





Meeting Date	25 th January 2022	Agenda Item	3.1
Report Title	Integrated Performance Repo	ort	
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Report Sponsor	Darren Griffiths, Director of Fin	ance and Performar	nce
Presented by	Darren Griffiths, Director of Fin	ance and Performar	nce
Freedom of	Open		
Information			
Purpose of the	The purpose of this report is to		
Report	performance of the Health Bo		
	reporting window (December	,	•
	performance measures as well		sures outlined
	in the NHS Wales Delivery Fra	mework.	
	<u> </u>		
Key Issues	The Integrated Performance		
	provides an overview of how		
	against the National Delivery m	leasures and key loo	cai quality and
	safety measures.		
	The updated National Deli	verv Framework '	2021/22 was
	published in October 2021, with		
	being presented at the Nove		
	_ · · · · · · · · · · · · · · · · · · ·		
	meeting. The updated Delivery Framework measures are reported in the Integrated Performance Report. The intention of		
	the updated integrated frame		
	how patients and populations		
	of services and allowing a diffe		
	services.		
	Updated performance traject	ories (Urgent Eme	ergency Care
	(UEC, cancer) have recently b		ere agreed in
	the December 2021 Board mee	eting.	
	Key high level issues to highlight this month are as follows:		
	2021/22 Delivery Framework		
	COVID19- The number of new	cases of COVID10	has increased
	in December 2021, with 18,10		
	month. The occupancy rate		
	critical care beds remains at a		
	to increase for Covid positive p		
	le meredes for devia positivo p	and animoning going	J. G. 2000.
	Unscheduled Care- Demand	for emergency der	partment care
	within Swansea Bay Universit		
	from January 2021 to June 2		

modest reduction trajectory. Attendances have decreased in December 2021 to 9,082 from 10,138 in November 2021. The Health Board's performance against the 4-hour measure deteriorated from 73.46% in November 2021 to 70.15% in December 2021. The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased slightly from 1,055 in November 2021 to 1,101 in December 2021.

Planned Care- December 2021 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 1.2% to 37,504. However, December 2021 saw a 17% reduction in the number referrals received by secondary care. Therapy waiting times have increased in December 2021 to 889 from 629 in November 2021.

Cancer- November 2021 saw 63.4% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). The backlog of patients waiting over 63 days has increased in January 2021 to 673.

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

Child and Adolescent Mental Health Services (CAMHS)-Access times for crisis performance has been maintained at 97% November 2021. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, however performance has increased from 34% in October 2021 to 37% in November 2021 against a target of 80%.

Specific Action	Information	Discussion	Assurance	Approval
Required	✓		✓	
Recommendations	Members are as	ked to:		
	 NOTE the H and targets. 	ealth Board pe	erformance against l	key measures
	 NOTE the updated performance trajectories produced recovery in Planned Care, Cancer Services and Unsched Emergency care. NOTE the introduction of new Primary Care contracted ser measures following approval at PFC in November 2021. NOTE the actions being taken to improve performance: Care home beds have been commissioned to sup the move of clinically optimised patients from a beds 			
			ed to support	

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

INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

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

Harm from Covid itself	Harm from overwhelmed NHS and social care system
Harm from reduction in non- 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 updated performance trajectories produced for recovery in Planned Care, Cancer Services and Unscheduled Emergency care.
- **NOTE** the introduction of new Primary Care contracted service measures following approval at PFC in November 2021.
- NOTE the actions being taken to improve performance: -
 - Care home beds have been commissioned to support the move of clinically optimised patients from acute beds
 - Virtual Ward recruitment progressing well and service being established to take case load
 - Further financial resource agreed to support cancer recovery
 - Work has started on the development of Enfys ward at Morriston to enable establishment of Ambulatory Emergency Care Centre
 - Extending therapies and clinical services to be more consistent over 7 days of the week
 - Hot clinic slots developed for patients who require care/assessment but can come back to a scheduled slot next day
 - FIT and faecal calprotectin cases developed to improve endoscopy access – this will benefit cancer and diagnostic waits
 - Active recruitment to podiatry vacancies to match demand is underway
 - Insourcing contract range being extended to include further specialties including gynaecology

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

Quality, Safety and Patient Experience

The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.

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

Financial Implications

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

Legal Implications (including equality and diversity assessment)

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

Staffing Implications

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

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

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

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

Report History	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in December 2021. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report







Appendix 1- Integrated Performance Report January 2022



CONTENTS PAGE

		Page number(s):
1.	<u>OVERVIEW</u>	12-15
	Key movements	
	Areas under escalation	
2.	QUADRANTS OF HARM SUMMARY	16
3.	HARM QUADRANT- HARM FROM COVID ITSELF	17
	3.1 Updates on key measures:	
	COVID testing	18
	COVID related staff absence	19
4.	HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM	
	4.1 Unscheduled care overview	20-21
	4.2 Updates on key measures:	
	Unscheduled Care	22-29
	Fractured Neck of femur	30-31
	Healthcare Acquired Infections	32-34
	Pressure Ulcers	34
	Serious incidents	35
	Inpatient Falls	36
	Discharge Summaries	36
	Crude Mortality	37
	Workforce	38
5.	HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY	
	5.1 Primary and Community Care overview	39
	5.2 Planned Care Overview 5.3 Undeten on key managers:	40-41
	5.3 Updates on key measures:Planned Care	42-47

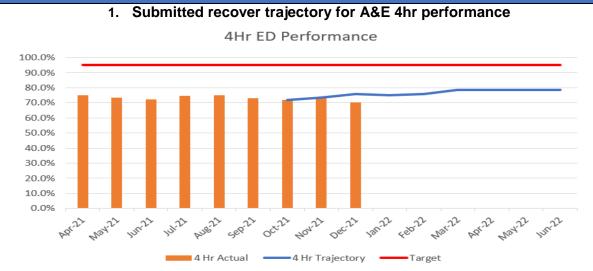
		Page number(s):	
	<u>Cancer</u>	48-50	
	Follow-up appointments	51	
	Patient Experience	52	
	• Complaints	53	
6.	HARM QUADRANT- HARM FROM WIDER SOCIETAL ACTIONS/ LOCKDOWN		
	6.1 Immunisations and Vaccinations overview 54		
	6.2 Mental Health Overview 55		
	6.3 Updates on key measures:		
	Adult Mental Health	56	
	Child and Adolescent Mental Health	57	
7.	<u>FINANCE</u>	58-60	
8.	APPENDIX 2: INTEGRATED PERFORMANCE DASHBOARD	61-65	

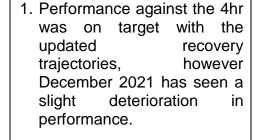
1. OVERVIEW

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

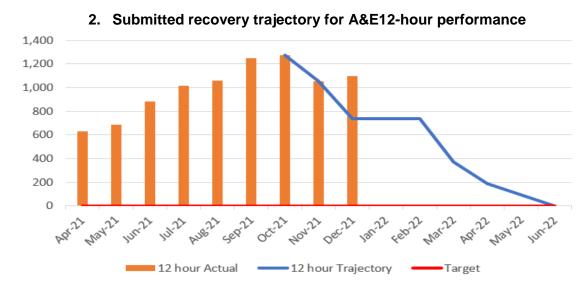
Successes		Concerns	
786,274 Total vaccinations undertaken (16.1.22)	9,336 (17%↓) Total GP referrals	25,452 (3%↑) Patients waiting over 26 weeks for a new outpatient appointment	46.4% (6%↓) Red calls responded to with 8 minutes
9,082 (′ A&E atter		714 Podiatry patients waiting > 14 weeks	
35 (43%↓) Elective procedures cancelled due to no beds	27,268 (2%↓) Patients waiting over 52 weeks for treatment	673 (15.2%↑) USC backlog over 63 days	131,403 (1.6%↑) Patients waiting for a follow- up outpatient appointment
0 Never Events reported		889 (29%↑) Patients waiting over 14 weeks for reportable therapies	
Staff sickness levels have seen a reduction	There is a continued reduction in inpatient falls	↑ Variable pay remains high	62% (5%↓) Theatre utilisation rate
261 (3%↓) Continued reduction in Clinically Optimised patients			↑ er of GP practises escalation levels

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

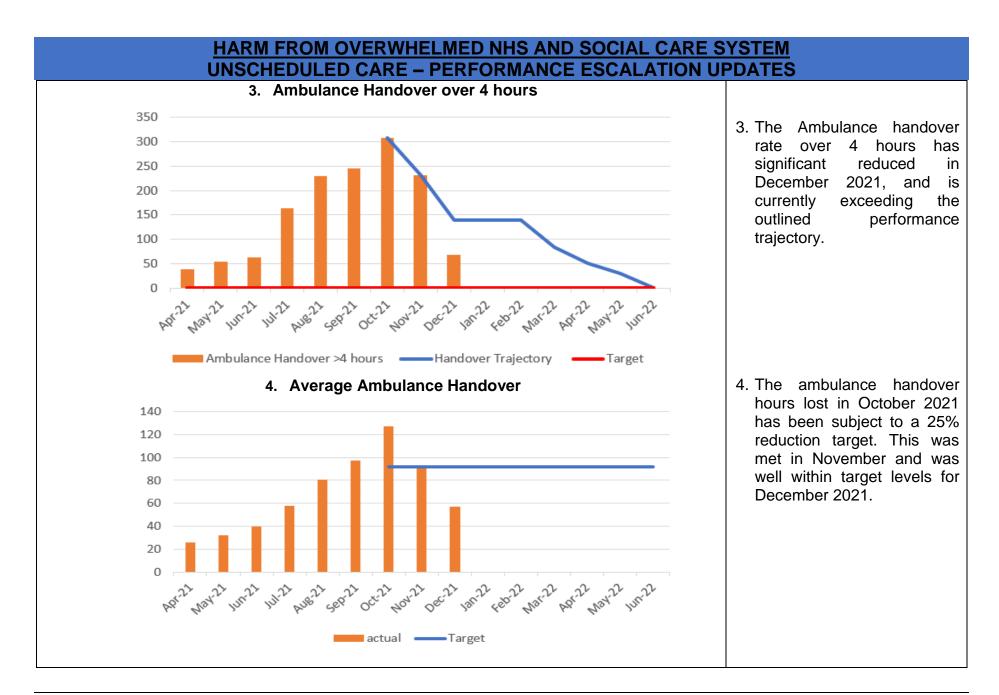




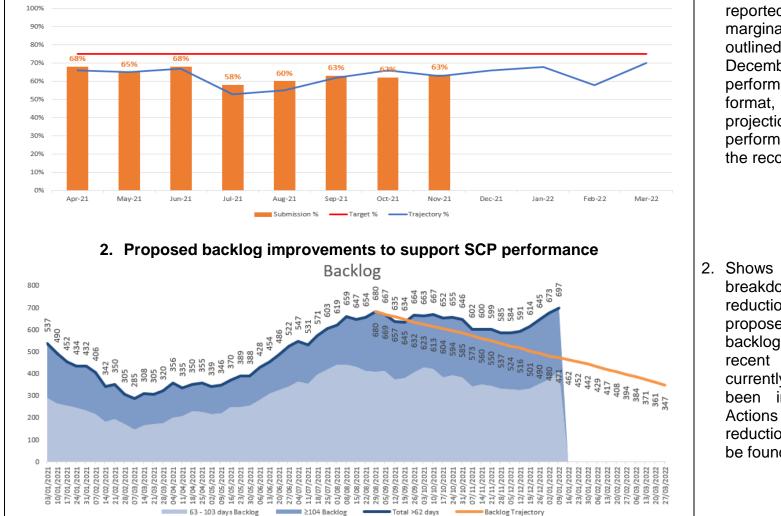
Weekly escalation meetings are currently in place to support performance recovery.



2. The 12-hour performance trajectory shows a consistent reduction in patients waiting over 12 hours in ED in recent months. There was a significant reduction in performance against the 12-hour target in December 2021.



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



1.SCP performance trajectory

SCP Performance

SCP performance in 2021 November was reported as 63.4% which is marginally above the outlined trajectory of 63%. December 2021 performance is still in draft format, however current projections suggest performance will be below the recovery trajectory.

weekly the breakdown of the backlog reduction against the proposed trajectories. The backlog has increased in weeks and is currently the highest it has been in several months. Actions to support the reduction of the backlog can be found on page 48.

HARM FROM REDUCTION IN NON-COVID ACTIVITY PLANNED CARE



Detailed work has been undertaken within planned care in order to project the future growth of the waiting list to better inform recovery discussions.

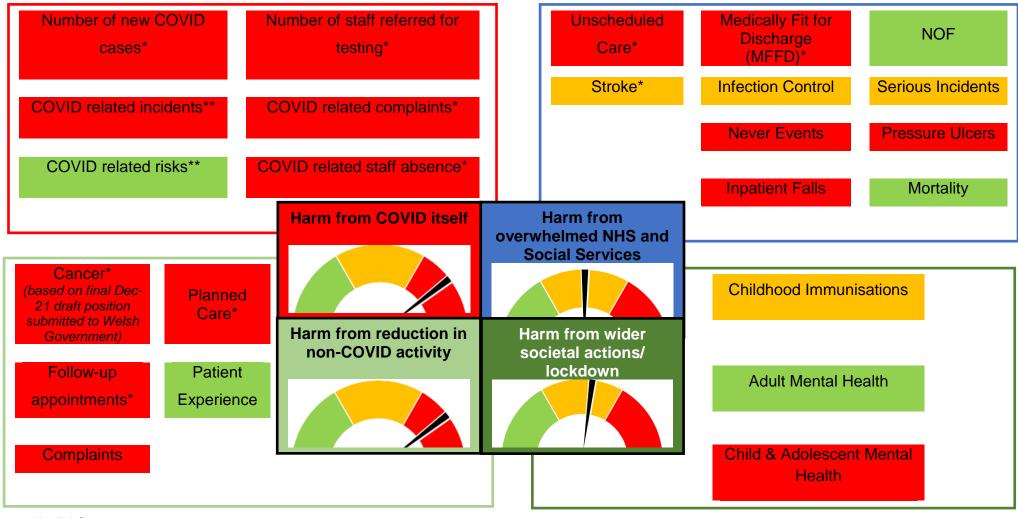
The figure included outlines the growth in total waiting list volumes in outpatients with services that have undertaken a detailed demand and capacity exercise in order to model future growth (the services included in the data are listed).

The graph shows the total waiting list side excluding Diagnostic and Therapy data.

Kev actions have been identified in the bi-weekly planned care review meeting to support performance recovery which include: submission of individual service activity monitoring along with production of updated demand and capacity plans for each service to inform recovery opportunities.

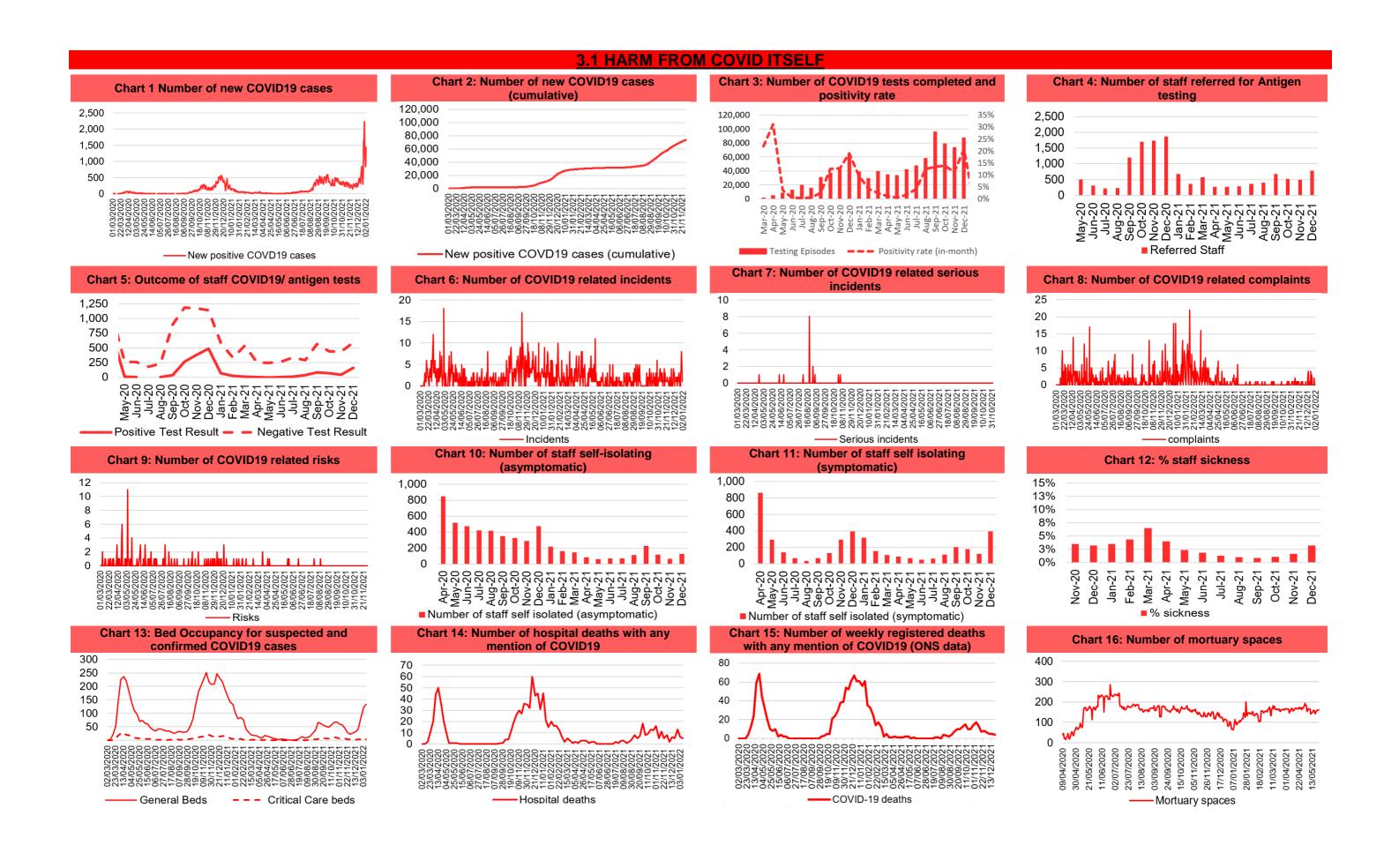
1. QUADRANTS OF HARM SUMMARY

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

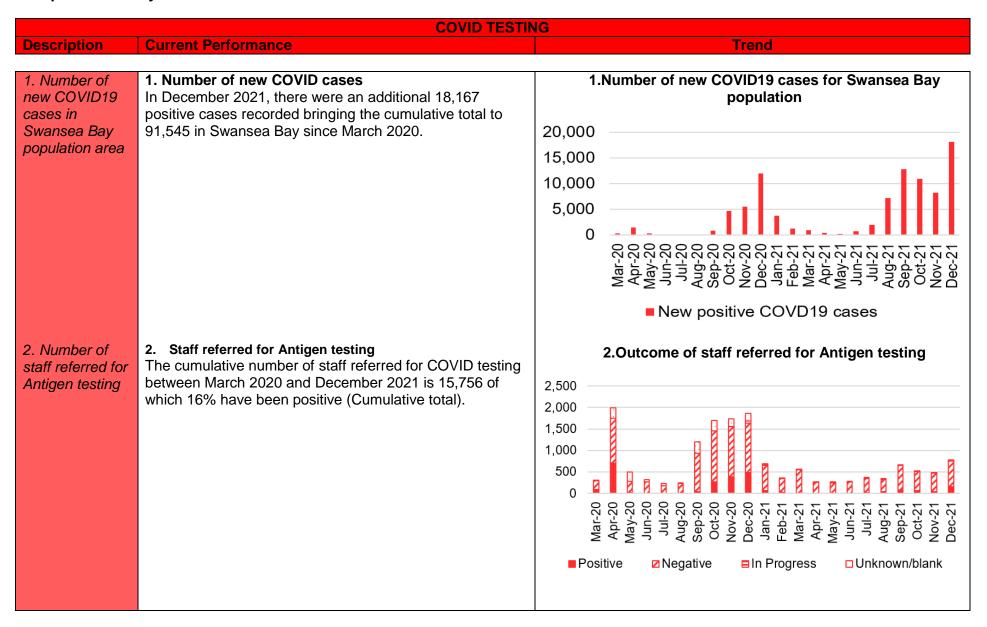


NB- RAG status is against national or local target
** Data not available

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



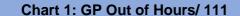
3.1 Updates on key measures

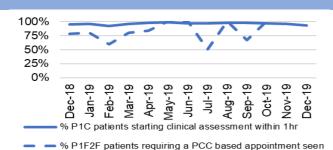


4.0% 2.4% 1.9% 1.3% 1.0% 0.9% 1.1% 1.7%

HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

4.1 Unscheduled Care- Overview





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

Chart 5: A&E Attendances

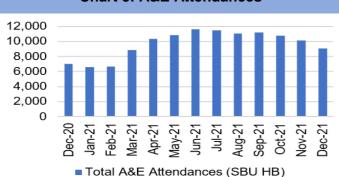
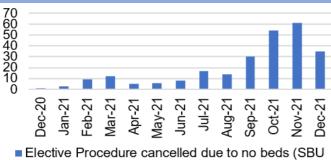


Chart 9: Elective procedures cancelled due to lack of beds



Elective Procedure cancelled due to no beds (SBU HB)

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

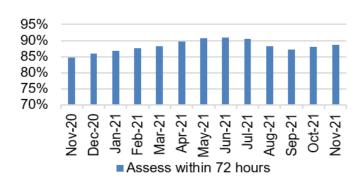


Chart 2: % red calls responded to within 8 minutes

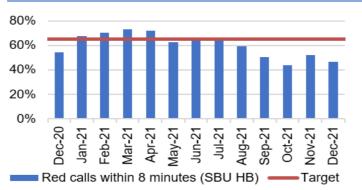


Chart 6: % patients who spend less than 4 hours in A&E

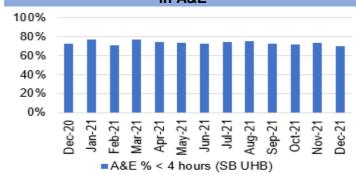


Chart 10: Number of clinically optimised patients

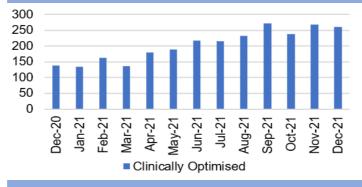


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

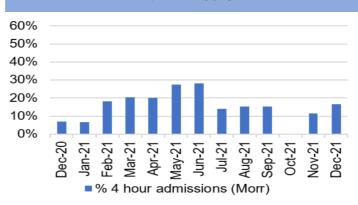


Chart 3: Number of ambulance handovers over 1 hour

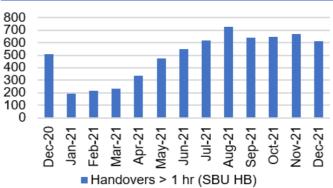


Chart 7: Number of patients waiting over 12 hours in A&E

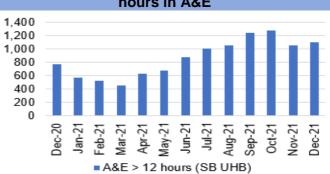


Chart 11: Delay reason for clinically optimised

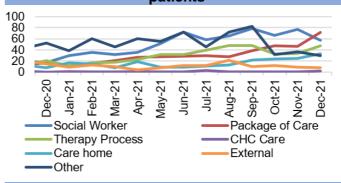


Chart 15: % of stroke patients receiving CT scan with 1 hour

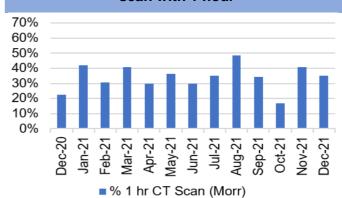
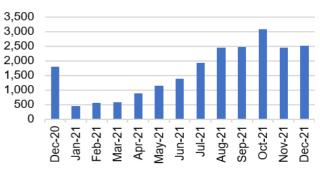


Chart 4: Lost hours- notification to ambulance handover over 15 minutes



■ Lost Handover Hours > 15 minutes (SBU HB)

Chart 8: Number of emergency admissions

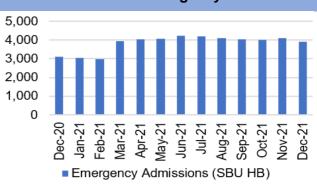


Chart 12: Average lost bed days (per day)

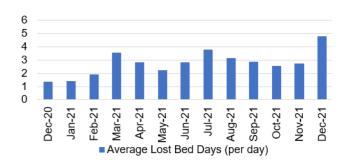


Chart 16: % stroke patients receiving consultant assessment within 24 hours



% assess within 24 hrs (Morr)

Unscheduled Care Overview (December 2021)

Primary Care Access

97% (→)

GP practices open during daily core hours

93% (3%1)

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

88% (→)

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

100% (33%1)

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

Ambulance

46.4% (6%1)

Red calls responded to with 8 minutes

612 (9%1)

Ambulance handovers over 1 hour

3,375 (3%1) Amber calls

544 (14%1)

Red calls

Emergency Department

9,082 (10%↓) A&E attendances

70.15% (3.3%↓) Waits in A&E under 4

hours

1,101 (4%1)Waits in A&E over 12 hours

6,821 (33%↓)
Patients admitted from A&E

Emergency Activity

3,904 (5%+)

Emergency Inpatient Admissions

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

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

35 (43%↓)

Elective procedures cancelled due to no beds

Patient Flow

13 (19%↓) (Mar-20)

Mental Health DTOCs

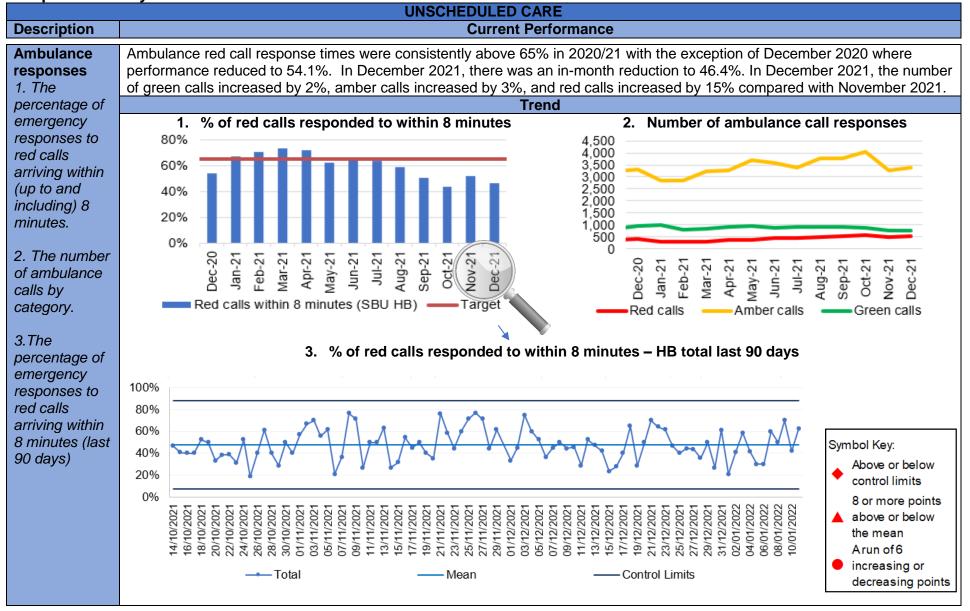
* Data collection temporarily suspended

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

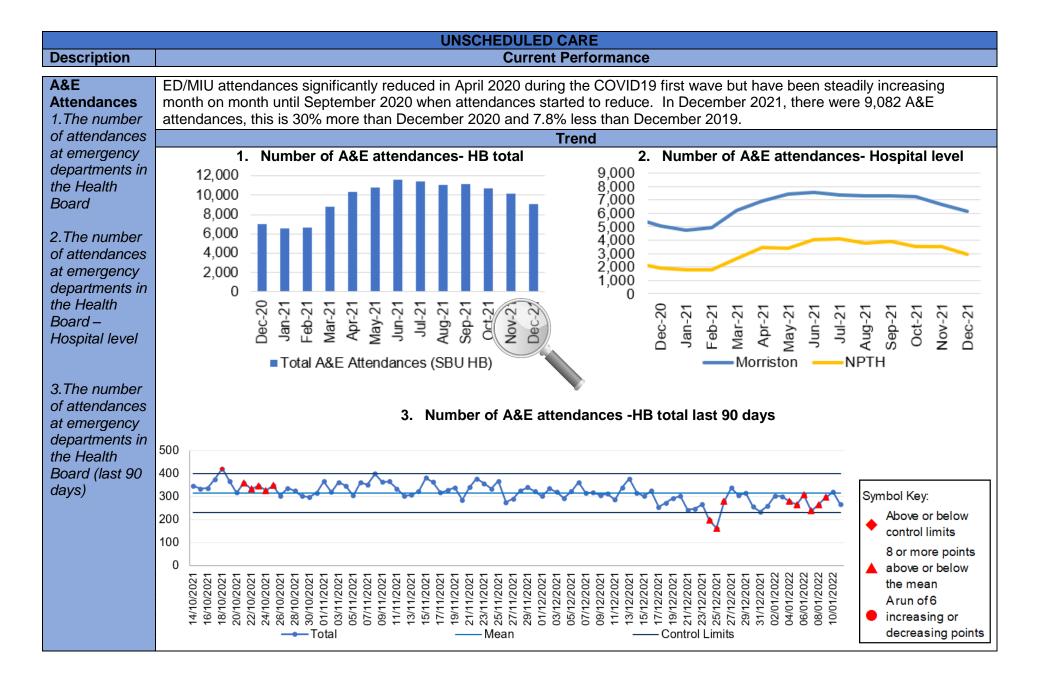
261 (3%↓) Clinically Optimised patients

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

4.2 Updates on key measures



	UNSCHEDULED CARE
Description	Current Performance
Ambulance handovers 1.The number of ambulance handovers over one hour	In December 2021, there were 612 ambulance to hospital handovers taking over 1 hour; this is a steady deterioration in performance from 510 in December 2020. However there was an in-month reduction in handover's compared to November 2021 (670). In December 2021, 591 handovers over 1 hour were attributed to Morriston Hospital and 21 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes increased from 2,461 in November 2021 to 2,527 in December 2021. Trend
2. The number	1. Number of ambulance handovers- HB total 2. Number of ambulance handovers over 1 hour-
of ambulance	800 — Hospital level
handovers	700 1,000
over one hour-	600 500
Hospital level	400
3.The number	300
of ambulance	200
handovers	
over one hour	
(last 90 days)	Dec-20 Jan-21 Jan-21 May-21 Jun-21 Jun-21 Jun-21 Jun-21 Jun-21 Jun-21 Jun-21 Jun-21 Aug-21 Reb-21 Reb-21 Aug-21 Sep-21 Oct-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21
	—Morriston handovers > 1 hour
	■ Handovers > 1 hr (SBU HB) ——Singleton handovers > 1 hour
	3. Number of ambulance handovers- HB total last 90 days
	50 Solution of ambulance handovers- Tib total last 30 days
	40
	1 /
	Above or below control limits
	10 8 or more points
	0 ▲ above or below
	14/10/2021 18/10/2021 18/10/2021 22/10/2022 28/10/
	14/10/2021 18/10/2021 18/10/2021 18/10/2022 22/10/2022 28/10/2022 28/10/2022 28/10/2022 28/11/2021 11/11/2021 11/11/2021 11/12/2021
	I GECIE ASITIVI DOLLIUS II
	Total — Mean — Control Limits



UNSCHEDULED CARE		
Description	Current Performance	
A&E waiting times	The Health Board's performance against the 4-hour measure deteriorated from 73.46% in November 2021 to 70.15% in December 2021.	
1.% of patients who spend less than 4	Neath Port Talbot Hospital Minor Injuries Unit (MIU) has marginally dropped below the national target of 95% achieving 94.87% in December 2021. Morriston Hospital's performance deteriorated from 60.04% in November 2021 to 58.46% in December 2021.	
hours in all	Trend	
major and minor	1. % Patients waiting under 4 hours in A&E- HB total 2. % Patients waiting under 4 hours in A&E- Hospital level	
emergency	80%	
care facilities from arrival	60%	
until	40%	
admission,	20%	
transfer or	0%	
discharge	50%	
2. % of patients who	Dec-20 Jan-21 May-21 Jun-21 Dec-21 Dec-21 Dec-21	
spend less than 4 hours in	■A&E % < 4 hours (SB UHB)	
A&E- Hospital level	3. % Patients waiting under 4 hours in A&E- HB total last 90 days	
10001	90% 85%	
3. % of patients who	80% 75%	
spend less	70% 65% Above or below	
than 4 hours in A&E (last 90	60% 55% control limits 8 or more points	
days)	50% above or below	
, ,	the mean	
	14/10/2021 18/10/2021 18/10/2022 22/10/2022 22/10/2022 28/10/2022 28/10/2022 28/10/2022 30/10/2022	
	—————————————————————————————————————	

	UNSCHEDULED CARE
Description	Current Performance
A&E waiting times	In December 2021, performance against the 12-hour measure deteriorated compared with November 2021, increasing from 1,055 to 1,101.
1.Number of patients who spend 12 hours or more in A&E 2.Number of patients who spend 12 hours or more in A&E-Hospital level 3.Number of patients who spend 12 hours or more in A&E (last 90	1,100 patients waiting over 12 hours in December 2021 were in Morriston Hospital, with 1 patient waiting over 12 hours in Neath Port Talbot Hospital. This is an increase of 3250 compared to December 2020. Trend 1. Number of patients waiting over 12 hours in A&E-HB total 1,400 1,200 1,000 800 600 400 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
days)	3. Number of patients waiting over 12 hours in A&E – HB total last 90 days
	80 70 60 50 40 30 20 10 0 Symbol Key: Above or below control limits

	UNSCHEDULED CARE
Description	Current Performance
Emergency admissions	In December 2021, there were 3,904 emergency admissions across the Health Board, which is an reduction of 203 from November 2021 and 25% more than December 2020.
1. The number of emergency inpatient	Singleton Hospital saw the largest in-month increase, with 125 more admissions (from 733 in November 2021 to 858), Morriston Hospital saw an in-month reduction from 3,254 admissions in November 2021, to 2,934 admissions in December 2021.
admissions	Trend
2. The number of emergency inpatient	 Number of emergency admissions- HB total Number of emergency admissions- Hospital level 4,000 3,000
admissions- Hospital level	2,000
3. The number of emergency inpatient	0 0
admissions (last 90 days)	Dec-20 May-21 Jul-21
	3. Number of emergency admissions- HB total last 90 days
	250 200
	150 100 Symbol Key: Above or below control limits
	8 or more points above or below
	the mean Arun of 6 201012021 181102021 181102021 20110202 201112021 Arun of 6 increasing or decreasing points the mean Arun of 6 increasing or decreasing points

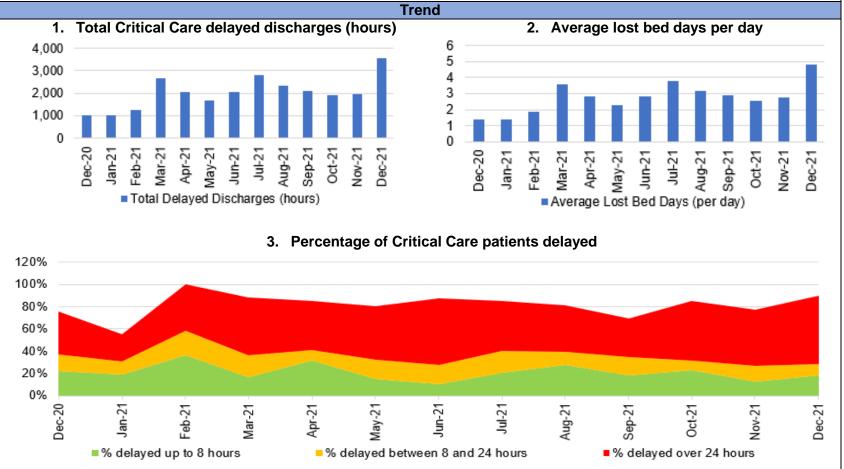
UNSCHEDULED CARE		
Description	Current Performance	

Critical Care-Delayed Transfers of Care (DTOC)-Morriston Hospital 1.Total Critical

1.Total Critica Care delayed discharges (hours)

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

In December 2021, there were a total of 77 admissions into the Intensive Care Unit (ICU) in Morriston Hospital. During the COVID19 first wave in April and May 2020, the amount of delayed discharges and average lost bed days significantly reduced and this downward trend was also evident in the second wave starting in November 2020 but not to the extent of the first wave. However, in December 2021, delayed discharges saw a significant increase to 3,570.2 hours, with the average lost bed days also increasing to 4.8 per day. The percentage of patients delayed over 24 hours increased from 50.00% in November 2021 to 61.22% in December 2021.



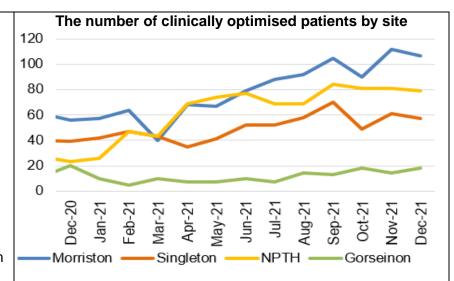
UNSCHEDULED CARE		
Description	Current Performance	Trend

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

In December 2021, there were on average 261 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.

The number of medically/ discharge fit patients returned to the average that was seen in quarter 3 for 2021/21 in March 2021, after a significant increase in February 2021. October 2021 saw the first decrease in numbers, but there has been an increase to 261 in December 2021 from 238 in October 2021.

In December 2021, Morriston Hospital had the largest proportion of clinically optimised patients with 107, followed by Neath Port Talbot Hospital with 79.

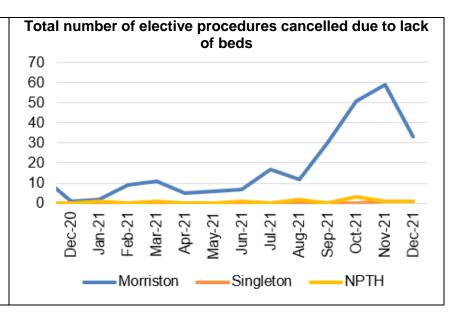


Elective procedures cancelled due to lack of beds

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

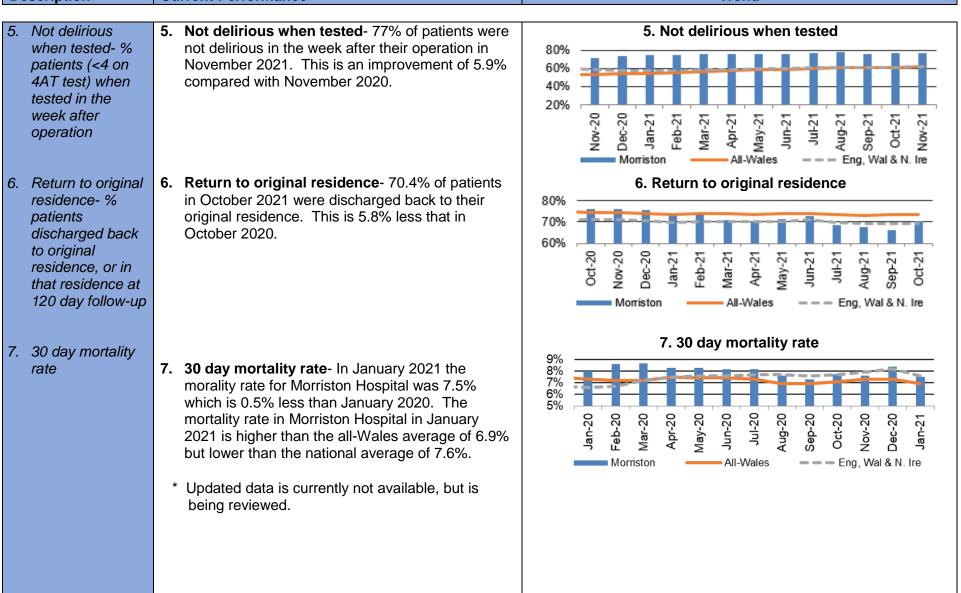
In December 2021, there were 35 elective procedures cancelled due to lack of beds on the day of surgery. This is 34 less cancellations than in November 2020 and 26 less than November 2021.

33 of the cancelled procedures were attributed to Morriston Hospital, with 1 attributed to Singleton Hospital and 1 attributed to Neath Port Talbot Hospital.

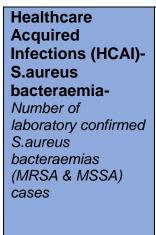


FRACTURED NECK OF FEMUR (#NOF)			
Description	Current Performance	Trend	
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- In November 2021, 88.7% of patients in Morriston	1. Prompt orthogeriatric assessment	
1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician	hospital received an assessment by a senior geriatrician within 72 hours. This is 4% more than in November 2020.	Now-20 Nov-21 Jun-2-1 Aug-21 Aug-21 Nov-20 Morriston All-Wales Eng, Wal & N. Ire	
within 72 hours of presentation	2. Prompt surgery- In November 2021, 57.1% of	2. Prompt surgery	
2. Prompt surgery - % patients undergoing surgery the day following presentation with hip	patients had surgery the day following presentation with a hip fracture. This is an improvement from November 2020 which was 51.8%	Nov-20 %099 %094 %099 %099 %099 %099 %099 %09	
fracture	NICE compliant surgery- 70.3% of operations were consistent with the NICE recommendations	Morriston —— All-Wales ——— Eng, Wal & N. Ire 3. NICE compliant Surgery	
3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	in November 2021. This is 0.7% more than in November 2020. In November 2021, Morriston was above the all-Wales average of 70.2%.	Nov-20 Nov-20 Nov-20 Nov-20 Nov-20 Nov-20 Nov-20 Nov-20 Nov-21 No	
1 Prompt	4. Prompt mobilisation - In November 2021, 71.2%	Morriston —— All-Wales ——— Eng, Wal & N. Ire 4. Prompt mobilisation	
4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	of patients were out of bed the day after surgery. This is 4.8% less than in November 2020.	00% 70% 70% 70% 70% 70% 70% 70% 70% 70%	

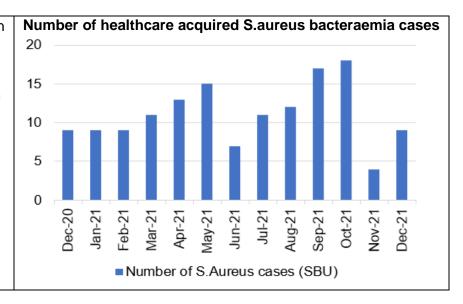
FRACTURED NECK OF FEMUR (#NOF)			
Description	Current Performance		Trend



	HEALTHCARE ACQUIRE	
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases	 17 cases of <i>E. coli</i> bacteraemia were identified in December 2021, of which 5 were hospital acquired and 12 were community acquired. Cumulative cases from April 2021 to December 2021 are 19.8% higher than the equivalent period in 2020/21. (222 in 2021/22 compared with 178 in 2020/21). 	Number of healthcare acquired E.coli bacteraemia cases 40 35 30 25 20 15 10 5 0 Number E.Coli cases (SBU)



- There were 9 cases of Staph. aureus bacteraemia in December 2021, of which 5 were hospital acquired and 4 were community acquired.
- Cumulative cases from April 2021 to December 2021 are 10.4% higher than the equivalent period in 2020/21 (106 in 2021/22 compared with 94 in 2020/21).

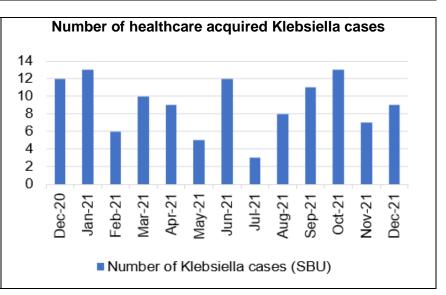


	HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend	
Healthcare Acquired Infections (HCAI)- C.difficile- Number of laboratory confirmed C.difficile cases	 There were 12 Clostridium difficile toxin positive cases in December 2021, of which 11 were hospital acquired and 1 was community acquired. Cumulative cases from April 2021 to December 2021 are 11.3% higher than the equivalent period of 2020/21 (150 in 2021/22 compared with 133 in 2020/21). 	Number of healthcare acquired C.difficile cases 25 20 15 10 Seb-21 Number of C.diff cases (SBU)	

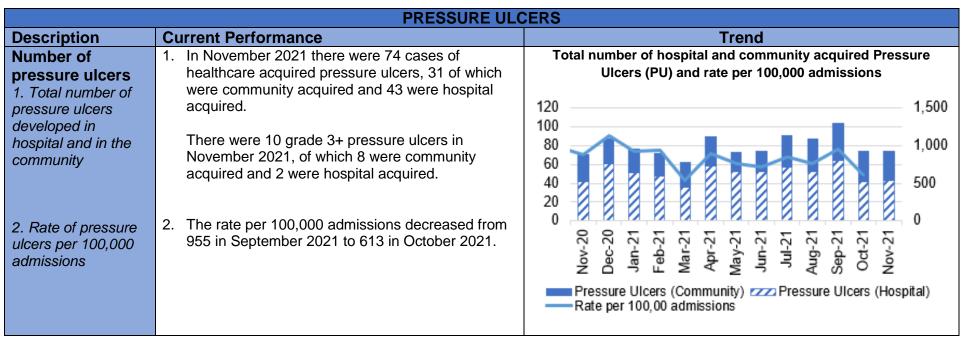


- There were 9 cases of Klebsiella sp in December 2021, of which 6 were hospital acquired and 3 were community acquired.
- Cumulative cases from April 2021 to December 2021 are 5.2% higher than the equivalent period in 2020/21

(77 in 2021/22 compared with 73 in 2020/21).

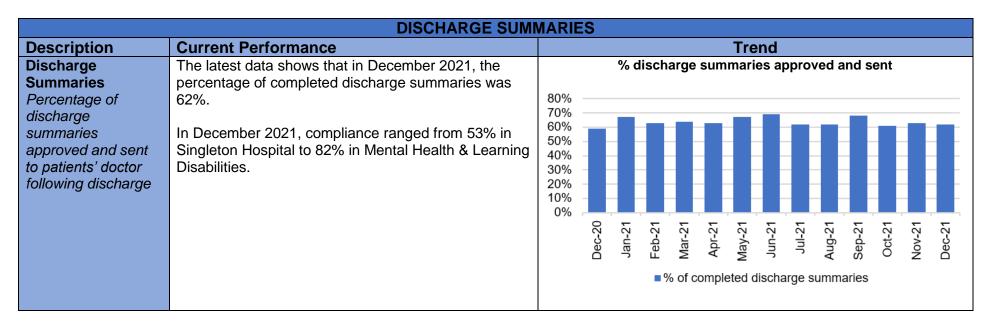


HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI)- Aeruginosa- Number of laboratory confirmed Aeruginosa cases	 There were 4 cases of <i>P.Aerginosa</i> in December 2021, of which 3 were hospital acquired and 1 was community acquired. Cumulative cases from April 2021 to December 2021 are 11% more than the equivalent period in 2020/21. 	Number of healthcare acquired Pseudomonas cases 6 5 4 3 2 1 0 Number of Pseudomonas cases Number of Pseudomonas cases (SBU)



	SERIOUS INCID	ENTS
Description	Current Performance	Trend
Serious Incidents- 1. The number of serious incidents	The Health Board reported 2 Serious Incidents for the month of December 2021 to Welsh Government. The breakdown of incidents in December 2021 are set out below: Singleton – 2	1. and 2. Number of serious incidents and never events 30 ————————————————————————————————————
2. The number of Never Events	There were no new Never Event reported in December 2021.	Dec-20 Jan-21 Mar-21 May-21 Jun-21 Aug-21 Sep-21 Nov-21 Dec-21
3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	3. In November 2021, performance against the 80% target of submitting closure forms within 60 working days was 0% as the one closure form in Morriston due to be submitted to Welsh Government, was not submitted on time.	Number of Serious Incidents Number of never events 3. % of serious incidents closed within 60 days 100% 90% 80% 70% 60% 50% 40% 30%
		20% 10% 0% 0% Rep-51 Rep-52 R

	INPATIENT FAI	LLS
Description	Current Performance	Trend
Inpatient Falls The total number of inpatient falls	The number of Falls reported via Datix web for Swansea Bay UHB was 208 in December 2021. This is 16% less than December 2020 where 247 falls were recorded.	Number of inpatient Falls 300 250 200 150 100 50 0 0 0 0 0 0 0 0 0 0 0 0 0



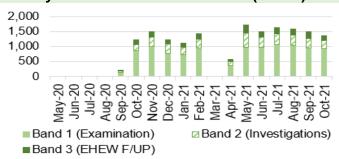
	CRUDE MORTA	LITY
Description	Current Performance	Trend
Crude Mortality Rate	November 2021 reports the crude mortality rate for the Health Board at 0.99%, which is 0.04% lower than October 2021. A breakdown by Hospital for November 2021: Morriston – 1.76% Singleton – 0.50% NPT – 0.21%	Crude hospital mortality rate by Hospital (74 years of age or less) 2.5% 2.0% 1.5% 1.0% 0.5% 0.0% Morriston Hospital NPT Hospital NPT Hospital Crude hospital mortality rate by Hospital (74 years of age or less) 2.5% 2.0% 1.5% 1.0% 0.5% 0.0% Singleton Hospital HB Total

WORKFOR				RCE
Description	Current Performance			Trend
Staff sickness rates- Percentage of sickness absence rate of staff	Our in-month sickness per 8.64% in October 2021 to 2021.			absence (12 month rolling and in-month)
	 The 12-month rolling performance November 2021, which is in October 2021. The following table provide reasons by full time equivations october 2021. *November Data not available 	the same figur es the top 5 ab alent (FTE) day	e reported esence	ed 10% 9% 8% 7%
	Absence Reason	FTE Days Lost	%	3% ————————————————————————————————————
	Anxiety/ stress/ depression/ other psychiatric illnesses	9,140.57	29.5%	0%
	Chest & respiratory problems	3,821.13	12.3%	Nov-20 Dec-20 Jan-21 Feb-21 May-21 Jun-21 Jun-21 Sep-21 Oct-21
	Infectious diseases	2,996.01	9.7%	→ % sickness rate (12 month rolling) → % sickness rate (in-month)
	Other musculoskeletal problems	2,745.06	8.9%	
	Other known causes - not elsewhere classified	1,977.14	6.4%	

HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Primary and Community Care Overview

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



No claims submitted between April and August 2020

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

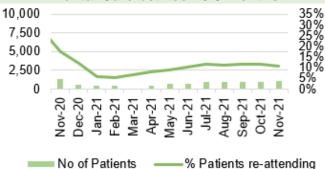


Chart 9: Optometry Activity - sight tests

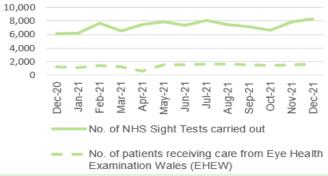


Chart 13: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative **Dentistry**



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

Chart 2: Common Ailment Scheme - Number of consultations provided

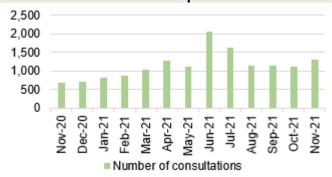


Chart 6: General Dental Services - Activity

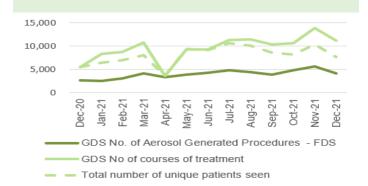


Chart 10: Optometry Activity - low vision care

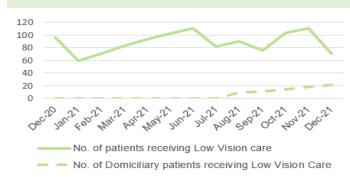


Chart 14: Podiatry - Total number of patients waiting > 14 weeks

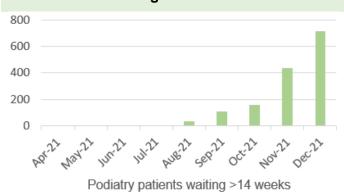


Chart 3: GMS - Escalation Levels



Chart 7: General Dental Services - New Patients

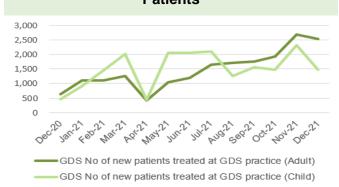


Chart 11: Community Pharmacy – Escalation



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

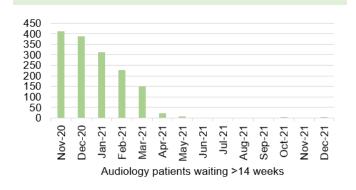


Chart 4: GMS - Sustainability



Chart 8: General Dental Services -ACORNS/FV

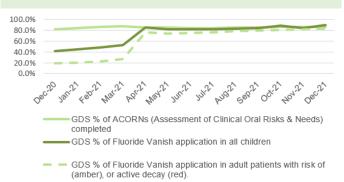
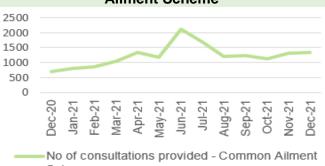


Chart 12: Community Pharmacy – Common Ailment Scheme



Scheme

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



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

Chart 1: Number of GP Referrals into secondary care



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

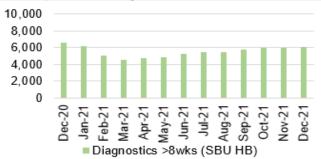


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

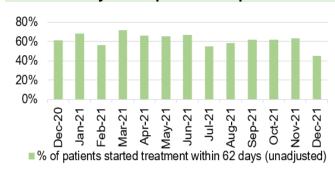


Chart 13: Number of patients without a documented clinical review date

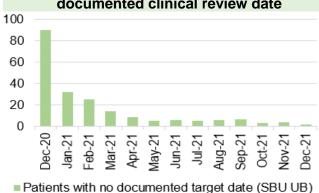


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment



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

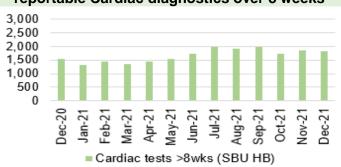


Chart 10: Number of new cancer patients starting definitive treatment

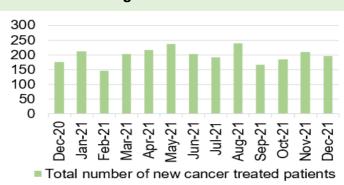


Chart 14: Ophthalmology patients without an allocated health risk factor



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



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



Chart 11: Single Cancer Pathway backlogpatients waiting over 63 days

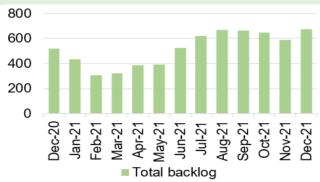


Chart 15: Total number of patients on the follow-up waiting list



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



Chart 8: Cancer referrals



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



Chart 16: Number of patients delayed by over 100%



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

Pla

Demand		Waiting Times	
9,336 (17%↓) Total GP referrals	25,452 (3%↑) Patients waiting over 26 weeks for a new outpatient appointment	37,504 (1.2%↑) Patients waiting over 36 weeks for treatment	27,268 (2%↓) Patients waiting over 52 weeks for treatment
5,915 (18%↓) Routine GP referrals	50.5% (0.8%↓) Patients waiting under 26 weeks from referral to treatment	6,071 (1%1) Patients waiting over 8 weeks for all reportable diagnostics	1,813 (2.3%↓) Patients waiting over 8 weeks for Cardiac diagnostics only
3,421 (15%↓) Urgent GP referrals	889 (29%1) Patients waiting over 14 weeks for reportable therapies	131,403 (1.6%↑) Patients waiting for a follow-up outpatient appointment	31,912 (3.1%↑) Patients waiting for a follow-up outpatients appointment who are delayed over 100%
	Cancer	Theatre I	Efficiencies
1,450 (13.8%↓) Number of USC referrals received	673 (15.2%↑) USC backlog over 63 days	62% (5%↓) Theatre utilisation rate	48% (2%→) % of theatres sessions finishing early
		400/ (20/ 1)	000//00/11

45% (18.4%↓) draft Dec '21 Patients starting first definitive cancer treatment within 62 days

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

40% (3%↓)

% of theatres sessions starting late

36% (2%↓)

Operations cancelled on the day

5.3 Updates on key measures

PLANNED CARE Description **Current Performance** Referrals and December 2021 has seen a reduction in referral figures. Since September 2020 the number of referrals and additions shape of the appeared to stabilise but then started to increase again from January 2021. Chart 4 shows the shape of the current waiting list waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic. 1. GP Referrals Trend 1. Number of GP referrals received by SBU Health The number of 2. Number of stage 1 additions per week Stage 1 additions **Board** 10,000 3000 per week 2500 8.000 2000 2. Stage 1 6.000 1500 additions 4,000 1000 The number of new 2,000 500 patients that have been added to the Dec-20 Jun-21 Jul-21 Aug-21 Oct-21 May-21 Mar-2' Apr-2' outpatient waiting list 3. Size of the GP Referrals (routine) Additions to outpatients (stage 1) waiting list waiting list GP Referrals (urgent) Total number of 3. Total size of the waiting list and movement Total size of the waiting list and movement (December patients on the (December 2019) 2021) waiting list by stage as at December 2500 2019 2500 2000 2000 4. Size of the 1500 waiting list Total number of 1000 patients on the waiting list by stage 500 as at December 2021 ■ STAGE 1 ■ STAGE 2 ■ STAGE 3 ■ STAGE 4 ■ STAGE 5 ■ STAGE 1 ■ STAGE 2 ■ STAGE 3 ■ STAGE 4 ■ STAGE

PLANNED CARE Description **Current Performance** The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. December 2021 saw **Outpatient waiting** an in-month increase in the number of patients waiting over 26 weeks for an outpatient appointment. The number of times breaches increased from 24,752 in November 2021 to 25,452 in December 2021. Orthopaedics has the largest 1. Number of proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and ENT. The number of outpatient attendances has significantly reduced since February 2020 due to COVID19. Chart 4 shows patients waiting more than 26 weeks that the number of attendances started to increase from April 2021 before remaining steady for a period and then for an outpatient increasing again in November 2021. appointment (stage Trend 1)- Health Board 1. Number of stage 1 over 26 weeks- HB total Number of stage 1 over 26 weeks- Hospital level 20,000 Total 30,000 17,500 25,000 15.000 2. Number of 20,000 .500 10.000 patients waiting 15,000 7,500 more than 26 weeks 10.000 5,000 for an outpatient 2,500 5.000 appointment (stage Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Nov-21 Sep-2' Oct-2, Dec-2 1)- Hospital Level Ontbatieuts > 50 Apr-21 Ontbatieuts > 60 Apr-21 Oct-21 Morriston Singleton NPTH 3. Patients waiting over 26 weeks for an 4. Outpatient activity undertaken 3. Patients waiting over 26 weeks for an outpatient outpatient appointment by specialty as at December 2021 30.000 appointment by 25.000 4,500 specialty 20,000 4,000 15.000 3,500 3,000 10.000 2,500 5,000 4. Outpatient activity 2,000 1,500 undertaken 1,000 Dec-20 Apr-21 May-21 Jan-21 Feb-21 Mar-21 Jun-21 Aug-21 Oct-21 Jul-21 Nov-21 500 New outpatient attendances Follow-up attendances **Please note - reporting measures changed from June 2021 - Using power BI platform

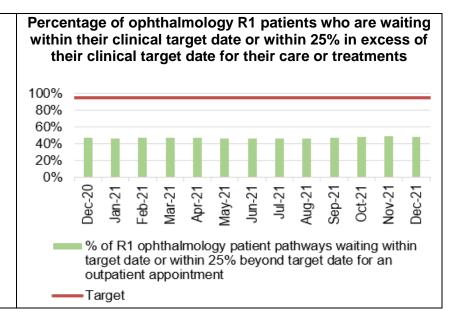
PLANNED CARE Description Current Performance Patients waiting The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. December 2020 was the first month in 2020 that saw an in-month reduction and this over 36 weeks for treatment trend continued into January and February 2021 however, the number of breaches increased again from March 2021. In December 2021, there were 37,504 patients waiting over 36 weeks which is a 1.2% in-month increase from November 1. Number of 2021. 27,7268 of the 37,504 were waiting over 52 weeks in December 2021. patients waiting more than 36 weeks **Trend** for treatment and the 1. Number of patients waiting over 36 weeks- HB 2. Number of patients waiting over 36 weeks- Hospital number of elective level total patients admitted for 40.000 30,000 treatment- Health 25,000 30,000 Board Total 20,000 20.000 15,000 2. Number of 10,000 10.000 patients waiting 5,000 more than 36 weeks Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 for treatment and the Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Nov-21 number of elective patients admitted for =>36 wks (SB UHB) Morriston ——Singleton treatment- Hospital 3. Number of elective admissions level 6,000 3. Number of 5.000 elective admissions 4.000 3,000 2,000 1,000 Dec-20 Jun-21 Feb-21 Apr-21 Oct-21 Mar-21 May-21 Jul-21 Sep-21 Aug-27 Admitted elective patients

	PLANNED CARE				
Description	Current Performance				
Total waiting times Percentage of patients waiting less than 26 weeks from referral to treatment	Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%. In December 2021, 50.5% of patients were waiting under 26 weeks from referral to treatment, which is a reduction from November 2021.	Percentage of patient waiting less than 26 weeks 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% Nov-51 Dec-52 Amaigned at the patient waiting less than 26 weeks 100% 90% 80% 70% 60% 50% 10% 90% 10% 10% 10% 10% 10% 10% 10% 10% 10% 1			



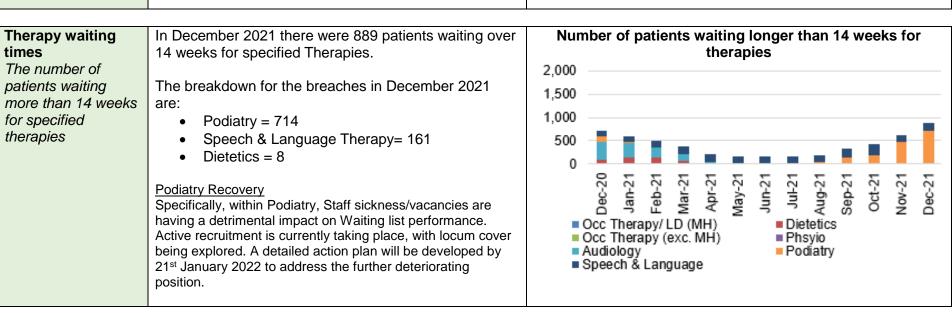
In December 2021, 48.7% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.

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.

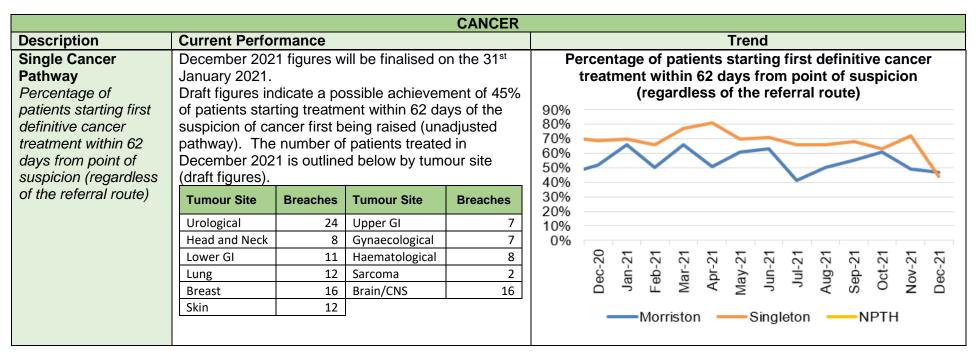


	THEATRE EFFICI	ENCY
Description	Current Performance	Trend
Theatre Efficiency 1. Theatre Utilisation Rates 2. % of theatre	In December 2021 the Theatre Utilisation rate was 62%. This is an in-month reduction of 5% and a 3% increase compared to December 2020. 40% of theatre sessions started late in December	1. Theatre Utilisation Rates 100% 80% 60% 40% 20% 0%
sessions starting late	2021. This is an improvement on performance in December 2020 (45%).	Theatre Utilisation Rate (SBU HB) 2. and 3. % theatre sessions starting late/finishing
3. % of theatre sessions finishing early	In December 2021, 48% of theatre sessions finished early. This is the same figure seen in November 2021 and 1% higher than figures seen in December 2021.	80% 60% 40% 20%
4. % of theatre sessions cancelled at short notice (<28 days)	7% of theatre sessions were cancelled at short notice in December 2021. This is the same figure reported in December 2021 and is 12% lower than figures seen in December 2020.	4.% theatre sessions cancelled at short notice (<28 days)
5. % of operations cancelled on the day	Of the operations cancelled in December 2021, 36% of them were cancelled on the day. This is an improvement from 38% in November 2021.	0% Owner of the property of t
		80% 60% 40% 20% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0

	PLANNED CARI	E
Description	Current Performance	Trend
Diagnostics waiting times The number of patients waiting more than 8 weeks for specified diagnostics	In December 2021, there was a small increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,008 in November 2021 to 6,071 in December 2021. The following is a breakdown for the 8-week breaches by diagnostic test for December 2021: • Endoscopy= 3,144 • Cardiac tests= 1,813 • Other Diagnostics = 1,106	Number of patients waiting longer than 8 weeks for diagnostics 4,000 3,000 2,000 1,000 Cardiac tests Endoscopy Other diagnostics (inc. radiology)

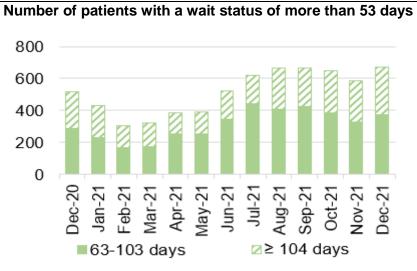


	CANCER	
Description	Current Performance	Trend
Cancer demand and shape of the waiting list 1. Number of Urgent Suspected Cancer (USC) referrals received	The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020. The shape of the waiting list shows that there is a significant "wave" of patients that are likely to breach in the near future, there is also an increased number of referrals being received in comparison with previous years.	1. Number of USC referrals 2500 2000 1932 1880 1871 2014 2062 2005 1742 1821 1771 1500 1340 1475 1594 1000 500
2. Single Cancer Pathway backlog- patients waiting over 63 days	December 2021 has seen an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction; - Currently finalising plans to establish FIT testing in Primary care – this change will improve pathway efficiency. - A new cancer performance service manager has been appointed and will start in post on 31st January 2022. - A new pelvic mass clinic pilot is due to commence on 17th January 2022 to support rapid assessment, diagnosis and management of patient presenting with suspected ovarian cancer. - Currently progressing with filling the breast surgeon vacancy, the Job Description is currently being finalised. - Waiting list initiatives for PMB patients have stared from W/C 10th January 2022	2. Single Cancer Pathway backlog- patients waiting over 63 days 800 600 400 200 Octob Total backlog Total backlog



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

December 2021 backlog by tumour site: Tumour Site 63 - 103 days ≥104 days Acute Leukaemia Brain/CNS 0 75 **Breast** 17 0 Children's cancer 0 42 Gynaecological 21 Haematological 15 5 Head and neck 14 2 Lower Gastrointestinal 142 134 12 Luna 11 Other 1 1 Sarcoma 6 0 12 Skin(c) 2 **Upper Gastrointestinal** 44 25 Urological 49 67 **Grand Total** 412 285



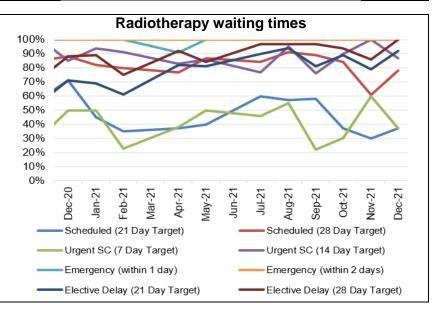
	CANCER						
Description	Current Performance			Trenc			
USC First Outpatient Appointments	volumes have decreased by 13%. This can be		number of patie tment (by total o				
The number of	attributed to a change in the data recording following		FIRST OPA	2-Jan	9-Jan	% change	
patients at first	the introduction of a new category of patients who		Acute Leukaemia	0	0	0%	
outpatient	are first reviewed in a 'diagnostic one stop'		Brain/CNS	1	0	-100%	
appointment stage by	outpatient appointment.		Breast	1	0	-100%	
days waiting			Children's Cancer	1	0	-100%	
			Gynaecological	58	34	-41%	
			Haematological	2	4	100%	
			Head and Neck	55	50	-9%	
			Lower GI	53	75	42%	
			Lung	7	5	-29%	
			Other	47	33	-30%	
			Sarcoma	6	4	-33%	
			Skin	71	38	-46%	
			Upper GI	48	47	-2%	
			Urological	30	41	37%	
				380	331	-13%	

Radiotherapy waiting times

The percentage of patients receiving radiotherapy treatment

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

Measure	Target	Dec-21
Scheduled (21 Day Target)	80%	37%
Scheduled (28 Day Target)	100%	78%
Urgent SC (7 Day Target)	80%	37%
Urgent SC (14 Day Target)	100%	87%
Emergency (within 1 day)	80%	100%
Emergency (within 2 days)	100%	100%
Elective Delay (21 Day Target)	80%	92%
Elective Delay (28 Day Target)	100%	100%



FOLLOW-UP APPOINTMENTS			
Description	Current Performance	Trend	

Follow-up appointments

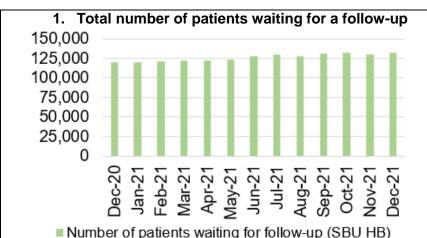
- 1. The total number of patients on the follow-up waiting list
- 2. The number of patients waiting 100% over target for a follow-up appointment

In December 2021, the overall size of the follow-up waiting list increased by 2,148 patients compared with November 2021 (from 129,255 to 131,403).

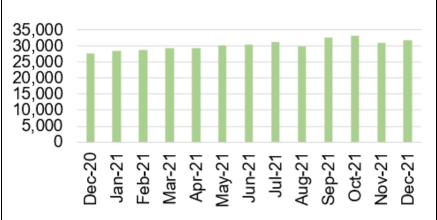
In December 2021, there was a total of 58,006 patients waiting for a follow-up past their target date. This is an in-month increase of 2.5% (from 56,618 in November 2021 to 58,006 in December 2021).

Of the 58,006 delayed follow-ups in December 2021, 11,680 had appointment dates and 46,326 were still waiting for an appointment.

In addition, 31,912 patients were waiting 100%+ over target date in December 2021. This is a 3.1% increase when compared with November 2021.



2. Delayed follow-ups: Number of patients waiting 100% over target



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

PATIENT EXPERIENCE				
Description	Current Performance	Trend		

Health Board Friends & Family patient satisfaction 1. Number of friends and family surveys completed **Patient experience** level in December 2021 was 93% and 2,776 5,000 1. Number of friends surveys were completed. 4,000 > Singleton/ Neath Port Talbot Hospitals Service and family surveys Group completed 1,580 surveys in December 3,000 completed 2021, with a recommended score of 94%. 2.000 Morriston Hospital completed 878 surveys in 1,000 2. Percentage of December 2021, with a recommended score of patients/ service 94%. Primary & Community Care completed 291 users who would Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 recommend and surveys for December 2021, with a highly recommend recommended score of 90%. The Mental Health Service Group completed MH & LD Morriston Hospital 23 surveys for December 2021, with a ■ Primary & Community Neath Port Talbot recommended score of 100%. Singleton Hospital 2. % of patients/ service users who would recommend and highly recommend 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% Mar-21 Jun-21 Aug-21 Apr-21 May-21 Jul-21 Sep-21 MH&LD — Morriston — NPT — PCCS — Singleton * Data not available for April 2021. Neath Port Talbot included in Singleton's figures from May 2021

COMPLAINTS			
Description	Current Performance	Trend	

Patient concerns

1. Number of formal complaints received

1. In October 2021, the Health Board received 135 formal complaints; this is a 14.2% increase on the number seen in September 2021.

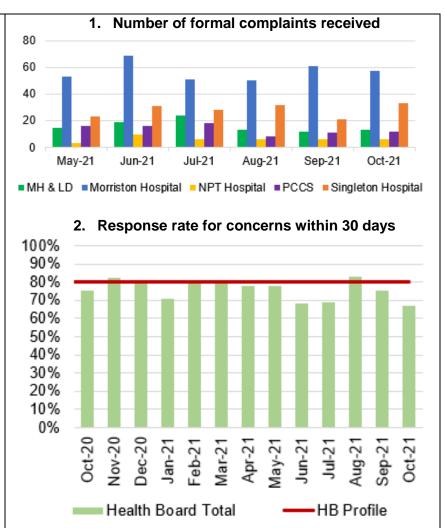
Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.

2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation

2. The overall Health Board rate for responding to concerns within 30 working days was 67% in October 2021, against the Welsh Government target of 75% and Health Board target of 80%.

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

30 day response rate
83%
70%
69%
83%
48%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

6.1 Vaccinations and Immunisations

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



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

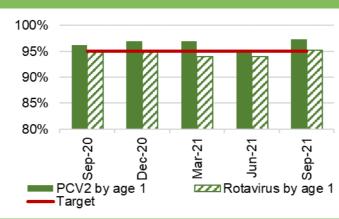


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

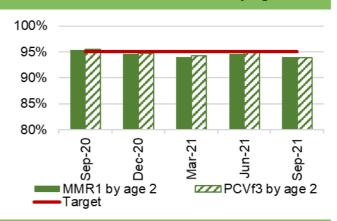


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2



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

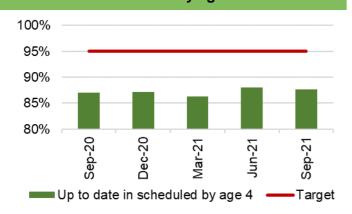


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5



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

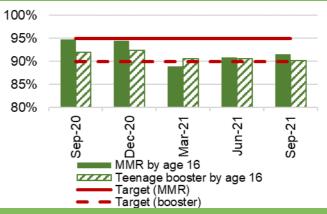


Chart 8: % children who received MenACWY vaccine by age 16



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



Morgannwg University Health Board

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

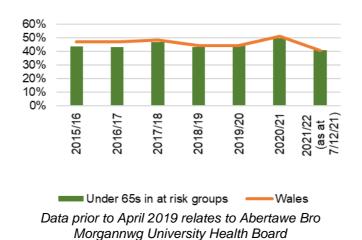
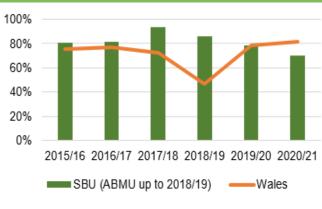


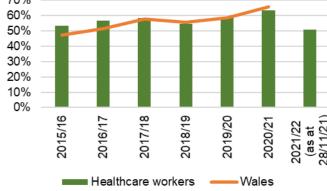
Chart 11: Influenza uptake for amongst pregnant women



70% 60% 50% 40%

Chart 12: Influenza uptake for amongst

healthcare workers



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

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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

6.2 Mental Health Overview

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

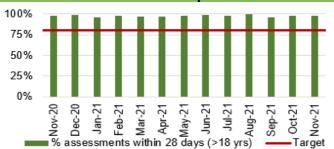


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

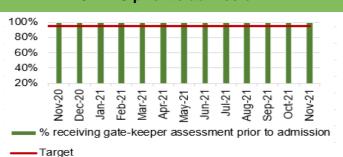


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions



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

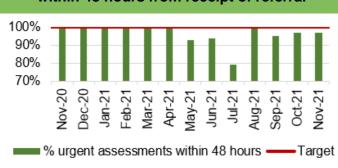


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

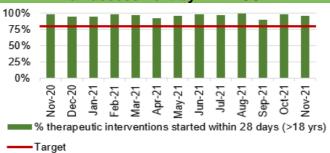
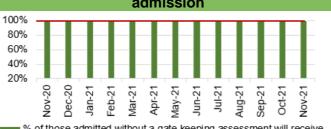
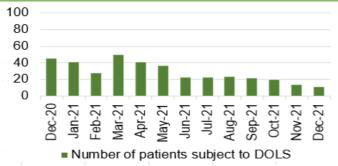


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission



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

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



Child & Adolescent Mental Health Services (CAMHS)

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



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

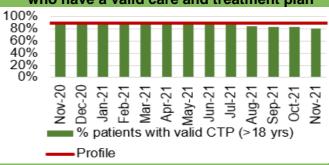


Chart 7: % of patients waiting under 14 weeks for Therapies



Chart 11: Number of Serious Incidents

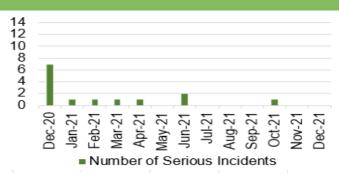


Chart 15: Assessment and intervention within

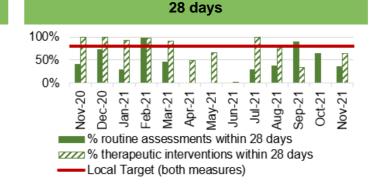


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

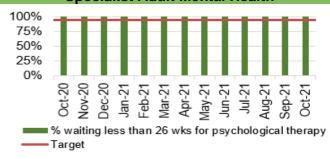


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

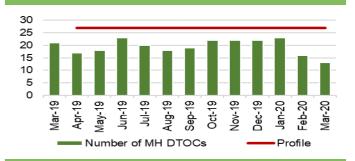


Chart 12: Number of ligature incidents

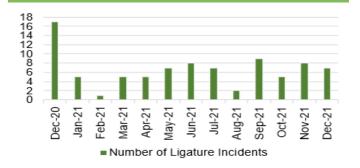


Chart 16: % of residents with a Care and Treatment Plan



% of Health Board residents in receipt of CAMHS who have a Care and Treatment Plan
 Target

6.3 Updates on key measures

	ADULT MENTAL I	HEALTH
Description	Current Performance	Trend
Adult Mental Health Measures:		1. % Mental Health assessments undertaken within 28 days from receipt of referral
1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)	In November 2021, 98.1% of assessments were undertaken within 28 days of referral for patients 18 years and over.	100% 75% 50% 25% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
		2. % Mental Health therapeutic interventions started within
2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)	2. In November 2021, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 96.1%.	28 days following LPMHSS assessment 100% 75% 50% 25% 0% Noverting the properties of the properties o
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)	3. 81% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in November 2021.	3. % residents with a valid Care and Treatment Plan (CTP) 00% 90% 80% 70% Particle A particular and Treatment Plan (CTP) 100% 80% 80% 70% Particular and Treatment Plan (CTP) 100% 1
4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	4. In November 2021, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.	4. % waiting less than 26 weeks for Psychology Therapy 100% 75% 50% 25% 0% 02-20

	CHILD & ADOLESCENT MENTA	AL HEALTH (CAMHS)
Description	Current Performance	Trend
Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	In November 2021, 97% of CAMHS patients received an assessment within 48 hours.	1. Crisis- assessment within 48 hours 100% 90% 80% 70% 0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	36% of routine assessments were undertaken within 28 days from referral in November 2021 against a target of 80%.	% urgent assessments within 48 hours Target 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. 64% of therapeutic interventions were started within 28 days following assessment by LPMHSS in November 2021.	100% 75% 50% 25% 0% 07-00 07-02-12-12-12-12-12-12-12-12-12-12-12-12-12
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 37% of NDD patients received a diagnostic assessment within 26 weeks in November 2021 against a target of 80%.	Nov-21 Nov-21
5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 3% of routine assessments by SCAMHS were undertaken within 28 days in November 2021.	5. S-CAMHS % assessments within 28 days 100% 75% 50% 25% 0% 0% Nov-21 17- Label 12- L

8. FINANCE UPDATES

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

Description	Current Performance	Trend
Revenue Financial Position – expenditure incurred against revenue resource limit	 The Health Board's annual plan produces a forecast deficit for 2021/22 of £42.077m. This includes £17.672m impact on savings delivery from 2020/21. The £42.077m forecast deficit equates to an expected monthly overspend of £3.506m. The Health Board was advised by WG to anticipate non-recurrent funding to support the 2020/21 savings impact and this reduces the HB forecast to £24.405m, which equates to an expected monthly overspend of £2.034m. This was reflected in the May position. The Health Board has reported a cumulative overspend of £17.57m against a forecast position of £18.304m. 	HEALTH BOARD FINANCIAL PERFORMANCE 2021/22 M1 M2 M3 M4 M5 M6 M1 M8 M9 M10 M11 M1 3,500 2,500 1,000 1,976 1,973 2,131 1,821 1,875 1,805 1,884 0 Operational Position Forecast Position Target Overspend

Description	Current Performance	Trend
Capital Financial Position – expenditure incurred against capital resource limit	 The forecast outturn capital position for 2021/22 is an overspend of £0.705m. Allocations are anticipated from Welsh Government which will balance this position. There are several All Wales Capital schemes reported to Welsh Government as high/medium risk. Any schemes where risks are reported are being closely monitored and discussed at the Capital Review progress meetings with Welsh Government. The reported forecast outturn position assumes that outstanding expected sale proceeds of £0.387m will be received as disposal income. 	Capital - Cumulative Performance to Plan 70,000 60,000 50,000 40,000 20,000 10,000 Rofil Mar June Jun Kuß zeck Och Mod Dec Jan Kell Market Forecast Actual/Revised Forecast
Workforce Spend – workforce expenditure profile	 The pay budgets are underspent by £8.2m after 9 months. Funding has been allocated to: support additional costs associated with COVID, funding of the overtime holiday pay arrears which were paid in August and again in November. These payments are driving the increases in overtime payments (pink) in P05 and P08 on the variable pay expenditure graph. the application of funding for the 2021/22 pay award, which was implemented with arrears in September. Variable pay remains high, this reflects operational pressures, increasing sickness levels and recovery actions. The Health Board is incurring around £3m of additional pay costs per month related to COVID response and recovery, in addition to the TTP and vaccination costs. 	Variable Pay Expenditure 9,000,000 8,000,000 7,000,000 6,000,000 4,000,000 1,000,000 1,000,000 1,000,000

Current Performance Description Trend PSPP – pay 95% Percentage of non-NHS invoices paid within 30 days of The Health Board failed to deliver this target in 2020/21, of Non-NHS receipt of goods or valid invoicce with the target only being met on three of the twelve invoices within 30 months. days of receipt of There was a very positive start to the financial year, with goods or valid invoice the target being met in the first six months, with a **PSPP Target** cumulative achievement of 96.07% for the first six months. 98.00% However, October and November saw a significant 97.00% reduction in compliance with the target and this has 96.00% continued in November, with both months at 91.3%. 95.00% 94.00% The December position improved to 95.6% despite the 93.00% ongoing challenges and the cumulative position is 92.00% 95.08% which is just above target. 91.00% The key area of impact is nurse agency invoices where 90.00% the volume of invoices has increased significantly and 89.00% service pressures are impacting on the timeliness of the 88.00% sign off of shifts to allow invoices to be processed. Additional resource has been secured to support the ■PSPP In Month ■■PSPP Cumulative processing process, which is starting to show benefit, however it is likely to impact on PSPP performance both in month and cumulatively for a number of months. There are also failures in achievement related to receipting of goods and authorisation of invoices, these are being reviewed to identify specific areas of concern and any training or resource requirements.

APPENDIX 2: INTEGRATED PERFORMANCE DASHBOARD

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile		Welsh Average/ Total	SBU's all- Wales rank	Performance Trend	Dec-20	Jan-21	Feb-21	Mar-21	 Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	Number of new COVID19 cases	Local	Dec-21	18,167		Reduce					11,976	3,759	1,208	907	406	189	708	1,946	7,177	12,839			18,167
res	Number of staff referred for Antigen Testing	Local	Dec-21	15,756		Reduce					10,065	10,749	,	,		12,224	12,505	12,872	13,278	13,951	14,475	14,969	15,756
neasu	Number of staff awaiting results of COVID19 test	Local	Dec-21	0		Reduce		<u> </u>			99 (as at 05/01/21)	07/02/21)) 06/03/21)) 11/04/21)) 0	0	0	0	0	0	0	0	0
D D	Number of COVID19 related incidents	Local	Dec-21	54	<u> </u>	Reduce	<u>-</u> -'	<u></u> '			127	84	63	53	74	67	23	24	36	36	47	53	54
late	Number of COVID19 related serious incidents	Local	Oct-21	0	 ′	Reduce	<u>'</u>	 '	 ′	<u></u> ,	0	0	0	0	0	0	0	0	0	0	0	/	/ ·
<u> </u>	Number of COVID19 related complaints	Local	Dec-21	20	 ′	Reduce	<u>'</u>	 '	 ′	<u> </u>	. 83	106	131	98	38	13	16	4	6	3	4	14	20
21.0	Number of COVID19 related risks	Local	Oct-21	0	 '	Reduce	<u>'</u>	 '	 '	<u></u>	10	3	3	3	i 2	2	1 70	1 74	1	0	0		/ · · ·
COVID19	Number of staff self isolated (asymptomatic)	Local	Dec-21	126	4	Reduce	 '	 '	4	الحصيل	475	218	160	145	84	71	70	71	115	227	120	65	126
ŏ	Number of staff self isolated (symptomatic)	Local	Dec-21	393	 '	Reduce	 '	 '	 '	ب	394	316	156	108	87	71	50	67	114	204	180	120	393
	% sickness	Local	Dec-21	1.9%		Reduce		<u></u> '	<u> </u>		6.5%	4.0%	2.4%	1.9%	1.9%	1.9%	0.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%
				Harm fro	m overwheir	Imed NHS and so	cial care																/
Sub Domain		National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile		Welsh Average/ Total	SBU's all- Wales rank	Performance Trend	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Dec-21	46%	65%	65%	×	50% (Oct-21)	5th (Oct-21)		54%	67%	70%	73%	72%	62%	67%	64%	59%	50%	44%	52%	46%
Care	Number of ambulance handovers over one hour	National	Dec-21	612	0		<u>_</u> '	5,350 (Oct-21)	2nd (Oct-21)		510	195	219	231	337	477	547	616	726	642	648	670	612
ed	Handover hours lost over 15 minutes	Local	Dec-21	2527			'	<u> </u>			1,804	455	550	583	877	1,154	1,386	1,937	2,443	2,467	3,093	2,461	2,527
nschedu	% 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	Dec-21	70%	95%			65% (Oct-21)	2nd (Oct-21)	$\mathbb{W}_{\mathbb{Q}}$	72.6%	77%	71%	77%	75%	73%	72%	75%	75%	73%	72%	73%	70%
5	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	II National	Dec-21	1101	0			9,484 (Oct-21)	4th (Oct-21)		776	570	534	457	631	684	880	1,014	1,060	1,250	1,276	1,055	1,101
	% of survival within 30 days of emergency admission for a hip fracture	National	Sep-21	72.2%	12 month ↑			85.9% (Aug-21)	4th (Aug-21)	~	68.0%	65.3%	70.7%	59.6%	71.1%	72.1%	78.3%	84.8%	86.7%	72.2%			
NOF	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Oct-21	88.0%	12 month ↑			66% (Sep-21)	2nd (Sep-21)		86.0%	87.0%	88.0%	88.0%	90.0%	91.0%	91.0%	91.0%	88.0%	87.0%	88.0%		
	Direct admission to Acute Stroke Unit (<4 hrs)	National	Dec-21	17%	54.0%			18.8% (Oct-21	organisation s	_\\	7.1%	6.8%	18.2%	20.4%	i	27.5%	28.3%	13.5%	15.4%		0.0%	11.4%	
	CT Scan (<1 hrs) (local	Local	Dec-21	35%	1		<u> </u>		, ·	~~~~	22.7%	42.2%	30.6%	40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%
Stroke	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Dec-21	97%						~~\\	95.5%	95.6%	97.2%	100.0%	!	98.1%	100.0%	100.0%		90.2%	100.0%	95.5%	97.3%
	Thrombolysis door to needle <= 45 mins	Local	Dec-21	10%	1		<u> </u>			~~~	0.0%	12.5%	0.0%	55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	e National	Dec-21	46%	12 month ↑						63.4%	65.7%	61.2%	55.9%	47.1%	39.7%	41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%
DTOCs	Number of mental health HB DToCs	National	Mar-20	13	12 month ↓	27	4								DTO	OC reporting to	temporarily '	suspended					
Diocs	Number of non-mental health HB DToCs	National	Mar-20	60	12 month ↓	50	×	1	'	1					DTO	C reporting to	emporarily	suspended					

				Harm fro	om overwheln	ned NHS and so	cial 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	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	Cumulative cases of E.coli bacteraemias per 100k pop		Dec-21	77.1	<67		×	72.49 (Oct-21)	4th (Oct-21)		60.7	60.0	59.8	61.9	99.8	88.9	89.4	89.4	90.5	86.4	82.2	80.5	77.1
	Number of E.Coli bacteraemia cases (Hospital)			5						~~	5	6	6	9	12	11	5	8	9	9	7	5	5
	Number of E.Coli bacteraemia cases (Community)		Dec-21	12						_~~~	7	12	11	19	20	15	23	15	25	12	12	17	12
	Total number of E.Coli bacteraemia cases			17						_~~~	12	18	17	28	32	26	28	23	34	21	19	22	17
	Cumulative cases of S.aureus bacteraemias per 100k pop		Dec-21	36.0	<20		×	26.72 (Oct-21)	6th (Oct-21)	_^_	31.7	31.6	31.4	31.6	40.5	44.5	37.0	36.0	35.5	38.3	40.6	37.2	36.0
	Number of S.aureus bacteraemias cases (Hospital)			5						~~~	6	5	7	4	4	5	5	7	8	13	11	1	5
	(Community)		Dec-21	4						~~~	3	4	2	7	9	10	2	4	4	4	7	3	4
	Total number of S.aureus bacteraemias cases			9							9	9	9	11	13	15	7	11	12	17	18	4	9
<u> </u>	Cumulative cases of C.difficile per 100k pop		Dec-21	51.3	<25		×	37.49 (Oct-21)	6th (Oct-21)		45.7	42.0	41.5	41.1	62.3	49.1	46.2	52.0	55.0	53.2	52.9	53.3	51.3
control	Number of C.difficile cases (Hospital)	National		11						~~~	6	3	9	7	15	7	6	16	20	9	10	10	11
, E	Number of C.difficile cases (Community)		Dec-21	1							3	0	2	5	5	5	6	7	2	5	5	10	1
infection	Total number of C.difficile cases			12							9	3	11	12	20	12	12	23	22	14	15	20	12
infe	Cumulative cases of Klebsiella per 100k pop		Dec-21	26.5							24.9	26.4	25.8	26.2	28.1	21.5	26.7	0.0	22.6	24.5	27.1	26.5	26.5
	Number of Klebsiella cases (Hospital)			6						~~~	8	8	4	1	4	3	5	2	4	8	8	2	6
	Number of Klebsiella cases (Community)		Dec-21	3						~~~	4	5	2	9	5	2	7	1	4	3	5	5	3
	Total number of Klebsiella cases		50021	9				64 (Oct-21)	6th (Oct-21)	\\\\\	12	13	6	10	9	5	12	3	8	11	13	7	9
	Cumulative cases of Aeruginosa per 100k pop		Dec-21	6.1							5.5	5.2	5.1	4.9	9.4	6.1	6.2	0.0	5.5	5.6	4.8	5.4	6.1
	Number of Aeruginosa cases (Hospital)			3							1	0	0	0	2	0	1	0	1	2	0	3	3
	Number of Aeruginosa cases (Community)		Dec-21	1							0	1	1	1	1	1	1	1	1	0	0	0	1
	Total number of Aeruginosa cases		50021	4				22 (Oct-21)	1st (Oct-21)	_^~~	1	1	1	1	3	1	2	1	2	2	0	3	4
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Dec-21	95.8%		95%					96%	95%	93%	97%	96%	98%	96%	95%	95%	96%	97%	92%	96%
us nts	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Dec-21	0.0%	90%	80%	×			$\sqrt{}$	4%	0%	10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Serious Incidents and risks	Number of new Never Events	National		0	0	0	4			^_	0	0	0	0	0	0	1	0	0	0	0	1	0
a i i	Number of risks with a score greater than 20	Local	Dec-21	35		12 month ↓	</td <td></td> <td></td> <td></td> <td>146</td> <td>148</td> <td>140</td> <td>142</td> <td>132</td> <td>127</td> <td>113</td> <td>104</td> <td>105</td> <td>114</td> <td>118</td> <td>121</td> <td>35</td>				146	148	140	142	132	127	113	104	105	114	118	121	35
	Number of risks with a score greater than 16 Number of pressure ulcers acquired in hospital	Local	Nov-21	60 43		12 month	X			~~~	238 61	242 51	233 48	230 36	217 59	224 53	219 53	221 58	220 53	240 65	235 42	238 43	60
<u>S</u>	Number of pressure ulcers developed in the community		1404-21	31		12 month ✔	×			~^	26	25	24	26	31	20	21	33	34	39	32	31	
Ulcers	Total number of pressure ulcers		Nov-21	74		12 month ↓	×				87	76	72	62	90	73	74	91	87	104	74	74	
sure t	Number of grade 3+ pressure ulcers acquired in hospital	Local		2		12 month ✔	√			W_	3	2	3	1	4	1	2	3	2	1	1	2	
Pres	Number of grade 3+ pressure ulcers acquired in community		Nov-21	8		12 month ✔	×			W-	7	5	4	2	10	2	4	2	8	6	7	8	
	Total number of grade 3+ pressure ulcers		Nov-21	10		12 month ↓	×			~~~	10	7	7	3	14	3	6	5	10	7	8	10	
Inpatient Falls	Number of Inpatient Falls	Local	Dec-21	208		12 month ↓	×			\\\\	247	203	177	171	176	228	174	193	198	207	240	213	208

				Harm fr	rom overwheln	ned NHS and so	ocial 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	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Nov-21	99%	95%	95%	4			~~~	99.0%	100.0%	100.0%	97.6%	99.3%	98.0%	98.6%	97.6%	93.0%	98.0%	96.8%	98.5%	
Mortality	Stage 2 mortality reviews required	Local	Nov-21	10						~~~~	12	19	6	11	5	18	12	7	17	10	16	10	
wortanty	% stage 2 mortality reviews completed	Local	Aug-21	50.00%		100%	×			\ /	75.0%	36.8%					25.0%	42.9%	50.0%				
	Crude hospital mortality rate (74 years of age or less)	National	Nov-21	0.99%	12 month ↓			1.35% (Sep-21)	4th (Sep-21)	$\overline{}$	1.08%	1.14%	1.17%	1.17%	1.04%	1.04%	1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Dec-21	89%		98%	×			<>>	98.5%	95.0%	96.3%	93.5%	97.4%	98.9%	95.0%	89.7%	91.7%	91.6%	93.8%	92.2%	89.1%
Coding	% of episodes clinically coded within 1 month of	Local	Nov-21	76%	95%	95%	×			~~	93%	95%	96%	96%	96%	96%	89%	90%	94%	90%	92%	76%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Dec-21	62%		100%	×			\\\\	59%	67%	63%	64%	63%	67%	69%	62%	62%	68%	61%	63%	62%
	Agency spend as a % of the total pay bill	National	May-21	3.30%	12 month ↓			4.1% (May-21)	organisation s		5.4%	6.2%	4.9%	5.7%	4.4%	3.3%							
	Overall staff engagement score – scale score method	National	2020	75%	Improvement			75% (2020)	organisation s			2020 =	= 75%										
Workforce	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Dec-21	57%	85%	85%	×	60.0% (May-21)	organisation s (May-21)	$\sqrt{}$	54%	52%	51%	53%	57%	60%	65%	60%	60%	58%	56%	55%	57%
Work	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Dec-21	80%	85%	85%	×	78.8% (May-21)	organisation s	$\sqrt{\ }$	80%	80%	80%	80%	80%	80%	81%	81%	81%	80%	80%	80%	80%
	% workforce sickness absence (12 month rolling)	National	Nov-21	7.44%	12 month ↓			5.68% (May-21)	organisation s		7.48%	7.57%	7.56%	7.44%	7.12%	6.93%	6.91%	6.99%	7.11%	7.29%	7.44%	7.44%	
	% 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)	organisation s			2020 =	67.1%										

				Harm	from reduc	tion in non-	Covid a	ctivity															
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	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Primary Care	% adult dental patients in the health board population re- attending NHS primary dental care between 6 and 9 months	National	Nov-21	10.5%	4 quarter ↓			21.8% (Q3 20/21)	1st (Q3 20/21)		12.0%	5.9%	5.3%	6.6%	7.8%	9.0%	10.2%	11.4%	11.0%	11.5%	11.4%	10.5%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Dec-21 (Draft)	45.0%	12 month ↑			59.0% (Sep-21)	2nd out of 6 organisations (Sep-21)	>	61.0%	67.9%	56.4%	71.6%	65.7%	65.4%	66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	45.0%
Seu	Scheduled (21 Day Target)	Local	Dec-21	37%	80%		*			}	71%	45%	35%	42%	37%	40%	31%	60%	57%	58%	37%	30%	37%
i i	Scheduled (28 Day Target)	Local	Dec-21	78%	100%		*			~~~	88%	82%	80%	85%	77%	87%	70%	84%	91%	89%	84%	61%	78%
Ę	Urgent SC (7 Day Target)	Local	Dec-21	37%	80%		*			~	50%	50%	23%	41%	38%	50%	45%	46%	55%	22%	30%	60%	37%
8	Urgent SC (14 Day Target)	Local	Dec-21	87%	100%		*			~~<	85%	94%	91%	90%	83%	86%	87%	77%	95%	76%	90%	100%	87%
apy	Emergency (within 1 day)	Local	Dec-21	100%	80%		4				100%	100%	100%	100%	91%	100%	100%	100%	100%	100%	100%	100%	100%
že.	Emergency (within 2 days)	Local	Dec-21	100%	100%		4				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
di di	Elective Delay (21 Day Target)	Local	Dec-21	92%	80%		4			~~~~	71%	69%	61%	86%	82%	81%	91%	90%	94%	81%	89%	79%	92%
æ	Elective Delay (28 Day Target)	Local	Dec-21	100%	100%		4			~~~	88%	89%	75%	93%	92%	84%	95%	97%	97%	97%	94%	86%	100%
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Dec-21	6071	0			48,408 (Sep-21)	2nd (Sep-21)	\	6,579	6,239	5,087	4,554	4,804	4,842	5,230	5,425	5,523	5,732	5,939	6,008	6,071
	Number of patients waiting > 14 weeks for a specified therapy	National	Dec-21	889	0			5,798 (Sep-21)	2nd (Sep-21)	<u> </u>	708	584	491	369	201	166	171	151	186	320	414	629	889
	% of patients waiting < 26 weeks for treatment	National	Dec-21	50%	95%			54.9% (Sep-21)	6th (Sep-21)	$\overline{}$	48.0%	47.0%	47.9%	48.8%	49.1%	49.1%	50.7%	51.5%	51.9%	52.0%	51.6%	51.3%	50.5%
d Can	Number of patients waiting > 26 weeks for outpatient appointment	Local	Dec-21	25452	0			040.000			21,179	21,208	21,225	21,750	22,752	23,700	23,279	23,225	23,444	23,997	24,483	24,752	25,452
Planne	Number of patients waiting > 36 weeks for treatment	National	Dec-21	37504	0			240,306 (Sep-21)	3rd (Sep-21)		35,126	33,991	32,719	32,874	33,395	34,447	35,040	35,583	35,999	35,711	36,420	37,064	37,504
_	The number of patients waiting for a follow-up outpatient appointment	National	Dec-21	131,403	HB target TBC			779,662 (Oct-21)	5th (Oct-21)		119,963	119,999	120,882	121,403	122,303	123,088	127,444	130,208	127,391	130,963	131,554	129,255	131,403
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%. 7. of R1 ophthalmology patient pathways waiting within	National	Dec-21	31,912	100			199,698 (Oct-21)	5th (Oct-21)		27,641	28,419	28,862	29,316	29,334	30,062	30,550	31,316	29,770	32,574	33,121	30,946	31,912
	target date or within 25% beyond target date for an outpatient appointment	National	Dec-21	49%	95%			63.2% (Oct-21)	6th (Oct-21)	~\\	47.3%	46.7%	47.4%	47.7%	47.2%	46.7%	46.7%	46.3%	46.1%	47.9%	48.6%	49.2%	48.7%
¥¥	% of patients who did not attend a new outpatient appointment	Local	Dec-21	6.3%	12 month ↓					$\searrow \sim$	7.7%	7.1%	6.2%	5.6%	5.3%	5.7%	6.5%	6.5%	6.4%	7.2%	7.7%	7.0%	6.3%
DNA	% of patients who did not attend a follow-up outpatient appointment	Local	Dec-21	6.4%	12 month ↓					\ \ \	8.2%	7.1%	6.2%	6.7%	6.1%	6.9%	5.5%	7.5%	7.5%	7.6%	7.8%	7.0%	6.4%
Theatre	Theatre Utilisation rates	Local	Dec-21	62%		90%	*				59%	65%	73%	75%	80%	78%	77%	72%	69%	72%	66%	67%	62%
Efficiencies	% of theatre sessions starting late	Local	Dec-21	40%		<25%	×			~~~	45%	40%	42%	40%	38%	43%	43%	44%	44%	42%	46%	43%	40%
	% of theatre sessions finishing early	Local	Dec-21	48%		<20%	×			~~~~	47%	44%	44%	48%	41%	45%	43%	48%	46%	46%	50%	48%	48%
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200						· .	1,509	1,200											
± 82	Number of friends and family surveys completed	Local	Dec-21	2,776		12 month ↑	4			_ `	584	678	798	1,050		4,590	3,297	1,912	2,075	2,025	2,733	3,194	2,776
Patier	% of who would recommend and highly recommend	Local	Dec-21	93%		90%	4				77%	79%	85%	87%		96%	97%	92%	92%	92%	92%	94%	93%
exp od od	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Dec-21	96%		90%	4			/ ~~	65%	81%	94%	93%		92%	96%	95%	92%	96%	93%	93%	96%
ints	Number of new formal complaints received	Local	Oct-21	134		12 month ↓ trend	×			~~	83	78	94	117	100	115	159	139	115	115	134		
ompla	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Oct-21	67%	75%	80%	*	71.9% (Q3 20/21)	2nd (Q3 20/21)	$\sim\sim$	80%	71%	80%	81%	78%	78%	68%	69%	83%	75%	67%		
ŏ	% of acknowledgements sent within 2 working days	Local	Oct-21	100%		100%	<₽				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

				Harm from	wider soci	etal actions	lockdov	/n															
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Averagel Total	SBU's all- Wales rank	Performance Trend	Dec-20	Jan-21	Feb-21	Mar-21	l Apr-21 	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	% of babies who are exclusively breastfed at 10 days old	National	2020/21	35.6%	Annual ↑			36.8% (2020/21)	5th (2020/21)			2020/21	= 35.6%		!								
Early years measures	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 21/22	96.2%	95%			95.3% (Q121/22)	3rd (Q121/22)		96.7%			95.4%			95.7%			96.2%			
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 21/22	89.8%	95%			91.7% (Q121/22)	4th (Q121/22)		92.0%			92.4%			91.1%			89.8%			
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q2 21/22	362.2	4 quarter↓			356.6 (Q4 20/21)	2nd (Q4 20/21)		308.8			322.1	!		370.7			362.2			
Alcorio	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q2 21/22	73.7%	4 quarter ↑			70.3% (Q2.21/22)	4th (Q2 21/22)		39.5%			45.5%			31.8%			73.7%			
	% uptake of influenza among 65 year olds and over	National	Dec-21	76.9%	75%			76.5% (Mar-21)	4th (Mar-21)		74.8%	75.2%	75.4%	75.5%	į						58.7%	74.8%	76.9%
_	% uptake of influenza among under 65s in risk groups	National	Dec-21	44.9%	55%			51.07% (Mar-21)	5th (Mar-21)		47.2%	48.7%	49.4%	49.4%	į						26.0%	40.8%	44.9%
fluenza	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			78.5% (2019/20)	5th out of 10 organisations (2019/20)			2020/21	= 69.8%		 	Data co	ollection rest	arts Octobe	r 2021		Dat	ta not avail	lable
드	% uptake of influenza among children 2 to 3 years old	Local	Dec-21	41.5%	50%			56.3% (Mar-21)	5th (Mar-21)		52.5%	53.2%	53.4%	53.4%	j						22.0%	37.7%	41.5%
	% uptake of influenza among healthcare workers	National	Dec-21	52.7%	60%			58.7% (2019/20)	7th out of 10 organisations (2019/20)		63.0%	63.4%	63.4%	63.4%							48.6%	50.8%	52.7%
	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Nov-21	97%		100%	×		,,		100%	100%	100%	100%	100%	93%	94%	79%	100%	95%	97%	97%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Nov-21	37%	80%	80%	×	35.4 (Sep-21)	6th (Sep-21)	_~~~	26%	24%	28%	30%	30%	33%	32%	34%	27%	34%	34%	37%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Nov-21	66%	80%	80%	×	27.9% (Oct-21)	4th (Oct-21)	~~\	61%	53%	66%	63%	60%	61%	58%	41%	48%	40%	40%	66%	
CAMHS	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Nov-21	36%		80%	×	44.2% (Sep-21)	2nd (Sep-21)	$\sqrt{}$	73%	29%	97%	46%	0%	0%	0%	29%	37%	89%	65%	36%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Nov-21	64%		80%	×	45.7% (Sep-21)	4th (Sep-21)	\sim	100%	93%	97%	91%	49%	67%	1%	100%	82%	35%	0%	64%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Nov-21	3%		80%	×			\sim	58%	60%	56%	53%	48%	53%	44%	29%	32%	41%	3%	3%	
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Nov-21	84%		90%	×	89.3% (Sep-21)	5th (Sep-21)	\sim	82%	83%	84%	82%	82%	83%	81%	81%	65%	84%	84%	84%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Nov-21	98%	80%	80%	<	65.4% (Sep-21)	1st (Sep-21)	\bigvee	99%	96%	98%	97%	97%	98%	99%	98%	100%	96%	98%	98%	
Mental Health	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Nov-21	96%	80%	80%	4	75.0% (Sep-21)	4th (Sep-21)	-√\\	95%	95%	98%	97%	92%	96%	99%	97%	100%	90%	98%	96%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Nov-21	100%	95%	95%	4	72.2% (Sep-21)	1st (Sep-21)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Nov-21	81%	90%	90%	×	85.8% (Sep-21)	6th (Sep-21)	~~	89%	91%	91%	91%	91%	92%	88%	88%	84%	84%	83%	81%	
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)			2020/2	1= 2.96										
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual↑			53.1% (2019/20)	2nd (2019/20)						i i								