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Health Board



<b>Meeting Date</b>	<b>26<sup>th</sup> April 2022</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Quality &amp; Safety Performance Report</b>		
<b>Report Author</b>	Meghann Protheroe, Head of Performance		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance and Performance		
<b>Presented by</b>	Darren Griffiths, Director of Finance and Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window (March 2022) in delivering key local performance measures as well as the national measures outlined in the 2021/22 NHS Wales Delivery Framework.		
<b>Key Issues</b>	<p>The Quality and Safety Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>Historically Welsh Government publish a revised NHS Wales Delivery Framework on an annual basis. In 2021/22 a new Single Outcomes Framework for Health and Social Care was due to be published however, development of the framework was delayed due to the COVID19 pandemic. The updated National Delivery Framework 2021/22 was published in October 2021, with the updated framework measures being presented at the November 2021 Management Board meeting. Full updates outlined within the Delivery Framework will be reflected in the December 2021 Quality and Safety Report. The intention of the updated integrated framework measures is to demonstrate how patients and populations are better off through the delivery of services and allowing a different balance across our traditional services.</p> <p>The Health Board continues to refine the organisation's annual plan and develop recovery trajectories. Trajectories for recovery of unscheduled care and cancer performance were submitted for discussion at the September Performance and Finance Committee. Performance against these trajectories continue to be measured.</p> <p><b>Key high level issues to highlight this month are as follows:</b>  <b>2021/22 Delivery Framework</b>  <b>COVID19</b></p>		

	<ul style="list-style-type: none"> <li>- The number of new cases of COVID19 has increased in March 2022, with 4,749 new cases being reported in-month. Whilst the number of Positive cases has significantly reduced since January 2022, cases remain high.</li> <li>- The occupancy rate of confirmed COVID patients in critical care beds remains at a low rate with one Covid positive, however general bed use still remains high with Covid positive patients.</li> </ul> <p><b><u>Unscheduled Care</u></b></p> <ul style="list-style-type: none"> <li>- Demand for emergency department care within Swansea Bay University (SBU) Health Board increased from January 2021 to June 2021 but has since then been on modest reduction trajectory.</li> <li>- ED attendances have significantly increased in March 2022 to 11,084 from 9,275 in February 2022.</li> <li>- The Health Board's performance against the 4-hour measure deteriorated slightly from 72.32% in February 2022 to 71.39% in March 2022.</li> <li>- The number of patients waiting over 12 hours in Accident and Emergency (A&amp;E) increased from 1,105 in February 2022 to 1,282 in March 2022.</li> <li>- The number of emergency admissions between November 2021 and February 2022 had seen a consistent reduction, however admissions have increased in March 2022 (3,993).</li> </ul> <p><b><u>Planned Care</u></b></p> <ul style="list-style-type: none"> <li>- March 2022 saw a 0.3% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment.</li> <li>- Additionally, the number of patients waiting over 36 weeks reduced by 0.3% to 37,820.</li> <li>- It is important to note that Referral data has recently been reviewed and updated following the introduction of the new digital dashboard in June 2021. Referral figures for March 2022 saw a 17% increase (14,870) on those seen in February 2022, which could be a result of Covid restrictions easing in Wales.</li> <li>- Therapy waiting times continue to improve, there are 820 patients waiting over 14 weeks in March 2022, compared with 926 in February 2022.</li> </ul> <p><b><u>Cancer</u></b></p> <ul style="list-style-type: none"> <li>- February 2022 saw 54% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears).</li> <li>- The backlog of patients waiting over 63 days has reduced significantly in March 2022 to 435 from 525 in February 2022.</li> </ul>
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	<p><b><u>Mental Health</u></b></p> <ul style="list-style-type: none"> <li>- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in February 2022.</li> <li>- Psychological therapies within 26 weeks continue to be maintained at 100%.</li> </ul> <p><b><u>Child and Adolescent Mental Health Services (CAMHS)</u></b></p> <ul style="list-style-type: none"> <li>- Access times for crisis performance has been maintained at 100% February 2022.</li> <li>- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remained at 33% in February 2022 against a target of 80%.</li> </ul> <p><b><u>Serious Incidents closures</u></b></p> <ul style="list-style-type: none"> <li>- In March 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 33%.</li> </ul> <p><b><u>Patient Experience</u></b></p> <ul style="list-style-type: none"> <li>- A new feedback system was introduced in March 2021, which has resulted in no data being reported for April 2021 as the system, was not fully operational until the end of April 2021. March 2022 data is included in this report showing 90% satisfaction through 3,353 surveys completed.</li> </ul>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE-</b> current Health Board performance against key measures and targets.</li> </ul>			

# QUALITY & SAFETY PERFORMANCE REPORT

## 1. INTRODUCTION

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

## 2. BACKGROUND

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

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

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

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

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

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

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

### **3. GOVERNANCE AND RISK ISSUES**

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

### **4. FINANCIAL IMPLICATIONS**

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

### **5. RECOMMENDATION**

Members are asked to:

- **NOTE-** current Health Board performance against key measures and targets

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

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

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



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# Appendix 1- Quality & Safety Performance Report

## April 2022





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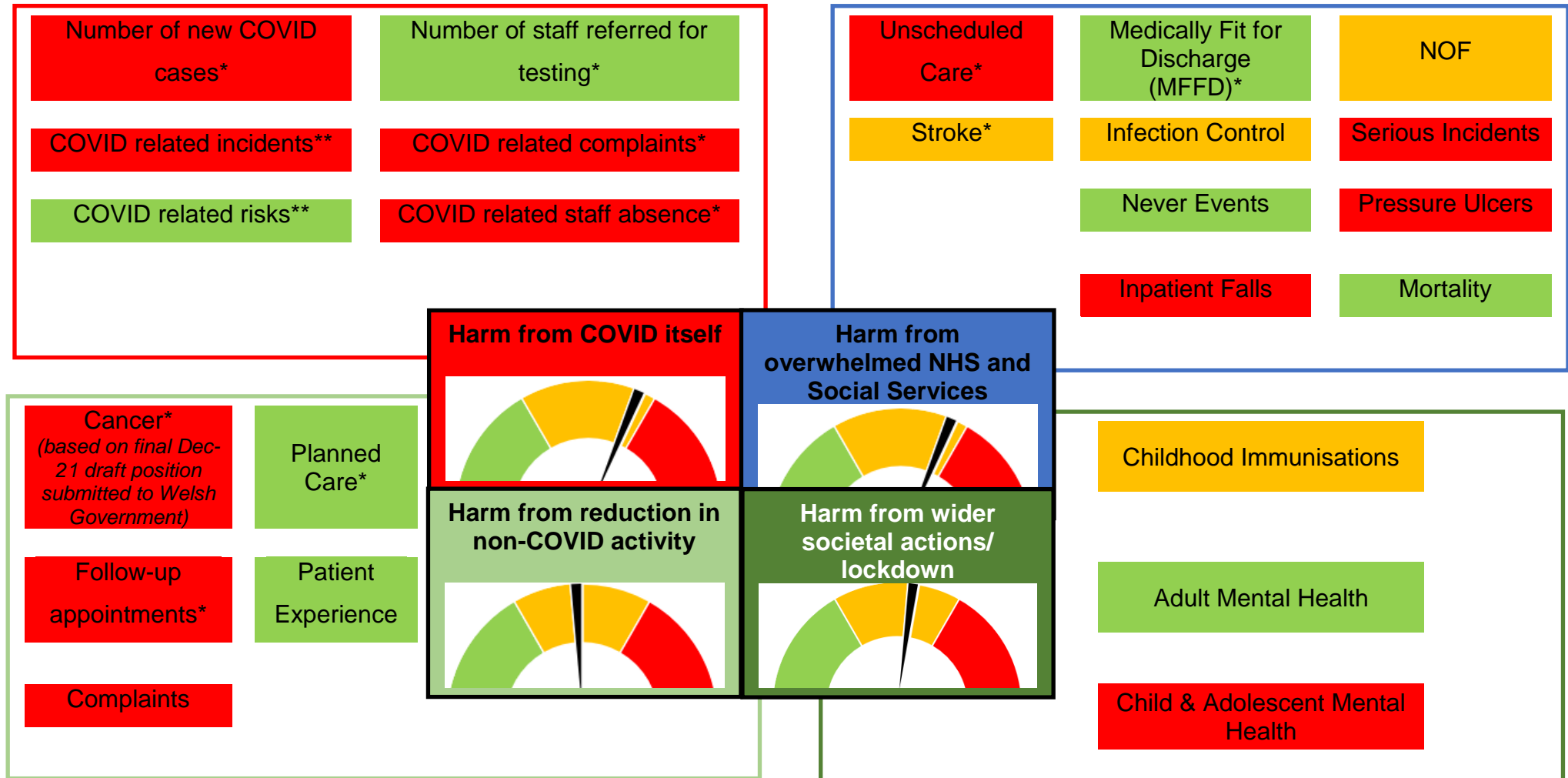
## 1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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

- Q&S report detail is reduced to reflect data capture currently available.
- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in February 2022. Psychological therapies within 26 weeks continue to be maintained at 100%. Access times for routine CAMHS still continue to not meet the required targets. Crisis performance has been maintained at 100% compliance in February 2022.
- Demand for emergency department care within Swansea Bay University (SBU) Health Board increased from January 2021 to June 2021 but has since then been on modest reduction trajectory. Attendances have increased in March 2022 to 11,084 from 9,275 in February 2022. The Health Board's performance against the 4-hour measure deteriorated slightly from 72.32% in February 2022 to 71.39% in March 2022. The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased from 1,105 in February 2022 to 1,282 in March 2022.
- Planned care system is still challenging and March 2022 saw a 0.3% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment. Additionally, the number of patients waiting over 36 weeks reduced by 0.3% to 37,820. It is important to note that Referral data has recently been reviewed and updated following the introduction of the new digital dashboard in June 2021. Referral figures for March 2022 saw a 17% increase (14,870) on those seen in February 2022, which could be a result of Covid restrictions easing in Wales.
- Therapy waiting times continue to improve, there are 820 patients waiting over 14 weeks in March 2022, compared with 926 in February 2022.
- February 2022 saw 54% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). The backlog of patients waiting over 63 days has reduced significantly in March 2022 to 435 from 525 in February 2022.
- The overall Health Board rate for responding to concerns within 30 working days was 63% in January 2022, against the Welsh Government target of 75% and Health Board target of 80%.
- In January 2022, the Health Board received 124 formal complaints; this is a 7.3% increase on the number seen in December 2021.
- Health Board Friends & Family patient satisfaction level in March 2022 was 90% and 3,353 surveys were completed.
- There were seven Serious Incidents (SI's) reported to Welsh Government in March 2022.
- There were no Never events reported for March 2022.
- Fractured Neck of Femur performance in February 2022 continues to be broadly at Welsh National levels (see detail below) and showing an improved position compared with March 2019-2020 for most indicators.

## 2. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

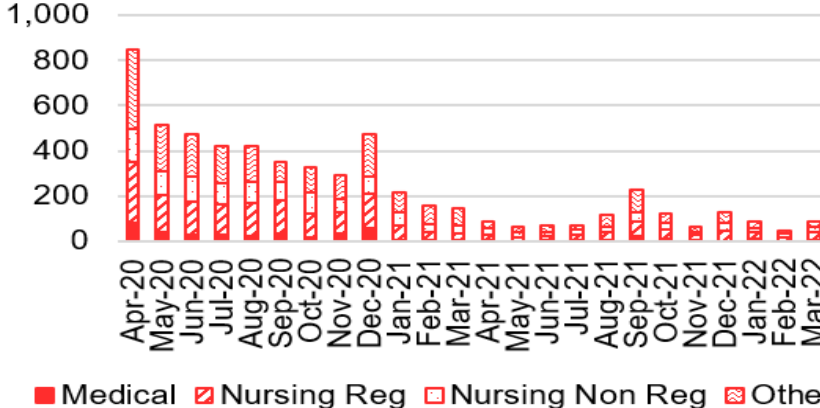
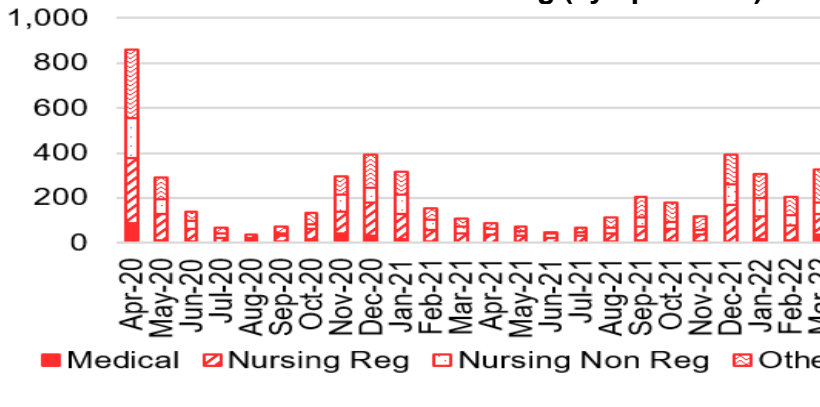
\*\* Data not available

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

		Harm quadrant- Harm from Covid itself															
Measure	Locality	National/ Local Target	Internal profile	Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Number of new COVID19 cases*	HB Total				907	406	189	708	1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749
Number of staff referred for Antigen Testing	HB Total				568	274	267	281	367	406	673	524	494	787	691	200	109
Number of staff awaiting results of COVID19 test*	HB Total				2 (as at 11/04/21)	0	0	0	0	0	0	0	0	0	0	0	0
Number of COVID19 related incidents*	HB Total				53	74	67	23	24	36	36	47	53	54			
Number of COVID19 related serious incidents*	HB Total				0	0	0	0	0	0	0	0					
Number of COVID19 related complaints*	HB Total				98	38	13	16	4	6	3	4	14	20	4	4	10
Number of COVID19 related risks*	HB Total				3	2	2	1	1	1	0	0					
Number of staff self isolated (asymptomatic)*	Medical				3	2	1	3	7	5	20	13	6	0	11	1	5
	Nursing Registered				32	28	18	21	19	35	67	38	20	46	31	15	35
	Nursing Non Registered				35	25	20	18	24	21	43	28	12	37	13	18	25
	Other				75	29	22	28	21	54	97	41	27	43	32	9	22
Number of staff self isolated (symptomatic)*	Medical				1	1	1	2	3	7	15	10	5	3	17	13	37
	Nursing Registered				44	39	33	23	28	36	57	51	34	166	104	66	91
	Nursing Non Registered				29	24	20	18	18	27	44	34	20	94	79	45	52
	Other				34	23	17	7	18	44	88	85	61	130	109	80	146
% sickness*	Medical				0.4%	0.3%	0.2%	0.5%	0.9%	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%
	Nursing Registered				1.9%	1.6%	1.2%	1.1%	1.4%	1.8%	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%
	Nursing Non Registered				3.1%	2.4%	1.9%	1.8%	1.8%	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%
	Other				1.7%	0.8%	0.6%	0.6%	0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%
	All				1.9%	1.3%	1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%

### 3.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p><i>1. Number of new COVID19 cases in Swansea Bay population area</i></p>	<p><b>1. Number of new COVID cases</b></p> <p>In March 2022, there were an additional 4,749 positive cases recorded bringing the cumulative total to 115,936 in Swansea Bay since March 2020. Whilst the number of Positive cases has significantly reduced since January 2022, cases still remain high.</p>	<p><b>1.Number of new COVID19 cases for Swansea Bay population</b></p> <p>■ New positive COVID19 cases</p>
	<p><b>3. Staff referred for Antigen testing</b></p> <p>The cumulative number of staff referred for COVID testing between March 2020 and March 2022 is 16,756 of which 17% have been positive (Cumulative total).</p>	<p><b>2.Outcome of staff referred for Antigen testing</b></p> <p>■ Positive ■ Negative ■ In Progress ■ Unknown/blank</p>

COVID RELATED STAFF ABSENCE																																																																																																																																				
Description		Current Performance							Trend																																																																																																																											
Staff absence due to COVID19	1.Number of staff self-isolating (asymptomatic)	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.							<div>1.Number of staff self isolating (asymptomatic)</div> 																																																																																																																											
	2.Number of staff self isolating (symptomatic)	Between February 2022 and March 2022, the number of staff self-isolating (asymptomatic) increase from 43 to 87 and the number of staff self-isolating (symptomatic) increased from 204 to 326. In March 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.							<div>2.Number of staff self isolating (symptomatic)</div> 																																																																																																																											
	3.% staff sickness	3. % Staff sickness							<div>3.% staff sickness</div> <table><thead><tr><th></th><th>Oct-20</th><th>Nov-20</th><th>Dec-20</th><th>Jan-21</th><th>Feb-21</th><th>Mar-21</th><th>Apr-21</th><th>May-21</th><th>Jun-21</th><th>Jul-21</th><th>Aug-21</th><th>Sep-21</th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th></tr></thead><tbody><tr><td>Medical</td><td>3.2%</td><td>7.3%</td><td>8.3%</td><td>2.2%</td><td>0.7%</td><td>0.4%</td><td>0.3%</td><td>0.2%</td><td>0.5%</td><td>0.9%</td><td>1.3%</td><td>3.6%</td><td>2.4%</td><td>1.2%</td><td>0.3%</td><td>3.0%</td><td>1.5%</td><td>4.6%</td></tr><tr><td>Nursing Reg</td><td>3.8%</td><td>4.7%</td><td>7.4%</td><td>4.3%</td><td>2.3%</td><td>1.9%</td><td>1.6%</td><td>1.2%</td><td>1.1%</td><td>1.4%</td><td>1.8%</td><td>3.1%</td><td>2.2%</td><td>1.3%</td><td>5.3%</td><td>3.4%</td><td>2.0%</td><td>3.1%</td></tr><tr><td>Nursing Non Reg</td><td>6.0%</td><td>6.5%</td><td>7.3%</td><td>7.0%</td><td>3.9%</td><td>3.1%</td><td>2.4%</td><td>1.9%</td><td>1.8%</td><td>1.8%</td><td>2.3%</td><td>4.3%</td><td>3.1%</td><td>1.6%</td><td>6.5%</td><td>4.5%</td><td>3.1%</td><td>3.7%</td></tr><tr><td>Other</td><td>2.5%</td><td>3.0%</td><td>5.4%</td><td>3.1%</td><td>2.2%</td><td>1.7%</td><td>0.8%</td><td>0.6%</td><td>0.6%</td><td>0.7%</td><td>1.6%</td><td>2.9%</td><td>2.0%</td><td>1.4%</td><td>2.7%</td><td>2.2%</td><td>1.4%</td><td>2.6%</td></tr><tr><td>All</td><td>3.5%</td><td>4.4%</td><td>6.5%</td><td>4.0%</td><td>2.4%</td><td>1.9%</td><td>1.3%</td><td>1.0%</td><td>0.9%</td><td>1.1%</td><td>1.7%</td><td>3.2%</td><td>2.3%</td><td>1.4%</td><td>3.9%</td><td>3.0%</td><td>1.8%</td><td>3.1%</td></tr></tbody></table>											Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Medical	3.2%	7.3%	8.3%	2.2%	0.7%	0.4%	0.3%	0.2%	0.5%	0.9%	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	Nursing Reg	3.8%	4.7%	7.4%	4.3%	2.3%	1.9%	1.6%	1.2%	1.1%	1.4%	1.8%	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	Nursing Non Reg	6.0%	6.5%	7.3%	7.0%	3.9%	3.1%	2.4%	1.9%	1.8%	1.8%	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	Other	2.5%	3.0%	5.4%	3.1%	2.2%	1.7%	0.8%	0.6%	0.6%	0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	All	3.5%	4.4%	6.5%	4.0%	2.4%	1.9%	1.3%	1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22																																																																																																																	
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All	3.5%	4.4%	6.5%	4.0%	2.4%	1.9%	1.3%	1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%																																																																																																																		

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

### 4.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
					Unscheduled Care												
Number of ambulance handovers over one hour*	Morrison	0			225	332	462	528	607	711	622	633	655	591	724	657	659
	Singleton				6	5	15	19	9	15	20	15	15	21	11	21	28
	Total				231	337	477	547	616	726	642	648	670	612	735	678	687
% 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*	Morrison	95%			67.7%	62.8%	61.7%	59.0%	61.5%	62.3%	59.7%	58.8%	60.0%	58.5%	58.5%	58.8%	57.2%
	NPTH				98.5%	99.2%	99.0%	97.7%	97.8%	99.4%	98.3%	99.4%	99.0%	94.9%	96.8%	97.2%	95.0%
	Total				76.9%	74.9%	73.4%	72.4%	74.7%	75.0%	73.1%	72.0%	73.5%	70.2%	72.6%	72.3%	71.4%
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morrison	0			457	630	684	879	1,013	1,059	1,250	1,275	1,054	1,100	1,139	1,104	1,276
	NPTH				0	1	0	1	1	1	0	1	1	1	3	1	6
	Total				457	631	684	880	1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%
	Total	(UK SNAP average)			20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%
	Total	(UK SNAP average)			40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	#####	#####	100.0%
	Total	(UK SNAP average)			100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	#####	#####	100.0%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month improvement trend			55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%
	Total				55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			55.9%	47.1%	39.7%	41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			88.3%	89.7%	90.7%	91.0%	90.5%	88.2%	87.3%	88.0%	88.7%	88.4%	88.8%	89.4%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			56.2%	56.6%	57.2%	60.0%	59.5%	59.4%	58.4%	57.7%	57.1%	56.5%	51.0%	48.6%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			70.5%	70.4%	70.1%	71.0%	71.2%	69.8%	69.4%	69.9%	70.3%	70.1%	69.7%	69.8%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			74.6%	75.4%	75.9%	76.0%	75.7%	74.4%	72.6%	71.1%	71.2%	70.7%	71.7%	70.8%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			75.3%	75.4%	75.9%	76.0%	76.8%	77.7%	76.1%	76.8%	77.0%	76.2%	76.4%	76.3%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			70.7%	70.2%	71.3%	73.0%	68.4%	67.7%	66.1%	70.4%	69.8%	69.6%	68.4%		
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month improvement trend															
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			59.6%	71.1%	72.1%	78.3%	84.8%	86.7%	72.2%	77.8%	52.4%	68.8%	52.9%		

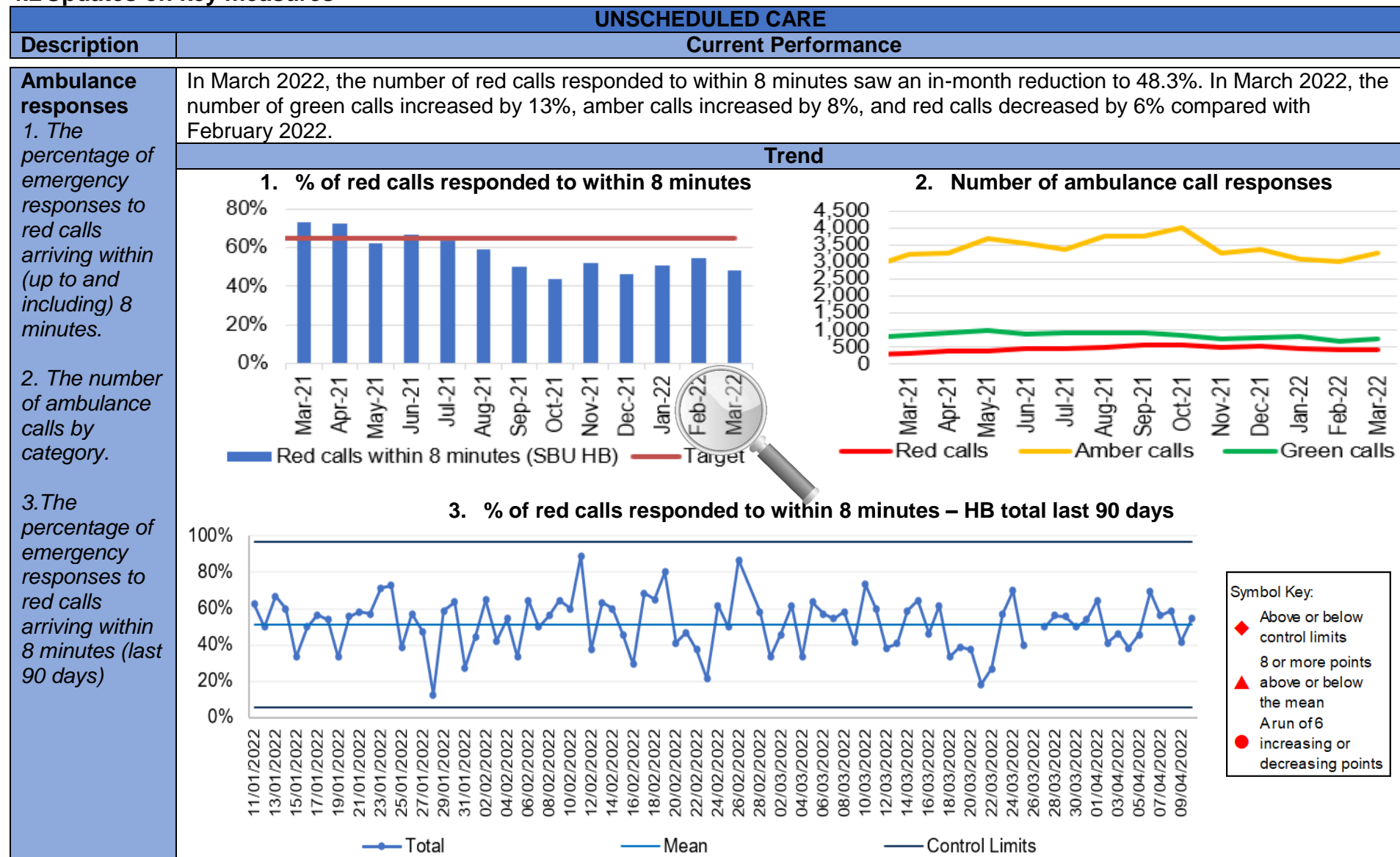


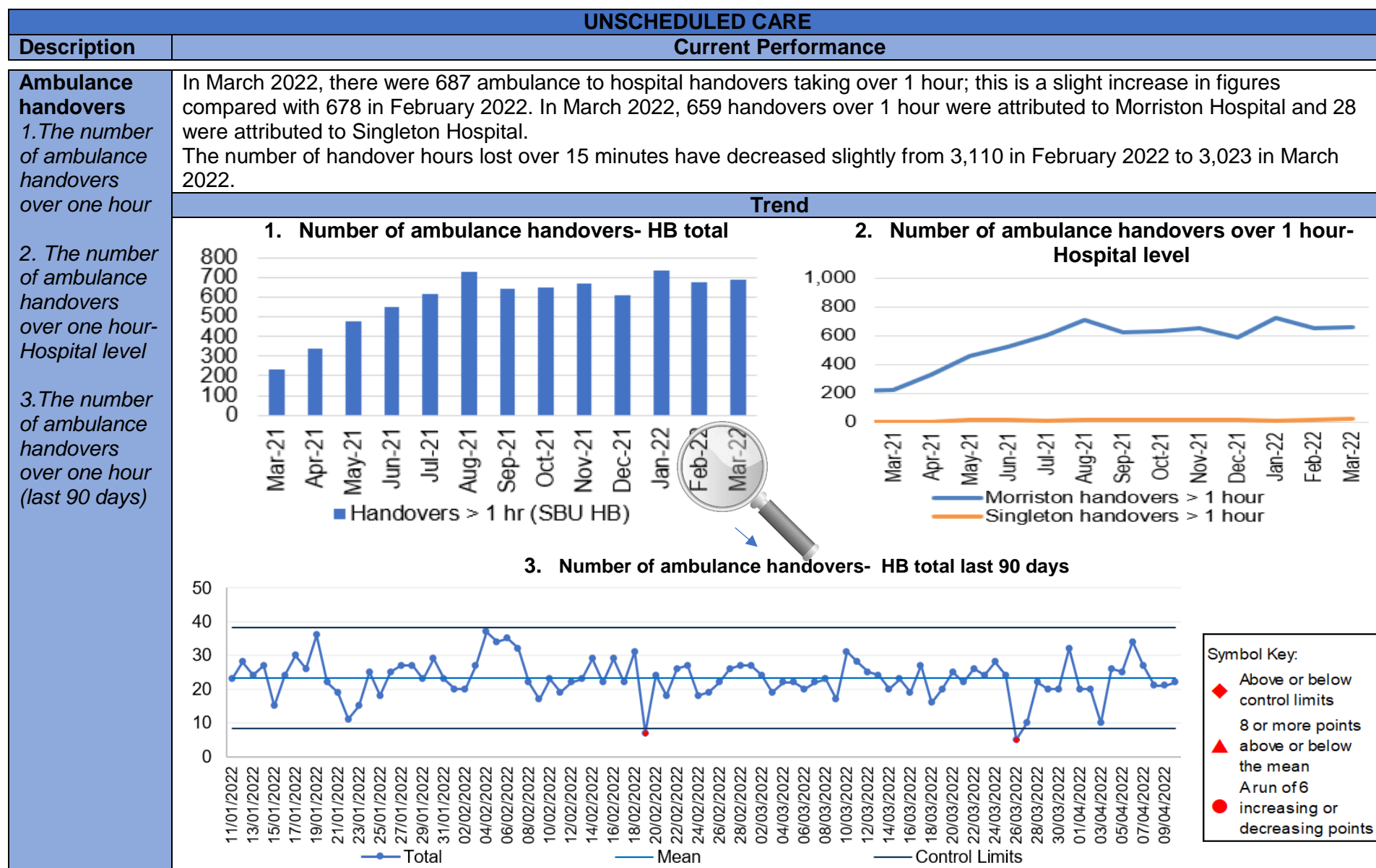
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	15		19	20	15	24	16	25	12	12	17	12	8	17	17
	PCCS Hospital		0		0	0	1	0	0	0	1	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		4		5	5	8	2	4	4	5	5	3	2	4	9	2
	NPTH		1		1	2	2	1	4	2	2	1	0	0	1	0	0
	Singleton		3		3	5	0	2	3	3	1	1	2	3	2	0	2
	Total		23		28	32	26	29	27	34	21	19	22	17	15	26	21
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	5		7	9	10	2	4	4	4	7	3	4	11	3	4
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		2		2	2	1	3	3	4	8	9	0	5	2	5	5
	NPTH		0		0	0	0	0	0	0	1	0	0	0	0	1	0
	Singleton		2		2	2	4	2	4	4	4	2	1	0	0	1	2
	Total		9		11	13	15	7	11	12	17	18	4	9	13	10	11
Number of C.difficile cases	PCCS Community	12 month reduction trend	4		5	5	5	6	7	2	5	5	10	1	3	5	6
	PCCS Hospital		0		0	0	0	0	1	0	0	0	0	0	0	1	2
	MH&LD		0		0	0	0	0	0	0	0	0	1	0	0	0	0
	Morrison		4		3	10	5	4	7	10	6	7	6	9	8	6	7
	NPTH		1		1	1	1	1	0	1	0	0	0	0	1	0	1
	Singleton		2		3	4	1	2	8	9	3	3	3	2	2	1	2
	Total		11		12	20	12	13	23	22	14	15	20	12	14	13	18
Number of Klebsiella cases	PCCS Community	12 month reduction trend	5		9	5	2	7	1	4	3	5	5	3	0	1	3
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	1
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		2		0	3	2	1	2	4	6	6	1	4	2	3	2
	NPTH		0		0	1	0	0	0	0	0	0	0	0	1	0	0
	Singleton		1		1	0	1	4	0	0	2	2	1	2	2	0	1
	Total		8		10	9	5	12	3	8	11	13	7	9	5	4	7
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		1	1	1	1	1	1	0	0	0	1	0	1	2
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		0		0	2	0	1	0	0	2	0	2	2	1	2	0
	NPTH		0		0	0	0	0	0	0	0	0	0	1	0	0	0
	Singleton		0		0	0	0	0	0	1	0	0	1	0	0	0	0
	Total		1		1	3	1	2	1	2	2	0	3	4	1	3	2
Compliance with hand hygiene audits	PCCS	95%		100.0%	96.3%	-	100.0%	100.0%	100.0%	100.0%	-	100.0%	95.8%	94.7%	95.8%	93.1%	
	MH&LD			96.7%	98.1%	99.6%	98.3%	95.9%	99.4%	98.3%	96.0%	90.3%	94.9%	95.5%	92.3%	92.1%	
	Morrison			96.3%	95.8%	99.2%	94.5%	93.8%	93.5%	99.0%	97.9%	95.5%	96.1%	93.4%	#####	91.0%	
	NPTH			100.0%	100.0%	90.0%	95.0%	93.3%	89.7%	100.0%	100.0%	100.0%	100.0%	#####	#####	98.0%	
	Singleton			95.5%	100.0%	93.8%	93.9%	94.1%	92.0%	90.0%	97.0%	87.8%	-	-	-	-	
	Total			97.0%	96.3%	98.3%	96.0%	94.9%	94.9%	96.0%	97.1%	92.2%	95.0%	95.0%	95.0%	95.0%	

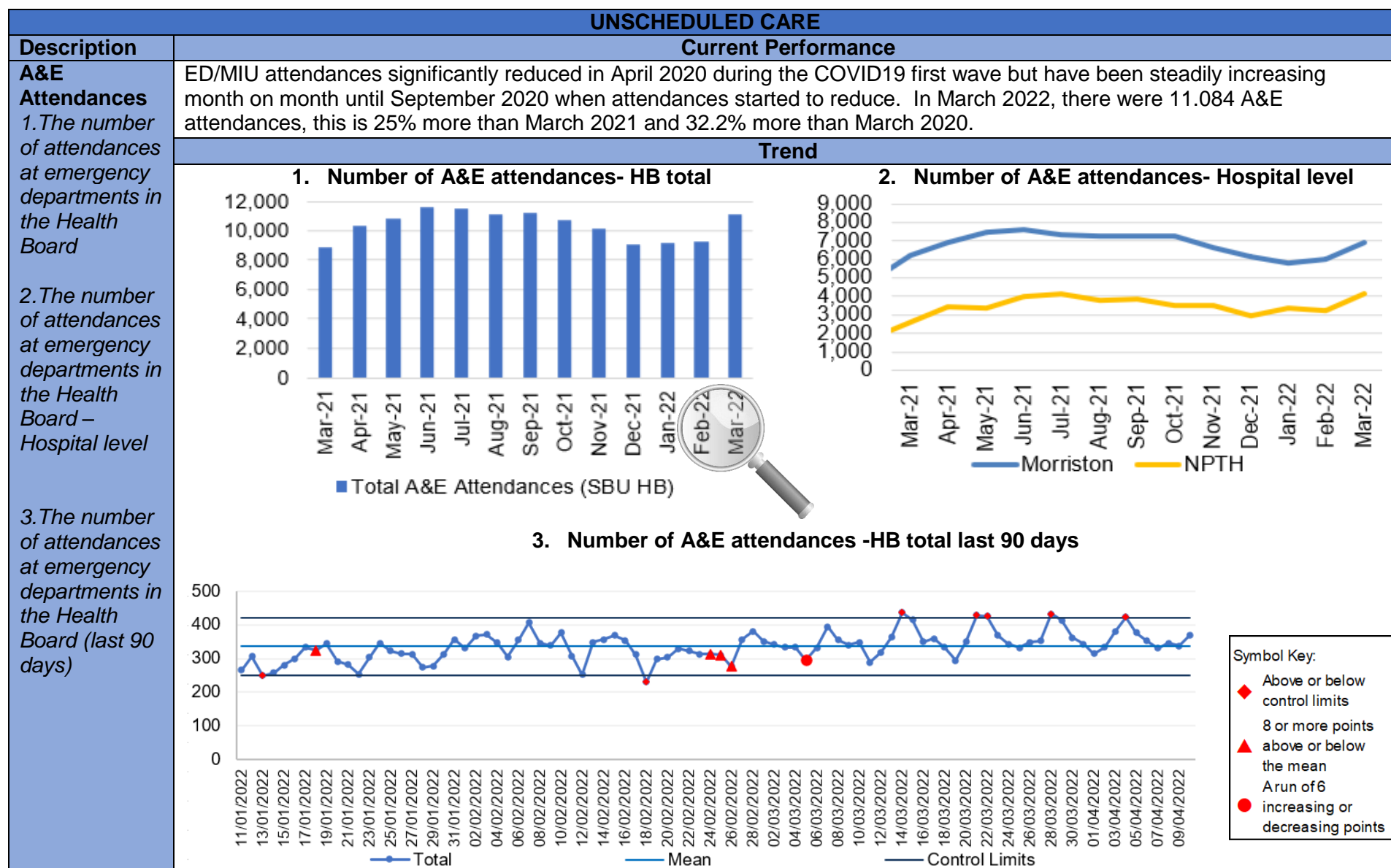
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
		Serious Incidents & Risks															
Number of Serious Incidents	PCCS	12 month reduction trend			1	2	3	1	0	1	0	0	1	0	4	0	2
	MH&LD				1	1	0	2	0	0	0	1	0	0	0	0	
	Morrison				2	0	2	1	1	0	2	0	6	0	0	2	1
	NPTH				0	0	0	0	0	0	1	1	0	0	1	0	3
	Singleton				0	1	1	2	1	4	2	2	1	2	0	0	1
	Total				4	4	6	6	1	5	5	4	8	2	5	2	7
Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Total	90%			0%	0%	0%	0%	33%	0%	-	0%	0%	0%	25%	0%	33%
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				0	0	0	1	0	0	0	0	1	0	0	2	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	0	0	0	0	0	0	0	0
	Total				0	0	0	1	0	0	0	0	1	0	0	2	0
		Pressure Ulcers															
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			26	31	20	21	33	34	39	32	31	55	27	38	
	PCCS Hospital				0	0	0	0	0	1	0	0	0	0	0	1	
	MH&LD				0	0	2	0	3	1	1	0	0	1	0	0	
	Morrison				24	25	30	25	37	32	47	32	27	42	40	36	
	NPTH				3	3	2	3	2	5	0	1	3	0	3	1	
	Singleton				9	31	19	25	16	14	17	9	13	13	22	15	
Total number of Grade 3+ Pressure Ulcers	Total		62	90	73	74	91	87	104	74	74	111	92	91			
	PCCS Community	12 month reduction trend			2	10	2	4	2	8	6	7	8	14	1	15	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	1	0	0	0	0	0	
	Morrison				1	1	0	0	3	1	0	1	1	2	6	4	
	NPTH				0	1	0	0	0	1	0	0	0	0	0	1	
Singleton				0	2	1	2	0	0	0	0	1	2	3	1		
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			533	896	756	723	853	767	955	613	616	857	1,018	823	

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
		Inpatient Falls															
Total number of Inpatient Falls	PCCS	12 month reduction trend			4	12	5	8	6	6	8	4	6	8	6	4	5
	MH&LD				22	18	42	24	32	40	25	28	36	37	29	28	22
	Morrison				84	81	105	69	66	73	96	114	91	91	93	86	115
	NPTH				28	31	34	32	41	31	25	35	27	38	26	34	36
	Singleton				33	34	42	41	48	48	53	58	53	33	42	46	31
	Total				171	176	228	174	193	198	207	240	213	208	196	199	209
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			4.62	4.85	5.94	4.50	4.88	4.95	5.18	5.81	5.35	5.28	4.81	5.37	5.13
		Mortality															
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			98%	99%	98%	98%	97%	90%	97%	96%	99%	96%	96%	98%	
	Singleton				100%	100%	100%	100%	100%	100%	100%	100%					
	NPTH				86%	100%	88%	100%	100%	100%	100%	80%	88%	100%	100%	67%	
	Total				98%	99%	98%	99%	98%	93%	98%	97%	99%	96%	96%	97%	
Stage 2 mortality reviews completed within 60 days	Morrison	95%			86%	50%	38%	33%	50%	60%	78%	83%	56%				
	Singleton				67%	-	25%	0%	0%	0%	100%	50%	0%				
	NPTH				100%	100%	100%	0%	-	0%	-	-	0%				
	Total				82%	60%	39%	25%	43%	50%	82%	75%	50%				
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			2.04%	1.80%	1.76%	1.71%	1.73%	1.70%	1.72%	1.71%	1.76%	1.59%	1.52%	1.50%	
	Singleton				0.56%	0.50%	0.52%	0.52%	0.52%	0.53%	0.53%	0.54%	0.50%	0.53%	0.58%	0.48%	
	NPTH				0.17%	0.15%	0.15%	0.13%	0.12%	0.23%	0.11%	0.10%	0.09%	0.08%	0.06%	0.07%	
	Total (SBU)				1.17%	1.04%	1.04%	1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	

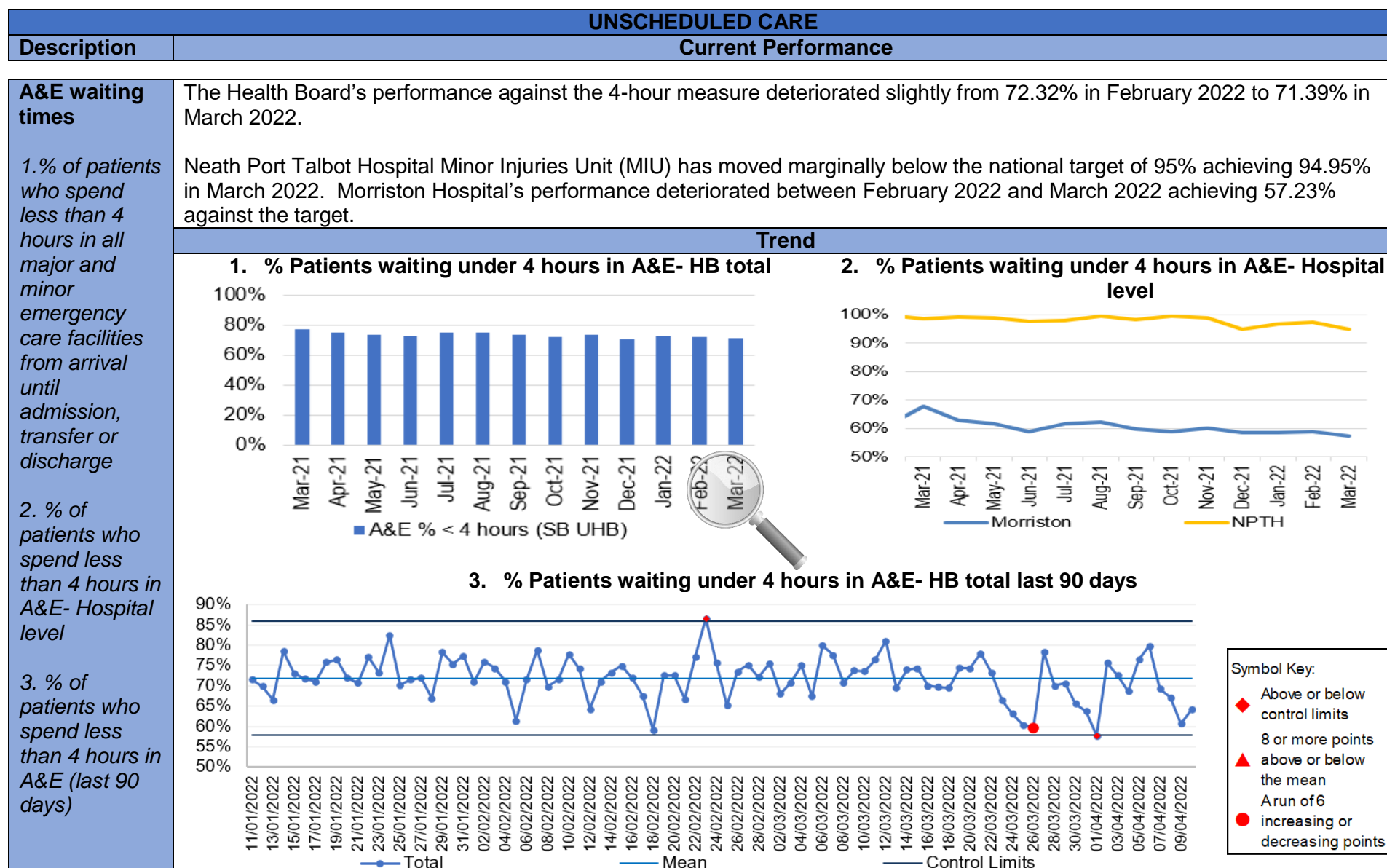
## 4.2 Updates on key measures

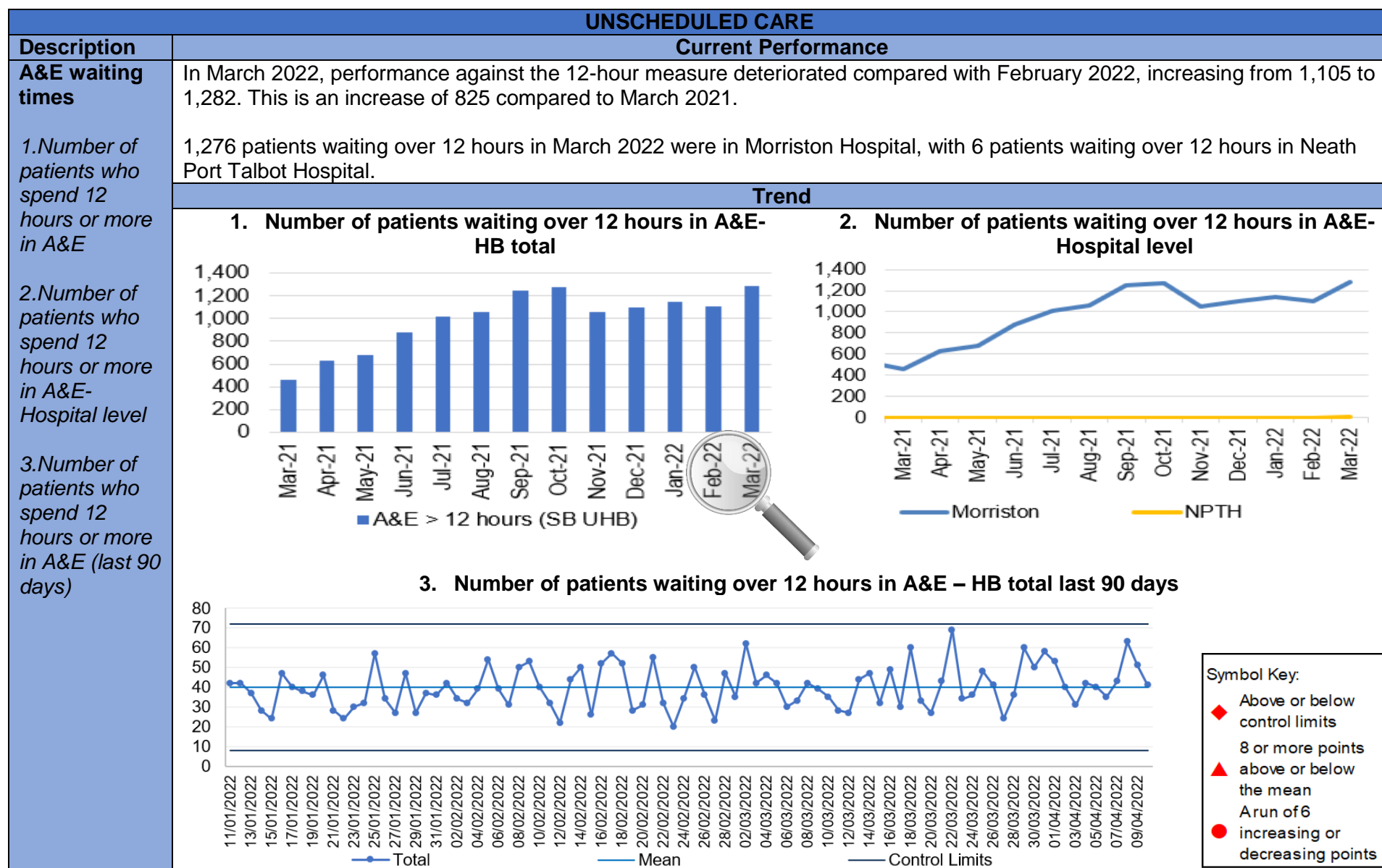




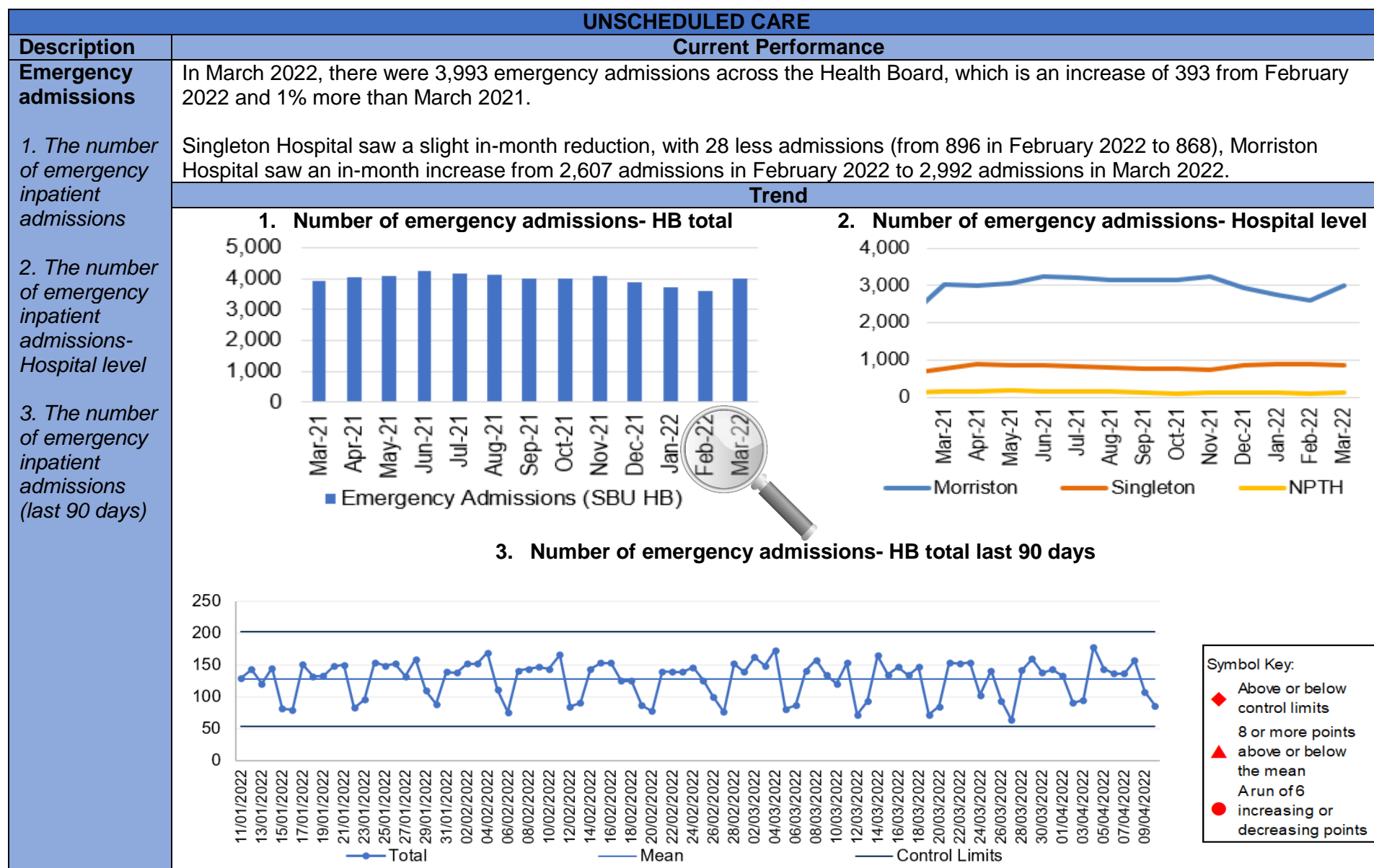






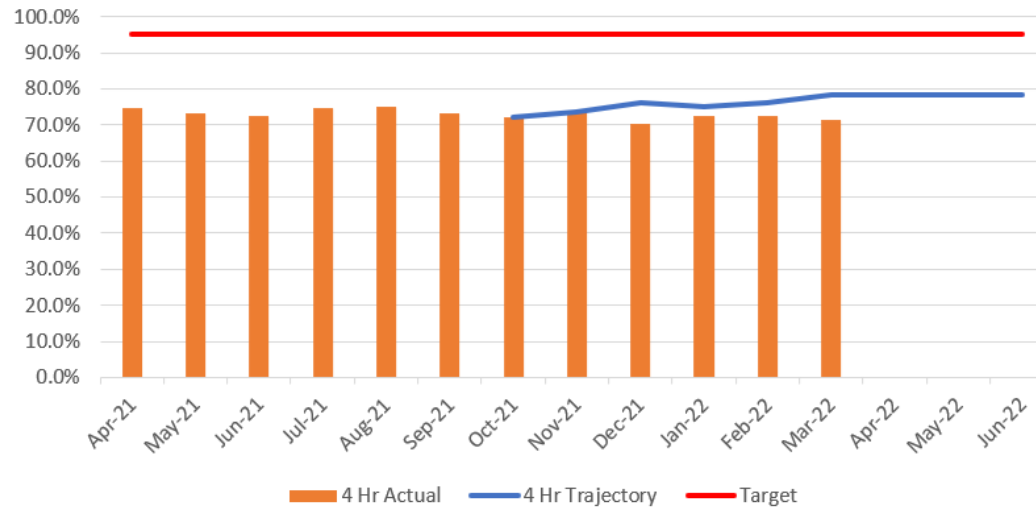






## Updates on KUNSCHEDULED CARE – Performance Escalation updates

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

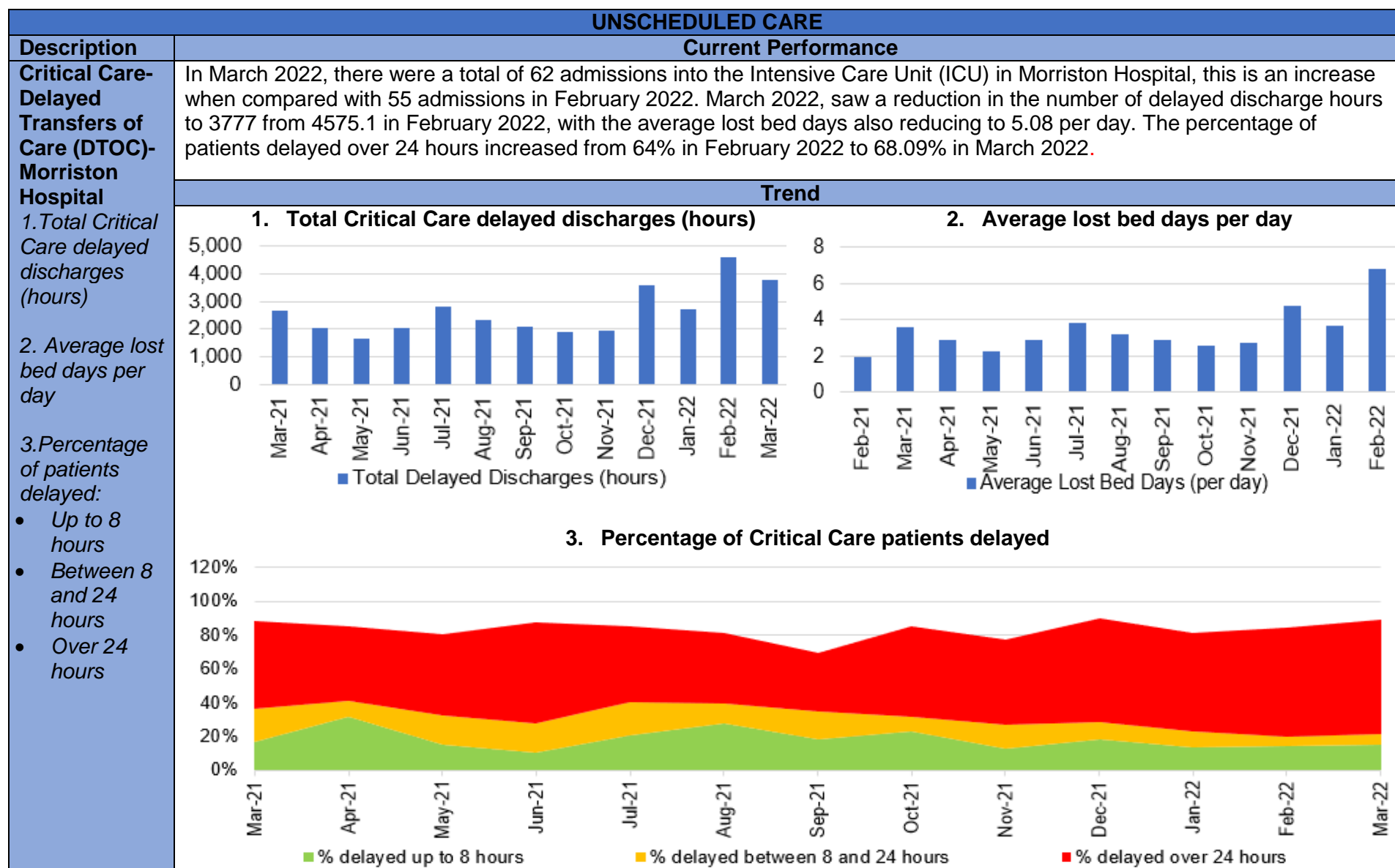


1. Performance against the 4hr target has previously been in line with the outlined recovery trajectories, however performance has consistently remained under the trajectory in recent months. Performance against the 4hr target was 71.39% in March 2022 against the 79% March 2022 trajectory position.

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



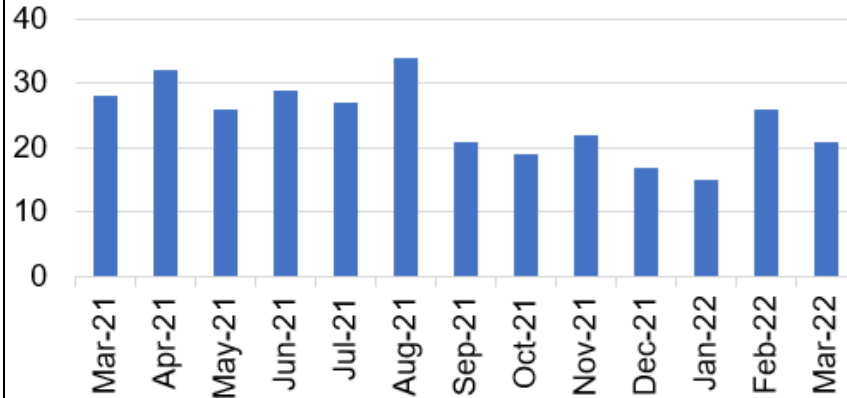
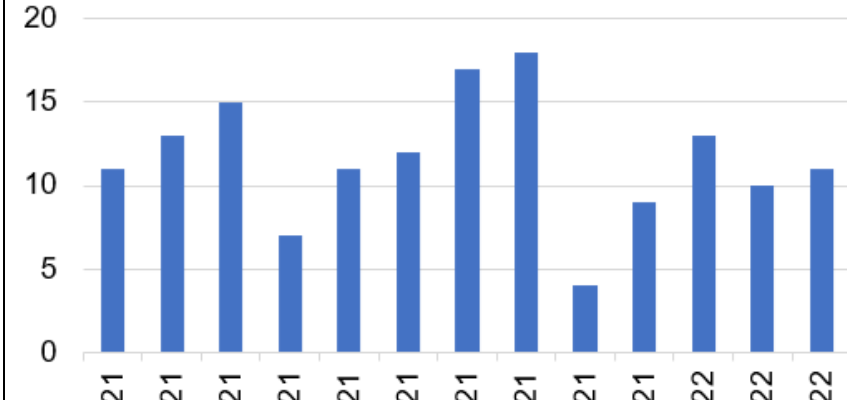
2. Performance against the 12hr recovery trajectory continues to be significantly above the figures projected. The number of patients waiting over 12 hours increased to 1,282 in March 2022, against the target of 370. Updated recovery trajectories and action plans have been requested for future performance



UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
<b>Clinically Optimised</b> <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In March 2022, there were on average 269 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. This is the first time a reduction has been seen since December 2021</p> <p>In February 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 99, followed by Neath Port Talbot Hospital with 93.</p>	<p><b>The number of clinically optimised patients by site</b></p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Mar-21</td><td>50</td><td>45</td><td>45</td><td>10</td></tr><tr><td>Apr-21</td><td>40</td><td>35</td><td>70</td><td>10</td></tr><tr><td>May-21</td><td>65</td><td>40</td><td>75</td><td>10</td></tr><tr><td>Jun-21</td><td>75</td><td>50</td><td>75</td><td>10</td></tr><tr><td>Jul-21</td><td>85</td><td>50</td><td>70</td><td>10</td></tr><tr><td>Aug-21</td><td>90</td><td>55</td><td>70</td><td>15</td></tr><tr><td>Sep-21</td><td>105</td><td>70</td><td>85</td><td>15</td></tr><tr><td>Oct-21</td><td>90</td><td>50</td><td>80</td><td>20</td></tr><tr><td>Nov-21</td><td>110</td><td>60</td><td>80</td><td>15</td></tr><tr><td>Dec-21</td><td>105</td><td>55</td><td>75</td><td>20</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>120</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>20</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Mar-21	50	45	45	10	Apr-21	40	35	70	10	May-21	65	40	75	10	Jun-21	75	50	75	10	Jul-21	85	50	70	10	Aug-21	90	55	70	15	Sep-21	105	70	85	15	Oct-21	90	50	80	20	Nov-21	110	60	80	15	Dec-21	105	55	75	20	Jan-22	110	70	70	20	Feb-22	120	70	90	15	Mar-22	100	55	95	20
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<b>Elective procedures cancelled due to lack of beds</b> <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In March 2022, there were 37 elective procedures cancelled due to lack of beds on the day of surgery. This is 25 more cancellations than in March 2021 and 10 less than February 2020.</p> <p>36 of the cancelled procedures were attributed to Morriston Hospital, with 1 cancellation attributed to Singleton Hospital.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Mar-21</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Apr-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>May-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Jun-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Jul-21</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Aug-21</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Sep-21</td><td>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>15</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>37</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Mar-21	10	0	0	Apr-21	5	0	0	May-21	5	0	0	Jun-21	5	0	0	Jul-21	15	0	0	Aug-21	10	0	0	Sep-21	30	0	0	Oct-21	50	0	0	Nov-21	60	0	0	Dec-21	35	0	0	Jan-22	15	0	0	Feb-22	25	5	0	Mar-22	37	0	0														
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FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
<b>Fractured Neck of Femur (#NOF)</b> 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation  2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture  3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124  4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	<b>1. Prompt orthogeriatric assessment-</b> In February 2022, 89.4% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 1.8% more than in February 2021.	<b>1. Prompt orthogeriatric assessment</b> 
	<b>2. Prompt surgery-</b> In February 2022, 48.6% of patients had surgery the day following presentation with a hip fracture. This is a 7.7% deterioration from February 2021 which was 56.3%	<b>2. Prompt surgery</b> 
	<b>3. NICE compliant surgery-</b> 69.8% of operations were consistent with the NICE recommendations in February 2022. This is 1.4% less than in February 2021. In February 2022, Morriston was slightly below the all-Wales average of 69.9%.	<b>3. NICE compliant Surgery</b> 
	<b>4. Prompt mobilisation-</b> In February 2022, 70.8% of patients were out of bed the day after surgery. This is 3.3% less than in February 2021.	<b>4. Prompt mobilisation</b> 

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i>	5. <b>Not delirious when tested-</b> 76.3% of patients were not delirious in the week after their operation in February 2022. This is an improvement of 1.1% compared with February 2021.	<p><b>5. Not delirious when tested</b></p> <p>80% 60% 40% 20%</p> <p>Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22</p> <p>Morriston All-Wales Eng, Wal &amp; N. Ire</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. <b>Return to original residence-</b> 68.4% of patients in January 2022 were discharged back to their original residence. This is 5.3% less than in January 2021.	<p><b>6. Return to original residence</b></p> <p>80% 70% 60%</p> <p>Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22</p> <p>Morriston All-Wales Eng, Wal &amp; N. Ire</p>
7. <i>30 day mortality rate</i>	<p>7. <b>30 day mortality rate-</b> In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p><b>7. 30 day mortality rate</b></p> <p>9% 8% 7% 6% 5%</p> <p>Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21</p> <p>Morriston All-Wales Eng, Wal &amp; N. Ire</p>

HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"><li>21 cases of <i>E. coli</i> bacteraemia were identified in March 2022, of which 4 were hospital acquired and 17 were community acquired.</li><li>Cumulative cases from April 2021 to March 2022 are 16.6% higher than the equivalent period in 2020/21. (289 in 2021/22 compared with 241 in 2020/21).</li></ul>	<p><b>Number of <i>healthcare acquired E.coli</i> bacteraemia cases</b></p>  <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Mar-21</td><td>28</td></tr><tr><td>Apr-21</td><td>32</td></tr><tr><td>May-21</td><td>26</td></tr><tr><td>Jun-21</td><td>29</td></tr><tr><td>Jul-21</td><td>27</td></tr><tr><td>Aug-21</td><td>34</td></tr><tr><td>Sep-21</td><td>21</td></tr><tr><td>Oct-21</td><td>19</td></tr><tr><td>Nov-21</td><td>22</td></tr><tr><td>Dec-21</td><td>17</td></tr><tr><td>Jan-22</td><td>15</td></tr><tr><td>Feb-22</td><td>26</td></tr><tr><td>Mar-22</td><td>21</td></tr></tbody></table> <p>■ Number E.Coli cases (SBU)</p>	Month	Number of cases	Mar-21	28	Apr-21	32	May-21	26	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
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<b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i>	<ul style="list-style-type: none"><li>There were 11 cases of Staph. aureus bacteraemia in March 2022, of which 7 were hospital acquired and 4 were community acquired.</li><li>Cumulative cases from April 2021 to March 2022 are 12.1% higher than the equivalent period in 2020/21 (140 in 2021/22 compared with 123 in 2020/21).</li></ul>	<p><b>Number of <i>healthcare acquired S.aureus</i> bacteraemia cases</b></p>  <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Mar-21</td><td>11</td></tr><tr><td>Apr-21</td><td>13</td></tr><tr><td>May-21</td><td>15</td></tr><tr><td>Jun-21</td><td>7</td></tr><tr><td>Jul-21</td><td>11</td></tr><tr><td>Aug-21</td><td>12</td></tr><tr><td>Sep-21</td><td>17</td></tr><tr><td>Oct-21</td><td>18</td></tr><tr><td>Nov-21</td><td>4</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>13</td></tr><tr><td>Feb-22</td><td>10</td></tr><tr><td>Mar-22</td><td>11</td></tr></tbody></table> <p>■ Number of S.Aureus cases (SBU)</p>	Month	Number of cases	Mar-21	11	Apr-21	13	May-21	15	Jun-21	7	Jul-21	11	Aug-21	12	Sep-21	17	Oct-21	18	Nov-21	4	Dec-21	9	Jan-22	13	Feb-22	10	Mar-22	11
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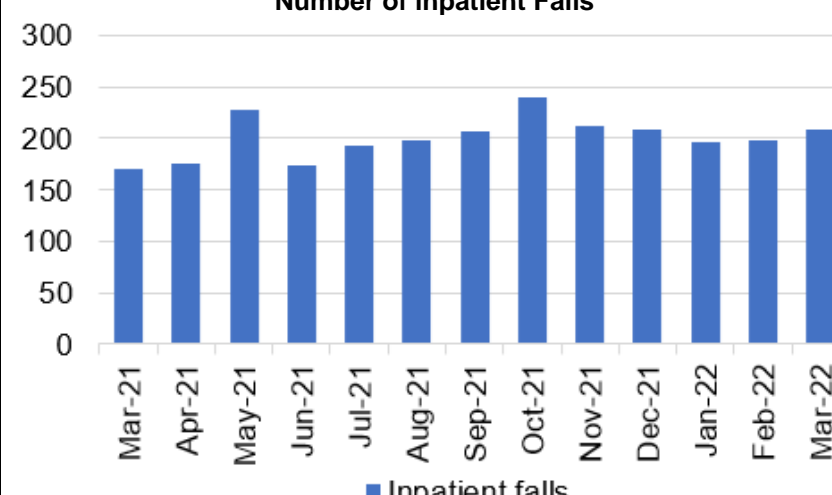
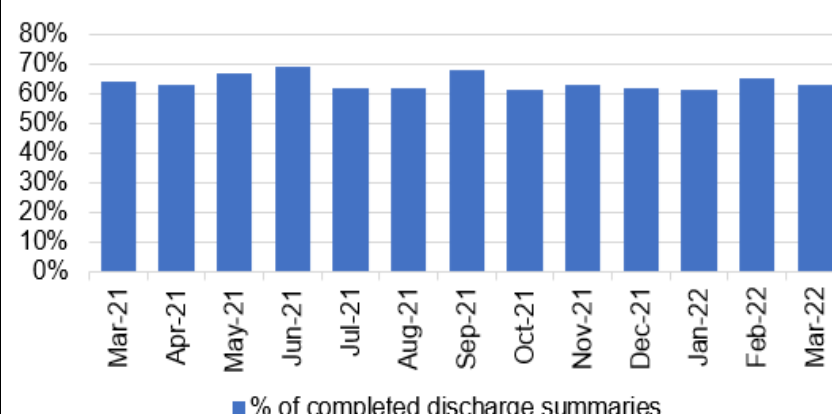


HEALTHCARE ACQUIRED INFECTIONS																														
Description	Current Performance	Trend																												
<b>Healthcare Acquired Infections (HCAI)- C.difficile-</b> <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"><li>There were 18 <i>Clostridium difficile</i> toxin positive cases in March 2022, of which 12 were hospital acquired and 6 were community acquired.</li><li>Cumulative cases from April 2021 to March 2022 are 18.9% higher than the equivalent period of 2020/21 (196 in 2021/22 compared with 159 in 2020/21).</li></ul>	<p><b>Number of healthcare acquired C.difficile cases</b></p> <table><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Mar-21</td><td>12</td></tr><tr><td>Apr-21</td><td>20</td></tr><tr><td>May-21</td><td>12</td></tr><tr><td>Jun-21</td><td>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></tbody></table> <p>■ Number of C.diff cases (SBU)</p>	Month	Number of cases	Mar-21	12	Apr-21	20	May-21	12	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
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<b>Healthcare Acquired Infections (HCAI)- Klebsiella sp-</b> <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"><li>There were 7 cases of Klebsiella sp in March 2022, 4 of which were hospital acquired and 3 were community acquired.</li><li>Cumulative cases from April 2021 to March 2022 are 9.7% lower than the equivalent period in 2020/21 (93 in 2021/22 compared with 102 in 2020/21).</li></ul>	<p><b>Number of healthcare acquired Klebsiella cases</b></p> <table><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases</th></tr></thead><tbody><tr><td>Mar-21</td><td>10</td></tr><tr><td>Apr-21</td><td>9</td></tr><tr><td>May-21</td><td>5</td></tr><tr><td>Jun-21</td><td>12</td></tr><tr><td>Jul-21</td><td>3</td></tr><tr><td>Aug-21</td><td>8</td></tr><tr><td>Sep-21</td><td>11</td></tr><tr><td>Oct-21</td><td>13</td></tr><tr><td>Nov-21</td><td>7</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>5</td></tr><tr><td>Feb-22</td><td>4</td></tr><tr><td>Mar-22</td><td>7</td></tr></tbody></table> <p>■ Number of Klebsiella cases (SBU)</p>	Month	Number of cases	Mar-21	10	Apr-21	9	May-21	5	Jun-21	12	Jul-21	3	Aug-21	8	Sep-21	11	Oct-21	13	Nov-21	7	Dec-21	9	Jan-22	5	Feb-22	4	Mar-22	7
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<b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"><li>There were 2 cases of <i>P.Aeruginosa</i> in March 2022, both of which were community acquired. Cumulative cases from April 2021 to March 2022 are 20.8% more than the equivalent period in 2020/21. (24 in 2021/22 compared with 19 in 2020/21).</li></ul>	<b>Number of healthcare acquired Pseudomonas cases</b> <table><thead><tr><th>Month</th><th>Number of Pseudomonas cases (SBU)</th></tr></thead><tbody><tr><td>Mar-21</td><td>1</td></tr><tr><td>Apr-21</td><td>3</td></tr><tr><td>May-21</td><td>1</td></tr><tr><td>Jun-21</td><td>2</td></tr><tr><td>Jul-21</td><td>1</td></tr><tr><td>Aug-21</td><td>2</td></tr><tr><td>Sep-21</td><td>2</td></tr><tr><td>Oct-21</td><td>0</td></tr><tr><td>Nov-21</td><td>3</td></tr><tr><td>Dec-21</td><td>4</td></tr><tr><td>Jan-22</td><td>1</td></tr><tr><td>Feb-22</td><td>3</td></tr><tr><td>Mar-22</td><td>2</td></tr></tbody></table> <p>■ Number of Pseudomonas cases (SBU)</p>	Month	Number of Pseudomonas cases (SBU)	Mar-21	1	Apr-21	3	May-21	1	Jun-21	2	Jul-21	1	Aug-21	2	Sep-21	2	Oct-21	0	Nov-21	3	Dec-21	4	Jan-22	1	Feb-22	3	Mar-22	2																												
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Sep-21	2																																																									
Oct-21	0																																																									
Nov-21	3																																																									
Dec-21	4																																																									
Jan-22	1																																																									
Feb-22	3																																																									
Mar-22	2																																																									
PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
<b>Number of pressure ulcers</b> <i>1. Total number of pressure ulcers developed in hospital and in the community</i>  <i>2. Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none"><li>In February 2022 there were 91 cases of healthcare acquired pressure ulcers, 38 of which were community acquired and 53 were hospital acquired.  There were 21 grade 3+ pressure ulcers in February 2022, of which 15 were community acquired and 6 were hospital acquired.</li><li>The rate per 100,000 admissions reduced from 1018 in January 2022 to 823 in February 2022.</li></ul>	<b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b> <table><thead><tr><th>Month</th><th>Pressure Ulcers (Community)</th><th>Pressure Ulcers (Hospital)</th><th>Rate per 100,000 admissions</th></tr></thead><tbody><tr><td>Feb-21</td><td>75</td><td>75</td><td>1018</td></tr><tr><td>Mar-21</td><td>60</td><td>60</td><td>750</td></tr><tr><td>Apr-21</td><td>85</td><td>85</td><td>1018</td></tr><tr><td>May-21</td><td>70</td><td>70</td><td>823</td></tr><tr><td>Jun-21</td><td>70</td><td>70</td><td>823</td></tr><tr><td>Jul-21</td><td>90</td><td>90</td><td>1018</td></tr><tr><td>Aug-21</td><td>85</td><td>85</td><td>1018</td></tr><tr><td>Sep-21</td><td>105</td><td>105</td><td>1018</td></tr><tr><td>Oct-21</td><td>70</td><td>70</td><td>823</td></tr><tr><td>Nov-21</td><td>70</td><td>70</td><td>823</td></tr><tr><td>Dec-21</td><td>110</td><td>110</td><td>1018</td></tr><tr><td>Jan-22</td><td>90</td><td>90</td><td>1018</td></tr><tr><td>Feb-22</td><td>91</td><td>91</td><td>823</td></tr></tbody></table> <p>■ Pressure Ulcers (Community) ▨ Pressure Ulcers (Hospital)</p>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,000 admissions	Feb-21	75	75	1018	Mar-21	60	60	750	Apr-21	85	85	1018	May-21	70	70	823	Jun-21	70	70	823	Jul-21	90	90	1018	Aug-21	85	85	1018	Sep-21	105	105	1018	Oct-21	70	70	823	Nov-21	70	70	823	Dec-21	110	110	1018	Jan-22	90	90	1018	Feb-22	91	91	823
Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,000 admissions																																																							
Feb-21	75	75	1018																																																							
Mar-21	60	60	750																																																							
Apr-21	85	85	1018																																																							
May-21	70	70	823																																																							
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SERIOUS INCIDENTS																																												
Description	Current Performance	Trend																																										
<b>Serious Incidents-</b> <i>1. The number of serious incidents</i>  <i>2. The number of Never Events</i>  <i>3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 7 Serious Incidents for the month of March 2022 to Welsh Government. The Service Group breakdown is as follows; - Morriston Hospital – 1 - Neath Port Talbot Hospital – 3 - Singleton Hospital – 1 - Primary Care, Community & Therapies - 2	<b>1. and 2. Number of serious incidents and never events</b> <table><tr><th>Month</th><th>Number of Serious Incidents</th><th>Number of never events</th></tr><tr><td>Mar-21</td><td>4</td><td>0</td></tr><tr><td>Apr-21</td><td>4</td><td>0</td></tr><tr><td>May-21</td><td>6</td><td>0</td></tr><tr><td>Jun-21</td><td>7</td><td>0</td></tr><tr><td>Jul-21</td><td>1</td><td>0</td></tr><tr><td>Aug-21</td><td>5</td><td>0</td></tr><tr><td>Sep-21</td><td>5</td><td>0</td></tr><tr><td>Oct-21</td><td>4</td><td>0</td></tr><tr><td>Nov-21</td><td>9</td><td>0</td></tr><tr><td>Dec-21</td><td>2</td><td>0</td></tr><tr><td>Jan-22</td><td>5</td><td>0</td></tr><tr><td>Feb-22</td><td>4</td><td>0</td></tr><tr><td>Mar-22</td><td>7</td><td>0</td></tr></table>	Month	Number of Serious Incidents	Number of never events	Mar-21	4	0	Apr-21	4	0	May-21	6	0	Jun-21	7	0	Jul-21	1	0	Aug-21	5	0	Sep-21	5	0	Oct-21	4	0	Nov-21	9	0	Dec-21	2	0	Jan-22	5	0	Feb-22	4	0	Mar-22	7	0
	Month	Number of Serious Incidents	Number of never events																																									
	Mar-21	4	0																																									
Apr-21	4	0																																										
May-21	6	0																																										
Jun-21	7	0																																										
Jul-21	1	0																																										
Aug-21	5	0																																										
Sep-21	5	0																																										
Oct-21	4	0																																										
Nov-21	9	0																																										
Dec-21	2	0																																										
Jan-22	5	0																																										
Feb-22	4	0																																										
Mar-22	7	0																																										
2. There were no new Never Event reported in March 2022																																												
3. In March 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 33%.	<b>3. % of serious incidents closed within the agreed timescales</b> <table><tr><th>Month</th><th>% SI's assured</th><th>Target</th></tr><tr><td>Mar-21</td><td>0%</td><td>80%</td></tr><tr><td>Apr-21</td><td>0%</td><td>80%</td></tr><tr><td>May-21</td><td>0%</td><td>80%</td></tr><tr><td>Jun-21</td><td>0%</td><td>80%</td></tr><tr><td>Jul-21</td><td>33%</td><td>80%</td></tr><tr><td>Aug-21</td><td>0%</td><td>80%</td></tr><tr><td>Sep-21</td><td>0%</td><td>80%</td></tr><tr><td>Oct-21</td><td>0%</td><td>80%</td></tr><tr><td>Nov-21</td><td>0%</td><td>80%</td></tr><tr><td>Dec-21</td><td>0%</td><td>80%</td></tr><tr><td>Jan-22</td><td>25%</td><td>80%</td></tr><tr><td>Feb-22</td><td>0%</td><td>80%</td></tr><tr><td>Mar-22</td><td>33%</td><td>80%</td></tr></table>	Month	% SI's assured	Target	Mar-21	0%	80%	Apr-21	0%	80%	May-21	0%	80%	Jun-21	0%	80%	Jul-21	33%	80%	Aug-21	0%	80%	Sep-21	0%	80%	Oct-21	0%	80%	Nov-21	0%	80%	Dec-21	0%	80%	Jan-22	25%	80%	Feb-22	0%	80%	Mar-22	33%	80%	
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Mar-22	33%	80%																																										























INPATIENT FALLS																														
Description	Current Performance	Trend																												
<b>Inpatient Falls</b> <i>The total number of inpatient falls</i>	<ul style="list-style-type: none"><li>The number of Falls reported via Datix web for Swansea Bay UHB was 209 in March 2022. This is 22% more than March 2021 where 171 falls were recorded.</li></ul>	<p><b>Number of inpatient Falls</b></p>  <table><caption>Number of inpatient Falls (Estimated Data)</caption><thead><tr><th>Month</th><th>Number of Falls</th></tr></thead><tbody><tr><td>Mar-21</td><td>171</td></tr><tr><td>Apr-21</td><td>175</td></tr><tr><td>May-21</td><td>225</td></tr><tr><td>Jun-21</td><td>175</td></tr><tr><td>Jul-21</td><td>195</td></tr><tr><td>Aug-21</td><td>200</td></tr><tr><td>Sep-21</td><td>210</td></tr><tr><td>Oct-21</td><td>240</td></tr><tr><td>Nov-21</td><td>215</td></tr><tr><td>Dec-21</td><td>210</td></tr><tr><td>Jan-22</td><td>200</td></tr><tr><td>Feb-22</td><td>200</td></tr><tr><td>Mar-22</td><td>209</td></tr></tbody></table> <p>■ Inpatient falls</p>	Month	Number of Falls	Mar-21	171	Apr-21	175	May-21	225	Jun-21	175	Jul-21	195	Aug-21	200	Sep-21	210	Oct-21	240	Nov-21	215	Dec-21	210	Jan-22	200	Feb-22	200	Mar-22	209
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Jan-22	200																													
Feb-22	200																													
Mar-22	209																													
DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in March 2022, the percentage of completed discharge summaries was 63%.</p> <p>In March 2022, compliance ranged from 54% in Singleton Hospital to 81% in Mental Health &amp; Learning Disabilities.</p>	<p><b>% discharge summaries approved and sent</b></p>  <table><caption>% discharge summaries approved and sent (Estimated Data)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Mar-21</td><td>65%</td></tr><tr><td>Apr-21</td><td>63%</td></tr><tr><td>May-21</td><td>68%</td></tr><tr><td>Jun-21</td><td>70%</td></tr><tr><td>Jul-21</td><td>62%</td></tr><tr><td>Aug-21</td><td>62%</td></tr><tr><td>Sep-21</td><td>68%</td></tr><tr><td>Oct-21</td><td>62%</td></tr><tr><td>Nov-21</td><td>63%</td></tr><tr><td>Dec-21</td><td>62%</td></tr><tr><td>Jan-22</td><td>62%</td></tr><tr><td>Feb-22</td><td>65%</td></tr><tr><td>Mar-22</td><td>63%</td></tr></tbody></table> <p>■ % of completed discharge summaries</p>	Month	Percentage	Mar-21	65%	Apr-21	63%	May-21	68%	Jun-21	70%	Jul-21	62%	Aug-21	62%	Sep-21	68%	Oct-21	62%	Nov-21	63%	Dec-21	62%	Jan-22	62%	Feb-22	65%	Mar-22	63%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	February 2022 reports the crude mortality rate for the Health Board at 0.89%, which is 0.03% lower than January 2022.	<b>Crude hospital mortality rate by Hospital (74 years of age or less)</b> <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Feb-21</td><td>2.0%</td><td>0.5%</td><td>0.2%</td><td>1.2%</td></tr><tr><td>Mar-21</td><td>1.9%</td><td>0.45%</td><td>0.15%</td><td>1.1%</td></tr><tr><td>Apr-21</td><td>1.8%</td><td>0.4%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>May-21</td><td>1.8%</td><td>0.45%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Jun-21</td><td>1.7%</td><td>0.45%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Jul-21</td><td>1.7%</td><td>0.45%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Aug-21</td><td>1.7%</td><td>0.45%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Sep-21</td><td>1.7%</td><td>0.45%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Oct-21</td><td>1.7%</td><td>0.45%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Nov-21</td><td>1.8%</td><td>0.45%</td><td>0.1%</td><td>0.95%</td></tr><tr><td>Dec-21</td><td>1.6%</td><td>0.45%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jan-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Feb-22</td><td>1.5%</td><td>0.48%</td><td>0.07%</td><td>0.89%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Feb-21	2.0%	0.5%	0.2%	1.2%	Mar-21	1.9%	0.45%	0.15%	1.1%	Apr-21	1.8%	0.4%	0.1%	1.0%	May-21	1.8%	0.45%	0.1%	1.0%	Jun-21	1.7%	0.45%	0.1%	1.0%	Jul-21	1.7%	0.45%	0.1%	1.0%	Aug-21	1.7%	0.45%	0.1%	1.0%	Sep-21	1.7%	0.45%	0.1%	1.0%	Oct-21	1.7%	0.45%	0.1%	1.0%	Nov-21	1.8%	0.45%	0.1%	0.95%	Dec-21	1.6%	0.45%	0.1%	0.9%	Jan-22	1.5%	0.5%	0.1%	0.9%	Feb-22	1.5%	0.48%	0.07%	0.89%
	Month		Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total																																																																		
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	A breakdown by Hospital for February 2022: <ul style="list-style-type: none"><li>• Morriston – 1.50%</li><li>• Singleton – 0.48%</li><li>• NPT – 0.07%</li></ul>																																																																							

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

### 5.1 Overview

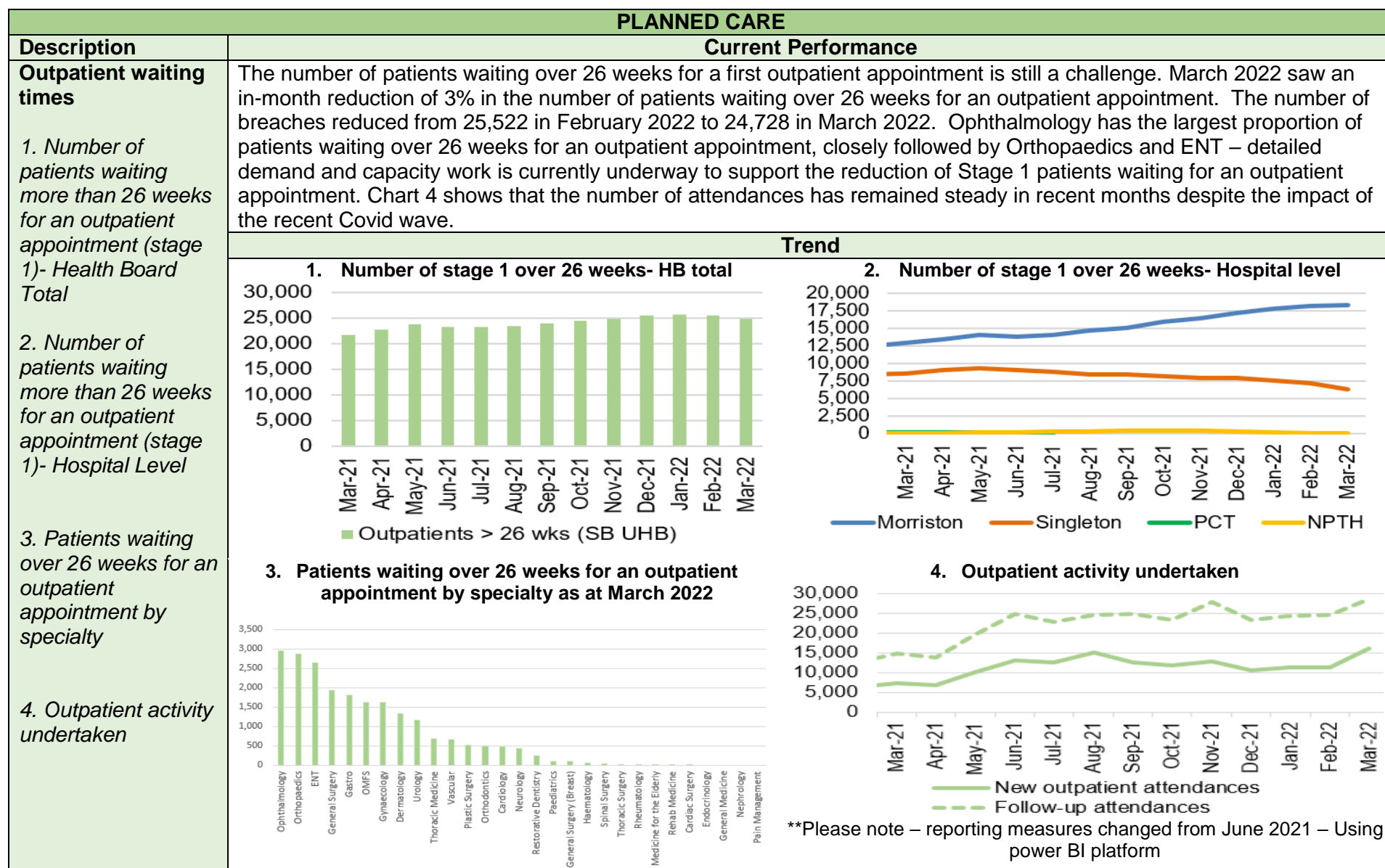
		Harm from reduction in non-Covid activity															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
		Cancer															
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	12 month improvement trend			71.6%	65.7%	60.0%	66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	41.7%
		Planned Care															
Number of patients waiting > 26 weeks for outpatient appointment*	Morrison	0			12,870	13,398	14,047	13,867	14,080	14,661	15,092	15,906	16,385	17,204	17,859	18,220	18,351
	NPTH			73	92	157	228	271	335	407	378	387	342	186	88	0	
	Singleton			8,575	9,027	9,327	9,053	8,769	8,383	8,447	8,162	7,955	7,882	7,520	7,192	6,359	
	PC&CS			232	235	169	131	105	65	51	37	25	24	23	22	18	
	Total			21,750	22,752	23,700	23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728	
Number of patients waiting > 36 weeks for treatment*	Morrison	0			21,228	21,579	22,095	22,414	22,968	23,364	23,214	23,874	24,121	24,494	25,203	25,090	25,490
	NPTH			45	46	45	57	98	167	189	191	198	168	136	136	44	
	Singleton			10,942	11,134	11,727	12,022	11,980	11,920	11,764	11,841	12,245	12,376	12,283	12,194	11,749	
	PC&CS			196	181	115	119	82	53	43	35	25	22	22	22	17	
	Total (inc. diagnostics > 36 wks)			32,874	33,395	34,447	35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820	
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	0			2,517	2,757	2,739	3,162	3,390	3,573	3,528	3,320	3,217	2,927	2,724	2,180	1,672
	Singleton			2,037	2,047	2,103	2,068	2,035	1,950	2,204	2,619	2,791	3,144	3,543	3,898	4,191	
	Total			4,554	4,804	4,842	5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863	
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	1	0	0	0	0	0	0	0	0	0	0
	NPTH			60	18	8	15	1	15	18	28	29	8	13	38	45	
	PC&CS			309	183	157	156	150	171	302	386	600	877	1,015	888	775	
	Total			369	201	166	171	151	186	320	414	629	885	1,028	926	820	

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
		Planned Care															
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			121,403	122,303	123,088	127,444	130,208	127,391	130,963	131,554	129,255	#####	#####	#####	#####
Number of patients delayed by over 100% past their target date *	Total				29,316	29,334	30,062	30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936
Number of patients delayed past their agreed target date (booked and not booked) *	Total				55,944	55,086	54,664	55,254	60,618	54,993	60,340	60,447	56,618	58,006	58,639	58,804	58,514
Number of Ophthalmology patients without an allocated health risk factor	Total	0			294	614	326	486	539	628	702	413	528	694	288	299	639
Number of patients without a documented clinical review date	Total	0			14	9	5	6	5	6	7	3	4	2	4	1	5
		Patient Experience/ Feedback															
Number of friends and family surveys completed	PCCS	12 month improvement trend			255		159	532	79	245	213	89	360	291	191	251	165
	MH&LD				11		3	0	0	59	18	10	36	23	17	17	15
	Morrison				326		1,330	934	699	642	995	941	1,131	878	1,130	1,285	1,454
	NPTH				16												
	Singleton				453		3,098	1,808	1,029	1,106	1,452	1,118	1,602	1,580	1,727	1,485	1,737
	Total				1,050		4,590	3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353
% of patients who would recommend and highly recommend	PCCS	90%	80%		90%		100%	100%	89%	94%	90%	90%	94%	90%	93%	95%	92%
	MH&LD				73%		100%	0%	0%	93%	94%	90%	97%	100%	100%	100%	100%
	Morrison				86%		96%	97%	93%	92%	93%	92%	93%	94%	94%	84%	86%
	NPTH				75%												
	Singleton				87%		97%	97%	91%	92%	90%	92%	94%	94%	94%	94%	94%
	Total				87%		96%	97%	92%	92%	92%	92%	94%	93%	92%	90%	90%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		100%		100%	-		95%	92%	94%	89%	97%	97%	99%	97%
	MH&LD				50%												
	Morrison				90%		93%	97%		96%	96%	94%	93%	96%	97%	89%	91%
	NPTH				100%												
	Singleton				92%		93%	97%		95%	96%	95%	93%	97%	96%	97%	97%
	Total				93%		92%	96%		92%	96%	93%	93%	96%	93%	91%	91%
Number of new complaints received	PCCS	12 month reduction rend			22	8	16	16	18	8	11	12	16	9	15		
	MH&LD				10	26	15	19	24	13	12	13	13	9	19		
	Morrison				50	23	53	69	51	50	61	57	66	42	53		
	NPTH				7	4	3	10	6	6	6	6	8	3	7		
	Singleton				24	24	23	31	28	32	21	33	26	20	21		
	Total				117	100	115	159	139	115	115	134	159	115	124		
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	75%	80%		67%	88%	81%	72%	54%	75%	73%	83%	88%	78%	67%		
	MH&LD				67%	69%	67%	50%	58%	62%	92%	69%	31%	78%	58%		
	Morrison				92%	100%	92%	80%	76%	94%	84%	70%	73%	69%	74%		
	NPTH				100%	100%	100%	70%	100%	67%	50%	83%	75%	67%	29%		
	Singleton				67%	61%	68%	43%	54%	81%	52%	48%	54%	50%	43%		
	Total				81%	78%	78%	68%	69%	83%	75%	67%	69%	68%	63%		

### 5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
<b>Referrals and shape of the waiting list</b>  <b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>  <b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>  <b>3. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at December 2019</i>  <b>4. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at March 2022</i>	<p>March 2022 has seen a significant increase in referral figures. Referral data has recently been reviewed and updated following the introduction of the new digital dashboard in June 2021, data selection was updated as appropriate. Referral rates have continued to rise slowly since December 2021, rising to 14,870 in March 2022. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.</p> <p><b>Trend</b></p> <div> <div> <b>1. Number of GP referrals received by SBU Health Board</b> </div> <div> <b>2. Number of stage 1 additions per week</b> </div> </div> <div> <div> <b>3. Total size of the waiting list and movement (December 2019)</b> </div> <div> <b>4. Total size of the waiting list and movement (March 2022)</b> </div> </div>

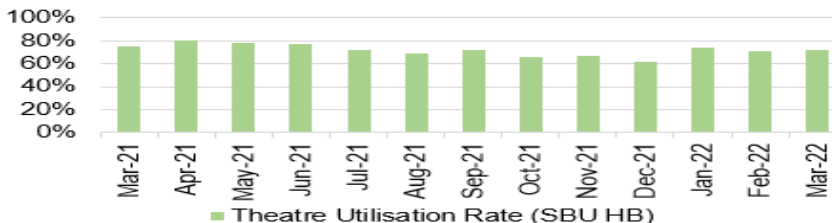
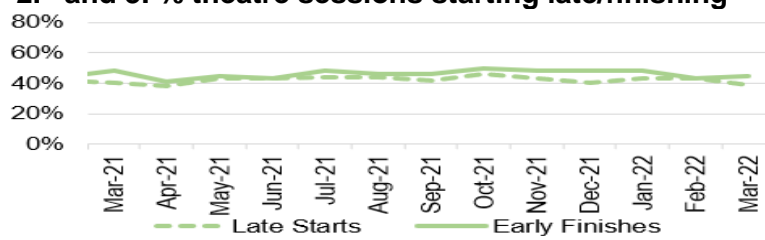
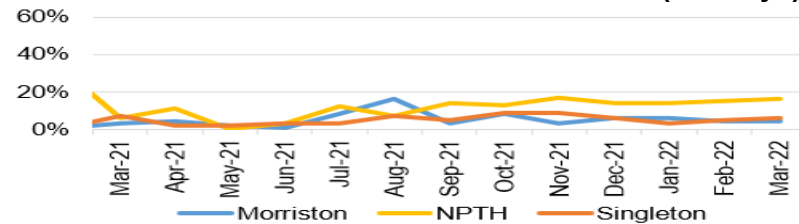
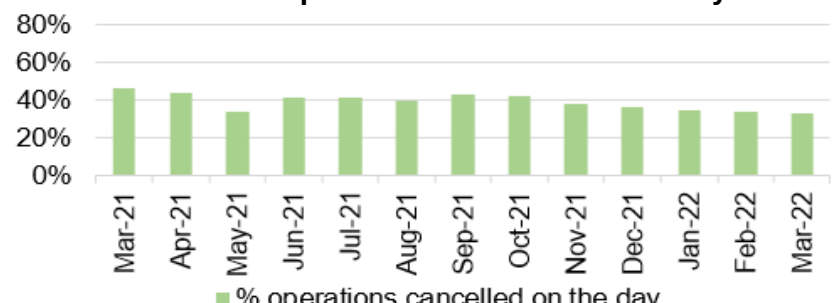






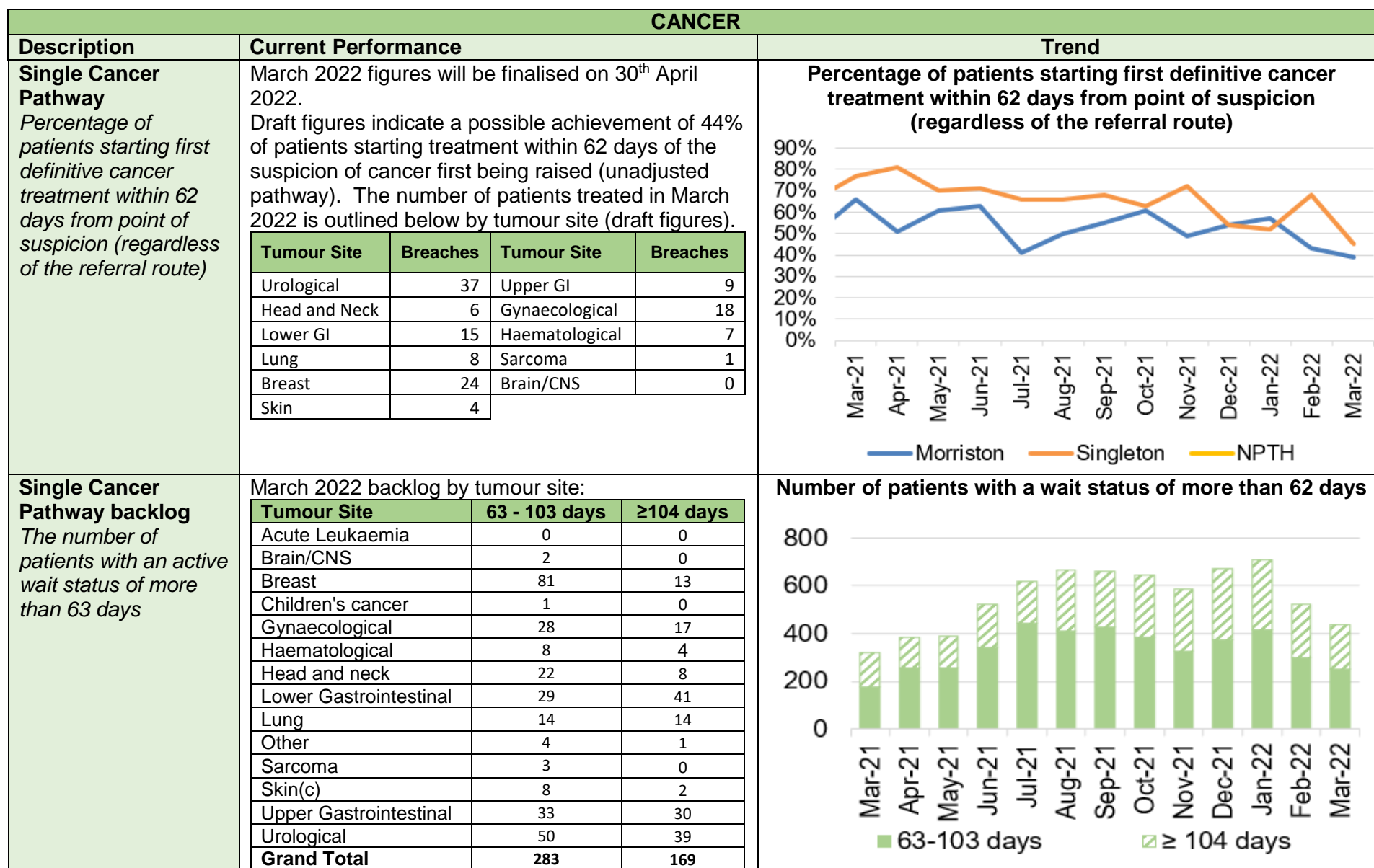
PLANNED CARE	
Description	Current Performance
<b>Patients waiting over 36 weeks for treatment</b>  1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total  2. Number of patients waiting more than 36 weeks for treatment  3. Number of elective admissions  4. Number of patients waiting more than 104 weeks for treatment	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In March 2022, there were 37,820 patients waiting over 36 weeks which is a 0.3% in-month reduction from February 2022. 27,129 of the 37,820 were waiting over 52 weeks in March 2022. In March 2022, there were 13,587 patients waiting over 104 weeks for an appointment, which is a 4% increase from February 2022. Targeted validation work is currently taking place to reduce the number of patients waiting over 52 and 104 weeks with the view to meet the Welsh Government target – submitted recovery trajectories can be seen in <b>Appendix 2</b>.</p>
	Trend
	<div> <div> <b>1. Number of patients waiting over 36 weeks- HB total</b> <p>■ &gt;36 wks (SB UHB)</p> </div> <div> <b>2. Number of patients waiting over 36 weeks- Hospital level</b> <p>— Morriston — Singleton — PCT — NPTH</p> </div> <div> <b>3. Number of elective admissions</b> <p>— Admitted elective patients</p> </div> <div> <b>3. Number of patients waiting over 104 weeks- Hospital level</b> <p>■ &lt; 104 wks (SBU HB)</p> </div> </div>

PLANNED CARE																																																																								
Description	Current Performance																																																																							
<b>Total waiting times</b> <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In March 2022, 50.7% of patients were waiting under 26 weeks from referral to treatment, which is a 0.6% improvement from February 2022.</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p> <table><caption>Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PCT</th><th>NPTH</th></tr></thead><tbody><tr><td>Mar-21</td><td>42%</td><td>48%</td><td>42%</td><td>92%</td></tr><tr><td>Apr-21</td><td>41%</td><td>48%</td><td>38%</td><td>91%</td></tr><tr><td>May-21</td><td>42%</td><td>48%</td><td>45%</td><td>88%</td></tr><tr><td>Jun-21</td><td>43%</td><td>48%</td><td>52%</td><td>85%</td></tr><tr><td>Jul-21</td><td>44%</td><td>49%</td><td>60%</td><td>82%</td></tr><tr><td>Aug-21</td><td>45%</td><td>50%</td><td>70%</td><td>78%</td></tr><tr><td>Sep-21</td><td>44%</td><td>51%</td><td>75%</td><td>75%</td></tr><tr><td>Oct-21</td><td>44%</td><td>51%</td><td>78%</td><td>72%</td></tr><tr><td>Nov-21</td><td>44%</td><td>50%</td><td>82%</td><td>70%</td></tr><tr><td>Dec-21</td><td>43%</td><td>49%</td><td>85%</td><td>72%</td></tr><tr><td>Jan-22</td><td>42%</td><td>50%</td><td>82%</td><td>75%</td></tr><tr><td>Feb-22</td><td>43%</td><td>49%</td><td>85%</td><td>78%</td></tr><tr><td>Mar-22</td><td>43%</td><td>51%</td><td>88%</td><td>95%</td></tr></tbody></table>	Month	Morriston	Singleton	PCT	NPTH	Mar-21	42%	48%	42%	92%	Apr-21	41%	48%	38%	91%	May-21	42%	48%	45%	88%	Jun-21	43%	48%	52%	85%	Jul-21	44%	49%	60%	82%	Aug-21	45%	50%	70%	78%	Sep-21	44%	51%	75%	75%	Oct-21	44%	51%	78%	72%	Nov-21	44%	50%	82%	70%	Dec-21	43%	49%	85%	72%	Jan-22	42%	50%	82%	75%	Feb-22	43%	49%	85%	78%	Mar-22	43%	51%	88%	95%
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<b>Ophthalmology waiting times</b> <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In March 2022, 50.2% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22.</p>	<p><b>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</b></p> <table><caption>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</caption><thead><tr><th>Month</th><th>% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment</th><th>Target</th></tr></thead><tbody><tr><td>Mar-21</td><td>45%</td><td>95%</td></tr><tr><td>Apr-21</td><td>45%</td><td>95%</td></tr><tr><td>May-21</td><td>45%</td><td>95%</td></tr><tr><td>Jun-21</td><td>45%</td><td>95%</td></tr><tr><td>Jul-21</td><td>44%</td><td>95%</td></tr><tr><td>Aug-21</td><td>44%</td><td>95%</td></tr><tr><td>Sep-21</td><td>45%</td><td>95%</td></tr><tr><td>Oct-21</td><td>46%</td><td>95%</td></tr><tr><td>Nov-21</td><td>47%</td><td>95%</td></tr><tr><td>Dec-21</td><td>46%</td><td>95%</td></tr><tr><td>Jan-22</td><td>46%</td><td>95%</td></tr><tr><td>Feb-22</td><td>47%</td><td>95%</td></tr><tr><td>Mar-22</td><td>48%</td><td>95%</td></tr></tbody></table>	Month	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	Target	Mar-21	45%	95%	Apr-21	45%	95%	May-21	45%	95%	Jun-21	45%	95%	Jul-21	44%	95%	Aug-21	44%	95%	Sep-21	45%	95%	Oct-21	46%	95%	Nov-21	47%	95%	Dec-21	46%	95%	Jan-22	46%	95%	Feb-22	47%	95%	Mar-22	48%	95%																												
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THEATRE EFFICIENCY		
Description	Current Performance	Trend
<b>Theatre Efficiency</b> <b>1. Theatre Utilisation Rates</b>  <b>2. % of theatre sessions starting late</b>  <b>3. % of theatre sessions finishing early</b>  <b>4. % of theatre sessions cancelled at short notice (&lt;28 days)</b>  <b>5. % of operations cancelled on the day</b>	<p>In March 2022 the Theatre Utilisation rate was 72%. This is an in-month improvement of 1% and a 3% reduction compared to March 2021.</p> <p>39% of theatre sessions started late in March 2022. This is a slight improvement on performance in March 2021 (40%).</p> <p>In March 2022, 45% of theatre sessions finished early. This is 2% higher than figures seen in February 2022 and 3% lower than figures seen in March 2021.</p> <p>7% of theatre sessions were cancelled at short notice in March 2022. This is the 1% higher than the figures reported in February 2022 and is 2% higher than figures seen in March 2022.</p> <p>Of the operations cancelled in March 2022, 33% of them were cancelled on the day. This is a small improvement from 34% in February 2022.</p>	<p><b>1. Theatre Utilisation Rates</b></p>  <p><b>2. and 3. % theatre sessions starting late/finishing</b></p>  <p><b>4. % theatre sessions cancelled at short notice (&lt;28 days)</b></p>  <p><b>5. % of operations cancelled on the day</b></p> 

PLANNED CARE		
Description	Current Performance	Trend
<b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In March 2022, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 6,078 in February 2022 to 5,863 in March 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for March 2022:</p> <ul style="list-style-type: none"> <li>Endoscopy= 4,198</li> <li>Cardiac tests= 1,261</li> <li>Other Diagnostics = 404</li> </ul> <p>Endoscopy waits continue to rise, and the most updated recovery trajectory can be found in Appendix 2. Recovery work into 2022-23 will focus on outsourcing 5 lists a week, continuation of insourcing activity, the launch of a pilot clinical validation project and a change in practise which will be piloted as part of the National Endoscopy funded project.</p>	<p><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p> <p>Legend: Cardiac tests, Endoscopy, Other diagnostics (inc. radiology)</p>
<b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In March 2022 there were 820 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in March 2022 are:</p> <ul style="list-style-type: none"> <li>Podiatry = 726</li> <li>Speech &amp; Language Therapy= 46</li> <li>Dietetics = 45</li> </ul> <p>Podiatry and SALT recovery plans continue to support performance improvement.</p>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <p>Legend: Occ Therapy/ LD (MH), Occ Therapy (exc. MH), Audiology, Speech &amp; Language, Dietetics, Phsyio, Podiatry</p>

CANCER																																
Description	Current Performance	Trend																														
<p>Cancer demand and shape of the waiting list</p> <p>1. Number of Urgent Suspected Cancer (USC) referrals received</p>	<p>The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020.</p>	<p><b>1. Number of USC referrals</b></p> <table><tr><th>Month</th><th>Number of USC referrals</th></tr><tr><td>Feb-21</td><td>1594</td></tr><tr><td>Mar-21</td><td>1932</td></tr><tr><td>Apr-21</td><td>1880</td></tr><tr><td>May-21</td><td>1871</td></tr><tr><td>Jun-21</td><td>2014</td></tr><tr><td>Jul-21</td><td>2062</td></tr><tr><td>Aug-21</td><td>1742</td></tr><tr><td>Sep-21</td><td>2005</td></tr><tr><td>Oct-21</td><td>1821</td></tr><tr><td>Nov-21</td><td>1771</td></tr><tr><td>Dec-21</td><td>1517</td></tr><tr><td>Jan-22</td><td>1708</td></tr><tr><td>Feb-22</td><td>1642</td></tr><tr><td>Mar-22</td><td>1816</td></tr></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	1642	Mar-22	1816
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<p>2. Single Cancer Pathway backlog- patients waiting over 63 days</p>	<p>March 2022 has seen a further reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none"><li>- Recovery plans previously submitted are in the process of being reviewed and resubmitted for 2022/23.</li><li>- Updated recovery trajectories are being developed for circulation in May 2022</li><li>- Successfully recruited to the breast surgeon vacancy.</li><li>- Successful recruitment of a pancreatic surgeon due to start in March 2022.</li><li>- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast</li></ul>	<p><b>2. Single Cancer Pathway backlog- patients waiting over 63 days</b></p> <table><tr><th>Month</th><th>Total backlog</th></tr><tr><td>Mar-21</td><td>320</td></tr><tr><td>Apr-21</td><td>380</td></tr><tr><td>May-21</td><td>380</td></tr><tr><td>Jun-21</td><td>520</td></tr><tr><td>Jul-21</td><td>620</td></tr><tr><td>Aug-21</td><td>660</td></tr><tr><td>Sep-21</td><td>660</td></tr><tr><td>Oct-21</td><td>640</td></tr><tr><td>Nov-21</td><td>580</td></tr><tr><td>Dec-21</td><td>660</td></tr><tr><td>Jan-22</td><td>700</td></tr><tr><td>Feb-22</td><td>520</td></tr><tr><td>Mar-22</td><td>440</td></tr></table> <p>■ Total backlog</p>	Month	Total backlog	Mar-21	320	Apr-21	380	May-21	380	Jun-21	520	Jul-21	620	Aug-21	660	Sep-21	660	Oct-21	640	Nov-21	580	Dec-21	660	Jan-22	700	Feb-22	520	Mar-22	440		
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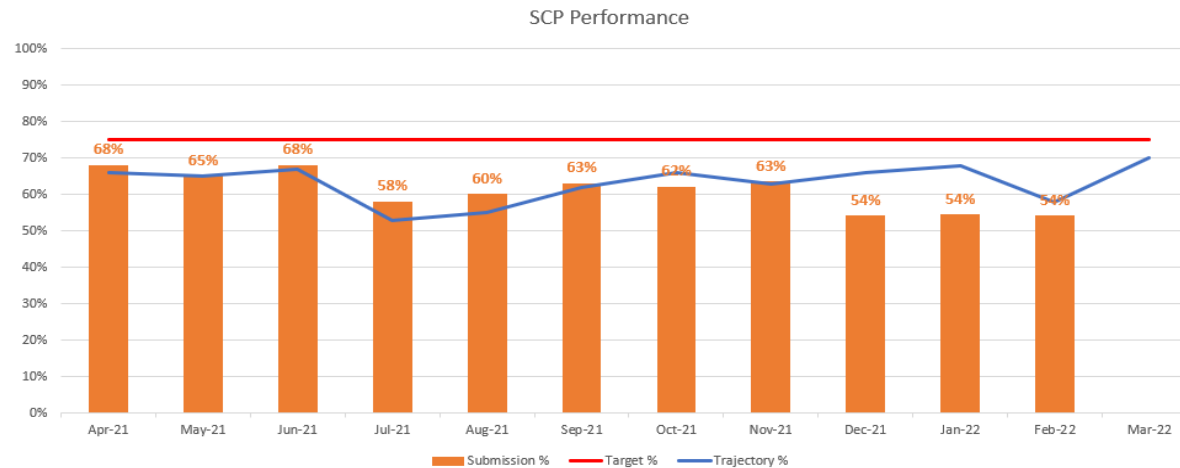


CANCER																																																		
Description	Current Performance	Trend																																																
<b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early March 2022 figures show total wait volumes have decreased by 16%. Of the total number of patients awaiting a first outpatient appointment, 62% have been booked.</p>	<p><b>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early April 2022</b></p> <table> <tr> <th>FIRST OPA</th><th>03-Apr</th><th>10-Apr</th></tr> <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>1</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>2</td><td>1</td></tr> <tr><td>Gynaecological</td><td>54</td><td>73</td></tr> <tr><td>Haematological</td><td>1</td><td>1</td></tr> <tr><td>Head and Neck</td><td>78</td><td>77</td></tr> <tr><td>Lower GI</td><td>85</td><td>98</td></tr> <tr><td>Lung</td><td>9</td><td>7</td></tr> <tr><td>Other</td><td>58</td><td>71</td></tr> <tr><td>Sarcoma</td><td>35</td><td>26</td></tr> <tr><td>Skin</td><td>67</td><td>134</td></tr> <tr><td>Upper GI</td><td>44</td><td>52</td></tr> <tr><td>Urological</td><td>69</td><td>43</td></tr> <tr><td></td><td><b>503</b></td><td><b>583</b></td></tr> </table>	FIRST OPA	03-Apr	10-Apr	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	1	0	Children's Cancer	2	1	Gynaecological	54	73	Haematological	1	1	Head and Neck	78	77	Lower GI	85	98	Lung	9	7	Other	58	71	Sarcoma	35	26	Skin	67	134	Upper GI	44	52	Urological	69	43		<b>503</b>	<b>583</b>
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<b>Radiotherapy waiting times</b> <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.</p> <table> <tr> <th>Measure</th><th>Target</th><th>Dec-21</th></tr> <tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>70%</td></tr> <tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>95%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>57%</td></tr> <tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>100%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>85%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>90%</td></tr> <tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>100%</td></tr> </table>	Measure	Target	Dec-21	Scheduled (21 Day Target)	80%	70%	Scheduled (28 Day Target)	100%	95%	Urgent SC (7 Day Target)	80%	57%	Urgent SC (14 Day Target)	100%	100%	Emergency (within 1 day)	80%	85%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	90%	Elective Delay (28 Day Target)	100%	100%	<p><b>Radiotherapy waiting times</b></p>																					
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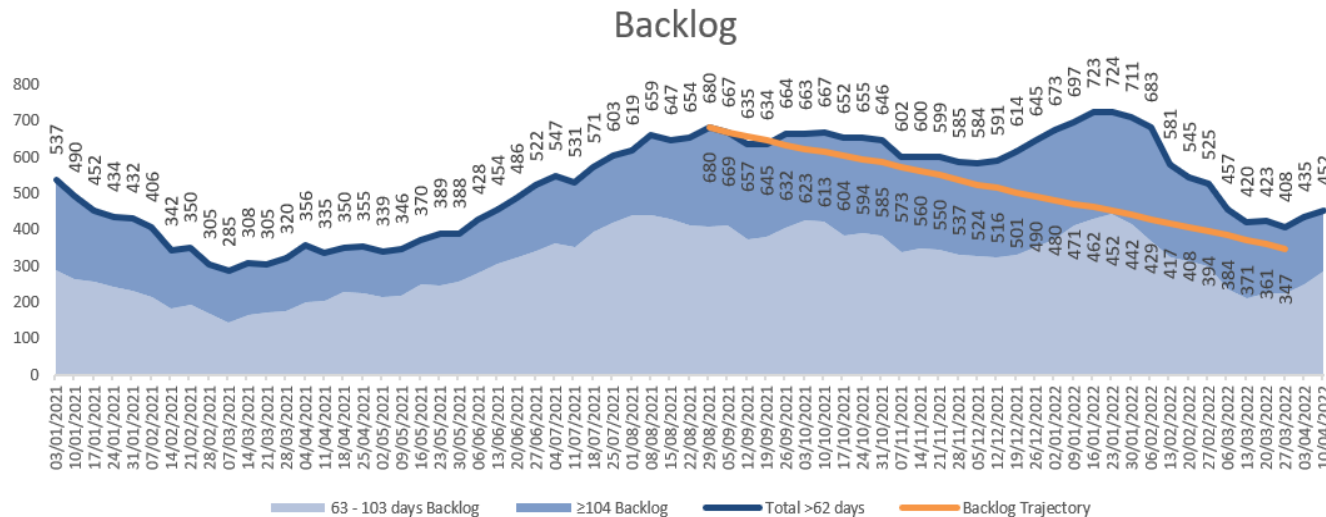


## Cancer Services – Performance Escalation Updates

### 1.SCP performance trajectory

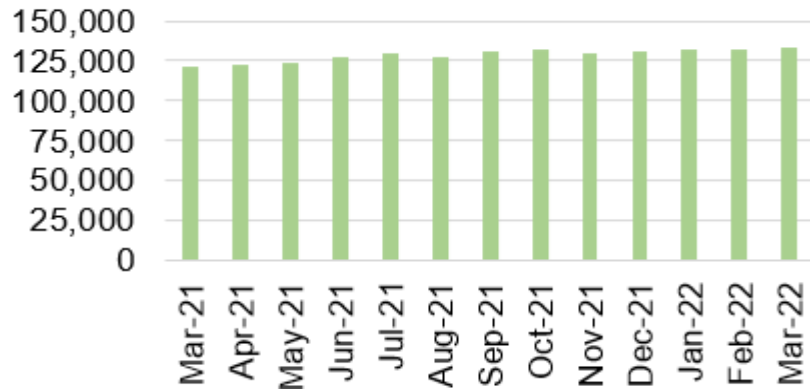
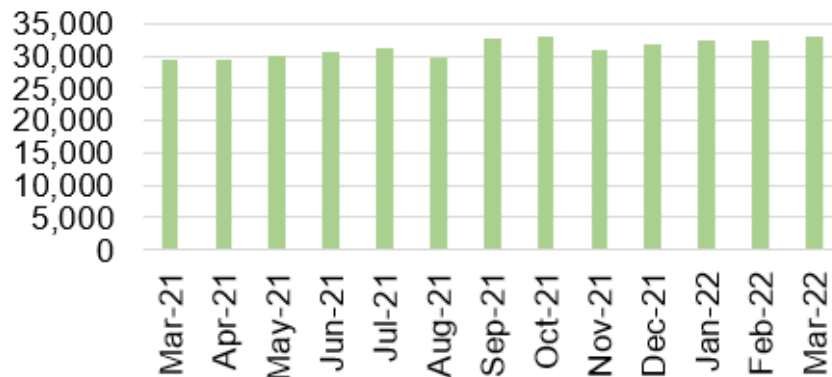


### Proposed backlog improvements to support SCP performance



1. The final SCP performance for February 2022 was 54%, which is the same position reported for December 2021 and January 2022. The reported performance is tracking slightly below the trajectory of 58%

2. Shows the weekly breakdown of the backlog reduction against the proposed trajectories. The backlog figures have seen a significant improvement over recent weeks, however figures are beginning to rise once more. Work is ongoing to support the improved backlog position and a new recovery trajectory is in development.

FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
<b>Follow-up appointments</b>  1. The total number of patients on the follow-up waiting list  2. The number of patients waiting 100% over target for a follow-up appointment	<p>In March 2022, the overall size of the follow-up waiting list increased by 1,736 patients compared with February 2022 (from 132,036 to 133,772).</p> <p>In March 2022, there was a total of 58,514 patients waiting for a follow-up past their target date. This is an in-month reduction of 0.5% (from 58,804 in February 2022 to 58,514 in March 2022).</p> <p>Of the 58,514 delayed follow-ups in March 2022, 10,978 had appointment dates and 47,536 were still waiting for an appointment.</p> <p>In addition, 32,936 patients were waiting 100%+ over target date in March 2022. This is a 1.5% increase when compared with February 2022.</p>	<p><b>1. Total number of patients waiting for a follow-up</b></p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p>  <p>■ Number of patients waiting 100% over target date (SBU HB)</p>

PATIENT EXPERIENCE		
Description	Current Performance	Trend
<b>Patient experience</b>  1. Number of friends and family surveys completed  2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> <li>Health Board Friends &amp; Family patient satisfaction level in March 2022 was 90% and 3,353 surveys were completed.               <ul style="list-style-type: none"> <li>Singleton/ Neath Port Talbot Hospitals Service Group completed 1,737 surveys in March 2022, with a recommended score of 94%.</li> <li>Morrison Hospital completed 1,454 surveys in March 2022, with a recommended score of 86%.</li> <li>Primary &amp; Community Care completed 165 surveys for March 2022, with a recommended score of 92%.</li> <li>The Mental Health Service Group completed 15 surveys for March 2022, with a recommended score of 100%.</li> </ul> </li> </ul>	<p><b>1. Number of friends and family surveys completed</b></p> <p><b>2. % of patients/ service users who would recommend and highly recommend</b></p> <p>* Data not available for April 2021. Neath Port Talbot included in Singleton's figures from May 2021</p>

COMPLAINTS		
Description	Current Performance	Trend
<b>Patient concerns</b>  <i>1. Number of formal complaints received</i>  <		

## 6.1 Overview

		Harm from wider societal actions/lockdown															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
		Childhood immunisations															
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		94.1%		95.5%			96.6%		97.0%					
	Swansea				96.3%		95.9%		95.9%		95.5%						
	HB Total				95.4%		95.7%		96.2%		96.1%						
% children who received MenB2 vaccine by age 1	NPT	95%	90%		93.8%		95.2%			96.6%		96.7%					
	Swansea				96.1%		96.3%		95.5%		95.1%						
	HB Total				95.2%		95.8%		95.9%		95.7%						
% children who received PCV2 vaccine by age 1	NPT	95%	90%		96.6%		94.4%			98.2%		98.7%					
	Swansea				97.2%		95.4%		96.8%		96.3%						
	HB Total				96.9%		95.0%		97.3%		97.2%						
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		93.8%		94.0%			96.6%		96.3%					
	Swansea				94.1%		94.8%		94.4%		94.1%						
	HB Total				94.0%		94.6%		95.2%		94.9%						
% children who received MMR1 vaccine by age 2	NPT	95%	90%		95.5%		94.0%			94.3%		95.2%					
	Swansea				93.1%		94.8%		93.8%		93.0%						
	HB Total				94.0%		94.6%		94.0%		93.8%						
% children who received PCVf3 vaccine by age 2	NPT	95%	90%		96.1%		94.4%			95.6%		94.6%					
	Swansea				93.3%		95.4%		93.0%		93.3%						
	HB Total				94.3%		95.0%		93.9%		93.8%						
% children who received MenB4 vaccine by age 2	NPT	95%	90%		95.5%		94.1%			95.3%		94.9%					
	Swansea				93.3%		95.5%		93.0%		93.3%						
	HB Total				94.1%		95.0%		93.8%		93.9%						
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		95.2%		93.5%			95.3%		94.3%					
	Swansea				92.7%		95.7%		93.5%		92.3%						
	HB Total				96.3%		94.9%		94.1%		93.0%						

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

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
		Mental Health Services															
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	100%	93%	94%	79%	100%	95%	97%	97%	100%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			63%	60%	61%	58%	41%	48%	40%	40%	34%	22%	28%	27%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			46%	0%	0%	0%	29%	37%	89%	65%	36%	43%	28%	24%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			53%	48%	53%	44%	29%	32%	41%	3%	3%	2%	27%	26%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	> 18 years old	80%			97%	97%	98%	99%	98%	100%	96%	98%	98%	95%	95%	99%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			91%	49%	67%	1%	100%	82%	35%	0%	64%	50%	39%	67%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			97%	92%	96%	99%	97%	100%	90%	98%	96%	100%	99%	100%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			30%	30%	33%	32%	34%	27%	34%	34%	37%	37%	33%	33%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%			82%	82%	83%	81%	81%	65%	84%	84%	84%	84%	89%	88%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%			91%	91%	92%	88%	88%	84%	84%	83%	81%	80%	81%	85%	



### 6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																		
Description	Current Performance	Trend																																																																																																																
Adult Mental Health Measures: 1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)  2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)  3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)  4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	<p>1. In February 2022, 99% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In February 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 85% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in February 2022.</p> <p>4. In February 2022, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p>	<p><b>1. % Mental Health assessments undertaken within 28 days from receipt of referral</b></p> <table><caption>Data for Measure 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption><thead><tr><th>Month</th><th>% assessments within 28 days (&gt;18 yrs)</th></tr></thead><tbody><tr><td>Feb-21</td><td>95%</td></tr><tr><td>Mar-21</td><td>95%</td></tr><tr><td>Apr-21</td><td>95%</td></tr><tr><td>May-21</td><td>95%</td></tr><tr><td>Jun-21</td><td>95%</td></tr><tr><td>Jul-21</td><td>95%</td></tr><tr><td>Aug-21</td><td>95%</td></tr><tr><td>Sep-21</td><td>95%</td></tr><tr><td>Oct-21</td><td>95%</td></tr><tr><td>Nov-21</td><td>95%</td></tr><tr><td>Dec-21</td><td>95%</td></tr><tr><td>Jan-22</td><td>95%</td></tr><tr><td>Feb-22</td><td>99%</td></tr></tbody></table> <p><b>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</b></p> <table><caption>Data for Measure 2: % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption><thead><tr><th>Month</th><th>% therapeutic interventions started within 28 days (&gt;18 yrs)</th></tr></thead><tbody><tr><td>Feb-21</td><td>95%</td></tr><tr><td>Mar-21</td><td>95%</td></tr><tr><td>Apr-21</td><td>95%</td></tr><tr><td>May-21</td><td>95%</td></tr><tr><td>Jun-21</td><td>95%</td></tr><tr><td>Jul-21</td><td>95%</td></tr><tr><td>Aug-21</td><td>95%</td></tr><tr><td>Sep-21</td><td>95%</td></tr><tr><td>Oct-21</td><td>95%</td></tr><tr><td>Nov-21</td><td>95%</td></tr><tr><td>Dec-21</td><td>95%</td></tr><tr><td>Jan-22</td><td>95%</td></tr><tr><td>Feb-22</td><td>100%</td></tr></tbody></table> <p><b>3. % residents with a valid Care and Treatment Plan (CTP)</b></p> <table><caption>Data for Measure 3: % residents with a valid Care and Treatment Plan (CTP)</caption><thead><tr><th>Month</th><th>% patients with valid CTP (&gt;18 yrs)</th></tr></thead><tbody><tr><td>Feb-21</td><td>85%</td></tr><tr><td>Mar-21</td><td>85%</td></tr><tr><td>Apr-21</td><td>85%</td></tr><tr><td>May-21</td><td>90%</td></tr><tr><td>Jun-21</td><td>85%</td></tr><tr><td>Jul-21</td><td>85%</td></tr><tr><td>Aug-21</td><td>80%</td></tr><tr><td>Sep-21</td><td>80%</td></tr><tr><td>Oct-21</td><td>80%</td></tr><tr><td>Nov-21</td><td>80%</td></tr><tr><td>Dec-21</td><td>75%</td></tr><tr><td>Jan-22</td><td>75%</td></tr><tr><td>Feb-22</td><td>85%</td></tr></tbody></table> <p><b>4. % waiting less than 26 weeks for Psychology Therapy</b></p> <table><caption>Data for Measure 4: % waiting less than 26 weeks for Psychology Therapy</caption><thead><tr><th>Month</th><th>% waiting less than 26 wks for psychological therapy</th></tr></thead><tbody><tr><td>Feb-21</td><td>100%</td></tr><tr><td>Mar-21</td><td>100%</td></tr><tr><td>Apr-21</td><td>100%</td></tr><tr><td>May-21</td><td>100%</td></tr><tr><td>Jun-21</td><td>100%</td></tr><tr><td>Jul-21</td><td>100%</td></tr><tr><td>Aug-21</td><td>100%</td></tr><tr><td>Sep-21</td><td>100%</td></tr><tr><td>Oct-21</td><td>100%</td></tr><tr><td>Nov-21</td><td>100%</td></tr><tr><td>Dec-21</td><td>100%</td></tr><tr><td>Jan-22</td><td>100%</td></tr><tr><td>Feb-22</td><td>100%</td></tr></tbody></table>	Month	% assessments within 28 days (>18 yrs)	Feb-21	95%	Mar-21	95%	Apr-21	95%	May-21	95%	Jun-21	95%	Jul-21	95%	Aug-21	95%	Sep-21	95%	Oct-21	95%	Nov-21	95%	Dec-21	95%	Jan-22	95%	Feb-22	99%	Month	% therapeutic interventions started within 28 days (>18 yrs)	Feb-21	95%	Mar-21	95%	Apr-21	95%	May-21	95%	Jun-21	95%	Jul-21	95%	Aug-21	95%	Sep-21	95%	Oct-21	95%	Nov-21	95%	Dec-21	95%	Jan-22	95%	Feb-22	100%	Month	% patients with valid CTP (>18 yrs)	Feb-21	85%	Mar-21	85%	Apr-21	85%	May-21	90%	Jun-21	85%	Jul-21	85%	Aug-21	80%	Sep-21	80%	Oct-21	80%	Nov-21	80%	Dec-21	75%	Jan-22	75%	Feb-22	85%	Month	% waiting less than 26 wks for psychological therapy	Feb-21	100%	Mar-21	100%	Apr-21	100%	May-21	100%	Jun-21	100%	Jul-21	100%	Aug-21	100%	Sep-21	100%	Oct-21	100%	Nov-21	100%	Dec-21	100%	Jan-22	100%	Feb-22	100%
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Month	% waiting less than 26 wks for psychological therapy																																																																																																																	
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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	Current Performance	Trend
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In February 2022, 100% of CAMHS patients received an assessment within 48 hours.	<b>1. Crisis- assessment within 48 hours</b> 
2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 27% of routine assessments were undertaken within 28 days from referral in February 2022 against a target of 80%.	<b>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</b> 
3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 67% of therapeutic interventions were started within 28 days following assessment by LPMHSS in February 2022.	
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 33% of NDD patients received a diagnostic assessment within 26 weeks in February 2022 against a target of 80%.	<b>4. NDD- assessment within 26 weeks</b> 
5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 26% of routine assessments by SCAMHS were undertaken within 28 days in February 2022.	<b>5. S-CAMHS % assessments within 28 days</b> 

## APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 rela	Number of new COVID19 cases*	Local			Mar-22						4,749
	Number of staff referred for Antigen Testing*	Local			Mar-22						109
	Number of staff awaiting results of COVID19 test*	Local			Mar-22						0
	Number of COVID19 related incidents*	Local			Dec-21						54
	Number of COVID19 related serious incidents*	Local			Oct-21						0
	Number of COVID19 related complaints*	Local			Mar-22						10
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Mar-22						87
	Number of staff self isolated (symptomatic)*	Local			Mar-22						326
	% sickness*	Local			Mar-22						3.1%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Mar-22	659		28			687
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	National	95%		Mar-22	57.2%	95.0%				71%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		Mar-22	1,276	6				1,282
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Mar-22	16%					16%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Mar-22	44%					44%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Mar-22	100%					100%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Mar-22	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Mar-22	44%					44%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	23	Mar-22	2	0	2	17	0	21
	Number of S.aureus bacteraemia cases	National		9	Mar-22	5	0	2	4	0	11
	Number of C.difficile cases	National		11	Mar-22	7	1	2	8	0	18
	Number of Klebsiella cases	National		8	Mar-22	2	0	1	4	0	7
	Number of Aeruginosa cases	National		1	Mar-22	0	0	0	2	0	2
	Compliance with hand hygiene audits	Local	95%		Mar-22	91%	98%	-	93%	92%	95%
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		Mar-22	1	3	1	2	0	7
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Mar-22						33%
	Number of Never Events	Local	0		Mar-22	0	0	0	0	0	0

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Feb-22	89.4%					89.4%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Feb-22	48.6%					48.6%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Feb-22	69.8%					69.8%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Feb-22	70.8%					70.8%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Feb-22	76.3%					76.3%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Jan-22	68.4%					68.4%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-21	7.5%					7.5%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Jan-22	52.9%					52.9%
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Feb-22	36	1	15	39	0	91
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Feb-22	4	1	1	15	0	21
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Feb-22						823
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Feb-22	86	34	46	4	28	199
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Feb-22						5.37
Mortality	Universal Mortality reviews undertaken within 28 days	Local	95%		Feb-22	98%	67%				97%
	Stage 2 mortality reviews completed within 60 days	Local	95%		Nov-21	56%	-	0%			50%
	Crude hospital mortality rate by Delivery Unit (74 years and over)	National	12 month reduction trend		Feb-22	1.50%	0.07%	0.48%			0.89%

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



Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	12 month improvement trend		Mar-22 (Draft)						42%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Mar-22	18,351	0	6,359	18		24,728
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Mar-22	25,490	44	11,749	17		37,820
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Mar-22	1,672		4,191			5,863
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Mar-22		45		775	0	820
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Mar-22						133,772
	Number of patients delayed by over 100% past their target date	National	0		Mar-22						32,936
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Mar-22						58,514
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Mar-22						639
	Number of patients without a documented clinical review date	Local	0		Mar-22						5
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Mar-22	1,454	Now reported under Singleton	1,737	165	15	1,454
	% of patients who would recommend and highly recommend	Local	90%	80%	Mar-22	86%		94%	92%	100%	90%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Mar-22	91%		97%	97%		91%
	Number of new complaints received	Local	12 month reduction trend		Jan-22	53	7	21	15	19	124
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	National	75%	80%	Jan-22	74%	29%	43%	67%	58%	63%

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

Harm Quadrant- Harm from wider societal actions/lockdown												Green	Amber	Red
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total			
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q3 2021/22						96.1%	0	0	0
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q3 2021/22						95.7%	0	0	0
	% children who received PCV2 vaccine by age 1		95%	90%	Q3 2021/22						97.2%	0	0	0
	% children who received Rotavirus vaccine by age 1		95%	90%	Q3 2021/22						94.9%	0	50	0
	% children who received MMR1 vaccine by age 2		95%	90%	Q3 2021/22						93.8%	0	50	0
	% children who received PCV3 vaccine by age 2		95%	90%	Q3 2021/22						93.8%	0	50	0
	% children who received MenB4 vaccine by age 2		95%	90%	Q3 2021/22						93.9%	0	50	0
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q3 2021/22						93.0%	0	50	0
	% children who are up to date in schedule by age 4		95%	90%	Q3 2021/22						86.8%	0	0	100
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q3 2021/22						91.2%	0	50	0
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q3 2021/22						91.0%	0	50	0
	% children who received MMR vaccination by age 16		95%	90%	Q3 2021/22						92.0%	0	50	0
	% children who received teenage booster by age 16		90%	85%	Q3 2021/22						89.8%	0	50	0
	% children who received MenACWY vaccine by age 16		Improve		Q3 2021/22						90.0%	0	50	0
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Feb-22						100%	0	0	0
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Feb-22						27%	0	0	100
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Feb-22						24%	0	0	100
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Feb-22						26%	0	0	100
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Feb-22					99%	99%	0	0	0
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Feb-22						67%	0	0	100
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Feb-22					100%	100%	0	0	0
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Feb-22					100%	100%	0	0	0
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Feb-22						33%	0	0	100
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Feb-22						88%	0	0	100
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Feb-22					85%	85%	0	0	100



## APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD


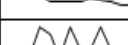
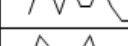
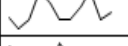


Harm from Covid itself																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
COVID19 related measures	Number of new COVID19 cases	Local	Mar-22	4,749		Reduce					907	406	189	708	1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749
	Number of staff referred for Antigen Testing	Local	Mar-22	16,756		Reduce					11,683	11,957	12,224	12,505	12,872	13,278	13,951	14,475	14,969	15,756	16,447	16,647	16,756
	Number of staff awaiting results of COVID19 test	Local	Mar-22	0		Reduce					2 (as at 11/04/21)	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Dec-21	54		Reduce					53	74	67	23	24	36	36	47	53	54			
	Number of COVID19 related serious incidents	Local	Oct-21	0		Reduce					0	0	0	0	0	0	0	0					
	Number of COVID19 related complaints	Local	Mar-22	10		Reduce					98	38	13	16	4	6	3	4	14	20	4	4	10
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					3	2	2	1	1	1	0	0					
	Number of staff self isolated (asymptomatic)	Local	Mar-22	87		Reduce					145	84	71	70	71	115	227	120	65	126	87	43	87
	Number of staff self isolated (symptomatic)	Local	Mar-22	326		Reduce					108	87	71	50	67	114	204	180	120	393	309	204	326
% sickness	Local	Mar-22	3.1%		Reduce						1.9%	1.3%	1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%
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	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Mar-22	48%	65%	65%	✖	51.1% (Mar-22)	4th (Mar-22)		73%	72%	62%	67%	64%	59%	50%	44%	52%	46%	51%	54%	48%
	Number of ambulance handovers over one hour	National	Mar-22	687	0			6,506 (Mar-22)	1st (Mar-22)		231	337	477	547	616	726	642	648	670	612	735	678	687
	Handover hours lost over 15 minutes	Local	Mar-22	3023							583	877	1,154	1,386	1,937	2,443	2,467	3,093	2,461	2,527	3,390	3,110	3,023
	% 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	Mar-22	71%	95%			66.6% (Feb-22)	3rd (Feb-22)		77%	75%	73%	72%	75%	75%	73%	72%	73%	70%	73%	72%	71%
	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	Mar-22	1282	0			9,150 (Feb-22)	3rd (Feb-22)		457	631	684	880	1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Jan-22	52.9%	12 month ↑			76.0% (Jan-22)	6th (Jan-22)		59.6%	71.1%	72.1%	78.3%	84.8%	86.7%	72.2%	77.8%	52.4%	68.8%	52.9%		
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Jan-22	89.0%	12 month ↑			66% (Jan-22)	2nd (Jan-22)		88.0%	90.0%	91.0%	91.0%	91.0%	88.0%	87.0%	88.0%	89.0%	88.0%	89.0%		
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Mar-22	16%	54.0%			17.6% (Feb-22)	1st out of 6 organisations (Feb-22))		20.4%	20.3%	27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%
	CT Scan (<1 hrs) (local)	Local	Mar-22	44%							40.8%	29.7%	36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Mar-22	100%							100.0%	96.9%	98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%
	Thrombolysis door to needle <= 45 mins	Local	Mar-22	0%							55.6%	25.0%	0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Mar-22	44%	12 month ↑						55.9%	47.1%	39.7%	41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%
DTCs	Number of mental health HB DTCs	National	Mar-20	13	12 month ↓	27	✔				DTC reporting temporarily suspended												
	Number of non-mental health HB DTCs	National	Mar-20	60	12 month ↓	50	✖				DTC reporting temporarily suspended												

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Mar-22	73.7	<67		✗	67.20 (Mar-22)	4th (Mar-22)		61.9	99.8	88.9	89.4	89.4	90.5	86.4	82.2	80.5	77.1	73.8	74.6	73.7
	Number of E.Coli bacteraemia cases (Hospital)		Mar-22	4							9	12	11	5	11	9	9	7	5	5	7	9	4
	Number of E.Coli bacteraemia cases (Community)			17							19	20	15	24	16	25	12	12	17	12	8	17	17
	Total number of E.Coli bacteraemia cases			21							28	32	26	29	27	34	21	19	22	17	15	26	21
	Cumulative cases of S.aureus bacteraemias per 100k pop		Mar-22	35.6	<20		✗	26.41 (Mar-22)	6th (Mar-22)		31.6	40.5	44.5	37.0	36.0	35.5	38.3	40.6	37.2	36.0	36.3	35.8	35.6
	Number of S.aureus bacteraemias cases (Hospital)		Mar-22	7							4	4	5	5	7	8	13	11	1	5	2	7	7
	Number of S.aureus bacteraemias cases (Community)			4							7	9	10	2	4	4	4	7	3	4	11	3	4
	Total number of S.aureus bacteraemias cases			11							11	13	15	7	11	12	17	18	4	9	13	10	11
	Cumulative cases of C.difficile per 100k pop		Mar-22	50.1	<25		✗	34.55 (Mar-22)	6th (Mar-22)		41.1	62.3	49.1	46.2	52.0	55.0	53.2	52.9	53.3	51.3	50.3	49.8	50.1
	Number of C.difficile cases (Hospital)		Mar-22	12							7	15	7	7	16	20	9	10	10	11	11	8	12
	Number of C.difficile cases (Community)			6							5	5	5	6	7	2	5	5	10	1	3	5	6
	Total number of C.difficile cases			18							12	20	12	13	23	22	14	15	20	12	14	13	18
	Cumulative cases of Klebsiella per 100k pop		Mar-22	24.0							26.2	28.1	21.5	26.7	0.0	22.6	24.5	27.1	26.5	26.5	25.3	24.3	24.0
	Number of Klebsiella cases (Hospital)		Mar-22	4							1	4	3	5	2	4	8	8	2	6	5	3	4
	Number of Klebsiella cases (Community)			3							9	5	2	7	1	4	3	5	5	3	0	1	3
	Total number of Klebsiella cases			7				54 Total (Mar-22)	Joint 2nd (Mar-22)		10	9	5	12	3	8	11	13	7	9	5	4	7
	Cumulative cases of Aeruginosa per 100k pop		Mar-22	6.1							4.9	9.4	6.1	6.2	0.0	5.5	5.6	4.8	5.4	6.1	5.8	6.2	6.1
	Number of Aeruginosa cases (Hospital)		Mar-22	0							0	2	0	1	0	1	2	0	3	3	1	2	0
	Number of Aeruginosa cases (Community)			2							1	1	1	1	1	1	0	0	0	1	0	1	2
	Total number of Aeruginosa cases			2				12 Total (Mar-22)	Joint 2nd (Mar-22)		1	3	1	2	1	2	2	0	3	4	1	3	2
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Mar-22	93.1%		95%	✗				97%	96%	98%	96%	95%	95%	96%	97%	92%	96%	95%	96%	93%
Serious Incidents and risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	Mar-22	33.0%	90%	80%	✗				0%	0%	0%	0%	33%	0%	-	0%	0%	0%	25%	0%	33%
	Number of new Never Events	National	Mar-22	0	0	0	✓				0	0	0	1	0	0	0	0	1	0	0	2	0
	Number of risks with a score greater than 20	Local		38		12 month ↓	✗				142	132	127	113	104	105	114	118	121	35	34	37	38
	Number of risks with a score greater than 16	Local		65		12 month ↓	✗				230	217	224	219	221	220	240	235	238	60	60	66	65
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Feb-22	53		12 month ↓	✗				36	59	53	53	58	53	65	42	43	56	65	53	
	Number of pressure ulcers developed in the community		Feb-22	38		12 month ↓	✗				26	31	20	21	33	34	39	32	31	55	27	38	
	Total number of pressure ulcers			91		12 month ↓	✗				62	90	73	74	91	87	104	74	74	111	92	91	
	Number of grade 3+ pressure ulcers acquired in hospital			6		12 month ↓	✗				1	4	1	2	3	2	1	1	2	4	9	6	
	Number of grade 3+ pressure ulcers acquired in community		Feb-22	15		12 month ↓	✗				2	10	2	4	2	8	6	7	8	14	1	15	
	Total number of grade 3+ pressure ulcers		Feb-22	21		12 month ↓	✗				3	14	3	6	5	10	7	8	10	18	10	21	

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	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Inpatient Falls	Number of Inpatient Falls	Local	Mar-22	209		12 month ↓	✗				171	176	228	174	193	198	207	240	213	208	196	199	209
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✓				97.6%	99.3%	98.0%	98.6%	97.6%	93.0%	98.0%	96.8%	98.5%	96.1%	96.1%	97.2%	
	Stage 2 mortality reviews required	Local	Feb-22	7							11	5	18	12	7	17	10	16	10	6	7	7	
	% stage 2 mortality reviews completed	Local	Nov-21	50.00%		100%	✗							25.0%	42.9%	50.0%	81.8%	75.0%	50.0%				
	Crude hospital mortality rate (74 years of age or less)	National	Feb-22	0.89%	12 month ↓			1.19% (Feb-22)	2nd (Feb-22)		1.17%	1.04%	1.04%	1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Mar-22	97%		98%	✗				93.5%	97.4%	98.9%	95.0%	89.7%	91.7%	91.6%	93.8%	92.2%	89.1%	93.4%	92.3%	96.9%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Jan-22	86%	95%	95%	✗				96%	96%	96%	89%	90%	94%	90%	92%	76%	84%	86%		
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Mar-22	63%		100%	✗				64%	63%	67%	69%	62%	62%	68%	61%	63%	62%	61%	65%	63%
Workforce	Agency spend as a % of the total pay bill	National	Dec-21	5.70%	12 month ↓			6.2% (Dec-21)	5th out of 10 organisations (Dec-21)		5.7%	4.4%	3.3%	4.4%	5.1%	3.9%	5.1%	5.5%	5.9%	5.7%			
	Overall staff engagement score – scale score method	National	2020	75%	Improvement			75% (2020)	6th out of 10 organisations (2020)		2020 = 75%												
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Mar-22	56%	85%	85%	✗	59.7% (Dec-21)	8th out of 10 organisations (Dec-21)		53%	57%	60%	65%	60%	60%	58%	56%	55%	57%	56%	56%	56%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Mar-22	80%	85%	85%	✗	80.1% (Dec-21)	7th out of 10 organisations (Dec-21)		80%	80%	80%	81%	81%	81%	80%	80%	80%	80%	80%	80%	80%
	% workforce sickness absence (12 month rolling)	National	Feb-22	7.58%	12 month ↓			6.48% (Dec-21)	9th out of 10 organisations (Dec-21)		7.44%	7.12%	6.93%	6.91%	6.99%	7.11%	7.29%	7.44%	7.44%	7.33%	7.43%	7.58%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2020	67.1%	Improvement			67.8% (2020)	7th out of 10 organisations (2020)		2020 = 67.1%												



Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Feb-22	10.7%	4 quarter ↓			38.2% (Q2 21/22)	3rd (Q2 21/22)		6.6%	7.8%	9.0%	10.2%	11.4%	11.0%	11.5%	11.4%	10.5%	11.1%	10.8%	10.7%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Mar-22 (Draft)	41.7%	12 month ↑			59.5% (Feb-22)	4th out of 6 organisations (Feb-22)		71.6%	65.7%	65.4%	66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	41.7%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Mar-22	70%	80%		✗				42%	37%	40%	31%	60%	57%	58%	37%	30%	37%	48%	51%	70%
	Scheduled (28 Day Target)	Local	Mar-22	95%	100%		✗				85%	77%	87%	70%	84%	91%	89%	84%	61%	78%	82%	91%	95%
	Urgent SC (7 Day Target)	Local	Mar-22	57%	80%		✗				41%	38%	50%	45%	46%	55%	22%	30%	60%	37%	57%	60%	57%
	Urgent SC (14 Day Target)	Local	Mar-22	100%	100%		✓				90%	83%	86%	87%	77%	95%	76%	90%	100%	87%	97%	100%	100%
	Emergency (within 1 day)	Local	Mar-22	85%	80%		✓				100%	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%
	Emergency (within 2 days)	Local	Mar-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	Mar-22	90%	80%		✓				86%	82%	81%	91%	90%	94%	81%	89%	79%	92%	90%	94%	90%
	Elective Delay (28 Day Target)	Local	Mar-22	100%	100%		✓				93%	92%	84%	95%	97%	97%	97%	94%	86%	100%	94%	100%	100%
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Mar-22	5,863	0			43,781 (Feb-22)	4th (Feb-22)		4,554	4,804	4,842	5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863
	Number of patients waiting > 14 weeks for a specified therapy	National	Mar-22	820	0			13,323 (Feb-22)	4th (Feb-22)		369	201	166	171	151	186	320	414	629	885	1,028	926	820
	% of patients waiting < 26 weeks for treatment	National	Mar-22	51%	95%			53.4% (Feb-22)	6th (Feb-22)		48.8%	49.1%	49.1%	50.7%	51.5%	51.9%	52.0%	51.6%	51.3%	50.5%	50.4%	50.1%	50.7%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Mar-22	24,728	0						21,750	22,752	23,700	23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728
	Number of patients waiting > 36 weeks for treatment	National	Mar-22	37,820	0			251,647 (Feb-22)	4th (Feb-22)		32,874	33,395	34,447	35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820
	The number of patients waiting for a follow-up outpatient appointment	National	Mar-22	133,772	HB target TBC			786,563 (Feb-22)	5th (Feb-22)		121,403	122,303	123,088	127,444	130,208	127,391	130,963	131,554	129,255	131,403	131,848	132,036	133,772
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Mar-22	32,936				196,883 (Feb-22)	5th (Feb-22)		29,316	29,334	30,062	30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936
	% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment	National	Mar-22	50%	95%			59.9% (Feb-22)	3rd (Feb-22)		47.7%	47.2%	46.7%	46.7%	46.3%	46.1%	47.9%	48.6%	49.2%	48.7%	48.3%	49.3%	50.2%
DNAs	% of patients who did not attend a new outpatient appointment	Local	Mar-22	6.7%	12 month ↓						5.6%	5.3%	5.7%	6.5%	6.5%	6.4%	7.2%	7.7%	7.0%	6.3%	6.3%	6.0%	6.7%
	% of patients who did not attend a follow-up outpatient appointment	Local	Mar-22	6.5%	12 month ↓						6.7%	6.1%	6.9%	5.5%	7.5%	7.5%	7.6%	7.8%	7.0%	6.4%	6.6%	6.4%	6.5%
Theatre Efficiencies	Theatre Utilisation rates	Local	Mar-22	72%		90%	✗				75%	80%	78%	77%	72%	69%	72%	66%	67%	62%	74%	71%	72%
	% of theatre sessions starting late	Local	Mar-22	39%		<25%	✗				40%	38%	43%	43%	44%	44%	42%	46%	43%	40%	43%	43%	39%
	% of theatre sessions finishing early	Local	Mar-22	45%		<20%	✗				48%	41%	45%	43%	48%	46%	46%	50%	48%	48%	48%	43%	45%

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	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200																			
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSC appraisals	National	Q2 21/22	99.1%	100%	100%	✖	98.7% (Q2 21/22)	3rd out of 6 organisations (Q2 21/22)	*	98.9%			99.0%			99.1%						
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q2 21/22	277.6	4 quarter ↓			254.7 (Q2 21/22)	6th (Q2 21/22)	*	236.2			249.7			277.6						
	Patients aged 65 years or over prescribed an antipsychotic	National	Q2 21/22	1,476	Quarter on quarter ↓			10,232 (Q2 21/22)	5th (Q2 21/22)	*	1,442			1,641			1,476						
	Opioid average daily quantities per 1,000 patients	National	Q2 21/22	4,412	4 quarter ↓			4500.4 (Q2 21/22)	3rd (Q2 21/22)	*	4360.2			4,378.2			4,412						
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q2 21/22	80.8%	Quarter on quarter ↑			91.9% (Q2 21/22)	5th (Q2 21/22)	*	80.10%			79.9%			80.8%						
	Number of friends and family surveys completed	Local	Mar-22	3,353		12 month ↑	✔				1,050		4,590	3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353
	% of who would recommend and highly recommend	Local	Mar-22	90%		90%	✔				87%		96%	97%	92%	92%	92%	92%	94%	93%	92%	90%	90%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Mar-22	91%		90%	✔				93%		92%	96%	95%	92%	96%	93%	93%	96%	93%	91%	91%
Complaints	Number of new formal complaints received	Local	Jan-22	124		12 month trend ↓	✖				117	100	115	159	139	115	115	134	159	115	124		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Jan-22	63%	75%	80%	✖	67.2% (Q4 20/21)	3rd (Q4 20/21)		81%	78%	78%	68%	69%	83%	75%	67%	69%	68%	63%		
	% of acknowledgements sent within 2 working days	Local	Jan-22	100%		100%	✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Harm from wider societal actions/lockdown																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2020/21	35.6%	Annual ↑			36.8% (2020/21)	5th (2020/21)		2020/21 = 35.6%												
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q3 21/22	96.1%	95%			95.9% (Q3 21/22)	3rd (Q3 21/22)	*	95.4%			95.7%			96.2%			96.1%			
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q3 21/22	91.2%	95%			90.0% (Q3 21/22)	3rd (Q3 21/22)	*	92.4%			91.1%			89.8%			91.2%			
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q3 21/22	313.3	4 quarter ↓			378.6 (Q3 21/22)	1st (Q3 21/22)	*	322.1			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)	*	45.5%			31.8%			73.7%			63.6%			

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	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-22	78.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		75.5%	Data collection restarts October 2021						58.7%	74.8%	76.9%	78.2%	78.5%	78.5%	
	% uptake of influenza among under 65s in risk groups	National	Mar-22	48.7%	55%			48.2% (Mar-22)	4th (Mar-22)		49.4%							26.0%	40.8%	44.9%	47.3%	48.6%	48.7%	
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)		2020/21 = 69.8%							Data not available						
	% uptake of influenza among children 2 to 3 years old	Local	Mar-22	44.8%	50%			47.6% (Mar-22)	5th (Mar-22)		53.4%							22.0%	37.7%	41.5%	43.2%	44.8%	44.8%	
	% uptake of influenza among healthcare workers	National	Mar-22	53.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		63.4%							48.6%	50.8%	52.7%	52.7%	53.6%	53.6%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Feb-22	100%		100%	✔				100%	100%	93%	94%	79%	100%	95%	97%	97%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Feb-22	33%	80%	80%	✘	36.8 (Feb-22)	5th (Feb-22)		30%	30%	33%	32%	34%	27%	34%	34%	37%	37%	33%	33%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Feb-22	27%	80%	80%	✘	40.2% (Feb-22)	4th (Feb-22)		63%	60%	61%	58%	41%	48%	40%	40%	34%	22%	28%	27%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Feb-22	24%		80%	✘	51.9% (Feb-22)	5th (Feb-22)		46%	0%	0%	0%	29%	37%	89%	65%	36%	43%	28%	24%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Feb-22	67%		80%	✘	53.9% (Feb-22)	2nd (Feb-22)		91%	49%	67%	1%	100%	82%	35%	0%	64%	50%	39%	67%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-22	26%		80%	✘				53%	48%	53%	44%	29%	32%	41%	3%	3%	2%	27%	26%		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Feb-22	88%		90%	✘	82.0% (Feb-22)	4th (Feb-22)		82%	82%	83%	81%	81%	65%	84%	84%	84%	84%	89%	88%		
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	Feb-22	99%	80%	80%	✔	75.2% (Feb-22)	2nd (Feb-22)		97%	97%	98%	99%	98%	100%	96%	98%	98%	95%	95%	99%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Feb-22	100%	80%	80%	✔	67.4% (Feb-22)	1st (Feb-22)		97%	92%	96%	99%	97%	100%	90%	98%	96%	100%	99%	100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Feb-22	100%	95%	95%	✔	72.8% (Feb-22)	1st (Feb-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Feb-22	85%	90%	90%	✘	80.8% (Feb-22)	3rd (Feb-22)		91%	91%	92%	88%	88%	84%	84%	83%	81%	80%	81%	85%		
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)		020/21 = 2.9													
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)															