



**GIG
CYMRU
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WALES**

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28th June 2022	Agenda Item	3.1
Report Title	Integrated Performance Report		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (May 2022) in delivering key local performance measures as well as the national measures outlined in the NHS Wales Delivery Framework.		
Key Issues	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The updated National Delivery Framework 2021/22 was published in October 2021, with the updated framework measures being presented at the November 2021 Management Board meeting. The updated Delivery Framework measures are reported in the Integrated Performance Report. The intention of the updated integrated framework measures is to demonstrate how patients and populations are better off through the delivery of services and allowing a different balance across our traditional services.</p> <p>The report format has been altered to align with key areas of focus within the Performance and Finance Committee and are structured as follows;</p> <ol style="list-style-type: none"> 1. Quadrants of Harm single page – overview visual of HB performance 2. Areas under escalation 3. PFC Priorities <ul style="list-style-type: none"> • Urgent emergency care; including ambulance • RTT • Diagnostics • Infection Prevention and Control • Cancer • Follow ups 4. NHS Wales Delivery Framework and ministerial priorities 5. Table of all measures 		

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

COVID19

- The number of new cases of COVID19 has reduced in May 2022, with 286 new cases being reported in-month.
- The occupancy rate of confirmed COVID patients in critical care beds remains at a low rate with three Covid positive patients as of 30/05/2022. General bed occupancy for Covid positive patients has seen a continued reduction in occupancy in recent weeks.

Unscheduled Care

- ED attendances have increased in May 2022 to 11,250 from 10,733 in April 2022.
- The Health Board's performance against the 4-hour measure improved slightly from 72.87% in April 2022 to 73.81% in May 2022.
- The number of patients waiting over 12 hours in Accident and Emergency (A&E) slightly decreased from 1,294 in April 2022 to 1,195 in May 2022.
- The number of emergency admissions between November 2021 and February 2022 had seen a consistent reduction, however admissions have increased in May 2022 (4,117).

Planned Care

- May 2022 saw a 3% 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 39,403.
- 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 May 2022 saw a significant increase (14,076) on those seen in April 2022 (11,544).
- Therapy waiting times continue to improve, there are 614 patients waiting over 14 weeks in May 2022, compared with 679 in April 2022.

Cancer

- April 2022 saw 48% 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 decreased in May 2022 to 437 from 465 in April 2022.

	<p><u>Mental Health</u></p> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in April 2022. - Psychological therapies within 26 weeks continue to be maintained at 100%. <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% April 2022. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remained at 35% in April 2022 against a target of 80%. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. • NOTE the request for updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework. • NOTE the inclusion of the submitted and revised recovery trajectories as part of the Welsh Government MDS • NOTE the actions being taken to improve performance: - <ul style="list-style-type: none"> ○ Detailed demand and capacity work at divisional level is currently being finalised in order to inform the re-submission of the updated Ministerial Priority Measure Trajectories ○ An external validation team will be begin validating the Follow-Up waiting list in July 2022 ○ All Outpatient clinic templates are currently under review as a result of social distancing Covid measures being removed specifically in healthcare recently – this will allow for some additional capacity. ○ Updated Cancer Backlog trajectories have been developed and are currently being approved - these will be shared in July 2022 ○ Work is ongoing on the development of Enfys ward at Morriston Hospital to enable establishment of Ambulatory Emergency Care Centre by September 2022 ○ Collaboration with Primary, Community and Therapies Group continues in order to deliver transformation projects to support elective care provision in Secondary Care. ○ Improved utilisation of Outpatient accommodation - Ward G is now partially complete with the first 			

	<p>patients attending clinics on the 16 May. Further engagement with services on the next phase of ward G utilisation.</p> <ul style="list-style-type: none"> ○ Work is ongoing to commission additional theatre sessions in the new financial year (2022-23) ○ Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework. ○ A revised version of the current Performance Management Framework has been developed and is currently undergoing internal scrutiny – the final document will be shared in July 2022
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INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

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

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

Appendix 1 provides an overview of the Health Board's latest performance against the Delivery Framework measures along with key local quality and safety

measures. A number of local COVID-19 specific measures have been included in this iteration of the performance report.

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION:

Members are asked to:

- **NOTE** the Health Board performance against key measures and targets.
- **NOTE** the request for updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework.
- **NOTE** the inclusion of the submitted recovery trajectories as part of the Welsh Government MDS
- **NOTE** the actions being taken to improve performance: -
 - Detailed demand and capacity work at divisional level is currently being finalised in order to inform the re-submission of the updated Ministerial Priority Measure Trajectories
 - An external validation team will be begin validating the Follow-Up waiting list in July 2022
 - All Outpatient clinic templates are currently under review as a result of social distancing Covid measures being removed specifically in healthcare recently – this will allow for some additional capacity.
 - Updated Cancer Backlog trajectories have been developed and are currently being approved - these will be shared in July 2022
 - Work is ongoing on the development of Enfys ward at Morriston Hospital to enable establishment of Ambulatory Emergency Care Centre by September 2022
 - Collaboration with Primary, Community and Therapies Group continues in order to deliver transformation projects to support elective care provision in Secondary Care.

- Improved utilisation of Outpatient accommodation - Ward G is now partially complete with the first patients attending clinics on the 16 May. Further engagement with services on the next phase of ward G utilisation.
- Work is ongoing to commission additional theatre sessions in the new financial year (2022-23)
- Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.
A revised version of the current Performance Management Framework has been developed and is currently undergoing internal scrutiny – the final document will be shared in July 2022

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

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



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Appendix 1- Integrated Performance Report June 2022



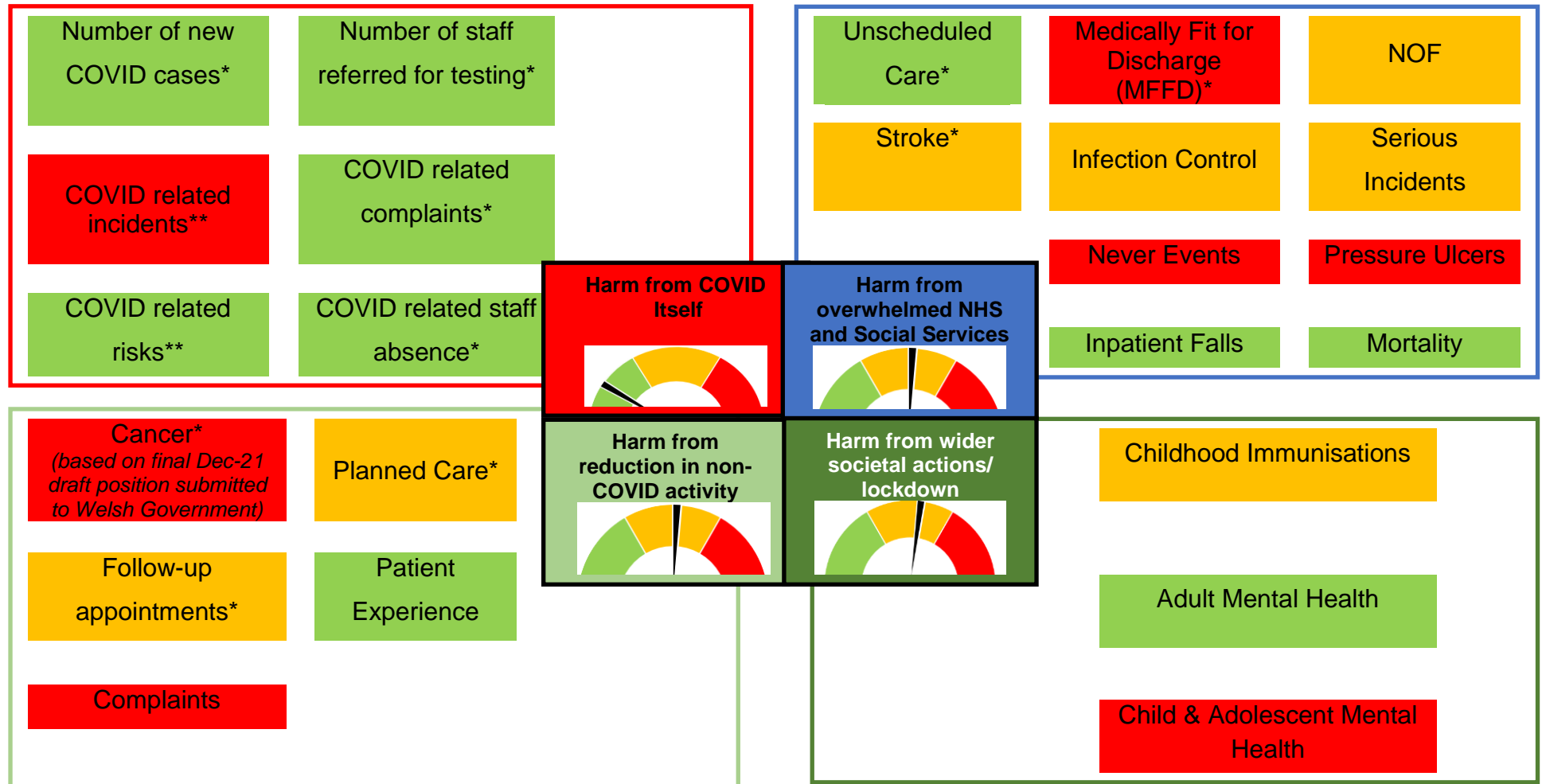
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1. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

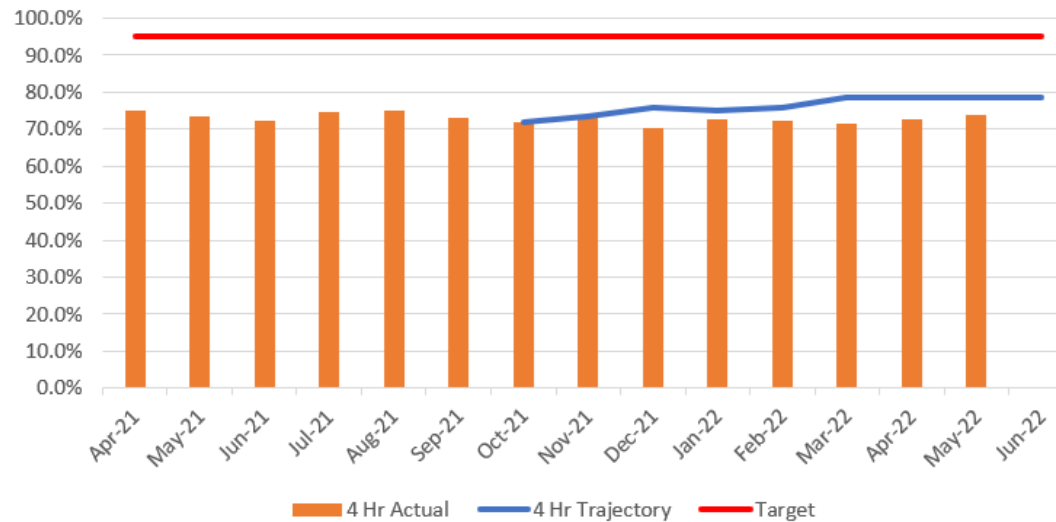
** Data not available

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

2. ESCALATED SERVICE UPDATE TRAJECTORIES

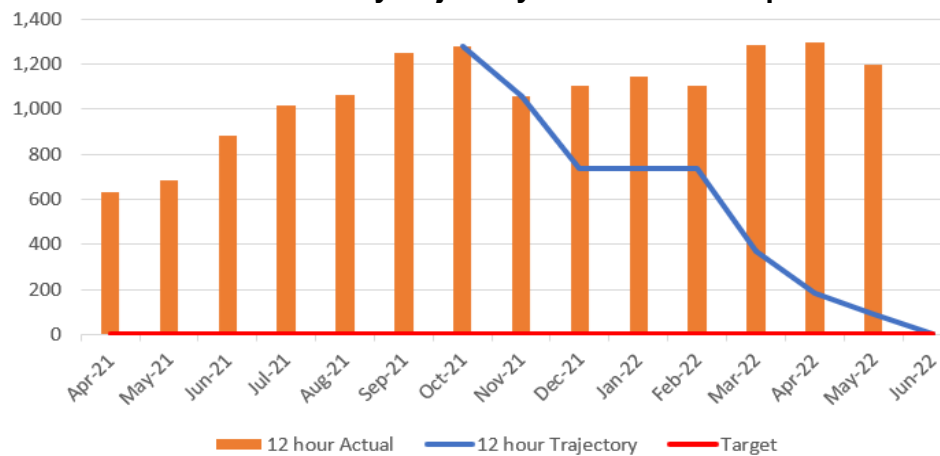
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4hr target in May 2022 has continued to remain slightly below the outlined recovery trajectories at 74%, which is 5% below the performance target for May 2022.

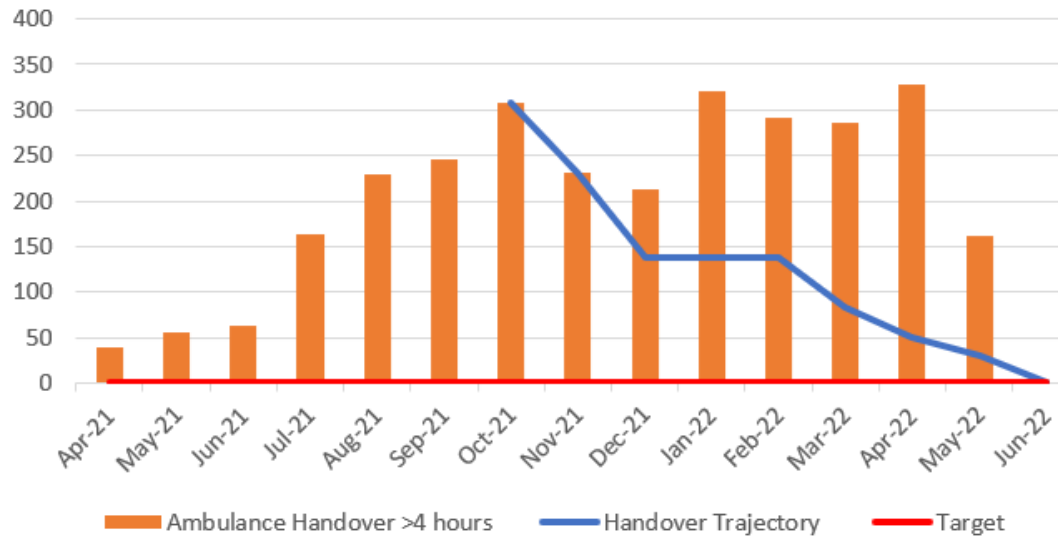
2. Submitted recovery trajectory for A&E 12-hour performance



2. The 12-hour performance trajectory outlines a consistent reduction in patients waiting over 12 hours in ED. However, the reported Performance continues to be significantly above the figures projected. There were 1,195 patients waiting over 12 hours in ED in May 2022, which is a slight reduction on figures seen in April 2022 (1,294).

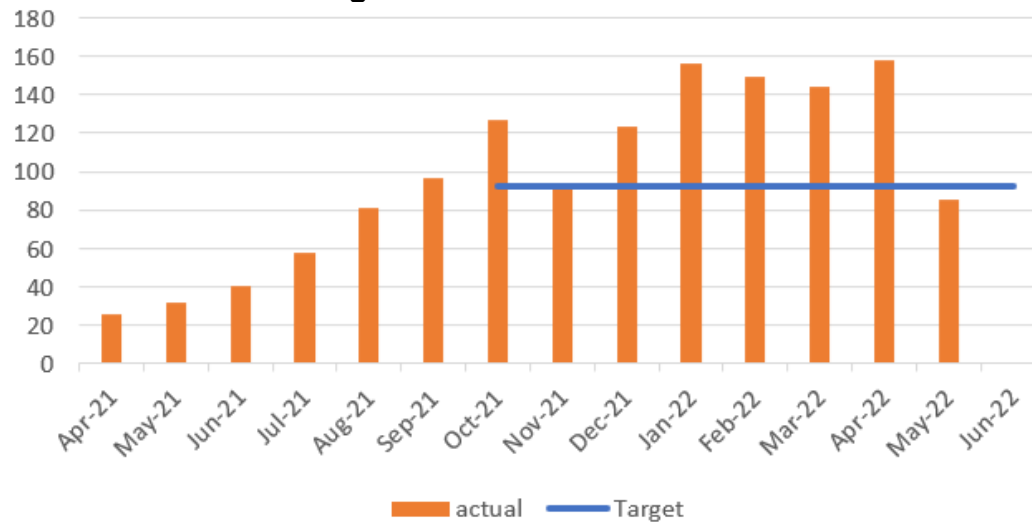
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has seen a significant improvement in May 2022 with the handover times over four hours reducing to 162 in May 2022 from 328 in April 2022. The figures still remain above the outlined trajectory for May 2022 which was 29.9.

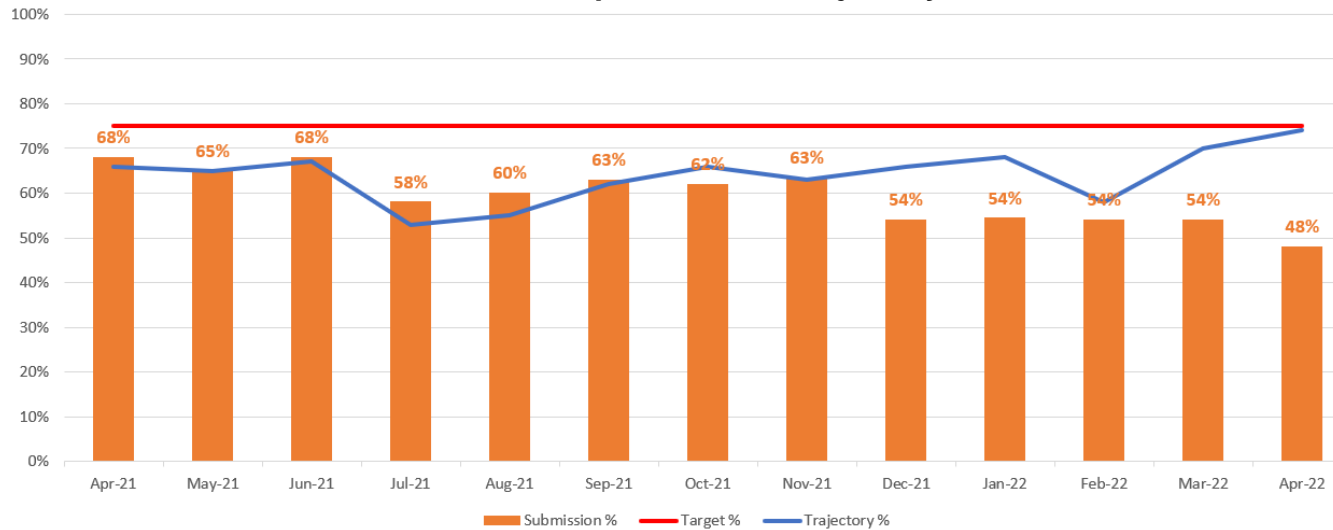
4. Average Ambulance Handover Rate



4. The average ambulance handover rate has been steadily improving in recent months, however May 2022 saw a significant improvement bringing the average handover rate down from 158 in April 2022 to 85, which is lower than the outlined trajectory for May 2022 (92).

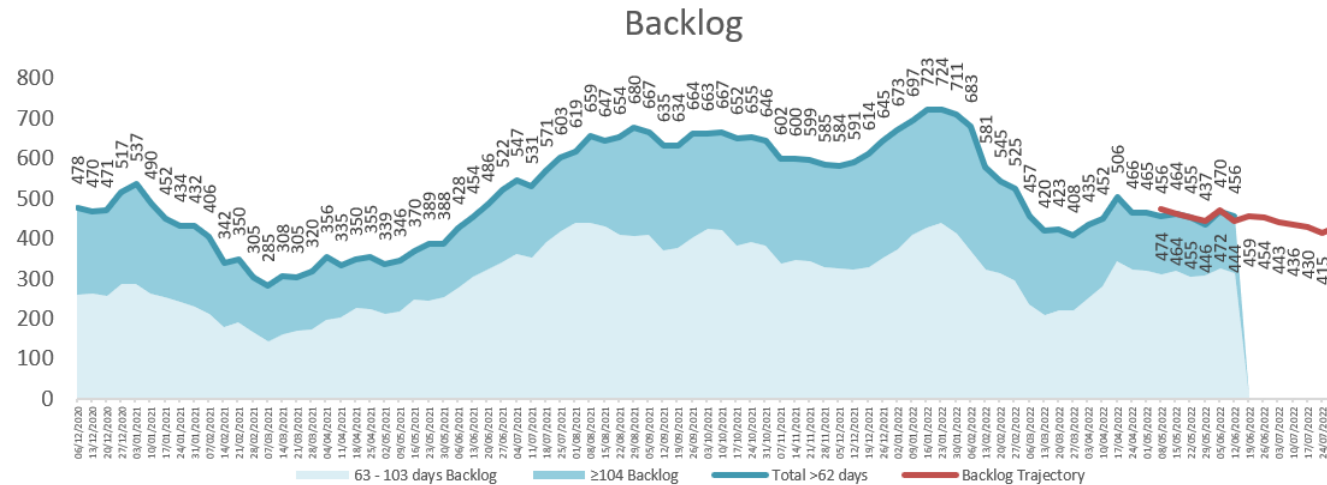
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



1. SCP performance in April 2022 was reported as 48% which continues to track below the outlined trajectory of 74%. May 2022 performance is still in draft format, however current projections suggest performance will be below the recovery trajectory.

2. Proposed backlog improvements to support SCP performance

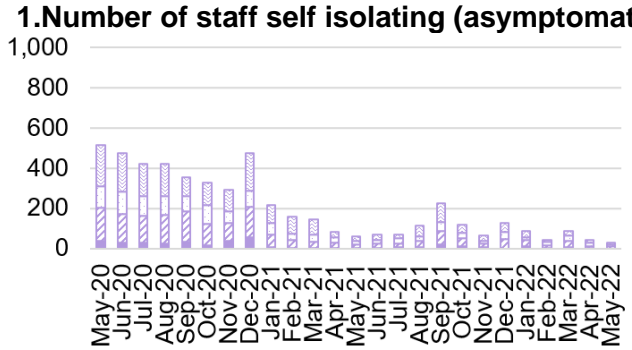
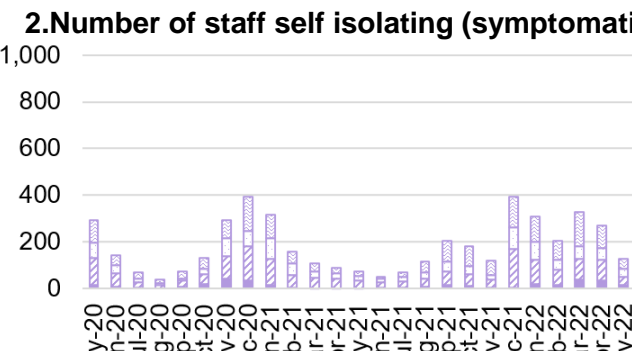


2. Shows the weekly breakdown of the backlog reduction against the proposed trajectories. The backlog figure as at 12/06/22 was 456.

Updated backlog trajectories are currently in the approval process.

3. UPDATES ON KEY SERVICE AREAS

COVID Data		
Description	Current Performance	Trend
1. Number of new COVID19 cases in Swansea Bay population area	<p>Number of new COVID cases</p> <p>In May 2022, there were an additional 286 positive cases recorded bringing the cumulative total to 117,057 in Swansea Bay since March 2020.</p> <p>A significant reduction has been seen in the number of positive cases reported since December 2021.</p>	<p>Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
2. Number of staff referred for Antigen testing	<p>Staff referred for Antigen testing</p> <p>The cumulative number of staff referred for COVID testing between March 2020 and May 2022 is 17,315 of which 18% have been positive (Cumulative total).</p>	<p>Outcome of staff referred for Antigen testing</p> <p>■ Positive ▨ Negative ▤ In Progress □ Unknown/blank</p>

COVID RELATED STAFF ABSENCE																																																																																																		
Description	Current Performance	Trend																																																																																																
Staff absence due to COVID19 <i>1.Number of staff self-isolating (asymptomatic)</i> <i>2.Number of staff self isolating (symptomatic)</i>	1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between April 2022 and May 2022, the number of staff self-isolating (asymptomatic) reduced from 42 to 29 and the number of staff self-isolating (symptomatic) reduced from 270 to 125. In May 2022, the Registered Nursing staff group had the largest number of self-isolating staff who are asymptomatic and the “other” staff group were the largest group of symptomatic staff who were isolating.	1.Number of staff self isolating (asymptomatic)  ■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other																																																																																																
		2.Number of staff self isolating (symptomatic)  ■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other																																																																																																
3.% staff sickness	% Staff sickness The percentage of staff sickness absence due to COVID19 has decreased from 2.3% in April 2022 to 1.2% in May 2022.	% staff sickness <table><tr><th></th><th>May-21</th><th>Jun-21</th><th>Jul-21</th><th>Aug-21</th><th>Sep-21</th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th></tr><tr><td>Medical</td><td>0.2%</td><td>0.5%</td><td>0.9%</td><td>1.3%</td><td>3.6%</td><td>2.4%</td><td>1.2%</td><td>0.3%</td><td>3.0%</td><td>1.5%</td><td>4.6%</td><td>4.1%</td><td>1.8%</td></tr><tr><td>Nursing Reg</td><td>1.2%</td><td>1.1%</td><td>1.4%</td><td>1.8%</td><td>3.1%</td><td>2.2%</td><td>1.3%</td><td>5.3%</td><td>3.4%</td><td>2.0%</td><td>3.1%</td><td>2.4%</td><td>1.1%</td></tr><tr><td>Nursing Non Reg</td><td>1.9%</td><td>1.8%</td><td>1.8%</td><td>2.3%</td><td>4.3%</td><td>3.1%</td><td>1.6%</td><td>6.5%</td><td>4.5%</td><td>3.1%</td><td>3.7%</td><td>3.2%</td><td>2.1%</td></tr><tr><td>Other</td><td>0.6%</td><td>0.6%</td><td>0.7%</td><td>1.6%</td><td>2.9%</td><td>2.0%</td><td>1.4%</td><td>2.7%</td><td>2.2%</td><td>1.4%</td><td>2.6%</td><td>1.8%</td><td>0.8%</td></tr><tr><td>All</td><td>1.0%</td><td>0.9%</td><td>1.1%</td><td>1.7%</td><td>3.2%</td><td>2.3%</td><td>1.4%</td><td>3.9%</td><td>3.0%</td><td>1.8%</td><td>3.1%</td><td>2.3%</td><td>1.2%</td></tr></table>														May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Medical	0.2%	0.5%	0.9%	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	Nursing Reg	1.2%	1.1%	1.4%	1.8%	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	Nursing Non Reg	1.9%	1.8%	1.8%	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	Other	0.6%	0.6%	0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	All	1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%
	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22																																																																																					
Medical	0.2%	0.5%	0.9%	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%																																																																																					
Nursing Reg	1.2%	1.1%	1.4%	1.8%	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%																																																																																					
Nursing Non Reg	1.9%	1.8%	1.8%	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%																																																																																					
Other	0.6%	0.6%	0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%																																																																																					
All	1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%																																																																																					

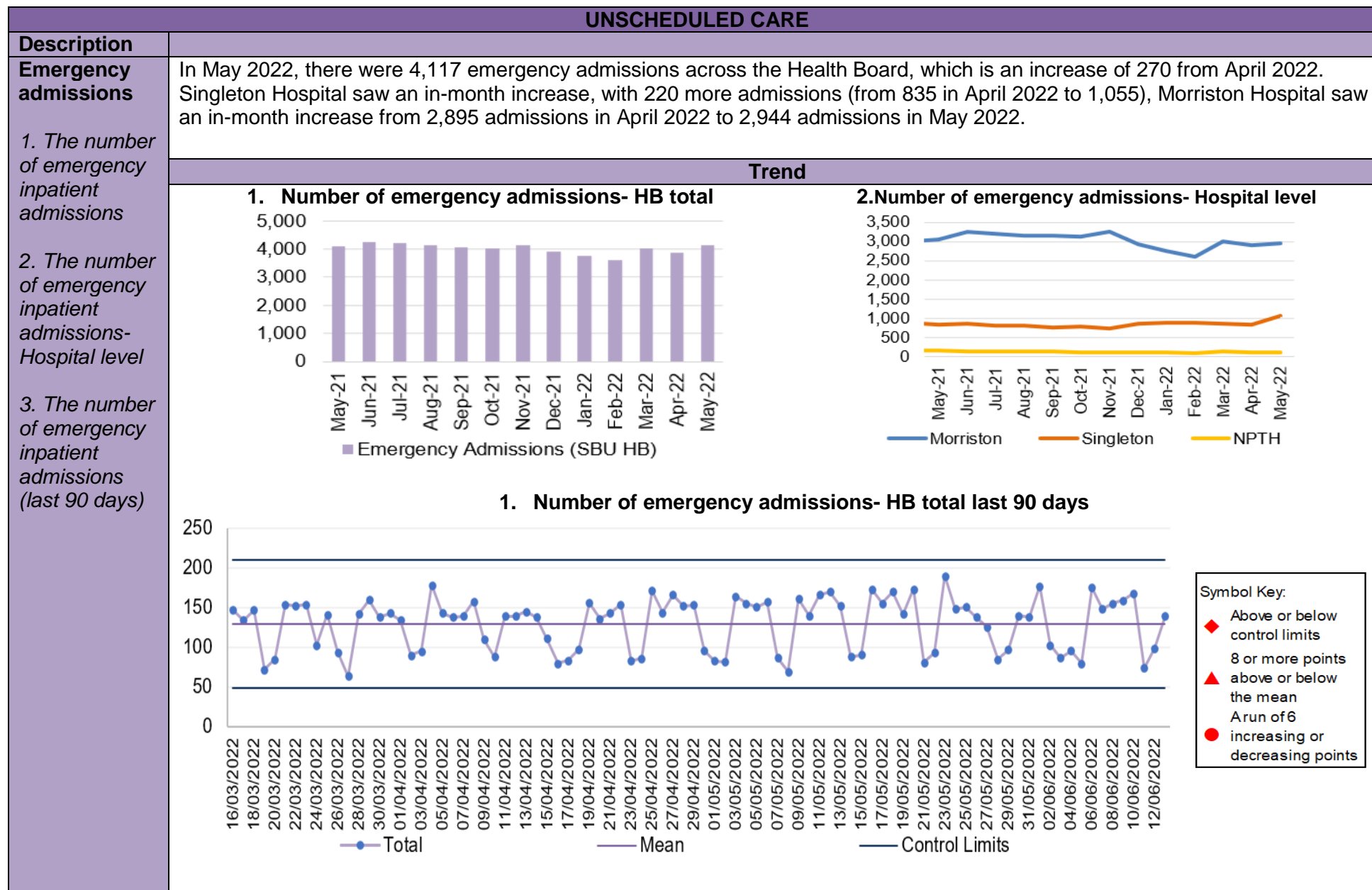
UNSCHEDULED CARE																																																																																					
Description	Current Performance	Points to Note																																																																																			
Ambulance responses 1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. 2. The number of ambulance calls by category. 3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)	In May 2022, the number of red calls responded to within 8 minutes saw an in-month increase to 56.3%. In May 2022, the number of green calls decreased by 2%, amber calls decreased by 2%, and red calls decreased by 18% compared with April 2022.	Ambulance response rates have seen a noticeable improvement which may be the result of a reduction in calls generally, but also the result of new pathway initiatives which have previously been implemented.																																																																																			
	Trend																																																																																				
	<div><div><div>1. % of red calls responded to within 8 minutes</div><table><caption>1. % of red calls responded to within 8 minutes</caption><thead><tr><th>Month</th><th>% of red calls responded to within 8 minutes</th></tr></thead><tbody><tr><td>May-21</td><td>60%</td></tr><tr><td>Jun-21</td><td>65%</td></tr><tr><td>Jul-21</td><td>65%</td></tr><tr><td>Aug-21</td><td>60%</td></tr><tr><td>Sep-21</td><td>50%</td></tr><tr><td>Oct-21</td><td>45%</td></tr><tr><td>Nov-21</td><td>50%</td></tr><tr><td>Dec-21</td><td>45%</td></tr><tr><td>Jan-22</td><td>50%</td></tr><tr><td>Feb-22</td><td>55%</td></tr><tr><td>Mar-22</td><td>48%</td></tr><tr><td>Apr-22</td><td>52%</td></tr><tr><td>May-22</td><td>56.3%</td></tr></tbody></table><p>Legend: Red calls within 8 minutes (SBU HB) (purple bar), Target (red line)</p></div><div><div>2. Number of ambulance call responses</div><table><caption>2. Number of ambulance call responses</caption><thead><tr><th>Month</th><th>Red calls</th><th>Amber calls</th><th>Green calls</th></tr></thead><tbody><tr><td>May-21</td><td>400</td><td>3,500</td><td>1,000</td></tr><tr><td>Jun-21</td><td>400</td><td>3,500</td><td>1,000</td></tr><tr><td>Jul-21</td><td>400</td><td>3,500</td><td>1,000</td></tr><tr><td>Aug-21</td><td>400</td><td>3,800</td><td>1,000</td></tr><tr><td>Sep-21</td><td>400</td><td>3,800</td><td>1,000</td></tr><tr><td>Oct-21</td><td>400</td><td>4,000</td><td>1,000</td></tr><tr><td>Nov-21</td><td>400</td><td>3,500</td><td>1,000</td></tr><tr><td>Dec-21</td><td>400</td><td>3,500</td><td>1,000</td></tr><tr><td>Jan-22</td><td>400</td><td>3,200</td><td>1,000</td></tr><tr><td>Feb-22</td><td>400</td><td>3,200</td><td>1,000</td></tr><tr><td>Mar-22</td><td>400</td><td>3,500</td><td>1,000</td></tr><tr><td>Apr-22</td><td>400</td><td>3,500</td><td>1,000</td></tr><tr><td>May-22</td><td>400</td><td>3,500</td><td>1,000</td></tr></tbody></table><p>Legend: Red calls (red line), Amber calls (yellow line), Green calls (green line)</p></div></div> <div><div>3. % of red calls responded to within 8 minutes – HB total last 90 days</div><p>Symbol Key:</p><ul style="list-style-type: none">◆ Above or below control limits8 or more points▲ above or below the meanA run of 6● increasing or decreasing points</div>	Month	% of red calls responded to within 8 minutes	May-21	60%	Jun-21	65%	Jul-21	65%	Aug-21	60%	Sep-21	50%	Oct-21	45%	Nov-21	50%	Dec-21	45%	Jan-22	50%	Feb-22	55%	Mar-22	48%	Apr-22	52%	May-22	56.3%	Month	Red calls	Amber calls	Green calls	May-21	400	3,500	1,000	Jun-21	400	3,500	1,000	Jul-21	400	3,500	1,000	Aug-21	400	3,800	1,000	Sep-21	400	3,800	1,000	Oct-21	400	4,000	1,000	Nov-21	400	3,500	1,000	Dec-21	400	3,500	1,000	Jan-22	400	3,200	1,000	Feb-22	400	3,200	1,000	Mar-22	400	3,500	1,000	Apr-22	400	3,500	1,000	May-22	400	3,500	1,000
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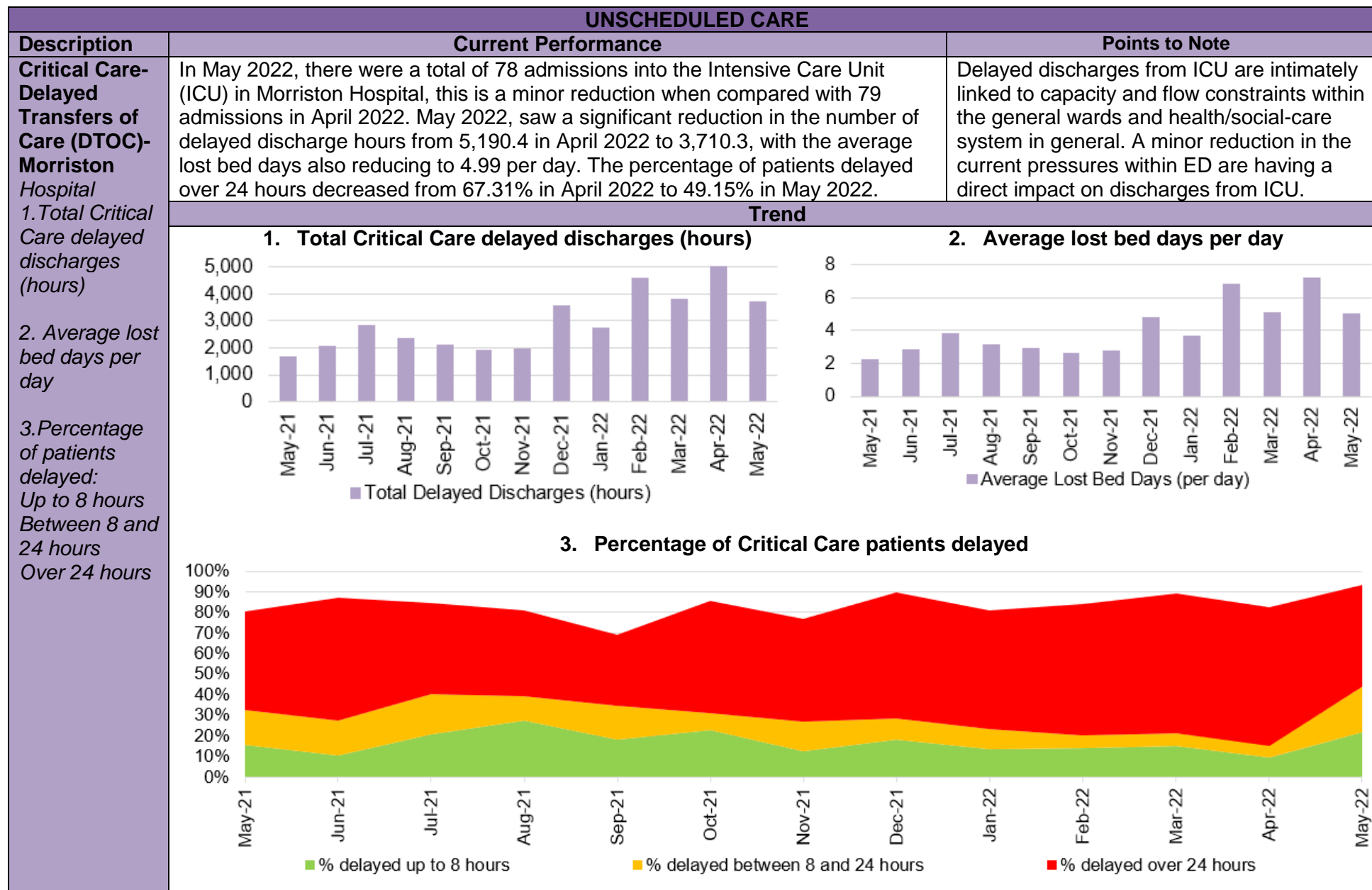
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Description	Current Performance	Points to Note																																																																																																																																																																																																																
Ambulance handovers 1.The number of ambulance handovers over one hour	In May 2022, there were 538 ambulance to hospital handovers taking over 1 hour; this is a noticeable reduction in figures compared with 671 in April 2022. In April 2022, 507 handovers over 1 hour were attributed to Morriston Hospital and 31 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have reduced from 3,286 in April 2022 to 1,892 in May 2022.	Focussed trajectory work is currently underway to improve pathways at the front door to support ambulance handover performance under the UEC escalation process.																																																																																																																																																																																																																
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Description	Current Performance	Points to Note
A&E Attendances 1. The number of attendances at emergency departments in the Health Board 2. The number of attendances at emergency departments in the Health Board – Hospital level 3. The number of attendances at emergency departments in the Health Board (last 90 days)	ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In May 2022, there were 11,250 A&E attendances, this is 5% higher than April 2022.	Continuous work is being undertaken to explore alternative pathways at the front door in an attempt to reduce the volume of attendances.
	Trend	
	<p>1. Number of A&E attendances- HB total</p> <p>■ Total A&E Attendances (SBU HB)</p>	<p>2. Number of A&E attendances- Hospital level</p> <p>— Morriston — NPTH</p>
	<p>3. Number of A&E attendances -HB total last 90 days</p> <p>● Total — Mean — Control Limits</p> <p>Symbol Key: ◆ Above or below control limits ▲ 8 or more points above or below the mean ● A run of 6 ● increasing or decreasing points </p>	

UNSCHEDULED CARE		
Description	Current Performance	Points to Note
A&E waiting times <i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i> <i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i> <i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i>	<p>The Health Board's performance against the 4-hour measure improved slightly from 72.87% in April 2022 to 73.91% in May 2022.</p> <p>Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 97.86% in May 2022. Morriston Hospital's performance declined slightly between April 2022 and May 2022 achieving 57.78% against the target.</p>	<p>New updated trajectories for the financial year are currently being processed. A review of current front door pathways which can support the reduction of volume at the front door is underway, along with improvement of internal pathways to support greater efficiency.</p>
	Trend	
	<div> <div> 1. % Patients waiting under 4 hours in A&E- HB total </div> <div> 2. % Patients waiting under 4 hours in A&E- Hospital level </div> <div> 3. % Patients waiting under 4 hours in A&E- HB total last 90 days </div> </div>	

UNSCHEDULED CARE		
Description	Current Performance	Points to Note
A&E waiting times <i>1. Number of patients who spend 12 hours or more in A&E</i> <i>2. Number of patients who spend 12 hours or more in A&E- Hospital level</i> <i>3. Number of patients who spend 12 hours or more in A&E (last 90 days)</i>	<p>In May 2022, performance against the 12-hour measure improved compared with April 2022, decreasing from 1,294 to 1,195. This is an increase of 511 compared to May 2021.</p> <p>1,192 patients waiting over 12 hours in May 2022 were in Morriston Hospital, with 3 patients waiting over 12 hours in Neath Port Talbot Hospital.</p>	<p>New updated trajectories for the financial year are currently being processed. A review of current front door pathways which can support the reduction of volume at the front door is underway, along with improvement of internal pathways to support greater efficiency.</p>
	Trend	
	<div> <div> 1. Number of patients waiting over 12 hours in A&E- HB total </div> <div> 2. Number of patients waiting over 12 hours in A&E- Hospital level </div> </div> <div> 3. Number of patients waiting over 12 hours in A&E – HB total last 90 days <div> Symbol Key: ◆ Above or below control limits ▲ 8 or more points above or below the mean ● Arun of 6 ● increasing or decreasing points </div> </div>	



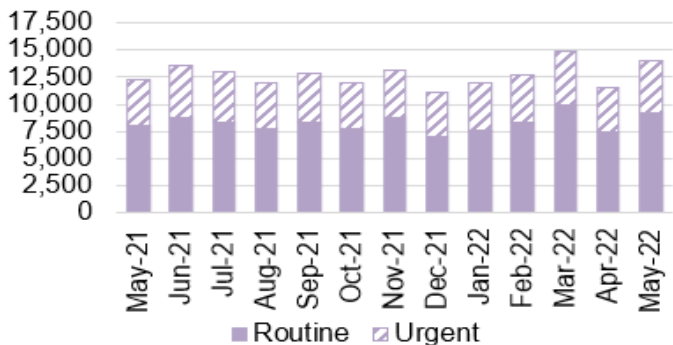
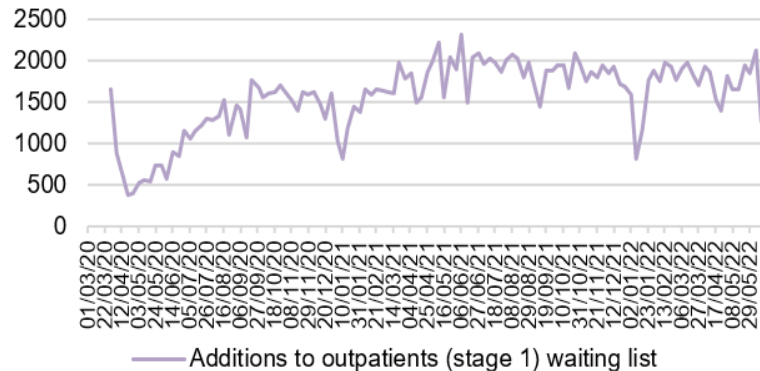
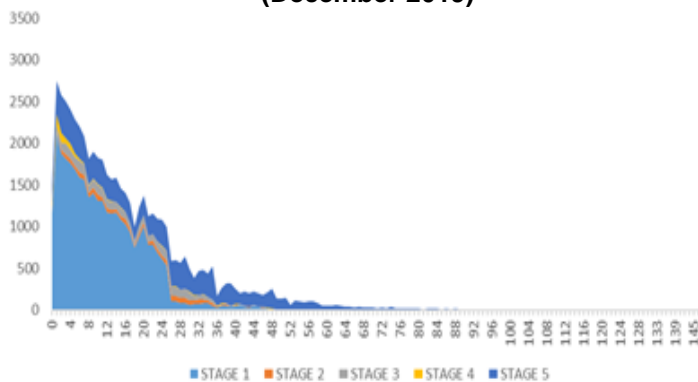
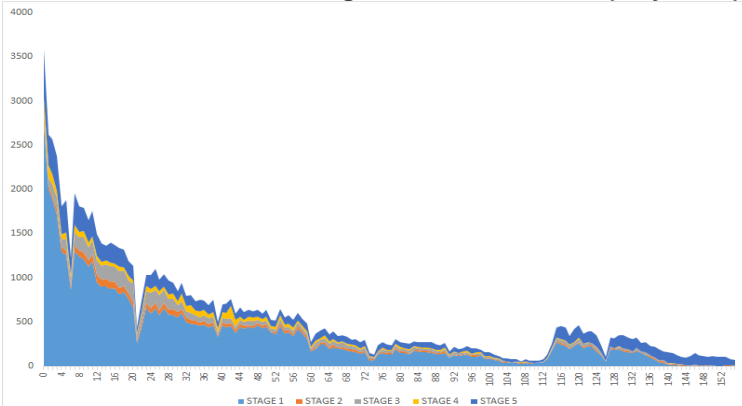


UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	In May 2022, there were on average 285 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.	The number of clinically optimised patients by site <table border="1"><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>May-21</td><td>70</td><td>40</td><td>70</td><td>10</td></tr><tr><td>Jun-21</td><td>80</td><td>50</td><td>75</td><td>15</td></tr><tr><td>Jul-21</td><td>90</td><td>50</td><td>70</td><td>10</td></tr><tr><td>Aug-21</td><td>95</td><td>60</td><td>70</td><td>15</td></tr><tr><td>Sep-21</td><td>105</td><td>70</td><td>85</td><td>15</td></tr><tr><td>Oct-21</td><td>90</td><td>50</td><td>80</td><td>20</td></tr><tr><td>Nov-21</td><td>110</td><td>60</td><td>80</td><td>15</td></tr><tr><td>Dec-21</td><td>105</td><td>55</td><td>75</td><td>20</td></tr><tr><td>Jan-22</td><td>110</td><td>65</td><td>70</td><td>20</td></tr><tr><td>Feb-22</td><td>125</td><td>70</td><td>90</td><td>15</td></tr><tr><td>Mar-22</td><td>100</td><td>55</td><td>90</td><td>25</td></tr><tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>25</td></tr><tr><td>May-22</td><td>115</td><td>65</td><td>85</td><td>15</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	May-21	70	40	70	10	Jun-21	80	50	75	15	Jul-21	90	50	70	10	Aug-21	95	60	70	15	Sep-21	105	70	85	15	Oct-21	90	50	80	20	Nov-21	110	60	80	15	Dec-21	105	55	75	20	Jan-22	110	65	70	20	Feb-22	125	70	90	15	Mar-22	100	55	90	25	Apr-22	100	65	85	25	May-22	115	65	85	15
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In May 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 117, followed by Neath Port Talbot Hospital with 87.																																																																								
The number of Clinically optimised patients remains high within the Health Board and specific focus is being placed on plans to support the improvement of this position within each Service Group.																																																																								
Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	In May 2022, there were 53 elective procedures cancelled due to lack of beds on the day of surgery. This is 47 more cancellations than in May 2021.	Total number of elective procedures cancelled due to lack of beds <table border="1"><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>May-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Jun-21</td><td>8</td><td>0</td><td>0</td></tr><tr><td>Jul-21</td><td>18</td><td>0</td><td>0</td></tr><tr><td>Aug-21</td><td>12</td><td>0</td><td>0</td></tr><tr><td>Sep-21</td><td>30</td><td>0</td><td>0</td></tr><tr><td>Oct-21</td><td>50</td><td>0</td><td>0</td></tr><tr><td>Nov-21</td><td>60</td><td>0</td><td>0</td></tr><tr><td>Dec-21</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Jan-22</td><td>18</td><td>0</td><td>0</td></tr><tr><td>Feb-22</td><td>25</td><td>5</td><td>0</td></tr><tr><td>Mar-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Apr-22</td><td>32</td><td>0</td><td>0</td></tr><tr><td>May-22</td><td>53</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	May-21	5	0	0	Jun-21	8	0	0	Jul-21	18	0	0	Aug-21	12	0	0	Sep-21	30	0	0	Oct-21	50	0	0	Nov-21	60	0	0	Dec-21	35	0	0	Jan-22	18	0	0	Feb-22	25	5	0	Mar-22	35	0	0	Apr-22	32	0	0	May-22	53	0	0														
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HEALTHCARE ACQUIRED INFECTIONS																																																		
Description	Current Performance	Trend																																																
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none">21 cases of <i>E. coli</i> bacteraemia were identified in May 2022, of which 8 were hospital acquired and 13 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 43 cases for April 2022.Targeted work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates.	Number of healthcare acquired E.coli bacteraemia cases <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number E.Coli cases (SBU)</th></tr></thead><tbody><tr><td>May-21</td><td>26</td></tr><tr><td>Jun-21</td><td>29</td></tr><tr><td>Jul-21</td><td>27</td></tr><tr><td>Aug-21</td><td>34</td></tr><tr><td>Sep-21</td><td>21</td></tr><tr><td>Oct-21</td><td>19</td></tr><tr><td>Nov-21</td><td>22</td></tr><tr><td>Dec-21</td><td>17</td></tr><tr><td>Jan-22</td><td>15</td></tr><tr><td>Feb-22</td><td>26</td></tr><tr><td>Mar-22</td><td>21</td></tr><tr><td>Apr-22</td><td>31</td></tr><tr><td>May-22</td><td>21</td></tr><tr><td>Jun-22</td><td>21</td></tr><tr><td>Jul-22</td><td>21</td></tr><tr><td>Aug-22</td><td>21</td></tr><tr><td>Sep-22</td><td>21</td></tr><tr><td>Oct-22</td><td>21</td></tr><tr><td>Nov-22</td><td>21</td></tr><tr><td>Dec-22</td><td>21</td></tr><tr><td>Jan-23</td><td>21</td></tr><tr><td>Feb-23</td><td>20</td></tr><tr><td>Mar-23</td><td>20</td></tr></tbody></table> <p>Number E.Coli cases (SBU) Trajectory</p>	Month	Number E.Coli cases (SBU)	May-21	26	Jun-21	29	Jul-21	27	Aug-21	34	Sep-21	21	Oct-21	19	Nov-21	22	Dec-21	17	Jan-22	15	Feb-22	26	Mar-22	21	Apr-22	31	May-22	21	Jun-22	21	Jul-22	21	Aug-22	21	Sep-22	21	Oct-22	21	Nov-22	21	Dec-22	21	Jan-23	21	Feb-23	20	Mar-23	20
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Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none">There were 18 cases of Staph. aureus bacteraemia in May 2022, of which 9 were hospital acquired and 9 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 15 cases for May 2022.Targeted work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates.	Number of healthcare acquired S.aureus bacteraemia cases <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of S.Aureus cases (SBU)</th></tr></thead><tbody><tr><td>May-21</td><td>15</td></tr><tr><td>Jun-21</td><td>7</td></tr><tr><td>Jul-21</td><td>11</td></tr><tr><td>Aug-21</td><td>12</td></tr><tr><td>Sep-21</td><td>17</td></tr><tr><td>Oct-21</td><td>18</td></tr><tr><td>Nov-21</td><td>4</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>13</td></tr><tr><td>Feb-22</td><td>10</td></tr><tr><td>Mar-22</td><td>11</td></tr><tr><td>Apr-22</td><td>13</td></tr><tr><td>May-22</td><td>18</td></tr><tr><td>Jun-22</td><td>6</td></tr><tr><td>Jul-22</td><td>6</td></tr><tr><td>Aug-22</td><td>6</td></tr><tr><td>Sep-22</td><td>6</td></tr><tr><td>Oct-22</td><td>6</td></tr><tr><td>Nov-22</td><td>6</td></tr><tr><td>Dec-22</td><td>5</td></tr><tr><td>Jan-23</td><td>5</td></tr><tr><td>Feb-23</td><td>5</td></tr><tr><td>Mar-23</td><td>5</td></tr></tbody></table> <p>Number of S.Aureus cases (SBU) Trajectory</p>	Month	Number of S.Aureus cases (SBU)	May-21	15	Jun-21	7	Jul-21	11	Aug-21	12	Sep-21	17	Oct-21	18	Nov-21	4	Dec-21	9	Jan-22	13	Feb-22	10	Mar-22	11	Apr-22	13	May-22	18	Jun-22	6	Jul-22	6	Aug-22	6	Sep-22	6	Oct-22	6	Nov-22	6	Dec-22	5	Jan-23	5	Feb-23	5	Mar-23	5
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HEALTHCARE ACQUIRED INFECTIONS																																																		
Description	Current Performance	Trend																																																
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 11 <i>Clostridium difficile</i> toxin positive cases in May 2022, of which 7 were hospital acquired and 4 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 15 cases for May 2022.Taregtted work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates.	<p>Number of healthcare acquired C.difficile cases</p> <table><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>May-21</td><td>12</td></tr><tr><td>Jun-21</td><td>13</td></tr><tr><td>Jul-21</td><td>23</td></tr><tr><td>Aug-21</td><td>22</td></tr><tr><td>Sep-21</td><td>14</td></tr><tr><td>Oct-21</td><td>15</td></tr><tr><td>Nov-21</td><td>20</td></tr><tr><td>Dec-21</td><td>12</td></tr><tr><td>Jan-22</td><td>14</td></tr><tr><td>Feb-22</td><td>13</td></tr><tr><td>Mar-22</td><td>18</td></tr><tr><td>Apr-22</td><td>13</td></tr><tr><td>May-22</td><td>11</td></tr><tr><td>Jun-22</td><td>9</td></tr><tr><td>Jul-22</td><td>8</td></tr><tr><td>Aug-22</td><td>8</td></tr><tr><td>Sep-22</td><td>9</td></tr><tr><td>Oct-22</td><td>7</td></tr><tr><td>Nov-22</td><td>8</td></tr><tr><td>Dec-22</td><td>8</td></tr><tr><td>Jan-23</td><td>8</td></tr><tr><td>Feb-23</td><td>8</td></tr><tr><td>Mar-23</td><td>7</td></tr></tbody></table> <p>Number of C.diff cases (SBU) Trajectory</p>	Month	Number of C.diff cases (SBU)	May-21	12	Jun-21	13	Jul-21	23	Aug-21	22	Sep-21	14	Oct-21	15	Nov-21	20	Dec-21	12	Jan-22	14	Feb-22	13	Mar-22	18	Apr-22	13	May-22	11	Jun-22	9	Jul-22	8	Aug-22	8	Sep-22	9	Oct-22	7	Nov-22	8	Dec-22	8	Jan-23	8	Feb-23	8	Mar-23	7
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Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none">There were 8 cases of Klebsiella sp in May 2022, 7 of which were hospital acquired and 1 was community acquired.The Health Board total is currently just above the Welsh Government Profile target of 13 cases for May 2022.Targeted work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates.	<p>Number of healthcare acquired Klebsiella cases</p> <table><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>May-21</td><td>5</td></tr><tr><td>Jun-21</td><td>12</td></tr><tr><td>Jul-21</td><td>3</td></tr><tr><td>Aug-21</td><td>8</td></tr><tr><td>Sep-21</td><td>11</td></tr><tr><td>Oct-21</td><td>13</td></tr><tr><td>Nov-21</td><td>7</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>5</td></tr><tr><td>Feb-22</td><td>4</td></tr><tr><td>Mar-22</td><td>7</td></tr><tr><td>Apr-22</td><td>6</td></tr><tr><td>May-22</td><td>8</td></tr><tr><td>Jun-22</td><td>6</td></tr><tr><td>Jul-22</td><td>6</td></tr><tr><td>Aug-22</td><td>6</td></tr><tr><td>Sep-22</td><td>6</td></tr><tr><td>Oct-22</td><td>6</td></tr><tr><td>Nov-22</td><td>6</td></tr><tr><td>Dec-22</td><td>6</td></tr><tr><td>Jan-23</td><td>6</td></tr><tr><td>Feb-23</td><td>5</td></tr><tr><td>Mar-23</td><td>5</td></tr></tbody></table> <p>Number of Klebsiella cases (SBU) Trajectory</p>	Month	Number of Klebsiella cases (SBU)	May-21	5	Jun-21	12	Jul-21	3	Aug-21	8	Sep-21	11	Oct-21	13	Nov-21	7	Dec-21	9	Jan-22	5	Feb-22	4	Mar-22	7	Apr-22	6	May-22	8	Jun-22	6	Jul-22	6	Aug-22	6	Sep-22	6	Oct-22	6	Nov-22	6	Dec-22	6	Jan-23	6	Feb-23	5	Mar-23	5
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HEALTHCARE ACQUIRED INFECTIONS																																																																										
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Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There were 2 cases of <i>P.Aeruginosa</i> in May 2022, one of which was hospital acquired, with the other being community acquired. The Health Board total is currently on target with the Welsh Government Profile target of 4 cumulative cases for May 2022. Targeted work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates. 	<p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <caption>Number of healthcare acquired Pseudomonas cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>May-21</td><td>1</td><td>1</td></tr> <tr><td>Jun-21</td><td>2</td><td>2</td></tr> <tr><td>Jul-21</td><td>1</td><td>2</td></tr> <tr><td>Aug-21</td><td>2</td><td>2</td></tr> <tr><td>Sep-21</td><td>2</td><td>2</td></tr> <tr><td>Oct-21</td><td>0</td><td>2</td></tr> <tr><td>Nov-21</td><td>3</td><td>2</td></tr> <tr><td>Dec-21</td><td>4</td><td>2</td></tr> <tr><td>Jan-22</td><td>1</td><td>2</td></tr> <tr><td>Feb-22</td><td>3</td><td>2</td></tr> <tr><td>Mar-22</td><td>2</td><td>2</td></tr> <tr><td>Apr-22</td><td>2</td><td>2</td></tr> <tr><td>May-22</td><td>2</td><td>2</td></tr> <tr><td>Jun-22</td><td>0</td><td>2</td></tr> <tr><td>Jul-22</td><td>0</td><td>2</td></tr> <tr><td>Aug-22</td><td>0</td><td>2</td></tr> <tr><td>Sep-22</td><td>0</td><td>2</td></tr> <tr><td>Oct-22</td><td>0</td><td>1</td></tr> <tr><td>Nov-22</td><td>0</td><td>1</td></tr> <tr><td>Dec-22</td><td>0</td><td>2</td></tr> <tr><td>Jan-23</td><td>0</td><td>2</td></tr> <tr><td>Feb-23</td><td>0</td><td>2</td></tr> <tr><td>Mar-23</td><td>0</td><td>1</td></tr> </tbody> </table> <p>■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	May-21	1	1	Jun-21	2	2	Jul-21	1	2	Aug-21	2	2	Sep-21	2	2	Oct-21	0	2	Nov-21	3	2	Dec-21	4	2	Jan-22	1	2	Feb-22	3	2	Mar-22	2	2	Apr-22	2	2	May-22	2	2	Jun-22	0	2	Jul-22	0	2	Aug-22	0	2	Sep-22	0	2	Oct-22	0	1	Nov-22	0	1	Dec-22	0	2	Jan-23	0	2	Feb-23	0	2	Mar-23	0	1
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PLANNED CARE		
Description	Current Performance	Points to Note
Referrals and shape of the waiting list 1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at March 2022</i>	<p>May 2022 has seen an increase in referral figures. Referral data has recently been reviewed and updated following the introduction of the new digital dashboard in June 2021, data selection was updated as appropriate. Referral rates have continued to rise slowly since December 2021, rising to 14,076 in May 2022. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.</p>	<p>The number of referrals received has seen an increase this month, which is showing a sporadic pattern of demand over recent months</p>
	Trend	
	<p>1. Number of GP referrals received by SBU Health Board</p>  <p>■ Routine ■ Urgent</p>	<p>2. Number of stage 1 additions per week</p>  <p>— Additions to outpatients (stage 1) waiting list</p>
	<p>3. Total size of the waiting list and movement (December 2019)</p>  <p>■ STAGE 1 ■ STAGE 2 ■ STAGE 3 ■ STAGE 4 ■ STAGE 5</p>	<p>4. Total size of the waiting list and movement (May 2022)</p>  <p>■ STAGE 1 ■ STAGE 2 ■ STAGE 3 ■ STAGE 4 ■ STAGE 5</p>

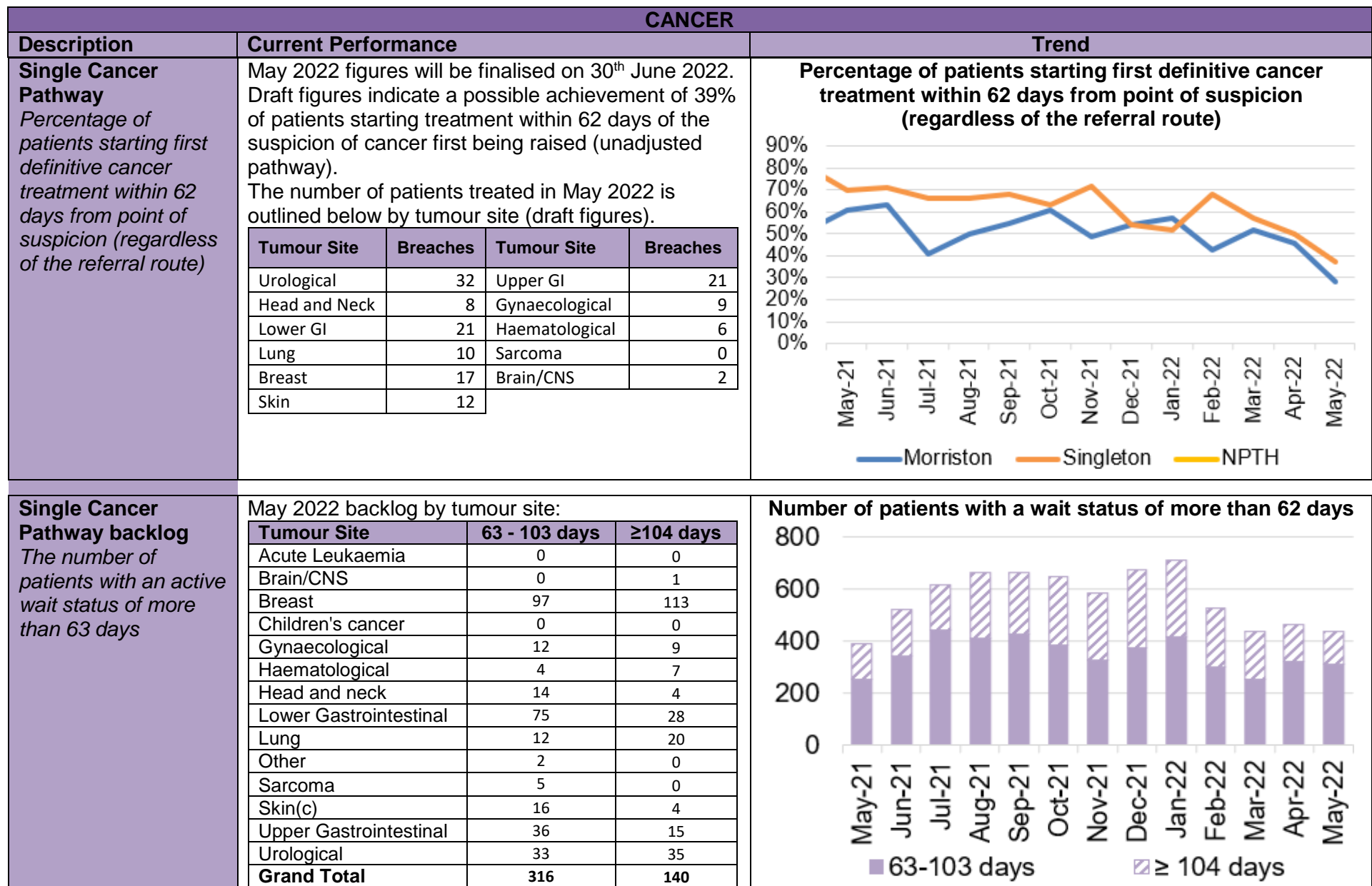
PLANNED CARE		
Description	Current Performance	Points to Note
Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. May 2022 saw an in-month increase of 3% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 25,601 in April 2022 to 26,459 in May 2022. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and ENT. Chart 4 shows that the number of attendances has remained steady in recent months despite the impact of the recent Covid wave.</p>	<p>Detailed demand and capacity work is currently underway to support the reduction of Stage 1 patients waiting for an outpatient appointment.</p> <p>Service Group specific recovery trajectories will be developed to further support recovery</p>
	Trend	
	<div><div><p>1. Number of stage 1 over 26 weeks- HB total</p><p>■ Outpatients > 26 wks (SB UHB)</p></div><div><p>2. Number of stage 1 over 26 weeks- Hospital level</p><p>— Morriston — Singleton — PCT — NPTH</p></div><div><p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at May 2022</p><p>■ Orthopaedics ■ Ophthalmology ■ ENT ■ OMFS ■ General Surgery ■ Gynaecology ■ Urology ■ Orthodontics ■ Vascular ■ Plastic Surgery (Breast) ■ Spinal Surgery ■ Cardiology ■ Paediatrics ■ Neurology ■ Dermatology ■ Thoracic Medicine ■ Restorative Dentistry ■ Thoracic Surgery ■ Endocrinology ■ Haematology ■ Cardiac Surgery ■ General Medicine ■ Rehab Medicine ■ Gastro ■ Nephrology ■ Rheumatology ■ Medicine for the Elderly ■ Pain Management</p></div><div><p>4. Outpatient activity undertaken</p><p>— New outpatient attendances - - - Follow-up attendances</p></div></div>	

PLANNED CARE	
Description	Current Performance
Patients waiting over 36 weeks for treatment 1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total 2. Number of patients waiting more than 36 weeks for treatment 3. Number of elective admissions 4. Number of patients waiting more than 104 weeks for treatment	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In May 2022, there were 39,403 patients waiting over 36 weeks which is a 1.6% in-month increase from April 2022. 28,319 of the 39,403 were waiting over 52 weeks in May 2022. In May 2022, there were 12,670 patients waiting over 104 weeks for treatment, which is a 3% reduction from April 2022. Targeted validation work is currently taking place to reduce the number of patients waiting over 52 and 104 weeks with the view to meet the Welsh Government target – submitted recovery trajectories can be seen in Appendix 2.</p>
	<p>Trend</p> <div> <div> <p>1. Number of patients waiting over 36 weeks- HB total</p> <p>>36 wks (SB UHB) Trajectory</p> </div> <div> <p>2. Number of patients waiting over 36 weeks- Hospital level</p> <p>Morriston Singleton PCT NPTH</p> </div> <div> <p>3. Number of elective admissions</p> <p>Admitted elective patients</p> </div> <div> <p>4. Number of patients waiting over 104 weeks- Hospital level</p> <p>< 104 wks (SBU HB) Trajectory</p> </div> </div>


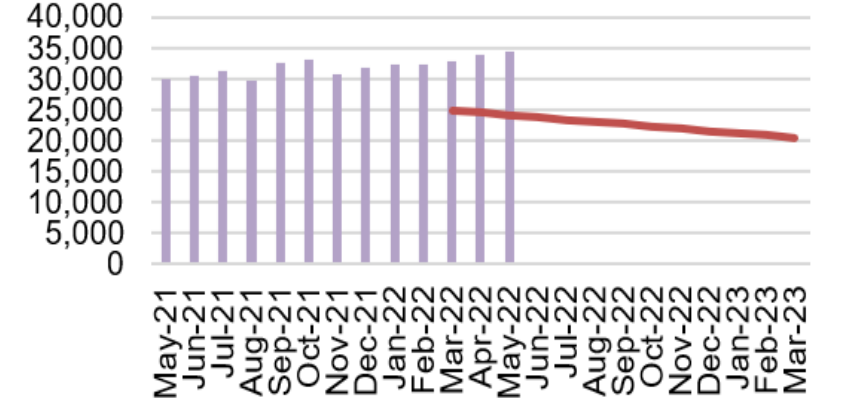
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Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In May 2022, 50.4% of patients were waiting under 26 weeks from referral to treatment, which is the same figure seen in April 2022.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table><caption>Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PCT</th><th>NPTH</th></tr></thead><tbody><tr><td>May-21</td><td>40%</td><td>50%</td><td>40%</td><td>90%</td></tr><tr><td>Jun-21</td><td>42%</td><td>50%</td><td>50%</td><td>85%</td></tr><tr><td>Jul-21</td><td>43%</td><td>50%</td><td>60%</td><td>82%</td></tr><tr><td>Aug-21</td><td>43%</td><td>50%</td><td>70%</td><td>78%</td></tr><tr><td>Sep-21</td><td>43%</td><td>50%</td><td>75%</td><td>75%</td></tr><tr><td>Oct-21</td><td>43%</td><td>50%</td><td>75%</td><td>75%</td></tr><tr><td>Nov-21</td><td>43%</td><td>50%</td><td>80%</td><td>70%</td></tr><tr><td>Dec-21</td><td>43%</td><td>50%</td><td>82%</td><td>75%</td></tr><tr><td>Jan-22</td><td>43%</td><td>50%</td><td>80%</td><td>78%</td></tr><tr><td>Feb-22</td><td>43%</td><td>50%</td><td>85%</td><td>80%</td></tr><tr><td>Mar-22</td><td>43%</td><td>50%</td><td>88%</td><td>95%</td></tr><tr><td>Apr-22</td><td>43%</td><td>50%</td><td>88%</td><td>98%</td></tr><tr><td>May-22</td><td>43%</td><td>50%</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	Morriston	Singleton	PCT	NPTH	May-21	40%	50%	40%	90%	Jun-21	42%	50%	50%	85%	Jul-21	43%	50%	60%	82%	Aug-21	43%	50%	70%	78%	Sep-21	43%	50%	75%	75%	Oct-21	43%	50%	75%	75%	Nov-21	43%	50%	80%	70%	Dec-21	43%	50%	82%	75%	Jan-22	43%	50%	80%	78%	Feb-22	43%	50%	85%	80%	Mar-22	43%	50%	88%	95%	Apr-22	43%	50%	88%	98%	May-22	43%	50%	100%	100%
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Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In May 2022, 63.3% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22.</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table><caption>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.</caption><thead><tr><th>Month</th><th>% of ophthalmology R1 appointments</th></tr></thead><tbody><tr><td>May-21</td><td>60%</td></tr><tr><td>Jun-21</td><td>62%</td></tr><tr><td>Jul-21</td><td>62%</td></tr><tr><td>Aug-21</td><td>60%</td></tr><tr><td>Sep-21</td><td>55%</td></tr><tr><td>Oct-21</td><td>58%</td></tr><tr><td>Nov-21</td><td>62%</td></tr><tr><td>Dec-21</td><td>60%</td></tr><tr><td>Jan-22</td><td>58%</td></tr><tr><td>Feb-22</td><td>58%</td></tr><tr><td>Mar-22</td><td>58%</td></tr><tr><td>Apr-22</td><td>58%</td></tr><tr><td>May-22</td><td>63.3%</td></tr></tbody></table> <p>Target</p>	Month	% of ophthalmology R1 appointments	May-21	60%	Jun-21	62%	Jul-21	62%	Aug-21	60%	Sep-21	55%	Oct-21	58%	Nov-21	62%	Dec-21	60%	Jan-22	58%	Feb-22	58%	Mar-22	58%	Apr-22	58%	May-22	63.3%																																										
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PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In May 2022, there was a minor reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 6,308 in April 2022 to 6,306 in May 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for May 2022:</p> <ul style="list-style-type: none"> Endoscopy= 4,564 Cardiac tests= 1,124 Other Diagnostics = 618 <p>Endoscopy waits continue to rise, however a revised recovery trajectory has been submitted to Welsh Government for consideration. The increase in capacity comes as a result of Covid restrictions being removed, and additional insourcing/outsourcing sessions being utilised for recovery</p>	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <p>■ Other diagnostics (inc. radiology) ■ Endoscopy ■ Cardiac tests</p>
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In May 2022 there were 614 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in May 2022 are:</p> <ul style="list-style-type: none"> Podiatry = 552 Speech & Language Therapy= 31 Dietetics = 16 <p>Podiatry and SALT recovery plans continue to support performance improvement. Specifically within Nutrition & Dietetics, vacancies within paediatric service have impacted waiting times and a lack of available locum staff. Performance recovery is expected to begin in July 2022, however improvements can already be seen in the waiting list.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <p>■ Occ Therapy/ LD (MH) ■ Occ Therapy (exc. MH) ■ Audiology ■ Speech & Language ■ Dietetics ■ Phsyio</p>

CANCER		
Description	Current Performance	Trend
Cancer demand and shape of the waiting list	The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020.	<div>1. Number of USC referrals</div>
	Referral figures reported in May 2022 (1,926) have increased compared to those seen in April 2022 (1,555)	
1. Number of Urgent Suspected Cancer (USC) referrals received		
2. Single Cancer Pathway backlog- patients waiting over 63 days	April 2022 has seen a slight increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction; <ul style="list-style-type: none">- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast- Updated backlog recovery trajectories have been developed and are currently in the approval process for circulation in July 2022- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority	<div>2. Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</div> <div>% of patients started treatment within 62 days (unadjusted)</div>



CANCER																																																		
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early May 2022 figures show total wait volumes have decreased by 14%. Of the total number of patients awaiting a first outpatient appointment, 57% have been booked.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early June 2022</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th><th>05-June</th><th>12-June</th></tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>1</td><td>5</td></tr> <tr><td>Children's Cancer</td><td>2</td><td>3</td></tr> <tr><td>Gynaecological</td><td>54</td><td>44</td></tr> <tr><td>Haematological</td><td>2</td><td>0</td></tr> <tr><td>Head and Neck</td><td>81</td><td>59</td></tr> <tr><td>Lower GI</td><td>170</td><td>208</td></tr> <tr><td>Lung</td><td>12</td><td>11</td></tr> <tr><td>Other</td><td>113</td><td>42</td></tr> <tr><td>Sarcoma</td><td>3</td><td>1</td></tr> <tr><td>Skin</td><td>113</td><td>103</td></tr> <tr><td>Upper GI</td><td>53</td><td>43</td></tr> <tr><td>Urological</td><td>49</td><td>44</td></tr> <tr><td></td><td>653</td><td>563</td></tr> </tbody> </table>	FIRST OPA	05-June	12-June	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	1	5	Children's Cancer	2	3	Gynaecological	54	44	Haematological	2	0	Head and Neck	81	59	Lower GI	170	208	Lung	12	11	Other	113	42	Sarcoma	3	1	Skin	113	103	Upper GI	53	43	Urological	49	44		653	563
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.</p> <table border="1"> <thead> <tr> <th>Measure</th><th>Target</th><th>May-22</th></tr> </thead> <tbody> <tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>36%</td></tr> <tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>88%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>44%</td></tr> <tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>94%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>95%</td></tr> <tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>98%</td></tr> </tbody> </table>	Measure	Target	May-22	Scheduled (21 Day Target)	80%	36%	Scheduled (28 Day Target)	100%	88%	Urgent SC (7 Day Target)	80%	44%	Urgent SC (14 Day Target)	100%	94%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	95%	Elective Delay (28 Day Target)	100%	98%	<p>Radiotherapy waiting times</p>																					
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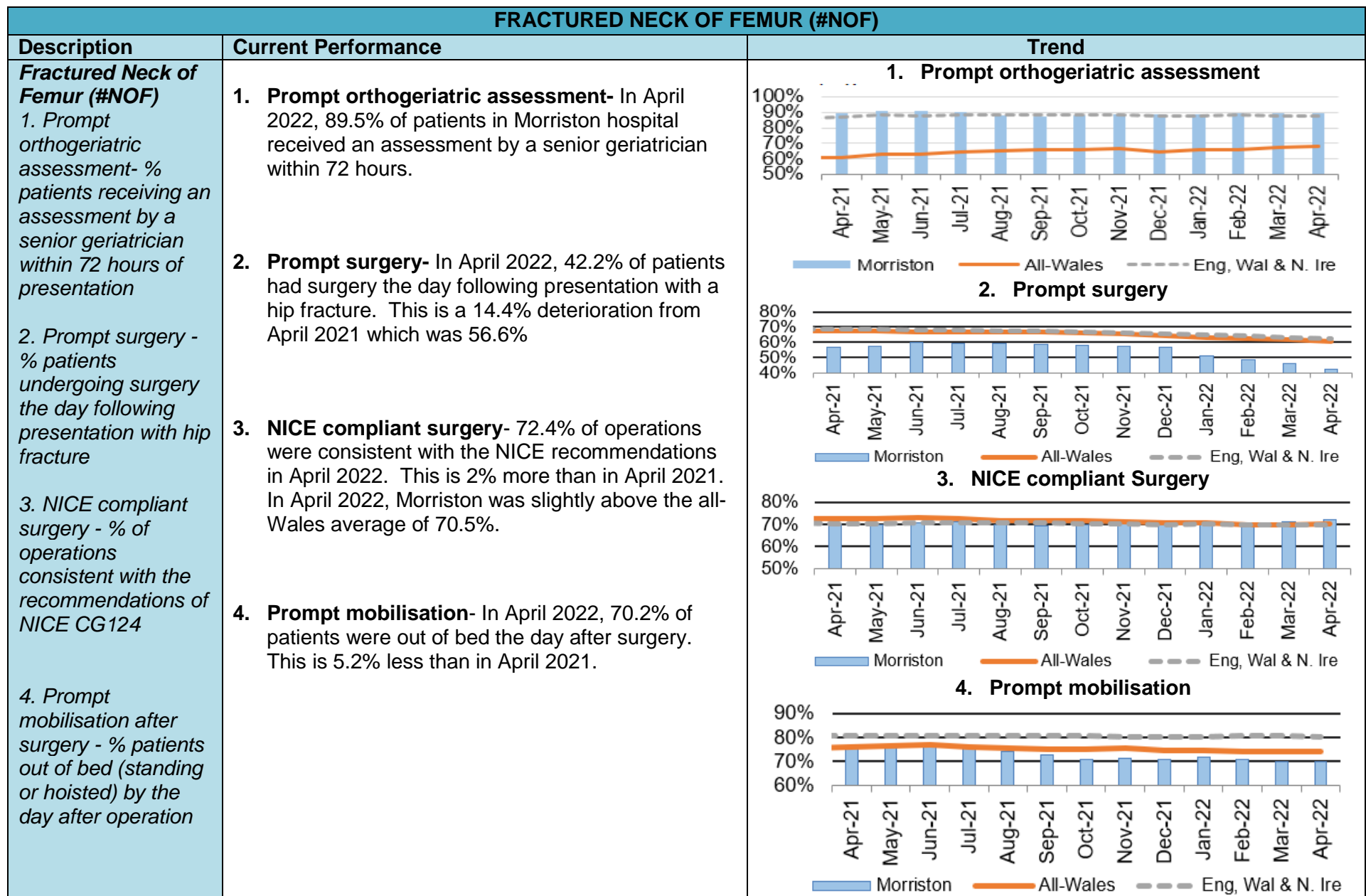
FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	<p>In May 2022, the overall size of the follow-up waiting list increased by 408 patients compared with April 2022 (from 135,471 to 135,879).</p>	<p>1. Total number of patients waiting for a follow-up</p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p>
	<p>In May 2022, there was a total of 60,314 patients waiting for a follow-up past their target date. This is a slight in-month reduction of 0.1% (from 60,348 in April 2022 to 60,314 in May 2022).</p>	<p>2. Delayed follow-ups: Number of patients waiting 100% over target</p>  <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>
	<p>Of the 60,314 delayed follow-ups in May 2022, 11,455 had appointment dates and 48,859 were still waiting for an appointment.</p>	
	<p>In addition, 34,568 patients were waiting 100%+ over target date in May 2022. This is a 1.7% increase when compared with April 2022.</p>	
	<p>Focussed validation work is currently taking place looking at the number of clinics which have not been 'cashed up' within the system, along with reviewing the capacity for increased digital working.</p>	

STROKE																														
Description	Current Performance	Trend																												
Stroke Measures																														
1. % of patients who have a direct admission to an acute stroke unit within 4 hours	1. In May 2022, 20% of patients had a direct admission to an acute stroke unit within 4 hours. This is an improvement on the performance in April 2022 (12%).	<p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <table><caption>% 4 hour admissions (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>May-21</td><td>25%</td></tr><tr><td>Jun-21</td><td>25%</td></tr><tr><td>Jul-21</td><td>15%</td></tr><tr><td>Aug-21</td><td>15%</td></tr><tr><td>Sep-21</td><td>15%</td></tr><tr><td>Oct-21</td><td>0%</td></tr><tr><td>Nov-21</td><td>10%</td></tr><tr><td>Dec-21</td><td>15%</td></tr><tr><td>Jan-22</td><td>10%</td></tr><tr><td>Feb-22</td><td>40%</td></tr><tr><td>Mar-22</td><td>15%</td></tr><tr><td>Apr-22</td><td>10%</td></tr><tr><td>May-22</td><td>20%</td></tr></tbody></table>	Month	%	May-21	25%	Jun-21	25%	Jul-21	15%	Aug-21	15%	Sep-21	15%	Oct-21	0%	Nov-21	10%	Dec-21	15%	Jan-22	10%	Feb-22	40%	Mar-22	15%	Apr-22	10%	May-22	20%
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May-22	20%																													
2. % of patients who received a CT Scan within 1 hour	2. In May 2022, 38% of patients received a CT scan within 1 hour of being admitted, this is 3.6% higher than April 2022	<p>2. % of patients who received a CT Scan within 1 hour</p> <table><caption>% 1 hr CT Scan (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>May-21</td><td>35%</td></tr><tr><td>Jun-21</td><td>25%</td></tr><tr><td>Jul-21</td><td>30%</td></tr><tr><td>Aug-21</td><td>45%</td></tr><tr><td>Sep-21</td><td>30%</td></tr><tr><td>Oct-21</td><td>15%</td></tr><tr><td>Nov-21</td><td>40%</td></tr><tr><td>Dec-21</td><td>30%</td></tr><tr><td>Jan-22</td><td>40%</td></tr><tr><td>Feb-22</td><td>60%</td></tr><tr><td>Mar-22</td><td>45%</td></tr><tr><td>Apr-22</td><td>30%</td></tr><tr><td>May-22</td><td>38%</td></tr></tbody></table>	Month	%	May-21	35%	Jun-21	25%	Jul-21	30%	Aug-21	45%	Sep-21	30%	Oct-21	15%	Nov-21	40%	Dec-21	30%	Jan-22	40%	Feb-22	60%	Mar-22	45%	Apr-22	30%	May-22	38%
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May-22	38%																													
3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours	3. 91% of patients who are assessed by a stroke specialist consultant physician within 24 hours in May 2022, compared with 100% patients being assessed in April 2022	<p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <table><caption>% assess within 24 hrs (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>May-21</td><td>100%</td></tr><tr><td>Jun-21</td><td>100%</td></tr><tr><td>Jul-21</td><td>100%</td></tr><tr><td>Aug-21</td><td>100%</td></tr><tr><td>Sep-21</td><td>95%</td></tr><tr><td>Oct-21</td><td>100%</td></tr><tr><td>Nov-21</td><td>100%</td></tr><tr><td>Dec-21</td><td>100%</td></tr><tr><td>Jan-22</td><td>100%</td></tr><tr><td>Feb-22</td><td>100%</td></tr><tr><td>Mar-22</td><td>100%</td></tr><tr><td>Apr-22</td><td>100%</td></tr><tr><td>May-22</td><td>91%</td></tr></tbody></table>	Month	%	May-21	100%	Jun-21	100%	Jul-21	100%	Aug-21	100%	Sep-21	95%	Oct-21	100%	Nov-21	100%	Dec-21	100%	Jan-22	100%	Feb-22	100%	Mar-22	100%	Apr-22	100%	May-22	91%
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4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	4. In May 2022, 13% of patients were thrombolysed in a time of less than or equal to 45 minutes.	<p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p> <table><caption>45 mins thrombolysis (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>May-21</td><td>0%</td></tr><tr><td>Jun-21</td><td>30%</td></tr><tr><td>Jul-21</td><td>25%</td></tr><tr><td>Aug-21</td><td>15%</td></tr><tr><td>Sep-21</td><td>0%</td></tr><tr><td>Oct-21</td><td>0%</td></tr><tr><td>Nov-21</td><td>10%</td></tr><tr><td>Dec-21</td><td>10%</td></tr><tr><td>Jan-22</td><td>0%</td></tr><tr><td>Feb-22</td><td>0%</td></tr><tr><td>Mar-22</td><td>0%</td></tr><tr><td>Apr-22</td><td>10%</td></tr><tr><td>May-22</td><td>13%</td></tr></tbody></table>	Month	%	May-21	0%	Jun-21	30%	Jul-21	25%	Aug-21	15%	Sep-21	0%	Oct-21	0%	Nov-21	10%	Dec-21	10%	Jan-22	0%	Feb-22	0%	Mar-22	0%	Apr-22	10%	May-22	13%
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<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In April 2022, 97% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In April 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 96%.</p> <p>3. 88% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in April 2022.</p> <p>4. In April 2022, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>Data for Chart 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-21</td><td>97%</td><td>95%</td></tr> <tr><td>May-21</td><td>97%</td><td>95%</td></tr> <tr><td>Jun-21</td><td>97%</td><td>95%</td></tr> <tr><td>Jul-21</td><td>97%</td><td>95%</td></tr> <tr><td>Aug-21</td><td>97%</td><td>95%</td></tr> <tr><td>Sep-21</td><td>97%</td><td>95%</td></tr> <tr><td>Oct-21</td><td>97%</td><td>95%</td></tr> <tr><td>Nov-21</td><td>97%</td><td>95%</td></tr> <tr><td>Dec-21</td><td>97%</td><td>95%</td></tr> <tr><td>Jan-22</td><td>97%</td><td>95%</td></tr> <tr><td>Feb-22</td><td>97%</td><td>95%</td></tr> <tr><td>Mar-22</td><td>97%</td><td>95%</td></tr> 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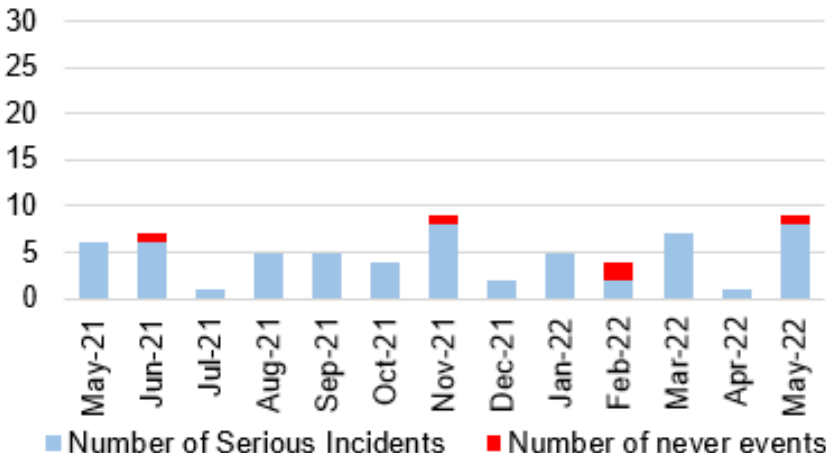
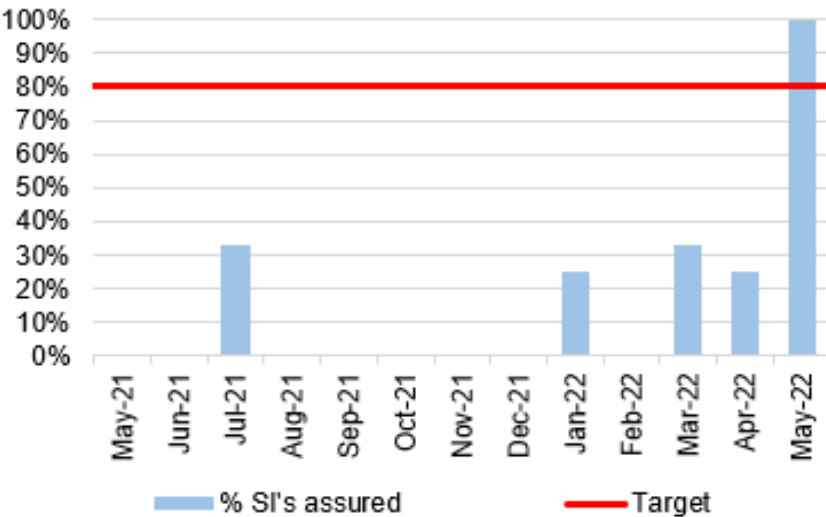
CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	Current Performance	Trend
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In April 2022, 100% of CAMHS patients received an assessment within 48 hours.	1. Crisis- assessment within 48 hours
2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 23% of routine assessments were undertaken within 28 days from referral in April 2022 against a target of 80%.	2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days
3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 51% of therapeutic interventions were started within 28 days following assessment by LPMHSS in April 2022.	
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 35% of NDD patients received a diagnostic assessment within 26 weeks in April 2022 against a target of 80%.	4. NDD- assessment within 26 weeks
5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 19% of routine assessments by SCAMHS were undertaken within 28 days in April 2022.	5. S-CAMHS % assessments within 28 days

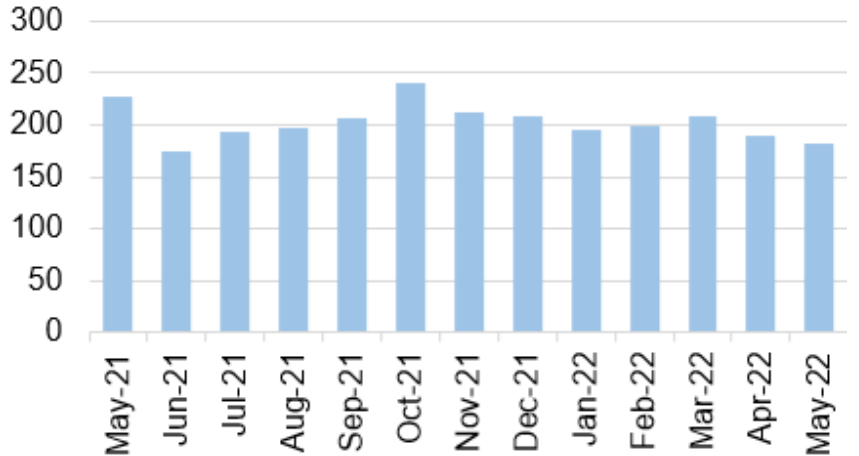
4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES

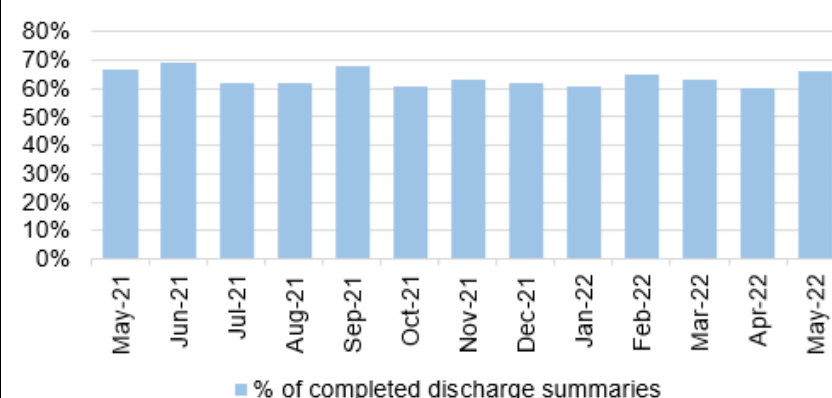
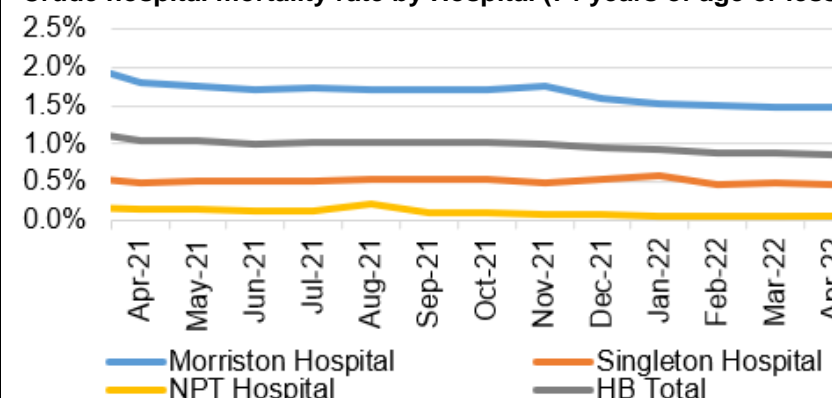


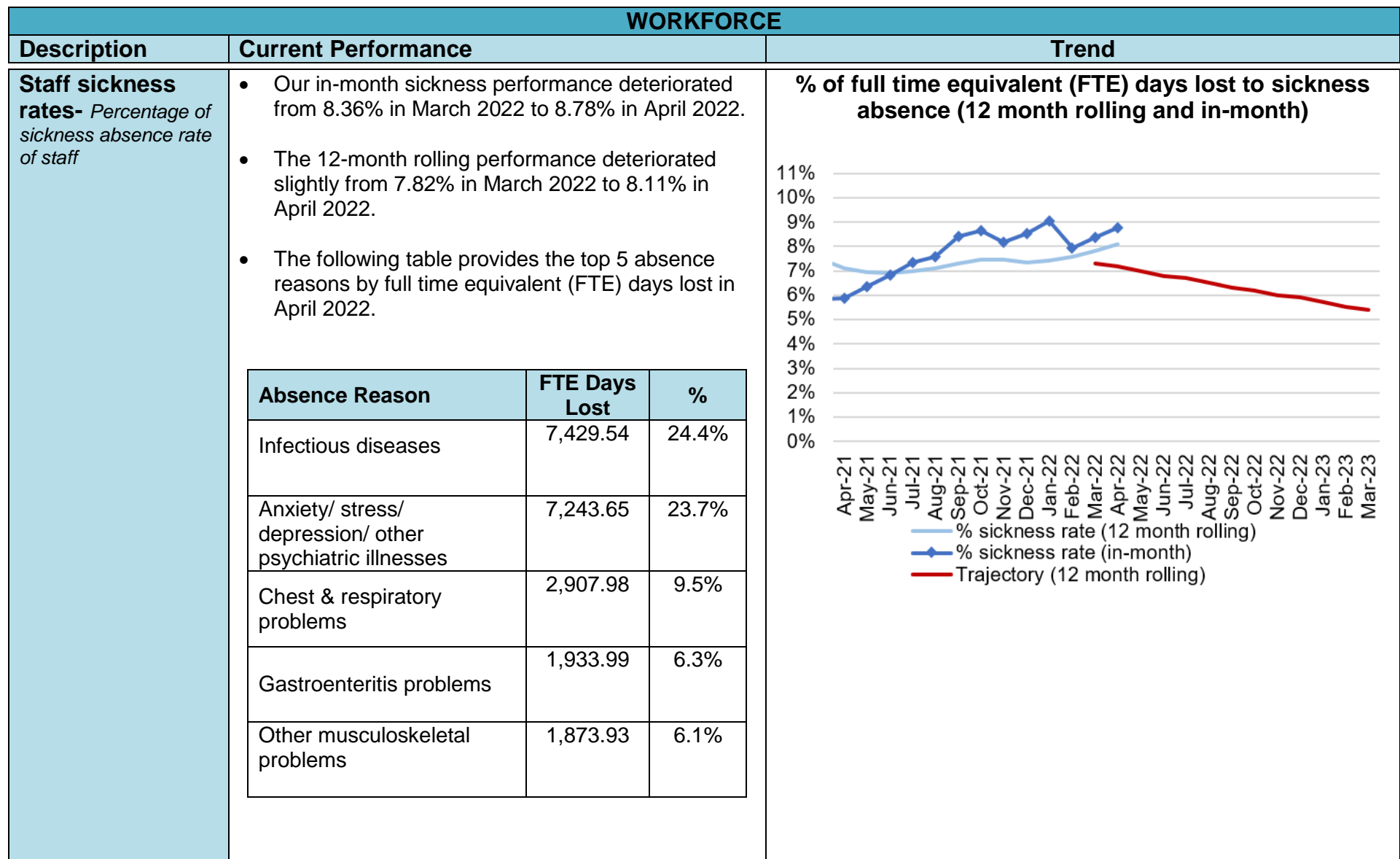
FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 77.4% of patients were not delirious in the week after their operation in April 2022. This is an improvement of 2% compared with April 2021.	<p>5. Not delirious when tested</p> <p>80% 60% 40% 20%</p> <p>Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22</p> <p>Morriston All-Wales Eng, Wal & N. Ire</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 69% of patients in March 2022 were discharged back to their original residence. This is 1.7% less than in March 2021.	<p>6. Return to original residence</p> <p>80% 70% 60%</p> <p>Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22</p> <p>Morriston All-Wales Eng, Wal & N. Ire</p>
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p> <p>9% 8% 7% 6% 5%</p> <p>Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21</p> <p>Morriston All-Wales Eng, Wal & N. Ire</p>

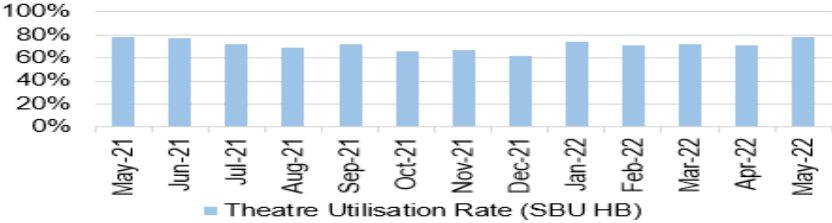
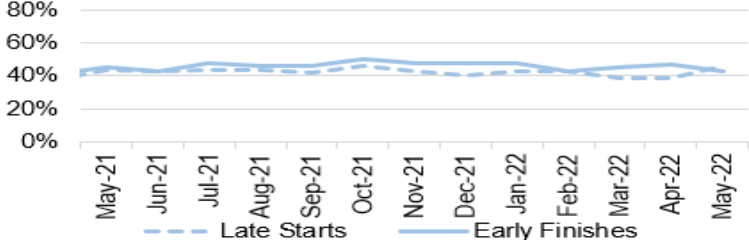
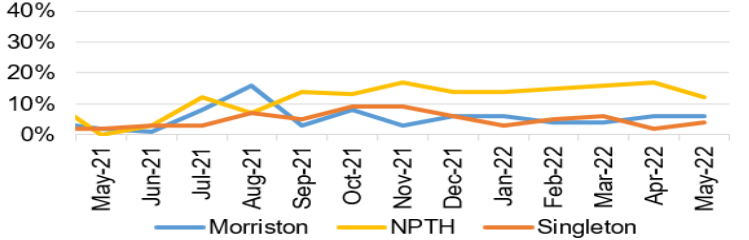
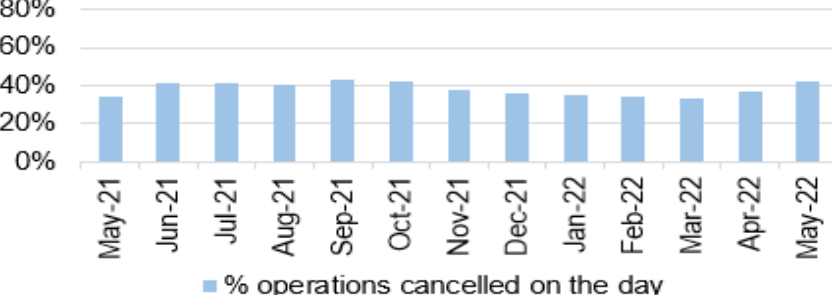
PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admissions</i>	<p>1. In April 2022 there were 78 cases of healthcare acquired pressure ulcers, 33 of which were community acquired and 45 were hospital acquired.</p> <p>There were 5 grade 3+ pressure ulcers in April 2022, of which 2 were community acquired and 3 were hospital acquired.</p>	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table><caption>Estimated data from the Pressure Ulcers Trend chart</caption><thead><tr><th>Month</th><th>Community PU</th><th>Hospital PU</th><th>Rate per 100,00</th></tr></thead><tbody><tr><td>Apr-21</td><td>30</td><td>55</td><td>800</td></tr><tr><td>May-21</td><td>20</td><td>50</td><td>750</td></tr><tr><td>Jun-21</td><td>20</td><td>50</td><td>700</td></tr><tr><td>Jul-21</td><td>30</td><td>55</td><td>750</td></tr><tr><td>Aug-21</td><td>30</td><td>55</td><td>700</td></tr><tr><td>Sep-21</td><td>40</td><td>65</td><td>800</td></tr><tr><td>Oct-21</td><td>30</td><td>40</td><td>600</td></tr><tr><td>Nov-21</td><td>30</td><td>40</td><td>600</td></tr><tr><td>Dec-21</td><td>60</td><td>55</td><td>750</td></tr><tr><td>Jan-22</td><td>30</td><td>55</td><td>800</td></tr><tr><td>Feb-22</td><td>40</td><td>50</td><td>700</td></tr><tr><td>Mar-22</td><td>55</td><td>45</td><td>778</td></tr><tr><td>Apr-22</td><td>35</td><td>43</td><td>689</td></tr></tbody></table> <p>■ Pressure Ulcers (Community) ▨ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>	Month	Community PU	Hospital PU	Rate per 100,00	Apr-21	30	55	800	May-21	20	50	750	Jun-21	20	50	700	Jul-21	30	55	750	Aug-21	30	55	700	Sep-21	40	65	800	Oct-21	30	40	600	Nov-21	30	40	600	Dec-21	60	55	750	Jan-22	30	55	800	Feb-22	40	50	700	Mar-22	55	45	778	Apr-22	35	43	689
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	<p>2. The rate per 100,000 admissions reduced from 778 in March 2022 to 689 in April 2022.</p>																																																									

SERIOUS INCIDENTS		
Description	Current Performance	Trend
Serious Incidents- 1. <i>The number of serious incidents</i> 2. <i>The number of Never Events</i> 3. <i>Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 8 Serious Incident for the month of May 2022 to Welsh Government. The Service Group breakdown is as follows; - Morriston – 4 - Singleton & NPTH – 2 - PCTSG - 2	1. and 2. Number of serious incidents and never events 
	2. There was one new Never Event reported in May 2022	
	3. In May 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 100%.	3. % of serious incidents closed within the agreed timescales 

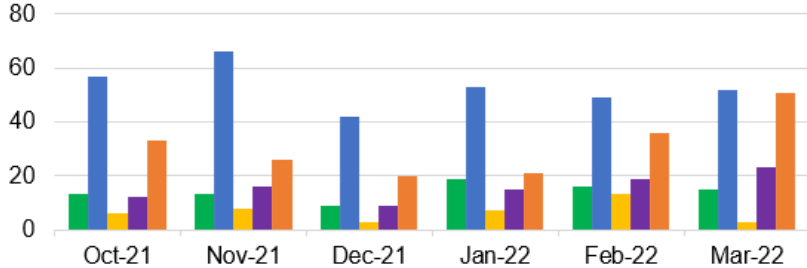
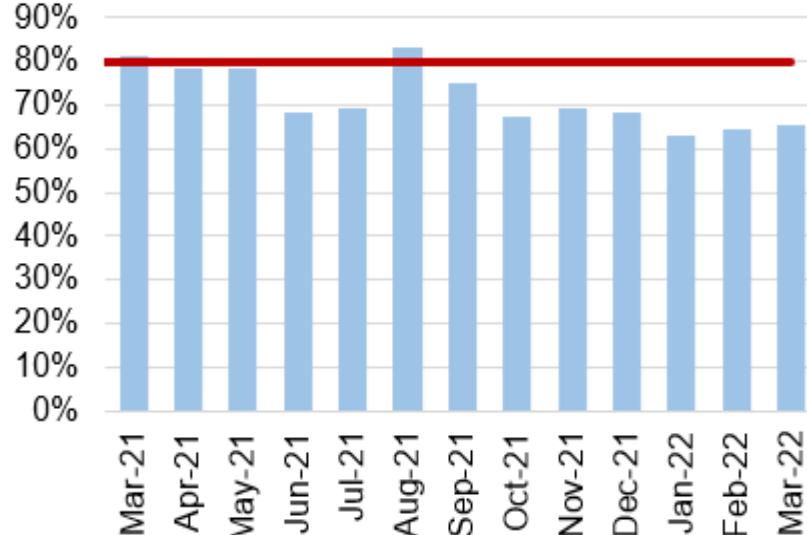
INPATIENT FALLS																														
Description	Current Performance	Trend																												
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 182 in May 2022. This is 20% less than May 2021 where 228 falls were recorded.	<div><p>Number of inpatient Falls</p><table><caption>Number of inpatient Falls (Estimated Data)</caption><thead><tr><th>Month</th><th>Number of Falls</th></tr></thead><tbody><tr><td>May-21</td><td>228</td></tr><tr><td>Jun-21</td><td>175</td></tr><tr><td>Jul-21</td><td>195</td></tr><tr><td>Aug-21</td><td>195</td></tr><tr><td>Sep-21</td><td>205</td></tr><tr><td>Oct-21</td><td>240</td></tr><tr><td>Nov-21</td><td>210</td></tr><tr><td>Dec-21</td><td>205</td></tr><tr><td>Jan-22</td><td>195</td></tr><tr><td>Feb-22</td><td>195</td></tr><tr><td>Mar-22</td><td>205</td></tr><tr><td>Apr-22</td><td>185</td></tr><tr><td>May-22</td><td>182</td></tr></tbody></table><p>■ Hospital falls</p></div>	Month	Number of Falls	May-21	228	Jun-21	175	Jul-21	195	Aug-21	195	Sep-21	205	Oct-21	240	Nov-21	210	Dec-21	205	Jan-22	195	Feb-22	195	Mar-22	205	Apr-22	185	May-22	182
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Jul-21	195																													
Aug-21	195																													
Sep-21	205																													
Oct-21	240																													
Nov-21	210																													
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Mar-22	205																													
Apr-22	185																													
May-22	182																													

DISCHARGE SUMMARIES																																																																								
Description	Current Performance	Trend																																																																						
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	The latest data shows that in May 2022, the percentage of completed discharge summaries was 66%.	% discharge summaries approved and sent  <table><caption>% of completed discharge summaries</caption><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>May-21</td><td>68%</td></tr><tr><td>Jun-21</td><td>70%</td></tr><tr><td>Jul-21</td><td>62%</td></tr><tr><td>Aug-21</td><td>62%</td></tr><tr><td>Sep-21</td><td>68%</td></tr><tr><td>Oct-21</td><td>60%</td></tr><tr><td>Nov-21</td><td>62%</td></tr><tr><td>Dec-21</td><td>62%</td></tr><tr><td>Jan-22</td><td>60%</td></tr><tr><td>Feb-22</td><td>65%</td></tr><tr><td>Mar-22</td><td>62%</td></tr><tr><td>Apr-22</td><td>60%</td></tr><tr><td>May-22</td><td>66%</td></tr></tbody></table>	Month	% of completed discharge summaries	May-21	68%	Jun-21	70%	Jul-21	62%	Aug-21	62%	Sep-21	68%	Oct-21	60%	Nov-21	62%	Dec-21	62%	Jan-22	60%	Feb-22	65%	Mar-22	62%	Apr-22	60%	May-22	66%																																										
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May-22	66%																																																																							
	In May 2022, compliance ranged from 59% in Singleton Hospital to 82% in Mental Health & Learning Disabilities.																																																																							
CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	April 2022 reports the crude mortality rate for the Health Board at 0.87%, which is 0.01% lower than March 2022.	Crude hospital mortality rate by Hospital (74 years of age or less)  <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Apr-21</td><td>1.9%</td><td>0.5%</td><td>0.1%</td><td>1.1%</td></tr><tr><td>May-21</td><td>1.8%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Jun-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Jul-21</td><td>1.8%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Aug-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Sep-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Oct-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Nov-21</td><td>1.8%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Dec-21</td><td>1.6%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jan-22</td><td>1.5%</td><td>0.6%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Feb-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Mar-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Apr-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Apr-21	1.9%	0.5%	0.1%	1.1%	May-21	1.8%	0.5%	0.1%	1.0%	Jun-21	1.7%	0.5%	0.1%	1.0%	Jul-21	1.8%	0.5%	0.1%	1.0%	Aug-21	1.7%	0.5%	0.1%	1.0%	Sep-21	1.7%	0.5%	0.1%	1.0%	Oct-21	1.7%	0.5%	0.1%	1.0%	Nov-21	1.8%	0.5%	0.1%	1.0%	Dec-21	1.6%	0.5%	0.1%	0.9%	Jan-22	1.5%	0.6%	0.1%	0.9%	Feb-22	1.5%	0.4%	0.1%	0.8%	Mar-22	1.5%	0.5%	0.1%	0.8%	Apr-22	1.5%	0.5%	0.1%	0.8%
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	A breakdown by Hospital for April 2022: <ul style="list-style-type: none">• Morriston – 1.47%• Singleton – 0.47%• NPT – 0.05%																																																																							



THEATRE EFFICIENCY		
Description	Current Performance	Trend
Theatre Efficiency 1. Theatre Utilisation Rates 2. % of theatre sessions starting late 3. % of theatre sessions finishing early 4. % of theatre sessions cancelled at short notice (<28 days) 5. % of operations cancelled on the day	<p>In May 2022 the Theatre Utilisation rate was 78%. This is an in-month improvement of 7% and the same figure seen in May 2021.</p> <p>46% of theatre sessions started late in May 2022. This is a 7% deterioration on performance in April 2022 (39%).</p> <p>In May 2022, 43% of theatre sessions finished early. This is 4% lower than figures seen in April 2022 and 2% lower than figures seen in May 2021.</p> <p>6% of theatre sessions were cancelled at short notice in May 2022. This is 1% lower than figures reported in April 2022 and is 2% higher than figures seen in May 2021.</p> <p>Of the operations cancelled in May 2022, 42% of them were cancelled on the day. This is a deterioration from 37% in April 2022.</p>	<p>1. Theatre Utilisation Rates</p>  <p>2. and 3. % theatre sessions starting late/finishing</p>  <p>4. % theatre sessions cancelled at short notice (<28 days)</p>  <p>• % of operations cancelled on the day</p> 

PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in May 2022 was 90% and 3,550 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,932 surveys in May 2022, with a recommended score of 92%. Morrison Hospital completed 1,336 surveys in May 2022, with a recommended score of 92%. Primary & Community Care completed 154 surveys for May 2022, with a recommended score of 94%. The Mental Health Service Group completed 26 surveys for May 2022, with a recommended score of 100%. 	1. Number of friends and family surveys completed <p>Legend: MH & LD, Neath Port Talbot, Singleton Hospital, Morrison Hospital, Primary & Community</p>
		2. % of patients/ service users who would recommend and highly recommend <p>Legend: MH&LD, Morrison, NPT, PCCS, Singleton</p>

COMPLAINTS																																																							
Description	Current Performance	Trend																																																					
Patient concerns <i>1. Number of formal complaints received</i> <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In March 2022, the Health Board received 156 formal complaints; this is a 12.2% increase on the number seen in February 2022.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p>	<p>1. Number of formal complaints received</p>  <table border="1"><caption>Estimated data for Figure 1: Number of formal complaints received</caption><thead><tr><th>Month</th><th>MH & LD</th><th>Morriston Hospital</th><th>NPT Hospital</th><th>PCCS</th><th>Singleton Hospital</th></tr></thead><tbody><tr><td>Oct-21</td><td>12</td><td>55</td><td>5</td><td>10</td><td>32</td></tr><tr><td>Nov-21</td><td>12</td><td>65</td><td>5</td><td>15</td><td>25</td></tr><tr><td>Dec-21</td><td>10</td><td>40</td><td>2</td><td>8</td><td>18</td></tr><tr><td>Jan-22</td><td>18</td><td>52</td><td>5</td><td>12</td><td>20</td></tr><tr><td>Feb-22</td><td>15</td><td>48</td><td>10</td><td>18</td><td>35</td></tr><tr><td>Mar-22</td><td>15</td><td>52</td><td>2</td><td>22</td><td>50</td></tr></tbody></table> <p>■ MH & LD ■ Morriston Hospital ■ NPT Hospital ■ PCCS ■ Singleton Hospital</p>	Month	MH & LD	Morriston Hospital	NPT Hospital	PCCS	Singleton Hospital	Oct-21	12	55	5	10	32	Nov-21	12	65	5	15	25	Dec-21	10	40	2	8	18	Jan-22	18	52	5	12	20	Feb-22	15	48	10	18	35	Mar-22	15	52	2	22	50											
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<p>2. The overall Health Board rate for responding to concerns within 30 working days was 65% in March 2022, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1"><thead><tr><th></th><th>30 day response rate</th></tr></thead><tbody><tr><td>Neath Port Talbot Hospital</td><td>67%</td></tr><tr><td>Morriston Hospital</td><td>73%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>60%</td></tr><tr><td>Primary, Community and Therapies</td><td>87%</td></tr><tr><td>Singleton Hospital</td><td>43%</td></tr></tbody></table>		30 day response rate	Neath Port Talbot Hospital	67%	Morriston Hospital	73%	Mental Health & Learning Disabilities	60%	Primary, Community and Therapies	87%	Singleton Hospital	43%	<p>2. Response rate for concerns within 30 days</p>  <table border="1"><caption>Estimated data for Figure 2: Response rate for concerns within 30 days</caption><thead><tr><th>Month</th><th>Health Board Total (%)</th><th>HB Profile (%)</th></tr></thead><tbody><tr><td>Mar-21</td><td>80</td><td>80</td></tr><tr><td>Apr-21</td><td>78</td><td>80</td></tr><tr><td>May-21</td><td>78</td><td>80</td></tr><tr><td>Jun-21</td><td>68</td><td>80</td></tr><tr><td>Jul-21</td><td>68</td><td>80</td></tr><tr><td>Aug-21</td><td>82</td><td>80</td></tr><tr><td>Sep-21</td><td>75</td><td>80</td></tr><tr><td>Oct-21</td><td>68</td><td>80</td></tr><tr><td>Nov-21</td><td>68</td><td>80</td></tr><tr><td>Dec-21</td><td>68</td><td>80</td></tr><tr><td>Jan-22</td><td>62</td><td>80</td></tr><tr><td>Feb-22</td><td>65</td><td>80</td></tr><tr><td>Mar-22</td><td>65</td><td>80</td></tr></tbody></table> <p>■ Health Board Total ■ HB Profile</p>	Month	Health Board Total (%)	HB Profile (%)	Mar-21	80	80	Apr-21	78	80	May-21	78	80	Jun-21	68	80	Jul-21	68	80	Aug-21	82	80	Sep-21	75	80	Oct-21	68	80	Nov-21	68	80	Dec-21	68	80	Jan-22	62	80	Feb-22	65	80	Mar-22	65	80
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FINANCE UPDATES

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

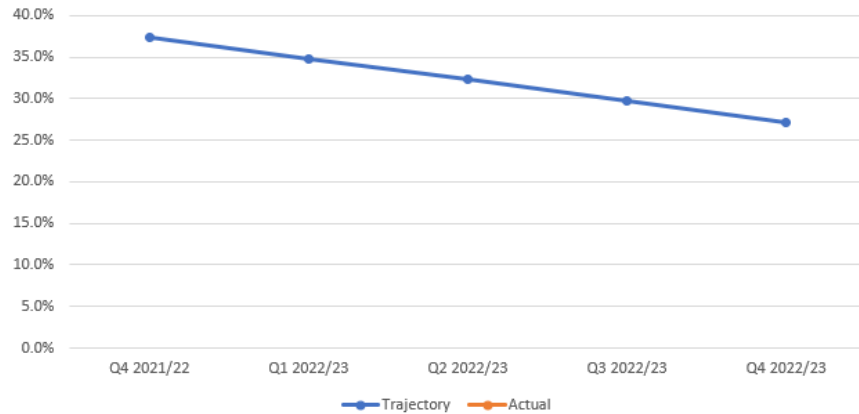
Description	Current Performance	Trend																																																				
Revenue Financial Position – expenditure incurred against revenue resource limit	<ul style="list-style-type: none">The Health Board agreed its annual plan with a forecast deficit for 2022/23 of £24.4m on 31st March 2022. This comprised of the following assumptions:Underlying Deficit b/f of £42.1mIncreased WG Funding 22/23 of £22.1mSavings Requirement of £27mRecognised growth & investment of £31.4mCovid transition funding and extraordinary pressures (utilities, real living wage & National insurance) will be fully funded by WG.The £24.4m deficit plan has a target each month of £2.034m. The actual month 2 variance was £2.387m and was £0.353m off profile, and the cumulative position after 2 months was £4.636m, which is £0.567m above profile.	<div><div>HEALTH BOARD FINANCIAL PERFORMANCE 2022/23</div><table><thead><tr><th>Month</th><th>Health Board Position (£'000)</th><th>Forecast Position (£'000)</th><th>Target Overspend (£'000)</th></tr></thead><tbody><tr><td>M1</td><td>2,247</td><td></td><td>2,034</td></tr><tr><td>M2</td><td>2,387</td><td></td><td>2,034</td></tr><tr><td>M3</td><td></td><td>1,977</td><td>2,034</td></tr><tr><td>M4</td><td></td><td>1,977</td><td>2,034</td></tr><tr><td>M5</td><td></td><td>1,977</td><td>2,034</td></tr><tr><td>M6</td><td></td><td>1,977</td><td>2,034</td></tr><tr><td>M7</td><td></td><td>1,977</td><td>2,034</td></tr><tr><td>M8</td><td></td><td>1,977</td><td>2,034</td></tr><tr><td>M9</td><td></td><td>1,977</td><td>2,034</td></tr><tr><td>M10</td><td></td><td>1,977</td><td>2,034</td></tr><tr><td>M11</td><td></td><td>1,977</td><td>2,034</td></tr><tr><td>M12</td><td></td><td>1,974</td><td>2,034</td></tr></tbody></table></div>	Month	Health Board Position (£'000)	Forecast Position (£'000)	Target Overspend (£'000)	M1	2,247		2,034	M2	2,387		2,034	M3		1,977	2,034	M4		1,977	2,034	M5		1,977	2,034	M6		1,977	2,034	M7		1,977	2,034	M8		1,977	2,034	M9		1,977	2,034	M10		1,977	2,034	M11		1,977	2,034	M12		1,974	2,034
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Description	Current Performance	Trend																																							
Capital Financial Position – expenditure incurred against capital resource limit	<ul style="list-style-type: none"> The forecast outturn capital position for 2022/23 is an overspend of £2.883m. Allocations are anticipated from Welsh Government which will balance this position. High/Medium risk All Wales Capital schemes are reported to Welsh Government. Any schemes where risks are reported are being closely monitored and discussed at the Capital Review progress meetings with Welsh Government. The reported forecast outturn position assumes that £1.998m of disposal income will be received. 	<p>Capital - Cumulative Performance to Plan</p> <table border="1"> <caption>Capital - Cumulative Performance to Plan (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Forecast (£'000)</th> <th>Actual/Revised Forecast (£'000)</th> </tr> </thead> <tbody> <tr><td>April</td><td>4,000</td><td>4,000</td></tr> <tr><td>May</td><td>5,000</td><td>5,000</td></tr> <tr><td>June</td><td>6,000</td><td>6,000</td></tr> <tr><td>July</td><td>8,000</td><td>8,000</td></tr> <tr><td>Aug</td><td>10,000</td><td>10,000</td></tr> <tr><td>Sept</td><td>12,000</td><td>12,000</td></tr> <tr><td>Oct</td><td>14,000</td><td>14,000</td></tr> <tr><td>Nov</td><td>16,000</td><td>16,000</td></tr> <tr><td>Dec</td><td>18,000</td><td>18,000</td></tr> <tr><td>Jan</td><td>22,000</td><td>22,000</td></tr> <tr><td>Feb</td><td>25,000</td><td>25,000</td></tr> <tr><td>March</td><td>30,000</td><td>32,000</td></tr> </tbody> </table>	Month	Forecast (£'000)	Actual/Revised Forecast (£'000)	April	4,000	4,000	May	5,000	5,000	June	6,000	6,000	July	8,000	8,000	Aug	10,000	10,000	Sept	12,000	12,000	Oct	14,000	14,000	Nov	16,000	16,000	Dec	18,000	18,000	Jan	22,000	22,000	Feb	25,000	25,000	March	30,000	32,000
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Workforce Spend – workforce expenditure profile	<ul style="list-style-type: none"> The pay budgets are underspent by £50k at the end of May.. Funding has been allocated to : <ul style="list-style-type: none"> support additional transition and recovery costs associated with COVID, Variable pay remains high with increased expenditure in month 2 on non medical agency costs in excess of both the average of last year and corresponding month. This reflects operational pressures, increasing sickness levels and recovery actions and will be monitored as the months progress. 	<p>Variable Pay Expenditure This Year and Last Year</p> <table border="1"> <caption>Variable Pay Expenditure This Year and Last Year (Estimated Data)</caption> <thead> <tr> <th>Period</th> <th>Variable Pay - Last Year (£)</th> <th>Average Variable Pay - Last Year (£)</th> </tr> </thead> <tbody> <tr><td>P01</td><td>4,500,000</td><td>5,500,000</td></tr> <tr><td>P02</td><td>6,000,000</td><td>5,500,000</td></tr> <tr><td>P03</td><td>4,000,000</td><td>5,500,000</td></tr> <tr><td>P04</td><td>4,500,000</td><td>5,500,000</td></tr> <tr><td>P05</td><td>7,500,000</td><td>5,500,000</td></tr> <tr><td>P06</td><td>5,500,000</td><td>5,500,000</td></tr> <tr><td>P07</td><td>5,500,000</td><td>5,500,000</td></tr> <tr><td>P08</td><td>6,000,000</td><td>5,500,000</td></tr> <tr><td>P09</td><td>5,500,000</td><td>5,500,000</td></tr> <tr><td>P10</td><td>6,000,000</td><td>5,500,000</td></tr> <tr><td>P11</td><td>6,000,000</td><td>5,500,000</td></tr> <tr><td>P12</td><td>9,500,000</td><td>5,500,000</td></tr> </tbody> </table>	Period	Variable Pay - Last Year (£)	Average Variable Pay - Last Year (£)	P01	4,500,000	5,500,000	P02	6,000,000	5,500,000	P03	4,000,000	5,500,000	P04	4,500,000	5,500,000	P05	7,500,000	5,500,000	P06	5,500,000	5,500,000	P07	5,500,000	5,500,000	P08	6,000,000	5,500,000	P09	5,500,000	5,500,000	P10	6,000,000	5,500,000	P11	6,000,000	5,500,000	P12	9,500,000	5,500,000
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Description	Current Performance	Trend																																																				
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	<ul style="list-style-type: none">The Health Board failed to deliver this target in 2021/22, but significant improvement was made in the latter half of the year.In the first month of the new financial year the Health Board performance was just below target at 94.75% payment of non NHS invoices within 30 days of receipt of goods or valid invoice.In the second month there has been an improvement and the PSPP target was achieved at 95.81%, bring the cumulative position to 95.3%, which is above the target.	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p> <table><caption>PSPP Target Data</caption><thead><tr><th>Month</th><th>PSPP In Month (%)</th><th>PSPP Cumulative (%)</th><th>PSPP Target (%)</th></tr></thead><tbody><tr><td>M1</td><td>94.75</td><td>94.75</td><td>95.00</td></tr><tr><td>M2</td><td>95.81</td><td>95.30</td><td>95.00</td></tr><tr><td>M3</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M4</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M5</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M6</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M7</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M8</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M9</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M10</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M11</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M12</td><td>95.00</td><td>95.00</td><td>95.00</td></tr></tbody></table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	94.75	94.75	95.00	M2	95.81	95.30	95.00	M3	95.00	95.00	95.00	M4	95.00	95.00	95.00	M5	95.00	95.00	95.00	M6	95.00	95.00	95.00	M7	95.00	95.00	95.00	M8	95.00	95.00	95.00	M9	95.00	95.00	95.00	M10	95.00	95.00	95.00	M11	95.00	95.00	95.00	M12	95.00	95.00	95.00
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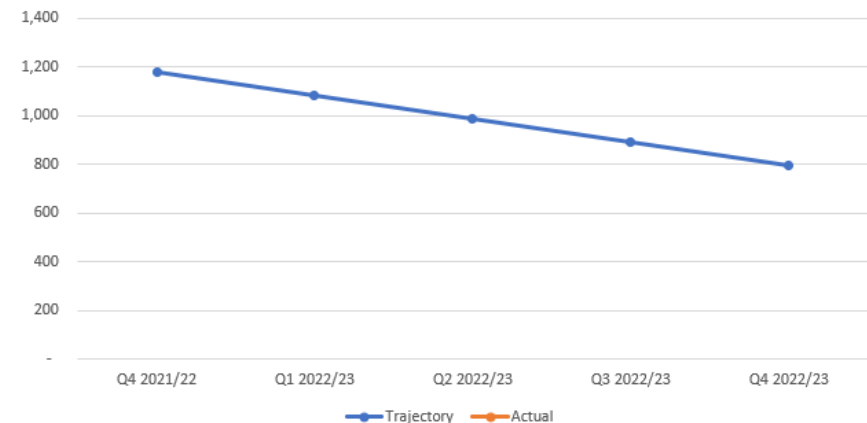
MINISTERIAL PRIORITY MEASURES

Number of people admitted as an emergency who remain in an acute or community hospital > 21 days since admission



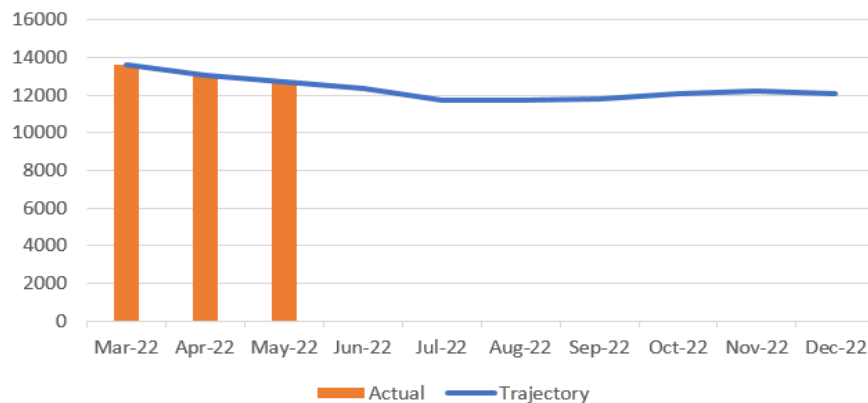
Target: 4 quarter reduction trend

Percentage of total emergency bed days accrued by people with a length of stay > 21 days



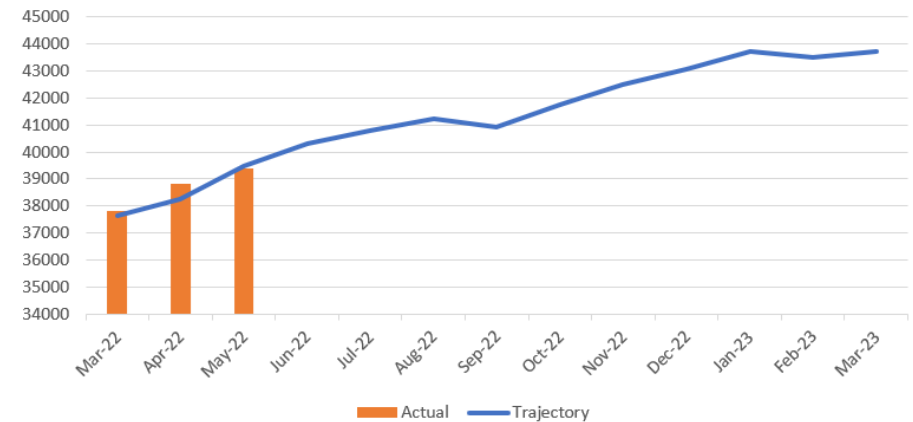
Target: 4 quarter reduction trend

Number of patients waiting more than 104 weeks for treatment

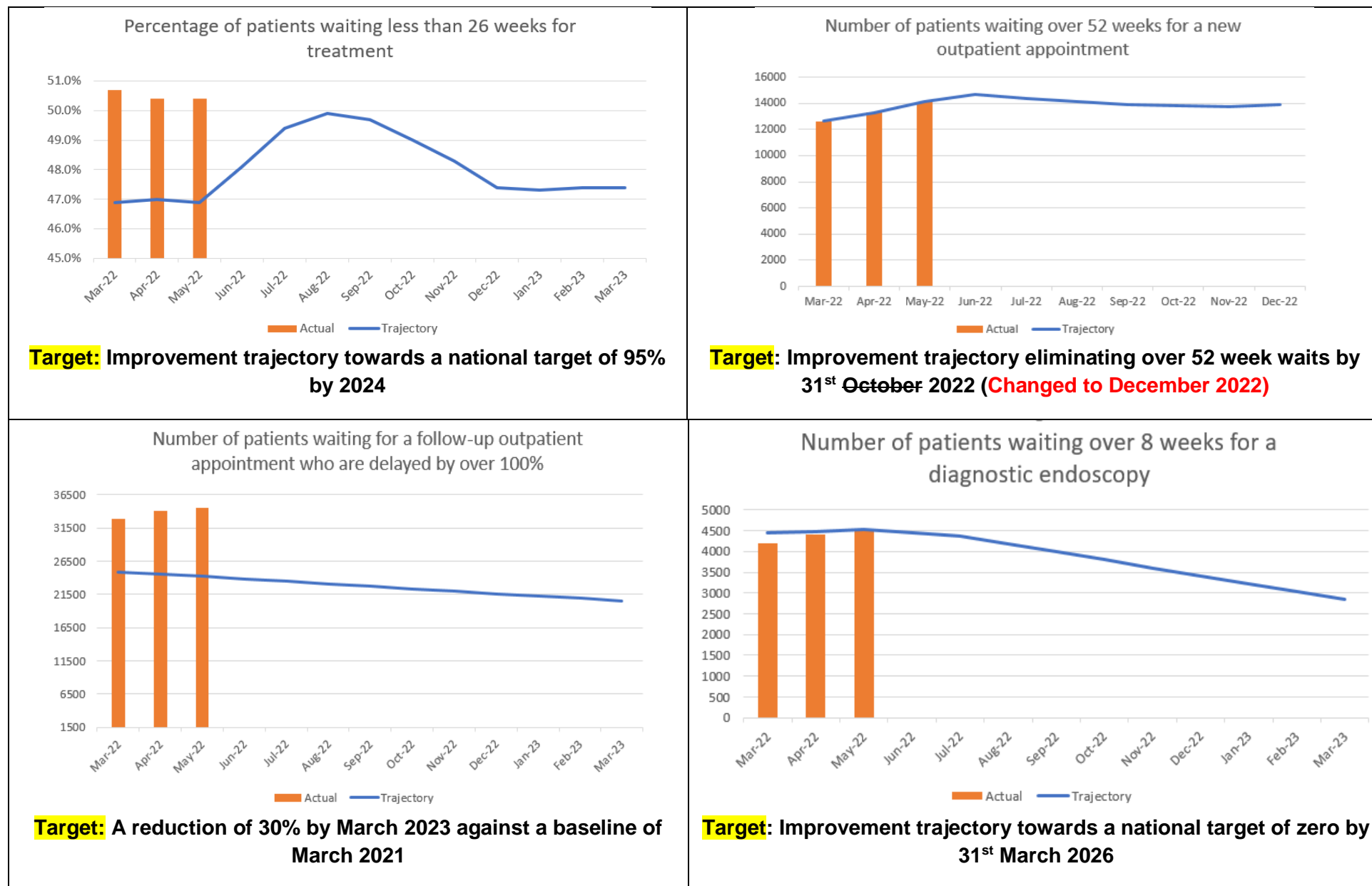


Target: Improvement trajectory towards a national target of zero by 2024

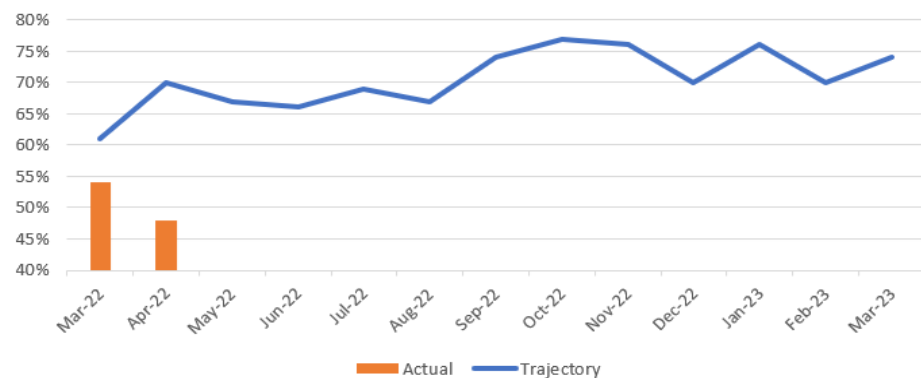
Number of patients waiting more than 36 weeks for treatment



Target: Improvement trajectory towards a national target of zero by 2026

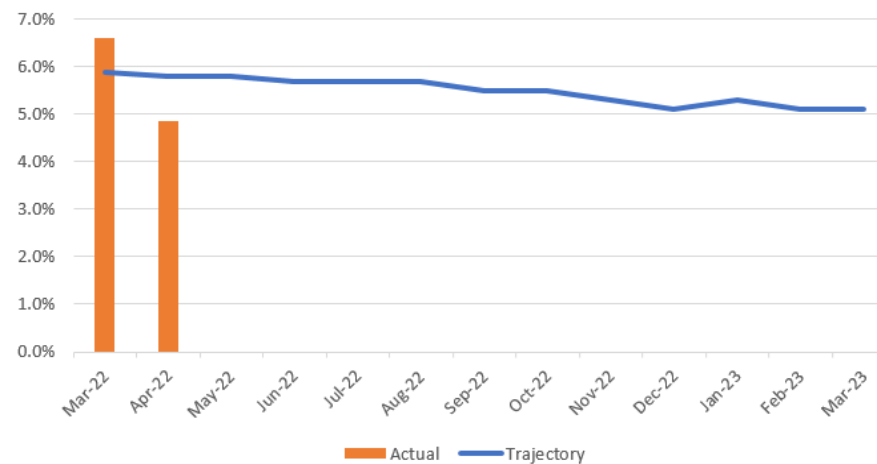


Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)



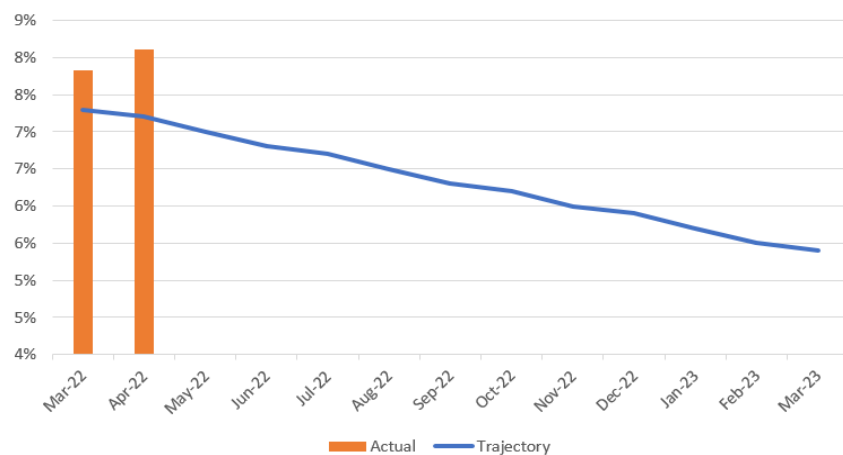
Target: Improvement trajectory towards a national target of 75%

Agency spend as a percentage of the total pay bill



Target: 12-month reduction trend

Percentage of sickness absence rate of staff



Target: 12-month reduction trend

5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

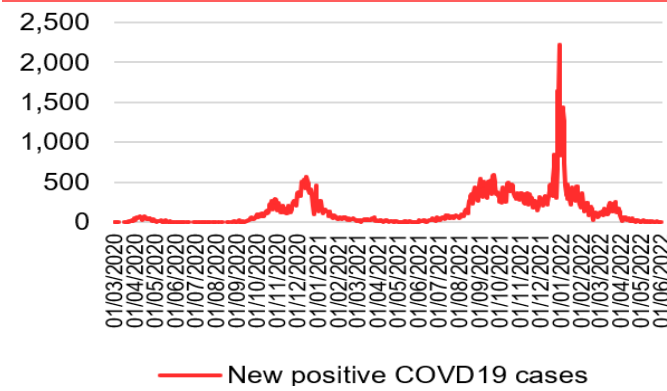


Chart 2: Number of new COVID19 cases (cumulative)

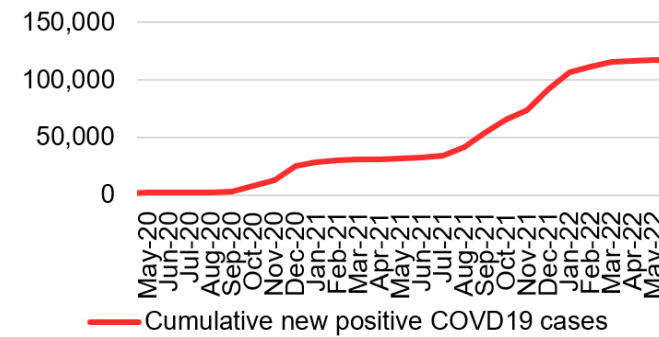


Chart 3: Number of COVID19 tests completed and positivity rate

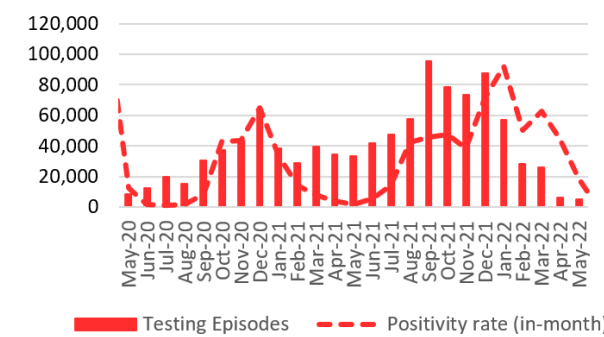


Chart 4: Number of staff referred for Antigen testing

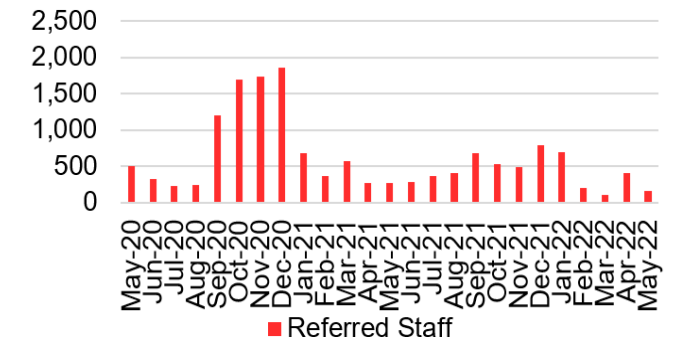


Chart 5: Outcome of staff COVID19/ antigen tests

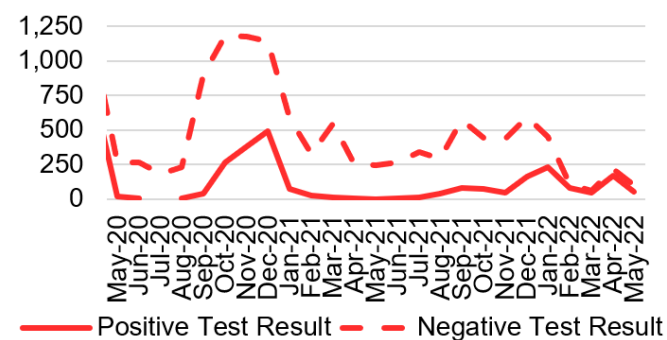


Chart 6: Number of COVID19 related incidents

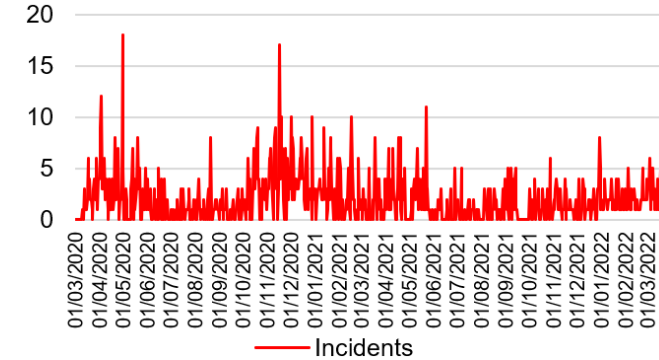


Chart 7: Number of COVID19 related serious incidents

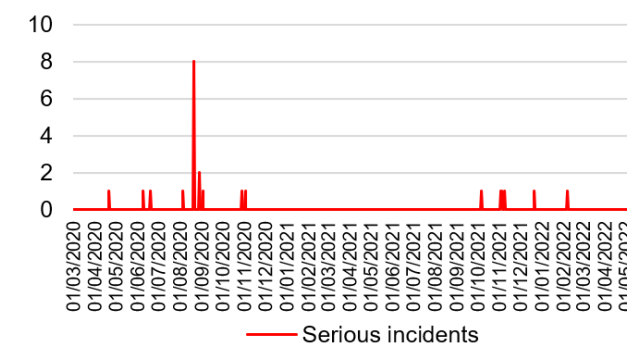


Chart 8: Number of COVID19 related complaints

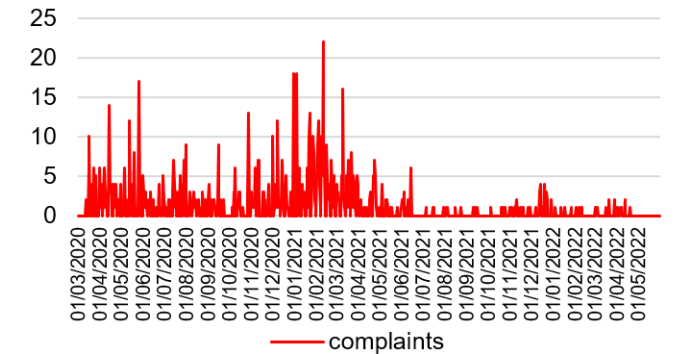


Chart 9: Number of COVID19 related risks

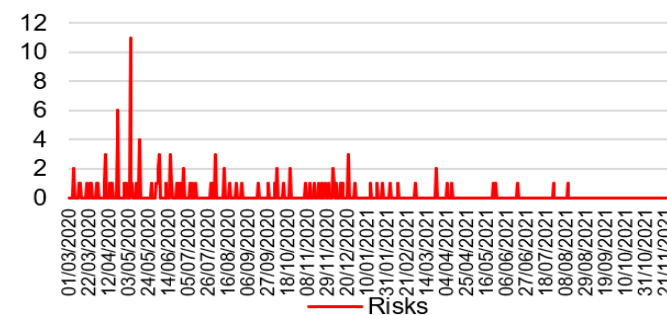


Chart 10: Number of staff self-isolating (asymptomatic)

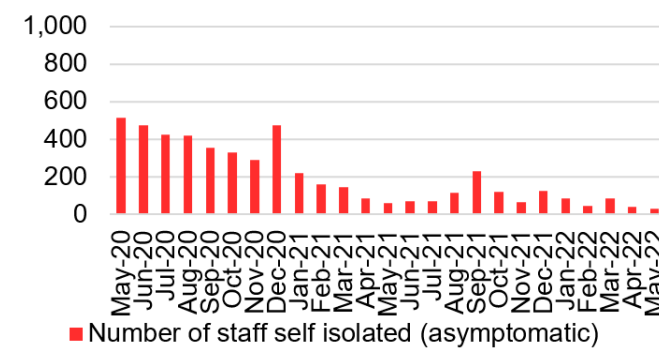


Chart 11: Number of staff self isolating (symptomatic)

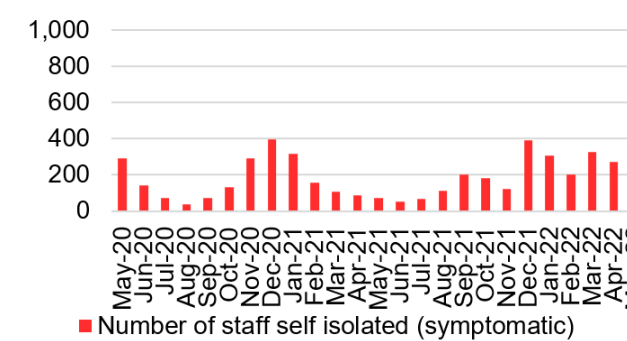


Chart 12: % staff sickness

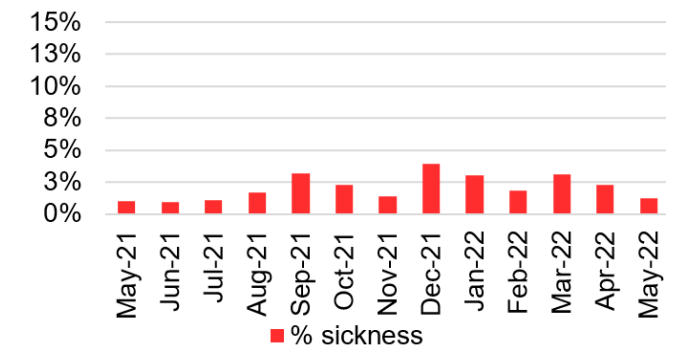


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

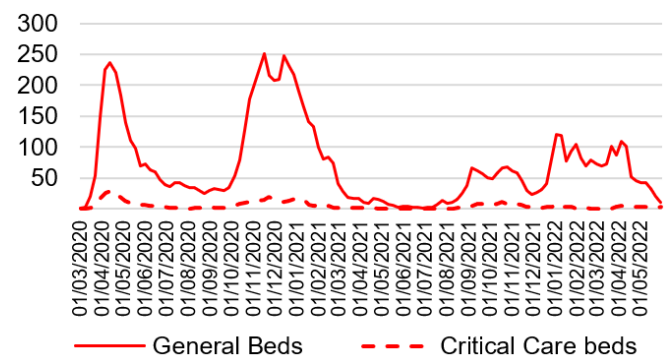


Chart 14: Number of hospital deaths with any mention of COVID19



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

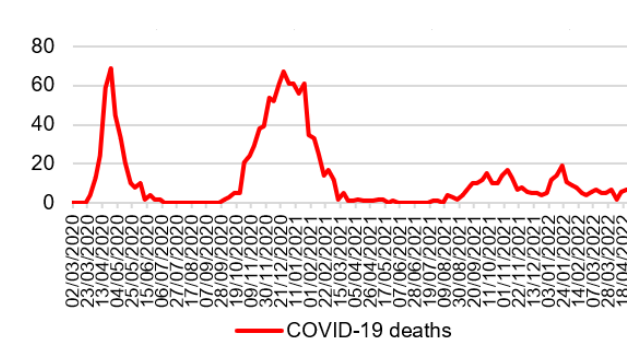
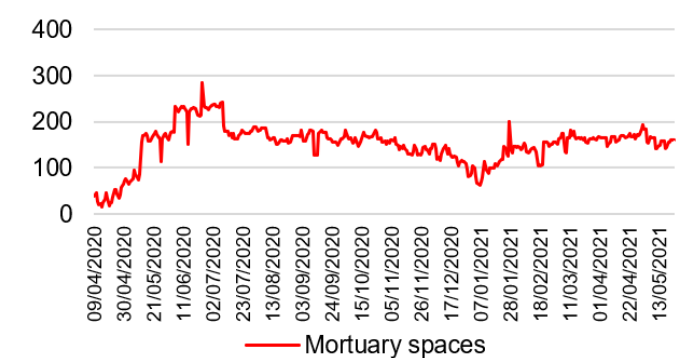


Chart 16: Number of mortuary spaces



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111

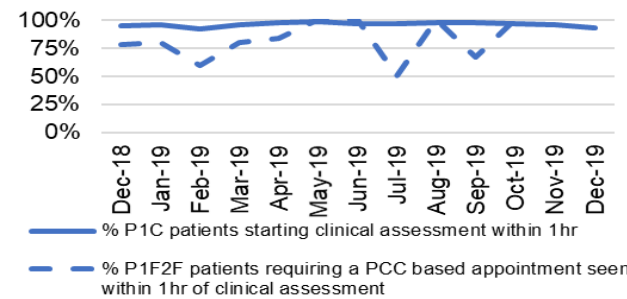


Chart 2: % red calls responded to within 8 minutes

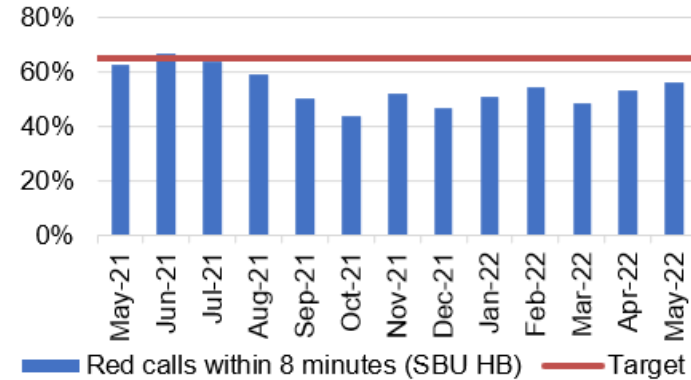


Chart 3: Number of ambulance handovers over 1 hour

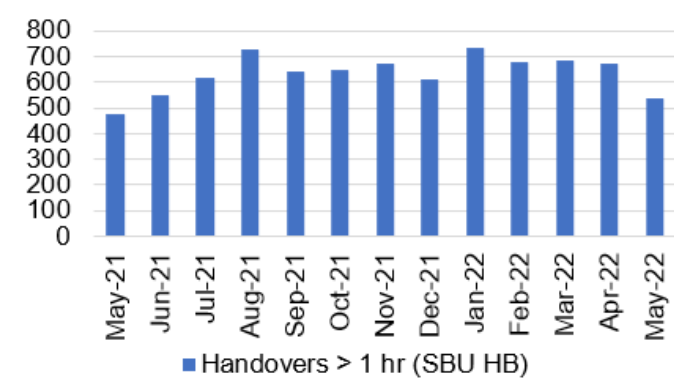


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

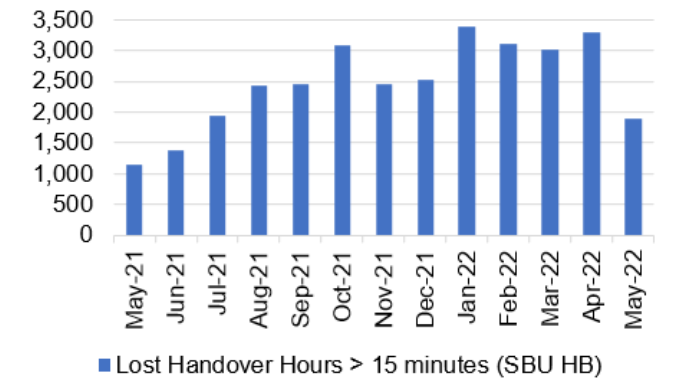


Chart 5: A&E Attendances

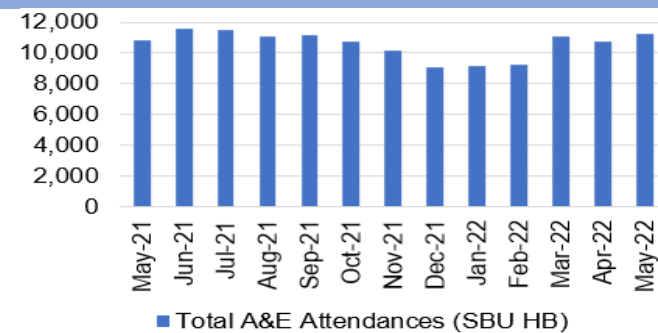


Chart 6: % patients who spend less than 4 hours in A&E

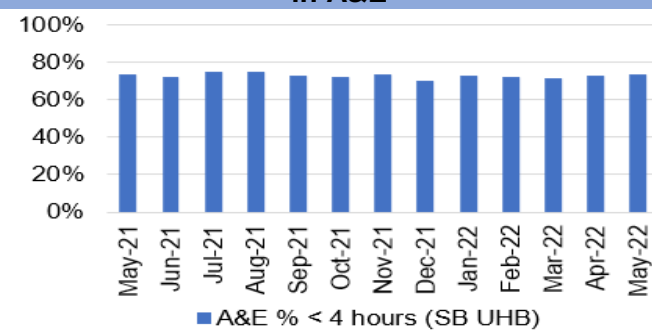


Chart 7: Number of patients waiting over 12 hours in A&E

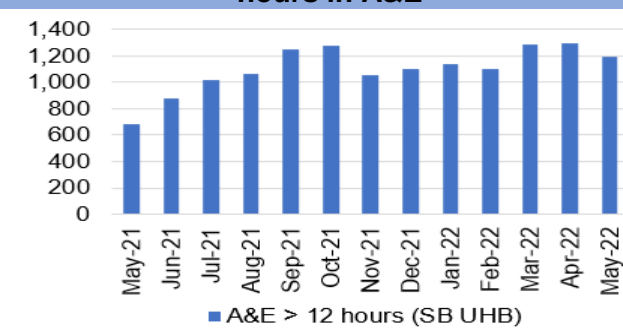


Chart 8: Number of emergency admissions

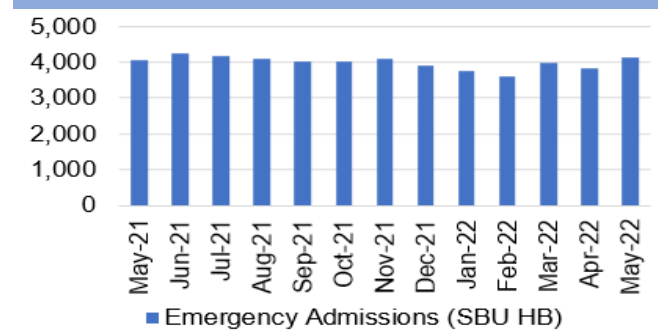


Chart 9: Elective procedures cancelled due to lack of beds

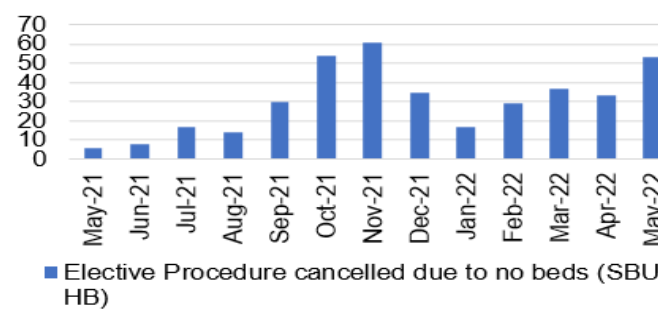


Chart 10: Number of clinically optimised patients

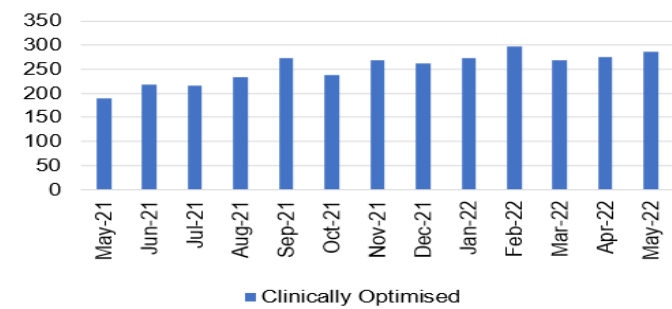


Chart 11: Delay reason for clinically optimised patients

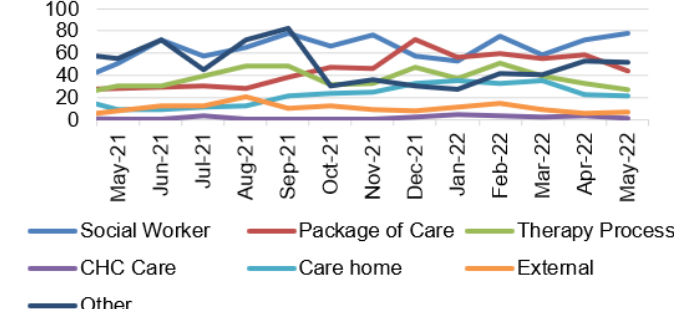


Chart 12: Average lost bed days (per day)

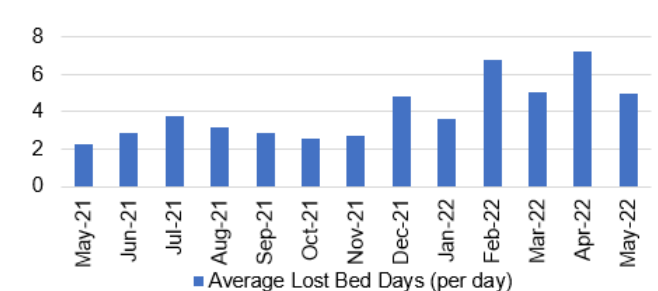


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

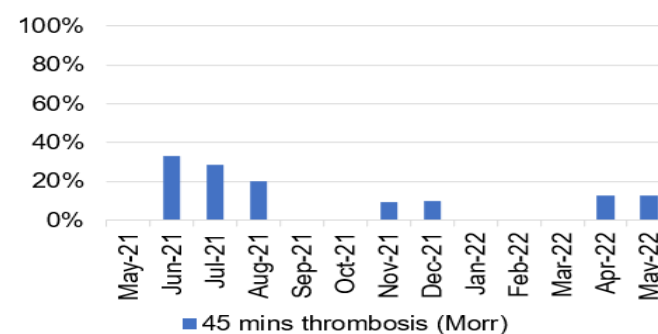


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

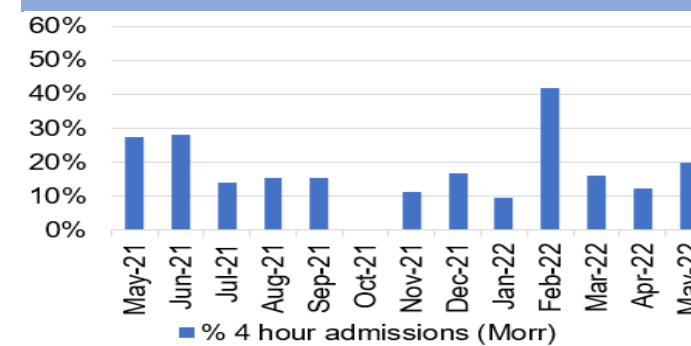


Chart 15: % of stroke patients receiving CT scan with 1 hour

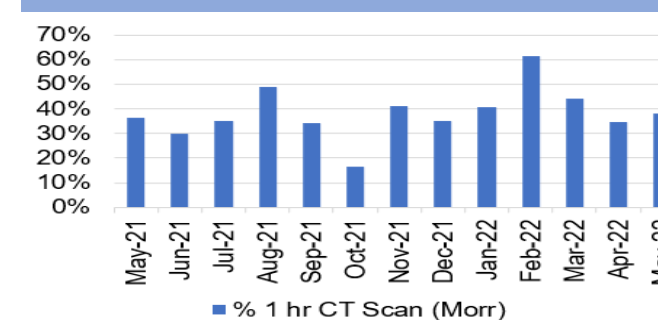
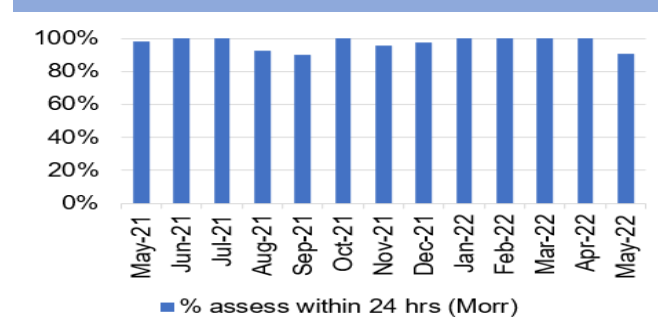


Chart 16: % stroke patients receiving consultant assessment within 24 hours



HARM FROM REDUCTION IN NON-COVID ACTIVITY

Primary and Community Care Overview

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

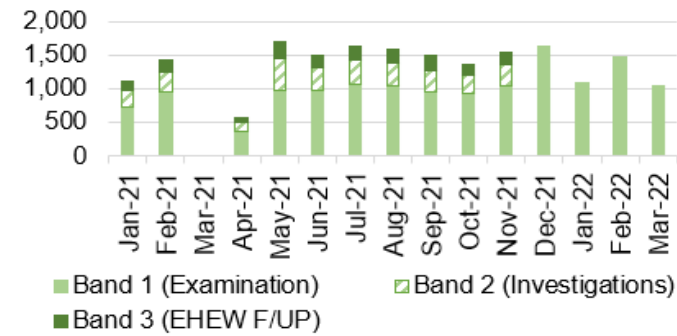


Chart 2: GMS - Escalation Levels



Chart 3: GMS - Sustainability

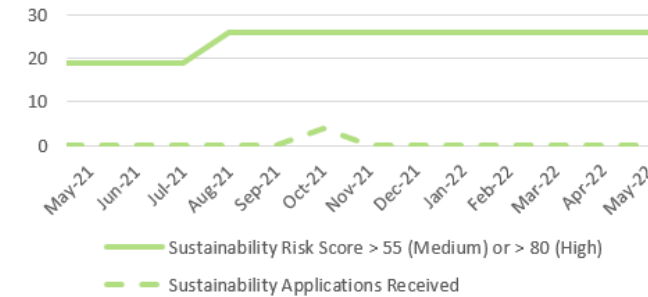


Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months

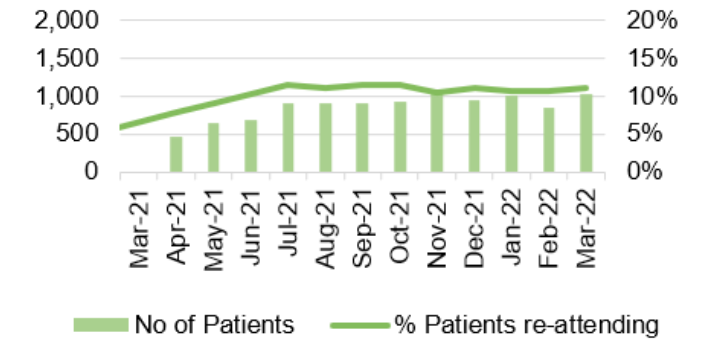


Chart 5: General Dental Services - Activity

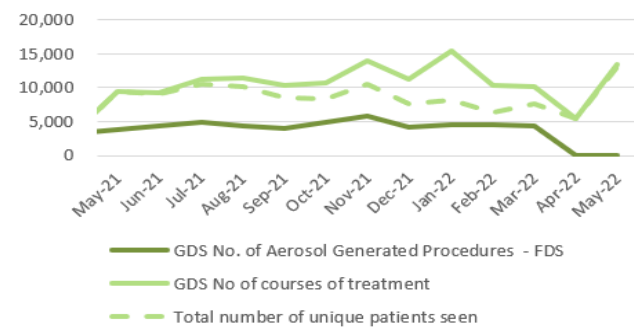


Chart 6: General Dental Services - New Patients

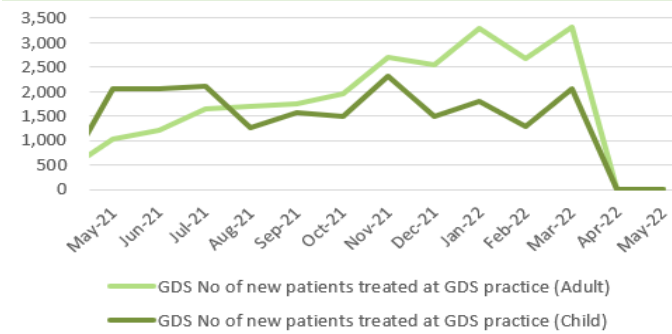


Chart 7: General Dental Services - ACORNs/FV

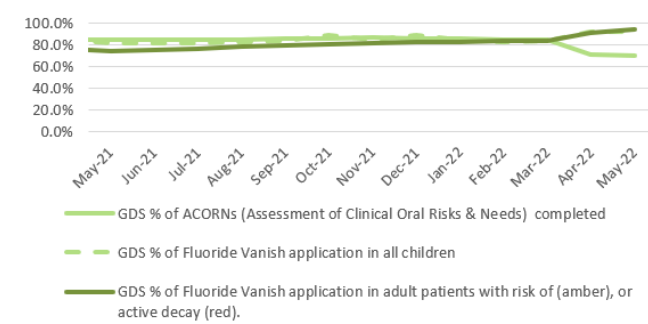


Chart 8: Optometry Activity – sight tests

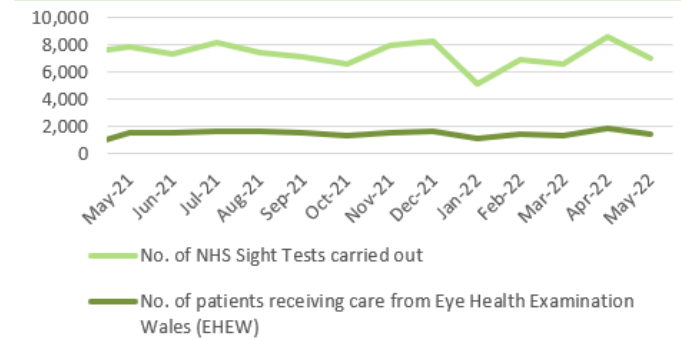


Chart 9: Optometry Activity – low vision care

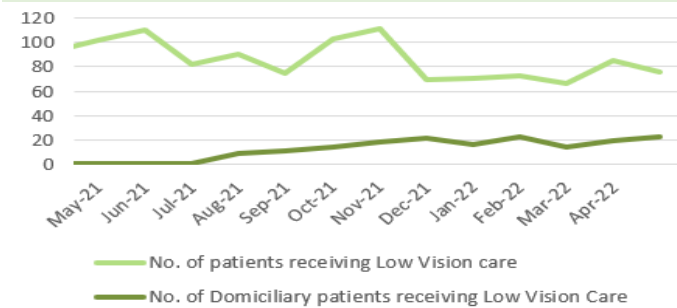


Chart 10: Community Pharmacy – Escalation levels



Chart 11: Community Pharmacy – Common Ailment Scheme

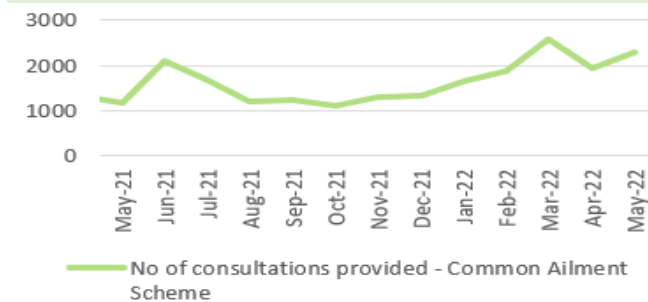


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

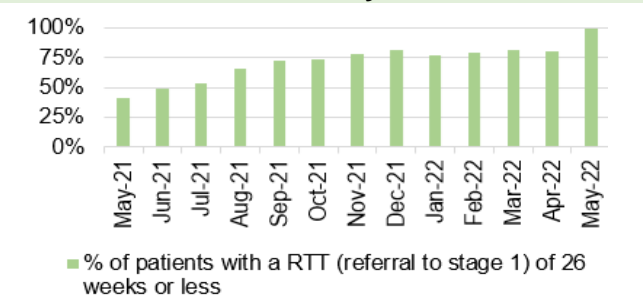


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

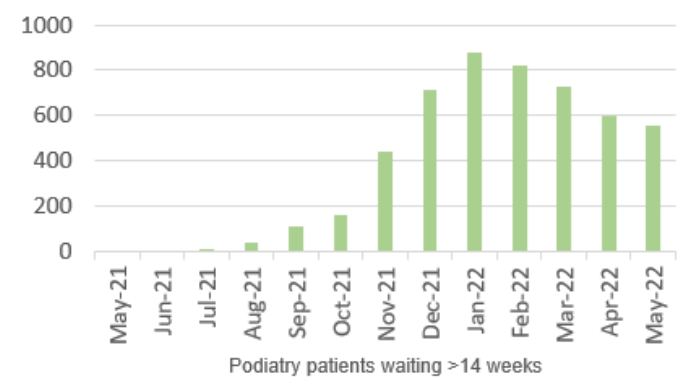


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

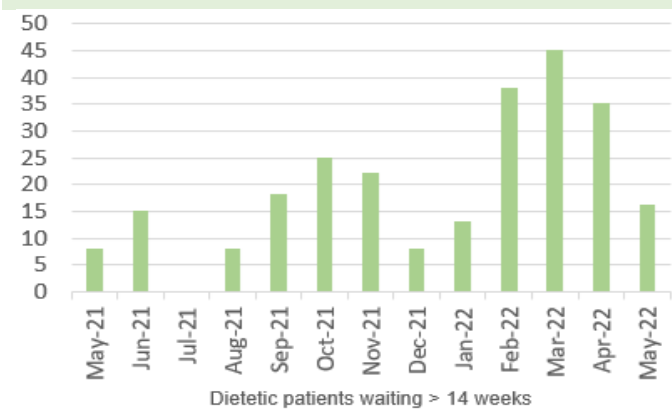


Chart 15: Audiology- Total number of patients waiting > 14 weeks

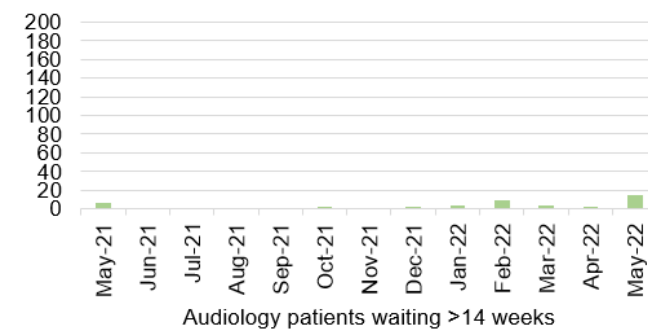
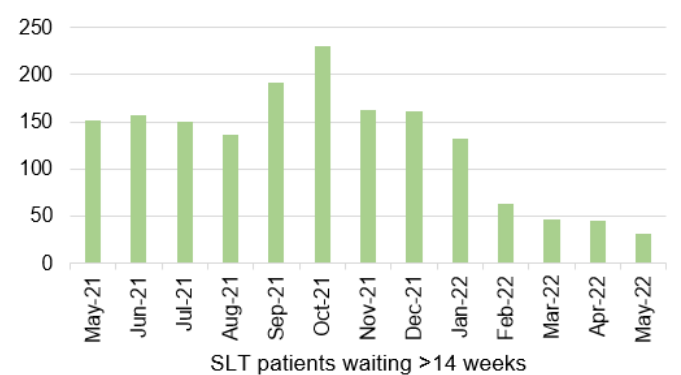


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity

Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

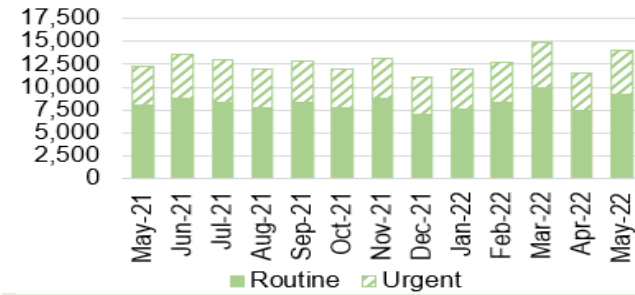


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

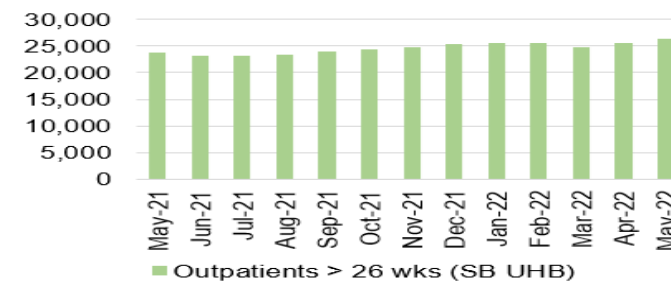


Chart 3: Number of patients waiting over 36 weeks for treatment

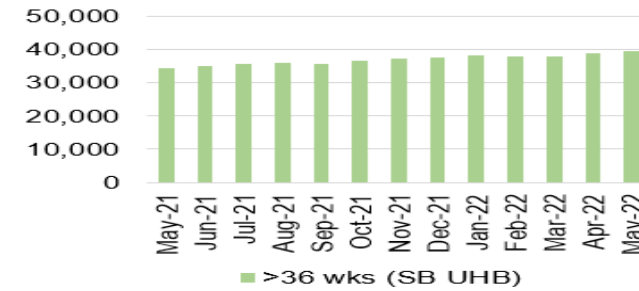


Chart 4: % patients waiting less than 26 weeks from referral to treatment

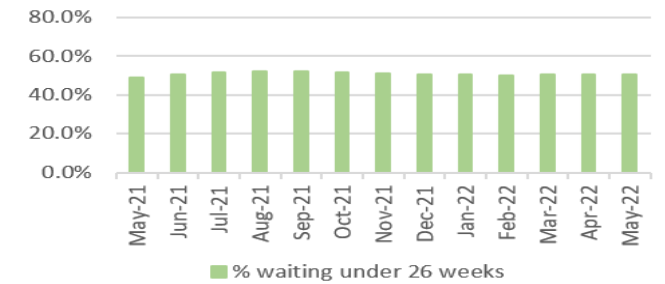


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

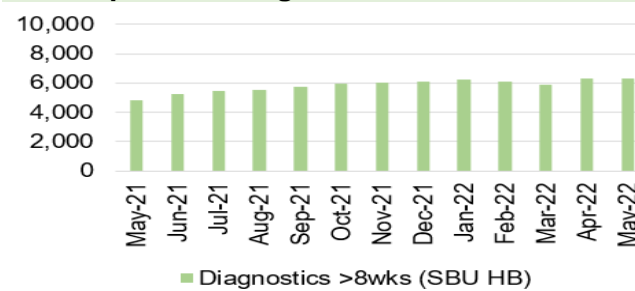


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

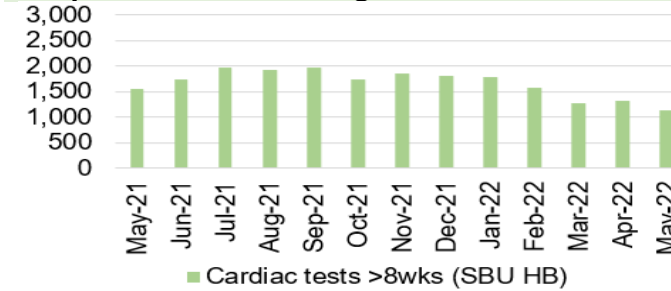


Chart 7: Number of patients waiting more than 14 weeks for Therapies

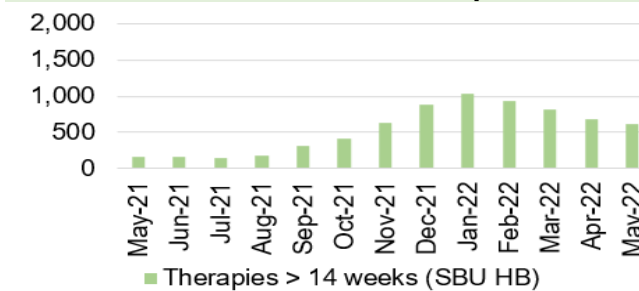


Chart 8: Cancer referrals

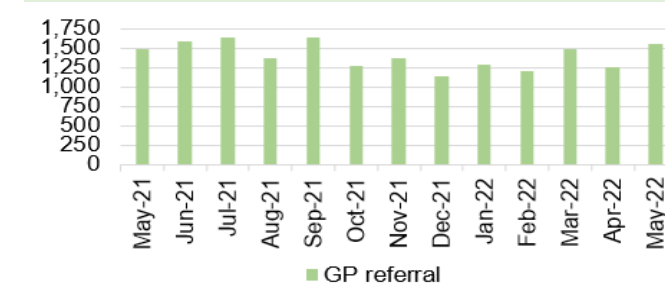


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

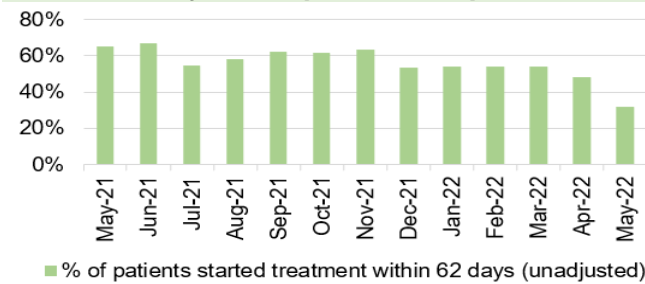


Chart 10: Number of new cancer patients starting definitive treatment

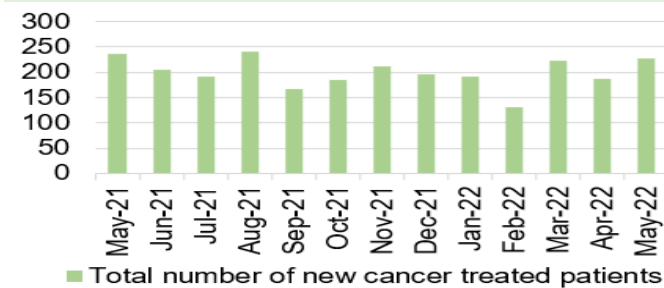


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days



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

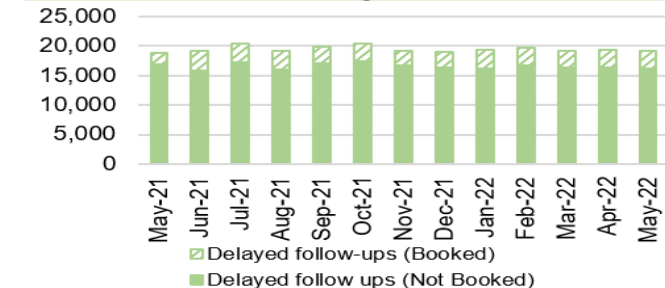


Chart 13: Number of patients without a documented clinical review date

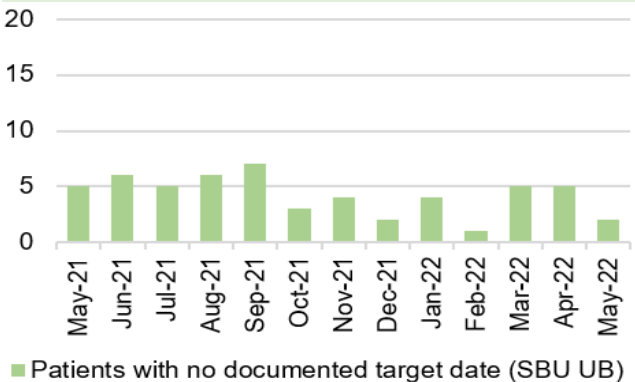


Chart 14: Ophthalmology patients without an allocated health risk factor

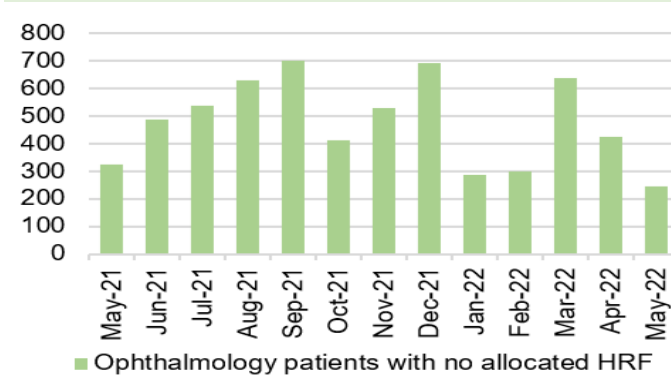


Chart 15: Total number of patients on the follow-up waiting list

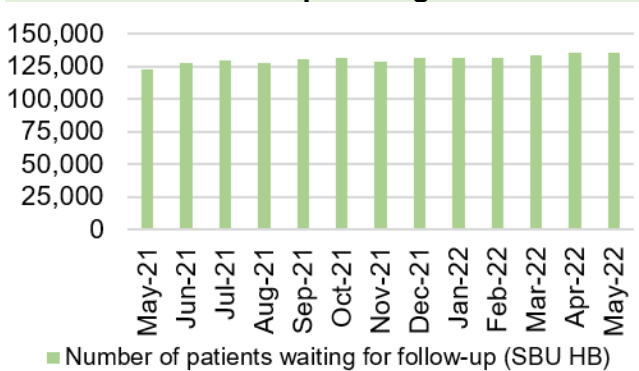
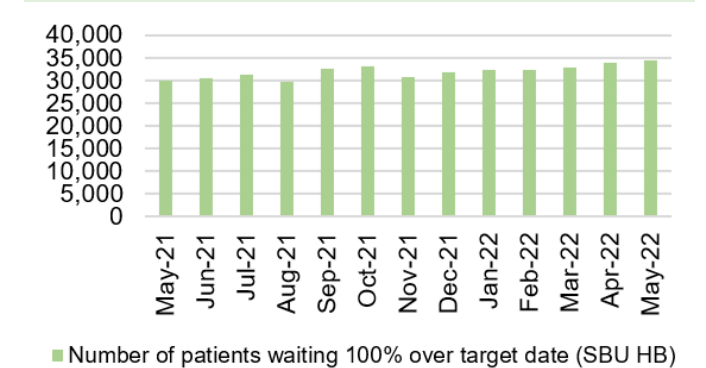


Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

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



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

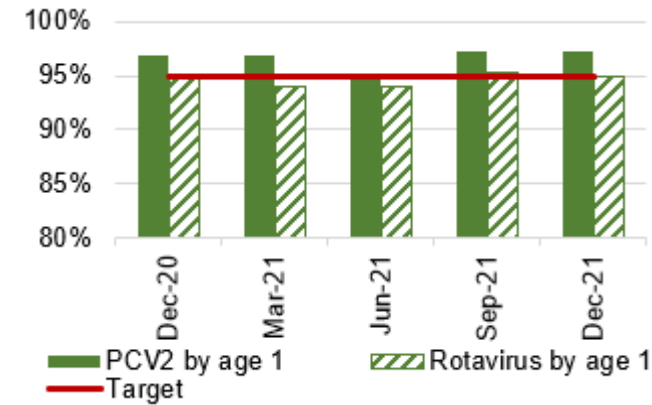


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

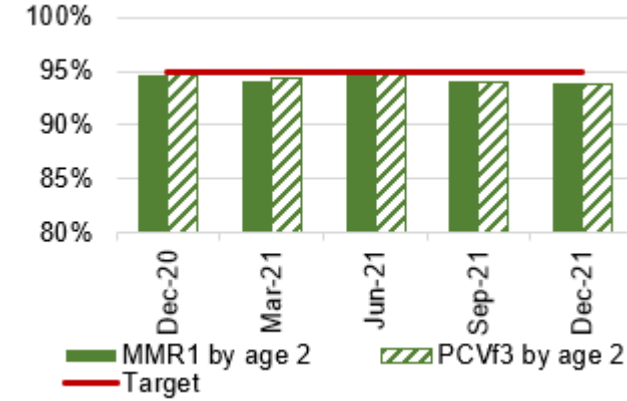


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

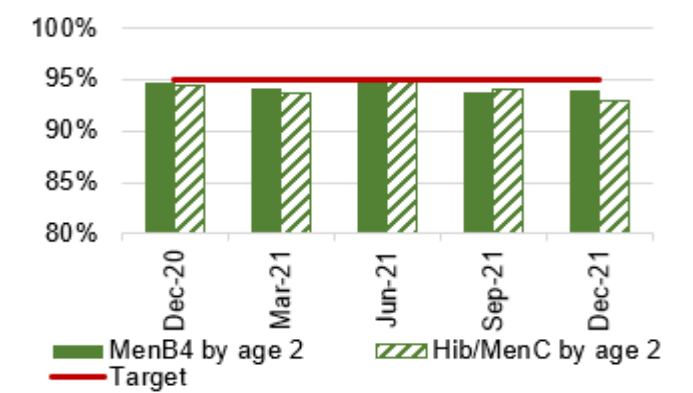


Chart 5: % children who are up to date in schedule by age 4

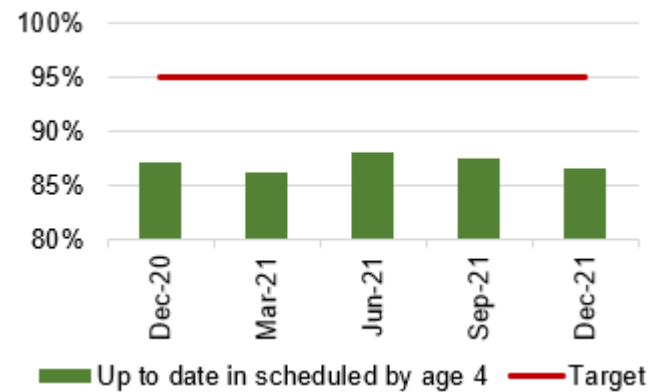


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

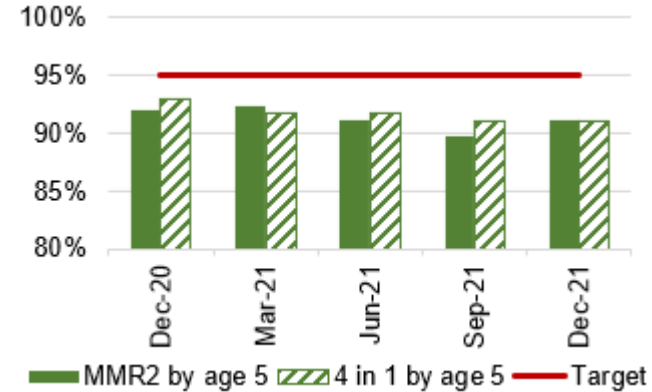


Chart 7: % children who received MMR vaccine and teenage booster by age 16

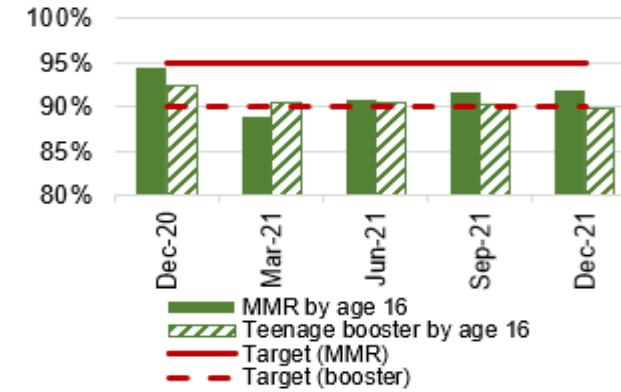


Chart 8: % children who received MenACWY vaccine by age 16

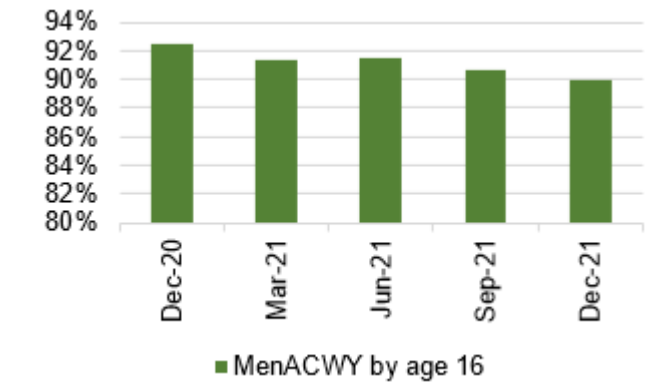
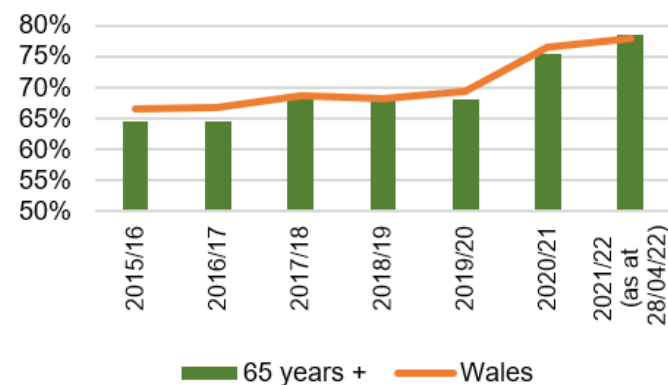


Chart 9: Influenza uptake for amongst 65 year olds and over



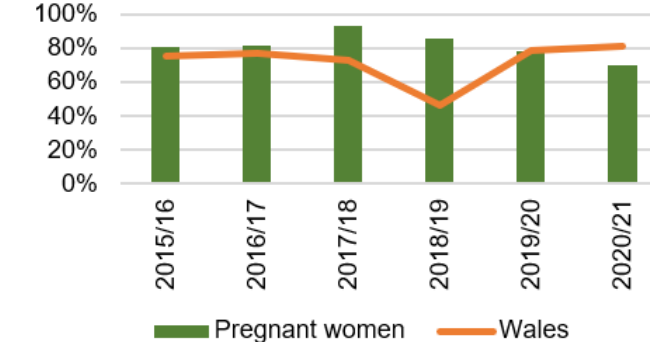
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



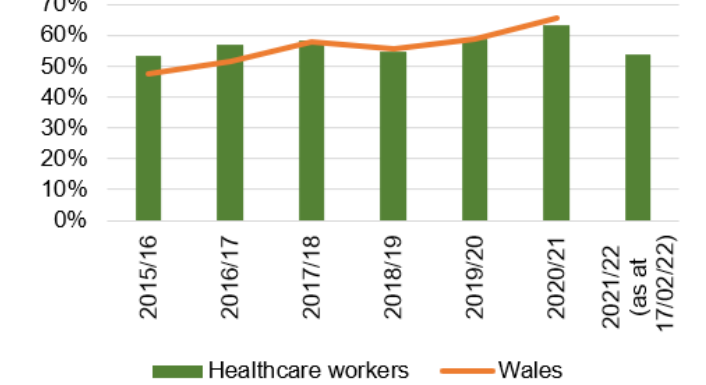
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

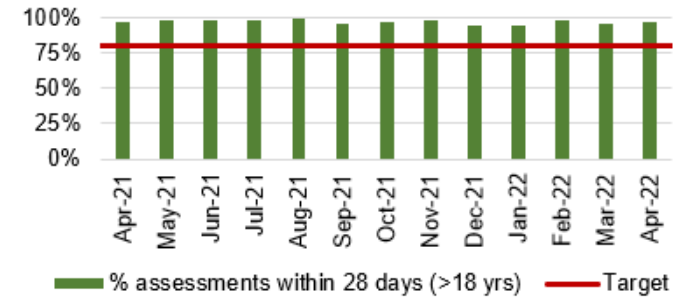


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

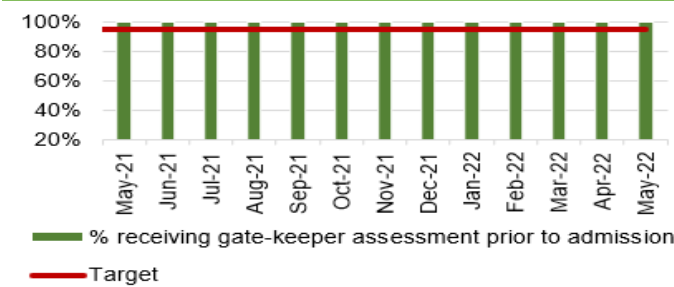


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

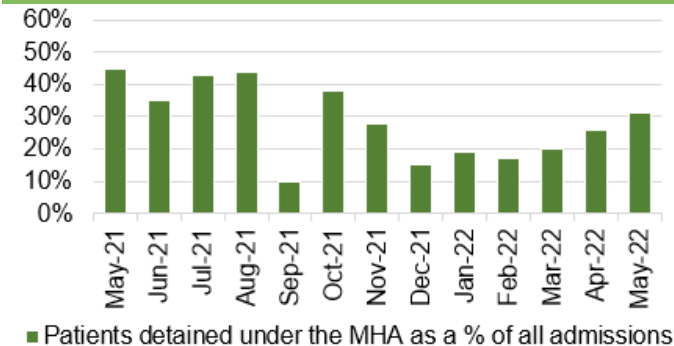


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

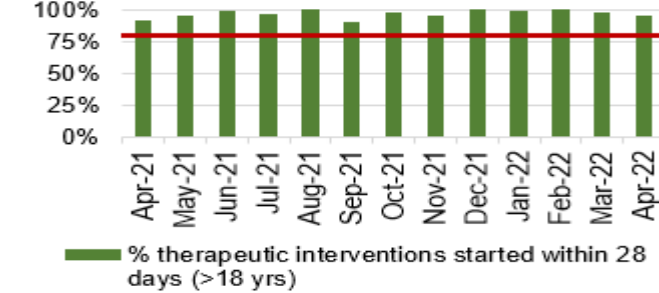


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

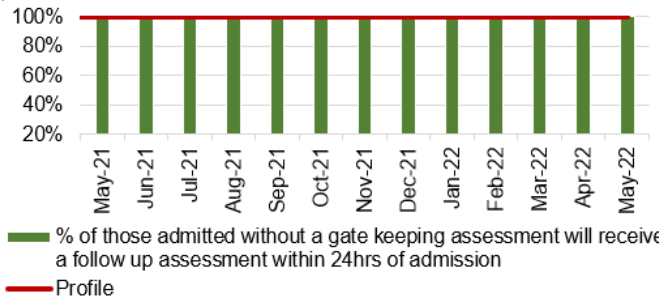


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

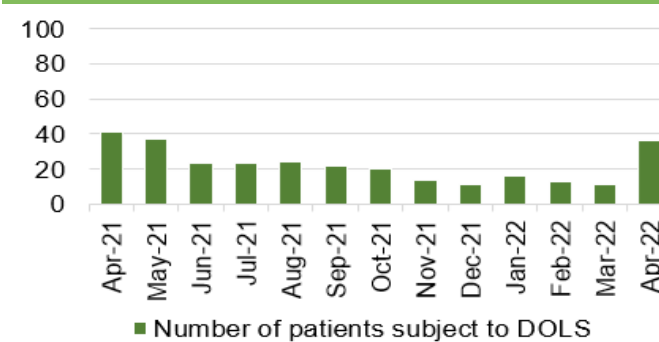


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

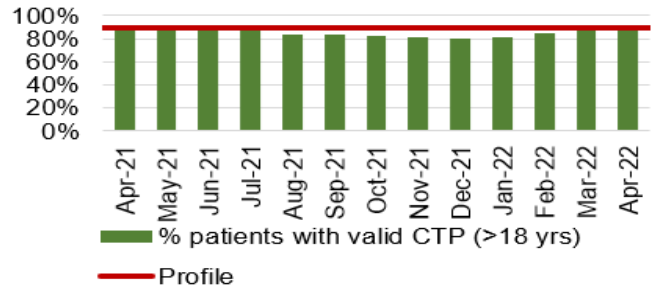


Chart 7: % of patients waiting under 14 weeks for Therapies

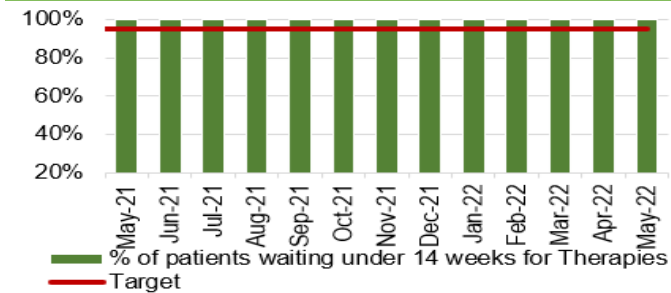


Chart 11: Number of Serious Incidents

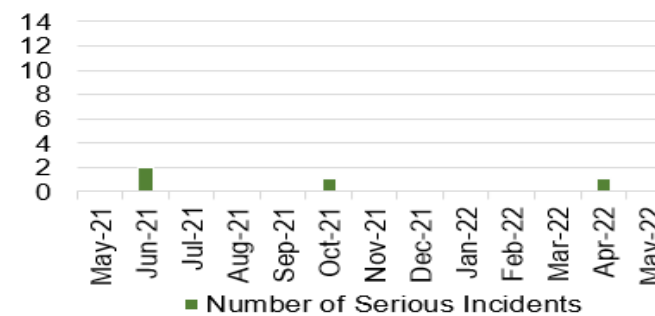


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

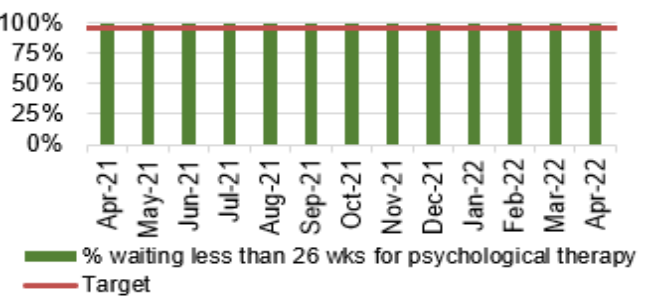


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

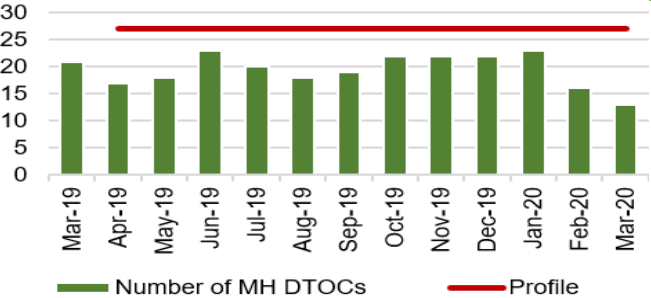
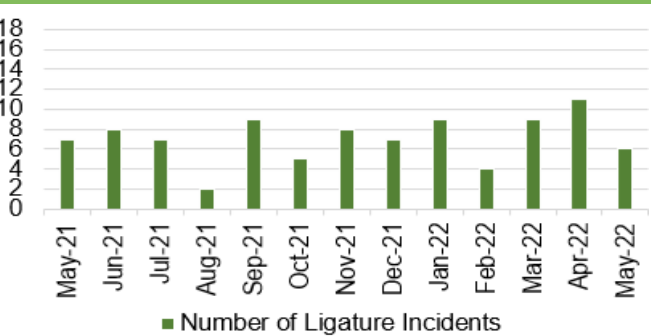


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

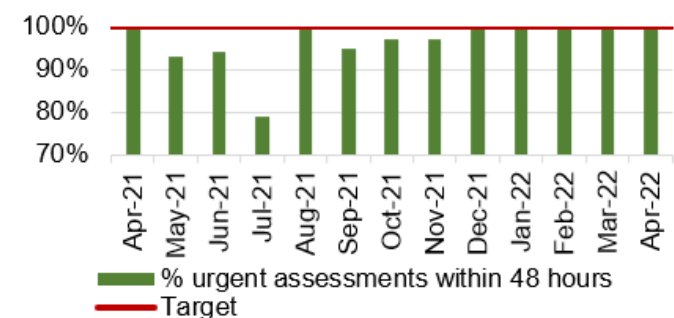


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

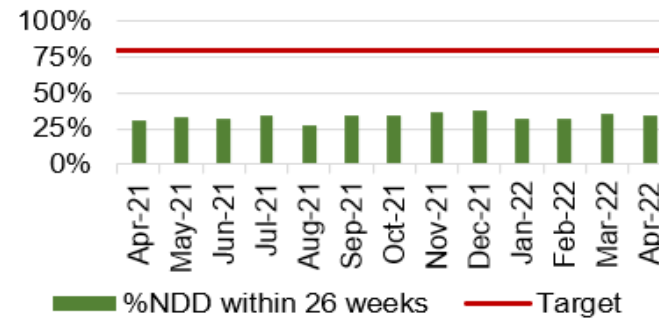


Chart 15: Assessment and intervention within 28 days

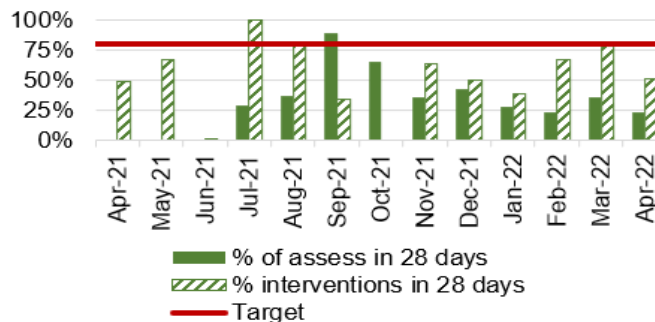
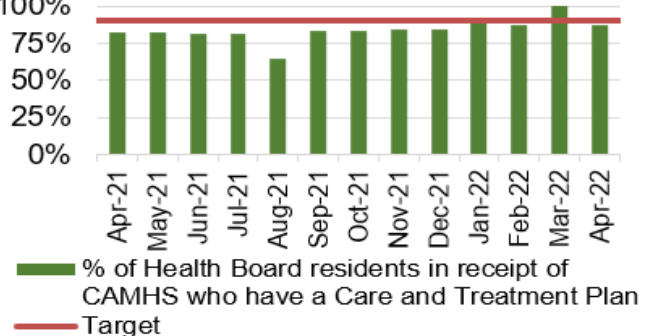


Chart 16: % of residents with a Care and Treatment Plan



APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
COVID19 related measures	Number of new COVID19 cases	Local	May-22	286		Reduce					189	708	1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749	835	286
	Number of staff referred for Antigen Testing	Local	May-22	17,315		Reduce					12,224	12,505	12,872	13,278	13,951	14,475	14,969	15,756	16,447	16,647	16,756	17,158	17,315
	Number of staff awaiting results of COVID19 test	Local	May-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Mar-22	57		Reduce					67	23	24	36	36	47	53	54	59	55	57		
	Number of COVID19 related serious incidents	Local	May-22	0		Reduce					0	0	0	0	0	1	3	1	0	1	0	0	
	Number of COVID19 related complaints	Local	May-22	0		Reduce					13	16	4	6	3	4	14	20	4	4	10	6	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					2	1	1	1	0	0							
	Number of staff self isolated (asymptomatic)	Local	May-22	29		Reduce					71	70	71	115	227	120	65	126	87	43	87	42	29
	Number of staff self isolated (symptomatic)	Local	May-22	125		Reduce					71	50	67	114	204	180	120	393	309	204	326	270	125
	% sickness	Local	May-22	1.2%		Reduce						1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%
Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	May-22	56%	65%	65%	✗	54.5% (May-22)	3rd (Mar-22)		62%	67%	64%	59%	50%	44%	52%	46%	51%	54%	48%	53%	56%
	Number of ambulance handovers over one hour	National	May-22	538	0			6,237 (May-22)	1st (May-22)		477	547	616	726	642	648	670	612	735	678	687	671	538
	Handover hours lost over 15 minutes	Local	May-22	1892							1,154	1,386	1,937	2,443	2,467	3,093	2,461	2,527	3,390	3,110	3,023	3,286	1,892
	% 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	May-22	74%	95%			66.6% (May-22)	3rd (May-22)		73%	72%	75%	75%	73%	72%	73%	70%	73%	72%	71%	73%	74%
	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	May-22	1195	0			10,226 (May-22)	2nd (May-22)		684	880	1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑			81.5% (Feb-22)	4th (Feb-22)		72.1%	78.3%	84.8%	86.7%	72.2%	77.8%	52.4%	68.8%	52.9%	81.4%			
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Apr-22	89.0%	12 month ↑			68% (Apr-22)	2nd (Apr-22)		91.0%	91.0%	91.0%	88.0%	87.0%	88.0%	89.0%	88.0%	89.0%	89.0%	89.0%	89.0%	
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	May-22	20%	54.0%			12.8% (Apr-22)	2nd out of 6 organisations (Apr-22)		27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%
	CT Scan (<1 hrs) (local)	Local	May-22	38%							36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	May-22	91%							98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%
	Thrombolysis door to needle <= 45 mins	Local	May-22	13%							0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	May-22	35%	12 month ↑							39.7%	41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/Local Profile	Profile Status	Welsh Average/Total	SBU's all-Wales rank	Performance Trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
DTOCs	Number of mental health HB DTOCs	National	Mar-20	13	12 month ↓	27	✓				DTOC reporting temporarily suspended												
	Number of non-mental health HB DTOCs	National	Mar-20	60	12 month ↓	50	✗				DTOC reporting temporarily suspended												
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	May-22	79.6	<67		✗	66.64 (May-22)	6th (May-22)		88.9	89.4	89.4	90.5	86.4	82.2	80.5	77.1	73.8	74.6	73.7	96.5	79.6
	Number of E.Coli bacteraemia cases (Hospital)		May-22	8							11	5	11	9	9	7	5	5	7	9	4	13	8
	Number of E.Coli bacteraemia cases (Community)			13							15	24	16	25	12	12	17	12	8	17	17	18	13
	Total number of E.Coli bacteraemia cases			21							26	29	27	34	21	19	22	17	15	26	21	31	21
	Cumulative cases of S.aureus bacteraemias per 100k pop		May-22	50.5	<20		✗	30.58 (May-22)	6th (May-22)		44.5	37.0	36.0	35.5	38.3	40.6	37.2	36.0	36.3	35.8	35.6	43.6	50.5
	Number of S.aureus bacteraemias cases (Hospital)		May-22	9							5	5	7	8	13	11	1	5	2	7	7	6	9
	Number of S.aureus bacteraemias cases (Community)			9							10	2	4	4	4	7	3	4	11	3	4	7	9
	Total number of S.aureus bacteraemias cases			18							15	7	11	12	17	18	4	9	13	10	11	13	18
	Cumulative cases of C.difficile per 100k pop		May-22	36.7	<25		✗	30.96 (May-22)	5th (May-22)		49.1	46.2	52.0	55.0	53.2	52.9	53.3	51.3	50.3	49.8	50.1	40.5	36.7
	Number of C.difficile cases (Hospital)		May-22	7							7	7	16	20	9	10	10	11	11	8	12	11	7
	Number of C.difficile cases (Community)			4							5	6	7	2	5	5	10	1	3	5	6	2	4
	Total number of C.difficile cases			11							12	13	23	22	14	15	20	12	14	13	18	13	11
	Cumulative cases of Klebsiella per 100k pop		May-22	21.4							21.5	26.7	0.0	22.6	24.5	27.1	26.5	26.5	25.3	24.3	24.0	18.7	21.4
	Number of Klebsiella cases (Hospital)		May-22	7							3	5	2	4	8	8	2	6	5	3	4	4	7
	Number of Klebsiella cases (Community)			1							2	7	1	4	3	5	5	3	0	1	3	2	1
	Total number of Klebsiella cases			8				51 Total (May-22)	2nd (May-22)		5	12	3	8	11	13	7	9	5	4	7	6	8
	Cumulative cases of Aeruginosa per 100k pop		May-22	6.1							6.1	6.2	0.0	5.5	5.6	4.8	5.4	6.1	5.8	6.2	6.1	6.2	6.1
	Number of Aeruginosa cases (Hospital)		May-22	1							0	1	0	1	2	0	3	3	1	2	0	1	1
	Number of Aeruginosa cases (Community)			1							1	1	1	1	0	0	0	1	0	1	2	1	1
	Total number of Aeruginosa cases			2				11 Total (May-22)	Joint 2nd (May-22)		1	2	1	2	2	0	3	4	1	3	2	2	2
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	May-22	96.2%		95%	✓				98%	96%	95%	95%	96%	97%	92%	96%	95%	96%	93%	96%	96%
Serious Incidents and risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	May-22	100.0%	90%	80%	✓				0%	0%	33%	0%	-	0%	0%	0%	25%	0%	33%	25%	100%
	Number of new Never Events	National	May-22	1	0	0	✗				0	1	0	0	0	0	1	0	0	2	0	0	1
	Number of risks with a score greater than 20	Local		134		12 month ↓	✗				127	113	104	105	114	118	121	122	129	127	140	140	134
	Number of risks with a score greater than 16	Local		266		12 month ↓	✗				224	219	221	220	240	235	238	241	249	253	271	276	266
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Apr-22	45		12 month ↓	✓				53	53	58	53	65	42	43	56	65	53	49	45	
	Number of pressure ulcers developed in the community		Apr-22	33		12 month ↓	✗				20	21	33	34	39	32	31	55	27	38	56	33	
	Total number of pressure ulcers			78		12 month ↓	✗				73	74	91	87	104	74	74	111	92	91	105	78	
	Number of grade 3+ pressure ulcers acquired in hospital			3		12 month ↓	✗				1	2	3	2	1	1	2	4	9	6	5	3	
	Number of grade 3+ pressure ulcers acquired in community		Apr-22	2		12 month ↓	✗				2	4	2	8	6	7	8	14	1	15	11	2	
	Total number of grade 3+ pressure ulcers		Apr-22	5		12 month ↓	✗				3	6	5	10	7	8	10	18	10	21	16	5	

Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	
Inpatient Falls	Number of Inpatient Falls	Local	May-22	182		12 month ↓	✓				228	174	193	198	207	240	213	208	196	199	209	190	182	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✓				98.0%	98.6%	97.6%	93.0%	98.0%	96.8%	98.5%	96.1%	96.1%	97.2%				
	Stage 2 mortality reviews required	Local	Feb-22	7							18	12	7	17	10	16	10	6	7	7				
	% stage 2 mortality reviews completed	Local	Nov-21	50.00%		100%	✗					25.0%	42.9%	50.0%	81.8%	75.0%	50.0%							
	Crude hospital mortality rate (74 years of age or less)	National	Apr-22	0.87%	12 month ↓				1.06% (Mar-22)	4th (Mar-22)		1.04%	1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	May-22	94%		98%	✗				98.9%	95.0%	89.7%	91.7%	91.6%	93.8%	92.2%	89.1%	93.4%	92.3%	96.9%	95.7%	93.9%	
Coding	% of episodes clinically coded within 1 month of discharge	Local	Apr-22	44%	95%	95%	✗				96%	89%	90%	94%	90%	92%	76%	84%	86%	95%	81%	44%		
E-TOC	% of completed discharge summaries (total signed and sent)	Local	May-22	66%		100%	✗				67%	69%	62%	62%	68%	61%	63%	62%	61%	65%	63%	60%	66%	
Workforce	Agency spend as a % of the total pay bill	National	Feb-22	6.20%	12 month ↓			6.7% (Feb-22)	1st out of 10 organisations (Feb-22)		3.3%	4.4%	5.1%	3.9%	5.1%	5.5%	5.9%	5.7%	5.7%	6.2%				
	Overall staff engagement score - scale score method	National	2020	75%	Improvement			75% (2020)	6th out of 10 organisations (2020)															
	% of headcount by organisation who have had a PADM/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	May-22	56%	85%	85%	✗	58.0% (Feb-22)	9th out of 10 organisations (Feb-22)		60%	65%	60%	60%	58%	56%	55%	57%	56%	56%	56%	56%	56%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	May-22	80%	85%	85%	✗	79.0% (Feb-22)	7th out of 10 organisations (Feb-22)		80%	81%	81%	81%	80%	80%	80%	80%	80%	80%	80%	80%	80%	
	% workforce sickness absence (12 month rolling)	National	Apr-22	8.11%	12 month ↓			6.67% (Feb-22)	9th out of 10 organisations (Feb-22)		6.93%	6.91%	6.99%	7.11%	7.29%	7.44%	7.44%	7.33%	7.43%	7.58%	7.82%	8.11%		
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2020	67.1%	Improvement			67.8% (2020)	7th out of 10 organisations (2020)															
Harm from reduction in non-Covid activity																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Mar-22	11.1%	4 quarter ↓			38.2% (Q2 21/22)	3rd (Q2 21/22)		9.0%	10.2%	11.4%	11.0%	11.5%	11.4%	10.5%	11.1%	10.8%	10.7%	11.1%			
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	May-22 (Draft)	32.0%	12 month ↑			56.4% (Apr-22)	5th out of 6 organisations (Apr-22)		65.4%	66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	32.0%	
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	May-22	36%	80%		✗				40%	31%	60%	57%	58%	37%	30%	37%	48%	51%	70%	63%	36%	
	Scheduled (28 Day Target)	Local	May-22	88%	100%		✗				87%	70%	84%	91%	89%	84%	61%	78%	82%	91%	95%	94%	88%	
	Urgent SC (7 Day Target)	Local	May-22	44%	80%		✗				50%	45%	46%	55%	22%	30%	60%	37%	57%	60%	57%	62%	44%	
	Urgent SC (14 Day Target)	Local	May-22	94%	100%		✗				86%	87%	77%	95%	76%	90%	100%	87%	97%	100%	100%	96%	94%	
	Emergency (within 1 day)	Local	May-22	100%	80%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%	100%	100%	
	Emergency (within 2 days)	Local	May-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Elective Delay (21 Day Target)	Local	May-22	95%	80%		✓				81%	91%	90%	94%	81%	89%	79%	92%	90%	94%	90%	93%	95%	
	Elective Delay (28 Day Target)	Local	May-22	98%	100%		✗				84%	95%	97%	97%	97%	94%	86%	100%	94%	100%	100%	96%	98%	

Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	May-22	6,306	0			45,028 (Apr-22)	5th (Apr-22)		4,842	5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306
	Number of patients waiting > 14 weeks for a specified therapy	National	May-22	614	0			13,103 (Apr-22)	3rd (Apr-22)		166	171	151	186	320	414	629	885	1,028	926	820	679	614
	% of patients waiting < 26 weeks for treatment	National	May-22	50%	95%			53.7% (Apr-22)	6th (Apr-22)		49.1%	50.7%	51.5%	51.9%	52.0%	51.6%	51.3%	50.5%	50.4%	50.1%	50.7%	50.4%	50.4%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	May-22	26,459	0						23,700	23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459
	Number of patients waiting > 36 weeks for treatment	National	May-22	39,403	0			258,190 (Apr-22)	4th (Apr-22)		34,447	35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403
	The number of patients waiting for a follow-up outpatient appointment	National	May-22	135,879	HB target TBC			790,628 (Apr-22)	5th (Apr-22)		123,088	127,444	130,208	127,391	130,963	131,554	129,255	131,403	131,848	132,036	133,772	135,471	135,879
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	May-22	34,568				195,986 (Apr-22)	5th (Apr-22)		30,062	30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	May-22	63%	95%			65.4% (Apr-22)	5th (Apr-22)		61.0%	62.1%	62.2%	59.5%	55.9%	58.9%	62.1%	61.2%	59.8%	58.5%	59.4%	60.8%	63.3%
DNAs	% of patients who did not attend a new outpatient appointment	Local	May-22	6.3%	12 month ↓						5.7%	6.5%	6.5%	6.4%	7.2%	7.7%	7.0%	6.3%	6.3%	6.0%	6.7%	6.8%	6.3%
	% of patients who did not attend a follow-up outpatient appointment	Local	May-22	6.5%	12 month ↓						6.9%	5.5%	7.5%	7.5%	7.6%	7.8%	7.0%	6.4%	6.6%	6.4%	6.5%	7.0%	6.5%
Theatre Efficiencies	Theatre Utilisation rates	Local	May-22	78.0%		90%	✗				78%	77%	72%	69%	72%	66%	67%	62%	74%	71%	72%	71%	78%
	% of theatre sessions starting late	Local	May-22	46.0%		<25%	✗				43%	43%	44%	44%	42%	46%	43%	40%	43%	43%	39%	39%	46%
	% of theatre sessions finishing early	Local	May-22	43.0%		<20%	✗				45%	43%	48%	46%	46%	50%	48%	48%	48%	43%	45%	47%	43%
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200																			
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMMSG appraisals	National	Q3 21/22	99.1%	100%	100%	✗	98.8% (Q3 21/22)	3rd out of 6 organisations (Q3 21/22)			99.0%		99.1%			99.1%						
Patient experience	Total antibacterial items per 1,000 STAR-PUs	National	Q3 21/22	324.7	4 quarter ↓			302.6 (Q3 21/22)	6th (Q3 21/22)			249.7			277.6			324.7					
	Patients aged 65 years or over prescribed an antipsychotic	National	Q3 21/22	1,466	Quarter on quarter ↓			10,312 (Q3 21/22)	5th (Q3 21/22)			1,641			1,476			1,466					
	Opioid average daily quantities per 1,000 patients	National	Q3 21/22	4,472	4 quarter ↓			4546.6 (Q3 21/22)	3rd (Q3 21/22)			4,378.2			4,412			4,472					
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)			79.9%			80.8%			82.1%					
	Number of friends and family surveys completed	Local	May-22	3,550	12 month ↑		✓				4,590	3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550
	% of who would recommend and highly recommend	Local	May-22	90%	90%		✓				96%	97%	92%	92%	92%	92%	94%	93%	92%	90%	90%	89%	90%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	May-22	91%	90%		✓				92%	96%	95%	92%	96%	93%	93%	96%	93%	91%	91%	89%	91%
Complaints	Number of new formal complaints received	Local	Mar-22	156	12 month trend ↓		✗				115	159	139	115	115	134	159	115	124	139	156		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Mar-22	65%	75%	80%	✗	67.2% (Q4 20/21)	3rd (Q4 20/21)		78%	68%	69%	83%	75%	67%	69%	68%	63%	64%	65%		
	% of acknowledgements sent within 2 working days	Local	Mar-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

Harm from wider societal actions/lockdown																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22		
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2020/21	35.6%	Annual ↑			36.8% (2020/21)	5th (2020/21)																
	% children who received 3 doses of the hexavalent *6 in 1 vaccine by age 1	National	Q3 21/22	96.1%	95%			95.9% (Q3 21/22)	3rd (Q3 21/22)			95.7%			96.2%			96.1%							
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q3 21/22	91.2%	95%			90.0% (Q3 21/22)	3rd (Q3 21/22)			91.1%			89.8%			91.2%							
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q3 21/22	313.3	4 quarter ↓			378.6 (Q3 21/22)	1st (Q3 21/22)			370.7			362.2			313.3							
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q3 21/22	63.6%	4 quarter ↑			69.0% (Q3 21/22)	5th (Q3 21/22)			31.8%			73.7%			63.6%			66.7%				
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-22	78.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2021					58.7%	74.8%	76.9%	78.2%	78.5%	78.5%	Data collection restarts October 2022			
	% uptake of influenza among under 65s in risk groups	National	Mar-22	48.8%	55%			48.2% (Mar-22)	4th (Mar-22)							26.0%	40.8%	44.9%	47.3%	48.6%	48.8%				
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)							Data not available									
	% uptake of influenza among children 2 to 3 years old	Local	Mar-22	44.6%	50%			47.6% (Mar-22)	5th (Mar-22)							22.0%	37.7%	41.5%	43.2%	44.8%	44.6%				
	% uptake of influenza among healthcare workers	National	Mar-22	53.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)							48.6%	50.8%	52.7%	52.7%	53.6%	53.6%				
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Apr-22	100%		100%	✔				93%	94%	79%	100%	95%	97%	97%	100%	100%	100%	100%	100%			
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Apr-22	35%	80%	80%	✘	37.5% (Apr-22)	5th (Apr-22)		33%	32%	34%	27%	34%	34%	37%	37%	33%	33%	35%	35%			
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Apr-22	18%	80%	80%	✘	41.2% (Apr-22)	3rd (Apr-22)		61%	58%	41%	48%	40%	40%	34%	22%	28%	27%	29%	18%			
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Apr-22	23%		80%	✘	45.2% (Apr-22)	4th (Apr-22)		0%	0%	29%	37%	89%	65%	36%	43%	28%	24%	36%	23%			
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Apr-22	51%		80%	✘	37.9% (Apr-22)	2nd (Apr-22)		67%	1%	100%	82%	35%	0%	64%	50%	39%	67%	78%	51%			
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Apr-22	19%		80%	✘				53%	44%	29%	32%	41%	3%	3%	2%	27%	26%	30%	19%			
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Apr-22	87%		90%	✘	80.1% (Apr-22)	1st (Apr-22)		83%	81%	81%	65%	84%	84%	84%	84%	89%	88%	100%	87%			
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Apr-22	97%	80%	80%	✔	67.7% (Apr-22)	1st (Apr-22)		98%	99%	98%	100%	96%	98%	98%	95%	95%	99%	96%	97%			
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Apr-22	96%	80%	80%	✔	62.7% (Apr-22)	2nd (Apr-22)		96%	99%	97%	100%	90%	98%	96%	100%	99%	100%	98%	96%			
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Apr-22	100%	95%	95%	✔	71.8% (Apr-22)	1st (Apr-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Apr-22	88%	90%	90%	✘	85.4% (Apr-22)	3rd (Apr-22)		92%	88%	88%	84%	84%	83%	81%	80%	81%	85%	89%	88%			
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)																
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)																