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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26th April 2022	Agenda Item	2.1
Report Title	Integrated Performance Report		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (March 2022) in delivering key local performance measures as well as the national measures outlined in the NHS Wales Delivery Framework.		
Key Issues	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>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. The updated Delivery Framework measures are reported in the Integrated Performance Report. The intention of the updated integrated framework measures is to demonstrate how patients and populations are better off through the delivery of services and allowing a different balance across our traditional services.</p> <p>Updated performance trajectories (Urgent Emergency Care (UEC, Cancer) have been finalised and were agreed in the December 2021 Board meeting, however updated trajectories have been requested and are currently in the process of being developed for 2022/23</p> <p>Key high level issues to highlight this month are as follows:</p> <p>2021/22 Delivery Framework COVID19</p> <ul style="list-style-type: none"> - The number of new cases of COVID19 has increased in March 2022, with 4,749 new cases being reported in-month. Whilst the number of Positive cases has significantly reduced since January 2022, cases remain high. 		

- The occupancy rate of confirmed COVID patients in critical care beds remains at a low rate with one Covid positive, however general bed use still remains high with Covid positive patients.

Unscheduled Care

- Demand for emergency department care within Swansea Bay University (SBU) Health Board increased from January 2021 to June 2021 but has since then been on modest reduction trajectory.
- ED attendances have significantly increased in March 2022 to 11,084 from 9,275 in February 2022.
- The Health Board's performance against the 4-hour measure deteriorated slightly from 72.32% in February 2022 to 71.39% in March 2022.
- The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased from 1,105 in February 2022 to 1,282 in March 2022.
- The number of emergency admissions between November 2021 and February 2022 had seen a consistent reduction, however admissions have increased in March 2022 (3,993).

Planned Care

- March 2022 saw a 0.3% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment.
- Additionally, the number of patients waiting over 36 weeks reduced by 0.3% to 37,820.
- It is important to note that Referral data has recently been reviewed and updated following the introduction of the new digital dashboard in June 2021. Referral figures for March 2022 saw a 17% increase (14,870) on those seen in February 2022, which could be a result of Covid restrictions easing in Wales.
- Therapy waiting times continue to improve, there are 820 patients waiting over 14 weeks in March 2022, compared with 926 in February 2022.

Cancer

- February 2022 saw 54% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears).
- The backlog of patients waiting over 63 days has reduced significantly in March 2022 to 435 from 525 in February 2022.

	<p><u>Mental Health</u></p> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in February 2022. - Psychological therapies within 26 weeks continue to be maintained at 100%. <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% February 2022. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remained at 33% in February 2022 against a target of 80%. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. • NOTE the request for updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework. • NOTE the inclusion of the submitted recovery trajectories as part of the Welsh Government MDS • NOTE the actions being taken to improve performance: - <ul style="list-style-type: none"> ○ Insourcing of activity for Endoscopy and Gastroenterology, detailed demand and capacity plans will be shared at the next Committee. ○ A new non-USC dermatology scheme has been implemented in Primary Care to support the waiting list position. ○ External validation is due to commence in the next few weeks for a 3-month period to support detailed case note reviews. ○ Further recurrent financial resource of £1m agreed for 2022/23 in addition to £1.5m in 2021/22. This will be utilised to improve access to hyper fractionation, chemotherapy and acute oncology care. The impact of this and the balance of the allocation for 2022/23 are currently being worked through ○ Work is ongoing on the development of Enfys ward at Morriston Hospital to enable establishment of Ambulatory Emergency Care Centre by September 2022 ○ Plans for the COO to conduct a review of the current triage time for 'walk-in' patients in ED to establish better pathways of care and redirection to GP OOH/UCC. The review will support improvement in safety, congestion 			

	<p>within the department and general flow which in turn will support the delivery of ED recovery trajectories</p> <ul style="list-style-type: none"> ○ Work is ongoing to commission additional theatre sessions in the new financial year (2022-23) ○ Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework. The CEO will review the effectiveness of such escalation with the DOF and DCEO in April 2022
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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 request for updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework.
- **NOTE** the inclusion of the submitted recovery trajectories as part of the Welsh Government MDS
- **NOTE** the actions being taken to improve performance: -
 - Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework. The CEO will review the effectiveness of such escalation with the DOF and DCEO in April 2022
 - Insourcing of activity for Endoscopy and Gastroenterology, detailed demand and capacity plans will be shared at the next Committee.
 - A new non-USC dermatology scheme has been implemented in Primary Care to support the waiting list position.
 - External validation is due to commence in the next few weeks for a 3 month period to support detailed case note reviews.
 - Further recurrent financial resource of £1m agreed for 2022/23 in addition to £1.5m in 2021/22. This will be utilised to improve access to hyper fractionation, chemotherapy and acute oncology care. The impact of this and the balance of the allocation for 2022/23 are currently being worked through

- Work is ongoing on the development of Enfys ward at Morriston Hospital to enable establishment of Ambulatory Emergency Care Centre by September 2022
- Plans for the COO to conduct a review of the current triage time for 'walk-in' patients in ED to establish better pathways of care and redirection to GP OOH/UCC. The review will support improvement in safety, congestion within the department and general flow which in turn will support the delivery of ED recovery trajectories
- Work is ongoing to commission additional theatre sessions in the new financial year (2022-23)

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

Legal Implications (including equality and diversity assessment)	
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.	
Staffing Implications	
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <ul style="list-style-type: none"> • Long term – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. • Prevention – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being. • Integration – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015. • Collaboration – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Service Groups as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards. • Involvement – Corporate and Service Group leads are key in identifying performance issues and identifying actions to take forward. 	
Report History	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in March 2022. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report Appendix 2: Ministerial Priority Measures Recovery Trajectories



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Appendix 1- Integrated Performance Report April 2022



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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.

Successes	Concerns
<p>830,389 Total vaccinations undertaken (11.4.22)</p> <p>269 (10%↓) Clinically Optimised patients</p> <p>24,728 (3%↓) Stage 1 > 26 weeks</p> <p>0 Never Events reported</p> <p>5,863 (4%↓) Waiting > 8 weeks for reportable diagnostics</p> <p>820 (11%↓) Patients waiting over 14 weeks for reportable therapies</p> <p>435 (17.1%↓) USC backlog over 63 days</p> <p>72% (1%↑) Improved theatre utilisation</p> <p>44,650 (19.6%↑) Outpatient Activity figures</p>	<p>13,587 (4%↑) Patients waiting over 104 weeks for treatment</p> <p>7 Serious Incidents reported</p> <p>4,749 (11.4%↓) Covid Cases has increased</p> <p>11,084 (20%↑) A&E attendances</p> <p>4,198 (6.9%↑) Endoscopy patients waiting >8 weeks</p> <p>14,870 (17%↑) Total GP referrals</p> <p>62 (11.3%↑) Critical Care admissions</p> <p>71.39% (0.9%↓) 4hr ED performance</p> <p>Covid Staff sickness (1.3%↑) Percentage has increased</p>

HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

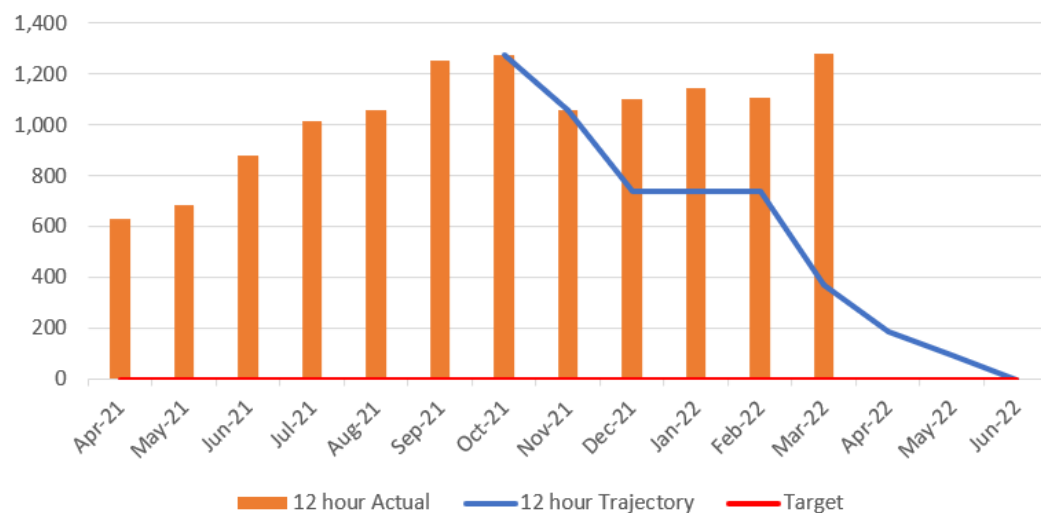
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4hr target has previously been in line with the outlined recovery trajectories, however performance has consistently remained under the trajectory in recent months. Performance against the 4hr target was 71.39% in March 2022 against the 79% March 2022 trajectory position.

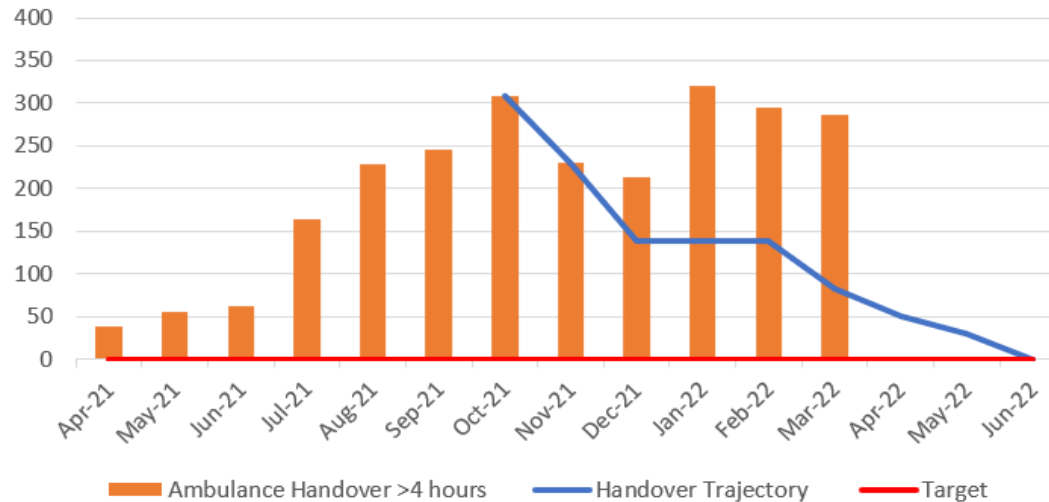
2. Submitted recovery trajectory for A&E 12-hour performance



2. Performance against the 12hr recovery trajectory continues to be significantly above the figures projected. The number of patients waiting over 12 hours increased to 1,282 in March 2022, against the target of 370. Updated recovery trajectories and action plans have been requested for future performance

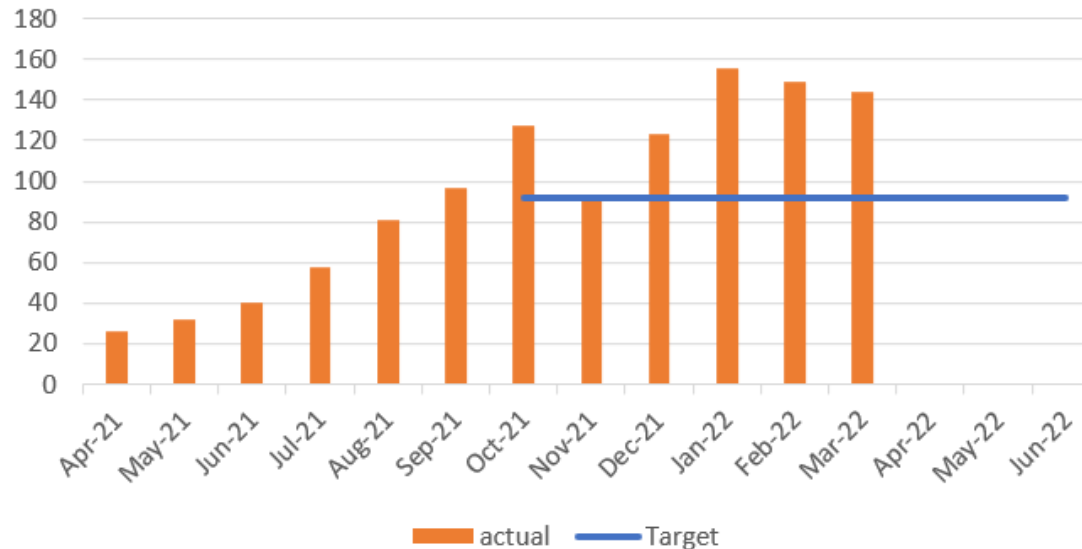
HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has remained above the projected recovery trajectory for March 2022, however the handover time has reduced in February 2022 slightly to 286 over 4 hours against the target of 83.16.

4. Average Ambulance Handover Rate

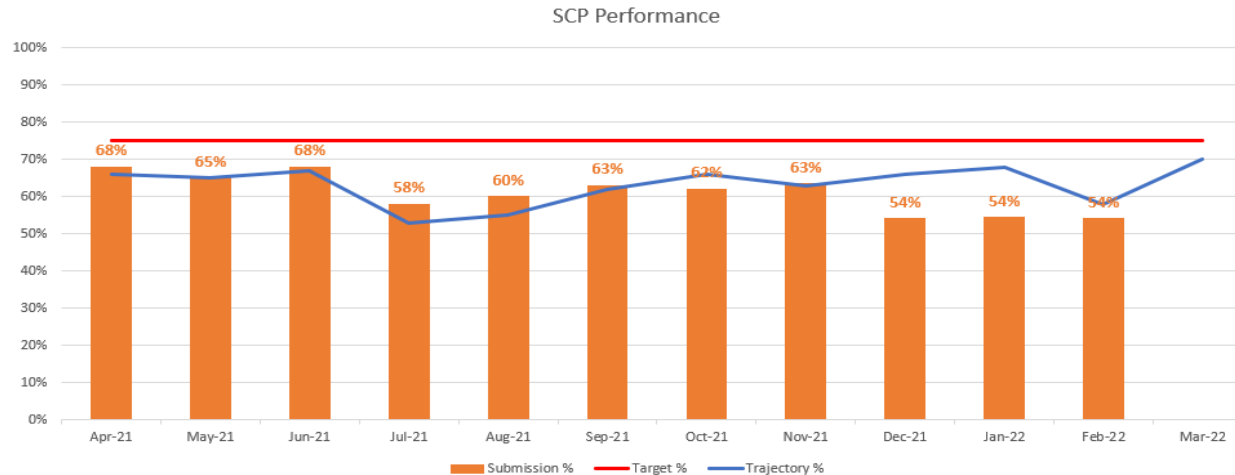


4. The average ambulance handover rate has been steadily increasing in recent months, however March 2022 saw an average handover rate of 144 against the submitted recovery target of 92 which is a continued improvement on the previous month's performance.

HARM FROM REDUCTION IN NON-COVID ACTIVITY

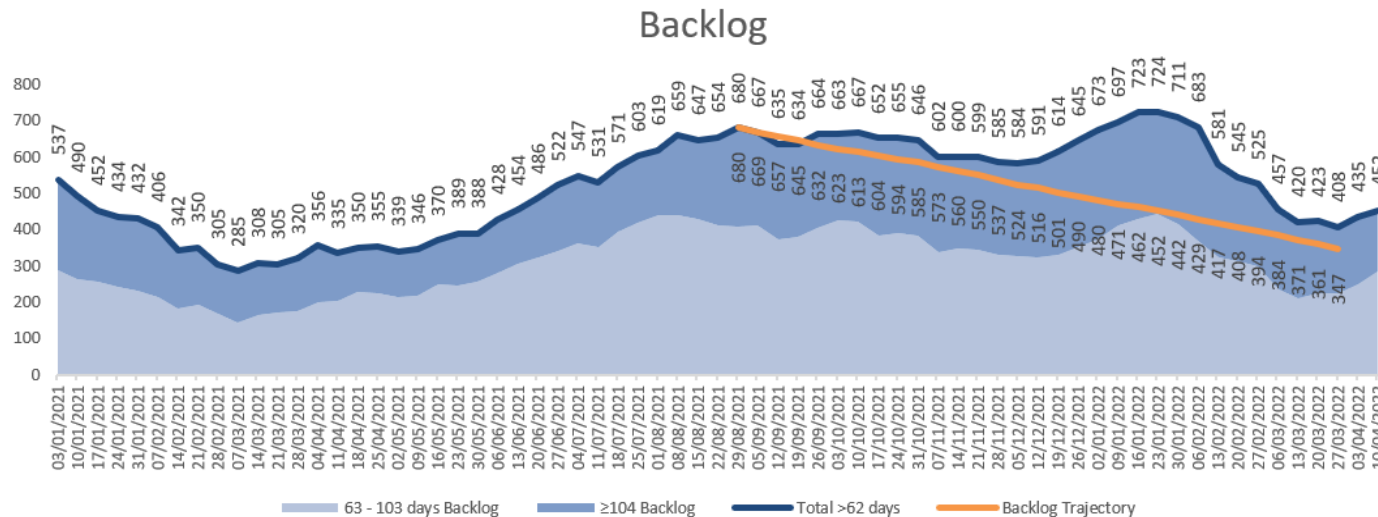
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



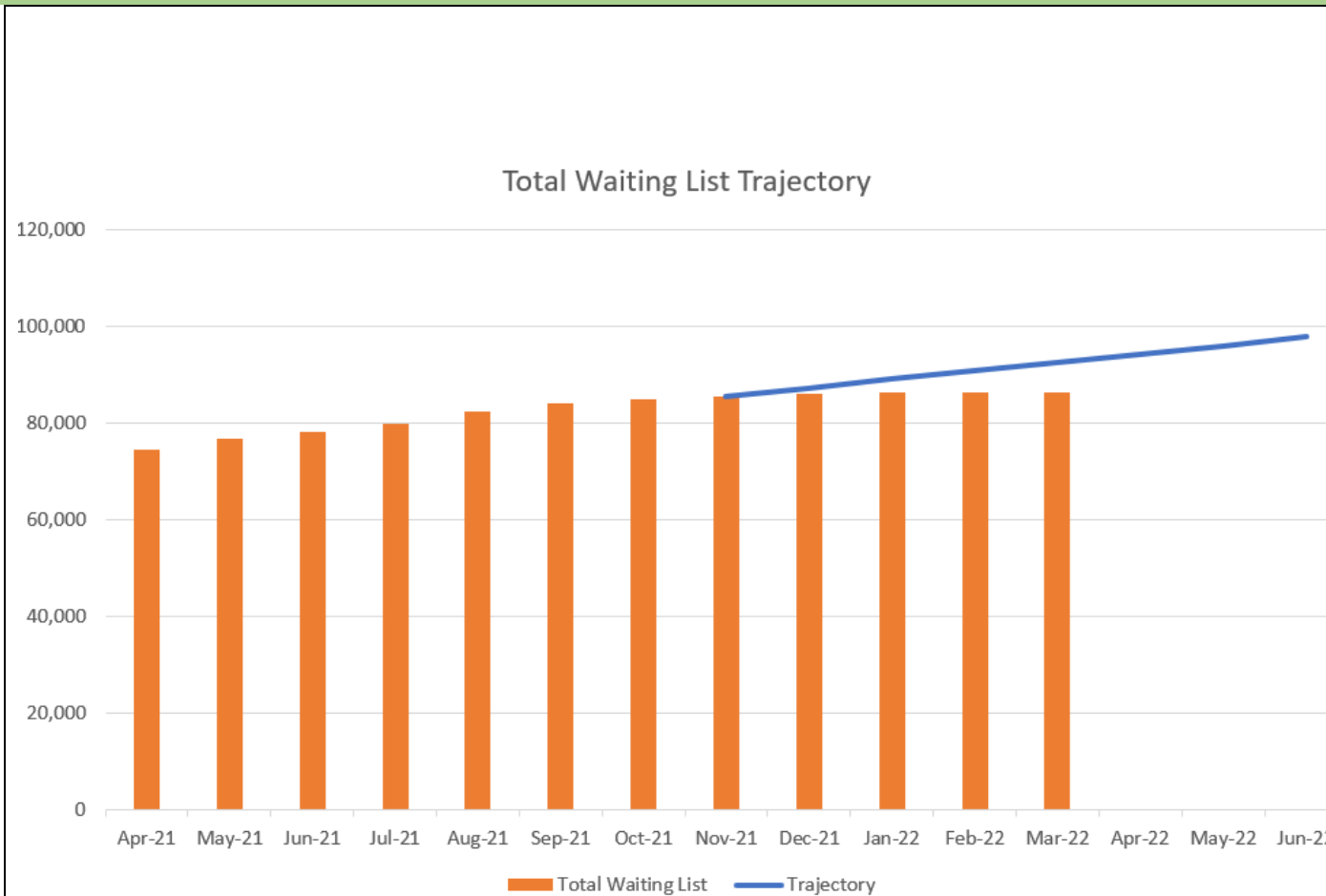
1. The final SCP performance for February 2022 was 54%, which is the same position reported for December 2021 and January 2022. The reported performance is tracking slightly below the trajectory of 58%

2. Proposed backlog improvements to support SCP performance



2. Shows the weekly breakdown of the backlog reduction against the proposed trajectories. The backlog figures have seen a significant improvement over recent weeks, however figures are beginning to rise once more. Work is ongoing to support the improved backlog position and a new recovery trajectory is in development.

HARM FROM REDUCTION IN NON-COVID ACTIVITY PLANNED CARE

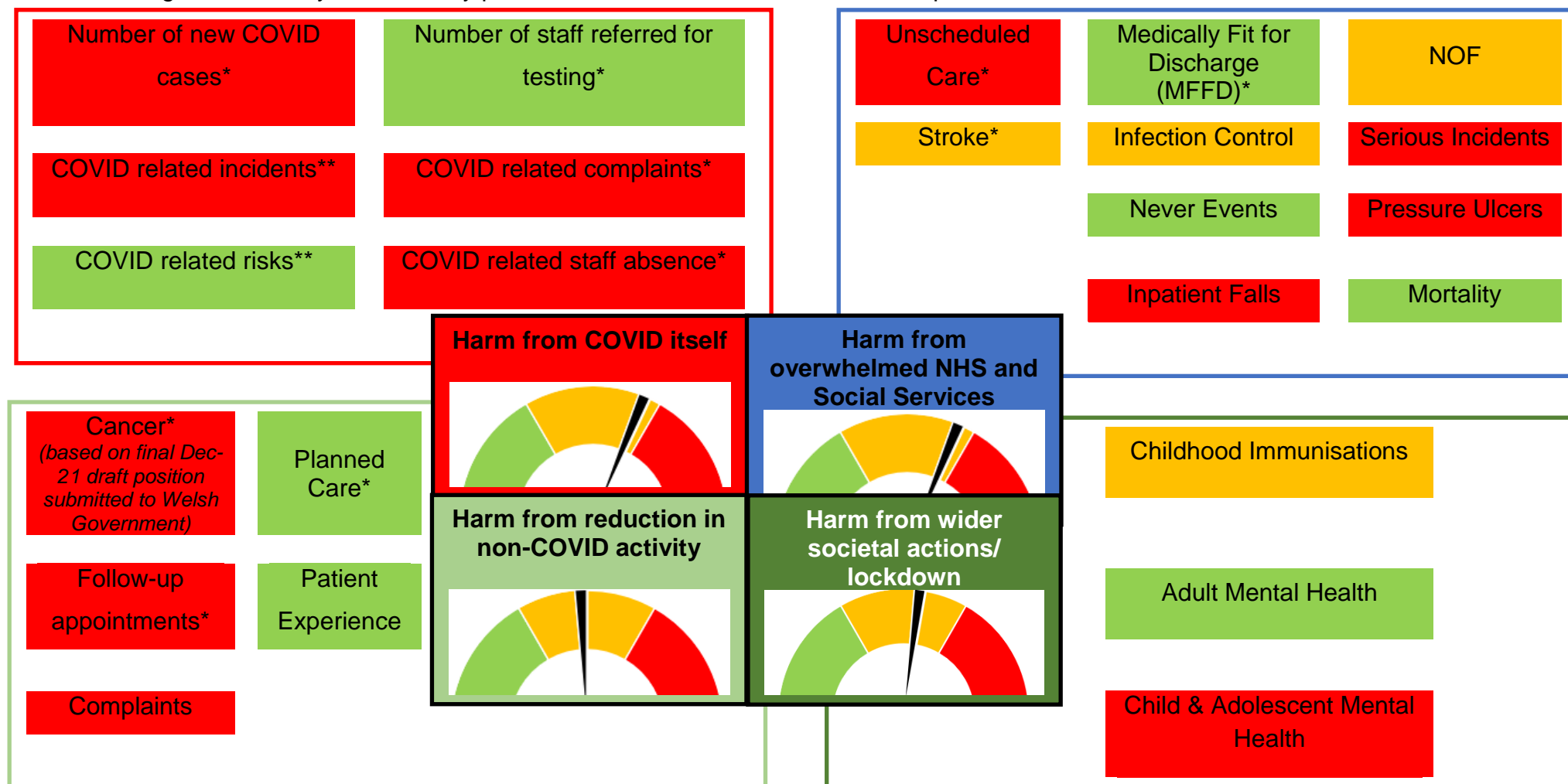


The graph shows the total waiting list trajectory (excluding Diagnostic and Therapy data). March 2022 figures show 86,271 total patients waiting, this is currently under the projected trajectory (92,418).

As a result of the newly published Ministerial priorities, new recovery trajectories have been developed which pay reference a reduction in the number of patients waiting over 104 weeks. Updated and detailed trajectories can be seen in **Appendix 2**. Detailed service specific work is also ongoing to finalise detailed demand and capacity plans.

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 HARM FROM COVID ITSELF

Chart 1 Number of new COVID19 cases

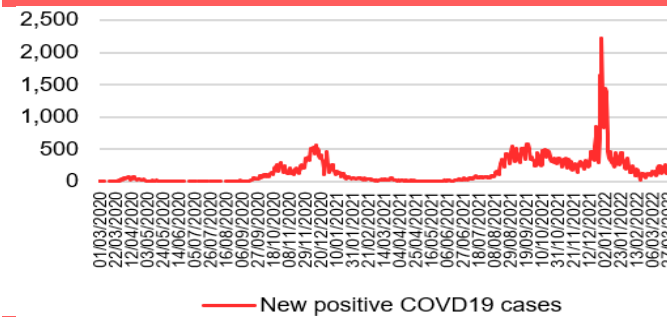


Chart 2: Number of new COVID19 cases (cumulative)

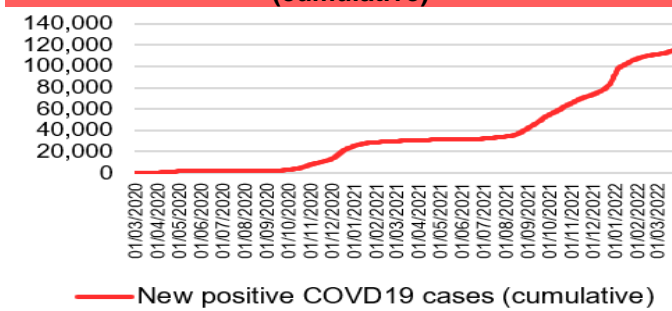


Chart 3: Number of COVID19 tests completed and positivity rate

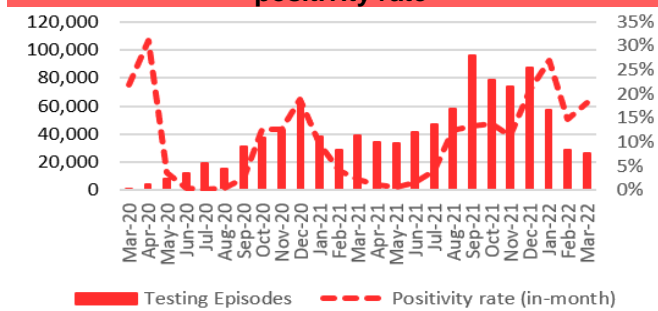


Chart 4: Number of staff referred for Antigen testing

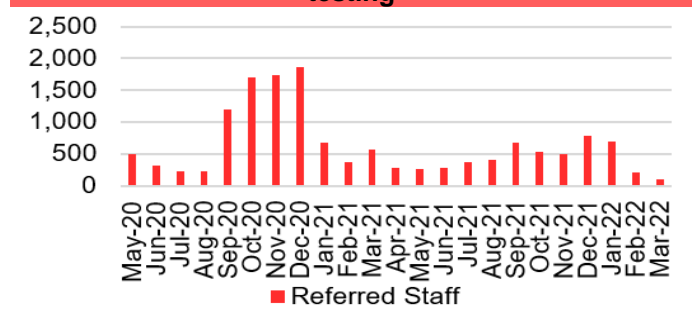


Chart 5: Outcome of staff COVID19/ antigen tests

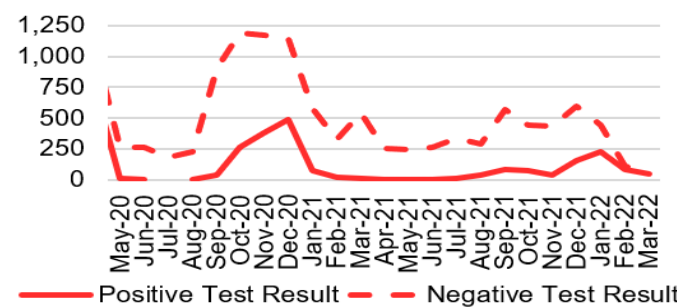


Chart 6: Number of COVID19 related incidents

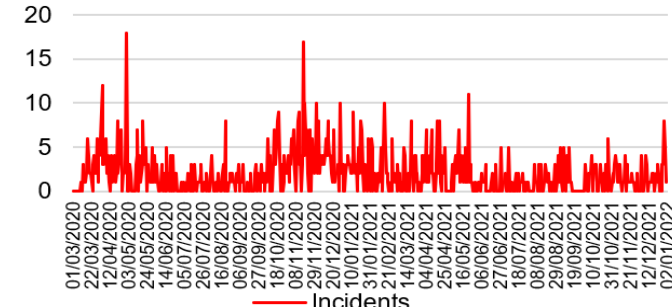


Chart 7: Number of COVID19 related serious incidents

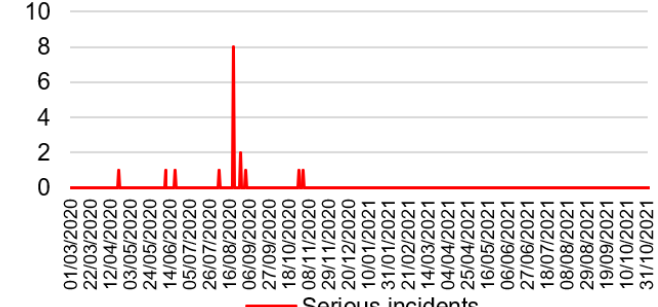


Chart 8: Number of COVID19 related complaints

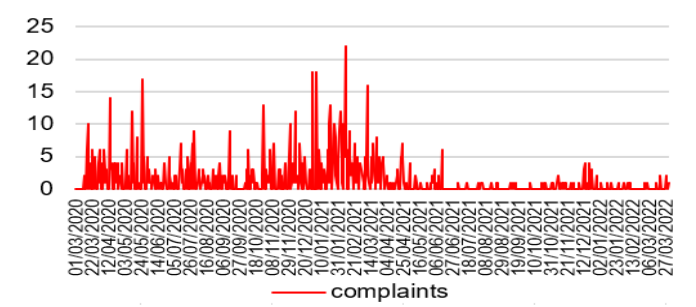


Chart 9: Number of COVID19 related risks

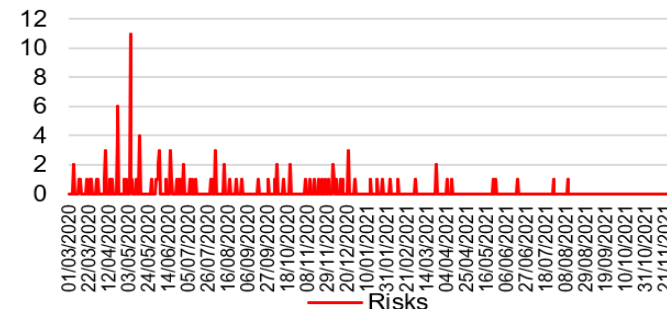


Chart 10: Number of staff self-isolating (asymptomatic)

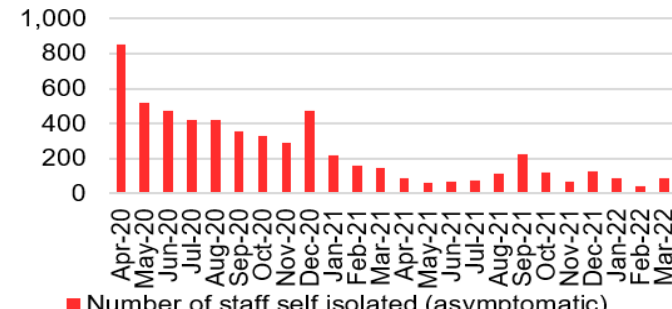


Chart 11: Number of staff self isolating (symptomatic)

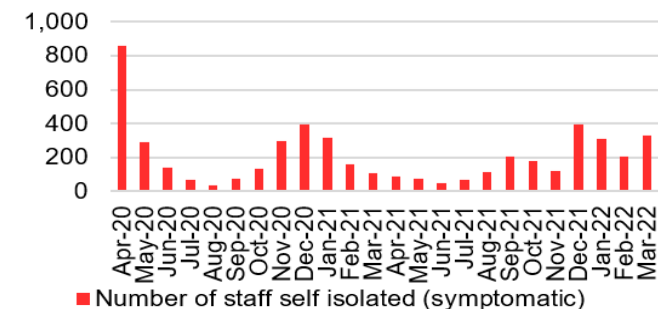


Chart 12: % staff sickness

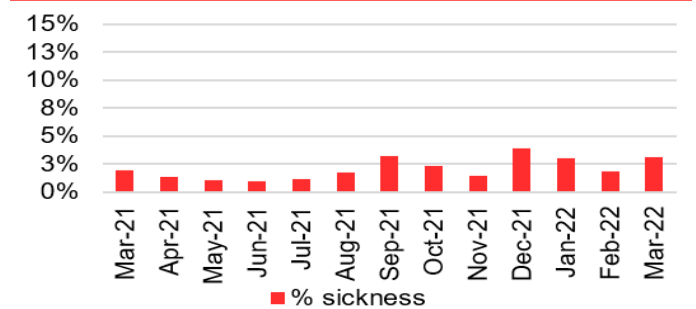


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

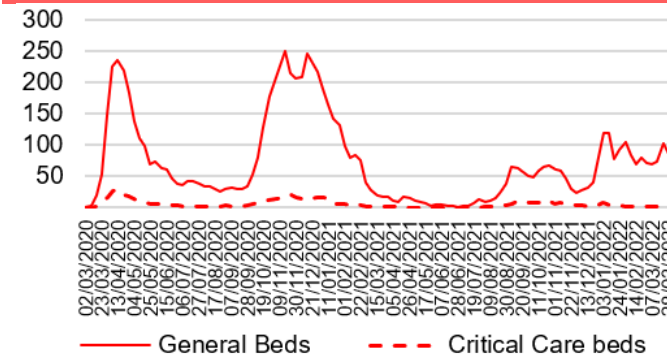


Chart 14: Number of hospital deaths with any mention of COVID19



Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

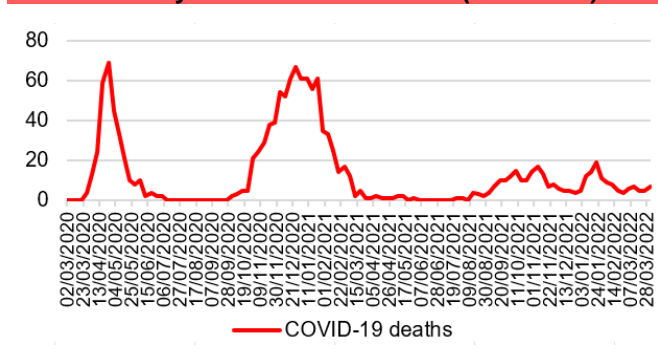
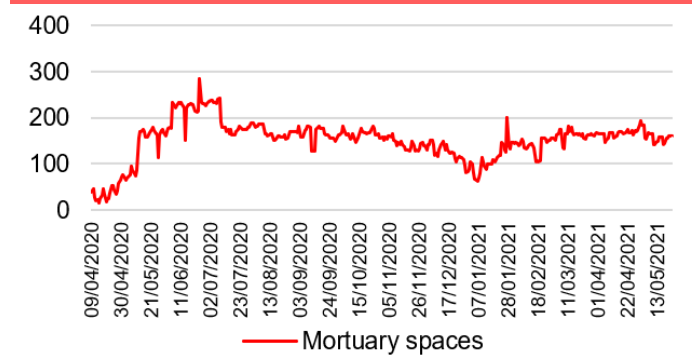


Chart 16: Number of mortuary spaces



3.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>1. Number of new COVID cases</p> <p>In March 2022, there were an additional 4,749 positive cases recorded bringing the cumulative total to 115,936 in Swansea Bay since March 2020. Whilst the number of Positive cases has significantly reduced since January 2022, cases still remain high.</p>	<p>1. Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
	<p>2. Staff referred for Antigen testing</p> <p>The cumulative number of staff referred for COVID testing between March 2020 and March 2022 is 16,756 of which 17% have been positive (Cumulative total).</p>	<p>2. Outcome of staff referred for Antigen testing</p> <p>■ Positive ■ Negative ■ In Progress ■ Unknown/blank</p>

COVID RELATED STAFF ABSENCE																																																																																																																																				
Description		Current Performance										Trend																																																																																																																								
Staff absence due to COVID19		The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.																																																																																																																																		
	1.Number of staff self-isolating (asymptomatic)	1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between February 2022 and March 2022, the number of staff self-isolating (asymptomatic) increase from 43 to 87 and the number of staff self-isolating (symptomatic) increased from 204 to 326. In March 2022, the registered nursing staff group had the largest number of self-isolating staff who are asymptomatic and the “other” staff group were the largest group of symptomatic staff who were isolating.																																																																																																																																		
	2.Number of staff self isolating (symptomatic)																																																																																																																																			
	3.% staff sickness	3. % Staff sickness The percentage of staff sickness absence due to COVID19 has increased from 1.8% in February 2022 to 3.1% in March 2022.																																																																																																																																		
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	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	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22																																																																																																																		
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HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

4.1 Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111

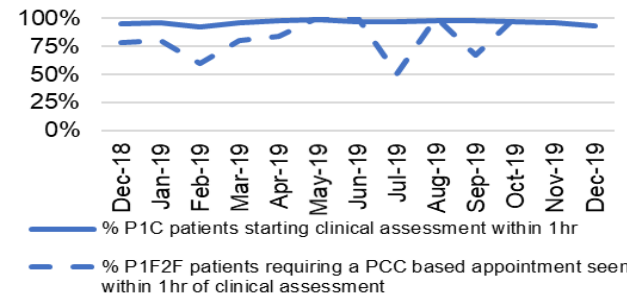


Chart 2: % red calls responded to within 8 minutes

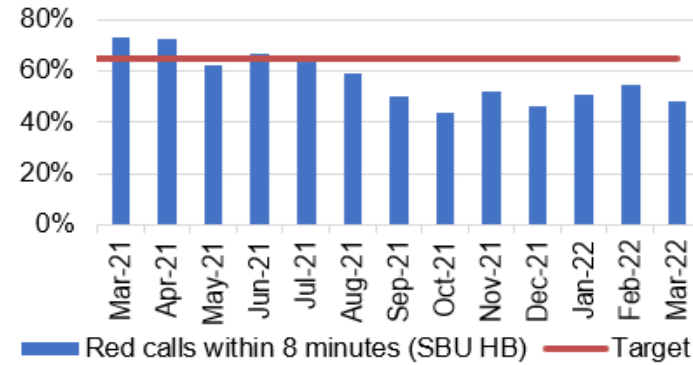


Chart 3: Number of ambulance handovers over 1 hour

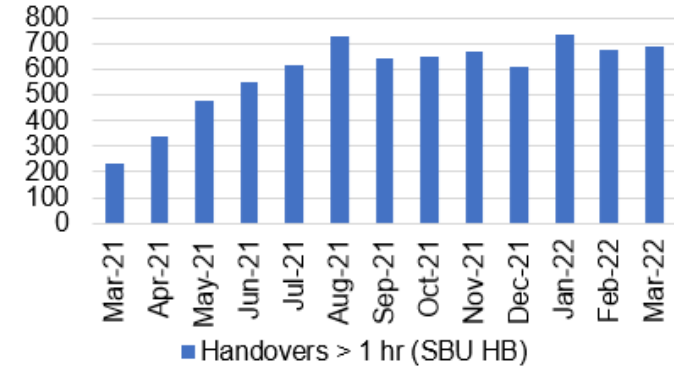


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

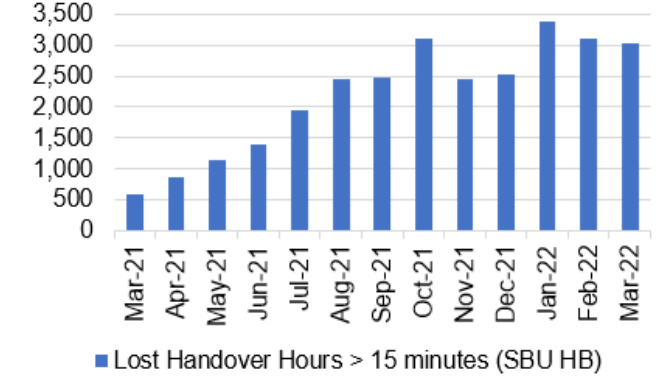


Chart 5: A&E Attendances

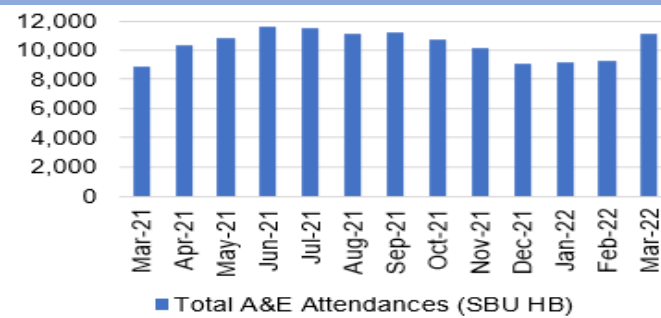


Chart 6: % patients who spend less than 4 hours in A&E

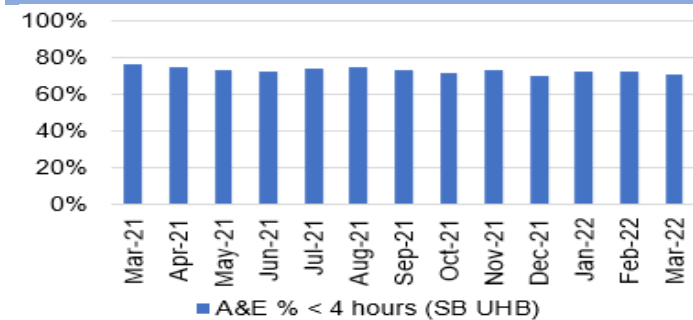


Chart 7: Number of patients waiting over 12 hours in A&E

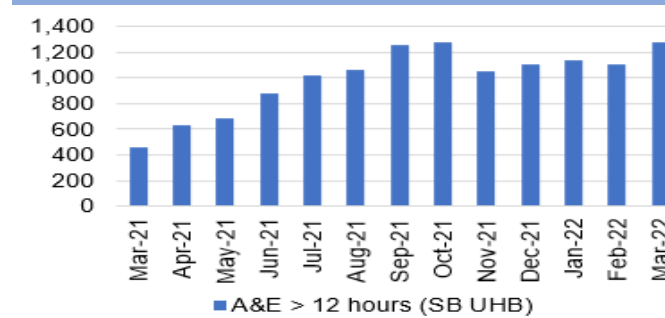


Chart 8: Number of emergency admissions

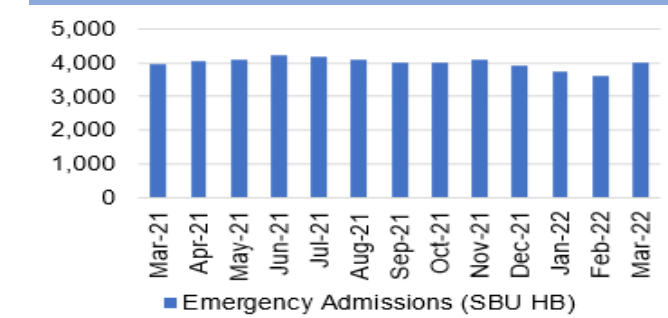


Chart 9: Elective procedures cancelled due to lack of beds

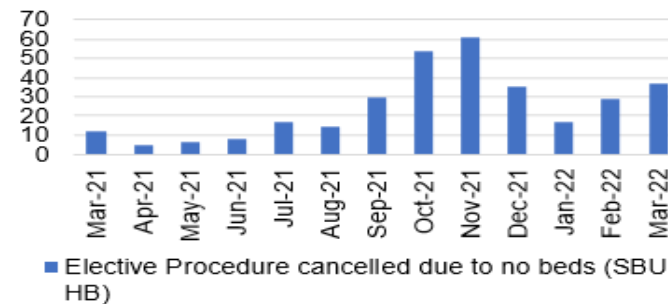


Chart 10: Number of clinically optimised patients

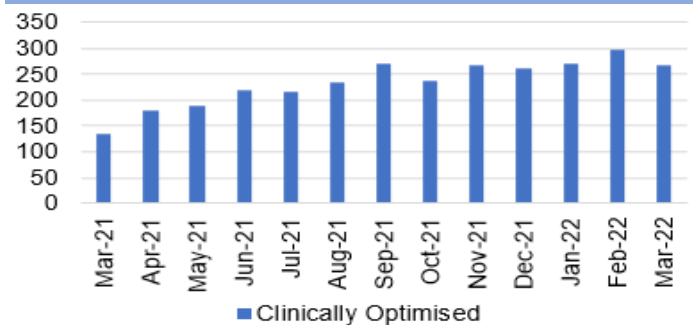


Chart 11: Delay reason for clinically optimised patients

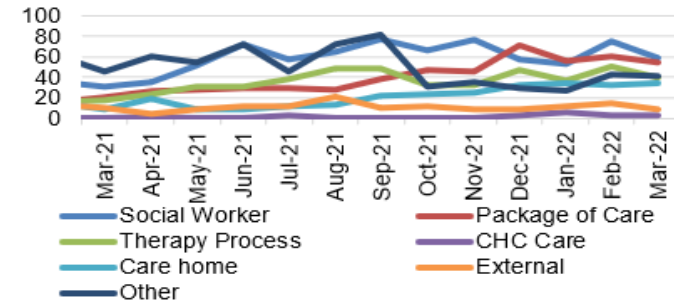


Chart 12: Average lost bed days (per day)

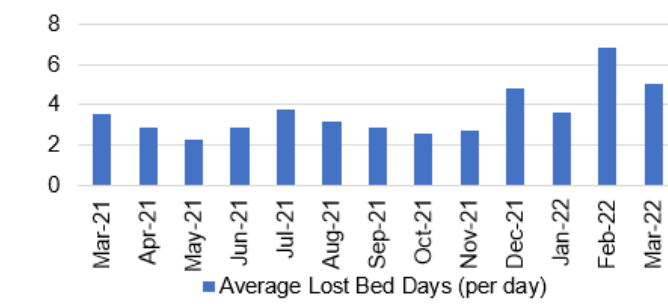


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

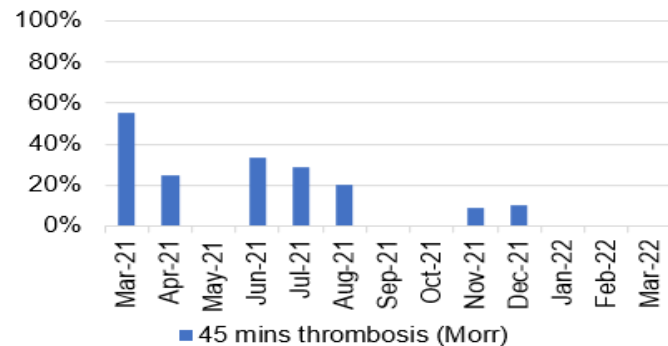


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

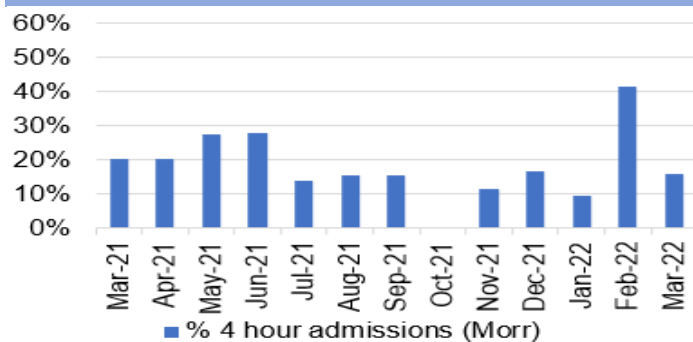


Chart 15: % of stroke patients receiving CT scan with 1 hour

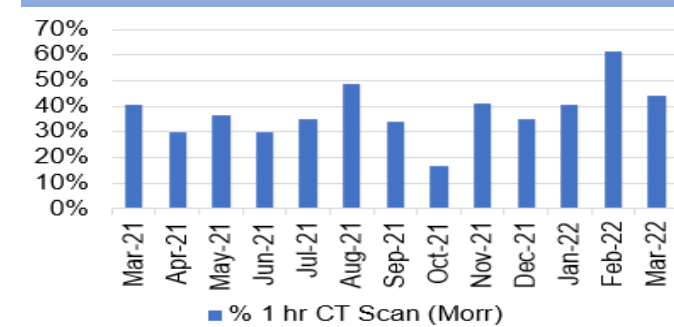
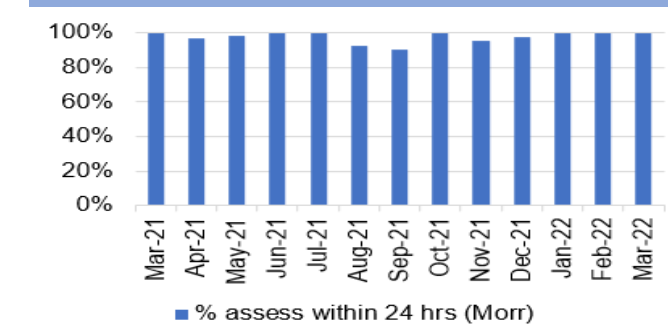


Chart 16: % stroke patients receiving consultant assessment within 24 hours

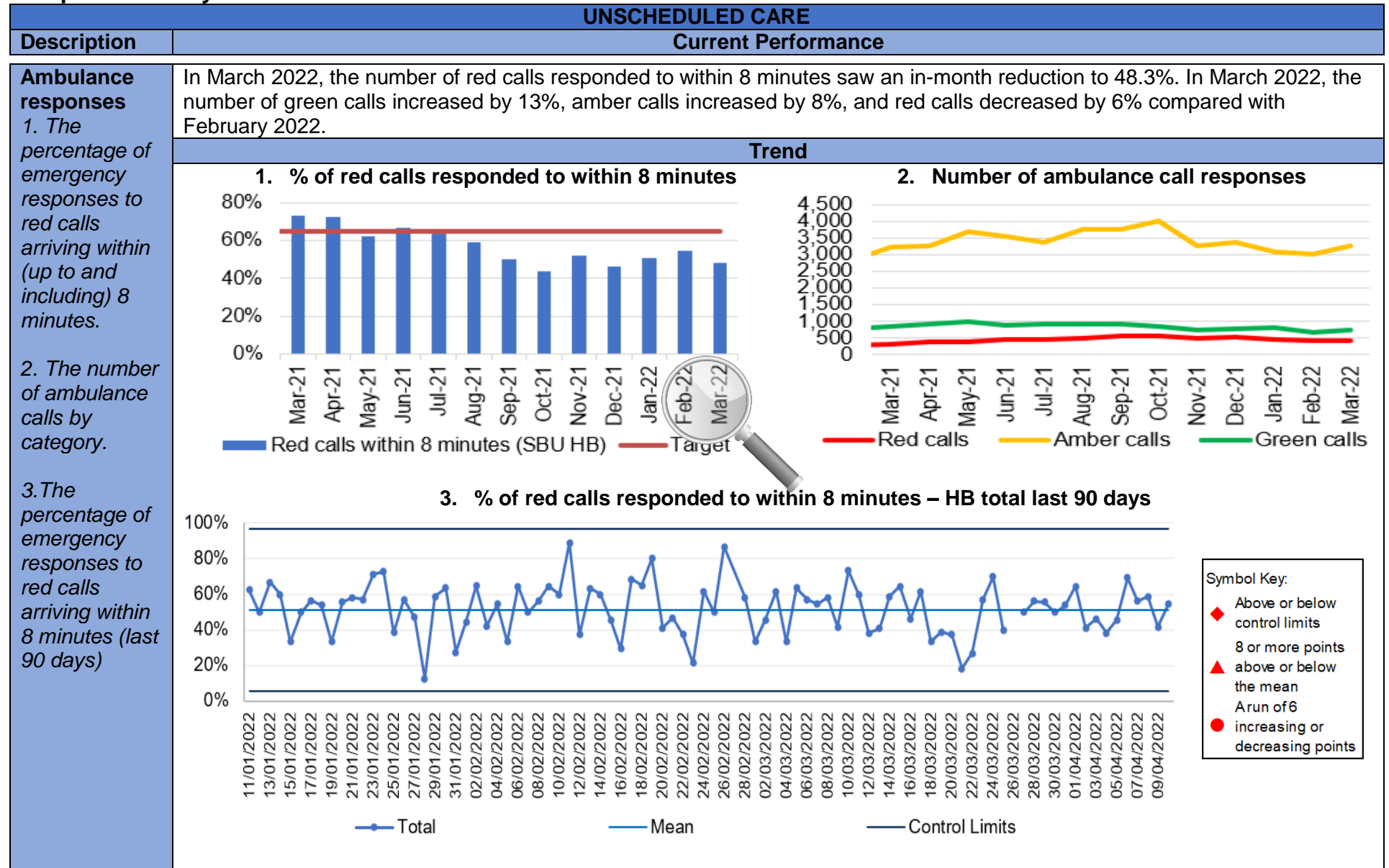


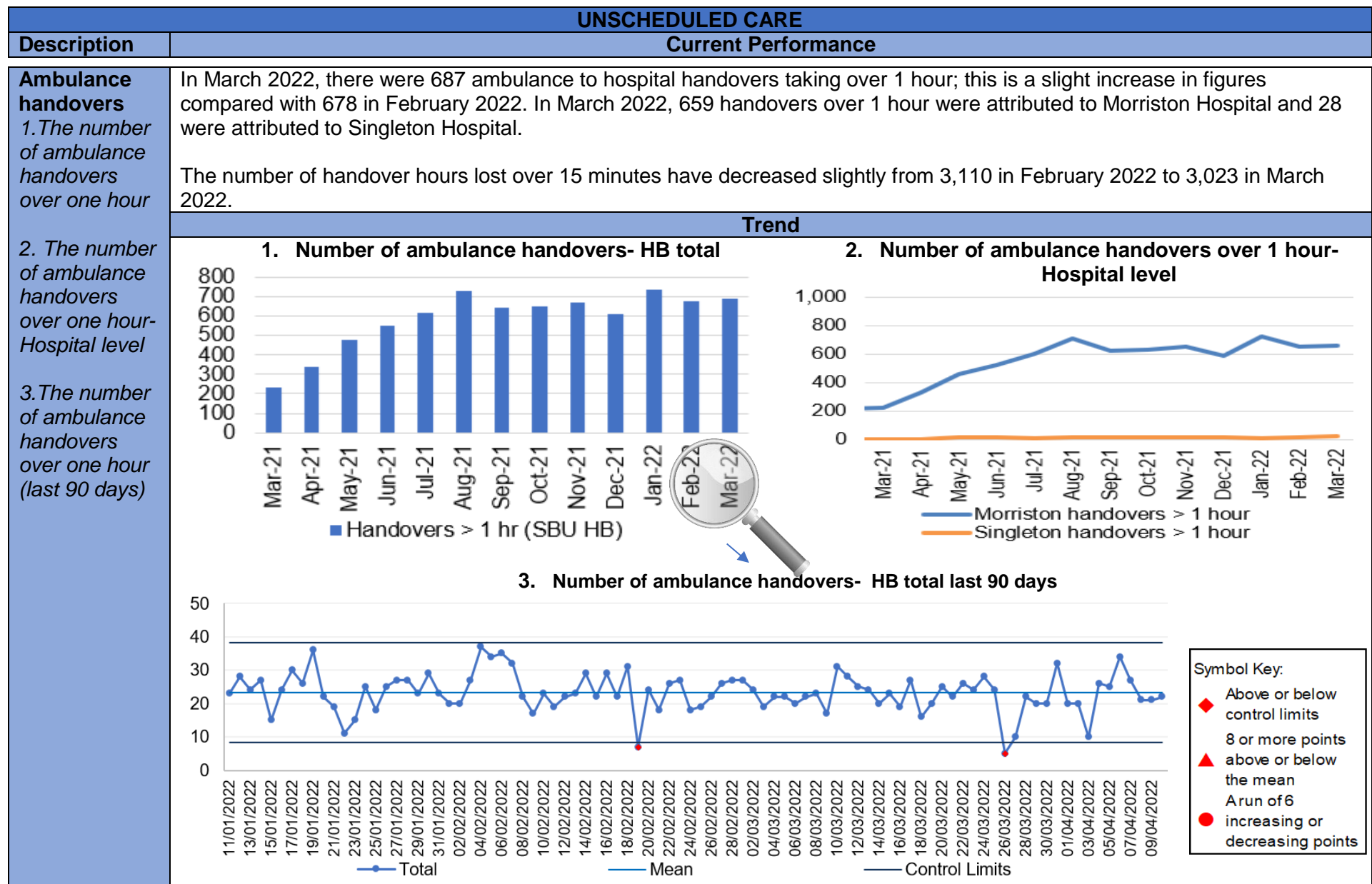
Unscheduled Care Overview (March 2022)

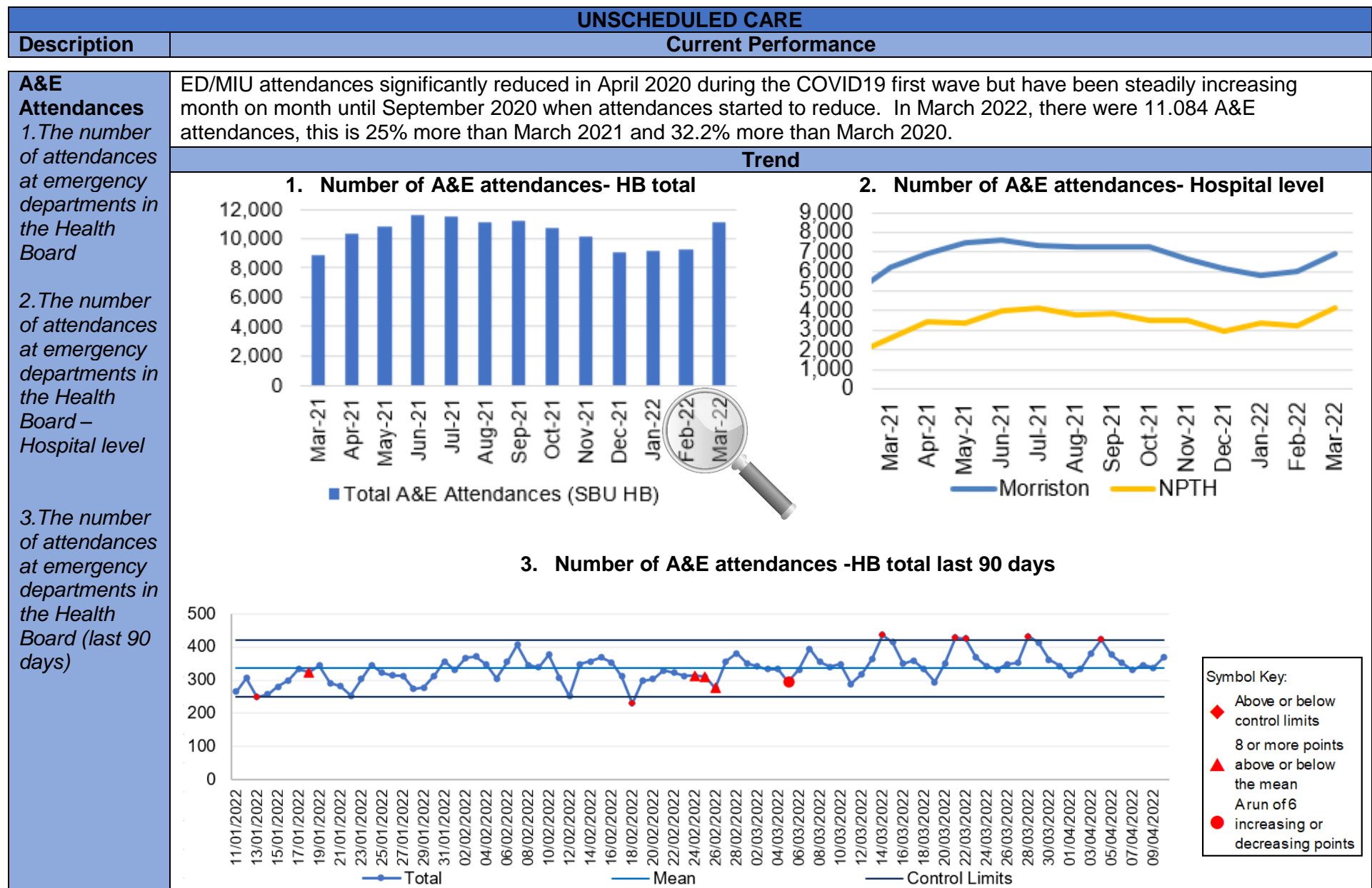
Primary Care Access		Ambulance	Emergency Department	
97% (→) GP practices open during daily core hours	88% (→) GP practices offering appointments between 5pm-6:30pm	48.3% (6%↓) Red calls responded to within 8 minutes	11,084 (20%↑) A&E attendances	71.39% (0.9%↓) Waits in A&E under 4 hours
93% (3%↓) % 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 (<i>July-19</i>)	100% (33%↑) % 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 (<i>Oct-19</i>)	687 (1%↑) Ambulance handovers over 1 hour	1,282 (16%↑) Waits in A&E over 12 hours	1,746 (19%↑) Patients admitted from A&E
		3,274 (8%↑) Amber calls		
		435 (6%↑) Red calls		
Emergency Activity		Patient Flow		
3,993 (11%↑) Emergency Inpatient Admissions	784(30%↑) Emergency Theatre Cases	13 (19%↓) (<i>Mar-20</i>) Mental Health DTOCs * Data collection temporarily suspended	60 (13%↓) (<i>Mar-20</i>) Non-Mental Health DTOCs * Data collection temporarily suspended	
402 (33%↑) Trauma theatre cases	37 (28%↑) Elective procedures cancelled due to no beds		269 (10%↓) Clinically Optimised patients	

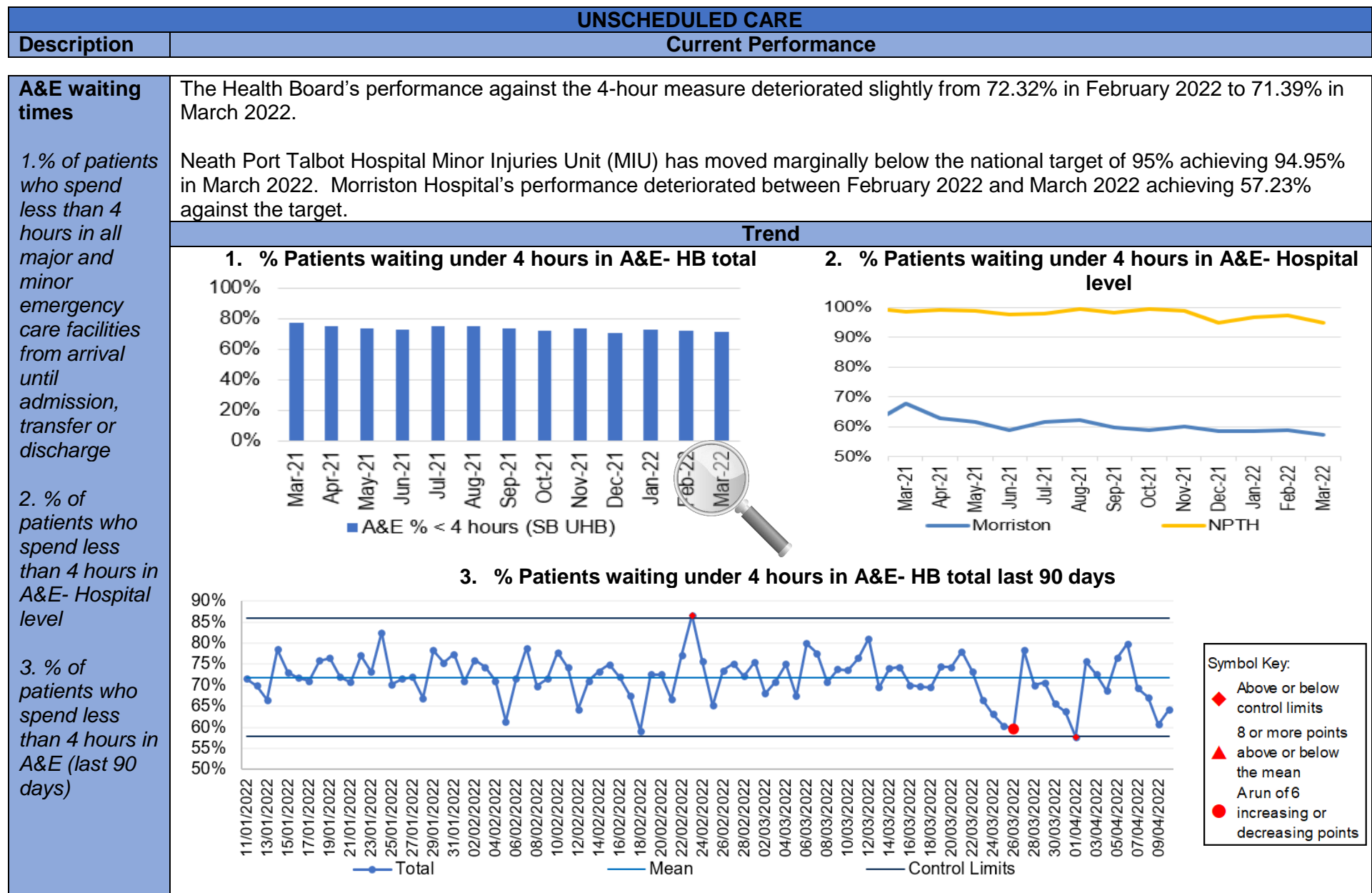
*RAG status and trend is based on in month-movement

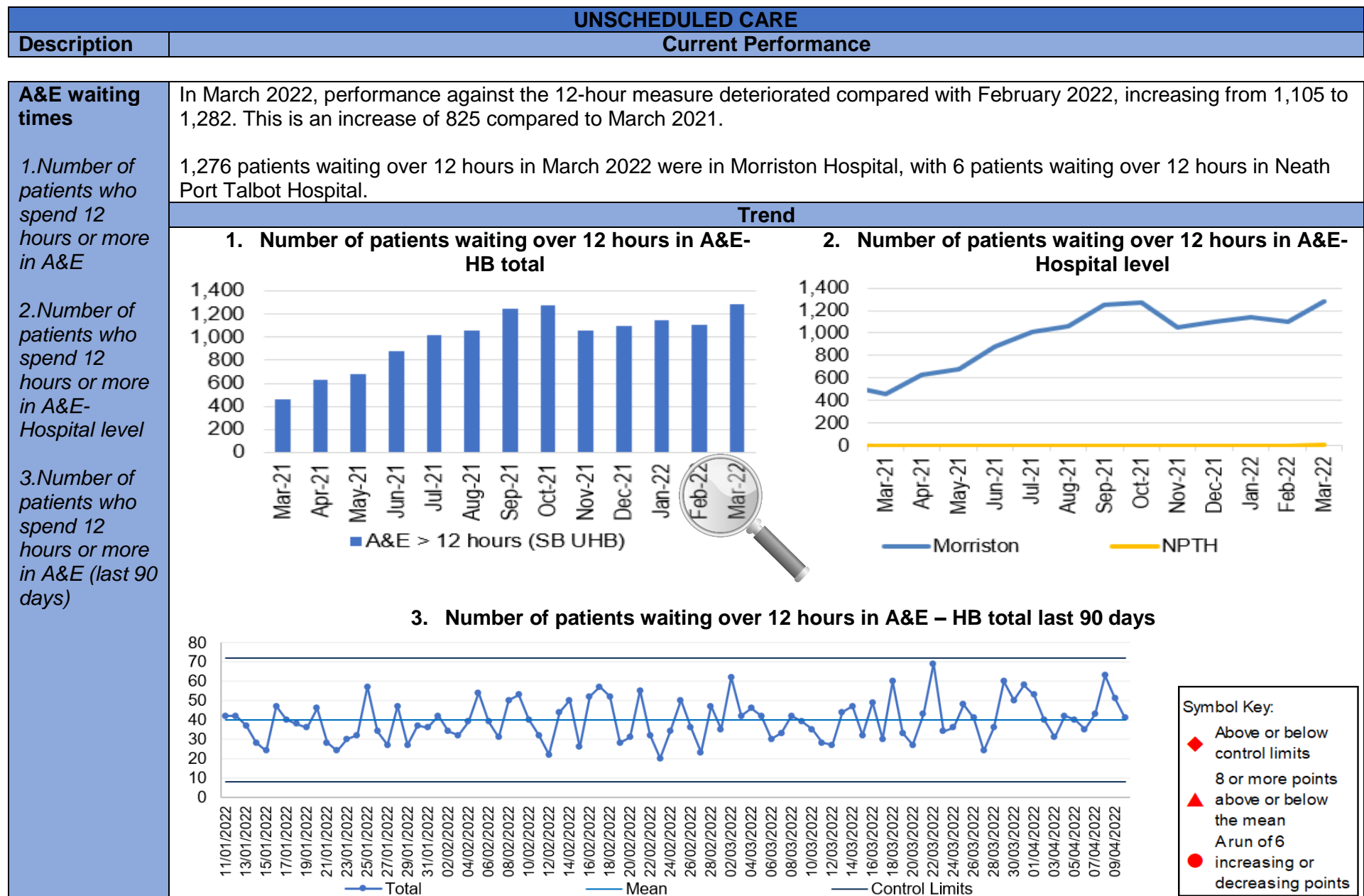
4.2 Updates on key measures

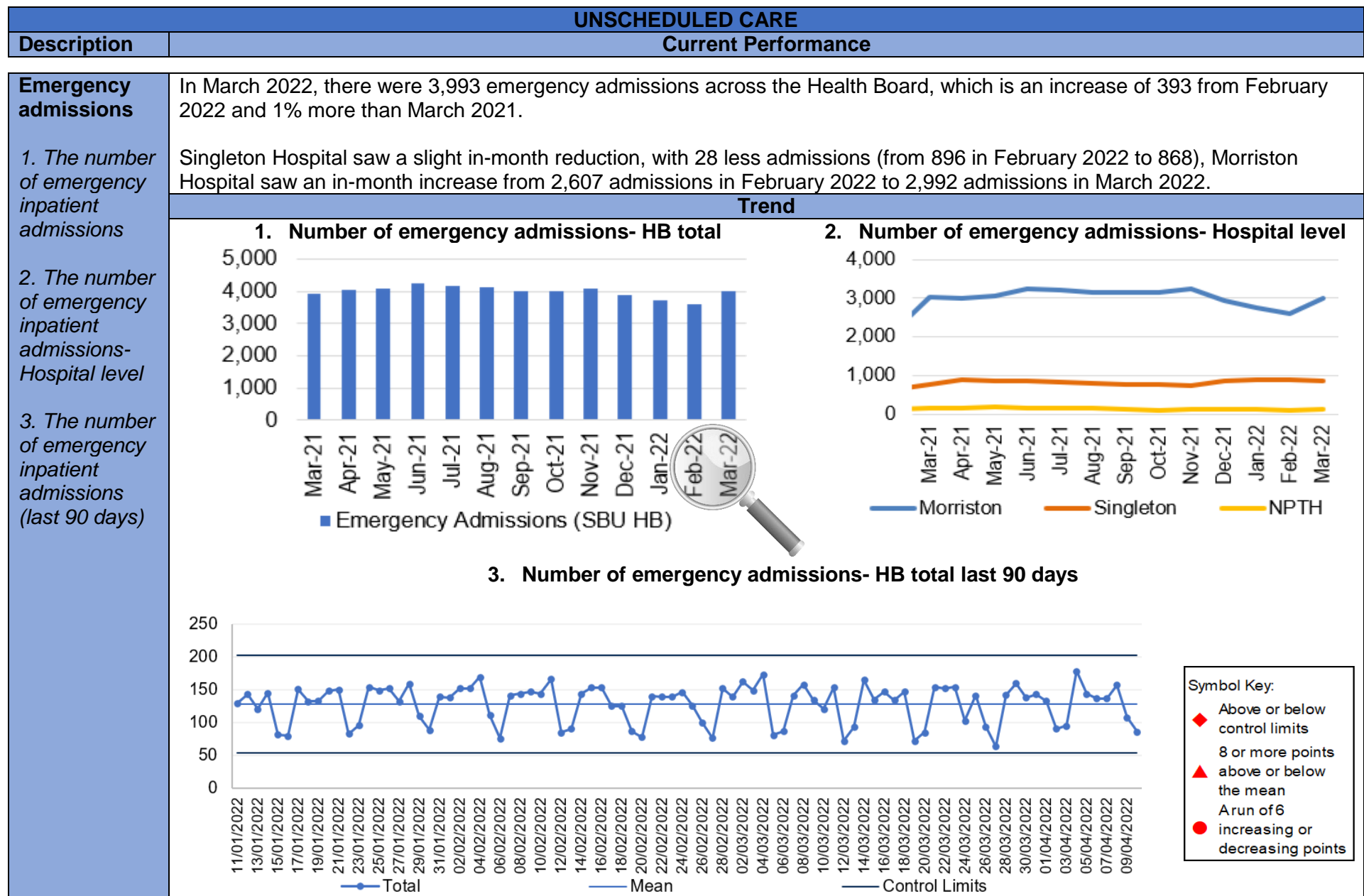


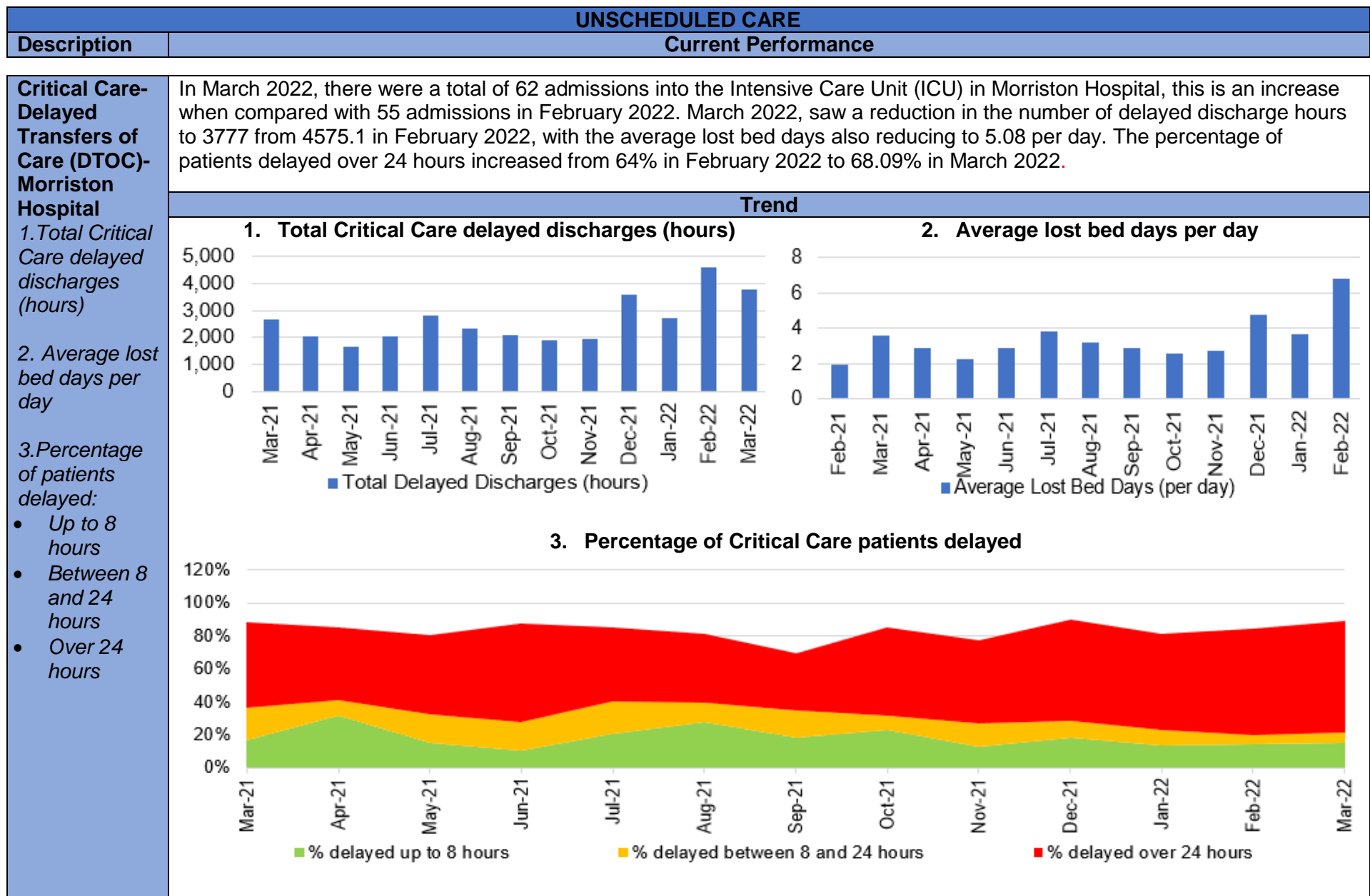








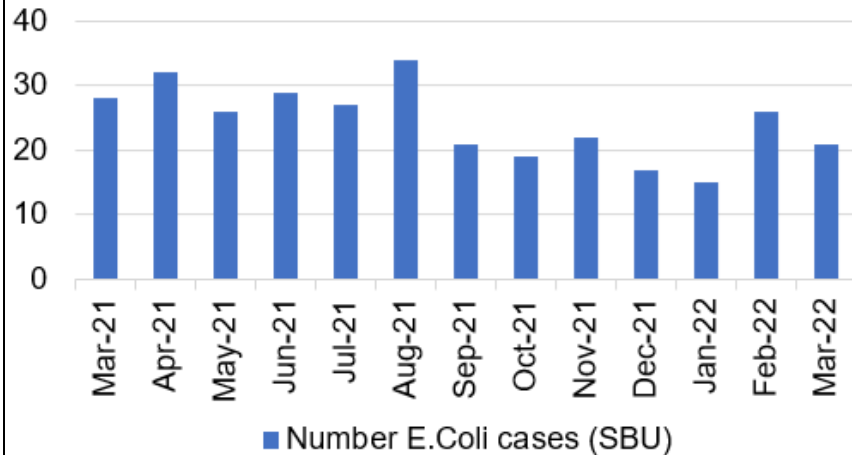
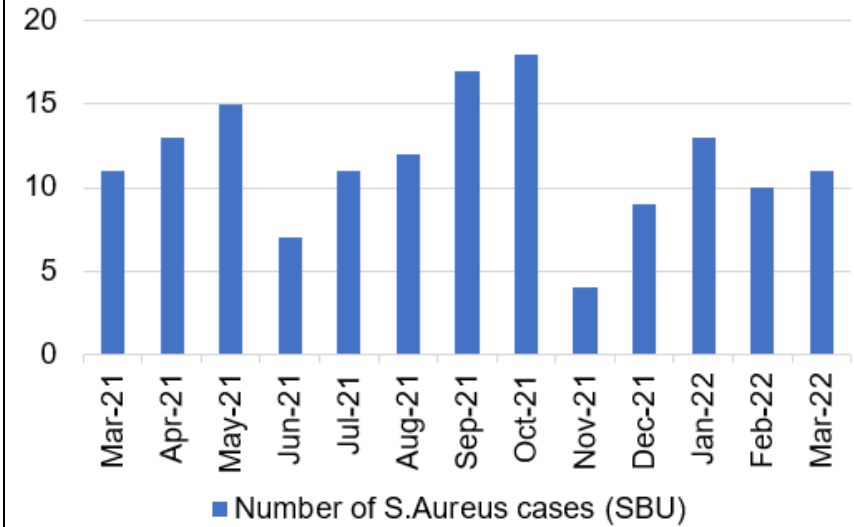


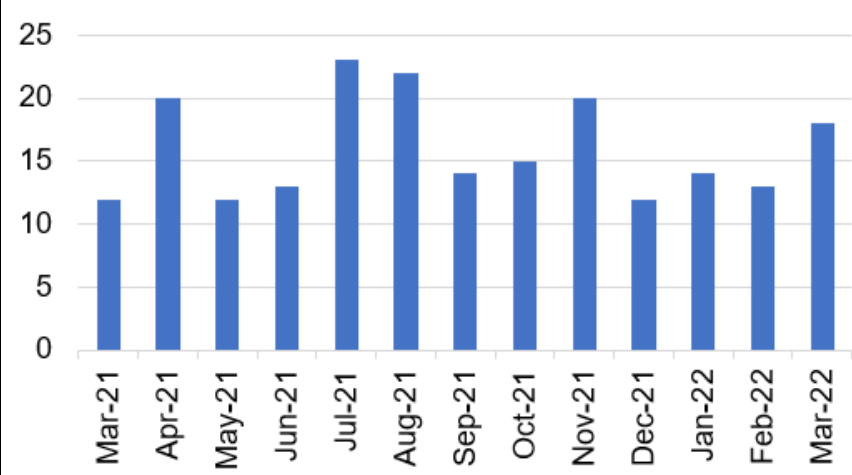
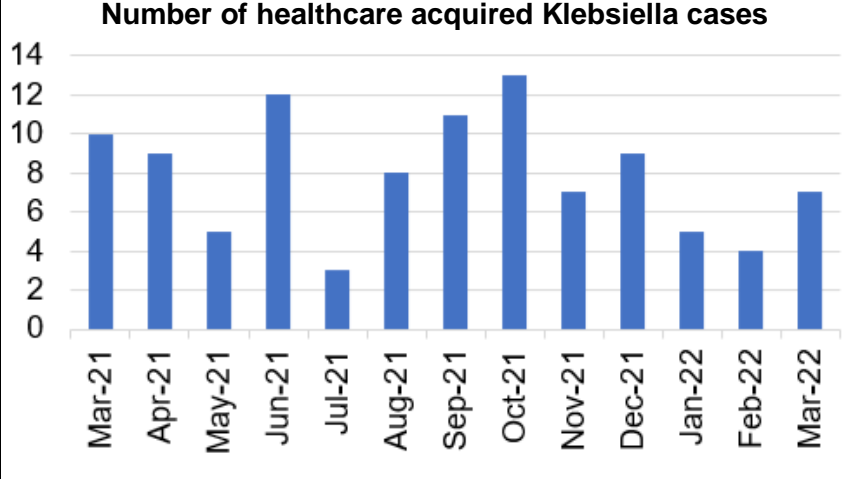


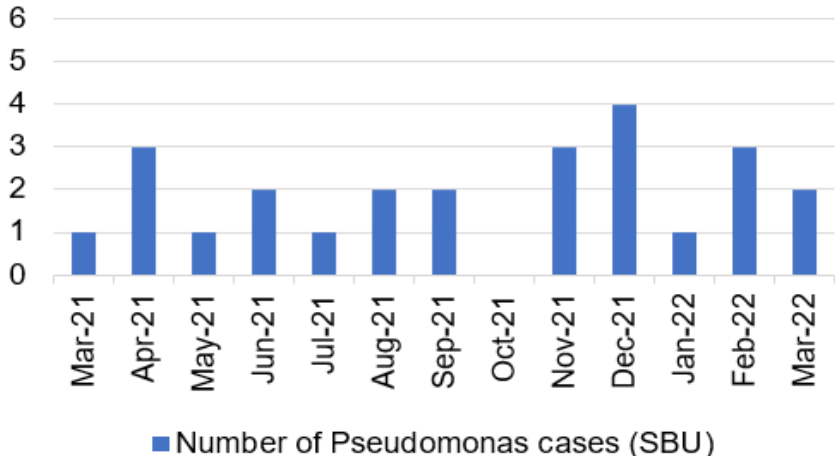
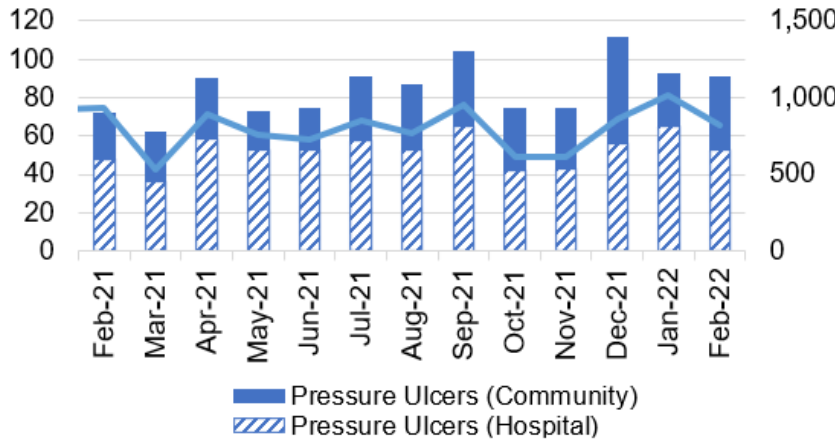
UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In March 2022, there were on average 269 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. This is the first time a reduction has been seen since December 2021</p>	<p>The number of clinically optimised patients by site</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Mar-21</td><td>50</td><td>40</td><td>45</td><td>10</td></tr><tr><td>Apr-21</td><td>65</td><td>35</td><td>65</td><td>10</td></tr><tr><td>May-21</td><td>65</td><td>40</td><td>70</td><td>10</td></tr><tr><td>Jun-21</td><td>75</td><td>50</td><td>75</td><td>10</td></tr><tr><td>Jul-21</td><td>85</td><td>50</td><td>70</td><td>10</td></tr><tr><td>Aug-21</td><td>90</td><td>55</td><td>70</td><td>15</td></tr><tr><td>Sep-21</td><td>105</td><td>70</td><td>85</td><td>15</td></tr><tr><td>Oct-21</td><td>90</td><td>50</td><td>80</td><td>15</td></tr><tr><td>Nov-21</td><td>110</td><td>60</td><td>80</td><td>15</td></tr><tr><td>Dec-21</td><td>105</td><td>55</td><td>75</td><td>15</td></tr><tr><td>Jan-22</td><td>110</td><td>65</td><td>70</td><td>15</td></tr><tr><td>Feb-22</td><td>125</td><td>70</td><td>90</td><td>15</td></tr><tr><td>Mar-22</td><td>100</td><td>55</td><td>95</td><td>20</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Mar-21	50	40	45	10	Apr-21	65	35	65	10	May-21	65	40	70	10	Jun-21	75	50	75	10	Jul-21	85	50	70	10	Aug-21	90	55	70	15	Sep-21	105	70	85	15	Oct-21	90	50	80	15	Nov-21	110	60	80	15	Dec-21	105	55	75	15	Jan-22	110	65	70	15	Feb-22	125	70	90	15	Mar-22	100	55	95	20
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<p>In February 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 99, followed by Neath Port Talbot Hospital with 93.</p>																																																																								
Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In March 2022, there were 37 elective procedures cancelled due to lack of beds on the day of surgery. This is 25 more cancellations than in March 2021 and 10 less than February 2020.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Mar-21</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Apr-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>May-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Jun-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Jul-21</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Aug-21</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Sep-21</td><td>30</td><td>0</td><td>0</td></tr><tr><td>Oct-21</td><td>50</td><td>0</td><td>0</td></tr><tr><td>Nov-21</td><td>60</td><td>0</td><td>0</td></tr><tr><td>Dec-21</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Jan-22</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Feb-22</td><td>25</td><td>5</td><td>0</td></tr><tr><td>Mar-22</td><td>37</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Mar-21	10	0	0	Apr-21	5	0	0	May-21	5	0	0	Jun-21	5	0	0	Jul-21	15	0	0	Aug-21	10	0	0	Sep-21	30	0	0	Oct-21	50	0	0	Nov-21	60	0	0	Dec-21	35	0	0	Jan-22	15	0	0	Feb-22	25	5	0	Mar-22	37	0	0														
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Mar-22	37	0	0																																																																					
<p>36 of the cancelled procedures were attributed to Morriston Hospital, with 1 cancelation attributed to Singleton Hospital.</p>																																																																								

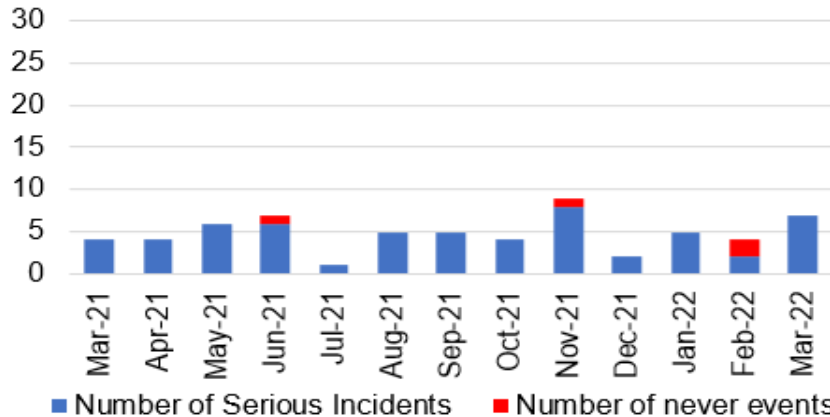
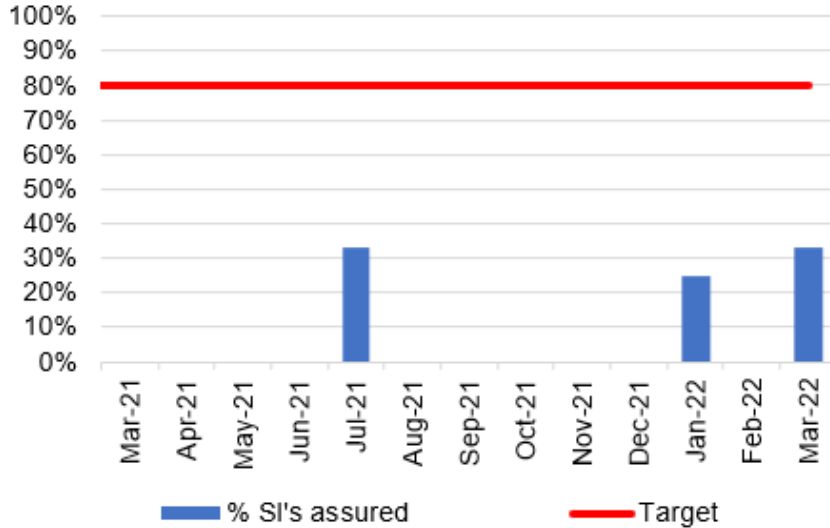
FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	<p>1. Prompt orthogeriatric assessment- In February 2022, 89.4% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 1.8% more than in February 2021.</p>	<p>1. Prompt orthogeriatric assessment</p> <table><caption>1. Prompt orthogeriatric assessment</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Feb-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Mar-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Apr-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>May-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Jun-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Jul-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Aug-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Sep-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Oct-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Nov-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Dec-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Jan-22</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Feb-22</td><td>89.4%</td><td>61.8%</td><td>81.8%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Feb-21	85%	60%	80%	Mar-21	85%	60%	80%	Apr-21	85%	60%	80%	May-21	85%	60%	80%	Jun-21	85%	60%	80%	Jul-21	85%	60%	80%	Aug-21	85%	60%	80%	Sep-21	85%	60%	80%	Oct-21	85%	60%	80%	Nov-21	85%	60%	80%	Dec-21	85%	60%	80%	Jan-22	85%	60%	80%	Feb-22	89.4%	61.8%	81.8%
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<p>2. Prompt surgery- In February 2022, 48.6% of patients had surgery the day following presentation with a hip fracture. This is a 7.7% deterioration from February 2021 which was 56.3%</p>	<p>2. Prompt surgery</p> <table><caption>2. Prompt surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Feb-21</td><td>56.3%</td><td>60%</td><td>70%</td></tr><tr><td>Mar-21</td><td>56.3%</td><td>60%</td><td>70%</td></tr><tr><td>Apr-21</td><td>56.3%</td><td>60%</td><td>70%</td></tr><tr><td>May-21</td><td>56.3%</td><td>60%</td><td>70%</td></tr><tr><td>Jun-21</td><td>56.3%</td><td>60%</td><td>70%</td></tr><tr><td>Jul-21</td><td>56.3%</td><td>60%</td><td>70%</td></tr><tr><td>Aug-21</td><td>56.3%</td><td>60%</td><td>70%</td></tr><tr><td>Sep-21</td><td>56.3%</td><td>60%</td><td>70%</td></tr><tr><td>Oct-21</td><td>56.3%</td><td>60%</td><td>70%</td></tr><tr><td>Nov-21</td><td>56.3%</td><td>60%</td><td>70%</td></tr><tr><td>Dec-21</td><td>56.3%</td><td>60%</td><td>70%</td></tr><tr><td>Jan-22</td><td>56.3%</td><td>60%</td><td>70%</td></tr><tr><td>Feb-22</td><td>48.6%</td><td>60%</td><td>70%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Feb-21	56.3%	60%	70%	Mar-21	56.3%	60%	70%	Apr-21	56.3%	60%	70%	May-21	56.3%	60%	70%	Jun-21	56.3%	60%	70%	Jul-21	56.3%	60%	70%	Aug-21	56.3%	60%	70%	Sep-21	56.3%	60%	70%	Oct-21	56.3%	60%	70%	Nov-21	56.3%	60%	70%	Dec-21	56.3%	60%	70%	Jan-22	56.3%	60%	70%	Feb-22	48.6%	60%	70%	
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<p>3. NICE compliant surgery- 69.8% of operations were consistent with the NICE recommendations in February 2022. This is 1.4% less than in February 2021. In February 2022, Morriston was slightly below the all-Wales average of 69.9%.</p>	<p>3. NICE compliant Surgery</p> <table><caption>3. NICE compliant Surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Feb-21</td><td>69.8%</td><td>70%</td><td>75%</td></tr><tr><td>Mar-21</td><td>69.8%</td><td>70%</td><td>75%</td></tr><tr><td>Apr-21</td><td>69.8%</td><td>70%</td><td>75%</td></tr><tr><td>May-21</td><td>69.8%</td><td>70%</td><td>75%</td></tr><tr><td>Jun-21</td><td>69.8%</td><td>70%</td><td>75%</td></tr><tr><td>Jul-21</td><td>69.8%</td><td>70%</td><td>75%</td></tr><tr><td>Aug-21</td><td>69.8%</td><td>70%</td><td>75%</td></tr><tr><td>Sep-21</td><td>69.8%</td><td>70%</td><td>75%</td></tr><tr><td>Oct-21</td><td>69.8%</td><td>70%</td><td>75%</td></tr><tr><td>Nov-21</td><td>69.8%</td><td>70%</td><td>75%</td></tr><tr><td>Dec-21</td><td>69.8%</td><td>70%</td><td>75%</td></tr><tr><td>Jan-22</td><td>69.8%</td><td>70%</td><td>75%</td></tr><tr><td>Feb-22</td><td>69.8%</td><td>69.9%</td><td>75%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Feb-21	69.8%	70%	75%	Mar-21	69.8%	70%	75%	Apr-21	69.8%	70%	75%	May-21	69.8%	70%	75%	Jun-21	69.8%	70%	75%	Jul-21	69.8%	70%	75%	Aug-21	69.8%	70%	75%	Sep-21	69.8%	70%	75%	Oct-21	69.8%	70%	75%	Nov-21	69.8%	70%	75%	Dec-21	69.8%	70%	75%	Jan-22	69.8%	70%	75%	Feb-22	69.8%	69.9%	75%	
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<p>4. Prompt mobilisation- In February 2022, 70.8% of patients were out of bed the day after surgery. This is 3.3% less than in February 2021.</p>	<p>4. Prompt mobilisation</p> <table><caption>4. Prompt mobilisation</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Feb-21</td><td>74.1%</td><td>75%</td><td>80%</td></tr><tr><td>Mar-21</td><td>74.1%</td><td>75%</td><td>80%</td></tr><tr><td>Apr-21</td><td>74.1%</td><td>75%</td><td>80%</td></tr><tr><td>May-21</td><td>74.1%</td><td>75%</td><td>80%</td></tr><tr><td>Jun-21</td><td>74.1%</td><td>75%</td><td>80%</td></tr><tr><td>Jul-21</td><td>74.1%</td><td>75%</td><td>80%</td></tr><tr><td>Aug-21</td><td>74.1%</td><td>75%</td><td>80%</td></tr><tr><td>Sep-21</td><td>74.1%</td><td>75%</td><td>80%</td></tr><tr><td>Oct-21</td><td>74.1%</td><td>75%</td><td>80%</td></tr><tr><td>Nov-21</td><td>74.1%</td><td>75%</td><td>80%</td></tr><tr><td>Dec-21</td><td>74.1%</td><td>75%</td><td>80%</td></tr><tr><td>Jan-22</td><td>74.1%</td><td>75%</td><td>80%</td></tr><tr><td>Feb-22</td><td>70.8%</td><td>71.1%</td><td>80%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Feb-21	74.1%	75%	80%	Mar-21	74.1%	75%	80%	Apr-21	74.1%	75%	80%	May-21	74.1%	75%	80%	Jun-21	74.1%	75%	80%	Jul-21	74.1%	75%	80%	Aug-21	74.1%	75%	80%	Sep-21	74.1%	75%	80%	Oct-21	74.1%	75%	80%	Nov-21	74.1%	75%	80%	Dec-21	74.1%	75%	80%	Jan-22	74.1%	75%	80%	Feb-22	70.8%	71.1%	80%	
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Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 76.3% of patients were not delirious in the week after their operation in February 2022. This is an improvement of 1.1% compared with February 2021.	<p>5. Not delirious when tested</p> <table><caption>5. Not delirious when tested (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Feb-21</td><td>75.0</td><td>55.0</td><td>55.0</td></tr><tr><td>Mar-21</td><td>75.0</td><td>55.0</td><td>55.0</td></tr><tr><td>Apr-21</td><td>75.0</td><td>55.0</td><td>55.0</td></tr><tr><td>May-21</td><td>75.0</td><td>55.0</td><td>55.0</td></tr><tr><td>Jun-21</td><td>75.0</td><td>55.0</td><td>55.0</td></tr><tr><td>Jul-21</td><td>75.0</td><td>55.0</td><td>55.0</td></tr><tr><td>Aug-21</td><td>75.0</td><td>55.0</td><td>55.0</td></tr><tr><td>Sep-21</td><td>75.0</td><td>55.0</td><td>55.0</td></tr><tr><td>Oct-21</td><td>75.0</td><td>55.0</td><td>55.0</td></tr><tr><td>Nov-21</td><td>75.0</td><td>55.0</td><td>55.0</td></tr><tr><td>Dec-21</td><td>75.0</td><td>55.0</td><td>55.0</td></tr><tr><td>Jan-22</td><td>75.0</td><td>55.0</td><td>55.0</td></tr><tr><td>Feb-22</td><td>76.3</td><td>55.0</td><td>55.0</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Feb-21	75.0	55.0	55.0	Mar-21	75.0	55.0	55.0	Apr-21	75.0	55.0	55.0	May-21	75.0	55.0	55.0	Jun-21	75.0	55.0	55.0	Jul-21	75.0	55.0	55.0	Aug-21	75.0	55.0	55.0	Sep-21	75.0	55.0	55.0	Oct-21	75.0	55.0	55.0	Nov-21	75.0	55.0	55.0	Dec-21	75.0	55.0	55.0	Jan-22	75.0	55.0	55.0	Feb-22	76.3	55.0	55.0
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6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 68.4% of patients in January 2022 were discharged back to their original residence. This is 5.3% less than in January 2021.	<p>6. Return to original residence</p> <table><caption>6. Return to original residence (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jan-21</td><td>70.0</td><td>72.0</td><td>70.0</td></tr><tr><td>Feb-21</td><td>70.0</td><td>72.0</td><td>70.0</td></tr><tr><td>Mar-21</td><td>70.0</td><td>72.0</td><td>70.0</td></tr><tr><td>Apr-21</td><td>70.0</td><td>72.0</td><td>70.0</td></tr><tr><td>May-21</td><td>70.0</td><td>72.0</td><td>70.0</td></tr><tr><td>Jun-21</td><td>70.0</td><td>72.0</td><td>70.0</td></tr><tr><td>Jul-21</td><td>70.0</td><td>72.0</td><td>70.0</td></tr><tr><td>Aug-21</td><td>70.0</td><td>72.0</td><td>70.0</td></tr><tr><td>Sep-21</td><td>70.0</td><td>72.0</td><td>70.0</td></tr><tr><td>Oct-21</td><td>70.0</td><td>72.0</td><td>70.0</td></tr><tr><td>Nov-21</td><td>70.0</td><td>72.0</td><td>70.0</td></tr><tr><td>Dec-21</td><td>70.0</td><td>72.0</td><td>70.0</td></tr><tr><td>Jan-22</td><td>68.4</td><td>72.0</td><td>70.0</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-21	70.0	72.0	70.0	Feb-21	70.0	72.0	70.0	Mar-21	70.0	72.0	70.0	Apr-21	70.0	72.0	70.0	May-21	70.0	72.0	70.0	Jun-21	70.0	72.0	70.0	Jul-21	70.0	72.0	70.0	Aug-21	70.0	72.0	70.0	Sep-21	70.0	72.0	70.0	Oct-21	70.0	72.0	70.0	Nov-21	70.0	72.0	70.0	Dec-21	70.0	72.0	70.0	Jan-22	68.4	72.0	70.0
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7. <i>30 day mortality rate</i>	7. 30 day mortality rate- In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%. * Updated data is currently not available, but is being reviewed.	<p>7. 30 day mortality rate</p> <table><caption>7. 30 day mortality rate (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jan-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Feb-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Mar-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Apr-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>May-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Jun-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Jul-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Aug-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Sep-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Oct-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Nov-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Dec-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Jan-21</td><td>7.5</td><td>6.9</td><td>7.6</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.5	7.0	7.0	Feb-20	8.0	7.0	7.0	Mar-20	8.0	7.0	7.0	Apr-20	8.0	7.0	7.0	May-20	8.0	7.0	7.0	Jun-20	8.0	7.0	7.0	Jul-20	8.0	7.0	7.0	Aug-20	8.0	7.0	7.0	Sep-20	8.0	7.0	7.0	Oct-20	8.0	7.0	7.0	Nov-20	8.0	7.0	7.0	Dec-20	8.0	7.0	7.0	Jan-21	7.5	6.9	7.6
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Jun-20	8.0	7.0	7.0																																																							
Jul-20	8.0	7.0	7.0																																																							
Aug-20	8.0	7.0	7.0																																																							
Sep-20	8.0	7.0	7.0																																																							
Oct-20	8.0	7.0	7.0																																																							
Nov-20	8.0	7.0	7.0																																																							
Dec-20	8.0	7.0	7.0																																																							
Jan-21	7.5	6.9	7.6																																																							

HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none">21 cases of <i>E. coli</i> bacteraemia were identified in March 2022, of which 4 were hospital acquired and 17 were community acquired.Cumulative cases from April 2021 to March 2022 are 16.6% higher than the equivalent period in 2020/21. (289 in 2021/22 compared with 241 in 2020/21).	<p>Number of healthcare acquired E.coli bacteraemia cases</p>  <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Mar-21</td><td>28</td></tr><tr><td>Apr-21</td><td>32</td></tr><tr><td>May-21</td><td>26</td></tr><tr><td>Jun-21</td><td>29</td></tr><tr><td>Jul-21</td><td>27</td></tr><tr><td>Aug-21</td><td>34</td></tr><tr><td>Sep-21</td><td>21</td></tr><tr><td>Oct-21</td><td>19</td></tr><tr><td>Nov-21</td><td>22</td></tr><tr><td>Dec-21</td><td>17</td></tr><tr><td>Jan-22</td><td>15</td></tr><tr><td>Feb-22</td><td>26</td></tr><tr><td>Mar-22</td><td>21</td></tr></tbody></table>	Month	Number of cases	Mar-21	28	Apr-21	32	May-21	26	Jun-21	29	Jul-21	27	Aug-21	34	Sep-21	21	Oct-21	19	Nov-21	22	Dec-21	17	Jan-22	15	Feb-22	26	Mar-22	21
Month	Number of cases																													
Mar-21	28																													
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Sep-21	21																													
Oct-21	19																													
Nov-21	22																													
Dec-21	17																													
Jan-22	15																													
Feb-22	26																													
Mar-22	21																													
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none">There were 11 cases of Staph. aureus bacteraemia in March 2022, of which 7 were hospital acquired and 4 were community acquired.Cumulative cases from April 2021 to March 2022 are 12.1% higher than the equivalent period in 2020/21 (140 in 2021/22 compared with 123 in 2020/21).	<p>Number of healthcare acquired S.aureus bacteraemia cases</p>  <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Mar-21</td><td>11</td></tr><tr><td>Apr-21</td><td>13</td></tr><tr><td>May-21</td><td>15</td></tr><tr><td>Jun-21</td><td>7</td></tr><tr><td>Jul-21</td><td>11</td></tr><tr><td>Aug-21</td><td>12</td></tr><tr><td>Sep-21</td><td>17</td></tr><tr><td>Oct-21</td><td>18</td></tr><tr><td>Nov-21</td><td>4</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>13</td></tr><tr><td>Feb-22</td><td>10</td></tr><tr><td>Mar-22</td><td>11</td></tr></tbody></table>	Month	Number of cases	Mar-21	11	Apr-21	13	May-21	15	Jun-21	7	Jul-21	11	Aug-21	12	Sep-21	17	Oct-21	18	Nov-21	4	Dec-21	9	Jan-22	13	Feb-22	10	Mar-22	11
Month	Number of cases																													
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Oct-21	18																													
Nov-21	4																													
Dec-21	9																													
Jan-22	13																													
Feb-22	10																													
Mar-22	11																													

HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 18 <i>Clostridium difficile</i> toxin positive cases in March 2022, of which 12 were hospital acquired and 6 were community acquired.Cumulative cases from April 2021 to March 2022 are 18.9% higher than the equivalent period of 2020/21 (196 in 2021/22 compared with 159 in 2020/21).	<p>Number of healthcare acquired C.difficile cases</p>  <table><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Mar-21</td><td>12</td></tr><tr><td>Apr-21</td><td>20</td></tr><tr><td>May-21</td><td>12</td></tr><tr><td>Jun-21</td><td>13</td></tr><tr><td>Jul-21</td><td>23</td></tr><tr><td>Aug-21</td><td>22</td></tr><tr><td>Sep-21</td><td>14</td></tr><tr><td>Oct-21</td><td>15</td></tr><tr><td>Nov-21</td><td>20</td></tr><tr><td>Dec-21</td><td>12</td></tr><tr><td>Jan-22</td><td>14</td></tr><tr><td>Feb-22</td><td>13</td></tr><tr><td>Mar-22</td><td>18</td></tr></tbody></table> <p>■ Number of C.diff cases (SBU)</p>	Month	Number of C.diff cases (SBU)	Mar-21	12	Apr-21	20	May-21	12	Jun-21	13	Jul-21	23	Aug-21	22	Sep-21	14	Oct-21	15	Nov-21	20	Dec-21	12	Jan-22	14	Feb-22	13	Mar-22	18
Month	Number of C.diff cases (SBU)																													
Mar-21	12																													
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May-21	12																													
Jun-21	13																													
Jul-21	23																													
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Nov-21	20																													
Dec-21	12																													
Jan-22	14																													
Feb-22	13																													
Mar-22	18																													
Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none">There were 7 cases of Klebsiella sp in March 2022, 4 of which were hospital acquired and 3 were community acquired.Cumulative cases from April 2021 to March 2022 are 9.7% lower than the equivalent period in 2020/21 (93 in 2021/22 compared with 102 in 2020/21).	<p>Number of healthcare acquired Klebsiella cases</p>  <table><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Mar-21</td><td>10</td></tr><tr><td>Apr-21</td><td>9</td></tr><tr><td>May-21</td><td>5</td></tr><tr><td>Jun-21</td><td>12</td></tr><tr><td>Jul-21</td><td>3</td></tr><tr><td>Aug-21</td><td>8</td></tr><tr><td>Sep-21</td><td>11</td></tr><tr><td>Oct-21</td><td>13</td></tr><tr><td>Nov-21</td><td>7</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>5</td></tr><tr><td>Feb-22</td><td>4</td></tr><tr><td>Mar-22</td><td>7</td></tr></tbody></table> <p>■ Number of Klebsiella cases (SBU)</p>	Month	Number of Klebsiella cases (SBU)	Mar-21	10	Apr-21	9	May-21	5	Jun-21	12	Jul-21	3	Aug-21	8	Sep-21	11	Oct-21	13	Nov-21	7	Dec-21	9	Jan-22	5	Feb-22	4	Mar-22	7
Month	Number of Klebsiella cases (SBU)																													
Mar-21	10																													
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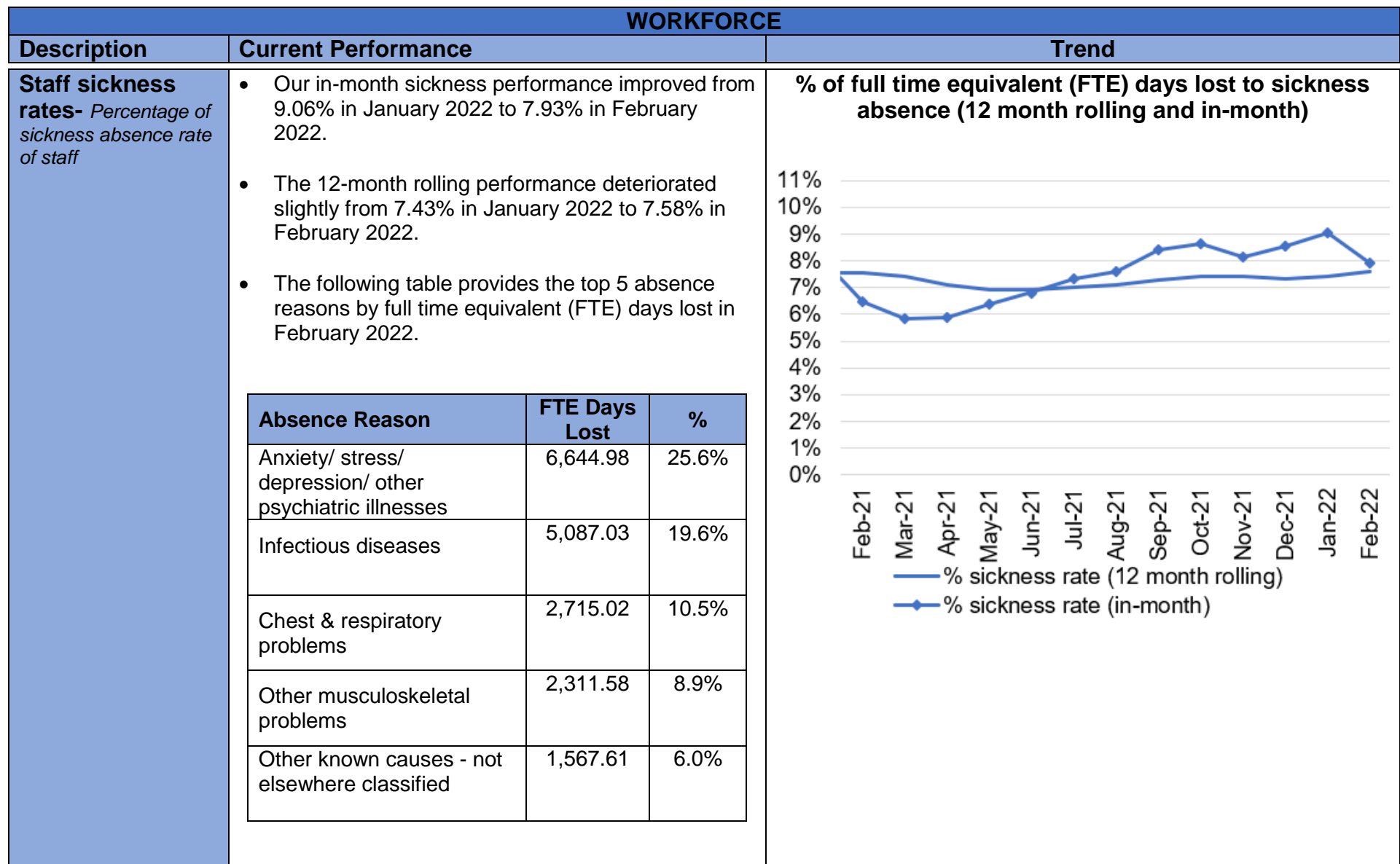
HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There were 2 cases of <i>P.Aeruginosa</i> in March 2022, both of which were community acquired. Cumulative cases from April 2021 to March 2022 are 20.8% more than the equivalent period in 2020/21. (24 in 2021/22 compared with 19 in 2020/21). 	Number of healthcare acquired Pseudomonas cases  <p>■ Number of Pseudomonas cases (SBU)</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
Number of pressure ulcers 1. <i>Total number of pressure ulcers developed in hospital and in the community</i> 2. <i>Rate of pressure ulcers per 100,000 admissions</i>	<ol style="list-style-type: none"> In February 2022 there were 91 cases of healthcare acquired pressure ulcers, 38 of which were community acquired and 53 were hospital acquired. There were 21 grade 3+ pressure ulcers in February 2022, of which 15 were community acquired and 6 were hospital acquired. The rate per 100,000 admissions reduced from 1018 in January 2022 to 823 in February 2022. 	Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions  <p>■ Pressure Ulcers (Community) ▨ Pressure Ulcers (Hospital)</p>

SERIOUS INCIDENTS																																												
Description	Current Performance	Trend																																										
Serious Incidents- <i>1. The number of serious incidents</i> <i>2. The number of Never Events</i> <i>3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 7 Serious Incidents for the month of March 2022 to Welsh Government. The Service Group breakdown is as follows; - Morriston Hospital – 1 - Neath Port Talbot Hospital – 3 - Singleton Hospital – 1 - Primary Care, Community & Therapies - 2	1. and 2. Number of serious incidents and never events  <table><caption>1. and 2. Number of serious incidents and never events</caption><thead><tr><th>Month</th><th>Number of Serious Incidents</th><th>Number of never events</th></tr></thead><tbody><tr><td>Mar-21</td><td>4</td><td>0</td></tr><tr><td>Apr-21</td><td>4</td><td>0</td></tr><tr><td>May-21</td><td>5</td><td>0</td></tr><tr><td>Jun-21</td><td>6</td><td>1</td></tr><tr><td>Jul-21</td><td>1</td><td>0</td></tr><tr><td>Aug-21</td><td>4</td><td>0</td></tr><tr><td>Sep-21</td><td>4</td><td>0</td></tr><tr><td>Oct-21</td><td>4</td><td>0</td></tr><tr><td>Nov-21</td><td>8</td><td>1</td></tr><tr><td>Dec-21</td><td>2</td><td>0</td></tr><tr><td>Jan-22</td><td>4</td><td>0</td></tr><tr><td>Feb-22</td><td>3</td><td>1</td></tr><tr><td>Mar-22</td><td>6</td><td>0</td></tr></tbody></table>	Month	Number of Serious Incidents	Number of never events	Mar-21	4	0	Apr-21	4	0	May-21	5	0	Jun-21	6	1	Jul-21	1	0	Aug-21	4	0	Sep-21	4	0	Oct-21	4	0	Nov-21	8	1	Dec-21	2	0	Jan-22	4	0	Feb-22	3	1	Mar-22	6	0
	Month	Number of Serious Incidents	Number of never events																																									
	Mar-21	4	0																																									
Apr-21	4	0																																										
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Dec-21	2	0																																										
Jan-22	4	0																																										
Feb-22	3	1																																										
Mar-22	6	0																																										
2. There were no new Never Event reported in March 2022																																												
3. In March 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 33%.	3. % of serious incidents closed within the agreed timescales  <table><caption>3. % of serious incidents closed within the agreed timescales</caption><thead><tr><th>Month</th><th>% SI's assured</th><th>Target</th></tr></thead><tbody><tr><td>Mar-21</td><td>0%</td><td>80%</td></tr><tr><td>Apr-21</td><td>0%</td><td>80%</td></tr><tr><td>May-21</td><td>0%</td><td>80%</td></tr><tr><td>Jun-21</td><td>0%</td><td>80%</td></tr><tr><td>Jul-21</td><td>33%</td><td>80%</td></tr><tr><td>Aug-21</td><td>0%</td><td>80%</td></tr><tr><td>Sep-21</td><td>0%</td><td>80%</td></tr><tr><td>Oct-21</td><td>0%</td><td>80%</td></tr><tr><td>Nov-21</td><td>0%</td><td>80%</td></tr><tr><td>Dec-21</td><td>0%</td><td>80%</td></tr><tr><td>Jan-22</td><td>25%</td><td>80%</td></tr><tr><td>Feb-22</td><td>0%</td><td>80%</td></tr><tr><td>Mar-22</td><td>33%</td><td>80%</td></tr></tbody></table>	Month	% SI's assured	Target	Mar-21	0%	80%	Apr-21	0%	80%	May-21	0%	80%	Jun-21	0%	80%	Jul-21	33%	80%	Aug-21	0%	80%	Sep-21	0%	80%	Oct-21	0%	80%	Nov-21	0%	80%	Dec-21	0%	80%	Jan-22	25%	80%	Feb-22	0%	80%	Mar-22	33%	80%	
Month	% SI's assured	Target																																										
Mar-21	0%	80%																																										
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Nov-21	0%	80%																																										
Dec-21	0%	80%																																										
Jan-22	25%	80%																																										
Feb-22	0%	80%																																										
Mar-22	33%	80%																																										

INPATIENT FALLS																														
Description	Current Performance	Trend																												
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 209 in March 2022. This is 22% more than March 2021 where 171 falls were recorded.	<p>Number of inpatient Falls</p> <table><thead><tr><th>Month</th><th>Number of Falls</th></tr></thead><tbody><tr><td>Mar-21</td><td>171</td></tr><tr><td>Apr-21</td><td>175</td></tr><tr><td>May-21</td><td>225</td></tr><tr><td>Jun-21</td><td>175</td></tr><tr><td>Jul-21</td><td>195</td></tr><tr><td>Aug-21</td><td>200</td></tr><tr><td>Sep-21</td><td>205</td></tr><tr><td>Oct-21</td><td>240</td></tr><tr><td>Nov-21</td><td>210</td></tr><tr><td>Dec-21</td><td>205</td></tr><tr><td>Jan-22</td><td>195</td></tr><tr><td>Feb-22</td><td>195</td></tr><tr><td>Mar-22</td><td>209</td></tr></tbody></table> <p>■ Inpatient falls</p>	Month	Number of Falls	Mar-21	171	Apr-21	175	May-21	225	Jun-21	175	Jul-21	195	Aug-21	200	Sep-21	205	Oct-21	240	Nov-21	210	Dec-21	205	Jan-22	195	Feb-22	195	Mar-22	209
Month	Number of Falls																													
Mar-21	171																													
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Nov-21	210																													
Dec-21	205																													
Jan-22	195																													
Feb-22	195																													
Mar-22	209																													

DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in March 2022, the percentage of completed discharge summaries was 63%.</p> <p>In March 2022, compliance ranged from 54% in Singleton Hospital to 81% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p> <table><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Mar-21</td><td>64%</td></tr><tr><td>Apr-21</td><td>63%</td></tr><tr><td>May-21</td><td>66%</td></tr><tr><td>Jun-21</td><td>68%</td></tr><tr><td>Jul-21</td><td>62%</td></tr><tr><td>Aug-21</td><td>62%</td></tr><tr><td>Sep-21</td><td>67%</td></tr><tr><td>Oct-21</td><td>61%</td></tr><tr><td>Nov-21</td><td>63%</td></tr><tr><td>Dec-21</td><td>62%</td></tr><tr><td>Jan-22</td><td>60%</td></tr><tr><td>Feb-22</td><td>65%</td></tr><tr><td>Mar-22</td><td>63%</td></tr></tbody></table> <p>■ % of completed discharge summaries</p>	Month	Percentage	Mar-21	64%	Apr-21	63%	May-21	66%	Jun-21	68%	Jul-21	62%	Aug-21	62%	Sep-21	67%	Oct-21	61%	Nov-21	63%	Dec-21	62%	Jan-22	60%	Feb-22	65%	Mar-22	63%
Month	Percentage																													
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Jan-22	60%																													
Feb-22	65%																													
Mar-22	63%																													

CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	February 2022 reports the crude mortality rate for the Health Board at 0.89%, which is 0.03% lower than January 2022.	Crude hospital mortality rate by Hospital (74 years of age or less) <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Feb-21</td><td>2.0%</td><td>0.5%</td><td>0.2%</td><td>1.2%</td></tr><tr><td>Mar-21</td><td>1.8%</td><td>0.4%</td><td>0.1%</td><td>1.1%</td></tr><tr><td>Apr-21</td><td>1.7%</td><td>0.4%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>May-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Jun-21</td><td>1.6%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Jul-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Aug-21</td><td>1.6%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Sep-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Oct-21</td><td>1.6%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Nov-21</td><td>1.7%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Dec-21</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Jan-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Feb-22</td><td>1.5%</td><td>0.48%</td><td>0.07%</td><td>0.89%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Feb-21	2.0%	0.5%	0.2%	1.2%	Mar-21	1.8%	0.4%	0.1%	1.1%	Apr-21	1.7%	0.4%	0.1%	1.0%	May-21	1.7%	0.5%	0.1%	1.0%	Jun-21	1.6%	0.5%	0.1%	1.0%	Jul-21	1.7%	0.5%	0.1%	1.0%	Aug-21	1.6%	0.5%	0.2%	1.0%	Sep-21	1.7%	0.5%	0.1%	1.0%	Oct-21	1.6%	0.5%	0.1%	1.0%	Nov-21	1.7%	0.4%	0.1%	0.9%	Dec-21	1.5%	0.5%	0.1%	0.8%	Jan-22	1.4%	0.5%	0.1%	0.8%	Feb-22	1.5%	0.48%	0.07%	0.89%
	Month		Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total																																																																		
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	A breakdown by Hospital for February 2022: <ul style="list-style-type: none">• Morriston – 1.50%• Singleton – 0.48%• NPT – 0.07%																																																																							



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)

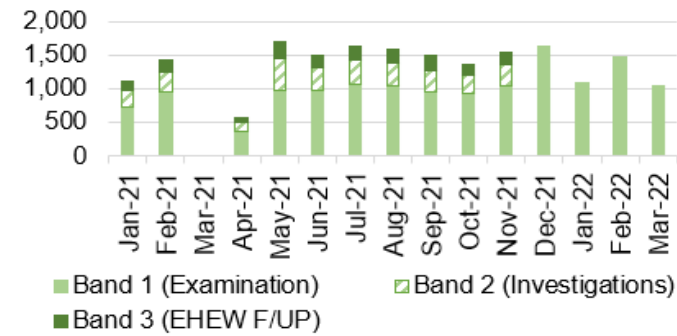


Chart 2: GMS - Escalation Levels



Chart 3: GMS - Sustainability



Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months

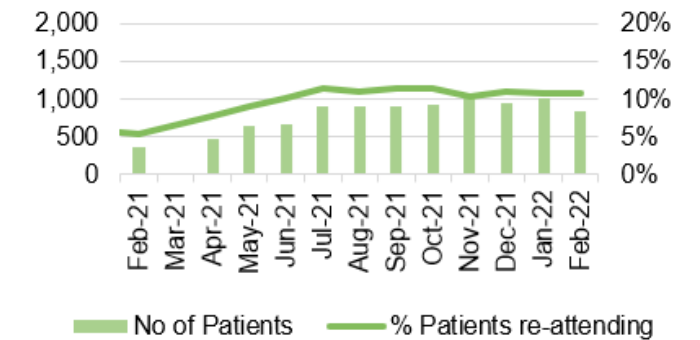


Chart 5: General Dental Services - Activity

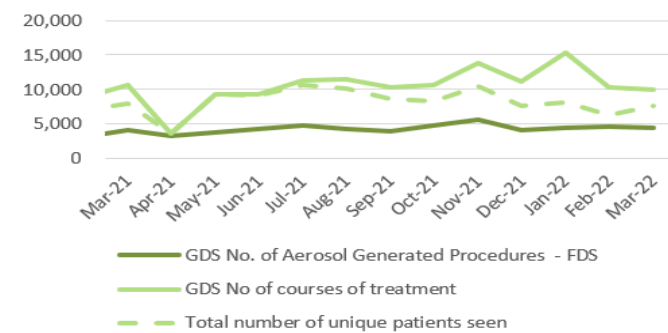


Chart 6: General Dental Services - New Patients

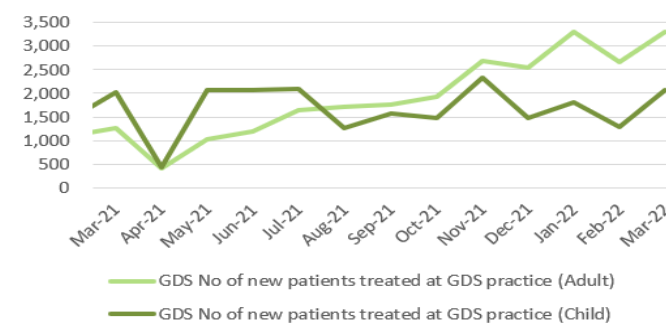


Chart 7: General Dental Services - ACORNs/FV

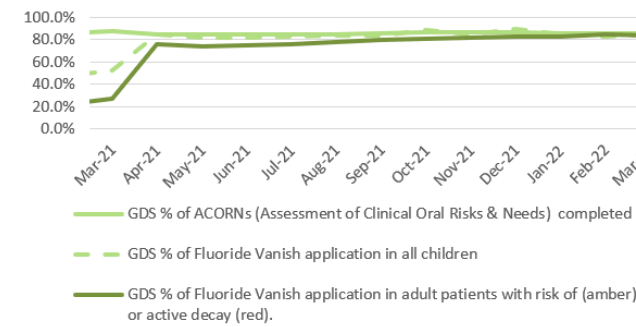


Chart 8: Optometry Activity – sight tests

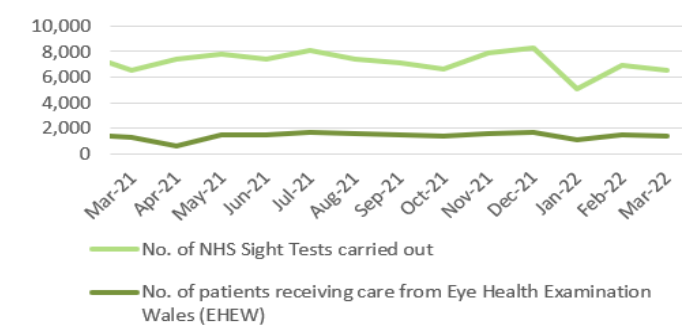


Chart 9: Optometry Activity – low vision care

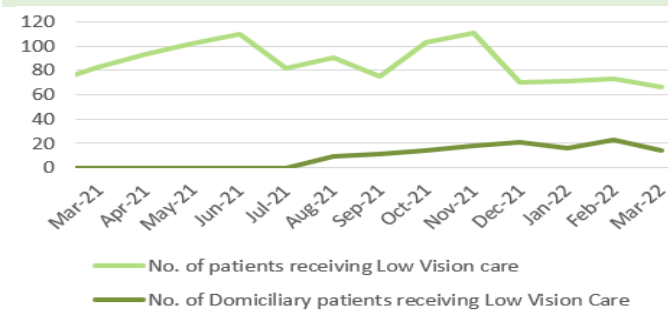


Chart 10: Community Pharmacy – Escalation levels



Chart 11: Community Pharmacy – Common Ailment Scheme

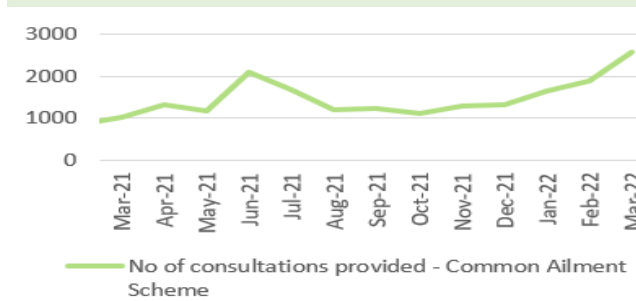


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

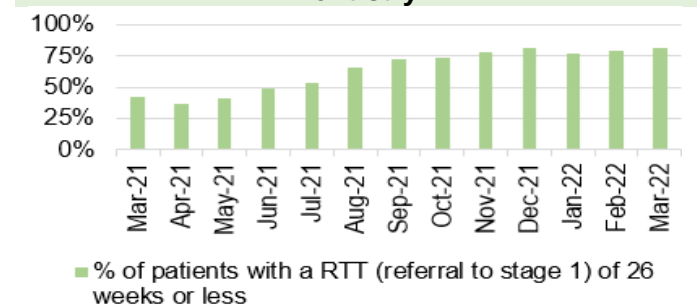


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

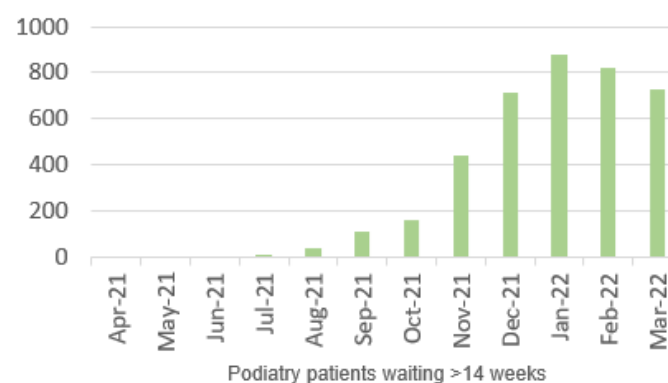


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

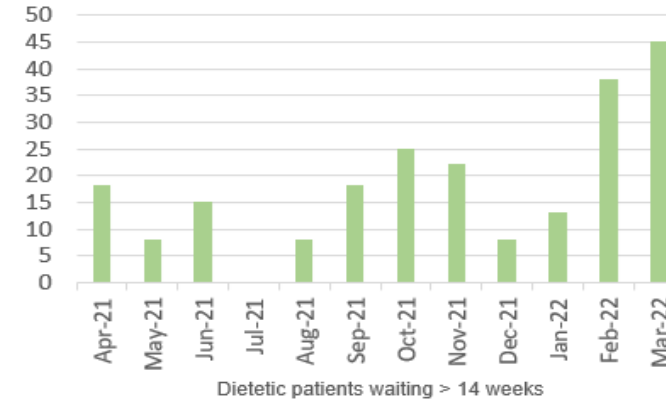


Chart 15: Audiology- Total number of patients waiting > 14 weeks

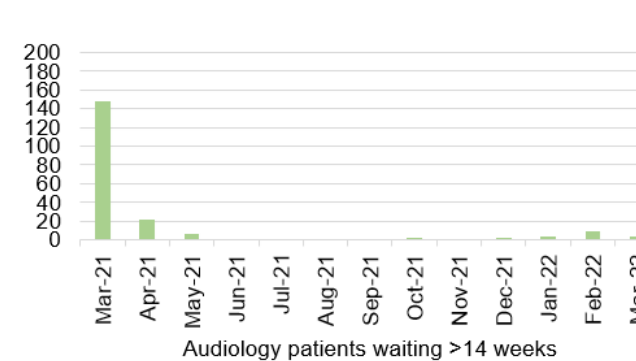
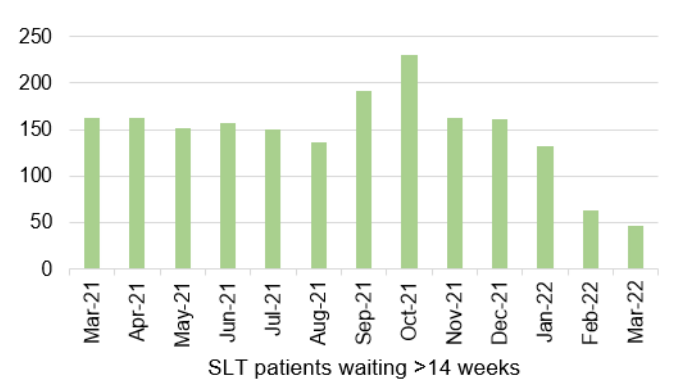


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity

5.2 Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

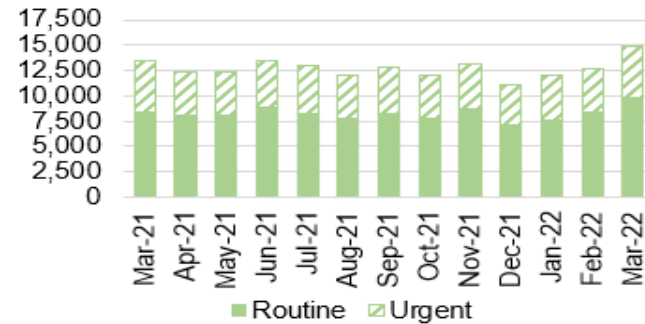


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

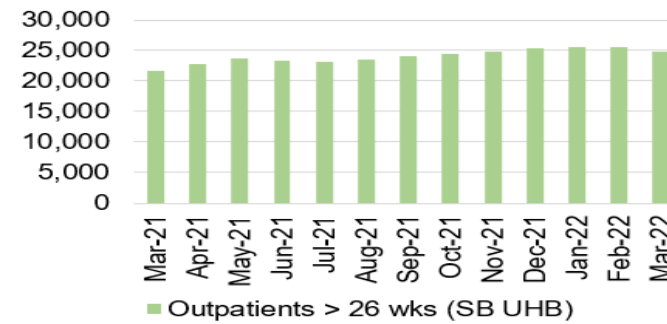


Chart 3: Number of patients waiting over 36 weeks for treatment

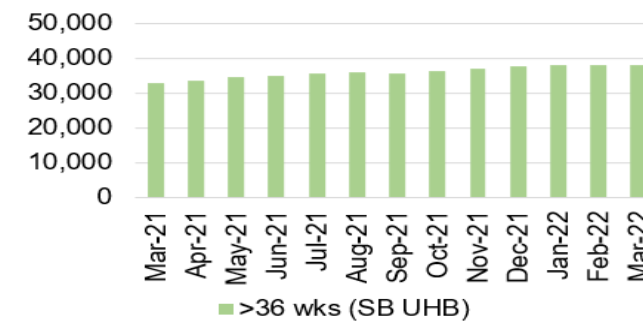


Chart 4: % patients waiting less than 26 weeks from referral to treatment

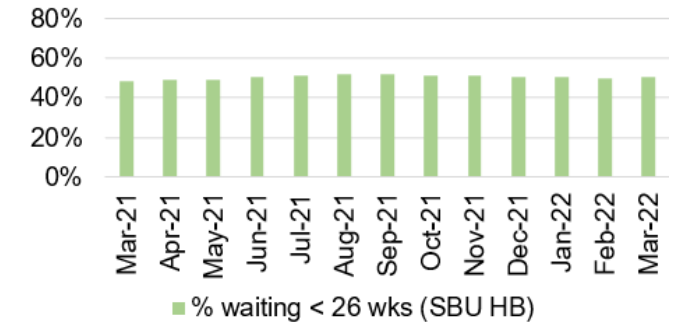


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

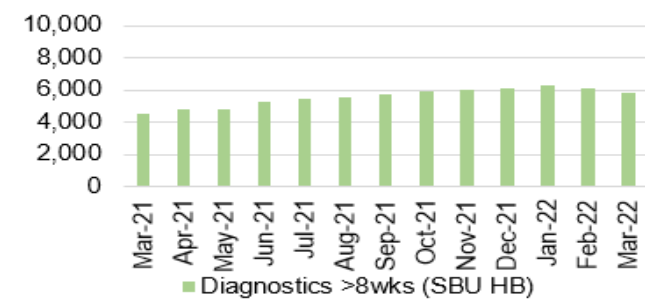


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

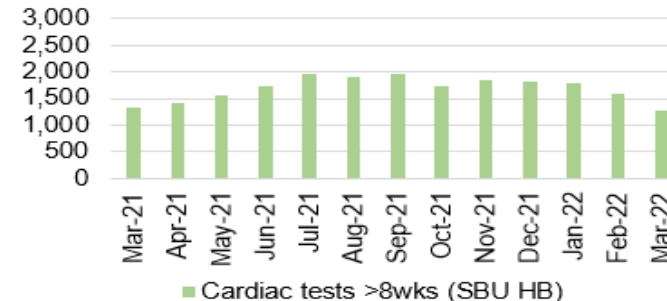


Chart 7: Number of patients waiting more than 14 weeks for Therapies

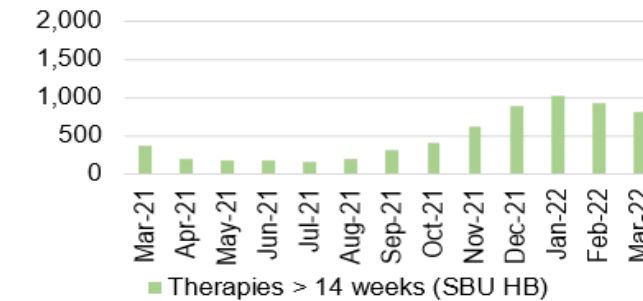


Chart 8: Cancer referrals

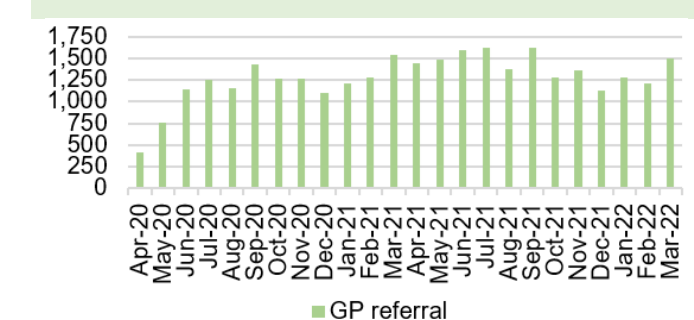


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

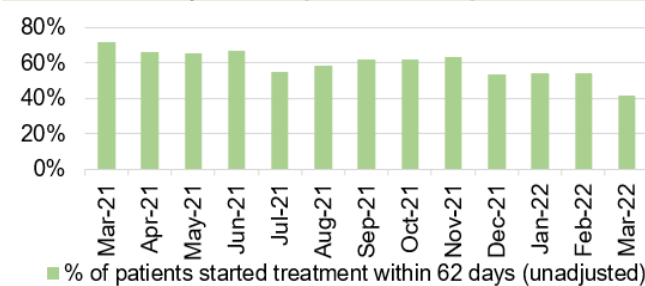


Chart 10: Number of new cancer patients starting definitive treatment

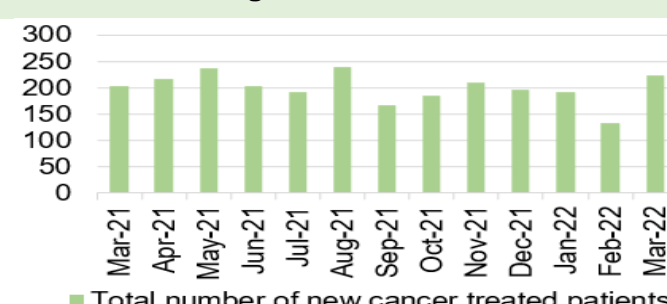


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

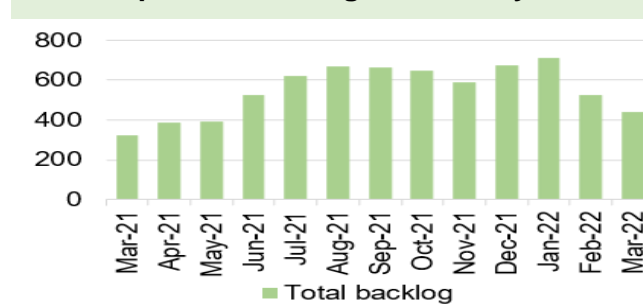


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

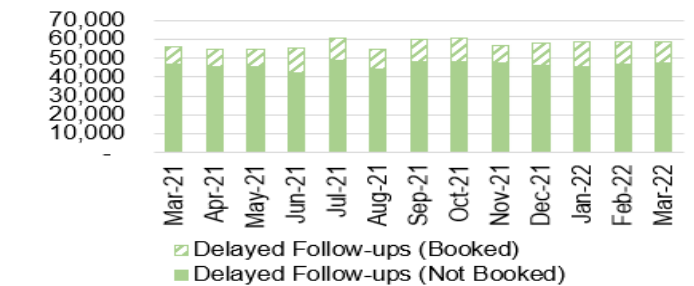


Chart 13: Number of patients without a documented clinical review date

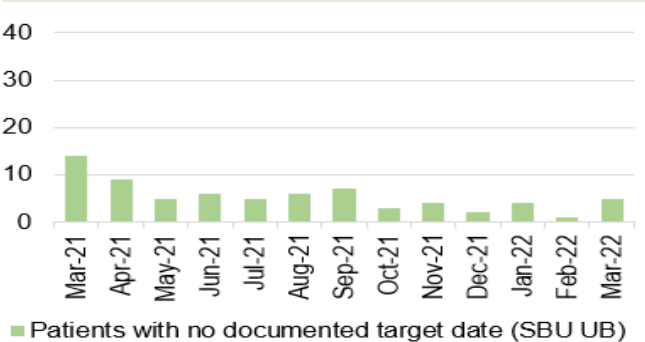


Chart 14: Ophthalmology patients without an allocated health risk factor

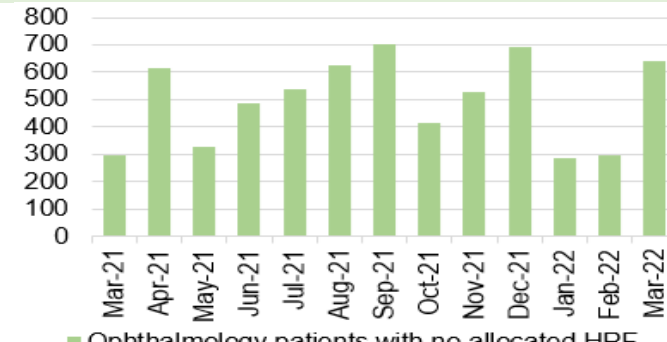


Chart 15: Total number of patients on the follow-up waiting list

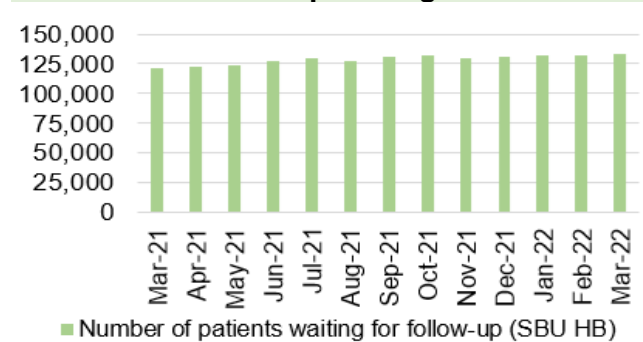
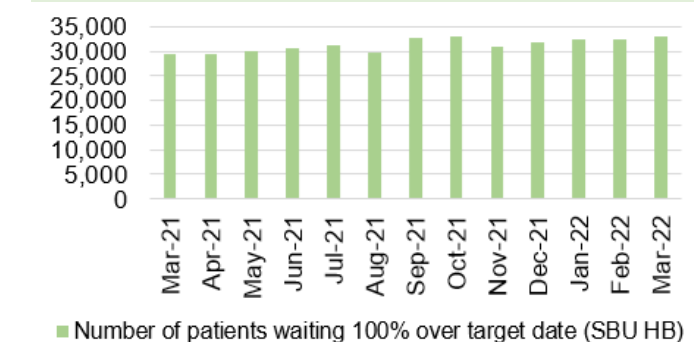


Chart 16: Number of patients delayed by over 100%



Planned Care- Overview (March 2022)

Demand		Waiting Times	
14,870 (17%↑) Total GP referrals	24,728 (%3↓) Patients waiting over 26 weeks for a new outpatient appointment	37,820 (0.3%↓) Patients waiting over 36 weeks for treatment	27,129 (0.3%↑) Patients waiting over 52 weeks for treatment
9,875 (18%↑) Routine GP referrals	13,587 (4%↑) Patients waiting over 104 weeks for treatment	50.7% (0.6%↑) Patients waiting under 26 weeks from referral to treatment	5,863 (4%↓) Patients waiting over 8 weeks for all reportable diagnostics
4,995 (16%↑) Urgent GP referrals	820 (11%↓) Patients waiting over 14 weeks for reportable therapies	133,772 (1.3%↑) Patients waiting for a follow-up outpatient appointment	32,936 (1.5%↑) Patients waiting for a follow-up outpatients appointment who are delayed over 100%
Cancer		Theatre Efficiencies	
1,841 (13.9%↑) Number of USC referrals received	435 (17.1%↓) USC backlog over 63 days	72% (1%↑) Theatre utilisation rate	45% (2%↑) % of theatres sessions finishing early
41.7% (12.5%↓) <i>draft March '22</i> Patients starting first definitive cancer treatment within 62 days		39% (4%) % of theatres sessions starting late	33% (1%↓) Operations cancelled on the day

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

5.3 Updates on key measures

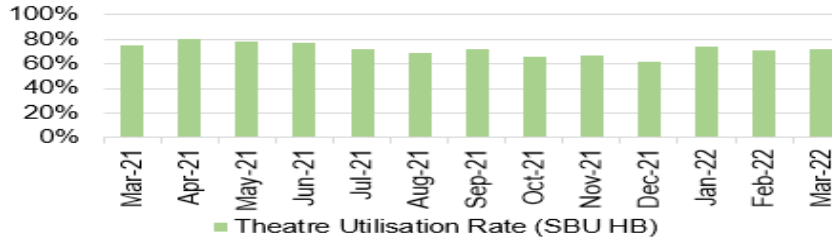
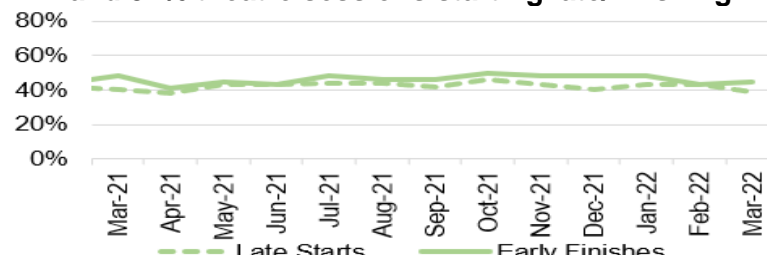
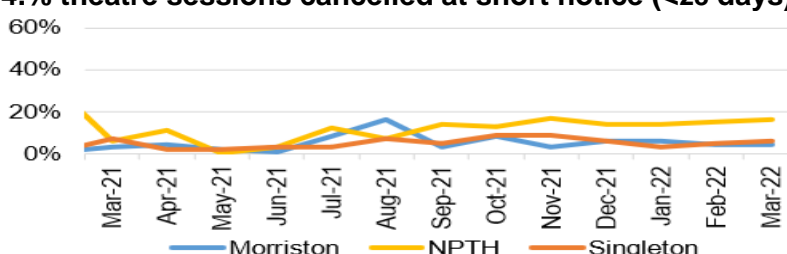
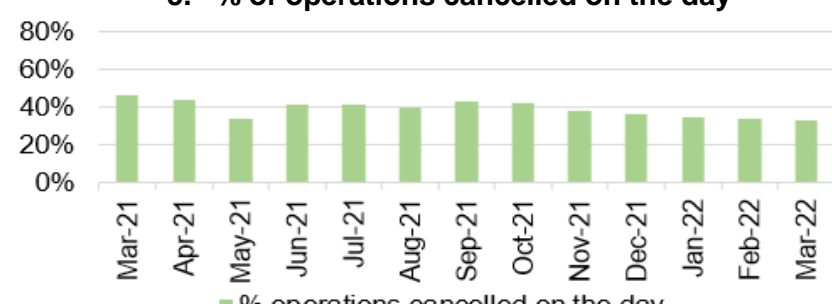
PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	March 2022 has seen a significant increase in referral figures. Referral data has recently been reviewed and updated following the introduction of the new digital dashboard in June 2021, data selection was updated as appropriate. Referral rates have continued to rise slowly since December 2021, rising to 14,870 in March 2022. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.
1. GP Referrals <i>The number of Stage 1 additions per week</i>	Trend
2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i>	<div> <div> 1. Number of GP referrals received by SBU Health Board </div> <div> 2. Number of stage 1 additions per week </div> </div>
3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i>	<div> <div> 3. Total size of the waiting list and movement (December 2019) </div> <div> 4. Total size of the waiting list and movement (March 2022) </div> </div>
4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at March 2022</i>	

PLANNED CARE	
Description	Current Performance
Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. March 2022 saw an in-month reduction of 3% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 25,522 in February 2022 to 24,728 in March 2022. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Orthopaedics and ENT – detailed demand and capacity work is currently underway to support the reduction of Stage 1 patients waiting for an outpatient appointment. Chart 4 shows that the number of attendances has remained steady in recent months despite the impact of the recent Covid wave.</p>
	Trend
	<p>1. Number of stage 1 over 26 weeks- HB total</p> <p>■ Outpatients > 26 wks (SB UHB)</p>
	<p>2. Number of stage 1 over 26 weeks- Hospital level</p> <p>— Morriston — Singleton — PCT — NPTH</p>
	<p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at March 2022</p>
	<p>4. Outpatient activity undertaken</p> <p>— New outpatient attendances - - - Follow-up attendances</p>

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

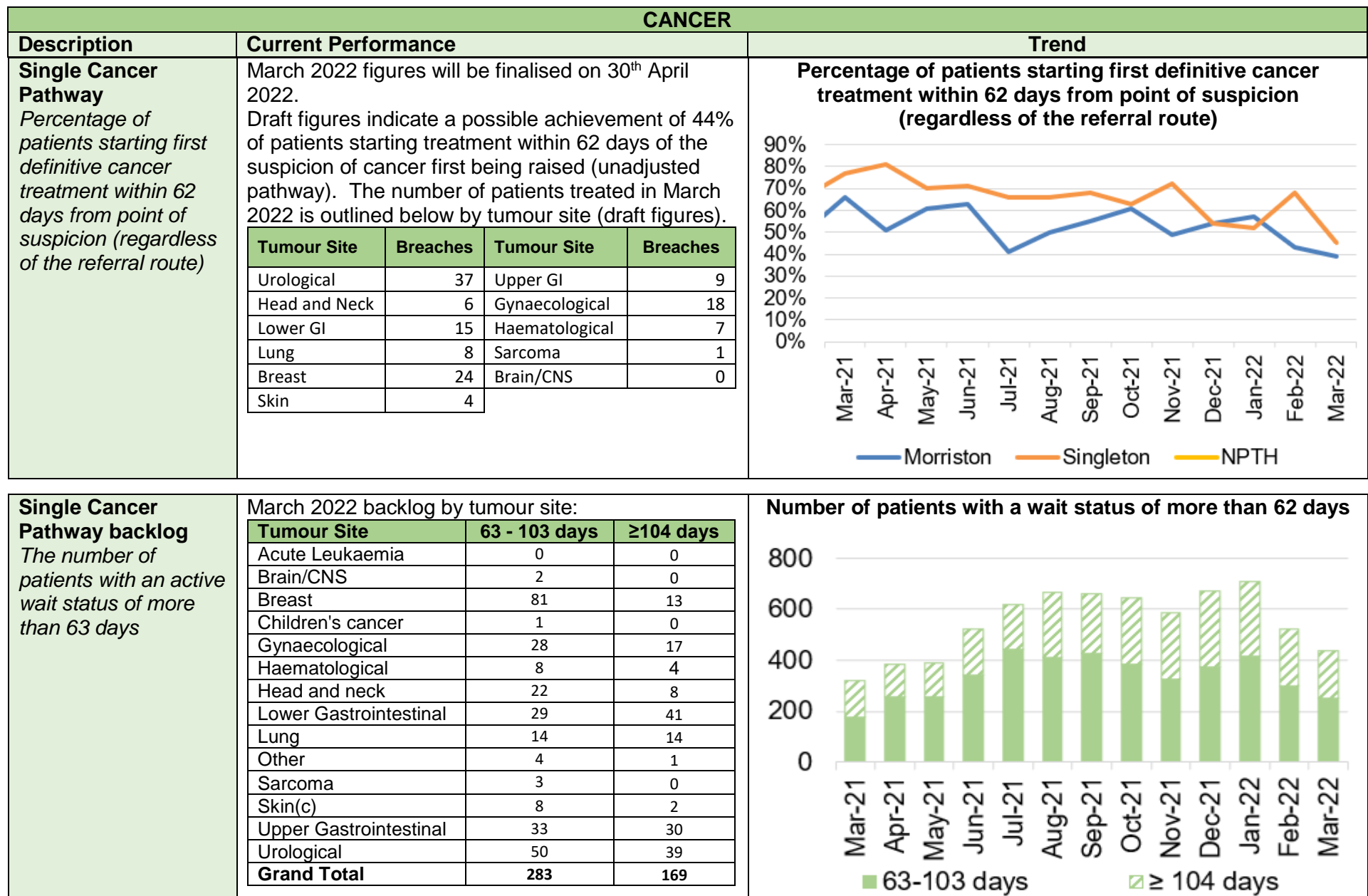
PLANNED CARE	
Description	Current Performance
<p>Patients waiting over 36 weeks for treatment</p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 36 weeks for treatment</p> <p>3. Number of elective admissions</p> <p>4. Number of patients waiting more than 104 weeks for treatment</p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In March 2022, there were 37,820 patients waiting over 36 weeks which is a 0.3% in-month reduction from February 2022. 27,129 of the 37,820 were waiting over 52 weeks in March 2022. In March 2022, there were 13,587 patients waiting over 104 weeks for an appointment, which is a 4% increase from February 2022. Targeted validation work is currently taking place to reduce the number of patients waiting over 52 and 104 weeks with the view to meet the Welsh Government target – submitted recovery trajectories can be seen in Appendix 2.</p>
	Trend
	<div> <p>1. Number of patients waiting over 36 weeks- HB total</p> <p>■ >36 wks (SB UHB)</p> </div> <div> <p>2. Number of patients waiting over 36 weeks- Hospital level</p> <p>— Morriston — Singleton — PCT — NPTH</p> </div> <div> <p>3. Number of elective admissions</p> <p>— Admitted elective patients</p> </div> <div> <p>3. Number of patients waiting over 104 weeks- Hospital level</p> <p>■ < 104 wks (SBU HB)</p> </div>

PLANNED CARE																																																																								
Description	Current Performance																																																																							
Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In March 2022, 50.7% of patients were waiting under 26 weeks from referral to treatment, which is a 0.6% improvement from February 2022.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PCT</th><th>NPTH</th></tr></thead><tbody><tr><td>Mar-21</td><td>40%</td><td>45%</td><td>45%</td><td>92%</td></tr><tr><td>Apr-21</td><td>40%</td><td>45%</td><td>38%</td><td>85%</td></tr><tr><td>May-21</td><td>42%</td><td>45%</td><td>45%</td><td>82%</td></tr><tr><td>Jun-21</td><td>42%</td><td>45%</td><td>55%</td><td>80%</td></tr><tr><td>Jul-21</td><td>43%</td><td>48%</td><td>65%</td><td>78%</td></tr><tr><td>Aug-21</td><td>43%</td><td>48%</td><td>75%</td><td>75%</td></tr><tr><td>Sep-21</td><td>43%</td><td>48%</td><td>78%</td><td>72%</td></tr><tr><td>Oct-21</td><td>43%</td><td>48%</td><td>75%</td><td>70%</td></tr><tr><td>Nov-21</td><td>43%</td><td>48%</td><td>80%</td><td>70%</td></tr><tr><td>Dec-21</td><td>42%</td><td>48%</td><td>82%</td><td>72%</td></tr><tr><td>Jan-22</td><td>42%</td><td>48%</td><td>80%</td><td>75%</td></tr><tr><td>Feb-22</td><td>42%</td><td>48%</td><td>82%</td><td>78%</td></tr><tr><td>Mar-22</td><td>42%</td><td>48%</td><td>85%</td><td>92%</td></tr></tbody></table> <p>— Morriston — Singleton — PCT — NPTH</p>	Month	Morriston	Singleton	PCT	NPTH	Mar-21	40%	45%	45%	92%	Apr-21	40%	45%	38%	85%	May-21	42%	45%	45%	82%	Jun-21	42%	45%	55%	80%	Jul-21	43%	48%	65%	78%	Aug-21	43%	48%	75%	75%	Sep-21	43%	48%	78%	72%	Oct-21	43%	48%	75%	70%	Nov-21	43%	48%	80%	70%	Dec-21	42%	48%	82%	72%	Jan-22	42%	48%	80%	75%	Feb-22	42%	48%	82%	78%	Mar-22	42%	48%	85%	92%
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Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In March 2022, 50.2% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22.</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table><thead><tr><th>Month</th><th>% of R1 ophthalmology patient pathways</th></tr></thead><tbody><tr><td>Mar-21</td><td>48%</td></tr><tr><td>Apr-21</td><td>48%</td></tr><tr><td>May-21</td><td>48%</td></tr><tr><td>Jun-21</td><td>48%</td></tr><tr><td>Jul-21</td><td>48%</td></tr><tr><td>Aug-21</td><td>48%</td></tr><tr><td>Sep-21</td><td>48%</td></tr><tr><td>Oct-21</td><td>48%</td></tr><tr><td>Nov-21</td><td>48%</td></tr><tr><td>Dec-21</td><td>48%</td></tr><tr><td>Jan-22</td><td>48%</td></tr><tr><td>Feb-22</td><td>48%</td></tr><tr><td>Mar-22</td><td>50%</td></tr></tbody></table> <p>■ % of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment — Target</p>	Month	% of R1 ophthalmology patient pathways	Mar-21	48%	Apr-21	48%	May-21	48%	Jun-21	48%	Jul-21	48%	Aug-21	48%	Sep-21	48%	Oct-21	48%	Nov-21	48%	Dec-21	48%	Jan-22	48%	Feb-22	48%	Mar-22	50%																																										
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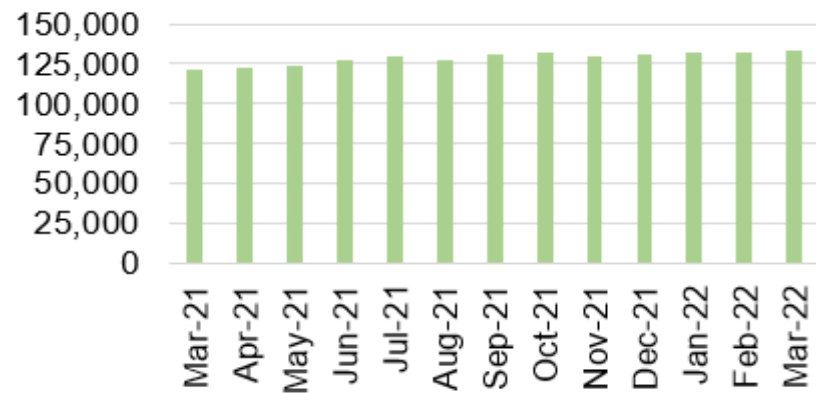
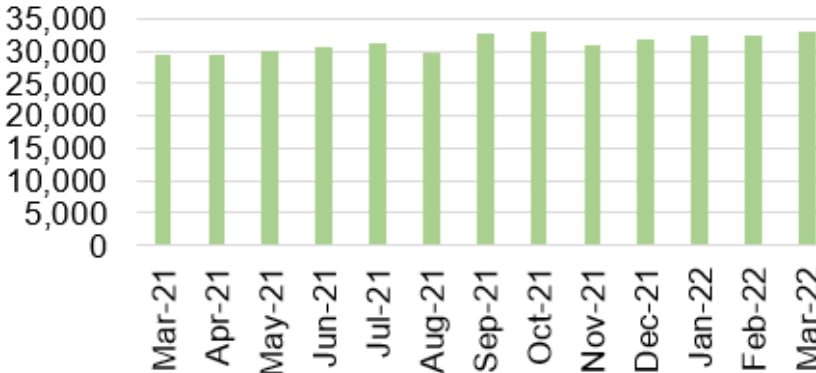
THEATRE EFFICIENCY																																																									
Description	Current Performance	Trend																																																							
Theatre Efficiency <i>1. Theatre Utilisation Rates</i> <i>2. % of theatre sessions starting late</i> <i>3. % of theatre sessions finishing early</i> <i>4. % of theatre sessions cancelled at short notice (<28 days)</i> <i>5. % of operations cancelled on the day</i>	<p>In March 2022 the Theatre Utilisation rate was 72%. This is an in-month improvement of 1% and a 3% reduction compared to March 2021.</p>	<p>1. Theatre Utilisation Rates</p>  <table><caption>Theatre Utilisation Rate (SBU HB)</caption><thead><tr><th>Month</th><th>Utilisation Rate (%)</th></tr></thead><tbody><tr><td>Mar-21</td><td>72</td></tr><tr><td>Apr-21</td><td>75</td></tr><tr><td>May-21</td><td>75</td></tr><tr><td>Jun-21</td><td>75</td></tr><tr><td>Jul-21</td><td>70</td></tr><tr><td>Aug-21</td><td>68</td></tr><tr><td>Sep-21</td><td>70</td></tr><tr><td>Oct-21</td><td>65</td></tr><tr><td>Nov-21</td><td>65</td></tr><tr><td>Dec-21</td><td>60</td></tr><tr><td>Jan-22</td><td>70</td></tr><tr><td>Feb-22</td><td>68</td></tr><tr><td>Mar-22</td><td>72</td></tr></tbody></table>	Month	Utilisation Rate (%)	Mar-21	72	Apr-21	75	May-21	75	Jun-21	75	Jul-21	70	Aug-21	68	Sep-21	70	Oct-21	65	Nov-21	65	Dec-21	60	Jan-22	70	Feb-22	68	Mar-22	72																											
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<p>39% of theatre sessions started late in March 2022. This is a slight improvement on performance in March 2021 (40%).</p>	<p>2. and 3. % theatre sessions starting late/finishing</p>  <table><caption>% theatre sessions starting late/finishing</caption><thead><tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr></thead><tbody><tr><td>Mar-21</td><td>40</td><td>45</td></tr><tr><td>Apr-21</td><td>40</td><td>45</td></tr><tr><td>May-21</td><td>40</td><td>45</td></tr><tr><td>Jun-21</td><td>40</td><td>45</td></tr><tr><td>Jul-21</td><td>40</td><td>45</td></tr><tr><td>Aug-21</td><td>40</td><td>45</td></tr><tr><td>Sep-21</td><td>40</td><td>45</td></tr><tr><td>Oct-21</td><td>40</td><td>45</td></tr><tr><td>Nov-21</td><td>40</td><td>45</td></tr><tr><td>Dec-21</td><td>40</td><td>45</td></tr><tr><td>Jan-22</td><td>40</td><td>45</td></tr><tr><td>Feb-22</td><td>40</td><td>45</td></tr><tr><td>Mar-22</td><td>39</td><td>45</td></tr></tbody></table>	Month	Late Starts (%)	Early Finishes (%)	Mar-21	40	45	Apr-21	40	45	May-21	40	45	Jun-21	40	45	Jul-21	40	45	Aug-21	40	45	Sep-21	40	45	Oct-21	40	45	Nov-21	40	45	Dec-21	40	45	Jan-22	40	45	Feb-22	40	45	Mar-22	39	45														
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<p>In March 2022, 45% of theatre sessions finished early. This is 2% higher than figures seen in February 2022 and 3% lower than figures seen in March 2021.</p>	<p>4. % theatre sessions cancelled at short notice (<28 days)</p>  <table><caption>% theatre sessions cancelled at short notice (<28 days)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th><th>Singleton (%)</th></tr></thead><tbody><tr><td>Mar-21</td><td>10</td><td>15</td><td>5</td></tr><tr><td>Apr-21</td><td>10</td><td>10</td><td>5</td></tr><tr><td>May-21</td><td>10</td><td>10</td><td>5</td></tr><tr><td>Jun-21</td><td>10</td><td>10</td><td>5</td></tr><tr><td>Jul-21</td><td>10</td><td>10</td><td>5</td></tr><tr><td>Aug-21</td><td>10</td><td>10</td><td>5</td></tr><tr><td>Sep-21</td><td>10</td><td>10</td><td>5</td></tr><tr><td>Oct-21</td><td>10</td><td>10</td><td>5</td></tr><tr><td>Nov-21</td><td>10</td><td>10</td><td>5</td></tr><tr><td>Dec-21</td><td>10</td><td>10</td><td>5</td></tr><tr><td>Jan-22</td><td>10</td><td>10</td><td>5</td></tr><tr><td>Feb-22</td><td>10</td><td>10</td><td>5</td></tr><tr><td>Mar-22</td><td>10</td><td>10</td><td>5</td></tr></tbody></table>	Month	Morriston (%)	NPTH (%)	Singleton (%)	Mar-21	10	15	5	Apr-21	10	10	5	May-21	10	10	5	Jun-21	10	10	5	Jul-21	10	10	5	Aug-21	10	10	5	Sep-21	10	10	5	Oct-21	10	10	5	Nov-21	10	10	5	Dec-21	10	10	5	Jan-22	10	10	5	Feb-22	10	10	5	Mar-22	10	10	5
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<p>7% of theatre sessions were cancelled at short notice in March 2022. This is the 1% higher than the figures reported in February 2022 and is 2% higher than figures seen in March 2021.</p>	<p>5. % of operations cancelled on the day</p>  <table><caption>% of operations cancelled on the day</caption><thead><tr><th>Month</th><th>% operations cancelled on the day (%)</th></tr></thead><tbody><tr><td>Mar-21</td><td>34</td></tr><tr><td>Apr-21</td><td>34</td></tr><tr><td>May-21</td><td>34</td></tr><tr><td>Jun-21</td><td>34</td></tr><tr><td>Jul-21</td><td>34</td></tr><tr><td>Aug-21</td><td>34</td></tr><tr><td>Sep-21</td><td>34</td></tr><tr><td>Oct-21</td><td>34</td></tr><tr><td>Nov-21</td><td>34</td></tr><tr><td>Dec-21</td><td>34</td></tr><tr><td>Jan-22</td><td>34</td></tr><tr><td>Feb-22</td><td>34</td></tr><tr><td>Mar-22</td><td>33</td></tr></tbody></table>	Month	% operations cancelled on the day (%)	Mar-21	34	Apr-21	34	May-21	34	Jun-21	34	Jul-21	34	Aug-21	34	Sep-21	34	Oct-21	34	Nov-21	34	Dec-21	34	Jan-22	34	Feb-22	34	Mar-22	33																												
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Description	Current Performance	Trend																																																								
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In March 2022, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 6,078 in February 2022 to 5,863 in March 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for March 2022:</p> <ul style="list-style-type: none">Endoscopy= 4,198Cardiac tests= 1,261Other Diagnostics = 404 <p>Endoscopy waits continue to rise, and the most updated recovery trajectory can be found in Appendix 2. Recovery work into 2022-23 will focus on outsourcing 5 lists a week, continuation of insourcing activity, the launch of a pilot clinical validation project and a change in practise which will be piloted as part of the National Endoscopy funded project.</p>	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <table><caption>Estimated data for 8-week diagnostic breaches</caption><thead><tr><th>Month</th><th>Cardiac tests</th><th>Endoscopy</th><th>Other diagnostics (inc. radiology)</th></tr></thead><tbody><tr><td>Mar-21</td><td>1,200</td><td>2,000</td><td>1,200</td></tr><tr><td>Apr-21</td><td>1,200</td><td>2,000</td><td>1,200</td></tr><tr><td>May-21</td><td>1,200</td><td>2,000</td><td>1,200</td></tr><tr><td>Jun-21</td><td>1,200</td><td>2,000</td><td>1,200</td></tr><tr><td>Jul-21</td><td>1,200</td><td>2,000</td><td>1,200</td></tr><tr><td>Aug-21</td><td>1,200</td><td>2,000</td><td>1,200</td></tr><tr><td>Sep-21</td><td>1,200</td><td>2,000</td><td>1,200</td></tr><tr><td>Oct-21</td><td>1,200</td><td>2,500</td><td>1,200</td></tr><tr><td>Nov-21</td><td>1,200</td><td>2,800</td><td>1,200</td></tr><tr><td>Dec-21</td><td>1,200</td><td>3,200</td><td>1,200</td></tr><tr><td>Jan-22</td><td>1,200</td><td>3,500</td><td>1,200</td></tr><tr><td>Feb-22</td><td>1,200</td><td>3,800</td><td>1,200</td></tr><tr><td>Mar-22</td><td>1,200</td><td>4,200</td><td>1,200</td></tr></tbody></table> <p>Cardiac tests Endoscopy Other diagnostics (inc. radiology)</p>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Mar-21	1,200	2,000	1,200	Apr-21	1,200	2,000	1,200	May-21	1,200	2,000	1,200	Jun-21	1,200	2,000	1,200	Jul-21	1,200	2,000	1,200	Aug-21	1,200	2,000	1,200	Sep-21	1,200	2,000	1,200	Oct-21	1,200	2,500	1,200	Nov-21	1,200	2,800	1,200	Dec-21	1,200	3,200	1,200	Jan-22	1,200	3,500	1,200	Feb-22	1,200	3,800	1,200	Mar-22	1,200	4,200	1,200
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Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In March 2022 there were 820 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in March 2022 are:</p> <ul style="list-style-type: none">Podiatry = 726Speech & Language Therapy= 46Dietetics = 45 <p>Podiatry and SALT recovery plans continue to support performance improvement.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <table><caption>Estimated data for 14-week therapy breaches (March 2022)</caption><thead><tr><th>Therapy</th><th>Number of Patients</th></tr></thead><tbody><tr><td>Podiatry</td><td>726</td></tr><tr><td>Speech & Language</td><td>46</td></tr><tr><td>Dietetics</td><td>45</td></tr><tr><td>Other Therapies</td><td>~100</td></tr><tr><td>Total</td><td>820</td></tr></tbody></table> <p>Occ Therapy/ LD (MH) Occ Therapy (exc. MH) Audiology Speech & Language Dietetics Phsyio Podiatry</p>	Therapy	Number of Patients	Podiatry	726	Speech & Language	46	Dietetics	45	Other Therapies	~100	Total	820																																												
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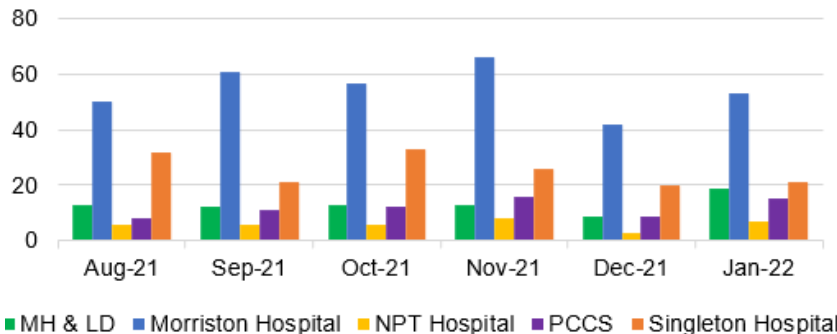
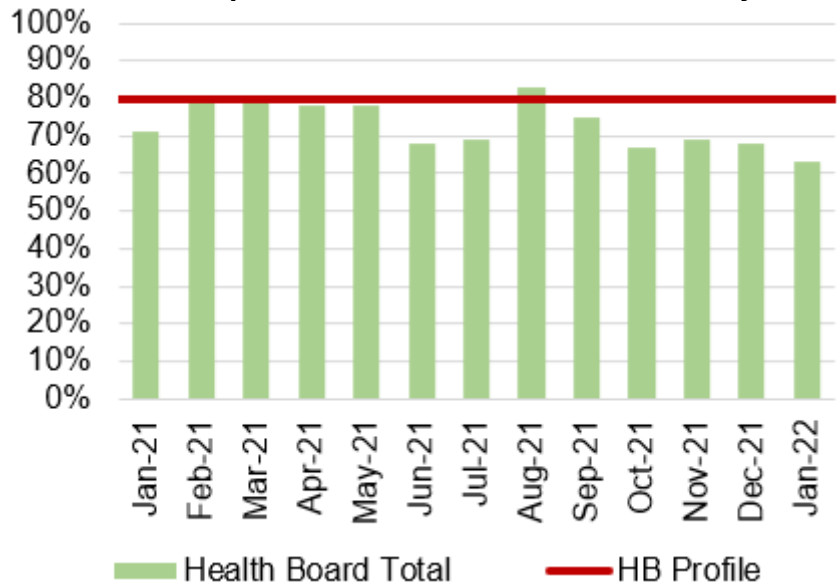
CANCER																																
Description	Current Performance	Trend																														
Cancer demand and shape of the waiting list	The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020.	1. Number of USC referrals <table border="1"><thead><tr><th>Date</th><th>Number of USC referrals</th></tr></thead><tbody><tr><td>Feb-21</td><td>1594</td></tr><tr><td>Mar-21</td><td>1932</td></tr><tr><td>Apr-21</td><td>1880</td></tr><tr><td>May-21</td><td>1871</td></tr><tr><td>Jun-21</td><td>2014</td></tr><tr><td>Jul-21</td><td>2062</td></tr><tr><td>Aug-21</td><td>1742</td></tr><tr><td>Sep-21</td><td>2005</td></tr><tr><td>Oct-21</td><td>1821</td></tr><tr><td>Nov-21</td><td>1771</td></tr><tr><td>Dec-21</td><td>1517</td></tr><tr><td>Jan-22</td><td>1708</td></tr><tr><td>Feb-22</td><td>1642</td></tr><tr><td>Mar-22</td><td>1816</td></tr></tbody></table>	Date	Number of USC referrals	Feb-21	1594	Mar-21	1932	Apr-21	1880	May-21	1871	Jun-21	2014	Jul-21	2062	Aug-21	1742	Sep-21	2005	Oct-21	1821	Nov-21	1771	Dec-21	1517	Jan-22	1708	Feb-22	1642	Mar-22	1816
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1. Number of Urgent Suspected Cancer (USC) referrals received																																
2. Single Cancer Pathway backlog- patients waiting over 63 days	March 2022 has seen a further reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction; <ul style="list-style-type: none">- Recovery plans previously submitted are in the process of being reviewed and resubmitted for 2022/23.- Updated recovery trajectories are being developed for circulation in May 2022- Successfully recruited to the breast surgeon vacancy.- Successful recruitment of a pancreatic surgeon due to start in March 2022.- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast	2. Single Cancer Pathway backlog- patients waiting over 63 days <table border="1"><thead><tr><th>Date</th><th>Total backlog</th></tr></thead><tbody><tr><td>Mar-21</td><td>320</td></tr><tr><td>Apr-21</td><td>380</td></tr><tr><td>May-21</td><td>380</td></tr><tr><td>Jun-21</td><td>520</td></tr><tr><td>Jul-21</td><td>610</td></tr><tr><td>Aug-21</td><td>660</td></tr><tr><td>Sep-21</td><td>650</td></tr><tr><td>Oct-21</td><td>640</td></tr><tr><td>Nov-21</td><td>580</td></tr><tr><td>Dec-21</td><td>660</td></tr><tr><td>Jan-22</td><td>700</td></tr><tr><td>Feb-22</td><td>520</td></tr><tr><td>Mar-22</td><td>440</td></tr></tbody></table>	Date	Total backlog	Mar-21	320	Apr-21	380	May-21	380	Jun-21	520	Jul-21	610	Aug-21	660	Sep-21	650	Oct-21	640	Nov-21	580	Dec-21	660	Jan-22	700	Feb-22	520	Mar-22	440		
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early March 2022 figures show total wait volumes have decreased by 16%. Of the total number of patients awaiting a first outpatient appointment, 62% have been booked.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early April 2022</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th><th>03-Apr</th><th>10-Apr</th></tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>1</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>2</td><td>1</td></tr> <tr><td>Gynaecological</td><td>54</td><td>73</td></tr> <tr><td>Haematological</td><td>1</td><td>1</td></tr> <tr><td>Head and Neck</td><td>78</td><td>77</td></tr> <tr><td>Lower GI</td><td>85</td><td>98</td></tr> <tr><td>Lung</td><td>9</td><td>7</td></tr> <tr><td>Other</td><td>58</td><td>71</td></tr> <tr><td>Sarcoma</td><td>35</td><td>26</td></tr> <tr><td>Skin</td><td>67</td><td>134</td></tr> <tr><td>Upper GI</td><td>44</td><td>52</td></tr> <tr><td>Urological</td><td>69</td><td>43</td></tr> <tr><td></td><td>503</td><td>583</td></tr> </tbody> </table>	FIRST OPA	03-Apr	10-Apr	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	1	0	Children's Cancer	2	1	Gynaecological	54	73	Haematological	1	1	Head and Neck	78	77	Lower GI	85	98	Lung	9	7	Other	58	71	Sarcoma	35	26	Skin	67	134	Upper GI	44	52	Urological	69	43		503	583
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.</p> <table border="1"> <thead> <tr> <th>Measure</th><th>Target</th><th>Dec-21</th></tr> </thead> <tbody> <tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>70%</td></tr> <tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>95%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>57%</td></tr> <tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>100%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>85%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>90%</td></tr> <tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	Dec-21	Scheduled (21 Day Target)	80%	70%	Scheduled (28 Day Target)	100%	95%	Urgent SC (7 Day Target)	80%	57%	Urgent SC (14 Day Target)	100%	100%	Emergency (within 1 day)	80%	85%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	90%	Elective Delay (28 Day Target)	100%	100%	<p>Radiotherapy waiting times</p>																					
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Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	<p>In March 2022, the overall size of the follow-up waiting list increased by 1,736 patients compared with February 2022 (from 132,036 to 133,772).</p>	<div>1. Total number of patients waiting for a follow-up</div>  <table border="1"><caption>1. Total number of patients waiting for a follow-up (SBU HB)</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Mar-21</td><td>125,000</td></tr><tr><td>Apr-21</td><td>125,000</td></tr><tr><td>May-21</td><td>125,000</td></tr><tr><td>Jun-21</td><td>125,000</td></tr><tr><td>Jul-21</td><td>125,000</td></tr><tr><td>Aug-21</td><td>125,000</td></tr><tr><td>Sep-21</td><td>125,000</td></tr><tr><td>Oct-21</td><td>125,000</td></tr><tr><td>Nov-21</td><td>125,000</td></tr><tr><td>Dec-21</td><td>125,000</td></tr><tr><td>Jan-22</td><td>125,000</td></tr><tr><td>Feb-22</td><td>125,000</td></tr><tr><td>Mar-22</td><td>125,000</td></tr></tbody></table> <div>■ Number of patients waiting for follow-up (SBU HB)</div> <div>2. Delayed follow-ups: Number of patients waiting 100% over target</div>  <table border="1"><caption>2. Delayed follow-ups: Number of patients waiting 100% over target date (SBU HB)</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Mar-21</td><td>30,000</td></tr><tr><td>Apr-21</td><td>30,000</td></tr><tr><td>May-21</td><td>30,000</td></tr><tr><td>Jun-21</td><td>30,000</td></tr><tr><td>Jul-21</td><td>30,000</td></tr><tr><td>Aug-21</td><td>30,000</td></tr><tr><td>Sep-21</td><td>30,000</td></tr><tr><td>Oct-21</td><td>30,000</td></tr><tr><td>Nov-21</td><td>30,000</td></tr><tr><td>Dec-21</td><td>30,000</td></tr><tr><td>Jan-22</td><td>30,000</td></tr><tr><td>Feb-22</td><td>30,000</td></tr><tr><td>Mar-22</td><td>30,000</td></tr></tbody></table> <div>■ Number of patients waiting 100% over target date (SBU HB)</div>	Month	Number of patients	Mar-21	125,000	Apr-21	125,000	May-21	125,000	Jun-21	125,000	Jul-21	125,000	Aug-21	125,000	Sep-21	125,000	Oct-21	125,000	Nov-21	125,000	Dec-21	125,000	Jan-22	125,000	Feb-22	125,000	Mar-22	125,000	Month	Number of patients	Mar-21	30,000	Apr-21	30,000	May-21	30,000	Jun-21	30,000	Jul-21	30,000	Aug-21	30,000	Sep-21	30,000	Oct-21	30,000	Nov-21	30,000	Dec-21	30,000	Jan-22	30,000	Feb-22	30,000	Mar-22	30,000
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<p>In March 2022, there was a total of 58,514 patients waiting for a follow-up past their target date. This is an in-month reduction of 0.5% (from 58,804 in February 2022 to 58,514 in March 2022).</p>																																																										
<p>Of the 58,514 delayed follow-ups in March 2022, 10,978 had appointment dates and 47,536 were still waiting for an appointment.</p>																																																										
<p>In addition, 32,936 patients were waiting 100%+ over target date in March 2022. This is a 1.5% increase when compared with February 2022.</p>																																																										

PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in March 2022 was 90% and 3,353 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,737 surveys in March 2022, with a recommended score of 94%. Morrison Hospital completed 1,454 surveys in March 2022, with a recommended score of 86%. Primary & Community Care completed 165 surveys for March 2022, with a recommended score of 92%. The Mental Health Service Group completed 15 surveys for March 2022, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p> <p>* Data not available for April 2021. Neath Port Talbot included in Singleton's figures from May 2021</p>

COMPLAINTS													
Description	Current Performance	Trend											
Patient concerns <i>1. Number of formal complaints received</i> <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In January 2022, the Health Board received 124 formal complaints; this is a 7.3% increase on the number seen in December 2021.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p>	<p>1. Number of formal complaints received</p>  <p>■ MH & LD ■ Morriston Hospital ■ NPT Hospital ■ PCCS ■ Singleton Hospital</p> <p>2. Response rate for concerns within 30 days</p>  <p>■ Health Board Total ■ HB Profile</p>											
	<p>2. The overall Health Board rate for responding to concerns within 30 working days was 63% in January 2022, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table><tr><th></th><th>30 day response rate</th></tr><tr><td>Neath Port Talbot Hospital</td><td>29%</td></tr><tr><td>Morriston Hospital</td><td>74%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>58%</td></tr><tr><td>Primary, Community and Therapies</td><td>67%</td></tr><tr><td>Singleton Hospital</td><td>43%</td></tr></table>		30 day response rate	Neath Port Talbot Hospital	29%	Morriston Hospital	74%	Mental Health & Learning Disabilities	58%	Primary, Community and Therapies	67%	Singleton Hospital	43%
	30 day response rate												
Neath Port Talbot Hospital	29%												
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Singleton Hospital	43%												

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

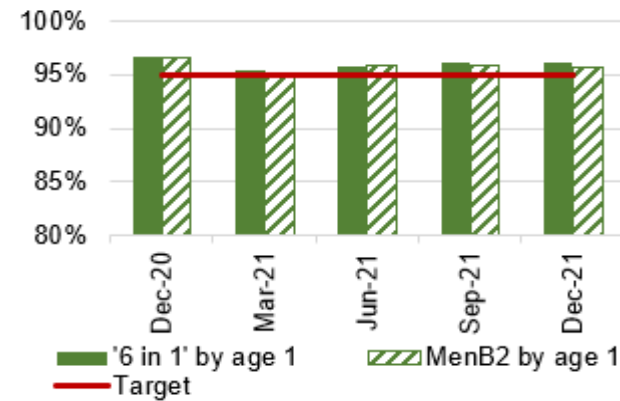


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

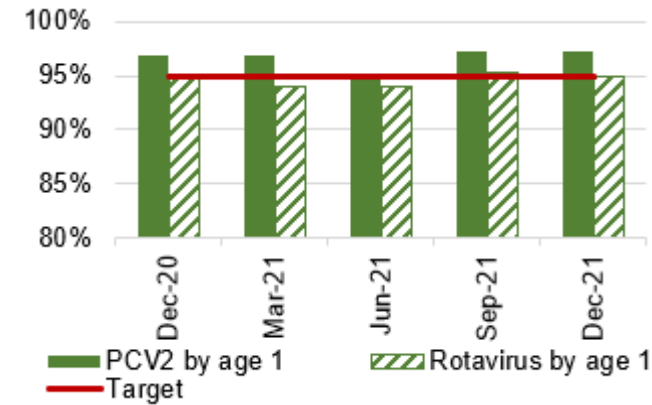


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2



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

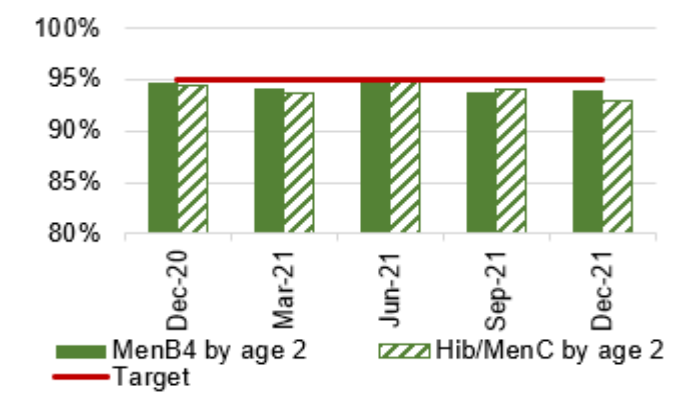


Chart 5: % children who are up to date in schedule by age 4

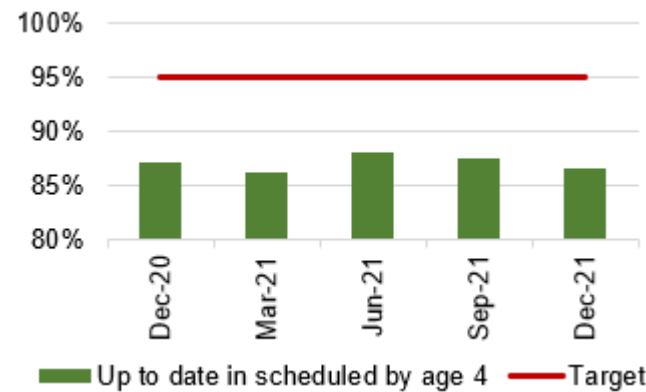


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

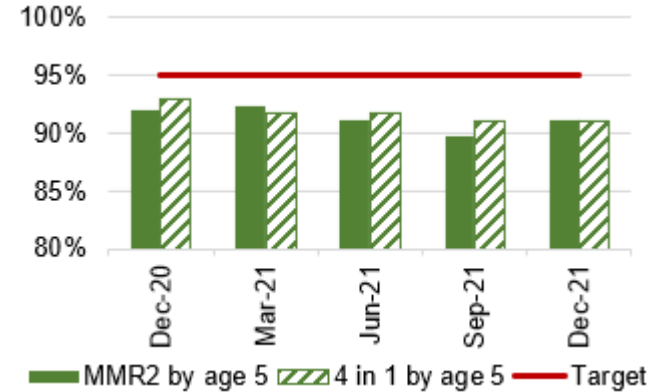


Chart 7: % children who received MMR vaccine and teenage booster by age 16

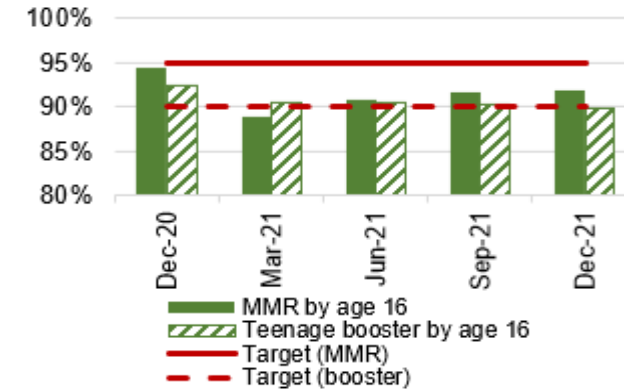


Chart 8: % children who received MenACWY vaccine by age 16

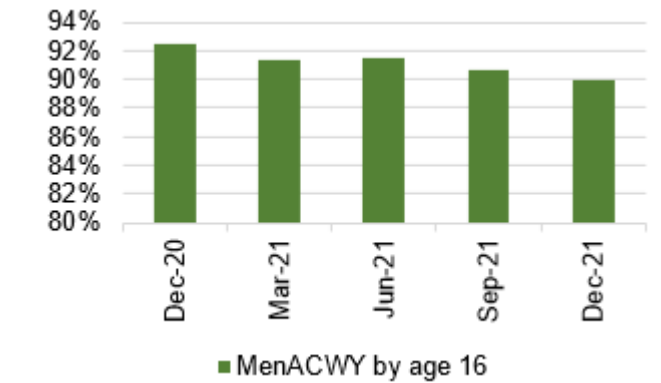
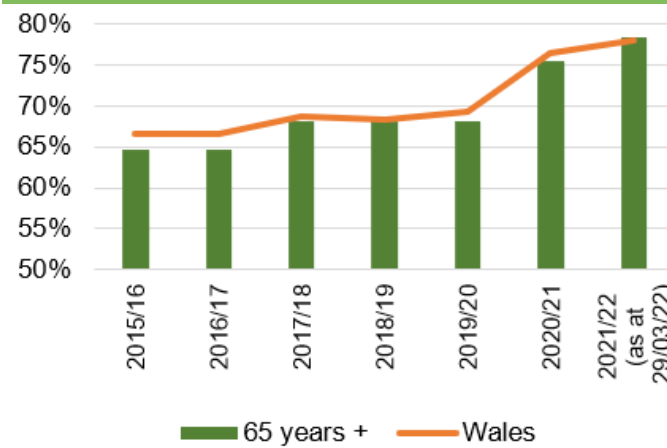


Chart 9: Influenza uptake for amongst 65 year olds and over



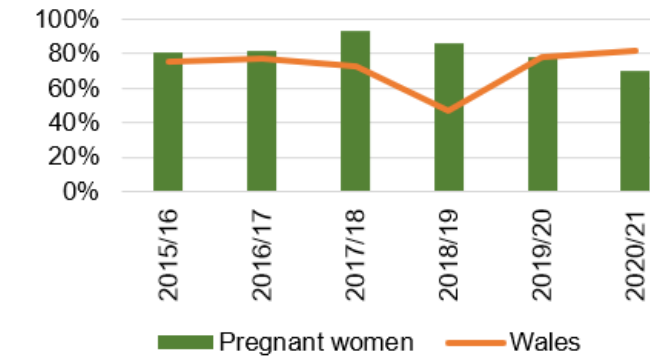
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



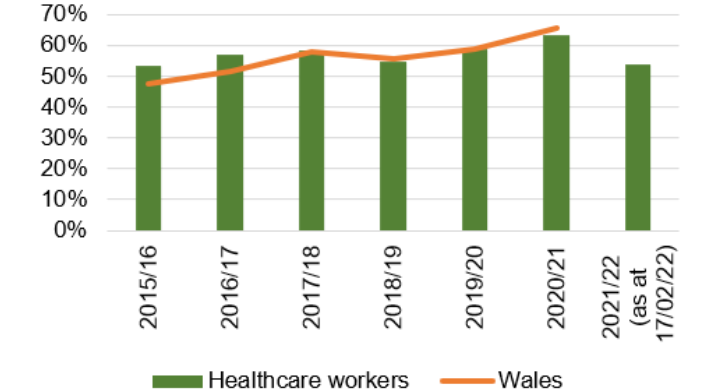
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

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

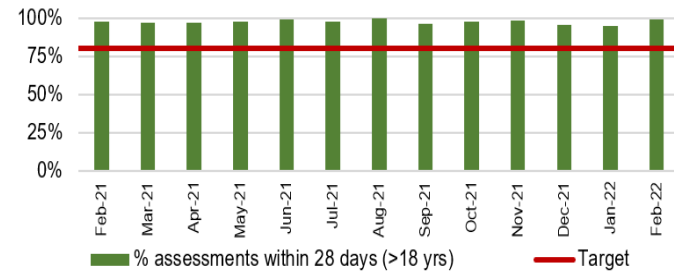


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

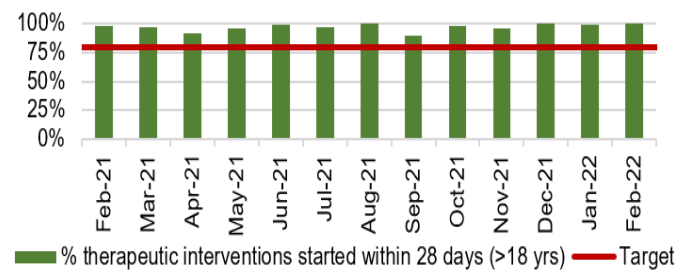


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

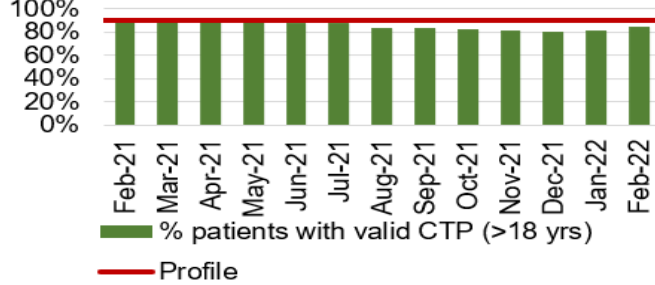


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health



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

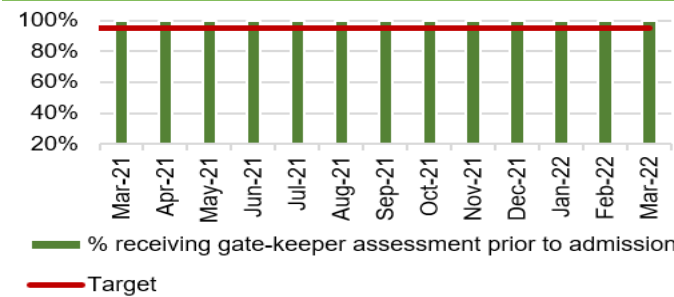


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

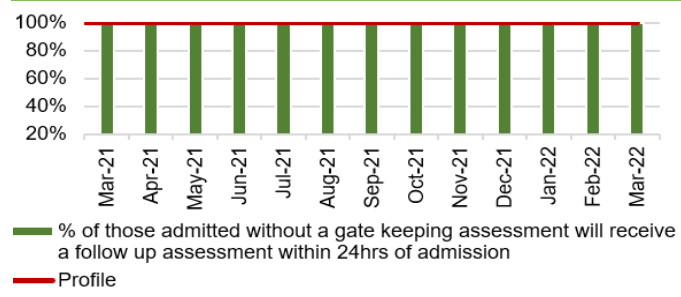


Chart 7: % of patients waiting under 14 weeks for Therapies

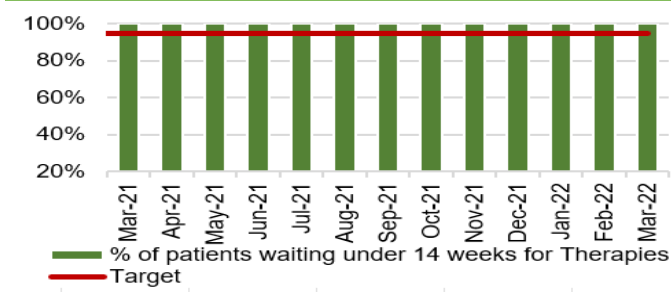


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

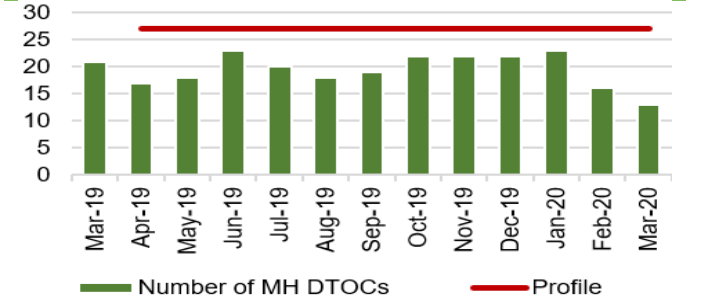


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

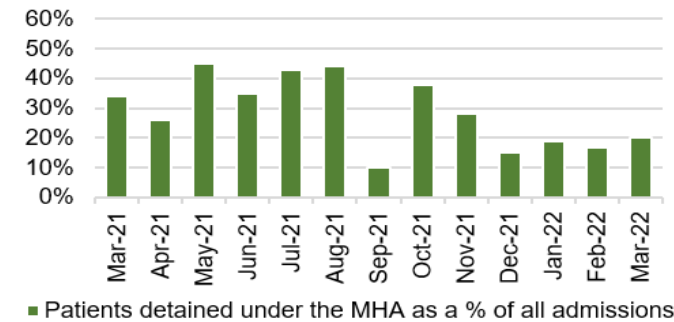


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

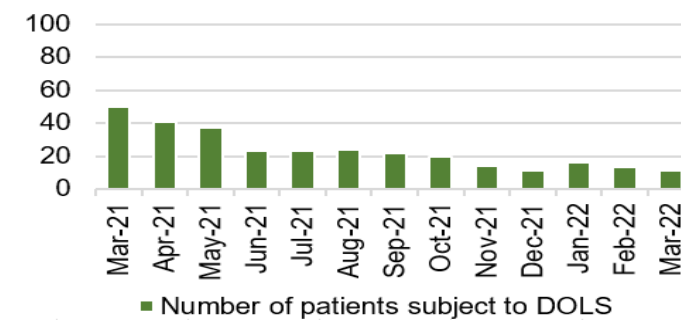


Chart 11: Number of Serious Incidents

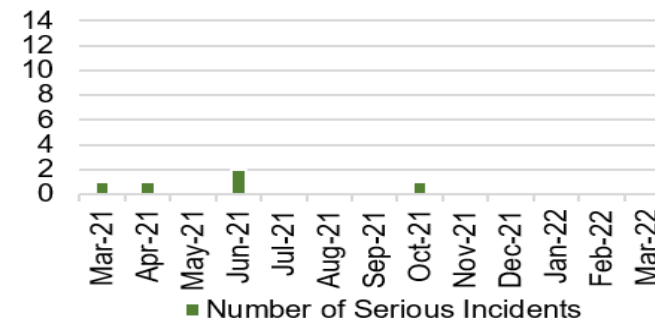
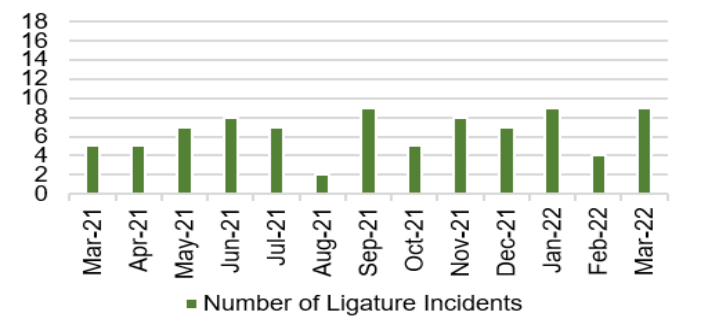


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

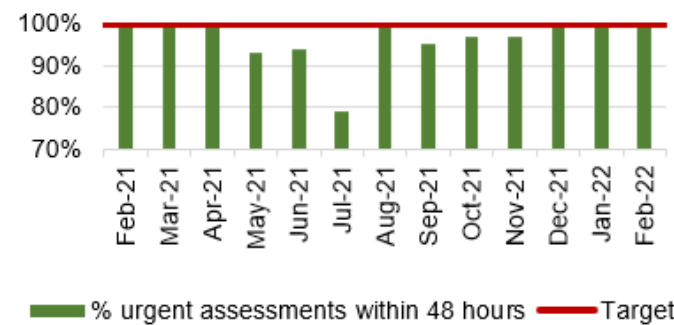


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

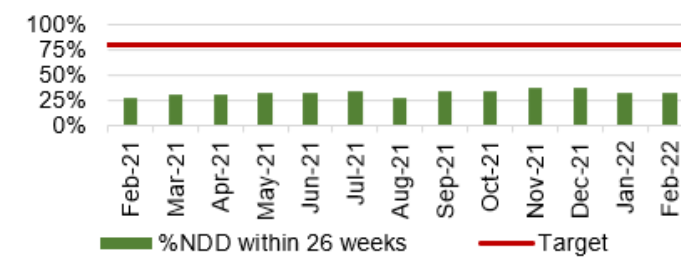


Chart 15: Assessment and intervention within 28 days

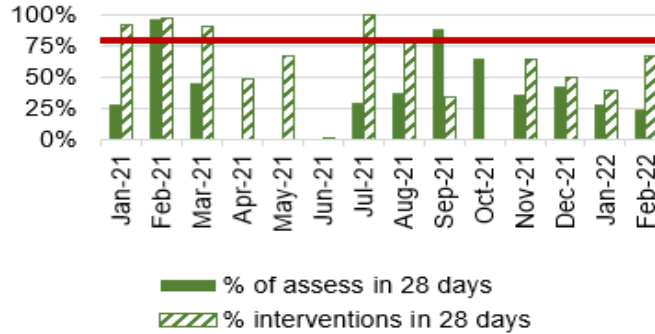
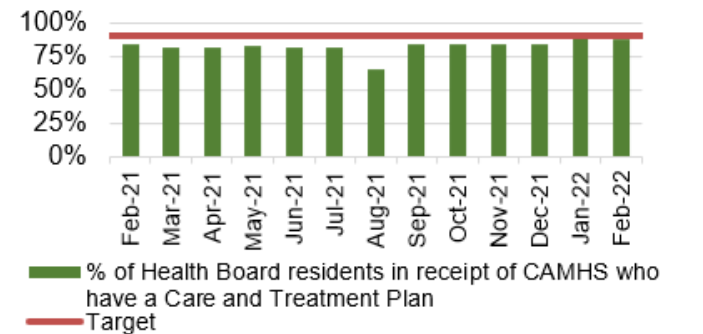


Chart 16: % of residents with a Care and Treatment Plan



6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																										
Description	Current Performance	Trend																																																																																																																																																																								
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In February 2022, 99% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In February 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 85% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in February 2022.</p> <p>4. In February 2022, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Feb-21</td><td>100%</td><td>75%</td></tr> <tr><td>Mar-21</td><td>100%</td><td>75%</td></tr> <tr><td>Apr-21</td><td>100%</td><td>75%</td></tr> <tr><td>May-21</td><td>100%</td><td>75%</td></tr> <tr><td>Jun-21</td><td>100%</td><td>75%</td></tr> <tr><td>Jul-21</td><td>100%</td><td>75%</td></tr> <tr><td>Aug-21</td><td>100%</td><td>75%</td></tr> <tr><td>Sep-21</td><td>100%</td><td>75%</td></tr> <tr><td>Oct-21</td><td>100%</td><td>75%</td></tr> <tr><td>Nov-21</td><td>100%</td><td>75%</td></tr> <tr><td>Dec-21</td><td>100%</td><td>75%</td></tr> <tr><td>Jan-22</td><td>100%</td><td>75%</td></tr> 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therapy	Target	Feb-21	100%	95%	Mar-21	100%	95%	Apr-21	100%	95%	May-21	100%	95%	Jun-21	100%	95%	Jul-21	100%	95%	Aug-21	100%	95%	Sep-21	100%	95%	Oct-21	100%	95%	Nov-21	100%	95%	Dec-21	100%	95%	Jan-22	100%	95%	Feb-22	100%	95%
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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In February 2022, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 27% of routine assessments were undertaken within 28 days from referral in February 2022 against a target of 80%.</p> <p>3. 67% of therapeutic interventions were started within 28 days following assessment by LPMHSS in February 2022.</p> <p>4. 33% of NDD patients received a diagnostic assessment within 26 weeks in February 2022 against a target of 80%.</p> <p>5. 26% of routine assessments by SCAMHS were undertaken within 28 days in February 2022.</p>	<p>1. Crisis- assessment within 48 hours</p> <p>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p>4. NDD- assessment within 26 weeks</p> <p>5. S-CAMHS % assessments within 28 days</p>

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	<ul style="list-style-type: none">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 an interim year end overspend of £24.4m as per forecast (subject to audit approval of the Annual Accounts)M!2 is a forecast position in the chart due to the financial ledger not being closed at the time of writing this report, and therefore the chart is not available. IT is anticipated that the March expenditure will reflect the forecasted position.	<div><p>HEALTH BOARD FINANCIAL PERFORMANCE 2021/22</p><table><thead><tr><th>Month</th><th>Operational Position (£'000)</th><th>Forecast Position (£'000)</th><th>Target Overspend (£'000)</th></tr></thead><tbody><tr><td>M1</td><td>3,541</td><td></td><td>3,541</td></tr><tr><td>M2</td><td>564</td><td></td><td>3,541</td></tr><tr><td>M3</td><td>1,976</td><td></td><td>3,541</td></tr><tr><td>M4</td><td>1,973</td><td></td><td>3,541</td></tr><tr><td>M5</td><td>2,131</td><td></td><td>3,541</td></tr><tr><td>M6</td><td>1,821</td><td></td><td>3,541</td></tr><tr><td>M7</td><td>1,875</td><td></td><td>3,541</td></tr><tr><td>M8</td><td>1,805</td><td></td><td>3,541</td></tr><tr><td>M9</td><td>1,884</td><td></td><td>3,541</td></tr><tr><td>M10</td><td>1,671</td><td></td><td>3,541</td></tr><tr><td>M11</td><td>1,705</td><td></td><td>3,541</td></tr><tr><td>M12</td><td></td><td>3,459</td><td>3,541</td></tr></tbody></table></div>	Month	Operational Position (£'000)	Forecast Position (£'000)	Target Overspend (£'000)	M1	3,541		3,541	M2	564		3,541	M3	1,976		3,541	M4	1,973		3,541	M5	2,131		3,541	M6	1,821		3,541	M7	1,875		3,541	M8	1,805		3,541	M9	1,884		3,541	M10	1,671		3,541	M11	1,705		3,541	M12		3,459	3,541
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Description	Current Performance	Trend
Capital Financial Position – expenditure incurred against capital resource limit	<ul style="list-style-type: none"> The interim outturn capital position for 2021/22 is balanced. Again this will be subject to a full external Audit review as part of the Year End Accounts approval. The chart has not been updated for the final position as not yet available. 	<p>Capital - Cumulative Performance to Plan</p> <p>£'000</p> <p>Forecast Actual/Revised Forecast</p>
Workforce Spend – workforce expenditure profile	<ul style="list-style-type: none"> The pay budgets are underspent by £6.6m after 12 months. Funding has been allocated to : <ul style="list-style-type: none"> support additional costs associated with COVID, Variable pay remains high, this reflects operational pressures, increasing sickness levels and recovery actions. Increases are evident in non medical agency, WLI and overtime costs during March. The Health Board is incurring around £2.5m-£3m of additional pay costs per month related to COVID response and recovery, in addition to the TTP and vaccination costs. 	<p>Variable Pay Expenditure</p> <p>Bank Overtime Agency - Non Medical Agency - Medical WLI Irregular Sessions Current Year Budget Last Year Expenditure</p>

Description	Current Performance	Trend																																							
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	<ul style="list-style-type: none"> The Health Board failed to deliver this target in 2020/21, with the target only being met on three of the twelve months. There was a very positive start to the financial year, with the target being met in the first six months, with a cumulative achievement of 96.07% for the first six months. The target was breached in October, November and January. At the end of the third quarter the cumulative position was 95.08%. The performance in February improved on the previous month to 95.82% from 80% in January. The compliance in March was 97.06% in month. The cumulative position after 12 months is 94.20% which is below the 95% target due to impact of the January low compliance rate, as a result of nurse agency late invoices which have now been resolved. 	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p> <table border="1"> <caption>PSPP Target Data</caption> <thead> <tr> <th>Month</th> <th>PSPP In Month (%)</th> <th>PSPP Cumulative (%)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>96.07</td><td>96.07</td></tr> <tr><td>M2</td><td>97.06</td><td>96.52</td></tr> <tr><td>M3</td><td>95.82</td><td>96.08</td></tr> <tr><td>M4</td><td>96.07</td><td>96.07</td></tr> <tr><td>M5</td><td>96.07</td><td>96.07</td></tr> <tr><td>M6</td><td>96.07</td><td>96.07</td></tr> <tr><td>M7</td><td>90.00</td><td>95.08</td></tr> <tr><td>M8</td><td>90.00</td><td>95.08</td></tr> <tr><td>M9</td><td>95.82</td><td>95.08</td></tr> <tr><td>M10</td><td>80.00</td><td>94.20</td></tr> <tr><td>M11</td><td>95.82</td><td>94.20</td></tr> <tr><td>M12</td><td>97.06</td><td>94.20</td></tr> </tbody> </table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	M1	96.07	96.07	M2	97.06	96.52	M3	95.82	96.08	M4	96.07	96.07	M5	96.07	96.07	M6	96.07	96.07	M7	90.00	95.08	M8	90.00	95.08	M9	95.82	95.08	M10	80.00	94.20	M11	95.82	94.20	M12	97.06	94.20
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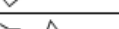

APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
COVID19 related measures	Number of new COVID19 cases	Local	Mar-22	4,749		Reduce					907	406	189	708	1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749
	Number of staff referred for Antigen Testing	Local	Mar-22	16,756		Reduce					11,683	11,957	12,224	12,505	12,872	13,278	13,951	14,475	14,969	15,756	16,447	16,647	16,756
	Number of staff awaiting results of COVID19 test	Local	Mar-22	0		Reduce					2 (as at 11/04/21)	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Dec-21	54		Reduce					53	74	67	23	24	36	36	47	53	54			
	Number of COVID19 related serious incidents	Local	Oct-21	0		Reduce					0	0	0	0	0	0	0	0					
	Number of COVID19 related complaints	Local	Mar-22	10		Reduce					98	38	13	16	4	6	3	4	14	20	4	4	10
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					3	2	2	1	1	1	0	0					
	Number of staff self isolated (asymptomatic)	Local	Mar-22	87		Reduce					145	84	71	70	71	115	227	120	65	126	87	43	87
	Number of staff self isolated (symptomatic)	Local	Mar-22	326		Reduce					108	87	71	50	67	114	204	180	120	393	309	204	326
% sickness	Local	Mar-22	3.1%		Reduce						1.9%	1.3%	1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%
Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Mar-22	48%	65%	65%	✗	51.1% (Mar-22)	4th (Mar-22)		73%	72%	62%	67%	64%	59%	50%	44%	52%	46%	51%	54%	48%
	Number of ambulance handovers over one hour	National	Mar-22	687	0			6,506 (Mar-22)	1st (Mar-22)		231	337	477	547	616	726	642	648	670	612	735	678	687
	Handover hours lost over 15 minutes	Local	Mar-22	3023							583	877	1,154	1,386	1,937	2,443	2,467	3,093	2,461	2,527	3,390	3,110	3,023
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Mar-22	71%	95%			66.6% (Feb-22)	3rd (Feb-22)		77%	75%	73%	72%	75%	75%	73%	72%	73%	70%	73%	72%	71%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Mar-22	1282	0			9,150 (Feb-22)	3rd (Feb-22)		457	631	684	880	1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Jan-22	52.9%	12 month ↑			76.0% (Jan-22)	6th (Jan-22)		59.6%	71.1%	72.1%	78.3%	84.8%	86.7%	72.2%	77.8%	52.4%	68.8%	52.9%		
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Jan-22	89.0%	12 month ↑			66% (Jan-22)	2nd (Jan-22)		88.0%	90.0%	91.0%	91.0%	91.0%	88.0%	87.0%	88.0%	89.0%	88.0%	89.0%		
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Mar-22	16%	54.0%			17.6% (Feb-22)	1st out of 6 organisations (Feb-22)		20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%
	CT Scan (<1 hrs) (local)	Local	Mar-22	44%							40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Mar-22	100%							100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%
	Thrombolysis door to needle <= 45 mins	Local	Mar-22	0%							55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Mar-22	44%	12 month ↑							55.9%	47.1%	39.7%	41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%
DTOCs	Number of mental health HB DTOCs	National	Mar-20	13	12 month ↓	27	✓				DTOC reporting temporarily suspended												
	Number of non-mental health HB DTOCs	National	Mar-20	60	12 month ↓	50	✗				DTOC reporting temporarily suspended												

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Mar-22	73.7	<67		✗	67.20 (Mar-22)	4th (Mar-22)		61.9	99.8	88.9	89.4	89.4	90.5	86.4	82.2	80.5	77.1	73.8	74.6	73.7
	Number of E.Coli bacteraemia cases (Hospital)		Mar-22	4							9	12	11	5	11	9	9	7	5	5	7	9	4
	Number of E.Coli bacteraemia cases (Community)			17							19	20	15	24	16	25	12	12	17	12	8	17	17
	Total number of E.Coli bacteraemia cases			21							28	32	26	29	27	34	21	19	22	17	15	26	21
	Cumulative cases of S.aureus bacteraemias per 100k pop		Mar-22	35.6	<20		✗	26.41 (Mar-22)	6th (Mar-22)		31.6	40.5	44.5	37.0	36.0	35.5	38.3	40.6	37.2	36.0	36.3	35.8	35.6
	Number of S.aureus bacteraemias cases (Hospital)		Mar-22	7							4	4	5	5	7	8	13	11	1	5	2	7	7
	Number of S.aureus bacteraemias cases (Community)			4							7	9	10	2	4	4	4	7	3	4	11	3	4
	Total number of S.aureus bacteraemias cases			11							11	13	15	7	11	12	17	18	4	9	13	10	11
	Cumulative cases of C.difficile per 100k pop		Mar-22	50.1	<25		✗	34.55 (Mar-22)	6th (Mar-22)		41.1	62.3	49.1	46.2	52.0	55.0	53.2	52.9	53.3	51.3	50.3	49.8	50.1
	Number of C.difficile cases (Hospital)		Mar-22	12							7	15	7	7	16	20	9	10	10	11	11	8	12
	Number of C.difficile cases (Community)			6							5	5	5	6	7	2	5	5	10	1	3	5	6
	Total number of C.difficile cases			18							12	20	12	13	23	22	14	15	20	12	14	13	18
	Cumulative cases of Klebsiella per 100k pop		Mar-22	24.0							26.2	28.1	21.5	26.7	0.0	22.6	24.5	27.1	26.5	26.5	25.3	24.3	24.0
	Number of Klebsiella cases (Hospital)		Mar-22	4							1	4	3	5	2	4	8	8	2	6	5	3	4
	Number of Klebsiella cases (Community)			3							9	5	2	7	1	4	3	5	5	3	0	1	3
	Total number of Klebsiella cases			7				54 Total (Mar-22)	Joint 2nd (Mar-22)		10	9	5	12	3	8	11	13	7	9	5	4	7
	Cumulative cases of Aeruginosa per 100k pop		Mar-22	6.1							4.9	9.4	6.1	6.2	0.0	5.5	5.6	4.8	5.4	6.1	5.8	6.2	6.1
	Number of Aeruginosa cases (Hospital)		Mar-22	0							0	2	0	1	0	1	2	0	3	3	1	2	0
	Number of Aeruginosa cases (Community)			2							1	1	1	1	1	1	0	0	0	1	0	1	2
	Total number of Aeruginosa cases			2				12 Total (Mar-22)	Joint 2nd (Mar-22)		1	3	1	2	1	2	2	0	3	4	1	3	2
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Mar-22	93.1%		95%	✗				97%	96%	98%	96%	95%	95%	96%	97%	92%	96%	95%	96%	93%
Serious Incidents and risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Mar-22	33.0%	90%	80%	✗				0%	0%	0%	0%	33%	0%	-	0%	0%	0%	25%	0%	33%
	Number of new Never Events	National	Mar-22	0	0	0	✓				0	0	0	1	0	0	0	0	1	0	0	2	0
	Number of risks with a score greater than 20	Local		38		12 month ↓	✗				142	132	127	113	104	105	114	118	121	35	34	37	38
	Number of risks with a score greater than 16	Local		65		12 month ↓	✗				230	217	224	219	221	220	240	235	238	60	60	66	65
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Feb-22	53		12 month ↓	✗				36	59	53	53	58	53	65	42	43	56	65	53	
	Number of pressure ulcers developed in the community		Feb-22	38		12 month ↓	✗				26	31	20	21	33	34	39	32	31	55	27	38	
	Total number of pressure ulcers			91		12 month ↓	✗				62	90	73	74	91	87	104	74	74	111	92	91	
	Number of grade 3+ pressure ulcers acquired in hospital			6		12 month ↓	✗				1	4	1	2	3	2	1	1	2	4	9	6	
	Number of grade 3+ pressure ulcers acquired in community		Feb-22	15		12 month ↓	✗				2	10	2	4	2	8	6	7	8	14	1	15	
	Total number of grade 3+ pressure ulcers		Feb-22	21		12 month ↓	✗				3	14	3	6	5	10	7	8	10	18	10	21	

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Inpatient Falls	Number of Inpatient Falls	Local	Mar-22	209		12 month ↓	✗				171	176	228	174	193	198	207	240	213	208	196	199	209
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✓				97.6%	99.3%	98.0%	98.6%	97.6%	93.0%	98.0%	96.8%	98.5%	96.1%	96.1%	97.2%	
	Stage 2 mortality reviews required	Local	Feb-22	7							11	5	18	12	7	17	10	16	10	6	7	7	
	% stage 2 mortality reviews completed	Local	Nov-21	50.00%		100%	✗							25.0%	42.9%	50.0%	81.8%	75.0%	50.0%				
	Crude hospital mortality rate (74 years of age or less)	National	Feb-22	0.89%	12 month ↓			1.19% (Feb-22)	2nd (Feb-22)		1.17%	1.04%	1.04%	1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Mar-22	97%		98%	✗				93.5%	97.4%	98.9%	95.0%	89.7%	91.7%	91.6%	93.8%	92.2%	89.1%	93.4%	92.3%	96.9%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Jan-22	86%	95%	95%	✗				96%	96%	96%	89%	90%	94%	90%	92%	76%	84%	86%		
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Mar-22	63%		100%	✗				64%	63%	67%	69%	62%	62%	68%	61%	63%	62%	61%	65%	63%
Workforce	Agency spend as a % of the total pay bill	National	Dec-21	5.70%	12 month ↓			6.2% (Dec-21)	5th out of 10 organisations (Dec-21)		5.7%	4.4%	3.3%	4.4%	5.1%	3.9%	5.1%	5.5%	5.9%	5.7%			
	Overall staff engagement score – scale score method	National	2020	75%	Improvement			75% (2020)	6th out of 10 organisations (2020)		2020 = 75%												
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Mar-22	56%	85%	85%	✗	59.7% (Dec-21)	8th out of 10 organisations (Dec-21)		53%	57%	60%	65%	60%	60%	58%	56%	55%	57%	56%	56%	56%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Mar-22	80%	85%	85%	✗	80.1% (Dec-21)	7th out of 10 organisations (Dec-21)		80%	80%	80%	81%	81%	81%	80%	80%	80%	80%	80%	80%	80%
	% workforce sickness absence (12 month rolling)	National	Feb-22	7.58%	12 month ↓			6.48% (Dec-21)	9th out of 10 organisations (Dec-21)		7.44%	7.12%	6.93%	6.91%	6.99%	7.11%	7.29%	7.44%	7.44%	7.33%	7.43%	7.58%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2020	67.1%	Improvement			67.8% (2020)	7th out of 10 organisations (2020)		2020 = 67.1%												

Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Feb-22	10.7%	4 quarter ↓			38.2% (Q2 21/22)	3rd (Q2 21/22)		6.6%	7.8%	9.0%	10.2%	11.4%	11.0%	11.5%	11.4%	10.5%	11.1%	10.8%	10.7%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Mar-22 (Draft)	41.7%	12 month ↑			59.5% (Feb-22)	4th out of 6 organisations (Feb-22)		71.6%	65.7%	65.4%	66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	41.7%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Mar-22	70%	80%		✗				42%	37%	40%	31%	60%	57%	58%	37%	30%	37%	48%	51%	70%
	Scheduled (28 Day Target)	Local	Mar-22	95%	100%		✗				85%	77%	87%	70%	84%	91%	89%	84%	61%	78%	82%	91%	95%
	Urgent SC (7 Day Target)	Local	Mar-22	57%	80%		✗				41%	38%	50%	45%	46%	55%	22%	30%	60%	37%	57%	60%	57%
	Urgent SC (14 Day Target)	Local	Mar-22	100%	100%		✓				90%	83%	86%	87%	77%	95%	76%	90%	100%	87%	97%	100%	100%
	Emergency (within 1 day)	Local	Mar-22	85%	80%		✓				100%	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%
	Emergency (within 2 days)	Local	Mar-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	Mar-22	90%	80%		✓				86%	82%	81%	91%	90%	94%	81%	89%	79%	92%	90%	94%	90%
	Elective Delay (28 Day Target)	Local	Mar-22	100%	100%		✓				93%	92%	84%	95%	97%	97%	97%	94%	86%	100%	94%	100%	100%
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Mar-22	5,863	0			43,781 (Feb-22)	4th (Feb-22)		4,554	4,804	4,842	5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863
	Number of patients waiting > 14 weeks for a specified therapy	National	Mar-22	820	0			13,323 (Feb-22)	4th (Feb-22)		369	201	166	171	151	186	320	414	629	885	1,028	926	820
	% of patients waiting < 26 weeks for treatment	National	Mar-22	51%	95%			53.4% (Feb-22)	6th (Feb-22)		48.8%	49.1%	49.1%	50.7%	51.5%	51.9%	52.0%	51.6%	51.3%	50.5%	50.4%	50.1%	50.7%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Mar-22	24,728	0						21,750	22,752	23,700	23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728
	Number of patients waiting > 36 weeks for treatment	National	Mar-22	37,820	0			251,647 (Feb-22)	4th (Feb-22)		32,874	33,395	34,447	35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820
	The number of patients waiting for a follow-up outpatient appointment	National	Mar-22	133,772	HB target TBC			786,563 (Feb-22)	5th (Feb-22)		121,403	122,303	123,088	127,444	130,208	127,391	130,963	131,554	129,255	131,403	131,848	132,036	133,772
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Mar-22	32,936				196,883 (Feb-22)	5th (Feb-22)		29,316	29,334	30,062	30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Mar-22	50%	95%			59.9% (Feb-22)	3rd (Feb-22)		47.7%	47.2%	46.7%	46.7%	46.3%	46.1%	47.9%	48.6%	49.2%	48.7%	48.3%	49.3%	50.2%
DNAs	% of patients who did not attend a new outpatient appointment	Local	Mar-22	6.7%	12 month ↓						5.6%	5.3%	5.7%	6.5%	6.5%	6.4%	7.2%	7.7%	7.0%	6.3%	6.3%	6.0%	6.7%
	% of patients who did not attend a follow-up outpatient appointment	Local	Mar-22	6.5%	12 month ↓						6.7%	6.1%	6.9%	5.5%	7.5%	7.5%	7.6%	7.8%	7.0%	6.4%	6.6%	6.4%	6.5%
Theatre Efficiencies	Theatre Utilisation rates	Local	Mar-22	72%		90%	✗				75%	80%	78%	77%	72%	69%	72%	66%	67%	62%	74%	71%	72%
	% of theatre sessions starting late	Local	Mar-22	39%		<25%	✗				40%	38%	43%	43%	44%	44%	42%	46%	43%	40%	43%	43%	39%
	% of theatre sessions finishing early	Local	Mar-22	45%		<20%	✗				48%	41%	45%	43%	48%	46%	46%	50%	48%	48%	48%	43%	45%

Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200																			
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSC appraisals	National	Q2 21/22	99.1%	100%	100%	✖	98.7% (Q2 21/22)	3rd out of 6 organisations (Q2 21/22)	*	98.9%			99.0%			99.1%						
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q2 21/22	277.6	4 quarter ↓			254.7 (Q2 21/22)	6th (Q2 21/22)	*	236.2			249.7			277.6						
	Patients aged 65 years or over prescribed an antipsychotic	National	Q2 21/22	1,476	Quarter on quarter ↓			10,232 (Q2 21/22)	5th (Q2 21/22)	*	1,442			1,641			1,476						
	Opioid average daily quantities per 1,000 patients	National	Q2 21/22	4,412	4 quarter ↓			4500.4 (Q2 21/22)	3rd (Q2 21/22)	*	4360.2			4,378.2			4,412						
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q2 21/22	80.8%	Quarter on quarter ↑			91.9% (Q2 21/22)	5th (Q2 21/22)	*	80.10%			79.9%			80.8%						
	Number of friends and family surveys completed	Local	Mar-22	3,353		12 month ↑	✔				1,050		4,590	3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353
	% of who would recommend and highly recommend	Local	Mar-22	90%		90%	✔				87%		96%	97%	92%	92%	92%	92%	94%	93%	92%	90%	90%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Mar-22	91%		90%	✔				93%		92%	96%	95%	92%	96%	93%	93%	96%	93%	91%	91%
Complaints	Number of new formal complaints received	Local	Jan-22	124		12 month trend ↓	✖				117	100	115	159	139	115	115	134	159	115	124		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Jan-22	63%	75%	80%	✖	67.2% (Q4 20/21)	3rd (Q4 20/21)		81%	78%	78%	68%	69%	83%	75%	67%	69%	68%	63%		
	% of acknowledgements sent within 2 working days	Local	Jan-22	100%		100%	✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Harm from wider societal actions/lockdown																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2020/21	35.6%	Annual ↑			36.8% (2020/21)	5th (2020/21)		2020/21 = 35.6%												
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q3 21/22	96.1%	95%			95.9% (Q3 21/22)	3rd (Q3 21/22)	*	95.4%			95.7%			96.2%			96.1%			
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q3 21/22	91.2%	95%			90.0% (Q3 21/22)	3rd (Q3 21/22)	*	92.4%			91.1%			89.8%			91.2%			
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q3 21/22	313.3	4 quarter ↓			378.6 (Q3 21/22)	1st (Q3 21/22)	*	322.1			370.7			362.2			313.3			
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q3 21/22	63.6%	4 quarter ↑			69.0% (Q3 21/22)	5th (Q3 21/22)	*	45.5%			31.8%			73.7%			63.6%			

Harm from wider societal actions/lockdown																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-22	78.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		75.5%	Data collection restarts October 2021						58.7%	74.8%	76.9%	78.2%	78.5%	78.5%	
	% uptake of influenza among under 65s in risk groups	National	Mar-22	48.7%	55%			48.2% (Mar-22)	4th (Mar-22)		49.4%							26.0%	40.8%	44.9%	47.3%	48.6%	48.7%	
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)		2020/21 = 69.8%							Data not available						
	% uptake of influenza among children 2 to 3 years old	Local	Mar-22	44.8%	50%			47.6% (Mar-22)	5th (Mar-22)		53.4%							22.0%	37.7%	41.5%	43.2%	44.8%	44.8%	
	% uptake of influenza among healthcare workers	National	Mar-22	53.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		63.4%							48.6%	50.8%	52.7%	52.7%	53.6%	53.6%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Feb-22	100%		100%	✔				100%	100%	93%	94%	79%	100%	95%	97%	97%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Feb-22	33%	80%	80%	✘	36.8 (Feb-22)	5th (Feb-22)		30%	30%	33%	32%	34%	27%	34%	34%	37%	37%	33%	33%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Feb-22	27%	80%	80%	✘	40.2% (Feb-22)	4th (Feb-22)		63%	60%	61%	58%	41%	48%	40%	40%	34%	22%	28%	27%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Feb-22	24%		80%	✘	51.9% (Feb-22)	5th (Feb-22)		46%	0%	0%	0%	29%	37%	89%	65%	36%	43%	28%	24%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Feb-22	67%		80%	✘	53.9% (Feb-22)	2nd (Feb-22)		91%	49%	67%	1%	100%	82%	35%	0%	64%	50%	39%	67%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-22	26%		80%	✘				53%	48%	53%	44%	29%	32%	41%	3%	3%	2%	27%	26%		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Feb-22	88%		90%	✘	82.0% (Feb-22)	4th (Feb-22)		82%	82%	83%	81%	81%	65%	84%	84%	84%	84%	89%	88%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Feb-22	99%	80%	80%	✔	75.2% (Feb-22)	2nd (Feb-22)		97%	97%	98%	99%	98%	100%	96%	98%	98%	95%	95%	99%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Feb-22	100%	80%	80%	✔	67.4% (Feb-22)	1st (Feb-22)		97%	92%	96%	99%	97%	100%	90%	98%	96%	100%	99%	100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Feb-22	100%	95%	95%	✔	72.8% (Feb-22)	1st (Feb-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Feb-22	85%	90%	90%	✘	80.8% (Feb-22)	3rd (Feb-22)		91%	91%	92%	88%	88%	84%	84%	83%	81%	80%	81%	85%		
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)		2020/21 = 2.96													
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)															

APPENDIX 2: MINISTERIAL PRIORITY MEASURE RECOVERY TRAJECTORIES

