><td>6</td><td>7</td></tr><tr><td>Head and neck</td><td>12</td><td>5</td></tr><tr><td>Lower Gastrointestinal</td><td>51</td><td>54</td></tr><tr><td>Lung</td><td>7</td><td>5</td></tr><tr><td>Other</td><td>7</td><td>8</td></tr><tr><td>Sarcoma</td><td>4</td><td>1</td></tr><tr><td>Skin(c)</td><td>4</td><td>4</td></tr><tr><td>Upper Gastrointestinal</td><td>21</td><td>19</td></tr><tr><td>Urological</td><td>25</td><td>24</td></tr><tr><td><b>Grand Total</b></td><td><b>169</b></td><td><b>136</b></td></tr></table>	Tumour Site			63 - 103 days	≥104 days	Acute Leukaemia	0	0	Brain/CNS	2	0	Breast	6	1	Children's cancer	0	0	Gynaecological	24	8	Haematological	6	7	Head and neck	12	5	Lower Gastrointestinal	51	54	Lung	7	5	Other	7	8	Sarcoma	4	1	Skin(c)	4	4	Upper Gastrointestinal	21	19	Urological	25	24	<b>Grand Total</b>	<b>169</b>	<b>136</b>	
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<b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i>	Week to week through February 2021 the percentage of patients seen within 14 days to first appointment ranged between 12% and 19%.	<b>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of February 2021</b> <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>&gt;31</th><th>Total</th></tr><tr><td>Breast</td><td>0</td><td>2</td><td>111</td><td>25</td><td>138</td></tr><tr><td>Children Cancer</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Gynaecological</td><td>0</td><td>2</td><td>68</td><td>12</td><td>82</td></tr><tr><td>Haematological</td><td>0</td><td>0</td><td>1</td><td>0</td><td>1</td></tr><tr><td>Head&amp;Neck</td><td>8</td><td>10</td><td>1</td><td>0</td><td>19</td></tr><tr><td>LGI</td><td>2</td><td>1</td><td>3</td><td>28</td><td>34</td></tr><tr><td>Lung</td><td>0</td><td>0</td><td>1</td><td>0</td><td>1</td></tr><tr><td>Other</td><td>5</td><td>5</td><td>1</td><td>0</td><td>11</td></tr><tr><td>Sarcoma</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Skin</td><td>6</td><td>5</td><td>8</td><td>6</td><td>25</td></tr><tr><td>UGI</td><td>3</td><td>2</td><td>0</td><td>0</td><td>5</td></tr><tr><td>Urological</td><td>0</td><td>13</td><td>4</td><td>2</td><td>19</td></tr><tr><td>Total</td><td>24</td><td>40</td><td>198</td><td>73</td><td>335</td></tr></table>		≤10	11-20	21-30	>31	Total	Breast	0	2	111	25	138	Children Cancer	0	0	0	0	0	Gynaecological	0	2	68	12	82	Haematological	0	0	1	0	1	Head&Neck	8	10	1	0	19	LGI	2	1	3	28	34	Lung	0	0	1	0	1	Other	5	5	1	0	11	Sarcoma	0	0	0	0	0	Skin	6	5	8	6	25	UGI	3	2	0	0	5	Urological	0	13	4	2	19	Total	24	40	198	73	335																																																																					
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<b>Radiotherapy waiting times</b>  <i>The percentage of patients receiving radiotherapy treatment</i>	Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak. <table><tr><th>Measure</th><th>Target</th><th>Feb-21</th></tr><tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>35%</td></tr><tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>80%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>23%</td></tr><tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>91%</td></tr><tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr><tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr><tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>61%</td></tr><tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>75%</td></tr></table>	Measure	Target	Feb-21	Scheduled (21 Day Target)	80%	35%	Scheduled (28 Day Target)	100%	80%	Urgent SC (7 Day Target)	80%	23%	Urgent SC (14 Day Target)	100%	91%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	61%	Elective Delay (28 Day Target)	100%	75%	<b>Radiotherapy waiting times</b> <table><caption>Radiotherapy waiting times (Estimated Data)</caption><thead><tr><th>Month</th><th>Scheduled (21 Day Target)</th><th>Scheduled (28 Day Target)</th><th>Urgent SC (7 Day Target)</th><th>Urgent SC (14 Day Target)</th><th>Emergency (within 1 day)</th><th>Emergency (within 2 days)</th><th>Elective Delay (21 Day Target)</th><th>Elective Delay (28 Day Target)</th></tr></thead><tbody><tr><td>Feb-20</td><td>30%</td><td>70%</td><td>50%</td><td>90%</td><td>60%</td><td>100%</td><td>55%</td><td>70%</td></tr><tr><td>Mar-20</td><td>55%</td><td>90%</td><td>55%</td><td>90%</td><td>80%</td><td>100%</td><td>80%</td><td>90%</td></tr><tr><td>Apr-20</td><td>50%</td><td>80%</td><td>45%</td><td>90%</td><td>80%</td><td>100%</td><td>75%</td><td>80%</td></tr><tr><td>May-20</td><td>45%</td><td>90%</td><td>35%</td><td>90%</td><td>80%</td><td>100%</td><td>85%</td><td>90%</td></tr><tr><td>Jun-20</td><td>60%</td><td>90%</td><td>65%</td><td>90%</td><td>90%</td><td>100%</td><td>90%</td><td>90%</td></tr><tr><td>Jul-20</td><td>50%</td><td>90%</td><td>55%</td><td>90%</td><td>50%</td><td>100%</td><td>50%</td><td>90%</td></tr><tr><td>Aug-20</td><td>45%</td><td>70%</td><td>55%</td><td>90%</td><td>45%</td><td>100%</td><td>45%</td><td>70%</td></tr><tr><td>Sep-20</td><td>60%</td><td>80%</td><td>55%</td><td>90%</td><td>60%</td><td>100%</td><td>60%</td><td>80%</td></tr><tr><td>Oct-20</td><td>55%</td><td>70%</td><td>45%</td><td>90%</td><td>55%</td><td>100%</td><td>55%</td><td>70%</td></tr><tr><td>Nov-20</td><td>55%</td><td>70%</td><td>30%</td><td>90%</td><td>55%</td><td>100%</td><td>55%</td><td>70%</td></tr><tr><td>Dec-20</td><td>70%</td><td>80%</td><td>50%</td><td>90%</td><td>70%</td><td>100%</td><td>70%</td><td>80%</td></tr><tr><td>Jan-21</td><td>65%</td><td>80%</td><td>50%</td><td>90%</td><td>65%</td><td>100%</td><td>65%</td><td>80%</td></tr><tr><td>Feb-21</td><td>35%</td><td>80%</td><td>23%</td><td>91%</td><td>100%</td><td>100%</td><td>61%</td><td>75%</td></tr></tbody></table>	Month	Scheduled (21 Day Target)	Scheduled (28 Day Target)	Urgent SC (7 Day Target)	Urgent SC (14 Day Target)	Emergency (within 1 day)	Emergency (within 2 days)	Elective Delay (21 Day Target)	Elective Delay (28 Day Target)	Feb-20	30%	70%	50%	90%	60%	100%	55%	70%	Mar-20	55%	90%	55%	90%	80%	100%	80%	90%	Apr-20	50%	80%	45%	90%	80%	100%	75%	80%	May-20	45%	90%	35%	90%	80%	100%	85%	90%	Jun-20	60%	90%	65%	90%	90%	100%	90%	90%	Jul-20	50%	90%	55%	90%	50%	100%	50%	90%	Aug-20	45%	70%	55%	90%	45%	100%	45%	70%	Sep-20	60%	80%	55%	90%	60%	100%	60%	80%	Oct-20	55%	70%	45%	90%	55%	100%	55%	70%	Nov-20	55%	70%	30%	90%	55%	100%	55%	70%	Dec-20	70%	80%	50%	90%	70%	100%	70%	80%	Jan-21	65%	80%	50%	90%	65%	100%	65%	80%	Feb-21	35%	80%	23%	91%	100%	100%	61%	75%
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Scheduled (28 Day Target)	100%	80%																																																																																																																																																									
Urgent SC (7 Day Target)	80%	23%																																																																																																																																																									
Urgent SC (14 Day Target)	100%	91%																																																																																																																																																									
Emergency (within 1 day)	80%	100%																																																																																																																																																									
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Elective Delay (21 Day Target)	80%	61%																																																																																																																																																									
Elective Delay (28 Day Target)	100%	75%																																																																																																																																																									
Month	Scheduled (21 Day Target)	Scheduled (28 Day Target)	Urgent SC (7 Day Target)	Urgent SC (14 Day Target)	Emergency (within 1 day)	Emergency (within 2 days)	Elective Delay (21 Day Target)	Elective Delay (28 Day Target)																																																																																																																																																			
Feb-20	30%	70%	50%	90%	60%	100%	55%	70%																																																																																																																																																			
Mar-20	55%	90%	55%	90%	80%	100%	80%	90%																																																																																																																																																			
Apr-20	50%	80%	45%	90%	80%	100%	75%	80%																																																																																																																																																			
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Jun-20	60%	90%	65%	90%	90%	100%	90%	90%																																																																																																																																																			
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Aug-20	45%	70%	55%	90%	45%	100%	45%	70%																																																																																																																																																			
Sep-20	60%	80%	55%	90%	60%	100%	60%	80%																																																																																																																																																			
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Feb-21	35%	80%	23%	91%	100%	100%	61%	75%																																																																																																																																																			

FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
<b>Follow-up appointments</b>  1. The total number of patients on the follow-up waiting list  2. The number of patients waiting 100% over target for a follow-up appointment	<p>In February 2021, the overall size of the follow-up waiting list increased by 883 patients compared with January 2021 (from 119,999 to 120,882).</p> <p>In February 2021, there was a total of 57,458 patients waiting for a follow-up past their target date. This is an in-month increase of 0.3% (from 57,297 in January 2021 to 57,458 in February 2021).</p> <p>Of the 57,458 delayed follow-ups in February 2021, 9,357 had appointment dates and 48,101 were still waiting for an appointment.</p> <p>In addition, 28,862 patients were waiting 100%+ over target date in February 2021. This is a 1.6% increase when compared with January 2021.</p>	<p><b>1. Total number of patients waiting for a follow-up</b></p>  <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p> 



PATIENT EXPERIENCE		
Description	Current Performance	Trend
<b>Patient experience</b>  1. Number of friends and family surveys completed  2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> <li>Health Board Friends &amp; Family patient satisfaction level in February 2021 was 85% and 798 surveys were completed:               <ul style="list-style-type: none"> <li>Neath Port Talbot Hospital (NPTH) completed 31 surveys in February 2021, with a recommended score of 32%.</li> <li>Singleton Hospital completed 459 surveys for February 2021, with a recommended score of 92%.</li> <li>Morrison Hospital completed 211 surveys in February 2021, with a recommended score of 82%.</li> <li>Mental Health &amp; Learning Disabilities completed 8 surveys for February 2021, with a recommended score of 88%.</li> <li>Primary &amp; Community Care completed 97 surveys for February 2021, with a recommended score of 77%.</li> </ul> </li> </ul>	<p><b>1. Number of friends and family surveys completed</b></p> <p><b>2. % of patients/ service users who would recommend and highly recommend</b></p>

COMPLAINTS																																												
Description	Current Performance	Trend																																										
<b>Patient concerns</b>																																												
<i>1. Number of formal complaints received</i>	<p>1. In February 2021, the Health Board received 94 formal complaints; this is a 17% reduction when compared with February 2020 (from 113 to 94).</p> <p>The monthly number of complaints received has been significantly lower since the COVID19 outbreak in March 2020 however, the numbers have gradually increased month on month since April 2020 until December 2020 when numbers started to reduce again.</p>	<p><b>1. Number of formal complaints received</b></p>  <table><caption>1. Number of formal complaints received</caption><thead><tr><th>Month</th><th>MH &amp; LD</th><th>Morriston Hospital</th><th>NPT Hospital</th><th>PCCS</th><th>Singleton Hospital</th></tr></thead><tbody><tr><td>Sep-20</td><td>10</td><td>50</td><td>5</td><td>18</td><td>25</td></tr><tr><td>Oct-20</td><td>20</td><td>45</td><td>5</td><td>22</td><td>25</td></tr><tr><td>Nov-20</td><td>13</td><td>40</td><td>5</td><td>24</td><td>20</td></tr><tr><td>Dec-20</td><td>5</td><td>38</td><td>2</td><td>24</td><td>20</td></tr><tr><td>Jan-21</td><td>11</td><td>33</td><td>7</td><td>8</td><td>15</td></tr><tr><td>Feb-21</td><td>15</td><td>40</td><td>5</td><td>10</td><td>20</td></tr></tbody></table>	Month	MH & LD	Morriston Hospital	NPT Hospital	PCCS	Singleton Hospital	Sep-20	10	50	5	18	25	Oct-20	20	45	5	22	25	Nov-20	13	40	5	24	20	Dec-20	5	38	2	24	20	Jan-21	11	33	7	8	15	Feb-21	15	40	5	10	20
Month	MH & LD	Morriston Hospital	NPT Hospital	PCCS	Singleton Hospital																																							
Sep-20	10	50	5	18	25																																							
Oct-20	20	45	5	22	25																																							
Nov-20	13	40	5	24	20																																							
Dec-20	5	38	2	24	20																																							
Jan-21	11	33	7	8	15																																							
Feb-21	15	40	5	10	20																																							
<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>2. The overall Health Board rate for responding to concerns within 30 working days was 80% in December 2020 against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Performance in December 2020 ranged from 0% in Neath Port Talbot Hospital to 91% in Morriston Hospital.</p> <p>* In December 2020, Neath Port Talbot Hospital achieved 0% as the one complaint was not closed within timeframe.</p>	<p><b>2. Response rate for concerns within 30 days</b></p>  <table><caption>2. Response rate for concerns within 30 days</caption><thead><tr><th>Month</th><th>30 day response rate</th></tr></thead><tbody><tr><td>Dec-19</td><td>75%</td></tr><tr><td>Jan-20</td><td>82%</td></tr><tr><td>Feb-20</td><td>75%</td></tr><tr><td>Mar-20</td><td>48%</td></tr><tr><td>Apr-20</td><td>80%</td></tr><tr><td>May-20</td><td>80%</td></tr><tr><td>Jun-20</td><td>75%</td></tr><tr><td>Jul-20</td><td>80%</td></tr><tr><td>Aug-20</td><td>72%</td></tr><tr><td>Sep-20</td><td>82%</td></tr><tr><td>Oct-20</td><td>75%</td></tr><tr><td>Nov-20</td><td>82%</td></tr><tr><td>Dec-20</td><td>80%</td></tr></tbody></table>	Month	30 day response rate	Dec-19	75%	Jan-20	82%	Feb-20	75%	Mar-20	48%	Apr-20	80%	May-20	80%	Jun-20	75%	Jul-20	80%	Aug-20	72%	Sep-20	82%	Oct-20	75%	Nov-20	82%	Dec-20	80%														
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## 6 HARM QUADRANT- HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

### 6.1 Overview

Harm from wider societal actions/lockdown																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Childhood immunisations																	
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%	+	97.0%			95.9%			97.1%			97.2%			
	Swansea			+	95.5%			96.9%			96.2%			96.4%			
	HB Total			+	96.1%			96.5%			96.5%			96.7%			
% children who received MenB2 vaccine by age 1	NPT	95%	90%	+	97.0%			96.6%			97.1%			97.8%			
	Swansea			+	95.3%			96.9%			96.0%			95.8%			
	HB Total			+	95.9%			96.8%			96.4%			96.6%			
% children who received PCV2 vaccine by age 1	NPT	95%	90%	+	97.3%			95.6%			96.8%			98.1%			
	Swansea			+	95.9%			96.9%			95.8%			96.2%			
	HB Total			+	96.4%			96.4%			96.2%			96.9%			
% children who received Rotavirus vaccine by age 1	NPT	95%	90%	+	96.4%			95.6%			95.5%			95.0%			
	Swansea			+	94.2%			97.6%			94.5%			95.1%			
	HB Total			+	95.0%			96.9%			94.8%			95.1%			
% children who received MMR1 vaccine by age 2	NPT	95%	90%	+	95.3%			92.1%			96.5%			93.6%			
	Swansea			+	94.4%			95.6%			94.8%			95.2%			
	HB Total			+	94.7%			94.4%			95.4%			94.6%			
% children who received PCV3 vaccine by age 2	NPT	95%	90%	+	96.4%			92.4%			96.5%			93.9%			
	Swansea			+	93.9%			95.1%			95.0%			95.2%			
	HB Total			+	94.8%			94.1%			95.5%			94.7%			
% children who received MenB4 vaccine by age 2	NPT	95%	90%	+	96.1%			92.1%			96.5%			93.9%			
	Swansea			+	93.0%			94.2%			95.2%			95.2%			
	HB Total			+	94.2%			93.5%			95.6%			94.7%			
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%	+	95.6%			91.5%			96.8%			93.6%			
	Swansea			+	93.0%			94.8%			94.7%			94.8%			
	HB Total			+	94.0%			93.6%			95.4%			94.4%			

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
% children who are up to date in schedule by age 4	NPT	95%	90%	↑ ↓ ↓	91.6%			88.0%			85.9%			86.4%			
	Swansea			↑ ↓ ↓	86.5%			89.2%			87.7%			87.8%			
	HB Total			↑ ↓ ↓	88.4%			88.7%			87.0%			87.2%			
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%	↑ ↓ ↓	92.0%			91.8%			92.8%			92.0%			
	Swansea			↑ ↓ ↓	91.0%			90.2%			91.0%			92.0%			
	HB Total			↑ ↓ ↓	92.0%			90.8%			91.7%			92.0%			
% children who received 3 in 1 vaccine by age 5	NPT	95%	90%	↑ ↓ ↓	92.6%			92.6%			93.6%			92.5%			
	Swansea			↑ ↓ ↓	92.1%			91.9%			92.4%			93.1%			
	HB Total			↑ ↓ ↓	92.3%			92.2%			92.8%			92.9%			
% children who received MMR vaccination by age 16	NPT	95%	90%	↑ ↓ ↓	95.9%			96.1%			95.6%			96.0%			
	Swansea			↑ ↓ ↓	95.2%			94.5%			94.1%			93.6%			
	HB Total			↑ ↓ ↓	95.5%			95.1%			94.7%			94.5%			
% children who received teenage booster by age 16	NPT	90%	85%	↑ ↓ ↓	89.3%			89.9%			92.4%			92.7%			
	Swansea			↑ ↓ ↓	91.5%			91.5%			91.6%			92.2%			
	HB Total			↑ ↓ ↓	90.7%			90.9%			91.9%			92.4%			
% children who received MenACWY vaccine by age 16	NPT	Improve		↑ ↓ ↓	90.7%			91.8%			93.1%			92.9%			
	Swansea			↑ ↓ ↓	92.2%			91.5%			92.7%			92.3%			
	HB Total			↑ ↓ ↓	91.6%			91.6%			92.8%			92.5%			

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Mental Health Services																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	94%	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%			93%	67%	44%	78%	100%	100%	100%	98%	90%	88%	61%	53%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			0%	14%		89%	100%	100%	100%	62%	29%	41%	73%	29%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			93%	75%	46%	72%	100%	100%	100%	98%	79%	62%	58%	60%	
% 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%			97%	97%	99%	99%	100%	99%	99%	97%	99.5%	98%	99%	96%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			100%	95%		100%	100%	100%	86%	100%	100%	100%	100%	93%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			94%	97%	97%	100%	96%	96%	88%	94%	93%	98%	95%	95%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			100%	99.5%	93%	89%	84%	89%	91%	99%	99.7%	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%			35%	38%	35%	30%	28%	30%	24%	21%	22%	24%	26%	24%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%			99%	99%	99%	97%	91%	98%	98%	81%	82%	81%	82%	83%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%			92%	91%	93%	92%	92%	94%	92%	90%	91%	91%	89%	91%	

## 6.2 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																										
Description	Current Performance	Trend																																																																																																																																																																								
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In January 2021, 96% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In January 2021, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 95%.</p> <p>3. 91% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in January 2021.</p> <p>4. In January 2021, 100% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p><b>1. % Mental Health assessments undertaken within 28 days from receipt of referral</b></p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (&gt;18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jan-20</td><td>96%</td><td>95%</td></tr> <tr><td>Feb-20</td><td>96%</td><td>95%</td></tr> <tr><td>Mar-20</td><td>96%</td><td>95%</td></tr> <tr><td>Apr-20</td><td>96%</td><td>95%</td></tr> <tr><td>May-20</td><td>96%</td><td>95%</td></tr> <tr><td>Jun-20</td><td>96%</td><td>95%</td></tr> <tr><td>Jul-20</td><td>96%</td><td>95%</td></tr> <tr><td>Aug-20</td><td>96%</td><td>95%</td></tr> <tr><td>Sep-20</td><td>96%</td><td>95%</td></tr> <tr><td>Oct-20</td><td>96%</td><td>95%</td></tr> <tr><td>Nov-20</td><td>96%</td><td>95%</td></tr> <tr><td>Dec-20</td><td>96%</td><td>95%</td></tr> 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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 January 2021, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 29% of routine assessments were undertaken within 28 days from referral in January 2021 against a target of 80%.</p> <p>3. 93% of therapeutic interventions were started within 28 days following assessment by LPMHSS in January 2021.</p> <p>4. 24% of NDD patients received a diagnostic assessment within 26 weeks in January 2021 against a target of 80%.</p> <p>5. 60% of routine assessments by SCAMHS were undertaken within 28 days in January 2021.</p>	<p><b>1. Crisis- assessment within 48 hours</b></p> <p><b>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</b></p> <p><i>*Data for April 2020 not available for measures 2 and 3</i></p> <p><b>4. NDD- assessment within 26 weeks</b></p> <p><b>5. S-CAMHS % assessments within 28 days</b></p>

## 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			Feb-21						1,207
	Number of staff referred for Antigen Testing*	Local			Feb-21						366
	Number of staff awaiting results of COVID19 test*	Local			Feb-21						69 (as at 06/03/21)
	Number of COVID19 related incidents*	Local			Feb-21						63
	Number of COVID19 related serious incidents*	Local			Feb-21						0
	Number of COVID19 related complaints*	Local			Feb-21						131
	Number of COVID19 related risks*	Local			Feb-21						3
	Number of staff self isolated (asymptomatic)*	Local			Jan-21						218
	Number of staff self isolated (symptomatic)*	Local			Jan-21						316
	% sickness*	Local			Jan-21						4.0%

\* 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	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Feb-21	215		4			219
	% 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%		Feb-21	61.0%	99.7%				71.3%
	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		Feb-21	534	0				534
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Feb-21	18%					18%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Feb-21	31%					31%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Feb-21	97%					97%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Feb-21	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Feb-21	61%					61%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	30	Feb-21	3	0	3	11	0	17
	Number of S.aureus bacteraemia cases	National		11	Feb-21	3	0	3	2	0	8
	Number of C.difficile cases	National		11	Feb-21	5	2	2	2	0	11
	Number of Klebsiella cases	National		7	Feb-21	2	1	1	2	0	6
	Number of Aeruginosa cases	National		3	Feb-21	0	0	0	1	0	1
	Compliance with hand hygiene audits	Local	95%		Feb-21	93%	100%	89%	100%	97%	93%
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Dec-12	86.0%					86.0%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Dec-12	54.1%					54.1%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Dec-12	68.5%					68.5%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Dec-12	74.3%					74.3%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Dec-12	73.5%					73.5%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Dec-12	75.6%					75.6%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Nov-20	7.6%					7.6%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Nov-20	65.4%					65.4%
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		Feb-21	1	0	1	2	1	5
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Feb-21						10%
	Number of Never Events	Local	0		Feb-21	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Jan-21	31	1	19	25	0	76
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Jan-21	2	0	0	5	0	7
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Jan-21						948
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Feb-21	67	30	42	11	27	177
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Feb-21						5.39
Mortality	Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Local	95%		Jan-21	100%	100%	100%			100%
	Stage 2 mortality reviews completed within 60 days	Local	95%		Nov-20	25%	100%	-			36%
	Crude hospital mortality rate by Delivery Unit (74 years of age or less)	National	12 month reduction trend		Dec-20	1.86%	0.20%	0.54%			1.08%

Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	12 month improvement trend		Jan-21						68%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Feb-21	12,479	111	8,414	221		21,225
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Feb-21	21,199	43	10,788	204		32,234
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Feb-21	2,978		2,109			5,087
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Feb-21		129		362	0	491
	Total number of patients waiting for a follow-up outpatient appointment	National	95,104		Feb-21						120,882
	Number of patients delayed by over 100% past their target date	National	17,187		Feb-21						28,862
	Number of patients delayed past their agreed target date (booked and not booked)	Local	44,766		Feb-21						57,458
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Dec-20						326
	Number of patients without a documented clinical review date	Local	0		Feb-21						25
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Feb-21	211	31	459	97	8	798
	% of patients who would recommend and highly recommend	Local	90%	80%	Feb-21	82%	32%	92%	77%	88%	85%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Feb-21	71%	100%	95%	100%	-	94%
	Number of new complaints received	Local	12 month reduction rend		Feb-21	40	6	20	10	15	94
	% 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%	Dec-20	91%	0%	70%	77%	75%	80%

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



Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q3 2020/21						96.7%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q3 2020/21						96.6%
	% children who received PCV2 vaccine by age 1		95%	90%	Q3 2020/21						96.9%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q3 2020/21						95.1%
	% children who received MMR1 vaccine by age 2		95%	90%	Q3 2020/21						94.6%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q3 2020/21						94.7%
	% children who received MenB4 vaccine by age 2		95%	90%	Q3 2020/21						94.7%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q3 2020/21						94.4%
	% children who are up to date in schedule by age 4		95%	90%	Q3 2020/21						87.2%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q3 2020/21						92.0%
	% children who received 2 in 1 vaccine by age 5	Local	95%	90%	Q3 2020/21						92.9%
	% children who received MMR vaccination by age 16		95%	90%	Q3 2020/21						94.5%
	% children who received Teenage booster by age 16		90%	85%	Q3 2020/21						92.4%
	% children who received MenACWY vaccine by age 16		Improve		Q3 2020/21						92.5%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Jan-21						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Jan-21						53%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Jan-21						29%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Jan-21						60%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Jan-21					96%	96%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Jan-21						93%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Jan-21					95%	95%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Jan-21					100%	100%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Jan-21						24%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Jan-21						83%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Jan-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	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
COVID19 related measures	Number of new COVID19 cases	Local	Jan-21	3,759		Reduce							1,381	303	57	53	66	787	4,663	5,525	11,973	3,759	1,207
	Number of staff referred for Antigen Testing	Local	Jan-21	10,749		Reduce							2,281	2,785	3,102	3,329	3,564	4,765	6,460	8,201	10,065	10,749	11,115
	Number of staff awaiting results of COVID19 test	Local	Jan-21	78		Reduce							0	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)
	Number of COVID19 related incidents	Local	Jan-21	84		Reduce							119	67	40	26	39	30	87	141	127	84	63
	Number of COVID19 related serious incidents	Local	Jan-21	0		Reduce							1	0	2	0	11	1	1	1	0	0	0
	Number of COVID19 related complaints	Local	Jan-21	106		Reduce							77	61	39	58	27	30	37	50	83	106	131
	Number of COVID19 related risks	Local	Jan-21	3		Reduce							19	20	19	5	8	2	6	7	10	3	3
	Number of staff self isolated (asymptomatic)	Local	Dec-20	475		Reduce							851	516	474	422	420	353	329	291	475	218	
	Number of staff self isolated (symptomatic)	Local	Dec-20	394		Reduce							860	292	141	70	36	72	132	294	394	316	
	% sickness	Local	Dec-20	6.5%		Reduce							13.2%	6.0%	4.5%	3.6%	3.5%	3.2%	3.5%	4.4%	6.5%	4.0%	

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	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Feb-21	70%	65%	65%	✔	59.6% (Jan-21)	2nd (Jan-21)		69%	69%	70%	75%	76%	74%	72%	69%	66%	67%	54%	67%	70%	
	Number of ambulance handovers over one hour	National	Feb-21	219	0			2,997 (Jan-21)	1st (Jan-21)		704	462	61	20	47	120	163	410	355	500	510	195	219	
	Handover hours lost over 15 minutes	Local	Feb-21	0							2,247	1,623	209	125	178	315	418	1,100	916	1,474	1,804	455	0	
	% 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	Feb-21	71%	95%			74.2% (Jan-21)	5th (Jan-21)		74.1%	72.8%	78.4%	83.5%	87.7%	80.1%	80.6%	76.4%	77.2%	75.4%	72.6%	77%	71%	
	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	Feb-21	534	0			5,462 (Jan-21)	3rd (Jan-21)		783	557	131	97	81	223	286	537	494	626	776	570	534	
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Nov-20	65.4%	12 month ↑			79.8% (Nov-20)	6th (Nov-20)		87.5%	75.0%	78.9%	77.1%	95.5%	93.5%	93.9%	89.4%	89.7%	65.4%				
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Dec-20	86.0%	12 month ↑			60% (Dec-20)	2nd (Dec-20)		79.0%	79.0%	79.0%	80.0%	82.0%	83.0%	83.0%	84.0%	84.0%	85.0%	86.0%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Feb-21	18%	54.0%			7.1% (Dec-20)	5th out of 6 organisations (Dec-20)		62%	47.4%	Data not available			52.7%	57.4%	51.4%	50.0%	29.8%	23.7%	7.1%	6.8%	18.2%
	CT Scan (<1 hrs) (local)	Local	Feb-21	31%							38%	42.5%				49.1%	48.2%	52.8%	62.5%	42.1%	31.7%	22.7%	42.2%	30.6%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Feb-21	97%	85.3%			80.7% (Dec-20)	2nd (Dec-20)		97%	97.5%				100.0%	94.6%	97.2%	97.5%	98.2%	96.7%	95.5%	95.6%	97.2%
	Thrombolysis door to needle <= 45 mins	Local	Feb-21	0%	12 month ↑						0%	0.0%				30.0%	25.0%	0.0%	12.5%	11.1%	28.6%	0.0%	12.5%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Feb-21	61%	12 month ↑			44.6% (Dec-20)	1st (Dec-20)		28%	32.8%				30.7%	44.3%	61.7%	80.1%	86.5%	65.1%	63.4%	65.7%	61.2%
	% 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)															
DTCs	Number of mental health HB DToCs	National	Mar-20	13	12 month ↓	27	✔				16	13	DTC reporting temporarily suspended											
	Number of non-mental health HB DToCs	National	Mar-20	60	12 month ↓	50	✘				69	60	DTC 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)			26.2%			2.5%									



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	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-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)		2019/20=38.8%												
	% of population regularly accessing NHS primary dental care	Local	Q4 19/20	60.6%	4 quarter ↑			54.8% (Q4 19/20)	2nd (Q4 19/20)			61%											
	% of children regularly accessing NHS primary dental care within 24 months	National	Q4 19/20	78.7%	4 quarter ↑			68.3% (Q4 19/20)	1st (Q4 19/20)			79%											
	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Jan-21	5.9%	4 quarter ↓			21.8% (Q3 20/21)	1st (Q3 20/21)		31.8%	29.4%	19.2%	16.8%	14.7%	18.6%	24.7%	23.8%	27.2%	17.2%	12.0%	5.9%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Feb-21 (draft)	50.0%	12 month ↑			63.5% (Nov-20)	5th out of 6 organisations (Nov-20)		48.0%	58.0%	54.7%	61.8%	59.9%	68.2%	67.4%	62.4%	65.9%	55.4%	61.0%	67.9%	50.0%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Feb-21	35%	80%		✗				28%	56%	49%	46%	57%	71%	63%	60%	75%	58%	71%	45%	35%
	Scheduled (28 Day Target)	Local	Feb-21	80%	100%		✗				58%	77%	86%	84%	93%	97%	92%	86%	90%	85%	88%	82%	80%
	Urgent SC (7 Day Target)	Local	Feb-21	23%	80%		✗				52%	48%	45%	33%	65%	57%	57%	54%	43%	31%	50%	50%	23%
	Urgent SC (14 Day Target)	Local	Feb-21	91%	100%		✗				92%	89%	91%	83%	90%	97%	91%	92%	86%	100%	85%	94%	91%
	Emergency (within 1 day)	Local	Feb-21	100%	80%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Emergency (within 2 days)	Local	Feb-21	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	Feb-21	61%	80%		✗				56%	84%	76%	83%	92%	52%	46%	58%	58%	56%	71%	69%	61%
	Elective Delay (28 Day Target)	Local	Feb-21	75%	100%		✗				73%	94%	88%	100%	100%	97%	75%	60%	75%	73%	88%	89%	75%
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Feb-21	5,087	0			56,480 (Dec-20)	3rd (Dec-20)		424	1,407	5,788	8,346	8,033	7,510	8,070	7,666	6,645	6,610	6,579	6,239	5,087
	Number of patients waiting > 14 weeks for a specified therapy	National	Feb-21	491	0			4,643 (Dec-20)	6th (Dec-20)		1	51	387	982	1,646	1,554	1,518	1,350	1,135	817	708	584	491
	% of patients waiting < 26 weeks for treatment	National	Feb-21	48%	95%			52.3% (Dec-20)	7th (Dec-20)		82.3%	80.2%	72.3%	64.0%	59.4%	52.5%	43.7%	41.0%	44.8%	47.6%	48.0%	47.0%	47.9%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Feb-21	21,225	0						1,306	2,055	5,499	9,300	11,964	15,721	20,497	23,069	22,050	21,005	21,179	21,208	21,225
	Number of patients waiting > 36 weeks for treatment	National	Feb-21	32,719	0			226,138 (Dec-20)	3rd (Dec-20)		5,729	6,509	8,355	10,247	13,419	18,078	22,494	26,046	31,508	35,387	35,126	33,991	32,719
	The number of patients waiting for a follow-up outpatient appointment	National	Feb-21	120,882	35% reduction by March 2021	95,104	✗	754,816 (Dec-20)	5th (Dec-20)		128,674	125,708	123,082	121,434	120,468	120,062	120,969	120,962	120,968	120,874	119,963	119,999	120,882
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Feb-21	28,862		17,187	✗	202,329 (Dec-20)	5th (Dec-20)		17,747	18,258	19,538	21,026	21,448	22,101	23,209	24,472	26,217	27,156	27,641	28,419	28,862
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Dec-20	47%	95%			43.6% (Dec-20)	3rd (Dec-20)		78.5%	76.2%	69.9%	64.1%	63.4%	55.5%	50.9%	47.7%	45.2%	48.4%	47.3%		
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	Feb-21	7.4%	12 month ↓						6.0%	5.6%	5.2%	3.7%	4.5%	4.4%	4.9%	6.2%	6.5%	6.9%	7.5%	6.7%	7.4%
	% of patients who did not attend a follow-up outpatient appointment	Local	Feb-21	7.0%	12 month ↓						6.9%	6.5%	4.7%	3.3%	4.4%	4.9%	6.1%	6.6%	6.6%	6.9%	7.8%	7.6%	7.0%
Theatre Efficiencies	Theatre Utilisation rates	Local	Feb-21	73.0%		90%	✗				66%	35%	6%	11%	16%	42%	90%	75%	75%	74%	59%	65%	73%
	% of theatre sessions starting late	Local	Feb-21	41.6%		<25%	✗				43%	38%	45%	43%	46%	51%	46%	49%	44%	39%	45%	40%	42%
	% of theatre sessions finishing early	Local	Feb-21	44.0%		<20%	✗				42%	40%	43%	45%	36%	37%	28%	39%	38%	50%	47%	44%	44%
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	National	Dec-20	1,508	> 5% annual ↓			7,019 (Dec-20)	6th (Dec-20)		3,255	3,232	3,091	2,869	2,659	2,391	2,281	2,090	1,888	1,677	1,508		
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMMSG appraisals	National	Q2 20/21	98.8%	100%	100%	✗	98.3% (Q2 20/21)	3rd out of 6 organisations (Q2 20/21)			98.7%			98.7%			98.8%					

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	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Prescribing	Total antibacterial items per 1,000 STAR-PU's	National	Q2 20/21	249.9	4 quarter ↓			230.6 (Q2 20/21)	6th (Q2 20/21)			323.9			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)			1,476			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)			4,329			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)			80.7%			80.2%			78.6%					
Patient experience	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	National	2018/19	6.4	Annual ↑			6.31 (2018/19)	2nd (2018/19)		2018/19= 6.4												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at their GP/family doctor	National	2019/20	88.7%	Annual ↑			88.6% (2019/20)	3rd (2019/20)		2019/20= 88.7%												
	% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital (Local)	Local	2018/19	92.9%	Annual ↑			93.3%			2018/19= 92.9%												
	Number of friends and family surveys completed	Local	Feb-21	798		12 month ↑	✓				3,014	1,720	150	247	393	502	625	2,804	1,047	787	584	678	798
	% of who would recommend and highly recommend	Local	Feb-21	85%		90%	✗				95%	95%	90%	92%	87%	91%	83%	93%	82%	84%	77%	79%	85%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Feb-21	94%		90%	✓				81%	90%	95%	100%	79%	91%	83%	84%	79%	85%	65%	81%	94%
Complaints	Number of new formal complaints received	Local	Feb-21	94		12 month ↓ trend	✗				113	92	37	52	73	77	74	107	121	103	83	78	94
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Dec-21	80%	75%	80%	✓	71.9% (Q2 20/21)	5th (Q2 20/21)		76%	48%	81%	81%	75%	79%	72%	82%	75%	82%	80%		
	% of acknowledgements sent within 2 working days	Local	Feb-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-Q2 20/21	376	10% annual ↑	1,651	✗	6,378 (Q1-2 20/21)	5th out of 10 organisations (Q1-2 20/21)			1,505			210			166					
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies		Q1-Q2 20/21	21	5% annual ↑	215	✗	73 (Q1-2 20/21)	2nd out of 10 organisations (Q1-2 20/21)			205			2			19					



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	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-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)		2019/20= 34.2%												
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q3 20/21	96.7%	95%			95.8% (Q2 20/21)	4th (Q2 20/21)			96%			96.5%			96.5%			96.7%		
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q3 20/21	92.0%	95%			92.0% (Q2 20/21)	5th (Q2 20/21)			92%			90.8%			91.7%			92.0%		
Smoking cessation	% of adult smokers who make a quit attempt via smoking cessation services	National	Q1-Q2 20/21	1.66%	5% annual target			1.65% (Q1-2 20/21)	4th (Q1-2 20/21)			2.87%						1.66%					
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q2 20/21	331.7	4 quarter ↓			364.3 (Q2 20/21)	2nd (Q2 20/21)			390.5			279.6			331.7					
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q2 20/21	23%	4 quarter ↑			64% (Q3 20/21)	6th (Q2 20/21)			42.3%			32.8%			23.2%			39.5%		
Influenza	% uptake of influenza among 65 year olds and over	National	Feb-21	75.4%	75%			76.4% (Jan-21)	5th (Jan-21)		68.0%	68.1%	Data collection restarts October 2020						65.6%	72.4%	74.8%	75.2%	75.4%
	% uptake of influenza among under 65s in risk groups	National	Feb-21	49.4%	55%			50.7% (Jan-21)	5th (Jan-21)		43.4%	44.0%							34.4%	42.8%	47.2%	48.7%	49.4%
	% uptake of influenza among pregnant women	National	2019/20	86.1%	75%			78.5% (2019/20)	5th out of 10 organisations (2019/20)			78.2%							Data not available				
	% uptake of influenza among children 2 to 3 years old	Local	Feb-21	53.4%	50%			56.1% (Jan-21)	5th (Jan-21)		50.3%	50.3%							35.7%	48.8%	52.5%	53.2%	53.4%
	% uptake of influenza among healthcare workers	National	Feb-21	63.4%	60%			58.7% (2019/20)	7th out of 10 organisations (2019/20)		58.7%	58.7%							56.2%	62.9%	63.0%	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)		2018/19= 57.0% (data relates to												
	Uptake of screening for breast cancer	National	2018/19	73.6%	70%			72.8% (2018/19)	2nd (2018/19)		2018/19= 73.6% (data relates to												
	Uptake of screening for cervical cancer	National	2018/19	72.1%	80%			73.2% (2018/19)	5th (2018/19)		2018/19= 72.1% (data relates to												
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jan-21	100%		100%	✓				100%	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jan-21	24%	80%	80%	✗	27.9% (Dec-20)	5th (Dec-20)		35%	38%	35%	30%	28%	30%	24%	21%	22%	24%	26%	24%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Jan-21	53%	80%	80%	✗	42.4% (Dec-20)	5th (Dec-20)		93%	67%	44%	78%	100%	100%	100%	98%	90%	88%	61%	53%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Jan-21	29%		80%	✗	61.4% (Dec-20)	3rd (Dec-20)		0%	14%	11%	89%	100%	100%	100%	62%	29%	41%	73%	29%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Jan-21	93%		80%	✓	82.8% (Dec-20)	1st (Dec-20)		100%	94%	85%	100%	100%	100%	86%	100%	100%	100%	100%	93%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jan-21	60%		80%	✗				93%	75%	46%	72%	100%	100%	100%	98%	79%	62%	58%	60%	
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Jan-21	83%		90%	✗	85.6% (Dec-20)	5th (Dec-20)		99%	99%	99%	97%	91%	98%	98%	81%	82%	81%	82%	83%	
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	Jan-21	96%	80%	80%	✓	81.6% (Dec-20)	3rd (Dec-20)		97%	97%	99%	99%	100%	99%	99%	97%	99.5%	98%	99%	96%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jan-21	95%	80%	80%	✓	87.0% (Dec-21)	2nd (Dec-20)		94%	97%	97%	100%	96%	96%	88%	94%	93%	98%	95%	95%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jan-21	100%	95%	95%	✓	58.2% (Dec-20)	1st (Dec-20)		100%	100%	93%	89%	84%	89%	91%	99%	99.7%	100%	100%	100%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jan-21	91%	90%	90%	✓	87.3% (Dec-20)	4th (Dec-20)		92%	91%	93%	92%	92%	94%	92%	90%	91%	91%	89%	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)		2019/20= 3.29												
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2018/19	59.4%	Annual ↑			54.7% (2018/19)	2nd (2018/19)		2018/19= 59.4%												