





Meeting Date	25 th November 2021	Agenda Item	5.1
Report Title	Integrated Performance Rep	ort	
Report Author	Meghann Protheroe, Head of F		
Report Sponsor	Darren Griffiths, Director of Fir	ance and Performan	се
Presented by	Darren Griffiths, Director of Fin		
Freedom of	Open		
Information			
Purpose of the	The purpose of this report is to	provide an update	on the current
Report	performance of the Health Bo	ard at the end of the	e most recent
	reporting window (October	2021) in deliverin	ig key local
	performance measures as well		sures outlined
	in the NHS Wales Delivery Fra	amework.	
Key Issues	The Integrated Performance		
	provides an overview of how		
	against the National Delivery n	neasures and key loo	al quality and
	safety measures.		
	Historically Welsh Governmen		
	Delivery Framework on an ann		
	Outcomes Framework for Health and Social Care was due to be		
	published however, development of the framework was delayed		
	due to the COVID19 pandemic. The updated National Delivery		
	Framework 2021/22 was published in October 2021, with the		
	updated framework measures being presented at the November 2021 Management Board meeting. Full updates outlined within		
	the Delivery Framework will be		
	Integrated Performance Repo		
	integrated framework measure		•
	and populations are better off the		•
	allowing a different balance ac		
	anowing a different balance ac	1033 our traditional st	SI VICCS.
	The Health Board continues t	o refine the organisa	ation's annual
	plan and develop recovery tra		
	of unscheduled care and cance	•	
	discussion at the Septemb		and Finance
	Committee. Performance again		
	measured.		
	Key high level issues to high	nlight this month are	e as follows:
	2021/22 Delivery Framework		
	2021/22 Delivery Framework COVID19- The number of new	v cases of COV/ID10	has seen an
	increase in October 2021, with		
	micrease in October 2021, With	10,310116W 64565 0	renig 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 decreased slightly in October 2021 to 10,737 from 11,157 in September 2021. The Health Board's performance against the 4-hour measure deteriorated from 73.09% in September 2021 to 71.96% in October 2021 and the number of patients waiting over 12 hours in Accident and Emergency (A&E) continues to increase.

Planned Care- October 2021 saw a 2% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment. In October 2021, there were 36,420 patients waiting over 36 weeks which is a 2% in-month decrease from September 2021. The total waiting list size continues to increase, however November is showing a projected total waiting list reduction. There has been a reduction in the number of referrals received by secondary care in October 2021. Therapy waiting times have increased in October 2021, however some therapy services have maintained a nil breach position (i.e. Occupational Therapy).

Cancer- September 2021 saw 62% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days. The backlog of patients waiting over 63 days has decreased in October 2021, with a further reduction projected for November 2021. October'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 deteriorated to 95% in September 2021 against the 100% target. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, with performance decreasing in September 2021 to 34% against a target of 80%.

Specific Action	Information	Discussion	Assurance	Approval
Required	✓		✓	
Recommendations Members are asked to:			vov mooguroo	
	 NOTE the Health Board performance against key measur and targets. 		Rey measures	

- **NOTE** the actions being taken to improve performance: -
 - Care home beds have been commissioned to support the move of clinically optimised patients from acute beds with effect from 15th November 2021.
 - Advancing our models for Ambulatory Emergency Care (AEC) and short stay facilities at Morriston to release pressure on ED.
 - Virtual Ward recruitment progressing well and service being established to take case load from 1st December 2021
 - Further financial resource agreed to support cancer recovery - £35k to be utilised immediately for patient tracking
 - Work to commence on the development of Enfys ward at Morriston to enable establishment of Ambulatory Emergency Care Centre – commence 29th November 2021
 - Extending therapies and clinical services to be more consistent over 7 days of the week. Already commenced.
 - Hot clinic slots developed for patients who require care/assessment but can come back to a scheduled slot next day
 - Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.
 - 26 theatre sessions moved from Morriston to Singelton and a further 26 being considered before Christmas
 - Insourcing contract range being extended to include further specialties
 - Chief Operating Officer is developing the system winter plan for urgent emergency care
 - Chief Operating Officer and Director of Finance and Performance to agree revised performance trajectories for ED and cancer and new trajectories for RTT for Quarter 3 and Quarter 4 by 9th December 2021
 - Focus on ambulance handovers as part of an improvement plan with a zero tolerance for 6 hour waits and once achieved a zero tolerance for 4 hour waits. This will be routinely reviewed.

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

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

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

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

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

- NOTE the Health Board performance against key measures and targets.
- NOTE the actions being taken to improve performance: -
 - Care home beds have been commissioned to support the move of clinically optimised patients from acute beds

- Virtual Ward recruitment progressing well and service being established to take case load
- Further financial resource agreed to support cancer recovery
- Work to commence on the development of Enfys ward at Morriston to enable establishment of Ambulatory Emergency Care Centre
- Extending therapies and clinical services to be more consistent over 7 days of the week
- Hot clinic slots developed for patients who require care/assessment but can come back to a scheduled slot next day
- Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.
- 26 theatre sessions moved from Morriston to Singelton and a further 26 being considered before Christmas
- o Insourcing contract range being extended to include further specialties

Governance and Assurance				
Link to Enabling	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities			
Objectives	Partnerships for Improving Health and Wellbeing	\boxtimes		
(please	Co-Production and Health Literacy	\boxtimes		
choose)	Digitally Enabled Health and Wellbeing	\boxtimes		
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	S		
Best Value Outcomes and High Quality Care		\boxtimes		
	Partnerships for Care	\boxtimes		
	Excellent Staff	\boxtimes		
	Digitally Enabled Care	\boxtimes		
	Outstanding Research, Innovation, Education and Learning	\boxtimes		
Health and Ca	Health and Care Standards			
(please	Staying Healthy	\boxtimes		
choose)	Safe Care	\boxtimes		
	Effective Care	\boxtimes		
	Dignified Care	\boxtimes		
	Timely Care	\boxtimes		
	Individual Care	\boxtimes		
	Staff and Resources	\boxtimes		
Quality Safat	y and Datient Experience	•		

Quality, Safety and Patient Experience

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.

There are no directly related Equality and Diversity implications as a result of this report.

Financial Implications

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

Legal Implications (including equality and diversity assessment)

A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.

Staffing Implications

A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.

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

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

- **Long term** Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.
- **Prevention** the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and wellbeing 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 Group leads are key in identifying performance issues and identifying actions to take forward.

Report History	The Board routinely receives the Integrated Performance Report	
	as part of its business cycle	
Appendices Appendix 1: Integrated Performance Report		







Appendix 1- Integrated Performance Report November 2021



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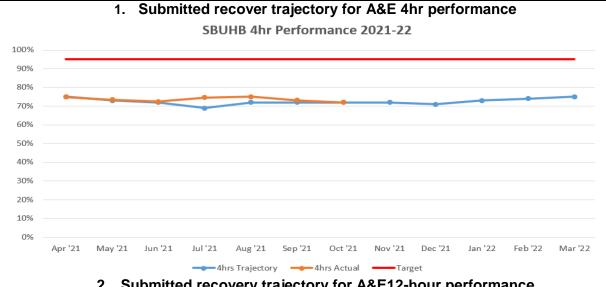
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1. OVERVIEW

The following summarises the key successes, along with the priorities, risks and threats to achievement of the quality, access and workforce standards.

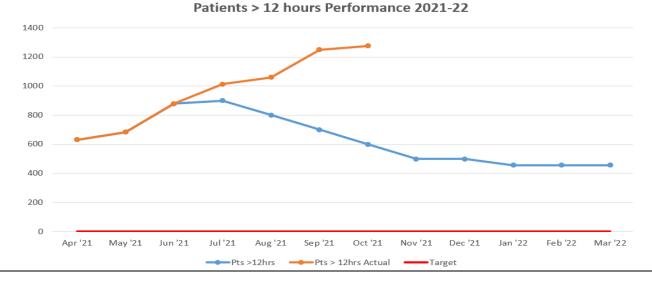
Succe	esses	Conc	erns
566,926 Total vaccinations undertaken (14.11.21)	Reduction in A%E attendances	Significant increase in no. elective procedures cancelled due to lack of beds	95% ↓ CAMHS patients received assessment within 48 hours
100 MH&LD patients waited psychological therapy (nation 959	less than 26 weeks for performing above the	414 (22 Patients on W/L, waiting	Therapies
† Increase in the NDD waiting list performance	0 Never Events reported	8.41% (0.82%1) In-month increase in staff sickness numbers	24,483 (2%1) Increase in patients waiting > 26 weeks
Reduction i	%(↓) n number of fit patients		total size of ng list
↓ Number of elective admission	0.9%↓ Staff sickness as a result of Covid-19.	131,554 (0.45%↑) Patients waiting for a follow- up outpatient appointment	229(16.6% 1) SLT patients waiting > 14 weeks

HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES



1. In October 2021, the 4 hour Emergency department (ED) performance level was 72%, which is in line with the outlined trajectory.

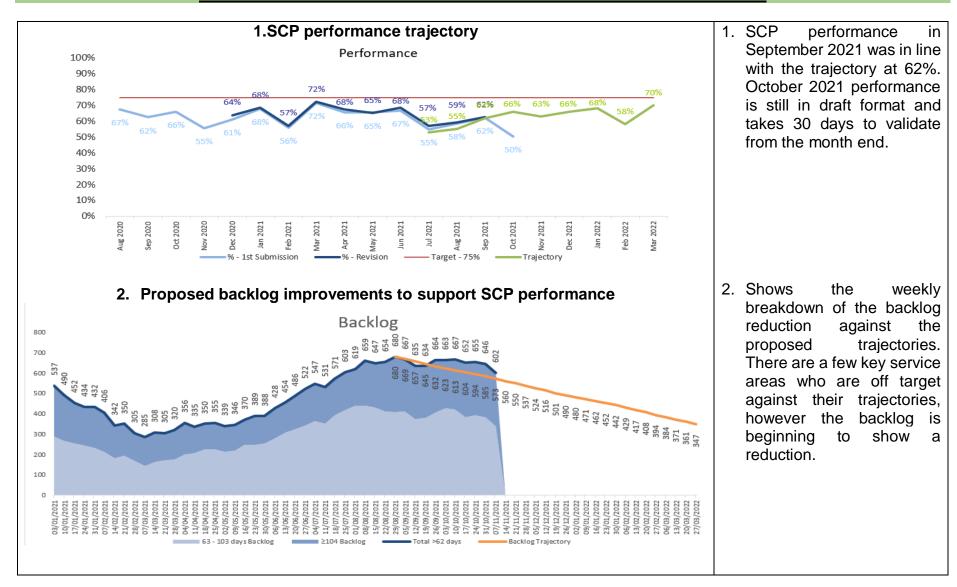
2. Submitted recovery trajectory for A&E12-hour performance



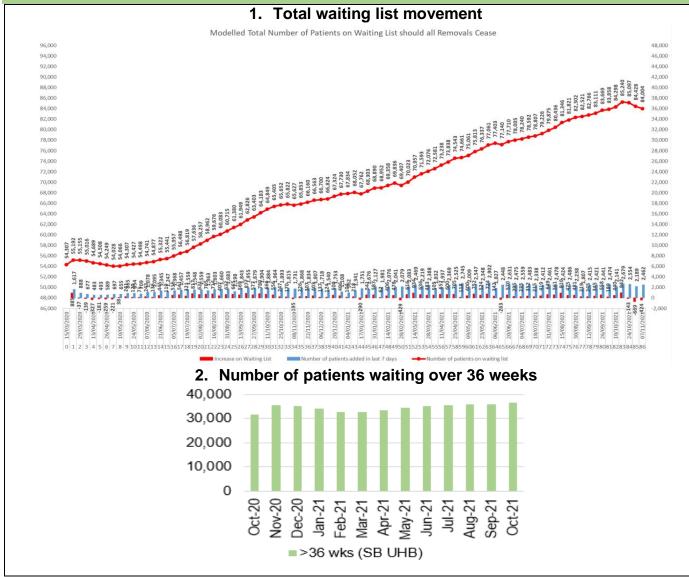
2. The 12-hour performance trajectory shows a consistent reduction in patients in the coming months, however 12-hour performance continues to decline and is significantly above projected levels.

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

HARM FROM REDUCTION IN NON-COVID ACTIVITY CANCER SERVICES – PERFORMANCE ESCALATION UPDATES



HARM FROM REDUCTION IN NON-COVID ACTIVITY PLANNED CARE



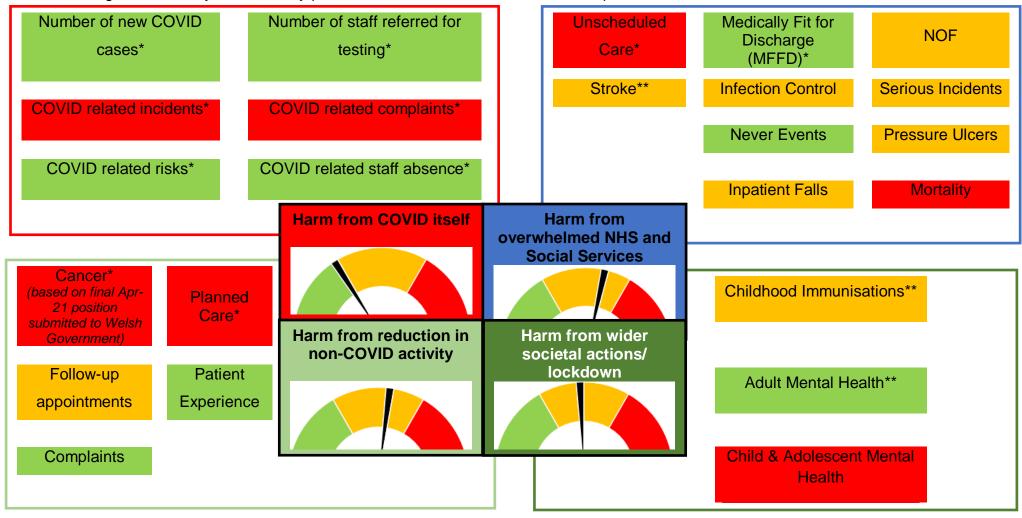
1. The chart shows the total waiting list movement since March 2020. Each data point is a weekly marker. The chart shows that the total number of patients on the list has reduced in recent weeks. Initial analysis indicates a large proportion of the reduction is a result of validation taking place in the Gynaecology service.

This measure is not yet under escalation but is an important area for consideration and is included for information.

2. This chart shows the number of patients waiting over 36 weeks for either an outpatient appointment, a diagnostic test, a follow up or treatment. Whilst there was a reduction in numbers in March 2021, figures are now consistently increasing.

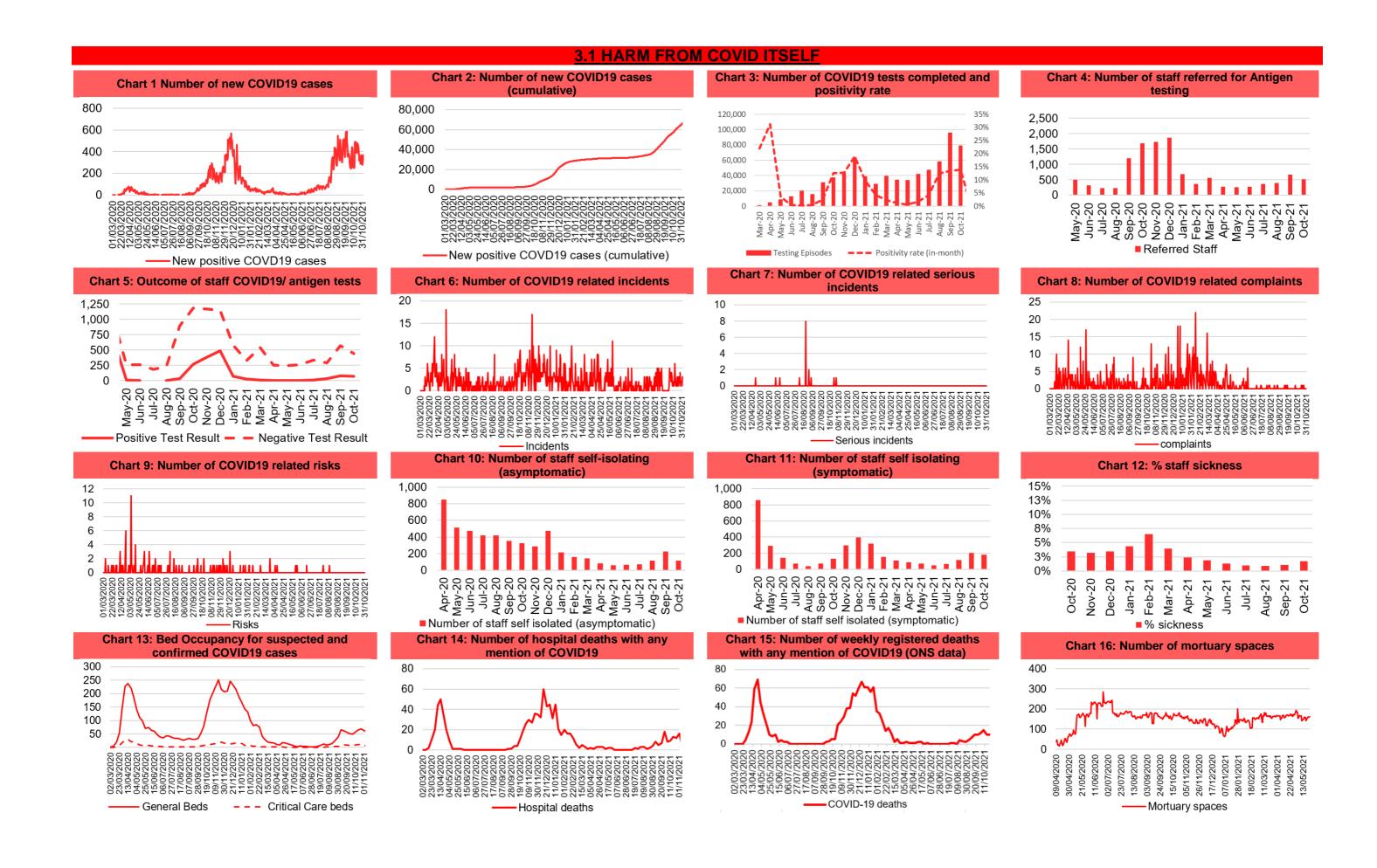
1. QUADRANTS OF HARM SUMMARY

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

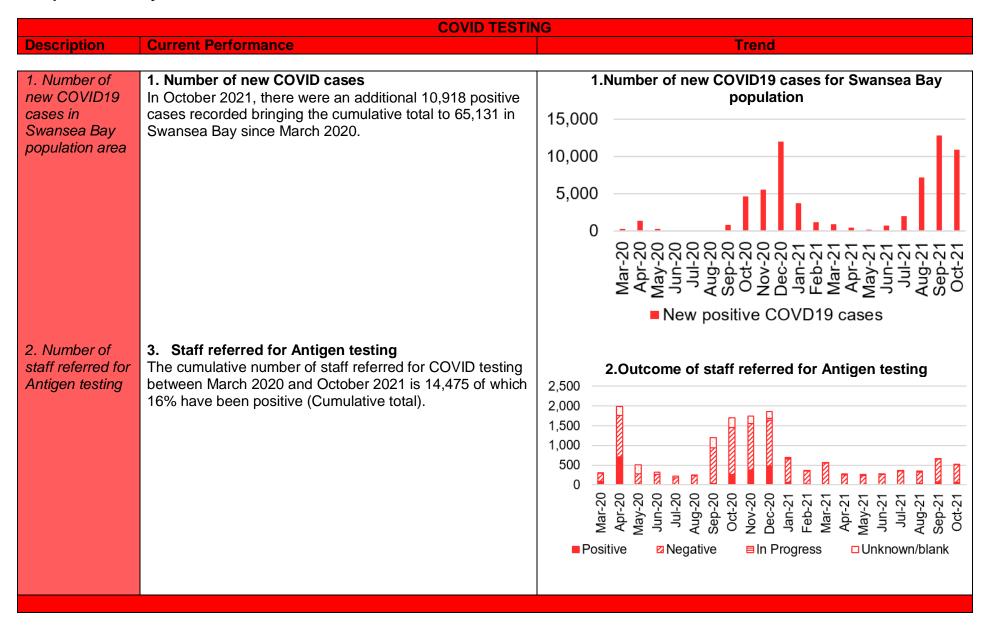


NB- RAG status is against national or local target
** Data not available

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



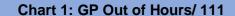
3.1 Updates on key measures

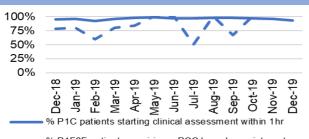


Current Performance Trend The following data is based on the mid-month position and 1. Number of staff self isolating (asymptomatic) Staff absence broken down into the categories requested by Welsh 1.000 due to COVID19 Government. 800 600 1. & 2. Number of staff self-isolating (asymptomatic 1. Number of staff selfand symptomatic) 400 isolating Between September and October 2021, the number of 200 staff self-isolating (asymptomatic) reduced from 227 to 120 (asymptomatic) and the number of staff self-isolating (symptomatic) 0 reduced from 204 to 180. In October 2021, "other staff" 2. Number of May-20 Jun-20 Jun-20 Jun-20 Jun-20 Jun-20 Sep-20 Jun-20 Jun-21 Jun-21 Jun-21 Jun-21 Jun-21 Jun-21 Jun-21 Jun-21 Jun-21 Oct-21 Oct-21 Oct-21 had the largest number of self-isolating staff who are staff self isolatina asymptomatic and the largest number of self-isolating staff who are symptomatic. (symptomatic) 2. Number of staff self isolating (symptomatic) 1,000 3.% staff 3. % Staff sickness sickness The percentage of staff sickness absence due to COVID19 800 has decreased from 3.2% in September 2021 to 2.3% in 600 October 2021. 400 200 Apr-20 Jun-20 Jun-20 Jul-20 Sep-20 Oct-20 Jan-21 Apr-21 Apr-21 Jun-21 Jun-21 Jun-21 Sep-21 ■Medical ☑Nursing Reg ☑Nursing Non Reg ☒Other 3.% staff sickness Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jul-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 Medical 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% Nursing 4.0% 4.0% 4.4% 3.8% 4.7% 7.4% 4.3% 2.3% 1.9% 1.6% 1.2% 1.1% 5.5% 5.2% 4.2% 6.0% 6.5% 7.3% 7.0% 3.9% 3.1% 2.4% 1.9% 4.3% Non Reg Other 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% 3.6% 3.5% 3.2% 3.5% 4.4% 6.5% 4.0% 2.4% 1.9% 1.3%

HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

4.1 Unscheduled Care- Overview

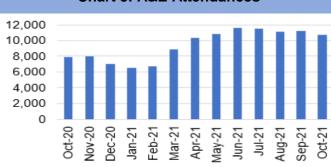




% P1F2F patients requiring a PCC based appointment seen

Service continues to experience issues with data reporting. It is anticipated that up to date accurate data will be available shortly.

Chart 5: A&E Attendances



■Total A&E Attendances (SBU HB)

Chart 9: Elective procedures cancelled due to lack of beds

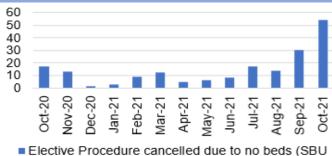


Chart 13 % of patients (> 60 years) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours

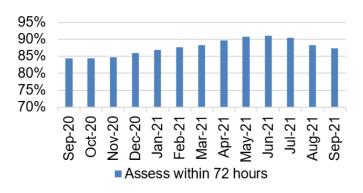


Chart 2: % red calls responded to within 8 minutes

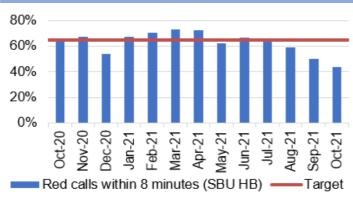


Chart 3: Number of ambulance handovers over 1 hour

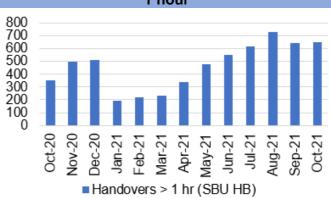


Chart 4: Lost hours- notification to ambulance handover over 15 minutes



Lost Handover Hours > 15 minutes (SBU HB)

Chart 6: % patients who spend less than 4 hours in A&E



Chart 7: Number of patients waiting over 12 hours in A&E

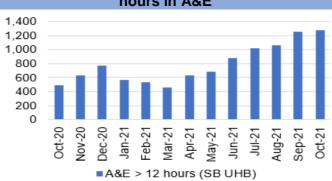


Chart 8: Number of emergency admissions

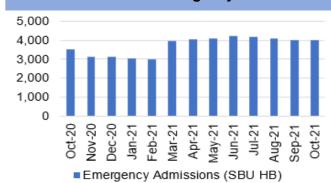


Chart 10: Number of clinically optimised patients



Chart 11: Delay reason for clinically optimised patients

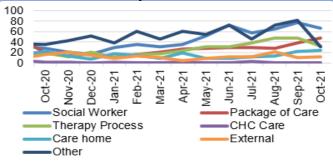


Chart 12: Average lost bed days (per day)

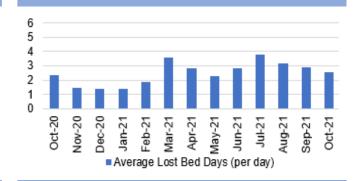


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

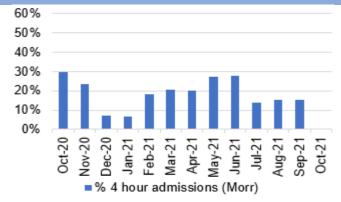


Chart 15: % of stroke patients receiving CT scan with 1 hour

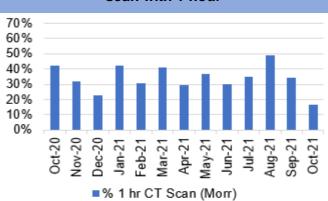
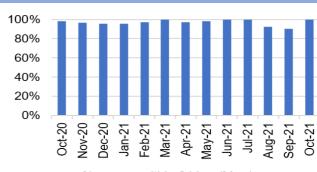


Chart 16: % stroke patients receiving consultant assessment within 24 hours



■ % assess within 24 hrs (Morr)

Unscheduled Care Overview (October 2021)

Primary Care Access

97% (→)

GP practices open during daily core hours

93% (3%1)

% of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered (July-19)

88% (→)

GP practices offering appointments between 5pm-6:30pm

100% (33%1)

% of Out of Hours (OOH)/111
patients prioritised as P1F2F
requiring a Primary Care
Centre (PCC) based
appointment seen within 1
hour following completion of
their definitive clinical
assessment (Oct-19)

Ambulance

43.6% (7%1)

Red calls responded to with 8 minutes

648 (1%1)

Ambulance handovers over 1 hour

4,027 (7%1)

Amber calls

565 (3%1) Red calls

Emergency Department

10,737 (4%1)

A&E attendances

71.96% (1.1%↓)Waits in A&E under
4 hours

1276 (2%1)Waits in A&E over 12 hours

1,851 (2%↓)
Patients admitted from A&E

Emergency Activity

4,019 (1)

Emergency Inpatient Admissions

368 (15%1) (Jun-21) Trauma theatre cases

309 (-14%↓)(Jun-21) Emergency Theatre Cases

54 (44%1)

Elective procedures cancelled due to no beds

Patient Flow

13 (19%↓) (Mar-20)
Mental Health DTOCs

* Data collection temporary

* Data collection temporarily suspended

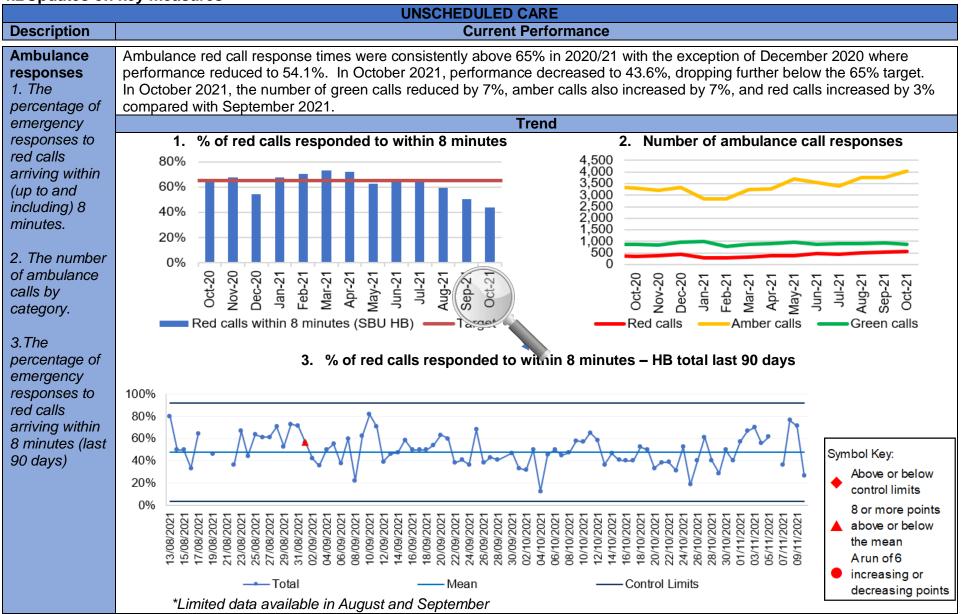
60 (13%↓) (Mar-20)
Non-Mental Health DTOCs
* Data collection temporarily
suspended

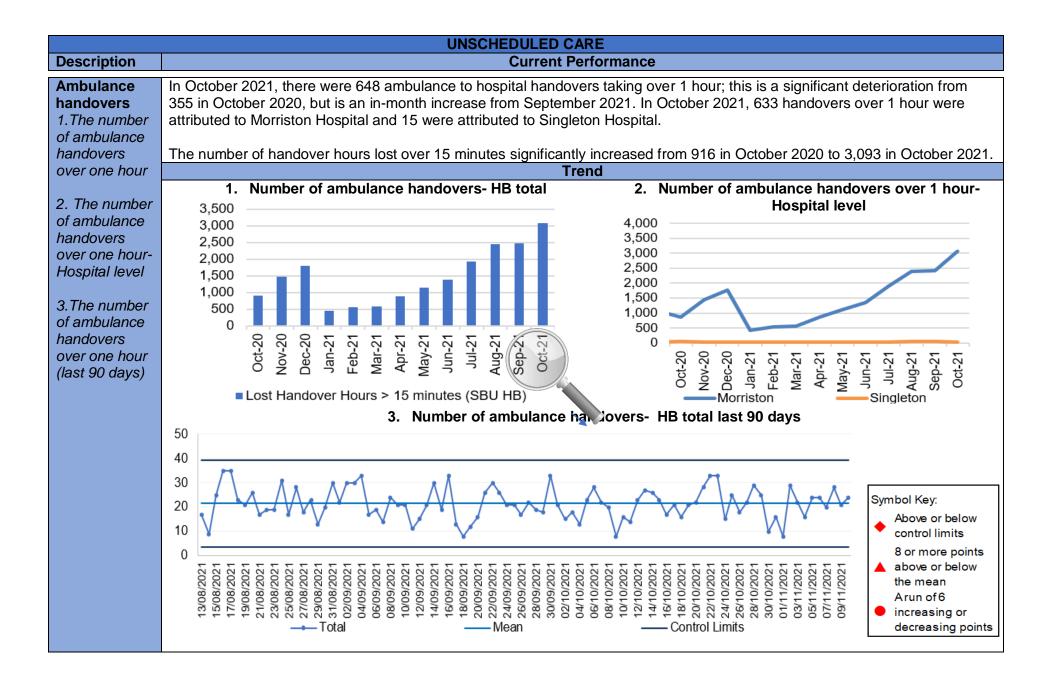
238 (13%+)

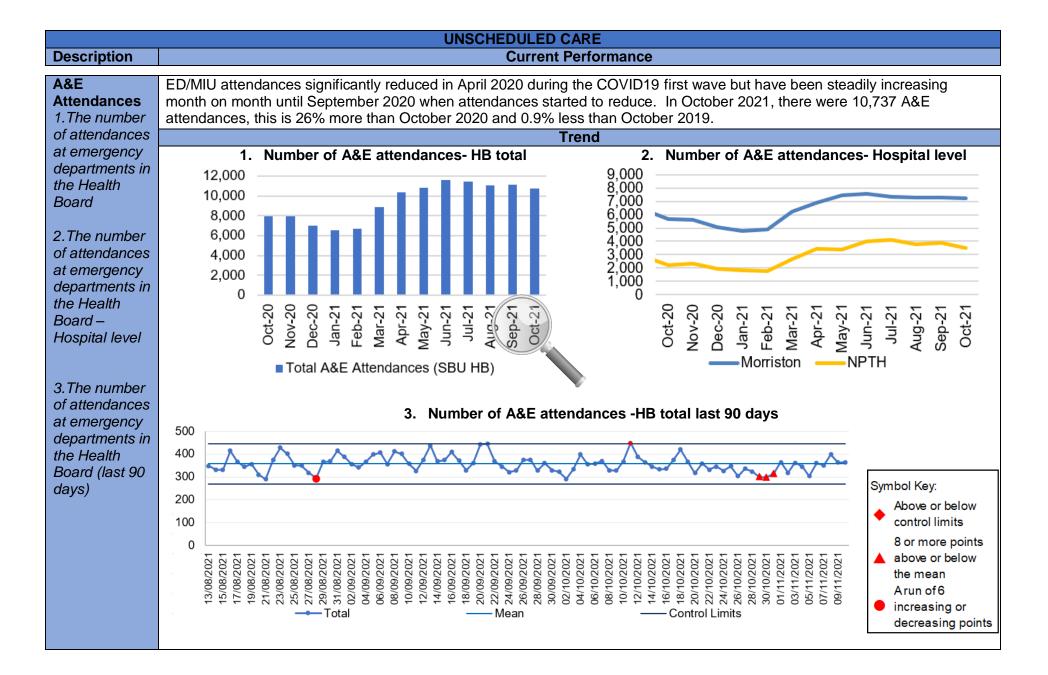
Medically fit patients

*RAG status and trend is based on in month-movement

4.2 Updates on key measures



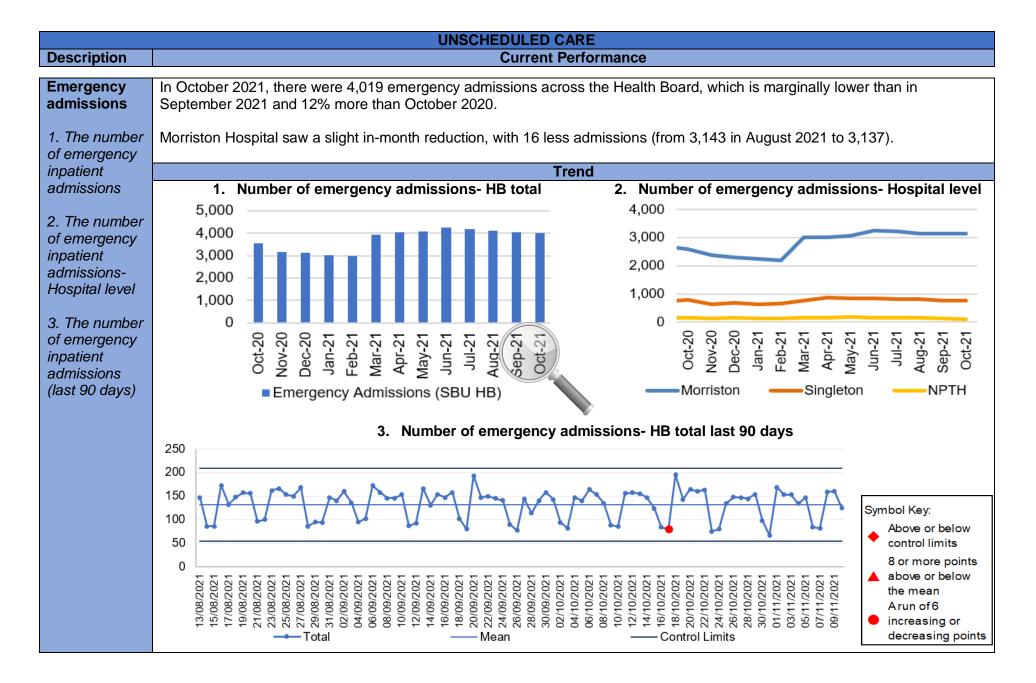




UNSCHEDULED CARE		
Description	Current Performance	
A&E waiting times	The Health Board's performance against the 4-hour measure deteriorated from 73.09% in September 2021 to 71.96% in October 2021.	
1.% of patients who spend less than 4	Neath Port Talbot Hospital Minor Injuries Unit (MIU) continues to achieve (and exceed) the national target of 95% achieving 99.37% in October 2021. Morriston Hospital's performance deteriorated from 59.68% in September 2021 to 58.80% in October 2021.	
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)	1. % Patients waiting under 4 hours in A&E- HB total 100% 80% 40% 20% 0% 0% 0% 0% 0% 0% 0% 0%	
	■ A&E % < 4 hours (SB UHB) 3. % Patients waiting under 4 hours in A&E- HB total last 90 days 90% 85% 80% 70% 65% 60% 55% 50% 120 20 20 20 20 20 20 20 20 20 20 20 20 2	

Description	Current Performance			
A&E waiting times	In October 2021, performance against the 12-hour measure deteriorated compared with September 2021, increasing from 1,250 to 1,276.			
1.Number of patients who spend 12 hours or more	1,275 patients waiting over 12 hours in October 2021 were in Morriston Hospital, with 1 patient waiting over 12 hours in Neath Port Talbot Hospital. This is an increase of 782 compared to October 2020. Trend 1. Number of patients waiting over 12 hours in A&E- 2. Number of patients waiting over 12 hours in A&E-			
in A&E 2.Number of patients who spend 12 hours or more in A&E-Hospital level 3.Number of patients who spend 12 hours or more	1. Number of patients waiting over 12 hours in A&E-HB total 1,400 1,200 1,000 800 600 400 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
in A&E (last 90 days)	3. Number of patients waiting over 12 hours in A&E – HB total last 90 days			
	700			

UNSCHEDULED CARE



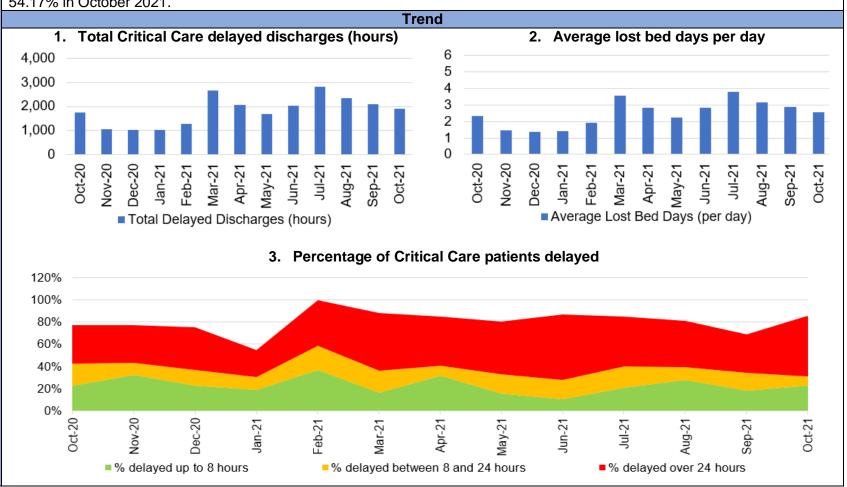
UNSCHEDULED CARE		
Description	Current Performance	

Critical Care-Delayed Transfers of Care (DTOC)-Morriston Hospital

1.Total Critical Care delayed discharges (hours)

- 2. Average lost bed days per day
- 3.Percentage of patients delayed:
- Up to 8 hours
- Between 8 and 24 hours
- Over 24 hours

In October 2021, there were a total of 70 admissions into the Intensive Care Unit (ICU) in Morriston Hospital. During the COVID19 first wave in April and May 2020, the amount of delayed discharges and average lost bed days significantly reduced and this downward trend was also evident in the second wave starting in November 2020 but not to the extent of the first wave. However, in October 2021, delayed discharges saw a reduction to 1909.3 hours, with the average lost bed days also decreasing to 2.57 per day. The percentage of patients delayed over 24 hours increased from 34.55% in September 2021 to 54.17% in October 2021.



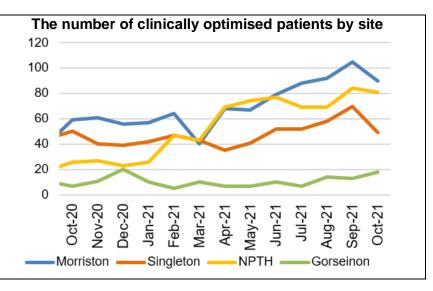
UNSCHEDULED CARE		
Description	Current Performance	Trend

Clinically Optimised The number of patients waiting at each site in the Health Board that are clinically optimised

In October 2021, there were on average 238 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.

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. October 2021 has seen the first decrease in numbers, reducing from 272 in September 2021 to 238.

In October 2021, Morriston Hospital had the largest proportion of clinically optimised patients with 90, followed by Neath Port Talbot Hospital with 81.

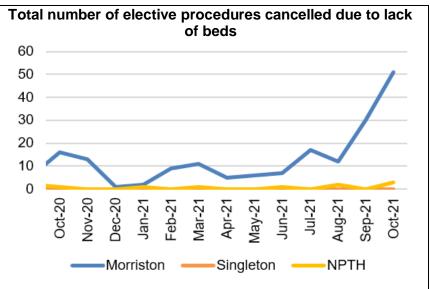


Elective procedures cancelled due to lack of beds

The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds

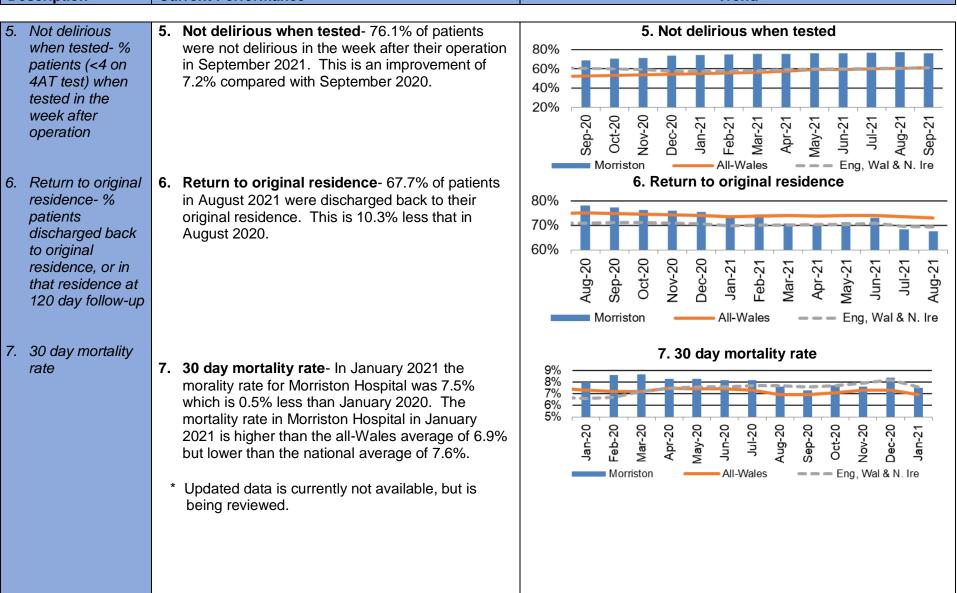
In October 2021, there were 54 elective procedures cancelled due to lack of beds on the day of surgery. This is 37 more cancellations than in October 2020 and 24 more than September 2021.

51 of the cancelled procedures were attributed to Morriston Hospital, with 3 attributed to Neath Port Talbot Hospital.

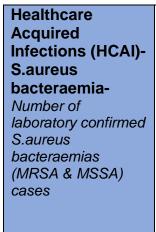


	FRACTURED NECK OF F	EMUR (#NOF)
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF)	1. Prompt orthogeriatric assessment- In	1. Prompt orthogeriatric assessment
1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician	September 2021, 87.3% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 2.9% more than in September 2020.	Sep-20 Oct-20 Nov-20 Jun-21 Aug-21 Aug-21 Sep-21 Sep-21
within 72 hours of		Morriston —— All-Wales ———— Eng, Wal & N. Ire 2. Prompt surgery
presentation	2. Prompt surgery- In September 2021, 58.4% of	80% —
Prompt surgery - patients undergoing surgery	patients had surgery the day following presentation with a hip fracture. This is an improvement from September 2020 which was 51.7%	70% 60% 50% 40%
the day following presentation with hip		Sep-20 Sep-20 Oct-20 Dec-20 Jan-21 Apr-21 May-21 Jun-21 Sep-21 Sep-21 Sep-21
fracture	2 NICE compliant ourgon, 60 49/ of operations	Morriston —— All-Wales — — Eng, Wal & N. Ire 3. NICE compliant Surgery
3. NICE compliant	3. NICE compliant surgery- 69.4% of operations were consistent with the NICE recommendations	80%
surgery - % of operations	in September 2021. This is 0.8% less than in August 2020. In September 2021, Morriston was	60%
consistent with the recommendations of	below the all-Wales average of 71.9%.	Sep-20 Oct-20 Nov-20 Jan-21 Apr-21 May-21 Jun-21 Jun-21 Sep-21
NICE CG124		Morriston ——— All-Wales — — — Eng, Wal & N. Ire
	4 Prompt mobilization in Contember 2021, 72.69/	4. Prompt mobilisation
4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	4. Prompt mobilisation- In September 2021, 72.6% of patients were out of bed the day after surgery. This is 3% less than in September 2020.	Sep-20 Nov-20 Nov-20 Jan-21 Apr-21 Aug-21 Sep-21 Sep-21
		Morriston —— All-Wales —— Eng, Wal & N. Ire

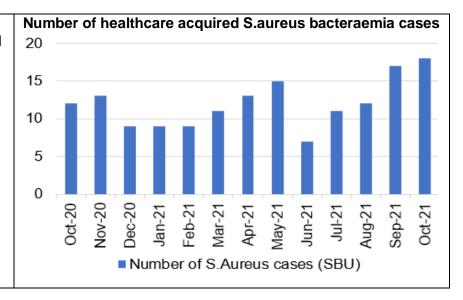
FRACTURED NECK OF FEMUR (#NOF)			
Description Cur	rrent Performance	Trend	



	HEALTHCARE ACQUIRE	D INFECTIONS
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases	 19 cases of <i>E. coli</i> bacteraemia were identified in October 2021, of which 7 were hospital acquired and 12 were community acquired. Cumulative cases from September 2021 to October 2021 are 17.6% lower than the equivalent period in 2020/21. (148 in 2021/22 compared with 174 in 2020/21). 	Number of healthcare acquired E.coli bacteraemia cases 40 30 20 10 Qor-20 Apr-21 Aug-21 Aug-21 Sep-21 Sep-21 Sep-21 Sep-21 Oct-20 Number E.Coli cases (SBU)



- There were 18 cases of Staph. aureus bacteraemia in October 2021, of which 11 were hospital acquired and 7 were community acquired.
- Cumulative cases from September 2021 to October 2021 are 9% higher than the equivalent period in 2020/21 (66 in 2021/22 compared with 72 in 2020/21).

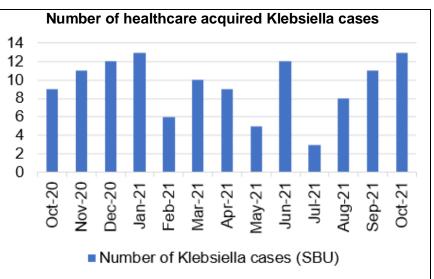


	HEALTHCARE ACQUIRE	
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI)- C.difficile- Number of laboratory confirmed C.difficile cases	 There were 15 Clostridium difficile toxin positive cases in October 2021, of which 10 were hospital acquired and 5 were community acquired. Cumulative cases from September 2021 to October 2021 are 18.1% more than the equivalent period of 2020/21 (83 in 2021/22 compared with 68 in 2020/21). 	Number of healthcare acquired C.difficile cases 25 20 15 10 5 Number of healthcare acquired C.difficile cases Nov-20 15 10 5 Num-21 Num-21 Ang-21 Ang-21 Number of C.difficile cases Nov-20 Number of C.difficile cases Seb-21 Ang-21 Number of C.difficile cases
Healthcare	There were 13 cases of Klebsiella sp in October	Number of healthcare acquired Klebsiella cases

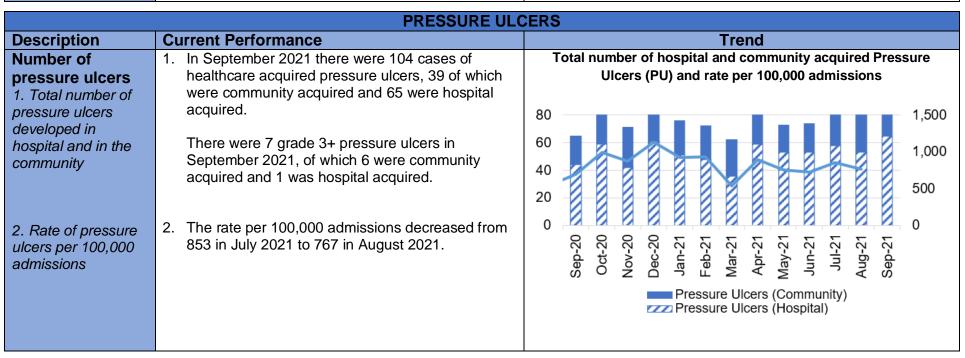


- There were 13 cases of Klebsiella sp in October 2021, of which 8 were hospital acquired and 5 were community acquired.
- Cumulative cases from September 2021 to October 2021 are 2% higher than the equivalent period in 2020/21

(51 in 2021/22 compared with 50 in 2020/21).

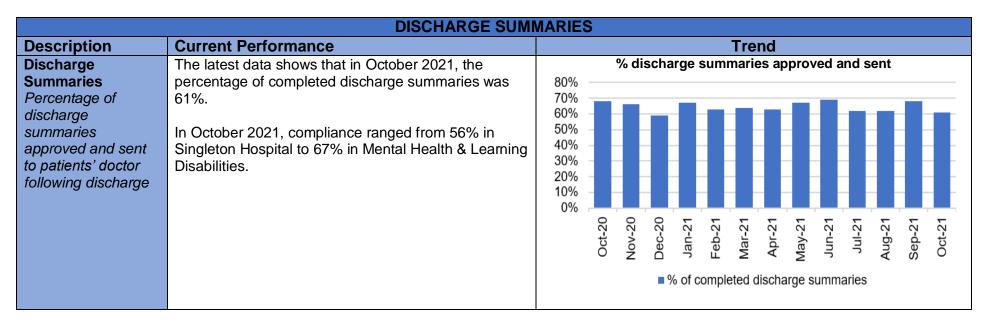


HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI)- Aeruginosa- Number of Iaboratory confirmed Aeruginosa cases	 There were no cases of <i>P.Aerginosa</i> bacteraemia reported in October 2021. Cumulative cases from September 2021 to October 2021 are 58% less than the equivalent period in 2020/21. 	Number of healthcare acquired Pseudomonas cases 6 5 4 3 2 1 0 Non-50 War-51 Way-51 Seb-51 Number of Pseudomonas cases (SBU)



	SERIOUS INCID	ENTS
Description	Current Performance	Trend
Serious Incidents- 1. The number of serious incidents	 The Health Board reported 3 Serious Incidents for the month of October 2021 to Welsh Government. The breakdown of incidents in October 2021 are set out below: Neath port Talbot – 1 Singleton - 2 	1. and 2. Number of serious incidents and never events 30 25 20 15 10 5
2. The number of Never Events3. Of the serious incidents due for assurance, the percentage which	 There were no new Never Event's reported in October 2021. In October 2021, performance against the 80% target of submitting closure forms within 60 working days was 0%. 	Number of Serious Incidents Number of never events 3. % of serious incidents closed within 60 days
were assured within the agreed timescales	working days was 0 %.	90% 80% 70% 60% 50% 40% 30% 20% 10% 0% Sl's assured * 0% compliance in June, July, October and November 2020 and January, March, April, May and June 2021

	INPATIENT FA	LLS
Description	Current Performance	Trend
Inpatient Falls The total number of inpatient falls	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.	Number of inpatient Falls 300 250 200 150 100 Seb-20 Nov-20 Nov-50 Nov-



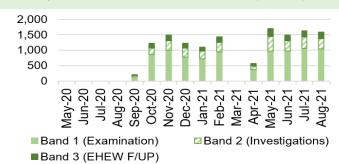
	CRUDE MORTA	LITY
Description	Current Performance	Trend
Crude Mortality Rate	September 2021 reports the crude mortality rate for the Health Board at 1.03% compared with 1.02% in August 2021. A breakdown by Hospital for September 2021: Morriston – 1.72% Singleton – 0.53% NPT – 0.11%	Crude hospital mortality rate by Hospital (74 years of age or less) 2.5% 2.0% 1.5% 1.0% 0.5% 0.0% Morriston Hospital NPT Hospital NPT Hospital We hospital (74 years of age or less) 1.74 years of age or less)

WORKFORCE						
Description	Current Performance			Trend		
Staff sickness rates- Percentage of sickness absence rate of staff			ember tly	% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month) 11%		
	 deteriorated from 7.11% ir in September 2021. The following table provide reasons by full time equiva September 2021. 	es the top 5 al	bsence	9% 8% 7%		
	Absence Reason	FTE Days Lost	%	3% — 2% —		
	Anxiety/ stress/ depression/ other psychiatric illnesses	9,468.99	32.5%	1% ————————————————————————————————————		
	Chest & respiratory problems	3,210.45	11%	Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Apr-21 Aug-21 Aug-21		
	Infectious diseases	3,024.22	10.4%			
	Other musculoskeletal problems	2,687.84	9.2%			
	Other known causes - not elsewhere classified	1,686.99	5.8%			

HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Primary and Community Care Overview

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



No claims submitted between April and August 2020

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

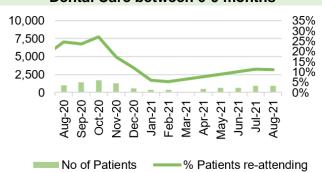


Chart 9: District Nursing- Number of patients on caseload

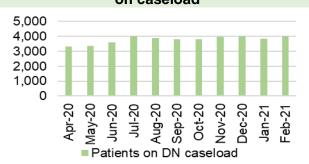


Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry



% of patients with a RTT (referral to stage 1) of 26 weeks or less

Chart 2: Common Ailment Scheme - Number of consultations provided

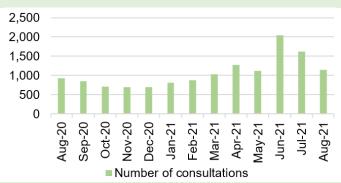


Chart 6: Pregnancy Advisory Service- Referral to appointment within 5 days and treatment within 10 days



☑ Referral to treatment within 10 days
 Chart 10: District Nursing- Total number of contacts

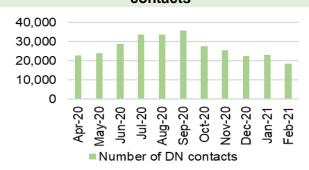
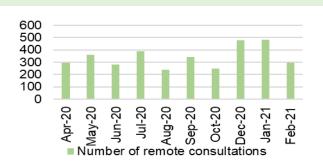


Chart 14: Audiology- Number of remote consultations



Nov-20 data not available

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

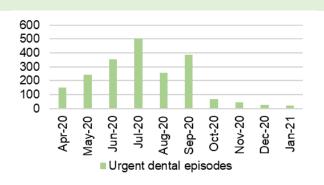
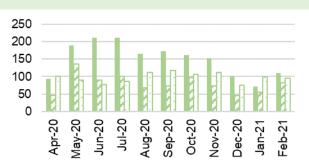


Chart 7: Sexual health services- Attendances at sexual health ambulance



■ Contraception □ GUM □ Pregnancy Advisory Service

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

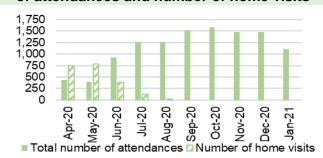


Chart 15: Audiology- Total number of patients waiting > 14 weeks

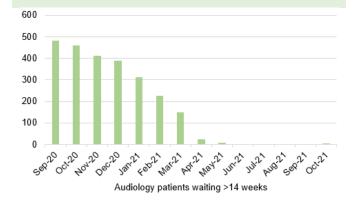


Chart 4: General Dental Practice activity- Total number of telephone calls received

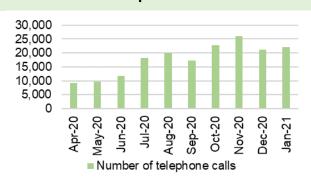


Chart 8: Sexual health services- Patient outcomes

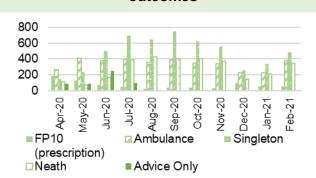


Chart 12: Community wound clinic- Number of assessments by location

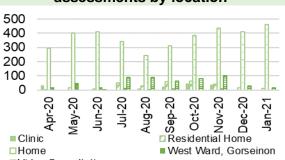


Chart 16: Speech & Language Therapy– Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity 5.2 Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

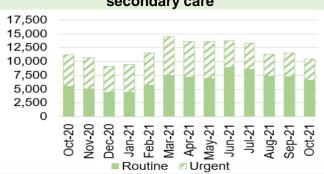


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

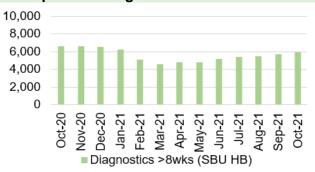


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

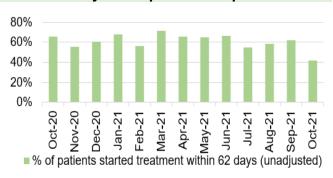


Chart 13: Number of patients without a documented clinical review date

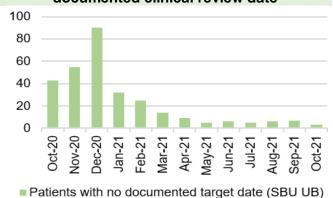


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

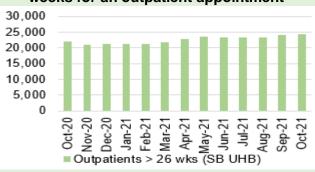


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

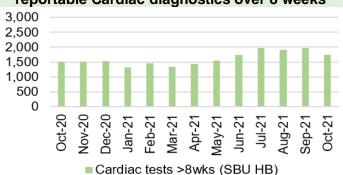


Chart 10: Number of new cancer patients starting definitive treatment

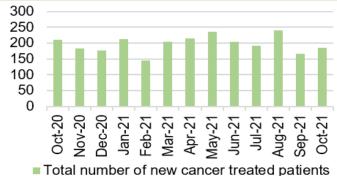


Chart 14: Ophthalmology patients without an allocated health risk factor

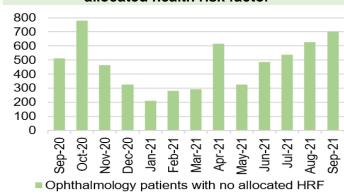


Chart 3: Number of patients waiting over 36 weeks for treatment

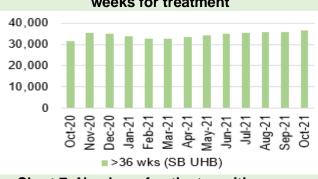


Chart 7: Number of patients waiting more than 14 weeks for Therapies

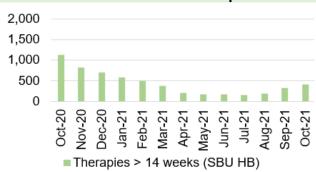


Chart 11: Single Cancer Pathway backlogpatients waiting over 63 days

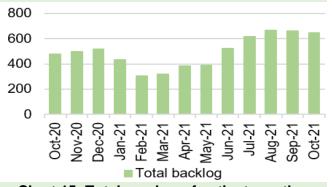


Chart 15: Total number of patients on the follow-up waiting list



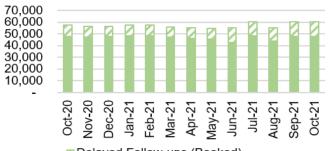
Chart 4: % patients waiting less than 26 weeks from referral to treatment



Chart 8: Cancer referrals



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



□ Delayed Follow-ups (Booked)■ Delayed Follow-ups (Not Booked)

Chart 16: Number of patients delayed by over 100%



Number of patients waiting 100% over target date (SBU HB)

Planned Care- Overview (October 2021)

Demand		Waiting Times	
10,488 (9%↓) Total GP referrals	24,483 (2%↑) Patients waiting over 26 weeks for a new outpatient appointment	36,420 (2%↑) Patients waiting over 36 weeks for treatment	27,495 (3%↑) Patients waiting over 52 weeks for treatment
6,589 (10%↓) Routine GP referrals	47.4% (0.7%↓) Patients waiting under 26 weeks from referral to treatment	5,939 (4%1) Patients waiting over 8 weeks for all reportable diagnostics	1,744 (11.3%↓) Patients waiting over 8 weeks for Cardiac diagnostics only
3,899 (8%↓) Urgent GP referrals	414 (29%↑) Patients waiting over 14 weeks for reportable therapies	131,554 (0.45%↑) Patients waiting for a follow-up outpatient appointment	33,121 (1.7%↑) Patients waiting for a follow-up outpatients appointment who are delayed over 100%

Cancer

1,655 (%12↓) Number of USC referrals received

646 (2.6%↓)

USC backlog over 63 days

50% (12.2%↓) draft Oct '21
Patients starting first definitive cancer treatment within 62 days

Theatre Efficiencies

66% (6%↓**)**

Theatre utilisation rate

46% (4%↑)

% of theatres sessions starting late

50% (4%↑)

% of theatres sessions finishing early

42% (1%↓**)**

Operations cancelled on the day

^{*}RAG status and trend is based on in month-movement

5.3 Updates on key measures

PLANNED CARE Description **Current Performance** Referrals and The number of GP referrals and additions to the outpatient waiting list has increased each month since May 2020, this is shape of the reflected in the reduction in the size of the waiting list in April 2020 and subsequent increase every month since May waiting list 2020. October 2021 has seen a 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, there are currently 8,200 patients waiting over 104 weeks at all stages. Chart 3 shows the waiting list 1. GP Referrals as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic. The number of Trend Stage 1 additions 1. Number of GP referrals received by SBU Health 2. Number of stage 1 additions per week **Board** per week 3.000 10.000 2.500 2. Stage 1 8.000 2.000 additions 6.000 1.500 The number of new 4.000 1.000 patients that have 2.000 500 been added to the outpatient waiting list May-2 Mar-2' Jun-2' Jul-2 3. Size of the GP Referrals (routine) waiting list Additions to outpatients (stage 1) waiting list GP Referrals (urgent) Total number of patients on the 3. Total size of the waiting list and movement 4. Total size of the waiting list and movement waiting list by stage (December 2019) Additions to list as at December 3,000 3000 continue to rise 26 36 52 2019 52 Patients breaching 36 and 52 2.500 2500 weeks 4. Size of the 2.000 2000 waiting list wave of patients moving through time gates 1.500 1500 Total number of 1,000 patients on the Breaching 36 weeks

500

■ STAGE 1 ■ STAGE 2 ■ STAGE 3 ■ STAGE 4 ■ STAGE 5

500

■ STAGE 1 ■ STAGE 2 ■ STAGE 3 ■ STAGE 4 ■ STAGE 5

waiting list by stage

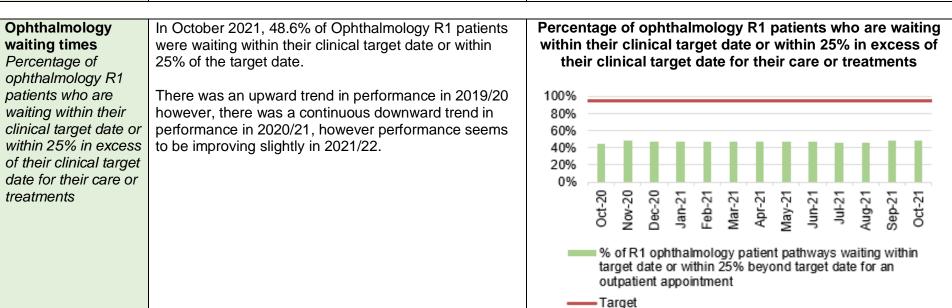
as at October 2021

PLANNED CARE Description Current Performance The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. October 2021 saw an **Outpatient waiting** in-month increase in the number of patients waiting over 26 weeks for an outpatient appointment. The number of times breaches increased from 23,997 in September 2021 to 24,483 in October 2021. Ophthalmology has the largest 1. Number of 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 patients waiting more than 26 weeks that the number of attendances started to increase from April 2021 and is now remaining steady. for an outpatient **Trend** appointment (stage 1. Number of stage 1 over 26 weeks- HB total 2. Number of stage 1 over 26 weeks- Hospital level 1)- Health Board 30,000 17.500 15,000 Total 25,000 12,500 20.000 10.000 2. Number of 15.000 7.500 patients waiting 5.000 10.000 more than 26 weeks 2,500 for an outpatient 5.000 appointment (stage 0 Oct-20 Jan-21 Feb-21 Apr-21 May-21 Jul-21 Oct-21 Mar-21 Jun-2 1)- Hospital Level Jan-21 Aug-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Singleton 3. Patients waiting Outpatients > 26 wks (SB UHB) over 26 weeks for an 3. Patients waiting over 26 weeks for an outpatient 4. Outpatient activity undertaken outpatient appointment by specialty as at September 2021 30,000 appointment by 25,000 specialty 4000 20,000 3500 15.000 3000 10,000 2500 2000 5.000 4. Outpatient activity 1500 undertaken 1000 Oct-20 Jul-21 Feb-21 Mar-21 500 Medicine for the lider estorative Dentistry Spinal Surger New outpatient attendances Follow-up attendances **Please note - reporting measures changed from June 2021 - Using power BI platform

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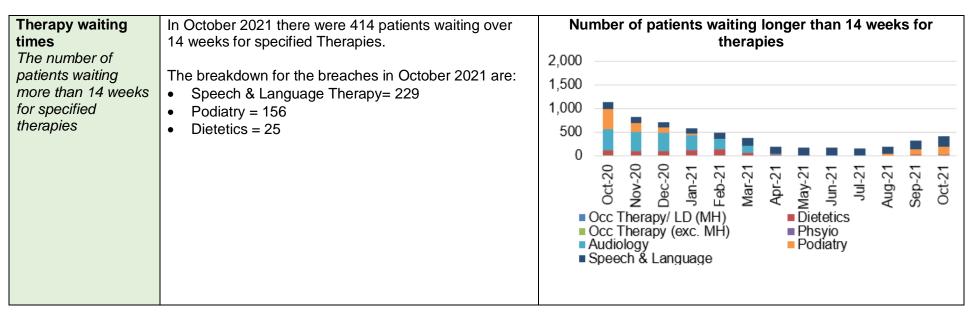
PLANNED CARE Description Current Performance Patients waiting The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. December 2020 was the first month in 2020 that saw an in-month reduction and this over 36 weeks for trend continued into January and February 2021 however, the number of breaches increased again from March 2021. In treatment October 2021, there was 36,420 patients waiting over 36 weeks which is a 2% in-month increase from September 2021. 1. Number of 27,495 of the 36,420 were waiting over 52 weeks in October 2021. patients waiting more than 36 weeks **Trend** for treatment and the 1. Number of patients waiting over 36 weeks- HB 2. Number of patients waiting over 36 weeks- Hospital number of elective level total patients admitted for 40.000 30.000 treatment- Health 25.000 30,000 Board Total 20,000 20,000 15,000 2. Number of 10.000 10.000 patients waiting 5,000 more than 36 weeks Feb-21 Mar-21 Apr-21 May-21 Aug-21 Jul-21 for treatment and the Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-2 Oct-2, number of elective patients admitted for ■>36 wks (SB UHB) -Morriston -----Singleton treatment- Hospital level 3. Number of elective admissions 6.000 3. Number of 5,000 elective admissions 4.000 3.000 2,000 1,000 Jan-21 Feb-21 Mar-2' Apr-2' May-21 Jun-21 Jul-2 Oct-2, Aug-2 Admitted elective patients

PLANNED CARE				
Description	Current Performance			
Total waiting times Percentage of patients waiting less than 26 weeks from referral to treatment	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%. In October 2021, 47.4% of patients were waiting under 26 weeks from referral to treatment, which is a reduction from September 2021.	Percentage of patient waiting less than 26 weeks 100% 90% 80% 70% 60% 50% 10% 0% 0% 0% Nor-50 Morriston Singleton PCT NPTH		

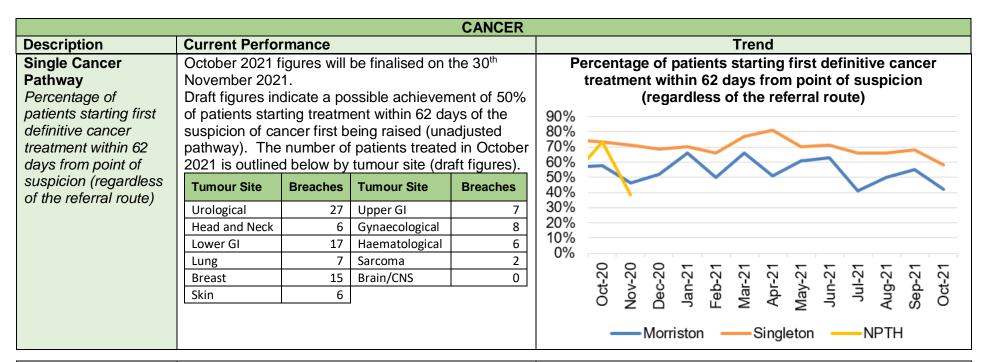


	THEATRE EFFICIENCY			
Description	Current Performance	Trend		
Theatre Efficiency 1. Theatre Utilisation Rates	In October 2021 the Theatre Utilisation rate was 66%. This is an in-month reduction of 6% and a 9% decrease compared to October 2020.	1. Theatre Utilisation Rates 100% 80% 60% 40% 20%		
2. % of theatre sessions starting late	46% of theatre sessions started late in October 2021. This is an decline from 44% in October 2020.	%0 Oct-20 Nov-20 Dec-20 Jan-21 Mar-21 May-21 Jun-21 Jun-21 Oct-21		
3. % of theatre sessions finishing early	In October 2021, 50% of theatre sessions finished early. This is 4% higher than figures seen in September 2021 but is 12% more than in October 2020.	Theatre Utilisation Rate (SBU HB) 2. and 3. % theatre sessions starting late/finishing early 80% 60% 40% 20%		
4. % of theatre sessions cancelled at short notice (<28 days)	9% of theatre sessions were cancelled at short notice in October 2021. This is an increase of 3% from September 2021 and is 5% more than in September 2020.	0% 07-07-07-07-07-07-07-07-07-07-07-07-07-0		
5. % of operations cancelled on the day	Of the operations cancelled in October 2021, 42% of them were cancelled on the day. This is a reduction from 43% in September 2021 and a 1% reduction from October 2020.	00c-20 00c-20 00c-20 00c-20 00c-20 00c-20 Mari-21 Mari-21 Nov-20 Mari-21 Nov-20 Mari-21 Oct-20 Nov-20 Nov-20 Nov-20 Nov-20 Oct-20 Oct-20 Oct-20 Oct-20 Oct-21		
		5. % of operations cancelled on the day 80% 60%		
		Oct-20 Now-20 Now-20		

	PLANNED CARE				
Description	Current Performance	Trend			
Diagnostics waiting times The number of patients waiting more than 8 weeks for specified diagnostics	In October 2021, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,732 in September 2021 to 5,939 in October 2021. The following is a breakdown for the 8-week breaches by diagnostic test for October 2021: • Endoscopy= 2,635 • Cardiac tests= 1,744 • Cystoscopy= 16	Number of patients waiting longer than 8 weeks for diagnostics 4,000 3,000 2,000 1,000 0 Cardiac tests Endoscopy Other diagnostics (inc. radiology)			

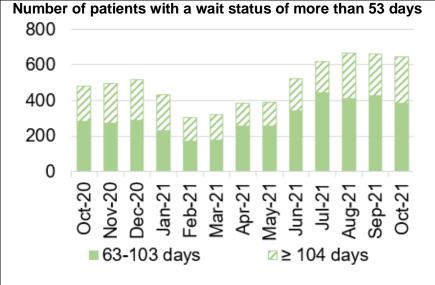


	CANCER	
Description	Current Performance	Trend
Cancer demand and shape of the waiting list 1. Number of Urgent Suspected Cancer (USC) referrals received	The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been an upward trend since 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.	1. Number of USC referrals 2500 2000 1932 1880 1869 1719 172: 1500 1340 1000 500
2. Source of suspicion for patients on Single Cancer Pathway (SCP)	Gastroenterology referrals are assigned to the tumour site 'Other' on receipt of referral, where possible this is refined to Upper or Lower GI as investigations are initiated and the suspected tumour site becomes clearer to trackers.	2. Source of suspicion for patients starting cancer treatment 2,500 2,000 1,500 1,000 0,000 1,500 0,000 0,000 1,500 0,0



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

Early November 2021 backlog by tumour site:				
Tumour Site	63 - 103 days	≥104 days		
Acute Leukaemia	0	0		
Brain/CNS	1	1		
Breast	26	11		
Children's cancer	0	0		
Gynaecological	28	13		
Haematological	5	7		
Head and neck	13	11		
Lower Gastrointestinal	145	132		
Lung	13	10		
Other	2	1		
Sarcoma	3	1		
Skin(c)	12	5		
Upper Gastrointestinal	34	15		
Urological	57	56		
Grand Total	339	263		



CANCER				
Description	Current Performance	Trend		

USC First Outpatient Appointments

The number of patients at first outpatient appointment stage by days waiting

To date, early November 2021 figures show total wait volumes have decreased by 16%, 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) – Early November 2021

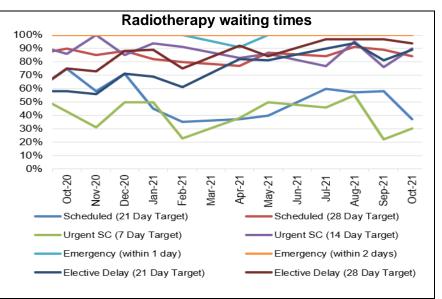
()						
FIRST OPA	31-Oct	07-Nov	% change			
Acute Leukaemia	0	0	0%			
Brain/CNS	0	1	0%			
Breast	5	1	-80%			
Children's Cancer	1	2	100%			
Gynaecological	49	56	14%			
Haematological	1	4	300%			
Head and Neck	58	41	-29%			
Lower GI	185	154	-17%			
Lung	12	12	0%			
Other	61	32	-48%			
Sarcoma	13	16	23%			
Skin	150	117	-22%			
Upper GI	75	67	-11%			
Urological	31	35	13%			
	641	538	-16%			

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	Oct-21
Scheduled (21 Day Target)	80%	37%
Scheduled (28 Day Target)	100%	84%
Urgent SC (7 Day Target)	80%	30%
Urgent SC (14 Day Target)	100%	90%
Emergency (within 1 day)	80%	100%
Emergency (within 2 days)	100%	100%
Elective Delay (21 Day Target)	80%	89%
Elective Delay (28 Day Target)	100%	94%



Feb-21 Mar-21

Apr-21 May-21

Dec-20 Jan-21

Oct-20 Nov-20

Jul-21

Jun-21

Aug-21 Sep-21 Oct-21

PATIENT EXPERIENCE				
Description	Current Performance	Trend		

Health Board Friends & Family patient satisfaction 1. Number of friends and family surveys completed **Patient experience** level in October 2021 was 92% and 2,733 surveys 5,000 1. Number of friends were completed. 4.000 > Singleton/ Neath Port Talbot Hospitals Service and family surveys 3,000 Group completed 1,118 surveys in October completed 2021, with a recommended score of 92%. 2,000 Morriston Hospital completed 941 surveys in 1,000 2. Percentage of October 2021, with a recommended score of patients/ service 92%. Primary & Community Care completed 89 users who would Nov-20 Dec-20 May-21 Jan-21 Mar-21 Apr-21 Jun-21 Feb-21 Jul-21 Aug-21 recommend and surveys for October 2021, with a highly recommend recommended score of 90%. The Mental Health Service Group completed MH & LD Morriston Hospital 10 surveys for October 2021, with a ■ Primary & Community Neath Port Talbot recommended score of 90%. Singleton Hospital 2. % of patients/ service users who would recommend and highly recommend 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% May-21 Apr-21 Feb-21 Jul-21 Mar-21 MH&LD — Morriston — NPT — PCCS — Singleton * Data not available for April 2021. Neath Port Talbot included in Singleton's figures from May 2021

	COMPLAINTS	S
Description	Current Performance	Trend

Patient concerns

1. Number of formal complaints received

1. In August 2021, the Health Board received 115 formal complaints; this is lower than the number seen in July 2021 (139).

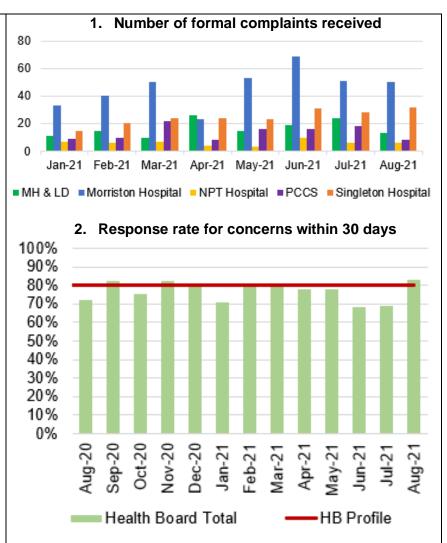
Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid

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

2. The overall Health Board rate for responding to concerns within 30 working days was 83% in August 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
67%
94%
62%
75%
81%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

6.1 Vaccinations and Immunisations

Chart 1: % children who received 3 doses of the hexavalent '6 in 1' vaccine and MenB2 vaccine by age 1

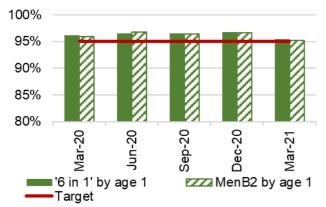


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

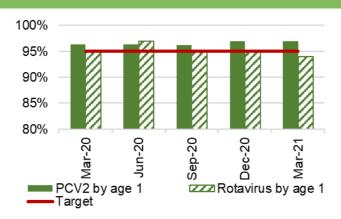


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2



Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

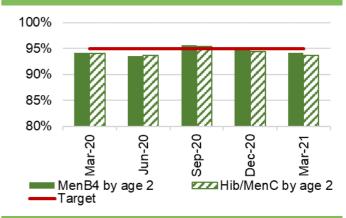


Chart 5: % children who are up to date in schedule by age 4

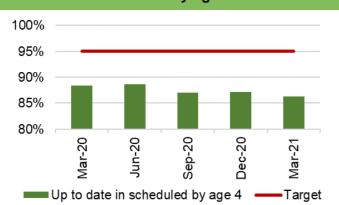


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

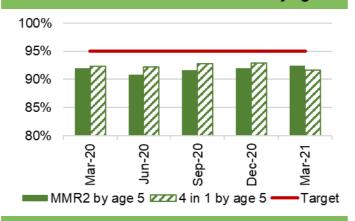


Chart 7: % children who received MMR vaccine and teenage booster by age 16

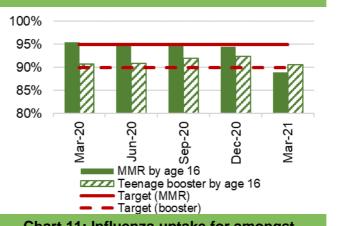


Chart 8: % children who received MenACWY vaccine by age 16

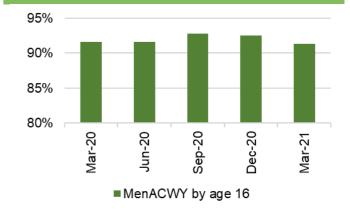


Chart 12: Influenza uptake for amongst

healthcare workers

Chart 9: Influenza uptake for amongst 65 year olds and over

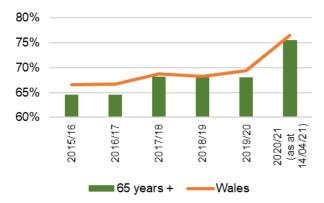
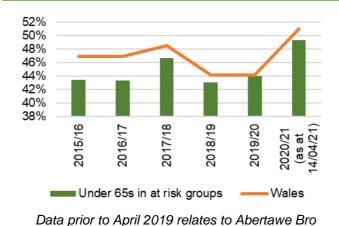
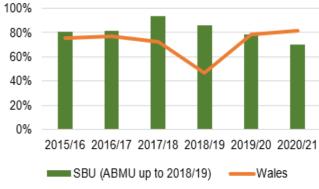


Chart 10: Influenza uptake for amongst under 65s in risk groups



Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



5 2016/17 2017/18 2018/19 2019/20 2020/21 6 2016/17 2017/18 2018/19 2019/20 2020/21

70%

60%

50%

40%

30%

20%

10%

Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board. 2020/21 data not available

Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board. 2020/21 all-Wales data not yet available

Healthcare workers

Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

6.2 Mental Health Overview

Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral

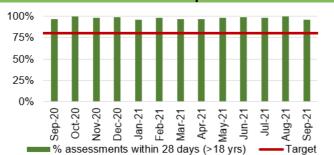


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the **CRHTS** prior to admission

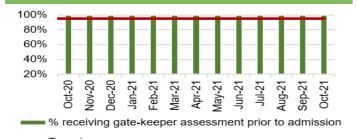


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

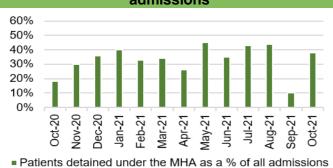


Chart 13: Urgent assessments undertaken within 48 hours from receipt of referral

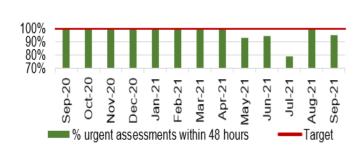


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

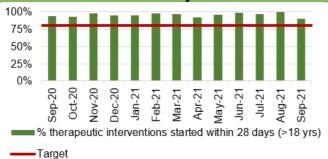


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

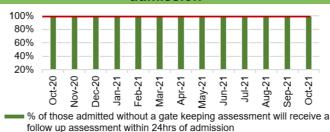


Chart 10: Number of patients subject to **Deprivation of Liberty Safeguards (DOLS)**

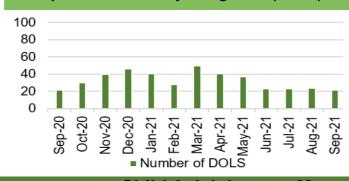


Chart 14: Neuro-developmental disorder assessment and intervention received within

100% 75% 50% 25% 0% Nov-20 May-21 Jun-21 Mar-21 Apr-21 Jul-21 Jan-21 Feb-21

26 weeks

Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

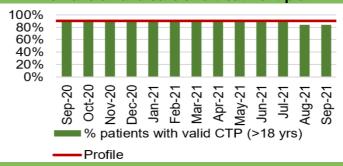


Chart 7: % of patients waiting under 14 weeks for Therapies



Chart 11: Number of Serious Incidents



Child & Adolescent Mental Health Services (CAMHS)

Chart 15: Assessment and intervention within 28 days



Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in **Specialist Adult Mental Health**

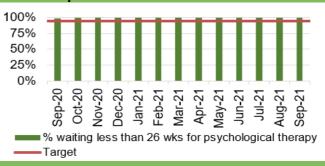


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

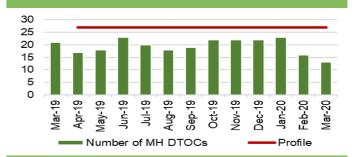


Chart 12: Number of ligature incidents

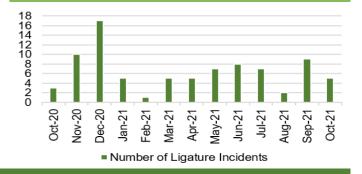
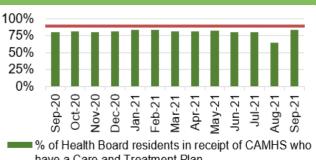


Chart 16: % of residents with a Care and **Treatment Plan**

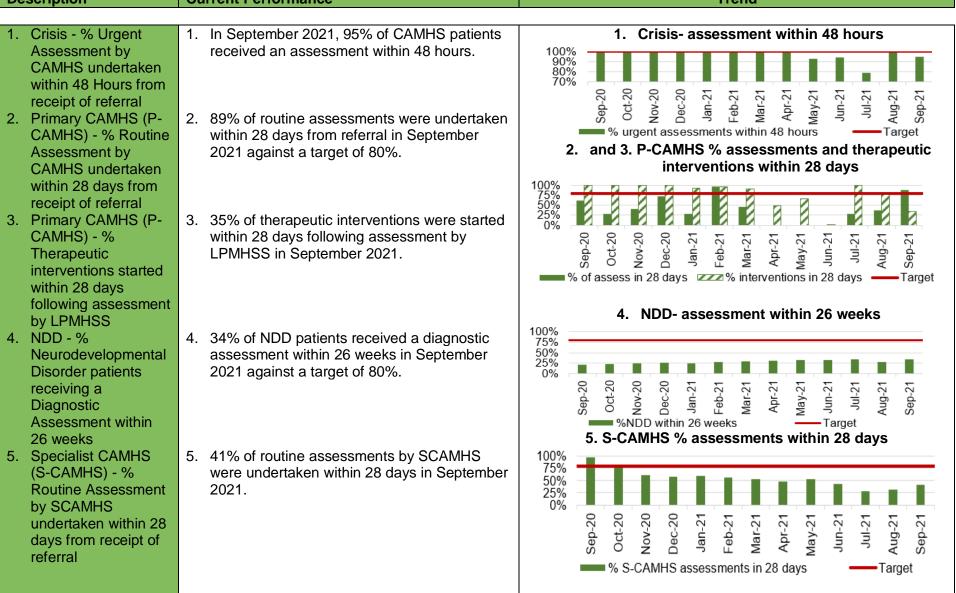


have a Care and Treatment Plan Target

6.3 Updates on key measures

	ADULT MENTAL H	IEALTH
Description	Current Performance	Trend
Adult Mental Health Measures: 1. % of MH	1 In September 2021, 06% of approximents	1. % Mental Health assessments undertaken within 28 days from receipt of referral
assessments undertaken within 28 days from the date of receipt of referral (18	In September 2021, 96% of assessments were undertaken within 28 days of referral for patients 18 years and over.	75% 50% 25% 0% 00; 07; 07; 07; 07; 07; 07; 07; 07; 07;
years and over)		2. % Mental Health therapeutic interventions started within
2. % of therapeutic	2. In September 2021, the percentage of	28 days following LPMHSS assessment
interventions started within 28 days following an assessment by LPMHSS (18 years and over)	therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 90%.	100% 75% 50% 25% 0% 07, 07, 00, 07, 02, 02, 02, 02, 02, 02, 02, 02, 02, 02
3. % of health board residents in receipt of secondary mental health services who have a valid Care and	84% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in September 2021.	3. // residents with a valid care and Treatment Plan (CTP) 100% 90% 80% 70% Seb-70 Nan-7-1 Nan-7-1
Treatment Plan (CTP)		が O え G コ 正 ミ マ ミ ラ オ め matients with valid CTP (>18 yrs) Target
(18 years and over)		4. % waiting less than 26 weeks for Psychology Therapy
4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	4. In September 2021, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.	Sep-20 Oct-20 Way-21 Aug-21 Aug-21 Sep-21 Se
		w <u> </u>
		waiting less than 26 wks for psychological therapy ——Target

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)											
Description	Current Performance	Trend									



8. FINANCE UPDATES

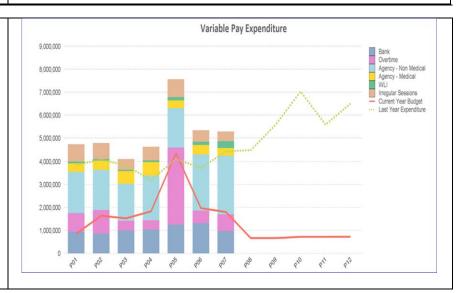
This section of the report provides further detail on key workforce measures.

Description	Current Performance	Trend
Revenue Financial Position – expenditure incurred against revenue resource limit	 The Health Board's annual plan produces a forecast deficit for 2021/22 of £42.077m. This includes £17.672m impact on savings delivery from 2020/21. The £42.077m forecast deficit equates to an expected monthly overspend of £3.506m. The Health Board was advised by WG to anticipate non-recurrent funding to support the 2020/21 savings impact and this reduces the HB forecast to £24.405m, which equates to an expected monthly overspend of £2.034m. This was reflected in the May position. The Health Board has reported a cumulative overspend of £13.880m against a forecast position of £14.236m. 	HEALTH BOARD FINANCIAL PERFORMANCE 2021/22 1,000 3,500 2,500 1,000 1,976 1,973 2,131 1,821 1,875 1,874 1,829 Operational Position Forecast Position Target Overspend

Description Current Performance Trend Capital The forecast outturn capital position for 2021/22 **Capital - Cumulative Performance to Plan Financial** is an overspend of £0.488m. Allocations are Position anticipated from WG which will balance this 60,000 expenditure position. 50,000 incurred against capital resource 40,000 The reported forecast outturn position assumes £,000 limit that £0.552m of disposal income will be received. 30,000 20,000 10,000 Actual/Revised Forecast

Workforce Spend – workforce expenditure profile

- The pay budgets are underspent by £5.4m after 7 months. This is after funding has been allocated to support additional costs associated with COVID, funding of the overtime holiday pay arrears which were paid in August and the application of funding for the 2021/22 pay award, which was implemented with arrears in September.
- Variable pay remains high, this reflects operational pressures, increasing sickness levels and recovery actions, however it should be notes that medical and dental agency spend reduced in October.
- The Health Board is incurring around £3m of additional pay costs per month related to COVID response and recovery, in addition to the TTP and vaccination costs.



Current Performance Description Trend **PSPP** – pay 95% Percentage of non-NHS invoices paid within 30 days of The Health Board failed to deliver this target in of Non-NHS receipt of goods or valid invoicce 2020/21, with the target only being met on three of invoices within 30 the twelve months. days of receipt of There was a very positive start to the financial year, goods or valid **PSPP Target** invoice with the target being met in the first six months, with a 98.00% cumulative achievement of 96.07% for the first six months. 96.00% However, October has seen a significant reduction in 94.00% compliance with the target. The key area of impact is nurse agency invoices where the volume of invoices 92.00% has increased significantly and service pressures are 90.00% impacting on the timeliness of the sign off of shifts to 88.00% allow invoices to be processed. Additional resource M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12 has been secured to support the processing process. Whilst performance is positive for non-NHS invoices, PSPP In Month PSPP Cumulative the NHS position is less favourable. A workplan to improve the NHS position is being developed as part of the All Wales Accounts Payable group.

APPENDIX 2: INTEGRATED PERFORMANCE DASHBOARD

			Harm o	uadrani	- Harm f	rom Co	vid itse	elf									
Measure	Locality	National/ Local	Internal	Trend													
Weasure	Locality	Target	profile	Trend	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Number of new COVID19 cases*	HB Total				4,664	5,525	11,976	3,759	1,208	907	406	189	708	1,946	7,177	12,839	10,918
Number of staff referred for Antigen Testing	HB Total				1,695	1,741	1,864	684	366	568	274	267	281	367	406	673	524
Number of staff awaiting results of COVID19 test*	HB Total				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*	HB Total				87	141	127	84	63	53	74	67	23	24	36	36	73
Number of COVID19 related serious incidents*	HB Total				- 1	1	0	0	0	0	0	0	0	0	0	0	0
Number of COVID19 related complaints*	HB Total				37	50	83	106	131	98	38	13	16	4	6	3	4
Number of COVID19 related risks*	HB Total			_	6	7	10	3	3	3	2	2	1	1	1	0	0
	Medical				17	36	55	7	2	3	2	1	3	7	5	20	13
	Nursing Registered				106	93	152	61	40	32	28	18	21	19	35	67	38
Number of staff self isolated (asymptomatic)*	Nursing Non			\ ^													
	Registered			I ~ / _	95	56	81	57	33	35	25	20	18	24	21	43	28
	Other				111	106	187	93	85	75	29	22	28	21	54	97	41
	Medical				17	41	34	16	5	1	1	1	2	3	7	15	10
	Nursing Registered				44	97	145	112	52	44	39	33	23	28	36	57	51
Number of staff self isolated (symptomatic)*	Nursing Non										i						
number of class con isolated (cymptomatic)	Registered			1/	25	77	68	88	49	29	24	20	18	18	27	44	34
	Other			 	46	79	147	100	50	34	23	17	7	18	44	88	85
	Medical				3.2%	7.3%	8.3%	2.2%	0.7%	0.4%	0.3%	0.2%	0.5%	0.9%	1.3%	3 6%	2.4%
	Nursing Registered				3.8%	4.7%	7.4%	4.3%	2.3%	1.9%	1.6%	1.2%	1.1%	1.4%	1.8%	3.1%	2.2%
	Nursing Non							4.576	2.570			1.270					
% sickness*	Registered			-	6.0%	6.5%	7.3%	7.0%	3.9%	3.1%	2.4%	1.9%	1.8%	1.8%	2.3%	4.3%	3.1%
	Other		 	 _ `	2.5%	3.0%	5.4%	3.1%	2.2%	1.7%	0.8%	0.6%	0.6%	0.79/	4.00/	2.09/	2.0%
	All		 	<u> </u>	3.5%	4.4%	6.5%	4.0%	2.4%	1.7%	1.3%	1.0%	0.9%	4.40/	1.076	2.376	2.0%
	All	National/ Local	Internal	_	3.376	4.470	0.576	4.076	2.470	1.570	1.570	1.070	0.576	1.170	1.7 70	J.Z 70	2.370
Measure	Locality		profile	Trend	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May 24	lun 24	Int 24	Aug-21	Con 24	Oct-21
		Target	prome	He			DCC-20	Jan-Zi	160-21	IVIAI-ZI	Apr-21	IVIAY-Z I	Juli-21	Jui-21	Aug-Zi	Sep-21	OCI-Z1
	Morriston		Τ	Un	scheduled 340		499	107	215	225	222	400	500	607	744	622	622
Number of ambulance bandances are bound		- 0			15	484 16		187 8	4	225	332 5	462 15	528	9	15	20	633 15
Number of ambulance handovers over one hour*	Singleton	-		_			11			0	_		19	_			
	Total				355	500	510	195	219	231	337	477	547	616	726	642	648
% of patients who spend less than 4 hours in all major	Morriston	050		<u>~~</u>	68.4%	65.4%	62.7%	68.2%	61.0%	67.7%	62.8%	01.7%	59.0%	61.5%	62.3%	59.7%	20.0%
and minor emergency care (i.e. A&E) facilities from	NPTH	95%			99.8%	99.5%	99.0%	99.6%	99.7%	98.5%	99.2%	99.0%	97.7%	97.8%	99.4%	96.3%	99.4%
arrival until admission, transfer or discharge*	Total			<u>~~</u>	77.2%	75.4%	72.6%	76.8%	71.3%	76.9%	74.9%	73.4%	72.4%	74.7%	75.0%	73.1%	72.0%
Number of patients who spend 12 hours or more in all	Morriston	- 0			493	626	775	570	534	457	630	684	8/9	1,013	1,059	1,250	1,275
hospital major and minor care facilities from arrival until				<u> </u>	1	0	1	0	0	0	1	0	1	1	1	0	1 0 001
% of patients who have a direct admission to an acute		59.8%			29.8%	23.7%	7.1%	6.8%	18.2%	20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	0.0%
stroke unit within 4 hours*	Total	(UK SNAP average)			29.8%	23.7%	7.1%	6.8%	18.2%	20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	0.0%
% of patients who receive a CT scan within 1 hour*	Morriston	54.5%		~~	42.1%	31.7%	22.7%	42.2%	30.6%	40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%
70 of patients who receive a of Sean William Friedr	Total	(UK SNAP average)		~~	42.1%	31.7%	22.7%	42.2%	30.6%	40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%
% of patients who are assessed by a stroke specialist	Morriston	84.2%			98.2%	96.7%	95.5%	95.6%	97.2%	100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%
consultant physician within 24 hours*		(UK SNAP average)		$\overline{}$													
Constituit physician Wallin 24 Hours	Total	(SIX SIXAF average)			98.2%	96.7%	95.5%	95.6%	97.2%	100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%
% of thrombolysed stroke patients with a door to door	Morriston	12 month		~~/	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%
needle time of less than or equal to 45 *minutes	Total	improvement trend		\~\	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%
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend		\	86.5%	65.1%	63.4%	65.7%	61.2%	55.9%	47.1%	39.7%	41.9%	45.4%	58.9%	58.6%	64.6%

Measure	Locality	National/ Local	Internal profile	Trend	O-r 20	Nov-20	D 20	I 21	E-L 21	W 21	A 21	W 21	l 21	1.1.21	A 21	C 21	0 21
		Target	prome	Fractu		of Femu		Jan-ZI	Feb-21	mar-21	Apr-21	may-Zi	Jun-ZI	Jul-21	Aug-ZI	5ep-21	Uct-21
Prompt orthogeriatric assessment- %							(1121)										
patients receiving an assessment by a senior	Morriston	75%			84.4%	84.7%	86.0%	86.8%	87.6%	88.3%	89.7%	90.7%	91.0%	90.5%	88.2%	87.3%	
geriatrician within 72 hours of presentation				/_													
Prompt surgery - 1/2 patients undergoing surgery by the day following presentation with hip	Morriston	75%			51.0%	51.8%	54.1%	55.5%	56.3%	56.2%	56.6%	57.2%	60.0%	59.5%	59.4%	58.4%	
NICE compliant surgery - % of operations																	
consistent with the recommendations of NICE	Morriston	75%			70.1%	69.6%	68.5%	70.3%	71.2%	70.5%	70.4%	70.1%	71.0%	71.2%	69.8%	69.4%	
CG124				V													
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day	Massistan	75%			76.3%	76.0%	74.3%	74.1%	74.1%	74.6%	75.4%	75.9%	76.0%	75.7%	74.4%	72.6%	
after operation	Monston	13/.			10.3%	10.0%	14.3%	14.1/4	14.1/4	14.0%	13.4%	15.5%	10.0%	15.1%	14.4%	12.07.	
Not delirious when tested- 1/2 patients (< 4 on		75*/			70.51	74.44.4	70.51	74.454	75.00	75.007	75.414	75.00	70.00	70.00	77.74	70.44	
4AT test) when tested in the week after operation	Morriston	75%			70.5%	71.1%	73.5%	74.4%	75.2%	75.3%	75.4%	75.9%	76.0%	76.8%	77.7%	76.1%	
Return to original residence - // patients		75.			70.00	75.00	75.00		74.50		70.00						
discharged back to original residence, or in that residence at 120 day follow-up	Morriston	75%		`\	76.2%	75.9%	75.6%	73.7%	74.3%	70.7%	70.2%						
30 day mortality - crude and adjusted figures,		12 month															+
noting ONS data only correct after around 6	Morriston	improvement trend		\	7.7%	7.6%	8.4%	7.5%									
% of survival within 30 days of emergency	HB Total	12 month		\	90.0%	67.9%	68.0%	65.3%	70.7%								
admission for a hip fracture	TID TOTAL	improvement trend		$\overline{}$	00.07	01.07	00.07	00.07	10.17		CDU						
Measure	Locality	National/Local Target	profile	Trend	Oot-20	Nov-20	Doc-20	Jan-21	Fob-21	Mar-21	SBU Apr-21	Mau-21	Jun-21	Jul-21	Aug-21	Son-21	∏ot-21
		raiget	prome	Health		uired Infe		Vall-21	1160-21	Plai Z I	npi-21	riay-21	Juli-21	Jul 21	Hug-Zi	Jep-21	1000-21
	PCCS Community		12		11	11	7	12	11	19	20	15	23	15	25	12	12
	PCCS Hospital]	0		0	0	0	0	0	0	0	1	0	0	0	1	0
	MH&LD	12 month reduction	0		0	0	0	0	0	0	0	0	0	0	0	0	0
Number of E.Coli bacteraemia cases	Morriston NPTH	trend	2	$\overline{}$	9	2	2	3	3	5	5	8	2	3	4	5	5
	Singleton	-	2	\sim	2	2	3	2	3	3		0	2	2	3	1	1
	Total	1	19	<u> </u>	25	16	12	18	17	28	32	26	28	23	34	21	19
	PCCS Community		5	~~	6	6	3	4	2	7	9	10	2	4	4	4	7
	PCCS Hospital	12 month reduction	0		0	0	0	0	0	0	0	0	0	0	0	0	0
N 1 70 1	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
Number of S. aureus bacteraemia cases	Morriston NPTH	trend	2	\simeq	4	3	4	5 0	4 0	 6	2	1	0	J	0	8	9
	Singleton	-	1	\Rightarrow	2	3	4	n	3	2	2	4	2	4	4	4	2
	Total	1	8	\ \ \ \ \ \	12	13	9	9	9	11	13	15	7	11	12	17	18
	PCCS Community		4		3	2	3	ŏ	2	5	5	5	6	7	2	5	5
	PCCS Hospital]	0	 	0	0	0	0	0	0	0	0	0	1	0	0	0
<u></u>	MH&LD	12 month reduction	0	_	1	0	0	0	0	0	0	0	0	0	0	0	0
Number of C. difficile cases	Morriston	trend	6	~	6	5	5	<u> </u>	5	3	10	5	3	7	10	6	7
	NPTH Singleton	_	1 2		3	2	0	2	2	3	4	1	2	0		0 3	3
	Total	-	13	~~	15	10	9	3	11	12	20	12	12	23	22	14	15
	PCCS Community		3	Ě	2	4	4	5	2	9	5	2	7	1	4	3	5
	PCCS Hospital	1	Ö		0	0	0	0	Ō	0	0	Ō	Ö	Ó	0	Ö	0
	MH&LD	1 12 month reduction	0	 	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Klebsiella cases	Morriston	trend		~	5	6	4	7	2	0	3	2	1	2	4	6	6
	NPTH		0	~~	1	0	2	0	1	0	1	0	0	0	0	0	0
	Singleton	-	<u> </u>		9	44	42	1	6	40	0	5	4	0 3	0	2	2
	Total PCCS Community		6 2	$\stackrel{\leftarrow}{\sim}$	1	11	12	13	<u>D</u>	10	9	1	12	1	8	0	13 0
	PCCS Hospital	-	6	Ť	n	0	Ö	'	 	0	0	Ö	0	Ö	0	0	1 6
	MH&LD	1	 	 	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	l ŏ
Number of Aeruginosa cases	Morriston	12 month reduction	1		1	1	1	Ŏ	ŏ	ŏ	2	Ö	1	Ŏ	Ö	2	Ŏ
_	NPTH	trend	0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton	1	1		0	0	0	0	0	0	0	0	0	0	1	0	0
	Total	ļ	4	\rightarrow	2	2	1	1 100.000	1 100.000	1	3	1	2	1	2	2	0
	PCCS MH&LD	-			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.3%	98.3%	96.0%	94.9%	94.9%	96.0%	97.1%
	Morriston	-		\vdash	98.1%	96.1%	96.8%	98.7%	97.4%	96.7%	98.1%	99.6%	98.3%	95.3%	99.4%	98.3%	96.0%
Compliance with hand hygiene audits	NPTH	95%		$\vdash =$	99.3%	98.7%	96.8% 95.7%	95.0%	92.8%	96.3% 100.0%	95.8%	99.2%	94.5% 95.0%	99.0%	93.5%	99.0% 100.0%	97.9%
				\vdash					100.0%					33.3/•			
	Singleton				94.2%	98.7%	96.0%	90.0%	1 88 5.7	95.5%	100.0%	I -	100.0%	100.0%	100.0%	100.0%	-

		National/ Local Target	Internal profile		SBU Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-												
Measure	Locality			Trend	Πet-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21		Mau-21	.lun-21	.lul-21	Aug-21	Sen-21	Det-21
		raiget	prome	Sei	ious Incid	lents & Ri	isks	Todii Ei	1100 21	TIGI ET	iipi Li	Tidy Li	Todai Ei	, our Er	riug Li	ocp Ci	1000 21
	PCCS				2	1	0	0	2	1	2	3	1	0	1	0	0
	MH&LD	1		$\overline{}$	2	7	7	1	1	1	1	0	2	0	0	0	1
Number of Serious Incidents	Morriston	12 month reduction		~	3	5	1	2	1	2	0	2	1	1	0	2	0
Number or Serious incidents	NPTH	trend			1	1	0	0	0	0	0	0	0	0	0	1	1
	Singleton			_	6	3	4	1	1	0	1	1	2	1	4	2	2
	Total				14	17	12	4	5	4	4	6	6	1	5	5	4
Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Total	90%		\wedge	0%	0%	4%	0%	10%	0%	0%	0%	0%	0%	0%	0%	0%
writers were assured with interier agreed timescales	PCCS				Π	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD	-			ň	ň	ň	l ö	ŏ	ŏ	ő	Ö	l ő	l ň	 	ő	
	Morriston				ň	1	ň	ŏ	ŏ	ň	ŏ	ŏ	1	ŏ	l ŏ	ŏ	l ŏ
Number of Never Events	NPTH	- 0			Ö	0	Ö	ŏ	ŏ	ŏ	ŏ	ŏ	0	ŏ	l ŏ	ŏ	l ŏ
	Singleton	1			1	ŏ	Ö	ŏ	ŏ	ŏ	ŏ	Ö	l ŏ	l ŏ	l ŏ	ŏ	l ŏ
	Total	1			1	1	0	Ō	Ō	Ō	Ō	Ō	1	Ō	Ō	Ō	Ō
	111111				Pressur	e Ulcers											
	PCCS Community				34	29	26	25	24	26	31	20	21	33	34	39	0
	PCCS Hospital	1			0	0	0	0	0	0	0	0	0	0	1	0	Ö
	MH&LD	1		_	3	Ō	Ō	Ö	1	0	Ö	2	Ö	3	1	1	Ō
Total number of Pressure Ulcers	Morriston	12 month reduction		$\overline{}$	27	27	41	31	26	24	25	30	25	37	32	47	0
	NPTH	trend			4	0	0	1	4	3	3	2	3	2	5	0	0
	Singleton]		\	25	15	20	19	17	9	31	19	25	16	14	17	0
	Total			\sim	93	71	87	76	72	62	90	73	74	91	87	104	0
	PCCS Community			1	11	5	7	5	4	2	10	2	4	2	8	6	0
	PCCS Hospital]			0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD	12 month reduction			0	0	0	0	0	0	0	0	0	0	0	1	0
Total number of Grade 3+ Pressure Ulcers	Morriston	trend			1	1	2	2	2	1	1	0	0	3	1	0	0
	NPTH				0	0	0	0	0	0	1	0	0	0	1	0	0
	Singleton	_			3	3	1	0	1	0	2	1	2	0	0	0	0
	Total	1.0		_	15	9	10	7	7	3	14	3	6	5	10	7	0
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend		~~	990	877	1,128	928	951	533	896	756	723	853	767	955	0
		National/Local	Internal								SBU						
Measure	Locality	Target	profile	Trend	O-1 20	N 20	D 20	l 21	E_L 21	M 21		M 21	l 21	L.L 21	Aug-21	C 21	D-1-21
		raiget	prome		Inpatie		Dec-Zu	Jan-ZI	reb-21	mar-z i	Apr-21	пау-21	Jun-21	Jui-Zi	Mug-Z1	5ep-21	UC(-21
	PCCS				inpatie	ntralis	0	-	10	4	12			6	T 6		4
	MH&LD	-			44	31	29	27	27	22	18	42	24	32	40	25	28
	Morriston	12 month reduction		=	77	120	129	92	67	84	81	105	69	66	73	96	114
Total number of Inpatient Falls	NPTH	trend		$\overline{}$	29	32	30	33	30	28	31	34	32	41	31	25	35
	Singleton	"		$\overline{}$	28	47	48	38	42	33	34	42	41	48	48	53	58
	Total	1			187	247	247	203	177	171	176	228	174	193	198	207	240
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0		\wedge	5.23	7.26	6.91	5.56	5.40	4.62	4.85	5.94	4.50				
		3.5 & 3.6			М	ality											
	Morriston				100%	98%	99%	100%	100%	98%	99%	98%	98%	97%	90%	97%	96%
Universal Mortality reviews undertaken within 28	Singleton	-		\vdash	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
days (Stage 1 reviews)	NPTH	95%		$\overline{}$	100%	92%	100%	100%	100%	86%	100%	88%	100%	100%	100%	100%	80%
asys (orage fremers)	Total	1		$\overline{}$	100%	98%	99%	100%	100%	98%	99%	98%	99%	98%	93%	98%	97%
	Morriston			× `	38%	25%	80%	43%	1007.	307.	557.	307.	337.	307.	337.	307.	317.
	Singleton	-		<u> </u>	30%	- 25/.	50%	50%									
Stage 2 mortality reviews completed within 60 days	NPTH	95%		-		100%											
		-		<u></u>	0%		75*/	0%									
	Total	-			33% 1 661/	36% 175%	75%.	37% 1979	2.05*/	2.04*/	1.00*/	1.70*/	1.744	1724	1.70%	1701	0.00*4
Crudo hospital mortalisusesa ku Daliusuu Hais (74	Morriston	12 marsh radication			1.66% 0.48%	1.75% 0.50%	1.86% 0.54%	1.97% 0.56%	2.05% 0.57%	2.04% 0.56%	1.80% 0.50%	1.76%	1.71/ 0.00/	0.00%	1.70%	0.00%	0.00%
Crude hospital mortality rate by Delivery Unit (74	Singleton NPTH	12 month reduction		\leq	0.46%	0.50%	0.54%	0.56%	0.57%	0.56%	0.50%	0.52%	0.00%	0.52%		0.00%	0.00%
years of age or less)	Total (SBU)	trend		\vdash	0.22%	1.01%		1.14%	1.17%				0.32/	0.52%			
<u> </u>	TOTAL (SDU)	Ļ			0.31%	1.01%	1.08%	1.14%	1.117.	1.17%	1.04%	1.04%	0.13%	0.12%	0.23/	0.11%	0.00%

			Harm 1	from red	duction	in non-	Covid a	activity									
u	Ilib	National/ Local		Trend							SBU						
Measure	Locality	Target	profile	Trena	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Standa Conson Bodharan Markatan Anna da	1	40 · I			Car	cer											
Single Cancer Pathway-% of patients started treatment within 62 days (without suspensions)	Total	12 month improvement trend		$ \cdot\rangle$	65.9%	55.4%	61.0%	67.9%	56.4%	71.6%	65.7%	60.0%	66.8%	55.0%	58.4%	62.2%	50.0%
deadnerit within 102 days (without suspensions)		Improvementation		V V	Dianne	d Care											
	Morriston				12,617	12,306	12,543	12,487	12,479	12.870	13,398	14.047	13,867	14.080	14,661	15.092	15,906
Number of patients waiting > 26 weeks for	NPTH			\sim	129	75	49	61	111	73	92	157	228	271	335	407	378
outpatient appointment	Singleton	0			9,073	8,394	8,336	8,427	8,414	8,575	9,027	9,327	9,053	8,769	8,383	8,447	8,162
	PC&CS Total			\sim	231 22,050	230 21,005	251 21,179	233 21,208	221 21,225	21.750	22,752	169 23,700	131	105 23,225	65 23,444	51 23,997	37 24.483
	Morriston			=	20,030	22 298	22 391	21,695	21,199	21,730	21579	22 095	22,414	22,223	23,364	23,214	23.874
	NPTH			~	33	48	42	41	43	45	46	45	57	98	167	189	191
Number of patients waiting > 36 weeks for	Singleton	o		_	10,514	11,865	11,629	11,385	10,788	10,942	11,134	11,727	12,022	11,980	11,920	11,764	11,841
treatment*	PC&CS	Ĭ		$\overline{}$	153	220	247	219	204	196	181	115	119	82	53	43	35
	Total (inc. diagnostics > 36 wks)				31,508	35,387	35,126	33,991	32,719	32,874	33,395	34,447	35,040	35,583	35,999	35,711	36,420
Number of patients waiting > 8 weeks for a	Morriston			_	4,564	4,559	4,361	3,938	2,978	2,517	2,757	2,739	3,162	3,390	3,573	3,528	3,320
specified diagnostics"	Singleton	0		^	2,081	2,051	2,218	2,301	2,109	2,037	2,047	2,103	2,068	2,035	1,950	2,204	2,619
specified diagnostics	Total				6,645	6,610	6,579	6,239	5,087	4,554	4,804	4,842	5,230	5,425	5,523	5,732	5,939
Number of patients waiting > 14 weeks for a	MH&LD NPTH			=	110	99	93	127	129	60	18	8	15	0	0	0	0
specified therapy"	PC&CS	0		_	1,025	718	615	457	362	309	183	157	156	Ö	ŏ	Ö	ŏ
,	Total				1,135	817	708	584	491	369	201	166	171	0	0	0	0
Measure	Locality	National/ Local		Trend							SBU						
The desire	Locality	Target	profile	· · · · · ·			Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Total number of patients waiting for a follow-up	1		Г		Planne	d Care											
outpatient appointment	Total				120,968	120,874	119,963	119,999	120,882	121,403	122,303	123,088	127,444	130,208	127,391	130,963	131,554
Number of patients delayed by over 100% past	T . I	HB Target TBC		_	00.047	07.450	07.044	20.440	20,000	20.040	20.224	20,000	00.550	04.040	20.770	00.574	00.404
their target date *	Total	no rarget roc			26,217	27,156	27,641	28,419	28,862	29,316	29,334	30,062	30,550	31,316	29,770	32,574	33,121
Number of patients delayed past their agreed	Total			$\backslash \Lambda$	57,380	56,647	56,210	57,297	57,458	55,944	55,086	54,664	55,254	60,618	54,993	60,340	60,447
target date (booked and not booked)* Number of Ophthalmology patients without an				, , ,								- 7,					
allocated health risk factor	Total	0			780	464	326	212	281	294	614	326	486	539	628	702	413
Number of patients without a documented clinical	Total	0		\wedge	43	55	90	22	25	14		-		_		-	
review date	Total	۰		_ \				32	25	14	9	5	6	5	6	1	3
	Incee			Patier	nt Experie			1 444	07	_ occ		450	F00	70	045	040	- 00
	PCCS MH&LD			\simeq	208 48	231 82	84 56	144 22	97	255 11		159	532	79	245 59	213 18	10
N I (C I IC I	Morriston	12 month			269	155	152	168	211	326		1,330	934	699	642	995	941
Number of friends and family surveys completed	NPTH	improvement trend		\sim	40	24	18	43	31	16			0	0	0	0	0
	Singleton			\sim	530	377	330	323	459	453		3,098	1,808	1,029	1,106	1,452	1,118
	Total PCCS			\sim	1,047	787 80%	584 621/	678	798	1,050 90%		4,590	3,297 100%	1,912	2,075 94%	2,025	2,733 90%
	MH&LD			=	65%	41%	62% 21%	76%	77% 88%	73%		100%	0%	037.	93%	94%	90%
% of patients who would recommend and highly	Morriston	90%	80%	~	82%	86%	70%	76%	82%	86%		96%	97%	93%	92%	93%	92%
recommend	NPTH	30%	00%	\rightarrow	90%	75%	67%	58%	32%	75%		07.	0%	0%	0%	0%	0%
	Singleton			=	88% 82%	87% 84%	85% 77%	85% 79%	92% 85%	87% 87%		97% 96%	97% 97%	91%	92%	90%	92% 92%
	Total PCCS			\simeq	100%	80%	67%	90%	100%	100%		100%	- 31/4	32/.	95%	92%	94%
	MH&LD				100%	-	-	-	-	50%		0%	0%		0%	0%	0%
% of all-Wales surveys scoring 9 or 10 on overall	Morriston	90%	80%	~~	58%	100%	33%	80%	71%	90%		93%	97%		96%	96%	94%
satisfaction	NPTH Signal and a		00/1	\leq	100%	90*/	67%	67%	100% 95%	100%		92*/	0%		0%	0%	0% 9E*/
	Singleton Total			=	90% 79%	86% 85%	80% 65%	77% 81%	94%	92% 93%		93% 92%	97% 96%		92%	96% 96%	95% 93%
	PCCS			ř	22	24	24	9	10	22	8	16	16	18	8	0	0
	MH&LD			~	20	13	6	11	15	10	26	15	19	24	13	Ö	0
Number of new complaints received	Morriston	12 month reduction			44	40	38	33	40	50	23	53	69 10	51	50	0	0
	NPTH Singleton	rend		\vdash	6 25	20	1 20	7 15	6 20	7 24	24	3 23	10 31	6 28	6 32	0	0
	Total			$\overline{}$	121	103	83	78	94	117	100	115	159	139	115	Ö	Ö
	PCCS			$\overline{}$	67%	76%	77%	63%	67%	67%				100	110		
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under	PCCS MH&LD			$\overline{}$	70%	92%	75%	73%	64%	67%							
Regulation 26) up to and including 30 working	Morriston	75%	80%		86%	89%	91%	81%	95%	92%							
days from the date the complaint was first received	NPTH Singleton			\sim	67% 64%	86% 70%	0% 70%	57% 57%	67%	100% 67%							
by the organisation	Total			~	75%	82%	80%	71%	80%	81%							
	•																

Appendix 1- Integrated Performance Report

			Harm	from w	ider societal actions/loc	kdown			
Measure	Landin	National/ Local	Internal				SBU		
measure	Locality	Target	profile	Trend		Jan-21 Feb-21 Mar-21	Apr-21 May-21 Jun-21	Jul-21 Aug-21 Sep-21	Oct-21
				C	hildhood immunisations				
% children who received 3 doses of the hexavalent '6	NPT				97.2%	94.1%			
in 1' vaccine by age 1	Swansea	95%	90%		96.4%	96.3%			
	HB Total			· .	96.7%	95.4%			
	INDT				07.0%	02.014			
** = bilde==b= ====iv=d M== B2==i== b=== 1	NPT	95.4	90.	-:-	97.8% 95.8%	93.8% 96.1%			
% children who received MenB2 vaccine by age 1	Swansea HB Total	95%	90%	:	96.6%	95.2%			
	IDD Lotal	-			36.6%	35.2%			
	NPT	+	Π		98.1%	96.6%			
% children who received PCV2 vaccine by age 1	Swansea	95%	90%	- :	96.2%	97.2%			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HB Total	-		÷	96.9%	96.9%			
	NPT				95.0%	93.8%			
% children who received Rotavirus vaccine by age 1	Swansea	95%	90%	٠.	95.1%	94.1%			
	HB Total			٠.	95.1%	94.0%			
	Tues	ļ			- 22.01	05.5		I	
	NPT			:	93.6%	95.5%			
% children who received MMR1 vaccine by age 2	Swansea	95%	90%		95.2%	93.1%			
	HB Total				94.6%	94.0%			
	NPT				93.9%	96.1%		I	
children who received PCVf3 vaccine by age 2	Swansea	95%	90%	:	95.2%	93.3%			
children who received PCVr3 vaccine by age 2	HB Total	- 337.	30%		94.7%	94.3%			
	TID TOTAL				34.1%	34.37			
	NPT				93.9%	95.5%			
children who received MenB4 vaccine by age 2	Swansea	95%	90%		95.2%	93.3%			
	HB Total	1		· :	94.7%	94.1%			
	•							•	
	NPT				93.6%	95.2%			
% children who received Hib/MenC vaccine by age 2	Swansea	95%	90%	٠.	94.8%	92.7%			
	HB Total				94.4%	96.3%			
Measure	Locality	National/ Local	Internal	Trend	O-1 20 N-1 20 D-1 20	I 21 F-L 21 M 21	SBU No. 21 No. 21		D-1 21
	NPT	Target	profile		86.4%	Jan-21 Feb-21 Mar-21 86.6%	Apr-21 May-21 Jun-21	Jul-21 Aug-21 Sep-21	UCC-21
% children who are up to date in schedule by age 4	Swansea	95%	90%	:	87.8%	86.2%			
7. Criticien who are up to date in scriedule by age 4	HB Total	- 337.	30%		87.2%	86.3%			
	112 1013				01.2/1	50.071			
Was akidan uka sa sinad 2 da sa sista MMD	NPT				92.0%	93.9%			
% of children who received 2 doses of the MMR	T-	_	I		92.0%	04.444			
uaccine bulage 5	Swansea	95%	90%		02.071	91.4%			
vaccine by age 5	Swansea HB Total	95%	90%	. :	92.0%	91.4%			
vaccine by age 5	HB Total	95%	90%	. :	92.0%	92.4%			
	HB Total		<u> </u>	:	92.0% 92.5%	92.4% 93.7%			
vaccine by age 5 % children who received 4 in 1 vaccine by age 5	HB Total NPT Swansea	95%	90%	: :	92.0% 92.5% 93.1%	92.4% 93.7% 90.5%			
	HB Total		<u> </u>		92.0% 92.5%	92.4% 93.7%			
	NPT Swansea HB Total		<u> </u>		92.0% 92.5% 93.1% 92.9%	92.4% 93.7% 90.5% 91.7%			
% children who received 4 in 1 vaccine by age 5	NPT Swansea HB Total	95%	90%		92.0% 92.5% 93.1% 92.9%	92.4% 93.7% 90.5% 91.7%			
% children who received 4 in 1 vaccine by age 5	NPT Swansea HB Total NPT Swansea		<u> </u>		92.0% 92.5% 93.1% 92.9% 96.0% 93.6%	92.4% 93.7% 90.5% 91.7% 90.5% 87.8%			
	NPT Swansea HB Total	95%	90%		92.0% 92.5% 93.1% 92.9%	92.4% 93.7% 90.5% 91.7%			
% children who received 4 in 1 vaccine by age 5	NPT Swansea HB Total NPT Swansea HB Total	95%	90%		92.0% 92.5% 93.1% 92.9% 96.0% 93.6% 94.5%	92.4% 93.7% 90.5% 91.7% 90.5% 87.8% 88.9%			
% children who received 4 in 1 vaccine by age 5 % children who received MMR vaccination by age 16	NPT Swansea HB Total NPT Swansea HB Total NPT Swansea HB Total	95%	90%		92.0% 92.5% 93.1% 92.9% 96.0% 93.6% 94.5%	92.4% 93.7% 90.5% 91.7% 90.5% 87.8% 88.9%			
% children who received 4 in 1 vaccine by age 5 % children who received MMR vaccination by age 16	NPT Swansea HB Total NPT Swansea HB Total	95%	90%		92.0% 92.5% 93.1% 92.9% 96.0% 93.6% 94.5%	92.4% 93.7% 90.5% 91.7% 90.5% 87.8% 88.9%			
% children who received 4 in 1 vaccine by age 5 % children who received MMR vaccination by age 16	NPT Swansea HB Total NPT Swansea HB Total NPT Swansea HB Total	95%	90%		92.0% 92.5% 93.1% 92.9% 96.0% 93.6% 94.5% 92.7% 92.2% 92.4%	92.4% 93.7% 90.5% 91.7% 90.5% 87.8% 88.9% 91.3% 90.0% 90.5%			
% children who received 4 in 1 vaccine by age 5 % children who received MMR vaccination by age 16 % children who received teenage booster by age 16	NPT Swansea HB Total NPT Swansea HB Total NPT Swansea HB Total	95%	90%		92.0% 92.5% 93.1% 92.9% 96.0% 93.6% 94.5% 92.7% 92.2% 92.4%	92.4% 93.7% 90.5% 91.7% 90.5% 87.8% 88.9% 91.3% 90.0% 90.5%			
% children who received 4 in 1 vaccine by age 5 % children who received MMR vaccination by age 16	NPT Swansea HB Total NPT Swansea HB Total NPT Swansea HB Total	95%	90%		92.0% 92.5% 93.1% 92.9% 96.0% 93.6% 94.5% 92.7% 92.2% 92.4%	92.4% 93.7% 90.5% 91.7% 90.5% 87.8% 88.9% 91.3% 90.0% 90.5%			

	National/ Local	National/ Local	Internal	Trend							SBU						
Measure	Locality	Target	profile	Irend	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
				M	lental Hea	lth Service	es										
% 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%	93%	94%	79%	100%	95%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%		\sim	90%	88%	61%	53%	66%	63%	60%	61%	58%	41%	48%	40%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%		\sim	29%	41%	73%	29%	97%	46%	0%	0%	0%	29%	37%	89%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%		~	79%	62%	58%	60%	56%	53%	48%	53%	44%	29%	32%	41%	
% 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%			99.5%	98%	99%	96%	98%	97%	97%	98%	99%	98%	100%	96%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%		$\neg \wedge$	100%	100%	100%	93%	97%	91%	49%	67%	1%	100%	82%	35%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%		/	93%	98%	95%	95%	98%	97%	92%	96%	99%	97%	100%	90%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			99.7%	100.0%	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%		\sim	22%	24%	26%	24%	28%	30%	30%	33%	32%	34%	27%	34%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%		$\sqrt{\ }$	82%	81%	82%	83%	84%	82%	82%	83%	81%	81%	65%	84%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%		\bigvee	91%	91%	89%	91%	91%	91%	91%	92%	88%	88%	84%	84%	