



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>26<sup>th</sup> October 2021</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Quality &amp; Safety Performance Report</b>		
<b>Report Author</b>	Meghann Protheroe, Head of Performance		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance and Performance		
<b>Presented by</b>	Darren Griffiths, Director of Finance and Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2020/21 NHS Wales Delivery Framework.		
<b>Key Issues</b>	<p>The 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 monitor performance against agreed trajectories. All current trajectories can be found in this report. In the absence of local profiles, in-month movement will continue to be utilised as the basis of RAGing for the enhanced monitoring measures.</p>		

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

**2021/22 Delivery Framework**

**COVID19-** The number of new cases of COVID19 has seen an increase in September 2021, with 12,839 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.

**Unscheduled Care-** Demand for emergency department care within Swansea Bay University (SBU) Health Board has steadily increased since January 2021. Attendances have been decreasing since July 2021, however in September 2021, there were 11,157 A&E attendances. The Health Board's performance against the 4-hour measure deteriorated from 75.04% in August 2021 to 73.09% in September 2021 and the number of patients waiting over 12 hours in A&E continues to increase.

**Planned Care-** September 2021 saw a slight in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment. In September 2021, there was 35,711 patients waiting over 36 weeks which is a 0.8% in-month decrease from August 2021. The waiting list for stage 1 patients continues to increase, and September 2021 saw an increase in the number of referrals received by secondary care. Therapy waiting times have increase in September 2021, however some therapy services have maintained a nil breach position (i.e. Occupational Therapy and Audiology).

**Cancer-** September 2021 (draft data) has seen a slight 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 decreased in September 2021. September's figures are in the process of being validated at the time of writing this report.

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

**Child and Adolescent Mental Health Services (CAMHS)-**Access times for crisis performance has improved to 100% in August 2021 following several months of poor performance against the 100% target. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, with performance decreasing in August 27% in August 2021 against a target of 80%.

**Serious Incidents closures-** In September 2021, performance against the 80% target of submitting closure forms within 60

	<p>working days cannot be reported as there were no of the closure forms due to be submitted to Welsh Government.</p> <p><b>Patient Experience-</b> A new feedback system was introduced in March 2021, which has resulted in no data being reported for April 2021 as the system, was not fully operational until the end of April 2021. September 2021 data is included in this report.</p>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE-</b> current Health Board performance against key measures and targets.</li> </ul>			

# QUALITY & SAFETY PERFORMANCE REPORT

## 1. INTRODUCTION

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

## 2. BACKGROUND

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

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

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

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

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

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

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

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

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

### **4. FINANCIAL IMPLICATIONS**

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

### **5. RECOMMENDATION**

Members are asked to:

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

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		
<b>Financial Implications</b>		
<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>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.</p>		
<b>Staffing Implications</b>		
<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 September 2021. This is a routine monthly report.

**Appendices**

Appendix 1: Quality & Safety performance report



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



# Appendix 1- Quality & Safety Performance Report October 2021



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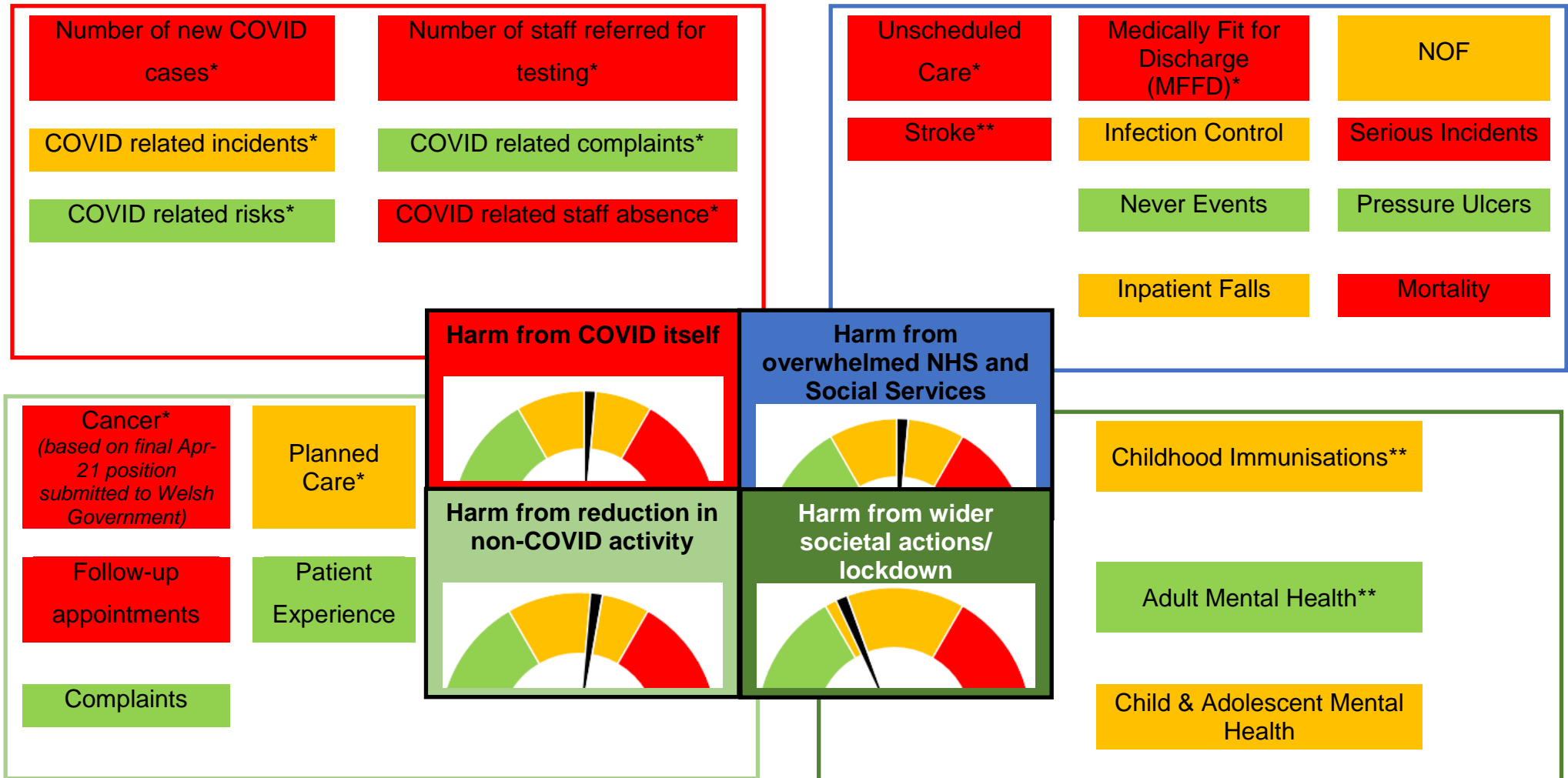
## 1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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

- 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 increasing to 100%.
- Demand for emergency department care within Swansea Bay University (SBU) Health Board has steadily increased since January 2021. Attendances have been decreasing since July 2021, however in September 2021, there were 11,157 A&E attendances. The Health Board's performance against the 4-hour measure deteriorated from 75.04% in August 2021 to 73.09% in September 2021 and the number of patients waiting over 12 hours in A&E continues to increase
- Planned care system is still challenging and September 2021 saw a slight in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment. In September 2021, there was 35,711 patients waiting over 36 weeks which is a 0.8% in-month decrease from August 2021. Therapy waiting times have increase in September 2021, however some therapy services have maintained a nil breach position (i.e. Occupational Therapy and Audiology).
- September 2021 (draft data) has seen a slight 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 decreased in September 2021. September'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 (Updated August 2021 data was not available at the time of this report being published).
- Health Board Friends & Family patient satisfaction level in September 2021 was 92% and 2,025 surveys were completed.
- There were five Serious Incident (SI) reported to Welsh Government in September 2021.
- There were no new Never events reported for September 2021.
- Fractured neck of femur performance in August 2021 continues to be broadly at Welsh National levels (see detail below) and showing an improved position compared with March 2019-2020 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	Sep-21
					Number of new COVID19 cases*	HB Total				66	787	4,664	5,525	11,976	3,759	1,208	907	406
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	673
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	0
Number of COVID19 related incidents*	HB Total				39	30	87	141	127	84	63	53	74	67	23	24	36	36
Number of COVID19 related serious incidents*	HB Total				11	1	1	1	0	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	3
Number of COVID19 related risks*	HB Total				8	2	6	7	10	3	3	3	2	2	1	1	1	0
Number of staff self isolated (asymptomatic)*	Medical				24	34	17	36	55	7	2	3	2	1	3	7	5	20
	Nursing Registered				142	149	106	93	152	61	40	32	28	18	21	19	35	67
	Nursing Non Registered				96	77	95	56	81	57	33	35	25	20	18	24	21	43
Number of staff self isolated (symptomatic)*	Other				158	93	111	106	187	93	85	75	29	22	28	21	54	97
	Medical				0	8	17	41	34	16	5	1	1	1	2	3	7	15
	Nursing Registered				14	25	44	97	145	112	52	44	39	33	23	28	36	57
% sickness*	Nursing Non Registered				9	8	25	77	68	88	49	29	24	20	18	18	27	44
	Other				13	31	46	79	147	100	50	34	23	17	7	18	44	88
	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%	1.3%	3.6%
	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%	1.8%	3.1%
	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%	2.3%	4.3%
	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%	1.6%	2.9%
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%	1.7%	3.2%	

### 3. Updates on key measures

COVID TESTING																																																																																																						
Description	Current Performance	Trend																																																																																																				
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p><b>1. Number of new COVID cases</b>                      In September 2021, there were an additional 12,839 positive cases recorded bringing the cumulative total to 54,189 in Swansea Bay since March 2020.</p>	<p><b>1. Number of new COVID19 cases for Swansea Bay population</b></p> <table border="1"> <caption>1. Number of new COVID19 cases for Swansea Bay population</caption> <thead> <tr> <th>Month</th> <th>New positive COVID19 cases</th> </tr> </thead> <tbody> <tr><td>Mar-20</td><td>0</td></tr> <tr><td>Apr-20</td><td>1,000</td></tr> <tr><td>May-20</td><td>0</td></tr> <tr><td>Jun-20</td><td>0</td></tr> <tr><td>Jul-20</td><td>0</td></tr> <tr><td>Aug-20</td><td>0</td></tr> <tr><td>Sep-20</td><td>500</td></tr> <tr><td>Oct-20</td><td>4,500</td></tr> <tr><td>Nov-20</td><td>5,500</td></tr> <tr><td>Dec-20</td><td>12,000</td></tr> <tr><td>Jan-21</td><td>3,500</td></tr> <tr><td>Feb-21</td><td>1,000</td></tr> <tr><td>Mar-21</td><td>500</td></tr> <tr><td>Apr-21</td><td>0</td></tr> <tr><td>May-21</td><td>0</td></tr> <tr><td>Jun-21</td><td>500</td></tr> <tr><td>Jul-21</td><td>2,000</td></tr> <tr><td>Aug-21</td><td>7,500</td></tr> <tr><td>Sep-21</td><td>13,000</td></tr> </tbody> </table>	Month	New positive COVID19 cases	Mar-20	0	Apr-20	1,000	May-20	0	Jun-20	0	Jul-20	0	Aug-20	0	Sep-20	500	Oct-20	4,500	Nov-20	5,500	Dec-20	12,000	Jan-21	3,500	Feb-21	1,000	Mar-21	500	Apr-21	0	May-21	0	Jun-21	500	Jul-21	2,000	Aug-21	7,500	Sep-21	13,000																																																												
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Jul-20	0	150	0	0																																																																																																		
Aug-20	0	150	0	0																																																																																																		
Sep-20	0	1,100	0	0																																																																																																		
Oct-20	200	1,300	0	0																																																																																																		
Nov-20	300	1,300	0	0																																																																																																		
Dec-20	400	1,300	0	0																																																																																																		
Jan-21	0	600	0	0																																																																																																		
Feb-21	0	300	0	0																																																																																																		
Mar-21	0	500	0	0																																																																																																		
Apr-21	0	200	0	0																																																																																																		
May-21	0	200	0	0																																																																																																		
Jun-21	0	200	0	0																																																																																																		
Jul-21	0	300	0	0																																																																																																		
Aug-21	0	200	0	0																																																																																																		
Sep-21	0	600	0	0																																																																																																		

Description	Current Performance	Trend
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**Staff absence due to COVID19**

1. Number of staff self-isolating (asymptomatic)

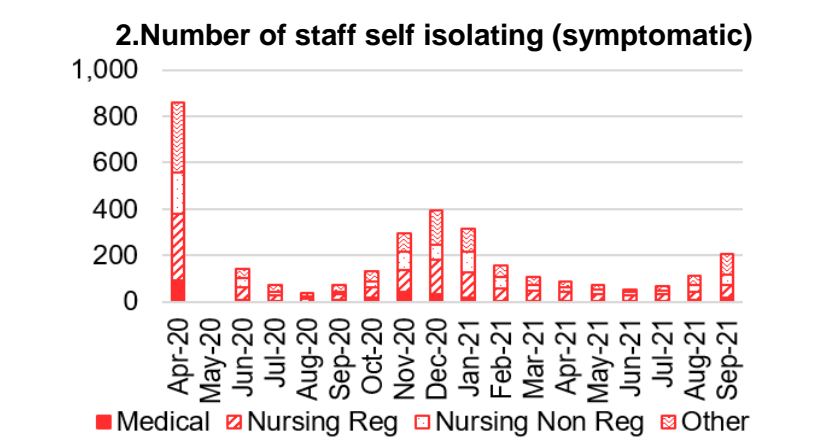
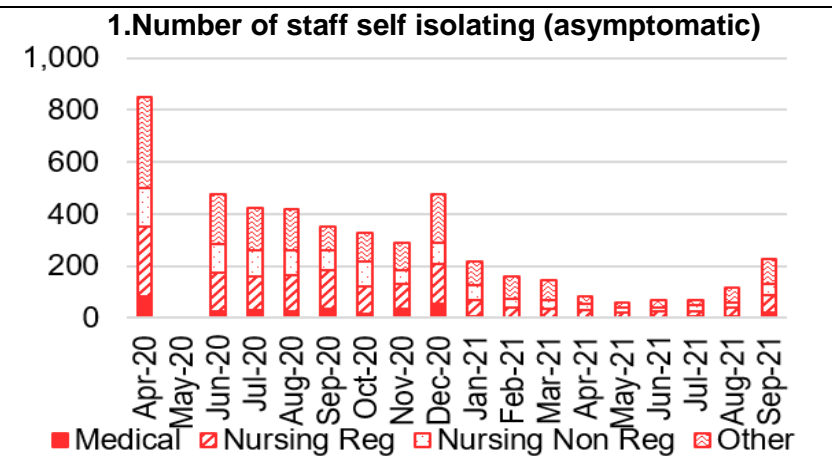
2. Number of staff self-isolating (symptomatic)

3. % staff sickness

The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.

**1. & 2. Number of staff self-isolating (asymptomatic and symptomatic)**  
 Between August and September 2021, the number of staff self-isolating (asymptomatic) slightly increased from 115 to 227 and the number of staff self-isolating (symptomatic) increased from 114 to 204. In September 2021, "other staff" had the largest number of self-isolating staff who are asymptomatic and 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 1.7% in August 2021 to 3.2% in September 2021.



**3. % staff sickness**

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-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%	0.9%	1.3%	3.6%
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%	1.4%	1.8%	3.1%
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%	1.8%	2.3%	4.3%
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%	0.7%	1.6%	2.9%
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%	1.1%	1.7%	3.2%




















### 3.1 HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

#### 4.1 Overview

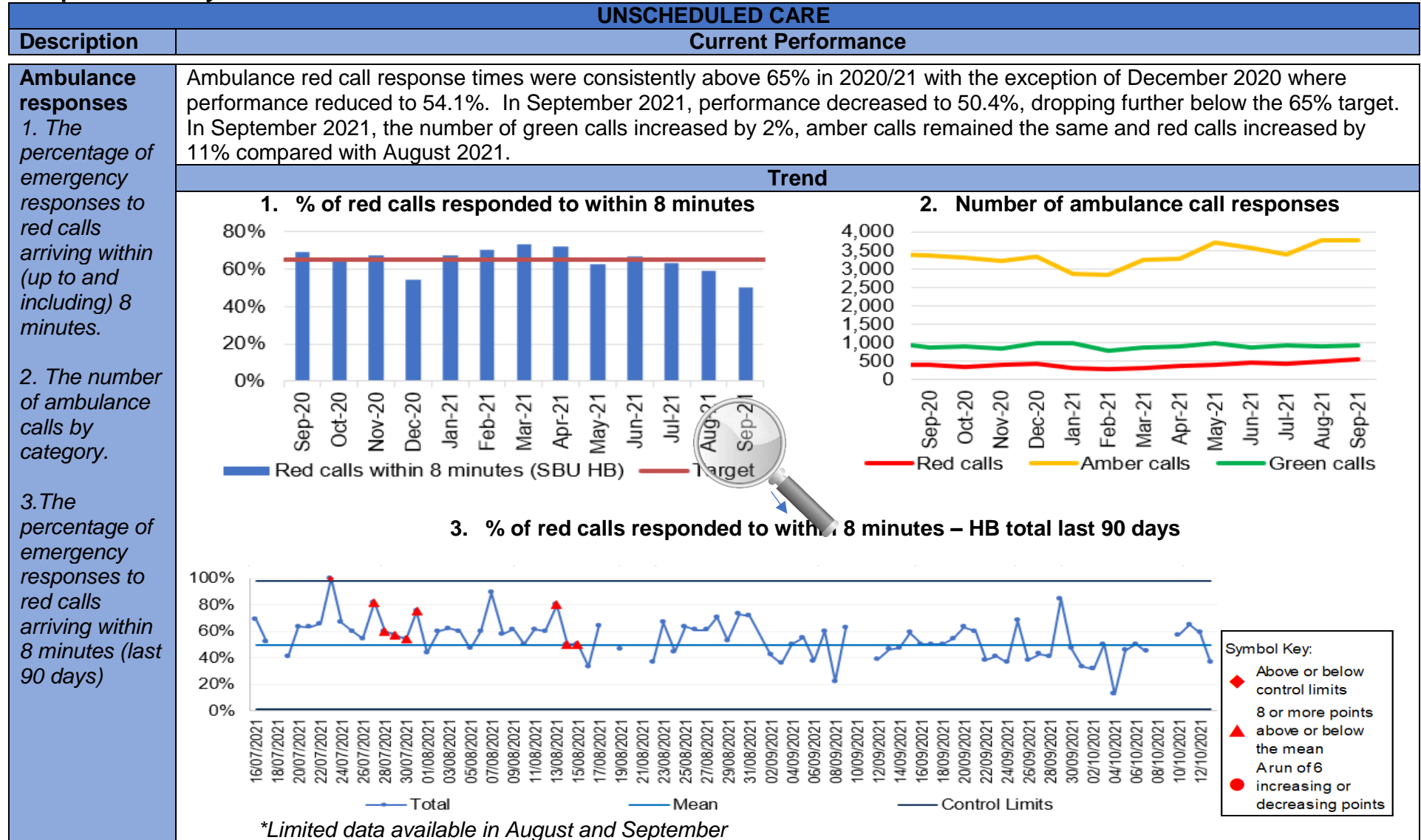
Measure	Locality	National/ Local Target	Internal profile	Trend	Data															
					Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		
<b>Unscheduled Care</b>																				
Number of ambulance handovers over one hour*	Morrison	0			160	401	340	484	499	187	215	225	332	462	528	607	711	622		
	Singleton				3	9	15	16	11	8	4	6	5	15	19	9	15	20		
	<b>Total</b>				163	410	355	500	510	195	219	231	337	477	547	616	726	642		
% 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%	59.7%		
	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%	98.3%		
	<b>Total</b>				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%	73.1%		
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until	Morrison	0			286	536	493	626	775	570	534	457	630	684	879	1,013	1,059	1,250		
	NPTH				0	1	1	0	1	0	0	0	1	0	1	1	1	0		
	<b>Total</b>				286	537	494	626	776	570	534	457	631	685	880	1,014	1,060	1,250		
% 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%	15.4%		
	<b>Total</b>	(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%	15.4%		
					51.4%	50.0%	29.8%	23.7%	7.1%	6.8%	18.2%	20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%		
% of patients who receive a CT scan within 1 hour*	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%	34.1%		
	<b>Total</b>	(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%	34.1%		
					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%	34.1%		
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	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%	90.2%		
	<b>Total</b>	(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%	90.2%		
					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%	90.2%		
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month improvement trend			0.0%	12.5%	11.1%	28.6%	0.0%	12.5%	0.0%	55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%		
	<b>Total</b>				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%	0.0%		
					0.0%	12.5%	11.1%	28.6%	0.0%	12.5%	0.0%	55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%		
% of patients receiving the required minutes for speech and language therapy	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%	58.6%		
	<b>Total</b>				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%	58.6%		
<b>Fractured Neck of Femur (NOF)</b>																				
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%	88.2%			
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%	59.4%			
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%	69.8%			
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%	74.4%			
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%	77.7%			
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	Aug-21	Sep-21	
<b>Healthcare Acquired Infections</b>																			
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	12	
	PCCS Hospital		0		0	1	0	0	0	0	0	0	0	0	1	0	0	0	1
	MH&LD		0		0	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	5	
	NPTH		2		2	2	2	1	0	1	0	1	2	2	1	3	2	2	2
	Singleton		2		1	2	3	2	3	2	3	3	3	5	0	2	2	3	1
	<b>Total</b>		19		32	23	25	16	12	18	17	28	28	32	26	28	23	34	21
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	4	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		2		4	5	4	3	1	5	4	2	2	1	3	3	4	8	
	NPTH		0		0	0	0	1	1	0	0	0	0	0	0	0	0	1	
	Singleton		1		1	2	2	3	4	0	3	2	2	4	2	4	4	4	
	<b>Total</b>		8		12	14	12	13	9	9	9	11	13	15	7	11	12	17	
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	5	
	PCCS Hospital		0		1	1	0	0	0	0	0	0	0	0	0	1	0	0	
	MH&LD		0		0	0	1	0	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	6	
	NPTH		1		1	2	2	1	0	1	2	1	1	1	1	0	1	0	
	Singleton		2		2	2	3	2	1	2	2	3	4	1	2	8	9	3	
	<b>Total</b>		13		23	18	15	10	9	3	11	12	20	12	12	23	22	14	
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		4	2	2	4	4	5	2	9	5	2	7	1	4	3	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		2		6	3	5	6	4	7	2	0	3	2	1	2	4	6	
	NPTH		0		0	0	1	0	2	0	1	0	1	0	0	0	0	0	
	Singleton		1		0	0	1	1	2	1	1	1	0	1	4	0	0	2	
	<b>Total</b>		6		10	5	9	11	12	13	6	10	9	5	12	3	8	11	
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	2		3	0	1	1	0	1	1	1	1	1	1	1	1	0	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		1		0	0	1	1	1	0	0	0	2	0	1	0	0	2	
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton		1		0	0	0	0	0	0	0	0	0	0	0	0	1	0	
	<b>Total</b>		4		3	0	2	2	1	1	1	1	3	1	2	1	2	2	
Compliance with hand hygiene audits	PCCS	95%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.3%	98.3%	96.0%	94.9%	94.9%	96.0%	
	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%	98.3%		
	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%	99.0%		
	NPTH			94.4%	100.0%	100.0%	100.0%	95.7%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	95.0%	93.3%	89.7%	100.0%	
	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%	100.0%		
	<b>Total</b>			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%	95.0%		

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	Sep-21	
<b>Serious Incidents &amp; Risks</b>																			
Number of Serious Incidents	PCCS	12 month reduction trend			0	1	2	1	0	0	2	1	2	3	1	0	1	0	
	MH&LD				4	9	2	7	7	1	1	1	1	0	2	0	0	0	
	Morrison				1	4	3	5	1	2	1	2	0	2	1	1	0	2	
	NPTH				0	4	1	1	0	0	0	0	0	0	0	0	0	1	
	Singleton				1	3	6	3	4	1	1	0	1	1	2	1	4	2	
	<b>Total</b>				<b>6</b>	<b>21</b>	<b>14</b>	<b>17</b>	<b>12</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>5</b>	
Of the serious incidents due for assurance, the % which were assured within the agreed timescales	<b>Total</b>	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	0	
	NPTH				0	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	0	
	<b>Total</b>				<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	
<b>Pressure Ulcers</b>																			
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			25	21	34	29	26	25	24	26	31	20	21	33	34	0	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
	MH&LD				1	0	3	0	0	0	1	0	0	2	0	3	1	0	
	Morrison				18	25	27	27	41	31	26	24	25	30	25	37	32	0	
	NPTH				2	1	4	0	0	1	4	3	3	2	3	2	5	0	
	Singleton				16	18	25	15	20	19	17	9	31	19	25	16	14	0	
	<b>Total</b>				<b>62</b>	<b>65</b>	<b>93</b>	<b>71</b>	<b>87</b>	<b>76</b>	<b>72</b>	<b>62</b>	<b>90</b>	<b>73</b>	<b>74</b>	<b>91</b>	<b>87</b>	<b>0</b>	
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	8	0	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				2	0	1	1	2	2	2	1	1	0	0	3	1	0	
	NPTH				0	0	0	0	0	0	0	0	1	0	0	0	1	0	
	Singleton				2	0	3	3	1	0	1	0	2	1	2	0	0	0	
	<b>Total</b>				<b>9</b>	<b>5</b>	<b>15</b>	<b>9</b>	<b>10</b>	<b>7</b>	<b>7</b>	<b>3</b>	<b>14</b>	<b>3</b>	<b>6</b>	<b>5</b>	<b>10</b>	<b>0</b>	
Pressure Ulcer (Hosp) patients per 100,000 admissions	<b>Total</b>	12 month reduction trend			546	692	990	877	1,128	928	951	533	896	756	723	853	767	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	Sep-21	
<b>Inpatient Falls</b>																			
Total number of Inpatient Falls	PCCS	12 month reduction trend			7	14	8	9	8	9	10	4	12	5	8	6	6	8	
	MH&LD				71	35	44	31	29	27	27	22	18	42	24	32	40	25	
	Morrison				85	81	77	120	129	92	67	84	81	105	69	66	73	96	
	NPTH				30	41	29	32	30	33	30	28	31	34	32	41	31	25	
	Singleton				34	48	28	47	48	38	42	33	34	42	41	48	48	53	
	<b>Total</b>				<b>227</b>	<b>219</b>	<b>187</b>	<b>247</b>	<b>247</b>	<b>203</b>	<b>177</b>	<b>171</b>	<b>176</b>	<b>228</b>	<b>174</b>	<b>193</b>	<b>198</b>	<b>207</b>	
Inpatient Falls per 1,000 beddays	<b>HB Total</b>	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				
<b>Mortality</b>																			
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			96%	100%	100%	98%	99%	100%	100%	98%	99%	98%	98%	97%	90%	97%	
	Singleton				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	NPTH				86%	83%	100%	92%	100%	100%	100%	86%	100%	88%	100%	100%	100%	100%	100%
	<b>Total</b>				<b>97%</b>	<b>99%</b>	<b>100%</b>	<b>98%</b>	<b>99%</b>	<b>100%</b>	<b>100%</b>	<b>98%</b>	<b>99%</b>	<b>98%</b>	<b>99%</b>	<b>98%</b>	<b>98%</b>	<b>93%</b>	<b>98%</b>
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%									
	<b>Total</b>				<b>50%</b>	<b>55%</b>	<b>33%</b>	<b>36%</b>	<b>75%</b>	<b>37%</b>									
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%	1.70%	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%	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%	0.53%	0.00%	
	<b>Total (SBU)</b>				<b>0.90%</b>	<b>0.93%</b>	<b>0.97%</b>	<b>1.01%</b>	<b>1.08%</b>	<b>1.14%</b>	<b>1.17%</b>	<b>1.17%</b>	<b>1.04%</b>	<b>1.04%</b>	<b>0.13%</b>	<b>0.12%</b>	<b>0.23%</b>	<b>0.00%</b>	

## 4.2 Updates on key measures



## UNSCHEDULED CARE

### Description

### Current Performance

#### Ambulance handovers

1. The number of ambulance handovers over one hour

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

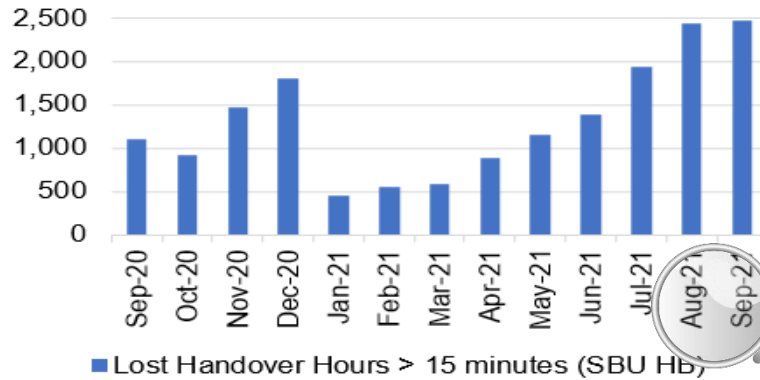
3. The number of ambulance handovers over one hour (last 90 days)

In September 2021, there were 642 ambulance to hospital handovers taking over 1 hour; this is a significant deterioration from 410 in September 2020, but is an in-month decrease of 84 from August 2021. In September 2021, 622 handovers over 1 hour were attributed to Morriston Hospital and 20 were attributed to Singleton Hospital.

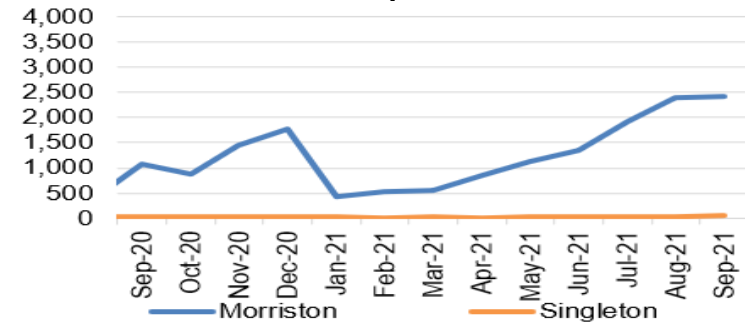
The number of handover hours lost over 15 minutes significantly increased from 1,100 in September 2020 to 2,467 in September 2021.

### Trend

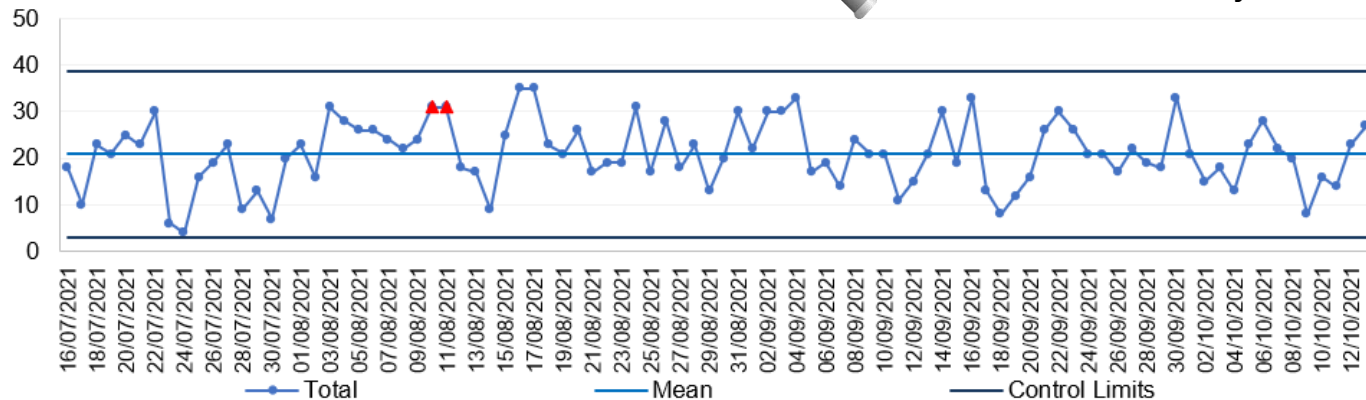
**1. Number of ambulance handovers- HB total**



**2. Number of ambulance handovers over 1 hour- Hospital level**



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



**Symbol Key:**

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

**UNSCHEDULED CARE**

**Description**

**Current Performance**

**A&E Attendances**

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

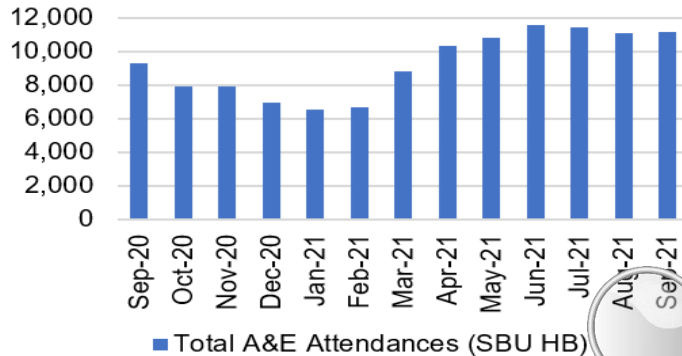
2. The number of attendances at emergency departments in the Health Board – Hospital level

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

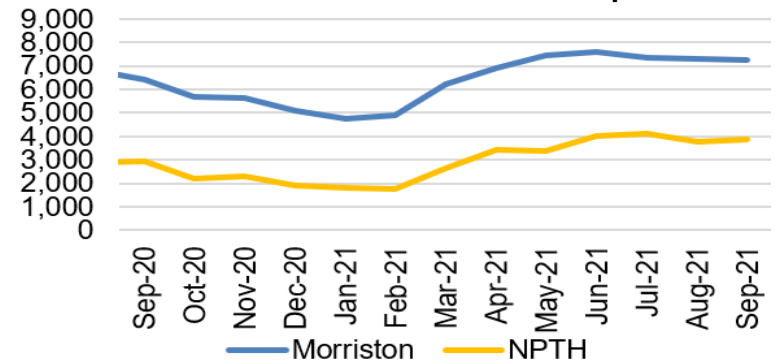
ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. Attendances have been decreasing since July 2021, however in September 2021, there were 11,157 A&E attendances. This is 53% more than April 2020 and 2% more than September 2019.

**Trend**

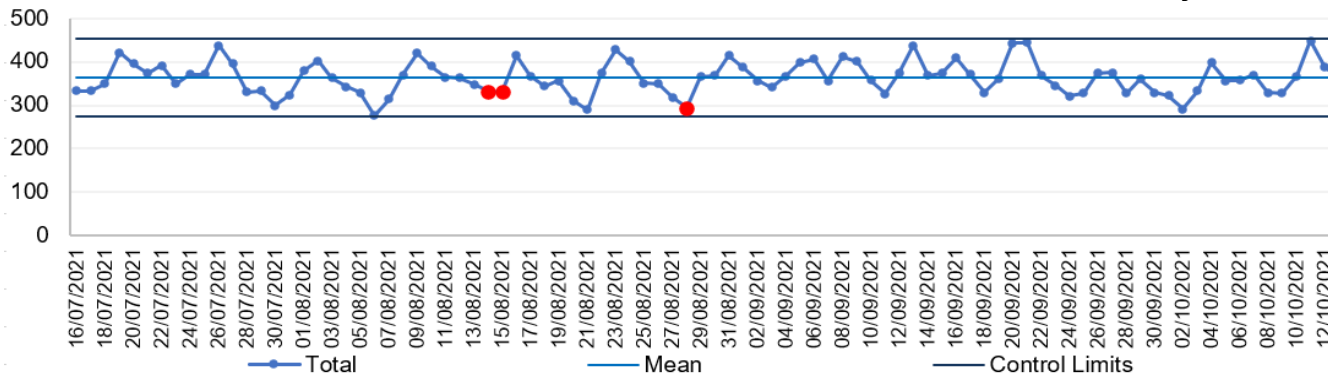
**1. Number of A&E attendances- HB total**



**2. Number of A&E attendances- Hospital level**



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



**Symbol Key:**

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

## UNSCHEDULED CARE

### Description Current Performance

**A&E waiting times**

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

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

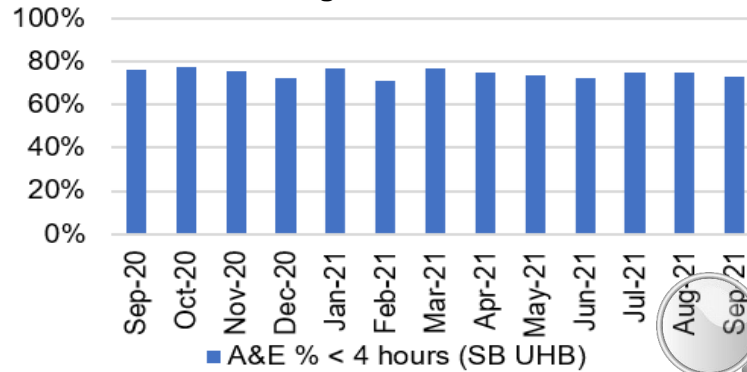
*3. % of patients who spend less than 4 hours in A&E (last 90 days)*

The Health Board's performance against the 4-hour measure deteriorated from 75.04% in August 2021 to 73.09% in September 2021. Performance against the 4-hour trajectories can be found in this report (page 26).

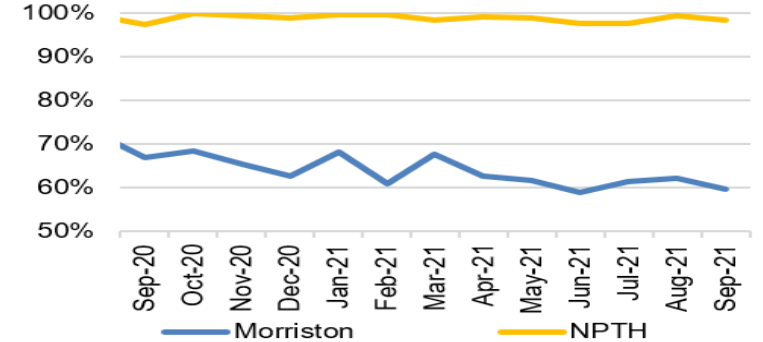
Neath Port Talbot Hospital Minor Injuries Unit (MIU) continues to achieve (and exceed) the national target of 95% achieving 98.33% in September 2021. Morriston Hospital's performance deteriorated from 62.32% in August 2021 to 59.68% in September 2021.

#### Trend

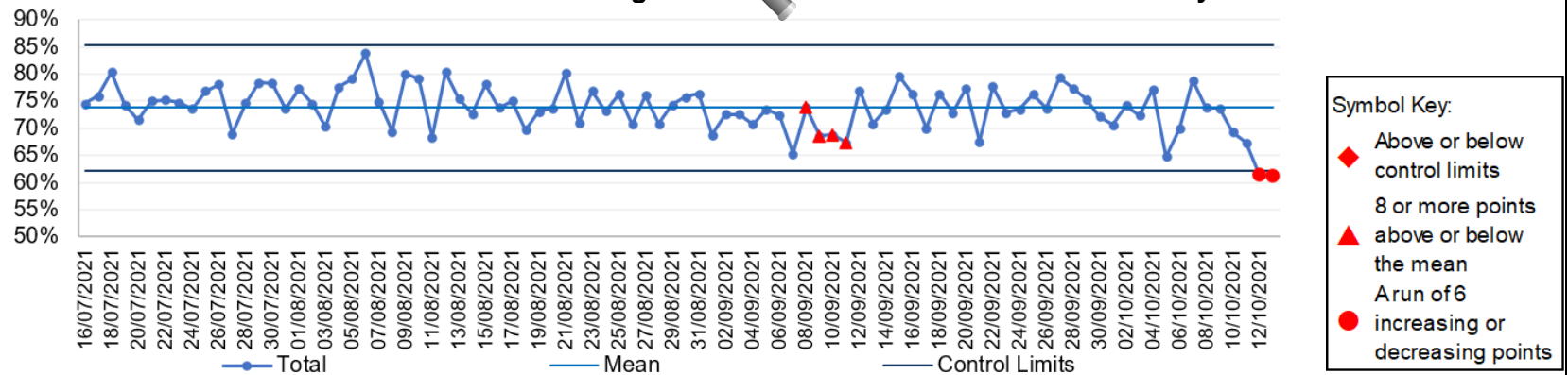
**1. % Patients waiting under 4 hours in A&E- HB total**



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



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



**Symbol Key:**

- ◆ Above or below control limits
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## UNSCHEDULED CARE

**Description**

**Current Performance**

**A&E waiting times**

In September 2021, performance against the 12-hour measure deteriorated compared with August 2021, increasing from 1060 to 1,250. Performance against the 12-hour trajectories can be found in this report (page 26).

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

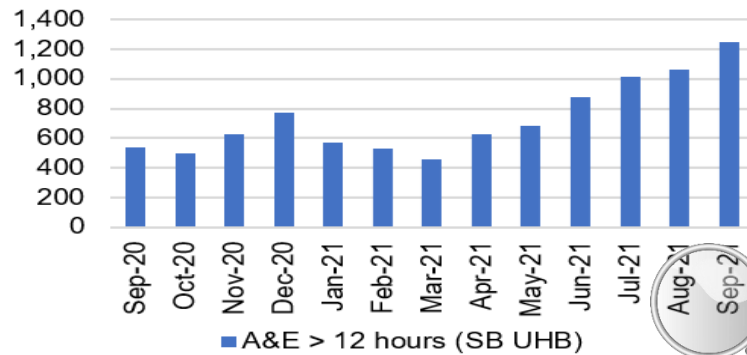
All patients waiting over 12 hours in September 2021 were in Morriston Hospital. This is an increase of 713 compared to September 2020.

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

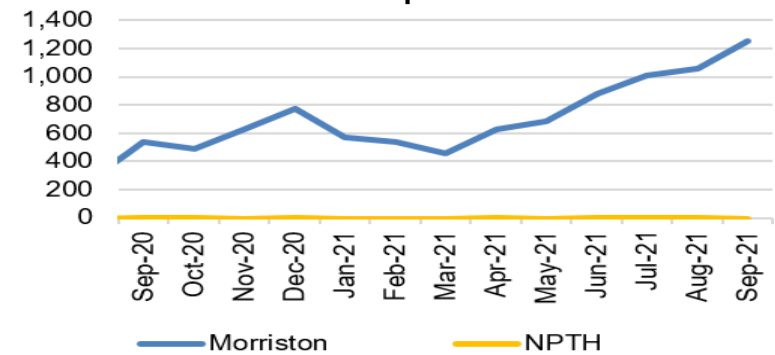
3. Number of patients who spend 12 hours or more in A&E (last 90 days)

**Trend**

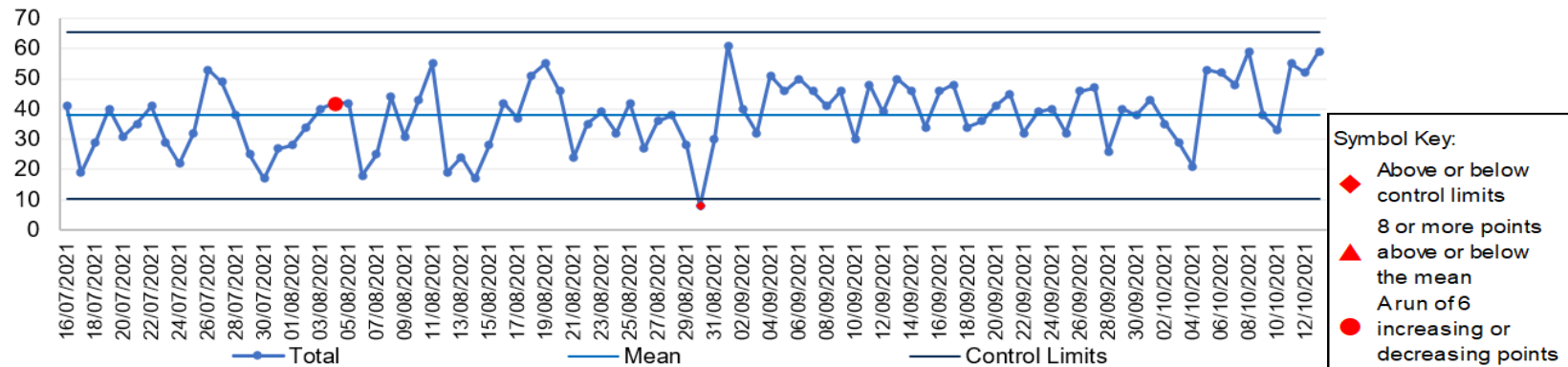
**1. Number of patients waiting over 12 hours in A&E- HB total**



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



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



**UNSCHEDULED CARE**

**Description**

**Current Performance**

**Emergency admissions**

In September 2021, there were 4,025 emergency admissions across the Health Board, which is 2% lower than in August 2021 and 10.4% more than September 2020.

1. The number of emergency inpatient admissions

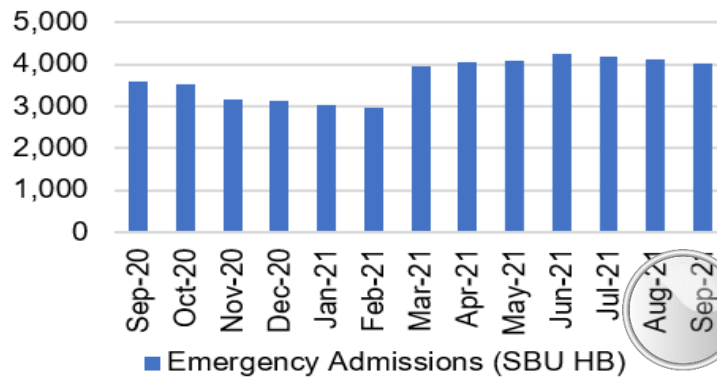
Morriston Hospital saw a slight in-month reduction, with 12 less admissions (from 3,155 in August 2021 to 3,143).

2. The number of emergency inpatient admissions- Hospital level

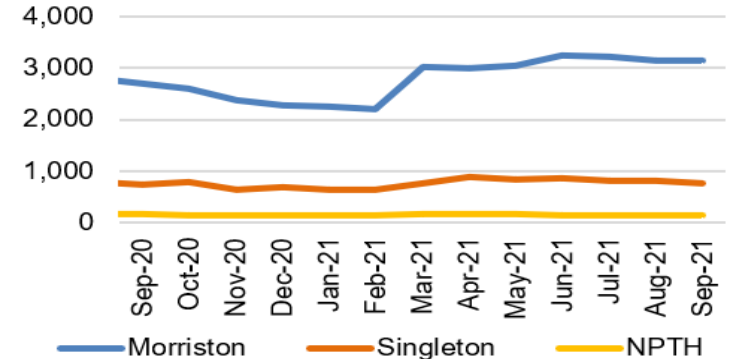
3. The number of emergency inpatient admissions (last 90 days)

**Trend**

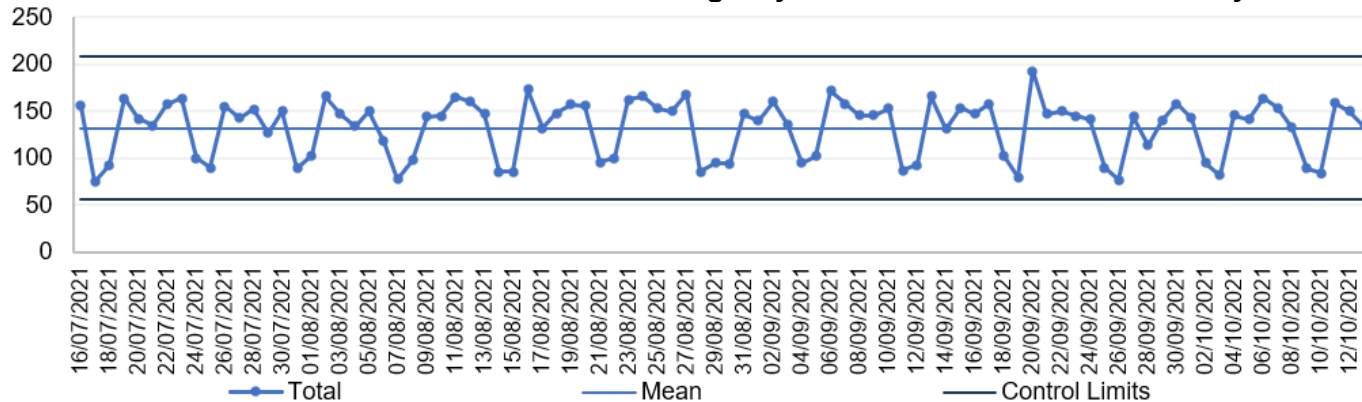
**1. Number of emergency admissions- HB total**



**2. Number of emergency admissions- Hospital level**



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



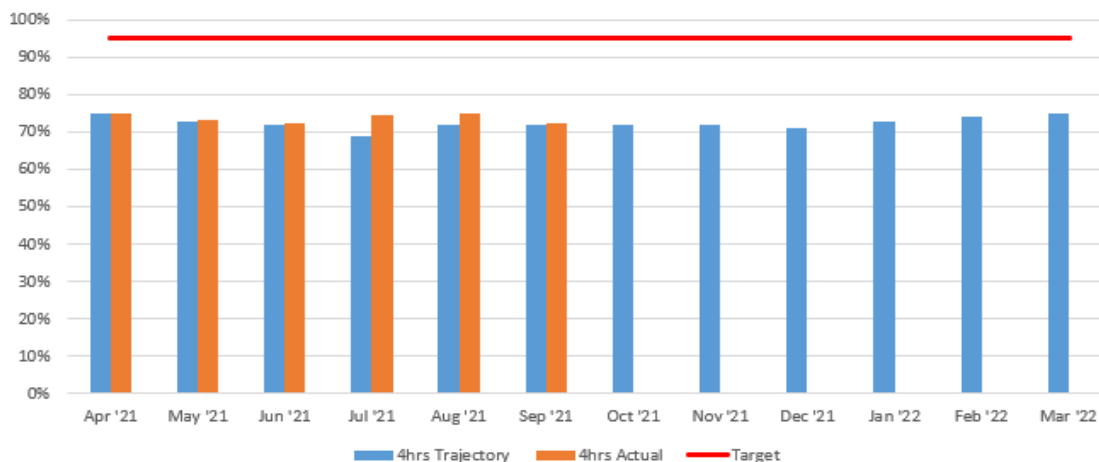
**Symbol Key:**

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**UNSCHEDULED CARE – Performance Escalation updates**

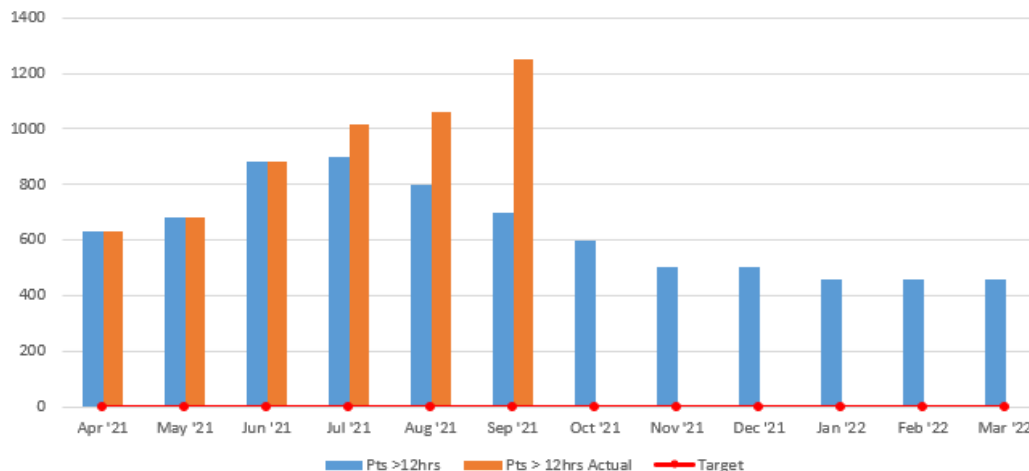
**1. Submitted recover trajectory for A&E 4hr performance**

**SBUHB 4hr Performance 2021-22**



**2. Submitted recovery trajectory for A&E12-hour performance**

**Patients > 12 hours Performance 2021-22**

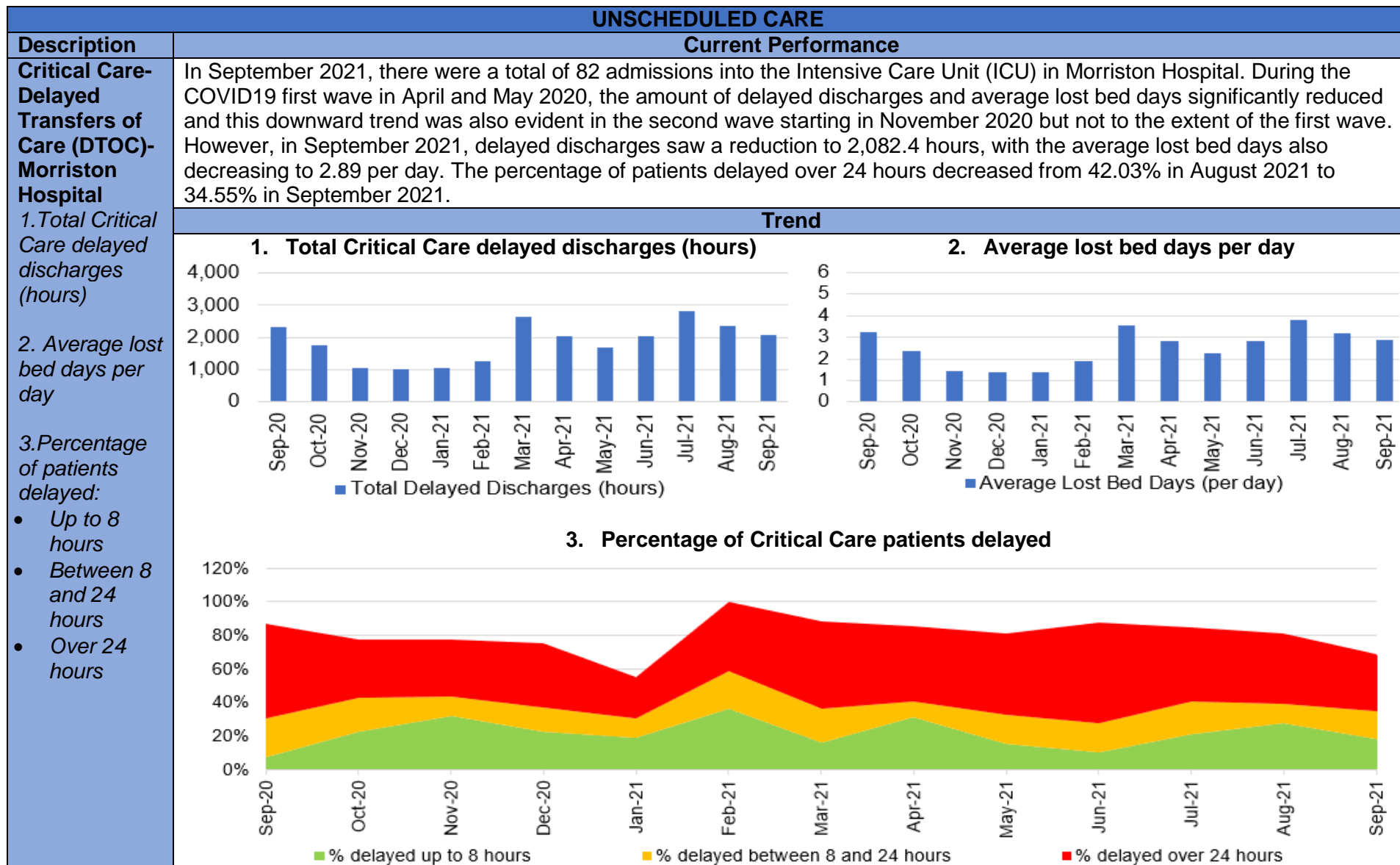


1. As outlined, proposed recovery trajectories have been submitted for unscheduled care in line with the requirements of the health Board Performance escalation framework.

The current A&E four-hour performance figures for September 2021 are sitting at 72.2%, which is currently tracking above the outlined trajectory.

2. The proposed 12-hour performance trajectory shows a consistent reduction in patients in the coming months, however 12-hour performance continues to decline.

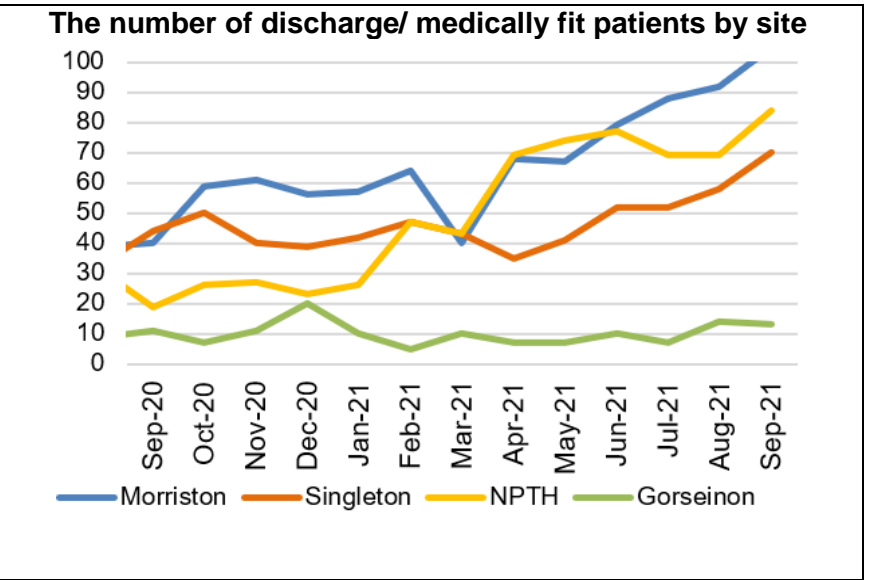
*A detailed recovery plan outlining key actions was shared in the September 2021 PFC agenda.*



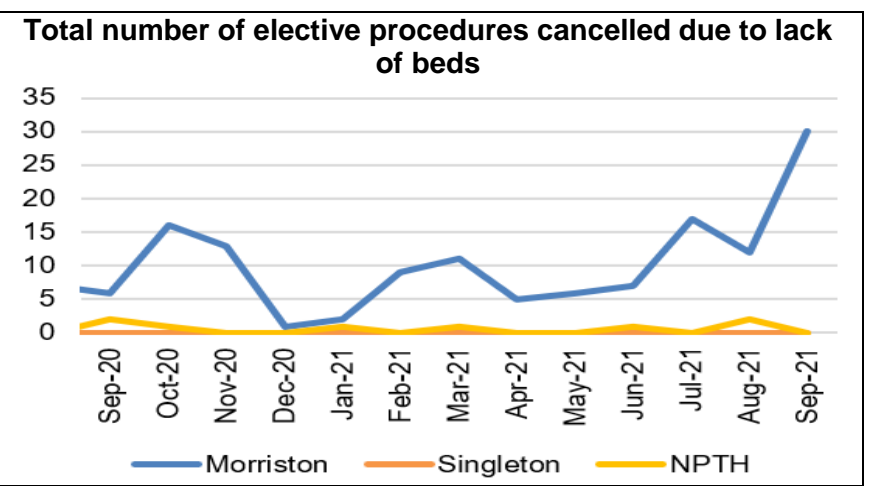
**UNSCHEDULED CARE**

Description	Current Performance	Trend
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<p><b>Medically Fit</b>  <i>The number of patients waiting at each site in the Health Board that are deemed discharge/medically fit</i></p>	<p>In September 2021, there were on average 272 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 September 2021 (272) now seeing the highest number of medically/ discharge fit patients in over two years.</p> <p>In September 2021, Morrison Hospital had the largest proportion of medically/ discharge fit patients with 105, followed by Neath Port Talbot Hospital with 84.</p>
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<p><b>Elective procedures cancelled due to lack of beds</b>  <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p>	<p>In September 2021, there were 30 elective procedures cancelled due to lack of beds on the day of surgery. This is 22 more cancellations than in September 2020 and 16 more than August 2021.</p> <p>All of the cancelled procedures were attributed to Morrison Hospital.</p>
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FRACTURED NECK OF FEMUR (#NOF)																																																																																																																																																																																																																																		
Description	Current Performance	Trend																																																																																																																																																																																																																																
<p><b>Fractured Neck of Femur (#NOF)</b></p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p><b>1. Prompt orthogeriatric assessment-</b> In August 2021, 88.2% of patients in Murrison hospital received an assessment by a senior geriatrician within 72 hours. This is 4.6% more than in August 2020.</p> <p><b>2. Prompt surgery-</b> In August 2021, 59.4% of patients had surgery the day following presentation with a hip fracture. This is an improvement from August 2020 which was 53.3%</p> <p><b>3. NICE compliant surgery-</b> 69.8% of operations were consistent with the NICE recommendations in August 2021. This is 0.5% less than in August 2020. In August 2021, Murrison was below the all-Wales average of 71.9%.</p> <p><b>4. Prompt mobilisation-</b> In August 2021, 74.4% of patients were out of bed the day after surgery. This is 1.2% less than in August 2020.</p>	<p><b>1. Prompt orthogeriatric assessment</b></p> <table border="1"> <caption>1. Prompt orthogeriatric assessment</caption> <thead> <tr> <th>Month</th> <th>Murrison (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. 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Ire (%)	Aug-20	83.6	69.6	80.0	Sep-20	83.6	69.6	80.0	Oct-20	83.6	69.6	80.0	Nov-20	83.6	69.6	80.0	Dec-20	83.6	69.6	80.0	Jan-21	83.6	69.6	80.0	Feb-21	83.6	69.6	80.0	Mar-21	83.6	69.6	80.0	Apr-21	83.6	69.6	80.0	May-21	83.6	69.6	80.0	Jun-21	83.6	69.6	80.0	Jul-21	83.6	69.6	80.0	Aug-21	88.2	69.6	80.0	Month	Murrison (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Aug-20	53.3	66.7	70.0	Sep-20	53.3	66.7	70.0	Oct-20	53.3	66.7	70.0	Nov-20	53.3	66.7	70.0	Dec-20	53.3	66.7	70.0	Jan-21	53.3	66.7	70.0	Feb-21	53.3	66.7	70.0	Mar-21	53.3	66.7	70.0	Apr-21	53.3	66.7	70.0	May-21	53.3	66.7	70.0	Jun-21	53.3	66.7	70.0	Jul-21	53.3	66.7	70.0	Aug-21	59.4	66.7	70.0	Month	Murrison (%)	All-Wales (%)	Eng, Wal & N. 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5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i>	5. <b>Not delirious when tested-</b> 77.7% of patients were not delirious in the week after their operation in August 2021. This is an improvement of 11% compared with August 2020.	<p><b>5. Not delirious when tested</b></p> <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Aug-20</td><td>65</td><td>50</td><td>60</td></tr> <tr><td>Sep-20</td><td>68</td><td>50</td><td>60</td></tr> <tr><td>Oct-20</td><td>70</td><td>50</td><td>60</td></tr> <tr><td>Nov-20</td><td>72</td><td>50</td><td>60</td></tr> <tr><td>Dec-20</td><td>75</td><td>50</td><td>60</td></tr> <tr><td>Jan-21</td><td>75</td><td>50</td><td>60</td></tr> <tr><td>Feb-21</td><td>75</td><td>50</td><td>60</td></tr> <tr><td>Mar-21</td><td>75</td><td>50</td><td>60</td></tr> <tr><td>Apr-21</td><td>75</td><td>50</td><td>60</td></tr> <tr><td>May-21</td><td>75</td><td>50</td><td>60</td></tr> <tr><td>Jun-21</td><td>75</td><td>50</td><td>60</td></tr> <tr><td>Jul-21</td><td>75</td><td>50</td><td>60</td></tr> <tr><td>Aug-21</td><td>78</td><td>50</td><td>60</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Aug-20	65	50	60	Sep-20	68	50	60	Oct-20	70	50	60	Nov-20	72	50	60	Dec-20	75	50	60	Jan-21	75	50	60	Feb-21	75	50	60	Mar-21	75	50	60	Apr-21	75	50	60	May-21	75	50	60	Jun-21	75	50	60	Jul-21	75	50	60	Aug-21	78	50	60
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6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. <b>Return to original residence-</b> 68.4% of patients in July 2021 were discharged back to their original residence. This is 8.8% less than in July 2020.	<p><b>6. Return to original residence</b></p> <table border="1"> <caption>6. Return to original residence - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jul-20</td><td>75</td><td>75</td><td>70</td></tr> <tr><td>Aug-20</td><td>75</td><td>75</td><td>70</td></tr> <tr><td>Sep-20</td><td>75</td><td>75</td><td>70</td></tr> <tr><td>Oct-20</td><td>75</td><td>75</td><td>70</td></tr> <tr><td>Nov-20</td><td>75</td><td>75</td><td>70</td></tr> <tr><td>Dec-20</td><td>75</td><td>75</td><td>70</td></tr> <tr><td>Jan-21</td><td>75</td><td>75</td><td>70</td></tr> <tr><td>Feb-21</td><td>75</td><td>75</td><td>70</td></tr> <tr><td>Mar-21</td><td>75</td><td>75</td><td>70</td></tr> <tr><td>Apr-21</td><td>75</td><td>75</td><td>70</td></tr> <tr><td>May-21</td><td>75</td><td>75</td><td>70</td></tr> <tr><td>Jun-21</td><td>75</td><td>75</td><td>70</td></tr> <tr><td>Jul-21</td><td>68</td><td>75</td><td>70</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jul-20	75	75	70	Aug-20	75	75	70	Sep-20	75	75	70	Oct-20	75	75	70	Nov-20	75	75	70	Dec-20	75	75	70	Jan-21	75	75	70	Feb-21	75	75	70	Mar-21	75	75	70	Apr-21	75	75	70	May-21	75	75	70	Jun-21	75	75	70	Jul-21	68	75	70
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7. <i>30 day mortality rate</i>	7. <b>30 day mortality rate-</b> In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.  * Updated data is currently not available, but is being reviewed.	<p><b>7. 30 day mortality rate</b></p> <table border="1"> <caption>7. 30 day mortality rate - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jan-20</td><td>7.8</td><td>7.2</td><td>6.8</td></tr> <tr><td>Feb-20</td><td>8.2</td><td>7.2</td><td>6.8</td></tr> <tr><td>Mar-20</td><td>8.5</td><td>7.2</td><td>6.8</td></tr> <tr><td>Apr-20</td><td>8.2</td><td>7.2</td><td>6.8</td></tr> <tr><td>May-20</td><td>8.2</td><td>7.2</td><td>6.8</td></tr> <tr><td>Jun-20</td><td>8.2</td><td>7.2</td><td>6.8</td></tr> <tr><td>Jul-20</td><td>8.2</td><td>7.2</td><td>6.8</td></tr> <tr><td>Aug-20</td><td>7.8</td><td>7.2</td><td>6.8</td></tr> <tr><td>Sep-20</td><td>7.8</td><td>7.2</td><td>6.8</td></tr> <tr><td>Oct-20</td><td>7.8</td><td>7.2</td><td>6.8</td></tr> <tr><td>Nov-20</td><td>7.8</td><td>7.2</td><td>6.8</td></tr> <tr><td>Dec-20</td><td>7.8</td><td>7.2</td><td>6.8</td></tr> <tr><td>Jan-21</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.8	7.2	6.8	Feb-20	8.2	7.2	6.8	Mar-20	8.5	7.2	6.8	Apr-20	8.2	7.2	6.8	May-20	8.2	7.2	6.8	Jun-20	8.2	7.2	6.8	Jul-20	8.2	7.2	6.8	Aug-20	7.8	7.2	6.8	Sep-20	7.8	7.2	6.8	Oct-20	7.8	7.2	6.8	Nov-20	7.8	7.2	6.8	Dec-20	7.8	7.2	6.8	Jan-21	7.5	6.9	7.6
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## HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																												
<p><b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b>  <i>Number of laboratory confirmed E.coli bacteraemia cases</i></p>	<ul style="list-style-type: none"> <li>• 21 cases of <i>E. coli</i> bacteraemia were identified in September 2021, of which 9 were hospital acquired and 25 were community acquired.</li> <li>• Cumulative cases from August 2021 to September 2021 are 16% lower than the equivalent period in 2020/21. (129 in 2021/22 compared with 150 in 2020/21).</li> </ul>	<p style="text-align: center;"><b>Number of healthcare acquired <i>E.coli</i> bacteraemia cases</b></p> <table border="1" style="display: none;"> <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>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> <tr><td>Sep-21</td><td>21</td></tr> </tbody> </table> <p style="text-align: center;">■ Number E.Coli cases (SBU)</p>	Month	Number of Cases	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	Sep-21	21
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Jun-21	28																													
Jul-21	23																													
Aug-21	34																													
Sep-21	21																													
<p><b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b>  <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i></p>	<ul style="list-style-type: none"> <li>• There were 17 cases of <i>Staph. aureus</i> bacteraemia in September 2021, of which 13 were hospital acquired and 3 were community acquired.</li> <li>• Cumulative cases from August 2021 to September 2021 are 8.9% lower than the equivalent period in 2020/21 (56 in 2021/22 compared with 61 in 2020/21).</li> </ul>	<p style="text-align: center;"><b>Number of healthcare acquired S.aureus bacteraemia cases</b></p> <table border="1" style="display: none;"> <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>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> <tr><td>Sep-21</td><td>17</td></tr> </tbody> </table> <p style="text-align: center;">■ Number of S.Aureus cases (SBU)</p>	Month	Number of Cases	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	Sep-21	17
Month	Number of Cases																													
Sep-20	14																													
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Jun-21	7																													
Jul-21	11																													
Aug-21	12																													
Sep-21	17																													

## HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																												
<p><b>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i></b>                      Number of laboratory confirmed <i>C.difficile</i> cases</p>	<ul style="list-style-type: none"> <li>There were 14 <i>Clostridium difficile</i> toxin positive cases in September 2021, of which 9 were hospital acquired and 5 were community acquired.</li> <li>Cumulative cases from August 2021 to September 2021 are 28.4% more than the equivalent period of 2020/21 (74 in 2021/22 compared with 53 in 2020/21).</li> </ul>	<p style="text-align: center;"><b>Number of healthcare acquired C.difficile cases</b></p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Cases</th> </tr> </thead> <tbody> <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> <tr><td>Sep-21</td><td>14</td></tr> </tbody> </table> <p style="text-align: center;">■ Number of C.diff cases (SBU)</p>	Month	Number of Cases	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	Sep-21	14
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Jun-21	12																													
Jul-21	23																													
Aug-21	22																													
Sep-21	14																													
<p><b>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i></b>                      Number of laboratory confirmed <i>Klebsiella sp</i> cases</p>	<ul style="list-style-type: none"> <li>There were 11 cases of <i>Klebsiella sp</i> in September 2021, of which 8 were hospital acquired and 3 were community acquired.</li> <li>Cumulative cases from August 2021 to September 2021 are 4.7% lower than the equivalent period in 2020/21 (43 in 2021/22 compared with 45 in 2020/21).</li> </ul>	<p style="text-align: center;"><b>Number of healthcare acquired Klebsiella cases</b></p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Cases</th> </tr> </thead> <tbody> <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> <tr><td>Sep-21</td><td>11</td></tr> </tbody> </table> <p style="text-align: center;">■ Number of Klebsiella cases (SBU)</p>	Month	Number of Cases	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	Sep-21	11
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## HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																												
<p><b>Healthcare Acquired Infections (HCAI)-<i>Aeruginosa</i></b>  <i>Number of laboratory confirmed <i>Aeruginosa</i> cases</i></p>	<ul style="list-style-type: none"> <li>There were 2 cases of <i>P.Aeruginosa</i> bacteraemia reported in September 2021.</li> <li>Cumulative cases from August 2021 to September 2021 are 80% more than the equivalent period in 2020/21.</li> </ul>	<p><b>Number of healthcare acquired <i>Pseudomonas</i> cases</b></p> <table border="1"> <caption>Number of healthcare acquired <i>Pseudomonas</i> cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Cases</th> </tr> </thead> <tbody> <tr><td>Sep-20</td><td>0</td></tr> <tr><td>Oct-20</td><td>2</td></tr> <tr><td>Nov-20</td><td>2</td></tr> <tr><td>Dec-20</td><td>1</td></tr> <tr><td>Jan-21</td><td>1</td></tr> <tr><td>Feb-21</td><td>1</td></tr> <tr><td>Mar-21</td><td>1</td></tr> <tr><td>Apr-21</td><td>3</td></tr> <tr><td>May-21</td><td>1</td></tr> <tr><td>Jun-21</td><td>2</td></tr> <tr><td>Jul-21</td><td>1</td></tr> <tr><td>Aug-21</td><td>2</td></tr> <tr><td>Sep-21</td><td>2</td></tr> </tbody> </table>	Month	Number of Cases	Sep-20	0	Oct-20	2	Nov-20	2	Dec-20	1	Jan-21	1	Feb-21	1	Mar-21	1	Apr-21	3	May-21	1	Jun-21	2	Jul-21	1	Aug-21	2	Sep-21	2
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Sep-21	2																													

## PRESSURE ULCERS

Description	Current Performance	Trend																																																								
<p><b>Number of pressure ulcers</b>  <i>1. Total number of pressure ulcers developed in hospital and in the community</i></p> <p><i>2. Rate of pressure ulcers per 100,000 admissions</i></p>	<ul style="list-style-type: none"> <li>In August 2021 there were 87 cases of healthcare acquired pressure ulcers, 34 of which were community acquired and 53 were hospital acquired.</li> <li>There were 10 grade 3+ pressure ulcers in August 2021, of which 8 were community acquired and 2 were hospital acquired.</li> <li>The rate per 100,000 admissions decreased from 853 in August 2021 to 767 in September 2021.</li> </ul>	<p><b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b></p> <table border="1"> <caption>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</caption> <thead> <tr> <th>Month</th> <th>Community Acquired</th> <th>Hospital Acquired</th> <th>Rate per 100,000 Admissions</th> </tr> </thead> <tbody> <tr><td>Aug-20</td><td>25</td><td>35</td><td>750</td></tr> <tr><td>Sep-20</td><td>22</td><td>43</td><td>853</td></tr> <tr><td>Oct-20</td><td>28</td><td>52</td><td>767</td></tr> <tr><td>Nov-20</td><td>25</td><td>45</td><td>767</td></tr> <tr><td>Dec-20</td><td>20</td><td>60</td><td>767</td></tr> <tr><td>Jan-21</td><td>25</td><td>48</td><td>767</td></tr> <tr><td>Feb-21</td><td>25</td><td>45</td><td>767</td></tr> <tr><td>Mar-21</td><td>20</td><td>40</td><td>767</td></tr> <tr><td>Apr-21</td><td>25</td><td>55</td><td>767</td></tr> <tr><td>May-21</td><td>20</td><td>52</td><td>767</td></tr> <tr><td>Jun-21</td><td>20</td><td>55</td><td>767</td></tr> <tr><td>Jul-21</td><td>25</td><td>55</td><td>767</td></tr> <tr><td>Aug-21</td><td>34</td><td>53</td><td>767</td></tr> </tbody> </table>	Month	Community Acquired	Hospital Acquired	Rate per 100,000 Admissions	Aug-20	25	35	750	Sep-20	22	43	853	Oct-20	28	52	767	Nov-20	25	45	767	Dec-20	20	60	767	Jan-21	25	48	767	Feb-21	25	45	767	Mar-21	20	40	767	Apr-21	25	55	767	May-21	20	52	767	Jun-21	20	55	767	Jul-21	25	55	767	Aug-21	34	53	767
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SERIOUS INCIDENTS		
Description	Current Performance	Trend
<b>Serious Incidents-</b> 1. The number of serious incidents  2. The number of Never Events  3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	1. The Health Board reported 5 Serious Incidents for the month of September 2021 to Welsh Government. The breakdown of incidents in September 2021 are set out below: - Morrision – 2 - Neath port Talbot – 1 - Singleton - 2	<b>1. and 2. Number of serious incidents and never events</b> 
	2. There were no new Never Event's reported in September 2021.	<b>3. % of serious incidents closed within 60 days</b> 
	3. In September 2021, performance against the 80% target of submitting closure forms within 60 working days cannot be reported as there were no of the closure forms due to be submitted to Welsh Government.	* 0% compliance in June, July, October and November 2020 and January, March, April, May and June 2021

INPATIENT FALLS																														
Description	Current Performance	Trend																												
<p><b>Inpatient Falls</b> <i>The total number of inpatient falls</i></p>	<ul style="list-style-type: none"> <li>The number of Falls reported via Datix web for Swansea Bay UHB was 207 in September 2021. This is 5.8% less than September 2020 where 219 falls were recorded.</li> </ul>	<p><b>Number of inpatient Falls</b></p> <table border="1"> <caption>Number of inpatient Falls (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Inpatient falls</th> </tr> </thead> <tbody> <tr><td>Sep-20</td><td>219</td></tr> <tr><td>Oct-20</td><td>190</td></tr> <tr><td>Nov-20</td><td>245</td></tr> <tr><td>Dec-20</td><td>245</td></tr> <tr><td>Jan-21</td><td>205</td></tr> <tr><td>Feb-21</td><td>180</td></tr> <tr><td>Mar-21</td><td>175</td></tr> <tr><td>Apr-21</td><td>180</td></tr> <tr><td>May-21</td><td>230</td></tr> <tr><td>Jun-21</td><td>175</td></tr> <tr><td>Jul-21</td><td>195</td></tr> <tr><td>Aug-21</td><td>200</td></tr> <tr><td>Sep-21</td><td>207</td></tr> </tbody> </table>	Month	Inpatient falls	Sep-20	219	Oct-20	190	Nov-20	245	Dec-20	245	Jan-21	205	Feb-21	180	Mar-21	175	Apr-21	180	May-21	230	Jun-21	175	Jul-21	195	Aug-21	200	Sep-21	207
Month	Inpatient falls																													
Sep-20	219																													
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DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<p><b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i></p>	<p>The latest data shows that in September 2021, the percentage of completed discharge summaries was 68%.</p> <p>In September 2021, compliance ranged from 61% in Singleton Hospital to 86% in Mental Health &amp; Learning Disabilities.</p>	<p><b>% discharge summaries approved and sent</b></p> <table border="1"> <caption>% discharge summaries approved and sent (Estimated)</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <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>66%</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>61%</td></tr> <tr><td>Sep-21</td><td>68%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	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	66%	Jun-21	70%	Jul-21	62%	Aug-21	61%	Sep-21	68%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
<b>Crude Mortality Rate</b>	<p>August 2021 reports the crude mortality rate for the Health Board at 1.02% compared with 1.03% in July 2021.</p> <p>A breakdown by Hospital for August 2021:</p> <ul style="list-style-type: none"> <li>• Morriston – 1.7%</li> <li>• Singleton – 0.53%</li> <li>• NPT – 0.23%</li> </ul>	<p><b>Crude hospital mortality rate by Hospital (74 years of age or less)</b></p> <table border="1"> <caption>Estimated data for 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>Aug-20</td><td>1.5</td><td>0.4</td><td>0.2</td><td>0.8</td></tr> <tr><td>Sep-20</td><td>1.5</td><td>0.4</td><td>0.2</td><td>0.9</td></tr> <tr><td>Oct-20</td><td>1.6</td><td>0.4</td><td>0.2</td><td>0.9</td></tr> <tr><td>Nov-20</td><td>1.7</td><td>0.4</td><td>0.2</td><td>1.0</td></tr> <tr><td>Dec-20</td><td>1.8</td><td>0.4</td><td>0.2</td><td>1.0</td></tr> <tr><td>Jan-21</td><td>1.9</td><td>0.5</td><td>0.2</td><td>1.1</td></tr> <tr><td>Feb-21</td><td>2.0</td><td>0.5</td><td>0.2</td><td>1.1</td></tr> <tr><td>Mar-21</td><td>1.8</td><td>0.4</td><td>0.2</td><td>1.0</td></tr> <tr><td>Apr-21</td><td>1.7</td><td>0.4</td><td>0.2</td><td>1.0</td></tr> <tr><td>May-21</td><td>1.7</td><td>0.4</td><td>0.2</td><td>1.0</td></tr> <tr><td>Jun-21</td><td>1.7</td><td>0.4</td><td>0.2</td><td>1.0</td></tr> <tr><td>Jul-21</td><td>1.7</td><td>0.4</td><td>0.2</td><td>1.0</td></tr> <tr><td>Aug-21</td><td>1.7</td><td>0.5</td><td>0.2</td><td>1.0</td></tr> </tbody> </table>	Month	Morriston Hospital (%)	Singleton Hospital (%)	NPT Hospital (%)	HB Total (%)	Aug-20	1.5	0.4	0.2	0.8	Sep-20	1.5	0.4	0.2	0.9	Oct-20	1.6	0.4	0.2	0.9	Nov-20	1.7	0.4	0.2	1.0	Dec-20	1.8	0.4	0.2	1.0	Jan-21	1.9	0.5	0.2	1.1	Feb-21	2.0	0.5	0.2	1.1	Mar-21	1.8	0.4	0.2	1.0	Apr-21	1.7	0.4	0.2	1.0	May-21	1.7	0.4	0.2	1.0	Jun-21	1.7	0.4	0.2	1.0	Jul-21	1.7	0.4	0.2	1.0	Aug-21	1.7	0.5	0.2	1.0
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## 5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

### 5.1 Overview

		Harm from reduction in non-Covid activity																
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					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	Sep-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%	58.4%	45.5%
		Planned Care																
Number of patients waiting > 26 weeks for outpatient appointment*	Morrison	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	15,092
	NPTH				181	208	129	75	49	61	111	73	92	157	228	271	335	407
	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	8,447
	PC&CS				165	231	231	230	251	233	221	232	235	169	131	105	65	51
	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	23,997
Number of patients waiting > 36 weeks for treatment*	Morrison	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	23,214
	NPTH				15	17	33	48	42	41	43	45	46	45	57	98	167	189
	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	11,764
	PC&CS				66	82	153	220	247	219	204	196	181	115	119	82	53	43
	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	35,711
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	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	3,528
	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	2,204
	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	5,732
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	0
	PC&CS				1,373	1,212	1,025	718	615	457	362	309	183	157	156	0	0	0
	Total				1,518	1,350	1,135	817	708	584	491	369	201	166	171	0	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	Aug-21	Sep-21
<b>Planned Care</b>																		
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	130,208	127,391	130,963
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	31,316	29,770	32,574
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	60,340
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	702
Number of patients without a documented clinical review date	Total	0			65	95	43	55	90	32	25	14	9	5	6	5	6	7
<b>Patient Experience/ Feedback</b>																		
Number of friends and family surveys completed	PCCS	12 month improvement trend			220	239	208	231	84	144	97	255		159	532	79	245	213
	MH&LD				34	49	48	82	56	22	8	11		3	0	0	59	18
	Morrison				174	679	269	155	152	168	211	326		1,330	934	699	642	995
	NPTH				24	62	40	24	18	43	31	16			0	0	0	0
	Singleton				207	1,824	530	377	330	323	459	453		3,098	1,808	1,029	1,106	1,452
	<b>Total</b>				<b>625</b>	<b>2,804</b>	<b>1,047</b>	<b>787</b>	<b>584</b>	<b>678</b>	<b>798</b>	<b>1,050</b>		<b>4,590</b>	<b>3,297</b>	<b>1,912</b>	<b>2,075</b>	<b>2,025</b>
% of patients who would recommend and highly recommend	PCCS	90%	80%		79%	74%	65%	80%	62%	76%	77%	90%		100%	100%	89%	94%	90%
	MH&LD				41%	39%	19%	41%	21%	36%	88%	73%		100%	0%	0%	93%	94%
	Morrison				83%	91%	82%	86%	70%	76%	82%	86%		96%	97%	93%	92%	93%
	NPTH				92%	94%	90%	75%	67%	58%	32%	75%			0%	0%	0%	0%
	Singleton				87%	96%	88%	87%	85%	85%	92%	87%		97%	97%	91%	92%	90%
	<b>Total</b>				<b>83%</b>	<b>93%</b>	<b>82%</b>	<b>84%</b>	<b>77%</b>	<b>79%</b>	<b>85%</b>	<b>87%</b>		<b>96%</b>	<b>97%</b>	<b>92%</b>	<b>92%</b>	<b>92%</b>
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		83%	100%	100%	80%	67%	90%	100%	100%		100%	-		95%	92%
	MH&LD				100%	100%	100%	-	-	-	-	50%		0%	0%		0%	0%
	Morrison				80%	79%	58%	100%	33%	80%	71%	90%		93%	97%		96%	96%
	NPTH				100%	90%	100%	-	67%	67%	100%	100%			0%		0%	0%
	Singleton				82%	79%	90%	86%	80%	77%	95%	92%		93%	97%		95%	96%
	<b>Total</b>				<b>83%</b>	<b>84%</b>	<b>79%</b>	<b>85%</b>	<b>65%</b>	<b>81%</b>	<b>94%</b>	<b>93%</b>		<b>92%</b>	<b>96%</b>		<b>92%</b>	<b>96%</b>
Number of new complaints received	PCCS	12 month reduction trend			10	18	22	24	24	9	10	22	8	16	16	18	0	0
	MH&LD				10	10	20	13	6	11	15	10	26	15	19	24	0	0
	Morrison				31	51	44	40	38	33	40	50	23	53	69	51	0	0
	NPTH				2	7	6	7	1	7	6	7	4	3	10	6	0	0
	Singleton				17	24	25	20	20	15	20	24	24	23	31	28	0	0
	<b>Total</b>				<b>74</b>	<b>107</b>	<b>121</b>	<b>103</b>	<b>83</b>	<b>78</b>	<b>94</b>	<b>117</b>	<b>100</b>	<b>115</b>	<b>159</b>	<b>139</b>	<b>0</b>	<b>0</b>
% 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%						
	<b>Total</b>				<b>72%</b>	<b>82%</b>	<b>75%</b>	<b>82%</b>	<b>80%</b>	<b>71%</b>	<b>80%</b>	<b>81%</b>						

### 5.3 Updates on key measures

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

**PLANNED CARE**

**Description**

**Current Performance**

**Outpatient waiting times**

The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. September 2021 saw an in-month increase in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 23,444 in August 2021 to 23,997 in September 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 and is now remaining steady.

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

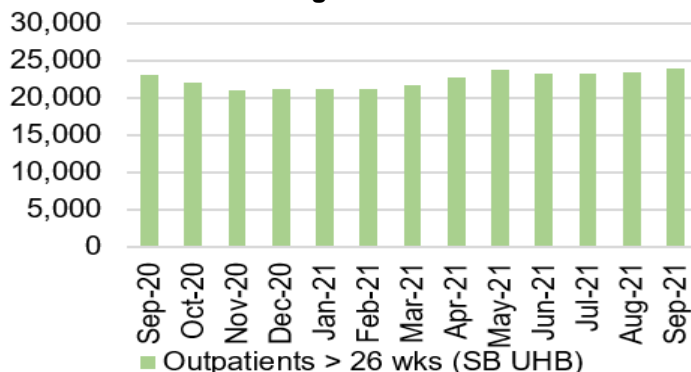
2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level

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

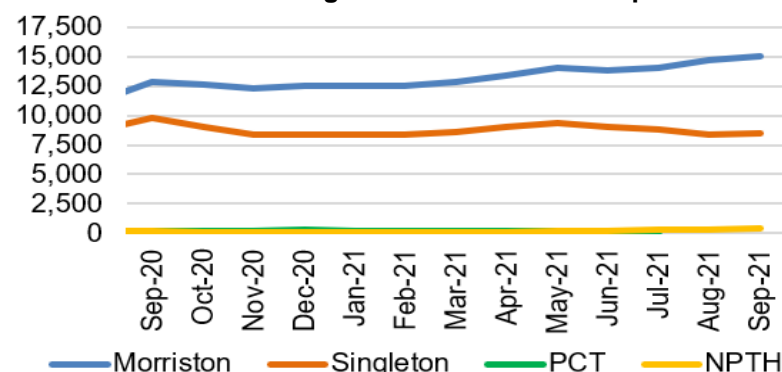
4. Outpatient activity undertaken

**Trend**

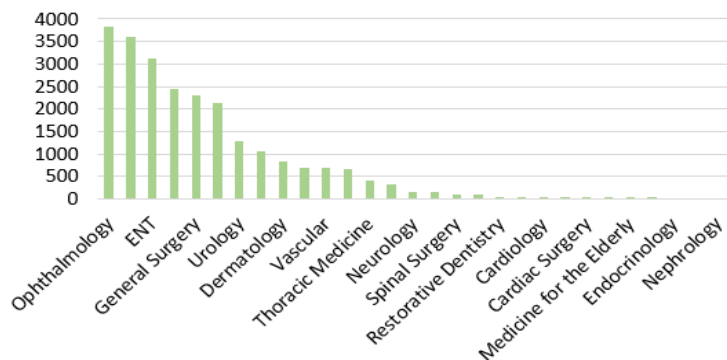
**1. Number of stage 1 over 26 weeks- HB total**



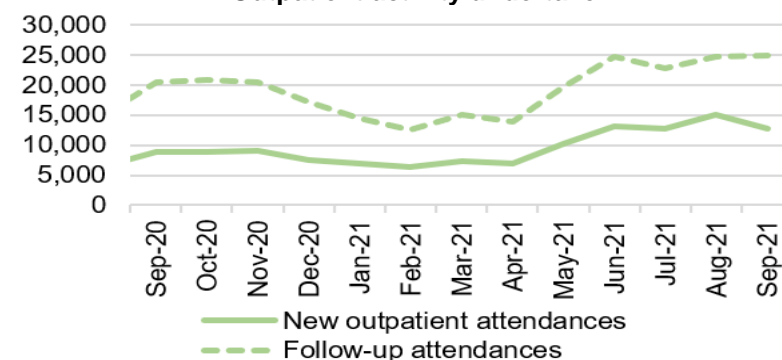
**2. Number of stage 1 over 26 weeks- Hospital level**



**3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at September 2021**



**4. Outpatient activity undertaken**



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

PLANNED CARE																																																																																																		
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<p><b>Patients waiting over 36 weeks for treatment</b></p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Hospital level</p> <p>3. Number of elective admissions</p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. 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 September 2021, there was 35,711 patients waiting over 36 weeks which is a 0.8% in-month decrease from August 2021. 26,659 of the 35,711 were waiting over 52 weeks in September 2021.</p>																																																																																																	
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<p><b>Total waiting times</b> Percentage of patients waiting less than 26 weeks from referral to treatment</p>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In September 2021, 48.1% of patients were waiting under 26 weeks from referral to treatment, which is an decrease from August 2021.</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p> <table border="1"> <caption>Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PCT</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Sep-20</td><td>35%</td><td>40%</td><td>30%</td><td>75%</td></tr> <tr><td>Oct-20</td><td>38%</td><td>45%</td><td>35%</td><td>85%</td></tr> <tr><td>Nov-20</td><td>40%</td><td>48%</td><td>40%</td><td>90%</td></tr> <tr><td>Dec-20</td><td>40%</td><td>48%</td><td>40%</td><td>95%</td></tr> <tr><td>Jan-21</td><td>40%</td><td>48%</td><td>40%</td><td>90%</td></tr> <tr><td>Feb-21</td><td>40%</td><td>48%</td><td>40%</td><td>85%</td></tr> <tr><td>Mar-21</td><td>40%</td><td>48%</td><td>40%</td><td>90%</td></tr> <tr><td>Apr-21</td><td>40%</td><td>48%</td><td>40%</td><td>85%</td></tr> <tr><td>May-21</td><td>40%</td><td>48%</td><td>40%</td><td>80%</td></tr> <tr><td>Jun-21</td><td>40%</td><td>48%</td><td>45%</td><td>80%</td></tr> <tr><td>Jul-21</td><td>40%</td><td>48%</td><td>55%</td><td>75%</td></tr> <tr><td>Aug-21</td><td>40%</td><td>48%</td><td>65%</td><td>75%</td></tr> <tr><td>Sep-21</td><td>40%</td><td>48%</td><td>75%</td><td>75%</td></tr> </tbody> </table>	Month	Morriston	Singleton	PCT	NPTH	Sep-20	35%	40%	30%	75%	Oct-20	38%	45%	35%	85%	Nov-20	40%	48%	40%	90%	Dec-20	40%	48%	40%	95%	Jan-21	40%	48%	40%	90%	Feb-21	40%	48%	40%	85%	Mar-21	40%	48%	40%	90%	Apr-21	40%	48%	40%	85%	May-21	40%	48%	40%	80%	Jun-21	40%	48%	45%	80%	Jul-21	40%	48%	55%	75%	Aug-21	40%	48%	65%	75%	Sep-21	40%	48%	75%	75%
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<p><b>Ophthalmology waiting times</b> Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p>	<p>In September 2021, 47.9% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21 and this appears to be continuing into 2021/22.</p>	<p><b>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</b></p> <table border="1"> <caption>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</caption> <thead> <tr> <th>Month</th> <th>% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Sep-20</td><td>45%</td><td>100%</td></tr> <tr><td>Oct-20</td><td>45%</td><td>100%</td></tr> <tr><td>Nov-20</td><td>45%</td><td>100%</td></tr> <tr><td>Dec-20</td><td>45%</td><td>100%</td></tr> <tr><td>Jan-21</td><td>45%</td><td>100%</td></tr> <tr><td>Feb-21</td><td>45%</td><td>100%</td></tr> <tr><td>Mar-21</td><td>45%</td><td>100%</td></tr> <tr><td>Apr-21</td><td>45%</td><td>100%</td></tr> <tr><td>May-21</td><td>45%</td><td>100%</td></tr> <tr><td>Jun-21</td><td>45%</td><td>100%</td></tr> <tr><td>Jul-21</td><td>45%</td><td>100%</td></tr> <tr><td>Aug-21</td><td>45%</td><td>100%</td></tr> <tr><td>Sep-21</td><td>47.9%</td><td>100%</td></tr> </tbody> </table>	Month	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	Target	Sep-20	45%	100%	Oct-20	45%	100%	Nov-20	45%	100%	Dec-20	45%	100%	Jan-21	45%	100%	Feb-21	45%	100%	Mar-21	45%	100%	Apr-21	45%	100%	May-21	45%	100%	Jun-21	45%	100%	Jul-21	45%	100%	Aug-21	45%	100%	Sep-21	47.9%	100%																												
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This is an increase from 40% in August 2021 and an increase of 7% from September 2020.</p>	<p><b>1. Theatre Utilisation Rates</b></p> <table border="1"> <caption>1. Theatre Utilisation Rates (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Sep-20</td><td>72</td></tr> <tr><td>Oct-20</td><td>75</td></tr> <tr><td>Nov-20</td><td>70</td></tr> <tr><td>Dec-20</td><td>65</td></tr> <tr><td>Jan-21</td><td>68</td></tr> <tr><td>Feb-21</td><td>72</td></tr> <tr><td>Mar-21</td><td>75</td></tr> <tr><td>Apr-21</td><td>78</td></tr> <tr><td>May-21</td><td>75</td></tr> <tr><td>Jun-21</td><td>72</td></tr> <tr><td>Jul-21</td><td>70</td></tr> <tr><td>Aug-21</td><td>68</td></tr> <tr><td>Sep-21</td><td>72</td></tr> </tbody> </table> <p><b>2. and 3. % theatre sessions starting late/finishing early</b></p> <table border="1"> <caption>2. and 3. % 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>Sep-20</td><td>49</td><td>46</td></tr> <tr><td>Oct-20</td><td>45</td><td>42</td></tr> <tr><td>Nov-20</td><td>48</td><td>45</td></tr> <tr><td>Dec-20</td><td>45</td><td>42</td></tr> <tr><td>Jan-21</td><td>42</td><td>45</td></tr> <tr><td>Feb-21</td><td>45</td><td>48</td></tr> <tr><td>Mar-21</td><td>42</td><td>45</td></tr> <tr><td>Apr-21</td><td>45</td><td>48</td></tr> <tr><td>May-21</td><td>42</td><td>45</td></tr> <tr><td>Jun-21</td><td>45</td><td>48</td></tr> <tr><td>Jul-21</td><td>42</td><td>45</td></tr> <tr><td>Aug-21</td><td>45</td><td>48</td></tr> <tr><td>Sep-21</td><td>42</td><td>46</td></tr> </tbody> </table> <p><b>4.% theatre sessions cancelled at short notice (&lt;28 days)</b></p> <table border="1"> <caption>4.% theatre sessions cancelled at short notice (&lt;28 days)</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>NPTH (%)</th> <th>Singleton (%)</th> </tr> </thead> <tbody> <tr><td>Sep-20</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>Oct-20</td><td>5</td><td>20</td><td>5</td></tr> <tr><td>Nov-20</td><td>5</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>5</td><td>55</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>5</td><td>5</td></tr> <tr><td>Aug-21</td><td>15</td><td>5</td><td>5</td></tr> <tr><td>Sep-21</td><td>5</td><td>10</td><td>5</td></tr> </tbody> </table> <p><b>5. % of operations cancelled on the day</b></p> <table border="1"> <caption>5. % of operations cancelled on the day</caption> <thead> <tr> <th>Month</th> <th>% operations cancelled on the day (%)</th> </tr> </thead> <tbody> <tr><td>Sep-20</td><td>43</td></tr> <tr><td>Oct-20</td><td>40</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> <tr><td>Sep-21</td><td>43</td></tr> </tbody> </table>	Month	Utilisation Rate (%)	Sep-20	72	Oct-20	75	Nov-20	70	Dec-20	65	Jan-21	68	Feb-21	72	Mar-21	75	Apr-21	78	May-21	75	Jun-21	72	Jul-21	70	Aug-21	68	Sep-21	72	Month	Late Starts (%)	Early Finishes (%)	Sep-20	49	46	Oct-20	45	42	Nov-20	48	45	Dec-20	45	42	Jan-21	42	45	Feb-21	45	48	Mar-21	42	45	Apr-21	45	48	May-21	42	45	Jun-21	45	48	Jul-21	42	45	Aug-21	45	48	Sep-21	42	46	Month	Morriston (%)	NPTH (%)	Singleton (%)	Sep-20	5	5	5	Oct-20	5	20	5	Nov-20	5	10	5	Dec-20	20	40	5	Jan-21	5	55	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	5	5	Aug-21	15	5	5	Sep-21	5	10	5	Month	% operations cancelled on the day (%)	Sep-20	43	Oct-20	40	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	Sep-21	43
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<p><b>Diagnostics waiting times</b>  <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In September 2021, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,523 in August 2021 to 5,732 in September 2021.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for September 2021:</p> <ul style="list-style-type: none"> <li>• Endoscopy= 2,204</li> <li>• Cardiac tests= 1,967</li> <li>• Cystoscopy= 17</li> </ul>	<p><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p> <table border="1"> <caption>Estimated data for Number of patients waiting longer than 8 weeks for diagnostics</caption> <thead> <tr> <th>Month</th> <th>Cardiac tests</th> <th>Endoscopy</th> <th>Other diagnostics (inc. radiology)</th> </tr> </thead> <tbody> <tr><td>Sep-20</td><td>2,200</td><td>1,500</td><td>3,800</td></tr> <tr><td>Oct-20</td><td>1,500</td><td>2,000</td><td>3,000</td></tr> <tr><td>Nov-20</td><td>1,500</td><td>2,000</td><td>3,000</td></tr> <tr><td>Dec-20</td><td>1,500</td><td>2,200</td><td>2,800</td></tr> <tr><td>Jan-21</td><td>1,300</td><td>2,200</td><td>2,500</td></tr> <tr><td>Feb-21</td><td>1,300</td><td>2,000</td><td>1,500</td></tr> <tr><td>Mar-21</td><td>1,300</td><td>2,000</td><td>1,200</td></tr> <tr><td>Apr-21</td><td>1,500</td><td>2,100</td><td>1,200</td></tr> <tr><td>May-21</td><td>1,500</td><td>2,100</td><td>1,100</td></tr> <tr><td>Jun-21</td><td>1,800</td><td>2,000</td><td>1,300</td></tr> <tr><td>Jul-21</td><td>1,800</td><td>2,000</td><td>1,300</td></tr> <tr><td>Aug-21</td><td>1,900</td><td>2,000</td><td>1,600</td></tr> <tr><td>Sep-21</td><td>1,967</td><td>2,204</td><td>17</td></tr> </tbody> </table>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Sep-20	2,200	1,500	3,800	Oct-20	1,500	2,000	3,000	Nov-20	1,500	2,000	3,000	Dec-20	1,500	2,200	2,800	Jan-21	1,300	2,200	2,500	Feb-21	1,300	2,000	1,500	Mar-21	1,300	2,000	1,200	Apr-21	1,500	2,100	1,200	May-21	1,500	2,100	1,100	Jun-21	1,800	2,000	1,300	Jul-21	1,800	2,000	1,300	Aug-21	1,900	2,000	1,600	Sep-21	1,967	2,204	17																																																								
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Nov-20	191	111	18	0	0	0	0																																																																																																											
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## CANCER

### Description

#### 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 (May 2020)

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

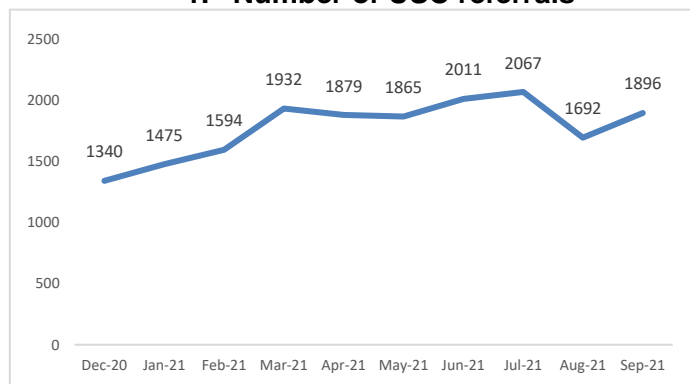
\*Current dashboard not producing updated data\*

### Current Performance

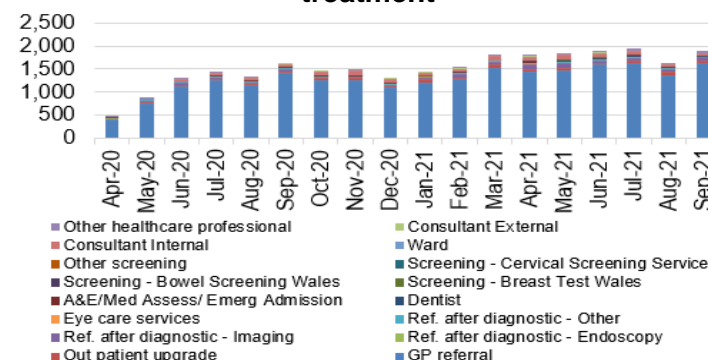
The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020. The shape of the waiting list shows that there is a significant “wave” of patients that are likely to breach in the near future, there is also an increased number of referrals being received in comparison with previous years. Performance against the escalation trajectories can be found on page 47.

### Trend

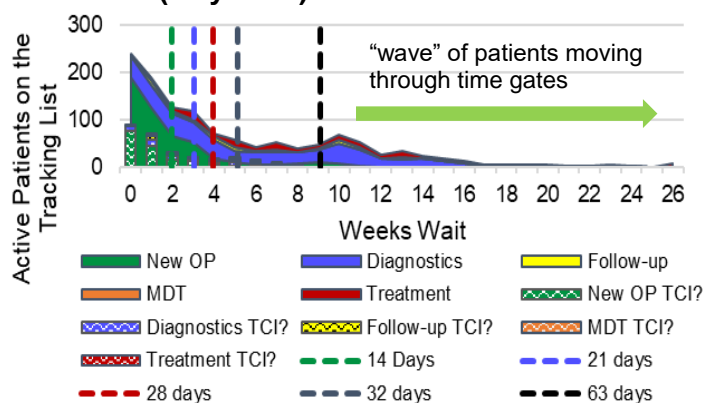
#### 1. Number of USC referrals



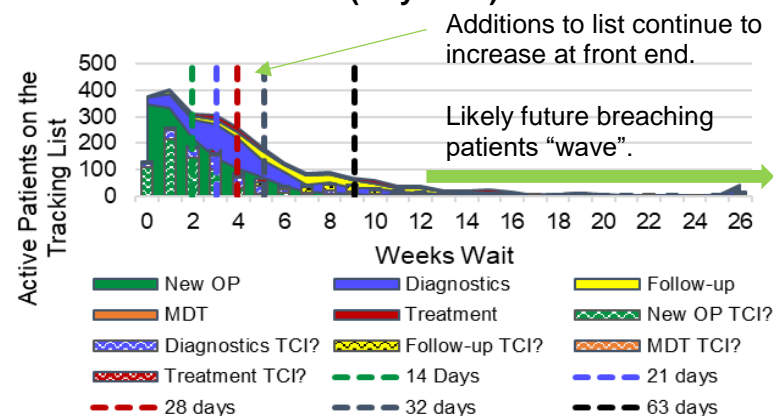
#### 2. Source of suspicion for patients starting cancer treatment



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



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



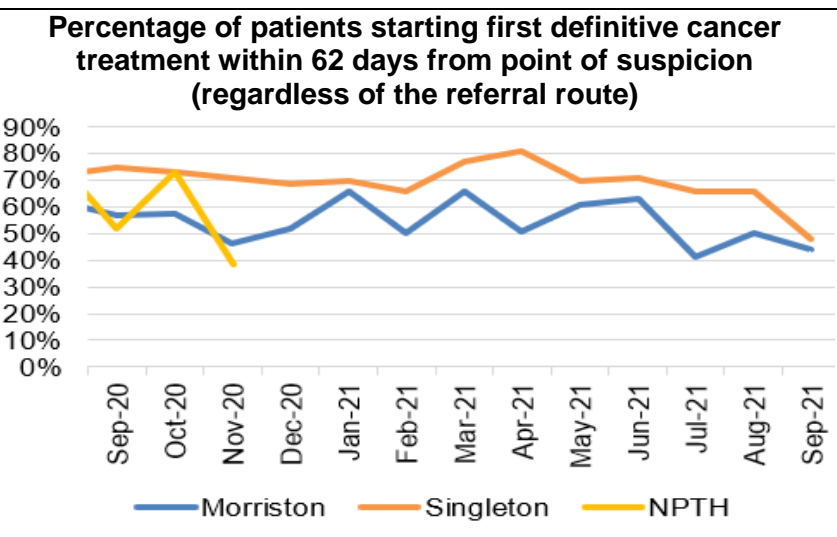
**CANCER**

Description	Current Performance	Trend
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**Single Cancer Pathway**  
*Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)*

September 2021 figures will be finalised on the 31<sup>st</sup> October 2021.  
 Draft figures indicate a possible achievement of 52% of patients starting treatment within 62 days of the suspicion of cancer first being raised (unadjusted pathway). The number of patients treated in September 2021 is outlined below by tumour site (draft figures).

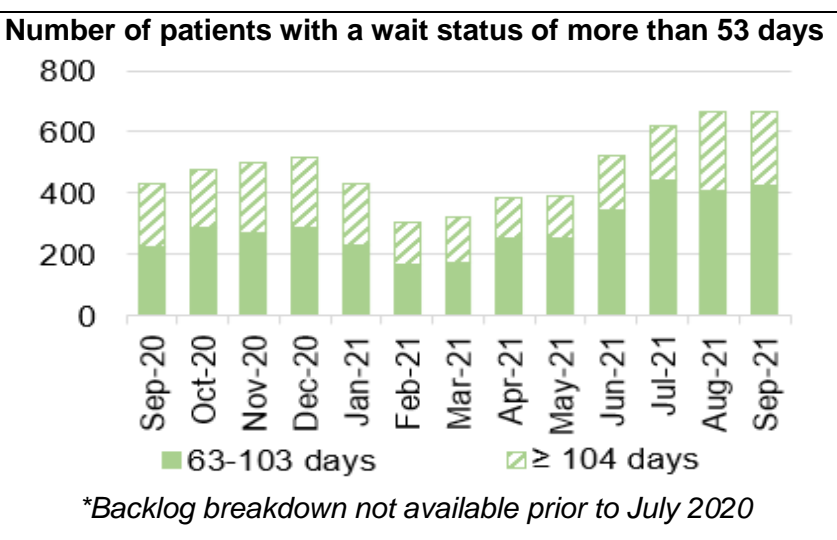
Tumour Site	Breaches	Tumour Site	Breaches
Urological	19	Upper GI	9
Head and Neck	7	Gynaecological	7
Lower GI	14	Haematological	5
Lung	12	Sarcoma	1
Breast	10	Brain/CNS	0
Skin	6		



**Single Cancer Pathway backlog**  
*The number of patients with an active wait status of more than 63 days*

Data shown is for the beginning of October 2021 - backlog by tumour site:

Tumour Site	63 - 103 days	≥104 days
Acute Leukaemia	0	0
Brain/CNS	0	0
Breast	28	13
Children's cancer	0	0
Gynaecological	38	13
Haematological	7	5
Head and neck	26	6
Lower Gastrointestinal	196	128
Lung	6	8
Other	3	0
Sarcoma	2	4
Skin(c)	11	4
Upper Gastrointestinal	39	17
Urological	66	40
<b>Grand Total</b>	<b>422</b>	<b>245</b>



**CANCER**

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

To date, early October 2021 figures show total wait volumes have decreased by 27%, which can be attributed to a change in the data recording following the introduction of a new category of patients who are first reviewed in a 'diagnostic one stop' outpatient appointment.

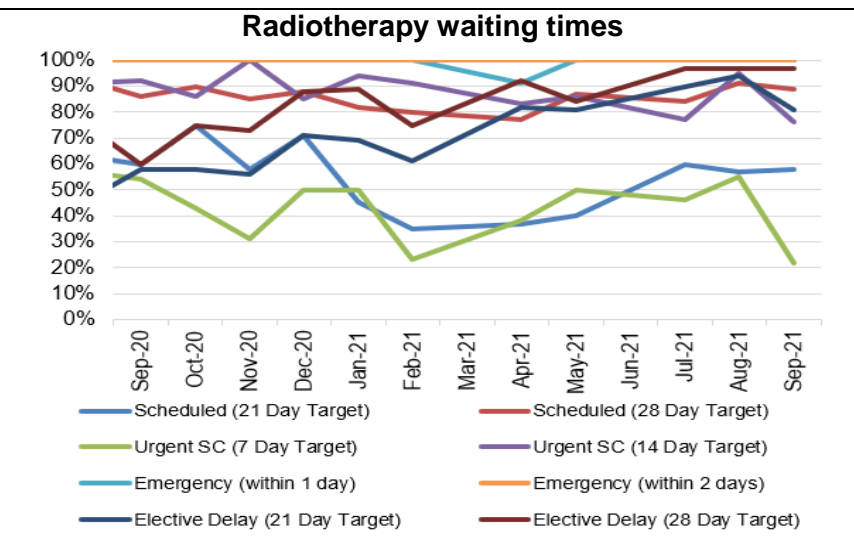
**The number of patients waiting for a first outpatient appointment (by total days waiting) – Start of October 2021**

FIRST OPA	03-Oct	10-Oct	% change
Acute Leukaemia	0	0	0%
Brain/CNS	1	0	-100%
Breast	76	11	-86%
Children's Cancer	0	0	0%
Gynaecological	71	54	-24%
Haematological	5	5	0%
Head and Neck	79	74	-6%
Lower GI	362	290	-20%
Lung	14	12	-14%
Other	35	37	6%
Sarcoma	6	8	33%
Skin	155	114	-26%
Upper GI	85	72	-15%
Urological	84	38	-55%
	973	715	-27%

**Radiotherapy waiting times**  
*The percentage of patients receiving radiotherapy treatment*

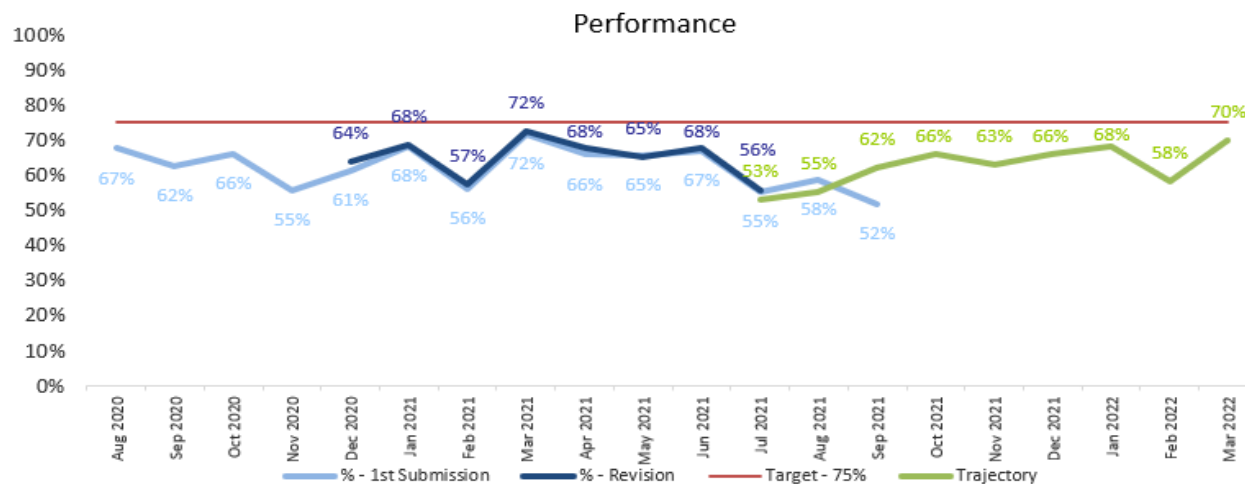
Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.

Measure	Target	August-21
Scheduled (21 Day Target)	80%	58%
Scheduled (28 Day Target)	100%	89%
Urgent SC (7 Day Target)	80%	22%
Urgent SC (14 Day Target)	100%	76%
Emergency (within 1 day)	80%	100%
Emergency (within 2 days)	100%	100%
Elective Delay (21 Day Target)	80%	81%
Elective Delay (28 Day Target)	100%	97%

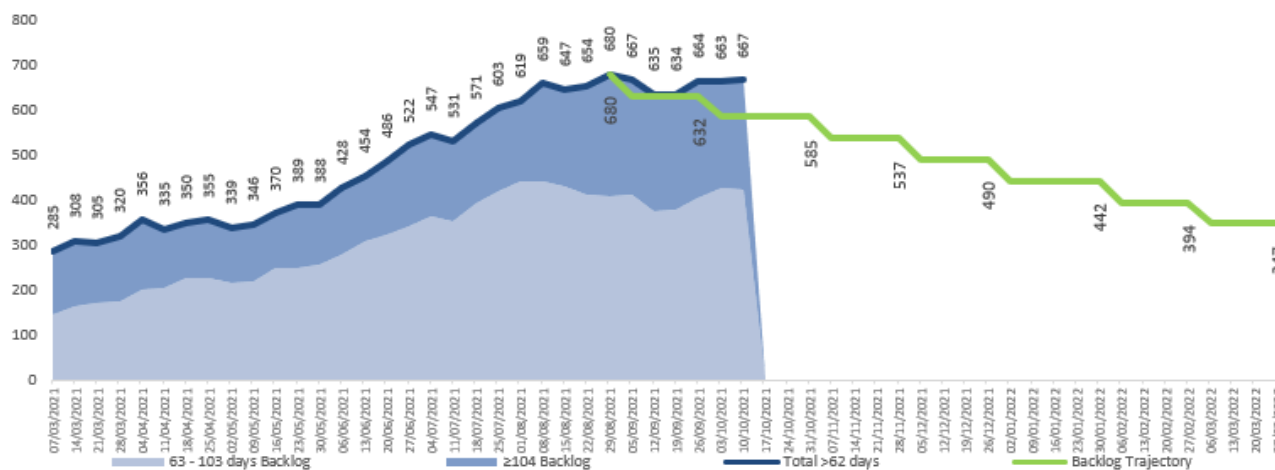


## Cancer Services – Performance Escalation Updates

### 1.SCP performance trajectory



### 2. Proposed backlog improvements to support SCP performance



1. The Cancer team has submitted the proposed recovery trajectory for the SCP performance. Graph 1 shows that by the end of March 2022, the position will almost be recovered providing the backlog reduction can be maintained, along with the proposed activity.

SCP performance in August 2021 reported above the proposed trajectories

2. Shows the weekly breakdown of the backlog reduction against the proposed trajectories. There are a few key service areas who are off target against their trajectories, detailed recovery plans are being explored to recover the position.

*A detailed recovery plan outlining key actions was shared in the September 2021 PFC agenda.*

FOLLOW-UP APPOINTMENTS																																																										
Description	Current Performance	Trend																																																								
<p><b>Follow-up appointments</b></p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In September 2021, the overall size of the follow-up waiting list increased by 3,572 patients compared with July 2021 (from 127,391 to 130,963).</p> <p>In September 2021, there was a total of 60,340 patients waiting for a follow-up past their target date. This is an in-month increase of 9.7% (from 54,993 in August 2021 to 60,340 in September 2021).</p> <p>Of the 60,340 delayed follow-ups in September 2021, 12,364 had appointment dates and 47,976 were still waiting for an appointment.</p> <p>In addition, 32,574 patients were waiting 100%+ over target date in September 2021. This is a 9.4% increase when compared with August 2021.</p>	<p><b>1. Total number of patients waiting for a follow-up</b></p> <table border="1"> <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>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>127,391</td></tr> <tr><td>Aug-21</td><td>127,391</td></tr> <tr><td>Sep-21</td><td>130,963</td></tr> </tbody> </table> <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Sep-20</td><td>25,000</td></tr> <tr><td>Oct-20</td><td>25,000</td></tr> <tr><td>Nov-20</td><td>25,000</td></tr> <tr><td>Dec-20</td><td>25,000</td></tr> <tr><td>Jan-21</td><td>25,000</td></tr> <tr><td>Feb-21</td><td>25,000</td></tr> <tr><td>Mar-21</td><td>25,000</td></tr> <tr><td>Apr-21</td><td>25,000</td></tr> <tr><td>May-21</td><td>25,000</td></tr> <tr><td>Jun-21</td><td>25,000</td></tr> <tr><td>Jul-21</td><td>25,000</td></tr> <tr><td>Aug-21</td><td>25,000</td></tr> <tr><td>Sep-21</td><td>32,574</td></tr> </tbody> </table>	Month	Number of patients	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	127,391	Aug-21	127,391	Sep-21	130,963	Month	Number of patients	Sep-20	25,000	Oct-20	25,000	Nov-20	25,000	Dec-20	25,000	Jan-21	25,000	Feb-21	25,000	Mar-21	25,000	Apr-21	25,000	May-21	25,000	Jun-21	25,000	Jul-21	25,000	Aug-21	25,000	Sep-21	32,574
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**PATIENT EXPERIENCE**

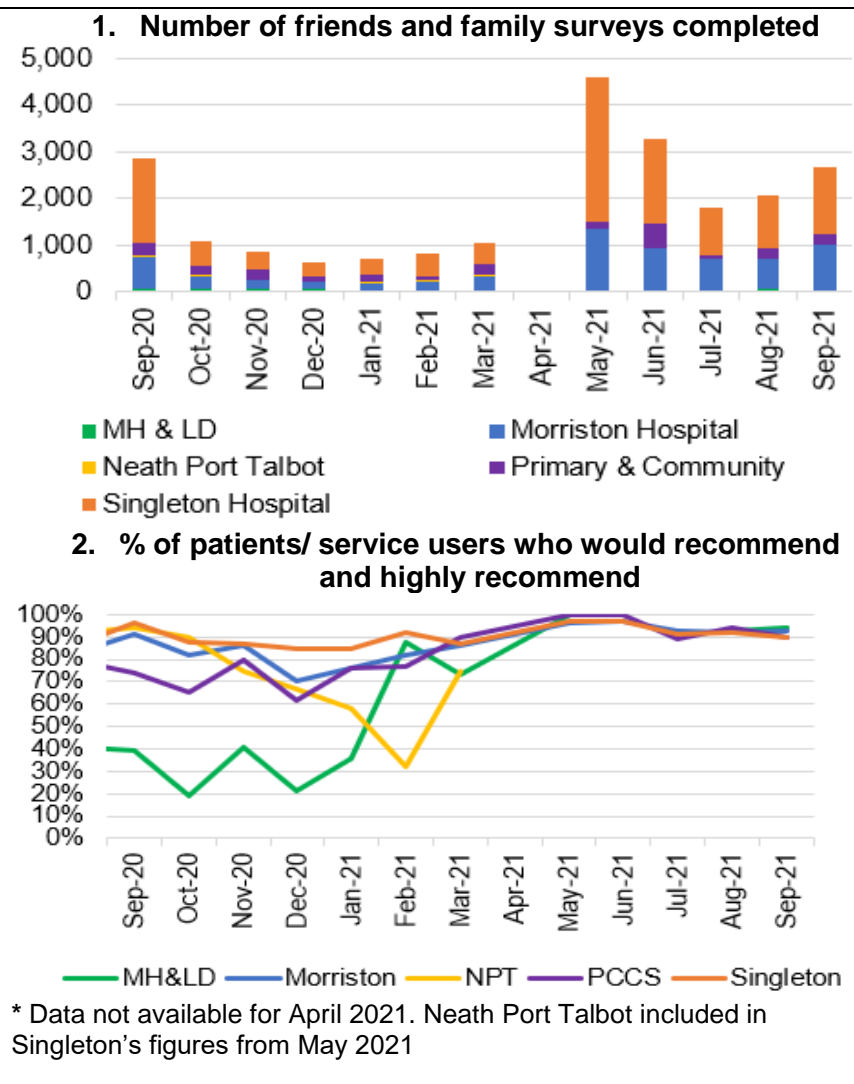
Description	Current Performance	Trend
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**Patient experience**

1. Number of friends and family surveys completed

2. Percentage of patients/ service users who would recommend and highly recommend

- Health Board Friends & Family patient satisfaction level in September 2021 was 92% and 2,025 surveys were completed.
  - Singleton/ Neath Port Talbot Hospitals Service Group completed 1,452 surveys in September 2021, with a recommended score of 90%.
  - Morrison Hospital completed 995 surveys in September 2021, with a recommended score of 93%.
  - Primary & Community Care completed 213 surveys for September 2021, with a recommended score of 90%.
  - The Mental Health Service Group completed 18 surveys for September 2021, with a recommended score of 94%.



## COMPLAINTS

Description	Current Performance	Trend
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**Patient concerns**

*1. Number of formal complaints received*

*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*

1. In July 2021, the Health Board received 139 formal complaints; this is lower than the number seen in June 2021 (159).

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.

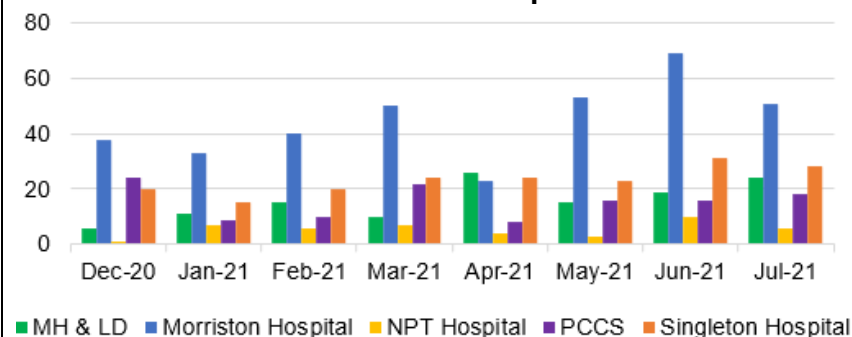
*\*Updated August 2021 figures were not available when publishing this report\**

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%.

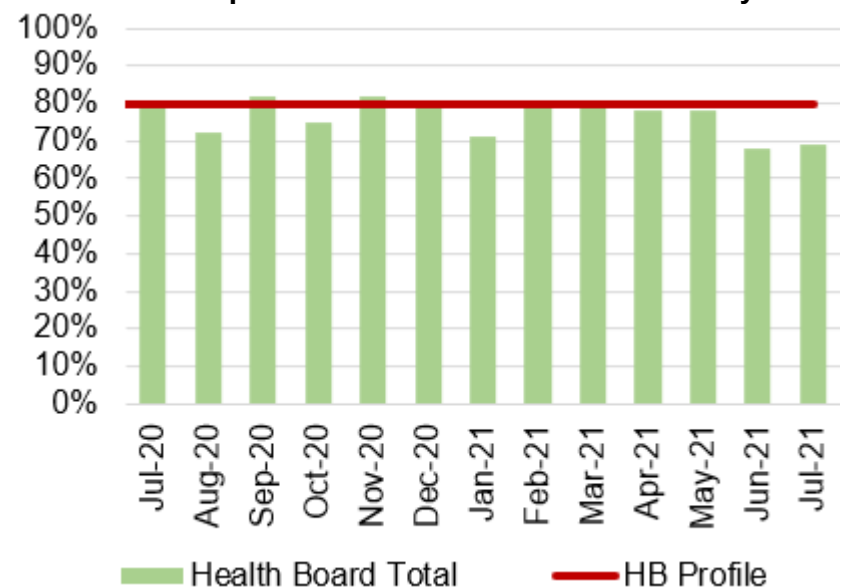
Below is a breakdown of performance against the 30-day response target:

	30 day response rate
Neath Port Talbot Hospital	100%
Morrison Hospital	76%
Mental Health & Learning Disabilities	58%
Primary, Community and Therapies	54%
Singleton Hospital	54%

**1. Number of formal complaints received**



**2. Response rate for concerns within 30 days**



## 5.1 Overview

		Harm from wider societal actions/lockdown																	
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	Sep-21	
<b>Childhood immunisations</b>																			
% 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 PCV3 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%			86.5%						
	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	Aug-21
<b>Mental Health Services</b>																	
% 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%	100%
% 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%	48%
% 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%	37%
% 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%	32%
% 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%	100%
% 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%	82%
% 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%	100%
% 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%	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%	27%
% 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%	65%
% residents in receipt of secondary mental health services (all ages) who have a valid care and	> 18 years old	90%			92%	90%	91%	91%	89%	91%	91%	91%	91%	92%	88%	88%	84%

### 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 August 2021, 100% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In August 2021, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 84% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in August 2021.</p> <p>4. In August 2021, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p>	<p><b>1. % Mental Health assessments undertaken within 28 days from receipt of referral</b></p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (&gt;18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>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> <tr><td>Jul-21</td><td>100%</td><td>75%</td></tr> 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**CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)**

Description	Current Performance	Trend																																																																																																																																																																																						
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In August 2021, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 37% of routine assessments were undertaken within 28 days from referral in August 2021 against a target of 80%.</p> <p>3. 82% of therapeutic interventions were started within 28 days following assessment by LPMHSS in August 2021.</p> <p>4. 27% of NDD patients received a diagnostic assessment within 26 weeks in August 2021 against a target of 80%.</p> <p>5. 37% of routine assessments by SCAMHS were undertaken within 28 days in August 2021.</p>	<p><b>1. 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## APPENDIX 2: Summary

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

Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	HB Total
COVID19 rela	Number of new COVID19 cases*	Local			Sep-21	12,839
	Number of staff referred for Antigen Testing*	Local			Sep-21	673
	Number of staff awaiting results of COVID19 test*	Local			Sep-21	0
	Number of COVID19 related incidents*	Local			Sep-21	36
	Number of COVID19 related serious incidents*	Local			Sep-21	0
	Number of COVID19 related complaints*	Local			Sep-21	3
	Number of COVID19 related risks*	Local			Sep-21	0
	Number of staff self isolated (asymptomatic)*	Local			Sep-21	227
	Number of staff self isolated (symptomatic)*	Local			Sep-21	204
	% sickness*	Local			Sep-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	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Sep-21	642
	% 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%		Sep-21	73%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		Sep-21	1,250
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Sep-21	15%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Sep-21	34%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Sep-21	90%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Sep-21	0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Sep-21	59%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	19	Sep-21	21
	Number of S. aureus bacteraemia cases	National		8	Sep-21	17
	Number of C.difficile cases	National		13	Sep-21	14
	Number of Klebsiella cases	National		6	Sep-21	11
	Number of Aeruginosa cases	National		4	Sep-21	2
	Compliance with hand hygiene audits	Local	95%		Sep-21	95%
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Aug-21	88.2%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Aug-21	59.4%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Aug-21	69.8%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Aug-21	74.4%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Aug-21	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%
	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%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-21	70.7%

\* 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	HB Total
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	19	Sep-21	21
	Number of S.aureus bacteraemia cases	National		8	Sep-21	17
	Number of C.difficile cases	National		13	Sep-21	14
	Number of Klebsiella cases	National		6	Sep-21	11
	Number of Aeruginosa cases	National		4	Sep-21	2
	Compliance with hand hygiene audits	Local	95%		Sep-21	95%
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		Sep-21	5
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Sep-21	0%
	Number of Never Events	Local	0		Sep-21	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Aug-21	87
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Aug-21	10
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Aug-21	767
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Sep-21	207
	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%		Sep-21	98%
	Stage 2 mortality reviews completed within 60 days	Local	95%		Jan-21	37%
	Crude hospital mortality rate by Delivery Unit (74 years	National	12 month reduction trend		Aug-21	0.23%

\* 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	HB Total
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	12 month improvement trend		Sep-21 (draft)	46%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Sep-21	23,997
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Sep-21	35,711
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Sep-21	5,732
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Sep-21	0
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Sep-21	130,963
	Number of patients delayed by over 100% past their target date	National	0		Sep-21	32,574
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Sep-21	60,340
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Sep-21	702
	Number of patients without a documented clinical review date	Local	0		Sep-21	7
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Sep-21	2,025
	% of patients who would recommend and highly recommend	Local	90%	80%	Sep-21	92%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Sep-21	96%
	Number of new complaints received	Local	12 month reduction trend		Jul-21	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	81%

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

Harm Quadrant- Harm from wider societal actions/lockdown						
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q4 2020/21	95.4%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q4 2020/21	95.2%
	% children who received PCV2 vaccine by age 1		95%	90%	Q4 2020/21	96.9%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q4 2020/21	94.0%
	% children who received MMR1 vaccine by age 2		95%	90%	Q4 2020/21	94.0%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q4 2020/21	94.3%
	% children who received MenB4 vaccine by age 2		95%	90%	Q4 2020/21	94.1%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q4 2020/21	96.3%
	% children who are up to date in schedule by age 4		95%	90%	Q4 2020/21	86.3%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q4 2020/21	92.4%
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q4 2020/21	91.7%
	% children who received MMR vaccination by age 16		95%	90%	Q4 2020/21	88.9%
	% children who received teenage booster by age 16		90%	85%	Q4 2020/21	90.5%
	% children who received MenACWY vaccine by age 16		Improve		Q4 2020/21	91.3%
	Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Aug-21
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)		National	80%		Aug-21	48%
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)		National	80%		Aug-21	37%
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)		Local	80%		Aug-21	32%
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)		National	80%		Aug-21	100%
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)		National	80%		Aug-21	82%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)		National	80%		Aug-21	100%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)		National	95%		Aug-21	100%
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)		National	80%		Aug-21	27%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)		National	90%		Aug-21	65%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)		National	90%		Aug-21	84%

	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	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
COVID19 related measures	Number of new COVID19 cases	Local	Sep-21	12,839		Reduce					787	4,664	5,525	11,976	3,759	1,208	907	406	189	708	1,946	7,177	12,839	
	Number of staff referred for Antigen Testing	Local	Sep-21	13,951		Reduce					4,765	6,460	8,201	10,065	10,749	11,115	11,683	11,957	12,224	12,505	12,872	13,278	13,951	
	Number of staff awaiting results of COVID19 test	Local	Sep-21	0		Reduce					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	0	0
	Number of COVID19 related incidents	Local	Sep-21	36		Reduce					30	87	141	127	84	63	53	74	67	23	24	36	36	
	Number of COVID19 related serious incidents	Local	Sep-21	0		Reduce					1	1	1	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Sep-21	3		Reduce					30	37	50	83	106	131	98	38	13	16	4	6	3	
	Number of COVID19 related risks	Local	Sep-21	0		Reduce					2	6	7	10	3	3	3	2	2	1	1	1	0	
	Number of staff self isolated (asymptomatic)	Local	Sep-21	227		Reduce					353	329	291	475	218	160	145	84	71	70	71	115	227	
	Number of staff self isolated (symptomatic)	Local	Sep-21	204		Reduce					72	132	294	394	316	156	108	87	71	50	67	114	204	
% sickness	Local	Sep-21	0		Reduce					3.2%	3.5%	4.4%	6.5%	4.0%	2.4%	1.9%	1.9%	1.9%	1.9%	0.9%	1.9%	1.9%	1.9%	
Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Sep-21	50%	65%	65%	✘	61% (Apr-21)	1st (Apr-21)		69%	66%	67%	54%	67%	70%	73%	72%	62%	67%	64%	59%	50%	
	Number of ambulance handovers over one hour	National	Sep-21	642	0			3,124 (Apr-21)	4th (Apr-21)		410	355	500	510	195	219	231	337	477	547	616	726	642	
	Handover hours lost over 15 minutes	Local	Sep-21	2467							1,100	916	1,474	1,804	455	550	583	877	1,154	1,386	1,937	2,443	2,467	
	% 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	Sep-21	73%	95%			75.7% (Mar-21)	4th (Mar-21)		76.4%	77.2%	75.4%	72.6%	77%	71%	77%	75%	73%	72%	75%	75%	73%	
NOF	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	Sep-21	1250	0			4,317 (Mar-21)	3rd (Mar-21)		537	494	626	776	570	534	457	631	684	880	1,014	1,060	1,250	
	% 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)		89.4%	90.0%	67.9%	68.0%	65.3%	70.7%								
Stroke	% 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)		84.0%	84.0%	85.0%	86.0%	87.0%	88.0%								
	Direct admission to Acute Stroke Unit (<4 hrs)	National	Sep-21	15%	54.0%			22.6% (Mar-21)	4th out of 6 organisations (Mar-21)		50.0%	29.8%	23.7%	7.1%	6.8%	18.2%	20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	
	CT Scan (<1 hrs) (local)	Local	Sep-21	34%							62.5%	42.1%	31.7%	22.7%	42.2%	30.6%	40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	National	Sep-21	90%	85.3%			87.6% (Mar-21)	1st (Mar-21)		97.5%	98.2%	96.7%	95.5%	95.6%	97.2%	100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	
	Thrombolysis door to needle <= 45 mins	Local	Sep-21	0%	12 month ↑						12.5%	11.1%	28.6%	0.0%	12.5%	0.0%	55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	
DTCs	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Sep-21	59%	12 month ↑			46.8% (Mar-21)	3rd (Mar-21)		80.1%	86.5%	65.1%	63.4%	65.7%	61.2%	55.9%	47.1%	39.7%	41.9%	45.4%	58.9%	58.6%	
	% 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)															
	Number of mental health HB DTCs	National	Mar-20	13	12 month ↓	27	✔																	
Number of non-mental health HB DTCs	National	Mar-20	60	12 month ↓	50	✘																		
% critical care bed days lost to delayed transfer of care	National	Q1 20/21	26.2%	Quarter on quarter ↓				5.3% (Q1 20/21)	2nd (Q1 20/21)															
																		DTC reporting temporarily suspended						
																		DTC reporting temporarily suspended						

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	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Sep-21	86.4	<67		✘	77.95 (Apr-21)	5th (Apr-21)		64.0	65.7	63.8	60.7	60.0	59.8	61.9	99.8	88.9	89.4	89.4	90.5	86.4	
	Number of E.Coli bacteraemia cases (Hospital)		Sep-21	9								7	14	5	5	6	6	9	12	11	5	8	9	9
	Number of E.Coli bacteraemia cases (Community)		Sep-21	12.0								16	11	11	7	12	11	19	20	15	23	15	25	12
	Total number of E.Coli bacteraemia cases		Sep-21	21								23	25	16	12	18	17	28	32	26	28	23	34	21
	Cumulative cases of S.aureus bacteraemias per 100k pop		Sep-21	38.3	<20			✘	27.01 (Apr-21)	6th (Apr-21)		30.7	31.5	32.7	31.7	31.6	31.4	31.6	40.5	44.5	37.0	36.0	35.5	38.3
	Number of S.aureus bacteraemias cases (Hospital)		Sep-21	13								7	6	7	6	5	7	4	4	5	5	7	8	13
	Number of S.aureus bacteraemias cases (Community)		Sep-21	4.0								7	6	6	3	4	2	7	9	10	2	4	4	4
	Total number of S.aureus bacteraemias cases		Sep-21	17								14	12	13	9	9	9	11	13	15	7	11	12	17
	Cumulative cases of C.difficile per 100k pop		Sep-21	53.2	<26			✘	28.94 (Apr-21)	6th (Apr-21)		51.2	50.4	48.4	45.7	42.0	41.5	41.1	62.3	49.1	46.2	52.0	55.0	53.2
	Number of C.difficile cases (Hospital)		Sep-21	9								12	12	8	6	3	9	7	15	7	6	16	20	9
	Number of C.difficile cases (Community)		Sep-21	5.0								6	3	2	3	0	2	5	5	5	6	7	2	5
	Total number of C.difficile cases		Sep-21	14								18	15	10	9	3	11	12	20	12	23	22	14	
	Cumulative cases of Klebsiella per 100k pop		Sep-21	24.5								21.0	21.9	23.4	24.9	26.4	25.8	26.2	28.1	21.5	26.7	0.0	22.6	24.5
	Number of Klebsiella cases (Hospital)		Sep-21	8								3	7	7	8	8	4	1	4	3	5	2	4	8
	Number of Klebsiella cases (Community)		Sep-21	3.0								2	2	4	4	5	2	9	5	2	7	1	4	3
	Total number of Klebsiella cases		Sep-21	11					38 (Apr-21)	6th (Apr-21)		5	9	11	12	13	6	10	9	5	12	3	8	11
	Cumulative cases of Aeruginosa per 100k pop		Sep-21	5.6								5.6	5.7	5.8	5.5	5.2	5.1	4.9	9.4	6.1	6.2	0.0	5.5	5.6
	Number of Aeruginosa cases (Hospital)		Sep-21	2								0	1	1	1	0	0	0	2	0	1	0	1	2
Number of Aeruginosa cases (Community)	Sep-21	0.0								0	1	1	0	1	1	1	1	1	1	1	1	0		
Total number of Aeruginosa cases	Sep-21	2					21 (Apr-21)	Joint 3rd (Apr-21)		0	2	2	1	1	1	1	3	1	2	1	2	2		
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Sep-21	95.0%	95%	95%	✓					96%	97%	97%	96%	95%	93%	97%	96%	98%	96%	95%	95%	96%	
Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Sep-21	0.0%	90%	80%	✘					20%	0%	0%	4%	0%	10%	0%	0%	0%	0%	0%	0%	0%	
Number of new Never Events	National	Sep-21	0.00	0	0	✓					0	1	1	0	0	0	0	0	0	1	0	0	0	
Number of risks with a score greater than 20	Local	Sep-21	33.00		12 month ↓	✘					117	130	138	146	148	140	142	40	41	32	30	31	33	
Number of risks with a score greater than 16	Local	Sep-21	56.00		12 month ↓	✘					206	224	224	238	242	233	230	54	58	50	50	52	56	
Number of pressure ulcers acquired in hospital	Local	Aug-21	53.00		12 month ↓	✘					44	59	42	61	51	48	36	59	53	53	58	53		
Number of pressure ulcers developed in the community		Aug-21	34.00		12 month ↓	✓					21	34	29	26	25	24	26	31	28	21	37	34		
Total number of pressure ulcers		Aug-21	87.00		12 month ↓	✘					65	93	71	87	76	72	62	90	73	74	91	87		
Number of grade 3+ pressure ulcers acquired in hospital		Aug-21	2.00		12 month ↓	✘					0	4	4	3	2	3	1	4	1	2	3	2		
Number of grade 3+ pressure ulcers acquired in community		Aug-21	8.00		12 month ↓	✓					5	11	5	7	5	4	2	10	2	4	2	8		
Total number of grade 3+ pressure ulcers		Aug-21	10.00		12 month ↓	✘					5	15	9	10	7	7	3	14	3	6	5	10		
Inpatient Falls	Local	Sep-21	207		12 month ↓	✓					219	187	247	247	203	177	171	176	228	174	193	198	207	
% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Sep-21	98%	95%	95%	✓					99.2%	100.0%	98.1%	99.0%	100.0%	100.0%	97.6%	99.3%	98.0%	98.6%	97.6%	93.0%	98.0%	
Stage 2 mortality reviews required	Local	Sep-21	10								11	9	17	12	19	6	11	5	18	12	7	17	10	
% stage 2 mortality reviews completed	Local	Aug-21	0.00%		100%	✘					54.5%	33.3%	35.7%	75.0%	36.8%					25.0%	0.0%	0.0%		
Crude hospital mortality rate (74 years of age or less)	National	Aug-21	1.02%		12 month ↓			1.56% (Mar-21)	4th (Mar-21)		0.93%	0.97%	1.01%	1.08%	1.14%	1.17%	1.17%	1.04%			1.01%	1.03%	1.02%	
% of deaths scrutinised by a medical examiner	National				Qtr on qtr ↑						New measure for 2020/21- awaiting data													
NEWS	Local	Sep-21	92%		98%	✓					93.6%	93.9%	94.6%	98.5%	95.0%	96.3%	93.5%	97.4%	98.9%	95.0%	89.7%	91.7%	91.6%	
Coding	Local	Aug-21	94%	95%	95%	✓					96%	95%	93%	93%	95%	96%	96%	96%	96%	89%	90%	94%	0%	
E-TOC	Local	Sep-21	68%		100%	✘					70%	68%	66%	59%	67%	63%	64%	63%	67%	69%	62%	62%	68%	
Workforce	% of headcount by organisation who have had a PADP/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Sep-21	85%	85%	85%	✘	61.0% (Oct-20)	7th out of 10 organisations (Aug-20)		58%	58%	56%	54%	52%	51%	53%	57%	60%	65%	60%	85%	85%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Sep-21	80%	85%	85%	✘	79.4% (Oct-20)	5th out of 10 organisations (Aug-20)		80%	80%	80%	80%	80%	80%	80%	80%	80%	81%	81%	81%	80%	
	% workforce sickness absence (12 month rolling)	National	Aug-21	7.11%		12 month ↓		5.87% (Oct-20)	10th out of 10 organisations (Oct-20)		7.03%	7.07%	7.23%	7.48%	7.57%	7.56%	7.44%	7.12%	6.93%	6.91%	6.99%	7.11%		

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	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Sep-21 (Draft)	58.4%	12 month ↑			67.1% (Mar-21)	2nd out of 6 organisations (Mar-21)		62.4%	65.9%	55.4%	61.0%	67.9%	56.4%	71.6%	65.7%	65.4%	65.4%	66.8%	55.0%	58.4%	
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Sep-21	58%	80%		✘				60%	75%	58%	71%	45%	35%	42%	37%	40%	31%	60%	57%	58%	
	Scheduled (28 Day Target)	Local	Sep-21	89%	100%		✘				86%	90%	85%	88%	82%	80%	85%	77%	87%	70%	84%	91%	89%	
	Urgent SC (7 Day Target)	Local	Sep-21	22%	80%		✘				54%	43%	31%	50%	50%	23%	41%	38%	50%	45%	46%	55%	22%	
	Urgent SC (14 Day Target)	Local	Sep-21	76%	100%		✘				92%	86%	100%	85%	94%	91%	90%	83%	86%	87%	87%	95%	76%	
	Emergency (within 1 day)	Local	Sep-21	100%	80%		✔				100%	100%	100%	100%	100%	100%	100%	91%	100%	100%	100%	100%	100%	
	Emergency (within 2 days)	Local	Sep-21	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	Sep-21	81%	80%		✔				58%	58%	56%	71%	69%	61%	86%	82%	81%	91%	90%	94%	81%	
Planned Care	Elective Delay (28 Day Target)	Local	Sep-21	97%	100%		✘				60%	75%	73%	88%	89%	75%	93%	92%	84%	95%	97%	97%	97%	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Sep-21	5732	0			41,693 (Mar-21)	2nd (Mar-21)		7,666	6,645	6,610	6,579	6,239	5,087	4,554	4,804	4,842	5,230	5,425	5,523	5,732	
	Number of patients waiting > 14 weeks for a specified therapy	National	Sep-21	320	0			4,066 (Mar-21)	2nd (Mar-21)		1,350	1,135	817	708	584	491	369	201	166	171	151	186	320	
	% of patients waiting < 26 weeks for treatment	National	Sep-21	48%	95%			52.5% (Mar-21)	6th (Mar-21)		41.0%	44.8%	47.6%	48.0%	47.0%	47.9%	48.8%	49.1%	49.1%	50.7%	47.8%	48.3%	48.1%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Sep-21	23997	0						23,069	22,050	21,005	21,179	21,208	21,225	21,750	22,752	23,700	23,279	23,225	23,444	23,997	
	Number of patients waiting > 36 weeks for treatment	National	Sep-21	35711	0			216,418 (Mar-21)	3rd (Mar-21)		26,046	31,508	35,387	35,126	33,391	32,719	32,874	33,395	34,447	35,040	35,583	35,999	35,711	
	The number of patients waiting for a follow-up outpatient appointment	National	Sep-21	130963	HB target TBC			747,782 (Mar-21)	5th (Mar-21)		120,962	120,968	120,874	119,963	119,999	120,882	121,403	122,303	123,088	127,444	130,208	127,391	130,963	
The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Sep-21	32574				194,689 (Mar-21)	5th (Mar-21)		24,472	26,217	27,156	27,641	28,419	28,862	29,316	29,334	30,062	30,550	31,316	29,770	32,574		
% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Sep-21	48%	95%			44.8% (Mar-21)	3rd (Mar-21)		47.7%	45.2%	48.4%	47.3%	46.7%	47.4%	47.7%	47.2%			46.7%	46.3%	46.1%	47.9%	
Hepatitis C	Number of patients with Hepatitis C who have successfully completed their course of treatment in the reporting year	National			HB target TBC						New measure for 2020/21- awaiting data													
DNAs	% of patients who did not attend a new outpatient appointment	Local	Sep-21	7.2%	12 month ↓						6.4%	6.0%	6.6%	7.7%	7.1%	6.2%	5.6%	5.3%	5.7%	6.5%	6.5%	6.4%	7.2%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Sep-21	7.6%	12 month ↓						6.9%	6.5%	7.2%	8.2%	7.1%	6.2%	6.7%	6.1%	6.9%	5.5%	7.5%	7.5%	7.6%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Sep-21	72.0%		90%	✘				75%	75%	74%	59%	65%	73%	75%	80%	78%	77%	72%	69%	72%	
	% of theatre sessions starting late	Local	Sep-21	42.0%		<25%	✘				49%	44%	39%	45%	40%	42%	40%	38%	43%	43%	44%	44%	42%	
	% of theatre sessions finishing early	Local	Sep-21	46.0%		<20%	✘				39%	38%	50%	47%	44%	44%	48%	41%	45%	43%	48%	46%	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)		2,090	1,888	1,677	1,509	1,200									
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AwMSG appraisals	National	Q2 20/21	98.8%	100%	100%	✘	98.3% (Q2 20/21)	3rd out of 6 organisations (Q2 20/21)		98.8%													
Prescribing	Total antibacterial items per 1,000 STAR-PU's	National	Q3 20/21	258.8	4 quarter ↓			241.96 (Q3 20/21)	6th (Q3 20/21)		249.9			258.8										
	Patients aged 65 years or over prescribed an antipsychotic	National	Q2 20/21	1,511	Quarter on quarter ↓			10,205 (Q2 20/21)	5th (Q2 20/21)		1,511													
	Number of women of child bearing age prescribed valproate as a % of all women of child bearing age	National	Q2 20/21	0.23%	Quarter on quarter ↓			0.16% (Q2 20/21)	7th (Q2 20/21)		0.23%													
	Opioid average daily quantities per 1,000 patients	National	Q2 20/21	4,369	4 quarter ↓			4,390.4 (Q2 20/21)	3rd (Q2 20/21)		4,369													
Patient experience	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%													
	Number of friends and family surveys completed	Local	Sep-21	2,025	12 month ↑		✔				2,804	1,047	787	584	678	798	1,050		4,590	3,297	1,912	2,075	2,025	
	% of who would recommend and highly recommend	Local	Sep-21	92%		90%	✘				93%	82%	84%	77%	79%	85%	87%		96%	97%	92%	92%	92%	
Complaints	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Sep-21	1		90%	✔				84%	79%	85%	65%	81%	94%	93%		92%	96%	95%	92%	96%	
	Number of new formal complaints received	Local	Jul-21	139	12 month trend ↓		✘				107	121	103	83	78	94	117	100	115	159	139	0	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)		82%	75%	82%	80%	71%	80%	81%							
Complaints	% of acknowledgements sent within 2 working days	Local	Sep-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	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-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)			65.6%	72.4%	74.8%	75.2%	75.4%	75.5%							
	% uptake of influenza among under 65s in risk groups	National	Mar-21	49.4%	55%			51.07% (Mar-21)	5th (Mar-21)			34.4%	42.8%	47.2%	48.7%	49.4%	49.4%							
	% uptake of influenza among pregnant women	National	2019/20	78.2%	75%			78.5% (2019/20)	5th out of 10 organisations (2019/20)															
	% 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	Aug-21	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%		94%	79%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Aug-21	27%	80%	80%	✗	32.2% (Mar-21)	5th (Mar-21)		21%	22%	24%	26%	24%	28%	30%	30%		32%	34%	27%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Aug-21	48%	80%	80%	✗	75.8% (Mar-21)	3rd (Mar-21)		98%	90%	88%	61%	53%	66%	63%	60%		58%	41%	48%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Aug-21	37%	80%	80%	✗	62.3% (Mar-21)	4th (Mar-21)		62%	29%	41%	73%	29%	97%	46%	0%		0%	29%	37%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Aug-21	82%	80%	80%	✗	80.5% (Mar-21)	3rd (Mar-21)		100%	100%	100%	100%	93%	97%	91%	49%		1%	100%	82%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Aug-21	32%	80%	80%	✗				98%	79%	62%	58%	60%	56%	53%	48%		44%	29%	32%		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Aug-21	65%	90%	90%	✗	84.6% (Mar-21)	5th (Mar-21)		81%	82%	81%	82%	83%	84%	82%	82%		81%	81%	65%		
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	Aug-21	100%	80%	80%	✓	73.9% (Mar-21)	1st (Mar-21)		97%	99.5%	98%	99%	96%	98%	97%	97%		99%	98%	100%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Aug-21	100%	80%	80%	✓	81.0% (Mar-21)	2nd (Mar-21)		94%	93%	98%	95%	95%	98%	97%	92%		99%	97%	100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Aug-21	100%	95%	95%	✓	61.3% (Mar-21)	1st (Mar-21)		99%	99.7%	100%	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	Aug-21	84%	90%	90%	✓	85.3% (Mar-21)	2nd (Mar-21)		90%	91%	91%	89%	91%	91%	91%	91%		88%	88%	84%		
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)															