Meeting Date	**24th May2022**	**Agenda Item**	**3.1**
Report Title	**Integrated Performance Report**		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (April 2022) in delivering key local performance measures as well as the national measures outlined in the NHS Wales Delivery Framework.		
Key Issues	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. 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. The report format has been altered to align with key areas of focus within the Performance and Finance Committee and are structured as follows; 1. Quadrants of Harm single page – overview visual of HB performance 2. Areas under escalation 3. PFC Priorities · Urgent emergency care; including ambulance · RTT · Diagnostics · Infection Prevention and Control · Cancer · Follow ups 4. NHS Wales Delivery Framework and ministerial priorities 5. Table of all measures		

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

COVID19

- The number of new cases of COVID19 has reduced in April 2022, with 835 new cases being reported in-month.
- The occupancy rate of confirmed COVID patients in critical care beds remains at a low rate with two Covid positive. General bed occupancy for Covid positive patients has seen a significant reduction in occupancy in recent weeks.

Unscheduled Care

- ED attendances have decreased in April 2022 to 10,733 from 11,084 in March 2022.
- The Health Board's performance against the 4-hour measure improved slightly from 71.39% in March 2022 to 72.87% in April 2022.
- The number of patients waiting over 12 hours in Accident and Emergency (A&E) slightly increased from 1,282 in March 2022 to 1,294 in April 2022.
- The number of emergency admissions between November 2021 and February 2022 had seen a consistent reduction, with admissions slightly decreasing in April 2022 (3,847) following a previous increase in figures.

Planned Care

- April 2022 saw a 4% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment.
- Additionally, the number of patients waiting over 36 weeks increased by 2.6% to 38,799.
- 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 April 2022 saw a reduction (11,544) on those seen in March 2022
- Therapy waiting times continue to improve, there are 679 patients waiting over 14 weeks in April 2022, compared with 820 in March 2022.

Cancer

- March 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 increased slightly in April 2022 to 465 from 435 in March 2022.

<table>
<tr><td></td><td colspan="4"><u>Mental Health</u>
- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in March 2022.
- Psychological therapies within 26 weeks continue to be maintained at 100%.

<u>Child and Adolescent Mental Health Services (CAMHS)</u>
- Access times for crisis performance has been maintained at 100% March 2022.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance improved to 35% in February 2022 against a target of 80%.</td></tr>
<tr><td rowspan="2">Specific Action Required</td><td>Information</td><td>Discussion</td><td>Assurance</td><td>Approval</td></tr>
<tr><td>✓</td><td></td><td>✓</td><td></td></tr>
<tr><td>Recommendations</td><td colspan="4">Members are asked to:
• NOTE the Health Board performance against key measures and targets.
• NOTE the request for updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework.
• NOTE the inclusion of the submitted recovery trajectories as part of the Welsh Government MDS
• NOTE the actions being taken to improve performance: -
o Focussed validation work is currently taking place looking at the number of clinics which have not been ‘cashed up’ within the system, along with reviewing the capacity for increased digital working.
o Demand and Capacity work is currently being completed at present to incorporate the schemes identified against the £21.6 million of recovery funding allocated
o Updated Cancer Backlog trajectories have been developed and are currently being approved - these will be shared in June 2022
o A gap analysis exercise is currently being undertaken to determine the additional capacity required to ensure all patients waiting >104 weeks for treatment are removed within the WG timescales
o Work is ongoing on the development of Enfys ward at Morriston Hospital to enable establishment of Ambulatory Emergency Care Centre by September 2022
o Work is ongoing to commission additional theatre sessions in the new financial year (2022-23)
o Both UEC and cancer performance remain under escalation as part of the Health Board’s performance escalation framework. The CEO is</td></tr>
</table>

	currently in the process of reviewing the effectiveness of such escalation with the DOF and DCEO. ○ A revised version of the current Performance Management Framework has been developed and is currently undergoing internal scrutiny – the final document will be shared in June 2022

INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

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

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

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION:

Members are asked to:

- **NOTE** the Health Board performance against key measures and targets.
- **NOTE** the request for updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework.
- **NOTE** the inclusion of the submitted recovery trajectories as part of the Welsh Government MDS
- **NOTE** the actions being taken to improve performance: -
    - Focussed validation work is currently taking place looking at the number of clinics which have not been 'cashed up' within the system, along with reviewing the capacity for increased digital working.
    - Demand and Capacity work is currently being completed at present to incorporate the schemes identified against the £21.6 million of recovery funding allocated
    - Updated Cancer Backlog trajectories have been developed and are currently being approved - these will be shared in June 2022
    - A gap analysis exercise is currently being undertaken to determine the additional capacity required to ensure all patients waiting >104 weeks for treatment are removed within the WG timescales
    - Work is ongoing on the development of Enfys ward at Morriston Hospital to enable establishment of Ambulatory Emergency Care Centre by September 2022
    - 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 is currently in the process of reviewing the effectiveness of such escalation with the DOF and DCEO.
- A revised version of the current Performance Management Framework has been developed and is currently undergoing internal scrutiny – the final document will be shared in June 2022

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	☒
	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	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒

Quality, Safety and Patient Experience

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

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

Financial Implications

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

Legal Implications (including equality and diversity assessment)

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

Staffing Implications

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

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

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

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

Report History	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in April 2022. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report

Appendix 1- Integrated Performance Report
May 2022

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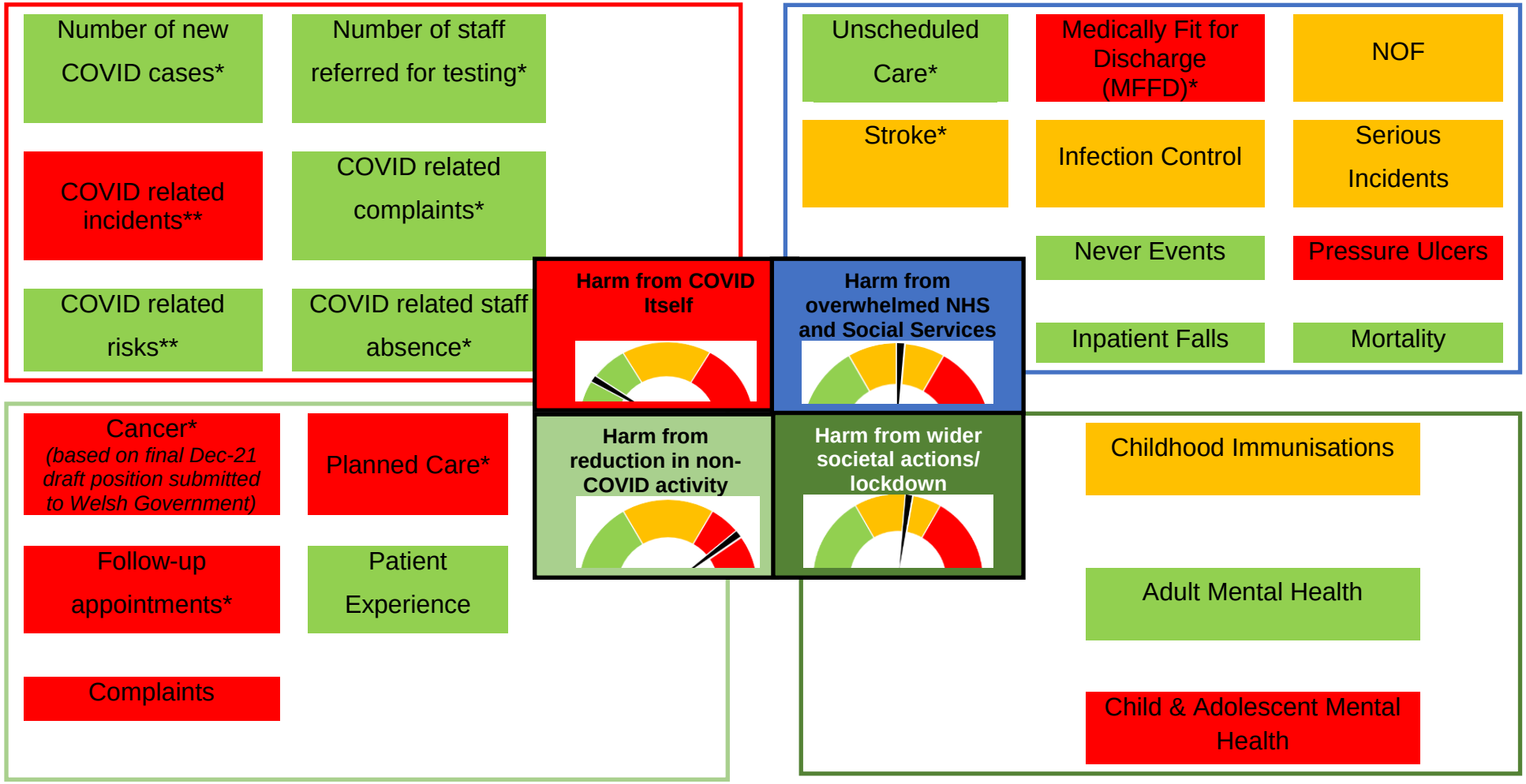
1. QUADRANTS OF HARM SUMMARY

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



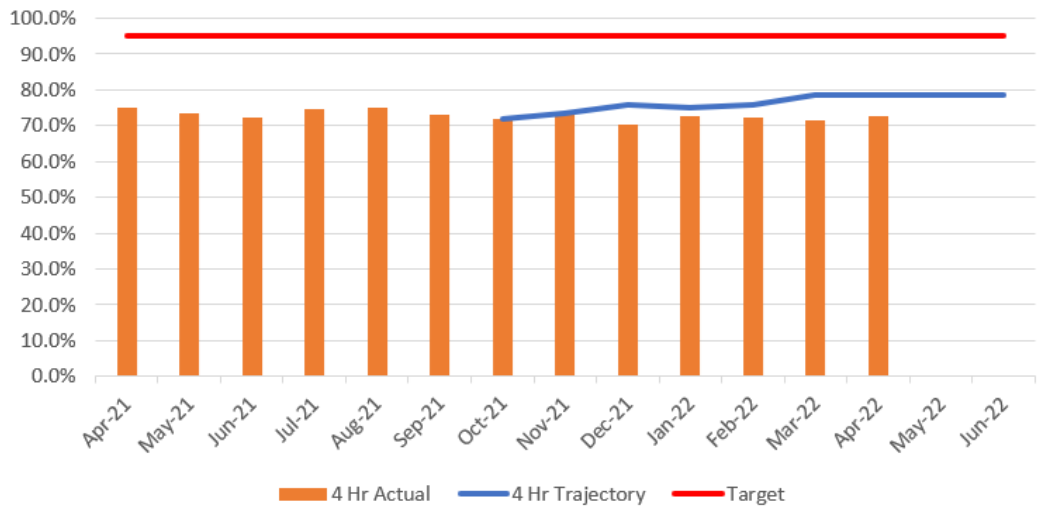
NB- RAG status is against national or local target
** Data not available

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

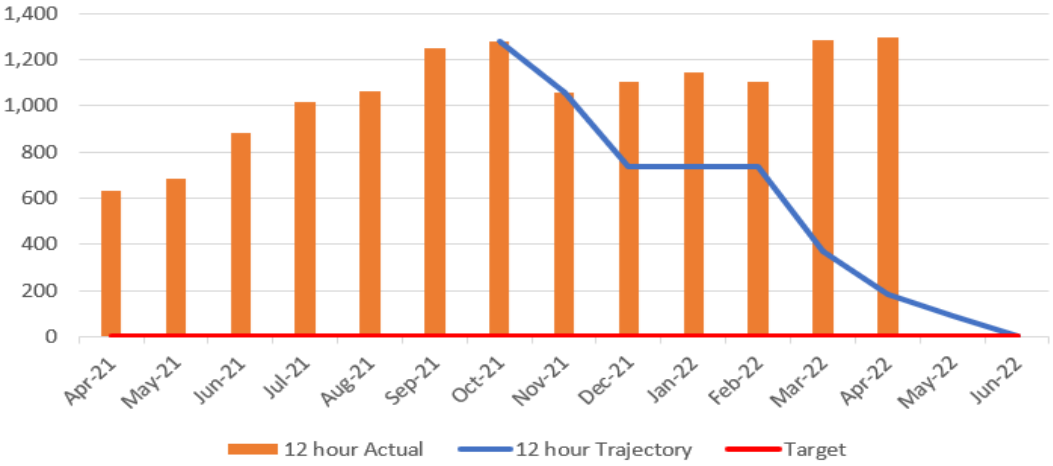
2. ESCALATED SERVICE UPDATE TRAJECTORIES

UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



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

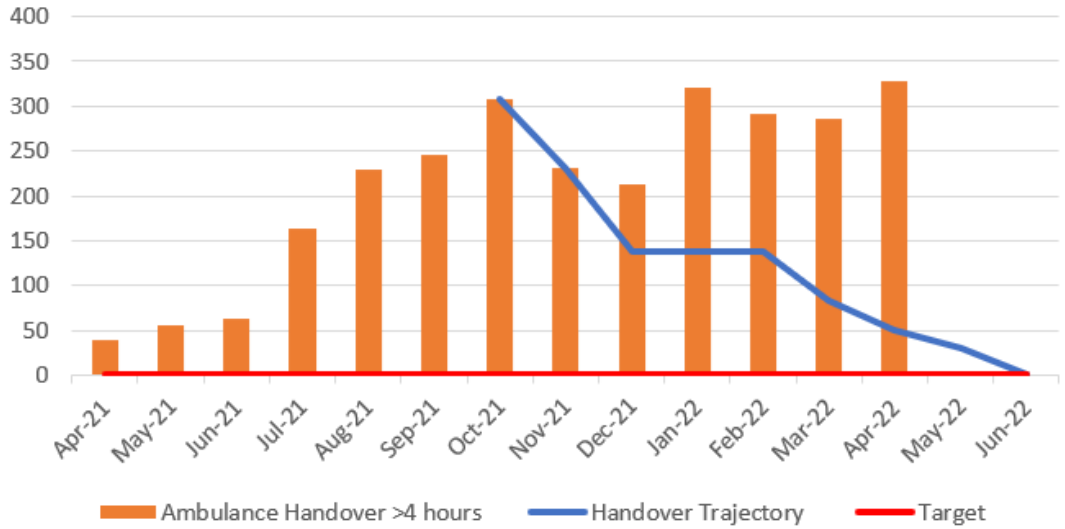


1. Performance against the 4hr target in April 2022 has continued to remain slightly below the outlined recovery trajectories at 73%, which is 6% below the performance target for April 2022 is 79%.

2. The 12-hour performance trajectory outlines a consistent reduction in patients waiting over 12 hours in ED. However the reported Performance continues to be significantly above the figures projected. There were 1,294 patients waiting over 12 hours in ED in April 2022, which is marginally higher than figures seen in March 2022 (1,282).

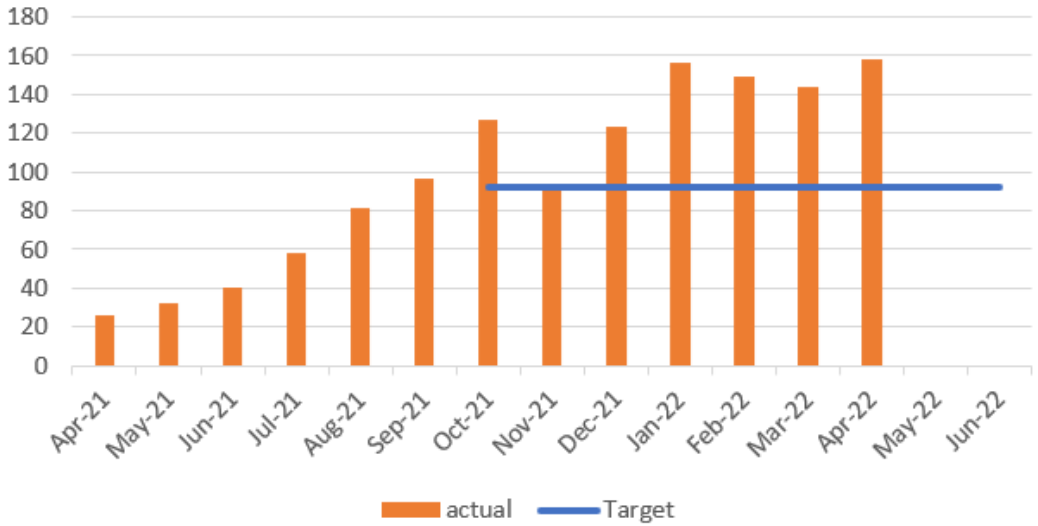
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has remained above the projected recovery trajectory for April 2022, with a further declines in performance to 328 from 286 in March 2022.

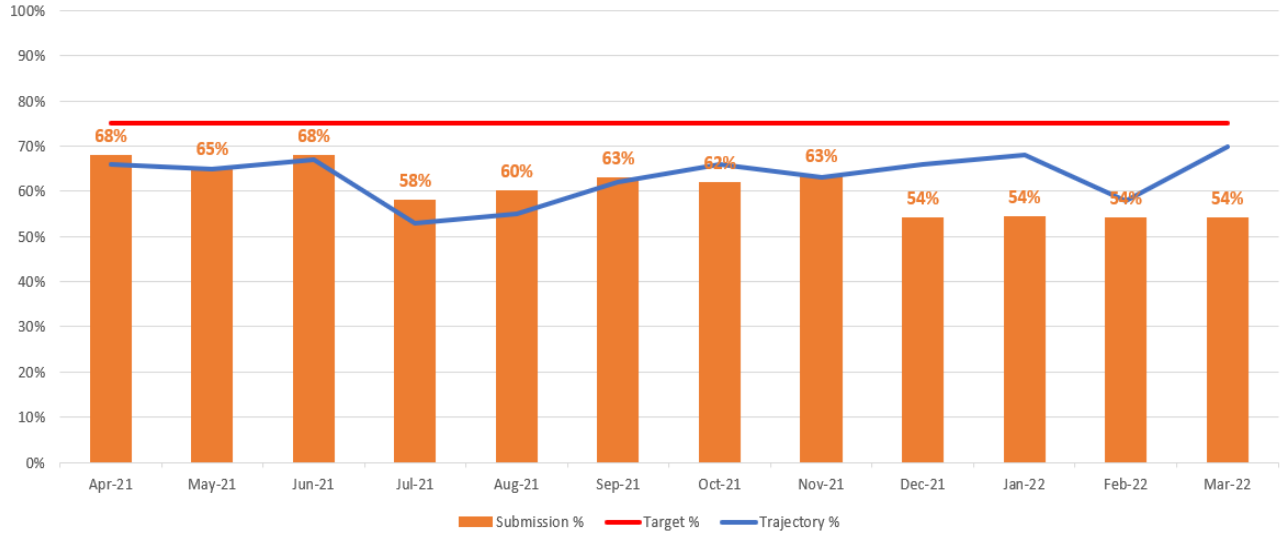
4. Average Ambulance Handover Rate



4. The average ambulance handover rate has been steadily improving in recent months, however April 2022 saw an increase in average handover rate figures to 158 against the submitted recovery target of 92.

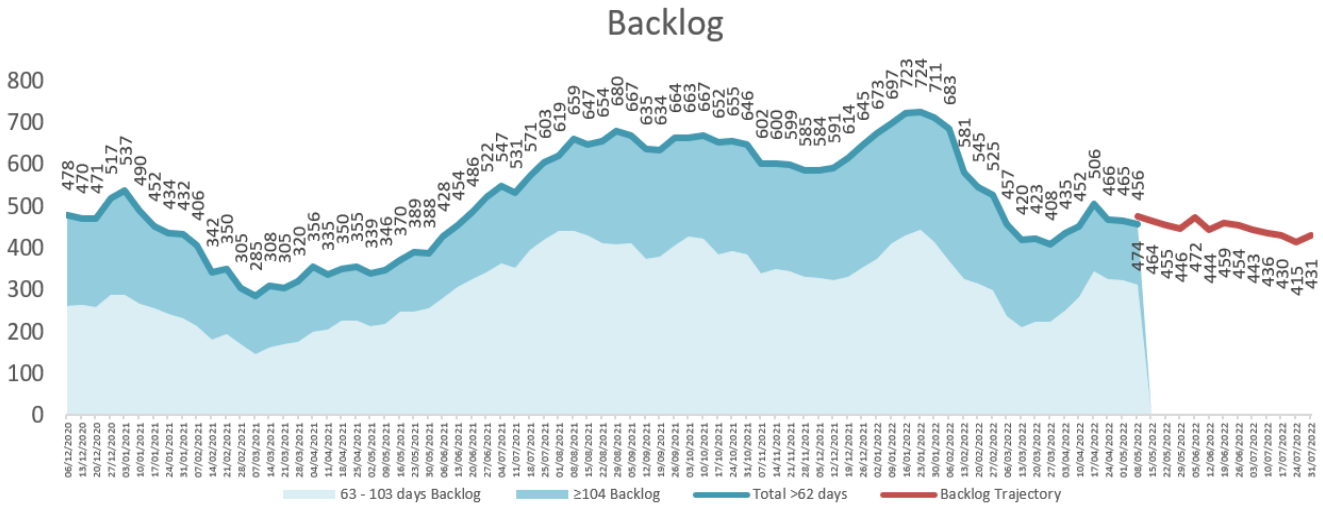
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



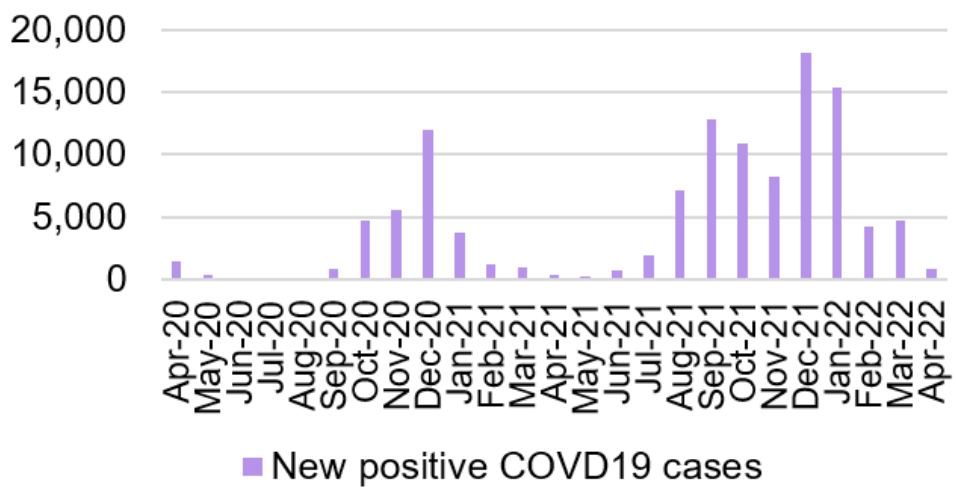
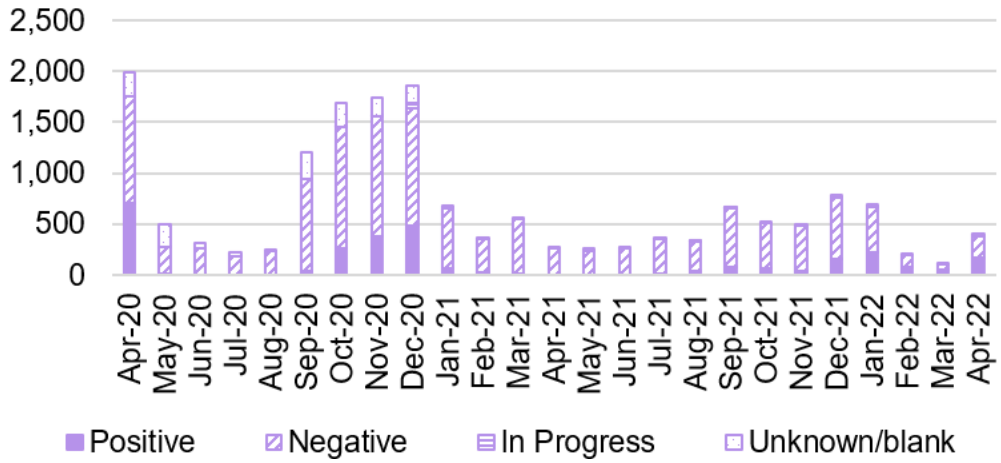
1. SCP performance in March 2022 was reported as 54% which is tracking below the outlined trajectory of 70%. April 2022 performance is still in draft format, however current projections suggest performance will be below the recovery trajectory.

2. Proposed backlog improvements to support SCP performance



2. Shows the weekly breakdown of the backlog reduction against the proposed trajectories. The backlog figure as at 11/05/22 was 456. Updated backlog trajectories are currently in the approval process.

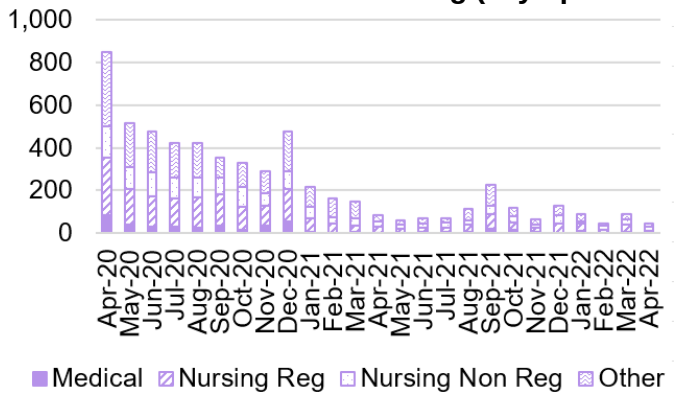
3. UPDATES ON KEY SERVICE AREAS

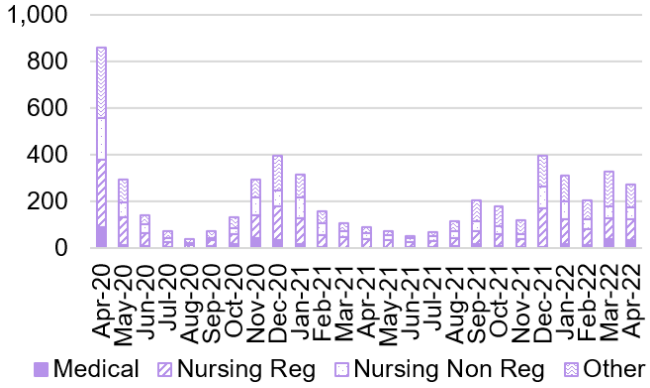
COVID Data		
Description	**Current Performance**	**Trend**
1. Number of new COVID19 cases in Swansea Bay population area	**Number of new COVID cases** In April 2022, there were an additional 835 positive cases recorded bringing the cumulative total to 116,747 in Swansea Bay since March 2020. A significant reduction has been seen in the number of positive cases reported since December 2021.	**Number of new COVID19 cases for Swansea Bay population** 
2. Number of staff referred for Antigen testing	**Staff referred for Antigen testing** The cumulative number of staff referred for COVID testing between March 2020 and April 2022 is 17,158 of which 18% have been positive (Cumulative total).	**Outcome of staff referred for Antigen testing** 

<table>
<tr><th colspan="3">COVID RELATED STAFF ABSENCE</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr>
<td>Staff absence due to COVID19

1.Number of staff self-isolating (asymptomatic)

2.Number of staff self isolating (symptomatic)</td>
<td>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.

<u>1. & 2. Number of staff self-isolating (asymptomatic and symptomatic)</u>
Between March 2022 and April 2022, the number of staff self-isolating (asymptomatic) reduced from 87 to 42 and the number of staff self-isolating (symptomatic) reduced from 326 to 270. In April 2022, the Nursing non-registered 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.</td>
<td>1.Number of staff self isolating (asymptomatic)
 

2.Number of staff self isolating (symptomatic)
 
</td>
</tr>
<tr>
<td>3.% staff sickness</td>
<td><u>% Staff sickness</u>
The percentage of staff sickness absence due to COVID19 has decreased from 3.1% in March 2022 to 2.3% in April 2022.</td>
<td>% staff sickness
<table>
<tr><th></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><th>Mar-22</th><th>Apr-22</th></tr>
<tr><td>Medical</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><td>4.6%</td><td>4.1%</td></tr>
<tr><td>Nursing Reg</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><td>3.1%</td><td>2.4%</td></tr>
<tr><td>Nursing Non Reg</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><td>3.7%</td><td>3.2%</td></tr>
<tr><td>Other</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><td>2.6%</td><td>1.8%</td></tr>
<tr><td>All</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><td>3.1%</td><td>2.3%</td></tr>
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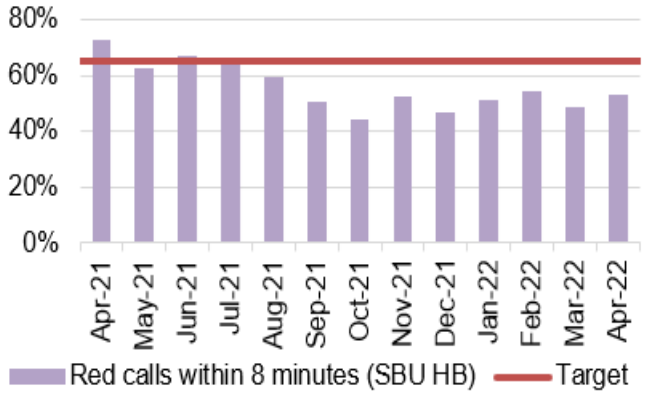
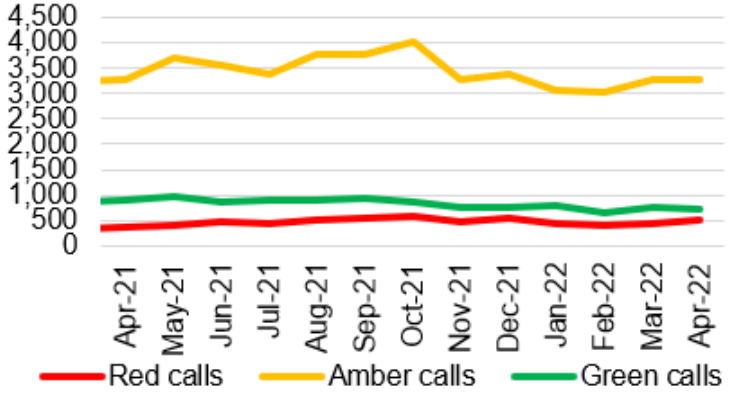
UNSCHEDULED CARE		
Description	**Current Performance**	**Points to Note**
Ambulance responses *1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.* *2. The number of ambulance calls by category.* *3.The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)*	In April 2022, the number of red calls responded to within 8 minutes saw an in-month increase to 52.9%. In April 2022, the number of green calls decreased by 5%, amber calls increased by 1%, and red calls increased by 19% compared with March 2022.	Ambulance response rates have slightly improved, however continued work is ongoing to develop a detailed action plan to support future improvements

Trend

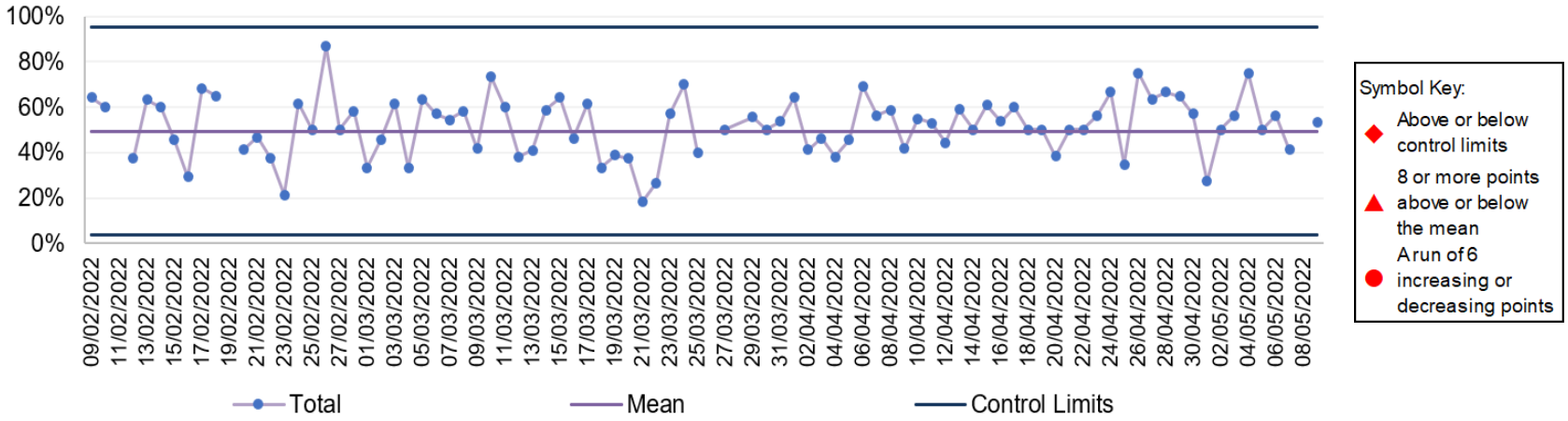
1. % of red calls responded to within 8 minutes



2. Number of ambulance call responses



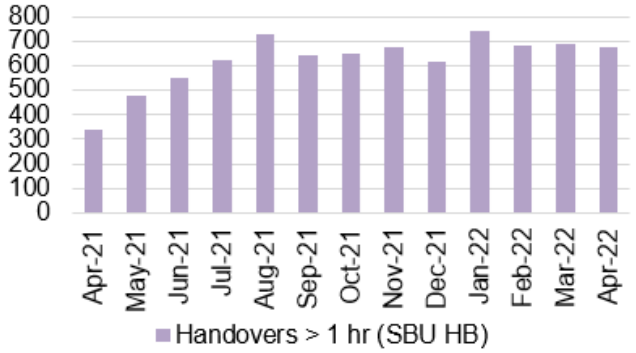
3. % of red calls responded to within 8 minutes – HB total last 90 days



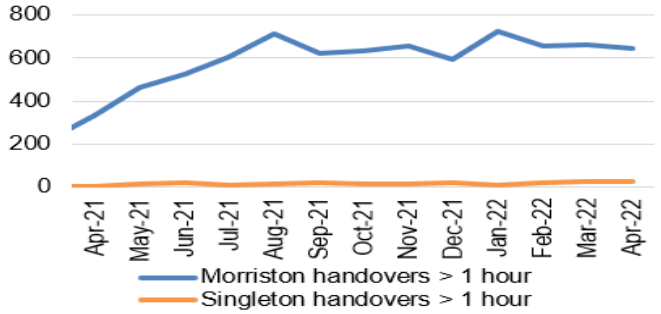
UNSCHEDULED CARE		
Description	**Current Performance**	**Points to Note**
Ambulance handovers 1.The number of ambulance handovers over one hour 2. The number of ambulance handovers over one hour- Hospital level 3.The number of ambulance handovers over one hour (last 90 days)	In April 2022, there were 671 ambulance to hospital handovers taking over 1 hour; this is a slight reduction in figures compared with 687 in March 2022. In April 2022, 645 handovers over 1 hour were attributed to Morriston Hospital and 26 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have increased from 3,023 in March 2022 to 3,286 in April 2022.	Focussed trajectory work is currently underway to improve pathways at the front door to support ambulance handover performance under the UEC escalation process.

Trend

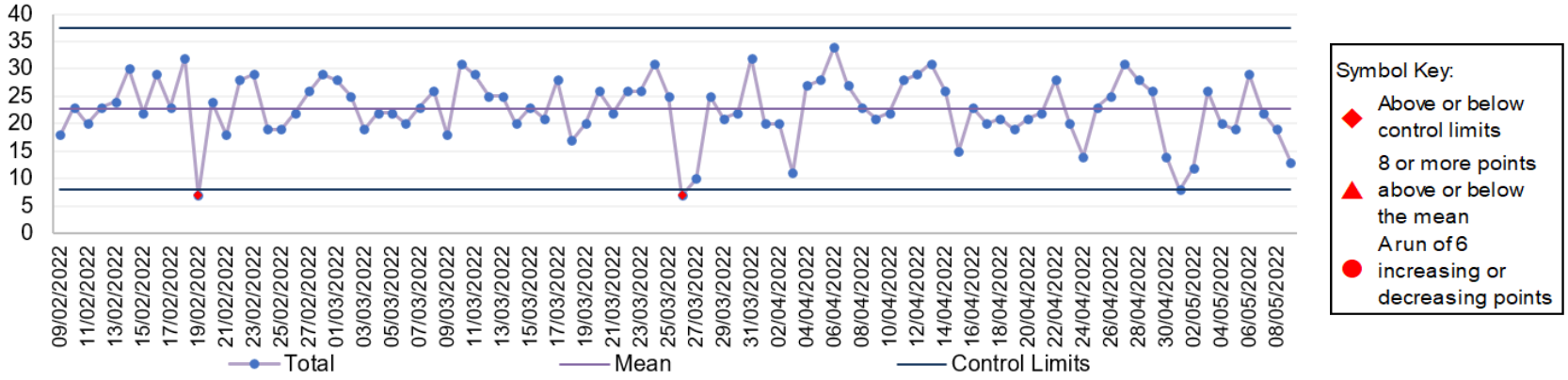
1. Number of ambulance handovers- HB total



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



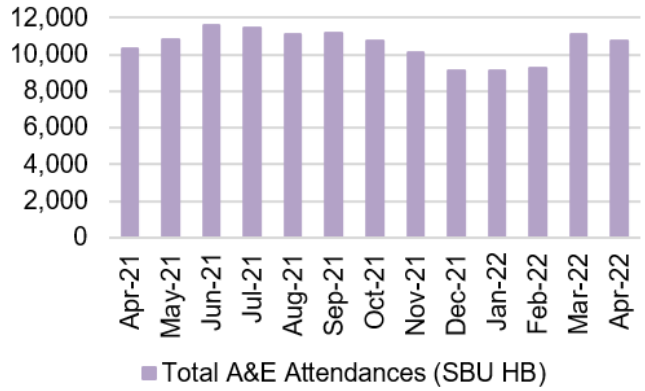
3. Number of ambulance handovers- HB total last 90 days



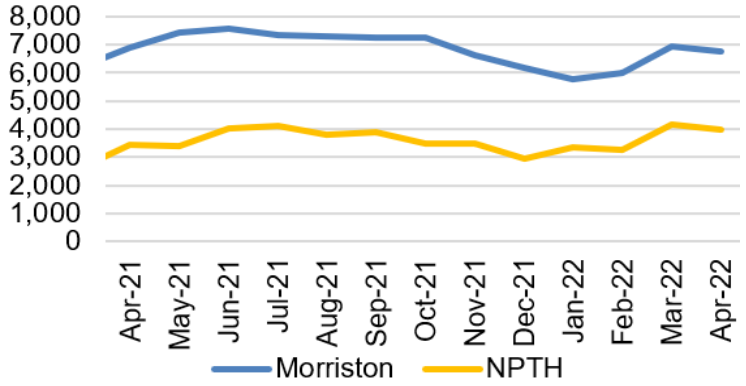
UNSCHEDULED CARE		
Description	**Current Performance**	**Points to Note**
A&E Attendances *1.The number of attendances at emergency departments in the Health Board* *2.The number of attendances at emergency departments in the Health Board – Hospital level* *3.The number of attendances at emergency departments in the Health Board (last 90 days)*	ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In April 2022, there were 10,733 A&E attendances, this is 3% lower than March 2022.	Continuous work is being undertaken to explore alternative pathways at the front door in an attempt to reduce the volume of attendances.

Trend

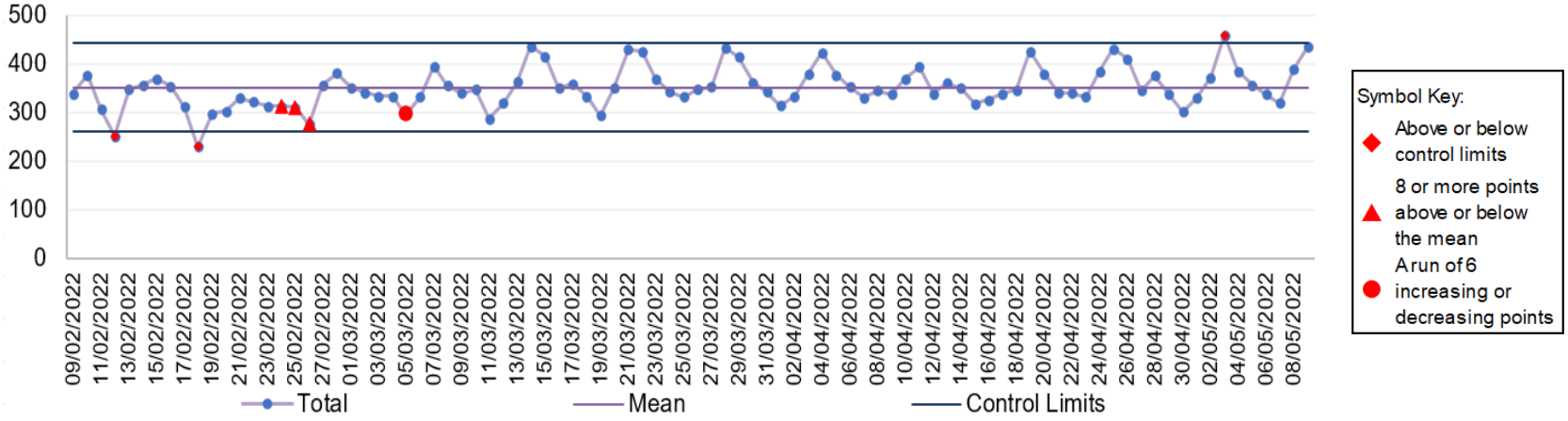
1. Number of A&E attendances- HB total



2. Number of A&E attendances- Hospital level



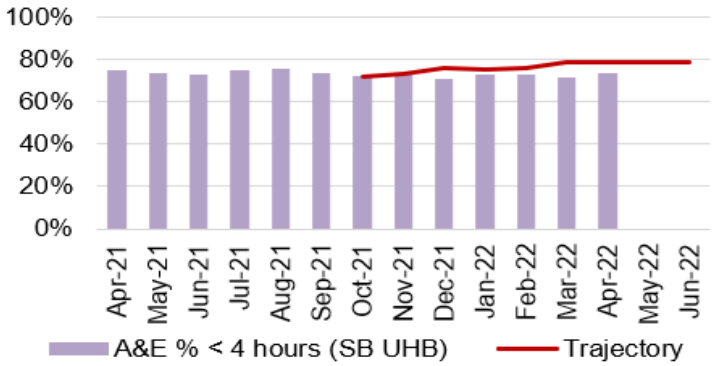
3. Number of A&E attendances -HB total last 90 days



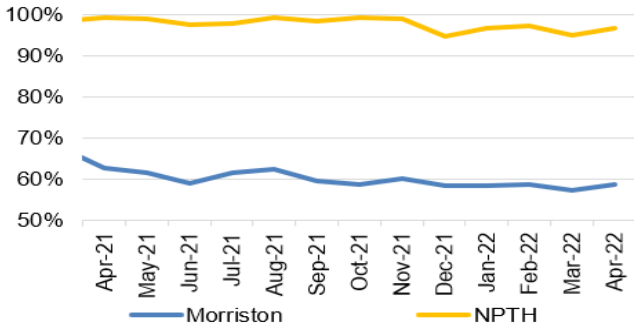
UNSCHEDULED CARE		
Description	**Current Performance**	**Points to Note**
A&E waiting times *1.% of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge* *2. % of patients who spend less than 4 hours in A&E- Hospital 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 improved slightly from 71.39% in March 2022 to 72.87% in April 2022. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has moved back above the national target of 95% achieving 96.66% in April 2022. Morriston Hospital's performance improved between March 2022 and April 2022 achieving 58.87% against the target.	Focussed trajectory work is currently underway to improve pathways at the front door to support compliance with the 4-hour target under the UEC escalation process.

Trend

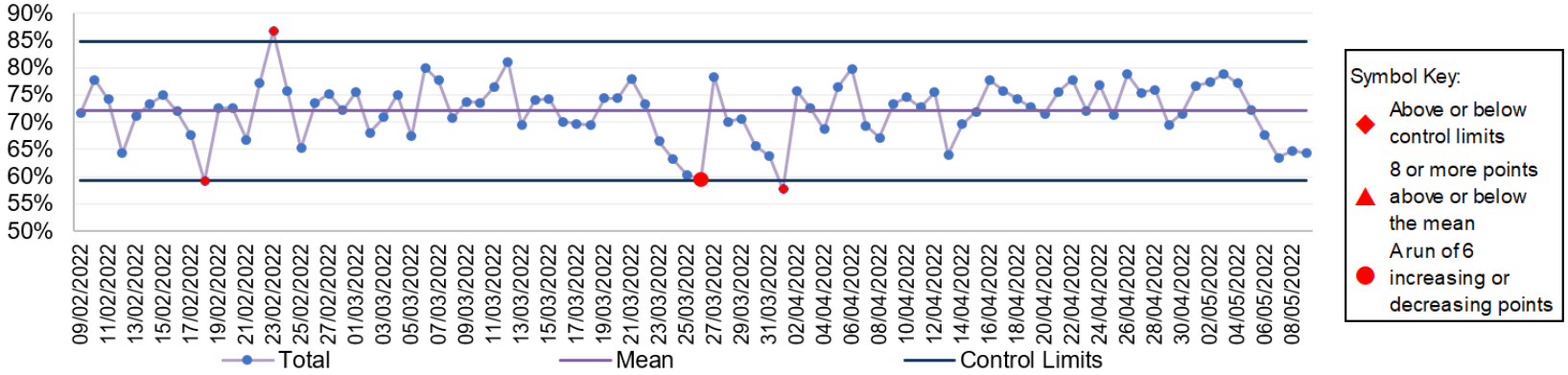
1. % Patients waiting under 4 hours in A&E- HB total



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



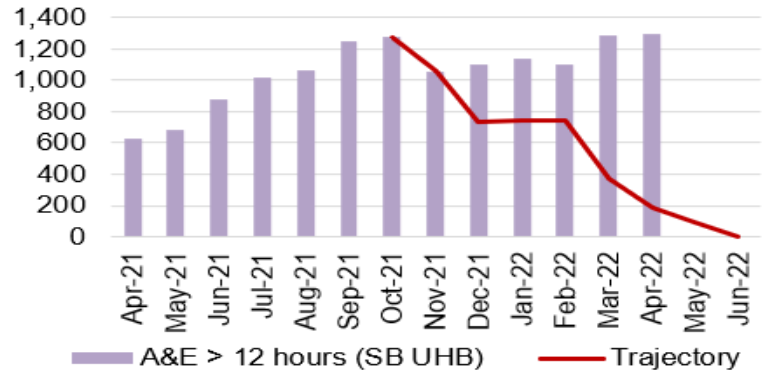
3. % Patients waiting under 4 hours in A&E- HB total last 90 days



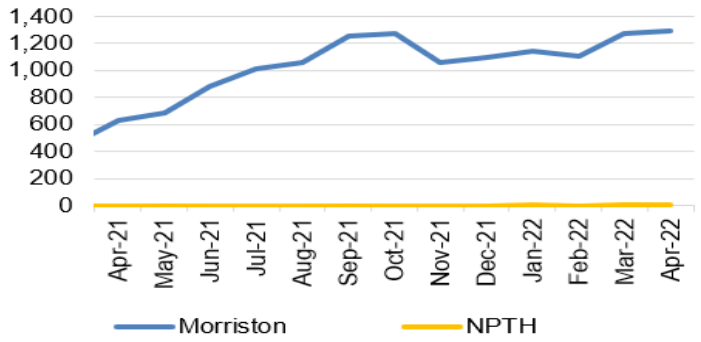
UNSCHEDULED CARE		
Description	**Current Performance**	**Points to Note**
A&E waiting times *1.Number of patients who spend 12 hours or more in A&E* *2.Number of patients who spend 12 hours or more in A&E- Hospital level* *3.Number of patients who spend 12 hours or more in A&E (last 90 days)*	In April 2022, performance against the 12-hour measure deteriorated compared with March 2022, increasing from 1,282 to 1,294. This is an increase of 663 compared to April 2021. 1,292 patients waiting over 12 hours in April 2022 were in Morriston Hospital, with 2 patients waiting over 12 hours in Neath Port Talbot Hospital.	Focussed trajectory work is currently underway to improve pathways at the front door to support compliance with the 12-hour target under the UEC escalation process.

Trend

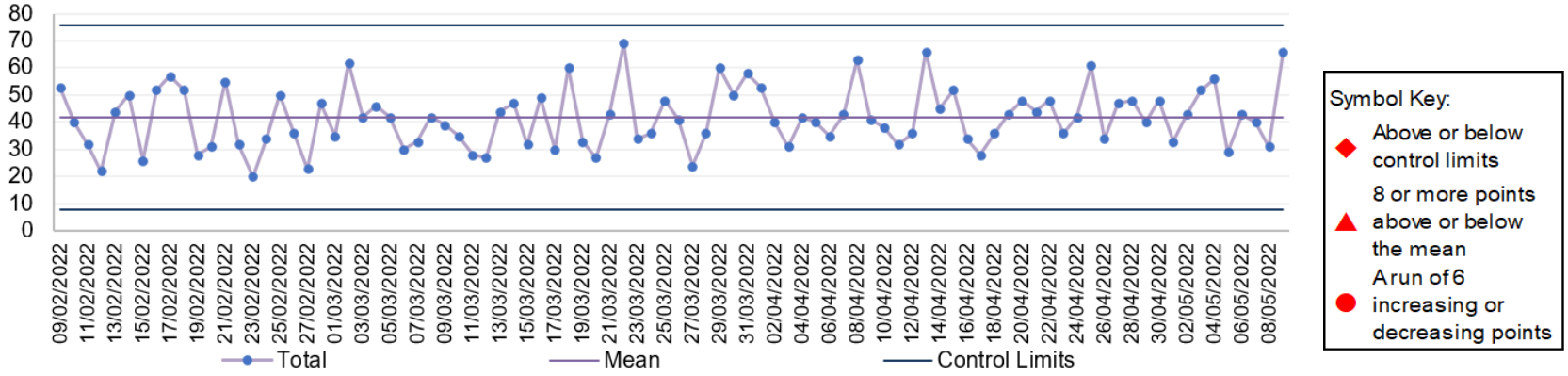
1. Number of patients waiting over 12 hours in A&E- HB total



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



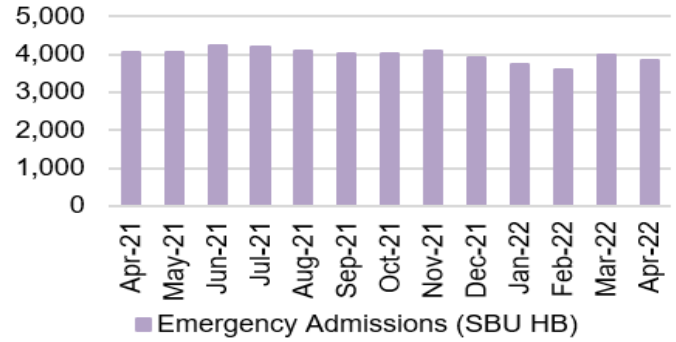
3. Number of patients waiting over 12 hours in A&E – HB total last 90 days



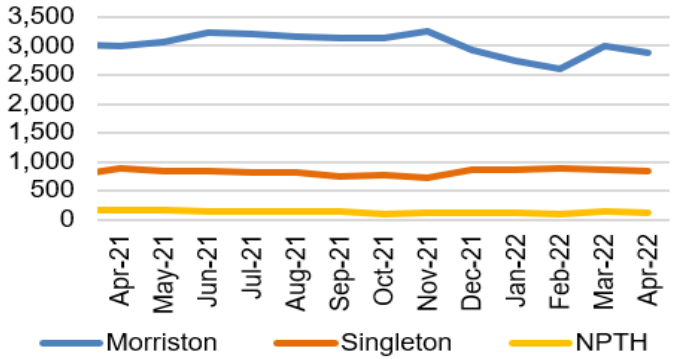
UNSCHEDULED CARE	
Description	
Emergency admissions *1. The number of emergency inpatient admissions* *2. The number of emergency inpatient admissions- Hospital level* *3. The number of emergency inpatient admissions (last 90 days)*	In April 2022, there were 3,847 emergency admissions across the Health Board, which is a reduction of 146 from March 2022. Singleton Hospital saw a slight in-month reduction, with 32 less admissions (from 868 in March 2022 to 835), Morriston Hospital saw an in-month reduction from 2,992 admissions in March 2022 to 2,895 admissions in April 2022.

Trend

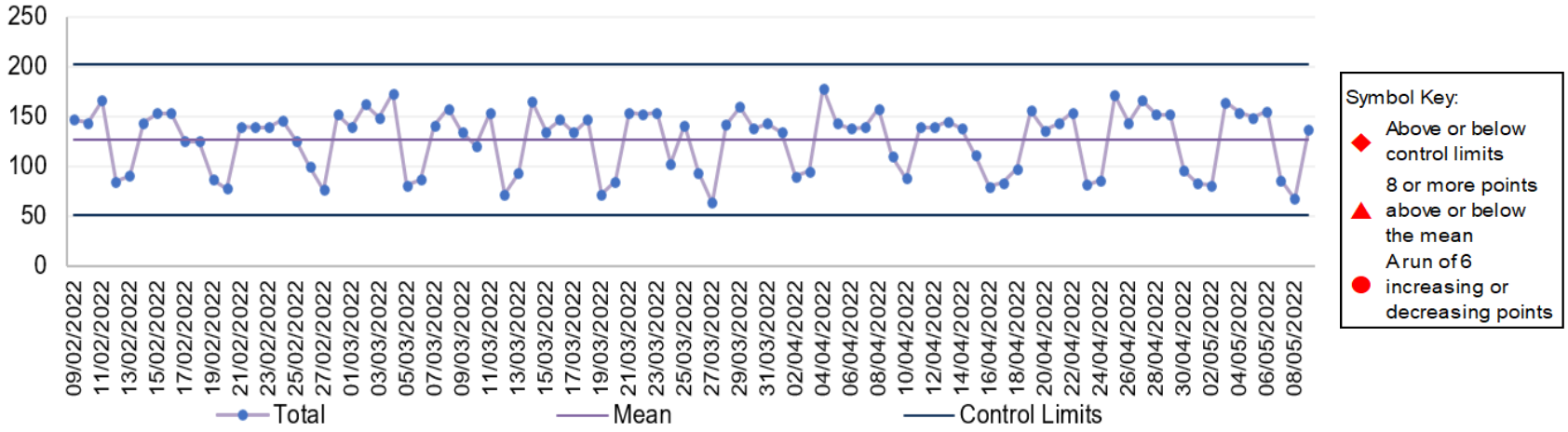
1. Number of emergency admissions- HB total



2.Number of emergency admissions- Hospital level

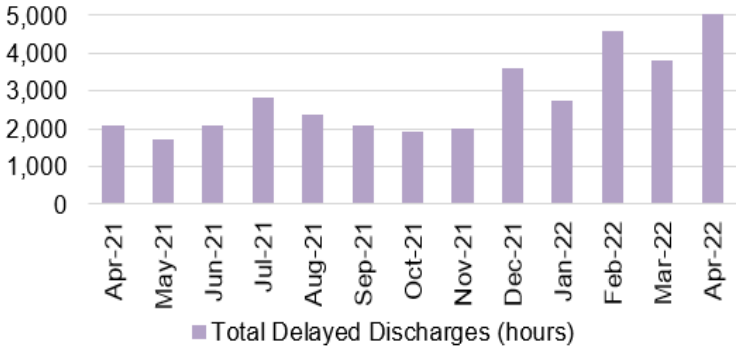


1. Number of emergency admissions- HB total last 90 days

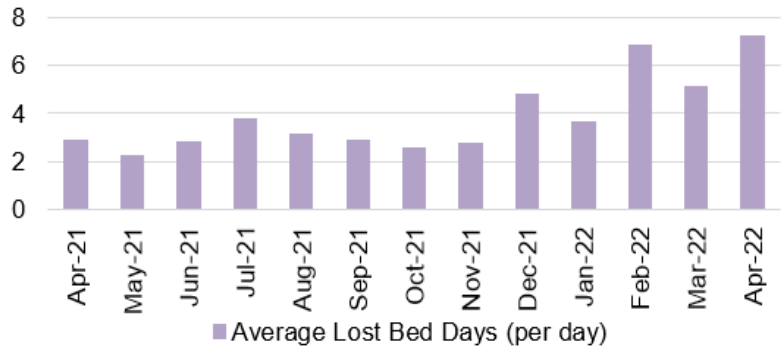


UNSCHEDULED CARE		
Description	**Current Performance**	**Points to Note**
Critical Care-Delayed Transfers of Care (DTOC)-Morriston *Hospital* *1.Total Critical Care delayed discharges (hours)* *2. Average lost bed days per day* *3.Percentage of patients delayed:* *Up to 8 hours* *Between 8 and 24 hours* *Over 24 hours*	In April 2022, there were a total of 79 admissions into the Intensive Care Unit (ICU) in Morriston Hospital, this is an increase when compared with 62 admissions in March 2022. April 2022, saw a significant increase in the number of delayed discharge hours to 5,190.4 from 3,777 in March 2022, with the average lost bed days also increasing to 7.21 per day. The percentage of patients delayed over 24 hours decreased from 68.09% in March 2022 to 67.31% in April 2022.	Delayed discharges from ICU are intimately linked to capacity and flow constraints within the general wards and health/social-care system in general. Current pressures within ED are having a direct impact on discharges from ICU
	Trend	

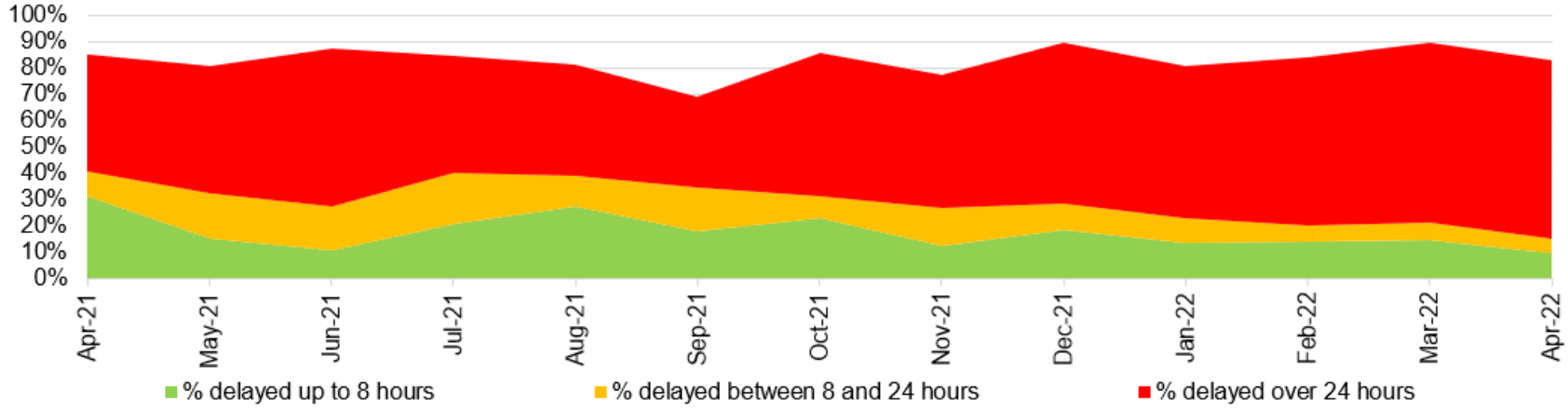
1. Total Critical Care delayed discharges (hours)

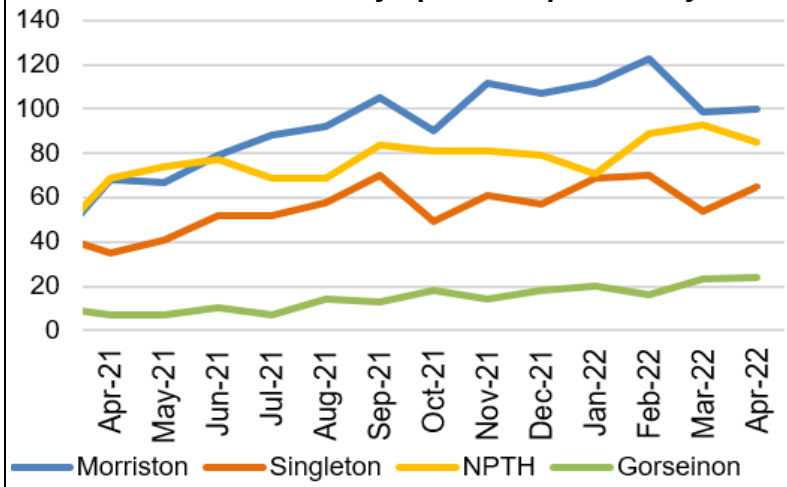
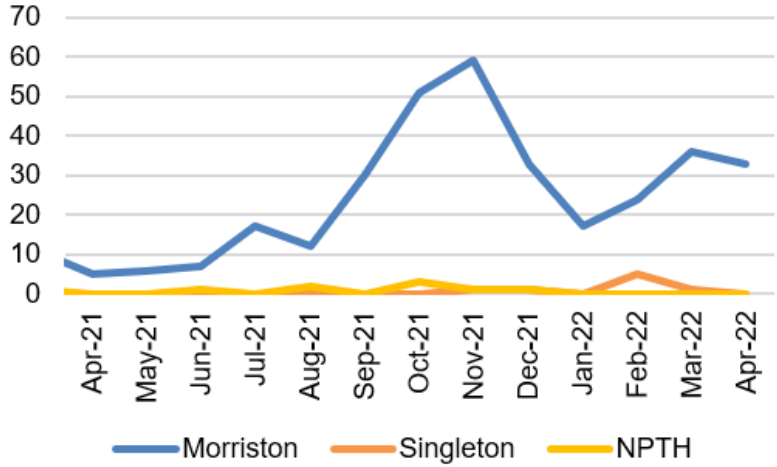


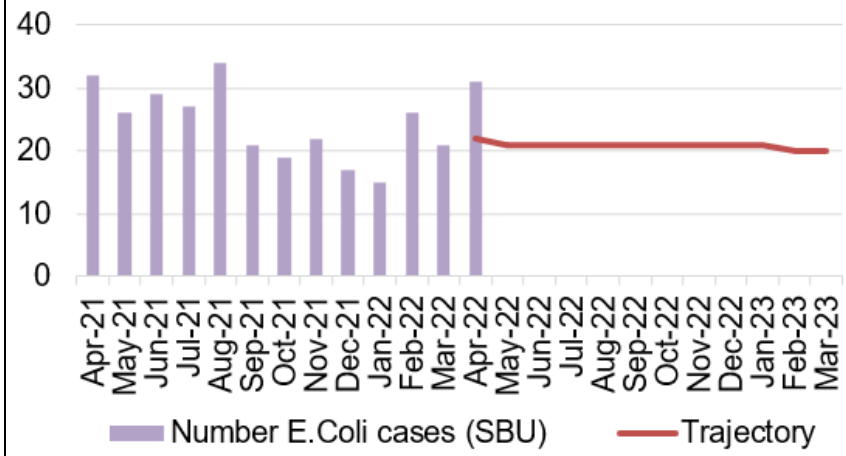
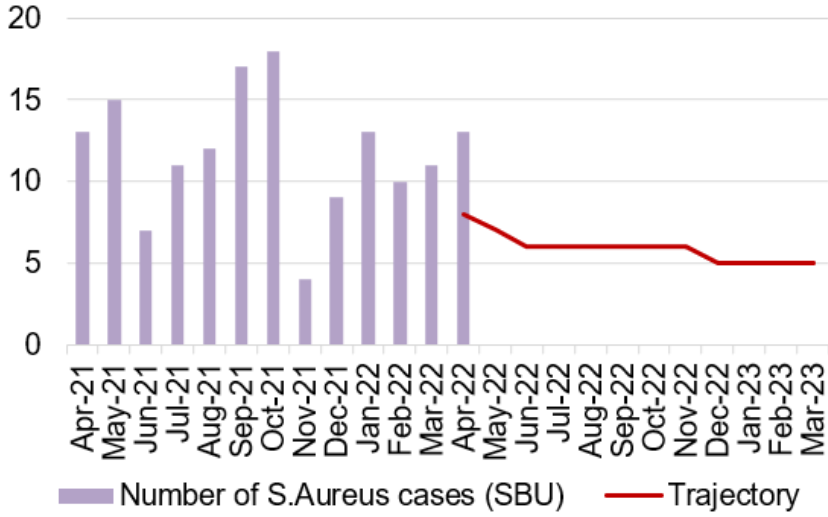
2. Average lost bed days per day

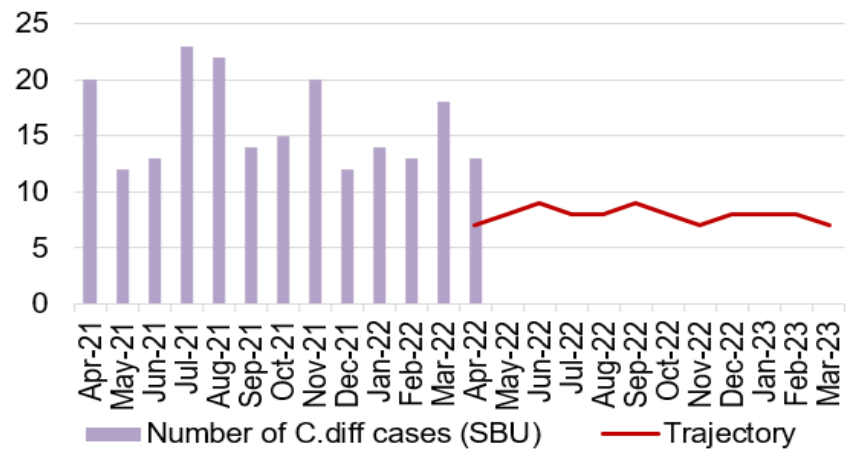
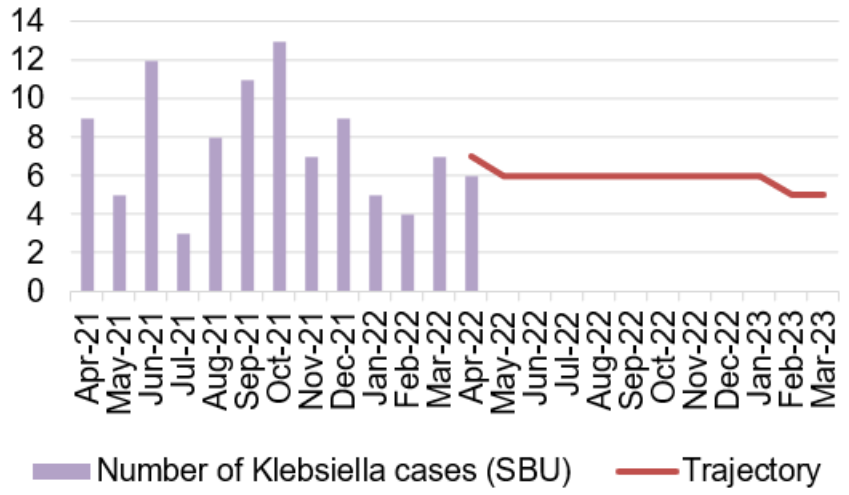


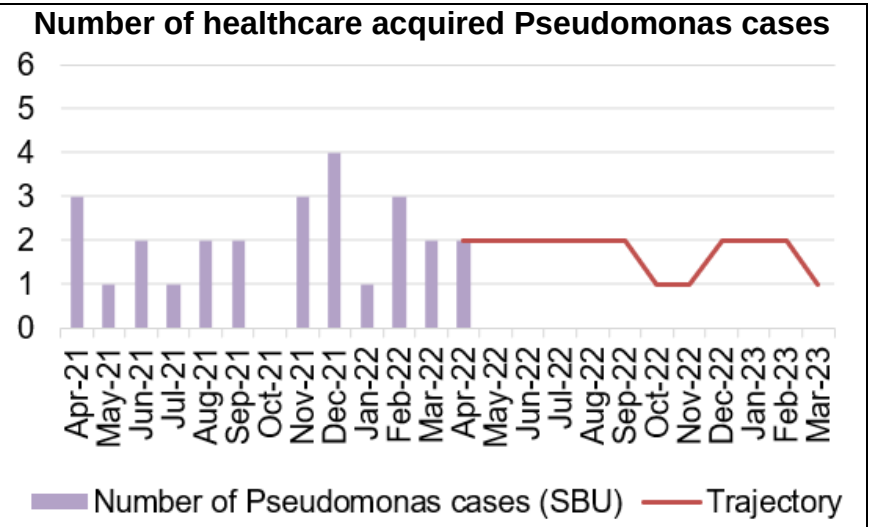
3. Percentage of Critical Care patients delayed



UNSCHEDULED CARE		
Description	**Current Performance**	**Trend**
Clinically Optimised *The number of patients waiting at each site in the Health Board that are clinically optimised*	In April 2022, there were on average 274 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. In April 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 100, followed by Neath Port Talbot Hospital with 85. The number of Clinically optimised patients remains high within the Health Board and specific focus is being placed on plans to support the improvement of this position within each Service Group.	**The number of clinically optimised patients by site** 
Elective procedures cancelled due to lack of beds The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds	In April 2022, there were 33 elective procedures cancelled due to lack of beds on the day of surgery. This is 28 more cancellations than in April 2021. All of the cancelled procedures were attributed to Morriston Hospital.	**Total number of elective procedures cancelled due to lack of beds** 

HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- *Number of laboratory confirmed E.coli bacteraemia cases*	• 31 cases of *E. coli* bacteraemia were identified in April 2022, of which 13 were hospital acquired and 18 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 22 cases for April 2022. • Detailed work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates.	**Number of *healthcare acquired E.coli* bacteraemia cases** 
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- *Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases*	• There were 13 cases of Staph. aureus bacteraemia in April 2022, of which 6 were hospital acquired and 7 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 8 cases for April 2022. • Detailed work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates.	**Number of healthcare acquired S.aureus bacteraemia cases** 

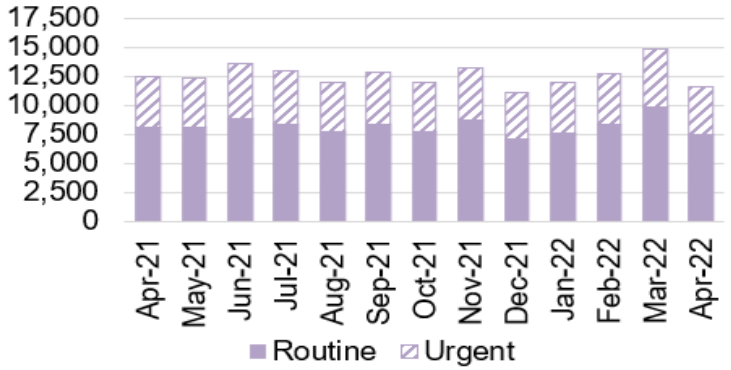
HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- C.*difficile*- *Number of laboratory confirmed C.difficile cases*	• There were 13 *Clostridium difficile* toxin positive cases in April 2022, of which 11 were hospital acquired and 2 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 7 cases for April 2022. • Detailed work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates.	**Number of healthcare acquired C.difficile cases** 
Healthcare Acquired Infections (HCAI)- Klebsiella sp- *Number of laboratory confirmed Klebsiella sp cases*	• There were 6 cases of Klebsiella sp in April 2022, 4 of which were hospital acquired and 2 were community acquired. • The Health Board total is currently below the Welsh Government Profile target of 7 cases for April 2022. • Detailed work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates.	**Number of healthcare acquired Klebsiella cases** 

HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- Aeruginosa- *Number of laboratory confirmed Aeruginosa cases*	• There were 2 cases of *P.Aerginosa* in April 2022, one of which was hospital acquired, with the other being community acquired. • The Health Board total is currently on target with the Welsh Government Profile target of 2 cases for April 2022. • Detailed work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates.	

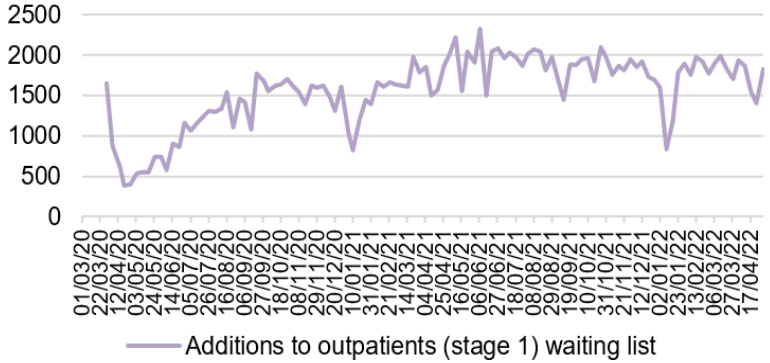
PLANNED CARE		
Description	**Current Performance**	**Points to Note**
Referrals and shape of the waiting list **1. GP Referrals** *The number of Stage 1 additions per week* **2. Stage 1 additions** *The number of new patients that have been added to the outpatient waiting list* **3. Size of the waiting list** *Total number of patients on the waiting list by stage as at December 2019* **4. Size of the waiting list** *Total number of patients on the waiting list by stage as at March 2022*	April 2022 has seen a reduction 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 11,544 in March 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.	The number of referrals received has seen a reduction this month, however a detailed analysis exercise is being undertaken to understand the drivers behind increased rates

Trend

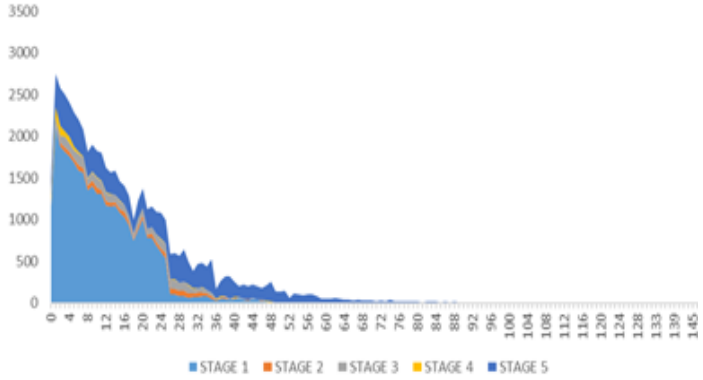
1. Number of GP referrals received by SBU Health Board



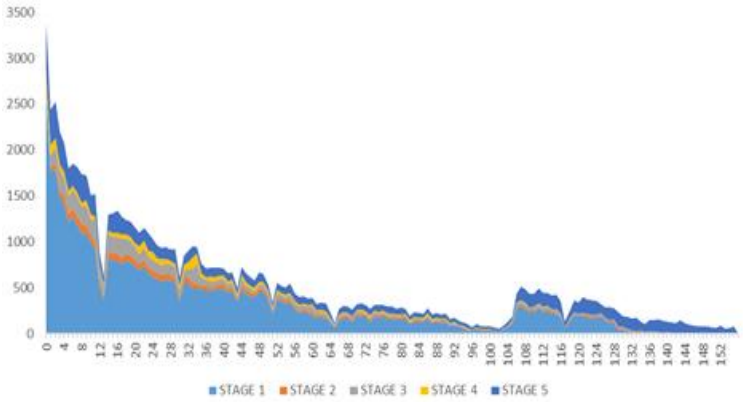
2. Number of stage 1 additions per week



3. Total size of the waiting list and movement (December 2019)



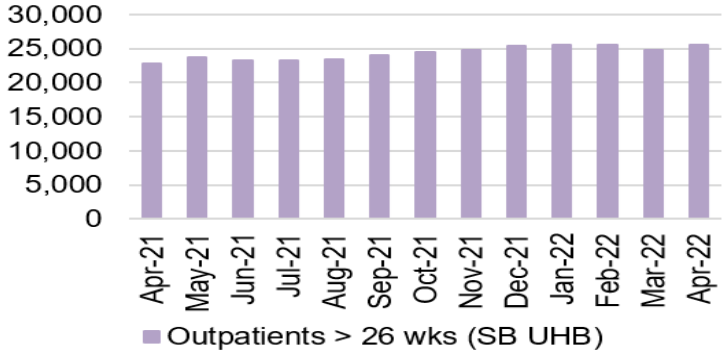
4. Total size of the waiting list and movement (April 2022)



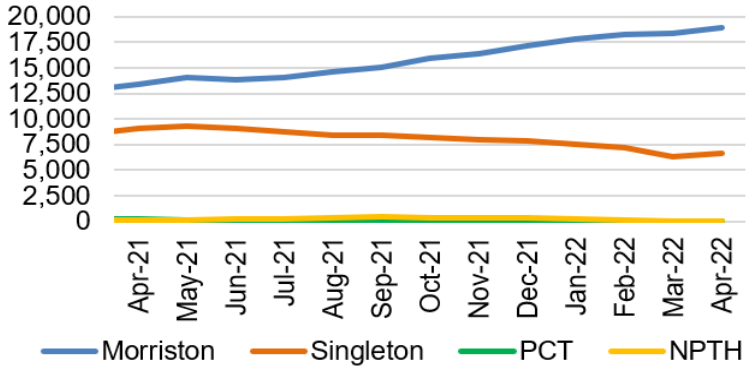
PLANNED CARE		
Description	**Current Performance**	**Points to Note**
Outpatient waiting times *1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total* *2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level* *3. Patients waiting over 26 weeks for an outpatient appointment by specialty* *4. Outpatient activity undertaken*	The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. April 2022 saw an in-month increase of 4% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 24,728 in March 2022 to 25,601 in April 2022. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Orthopaedics and ENT. Chart 4 shows that the number of attendances has remained steady in recent months despite the impact of the recent Covid wave.	Detailed demand and capacity work is currently underway to support the reduction of Stage 1 patients waiting for an outpatient appointment.

Trend

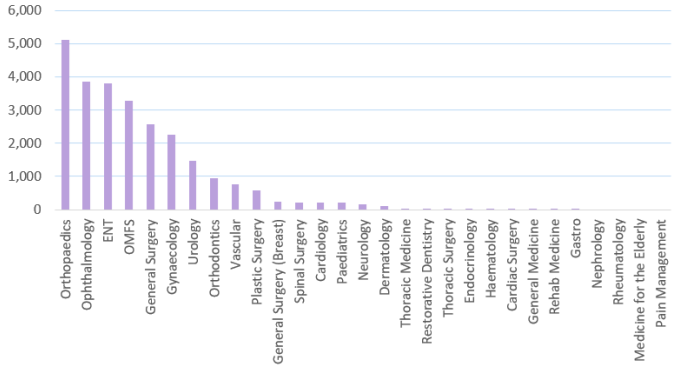
1. Number of stage 1 over 26 weeks- HB total



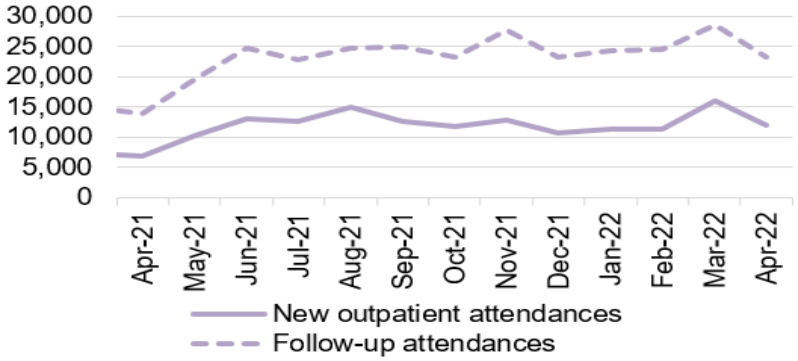
2. Number of stage 1 over 26 weeks- Hospital level



3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at April 2022

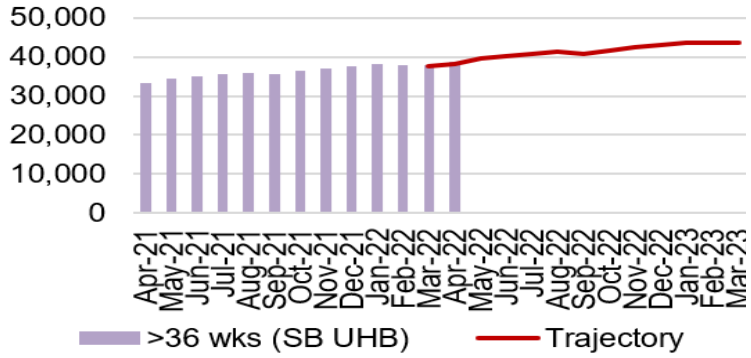


4. Outpatient activity undertaken

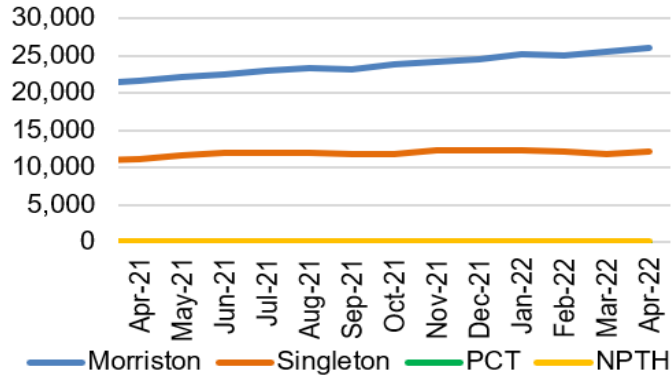


PLANNED CARE	
Description	**Current Performance**
Patients waiting over 36 weeks for treatment *1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total* *2. Number of patients waiting more than 36 weeks for treatment* *3. Number of elective admissions* *4. Number of patients waiting more than 104 weeks for treatment*	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 April 2022, there were 38,799 patients waiting over 36 weeks which is a 2.6% in-month increase from March 2022. 27,592 of the 38,799 were waiting over 52 weeks in April 2022. In April 2022, there were 13,083 patients waiting over 104 weeks for treatment, which is a 4% reduction from March 2022. Targeted validation work is currently taking place to reduce the number of patients waiting over 52 and 104 weeks with the view to meet the Welsh Government target – submitted recovery trajectories can be seen in **Appendix 2**.
	Trend

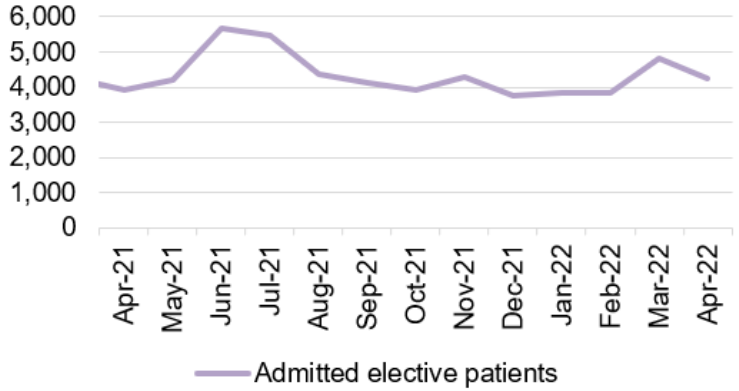
1. Number of patients waiting over 36 weeks- HB total



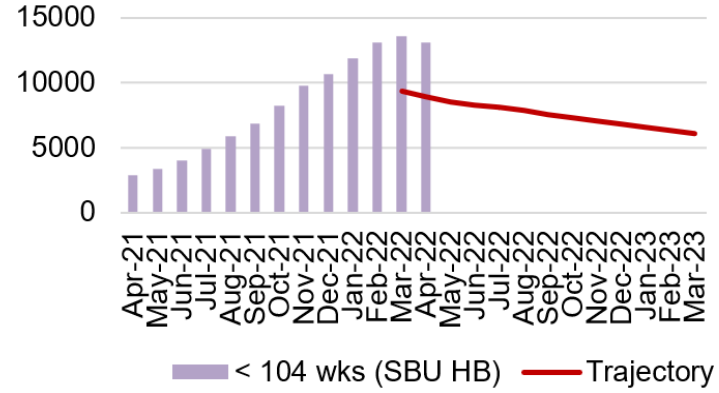
2. Number of patients waiting over 36 weeks- Hospital level

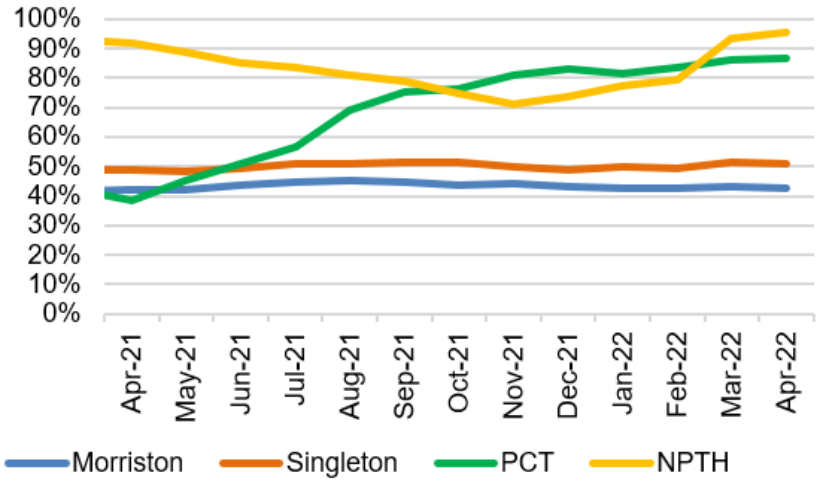
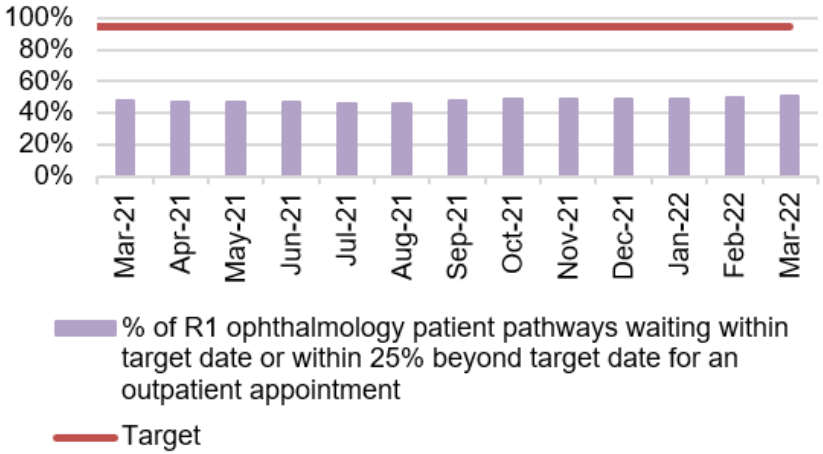


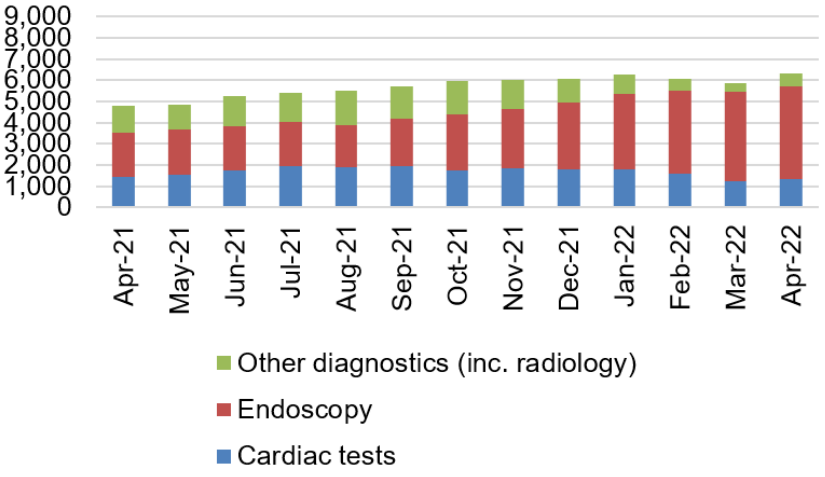
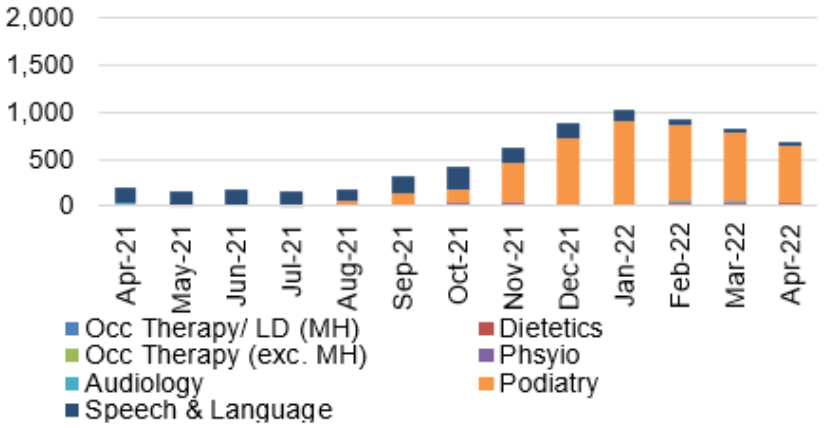
3. Number of elective admissions



3. Number of patients waiting over 104 weeks- Hospital level

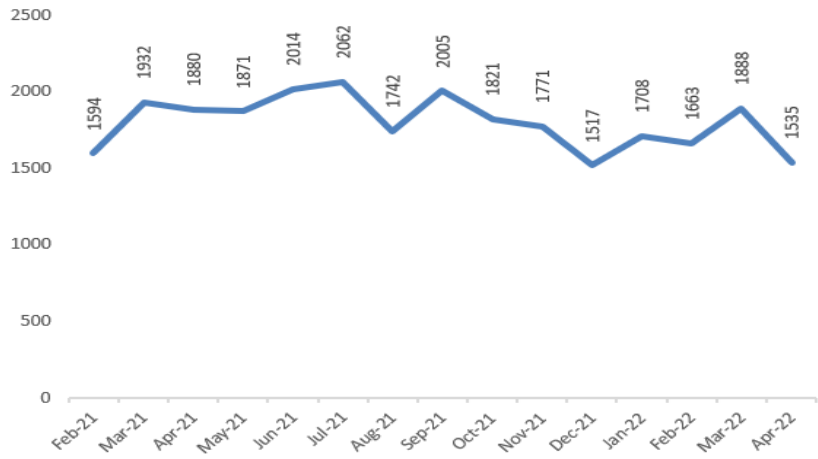
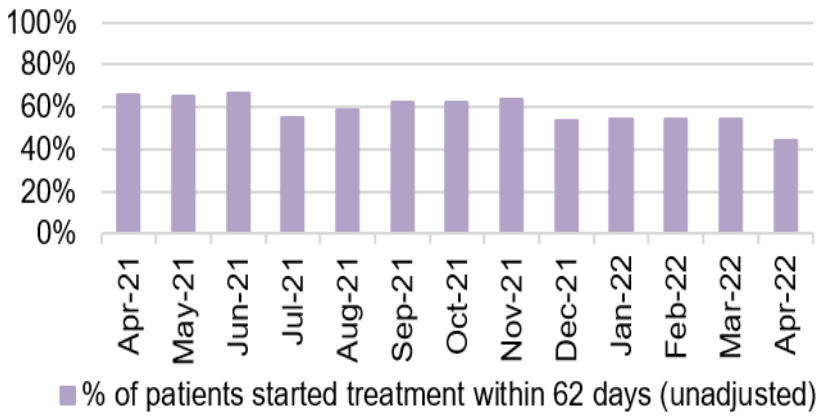


PLANNED CARE		
Description	**Current Performance**	
Total waiting times *Percentage of patients waiting less than 26 weeks from referral to treatment*	Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%. In April 2022, 50.4% of patients were waiting under 26 weeks from referral to treatment, which is a 0.3% deterioration from March 2022.	**Percentage of patient waiting less than 26 weeks** 
Ophthalmology waiting times *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*	In March 2022, 50.2% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date. There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22. **April data was not available for this report**	**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** 

PLANNED CARE		
Description	**Current Performance**	**Trend**
Diagnostics waiting times *The number of patients waiting more than 8 weeks for specified diagnostics*	In April 2022, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,863 in March 2022 to 6,308 in April 2022. The following is a breakdown for the 8-week breaches by diagnostic test for April 2022: • Endoscopy= 4,407 • Cardiac tests= 1,317 • Other Diagnostics = 584 Endoscopy waits continue to rise, recovery work into 2022-23 will focus on outsourcing 5 lists a week, continuation of insourcing activity, the launch of a pilot clinical validation project and a change in practise which will be piloted as part of the National Endoscopy funded project.	**Number of patients waiting longer than 8 weeks for diagnostics** 
Therapy waiting times *The number of patients waiting more than 14 weeks for specified therapies*	In April 2022 there were 679 patients waiting over 14 weeks for specified Therapies. The breakdown for the breaches in April 2022 are: • Podiatry = 598 • Speech & Language Therapy= 45 • Dietetics = 35 Podiatry and SALT recovery plans continue to support performance improvement. Specifically within Nutrition & Dietetics, vacancies within paediatric service have impacted waiting times and a lack of available locum staff. Performance recovery is expected to begin in July 2022.	**Number of patients waiting longer than 14 weeks for therapies** 

<table>
<tr><th colspan="3">CANCER</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>Cancer demand and shape of the waiting list

1. Number of Urgent Suspected Cancer (USC) referrals received</td><td>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.

Referral figures reported in April 2022 (1535) are the lowest figure reported since December 2021</td><td>1. Number of USC referrals
 
</td></tr>
<tr><td>2. Single Cancer Pathway backlog- patients waiting over 63 days</td><td>April 2022 has seen a slight increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;
- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast
- Updated backlog recovery trajectories have been developed and are currently in the approval process for circulation in June 2022
- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority</td><td>2. Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion
 
</td></tr>
</table>

CANCER

Single Cancer Pathway

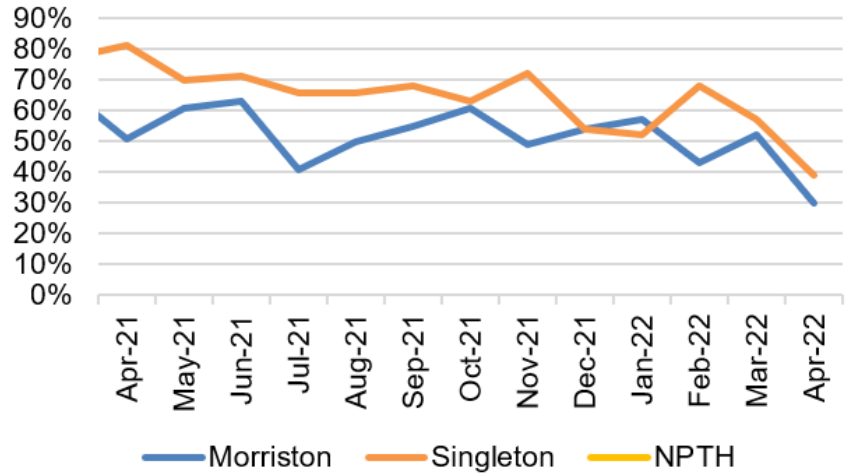
Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

April 2022 figures will be finalised on 31st May 2022. Draft figures indicate a possible achievement of 44% of patients starting treatment within 62 days of the suspicion of cancer first being raised (unadjusted pathway).

The number of patients treated in April 2022 is outlined below by tumour site (draft figures).

Tumour Site	Breaches	Tumour Site	Breaches
Urological	18	Upper GI	12
Head and Neck	6	Gynaecological	8
Lower GI	23	Haematological	3
Lung	16	Sarcoma	1
Breast	18	Brain/CNS	0
Skin	5		

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



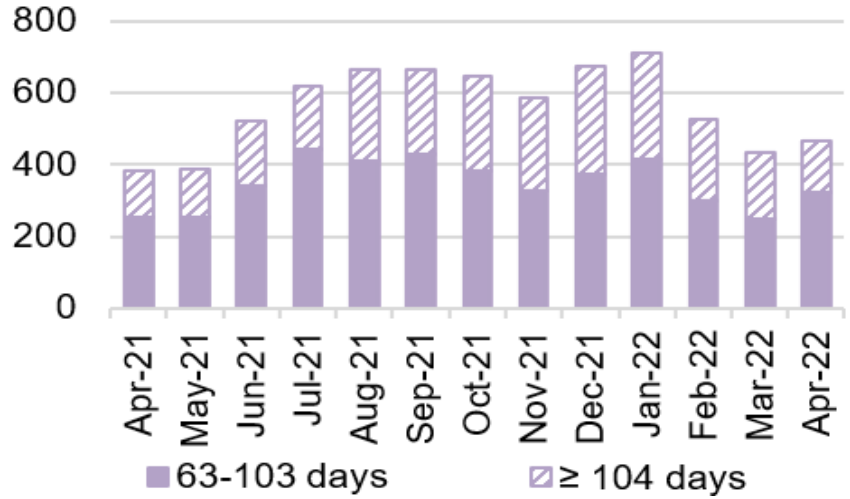
Single Cancer Pathway backlog

The number of patients with an active wait status of more than 63 days

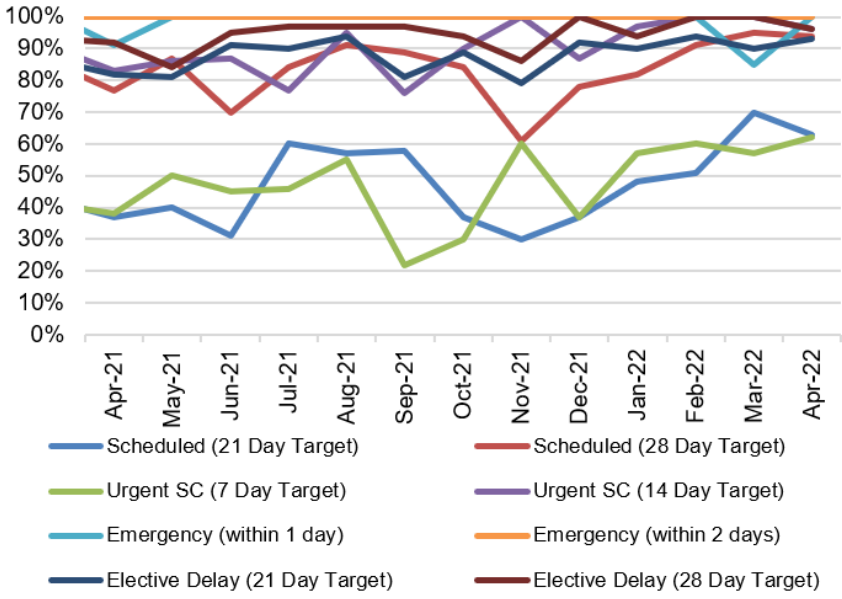
April 2022 backlog by tumour site:

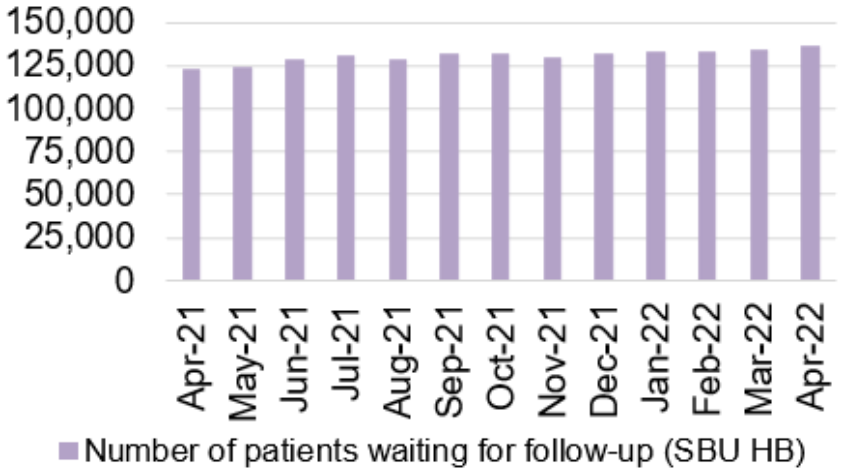
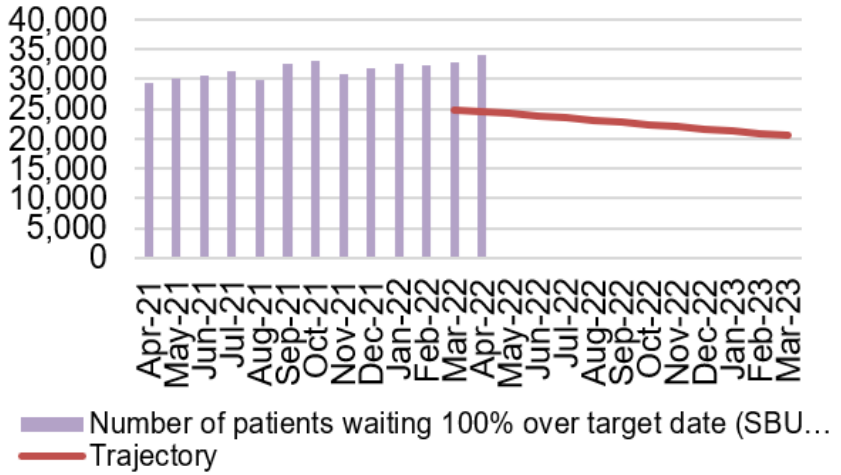
Tumour Site	63 - 103 days	≥104 days
Acute Leukaemia	0	0
Brain/CNS	0	1
Breast	114	19
Children's cancer	0	0
Gynaecological	23	17
Haematological	7	8
Head and neck	12	4
Lower Gastrointestinal	46	26
Lung	18	12
Other	5	2
Sarcoma	4	2
Skin(c)	19	2
Upper Gastrointestinal	36	18
Urological	38	35
Grand Total	**322**	**142**

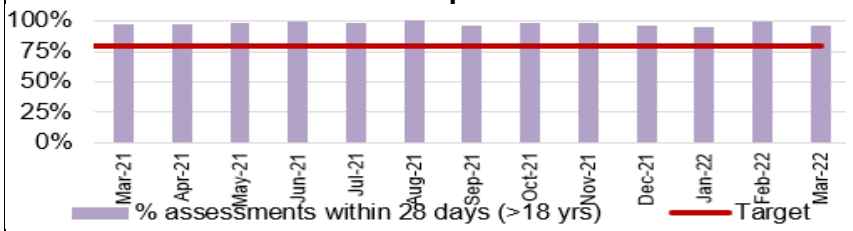
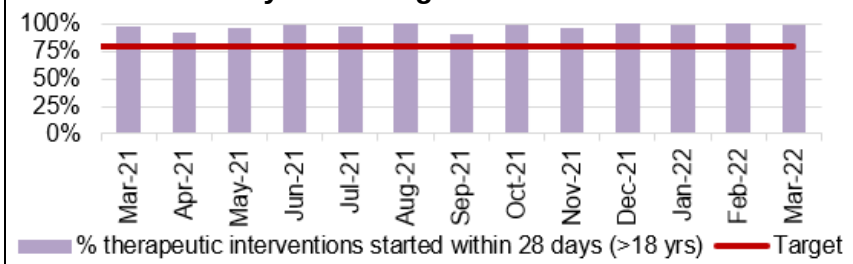
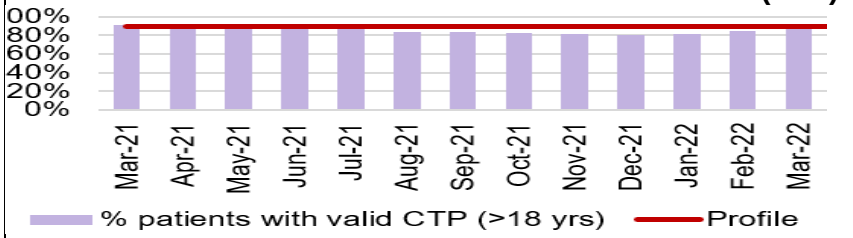
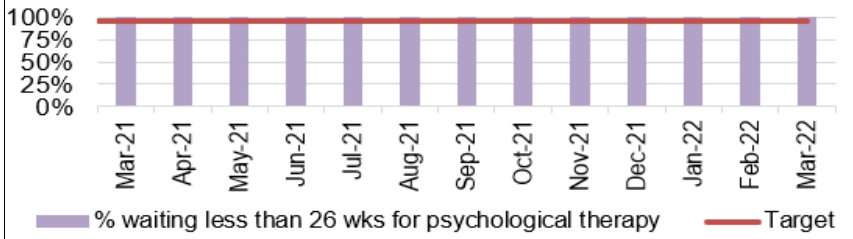
Number of patients with a wait status of more than 62 days

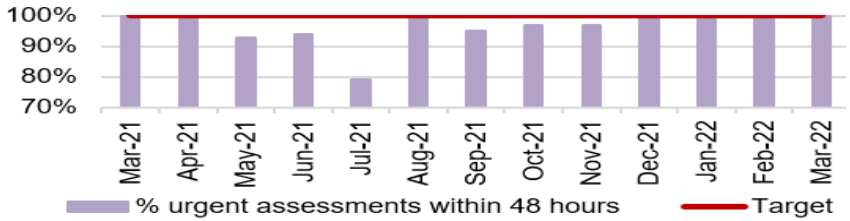
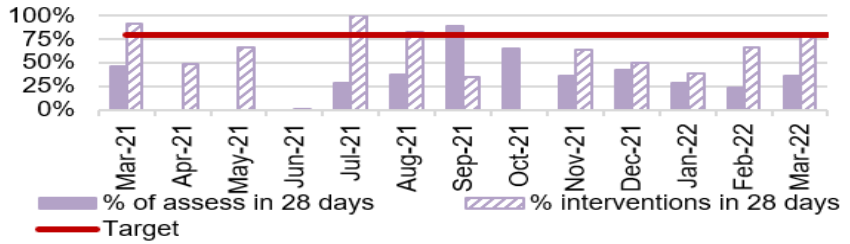
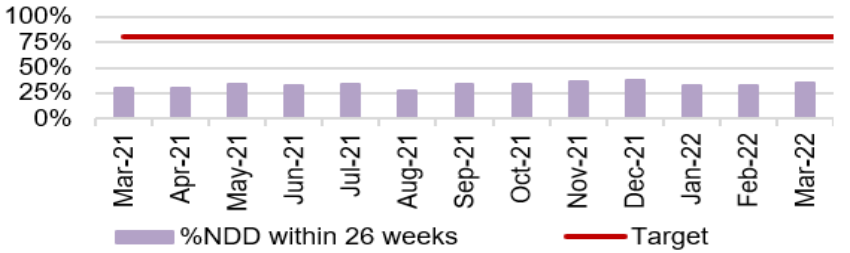
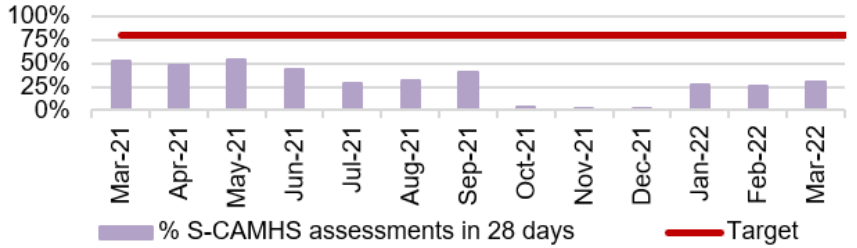


<table>
<tr><th colspan="3">CANCER</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>USC First Outpatient Appointments
The number of patients at first outpatient appointment stage by days waiting</td><td>To date, early April 2022 figures show total wait volumes have decreased by 1%. Of the total number of patients awaiting a first outpatient appointment, 62% have been booked.</td><td>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early May 2022
<table>
<tr><th>FIRST OPA</th><th>08-May</th><th>15-May</th></tr>
<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>0</td><td>2</td></tr>
<tr><td>Children's Cancer</td><td>3</td><td>2</td></tr>
<tr><td>Gynaecological</td><td>56</td><td>41</td></tr>
<tr><td>Haematological</td><td>2</td><td>2</td></tr>
<tr><td>Head and Neck</td><td>142</td><td>96</td></tr>
<tr><td>Lower GI</td><td>133</td><td>155</td></tr>
<tr><td>Lung</td><td>11</td><td>11</td></tr>
<tr><td>Other</td><td>149</td><td>73</td></tr>
<tr><td>Sarcoma</td><td>11</td><td>1</td></tr>
<tr><td>Skin</td><td>127</td><td>116</td></tr>
<tr><td>Upper GI</td><td>66</td><td>52</td></tr>
<tr><td>Urological</td><td>69</td><td>64</td></tr>
<tr><td></td><td>770</td><td>615</td></tr>
</table></td></tr>
<tr><td>Radiotherapy waiting times

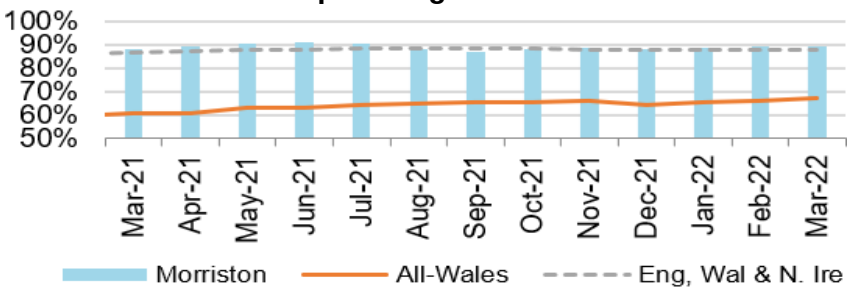
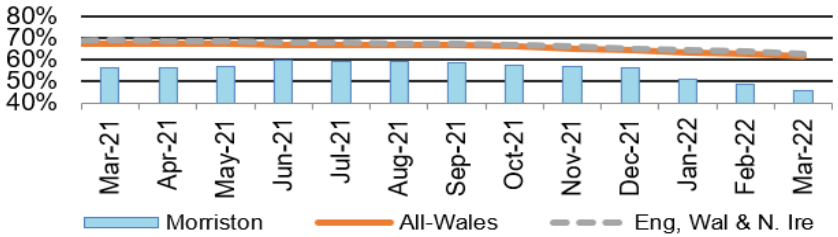
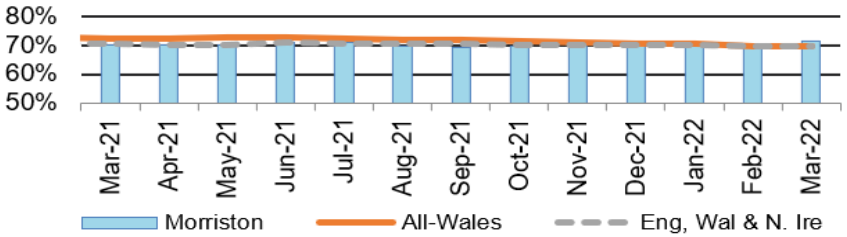
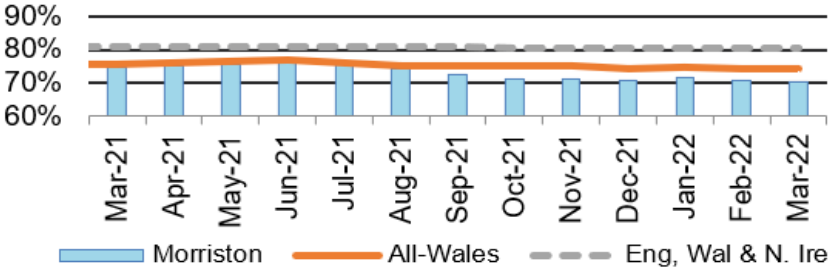
The percentage of patients receiving radiotherapy treatment</td><td>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.
<table>
<tr><th>Measure</th><th>Target</th><th>Dec-21</th></tr>
<tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>63%</td></tr>
<tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>94%</td></tr>
<tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>62%</td></tr>
<tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>96%</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>93%</td></tr>
<tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>96%</td></tr>
</table></td><td>Radiotherapy waiting times
 
</td></tr>
</table>

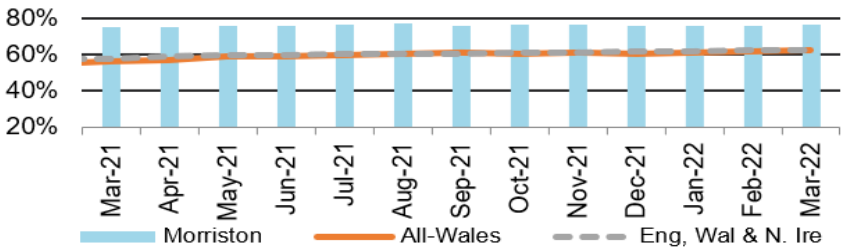
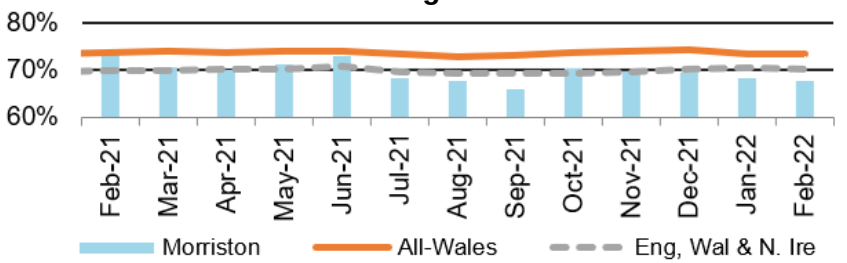
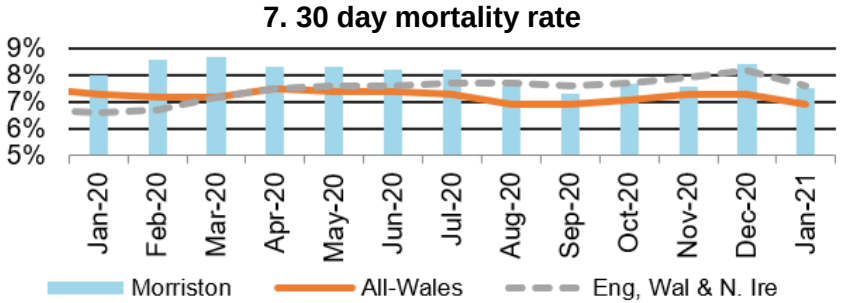
FOLLOW-UP APPOINTMENTS		
Description	**Current Performance**	**Trend**
Follow-up appointments *1. The total number of patients on the follow-up waiting list* *2. The number of patients waiting 100% over target for a follow-up appointment*	In April 2022, the overall size of the follow-up waiting list increased by 1,699 patients compared with March 2022 (from 133,772 to 135,471). In April 2022, there was a total of 60,348 patients waiting for a follow-up past their target date. This is an in-month increase of 3.1% (from 58,514 in March 2022 to 60,348 in April 2022). Of the 60,348 delayed follow-ups in April 2022, 12,052 had appointment dates and 48,296 were still waiting for an appointment. In addition, 34,003 patients were waiting 100%+ over target date in April 2022. This is a 3.2% increase when compared with March 2022. Focussed validation work is currently taking place looking at the number of clinics which have not been 'cashed up' within the system, along with reviewing the capacity for increased digital working.	**1. Total number of patients waiting for a follow-up**  **2. Delayed follow-ups: Number of patients waiting 100% over target** 

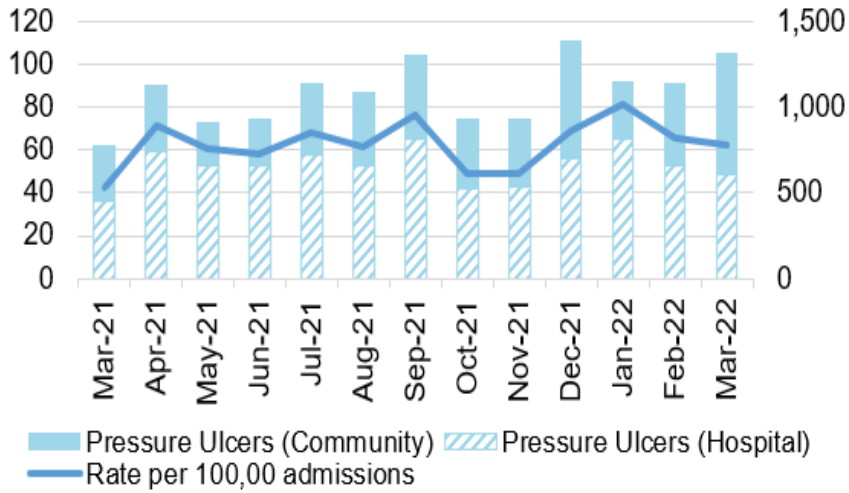
ADULT MENTAL HEALTH		
Description	**Current Performance**	**Trend**
Adult Mental Health Measures: 1. *% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)* 2. *% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)* 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)* 4. *% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health*	1. In March 2022, 96% of assessments were undertaken within 28 days of referral for patients 18 years and over. 2. In March 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 98%. 3. 89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in March 2022. 4. In March 2022, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.	**1. % Mental Health assessments undertaken within 28 days from receipt of referral**  **2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment**  **3. % residents with a valid Care and Treatment Plan (CTP)**  **4. % waiting less than 26 weeks for Psychology Therapy** 

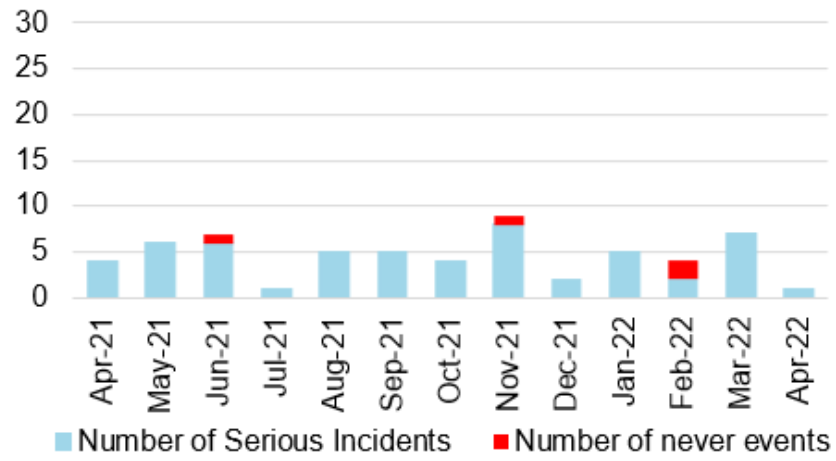
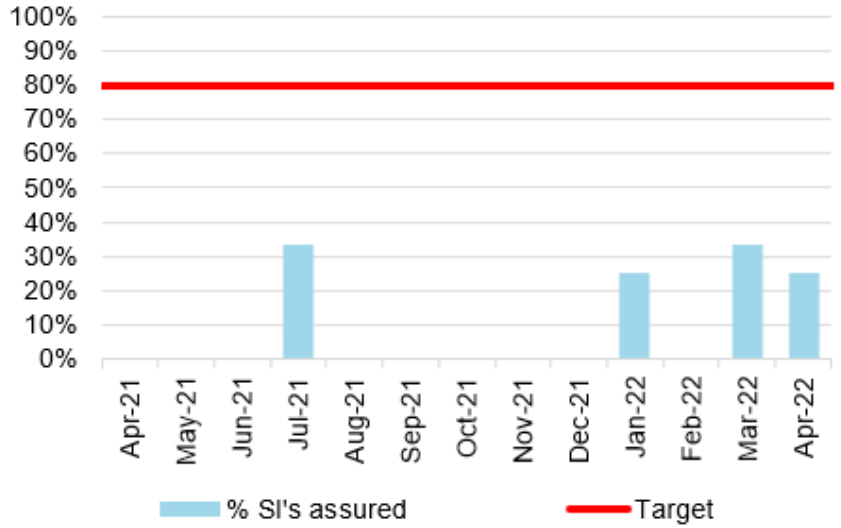
CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	**Current Performance**	**Trend**
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral 2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral 3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS 4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks 5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	1. In March 2022, 100% of CAMHS patients received an assessment within 48 hours. 2. 36% of routine assessments were undertaken within 28 days from referral in March 2022 against a target of 80%. 3. 78% of therapeutic interventions were started within 28 days following assessment by LPMHSS in March 2022. 4. 35% of NDD patients received a diagnostic assessment within 26 weeks in March 2022 against a target of 80%. 5. 30% of routine assessments by SCAMHS were undertaken within 28 days in March 2022.	**1. Crisis- assessment within 48 hours**  **2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days**  **4. NDD- assessment within 26 weeks**  **5. S-CAMHS % assessments within 28 days** 

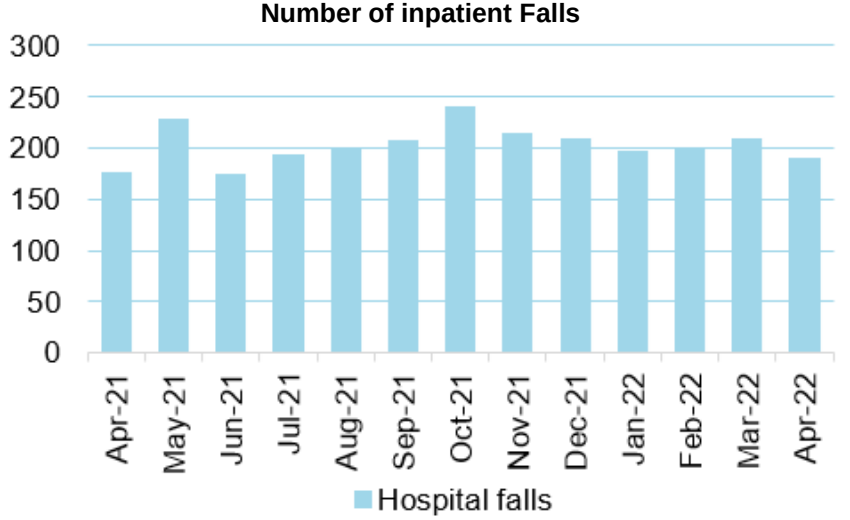
4. NHS DELIVERY FRAMEWORK MEASURES
&
MINISTERIAL PRIORITY TRAJECTORIES

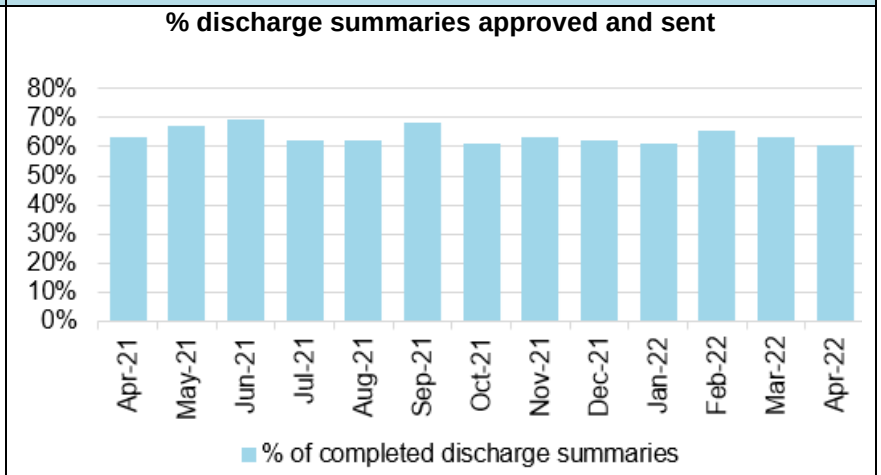
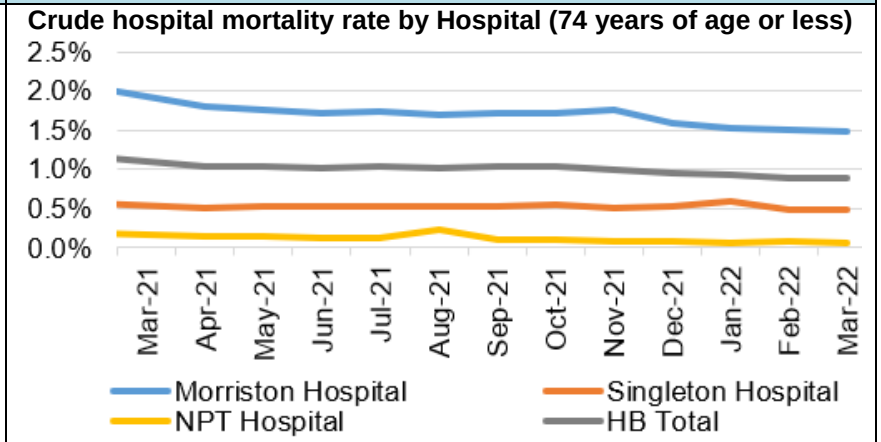
FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
Fractured Neck of Femur (#NOF) *1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation* *2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture* *3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124* *4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation*	1. **Prompt orthogeriatric assessment-** In March 2022, 89.5% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 0.2% less than in March 2021. 2. **Prompt surgery-** In March 2022, 46% of patients had surgery the day following presentation with a hip fracture. This is a 10.6% deterioration from March 2021 which was 56.6% 3. **NICE compliant surgery**- 71.4% of operations were consistent with the NICE recommendations in March 2022. This is 1% less than in February 2021. In March 2022, Morriston was slightly above the all-Wales average of 70%. 4. **Prompt mobilisation**- In March 2022, 70.2% of patients were out of bed the day after surgery. This is 5.2% less than in March 2021.	**1. Prompt orthogeriatric assessment**  **2. Prompt surgery**  **3. NICE compliant Surgery**  **4. Prompt mobilisation** 

FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
5. *Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation*	**5. Not delirious when tested**- 76.9% of patients were not delirious in the week after their operation in March 2022. This is an improvement of 1.6% compared with March 2021.	**5. Not delirious when tested** 
6. *Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up*	**6. Return to original residence**- 67.7% of patients in February 2022 were discharged back to their original residence. This is 6.6% less that in February 2021.	**6. Return to original residence** 
7. *30 day mortality rate*	**7. 30 day mortality rate**- In January 2021 the morality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%. * Updated data is currently not available, but is being reviewed.	**7. 30 day mortality rate** 

PRESSURE ULCERS		
Description	**Current Performance**	**Trend**
Number of pressure ulcers *1. Total number of pressure ulcers developed in hospital and in the community* *2. Rate of pressure ulcers per 100,000 admissions*	1. In March 2022 there were 105 cases of healthcare acquired pressure ulcers, 56 of which were community acquired and 49 were hospital acquired. There were 16 grade 3+ pressure ulcers in March 2022, of which 11 were community acquired and 5 were hospital acquired. 2. The rate per 100,000 admissions reduced from 823 in February 2022 to 778 in March 2022.	**Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions** 

SERIOUS INCIDENTS		
Description	**Current Performance**	**Trend**
Serious Incidents- *1. The number of serious incidents* *2. The number of Never Events* *3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales*	1. The Health Board reported 1 Serious Incident for the month of April 2022 to Welsh Government. The Service Group breakdown is as follows; - MH&LD - 1 2. There were no new Never Event reported in April 2022 3. In April 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 25%. In total, 6 Never Reported Incidents missed their closure date (120 day timescale); - 4 x Morriston - 1x Maternity - 1x Singleton Medicine	**1. and 2. Number of serious incidents and never events**  **3. % of serious incidents closed within the agreed timescales** 

INPATIENT FALLS		
Description	**Current Performance**	**Trend**
Inpatient Falls *The total number of inpatient falls*	• The number of Falls reported via Datix web for Swansea Bay UHB was 190 in April 2022. This is 8% more than April 2021 where 176 falls were recorded.	

DISCHARGE SUMMARIES		
Description	**Current Performance**	**Trend**
Discharge Summaries *Percentage of discharge summaries approved and sent to patients' doctor following discharge*	The latest data shows that in April 2022, the percentage of completed discharge summaries was 60%. In April 2022, compliance ranged from 52% in Singleton Hospital to 86% in Mental Health & Learning Disabilities.	
CRUDE MORTALITY		
Description	**Current Performance**	**Trend**
Crude Mortality Rate	March 2022 reports the crude mortality rate for the Health Board at 0.88%, which is 0.01% lower than February 2022. A breakdown by Hospital for March 2022: • Morriston – 1.48% • Singleton – 0.49% • NPT – 0.06%	

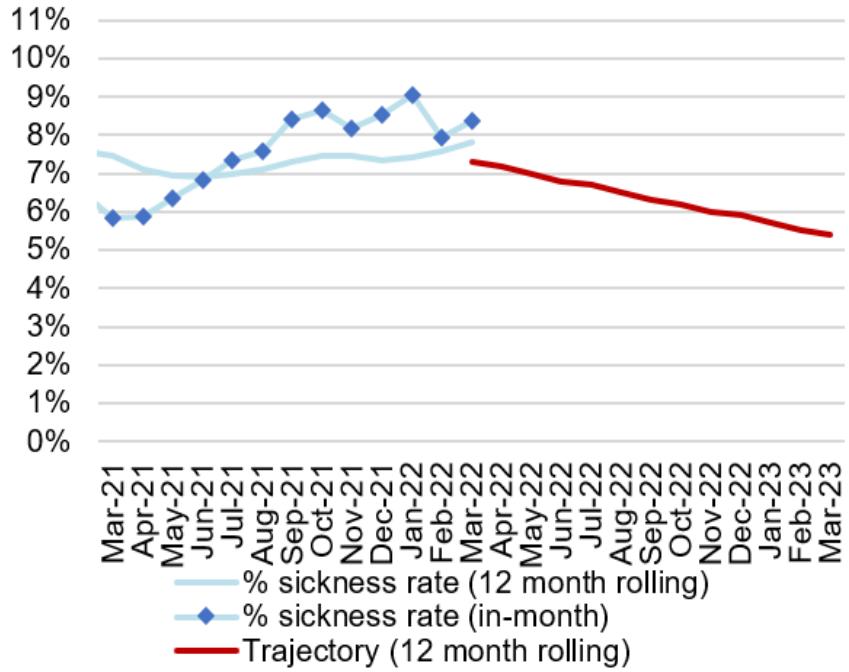
WORKFORCE		
Description	**Current Performance**	**Trend**

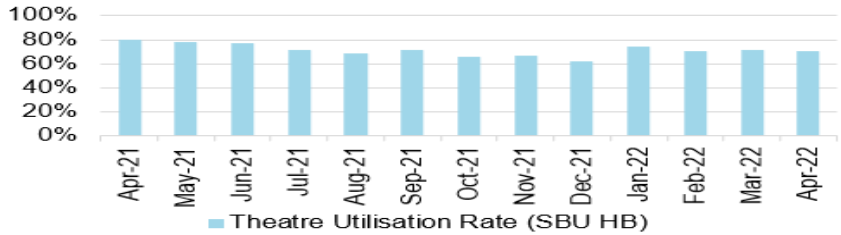
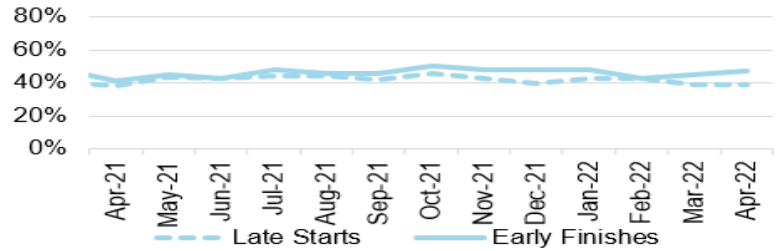
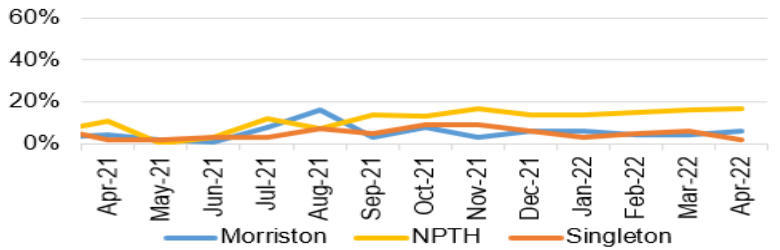
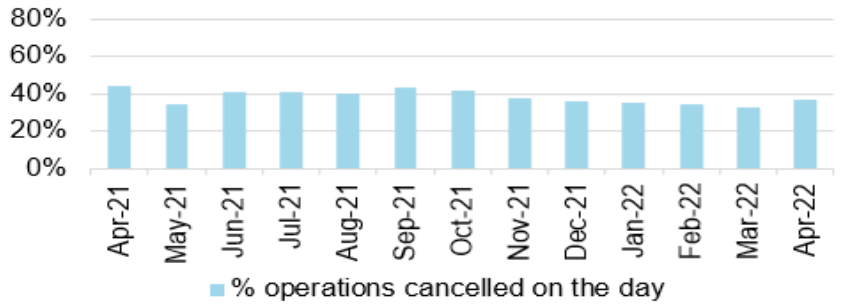
Staff sickness rates- *Percentage of sickness absence rate of staff*

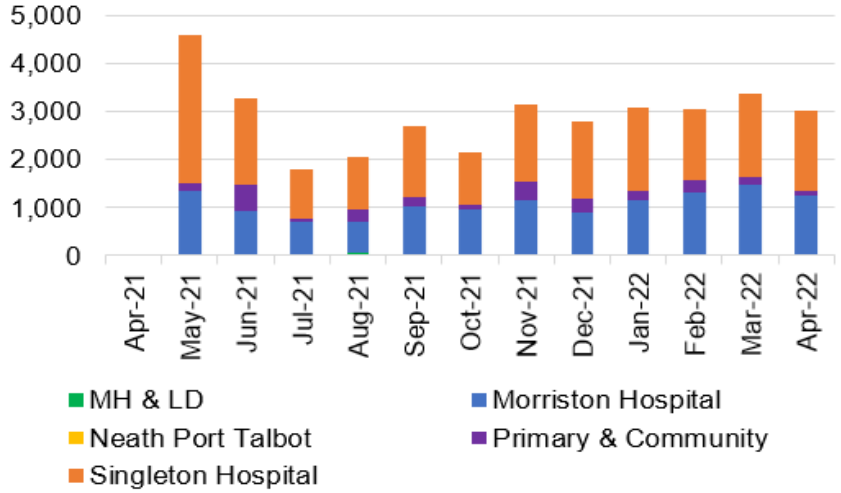
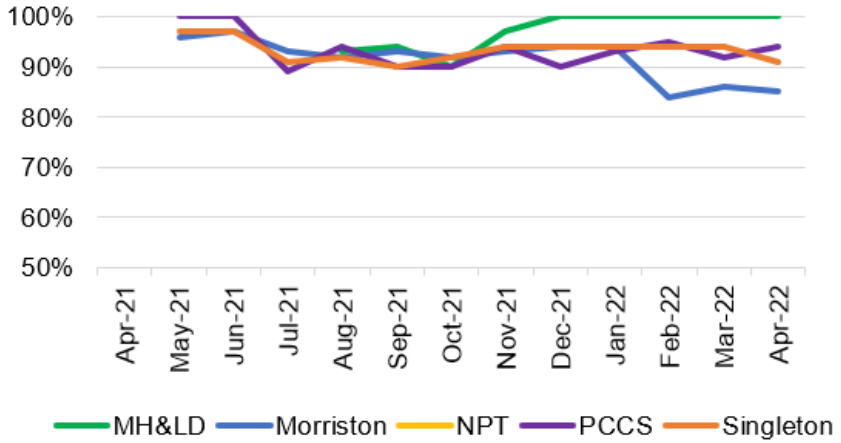
- Our in-month sickness performance deteriorated from 7.93% in February 2022 to 8.36% in March 2022.
- The 12-month rolling performance deteriorated slightly from 7.58% in February 2022 to 7.82 in March 2022.
- The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in March 2022.

Absence Reason	FTE Days Lost	%
Anxiety/ stress/ depression/ other psychiatric illnesses	7763.12	25.6%
Infectious diseases	6745.36	22.2%
Chest & respiratory problems	2914.23	9.6%
Other musculoskeletal problems	2,237.43	7.4%
Other known causes - not elsewhere classified	1,800.43	5.9%

% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)



THEATRE EFFICIENCY		
Description	**Current Performance**	**Trend**
Theatre Efficiency *1. Theatre Utilisation Rates*	In April 2022 the Theatre Utilisation rate was 71%. This is an in-month deterioration of 1% and a 8% reduction compared to April 2021.	**1. Theatre Utilisation Rates** 
2. % of theatre sessions starting late	39% of theatre sessions started late in April 2022. This is a slight deterioration on performance in April 2021 (38%).	**2. and 3. % theatre sessions starting late/finishing** 
3. % of theatre sessions finishing early	In April 2022, 47% of theatre sessions finished early. This is 2% higher than figures seen in March 2022 and 6% higher than figures seen in April 2021.	
4. % of theatre sessions cancelled at short notice (<28 days)	7% of theatre sessions were cancelled at short notice in April 2022. This is the same percentage reported in March 2022 and is 3% higher than figures seen in April 2021.	**4.% theatre sessions cancelled at short notice (<28 days)** 
5. % of operations cancelled on the day	Of the operations cancelled in April 2022, 37% of them were cancelled on the day. This is a deterioration from 33% in March 2022.	**5. % of operations cancelled on the day** 

PATIENT EXPERIENCE		
Description	**Current Performance**	**Trend**
Patient experience *1. Number of friends and family surveys completed* *2. Percentage of patients/ service users who would recommend and highly recommend*	• Health Board Friends & Family patient satisfaction level in April 2022 was 89% and 3,133 surveys were completed. ➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 1,648 surveys in April 2022, with a recommended score of 91%. ➢ Morriston Hospital completed 1,245 surveys in April 2022, with a recommended score of 85%. ➢ Primary & Community Care completed 106 surveys for April 2022, with a recommended score of 94%. ➢ The Mental Health Service Group completed 8 surveys for April 2022, with a recommended score of 100%.	**1. Number of friends and family surveys completed**  **2. % of patients/ service users who would recommend and highly recommend**  ***** Data not available for April 2021. Neath Port Talbot included in Singleton's figures from May 2021

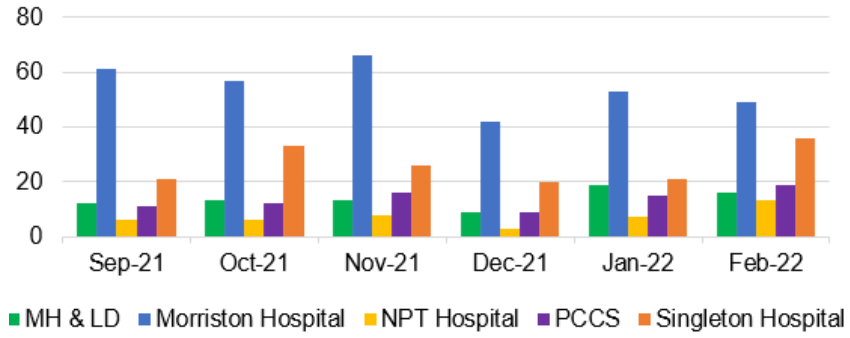
<table>
<tr><th colspan="3">COMPLAINTS</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>Patient concerns

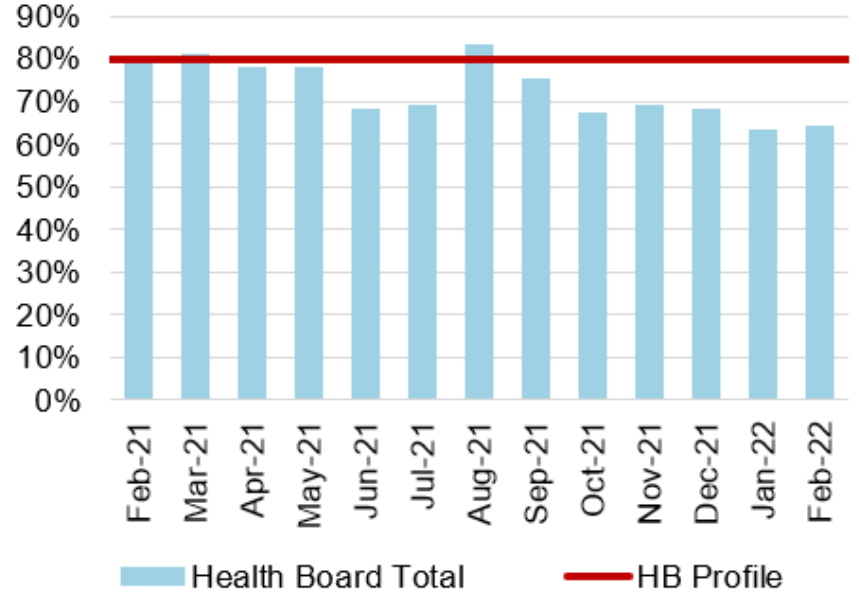
1. Number of formal complaints received

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</td><td>1. In February 2022, the Health Board received 139 formal complaints; this is a 10.8% increase on the number seen in January 2021.

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

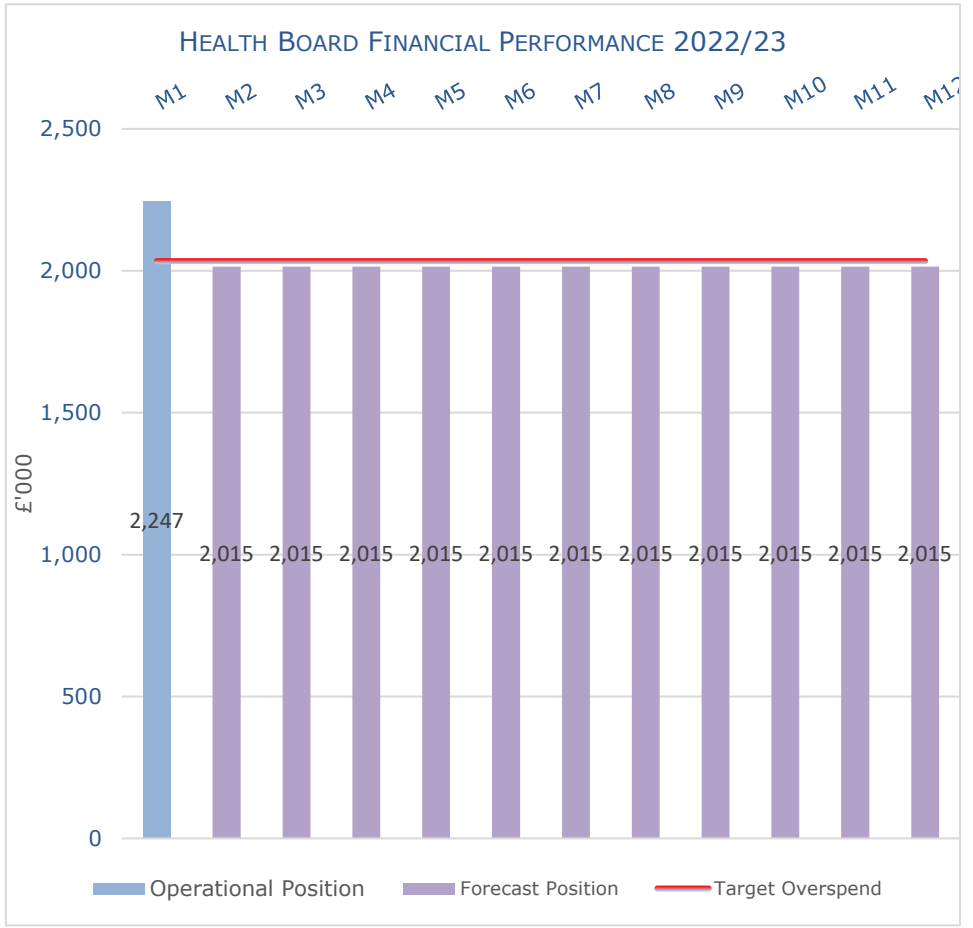
2. The overall Health Board rate for responding to concerns within 30 working days was 64% in February 2022, against the Welsh Government target of 75% and Health Board target of 80%.

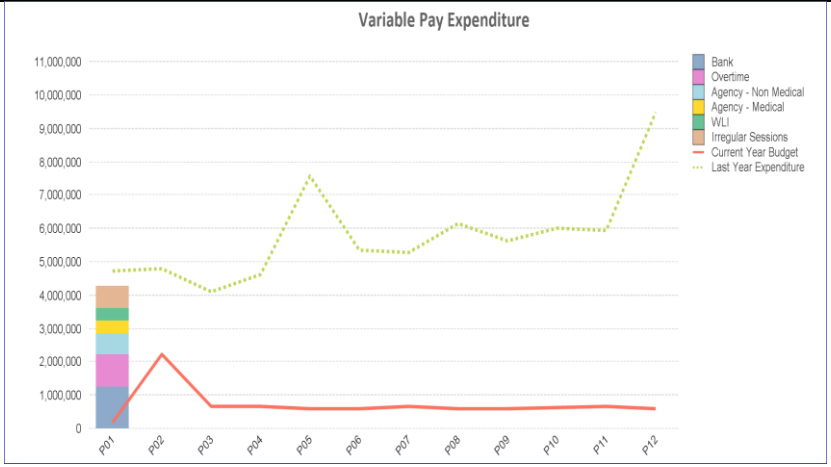
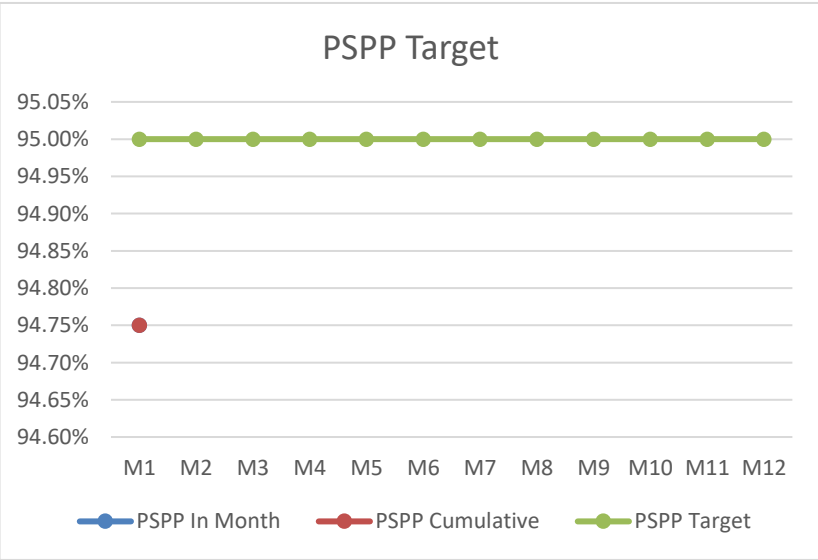
Below is a breakdown of performance against the 30-day response target:
<table><tr><th></th><th>30 day response rate</th></tr><tr><td>Neath Port Talbot Hospital</td><td>62%</td></tr><tr><td>Morriston Hospital</td><td>78%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>38%</td></tr><tr><td>Primary, Community and Therapies</td><td>68%</td></tr><tr><td>Singleton Hospital</td><td>50%</td></tr></table></td><td>1. Number of formal complaints received
 

2. Response rate for concerns within 30 days
 
</td></tr>
</table>

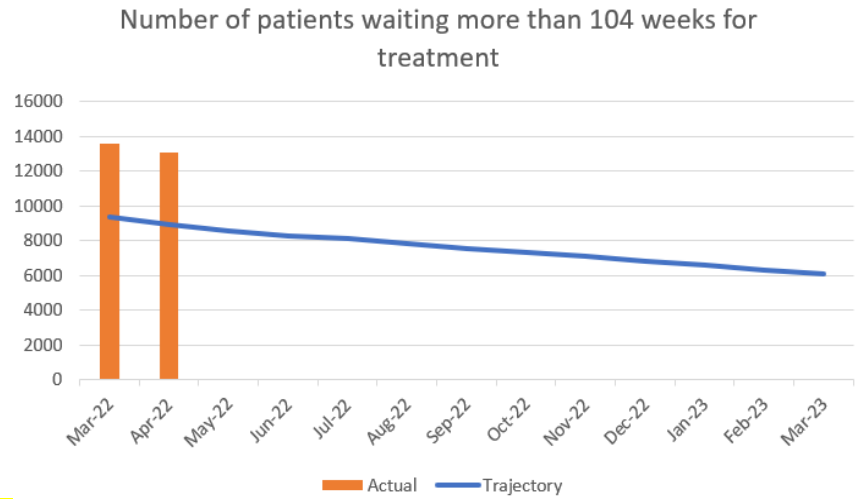
FINANCE UPDATES

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

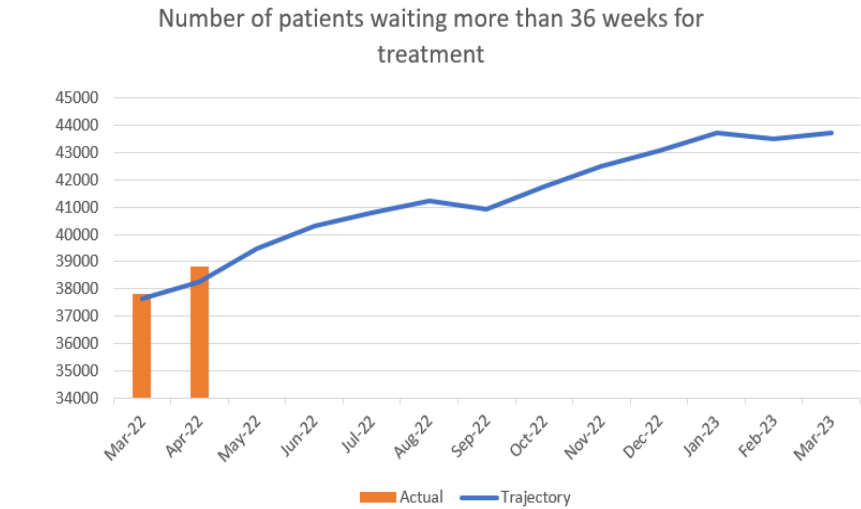
Description	Current Performance	Trend
Revenue Financial Position – expenditure incurred against revenue resource limit	• The Health Board agreed its annual plan with a forecast deficit for 2022/23 of £24.4m on 31st March 2022. This comprised of the following assumptions: • Underlying Deficit b/f of £42.1m • Increased WG Funding 22/23 of £22.1m • Savings Requirement of £27m • Recognised growth & investment of £31.4m • Covid transition funding and extraordinary pressures (utilities, real living wage & National insurance) will be fully funded by WG. • The £24.4m deficit plan has a target each month of £2.034m. The actual month 1 variance was £2.247m and was £0.213m off profile.	

Description	Current Performance	Trend
Workforce Spend – workforce expenditure profile	• The pay budgets are underspent by £0.281m at the end of April. • Funding has been allocated to : ○ support additional transition and recovery costs associated with COVID, • Variable pay remains high, this reflects operational pressures, increasing sickness levels and recovery actions and will be monitored as the months progress.	
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	• The Health Board failed to deliver this target in 2021/22, but significant improvement was made in the latter half of the year. • In the first month of the new financial year the Health Board performance was just below target at 94.75% payment of non NHS invoices within 30 days of receipt of goods or valid invoice. .	**Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice** 

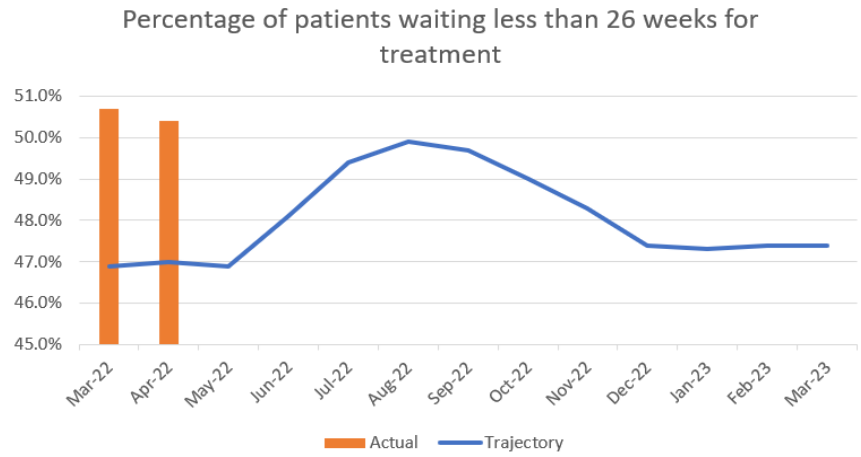
MINISTERIAL PRIORITY MEASURES



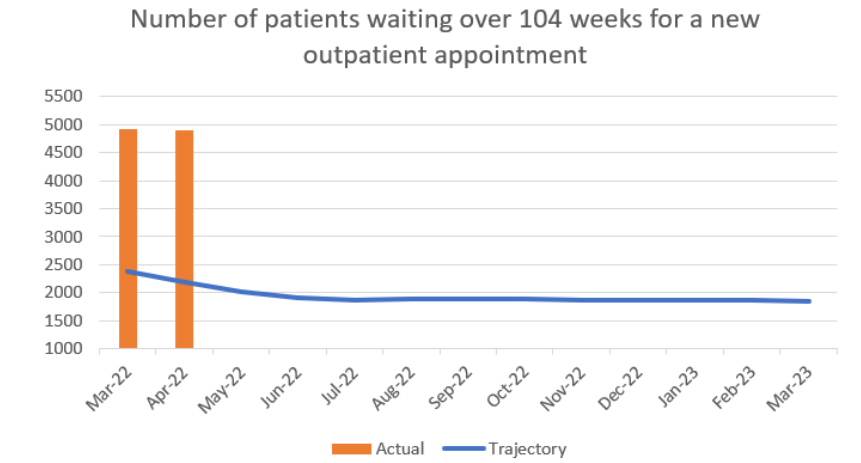
Target: Improvement trajectory towards a national target of zero by 2024



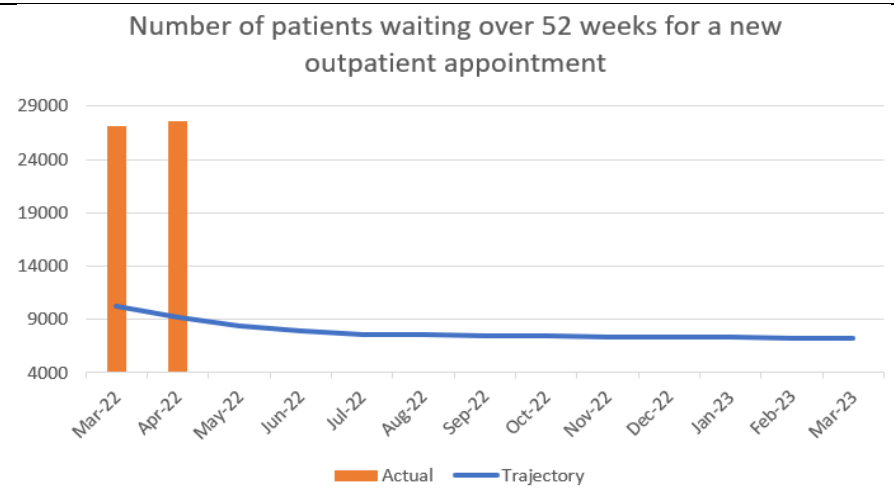
Target: Improvement trajectory towards a national target of zero by 2026



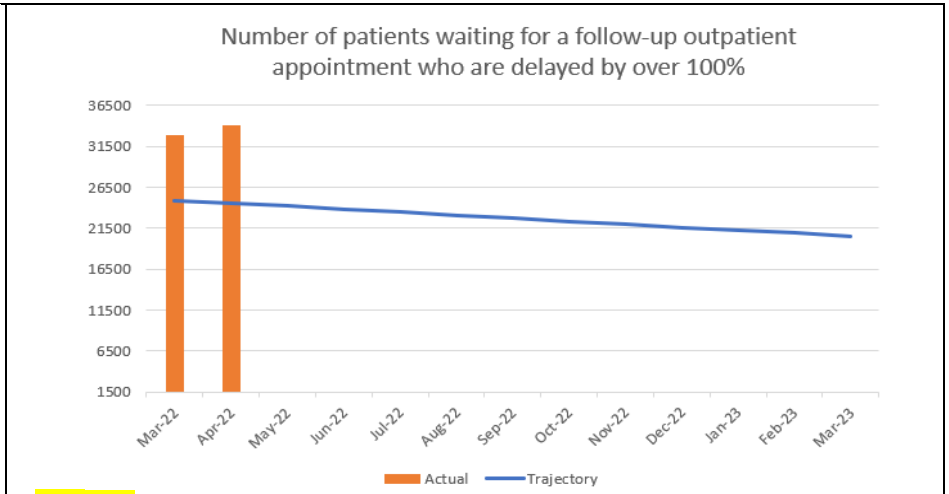
Target: Improvement trajectory towards a national target of 95% by 2024



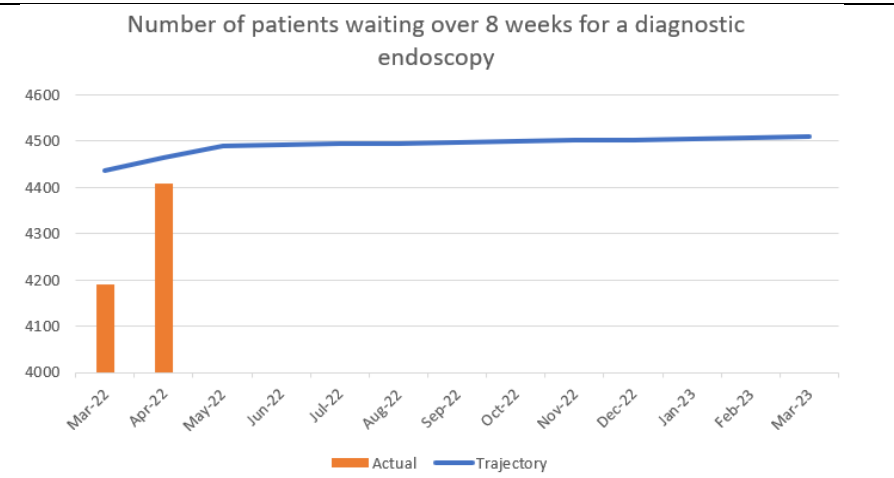
Target: Improvement trajectory towards eliminating over 104 week waits by 31st July 2022



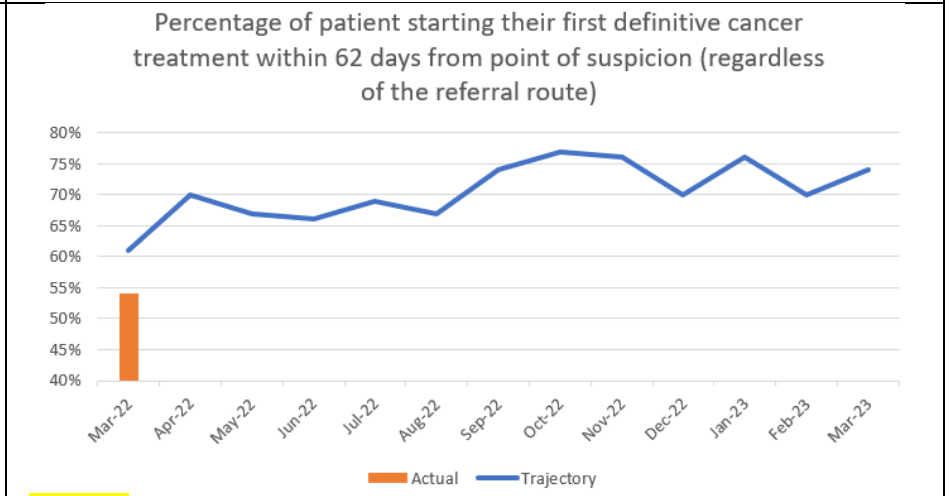
Target: Improvement trajectory eliminating over 52 week waits by 31st October 2022



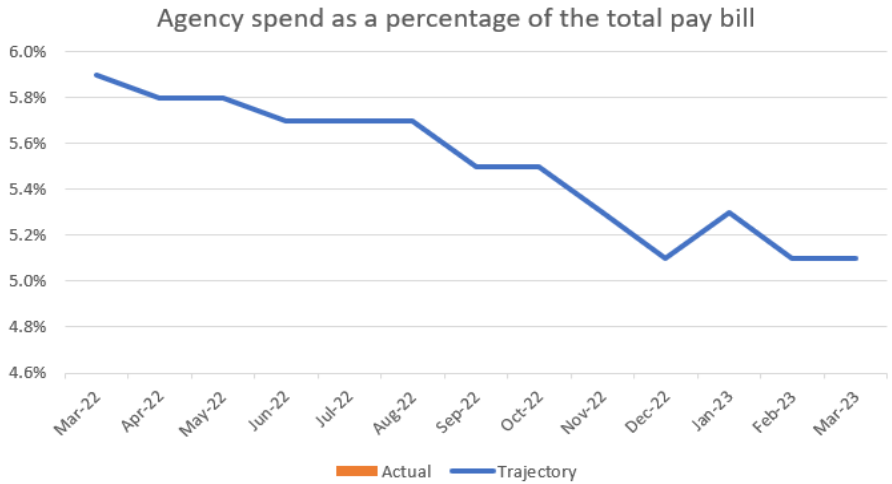
Target: A reduction of 30% by March 2023 against a baseline of March 2021



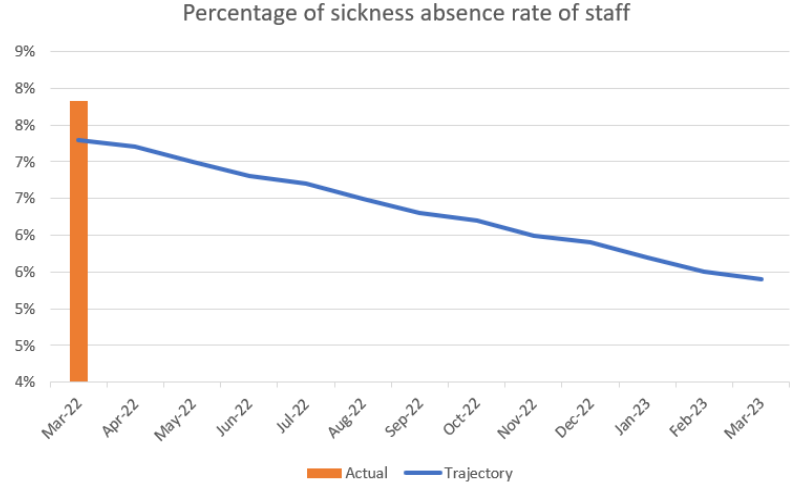
Target: Improvement trajectory towards a national target of zero by 31st March 2026



Target: Improvement trajectory towards a national target of 75%



Target: 12-month reduction trend



Target: 12-month reduction trend

5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1 Number of new COVID19 cases

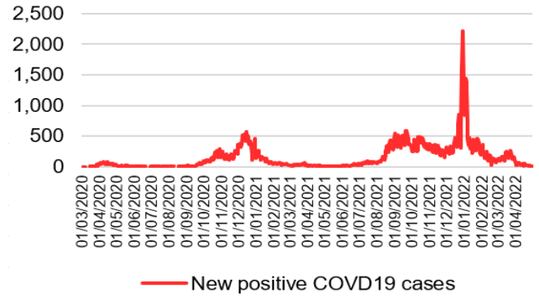


Chart 2: Number of new COVID19 cases (cumulative)

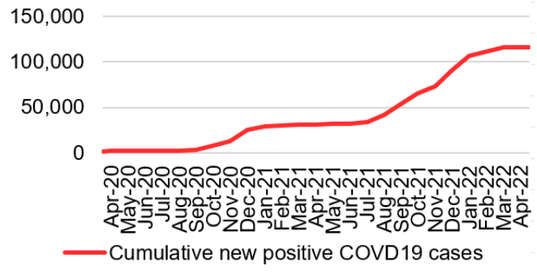


Chart 3: Number of COVID19 tests completed and positivity rate

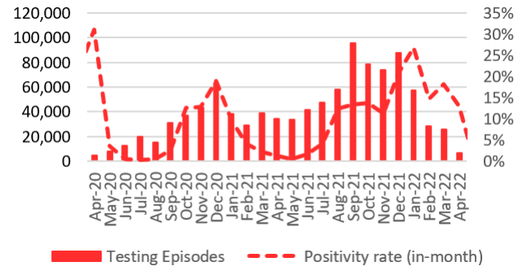


Chart 4: Number of staff referred for Antigen testing

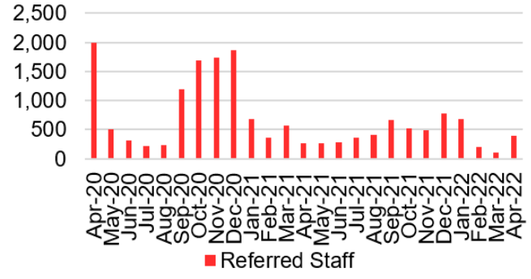


Chart 5: Outcome of staff COVID19/ antigen tests

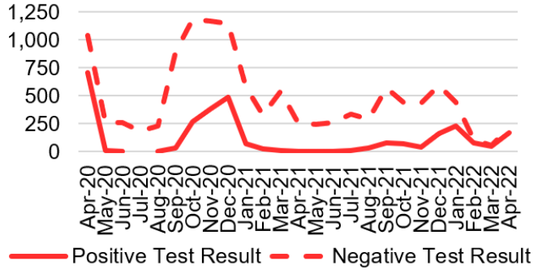


Chart 6: Number of COVID19 related incidents

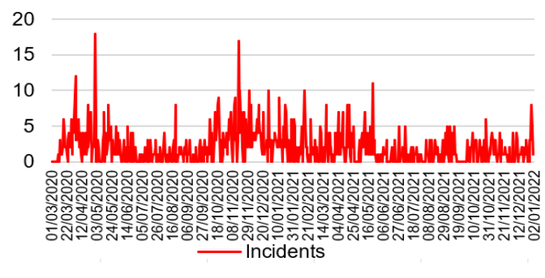


Chart 7: Number of COVID19 related serious incidents

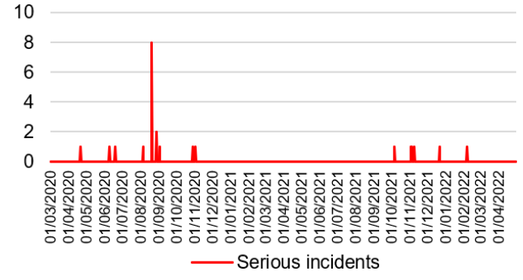


Chart 8: Number of COVID19 related complaints

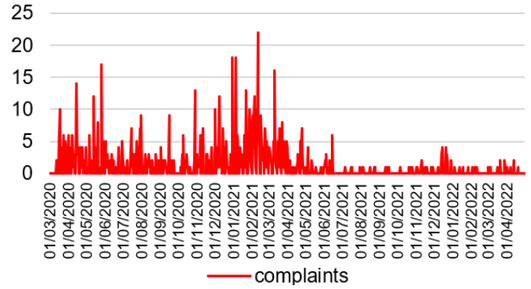


Chart 9: Number of COVID19 related risks

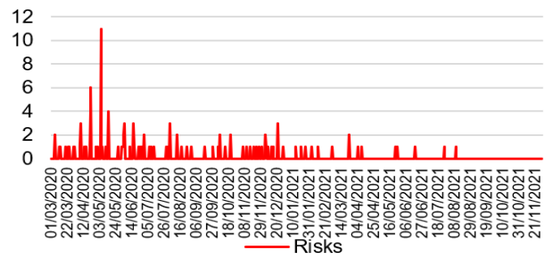


Chart 10: Number of staff self-isolating (asymptomatic)

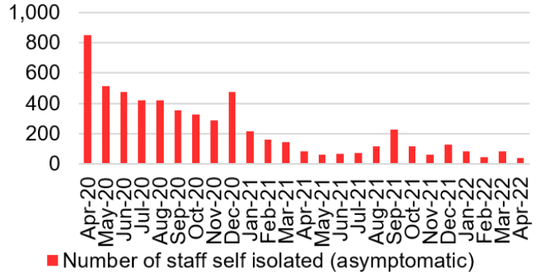


Chart 11: Number of staff self isolating (symptomatic)

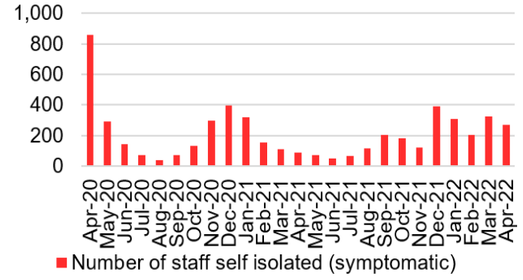


Chart 12: % staff sickness

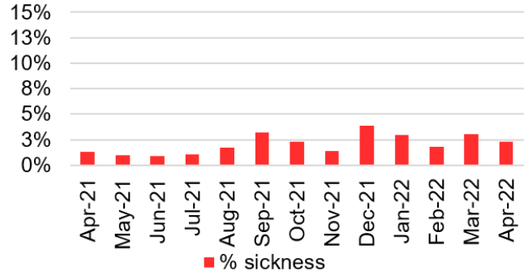


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

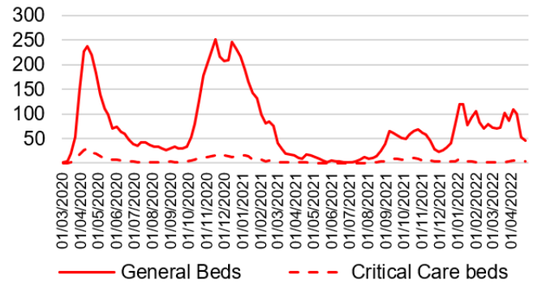


Chart 14: Number of hospital deaths with any mention of COVID19

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

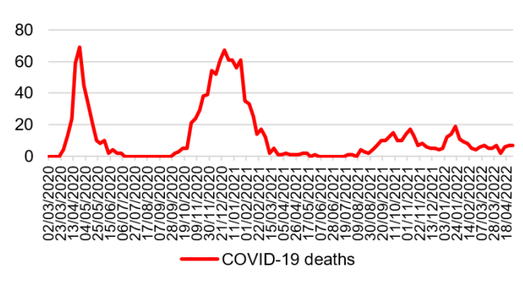
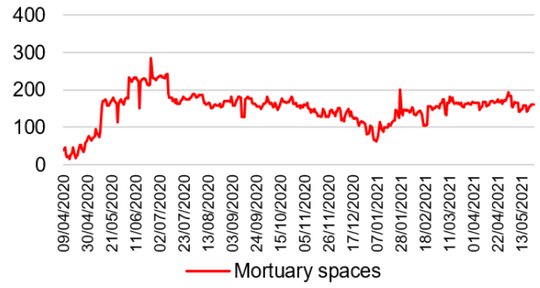
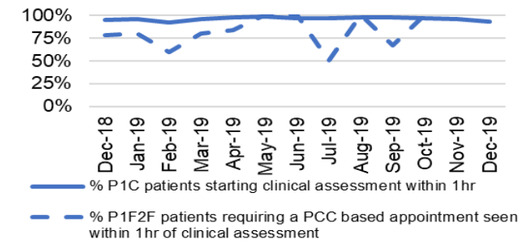


Chart 16: Number of mortuary spaces



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM
Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111



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

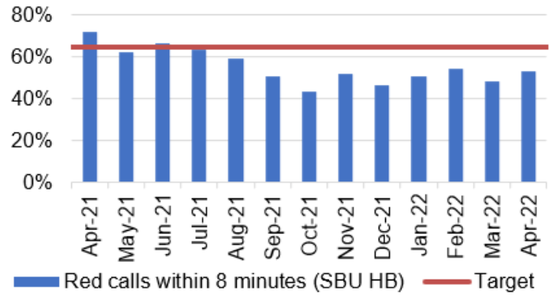


Chart 3: Number of ambulance handovers over 1 hour

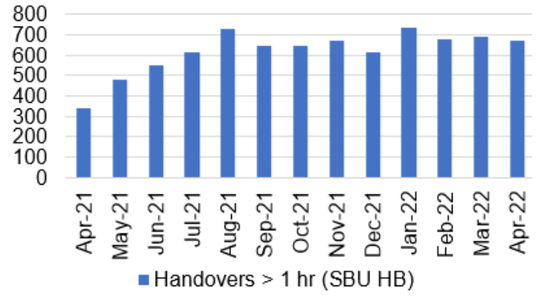


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

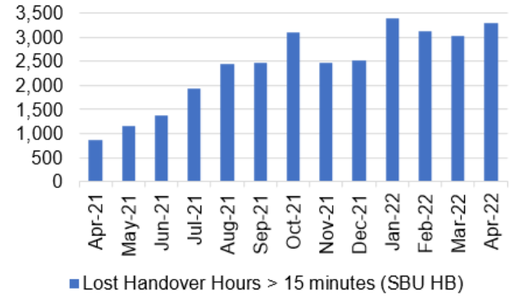


Chart 5: A&E Attendances

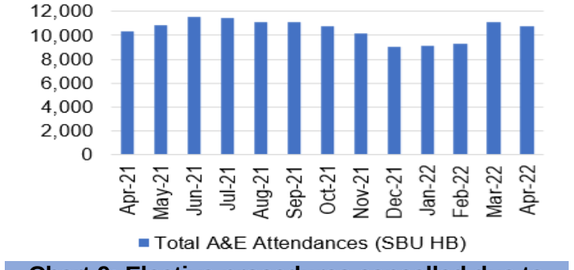


Chart 6: % patients who spend less than 4 hours in A&E

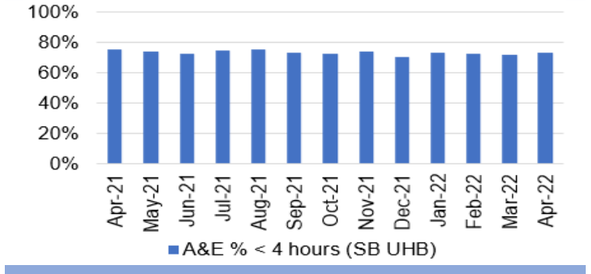


Chart 7: Number of patients waiting over 12 hours in A&E

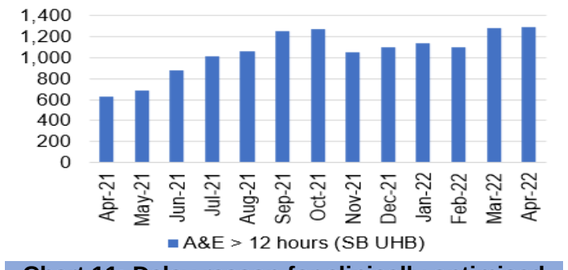


Chart 8: Number of emergency admissions

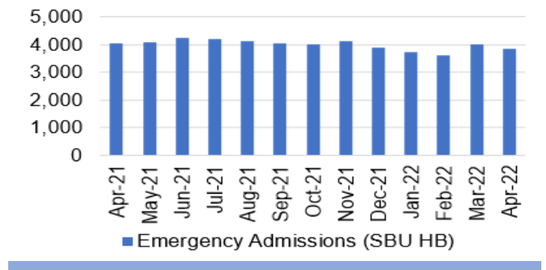


Chart 9: Elective procedures cancelled due to lack of beds

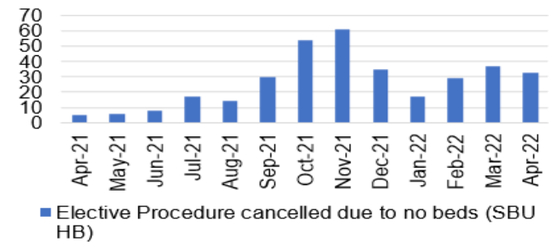


Chart 10: Number of clinically optimised patients

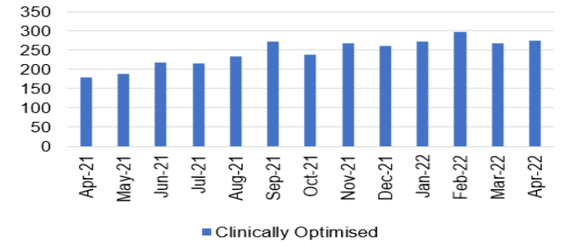


Chart 11: Delay reason for clinically optimised patients

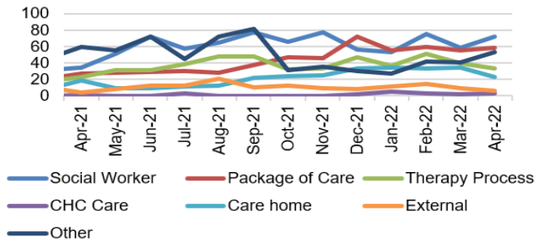


Chart 12: Average lost bed days (per day)

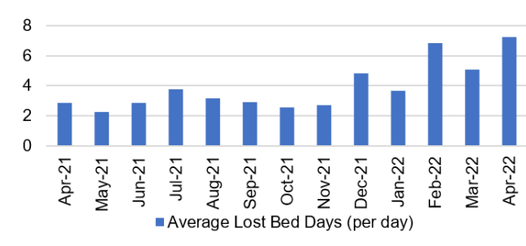


Chart 13; % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

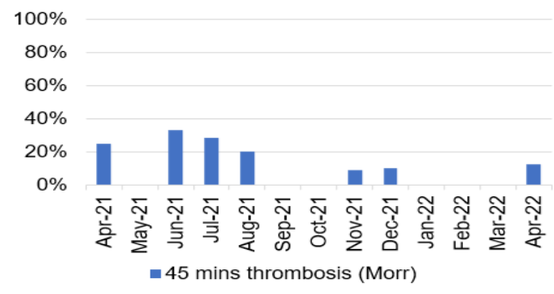


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

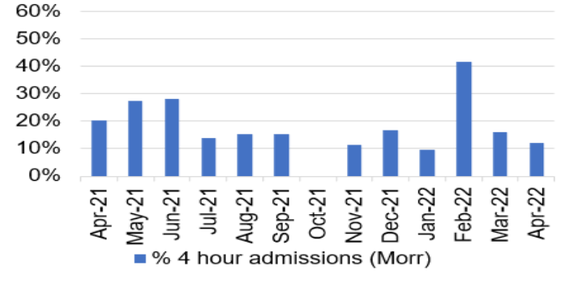


Chart 15: % of stroke patients receiving CT scan with 1 hour

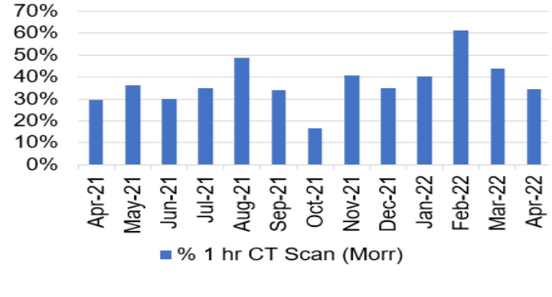
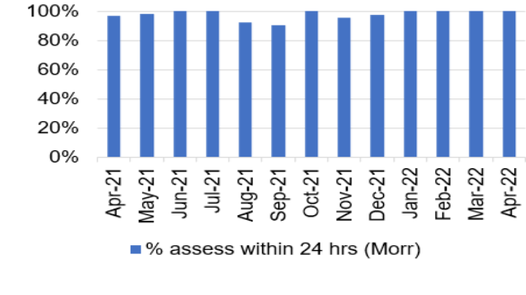


Chart 16: % stroke patients receiving consultant assessment within 24 hours



HARM FROM REDUCTION IN NON-COVID ACTIVITY
Primary and Community Care Overview

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

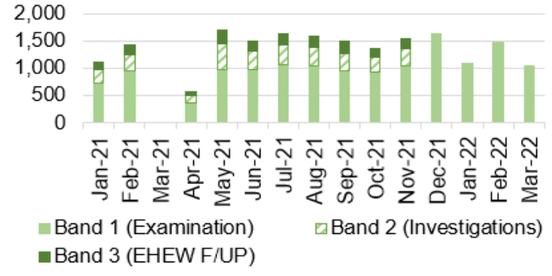


Chart 2: GMS - Escalation Levels

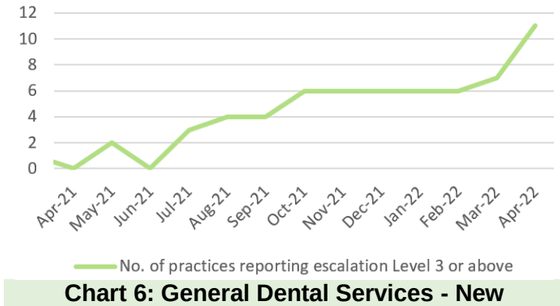


Chart 3: GMS - Sustainability

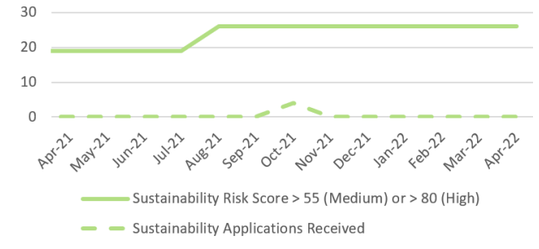


Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months

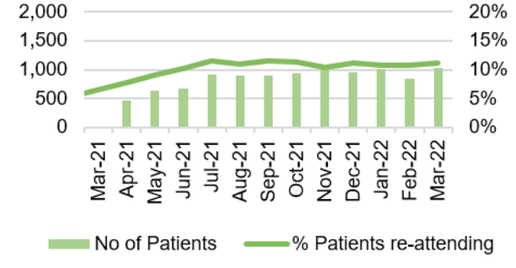


Chart 5: General Dental Services - Activity

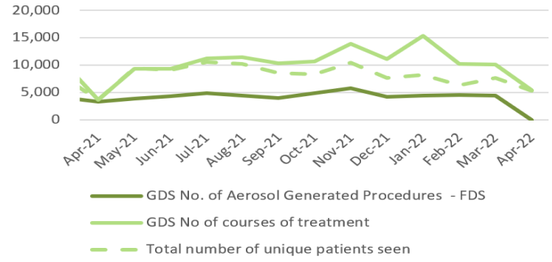


Chart 6: General Dental Services - New Patients

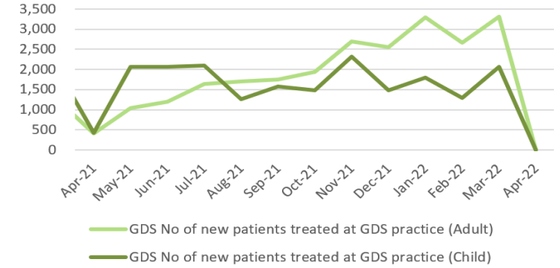


Chart 7: General Dental Services - ACORNS/FV

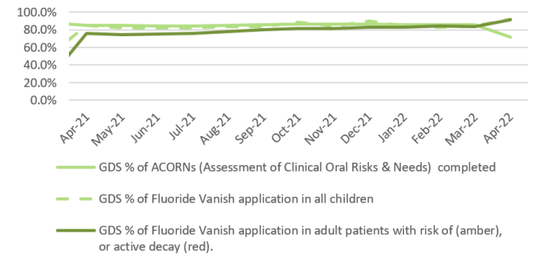


Chart 8: Optometry Activity – sight tests

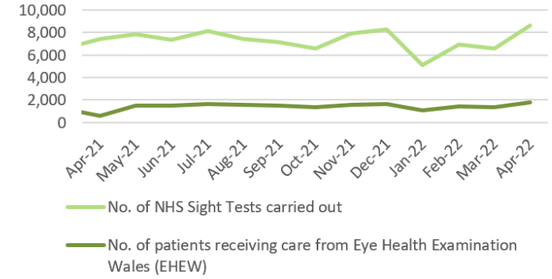


Chart 9: Optometry Activity – low vision care

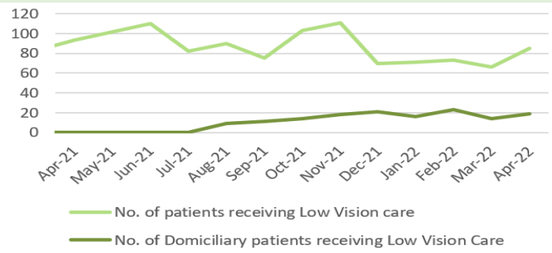


Chart 10: Community Pharmacy – Escalation levels

Chart 11: Community Pharmacy – Common Ailment Scheme

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

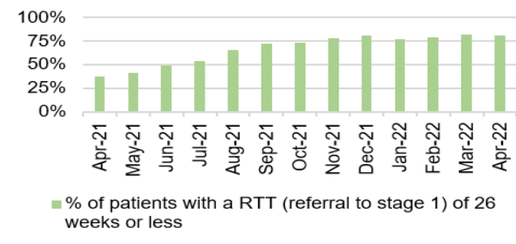


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

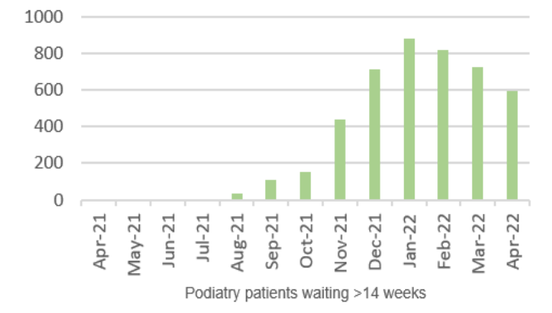


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

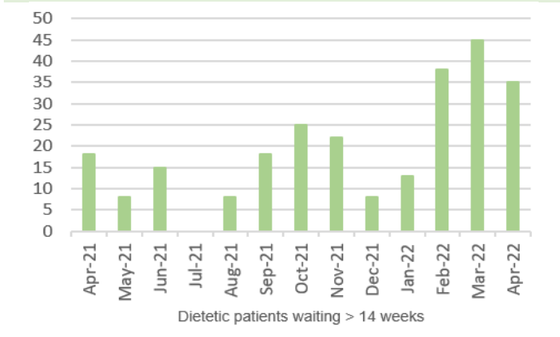


Chart 15: Audiology- Total number of patients waiting > 14 weeks

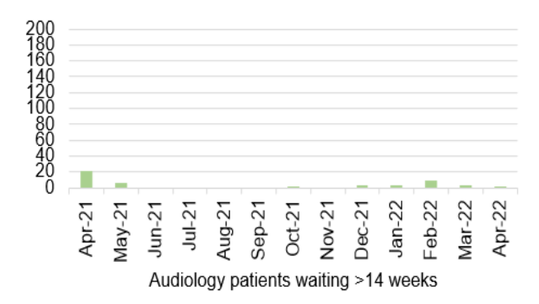
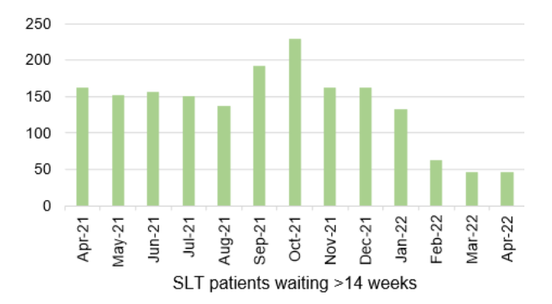


Chart 16: Speech & Language Therapy– Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity
Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

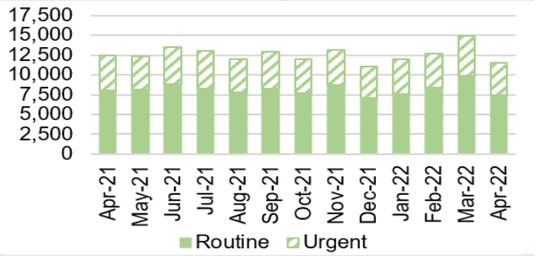


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

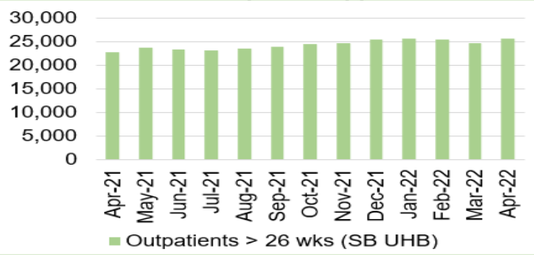


Chart 3: Number of patients waiting over 36 weeks for treatment

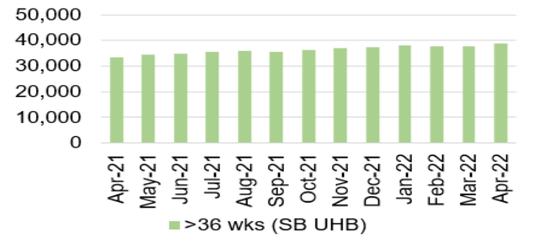


Chart 4: % patients waiting less than 26 weeks from referral to treatment

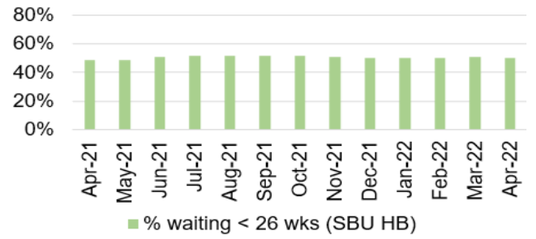


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

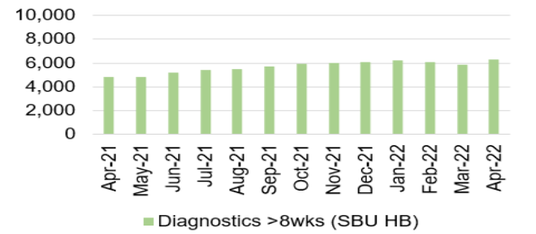


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

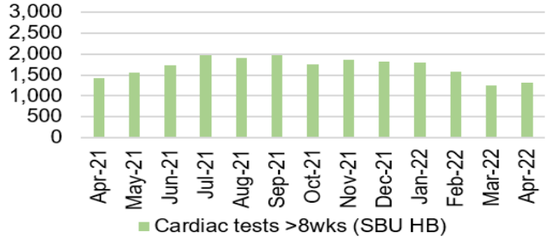


Chart 7: Number of patients waiting more than 14 weeks for Therapies

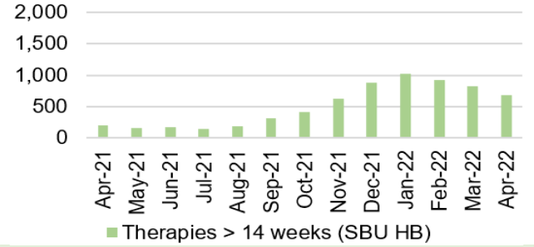


Chart 8: Cancer referrals

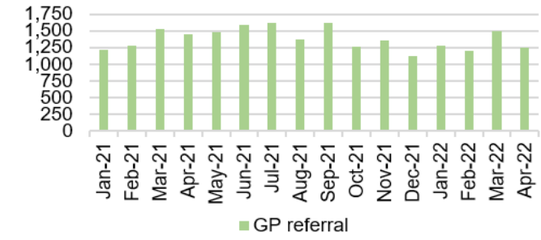


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

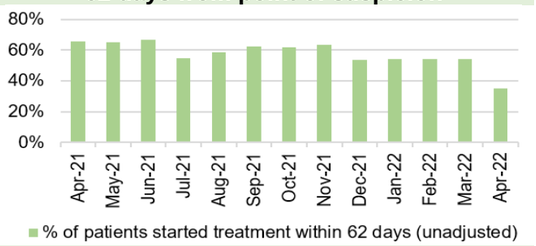


Chart 10: Number of new cancer patients starting definitive treatment

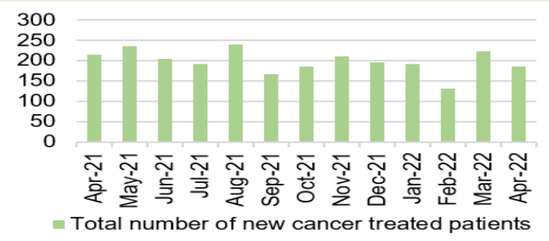


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

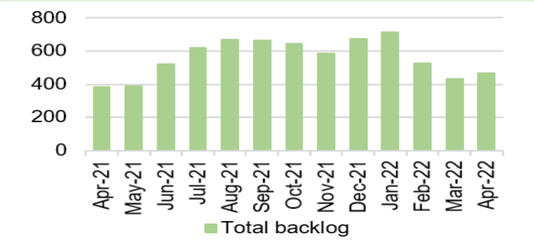


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

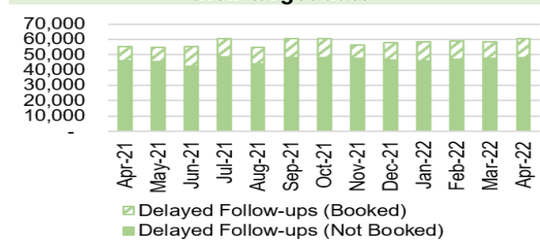


Chart 13: Number of patients without a documented clinical review date

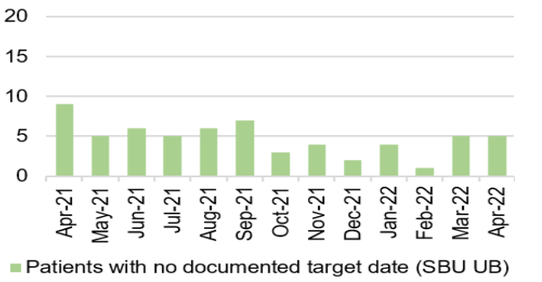


Chart 14: Ophthalmology patients without an allocated health risk factor

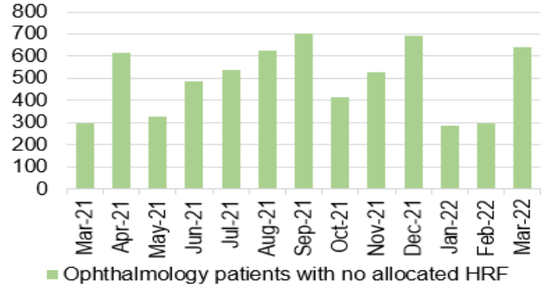


Chart 15: Total number of patients on the follow-up waiting list

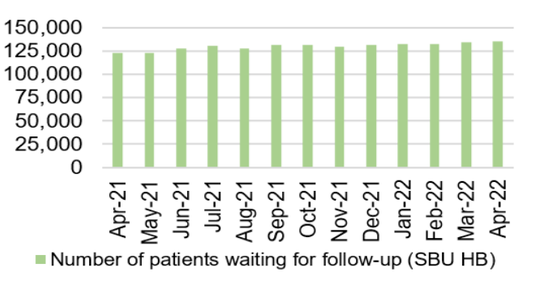
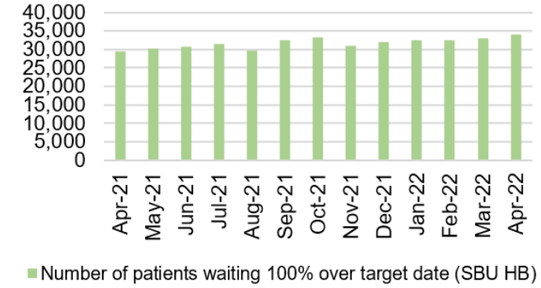


Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

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

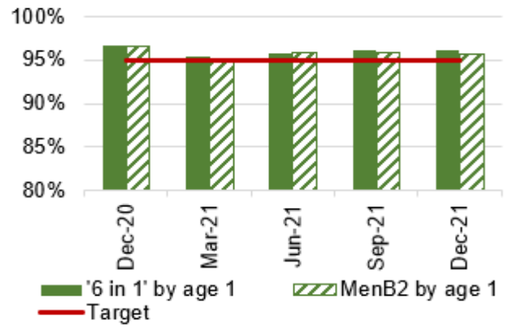


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

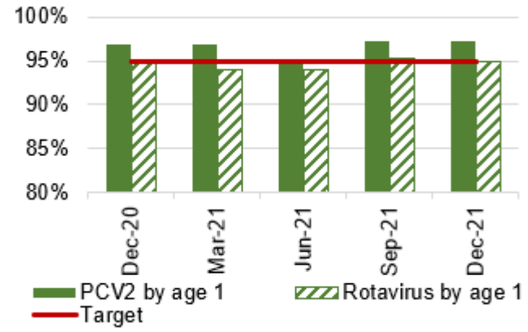


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

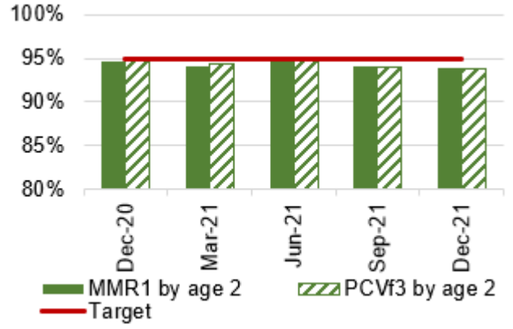


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

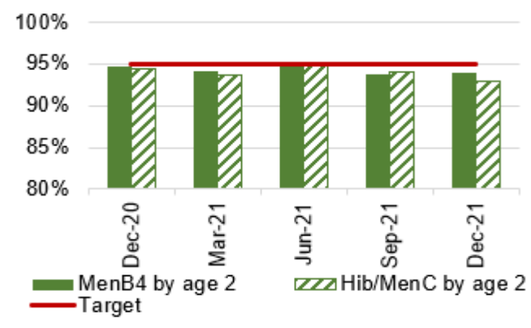


Chart 5: % children who are up to date in schedule by age 4

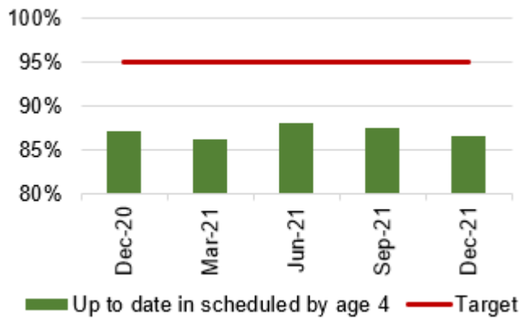


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

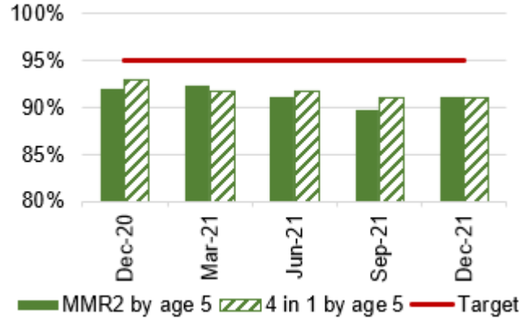


Chart 7: % children who received MMR vaccine and teenage booster by age 16

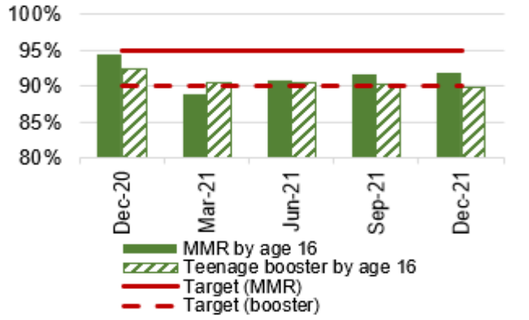


Chart 8: % children who received MenACWY vaccine by age 16

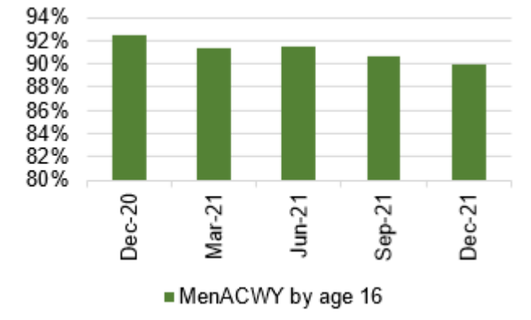
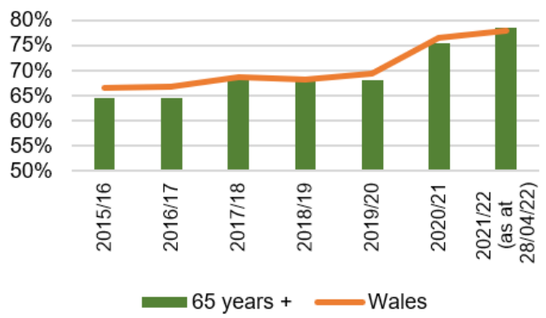


Chart 9: Influenza uptake for amongst 65 year olds and over

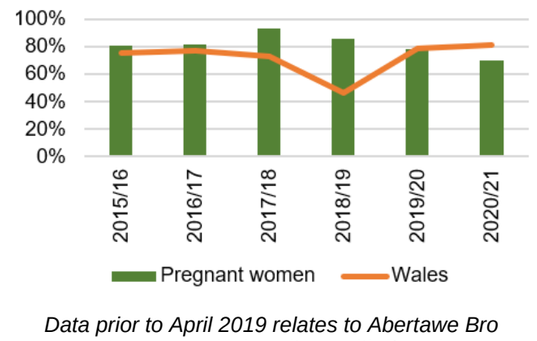


Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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

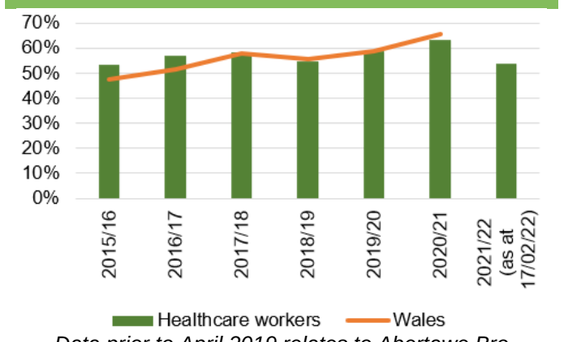
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

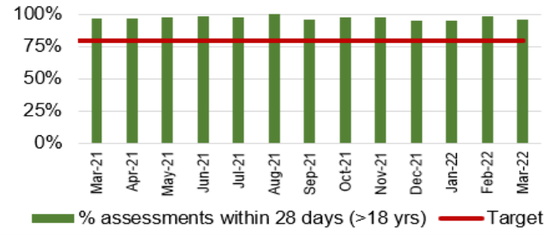


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

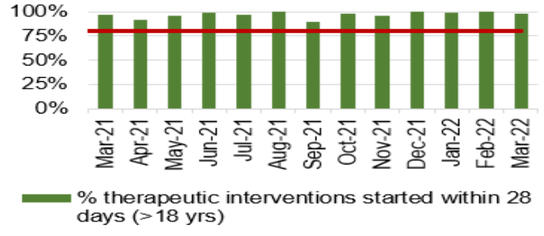


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

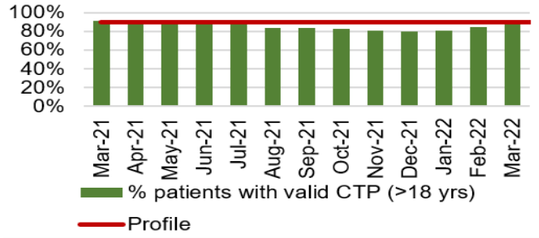


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

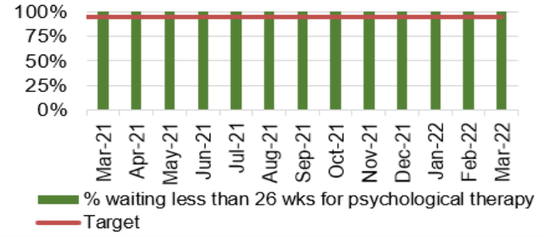


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

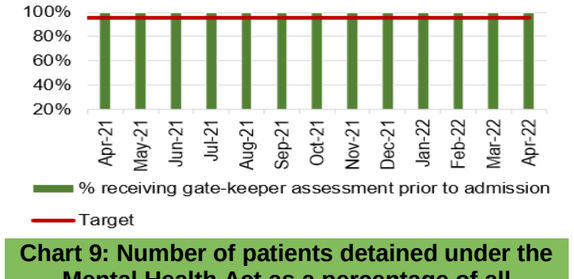


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

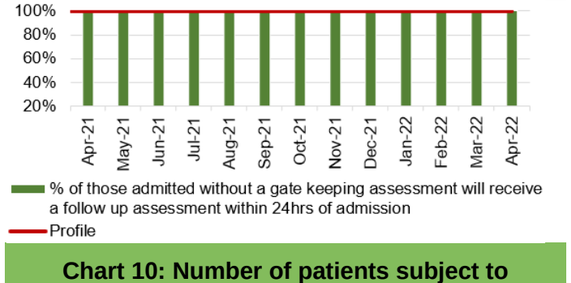


Chart 7: % of patients waiting under 14 weeks for Therapies

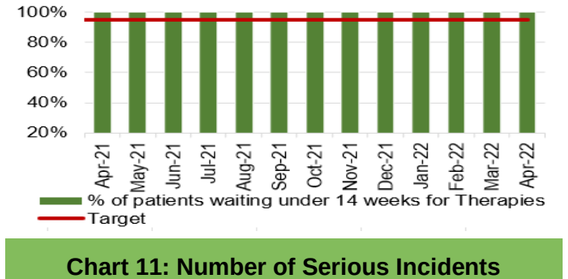


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

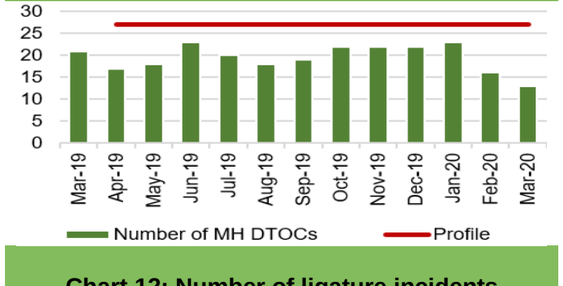


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

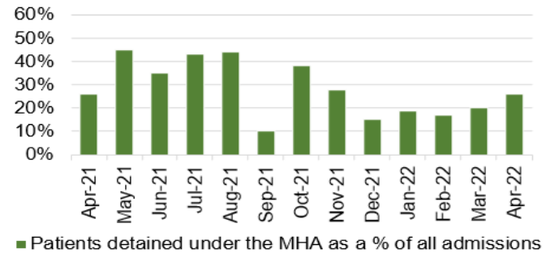


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

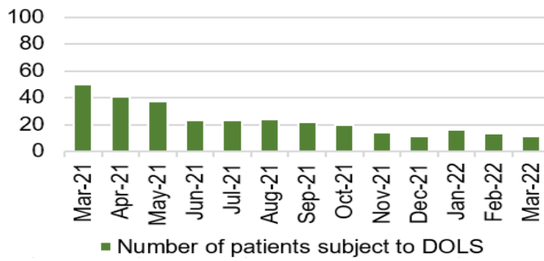


Chart 11: Number of Serious Incidents

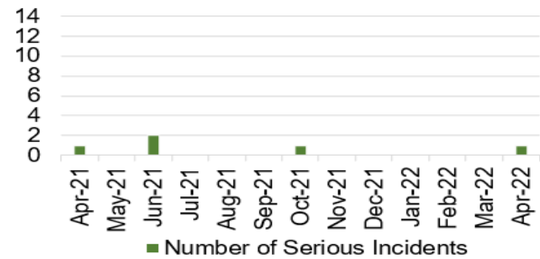
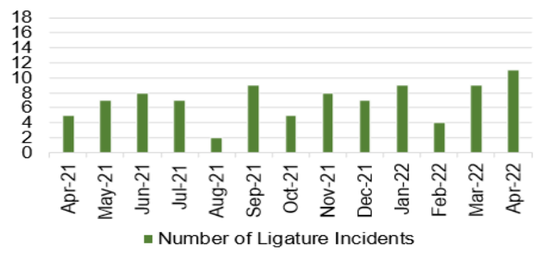


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

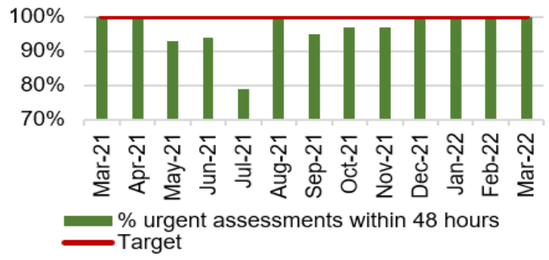


Chart 14:Neuro-developmental disorder assessment and intervention received within 26 weeks

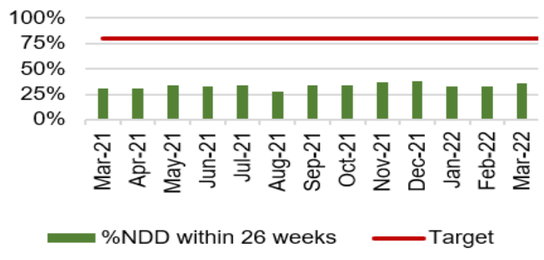


Chart 15: Assessment and intervention within 28 days

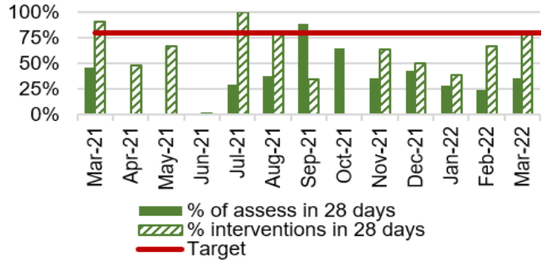
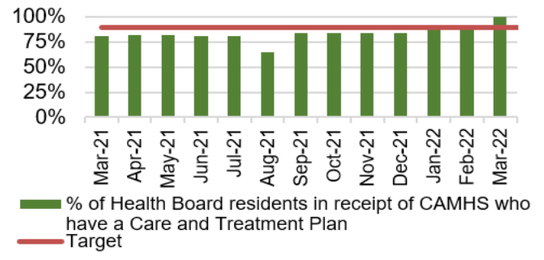


Chart 16: % of residents with a Care and Treatment Plan



APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
COVID19 related measures	Number of new COVID19 cases	Local	Apr-22	835		Reduce					406	189	708	1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749	835
	Number of staff referred for Antigen Testing	Local	Apr-22	17,158		Reduce					11,957	12,224	12,505	12,872	13,278	13,951	14,475	14,969	15,756	16,447	16,647	16,756	17,158
	Number of staff awaiting results of COVID19 test	Local	Apr-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Mar-22	57		Reduce					74	67	23	24	36	36	47	53	54	59	55	57	
	Number of COVID19 related serious incidents	Local	Apr-22	0		Reduce					0	0	0	0	0	0	1	3	1	0	1	0	0
	Number of COVID19 related complaints	Local	Apr-22	6		Reduce					38	13	16	4	6	3	4	14	20	4	4	10	6
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					2	2	1	1	1	0	0						
	Number of staff self isolated (asymptomatic)	Local	Apr-22	42		Reduce					84	71	70	71	115	227	120	65	126	87	43	87	42
	Number of staff self isolated (symptomatic)	Local	Apr-22	270		Reduce					87	71	50	67	114	204	180	120	393	309	204	326	270
	% sickness	Local	Apr-22	2.3%		Reduce					1.3%	1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%
Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Apr-22	53%	65%	65%	✖	51.1% (Mar-22)	4th (Mar-22)		72%	62%	67%	64%	59%	50%	44%	52%	46%	51%	54%	48%	53%
	Number of ambulance handovers over one hour	National	Apr-22	671	0			6,506 (Mar-22)	1st (Mar-22)		337	477	547	616	726	642	648	670	612	735	678	687	671
	Handover hours lost over 15 minutes	Local	Apr-22	3286							877	1,154	1,386	1,937	2,443	2,467	3,093	2,461	2,527	3,390	3,110	3,023	3,286
	% 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	Apr-22	73%	95%			66.6% (Feb-22)	3rd (Feb-22)		75%	73%	72%	75%	75%	73%	72%	73%	70%	73%	72%	71%	73%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Apr-22	1294	0			9,150 (Feb-22)	3rd (Feb-22)		631	684	880	1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Jan-22	52.9%	12 month ↑			76.0% (Jan-22)	6th (Jan-22)		71.1%	72.1%	78.3%	84.8%	86.7%	72.2%	77.8%	52.4%	68.8%	52.9%			
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Jan-22	89.0%	12 month ↑			66% (Jan-22)	2nd (Jan-22)		90.0%	91.0%	91.0%	91.0%	88.0%	87.0%	88.0%	89.0%	88.0%	89.0%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Apr-22	12%	54.0%			17.6% (Feb-22)	1st out of 6 organisations (Feb-22))		20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%
	CT Scan (<1 hrs) (local	Local	Apr-22	35%							29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Apr-22	100%							96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%
	Thrombolysis door to needle <= 45 mins	Local	Apr-22	13%							25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Apr-22	41%	12 month ↑						47.1%	39.7%	41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%
DTOCs	Number of mental health HB DToCs	National	Mar-20	13	12 month ↓	27	✔				DTOC reporting temporarily suspended												
	Number of non-mental health HB DToCs	National	Mar-20	60	12 month ↓	50	✖				DTOC reporting temporarily suspended												

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	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Mar-22	73.7	<67		✖	67.20 (Mar-22)	4th (Mar-22)		99.8	88.9	89.4	89.4	90.5	86.4	82.2	80.5	77.1	73.8	74.6	73.7	
	Number of E.Coli bacteraemia cases (Hospital)		Apr-22	*13*							*12*	*11*	*5*	*11*	*9*	*9*	*7*	*5*	*5*	*7*	*9*	*4*	*13*
	Number of E.Coli bacteraemia cases (Community)			*18*							*20*	*15*	*24*	*16*	*25*	*12*	*12*	*17*	*12*	*8*	*17*	*17*	*18*
	Total number of E.Coli bacteraemia cases			31							32	26	29	27	34	21	19	22	17	15	26	21	31
	Cumulative cases of S.aureus bacteraemias per 100k pop		Mar-22	35.6	<20		✖	26.41 (Mar-22)	6th (Mar-22)		40.5	44.5	37.0	36.0	35.5	38.3	40.6	37.2	36.0	36.3	35.8	35.6	
	Number of S.aureus bacteraemias cases (Hospital)		Apr-22	*6*							*4*	*5*	*5*	*7*	*8*	*13*	*11*	*1*	*5*	*2*	*7*	*7*	*6*
	Number of S.aureus bacteraemias cases			*7*							*9*	*10*	*2*	*4*	*4*	*4*	*7*	*3*	*4*	*11*	*3*	*4*	*7*
	Total number of S.aureus bacteraemias cases			13							13	15	7	11	12	17	18	4	9	13	10	11	13
	Cumulative cases of C.difficile per 100k pop		Mar-22	50.1	<25		✖	34.55 (Mar-22)	6th (Mar-22)		62.3	49.1	46.2	52.0	55.0	53.2	52.9	53.3	51.3	50.3	49.8	50.1	
	Number of C.difficile cases (Hospital)		Apr-22	*11*							*15*	*7*	*7*	*16*	*20*	*9*	*10*	*10*	*11*	*11*	*8*	*12*	*11*
	Number of C.difficile cases (Community)			2							*5*	*5*	*6*	*7*	*2*	*5*	*5*	*10*	*1*	*3*	*5*	*6*	*2*
	Total number of C.difficile cases			13							20	12	13	23	22	14	15	20	12	14	13	18	13
	Cumulative cases of Klebsiella per 100k pop		Mar-22	24.0							28.1	21.5	26.7	0.0	22.6	24.5	27.1	26.5	26.5	25.3	24.3	24.0	
	Number of Klebsiella cases (Hospital)		Apr-22	*4*							*4*	*3*	*5*	*2*	*4*	*8*	*8*	*2*	*6*	*5*	*3*	*4*	*4*
	Number of Klebsiella cases (Community)			*2*							*5*	*2*	*7*	*1*	*4*	*3*	*5*	*5*	*3*	*0*	*1*	*3*	*2*
	Total number of Klebsiella cases			6				54 Total (Mar-22)	Joint 2nd (Mar-22)		9	5	12	3	8	11	13	7	9	5	4	7	6
	Cumulative cases of Aeruginosa per 100k pop		Mar-22	6.1							9.4	6.1	6.2	0.0	5.5	5.6	4.8	5.4	6.1	5.8	6.2	6.1	
	Number of Aeruginosa cases (Hospital)		Apr-22	*1*							*2*	*0*	*1*	*0*	*1*	*2*	*0*	*3*	*3*	*1*	*2*	*0*	*1*
	Number of Aeruginosa cases (Community)			*1*							*1*	*1*	*1*	*1*	*1*	*0*	*0*	*0*	*1*	*0*	*1*	*2*	*1*
	Total number of Aeruginosa cases			2				12 Total (Mar-22)	Joint 2nd (Mar-22)		3	1	2	1	2	2	0	3	4	1	3	2	2
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Apr-22	96.4%		95%	✔				96%	98%	96%	95%	95%	96%	97%	92%	96%	95%	96%	93%	96%
Serious Incidents and risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Apr-22	25.0%	90%	80%	✖				0%	0%	0%	33%	0%	-	0%	0%	0%	25%	0%	33%	25%
	Number of new Never Events	National	Apr-22	0	0	0	✔				0	0	1	0	0	0	0	1	0	0	2	0	0
	Number of risks with a score greater than 20	Local		140		12 month ↓	✖				132	127	113	104	105	114	118	121	122	129	127	140	140
	Number of risks with a score greater than 16	Local		276		12 month ↓	✖				217	224	219	221	220	240	235	238	241	249	253	271	276
Pressure Ulcers	*Number of pressure ulcers acquired in hospital*	Local	Mar-22	49		*12 month ↓*	✖				*59*	*53*	*53*	*58*	*53*	*65*	*42*	*43*	*56*	*65*	*53*	*49*	
	Number of pressure ulcers developed in the community		Mar-22	56		*12 month ↓*	✖				*31*	*20*	*21*	*33*	*34*	*39*	*32*	*31*	*55*	*27*	*38*	*56*	
	Total number of pressure ulcers			105		12 month ↓	✖				90	73	74	91	87	104	74	74	111	92	91	105	
	Number of grade 3+ pressure ulcers acquired in hospital			5		*12 month ↓*	✖				*4*	*1*	*2*	*3*	*2*	*1*	*1*	*2*	*4*	*9*	*6*	*5*	
	Number of grade 3+ pressure ulcers acquired in community		Mar-22	11		*12 month ↓*	✖				*10*	*2*	*4*	*2*	*8*	*6*	*7*	*8*	*14*	*1*	*15*	*11*	
	Total number of grade 3+ pressure ulcers		Mar-22	16		12 month ↓	✖				14	3	6	5	10	7	8	10	18	10	21	16	
Inpatient Falls	Number of Inpatient Falls	Local	Apr-22	190		12 month ↓	✖				176	228	174	193	198	207	240	213	208	196	199	209	190

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	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✔				99.3%	98.0%	98.6%	97.6%	93.0%	98.0%	96.8%	98.5%	96.1%	96.1%	97.2%		
	Stage 2 mortality reviews required	Local	Feb-22	7							5	18	12	7	17	10	16	10	6	7	7		
	% stage 2 mortality reviews completed	Local	Nov-21	50.00%		100%	✖						25.0%	42.9%	50.0%	81.8%	75.0%	50.0%					
	Crude hospital mortality rate (74 years of age or less)	National	Mar-22	0.88%	12 month ↓			1.19% (Feb-22)	2nd (Feb-22)		1.04%	1.04%	1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Apr-22	96%		98%	✖				97.4%	98.9%	95.0%	89.7%	91.7%	91.6%	93.8%	92.2%	89.1%	93.4%	92.3%	96.9%	95.7%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Mar-22	81%	95%	95%	✖				96%	96%	89%	90%	94%	90%	92%	76%	84%	86%	95%	81%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Apr-22	60%		100%	✖				63%	67%	69%	62%	62%	68%	61%	63%	62%	61%	65%	63%	60%
Workforce	Agency spend as a % of the total pay bill	National	Dec-21	5.70%	12 month ↓			6.2% (Dec-21)	5th out of 10 organisations (Dec-21)		4.4%	3.3%	4.4%	5.1%	3.9%	5.1%	5.5%	5.9%	5.7%				
	Overall staff engagement score – scale score method	National	2020	75%	Improvement			75% (2020)	6th out of 10 organisations (2020)														
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Apr-22	56%	85%	85%	✖	59.7% (Dec-21)	8th out of 10 organisations (Dec-21)		57%	60%	65%	60%	60%	58%	56%	55%	57%	56%	56%	56%	56%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Apr-22	80%	85%	85%	✖	80.1% (Dec-21)	7th out of 10 organisations (Dec-21)		80%	80%	81%	81%	81%	80%	80%	80%	80%	80%	80%	80%	80%
	% workforce sickness absence (12 month rolling)	National	Mar-22	7.82%	12 month ↓			6.48% (Dec-21)	9th out of 10 organisations (Dec-21)		7.12%	6.93%	6.91%	6.99%	7.11%	7.29%	7.44%	7.44%	7.33%	7.43%	7.58%	7.82%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2020	67.1%	Improvement			67.8% (2020)	7th out of 10 organisations (2020)														

Harm from reduction in non-Covid activity																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Mar-22	11.1%	4 quarter ↓			38.2% (Q2 21/22)	3rd (Q2 21/22)		7.8%	9.0%	10.2%	11.4%	11.0%	11.5%	11.4%	10.5%	11.1%	10.8%	10.7%	11.1%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Apr-22 (Draft)	35.0%	12 month ↑			59.5% (Feb-22)	4th out of 6 organisations (Feb-22)		65.7%	65.4%	66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	35.0%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Apr-22	63%	80%		✖				37%	40%	31%	60%	57%	58%	37%	30%	37%	48%	51%	70%	63%
	Scheduled (28 Day Target)	Local	Apr-22	94%	100%		✖				77%	87%	70%	84%	91%	89%	84%	61%	78%	82%	91%	95%	94%
	Urgent SC (7 Day Target)	Local	Apr-22	62%	80%		✖				38%	50%	45%	46%	55%	22%	30%	60%	37%	57%	60%	57%	62%
	Urgent SC (14 Day Target)	Local	Apr-22	96%	100%		✔				83%	86%	87%	77%	95%	76%	90%	100%	87%	97%	100%	100%	96%
	Emergency (within 1 day)	Local	Apr-22	100%	80%		✔				91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%	100%
	Emergency (within 2 days)	Local	Apr-22	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	Apr-22	93%	80%		✔				82%	81%	91%	90%	94%	81%	89%	79%	92%	90%	94%	90%	93%
	Elective Delay (28 Day Target)	Local	Apr-22	96%	100%		✖				92%	84%	95%	97%	97%	97%	94%	86%	100%	94%	100%	100%	96%

Harm from reduction in non-Covid activity																								
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Apr-22	6,308	0			43,781 (Feb-22)	4th (Feb-22)		4,804	4,842	5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308
	Number of patients waiting > 14 weeks for a specified therapy	National	Apr-22	679	0			13,323 (Feb-22)	4th (Feb-22)		201	166	171	151	186	320	414	629	885	1,028	926	820	679
	% of patients waiting < 26 weeks for treatment	National	Apr-22	50%	95%			53.4% (Feb-22)	6th (Feb-22)		49.1%	49.1%	50.7%	51.5%	51.9%	52.0%	51.6%	51.3%	50.5%	50.4%	50.1%	50.7%	50.4%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Apr-22	25,601	0						22,752	23,700	23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728	25,601
	Number of patients waiting > 36 weeks for treatment	National	Apr-22	38,799	0			251,647 (Feb-22)	4th (Feb-22)		33,395	34,447	35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799
	The number of patients waiting for a follow-up outpatient appointment	National	Apr-22	135,471	HB target TBC			786,563 (Feb-22)	5th (Feb-22)		122,303	123,088	127,444	130,208	127,391	130,963	131,554	129,255	131,403	131,848	132,036	133,772	135,471
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Apr-22	34,003				196,883 (Feb-22)	5th (Feb-22)		29,334	30,062	30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Mar-22	50%	95%			59.9% (Feb-22)	3rd (Feb-22)		47.2%	46.7%	46.7%	46.3%	46.1%	47.9%	48.6%	49.2%	48.7%	48.3%	49.3%	50.2%	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Apr-22	6.8%	12 month ↓						5.3%	5.7%	6.5%	6.5%	6.4%	7.2%	7.7%	7.0%	6.3%	6.3%	6.0%	6.7%	6.8%
	% of patients who did not attend a follow-up outpatient appointment	Local	Apr-22	7.0%	12 month ↓						6.1%	6.9%	5.5%	7.5%	7.5%	7.6%	7.8%	7.0%	6.4%	6.6%	6.4%	6.5%	7.0%
Theatre Efficiencies	Theatre Utilisation rates	Local	Apr-22	71.0%		90%	✗				80%	78%	77%	72%	69%	72%	66%	67%	62%	74%	71%	72%	71%
	% of theatre sessions starting late	Local	Apr-22	39.0%		<25%	✗				38%	43%	43%	44%	44%	42%	46%	43%	40%	43%	43%	39%	39%
	% of theatre sessions finishing early	Local	Apr-22	47.0%		<20%	✗				41%	45%	43%	48%	46%	46%	50%	48%	48%	48%	43%	45%	47%
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%	✗	98.7% (Q2 21/22)	3rd out of 6 organisations (Q2 21/22)				99.0%			99.1%							
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q2 21/22	277.6	4 quarter ↓			254.7 (Q2 21/22)	6th (Q2 21/22)				249.7			277.6							
	Patients aged 65 years or over prescribed an antipsychotic	National	Q2 21/22	1,476	Quarter on quarter ↓			10,232 (Q2 21/22)	5th (Q2 21/22)				1,641			1,476							
	Opioid average daily quantities per 1,000 patients	National	Q2 21/22	4,412	4 quarter ↓			4500.4 (Q2 21/22)	3rd (Q2 21/22)				4,378.2			4,412							
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q2 21/22	80.8%	Quarter on quarter ↑			91.9% (Q2 21/22)	5th (Q2 21/22)				79.9%			80.8%							
Patient experience	Number of friends and family surveys completed	Local	Apr-22	3,133		12 month ↑	✓					4,590	3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133
	% of who would recommend and highly recommend	Local	Apr-22	89%		90%	✗					96%	97%	92%	92%	92%	92%	94%	93%	92%	90%	90%	89%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Apr-22	89%		90%	✗					92%	96%	95%	92%	96%	93%	93%	96%	93%	91%	91%	89%
Complaints	Number of new formal complaints received	Local	Feb-22	139		12 month ↓ trend	✗				100	115	159	139	115	115	134	159	115	124	139		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Feb-22	64%	75%	80%	✗	67.2% (Q4 20/21)	3rd (Q4 20/21)		78%	78%	68%	69%	83%	75%	67%	69%	68%	63%	64%		
	% of acknowledgements sent within 2 working days	Local	Feb-22	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

Harm from wider societal actions/lockdown																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2020/21	35.6%	Annual ↑			36.8% (2020/21)	5th (2020/21)														
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q3 21/22	96.1%	95%			95.9% (Q3 21/22)	3rd (Q3 21/22)				95.7%			96.2%			96.1%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q3 21/22	91.2%	95%			90.0% (Q3 21/22)	3rd (Q3 21/22)				91.1%			89.8%			91.2%				
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q3 21/22	313.3	4 quarter ↓			378.6 (Q3 21/22)	1st (Q3 21/22)				370.7			362.2			313.3				
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q3 21/22	63.6%	4 quarter ↑			69.0% (Q3 21/22)	5th (Q3 21/22)				31.8%			73.7%			63.6%				
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-22	78.5%	75%			78.0% (Mar-22)	3rd (Mar-22)								58.7%	74.8%	76.9%	78.2%	78.5%	78.5%	
	% uptake of influenza among under 65s in risk groups	National	Mar-22	48.8%	55%			48.2% (Mar-22)	4th (Mar-22)								26.0%	40.8%	44.9%	47.3%	48.6%	48.8%	
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)														
	% uptake of influenza among children 2 to 3 years old	Local	Mar-22	44.6%	50%			47.6% (Mar-22)	5th (Mar-22)								22.0%	37.7%	41.5%	43.2%	44.8%	44.6%	
	% uptake of influenza among healthcare workers	National	Mar-22	53.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)								48.6%	50.8%	52.7%	52.7%	53.6%	53.6%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Mar-22	100%		100%	✔				100%	93%	94%	79%	100%	95%	97%	97%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Mar-22	35%	80%	80%	✖	36.8 (Feb-22)	5th (Feb-22)		30%	33%	32%	34%	27%	34%	34%	37%	37%	33%	33%	35%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Mar-22	29%	80%	80%	✖	40.2% (Feb-22)	4th (Feb-22)		60%	61%	58%	41%	48%	40%	40%	34%	22%	28%	27%	29%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Mar-22	36%		80%	✖	51.9% (Feb-22)	5th (Feb-22)		0%	0%	0%	29%	37%	89%	65%	36%	43%	28%	24%	36%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Mar-22	78%		80%	✖	53.9% (Feb-22)	2nd (Feb-22)		49%	67%	1%	100%	82%	35%	0%	64%	50%	39%	67%	78%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Mar-22	30%		80%	✖				48%	53%	44%	29%	32%	41%	3%	3%	2%	27%	26%	30%	
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Mar-22	100%		90%	✔	82.0% (Feb-22)	4th (Feb-22)		82%	83%	81%	81%	65%	84%	84%	84%	84%	89%	88%	100%	
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	Mar-22	96%	80%	80%	✔	75.2% (Feb-22)	2nd (Feb-22)		97%	98%	99%	98%	100%	96%	98%	98%	95%	95%	99%	96%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Mar-22	98%	80%	80%	✔	67.4% (Feb-22)	1st (Feb-22)		92%	96%	99%	97%	100%	90%	98%	96%	100%	99%	100%	98%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Mar-22	100%	95%	95%	✔	72.8% (Feb-22)	1st (Feb-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Mar-22	89%	90%	90%	✖	80.8% (Feb-22)	3rd (Feb-22)		91%	92%	88%	88%	84%	84%	83%	81%	80%	81%	85%	89%	
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)														
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)														

Data collection restarts October 2021

Data not available

Data collection restarts October 2022