



Meeting Date	26th July 2022	Agenda Item	2.1
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	<p>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 (June 2022) in delivering key local performance measures as well as the national measures outlined in the NHS Wales Delivery Framework.</p>		
Key Issues	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>An updated version of the National Delivery Framework 2022/23 (now renamed as the Performance Delivery Framework) has been published this month and a full paper outlining key updated will be included in the Integrated Performance Report in August 2022. The current Delivery Framework (2021/22) measures are reported in the Integrated Performance Report.</p> <p>The report format has been altered to align with key areas of focus within the Performance and Finance Committee and are structured as follows: -</p> <ol style="list-style-type: none"> 1. Quadrants of Harm single page – overview visual of Health Board (HB) performance 2. Areas under escalation 3. PFC Priorities <ul style="list-style-type: none"> · 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 		

A revised version of the Single Cancer Pathway was published in June 2022 (attached). The revised version includes two key updates;

- 1) The inclusion of updated 'stop clock' enabling treatments which do not stop the clock with regards to patients on the Single Cancer Pathway
- 2) New clinical guidance on responsibilities for monitoring delays and reporting harm.

The outlined revisions have been widely distributed amongst Cancer teams and have been actioned accordingly.

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

COVID19

- The number of new cases of COVID19 has reduced in June 2022, with 372 new cases being reported in-month.
- The occupancy rate of confirmed COVID patients in critical care beds remains at a low rate with four Covid positive patients as of 15/07/2022. General bed occupancy for Covid positive patients has seen a noticeable increase to 100 patients as of 15/07/2022.

Unscheduled Care

- ED attendances have reduced in June 2022 to 10,649 from 11,250 in May 2022.
- The Health Board's performance against the 4-hour measure deteriorated from 73.81% in May 2022 to 71.65% in June 2022.
- The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased from 1,195 in May 2022 to 1,388 in June 2022.
- The number of emergency admissions have decreased in June 2022 to 4,009 from 4,117 in May 2022.

Planned Care

- June 2022 saw a 1% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment.
- Additionally, the number of patients waiting over 36 weeks increased by 0.9% to 39,760.
- Referral figures for June 2022 saw a reduction from 14,076 in May 2022 to 13,050 in June 2022.
- Therapy waiting times have improved slightly, there are 609 patients waiting over 14 weeks in June 2022 compared with 614 May 2022.
- The number of patients waiting over 8 weeks for an Endoscopy has slightly reduced in June 2022 to 4,449 from 4,564 in May 2022.

	<p><u>Cancer</u></p> <ul style="list-style-type: none"> - May 2022 saw 47% 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 decreased in June 2022 to 379 from 437 in May 2022. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in May 2022. - Psychological therapies within 26 weeks continue to be maintained at 100%. <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% April 2022. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remained at 36% in May 2022 against a target of 80%. 			
Specific Action Required	Information	Discussion	Assurance	Approval
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • 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 recent publication of the new Performance Delivery Framework 2022/23 (previously known as the NHS Delivery Framework) • NOTE the inclusion of the submitted and revised recovery trajectories as part of the Welsh Government MDS • NOTE the publication of the revised Single Cancer Pathway measures (attached) • NOTE the actions being taken to improve performance: - <ul style="list-style-type: none"> ○ Detailed demand and capacity work at divisional level is currently being finalised in order to inform the re-submission of the updated Ministerial Priority Measure Trajectories at the end of July 2022 ○ An external validation team has started in the Health Board and have begun administrative validation of the Follow-Up waiting list ○ All Outpatient clinic templates are currently under review as a result of social distancing Covid measures being removed specifically in healthcare recently – this will allow for some additional capacity. 			

	<ul style="list-style-type: none">○ Updated Cancer Backlog trajectories have been developed and are currently being approved○ 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.
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INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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 recent publication of the new Performance Delivery Framework 2022/23 (previously known as the NHS Delivery Framework)
- **NOTE** the inclusion of the submitted and revised recovery trajectories as part of the Welsh Government MDS
- **NOTE** the publication of the revised Single Cancer Pathway measures (attached)
- **NOTE** the actions being taken to improve performance: -
 - Detailed demand and capacity work at divisional level is currently being finalised in order to inform the re-submission of the updated Ministerial Priority Measure Trajectories at the end of July 2022
 - An external validation team have started in the Health Board and have begun administrative validation of the Follow-Up waiting list
 - All Outpatient clinic templates are currently under review as a result of social distancing Covid measures being removed specifically in healthcare recently – this will allow for some additional capacity.

- Updated Cancer Backlog trajectories have been developed and are currently being approved
- 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

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		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		
Financial Implications		
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein.		
Legal Implications (including equality and diversity assessment)		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		

Staffing Implications	
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The '5 Ways of Working' are demonstrated in the report as follows:	
<ul style="list-style-type: none"> • Long term – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. • Prevention – the NHS Wales Delivery framework provides a 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 June 2022. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Appendix 1- Integrated Performance Report July 2022



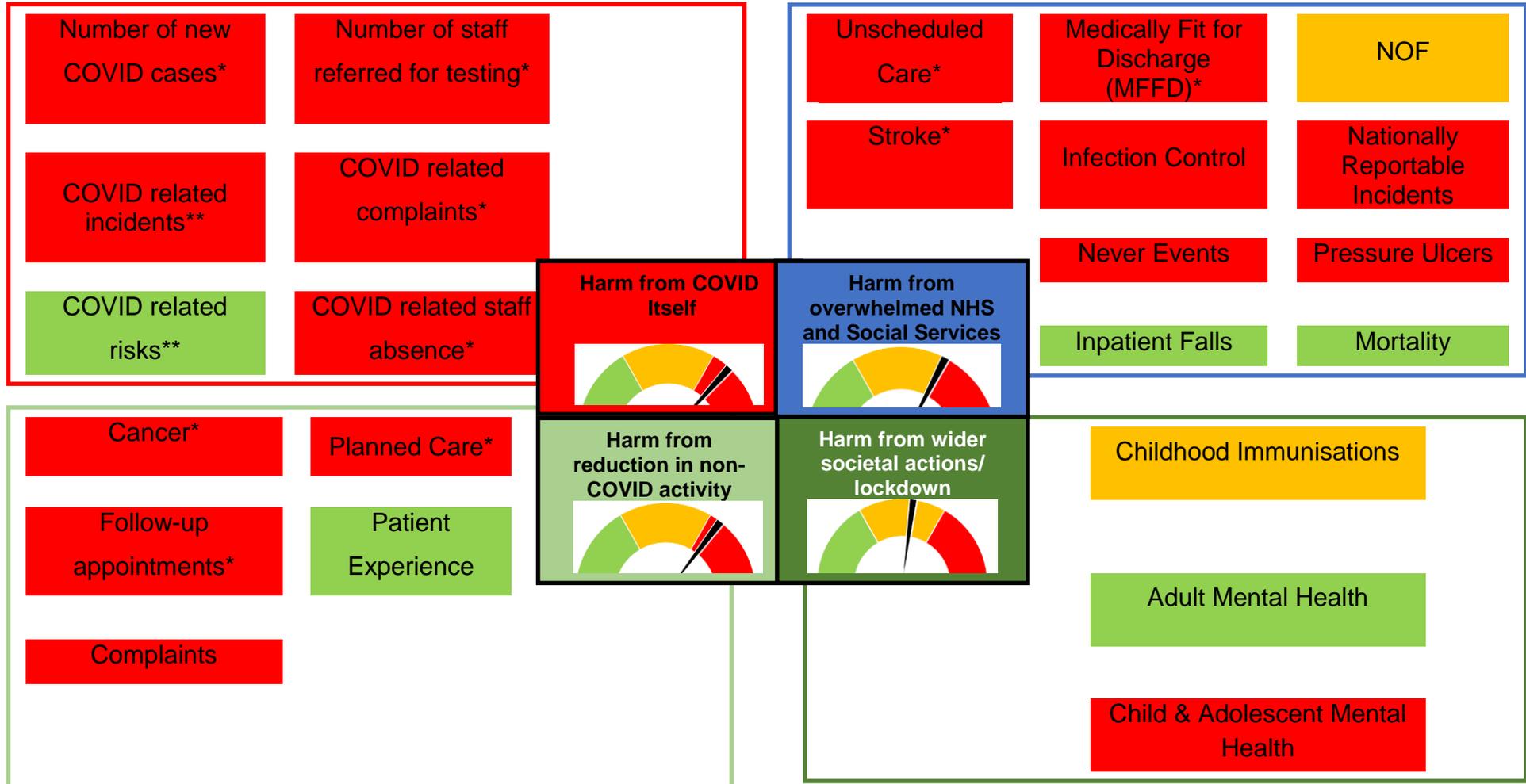
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1. QUADRANTS OF HARM SUMMARY

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



1. Performance against the 4-hour access target has decreased below the trajectory for June 2022. ED 4-hour performance has declined by 2.16% in June 2022 to 71.65% from 73.81% in May 2022.

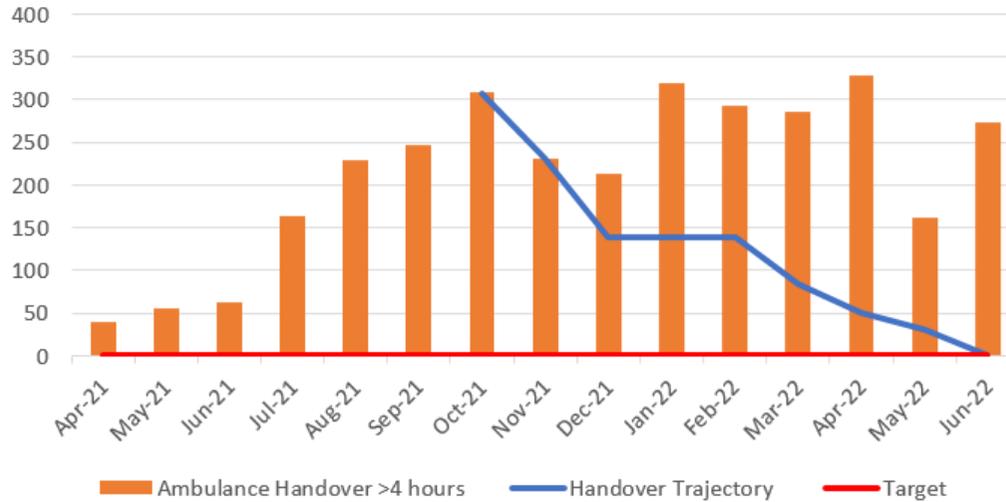
2. Submitted recovery trajectory for A&E 12-hour performance



2. Performance against the 12-hour waits trajectory is significantly below expectations, with the actual figures tracking above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,388 in June 2022 from 1,195 in May 2022.

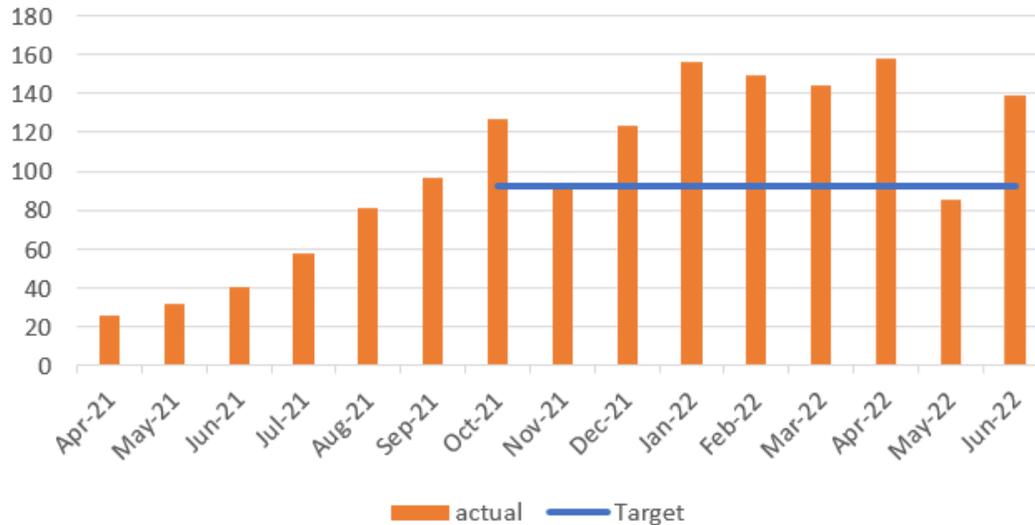
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has seen a significant deterioration in June 2022 with the handover times over four hours increasing to 273 in June 2022 from 162 in May 2022. The figures still remain above the outlined trajectory for June 2022 which was 0.

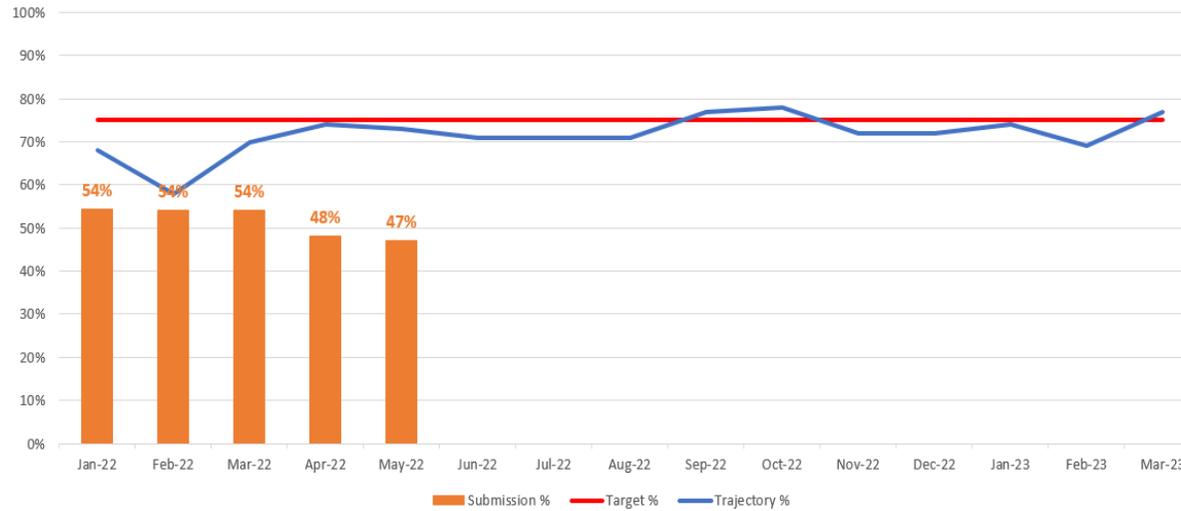
4. Average Ambulance Handover Rate



4. The average ambulance handover rate has been steadily declining in recent months, June 2022 saw a further deterioration bringing the average handover rate up from 85 in May to 139 in June 2022, which is above the outlined trajectory for June 2022 (92).

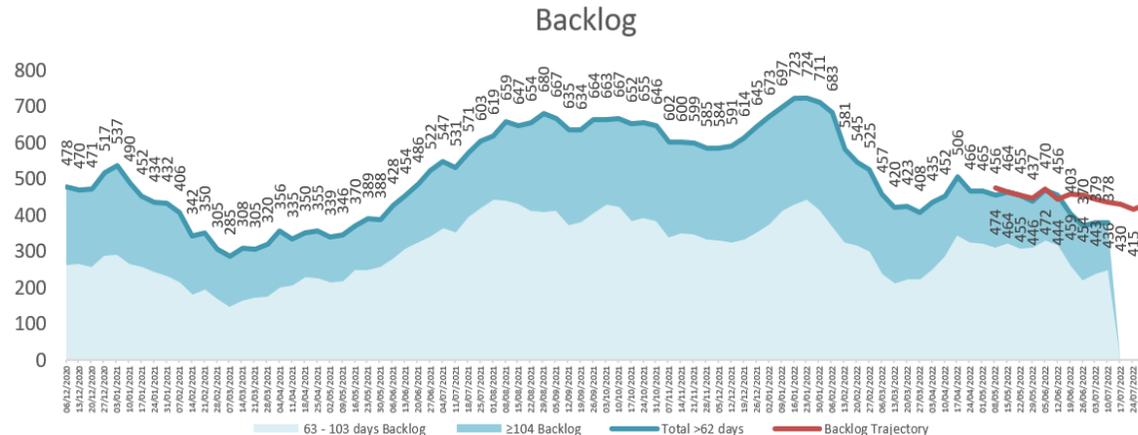
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



1. The final SCP performance for May 2022 was 47%, which is significantly below the submitted trajectory. June 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. Backlog figures have continued to reduce in recent weeks and have remained consistently below the outlined trajectory. The total backlog at 10/07/2022 was 378.

3. UPDATES ON KEY SERVICE AREAS

COVID Data		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>Number of new COVID cases In June 2022, there were an additional 372 positive cases recorded bringing the cumulative total to 117,405 in Swansea Bay since March 2020.</p> <p>Points to note; In order to support the number of rising cases, SBUHB have reintroduced the need to wear face masks on all sites and have restricted visitation on all sites</p>	<p>Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
<p>2. Number of staff referred for Antigen testing</p>	<p>Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and June 2022 is 17,579 of which 18% have been positive (Cumulative total).</p>	<p>Outcome of staff referred for Antigen testing</p> <p>■ Positive ▨ Negative ▤ In Progress □ Unknown/blank</p>

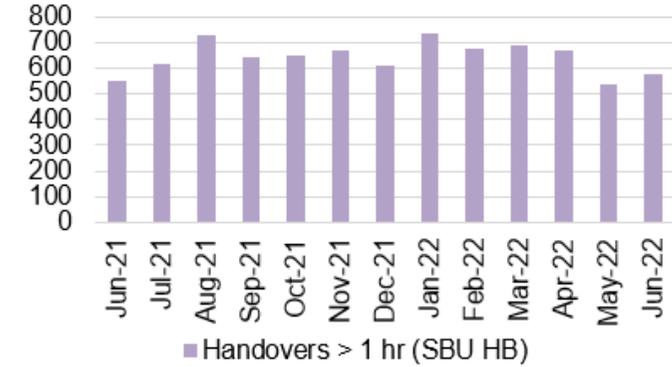
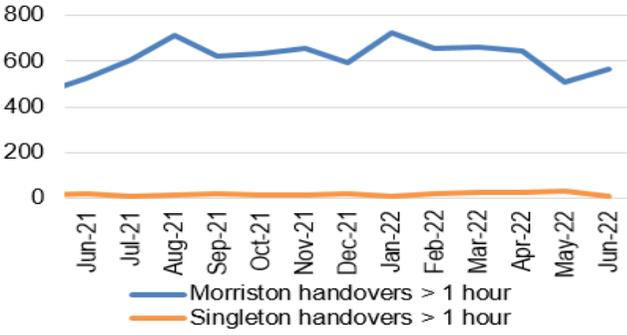
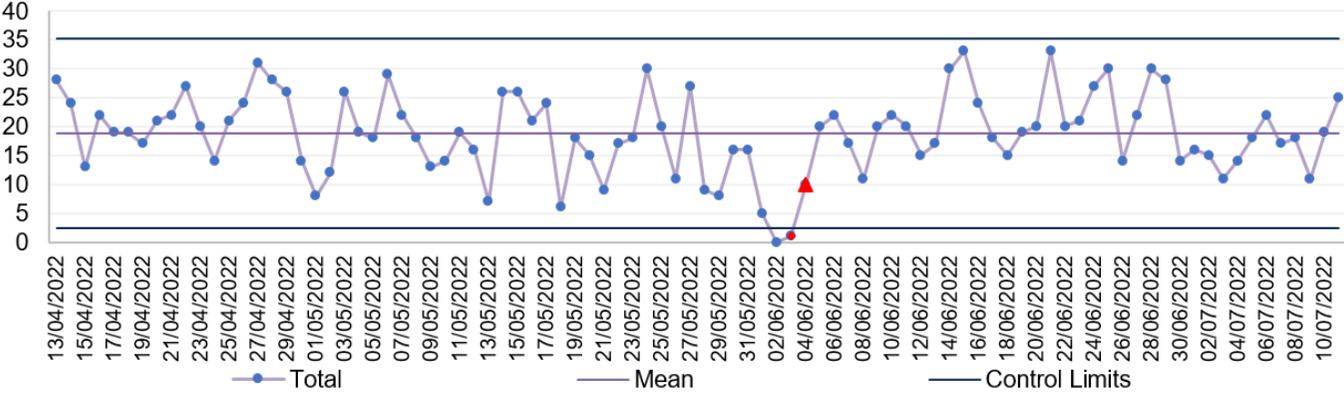
COVID RELATED STAFF ABSENCE

Description	Current Performance	Trend																																																																																				
<p>Staff absence due to COVID19</p> <p>1. Number of staff self-isolating (asymptomatic)</p> <p>2. Number of staff self-isolating (symptomatic)</p>	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.</p> <p>1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between May 2022 and June 2022, the number of staff self-isolating (asymptomatic) reduced from 29 to 28 and the number of staff self-isolating (symptomatic) increased from 125 to 287. In June 2022, the Registered Nursing staff group had the largest number of self-isolating staff who are asymptomatic and the “other” staff group were the largest group of symptomatic staff who were isolating.</p>	<p>1. Number of staff self isolating (asymptomatic)</p> <p>2. Number of staff self isolating (symptomatic)</p>																																																																																				
<p>3. % staff sickness</p>	<p>% Staff sickness The percentage of staff sickness absence due to COVID19 has increased from 1.2% in May 2022 to 2.4% in June 2022.</p>	<table border="1"> <thead> <tr> <th></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> <th>May-22</th> <th>Jun-22</th> </tr> </thead> <tbody> <tr> <td>Medical</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> <td>1.8%</td> <td>3.5%</td> </tr> <tr> <td>Nursing Reg</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> <td>1.1%</td> <td>2.8%</td> </tr> <tr> <td>Nursing Non Reg</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> <td>2.1%</td> <td>2.7%</td> </tr> <tr> <td>Other</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> <td>0.8%</td> <td>1.8%</td> </tr> <tr> <td>All</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> <td>1.2%</td> <td>2.4%</td> </tr> </tbody> </table>		Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Medical	0.5%	0.9%	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	Nursing Reg	1.1%	1.4%	1.8%	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	Nursing Non Reg	1.8%	1.8%	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	Other	0.6%	0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	All	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%
	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22																																																																									
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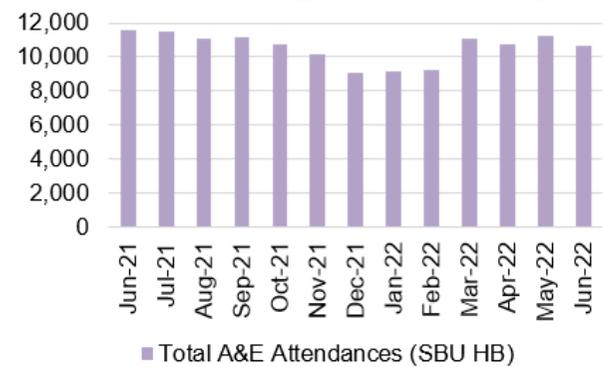
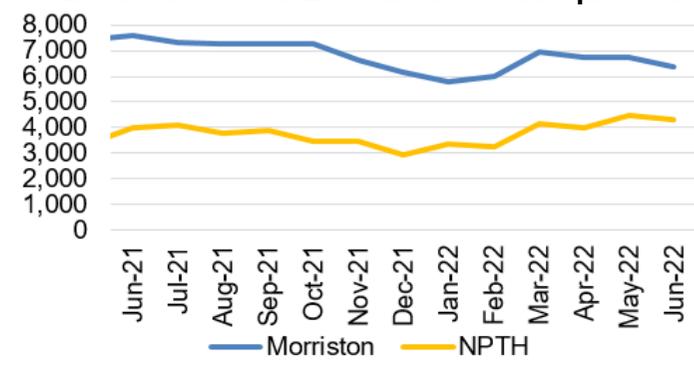
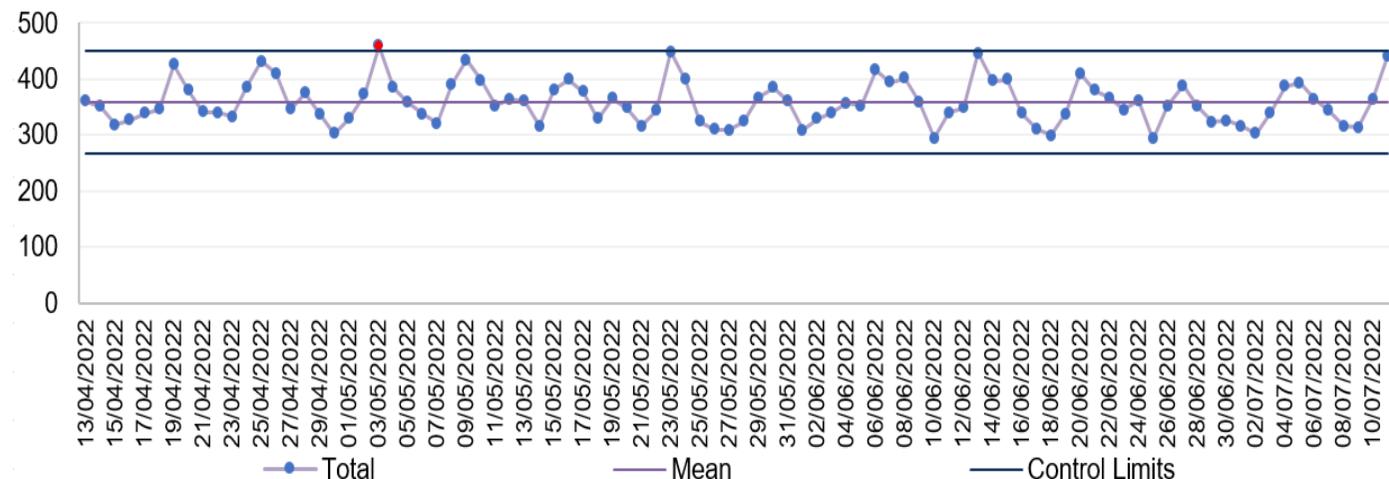
UNSCHEDULED CARE

Description	Current Performance	Points to Note																																																																																																																																								
<p>Ambulance responses</p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In June 2022, the number of red calls responded to within 8 minutes saw an in-month increase to 56.9%. In June 2022, the number of green calls decreased by 1%, amber calls decreased by 1%, and red calls decreased by 3% compared with May 2022.</p>	<p>Ambulance response rates have seen a continued increase in performance in June 2022, an improvement which is hoped to continue with the establishment of the Ambulatory Emergency Care Centre in September 2022</p>																																																																																																																																								
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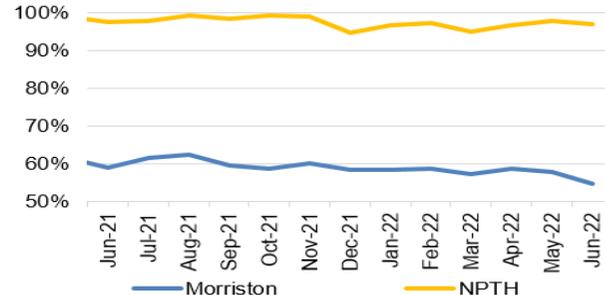
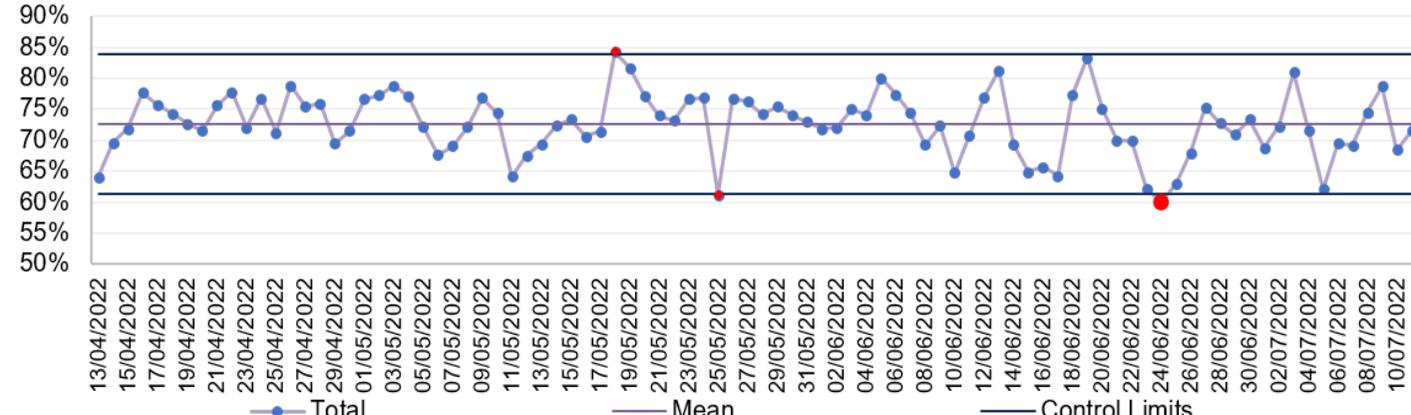
UNSCHEDULED CARE

Description	Current Performance	Points to Note
<p>Ambulance handovers over one hour</p> <p>1. The number of ambulance handovers over one hour</p> <p>2. The number of ambulance handovers over one hour- Hospital level</p> <p>3. The number of ambulance handovers over one hour (last 90 days)</p>	<p>In June 2022, there were 578 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 538 in May 2022. In June 2022, 568 handovers over 1 hour were attributed to Morriston Hospital and 10 were attributed to Singleton Hospital.</p> <p>The number of handover hours lost over 15 minutes have increased from 1,892 in May 2022 to 2,920 in June 2022.</p>	<p>There has been a further review of the Morriston UEC care improvement plan which has incorporated focussed ambulance handover improvement plans in addition to achieving executive sign off of the Acute Medical Services Redesign business case which seeks to address the key issues surrounding flow in the Emergency Department</p>
	Trend	
	<p>1. Number of ambulance handovers- HB total</p>  <p>■ Handovers > 1 hr (SBU HB)</p>	<p>2. Number of ambulance handovers over 1 hour- Hospital level</p>  <p>— Morriston handovers > 1 hour — Singleton handovers > 1 hour</p>
<p>3. Number of ambulance handovers- HB total last 90 days</p>  <p>● Total — Mean — Control Limits</p> <div data-bbox="1836 1077 2083 1364" style="border: 1px solid black; padding: 5px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits 8 or more points ▲ above or below the mean ● Arun of 6 ● increasing or decreasing points </div>		

UNSCHEDULED CARE

Description	Current Performance	Points to Note
<p>A&E Attendances</p> <p>1. The number of attendances at emergency departments in the Health Board</p> <p>2. The number of attendances at emergency departments in the Health Board – Hospital level</p> <p>3. The number of attendances at emergency departments in the Health Board (last 90 days)</p>	<p>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 June 2022, there were 10,649 A&E attendances, this is 5% lower than May 2022.</p>	<p>There are several admission avoidance schemes in place in order to reduce the number of patients presenting at the A&E department which include; pre-hospital WAST paramedic referral scheme, primary care pathways and pre-hospital contact first.</p>
	Trend	
	<p>1. Number of A&E attendances- HB total</p>  <p>■ Total A&E Attendances (SBU HB)</p>	<p>2. Number of A&E attendances- Hospital level</p>  <p>— Morriston — NPTH</p> <p>3. Number of A&E attendances -HB total last 90 days</p>  <p>● Total — Mean — Control Limits</p> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean — Arun of 6 ● increasing or decreasing points

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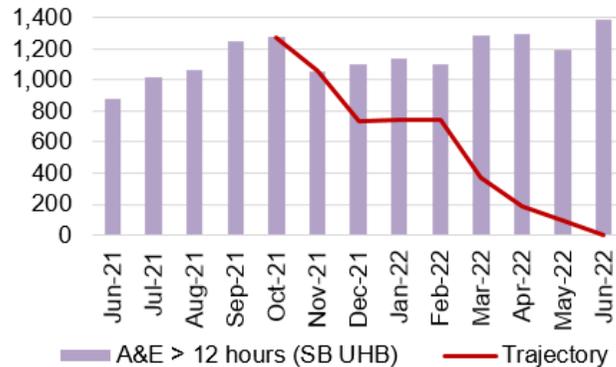
Description	Current Performance	Points to Note
<p>A&E waiting times</p> <p><i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i></p> <p><i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i></p> <p><i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i></p>	<p>The Health Board's performance against the 4-hour measure deteriorated slightly from 73.91% in May 2022 to 71.65% in June 2022.</p> <p>Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 96.92% in June 2022. Morriston Hospital's performance declined slightly between May 2022 and June 2022 achieving 54.64% against the target.</p>	<p>New updated trajectories for the financial year are currently being processed.</p> <p>Internal flow activities to support reduced occupancy and to improve flow throughout the day have been put in place which include; a refocus on SAFER bundles, a refocus on acute assessment and expediting early discharges and a weekly review of COP patients with local authority</p>
	Trend	
	<p>1. % Patients waiting under 4 hours in A&E- HB total</p>  <p>2. % Patients waiting under 4 hours in A&E- Hospital level</p>  <p>3. % Patients waiting under 4 hours in A&E- HB total last 90 days</p>  <div data-bbox="1859 1053 2105 1340" style="border: 1px solid black; padding: 5px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits 8 or more points above or below the mean Arun of 6 ● increasing or decreasing points </div>	

UNSCHEDULED CARE

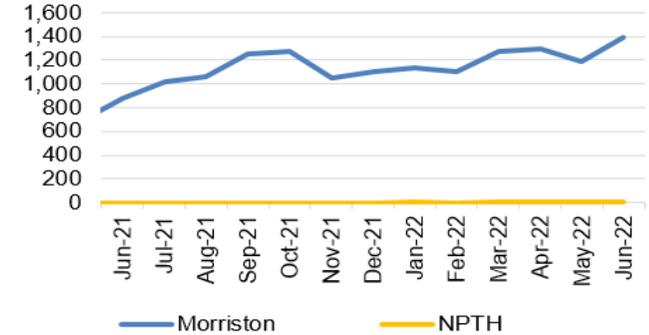
Description	Current Performance	Points to Note
A&E waiting times 1. Number of patients who spend 12 hours or more in A&E 2. Number of patients who spend 12 hours or more in A&E- Hospital level 3. Number of patients who spend 12 hours or more in A&E (last 90 days)	In June 2022, performance against the 12-hour measure declined compared with May 2022, increasing from 1,195 to 1,388. This is an increase of 508 compared to June 2021. 1,386 patients waiting over 12 hours in June 2022 were in Morriston Hospital, with 2 patients waiting over 12 hours in Neath Port Talbot Hospital.	New updated trajectories for the financial year are currently being processed. Further flow and occupancy reduction actions include; a weekend discharge team, updated operational processes and a Silver command in place for community services

Trend

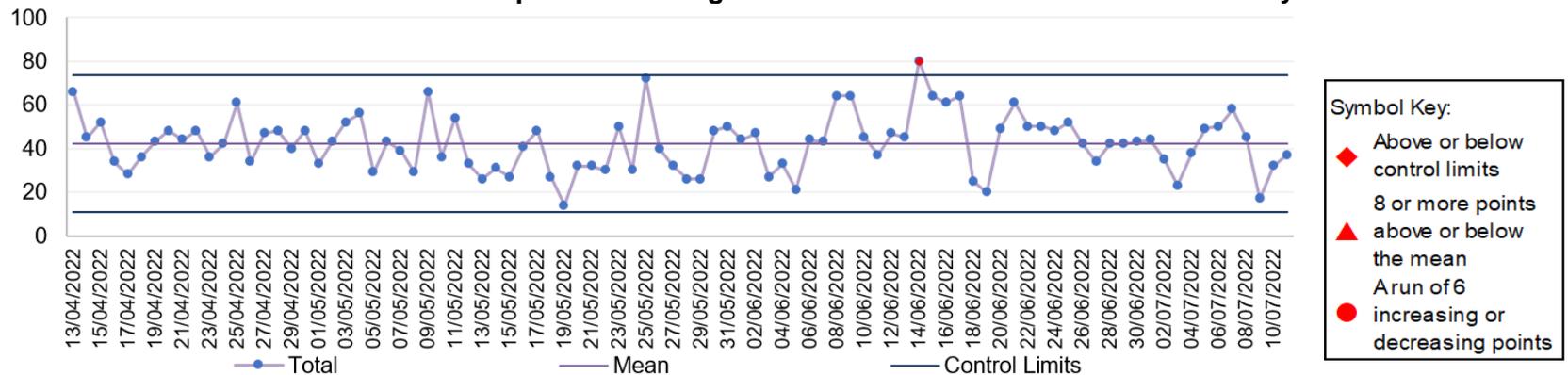
1. Number of patients waiting over 12 hours in A&E- HB total



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

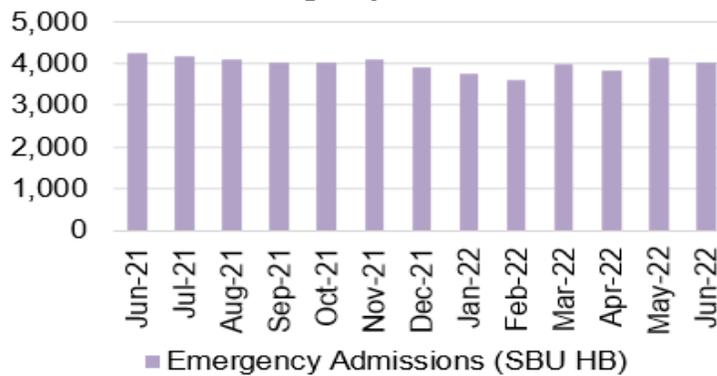


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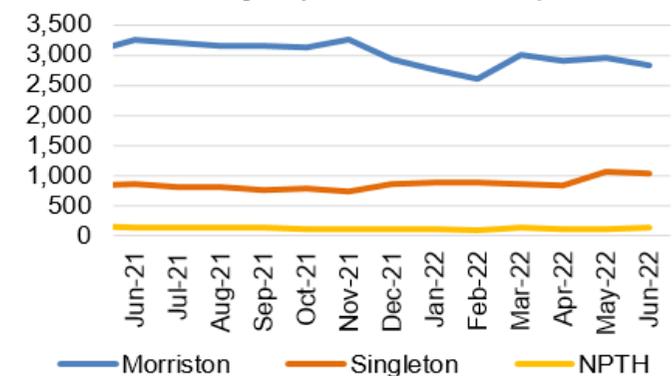
Description		Points to Note
Emergency admissions 1. The number of emergency inpatient admissions	In June 2022, there were 4,009 emergency admissions across the Health Board, which is a reduction of 108 from May 2022. Singleton Hospital saw an in-month reduction, with 9 less admissions (from 1,055 in May 2022 to 1,046), Morriston Hospital saw an in-month reduction from 2,944 admissions in May 2022 to 2,836 admissions in June 2022.	The increased number of emergency admissions is directly linked to the pressure within the system and the reduced flow from ED – this will be addressed by the previously referenced occupancy actions

Trend

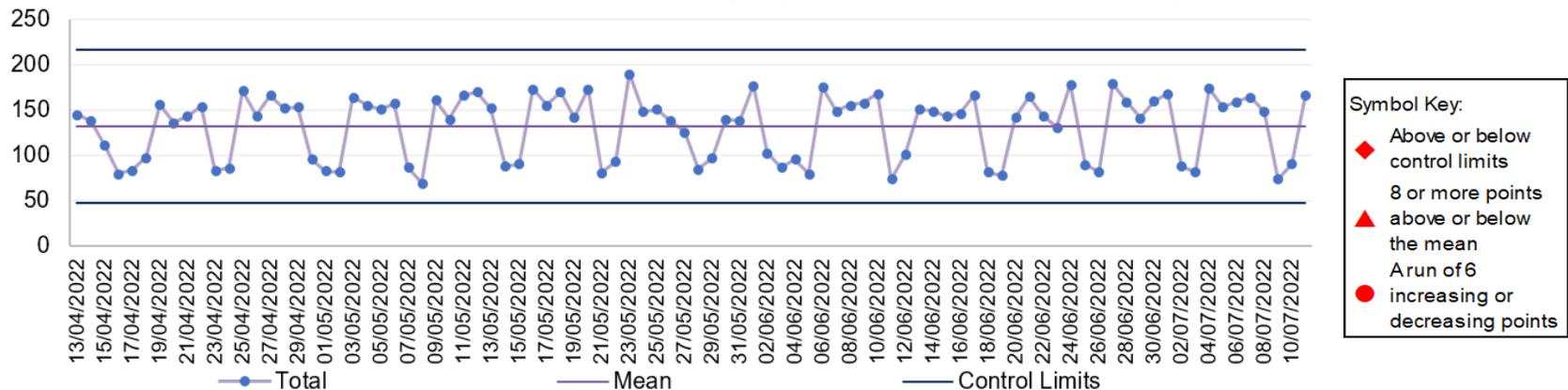
1. Number of emergency admissions- HB total



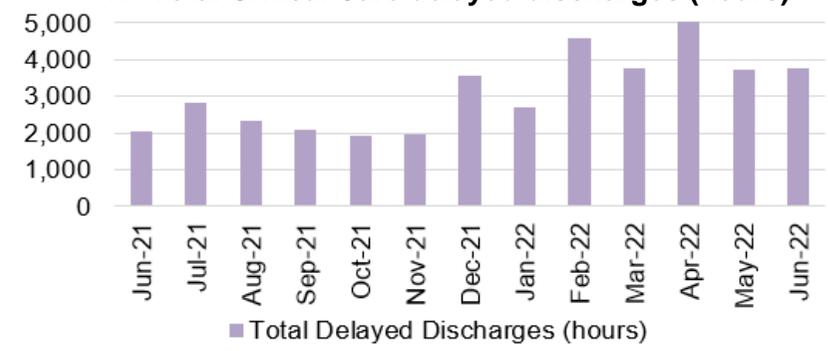
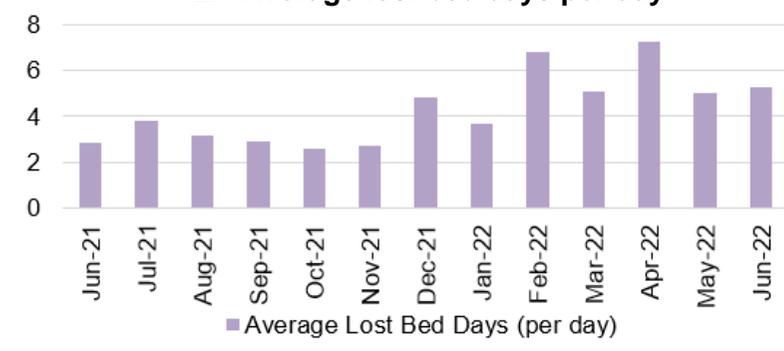
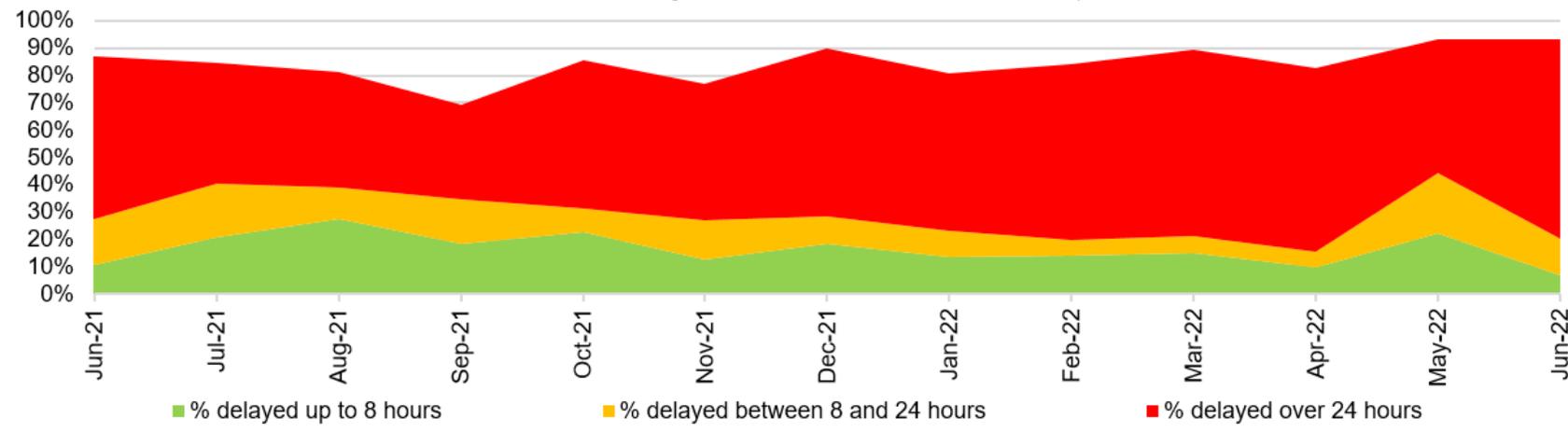
2. Number of emergency admissions- Hospital level



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



UNSCHEDULED CARE

Description	Current Performance	Points to Note
<p>Critical Care-Delayed Transfers of Care (DTC)-Morrison Hospital</p> <p>1. Total Critical Care delayed discharges (hours)</p> <p>2. Average lost bed days per day</p> <p>3. Percentage of patients delayed: Up to 8 hours Between 8 and 24 hours Over 24 hours</p>	<p>In June 2022, there were a total of 62 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is a minor reduction when compared with 78 admissions in May 2022. June 2022, saw a slight increase in the number of delayed discharge hours from 3,710.3 in May 2022 to 3781.1, with the average lost bed days also increasing to 5.25 per day. The percentage of patients delayed over 24 hours increased from 49.15% in May 2022 to 72.73% in June 2022.</p>	<p>Delayed discharges from ICU are intimately linked to capacity and flow constraints within the general wards and health/social-care system in general. A minor reduction in the current pressures within ED are having a direct impact on discharges from ICU.</p>
	Trend	
	<p>1. Total Critical Care delayed discharges (hours)</p>  <p>2. Average lost bed days per day</p>  <p>3. Percentage of Critical Care patients delayed</p> 	

UNSCHEDULED CARE

Description	Current Performance	Trend																																																																						
<p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In June 2022, there were on average 314 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals.</p> <p>In June 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 144, followed by Neath Port Talbot Hospital with 88.</p> <p>Points to note; 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. Additional pathways have been put in place for increased liaison between local authority services to encourage an increased number of discharges</p>	<p align="center">The number of clinically optimised patients by site</p> <table border="1"> <caption>Data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>75</td><td>50</td><td>75</td><td>10</td></tr> <tr><td>Jul-21</td><td>85</td><td>55</td><td>70</td><td>10</td></tr> <tr><td>Aug-21</td><td>90</td><td>60</td><td>75</td><td>15</td></tr> <tr><td>Sep-21</td><td>105</td><td>70</td><td>85</td><td>15</td></tr> <tr><td>Oct-21</td><td>90</td><td>50</td><td>80</td><td>18</td></tr> <tr><td>Nov-21</td><td>110</td><td>60</td><td>80</td><td>15</td></tr> <tr><td>Dec-21</td><td>105</td><td>55</td><td>80</td><td>18</td></tr> <tr><td>Jan-22</td><td>110</td><td>70</td><td>70</td><td>20</td></tr> <tr><td>Feb-22</td><td>125</td><td>70</td><td>90</td><td>15</td></tr> <tr><td>Mar-22</td><td>100</td><td>55</td><td>95</td><td>25</td></tr> <tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>25</td></tr> <tr><td>May-22</td><td>115</td><td>68</td><td>88</td><td>15</td></tr> <tr><td>Jun-22</td><td>144</td><td>62</td><td>88</td><td>18</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Jun-21	75	50	75	10	Jul-21	85	55	70	10	Aug-21	90	60	75	15	Sep-21	105	70	85	15	Oct-21	90	50	80	18	Nov-21	110	60	80	15	Dec-21	105	55	80	18	Jan-22	110	70	70	20	Feb-22	125	70	90	15	Mar-22	100	55	95	25	Apr-22	100	65	85	25	May-22	115	68	88	15	Jun-22	144	62	88	18
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<p>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</p>	<p>In June 2022, there were 36 elective procedures cancelled due to lack of beds on the day of surgery. This is 28 more cancellations than in June 2021.</p> <p>All of the cancelled procedures were attributed to Morriston Hospital.</p>	<p align="center">Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>8</td><td>0</td><td>0</td></tr> <tr><td>Jul-21</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>Aug-21</td><td>12</td><td>0</td><td>0</td></tr> <tr><td>Sep-21</td><td>30</td><td>0</td><td>0</td></tr> <tr><td>Oct-21</td><td>50</td><td>0</td><td>0</td></tr> <tr><td>Nov-21</td><td>60</td><td>0</td><td>0</td></tr> <tr><td>Dec-21</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Jan-22</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>Feb-22</td><td>25</td><td>5</td><td>0</td></tr> <tr><td>Mar-22</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Apr-22</td><td>32</td><td>0</td><td>0</td></tr> <tr><td>May-22</td><td>52</td><td>0</td><td>0</td></tr> <tr><td>Jun-22</td><td>36</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Jun-21	8	0	0	Jul-21	18	0	0	Aug-21	12	0	0	Sep-21	30	0	0	Oct-21	50	0	0	Nov-21	60	0	0	Dec-21	35	0	0	Jan-22	18	0	0	Feb-22	25	5	0	Mar-22	35	0	0	Apr-22	32	0	0	May-22	52	0	0	Jun-22	36	0	0														
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HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																																																					
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 16 cases of <i>E. coli</i> bacteraemia were identified in June 2022, of which 5 were hospital acquired and 11 were community acquired. The Health Board total is currently below the Welsh Government Profile target of 21 cases for June 2022. <p>Points to note; Each Service Group have been asked to focus on detailed action plans to support the reduction of infection control rates across their areas – further detail regarding these actions will be shared in the august 2022 report.</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>29</td><td></td></tr> <tr><td>Jul-21</td><td>27</td><td></td></tr> <tr><td>Aug-21</td><td>34</td><td></td></tr> <tr><td>Sep-21</td><td>21</td><td></td></tr> <tr><td>Oct-21</td><td>19</td><td></td></tr> <tr><td>Nov-21</td><td>22</td><td></td></tr> <tr><td>Dec-21</td><td>17</td><td></td></tr> <tr><td>Jan-22</td><td>15</td><td></td></tr> <tr><td>Feb-22</td><td>26</td><td></td></tr> <tr><td>Mar-22</td><td>21</td><td></td></tr> <tr><td>Apr-22</td><td>31</td><td>21</td></tr> <tr><td>May-22</td><td>21</td><td>21</td></tr> <tr><td>Jun-22</td><td>16</td><td>21</td></tr> <tr><td>Jul-22</td><td></td><td>21</td></tr> <tr><td>Aug-22</td><td></td><td>21</td></tr> <tr><td>Sep-22</td><td></td><td>21</td></tr> <tr><td>Oct-22</td><td></td><td>21</td></tr> <tr><td>Nov-22</td><td></td><td>21</td></tr> <tr><td>Dec-22</td><td></td><td>21</td></tr> <tr><td>Jan-23</td><td></td><td>21</td></tr> <tr><td>Feb-23</td><td></td><td>20</td></tr> <tr><td>Mar-23</td><td></td><td>20</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Jun-21	29		Jul-21	27		Aug-21	34		Sep-21	21		Oct-21	19		Nov-21	22		Dec-21	17		Jan-22	15		Feb-22	26		Mar-22	21		Apr-22	31	21	May-22	21	21	Jun-22	16	21	Jul-22		21	Aug-22		21	Sep-22		21	Oct-22		21	Nov-22		21	Dec-22		21	Jan-23		21	Feb-23		20	Mar-23		20
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Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none"> There were 9 cases of Staph. aureus bacteraemia in June 2022, of which 7 were hospital acquired and 2 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for June 2022. <p>Points to note; Each Service Group have been asked to focus on detailed action plans to support the reduction of infection control rates across their areas – further detail regarding these actions will be shared in the august 2022 report.</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>7</td><td></td></tr> <tr><td>Jul-21</td><td>11</td><td></td></tr> <tr><td>Aug-21</td><td>12</td><td></td></tr> <tr><td>Sep-21</td><td>17</td><td></td></tr> <tr><td>Oct-21</td><td>18</td><td></td></tr> <tr><td>Nov-21</td><td>4</td><td></td></tr> <tr><td>Dec-21</td><td>9</td><td></td></tr> <tr><td>Jan-22</td><td>13</td><td></td></tr> <tr><td>Feb-22</td><td>10</td><td></td></tr> <tr><td>Mar-22</td><td>11</td><td></td></tr> <tr><td>Apr-22</td><td>13</td><td>8</td></tr> <tr><td>May-22</td><td>18</td><td>6</td></tr> <tr><td>Jun-22</td><td>9</td><td>6</td></tr> <tr><td>Jul-22</td><td></td><td>6</td></tr> <tr><td>Aug-22</td><td></td><td>6</td></tr> <tr><td>Sep-22</td><td></td><td>6</td></tr> <tr><td>Oct-22</td><td></td><td>6</td></tr> <tr><td>Nov-22</td><td></td><td>6</td></tr> <tr><td>Dec-22</td><td></td><td>5</td></tr> <tr><td>Jan-23</td><td></td><td>5</td></tr> <tr><td>Feb-23</td><td></td><td>5</td></tr> <tr><td>Mar-23</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Jun-21	7		Jul-21	11		Aug-21	12		Sep-21	17		Oct-21	18		Nov-21	4		Dec-21	9		Jan-22	13		Feb-22	10		Mar-22	11		Apr-22	13	8	May-22	18	6	Jun-22	9	6	Jul-22		6	Aug-22		6	Sep-22		6	Oct-22		6	Nov-22		6	Dec-22		5	Jan-23		5	Feb-23		5	Mar-23		5
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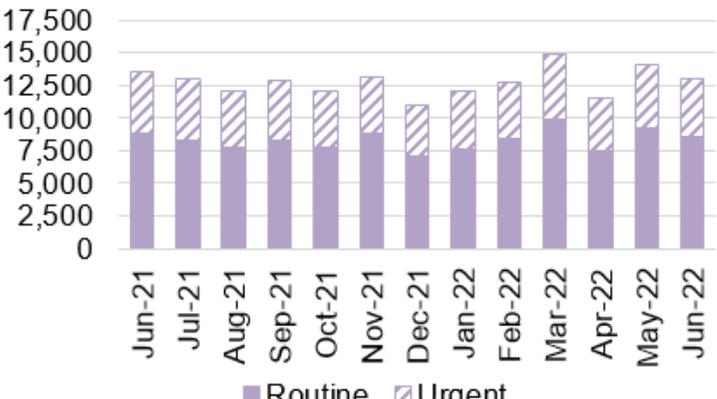
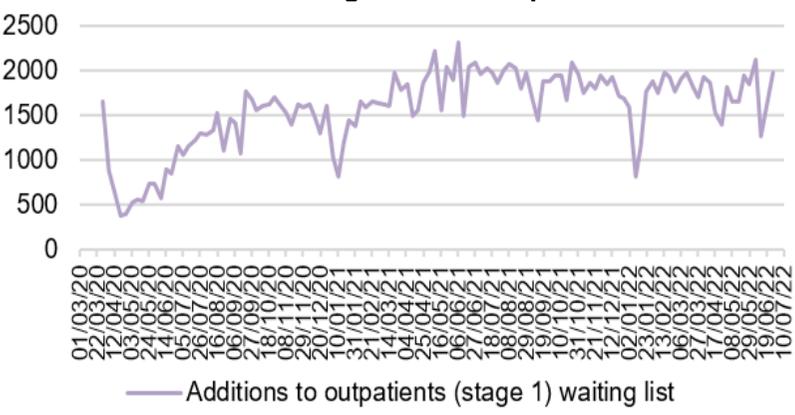
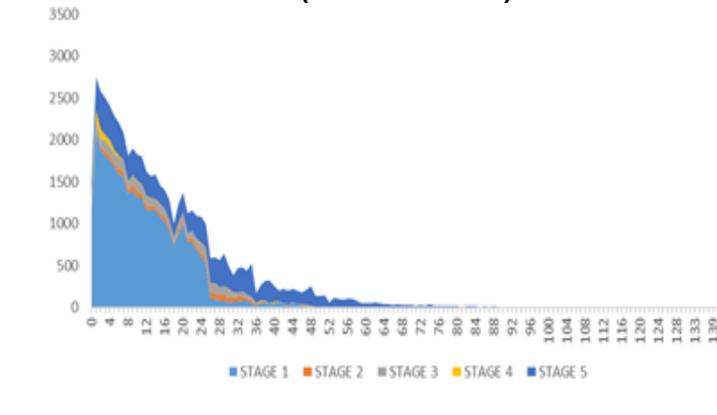
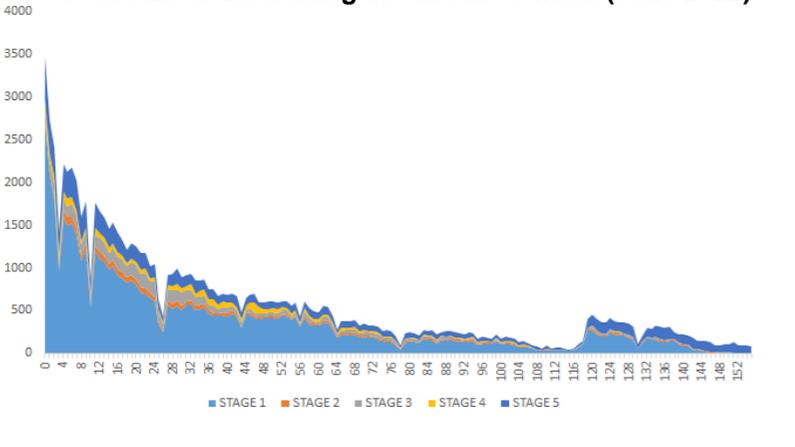
HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																														
<p>Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i></p>	<ul style="list-style-type: none"> There were 16 <i>Clostridium difficile</i> toxin positive cases in June 2022, of which 7 were hospital acquired and 9 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 9 cases for June 2022. <p>Points to note; Each Service Group have been asked to focus on detailed action plans to support the reduction of infection control rates across their areas – further detail regarding these actions will be shared in the august 2022 report.</p>	<p style="text-align: center;">Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>13</td></tr> <tr><td>Jul-21</td><td>23</td></tr> <tr><td>Aug-21</td><td>22</td></tr> <tr><td>Sep-21</td><td>14</td></tr> <tr><td>Oct-21</td><td>15</td></tr> <tr><td>Nov-21</td><td>20</td></tr> <tr><td>Dec-21</td><td>12</td></tr> <tr><td>Jan-22</td><td>14</td></tr> <tr><td>Feb-22</td><td>13</td></tr> <tr><td>Mar-22</td><td>18</td></tr> <tr><td>Apr-22</td><td>13</td></tr> <tr><td>May-22</td><td>11</td></tr> <tr><td>Jun-22</td><td>16</td></tr> <tr><td>Jul-22</td><td>8</td></tr> <tr><td>Aug-22</td><td>8</td></tr> <tr><td>Sep-22</td><td>9</td></tr> <tr><td>Oct-22</td><td>7</td></tr> <tr><td>Nov-22</td><td>8</td></tr> <tr><td>Dec-22</td><td>8</td></tr> <tr><td>Jan-23</td><td>8</td></tr> <tr><td>Feb-23</td><td>8</td></tr> <tr><td>Mar-23</td><td>7</td></tr> </tbody> </table> <p style="text-align: center;"> ■ Number of C.diff cases (SBU) — Trajectory </p>	Month	Number of C.diff cases (SBU)	Jun-21	13	Jul-21	23	Aug-21	22	Sep-21	14	Oct-21	15	Nov-21	20	Dec-21	12	Jan-22	14	Feb-22	13	Mar-22	18	Apr-22	13	May-22	11	Jun-22	16	Jul-22	8	Aug-22	8	Sep-22	9	Oct-22	7	Nov-22	8	Dec-22	8	Jan-23	8	Feb-23	8	Mar-23	7
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<p>Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i></p>	<ul style="list-style-type: none"> There were 8 cases of Klebsiella sp in June 2022, 8 of which were hospital acquired and 1 was community acquired. The Health Board total is currently just above the Welsh Government Profile target of 6 cases for June 2022. <p>Points to note; Each Service Group have been asked to focus on detailed action plans to support the reduction of infection control rates across their areas – further detail regarding these actions will be shared in the august 2022 report.</p>	<p style="text-align: center;">Number of healthcare acquired Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>12</td></tr> <tr><td>Jul-21</td><td>3</td></tr> <tr><td>Aug-21</td><td>8</td></tr> <tr><td>Sep-21</td><td>11</td></tr> <tr><td>Oct-21</td><td>13</td></tr> <tr><td>Nov-21</td><td>7</td></tr> <tr><td>Dec-21</td><td>9</td></tr> <tr><td>Jan-22</td><td>5</td></tr> <tr><td>Feb-22</td><td>4</td></tr> <tr><td>Mar-22</td><td>7</td></tr> <tr><td>Apr-22</td><td>6</td></tr> <tr><td>May-22</td><td>8</td></tr> <tr><td>Jun-22</td><td>8</td></tr> <tr><td>Jul-22</td><td>6</td></tr> <tr><td>Aug-22</td><td>6</td></tr> <tr><td>Sep-22</td><td>6</td></tr> <tr><td>Oct-22</td><td>6</td></tr> <tr><td>Nov-22</td><td>6</td></tr> <tr><td>Dec-22</td><td>6</td></tr> <tr><td>Jan-23</td><td>6</td></tr> <tr><td>Feb-23</td><td>5</td></tr> <tr><td>Mar-23</td><td>5</td></tr> </tbody> </table> <p style="text-align: center;"> ■ Number of Klebsiella cases (SBU) — Trajectory </p>	Month	Number of Klebsiella cases (SBU)	Jun-21	12	Jul-21	3	Aug-21	8	Sep-21	11	Oct-21	13	Nov-21	7	Dec-21	9	Jan-22	5	Feb-22	4	Mar-22	7	Apr-22	6	May-22	8	Jun-22	8	Jul-22	6	Aug-22	6	Sep-22	6	Oct-22	6	Nov-22	6	Dec-22	6	Jan-23	6	Feb-23	5	Mar-23	5
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HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																																																					
<p>Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> There were 4 cases of <i>P.Aeruginosa</i> in June 2022, 3 of which were hospital acquired, with the other being community acquired. The Health Board total is currently above the Welsh Government Profile target of 2 cumulative cases for June 2022. <p>Points to note; Each Service Group have been asked to focus on detailed action plans to support the reduction of infection control rates across their areas – further detail regarding these actions will be shared in the august 2022 report.</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <caption>Data for Healthcare Acquired Pseudomonas Cases</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>2</td><td>2</td></tr> <tr><td>Jul-21</td><td>1</td><td>2</td></tr> <tr><td>Aug-21</td><td>2</td><td>2</td></tr> <tr><td>Sep-21</td><td>2</td><td>2</td></tr> <tr><td>Oct-21</td><td>0</td><td>2</td></tr> <tr><td>Nov-21</td><td>3</td><td>2</td></tr> <tr><td>Dec-21</td><td>4</td><td>2</td></tr> <tr><td>Jan-22</td><td>1</td><td>2</td></tr> <tr><td>Feb-22</td><td>3</td><td>2</td></tr> <tr><td>Mar-22</td><td>2</td><td>2</td></tr> <tr><td>Apr-22</td><td>2</td><td>2</td></tr> <tr><td>May-22</td><td>2</td><td>2</td></tr> <tr><td>Jun-22</td><td>4</td><td>2</td></tr> <tr><td>Jul-22</td><td>0</td><td>2</td></tr> <tr><td>Aug-22</td><td>0</td><td>2</td></tr> <tr><td>Sep-22</td><td>0</td><td>2</td></tr> <tr><td>Oct-22</td><td>0</td><td>1</td></tr> <tr><td>Nov-22</td><td>0</td><td>1</td></tr> <tr><td>Dec-22</td><td>0</td><td>2</td></tr> <tr><td>Jan-23</td><td>0</td><td>2</td></tr> <tr><td>Feb-23</td><td>0</td><td>2</td></tr> <tr><td>Mar-23</td><td>0</td><td>1</td></tr> </tbody> </table> <p>Legend: ■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Jun-21	2	2	Jul-21	1	2	Aug-21	2	2	Sep-21	2	2	Oct-21	0	2	Nov-21	3	2	Dec-21	4	2	Jan-22	1	2	Feb-22	3	2	Mar-22	2	2	Apr-22	2	2	May-22	2	2	Jun-22	4	2	Jul-22	0	2	Aug-22	0	2	Sep-22	0	2	Oct-22	0	1	Nov-22	0	1	Dec-22	0	2	Jan-23	0	2	Feb-23	0	2	Mar-23	0	1
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PLANNED CARE

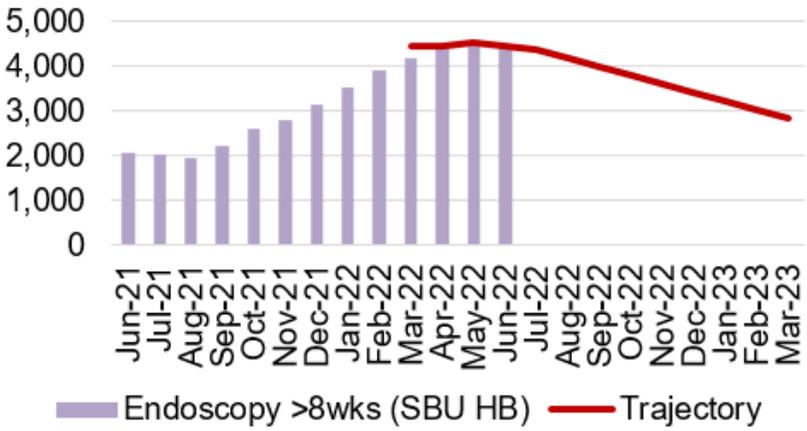
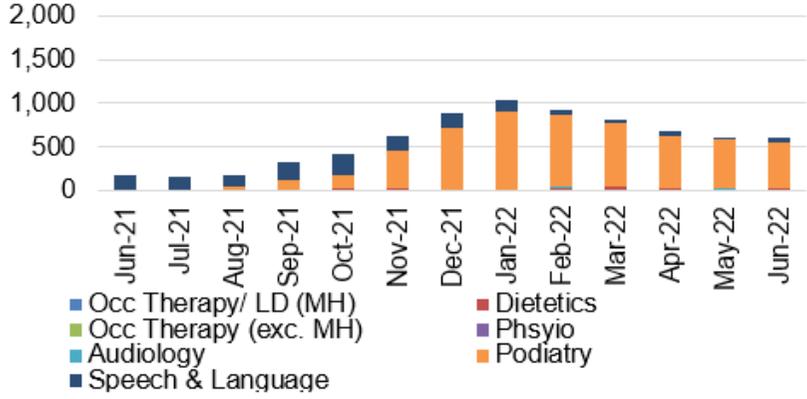
Description	Current Performance	Points to Note
Referrals and shape of the waiting list	June 2022 has seen a reduction in referral figures compared with May 2022 (14,076). Referral rates have continued to rise slowly since December 2021, with 13,050 received in May 2022. Chart 4 shows the shape of the 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 an increase this month, which is showing a sporadic pattern of demand over recent months
1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at June 2022</i>	Trend	
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	3. Total size of the waiting list and movement (December 2019) 	4. Total size of the waiting list and movement (June 2022) 

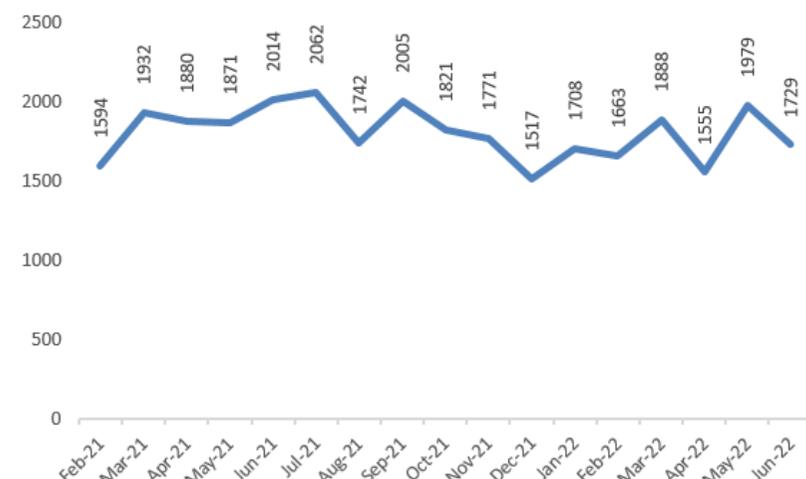
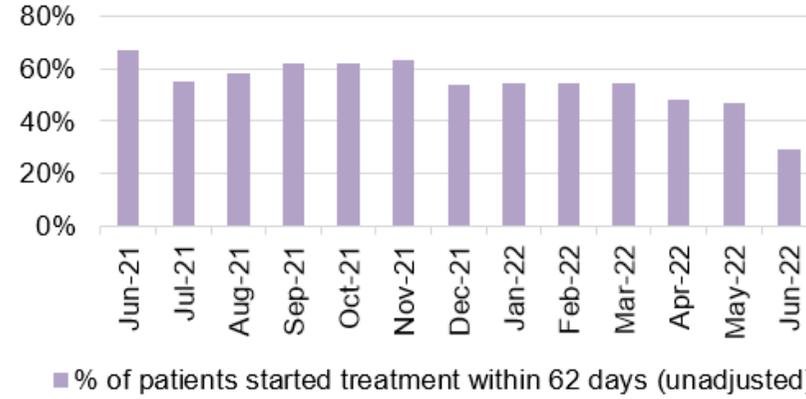
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<p>Outpatient waiting times</p> <p>1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total</p> <p>2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level</p> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty</p> <p>4. Outpatient activity undertaken</p>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. June 2022 saw an in-month increase of 1% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 26,459 in May 2022 to 26,826 in June 2022. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and ENT. Chart 4 shows that the number of attendances has remained steady in recent months despite the impact of the recent Covid wave.</p>	<p>Detailed demand and capacity work is currently underway to support the reduction of Stage 1 patients waiting for an outpatient appointment.</p> <p>Service Group specific recovery trajectories will be developed to further support recovery</p>																																																																																																						
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PLANNED CARE		
Description	Current Performance	Points to Note
<p>Patients waiting over 36 weeks for treatment</p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 52 weeks for treatment at Stage 1</p> <p>3. Number of elective admissions</p> <p>4. Number of patients waiting more than 104 weeks for treatment</p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In June 2022, there were 39,760 patients waiting over 36 weeks which is a 0.9% in-month increase from May 2022. 28,566 of the 39,760 were waiting over 52 weeks in June 2022. In June 2022, there were 12,064 patients waiting over 104 weeks for treatment, which is a 5% reduction from May 2022.</p>	<p>Administrative validation is currently taking place to further cleanse the waiting list position and reduce the number of patients on the waiting list.</p>
	Trend	
	<p>1. Number of patients waiting over 36 weeks- HB total</p>	<p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p>
	<p>3. Number of elective admissions</p>	<p>4. Number of patients waiting over 104 weeks- Hospital level</p>

PLANNED CARE																																																																								
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<p>Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i></p>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In June 2022, 50.8% of patients were waiting under 26 weeks from referral to treatment, which is 0.4% less than those seen in May 2022.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table border="1"> <caption>Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PCT</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>42%</td><td>45%</td><td>48%</td><td>85%</td></tr> <tr><td>Jul-21</td><td>42%</td><td>45%</td><td>55%</td><td>82%</td></tr> <tr><td>Aug-21</td><td>42%</td><td>45%</td><td>68%</td><td>78%</td></tr> <tr><td>Sep-21</td><td>42%</td><td>45%</td><td>75%</td><td>75%</td></tr> <tr><td>Oct-21</td><td>42%</td><td>45%</td><td>78%</td><td>72%</td></tr> <tr><td>Nov-21</td><td>42%</td><td>45%</td><td>75%</td><td>70%</td></tr> <tr><td>Dec-21</td><td>42%</td><td>45%</td><td>80%</td><td>72%</td></tr> <tr><td>Jan-22</td><td>42%</td><td>45%</td><td>82%</td><td>75%</td></tr> <tr><td>Feb-22</td><td>42%</td><td>45%</td><td>85%</td><td>78%</td></tr> <tr><td>Mar-22</td><td>42%</td><td>45%</td><td>88%</td><td>92%</td></tr> <tr><td>Apr-22</td><td>42%</td><td>45%</td><td>88%</td><td>95%</td></tr> <tr><td>May-22</td><td>42%</td><td>45%</td><td>95%</td><td>98%</td></tr> <tr><td>Jun-22</td><td>42%</td><td>45%</td><td>98%</td><td>98%</td></tr> </tbody> </table>	Month	Morriston	Singleton	PCT	NPTH	Jun-21	42%	45%	48%	85%	Jul-21	42%	45%	55%	82%	Aug-21	42%	45%	68%	78%	Sep-21	42%	45%	75%	75%	Oct-21	42%	45%	78%	72%	Nov-21	42%	45%	75%	70%	Dec-21	42%	45%	80%	72%	Jan-22	42%	45%	82%	75%	Feb-22	42%	45%	85%	78%	Mar-22	42%	45%	88%	92%	Apr-22	42%	45%	88%	95%	May-22	42%	45%	95%	98%	Jun-22	42%	45%	98%	98%
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<p>Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i></p>	<p>In June 2022, 63.7% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22.</p> <p>Points to note; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>60%</td><td>100%</td></tr> <tr><td>Jul-21</td><td>60%</td><td>100%</td></tr> <tr><td>Aug-21</td><td>60%</td><td>100%</td></tr> <tr><td>Sep-21</td><td>55%</td><td>100%</td></tr> <tr><td>Oct-21</td><td>60%</td><td>100%</td></tr> <tr><td>Nov-21</td><td>60%</td><td>100%</td></tr> <tr><td>Dec-21</td><td>60%</td><td>100%</td></tr> <tr><td>Jan-22</td><td>60%</td><td>100%</td></tr> <tr><td>Feb-22</td><td>60%</td><td>100%</td></tr> <tr><td>Mar-22</td><td>60%</td><td>100%</td></tr> <tr><td>Apr-22</td><td>60%</td><td>100%</td></tr> <tr><td>May-22</td><td>65%</td><td>100%</td></tr> <tr><td>Jun-22</td><td>63.7%</td><td>100%</td></tr> </tbody> </table>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Target	Jun-21	60%	100%	Jul-21	60%	100%	Aug-21	60%	100%	Sep-21	55%	100%	Oct-21	60%	100%	Nov-21	60%	100%	Dec-21	60%	100%	Jan-22	60%	100%	Feb-22	60%	100%	Mar-22	60%	100%	Apr-22	60%	100%	May-22	65%	100%	Jun-22	63.7%	100%																												
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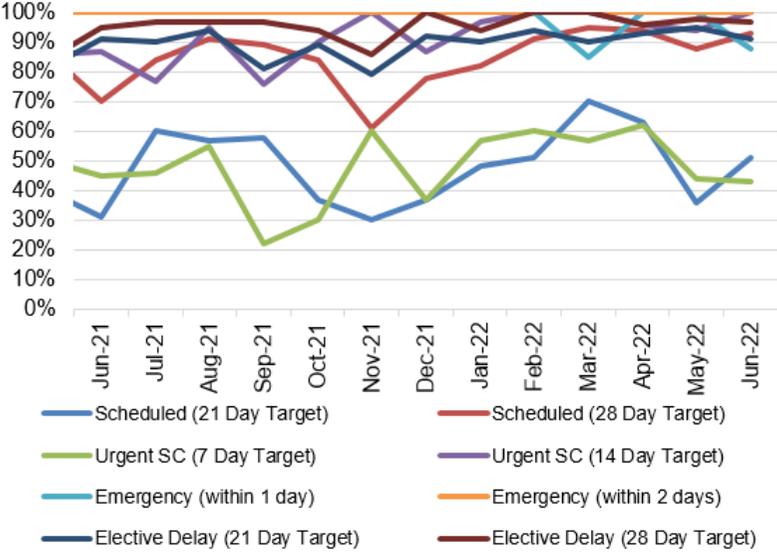
PLANNED CARE

Description	Current Performance	Trend
<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In June 2022, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 6,306 in May 2022 to 6,012 in June 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for June 2022:</p> <ul style="list-style-type: none"> • Endoscopy= 4,437 • Cardiac tests= 1,023 • Other Diagnostics = 540 <p>Points to note; Endoscopy waits have reduced this month and the figures are in line with the recently revised trajectory which indicated that the improvements will continue into the financial year. The Endoscopy team have implemented several actions to support future improvement, which include increasing capacity, increasing insourcing and outsourcing sessions, along with an ongoing clinical validation project.</p>	<p align="center">Number of patients waiting longer than 8 weeks for Endoscopy</p>  <p align="center"> ■ Endoscopy >8wks (SBU HB) — Trajectory </p>
<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In June 2022 there were 609 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in June 2022 are:</p> <ul style="list-style-type: none"> • Podiatry = 511 • Speech & Language Therapy= 65 • Dietetics = 30 <p>Points to note; Podiatry recovery plans continue to support performance improvement. Specifically within Nutrition & Dietetics and Speech & Language figures have risen slightly, however the individual teams are reviewing the demand and capacity to support recovery</p>	<p align="center">Number of patients waiting longer than 14 weeks for therapies</p>  <p align="center"> ■ Occ Therapy/ LD (MH) ■ Dietetics ■ Occ Therapy (exc. MH) ■ Physio ■ Audiology ■ Podiatry ■ Speech & Language </p>

CANCER																																						
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<p>Cancer demand and shape of the waiting list</p> <p>1. Number of Urgent Suspected Cancer (USC) referrals received</p> <p>2. Single Cancer Pathway backlog- patients waiting over 63 days</p>	<p>The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020.</p> <p>Referral figures reported in June 2022 (1,979) have decreased compared to those seen in May 2022 (1,729)</p>	<p>1. Number of USC referrals</p>  <table border="1"> <caption>1. Number of USC referrals</caption> <thead> <tr> <th>Month</th> <th>Number of USC referrals</th> </tr> </thead> <tbody> <tr><td>Feb-21</td><td>1594</td></tr> <tr><td>Mar-21</td><td>1932</td></tr> <tr><td>Apr-21</td><td>1880</td></tr> <tr><td>May-21</td><td>1871</td></tr> <tr><td>Jun-21</td><td>2014</td></tr> <tr><td>Jul-21</td><td>2062</td></tr> <tr><td>Aug-21</td><td>1742</td></tr> <tr><td>Sep-21</td><td>2005</td></tr> <tr><td>Oct-21</td><td>1821</td></tr> <tr><td>Nov-21</td><td>1771</td></tr> <tr><td>Dec-21</td><td>1517</td></tr> <tr><td>Jan-22</td><td>1708</td></tr> <tr><td>Feb-22</td><td>1663</td></tr> <tr><td>Mar-22</td><td>1888</td></tr> <tr><td>Apr-22</td><td>1555</td></tr> <tr><td>May-22</td><td>1979</td></tr> <tr><td>Jun-22</td><td>1729</td></tr> </tbody> </table>	Month	Number of USC referrals	Feb-21	1594	Mar-21	1932	Apr-21	1880	May-21	1871	Jun-21	2014	Jul-21	2062	Aug-21	1742	Sep-21	2005	Oct-21	1821	Nov-21	1771	Dec-21	1517	Jan-22	1708	Feb-22	1663	Mar-22	1888	Apr-22	1555	May-22	1979	Jun-22	1729
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	<p>June 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;</p> <ul style="list-style-type: none"> - 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 with the CEO - Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority - Data quality is currently being reviewed to support the validation of any backlog figures - Work is currently underway to develop a live dashboard for efficient data review of all patients 	<p>2. Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p>  <table border="1"> <caption>2. Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</caption> <thead> <tr> <th>Month</th> <th>% of patients started treatment within 62 days (unadjusted)</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>65%</td></tr> <tr><td>Jul-21</td><td>55%</td></tr> <tr><td>Aug-21</td><td>58%</td></tr> <tr><td>Sep-21</td><td>62%</td></tr> <tr><td>Oct-21</td><td>62%</td></tr> <tr><td>Nov-21</td><td>63%</td></tr> <tr><td>Dec-21</td><td>53%</td></tr> <tr><td>Jan-22</td><td>54%</td></tr> <tr><td>Feb-22</td><td>55%</td></tr> <tr><td>Mar-22</td><td>55%</td></tr> <tr><td>Apr-22</td><td>48%</td></tr> <tr><td>May-22</td><td>47%</td></tr> <tr><td>Jun-22</td><td>30%</td></tr> </tbody> </table>	Month	% of patients started treatment within 62 days (unadjusted)	Jun-21	65%	Jul-21	55%	Aug-21	58%	Sep-21	62%	Oct-21	62%	Nov-21	63%	Dec-21	53%	Jan-22	54%	Feb-22	55%	Mar-22	55%	Apr-22	48%	May-22	47%	Jun-22	30%								
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CANCER						
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Single Cancer Pathway <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i>	June 2022 figures will be finalised on 31 st July 2022. Draft figures indicate a possible achievement of 32% of patients starting treatment within 62 days of the suspicion of cancer first being raised (unadjusted pathway). The number of patients treated in June 2022 is outlined below by tumour site (draft figures).		Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) 			
	Tumour Site	Breaches			Tumour Site	Breaches
	Urological	19			Upper GI	18
	Head and Neck	10			Gynaecological	12
	Lower GI	18			Haematological	4
Lung	17	Sarcoma	2			
Breast	23	Brain/CNS	0			
Skin	12					
Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i>	June 2022 backlog by tumour site:		Number of patients with a wait status of more than 62 days 			
	Tumour Site	63 - 103 days			≥104 days	
	Acute Leukaemia	0			0	
	Brain/CNS	1			0	
	Breast	46			10	
	Children's cancer	2			1	
	Gynaecological	26			6	
	Haematological	0			9	
	Head and neck	11			3	
	Lower Gastrointestinal	62			41	
	Lung	13			14	
	Other	1			0	
	Sarcoma	0			3	
	Skin(c)	14			6	
	Upper Gastrointestinal	34			12	
Urological	37	26				
Grand Total	247	131				

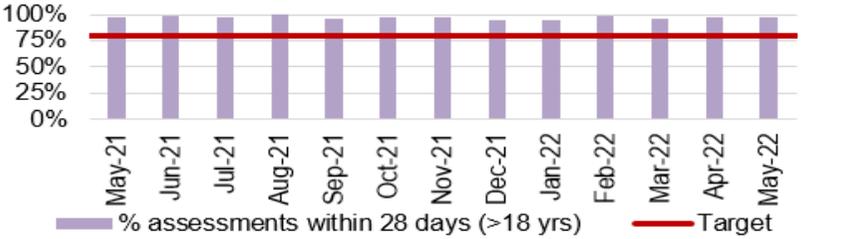
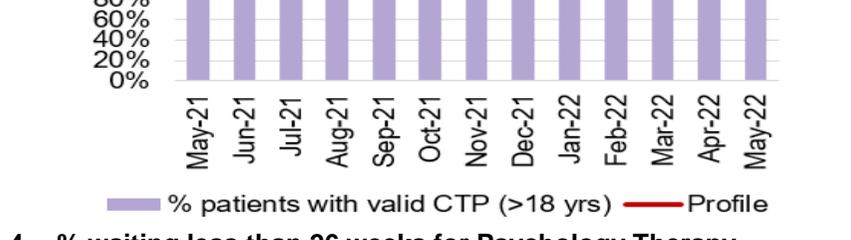
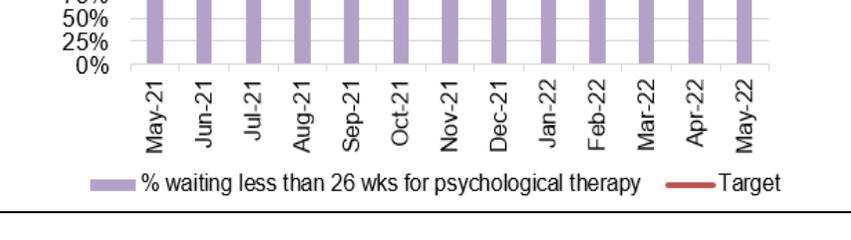
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<p>USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>To date, early July 2022 figures show total wait volumes have increased by 13%.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 60% have been booked.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early July 2022</p> <table border="1" data-bbox="1469 312 1854 799"> <thead> <tr> <th>FIRST OPA</th> <th>03-July</th> <th>10-July</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>0</td><td>1</td></tr> <tr><td>Children's Cancer</td><td>6</td><td>6</td></tr> <tr><td>Gynaecological</td><td>141</td><td>60</td></tr> <tr><td>Haematological</td><td>5</td><td>4</td></tr> <tr><td>Head and Neck</td><td>43</td><td>82</td></tr> <tr><td>Lower GI</td><td>151</td><td>173</td></tr> <tr><td>Lung</td><td>7</td><td>12</td></tr> <tr><td>Other</td><td>41</td><td>69</td></tr> <tr><td>Sarcoma</td><td>0</td><td>1</td></tr> <tr><td>Skin</td><td>134</td><td>178</td></tr> <tr><td>Upper GI</td><td>48</td><td>63</td></tr> <tr><td>Urological</td><td>33</td><td>38</td></tr> <tr><td></td><td>609</td><td>687</td></tr> </tbody> </table>	FIRST OPA	03-July	10-July	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	0	1	Children's Cancer	6	6	Gynaecological	141	60	Haematological	5	4	Head and Neck	43	82	Lower GI	151	173	Lung	7	12	Other	41	69	Sarcoma	0	1	Skin	134	178	Upper GI	48	63	Urological	33	38		609	687
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<p>Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i></p>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.</p> <table border="1" data-bbox="546 943 1193 1337"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>June-22</th> </tr> </thead> <tbody> <tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>51%</td></tr> <tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>93%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>43%</td></tr> <tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>100%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>88%</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>91%</td></tr> <tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>97%</td></tr> </tbody> </table>	Measure	Target	June-22	Scheduled (21 Day Target)	80%	51%	Scheduled (28 Day Target)	100%	93%	Urgent SC (7 Day Target)	80%	43%	Urgent SC (14 Day Target)	100%	100%	Emergency (within 1 day)	80%	88%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	91%	Elective Delay (28 Day Target)	100%	97%	<p>Radiotherapy waiting times</p> 																					
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<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In June 2022, the overall size of the follow-up waiting list increased by 556 patients compared with May 2022 (from 135,879 to 136,435).</p> <p>In June 2022, there was a total of 61,071 patients waiting for a follow-up past their target date. This is a slight in-month increase of 1.3% (from 60,314 in May 2022 to 61,071 in June 2022).</p> <p>Of the 61,071 delayed follow-ups in June 2022, 11,368 had appointment dates and 49,703 were still waiting for an appointment.</p> <p>In addition, 35,114 patients were waiting 100%+ over target date in June 2022. This is a 1.6% increase when compared with May 2022.</p> <p>Points to note; A validation team of four individuals has been outsourced and have been working on the lists for two weeks. The number of validated cases are being monitored closely and it is anticipated that there will be an improvement in figures next month as a result of this targeted work.</p>	<p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>135,879</td></tr> <tr><td>Jul-21</td><td>135,879</td></tr> <tr><td>Aug-21</td><td>135,879</td></tr> <tr><td>Sep-21</td><td>135,879</td></tr> <tr><td>Oct-21</td><td>135,879</td></tr> <tr><td>Nov-21</td><td>135,879</td></tr> <tr><td>Dec-21</td><td>135,879</td></tr> <tr><td>Jan-22</td><td>135,879</td></tr> <tr><td>Feb-22</td><td>135,879</td></tr> <tr><td>Mar-22</td><td>135,879</td></tr> <tr><td>Apr-22</td><td>135,879</td></tr> <tr><td>May-22</td><td>135,879</td></tr> <tr><td>Jun-22</td><td>136,435</td></tr> </tbody> </table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>30,314</td></tr> <tr><td>Jul-21</td><td>30,314</td></tr> <tr><td>Aug-21</td><td>30,314</td></tr> <tr><td>Sep-21</td><td>30,314</td></tr> <tr><td>Oct-21</td><td>30,314</td></tr> <tr><td>Nov-21</td><td>30,314</td></tr> <tr><td>Dec-21</td><td>30,314</td></tr> <tr><td>Jan-22</td><td>30,314</td></tr> <tr><td>Feb-22</td><td>30,314</td></tr> <tr><td>Mar-22</td><td>30,314</td></tr> <tr><td>Apr-22</td><td>30,314</td></tr> <tr><td>May-22</td><td>30,314</td></tr> <tr><td>Jun-22</td><td>35,114</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>	Month	Number of patients	Jun-21	135,879	Jul-21	135,879	Aug-21	135,879	Sep-21	135,879	Oct-21	135,879	Nov-21	135,879	Dec-21	135,879	Jan-22	135,879	Feb-22	135,879	Mar-22	135,879	Apr-22	135,879	May-22	135,879	Jun-22	136,435	Month	Number of patients	Jun-21	30,314	Jul-21	30,314	Aug-21	30,314	Sep-21	30,314	Oct-21	30,314	Nov-21	30,314	Dec-21	30,314	Jan-22	30,314	Feb-22	30,314	Mar-22	30,314	Apr-22	30,314	May-22	30,314	Jun-22	35,114
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STROKE		
Description	Current Performance	Trend
<p>Stroke Measures</p> <p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <p>2. % of patients who received a CT Scan within 1 hour</p> <p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p>	<p>1. In June 2022, 5% of patients had a direct admission to an acute stroke unit within 4 hours. This is a reduction on the performance in May 2022 (20%).</p> <p>2. In June 2022, 36% of patients received a CT scan within 1 hour of being admitted, this is 1.7% lower than May 2022</p> <p>3. 98% of patients who are assessed by a stroke specialist consultant physician within 24 hours in June 2022, compared with 91% patients being assessed in May 2022</p> <p>4. In June 2022, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes.</p> <p>Points to note; The lack of ring fenced beds on all wards across the hospital sites is challenging as bed capacity is limited by the pressures of unscheduled care demand. The lack of dedicated stroke beds is directly impacting the stroke related performance measures. Work is underway to focus on future stroke performance improvement.</p>	<p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <p>2. % of patients who received a CT Scan within 1 hour</p> <p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p>

ADULT MENTAL HEALTH

Description	Current Performance	Trend
<p>Adult Mental Health Measures:</p> <ol style="list-style-type: none"> <i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i> <i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i> <i>% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</i> <i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i> 	<ol style="list-style-type: none"> In May 2022, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over. In May 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 97%. 89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in May 2022. In May 2022, 99.9% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%. 	<ol style="list-style-type: none"> % Mental Health assessments undertaken within 28 days from receipt of referral  % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment  % residents with a valid Care and Treatment Plan (CTP)  % waiting less than 26 weeks for Psychology Therapy 

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In May 2022, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 23% of routine assessments were undertaken within 28 days from referral in May 2022 against a target of 80%.</p> <p>3. 51% of therapeutic interventions were started within 28 days following assessment by LPMHSS in May 2022.</p> <p>4. 36% of NDD patients received a diagnostic assessment within 26 weeks in May 2022 against a target of 80%.</p> <p>5. 41% of routine assessments by SCAMHS were undertaken within 28 days in May 2022.</p>	<p align="center">1. Crisis- assessment within 48 hours</p> <p align="center">2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p align="center">4. NDD- assessment within 26 weeks</p> <p align="center">5. S-CAMHS % assessments within 28 days</p>

4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES

FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend
<p>Fractured Neck of Femur (#NOF)</p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p>1. Prompt orthogeriatric assessment- In May 2022, 90% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In May 2022, 37.2% of patients had surgery the day following presentation with a hip fracture. This is a 20% deterioration from May 2021 which was 57.2%</p> <p>3. NICE compliant surgery- 73.5% of operations were consistent with the NICE recommendations in May 2022. This is 3.4% more than in May 2021. In May 2022, Morriston was above the all-Wales average of 70.7%.</p> <p>4. Prompt mobilisation- In May 2022, 69.2% of patients were out of bed the day after surgery. This is 6.7% less than in May 2021.</p>	<p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p>

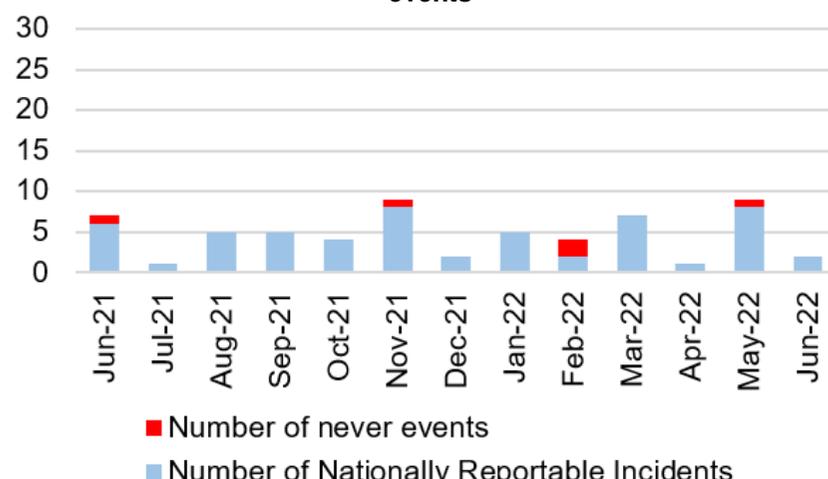
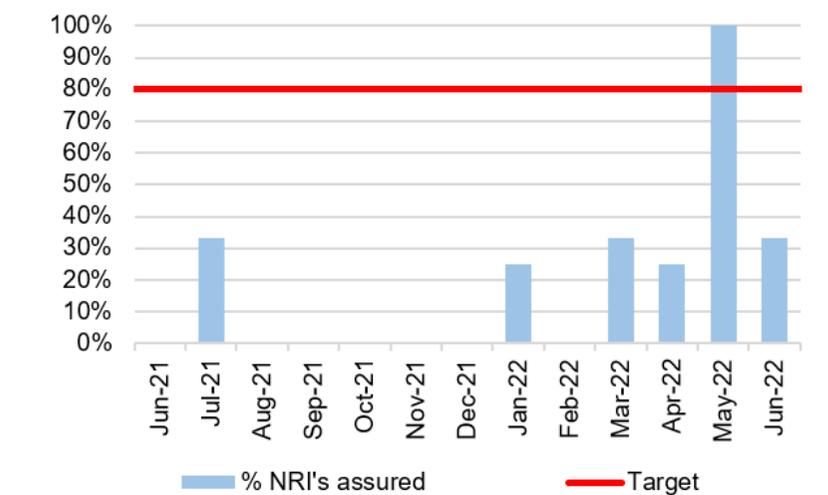
FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend																																																								
<p>5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i></p>	<p>5. Not delirious when tested- 76.5% of patients were not delirious in the week after their operation in May 2022. This is an improvement of 0.6% compared with May 2021.</p>	<p align="center">5. Not delirious when tested</p> <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>May-21</td><td>76.5</td><td>60.0</td><td>60.0</td></tr> <tr><td>Jun-21</td><td>76.5</td><td>60.0</td><td>60.0</td></tr> <tr><td>Jul-21</td><td>76.5</td><td>60.0</td><td>60.0</td></tr> <tr><td>Aug-21</td><td>76.5</td><td>60.0</td><td>60.0</td></tr> <tr><td>Sep-21</td><td>76.5</td><td>60.0</td><td>60.0</td></tr> <tr><td>Oct-21</td><td>76.5</td><td>60.0</td><td>60.0</td></tr> <tr><td>Nov-21</td><td>76.5</td><td>60.0</td><td>60.0</td></tr> <tr><td>Dec-21</td><td>76.5</td><td>60.0</td><td>60.0</td></tr> <tr><td>Jan-22</td><td>76.5</td><td>60.0</td><td>60.0</td></tr> <tr><td>Feb-22</td><td>76.5</td><td>60.0</td><td>60.0</td></tr> <tr><td>Mar-22</td><td>76.5</td><td>60.0</td><td>60.0</td></tr> <tr><td>Apr-22</td><td>76.5</td><td>60.0</td><td>60.0</td></tr> <tr><td>May-22</td><td>77.1</td><td>60.6</td><td>60.6</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	May-21	76.5	60.0	60.0	Jun-21	76.5	60.0	60.0	Jul-21	76.5	60.0	60.0	Aug-21	76.5	60.0	60.0	Sep-21	76.5	60.0	60.0	Oct-21	76.5	60.0	60.0	Nov-21	76.5	60.0	60.0	Dec-21	76.5	60.0	60.0	Jan-22	76.5	60.0	60.0	Feb-22	76.5	60.0	60.0	Mar-22	76.5	60.0	60.0	Apr-22	76.5	60.0	60.0	May-22	77.1	60.6	60.6
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<p>6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i></p>	<p>6. Return to original residence- 70.9% of patients in April 2022 were discharged back to their original residence. This is 0.7% more than in April 2021.</p>	<p align="center">6. Return to original residence</p> <table border="1"> <caption>6. Return to original residence - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Apr-21</td><td>70.9</td><td>70.0</td><td>70.0</td></tr> <tr><td>May-21</td><td>70.9</td><td>70.0</td><td>70.0</td></tr> <tr><td>Jun-21</td><td>70.9</td><td>70.0</td><td>70.0</td></tr> <tr><td>Jul-21</td><td>70.9</td><td>70.0</td><td>70.0</td></tr> <tr><td>Aug-21</td><td>70.9</td><td>70.0</td><td>70.0</td></tr> <tr><td>Sep-21</td><td>70.9</td><td>70.0</td><td>70.0</td></tr> <tr><td>Oct-21</td><td>70.9</td><td>70.0</td><td>70.0</td></tr> <tr><td>Nov-21</td><td>70.9</td><td>70.0</td><td>70.0</td></tr> <tr><td>Dec-21</td><td>70.9</td><td>70.0</td><td>70.0</td></tr> <tr><td>Jan-22</td><td>70.9</td><td>70.0</td><td>70.0</td></tr> <tr><td>Feb-22</td><td>70.9</td><td>70.0</td><td>70.0</td></tr> <tr><td>Mar-22</td><td>70.9</td><td>70.0</td><td>70.0</td></tr> <tr><td>Apr-22</td><td>71.6</td><td>70.7</td><td>70.7</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Apr-21	70.9	70.0	70.0	May-21	70.9	70.0	70.0	Jun-21	70.9	70.0	70.0	Jul-21	70.9	70.0	70.0	Aug-21	70.9	70.0	70.0	Sep-21	70.9	70.0	70.0	Oct-21	70.9	70.0	70.0	Nov-21	70.9	70.0	70.0	Dec-21	70.9	70.0	70.0	Jan-22	70.9	70.0	70.0	Feb-22	70.9	70.0	70.0	Mar-22	70.9	70.0	70.0	Apr-22	71.6	70.7	70.7
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<p>7. <i>30 day mortality rate</i></p>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p align="center">7. 30 day mortality rate</p> <table border="1"> <caption>7. 30 day mortality rate - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jan-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Feb-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Mar-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Apr-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>May-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Jun-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Jul-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Aug-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Sep-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Oct-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Nov-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Dec-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Jan-21</td><td>7.0</td><td>6.9</td><td>7.6</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.5	6.9	7.6	Feb-20	7.5	6.9	7.6	Mar-20	7.5	6.9	7.6	Apr-20	7.5	6.9	7.6	May-20	7.5	6.9	7.6	Jun-20	7.5	6.9	7.6	Jul-20	7.5	6.9	7.6	Aug-20	7.5	6.9	7.6	Sep-20	7.5	6.9	7.6	Oct-20	7.5	6.9	7.6	Nov-20	7.5	6.9	7.6	Dec-20	7.5	6.9	7.6	Jan-21	7.0	6.9	7.6
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PRESSURE ULCERS

Description	Current Performance	Trend																																																								
<p>Number of pressure ulcers</p> <p>1. Total number of pressure ulcers developed in hospital and in the community</p> <p>2. Rate of pressure ulcers per 100,000 admissions</p>	<p>1. In May 2022 there were 97 cases of healthcare acquired pressure ulcers, 39 of which were community acquired and 58 were hospital acquired.</p> <p>There were 12 grade 3+ pressure ulcers in May 2022, of which 10 were community acquired and 2 were hospital acquired.</p> <p>2. The rate per 100,000 admissions reduced from 778 in March 2022 to 689 in April 2022.</p>	<p style="text-align: center;">Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table border="1"> <caption>Estimated Data from Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Pressure Ulcers (Community)</th> <th>Pressure Ulcers (Hospital)</th> <th>Rate per 100,00 admissions</th> </tr> </thead> <tbody> <tr><td>May-21</td><td>15</td><td>45</td><td>750</td></tr> <tr><td>Jun-21</td><td>10</td><td>55</td><td>650</td></tr> <tr><td>Jul-21</td><td>20</td><td>65</td><td>750</td></tr> <tr><td>Aug-21</td><td>15</td><td>55</td><td>650</td></tr> <tr><td>Sep-21</td><td>35</td><td>65</td><td>750</td></tr> <tr><td>Oct-21</td><td>10</td><td>45</td><td>550</td></tr> <tr><td>Nov-21</td><td>10</td><td>55</td><td>550</td></tr> <tr><td>Dec-21</td><td>55</td><td>65</td><td>750</td></tr> <tr><td>Jan-22</td><td>25</td><td>65</td><td>850</td></tr> <tr><td>Feb-22</td><td>15</td><td>55</td><td>650</td></tr> <tr><td>Mar-22</td><td>55</td><td>65</td><td>650</td></tr> <tr><td>Apr-22</td><td>10</td><td>45</td><td>550</td></tr> <tr><td>May-22</td><td>35</td><td>65</td><td>650</td></tr> </tbody> </table>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,00 admissions	May-21	15	45	750	Jun-21	10	55	650	Jul-21	20	65	750	Aug-21	15	55	650	Sep-21	35	65	750	Oct-21	10	45	550	Nov-21	10	55	550	Dec-21	55	65	750	Jan-22	25	65	850	Feb-22	15	55	650	Mar-22	55	65	650	Apr-22	10	45	550	May-22	35	65	650
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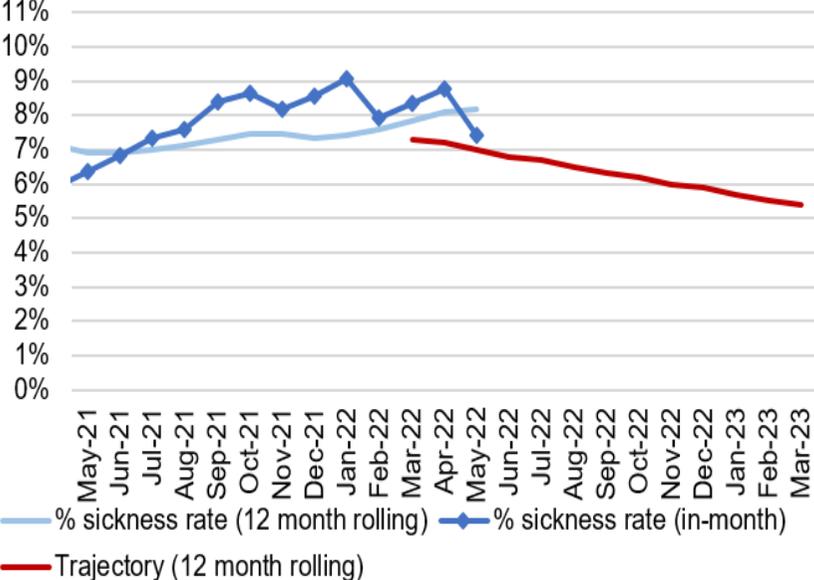
NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p>Nationally Reportable Incidents (NRI's)-</p> <p>1. <i>The number of Nationally reportable incidents</i></p> <p>2. <i>The number of Never Events</i></p> <p>3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 2 Nationally Reportable Incidents for the month of June 2022 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - Singleton & NPTH – 2 (both NRI's were falls) <p>2. There were no new Never Event reported in June 2022</p> <p>3. In June 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 33%.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p>  <p>3. % of nationally reportable incidents closed within the agreed timescales</p> 

INPATIENT FALLS																														
Description	Current Performance	Trend																												
<p>Inpatient Falls The total number of inpatient falls</p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 172 in June 2022. This is 1% less than June 2021 where 174 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Number of inpatient Falls (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Hospital falls</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>174</td></tr> <tr><td>Jul-21</td><td>190</td></tr> <tr><td>Aug-21</td><td>195</td></tr> <tr><td>Sep-21</td><td>205</td></tr> <tr><td>Oct-21</td><td>240</td></tr> <tr><td>Nov-21</td><td>210</td></tr> <tr><td>Dec-21</td><td>205</td></tr> <tr><td>Jan-22</td><td>195</td></tr> <tr><td>Feb-22</td><td>200</td></tr> <tr><td>Mar-22</td><td>205</td></tr> <tr><td>Apr-22</td><td>190</td></tr> <tr><td>May-22</td><td>180</td></tr> <tr><td>Jun-22</td><td>172</td></tr> </tbody> </table>	Month	Hospital falls	Jun-21	174	Jul-21	190	Aug-21	195	Sep-21	205	Oct-21	240	Nov-21	210	Dec-21	205	Jan-22	195	Feb-22	200	Mar-22	205	Apr-22	190	May-22	180	Jun-22	172
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DISCHARGE SUMMARIES																																																																								
Description	Current Performance	Trend																																																																						
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in June 2022, the percentage of completed discharge summaries was 64%.</p> <p>In June 2022, compliance ranged from 57% in Singleton Hospital to 77% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% of completed discharge summaries</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>68%</td></tr> <tr><td>Jul-21</td><td>62%</td></tr> <tr><td>Aug-21</td><td>62%</td></tr> <tr><td>Sep-21</td><td>68%</td></tr> <tr><td>Oct-21</td><td>60%</td></tr> <tr><td>Nov-21</td><td>62%</td></tr> <tr><td>Dec-21</td><td>62%</td></tr> <tr><td>Jan-22</td><td>60%</td></tr> <tr><td>Feb-22</td><td>65%</td></tr> <tr><td>Mar-22</td><td>62%</td></tr> <tr><td>Apr-22</td><td>60%</td></tr> <tr><td>May-22</td><td>65%</td></tr> <tr><td>Jun-22</td><td>64%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	Jun-21	68%	Jul-21	62%	Aug-21	62%	Sep-21	68%	Oct-21	60%	Nov-21	62%	Dec-21	62%	Jan-22	60%	Feb-22	65%	Mar-22	62%	Apr-22	60%	May-22	65%	Jun-22	64%																																										
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Description	Current Performance	Trend																																																																						
Crude Mortality Rate	<p>May 2022 reports the crude mortality rate for the Health Board at 0.86%, which is 0.01% lower than April 2022.</p> <p>A breakdown by Hospital for May 2022:</p> <ul style="list-style-type: none"> • Morriston – 1.47% • Singleton – 0.46% • NPT – 0.03% 	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>May-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Jun-21</td><td>1.6%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Jul-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Aug-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Sep-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Oct-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Nov-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Dec-21</td><td>1.6%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Jan-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Feb-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Mar-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Apr-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>May-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	May-21	1.7%	0.5%	0.1%	1.0%	Jun-21	1.6%	0.5%	0.1%	1.0%	Jul-21	1.7%	0.5%	0.1%	1.0%	Aug-21	1.7%	0.5%	0.1%	1.0%	Sep-21	1.7%	0.5%	0.1%	1.0%	Oct-21	1.7%	0.5%	0.1%	1.0%	Nov-21	1.7%	0.5%	0.1%	1.0%	Dec-21	1.6%	0.5%	0.1%	1.0%	Jan-22	1.5%	0.5%	0.1%	1.0%	Feb-22	1.5%	0.5%	0.1%	1.0%	Mar-22	1.5%	0.5%	0.1%	1.0%	Apr-22	1.5%	0.5%	0.1%	1.0%	May-22	1.5%	0.5%	0.1%	1.0%
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WORKFORCE

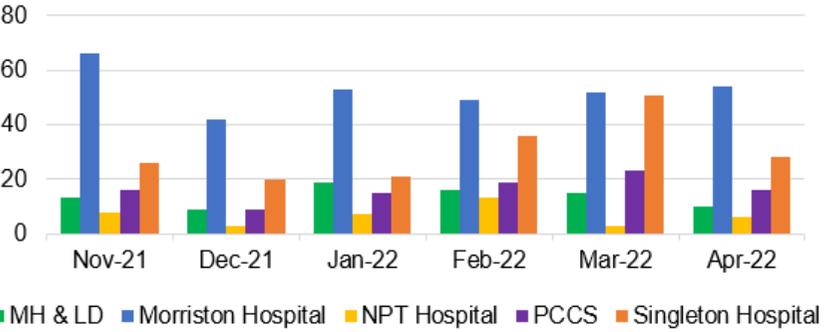
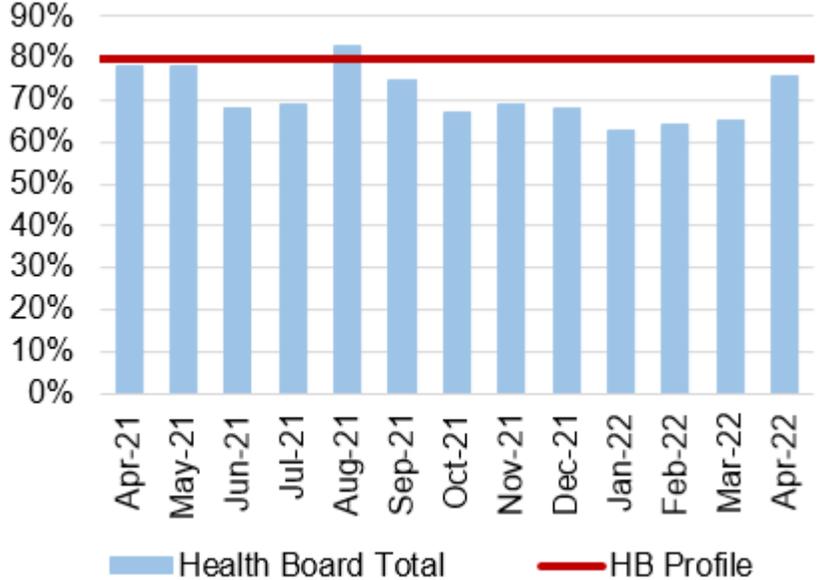
Description	Current Performance	Trend																		
<p>Staff sickness rates- <i>Percentage of sickness absence rate of staff</i></p>	<ul style="list-style-type: none"> Our in-month sickness performance improved from 8.78% in April 2022 to 7.4% in May 2022. The 12-month rolling performance deteriorated slightly from 8.11% in April 2022 to 8.2% in May 2022. The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in May 2022. <table border="1" data-bbox="517 671 1200 1294"> <thead> <tr> <th>Absence Reason</th> <th>FTE Days Lost</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Anxiety/ stress/ depression/ other psychiatric illnesses</td> <td>6,908.94</td> <td>26%</td> </tr> <tr> <td>Infectious diseases</td> <td>3,900.51</td> <td>14.7%</td> </tr> <tr> <td>Other musculoskeletal problems</td> <td>2,147.97</td> <td>8.1%</td> </tr> <tr> <td>Chest & respiratory problems</td> <td>2,041.6</td> <td>7.7%</td> </tr> <tr> <td>Other known causes – not elsewhere classified</td> <td>1,979.09</td> <td>7.5%</td> </tr> </tbody> </table>	Absence Reason	FTE Days Lost	%	Anxiety/ stress/ depression/ other psychiatric illnesses	6,908.94	26%	Infectious diseases	3,900.51	14.7%	Other musculoskeletal problems	2,147.97	8.1%	Chest & respiratory problems	2,041.6	7.7%	Other known causes – not elsewhere classified	1,979.09	7.5%	<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)</p>  <p>Legend: — % sickness rate (12 month rolling) ◆ % sickness rate (in-month) — Trajectory (12 month rolling)</p>
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<p>Theatre Efficiency</p> <p>1. Theatre Utilisation Rates</p> <p>2. % of theatre sessions starting late</p> <p>3. % of theatre sessions finishing early</p> <p>4. % of theatre sessions cancelled at short notice (<28 days)</p> <p>5. % of operations cancelled on the day</p>	<p>In June 2022 the Theatre Utilisation rate was 81%. This is an in-month improvement of 3% and 4% higher than rates seen in June 2021.</p> <p>43% of theatre sessions started late in June 2022. This is a 3% improvement on performance in May 2022 (46%).</p> <p>In June 2022, 43% of theatre sessions finished early. This is the same figure seen in May 2022 and in June 2021</p> <p>3% of theatre sessions were cancelled at short notice in June 2022. This is 3% lower than figures reported in May 2022 and is 1% higher than figures seen in June 2021.</p> <p>Of the operations cancelled in June 2022, 39% of them were cancelled on the day. This is an improvement from 42% in May 2022.</p>	<p style="text-align: center;">1. Theatre Utilisation Rates</p> <table border="1"> <caption>1. Theatre Utilisation Rates (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>75</td></tr> <tr><td>Jul-21</td><td>70</td></tr> <tr><td>Aug-21</td><td>65</td></tr> <tr><td>Sep-21</td><td>70</td></tr> <tr><td>Oct-21</td><td>65</td></tr> <tr><td>Nov-21</td><td>65</td></tr> <tr><td>Dec-21</td><td>60</td></tr> <tr><td>Jan-22</td><td>70</td></tr> <tr><td>Feb-22</td><td>70</td></tr> <tr><td>Mar-22</td><td>70</td></tr> <tr><td>Apr-22</td><td>70</td></tr> <tr><td>May-22</td><td>75</td></tr> <tr><td>Jun-22</td><td>81</td></tr> </tbody> </table> <p style="text-align: center;">2. And 3. % theatre sessions starting late/finishing</p> <table border="1"> <caption>2. 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PATIENT EXPERIENCE		
Description	Current Performance	Trend
<p>Patient experience</p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p>	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in June 2022 was 88% and 3,292 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,727 surveys in June 2022, with a recommended score of 92%. Morrison Hospital completed 1,194 surveys in June 2022, with a recommended score of 83%. Primary & Community Care completed 130 surveys for June 2022, with a recommended score of 90%. The Mental Health Service Group completed 11 surveys for June 2022, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p>

COMPLAINTS

Description	Current Performance	Trend												
<p>Patient concerns</p> <p><i>1. Number of formal complaints received</i></p> <p><i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p>	<p>1. In April 2022, the Health Board received 123 formal complaints; this is a 23% reduction on the number seen in March 2022.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 76% in April 2022, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1" data-bbox="510 954 1218 1270"> <thead> <tr> <th></th> <th>30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td>83%</td> </tr> <tr> <td>Morryston Hospital</td> <td>83%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td>70%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td>94%</td> </tr> <tr> <td>Singleton Hospital</td> <td>57%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	83%	Morryston Hospital	83%	Mental Health & Learning Disabilities	70%	Primary, Community and Therapies	94%	Singleton Hospital	57%	<p>1. Number of formal complaints received</p>  <p>2. Response rate for concerns within 30 days</p> 
	30 day response rate													
Neath Port Talbot Hospital	83%													
Morryston Hospital	83%													
Mental Health & Learning Disabilities	70%													
Primary, Community and Therapies	94%													
Singleton Hospital	57%													

FINANCE UPDATES

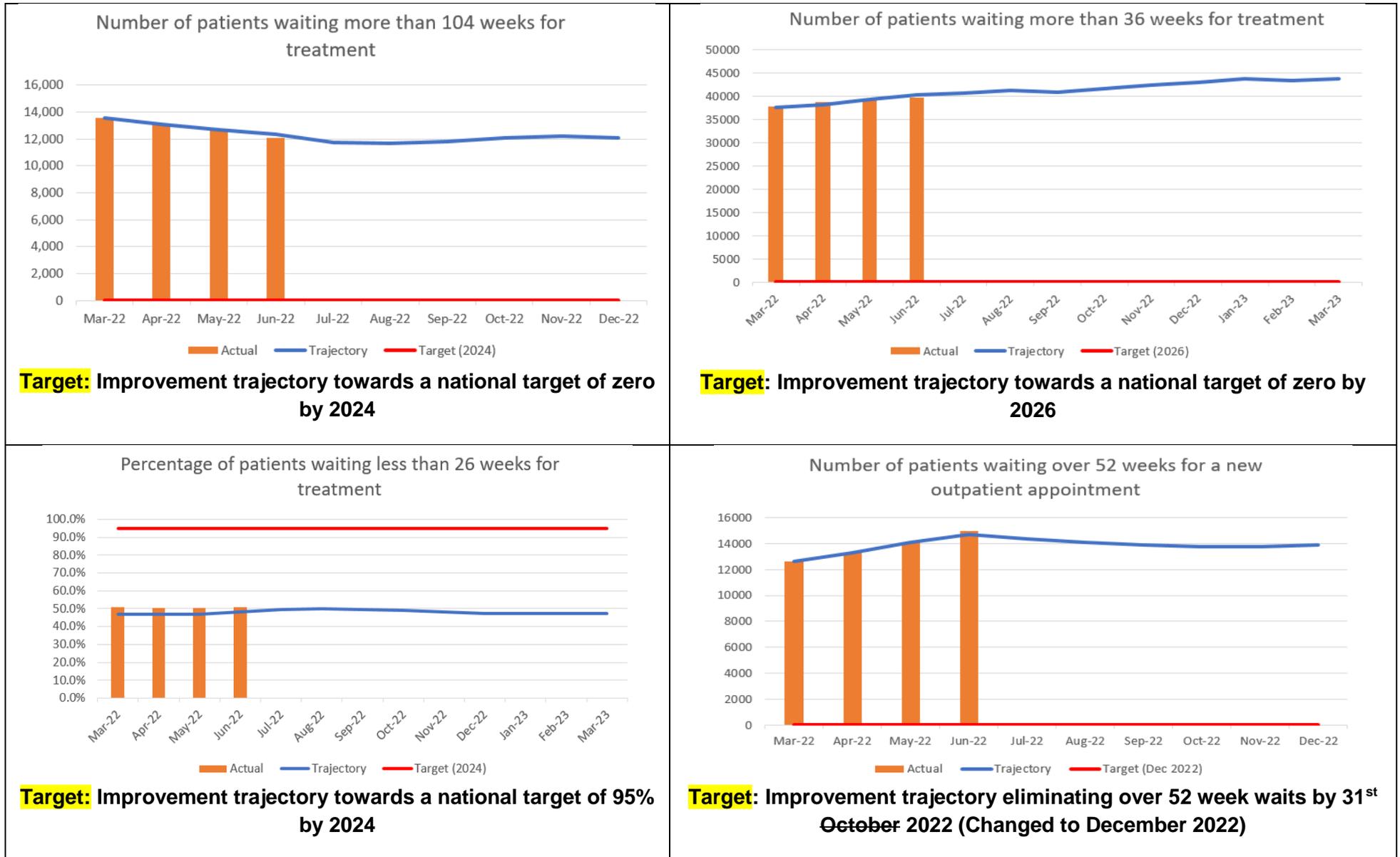
This section of the report provides further detail on key workforce measures.

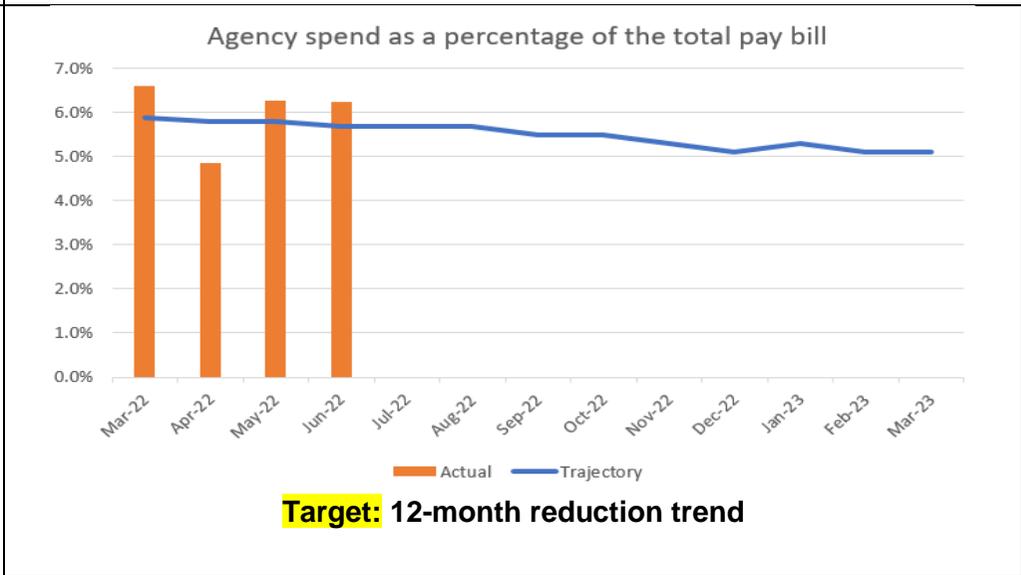
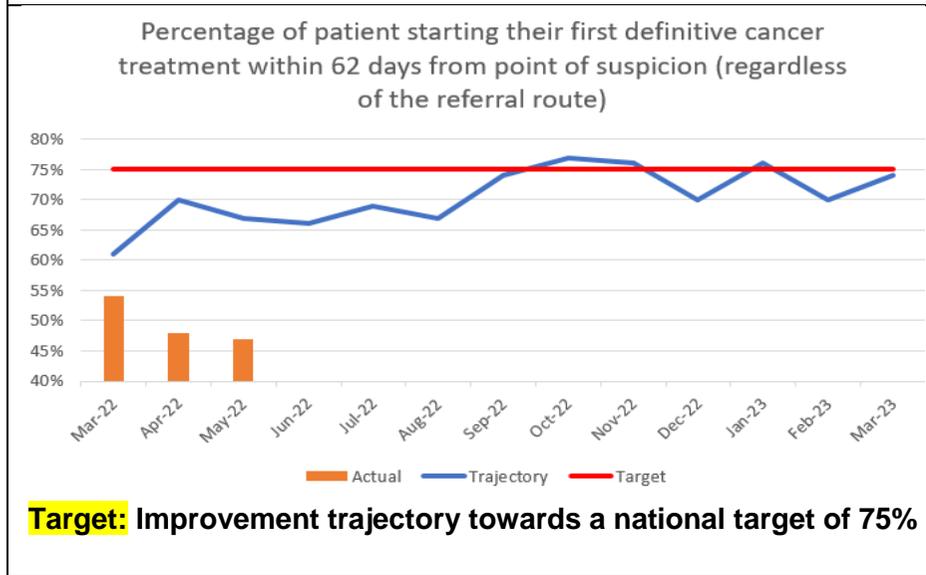
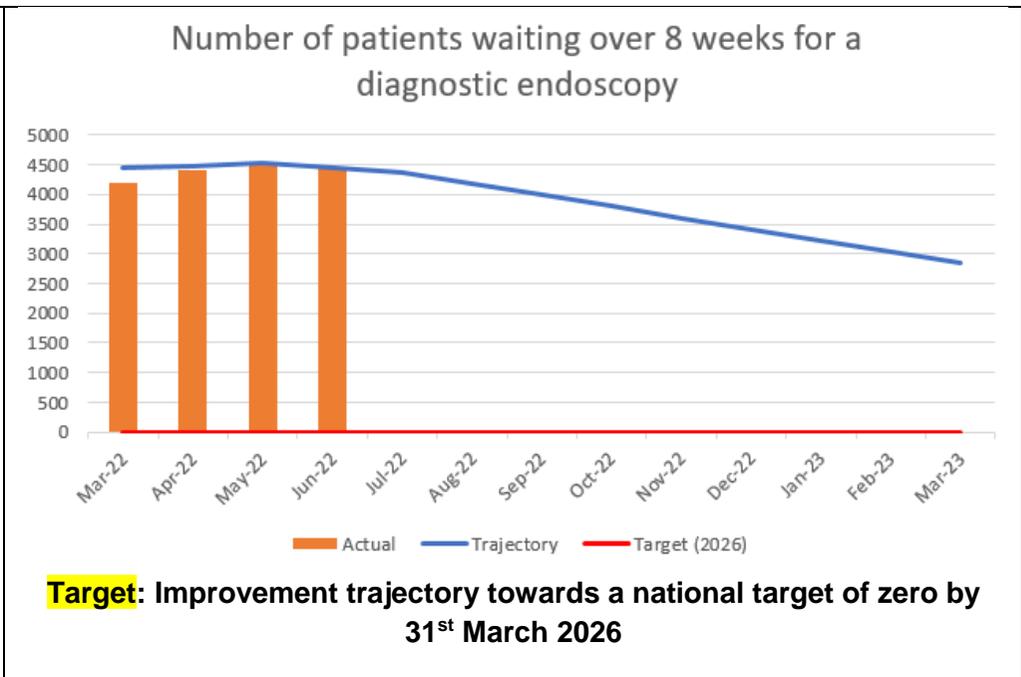
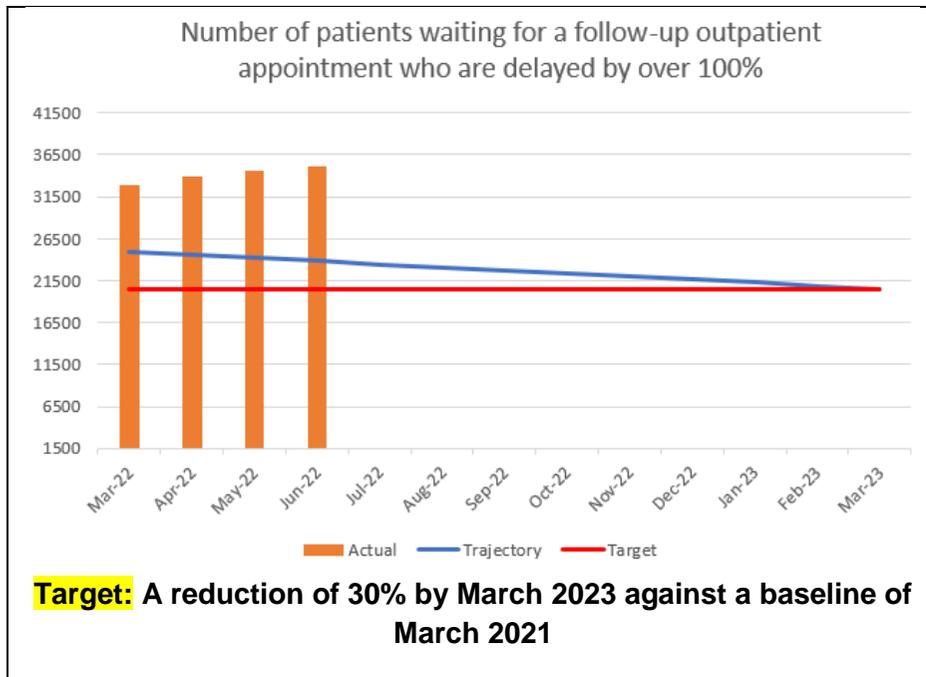
Description	Current Performance	Trend																																																				
<p>Revenue Financial Position – expenditure incurred against revenue resource limit</p>	<ul style="list-style-type: none"> The Health Board agreed its annual plan with a forecast deficit for 2022/23 of £24.4m on 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 3 variance was £2.573m and was £0.539m off profile, and the cumulative position after 3 months was £7.208m, which is £1.106m above profile. 	<p>HEALTH BOARD FINANCIAL PERFORMANCE 2022/23</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Health Board Position (£'000)</th> <th>Forecast Position (£'000)</th> <th>Target Overspend (£'000)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>2,247</td><td></td><td>2,034</td></tr> <tr><td>M2</td><td>2,387</td><td></td><td>2,034</td></tr> <tr><td>M3</td><td>2,573</td><td></td><td>2,034</td></tr> <tr><td>M4</td><td></td><td>1,911</td><td>2,034</td></tr> <tr><td>M5</td><td></td><td>1,911</td><td>2,034</td></tr> <tr><td>M6</td><td></td><td>1,911</td><td>2,034</td></tr> <tr><td>M7</td><td></td><td>1,911</td><td>2,034</td></tr> <tr><td>M8</td><td></td><td>1,911</td><td>2,034</td></tr> <tr><td>M9</td><td></td><td>1,911</td><td>2,034</td></tr> <tr><td>M10</td><td></td><td>1,911</td><td>2,034</td></tr> <tr><td>M11</td><td></td><td>1,911</td><td>2,034</td></tr> <tr><td>M12</td><td></td><td>1,909</td><td>2,034</td></tr> </tbody> </table>	Month	Health Board Position (£'000)	Forecast Position (£'000)	Target Overspend (£'000)	M1	2,247		2,034	M2	2,387		2,034	M3	2,573		2,034	M4		1,911	2,034	M5		1,911	2,034	M6		1,911	2,034	M7		1,911	2,034	M8		1,911	2,034	M9		1,911	2,034	M10		1,911	2,034	M11		1,911	2,034	M12		1,909	2,034
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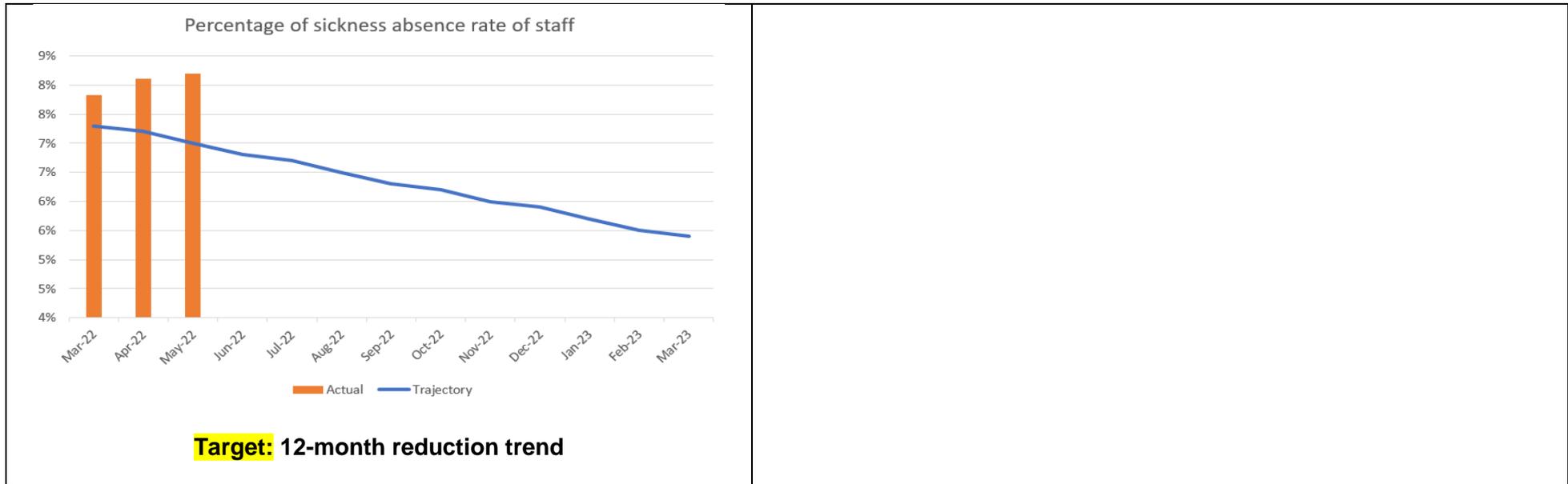
Description	Current Performance	Trend																																																																																																																					
Capital Financial Position – expenditure incurred against capital resource limit	<ul style="list-style-type: none"> The forecast outturn capital position for 2022/23 is an overspend of £2.830m. Allocations are anticipated from Welsh Government which will balance this position. High/Medium risk All Wales Capital schemes are reported to Welsh Government. Any schemes where risks are reported are being closely monitored and discussed at the Capital Review progress meetings with Welsh Government. The reported forecast outturn position assumes that £1.998m of disposal income will be received. 	<p style="text-align: center;">Capital - Cumulative Performance to Plan</p> <table border="1"> <caption>Capital - Cumulative Performance to Plan (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Forecast (£'000)</th> <th>Actual/Revised Forecast (£'000)</th> </tr> </thead> <tbody> <tr><td>April</td><td>4,000</td><td>4,000</td></tr> <tr><td>May</td><td>6,000</td><td>6,000</td></tr> <tr><td>June</td><td>8,000</td><td>8,000</td></tr> <tr><td>July</td><td>10,000</td><td>10,000</td></tr> <tr><td>Aug</td><td>12,000</td><td>12,000</td></tr> <tr><td>Sept</td><td>14,000</td><td>14,000</td></tr> <tr><td>Oct</td><td>16,000</td><td>16,000</td></tr> <tr><td>Nov</td><td>18,000</td><td>18,000</td></tr> <tr><td>Dec</td><td>20,000</td><td>20,000</td></tr> <tr><td>Jan</td><td>22,000</td><td>22,000</td></tr> <tr><td>Feb</td><td>24,000</td><td>24,000</td></tr> <tr><td>March</td><td>26,000</td><td>28,000</td></tr> </tbody> </table>	Month	Forecast (£'000)	Actual/Revised Forecast (£'000)	April	4,000	4,000	May	6,000	6,000	June	8,000	8,000	July	10,000	10,000	Aug	12,000	12,000	Sept	14,000	14,000	Oct	16,000	16,000	Nov	18,000	18,000	Dec	20,000	20,000	Jan	22,000	22,000	Feb	24,000	24,000	March	26,000	28,000																																																																														
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Workforce Spend – workforce expenditure profile	<ul style="list-style-type: none"> The pay budgets are overspent by £230k in June. Funding has been allocated to : <ul style="list-style-type: none"> support additional transition and recovery costs associated with COVID, Variable pay remains high with increased expenditure in month 3 on medical agency costs in excess of both the average of last year and corresponding month. This reflects operational pressures, increasing sickness levels and recovery actions and will be monitored as the months progress. Bank costs have increased during June with a decrease in overtime compared to May. 	<p style="text-align: center;">Variable Pay Expenditure</p> <table border="1"> <caption>Variable Pay Expenditure (Estimated Data)</caption> <thead> <tr> <th>Period</th> <th>Bank</th> <th>Overtime</th> <th>Agency - Non Medical</th> <th>Agency - Medical</th> <th>WLI</th> <th>Irregular Sessions</th> <th>Current Year Budget</th> <th>Last Year Expenditure</th> </tr> </thead> <tbody> <tr><td>P01</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>4,500,000</td></tr> <tr><td>P02</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>5,500,000</td></tr> <tr><td>P03</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>4,500,000</td></tr> <tr><td>P04</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>4,500,000</td></tr> <tr><td>P05</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>7,500,000</td></tr> <tr><td>P06</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>5,500,000</td></tr> <tr><td>P07</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>5,500,000</td></tr> <tr><td>P08</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>6,000,000</td></tr> <tr><td>P09</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>5,500,000</td></tr> <tr><td>P10</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>6,000,000</td></tr> <tr><td>P11</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>6,000,000</td></tr> <tr><td>P12</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>9,500,000</td></tr> </tbody> </table>	Period	Bank	Overtime	Agency - Non Medical	Agency - Medical	WLI	Irregular Sessions	Current Year Budget	Last Year Expenditure	P01	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	4,500,000	P02	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,500,000	P03	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	4,500,000	P04	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	4,500,000	P05	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	7,500,000	P06	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,500,000	P07	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,500,000	P08	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	6,000,000	P09	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,500,000	P10	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	6,000,000	P11	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	6,000,000	P12	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	9,500,000
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P12	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	9,500,000																																																																																																															

Description	Current Performance	Trend																																																				
<p>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> The PSPP compliance continues to improve with the June position being 96.64% compliant, and a cumulative compliance of 95.81%, which is above the target of 95% 	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p> <table border="1"> <caption>PSPP Target Data</caption> <thead> <tr> <th>Month</th> <th>PSPP In Month (%)</th> <th>PSPP Cumulative (%)</th> <th>PSPP Target (%)</th> </tr> </thead> <tbody> <tr> <td>M1</td> <td>95.00</td> <td>94.71</td> <td>95.00</td> </tr> <tr> <td>M2</td> <td>95.81</td> <td>95.31</td> <td>95.00</td> </tr> <tr> <td>M3</td> <td>96.64</td> <td>95.81</td> <td>95.00</td> </tr> <tr> <td>M4</td> <td>-</td> <td>-</td> <td>95.00</td> </tr> <tr> <td>M5</td> <td>-</td> <td>-</td> <td>95.00</td> </tr> <tr> <td>M6</td> <td>-</td> <td>-</td> <td>95.00</td> </tr> <tr> <td>M7</td> <td>-</td> <td>-</td> <td>95.00</td> </tr> <tr> <td>M8</td> <td>-</td> <td>-</td> <td>95.00</td> </tr> <tr> <td>M9</td> <td>-</td> <td>-</td> <td>95.00</td> </tr> <tr> <td>M10</td> <td>-</td> <td>-</td> <td>95.00</td> </tr> <tr> <td>M11</td> <td>-</td> <td>-</td> <td>95.00</td> </tr> <tr> <td>M12</td> <td>-</td> <td>-</td> <td>95.00</td> </tr> </tbody> </table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	95.00	94.71	95.00	M2	95.81	95.31	95.00	M3	96.64	95.81	95.00	M4	-	-	95.00	M5	-	-	95.00	M6	-	-	95.00	M7	-	-	95.00	M8	-	-	95.00	M9	-	-	95.00	M10	-	-	95.00	M11	-	-	95.00	M12	-	-	95.00
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MINISTERIAL PRIORITY MEASURES







5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

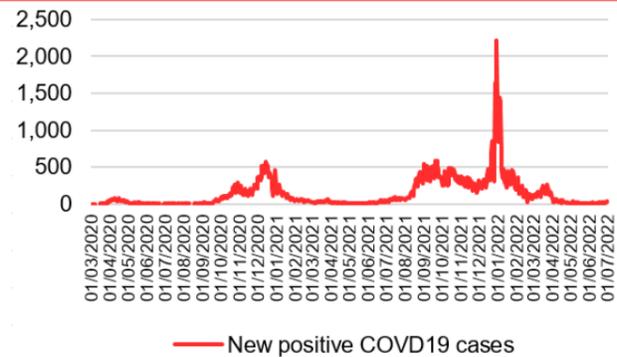


Chart 2: Number of new COVID19 cases (cumulative)

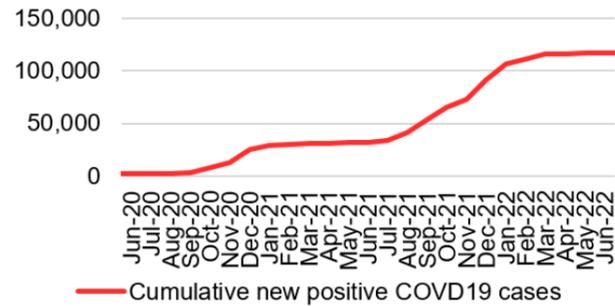


Chart 3: Number of COVID19 tests completed and positivity rate

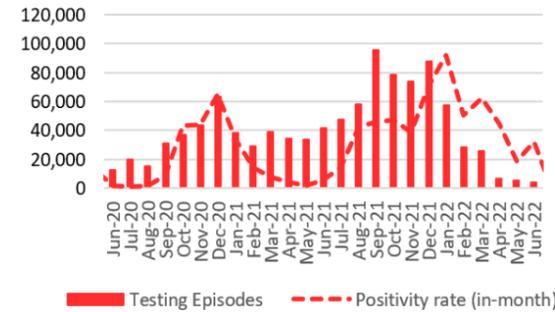


Chart 4: Number of staff referred for Antigen testing



Chart 5: Outcome of staff COVID19/ antigen tests

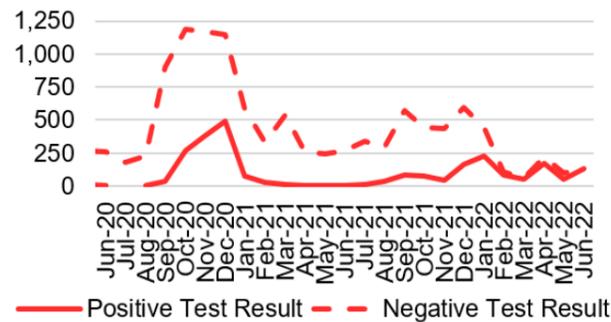


Chart 6: Number of COVID19 related incidents

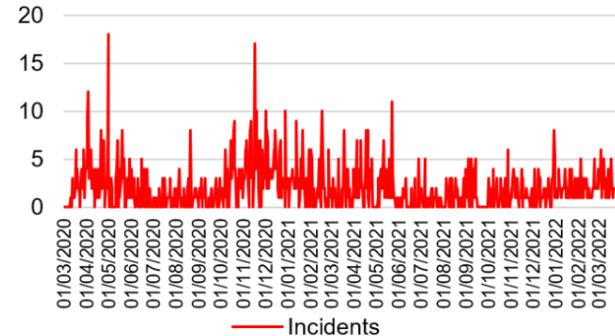


Chart 7: Number of COVID19 related serious incidents

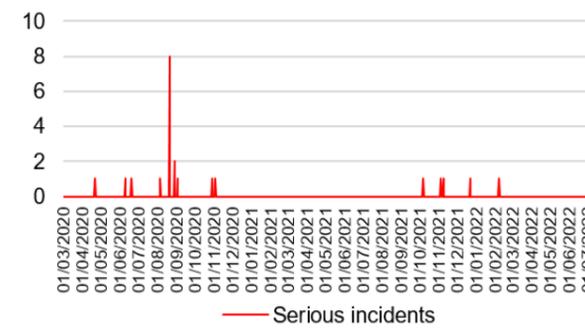


Chart 8: Number of COVID19 related complaints

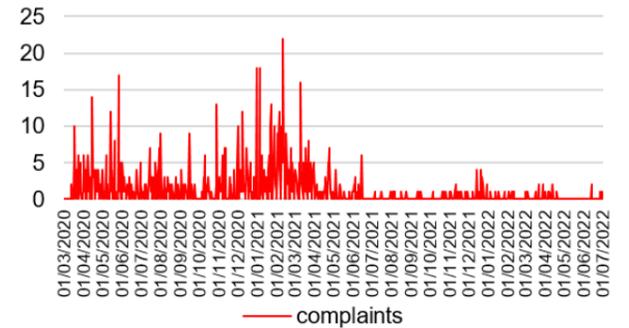


Chart 9: Number of COVID19 related risks

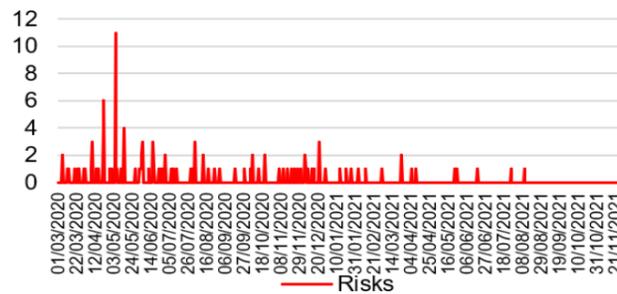


Chart 10: Number of staff self-isolating (asymptomatic)

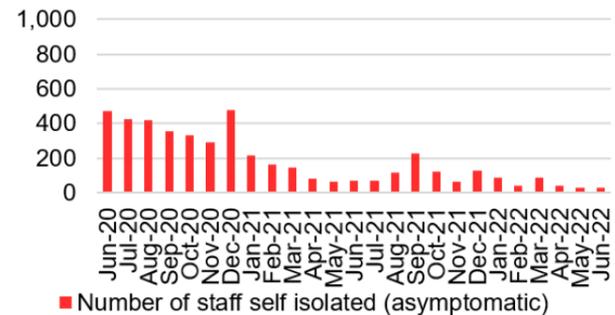


Chart 11: Number of staff self isolating (symptomatic)

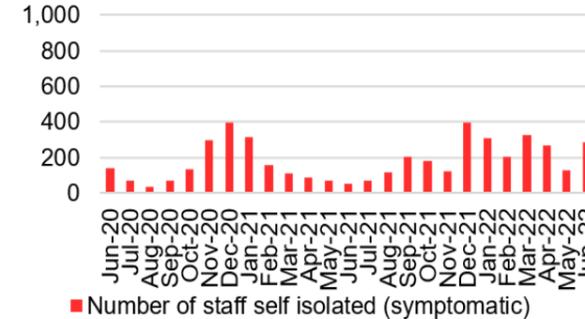


Chart 12: % staff sickness

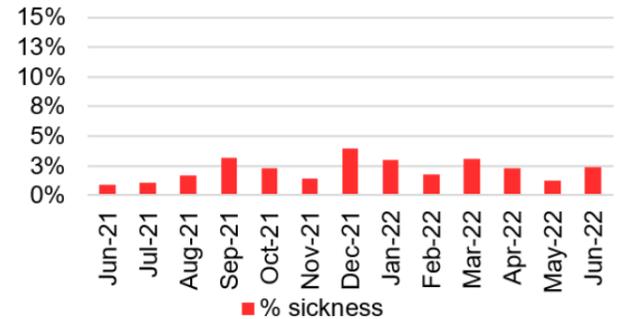


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

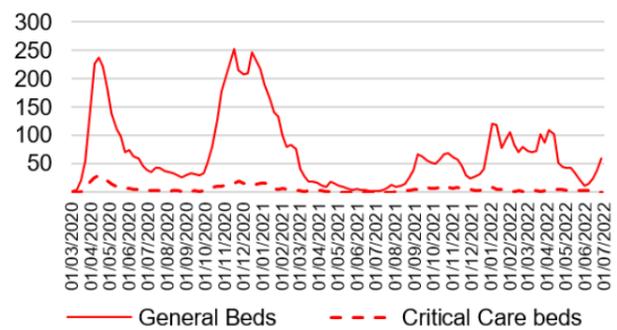


Chart 14: Number of hospital deaths with any mention of COVID19



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

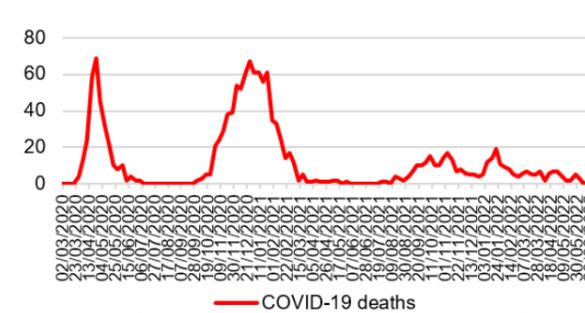
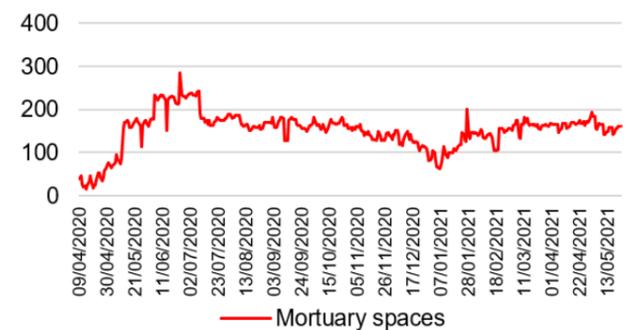


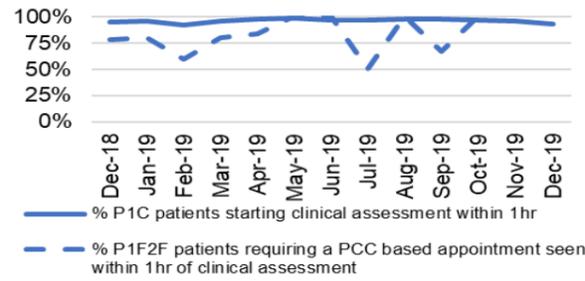
Chart 16: Number of mortuary spaces



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

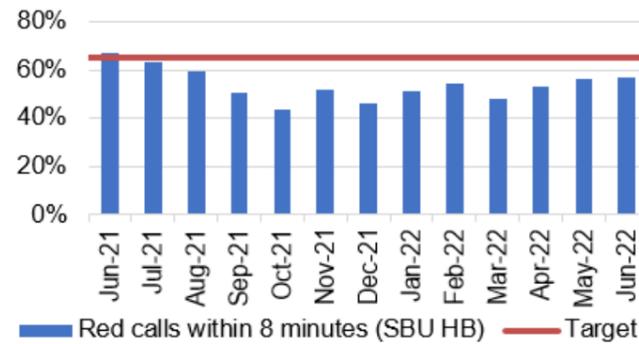


Chart 3: Number of ambulance handovers over 1 hour

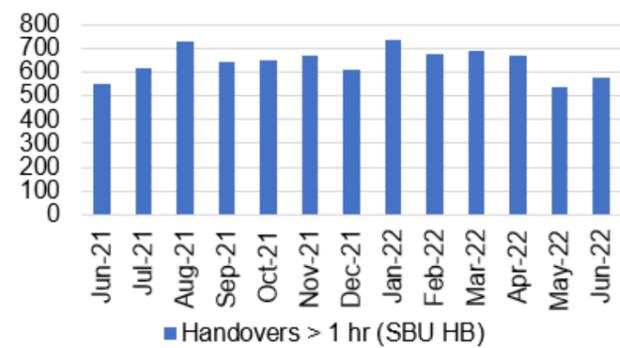


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

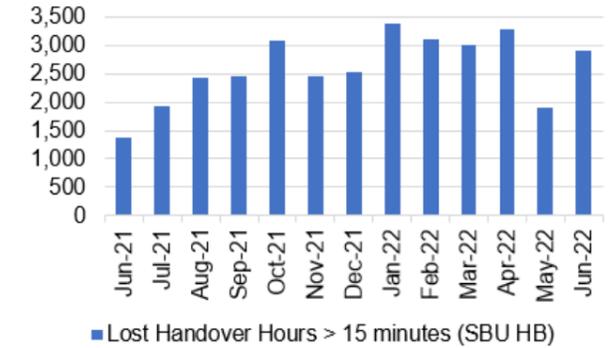


Chart 5: A&E Attendances

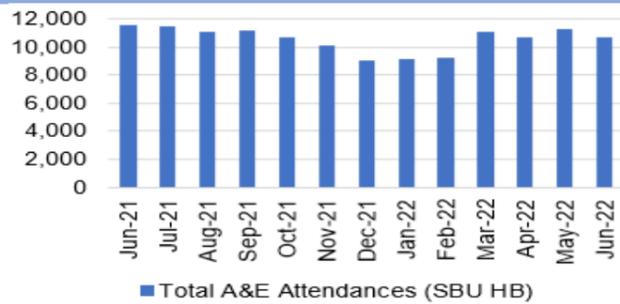


Chart 6: % patients who spend less than 4 hours in A&E

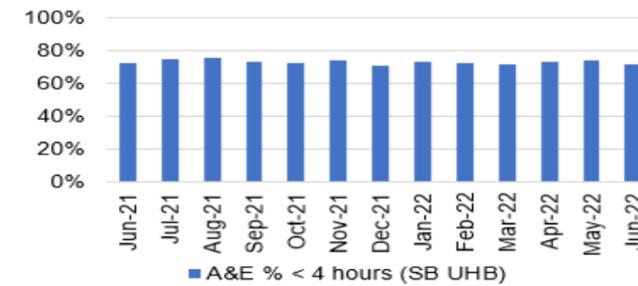


Chart 7: Number of patients waiting over 12 hours in A&E

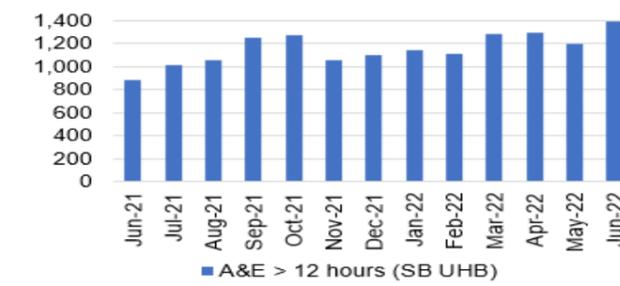


Chart 8: Number of emergency admissions

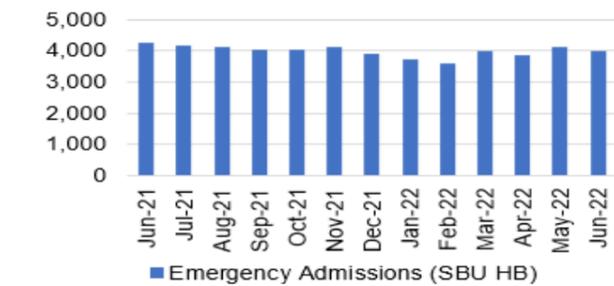


Chart 9: Elective procedures cancelled due to lack of beds

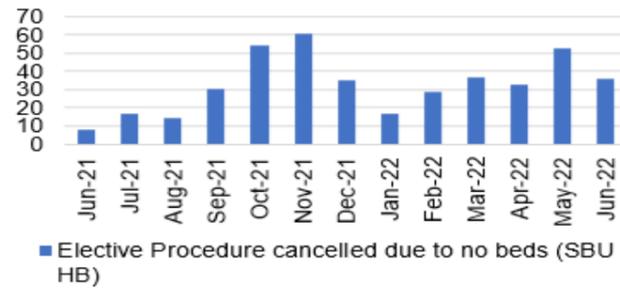


Chart 10: Number of clinically optimised patients

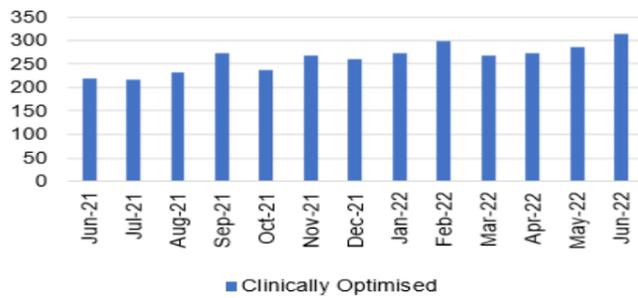


Chart 11: Delay reason for clinically optimised patients

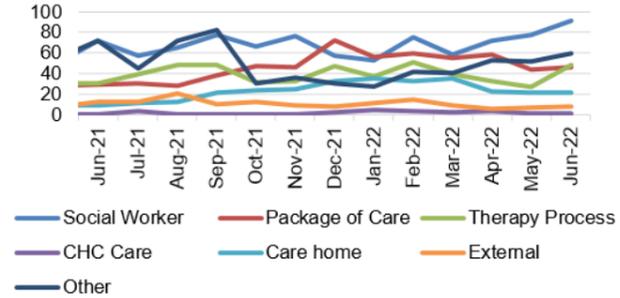


Chart 12: Average lost bed days (per day)

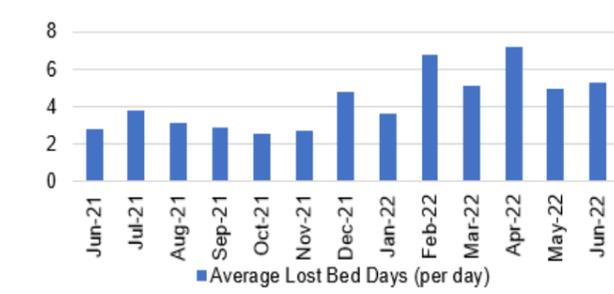


Chart 13; % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

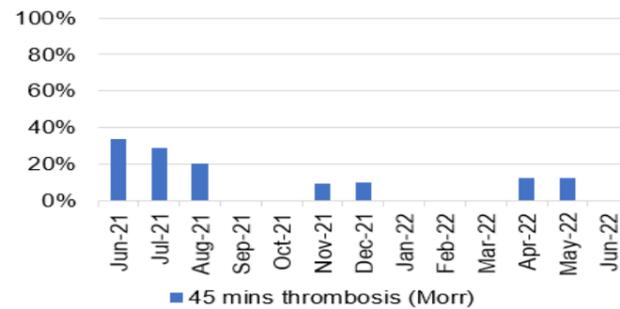


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

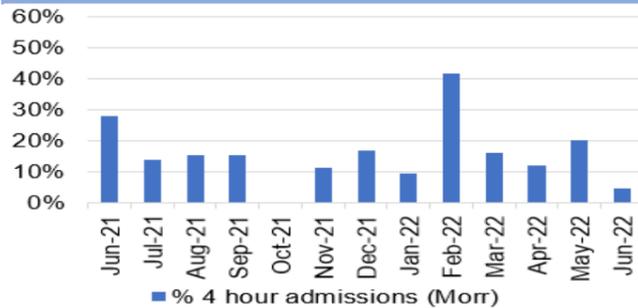


Chart 15: % of stroke patients receiving CT scan with 1 hour

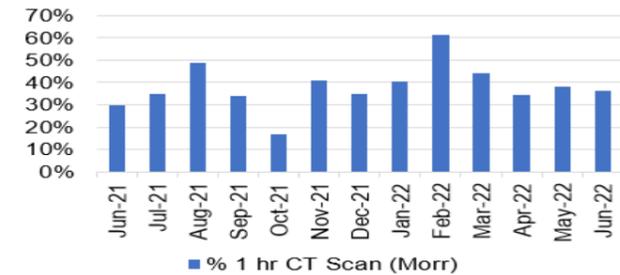
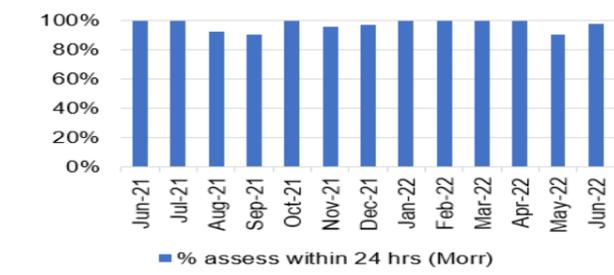


Chart 16: % stroke patients receiving consultant assessment within 24 hours



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)

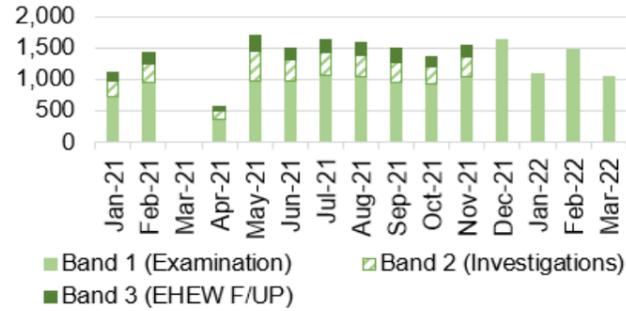


Chart 2: GMS - Escalation Levels



Chart 3: GMS - Sustainability



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

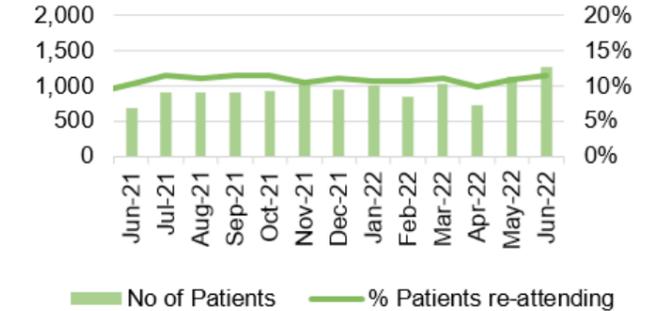


Chart 5: General Dental Services - Activity

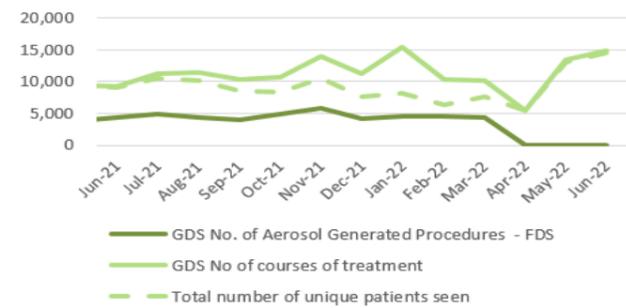


Chart 6: General Dental Services - New Patients

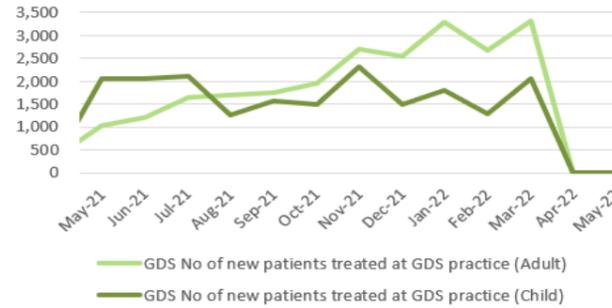


Chart 7: General Dental Services - ACORNs/FV

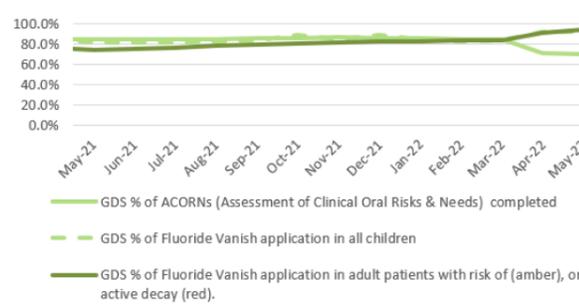


Chart 8: Optometry Activity – sight tests

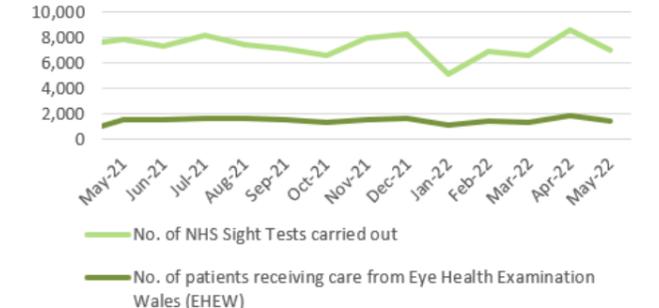


Chart 9: Optometry Activity – low vision care

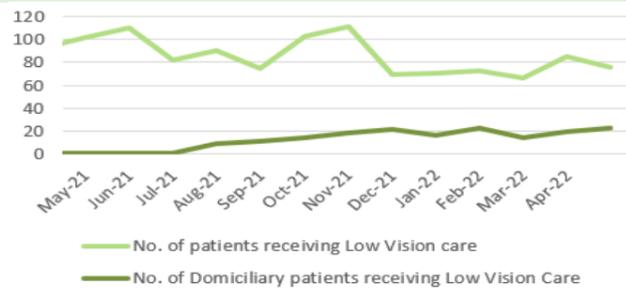


Chart 10: Community Pharmacy – Escalation levels



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

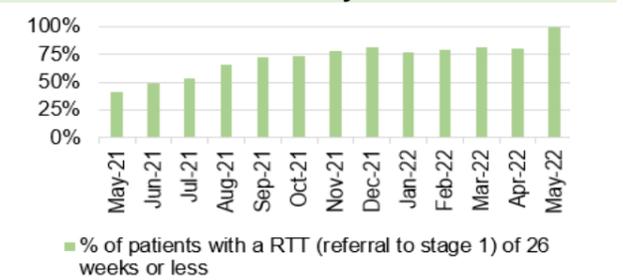


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

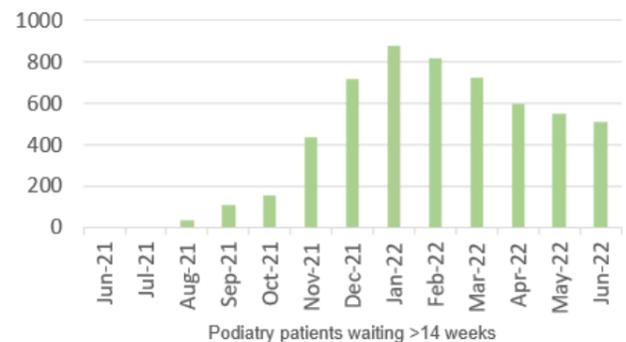


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

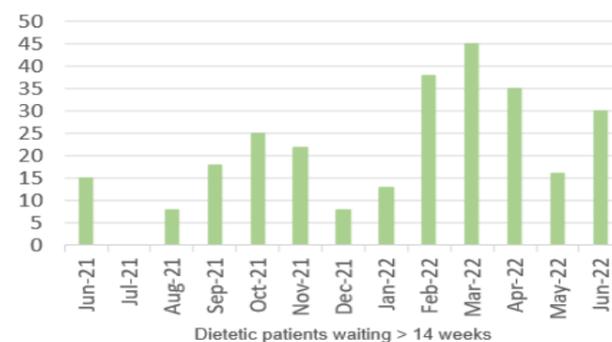


Chart 15: Audiology- Total number of patients waiting > 14 weeks

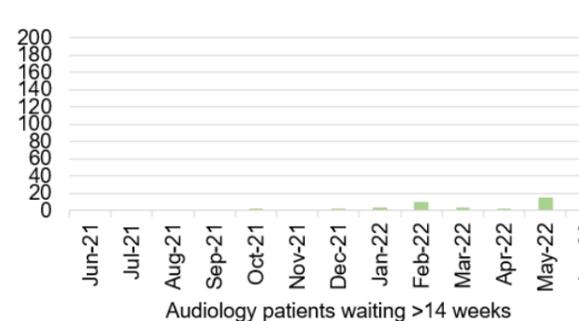


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

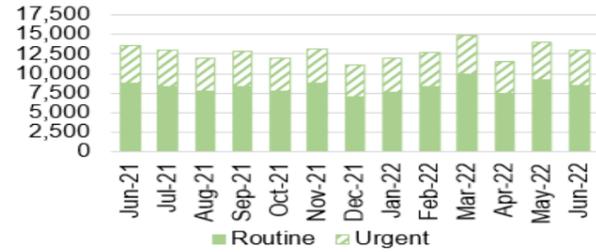


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment



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

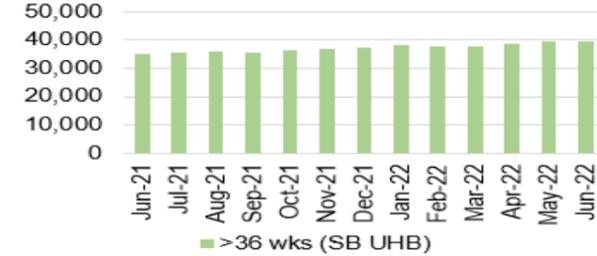


Chart 4: % patients waiting less than 26 weeks from referral to treatment

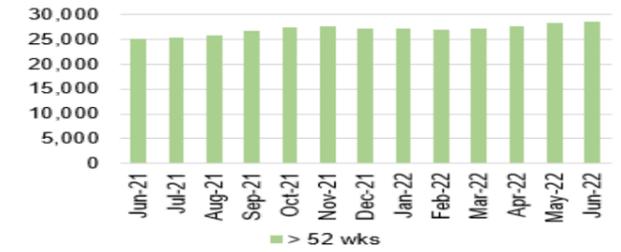


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

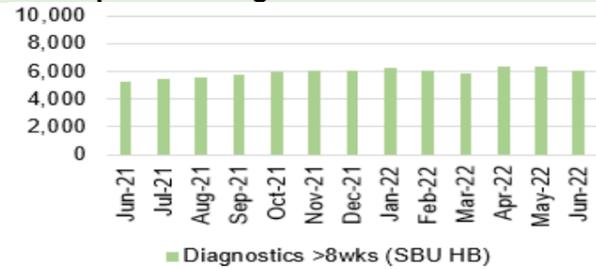


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

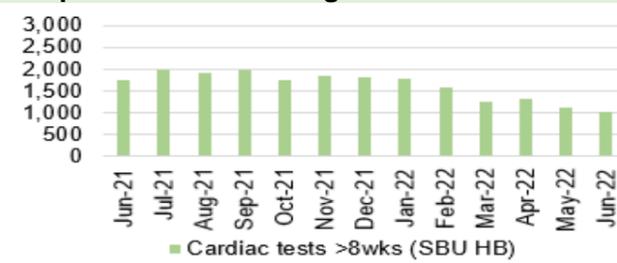


Chart 7: Number of patients waiting more than 14 weeks for Therapies

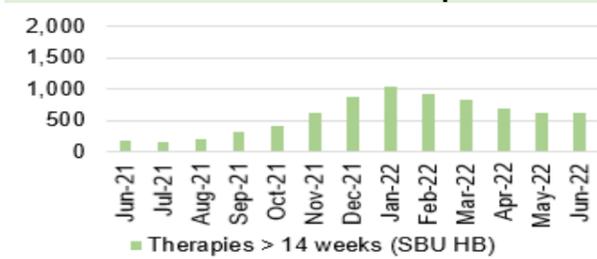


Chart 8: Cancer referrals



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

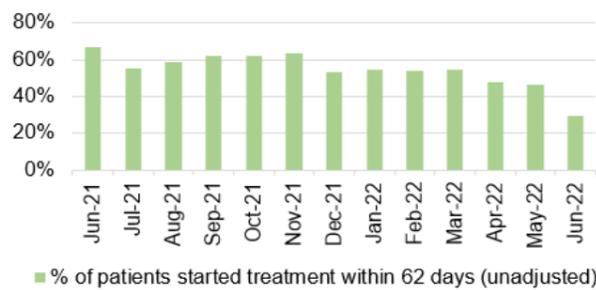


Chart 10: Number of new cancer patients starting definitive treatment

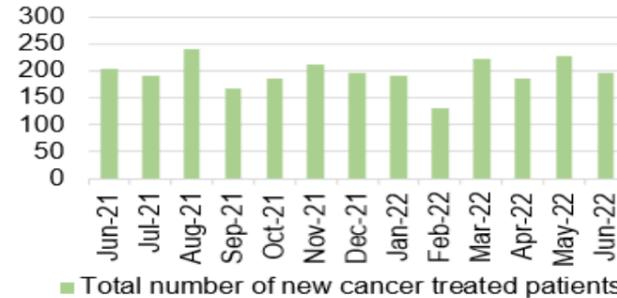


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

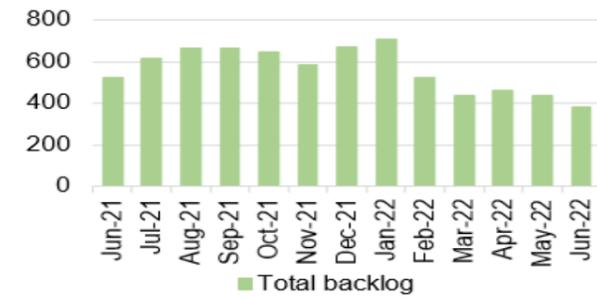


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

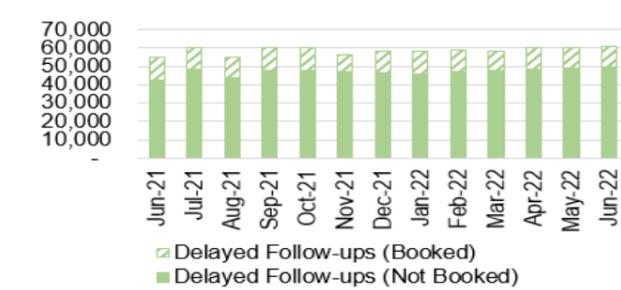


Chart 13: Number of patients without a documented clinical review date

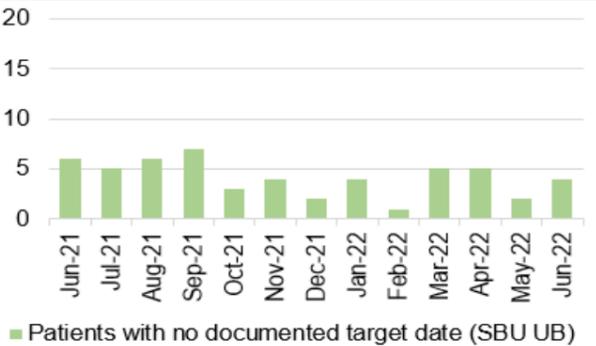


Chart 14: Ophthalmology patients without an allocated health risk factor

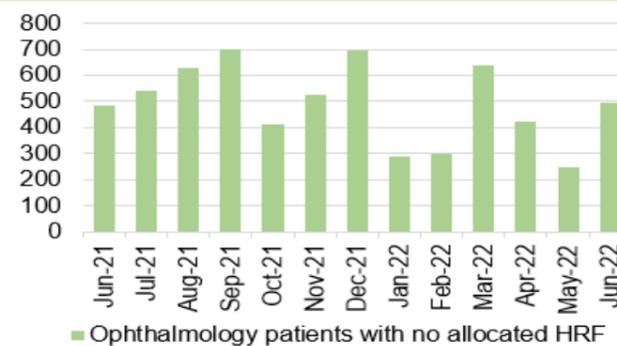


Chart 15: Total number of patients on the follow-up waiting list

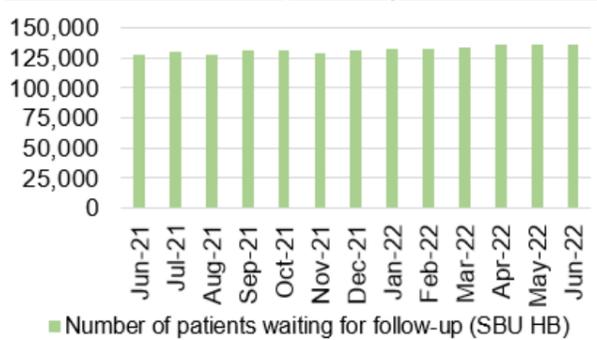
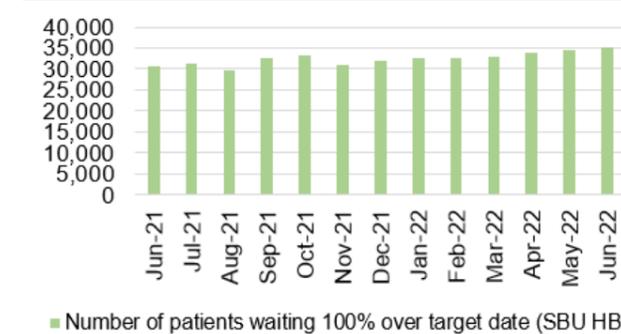


Chart 16: Number of patients delayed by over 100%



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

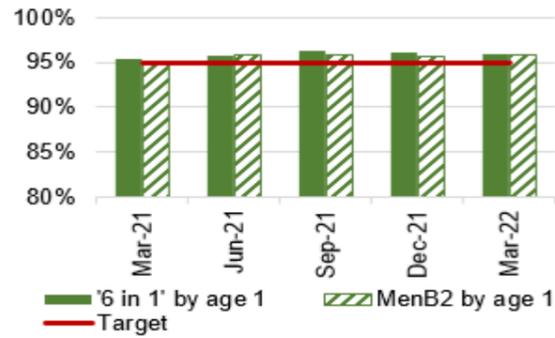


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

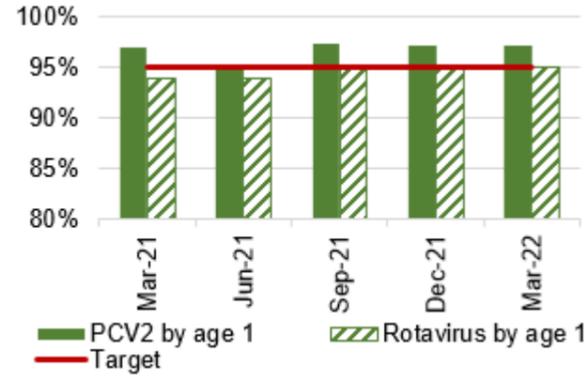


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

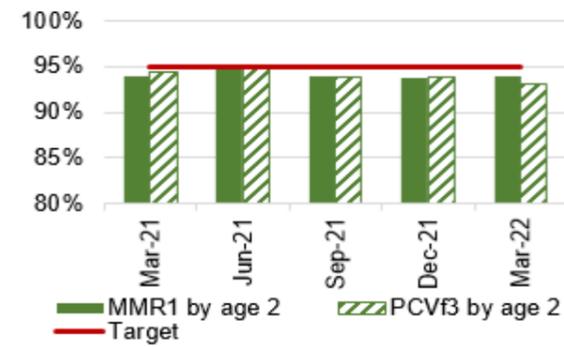


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

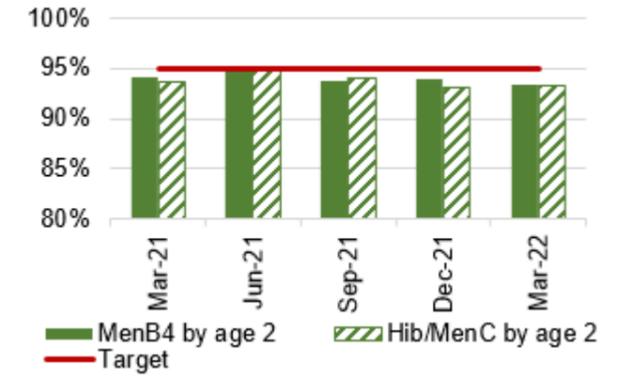


Chart 5: % children who are up to date in schedule by age 4

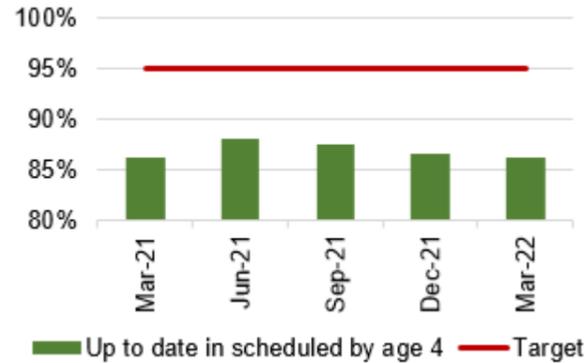


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

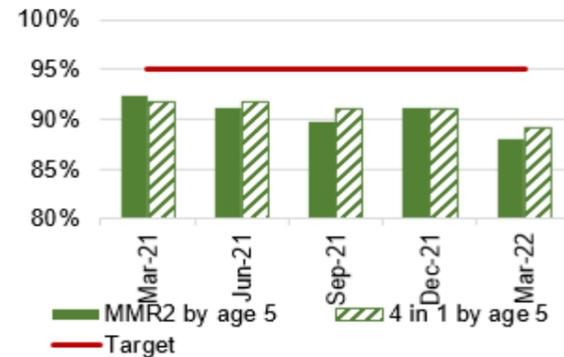


Chart 7: % children who received MMR vaccine and teenage booster by age 16

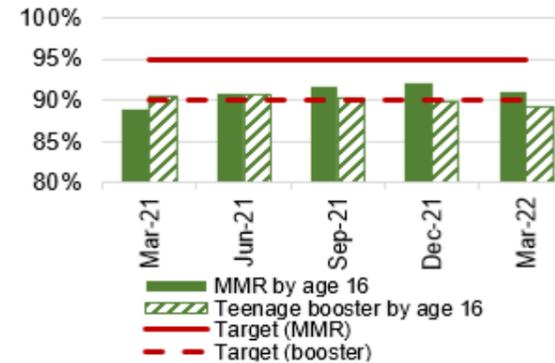


Chart 8: % children who received MenACWY vaccine by age 16

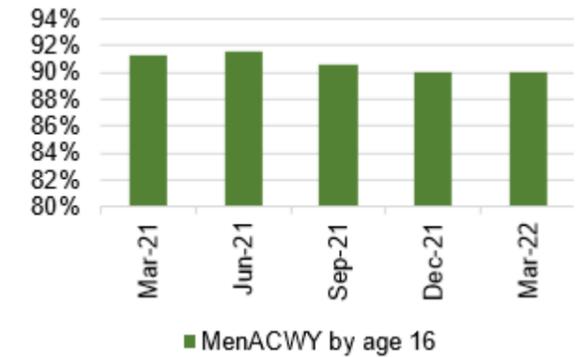
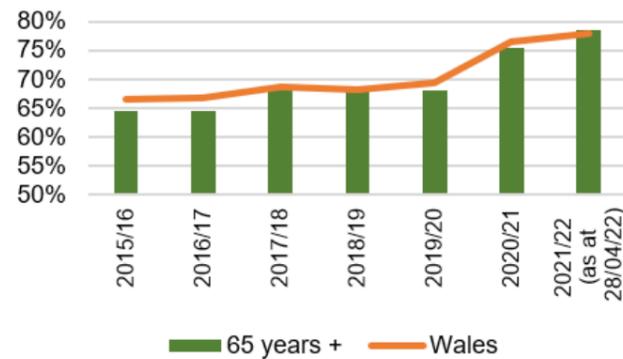
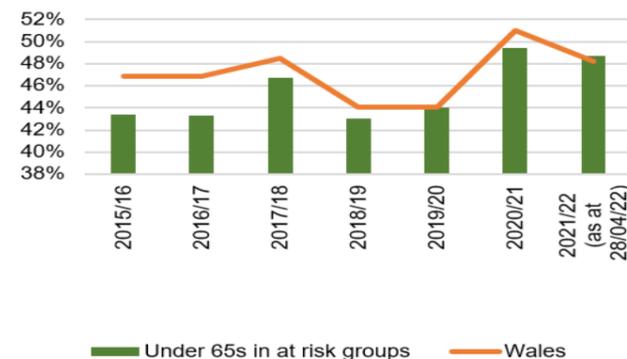


Chart 9: Influenza uptake for amongst 65 year olds and over



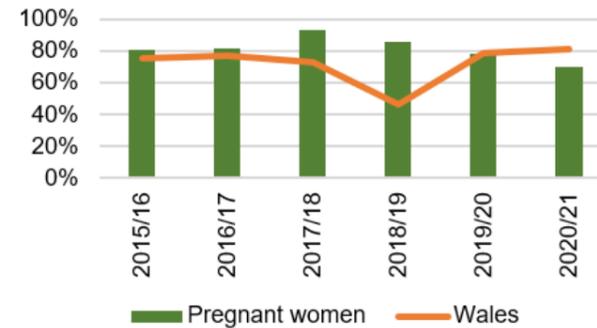
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



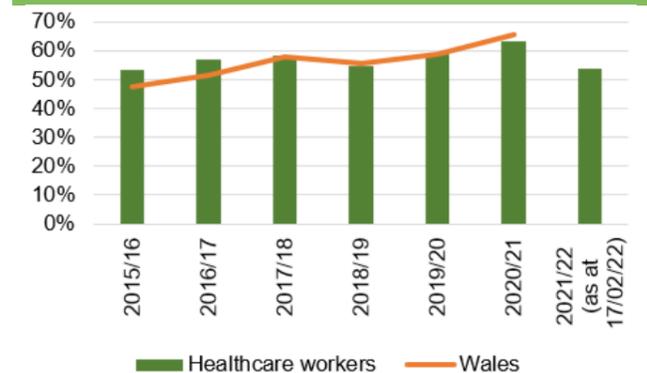
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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

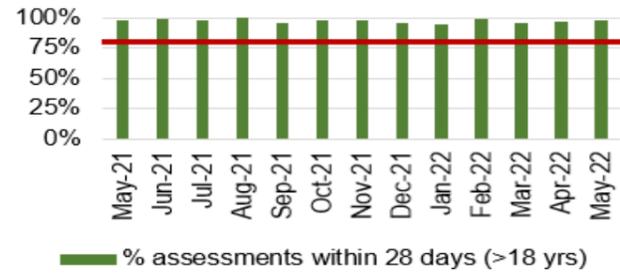


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

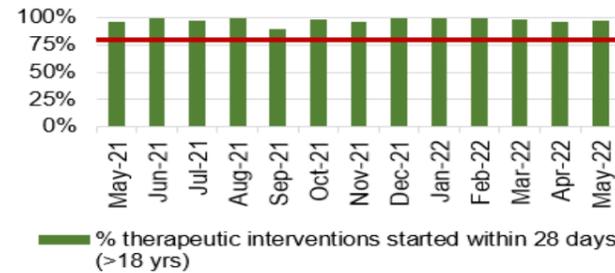


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

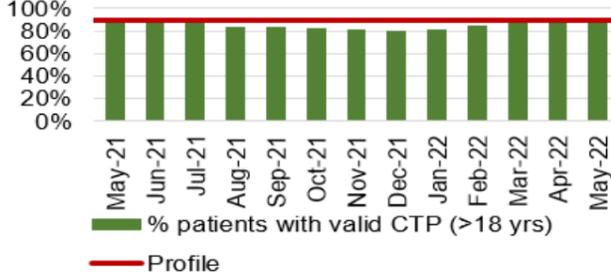


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

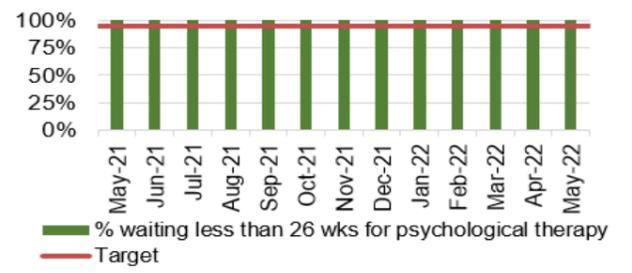


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

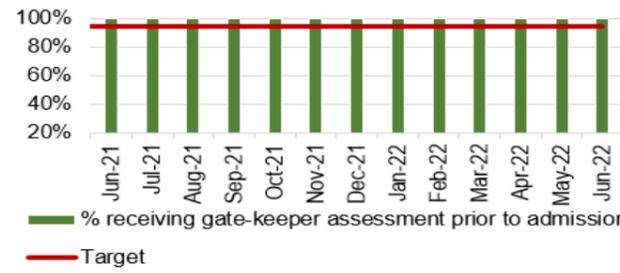


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

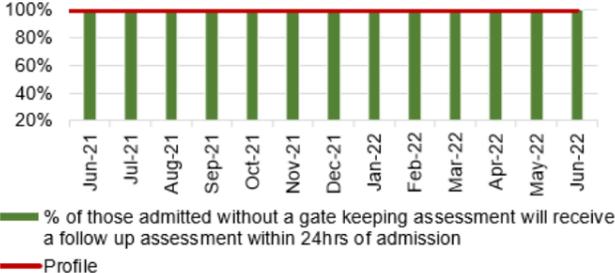


Chart 7: % of patients waiting under 14 weeks for Therapies

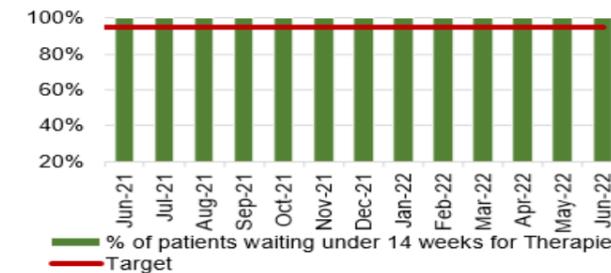


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

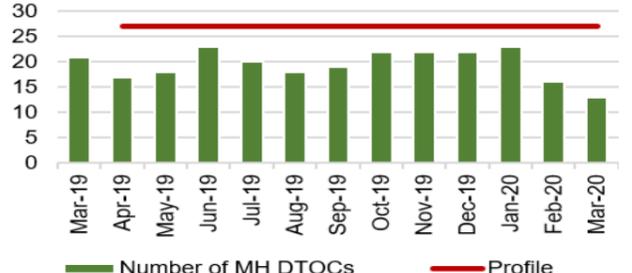


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions



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

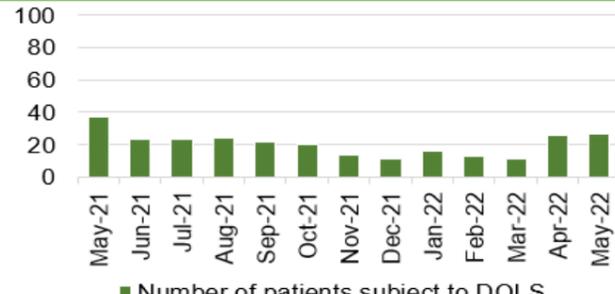
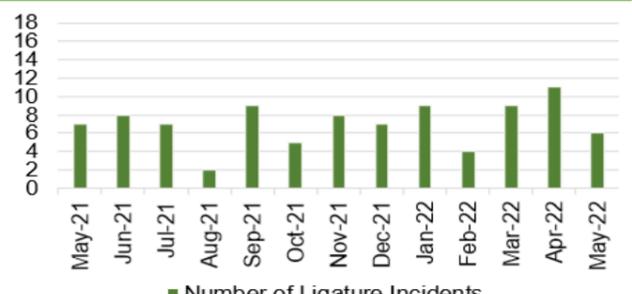


Chart 11: Number of Serious Incidents



Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

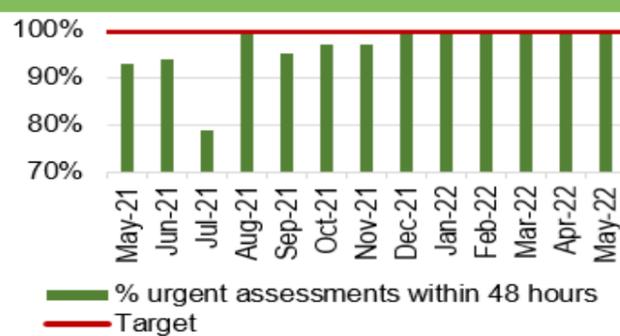


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

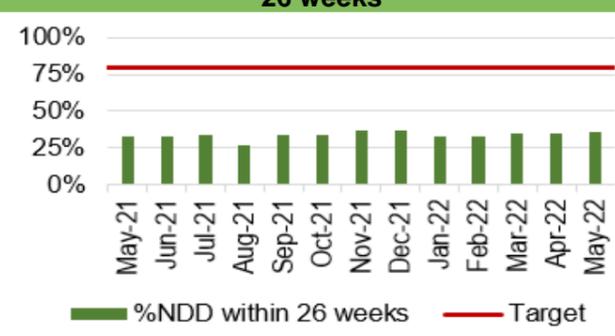


Chart 15: Assessment and intervention within 28 days

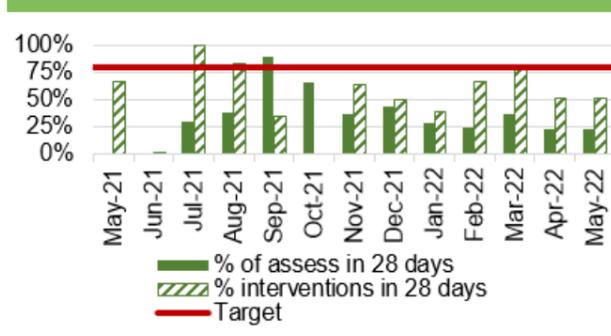
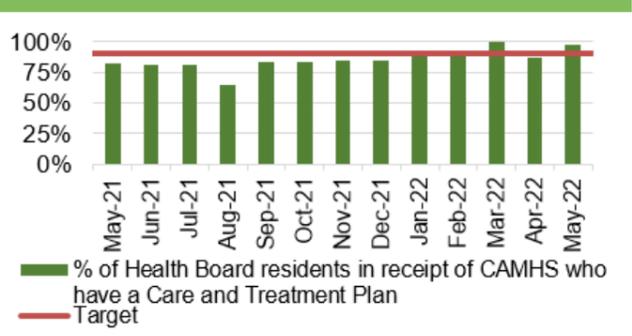


Chart 16: % of residents with a Care and Treatment Plan



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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
COVID19 related measures	Number of new COVID19 cases	Local	Jun-22	372		Reduce					708	1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749	835	286	372	
	Number of staff referred for Antigen Testing	Local	Jun-22	17,579		Reduce					12,505	12,872	13,278	13,951	14,475	14,969	15,756	16,447	16,647	16,756	17,158	17,315	17,579	
	Number of staff awaiting results of COVID19 test	Local	Jun-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Mar-22	57		Reduce					23	24	36	36	47	53	54	59	55	57				
	Number of COVID19 related serious incidents	Local	Jun-22	0		Reduce					0	0	0	0	1	3	1	0	1	0	0	0	0	0
	Number of COVID19 related complaints	Local	Jun-22	4		Reduce					16	4	6	3	4	14	20	4	4	10	6	0	4	
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					1	1	1	0	0									
	Number of staff self isolated (asymptomatic)	Local	Jun-22	28		Reduce					70	71	115	227	120	65	126	87	43	87	42	29	28	
	Number of staff self isolated (symptomatic)	Local	Jun-22	287		Reduce					50	67	114	204	180	120	393	309	204	326	270	125	287	
% sickness	Local	Jun-22	2.4%		Reduce					0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%		
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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jun-22	57%	65%	65%	✘	50.8% (Jun-22)	2nd (Jun-22)		67%	64%	59%	50%	44%	52%	46%	51%	54%	48%	53%	56%	57%	
	Number of ambulance handovers over one hour	National	Jun-22	578	0			6,282 (Jun-22)	1st (Jun-22)		547	616	726	642	648	670	612	735	678	687	671	538	578	
	Handover hours lost over 15 minutes	Local	Jun-22	2920							1,386	1,937	2,443	2,467	3,093	2,461	2,527	3,390	3,110	3,023	3,286	1,892	2,920	
	% 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	Jun-22	72%	95%			66.4% (Jun-22)	2nd (Jun-22)		72%	75%	75%	73%	72%	73%	70%	73%	72%	71%	73%	74%	72%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Jun-22	1388	0			10,528 (Jun-22)	4th (Jun-22)		880	1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						78.3%	84.8%	86.7%	72.2%	77.8%	52.4%	68.8%	52.9%	81.4%					
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Apr-22	89.0%	12 month ↑			68% (Apr-22)	2nd (Apr-22)		91.0%	91.0%	88.0%	87.0%	88.0%	89.0%	88.0%	89.0%	89.0%	89.0%	89.0%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Jun-22	5%	54.0%			14.8% (May-22)	3rd out of 6 organisations (May-22)		28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	
	CT Scan (<1 hrs) (local)	Local	Jun-22	36%							29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Jun-22	98%							100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	
	Thrombolysis door to needle <= 45 mins	Local	Jun-22	0%							33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Jun-22	30%	12 month ↑						41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	
DTCs	Number of mental health HB DTCs	National	Mar-20	13	12 month ↓	27	✔				DTOC reporting temporarily suspended													
	Number of non-mental health HB DTCs	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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jun-22	70.8	<67		✘	65.80 (Jun-22)	4th (Jun-22)		89.4	89.4	90.5	86.4	82.2	80.5	77.1	73.8	74.6	73.7	96.5	79.6	70.8		
	Number of E.Coli bacteraemia cases (Hospital)		5								5	11	9	9	7	5	5	7	9	4	13	8	5		
	Number of E.Coli bacteraemia cases (Community)		Jun-22	11								24	16	25	12	12	17	12	8	17	17	18	13	11	
	Total number of E.Coli bacteraemia cases		16									29	27	34	21	19	22	17	15	26	21	31	21	16	
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jun-22	41.0	<20		✘	30.24 (Jun-22)	6th (Jun-22)		37.0	36.0	35.5	38.3	40.6	37.2	36.0	36.3	35.8	35.6	43.6	50.5	41.0		
	Number of S.aureus bacteraemias cases (Hospital)		Jun-22	7								5	7	8	13	11	1	5	2	7	7	6	9	7	
	Number of S.aureus bacteraemias cases (Community)		Jun-22	2								2	4	4	4	7	3	4	11	3	4	7	9	2	
	Total number of S.aureus bacteraemias cases		Jun-22	9								7	11	12	17	18	4	9	13	10	11	13	18	9	
	Cumulative cases of C.difficile per 100k pop		Jun-22	41.0	<25		✘	32.27 (Jun-22)	5th (Jun-22)		46.2	52.0	55.0	53.2	52.9	53.3	51.3	50.3	49.8	50.1	40.5	36.7	41.0		
	Number of C.difficile cases (Hospital)		Jun-22	7								7	16	20	9	10	10	11	11	8	12	11	7	7	
	Number of C.difficile cases (Community)		Jun-22	9								6	7	2	5	5	10	1	3	5	6	2	4	9	
	Total number of C.difficile cases		Jun-22	16								13	23	22	14	15	20	12	14	13	18	13	11	16	
	Cumulative cases of Klebsiella per 100k pop		Jun-22	22.6								26.7	0.0	22.6	24.5	27.1	26.5	26.5	25.3	24.3	24.0	18.7	21.4	22.6	
	Number of Klebsiella cases (Hospital)		Jun-22	6								5	2	4	8	8	2	6	5	3	4	4	7	6	
	Number of Klebsiella cases (Community)		Jun-22	2								7	1	4	3	5	5	3	0	1	3	2	1	2	
	Total number of Klebsiella cases		Jun-22	8						47 Total (Jun-22)	Joint 2nd (Jun-22)		12	3	8	11	13	7	9	5	4	7	6	8	8
	Cumulative cases of Aeruginosa per 100k pop		Jun-22	8.2								6.2	0.0	5.5	5.6	4.8	5.4	6.1	5.8	6.2	6.1	6.2	6.1	8.2	
	Number of Aeruginosa cases (Hospital)		Jun-22	3								1	0	1	2	0	3	3	1	2	0	1	1	3	
	Number of Aeruginosa cases (Community)		Jun-22	1								1	1	1	0	0	0	1	0	1	2	1	1	1	
	Total number of Aeruginosa cases		Jun-22	4						24 Total (Jun-22)	4th (Jun-22)		2	1	2	2	0	3	4	1	3	2	2	4	
Hand Hygiene Audits- compliance with WHO 5 moments		Local	Jun-22	97.8%		95%	✔				96%	95%	95%	96%	97%	92%	96%	95%	96%	93%	96%	96%	96%		
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Jun-22	33.0%	90%	80%	✘				0%	33%	0%	-	0%	0%	0%	25%	0%	33%	25%	100%	33%		
	Number of new Never Events	National	Jun-22	0	0	0	✔				1	0	0	0	0	1	0	0	2	0	0	1	0		
	Number of risks with a score greater than 20	Local	Jun-22	132		12 month ↓	✘				113	104	105	114	118	121	122	129	127	140	140	134	132		
	Number of risks with a score greater than 16	Local	Jun-22	264		12 month ↓	✘				219	221	220	240	235	238	241	249	253	271	276	266	264		
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	May-22	58		12 month ↓	✔				53	58	53	65	42	43	56	65	53	49	45	58			
	Number of pressure ulcers developed in the community		May-22	39		12 month ↓	✘				21	33	34	39	32	31	55	27	38	56	33	39			
	Total number of pressure ulcers		May-22	97		12 month ↓	✘				74	91	87	104	74	74	111	92	91	105	78	97			
	Number of grade 3+ pressure ulcers acquired in hospital		May-22	2		12 month ↓	✘				2	3	2	1	1	2	4	9	6	5	3	2			
	Number of grade 3+ pressure ulcers acquired in community		May-22	10		12 month ↓	✘				4	2	8	6	7	8	14	1	15	11	2	10			
	Total number of grade 3+ pressure ulcers		May-22	12		12 month ↓	✘				6	5	10	7	8	10	18	10	21	16	5	12			
Inpatient Falls		Local	Jun-22	172		12 month ↓	✔				174	193	198	207	240	213	208	196	199	209	190	182	172		

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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✓				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							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	May-22	0.86%	12 month ↓						1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.87%	0.86%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jun-22	94%		98%	✗				95.0%	89.7%	91.7%	91.6%	93.8%	92.2%	89.1%	93.4%	92.3%	96.9%	95.7%	93.9%	93.7%	
Coding	% of episodes clinically coded within 1 month of diagnosis	Local	May-22	68%	95%	95%	✗				89%	90%	94%	90%	92%	76%	84%	86%	95%	81%	44%	68%		
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Jun-22	64%		100%	✗				69%	62%	62%	68%	61%	63%	62%	61%	65%	63%	60%	66%	64%	
Work force	Agency spend as a % of the total pay bill	National	Mar-22	10.20%	12 month ↓			8.5% (Mar-22)	7th out of 10 organisations (Mar-22)		4.4%	5.1%	3.9%	5.1%	5.5%	5.9%	5.7%	5.7%	6.2%	10.2%				
	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	Jun-22	55%	85%	85%	✗	57.2% (Mar-22)	9th out of 10 organisations (Mar-22)		65%	60%	60%	58%	56%	55%	57%	56%	56%	56%	56%	56%	56%	55%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Jun-22	80%	85%	85%	✗	79.0% (Mar-22)	6th out of 10 organisations (Mar-22)		81%	81%	81%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% workforce sickness absence (12 month rolling)	National	May-22	8.20%	12 month ↓			6.89% (Mar-22)	9th out of 10 organisations (Mar-22)		6.91%	6.99%	7.11%	7.29%	7.44%	7.44%	7.33%	7.43%	7.58%	7.82%	8.11%	8.20%		
	% 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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Jun-22	11.5%	4 quarter ↓						10.2%	11.4%	11.0%	11.5%	11.4%	10.5%	11.1%	10.8%	10.7%	11.1%	9.8%	10.9%	11.5%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jun-22	29.4%	12 month ↑			53.0% (May-22)	5th out of 6 organisations (May-22)		66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	29.4%	
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Jun-22	51%	80%		✗				31%	60%	57%	58%	37%	30%	37%	48%	51%	70%	63%	36%	51%	
	Scheduled (28 Day Target)	Local	Jun-22	93%	100%		✗				70%	84%	91%	89%	84%	61%	78%	82%	91%	95%	94%	88%	93%	
	Urgent SC (7 Day Target)	Local	Jun-22	43%	80%		✗				45%	46%	55%	22%	30%	60%	37%	57%	60%	57%	62%	44%	43%	
	Urgent SC (14 Day Target)	Local	Jun-22	100%	100%		✓				87%	77%	95%	76%	90%	100%	87%	97%	100%	100%	96%	94%	100%	
	Emergency (within 1 day)	Local	Jun-22	88%	80%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%	100%	100%	88%
	Emergency (within 2 days)	Local	Jun-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	Jun-22	91%	80%		✓				91%	90%	94%	81%	89%	79%	92%	90%	94%	90%	93%	95%	91%	
	Elective Delay (28 Day Target)	Local	Jun-22	97%	100%		✗				95%	97%	97%	97%	94%	86%	100%	94%	100%	100%	96%	98%	97%	

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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jun-22	6,012	0			45,311 (May-22)	4th (May-22)		5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	
	Number of patients waiting > 14 weeks for a specified therapy	National	Jun-22	609	0			13,067 (May-22)	3rd (May-22)		171	151	186	320	414	629	885	1,028	926	820	679	614	609	
	% of patients waiting < 26 weeks for treatment	National	Jun-22	51%	95%			53.9% (May-22)	6th (May-22)		50.7%	51.5%	51.9%	52.0%	51.6%	51.3%	50.5%	50.4%	50.1%	50.7%	50.4%	50.4%	50.8%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jun-22	26,826	0						23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826	
	Number of patients waiting > 36 weeks for treatment	National	Jun-22	39,760	0			260,859 (May-22)	4th (May-22)		35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	
	The number of patients waiting for a follow-up outpatient appointment	National	Jun-22	136,435	HB target TBC						127,444	130,208	127,391	130,963	131,554	129,255	131,403	131,848	132,036	133,772	135,471	135,879	136,435	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jun-22	35,114					199,843 (May-22)	5th (May-22)		30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Jun-22	64%	95%			64.4% (May-22)	4th (May-22)		62.1%	62.2%	59.5%	55.9%	58.9%	62.1%	61.2%	59.8%	58.5%	59.4%	60.8%	63.3%	63.7%	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jun-22	7.1%	12 month ↓						6.5%	6.5%	6.4%	7.2%	7.7%	7.0%	6.3%	6.3%	6.0%	6.7%	6.8%	6.3%	7.1%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Jun-22	6.8%	12 month ↓						5.5%	7.5%	7.5%	7.6%	7.8%	7.0%	6.4%	6.6%	6.4%	6.5%	7.0%	6.5%	6.8%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Jun-22	81.0%		90%	✘				77%	72%	69%	72%	66%	67%	62%	74%	71%	72%	71%	78%	81%	
	% of theatre sessions starting late	Local	Jun-22	43.0%		<25%	✘				43%	44%	44%	42%	46%	43%	40%	43%	43%	39%	39%	46%	43%	
	% of theatre sessions finishing early	Local	Jun-22	43.0%		<20%	✘				43%	48%	46%	46%	50%	48%	48%	48%	43%	45%	47%	43%	43%	
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	Q3 21/22	99.1%	100%	100%	✘	98.8% (Q3 21/22)	3rd out of 6 organisations (Q3 21/22)		99.0%			99.1%		99.1%								
Patient experience	Total antibacterial items per 1,000 STAR-PUs	National	Q3 21/22	324.7	4 quarter ↓			302.6 (Q3 21/22)	6th (Q3 21/22)		249.7			277.6			324.7							
	Patients aged 65 years or over prescribed an antipsychotic	National	Q3 21/22	1,466	Quarter on quarter ↓			10,312 (Q3 21/22)	5th (Q3 21/22)		1,641			1,476			1,466							
	Opioid average daily quantities per 1,000 patients	National	Q3 21/22	4,472	4 quarter ↓			4546.6 (Q3 21/22)	3rd (Q3 21/22)		4,378.2			4,412			4,472							
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)		79.9%			80.8%			82.1%							
	Number of friends and family surveys completed	Local	Jun-22	3,292		12 month ↑	✓					3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292
	% of who would recommend and highly recommend	Local	Jun-22	88%		90%	✘					97%	92%	92%	92%	92%	94%	93%	92%	90%	90%	89%	90%	88%
% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Jun-22	91%		90%	✓					96%	95%	92%	96%	93%	93%	96%	93%	91%	91%	89%	91%	91%	
Complaints	Number of new formal complaints received	Local	Apr-22	123		12 month trend ↓	✘				159	139	115	115	134	159	115	124	139	156	123			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Apr-22	76%	75%	80%	✓	67.2% (Q4 20/21)	3rd (Q4 20/21)		68%	69%	83%	75%	67%	69%	68%	63%	64%	65%	76%			
	% of acknowledgements sent within 2 working days	Local	Apr-22	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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-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	Q4 21/22	95.9%	95%			95.9% (Q3 21/22)	3rd (Q3 21/22)		95.7%			96.2%			96.1%			95.9%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 21/22	88.0%	95%			90.0% (Q3 21/22)	3rd (Q3 21/22)		91.1%			89.8%			91.2%			88.0%				
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%			66.7%				
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-22	78.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2021						58.7%	74.8%	76.9%	78.2%	78.5%	78.5%	Data collection restarts October 2022	
	% uptake of influenza among under 65s in risk groups	National	Mar-22	48.8%	55%			48.2% (Mar-22)	4th (Mar-22)		Data collection restarts October 2021						26.0%	40.8%	44.9%	47.3%	48.6%	48.8%	Data collection restarts October 2022	
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)		Data collection restarts October 2021						Data not available						Data collection restarts October 2022	
	% uptake of influenza among children 2 to 3 years old	Local	Mar-22	44.6%	50%			47.6% (Mar-22)	5th (Mar-22)		Data collection restarts October 2021						22.0%	37.7%	41.5%	43.2%	44.8%	44.6%	Data collection restarts October 2022	
	% uptake of influenza among healthcare workers	National	Mar-22	53.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		Data collection restarts October 2021						48.6%	50.8%	52.7%	52.7%	53.6%	53.6%	Data collection restarts October 2022	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	May-22	100%		100%	✓				94%	79%	100%	95%	97%	97%	100%	100%	100%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	May-22	36%	80%	80%	✗	37.6% (May-22)	5th (May-22)		32%	34%	27%	34%	34%	37%	37%	33%	33%	35%	35%	36%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	May-22	40%	80%	80%	✗	50.0% (May-22)	4th (May-22)		58%	41%	48%	40%	40%	34%	22%	28%	27%	29%	18%	40%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	May-22	23%		80%	✗	58.2% (May-22)	7th (May-22)		0%	29%	37%	89%	65%	36%	43%	28%	24%	36%	23%	23%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	May-22	51%		80%	✗	45.1% (May-22)	2nd (May-22)		1%	100%	82%	35%	0%	64%	50%	39%	67%	78%	51%	51%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	May-22	41%		80%	✗				44%	29%	32%	41%	3%	3%	2%	27%	26%	30%	19%	41%		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	May-22	97%		90%	✓	76.9% (May-22)	2nd (May-22)		81%	81%	65%	84%	84%	84%	84%	89%	88%	100%	87%	97%		
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	May-22	98%	80%	80%	✓	74.0% (May-22)	1st (May-22)		99%	98%	100%	96%	98%	98%	95%	95%	99%	96%	97%	98%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	May-22	97%	80%	80%	✓	67.6% (May-22)	2nd (May-22)		99%	97%	100%	90%	98%	96%	100%	99%	100%	98%	96%	97%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	May-22	100%	95%	95%	✓	72.6% (May-22)	1st (May-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	May-22	89%	90%	90%	✗	85.7% (May-22)	2nd (May-22)		88%	88%	84%	84%	83%	81%	80%	81%	85%	89%	88%	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)															