



Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board



Meeting Date	22 <sup>nd</sup> February 2022	Agenda Item	3.1
Report Title	Integrated Performance Report		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Fin	ance and Performar	ice
Presented by	Darren Griffiths, Director of Fin	ance and Performar	ice
Freedom of	Open		
Information			
Purpose of the	The purpose of this report is to	provide an update	on the current
Report	performance of the Health Bo	ard at the end of the	e most recent
	reporting window (January		
	performance measures as well		sures outlined
	in the NHS Wales Delivery Fra	mework.	
Key Issues	The Integrated Performance	Report is a routin	e report that
110y 133003	provides an overview of how		
	against the National Delivery m		
	safety measures.		sar quality and
	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.		
	Updated performance trajectories (Urgent Emergency Care		
	(UEC, cancer) have recently been finalised and were agreed in		
	the December 2021 Board mee		ere eigeren in
	Key high level issues to highlight this month are as follows:		
	2021/22 Delivery Framework		
	<b>COVID19-</b> The number of new	w cases of COV/ID1	9 has seen a
	reduction in January 2022, with 15,433 new cases being reported in-month. The occupancy rate of confirmed COVID patients in		
	critical care beds remains at a low rate, however figures continue		
	to increase slightly for Covid positive patients utilising general		
	beds.		
	Unscheduled Care- Demand for emergency department care		
	within Swansea Bay Universit	• • •	
	within Swansea Day Universit		

Specific Action Required Recommendations	<ul> <li>and targets.</li> <li>NOTE the urrecovery in Femergency of</li> <li>NOTE the action of the version of the second second</li></ul>	ealth Board per updated perfor Planned Care, C care. ctions being tak	Assurance Assurance erformance against k mance trajectories Cancer Services and en to improve perfor nent progressing we take case load	produced for Unscheduled mance: -
	<ul> <li>Planned Care- January 2022 saw a 1% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment. Additionally, the number of patients waiting over 36 weeks increased by 1.6% to 38,117. 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 January 2022 saw a 9% increase (12,004) on those seen in December 2021. Therapy waiting times have increased in January 2022 to 1,028 from 889 in December 2021.</li> <li>Cancer- December 2021 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 increased in January 2022 to 711.</li> <li>Mental Health- performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in December 2021. Psychological therapies within 26 weeks continue to be maintained at 100%.</li> <li>Child and Adolescent Mental Health Services (CAMHS)-Access times for crisis performance has been maintained at 100% December 2021. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remained the same at 37% in December 2021</li> </ul>			
	from January 2021 to June 2021 but has since then been on modest reduction trajectory. Attendances have increased in January 2022 to 9,137 from 9,082 in December 2021. The Health Board's performance against the 4-hour measure improved from 70.15% in December 2021 to 72.59% in January 2022. The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased from 1,101 in December 2021 to 1,142 in January 2022.			

0	FIT testing has been formally moved to Primary Care,
	therefore supporting future efficiencies in Cancer
	Services
0	Further financial resource agreed to support cancer
	recovery
0	Work has started on the development of Enfys ward at
	Morriston to enable establishment of Ambulatory
	Emergency Care Centre
0	Plan to commission Ward G in NPT as an outpatient
	clinical space to increase capacity
0	Extending therapies and clinical services to be more
	consistent over 7 days of the week
0	Insourcing arrangements in place for orthopaedics,
	with plans from February for ophthalmology and
	gynaecology
0	Insourcing of activity for endoscopy and
	gastroenterology
0	143 theatre sessions now available compared to
	baseline of 99 (October 2021), another 9 sessions to
	be commissioned by end of March 2022
0	Both UEC and cancer performance remain under
	escalation as part of the Health Board's performance
	escalation framework.
	Insourcing contract range being extended to include
0	
	further specialties including gynaecology

#### 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-	Harm from wider societal
Covid activity	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 updated performance trajectories produced for recovery in Planned Care, Cancer Services and Unscheduled Emergency care.
- NOTE the actions being taken to improve performance: -
  - Virtual Ward recruitment progressing well and service being established to take case load
  - FIT testing has been formally moved to Primary Care, therefore supporting future efficiencies in Cancer Services
  - o Further financial resource agreed to support cancer recovery
  - Work has started on the development of Enfys ward at Morriston to enable establishment of Ambulatory Emergency Care Centre
  - Plan to commission Ward G in NPT as an outpatient clinical space to increase capacity
  - Extending therapies and clinical services to be more consistent over 7 days of the week
  - Insourcing arrangements in place for orthopaedics, with plans from February for ophthalmology and gynaecology
  - Insourcing of activity for endoscopy and gastroenterology
  - 143 theatre sessions now available compared to baseline of 99 (October 2021), another 9 sessions to be commissioned by end of March 2022
  - Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.

 Insourcing contract range being extended to include further specialties including gynaecology

	and Assurance	
Link to	Supporting better health and wellbeing by actively prome	oting and
Enabling	empowering people to live well in resilient communities	
Objectives	Partnerships for Improving Health and Wellbeing	$\square$
(please	Co-Production and Health Literacy	$\square$
choose)	Digitally Enabled Health and Wellbeing	$\boxtimes$
	Deliver better care through excellent health and care services	S
	achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	$\boxtimes$
	Partnerships for Care	$\boxtimes$
	Excellent Staff	$\boxtimes$
	Digitally Enabled Care	$\boxtimes$
	Outstanding Research, Innovation, Education and Learning	$\boxtimes$
Health and Ca	are Standards	
(please	Staying Healthy	$\boxtimes$
choose)	Safe Care	$\boxtimes$
	Effective Care	$\boxtimes$
	Dignified Care	$\boxtimes$
	Timely Care	$\boxtimes$
	Individual Care	$\boxtimes$
	Staff and Resources	$\boxtimes$
Quality, Safet	y and Patient Experience	
The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework. There are no directly related Equality and Diversity implications as a result of this report.		
Financial Imp	lications	
	n the financial year there are no direct impacts on the Healt	h Board's

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

#### Legal Implications (including equality and diversity assessment)

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

#### Staffing Implications

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

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

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

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

Report History	The last iteration of the Integrated Performance Report was		
	presented to Performance & Finance Committee in January		
	2022. This is a routine monthly report.		
Appendices	Appendix 1: Integrated Performance Report		



# Appendix 1- Integrated Performance Report February 2022



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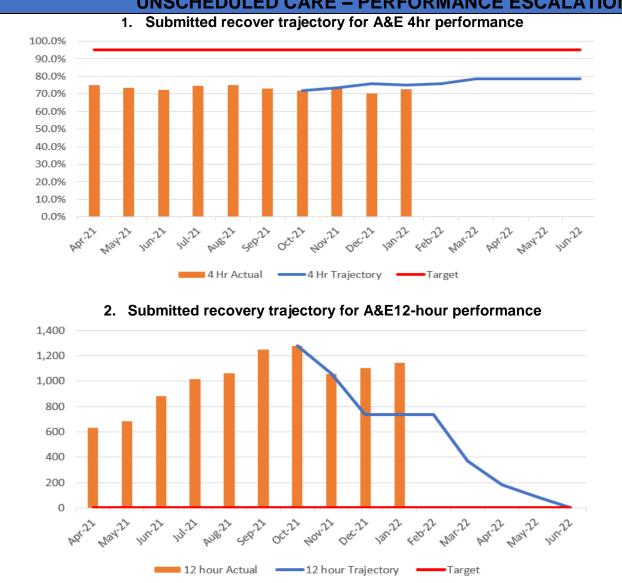
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### 1. OVERVIEW

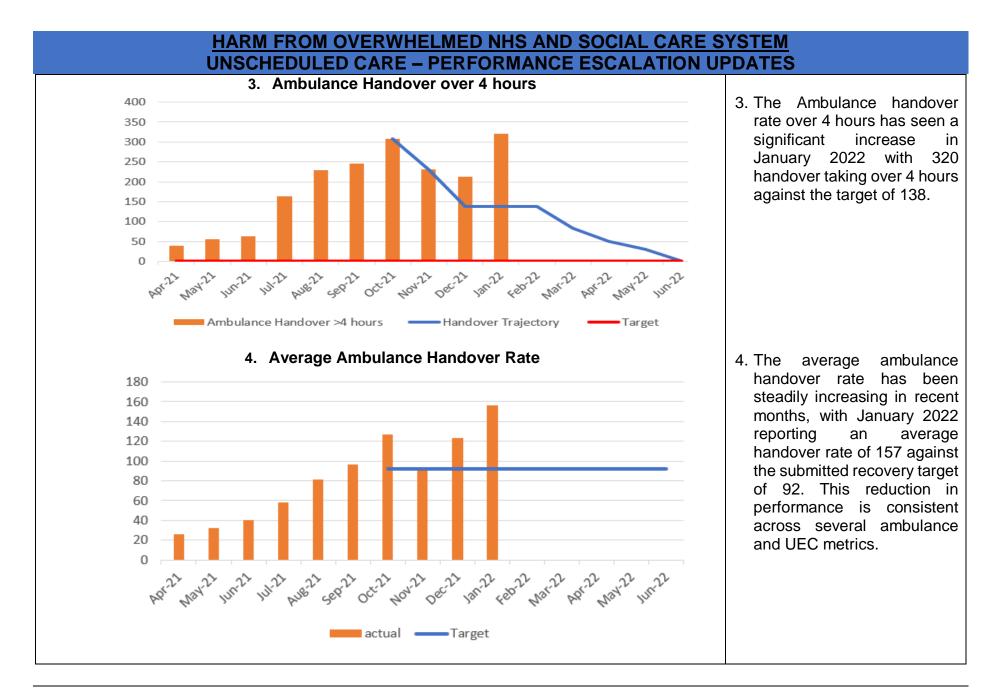
The following summarises the key successes, along with the priorities, risks and threats to achievement of the quality, access and workforce standards.

Suc	cesses	Conce	rns
<b>806,095</b> Total vaccinations undertaken (13.2.22)	<b>17 (51%↓)</b> Elective procedures cancelled due to no beds	<b>1,142 (4%↑)</b> Waits in A&E over 12 hours	<b>9,137 (↑)</b> A&E Attendances have increased
(	<b>Staff sickness</b> 0.9%↓) ge has reduced	<b>272 (</b> Clinically o patie	Optimised
<b>74% (12%↑)</b> Theatre utilisation rate	0 Never Events reported	<b>1,028 (14%↑)</b> Patients waiting over 14 weeks for reportable therapies	<b>12,004 (9%†)</b> Referral figures have increased
<b>72.59%</b> Performance against the 4- hour ED target has improved		Patients starting	<b>‰↓)</b> <i>Dec '21</i> first definitive cancer within 62 days
<b>454 (17%↓)</b> Red calls	<b>3,742 (4%↓)</b> Emergency Inpatient Admissions	<b>735 (20%†)</b> Ambulance handovers over 1 hour	<b>880 (18.9%†)</b> Podiatry patients waiting > 14 weeks

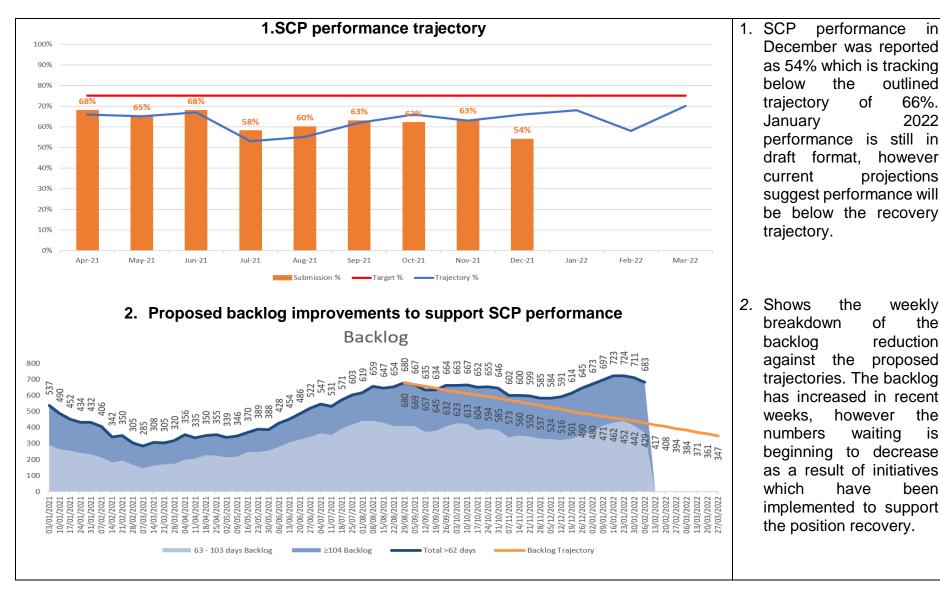


#### HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

- 1. Performance against the 4hr target has previously been in with the outlined line recovery trajectories, however both December 2021 (70.15%) and January 2022 (72.59%)have remained slightly below the trajectory. with the performance target for January 2022 being 75%. However, it is important to that performance note against the 4hr target has improved in January 2022.
- 2. The 12-hour performance trajectory shows a consistent reduction in patients waiting over 12 hours in ED in recent months. However, performance against the trajectory continues to deteriorate, with the number of patients waiting over 12 hours increasing to 1,142 in January 2022, against the target of 739.



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



in

66%.

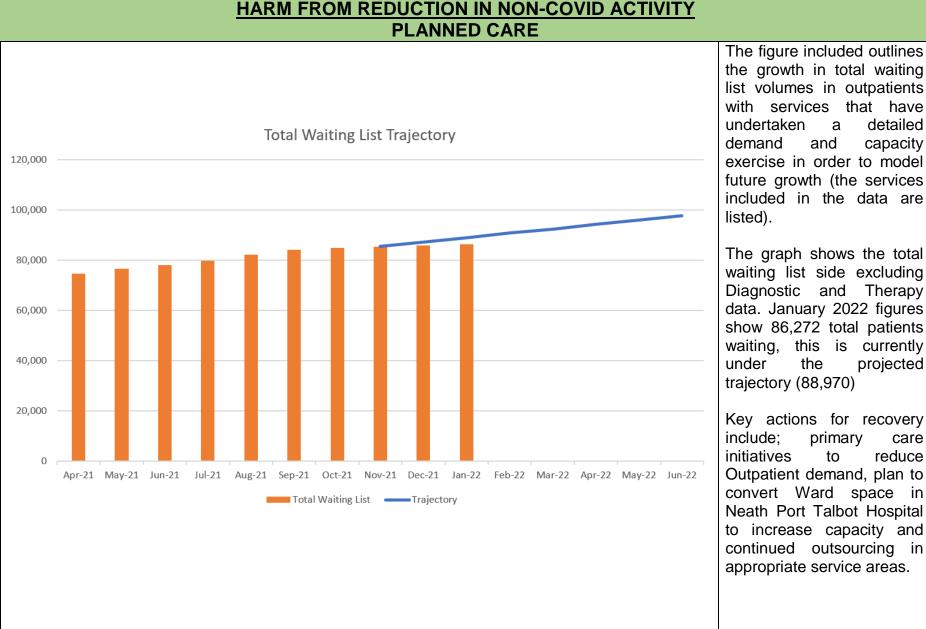
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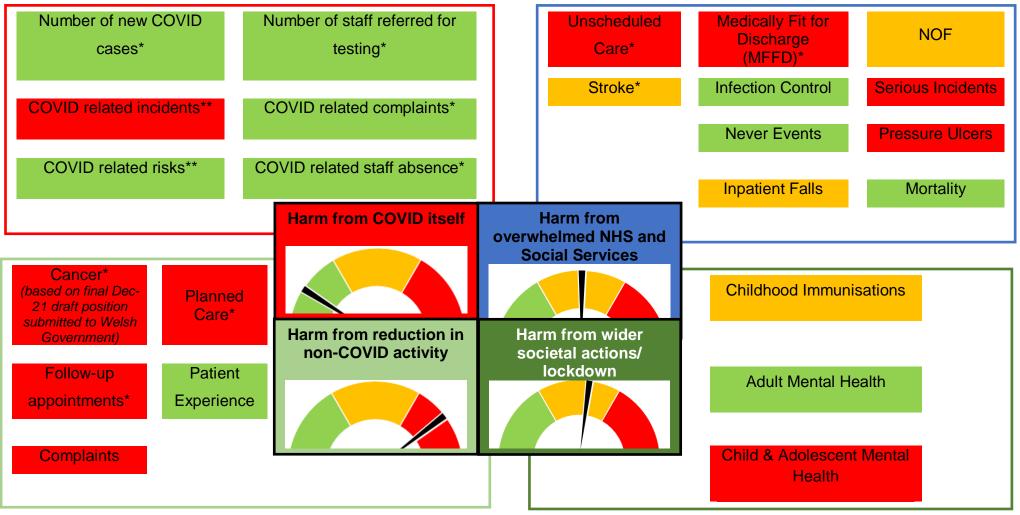
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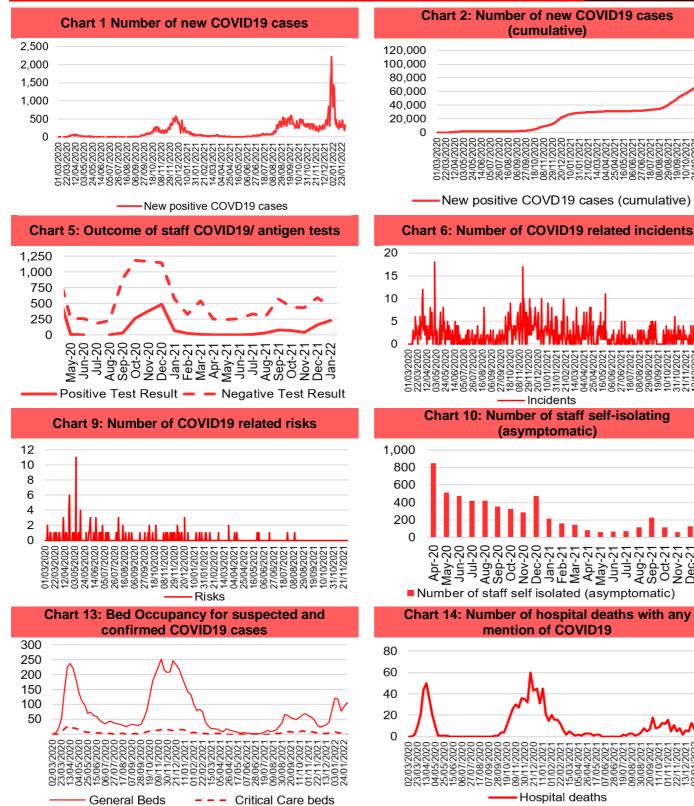
# HARM FROM REDUCTION IN NON-COVID ACTIVITY

## **1. QUADRANTS OF HARM SUMMARY**

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

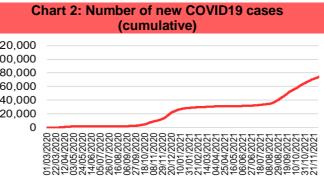


*NB- RAG status is against national or local target* \*\* Data not available \*RAG status based on in-month movement in the absence of local profiles



General Beds

Appendix 1- Integrated Performance Report



New positive COVD19 cases (cumulative)

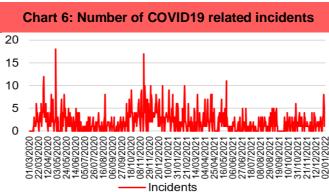
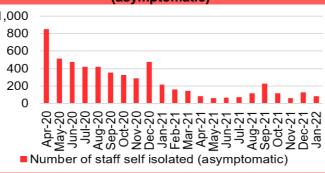
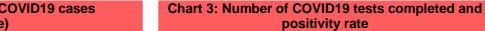


Chart 10: Number of staff self-isolating (asymptomatic)

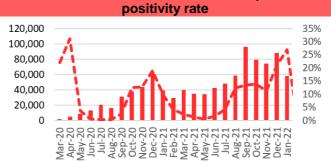


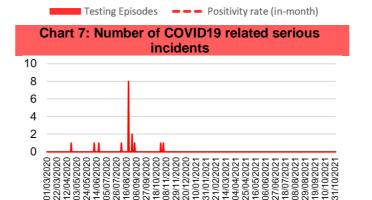


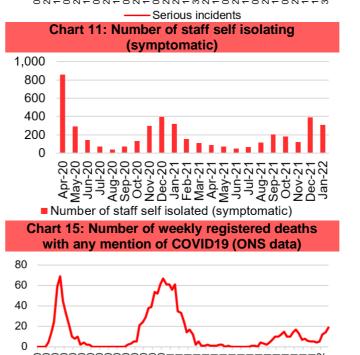
Hospital deaths



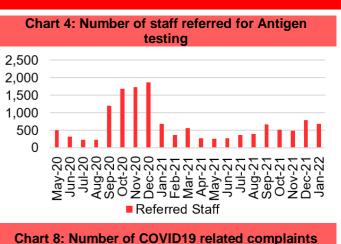
**3.1 HARM FROM COVID ITSELF** 

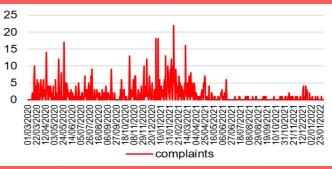


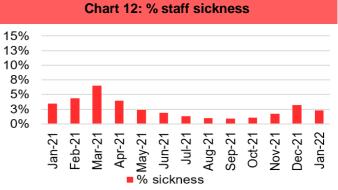




COVID-19 deaths









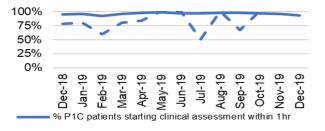
### 3.1 Updates on key measures

	COVID TESTING		
Description	Current Performance	Trend	
1. Number of new COVID19 cases in Swansea Bay population area	<b>1. Number of new COVID cases</b> In January 2022, there were an additional 15,433 positive cases recorded bringing the cumulative total to 106,978 in Swansea Bay since March 2020. Whilst positive cases have seen a large reduction, the number of cases are still some of the highest seen since the start of the pandemic.	1.Number of new COVID19 cases for Swansea Bay population 20,000 15,000 5,000 0 000 5,000 0 000 0 000 000000	
2. Number of staff referred for Antigen testing	<b>2. Staff referred for Antigen testing</b> The cumulative number of staff referred for COVID testing between March 2020 and January 2022 is 16,447 of which 17% have been positive (Cumulative total).	2.0utcome of staff referred for Antigen testing 2,500 2,000 1,500 1,500 1,000 0 0,02-5 0,00 1,000 0,02-5 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,02-5 0,00	

	COVID RELATED STAF	FABSENCE
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.Number of staff self- isolating (asymptomatic) 2.Number of staff self isolating	<ul> <li>1. &amp; 2. Number of staff self-isolating (asymptomatic and symptomatic)</li> <li>Between December 2021 and January 2022, the number of staff self-isolating (asymptomatic) reduced from 126 to 87 and the number of staff self-isolating (symptomatic) reduced from 393 to 309. In January 2022, the "other" staff group had the largest number of self-isolating staff who are asymptomatic and symptomatic.</li> </ul>	008 006 009 004 005 005 007 007 007 007 007 007 007 007
(symptomatic) 3.% staff sickness	<b>3. % Staff sickness</b> The percentage of staff sickness absence due to COVID19	<ul> <li>Medical Ø Nursing Reg Nursing Non Reg Ø Other</li> <li>2.Number of staff self isolating (symptomatic)</li> <li>1,000</li> <li>800</li> </ul>
	has decreased from 3.9% in December 2021 to 3% in January 2022.	
		And September 2000 Septem 2000 September 2000 Sept
		3.% staff sickness
		Oct-20         Nov-20         Dec-20         Jan-21         Feb-21         Mar-21         Apr-21         Mu-21         Jul-21         Aug-21         Sep-21         Oct-21         Nov-21         Dec-21         Jan-22           Medical         3.2%         7.3%         8.3%         2.2%         0.7%         0.4%         0.3%         0.2%         0.5%         0.9%         1.3%         3.6%         2.4%         1.2%         0.3%         3.0%
		Nursing 3 8% 4 7% 7 4% 4 3% 2 3% 1 9% 1 6% 1 2% 1 1% 1 4% 1 8% 3 1% 2 2% 1 3% 5 3% 3 4%
		Reg         Nursing         6.0%         6.5%         7.3%         7.0%         3.1%         2.4%         1.9%         1.8%         2.9%         4.3%         1.8%         5.0%         6.0%         6.5%         4.5%         4.5%         1.5%         1.8%         1.8%         2.9%         4.3%         1.6%         6.5%         4.5%         1.5%         1.8%         1.8%         2.3%         1.6%         6.5%         4.5%         1.5%         1.6%         1.8%         1.8%         2.3%         4.3%         1.6%         6.5%         4.5%         1.5%         1.6%         1.6%         6.5%         4.5%         1.6% <th1.6%< th="">         1.6%         1.6%         <t< td=""></t<></th1.6%<>
		Non Reg         0.5%         7.5%         7.5%         5.7%         2.7%         1.5% <th1.5%< th=""> <th1.5%< th="">         1.5%         <t< td=""></t<></th1.5%<></th1.5%<>
		All 3.5% 4.4% 6.5% 4.0% 2.4% 1.9% 1.3% 1.0% 0.9% 1.1% 1.7% 3.2% 2.3% 1.4% 3.9% 3.0%

#### HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM 4.1 Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111



 % P1F2F patients requiring a PCC based appointment seen within 1hr of clinical assessment

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

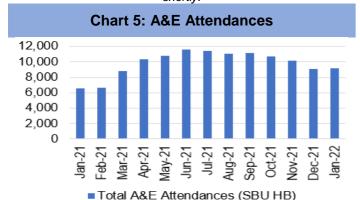
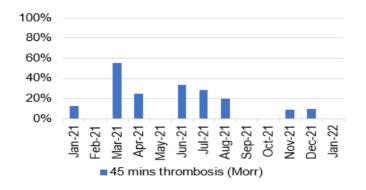


Chart 9: Elective procedures cancelled due to



 Elective Procedure cancelled due to no beds (SBU HB)

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



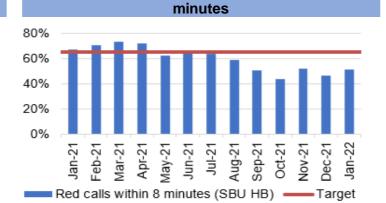
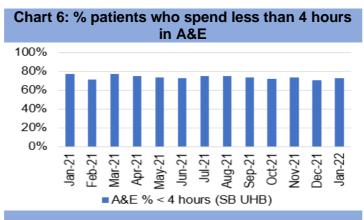
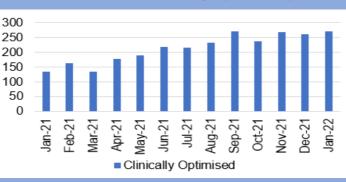


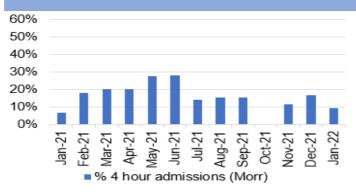
Chart 2: % red calls responded to within 8

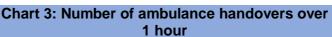


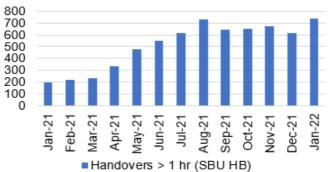
#### Chart 10: Number of clinically optimised patients

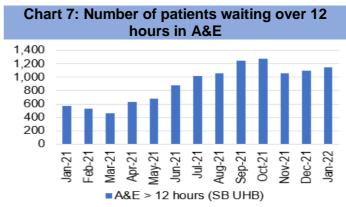


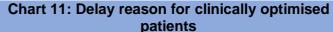
#### Chart 14: Direct admission to Acute Stroke Unit within 4 hours

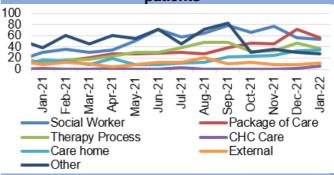




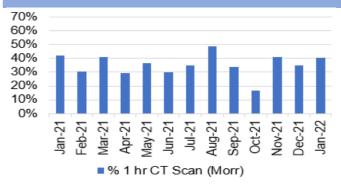








## Chart 15: % of stroke patients receiving CT scan with 1 hour





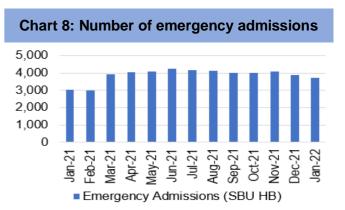
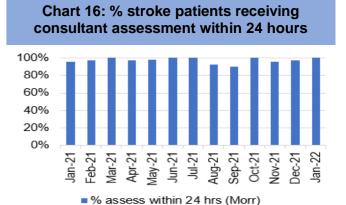


Chart 12: Average lost bed days (per day)





#### **Unscheduled Care Overview (January 2022)**

#### **Primary Care Access**

#### Ambulance

#### **Emergency Department**

50.9% (5%1) Red calls responded to with 8 minutes

## **735 (20%**†)

Ambulance handovers over 1 hour

> **3,081 (9%↓)** Amber calls

**454 (17%↓)** 

Red calls

## **1,142 (4%↑)** Waits in A&E over

12 hours

9,137 (1%)

A&E attendances

#### 9,098 (33%1) Patients admitted

72.59% (2.4%)

Waits in A&E under 4

hours

from A&E

#### **Emergency Activity**

**3,742 (4%↓)** Emergency Inpatient Admissions

97% (→)

GP practices open

during daily core

hours

**93% (3%**<sup>1</sup>)

% of Out of Hours

prioritised as P1CH that

started their definitive

clinical assessment within

1 hour of their initial call

being answered (July-19)

patients

(OoH)/111

686(8%1) Emergency Theatre Cases

88% (→)

GP practices offering

appointments between 5pm-6:30pm

**100% (33%**<sup>†</sup>)

% of Out of Hours (OOH)/111

patients prioritised as P1F2F

requiring a Primary Care

Centre (PCC) based

appointment seen within 1

**368 (15%1)** (Jun-21) Trauma theatre cases **17 (51%↓)** Elective procedures cancelled due to no beds **Patient Flow** 

**13 (19%↓)** (Mar-20) Mental Health DTOCs \* Data collection temporarily suspended 60 (13%↓) (Mar-20) Non-Mental Health DTOCs \* Data collection temporarily suspended

#### 272 (4%1)

Clinically Optimised patients

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

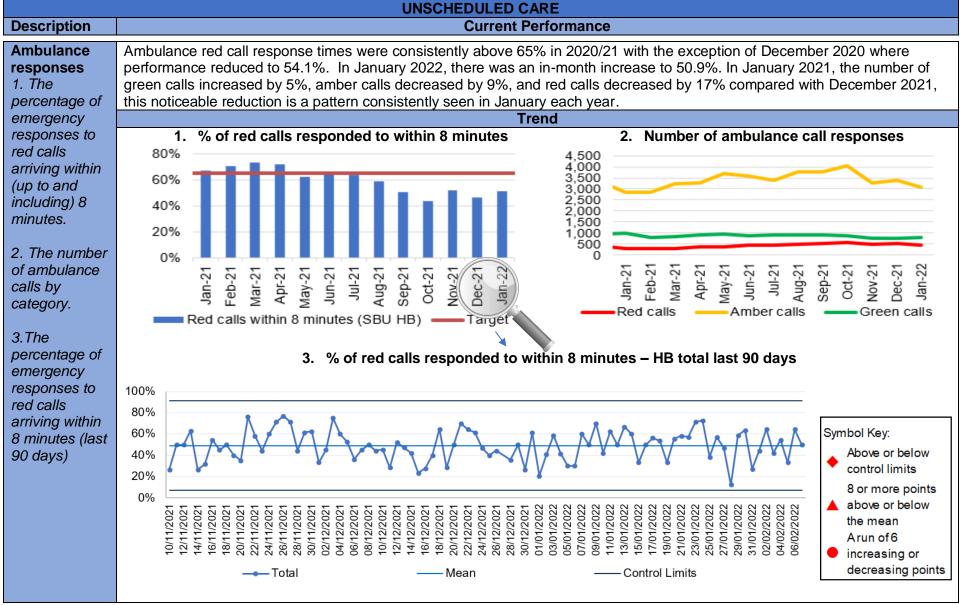
#### 21 | P a g e

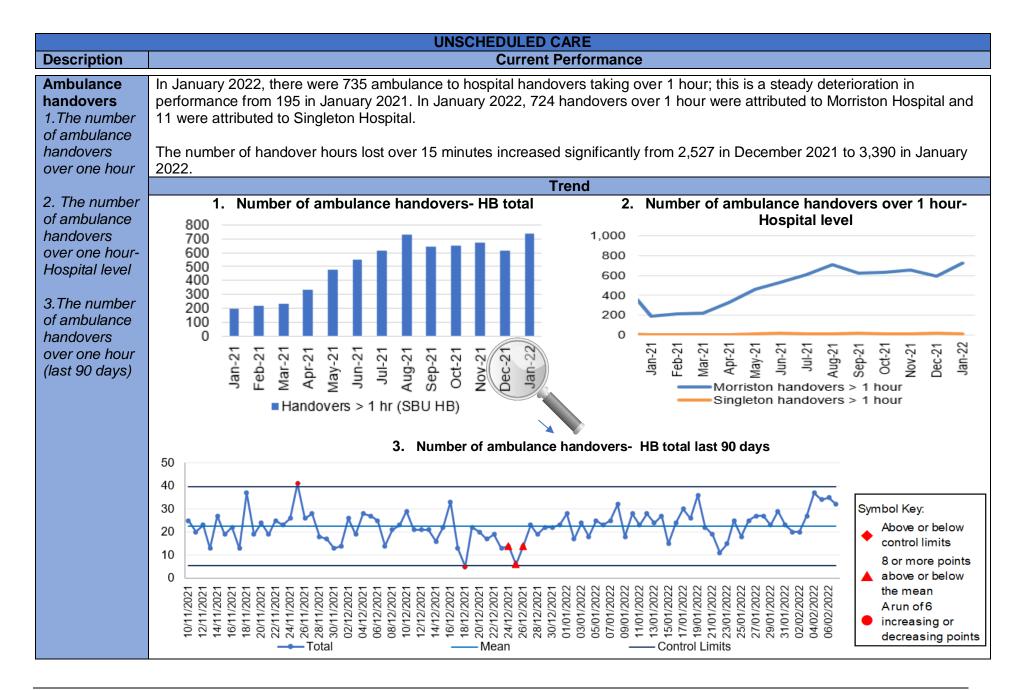
# 13 (10%) (4)

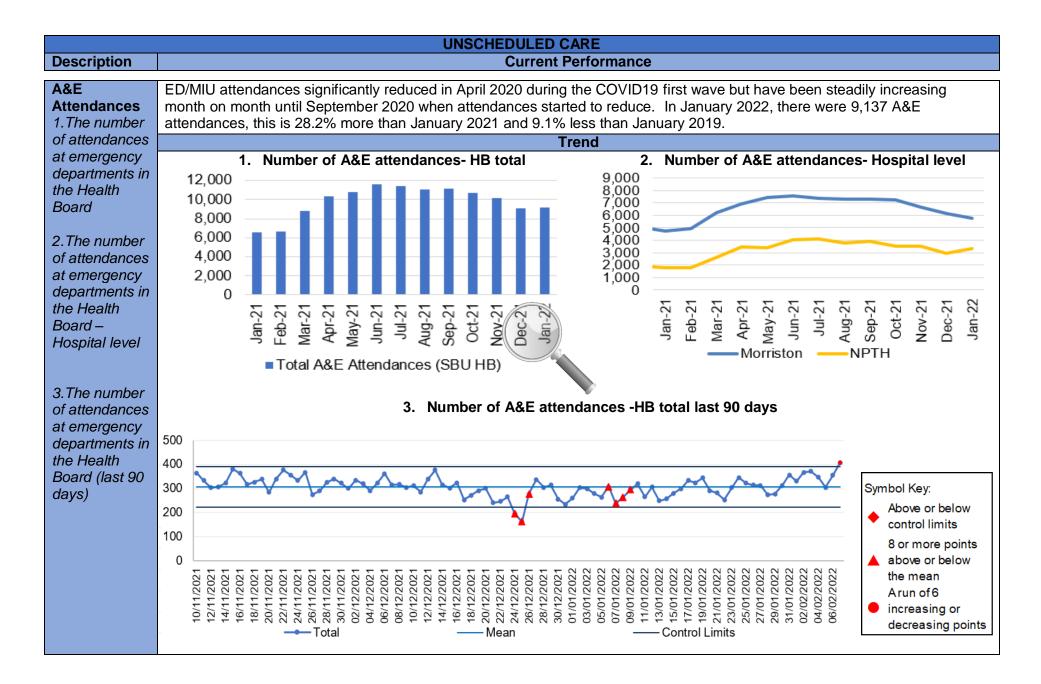
# ctivity

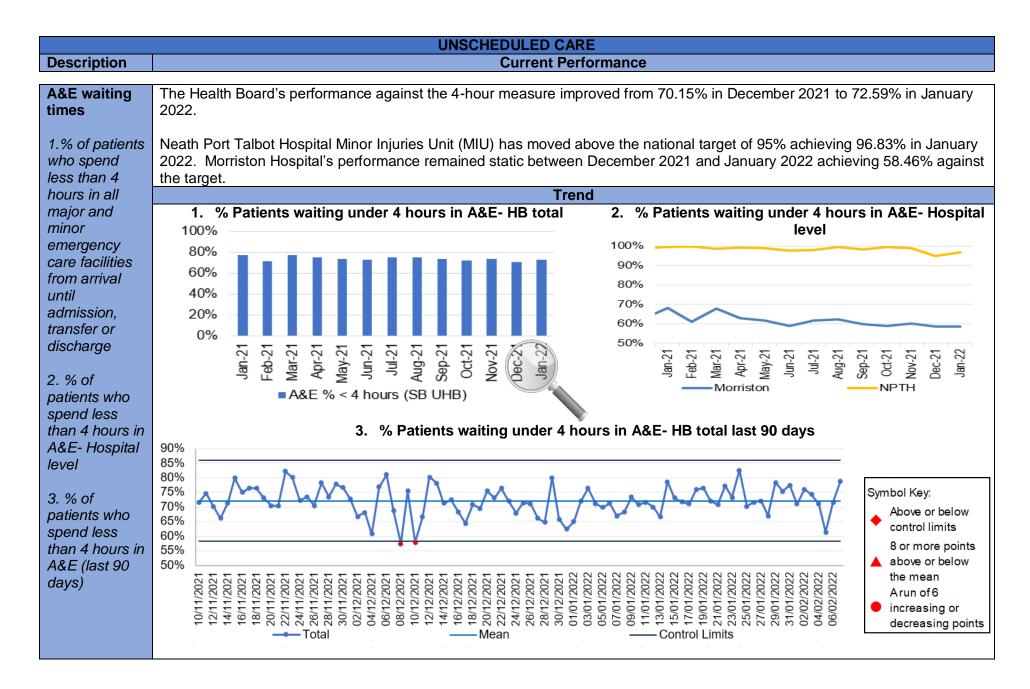
hour following completion of their definitive clinical assessment (Oct-19)

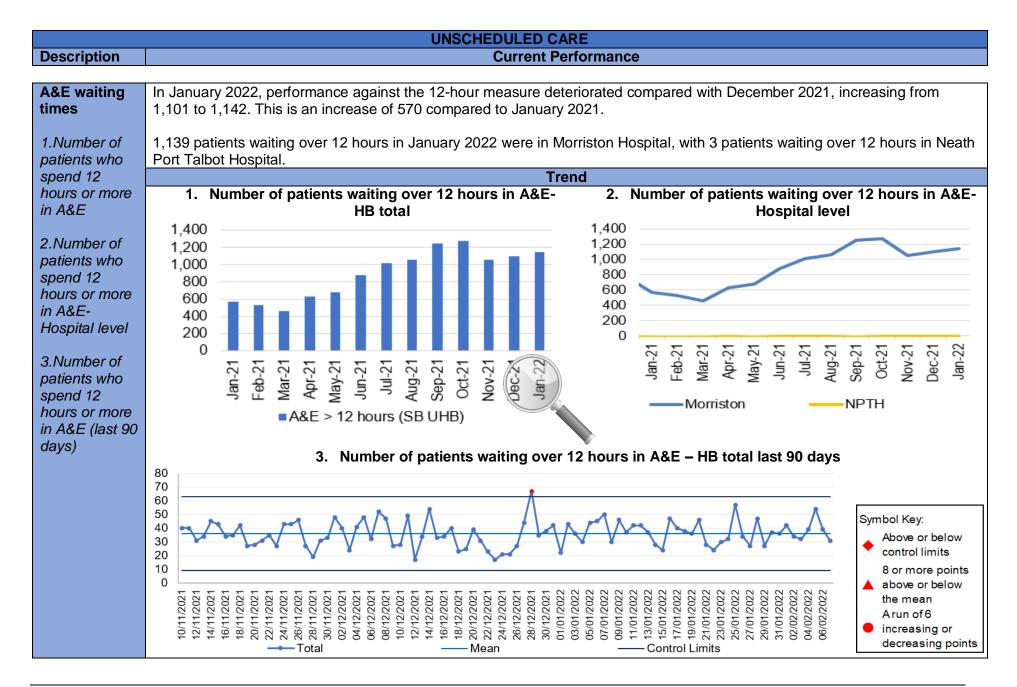
#### 4.2 Updates on key measures

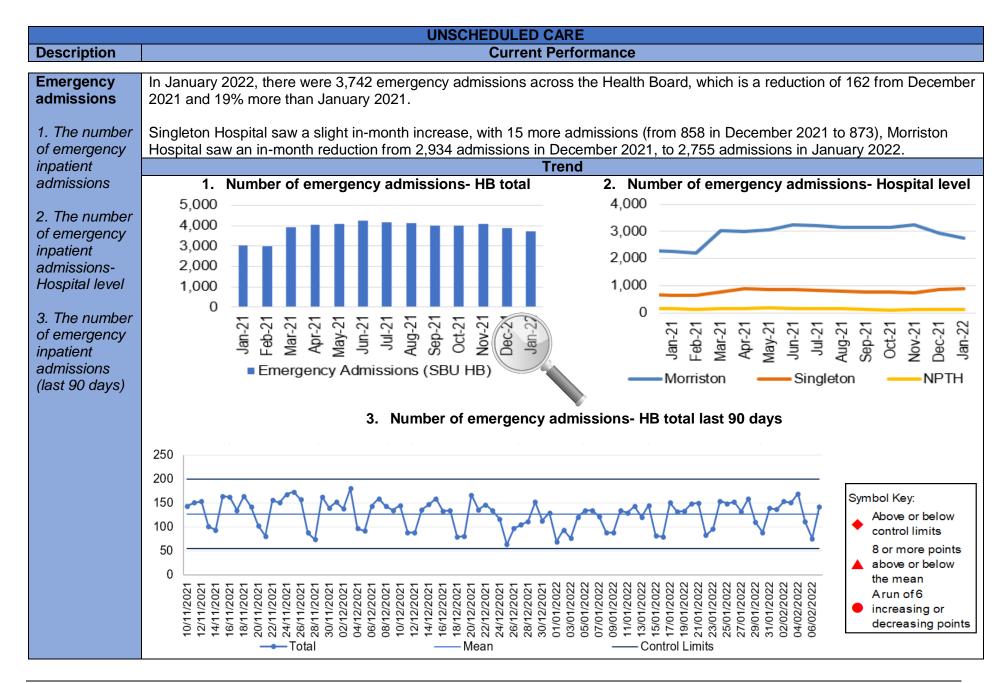


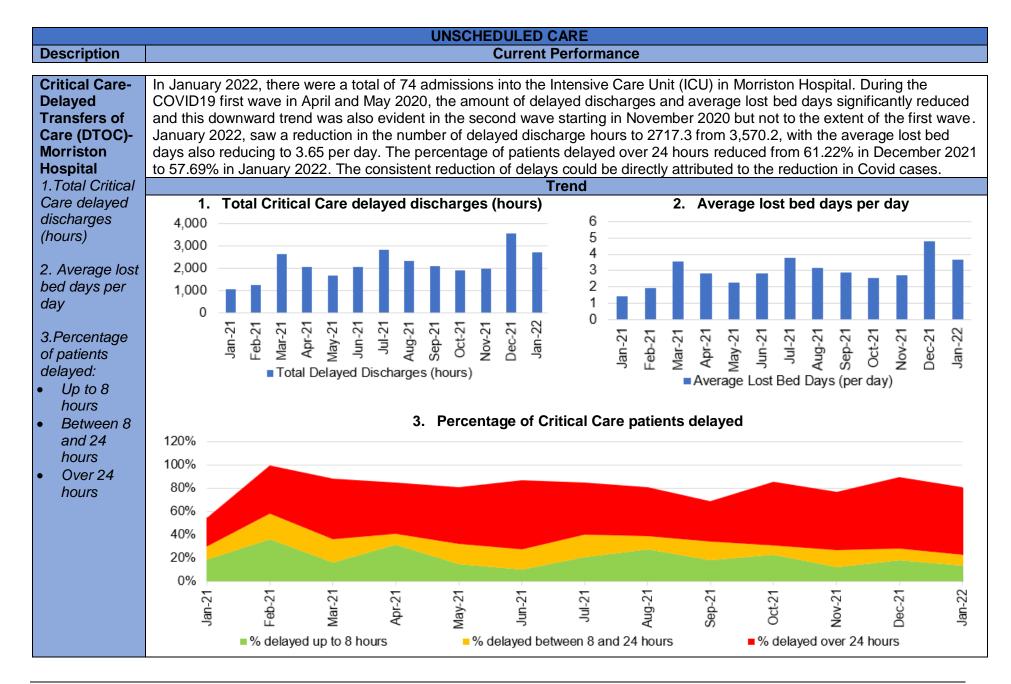












UNSCHEDULED CARE			
Description	Current Performance	Trend	
<b>Clinically Optimised</b> The number of patients waiting at each site in the Health Board that are clinically optimised	In January 2022, there were on average 272 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. In January 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 112, followed by Neath Port Talbot Hospital with 71.	The number of clinically optimised patients by site 120 100 80 60 40 20 0 101-52- 100 100 100 100 100 100 100 10	
Elective procedures cancelled due to lack of beds The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds	In January 2022, there were 17 elective procedures cancelled due to lack of beds on the day of surgery. This is 14 more cancellations than in January 2021 144 less than January 2020. All 17 of the cancelled procedures were attributed to Morriston Hospital.	Total number of elective procedures cancelled due to lack of beds 70 10 10 10 10 10 10 10 10 10 1	

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	December 2021, 88.4% of patients in Morriston	Dec-20 Jan-21 Jan-21 Jan-21 Jun-21 Jun-21 Jun-21 Jun-21 Jun-21 Dec-21 Dec-21				
within 72 hours of		Morriston —— All-Wales Eng, Wal & N. Ire				
presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture	I patients had surgery the day following	2. Prompt surgery				
3. NICE compliant	3. NICE compliant surgery- 70.1% of operations	3. NICE compliant Surgery				
surgery - % of operations consistent with the recommendations of NICE CG124	were consistent with the NICE recommendations 70 in December 2021. This is 1.6% more than in 60	Dec-20 Jan-21 Feb-21 Mar-21 May-21 Jun-21 Jun-21 Aug-21 Sep-21 Nov-21 Dec-21				
	<b>4 Prompt mobilization</b> In December 2021, 70, 7%	Morriston All-Wales – – Eng, Wal & N. Ire 4. Prompt mobilisation				
4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	This is 3.6% less than in December 2020.	Morriston Mar-21 Dec-21 Dec-21 Dec-21 Dec-21 Dec-21 Dec-21 Dec-21 Dec-21 Dec-21 Dec-21 Dec-20 Morriston Api-2 Dec-20 Morriston Api-2 Morriston Api-2 Morri				

	FRACTURED NECK OF FEMUR (#NOF)						
	Description	С	urrent Performance		Trend		
ł	5. Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	5.	<b>Not delirious when tested</b> - 76.2% of patients were not delirious in the week after their operation in December 2021. This is an improvement of 2.7% compared with December 2020.	80% 60% 40% 20%	<b>5. Not delirious when tested</b> Jun-21		
e	5. Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	6.	<b>Return to original residence</b> - 69.8% of patients in November 2021 were discharged back to their original residence. This is 6.1% less that in November 2020.	80% 70% 60%	6. Return to original residence		
7	7. 30 day mortality rate	7.	<b>30 day mortality rate</b> - In January 2021 the morality 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.	9% 8% 7% 5%	7. 30 day mortality rate		

HEALTHCARE ACQUIRED INFECTIONS						
Description	Current Performance	Trend				
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases	<ul> <li>15 cases of <i>E. coli</i> bacteraemia were identified in January 2022, of which 7 were hospital acquired and 8 were community acquired.</li> <li>Cumulative cases from April 2021 to January 2022 are 17.3% higher than the equivalent period in 2020/21.</li> <li>(237 in 2021/22 compared with 196 in 2020/21).</li> </ul>	Number of healthcare acquired E.coli bacteraemia cases				

Acquired	There were 12 cases of Staph. aureus bacteraemia in January 2022, of which 2 were hospital acquired and 10 were community acquired.	Number 20	r of I	healt	thca	are a	cquir	ed S	.aure	eus	bact	eraei	nia ca	ases
S.aureus bacteraemia- Number of	Cumulative cases from April 2021 to January 2022 are 12.7% higher than the equivalent period in 2020/21 (118 in 2021/22 compared with 103 in 2020/21).	15 10 5 0	Jan-21	-	2		S Jun-21	Jul-21		•••		Nov-21	Jan-22	

	HEALTHCARE ACQUIRE	DINFECTIONS
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI)- C.difficile- Number of laboratory confirmed C.difficile cases	<ul> <li>There were 14 <i>Clostridium difficile</i> toxin positive cases in January 2022, of which 11 were hospital acquired and 3 were community acquired.</li> <li>Cumulative cases from April 2021 to December 2021 are 17% higher than the equivalent period of 2020/21 (164 in 2021/22 compared with 136 in 2020/21).</li> </ul>	Number of healthcare acquired C.difficile cases
Healthcare Acquired Infections (HCAI)- Klebsiella sp- Number of Iaboratory confirmed Klebsiella sp cases	<ul> <li>There were 5 cases of Klebsiella sp in January 2022, all of which were hospital acquired.</li> <li>Cumulative cases from April 2021 to January 2022 are 4.9% lower than the equivalent period in 2020/21 (82 in 2021/22 compared with 86 in 2020/21).</li> </ul>	Number of Klebsiella cases (SBU)

	HEALTHCARE ACQUIRED INFECTIONS								
Description	Current Performance	Trend							
Healthcare Acquired Infections (HCAI)- Aeruginosa- Number of Iaboratory confirmed Aeruginosa cases	<ul> <li>There was 1 case of <i>P.Aerginosa</i> in January 2022 which was hospital acquired.</li> <li>Cumulative cases from April 2021 to January 2022 are 10.5% more than the equivalent period in 2020/21.</li> </ul>	Number of healthcare acquired Pseudomonas cases							

	PRESSURE ULCERS							
Description	Current Performance	Trend						
Number of pressure ulcers 1. Total number of pressure ulcers	<ol> <li>In December 2021 there were 111 cases of healthcare acquired pressure ulcers, 55 of which were community acquired and 56 were hospital acquired.</li> </ol>	Total number of hospital and community acquired Pressure         Ulcers (PU) and rate per 100,000 admissions         120         120						
developed in hospital and in the community	There were 18 grade 3+ pressure ulcers in December 2021, of which 14 were community acquired and 4 were hospital acquired.	100 80 60 40 20						
2. Rate of pressure ulcers per 100,000 admissions	<ol> <li>The rate per 100,000 admissions increased from 616 in November 2021 to 857 in December 2021.</li> </ol>	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						

	SERIOUS INCID	ENTS
Description	Current Performance	Trend
Serious Incidents- 1. The number of serious incidents	<ol> <li>The Health Board reported 5 Serious Incidents for the month of January 2022 to Welsh Government. The breakdown of incidents in January 2022 are set out below:         <ul> <li>Neath Port Talbot – 1</li> <li>Primary Care - 4</li> </ul> </li> </ol>	1. and 2. Number of serious incidents and never events         30         25         20         15         10
2. The number of Never Events	<ol> <li>There were no new Never Event reported in January 2022.</li> </ol>	Part of the second seco
3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	3. In December 2021, performance against the 80% target of submitting closure forms to WG within agreed timescales was 25% 4 SI's were due for closure in December 2021, 3 of which were not closed on time due to service pressures individual investigators availability.	3. % of serious incidents closed within the agreed timescales

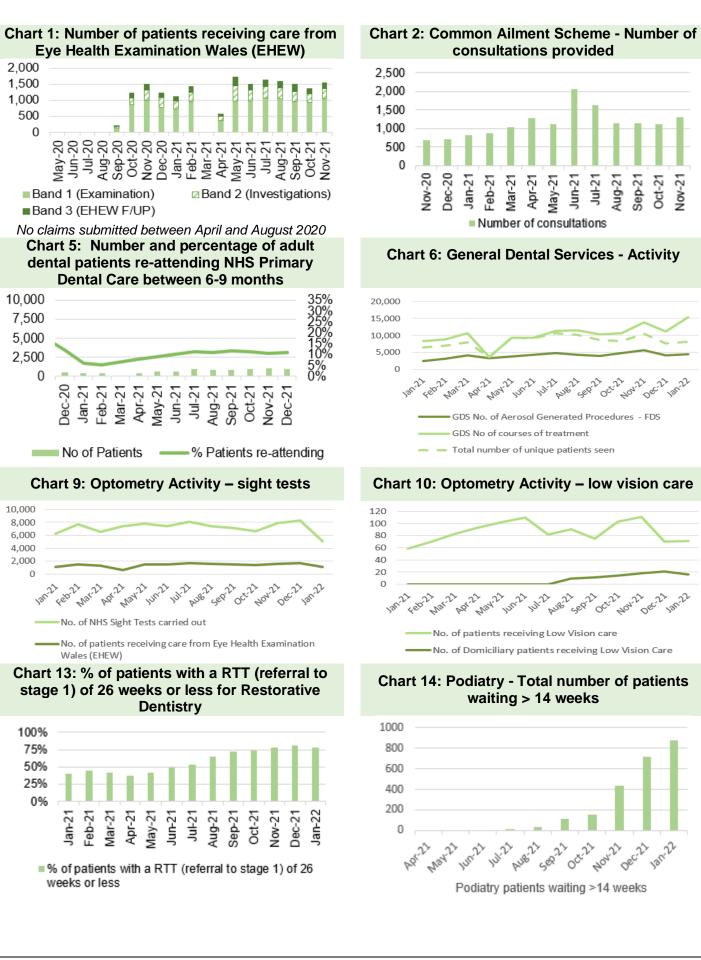
INPATIENT FALLS							
Description	Current Performance	Trend					
<b>Inpatient Falls</b> The total number of inpatient falls	<ul> <li>The number of Falls reported via Datix web for Swansea Bay UHB was 196 in January 2022. This is 3.6% less than January 2021 where 203 falls were recorded.</li> </ul>	Number of inpatient Falls					

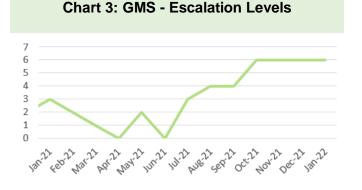
	DISCHARGE SUM	MARIES							
Description	Current Performance	Trend							
Discharge Summaries Percentage of discharge summaries approved and sent to patients' doctor following discharge	The latest data shows that in January 2022, the percentage of completed discharge summaries was 61%. In January 2022, compliance ranged from 46% in Neath Port Talbot Hospital to 82% in Mental Health & Learning Disabilities.	% discharge summaries approved and sent							

	CRUDE MORTA	LITY
Description	Current Performance	Trend
Crude Mortality Rate	<ul> <li>December 2021 reports the crude mortality rate for the Health Board at 0.95%, which is 0.04% lower than November 2021.</li> <li>A breakdown by Hospital for December 2021: <ul> <li>Morriston – 1.59%</li> <li>Singleton – 0.53%</li> <li>NPT – 0%</li> </ul> </li> </ul>	Crude hospital mortality rate by Hospital (74 years of age or less) 2.5% 2.0% 1.5% 1.0% 0.5% 0.0% Morriston Hospital NPT Hospital NPT Hospital

		W	ORKFOR	CE	
Description	Current Performance				Trend
Staff sickness rates- Percentage of sickness absence rate of staff	<ul> <li>Our in-month sickness per from 8.16% in November 2 December 2021.</li> <li>The 12-month rolling perfor slightly from 7.44% in Nov December 2021</li> <li>The following table provide reasons by full time equiva December 2021.</li> </ul>	2021 to 8.54% ormance impro ember 2021 t es the top 5 a	6 in oved o 7.33% in bsence	% of 11% 10% 9% 8% 7% 6% 5% 4%	f full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)
	Absence Reason	FTE Days Lost	%	3%	
	Anxiety/ stress/ depression/ other psychiatric illnesses	9,367.23	30.3%	2% 1% 0%	
	Chest & respiratory problems	4,174	13.5%		Dec-20 Jan-21 Jan-21 Mar-21 Jun-21 Jul-21 Jul-21 Sep-21 Sep-21 Oct-21 Dec-21
	Infectious diseases 3,709.48	12%		→ % sickness rate (12 month rolling) → % sickness rate (in-month)	
	Other musculoskeletal problems	2,542.54	8.2%		
	Other known causes - not elsewhere classified	1,894.19	6.1%		
		1			

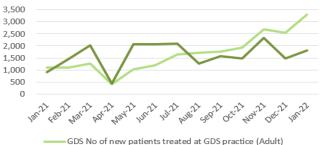
#### HARM FROM REDUCTION IN NON-COVID ACTIVITY 5.1 Primary and Community Care Overview





No. of practices reporting escalation Level 3 or above

**Chart 7: General Dental Services - New Patients** 



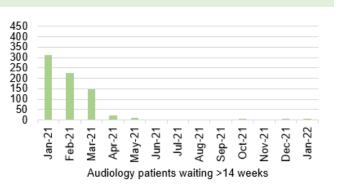
GDS No of new patients treated at GDS practice (Child)

#### Chart 11: Community Pharmacy – Escalation levels



No. of practices reporting escalation Level 3 or above

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



2.000

1,500

1,000

500

10,000

7,500

5,000

2,500

10,000

8,000

6,000

4,000

2,000

100%

75%

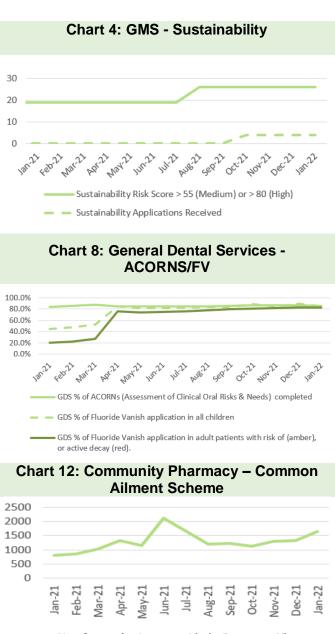
50%

25%

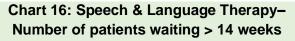
0%

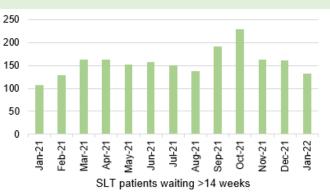
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0









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



Routine ØUrgent

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

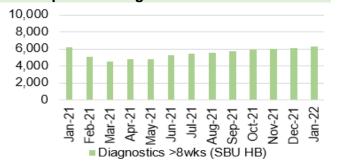


Chart 9: Single Cancer Pathway-% of patients starting definitive treatment within 62 days from point of suspicion

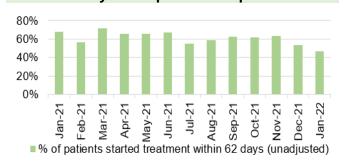
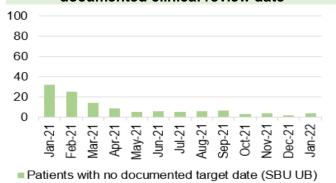
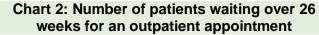
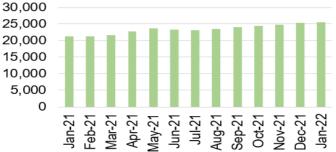


Chart 13: Number of patients without a documented clinical review date



Appendix 1- Integrated Performance Report





Outpatients > 26 wks (SB UHB)

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

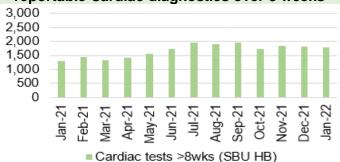
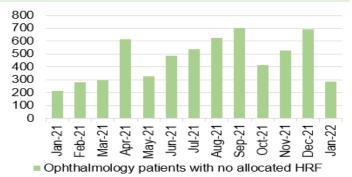


Chart 10: Number of new cancer patients starting definitive treatment



Total number of new cancer treated patients

Chart 14: Ophthalmology patients without an allocated health risk factor





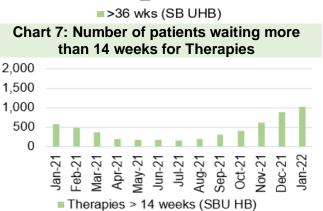
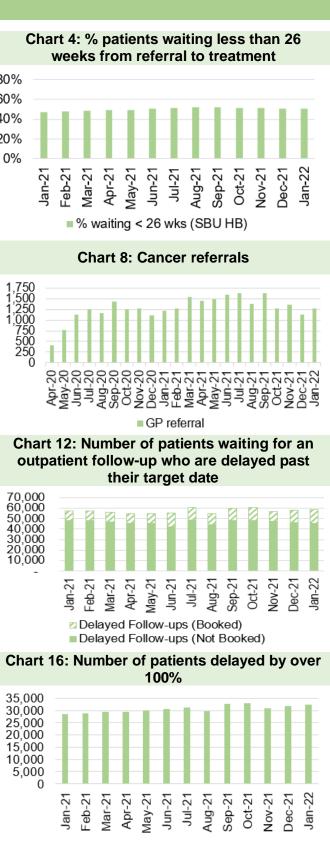


Chart 11: Single Cancer Pathway backlogpatients waiting over 63 days



Chart 15: Total number of patients on the follow-up waiting list 150,000 125,000 100,000 75,000 50,000 25,000 0 Jul-21 May-21 Jun-21 Aug-21 Sep-21 Oct-21 Jan-22 Jan-21 Apr-21 Nov-21 Dec-21 Mar-21 Ý Feb-Number of patients waiting for follow-up (SBU HB)

,750 ,500 ,250 ,000 750 500 250



#### Planned Care- Overview (January 2022)

**12,004 (9%↑)** Total GP referrals

Demand

7,555 (6%↑) Routine GP referrals

**4,449 (13%↑)** Urgent GP referrals

### **25,588 (1%**↑)

Patients waiting over 26 weeks for a new outpatient appointment

## **50.4% (0.1%**↓**)**

Patients waiting under 26 weeks from referral to treatment

1,028 (14%↑) Patients waiting over 14 weeks for reportable therapies

#### Waiting Times

**38,117 (1.6%↑)** Patients waiting over 36 weeks for treatment

# **6,267 (3%**↑)

Patients waiting over 8 weeks for all reportable diagnostics

#### 131,848 (0.3%1)

Patients waiting for a follow-up outpatient appointment

#### 27,223 (0.2%↓)

Patients waiting over 52 weeks for treatment

# 1,793 (1.1%↓)

Patients waiting over 8 weeks for Cardiac diagnostics only

## **32,521 (1.9%**↑)

Patients waiting for a follow-up outpatients appointment who are delayed over 100%

## Cancer

**1,586 (8.6%↑)** Number of USC referrals received **711 (5.6%↑)** USC backlog over 63 days

# **43% (10.6%↓)** draft Jan '22

Patients starting first definitive cancer treatment within 62 days

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

## **Theatre Efficiencies**

**74% (12%**) Theatre utilisation rate

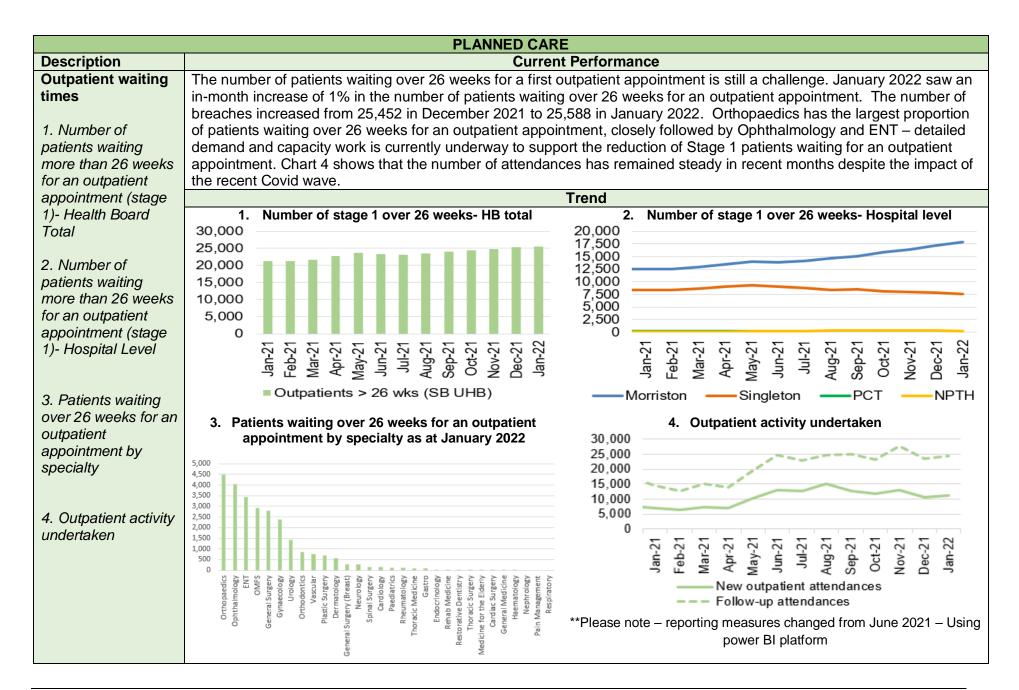
**43% (3%↑)** % of theatres sessions starting late 48% (0%→) % of theatres sessions finishing early

## 35% (1%↓)

Operations cancelled on the day

#### 5.3 Updates on key measures

	PLANNED CARE							
Description	Current Performance							
Referrals and shape of the waiting list	December 2021 has seen a slight 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. 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	Trend							
<ol> <li>GP Referrals         The number of             Stage 1 additions             per week         </li> <li>Stage 1             additions         The number of new             patients that have             been added to the             outpatient waiting list         </li> <li>Size of the             waiting list</li> </ol>	$\frac{\text{Trend}}{1. \text{ Number of GP referrals received by SBU Health}}{15,000}$ $12,500$							
Total number of patients on the waiting list by stage as at December 2019	3. Total size of the waiting list and movement (December 2019) 4. Total size of the waiting list and movement (January 2022) 3000 3000 3000 2500 2500 2500 2500 2500							
<b>4. Size of the</b> waiting list Total number of patients on the waiting list by stage as at January 2022	2000 1000							



	PLANNED CARE							
Description	Current Performance							
DescriptionPatients waiting over 36 weeks for treatment1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total2. Number of patients waiting more than 36 weeks for treatment and the number of elective patients waiting more than 36 weeks for treatment and the number of elective patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Hospital level3. Number of elective admissions								
	2,000 Jun 2, 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 2,1 1,1 1							

	PLANNED CAR	E								
Description	Curren	ent Performance								
<b>Total waiting times</b> <i>Percentage of</i> <i>patients waiting less</i> <i>than 26 weeks from</i> <i>referral to treatment</i>	<ul> <li>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%.</li> <li>In January 2022, 50.4% of patients were waiting under 26 weeks from referral to treatment, which is a 0.1% reduction from December 2021.</li> </ul>	Percentage of patient waiting less than 26 weeks Jan-21 Jun-2-14 Jun-21 Jun-22 Jun-21 Jun-22 Ju								
Ophthalmology waiting times Percentage of	In January 2022, 48.3% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.	<ul> <li>Morriston — Singleton — PCT — NPTH</li> <li>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</li> </ul>								
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	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.	100% 80% 60% 40% 20% 0% 10 10 10 10 10 10 10 10 10 10 10 10 10 1								

	THEATRE EFFICI	ENCY
Description	Current Performance	Trend
<ul> <li>Theatre Efficiency</li> <li>1. Theatre Utilisation Rates</li> <li>2. % of theatre sessions starting late</li> </ul>	<ul> <li>In January 2022 the Theatre Utilisation rate was 74%. This is an in-month improvement of 12% and a 9% increase compared to January 2021.</li> <li>43% of theatre sessions started late in January 2022. This is an deterioration on performance in January 2021 (40%).</li> </ul>	1. Theatre Utilisation Rates
<ul> <li>3. % of theatre sessions finishing early</li> <li>4. % of theatre sessions cancelled at short notice (&lt;28 days)</li> </ul>	In January 2022, 48% of theatre sessions finished early. This is the same figure seen in December 2021 and 4% higher than figures seen in January 2021. 6% of theatre sessions were cancelled at short notice in January 2022. This is 1% lower than the figure reported in December 2021 and is 10% lower than figures seen in January 2021.	2. and 3. % theatre sessions starting late/finishing 80% 60% 40% 20% 0% 12 <sup>-the</sup> W Late Starts 4.% theatre sessions cancelled at short notice (<28 days) 60% 40%
5. % of operations cancelled on the day	Of the operations cancelled in January 2022, 35% of them were cancelled on the day. This is an improvement from 36% in December 2021.	20% 20% 20% 0% 12-up 12-up 12-up 10/1-21

	PLANNED CAR	E
Description	Current Performance	Trend
Diagnostics waiting times The number of	In January 2022, there was a further increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,071 in December 2021	Number of patients waiting longer than 8 weeks for diagnostics
patients waiting more than 8 weeks for specified diagnostics	<ul> <li>to 6,267 in January 2022.</li> <li>The following is a breakdown for the 8-week breaches by diagnostic test for January 2022:</li> <li>Endoscopy= 3,551</li> <li>Cardiac tests= 1,793</li> <li>Other Diagnostics = 923</li> <li>Endoscopy waits continue to rise, to support the recovery of this position, the following actions are being undertaken; options to outsource patients has been agreed in principle, currently discussion waiting area social distancing with infection control to maximise clinic numbers and FIT testing has been rolled out in Primary Care (will measure the impact on the service in the next 3-6 months)</li> </ul>	4,000 3,000 2,000 1,000 0 1,000 0 1,000 0 1,000 0 1,000 0 1,000 0 1,000 0 1,000 0 1,000 1,000 0 1,000 1,0
Therapy waiting times The number of patients waiting	In January 2022 there were 1,028 patients waiting over 14 weeks for specified Therapies. The breakdown for the breaches in January 2022 are:	Number of patients waiting longer than 14 weeks for therapies
more than 14 weeks for specified therapies	<ul> <li>Podiatry = 880</li> <li>Speech &amp; Language Therapy= 132</li> <li>Dietetics = 13</li> </ul>	1,500 1,000 500
	<u>Podiatry Recovery</u> Specifically, within Podiatry, there are certain specialist areas which are having a detrimental impact on the overall waiting list performance. A detailed recovery plan has been completed by the service and the position in Nail surgery will be recovered by March 2022, with Specialist MSK requiring longer to recover due to continued staff sickness and vacancies. The team are actively recruiting to the vacant posts and seeking agency solutions in the interim.	0 0 0 0 0 0 0 0 0 0 0 0 0 0

	CANCER	
Description	Current Performance	Trend
Cancer demand and shape of the waiting list 1. Number of Urgent Suspected Cancer (USC) referrals received	The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020. The shape of the waiting list shows that there is a significant "wave" of patients that are likely to breach in the near future, there is also an increased number of referrals being received in comparison with previous years.	1. Number of USC referrals           2500         193218801871         2005           2000         193218801871         1742         18211771           1475         1488         1612         1488           1500         1488         1612         1488           500         500         1000
2. Single Cancer Pathway backlog- patients waiting over 63 days	<ul> <li>January 2022 has seen an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</li> <li>FIT testing has now been established in Primary care, which will support the removal of a large number of patients from the backlog figures. The introduction of the pathway change will support future efficiencies.</li> <li>A new cancer performance service manager has started in post and will support the administrative validation of the backlog – due to finalise the outcome of recent validation letters.</li> <li>Successfully recruited to the breast surgeon vacancy</li> <li>Successful recruitment of a pancreatic surgeon due to start in March 2022</li> <li>Waiting list initiatives for PMB patients stared from W/C 10<sup>th</sup> January 2022</li> </ul>	0 Interview of the second seco

	CANCER																	
Description	Current Perfor		Trend															
Single Cancer Pathway Percentage of patients starting first definitive cancer treatment within 62 days from point of	January 2022 figures will be finalised on 28 <sup>th</sup> February 2022. Draft figures indicate a possible achievement of 43% of patients starting treatment within 62 days of the suspicion of cancer first being raised (unadjusted pathway). The number of patients treated in January 2022 is outlined below by tumour site (draft figures).					treat	men	t wit	thin (	62 d	ays	fron		nt of	fsus			r
suspicion (regardless of the referral route)	Tumour Site	Breaches	Tumour Site	Breaches	50% 40%		$\mathbf{\mathbf{v}}$									$\sim$		
	Urological	24	Upper GI	4	30%													
	Head and Neck	6	Gynaecological	11	20% 10%													
	Lower GI	14	Haematological	6	0%													
	Lung	5	Sarcoma	3	0 /0	5	5	2	5	5	5	~	5	5	5	5	5	22
	Breast	13	Brain/CNS	0		Jan-2	2	-2	5	-7	5	-2	7-2	-2	<u>†</u> 2	5	2	5
	Skin	8				Jar	et	Иа	Ap	/a)	Jur	٦L	Aug-21	) Sef	õ	þ	)e(	Jan-
			-						istor				eton			2 IPTH		5

Single Cancer	January 2022 backlog b	by tumour site:		Number of patients with a wait status of more than 62 days
Pathway backlog	Tumour Site	63 - 103 days	≥104 days	
The number of	Acute Leukaemia	0	0	800
patients with an active	Brain/CNS	1	0	_ 2
, wait status of more	Breast	71	18	600
than 63 days	Children's cancer	0	1	
	Gynaecological	26	27	400
	Haematological	6	8	
	Head and neck	15	3	200
	Lower Gastrointestinal	124	143	200
	Lung	19	7	
	Other	1	2	
	Sarcoma	5	4	
	Skin(c)	6	5	Jan- Feb- Mar- Jun- Jun- Oct- Dec- Jan- Jan-
	Upper Gastrointestinal	48	30	Jan-J Feb-J Mar-J Jun-J Jun-J Sep-Sep-J Sep-Jan-J Jan-J
	Urological	46	63	■63-103 days
	Grand Total	368	315	

			CANCER									
Description	Current Performance				Trend							
USC First Outpatient	To date, early January 2022 f	The	The number of patients waiting for a first outpatie									
Appointments	volumes have increased by 24											
The number of	of patients awaiting a first out	patient ap	pointment,		FIRST OPA	30-Jan	06-Feb	% change				
patients at first	62% have been booked.				Acute Leukaemia	0	0	0%				
outpatient					Brain/CNS	0	0	0%				
appointment stage by					Breast	0	1	0%				
days waiting					Children's Cancer	0	0	0%				
					Gynaecological	64	72	13%				
					Haematological	1	2	100%				
					Head and Neck	41	75 67	83% -4%				
					Lower GI Lung	70	5	-4%				
					Other	106	175	65%				
					Sarcoma	100	23	21%				
					Skin	74	90	22%				
					Upper Gl	41	42	2%				
					Urological	54	37	-31%				
						474	589	24%				
Radiotherapy waiting times The percentage of	Radiotherapy waiting times ar the provision of emergency ra 2 days has been maintained a COVID19 outbreak.	diotherap	y within 1 and	100% 90% 80%	Radioth	erapy wa	aiting tir	nes				
patients receiving	Measure	Target	Dec-21	70% 🗕								
radiotherapy	Scheduled (21 Day Target)	80%	48%	60% 50%	•			$\sim$ $\wedge$				
treatment	Scheduled (28 Day Target)	100%	82%	40%			~ \					
		80%		30%								
	Urgent SC (7 Day Target)		57%	20%								
	Urgent SC (14 Day Target)	100%	97%	10% 0%								
	Emergency (within 1 day)	80%	100%			ਨ ਨ	2 2	5 5 5	23			
	Emergency (within 2 days)	100%	100%	10-16	Feb-21 Mar-21 Apr-21	May-21 Jun-21	Jul-21 Aug-21	Sep-21 Oct-21 Nov-21	Dec-21 Jan-22			
	Elective Delay (21 Day Target)	80%	90%		5 ഥ≥ < Scheduled (21 Day Targ	2 '		neduled (28 Day				
	Elective Delay (28 Day Target)	100%	94%		Jrgent SC (7 Day Target Emergency (within 1 day	-	-	ent SC (14 Day ergency (within 2				
					Elective Delay (21 Day T	-		ctive Delay (28 D				

	FOLLOW-UP APPOIN	INTMENTS							
Description	Current Performance	Trend							
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	In January 2022, the overall size of the follow-up waiting list increased by 445 patients compared with December 2021 (from 131,403 to 131,848). In January 2022, there was a total of 58,639 patients waiting for a follow-up past their target date. This is an in-month increase of 1.1% (from 58,006 in December 2021 to 58,639 in January 2022). Of the 58,639 delayed follow-ups in January 2022, 12,744 had appointment dates and 45,895 were still waiting for an appointment. In addition, 32,521 patients were waiting 100%+ over target date in January 2022. This is a 1.9% increase when compared with December 2021.	<ul> <li>1. Total number of patients waiting for a follow-up</li> <li>1. Total number of patients waiting for a follow-up</li> <li>1. Total number of patients waiting for a follow-up</li> <li>1. Total number of patients waiting for a follow-up</li> <li>1. Total number of patients waiting for a follow-up</li> <li>1. Total number of patients waiting for follow-up (SBU HB)</li> <li>1. Delayed follow-ups: Number of patients waiting 100% over target</li> <li>1. Delayed follow-ups: Number of patients waiting 100% over target</li> <li>1. Delayed follow-ups: Number of patients waiting 100%</li> <li>1. Delayed follow-up (SBU HB)</li> </ul>							

	PATIENT EXPERI	ENCE
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> <li>Health Board Friends &amp; Family patient satisfaction level in January 2022 was 92% and 3,395 surveys were completed.</li> <li>Singleton/ Neath Port Talbot Hospitals Service Group completed 1,727 surveys in January 2022, with a recommended score of 94%.</li> <li>Morriston Hospital completed 1,130 surveys in January 2022, with a recommended score of 94%.</li> <li>Primary &amp; Community Care completed 191 surveys for January 2022, with a recommended score of 93%.</li> <li>The Mental Health Service Group completed 17 surveys for January 2022, with a recommended score of 100%.</li> </ul>	1. Number of friends and family surveys completed 5,000 4,000 3,000 2,000 1,000 0 1,2-up 1,2-up MH & LD • MH & LD • Meath Port Talbot • Neath Port Talbot • Singleton Hospital 2. % of patients/ service users who would recommend and highly recommend 100% 0% 0% 0% 0% 0% 0% 10% 0% 0% 10% 0% 10% 0% 10%<

	COMPLAINT	'S
Description	Current Performance	Trend
Patient concerns 1. Number of formal complaints received	<ol> <li>In November 2021, the Health Board received 159 formal complaints; this is a 15.7% increase on the number seen in October 2021.</li> <li>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.</li> </ol>	1. Number of formal complaints received
2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation	2. The overall Health Board rate for responding to concerns within 30 working days was 69% in November 2021, against the Welsh Government target of 75% and Health Board target of 80%. Below is a breakdown of performance against the 30-day response target: Below is a breakdown of performance against the 30-day response target:         Neath Port Talbot         Neath Port Talbot         Morriston Hospital         Mental Health &         Singleton Hospital         54%	<ul> <li>MH &amp; LD Morriston Hospital NPT Hospital PCCS Singleton Hospital</li> <li>Response rate for concerns within 30 days</li> <li>Response rate for concerns within 40 days</li> <li>Response rate for concerns with</li></ul>

## HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

#### 6.1 Vaccinations and Immunisations

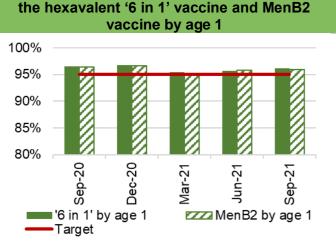
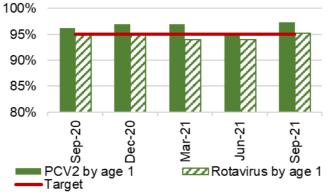


Chart 1: % children who received 3 doses of

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



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

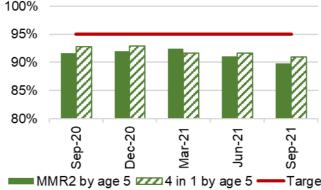
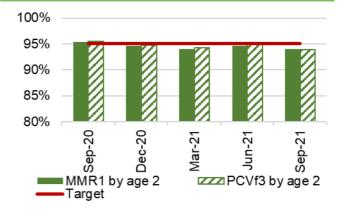


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2



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

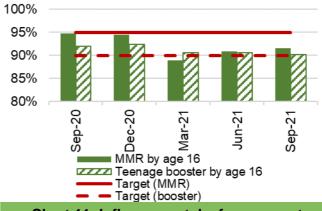
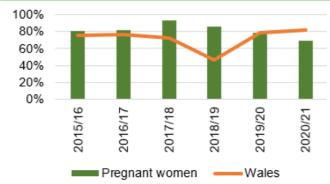


Chart 11: Influenza uptake for amongst pregnant women



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

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

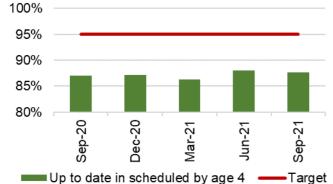
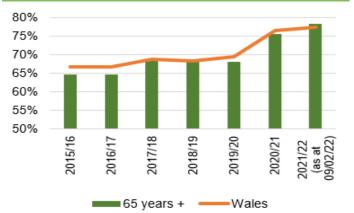


Chart 9: Influenza uptake for amongst 65 year olds and over



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

Chart 10: Influenza uptake for amongst under



Under 65s in at risk groups Wales Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

100%

Target

65s in risk groups

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

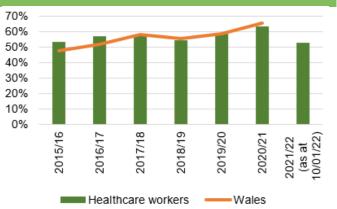


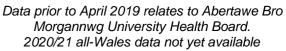
#### Chart 8: % children who received MenACWY vaccine by age 16



MenACWY by age 16

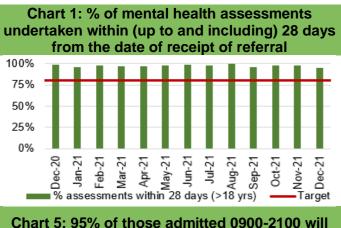
Chart 12: Influenza uptake for amongst healthcare workers

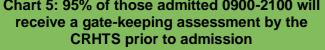


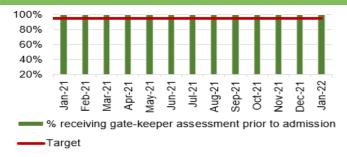


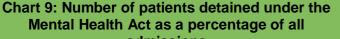
# HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

**6.2 Mental Health Overview** 









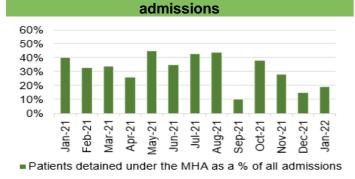


Chart 13: Urgent assessments undertaken

within 48 hours from receipt of referral

May-21 Jun-21

Apr-21

% urgent assessments within 48 hours

Jul-21

Aug-21

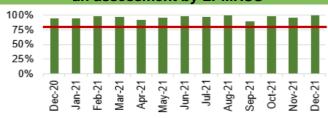
Oct-21 Nov-21

5

Target

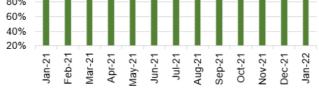
Sep-21

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



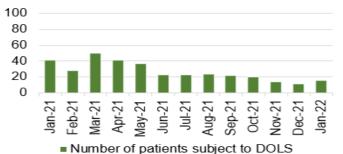
% therapeutic interventions started within 28 days (>18 yrs)



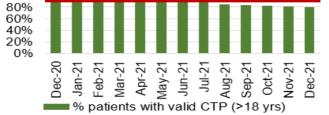


% of those admitted without a gate keeping assessment will receive a follow up assessment within 24hrs of admission Profile

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

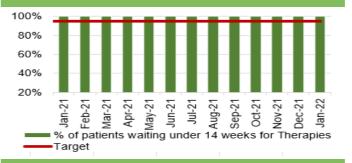


# Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

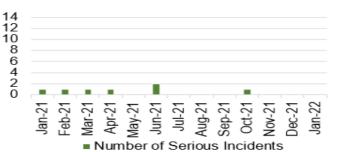


Profile

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



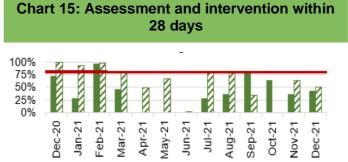
#### Chart 11: Number of Serious Incidents



Child & Adolescent Mental Health Services (CAMHS) Chart 14:Neuro-developmental disorder

assessment and intervention received within 26 weeks





ZZZZ % interventions in 28 days

100%

90%

80%

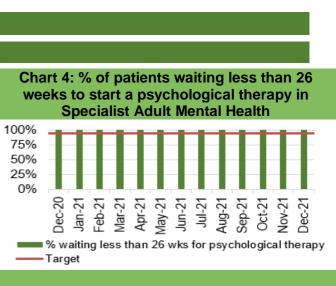
70%

Jan-21

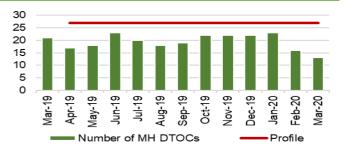
Feb-21 Mar-21

% of assess in 28 days

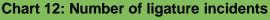
Target

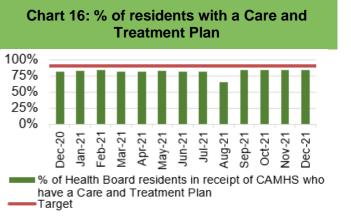












# 6.3 Updates on key measures

	ADULT MENTAL H	IEALTH
Description	Current Performance	Trend
Adult Mental Health Measures: 1. % of MH	1. In December 2021, 95.3% of assessments	1. % Mental Health assessments undertaken within 28 days from receipt of referral
assessments undertaken within 28 days from the date of receipt of referral (18 years and over)	were undertaken within 28 days of referral for patients 18 years and over.	75% 50% 25% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0
O Of all the man and is		2. % Mental Health therapeutic interventions started within
2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)	<ol> <li>In December 2021, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</li> </ol>	28 days following LPMHSS assessment 100% 75% 50% 25% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0
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)	<ol> <li>80% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in December 2021.</li> </ol>	3. % residents with a valid Care and Treatment Plan (CTP)
4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	<ol> <li>In December 2021, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</li> </ol>	4. % waiting less than 26 weeks for Psychology Therapy

	CHILD & ADOLESCENT MENTA	
Description	Current Performance	Trend
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In December 2021, 100% of CAMHS patients received an assessment within 48 hours.	100% 90% 80% 70%
<ol> <li>Primary CAMHS (P- CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from</li> </ol>	<ol> <li>43% of routine assessments were undertaken within 28 days from referral in December 2021 against a target of 80%.</li> </ol>	<ul> <li>Dec-20</li> <li>Dec-20</li> <li>Dec-20</li> <li>Jun-21</li> <li>Jun-21</li> <li>Jun-21</li> <li>Jun-22</li> <li>Jun-23</li> <li>Jun-24</li> <li>Jun-24</li> <li>Jun-24</li> <li>Jun-27</li> <li>Jun-27</li> <li>Jun-27</li> <li>Jun-27</li> <li>Jun-27</li> <li>Jun-27</li> <li>Jun-27</li> <li>Jun-27</li> <li>Jun-28</li> <li>Jun-27</li> <li>Jun-27</li> <li>Jun-27</li> <li>Jun-28</li> <li>Jun-28</li></ul>
receipt of referral 3. Primary CAMHS (P- CAMHS) - % Therapeutic interventions started within 28 days following assessment	<ol> <li>50% of therapeutic interventions were started within 28 days following assessment by LPMHSS in December 2021.</li> </ol>	100% 50% 25% 0% 0% 0% 12-up 12
by LPMHSS 4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within	<ol> <li>37% of NDD patients received a diagnostic assessment within 26 weeks in December 2021 against a target of 80%.</li> </ol>	Dec-20 Jan-21 Feb-21 Mar-21 Jun-21 Jun-21 Aug-21 Sep-21 Sep-21 Dec-21
26 weeks 5. Specialist CAMHS (S-CAMHS) - %	5. 2% of routine assessments by SCAMHS were undertaken within 28 days in December 2021.	NDD within 26 weeks — Target     5. S-CAMHS % assessments within 28 days
Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral		75% 50% 25% 0% 0% 17-12-12 10-12-10 10-12-10 10-12-10 10-12-12 10-

# 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> <li>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.</li> <li>The £42.077m forecast deficit equates to an expected monthly overspend of £3.506m.</li> <li>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.</li> <li>This was reflected in the May position.</li> <li>The Health Board has reported a cumulative overspend of £19.241m against a forecast position of £20.337m.</li> </ul>	HEALTH BOARD FINANCIAL PERFORMANCE 2021/22 4,000 4,000 3,500 3,500 2,500 0 2,500 0 2,500 1,500 1,976 1,975 1,821 1,875 1,805 1,884 1,671 500 564 0 Operational Position Forecast Position Target Overspend

Description	Current Performance	Trend
Capital Financial Position – expenditure incurred against capital resource limit	<ul> <li>The forecast outturn capital position for 2021/22 is an overspend of £5.088m. Allocations are anticipated from Welsh Government which will balance this position.</li> <li>There are several All Wales Capital schemes reported to Welsh Government as high/medium risk. Any schemes where risks are reported are being closely monitored and discussed at the Capital Review progress meetings with Welsh Government.</li> <li>The reported forecast outturn position assumes that outstanding expected sale proceeds of £0.187m will be received as disposal income.</li> </ul>	Capital - Cumulative Performance to Plan
Workforce Spend – workforce expenditure profile	<ul> <li>The pay budgets are underspent by £8.7m after 10 months.</li> <li>Funding has been allocated to :         <ul> <li>support additional costs associated with COVID,</li> <li>funding of the overtime holiday pay arrears which were paid in August and again in November. These payments are driving the increases in overtime payments (pink) in P05 and P08 on the variable pay expenditure graph.</li> <li>the application of funding for the 2021/22 pay award, which was implemented with arrears in September.</li> </ul> </li> <li>Variable pay remains high, this reflects operational pressures, increasing sickness levels and recovery actions.</li> <li>The Health Board is incurring around £3m of additional pay costs per month related to COVID response and recovery, in addition to the TTP and vaccination costs.</li> </ul>	Variable Pay Expenditure

Description	Current Performance	Trend
Description PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	<ul> <li>Current Performance</li> <li>The Health Board failed to deliver this target in 2020/21, with the target only being met on three of the twelve months.</li> <li>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 and November but recovered in December.</li> <li>At the end of the third quarter the cumulative position was 95.08%.</li> <li>The performance in January deteriorated significantly to 80.04%. This was due to the volume of nurse agency invoices breaching the 30 day target. The key issues were the resolution of invoices previously unable to be processed due to shifts not being finalised on booking systems and delays in paying invoices processed over the Christmas period.</li> <li>The cumulative position after 10 months is 93.04% which is below the 95% target.</li> </ul>	Trend         Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoioce         PSPP Target         120.00%
	<ul> <li>The issues with nurse agency invoices remain, making it unlikely that the target will be achieved at the end of the financial year</li> </ul>	

# APPENDIX 2: 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	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
	Number of new COVID19 cases	Local	Jan-21	15,433		Reduce				$\rightarrow$	3,759	1,208	907	406	189	708	1,946	7,177	12,839	10,918	8,247	18,167	15,433
les	Number of staff referred for Antigen Testing	Local	Jan-21	16,447		Reduce					10,749	11,115	11,683	11,957	12,224	12,505	12,872	13,278	13,951	14,475	14,969	15,756	16,447
leasu	Number of staff awaiting results of COVID19 test	Local	Jan-21	0		Reduce					78 (as at 07/02/21)	69 (as at 06/03/21)	2 (as at 11/04/21)	0	0	0	0	0	0	0	0	0	0
5	Number of COVID19 related incidents	Local	Dec-21	54		Reduce				$\leq$	84	63	53	74	67	23	24	36	36	47	53	54	
late	Number of COVID19 related serious incidents	Local	Oct-21	0		Reduce					0	0	0	0	0	0	0	0	0	0			
2	Number of COVID19 related complaints	Local	Jan-21	4		Reduce				$\sim$	106	131	98	38	13	16	4	6	3	4	14	20	4
COVID19	Number of COVID19 related risks	Local	Oct-21	0		Reduce					3	3	3	2	2	1	1	1	0	0			
l ₹	Number of staff self isolated (asymptomatic)	Local	Jan-21	87		Reduce				$\sim \sim$	218	160	145	84	71	70	71	115	227	120	65	126	87
8	Number of staff self isolated (symptomatic)	Local	Jan-21	309		Reduce				$\frown$	316	156	108	87	71	50	67	114	204	180	120	393	309
	% sickness	Local	Jan-21	1.9%		Reduce				$\overline{}$	4.0%	2.4%	1.9%	1.9%	1.9%	0.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%
				Harm from ov	erwhelmed N	HS and social of	are syste																
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	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
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jan-22	51%	65%	65%	×	50% (Oct-21)	5th (Oct-21)	$\langle \rangle$	67%	70%	73%	72%	62%	<mark>67%</mark>	64%	59%	50%	44%	52%	46%	51%
Care	Number of ambulance handovers over one hour	National	Jan-22	735	0			5,350 (Oct-21)	2nd (Oct-21)	$\left\langle \right\rangle$	195	219	231	337	477	547	616	726	642	648	670	612	735
eq	Handover hours lost over 15 minutes	Local	Jan-22	3390							455	550	583	877	1,154	1,386	1,937	2,443	2,467	3,093	2,461	2,527	3,390
Ischedu	% 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	Jan-22	73%	95%			65% (Oct-21)	2nd (Oct-21)	$\bigvee \bigvee$	77%	71%	77%	75%	73%	72%	75%	75%	73%	72%	73%	70%	73%
ň	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	Jan-22	1142	0			9,484 (Oct-21)	4th (Oct-21)	$\checkmark$	570	534	457	631	684	880	1,014	1,060	1,250	1,276	1,055	1,101	1,142
	% of survival within 30 days of emergency admission for a hip fracture	National	Oct-21	77.8%	12 month 🛧			85.9% (Aug-21)	4th (Aug-21)	$\sim$	65.3%	70.7%	59.6%	71.1%	72.1%	78.3%	84.8%	86.7%	72.2%	77.8%			
NOF	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Nov-21	89.0%	12 month ↑			66% (Sep-21)	2nd (Sep-21)		87.0%	88.0%	88.0%	90.0%	91.0%	91.0%	91.0%	88.0%	87.0%	88.0%	89.0%		
	Direct admission to Acute Stroke Unit (<4 hrs)	National	Jan-22	10%	54.0%			18.8% (Oct-21	organisation s	$\sim$	6.8%	18.2%	20.4%	20.3%	27.5%	<mark>28.3%</mark>	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%
	CT Scan (<1 hrs) (local	Local	Jan-22	41%						~~~~	42.2%	30.6%	40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%
Stroke	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Jan-22	100%						$\sim \sim$	95.6%	97.2%	100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%
	Thrombolysis door to needle <= 45 mins	Local	Jan-22	0%						$\sim \sim$	12.5%	0.0%	55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Jan-22	43%	12 month ↑					$\bigvee \land$	65.7%	61.2%	55.9%	47.1%	39.7%	41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%
DTOCA	Number of mental health HB DToCs	National	Mar-20	13	12 month 🗸	27	1								DTOC	reporting te	emporarily s	suspended					
DTOCs	Number of non-mental health HB DToCs	National	Mar-20	60	12 month 🗸	50	×								DTOC	reporting te	emporarily s	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	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
	Cumulative cases of E.coli bacteraemias per 100k pop		Jan-22	73.8	<67		×	72.49 (Oct-21)	4th (Oct-21)	$\sum$	60.0	59.8	61.9	99.8	88.9	89.4	89.4	90.5	86.4	82.2	80.5	77.1	73.8
	Number of E.Coli bacteraemia cases (Hospital)			7						$\sim$	6	6	9	12	11	5	8	9	9	7	5	5	7
	Number of E.Coli bacteraemia cases (Community)		Jan-22	8						~~~~~	12	11	19	20	15	23	15	25	12	12	17	12	8
	Total number of E.Coli bacteraemia cases			15						~~~~_	18	17	28	32	26	28	23	34	21	19	22	17	15
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jan-22	36.3	<20		×	26.72 (Oct-21)	6th (Oct-21)		31.6	31.4	31.6	40.5	44.5	37.0	36.0	35.5	38.3	40.6	37.2	36.0	36.3
	Number of S.aureus bacteraemias cases (Hospital) number of S.aureus bacteraemias cases			2						~~~~	5	7	4	4	5	5	7	8	13	11	1	5	2
	(Community)		Jan-22	10						$\sim \sim$	4	2	7	9	10	2	4	4	4	7	3	4	10
	Total number of S.aureus bacteraemias cases			12							9	9	11	13	15	7	11	12	17	18	4	9	12
2	Cumulative cases of C.difficile per 100k pop		Jan-22	50.3	<25		×	37.49 (Oct-21)	6th (Oct-21)	$\searrow$	42.0	41.5	41.1	62.3	49.1	46.2	52.0	55.0	53.2	52.9	53.3	51.3	50.3
control	Number of C.difficile cases (Hospital)	National		11						~~~	3	9	7	15	7	6	16	20	9	10	10	11	11
Ē	Number of C.difficile cases (Community)		Jan-22	3							0	2	5	5	5	6	7	2	5	5	10	1	3
<u>di</u>	Total number of C.difficile cases			14							3	11	12	20	12	12	23	22	14	15	20	12	14
<u>i</u>	Cumulative cases of Klebsiella per 100k pop		Jan-22	25.3							26.4	25.8	26.2	28.1	21.5	26.7	0.0	22.6	24.5	27.1	26.5	26.5	25.3
	Number of Klebsiella cases (Hospital)			5						$\sim\sim\sim\sim$	8	4	1	4	3	5	2	4	8	8	2	6	5
	Number of Klebsiella cases (Community)		Jan-22	0						$\sim\sim\sim\sim$	5	2	9	5	2	7	1	4	3	5	5	3	0
	Total number of Klebsiella cases			5				64 (Oct-21)	6th (Oct-21)	$\sim\sim\sim\sim$	13	6	10	9	5	12	3	8	11	13	7	9	5
	Cumulative cases of Aeruginosa per 100k pop		Jan-22	5.8						-~~	5.2	5.1	4.9	9.4	6.1	6.2	0.0	5.5	5.6	4.8	5.4	6.1	5.8
	Number of Aeruginosa cases (Hospital)			1						_~~~~	0	0	0	2	0	1	0	1	2	0	3	3	1
	Number of Aeruginosa cases (Community)		Jan-22	0						$\neg \land$	1	1	1	1	1	1	1	1	0	0	0	1	0
	Total number of Aeruginosa cases			1				22 (Oct-21)	1st (0ct-21)	_^^	1	1	1	3	1	2	1	2	2	0	3	4	1
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jan-22	94.7%		95%	<ul> <li>Image: A set of the set of the</li></ul>				95%	93%	97%	96%	98%	96%	95%	95%	96%	97%	92%	96%	95%
ents sks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Jan-22	25.0%	90%	80%	×			$\sim /$	0%	10%	0%	0%	0%	0%	33%	0%	-	0%	0%	0%	25%
Serious Incidents and risks	Number of new Never Events	National		0	0	0	<ul> <li></li> </ul>				0	0	0	0	0	1	0	0	0	0	1	0	0
~ 드 듄	Number of risks with a score greater than 20 Number of risks with a score greater than 16	Local Local	Jan-22	34 60		12 month ↓ 12 month ↓	<u> </u>				148 242	140 233	142 230	132 217	127 224	113 219	104 221	105 220	114 240	118 235	121 238	35 60	34 60
	Number of pressure ulcers acquired in hospital	LUCAI	Dec-21	56		12 month ↓	× 1			~~~~`	51	48	36	59	53	53	58	53	65	42	43	56	00
e N	Number of pressure alcers developed in the community			55		12 month 🖌	×			<u> </u>	25	24	26	31	20	21	33	34	39	32	31	55	
l ⊖	Total number of pressure ulcers		Dec-21	111		12 month 🗸	×				76	72	62	90	73	74	91	87	104	74	74	111	
ssure	Number of grade 3+ pressure ulcers acquired in hospital	Local		4		12 month 🖌	×			$\overline{\mathcal{M}}$	2	3	1	4	1	2	3	2	1	1	2	4	
Pres	Number of grade 3+ pressure ulcers acquired in community		Dec-21	14		12 month 🖌	×			$\sim$	5	4	2	10	2	4	2	8	6	7	8	14	
	Total number of grade 3+ pressure ulcers		Dec-21	18		12 month 🗸	×			~~~	7	7	3	14	3	6	5	10	7	8	10	18	
Inpatient Falls	Number of Inpatient Falls	Local	Jan-22	196		12 month 🗸	×			$\checkmark$	203	177	171	176	228	174	193	198	207	240	213	208	196

Harm from overwhelmed NHS and social care system       Sub     National or     Deport     Current     National     Annual Plant     Depfermance																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile		Welsh Average/ Total	SBU's all- Wales rank	Performance Trend	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
	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Dec-21	96%	95%	95%	V			$\sim\sim\sim$	100.0%	100.0%	97.6%	99.3%	98.0%	98.6%	97.6%	93.0%	98.0%	96.8%	98.5%	96.1%	
Mortality	Stage 2 mortality reviews required	Local	Dec-21	7						$\sim\sim\sim\sim$	19	6	11	5	18	12	7	17	10	16	10	7	
mortanty	% stage 2 mortality reviews completed	Local	Sep-21	81.82%		100%	×			/	36.8%					25.0%	42.9%	50.0%	81.8%				
	Crude hospital mortality rate (74 years of age or less)	National	Dec-21	0.95%	12 month 🗸			1.35% (Sep-21)	4th (Sep-21)	$\sim$	1.14%	1.17%	1.17%	1.04%	1.04%	1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jan-22	93%		98%	×			$\sim$	95.0%	96.3%	93.5%	97.4%	98.9%	95.0%	89.7%	91.7%	91.6%	93.8%	92.2%	89.1%	93.4%
Coding	% of episodes clinically coded within 1 month of	Local	Dec-21	84%	95%	95%	×				95%	96%	96%	96%	96%	89%	90%	94%	90%	92%	76%	84%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Jan-22	61%		100%	×			Wh	67%	63%	64%	63%	67%	69%	62%	62%	68%	61%	63%	62%	61%
	Agency spend as a % of the total pay bill	National	Aug-21	3.90%	12 month 🗸			4.1% (May-21)	5th out of 10 organisation s		6.2%	4.9%	5.7%	4.4%	3.3%	4.4%	5.1%	3.9%					
	Overall staff engagement score – scale score method	National	2020	75%	Improvement			75% (2020)	6th out of 10 organisation s			2020 = 75%	6										
Work force	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jan-22	56%	85%	85%	×	60.0% (May-21)	organisation s (May 21)	$\bigwedge$	52%	51%	53%	57%	60%	65%	60%	60%	58%	56%	55%	57%	56%
Work	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Jan-22	80%	85%	85%	×	78.8% (May-21)	6th out of 10 organisation s	$\sqrt{\}$	80%	80%	80%	80%	80%	81%	81%	81%	80%	80%	80%	80%	80%
	% workforce sickness absence (12 month rolling)	National	Dec-21	7.33%	12 month ↓			5.68% (May-21)	9th out of 10 organisation s	$\searrow$	7.57%	7.56%	7.44%	7.12%	6.93%	6.91%	6.99%	7.11%	7.29%	7.44%	7.44%	7.33%	
	% 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 organisation s		:	2020 = 67.1	%										

				Harm from	n reduction	in non-Covid	l activity	1															
Sub Domain	Measure	National or Local Tarnet	Report Period	Current Performance	National Target	Annual	Profile Status	Velsh Average/ Total	SBU's all- Vales rank	Performance Trend	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
Primary Care	% adult dental patients in the health board population re- attending NHS primary dental care between 6 and 9 months	National	Dec-21	11.1%	4 quarter 🕹			21.8% (Q3 20/21)	1st (Q3 20/21)	$\nearrow$	5.9%	5.3%	6.6%	7.8%	9.0%	10.2%	11.4%	11.0%	11.5%	11.4%	10.5%	11.1%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jan-22 (Draft)	43.0%	12 month 🛧			59.0% (Sep-21)	2nd out of 6 organisations (Sep-21)	M	67.9%	56.4%	71.6%	65.7%	65.4%	66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	43.0%
Seu	Scheduled (21 Day Target)	Local	Jan-22	48%	80%		×			$\sim\sim$	45%	35%	42%	37%	40%	31%	60%	57%	58%	37%	30%	37%	48%
đ	Scheduled (28 Day Target)	Local	Jan-22	82%	100%		×			$\sim\sim\sim$	82%	80%	85%	77%	87%	70%	84%	91%	89%	84%	61%	78%	82%
itin	Urgent SC (7 Day Target)	Local	Jan-22	57%	80%		×			$\sim \sim \sim \sim$	50%	23%	41%	38%	50%	45%	46%	55%	22%	30%	60%	37%	57%
, s	Urgent SC (14 Day Target)	Local	Jan-22	97%	100%		×			~~~~	94%	91%	90%	83%	86%	87%	77%	95%	76%	90%	100%	87%	97%
de	Emergency (within 1 day)	Local	Jan-22	100%	80%		1			$\sim$	100%	100%	100%	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%
the second	Emergency (within 2 days)	Local	Jan-22	100%	100%		*				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
adio	Elective Delay (21 Day Target)	Local	Jan-22	90%	80%		~			~~~~~	69%	61%	86%	82%	81%	91%	90%	94%	81%	89%	79%	92%	90%
<u>~</u>	Elective Delay (28 Day Target)	Local	Jan-22	94%	100%		×	40.400	0-4	<u>~~~~</u>	89%	75%	93%	92%	84%	95%	97%	97%	97%	94%	86%	100%	94%
	Number of patients waiting > 8 weeks for a specified diagnostics Number of patients waiting > 14 weeks for a specified	National	Jan-22	6267	0			48,408 (Sep-21) 5,798	2nd (Sep-21) 2nd		6,239	5,087	4,554	4,804	4,842	5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267
	therapy	National	Jan-22	1028	0			(Sep-21) 54.9%	(Sep-21) 6th	$\sim$	584	491	369	201	166	171	151	186	320	414 51.6%	629 51.3%	885	1,028
e	% of patients waiting < 26 weeks for treatment Number of patients waiting > 26 weeks for outpatient	National Local	Jan-22 Jan-22	50% 25588	95%			(Sep-21)	(Sep-21)	~	47.0%	47.9%	48.8% 21,750	49.1% 22,752	49.1%	50.7% 23,279	51.5% 23,225	51.9% 23,444	52.0% 23,997	24,483	24,752	50.5% 25,452	50.4% 25,588
0 Pe	appointment Number of patients waiting > 36 weeks for treatment	National	Jan-22	38117	0			240,306	3rd		33,991	32,719	32,874	33,395	34,447	35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117
Plan	The number of patients waiting for a follow-up outpatient	National	Jan-22	131,848	HB target			(Sep-21) 779,662	(Sep-21) 5th		119,999	120,882	121,403	122,303	123,088	127,444	130,208	127,391	130,963	131,554	129,255	131,403	131,848
	appointment The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jan-22	32,521	TBC			(Oct-21) 199,698 (Oct-21)	(Oct-21) 5th (Oct-21)		28,419	28,862	29,316	29,334	30,062	30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Jan-22	48%	95%			63.2% (Oct-21)	6th (Oct-21)	$\sim$	46.7%	47.4%	47.7%	47.2%	46.7%	46.7%	46.3%	46.1%	47.9%	48.6%	49.2%	48.7%	48.3%
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jan-22	6.3%	12 month 🕹					$\searrow \frown$	7.1%	6.2%	5.6%	5.3%	5.7%	6.5%	6.5%	6.4%	7.2%	7.7%	7.0%	6.3%	6.3%
â	% of patients who did not attend a follow-up outpatient appointment	Local	Jan-22	6.6%	12 month 🕹					$\sim\sim$	7.1%	6.2%	6.7%	6.1%	6.9%	5.5%	7.5%	7.5%	7.6%	7.8%	7.0%	6.4%	6.6%
Theatre	Theatre Utilisation rates	Local	Jan-22	74%		90%	×			$\sim \sim$	65%	73%	75%	80%	78%	77%	72%	69%	72%	66%	67%	62%	74%
Theatre Efficiencies	% of theatre sessions starting late	Local	Jan-22	43%		<25%	×			$\sim \sim$	40%	42%	40%	38%	43%	43%	44%	44%	42%	46%	43%	40%	43%
	% of theatre sessions finishing early	Local	Jan-22	48%		<20%	×			~~~~	44%	44%	48%	41%	45%	43%	48%	46%	46%	50%	48%	48%	48%
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200					2nd auto al C		1,200												
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG appraisals	National	Q121/22	99.0%	100%	100%	×	98.6% (Q1 21/22)	3rd out of 6 organisations (Q1 21/22)				98.9%			99.0%							
	Total antibacterial items per 1,000 STAR-PUs	National	Q1 21/22	249.7	4 quarter 🕹			227.5 (Q2.21/22)	6th (Q2 21/22)				236.2			249.7							
cribing	Patients aged 65 years or over prescribed an antipsychotic	National	Q1 21/22	1,641	Quarter on quarter 🕹			10,221 (Q1.21/22) 4462.6	5th (Q1 21/22) 3rd				1,442	 		1,641							
Pres	Opioid average daily quantities per 1,000 patients Biosimilar medicines prescribed as % of total 'reference'	National	Q120/21	4,378	4 quarter 🕹 Quarter on			(Q1 21/22) 87.7%	(Q1 21/22) 5th				4360.2			4,378.2							
	product plus biosimilar	National	Q121/22	79.9%	quarter 🛧			(Q121/22)					80.10%			79.9%							
10 1	Number of friends and family surveys completed	Local	Jan-22	3,395		12 month 🛧	1			_ \	678	798	1,050		4,590	3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395
atier erier	% of who would recommend and highly recommend	Local	Jan-22	92%		90%	1			~ ~~~~	79%	85%	87%		96%	97%	92%	92%	92%	92%	94%	93%	92%
Patient experienc	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jan-22	93%		90%	4			1~~~~	81%	94%	93%		92%	96%	95%	92%	96%	93%	93%	96%	93%
ints.	Number of new formal complaints received	Local	Nov-21	159		12 month ↓ trend	×	71.0+4	2-1	$\sim$	78	94	117	100	115	159	139	115	115	134	159		
Compla	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Nov-21	69%	75%	80%	×	71.9% (Q3 20/21)	2nd (Q3 20/21)	$\sim \sim$	71%	80%	81%	78%	78%	68%	69%	83%	75%	67%	69%		
0	% of acknowledgements sent within 2 working days	Local	Nov-21	100%		100%	1				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

			На	irm from wide	r societal a	actions/locko	lown																
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Planł Local Profile	Profile Status	Velsh Averageł Total	SBU's all- ¥ales rank	Performance Trend	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
	% of babies who are exclusively breastfed at 10 days old	National	2020/21	35.6%	Annual 🛧			36.8% (2020/21)	5th (2020/21)		2	020/21= 35.6	3%		-			-					
Early years measures	% children who received 3 doses of the hexavalent 46 in 12 vaccine bulage 1	National	Q2 21/22	96.2%	95%			95.3% (Q1 21/22)	3rd (Q1 21/22)				95.4%			95.7%			96.2%				
	X of children who received 2 doses of the MMR vaccine by age 5	National	Q2 21/22	89.8%	95%			91.7% (Q1 21/22)	4th (Q121/22)				92.4%			91.1%			89.8%				
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q2 21/22	362.2	4 quarter 🕹			356.6 (Q4 20/21)	2nd (Q4 20/21)				322.1			370.7			362.2				
Alcohol	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q2 21/22	73.7%	4 quarter 🛧			70.3% (Q2 21/22)	4th (Q2 21/22)				45.5%			31.8%			73.7%				
	% uptake of influenza among 65 year olds and over	National	Jan-22	78.2%	75%			76.5% (Mar-21)	4th (Mar-21)		75.2%	75.4%	75.5%							58.7%	74.8%	76.9%	78.2%
-	% uptake of influenza among under 65s in risk groups	National	Jan-22	47.3%	55%			51.07% (Mar-21)	5th (Mar-21)		48.7%	49.4%	49.4%							26.0%	40.8%	44.9%	47.3%
Influenza	X uptake of influenza among pregnant women       National       2020/21       69.8%       75%       5th out of 10 organisations (2019/20)       2020/21 = 69.8%       Data collection restarts October 2021															Data not	available						
드	% uptake of influenza among children 2 to 3 years old	Local	Jan-22	43.2%	50%			56.3% (Mar-21)	5th (Mar-21)		53.2%	53.4%	53.4%						22.0%	37.7%	41.5%	43.2%	
	X uptake of influenza among healthcare workers	National	Jan-22	52.7%	60%			58.7% (2019/20)	7th out of 10 organisations (2019/20)		63.4%	63.4%	63.4%						48.6%	50.8%	52.7%	52.7%	
	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Dec-21	100%		100%	4			$\neg $	100%	100%	100%	100%	93%	94%	79%	100%	95%	97%	97%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Dec-21	37%	80%	80%	×	35.4 (Sep-21)	6th (Sep-21)	~~~	24%	28%	30%	30%	33%	32%	34%	27%	34%	34%	37%	37%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Dec-21	22%	80%	80%	×	27.9% (Oct-21)	4th (Oct-21)	)	53%	66%	63%	60%	61%	58%	41%	48%	40%	40%	34%	22%	
CAMHS	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Dec-21	43%		80%	×	44.2% (Sep-21)	2nd (Sep-21)	$\langle \rangle$	29%	97%	46%	0%	0%	0%	29%	37%	89%	65%	36%	43%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Dec-21	50%		80%	×	45.7% (Sep-21)	4th (Sep-21)	$\sim$	93%	97%	91%	49%	67%	1%	100%	82%	35%	0%	64%	50%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Dec-21	2%		80%	×			$\sim$	60%	56%	53%	48%	53%	44%	29%	32%	41%	3%	3%	2%	
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Dec-21	84%		90%	×	89.3% (Sep-21)	5th (Sep-21)	$\sim$	83%	84%	82%	82%	83%	81%	81%	65%	84%	84%	84%	84%	
	% 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	Dec-21	95%	80%	80%	*	65.4% (Sep-21)	1st (Sep-21)	$\sim h$	96%	98%	97%	97%	98%	99%	98%	100%	96%	98%	98%	95%	
Mental Health	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Dec-21	100%	80%	80%	*	75.0% (Sep-21)	4th (Sep-21)	$\sim \sim$	95%	98%	97%	92%	96%	99%	97%	100%	90%	98%	96%	100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Dec-21	100%	95%	95%	*	72.2% (Sep-21)	1st (Sep-21)		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	Dec-21	80%	90%	90%	×	85.8% (Sep-21)	6th (Sep-21)	$\sum_{i=1}^{n}$	91%	91%	91%	91%	92%	88%	88%	84%	84%	83%	81%	80%	
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)		1	2020/21= 2.9	16										
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)														