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Bae Abertawe
Swansea Bay University
Health Board



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| Meeting Date | 28th September 2021 | Agenda Item | 4.1 |
| Report Title | Quality & Safety Performance Report | | |
| Report Author | Meghann Protheroe, Head of Performance | | |
| Report Sponsor | Darren Griffiths, Director of Finance and Performance | | |
| Presented by | Darren Griffiths, Director of Finance and Performance | | |
| Freedom of Information | Open | | |
| Purpose of the Report | The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2020/21 NHS Wales Delivery Framework. | | |
| Key Issues | <p>The Quality and Safety Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures. The traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the ongoing operational pressures within the Health Board relating to the COVID-19 pandemic, it was agreed that the narrative update would be omitted from this iteration of the performance report.</p> <p>Historically Welsh Government publish a revised NHS Wales Delivery Framework on an annual basis. In 2021/22 a new Single Outcomes Framework for Health and Social Care was due to be published however, development of the framework was delayed due to the COVID19 pandemic. As a result, the 2020/21 Delivery Framework measures have been rolled over for 2021/22. During 2021-22, the Delivery Framework will be redeveloped to create a set of outcomes measures, reflecting the current work on the single integrated outcomes framework. The intention of the new integrated framework measures is to demonstrate how patients and populations are better off through the delivery of services, and allowing a different balance across our traditional services.</p> <p>The Health Board continues to refine the organisation's annual plan and develop recovery trajectories. As soon as the trajectories are agreed, they will be included in this report. In the absence of local profiles, in-month movement will continue to be utilised as the basis of RAGing for the enhanced monitoring measures.</p> | | |

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| | <p>Key high level issues to highlight this month are as follows:</p> <p>2021/22 Delivery Framework</p> <p>COVID19- The number of new cases of COVID19 has seen an increase in August 2021, with 7,177 new cases being reported in-month. The occupancy rate of confirmed COVID patients in general medical and critical care beds remains at a low rate, however figures are slowly increasing.</p> <p>Unscheduled Care- Demand for emergency department care within Swansea Bay University (SBU) Health Board has steadily increased since January 2021, however August 2021 saw a decrease in A&E attendances. This decrease in demand has had a positive impact on the 4-hour A&E target, with the compliance level increasing in August 2021. However, the number of patients waiting over 12 hours in A&E continues to increase.</p> <p>Planned Care- August 2021 saw a slight in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment. The number waiting over 36 weeks for treatment has also increased further. The waiting list for stage 1 patients continues to increase, however August 2021 saw a further reduction in the number of referrals received by secondary care. Therapy waiting times have increase in August 2021, however some therapy services have maintained a nil breach position (i.e. Occupational Therapy and Audiology).</p> <p>Cancer- August 2021 (draft data) saw a further deterioration in performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days. The backlog of patients waiting over 63 days increased in August 2021 and is now similar to the monthly position that was seen in quarters 2 and 3 for 2020/21. August's figures are in the process of being validated at the time of writing this report.</p> <p>Mental Health- performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in August 2021. Psychological therapies within 26 weeks continue to be maintained at 100%.</p> <p>Child and Adolescent Mental Health Services (CAMHS)-Access times for routine CAMHS still continue to not meet the required targets, with crisis performance deteriorating to 79% against the 100% target. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, however performance continues to increase slowly, achieving 34% in July 2021 against a target of 80%.</p> <p>Serious Incidents closures- Performance against the 80% target was 0% in August 2021 as none of the closure forms due to be</p> |
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| | | | | |
|---------------------------------|--|-------------------|------------------|-----------------|
| | <p>submitted to Welsh Government were submitted on time. There were five new serious incidents reported to Welsh Government in August 2021.</p> <p>Patient Experience- A new feedback system was introduced in March 2021, which has resulted in no data being reported for April 2021 as the system, was not fully operational until the end of April 2021. August 2021 data is included in this report.</p> | | | |
| Specific Action Required | Information | Discussion | Assurance | Approval |
| | ✓ | | ✓ | |
| Recommendations | <p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. | | | |

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

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

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

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

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

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

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

Report History

The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in August 2021. This is a routine monthly report.

Appendices

Appendix 1: Quality & Safety performance report



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Appendix 1- Quality & Safety Performance Report

September 2021



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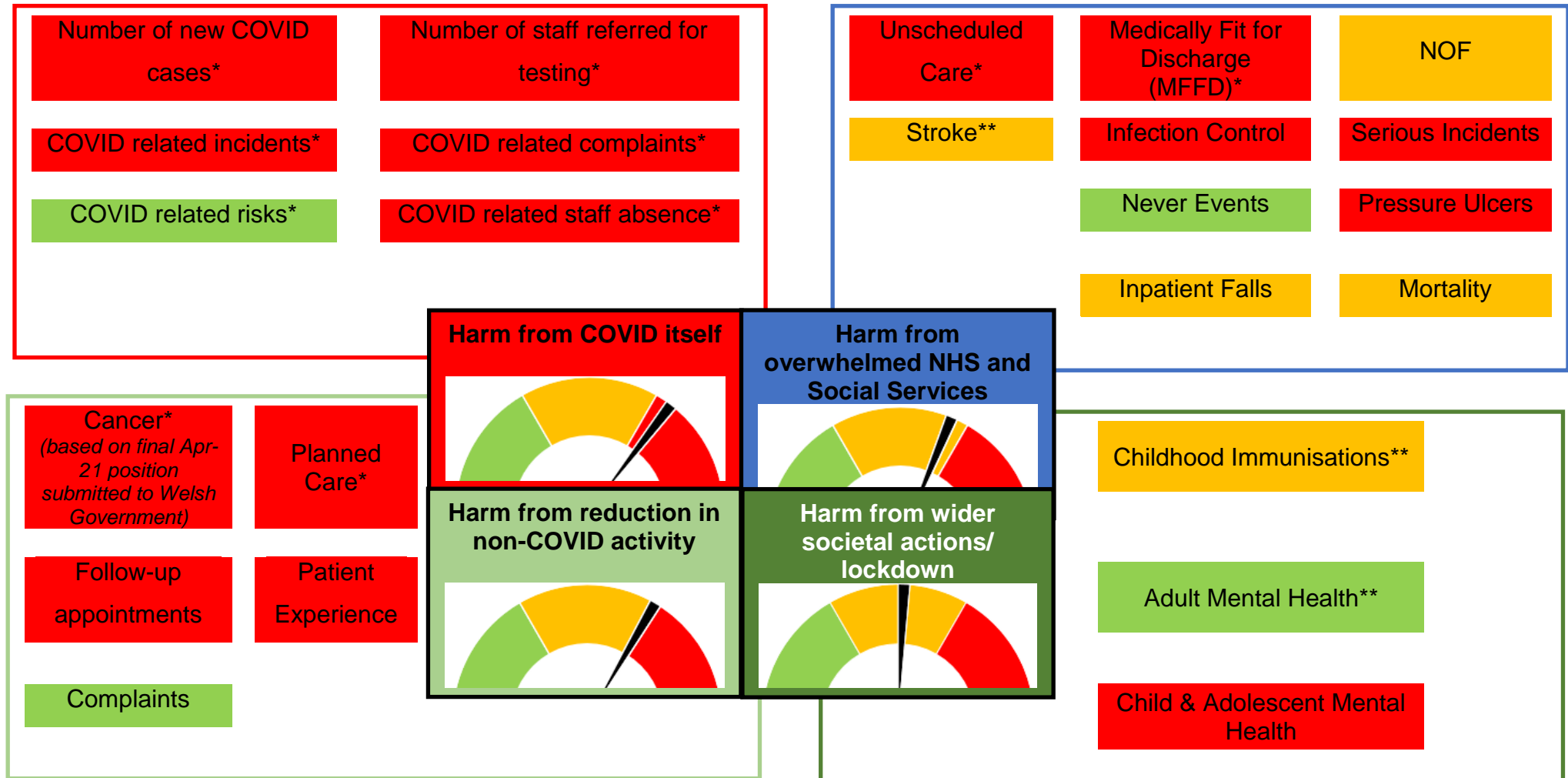
1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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

- Q&S report detail is reduced to reflect data capture currently available.
- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in August 2021. Psychological therapies within 26 weeks continue to be maintained at 100%. Access times for routine CAMHS still continue to not meet the required targets, with crisis performance deteriorating to 79% against the 100% target.
- Demand for emergency department care within Swansea Bay University (SBU) Health Board slightly decreased in August 2021, with A&E attendances now similar to those at pre-Covid levels. This decrease in demand has had a positive impact on the 4-hour A&E target, with the compliance level increasing in August 2021. However, the number of patients waiting over 12 hours in A&E continues to increase.
- Planned care system is still challenging and August 2021 saw a slight in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment, those waiting over 36 weeks for treatment has also seen a continued increase. The waiting list for stage 1 patients continues to grow, however August 2021 saw a further reduction in the number of referrals received by secondary care. Therapy waiting times have significantly increased since March 2020 and the number of patients waiting over target increased in August 2021 with some therapy services maintaining a nil breach position (i.e. Occupational Therapy and Dietetics).
- August 2021 (draft data) saw a further deterioration in performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days. The backlog of patients waiting over 63 days increased in August 2021 and is now similar to the monthly position that was seen in quarters 2 and 3 for 2020/21. August's figures are in the process of being validated at the time of writing this report
- Concern response performance did not achieve the national target of 75% in July 2021 and achieved 69% compliance. The number of formal complaints received in July 2021 decreased to 139, compared to the 159 received in June 2021.
- The number of Friends & Family surveys completed increased in August 2021 and the overall recommendation rate was 92% against an internal target of 90%.
- There were five Serious Incidents (SI) reported to Welsh Government in August 2021.
- There were no new Never events reported for August 2021.
- Fractured neck of femur performance in July 2021 continues to be broadly at Welsh National levels (see detail below) and showing an improved position compared with March 2020-2019 for most indicators.

2. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

** Data not available

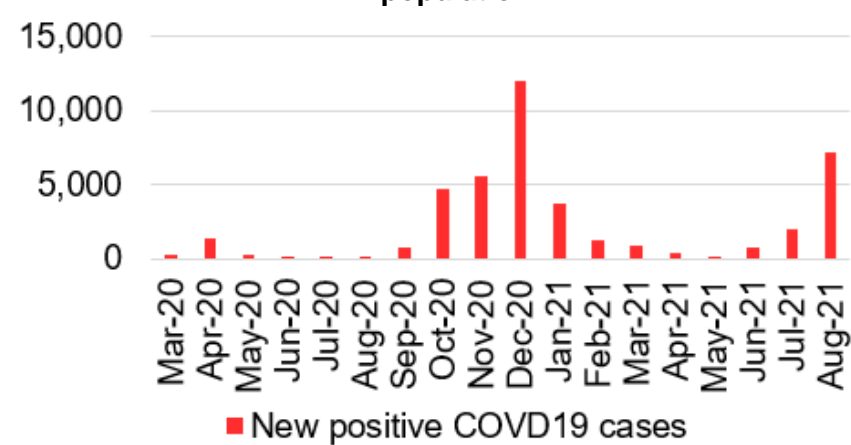
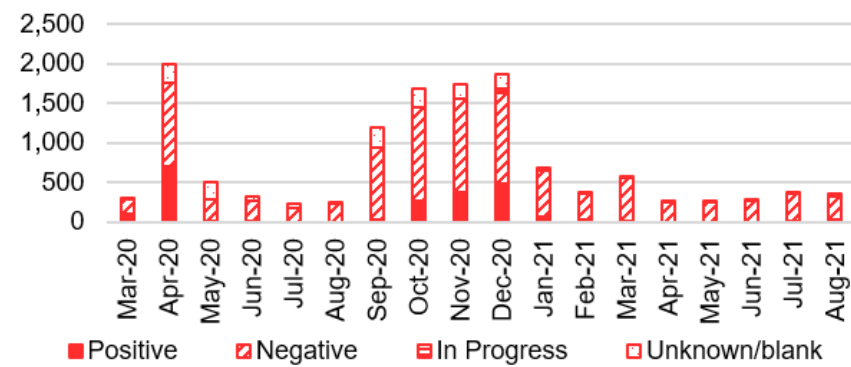
*RAG status based on in-month movement in the absence of local profiles

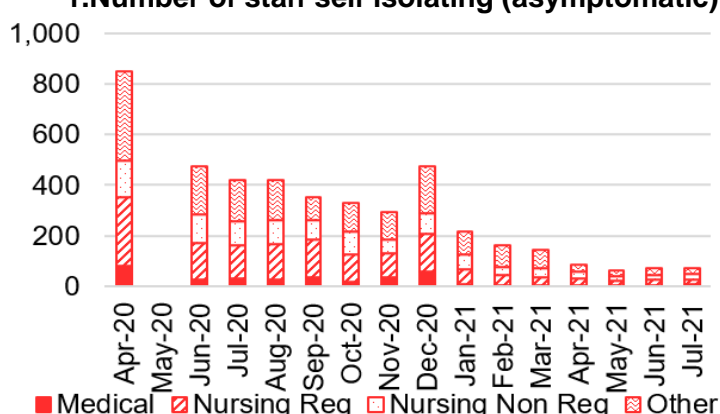
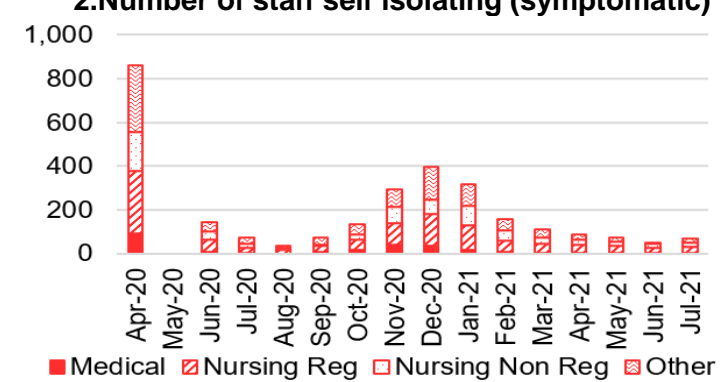
2. HARM QUADRANT- HARM FROM COVID ITSELF

Overview

| | | Harm quadrant- Harm from Covid itself | | | | | | | | | | | | | | | |
|---|------------------------|---------------------------------------|------------------|-------|--------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|--------------------|--------|--------|--------|--------|--------|
| Measure | Locality | National/ Local Target | Internal profile | Trend | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
| Number of new COVID19 cases* | HB Total | | | | 66 | 787 | 4,664 | 5,525 | 11,976 | 3,759 | 1,208 | 907 | 406 | 189 | 708 | 1,946 | 7,177 |
| Number of staff referred for Antigen Testing | HB Total | | | | 235 | 1,201 | 1,695 | 1,741 | 1,864 | 684 | 366 | 568 | 274 | 267 | 281 | 367 | 406 |
| Number of staff awaiting results of COVID19 test* | HB Total | | | | 0 | 38 (as at 10/10/20) | 21 (as at 06/11/20) | 41 (as at 06/12/20) | 99 (as at 05/01/21) | 78 (as at 07/02/21) | 69 (as at 06/03/21) | 2 (as at 11/04/21) | 0 | 0 | 0 | 0 | 0 |
| Number of COVID19 related incidents* | HB Total | | | | 39 | 30 | 87 | 141 | 127 | 84 | 63 | 53 | 74 | 67 | 23 | 24 | 36 |
| Number of COVID19 related serious incidents* | HB Total | | | | 11 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of COVID19 related complaints* | HB Total | | | | 27 | 30 | 37 | 50 | 83 | 106 | 131 | 98 | 38 | 13 | 16 | 4 | 6 |
| Number of COVID19 related risks* | HB Total | | | | 8 | 2 | 6 | 7 | 10 | 3 | 3 | 3 | 2 | 2 | 1 | 1 | 1 |
| Number of staff self isolated (asymptomatic)* | Medical | | | | 24 | 34 | 17 | 36 | 55 | 7 | 2 | 3 | 2 | 1 | 3 | 7 | 0 |
| | Nursing Registered | | | | 142 | 149 | 106 | 93 | 152 | 61 | 40 | 32 | 28 | 18 | 21 | 19 | 0 |
| | Nursing Non Registered | | | | 96 | 77 | 95 | 56 | 81 | 57 | 33 | 35 | 25 | 20 | 18 | 24 | 0 |
| | Other | | | | 158 | 93 | 111 | 106 | 187 | 93 | 85 | 75 | 29 | 22 | 28 | 21 | 0 |
| Number of staff self isolated (symptomatic)* | Medical | | | | 0 | 8 | 17 | 41 | 34 | 16 | 5 | 1 | 1 | 1 | 2 | 3 | 0 |
| | Nursing Registered | | | | 14 | 25 | 44 | 97 | 145 | 112 | 52 | 44 | 39 | 33 | 23 | 28 | 0 |
| | Nursing Non Registered | | | | 9 | 8 | 25 | 77 | 68 | 88 | 49 | 29 | 24 | 20 | 18 | 18 | 0 |
| | Other | | | | 13 | 31 | 46 | 79 | 147 | 100 | 50 | 34 | 23 | 17 | 7 | 18 | 0 |
| % sickness* | Medical | | | | 2.5% | 4.0% | 3.2% | 7.3% | 8.3% | 2.2% | 0.7% | 0.4% | 0.3% | 0.2% | 0.5% | 0.9% | 0.0% |
| | Nursing Registered | | | | 4.0% | 4.4% | 3.8% | 4.7% | 7.4% | 4.3% | 2.3% | 1.9% | 1.6% | 1.2% | 1.1% | 1.4% | 0.0% |
| | Nursing Non Registered | | | | 5.2% | 4.2% | 6.0% | 6.5% | 7.3% | 7.0% | 3.9% | 3.1% | 2.4% | 1.9% | 1.8% | 1.8% | 0.0% |
| | Other | | | | 2.7% | 2.0% | 2.5% | 3.0% | 5.4% | 3.1% | 2.2% | 1.7% | 0.8% | 0.6% | 0.6% | 0.7% | 0.0% |
| | All | | | | 3.5% | 3.2% | 3.5% | 4.4% | 6.5% | 4.0% | 2.4% | 1.9% | 1.3% | 1.0% | 0.9% | 1.1% | 0.0% |













3.1 Updates on key measures


































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

| Staff absence due to COVID19 <i>1.Number of staff self-isolating (asymptomatic)</i> <i>2.Number of staff self isolating (symptomatic)</i> <i>3.% staff sickness</i> | The following data is based on the mid-month position and broken down into the categories requested by Welsh Government. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| | 1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between April and July 2021, the number of staff self-isolating (asymptomatic) slightly increased from 70 to 71 and the number of staff self-isolating (symptomatic) increased from 50 to 67. In July 2021, the “non-registered nursing staff” had the largest number of self-isolating staff who are asymptomatic and “Registered Nursing staff” had the largest number of self-isolating staff who are symptomatic. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. % Staff sickness The percentage of staff sickness absence due to COVID19 has slightly increased from 0.9% in June 2021 to 1.26% in July 2021. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <i>*Updated data for August 2021 not available when publishing report*</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <div><div><div>1.Number of staff self isolating (asymptomatic)</div></div><div><div>2.Number of staff self isolating (symptomatic)</div></div><div><div>3.% staff sickness</div><table><tr><th></th><th>Apr-20</th><th>May-20</th><th>Jun-20</th><th>Jul-20</th><th>Aug-20</th><th>Sep-20</th><th>Oct-20</th><th>Nov-20</th><th>Dec-20</th><th>Jan-21</th><th>Feb-21</th><th>Mar-21</th><th>Apr-21</th><th>May-21</th><th>Jun-21</th><th>Jul-21</th></tr><tr><td>Medical</td><td>14.9%</td><td>4.0%</td><td>3.0%</td><td>2.8%</td><td>2.5%</td><td>4.0%</td><td>3.2%</td><td>7.3%</td><td>8.3%</td><td>2.2%</td><td>0.7%</td><td>0.4%</td><td>0.3%</td><td>0.2%</td><td>0.5%</td></tr><tr><td>Nursing Reg</td><td>14.2%</td><td>7.0%</td><td>5.1%</td><td>4.0%</td><td>4.0%</td><td>4.4%</td><td>3.8%</td><td>4.7%</td><td>7.4%</td><td>4.3%</td><td>2.3%</td><td>1.9%</td><td>1.6%</td><td>1.2%</td><td>1.1%</td></tr><tr><td>Nursing Non Reg</td><td>16.6%</td><td>8.0%</td><td>7.2%</td><td>5.5%</td><td>5.2%</td><td>4.2%</td><td>6.0%</td><td>6.5%</td><td>7.3%</td><td>7.0%</td><td>3.9%</td><td>3.1%</td><td>2.4%</td><td>1.9%</td><td>1.8%</td></tr><tr><td>Other</td><td>11.0%</td><td>5.0%</td><td>3.6%</td><td>2.9%</td><td>2.7%</td><td>2.0%</td><td>2.5%</td><td>3.0%</td><td>5.4%</td><td>3.1%</td><td>2.2%</td><td>1.7%</td><td>0.8%</td><td>0.6%</td><td>0.6%</td></tr><tr><td>All</td><td>13.2%</td><td>6.0%</td><td>4.5%</td><td>3.6%</td><td>3.5%</td><td>3.2%</td><td>3.5%</td><td>4.4%</td><td>6.5%</td><td>4.0%</td><td>2.4%</td><td>1.9%</td><td>1.3%</td><td>1.0%</td><td>0.9%</td></tr></table></div></div> | | | | | | | | | | | | | | | | | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Medical | 14.9% | 4.0% | 3.0% | 2.8% | 2.5% | 4.0% | 3.2% | 7.3% | 8.3% | 2.2% | 0.7% | 0.4% | 0.3% | 0.2% | 0.5% | Nursing Reg | 14.2% | 7.0% | 5.1% | 4.0% | 4.0% | 4.4% | 3.8% | 4.7% | 7.4% | 4.3% | 2.3% | 1.9% | 1.6% | 1.2% | 1.1% | Nursing Non Reg | 16.6% | 8.0% | 7.2% | 5.5% | 5.2% | 4.2% | 6.0% | 6.5% | 7.3% | 7.0% | 3.9% | 3.1% | 2.4% | 1.9% | 1.8% | Other | 11.0% | 5.0% | 3.6% | 2.9% | 2.7% | 2.0% | 2.5% | 3.0% | 5.4% | 3.1% | 2.2% | 1.7% | 0.8% | 0.6% | 0.6% | All | 13.2% | 6.0% | 4.5% | 3.6% | 3.5% | 3.2% | 3.5% | 4.4% | 6.5% | 4.0% | 2.4% | 1.9% | 1.3% | 1.0% |
| | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical | 14.9% | 4.0% | 3.0% | 2.8% | 2.5% | 4.0% | 3.2% | 7.3% | 8.3% | 2.2% | 0.7% | 0.4% | 0.3% | 0.2% | 0.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nursing Reg | 14.2% | 7.0% | 5.1% | 4.0% | 4.0% | 4.4% | 3.8% | 4.7% | 7.4% | 4.3% | 2.3% | 1.9% | 1.6% | 1.2% | 1.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nursing Non Reg | 16.6% | 8.0% | 7.2% | 5.5% | 5.2% | 4.2% | 6.0% | 6.5% | 7.3% | 7.0% | 3.9% | 3.1% | 2.4% | 1.9% | 1.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 11.0% | 5.0% | 3.6% | 2.9% | 2.7% | 2.0% | 2.5% | 3.0% | 5.4% | 3.1% | 2.2% | 1.7% | 0.8% | 0.6% | 0.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All | 13.2% | 6.0% | 4.5% | 3.6% | 3.5% | 3.2% | 3.5% | 4.4% | 6.5% | 4.0% | 2.4% | 1.9% | 1.3% | 1.0% | 0.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

















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

4.1 Overview

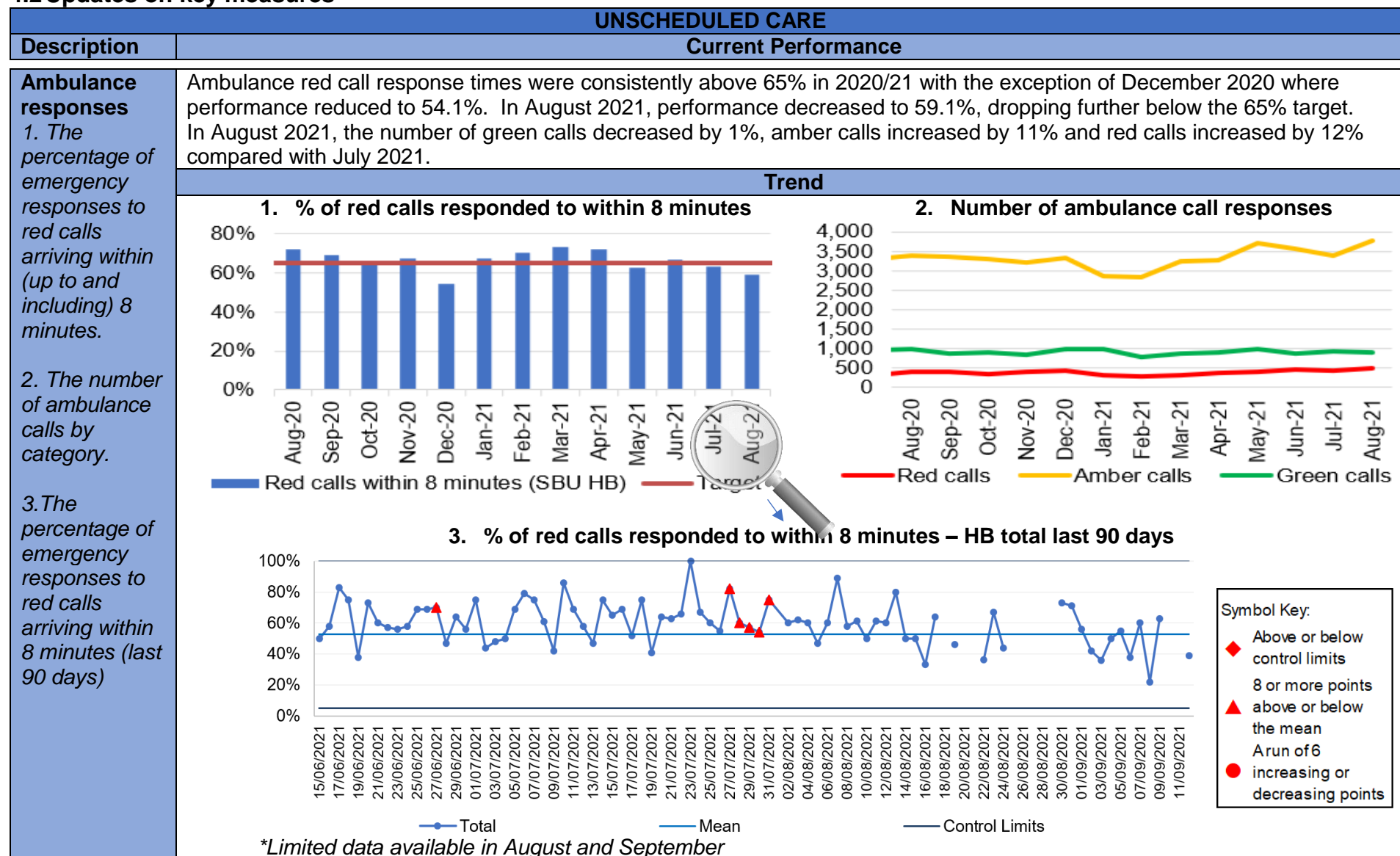
| Measure | Locality | National/ Local Target | Internal profile | Trend | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | |
|--|-----------|----------------------------|------------------|---|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| | | | | | Unscheduled Care | | | | | | | | | | | | | |
| Number of ambulance handovers over one hour* | Morrison | 0 | |  | 160 | 401 | 340 | 484 | 499 | 187 | 215 | 225 | 332 | 462 | 528 | 607 | 711 | |
| | Singleton | | | 3 | 9 | 15 | 16 | 11 | 8 | 4 | 6 | 5 | 15 | 19 | 9 | 15 | | |
| | Total | | | 163 | 410 | 355 | 500 | 510 | 195 | 219 | 231 | 337 | 477 | 547 | 616 | 726 | | |
| % 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% | |  | 72.6% | 66.8% | 68.4% | 65.4% | 62.7% | 68.2% | 61.0% | 67.7% | 62.8% | 61.7% | 59.0% | 61.5% | 62.3% | |
| | NPTH | | | 99.4% | 97.5% | 99.8% | 99.5% | 99.0% | 99.6% | 99.7% | 98.5% | 99.2% | 99.0% | 97.7% | 97.8% | 99.4% | | |
| | Total | | | 80.6% | 76.4% | 77.2% | 75.4% | 72.6% | 76.8% | 71.3% | 76.9% | 74.9% | 73.4% | 72.4% | 74.7% | 75.0% | | |
| Number of patients who spend 12 hours or more in all hospital major and minor care facilities from | Morrison | 0 | |  | 286 | 536 | 493 | 626 | 775 | 570 | 534 | 457 | 630 | 684 | 879 | 1,013 | 1,059 | |
| | NPTH | | | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | | | |
| | Total | | | 51.4% | 50.0% | 29.8% | 23.7% | 7.1% | 6.8% | 18.2% | 20.4% | 20.3% | 27.5% | 28.3% | 13.5% | 15.4% | | |
| % of patients who have a direct admission to an acute stroke unit within 4 hours* | Morrison | 59.8% | | |  | 51.4% | 50.0% | 29.8% | 23.7% | 7.1% | 6.8% | 18.2% | 20.4% | 20.3% | 27.5% | 28.3% | 13.5% | 15.4% |
| | Total | (UK SNAP average) | | | 51.4% | 50.0% | 29.8% | 23.7% | 7.1% | 6.8% | 18.2% | 20.4% | 20.3% | 27.5% | 28.3% | 13.5% | 15.4% | |
| | Morrison | 54.5% | | | 52.8% | 62.5% | 42.1% | 31.7% | 22.7% | 42.2% | 30.6% | 40.8% | 29.7% | 36.5% | 29.6% | 34.6% | 48.7% | |
| % of patients who receive a CT scan within 1 hour* | Morrison | (UK SNAP average) | | | 52.8% | 62.5% | 42.1% | 31.7% | 22.7% | 42.2% | 30.6% | 40.8% | 29.7% | 36.5% | 29.6% | 34.6% | 48.7% | |
| | Total | (UK SNAP average) | | | 52.8% | 62.5% | 42.1% | 31.7% | 22.7% | 42.2% | 30.6% | 40.8% | 29.7% | 36.5% | 29.6% | 34.6% | 48.7% | |
| | Morrison | 84.2% | | | 97.2% | 97.5% | 98.2% | 96.7% | 95.5% | 95.6% | 97.2% | 100.0% | 96.9% | 98.1% | 100.0% | 100.0% | 92.3% | |
| % of patients who are assessed by a stroke specialist consultant physician within 24 hours* | Morrison | (UK SNAP average) | | | 97.2% | 97.5% | 98.2% | 96.7% | 95.5% | 95.6% | 97.2% | 100.0% | 96.9% | 98.1% | 100.0% | 100.0% | 92.3% | |
| | Total | (UK SNAP average) | | | 97.2% | 97.5% | 98.2% | 96.7% | 95.5% | 95.6% | 97.2% | 100.0% | 96.9% | 98.1% | 100.0% | 100.0% | 92.3% | |
| | Morrison | 12 month improvement trend | | | 0.0% | 12.5% | 11.1% | 28.6% | 0.0% | 12.5% | 0.0% | 55.6% | 25.0% | 0.0% | 33.3% | 28.6% | 20.0% | |
| % of patients receiving the required minutes for speech and language therapy | Morrison | 12 month improvement trend | | | 0.0% | 12.5% | 11.1% | 28.6% | 0.0% | 12.5% | 0.0% | 55.6% | 25.0% | 0.0% | 33.3% | 28.6% | 20.0% | |
| | Total | 12 month improvement trend | | | 0.0% | 12.5% | 11.1% | 28.6% | 0.0% | 12.5% | 0.0% | 55.6% | 25.0% | 0.0% | 33.3% | 28.6% | 20.0% | |
| | Morrison | 12 month improvement trend | | | 61.7% | 80.1% | 86.5% | 65.1% | 63.4% | 65.7% | 61.2% | 55.9% | 47.1% | 39.7% | 41.9% | 45.4% | 58.9% | |
| Fractured Neck of Femur (NOF) | | | | | | | | | | | | | | | | | | |
| Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation | Morrison | 75% | |  | 83.6% | 84.4% | 84.4% | 84.7% | 86.0% | 86.8% | 87.6% | 88.3% | 89.7% | 90.7% | 91.0% | 90.5% | | |
| Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture | Morrison | 75% | |  | 53.3% | 51.7% | 51.0% | 51.8% | 54.1% | 55.5% | 56.3% | 56.2% | 56.6% | 57.2% | 60.0% | 59.5% | | |
| NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 | Morrison | 75% | |  | 70.3% | 70.2% | 70.1% | 69.6% | 68.5% | 70.3% | 71.2% | 70.5% | 70.4% | 70.1% | 71.0% | 71.2% | | |
| Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation | Morrison | 75% | |  | 75.6% | 75.6% | 76.3% | 76.0% | 74.3% | 74.1% | 74.1% | 74.6% | 75.4% | 75.9% | 76.0% | 75.7% | | |
| Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation | Morrison | 75% | |  | 66.7% | 68.9% | 70.5% | 71.1% | 73.5% | 74.4% | 75.2% | 75.3% | 75.4% | 75.9% | 76.0% | 76.8% | | |
| Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up | Morrison | 75% | |  | 78.0% | 77.3% | 76.2% | 75.9% | 75.6% | 73.7% | 74.3% | 70.7% | 70.2% | | | | | |
| 30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months | Morrison | 12 month improvement trend | |  | 7.6% | 7.3% | 7.7% | 7.6% | 8.4% | 7.5% | | | | | | | | |
| % of survival within 30 days of emergency admission for a hip fracture | HB Total | 12 month improvement trend | |  | 93.9% | 89.4% | 90.0% | 67.9% | 68.0% | 65.3% | 70.7% | | | | | | | |

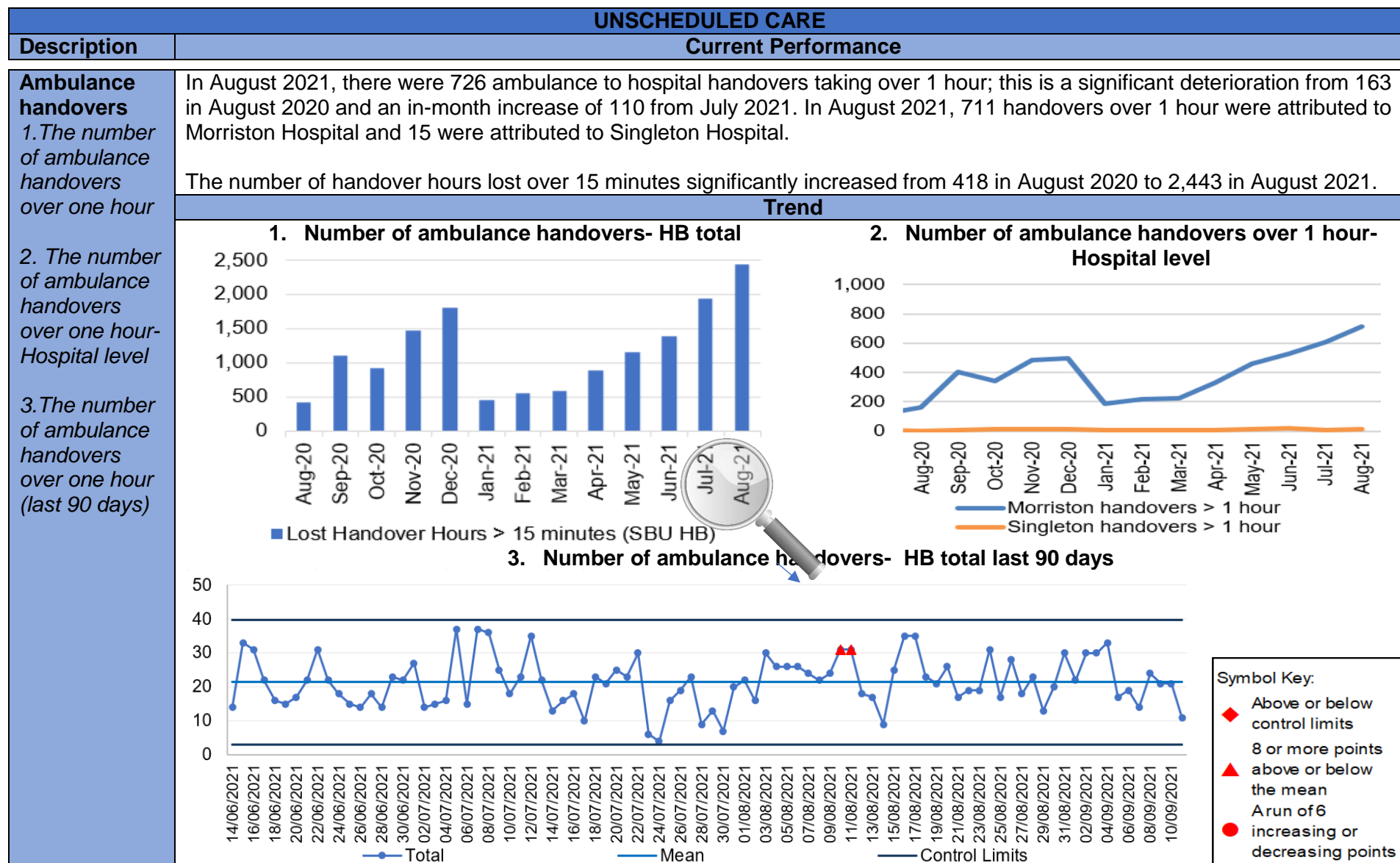
| Measure | Locality | National/ Local Target | Internal profile | Trend | | | | | SBU | | | | | | | | |
|--------------------------------------|----------------|--------------------------|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | | | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | |
| | | | Healthcare Acquired Infections | | | | | | | | | | | | | | |
| Number of E.Coli bacteraemia cases | PCCS Community | 12 month reduction trend | 12 |  | 24 | 16 | 11 | 11 | 7 | 12 | 11 | 19 | 20 | 15 | 23 | 15 | 25 |
| | PCCS Hospital | | 0 |  | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| | MH&LD | | 0 |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morrison | | 3 |  | 5 | 2 | 9 | 2 | 2 | 3 | 3 | 5 | 5 | 8 | 2 | 3 | 4 |
| | NPTH | | 2 |  | 2 | 2 | 2 | 1 | 0 | 1 | 0 | 1 | 2 | 2 | 1 | 3 | 2 |
| | Singleton | | 2 |  | 1 | 2 | 3 | 2 | 3 | 2 | 3 | 3 | 5 | 0 | 2 | 2 | 3 |
| | Total | | 19 |  | 32 | 23 | 25 | 16 | 12 | 18 | 17 | 28 | 32 | 26 | 28 | 23 | 34 |
| Number of S.aureus bacteraemia cases | PCCS Community | 12 month reduction trend | 5 |  | 7 | 7 | 6 | 6 | 3 | 4 | 2 | 7 | 9 | 10 | 2 | 4 | 4 |
| | PCCS Hospital | | 0 |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | MH&LD | | 0 |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morrison | | 2 |  | 4 | 5 | 4 | 3 | 1 | 5 | 4 | 2 | 2 | 1 | 3 | 3 | 4 |
| | NPTH | | 0 |  | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Singleton | | 1 |  | 1 | 2 | 2 | 3 | 4 | 0 | 3 | 2 | 2 | 4 | 2 | 4 | 4 |
| | Total | | 8 |  | 12 | 14 | 12 | 13 | 9 | 9 | 9 | 11 | 13 | 15 | 7 | 11 | 12 |
| Number of C.difficile cases | PCCS Community | 12 month reduction trend | 4 |  | 14 | 6 | 3 | 2 | 3 | 0 | 2 | 5 | 5 | 5 | 6 | 7 | 2 |
| | PCCS Hospital | | 0 |  | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| | MH&LD | | 0 |  | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morrison | | 6 |  | 5 | 7 | 6 | 5 | 5 | 0 | 5 | 3 | 10 | 5 | 3 | 7 | 10 |
| | NPTH | | 1 |  | 1 | 2 | 2 | 1 | 0 | 1 | 2 | 1 | 1 | 1 | 1 | 0 | 1 |
| | Singleton | | 2 |  | 2 | 2 | 3 | 2 | 1 | 2 | 2 | 3 | 4 | 1 | 2 | 8 | 9 |
| | Total | | 13 |  | 23 | 18 | 15 | 10 | 9 | 3 | 11 | 12 | 20 | 12 | 12 | 23 | 22 |
| Number of Klebsiella cases | PCCS Community | 12 month reduction trend | 3 |  | 4 | 2 | 2 | 4 | 4 | 5 | 2 | 9 | 5 | 2 | 7 | 1 | 4 |
| | PCCS Hospital | | 0 |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | MH&LD | | 0 |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morrison | | 2 |  | 6 | 3 | 5 | 6 | 4 | 7 | 2 | 0 | 3 | 2 | 1 | 2 | 4 |
| | NPTH | | 0 |  | 0 | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| | Singleton | | 1 |  | 0 | 0 | 1 | 1 | 2 | 1 | 1 | 1 | 0 | 1 | 4 | 0 | 0 |
| | Total | | 6 |  | 10 | 5 | 9 | 11 | 12 | 13 | 6 | 10 | 9 | 5 | 12 | 3 | 8 |
| Number of Aeruginosa cases | PCCS Community | 12 month reduction trend | 2 |  | 3 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | PCCS Hospital | | 0 |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | MH&LD | | 0 |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morrison | | 1 |  | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 |
| | NPTH | | 0 |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Singleton | | 1 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | Total | | 4 | | 3 | 0 | 2 | 2 | 1 | 1 | 1 | 1 | 3 | 1 | 2 | 1 | 2 |
| Compliance with hand hygiene audits | PCCS | 95% | | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 96.3% | 98.3% | 96.0% | 94.9% | 94.9% |
| | MH&LD | | | | 96.8% | 97.6% | 98.1% | 96.1% | 96.8% | 98.7% | 97.4% | 96.7% | 98.1% | 99.6% | 98.3% | 95.9% | 99.4% |
| | Morrison | | | | 97.2% | 95.4% | 99.3% | 98.7% | 96.8% | 95.0% | 92.8% | 96.3% | 95.8% | 99.2% | 94.5% | 93.8% | 93.5% |
| | NPTH | | | | 94.4% | 100.0% | 100.0% | 100.0% | 95.7% | 100.0% | 100.0% | 100.0% | 100.0% | 90.0% | 95.0% | 93.3% | 89.7% |
| | Singleton | | | | 84.3% | 95.0% | 94.2% | 98.7% | 96.0% | 90.0% | 88.5% | 95.5% | 100.0% | - | 100.0% | 100.0% | 100.0% |
| | Total | | | | 93.7% | 96.2% | 97.2% | 97.3% | 96.2% | 95.1% | 92.8% | 97.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% |

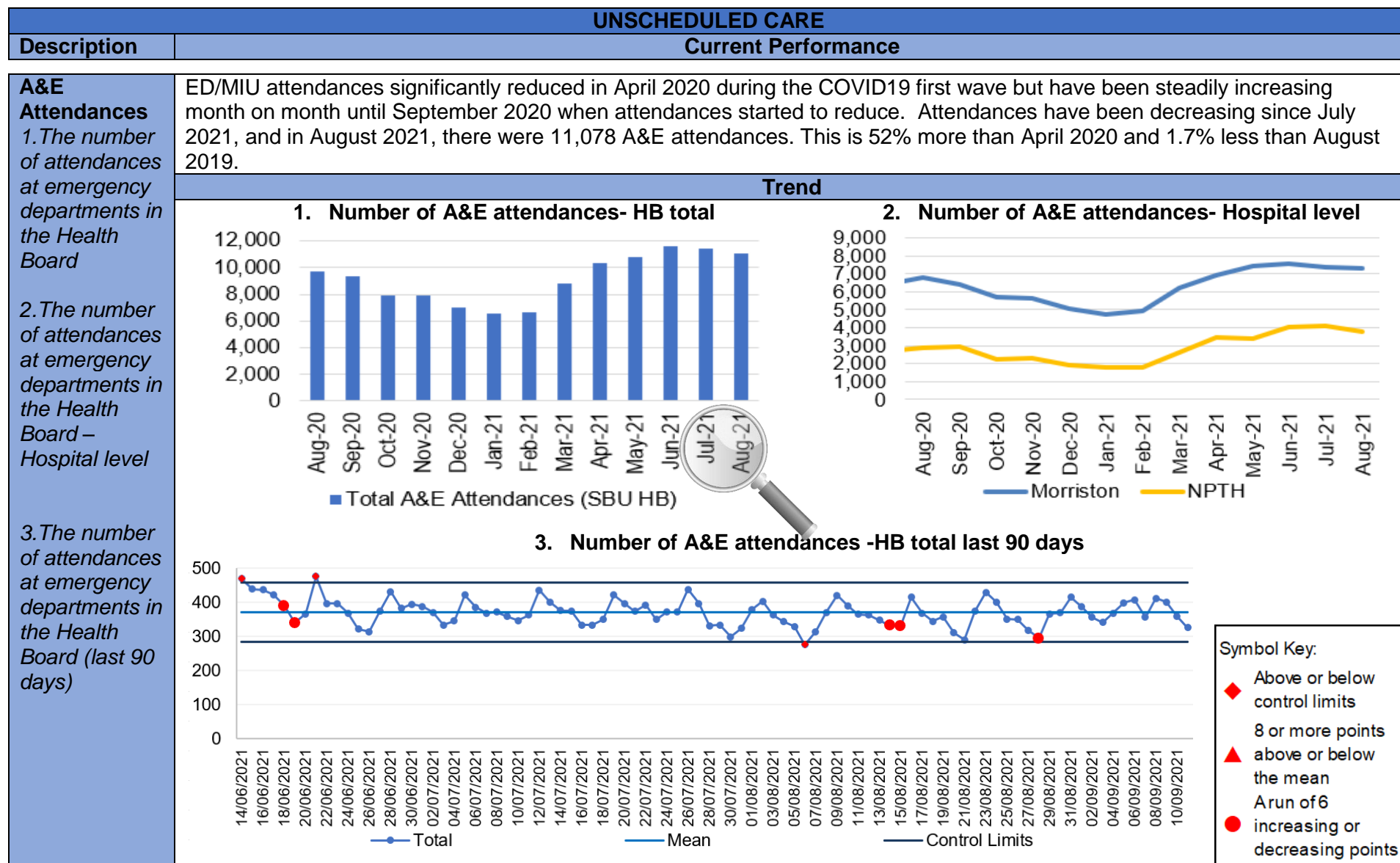
| Measure | Locality | National/ Local Target | Internal profile | Trend | | | | | SBU | | | | | | | | Aug-21 | |
|---|----------------|---------------------------|------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| | | | | | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | | |
| | | Serious Incidents & Risks | | | | | | | | | | | | | | | | |
| Number of Serious Incidents | PCCS | 12 month reduction trend | | | 0 | 1 | 2 | 1 | 0 | 0 | 2 | 1 | 2 | 3 | 1 | 0 | 1 | |
| | MH&LD | | | | 4 | 9 | 2 | 7 | 7 | 1 | 1 | 1 | 0 | 2 | 0 | 0 | | |
| | Morrison | | | | 1 | 4 | 3 | 5 | 1 | 2 | 1 | 2 | 0 | 2 | 1 | 1 | 0 | |
| | NPTH | | | | 0 | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Singleton | | | | 1 | 3 | 6 | 3 | 4 | 1 | 1 | 0 | 1 | 1 | 2 | 1 | 4 | |
| | Total | | | | 6 | 21 | 14 | 17 | 12 | 4 | 5 | 4 | 4 | 6 | 6 | 1 | 5 | |
| Of the serious incidents due for assurance, the % which were assured within the agreed timescales | Total | 90% | | | 50% | 20% | 0% | 0% | 4% | 0% | 10% | 0% | 0% | 0% | 0% | 0% | 0% | |
| Number of Never Events | PCCS | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | MH&LD | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Morrison | | | | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | |
| | NPTH | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Singleton | | | | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Total | | | | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | |
| | | Pressure Ulcers | | | | | | | | | | | | | | | | |
| Total number of Pressure Ulcers | PCCS Community | 12 month reduction trend | | | 25 | 21 | 34 | 29 | 26 | 25 | 24 | 26 | 31 | 20 | 21 | 33 | 0 | |
| | PCCS Hospital | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | MH&LD | | | | 1 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 3 | 0 | |
| | Morrison | | | | 18 | 25 | 27 | 27 | 41 | 31 | 26 | 24 | 25 | 30 | 25 | 37 | 0 | |
| | NPTH | | | | 2 | 1 | 4 | 0 | 0 | 1 | 4 | 3 | 3 | 2 | 3 | 2 | 0 | |
| | Singleton | | | | 16 | 18 | 25 | 15 | 20 | 19 | 17 | 9 | 31 | 19 | 25 | 16 | 0 | |
| | Total | | | | 62 | 65 | 93 | 71 | 87 | 76 | 72 | 62 | 90 | 73 | 74 | 91 | 0 | |
| Total number of Grade 3+ Pressure Ulcers | PCCS Community | 12 month reduction trend | | | 5 | 5 | 11 | 5 | 7 | 5 | 4 | 2 | 10 | 2 | 4 | 2 | 0 | |
| | PCCS Hospital | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | MH&LD | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Morrison | | | | 2 | 0 | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 0 | 0 | 3 | 0 | |
| | NPTH | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | |
| | Singleton | | | | 2 | 0 | 3 | 3 | 1 | 0 | 1 | 0 | 2 | 1 | 2 | 0 | 0 | |
| Pressure Ulcer (Hosp) patients per 100,000 admissions | Total | 12 month reduction trend | | | 9 | 5 | 15 | 9 | 10 | 7 | 7 | 3 | 14 | 3 | 6 | 5 | 0 | |

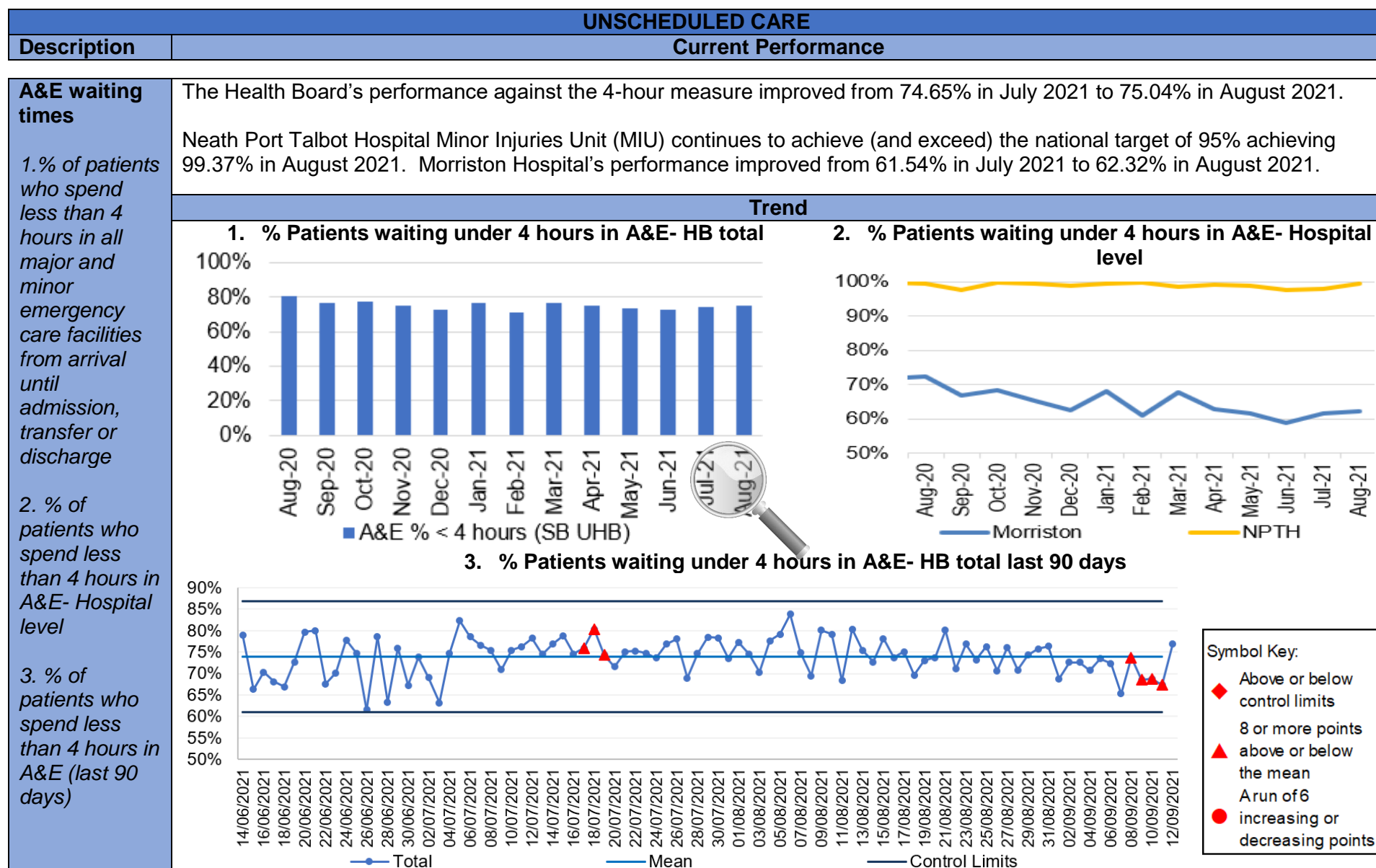
| Measure | Locality | National/ Local Target | Internal profile | Trend | | | | | SBU | | | | | | | | | |
|--|-------------|--------------------------|------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|
| | | | | | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | | Aug-21 |
| | | Inpatient Falls | | | | | | | | | | | | | | | | |
| Total number of Inpatient Falls | PCCS | 12 month reduction trend | |  | 7 | 14 | 8 | 9 | 8 | 9 | 10 | 4 | 12 | 5 | 8 | 6 | 6 | |
| | MH&LD | | |  | 71 | 35 | 44 | 31 | 29 | 27 | 27 | 22 | 18 | 42 | 24 | 32 | 40 | |
| | Morrison | | |  | 85 | 81 | 77 | 120 | 129 | 92 | 67 | 84 | 81 | 105 | 69 | 66 | 73 | |
| | NPTH | | |  | 30 | 41 | 29 | 32 | 30 | 33 | 30 | 28 | 31 | 34 | 32 | 41 | 31 | |
| | Singleton | | |  | 34 | 48 | 28 | 47 | 48 | 38 | 42 | 33 | 34 | 42 | 41 | 48 | 48 | |
| | Total | | |  | 227 | 219 | 187 | 247 | 247 | 203 | 177 | 171 | 176 | 228 | 174 | 193 | 198 | |
| Inpatient Falls per 1,000 beddays | HB Total | Between 3.0 & 5.0 | |  | 6.53 | 6.07 | 5.23 | 7.26 | 6.91 | 5.56 | 5.40 | 4.62 | 4.85 | 5.94 | 4.50 | | | |
| | | Mortality | | | | | | | | | | | | | | | | |
| Universal Mortality reviews undertaken within 28 days (Stage 1 reviews) | Morrison | 95% | |  | 96% | 100% | 100% | 98% | 99% | 100% | 100% | 98% | 99% | 98% | 98% | 97% | 0% | |
| | Singleton | | |  | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 0% | |
| | NPTH | | |  | 86% | 83% | 100% | 92% | 100% | 100% | 100% | 86% | 100% | 88% | 100% | 100% | 0% | |
| | Total | | |  | 97% | 99% | 100% | 98% | 99% | 100% | 100% | 98% | 99% | 98% | 99% | 98% | 0% | |
| Stage 2 mortality reviews completed within 60 days | Morrison | 95% | |  | 33% | 56% | 38% | 25% | 80% | 43% | | | | | | | | |
| | Singleton | | |  | 75% | 50% | - | - | 50% | 50% | | | | | | | | |
| | NPTH | | |  | - | 83% | 0% | 100% | - | 0% | | | | | | | | |
| | Total | | |  | 50% | 55% | 33% | 36% | 75% | 37% | | | | | | | | |
| Crude hospital mortality rate by Delivery Unit (74 years of age or less) | Morrison | 12 month reduction trend | |  | 1.56% | 1.58% | 1.66% | 1.75% | 1.86% | 1.97% | 2.05% | 2.04% | 1.80% | 1.76% | 1.71% | 1.73% | 0.00% | |
| | Singleton | | | | 0.49% | 0.46% | 0.48% | 0.50% | 0.54% | 0.56% | 0.57% | 0.56% | 0.50% | 0.52% | 0.00% | 0.00% | 0.00% | |
| | NPTH | | | | 0.23% | 0.23% | 0.22% | 0.21% | 0.20% | 0.24% | 0.18% | 0.17% | 0.15% | 0.15% | 0.52% | 0.52% | 0.00% | |
| | Total (SBU) | | | | 0.90% | 0.93% | 0.97% | 1.01% | 1.08% | 1.14% | 1.17% | 1.17% | 1.04% | 1.04% | 0.13% | 0.12% | 0.00% | |

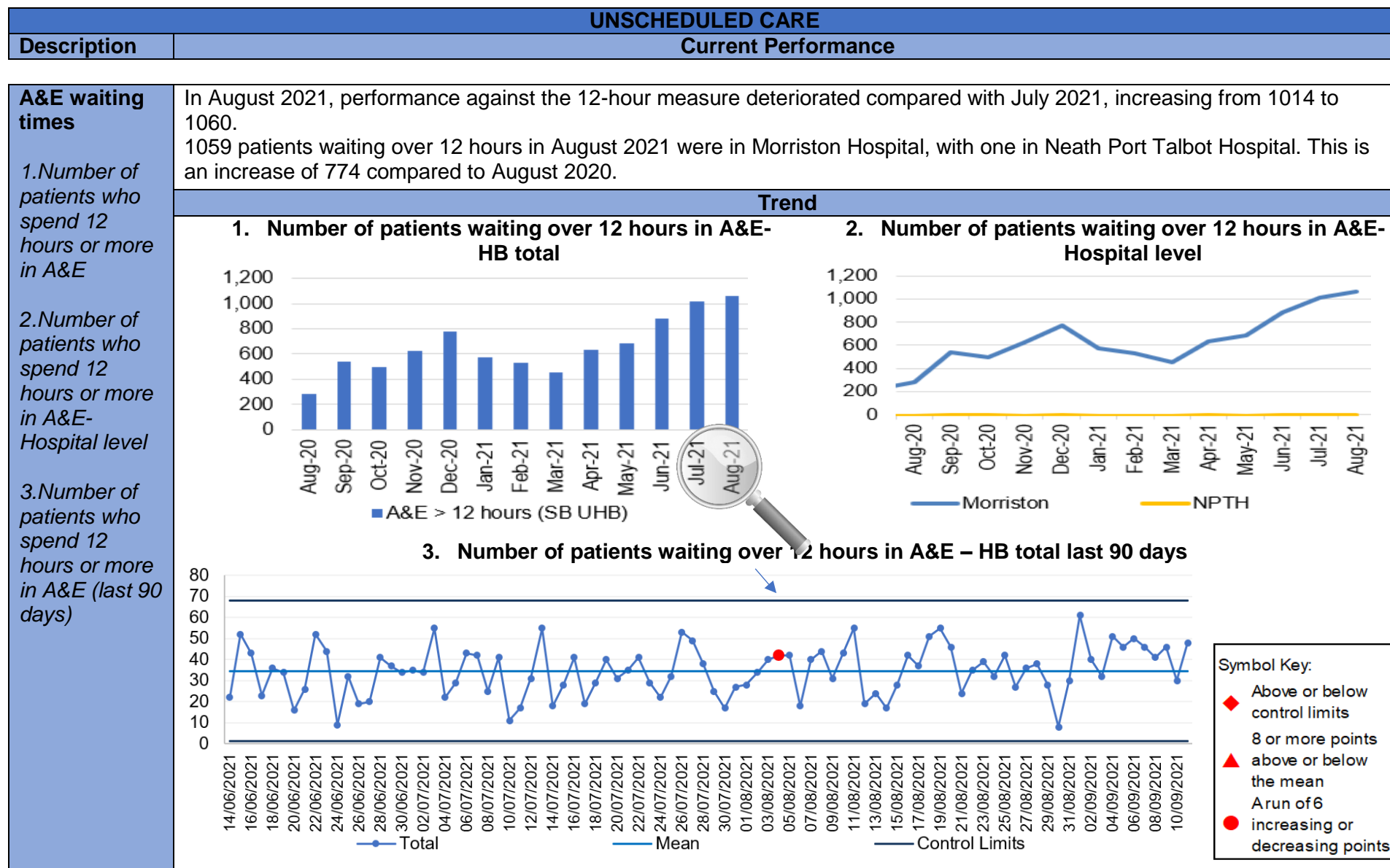
4.2 Updates on key measures

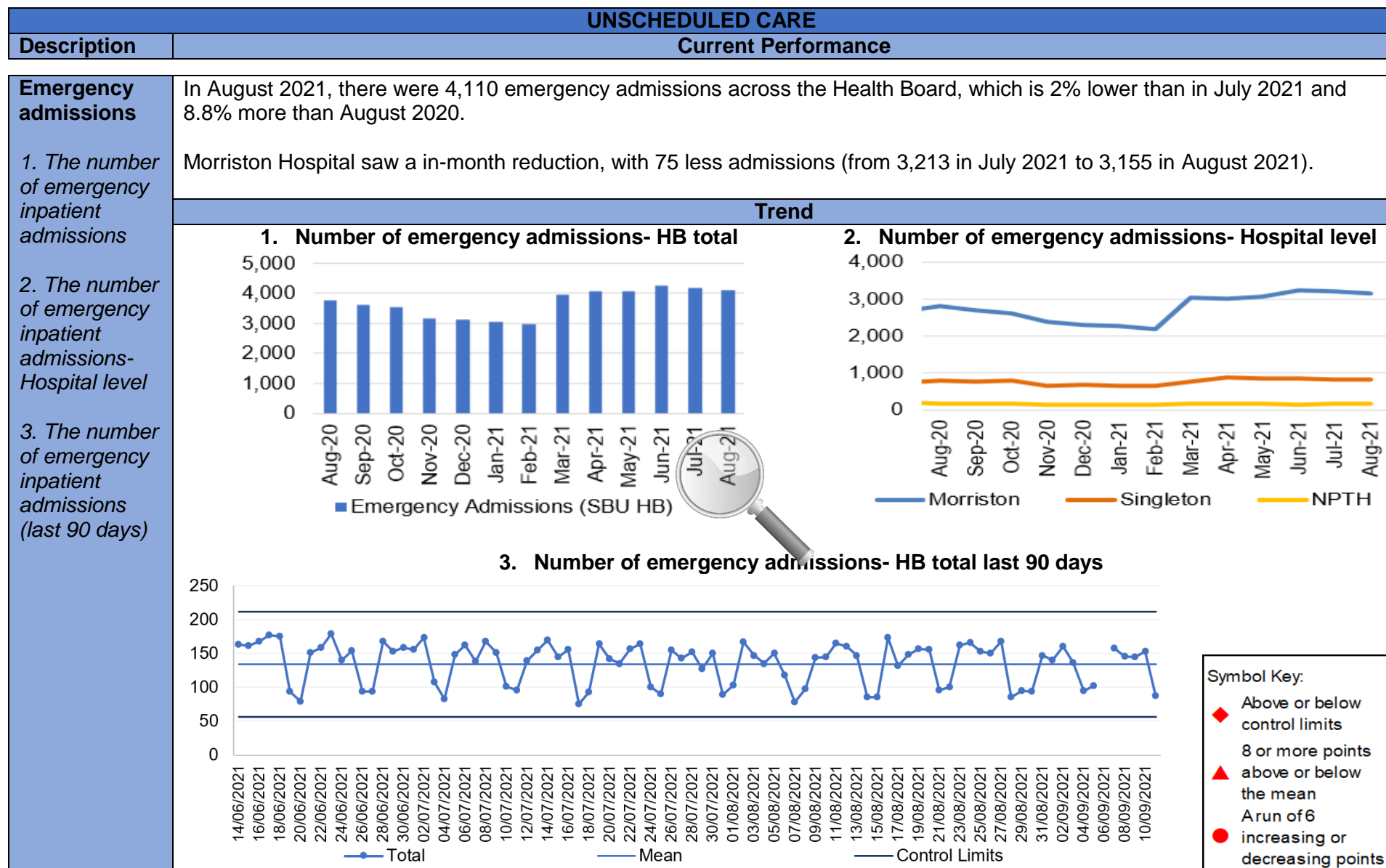


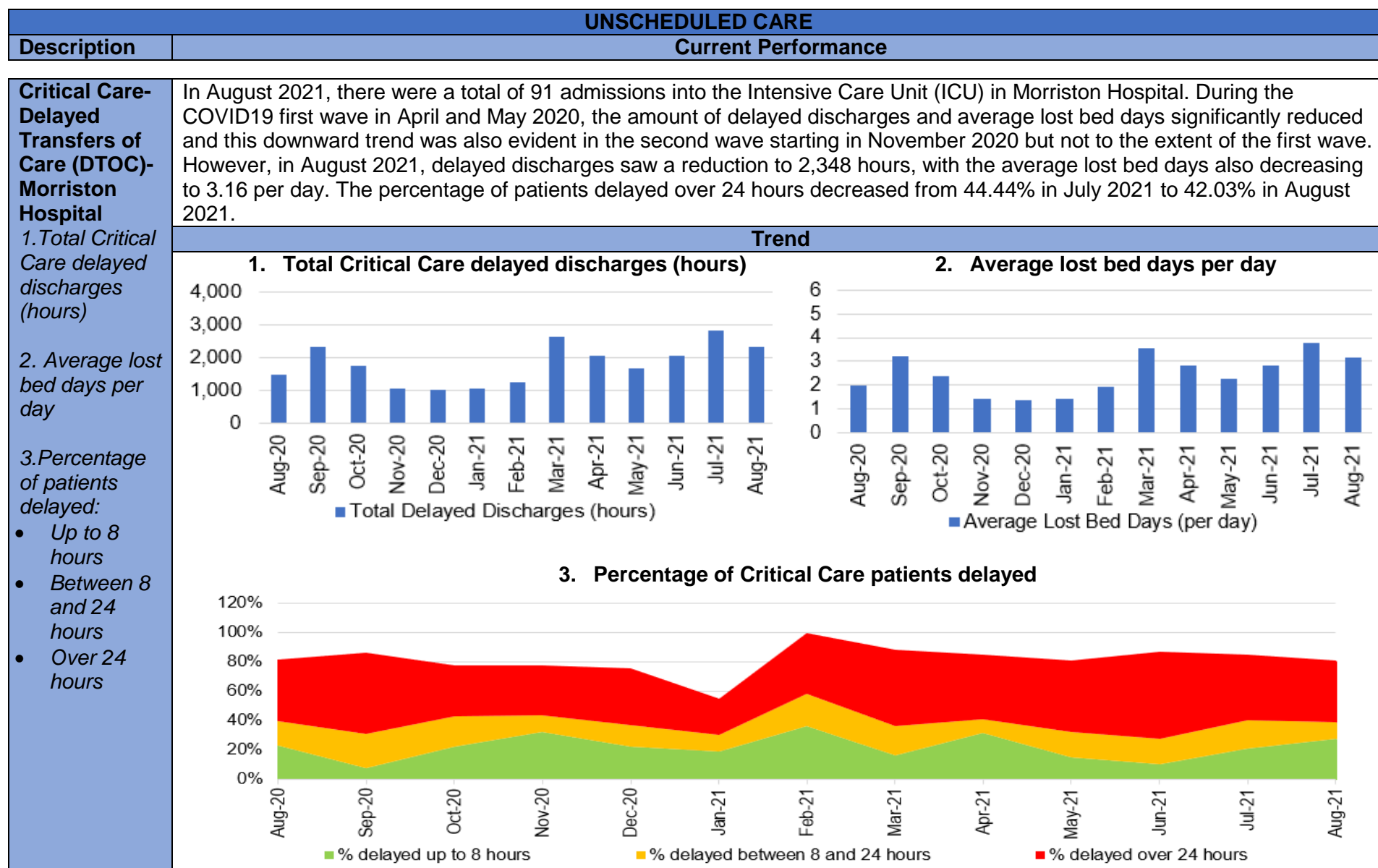








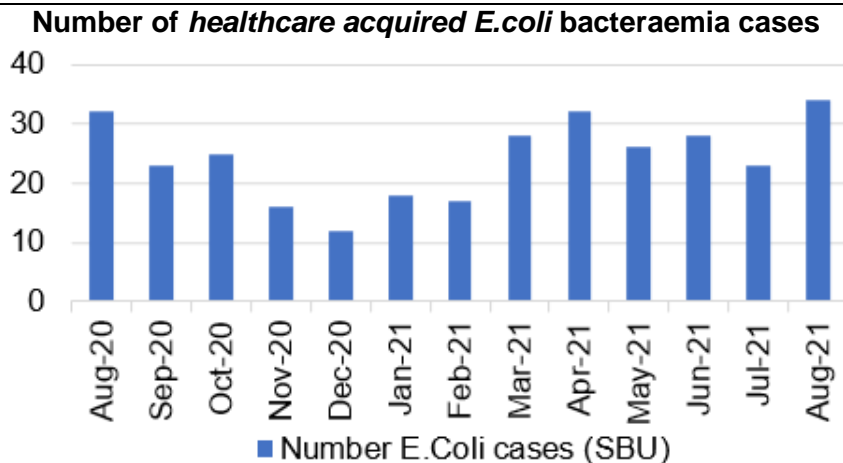
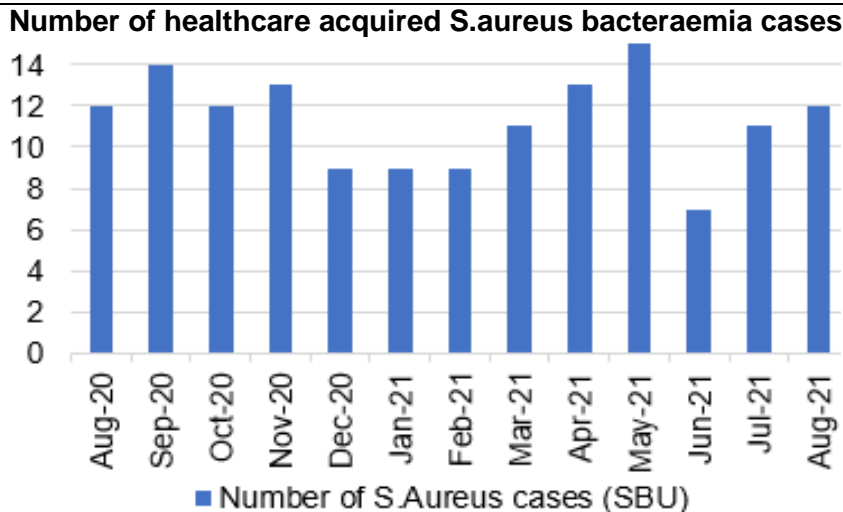




| UNSCHEDULED CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------|-----------|-----------|------|-----------|--------|----|----|--------|----|--------|----|--------|----|----|--------|--------|----|----|----|--------|----|----|----|--------|--------|----|----|--------|----|--------|----|--------|----|----|--------|--------|----|----|---|--------|----|----|----|--------|--------|----|----|--------|----|--------|----|--------|----|---|--------|----|----|----|----|--------|----|----|----|---|--------|----|----|----|----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medically Fit <i>The number of patients waiting at each site in the Health Board that are deemed discharge/ medically fit</i> | <p>In August 2021, there were on average 233 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>The number of medically/ discharge fit patients returned to the average that was seen in quarter 3 for 2021/21 in March 2021, after a significant increase in February 2021. It began increasing again in May 2021, with August 2021 (233) now seeing the highest number of medically/ discharge fit patients in over two years.</p> <p>In August 2021, Morriston Hospital had the largest proportion of medically/ discharge fit patients with 92, followed by Neath Port Talbot Hospital with 69.</p> | <p>The number of discharge/ medically fit patients by site</p> <table><caption>Estimated data for The number of discharge/ medically fit patients by site</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Aug-20</td><td>35</td><td>35</td><td>35</td><td>10</td></tr><tr><td>Sep-20</td><td>40</td><td>40</td><td>20</td><td>10</td></tr><tr><td>Oct-20</td><td>60</td><td>50</td><td>25</td><td>10</td></tr><tr><td>Nov-20</td><td>60</td><td>40</td><td>25</td><td>10</td></tr><tr><td>Dec-20</td><td>55</td><td>40</td><td>25</td><td>20</td></tr><tr><td>Jan-21</td><td>55</td><td>40</td><td>25</td><td>10</td></tr><tr><td>Feb-21</td><td>65</td><td>45</td><td>45</td><td>5</td></tr><tr><td>Mar-21</td><td>40</td><td>40</td><td>40</td><td>10</td></tr><tr><td>Apr-21</td><td>65</td><td>35</td><td>70</td><td>5</td></tr><tr><td>May-21</td><td>65</td><td>40</td><td>75</td><td>5</td></tr><tr><td>Jun-21</td><td>80</td><td>50</td><td>75</td><td>10</td></tr><tr><td>Jul-21</td><td>90</td><td>50</td><td>70</td><td>5</td></tr><tr><td>Aug-21</td><td>95</td><td>60</td><td>70</td><td>15</td></tr></tbody></table> | Month | Morriston | Singleton | NPTH | Gorseinon | Aug-20 | 35 | 35 | 35 | 10 | Sep-20 | 40 | 40 | 20 | 10 | Oct-20 | 60 | 50 | 25 | 10 | Nov-20 | 60 | 40 | 25 | 10 | Dec-20 | 55 | 40 | 25 | 20 | Jan-21 | 55 | 40 | 25 | 10 | Feb-21 | 65 | 45 | 45 | 5 | Mar-21 | 40 | 40 | 40 | 10 | Apr-21 | 65 | 35 | 70 | 5 | May-21 | 65 | 40 | 75 | 5 | Jun-21 | 80 | 50 | 75 | 10 | Jul-21 | 90 | 50 | 70 | 5 | Aug-21 | 95 | 60 | 70 | 15 |
| Month | Morriston | Singleton | NPTH | Gorseinon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 35 | 35 | 35 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 40 | 40 | 20 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 60 | 50 | 25 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 60 | 40 | 25 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 55 | 40 | 25 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 55 | 40 | 25 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 65 | 45 | 45 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 40 | 40 | 40 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 65 | 35 | 70 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 65 | 40 | 75 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 80 | 50 | 75 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 90 | 50 | 70 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 95 | 60 | 70 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i> | <p>In August 2021, there were 14 elective procedures cancelled due to lack of beds on the day of surgery. This is 7 more cancellations than in August 2020 and 3 less than July 2021.</p> <p>12 of the cancelled procedures were attributed to Morriston Hospital, with 2 attributed to Neath Port Talbot Hospital.</p> | <p>Total number of elective procedures cancelled due to lack of beds</p> <table><caption>Estimated data for Total number of elective procedures cancelled due to lack of beds</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Aug-20</td><td>6</td><td>0</td><td>0</td></tr><tr><td>Sep-20</td><td>6</td><td>0</td><td>2</td></tr><tr><td>Oct-20</td><td>16</td><td>0</td><td>0</td></tr><tr><td>Nov-20</td><td>13</td><td>0</td><td>0</td></tr><tr><td>Dec-20</td><td>1</td><td>0</td><td>0</td></tr><tr><td>Jan-21</td><td>2</td><td>0</td><td>0</td></tr><tr><td>Feb-21</td><td>9</td><td>0</td><td>0</td></tr><tr><td>Mar-21</td><td>11</td><td>0</td><td>0</td></tr><tr><td>Apr-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>May-21</td><td>6</td><td>0</td><td>0</td></tr><tr><td>Jun-21</td><td>7</td><td>0</td><td>0</td></tr><tr><td>Jul-21</td><td>17</td><td>0</td><td>0</td></tr><tr><td>Aug-21</td><td>12</td><td>0</td><td>2</td></tr></tbody></table> | Month | Morriston | Singleton | NPTH | Aug-20 | 6 | 0 | 0 | Sep-20 | 6 | 0 | 2 | Oct-20 | 16 | 0 | 0 | Nov-20 | 13 | 0 | 0 | Dec-20 | 1 | 0 | 0 | Jan-21 | 2 | 0 | 0 | Feb-21 | 9 | 0 | 0 | Mar-21 | 11 | 0 | 0 | Apr-21 | 5 | 0 | 0 | May-21 | 6 | 0 | 0 | Jun-21 | 7 | 0 | 0 | Jul-21 | 17 | 0 | 0 | Aug-21 | 12 | 0 | 2 | | | | | | | | | | | | | | |
| Month | Morriston | Singleton | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 6 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 6 | 0 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 16 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 13 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 1 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 2 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 9 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 11 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 5 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 6 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 7 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 17 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 12 | 0 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

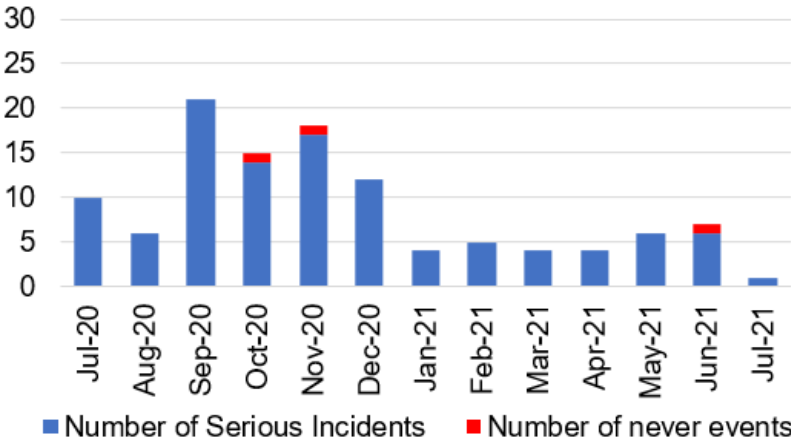
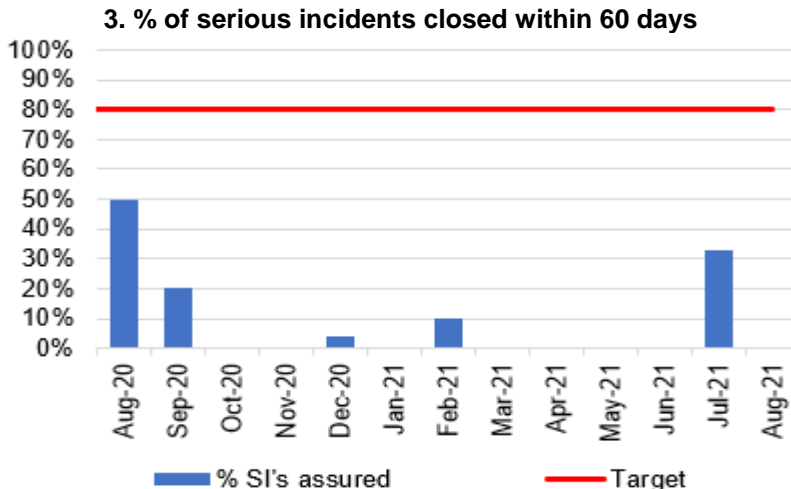
| FRACTURED NECK OF FEMUR (#NOF) | | |
|---|---|--|
| Description | Current Performance | Trend |
| Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation | <p>1. Prompt orthogeriatric assessment- In July 2021, 90.5% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 11% more than in April 2020.</p> <p>2. Prompt surgery- In July 2021, 59.5% of patients had surgery the day following presentation with a hip fracture. This is an improvement from July 2020 which was 53.7%</p> <p>3. NICE compliant surgery- 71.2% of operations were consistent with the NICE recommendations in July 2021. This is 0.1% more than in July 2020. In June 2021, Morriston was below the all-Wales average of 72.7%.</p> <p>4. Prompt mobilisation- In July 2021, 75.7% of patients were out of bed the day after surgery. This is 0.2% less than in June 2020.</p> | <p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p> |

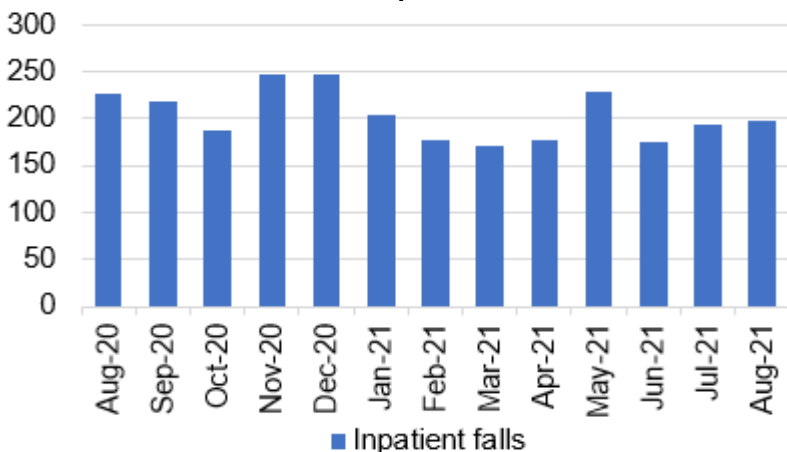
| FRACTURED NECK OF FEMUR (#NOF) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-----------------------|---------------|---------------|-----------------------|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i> | <p>5. Not delirious when tested- 76.8% of patients were not delirious in the week after their operation in July 2021. This is an improvement of 10.1% compared with July 2020.</p> | <p>5. Not delirious when tested</p> <table><caption>5. Not delirious when tested (Estimated Data)</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jul-20</td><td>60</td><td>60</td><td>60</td></tr><tr><td>Aug-20</td><td>62</td><td>60</td><td>60</td></tr><tr><td>Sep-20</td><td>64</td><td>60</td><td>60</td></tr><tr><td>Oct-20</td><td>66</td><td>60</td><td>60</td></tr><tr><td>Nov-20</td><td>68</td><td>60</td><td>60</td></tr><tr><td>Dec-20</td><td>70</td><td>60</td><td>60</td></tr><tr><td>Jan-21</td><td>72</td><td>60</td><td>60</td></tr><tr><td>Feb-21</td><td>74</td><td>60</td><td>60</td></tr><tr><td>Mar-21</td><td>76</td><td>60</td><td>60</td></tr><tr><td>Apr-21</td><td>77</td><td>60</td><td>60</td></tr><tr><td>May-21</td><td>77</td><td>60</td><td>60</td></tr><tr><td>Jun-21</td><td>77</td><td>60</td><td>60</td></tr><tr><td>Jul-21</td><td>77</td><td>60</td><td>60</td></tr></tbody></table> | Month | Morryston (%) | All-Wales (%) | Eng, Wal & N. Ire (%) | Jul-20 | 60 | 60 | 60 | Aug-20 | 62 | 60 | 60 | Sep-20 | 64 | 60 | 60 | Oct-20 | 66 | 60 | 60 | Nov-20 | 68 | 60 | 60 | Dec-20 | 70 | 60 | 60 | Jan-21 | 72 | 60 | 60 | Feb-21 | 74 | 60 | 60 | Mar-21 | 76 | 60 | 60 | Apr-21 | 77 | 60 | 60 | May-21 | 77 | 60 | 60 | Jun-21 | 77 | 60 | 60 | Jul-21 | 77 | 60 | 60 |
| Month | Morryston (%) | All-Wales (%) | Eng, Wal & N. Ire (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 60 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 62 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 64 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 66 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 68 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 70 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 72 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 74 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 76 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 77 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 77 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 77 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 77 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i> | <p>6. Return to original residence- 73% of patients in June 2021 were discharged back to their original residence. This is 2.5% less than in June 2020.</p> <p>* The All-Wales data for July 2021 was not available at the time this report was published.</p> | <p>6. Return to original residence</p> <table><caption>6. Return to original residence (Estimated Data)</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jun-20</td><td>72</td><td>75</td><td>70</td></tr><tr><td>Jul-20</td><td>74</td><td>75</td><td>70</td></tr><tr><td>Aug-20</td><td>75</td><td>75</td><td>70</td></tr><tr><td>Sep-20</td><td>74</td><td>75</td><td>70</td></tr><tr><td>Oct-20</td><td>73</td><td>75</td><td>70</td></tr><tr><td>Nov-20</td><td>72</td><td>75</td><td>70</td></tr><tr><td>Dec-20</td><td>71</td><td>75</td><td>70</td></tr><tr><td>Jan-21</td><td>70</td><td>75</td><td>70</td></tr><tr><td>Feb-21</td><td>71</td><td>75</td><td>70</td></tr><tr><td>Mar-21</td><td>70</td><td>75</td><td>70</td></tr><tr><td>Apr-21</td><td>69</td><td>75</td><td>70</td></tr><tr><td>May-21</td><td>68</td><td>75</td><td>70</td></tr><tr><td>Jun-21</td><td>73</td><td>75</td><td>70</td></tr></tbody></table> | Month | Morryston (%) | All-Wales (%) | Eng, Wal & N. Ire (%) | Jun-20 | 72 | 75 | 70 | Jul-20 | 74 | 75 | 70 | Aug-20 | 75 | 75 | 70 | Sep-20 | 74 | 75 | 70 | Oct-20 | 73 | 75 | 70 | Nov-20 | 72 | 75 | 70 | Dec-20 | 71 | 75 | 70 | Jan-21 | 70 | 75 | 70 | Feb-21 | 71 | 75 | 70 | Mar-21 | 70 | 75 | 70 | Apr-21 | 69 | 75 | 70 | May-21 | 68 | 75 | 70 | Jun-21 | 73 | 75 | 70 |
| Month | Morryston (%) | All-Wales (%) | Eng, Wal & N. Ire (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 72 | 75 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 74 | 75 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 75 | 75 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 74 | 75 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 73 | 75 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 72 | 75 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 71 | 75 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 70 | 75 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 71 | 75 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 70 | 75 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 69 | 75 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 68 | 75 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 73 | 75 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. <i>30 day mortality rate</i> | <p>7. 30 day mortality rate- In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p> | <p>7. 30 day mortality rate</p> <table><caption>7. 30 day mortality rate (Estimated Data)</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jan-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr><tr><td>Feb-20</td><td>8.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Mar-20</td><td>8.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Apr-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr><tr><td>May-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr><tr><td>Jun-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr><tr><td>Jul-20</td><td>8.0</td><td>7.0</td><td>7.5</td></tr><tr><td>Aug-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Sep-20</td><td>7.0</td><td>7.0</td><td>7.5</td></tr><tr><td>Oct-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Nov-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Dec-20</td><td>8.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Jan-21</td><td>7.5</td><td>6.9</td><td>7.6</td></tr></tbody></table> | Month | Morryston (%) | All-Wales (%) | Eng, Wal & N. Ire (%) | Jan-20 | 8.0 | 7.0 | 7.5 | Feb-20 | 8.5 | 7.0 | 7.5 | Mar-20 | 8.5 | 7.0 | 7.5 | Apr-20 | 8.0 | 7.0 | 7.5 | May-20 | 8.0 | 7.0 | 7.5 | Jun-20 | 8.0 | 7.0 | 7.5 | Jul-20 | 8.0 | 7.0 | 7.5 | Aug-20 | 7.5 | 7.0 | 7.5 | Sep-20 | 7.0 | 7.0 | 7.5 | Oct-20 | 7.5 | 7.0 | 7.5 | Nov-20 | 7.5 | 7.0 | 7.5 | Dec-20 | 8.5 | 7.0 | 7.5 | Jan-21 | 7.5 | 6.9 | 7.6 |
| Month | Morryston (%) | All-Wales (%) | Eng, Wal & N. Ire (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 8.0 | 7.0 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 8.5 | 7.0 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 8.5 | 7.0 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 8.0 | 7.0 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 8.0 | 7.0 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 8.0 | 7.0 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 8.0 | 7.0 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 7.5 | 7.0 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 7.0 | 7.0 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 7.5 | 7.0 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 7.5 | 7.0 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 8.5 | 7.0 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 7.5 | 6.9 | 7.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

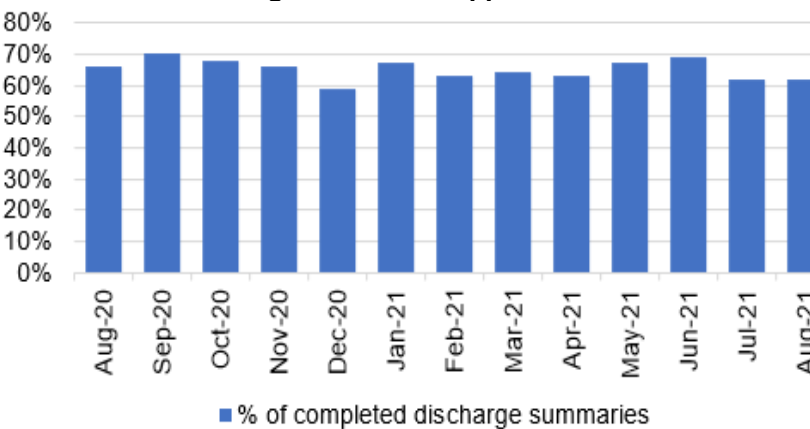
| HEALTHCARE ACQUIRED INFECTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------|-----------------|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i> | <ul style="list-style-type: none">34 cases of <i>E. coli</i> bacteraemia were identified in August 2021, of which 9 were hospital acquired and 25 were community acquired.Cumulative cases from July 2021 to August 2021 are 22% lower than the equivalent period in 2020/21. (104 in 2021/22 compared with 127 in 2020/21). | <p>Number of healthcare acquired E.coli bacteraemia cases</p>  <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Aug-20</td><td>32</td></tr><tr><td>Sep-20</td><td>23</td></tr><tr><td>Oct-20</td><td>25</td></tr><tr><td>Nov-20</td><td>16</td></tr><tr><td>Dec-20</td><td>12</td></tr><tr><td>Jan-21</td><td>18</td></tr><tr><td>Feb-21</td><td>17</td></tr><tr><td>Mar-21</td><td>28</td></tr><tr><td>Apr-21</td><td>32</td></tr><tr><td>May-21</td><td>26</td></tr><tr><td>Jun-21</td><td>28</td></tr><tr><td>Jul-21</td><td>23</td></tr><tr><td>Aug-21</td><td>34</td></tr></tbody></table> | Month | Number of cases | Aug-20 | 32 | Sep-20 | 23 | Oct-20 | 25 | Nov-20 | 16 | Dec-20 | 12 | Jan-21 | 18 | Feb-21 | 17 | Mar-21 | 28 | Apr-21 | 32 | May-21 | 26 | Jun-21 | 28 | Jul-21 | 23 | Aug-21 | 34 |
| Month | Number of cases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i> | <ul style="list-style-type: none">There were 12 cases of Staph. aureus bacteraemia in August 2021, of which 8 were hospital acquired and 4 were community acquired.Cumulative cases from July 2021 to August 2021 are 17.8% lower than the equivalent period in 2020/21 (45 in 2021/22 compared with 53 in 2020/21). | <p>Number of healthcare acquired S.aureus bacteraemia cases</p>  <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Aug-20</td><td>12</td></tr><tr><td>Sep-20</td><td>14</td></tr><tr><td>Oct-20</td><td>12</td></tr><tr><td>Nov-20</td><td>13</td></tr><tr><td>Dec-20</td><td>9</td></tr><tr><td>Jan-21</td><td>9</td></tr><tr><td>Feb-21</td><td>9</td></tr><tr><td>Mar-21</td><td>11</td></tr><tr><td>Apr-21</td><td>13</td></tr><tr><td>May-21</td><td>15</td></tr><tr><td>Jun-21</td><td>7</td></tr><tr><td>Jul-21</td><td>11</td></tr><tr><td>Aug-21</td><td>12</td></tr></tbody></table> | Month | Number of cases | Aug-20 | 12 | Sep-20 | 14 | Oct-20 | 12 | Nov-20 | 13 | Dec-20 | 9 | Jan-21 | 9 | Feb-21 | 9 | Mar-21 | 11 | Apr-21 | 13 | May-21 | 15 | Jun-21 | 7 | Jul-21 | 11 | Aug-21 | 12 |
| Month | Number of cases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| HEALTHCARE ACQUIRED INFECTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------|----------------------------------|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i> | <ul style="list-style-type: none">There were 22 <i>Clostridium difficile</i> toxin positive cases in August 2021, of which 20 were hospital acquired and 2 were community acquired.Cumulative cases from July 2021 to August 2021 are 34.8% more than the equivalent period of 2020/21 (66 in 2021/22 compared with 43 in 2020/21). | <p>Number of healthcare acquired C.difficile cases</p> <table><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Aug-20</td><td>23</td></tr><tr><td>Sep-20</td><td>18</td></tr><tr><td>Oct-20</td><td>15</td></tr><tr><td>Nov-20</td><td>10</td></tr><tr><td>Dec-20</td><td>9</td></tr><tr><td>Jan-21</td><td>3</td></tr><tr><td>Feb-21</td><td>11</td></tr><tr><td>Mar-21</td><td>12</td></tr><tr><td>Apr-21</td><td>20</td></tr><tr><td>May-21</td><td>12</td></tr><tr><td>Jun-21</td><td>12</td></tr><tr><td>Jul-21</td><td>23</td></tr><tr><td>Aug-21</td><td>22</td></tr></tbody></table> <p>■ Number of C.diff cases (SBU)</p> | Month | Number of C.diff cases (SBU) | Aug-20 | 23 | Sep-20 | 18 | Oct-20 | 15 | Nov-20 | 10 | Dec-20 | 9 | Jan-21 | 3 | Feb-21 | 11 | Mar-21 | 12 | Apr-21 | 20 | May-21 | 12 | Jun-21 | 12 | Jul-21 | 23 | Aug-21 | 22 |
| Month | Number of C.diff cases (SBU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i> | <ul style="list-style-type: none">There were 8 cases of Klebsiella sp in August 2021, of which 4 were hospital acquired and 4 were community acquired.Cumulative cases from July 2021 to August 2021 are 5.1% more than the equivalent period in 2020/21 (38 in 2021/22 compared with 36 in 2020/21). | <p>Number of healthcare acquired Klebsiella cases</p> <table><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Aug-20</td><td>10</td></tr><tr><td>Sep-20</td><td>5</td></tr><tr><td>Oct-20</td><td>9</td></tr><tr><td>Nov-20</td><td>11</td></tr><tr><td>Dec-20</td><td>12</td></tr><tr><td>Jan-21</td><td>13</td></tr><tr><td>Feb-21</td><td>6</td></tr><tr><td>Mar-21</td><td>10</td></tr><tr><td>Apr-21</td><td>9</td></tr><tr><td>May-21</td><td>5</td></tr><tr><td>Jun-21</td><td>12</td></tr><tr><td>Jul-21</td><td>3</td></tr><tr><td>Aug-21</td><td>8</td></tr></tbody></table> <p>■ Number of Klebsiella cases (SBU)</p> | Month | Number of Klebsiella cases (SBU) | Aug-20 | 10 | Sep-20 | 5 | Oct-20 | 9 | Nov-20 | 11 | Dec-20 | 12 | Jan-21 | 13 | Feb-21 | 6 | Mar-21 | 10 | Apr-21 | 9 | May-21 | 5 | Jun-21 | 12 | Jul-21 | 3 | Aug-21 | 8 |
| Month | Number of Klebsiella cases (SBU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| HEALTHCARE ACQUIRED INFECTIONS | | |
|--|---|--|
| Description | Current Performance | Trend |
| Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i> | <ul style="list-style-type: none"> There were 2 cases of <i>P.Aeruginosa</i> bacteraemia reported in August 2021. Cumulative cases from July 2021 to August 2021 are 70% more than the equivalent period in 2020/21. | <p>Number of healthcare acquired Pseudomonas cases</p> <p>■ Number of Pseudomonas cases (SBU)</p> |
| PRESSURE ULCERS | | |
| Description | Current Performance | Trend |
| Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admissions</i> | <ul style="list-style-type: none"> In July 2021 there were 91 cases of healthcare acquired pressure ulcers, 33 of which were community acquired and 58 were hospital acquired. There were 5 grade 3+ pressure ulcers in July 2021, of which 2 were community acquired and 3 were hospital acquired. The rate per 100,000 admissions increased from 723 in June 2021 to 853 in August 2021. | <p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <p>■ Pressure Ulcers (Community) ▨ Pressure Ulcers (Hospital)</p> |

| SERIOUS INCIDENTS | | |
|--|---|---|
| Description | Current Performance | Trend |
| Serious Incidents- 1. <i>The number of serious incidents</i> 2. <i>The number of Never Events</i> 3. <i>Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i> | 1. The Health Board reported 5 Serious Incidents for the month of August 2021 to Welsh Government. The breakdown of incidents in June 2021 are set out below: | 1. and 2. Number of serious incidents and never events  |
| | 2. There were no new Never Event's reported in August 2021. | |
| | 3. In August 2021, performance against the 80% target of submitting closure forms within 60 working days was 0% as none of the closure forms due to be submitted to Welsh Government in August 2021 were submitted on time. | 3. % of serious incidents closed within 60 days  <p>* 0% compliance in June, July, October and November 2020 and January, March, April, May and June 2021</p> |















| INPATIENT FALLS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------|-----------------|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inpatient Falls <i>The total number of inpatient falls</i> | <ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 198 in August 2021. This is 12.8% less than August 2020 where 227 falls were recorded. | <p>Number of inpatient Falls</p>  <table><caption>Number of inpatient Falls (Estimated Data)</caption><thead><tr><th>Month</th><th>Number of Falls</th></tr></thead><tbody><tr><td>Aug-20</td><td>227</td></tr><tr><td>Sep-20</td><td>215</td></tr><tr><td>Oct-20</td><td>185</td></tr><tr><td>Nov-20</td><td>245</td></tr><tr><td>Dec-20</td><td>245</td></tr><tr><td>Jan-21</td><td>200</td></tr><tr><td>Feb-21</td><td>175</td></tr><tr><td>Mar-21</td><td>165</td></tr><tr><td>Apr-21</td><td>175</td></tr><tr><td>May-21</td><td>225</td></tr><tr><td>Jun-21</td><td>175</td></tr><tr><td>Jul-21</td><td>190</td></tr><tr><td>Aug-21</td><td>198</td></tr></tbody></table> <p>■ Inpatient falls</p> | Month | Number of Falls | Aug-20 | 227 | Sep-20 | 215 | Oct-20 | 185 | Nov-20 | 245 | Dec-20 | 245 | Jan-21 | 200 | Feb-21 | 175 | Mar-21 | 165 | Apr-21 | 175 | May-21 | 225 | Jun-21 | 175 | Jul-21 | 190 | Aug-21 | 198 |
| Month | Number of Falls | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 227 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 215 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 185 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 245 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 245 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 175 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 165 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 175 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 225 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 175 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 190 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 198 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

| CRUDE MORTALITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--------------------|--------------------|--------------------|--------------|----------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crude Mortality Rate | July 2021 reports the crude mortality rate for the Health Board at 1.03% compared with 1.01% in June 2021. | Crude hospital mortality rate by Hospital (74 years of age or less) <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Jul-20</td><td>1.5%</td><td>0.4%</td><td>0.2%</td><td>0.8%</td></tr><tr><td>Aug-20</td><td>1.6%</td><td>0.4%</td><td>0.2%</td><td>0.8%</td></tr><tr><td>Sep-20</td><td>1.6%</td><td>0.4%</td><td>0.2%</td><td>0.9%</td></tr><tr><td>Oct-20</td><td>1.7%</td><td>0.4%</td><td>0.2%</td><td>0.9%</td></tr><tr><td>Nov-20</td><td>1.8%</td><td>0.4%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Dec-20</td><td>1.9%</td><td>0.5%</td><td>0.2%</td><td>1.1%</td></tr><tr><td>Jan-21</td><td>2.0%</td><td>0.5%</td><td>0.1%</td><td>1.1%</td></tr><tr><td>Feb-21</td><td>2.0%</td><td>0.5%</td><td>0.1%</td><td>1.1%</td></tr><tr><td>Mar-21</td><td>1.8%</td><td>0.4%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Apr-21</td><td>1.7%</td><td>0.4%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>May-21</td><td>1.7%</td><td>0.4%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Jun-21</td><td>1.7%</td><td>0.4%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Jul-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr></tbody></table> | Month | Morriston Hospital | Singleton Hospital | NPT Hospital | HB Total | Jul-20 | 1.5% | 0.4% | 0.2% | 0.8% | Aug-20 | 1.6% | 0.4% | 0.2% | 0.8% | Sep-20 | 1.6% | 0.4% | 0.2% | 0.9% | Oct-20 | 1.7% | 0.4% | 0.2% | 0.9% | Nov-20 | 1.8% | 0.4% | 0.2% | 1.0% | Dec-20 | 1.9% | 0.5% | 0.2% | 1.1% | Jan-21 | 2.0% | 0.5% | 0.1% | 1.1% | Feb-21 | 2.0% | 0.5% | 0.1% | 1.1% | Mar-21 | 1.8% | 0.4% | 0.1% | 1.0% | Apr-21 | 1.7% | 0.4% | 0.1% | 1.0% | May-21 | 1.7% | 0.4% | 0.1% | 1.0% | Jun-21 | 1.7% | 0.4% | 0.1% | 1.0% | Jul-21 | 1.7% | 0.5% | 0.1% | 1.0% |
| | Month | | Morriston Hospital | Singleton Hospital | NPT Hospital | HB Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 1.5% | 0.4% | 0.2% | 0.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 1.6% | 0.4% | 0.2% | 0.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 1.6% | 0.4% | 0.2% | 0.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 1.7% | 0.4% | 0.2% | 0.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 1.8% | 0.4% | 0.2% | 1.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 1.9% | 0.5% | 0.2% | 1.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 2.0% | 0.5% | 0.1% | 1.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 2.0% | 0.5% | 0.1% | 1.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 1.8% | 0.4% | 0.1% | 1.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 1.7% | 0.4% | 0.1% | 1.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 1.7% | 0.4% | 0.1% | 1.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 1.7% | 0.4% | 0.1% | 1.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 1.7% | 0.5% | 0.1% | 1.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A breakdown by Hospital for July 2021: <ul style="list-style-type: none">• Morriston – 1.73%• Singleton – 0.52%• NPT – 0.12% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | |
| | | | | | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | |
| | | Cancer | | | | | | | | | | | | | | | | |
| Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions) | Total | 12 month improvement trend | |  | 67.4% | 62.4% | 65.9% | 55.4% | 61.0% | 67.9% | 56.4% | 71.6% | 65.7% | 60.0% | 66.8% | 55.0% | 44.6% | |
| | | Planned Care | | | | | | | | | | | | | | | | |
| Number of patients waiting > 26 weeks for outpatient appointment* | Morriston | 0 | |  | 11,359 | 12,882 | 12,617 | 12,306 | 12,543 | 12,487 | 12,479 | 12,870 | 13,398 | 14,047 | 13,867 | 14,080 | 14,661 | |
| | NPTH | | |  | 181 | 208 | 129 | 75 | 49 | 61 | 111 | 73 | 92 | 157 | 228 | 271 | 335 | |
| | Singleton | | |  | 8,792 | 9,748 | 9,073 | 8,394 | 8,336 | 8,427 | 8,414 | 8,575 | 9,027 | 9,327 | 9,053 | 8,769 | 8,383 | |
| | PC&CS | | |  | 165 | 231 | 231 | 230 | 251 | 233 | 221 | 232 | 235 | 169 | 131 | 105 | 65 | |
| | Total | | |  | 20,497 | 23,069 | 22,050 | 21,005 | 21,179 | 21,208 | 21,225 | 21,750 | 22,752 | 23,700 | 23,279 | 23,225 | 23,444 | |
| Number of patients waiting > 36 weeks for treatment* | Morriston | 0 | |  | 14,722 | 16,846 | 20,035 | 22,298 | 22,391 | 21,695 | 21,199 | 21,228 | 21,579 | 22,095 | 22,414 | 22,968 | 23,364 | |
| | NPTH | | |  | 15 | 17 | 33 | 48 | 42 | 41 | 43 | 45 | 46 | 45 | 57 | 98 | 167 | |
| | Singleton | | |  | 7,650 | 8,810 | 10,514 | 11,865 | 11,629 | 11,385 | 10,788 | 10,942 | 11,134 | 11,727 | 12,022 | 11,980 | 11,920 | |
| | PC&CS | | |  | 66 | 82 | 153 | 220 | 247 | 219 | 204 | 196 | 181 | 115 | 119 | 82 | 53 | |
| | Total (inc. diagnostics > 36 wks) | | |  | 22,494 | 26,046 | 31,508 | 35,387 | 35,126 | 33,991 | 32,719 | 32,874 | 33,395 | 34,447 | 35,040 | 35,583 | 35,999 | |
| Number of patients waiting > 8 weeks for a specified diagnostics* | Morriston | 0 | |  | 6,627 | 5,956 | 4,564 | 4,559 | 4,361 | 3,938 | 2,978 | 2,517 | 2,757 | 2,739 | 3,162 | 3,390 | 3,573 | |
| | Singleton | | |  | 1,443 | 1,710 | 2,081 | 2,051 | 2,218 | 2,301 | 2,109 | 2,037 | 2,047 | 2,103 | 2,068 | 2,035 | 1,950 | |
| | Total | | |  | 8,070 | 7,666 | 6,645 | 6,610 | 6,579 | 6,239 | 5,087 | 4,554 | 4,804 | 4,842 | 5,230 | 5,425 | 5,523 | |
| Number of patients waiting > 14 weeks for a specified therapy* | MH&LD | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | |
| | NPTH | | | | 145 | 138 | 110 | 99 | 93 | 127 | 129 | 60 | 18 | 8 | 15 | 0 | 0 | |
| | PC&CS | | | | 1,373 | 1,212 | 1,025 | 718 | 615 | 457 | 362 | 309 | 183 | 157 | 156 | 0 | 0 | |
| | Total | | | | 1,518 | 1,350 | 1,135 | 817 | 708 | 584 | 491 | 369 | 201 | 166 | 171 | 0 | 0 | |

| Measure | Locality | National/ Local Target | Internal profile | Trend | | | | | SBU | | | | | | | | |
|---|-----------|----------------------------|------------------|-------|------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | | | | | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | |
| | | | | | Planned Care | | | | | | | | | | | | |
| Total number of patients waiting for a follow-up outpatient appointment * | Total | HB Target TBC | | | 120,969 | 120,962 | 120,968 | 120,874 | 119,963 | 119,999 | 120,882 | 121,403 | 122,303 | 123,088 | 127,444 | 133,903 | 127,391 |
| Number of patients delayed by over 100% past their target date * | Total | | | | 23,209 | 24,472 | 26,217 | 27,156 | 27,641 | 28,419 | 28,862 | 29,316 | 29,334 | 30,062 | 30,550 | 34,816 | 29,770 |
| Number of patients delayed past their agreed target date (booked and not booked) * | Total | | | | 55,446 | 56,843 | 57,380 | 56,647 | 56,210 | 57,297 | 57,458 | 55,944 | 55,086 | 54,664 | 55,254 | 60,618 | 54,993 |
| Number of Ophthalmology patients without an allocated health risk factor | Total | 0 | | | 162 | 513 | 780 | 464 | 326 | 212 | 281 | 294 | 614 | 326 | 486 | 539 | 628 |
| Number of patients without a documented clinical review date | Total | 0 | | | 65 | 95 | 43 | 55 | 90 | 32 | 25 | 14 | 9 | 5 | 6 | 5 | 6 |
| | | | | | Patient Experience/ Feedback | | | | | | | | | | | | |
| Number of friends and family surveys completed | PCCS | 12 month improvement trend | | | 220 | 239 | 208 | 231 | 84 | 144 | 97 | 255 | | 159 | 532 | 79 | 245 |
| | MH&LD | | | | 34 | 49 | 48 | 82 | 56 | 22 | 8 | 11 | | 3 | 0 | 0 | 59 |
| | Morrison | | | | 174 | 679 | 269 | 155 | 152 | 168 | 211 | 326 | | 1,330 | 934 | 699 | 642 |
| | NPTH | | | | 24 | 62 | 40 | 24 | 18 | 43 | 31 | 16 | | | 0 | 0 | 0 |
| | Singleton | | | | 207 | 1,824 | 530 | 377 | 330 | 323 | 459 | 453 | | 3,098 | 1,808 | 1,029 | 1,106 |
| | Total | | | | 625 | 2,804 | 1,047 | 787 | 584 | 678 | 798 | 1,050 | | 4,590 | 3,297 | 1,912 | 2,075 |
| % of patients who would recommend and highly recommend | PCCS | 90% | 80% | | 79% | 74% | 65% | 80% | 62% | 76% | 77% | 90% | | 100% | 100% | 89% | 94% |
| | MH&LD | | | | 41% | 39% | 19% | 41% | 21% | 36% | 88% | 73% | | 100% | 0% | 0% | 93% |
| | Morrison | | | | 83% | 91% | 82% | 86% | 70% | 76% | 82% | 86% | | 96% | 97% | 93% | 92% |
| | NPTH | | | | 92% | 94% | 90% | 75% | 67% | 58% | 32% | 75% | | | 0% | 0% | 0% |
| | Singleton | | | | 87% | 96% | 88% | 87% | 85% | 85% | 92% | 87% | | 97% | 97% | 91% | 92% |
| | Total | | | | 83% | 93% | 82% | 84% | 77% | 79% | 85% | 87% | | 96% | 97% | 92% | 92% |
| % of all-Wales surveys scoring 9 or 10 on overall satisfaction | PCCS | 90% | 80% | | 83% | 100% | 100% | 80% | 67% | 90% | 100% | 100% | | 100% | - | | 95% |
| | MH&LD | | | | 100% | 100% | 100% | - | - | - | - | 50% | | - | 0% | | - |
| | Morrison | | | | 80% | 79% | 58% | 100% | 33% | 80% | 71% | 90% | | 93% | 97% | | 96% |
| | NPTH | | | | 100% | 90% | 100% | - | 67% | 67% | 100% | 100% | | | 0% | | 0% |
| | Singleton | | | | 82% | 79% | 90% | 86% | 80% | 77% | 95% | 92% | | 93% | 97% | | 95% |
| | Total | | | | 83% | 84% | 79% | 85% | 65% | 81% | 94% | 93% | | 92% | 96% | | 92% |
| Number of new complaints received | PCCS | 12 month reduction rend | | | 10 | 18 | 22 | 24 | 24 | 9 | 10 | 22 | 8 | 16 | 16 | 18 | 0 |
| | MH&LD | | | | 10 | 10 | 20 | 13 | 6 | 11 | 15 | 10 | 26 | 15 | 19 | 24 | 0 |
| | Morrison | | | | 31 | 51 | 44 | 40 | 38 | 33 | 40 | 50 | 23 | 53 | 69 | 51 | 0 |
| | NPTH | | | | 2 | 7 | 6 | 7 | 1 | 7 | 6 | 7 | 4 | 3 | 10 | 6 | 0 |
| | Singleton | | | | 17 | 24 | 25 | 20 | 20 | 15 | 20 | 24 | 24 | 23 | 31 | 28 | 0 |
| | Total | | | | 74 | 107 | 121 | 103 | 83 | 78 | 94 | 117 | 100 | 115 | 159 | 139 | 0 |
| % 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% | | 60% | 92% | 67% | 76% | 77% | 63% | 67% | 67% | | | | | |
| | MH&LD | | | | 50% | 80% | 70% | 92% | 75% | 73% | 64% | 67% | | | | | |
| | Morrison | | | | 84% | 90% | 86% | 89% | 91% | 81% | 95% | 92% | | | | | |
| | NPTH | | | | 50% | 100% | 67% | 86% | 0% | 57% | 67% | 100% | | | | | |
| | Singleton | | | | 65% | 63% | 64% | 70% | 70% | 57% | 68% | 67% | | | | | |
| | Total | | | | 72% | 82% | 75% | 82% | 80% | 71% | 80% | 81% | | | | | |

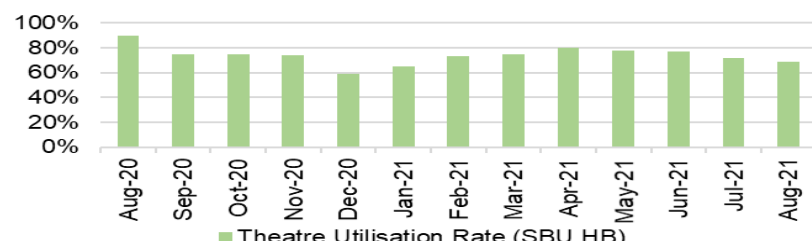
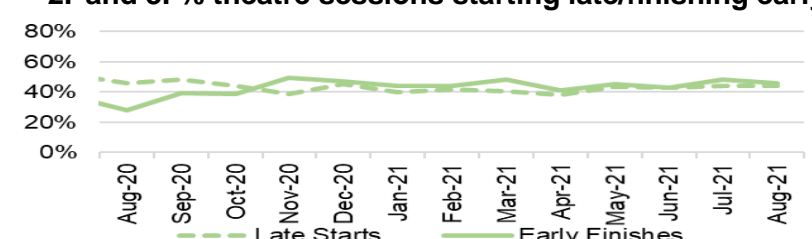
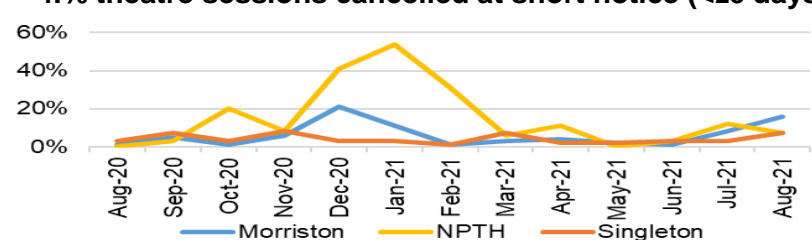
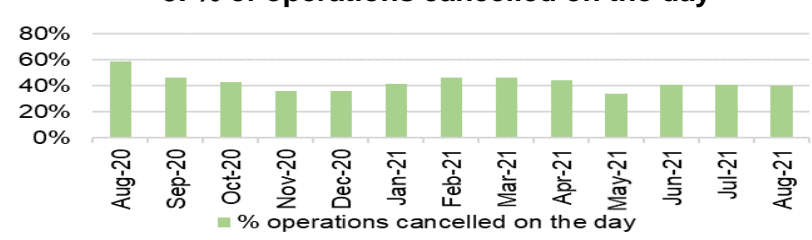
5.3 Updates on key measures

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

| PLANNED CARE | |
|--|--|
| Description | Current Performance |
| Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken | <p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. August 2021 saw a slight in-month increase in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 23,225 in July 2021 to 23,444 in August 2021. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment closely followed by Orthopaedics and ENT. The number of outpatient attendances has significantly reduced since February 2020 due to COVID19. Chart 4 shows that the number of attendances started to increase from April 2021.</p> <p>Trend</p> <div> <div> <p>1. Number of stage 1 over 26 weeks- HB total</p> <p>■ Outpatients > 26 wks (SB UHB)</p> </div> <div> <p>2. Number of stage 1 over 26 weeks- Hospital level</p> <p>— Morriston — Singleton — PCT — NPTH</p> </div> <div> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at July 2021</p> </div> <div> <p>4. Outpatient activity undertaken</p> <p>— New outpatient attendances - - - Follow-up attendances</p> </div> </div> <p>**Please note – reporting measures changed from June 2021 – Using power BI platform</p> |

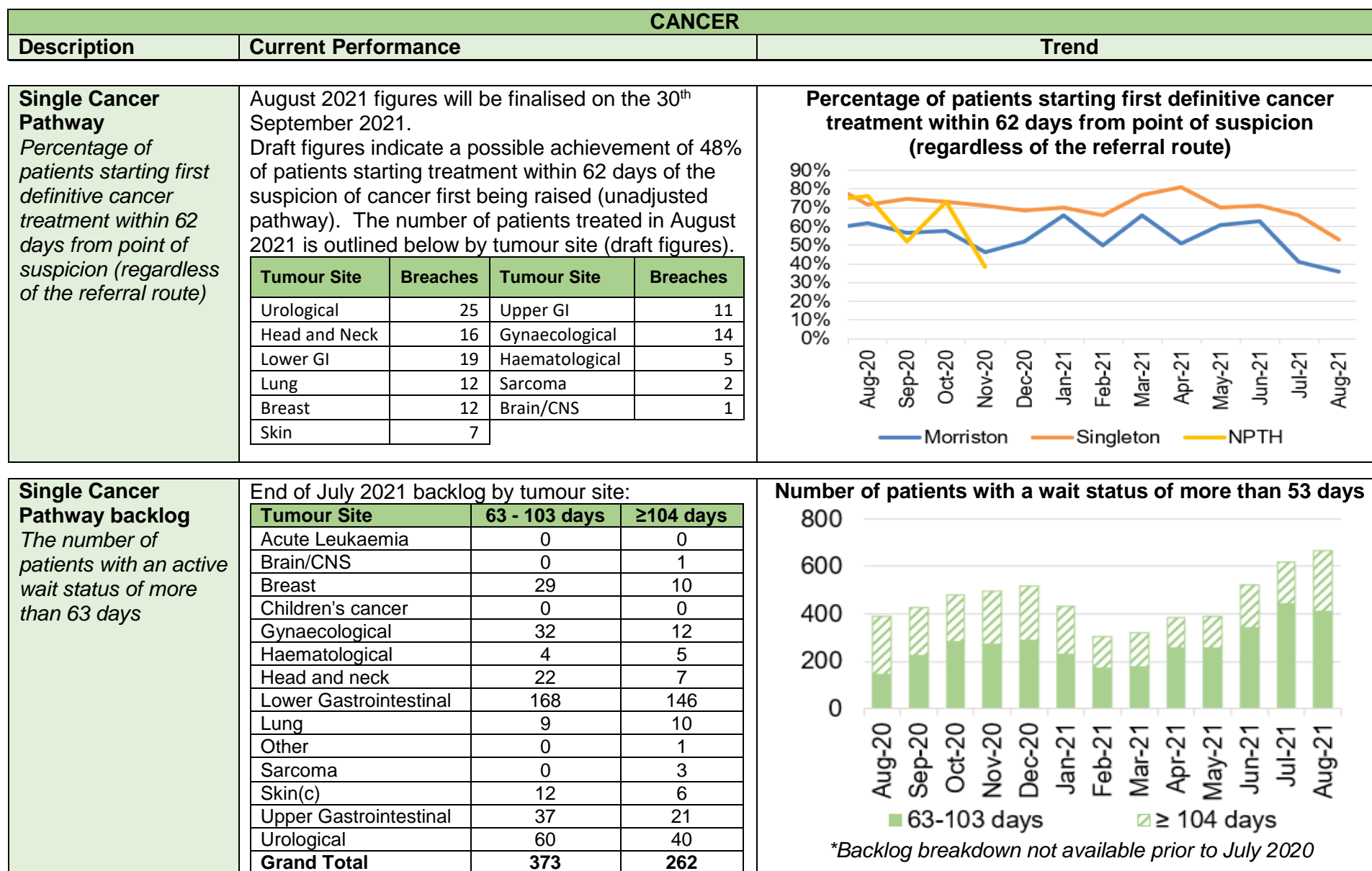
| PLANNED CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-----------|-----------|-----|------|--------|--------|-------|-------|-------|--------|--------|-------|-------|-------|--------|--------|--------|-------|-------|--------|--------|--------|-------|-------|--------|--------|--------|-------|-------|--------|--------|--------|-------|-------|--------|--------|--------|-------|-------|--------|--------|--------|-------|-------|--------|--------|--------|-------|-------|--------|--------|--------|-------|-------|--------|--------|--------|-------|-------|--------|--------|--------|-------|-------|--------|--------|--------|-------|-------|-------|----------------------------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|
| Description | Current Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patients waiting over 36 weeks for treatment <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> <i>2. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Hospital level</i> <i>3. Number of elective admissions</i> | <p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. December 2020 was the first month in 2020 that saw an in-month reduction and this trend continued into January and February 2021 however, the number of breaches increased again from March 2021. In August 2021, there was 35,999 patients waiting over 36 weeks which is a 1.2% in-month increase from July 2021. 25,797 of the 35,999 were waiting over 52 weeks in August 2021.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <div><div><p>1. Number of patients waiting over 36 weeks- HB total</p><table><caption>1. Number of patients waiting over 36 weeks- HB total</caption><thead><tr><th>Month</th><th>Patients waiting >36 wks (SB UHB)</th></tr></thead><tbody><tr><td>Aug-20</td><td>22,000</td></tr><tr><td>Sep-20</td><td>25,000</td></tr><tr><td>Oct-20</td><td>30,000</td></tr><tr><td>Nov-20</td><td>35,000</td></tr><tr><td>Dec-20</td><td>35,000</td></tr><tr><td>Jan-21</td><td>33,000</td></tr><tr><td>Feb-21</td><td>32,000</td></tr><tr><td>Mar-21</td><td>32,000</td></tr><tr><td>Apr-21</td><td>33,000</td></tr><tr><td>May-21</td><td>34,000</td></tr><tr><td>Jun-21</td><td>35,000</td></tr><tr><td>Jul-21</td><td>35,000</td></tr><tr><td>Aug-21</td><td>36,000</td></tr></tbody></table></div><div><p>2. Number of patients waiting over 36 weeks- Hospital level</p><table><caption>2. Number of patients waiting over 36 weeks- Hospital level</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PCT</th><th>NPTH</th></tr></thead><tbody><tr><td>Aug-20</td><td>13,000</td><td>7,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Sep-20</td><td>15,000</td><td>8,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Oct-20</td><td>18,000</td><td>10,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Nov-20</td><td>22,000</td><td>12,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Dec-20</td><td>21,000</td><td>11,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Jan-21</td><td>20,000</td><td>11,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Feb-21</td><td>21,000</td><td>11,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Mar-21</td><td>21,000</td><td>11,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Apr-21</td><td>22,000</td><td>12,000</td><td>1,000</td><td>1,000</td></tr><tr><td>May-21</td><td>23,000</td><td>12,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Jun-21</td><td>23,000</td><td>12,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Jul-21</td><td>24,000</td><td>12,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Aug-21</td><td>24,000</td><td>12,000</td><td>1,000</td><td>1,000</td></tr></tbody></table></div><div><p>3. Number of elective admissions</p><table><caption>3. Number of elective admissions</caption><thead><tr><th>Month</th><th>Admitted elective patients</th></tr></thead><tbody><tr><td>Aug-20</td><td>3,000</td></tr><tr><td>Sep-20</td><td>3,500</td></tr><tr><td>Oct-20</td><td>3,500</td></tr><tr><td>Nov-20</td><td>3,200</td></tr><tr><td>Dec-20</td><td>3,000</td></tr><tr><td>Jan-21</td><td>3,500</td></tr><tr><td>Feb-21</td><td>3,500</td></tr><tr><td>Mar-21</td><td>4,200</td></tr><tr><td>Apr-21</td><td>3,800</td></tr><tr><td>May-21</td><td>4,200</td></tr><tr><td>Jun-21</td><td>5,500</td></tr><tr><td>Jul-21</td><td>5,200</td></tr><tr><td>Aug-21</td><td>4,200</td></tr></tbody></table></div></div> | Month | Patients waiting >36 wks (SB UHB) | Aug-20 | 22,000 | Sep-20 | 25,000 | Oct-20 | 30,000 | Nov-20 | 35,000 | Dec-20 | 35,000 | Jan-21 | 33,000 | Feb-21 | 32,000 | Mar-21 | 32,000 | Apr-21 | 33,000 | May-21 | 34,000 | Jun-21 | 35,000 | Jul-21 | 35,000 | Aug-21 | 36,000 | Month | Morriston | Singleton | PCT | NPTH | Aug-20 | 13,000 | 7,000 | 1,000 | 1,000 | Sep-20 | 15,000 | 8,000 | 1,000 | 1,000 | Oct-20 | 18,000 | 10,000 | 1,000 | 1,000 | Nov-20 | 22,000 | 12,000 | 1,000 | 1,000 | Dec-20 | 21,000 | 11,000 | 1,000 | 1,000 | Jan-21 | 20,000 | 11,000 | 1,000 | 1,000 | Feb-21 | 21,000 | 11,000 | 1,000 | 1,000 | Mar-21 | 21,000 | 11,000 | 1,000 | 1,000 | Apr-21 | 22,000 | 12,000 | 1,000 | 1,000 | May-21 | 23,000 | 12,000 | 1,000 | 1,000 | Jun-21 | 23,000 | 12,000 | 1,000 | 1,000 | Jul-21 | 24,000 | 12,000 | 1,000 | 1,000 | Aug-21 | 24,000 | 12,000 | 1,000 | 1,000 | Month | Admitted elective patients | Aug-20 | 3,000 | Sep-20 | 3,500 | Oct-20 | 3,500 | Nov-20 | 3,200 | Dec-20 | 3,000 | Jan-21 | 3,500 | Feb-21 | 3,500 | Mar-21 | 4,200 | Apr-21 | 3,800 | May-21 | 4,200 | Jun-21 | 5,500 | Jul-21 | 5,200 | Aug-21 |
| Month | Patients waiting >36 wks (SB UHB) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 22,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 30,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 33,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 32,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 32,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 33,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 34,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 36,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Morriston | Singleton | PCT | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 13,000 | 7,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 15,000 | 8,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 18,000 | 10,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 22,000 | 12,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 21,000 | 11,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 20,000 | 11,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 21,000 | 11,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 21,000 | 11,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 22,000 | 12,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 23,000 | 12,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 23,000 | 12,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 24,000 | 12,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 24,000 | 12,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Admitted elective patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 3,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 4,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 3,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 4,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 5,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 4,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PLANNED CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------|--|-----------|--------|------|--------|--------|-----|------|--------|--------|------|--------|-----|------|--------|-----|------|--------|-----|--------|--------|-----|------|--------|--------|------|--------|-----|------|--------|-----|------|--------|-----|--------|--------|-----|------|--------|--------|------|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|
| Description | Current Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i> | <p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In August 2021, 48.3% of patients were waiting under 26 weeks from referral to treatment, which is an increase on July 2021.</p> | <p>Percentage of patient waiting less than 26 weeks</p> <table border="1"><caption>Estimated data for Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PCT</th><th>NPTH</th></tr></thead><tbody><tr><td>Aug-20</td><td>40%</td><td>45%</td><td>60%</td><td>85%</td></tr><tr><td>Sep-20</td><td>35%</td><td>40%</td><td>25%</td><td>75%</td></tr><tr><td>Oct-20</td><td>38%</td><td>42%</td><td>35%</td><td>85%</td></tr><tr><td>Nov-20</td><td>40%</td><td>45%</td><td>40%</td><td>88%</td></tr><tr><td>Dec-20</td><td>40%</td><td>45%</td><td>40%</td><td>90%</td></tr><tr><td>Jan-21</td><td>40%</td><td>45%</td><td>40%</td><td>88%</td></tr><tr><td>Feb-21</td><td>42%</td><td>45%</td><td>42%</td><td>85%</td></tr><tr><td>Mar-21</td><td>40%</td><td>45%</td><td>40%</td><td>90%</td></tr><tr><td>Apr-21</td><td>40%</td><td>45%</td><td>38%</td><td>88%</td></tr><tr><td>May-21</td><td>42%</td><td>45%</td><td>45%</td><td>85%</td></tr><tr><td>Jun-21</td><td>45%</td><td>48%</td><td>55%</td><td>82%</td></tr><tr><td>Jul-21</td><td>45%</td><td>48%</td><td>65%</td><td>80%</td></tr><tr><td>Aug-21</td><td>45%</td><td>50%</td><td>70%</td><td>80%</td></tr></tbody></table> | Month | Morriston | Singleton | PCT | NPTH | Aug-20 | 40% | 45% | 60% | 85% | Sep-20 | 35% | 40% | 25% | 75% | Oct-20 | 38% | 42% | 35% | 85% | Nov-20 | 40% | 45% | 40% | 88% | Dec-20 | 40% | 45% | 40% | 90% | Jan-21 | 40% | 45% | 40% | 88% | Feb-21 | 42% | 45% | 42% | 85% | Mar-21 | 40% | 45% | 40% | 90% | Apr-21 | 40% | 45% | 38% | 88% | May-21 | 42% | 45% | 45% | 85% | Jun-21 | 45% | 48% | 55% | 82% | Jul-21 | 45% | 48% | 65% | 80% | Aug-21 | 45% | 50% | 70% | 80% |
| Month | Morriston | Singleton | PCT | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 40% | 45% | 60% | 85% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 35% | 40% | 25% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 38% | 42% | 35% | 85% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 40% | 45% | 40% | 88% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 40% | 45% | 40% | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 40% | 45% | 40% | 88% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 42% | 45% | 42% | 85% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 40% | 45% | 40% | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 40% | 45% | 38% | 88% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 42% | 45% | 45% | 85% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 45% | 48% | 55% | 82% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 45% | 48% | 65% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 45% | 50% | 70% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i> | <p>In August 2021, 46.1% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21 and this appears to be continuing into 2021/22.</p> | <p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"><caption>Estimated data for Percentage of ophthalmology R1 patients waiting within target date or within 25% in excess</caption><thead><tr><th>Month</th><th>% of R1 ophthalmology patient pathways</th><th>Target</th></tr></thead><tbody><tr><td>Aug-20</td><td>50%</td><td>100%</td></tr><tr><td>Sep-20</td><td>48%</td><td>100%</td></tr><tr><td>Oct-20</td><td>45%</td><td>100%</td></tr><tr><td>Nov-20</td><td>48%</td><td>100%</td></tr><tr><td>Dec-20</td><td>48%</td><td>100%</td></tr><tr><td>Jan-21</td><td>48%</td><td>100%</td></tr><tr><td>Feb-21</td><td>48%</td><td>100%</td></tr><tr><td>Mar-21</td><td>48%</td><td>100%</td></tr><tr><td>Apr-21</td><td>48%</td><td>100%</td></tr><tr><td>May-21</td><td>48%</td><td>100%</td></tr><tr><td>Jun-21</td><td>48%</td><td>100%</td></tr><tr><td>Jul-21</td><td>48%</td><td>100%</td></tr><tr><td>Aug-21</td><td>46.1%</td><td>100%</td></tr></tbody></table> | Month | % of R1 ophthalmology patient pathways | Target | Aug-20 | 50% | 100% | Sep-20 | 48% | 100% | Oct-20 | 45% | 100% | Nov-20 | 48% | 100% | Dec-20 | 48% | 100% | Jan-21 | 48% | 100% | Feb-21 | 48% | 100% | Mar-21 | 48% | 100% | Apr-21 | 48% | 100% | May-21 | 48% | 100% | Jun-21 | 48% | 100% | Jul-21 | 48% | 100% | Aug-21 | 46.1% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | % of R1 ophthalmology patient pathways | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 50% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 48% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 45% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 48% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 48% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 48% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 48% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 48% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 48% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 48% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 48% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 48% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 46.1% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

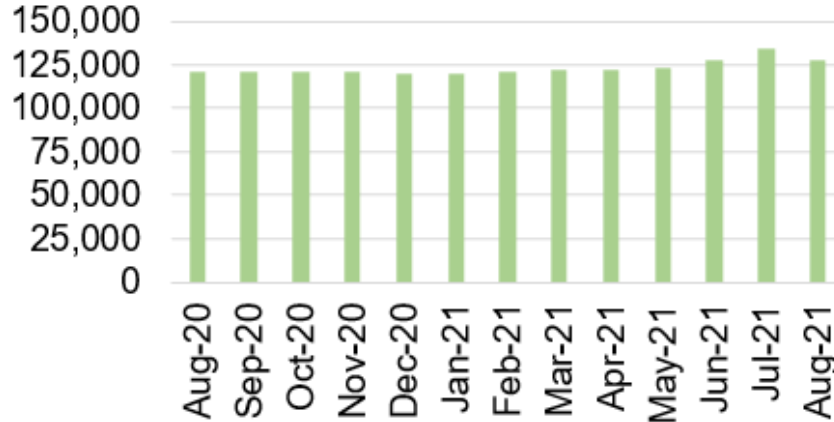
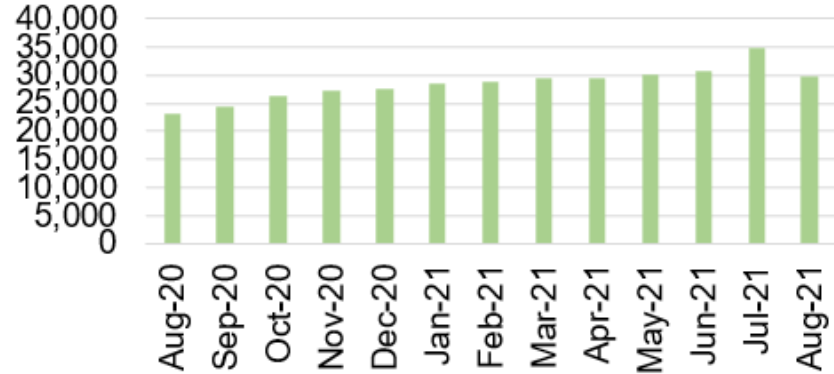
| THEATRE EFFICIENCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|----------------------|----------------------|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----|--------|----|--------|--------|----|----|--------|----|----|--------|--------|----|---|---|--------|---|---|---|--------|----|----|---|--------|----|----|---|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Theatre Efficiency <i>1. Theatre Utilisation Rates</i> <i>2. % of theatre sessions starting late</i> <i>3. % of theatre sessions finishing early</i> <i>4. % of theatre sessions cancelled at short notice (<28 days)</i> <i>5. % of operations cancelled on the day</i> | <p>In August 2021 the Theatre Utilisation rate was 69%. This is an in-month decrease of 3% and a 31% decrease compared to August 2020.</p> | <p>1. Theatre Utilisation Rates</p>  <table><caption>Theatre Utilisation Rate (SBU HB)</caption><thead><tr><th>Month</th><th>Utilisation Rate (%)</th></tr></thead><tbody><tr><td>Aug-20</td><td>90</td></tr><tr><td>Sep-20</td><td>75</td></tr><tr><td>Oct-20</td><td>75</td></tr><tr><td>Nov-20</td><td>75</td></tr><tr><td>Dec-20</td><td>60</td></tr><tr><td>Jan-21</td><td>65</td></tr><tr><td>Feb-21</td><td>70</td></tr><tr><td>Mar-21</td><td>70</td></tr><tr><td>Apr-21</td><td>75</td></tr><tr><td>May-21</td><td>75</td></tr><tr><td>Jun-21</td><td>75</td></tr><tr><td>Jul-21</td><td>70</td></tr><tr><td>Aug-21</td><td>69</td></tr></tbody></table> | Month | Utilisation Rate (%) | Aug-20 | 90 | Sep-20 | 75 | Oct-20 | 75 | Nov-20 | 75 | Dec-20 | 60 | Jan-21 | 65 | Feb-21 | 70 | Mar-21 | 70 | Apr-21 | 75 | May-21 | 75 | Jun-21 | 75 | Jul-21 | 70 | Aug-21 | 69 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Month | Utilisation Rate (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aug-20 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sep-20 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Oct-20 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 69 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>In August 2021 there was 23 days 12 hours and 44 minutes lost due to under utilisation.</p> | <p>2. and 3. % theatre sessions starting late/finishing early</p>  <table><caption>% theatre sessions starting late/finishing early</caption><thead><tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr></thead><tbody><tr><td>Aug-20</td><td>45</td><td>30</td></tr><tr><td>Sep-20</td><td>45</td><td>35</td></tr><tr><td>Oct-20</td><td>45</td><td>35</td></tr><tr><td>Nov-20</td><td>45</td><td>40</td></tr><tr><td>Dec-20</td><td>45</td><td>40</td></tr><tr><td>Jan-21</td><td>45</td><td>40</td></tr><tr><td>Feb-21</td><td>45</td><td>40</td></tr><tr><td>Mar-21</td><td>45</td><td>40</td></tr><tr><td>Apr-21</td><td>45</td><td>40</td></tr><tr><td>May-21</td><td>45</td><td>40</td></tr><tr><td>Jun-21</td><td>45</td><td>40</td></tr><tr><td>Jul-21</td><td>45</td><td>40</td></tr><tr><td>Aug-21</td><td>45</td><td>40</td></tr></tbody></table> | Month | Late Starts (%) | Early Finishes (%) | Aug-20 | 45 | 30 | Sep-20 | 45 | 35 | Oct-20 | 45 | 35 | Nov-20 | 45 | 40 | Dec-20 | 45 | 40 | Jan-21 | 45 | 40 | Feb-21 | 45 | 40 | Mar-21 | 45 | 40 | Apr-21 | 45 | 40 | May-21 | 45 | 40 | Jun-21 | 45 | 40 | Jul-21 | 45 | 40 | Aug-21 | 45 | 40 | | | | | | | | | | | | | | |
| Month | Late Starts (%) | Early Finishes (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 45 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 45 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 45 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 45 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 45 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 45 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 45 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 45 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 45 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 45 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 45 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 45 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 45 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>44% of theatre sessions started late in August 2021. This is an improvement from 46% in August 2020.</p> | <p>4.% theatre sessions cancelled at short notice (<28 days)</p>  <table><caption>% theatre sessions cancelled at short notice (<28 days)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th><th>Singleton (%)</th></tr></thead><tbody><tr><td>Aug-20</td><td>5</td><td>5</td><td>5</td></tr><tr><td>Sep-20</td><td>5</td><td>5</td><td>5</td></tr><tr><td>Oct-20</td><td>10</td><td>20</td><td>5</td></tr><tr><td>Nov-20</td><td>10</td><td>10</td><td>5</td></tr><tr><td>Dec-20</td><td>20</td><td>40</td><td>5</td></tr><tr><td>Jan-21</td><td>10</td><td>50</td><td>5</td></tr><tr><td>Feb-21</td><td>5</td><td>10</td><td>5</td></tr><tr><td>Mar-21</td><td>5</td><td>10</td><td>5</td></tr><tr><td>Apr-21</td><td>5</td><td>10</td><td>5</td></tr><tr><td>May-21</td><td>5</td><td>5</td><td>5</td></tr><tr><td>Jun-21</td><td>5</td><td>5</td><td>5</td></tr><tr><td>Jul-21</td><td>10</td><td>10</td><td>5</td></tr><tr><td>Aug-21</td><td>15</td><td>10</td><td>5</td></tr></tbody></table> | Month | Morriston (%) | NPTH (%) | Singleton (%) | Aug-20 | 5 | 5 | 5 | Sep-20 | 5 | 5 | 5 | Oct-20 | 10 | 20 | 5 | Nov-20 | 10 | 10 | 5 | Dec-20 | 20 | 40 | 5 | Jan-21 | 10 | 50 | 5 | Feb-21 | 5 | 10 | 5 | Mar-21 | 5 | 10 | 5 | Apr-21 | 5 | 10 | 5 | May-21 | 5 | 5 | 5 | Jun-21 | 5 | 5 | 5 | Jul-21 | 10 | 10 | 5 | Aug-21 | 15 | 10 | 5 |
| Month | Morriston (%) | NPTH (%) | Singleton (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 5 | 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 5 | 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 10 | 20 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 10 | 10 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 20 | 40 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 10 | 50 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 5 | 10 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 5 | 10 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 5 | 10 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 5 | 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 5 | 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 10 | 10 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 15 | 10 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>In August 2021, 46% of theatre sessions finished early. This is an improvement from 48% in July 2021 but is 18% more than in August 2020.</p> | <p>5. % of operations cancelled on the day</p>  <table><caption>% of operations cancelled on the day</caption><thead><tr><th>Month</th><th>Cancelled on Day (%)</th></tr></thead><tbody><tr><td>Aug-20</td><td>60</td></tr><tr><td>Sep-20</td><td>45</td></tr><tr><td>Oct-20</td><td>45</td></tr><tr><td>Nov-20</td><td>35</td></tr><tr><td>Dec-20</td><td>35</td></tr><tr><td>Jan-21</td><td>40</td></tr><tr><td>Feb-21</td><td>45</td></tr><tr><td>Mar-21</td><td>45</td></tr><tr><td>Apr-21</td><td>45</td></tr><tr><td>May-21</td><td>35</td></tr><tr><td>Jun-21</td><td>40</td></tr><tr><td>Jul-21</td><td>40</td></tr><tr><td>Aug-21</td><td>40</td></tr></tbody></table> | Month | Cancelled on Day (%) | Aug-20 | 60 | Sep-20 | 45 | Oct-20 | 45 | Nov-20 | 35 | Dec-20 | 35 | Jan-21 | 40 | Feb-21 | 45 | Mar-21 | 45 | Apr-21 | 45 | May-21 | 35 | Jun-21 | 40 | Jul-21 | 40 | Aug-21 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Cancelled on Day (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>12% of theatre sessions were cancelled at short notice in August 2021 (61 sessions). This is an increase of 6% from July 2021 and is 10% more than in August 2021.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Of the operations cancelled in August 2021, 40% of them were cancelled on the day. This is a decrease from 41% in July 2021 and a decrease of 19% from August 2020.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

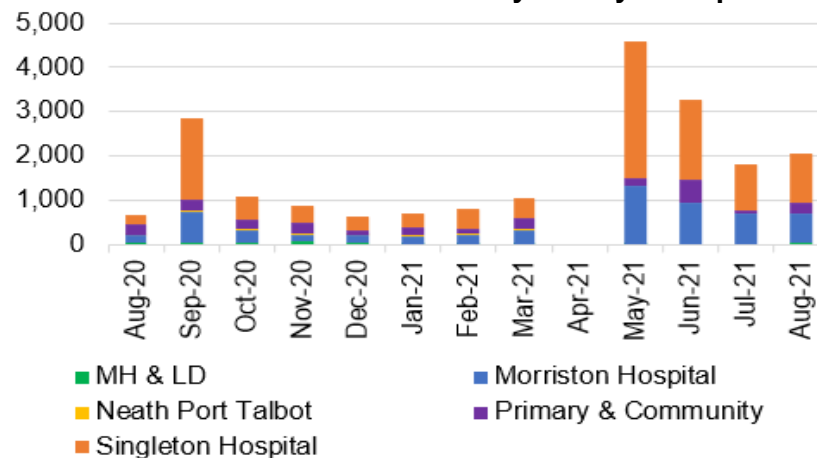
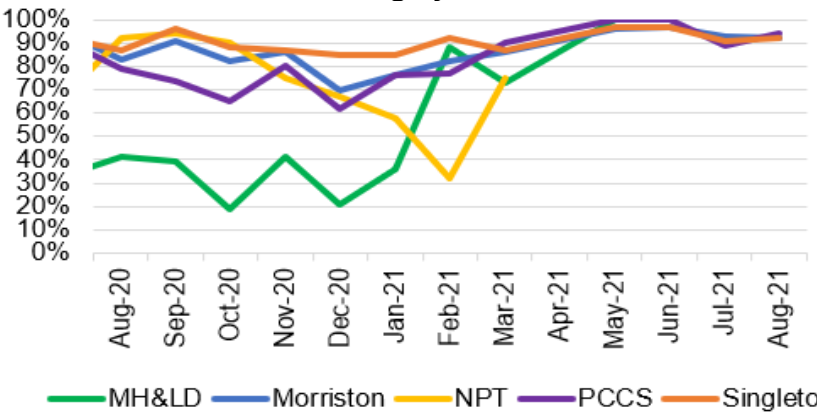
| PLANNED CARE | | |
|---|--|---|
| Description | Current Performance | Trend |
| Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i> | <p>In August 2021, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics.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

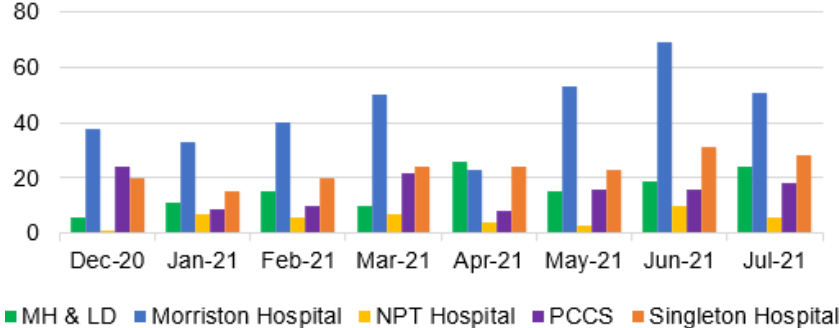
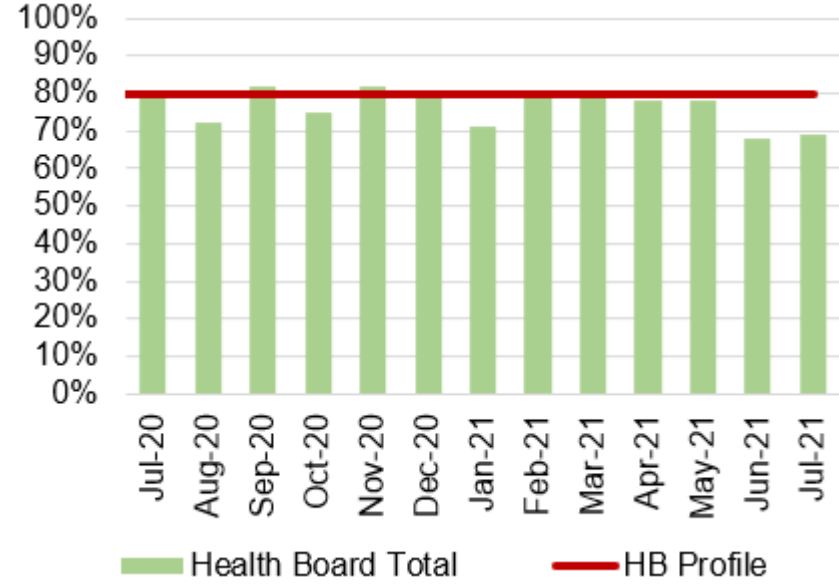
| CANCER | |
|---|--|
| Description | Current Performance |
| Cancer demand and shape of the waiting list 1. Number of Urgent Suspected Cancer (USC) referrals received 2. Source of suspicion for patients on Single Cancer Pathway (SCP) 3. Volume of patients by stage and adjusted wait-SCP (June 2020) 4.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



| CANCER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------|-----------|---------------------------|-------|-----|---------------------------|-------|-----|--------------------------|-----|-----|---------------------------|--------|-----|--------------------------|-----|------|---------------------------|-----------------|------|--------------------------------|-----|-----|--------------------------------|----------------|-----|---|----|----|-----|----------------|---|---|---|---|---|-----------|---|----|----|---|----|-----|---|---|---|----|----|------|---|---|---|---|---|-------|---|---|---|---|---|---------|---|---|---|---|---|------|---|----|----|----|-----|-----|---|---|---|---|---|------------|---|---|----|---|----|-------|----|-----|-----|-----|-----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i> | <p>Week to week through June 2021 the percentage of patients seen within 14 days to first appointment ranged between 8% and 15%.</p> <p>*Updated data not available when publishing the report</p> | <p>The number of patients waiting for a first outpatient appointment (by total days waiting) - End of June 2021</p> <table><tr><th></th><th>≤10</th><th>11-20</th><th>21-30</th><th>>31</th><th>Total</th></tr><tr><td>Brain</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Breast</td><td>0</td><td>5</td><td>9</td><td>93</td><td>107</td></tr><tr><td>Children Cancer</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Gynaecological</td><td>5</td><td>11</td><td>21</td><td>79</td><td>126</td></tr><tr><td>Haematological</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Head&Neck</td><td>8</td><td>27</td><td>19</td><td>8</td><td>62</td></tr><tr><td>LGI</td><td>1</td><td>1</td><td>1</td><td>31</td><td>34</td></tr><tr><td>Lung</td><td>1</td><td>1</td><td>0</td><td>0</td><td>2</td></tr><tr><td>Other</td><td>4</td><td>2</td><td>1</td><td>1</td><td>8</td></tr><tr><td>Sarcoma</td><td>0</td><td>1</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Skin</td><td>7</td><td>60</td><td>76</td><td>22</td><td>165</td></tr><tr><td>UGI</td><td>1</td><td>2</td><td>1</td><td>3</td><td>7</td></tr><tr><td>Urological</td><td>2</td><td>9</td><td>11</td><td>4</td><td>26</td></tr><tr><td>Total</td><td>29</td><td>119</td><td>149</td><td>241</td><td>538</td></tr></table> | | ≤10 | 11-20 | 21-30 | >31 | Total | Brain | 0 | 0 | 0 | 0 | 0 | Breast | 0 | 5 | 9 | 93 | 107 | Children Cancer | 0 | 0 | 0 | 0 | 0 | Gynaecological | 5 | 11 | 21 | 79 | 126 | Haematological | 0 | 0 | 0 | 0 | 0 | Head&Neck | 8 | 27 | 19 | 8 | 62 | LGI | 1 | 1 | 1 | 31 | 34 | Lung | 1 | 1 | 0 | 0 | 2 | Other | 4 | 2 | 1 | 1 | 8 | Sarcoma | 0 | 1 | 0 | 0 | 1 | Skin | 7 | 60 | 76 | 22 | 165 | UGI | 1 | 2 | 1 | 3 | 7 | Urological | 2 | 9 | 11 | 4 | 26 | Total | 29 | 119 | 149 | 241 | 538 |
| | ≤10 | 11-20 | 21-30 | >31 | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brain | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breast | 0 | 5 | 9 | 93 | 107 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children Cancer | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gynaecological | 5 | 11 | 21 | 79 | 126 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haematological | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Head&Neck | 8 | 27 | 19 | 8 | 62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LGI | 1 | 1 | 1 | 31 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lung | 1 | 1 | 0 | 0 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 4 | 2 | 1 | 1 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sarcoma | 0 | 1 | 0 | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin | 7 | 60 | 76 | 22 | 165 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UGI | 1 | 2 | 1 | 3 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urological | 2 | 9 | 11 | 4 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 29 | 119 | 149 | 241 | 538 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i> | <p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.</p> <table><thead><tr><th>Measure</th><th>Target</th><th>August-21</th></tr></thead><tbody><tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>57%</td></tr><tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>91%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>55%</td></tr><tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>95%</td></tr><tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr><tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr><tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>94%</td></tr><tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>97%</td></tr></tbody></table> | Measure | Target | August-21 | Scheduled (21 Day Target) | 80% | 57% | Scheduled (28 Day Target) | 100% | 91% | Urgent SC (7 Day Target) | 80% | 55% | Urgent SC (14 Day Target) | 100% | 95% | Emergency (within 1 day) | 80% | 100% | Emergency (within 2 days) | 100% | 100% | Elective Delay (21 Day Target) | 80% | 94% | Elective Delay (28 Day Target) | 100% | 97% | <p>Radiotherapy waiting times</p> <p>The chart displays the percentage of patients meeting various radiotherapy targets over time. The y-axis represents the percentage from 0% to 100%. The x-axis shows months from Aug-20 to Aug-21. Emergency targets (within 1 and 2 days) are consistently at 100%. Scheduled and elective targets show more variability, with some periods of low performance (e.g., Scheduled 21-day target dropping to ~20% in Feb-21).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Measure | Target | August-21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scheduled (21 Day Target) | 80% | 57% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scheduled (28 Day Target) | 100% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urgent SC (7 Day Target) | 80% | 55% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urgent SC (14 Day Target) | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency (within 1 day) | 80% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency (within 2 days) | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elective Delay (21 Day Target) | 80% | 94% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elective Delay (28 Day Target) | 100% | 97% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| FOLLOW-UP APPOINTMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------|--------------------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|-------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment | <p>In August 2021, the overall size of the follow-up waiting list decreased by 6,512 patients compared with July 2021 (from 133,903 to 127,391).</p> | <p>1. Total number of patients waiting for a follow-up</p>  <table><caption>1. Total number of patients waiting for a follow-up (SBU HB)</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Aug-20</td><td>125,000</td></tr><tr><td>Sep-20</td><td>125,000</td></tr><tr><td>Oct-20</td><td>125,000</td></tr><tr><td>Nov-20</td><td>125,000</td></tr><tr><td>Dec-20</td><td>125,000</td></tr><tr><td>Jan-21</td><td>125,000</td></tr><tr><td>Feb-21</td><td>125,000</td></tr><tr><td>Mar-21</td><td>125,000</td></tr><tr><td>Apr-21</td><td>125,000</td></tr><tr><td>May-21</td><td>125,000</td></tr><tr><td>Jun-21</td><td>125,000</td></tr><tr><td>Jul-21</td><td>125,000</td></tr><tr><td>Aug-21</td><td>125,000</td></tr></tbody></table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p>  <table><caption>2. Delayed follow-ups: Number of patients waiting 100% over target date (SBU HB)</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Aug-20</td><td>22,000</td></tr><tr><td>Sep-20</td><td>23,000</td></tr><tr><td>Oct-20</td><td>25,000</td></tr><tr><td>Nov-20</td><td>26,000</td></tr><tr><td>Dec-20</td><td>27,000</td></tr><tr><td>Jan-21</td><td>28,000</td></tr><tr><td>Feb-21</td><td>29,000</td></tr><tr><td>Mar-21</td><td>30,000</td></tr><tr><td>Apr-21</td><td>31,000</td></tr><tr><td>May-21</td><td>32,000</td></tr><tr><td>Jun-21</td><td>33,000</td></tr><tr><td>Jul-21</td><td>35,000</td></tr><tr><td>Aug-21</td><td>29,000</td></tr></tbody></table> <p>■ Number of patients waiting 100% over target date (SBU HB)</p> | Month | Number of patients | Aug-20 | 125,000 | Sep-20 | 125,000 | Oct-20 | 125,000 | Nov-20 | 125,000 | Dec-20 | 125,000 | Jan-21 | 125,000 | Feb-21 | 125,000 | Mar-21 | 125,000 | Apr-21 | 125,000 | May-21 | 125,000 | Jun-21 | 125,000 | Jul-21 | 125,000 | Aug-21 | 125,000 | Month | Number of patients | Aug-20 | 22,000 | Sep-20 | 23,000 | Oct-20 | 25,000 | Nov-20 | 26,000 | Dec-20 | 27,000 | Jan-21 | 28,000 | Feb-21 | 29,000 | Mar-21 | 30,000 | Apr-21 | 31,000 | May-21 | 32,000 | Jun-21 | 33,000 | Jul-21 | 35,000 | Aug-21 | 29,000 |
| | Month | | Number of patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aug-20 | | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sep-20 | | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Number of patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 22,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 23,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 26,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 27,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 28,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 29,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 30,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 31,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 32,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 33,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 29,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>In August 2021, there was a total of 54,993 patients waiting for a follow-up past their target date. This is an in-month decrease of 9.3% (from 60,618 in July 2021 to 54,993 in August 2021).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Of the 54,993 delayed follow-ups in August 2021, 11,002 had appointment dates and 43,991 were still waiting for an appointment.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>In addition, 29,770 patients were waiting 100%+ over target date in August 2021. This is a 14.5% decrease when compared with July 2021.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PATIENT EXPERIENCE | | |
|--|--|---|
| Description | Current Performance | Trend |
| <p>Patient experience</p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p> | <ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in August 2021 was 92% and 2,075 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,106 surveys in August 2021, with a recommended score of 92%. Morrison Hospital completed 642 surveys in August 2021, with a recommended score of 92%. Primary & Community Care completed 245 surveys for August 2021, with a recommended score of 94%. The Mental Health Service Group completed 59 surveys for August 2021, with a recommended score of 93%. | <p>1. Number of friends and family surveys completed</p>  <p>2. % of patients/ service users who would recommend and highly recommend</p>  <p>* Data not available for April 2021. Neath Port Talbot included in Singleton's figures from May 2021</p> |

| COMPLAINTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|----------------------|----------------------------|--------------------|--------------------|------|---------------------------------------|--------|----------------------------------|-----|--------------------|-----|--|--------|------------------------|----------------|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient concerns <i>1. Number of formal complaints received</i> <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i> | <p>1. In July 2021, the Health Board received 139 formal complaints; this is lower than the number seen in June 2021 (159).</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and July 2021 was higher than the pre-COVID levels.</p> | <p>1. Number of formal complaints received</p>  <table border="1"><caption>Estimated data for Figure 1: Number of formal complaints received</caption><thead><tr><th>Month</th><th>MH & LD</th><th>Morriston Hospital</th><th>NPT Hospital</th><th>PCCS</th><th>Singleton Hospital</th></tr></thead><tbody><tr><td>Dec-20</td><td>5</td><td>38</td><td>2</td><td>25</td><td>20</td></tr><tr><td>Jan-21</td><td>10</td><td>32</td><td>5</td><td>10</td><td>15</td></tr><tr><td>Feb-21</td><td>15</td><td>40</td><td>5</td><td>10</td><td>20</td></tr><tr><td>Mar-21</td><td>10</td><td>50</td><td>5</td><td>20</td><td>25</td></tr><tr><td>Apr-21</td><td>25</td><td>25</td><td>5</td><td>10</td><td>25</td></tr><tr><td>May-21</td><td>15</td><td>55</td><td>5</td><td>15</td><td>25</td></tr><tr><td>Jun-21</td><td>20</td><td>68</td><td>10</td><td>15</td><td>32</td></tr><tr><td>Jul-21</td><td>25</td><td>52</td><td>5</td><td>18</td><td>28</td></tr></tbody></table> | Month | MH & LD | Morriston Hospital | NPT Hospital | PCCS | Singleton Hospital | Dec-20 | 5 | 38 | 2 | 25 | 20 | Jan-21 | 10 | 32 | 5 | 10 | 15 | Feb-21 | 15 | 40 | 5 | 10 | 20 | Mar-21 | 10 | 50 | 5 | 20 | 25 | Apr-21 | 25 | 25 | 5 | 10 | 25 | May-21 | 15 | 55 | 5 | 15 | 25 | Jun-21 | 20 | 68 | 10 | 15 | 32 | Jul-21 | 25 | 52 | 5 | 18 | 28 |
| | Month | MH & LD | Morriston Hospital | NPT Hospital | PCCS | Singleton Hospital | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dec-20 | 5 | 38 | 2 | 25 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 10 | 32 | 5 | 10 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 15 | 40 | 5 | 10 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 10 | 50 | 5 | 20 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 25 | 25 | 5 | 10 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 15 | 55 | 5 | 15 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 20 | 68 | 10 | 15 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 25 | 52 | 5 | 18 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. The overall Health Board rate for responding to concerns within 30 working days was 69% in July 2021, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> | <table border="1"><thead><tr><th></th><th>30 day response rate</th></tr></thead><tbody><tr><td>Neath Port Talbot Hospital</td><td>100%</td></tr><tr><td>Morriston Hospital</td><td>76%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>58%</td></tr><tr><td>Primary, Community and Therapies</td><td>54%</td></tr><tr><td>Singleton Hospital</td><td>54%</td></tr></tbody></table> | | 30 day response rate | Neath Port Talbot Hospital | 100% | Morriston Hospital | 76% | Mental Health & Learning Disabilities | 58% | Primary, Community and Therapies | 54% | Singleton Hospital | 54% | <p>2. Response rate for concerns within 30 days</p>  <table border="1"><caption>Estimated data for Figure 2: Response rate for concerns within 30 days</caption><thead><tr><th>Month</th><th>Health Board Total (%)</th><th>HB Profile (%)</th></tr></thead><tbody><tr><td>Jul-20</td><td>80</td><td>80</td></tr><tr><td>Aug-20</td><td>72</td><td>80</td></tr><tr><td>Sep-20</td><td>82</td><td>80</td></tr><tr><td>Oct-20</td><td>75</td><td>80</td></tr><tr><td>Nov-20</td><td>82</td><td>80</td></tr><tr><td>Dec-20</td><td>78</td><td>80</td></tr><tr><td>Jan-21</td><td>70</td><td>80</td></tr><tr><td>Feb-21</td><td>78</td><td>80</td></tr><tr><td>Mar-21</td><td>78</td><td>80</td></tr><tr><td>Apr-21</td><td>78</td><td>80</td></tr><tr><td>May-21</td><td>78</td><td>80</td></tr><tr><td>Jun-21</td><td>68</td><td>80</td></tr><tr><td>Jul-21</td><td>69</td><td>80</td></tr></tbody></table> | Month | Health Board Total (%) | HB Profile (%) | Jul-20 | 80 | 80 | Aug-20 | 72 | 80 | Sep-20 | 82 | 80 | Oct-20 | 75 | 80 | Nov-20 | 82 | 80 | Dec-20 | 78 | 80 | Jan-21 | 70 | 80 | Feb-21 | 78 | 80 | Mar-21 | 78 | 80 | Apr-21 | 78 | 80 | May-21 | 78 | 80 | Jun-21 | 68 | 80 | Jul-21 | 69 | 80 |
| | 30 day response rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neath Port Talbot Hospital | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Morriston Hospital | 76% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health & Learning Disabilities | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary, Community and Therapies | 54% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Singleton Hospital | 54% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Health Board Total (%) | HB Profile (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 80 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 72 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 82 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 75 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 82 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 78 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 70 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 78 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 78 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 78 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 78 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 68 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 69 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

HARM QUADRANT- HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

5.1 Overview

| Measure | Locality | National/ Local Target | Internal profile | Trend | | | | | SBU | | | | | | | | Aug-21 | |
|---|----------|------------------------|------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| | | | | | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | | |
| Childhood immunisations | | | | | | | | | | | | | | | | | | |
| % children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | NPT | 95% | 90% | ↑ | 97.1% | | | 97.2% | | | 94.1% | | | | | | | |
| | Swansea | | | ↑ | 96.2% | | | 96.4% | | | 96.3% | | | | | | | |
| | HB Total | | | ↑ | 96.5% | | | 96.7% | | | 95.4% | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| % children who received MenB2 vaccine by age 1 | NPT | 95% | 90% | ↑ | 97.1% | | | 97.8% | | | 93.8% | | | | | | | |
| | Swansea | | | ↑ | 96.0% | | | 95.8% | | | 96.1% | | | | | | | |
| | HB Total | | | ↑ | 96.4% | | | 96.6% | | | 95.2% | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| % children who received PCV2 vaccine by age 1 | NPT | 95% | 90% | ↑ | 96.8% | | | 98.1% | | | 96.6% | | | | | | | |
| | Swansea | | | ↑ | 95.8% | | | 96.2% | | | 97.2% | | | | | | | |
| | HB Total | | | ↑ | 96.2% | | | 96.9% | | | 96.9% | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| % children who received Rotavirus vaccine by age 1 | NPT | 95% | 90% | ↑ | 95.5% | | | 95.0% | | | 93.8% | | | | | | | |
| | Swansea | | | ↑ | 94.5% | | | 95.1% | | | 94.1% | | | | | | | |
| | HB Total | | | ↑ | 94.8% | | | 95.1% | | | 94.0% | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| % children who received MMR1 vaccine by age 2 | NPT | 95% | 90% | ↑ | 96.5% | | | 93.6% | | | 95.5% | | | | | | | |
| | Swansea | | | ↑ | 94.8% | | | 95.2% | | | 93.1% | | | | | | | |
| | HB Total | | | ↑ | 95.4% | | | 94.6% | | | 94.0% | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| % children who received PCVf3 vaccine by age 2 | NPT | 95% | 90% | ↑ | 96.5% | | | 93.9% | | | 96.1% | | | | | | | |
| | Swansea | | | ↑ | 95.0% | | | 95.2% | | | 93.3% | | | | | | | |
| | HB Total | | | ↑ | 95.5% | | | 94.7% | | | 94.3% | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| % children who received MenB4 vaccine by age 2 | NPT | 95% | 90% | ↑ | 96.5% | | | 93.9% | | | 95.5% | | | | | | | |
| | Swansea | | | ↑ | 95.2% | | | 95.2% | | | 93.3% | | | | | | | |
| | HB Total | | | ↑ | 95.6% | | | 94.7% | | | 94.1% | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| % children who received Hib/MenC vaccine by age 2 | NPT | 95% | 90% | ↑ | 96.8% | | | 93.6% | | | 95.2% | | | | | | | |
| | Swansea | | | ↑ | 94.7% | | | 94.8% | | | 92.7% | | | | | | | |
| | HB Total | | | ↑ | 95.4% | | | 94.4% | | | 96.3% | | | | | | | |

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

| Measure | Locality | National/ Local Target | Internal profile | Trend | | | | | SBU | | | | | | | | |
|---|------------------------|------------------------|------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| | | | | | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | |
| | | Mental Health Services | | | | | | | | | | | | | | | |
| % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs) | < 18 years old (CAMHS) | 100% | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 93% | 94% | 79% | |
| % of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 100% | 98% | 90% | 88% | 61% | 53% | 66% | 63% | 60% | 61% | 58% | 41% | |
| % of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 100% | 62% | 29% | 41% | 73% | 29% | 97% | 46% | 0% | 0% | 0% | 29% | |
| % of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 100% | 98% | 79% | 62% | 58% | 60% | 56% | 53% | 48% | 53% | 44% | 29% | |
| % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs) | > 18 years old | 80% | | | 99% | 97% | 99.5% | 98% | 99% | 96% | 98% | 97% | 97% | 98% | 99% | 98% | |
| % of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 86% | 100% | 100% | 100% | 100% | 93% | 97% | 91% | 49% | 67% | 1% | 100% | |
| % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs) | > 18 years old | 80% | | | 88% | 94% | 93% | 98% | 95% | 95% | 98% | 97% | 92% | 96% | 99% | 97% | |
| % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs) | > 18 years old | 95% | | | 91% | 99% | 99.7% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | |
| % of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 24% | 21% | 22% | 24% | 26% | 24% | 28% | 30% | 30% | 33% | 32% | 34% | |
| % 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% | | | 98% | 81% | 82% | 81% | 82% | 83% | 84% | 82% | 82% | 83% | 81% | 81% | |
| % residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs) | > 18 years old | 90% | | | 92% | 90% | 91% | 91% | 89% | 91% | 91% | 91% | 91% | 92% | 88% | 88% | |

6.3 Updates on key measures

| ADULT MENTAL HEALTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------|---|--------|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|-------|---|--------|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|-------|---------------------------|--------|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|-------|--|--------|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p> | <p>1. In July 2021, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In July 2021, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 97%.</p> <p>3. 88% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in July 2021.</p> <p>4. In July 2021, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p> | <p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>Data for Measure 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (> 18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jul-20</td><td>100%</td><td>75%</td></tr> <tr><td>Aug-20</td><td>100%</td><td>75%</td></tr> <tr><td>Sep-20</td><td>100%</td><td>75%</td></tr> <tr><td>Oct-20</td><td>100%</td><td>75%</td></tr> <tr><td>Nov-20</td><td>100%</td><td>75%</td></tr> <tr><td>Dec-20</td><td>100%</td><td>75%</td></tr> <tr><td>Jan-21</td><td>100%</td><td>75%</td></tr> <tr><td>Feb-21</td><td>100%</td><td>75%</td></tr> <tr><td>Mar-21</td><td>100%</td><td>75%</td></tr> <tr><td>Apr-21</td><td>100%</td><td>75%</td></tr> <tr><td>May-21</td><td>100%</td><td>75%</td></tr> <tr><td>Jun-21</td><td>100%</td><td>75%</td></tr> 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| Jan-21 | 95% | 95% | Feb-21 | 95% | 95% | Mar-21 | 95% | 95% | Apr-21 | 95% | 95% | May-21 | 95% | 95% | Jun-21 | 95% | 95% | Jul-21 | 95% | 95% | Month | % waiting less than 26 wks for psychological therapy | Target | Jul-20 | 100% | 95% | Aug-20 | 100% | 95% | Sep-20 | 100% | 95% | Oct-20 | 100% | 95% | Nov-20 | 100% | 95% | Dec-20 | 100% | 95% | Jan-21 | 100% | 95% | Feb-21 | 100% | 95% | Mar-21 | 100% | 95% | Apr-21 | 100% | 95% | May-21 | 100% | 95% | Jun-21 | 100% | 95% | Jul-21 | 100% | 95% |
| Month | % assessments within 28 days (> 18 yrs) | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | % therapeutic interventions started within 28 days (> 18 yrs) | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Oct-20 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 100% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | % patients with valid CTP | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 95% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | % waiting less than 26 wks for psychological therapy | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 100% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CHILD & ADOLESCENT MENTAL HEALTH (CAMHS) | | |
|--|---|---|
| Description | Current Performance | Trend |
| <p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p> | <p>1. In July 2021, 79% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 29% of routine assessments were undertaken within 28 days from referral in July 2021 against a target of 80%.</p> <p>3. 100% of therapeutic interventions were started within 28 days following assessment by LPMHSS in July 2021.</p> <p>4. 34% of NDD patients received a diagnostic assessment within 26 weeks in July 2021 against a target of 80%.</p> <p>5. 29% of routine assessments by SCAMHS were undertaken within 28 days in July 2021.</p> | <p>1. Crisis- assessment within 48 hours</p> <p>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p>4. NDD- assessment within 26 weeks</p> <p>5. S-CAMHS % assessments within 28 days</p> |

APPENDIX 2: Summary

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

| Harm quadrant- Harm from Covid itself | | | | | | | | | | | |
|---------------------------------------|---|-------------|--------|---------------------|------------------|-----------|------|-----------|---------------------|---------|----------|
| Category | Measure | Target Type | Target | Internal HB Profile | Reporting period | Morriston | NPTH | Singleton | Primary & Community | MH & LD | HB Total |
| COVID19 related | Number of new COVID19 cases* | Local | | | Aug-21 | | | | | | 7,177 |
| | Number of staff referred for Antigen Testing* | Local | | | Aug-21 | | | | | | 406 |
| | Number of staff awaiting results of COVID19 test* | Local | | | Aug-21 | | | | | | 0 |
| | Number of COVID19 related incidents* | Local | | | Aug-21 | | | | | | 36 |
| | Number of COVID19 related serious incidents* | Local | | | Aug-21 | | | | | | 0 |
| | Number of COVID19 related complaints* | Local | | | Aug-21 | | | | | | 6 |
| | Number of COVID19 related risks* | Local | | | Aug-21 | | | | | | 1 |
| | Number of staff self isolated (asymptomatic)* | Local | | | Jul-21 | | | | | | 71 |
| | Number of staff self isolated (symptomatic)* | Local | | | Jul-21 | | | | | | 67 |
| | % sickness* | Local | | | Jul-21 | | | | | | 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 | | Aug-21 | 711 | | 15 | | | 726 |
| | % 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% | | Aug-21 | 62.3% | 99.4% | | | | 75% |
| | Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge* | National | 0 | | Aug-21 | 1,059 | 1 | | | | 1,060 |
| Stroke | % of patients who have a direct admission to an acute stroke unit within 4 hours* | National | 59.8% (UK SNAP average) | | Aug-21 | 15% | | | | | 15% |
| | % of patients who receive a CT scan within 1 hour* | National | 54.5% (UK SNAP average) | | Aug-21 | 49% | | | | | 49% |
| | % of patients who are assessed by a stroke specialist consultant physician within 24 hours* | National | 84.2% (UK SNAP average) | | Aug-21 | 92% | | | | | 92% |
| | % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes* | National | 12 month improvement trend | | Aug-21 | 20% | | | | | 20% |
| | % of patients receiving the required minutes for speech and language therapy* | National | 12 month improvement trend | | Aug-21 | 59% | | | | | 59% |
| Healthcare acquired infections | Number of E.Coli bacteraemia cases | National | 12 month reduction trend | 19 | Aug-21 | 4 | 2 | 3 | 25 | 0 | 34 |
| | Number of S.aureus bacteraemia cases | National | | 8 | Aug-21 | 4 | 0 | 4 | 4 | 0 | 12 |
| | Number of C.difficile cases | National | | 13 | Aug-21 | 10 | 1 | 9 | 2 | 0 | 22 |
| | Number of Klebsiella cases | National | | 6 | Aug-21 | 4 | 0 | 0 | 4 | 0 | 8 |
| | Number of Aeruginosa cases | National | | 4 | Aug-21 | 0 | 0 | 1 | 1 | 0 | 2 |
| | Compliance with hand hygiene audits | Local | 95% | | Aug-21 | 94% | 90% | 100% | 95% | 99% | 95% |

* 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 |
| Fractured Neck of Femur (#NOF) | Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation | Local | 75% | | Jul-21 | 90.5% | | | | | 90.5% |
| | Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture | Local | 75% | | Jul-21 | 59.5% | | | | | 59.5% |
| | NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 | Local | 75% | | Jul-21 | 71.2% | | | | | 71.2% |
| | Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation | Local | 75% | | Jul-21 | 76.8% | | | | | 76.8% |
| | Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation | Local | 75% | | Jul-21 | 76.8% | | | | | 76.8% |
| | Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up | Local | 75% | | Apr-21 | 70.2% | | | | | 70.2% |
| | 30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months | Local | 12 month improvement trend | | Jan-21 | 7.5% | | | | | 7.5% |
| | % of survival within 30 days of emergency admission for a hip fracture | Local | 12 month improvement trend | | Feb-21 | 70.7% | | | | | 70.7% |
| Serious incidents | Number of Serious Incidents | Local | 12 month reduction trend | | Aug-21 | 0 | 0 | 4 | 1 | 0 | 5 |
| | Of the serious incidents due for assurance, the % which were assured within the agreed timescales | Local | 90% | | Aug-21 | | | | | | 0% |
| | Number of Never Events | Local | 0 | | Aug-21 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pressure Ulcers | Total number of Pressure Ulcers | Local | 12 month reduction trend | | Jul-21 | 37 | 2 | 16 | 33 | 3 | 91 |
| | Total number of Grade 3+ Pressure Ulcers | Local | 12 month reduction trend | | Jul-21 | 3 | 0 | 0 | 2 | 0 | 5 |
| | Pressure Ulcer (Hosp) patients per 100,000 admissions | Local | 12 month reduction trend | | Jul-21 | | | | | | 853 |
| Inpatient Falls | Total number of Inpatient Falls | Local | 12 month reduction trend | | Aug-21 | 73 | 31 | 48 | 6 | 40 | 198 |
| | Inpatient Falls per 1,000 beddays | Local | Between 3.0 & 5.0 | | Jun-21 | | | | | | 4.50 |
| Mortality | Universal Mortality reviews undertaken within 28 days | Local | 95% | | Jul-21 | 97% | 100% | 100% | | | 98% |
| | Stage 2 mortality reviews completed within 60 days | Local | 95% | | Jan-21 | 43% | 0% | 50% | | | 37% |
| | Crude hospital mortality rate by Delivery Unit (74 years and over) | National | 12 month reduction trend | | May-21 | 1.76% | 0.15% | 0.52% | | | 1.04% |

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

| 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 | | Aug-21 | | | | | | 45% |
| Planned Care | Number of patients waiting > 26 weeks for outpatient appointment | National | 0 | | Aug-21 | 14,661 | 335 | 8,383 | 65 | | 23,444 |
| | Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks) | National | 0 | | Aug-21 | 23,364 | 167 | 11,920 | 53 | | 35,999 |
| | Number of patients waiting > 8 weeks for a specified diagnostics | National | 0 | | Aug-21 | 3,573 | | 1,950 | | | 5,523 |
| | Number of patients waiting > 14 weeks for a specified therapy | National | 0 | | Aug-21 | | 0 | | 0 | 0 | 0 |
| | Total number of patients waiting for a follow-up outpatient appointment | National | 0 | | Aug-21 | | | | | | 127,391 |
| | Number of patients delayed by over 100% past their target date | National | 0 | | Aug-21 | | | | | | 29,770 |
| | Number of patients delayed past their agreed target date (booked and not booked) | Local | 0 | | Aug-21 | | | | | | 54,993 |
| | Number of Ophthalmology patients without an allocated health risk factor | Local | 0 | | Aug-21 | | | | | | 628 |
| | Number of patients without a documented clinical review date | Local | 0 | | Aug-21 | | | | | | 6 |
| Patient Experience/ Feedback | Number of friends and family surveys completed | Local | 12 month improvement trend | | Aug-21 | 642 | Now reported under Singleton | 1,106 | 245 | 59 | 2,075 |
| | % of patients who would recommend and highly recommend | Local | 90% | 80% | Aug-21 | 92% | | 92% | 94% | 93% | 92% |
| | % of all-Wales surveys scoring 9 or 10 on overall satisfaction | Local | 90% | 80% | Aug-21 | 96% | | 95% | 95% | 0% | 92% |
| | Number of new complaints received | Local | 12 month reduction trend | | Jul-21 | 51 | 6 | 28 | 18 | 24 | 139 |
| | % of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation | National | 75% | 80% | Mar-21 | 92% | 100% | 67% | 67% | 67% | 81% |

* 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 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | | | |
| COVID19 related measures | Number of new COVID19 cases | Local | Aug-21 | 7,177 | | Reduce | | | | | 66 | 787 | 4,664 | 5,525 | 11,976 | 3,759 | 1,208 | 907 | 406 | 189 | 708 | 1,946 | 7,177 | | | |
| | Number of staff referred for Antigen Testing | Local | Aug-21 | 13,278 | | Reduce | | | | | 3,564 | 4,765 | 6,460 | 8,201 | 10,065 | 10,749 | 11,115 | 11,683 | 11,957 | 12,224 | 12,505 | 12,872 | 13,278 | | | |
| | Number of staff awaiting results of COVID19 test | Local | Aug-21 | 0 | | Reduce | | | | | 0 | 38 (as at 10/10/20) | 21 (as at 06/11/20) | 41 (as at 06/12/20) | 99 (as at 05/01/21) | 78 (as at 07/02/21) | 69 (as at 06/03/21) | 2 (as at 11/04/21) | 0 | 0 | 0 | 0 | 0 | | | |
| | Number of COVID19 related incidents | Local | Aug-21 | 36 | | Reduce | | | | | 39 | 30 | 87 | 141 | 127 | 84 | 63 | 53 | 74 | 67 | 23 | 24 | 36 | | | |
| | Number of COVID19 related serious incidents | Local | Aug-21 | 0 | | Reduce | | | | | 11 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Number of COVID19 related complaints | Local | Aug-21 | 6 | | Reduce | | | | | 27 | 30 | 37 | 50 | 83 | 106 | 131 | 98 | 38 | 13 | 16 | 4 | 6 | | | |
| | Number of COVID19 related risks | Local | Aug-21 | 1 | | Reduce | | | | | 8 | 2 | 6 | 7 | 10 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | | | | |
| | Number of staff self isolated (asymptomatic) | Local | Aug-21 | 0 | | Reduce | | | | | 420 | 353 | 329 | 291 | 475 | 218 | 160 | 145 | 84 | 71 | 70 | 71 | 0 | | | |
| | Number of staff self isolated (symptomatic) | Local | Aug-21 | 0 | | Reduce | | | | | 36 | 72 | 132 | 294 | 394 | 316 | 156 | 108 | 87 | 71 | 50 | 67 | 0 | | | |
| % sickness | Local | Aug-21 | 0 | | Reduce | | | | | | 3.5% | 3.2% | 3.5% | 4.4% | 6.5% | 4.0% | 2.4% | 1.9% | 1.9% | 1.9% | 0.9% | 1.9% | 1.9% | | | |
| Harm from overwhelmed NHS and social care system | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | SBU's all-Wales rank | Performance Trend | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | | | |
| Unscheduled Care | % 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered | National | Jun-19 | 97% | 90% | | | | | | | | | | | | | | | | | | | | | |
| | % of emergency responses to red calls arriving within (up to and including) 8 minutes | National | Jun-21 | 67% | 65% | 65% | ✖ | 61% (Apr-21) | 1st (Apr-21) | | 72% | 69% | 66% | 67% | 54% | 67% | 70% | 73% | 72% | 62% | 67% | 64% | 59% | | | |
| | Number of ambulance handovers over one hour | National | Jun-21 | 547 | 0 | | | 3,124 (Apr-21) | 4th (Apr-21) | | 163 | 410 | 355 | 500 | 510 | 195 | 219 | 231 | 337 | 477 | 547 | 616 | 726 | | | |
| | Handover hours lost over 15 minutes | Local | Jun-21 | 138563% | | | | | | | 418 | 1,100 | 916 | 1,474 | 1,804 | 455 | 550 | 583 | 877 | 1,154 | 1,386 | 1,937 | 2,443 | | | |
| | % of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge | National | Jun-21 | 1 | 95% | | | 75.7% (Mar-21) | 4th (Mar-21) | | 80.6% | 76.4% | 77.2% | 75.4% | 72.6% | 77% | 71% | 77% | 75% | 73% | 72% | 75% | 75% | | | |
| | Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge | National | Jun-21 | 88000% | 0 | | | 4,317 (Mar-21) | 3rd (Mar-21) | | 286 | 537 | 494 | 626 | 776 | 570 | 534 | 457 | 631 | 684 | 880 | 1,014 | 1,060 | | | |
| NOF | % of survival within 30 days of emergency admission for a hip fracture | National | Feb-21 | 70.7% | 12 month ↑ | | | 82.0% (Feb-21) | 5th (Feb-21) | | 93.9% | 89.4% | 90.0% | 67.9% | 68.0% | 65.3% | 70.7% | | | | | | | | | |
| | % of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours | National | Feb-21 | 88.0% | 12 month ↑ | | | 60% (Feb-21) | 2nd (Feb-21) | | 83.0% | 84.0% | 84.0% | 85.0% | 86.0% | 87.0% | 88.0% | | | | | | | | | |
| Stroke | Direct admission to Acute Stroke Unit (<4 hrs) | National | May-21 | 28% | 54.0% | | | 22.6% (Mar-21) | 4th out of 6 organisations (Mar-21) | | 51.4% | 50.0% | 29.8% | 23.7% | 7.1% | 6.8% | 18.2% | 20.4% | 20.3% | 27.5% | 28.3% | 13.5% | 15.4% | | | |
| | CT Scan (<1hrs) (local) | Local | May-21 | 37% | | | | | | | 52.8% | 62.5% | 42.1% | 31.7% | 22.7% | 42.2% | 30.6% | 40.8% | 29.7% | 36.5% | 29.6% | 34.6% | 48.7% | | | |
| | Assessed by a Stroke Specialist Consultant Physician (< 24 hrs) | National | May-21 | 98% | 85.3% | | | 87.6% (Mar-21) | 1st (Mar-21) | | 97.2% | 97.5% | 98.2% | 96.7% | 95.5% | 95.6% | 97.2% | 100.0% | 96.9% | 98.1% | 100.0% | 100.0% | 92.3% | | | |
| | Thrombolysis door to needle <= 45 mins | Local | May-21 | 0% | 12 month ↑ | | | | | | 0.0% | 12.5% | 11.1% | 28.6% | 0.0% | 12.5% | 0.0% | 55.6% | 25.0% | 0.0% | 33.3% | 28.6% | 20.0% | | | |
| | % compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient | National | May-21 | 40% | 12 month ↑ | | | 46.8% (Mar-21) | 3rd (Mar-21) | | 61.7% | 80.1% | 86.5% | 65.1% | 63.4% | 65.7% | 61.2% | 55.9% | 47.1% | 39.7% | 41.9% | 45.4% | 58.9% | | | |
| | % of stroke patients who receive a 6 month follow-up assessment | National | Q3 19/20 | 49.6% | Qtr on qtr ↑ | | | 62.2% (Q3 19/20) | 5th out of 6 organisations (Q3 19/20) | | | | | | | | | | | | | | | | | |
| DTOCs | Number of mental health HB DToCs | National | Mar-20 | 13 | 12 month ↓ | 27 | ✔ | | | | DTOC reporting temporarily suspended | | | | | | | | | | | | | | | |
| | Number of non-mental health HB DToCs | National | Mar-20 | 60 | 12 month ↓ | 50 | ✖ | | | | DTOC reporting temporarily suspended | | | | | | | | | | | | | | | |
| | % critical care bed days lost to delayed transfer of care | National | Q1 20/21 | 26.2% | Quarter on quarter ↓ | | | 5.3% (Q1 20/21) | 2nd (Q1 20/21) | | | | | | | | | | | | | | | | | |

| Harm from overwhelmed NHS and social care system | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|---------------|---------------------|-----------------|----------------------------|----------------|----------------------|---------------------------------------|-------------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | SBU's all-Wales rank | Performance Trend | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
| Infection control | Cumulative cases of E.coli bacteraemias per 100k pop | National | May-21 | 88.9 | <67 | | ✗ | 77.95 (Apr-21) | 5th (Apr-21) | | 62.5 | 64.0 | 65.7 | 63.8 | 60.7 | 60.0 | 59.8 | 61.9 | 99.8 | 88.9 | 89.4 | 89.4 | 90.5 |
| | Number of E.Coli bacteraemia cases (Hospital) | | | 11 | | | | | | | 8 | 7 | 14 | 5 | 5 | 6 | 6 | 9 | 12 | 11 | 5 | 8 | 9 |
| | Number of E.Coli bacteraemia cases (Community) | | May-21 | 15 | | | | | | | 24 | 16 | 11 | 11 | 7 | 12 | 11 | 19 | 20 | 15 | 23 | 15 | 25 |
| | Total number of E.Coli bacteraemia cases | | | 26 | | | | | | | 32 | 23 | 25 | 16 | 12 | 18 | 17 | 28 | 32 | 26 | 28 | 23 | 34 |
| | Cumulative cases of S.aureus bacteraemias per 100k pop | | May-21 | 44.5 | <20 | | ✗ | 27.01 (Apr-21) | 6th (Apr-21) | | 28.2 | 30.7 | 31.5 | 32.7 | 31.7 | 31.6 | 31.4 | 31.6 | 40.5 | 44.5 | 37.0 | 36.0 | 35.5 |
| | Number of S.aureus bacteraemias cases (Hospital) | | | 5 | | | | | | | 5 | 7 | 6 | 7 | 6 | 5 | 7 | 4 | 4 | 5 | 5 | 7 | 8 |
| | Number of S.aureus bacteraemias cases (Community) | | May-21 | 10 | | | | | | | 7 | 7 | 6 | 6 | 3 | 4 | 2 | 7 | 9 | 10 | 2 | 4 | 4 |
| | Total number of S.aureus bacteraemias cases | | | 15 | | | | | | | 12 | 14 | 12 | 13 | 9 | 9 | 9 | 11 | 13 | 15 | 7 | 11 | 12 |
| | Cumulative cases of C.difficile per 100k pop | | Jul-21 | 0.0 | <26 | | ✗ | 28.94 (Apr-21) | 6th (Apr-21) | | 50.2 | 51.2 | 50.4 | 48.4 | 45.7 | 42.0 | 41.5 | 41.1 | 62.3 | 49.1 | 46.2 | | 55.0 |
| | Number of C.difficile cases (Hospital) | | | 16 | | | | | | | 9 | 12 | 12 | 8 | 6 | 3 | 9 | 7 | 15 | 7 | 6 | 16 | 20 |
| | Number of C.difficile cases (Community) | | Jul-21 | 7.0 | | | | | | | 14 | 6 | 3 | 2 | 3 | 0 | 2 | 5 | 5 | 5 | 6 | 7 | 2 |
| | Total number of C.difficile cases | | | 23 | | | | | | | 23 | 18 | 15 | 10 | 9 | 3 | 11 | 12 | 20 | 12 | 12 | 23 | 22 |
| | Cumulative cases of Klebsiella per 100k pop | | Jul-21 | 0.0 | | | | | | | 22.1 | 21.0 | 21.9 | 23.4 | 24.9 | 26.4 | 25.8 | 26.2 | 28.1 | 21.5 | 26.7 | 0.0 | 22.6 |
| | Number of Klebsiella cases (Hospital) | | | 2 | | | | | | | 6 | 3 | 7 | 7 | 8 | 8 | 4 | 1 | 4 | 3 | 5 | 2 | 4 |
| | Number of Klebsiella cases (Community) | | Jul-21 | 1.0 | | | | | | | 4 | 2 | 2 | 4 | 4 | 5 | 2 | 9 | 5 | 2 | 7 | 1 | 4 |
| | Total number of Klebsiella cases | | | 3 | | | | 38 (Apr-21) | 6th (Apr-21) | | 10 | 5 | 9 | 11 | 12 | 13 | 6 | 10 | 9 | 5 | 12 | 3 | 8 |
| | Cumulative cases of Aeruginosa per 100k pop | | Jul-21 | 0.0 | | | | | | | 6.7 | 5.6 | 5.7 | 5.8 | 5.5 | 5.2 | 5.1 | 4.9 | 9.4 | 6.1 | 6.2 | 0.0 | 5.5 |
| | Number of Aeruginosa cases (Hospital) | | | 0 | | | | | | | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 1 |
| | Number of Aeruginosa cases (Community) | | Jul-21 | 1.0 | | | | | | | 3 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | Total number of Aeruginosa cases | | | 1 | | | | 21 (Apr-21) | Joint 3rd (Apr-21) | | 3 | 0 | 2 | 2 | 1 | 1 | 1 | 1 | 3 | 1 | 2 | 1 | 2 |
| Serious Incidents and risks | Hand Hygiene Audits- compliance with WHO 5 moments | Local | Jul-21 | 95.0% | | 95% | ✓ | | | | 94% | 96% | 97% | 97% | 96% | 95% | 93% | 97% | 96% | 98% | 96% | 95% | 95% |
| | Of the serious incidents due for assurance, the % which were assured within the agreed timescales | National | Aug-21 | 0.0% | 90% | 80% | ✗ | | | | 50% | 20% | 0% | 0% | 4% | 0% | 10% | 0% | 0% | 0% | 0% | 0% | 0% |
| | Number of new Never Events | National | | 0.00 | 0 | 0 | ✓ | | | | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| | Number of risks with a score greater than 20 | Local | Aug-21 | 31.00 | | 12 month ↓ | ✗ | | | | 121 | 117 | 130 | 138 | 146 | 148 | 140 | 142 | 40 | 41 | 32 | 30 | 31 |
| | Number of risks with a score greater than 16 | Local | | 52.00 | | 12 month ↓ | ✗ | | | | 210 | 206 | 224 | 224 | 238 | 242 | 233 | 230 | 54 | 58 | 50 | 50 | 52 |
| Pressure Ulcers | Number of pressure ulcers acquired in hospital | Local | Jul-21 | 58.00 | | 12 month ↓ | ✗ | | | | 37 | 44 | 53 | 42 | 61 | 51 | 48 | 36 | 53 | 53 | 53 | 53 | 0 |
| | Number of pressure ulcers developed in the community | | Jul-21 | 33.00 | | 12 month ↓ | ✓ | | | | 25 | 21 | 34 | 29 | 26 | 25 | 24 | 26 | 31 | 20 | 21 | 32 | 0 |
| | Total number of pressure ulcers | | | 91.00 | | 12 month ↓ | ✗ | | | | 62 | 65 | 93 | 71 | 87 | 76 | 72 | 62 | 90 | 73 | 74 | 91 | 0 |
| | Number of grade 3+ pressure ulcers acquired in hospital | | | 3.00 | | 12 month ↓ | ✗ | | | | 4 | 0 | 4 | 4 | 3 | 2 | 3 | 1 | 4 | 1 | 2 | 3 | 0 |
| | Number of grade 3+ pressure ulcers acquired in community | | Jul-21 | 2.00 | | 12 month ↓ | ✓ | | | | 5 | 5 | 11 | 5 | 7 | 5 | 4 | 2 | 10 | 2 | 4 | 2 | 0 |
| Inpatient Falls | Total number of grade 3+ pressure ulcers | | Jul-21 | 5.00 | | 12 month ↓ | ✗ | | | | 9 | 5 | 15 | 9 | 10 | 7 | 7 | 3 | 14 | 3 | 6 | 5 | 0 |
| | Number of Inpatient Falls | Local | Aug-21 | 198 | | 12 month ↓ | ✓ | | | | 227 | 219 | 187 | 247 | 247 | 203 | 177 | 171 | 176 | 228 | 174 | 193 | 198 |
| Mortality | % of universal mortality reviews (UMRs) undertaken within 28 days of a death | Local | Jul-21 | 99% | 95% | 95% | ✓ | | | | 96.6% | 99.2% | 100.0% | 98.1% | 99.0% | 100.0% | 100.0% | 97.6% | 99.3% | 98.0% | 98.6% | 97.6% | |
| | Stage 2 mortality reviews required | Local | Aug-21 | 17 | | | | | | | 10 | 11 | 9 | 17 | 12 | 19 | 6 | 11 | 5 | 18 | 12 | 7 | 17 |
| | % stage 2 mortality reviews completed | Local | Jul-21 | 0.00% | | 100% | ✗ | | | | 50.0% | 54.5% | 33.3% | 35.7% | 75.0% | 36.8% | | | | | 0.0% | 0.0% | 0.0% |
| | Crude hospital mortality rate (74 years of age or less) | National | Jul-21 | 1.03% | 12 month ↓ | | | 1.56% (Mar-21) | 4th (Mar-21) | | 0.90% | 0.93% | 0.97% | 1.01% | 1.08% | 1.14% | 1.17% | 1.17% | 1.04% | | 1.01% | 1.03% | 0.00% |
| | % of deaths scrutinised by a medical examiner | National | | | Qtr on qtr ↑ | | | | | | New measure for 2020/21- awaiting data | | | | | | | | | | | | |
| NEWS | % patients with completed NEWS scores & appropriate responses actioned | Local | Aug-21 | 92% | | 98% | ✓ | | | | 92.4% | 93.6% | 93.9% | 94.6% | 98.5% | 95.0% | 96.3% | 93.5% | 97.4% | 98.9% | 95.0% | 89.7% | 91.7% |
| Coding | % of episodes clinically coded within 1 month of discharge | Local | Jul-21 | 90% | 95% | 95% | ✓ | | | | 96% | 96% | 95% | 93% | 93% | 95% | 96% | 96% | 96% | 96% | 89% | 90% | 0% |
| E-TOC | % of completed discharge summaries (total signed and | Local | Aug-21 | 62% | | 100% | ✗ | | | | 66% | 70% | 68% | 66% | 59% | 67% | 63% | 64% | 63% | 67% | 69% | 62% | 62% |
| Workforce | % of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training) | National | Aug-21 | 85% | 85% | 85% | ✗ | 61.0% (Oct-20) | 7th out of 10 organisations (Aug-20) | | 58% | 58% | 58% | 56% | 54% | 52% | 51% | 53% | 57% | 60% | 65% | 60% | 85% |
| | % compliance for all completed Level 1 competency with the Core Skills and Training Framework | National | Aug-21 | 81% | 85% | 85% | ✗ | 79.4% (Oct-20) | 5th out of 10 organisations (Aug-20) | | 80% | 80% | 80% | 80% | 80% | 80% | 80% | 80% | 80% | 80% | 81% | 81% | 81% |
| | % workforce sickness absence (12 month rolling) | National | Jul-21 | 6.99% | 12 month ↓ | | | 5.87% (Oct-20) | 10th out of 10 organisations (Oct-20) | | 7.03% | 7.03% | 7.07% | 7.23% | 7.48% | 7.57% | 7.56% | 7.44% | 7.12% | 6.93% | 6.91% | 6.99% | |

| Harm from reduction in non-Covid activity | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|-------------------|---------------------|----------------------|----------------------------|----------------|----------------------|---------------------------------------|-------------------|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | SBU's all-Wales rank | Performance Trend | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
| Cancer | % of patients starting definitive treatment within 62 days from point of suspicion (without adjustments) | National | August-21 (draft) | 55.0% | 12 month ↑ | | | 67.1% (Mar-21) | 2nd out of 6 organisations (Mar-21) | | 67.4% | 62.4% | 65.9% | 55.4% | 61.0% | 67.9% | 56.4% | 71.6% | 65.7% | 65.4% | 65.4% | 66.8% | 55.0% |
| Radiotherapy waiting times | Scheduled (21 Day Target) | Local | Aug-21 | 57% | 80% | | ✗ | | | | 63% | 60% | 75% | 58% | 71% | 45% | 35% | 42% | 37% | 40% | 31% | 60% | 57% |
| | Scheduled (28 Day Target) | Local | Aug-21 | 91% | 100% | | ✗ | | | | 92% | 86% | 90% | 85% | 88% | 82% | 80% | 85% | 77% | 87% | 70% | 84% | 91% |
| | Urgent SC (7 Day Target) | Local | Aug-21 | 55% | 80% | | ✗ | | | | 57% | 54% | 43% | 31% | 50% | 50% | 23% | 41% | 38% | 50% | 45% | 46% | 55% |
| | Urgent SC (14 Day Target) | Local | Aug-21 | 95% | 100% | | ✗ | | | | 91% | 92% | 86% | 100% | 85% | 94% | 91% | 90% | 83% | 86% | 87% | 77% | 95% |
| | Emergency (within 1 day) | Local | Aug-21 | 100% | 80% | | ✓ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 91% | 100% | 100% | 100% | 100% |
| | Emergency (within 2 days) | Local | Aug-21 | 100% | 100% | | ✓ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | Elective Delay (21 Day Target) | Local | Aug-21 | 94% | 80% | | ✓ | | | | 46% | 58% | 58% | 56% | 71% | 69% | 61% | 86% | 82% | 81% | 91% | 90% | 94% |
| | Elective Delay (28 Day Target) | Local | Aug-21 | 97% | 100% | | ✗ | | | | 75% | 60% | 75% | 73% | 88% | 89% | 75% | 93% | 92% | 84% | 95% | 97% | 97% |
| Planned Care | Number of patients waiting > 8 weeks for a specified diagnostics | National | Aug-21 | 5523 | 0 | | | 41,693 (Mar-21) | 2nd (Mar-21) | | 8,070 | 7,666 | 6,645 | 6,610 | 6,579 | 6,239 | 5,087 | 4,554 | 4,804 | 4,842 | 5,230 | 5,425 | 5,523 |
| | Number of patients waiting > 14 weeks for a specified therapy | National | Aug-21 | 186 | 0 | | | 4,066 (Mar-21) | 2nd (Mar-21) | | 1,518 | 1,350 | 1,135 | 817 | 708 | 584 | 491 | 369 | 201 | 166 | 171 | 151 | 186 |
| | % of patients waiting < 26 weeks for treatment | National | Aug-21 | 48% | 95% | | | 52.5% (Mar-21) | 6th (Mar-21) | | 43.7% | 41.0% | 44.8% | 47.6% | 48.0% | 47.0% | 47.9% | 48.8% | 49.1% | 49.1% | 50.7% | 47.8% | 48.3% |
| | Number of patients waiting > 26 weeks for outpatient appointment | Local | Aug-21 | 23444 | 0 | | | | | | 20,497 | 23,069 | 22,050 | 21,005 | 21,179 | 21,208 | 21,225 | 21,750 | 22,752 | 23,700 | 23,279 | 23,225 | 23,444 |
| | Number of patients waiting > 36 weeks for treatment | National | Aug-21 | 35999 | 0 | | | 216,418 (Mar-21) | 3rd (Mar-21) | | 22,494 | 26,046 | 31,508 | 35,387 | 35,126 | 33,991 | 32,719 | 32,874 | 33,395 | 34,447 | 35,040 | 35,583 | 35,999 |
| | The number of patients waiting for a follow-up outpatient appointment | National | Aug-21 | 127391 | HB target | | | 747,782 (Mar-21) | 5th (Mar-21) | | 120,969 | 120,962 | 120,968 | 120,874 | 119,963 | 119,999 | 120,882 | 121,403 | 122,303 | 123,088 | 127,444 | 133,903 | 127,391 |
| | The number of patients waiting for a follow-up outpatients appointment who are delayed over 100% | National | Aug-21 | 29770 | TBC | | | 194,689 (Mar-21) | 5th (Mar-21) | | 23,209 | 24,472 | 26,217 | 27,156 | 27,641 | 28,419 | 28,862 | 29,316 | 29,334 | 30,062 | 30,550 | 34,816 | 29,770 |
| | % of RI ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment | National | Aug-21 | 46% | 95% | | | 44.8% (Mar-21) | 3rd (Mar-21) | | 50.9% | 47.7% | 45.2% | 48.4% | 47.3% | 46.7% | 47.4% | 47.7% | 47.2% | | 46.7% | 46.3% | 46.1% |
| Hepatitis C | Number of patients with Hepatitis C who have successfully completed their course of treatment in the reporting year | National | | | HB target | | | | | | New measure for 2020/21- awaiting data | | | | | | | | | | | | |
| DNAs | % of patients who did not attend a new outpatient appointment | Local | Aug-21 | 6.4% | 12 month ↓ | | | | | | 4.7% | 6.4% | 6.0% | 6.6% | 7.7% | 7.1% | 6.2% | 5.6% | 5.3% | 5.7% | 6.5% | 6.5% | 6.4% |
| | % of patients who did not attend a follow-up outpatient appointment | Local | Aug-21 | 7.5% | 12 month ↓ | | | | | | 6.0% | 6.9% | 6.5% | 7.2% | 8.2% | 7.1% | 6.2% | 6.7% | 6.1% | 6.9% | 5.5% | 7.5% | 7.5% |
| Theatre Efficiencies | Theatre Utilisation rates | Local | Aug-21 | 69.0% | | 90% | ✗ | | | | 90% | 75% | 75% | 74% | 59% | 65% | 73% | 75% | 80% | 78% | 77% | 72% | 69% |
| | % of theatre sessions starting late | Local | Aug-21 | 44.0% | | <25% | ✗ | | | | 46% | 49% | 44% | 39% | 45% | 40% | 42% | 40% | 38% | 43% | 43% | 44% | 44% |
| | % of theatre sessions finishing early | Local | Aug-21 | 46.0% | | <20% | ✗ | | | | 28% | 39% | 38% | 50% | 47% | 44% | 44% | 48% | 41% | 45% | 43% | 48% | 46% |
| Postponed operations | Number of procedures postponed either on the day or the day before for specified non-clinical reasons | National | Jan-21 | 1,200 | > 5% annual ↓ | | | 5,398 (Jan-21) | 6th (Jan-21) | | 2,281 | 2,090 | 1,888 | 1,677 | 1,509 | 1,200 | | | | | | | |
| Treatment Fund | All new medicines must be made available no later than 2 months after NICE and AWMSC appraisals | National | Q2 20/21 | 98.8% | 100% | 100% | ✗ | 98.3% (Q2 20/21) | 3rd out of 6 organisations (Q2 20/21) | | | 98.8% | | | | | | | | | | | |
| Prescribing | Total antibacterial items per 1,000 STAR-PUs | National | Q3 20/21 | 258.8 | 4 quarter ↓ | | | 241.96 (Q3 20/21) | 6th (Q3 20/21) | | | 249.9 | | | 258.8 | | | | | | | | |
| | Patients aged 65 years or over prescribed an antipsychotic | National | Q2 20/21 | 1,511 | Quarter on quarter ↓ | | | 10,205 (Q2 20/21) | 5th (Q2 20/21) | | | 1,511 | | | | | | | | | | | |
| | Number of women of child bearing age prescribed valproate as a % of all women of child bearing age | National | Q2 20/21 | 0.23% | Quarter on quarter ↓ | | | 0.16% (Q2 20/21) | 7th (Q2 20/21) | | | 0.23% | | | | | | | | | | | |
| | Opioid average daily quantities per 1,000 patients | National | Q2 20/21 | 4,369 | 4 quarter ↓ | | | 4,390.4 (Q2 20/21) | 3rd (Q2 20/21) | | | 4,369 | | | | | | | | | | | |
| | Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar | National | Q2 20/21 | 78.6% | Quarter on quarter ↑ | | | 82.6% (Q2 20/21) | 4th (Q2 20/21) | | | 78.6% | | | | | | | | | | | |
| Patient experience | Number of friends and family surveys completed | Local | Aug-21 | 2,075 | | 12 month ↑ | ✓ | | | | 625 | 2,804 | 1,047 | 787 | 584 | 678 | 798 | 1,050 | | 4,590 | 3,297 | 1,912 | 2,075 |
| | % of who would recommend and highly recommend | Local | Aug-21 | 92% | | 90% | ✗ | | | | 83% | 93% | 82% | 84% | 77% | 79% | 85% | 87% | | 96% | 97% | 92% | 92% |
| | % of all-Wales surveys scoring 9 out 10 on overall satisfaction | Local | Aug-21 | 1 | | 90% | ✓ | | | | 83% | 84% | 79% | 85% | 65% | 81% | 94% | 93% | | 92% | 96% | 95% | 92% |
| Complaints | Number of new formal complaints received | Local | Jul-21 | 13900% | | 12 month trend ↓ | ✗ | | | | 74 | 107 | 121 | 103 | 83 | 78 | 94 | 117 | 100 | 115 | 159 | 139 | 0 |
| | % concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received | National | Jun-21 | 0 | 75% | 80% | ✓ | 71.9% (Q3 20/21) | 2nd (Q3 20/21) | | 72% | 82% | 75% | 82% | 80% | 71% | 80% | 81% | | | | | |
| | % of acknowledgements sent within 2 working days | Local | Aug-21 | 100% | | 100% | ✓ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

| Harm from wider societal actions/lockdown | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------|---------------------|------------------|----------------------------|----------------|----------------------|---------------------------------------|-------------------|---------------------------------------|--------|--------|--------------------|--------|--------|--------|--------|--------|---------------------------------------|--------|--------|--------|--|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | SBU's all-Wales rank | Performance Trend | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | |
| Early years measures | % of babies who are exclusively breastfed at 10 days old | National | 2019/20 | 34.2% | Annual ↑ | | | 35.3% (2019/20) | 5th (2019/20) | | | | | | | | | | | | | | | |
| | % children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | National | Q4 20/21 | 95.4% | 95% | | | 95.3% (Q3 20/21) | 1st (Q3 20/21) | | | 96.5% | | | 96.7% | | | 95.4% | | | | | | |
| | % of children who received 2 doses of the MMR vaccine by age 5 | National | Q4 20/21 | 92.4% | 95% | | | 92.1% (Q3 20/21) | 3rd (Q3 20/21) | | | 91.7% | | | 92.0% | | | 92.4% | | | | | | |
| Smoking cessation | % of adult smokers who make a quit attempt via smoking cessation services | National | Q1-Q3 20/21 | 2.25% | 5% annual target | | | 2.39% (Q1-3 20/21) | 4th (Q1-3 20/21) | | | 1.66% | | | 2.25% | | | | | | | | | |
| Alcohol | European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales | National | Q3 20/21 | 308.8 | 4 quarter ↓ | | | 349.6 (Q3 20/21) | 2nd (Q3 20/21) | | | 331.7 | | | 308.8 | | | | | | | | | |
| | % of people who have been referred to health board services who have completed treatment for alcohol abuse | National | Q4 20/21 | 45.5% | 4 quarter ↑ | | | 67.2% (Q4 20/21) | 6th (Q4 20/21) | | | 23.2% | | | 39.5% | | | 45.5% | | | | | | |
| Influenza | % uptake of influenza among 65 year olds and over | National | Mar-21 | 75.5% | 75% | | | 76.5% (Mar-21) | 4th (Mar-21) | | Data collection restarts October 2020 | | | 65.6% | 72.4% | 74.8% | 75.2% | 75.4% | 75.5% | Data collection restarts October 2021 | | | | |
| | % uptake of influenza among under 65s in risk groups | National | Mar-21 | 49.4% | 55% | | | 51.07% (Mar-21) | 5th (Mar-21) | | | | | 34.4% | 42.8% | 47.2% | 48.7% | 49.4% | 49.4% | | | | | |
| | % uptake of influenza among pregnant women | National | 2019/20 | 78.2% | 75% | | | 78.5% (2019/20) | 5th out of 10 organisations (2019/20) | | | | | Data not available | | | | | | | | | | |
| | % uptake of influenza among children 2 to 3 years old | Local | Mar-21 | 53.4% | 50% | | | 56.3% (Mar-21) | 5th (Mar-21) | | | | | 35.7% | 48.8% | 52.5% | 53.2% | 53.4% | 53.4% | | | | | |
| | % uptake of influenza among healthcare workers | National | Mar-21 | 63.4% | 60% | | | 58.7% (2019/20) | 7th out of 10 organisations (2019/20) | | | | | 56.2% | 62.9% | 63.0% | 63.4% | 63.4% | 63.4% | | | | | |
| Screening services | Uptake of screening for bowel cancer | National | 2018/19 | 57.0% | 60% | | | 57.3% (2018/19) | 4th (2018/19) | | | | | | | | | | | | | | | |
| | Uptake of screening for breast cancer | National | 2018/19 | 73.6% | 70% | | | 72.8% (2018/19) | 2nd (2018/19) | | | | | | | | | | | | | | | |
| | Uptake of screening for cervical cancer | National | 2018/19 | 72.1% | 80% | | | 73.2% (2018/19) | 5th (2018/19) | | | | | | | | | | | | | | | |
| CAMHS | % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) | Local | Jul-21 | 79% | | 100% | ✓ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | 94% | 79% | | |
| | % Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks | National | Jul-21 | 34% | 80% | 80% | ✗ | 32.2% (Mar-21) | 5th (Mar-21) | | 24% | 21% | 22% | 24% | 26% | 24% | 28% | 30% | 30% | | 32% | 34% | | |
| | % Patients waiting less than 28 days for a first outpatient appointment for CAMHS | National | Jul-21 | 41% | 80% | 80% | ✗ | 75.8% (Mar-21) | 3rd (Mar-21) | | 100% | 98% | 90% | 88% | 61% | 53% | 66% | 63% | 60% | | 58% | 41% | | |
| | P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral | National | Jul-21 | 29% | | 80% | ✗ | 62.3% (Mar-21) | 4th (Mar-21) | | 100% | 62% | 29% | 41% | 73% | 29% | 97% | 46% | 0% | | 0% | 29% | | |
| | P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS | National | Jul-21 | 100% | | 80% | ✗ | 80.5% (Mar-21) | 3rd (Mar-21) | | 86% | 100% | 100% | 100% | 100% | 93% | 97% | 91% | 49% | | 1% | 100% | | |
| | S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral | Local | Jul-21 | 29% | | 80% | ✗ | | | | 100% | 98% | 79% | 62% | 58% | 60% | 56% | 53% | 48% | | 44% | 29% | | |
| | % residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP) | National | Jul-21 | 81% | | 90% | ✗ | 84.6% (Mar-21) | 5th (Mar-21) | | 98% | 81% | 82% | 81% | 82% | 83% | 84% | 82% | 82% | | 81% | 81% | | |
| Mental Health | % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age) | National | Jul-21 | 98% | 80% | 80% | ✓ | 73.9% (Mar-21) | 1st (Mar-21) | | 99% | 97% | 99.5% | 98% | 99% | 96% | 98% | 97% | 97% | | 99% | 98% | | |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age) | National | Jul-21 | 97% | 80% | 80% | ✓ | 81.0% (Mar-21) | 2nd (Mar-21) | | 88% | 94% | 93% | 98% | 95% | 95% | 98% | 97% | 92% | | 99% | 97% | | |
| | % patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health | National | Jul-21 | 100% | 95% | 95% | ✓ | 61.3% (Mar-21) | 1st (Mar-21) | | 91% | 99% | 99.7% | 100% | 100% | 100% | 100% | 100% | 100% | | 100% | 100% | | |
| | % residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP) | National | Jul-21 | 88% | 90% | 90% | ✓ | 85.3% (Mar-21) | 2nd (Mar-21) | | 92% | 90% | 91% | 91% | 89% | 91% | 91% | 91% | 91% | | 88% | 88% | | |
| Self harm | Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) | National | 2019/20 | 3.29 | Annual ↓ | | | 3.97 (2019/20) | 4th (2019/20) | | | | | | | | | | | | | | | |
| Dementia | % of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register) | National | 2019/20 | 56.3% | Annual ↑ | | | 53.1% (2019/20) | 2nd (2019/20) | | | | | | | | | | | | | | | |