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Health Board



<b>Meeting Date</b>	<b>29<sup>th</sup> March 2022</b>	<b>Agenda Item</b>	<b>5.1</b>
<b>Report Title</b>	<b>Integrated 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 period (February 2022) in delivering key local performance measures as well as the national measures outlined in the NHS Wales Delivery Framework.		
<b>Key Issues</b>	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The updated National Delivery Framework 2021/22 was published in October 2021, with the updated framework measures being presented at the November 2021 Management Board meeting. The updated Delivery Framework measures are reported in the Integrated Performance Report. The intention of the updated integrated framework measures is to demonstrate how patients and populations are better off through the delivery of services and allowing a different balance across our traditional services.</p> <p>Updated performance trajectories (Urgent Emergency Care (UEC, Cancer) have been finalised and were agreed in the December 2021 Board meeting.</p> <p><b>Key high level issues to highlight this month are as follows:</b></p> <p><b>2021/22 Delivery Framework</b> <b>COVID19</b></p> <ul style="list-style-type: none"> <li>- The number of new cases of COVID19 has seen a significant reduction in February 2022, with 4,209 new cases being reported in-month.</li> <li>- The occupancy rate of confirmed COVID patients in critical care beds remains at a low rate with one Covid positive patient currently utilising the bed. There are currently 82 general beds being utilised by Covid positive patients.</li> </ul>		

### **Unscheduled Care**

- Demand for emergency department care within Swansea Bay University (SBU) Health Board increased from January 2021 to June 2021 but has since then been on modest reduction trajectory.
- ED 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.
- There is currently a 4-month reduction trend in the number of emergency admissions between November 2021 (4,107) through to February 2022 (3,591).

### **Planned Care**

- 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. This is the first time in 2021/22 that the total list volume has reduced
- 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.

### **Cancer**

- 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 from 711 in January 2022.

### **Mental Health**

- 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><b><u>Child and Adolescent Mental Health Services (CAMHS)</u></b></p> <ul style="list-style-type: none"> <li>- Access times for crisis performance has been maintained at 100% January 2022.</li> <li>- 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%.</li> </ul>			
<p><b>Specific Action Required</b></p>	<p><b>Information</b></p>	<p><b>Discussion</b></p>	<p><b>Assurance</b></p>	<p><b>Approval</b></p>
	<p>✓</p>		<p>✓</p>	
<p><b>Recommendations</b></p>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Health Board performance against key measures and targets.</li> <li>• <b>NOTE</b> the updated performance trajectories produced for recovery in Planned Care, Cancer Services and Unscheduled Emergency care.</li> <li>• <b>ACTION</b> the inclusion of the submitted recovery trajectories as part of the Welsh Government MDS in the April 2022 Integrated Performance report for information purposes.</li> <li>• <b>NOTE</b> the actions being taken to improve performance: - <ul style="list-style-type: none"> <li>○ Virtual Ward work progressing well, currently in the process of reviewing the format in which to present the service benefits in the newly developed Unscheduled Care dashboard by end of April 2022.</li> <li>○ FIT testing has moved to Primary Care which has shown a large improvement in the Cancer Services backlog position as a result with the backlog reducing from 711 at the end of January 2022 to 525 at the end of February 2022 and still improving.</li> <li>○ Further recurrent financial resource of £1m agreed for 2022/23 in addition to £1.5m in 2021/22. This will be utilised to improve access to hyper fractionation, chemotherapy and acute oncology care. The impact of this and the balance of the allocation for 2022/23 are currently being worked through</li> <li>○ Work is ongoing on the development of Enfys ward at Morriston Hospital to enable establishment of Ambulatory Emergency Care Centre by September 2022</li> <li>○ Plans for the COO to conduct a review of the current triage time for ‘walk-in’ patients in ED to establish better pathways of care and redirection to GP OOH/UCC. The review will support improvement in safety, congestion within the department and general flow which in turn will support the delivery of ED recovery trajectories</li> </ul> </li> </ul>			

	<ul style="list-style-type: none"><li>○ Plan to commission Ward G in NPT as an outpatient clinical space to increase capacity in April 2022 which will provide an additional 20 clinic rooms</li><li>○ Continued recovery work is taking place within Therapies to reduce the number of patients waiting &gt;14 weeks of which the benefits have already been seen in February 2022.</li><li>○ Insourcing of activity for Endoscopy and Gastroenterology, detailed demand and capacity plans will be shared at the next IPR.</li><li>○ Work is ongoing to commission additional theatre sessions in the new financial year (2022-23)</li><li>○ Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework. The CEO will review the effectiveness of such escalation with the DOF and DCEO in April 2022</li></ul>
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# INTEGRATED PERFORMANCE REPORT

## 1. INTRODUCTION

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

## 2. BACKGROUND

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

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

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

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

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

**Appendix 1** provides an overview of the Health Board’s latest performance against the Delivery Framework measures along with key local quality and safety measures. A number of local COVID-19 specific measures have been included in this iteration of the performance report.

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

### 3. GOVERNANCE AND RISK ISSUES

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

### 4. FINANCIAL IMPLICATIONS

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

### 5. RECOMMENDATION:

Members are asked to:

- **NOTE** the Health Board performance against key measures and targets.
- **NOTE** the updated performance trajectories produced for recovery in Planned Care, Cancer Services and Unscheduled Emergency care.
- **ACTION** the inclusion of the submitted recovery trajectories as part of the Welsh Government MDS in the April 2022 Integrated Performance report for information purposes.
- **NOTE** the actions being taken to improve performance: -
  - Virtual Ward work progressing well, currently in the process of reviewing the format in which to present the service benefits in the newly developed Unscheduled Care dashboard by end of April 2022.

- FIT testing has moved to Primary Care which has shown a large improvement in the Cancer Services backlog position as a result with the backlog reducing from 711 at the end of January 2022 to 525 at the end of February 2022 and still improving.
- Further recurrent financial resource of £1m agreed for 2022/23 in addition to £1.5m in 2021/22. This will be utilised to improve access to hyper fractionation, chemotherapy and acute oncology care. The impact of this and the balance of the allocation for 2022/23 are currently being worked through
- Work is ongoing on the development of Enfys ward at Morriston Hospital to enable establishment of Ambulatory Emergency Care Centre by September 2022
- Plans for the COO to conduct a review of the current triage time for 'walk-in' patients in ED to establish better pathways of care and redirection to GP OOH/UCC. The review will support improvement in safety, congestion within the department and general flow which in turn will support the delivery of ED recovery trajectories
- Plan to commission Ward G in NPT as an outpatient clinical space to increase capacity in April 2022 which will provide an additional 20 clinic rooms
- Continued recovery work is taking place within Therapies to reduce the number of patients waiting >14 weeks of which the benefits have already been seen in February 2022.
- Insourcing of activity for Endoscopy and Gastroenterology, detailed demand and capacity plans will be shared at the next IPR.
- Work is ongoing to commission additional theatre sessions in the new financial year (2022-23)
- Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework. The CEO will review the effectiveness of such escalation with the DOF and DCEO in April 2022

<b>Governance and Assurance</b>		
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	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
<b>Health and Care Standards</b>		
	Staying Healthy	☒

<i>(please choose)</i>	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"/>
<b>Quality, Safety and Patient Experience</b>		
<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>		
<b>Financial Implications</b>		
<p>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.</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.</p>		
<b>Staffing Implications</b>		
<p>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.</p>		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<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> <li>• <b>Prevention</b> – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being.</li> <li>• <b>Integration</b> – 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.</li> <li>• <b>Collaboration</b> – 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.</li> </ul>		

<ul style="list-style-type: none"> <li>• <b>Involvement</b> – Corporate and Service Group leads are key in identifying performance issues and identifying actions to take forward.</li> </ul>	
<b>Report History</b>	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in February 2022. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Integrated Performance Report



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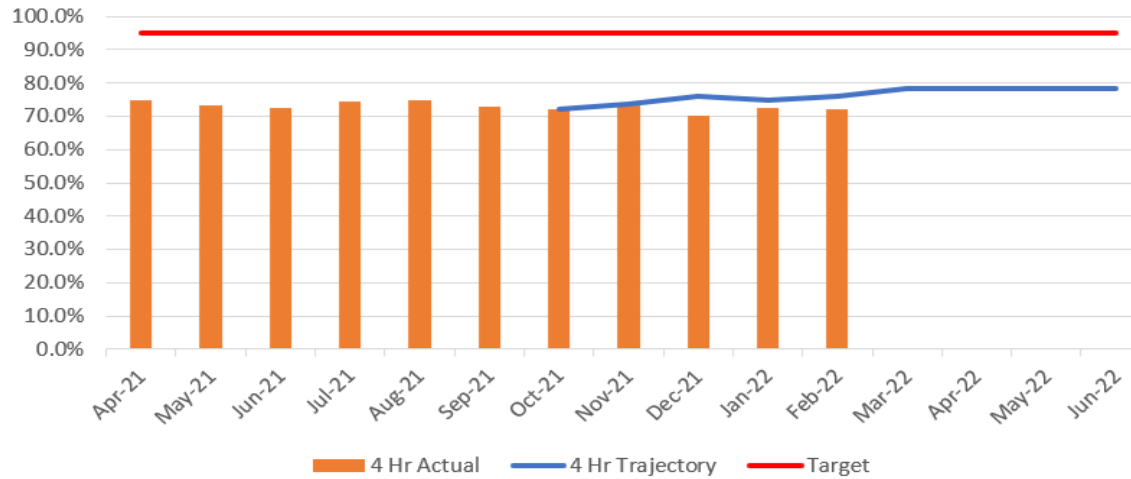
## 1. OVERVIEW

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

Successes	Concerns
<p><b>826,008</b> Total vaccinations undertaken (28.2.22)</p> <p><b>54.3% (3%↑)</b> Red calls responded to with 8 minutes</p> <p><b>Covid Staff sickness (1.2%↓)</b> Percentage has reduced</p> <p><b>1,105 (3%↓)</b> Waits in A&amp;E over 12 hours</p> <p><b>2,171 (25%↓)</b> Waiting &gt; 8 weeks for reportable diagnostics</p> <p><b>926 (10%↓)</b> Patients waiting over 14 weeks for reportable therapies</p> <p><b>525 (26.2%↓)</b> USC backlog over 63 days</p> <p><b>71% (3%↑)</b> Theatre utilisation rate</p> <p><b>32,521 (0.2%↓)</b> Patients waiting for a follow-up outpatients appointment who are delayed over 100%</p>	<p><b>298 (10%↑)</b> Clinically Optimised patients</p> <p><b>2</b> Never Events reported</p> <p><b>29 (71%↑)</b> Elective procedures cancelled due to no beds</p> <p><b>9,275 (2%↑)</b> A&amp;E attendances</p> <p><b>33% (3%↓)</b> NDD patients waiting &lt; 26 weeks</p> <p><b>12,689 (6%↑)</b> Total GP referrals</p> <p><b>13,104 (10%↑)</b> Total patients waiting &gt; 104 weeks</p> <p><b>4575.1 (41%↑)</b> Total delayed discharges (hours)</p> <p><b>3,907 (9.1%↑)</b> Endoscopy patients waiting &gt;8 weeks</p>

## HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM UNSCHEDULED 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.

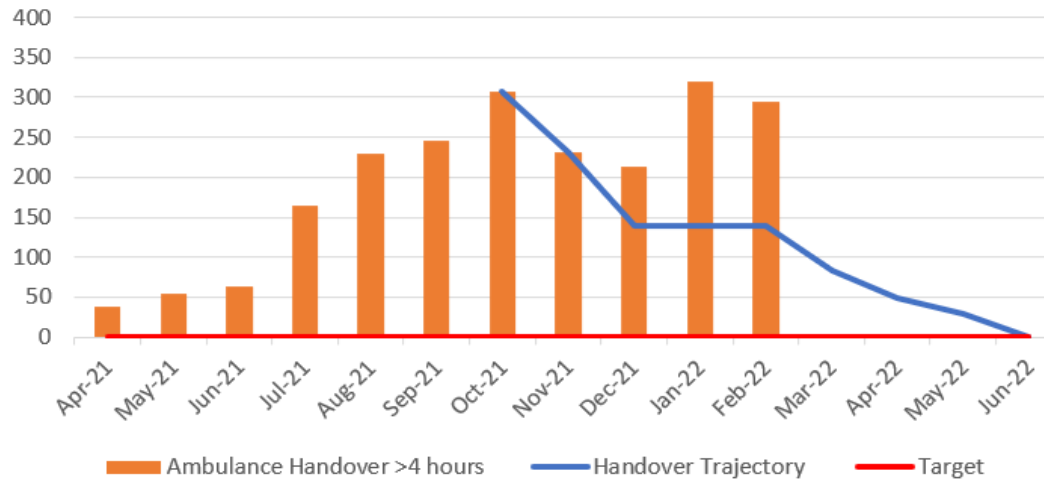
### 2. Submitted recovery trajectory for A&E12-hour performance



2. 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.

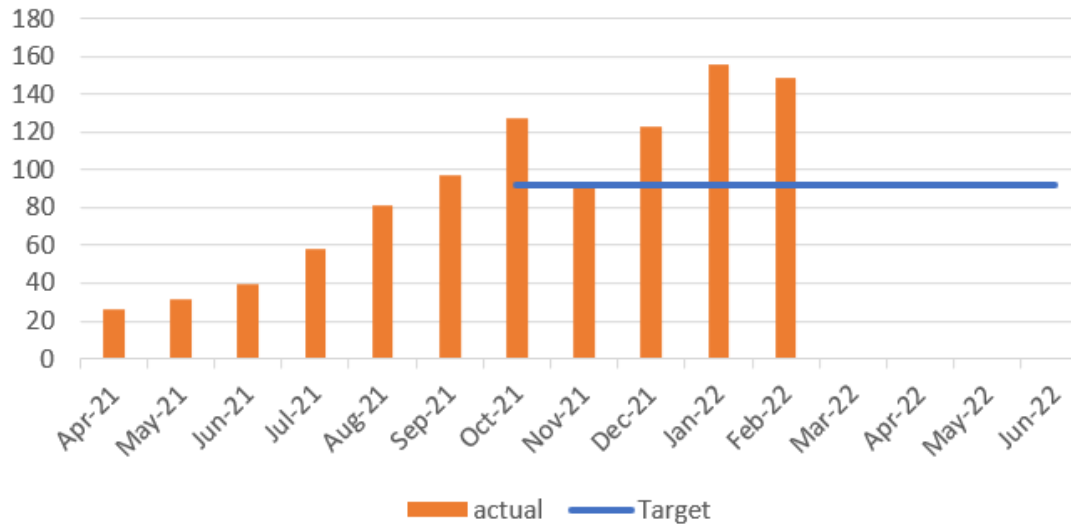
## HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

### 3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has remained above the projected recovery trajectory for February 2022, however the handover time has reduced in February 2022 to 295 over 4 hours against the target of 138.6.

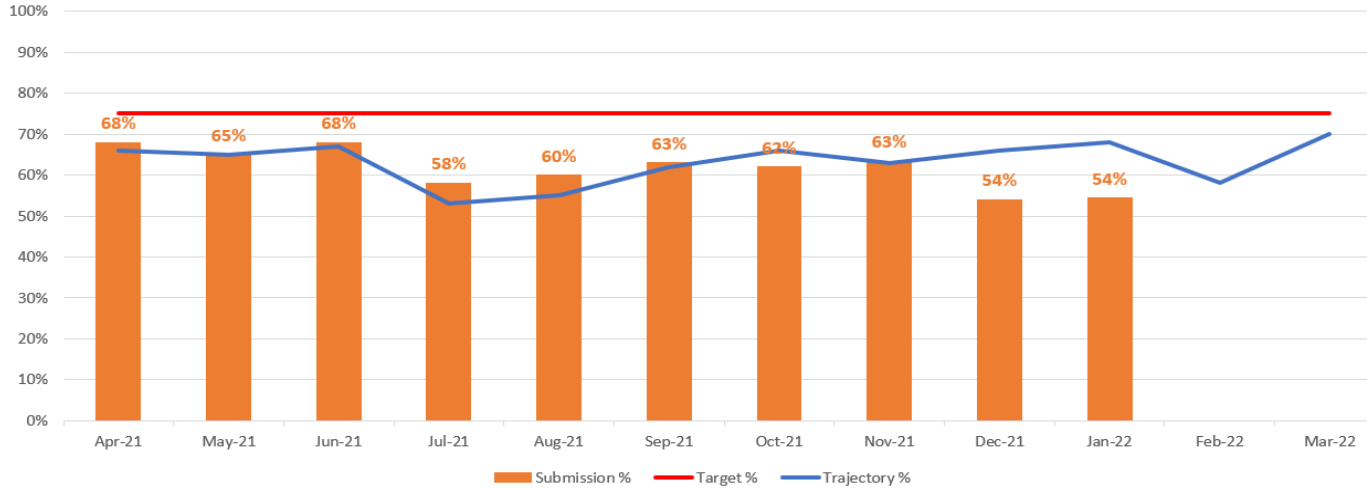
### 4. Average Ambulance Handover Rate



4. The average ambulance handover rate has been steadily increasing in recent months, however February 2022 saw an average handover rate of 149 against the submitted recovery target of 92 which is an improvement on the previous month's performance.

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

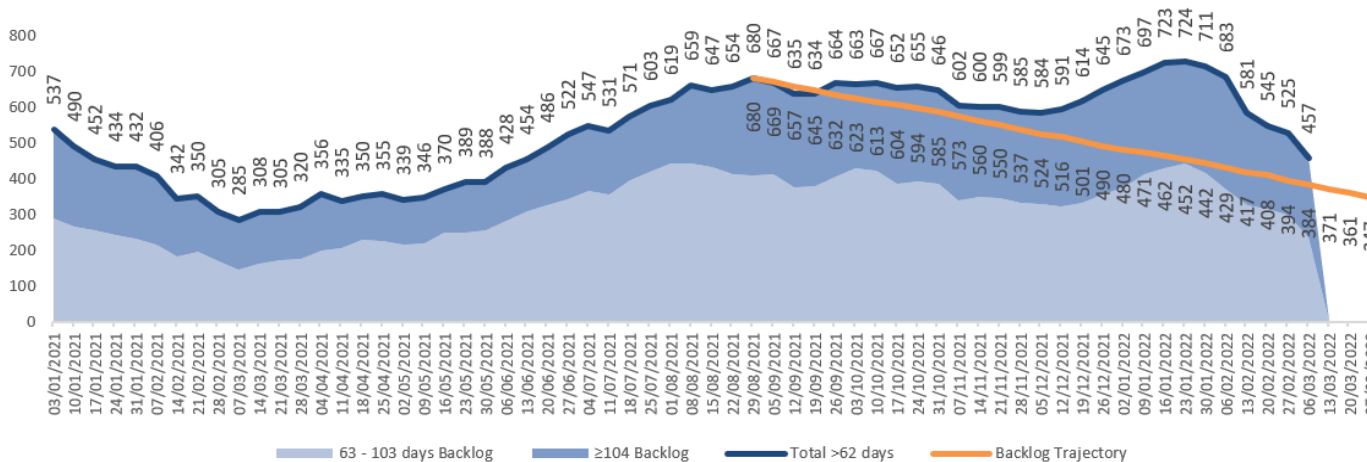
## 1. SCP performance trajectory



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.

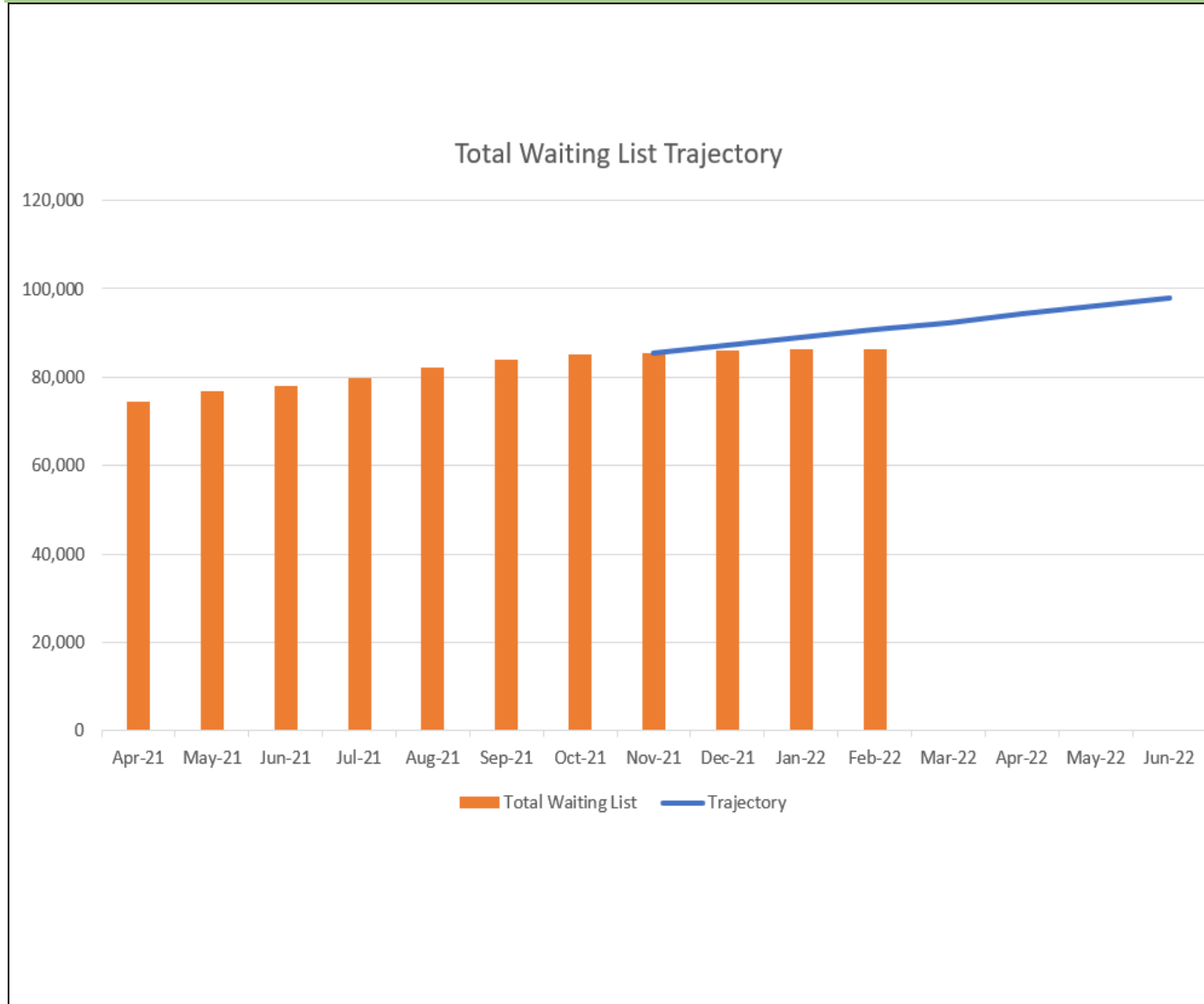
## 2. Proposed backlog improvements to support SCP performance

### 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.

## HARM FROM REDUCTION IN NON-COVID ACTIVITY PLANNED CARE

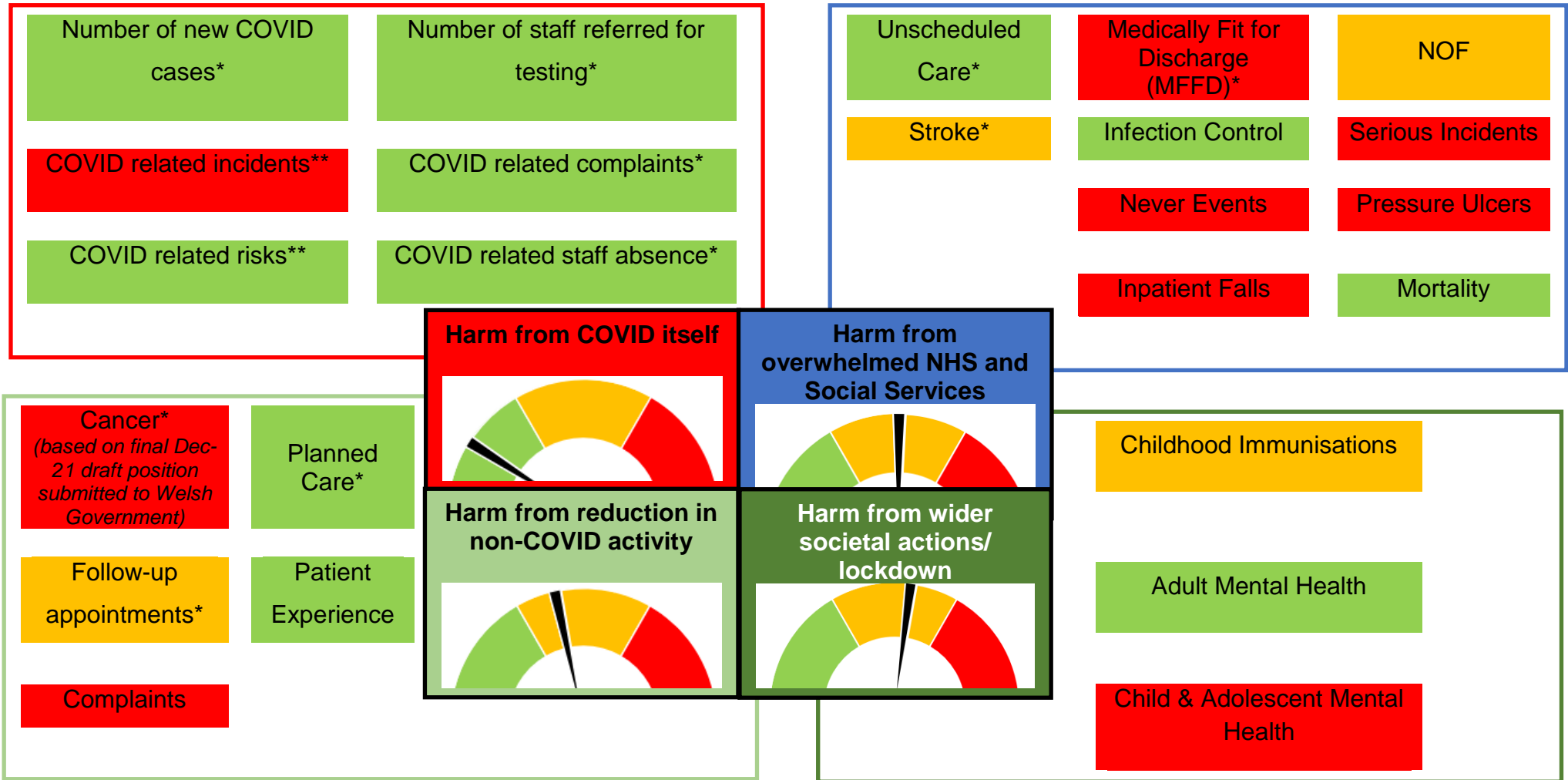


The graph shows the total waiting list trajectory (excluding Diagnostic and Therapy data). February 2022 figures show 86,331 total patients waiting, this is currently under the projected trajectory (90,782).

As a result of the newly published Ministerial priorities, new recovery trajectories are being developed which pay particular reference to a reduction in the number of patients waiting over 104 weeks. Updated and detailed trajectories will be included in the April 2022 paper to outline future recovery plans.

# 1. QUADRANTS OF HARM SUMMARY

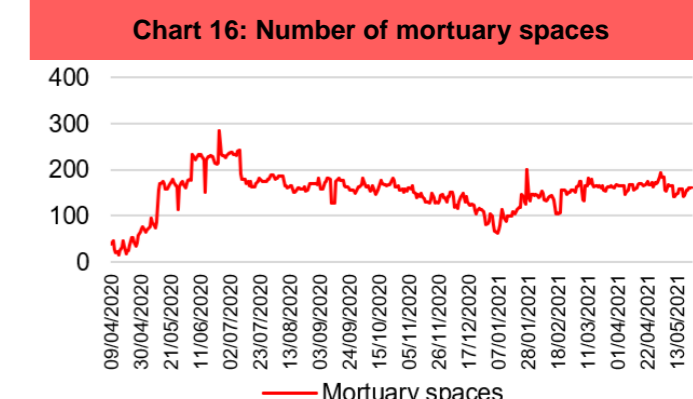
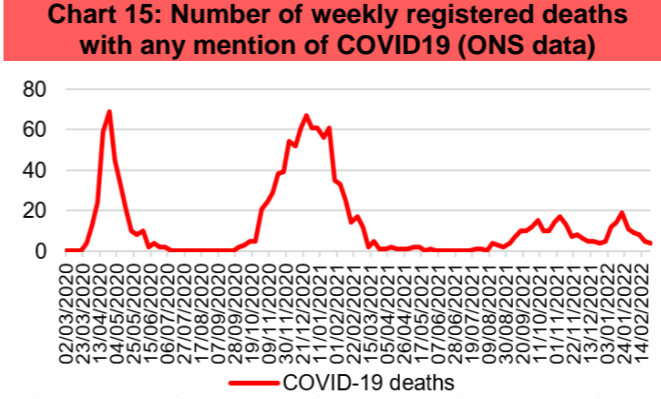
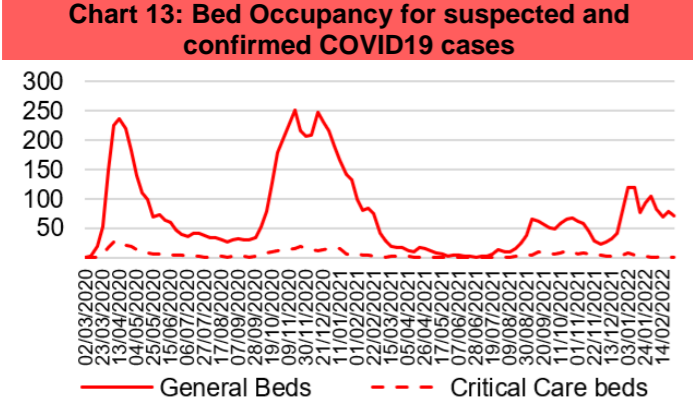
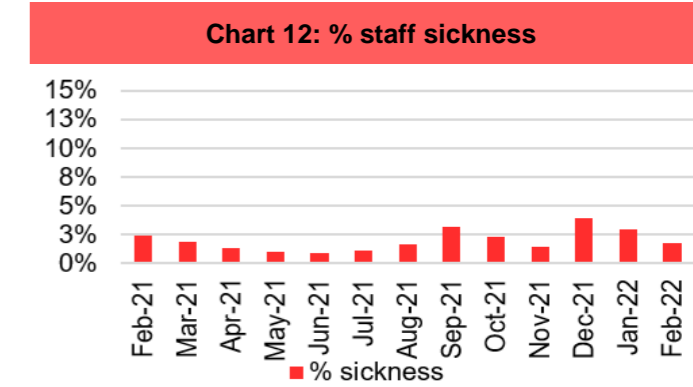
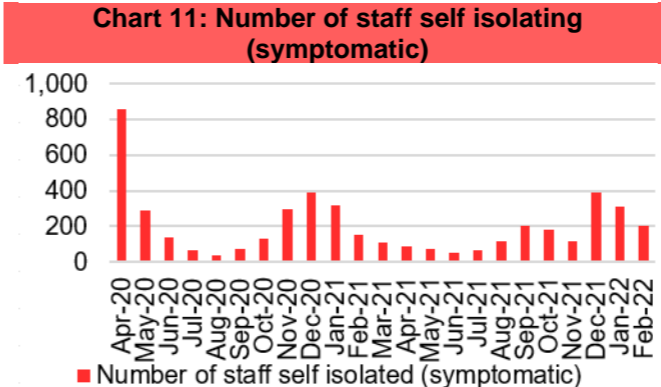
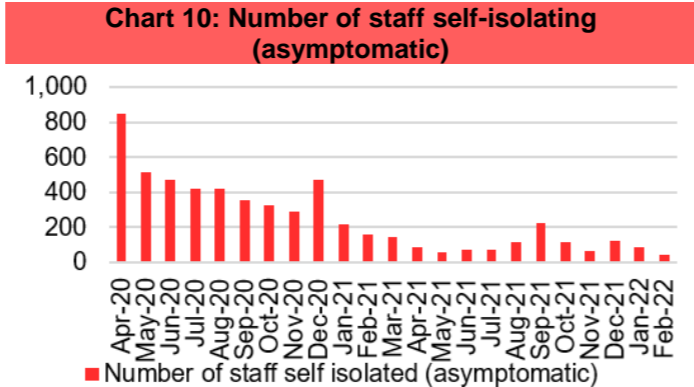
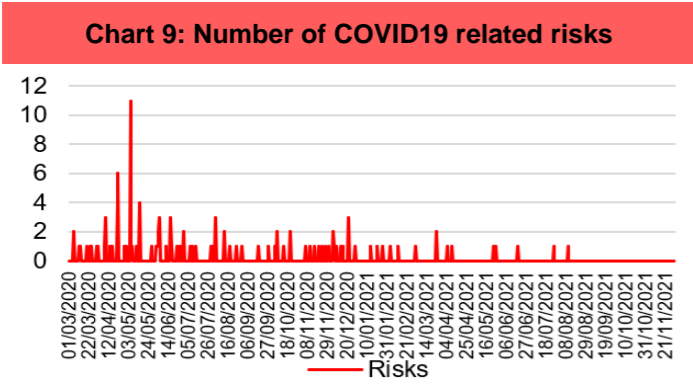
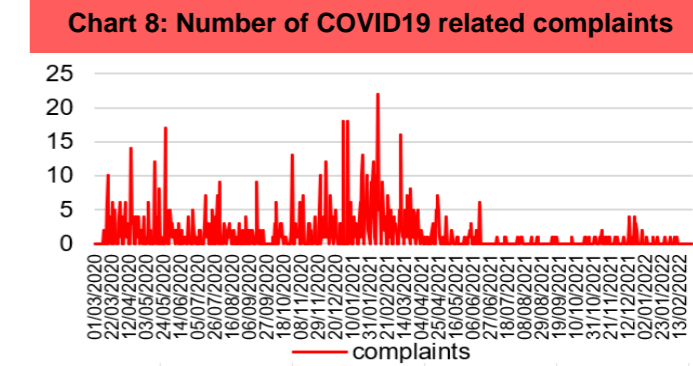
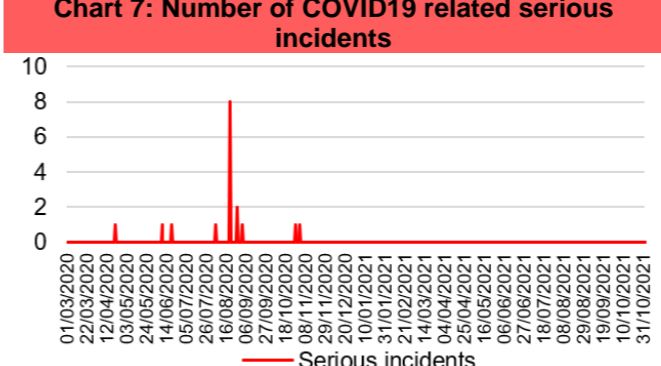
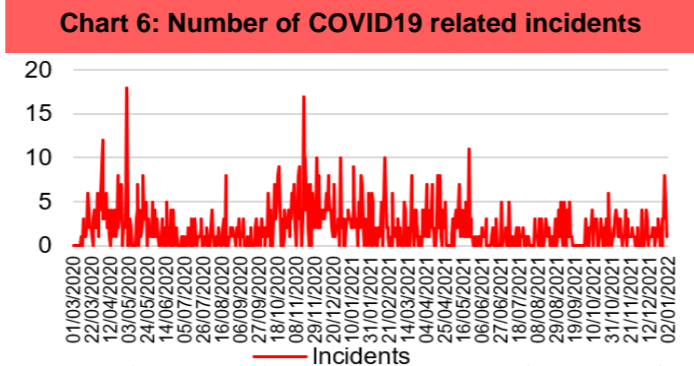
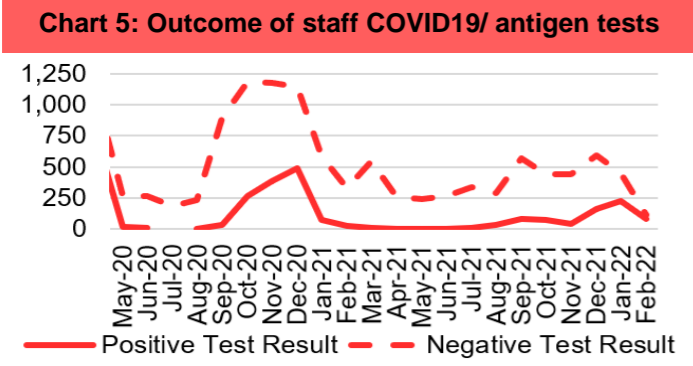
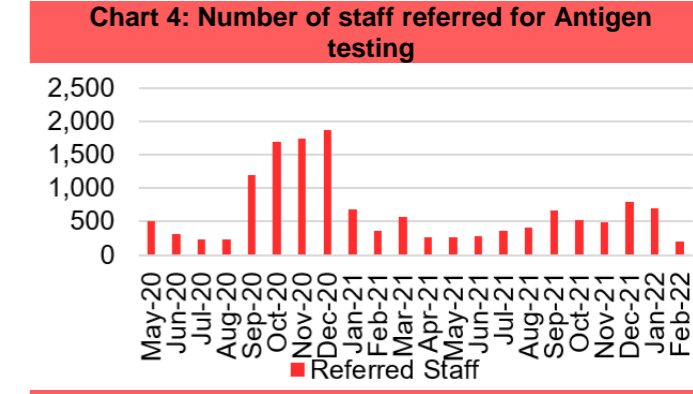
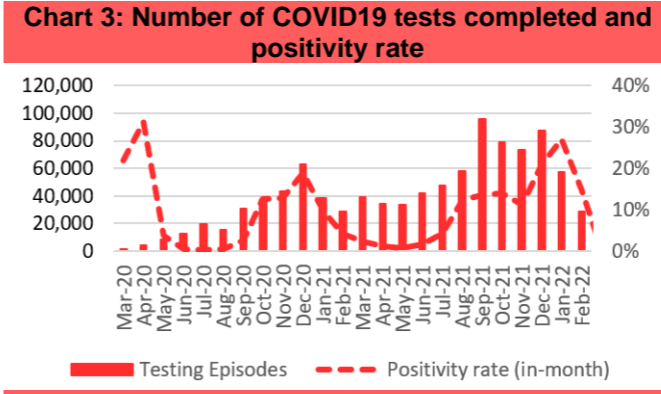
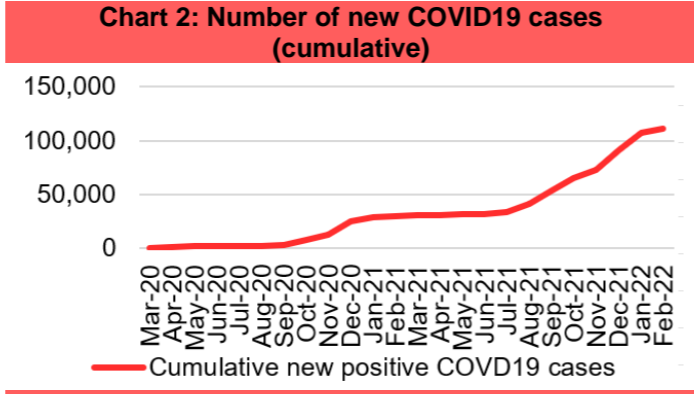
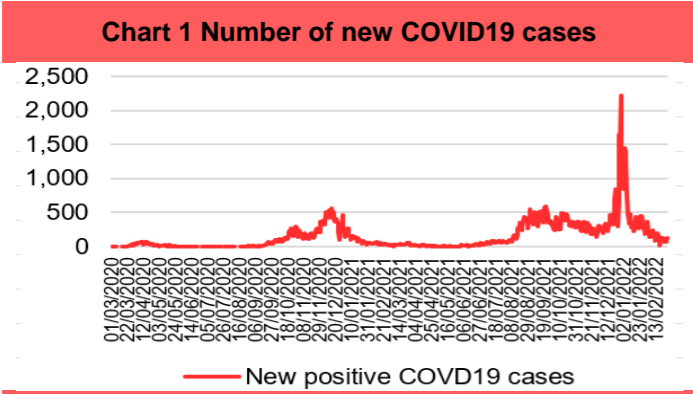
The following is a summary of all the key performance indicators included in this report.



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

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

### 3.1 HARM FROM COVID ITSELF



### 3.1 Updates on key measures

COVID TESTING																																																																																																																														
Description	Current Performance	Trend																																																																																																																												
<p>1. Number of new COVID19 cases in Swansea Bay population area</p> <p>2. Number of staff referred for Antigen testing</p>	<p><b>1. Number of new COVID cases</b>                      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> <table border="1"> <caption>1. Number of new COVID19 cases for Swansea Bay population</caption> <thead> <tr> <th>Month</th> <th>New positive COVID19 cases</th> </tr> </thead> <tbody> <tr><td>Mar-20</td><td>0</td></tr> <tr><td>Apr-20</td><td>100</td></tr> <tr><td>May-20</td><td>50</td></tr> <tr><td>Jun-20</td><td>20</td></tr> <tr><td>Jul-20</td><td>10</td></tr> <tr><td>Aug-20</td><td>50</td></tr> <tr><td>Sep-20</td><td>100</td></tr> <tr><td>Oct-20</td><td>4,000</td></tr> <tr><td>Nov-20</td><td>5,000</td></tr> <tr><td>Dec-20</td><td>12,000</td></tr> <tr><td>Jan-21</td><td>3,000</td></tr> <tr><td>Feb-21</td><td>1,000</td></tr> <tr><td>Mar-21</td><td>500</td></tr> <tr><td>Apr-21</td><td>200</td></tr> <tr><td>May-21</td><td>100</td></tr> <tr><td>Jun-21</td><td>500</td></tr> <tr><td>Jul-21</td><td>1,000</td></tr> <tr><td>Aug-21</td><td>7,000</td></tr> <tr><td>Sep-21</td><td>13,000</td></tr> <tr><td>Oct-21</td><td>11,000</td></tr> <tr><td>Nov-21</td><td>8,000</td></tr> <tr><td>Dec-21</td><td>18,000</td></tr> <tr><td>Jan-22</td><td>15,000</td></tr> <tr><td>Feb-22</td><td>4,209</td></tr> </tbody> </table>	Month	New positive COVID19 cases	Mar-20	0	Apr-20	100	May-20	50	Jun-20	20	Jul-20	10	Aug-20	50	Sep-20	100	Oct-20	4,000	Nov-20	5,000	Dec-20	12,000	Jan-21	3,000	Feb-21	1,000	Mar-21	500	Apr-21	200	May-21	100	Jun-21	500	Jul-21	1,000	Aug-21	7,000	Sep-21	13,000	Oct-21	11,000	Nov-21	8,000	Dec-21	18,000	Jan-22	15,000	Feb-22	4,209																																																																										
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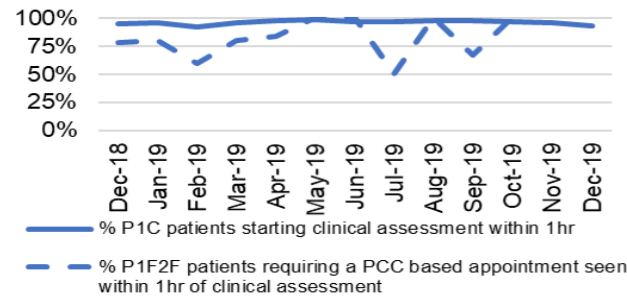
## COVID RELATED STAFF ABSENCE

Description	Current Performance	Trend																																																																																																						
<p><b>Staff absence due to COVID19</b></p> <p><i>1.Number of staff self-isolating (asymptomatic)</i></p> <p><i>2.Number of staff self isolating (symptomatic)</i></p> <p><i>3.% staff sickness</i></p>	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.</p> <p><b>1. &amp; 2. Number of staff self-isolating (asymptomatic and symptomatic)</b>                      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.</p> <p><b>3. % Staff sickness</b>                      The percentage of staff sickness absence due to COVID19 has decreased from 3% in January 2022 to 1.8% in February 2022.</p>	<div style="margin-bottom: 20px;"> <p><b>1.Number of staff self isolating (asymptomatic)</b></p> <p>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</p> </div> <div style="margin-bottom: 20px;"> <p><b>2.Number of staff self isolating (symptomatic)</b></p> <p>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</p> </div> <div> <p><b>3.% staff sickness</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <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> </thead> <tbody> <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> </tbody> </table> </div>		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%
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# HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

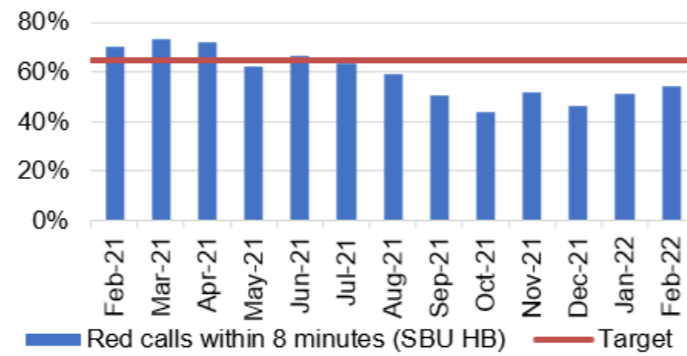
## 4.1 Unscheduled Care- Overview

**Chart 1: GP Out of Hours/ 111**

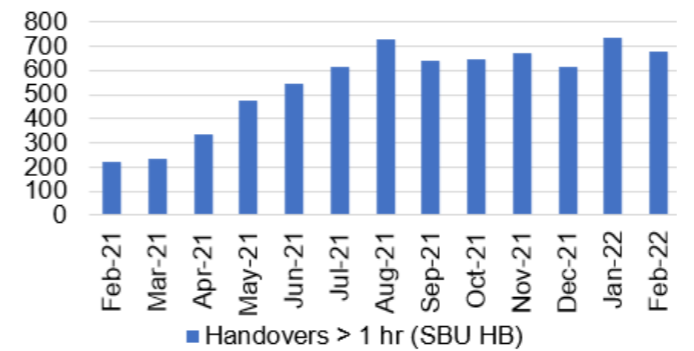


Service continues to experience issues with data reporting. It is anticipated that up to date accurate data will be available shortly.

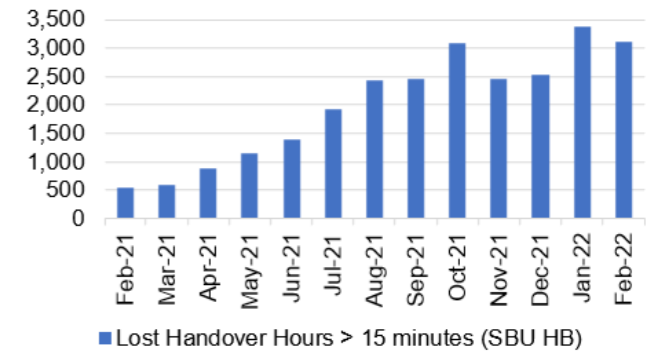
**Chart 2: % red calls responded to within 8 minutes**



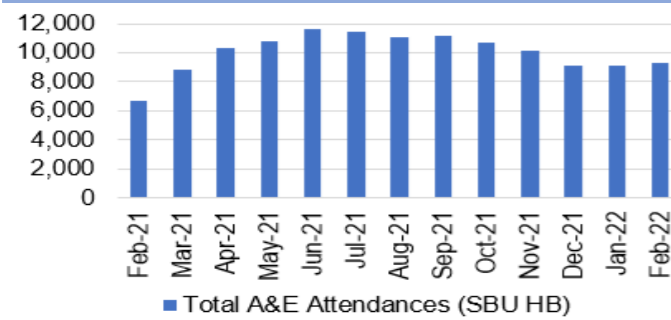
**Chart 3: Number of ambulance handovers over 1 hour**



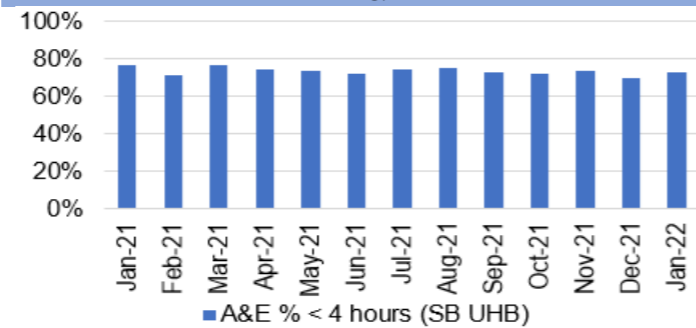
**Chart 4: Lost hours- notification to ambulance handover over 15 minutes**



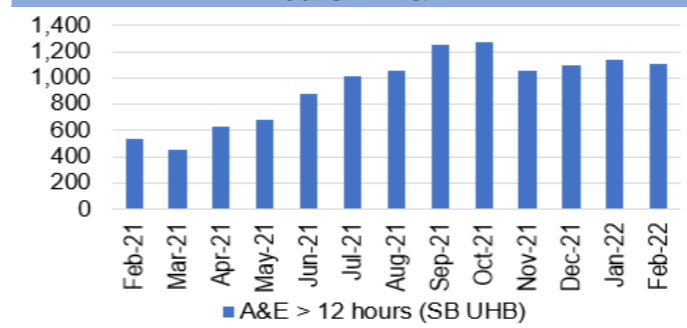
**Chart 5: A&E Attendances**



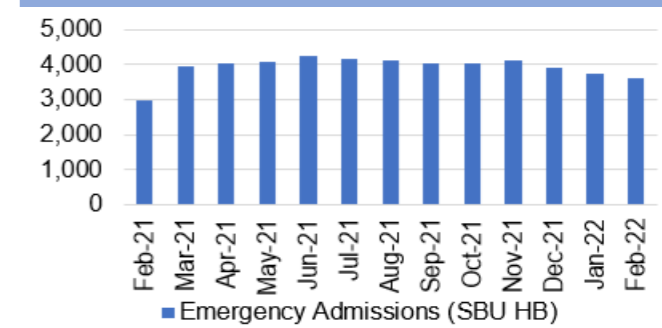
**Chart 6: % patients who spend less than 4 hours in A&E**



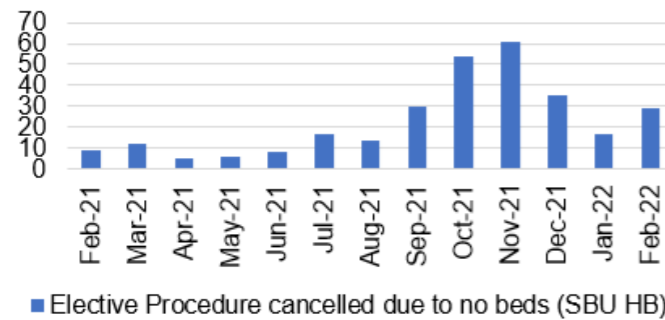
**Chart 7: Number of patients waiting over 12 hours in A&E**



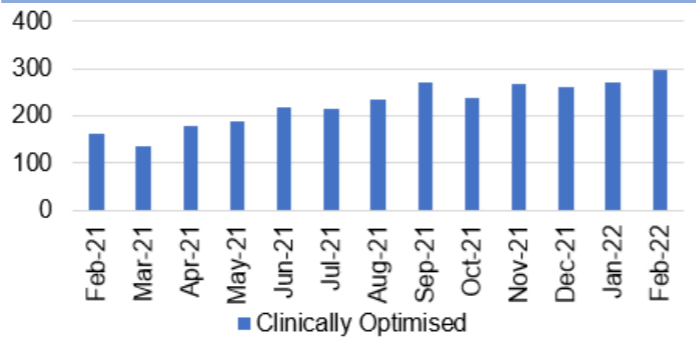
**Chart 8: Number of emergency admissions**



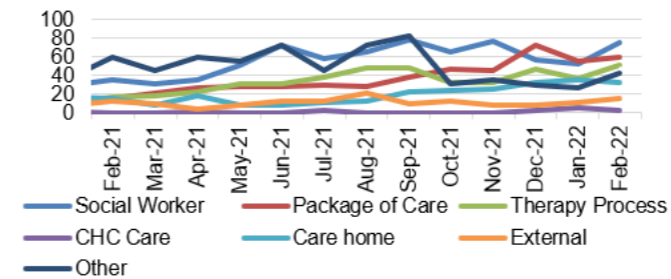
**Chart 9: Elective procedures cancelled due to lack of beds**



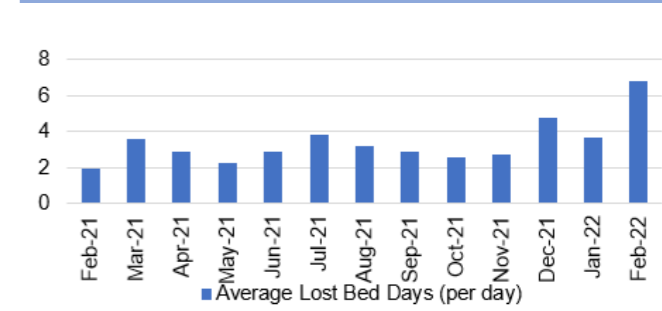
**Chart 10: Number of clinically optimised patients**



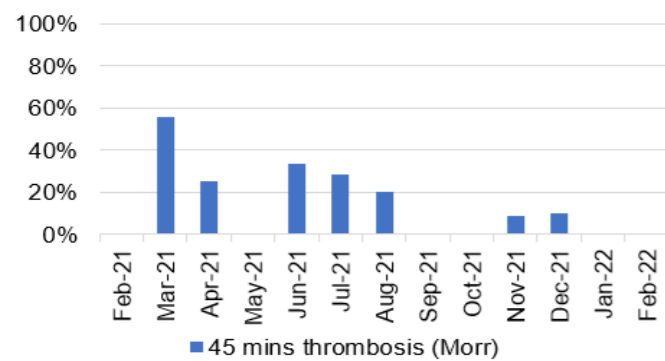
**Chart 11: Delay reason for clinically optimised patients**



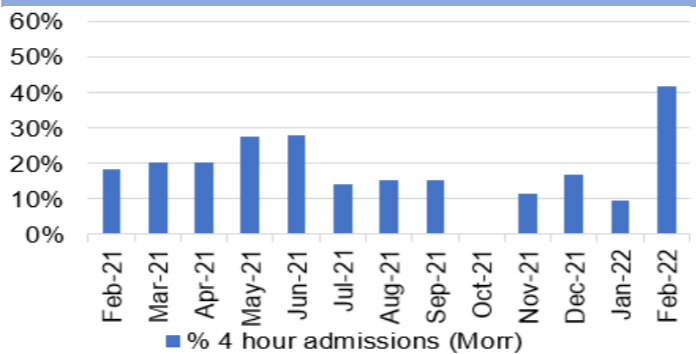
**Chart 12: Average lost bed days (per day)**



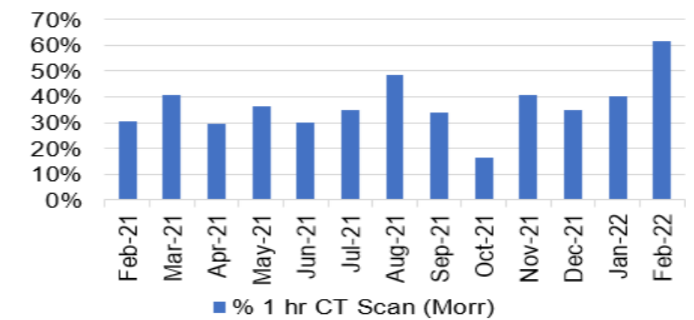
**Chart 13; % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes**



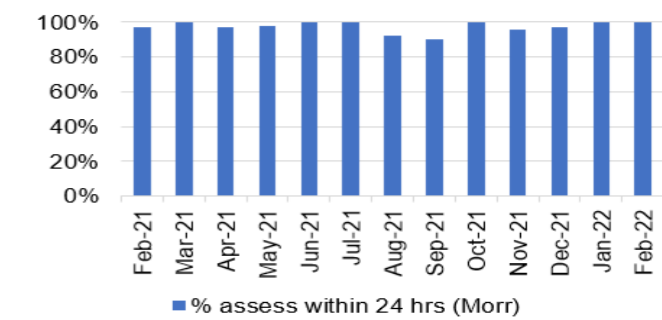
**Chart 14: Direct admission to Acute Stroke Unit within 4 hours**



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



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



## Unscheduled Care Overview (February 2022)

### Primary Care Access

**97% (→)**

GP practices open during daily core hours

**88% (→)**

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

**93% (3%↓)**

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

**100% (33%↑)**

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

### Ambulance

**54.3% (3%↑)**

Red calls responded to with 8 minutes

**678 (8%↓)**

Ambulance handovers over 1 hour

**3,018 (2%↓)**

Amber calls

**412 (9%↓)**

Red calls

### Emergency Department

**9,275 (2%↑)**

A&E attendances

**72.32% (0.3%↓)**

Waits in A&E under 4 hours

**1,105 (3%↓)**

Waits in A&E over 12 hours

**9,270 (2%↑)**

Patients admitted from A&E

### Emergency Activity

**3,600 (4%↓)**

Emergency Inpatient Admissions

**601 (12%↓)**

Emergency Theatre Cases

**368 (15%↑) (Jun-21)**

Trauma theatre cases

**29 (71%↑)**

Elective procedures cancelled due to no beds

### Patient Flow

**13 (19%↓) (Mar-20)**

Mental Health DTOCs

\* Data collection temporarily suspended

**60 (13%↓) (Mar-20)**

Non-Mental Health DTOCs

\* Data collection temporarily suspended

**298 (10%↑)**

Clinically Optimised patients

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

## 4.2 Updates on key measures

UNSCHEDULED CARE																																																																																																			
Description	Current Performance																																																																																																		
<p><b>Ambulance responses</b></p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>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</p> <p style="text-align: center;"><b>Trend</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>1. % of red calls responded to within 8 minutes</b></p> <table border="1"> <caption>1. % of red calls responded to within 8 minutes</caption> <thead> <tr> <th>Month</th> <th>Red calls within 8 minutes (SBU HB)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Feb-21</td><td>~68%</td><td>~65%</td></tr> <tr><td>Mar-21</td><td>~72%</td><td>~65%</td></tr> <tr><td>Apr-21</td><td>~70%</td><td>~65%</td></tr> <tr><td>May-21</td><td>~60%</td><td>~65%</td></tr> <tr><td>Jun-21</td><td>~65%</td><td>~65%</td></tr> <tr><td>Jul-21</td><td>~62%</td><td>~65%</td></tr> <tr><td>Aug-21</td><td>~58%</td><td>~65%</td></tr> <tr><td>Sep-21</td><td>~50%</td><td>~65%</td></tr> <tr><td>Oct-21</td><td>~45%</td><td>~65%</td></tr> <tr><td>Nov-21</td><td>~52%</td><td>~65%</td></tr> <tr><td>Dec-21</td><td>~48%</td><td>~65%</td></tr> <tr><td>Jan-22</td><td>~52%</td><td>~65%</td></tr> <tr><td>Feb-22</td><td>54.3%</td><td>~65%</td></tr> </tbody> </table> </div> <div style="width: 48%;"> <p><b>2. Number of ambulance call responses</b></p> <table border="1"> <caption>2. Number of ambulance call responses</caption> <thead> <tr> <th>Month</th> <th>Red calls</th> <th>Amber calls</th> <th>Green calls</th> </tr> </thead> <tbody> <tr><td>Feb-21</td><td>~500</td><td>~3,000</td><td>~800</td></tr> <tr><td>Mar-21</td><td>~500</td><td>~3,200</td><td>~800</td></tr> <tr><td>Apr-21</td><td>~500</td><td>~3,200</td><td>~800</td></tr> <tr><td>May-21</td><td>~500</td><td>~3,800</td><td>~800</td></tr> <tr><td>Jun-21</td><td>~500</td><td>~3,500</td><td>~800</td></tr> <tr><td>Jul-21</td><td>~500</td><td>~3,500</td><td>~800</td></tr> <tr><td>Aug-21</td><td>~500</td><td>~3,800</td><td>~800</td></tr> <tr><td>Sep-21</td><td>~500</td><td>~3,800</td><td>~800</td></tr> <tr><td>Oct-21</td><td>~500</td><td>~4,000</td><td>~800</td></tr> <tr><td>Nov-21</td><td>~500</td><td>~3,500</td><td>~800</td></tr> <tr><td>Dec-21</td><td>~500</td><td>~3,500</td><td>~800</td></tr> <tr><td>Jan-22</td><td>~500</td><td>~3,200</td><td>~800</td></tr> <tr><td>Feb-22</td><td>~450</td><td>~3,000</td><td>~600</td></tr> </tbody> </table> </div> </div> <p style="text-align: center;"><b>3. % of red calls responded to within 8 minutes – HB total last 90 days</b></p> <p><b>Symbol Key:</b></p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>8 or more points above or below the mean</li> <li>▲ increasing or decreasing points</li> </ul>	Month	Red calls within 8 minutes (SBU HB)	Target	Feb-21	~68%	~65%	Mar-21	~72%	~65%	Apr-21	~70%	~65%	May-21	~60%	~65%	Jun-21	~65%	~65%	Jul-21	~62%	~65%	Aug-21	~58%	~65%	Sep-21	~50%	~65%	Oct-21	~45%	~65%	Nov-21	~52%	~65%	Dec-21	~48%	~65%	Jan-22	~52%	~65%	Feb-22	54.3%	~65%	Month	Red calls	Amber calls	Green calls	Feb-21	~500	~3,000	~800	Mar-21	~500	~3,200	~800	Apr-21	~500	~3,200	~800	May-21	~500	~3,800	~800	Jun-21	~500	~3,500	~800	Jul-21	~500	~3,500	~800	Aug-21	~500	~3,800	~800	Sep-21	~500	~3,800	~800	Oct-21	~500	~4,000	~800	Nov-21	~500	~3,500	~800	Dec-21	~500	~3,500	~800	Jan-22	~500	~3,200	~800	Feb-22	~450	~3,000	~600
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## UNSCHEDULED CARE

### Description

### Current Performance

#### Ambulance handovers

1. The number of ambulance handovers over one hour

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.

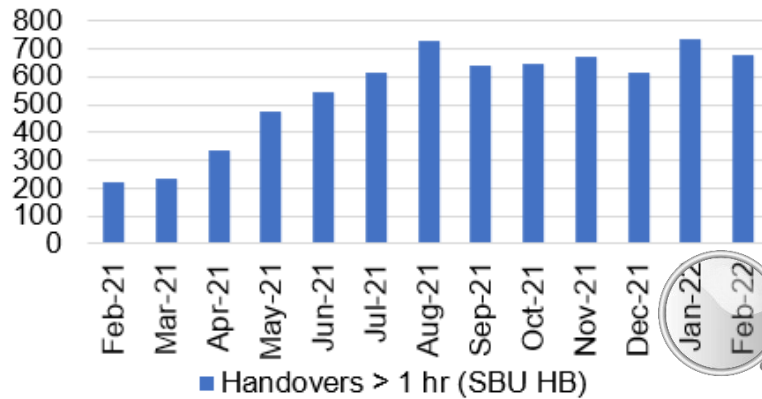
2. The number of ambulance handovers over one hour- Hospital level

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.

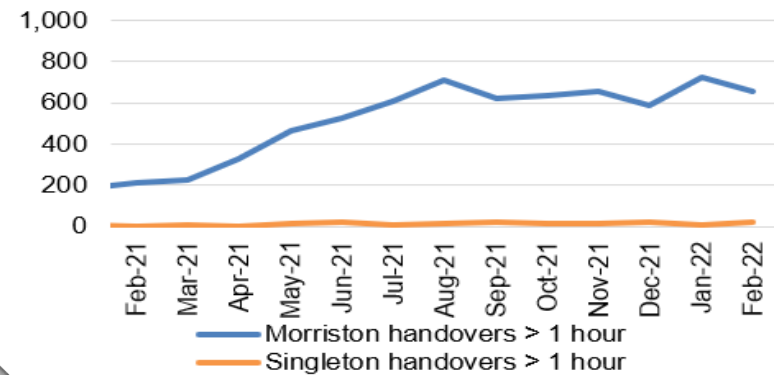
3. The number of ambulance handovers over one hour (last 90 days)

### Trend

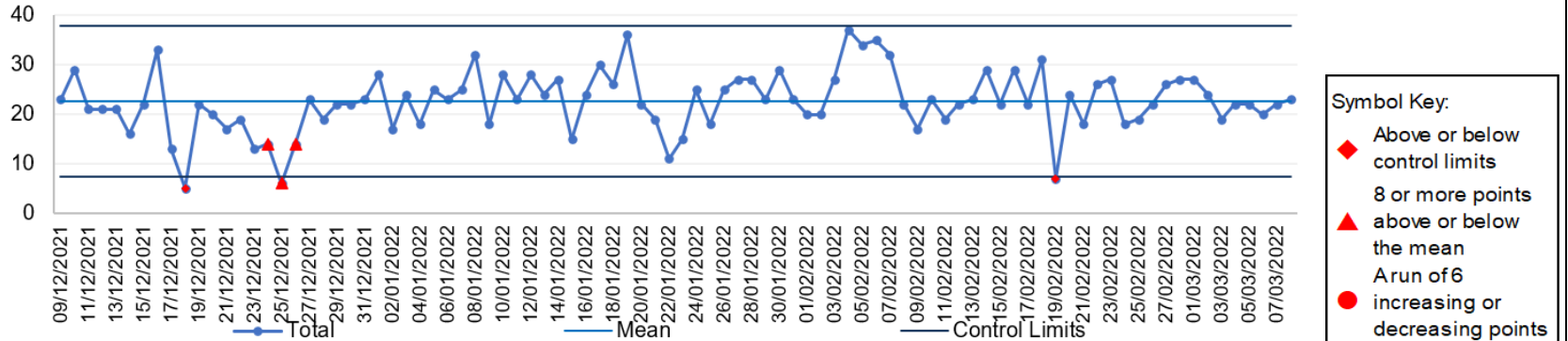
1. Number of ambulance handovers- HB total



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



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



**UNSCHEDULED CARE**

**Description**

**Current Performance**

**A&E Attendances**

1. The number of attendances at emergency departments in the Health Board

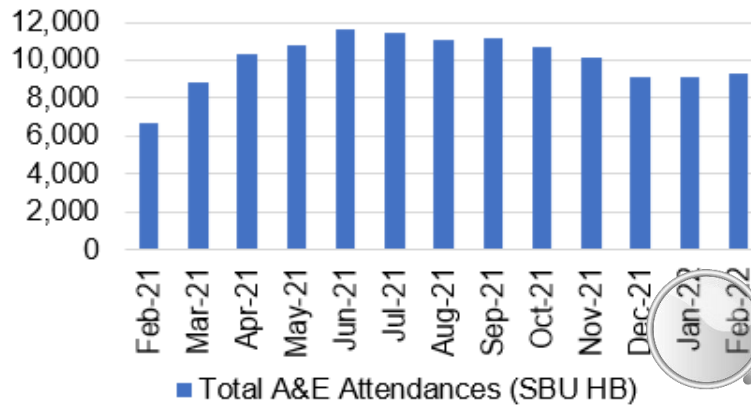
2. The number of attendances at emergency departments in the Health Board – Hospital level

3. The number of attendances at emergency departments in the Health Board (last 90 days)

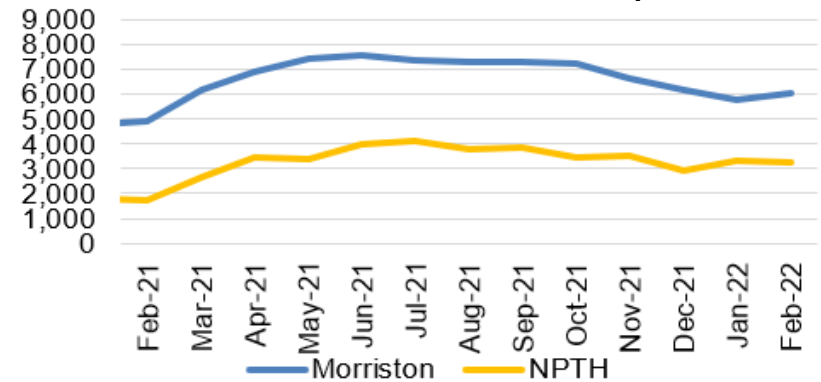
ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In February 2022, there were 9,275 A&E attendances, this is 39% more than February 2021 and 1.5% more than February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

**Trend**

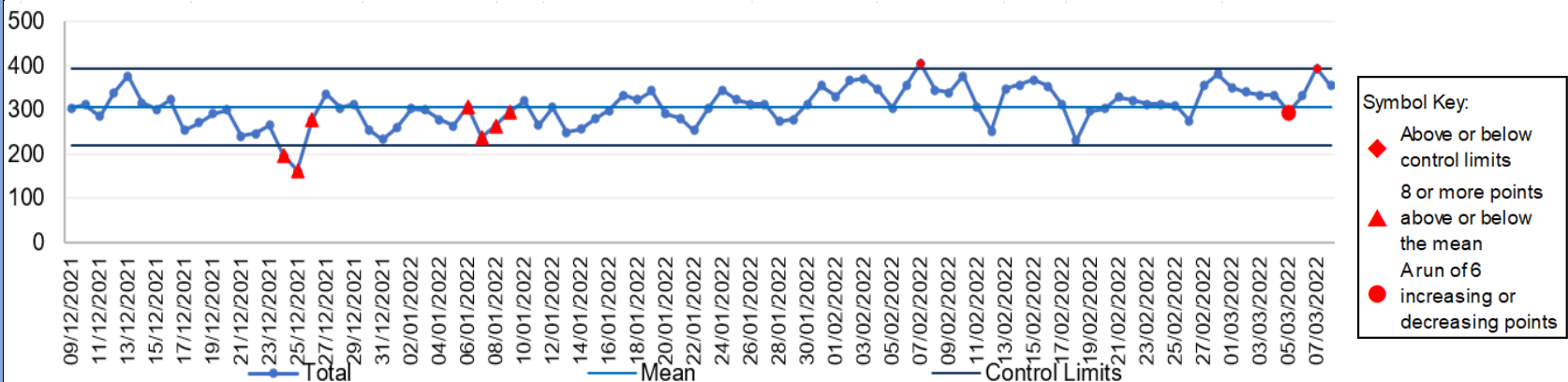
1. Number of A&E attendances- HB total



2. Number of A&E attendances- Hospital level



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



**UNSCHEDULED CARE**

**Description**

**Current Performance**

**A&E waiting times**

1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge

2. % of patients who spend less than 4 hours in A&E- Hospital level

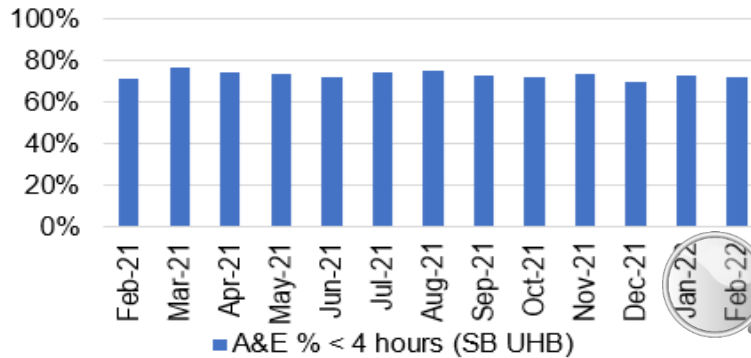
3. % of patients who spend less than 4 hours in A&E (last 90 days)

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

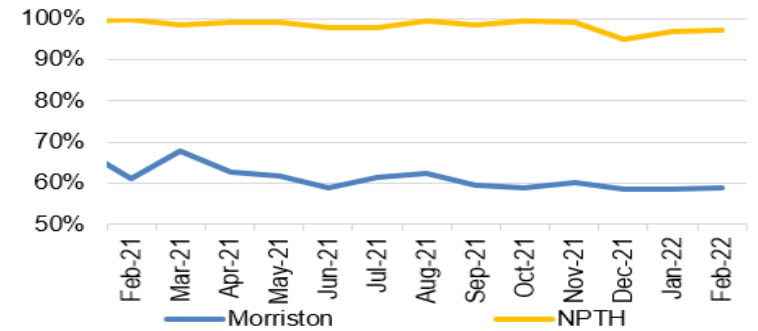
Neath Port Talbot Hospital Minor Injuries Unit (MIU) has moved above the national target of 95% achieving 97.21% in February 2022. Morriston Hospital's performance improved marginally between January 2022 and February 2022 achieving 58.78% against the target.

**Trend**

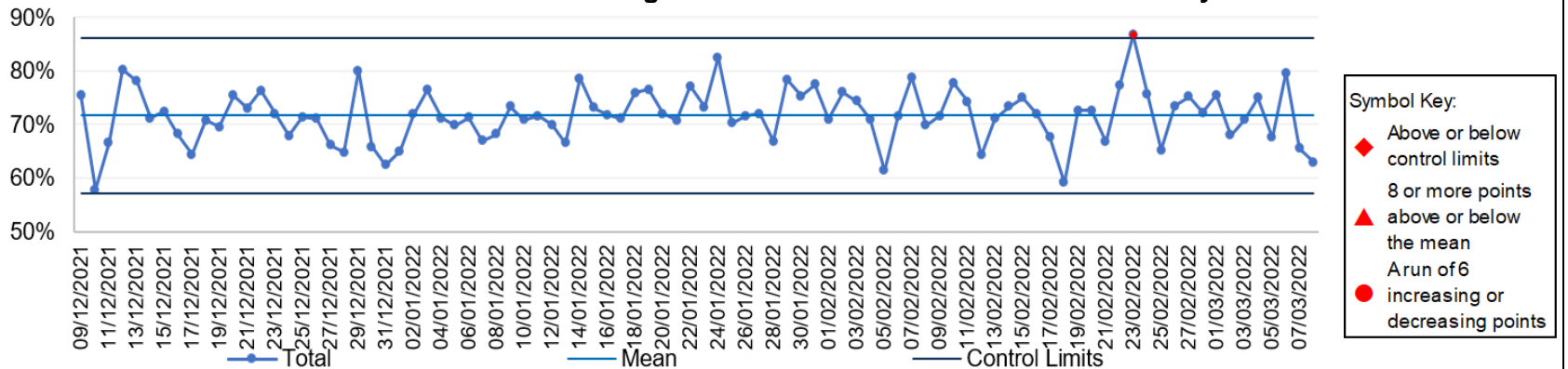
**1. % Patients waiting under 4 hours in A&E- HB total**



**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**

**Description**

**Current Performance**

**A&E waiting times**

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. Number of patients who spend 12 hours or more in A&E

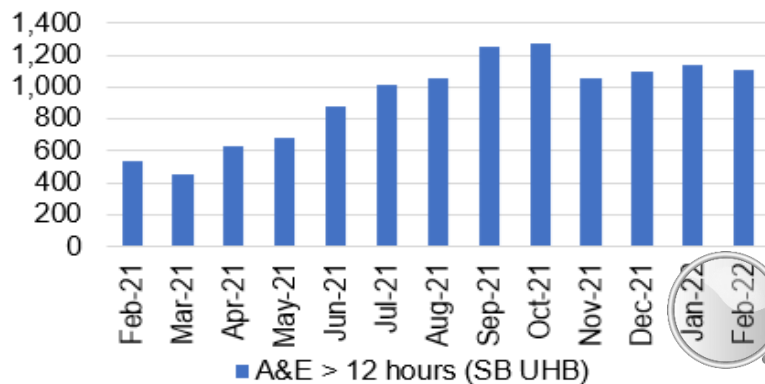
1,104 patients waiting over 12 hours in February 2022 were in Morriston Hospital, with 1 patient waiting over 12 hours in Neath Port Talbot Hospital.

2. Number of patients who spend 12 hours or more in A&E- Hospital level

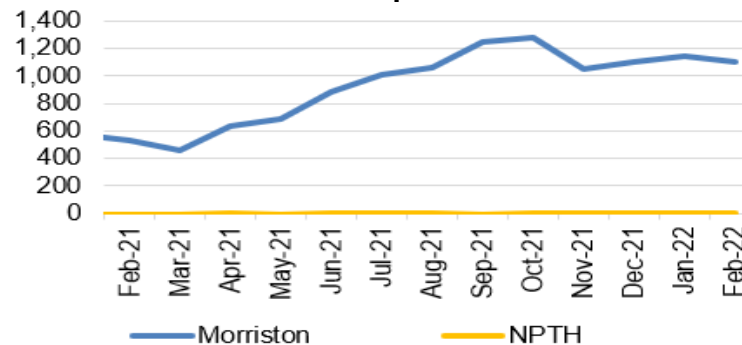
3. Number of patients who spend 12 hours or more in A&E (last 90 days)

**Trend**

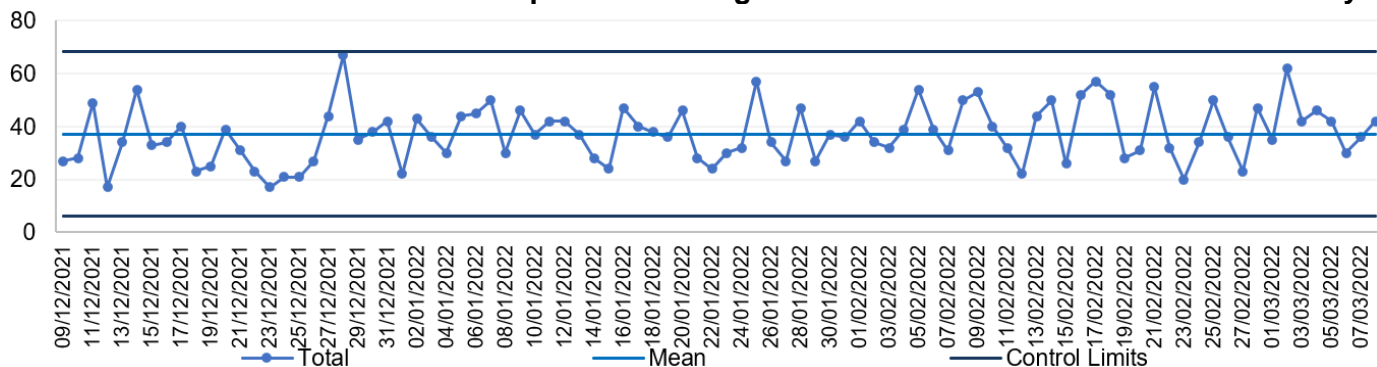
**1. Number of patients waiting over 12 hours in A&E- HB total**



**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**



**Symbol Key:**

- ◆ Above or below control limits
- 8 or more points
- ▲ above or below the mean
- Arun of 6
- increasing or decreasing points

## UNSCHEDULED CARE

### Description

### Current Performance

#### Emergency admissions

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.

1. The number of emergency inpatient admissions

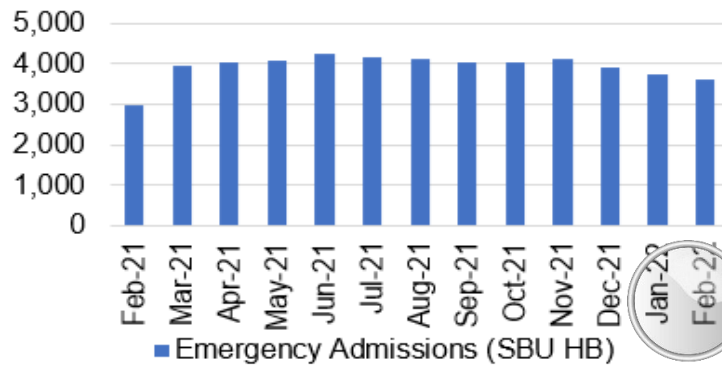
Singleton Hospital saw a slight in-month increase, with 23 more admissions (from 873 in January 2022 to 896), Morrision Hospital saw an in-month reduction from 2,755 admissions in January 2022, to 2,607 admissions in February 2022.

2. The number of emergency inpatient admissions- Hospital level

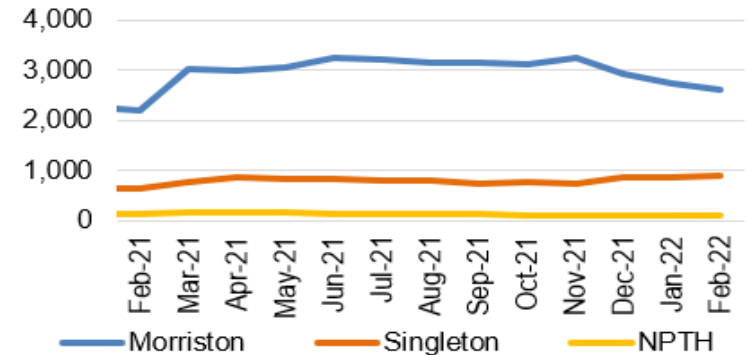
3. The number of emergency inpatient admissions (last 90 days)

#### Trend

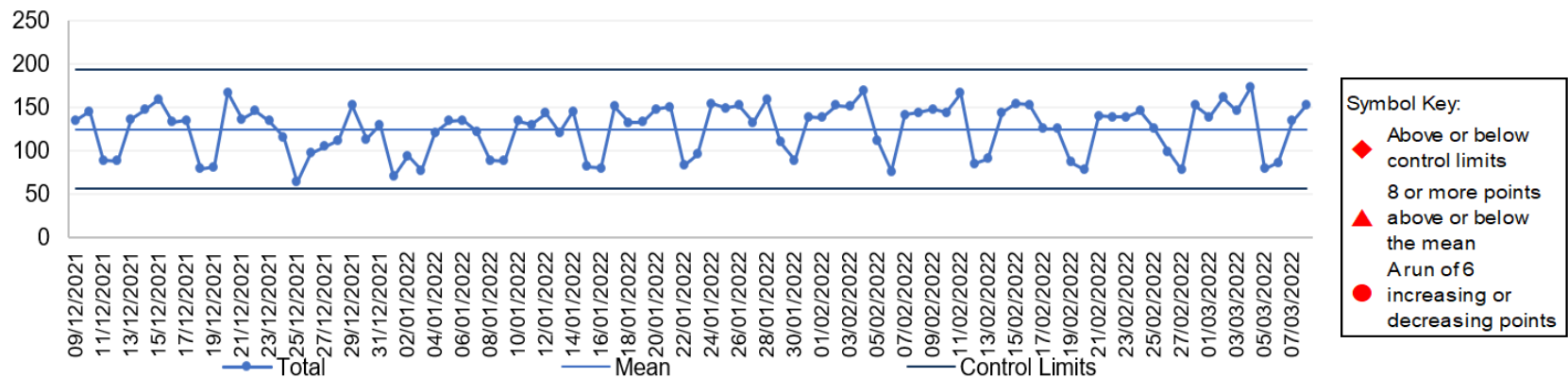
**1. Number of emergency admissions- HB total**



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



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



**UNSCHEDULED CARE**

**Description**

**Current Performance**

**Critical Care-Delayed Transfers of Care (DTC)-Morrison Hospital**

In February 2022, there were a total of 54 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is a reduction when compared with 74 admissions in January 2022. February 2022, saw an increase in the number of delayed discharge hours to 4575.1 to 2717.3, with the average lost bed days also increasing to 6.81 per day. The percentage of patients delayed over 24 hours increased from 57.69% in January 2022 to 64% in February 2022. The increase in discharge delays can be attributed to the shortage of ward beds causing significant delays in both General Surgery and General Medicine..

1. Total Critical Care delayed discharges (hours)

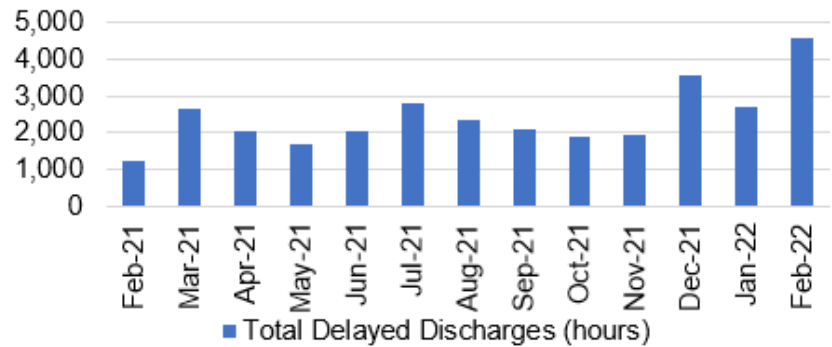
2. Average lost bed days per day

3. Percentage of patients delayed:

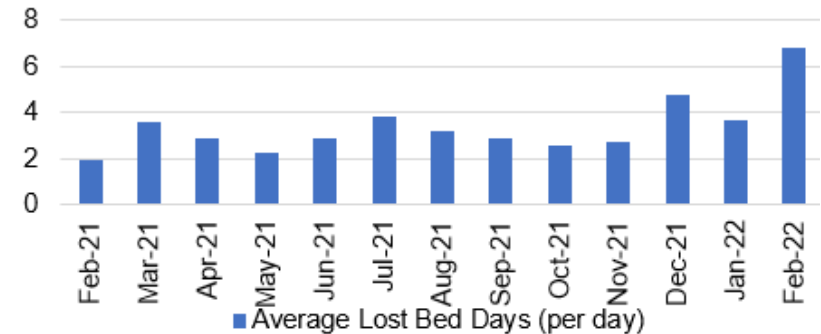
- Up to 8 hours
- Between 8 and 24 hours
- Over 24 hours

**Trend**

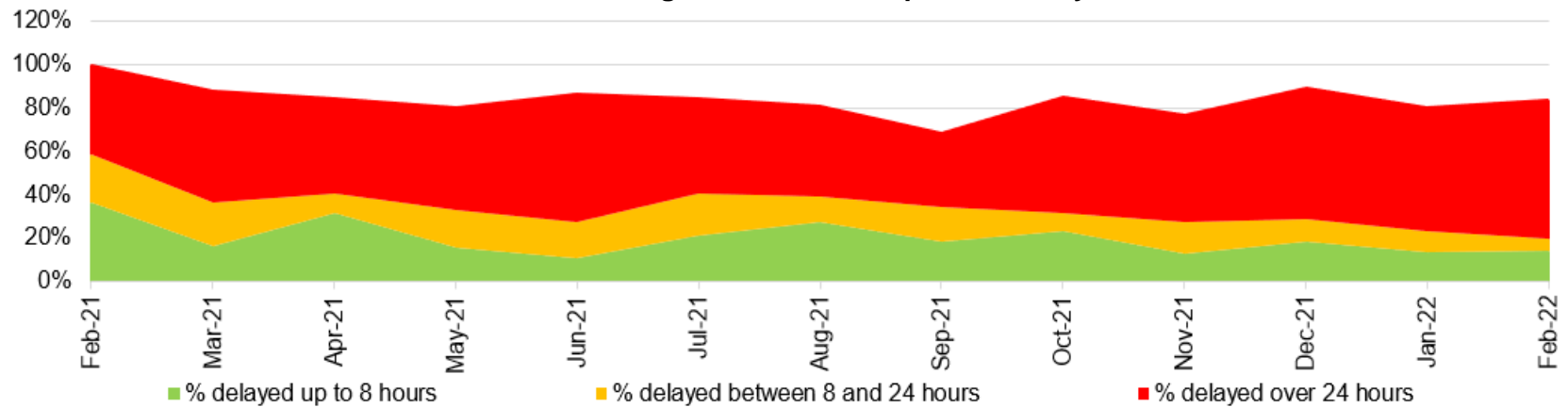
**1. Total Critical Care delayed discharges (hours)**



**2. Average lost bed days per day**



**3. Percentage of Critical Care patients delayed**



**UNSCHEDULED CARE**

Description	Current Performance	Trend																																																																						
<p><b>Clinically Optimised</b>  <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<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 border="1"> <caption>Data for Clinically Optimised Patients by Site</caption> <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>65</td><td>45</td><td>40</td><td>5</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>5</td></tr> <tr><td>May-21</td><td>65</td><td>40</td><td>70</td><td>5</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>5</td></tr> <tr><td>Aug-21</td><td>90</td><td>55</td><td>65</td><td>10</td></tr> <tr><td>Sep-21</td><td>105</td><td>70</td><td>80</td><td>10</td></tr> <tr><td>Oct-21</td><td>85</td><td>45</td><td>75</td><td>15</td></tr> <tr><td>Nov-21</td><td>110</td><td>60</td><td>75</td><td>10</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	65	45	40	5	Mar-21	40	40	45	10	Apr-21	65	35	65	5	May-21	65	40	70	5	Jun-21	75	50	75	10	Jul-21	85	50	65	5	Aug-21	90	55	65	10	Sep-21	105	70	80	10	Oct-21	85	45	75	15	Nov-21	110	60	75	10	Dec-21	105	55	75	15	Jan-22	110	65	70	15	Feb-22	123	70	89	15
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<p><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>	<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 border="1"> <caption>Data for Elective Procedures Cancelled due to Lack of Beds</caption> <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>63</td><td>0</td><td>0</td></tr> <tr><td>Dec-21</td><td>30</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	63	0	0	Dec-21	30	0	0	Jan-22	15	0	0	Feb-22	29	5	0														
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FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
<p><b>Fractured Neck of Femur (#NOF)</b></p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p><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.</p> <p><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%</p> <p><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%.</p> <p><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.</p>	<p><b>1. Prompt orthogeriatric assessment</b></p> <p><b>2. Prompt surgery</b></p> <p><b>3. NICE compliant Surgery</b></p> <p><b>4. Prompt mobilisation</b></p>

**FRACTURED NECK OF FEMUR (#NOF)**

Description	Current Performance	Trend																																																																																																																																																																								
<p>5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i></p> <p>6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i></p> <p>7. <i>30 day mortality rate</i></p>	<p><b>5. 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> <p><b>6. 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> <p><b>7. 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%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p><b>5. Not delirious when tested</b></p> <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morrison (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. 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## HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> Number of laboratory confirmed E.coli bacteraemia cases	<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 healthcare acquired E.coli bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Cases</th> </tr> </thead> <tbody> <tr><td>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> <p style="text-align: center;">■ Number E.Coli cases (SBU)</p>	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
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<b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases	<ul style="list-style-type: none"> <li>• There were 8 cases of Staph. aureus 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 healthcare acquired S.aureus bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Cases</th> </tr> </thead> <tbody> <tr><td>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> <p style="text-align: center;">■ Number of S.Aureus cases (SBU)</p>	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

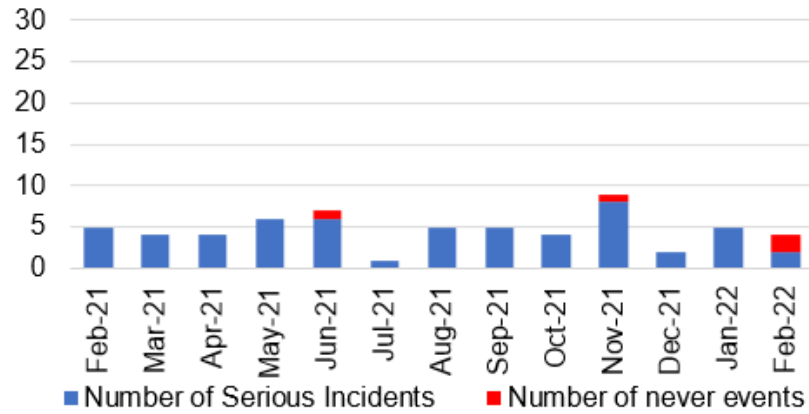
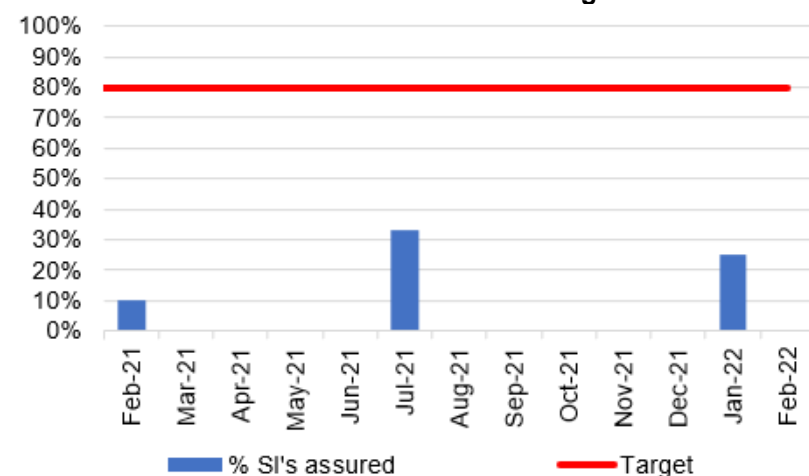
Description	Current Performance	Trend																												
<p><b>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i></b>                      Number of laboratory confirmed <i>C.difficile</i> cases</p>	<ul style="list-style-type: none"> <li>There were 13 <i>Clostridium difficile</i> toxin 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 style="text-align: center;"><b>Number of healthcare acquired C.difficile cases</b></p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> </tr> </thead> <tbody> <tr><td>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 style="text-align: center;">■ 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
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<p><b>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i></b>                      Number of laboratory confirmed <i>Klebsiella sp</i> cases</p>	<ul style="list-style-type: none"> <li>There were 4 cases of <i>Klebsiella sp</i> 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 style="text-align: center;"><b>Number of healthcare acquired Klebsiella cases</b></p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> </tr> </thead> <tbody> <tr><td>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 style="text-align: center;">■ 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
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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>	<p style="text-align: center;"><b>Number of healthcare acquired Pseudomonas cases</b></p> <p style="text-align: center;">■ Number of Pseudomonas cases (SBU)</p>

### PRESSURE ULCERS

Description	Current Performance	Trend
<b>Number of pressure ulcers</b> 1. <i>Total number of pressure ulcers developed in hospital and in the community</i>  2. <i>Rate of pressure ulcers per 100,000 admissions</i>	<ol 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.  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> </ol>	<p style="text-align: center;"><b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b></p> <p style="text-align: center;"> <span style="color: blue;">■</span> Pressure Ulcers (Community)    <span style="color: blue;">▨</span> Pressure Ulcers (Hospital)  <span style="color: blue;">—</span> Rate per 100,00 admissions                 </p>

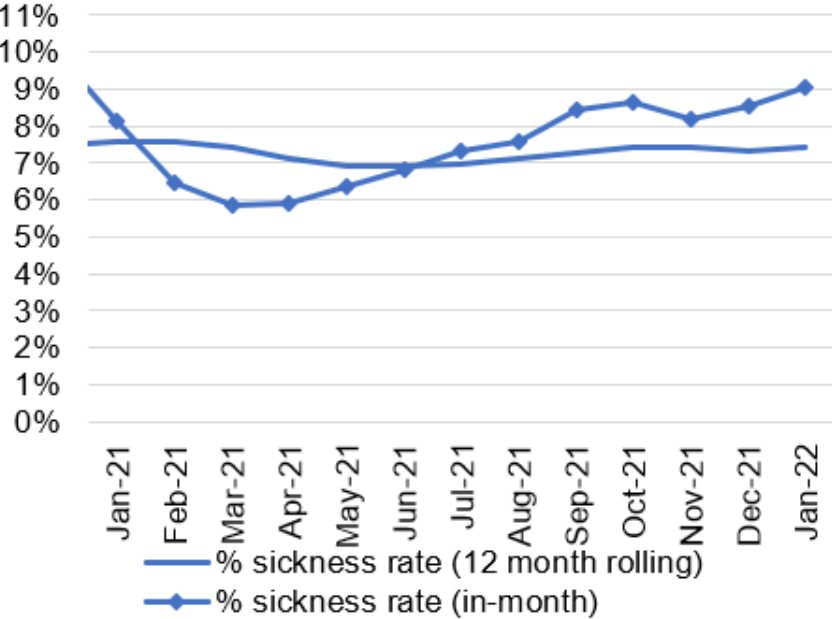
SERIOUS INCIDENTS		
Description	Current Performance	Trend
<p><b>Serious Incidents-</b></p> <p>1. The number of serious incidents</p> <p>2. The number of Never Events</p> <p>3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</p>	<p>1. The Health Board reported 2 Serious Incidents for the month of February 2022 to Welsh Government. Both Serious Incidents were reported in Morryston Hospital.</p>	<p><b>1. and 2. Number of serious incidents and never events</b></p>  <p><b>3. % of serious incidents closed within the agreed timescales</b></p>  <p>* 0% compliance in November 2020 and January, March, April, May, June, August, October and November 2021</p>
	<p>2. There were 2 new Never Event reported in February 2022, both of which were reported by Morryston Hospital.</p>	
	<p>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.</p>	

INPATIENT FALLS																														
Description	Current Performance	Trend																												
<p><b>Inpatient Falls</b> <i>The total number of inpatient falls</i></p>	<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>	<p><b>Number of inpatient Falls</b></p> <table border="1"> <caption>Number of inpatient Falls (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Number of Falls</th> </tr> </thead> <tbody> <tr><td>Feb-21</td><td>177</td></tr> <tr><td>Mar-21</td><td>170</td></tr> <tr><td>Apr-21</td><td>175</td></tr> <tr><td>May-21</td><td>225</td></tr> <tr><td>Jun-21</td><td>175</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>240</td></tr> <tr><td>Nov-21</td><td>215</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>	Month	Number of Falls	Feb-21	177	Mar-21	170	Apr-21	175	May-21	225	Jun-21	175	Jul-21	190	Aug-21	195	Sep-21	205	Oct-21	240	Nov-21	215	Dec-21	205	Jan-22	195	Feb-22	199
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DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<p><b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i></p>	<p>The latest data shows that in February 2022, the percentage of completed discharge summaries was 65%.</p> <p>In February 2022, compliance ranged from 50% in Neath Port Talbot Hospital to 79% in Mental Health &amp; Learning Disabilities.</p>	<p><b>% discharge summaries approved and sent</b></p> <table border="1"> <caption>% discharge summaries approved and sent (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Feb-21</td><td>65%</td></tr> <tr><td>Mar-21</td><td>65%</td></tr> <tr><td>Apr-21</td><td>65%</td></tr> <tr><td>May-21</td><td>68%</td></tr> <tr><td>Jun-21</td><td>70%</td></tr> <tr><td>Jul-21</td><td>62%</td></tr> <tr><td>Aug-21</td><td>62%</td></tr> <tr><td>Sep-21</td><td>68%</td></tr> <tr><td>Oct-21</td><td>60%</td></tr> <tr><td>Nov-21</td><td>65%</td></tr> <tr><td>Dec-21</td><td>65%</td></tr> <tr><td>Jan-22</td><td>60%</td></tr> <tr><td>Feb-22</td><td>65%</td></tr> </tbody> </table>	Month	Percentage	Feb-21	65%	Mar-21	65%	Apr-21	65%	May-21	68%	Jun-21	70%	Jul-21	62%	Aug-21	62%	Sep-21	68%	Oct-21	60%	Nov-21	65%	Dec-21	65%	Jan-22	60%	Feb-22	65%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
<b>Crude Mortality Rate</b>	<p>January 2022 reports the crude mortality rate for the Health Board at 0.92%, which is 0.07% lower than December 2021.</p> <p>A breakdown by Hospital for January 2022:</p> <ul style="list-style-type: none"> <li>• Morriston – 1.52%</li> <li>• Singleton – 0.58%</li> <li>• NPT – 0.06%</li> </ul>	<p><b>Crude hospital mortality rate by Hospital (74 years of age or less)</b></p> <p>The chart displays four data series: Morriston Hospital (blue), Singleton Hospital (orange), NPT Hospital (yellow), and HB Total (grey). Morriston Hospital consistently has the highest mortality rate, peaking at approximately 2.0% in February 2021 and ending at 1.52% in January 2022. Singleton Hospital maintains a rate between 0.5% and 0.6%. NPT Hospital has the lowest rate, fluctuating between 0.0% and 0.2%. The HB Total rate remains relatively stable around 1.0%.</p> <table border="1"> <caption>Estimated data from the trend chart</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Jan-21</td><td>1.8%</td><td>0.5%</td><td>0.1%</td><td>1.1%</td></tr> <tr><td>Feb-21</td><td>2.0%</td><td>0.5%</td><td>0.1%</td><td>1.1%</td></tr> <tr><td>Mar-21</td><td>1.8%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Apr-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>May-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Jun-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Jul-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Aug-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Sep-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Oct-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Nov-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Dec-21</td><td>1.6%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Jan-22</td><td>1.52%</td><td>0.58%</td><td>0.06%</td><td>0.92%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jan-21	1.8%	0.5%	0.1%	1.1%	Feb-21	2.0%	0.5%	0.1%	1.1%	Mar-21	1.8%	0.5%	0.1%	1.0%	Apr-21	1.7%	0.5%	0.1%	1.0%	May-21	1.7%	0.5%	0.1%	1.0%	Jun-21	1.7%	0.5%	0.1%	1.0%	Jul-21	1.7%	0.5%	0.1%	1.0%	Aug-21	1.7%	0.5%	0.1%	1.0%	Sep-21	1.7%	0.5%	0.1%	1.0%	Oct-21	1.7%	0.5%	0.1%	1.0%	Nov-21	1.7%	0.5%	0.1%	1.0%	Dec-21	1.6%	0.5%	0.1%	1.0%	Jan-22	1.52%	0.58%	0.06%	0.92%
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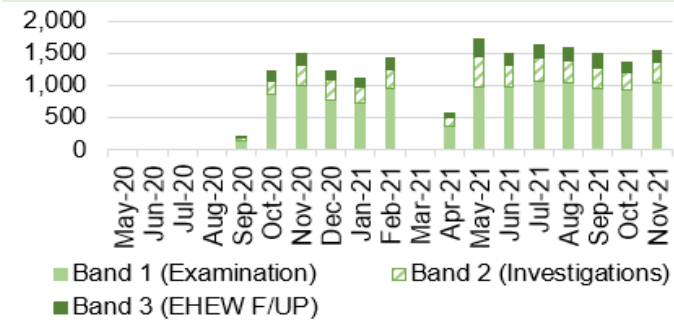
**WORKFORCE**

Description	Current Performance	Trend																																																												
<p><b>Staff sickness rates-</b> <i>Percentage of sickness absence rate of staff</i></p>	<ul style="list-style-type: none"> <li>Our in-month sickness performance deteriorated from 8.54% in December 2021 to 9.06% in January 2022.</li> <li>The 12-month rolling performance deteriorated slightly from 7.33% in December 2021 to 7.43% in January 2022.</li> <li>The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in January 2022.</li> </ul> <table border="1" data-bbox="517 703 1200 1294"> <thead> <tr> <th>Absence Reason</th> <th>FTE Days Lost</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Anxiety/ stress/ depression/ other psychiatric illnesses</td> <td>8,142.83</td> <td>24.9%</td> </tr> <tr> <td>Infectious diseases</td> <td>7,768.84</td> <td>23.7%</td> </tr> <tr> <td>Chest &amp; respiratory problems</td> <td>4,607.67</td> <td>14.1%</td> </tr> <tr> <td>Other musculoskeletal problems</td> <td>2,370.41</td> <td>7.2%</td> </tr> <tr> <td>Other known causes - not elsewhere classified</td> <td>1,87.04</td> <td>5.8%</td> </tr> </tbody> </table>	Absence Reason	FTE Days Lost	%	Anxiety/ stress/ depression/ other psychiatric illnesses	8,142.83	24.9%	Infectious diseases	7,768.84	23.7%	Chest & respiratory problems	4,607.67	14.1%	Other musculoskeletal problems	2,370.41	7.2%	Other known causes - not elsewhere classified	1,87.04	5.8%	<p align="center"><b>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)</b></p>  <table border="1" data-bbox="1249 392 2078 1013"> <caption>Estimated data for Sickness Absence Trend</caption> <thead> <tr> <th>Month</th> <th>% sickness rate (12 month rolling)</th> <th>% sickness rate (in-month)</th> </tr> </thead> <tbody> <tr><td>Jan-21</td><td>7.5%</td><td>9.0%</td></tr> <tr><td>Feb-21</td><td>7.5%</td><td>6.5%</td></tr> <tr><td>Mar-21</td><td>7.2%</td><td>5.8%</td></tr> <tr><td>Apr-21</td><td>7.0%</td><td>5.8%</td></tr> <tr><td>May-21</td><td>7.0%</td><td>6.2%</td></tr> <tr><td>Jun-21</td><td>7.0%</td><td>6.8%</td></tr> <tr><td>Jul-21</td><td>7.2%</td><td>7.2%</td></tr> <tr><td>Aug-21</td><td>7.2%</td><td>7.5%</td></tr> <tr><td>Sep-21</td><td>7.3%</td><td>8.2%</td></tr> <tr><td>Oct-21</td><td>7.3%</td><td>8.5%</td></tr> <tr><td>Nov-21</td><td>7.3%</td><td>8.0%</td></tr> <tr><td>Dec-21</td><td>7.3%</td><td>8.5%</td></tr> <tr><td>Jan-22</td><td>7.4%</td><td>9.1%</td></tr> </tbody> </table>	Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Jan-21	7.5%	9.0%	Feb-21	7.5%	6.5%	Mar-21	7.2%	5.8%	Apr-21	7.0%	5.8%	May-21	7.0%	6.2%	Jun-21	7.0%	6.8%	Jul-21	7.2%	7.2%	Aug-21	7.2%	7.5%	Sep-21	7.3%	8.2%	Oct-21	7.3%	8.5%	Nov-21	7.3%	8.0%	Dec-21	7.3%	8.5%	Jan-22	7.4%	9.1%
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# HARM FROM REDUCTION IN NON-COVID ACTIVITY

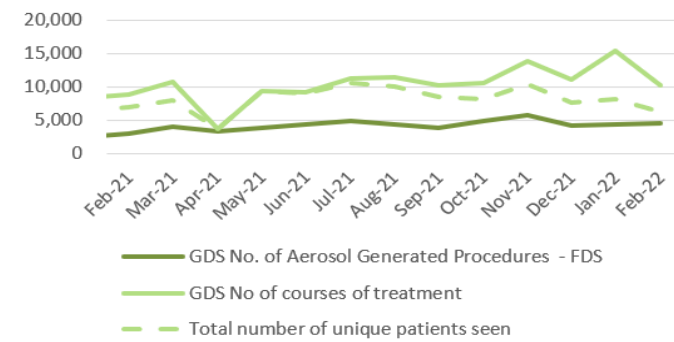
## 5.1 Primary and Community Care Overview

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



No claims submitted between April and August 2020

**Chart 5: General Dental Services - Activity**



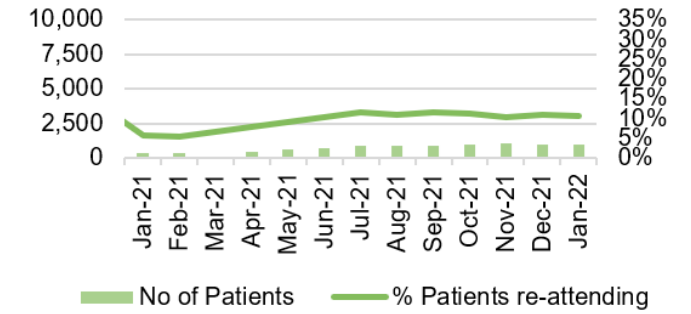
**Chart 2: GMS - Escalation Levels**



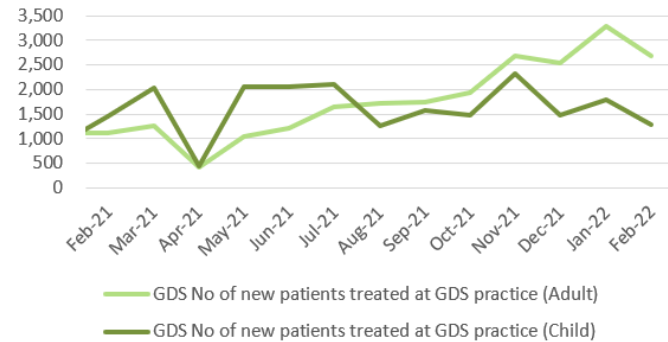
**Chart 3: GMS - Sustainability**



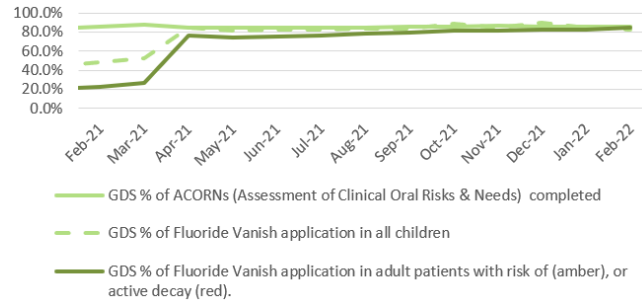
**Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months**



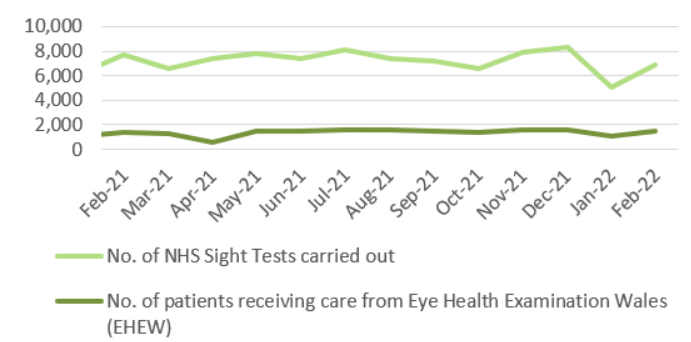
**Chart 6: General Dental Services - New Patients**



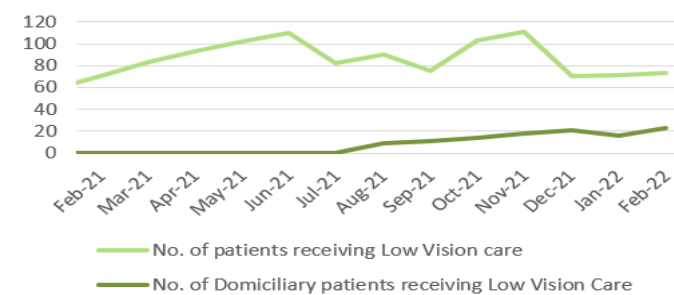
**Chart 7: General Dental Services - ACORNs/FV**



**Chart 8: Optometry Activity – sight tests**



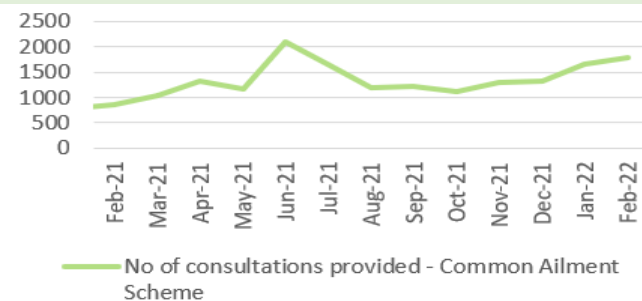
**Chart 9: Optometry Activity – low vision care**



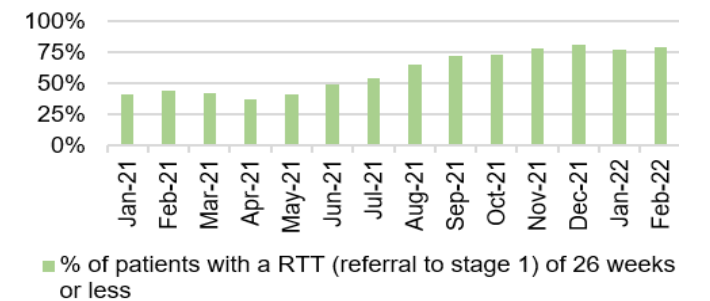
**Chart 10: Community Pharmacy – Escalation levels**



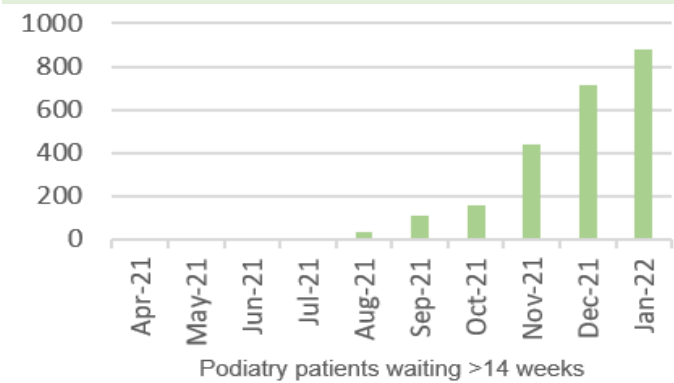
**Chart 11: Community Pharmacy – Common Ailment Scheme**



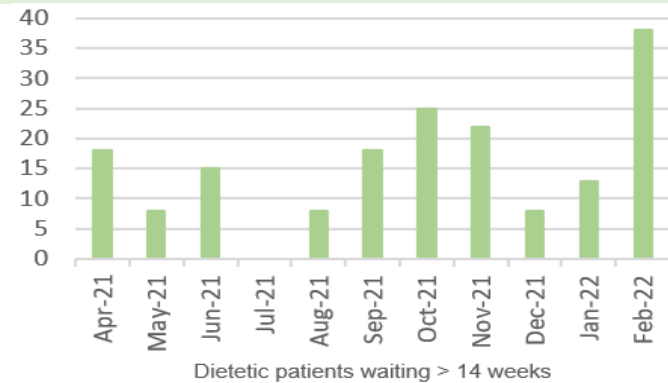
**Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



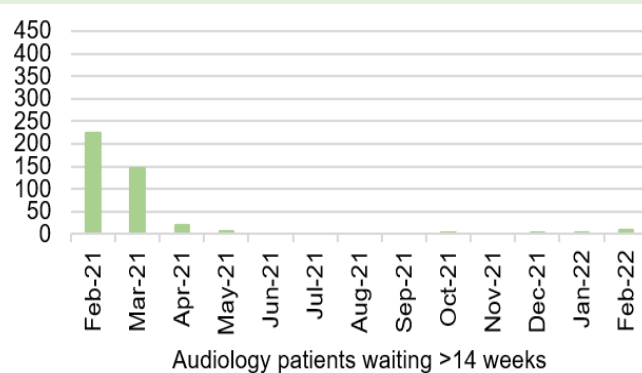
**Chart 13: Podiatry - Total number of patients waiting > 14 weeks**



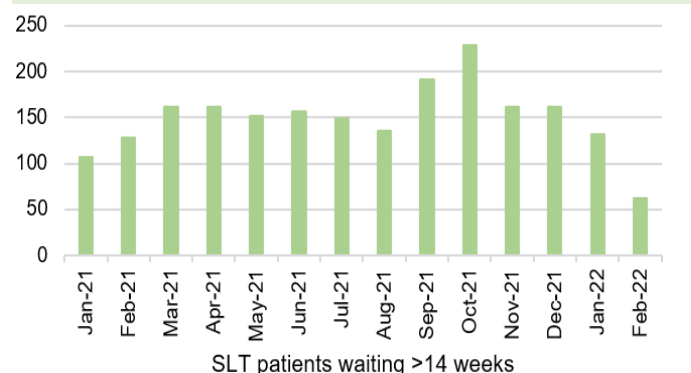
**Chart 14: Dietetics - Total number of patients waiting > 14 weeks**



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



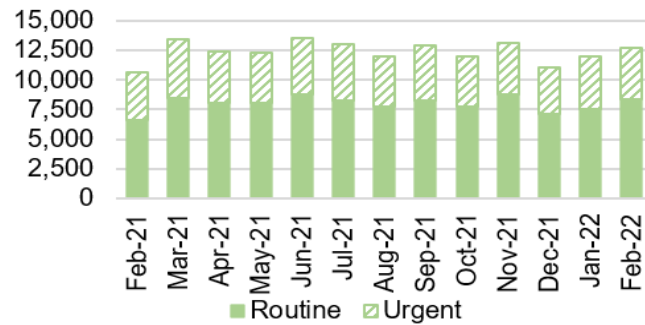
**Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks**



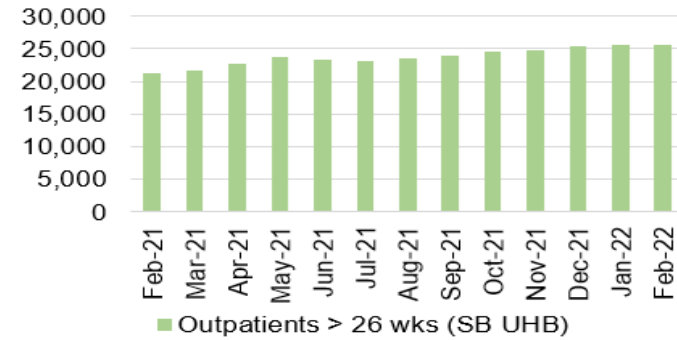
## Harm from reduction in non-Covid activity

### 5.2 Planned Care Overview

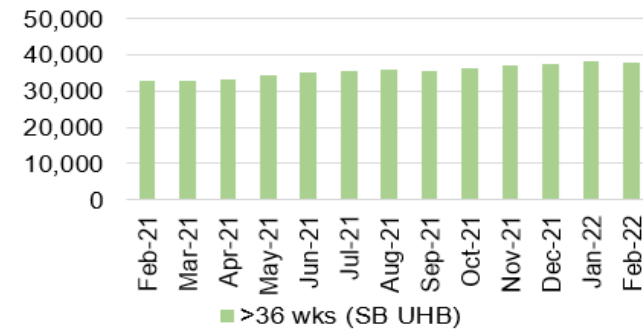
**Chart 1: Number of GP Referrals into secondary care**



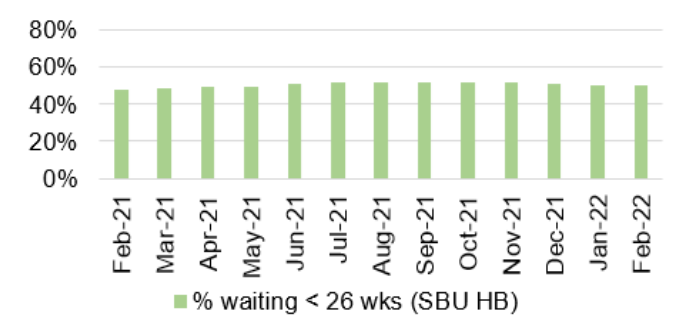
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



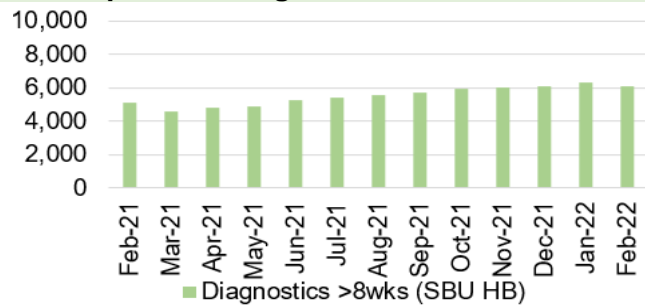
**Chart 3: Number of patients waiting over 36 weeks for treatment**



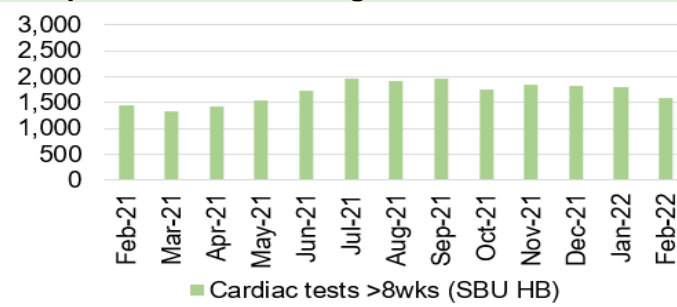
**Chart 4: % patients waiting less than 26 weeks from referral to treatment**



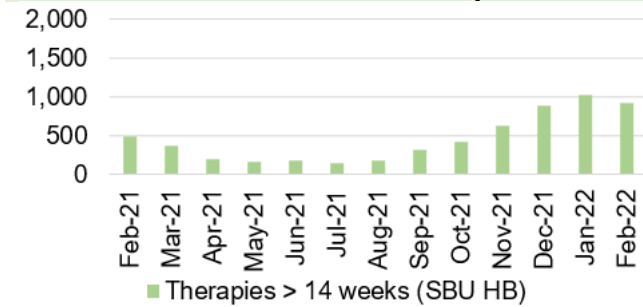
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



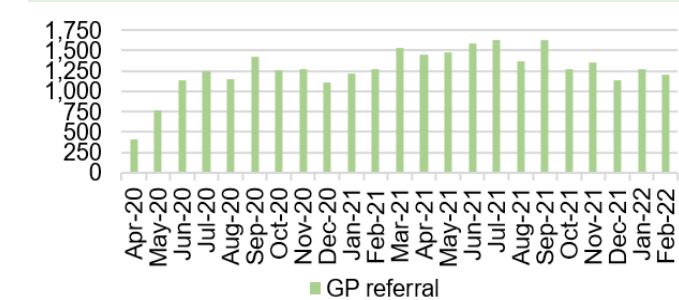
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



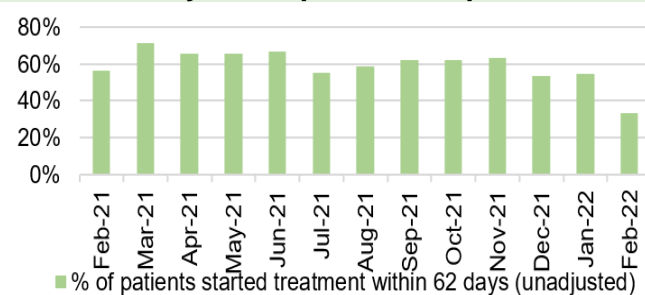
**Chart 7: Number of patients waiting more than 14 weeks for Therapies**



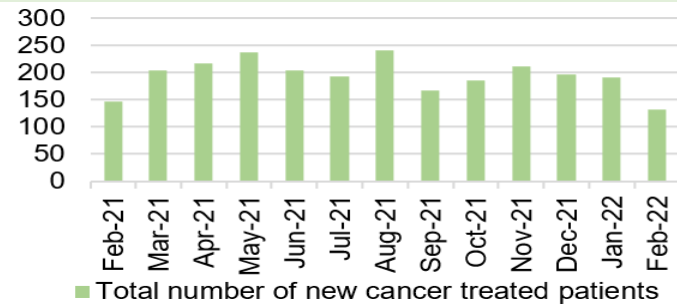
**Chart 8: Cancer referrals**



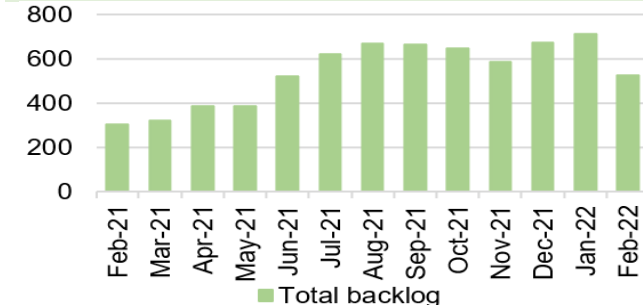
**Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion**



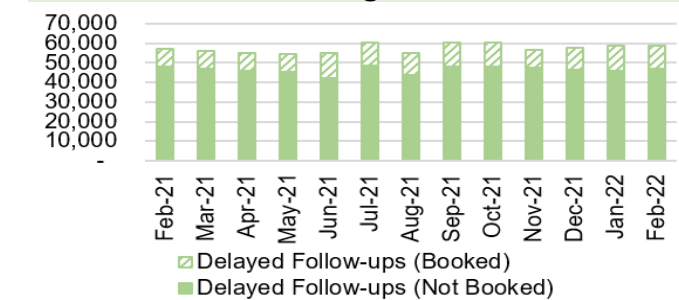
**Chart 10: Number of new cancer patients starting definitive treatment**



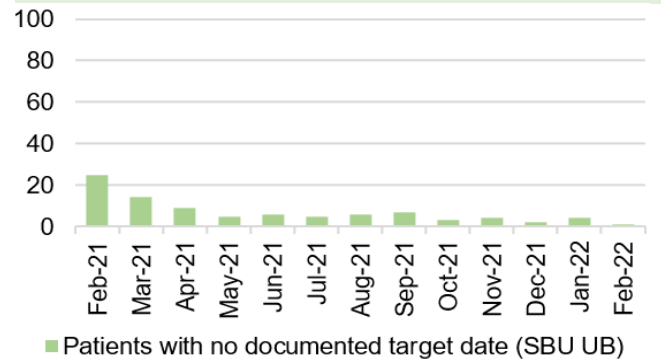
**Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days**



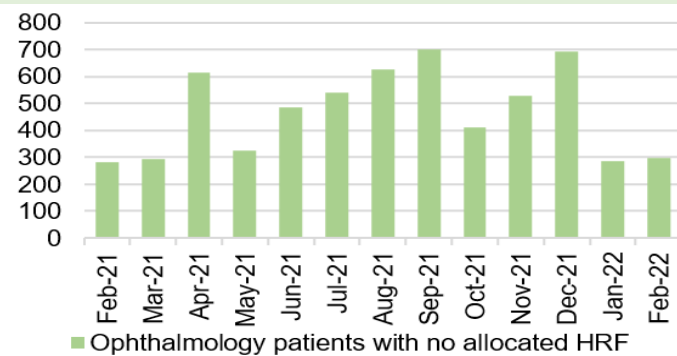
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date**



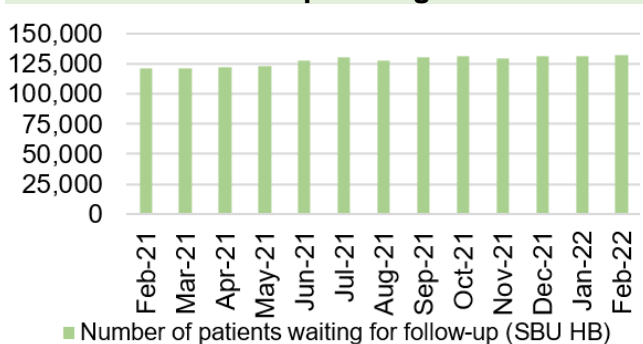
**Chart 13: Number of patients without a documented clinical review date**



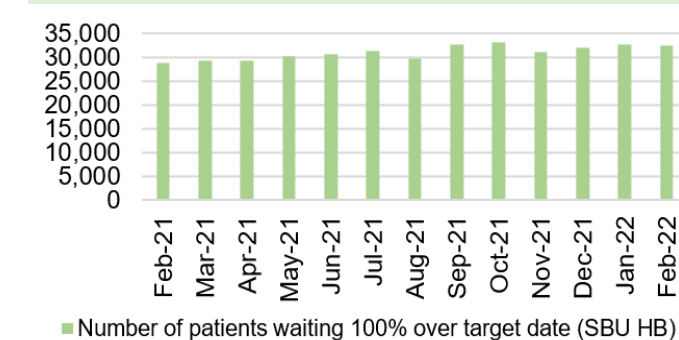
**Chart 14: Ophthalmology patients without an allocated health risk factor**



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



**Chart 16: Number of patients delayed by over 100%**



## Planned Care- Overview (February 2022)

Demand	Waiting Times		
<b>12,689 (6%↑)</b> Total GP referrals	<b>25,522 (%0.3↓)</b> Patients waiting over 26 weeks for a new outpatient appointment	<b>37,920 (0.5%↓)</b> Patients waiting over 36 weeks for treatment	<b>27,040 (1%↓)</b> Patients waiting over 52 weeks for treatment
<b>8,383 (11%↑)</b> Routine GP referrals	<b>50.1% (0.4%↓)</b> Patients waiting under 26 weeks from referral to treatment	<b>6,078 (3%↓)</b> Patients waiting over 8 weeks for all reportable diagnostics	<b>1,579 (11.9%↓)</b> Patients waiting over 8 weeks for Cardiac diagnostics only
<b>4,306 (3%↓)</b> Urgent GP referrals	<b>926 (10%↓)</b> Patients waiting over 14 weeks for reportable therapies	<b>132,036 (0.1%↑)</b> Patients waiting for a follow-up outpatient appointment	<b>32,521 (0.2%↓)</b> Patients waiting for a follow-up outpatients appointment who are delayed over 100%
Cancer	Theatre Efficiencies		
<b>1,585 (0.06%↓)</b> Number of USC referrals received	<b>525 (26.2%↓)</b> USC backlog over 63 days	<b>71% (3%↑)</b> Theatre utilisation rate	<b>43% (5%↓)</b> % of theatres sessions finishing early
<b>54.4% (11.4%↓)</b> <i>draft Feb '22</i> Patients starting first definitive cancer treatment within 62 days		<b>43% (3%→)</b> % of theatres sessions starting late	<b>34% (1%↓)</b> Operations cancelled on the day

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

### 5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
<p><b>Referrals and shape of the waiting list</b></p> <p>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.</p>	<b>Trend</b>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;"><b>1. Number of GP referrals received by SBU Health Board</b></p> </div> <div style="width: 48%;"> <p style="text-align: center;"><b>2. Number of stage 1 additions per week</b></p> </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;"><b>3. Total size of the waiting list and movement (December 2019)</b></p> </div> <div style="width: 48%;"> <p style="text-align: center;"><b>4. Total size of the waiting list and movement (February 2022)</b></p> </div> </div>
	<p><b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i></p> <p><b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i></p> <p><b>3. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at December 2019</i></p> <p><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>

**PLANNED CARE**

**Description**

**Current Performance**

**Outpatient waiting times**

1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total

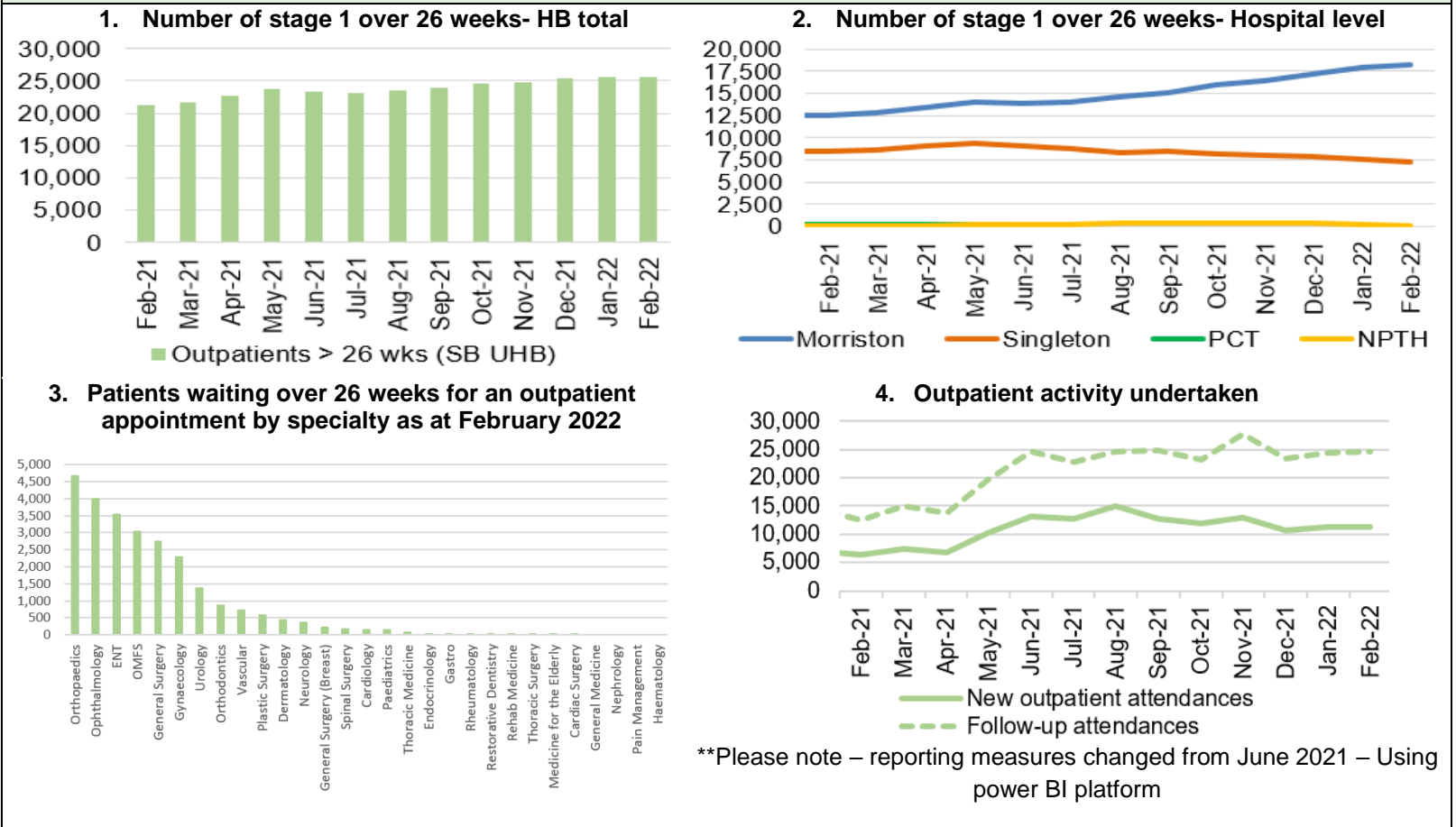
2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level

3. Patients waiting over 26 weeks for an outpatient appointment by specialty

4. Outpatient activity undertaken

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.

**Trend**



**PLANNED CARE**

**Description**

**Patients waiting over 36 weeks for treatment**

1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total

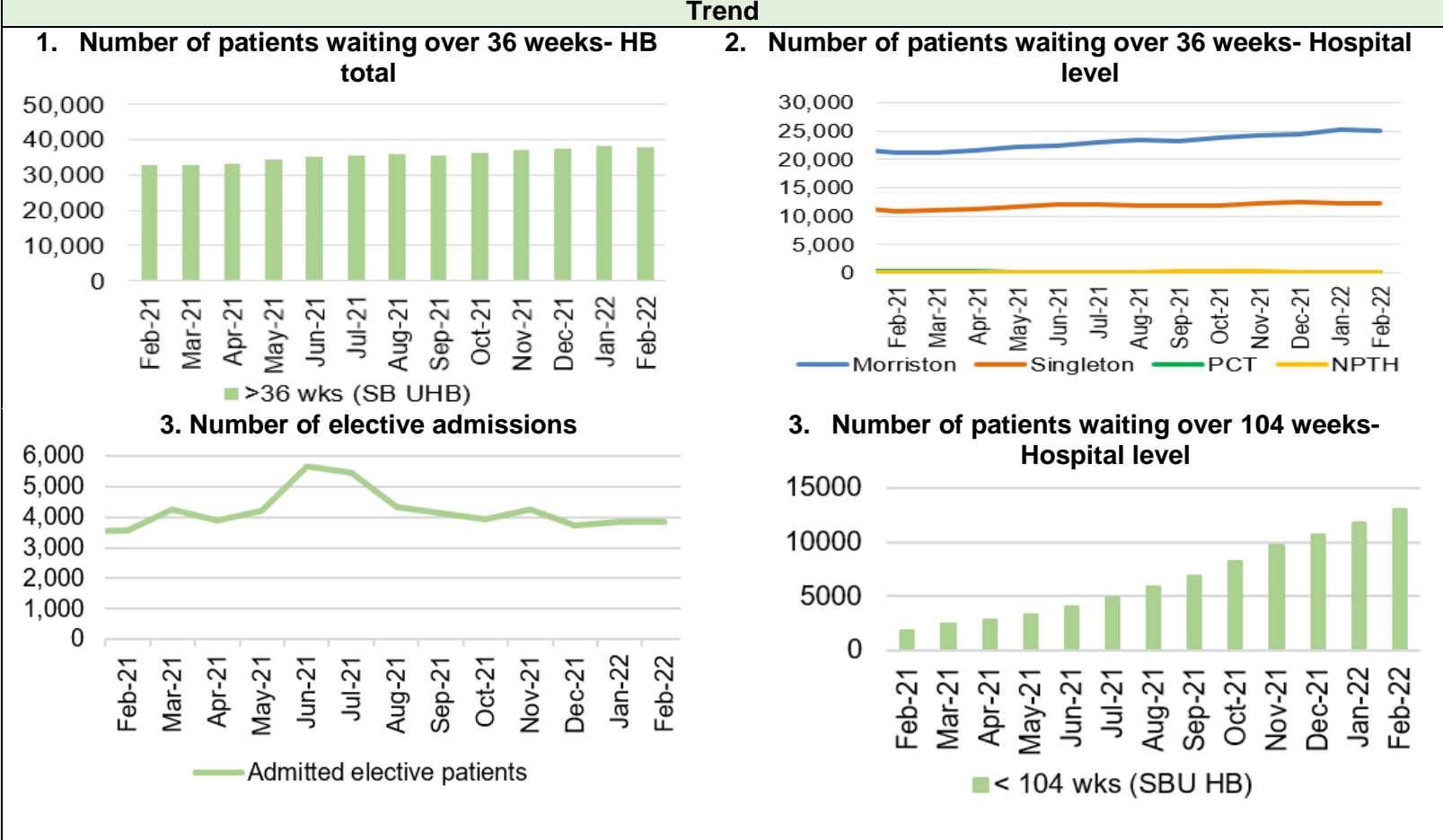
2. Number of patients waiting more than 36 weeks for treatment

3. Number of elective admissions

4. Number of patients waiting more than 104 weeks for treatment

**Current Performance**

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 an appointment, which is a 10% increase from January 2022.

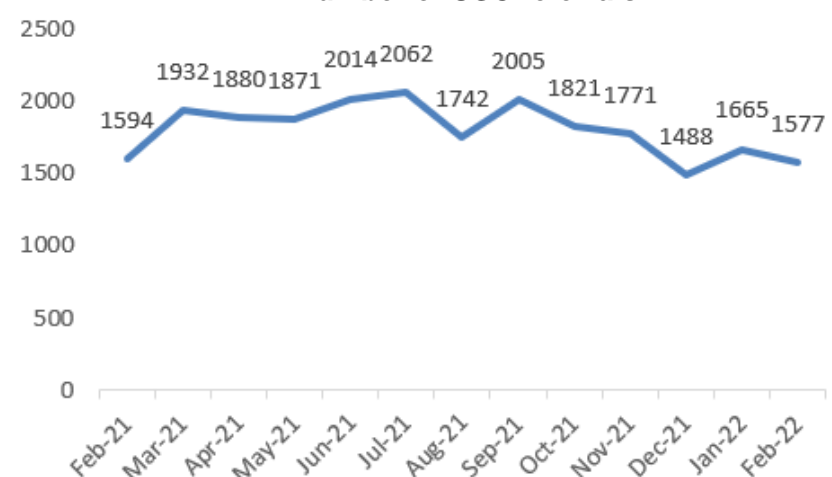
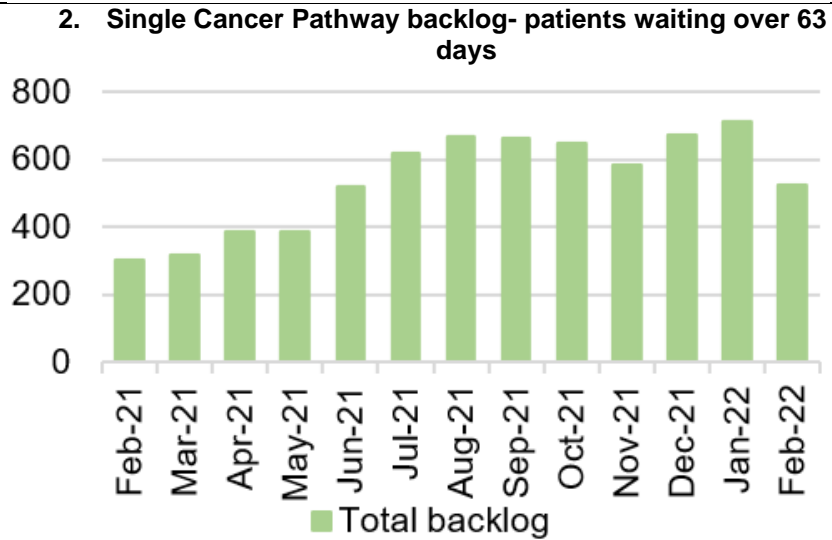


PLANNED CARE																																																																								
Description	Current Performance																																																																							
<p><b>Total waiting times</b> <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i></p>	<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 border="1"> <caption>Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PCT</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Feb-21</td><td>42%</td><td>48%</td><td>45%</td><td>90%</td></tr> <tr><td>Mar-21</td><td>42%</td><td>48%</td><td>42%</td><td>92%</td></tr> <tr><td>Apr-21</td><td>42%</td><td>48%</td><td>38%</td><td>90%</td></tr> <tr><td>May-21</td><td>42%</td><td>48%</td><td>45%</td><td>88%</td></tr> <tr><td>Jun-21</td><td>42%</td><td>48%</td><td>55%</td><td>85%</td></tr> <tr><td>Jul-21</td><td>42%</td><td>48%</td><td>65%</td><td>82%</td></tr> <tr><td>Aug-21</td><td>42%</td><td>48%</td><td>75%</td><td>80%</td></tr> <tr><td>Sep-21</td><td>42%</td><td>48%</td><td>78%</td><td>78%</td></tr> <tr><td>Oct-21</td><td>42%</td><td>48%</td><td>80%</td><td>75%</td></tr> <tr><td>Nov-21</td><td>42%</td><td>48%</td><td>82%</td><td>72%</td></tr> <tr><td>Dec-21</td><td>42%</td><td>48%</td><td>82%</td><td>75%</td></tr> <tr><td>Jan-22</td><td>42%</td><td>48%</td><td>80%</td><td>78%</td></tr> <tr><td>Feb-22</td><td>42%</td><td>48%</td><td>82%</td><td>80%</td></tr> </tbody> </table>	Month	Morriston	Singleton	PCT	NPTH	Feb-21	42%	48%	45%	90%	Mar-21	42%	48%	42%	92%	Apr-21	42%	48%	38%	90%	May-21	42%	48%	45%	88%	Jun-21	42%	48%	55%	85%	Jul-21	42%	48%	65%	82%	Aug-21	42%	48%	75%	80%	Sep-21	42%	48%	78%	78%	Oct-21	42%	48%	80%	75%	Nov-21	42%	48%	82%	72%	Dec-21	42%	48%	82%	75%	Jan-22	42%	48%	80%	78%	Feb-22	42%	48%	82%	80%
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<p><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>	<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 border="1"> <caption>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</caption> <thead> <tr> <th>Month</th> <th>% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Feb-21</td><td>45%</td><td>95%</td></tr> <tr><td>Mar-21</td><td>45%</td><td>95%</td></tr> <tr><td>Apr-21</td><td>45%</td><td>95%</td></tr> <tr><td>May-21</td><td>45%</td><td>95%</td></tr> <tr><td>Jun-21</td><td>45%</td><td>95%</td></tr> <tr><td>Jul-21</td><td>45%</td><td>95%</td></tr> <tr><td>Aug-21</td><td>45%</td><td>95%</td></tr> <tr><td>Sep-21</td><td>45%</td><td>95%</td></tr> <tr><td>Oct-21</td><td>45%</td><td>95%</td></tr> <tr><td>Nov-21</td><td>45%</td><td>95%</td></tr> <tr><td>Dec-21</td><td>45%</td><td>95%</td></tr> <tr><td>Jan-22</td><td>45%</td><td>95%</td></tr> <tr><td>Feb-22</td><td>49.3%</td><td>95%</td></tr> </tbody> </table>	Month	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	Target	Feb-21	45%	95%	Mar-21	45%	95%	Apr-21	45%	95%	May-21	45%	95%	Jun-21	45%	95%	Jul-21	45%	95%	Aug-21	45%	95%	Sep-21	45%	95%	Oct-21	45%	95%	Nov-21	45%	95%	Dec-21	45%	95%	Jan-22	45%	95%	Feb-22	49.3%	95%																												
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**THEATRE EFFICIENCY**

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<p><b>Theatre Efficiency</b></p> <p><i>1. Theatre Utilisation Rates</i></p> <p><i>2. % of theatre sessions starting late</i></p> <p><i>3. % of theatre sessions finishing early</i></p> <p><i>4. % of theatre sessions cancelled at short notice (&lt;28 days)</i></p> <p><i>5. % of operations cancelled on the day</i></p>	<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 2022.</p> <p>43% of theatre sessions started late in February 2022. This is a slight deterioration on performance in February 2021 (42%).</p> <p>In February 2022, 43% of theatre sessions finished early. This is 5% lower than figures seen in January 2022 and 1% lower than figures seen in February 2021.</p> <p>6% of theatre sessions were cancelled at short notice in February 2022. This is the same figure reported in January 2022 and is 1% higher than figures seen in February 2022.</p> <p>Of the operations cancelled in February 2022, 34% of them were cancelled on the day. This is a small improvement from 35% in January 2022.</p>	<p style="text-align: center;"><b>1. Theatre Utilisation Rates</b></p> <table border="1"> <caption>1. 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<p><b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<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> <table border="1"> <caption>Estimated data for Number of patients waiting longer than 8 weeks for diagnostics</caption> <thead> <tr> <th>Month</th> <th>Cardiac tests</th> <th>Endoscopy</th> <th>Other diagnostics (inc. radiology)</th> </tr> </thead> <tbody> <tr><td>Feb-21</td><td>1,500</td><td>2,000</td><td>1,500</td></tr> <tr><td>Mar-21</td><td>1,200</td><td>1,800</td><td>1,000</td></tr> <tr><td>Apr-21</td><td>1,300</td><td>2,000</td><td>1,200</td></tr> <tr><td>May-21</td><td>1,400</td><td>2,000</td><td>1,000</td></tr> <tr><td>Jun-21</td><td>1,600</td><td>1,800</td><td>1,200</td></tr> <tr><td>Jul-21</td><td>1,700</td><td>1,800</td><td>1,300</td></tr> <tr><td>Aug-21</td><td>1,800</td><td>1,800</td><td>1,500</td></tr> <tr><td>Sep-21</td><td>1,700</td><td>2,200</td><td>1,400</td></tr> <tr><td>Oct-21</td><td>1,800</td><td>2,500</td><td>1,300</td></tr> <tr><td>Nov-21</td><td>1,800</td><td>2,800</td><td>1,200</td></tr> <tr><td>Dec-21</td><td>1,700</td><td>3,200</td><td>1,000</td></tr> <tr><td>Jan-22</td><td>1,600</td><td>3,800</td><td>800</td></tr> <tr><td>Feb-22</td><td>1,500</td><td>4,000</td><td>600</td></tr> </tbody> </table>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Feb-21	1,500	2,000	1,500	Mar-21	1,200	1,800	1,000	Apr-21	1,300	2,000	1,200	May-21	1,400	2,000	1,000	Jun-21	1,600	1,800	1,200	Jul-21	1,700	1,800	1,300	Aug-21	1,800	1,800	1,500	Sep-21	1,700	2,200	1,400	Oct-21	1,800	2,500	1,300	Nov-21	1,800	2,800	1,200	Dec-21	1,700	3,200	1,000	Jan-22	1,600	3,800	800	Feb-22	1,500	4,000	600																																										
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<p><b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<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> <table border="1"> <caption>Estimated data for Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Podiatry</th> <th>Physio</th> <th>Dietetics</th> <th>Occ Therapy/ LD (MH)</th> <th>Occ Therapy (exc. MH)</th> <th>Audiology</th> </tr> </thead> <tbody> <tr><td>Feb-21</td><td>200</td><td>100</td><td>50</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Mar-21</td><td>150</td><td>100</td><td>50</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Apr-21</td><td>100</td><td>100</td><td>50</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>May-21</td><td>100</td><td>100</td><td>50</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Jun-21</td><td>100</td><td>100</td><td>50</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Jul-21</td><td>100</td><td>100</td><td>50</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Aug-21</td><td>100</td><td>100</td><td>50</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Sep-21</td><td>150</td><td>100</td><td>50</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Oct-21</td><td>200</td><td>100</td><td>50</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Nov-21</td><td>300</td><td>100</td><td>50</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Dec-21</td><td>400</td><td>100</td><td>50</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Jan-22</td><td>500</td><td>100</td><td>50</td><td>100</td><td>50</td><td>50</td></tr> <tr><td>Feb-22</td><td>800</td><td>100</td><td>50</td><td>100</td><td>50</td><td>50</td></tr> </tbody> </table>	Month	Podiatry	Physio	Dietetics	Occ Therapy/ LD (MH)	Occ Therapy (exc. MH)	Audiology	Feb-21	200	100	50	100	50	50	Mar-21	150	100	50	100	50	50	Apr-21	100	100	50	100	50	50	May-21	100	100	50	100	50	50	Jun-21	100	100	50	100	50	50	Jul-21	100	100	50	100	50	50	Aug-21	100	100	50	100	50	50	Sep-21	150	100	50	100	50	50	Oct-21	200	100	50	100	50	50	Nov-21	300	100	50	100	50	50	Dec-21	400	100	50	100	50	50	Jan-22	500	100	50	100	50	50	Feb-22	800	100	50	100	50	50
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Description	Current Performance	Trend																												
<p>Cancer demand and shape of the waiting list</p> <p>1. Number of Urgent Suspected Cancer (USC) referrals received</p>	<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 border="1"> <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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<p>2. Single Cancer Pathway backlog- patients waiting over 63 days</p>	<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 border="1"> <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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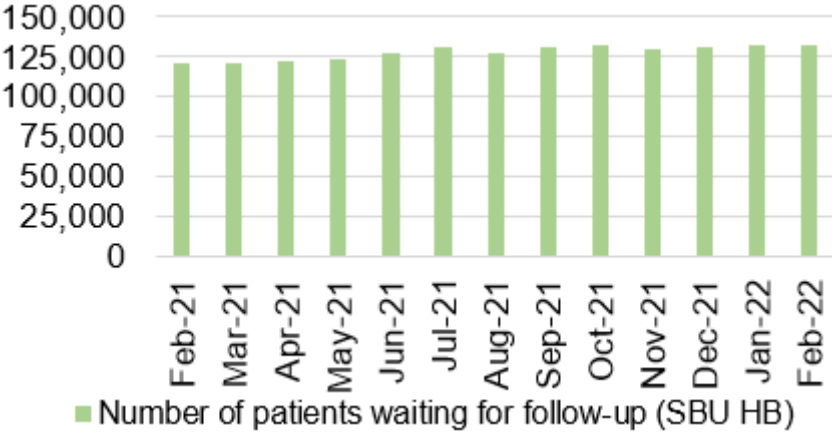
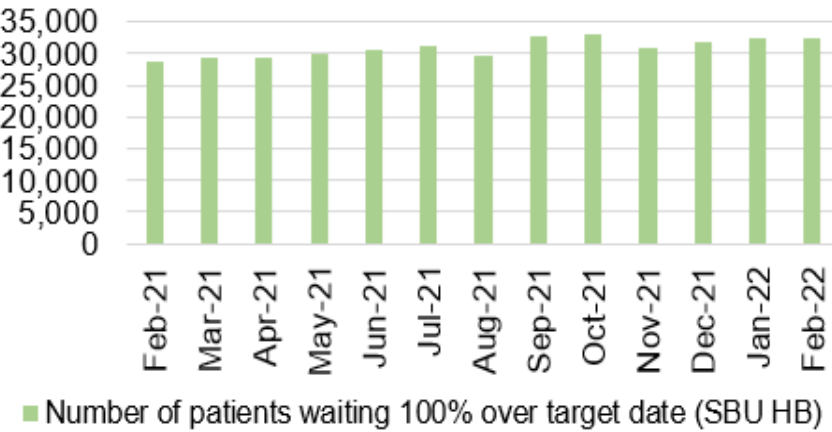
## CANCER

Description	Current Performance	Trend																												
<p><b>Single Cancer Pathway</b>  <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i></p>	<p>February 2022 figures will be finalised on 31<sup>st</sup> March 2022.                      Draft figures indicate a possible achievement of 46% of patients starting treatment within 62 days of the suspicion of cancer first being raised (unadjusted pathway). The number of patients treated in February 2022 is outlined below by tumour site (draft figures).</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #c6e0b4;"> <th>Tumour Site</th> <th>Breaches</th> <th>Tumour Site</th> <th>Breaches</th> </tr> </thead> <tbody> <tr><td>Urological</td><td>26</td><td>Upper GI</td><td>5</td></tr> <tr><td>Head and Neck</td><td>4</td><td>Gynaecological</td><td>3</td></tr> <tr><td>Lower GI</td><td>13</td><td>Haematological</td><td>5</td></tr> <tr><td>Lung</td><td>8</td><td>Sarcoma</td><td>3</td></tr> <tr><td>Breast</td><td>12</td><td>Brain/CNS</td><td>1</td></tr> <tr><td>Skin</td><td>5</td><td></td><td></td></tr> </tbody> </table>	Tumour Site	Breaches	Tumour Site	Breaches	Urological	26	Upper GI	5	Head and Neck	4	Gynaecological	3	Lower GI	13	Haematological	5	Lung	8	Sarcoma	3	Breast	12	Brain/CNS	1	Skin	5			<p><b>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</b></p>
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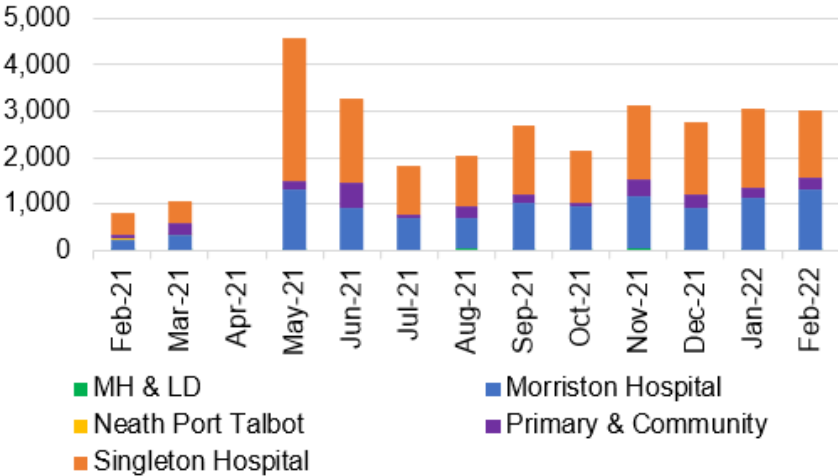
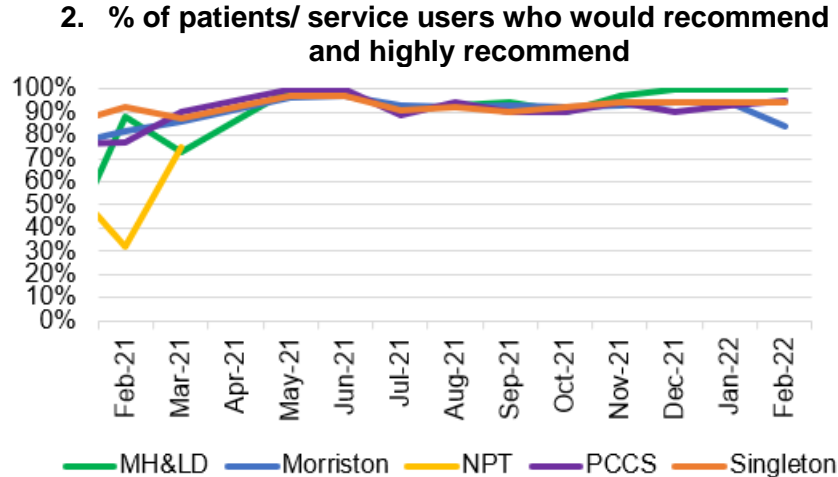
<p><b>Single Cancer Pathway backlog</b>  <i>The number of patients with an active wait status of more than 63 days</i></p>	<p>February 2022 backlog by tumour site:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #c6e0b4;"> <th>Tumour Site</th> <th>63 - 103 days</th> <th>≥104 days</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>1</td><td>0</td></tr> <tr><td>Breast</td><td>54</td><td>18</td></tr> <tr><td>Children's cancer</td><td>0</td><td>0</td></tr> <tr><td>Gynaecological</td><td>30</td><td>22</td></tr> <tr><td>Haematological</td><td>7</td><td>8</td></tr> <tr><td>Head and neck</td><td>19</td><td>10</td></tr> <tr><td>Lower Gastrointestinal</td><td>51</td><td>54</td></tr> <tr><td>Lung</td><td>11</td><td>13</td></tr> <tr><td>Other</td><td>3</td><td>5</td></tr> <tr><td>Sarcoma</td><td>0</td><td>0</td></tr> <tr><td>Skin(c)</td><td>7</td><td>3</td></tr> <tr><td>Upper Gastrointestinal</td><td>30</td><td>28</td></tr> <tr><td>Urological</td><td>33</td><td>60</td></tr> <tr style="font-weight: bold;"> <td>Grand Total</td> <td>236</td> <td>221</td> </tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	0	Brain/CNS	1	0	Breast	54	18	Children's cancer	0	0	Gynaecological	30	22	Haematological	7	8	Head and neck	19	10	Lower Gastrointestinal	51	54	Lung	11	13	Other	3	5	Sarcoma	0	0	Skin(c)	7	3	Upper Gastrointestinal	30	28	Urological	33	60	Grand Total	236	221	<p><b>Number of patients with a wait status of more than 62 days</b></p>
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<p><b>USC First Outpatient Appointments</b>  <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<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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<p><b>Radiotherapy waiting times</b>  <i>The percentage of patients receiving radiotherapy treatment</i></p>	<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>																					
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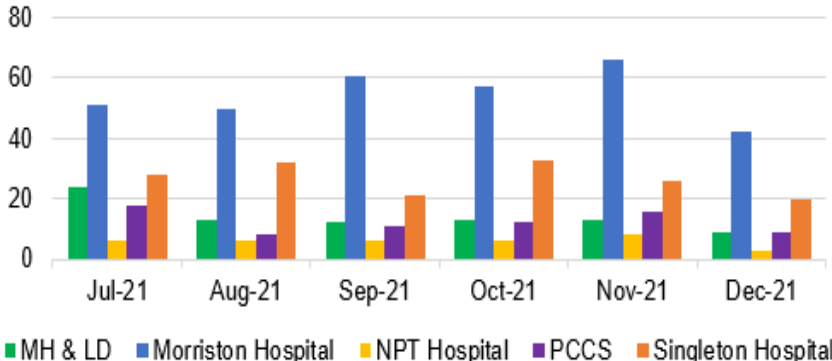
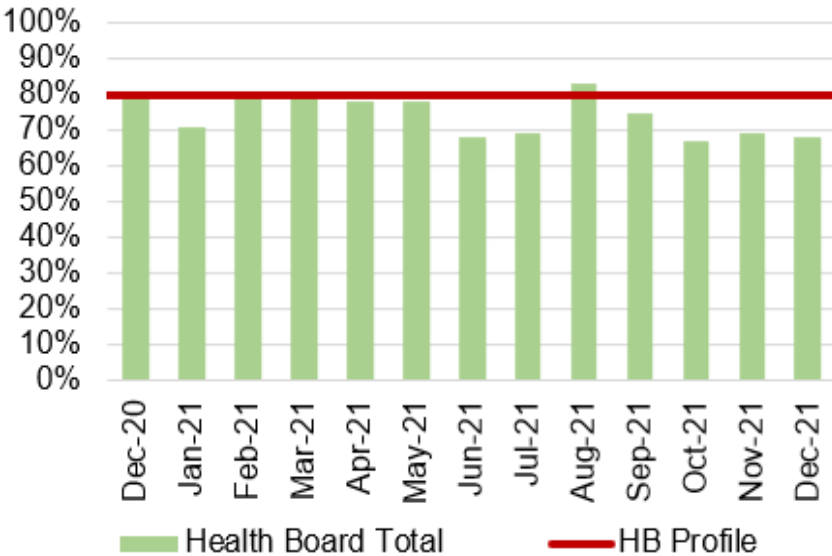
**FOLLOW-UP APPOINTMENTS**

Description	Current Performance	Trend																																																								
<p><b>Follow-up appointments</b></p> <p><i>1. The total number of patients on the follow-up waiting list</i></p> <p><i>2. The number of patients waiting 100% over target for a follow-up appointment</i></p>	<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>  <table border="1"> <caption>1. Total number of patients waiting for a follow-up (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Feb-21</td><td>120,000</td></tr> <tr><td>Mar-21</td><td>120,000</td></tr> <tr><td>Apr-21</td><td>120,000</td></tr> <tr><td>May-21</td><td>120,000</td></tr> <tr><td>Jun-21</td><td>120,000</td></tr> <tr><td>Jul-21</td><td>125,000</td></tr> <tr><td>Aug-21</td><td>120,000</td></tr> <tr><td>Sep-21</td><td>125,000</td></tr> <tr><td>Oct-21</td><td>125,000</td></tr> <tr><td>Nov-21</td><td>125,000</td></tr> <tr><td>Dec-21</td><td>125,000</td></tr> <tr><td>Jan-22</td><td>125,000</td></tr> <tr><td>Feb-22</td><td>132,036</td></tr> </tbody> </table> <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p>  <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target date (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Feb-21</td><td>28,000</td></tr> <tr><td>Mar-21</td><td>28,000</td></tr> <tr><td>Apr-21</td><td>28,000</td></tr> <tr><td>May-21</td><td>28,000</td></tr> <tr><td>Jun-21</td><td>28,000</td></tr> <tr><td>Jul-21</td><td>30,000</td></tr> <tr><td>Aug-21</td><td>28,000</td></tr> <tr><td>Sep-21</td><td>32,000</td></tr> <tr><td>Oct-21</td><td>32,000</td></tr> <tr><td>Nov-21</td><td>30,000</td></tr> <tr><td>Dec-21</td><td>30,000</td></tr> <tr><td>Jan-22</td><td>32,000</td></tr> <tr><td>Feb-22</td><td>32,447</td></tr> </tbody> </table>	Month	Number of patients	Feb-21	120,000	Mar-21	120,000	Apr-21	120,000	May-21	120,000	Jun-21	120,000	Jul-21	125,000	Aug-21	120,000	Sep-21	125,000	Oct-21	125,000	Nov-21	125,000	Dec-21	125,000	Jan-22	125,000	Feb-22	132,036	Month	Number of patients	Feb-21	28,000	Mar-21	28,000	Apr-21	28,000	May-21	28,000	Jun-21	28,000	Jul-21	30,000	Aug-21	28,000	Sep-21	32,000	Oct-21	32,000	Nov-21	30,000	Dec-21	30,000	Jan-22	32,000	Feb-22	32,447
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**PATIENT EXPERIENCE**

Description	Current Performance	Trend
<p><b>Patient experience</b></p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p>	<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>

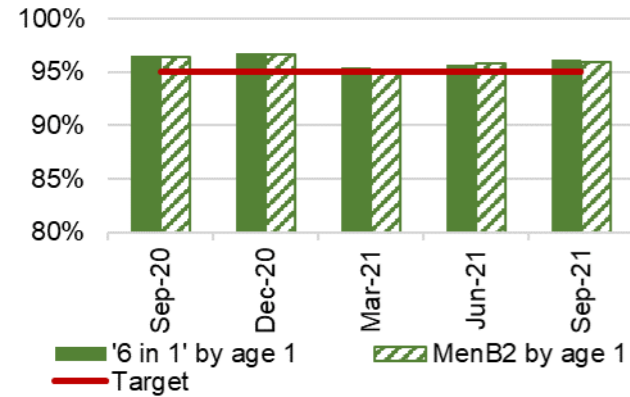
## COMPLAINTS

Description	Current Performance	Trend												
<p><b>Patient concerns</b></p> <p><i>1. Number of formal complaints received</i></p> <p><i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p>	<p>1. In December 2021, the Health Board received 115 formal complaints; this is a 39% reduction on the number seen in November 2021.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 68% in December 2021, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th></th> <th style="text-align: center;">30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td style="text-align: center;">67%</td> </tr> <tr> <td>Morrison Hospital</td> <td style="text-align: center;">69%</td> </tr> <tr> <td>Mental Health &amp; Learning Disabilities</td> <td style="text-align: center;">78%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td style="text-align: center;">78%</td> </tr> <tr> <td>Singleton Hospital</td> <td style="text-align: center;">50%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	67%	Morrison Hospital	69%	Mental Health & Learning Disabilities	78%	Primary, Community and Therapies	78%	Singleton Hospital	50%	<p><b>1. Number of formal complaints received</b></p>  <p><b>2. Response rate for concerns within 30 days</b></p> 
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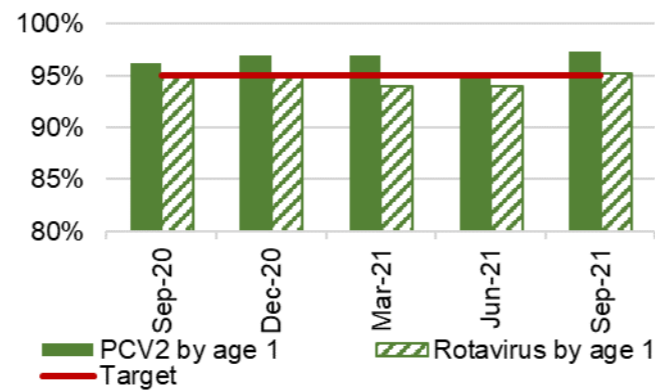
# HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

## 6.1 Vaccinations and Immunisations

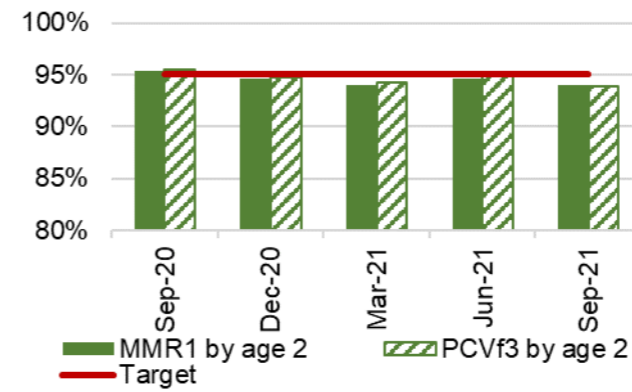
**Chart 1: % children who received 3 doses of the hexavalent '6 in 1' vaccine and MenB2 vaccine by age 1**



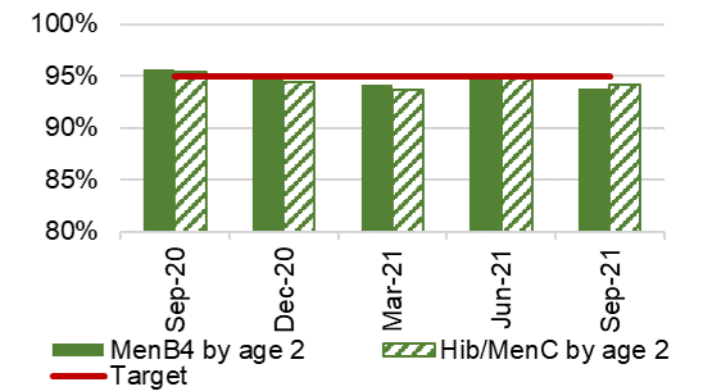
**Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1**



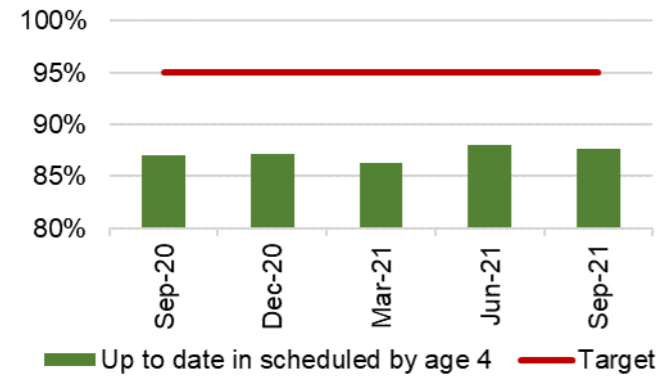
**Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2**



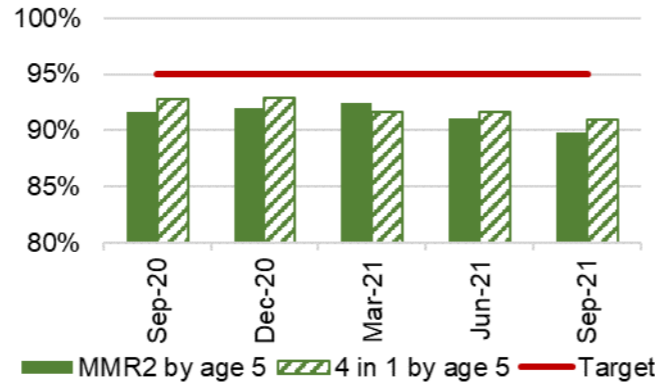
**Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2**



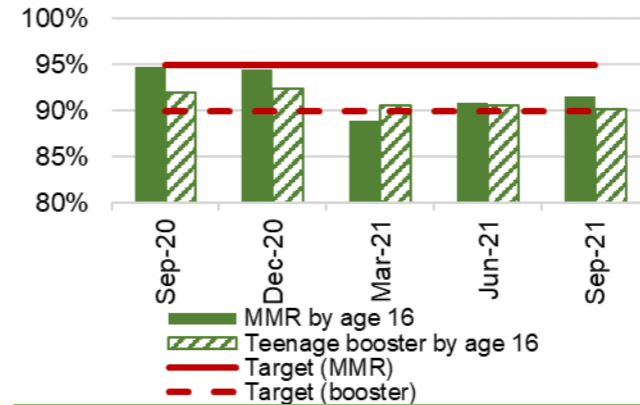
**Chart 5: % children who are up to date in schedule by age 4**



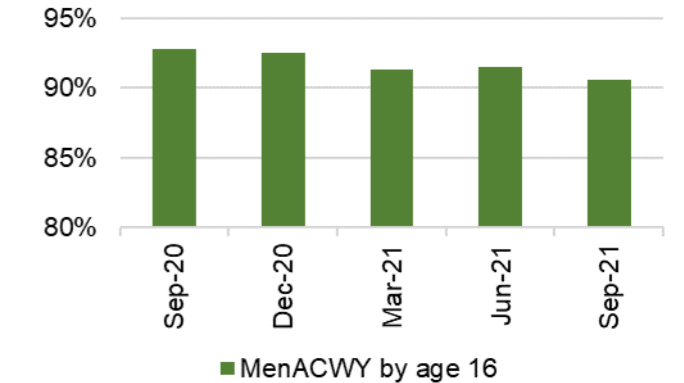
**Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5**



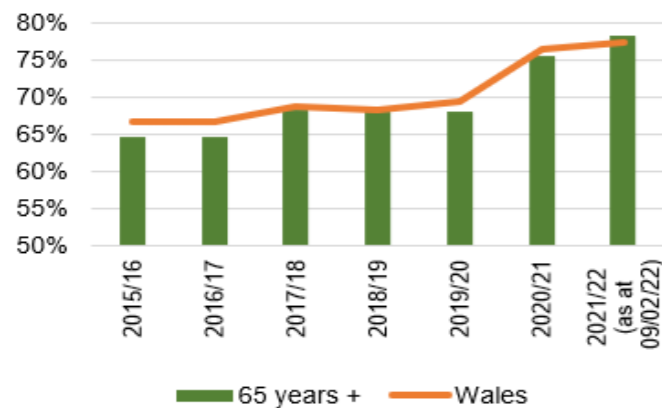
**Chart 7: % children who received MMR vaccine and teenage booster by age 16**



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



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



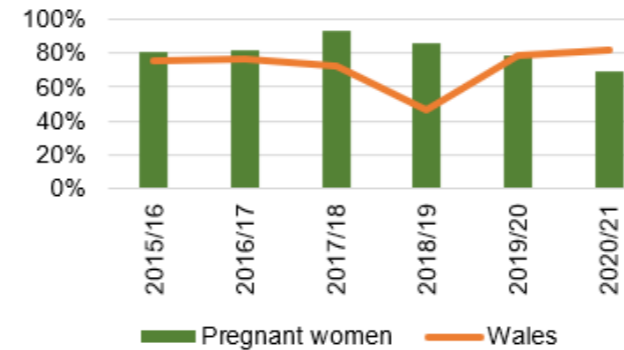
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



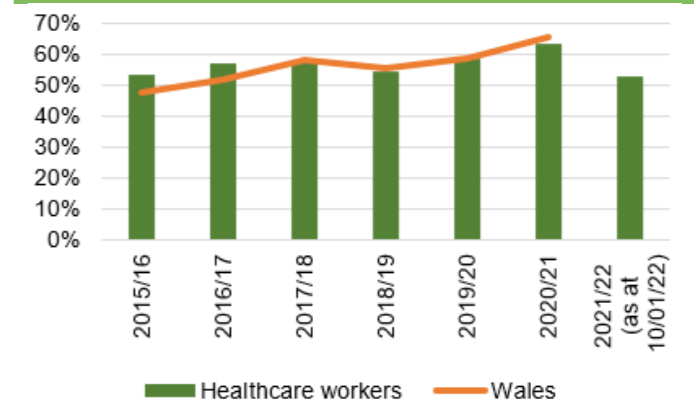
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

**Chart 11: Influenza uptake for amongst pregnant women**



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

**Chart 12: Influenza uptake for amongst healthcare workers**

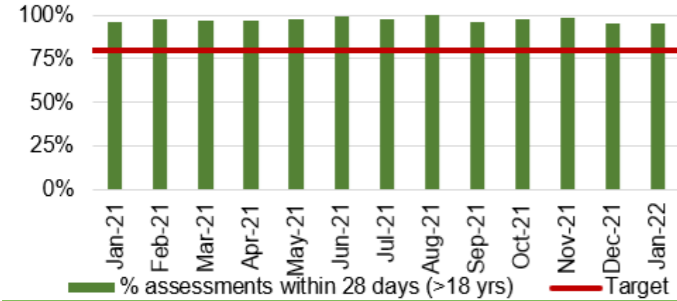


Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board. 2020/21 all-Wales data not yet available

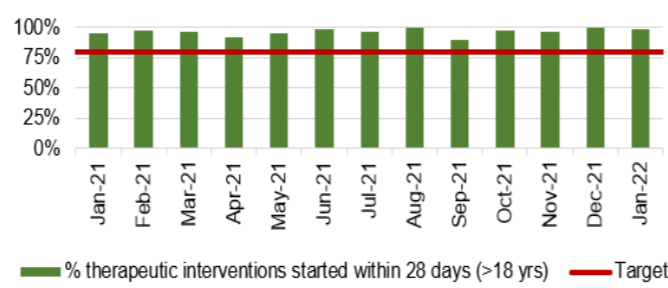
# HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

## 6.2 Mental Health Overview

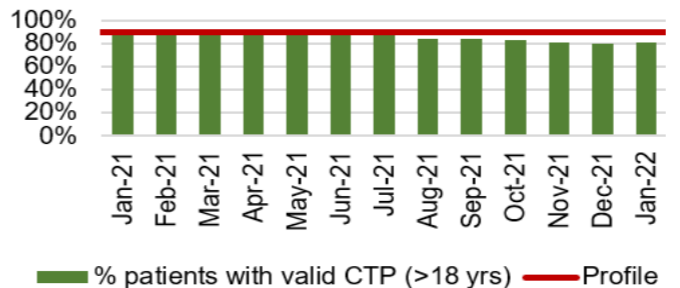
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



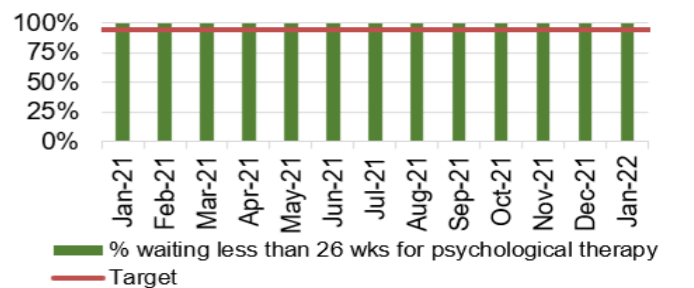
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



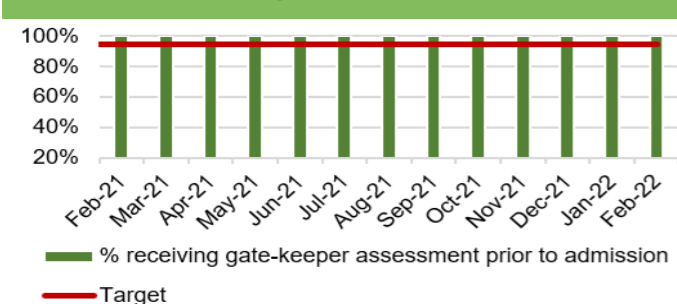
**Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan**



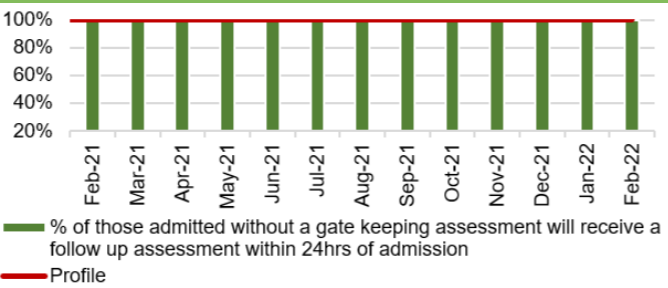
**Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**



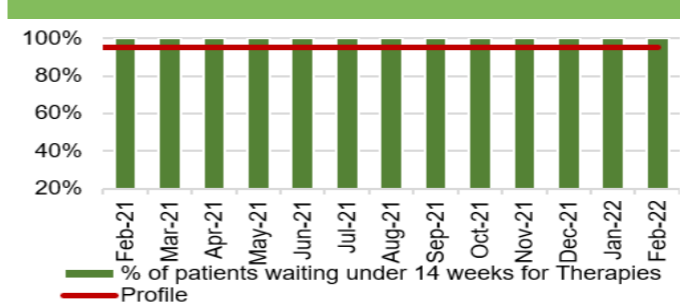
**Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission**



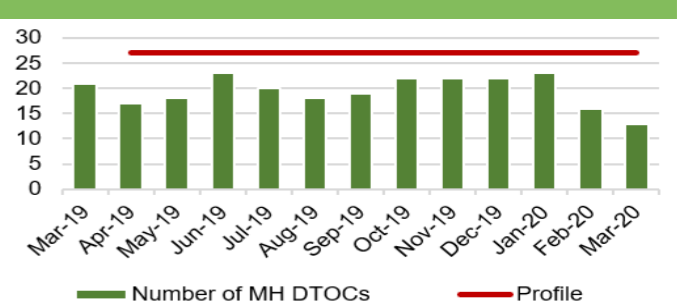
**Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



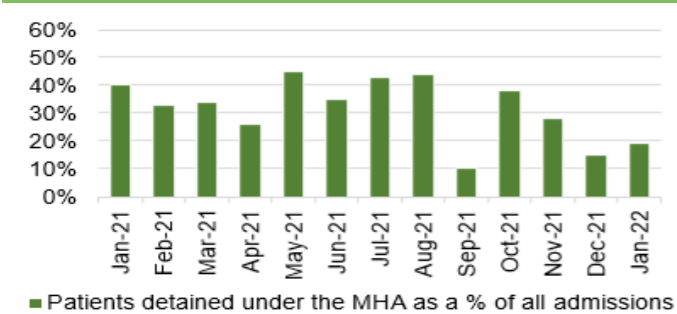
**Chart 7: % of patients waiting under 14 weeks for Therapies**



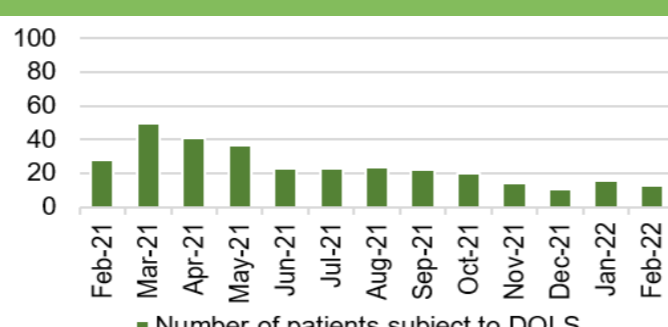
**Chart 8: Number of Mental Health Delayed Transfers of Care (DTCOs)**



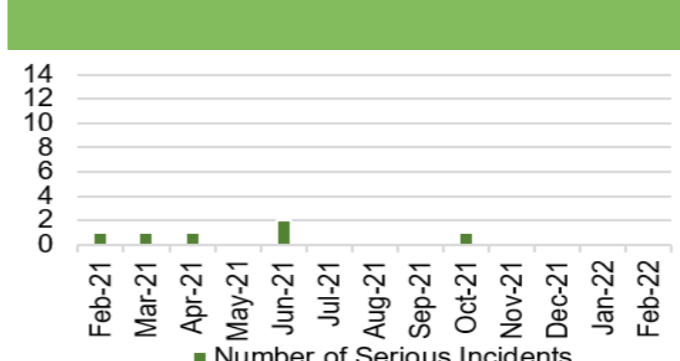
**Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions**



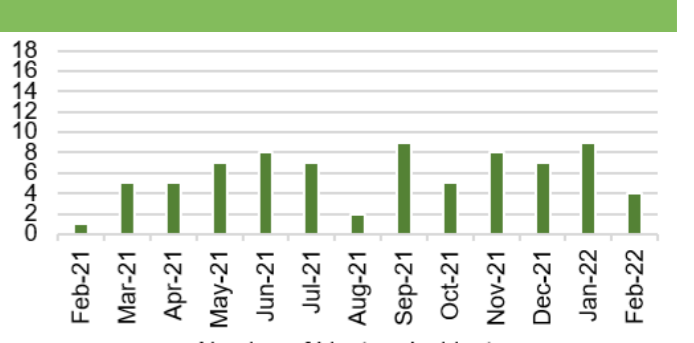
**Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)**



**Chart 11: Number of Serious Incidents**

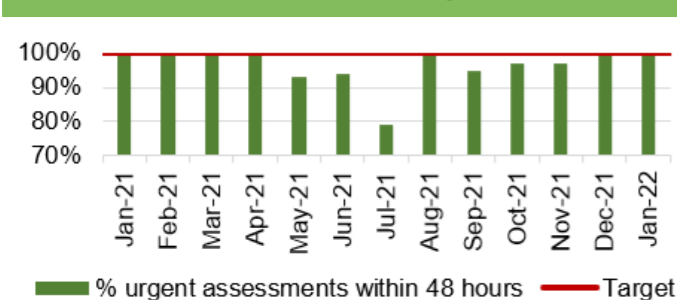


**Chart 12: Number of ligature incidents**

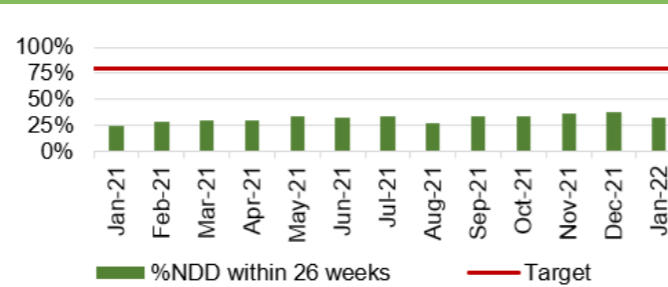


## Child & Adolescent Mental Health Services (CAMHS)

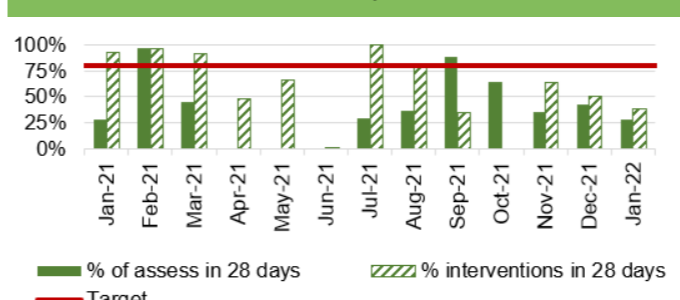
**Chart 13: Urgent assessments undertaken within 48 hours from receipt of referral**



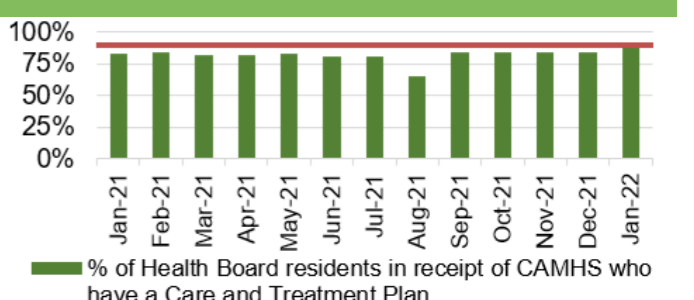
**Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks**



**Chart 15: Assessment and intervention within 28 days**



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



### 6.3 Updates on key measures

ADULT MENTAL HEALTH																																												
Description	Current Performance	Trend																																										
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In January 2022, 95% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p>	<p><b>1. % Mental Health assessments undertaken within 28 days from receipt of referral</b></p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (&gt;18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jan-21</td><td>95%</td><td>85%</td></tr> <tr><td>Feb-21</td><td>95%</td><td>85%</td></tr> <tr><td>Mar-21</td><td>95%</td><td>85%</td></tr> <tr><td>Apr-21</td><td>95%</td><td>85%</td></tr> <tr><td>May-21</td><td>95%</td><td>85%</td></tr> <tr><td>Jun-21</td><td>95%</td><td>85%</td></tr> <tr><td>Jul-21</td><td>95%</td><td>85%</td></tr> <tr><td>Aug-21</td><td>95%</td><td>85%</td></tr> <tr><td>Sep-21</td><td>90%</td><td>85%</td></tr> <tr><td>Oct-21</td><td>95%</td><td>85%</td></tr> <tr><td>Nov-21</td><td>95%</td><td>85%</td></tr> <tr><td>Dec-21</td><td>95%</td><td>85%</td></tr> <tr><td>Jan-22</td><td>95%</td><td>85%</td></tr> </tbody> </table>	Month	% assessments within 28 days (>18 yrs)	Target	Jan-21	95%	85%	Feb-21	95%	85%	Mar-21	95%	85%	Apr-21	95%	85%	May-21	95%	85%	Jun-21	95%	85%	Jul-21	95%	85%	Aug-21	95%	85%	Sep-21	90%	85%	Oct-21	95%	85%	Nov-21	95%	85%	Dec-21	95%	85%	Jan-22	95%	85%
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<p>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%.</p>	<p><b>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</b></p> <table border="1"> <caption>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (&gt;18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jan-21</td><td>95%</td><td>85%</td></tr> <tr><td>Feb-21</td><td>95%</td><td>85%</td></tr> <tr><td>Mar-21</td><td>95%</td><td>85%</td></tr> <tr><td>Apr-21</td><td>95%</td><td>85%</td></tr> <tr><td>May-21</td><td>95%</td><td>85%</td></tr> <tr><td>Jun-21</td><td>95%</td><td>85%</td></tr> <tr><td>Jul-21</td><td>95%</td><td>85%</td></tr> <tr><td>Aug-21</td><td>95%</td><td>85%</td></tr> <tr><td>Sep-21</td><td>95%</td><td>85%</td></tr> <tr><td>Oct-21</td><td>95%</td><td>85%</td></tr> <tr><td>Nov-21</td><td>95%</td><td>85%</td></tr> <tr><td>Dec-21</td><td>95%</td><td>85%</td></tr> <tr><td>Jan-22</td><td>99%</td><td>85%</td></tr> </tbody> </table>	Month	% therapeutic interventions started within 28 days (>18 yrs)	Target	Jan-21	95%	85%	Feb-21	95%	85%	Mar-21	95%	85%	Apr-21	95%	85%	May-21	95%	85%	Jun-21	95%	85%	Jul-21	95%	85%	Aug-21	95%	85%	Sep-21	95%	85%	Oct-21	95%	85%	Nov-21	95%	85%	Dec-21	95%	85%	Jan-22	99%	85%	
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<p>3. 81% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in January 2022.</p>	<p><b>3. % residents with a valid Care and Treatment Plan (CTP)</b></p> <table border="1"> <caption>3. % residents with a valid Care and Treatment Plan (CTP)</caption> <thead> <tr> <th>Month</th> <th>% patients with valid CTP (&gt;18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jan-21</td><td>85%</td><td>90%</td></tr> <tr><td>Feb-21</td><td>85%</td><td>90%</td></tr> <tr><td>Mar-21</td><td>85%</td><td>90%</td></tr> <tr><td>Apr-21</td><td>85%</td><td>90%</td></tr> <tr><td>May-21</td><td>81%</td><td>90%</td></tr> <tr><td>Jun-21</td><td>85%</td><td>90%</td></tr> <tr><td>Jul-21</td><td>85%</td><td>90%</td></tr> <tr><td>Aug-21</td><td>85%</td><td>90%</td></tr> <tr><td>Sep-21</td><td>85%</td><td>90%</td></tr> <tr><td>Oct-21</td><td>85%</td><td>90%</td></tr> <tr><td>Nov-21</td><td>85%</td><td>90%</td></tr> <tr><td>Dec-21</td><td>85%</td><td>90%</td></tr> <tr><td>Jan-22</td><td>81%</td><td>90%</td></tr> </tbody> </table>	Month	% patients with valid CTP (>18 yrs)	Target	Jan-21	85%	90%	Feb-21	85%	90%	Mar-21	85%	90%	Apr-21	85%	90%	May-21	81%	90%	Jun-21	85%	90%	Jul-21	85%	90%	Aug-21	85%	90%	Sep-21	85%	90%	Oct-21	85%	90%	Nov-21	85%	90%	Dec-21	85%	90%	Jan-22	81%	90%	
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<p>4. In January 2022, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p>	<p><b>4. % waiting less than 26 weeks for Psychology Therapy</b></p> <table border="1"> <caption>4. % waiting less than 26 weeks for Psychology Therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-21</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-21</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-21</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-21</td><td>95%</td><td>95%</td></tr> <tr><td>May-21</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-21</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-21</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-21</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-21</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-21</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-21</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-21</td><td>100%</td><td>95%</td></tr> </tbody> </table>	Month	% waiting less than 26 wks for psychological therapy	Target	Dec-20	95%	95%	Jan-21	95%	95%	Feb-21	95%	95%	Mar-21	95%	95%	Apr-21	95%	95%	May-21	95%	95%	Jun-21	95%	95%	Jul-21	95%	95%	Aug-21	95%	95%	Sep-21	95%	95%	Oct-21	95%	95%	Nov-21	95%	95%	Dec-21	100%	95%	
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**CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)**

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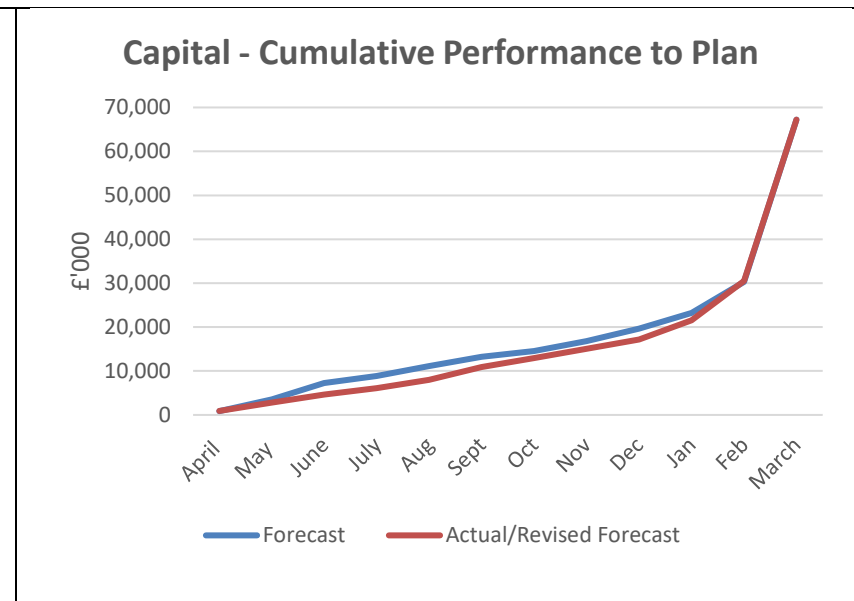
## 8. FINANCE UPDATES

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

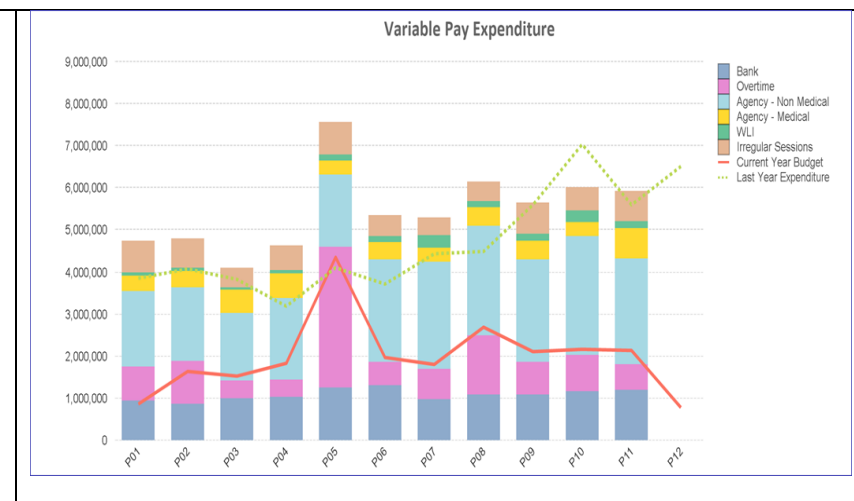
Description	Current Performance	Trend																																																				
<p><b>Revenue Financial Position –</b> expenditure incurred against revenue resource limit</p>	<ul style="list-style-type: none"> <li>The Health Board’s annual plan produces a forecast deficit for 2021/22 of £42.077m. This includes £17.672m impact on savings delivery from 2020/21.</li> <li>The £42.077m forecast deficit equates to an expected monthly overspend of £3.506m.</li> <li>The Health Board was advised by WG to anticipate non-recurrent funding to support the 2020/21 savings impact and this reduces the HB forecast to £24.405m, which equates to an expected monthly overspend of £2.034m.</li> <li>This was reflected in the May position.</li> <li>The Health Board has reported a cumulative overspend of £20.946m against a forecast position of £22.331m.</li> </ul>	<table border="1"> <caption>HEALTH BOARD FINANCIAL PERFORMANCE 2021/22</caption> <thead> <tr> <th>Month</th> <th>Operational Position (£'000)</th> <th>Forecast Position (£'000)</th> <th>Target Overspend (£'000)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>3,541</td><td></td><td>2,034</td></tr> <tr><td>M2</td><td>564</td><td></td><td>2,034</td></tr> <tr><td>M3</td><td>1,976</td><td></td><td>2,034</td></tr> <tr><td>M4</td><td>1,973</td><td></td><td>2,034</td></tr> <tr><td>M5</td><td>2,131</td><td></td><td>2,034</td></tr> <tr><td>M6</td><td>1,821</td><td></td><td>2,034</td></tr> <tr><td>M7</td><td>1,875</td><td></td><td>2,034</td></tr> <tr><td>M8</td><td>1,805</td><td></td><td>2,034</td></tr> <tr><td>M9</td><td>1,884</td><td></td><td>2,034</td></tr> <tr><td>M10</td><td>1,671</td><td></td><td>2,034</td></tr> <tr><td>M11</td><td>1,705</td><td></td><td>2,034</td></tr> <tr><td>M12</td><td>3,459</td><td>3,459</td><td>2,034</td></tr> </tbody> </table>	Month	Operational Position (£'000)	Forecast Position (£'000)	Target Overspend (£'000)	M1	3,541		2,034	M2	564		2,034	M3	1,976		2,034	M4	1,973		2,034	M5	2,131		2,034	M6	1,821		2,034	M7	1,875		2,034	M8	1,805		2,034	M9	1,884		2,034	M10	1,671		2,034	M11	1,705		2,034	M12	3,459	3,459	2,034
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<p><b>Capital Financial Position –</b> expenditure incurred against capital resource limit</p>	<ul style="list-style-type: none"> <li>The forecast outturn capital position for 2021/22 is balanced.</li> <li>There are 2 Capital schemes reported to Welsh Government as high risk. There is 1 scheme reported to Welsh Government as medium risk. Any schemes where risks are reported are being closely monitored and discussed at the Capital Review progress meetings with Welsh Government.</li> <li>The reported forecast outturn position assumes that outstanding expected sale proceeds of £0.187m will be received as disposal income.</li> </ul>
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<p><b>Workforce Spend –</b> workforce expenditure profile</p>	<ul style="list-style-type: none"> <li>The pay budgets are underspent by £9.9m after 11 months.</li> <li>Funding has been allocated to : <ul style="list-style-type: none"> <li>○ support additional costs associated with COVID,</li> </ul> </li> <li>Variable pay remains high, this reflects operational pressures, increasing sickness levels and recovery actions.</li> <li>The Health Board is incurring around £2.5m-£3m of additional pay costs per month related to COVID response and recovery, in addition to the TTP and vaccination costs.</li> </ul>
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Description	Current Performance	Trend																																							
<p><b>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</b></p>	<ul style="list-style-type: none"> <li>The Health Board failed to deliver this target in 2020/21, with the target only being met on three of the twelve months.</li> <li>There was a very positive start to the financial year, with the target being met in the first six months, with a cumulative achievement of 96.07% for the first six months. The target was breached in October, November and January.</li> <li>At the end of the third quarter the cumulative position was 95.08%.</li> <li>The performance in February improved on the previous month to 95.82% from 80% in January.</li> <li>The cumulative position after 11 months is 93.87% which is below the 95% target due to impact of the January low compliance rate.</li> <li>The issues with nurse agency invoices although improved remain, making it unlikely that the target will be achieved at the end of the financial year</li> </ul>	<p><b>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</b></p> <table border="1"> <caption>PSPP Target Performance Data</caption> <thead> <tr> <th>Month</th> <th>PSPP In Month (%)</th> <th>PSPP Cumulative (%)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>95.00</td><td>95.00</td></tr> <tr><td>M2</td><td>95.00</td><td>96.07</td></tr> <tr><td>M3</td><td>95.00</td><td>96.07</td></tr> <tr><td>M4</td><td>95.00</td><td>96.07</td></tr> <tr><td>M5</td><td>95.00</td><td>96.07</td></tr> <tr><td>M6</td><td>95.00</td><td>96.07</td></tr> <tr><td>M7</td><td>80.00</td><td>95.08</td></tr> <tr><td>M8</td><td>95.82</td><td>95.08</td></tr> <tr><td>M9</td><td>95.00</td><td>95.08</td></tr> <tr><td>M10</td><td>80.00</td><td>93.87</td></tr> <tr><td>M11</td><td>95.00</td><td>93.87</td></tr> <tr><td>M12</td><td>95.00</td><td>93.87</td></tr> </tbody> </table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	M1	95.00	95.00	M2	95.00	96.07	M3	95.00	96.07	M4	95.00	96.07	M5	95.00	96.07	M6	95.00	96.07	M7	80.00	95.08	M8	95.82	95.08	M9	95.00	95.08	M10	80.00	93.87	M11	95.00	93.87	M12	95.00	93.87
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**APPENDIX 2: INTEGRATED PERFORMANCE DASHBOARD**

Harm from Covid itself																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	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		
COVID-19 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	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	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	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%		
NOF	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		
	% 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%					
Stroke	% 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%					
	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%		
Stroke	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%	41.5%		

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)		Feb-22	17									11	19	20	15	23	15	25	12	12	17	12	8	17
	Total number of E.Coli bacteraemia cases		Feb-22	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)		Feb-22	2									2	7	9	10	2	4	4	4	7	3	4	10	2
	Total number of S.aureus bacteraemias cases		Feb-22	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)		Feb-22	5									2	5	5	5	6	7	2	5	5	10	7	3	5
	Total number of C.difficile cases		Feb-22	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)		Feb-22	1									2	9	5	2	7	1	4	3	5	5	3	0	1
	Total number of Klebsiella cases		Feb-22	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)	Feb-22	1									1	1	1	1	1	1	1	0	0	0	7	0	1		
Total number of Aeruginosa cases	Feb-22	3						22 (Oct-21)	1st (Oct-21)		1	1	3	1	2	1	2	2	0	3	4	1	3		
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%		
Serious incidents and risks	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	Feb-22	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	Feb-22	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		Jan-22	92		12 month ↓	✘				72	62	90	73	74	91	87	104	74	74	111	92			
	Number of grade 3+ pressure ulcers acquired in community		Jan-22	9		12 month ↓	✘				3	1	4	1	2	3	2	1	1	2	4	9			
	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	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%	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%	61.3%	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				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		HB target TBC		199,698 (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 AwMSG 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%						
Prescribing	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%			79.3%			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	
Patient experience	% 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%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Feb-22	91%		90%	✓																	
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%	63%	68%			
	% of acknowledgements sent within 2 working days	Local	Dec-21	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Harm from wider societal actions/lockdown																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	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%							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 collection restarts October 2021					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%	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 QDF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)														