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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	22nd February 2022	Agenda Item	4.1
Report Title	Quality & Safety Performance Report		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2021/22 NHS Wales Delivery Framework.		
Key Issues	<p>The Quality and Safety Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>Historically Welsh Government publish a revised NHS Wales Delivery Framework on an annual basis. In 2021/22 a new Single Outcomes Framework for Health and Social Care was due to be published however, development of the framework was delayed due to the COVID19 pandemic. The updated National Delivery Framework 2021/22 was published in October 2021, with the updated framework measures being presented at the November 2021 Management Board meeting. Full updates outlined within the Delivery Framework will be reflected in the December 2021 Quality and Safety Report. The intention of the updated integrated framework measures is to demonstrate how patients and populations are better off through the delivery of services and allowing a different balance across our traditional services.</p> <p>The Health Board continues to refine the organisation's annual plan and develop recovery trajectories. Trajectories for recovery of unscheduled care and cancer performance were submitted for discussion at the September Performance and Finance Committee. Performance against these trajectories continue to be measured.</p> <p>Key high level issues to highlight this month are as follows:</p> <p>2021/22 Delivery Framework</p>		

	<p>COVID19- The number of new cases of COVID19 has seen a reduction in January 2022, with 15,433 new cases being reported in-month. The occupancy rate of confirmed COVID patients in critical care beds remains at a low rate, however figures continue to increase slightly for Covid positive patients utilising general beds.</p> <p>Unscheduled Care- Demand for emergency department care within Swansea Bay University (SBU) Health Board increased from January 2021 to June 2021 but has since then been on modest reduction trajectory. Attendances have increased in January 2022 to 9,137 from 9,082 in December 2021. The Health Board's performance against the 4-hour measure improved from 70.15% in December 2021 to 72.59% in January 2022. The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased from 1,101 in December 2021 to 1,142 in January 2022.</p> <p>Planned Care- January 2022 saw a 1% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment. Additionally, the number of patients waiting over 36 weeks increased by 1.6% to 38,117. It is important to note that Referral data has recently been reviewed and updated following the introduction of the new digital dashboard in June 2021. Referral figures for January 2022 saw a 9% increase (12,004) on those seen in December 2021. Therapy waiting times have increased in January 2022 to 1,028 from 889 in December 2021.</p> <p>Cancer- December 2021 saw 54% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). The backlog of patients waiting over 63 days has increased in January 2022 to 711.</p> <p>Mental Health- performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in December 2021. Psychological therapies within 26 weeks continue to be maintained at 100%.</p> <p>Child and Adolescent Mental Health Services (CAMHS)-Access times for crisis performance has been maintained at 100% December 2021. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remained the same at 37% in December 2021 against a target of 80%.</p> <p>Serious Incidents closures- In December 2021, performance against the 80% target of submitting closure forms to WG within agreed timescales was 25% 4 SI's were due for closure in December 2021, 3 of which were not closed on time due to service pressures individual investigators availability.</p>
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	Patient Experience- A new feedback system was introduced in March 2021, which has resulted in no data being reported for April 2021 as the system, was not fully operational until the end of April 2021. January 2022 data is included in this report showing 92% satisfaction through 3,395 surveys completed.			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. 			

QUALITY & SAFETY 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 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-** current Health Board performance against key measures and targets

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		
Financial Implications		
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein.		
Legal Implications (including equality and diversity assessment)		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		
Staffing Implications		
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <ul style="list-style-type: none"> Long term – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. 		

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

Report History	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in January 2022. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report



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Appendix 1- Quality & Safety Performance Report

February 2022



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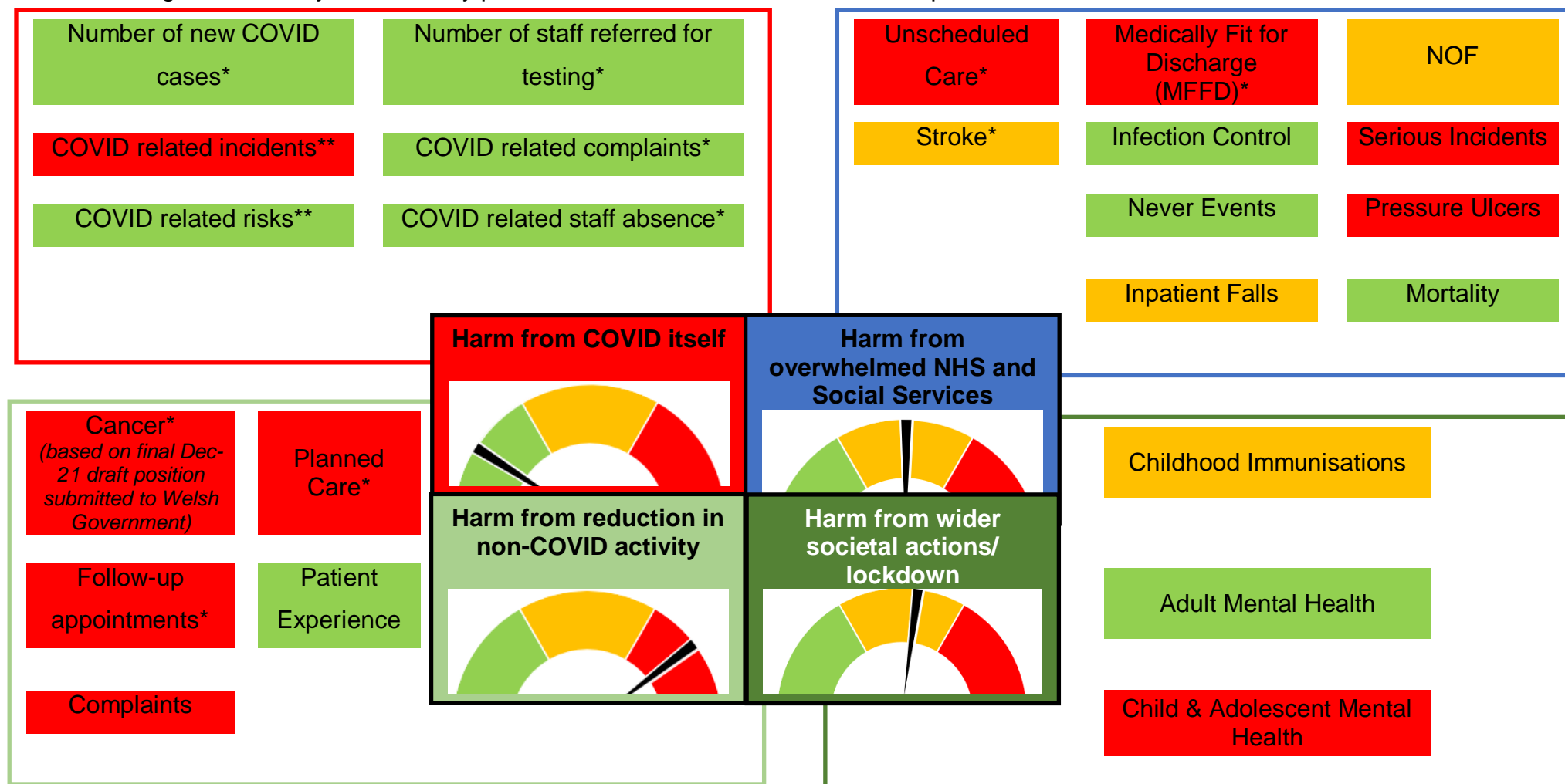
1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

Key messages for consideration of the committee arising from the detail in this report below are: -

- Q&S report detail is reduced to reflect data capture currently available.
- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in December 2021. Psychological therapies within 26 weeks continue to be maintained at 100%. Access times for routine CAMHS still continue to not meet the required targets. Crisis performance has been maintained at 100% compliance in December 2021.
- Demand for emergency department care within Swansea Bay University (SBU) Health Board increased from January 2021 to June 2021 but has since then been on modest reduction trajectory. Attendances have increased in January 2022 to 9,137 from 9,082 in December 2021. The Health Board's performance against the 4-hour measure improved from 70.15% in December 2021 to 72.59% in January 2022. The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased from 1,101 in December 2021 to 1,142 in January 2022.
- Planned care system is still challenging and January 2022 saw a 1% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment. Additionally, the number of patients waiting over 36 weeks increased by 1.6% to 38,117. It is important to note that Referral data has recently been reviewed and updated following the introduction of the new digital dashboard in June 2021. Referral figures for January 2022 saw a 9% increase (12,004) on those seen in December 2021.
- Therapy waiting times have increased in January 2022 to 1,028 from 889 in December 2021
- December 2021 saw 54% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). The backlog of patients waiting over 63 days has increased in January 2022 to 711.
- Concern response performance was below the Welsh Government target in November 2021, reporting 69% compliance against the 75% target.
- The number of formal complaints received in November 2021 was 159 which is a 15.7% increase on the number seen in October 2021.
- Health Board Friends & Family patient satisfaction level in January 2022 was 92% and 3,395 surveys were completed.
- There were five Serious Incidents (SI's) reported to Welsh Government in January 2022.
- There were no Never events reported for January 2022.
- Fractured Neck of Femur performance in December 2021 continues to be broadly at Welsh National levels (see detail below) and showing an improved position compared with March 2019-2020 for most indicators.

2. 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

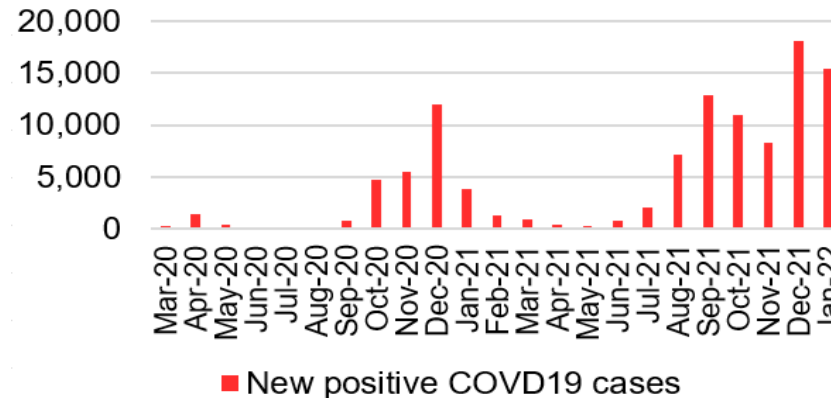
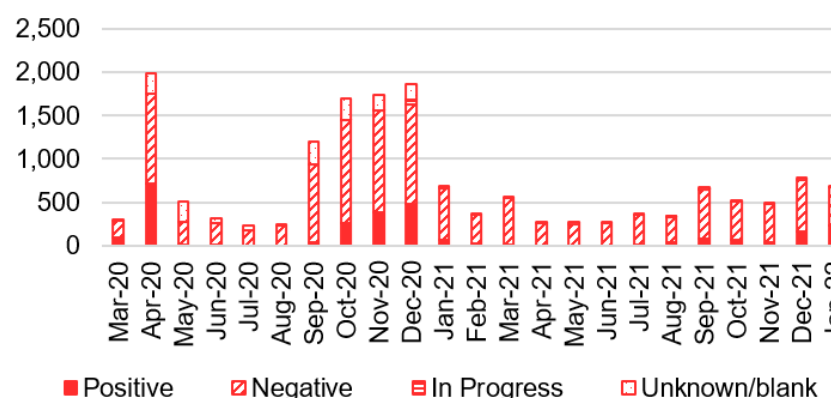
*RAG status based on in-month movement in the absence of local profiles

3. HARM QUADRANT- HARM FROM COVID ITSELF

Overview

		Harm quadrant- Harm from Covid itself															
Measure	Locality	National/ Local Target	Internal profile	Trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Number of new COVID19 cases*	HB Total				3,759	1,208	907	406	189	708	1,946	7,177	12,839	10,918	8,247	18,167	15,433
Number of staff referred for Antigen Testing	HB Total				684	366	568	274	267	281	367	406	673	524	494	787	691
Number of staff awaiting results of COVID19 test*	HB Total				78 (as at 07/02/21)	69 (as at 06/03/21)	2 (as at 11/04/21)	0	0	0	0	0	0	0	0	0	0
Number of COVID19 related incidents*	HB Total				84	63	53	74	67	23	24	36	36	47	53	54	
Number of COVID19 related serious incidents*	HB Total				0	0	0	0	0	0	0	0	0	0			
Number of COVID19 related complaints*	HB Total				106	131	98	38	13	16	4	6	3	4	14	20	4
Number of COVID19 related risks*	HB Total				3	3	3	2	2	1	1	1	0	0			
Number of staff self isolated (asymptomatic)*	Medical				7	2	3	2	1	3	7	5	20	13	6	0	11
	Nursing Registered				61	40	32	28	18	21	19	35	67	38	20	46	31
	Nursing Non Registered				57	33	35	25	20	18	24	21	43	28	12	37	13
	Other				93	85	75	29	22	28	21	54	97	41	27	43	32
Number of staff self isolated (symptomatic)*	Medical				16	5	1	1	1	2	3	7	15	10	5	3	17
	Nursing Registered				112	52	44	39	33	23	28	36	57	51	34	166	104
	Nursing Non Registered				88	49	29	24	20	18	18	27	44	34	20	94	79
	Other				100	50	34	23	17	7	18	44	88	85	61	130	109
% sickness*	Medical				2.2%	0.7%	0.4%	0.3%	0.2%	0.5%	0.9%	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%
	Nursing Registered				4.3%	2.3%	1.9%	1.6%	1.2%	1.1%	1.4%	1.8%	3.1%	2.2%	1.3%	5.3%	3.4%
	Nursing Non Registered				7.0%	3.9%	3.1%	2.4%	1.9%	1.8%	1.8%	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%
	Other				3.1%	2.2%	1.7%	0.8%	0.6%	0.6%	0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%
	All				4.0%	2.4%	1.9%	1.3%	1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%

3.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>1. Number of new COVID cases</p> <p>In January 2022, there were an additional 15,433 positive cases recorded bringing the cumulative total to 106,978 in Swansea Bay since March 2020. Whilst positive cases have seen a large reduction, the number of cases are still some of the highest seen since the start of the pandemic.</p>	<p>1. Number of new COVID19 cases for Swansea Bay population</p>  <p>■ New positive COVID19 cases</p>
	<p>4. Staff referred for Antigen testing</p> <p>The cumulative number of staff referred for COVID testing between March 2020 and January 2022 is 16,447 of which 17% have been positive (Cumulative total).</p>	<p>2. Outcome of staff referred for Antigen testing</p>  <p>■ Positive ▨ Negative ■ In Progress □ Unknown/blank</p>

COVID RELATED STAFF ABSENCE																																																																																																																						
Description		Current Performance							Trend																																																																																																													
Staff absence due to COVID19		The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.																																																																																																																				
	1.Number of staff self-isolating (asymptomatic)	1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between December 2021 and January 2022, the number of staff self-isolating (asymptomatic) reduced from 126 to 87 and the number of staff self-isolating (symptomatic) reduced from 393 to 309. In January 2022, the “other” staff group had the largest number of self-isolating staff who are asymptomatic and symptomatic.																																																																																																																				
	2.Number of staff self isolating (symptomatic)																																																																																																																					
	3.% staff sickness	3. % Staff sickness The percentage of staff sickness absence due to COVID19 has decreased from 3.9% in December 2021 to 3% in January 2022.																																																																																																																				
									<div>1.Number of staff self isolating (asymptomatic)</div> <div>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</div>																																																																																																													
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									<div>3.% staff sickness</div> <table><tr><th></th><th>Oct-20</th><th>Nov-20</th><th>Dec-20</th><th>Jan-21</th><th>Feb-21</th><th>Mar-21</th><th>Apr-21</th><th>May-21</th><th>Jun-21</th><th>Jul-21</th><th>Aug-21</th><th>Sep-21</th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th></tr><tr><td>Medical</td><td>3.2%</td><td>7.3%</td><td>8.3%</td><td>2.2%</td><td>0.7%</td><td>0.4%</td><td>0.3%</td><td>0.2%</td><td>0.5%</td><td>0.9%</td><td>1.3%</td><td>3.6%</td><td>2.4%</td><td>1.2%</td><td>0.3%</td><td>3.0%</td></tr><tr><td>Nursing Reg</td><td>3.8%</td><td>4.7%</td><td>7.4%</td><td>4.3%</td><td>2.3%</td><td>1.9%</td><td>1.6%</td><td>1.2%</td><td>1.1%</td><td>1.4%</td><td>1.8%</td><td>3.1%</td><td>2.2%</td><td>1.3%</td><td>5.3%</td><td>3.4%</td></tr><tr><td>Nursing Non Reg</td><td>6.0%</td><td>6.5%</td><td>7.3%</td><td>7.0%</td><td>3.9%</td><td>3.1%</td><td>2.4%</td><td>1.9%</td><td>1.8%</td><td>1.8%</td><td>2.3%</td><td>4.3%</td><td>3.1%</td><td>1.6%</td><td>6.5%</td><td>4.5%</td></tr><tr><td>Other</td><td>2.5%</td><td>3.0%</td><td>5.4%</td><td>3.1%</td><td>2.2%</td><td>1.7%</td><td>0.8%</td><td>0.6%</td><td>0.6%</td><td>0.7%</td><td>1.6%</td><td>2.9%</td><td>2.0%</td><td>1.4%</td><td>2.7%</td><td>2.2%</td></tr><tr><td>All</td><td>3.5%</td><td>4.4%</td><td>6.5%</td><td>4.0%</td><td>2.4%</td><td>1.9%</td><td>1.3%</td><td>1.0%</td><td>0.9%</td><td>1.1%</td><td>1.7%</td><td>3.2%</td><td>2.3%</td><td>1.4%</td><td>3.9%</td><td>3.0%</td></tr></table>									Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Medical	3.2%	7.3%	8.3%	2.2%	0.7%	0.4%	0.3%	0.2%	0.5%	0.9%	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	Nursing Reg	3.8%	4.7%	7.4%	4.3%	2.3%	1.9%	1.6%	1.2%	1.1%	1.4%	1.8%	3.1%	2.2%	1.3%	5.3%	3.4%	Nursing Non Reg	6.0%	6.5%	7.3%	7.0%	3.9%	3.1%	2.4%	1.9%	1.8%	1.8%	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%	Other	2.5%	3.0%	5.4%	3.1%	2.2%	1.7%	0.8%	0.6%	0.6%	0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	All	3.5%	4.4%	6.5%	4.0%	2.4%	1.9%	1.3%	1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22																																																																																																						
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Nursing Non Reg	6.0%	6.5%	7.3%	7.0%	3.9%	3.1%	2.4%	1.9%	1.8%	1.8%	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%																																																																																																						
Other	2.5%	3.0%	5.4%	3.1%	2.2%	1.7%	0.8%	0.6%	0.6%	0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%																																																																																																						
All	3.5%	4.4%	6.5%	4.0%	2.4%	1.9%	1.3%	1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%																																																																																																						

4. HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

4.1 Overview

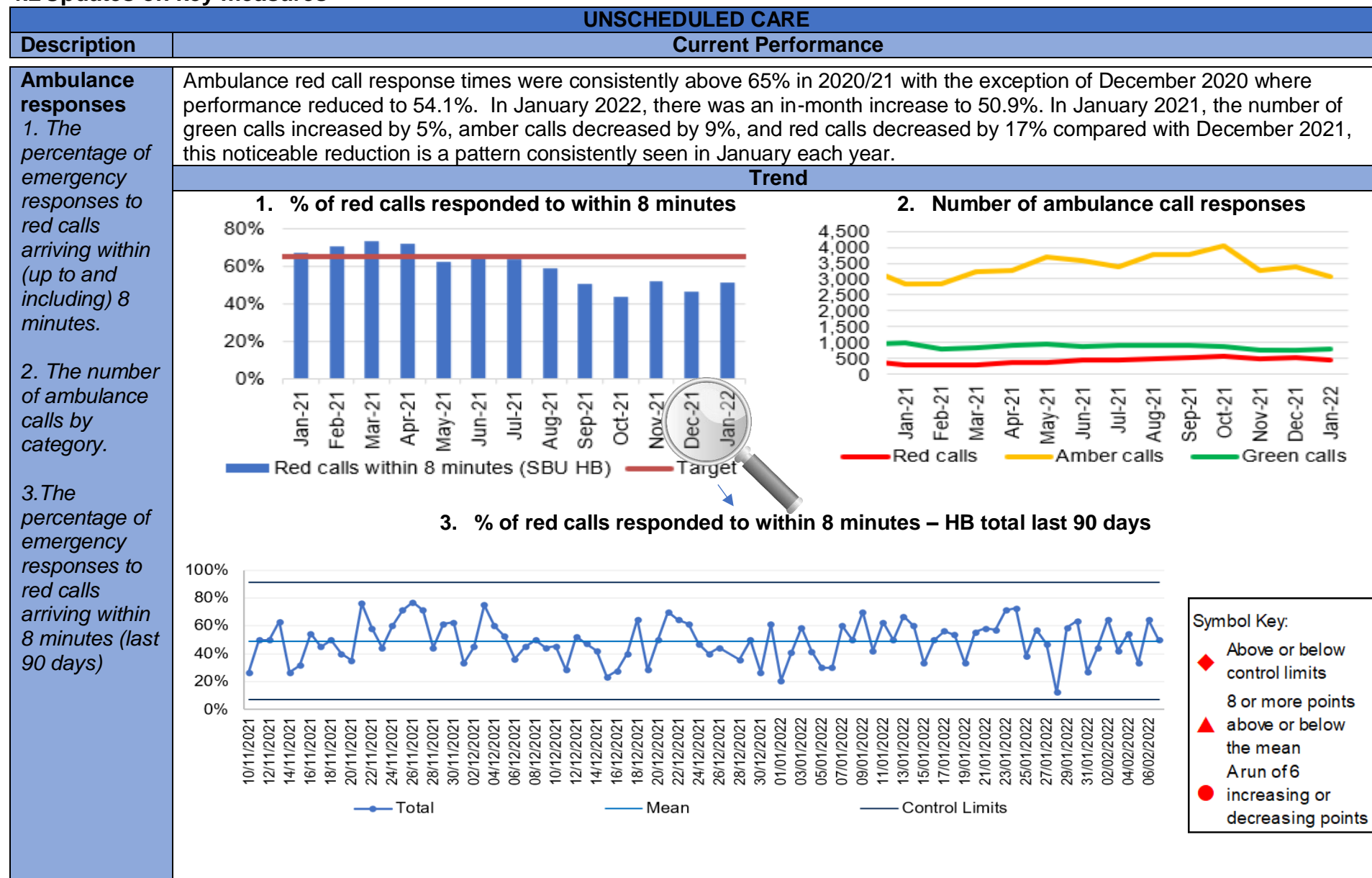
Measure	Locality	National/ Local Target	Internal profile	Trend													
					Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Unscheduled Care																	
Number of ambulance handovers over one hour*	Morriston	0			187	215	225	332	462	528	607	711	622	633	665	591	724
	Singleton				8	4	6	5	15	19	9	15	20	15	15	21	11
	Total				195	219	231	337	477	547	616	726	642	648	670	612	735
% 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*	Morriston	95%			68.2%	61.0%	67.7%	62.8%	61.7%	59.0%	61.5%	62.3%	59.7%	58.8%	60.0%	58.5%	58.5%
	NPTH				99.6%	99.7%	98.5%	99.2%	99.0%	97.7%	97.8%	99.4%	98.3%	99.4%	99.0%	94.9%	96.8%
	Total				76.8%	71.3%	76.9%	74.9%	73.4%	72.4%	74.7%	75.0%	73.1%	72.0%	73.5%	70.2%	72.6%
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morriston	0			570	534	457	630	684	879	1,013	1,059	1,250	1,275	1,054	1,100	1,139
	NPTH				0	0	0	1	0	1	1	1	0	1	1	1	3
	Total				570	534	457	631	684	880	1,014	1,060	1,250	1,276	1,055	1,101	1,142
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morriston	59.8%			6.8%	18.2%	20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%
	Total	(UK SNAP average)			6.8%	18.2%	20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%
% of patients who receive a CT scan within 1 hour*	Morriston	54.5%			42.2%	30.6%	40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%
	Total	(UK SNAP average)			42.2%	30.6%	40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morriston	84.2%			95.6%	97.2%	100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%
	Total	(UK SNAP average)			95.6%	97.2%	100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morriston	12 month improvement trend			12.5%	0.0%	55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%
	Total	12 month improvement trend			12.5%	0.0%	55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend			65.7%	61.2%	55.9%	47.1%	39.7%	41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	75%			86.8%	87.6%	88.3%	89.7%	90.7%	91.0%	90.5%	88.2%	87.3%	88.0%	88.7%	88.4%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	75%			55.5%	56.3%	56.2%	56.6%	57.2%	60.0%	59.5%	59.4%	58.4%	57.7%	57.1%	56.5%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	75%			70.3%	71.2%	70.5%	70.4%	70.1%	71.0%	71.2%	69.8%	69.4%	69.9%	70.3%	70.1%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	75%			74.1%	74.1%	74.6%	75.4%	75.9%	76.0%	75.7%	74.4%	72.6%	71.1%	71.2%	70.7%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	75%			74.4%	75.2%	75.3%	75.4%	75.9%	76.0%	76.8%	77.7%	76.1%	76.8%	77.0%	76.2%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	75%			73.7%	74.3%	70.7%	70.2%	71.3%	73.0%	68.4%	67.7%	66.1%	70.4%	69.8%		
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morriston	12 month improvement trend			7.5%												
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			65.3%	70.7%	59.6%	71.1%	72.1%	78.3%	84.8%	86.7%	72.2%	77.8%			

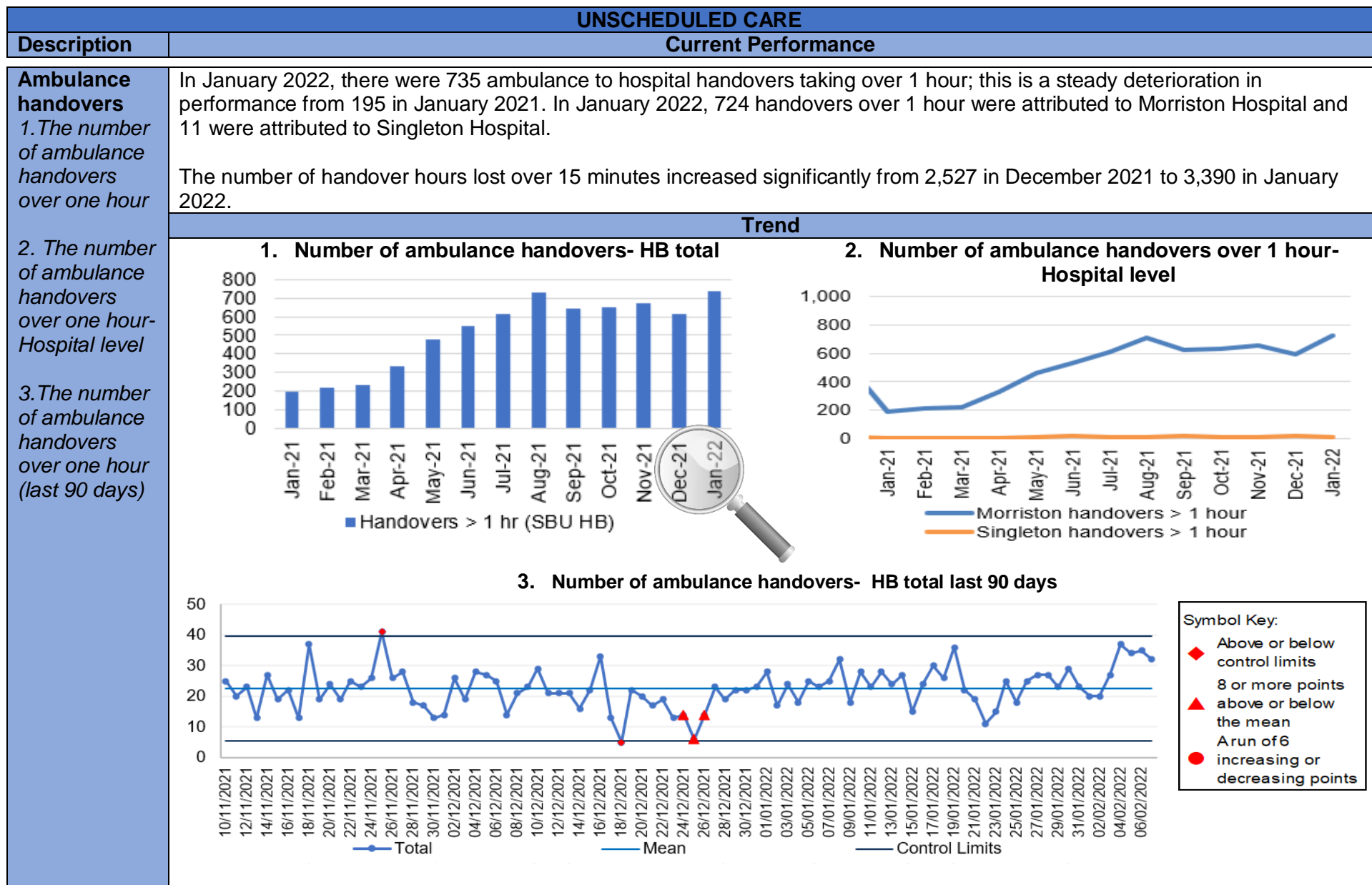
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	12		12	11	19	20	15	23	15	25	12	12	17	12	8
	PCCS Hospital		0		0	0	0	0	1	0	0	0	1	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		3		3	3	5	5	8	2	3	4	5	5	3	2	4
	NPTH		1		1	0	1	2	2	1	3	2	2	1	0	0	1
	Singleton		2		2	3	3	5	0	2	2	3	1	1	2	3	2
	Total		18		18	17	28	32	26	28	23	34	21	19	22	17	15
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	4		4	2	7	9	10	2	4	4	4	7	3	4	10
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		3		5	4	2	2	1	3	3	4	8	9	0	5	2
	NPTH		0		0	0	0	0	0	0	0	1	0	0	0	0	0
	Singleton		1		0	3	2	2	4	2	4	4	4	2	1	0	0
	Total		8		9	9	11	13	15	7	11	12	17	18	4	9	12
Number of C.difficile cases	PCCS Community	12 month reduction trend	3		0	2	5	5	5	6	7	2	5	5	10	1	3
	PCCS Hospital		0		0	0	0	0	0	0	1	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	1	0	0
	Morrison		3		0	5	3	10	5	3	7	10	6	7	6	9	8
	NPTH		1		1	2	1	1	1	1	0	1	0	0	0	0	1
	Singleton		2		2	2	3	4	1	2	8	9	3	3	3	2	2
	Total		9		3	11	12	20	12	12	23	22	14	15	20	12	14
Number of Klebsiella cases	PCCS Community	12 month reduction trend	4		5	2	9	5	2	7	1	4	3	5	5	3	0
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		4		7	2	0	3	2	1	2	4	6	6	1	4	2
	NPTH		0		0	1	0	1	0	0	0	0	0	0	0	0	1
	Singleton		1		1	1	1	0	1	4	0	0	2	2	1	2	2
	Total		9		13	6	10	9	5	12	3	8	11	13	7	9	5
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		1	1	1	1	1	1	1	1	0	0	0	1	0
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		0		0	0	0	2	0	1	0	0	2	0	2	2	1
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	1	0
	Singleton		0		0	0	0	0	0	0	0	1	0	0	1	0	0
	Total		1		1	1	1	3	1	2	1	2	2	0	3	4	1
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	100.0%	96.3%	-	100.0%	100.0%	100.0%	100.0%	-	100.0%	95.8%	94.7%
	MH&LD				98.7%	97.4%	96.7%	98.1%	99.6%	98.3%	95.9%	99.4%	98.3%	96.0%	90.3%	94.9%	95.5%
	Morrison				95.0%	92.8%	96.3%	95.8%	99.2%	94.5%	93.8%	93.5%	99.0%	97.9%	95.5%	96.1%	93.4%
	NPTH				100.0%	100.0%	100.0%	100.0%	90.0%	95.0%	93.3%	89.7%	100.0%	100.0%	100.0%	100.0%	100.0%
	Singleton				90.0%	88.5%	95.5%	100.0%	93.8%	93.9%	94.1%	92.0%	90.0%	97.0%	87.8%	-	-
	Total				95.1%	92.8%	97.0%	96.3%	98.3%	96.0%	94.9%	94.9%	96.0%	97.1%	92.2%	95.0%	95.0%

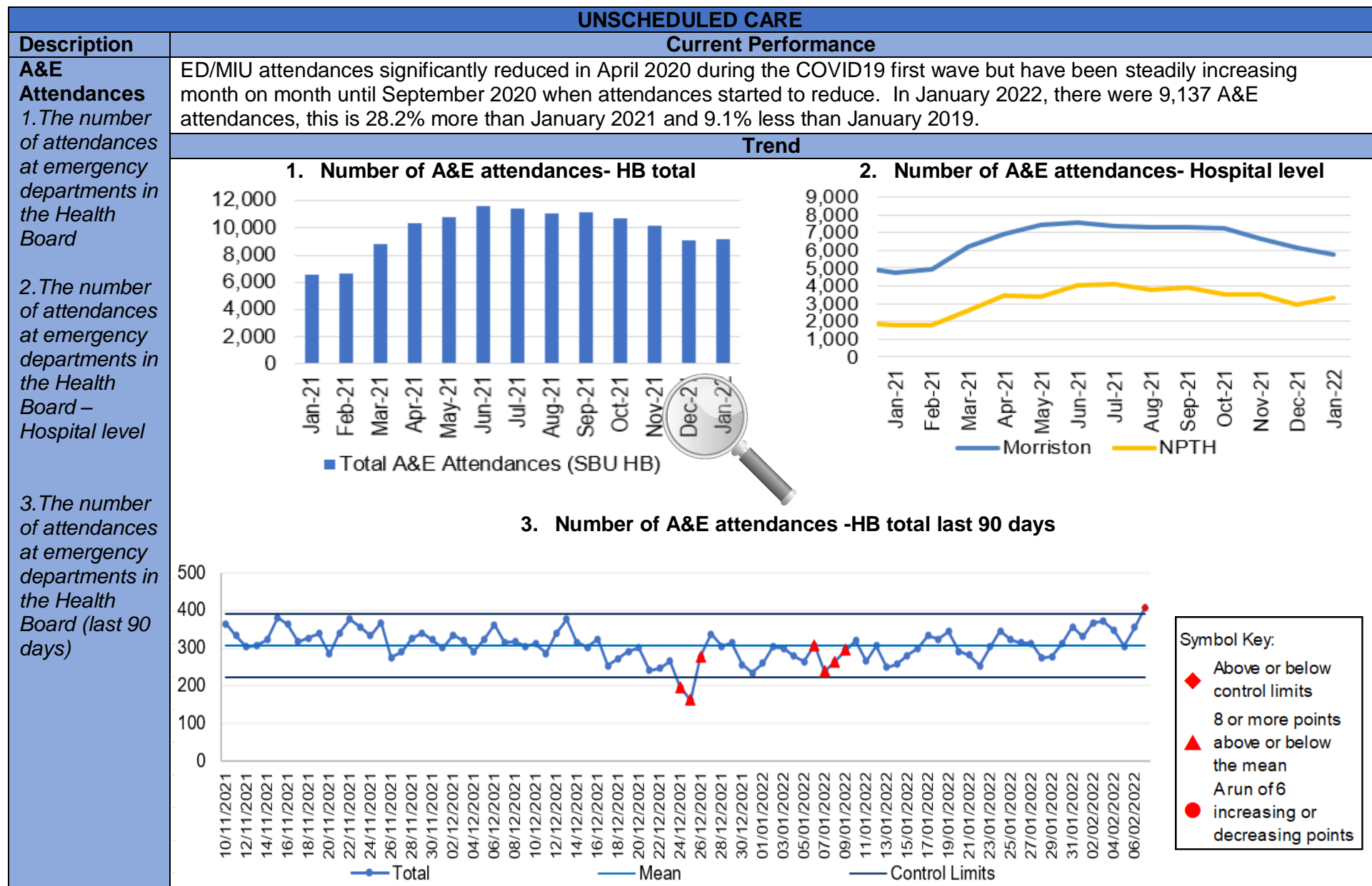
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Serious Incidents & Risks																	
Number of Serious Incidents	PCCS	12 month reduction trend			0	2	1	2	3	1	0	1	0	0	1	0	4
	MH&LD				1	1	1	1	0	2	0	0	1	0	0	0	
	Morriston				2	1	2	0	2	1	1	0	2	0	6	0	0
	NPTH				0	0	0	0	0	0	0	0	1	1	0	0	1
	Singleton				1	1	0	1	1	2	1	4	2	2	1	2	0
	Total			4	5	4	4	6	6	1	5	5	4	8	2	5	
Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Total	90%			0%	10%	0%	0%	0%	0%	33%	0%	-	0%	0%	0%	25%
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	
	Morriston				0	0	0	0	0	1	0	0	0	0	1	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	0	0	0	0	0	0	0	0
	Total			0	0	0	0	0	1	0	0	0	0	1	0	0	
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			25	24	26	31	20	21	33	34	39	32	31	55	
	PCCS Hospital				0	0	0	0	0	0	1	0	0	0	0		
	MH&LD				0	1	0	0	2	0	3	1	1	0	0	1	
	Morriston				31	26	24	25	30	25	37	32	47	32	27	42	
	NPTH				1	4	3	3	2	3	2	5	0	1	3	0	
	Singleton				19	17	9	31	19	25	16	14	17	9	13	13	
	Total			76	72	62	90	73	74	91	87	104	74	74	111		
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			5	4	2	10	2	4	2	8	6	7	8	14	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0		
	MH&LD				0	0	0	0	0	0	0	1	0	0	0		
	Morriston				2	2	1	1	0	0	3	1	0	1	1	2	
	NPTH				0	0	0	1	0	0	0	1	0	0	0	0	
	Singleton				0	1	0	2	1	2	0	0	0	0	1	2	
	Total			7	7	3	14	3	6	5	10	7	8	10	18		
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			928	951	533	896	756	723	853	767	955	613	616	857	

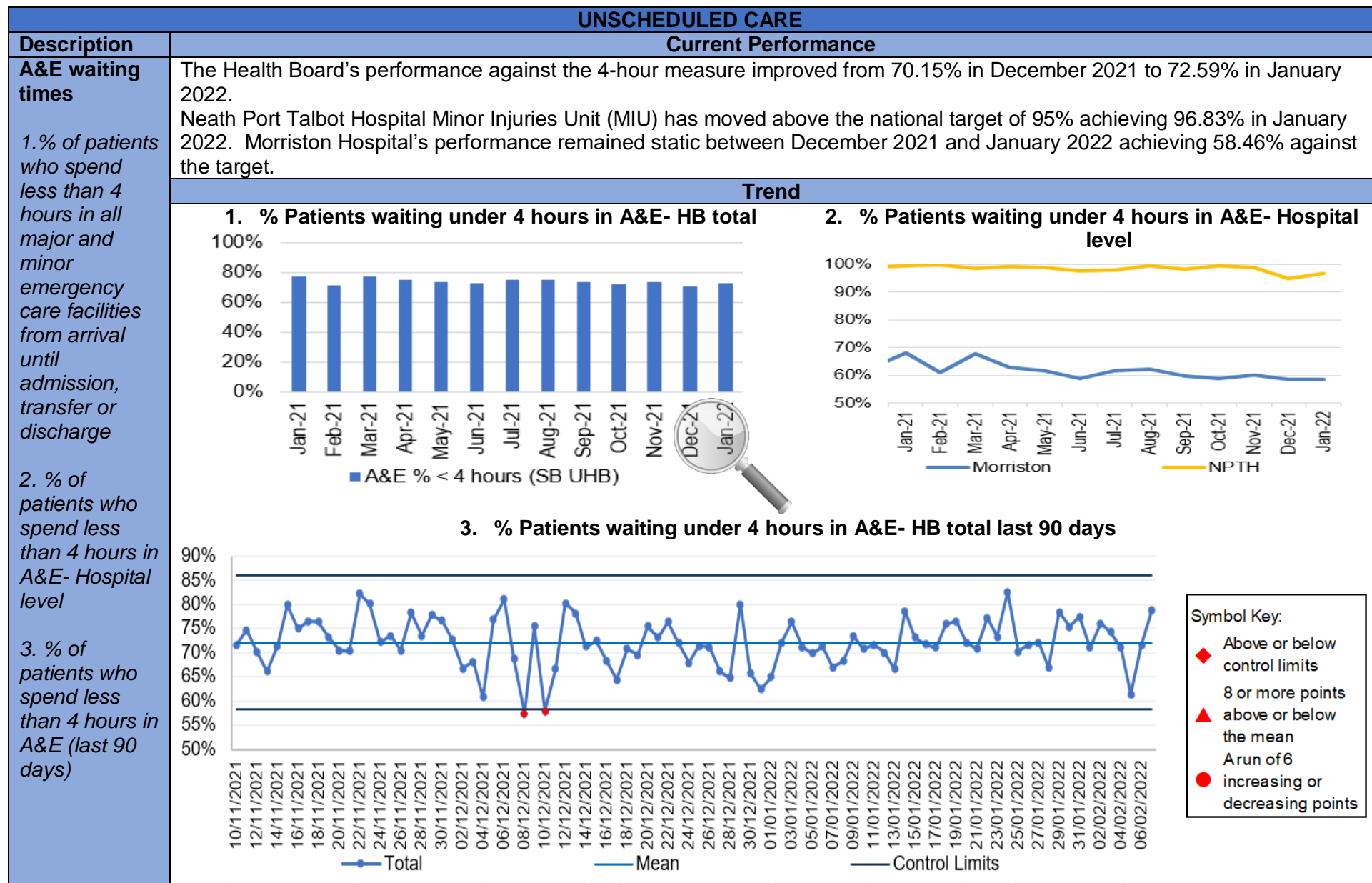
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
		Inpatient Falls															
Total number of Inpatient Falls	PCCS	12 month reduction trend			9	10	4	12	5	8	6	6	8	4	6	8	6
	MH&LD				27	27	22	18	42	24	32	40	25	28	36	37	29
	Morrison				92	67	84	81	105	69	66	73	96	114	91	91	93
	NPTH				33	30	28	31	34	32	41	31	25	35	27	38	26
	Singleton				38	42	33	34	42	41	48	48	53	58	53	33	42
	Total				203	177	171	176	228	174	193	198	207	240	213	208	196
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			5.56	5.40	4.62	4.85	5.94	4.50	4.88	4.95	5.18	5.81	5.35	5.28	4.81
		Mortality															
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			100%	100%	98%	99%	98%	98%	97%	90%	97%	96%	99%	96%	
	Singleton				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	NPTH				100%	100%	86%	100%	88%	100%	100%	100%	100%	80%	88%	100%	
	Total				100%	100%	98%	99%	98%	99%	98%	93%	98%	97%	99%	96%	
Stage 2 mortality reviews completed within 60 days	Morrison	95%			43%	100%	86%	50%	38%	33%	50%	60%	78%				
	Singleton				50%	100%	67%	-	25%	0%	0%	0%	100%				
	NPTH				0%	-	100%	100%	100%	0%	-	0%	-				
	Total				37%	100%	82%	60%	39%	25%	43%	50%	82%				
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.97%	2.05%	2.04%	1.80%	1.76%	1.71%	1.73%	1.70%	1.72%	1.71%	1.76%	1.59%	
	Singleton				0.56%	0.57%	0.56%	0.50%	0.52%	0.52%	0.52%	0.53%	0.53%	0.54%	0.50%	0.53%	
	NPTH				0.24%	0.18%	0.17%	0.15%	0.15%	0.13%	0.12%	0.23%	0.11%	0.10%	0.21%	0.00%	
	Total (SBU)				1.14%	1.17%	1.17%	1.04%	1.04%	1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	

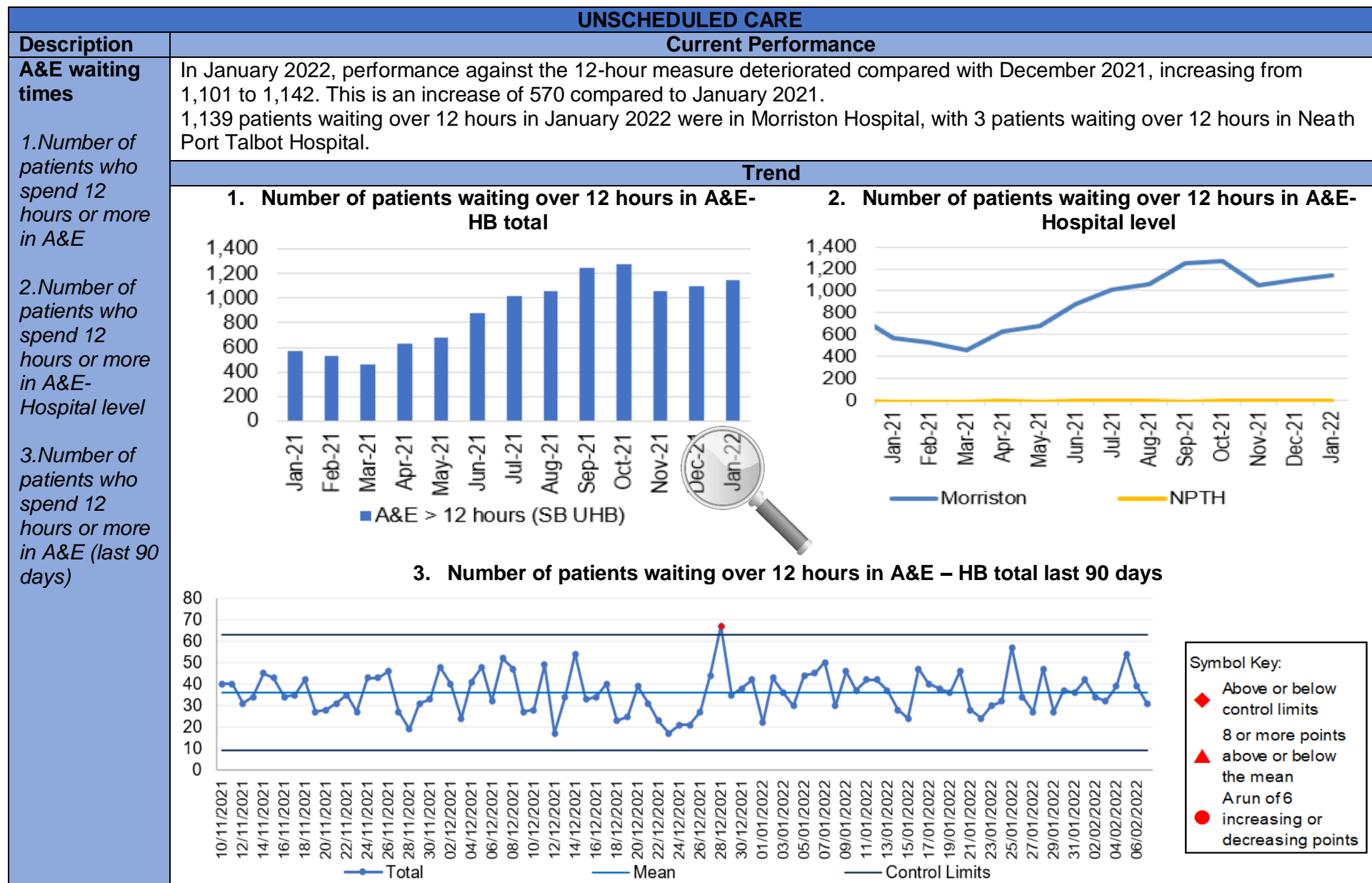
4.2 Updates on key measures

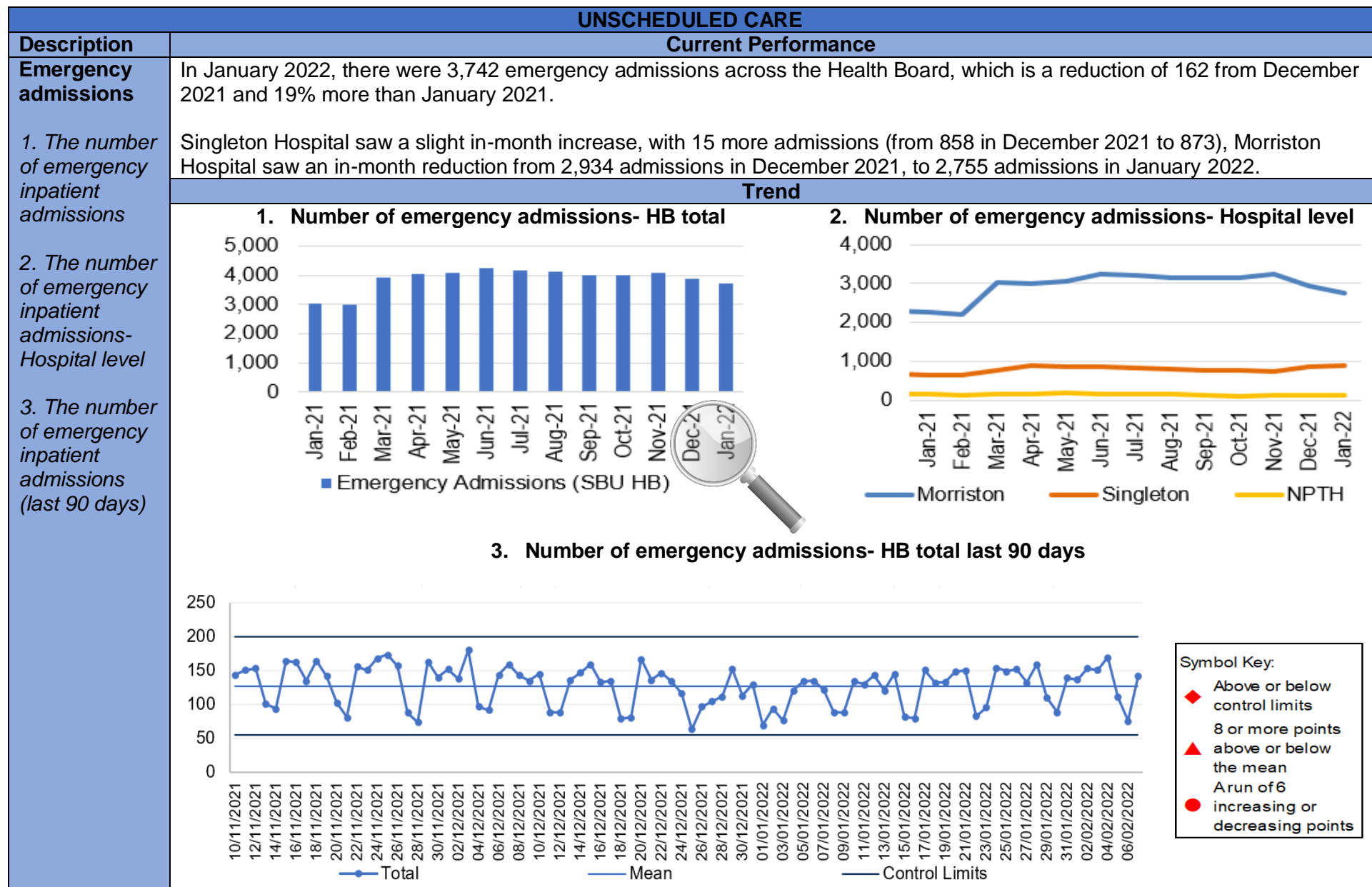










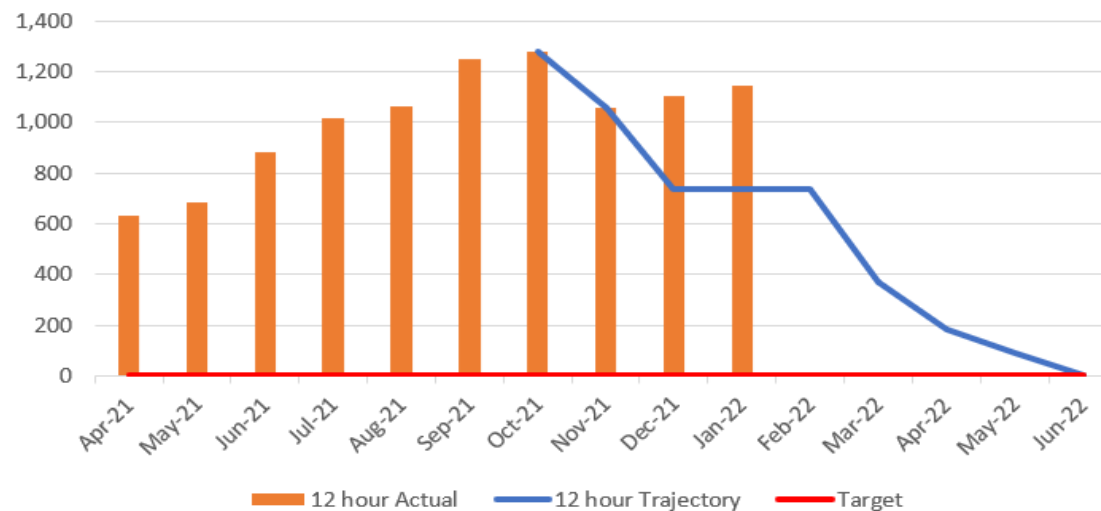


Updates on kUNSCHEDULED CARE – Performance Escalation updates

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

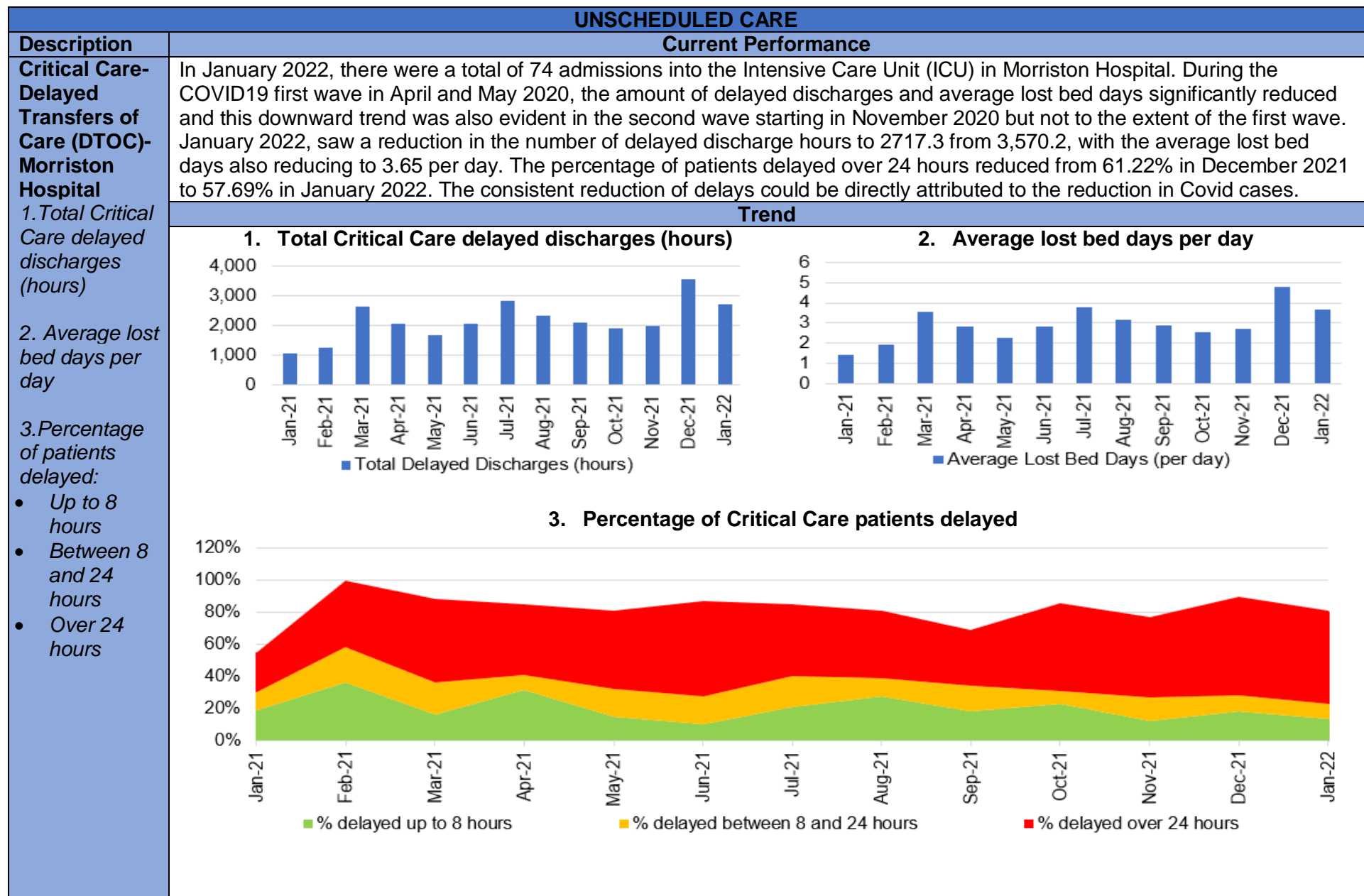


2. Submitted recovery trajectory for A&E 12-hour performance



1. Performance against the 4hr target has previously been in line with the outlined recovery trajectories, however both December 2021 (70.15%) and January 2022 (72.59%) have remained slightly below the trajectory, with the performance target for January 2022 being 75%. However, it is important to note that performance against the 4hr target has improved in January 2022.

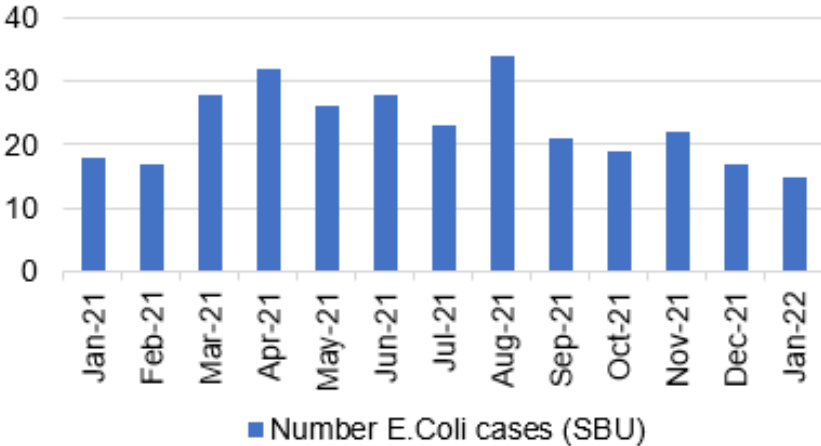
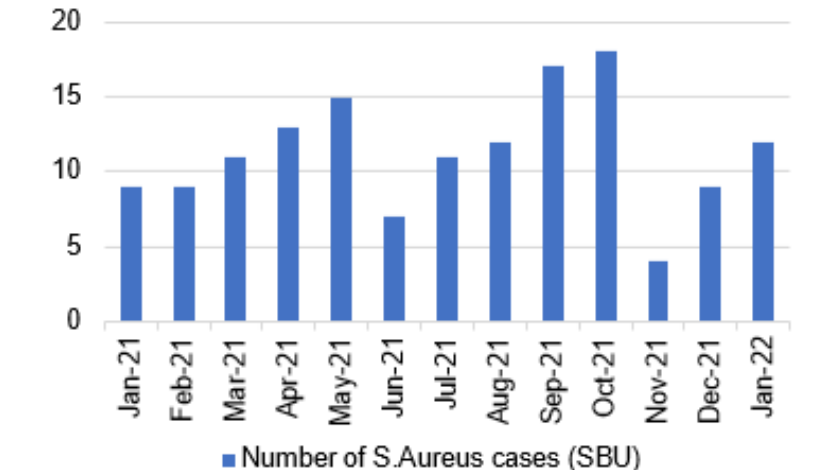
2. The 12-hour performance trajectory shows a consistent reduction in patients waiting over 12 hours in ED in recent months. However, performance against the trajectory continues to deteriorate, with the number of patients waiting over 12 hours increasing to 1,142 in January 2022, against the target of 739.
3. Two further trajectories relating to ambulance handover times were also agreed by the Board and these will be verbally updated at the meeting.



UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In January 2022, there were on average 272 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In January 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 112, followed by Neath Port Talbot Hospital with 71.</p>	<p>The number of clinically optimised patients by site</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Jan-21</td><td>55</td><td>40</td><td>25</td><td>15</td></tr><tr><td>Feb-21</td><td>65</td><td>45</td><td>45</td><td>10</td></tr><tr><td>Mar-21</td><td>40</td><td>40</td><td>45</td><td>10</td></tr><tr><td>Apr-21</td><td>65</td><td>35</td><td>65</td><td>10</td></tr><tr><td>May-21</td><td>65</td><td>40</td><td>70</td><td>10</td></tr><tr><td>Jun-21</td><td>75</td><td>50</td><td>75</td><td>10</td></tr><tr><td>Jul-21</td><td>85</td><td>50</td><td>70</td><td>10</td></tr><tr><td>Aug-21</td><td>90</td><td>55</td><td>70</td><td>15</td></tr><tr><td>Sep-21</td><td>105</td><td>70</td><td>85</td><td>15</td></tr><tr><td>Oct-21</td><td>90</td><td>50</td><td>80</td><td>18</td></tr><tr><td>Nov-21</td><td>110</td><td>60</td><td>80</td><td>15</td></tr><tr><td>Dec-21</td><td>105</td><td>55</td><td>75</td><td>18</td></tr><tr><td>Jan-22</td><td>112</td><td>71</td><td>70</td><td>20</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Jan-21	55	40	25	15	Feb-21	65	45	45	10	Mar-21	40	40	45	10	Apr-21	65	35	65	10	May-21	65	40	70	10	Jun-21	75	50	75	10	Jul-21	85	50	70	10	Aug-21	90	55	70	15	Sep-21	105	70	85	15	Oct-21	90	50	80	18	Nov-21	110	60	80	15	Dec-21	105	55	75	18	Jan-22	112	71	70	20
Month	Morriston	Singleton	NPTH	Gorseinon																																																																				
Jan-21	55	40	25	15																																																																				
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Dec-21	105	55	75	18																																																																				
Jan-22	112	71	70	20																																																																				
Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In January 2022, there were 17 elective procedures cancelled due to lack of beds on the day of surgery. This is 14 more cancellations than in January 2021 144 less than January 2020.</p> <p>All 17 of the cancelled procedures were attributed to Morriston Hospital.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jan-21</td><td>2</td><td>0</td><td>0</td></tr><tr><td>Feb-21</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Mar-21</td><td>12</td><td>0</td><td>0</td></tr><tr><td>Apr-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>May-21</td><td>8</td><td>0</td><td>0</td></tr><tr><td>Jun-21</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Jul-21</td><td>18</td><td>0</td><td>0</td></tr><tr><td>Aug-21</td><td>12</td><td>0</td><td>0</td></tr><tr><td>Sep-21</td><td>30</td><td>0</td><td>0</td></tr><tr><td>Oct-21</td><td>50</td><td>0</td><td>0</td></tr><tr><td>Nov-21</td><td>60</td><td>0</td><td>0</td></tr><tr><td>Dec-21</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Jan-22</td><td>17</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Jan-21	2	0	0	Feb-21	10	0	0	Mar-21	12	0	0	Apr-21	5	0	0	May-21	8	0	0	Jun-21	10	0	0	Jul-21	18	0	0	Aug-21	12	0	0	Sep-21	30	0	0	Oct-21	50	0	0	Nov-21	60	0	0	Dec-21	35	0	0	Jan-22	17	0	0														
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Jan-22	17	0	0																																																																					

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	1. Prompt orthogeriatric assessment- In December 2021, 88.4% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 2.4% more than in December 2020.	1. Prompt orthogeriatric assessment
	2. Prompt surgery- In December 2021, 56.5% of patients had surgery the day following presentation with a hip fracture. This is an improvement from December 2020 which was 54.1%	2. Prompt surgery
	3. NICE compliant surgery- 70.1% of operations were consistent with the NICE recommendations in December 2021. This is 1.6% more than in December 2020. In December 2021, Morriston was slightly below the all-Wales average of 70.8%.	3. NICE compliant Surgery
	4. Prompt mobilisation- In December 2021, 70.7% of patients were out of bed the day after surgery. This is 3.6% less than in December 2020.	4. Prompt mobilisation

FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 76.2% of patients were not delirious in the week after their operation in December 2021. This is an improvement of 2.7% compared with December 2020.	<p>5. Not delirious when tested</p> <table><caption>5. Not delirious when tested (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Dec-20</td><td>76.2</td><td>60.0</td><td>60.0</td></tr><tr><td>Jan-21</td><td>76.2</td><td>60.0</td><td>60.0</td></tr><tr><td>Feb-21</td><td>76.2</td><td>60.0</td><td>60.0</td></tr><tr><td>Mar-21</td><td>76.2</td><td>60.0</td><td>60.0</td></tr><tr><td>Apr-21</td><td>76.2</td><td>60.0</td><td>60.0</td></tr><tr><td>May-21</td><td>76.2</td><td>60.0</td><td>60.0</td></tr><tr><td>Jun-21</td><td>76.2</td><td>60.0</td><td>60.0</td></tr><tr><td>Jul-21</td><td>76.2</td><td>60.0</td><td>60.0</td></tr><tr><td>Aug-21</td><td>76.2</td><td>60.0</td><td>60.0</td></tr><tr><td>Sep-21</td><td>76.2</td><td>60.0</td><td>60.0</td></tr><tr><td>Oct-21</td><td>76.2</td><td>60.0</td><td>60.0</td></tr><tr><td>Nov-21</td><td>76.2</td><td>60.0</td><td>60.0</td></tr><tr><td>Dec-21</td><td>76.2</td><td>60.0</td><td>60.0</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Dec-20	76.2	60.0	60.0	Jan-21	76.2	60.0	60.0	Feb-21	76.2	60.0	60.0	Mar-21	76.2	60.0	60.0	Apr-21	76.2	60.0	60.0	May-21	76.2	60.0	60.0	Jun-21	76.2	60.0	60.0	Jul-21	76.2	60.0	60.0	Aug-21	76.2	60.0	60.0	Sep-21	76.2	60.0	60.0	Oct-21	76.2	60.0	60.0	Nov-21	76.2	60.0	60.0	Dec-21	76.2	60.0	60.0
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Nov-21	76.2	60.0	60.0																																																							
Dec-21	76.2	60.0	60.0																																																							
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 69.8% of patients in November 2021 were discharged back to their original residence. This is 6.1% less than in November 2020.	<p>6. Return to original residence</p> <table><caption>6. Return to original residence (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Nov-20</td><td>72.0</td><td>75.0</td><td>70.0</td></tr><tr><td>Dec-20</td><td>72.0</td><td>75.0</td><td>70.0</td></tr><tr><td>Jan-21</td><td>72.0</td><td>75.0</td><td>70.0</td></tr><tr><td>Feb-21</td><td>72.0</td><td>75.0</td><td>70.0</td></tr><tr><td>Mar-21</td><td>72.0</td><td>75.0</td><td>70.0</td></tr><tr><td>Apr-21</td><td>72.0</td><td>75.0</td><td>70.0</td></tr><tr><td>May-21</td><td>72.0</td><td>75.0</td><td>70.0</td></tr><tr><td>Jun-21</td><td>72.0</td><td>75.0</td><td>70.0</td></tr><tr><td>Jul-21</td><td>72.0</td><td>75.0</td><td>70.0</td></tr><tr><td>Aug-21</td><td>72.0</td><td>75.0</td><td>70.0</td></tr><tr><td>Sep-21</td><td>72.0</td><td>75.0</td><td>70.0</td></tr><tr><td>Oct-21</td><td>72.0</td><td>75.0</td><td>70.0</td></tr><tr><td>Nov-21</td><td>69.8</td><td>75.0</td><td>70.0</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Nov-20	72.0	75.0	70.0	Dec-20	72.0	75.0	70.0	Jan-21	72.0	75.0	70.0	Feb-21	72.0	75.0	70.0	Mar-21	72.0	75.0	70.0	Apr-21	72.0	75.0	70.0	May-21	72.0	75.0	70.0	Jun-21	72.0	75.0	70.0	Jul-21	72.0	75.0	70.0	Aug-21	72.0	75.0	70.0	Sep-21	72.0	75.0	70.0	Oct-21	72.0	75.0	70.0	Nov-21	69.8	75.0	70.0
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Oct-21	72.0	75.0	70.0																																																							
Nov-21	69.8	75.0	70.0																																																							
7. <i>30 day mortality rate</i>	7. 30 day mortality rate- In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%. * Updated data is currently not available, but is being reviewed.	<p>7. 30 day mortality rate</p> <table><caption>7. 30 day mortality rate (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jan-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Feb-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Mar-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Apr-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>May-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Jun-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Jul-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Aug-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Sep-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Oct-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Nov-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Dec-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Jan-21</td><td>7.5</td><td>6.9</td><td>7.6</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.5	7.0	7.5	Feb-20	7.5	7.0	7.5	Mar-20	7.5	7.0	7.5	Apr-20	7.5	7.0	7.5	May-20	7.5	7.0	7.5	Jun-20	7.5	7.0	7.5	Jul-20	7.5	7.0	7.5	Aug-20	7.5	7.0	7.5	Sep-20	7.5	7.0	7.5	Oct-20	7.5	7.0	7.5	Nov-20	7.5	7.0	7.5	Dec-20	7.5	7.0	7.5	Jan-21	7.5	6.9	7.6
Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)																																																							
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Dec-20	7.5	7.0	7.5																																																							
Jan-21	7.5	6.9	7.6																																																							

HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none">15 cases of <i>E. coli</i> bacteraemia were identified in January 2022, of which 7 were hospital acquired and 8 were community acquired.Cumulative cases from April 2021 to January 2022 are 17.3% higher than the equivalent period in 2020/21. (237 in 2021/22 compared with 196 in 2020/21).	<p>Number of healthcare acquired E.coli bacteraemia cases</p>  <table border="1"><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Jan-21</td><td>18</td></tr><tr><td>Feb-21</td><td>17</td></tr><tr><td>Mar-21</td><td>28</td></tr><tr><td>Apr-21</td><td>32</td></tr><tr><td>May-21</td><td>26</td></tr><tr><td>Jun-21</td><td>28</td></tr><tr><td>Jul-21</td><td>23</td></tr><tr><td>Aug-21</td><td>34</td></tr><tr><td>Sep-21</td><td>21</td></tr><tr><td>Oct-21</td><td>19</td></tr><tr><td>Nov-21</td><td>22</td></tr><tr><td>Dec-21</td><td>17</td></tr><tr><td>Jan-22</td><td>15</td></tr></tbody></table>	Month	Number of cases	Jan-21	18	Feb-21	17	Mar-21	28	Apr-21	32	May-21	26	Jun-21	28	Jul-21	23	Aug-21	34	Sep-21	21	Oct-21	19	Nov-21	22	Dec-21	17	Jan-22	15
Month	Number of cases																													
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Nov-21	22																													
Dec-21	17																													
Jan-22	15																													
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none">There were 12 cases of Staph. aureus bacteraemia in January 2022, of which 2 were hospital acquired and 10 were community acquired.Cumulative cases from April 2021 to January 2022 are 12.7% higher than the equivalent period in 2020/21 (118 in 2021/22 compared with 103 in 2020/21).	<p>Number of healthcare acquired S.aureus bacteraemia cases</p>  <table border="1"><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Jan-21</td><td>9</td></tr><tr><td>Feb-21</td><td>9</td></tr><tr><td>Mar-21</td><td>11</td></tr><tr><td>Apr-21</td><td>13</td></tr><tr><td>May-21</td><td>15</td></tr><tr><td>Jun-21</td><td>7</td></tr><tr><td>Jul-21</td><td>11</td></tr><tr><td>Aug-21</td><td>12</td></tr><tr><td>Sep-21</td><td>17</td></tr><tr><td>Oct-21</td><td>18</td></tr><tr><td>Nov-21</td><td>4</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>12</td></tr></tbody></table>	Month	Number of cases	Jan-21	9	Feb-21	9	Mar-21	11	Apr-21	13	May-21	15	Jun-21	7	Jul-21	11	Aug-21	12	Sep-21	17	Oct-21	18	Nov-21	4	Dec-21	9	Jan-22	12
Month	Number of cases																													
Jan-21	9																													
Feb-21	9																													
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HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 14 <i>Clostridium difficile</i> toxin positive cases in January 2022, of which 11 were hospital acquired and 3 were community acquired.Cumulative cases from April 2021 to December 2021 are 17% higher than the equivalent period of 2020/21 (164 in 2021/22 compared with 136 in 2020/21).	<p>Number of healthcare acquired C.difficile cases</p> <table><thead><tr><th>Month</th><th>Number of C. diff cases (SBU)</th></tr></thead><tbody><tr><td>Jan-21</td><td>3</td></tr><tr><td>Feb-21</td><td>11</td></tr><tr><td>Mar-21</td><td>12</td></tr><tr><td>Apr-21</td><td>20</td></tr><tr><td>May-21</td><td>12</td></tr><tr><td>Jun-21</td><td>12</td></tr><tr><td>Jul-21</td><td>23</td></tr><tr><td>Aug-21</td><td>22</td></tr><tr><td>Sep-21</td><td>14</td></tr><tr><td>Oct-21</td><td>15</td></tr><tr><td>Nov-21</td><td>20</td></tr><tr><td>Dec-21</td><td>12</td></tr><tr><td>Jan-22</td><td>14</td></tr></tbody></table> <p>■ Number of C. diff cases (SBU)</p>	Month	Number of C. diff cases (SBU)	Jan-21	3	Feb-21	11	Mar-21	12	Apr-21	20	May-21	12	Jun-21	12	Jul-21	23	Aug-21	22	Sep-21	14	Oct-21	15	Nov-21	20	Dec-21	12	Jan-22	14
Month	Number of C. diff cases (SBU)																													
Jan-21	3																													
Feb-21	11																													
Mar-21	12																													
Apr-21	20																													
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Sep-21	14																													
Oct-21	15																													
Nov-21	20																													
Dec-21	12																													
Jan-22	14																													
Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none">There were 5 cases of Klebsiella sp in January 2022, all of which were hospital acquired.Cumulative cases from April 2021 to January 2022 are 4.9% lower than the equivalent period in 2020/21 (82 in 2021/22 compared with 86 in 2020/21).	<p>Number of healthcare acquired Klebsiella cases</p> <table><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Jan-21</td><td>13</td></tr><tr><td>Feb-21</td><td>6</td></tr><tr><td>Mar-21</td><td>10</td></tr><tr><td>Apr-21</td><td>9</td></tr><tr><td>May-21</td><td>5</td></tr><tr><td>Jun-21</td><td>12</td></tr><tr><td>Jul-21</td><td>3</td></tr><tr><td>Aug-21</td><td>8</td></tr><tr><td>Sep-21</td><td>11</td></tr><tr><td>Oct-21</td><td>13</td></tr><tr><td>Nov-21</td><td>7</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>5</td></tr></tbody></table> <p>■ Number of Klebsiella cases (SBU)</p>	Month	Number of Klebsiella cases (SBU)	Jan-21	13	Feb-21	6	Mar-21	10	Apr-21	9	May-21	5	Jun-21	12	Jul-21	3	Aug-21	8	Sep-21	11	Oct-21	13	Nov-21	7	Dec-21	9	Jan-22	5
Month	Number of Klebsiella cases (SBU)																													
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HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There was 1 case of <i>P.Aeruginosa</i> in January 2022 which was hospital acquired. Cumulative cases from April 2021 to January 2022 are 10.5% more than the equivalent period in 2020/21. 	<p>Number of healthcare acquired Pseudomonas cases</p> <p>■ Number of Pseudomonas cases (SBU)</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none"> In December 2021 there were 111 cases of healthcare acquired pressure ulcers, 55 of which were community acquired and 56 were hospital acquired. There were 18 grade 3+ pressure ulcers in December 2021, of which 14 were community acquired and 4 were hospital acquired. The rate per 100,000 admissions increased from 616 in November 2021 to 857 in December 2021. 	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>
















SERIOUS INCIDENTS																																												
Description	Current Performance	Trend																																										
Serious Incidents- <i>1. The number of serious incidents</i> <i>2. The number of Never Events</i> <i>3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 5 Serious Incidents for the month of January 2022 to Welsh Government. The breakdown of incidents in January 2022 are set out below: - Neath Port Talbot – 1 - Primary Care - 4	1. and 2. Number of serious incidents and never events <table><thead><tr><th>Month</th><th>Number of Serious Incidents</th><th>Number of never events</th></tr></thead><tbody><tr><td>Jan-21</td><td>4</td><td>0</td></tr><tr><td>Feb-21</td><td>5</td><td>0</td></tr><tr><td>Mar-21</td><td>4</td><td>0</td></tr><tr><td>Apr-21</td><td>4</td><td>0</td></tr><tr><td>May-21</td><td>6</td><td>0</td></tr><tr><td>Jun-21</td><td>7</td><td>0</td></tr><tr><td>Jul-21</td><td>1</td><td>0</td></tr><tr><td>Aug-21</td><td>5</td><td>0</td></tr><tr><td>Sep-21</td><td>5</td><td>0</td></tr><tr><td>Oct-21</td><td>4</td><td>0</td></tr><tr><td>Nov-21</td><td>9</td><td>0</td></tr><tr><td>Dec-21</td><td>2</td><td>0</td></tr><tr><td>Jan-22</td><td>5</td><td>0</td></tr></tbody></table>	Month	Number of Serious Incidents	Number of never events	Jan-21	4	0	Feb-21	5	0	Mar-21	4	0	Apr-21	4	0	May-21	6	0	Jun-21	7	0	Jul-21	1	0	Aug-21	5	0	Sep-21	5	0	Oct-21	4	0	Nov-21	9	0	Dec-21	2	0	Jan-22	5	0
	Month	Number of Serious Incidents	Number of never events																																									
	Jan-21	4	0																																									
Feb-21	5	0																																										
Mar-21	4	0																																										
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May-21	6	0																																										
Jun-21	7	0																																										
Jul-21	1	0																																										
Aug-21	5	0																																										
Sep-21	5	0																																										
Oct-21	4	0																																										
Nov-21	9	0																																										
Dec-21	2	0																																										
Jan-22	5	0																																										
2. There were no new Never Event reported in January 2022.																																												
3. In December 2021, performance against the 80% target of submitting closure forms to WG within agreed timescales was 25% 4 SI's were due for closure in December 2021, 3 of which were not closed on time due to service pressures individual investigators availability.	3. % of serious incidents closed within the agreed timescales <table><thead><tr><th>Month</th><th>% SI's assured</th><th>Target</th></tr></thead><tbody><tr><td>Jan-21</td><td>0%</td><td>80%</td></tr><tr><td>Feb-21</td><td>10%</td><td>80%</td></tr><tr><td>Mar-21</td><td>0%</td><td>80%</td></tr><tr><td>Apr-21</td><td>0%</td><td>80%</td></tr><tr><td>May-21</td><td>0%</td><td>80%</td></tr><tr><td>Jun-21</td><td>0%</td><td>80%</td></tr><tr><td>Jul-21</td><td>35%</td><td>80%</td></tr><tr><td>Aug-21</td><td>0%</td><td>80%</td></tr><tr><td>Sep-21</td><td>0%</td><td>80%</td></tr><tr><td>Oct-21</td><td>0%</td><td>80%</td></tr><tr><td>Nov-21</td><td>0%</td><td>80%</td></tr><tr><td>Dec-21</td><td>0%</td><td>80%</td></tr><tr><td>Jan-22</td><td>25%</td><td>80%</td></tr></tbody></table> <p>* 0% compliance in November 2020 and January, March, April, May, June, August, October and November 2021</p>	Month	% SI's assured	Target	Jan-21	0%	80%	Feb-21	10%	80%	Mar-21	0%	80%	Apr-21	0%	80%	May-21	0%	80%	Jun-21	0%	80%	Jul-21	35%	80%	Aug-21	0%	80%	Sep-21	0%	80%	Oct-21	0%	80%	Nov-21	0%	80%	Dec-21	0%	80%	Jan-22	25%	80%	
Month	% SI's assured	Target																																										
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Jan-22	25%	80%																																										

INPATIENT FALLS																														
Description	Current Performance	Trend																												
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 196 in January 2022. This is 3.6% less than January 2021 where 203 falls were recorded.	<p>Number of inpatient Falls</p> <table><tr><th>Month</th><th>Inpatient falls</th></tr><tr><td>Jan-21</td><td>203</td></tr><tr><td>Feb-21</td><td>178</td></tr><tr><td>Mar-21</td><td>170</td></tr><tr><td>Apr-21</td><td>175</td></tr><tr><td>May-21</td><td>225</td></tr><tr><td>Jun-21</td><td>172</td></tr><tr><td>Jul-21</td><td>192</td></tr><tr><td>Aug-21</td><td>198</td></tr><tr><td>Sep-21</td><td>205</td></tr><tr><td>Oct-21</td><td>238</td></tr><tr><td>Nov-21</td><td>212</td></tr><tr><td>Dec-21</td><td>208</td></tr><tr><td>Jan-22</td><td>196</td></tr></table> <p>■ Inpatient falls</p>	Month	Inpatient falls	Jan-21	203	Feb-21	178	Mar-21	170	Apr-21	175	May-21	225	Jun-21	172	Jul-21	192	Aug-21	198	Sep-21	205	Oct-21	238	Nov-21	212	Dec-21	208	Jan-22	196
Month	Inpatient falls																													
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Sep-21	205																													
Oct-21	238																													
Nov-21	212																													
Dec-21	208																													
Jan-22	196																													
DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in January 2022, the percentage of completed discharge summaries was 61%.</p> <p>In January 2022, compliance ranged from 46% in Neath Port Talbot Hospital to 82% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p> <table><tr><th>Month</th><th>% of completed discharge summaries</th></tr><tr><td>Jan-21</td><td>65%</td></tr><tr><td>Feb-21</td><td>62%</td></tr><tr><td>Mar-21</td><td>63%</td></tr><tr><td>Apr-21</td><td>62%</td></tr><tr><td>May-21</td><td>65%</td></tr><tr><td>Jun-21</td><td>68%</td></tr><tr><td>Jul-21</td><td>62%</td></tr><tr><td>Aug-21</td><td>62%</td></tr><tr><td>Sep-21</td><td>65%</td></tr><tr><td>Oct-21</td><td>60%</td></tr><tr><td>Nov-21</td><td>62%</td></tr><tr><td>Dec-21</td><td>62%</td></tr><tr><td>Jan-22</td><td>61%</td></tr></table> <p>■ % of completed discharge summaries</p>	Month	% of completed discharge summaries	Jan-21	65%	Feb-21	62%	Mar-21	63%	Apr-21	62%	May-21	65%	Jun-21	68%	Jul-21	62%	Aug-21	62%	Sep-21	65%	Oct-21	60%	Nov-21	62%	Dec-21	62%	Jan-22	61%
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Sep-21	65%																													
Oct-21	60%																													
Nov-21	62%																													
Dec-21	62%																													
Jan-22	61%																													

CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	December 2021 reports the crude mortality rate for the Health Board at 0.95%, which is 0.04% lower than November 2021.	Crude hospital mortality rate by Hospital (74 years of age or less) <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Dec-20</td><td>1.8%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Jan-21</td><td>2.0%</td><td>0.5%</td><td>0.3%</td><td>1.1%</td></tr><tr><td>Feb-21</td><td>2.1%</td><td>0.6%</td><td>0.2%</td><td>1.2%</td></tr><tr><td>Mar-21</td><td>1.9%</td><td>0.5%</td><td>0.2%</td><td>1.1%</td></tr><tr><td>Apr-21</td><td>1.8%</td><td>0.4%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>May-21</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Jun-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Jul-21</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Aug-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Sep-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Oct-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Nov-21</td><td>1.8%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Dec-21</td><td>1.6%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Dec-20	1.8%	0.5%	0.2%	1.0%	Jan-21	2.0%	0.5%	0.3%	1.1%	Feb-21	2.1%	0.6%	0.2%	1.2%	Mar-21	1.9%	0.5%	0.2%	1.1%	Apr-21	1.8%	0.4%	0.2%	1.0%	May-21	1.7%	0.5%	0.2%	1.0%	Jun-21	1.7%	0.5%	0.1%	1.0%	Jul-21	1.7%	0.5%	0.2%	1.0%	Aug-21	1.7%	0.5%	0.1%	1.0%	Sep-21	1.7%	0.5%	0.1%	1.0%	Oct-21	1.7%	0.5%	0.1%	1.0%	Nov-21	1.8%	0.5%	0.2%	1.0%	Dec-21	1.6%	0.5%	0.1%	0.9%
	Month		Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total																																																																		
Dec-20	1.8%	0.5%	0.2%	1.0%																																																																				
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	<p>A breakdown by Hospital for December 2021:</p> <ul style="list-style-type: none">• Morriston – 1.59%• Singleton – 0.53%• NPT – 0%																																																																							

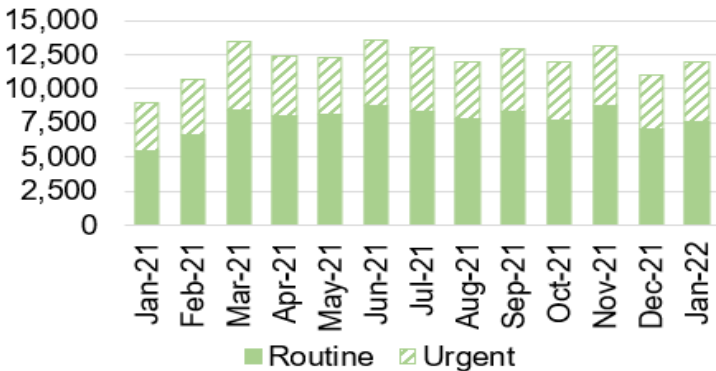
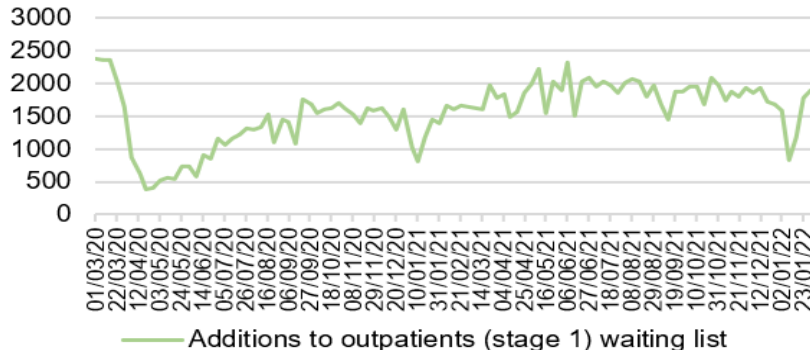
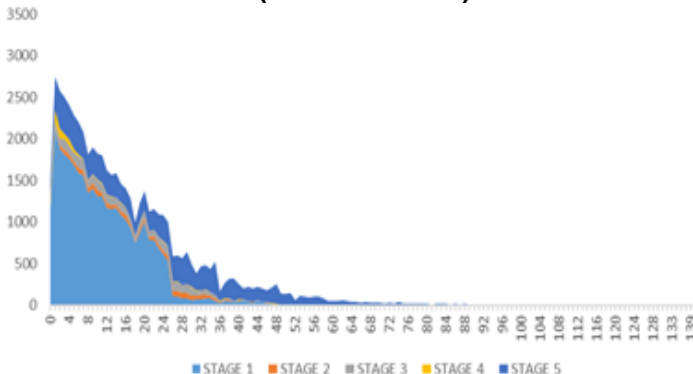
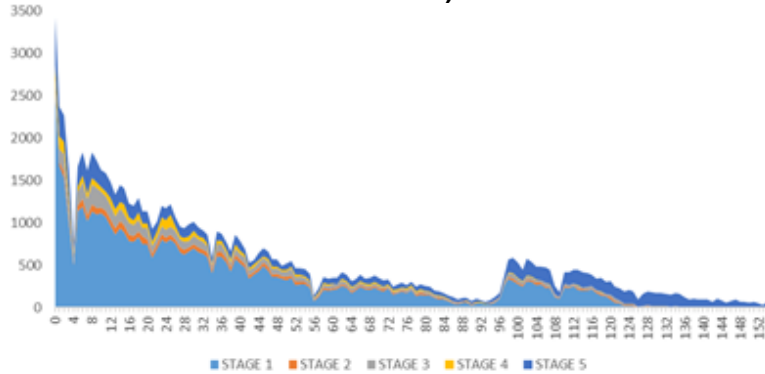
5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

		Harm from reduction in non-Covid activity															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
		Cancer															
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	12 month improvement trend			67.9%	56.4%	71.6%	65.7%	60.0%	66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	43.0%
		Planned Care															
Number of patients waiting > 26 weeks for outpatient appointment*	Morrison	0			12,487	12,479	12,870	13,398	14,047	13,867	14,080	14,661	15,092	15,906	16,385	17,204	17,859
	NPTH				61	111	73	92	157	228	271	335	407	378	387	342	186
	Singleton				8,427	8,414	8,575	9,027	9,327	9,053	8,769	8,383	8,447	8,162	7,955	7,882	7,520
	PC&CS				233	221	232	235	169	131	105	65	51	37	25	24	23
	Total				21,208	21,225	21,750	22,752	23,700	23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588
Number of patients waiting > 36 weeks for treatment*	Morrison	0			21,695	21,199	21,228	21,579	22,095	22,414	22,968	23,364	23,214	23,874	24,121	24,494	25,203
	NPTH				41	43	45	46	45	57	98	167	189	191	198	168	136
	Singleton				11,385	10,788	10,942	11,134	11,727	12,022	11,980	11,920	11,764	11,841	12,245	12,376	12,283
	PC&CS				219	204	196	181	115	119	82	53	43	35	25	22	22
	Total (inc. diagnostics > 36 wks)				33,991	32,719	32,874	33,395	34,447	35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	0			3,938	2,978	2,517	2,757	2,739	3,162	3,390	3,573	3,528	3,320	3,217	2,927	2,724
	Singleton				2,301	2,109	2,037	2,047	2,103	2,068	2,035	1,950	2,204	2,619	2,791	3,144	3,543
	Total				6,239	5,087	4,554	4,804	4,842	5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	0	0	1	0	0	0	0	0	0	0	0
	NPTH				127	129	60	18	8	15	1	15	18	28	29	8	13
	PC&CS				457	362	309	183	157	156	150	171	302	386	600	877	1,015
	Total				584	491	369	201	166	171	151	186	320	414	629	885	1,028

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			119,999	120,882	121,403	122,303	123,088	127,444	130,208	127,391	130,963	131,554	129,255	131,403	131,848
Number of patients delayed by over 100% past their target date *	Total				28,419	28,862	29,316	29,334	30,062	30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521
Number of patients delayed past their agreed target date (booked and not booked) *	Total				57,297	57,458	55,944	55,086	54,664	55,254	60,618	54,993	60,340	60,447	56,618	58,006	58,639
Number of Ophthalmology patients without an allocated health risk factor	Total	0			212	281	294	614	326	486	539	628	702	413	528	694	288
Number of patients without a documented clinical review date	Total	0			32	25	14	9	5	6	5	6	7	3	4	2	4
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			144	97	255		159	532	79	245	213	89	360	291	191
	MH&LD				22	8	11		3	0	0	59	18	10	36	23	17
	Morriston				168	211	326		1,330	934	699	642	995	941	1,131	878	1,130
	NPTH				43	31	16										
	Singleton				323	459	453		3,098	1,808	1,029	1,106	1,452	1,118	1,602	1,580	1,727
	Total				678	798	1,050		4,590	3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395
% of patients who would recommend and highly recommend	PCCS	90%	80%		76%	77%	90%		100%	100%	89%	94%	90%	90%	94%	90%	93%
	MH&LD				36%	88%	73%		100%	0%	0%	93%	94%	90%	97%	100%	100%
	Morriston				76%	82%	86%		96%	97%	93%	92%	93%	92%	93%	94%	94%
	NPTH				58%	32%	75%										
	Singleton				85%	92%	87%		97%	97%	91%	92%	90%	92%	94%	94%	94%
	Total				79%	85%	87%		96%	97%	92%	92%	92%	92%	94%	93%	92%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		90%	100%	100%		100%	-		95%	92%	94%	89%	97%	97%
	MH&LD				-	-	50%										
	Morriston				80%	71%	90%		93%	97%		96%	96%	94%	93%	96%	97%
	NPTH				67%	100%	100%										
	Singleton				77%	95%	92%		93%	97%		95%	96%	95%	93%	97%	96%
	Total				81%	94%	93%		92%	96%		92%	96%	93%	93%	96%	93%
Number of new complaints received	PCCS	12 month reduction rend			9	10	22	8	16	16	18	8	11	12	16		
	MH&LD				11	15	10	26	15	19	24	13	12	13	13		
	Morriston				33	40	50	23	53	69	51	50	61	57	66		
	NPTH				7	6	7	4	3	10	6	6	6	6	8		
	Singleton				15	20	24	24	23	31	28	32	21	33	26		
	Total				78	94	117	100	115	159	139	115	115	134	159		
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	75%	80%		63%	67%	67%	88%	81%	72%	54%	75%	73%	83%	88%		
	MH&LD				73%	64%	67%	69%	67%	50%	58%	62%	92%	69%	31%		
	Morriston				81%	95%	92%	100%	92%	80%	76%	94%	84%	70%	73%		
	NPTH				57%	67%	100%	100%	100%	70%	100%	67%	50%	83%	75%		
	Singleton				57%	68%	67%	61%	68%	43%	54%	81%	52%	48%	54%		
	Total				71%	80%	81%	78%	78%	68%	69%	83%	75%	67%	69%		

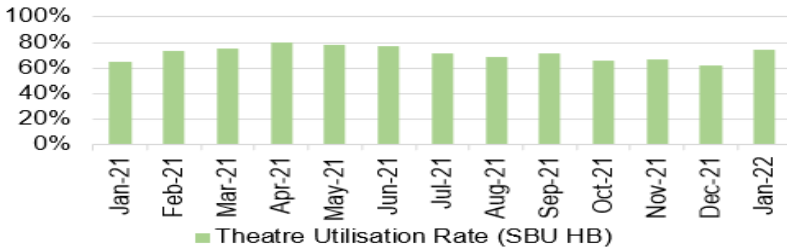
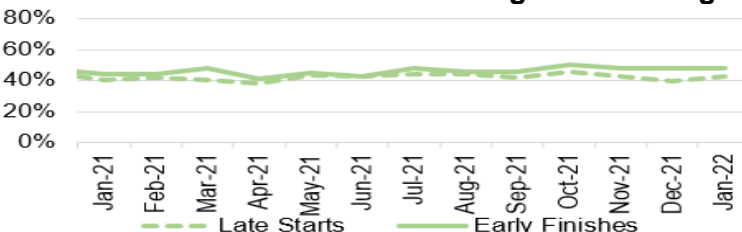
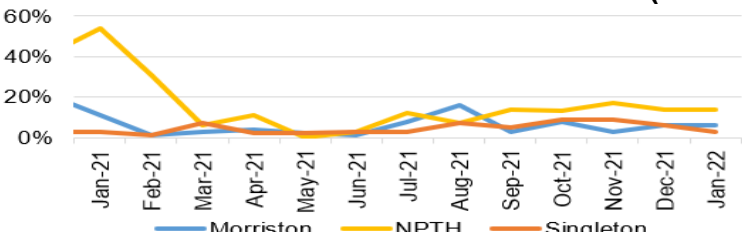
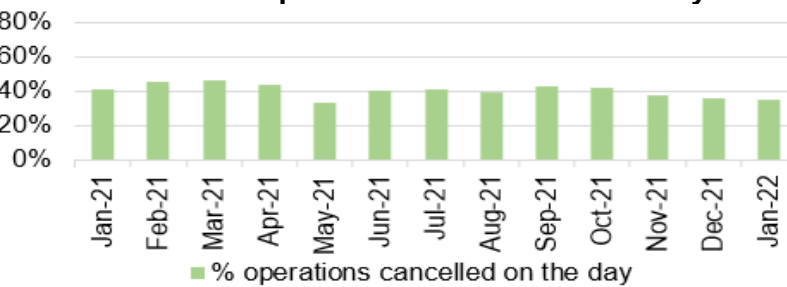
5.3 Updates on key measures

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

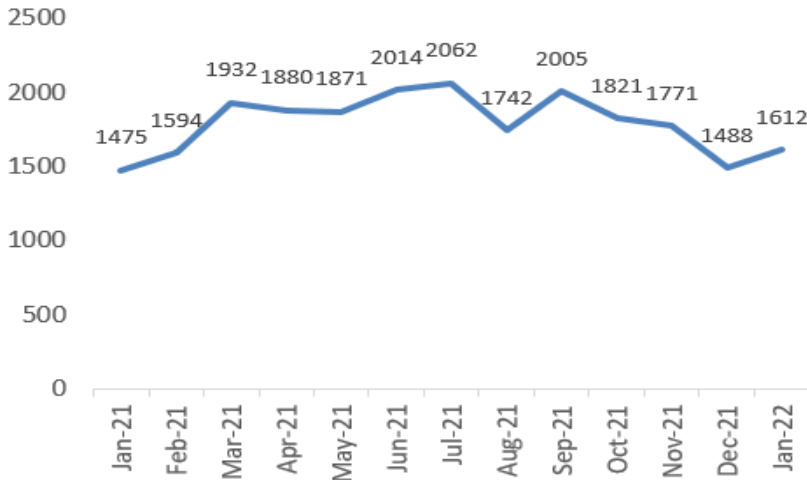
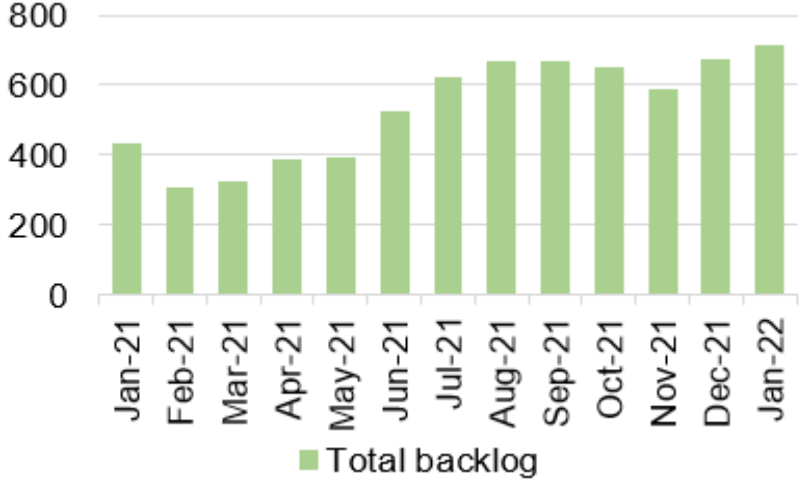
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Outpatient waiting times	The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. January 2022 saw an in-month increase of 1% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 25,452 in December 2021 to 25,588 in January 2022. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and ENT – detailed demand and capacity work is currently underway to support the reduction of Stage 1 patients waiting for an outpatient appointment. Chart 4 shows that the number of attendances has remained steady in recent months despite the impact of the recent Covid wave.																																																																																																																																																																																																										
<div>1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total</div> <div>2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level</div> <div>3. Patients waiting over 26 weeks for an outpatient appointment by specialty</div> <div>4. Outpatient activity undertaken</div>	<div><div><div><div>1. Number of stage 1 over 26 weeks- HB total</div><div><table><caption>1. Number of stage 1 over 26 weeks- HB total</caption><thead><tr><th>Month</th><th>Outpatients > 26 wks (SB UHB)</th></tr></thead><tbody><tr><td>Jan-21</td><td>21,500</td></tr><tr><td>Feb-21</td><td>21,500</td></tr><tr><td>Mar-21</td><td>22,000</td></tr><tr><td>Apr-21</td><td>22,500</td></tr><tr><td>May-21</td><td>23,500</td></tr><tr><td>Jun-21</td><td>23,500</td></tr><tr><td>Jul-21</td><td>23,500</td></tr><tr><td>Aug-21</td><td>23,500</td></tr><tr><td>Sep-21</td><td>24,000</td></tr><tr><td>Oct-21</td><td>24,500</td></tr><tr><td>Nov-21</td><td>25,000</td></tr><tr><td>Dec-21</td><td>25,500</td></tr><tr><td>Jan-22</td><td>25,588</td></tr></tbody></table></div><div>■ Outpatients > 26 wks (SB UHB)</div></div><div><div><div>2. Number of stage 1 over 26 weeks- Hospital level</div><div><table><caption>2. 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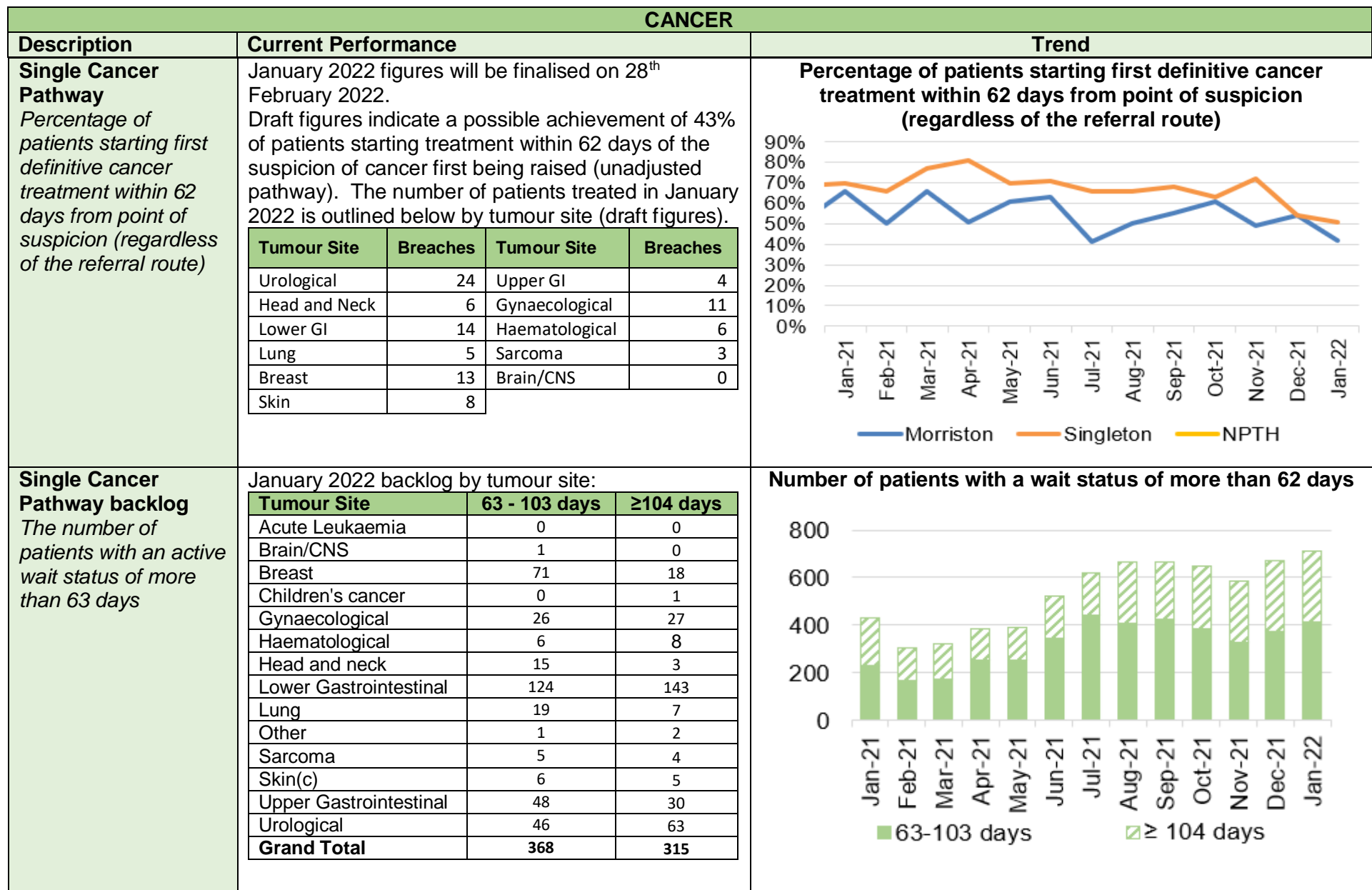
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Patients waiting over 36 weeks for treatment 1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total 2. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Hospital level 3. Number of elective admissions	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. December 2020 was the first month in 2020 that saw an in-month reduction and this trend continued into January and February 2021 however, the number of breaches increased again from March 2021. In January 2022, there were 38,117 patients waiting over 36 weeks which is a 1.6% in-month increase from December 2021. 27,223 of the 38,117 were waiting over 52 weeks in January 2022.</p>																																																																																																																													
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Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In January 2022, 50.4% of patients were waiting under 26 weeks from referral to treatment, which is a 0.1% reduction from December 2021.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table><caption>Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PCT</th><th>NPTH</th></tr></thead><tbody><tr><td>Jan-21</td><td>40%</td><td>48%</td><td>40%</td><td>95%</td></tr><tr><td>Feb-21</td><td>42%</td><td>48%</td><td>45%</td><td>90%</td></tr><tr><td>Mar-21</td><td>42%</td><td>48%</td><td>40%</td><td>92%</td></tr><tr><td>Apr-21</td><td>42%</td><td>48%</td><td>38%</td><td>90%</td></tr><tr><td>May-21</td><td>42%</td><td>48%</td><td>45%</td><td>85%</td></tr><tr><td>Jun-21</td><td>42%</td><td>48%</td><td>55%</td><td>82%</td></tr><tr><td>Jul-21</td><td>42%</td><td>48%</td><td>65%</td><td>80%</td></tr><tr><td>Aug-21</td><td>42%</td><td>48%</td><td>75%</td><td>78%</td></tr><tr><td>Sep-21</td><td>42%</td><td>48%</td><td>78%</td><td>75%</td></tr><tr><td>Oct-21</td><td>42%</td><td>48%</td><td>75%</td><td>72%</td></tr><tr><td>Nov-21</td><td>42%</td><td>48%</td><td>80%</td><td>70%</td></tr><tr><td>Dec-21</td><td>42%</td><td>48%</td><td>82%</td><td>75%</td></tr><tr><td>Jan-22</td><td>42%</td><td>50%</td><td>82%</td><td>78%</td></tr></tbody></table> <p>— Morriston — Singleton — PCT — NPTH</p>	Month	Morriston	Singleton	PCT	NPTH	Jan-21	40%	48%	40%	95%	Feb-21	42%	48%	45%	90%	Mar-21	42%	48%	40%	92%	Apr-21	42%	48%	38%	90%	May-21	42%	48%	45%	85%	Jun-21	42%	48%	55%	82%	Jul-21	42%	48%	65%	80%	Aug-21	42%	48%	75%	78%	Sep-21	42%	48%	78%	75%	Oct-21	42%	48%	75%	72%	Nov-21	42%	48%	80%	70%	Dec-21	42%	48%	82%	75%	Jan-22	42%	50%	82%	78%
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Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In January 2022, 48.3% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22.</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table><caption>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</caption><thead><tr><th>Month</th><th>% of R1 ophthalmology patient pathways</th><th>Target</th></tr></thead><tbody><tr><td>Jan-21</td><td>45%</td><td>100%</td></tr><tr><td>Feb-21</td><td>45%</td><td>100%</td></tr><tr><td>Mar-21</td><td>45%</td><td>100%</td></tr><tr><td>Apr-21</td><td>45%</td><td>100%</td></tr><tr><td>May-21</td><td>45%</td><td>100%</td></tr><tr><td>Jun-21</td><td>45%</td><td>100%</td></tr><tr><td>Jul-21</td><td>45%</td><td>100%</td></tr><tr><td>Aug-21</td><td>45%</td><td>100%</td></tr><tr><td>Sep-21</td><td>45%</td><td>100%</td></tr><tr><td>Oct-21</td><td>45%</td><td>100%</td></tr><tr><td>Nov-21</td><td>45%</td><td>100%</td></tr><tr><td>Dec-21</td><td>45%</td><td>100%</td></tr><tr><td>Jan-22</td><td>48.3%</td><td>100%</td></tr></tbody></table> <p>■ % of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment</p> <p>— Target</p>	Month	% of R1 ophthalmology patient pathways	Target	Jan-21	45%	100%	Feb-21	45%	100%	Mar-21	45%	100%	Apr-21	45%	100%	May-21	45%	100%	Jun-21	45%	100%	Jul-21	45%	100%	Aug-21	45%	100%	Sep-21	45%	100%	Oct-21	45%	100%	Nov-21	45%	100%	Dec-21	45%	100%	Jan-22	48.3%	100%																												
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THEATRE EFFICIENCY		
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Theatre Efficiency 1. Theatre Utilisation Rates 2. % of theatre sessions starting late 3. % of theatre sessions finishing early 4. % of theatre sessions cancelled at short notice (<28 days) 5. % of operations cancelled on the day	<p>In January 2022 the Theatre Utilisation rate was 74%. This is an in-month improvement of 12% and a 9% increase compared to January 2021.</p> <p>43% of theatre sessions started late in January 2022. This is a deterioration on performance in January 2021 (40%).</p> <p>In January 2022, 48% of theatre sessions finished early. This is the same figure seen in December 2021 and 4% higher than figures seen in January 2021.</p> <p>6% of theatre sessions were cancelled at short notice in January 2022. This is 1% lower than the figure reported in December 2021 and is 10% lower than figures seen in January 2021.</p> <p>Of the operations cancelled in January 2022, 35% of them were cancelled on the day. This is an improvement from 36% in December 2021.</p>	<p>1. Theatre Utilisation Rates</p>  <p>2. and 3. % theatre sessions starting late/finishing</p>  <p>4.% theatre sessions cancelled at short notice (<28 days)</p>  <p>5. % of operations cancelled on the day</p> 

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Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In January 2022, there was a further increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,071 in December 2021 to 6,267 in January 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for January 2022:</p> <ul style="list-style-type: none">Endoscopy= 3,551Cardiac tests= 1,793Other Diagnostics = 923 <p>Endoscopy waits continue to rise, to support the recovery of this position, the following actions are being undertaken; options to outsource patients has been agreed in principle, currently discussion waiting area social distancing with infection control to maximise clinic numbers and FIT testing has been rolled out in Primary Care (will measure the impact on the service in the next 3-6 months)</p>	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <table><caption>Estimated data for 8-week diagnostic breaches</caption><thead><tr><th>Month</th><th>Cardiac tests</th><th>Endoscopy</th><th>Other diagnostics (inc. radiology)</th></tr></thead><tbody><tr><td>Jan-21</td><td>1,300</td><td>2,200</td><td>2,500</td></tr><tr><td>Feb-21</td><td>1,200</td><td>2,100</td><td>1,500</td></tr><tr><td>Mar-21</td><td>1,200</td><td>2,000</td><td>1,100</td></tr><tr><td>Apr-21</td><td>1,300</td><td>2,000</td><td>1,200</td></tr><tr><td>May-21</td><td>1,400</td><td>2,100</td><td>1,100</td></tr><tr><td>Jun-21</td><td>1,600</td><td>2,000</td><td>1,300</td></tr><tr><td>Jul-21</td><td>1,800</td><td>1,900</td><td>1,300</td></tr><tr><td>Aug-21</td><td>1,800</td><td>1,800</td><td>1,600</td></tr><tr><td>Sep-21</td><td>1,800</td><td>2,100</td><td>1,500</td></tr><tr><td>Oct-21</td><td>1,700</td><td>2,500</td><td>1,400</td></tr><tr><td>Nov-21</td><td>1,800</td><td>2,700</td><td>1,300</td></tr><tr><td>Dec-21</td><td>1,800</td><td>3,000</td><td>1,000</td></tr><tr><td>Jan-22</td><td>1,800</td><td>3,500</td><td>900</td></tr></tbody></table>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Jan-21	1,300	2,200	2,500	Feb-21	1,200	2,100	1,500	Mar-21	1,200	2,000	1,100	Apr-21	1,300	2,000	1,200	May-21	1,400	2,100	1,100	Jun-21	1,600	2,000	1,300	Jul-21	1,800	1,900	1,300	Aug-21	1,800	1,800	1,600	Sep-21	1,800	2,100	1,500	Oct-21	1,700	2,500	1,400	Nov-21	1,800	2,700	1,300	Dec-21	1,800	3,000	1,000	Jan-22	1,800	3,500	900
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Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In January 2022 there were 1,028 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in January 2022 are:</p> <ul style="list-style-type: none">Podiatry = 880Speech & Language Therapy= 132Dietetics = 13 <p><u>Podiatry Recovery</u> Specifically, within Podiatry, there are certain specialist areas which are having a detrimental impact on the overall waiting list performance. A detailed recovery plan has been completed by the service and the position in Nail surgery will be recovered by March 2022, with Specialist MSK requiring longer to recover due to continued staff sickness and vacancies. The team are actively recruiting to the vacant posts and seeking agency solutions in the interim.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <table><caption>Estimated data for 14-week therapy breaches (Jan-22)</caption><thead><tr><th>Therapy</th><th>Count</th></tr></thead><tbody><tr><td>Podiatry</td><td>880</td></tr><tr><td>Speech & Language</td><td>132</td></tr><tr><td>Dietetics</td><td>13</td></tr><tr><td>Other</td><td>13</td></tr><tr><td>Total</td><td>1,028</td></tr></tbody></table>	Therapy	Count	Podiatry	880	Speech & Language	132	Dietetics	13	Other	13	Total	1,028																																												
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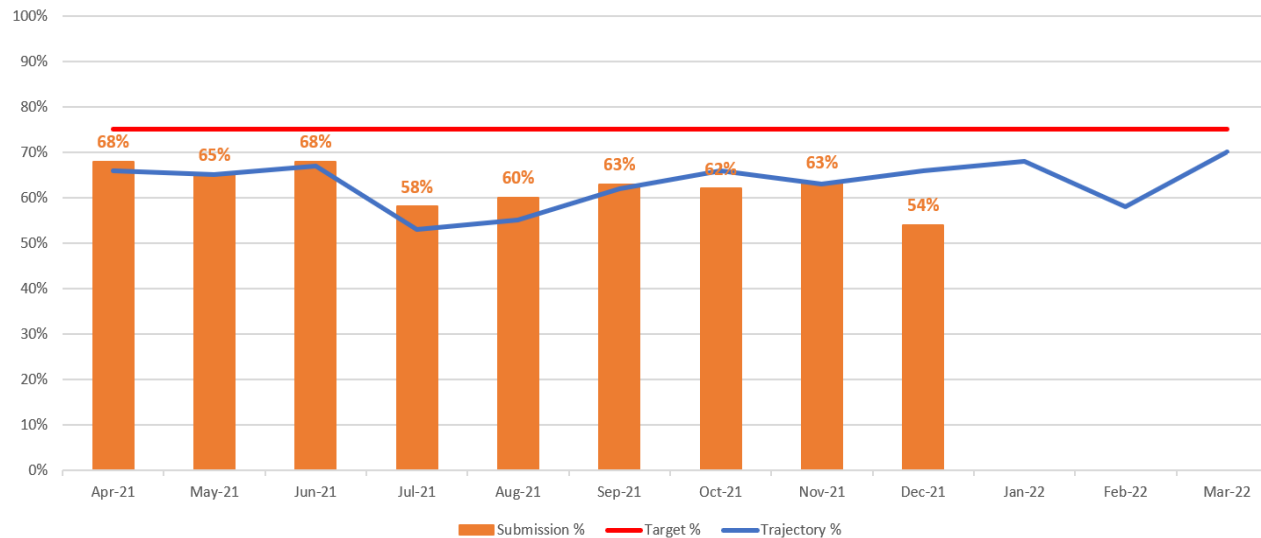
CANCER																														
Description	Current Performance	Trend																												
Cancer demand and shape of the waiting list	The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020.	<div>1. Number of USC referrals</div>  <table border="1"><thead><tr><th>Month</th><th>Number of USC referrals</th></tr></thead><tbody><tr><td>Jan-21</td><td>1475</td></tr><tr><td>Feb-21</td><td>1594</td></tr><tr><td>Mar-21</td><td>1932</td></tr><tr><td>Apr-21</td><td>1880</td></tr><tr><td>May-21</td><td>1871</td></tr><tr><td>Jun-21</td><td>2014</td></tr><tr><td>Jul-21</td><td>2062</td></tr><tr><td>Aug-21</td><td>1742</td></tr><tr><td>Sep-21</td><td>2005</td></tr><tr><td>Oct-21</td><td>1821</td></tr><tr><td>Nov-21</td><td>1771</td></tr><tr><td>Dec-21</td><td>1488</td></tr><tr><td>Jan-22</td><td>1612</td></tr></tbody></table>	Month	Number of USC referrals	Jan-21	1475	Feb-21	1594	Mar-21	1932	Apr-21	1880	May-21	1871	Jun-21	2014	Jul-21	2062	Aug-21	1742	Sep-21	2005	Oct-21	1821	Nov-21	1771	Dec-21	1488	Jan-22	1612
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1. Number of Urgent Suspected Cancer (USC) referrals received	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.																													
2. Single Cancer Pathway backlog- patients waiting over 63 days	January 2022 has seen an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction; <ul style="list-style-type: none">- FIT testing has now been established in Primary care, which will support the removal of a large number of patients from the backlog figures. The introduction of the pathway change will support future efficiencies.- A new cancer performance service manager has started in post and will support the administrative validation of the backlog – due to finalise the outcome of recent validation letters.- Successfully recruited to the breast surgeon vacancy- Successful recruitment of a pancreatic surgeon due to start in March 2022- Waiting list initiatives for PMB patients started from W/C 10th January 2022	<div>2. Single Cancer Pathway backlog- patients waiting over 63 days</div>  <table border="1"><thead><tr><th>Month</th><th>Total backlog</th></tr></thead><tbody><tr><td>Jan-21</td><td>440</td></tr><tr><td>Feb-21</td><td>310</td></tr><tr><td>Mar-21</td><td>330</td></tr><tr><td>Apr-21</td><td>390</td></tr><tr><td>May-21</td><td>400</td></tr><tr><td>Jun-21</td><td>530</td></tr><tr><td>Jul-21</td><td>630</td></tr><tr><td>Aug-21</td><td>680</td></tr><tr><td>Sep-21</td><td>680</td></tr><tr><td>Oct-21</td><td>660</td></tr><tr><td>Nov-21</td><td>590</td></tr><tr><td>Dec-21</td><td>680</td></tr><tr><td>Jan-22</td><td>720</td></tr></tbody></table> <div>Total backlog</div>	Month	Total backlog	Jan-21	440	Feb-21	310	Mar-21	330	Apr-21	390	May-21	400	Jun-21	530	Jul-21	630	Aug-21	680	Sep-21	680	Oct-21	660	Nov-21	590	Dec-21	680	Jan-22	720
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CANCER																																																																	
Description	Current Performance	Trend																																																															
USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	To date, early January 2022 figures show total wait volumes have increased by 24%. Of the total number of patients awaiting a first outpatient appointment, 62% have been booked.	The number of patients waiting for a first outpatient appointment (by total days waiting) – Early February 2022																																																															
		<table><tr><th>FIRST OPA</th><th>30-Jan</th><th>06-Feb</th><th>% change</th></tr><tr><td>Acute Leukaemia</td><td>0</td><td>0</td><td>0%</td></tr><tr><td>Brain/CNS</td><td>0</td><td>0</td><td>0%</td></tr><tr><td>Breast</td><td>0</td><td>1</td><td>0%</td></tr><tr><td>Children's Cancer</td><td>0</td><td>0</td><td>0%</td></tr><tr><td>Gynaecological</td><td>64</td><td>72</td><td>13%</td></tr><tr><td>Haematological</td><td>1</td><td>2</td><td>100%</td></tr><tr><td>Head and Neck</td><td>41</td><td>75</td><td>83%</td></tr><tr><td>Lower GI</td><td>70</td><td>67</td><td>-4%</td></tr><tr><td>Lung</td><td>4</td><td>5</td><td>25%</td></tr><tr><td>Other</td><td>106</td><td>175</td><td>65%</td></tr><tr><td>Sarcoma</td><td>19</td><td>23</td><td>21%</td></tr><tr><td>Skin</td><td>74</td><td>90</td><td>22%</td></tr><tr><td>Upper GI</td><td>41</td><td>42</td><td>2%</td></tr><tr><td>Urological</td><td>54</td><td>37</td><td>-31%</td></tr><tr><td></td><td>474</td><td>589</td><td>24%</td></tr></table>	FIRST OPA	30-Jan	06-Feb	% change	Acute Leukaemia	0	0	0%	Brain/CNS	0	0	0%	Breast	0	1	0%	Children's Cancer	0	0	0%	Gynaecological	64	72	13%	Haematological	1	2	100%	Head and Neck	41	75	83%	Lower GI	70	67	-4%	Lung	4	5	25%	Other	106	175	65%	Sarcoma	19	23	21%	Skin	74	90	22%	Upper GI	41	42	2%	Urological	54	37	-31%		474	589
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	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.	Radiotherapy waiting times																																																															
		<table><tr><th>Measure</th><th>Target</th><th>Dec-21</th></tr><tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>48%</td></tr><tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>82%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>57%</td></tr><tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>97%</td></tr><tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr><tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr><tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>90%</td></tr><tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>94%</td></tr></table>	Measure	Target	Dec-21	Scheduled (21 Day Target)	80%	48%	Scheduled (28 Day Target)	100%	82%	Urgent SC (7 Day Target)	80%	57%	Urgent SC (14 Day Target)	100%	97%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	90%	Elective Delay (28 Day Target)	100%	94%																																				
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Cancer Services – Performance Escalation Updates

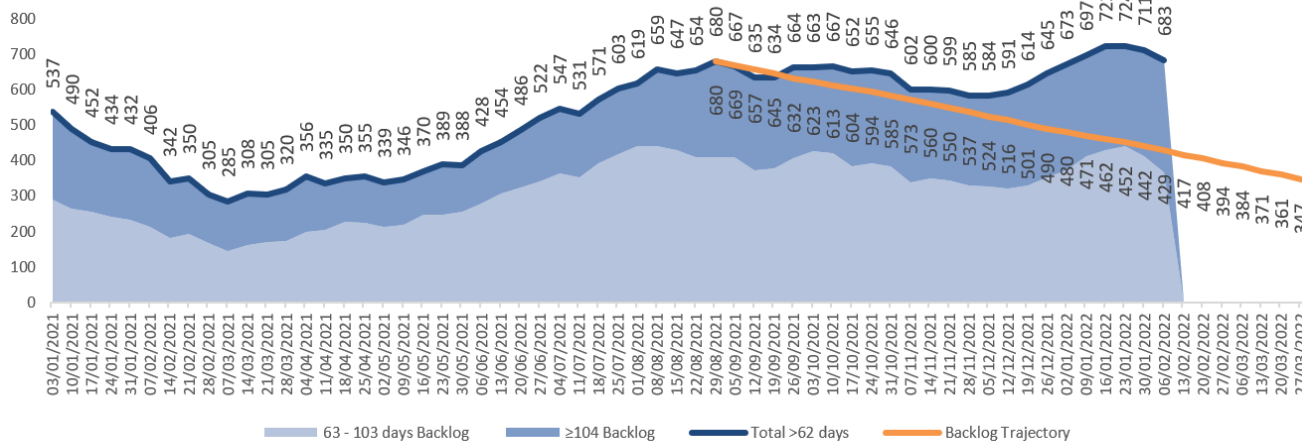
1.SCP performance trajectory

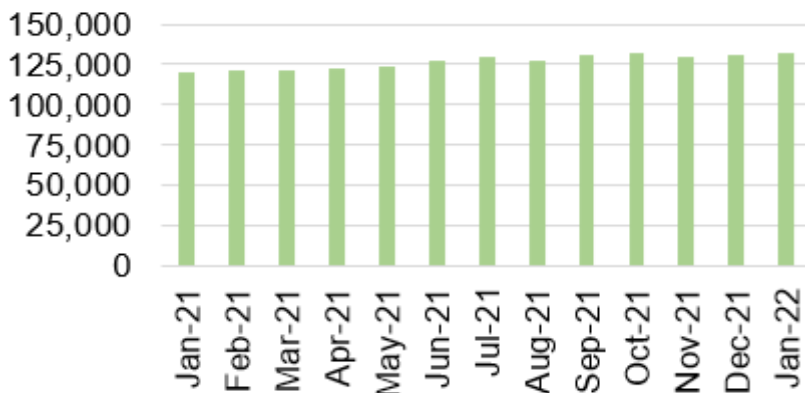



1. SCP performance in December was reported as 54% which is tracking below the outlined trajectory of 66%. January 2022 performance is still in draft format, however current projections suggest performance will be below the recovery trajectory.

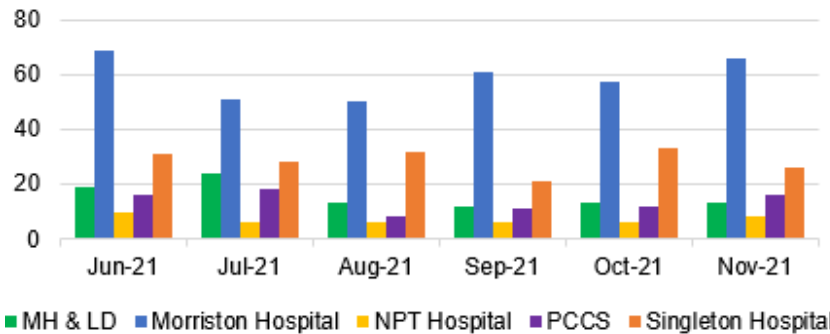
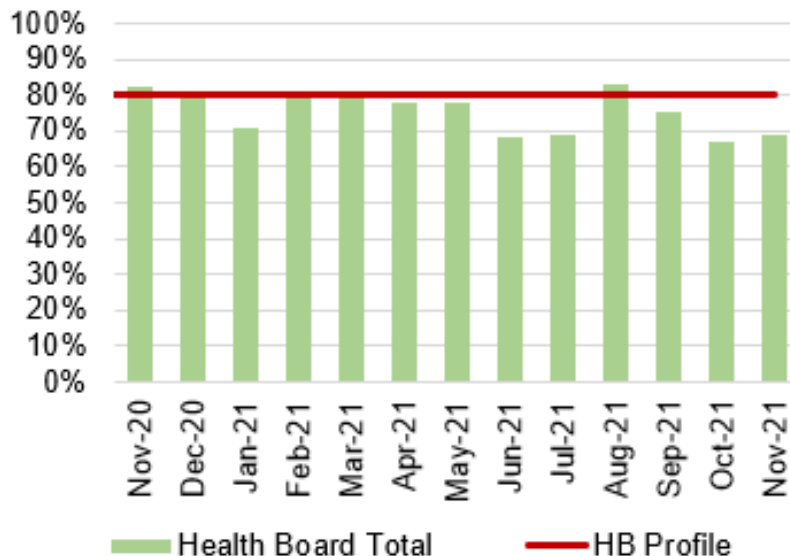
Proposed backlog improvements to support SCP performance

Backlog



FOLLOW-UP APPOINTMENTS																																																										
Description	Current Performance	Trend																																																								
Follow-up appointments <i>1. The total number of patients on the follow-up waiting list</i> <i>2. The number of patients waiting 100% over target for a follow-up appointment</i>	<p>In January 2022, the overall size of the follow-up waiting list increased by 445 patients compared with December 2021 (from 131,403 to 131,848).</p> <p>In January 2022, there was a total of 58,639 patients waiting for a follow-up past their target date. This is an in-month increase of 1.1% (from 58,006 in December 2021 to 58,639 in January 2022).</p> <p>Of the 58,639 delayed follow-ups in January 2022, 12,744 had appointment dates and 45,895 were still waiting for an appointment.</p> <p>In addition, 32,521 patients were waiting 100%+ over target date in January 2022. This is a 1.9% increase when compared with December 2021.</p>	<div><div><div>1. Total number of patients waiting for a follow-up</div><table><caption>1. Total number of patients waiting for a follow-up (SBU HB)</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Jan-21</td><td>125,000</td></tr><tr><td>Feb-21</td><td>125,000</td></tr><tr><td>Mar-21</td><td>125,000</td></tr><tr><td>Apr-21</td><td>125,000</td></tr><tr><td>May-21</td><td>125,000</td></tr><tr><td>Jun-21</td><td>125,000</td></tr><tr><td>Jul-21</td><td>125,000</td></tr><tr><td>Aug-21</td><td>125,000</td></tr><tr><td>Sep-21</td><td>125,000</td></tr><tr><td>Oct-21</td><td>125,000</td></tr><tr><td>Nov-21</td><td>125,000</td></tr><tr><td>Dec-21</td><td>125,000</td></tr><tr><td>Jan-22</td><td>125,000</td></tr></tbody></table></div><div><div>2. Delayed follow-ups: Number of patients waiting 100% over target</div><table><caption>2. Delayed follow-ups: Number of patients waiting 100% over target date (SBU HB)</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Jan-21</td><td>30,000</td></tr><tr><td>Feb-21</td><td>30,000</td></tr><tr><td>Mar-21</td><td>30,000</td></tr><tr><td>Apr-21</td><td>30,000</td></tr><tr><td>May-21</td><td>30,000</td></tr><tr><td>Jun-21</td><td>30,000</td></tr><tr><td>Jul-21</td><td>30,000</td></tr><tr><td>Aug-21</td><td>30,000</td></tr><tr><td>Sep-21</td><td>30,000</td></tr><tr><td>Oct-21</td><td>30,000</td></tr><tr><td>Nov-21</td><td>30,000</td></tr><tr><td>Dec-21</td><td>30,000</td></tr><tr><td>Jan-22</td><td>30,000</td></tr></tbody></table></div></div>	Month	Number of patients	Jan-21	125,000	Feb-21	125,000	Mar-21	125,000	Apr-21	125,000	May-21	125,000	Jun-21	125,000	Jul-21	125,000	Aug-21	125,000	Sep-21	125,000	Oct-21	125,000	Nov-21	125,000	Dec-21	125,000	Jan-22	125,000	Month	Number of patients	Jan-21	30,000	Feb-21	30,000	Mar-21	30,000	Apr-21	30,000	May-21	30,000	Jun-21	30,000	Jul-21	30,000	Aug-21	30,000	Sep-21	30,000	Oct-21	30,000	Nov-21	30,000	Dec-21	30,000	Jan-22	30,000
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PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in January 2022 was 92% and 3,395 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,727 surveys in January 2022, with a recommended score of 94%. Morrison Hospital completed 1,130 surveys in January 2022, with a recommended score of 94%. Primary & Community Care completed 191 surveys for January 2022, with a recommended score of 93%. The Mental Health Service Group completed 17 surveys for January 2022, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p> <p>* Data not available for April 2021. Neath Port Talbot included in Singleton's figures from May 2021</p>

COMPLAINTS													
Description	Current Performance	Trend											
Patient concerns <i>1. Number of formal complaints received</i> <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In November 2021, the Health Board received 159 formal complaints; this is a 15.7% increase on the number seen in October 2021.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p>	<p>1. Number of formal complaints received</p>  <p>2. Response rate for concerns within 30 days</p> 											
	<p>2. The overall Health Board rate for responding to concerns within 30 working days was 69% in November 2021, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table><tr><th></th><th>30 day response rate</th></tr><tr><td>Neath Port Talbot Hospital</td><td>75%</td></tr><tr><td>Morriston Hospital</td><td>73%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>31%</td></tr><tr><td>Primary, Community and Therapies</td><td>88%</td></tr><tr><td>Singleton Hospital</td><td>54%</td></tr></table>		30 day response rate	Neath Port Talbot Hospital	75%	Morriston Hospital	73%	Mental Health & Learning Disabilities	31%	Primary, Community and Therapies	88%	Singleton Hospital	54%
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Singleton Hospital	54%												

6.1 Overview

		Harm from wider societal actions/lockdown															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
		Childhood immunisations															
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%	*	94.1%				95.5%		96.6%						
	Swansea			*	96.3%		95.9%		95.9%								
	HB Total			*	95.4%		95.7%		96.2%								
% children who received MenB2 vaccine by age 1	NPT	95%	90%	*	93.8%		95.2%		96.6%								
	Swansea			*	96.1%		96.3%		95.5%								
	HB Total			*	95.2%		95.8%		95.9%								
% children who received PCV2 vaccine by age 1	NPT	95%	90%	*	96.6%		94.4%		98.2%								
	Swansea			*	97.2%		95.4%		96.8%								
	HB Total			*	96.9%		95.0%		97.3%								
% children who received Rotavirus vaccine by age 1	NPT	95%	90%	*	93.8%		94.0%		96.6%								
	Swansea			*	94.1%		94.8%		94.4%								
	HB Total			*	94.0%		94.6%		95.2%								
% children who received MMR1 vaccine by age 2	NPT	95%	90%	*	95.5%		94.0%		94.3%								
	Swansea			*	93.1%		94.8%		93.8%								
	HB Total			*	94.0%		94.6%		94.0%								
% children who received PCVf3 vaccine by age 2	NPT	95%	90%	*	96.1%		94.4%		95.6%								
	Swansea			*	93.3%		95.4%		93.0%								
	HB Total			*	94.3%		95.0%		93.9%								
% children who received MenB4 vaccine by age 2	NPT	95%	90%	*	95.5%		94.1%		95.3%								
	Swansea			*	93.3%		95.5%		93.0%								
	HB Total			*	94.1%		95.0%		93.8%								
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%	*	95.2%		93.5%		95.3%								
	Swansea			*	92.7%		95.7%		93.5%								
	HB Total			*	96.3%		94.9%		94.1%								

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU											
					Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
% children who are up to date in schedule by age 4	NPT	95%	90%	*	86.6%		87.9%		86.4%							
	Swansea			86.2%		88.1%		88.3%								
	HB Total			86.3%		88.0%		87.6%								
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%	*	93.9%		90.8%		89.0%							
	Swansea			91.4%		91.3%		90.3%								
	HB Total			92.4%		91.1%		89.8%								
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%	*	93.7%		91.3%		89.3%							
	Swansea			90.5%		92.0%		92.0%								
	HB Total			91.7%		91.7%		91.0%								
% children who received MMR vaccination by age 16	NPT	95%	90%	*	90.5%		90.1%		94.0%							
	Swansea			87.8%		91.2%		90.0%								
	HB Total			88.9%		90.8%		91.6%								
% children who received teenage booster by age 16	NPT	90%	85%	*	91.3%		91.6%		90.4%							
	Swansea			90.0%		89.9%		90.0%								
	HB Total			90.5%		90.6%		90.2%								
% children who received MenACWY vaccine by age 16	NPT	Improve		*	92.1%		92.1%		90.9%							
	Swansea			90.8%		91.1%		90.4%								
	HB Total			91.3%		91.5%		90.6%								

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Mental Health Services																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	100%	100%	100%	93%	94%	79%	100%	95%	97%	97%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			53%	66%	63%	60%	61%	58%	41%	48%	40%	40%	34%	22%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			29%	97%	46%	0%	0%	0%	29%	37%	89%	65%	36%	43%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			60%	56%	53%	48%	53%	44%	29%	32%	41%	3%	3%	2%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	> 18 years old	80%			96%	98%	97%	97%	98%	99%	98%	100%	96%	98%	98%	95%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			93%	97%	91%	49%	67%	1%	100%	82%	35%	0%	64%	50%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			95%	98%	97%	92%	96%	99%	97%	100%	90%	98%	96%	100%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			24%	28%	30%	30%	33%	32%	34%	27%	34%	34%	37%	37%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%			83%	84%	82%	82%	83%	81%	81%	65%	84%	84%	84%	84%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%			91%	91%	91%	91%	92%	88%	88%	84%	84%	83%	81%	80%	

6.3 Updates on key measures

ADULT MENTAL HEALTH																														
Description	Current Performance	Trend																												
Adult Mental Health Measures: 1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)	1. In December 2021, 95.3% of assessments were undertaken within 28 days of referral for patients 18 years and over.	1. % Mental Health assessments undertaken within 28 days from receipt of referral <table><caption>% assessments within 28 days (> 18 yrs)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Dec-20</td><td>95.3</td></tr><tr><td>Jan-21</td><td>95.3</td></tr><tr><td>Feb-21</td><td>95.3</td></tr><tr><td>Mar-21</td><td>95.3</td></tr><tr><td>Apr-21</td><td>95.3</td></tr><tr><td>May-21</td><td>90.0</td></tr><tr><td>Jun-21</td><td>95.3</td></tr><tr><td>Jul-21</td><td>95.3</td></tr><tr><td>Aug-21</td><td>95.3</td></tr><tr><td>Sep-21</td><td>95.3</td></tr><tr><td>Oct-21</td><td>95.3</td></tr><tr><td>Nov-21</td><td>95.3</td></tr><tr><td>Dec-21</td><td>95.3</td></tr></tbody></table>	Month	%	Dec-20	95.3	Jan-21	95.3	Feb-21	95.3	Mar-21	95.3	Apr-21	95.3	May-21	90.0	Jun-21	95.3	Jul-21	95.3	Aug-21	95.3	Sep-21	95.3	Oct-21	95.3	Nov-21	95.3	Dec-21	95.3
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2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)	2. In December 2021, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.	2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment <table><caption>% therapeutic interventions started within 28 days (> 18 yrs)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Dec-20</td><td>100</td></tr><tr><td>Jan-21</td><td>100</td></tr><tr><td>Feb-21</td><td>100</td></tr><tr><td>Mar-21</td><td>100</td></tr><tr><td>Apr-21</td><td>100</td></tr><tr><td>May-21</td><td>95</td></tr><tr><td>Jun-21</td><td>100</td></tr><tr><td>Jul-21</td><td>100</td></tr><tr><td>Aug-21</td><td>100</td></tr><tr><td>Sep-21</td><td>100</td></tr><tr><td>Oct-21</td><td>100</td></tr><tr><td>Nov-21</td><td>100</td></tr><tr><td>Dec-21</td><td>100</td></tr></tbody></table>	Month	%	Dec-20	100	Jan-21	100	Feb-21	100	Mar-21	100	Apr-21	100	May-21	95	Jun-21	100	Jul-21	100	Aug-21	100	Sep-21	100	Oct-21	100	Nov-21	100	Dec-21	100
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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. 80% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in December 2021.	3. % residents with a valid Care and Treatment Plan (CTP) <table><caption>% patients with valid CTP (> 18 yrs)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Dec-20</td><td>95</td></tr><tr><td>Jan-21</td><td>95</td></tr><tr><td>Feb-21</td><td>95</td></tr><tr><td>Mar-21</td><td>95</td></tr><tr><td>Apr-21</td><td>95</td></tr><tr><td>May-21</td><td>95</td></tr><tr><td>Jun-21</td><td>90</td></tr><tr><td>Jul-21</td><td>90</td></tr><tr><td>Aug-21</td><td>85</td></tr><tr><td>Sep-21</td><td>85</td></tr><tr><td>Oct-21</td><td>85</td></tr><tr><td>Nov-21</td><td>80</td></tr><tr><td>Dec-21</td><td>80</td></tr></tbody></table>	Month	%	Dec-20	95	Jan-21	95	Feb-21	95	Mar-21	95	Apr-21	95	May-21	95	Jun-21	90	Jul-21	90	Aug-21	85	Sep-21	85	Oct-21	85	Nov-21	80	Dec-21	80
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4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	4. In December 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 <table><caption>% waiting less than 26 wks for psychological therapy</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Dec-20</td><td>95</td></tr><tr><td>Jan-21</td><td>95</td></tr><tr><td>Feb-21</td><td>95</td></tr><tr><td>Mar-21</td><td>95</td></tr><tr><td>Apr-21</td><td>95</td></tr><tr><td>May-21</td><td>95</td></tr><tr><td>Jun-21</td><td>95</td></tr><tr><td>Jul-21</td><td>95</td></tr><tr><td>Aug-21</td><td>95</td></tr><tr><td>Sep-21</td><td>95</td></tr><tr><td>Oct-21</td><td>95</td></tr><tr><td>Nov-21</td><td>95</td></tr><tr><td>Dec-21</td><td>100</td></tr></tbody></table>	Month	%	Dec-20	95	Jan-21	95	Feb-21	95	Mar-21	95	Apr-21	95	May-21	95	Jun-21	95	Jul-21	95	Aug-21	95	Sep-21	95	Oct-21	95	Nov-21	95	Dec-21	100
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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)																																												
Description	Current Performance	Trend																																										
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In December 2021, 100% of CAMHS patients received an assessment within 48 hours.	<div>1. Crisis- assessment within 48 hours</div> <table><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th></tr></thead><tbody><tr><td>Dec-20</td><td>100%</td></tr><tr><td>Jan-21</td><td>100%</td></tr><tr><td>Feb-21</td><td>100%</td></tr><tr><td>Mar-21</td><td>100%</td></tr><tr><td>Apr-21</td><td>100%</td></tr><tr><td>May-21</td><td>100%</td></tr><tr><td>Jun-21</td><td>100%</td></tr><tr><td>Jul-21</td><td>100%</td></tr><tr><td>Aug-21</td><td>100%</td></tr><tr><td>Sep-21</td><td>100%</td></tr><tr><td>Oct-21</td><td>100%</td></tr><tr><td>Nov-21</td><td>100%</td></tr><tr><td>Dec-21</td><td>100%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	Dec-20	100%	Jan-21	100%	Feb-21	100%	Mar-21	100%	Apr-21	100%	May-21	100%	Jun-21	100%	Jul-21	100%	Aug-21	100%	Sep-21	100%	Oct-21	100%	Nov-21	100%	Dec-21	100%														
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2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 43% of routine assessments were undertaken within 28 days from referral in December 2021 against a target of 80%.	<div>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</div> <table><thead><tr><th>Month</th><th>% of assess in 28 days</th><th>% interventions in 28 days</th></tr></thead><tbody><tr><td>Dec-20</td><td>100%</td><td>40%</td></tr><tr><td>Jan-21</td><td>100%</td><td>40%</td></tr><tr><td>Feb-21</td><td>100%</td><td>40%</td></tr><tr><td>Mar-21</td><td>100%</td><td>40%</td></tr><tr><td>Apr-21</td><td>100%</td><td>40%</td></tr><tr><td>May-21</td><td>100%</td><td>40%</td></tr><tr><td>Jun-21</td><td>100%</td><td>40%</td></tr><tr><td>Jul-21</td><td>100%</td><td>40%</td></tr><tr><td>Aug-21</td><td>100%</td><td>40%</td></tr><tr><td>Sep-21</td><td>100%</td><td>40%</td></tr><tr><td>Oct-21</td><td>100%</td><td>40%</td></tr><tr><td>Nov-21</td><td>100%</td><td>40%</td></tr><tr><td>Dec-21</td><td>100%</td><td>40%</td></tr></tbody></table>	Month	% of assess in 28 days	% interventions in 28 days	Dec-20	100%	40%	Jan-21	100%	40%	Feb-21	100%	40%	Mar-21	100%	40%	Apr-21	100%	40%	May-21	100%	40%	Jun-21	100%	40%	Jul-21	100%	40%	Aug-21	100%	40%	Sep-21	100%	40%	Oct-21	100%	40%	Nov-21	100%	40%	Dec-21	100%	40%
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3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 50% of therapeutic interventions were started within 28 days following assessment by LPMHSS in December 2021.																																											
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 December 2021 against a target of 80%.	<div>4. NDD- assessment within 26 weeks</div> <table><thead><tr><th>Month</th><th>%NDD within 26 weeks</th></tr></thead><tbody><tr><td>Dec-20</td><td>37%</td></tr><tr><td>Jan-21</td><td>37%</td></tr><tr><td>Feb-21</td><td>37%</td></tr><tr><td>Mar-21</td><td>37%</td></tr><tr><td>Apr-21</td><td>37%</td></tr><tr><td>May-21</td><td>37%</td></tr><tr><td>Jun-21</td><td>37%</td></tr><tr><td>Jul-21</td><td>37%</td></tr><tr><td>Aug-21</td><td>37%</td></tr><tr><td>Sep-21</td><td>37%</td></tr><tr><td>Oct-21</td><td>37%</td></tr><tr><td>Nov-21</td><td>37%</td></tr><tr><td>Dec-21</td><td>37%</td></tr></tbody></table>	Month	%NDD within 26 weeks	Dec-20	37%	Jan-21	37%	Feb-21	37%	Mar-21	37%	Apr-21	37%	May-21	37%	Jun-21	37%	Jul-21	37%	Aug-21	37%	Sep-21	37%	Oct-21	37%	Nov-21	37%	Dec-21	37%														
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 2% of routine assessments by SCAMHS were undertaken within 28 days in December 2021.	<div>5. S-CAMHS % assessments within 28 days</div> <table><thead><tr><th>Month</th><th>% S-CAMHS assessments in 28 days</th></tr></thead><tbody><tr><td>Dec-20</td><td>2%</td></tr><tr><td>Jan-21</td><td>2%</td></tr><tr><td>Feb-21</td><td>2%</td></tr><tr><td>Mar-21</td><td>2%</td></tr><tr><td>Apr-21</td><td>2%</td></tr><tr><td>May-21</td><td>2%</td></tr><tr><td>Jun-21</td><td>2%</td></tr><tr><td>Jul-21</td><td>2%</td></tr><tr><td>Aug-21</td><td>2%</td></tr><tr><td>Sep-21</td><td>2%</td></tr><tr><td>Oct-21</td><td>2%</td></tr><tr><td>Nov-21</td><td>2%</td></tr><tr><td>Dec-21</td><td>2%</td></tr></tbody></table>	Month	% S-CAMHS assessments in 28 days	Dec-20	2%	Jan-21	2%	Feb-21	2%	Mar-21	2%	Apr-21	2%	May-21	2%	Jun-21	2%	Jul-21	2%	Aug-21	2%	Sep-21	2%	Oct-21	2%	Nov-21	2%	Dec-21	2%														
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APPENDIX 2: Summary

The following table provides a high level overview of the Health Board's most recent performance against key quality and safety measures by quadrant component measure.

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 rela	Number of new COVID19 cases*	Local			Jan-22						15,433
	Number of staff referred for Antigen Testing*	Local			Jan-22						691
	Number of staff awaiting results of COVID19 test*	Local			Jan-22						0
	Number of COVID19 related incidents*	Local			Dec-21						54
	Number of COVID19 related serious incidents*	Local			Oct-21						0
	Number of COVID19 related complaints*	Local			Jan-22						4
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Jan-22						87
	Number of staff self isolated (symptomatic)*	Local			Jan-22						309
	% sickness*	Local			Jan-22						3.0%

	National or local target achieved
	Target not achieved but within tolerance level
	Performance outside of profile/ target

* In the absence of local profiles, RAG is based on in-month movement

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Jan-22	724		11			735
	% 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	95%		Jan-22	58.5%	96.8%				73%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		Jan-22	1,139	3				1,142
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Jan-22	10%					10%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Jan-22	41%					41%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Jan-22	100%					100%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Jan-22	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Jan-22	43%					43%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	18	Jan-22	4	1	2	8	0	15
	Number of S.aureus bacteraemia cases	National		8	Jan-22	2	0	0	10	0	12
	Number of C.difficile cases	National		9	Jan-22	8	1	2	3	0	14
	Number of Klebsiella cases	National		9	Jan-22	2	1	2	0	0	5
	Number of Aeruginosa cases	National		1	Jan-22	1	0	0	0	0	1
	Compliance with hand hygiene audits	Local	95%		Jan-22	93%	100%	-	95%	95%	95%

* In the absence of local profiles, RAG is based on in-month movement

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Dec-21	88.4%					88.4%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Dec-21	56.5%					56.5%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Dec-21	70.1%					70.1%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Dec-21	70.7%					70.7%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Dec-21	76.2%					76.2%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Nov-21	69.8%					69.8%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-21	7.5%					7.5%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Oct-21	77.8%					77.8%
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		Jan-22	0	1	0	4	0	5
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Jan-22						25%
	Number of Never Events	Local	0		Jan-22	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Dec-21	42	0	13	55	1	111
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Dec-21	2	0	2	14	0	18
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Dec-21						857
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Jan-22	93	26	42	6	29	196
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Jan-22						4.81
Mortality	Universal Mortality reviews undertaken within 28 days	Local	95%		Dec-21	96%	100%				96%
	Stage 2 mortality reviews completed within 60 days	Local	95%		Sep-21	78%	-	100%			82%
	Crude hospital mortality rate by Delivery Unit (74 years and over)	National	12 month reduction trend		Dec-21	1.59%	0.00%	0.53%			0.95%

Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	12 month improvement trend		Jan-22 (Draft)						43%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Jan-22	17,859	186	7,520	23		25,588
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Jan-22	25,203	136	12,283	22		38,117
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Jan-22	2,724		3,543			6,267
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Jan-22		13		1,015	0	1,028
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Jan-22						131,848
	Number of patients delayed by over 100% past their target date	National	0		Jan-22						32,521
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Jan-22						58,639
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Jan-22						288
	Number of patients without a documented clinical review date	Local	0		Jan-22						4
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Jan-22	1,130	Now reported under Singleton	1,727	191	17	1,130
	% of patients who would recommend and highly recommend	Local	90%	80%	Jan-22	94%		94%	93%	100%	92%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Jan-22	97%		96%	97%		93%
	Number of new complaints received	Local	12 month reduction trend		Nov-21	66	8	26	16	13	159
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	National	75%	80%	Nov-21	73%	75%	54%	88%	31%	69%

* In the absence of local profiles, RAG is based on in-month movement

Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q2 2021/22						96.2%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q2 2021/22						95.9%
	% children who received PCV2 vaccine by age 1		95%	90%	Q2 2021/22						97.3%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q2 2021/22						95.2%
	% children who received MMR1 vaccine by age 2		95%	90%	Q2 2021/22						94.0%
	% children who received PCV3 vaccine by age 2		95%	90%	Q2 2021/22						93.9%
	% children who received MenB4 vaccine by age 2		95%	90%	Q2 2021/22						93.8%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q2 2021/22						94.1%
	% children who are up to date in schedule by age 4		95%	90%	Q2 2021/22						87.6%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q2 2021/22						89.8%
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q2 2021/22						91.0%
	% children who received MMR vaccination by age 16		95%	90%	Q2 2021/22						91.6%
	% children who received teenage booster by age 16		90%	85%	Q2 2021/22						90.2%
	% children who received MenACWY vaccine by age 16		Improve		Q2 2021/22						90.6%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Dec-21						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Dec-21						22%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Dec-21						43%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Dec-21						2%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Dec-21					95%	95%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Dec-21						50%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Dec-21					100%	100%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Dec-21					100%	100%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Dec-21						37%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Dec-21						84%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Dec-21					80%	80%

* In the absence of local profiles, RAG is based on in-month movement

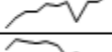


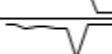

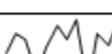
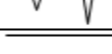
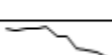



APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
COVID19 related measures	Number of new COVID19 cases	Local	Jan-21	15,433		Reduce					3,759	1,208	907	406	189	708	1,946	7,177	12,839	10,918	8,247	18,167	15,433
	Number of staff referred for Antigen Testing	Local	Jan-21	16,447		Reduce					10,749	11,115	11,683	11,957	12,224	12,505	12,872	13,278	13,951	14,475	14,969	15,756	16,447
	Number of staff awaiting results of COVID19 test	Local	Jan-21	0		Reduce					78 (as at 07/02/21)	69 (as at 06/03/21)	2 (as at 11/04/21)	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Dec-21	54		Reduce					84	63	53	74	67	23	24	36	36	47	53	54	
	Number of COVID19 related serious incidents	Local	Oct-21	0		Reduce					0	0	0	0	0	0	0	0	0	0			
	Number of COVID19 related complaints	Local	Jan-21	4		Reduce					106	131	98	38	13	16	4	6	3	4	14	20	4
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					3	3	3	2	2	1	1	1	0	0			
	Number of staff self isolated (asymptomatic)	Local	Jan-21	87		Reduce					218	160	145	84	71	70	71	115	227	120	65	126	87
	Number of staff self isolated (symptomatic)	Local	Jan-21	309		Reduce					316	156	108	87	71	50	67	114	204	180	120	393	309
	% sickness	Local	Jan-21	1.9%		Reduce					4.0%	2.4%	1.9%	1.9%	1.9%	0.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%
Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jan-22	51%	65%	65%	✗	50% (Oct-21)	5th (Oct-21)		67%	70%	73%	72%	62%	67%	64%	59%	50%	44%	52%	46%	51%
	Number of ambulance handovers over one hour	National	Jan-22	735	0			5,350 (Oct-21)	2nd (Oct-21)		195	219	231	337	477	547	616	726	642	648	670	612	735
	Handover hours lost over 15 minutes	Local	Jan-22	3390							455	550	583	877	1,154	1,386	1,937	2,443	2,467	3,093	2,461	2,527	3,390
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Jan-22	73%	95%			65% (Oct-21)	2nd (Oct-21)		77%	71%	77%	75%	73%	72%	75%	75%	73%	72%	73%	70%	73%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Jan-22	1142	0			9,484 (Oct-21)	4th (Oct-21)		570	534	457	631	684	880	1,014	1,060	1,250	1,276	1,055	1,101	1,142
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Oct-21	77.8%	12 month ↑			85.9% (Aug-21)	4th (Aug-21)		65.3%	70.7%	59.6%	71.1%	72.1%	78.3%	84.8%	86.7%	72.2%	77.8%			
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Nov-21	89.0%	12 month ↑			66% (Sep-21)	2nd (Sep-21)		87.0%	88.0%	88.0%	90.0%	91.0%	91.0%	91.0%	88.0%	87.0%	88.0%	89.0%		
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Jan-22	10%	54.0%			18.8% (Oct-21)	our out of organisations (Oct-21)		6.8%	18.2%	20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%
	CT Scan (<1 hrs) (local)	Local	Jan-22	41%							42.2%	30.6%	40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Jan-22	100%							95.6%	97.2%	100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%
	Thrombolysis door to needle <= 45 mins	Local	Jan-22	0%							12.5%	0.0%	55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Jan-22	43%	12 month ↑						65.7%	61.2%	55.9%	47.1%	39.7%	41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%
DTCs	Number of mental health HB DTCs	National	Mar-20	13	12 month ↓	27	✓				DTC reporting temporarily suspended												
	Number of non-mental health HB DTCs	National	Mar-20	60	12 month ↓	50	✗				DTC reporting temporarily suspended												

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jan-22	73.8	<67		✗	72.49 (Oct-21)	4th (Oct-21)		60.0	59.8	61.9	99.8	88.9	89.4	89.4	90.5	86.4	82.2	80.5	77.1	73.8
	Number of E.Coli bacteraemia cases (Hospital)		Jan-22	7							6	6	9	12	11	5	8	9	9	7	5	5	7
	Number of E.Coli bacteraemia cases (Community)		Jan-22	8							12	11	19	20	15	23	15	25	12	12	17	12	8
	Total number of E.Coli bacteraemia cases		Jan-22	15							18	17	28	32	26	28	23	34	21	19	22	17	15
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jan-22	36.3	<20		✗	26.72 (Oct-21)	6th (Oct-21)		31.6	31.4	31.6	40.5	44.5	37.0	36.0	35.5	38.3	40.6	37.2	36.0	36.3
	Number of S.aureus bacteraemias cases (Hospital)		Jan-22	2							5	7	4	4	5	5	7	8	13	11	1	5	2
	Number of S.aureus bacteraemias cases (Community)		Jan-22	10							4	2	7	9	10	2	4	4	4	7	3	4	10
	Total number of S.aureus bacteraemias cases		Jan-22	12							9	9	11	13	15	7	11	12	17	18	4	9	12
	Cumulative cases of C.difficile per 100k pop		Jan-22	50.3	<25		✗	37.49 (Oct-21)	6th (Oct-21)		42.0	41.5	41.1	62.3	49.1	46.2	52.0	55.0	53.2	52.9	53.3	51.3	50.3
	Number of C.difficile cases (Hospital)		Jan-22	11							3	9	7	15	7	6	16	20	9	10	10	11	11
	Number of C.difficile cases (Community)		Jan-22	3							0	2	5	5	5	6	7	2	5	5	10	1	3
	Total number of C.difficile cases		Jan-22	14							3	11	12	20	12	12	23	22	14	15	20	12	14
	Cumulative cases of Klebsiella per 100k pop		Jan-22	25.3							26.4	25.8	26.2	28.1	21.5	26.7	0.0	22.6	24.5	27.1	26.5	26.5	25.3
	Number of Klebsiella cases (Hospital)		Jan-22	5							8	4	1	4	3	5	2	4	8	8	2	6	5
	Number of Klebsiella cases (Community)		Jan-22	0							5	2	9	5	2	7	1	4	3	5	5	3	0
	Total number of Klebsiella cases		Jan-22	5				64 (Oct-21)	6th (Oct-21)		13	6	10	9	5	12	3	8	11	13	7	9	5
	Cumulative cases of Aeruginosa per 100k pop		Jan-22	5.8							5.2	5.1	4.9	9.4	6.1	6.2	0.0	5.5	5.6	4.8	5.4	6.1	5.8
	Number of Aeruginosa cases (Hospital)		Jan-22	1							0	0	0	2	0	1	0	1	2	0	3	3	1
	Number of Aeruginosa cases (Community)		Jan-22	0							1	1	1	1	1	1	1	1	0	0	0	1	0
	Total number of Aeruginosa cases		Jan-22	1				22 (Oct-21)	1st (Oct-21)		1	1	1	3	1	2	1	2	2	0	3	4	1
Serious Incidents and risks	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jan-22	94.7%		95%	✓				95%	93%	97%	96%	98%	96%	95%	95%	96%	97%	92%	96%	95%
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Jan-22	25.0%	90%	80%	✗				0%	10%	0%	0%	0%	0%	33%	0%	-	0%	0%	0%	25%
	Number of new Never Events	National	Jan-22	0	0	0	✓				0	0	0	0	0	1	0	0	0	0	1	0	0
	Number of risks with a score greater than 20	Local	Jan-22	34		12 month ↓	✓				148	140	142	132	127	113	104	105	114	118	121	35	34
Pressure Ulcers	Number of risks with a score greater than 16	Local	Jan-22	60		12 month ↓	✓				242	233	230	217	224	219	221	220	240	235	238	60	60
	Number of pressure ulcers acquired in hospital	Local	Dec-21	56		12 month ↓	✗				51	48	36	59	53	53	58	53	65	42	43	56	
	Number of pressure ulcers developed in the community		Dec-21	55		12 month ↓	✗				25	24	26	31	20	21	33	34	39	32	31	55	
	Total number of pressure ulcers		Dec-21	111		12 month ↓	✗				76	72	62	90	73	74	91	87	104	74	74	111	
	Number of grade 3+ pressure ulcers acquired in hospital		Dec-21	4		12 month ↓	✗				2	3	1	4	1	2	3	2	1	1	2	4	
	Number of grade 3+ pressure ulcers acquired in community		Dec-21	14		12 month ↓	✗				5	4	2	10	2	4	2	8	6	7	8	14	
Inpatient Falls	Total number of grade 3+ pressure ulcers		Dec-21	18		12 month ↓	✗				7	7	3	14	3	6	5	10	7	8	10	18	
Inpatient Falls	Number of Inpatient Falls	Local	Jan-22	196		12 month ↓	✗				203	177	171	176	228	174	193	198	207	240	213	208	196

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Dec-21	96%	95%	95%	✓				100.0%	100.0%	97.6%	99.3%	98.0%	98.6%	97.6%	93.0%	98.0%	96.8%	98.5%	96.1%	
	Stage 2 mortality reviews required	Local	Dec-21	7							19	6	11	5	18	12	7	17	10	16	10	7	
	% stage 2 mortality reviews completed	Local	Sep-21	81.82%		100%	✗				36.8%					25.0%	42.9%	50.0%	81.8%				
	Crude hospital mortality rate (74 years of age or less)	National	Dec-21	0.95%	12 month ↓			1.35% (Sep-21)	4th (Sep-21)		1.14%	1.17%	1.17%	1.04%	1.04%	1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jan-22	93%		98%	✗				95.0%	96.3%	93.5%	97.4%	98.9%	95.0%	89.7%	91.7%	91.6%	93.8%	92.2%	89.1%	93.4%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Dec-21	84%	95%	95%	✗				95%	96%	96%	96%	96%	89%	90%	94%	90%	92%	76%	84%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Jan-22	61%		100%	✗				67%	63%	64%	63%	67%	69%	62%	62%	68%	61%	63%	62%	61%
Work force	Agency spend as a % of the total pay bill	National	Aug-21	3.90%	12 month ↓			4.1% (May-21)	5th out of 10 organisations		6.2%	4.9%	5.7%	4.4%	3.3%	4.4%	5.1%	3.9%					
	Overall staff engagement score – scale score method	National	2020	75%	Improvement			75% (2020)	6th out of 10 organisations		2020 = 75%												
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jan-22	56%	85%	85%	✗	60.0% (May-21)	8th out of 10 organisations (May-21)		52%	51%	53%	57%	60%	65%	60%	60%	58%	56%	55%	57%	56%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Jan-22	80%	85%	85%	✗	78.8% (May-21)	6th out of 10 organisations		80%	80%	80%	80%	80%	81%	81%	81%	80%	80%	80%	80%	80%
	% workforce sickness absence (12 month rolling)	National	Dec-21	7.33%	12 month ↓			5.68% (May-21)	9th out of 10 organisations		7.57%	7.56%	7.44%	7.12%	6.93%	6.91%	6.99%	7.11%	7.29%	7.44%	7.44%	7.33%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2020	67.1%	Improvement			67.8% (2020)	7th out of 10 organisations		2020 = 67.1%												

Harm from reduction in non-Covid activity																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Dec-21	11.1%	4 quarter ↓			21.8% (Q3 20/21)	1st (Q3 20/21)		5.9%	5.3%	6.6%	7.8%	9.0%	10.2%	11.4%	11.0%	11.5%	11.4%	10.5%	11.1%		
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jan-22 (Draft)	43.0%	12 month ↑			59.0% (Sep-21)	2nd out of 6 organisations (Sep-21)		67.9%	56.4%	71.6%	65.7%	65.4%	66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	43.0%	
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Jan-22	48%	80%		✗				45%	35%	42%	37%	40%	31%	60%	57%	58%	37%	30%	37%	48%	
	Scheduled (28 Day Target)	Local	Jan-22	82%	100%		✗				82%	80%	85%	77%	87%	70%	84%	91%	89%	84%	61%	78%	82%	
	Urgent SC (7 Day Target)	Local	Jan-22	57%	80%		✗				50%	23%	41%	38%	50%	45%	46%	55%	22%	30%	60%	37%	57%	
	Urgent SC (14 Day Target)	Local	Jan-22	97%	100%		✗				94%	91%	90%	83%	86%	87%	77%	95%	76%	90%	100%	87%	97%	
	Emergency (within 1 day)	Local	Jan-22	100%	80%		✓				100%	100%	100%	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Emergency (within 2 days)	Local	Jan-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Elective Delay (21 Day Target)	Local	Jan-22	90%	80%		✓				69%	61%	86%	82%	81%	91%	90%	94%	81%	89%	79%	92%	90%	
Elective Delay (28 Day Target)	Local	Jan-22	94%	100%		✗				89%	75%	93%	92%	84%	95%	97%	97%	97%	94%	86%	100%	94%		
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jan-22	6267	0			48,408 (Sep-21)	2nd (Sep-21)		6,239	5,087	4,554	4,804	4,842	5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267	
	Number of patients waiting > 14 weeks for a specified therapy	National	Jan-22	1028	0			5,798 (Sep-21)	2nd (Sep-21)		584	491	369	201	166	171	151	186	320	414	629	885	1,028	
	% of patients waiting < 26 weeks for treatment	National	Jan-22	50%	95%			54.9% (Sep-21)	6th (Sep-21)		47.0%	47.9%	48.8%	49.1%	49.1%	50.7%	51.5%	51.9%	52.0%	51.6%	51.3%	50.5%	50.4%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jan-22	25588	0						21,208	21,225	21,750	22,752	23,700	23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588	
	Number of patients waiting > 36 weeks for treatment	National	Jan-22	38117	0			240,306 (Sep-21)	3rd (Sep-21)		33,991	32,719	32,874	33,395	34,447	35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117	
	The number of patients waiting for a follow-up outpatient appointment	National	Jan-22	131,848	HB target TBC			779,662 (Oct-21)	5th (Oct-21)		119,999	120,882	121,403	122,303	123,088	127,444	130,208	127,391	130,963	131,554	129,255	131,403	131,848	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jan-22	32,521				199,698 (Oct-21)	5th (Oct-21)		28,419	28,862	29,316	29,334	30,062	30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521	
% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Jan-22	48%	95%			63.2% (Oct-21)	6th (Oct-21)		46.7%	47.4%	47.7%	47.2%	46.7%	46.7%	46.3%	46.1%	47.9%	48.6%	49.2%	48.7%	48.3%		
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jan-22	6.3%	12 month ↓						7.1%	6.2%	5.6%	5.3%	5.7%	6.5%	6.5%	6.4%	7.2%	7.7%	7.0%	6.3%	6.3%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Jan-22	6.6%	12 month ↓						7.1%	6.2%	6.7%	6.1%	6.9%	5.5%	7.5%	7.5%	7.6%	7.8%	7.0%	6.4%	6.6%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Jan-22	74%		90%	✗				65%	73%	75%	80%	78%	77%	72%	69%	72%	66%	67%	62%	74%	
	% of theatre sessions starting late	Local	Jan-22	43%		<25%	✗				40%	42%	40%	38%	43%	43%	44%	44%	42%	46%	43%	40%	43%	
	% of theatre sessions finishing early	Local	Jan-22	48%		<20%	✗				44%	44%	48%	41%	45%	43%	48%	46%	46%	50%	48%	48%	48%	
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200							1,200													
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMMSG appraisals	National	Q1 21/22	99.0%	100%	100%	✗	98.6% (Q1 21/22)	3rd out of 6 organisations (Q1 21/22)				98.9%			99.0%								
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q1 21/22	249.7	4 quarter ↓			227.5 (Q2 21/22)	6th (Q2 21/22)				236.2			249.7								
	Patients aged 65 years or over prescribed an antipsychotic	National	Q1 21/22	1,641	Quarter on quarter ↓			10,221 (Q1 21/22)	5th (Q1 21/22)				1,442			1,641								
	Opioid average daily quantities per 1,000 patients	National	Q1 20/21	4,378	4 quarter ↓			4462.6 (Q1 21/22)	3rd (Q1 21/22)				4360.2			4,378.2								
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q1 21/22	79.9%	Quarter on quarter ↑			87.7% (Q1 21/22)	5th (Q1 21/22)				80.10%			79.9%								
	Number of friends and family surveys completed	Local	Jan-22	3,395		12 month ↑	✓				678	798	1,050		4,590	3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395	
	% of who would recommend and highly recommend	Local	Jan-22	92%		90%	✓				79%	85%	87%		96%	97%	92%	92%	92%	92%	94%	93%	92%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jan-22	93%		90%	✓				81%	94%	93%		92%	96%	95%	92%	96%	93%	93%	96%	93%	
Complaints	Number of new formal complaints received	Local	Nov-21	159		12 month trend ↓	✗				78	94	117	100	115	159	139	115	115	134	159			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Nov-21	69%	75%	80%	✗	71.9% (Q3 20/21)	2nd (Q3 20/21)		71%	80%	81%	78%	78%	68%	69%	83%	75%	67%	69%			
	% of acknowledgements sent within 2 working days	Local	Nov-21	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			

Harm from wider societal actions/lockdown																															
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22								
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2020/21	35.6%	Annual ↑			36.8% (2020/21)	5th (2020/21)		2020/21 = 35.6%																				
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 21/22	96.2%	95%			95.3% (Q1 21/22)	3rd (Q1 21/22)		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% (Q1 21/22)	4th (Q1 21/22)		92.4%					91.1%			89.8%												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q2 21/22	362.2	4 quarter ↓			356.6 (Q4 20/21)	2nd (Q4 20/21)		322.1					370.7			362.2												
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q2 21/22	73.7%	4 quarter ↑			70.3% (Q2 21/22)	4th (Q2 21/22)		45.5%					31.8%			73.7%												
Influenza	% uptake of influenza among 65 year olds and over	National	Jan-22	78.2%	75%			76.5% (Mar-21)	4th (Mar-21)		75.2%	75.4%	75.5%	Data collection restarts October 2021						58.7%	74.8%	76.9%	78.2%								
	% uptake of influenza among under 65s in risk groups	National	Jan-22	47.3%	55%			51.07% (Mar-21)	5th (Mar-21)		48.7%	49.4%	49.4%							26.0%	40.8%	44.9%	47.3%								
	% 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 not available											
	% uptake of influenza among children 2 to 3 years old	Local	Jan-22	43.2%	50%			56.3% (Mar-21)	5th (Mar-21)		53.2%	53.4%	53.4%							22.0%	37.7%	41.5%	43.2%								
	% uptake of influenza among healthcare workers	National	Jan-22	52.7%	60%			58.7% (2019/20)	7th out of 10 organisations (2019/20)		63.4%	63.4%	63.4%							48.6%	50.8%	52.7%	52.7%								
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Dec-21	100%		100%	✔				100%	100%	100%	100%	93%	94%	79%	100%	95%	97%	97%	100%									
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Dec-21	37%	80%	80%	✘	35.4 (Sep-21)	6th (Sep-21)		24%	28%	30%	30%	33%	32%	34%	27%	34%	34%	37%	37%									
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Dec-21	22%	80%	80%	✘	27.9% (Oct-21)	4th (Oct-21)		53%	66%	63%	60%	61%	58%	41%	48%	40%	40%	34%	22%									
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Dec-21	43%		80%	✘	44.2% (Sep-21)	2nd (Sep-21)		29%	97%	46%	0%	0%	0%	29%	37%	89%	65%	36%	43%									
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Dec-21	50%		80%	✘	45.7% (Sep-21)	4th (Sep-21)		93%	97%	91%	49%	67%	1%	100%	82%	35%	0%	64%	50%									
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Dec-21	2%		80%	✘				60%	56%	53%	48%	53%	44%	29%	32%	41%	3%	3%	2%									
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Dec-21	84%		90%	✘	89.3% (Sep-21)	5th (Sep-21)		83%	84%	82%	82%	83%	81%	81%	65%	84%	84%	84%	84%									
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Dec-21	95%	80%	80%	✔	65.4% (Sep-21)	1st (Sep-21)		96%	98%	97%	97%	98%	99%	98%	100%	96%	98%	98%	95%									
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Dec-21	100%	80%	80%	✔	75.0% (Sep-21)	4th (Sep-21)		95%	98%	97%	92%	96%	99%	97%	100%	90%	98%	96%	100%									
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Dec-21	100%	95%	95%	✔	72.2% (Sep-21)	1st (Sep-21)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%									
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Dec-21	80%	90%	90%	✘	85.8% (Sep-21)	6th (Sep-21)		91%	91%	91%	91%	92%	88%	88%	84%	84%	83%	81%	80%									
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)		2020/21 = 2.96																				
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)																						