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Health Board



<b>Meeting Date</b>	<b>29<sup>th</sup> March 2022</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Quality &amp; Safety Performance Report</b>		
<b>Report Author</b>	Meghann Protheroe, Head of Performance		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance and Performance		
<b>Presented by</b>	Darren Griffiths, Director of Finance and Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	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.		
<b>Key Issues</b>	<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><b>Key high level issues to highlight this month are as follows:</b></p> <p><b>2021/22 Delivery Framework</b></p>		

	<p><b>COVID19-</b> The number of new cases of COVID19 has seen a significant reduction in February 2022, with 4,209 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 remain high for Covid positive patients utilising general beds.</p> <p><b>Unscheduled Care-</b> 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 February 2022 to 9,275 from 9,137 in January 2022. The Health Board's performance against the 4-hour measure deteriorated slightly from 72.59% in January 2022 to 72.32% in February 2022. The number of patients waiting over 12 hours in Accident and Emergency (A&amp;E) decreased from 1,142 in January 2022 to 1,105 in February 2022.</p> <p><b>Planned Care-</b> February 2022 saw a 0.26% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment. Additionally, the number of patients waiting over 36 weeks reduced by 0.5% to 37,920. 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 February 2022 saw a 6% increase (12,689) on those seen in January 2022. Therapy waiting times have reduced in February 2022 to 926 from 1,028 in January 2022.</p> <p><b>Cancer-</b> January 2022 saw 54% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). The backlog of patients waiting over 63 days has reduced significantly in February 2022 to 525.</p> <p><b>Mental Health-</b> performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in January 2022. Psychological therapies within 26 weeks continue to be maintained at 100%.</p> <p><b>Child and Adolescent Mental Health Services (CAMHS)-</b>Access times for crisis performance has been maintained at 100% January 2022. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance deteriorated to 33% in January 2022 against a target of 80%.</p> <p><b>Serious Incidents closures-</b> In February 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 0%, 1 SI was due for closure in February 2022, which was not finalised due to the relevant scrutiny panel being unable to meet in the allocated time.</p>
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	<b>Patient Experience-</b> 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. February 2022 data is included in this report showing 92% satisfaction through 3,099 surveys completed.			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE-</b> current Health Board performance against key measures and targets.</li> </ul>			

# 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"> <li><b>Long term</b> – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.</li> </ul>		

- **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.

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



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# Appendix 1- Quality & Safety Performance Report

## March 2022





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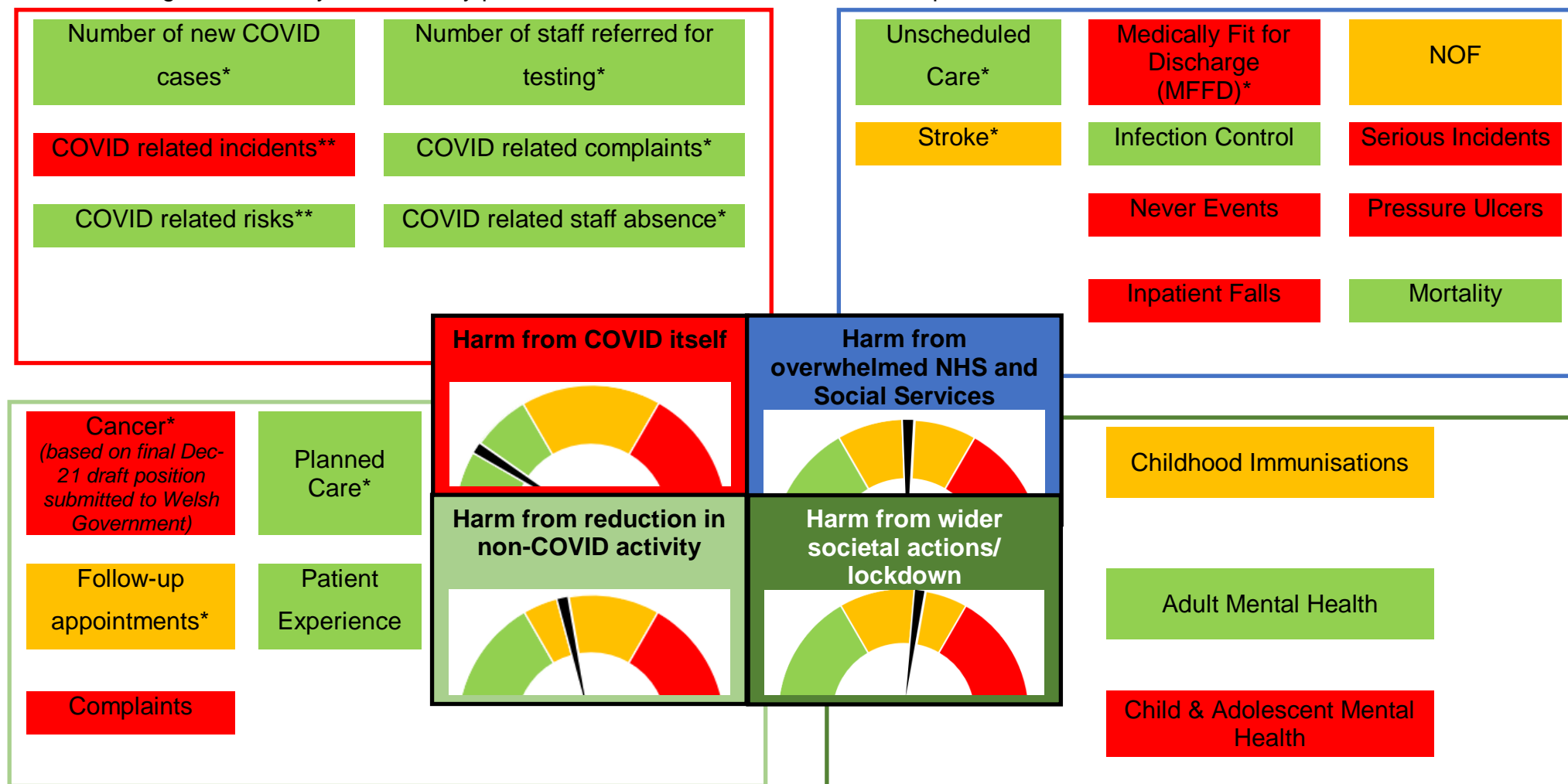
## 1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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 January 2022. 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 January 2022.
- 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 February 2022 to 9,275 from 9,137 in January 2022. The Health Board's performance against the 4-hour measure deteriorated slightly from 72.59% in January 2022 to 72.32% in February 2022. The number of patients waiting over 12 hours in Accident and Emergency (A&E) decreased from 1,142 in January 2022 to 1,105 in February 2022.
- Planned care system is still challenging and February 2022 0.26% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment. Additionally, the number of patients waiting over 36 weeks reduced by 0.5% to 37,920. 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 February 2022 saw a 6% increase (12,689) on those seen in January 2022. Therapy waiting times have reduced in February 2022 to 926 from 1,028 in January 2022.
- January 2022 saw 54% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). The backlog of patients waiting over 63 days has reduced significantly in February 2022 to 525.
- Concern response performance was below the Welsh Government target in December 2021, reporting 68% compliance against the 75% target.
- The number of formal complaints received in December 2021 was 115 which is a 39% reduction on the number seen in November 2021.
- Health Board Friends & Family patient satisfaction level in February 2022 was 92% and 3,099 surveys were completed.
- There were two Serious Incidents (SI's) reported to Welsh Government in February 2022.
- There were two Never events reported for February 2022.
- Fractured Neck of Femur performance in January 2022 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

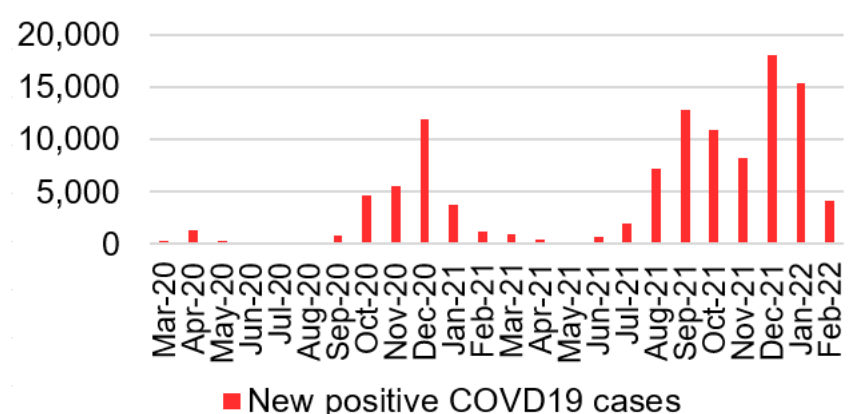
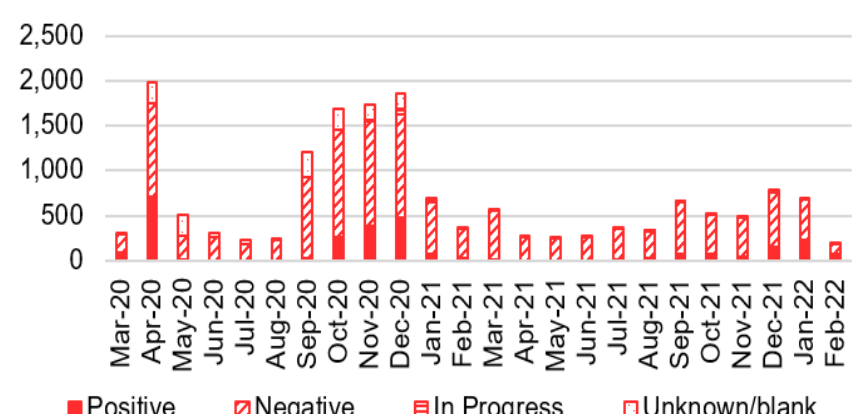
\*RAG status The based on in-month movement in the absence of local profiles

### 3. HARM QUADRANT- HARM FROM COVID ITSELF

#### Overview

		Harm quadrant- Harm from Covid itself															
Measure	Locality	National/ Local Target	Internal profile	Trend	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Number of new COVID19 cases*	HB Total				1,208	907	406	189	708	1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209
Number of staff referred for Antigen Testing	HB Total				366	568	274	267	281	367	406	673	524	494	787	691	200
Number of staff awaiting results of COVID19 test*	HB Total				69 (as at 06/03/21)	2 (as at 11/04/21)	0	0	0	0	0	0	0	0	0	0	0
Number of COVID19 related incidents*	HB Total				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				
Number of COVID19 related complaints*	HB Total				131	98	38	13	16	4	6	3	4	14	20	4	4
Number of COVID19 related risks*	HB Total				3	3	2	2	1	1	1	0	0				
Number of staff self isolated (asymptomatic)*	Medical				2	3	2	1	3	7	5	20	13	6	0	11	1
	Nursing Registered				40	32	28	18	21	19	35	67	38	20	46	31	15
	Nursing Non Registered				33	35	25	20	18	24	21	43	28	12	37	13	18
	Other				85	75	29	22	28	21	54	97	41	27	43	32	9
Number of staff self isolated (symptomatic)*	Medical				5	1	1	1	2	3	7	15	10	5	3	17	13
	Nursing Registered				52	44	39	33	23	28	36	57	51	34	166	104	66
	Nursing Non Registered				49	29	24	20	18	18	27	44	34	20	94	79	45
	Other				50	34	23	17	7	18	44	88	85	61	130	109	80
% sickness*	Medical				0.7%	0.4%	0.3%	0.2%	0.5%	0.9%	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%
	Nursing Registered				2.3%	1.9%	1.6%	1.2%	1.1%	1.4%	1.8%	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%
	Nursing Non Registered				3.9%	3.1%	2.4%	1.9%	1.8%	1.8%	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%	3.1%
	Other				2.2%	1.7%	0.8%	0.6%	0.6%	0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%
	All				2.4%	1.9%	1.3%	1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%

### 3.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p><i>1. Number of new COVID19 cases in Swansea Bay population area</i></p>	<p><b>1. Number of new COVID cases</b></p> <p>In February 2022, there were an additional 4,209 positive cases recorded bringing the cumulative total to 111,163 in Swansea Bay since March 2020. Positive cases are now on a significant downward trend since the peak of the Omicron variant.</p>	<p><b>1.Number of new COVID19 cases for Swansea Bay population</b></p>  <p>■ New positive COVID19 cases</p>
	<p><b>4. Staff referred for Antigen testing</b></p> <p>The cumulative number of staff referred for COVID testing between March 2020 and February 2022 is 16,647 of which 17% have been positive (Cumulative total).</p>	<p><b>2.Outcome of staff referred for Antigen testing</b></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 January 2022 and February 2022, the number of staff self-isolating (asymptomatic) reduced from 87 to 43 and the number of staff self-isolating (symptomatic) reduced from 309 to 204. In February 2022, the non-registered nursing staff group had the largest number of self-isolating staff who are asymptomatic and the “other” staff group were the largest group of symptomatic staff who were isolating.																																																																																																																				
	2.Number of staff self isolating (symptomatic)																																																																																																																					
	3.% staff sickness	3. % Staff sickness The percentage of staff sickness absence due to COVID19 has decreased from 3% in January 2022 to 1.8% in February 2022.																																																																																																																				
		<div>1.Number of staff self isolating (asymptomatic)</div> <div>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</div> <div>2.Number of staff self isolating (symptomatic)</div> <div>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</div> <div>3.% staff sickness</div> <table><tr><th></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><th>Feb-22</th></tr><tr><td>Medical</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><td>1.5%</td></tr><tr><td>Nursing Reg</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><td>2.0%</td></tr><tr><td>Nursing Non Reg</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><td>3.1%</td></tr><tr><td>Other</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><td>1.4%</td></tr><tr><td>All</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><td>1.8%</td></tr></table>																Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Medical	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%	1.5%	Nursing Reg	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%	2.0%	Nursing Non Reg	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%	3.1%	Other	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%	1.4%	All	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%	1.8%
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22																																																																																																						
Medical	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%	1.5%																																																																																																						
Nursing Reg	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%	2.0%																																																																																																						
Nursing Non Reg	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%	3.1%																																																																																																						
Other	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%	1.4%																																																																																																						
All	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%	1.8%																																																																																																						

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

### 4.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend													
					Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Unscheduled Care																	
Number of ambulance handovers over one hour*	Morriston	0			215	225	332	462	528	607	711	622	633	655	591	724	657
	Singleton				4	6	5	15	19	9	15	20	15	15	21	11	21
	Total				219	231	337	477	547	616	726	642	648	670	612	735	678
% 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%			61.0%	67.7%	62.8%	61.7%	59.0%	61.5%	62.3%	59.7%	58.8%	60.0%	58.5%	58.5%	58.8%
	NPTH				99.7%	98.5%	99.2%	99.0%	97.7%	97.8%	99.4%	98.3%	99.4%	99.0%	94.9%	96.8%	97.2%
	Total				71.3%	76.9%	74.9%	73.4%	72.4%	74.7%	75.0%	73.1%	72.0%	73.5%	70.2%	72.6%	72.3%
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			534	457	630	684	879	1,013	1,059	1,250	1,275	1,054	1,100	1,139	1,104
	NPTH				0	0	1	0	1	1	1	0	1	1	1	3	1
	Total				534	457	631	684	880	1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morriston	53.8% (UK SNAP average)			18.2%	20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%
	Total				18.2%	20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%
	Morriston				30.6%	40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%
% of patients who receive a CT scan within 1 hour*	Total	54.5% (UK SNAP average)			30.6%	40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%
	Morriston				97.2%	100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%
	Total				97.2%	100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	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			0.0%	55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%
	Total				0.0%	55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%
	Morriston				61.2%	55.9%	47.1%	39.7%	41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%
% of patients receiving the required minutes for speech and language therapy																	
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	75%			87.6%	88.3%	89.7%	90.7%	91.0%	90.5%	88.2%	87.3%	88.0%	88.7%	88.4%	88.8%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	75%			56.3%	56.2%	56.6%	57.2%	60.0%	59.5%	59.4%	58.4%	57.7%	57.1%	56.5%	51.0%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	75%			71.2%	70.5%	70.4%	70.1%	71.0%	71.2%	69.8%	69.4%	69.9%	70.3%	70.1%	69.7%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after	Morriston	75%			74.1%	74.6%	75.4%	75.9%	76.0%	75.7%	74.4%	72.6%	71.1%	71.2%	70.7%	71.7%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	75%			75.2%	75.3%	75.4%	75.9%	76.0%	76.8%	77.7%	76.1%	76.8%	77.0%	76.2%	76.4%	
Return to original residence - % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	75%			74.3%	70.7%	70.2%	71.3%	73.0%	68.4%	67.7%	66.1%	70.4%	69.8%	69.6%		
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morriston	12 month improvement trend			70.7%												
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			70.7%	59.6%	71.1%	72.1%	78.3%	84.8%	86.7%	72.2%	77.8%	52.4%			



Measure	Locality	National/ Local Target	Internal profile	Trend					SBU								
					Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
					Healthcare Acquired Infections												
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	12		11	19	20	15	23	15	25	12	12	17	12	8	17
	PCCS Hospital		0		0	0	0	1	0	0	0	1	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		3		3	5	5	8	2	3	4	5	5	3	2	4	9
	NPTH		0		0	1	2	2	1	3	2	2	1	0	0	1	0
	Singleton		2		3	3	5	0	2	2	3	1	1	2	3	2	0
	Total		17		17	28	32	26	28	23	34	21	19	22	17	15	26
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	3		2	7	9	10	2	4	4	4	7	3	4	10	2
	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
	Morriston		3		4	2	2	1	3	3	4	8	9	0	5	2	5
	NPTH		0		0	0	0	0	0	0	0	1	0	0	0	0	0
	Singleton		2		3	2	2	4	2	4	4	4	2	1	0	0	1
	Total		8		9	11	13	15	7	11	12	17	18	4	9	12	8
Number of C.difficile cases	PCCS Community	12 month reduction trend	3		2	5	5	5	6	7	2	5	5	10	1	3	5
	PCCS Hospital		0		0	0	0	0	0	1	0	0	0	0	0	0	1
	MH&LD		0		0	0	0	0	0	0	0	0	1	0	0	0	0
	Morriston		4		5	3	10	5	3	7	10	6	7	6	9	8	6
	NPTH		1		2	1	1	1	1	0	1	0	0	0	0	1	0
	Singleton		2		2	3	4	1	2	8	9	3	3	3	2	2	1
	Total		10		11	12	20	12	12	23	22	14	15	20	12	14	13
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		2	9	5	2	7	1	4	3	5	5	3	0	1
	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
	Morriston		2		2	0	3	2	1	2	4	6	6	1	4	2	3
	NPTH		1		1	0	1	0	0	0	0	0	0	0	0	1	0
	Singleton		1		1	1	0	1	4	0	0	2	2	1	2	2	0
	Total		7		6	10	9	5	12	3	8	11	13	7	9	5	4
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		1	1	1	1	1	1	1	0	0	0	1	0	1
	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
	Morriston		0		0	0	2	0	1	0	0	2	0	2	2	1	2
	NPTH		0		0	0	0	0	0	0	0	0	0	0	1	0	0
	Singleton		0		0	0	0	0	0	0	1	0	0	1	0	0	0
	Total		1		1	1	3	1	2	1	2	2	0	3	4	1	3
Compliance with hand hygiene audits	PCCS	95%		100.0%	100.0%	96.3%	-	100.0%	100.0%	100.0%	100.0%	-	100.0%	95.8%	94.7%	95.8%	
	MH&LD			97.4%	96.7%	98.1%	99.6%	98.3%	95.9%	99.4%	98.3%	96.0%	90.3%	94.9%	95.5%	92.3%	
	Morriston			92.8%	96.3%	95.8%	99.2%	94.5%	93.8%	93.5%	99.0%	97.9%	95.5%	96.1%	93.4%	100.0%	
	NPTH			100.0%	100.0%	100.0%	90.0%	95.0%	93.3%	89.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Singleton			88.5%	95.5%	100.0%	93.8%	93.9%	94.1%	92.0%	90.0%	97.0%	87.8%	-	-	-	
	Total			92.8%	97.0%	96.3%	98.3%	96.0%	94.9%	94.9%	96.0%	97.1%	92.2%	95.0%	95.0%	95.0%	

Measure	Locality	National/ Local Target	Internal profile	Trend					SBU								
					Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
		Serious Incidents & Risks															
Number of Serious Incidents	PCCS	12 month reduction trend			2	1	2	3	1	0	1	0	0	1	0	4	0
	MH&LD				1	1	1	0	2	0	0	1	0	0	0	0	
	Morrison				1	2	0	2	1	1	0	2	0	6	0	0	2
	NPTH				0	0	0	0	0	0	0	1	1	0	0	1	0
	Singleton				1	0	1	1	2	1	4	2	2	1	2	0	0
	Total				5	4	4	6	6	1	5	5	4	8	2	5	2
Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Total	90%		10%	0%	0%	0%	0%	33%	0%	-	0%	0%	0%	25%	0%	
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	0
	Morrison				0	0	0	0	1	0	0	0	0	1	0	0	2
	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	1	0	0	0	0	1	0	0	2
		Pressure Ulcers															
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			24	26	31	20	21	33	34	39	32	31	55	27	
	PCCS Hospital				0	0	0	0	0	0	1	0	0	0	0	0	
	MH&LD				1	0	0	2	0	3	1	1	0	0	1	0	
	Morrison				26	24	25	30	25	37	32	47	32	27	42	40	
	NPTH				4	3	3	2	3	2	5	0	1	3	0	3	
	Singleton				17	9	31	19	25	16	14	17	9	13	13	22	
	Total				72	62	90	73	74	91	87	104	74	74	111	92	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			4	2	10	2	4	2	8	6	7	8	14	1	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	1	0	0	0	0	
	Morrison				2	1	1	0	0	3	1	0	1	1	2	6	
	NPTH				0	0	1	0	0	0	1	0	0	0	0	0	
	Singleton				1	0	2	1	2	0	0	0	0	1	2	3	
	Total				7	3	14	3	6	5	10	7	8	10	18	10	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend		951	533	896	756	723	853	767	955	613	616	857	1,018		

Measure	Locality	National/ Local Target	Internal profile	Trend					SBU								
					Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
		Inpatient Falls															
Total number of Inpatient Falls	PCCS	12 month reduction trend			10	4	12	5	8	6	6	8	4	6	8	6	4
	MH&LD				27	22	18	42	24	32	40	25	28	36	37	29	28
	Morrison				67	84	81	105	69	66	73	96	114	91	91	93	86
	NPTH				30	28	31	34	32	41	31	25	35	27	38	26	34
	Singleton				42	33	34	42	41	48	48	53	58	53	33	42	46
	Total				177	171	176	228	174	193	198	207	240	213	208	196	199
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			5.40	4.62	4.85	5.94	4.50	4.88	4.95	5.18	5.81	5.35	5.28	4.81	5.37
		Mortality															
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			100%	98%	99%	98%	98%	97%	90%	97%	96%	99%	96%	96%	
	Singleton				100%	100%	100%	100%	100%	100%	100%	100%	100%				
	NPTH				100%	86%	100%	88%	100%	100%	100%	100%	80%	88%	100%	100%	
	Total				100%	98%	99%	98%	99%	98%	93%	98%	97%	99%	96%	96%	
Stage 2 mortality reviews completed within 60 days	Morrison	95%			100%	86%	50%	38%	33%	50%	60%	78%	83%				
	Singleton				100%	67%	-	25%	0%	0%	0%	100%	50%				
	NPTH				-	100%	100%	100%	0%	-	0%	-	-				
	Total				100%	82%	60%	39%	25%	43%	50%	82%	75%				
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			2.05%	2.04%	1.80%	1.76%	1.71%	1.73%	1.70%	1.72%	1.71%	1.76%	1.59%	1.52%	
	Singleton				0.57%	0.56%	0.50%	0.52%	0.52%	0.52%	0.53%	0.53%	0.54%	0.50%	0.53%	0.58%	
	NPTH				0.18%	0.17%	0.15%	0.15%	0.13%	0.12%	0.23%	0.11%	0.10%	0.09%	0.08%	0.06%	
	Total (SBU)				1.17%	1.17%	1.04%	1.04%	1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	

## 4.2 Updates on key measures

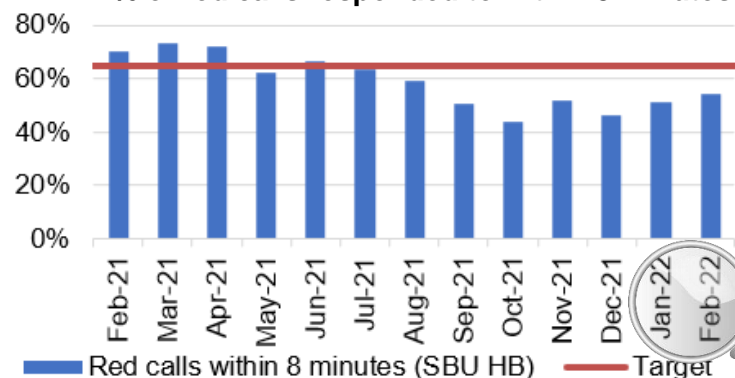
### UNSCHEDULED CARE

#### Current Performance

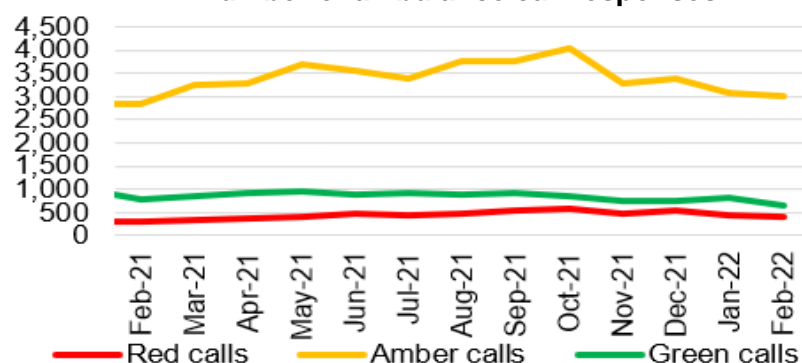
In February 2022, the number of red calls responded to within 8 minutes saw an in-month increase to 54.3%. In February 2022, the number of green calls decreased by 17%, amber calls decreased by 2%, and red calls decreased by 9% compared with January 2022, this noticeable reduction is supporting the response compliance

#### Trend

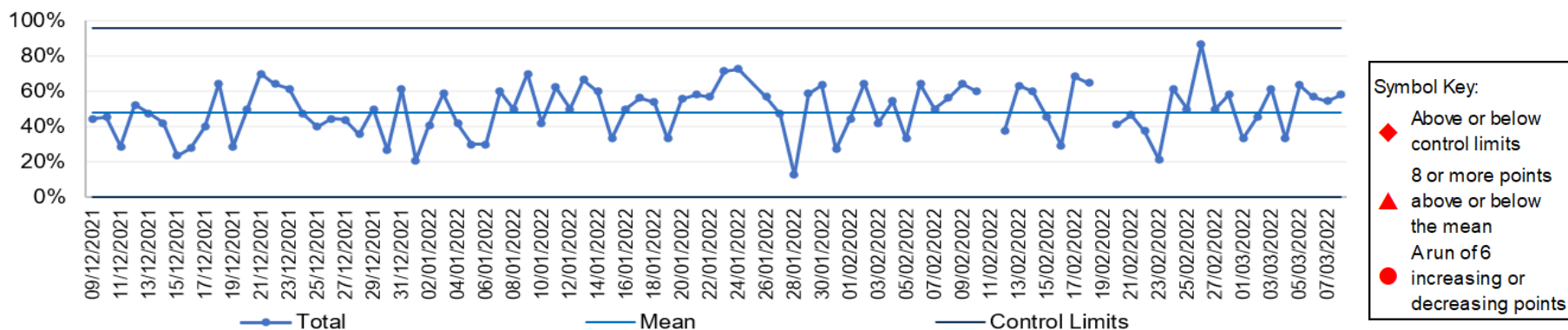
1. % of red calls responded to within 8 minutes



2. Number of ambulance call responses



3. % of red calls responded to within 8 minutes – HB total last 90 days



## UNSCHEDULED CARE

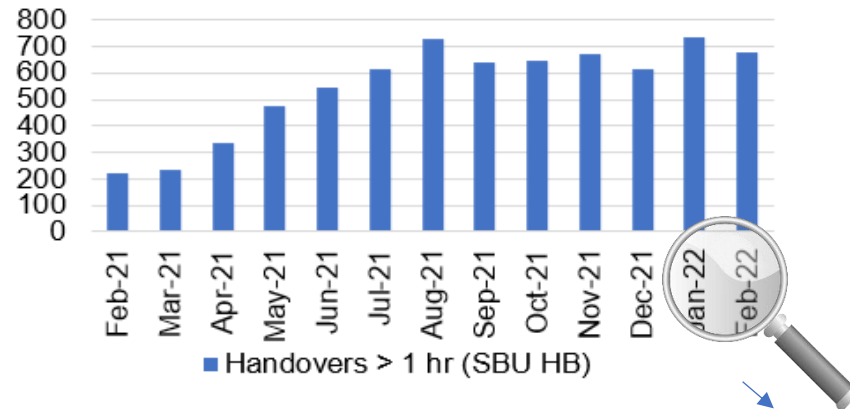
### Current Performance

In February 2022, there were 678 ambulance to hospital handovers taking over 1 hour; this is a steady deterioration in performance compared with 219 in February 2021. In February 2022, 657 handovers over 1 hour were attributed to Morriston Hospital and 21 were attributed to Singleton Hospital.

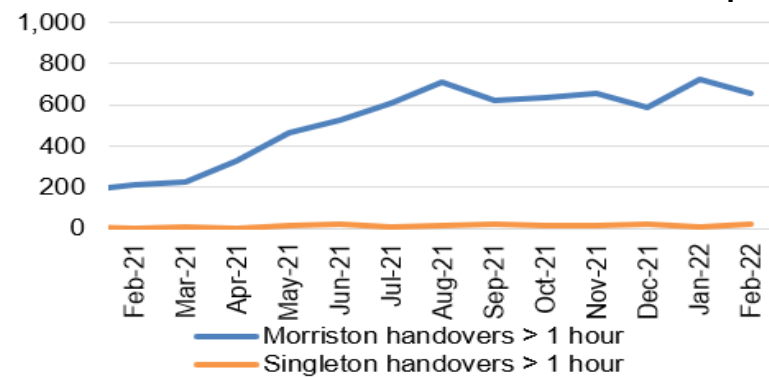
The number of handover hours lost over 15 minutes have decreased slightly from 3,390 in January 2022 to 3,110 in February 2022 – this reduction could be a result of the number of ambulance calls received in February 2022.

### Trend

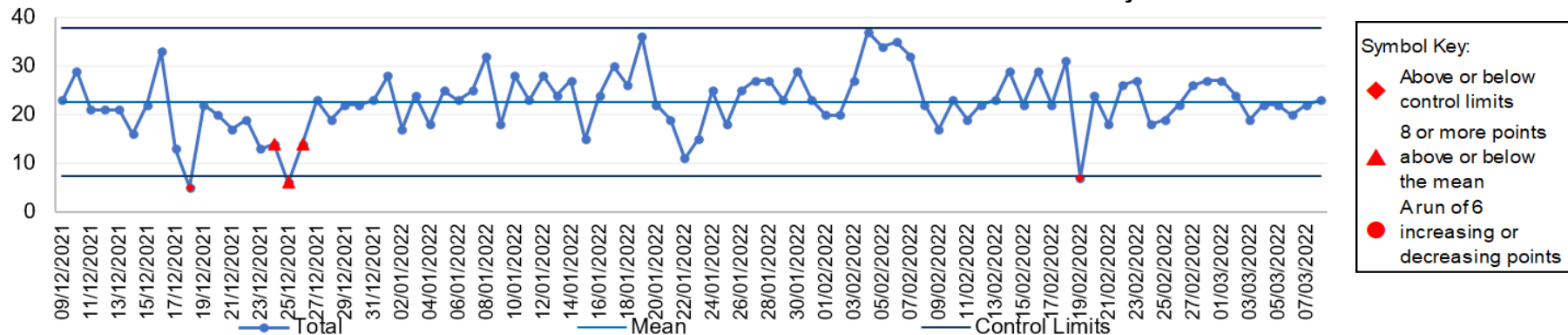
1. Number of ambulance handovers- HB total



2. Number of ambulance handovers over 1 hour- Hospital level



3. Number of ambulance handovers- HB total last 90 days



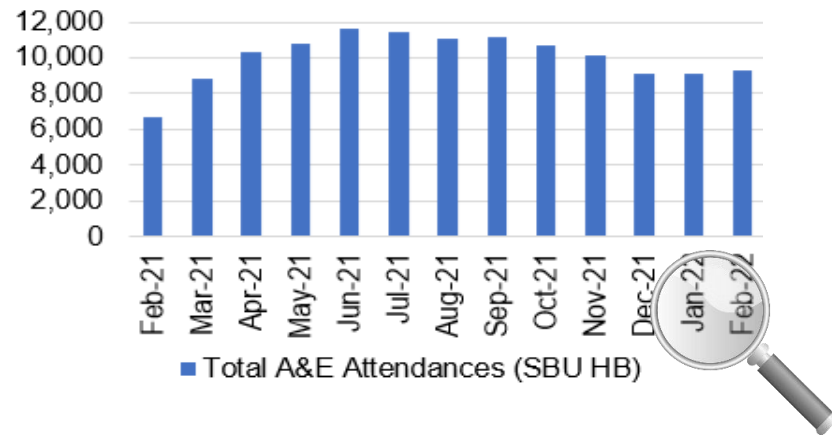
## UNSCHEDULED CARE

### Current Performance

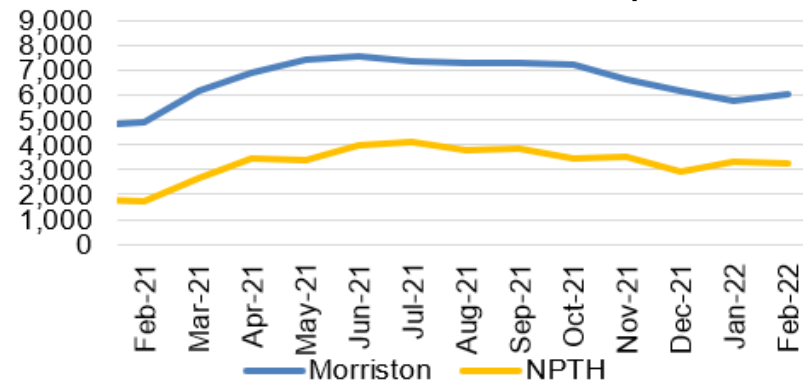
ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In February 2022, there were 9,275 A&E attendances, this is 39% more than February 2021 and 1.5% more than February 2020.

### Trend

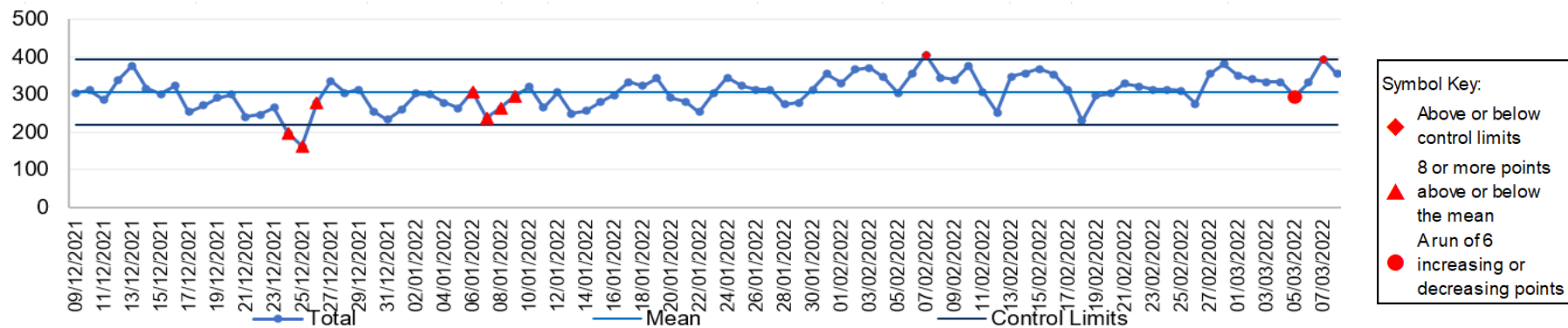
1. Number of A&E attendances- HB total



2. Number of A&E attendances- Hospital level



3. Number of A&E attendances -HB total last 90 days



## UNSCHEDULED CARE

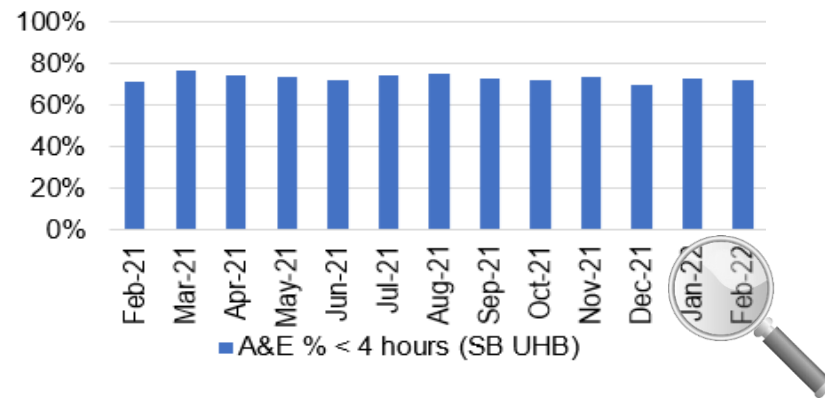
### Current Performance

The Health Board's performance against the 4-hour measure deteriorated slightly from 72.59% in January 2022 to 72.32% in February 2022.

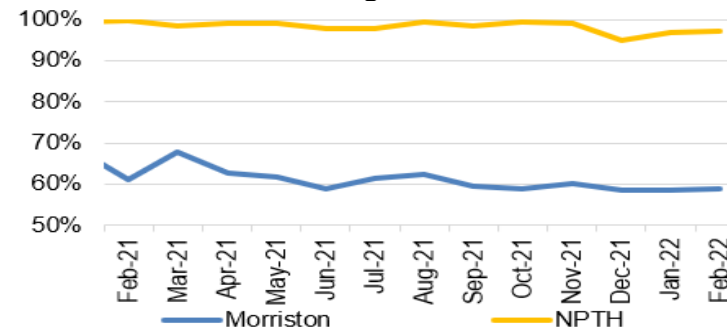
Neath Port Talbot Hospital Minor Injuries Unit (MIU) has moved above the national target of 95% achieving 97.21% in February 2022. Morriston Hospital's performance improved marginally between January 2022 and February 2022 achieving 58.78% against the target.

### Trend

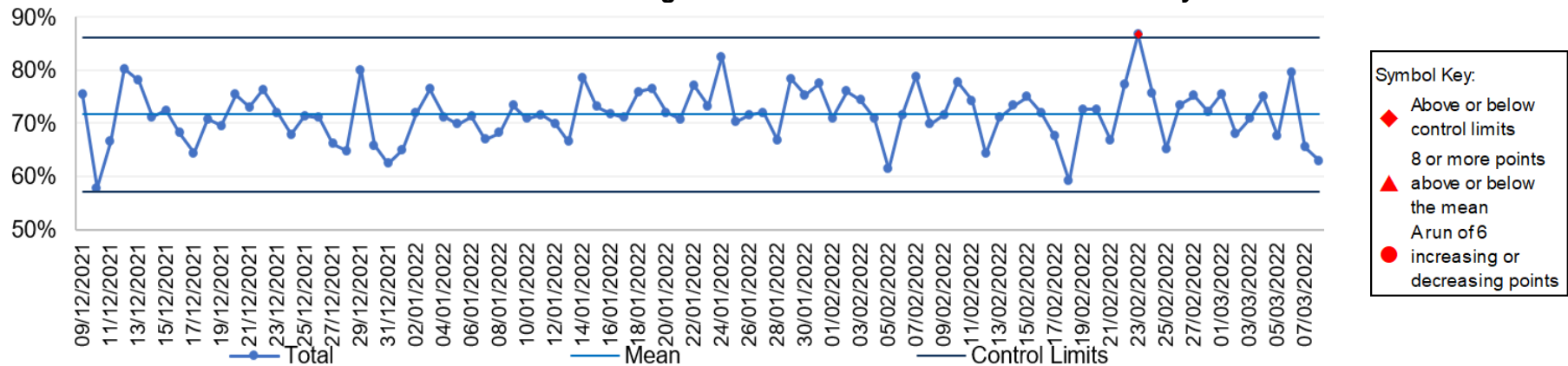
1. % Patients waiting under 4 hours in A&E- HB total



2. % Patients waiting under 4 hours in A&E- Hospital level



3. % Patients waiting under 4 hours in A&E- HB total last 90 days



## UNSCHEDULED CARE

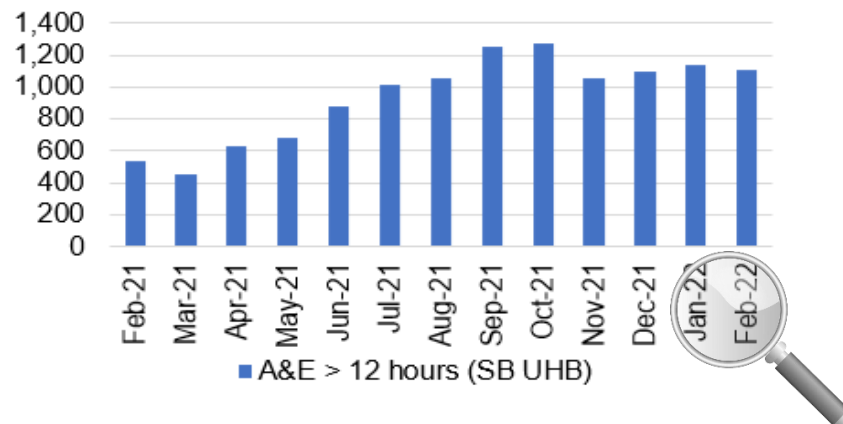
### Current Performance

In February 2022, performance against the 12-hour measure improved compared with January 2022, decreasing from 1,142 to 1,105. This is an increase of 571 compared to February 2021.

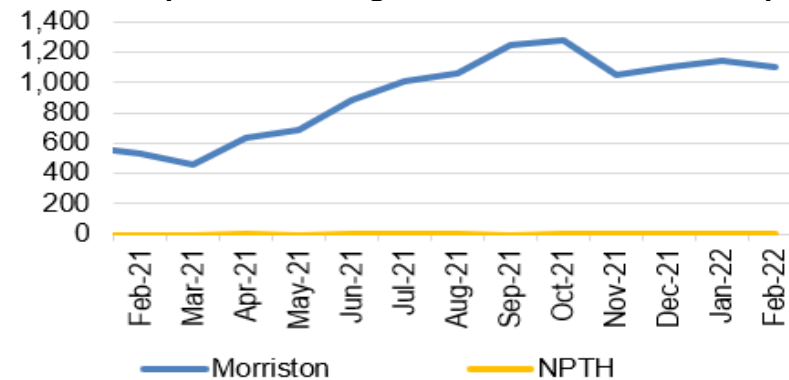
1,104 patients waiting over 12 hours in February 2022 were in Morriston Hospital, with 1 patient waiting over 12 hours in Neath Port Talbot Hospital.

### Trend

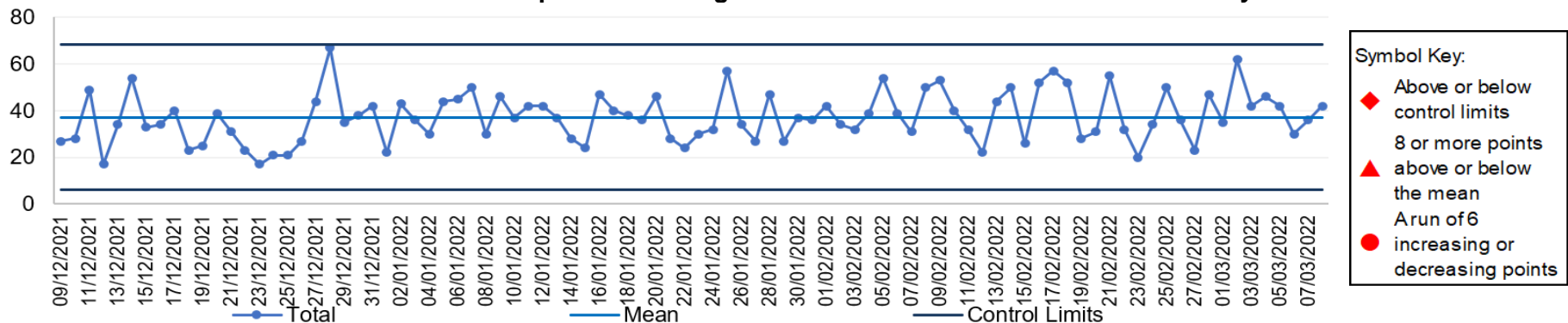
#### 1. Number of patients waiting over 12 hours in A&E- HB total



#### 2. Number of patients waiting over 12 hours in A&E- Hospital level



#### 3. Number of patients waiting over 12 hours in A&E – HB total last 90 days





## UNSCHEDULED CARE

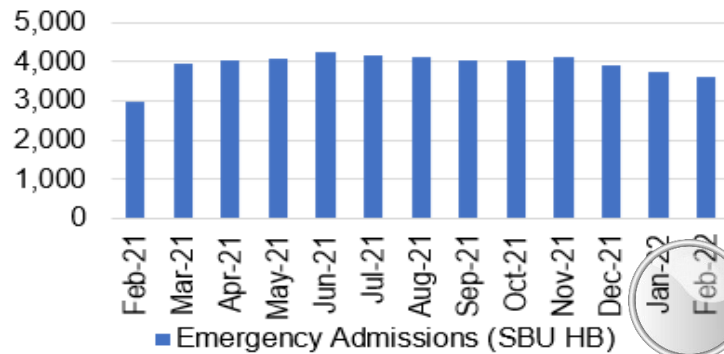
### Current Performance

In February 2022, there were 3,600 emergency admissions across the Health Board, which is a reduction of 142 from January 2022 and 21% more than February 2021.

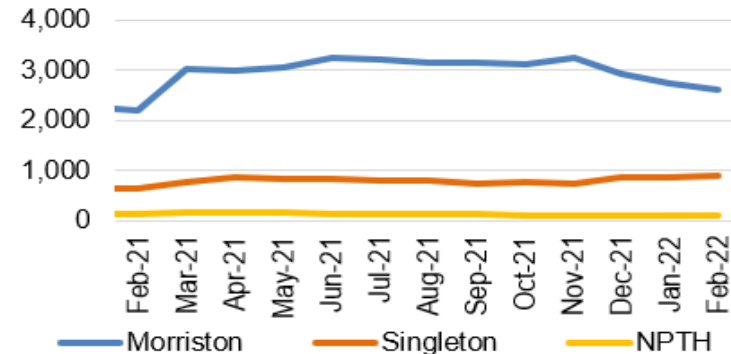
Singleton Hospital saw a slight in-month increase, with 23 more admissions (from 873 in January 2022 to 896), Morriston Hospital saw an in-month reduction from 2,755 admissions in January 2022, to 2,607 admissions in February 2022.

### Trend

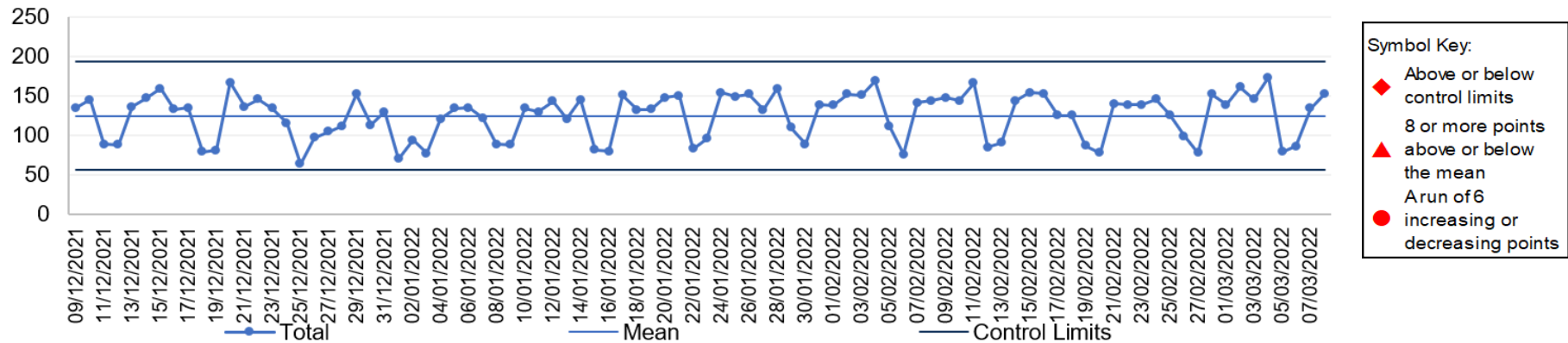
#### 1. Number of emergency admissions- HB total



#### 2. Number of emergency admissions- Hospital level

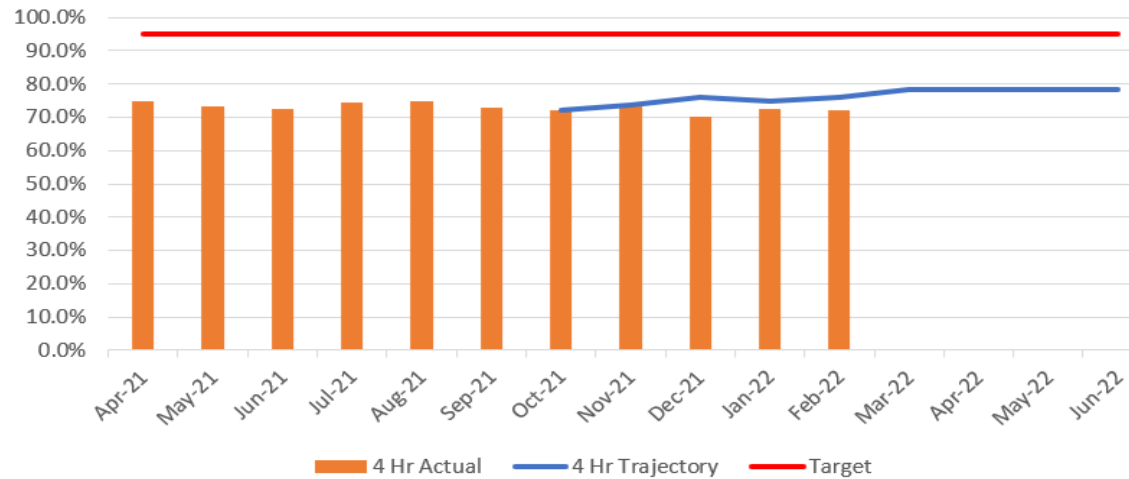


#### 3. Number of emergency admissions- HB total last 90 days



## Updates on KUNSCHEDULED CARE – Performance Escalation updates

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

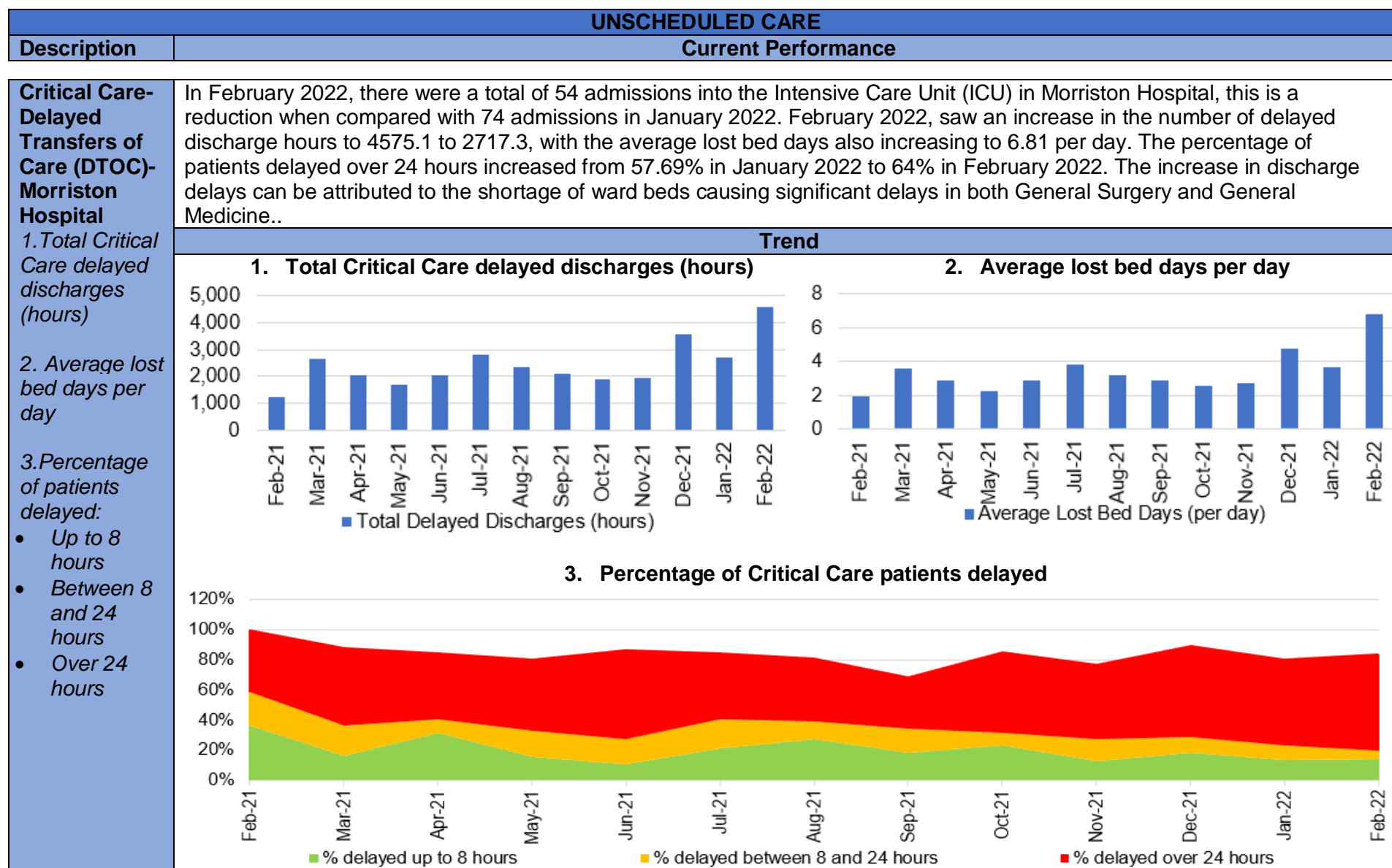


1. Performance against the 4hr target has previously been in line with the outlined recovery trajectories, however both January 2022 (72.59%) and February 2022 (72.32%) have remained slightly below the trajectory, with the performance target for January 2022 being 76%. Performance against the 4hr target has declined slightly in February 2022.

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



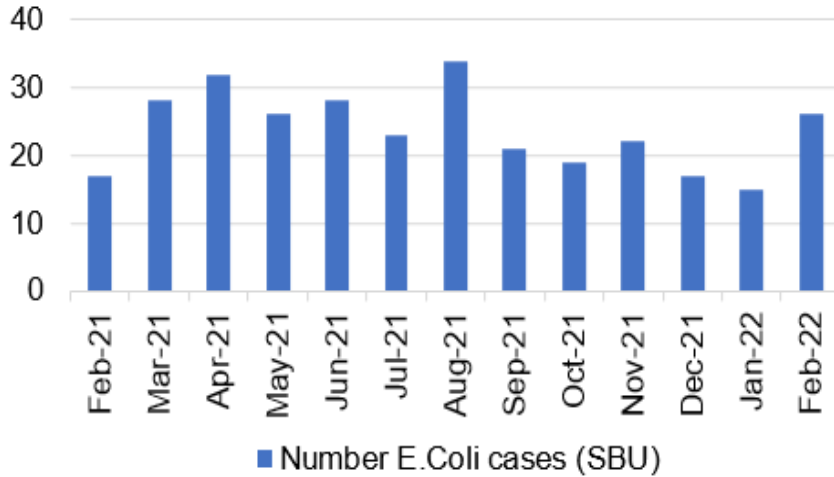
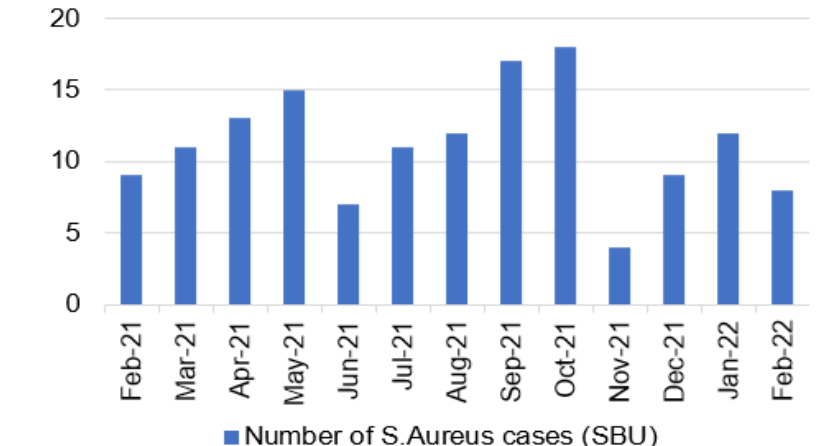
- The 12-hour performance trajectory shows a consistent reduction in patients waiting over 12 hours in ED in recent months. Performance against the trajectory continues to above the figures projected, however the number of patients waiting over 12 hours did improve to 1,105 in February 2022, against the target of 739.
- 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																																																																						
<b>Clinically Optimised</b> <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In February 2022, there were on average 292 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In February 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 123, followed by Neath Port Talbot Hospital with 89.</p>	<p><b>The number of clinically optimised patients by site</b></p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Feb-21</td><td>60</td><td>45</td><td>40</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>65</td><td>10</td></tr><tr><td>Aug-21</td><td>90</td><td>55</td><td>65</td><td>15</td></tr><tr><td>Sep-21</td><td>105</td><td>70</td><td>85</td><td>15</td></tr><tr><td>Oct-21</td><td>90</td><td>50</td><td>80</td><td>15</td></tr><tr><td>Nov-21</td><td>110</td><td>60</td><td>80</td><td>15</td></tr><tr><td>Dec-21</td><td>105</td><td>55</td><td>75</td><td>15</td></tr><tr><td>Jan-22</td><td>110</td><td>65</td><td>70</td><td>15</td></tr><tr><td>Feb-22</td><td>123</td><td>70</td><td>89</td><td>15</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Feb-21	60	45	40	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	65	10	Aug-21	90	55	65	15	Sep-21	105	70	85	15	Oct-21	90	50	80	15	Nov-21	110	60	80	15	Dec-21	105	55	75	15	Jan-22	110	65	70	15	Feb-22	123	70	89	15
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<b>Elective procedures cancelled due to lack of beds</b> <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In February 2022, there were 29 elective procedures cancelled due to lack of beds on the day of surgery. This is 20 more cancellations than in February 2021 63 less than February 2020.</p> <p>All 24 of the cancelled procedures were attributed to Morriston Hospital, with 5 cancelations attributed to Singleton Hospital.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Mar-21</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Apr-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>May-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Jun-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Jul-21</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Aug-21</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Sep-21</td><td>25</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>59</td><td>0</td><td>0</td></tr><tr><td>Dec-21</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Jan-22</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Feb-22</td><td>29</td><td>5</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Feb-21	5	0	0	Mar-21	10	0	0	Apr-21	5	0	0	May-21	5	0	0	Jun-21	5	0	0	Jul-21	15	0	0	Aug-21	10	0	0	Sep-21	25	0	0	Oct-21	50	0	0	Nov-21	59	0	0	Dec-21	35	0	0	Jan-22	15	0	0	Feb-22	29	5	0														
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<b>Fractured Neck of Femur (#NOF)</b>  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	<b>1. Prompt orthogeriatric assessment-</b> In January 2022, 88.8% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 2% more than in January 2021.	<b>1. Prompt orthogeriatric assessment</b> <table><caption>1. Prompt orthogeriatric assessment</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Jan-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Feb-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Mar-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Apr-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>May-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Jun-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Jul-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Aug-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Sep-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Oct-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Nov-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Dec-21</td><td>85%</td><td>60%</td><td>80%</td></tr><tr><td>Jan-22</td><td>88.8%</td><td>62%</td><td>82%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Jan-21	85%	60%	80%	Feb-21	85%	60%	80%	Mar-21	85%	60%	80%	Apr-21	85%	60%	80%	May-21	85%	60%	80%	Jun-21	85%	60%	80%	Jul-21	85%	60%	80%	Aug-21	85%	60%	80%	Sep-21	85%	60%	80%	Oct-21	85%	60%	80%	Nov-21	85%	60%	80%	Dec-21	85%	60%	80%	Jan-22	88.8%	62%	82%
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<b>2. Prompt surgery-</b> In January 2022, 51% of patients had surgery the day following presentation with a hip fracture. This is a 4.5% deterioration from January 2021 which was 55.5%	<b>2. Prompt surgery</b> <table><caption>2. Prompt surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Jan-21</td><td>55.5%</td><td>65%</td><td>70%</td></tr><tr><td>Feb-21</td><td>55%</td><td>65%</td><td>70%</td></tr><tr><td>Mar-21</td><td>55%</td><td>65%</td><td>70%</td></tr><tr><td>Apr-21</td><td>55%</td><td>65%</td><td>70%</td></tr><tr><td>May-21</td><td>55%</td><td>65%</td><td>70%</td></tr><tr><td>Jun-21</td><td>55%</td><td>65%</td><td>70%</td></tr><tr><td>Jul-21</td><td>55%</td><td>65%</td><td>70%</td></tr><tr><td>Aug-21</td><td>55%</td><td>65%</td><td>70%</td></tr><tr><td>Sep-21</td><td>55%</td><td>65%</td><td>70%</td></tr><tr><td>Oct-21</td><td>55%</td><td>65%</td><td>70%</td></tr><tr><td>Nov-21</td><td>55%</td><td>65%</td><td>70%</td></tr><tr><td>Dec-21</td><td>55%</td><td>65%</td><td>70%</td></tr><tr><td>Jan-22</td><td>51%</td><td>65%</td><td>70%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Jan-21	55.5%	65%	70%	Feb-21	55%	65%	70%	Mar-21	55%	65%	70%	Apr-21	55%	65%	70%	May-21	55%	65%	70%	Jun-21	55%	65%	70%	Jul-21	55%	65%	70%	Aug-21	55%	65%	70%	Sep-21	55%	65%	70%	Oct-21	55%	65%	70%	Nov-21	55%	65%	70%	Dec-21	55%	65%	70%	Jan-22	51%	65%	70%	
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<b>3. NICE compliant surgery-</b> 69.7% of operations were consistent with the NICE recommendations in January 2022. This is 0.6% less than in January 2021. In January 2022, Morriston was slightly below the all-Wales average of 70.2%.	<b>3. NICE compliant Surgery</b> <table><caption>3. NICE compliant Surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Jan-21</td><td>70.3%</td><td>70%</td><td>75%</td></tr><tr><td>Feb-21</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Mar-21</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Apr-21</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>May-21</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Jun-21</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Jul-21</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Aug-21</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Sep-21</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Oct-21</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Nov-21</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Dec-21</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Jan-22</td><td>69.7%</td><td>70.2%</td><td>75%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Jan-21	70.3%	70%	75%	Feb-21	70%	70%	75%	Mar-21	70%	70%	75%	Apr-21	70%	70%	75%	May-21	70%	70%	75%	Jun-21	70%	70%	75%	Jul-21	70%	70%	75%	Aug-21	70%	70%	75%	Sep-21	70%	70%	75%	Oct-21	70%	70%	75%	Nov-21	70%	70%	75%	Dec-21	70%	70%	75%	Jan-22	69.7%	70.2%	75%	
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<b>4. Prompt mobilisation-</b> In January 2022, 71.7% of patients were out of bed the day after surgery. This is 2.4% less than in January 2021.	<b>4. Prompt mobilisation</b> <table><caption>4. Prompt mobilisation</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Jan-21</td><td>74.1%</td><td>75%</td><td>80%</td></tr><tr><td>Feb-21</td><td>74%</td><td>75%</td><td>80%</td></tr><tr><td>Mar-21</td><td>74%</td><td>75%</td><td>80%</td></tr><tr><td>Apr-21</td><td>74%</td><td>75%</td><td>80%</td></tr><tr><td>May-21</td><td>74%</td><td>75%</td><td>80%</td></tr><tr><td>Jun-21</td><td>74%</td><td>75%</td><td>80%</td></tr><tr><td>Jul-21</td><td>74%</td><td>75%</td><td>80%</td></tr><tr><td>Aug-21</td><td>74%</td><td>75%</td><td>80%</td></tr><tr><td>Sep-21</td><td>74%</td><td>75%</td><td>80%</td></tr><tr><td>Oct-21</td><td>74%</td><td>75%</td><td>80%</td></tr><tr><td>Nov-21</td><td>74%</td><td>75%</td><td>80%</td></tr><tr><td>Dec-21</td><td>74%</td><td>75%</td><td>80%</td></tr><tr><td>Jan-22</td><td>71.7%</td><td>75%</td><td>80%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Jan-21	74.1%	75%	80%	Feb-21	74%	75%	80%	Mar-21	74%	75%	80%	Apr-21	74%	75%	80%	May-21	74%	75%	80%	Jun-21	74%	75%	80%	Jul-21	74%	75%	80%	Aug-21	74%	75%	80%	Sep-21	74%	75%	80%	Oct-21	74%	75%	80%	Nov-21	74%	75%	80%	Dec-21	74%	75%	80%	Jan-22	71.7%	75%	80%	
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5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i>	5. <b>Not delirious when tested-</b> 76.4% of patients were not delirious in the week after their operation in January 2022. This is an improvement of 2% compared with January 2021.	<p><b>5. Not delirious when tested</b></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 &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Jan-21</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Feb-21</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Mar-21</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Apr-21</td><td>75</td><td>60</td><td>60</td></tr><tr><td>May-21</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Jun-21</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Jul-21</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Aug-21</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Sep-21</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Oct-21</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Nov-21</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Dec-21</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Jan-22</td><td>77</td><td>62</td><td>62</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-21	75	60	60	Feb-21	75	60	60	Mar-21	75	60	60	Apr-21	75	60	60	May-21	75	60	60	Jun-21	75	60	60	Jul-21	75	60	60	Aug-21	75	60	60	Sep-21	75	60	60	Oct-21	75	60	60	Nov-21	75	60	60	Dec-21	75	60	60	Jan-22	77	62	62
Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)																																																							
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Nov-21	75	60	60																																																							
Dec-21	75	60	60																																																							
Jan-22	77	62	62																																																							
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. <b>Return to original residence-</b> 69.6% of patients in December 2021 were discharged back to their original residence. This is 6% less than in December 2020.	<p><b>6. Return to original residence</b></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 &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Dec-20</td><td>72</td><td>72</td><td>72</td></tr><tr><td>Jan-21</td><td>72</td><td>72</td><td>72</td></tr><tr><td>Feb-21</td><td>72</td><td>72</td><td>72</td></tr><tr><td>Mar-21</td><td>72</td><td>72</td><td>72</td></tr><tr><td>Apr-21</td><td>72</td><td>72</td><td>72</td></tr><tr><td>May-21</td><td>72</td><td>72</td><td>72</td></tr><tr><td>Jun-21</td><td>72</td><td>72</td><td>72</td></tr><tr><td>Jul-21</td><td>72</td><td>72</td><td>72</td></tr><tr><td>Aug-21</td><td>72</td><td>72</td><td>72</td></tr><tr><td>Sep-21</td><td>72</td><td>72</td><td>72</td></tr><tr><td>Oct-21</td><td>72</td><td>72</td><td>72</td></tr><tr><td>Nov-21</td><td>72</td><td>72</td><td>72</td></tr><tr><td>Dec-21</td><td>69.6</td><td>72</td><td>72</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Dec-20	72	72	72	Jan-21	72	72	72	Feb-21	72	72	72	Mar-21	72	72	72	Apr-21	72	72	72	May-21	72	72	72	Jun-21	72	72	72	Jul-21	72	72	72	Aug-21	72	72	72	Sep-21	72	72	72	Oct-21	72	72	72	Nov-21	72	72	72	Dec-21	69.6	72	72
Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)																																																							
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Nov-21	72	72	72																																																							
Dec-21	69.6	72	72																																																							
7. <i>30 day mortality rate</i>	7. <b>30 day mortality rate-</b> 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><b>7. 30 day mortality rate</b></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 &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Jan-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Feb-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Mar-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Apr-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>May-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Jun-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Jul-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Aug-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Sep-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Oct-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Nov-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Dec-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Jan-21</td><td>7.5</td><td>6.9</td><td>7.6</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	8.0	7.0	7.0	Feb-20	8.0	7.0	7.0	Mar-20	8.0	7.0	7.0	Apr-20	8.0	7.0	7.0	May-20	8.0	7.0	7.0	Jun-20	8.0	7.0	7.0	Jul-20	8.0	7.0	7.0	Aug-20	8.0	7.0	7.0	Sep-20	8.0	7.0	7.0	Oct-20	8.0	7.0	7.0	Nov-20	8.0	7.0	7.0	Dec-20	8.0	7.0	7.0	Jan-21	7.5	6.9	7.6
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HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"><li>26 cases of <i>E. coli</i> bacteraemia were identified in February 2022, of which 9 were hospital acquired and 17 were community acquired.</li><li>Cumulative cases from April 2021 to February 2022 are 19% higher than the equivalent period in 2020/21. (263 in 2021/22 compared with 213 in 2020/21).</li></ul>	<p><b>Number of <i>healthcare acquired E.coli</i> bacteraemia cases</b></p>  <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>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><tr><td>Feb-22</td><td>26</td></tr></tbody></table>	Month	Number of cases	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	Feb-22	26
Month	Number of cases																													
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Dec-21	17																													
Jan-22	15																													
Feb-22	26																													
<b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i>	<ul style="list-style-type: none"><li>There were 8 cases of <i>Staph. aureus</i> bacteraemia in February 2022, of which 6 were hospital acquired and 2 were community acquired.</li><li>Cumulative cases from April 2021 to February 2022 are 11.1% higher than the equivalent period in 2020/21 (126 in 2021/22 compared with 112 in 2020/21).</li></ul>	<p><b>Number of <i>healthcare acquired S.aureus</i> bacteraemia cases</b></p>  <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>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><tr><td>Feb-22</td><td>8</td></tr></tbody></table>	Month	Number of cases	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	Feb-22	8
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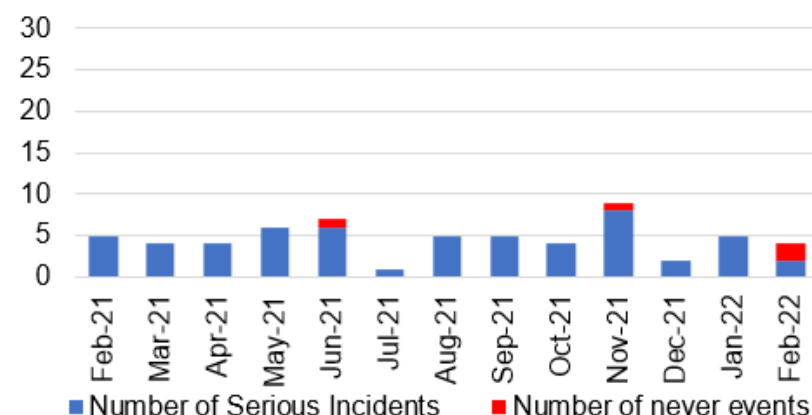
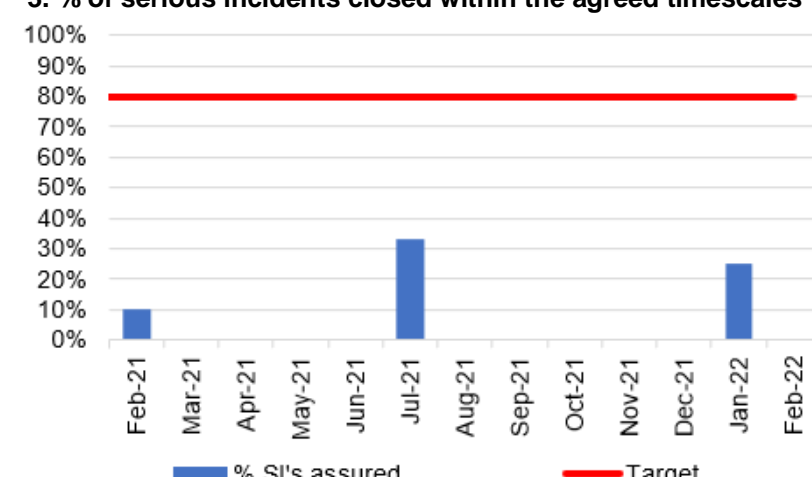


HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI)- C.difficile-</b> <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"><li>There were 13 <i>Clostridium difficile</i> toxin positive cases in February 2022, of which 8 were hospital acquired and 5 were community acquired.</li><li>Cumulative cases from April 2021 to February 2022 are 16.9% higher than the equivalent period of 2020/21 (177 in 2021/22 compared with 147 in 2020/21).</li></ul>	<p><b>Number of healthcare acquired C.difficile cases</b></p> <table><caption>Number of C.diff cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><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><tr><td>Feb-22</td><td>13</td></tr></tbody></table> <p>■ Number of C.diff cases (SBU)</p>	Month	Number of C.diff cases (SBU)	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	Feb-22	13
Month	Number of C.diff cases (SBU)																													
Feb-21	11																													
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<b>Healthcare Acquired Infections (HCAI)- Klebsiella sp-</b> <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"><li>There were 4 cases of Klebsiella sp in February 2022, 3 of which were hospital acquired and 1 was community acquired.</li><li>Cumulative cases from April 2021 to February 2022 are 7% lower than the equivalent period in 2020/21 (86 in 2021/22 compared with 92 in 2020/21).</li></ul>	<p><b>Number of healthcare acquired Klebsiella cases</b></p> <table><caption>Number of Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><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><tr><td>Feb-22</td><td>4</td></tr></tbody></table> <p>■ Number of Klebsiella cases (SBU)</p>	Month	Number of Klebsiella cases (SBU)	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	Feb-22	4
Month	Number of Klebsiella cases (SBU)																													
Feb-21	6																													
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HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI)-Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"><li>There were 3 cases of <i>P.Aeruginosa</i> in February 2022, of which two were hospital acquired and one was community acquired.</li><li>Cumulative cases from April 2021 to February 2022 are 18.2% more than the equivalent period in 2020/21.</li></ul>	<b>Number of healthcare acquired Pseudomonas cases</b> <table><thead><tr><th>Month</th><th>Number of Pseudomonas cases (SBU)</th></tr></thead><tbody><tr><td>Feb-21</td><td>1</td></tr><tr><td>Mar-21</td><td>1</td></tr><tr><td>Apr-21</td><td>3</td></tr><tr><td>May-21</td><td>1</td></tr><tr><td>Jun-21</td><td>2</td></tr><tr><td>Jul-21</td><td>1</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>0</td></tr><tr><td>Nov-21</td><td>3</td></tr><tr><td>Dec-21</td><td>4</td></tr><tr><td>Jan-22</td><td>1</td></tr><tr><td>Feb-22</td><td>3</td></tr></tbody></table> <p>■ Number of Pseudomonas cases (SBU)</p>	Month	Number of Pseudomonas cases (SBU)	Feb-21	1	Mar-21	1	Apr-21	3	May-21	1	Jun-21	2	Jul-21	1	Aug-21	2	Sep-21	2	Oct-21	0	Nov-21	3	Dec-21	4	Jan-22	1	Feb-22	3
Month	Number of Pseudomonas cases (SBU)																													
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Jun-21	2																													
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Oct-21	0																													
Nov-21	3																													
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PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
<b>Number of pressure ulcers</b> <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"><li>In January 2022 there were 92 cases of healthcare acquired pressure ulcers, 27 of which were community acquired and 65 were hospital acquired.</li><li>There were 10 grade 3+ pressure ulcers in January 2022, of which 1 was community acquired and 9 were hospital acquired.</li><li>The rate per 100,000 admissions increased from 616 in November 2021 to 857 in December 2021.</li></ul>	<b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b> <table><thead><tr><th>Month</th><th>Pressure Ulcers (Community)</th><th>Pressure Ulcers (Hospital)</th><th>Rate per 100,00 admissions</th></tr></thead><tbody><tr><td>Jan-21</td><td>75</td><td>75</td><td>1,000</td></tr><tr><td>Feb-21</td><td>75</td><td>75</td><td>1,000</td></tr><tr><td>Mar-21</td><td>60</td><td>60</td><td>750</td></tr><tr><td>Apr-21</td><td>90</td><td>90</td><td>1,000</td></tr><tr><td>May-21</td><td>75</td><td>75</td><td>1,000</td></tr><tr><td>Jun-21</td><td>75</td><td>75</td><td>1,000</td></tr><tr><td>Jul-21</td><td>90</td><td>90</td><td>1,000</td></tr><tr><td>Aug-21</td><td>85</td><td>85</td><td>1,000</td></tr><tr><td>Sep-21</td><td>105</td><td>105</td><td>1,000</td></tr><tr><td>Oct-21</td><td>75</td><td>75</td><td>750</td></tr><tr><td>Nov-21</td><td>75</td><td>75</td><td>616</td></tr><tr><td>Dec-21</td><td>110</td><td>110</td><td>857</td></tr><tr><td>Jan-22</td><td>92</td><td>92</td><td>857</td></tr></tbody></table> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,00 admissions	Jan-21	75	75	1,000	Feb-21	75	75	1,000	Mar-21	60	60	750	Apr-21	90	90	1,000	May-21	75	75	1,000	Jun-21	75	75	1,000	Jul-21	90	90	1,000	Aug-21	85	85	1,000	Sep-21	105	105	1,000	Oct-21	75	75	750	Nov-21	75	75	616	Dec-21	110	110	857	Jan-22	92	92	857
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Dec-21	110	110	857																																																							
Jan-22	92	92	857																																																							

SERIOUS INCIDENTS																																												
Description	Current Performance	Trend																																										
<b>Serious Incidents-</b> <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 2 Serious Incidents for the month of February 2022 to Welsh Government. Both Serious Incidents were reported in Morriston Hospital.	<b>1. and 2. Number of serious incidents and never events</b>  <table><caption>Data for Chart 1: Number of serious incidents and never events</caption><thead><tr><th>Month</th><th>Number of Serious Incidents</th><th>Number of never events</th></tr></thead><tbody><tr><td>Feb-21</td><td>4</td><td>0</td></tr><tr><td>Mar-21</td><td>3</td><td>0</td></tr><tr><td>Apr-21</td><td>3</td><td>0</td></tr><tr><td>May-21</td><td>5</td><td>0</td></tr><tr><td>Jun-21</td><td>6</td><td>1</td></tr><tr><td>Jul-21</td><td>1</td><td>0</td></tr><tr><td>Aug-21</td><td>4</td><td>0</td></tr><tr><td>Sep-21</td><td>4</td><td>0</td></tr><tr><td>Oct-21</td><td>3</td><td>0</td></tr><tr><td>Nov-21</td><td>8</td><td>1</td></tr><tr><td>Dec-21</td><td>2</td><td>0</td></tr><tr><td>Jan-22</td><td>4</td><td>0</td></tr><tr><td>Feb-22</td><td>2</td><td>1</td></tr></tbody></table>	Month	Number of Serious Incidents	Number of never events	Feb-21	4	0	Mar-21	3	0	Apr-21	3	0	May-21	5	0	Jun-21	6	1	Jul-21	1	0	Aug-21	4	0	Sep-21	4	0	Oct-21	3	0	Nov-21	8	1	Dec-21	2	0	Jan-22	4	0	Feb-22	2	1
	Month	Number of Serious Incidents	Number of never events																																									
	Feb-21	4	0																																									
Mar-21	3	0																																										
Apr-21	3	0																																										
May-21	5	0																																										
Jun-21	6	1																																										
Jul-21	1	0																																										
Aug-21	4	0																																										
Sep-21	4	0																																										
Oct-21	3	0																																										
Nov-21	8	1																																										
Dec-21	2	0																																										
Jan-22	4	0																																										
Feb-22	2	1																																										
2. There were 2 new Never Event reported in February 2022, both of which were reported by Morriston Hospital.																																												
3. In February 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 0%. There was one SI due for closure in February 2022, which was not finalised due to the relevant scrutiny panel being unable to meet in the allocated time.	<b>3. % of serious incidents closed within the agreed timescales</b>  <table><caption>Data for Chart 3: % of serious incidents closed within the agreed timescales</caption><thead><tr><th>Month</th><th>% SI's assured</th><th>Target</th></tr></thead><tbody><tr><td>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>33%</td><td>80%</td></tr><tr><td>Aug-21</td><td>0%</td><td>80%</td></tr><tr><td>Sep-21</td><td>0%</td><td>80%</td></tr><tr><td>Oct-21</td><td>0%</td><td>80%</td></tr><tr><td>Nov-21</td><td>0%</td><td>80%</td></tr><tr><td>Dec-21</td><td>0%</td><td>80%</td></tr><tr><td>Jan-22</td><td>25%</td><td>80%</td></tr><tr><td>Feb-22</td><td>0%</td><td>80%</td></tr></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	Feb-21	10%	80%	Mar-21	0%	80%	Apr-21	0%	80%	May-21	0%	80%	Jun-21	0%	80%	Jul-21	33%	80%	Aug-21	0%	80%	Sep-21	0%	80%	Oct-21	0%	80%	Nov-21	0%	80%	Dec-21	0%	80%	Jan-22	25%	80%	Feb-22	0%	80%	
Month	% SI's assured	Target																																										
Feb-21	10%	80%																																										
Mar-21	0%	80%																																										
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Dec-21	0%	80%																																										
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




INPATIENT FALLS																														
Description	Current Performance	Trend																												
<div><b>Inpatient Falls</b> <i>The total number of inpatient falls</i></div>	<div><ul style="list-style-type: none"><li>The number of Falls reported via Datix web for Swansea Bay UHB was 199 in February 2022. This is 12% more than February 2021 where 177 falls were recorded.</li></ul></div>	<div><div>Number of inpatient Falls</div><table><thead><tr><th>Month</th><th>Falls</th></tr></thead><tbody><tr><td>Feb-21</td><td>177</td></tr><tr><td>Mar-21</td><td>165</td></tr><tr><td>Apr-21</td><td>170</td></tr><tr><td>May-21</td><td>225</td></tr><tr><td>Jun-21</td><td>170</td></tr><tr><td>Jul-21</td><td>190</td></tr><tr><td>Aug-21</td><td>195</td></tr><tr><td>Sep-21</td><td>205</td></tr><tr><td>Oct-21</td><td>235</td></tr><tr><td>Nov-21</td><td>210</td></tr><tr><td>Dec-21</td><td>205</td></tr><tr><td>Jan-22</td><td>195</td></tr><tr><td>Feb-22</td><td>199</td></tr></tbody></table><div>■ Inpatient falls</div></div>	Month	Falls	Feb-21	177	Mar-21	165	Apr-21	170	May-21	225	Jun-21	170	Jul-21	190	Aug-21	195	Sep-21	205	Oct-21	235	Nov-21	210	Dec-21	205	Jan-22	195	Feb-22	199
Month	Falls																													
Feb-21	177																													
Mar-21	165																													
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May-21	225																													
Jun-21	170																													
Jul-21	190																													
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Sep-21	205																													
Oct-21	235																													
Nov-21	210																													
Dec-21	205																													
Jan-22	195																													
Feb-22	199																													

DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	The latest data shows that in February 2022, the percentage of completed discharge summaries was 65%.	<b>% discharge summaries approved and sent</b> <table><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Feb-21</td><td>63%</td></tr><tr><td>Mar-21</td><td>64%</td></tr><tr><td>Apr-21</td><td>63%</td></tr><tr><td>May-21</td><td>67%</td></tr><tr><td>Jun-21</td><td>70%</td></tr><tr><td>Jul-21</td><td>62%</td></tr><tr><td>Aug-21</td><td>62%</td></tr><tr><td>Sep-21</td><td>68%</td></tr><tr><td>Oct-21</td><td>60%</td></tr><tr><td>Nov-21</td><td>63%</td></tr><tr><td>Dec-21</td><td>62%</td></tr><tr><td>Jan-22</td><td>60%</td></tr><tr><td>Feb-22</td><td>65%</td></tr></tbody></table>	Month	% of completed discharge summaries	Feb-21	63%	Mar-21	64%	Apr-21	63%	May-21	67%	Jun-21	70%	Jul-21	62%	Aug-21	62%	Sep-21	68%	Oct-21	60%	Nov-21	63%	Dec-21	62%	Jan-22	60%	Feb-22	65%
	Month		% of completed discharge summaries																											
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Mar-21	64%																													
Apr-21	63%																													
May-21	67%																													
Jun-21	70%																													
Jul-21	62%																													
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Oct-21	60%																													
Nov-21	63%																													
Dec-21	62%																													
Jan-22	60%																													
Feb-22	65%																													
	In February 2022, compliance ranged from 50% in Neath Port Talbot Hospital to 79% in Mental Health & Learning Disabilities.																													

CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	January 2022 reports the crude mortality rate for the Health Board at 0.92%, which is 0.07% lower than December 2021.	<b>Crude hospital mortality rate by Hospital (74 years of age or less)</b> <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morrision Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Jan-21</td><td>1.8%</td><td>0.5%</td><td>0.2%</td><td>1.1%</td></tr><tr><td>Feb-21</td><td>2.0%</td><td>0.6%</td><td>0.3%</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>0.5%</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>0.2%</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>0.2%</td><td>1.0%</td></tr><tr><td>Sep-21</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Oct-21</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Nov-21</td><td>1.8%</td><td>0.5%</td><td>0.2%</td><td>0.9%</td></tr><tr><td>Dec-21</td><td>1.6%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jan-22</td><td>1.5%</td><td>0.6%</td><td>0.1%</td><td>0.9%</td></tr></tbody></table>	Month	Morrision Hospital	Singleton Hospital	NPT Hospital	HB Total	Jan-21	1.8%	0.5%	0.2%	1.1%	Feb-21	2.0%	0.6%	0.3%	1.2%	Mar-21	1.9%	0.5%	0.2%	1.1%	Apr-21	1.8%	0.5%	0.2%	1.0%	May-21	1.7%	0.5%	0.2%	1.0%	Jun-21	1.7%	0.5%	0.2%	1.0%	Jul-21	1.7%	0.5%	0.2%	1.0%	Aug-21	1.7%	0.5%	0.2%	1.0%	Sep-21	1.7%	0.5%	0.2%	1.0%	Oct-21	1.7%	0.5%	0.2%	1.0%	Nov-21	1.8%	0.5%	0.2%	0.9%	Dec-21	1.6%	0.5%	0.1%	0.9%	Jan-22	1.5%	0.6%	0.1%	0.9%
	Month		Morrision Hospital	Singleton Hospital	NPT Hospital	HB Total																																																																		
Jan-21	1.8%	0.5%	0.2%	1.1%																																																																				
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	A breakdown by Hospital for January 2022: <ul style="list-style-type: none"><li>Morrision – 1.52%</li><li>Singleton – 0.58%</li><li>NPT – 0.06%</li></ul>																																																																							

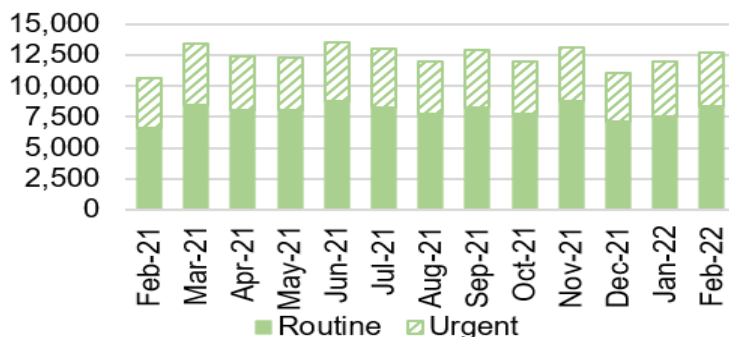

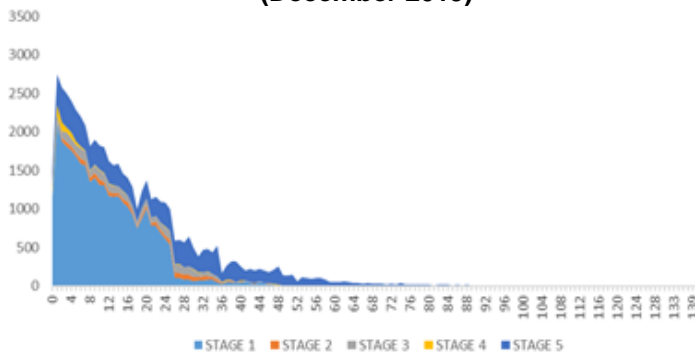
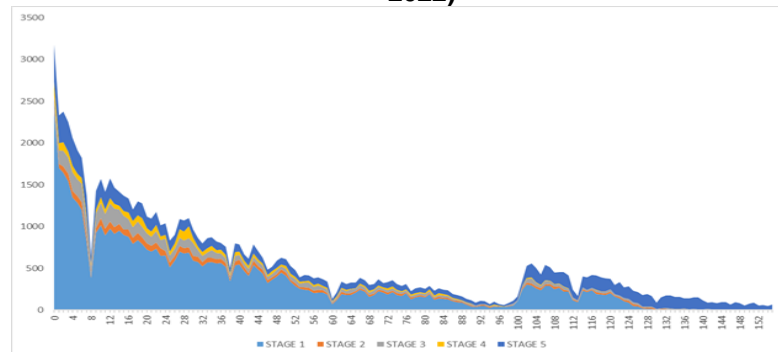
## 5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

### 5.1 Overview

		Harm from reduction in non-Covid activity															
Measure	Locality	National/ Local Target	Internal profile	Trend					SBU								
					Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
		Cancer															
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	12 month improvement trend			56.4%	71.6%	65.7%	60.0%	66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	33.3%
		Planned Care															
Number of patients waiting > 26 weeks for outpatient appointment*	Morrison	0			12,479	12,870	13,398	14,047	13,867	14,080	14,661	15,092	15,906	16,385	17,204	17,859	18,220
	NPTH				111	73	92	157	228	271	335	407	378	387	342	186	88
	Singleton				8,414	8,575	9,027	9,327	9,053	8,769	8,383	8,447	8,162	7,955	7,882	7,520	7,192
	PC&CS				221	232	235	169	131	105	65	51	37	25	24	23	22
	Total				21,225	21,750	22,752	23,700	23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522
Number of patients waiting > 36 weeks for treatment*	Morrison	0			21,199	21,228	21,579	22,095	22,414	22,968	23,364	23,214	23,874	24,121	24,494	25,203	25,090
	NPTH				43	45	46	45	57	98	167	183	191	198	168	136	136
	Singleton				10,788	10,942	11,134	11,727	12,022	11,980	11,920	11,764	11,841	12,245	12,376	12,283	12,194
	PC&CS				204	196	181	115	119	82	53	43	35	25	22	22	22
	Total (inc. diagnostics > 36 wks)				32,719	32,874	33,395	34,447	35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	0			2,978	2,517	2,757	2,739	3,162	3,390	3,573	3,528	3,320	3,217	2,927	2,724	2,180
	Singleton				2,109	2,037	2,047	2,103	2,068	2,035	1,950	2,204	2,619	2,791	3,144	3,543	3,898
	Total				5,087	4,554	4,804	4,842	5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	0	1	0	0	0	0	0	0	0	0	0
	NPTH				129	60	18	8	15	1	15	18	28	29	8	13	38
	PC&CS				362	309	183	157	156	150	171	302	386	600	877	1,015	888
	Total				491	369	201	166	171	151	186	320	414	629	885	1,028	926

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			120,882	121,403	122,303	123,088	127,444	130,208	127,391	130,963	131,554	129,255	131,403	131,848	132,036
Number of patients delayed by over 100% past their target date *	Total				28,862	29,316	29,334	30,062	30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447
Number of patients delayed past their agreed target date (booked and not booked) *	Total				57,458	55,944	55,086	54,664	55,254	60,618	54,993	60,340	60,447	56,618	58,006	58,639	58,804
Number of Ophthalmology patients without an allocated health risk factor	Total	0			281	294	614	326	486	539	628	702	413	528	694	288	299
Number of patients without a documented clinical review date	Total	0			25	14	9	5	6	5	6	7	3	4	2	4	1
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			97	255		159	532	79	245	213	89	360	291	191	251
	MH&LD				8	11		3	0	0	59	18	10	36	23	17	17
	Morriston				211	326		1,330	934	699	642	995	941	1,131	878	1,130	1,285
	NPTH				31	16											
	Singleton				459	453		3,098	1,808	1,029	1,106	1,452	1,118	1,602	1,580	1,727	1,485
	Total				798	1,050		4,590	3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099
% of patients who would recommend and highly recommend	PCCS	90%	80%		77%	90%		100%	100%	89%	94%	90%	90%	94%	90%	93%	95%
	MH&LD				88%	73%		100%	0%	0%	93%	94%	90%	97%	100%	100%	100%
	Morriston				82%	86%		96%	97%	93%	92%	93%	92%	93%	94%	94%	84%
	NPTH				32%	75%											
	Singleton				92%	87%		97%	97%	91%	92%	90%	92%	94%	94%	94%	94%
	Total				85%	87%		96%	97%	92%	92%	92%	92%	94%	93%	92%	90%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		100%	100%		100%	-		95%	92%	94%	89%	97%	97%	99%
	MH&LD				-	50%											
	Morriston				71%	90%		93%	97%		96%	96%	94%	93%	96%	97%	89%
	NPTH				100%	100%											
	Singleton				95%	92%		93%	97%		95%	96%	95%	93%	97%	96%	97%
	Total				94%	93%		92%	96%		92%	96%	93%	93%	96%	93%	91%
Number of new complaints received	PCCS	12 month reduction trend			10	22	8	16	16	18	8	11	12	16	9		
	MH&LD				15	10	26	15	19	24	13	12	13	13	9		
	Morriston				40	50	23	53	69	51	50	61	57	66	42		
	NPTH				6	7	4	3	10	6	6	6	6	8	3		
	Singleton				20	24	24	23	31	28	32	21	33	26	20		
	Total				94	117	100	115	159	139	115	115	134	159	115		
% 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%		67%	67%	88%	81%	72%	54%	75%	73%	83%	88%	78%		
	MH&LD				64%	67%	69%	67%	50%	58%	62%	92%	69%	31%	78%		
	Morriston				95%	92%	100%	92%	80%	76%	94%	84%	70%	73%	69%		
	NPTH				67%	100%	100%	100%	70%	100%	67%	50%	83%	75%	67%		
	Singleton				68%	67%	61%	68%	43%	54%	81%	52%	48%	54%	50%		
	Total				80%	81%	78%	78%	68%	69%	83%	75%	67%	69%	68%		

### 5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
<b>Referrals and shape of the waiting list</b>	February 2022 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. Referral rates have continued to rise slowly since December 2021, rising to 12,689 in February 2022. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.
<b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>  <b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>  <b>3. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at December 2019</i>  <b>4. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at February 2022</i>	<p><b>Trend</b></p> <div> <div> <b>1. Number of GP referrals received by SBU Health Board</b>  </div> <div> <b>2. Number of stage 1 additions per week</b>  </div> </div> <div> <div> <b>3. Total size of the waiting list and movement (December 2019)</b>  </div> <div> <b>4. Total size of the waiting list and movement (February 2022)</b>  </div> </div>

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<b>Outpatient waiting times</b>  1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total  2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level  3. Patients waiting over 26 weeks for an outpatient appointment by specialty  4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. February 2022 saw an in-month reduction of 0.3% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 25,588 in January 2022 to 25,522 in February 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.</p>																																																																																																																																																																																																								
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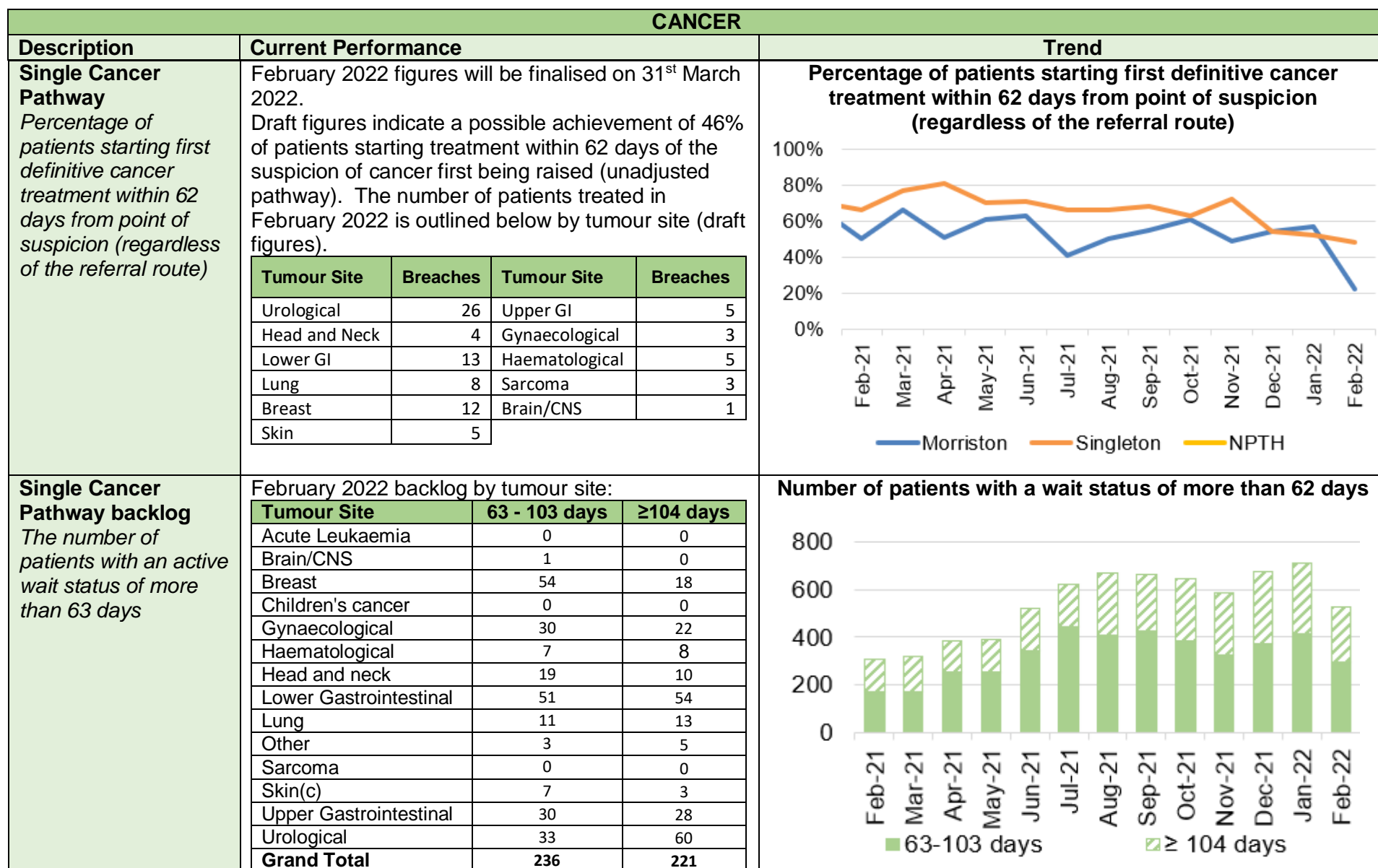
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<b>Patients waiting over 36 weeks for treatment</b>  1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total  2. Number of patients waiting more than 36 weeks for treatment  3. Number of elective admissions  4. Number of patients waiting more than 104 weeks for treatment	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In February 2022, there were 37,920 patients waiting over 36 weeks which is a 0.5% in-month reduction from January 2022. 27,040 of the 37,920 were waiting over 52 weeks in February 2022. As a result of the pandemic there has been a significant rise in the number of patients waiting over 104 weeks for treatment, which has resulted in Welsh Government placing specific focus to support the reduction of these waits by July 2022. In February 2022, there were 13,104 patients waiting over 104 weeks for n appointment, which is a 10% increase from January 2022.</p>																																																																																																																																																										
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<b>Total waiting times</b> <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 February 2022, 50.1% of patients were waiting under 26 weeks from referral to treatment, which is a 0.4% reduction from January 2022.</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p> <table><caption>Estimated data for 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>Feb-21</td><td>40%</td><td>45%</td><td>40%</td><td>90%</td></tr><tr><td>Mar-21</td><td>40%</td><td>45%</td><td>42%</td><td>92%</td></tr><tr><td>Apr-21</td><td>40%</td><td>45%</td><td>38%</td><td>90%</td></tr><tr><td>May-21</td><td>40%</td><td>45%</td><td>42%</td><td>88%</td></tr><tr><td>Jun-21</td><td>40%</td><td>45%</td><td>48%</td><td>85%</td></tr><tr><td>Jul-21</td><td>40%</td><td>45%</td><td>55%</td><td>82%</td></tr><tr><td>Aug-21</td><td>40%</td><td>45%</td><td>65%</td><td>80%</td></tr><tr><td>Sep-21</td><td>40%</td><td>45%</td><td>75%</td><td>78%</td></tr><tr><td>Oct-21</td><td>40%</td><td>45%</td><td>78%</td><td>75%</td></tr><tr><td>Nov-21</td><td>40%</td><td>45%</td><td>80%</td><td>72%</td></tr><tr><td>Dec-21</td><td>40%</td><td>45%</td><td>82%</td><td>75%</td></tr><tr><td>Jan-22</td><td>40%</td><td>45%</td><td>80%</td><td>78%</td></tr><tr><td>Feb-22</td><td>40%</td><td>45%</td><td>82%</td><td>80%</td></tr></tbody></table>	Month	Morriston	Singleton	PCT	NPTH	Feb-21	40%	45%	40%	90%	Mar-21	40%	45%	42%	92%	Apr-21	40%	45%	38%	90%	May-21	40%	45%	42%	88%	Jun-21	40%	45%	48%	85%	Jul-21	40%	45%	55%	82%	Aug-21	40%	45%	65%	80%	Sep-21	40%	45%	75%	78%	Oct-21	40%	45%	78%	75%	Nov-21	40%	45%	80%	72%	Dec-21	40%	45%	82%	75%	Jan-22	40%	45%	80%	78%	Feb-22	40%	45%	82%	80%
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<b>Ophthalmology waiting times</b> <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 February 2022, 49.3% 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><b>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</b></p> <table><caption>Estimated data for Percentage of ophthalmology R1 patients waiting within target date or within 25% in excess</caption><thead><tr><th>Month</th><th>% of R1 ophthalmology patient pathways</th><th>Target</th></tr></thead><tbody><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>45%</td><td>100%</td></tr><tr><td>Feb-22</td><td>49.3%</td><td>100%</td></tr></tbody></table>	Month	% of R1 ophthalmology patient pathways	Target	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	45%	100%	Feb-22	49.3%	100%																												
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<b>Theatre Efficiency</b> <i>1. Theatre Utilisation Rates</i>  <i>2. % of theatre sessions starting late</i>  <i>3. % of theatre sessions finishing early</i>  <i>4. % of theatre sessions cancelled at short notice (&lt;28 days)</i>  <i>5. % of operations cancelled on the day</i>	<p>In February 2022 the Theatre Utilisation rate was 71%. This is an in-month reduction of 3% and a 2% reduction compared to February 2021.</p>	<div><p><b>1. Theatre Utilisation Rates</b></p><table><caption>1. Theatre Utilisation Rates (SBU HB)</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>Feb-21</td><td>75</td></tr><tr><td>Mar-21</td><td>75</td></tr><tr><td>Apr-21</td><td>80</td></tr><tr><td>May-21</td><td>78</td></tr><tr><td>Jun-21</td><td>78</td></tr><tr><td>Jul-21</td><td>72</td></tr><tr><td>Aug-21</td><td>70</td></tr><tr><td>Sep-21</td><td>72</td></tr><tr><td>Oct-21</td><td>68</td></tr><tr><td>Nov-21</td><td>68</td></tr><tr><td>Dec-21</td><td>65</td></tr><tr><td>Jan-22</td><td>75</td></tr><tr><td>Feb-22</td><td>71</td></tr></tbody></table></div> <div><p><b>2. and 3. % theatre sessions starting late/finishing</b></p><table><caption>2. and 3. % theatre sessions starting late/finishing</caption><thead><tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr></thead><tbody><tr><td>Feb-21</td><td>42</td><td>45</td></tr><tr><td>Mar-21</td><td>45</td><td>48</td></tr><tr><td>Apr-21</td><td>40</td><td>42</td></tr><tr><td>May-21</td><td>45</td><td>45</td></tr><tr><td>Jun-21</td><td>45</td><td>45</td></tr><tr><td>Jul-21</td><td>45</td><td>48</td></tr><tr><td>Aug-21</td><td>45</td><td>45</td></tr><tr><td>Sep-21</td><td>45</td><td>48</td></tr><tr><td>Oct-21</td><td>45</td><td>50</td></tr><tr><td>Nov-21</td><td>45</td><td>48</td></tr><tr><td>Dec-21</td><td>45</td><td>45</td></tr><tr><td>Jan-22</td><td>45</td><td>48</td></tr><tr><td>Feb-22</td><td>43</td><td>43</td></tr></tbody></table></div> <div><p><b>4. % theatre sessions cancelled at short notice (&lt;28 days)</b></p><table><caption>4. % theatre sessions cancelled at short notice (&lt;28 days)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th><th>Singleton (%)</th></tr></thead><tbody><tr><td>Feb-21</td><td>10</td><td>40</td><td>5</td></tr><tr><td>Mar-21</td><td>5</td><td>10</td><td>5</td></tr><tr><td>Apr-21</td><td>5</td><td>15</td><td>5</td></tr><tr><td>May-21</td><td>5</td><td>5</td><td>5</td></tr><tr><td>Jun-21</td><td>5</td><td>5</td><td>5</td></tr><tr><td>Jul-21</td><td>10</td><td>15</td><td>5</td></tr><tr><td>Aug-21</td><td>15</td><td>10</td><td>5</td></tr><tr><td>Sep-21</td><td>5</td><td>15</td><td>5</td></tr><tr><td>Oct-21</td><td>5</td><td>15</td><td>5</td></tr><tr><td>Nov-21</td><td>5</td><td>15</td><td>5</td></tr><tr><td>Dec-21</td><td>5</td><td>15</td><td>5</td></tr><tr><td>Jan-22</td><td>5</td><td>15</td><td>5</td></tr><tr><td>Feb-22</td><td>5</td><td>15</td><td>5</td></tr></tbody></table></div> <div><p><b>5. % of operations cancelled on the day</b></p><table><caption>5. % of operations cancelled on the day</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>Feb-21</td><td>45</td></tr><tr><td>Mar-21</td><td>45</td></tr><tr><td>Apr-21</td><td>45</td></tr><tr><td>May-21</td><td>35</td></tr><tr><td>Jun-21</td><td>40</td></tr><tr><td>Jul-21</td><td>40</td></tr><tr><td>Aug-21</td><td>40</td></tr><tr><td>Sep-21</td><td>40</td></tr><tr><td>Oct-21</td><td>40</td></tr><tr><td>Nov-21</td><td>35</td></tr><tr><td>Dec-21</td><td>35</td></tr><tr><td>Jan-22</td><td>35</td></tr><tr><td>Feb-22</td><td>34</td></tr></tbody></table></div>	Month	Rate (%)	Feb-21	75	Mar-21	75	Apr-21	80	May-21	78	Jun-21	78	Jul-21	72	Aug-21	70	Sep-21	72	Oct-21	68	Nov-21	68	Dec-21	65	Jan-22	75	Feb-22	71	Month	Late Starts (%)	Early Finishes (%)	Feb-21	42	45	Mar-21	45	48	Apr-21	40	42	May-21	45	45	Jun-21	45	45	Jul-21	45	48	Aug-21	45	45	Sep-21	45	48	Oct-21	45	50	Nov-21	45	48	Dec-21	45	45	Jan-22	45	48	Feb-22	43	43	Month	Morriston (%)	NPTH (%)	Singleton (%)	Feb-21	10	40	5	Mar-21	5	10	5	Apr-21	5	15	5	May-21	5	5	5	Jun-21	5	5	5	Jul-21	10	15	5	Aug-21	15	10	5	Sep-21	5	15	5	Oct-21	5	15	5	Nov-21	5	15	5	Dec-21	5	15	5	Jan-22	5	15	5	Feb-22	5	15	5	Month	Rate (%)	Feb-21	45	Mar-21	45	Apr-21	45	May-21	35	Jun-21	40	Jul-21	40	Aug-21	40	Sep-21	40	Oct-21	40	Nov-21	35	Dec-21	35	Jan-22	35	Feb-22	34
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PLANNED CARE		
Description	Current Performance	Trend
<b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In February 2022, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 6,267 in January 2022 to 6,078 in February 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for February 2022:</p> <ul style="list-style-type: none"> <li>• Endoscopy= 3,907</li> <li>• Cardiac tests= 1,579</li> <li>• Other Diagnostics = 592</li> </ul> <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><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p> <p>Legend:</p> <ul style="list-style-type: none"> <li>Cardiac tests</li> <li>Endoscopy</li> <li>Other diagnostics (inc. radiology)</li> </ul>
<b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In February 2022 there were 926 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in February 2022 are:</p> <ul style="list-style-type: none"> <li>• Podiatry = 817</li> <li>• Speech &amp; Language Therapy= 62</li> <li>• Dietetics = 38</li> </ul> <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><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <p>Legend:</p> <ul style="list-style-type: none"> <li>Occ Therapy/ LD (MH)</li> <li>Occ Therapy (exc. MH)</li> <li>Audiology</li> <li>Dietetics</li> <li>Physio</li> <li>Podiatry</li> </ul>

CANCER																														
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Cancer demand and shape of the waiting list  1. Number of Urgent Suspected Cancer (USC) referrals received	<p>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.</p> <p>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. However, recent months are reporting lower referral figures than have been seen over the last year.</p>	<p><b>1. Number of USC referrals</b></p> <table><thead><tr><th>Month</th><th>Number of USC referrals</th></tr></thead><tbody><tr><td>Feb-21</td><td>1594</td></tr><tr><td>Mar-21</td><td>1932</td></tr><tr><td>Apr-21</td><td>1880</td></tr><tr><td>May-21</td><td>1871</td></tr><tr><td>Jun-21</td><td>2014</td></tr><tr><td>Jul-21</td><td>2062</td></tr><tr><td>Aug-21</td><td>1742</td></tr><tr><td>Sep-21</td><td>2005</td></tr><tr><td>Oct-21</td><td>1821</td></tr><tr><td>Nov-21</td><td>1771</td></tr><tr><td>Dec-21</td><td>1488</td></tr><tr><td>Jan-22</td><td>1665</td></tr><tr><td>Feb-22</td><td>1577</td></tr></tbody></table>	Month	Number of USC referrals	Feb-21	1594	Mar-21	1932	Apr-21	1880	May-21	1871	Jun-21	2014	Jul-21	2062	Aug-21	1742	Sep-21	2005	Oct-21	1821	Nov-21	1771	Dec-21	1488	Jan-22	1665	Feb-22	1577
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2. Single Cancer Pathway backlog- patients waiting over 63 days	<p>February 2022 has seen a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none"><li>- FIT testing has been established in Primary care, which has supported the removal of a large number of patients from the backlog figures.</li><li>- Successfully recruited to the breast surgeon vacancy and additional breast activity is scheduled to take place in the coming months.</li><li>- Successful recruitment of a pancreatic surgeon due to start in March 2022.</li><li>- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog.</li></ul>	<p><b>2. Single Cancer Pathway backlog- patients waiting over 63 days</b></p> <table><thead><tr><th>Month</th><th>Total backlog</th></tr></thead><tbody><tr><td>Feb-21</td><td>300</td></tr><tr><td>Mar-21</td><td>320</td></tr><tr><td>Apr-21</td><td>380</td></tr><tr><td>May-21</td><td>380</td></tr><tr><td>Jun-21</td><td>520</td></tr><tr><td>Jul-21</td><td>620</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>650</td></tr><tr><td>Nov-21</td><td>580</td></tr><tr><td>Dec-21</td><td>680</td></tr><tr><td>Jan-22</td><td>720</td></tr><tr><td>Feb-22</td><td>520</td></tr></tbody></table>	Month	Total backlog	Feb-21	300	Mar-21	320	Apr-21	380	May-21	380	Jun-21	520	Jul-21	620	Aug-21	680	Sep-21	680	Oct-21	650	Nov-21	580	Dec-21	680	Jan-22	720	Feb-22	520
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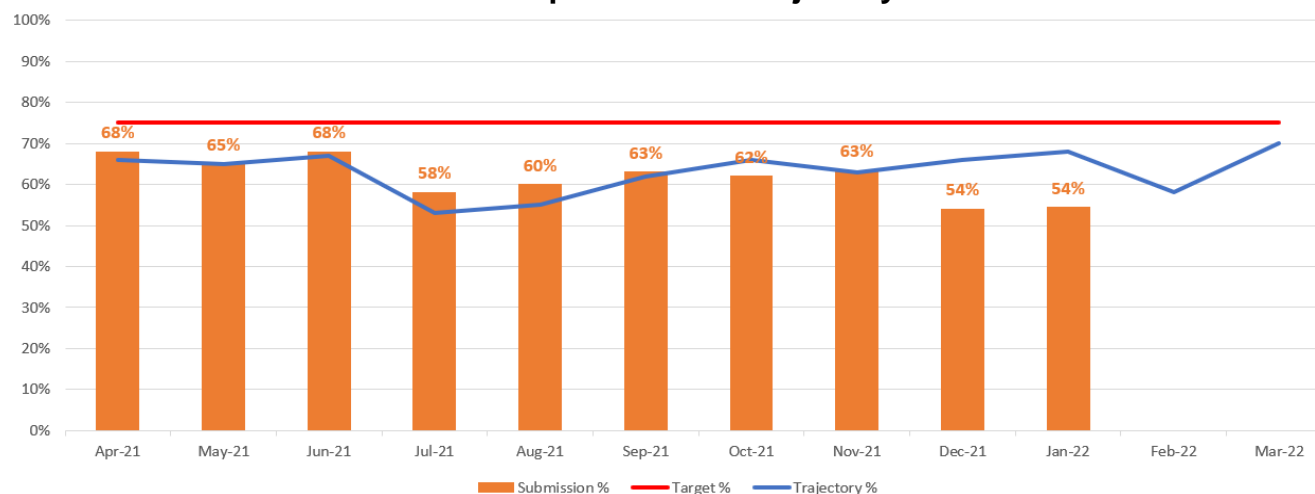




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<b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early February 2022 figures show total wait volumes have decreased by 8%. Of the total number of patients awaiting a first outpatient appointment, 76% have been booked.</p>	<p><b>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early March 2022</b></p> <table border="1"> <thead> <tr> <th>FIRST OPA</th><th>27-Feb</th><th>03-Mar</th></tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>20</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>0</td><td>2</td></tr> <tr><td>Gynaecological</td><td>84</td><td>59</td></tr> <tr><td>Haematological</td><td>0</td><td>0</td></tr> <tr><td>Head and Neck</td><td>76</td><td>79</td></tr> <tr><td>Lower GI</td><td>73</td><td>78</td></tr> <tr><td>Lung</td><td>10</td><td>12</td></tr> <tr><td>Other</td><td>96</td><td>98</td></tr> <tr><td>Sarcoma</td><td>16</td><td>24</td></tr> <tr><td>Skin</td><td>89</td><td>63</td></tr> <tr><td>Upper GI</td><td>42</td><td>45</td></tr> <tr><td>Urological</td><td>29</td><td>31</td></tr> <tr><td></td><td>535</td><td>491</td></tr> </tbody> </table>	FIRST OPA	27-Feb	03-Mar	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	20	0	Children's Cancer	0	2	Gynaecological	84	59	Haematological	0	0	Head and Neck	76	79	Lower GI	73	78	Lung	10	12	Other	96	98	Sarcoma	16	24	Skin	89	63	Upper GI	42	45	Urological	29	31		535	491
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<b>Radiotherapy waiting times</b> <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.</p> <table border="1"> <thead> <tr> <th>Measure</th><th>Target</th><th>Dec-21</th></tr> </thead> <tbody> <tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>51%</td></tr> <tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>91%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>60%</td></tr> <tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>100%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>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>94%</td></tr> <tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	Dec-21	Scheduled (21 Day Target)	80%	51%	Scheduled (28 Day Target)	100%	91%	Urgent SC (7 Day Target)	80%	60%	Urgent SC (14 Day Target)	100%	100%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	94%	Elective Delay (28 Day Target)	100%	100%	<p><b>Radiotherapy waiting times</b></p> <p>The chart displays the percentage of patients meeting various radiotherapy waiting time targets over a 12-month period. The y-axis represents the percentage from 0% to 100%. The x-axis shows months from February 2021 to February 2022. Emergency (within 1 day) and Emergency (within 2 days) are consistently at 100%. Urgent SC (14 Day Target) is also at 100%. Scheduled (21 Day Target) shows a significant dip to around 20% in late 2021 before recovering. Scheduled (28 Day Target) and Elective Delay (28 Day Target) remain high, generally above 80%.</p>																					
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## Cancer Services – Performance Escalation Updates

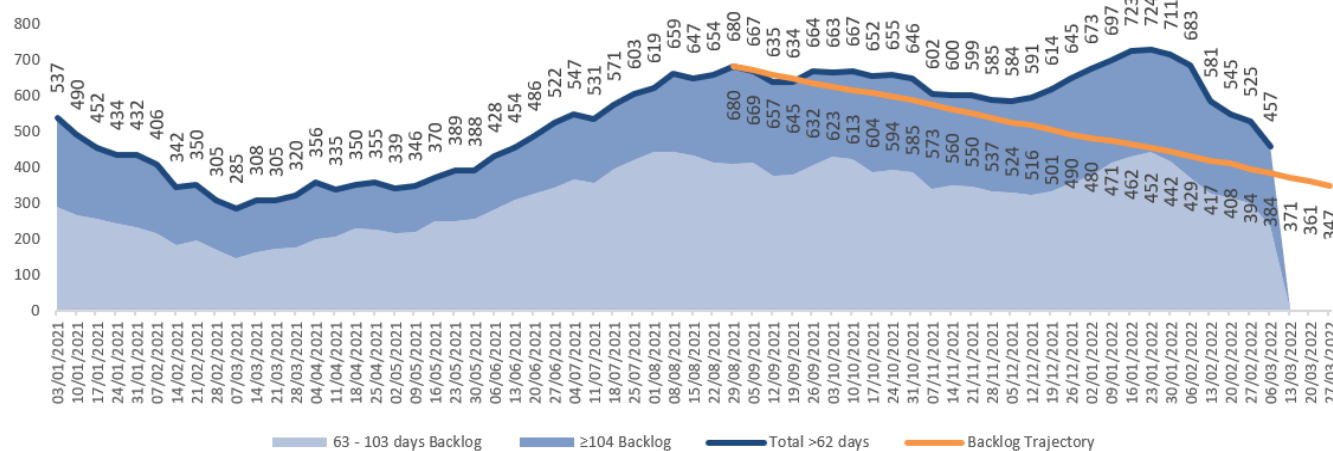
### 1.SCP performance trajectory



1. SCP performance in January 2022 was reported as 54% which is tracking below the outlined trajectory of 68%. February 2022 performance is still in draft format, however current projections suggest performance will be below the recovery trajectory.

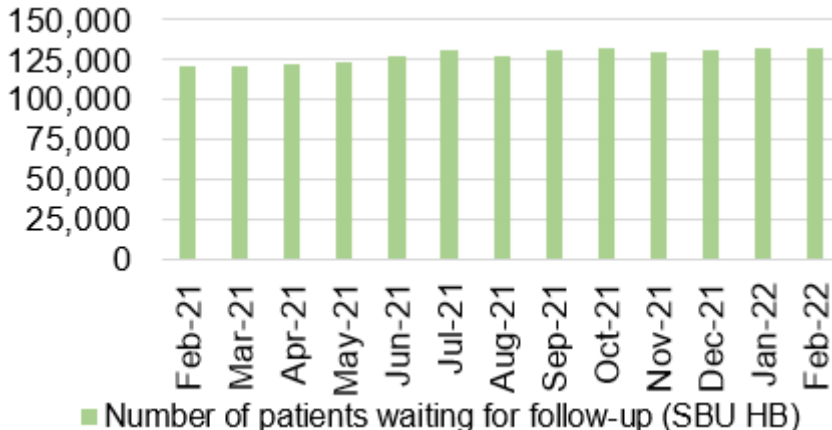
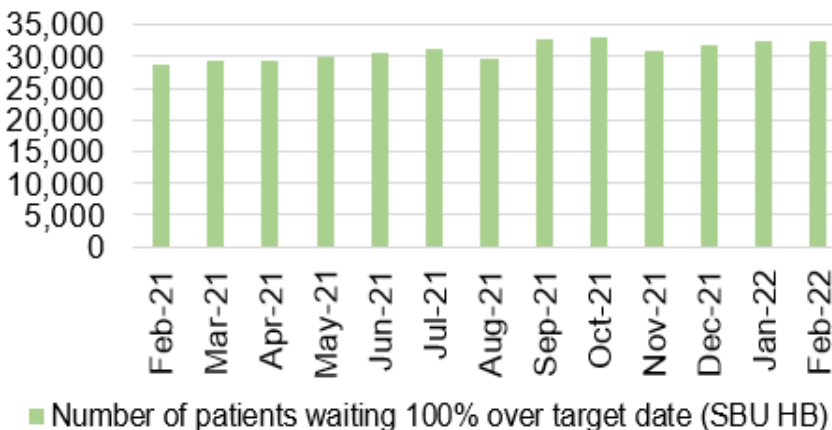
### Proposed backlog improvements to support SCP performance

#### Backlog



2. Shows the weekly breakdown of the backlog reduction against the proposed trajectories. The backlog figures are showing a consistent reduction as a result of various initiatives which have been implemented to support the position recovery. Work is ongoing to support the improved backlog position



FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
<b>Follow-up appointments</b>  1. The total number of patients on the follow-up waiting list  2. The number of patients waiting 100% over target for a follow-up appointment	<p>In February 2022, the overall size of the follow-up waiting list increased by 188 patients compared with December 2021 (from 131,848 to 132,036).</p> <p>In February 2022, there was a total of 58,804 patients waiting for a follow-up past their target date. This is an in-month increase of 0.3% (from 58,639 in January 2022 to 58,804 in February 2022).</p> <p>Of the 58,804 delayed follow-ups in February 2022, 11,664 had appointment dates and 47,140 were still waiting for an appointment.</p> <p>In addition, 32,447 patients were waiting 100%+ over target date in February 2022. This is a 0.2% reduction when compared with January 2022.</p>	<p><b>1. Total number of patients waiting for a follow-up</b></p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p>  <p>■ Number of patients waiting 100% over target date (SBU HB)</p>

PATIENT EXPERIENCE		
Description	Current Performance	Trend
<b>Patient experience</b>  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"> <li>Health Board Friends &amp; Family patient satisfaction level in February 2022 was 92% and 3,099 surveys were completed.               <ul style="list-style-type: none"> <li>Singleton/ Neath Port Talbot Hospitals Service Group completed 1,485 surveys in February 2022, with a recommended score of 94%.</li> <li>Morrison Hospital completed 1,285 surveys in February 2022, with a recommended score of 84%.</li> <li>Primary &amp; Community Care completed 251 surveys for February 2022, with a recommended score of 95%.</li> <li>The Mental Health Service Group completed 17 surveys for February 2022, with a recommended score of 100%.</li> </ul> </li> </ul>	<p><b>1. Number of friends and family surveys completed</b></p> <p><b>2. % of patients/ service users who would recommend and highly recommend</b></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
<b>Patient concerns</b>  <i>1. Number of formal complaints received</i>  		

## 6.1 Overview

		Harm from wider societal actions/lockdown																
Measure	Locality	National/ Local Target	Internal profile	Trend					SBU									
					Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
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%		97.0%					
	Swansea				96.3%			95.9%			95.9%		95.5%					
	HB Total				95.4%			95.7%			96.2%		96.1%					
% children who received MenB2 vaccine by age 1	NPT	95%	90%		93.8%			95.2%			96.6%		96.7%					
	Swansea				96.1%			96.3%			95.5%		95.1%					
	HB Total				95.2%			95.8%			95.9%		95.7%					
% children who received PCV2 vaccine by age 1	NPT	95%	90%		96.6%			94.4%			98.2%		98.7%					
	Swansea				97.2%			95.4%			96.8%		96.3%					
	HB Total				96.9%			95.0%			97.3%		97.2%					
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		93.8%			94.0%			96.6%		96.3%					
	Swansea				94.1%			94.8%			94.4%		94.1%					
	HB Total				94.0%			94.6%			95.2%		94.9%					
% children who received MMR1 vaccine by age 2	NPT	95%	90%		95.5%			94.0%			94.3%		95.2%					
	Swansea				93.1%			94.8%			93.8%		93.0%					
	HB Total				94.0%			94.6%			94.0%		93.8%					
% children who received PCVf3 vaccine by age 2	NPT	95%	90%		96.1%			94.4%			95.6%		94.6%					
	Swansea				93.3%			95.4%			93.0%		93.3%					
	HB Total				94.3%			95.0%			93.9%		93.8%					
% children who received MenB4 vaccine by age 2	NPT	95%	90%		95.5%			94.1%			95.3%		94.9%					
	Swansea				93.3%			95.5%			93.0%		93.3%					
	HB Total				94.1%			95.0%			93.8%		93.9%					
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		95.2%			93.5%			95.3%		94.3%					
	Swansea				92.7%			95.7%			93.5%		92.3%					
	HB Total				96.3%			94.9%			94.1%		93.0%					

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU											
					Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
% children who are up to date in schedule by age 4	NPT	95%	90%		86.6%			87.9%			86.4%			82.2%		
	Swansea				86.2%			88.1%			88.3%			85.6%		
	HB Total				86.3%			88.0%			87.6%			86.8%		
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		93.9%			90.8%			89.0%			91.6%		
	Swansea				91.4%			91.3%			90.3%			90.9%		
	HB Total				92.4%			91.1%			89.8%			91.2%		
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		93.7%			91.3%			89.3%			92.4%		
	Swansea				90.5%			92.0%			92.0%			90.1%		
	HB Total				91.7%			91.7%			91.0%			91.0%		
% children who received MMR vaccination by age 16	NPT	95%	90%		90.5%			90.1%			94.0%			93.3%		
	Swansea				87.8%			91.2%			90.0%			91.1%		
	HB Total				88.9%			90.8%			91.6%			92.0%		
% children who received teenage booster by age 16	NPT	90%	85%		91.3%			91.6%			90.4%			87.9%		
	Swansea				90.0%			89.9%			90.0%			91.0%		
	HB Total				90.5%			90.6%			90.2%			89.8%		
% children who received MenACWY vaccine by age 16	NPT	Improve			92.1%			92.1%			90.9%			88.1%		
	Swansea				90.8%			91.1%			90.4%			91.3%		
	HB Total				91.3%			91.5%			90.6%			90.0%		

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU				SBU								
					Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
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%	93%	94%	79%	100%	95%	97%	97%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%		↘	66%	63%	60%	61%	58%	41%	48%	40%	40%	34%	22%	28%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%		↘	97%	46%	0%	0%	0%	29%	37%	89%	65%	36%	43%	28%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%		↘	56%	53%	48%	53%	44%	29%	32%	41%	3%	3%	2%	27%	
% 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%		↘	98%	97%	97%	98%	99%	98%	100%	96%	98%	98%	95%	95%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%		↘	97%	91%	49%	67%	1%	100%	82%	35%	0%	64%	50%	39%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%		↘	98%	97%	92%	96%	99%	97%	100%	90%	98%	96%	100%	99%	
% 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%		↗	28%	30%	30%	33%	32%	34%	27%	34%	34%	37%	37%	33%	
% 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%		↘	84%	82%	82%	83%	81%	81%	65%	84%	84%	84%	84%	89%	
% 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%	92%	88%	88%	84%	84%	83%	81%	80%	81%	

### 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 January 2022, 95% 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>Data for Measure 1: % assessments within 28 days (&gt;18 yrs)</caption><thead><tr><th>Month</th><th>% assessments</th></tr></thead><tbody><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>95%</td></tr><tr><td>Jan-22</td><td>95%</td></tr></tbody></table>	Month	% assessments	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	95%	Jan-22	95%
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Oct-21	95%																													
Nov-21	95%																													
Dec-21	95%																													
Jan-22	95%																													
2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)	2. In January 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 99%.	2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment <table><caption>Data for Measure 2: % therapeutic interventions started within 28 days (&gt;18 yrs)</caption><thead><tr><th>Month</th><th>% interventions</th></tr></thead><tbody><tr><td>Jan-21</td><td>99%</td></tr><tr><td>Feb-21</td><td>99%</td></tr><tr><td>Mar-21</td><td>99%</td></tr><tr><td>Apr-21</td><td>99%</td></tr><tr><td>May-21</td><td>99%</td></tr><tr><td>Jun-21</td><td>99%</td></tr><tr><td>Jul-21</td><td>99%</td></tr><tr><td>Aug-21</td><td>99%</td></tr><tr><td>Sep-21</td><td>99%</td></tr><tr><td>Oct-21</td><td>99%</td></tr><tr><td>Nov-21</td><td>99%</td></tr><tr><td>Dec-21</td><td>99%</td></tr><tr><td>Jan-22</td><td>99%</td></tr></tbody></table>	Month	% interventions	Jan-21	99%	Feb-21	99%	Mar-21	99%	Apr-21	99%	May-21	99%	Jun-21	99%	Jul-21	99%	Aug-21	99%	Sep-21	99%	Oct-21	99%	Nov-21	99%	Dec-21	99%	Jan-22	99%
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Nov-21	99%																													
Dec-21	99%																													
Jan-22	99%																													
3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)	3. 81% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in January 2022.	3. % residents with a valid Care and Treatment Plan (CTP) <table><caption>Data for Measure 3: % patients with valid CTP (&gt;18 yrs)</caption><thead><tr><th>Month</th><th>% patients</th></tr></thead><tbody><tr><td>Jan-21</td><td>90%</td></tr><tr><td>Feb-21</td><td>90%</td></tr><tr><td>Mar-21</td><td>90%</td></tr><tr><td>Apr-21</td><td>90%</td></tr><tr><td>May-21</td><td>90%</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>85%</td></tr><tr><td>Dec-21</td><td>85%</td></tr><tr><td>Jan-22</td><td>81%</td></tr></tbody></table>	Month	% patients	Jan-21	90%	Feb-21	90%	Mar-21	90%	Apr-21	90%	May-21	90%	Jun-21	90%	Jul-21	90%	Aug-21	85%	Sep-21	85%	Oct-21	85%	Nov-21	85%	Dec-21	85%	Jan-22	81%
Month	% patients																													
Jan-21	90%																													
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Sep-21	85%																													
Oct-21	85%																													
Nov-21	85%																													
Dec-21	85%																													
Jan-22	81%																													
4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	4. In January 2022, 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>Data for Measure 4: % waiting less than 26 wks for psychological therapy</caption><thead><tr><th>Month</th><th>% waiting</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	% waiting	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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Sep-21	100%																													
Oct-21	100%																													
Nov-21	100%																													
Dec-21	100%																													

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 January 2022, 100% of CAMHS patients received an assessment within 48 hours.	<b>1. Crisis- assessment within 48 hours</b> 
2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 28% of routine assessments were undertaken within 28 days from referral in January 2022 against a target of 80%.	<b>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</b> 
3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 39% of therapeutic interventions were started within 28 days following assessment by LPMHSS in January 2022.	
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 33% of NDD patients received a diagnostic assessment within 26 weeks in January 2022 against a target of 80%.	<b>4. NDD- assessment within 26 weeks</b> 
5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 27% of routine assessments by SCAMHS were undertaken within 28 days in January 2022.	<b>5. S-CAMHS % assessments within 28 days</b> 



## 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 relat	Number of new COVID19 cases*	Local			Feb-22						4,209
	Number of staff referred for Antigen Testing*	Local			Feb-22						200
	Number of staff awaiting results of COVID19 test*	Local			Feb-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			Feb-22						4
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Feb-22						43
	Number of staff self isolated (symptomatic)*	Local			Feb-22						204
	% sickness*	Local			Feb-22						1.8%

	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		Feb-22	657		21			678
	% 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%		Feb-22	58.8%	97.2%				72%
	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		Feb-22	1,104	1				1,105
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Feb-22	42%					42%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Feb-22	62%					62%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Feb-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		Feb-22	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Feb-22	42%					42%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	17	Feb-22	9	0	0	17	0	26
	Number of S.aureus bacteraemia cases	National		8	Feb-22	5	0	1	2	0	8
	Number of C.difficile cases	National		10	Feb-22	6	0	1	6	0	13
	Number of Klebsiella cases	National		7	Feb-22	3	0	0	1	0	4
	Number of Aeruginosa cases	National		1	Feb-22	2	0	0	1	0	3
	Compliance with hand hygiene audits	Local	95%		Feb-22	100%	100%	-	96%	92%	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%		Jan-22	88.8%					88.8%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Jan-22	51.0%					51.0%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Jan-22	69.7%					69.7%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Jan-22	71.7%					71.7%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Jan-22	76.4%					76.4%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Dec-21	69.6%					69.6%
	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	52.4%					52.4%
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		Feb-22	2	0	0	0	0	2
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Feb-22						0%
	Number of Never Events	Local	0		Feb-22	2	0	0	0	0	2
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Jan-22	40	3	22	27	0	92
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Jan-22	6	0	3	1	0	10
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Jan-22						1,018
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Feb-22	86	34	46	4	28	199
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Feb-22						5.37
Mortality	Universal Mortality reviews undertaken within 28 days (S	Local	95%		Jan-22	96%	100%				96%
	Stage 2 mortality reviews completed within 60 days	Local	95%		Oct-21	83%	-	50%			75%
	Crude hospital mortality rate by Delivery Unit (74 years of	National	12 month reduction trend		Jan-22	1.52%	0.06%	0.58%			0.92%

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

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		Feb-22 (Draft)						33%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Feb-22	18,220	88	7,192	22		25,522
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Feb-22	25,090	136	12,194	22		37,920
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Feb-22	2,180		3,898			6,078
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Feb-22		38		888	0	926
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Feb-22						132,036
	Number of patients delayed by over 100% past their target date	National	0		Feb-22						32,447
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Feb-22						58,804
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Feb-22						299
Patient Experience/ Feedback	Number of patients without a documented clinical review date	Local	0		Feb-22						1
	Number of friends and family surveys completed	Local	12 month improvement trend		Feb-22	1,285	Now reported under Singleton	1,485	251	17	1,285
	% of patients who would recommend and highly recommend	Local	90%	80%	Feb-22	84%		94%	95%	100%	90%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Feb-22	89%		97%	99%		91%
	Number of new complaints received	Local	12 month reduction trend		Dec-21	42	3	20	9	9	115
	% 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%	Dec-21	69%	67%	50%	78%	78%	68%

\* 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%	Q3 2021/22						96.1%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q3 2021/22						95.7%
	% children who received PCV2 vaccine by age 1		95%	90%	Q3 2021/22						97.2%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q3 2021/22						94.9%
	% children who received MMR1 vaccine by age 2		95%	90%	Q3 2021/22						93.8%
	% children who received PCV13 vaccine by age 2		95%	90%	Q3 2021/22						93.8%
	% children who received MenB4 vaccine by age 2		95%	90%	Q3 2021/22						93.9%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q3 2021/22						93.0%
	% children who are up to date in schedule by age 4		95%	90%	Q3 2021/22						86.8%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q3 2021/22						91.2%
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q3 2021/22						91.0%
	% children who received MMR vaccination by age 16		95%	90%	Q3 2021/22						92.0%
	% children who received teenage booster by age 16		90%	85%	Q3 2021/22						89.8%
	% children who received MenACWY vaccine by age 16		Improve		Q3 2021/22						90.0%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Jan-22						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Jan-22						28%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Jan-22						28%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Jan-22						27%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Jan-22					95%	95%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Jan-22						33%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Jan-22					99%	99%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Jan-22					100%	100%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Jan-22						33%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Jan-22						89%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Jan-22					81%	81%



## APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

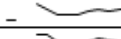
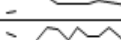
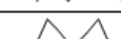
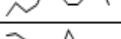
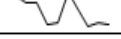
Harm from Covid itself																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
COVID19 related measures	Number of new COVID19 cases	Local	Feb-22	4,209		Reduce					1,208	907	406	189	708	1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209
	Number of staff referred for Antigen Testing	Local	Feb-22	16,647		Reduce					11,115	11,683	11,957	12,224	12,505	12,872	13,278	13,951	14,475	14,969	15,756	16,447	16,647
	Number of staff awaiting results of COVID19 test	Local	Feb-22	0		Reduce					69 (as at 06/03/21)	2 (as at 11/04/21)	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Dec-21	54		Reduce					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				
	Number of COVID19 related complaints	Local	Feb-22	4		Reduce					131	98	38	13	16	4	6	3	4	14	20	4	4
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					3	3	2	2	1	1	0	0					
	Number of staff self isolated (asymptomatic)	Local	Feb-22	43		Reduce					160	145	84	71	70	71	115	227	120	65	126	87	43
	Number of staff self isolated (symptomatic)	Local	Feb-22	204		Reduce					156	108	87	71	50	67	114	204	180	120	393	309	204
% sickness	Local	Feb-22	1.8%		Reduce						2.4%	1.9%	1.3%	1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%
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	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Feb-22	54%	65%	65%	✗	50% (Oct-21)	5th (Oct-21)		70%	73%	72%	62%	67%	64%	59%	50%	44%	52%	46%	51%	54%
	Number of ambulance handovers over one hour	National	Feb-22	678	0			5,350 (Oct-21)	2nd (Oct-21)		219	231	337	477	547	616	726	642	648	670	612	735	678
	Handover hours lost over 15 minutes	Local	Feb-22	3110							550	583	877	1,154	1,386	1,937	2,443	2,467	3,093	2,461	2,527	3,390	3,110
	% 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	Feb-22	72%	95%			65% (Oct-21)	2nd (Oct-21)		71%	77%	75%	73%	72%	75%	75%	73%	72%	73%	70%	73%	72%
	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	Feb-22	1105	0			9,484 (Oct-21)	4th (Oct-21)		534	457	631	684	880	1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Nov-21	52.4%	12 month ↑			85.9% (Aug-21)	4th (Aug-21)		70.7%	59.6%	71.1%	72.1%	78.3%	84.8%	86.7%	72.2%	77.8%	52.4%			
	% 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)		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	Feb-22	42%	54.0%			18.8% (Oct-21)	6th out of 6 organisations (Oct-21)		18.2%	20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%
	CT Scan (<1 hrs) (local)	Local	Feb-22	62%							30.6%	40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Feb-22	100%							97.2%	100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%
	Thrombolysis door to needle <= 45 mins	Local	Feb-22	0%							0.0%	55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Feb-22	42%	12 month ↑							61.2%	55.9%	47.1%	39.7%	41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Feb-22	74.6	<67		✗	72.49 (Oct-21)	4th (Oct-21)		59.8	61.9	99.8	88.9	89.4	89.4	90.5	86.4	82.2	80.5	77.1	73.8	74.6
	Number of E.Coli bacteraemia cases (Hospital)		Feb-22	9							6	9	12	11	5	8	9	9	7	5	5	7	9
	Number of E.Coli bacteraemia cases (Community)			17							11	19	20	15	23	15	25	12	12	17	12	8	17
	Total number of E.Coli bacteraemia cases			26							17	28	32	26	28	23	34	21	19	22	17	15	26
	Cumulative cases of S.aureus bacteraemias per 100k pop		Feb-22	35.8	<20		✗	26.72 (Oct-21)	6th (Oct-21)		31.4	31.6	40.5	44.5	37.0	36.0	35.5	38.3	40.6	37.2	36.0	36.3	35.8
	Number of S.aureus bacteraemias cases (Hospital)		Feb-22	6							7	4	4	5	5	7	8	13	11	1	5	2	6
	Number of S.aureus bacteraemias cases (Community)			2							2	7	9	10	2	4	4	4	7	3	4	10	2
	Total number of S.aureus bacteraemias cases			8							9	11	13	15	7	11	12	17	18	4	9	12	8
	Cumulative cases of C.difficile per 100k pop		Feb-22	49.8	<25		✗	37.49 (Oct-21)	6th (Oct-21)		41.5	41.1	62.3	49.1	46.2	52.0	55.0	53.2	52.9	53.3	51.3	50.3	49.8
	Number of C.difficile cases (Hospital)		Feb-22	8							9	7	15	7	6	16	20	9	10	10	11	11	8
	Number of C.difficile cases (Community)			5							2	5	5	5	6	7	2	5	5	10	7	3	5
	Total number of C.difficile cases			13							11	12	20	12	12	23	22	14	15	20	12	14	13
	Cumulative cases of Klebsiella per 100k pop		Feb-22	24.3							25.8	26.2	28.1	21.5	26.7	0.0	22.6	24.5	27.1	26.5	26.5	25.3	24.3
	Number of Klebsiella cases (Hospital)		Feb-22	3							4	1	4	3	5	2	4	8	8	2	6	5	3
	Number of Klebsiella cases (Community)			1							2	9	5	2	7	1	4	3	5	5	3	0	1
	Total number of Klebsiella cases			4				64 (Oct-21)	6th (Oct-21)		6	10	9	5	12	3	8	11	13	7	9	5	4
	Cumulative cases of Aeruginosa per 100k pop		Feb-22	6.2							5.1	4.9	9.4	6.1	6.2	0.0	5.5	5.6	4.8	5.4	6.1	5.8	6.2
	Number of Aeruginosa cases (Hospital)		Feb-22	2							0	0	2	0	1	0	1	2	0	3	3	1	2
	Number of Aeruginosa cases (Community)			1							1	1	1	1	1	1	1	0	0	0	1	0	1
	Total number of Aeruginosa cases			3				22 (Oct-21)	1st (Oct-21)		1	1	3	1	2	1	2	2	0	3	4	1	3
Serious Incidents and risks	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Feb-22	95.8%		95%	✓				93%	97%	96%	98%	96%	95%	95%	96%	97%	92%	96%	95%	96%
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Feb-22	0.0%	90%	80%	✗				10%	0%	0%	0%	0%	33%	0%	-	0%	0%	0%	25%	0%
	Number of new Never Events	National	Feb-22	2	0	0	✗				0	0	0	0	1	0	0	0	0	1	0	0	2
	Number of risks with a score greater than 20	Local		37		12 month ↓	✓				140	142	132	127	113	104	105	114	118	121	35	34	37
	Number of risks with a score greater than 16	Local		66		12 month ↓	✓				233	230	217	224	219	221	220	240	235	238	60	60	66
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Jan-22	65		12 month ↓	✗				48	36	59	53	53	58	53	65	42	43	56	65	
	Number of pressure ulcers developed in the community		Jan-22	27		12 month ↓	✗				24	26	31	20	21	33	34	39	32	31	55	27	
	Total number of pressure ulcers			92		12 month ↓	✗				72	62	90	73	74	91	87	104	74	74	111	92	
	Number of grade 3+ pressure ulcers acquired in hospital			9		12 month ↓	✗				3	1	4	1	2	3	2	1	1	2	4	9	
	Number of grade 3+ pressure ulcers acquired in the community		Jan-22	1		12 month ↓	✗				4	2	10	2	4	2	8	6	7	8	14	1	
	Total number of grade 3+ pressure ulcers		Jan-22	10		12 month ↓	✗				7	3	14	3	6	5	10	7	8	10	18	10	
Inpatient Falls	Number of Inpatient Falls	Local	Feb-22	199		12 month ↓	✗				177	171	176	228	174	193	198	207	240	213	208	196	199

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	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Jan-22	96%	95%	95%	✓				100.0%	97.6%	99.3%	98.0%	98.6%	97.6%	93.0%	98.0%	96.8%	98.5%	96.1%	96.1%	
	Stage 2 mortality reviews required	Local	Jan-22	7							6	11	5	18	12	7	17	10	16	10	6	7	
	% stage 2 mortality reviews completed	Local	Oct-21	75.00%		100%	✗								25.0%	42.9%	50.0%	81.8%	75.0%				
	Crude hospital mortality rate (74 years of age or less)	National	Jan-22	0.92%	12 month ↓			1.35% (Sep-21)	4th (Sep-21)		1.17%	1.17%	1.04%	1.04%	1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Feb-22	92%		98%	✗				96.3%	93.5%	97.4%	98.9%	95.0%	89.7%	91.7%	91.6%	93.8%	92.2%	89.1%	93.4%	92.3%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Jan-22	86%	95%	95%	✗				96%	96%	96%	96%	89%	90%	94%	90%	92%	76%	84%	86%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Feb-22	65%		100%	✗				63%	64%	63%	67%	69%	62%	62%	68%	61%	63%	62%	61%	65%
Workforce	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 (May-20)		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)		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	Feb-22	56%	85%	85%	✗	60.0% (May-21)	8th out of 10 organisations (May-21)		51%	53%	57%	60%	65%	60%	60%	58%	56%	55%	57%	56%	56%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Feb-22	80%	85%	85%	✗	78.8% (May-21)	6th out of 10 organisations (May-21)		80%	80%	80%	80%	81%	81%	81%	80%	80%	80%	80%	80%	80%
	% workforce sickness absence (12 month rolling)	National	Jan-22	7.43%	12 month ↓			5.68% (May-21)	9th out of 10 organisations (May-21)		7.56%	7.44%	7.12%	6.93%	6.91%	6.99%	7.11%	7.29%	7.44%	7.44%	7.33%	7.43%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2020	67.1%	Improvement			67.8% (2020)	7th out of 10 organisations (2020)		2020 = 67.1%												



Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Jan-22	10.8%	4 quarter ↓			21.8% (Q3 20/21)	1st (Q3 20/21)		5.3%	6.6%	7.8%	9.0%	10.2%	11.4%	11.0%	11.5%	11.4%	10.5%	11.1%	10.8%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Feb-22 (Draft)	33.3%	12 month ↑			59.0% (Sep-21)	2nd out of 6 organisations (Sep-21)		56.4%	71.6%	65.7%	65.4%	66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	33.3%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Feb-22	51%	80%		✖				35%	42%	37%	40%	31%	60%	57%	58%	37%	30%	37%	48%	51%
	Scheduled (28 Day Target)	Local	Feb-22	91%	100%		✖				80%	85%	77%	87%	70%	84%	91%	89%	84%	61%	78%	82%	91%
	Urgent SC (7 Day Target)	Local	Feb-22	60%	80%		✖				23%	41%	38%	50%	45%	46%	55%	22%	30%	60%	37%	57%	60%
	Urgent SC (14 Day Target)	Local	Feb-22	100%	100%		✓				91%	90%	83%	86%	87%	77%	95%	76%	90%	100%	87%	97%	100%
	Emergency (within 1 day)	Local	Feb-22	100%	80%		✓				100%	100%	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Emergency (within 2 days)	Local	Feb-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	Feb-22	94%	80%		✓				61%	86%	82%	81%	91%	90%	94%	81%	89%	79%	92%	90%	94%
	Elective Delay (28 Day Target)	Local	Feb-22	100%	100%		✓				75%	93%	92%	84%	95%	97%	97%	97%	94%	86%	100%	94%	100%
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Feb-22	6078	0			48,408 (Sep-21)	2nd (Sep-21)		5,087	4,554	4,804	4,842	5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078
	Number of patients waiting > 14 weeks for a specified therapy	National	Feb-22	926	0			5,798 (Sep-21)	2nd (Sep-21)		491	369	201	166	171	151	186	320	414	629	885	1,028	926
	% of patients waiting < 26 weeks for treatment	National	Feb-22	50%	95%			54.9% (Sep-21)	6th (Sep-21)		47.9%	48.8%	49.1%	49.1%	50.7%	51.5%	51.9%	52.0%	51.6%	51.3%	50.5%	50.4%	50.1%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Feb-22	25522	0						21,225	21,750	22,752	23,700	23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522
	Number of patients waiting > 36 weeks for treatment	National	Feb-22	37920	0			240,306 (Sep-21)	3rd (Sep-21)		32,719	32,874	33,395	34,447	35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920
	The number of patients waiting for a follow-up outpatient appointment	National	Feb-22	132,036	HB target TBC			779,662 (Oct-21)	5th (Oct-21)		120,882	121,403	122,303	123,088	127,444	130,208	127,391	130,963	131,554	129,255	131,403	131,848	132,036
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Feb-22	32,447				199,638 (Oct-21)	5th (Oct-21)		28,862	29,316	29,334	30,062	30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Feb-22	49%	95%			63.2% (Oct-21)	6th (Oct-21)		47.4%	47.7%	47.2%	46.7%	46.7%	46.3%	46.1%	47.9%	48.6%	49.2%	48.7%	48.3%	49.3%
DNAs	% of patients who did not attend a new outpatient appointment	Local	Feb-22	6.0%	12 month ↓						6.2%	5.6%	5.3%	5.7%	6.5%	6.5%	6.4%	7.2%	7.7%	7.0%	6.3%	6.3%	6.0%
	% of patients who did not attend a follow-up outpatient appointment	Local	Feb-22	6.4%	12 month ↓						6.2%	6.7%	6.1%	6.9%	5.5%	7.5%	7.5%	7.6%	7.8%	7.0%	6.4%	6.6%	6.4%
Theatre Efficiencies	Theatre Utilisation rates	Local	Feb-22	71%		90%	✖				73%	75%	80%	78%	77%	72%	69%	72%	66%	67%	62%	74%	71%
	% of theatre sessions starting late	Local	Feb-22	43%		<25%	✖				42%	40%	38%	43%	43%	44%	44%	42%	46%	43%	40%	43%	43%
	% of theatre sessions finishing early	Local	Feb-22	43%		<20%	✖				44%	48%	41%	45%	43%	48%	46%	46%	50%	48%	48%	48%	43%

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	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200																				
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSC appraisals	National	Q2 21/22	99.1%	100%	100%	✗	98.6% (Q1 21/22)	3rd out of 6 organisations (Q1 21/22)			98.9%			99.0%			99.1%						
Patient experience	Total antibacterial items per 1,000 STAR-PUs	National	Q2 21/22	277.6	4 quarter ↓			227.5 (Q2 21/22)	6th (Q2 21/22)			236.2			249.7			277.6						
	Patients aged 65 years or over prescribed an antipsychotic	National	Q2 21/22	1,476	Quarter on quarter ↓			10,221 (Q1 21/22)	5th (Q1 21/22)			1,442			1,641			1,476						
	Opioid average daily quantities per 1,000 patients	National	Q2 20/21	4,412	4 quarter ↓			4462.6 (Q1 21/22)	3rd (Q1 21/22)			4360.2			4,378.2			4,412						
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q2 21/22	80.8%	Quarter on quarter ↑			87.7% (Q1 21/22)	5th (Q1 21/22)			80.10%			79.9%			80.8%						
	Number of friends and family surveys completed	Local	Feb-22	3,099		12 month ↑	✓					798	1,050		4,590	3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099
	% of who would recommend and highly recommend	Local	Feb-22	90%		90%	✓					85%	87%		96%	97%	92%	92%	92%	92%	94%	93%	92%	90%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Feb-22	91%		90%	✓					94%	93%		92%	96%	95%	92%	96%	93%	93%	96%	93%	91%
Complaints	Number of new formal complaints received	Local	Dec-21	115		12 month trend ↓	✗				94	117	100	115	159	139	115	115	134	159	115			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Dec-21	68%	75%	80%	✗	71.9% (Q3 20/21)	2nd (Q3 20/21)		80%	81%	78%	78%	68%	69%	83%	75%	67%	69%	68%			
	% of acknowledgements sent within 2 working days	Local	Dec-21	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	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2020/21	35.6%	Annual ↑			36.8% (2020/21)	5th (2020/21)		2020/21 = 35.6%													
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q3 21/22	96.1%	95%			95.3% (Q1 21/22)	3rd (Q1 21/22)			95.4%			95.7%			96.2%			96.1%			
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q3 21/22	91.2%	95%			91.7% (Q1 21/22)	4th (Q1 21/22)			92.4%			91.1%			89.8%			91.2%			
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	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	Q3 21/22	63.6%	4 quarter ↑			70.3% (Q2 21/22)	4th (Q2 21/22)			45.5%			31.8%			73.7%			63.6%			
Influenza	% uptake of influenza among 65 year olds and over	National	Feb-22	78.5%	75%			76.5% (Mar-21)	4th (Mar-21)		75.4%	75.5%	Data collection restarts October 2021					58.7%	74.8%	76.9%	78.2%	78.5%		
	% uptake of influenza among under 65s in risk groups	National	Feb-22	48.6%	55%			51.07% (Mar-21)	5th (Mar-21)		49.4%	49.4%						26.0%	40.8%	44.9%	47.3%	48.6%		
	% 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	Feb-22	44.8%	50%			56.3% (Mar-21)	5th (Mar-21)		53.4%	53.4%						22.0%	37.7%	41.5%	43.2%	44.8%		
								58.7%	7th out of 10															

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	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jan-22	100%		100%	✓				100%	100%	100%	93%	94%	79%	100%	95%	97%	97%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jan-22	33%	80%	80%	✗	35.4 (Sep-21)	6th (Sep-21)		28%	30%	30%	33%	32%	34%	27%	34%	34%	37%	37%	33%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Jan-22	28%	80%	80%	✗	27.9% (Oct-21)	4th (Oct-21)		66%	63%	60%	61%	58%	41%	48%	40%	40%	34%	22%	28%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Jan-22	28%		80%	✗	44.2% (Sep-21)	2nd (Sep-21)		97%	46%	0%	0%	0%	29%	37%	89%	65%	36%	43%	28%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Jan-22	39%		80%	✗	45.7% (Sep-21)	4th (Sep-21)		97%	91%	49%	67%	1%	100%	82%	35%	0%	64%	50%	39%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jan-22	27%		80%	✗				56%	53%	48%	53%	44%	29%	32%	41%	3%	3%	2%	27%	
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Jan-22	89%		90%	✗	89.3% (Sep-21)	5th (Sep-21)		84%	82%	82%	83%	81%	81%	65%	84%	84%	84%	84%	89%	
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	Jan-22	95%	80%	80%	✓	65.4% (Sep-21)	1st (Sep-21)		98%	97%	97%	98%	99%	98%	100%	96%	98%	98%	95%	95%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jan-22	99%	80%	80%	✓	75.0% (Sep-21)	4th (Sep-21)		98%	97%	92%	96%	99%	97%	100%	90%	98%	96%	100%	99%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jan-22	200%	95%	95%	✓	72.2% (Sep-21)	1st (Sep-21)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jan-22	81%	90%	90%	✗	85.8% (Sep-21)	6th (Sep-21)		91%	91%	91%	92%	88%	88%	84%	84%	83%	81%	80%	81%	
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)		2020/21= 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)														