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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26th July 2022	Agenda Item	4.1
Report Title	Quality & Safety Performance Report		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2021/22 NHS Wales Delivery Framework.		
Key Issues	<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>An updated version of the National Delivery Framework 2022/23 (now renamed as the Performance Delivery Framework) has been published this month and a full paper outlining key updated will be included in the Integrated Performance Report in August 2022. The current Delivery Framework (2021/22) measures are reported in the Integrated Performance Report.</p> <p>The 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>A revised version of the Single Cancer Pathway was published in June 2022 (attached). The revised version includes two key updates;</p> <ol style="list-style-type: none"> 1) The inclusion of updated 'stop clock' enabling treatments which <u>do not</u> stop the clock with regards to patients on the Single Cancer Pathway 2) New clinical guidance on responsibilities for monitoring delays and reporting harm. <p>The outlined revisions have been widely distributed amongst Cancer teams and have been actioned accordingly.</p>		

**Key high level issues to highlight this month are as follows:
2021/22 Delivery Framework**

COVID19

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

Unscheduled Care

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

Planned Care

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

Cancer

- May 2022 saw 47% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears).
- The backlog of patients waiting over 63 days has decreased in June 2022 to 379 from 437 in May 2022.

Mental Health

- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in May 2022.

	<ul style="list-style-type: none"> - Psychological therapies within 26 weeks continue to be maintained at 100%. <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% April 2022. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remained at 36% in May 2022 against a target of 80%. <p><u>Nationally Reportable Incidents</u></p> <ul style="list-style-type: none"> - In June 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 33%. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> - June 2022 data is included in this report showing 88% satisfaction through 3,292 surveys completed. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. 			

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

- **Prevention** – the NHS Wales Delivery framework provides a 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.

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



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Appendix 1- Quality & Safety Performance Report

July 2022



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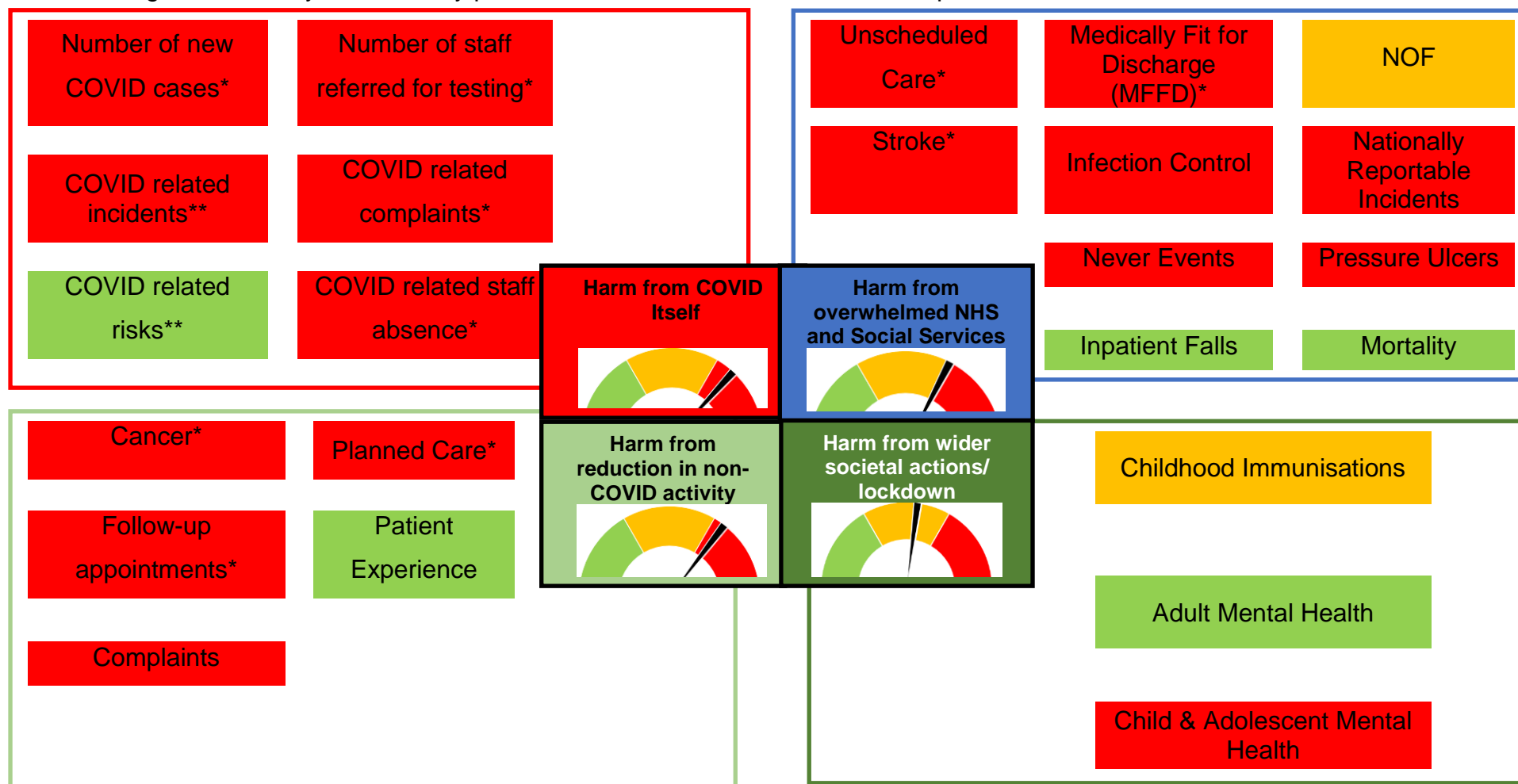
1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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 May 2022. Psychological therapies within 26 weeks continue to be maintained at 100%.
- Emergency Department attendances have reduced in June 2022 to 10,649 from 11,250 in May 2022. The Health Board's performance against the 4-hour measure deteriorated from 73.81% in May 2022 to 71.65% in June 2022. The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased from 1,195 in May 2022 to 1,388 in June 2022. The number of emergency admissions have decreased in June 2022 to 4,009 from 4,117 in May 2022.
- Planned care system is still challenging and June 2022 saw a 1% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment. Additionally, the number of patients waiting over 36 weeks increased by 0.9% to 39,760. Referral figures for June 2022 saw a reduction from 14,076 in May 2022 to 13,050 in June 2022.
- Therapy waiting times have improved slightly, there are 609 patients waiting over 14 weeks in June 2022 compared with 614 May 2022.
- The number of patients waiting over 8 weeks for an Endoscopy has slightly reduced in June 2022 to 4,449 from 4,564 in May 2022.
- May 2022 saw 47% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). The backlog of patients waiting over 63 days has decreased in June 2022 to 379 from 437 in May 2022
- The overall Health Board rate for responding to concerns within 30 working days was 76% in April 2022, against the Welsh Government target of 75% and Health Board target of 80%.
- In April 2022, the Health Board received 123 formal complaints; this is a 23% reduction on the number seen in March 2022.
- Health Board Friends & Family patient satisfaction level in June 2022 was 88% and 3,292 surveys were completed.
- There were 2 Nationally Reportable Incidents reported to Welsh Government in June 2022.
- No Never events were reported for June 2022.
- Fractured Neck of Femur performance in May 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.



3.

NB- RAG status is against national or local target

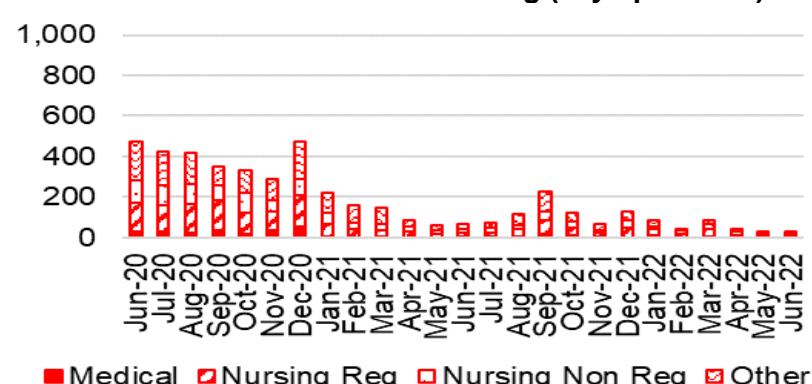
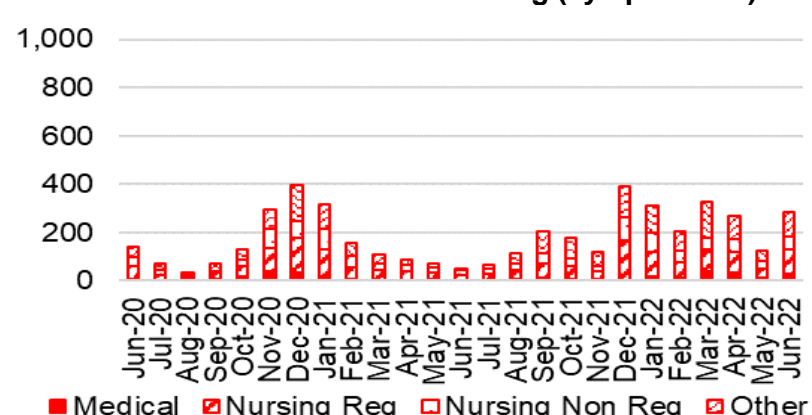
** Data not available

*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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Number of new COVID19 cases*	HB Total				708	1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749	835	286	372
Number of staff referred for Antigen Testing	HB Total				281	367	406	673	524	494	787	691	200	109	402	157	264
Number of staff awaiting results of COVID19 test*	HB Total				0	0	0	0	0	0	0	0	0	0	0	0	0
Number of COVID19 related incidents*	HB Total				23	24	36	36	47	53	54	59	55	57			
Number of COVID19 related serious incidents*	HB Total				0	0	0	0	1	3	1	0	1	0	0	0	0
Number of COVID19 related complaints*	HB Total				16	4	6	3	4	14	20	4	4	10	6	0	4
Number of COVID19 related risks*	HB Total				1	1	1	0	0								
Number of staff self isolated (asymptomatic)*	Medical				3	7	5	20	13	6	0	11	1	5	2	0	2
	Nursing Registered				21	19	35	67	38	20	46	31	15	35	10	12	12
	Nursing Non Registered				18	24	21	43	28	12	37	13	18	25	15	8	6
	Other				28	21	54	97	41	27	43	32	9	22	15	9	8
Number of staff self isolated (symptomatic)*	Medical				2	3	7	15	10	5	3	17	13	37	33	15	27
	Nursing Registered				23	28	36	57	51	34	166	104	66	91	88	33	102
	Nursing Non Registered				18	18	27	44	34	20	94	79	45	52	52	35	52
	Other				7	18	44	88	85	61	130	109	80	146	97	42	106
% sickness*	Medical				0.5%	0.9%	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%
	Nursing Registered				1.1%	1.4%	1.8%	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%
	Nursing Non Registered				1.8%	1.8%	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%
	Other				0.6%	0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%
	All				0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%

3.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>1. Number of new COVID cases</p> <p>In June 2022, there were an additional 372 positive cases recorded bringing the cumulative total to 117,405 in Swansea Bay since March 2020.</p> <p>A significant reduction has been seen in the number of positive cases reported since December 2021.</p>	<p>1.Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
	<p>2. Staff referred for Antigen testing</p> <p>The cumulative number of staff referred for COVID testing between March 2020 and June 2022 is 17,579 of which 18% have been positive (Cumulative total).</p>	<p>2.Outcome of staff referred for Antigen testing</p> <p>■ Positive ■ Negative ■ In Progress ■ Unknown/blank</p>



























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




















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

4.1 Overview

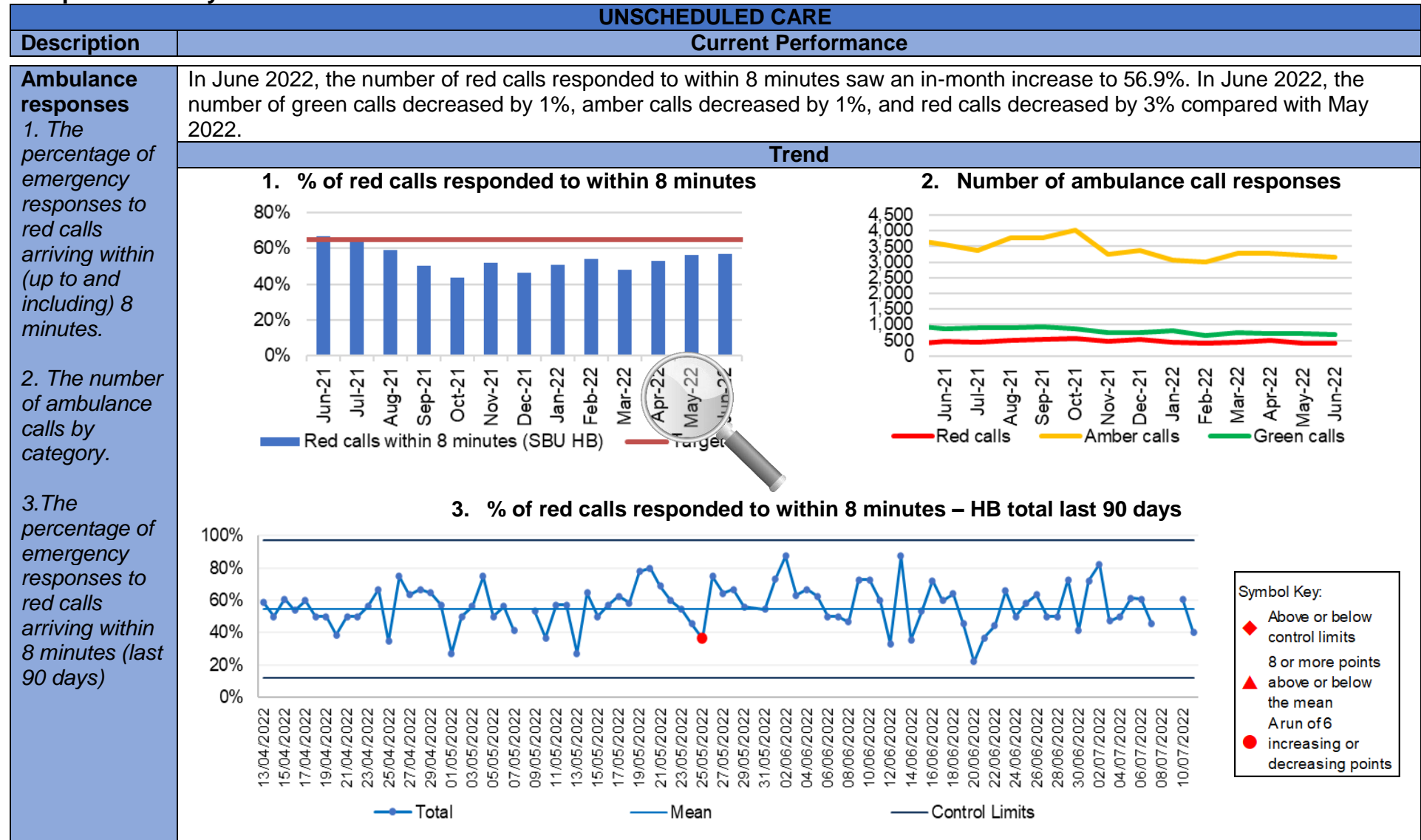
Measure	Locality	National/ Local Target	Internal profile	Trend	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
					Unscheduled Care												
Number of ambulance handovers over one hour*	Morrison	0			528	607	711	622	633	655	591	724	657	659	645	507	568
	Singleton				19	9	15	20	15	15	21	11	21	28	26	31	10
	Total				547	616	726	642	648	670	612	735	678	687	671	538	578
% 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%			59.0%	61.5%	62.3%	59.7%	58.8%	60.0%	58.5%	58.5%	58.8%	57.2%	58.9%	57.8%	54.6%
	NPTH				97.7%	97.8%	99.4%	98.3%	99.4%	99.0%	94.9%	96.8%	97.2%	95.0%	96.7%	97.9%	96.9%
	Total				72.4%	74.7%	75.0%	73.1%	72.0%	73.5%	70.2%	72.6%	72.3%	71.4%	72.9%	73.8%	71.7%
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			879	1,013	1,059	1,250	1,275	1,054	1,100	1,139	1,104	1,276	1,292	1,192	1,386
	NPTH				1	1	1	0	1	1	1	3	1	6	2	3	2
	Total				880	1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%
	Total	(UK SNAP average)			28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%
	Total	(UK SNAP average)			29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	#####	#####	100.0%	100.0%	90.5%	97.7%
	Total	(UK SNAP average)			100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	#####	#####	100.0%	100.0%	90.5%	97.7%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month improvement trend			33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%
	Total				33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			91.0%	90.5%	88.2%	87.3%	88.0%	88.7%	88.4%	88.8%	89.4%	89.5%	89.5%	90.0%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			60.0%	59.5%	59.4%	58.4%	57.7%	57.1%	56.5%	51.0%	48.6%	46.0%	42.2%	37.2%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			71.0%	71.2%	69.8%	69.4%	69.9%	70.3%	70.1%	69.7%	69.8%	71.4%	72.4%	73.5%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			76.0%	75.7%	74.4%	72.6%	71.1%	71.2%	70.7%	71.7%	70.8%	70.2%	70.2%	69.2%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			76.0%	76.8%	77.7%	76.1%	76.8%	77.0%	76.2%	76.4%	76.3%	76.9%	77.4%	76.5%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			73.0%	68.4%	67.7%	66.1%	70.4%	69.8%	69.6%	68.4%	67.7%	69.0%	70.9%		
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			78.3%	84.8%	86.7%	72.2%	77.8%	52.4%	68.8%	52.9%	81.4%				

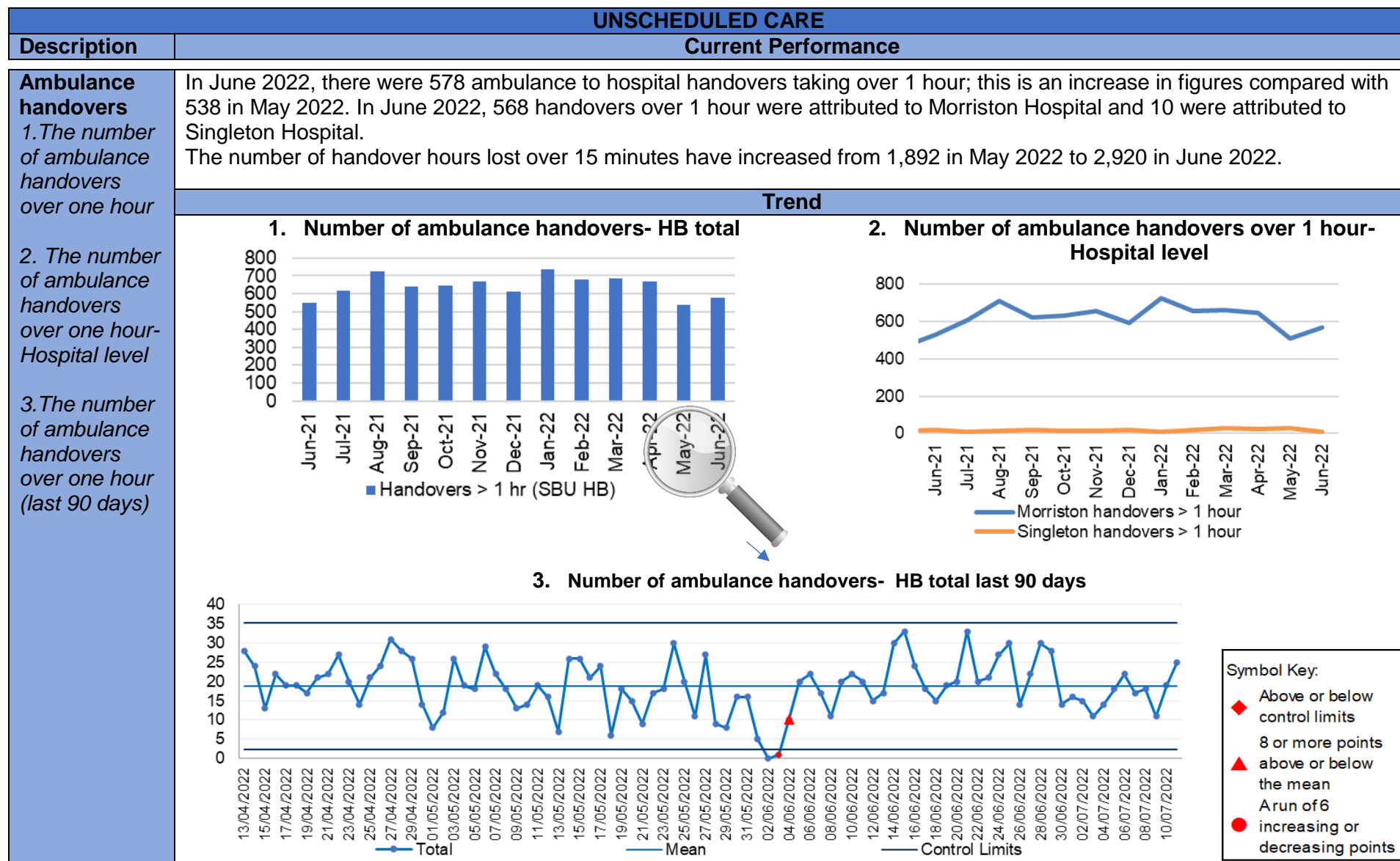
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
		Healthcare Acquired Infections																
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	14		24	16	25	12	12	17	12	8	17	17	18	13	11	
	PCCS Hospital		0		0	0	0	1	0	0	0	0	0	0	1	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	1	0	
	Morrison		4		2	4	4	5	5	3	2	4	9	2	7	5	3	
	NPTH		1		1	4	2	2	1	0	0	1	0	0	0	0	0	
	Singleton		2		2	3	3	1	1	2	3	2	0	2	5	2	2	
	Total		21		29	27	34	21	19	22	17	15	26	21	31	21	16	
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	3		2	4	4	4	7	3	4	11	3	4	7	9	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		2		3	3	4	8	9	0	5	2	5	5	3	8	4	
	NPTH		0		0	0	0	1	0	0	0	0	1	0	0	0	1	
	Singleton		1		2	4	4	4	2	1	0	0	1	2	3	1	2	
	Total		6		7	11	12	17	18	4	9	13	10	11	13	18	9	
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		6	7	2	5	5	10	1	3	5	6	2	4	9	
	PCCS Hospital		1		0	1	0	0	0	0	0	0	1	2	0	1	0	
	MH&LD		0		0	0	0	0	0	1	0	0	0	0	0	0	0	
	Morrison		4		4	7	10	6	7	6	9	8	6	7	8	5	5	
	NPTH		0		1	0	1	0	0	0	0	1	0	1	0	1	0	
	Singleton		2		2	8	9	3	3	3	2	2	1	2	3	0	2	
	Total		9		13	23	22	14	15	20	12	14	13	18	13	11	16	
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		7	1	4	3	5	5	3	0	1	3	2	1	2	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	1	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		2		1	2	4	6	6	1	4	2	3	2	2	5	3	
	NPTH		0		0	0	0	0	0	0	0	1	0	0	1	0	0	
	Singleton		1		4	0	0	2	2	1	2	2	0	1	1	2	3	
	Total		6		12	3	8	11	13	7	9	5	4	7	6	8	8	
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		1	1	1	0	0	0	1	0	1	2	1	1	1	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		1		1	0	0	2	0	2	2	1	2	0	1	1	3	
	NPTH		0		0	0	0	0	0	0	1	0	0	0	0	0	0	
	Singleton		0		0	0	1	0	0	1	0	0	0	0	0	0	0	
	Total		2		2	1	2	2	0	3	4	1	3	2	2	2	4	
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	100.0%	100.0%	-	100.0%	95.8%	94.7%	95.8%	93.1%	96.4%	96.2%	97.8%	
	MH&LD				98.3%	95.9%	99.4%	98.3%	96.0%	90.3%	94.9%	95.5%	92.3%	92.1%	96.6%	97.7%	98.9%	
	Morrison				94.5%	93.8%	93.5%	99.0%	97.9%	95.5%	96.1%	93.4%	100.0%	91.0%	93.0%	95.2%	97.7%	
	NPTH				95.0%	93.3%	89.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	97.0%	
	Singleton				93.9%	94.1%	92.0%	90.0%	97.0%	87.8%	-	-	-	-	100.0%	100.0%	100.0%	
	Total				96.0%	94.9%	94.9%	96.0%	97.1%	92.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	

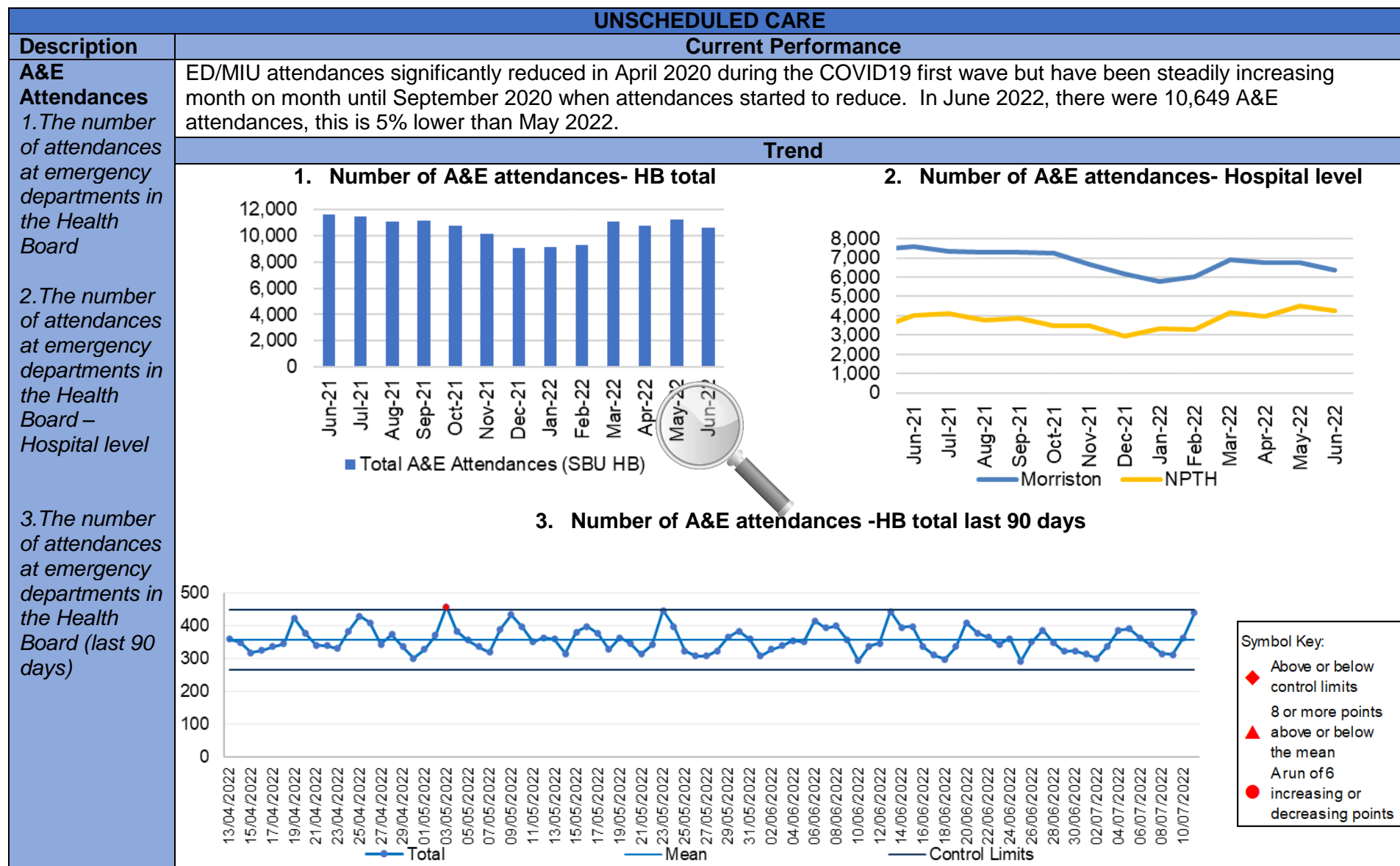
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
		Serious Incidents & Risks																
Number of Nationally Reportable Incidents	PCCS	12 month reduction trend			1	0	1	0	0	1	0	4	0	2	0	2	2	
	MH&LD				2	0	0	0	1	0	0	0	0	0	1	0	0	
	Morrison				1	1	0	2	0	6	0	0	2	1	0	3	0	
	NPTH				0	0	0	1	1	0	0	1	0	3	0	1	0	
	Singleton				2	1	4	2	2	1	2	0	0	1	0	2	0	
	Total				6	1	5	5	4	8	2	5	2	7	1	8	2	
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	90%			0%	33%	0%	-	0%	0%	0%	25%	0%	33%	25%	100%	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				1	0	0	0	0	1	0	0	2	0	0	1	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				1	0	0	0	0	1	0	0	2	0	0	1	0	
		Pressure Ulcers																
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			21	33	34	39	32	31	55	27	38	56	33	39		
	PCCS Hospital				0	0	1	0	0	0	0	0	1	1	0	0		
	MH&LD				0	3	1	1	0	0	1	0	0	2	1	1		
	Morrison				25	37	32	47	32	27	42	40	36	29	26	30		
	NPTH				3	2	5	0	1	3	0	3	1	1	3	5		
	Singleton				25	16	14	17	9	13	13	22	15	16	15	22		
	Total				74	91	87	104	74	74	111	92	91	105	78	97		
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			4	2	8	6	7	8	14	1	15	11	2	10		
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0		
	MH&LD				0	0	0	1	0	0	0	0	0	1	1	0		
	Morrison				0	3	1	0	1	1	2	6	4	2	2	2		
	NPTH				0	0	1	0	0	0	0	0	1	0	0	0		
	Singleton				2	0	0	0	0	1	2	3	1	2	0	0		
	Total				6	5	10	7	8	10	18	10	21	16	5	12		
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			723	853	767	955	613	616	857	1,018	823	778	689			

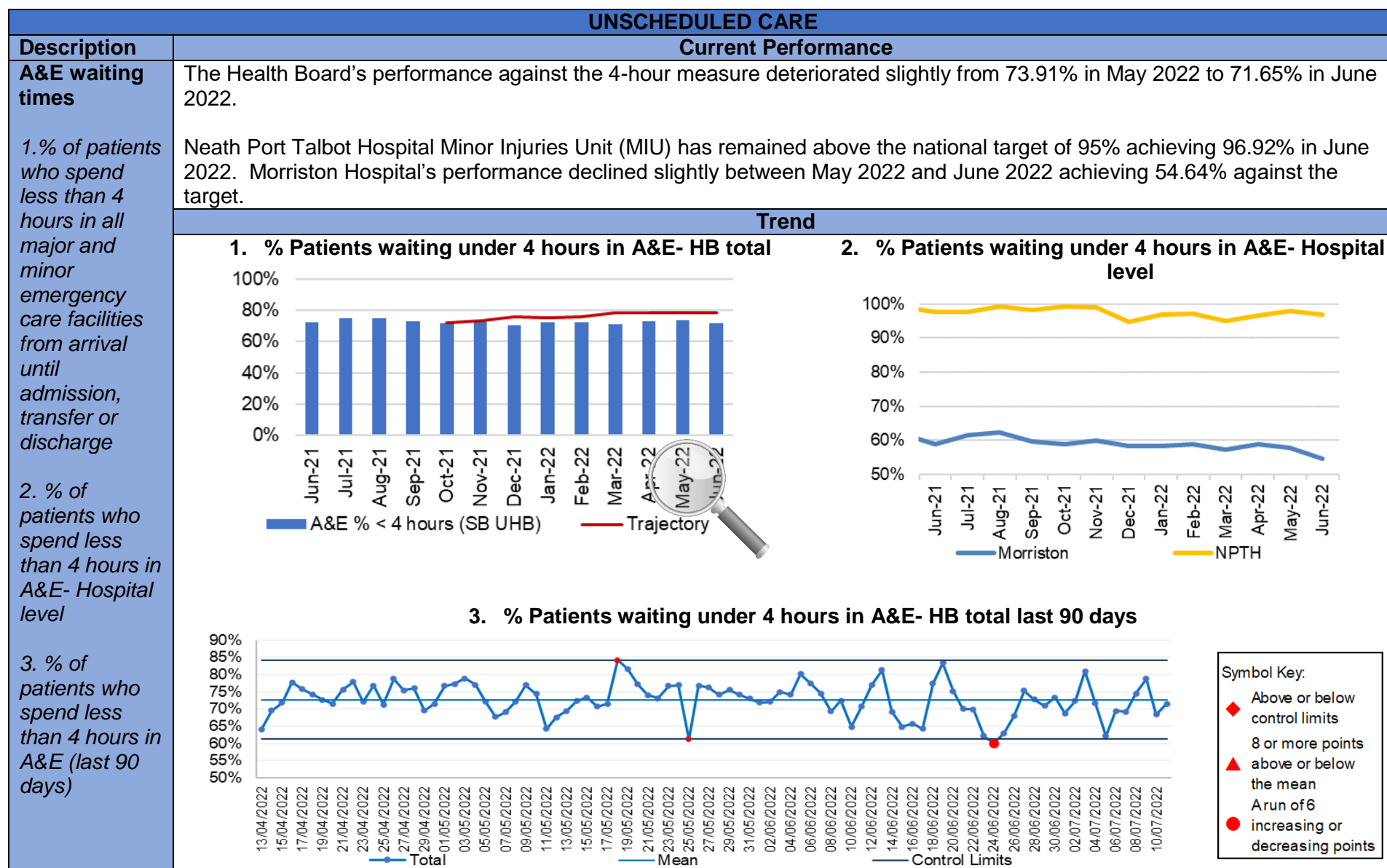
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
		Inpatient Falls															
Total number of Inpatient Falls	PCCS	12 month reduction trend			8	6	6	8	4	6	8	6	4	5	2	10	2
	MH&LD				24	32	40	25	28	36	37	29	28	22	19	24	14
	Morrison				69	66	73	96	114	91	91	93	86	115	88	71	75
	NPTH				32	41	31	25	35	27	38	26	34	36	37	29	32
	Singleton				41	48	48	53	58	53	33	42	46	31	44	48	49
	Total				174	193	198	207	240	213	208	196	199	209	190	182	172
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			4.50	4.88	4.95	5.18	5.81	5.35	5.28	4.81	5.37	5.13	4.83	4.45	
		Mortality															
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			98%	97%	90%	97%	96%	99%	96%	96%	98%				
	Singleton				100%	100%	100%	100%	100%								
	NPTH				100%	100%	100%	100%	80%	88%	100%	100%	67%				
	Total				99%	98%	93%	98%	97%	99%	96%	96%	97%				
Stage 2 mortality reviews completed within 60 days	Morrison	95%			33%	50%	60%	78%	83%	56%							
	Singleton				0%	0%	0%	100%	50%	0%							
	NPTH				0%	-	0%	-	-	0%							
	Total				25%	43%	50%	82%	75%	50%							
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.71%	1.73%	1.70%	1.72%	1.71%	1.76%	1.59%	1.52%	1.50%	1.48%	1.47%	1.47%	
	Singleton				0.52%	0.52%	0.53%	0.53%	0.54%	0.50%	0.53%	0.58%	0.48%	0.49%	0.47%	0.46%	
	NPTH				0.13%	0.12%	0.23%	0.11%	0.10%	0.09%	0.08%	0.06%	0.07%	0.06%	0.05%	0.03%	
	Total (SBU)				1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	

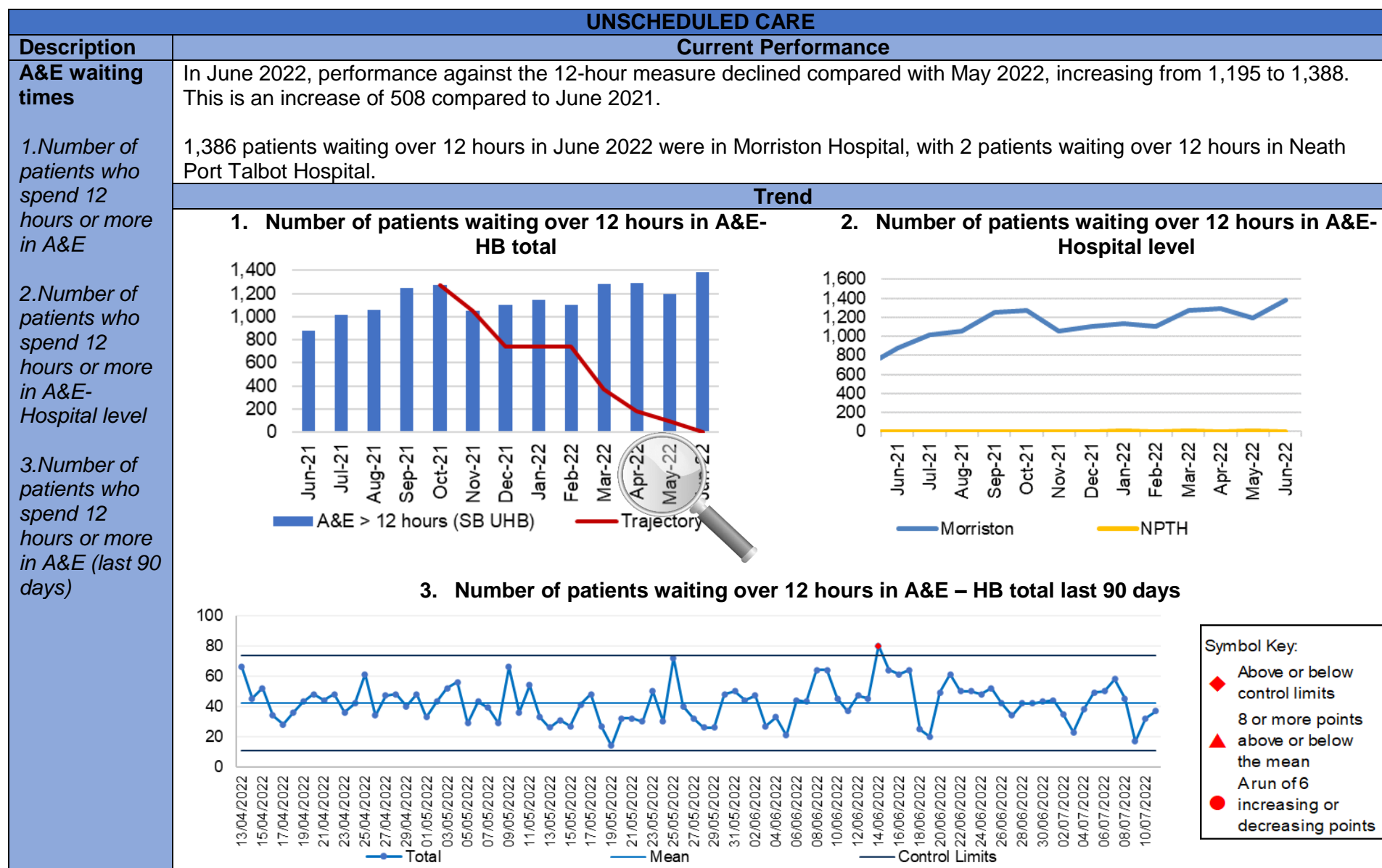
4.2 Updates on key measures

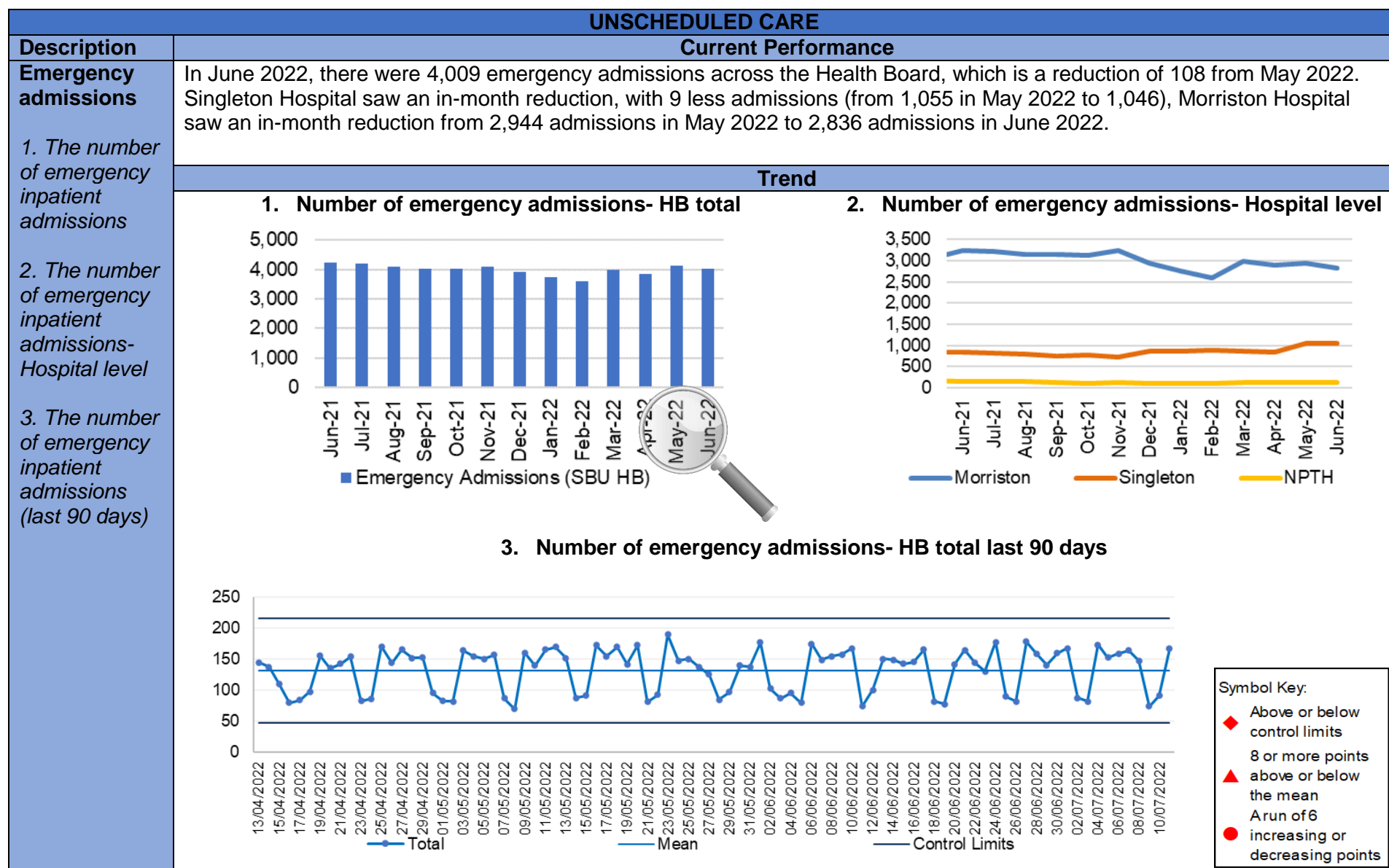






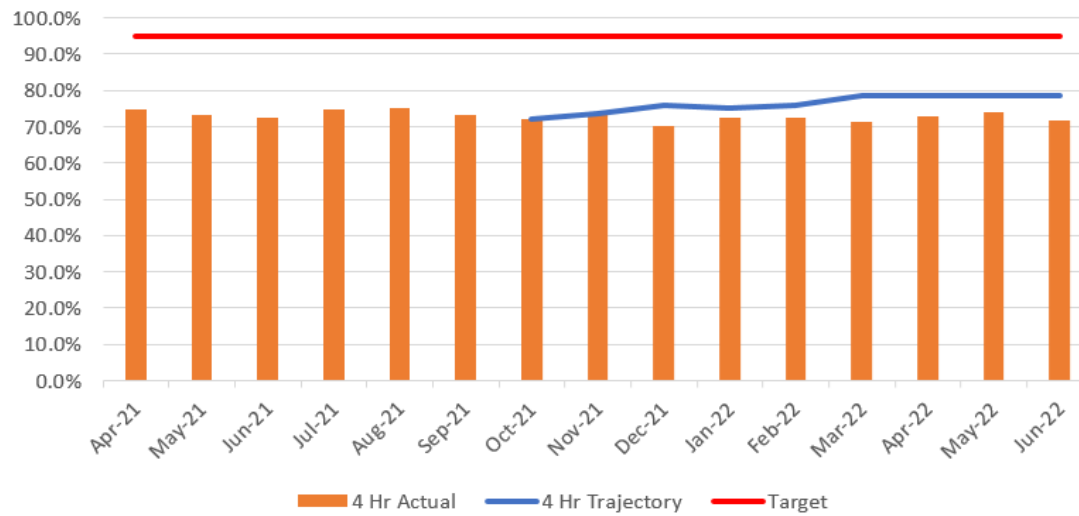






Updates on UNSCHEDULED CARE – Performance Escalation updates

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



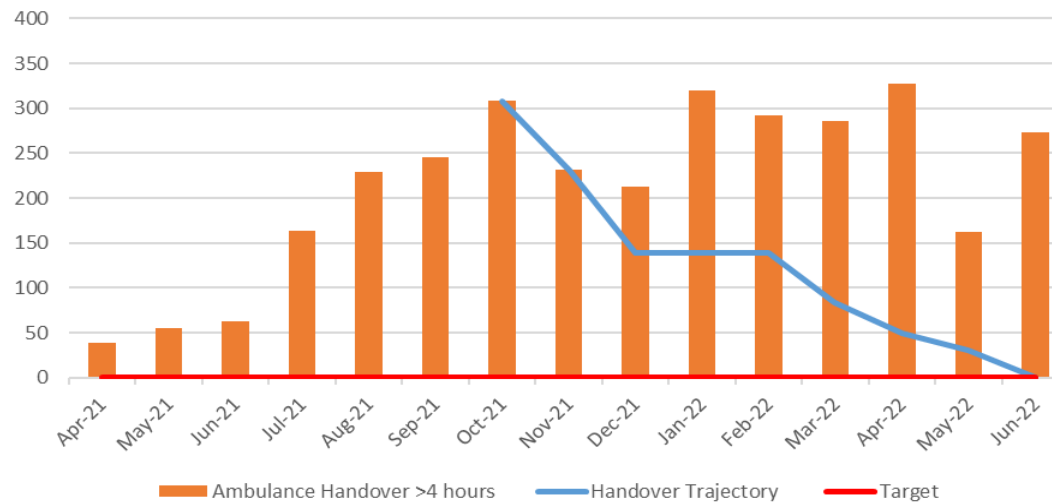
1. Performance against the 4-hour access target has decreased below the trajectory for June 2022. ED 4-hour performance has declined by 2.16% in June 2022 to 71.65% from 73.81% in May 2022.

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



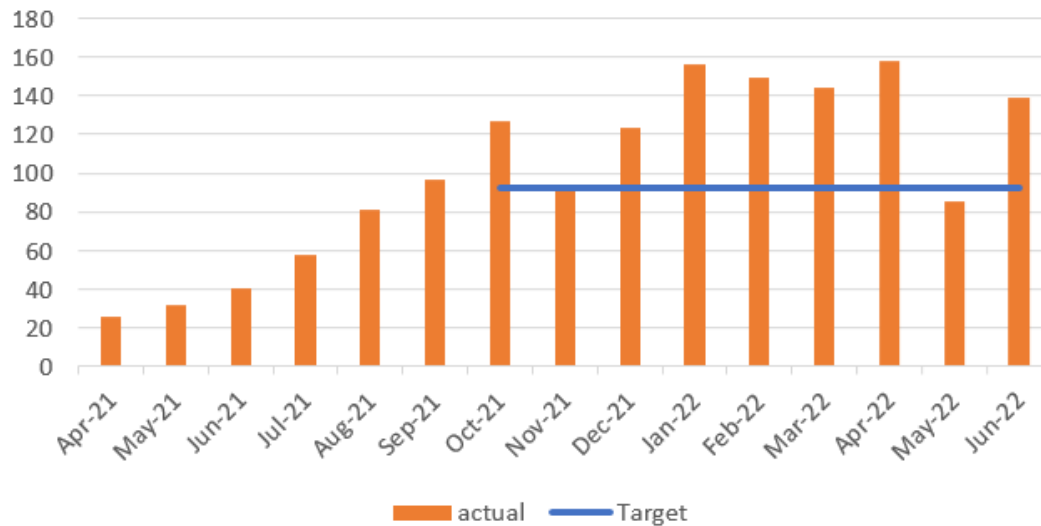
2. Performance against the 12-hour waits trajectory is significantly below expectations, with the actual figures tracking above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,388 in June 2022 from 1,195 in May 2022.

3. Ambulance Handover over 4 hours

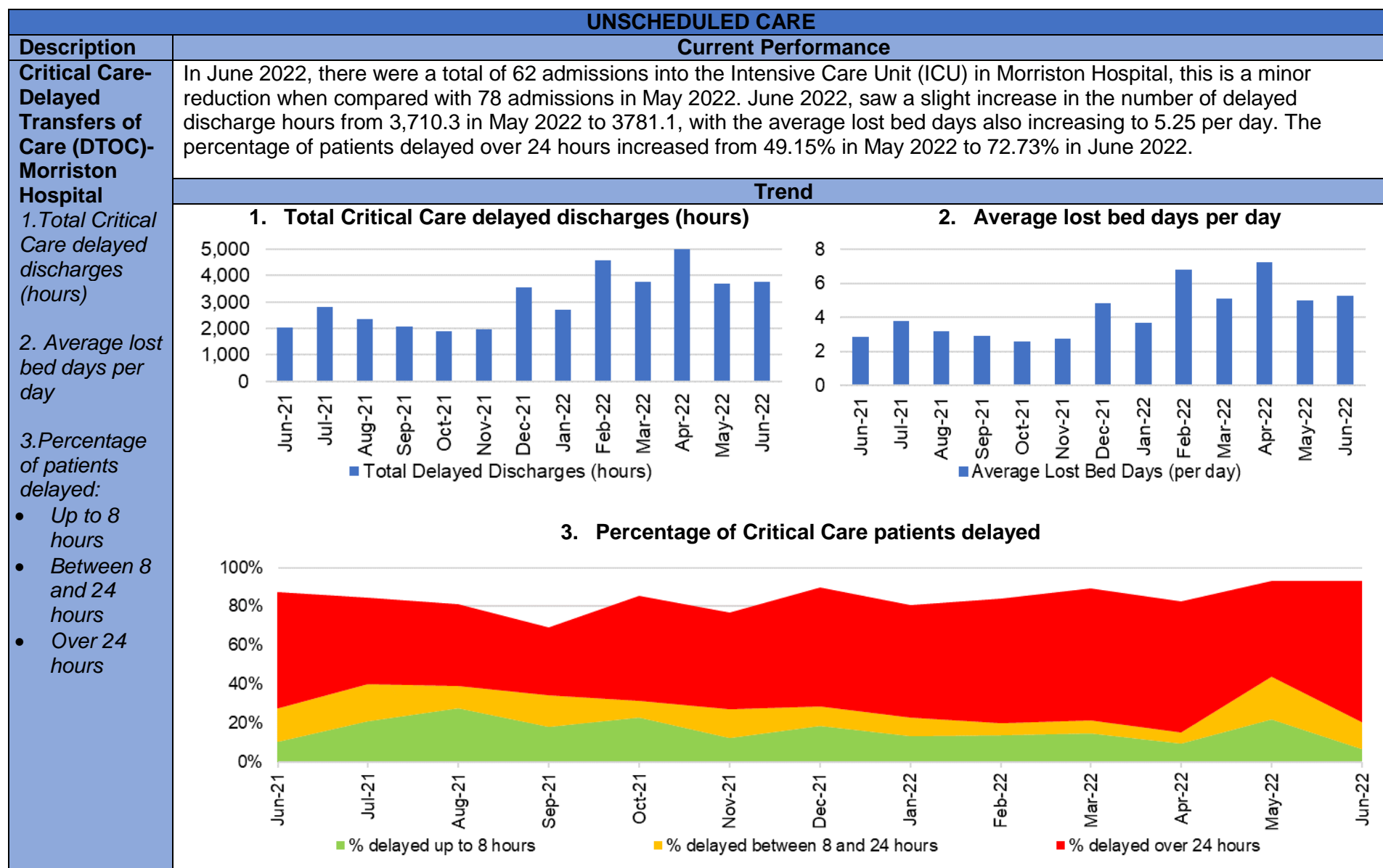


3. The Ambulance handover rate over 4 hours has seen a significant deterioration in June 2022 with the handover times over four hours increasing to 273 in June 2022 from 162 in May 2022. The figures still remain above the outlined trajectory for June 2022 which was 0.

4. Average Ambulance Handover Rate



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



UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In June 2022, there were on average 314 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In June 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 144, followed by Neath Port Talbot Hospital with 88.</p> <p>The number of Clinically optimised patients remains high within the Health Board and specific focus is being placed on plans to support the improvement of this position within each Service Group.</p>	<p>The number of clinically optimised patients by site</p> <table border="1"><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Jun-21</td><td>75</td><td>45</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>15</td></tr><tr><td>Nov-21</td><td>110</td><td>60</td><td>80</td><td>15</td></tr><tr><td>Dec-21</td><td>105</td><td>55</td><td>80</td><td>15</td></tr><tr><td>Jan-22</td><td>110</td><td>65</td><td>70</td><td>20</td></tr><tr><td>Feb-22</td><td>125</td><td>70</td><td>90</td><td>15</td></tr><tr><td>Mar-22</td><td>100</td><td>55</td><td>95</td><td>25</td></tr><tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>25</td></tr><tr><td>May-22</td><td>120</td><td>65</td><td>85</td><td>15</td></tr><tr><td>Jun-22</td><td>144</td><td>60</td><td>88</td><td>20</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Jun-21	75	45	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	15	Nov-21	110	60	80	15	Dec-21	105	55	80	15	Jan-22	110	65	70	20	Feb-22	125	70	90	15	Mar-22	100	55	95	25	Apr-22	100	65	85	25	May-22	120	65	85	15	Jun-22	144	60	88	20
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Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In June 2022, there were 36 elective procedures cancelled due to lack of beds on the day of surgery. This is 28 more cancellations than in June 2021.</p> <p>All of the cancelled procedures were attributed to Morriston Hospital.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table border="1"><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jun-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Jul-21</td><td>18</td><td>0</td><td>0</td></tr><tr><td>Aug-21</td><td>12</td><td>0</td><td>0</td></tr><tr><td>Sep-21</td><td>30</td><td>0</td><td>0</td></tr><tr><td>Oct-21</td><td>50</td><td>0</td><td>0</td></tr><tr><td>Nov-21</td><td>60</td><td>0</td><td>0</td></tr><tr><td>Dec-21</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Jan-22</td><td>18</td><td>0</td><td>0</td></tr><tr><td>Feb-22</td><td>25</td><td>5</td><td>0</td></tr><tr><td>Mar-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Apr-22</td><td>32</td><td>0</td><td>0</td></tr><tr><td>May-22</td><td>55</td><td>0</td><td>0</td></tr><tr><td>Jun-22</td><td>36</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Jun-21	5	0	0	Jul-21	18	0	0	Aug-21	12	0	0	Sep-21	30	0	0	Oct-21	50	0	0	Nov-21	60	0	0	Dec-21	35	0	0	Jan-22	18	0	0	Feb-22	25	5	0	Mar-22	35	0	0	Apr-22	32	0	0	May-22	55	0	0	Jun-22	36	0	0														
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Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	1. Prompt orthogeriatric assessment- In May 2022, 90% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.	1. Prompt orthogeriatric assessment <table><caption>1. Prompt orthogeriatric assessment</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>May-21</td><td>90%</td><td>65%</td><td>70%</td></tr><tr><td>Jun-21</td><td>90%</td><td>65%</td><td>70%</td></tr><tr><td>Jul-21</td><td>90%</td><td>65%</td><td>70%</td></tr><tr><td>Aug-21</td><td>90%</td><td>65%</td><td>70%</td></tr><tr><td>Sep-21</td><td>90%</td><td>65%</td><td>70%</td></tr><tr><td>Oct-21</td><td>90%</td><td>65%</td><td>70%</td></tr><tr><td>Nov-21</td><td>90%</td><td>65%</td><td>70%</td></tr><tr><td>Dec-21</td><td>90%</td><td>65%</td><td>70%</td></tr><tr><td>Jan-22</td><td>90%</td><td>65%</td><td>70%</td></tr><tr><td>Feb-22</td><td>90%</td><td>65%</td><td>70%</td></tr><tr><td>Mar-22</td><td>90%</td><td>65%</td><td>70%</td></tr><tr><td>Apr-22</td><td>90%</td><td>65%</td><td>70%</td></tr><tr><td>May-22</td><td>90%</td><td>65%</td><td>70%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	May-21	90%	65%	70%	Jun-21	90%	65%	70%	Jul-21	90%	65%	70%	Aug-21	90%	65%	70%	Sep-21	90%	65%	70%	Oct-21	90%	65%	70%	Nov-21	90%	65%	70%	Dec-21	90%	65%	70%	Jan-22	90%	65%	70%	Feb-22	90%	65%	70%	Mar-22	90%	65%	70%	Apr-22	90%	65%	70%	May-22	90%	65%	70%
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FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 76.5% of patients were not delirious in the week after their operation in May 2022. This is an improvement of 0.6% compared with May 2021.	<p>5. Not delirious when tested</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 70.9% of patients in April 2022 were discharged back to their original residence. This is 0.7% more than in April 2021.	<p>6. Return to original residence</p>
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- 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>7. 30 day mortality rate</p>

HEALTHCARE ACQUIRED INFECTIONS																																																
Description	Current Performance	Trend																																														
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none">16 cases of <i>E. coli</i> bacteraemia were identified in June 2022, of which 5 were hospital acquired and 11 were community acquired.The Health Board total is currently below the Welsh Government Profile target of 21 cases for June 2022.Targeted work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates.	Number of <i>healthcare acquired E.coli</i> bacteraemia cases <table><caption>Number of healthcare acquired <i>E.coli</i> bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases (SBU)</th></tr></thead><tbody><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><tr><td>Apr-22</td><td>31</td></tr><tr><td>May-22</td><td>21</td></tr><tr><td>Jun-22</td><td>16</td></tr><tr><td>Jul-22</td><td>0</td></tr><tr><td>Aug-22</td><td>0</td></tr><tr><td>Sep-22</td><td>0</td></tr><tr><td>Oct-22</td><td>0</td></tr><tr><td>Nov-22</td><td>0</td></tr><tr><td>Dec-22</td><td>0</td></tr><tr><td>Jan-23</td><td>0</td></tr><tr><td>Feb-23</td><td>0</td></tr><tr><td>Mar-23</td><td>0</td></tr></tbody></table> <p>Number E.Coli cases (SBU) Trajectory</p>	Month	Number of cases (SBU)	Jun-21	29	Jul-21	27	Aug-21	34	Sep-21	21	Oct-21	19	Nov-21	22	Dec-21	17	Jan-22	15	Feb-22	26	Mar-22	21	Apr-22	31	May-22	21	Jun-22	16	Jul-22	0	Aug-22	0	Sep-22	0	Oct-22	0	Nov-22	0	Dec-22	0	Jan-23	0	Feb-23	0	Mar-23	0
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Mar-23	0																																															
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none">There were 9 cases of <i>Staph. aureus</i> bacteraemia in June 2022, of which 7 were hospital acquired and 2 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 6 cases for June 2022.Targeted work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates.	Number of <i>healthcare acquired S.aureus</i> bacteraemia cases <table><caption>Number of healthcare acquired <i>S.aureus</i> bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases (SBU)</th></tr></thead><tbody><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><tr><td>Apr-22</td><td>13</td></tr><tr><td>May-22</td><td>18</td></tr><tr><td>Jun-22</td><td>9</td></tr><tr><td>Jul-22</td><td>0</td></tr><tr><td>Aug-22</td><td>0</td></tr><tr><td>Sep-22</td><td>0</td></tr><tr><td>Oct-22</td><td>0</td></tr><tr><td>Nov-22</td><td>0</td></tr><tr><td>Dec-22</td><td>0</td></tr><tr><td>Jan-23</td><td>0</td></tr><tr><td>Feb-23</td><td>0</td></tr><tr><td>Mar-23</td><td>0</td></tr></tbody></table> <p>Number of S.Aureus cases (SBU) Trajectory</p>	Month	Number of cases (SBU)	Jun-21	7	Jul-21	11	Aug-21	12	Sep-21	17	Oct-21	18	Nov-21	4	Dec-21	9	Jan-22	13	Feb-22	10	Mar-22	11	Apr-22	13	May-22	18	Jun-22	9	Jul-22	0	Aug-22	0	Sep-22	0	Oct-22	0	Nov-22	0	Dec-22	0	Jan-23	0	Feb-23	0	Mar-23	0
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HEALTHCARE ACQUIRED INFECTIONS																																																																							
Description	Current Performance	Trend																																																																					
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"> There were 16 <i>Clostridium difficile</i> toxin positive cases in June 2022, of which 7 were hospital acquired and 9 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 9 cases for June 2022. Targeted work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates. 	<p>Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>13</td><td></td></tr> <tr><td>Jul-21</td><td>23</td><td></td></tr> <tr><td>Aug-21</td><td>22</td><td></td></tr> <tr><td>Sep-21</td><td>14</td><td></td></tr> <tr><td>Oct-21</td><td>15</td><td></td></tr> <tr><td>Nov-21</td><td>20</td><td></td></tr> <tr><td>Dec-21</td><td>12</td><td></td></tr> <tr><td>Jan-22</td><td>14</td><td></td></tr> <tr><td>Feb-22</td><td>13</td><td></td></tr> <tr><td>Mar-22</td><td>18</td><td></td></tr> <tr><td>Apr-22</td><td>13</td><td>7</td></tr> <tr><td>May-22</td><td>11</td><td>8</td></tr> <tr><td>Jun-22</td><td>16</td><td>9</td></tr> <tr><td>Jul-22</td><td></td><td>8</td></tr> <tr><td>Aug-22</td><td></td><td>8</td></tr> <tr><td>Sep-22</td><td></td><td>9</td></tr> <tr><td>Oct-22</td><td></td><td>8</td></tr> <tr><td>Nov-22</td><td></td><td>7</td></tr> <tr><td>Dec-22</td><td></td><td>8</td></tr> <tr><td>Jan-23</td><td></td><td>8</td></tr> <tr><td>Feb-23</td><td></td><td>8</td></tr> <tr><td>Mar-23</td><td></td><td>7</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	Jun-21	13		Jul-21	23		Aug-21	22		Sep-21	14		Oct-21	15		Nov-21	20		Dec-21	12		Jan-22	14		Feb-22	13		Mar-22	18		Apr-22	13	7	May-22	11	8	Jun-22	16	9	Jul-22		8	Aug-22		8	Sep-22		9	Oct-22		8	Nov-22		7	Dec-22		8	Jan-23		8	Feb-23		8	Mar-23		7
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Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"> There were 8 cases of Klebsiella sp in June 2022, 8 of which were hospital acquired and 1 was community acquired. The Health Board total is currently just above the Welsh Government Profile target of 6 cases for June 2022. Targeted work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates. 	<p>Number of healthcare acquired Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>12</td><td></td></tr> <tr><td>Jul-21</td><td>3</td><td></td></tr> <tr><td>Aug-21</td><td>8</td><td></td></tr> <tr><td>Sep-21</td><td>11</td><td></td></tr> <tr><td>Oct-21</td><td>13</td><td></td></tr> <tr><td>Nov-21</td><td>7</td><td></td></tr> <tr><td>Dec-21</td><td>9</td><td></td></tr> <tr><td>Jan-22</td><td>5</td><td></td></tr> <tr><td>Feb-22</td><td>4</td><td></td></tr> <tr><td>Mar-22</td><td>7</td><td></td></tr> <tr><td>Apr-22</td><td>6</td><td>7</td></tr> <tr><td>May-22</td><td>8</td><td>6</td></tr> <tr><td>Jun-22</td><td>8</td><td>6</td></tr> <tr><td>Jul-22</td><td></td><td>6</td></tr> <tr><td>Aug-22</td><td></td><td>6</td></tr> <tr><td>Sep-22</td><td></td><td>6</td></tr> <tr><td>Oct-22</td><td></td><td>6</td></tr> <tr><td>Nov-22</td><td></td><td>6</td></tr> <tr><td>Dec-22</td><td></td><td>6</td></tr> <tr><td>Jan-23</td><td></td><td>6</td></tr> <tr><td>Feb-23</td><td></td><td>5</td></tr> <tr><td>Mar-23</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	Trajectory	Jun-21	12		Jul-21	3		Aug-21	8		Sep-21	11		Oct-21	13		Nov-21	7		Dec-21	9		Jan-22	5		Feb-22	4		Mar-22	7		Apr-22	6	7	May-22	8	6	Jun-22	8	6	Jul-22		6	Aug-22		6	Sep-22		6	Oct-22		6	Nov-22		6	Dec-22		6	Jan-23		6	Feb-23		5	Mar-23		5
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Feb-23		5																																																																					
Mar-23		5																																																																					

HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There were 4 cases of <i>P.Aeruginosa</i> in June 2022, 3 of which were hospital acquired, with the other being community acquired. The Health Board total is currently above the Welsh Government Profile target of 2 cumulative cases for June 2022. Targeted work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates. 	Number of healthcare acquired Pseudomonas cases <p>Number of Pseudomonas cases (SBU) — Trajectory</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
Number of pressure ulcers 1. <i>Total number of pressure ulcers developed in hospital and in the community</i> 2. <i>Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none"> In May 2022 there were 97 cases of healthcare acquired pressure ulcers, 39 of which were community acquired and 58 were hospital acquired. There were 12 grade 3+ pressure ulcers in May 2022, of which 10 were community acquired and 2 were hospital acquired. The rate per 100,000 admissions reduced from 778 in March 2022 to 689 in April 2022. 	Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions <p>Pressure Ulcers (Community) — Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>

NATIONALLY REPORTABLE INCIDENTS																																												
Description	Current Performance	Trend																																										
Nationally Reportable Incidents (NRI's)- <i>1. The number of Nationally reportable incidents</i> <i>2. The number of Never Events</i> <i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 2 Nationally Reportable Incidents for the month of June 2022 to Welsh Government. The Service Group breakdown is as follows; - Singleton & NPTH – 2 (both NRI's were falls)	1. and 2. Number of nationally reportable incidents and never events <table><thead><tr><th>Month</th><th>Number of Nationally Reportable Incidents</th><th>Number of never events</th></tr></thead><tbody><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><tr><td>Apr-22</td><td>1</td><td>0</td></tr><tr><td>May-22</td><td>9</td><td>0</td></tr><tr><td>Jun-22</td><td>2</td><td>0</td></tr></tbody></table> <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p>	Month	Number of Nationally Reportable Incidents	Number of never events	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	Apr-22	1	0	May-22	9	0	Jun-22	2	0
	Month	Number of Nationally Reportable Incidents	Number of never events																																									
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Apr-22	1	0																																										
May-22	9	0																																										
Jun-22	2	0																																										
2. There were no new Never Event reported in June 2022	3. % of nationally reportable incidents closed within the agreed timescales <table><thead><tr><th>Month</th><th>% NRI's assured</th></tr></thead><tbody><tr><td>Jun-21</td><td>0%</td></tr><tr><td>Jul-21</td><td>33%</td></tr><tr><td>Aug-21</td><td>0%</td></tr><tr><td>Sep-21</td><td>0%</td></tr><tr><td>Oct-21</td><td>0%</td></tr><tr><td>Nov-21</td><td>0%</td></tr><tr><td>Dec-21</td><td>0%</td></tr><tr><td>Jan-22</td><td>25%</td></tr><tr><td>Feb-22</td><td>0%</td></tr><tr><td>Mar-22</td><td>33%</td></tr><tr><td>Apr-22</td><td>25%</td></tr><tr><td>May-22</td><td>100%</td></tr><tr><td>Jun-22</td><td>33%</td></tr></tbody></table> <p>■ % NRI's assured — Target</p>	Month	% NRI's assured	Jun-21	0%	Jul-21	33%	Aug-21	0%	Sep-21	0%	Oct-21	0%	Nov-21	0%	Dec-21	0%	Jan-22	25%	Feb-22	0%	Mar-22	33%	Apr-22	25%	May-22	100%	Jun-22	33%															
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May-22	100%																																											
Jun-22	33%																																											
3. In June 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 33%.																																												

INPATIENT FALLS																														
Description	Current Performance	Trend																												
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 172 in June 2022. This is 1% less than June 2021 where 174 falls were recorded.	<p>Number of inpatient Falls</p> <table><tr><th>Month</th><th>Hospital falls</th></tr><tr><td>Jun-21</td><td>174</td></tr><tr><td>Jul-21</td><td>190</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>195</td></tr><tr><td>Feb-22</td><td>200</td></tr><tr><td>Mar-22</td><td>210</td></tr><tr><td>Apr-22</td><td>190</td></tr><tr><td>May-22</td><td>180</td></tr><tr><td>Jun-22</td><td>172</td></tr></table> <p>■ Hospital falls</p>	Month	Hospital falls	Jun-21	174	Jul-21	190	Aug-21	200	Sep-21	210	Oct-21	240	Nov-21	215	Dec-21	210	Jan-22	195	Feb-22	200	Mar-22	210	Apr-22	190	May-22	180	Jun-22	172
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DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in June 2022, the percentage of completed discharge summaries was 64%.</p> <p>In June 2022, compliance ranged from 57% in Singleton Hospital to 77% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p> <table><tr><th>Month</th><th>% of completed discharge summaries</th></tr><tr><td>Jun-21</td><td>70%</td></tr><tr><td>Jul-21</td><td>62%</td></tr><tr><td>Aug-21</td><td>62%</td></tr><tr><td>Sep-21</td><td>68%</td></tr><tr><td>Oct-21</td><td>60%</td></tr><tr><td>Nov-21</td><td>63%</td></tr><tr><td>Dec-21</td><td>62%</td></tr><tr><td>Jan-22</td><td>61%</td></tr><tr><td>Feb-22</td><td>65%</td></tr><tr><td>Mar-22</td><td>63%</td></tr><tr><td>Apr-22</td><td>60%</td></tr><tr><td>May-22</td><td>66%</td></tr><tr><td>Jun-22</td><td>64%</td></tr></table> <p>■ % of completed discharge summaries</p>	Month	% of completed discharge summaries	Jun-21	70%	Jul-21	62%	Aug-21	62%	Sep-21	68%	Oct-21	60%	Nov-21	63%	Dec-21	62%	Jan-22	61%	Feb-22	65%	Mar-22	63%	Apr-22	60%	May-22	66%	Jun-22	64%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	May 2022 reports the crude mortality rate for the Health Board at 0.86%, which is 0.01% lower than April 2022.	Crude hospital mortality rate by Hospital (74 years of age or less) <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morryston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>May-21</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Jun-21</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Jul-21</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Aug-21</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Sep-21</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Oct-21</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Nov-21</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Dec-21</td><td>1.6%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Jan-22</td><td>1.5%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Feb-22</td><td>1.5%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Mar-22</td><td>1.5%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Apr-22</td><td>1.5%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>May-22</td><td>1.5%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr></tbody></table>	Month	Morryston Hospital	Singleton Hospital	NPT Hospital	HB Total	May-21	1.7%	0.5%	0.2%	1.0%	Jun-21	1.7%	0.5%	0.2%	1.0%	Jul-21	1.7%	0.5%	0.2%	1.0%	Aug-21	1.7%	0.5%	0.2%	1.0%	Sep-21	1.7%	0.5%	0.2%	1.0%	Oct-21	1.7%	0.5%	0.2%	1.0%	Nov-21	1.7%	0.5%	0.2%	1.0%	Dec-21	1.6%	0.5%	0.2%	1.0%	Jan-22	1.5%	0.5%	0.2%	1.0%	Feb-22	1.5%	0.5%	0.2%	1.0%	Mar-22	1.5%	0.5%	0.2%	1.0%	Apr-22	1.5%	0.5%	0.2%	1.0%	May-22	1.5%	0.5%	0.2%	1.0%
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READMISSION RATES																																																																								
Description	Current Performance	Trend																																																																						
Readmission Rates	In June 2022, 19% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 1% higher than figures seen in May 2022.	Emergencies readmitted within 28 days of previous discharge <table><caption>28 Day readmission rate (SBU HB)</caption><thead><tr><th>Month</th><th>28 Day readmission rate (SBU HB)</th></tr></thead><tbody><tr><td>Jun-21</td><td>19%</td></tr><tr><td>Jul-21</td><td>19%</td></tr><tr><td>Aug-21</td><td>20%</td></tr><tr><td>Sep-21</td><td>19%</td></tr><tr><td>Oct-21</td><td>18%</td></tr><tr><td>Nov-21</td><td>18%</td></tr><tr><td>Dec-21</td><td>19%</td></tr><tr><td>Jan-22</td><td>18%</td></tr><tr><td>Feb-22</td><td>19%</td></tr><tr><td>Mar-22</td><td>17%</td></tr><tr><td>Apr-22</td><td>18%</td></tr><tr><td>May-22</td><td>18%</td></tr><tr><td>Jun-22</td><td>19%</td></tr></tbody></table>	Month	28 Day readmission rate (SBU HB)	Jun-21	19%	Jul-21	19%	Aug-21	20%	Sep-21	19%	Oct-21	18%	Nov-21	18%	Dec-21	19%	Jan-22	18%	Feb-22	19%	Mar-22	17%	Apr-22	18%	May-22	18%	Jun-22	19%																																										
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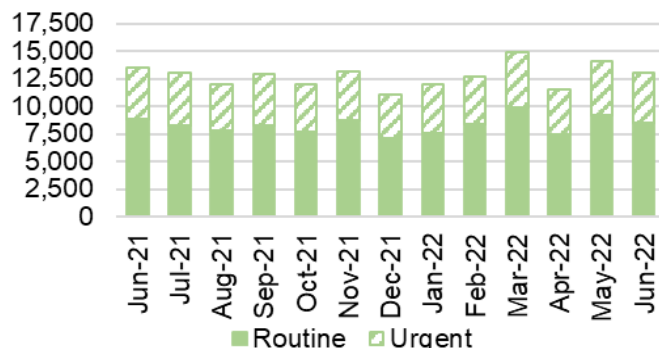
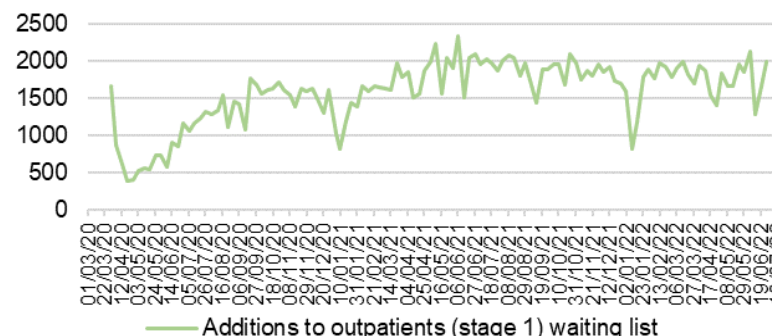
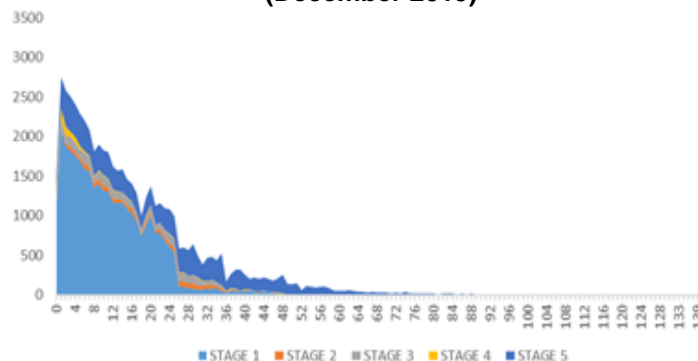
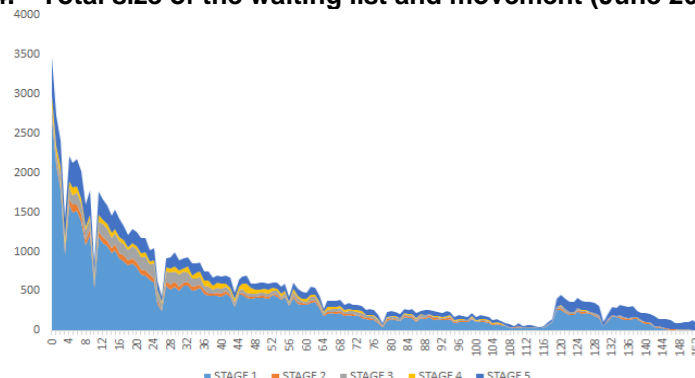
5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

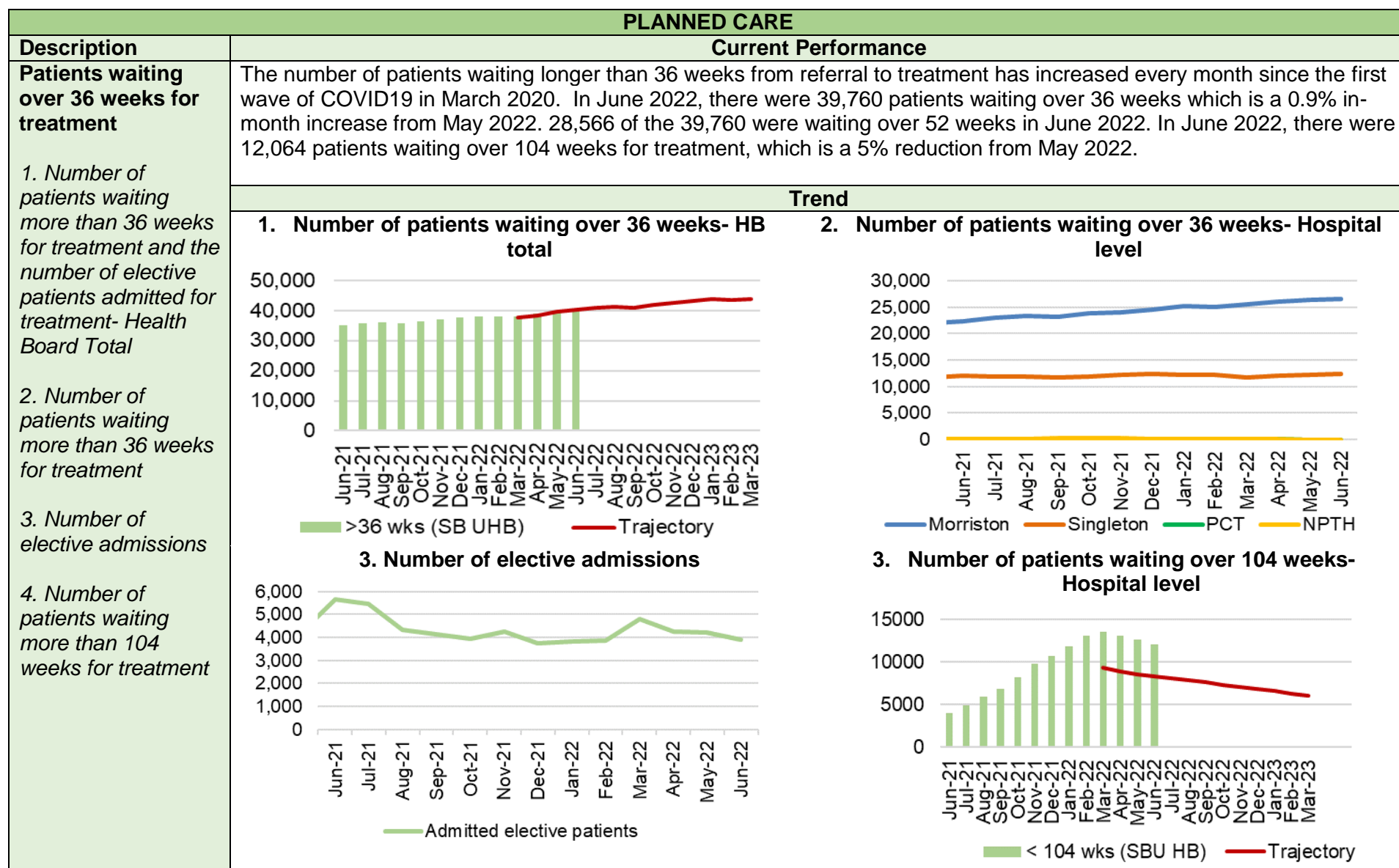
		Harm from reduction in non-Covid activity															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
		Cancer															
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	75%			66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	29.4%
		Planned Care															
Number of patients waiting > 26 weeks for outpatient appointment*	Morriston	0			13,867	14,080	14,661	15,092	15,906	16,385	17,204	17,859	18,220	18,351	18,976	19,498	19,662
	NPTH				228	271	335	407	378	387	342	186	88	0	3	18	4
	Singleton				9,053	8,769	8,383	8,447	8,162	7,955	7,882	7,520	7,192	6,359	6,606	6,943	7,159
	PC&CS				131	105	65	51	37	25	24	23	22	18	16	0	1
	Total				23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826
Number of patients waiting > 36 weeks for treatment*	Morriston	0			22,414	22,968	23,364	23,214	23,874	24,121	24,494	25,203	25,090	25,490	26,036	26,411	26,574
	NPTH				57	98	167	189	191	198	168	136	136	44	37	5	7
	Singleton				12,022	11,980	11,920	11,764	11,841	12,245	12,376	12,283	12,194	11,749	12,110	12,310	12,438
	PC&CS				119	82	53	43	35	25	22	22	22	17	15	0	1
	Total (inc. diagnostics > 36 wks)				35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760
Number of patients waiting > 8 weeks for a specified diagnostics*	Morriston	0			3,162	3,390	3,573	3,528	3,320	3,217	2,927	2,724	2,180	1,672	1,910	1,753	1,575
	Singleton				2,068	2,035	1,950	2,204	2,619	2,791	3,144	3,543	3,898	4,191	4,398	4,553	4,437
	Total				5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	NPTH				15	1	15	18	28	29	8	13	38	45	35	17	30
	PC&CS				156	150	171	302	386	600	877	1,015	888	775	679	614	609
	Total				171	151	186	320	414	629	885	1,028	926	820	714	631	639

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
		Planned Care															
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			127,444	130,208	127,391	130,963	131,554	129,255	#####	131,848	132,036	#####	#####	#####	#####
Number of patients delayed by over 100% past their target date *	Total				30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114
Number of patients delayed past their agreed target date (booked and not booked) *	Total				55,254	60,618	54,993	60,340	60,447	56,618	58,006	58,639	58,804	58,514	60,348	60,314	61,071
Number of Ophthalmology patients without an allocated health risk factor	Total	0			486	539	628	702	413	528	694	288	299	639	425	246	495
Number of patients without a documented clinical review date	Total	0			6	5	6	7	3	4	2	4	1	5	5	2	4
		Patient Experience/ Feedback															
Number of friends and family surveys completed	PCCS	12 month improvement trend			532	79	245	213	89	360	291	191	251	165	106	154	130
	MH&LD				0	0	59	18	10	36	23	17	17	15	8	26	11
	Morrison				934	699	642	995	941	1,131	878	1,130	1,285	1,454	1,245	1,336	1,194
	NPTH																
	Singleton				1,808	1,029	1,106	1,452	1,118	1,602	1,580	1,727	1,485	1,737	1,648	1,932	1,727
	Total				3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292
% of patients who would recommend and highly recommend	PCCS	90%	80%		100%	89%	94%	90%	90%	94%	90%	93%	95%	92%	94%	94%	90%
	MH&LD				0%	0%	93%	94%	90%	97%	100%	100%	100%	100%	100%	100%	100%
	Morrison				97%	93%	92%	93%	92%	93%	94%	94%	84%	86%	85%	92%	83%
	NPTH																
	Singleton				97%	91%	92%	90%	92%	94%	94%	94%	94%	94%	91%	92%	92%
	Total				97%	92%	92%	92%	92%	94%	93%	92%	90%	90%	89%	90%	88%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		-		95%	92%	94%	89%	97%	97%	99%	97%	96%	95%	92%
	MH&LD																
	Morrison				97%		96%	96%	94%	93%	96%	97%	89%	91%	89%	89%	82%
	NPTH																
	Singleton				97%		95%	96%	95%	93%	97%	96%	97%	97%	94%	95%	92%
	Total				96%		92%	96%	93%	93%	96%	93%	91%	91%	89%	91%	91%
Number of new complaints received	PCCS	12 month reduction rend			16	18	8	11	12	16	9	15	19	23	16		
	MH&LD				19	24	13	12	13	13	9	19	16	15	10		
	Morrison				69	51	50	61	57	66	42	53	49	52	54		
	NPTH				10	6	6	6	6	8	3	7	13	3	6		
	Singleton				31	28	32	21	33	26	20	21	36	51	28		
	Total				159	139	115	115	134	159	115	124	139	156	123		
% 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%		72%	54%	75%	73%	83%	88%	78%	67%	68%	87%	94%		
	MH&LD				50%	58%	62%	92%	69%	31%	78%	58%	38%	60%	70%		
	Morrison				80%	76%	94%	84%	70%	73%	69%	74%	78%	73%	83%		
	NPTH				70%	100%	67%	50%	83%	75%	67%	29%	62%	67%	83%		
	Singleton				43%	54%	81%	52%	48%	54%	50%	43%	50%	43%	57%		
	Total				68%	69%	83%	75%	67%	69%	68%	63%	64%	65%	76%		

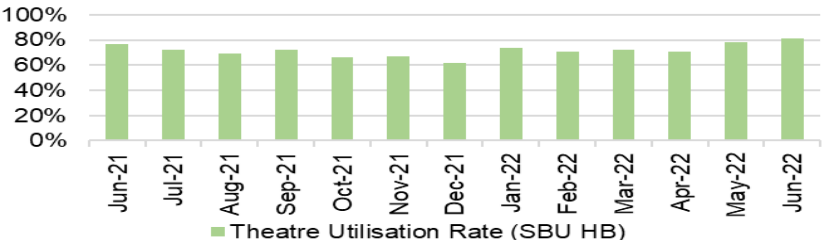
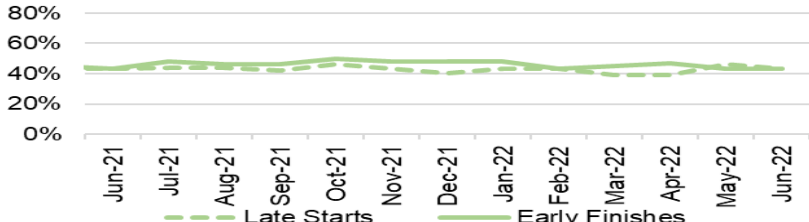
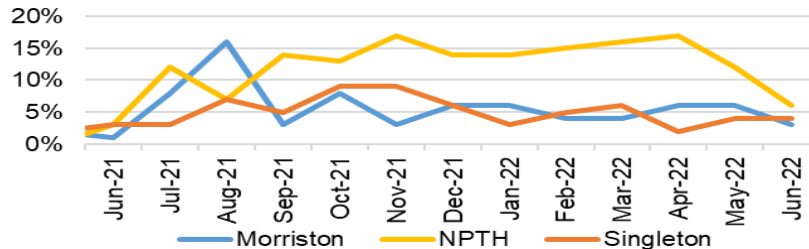
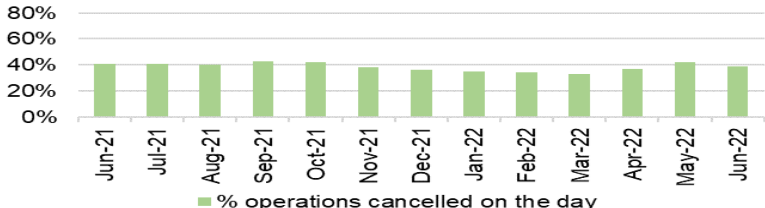
5.3 Updates on key measures

PLANNED CARE		
Description	Current Performance	
Referrals and shape of the waiting list	June 2022 has seen a reduction in referral figures compared with May 2022 (14,076). Referral rates have continued to rise slowly since December 2021, with 13,050 received in May 2022. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.	
	Trend	
1. GP Referrals <i>The number of Stage 1 additions per week</i>	1. Number of GP referrals received by SBU Health Board 	2. Number of stage 1 additions per week 
2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i>		
3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i>	3. Total size of the waiting list and movement (December 2019) 	4. Total size of the waiting list and movement (June 2022) 
4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at May 2022</i>		

PLANNED CARE	
Description	Current Performance
Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. June 2022 saw an in-month increase of 1% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 26,459 in May 2022 to 26,826 in June 2022. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and ENT. Chart 4 shows that the number of attendances has remained steady in recent months despite the impact of the recent Covid wave.</p> <p>Trend</p> <div> <div> <p>1. Number of stage 1 over 26 weeks- HB total</p> <p>■ Outpatients > 26 wks (SB UHB)</p> </div> <div> <p>2. Number of stage 1 over 26 weeks- Hospital level</p> <p>— Morriston — Singleton — PCT — NPTH</p> </div> <div> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at May 2022</p> </div> <div> <p>4. Outpatient activity undertaken</p> <p>— New outpatient attendances - - - Follow-up attendances</p> </div> </div> <p>**Please note – reporting measures changed from June 2021 – Using power BI platform</p>

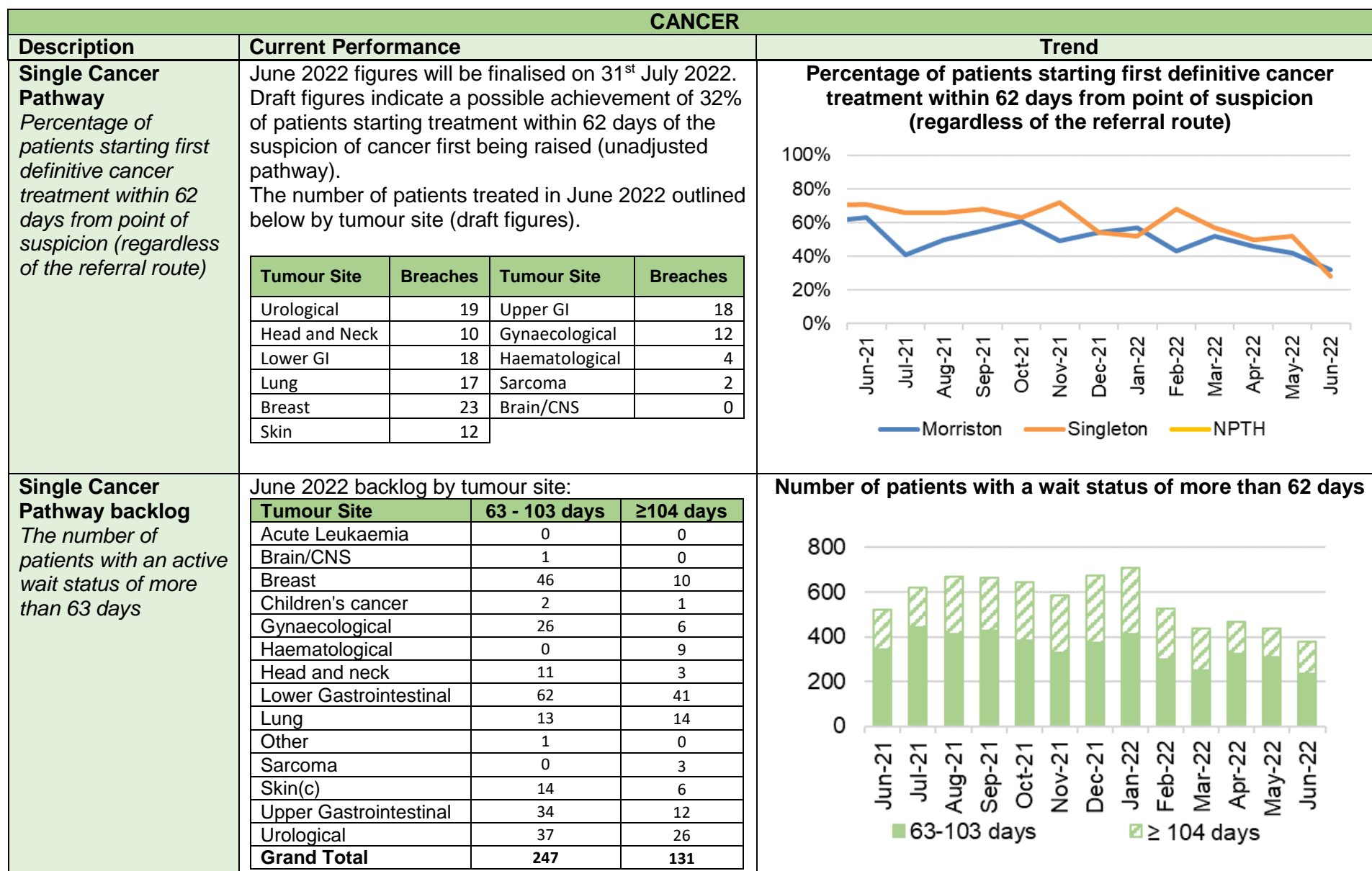


PLANNED CARE																																																																								
Description	Current Performance																																																																							
Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 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 June 2022, 50.8% of patients were waiting under 26 weeks from referral to treatment, which is 0.4% less than those seen in May 2022.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table><caption>Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PCT</th><th>NPTH</th></tr></thead><tbody><tr><td>Jun-21</td><td>40%</td><td>45%</td><td>45%</td><td>85%</td></tr><tr><td>Jul-21</td><td>42%</td><td>48%</td><td>55%</td><td>82%</td></tr><tr><td>Aug-21</td><td>43%</td><td>48%</td><td>68%</td><td>80%</td></tr><tr><td>Sep-21</td><td>43%</td><td>49%</td><td>75%</td><td>78%</td></tr><tr><td>Oct-21</td><td>43%</td><td>49%</td><td>75%</td><td>75%</td></tr><tr><td>Nov-21</td><td>43%</td><td>48%</td><td>80%</td><td>70%</td></tr><tr><td>Dec-21</td><td>42%</td><td>48%</td><td>82%</td><td>72%</td></tr><tr><td>Jan-22</td><td>42%</td><td>48%</td><td>80%</td><td>78%</td></tr><tr><td>Feb-22</td><td>42%</td><td>48%</td><td>82%</td><td>80%</td></tr><tr><td>Mar-22</td><td>42%</td><td>49%</td><td>85%</td><td>92%</td></tr><tr><td>Apr-22</td><td>42%</td><td>49%</td><td>85%</td><td>95%</td></tr><tr><td>May-22</td><td>42%</td><td>49%</td><td>95%</td><td>98%</td></tr><tr><td>Jun-22</td><td>40%</td><td>50%</td><td>98%</td><td>98%</td></tr></tbody></table>	Month	Morriston	Singleton	PCT	NPTH	Jun-21	40%	45%	45%	85%	Jul-21	42%	48%	55%	82%	Aug-21	43%	48%	68%	80%	Sep-21	43%	49%	75%	78%	Oct-21	43%	49%	75%	75%	Nov-21	43%	48%	80%	70%	Dec-21	42%	48%	82%	72%	Jan-22	42%	48%	80%	78%	Feb-22	42%	48%	82%	80%	Mar-22	42%	49%	85%	92%	Apr-22	42%	49%	85%	95%	May-22	42%	49%	95%	98%	Jun-22	40%	50%	98%	98%
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Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In June 2022, 63.7% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22.</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table><caption>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</caption><thead><tr><th>Month</th><th>% of ophthalmology R1 appointments</th></tr></thead><tbody><tr><td>Jun-21</td><td>60%</td></tr><tr><td>Jul-21</td><td>60%</td></tr><tr><td>Aug-21</td><td>60%</td></tr><tr><td>Sep-21</td><td>55%</td></tr><tr><td>Oct-21</td><td>60%</td></tr><tr><td>Nov-21</td><td>60%</td></tr><tr><td>Dec-21</td><td>60%</td></tr><tr><td>Jan-22</td><td>60%</td></tr><tr><td>Feb-22</td><td>60%</td></tr><tr><td>Mar-22</td><td>60%</td></tr><tr><td>Apr-22</td><td>60%</td></tr><tr><td>May-22</td><td>65%</td></tr><tr><td>Jun-22</td><td>63.7%</td></tr></tbody></table> <p>Target</p>	Month	% of ophthalmology R1 appointments	Jun-21	60%	Jul-21	60%	Aug-21	60%	Sep-21	55%	Oct-21	60%	Nov-21	60%	Dec-21	60%	Jan-22	60%	Feb-22	60%	Mar-22	60%	Apr-22	60%	May-22	65%	Jun-22	63.7%																																										
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THEATRE EFFICIENCY		
Description	Current Performance	Trend
Theatre Efficiency 1. Theatre Utilisation Rates 2. % of theatre sessions starting late 3. % of theatre sessions finishing early 4. % of theatre sessions cancelled at short notice (<28 days) 5. % of operations cancelled on the day	<p>In June 2022 the Theatre Utilisation rate was 81%. This is an in-month improvement of 3% and 4% higher than rates seen in June 2021.</p> <p>43% of theatre sessions started late in June 2022. This is a 3% improvement on performance in May 2022 (46%).</p> <p>In June 2022, 43% of theatre sessions finished early. This is the same figure seen in May 2022 and in June 2021</p> <p>3% of theatre sessions were cancelled at short notice in June 2022. This is 3% lower than figures reported in May 2022 and is 1% higher than figures seen in June 2021.</p> <p>Of the operations cancelled in June 2022, 39% of them were cancelled on the day. This is an improvement from 42% in May 2022.</p>	<p>1. Theatre Utilisation Rates</p>  <p>2. and 3. % theatre sessions starting late/finishing</p>  <p>4. % theatre sessions cancelled at short notice (<28 days)</p>  <p>5. % of operations cancelled on the day</p> 

PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In June 2022, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 6,306 in May 2022 to 6,012 in June 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for June 2022:</p> <ul style="list-style-type: none"> Endoscopy= 4,437 Cardiac tests= 1,023 Other Diagnostics = 540 <p>Points to note; Endoscopy waits have reduced this month and the figures are in line with the recently revised trajectory which indicated that the improvements will continue into the financial year. The Endoscopy team have implemented several actions to support future improvement</p>	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <p>Legend: Other diagnostics (inc. radiology) Endoscopy Cardiac tests</p>
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In June 2022 there were 609 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in June 2022 are:</p> <ul style="list-style-type: none"> Podiatry = 511 Speech & Language Therapy= 65 Dietetics = 30 <p>Points to note; Podiatry recovery plans continue to support performance improvement. Specifically within Nutrition & Dietetics and Speech & Language figures have risen slightly, however the individual teams are reviewing the demand and capacity to support recovery2022, however improvements can already be seen in the waiting list.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <p>Legend: Occ Therapy/ LD (MH) Occ Therapy (exc. MH) Audiology Dietetics Podiatry</p>

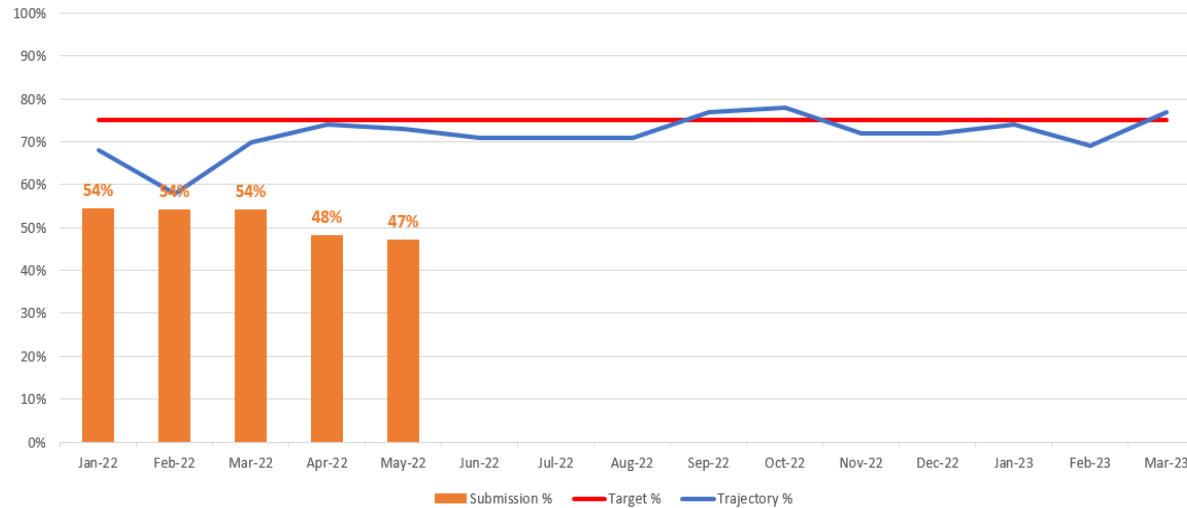
CANCER																																						
Description	Current Performance	Trend																																				
<p>Cancer demand and shape of the waiting list</p> <p>1. Number of Urgent Suspected Cancer (USC) referrals received</p>	<p>The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020.</p> <p>Referral figures reported in June 2022 (1,979) have decreased compared to those seen in May 2022 (1,729)</p>	<p>1. Number of USC referrals</p> <table><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>1663</td></tr><tr><td>Mar-22</td><td>1888</td></tr><tr><td>Apr-22</td><td>1555</td></tr><tr><td>May-22</td><td>1979</td></tr><tr><td>Jun-22</td><td>1729</td></tr></table>	Month	Number of USC referrals	Feb-21	1594	Mar-21	1932	Apr-21	1880	May-21	1871	Jun-21	2014	Jul-21	2062	Aug-21	1742	Sep-21	2005	Oct-21	1821	Nov-21	1771	Dec-21	1517	Jan-22	1708	Feb-22	1663	Mar-22	1888	Apr-22	1555	May-22	1979	Jun-22	1729
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<p>2. Single Cancer Pathway backlog- patients waiting over 63 days</p>	<p>June 2022 has seen a slight increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none">- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast- Updated backlog recovery trajectories have been developed and are currently in the approval process with the CEO- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority- Data quality is currently being reviewed to support the validation of any backlog figures- Work is currently underway to develop a live dashboard for efficient data review of all patients	<p>2. Single Cancer Pathway backlog- patients waiting over 63 days</p> <table><tr><th>Month</th><th>Total backlog</th></tr><tr><td>Jun-21</td><td>520</td></tr><tr><td>Jul-21</td><td>620</td></tr><tr><td>Aug-21</td><td>680</td></tr><tr><td>Sep-21</td><td>670</td></tr><tr><td>Oct-21</td><td>650</td></tr><tr><td>Nov-21</td><td>580</td></tr><tr><td>Dec-21</td><td>680</td></tr><tr><td>Jan-22</td><td>720</td></tr><tr><td>Feb-22</td><td>520</td></tr><tr><td>Mar-22</td><td>450</td></tr><tr><td>Apr-22</td><td>480</td></tr><tr><td>May-22</td><td>450</td></tr><tr><td>Jun-22</td><td>380</td></tr></table>	Month	Total backlog	Jun-21	520	Jul-21	620	Aug-21	680	Sep-21	670	Oct-21	650	Nov-21	580	Dec-21	680	Jan-22	720	Feb-22	520	Mar-22	450	Apr-22	480	May-22	450	Jun-22	380								
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CANCER																																																		
Description	Current Performance	Trend																																																
USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early July 2022 figures show total wait volumes have increased by 13%.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 60% have been booked.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early July 2022</p> <table> <tr> <th>FIRST OPA</th><th>03-July</th><th>10-July</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>0</td><td>1</td></tr> <tr><td>Children's Cancer</td><td>6</td><td>6</td></tr> <tr><td>Gynaecological</td><td>141</td><td>60</td></tr> <tr><td>Haematological</td><td>5</td><td>4</td></tr> <tr><td>Head and Neck</td><td>43</td><td>82</td></tr> <tr><td>Lower GI</td><td>151</td><td>173</td></tr> <tr><td>Lung</td><td>7</td><td>12</td></tr> <tr><td>Other</td><td>41</td><td>69</td></tr> <tr><td>Sarcoma</td><td>0</td><td>1</td></tr> <tr><td>Skin</td><td>134</td><td>178</td></tr> <tr><td>Upper GI</td><td>48</td><td>63</td></tr> <tr><td>Urological</td><td>33</td><td>38</td></tr> <tr><td></td><td>609</td><td>687</td></tr> </table>	FIRST OPA	03-July	10-July	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	0	1	Children's Cancer	6	6	Gynaecological	141	60	Haematological	5	4	Head and Neck	43	82	Lower GI	151	173	Lung	7	12	Other	41	69	Sarcoma	0	1	Skin	134	178	Upper GI	48	63	Urological	33	38		609	687
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Radiotherapy waiting times <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>June-21</th></tr> <tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>51%</td></tr> <tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>93%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>43%</td></tr> <tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>100%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>88%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>91%</td></tr> <tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>97%</td></tr> </table>	Measure	Target	June-21	Scheduled (21 Day Target)	80%	51%	Scheduled (28 Day Target)	100%	93%	Urgent SC (7 Day Target)	80%	43%	Urgent SC (14 Day Target)	100%	100%	Emergency (within 1 day)	80%	88%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	91%	Elective Delay (28 Day Target)	100%	97%	<p>Radiotherapy waiting times</p>																					
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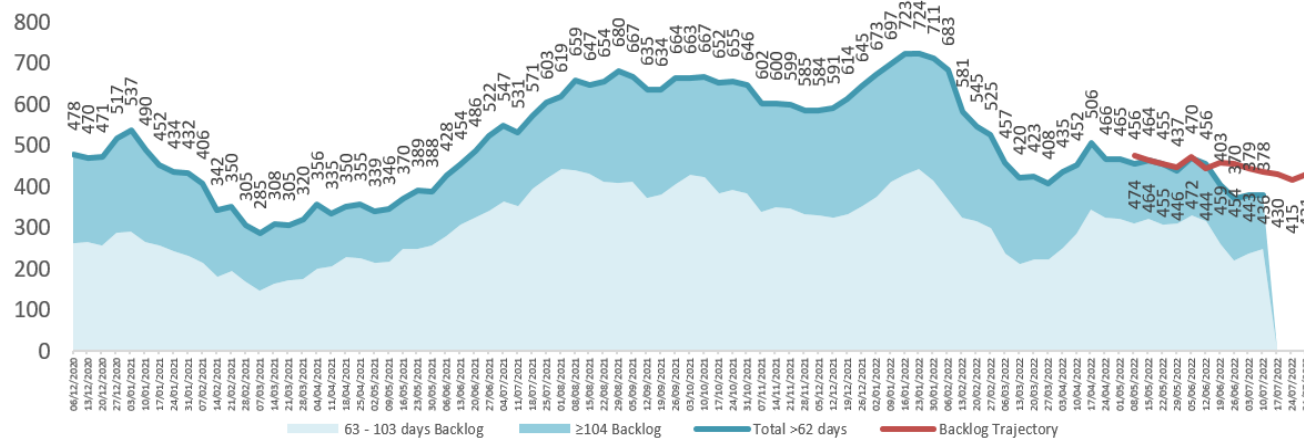
Cancer Services – Performance Escalation Updates

1.SCP performance trajectory



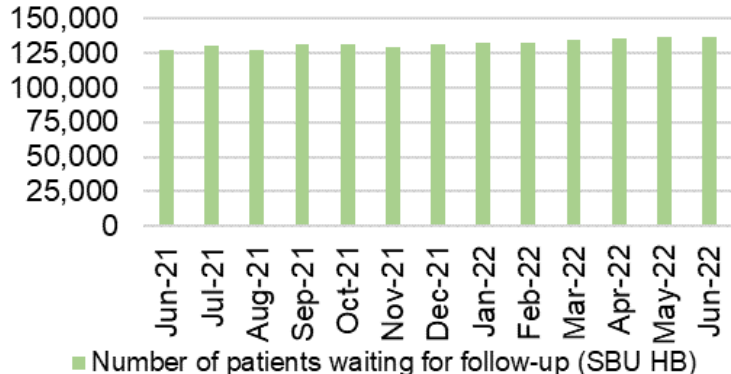
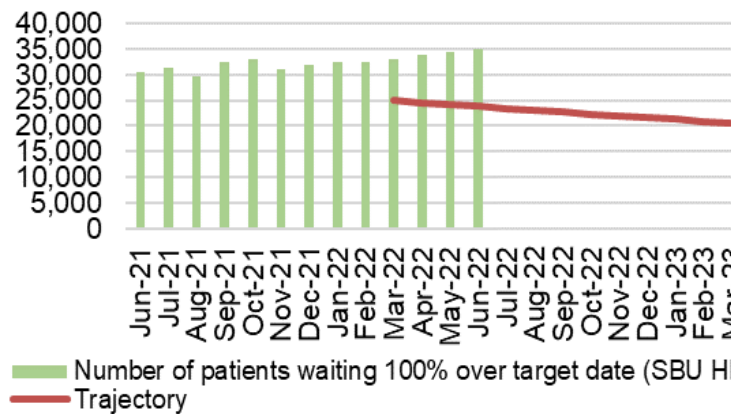
Proposed backlog improvements to support SCP performance

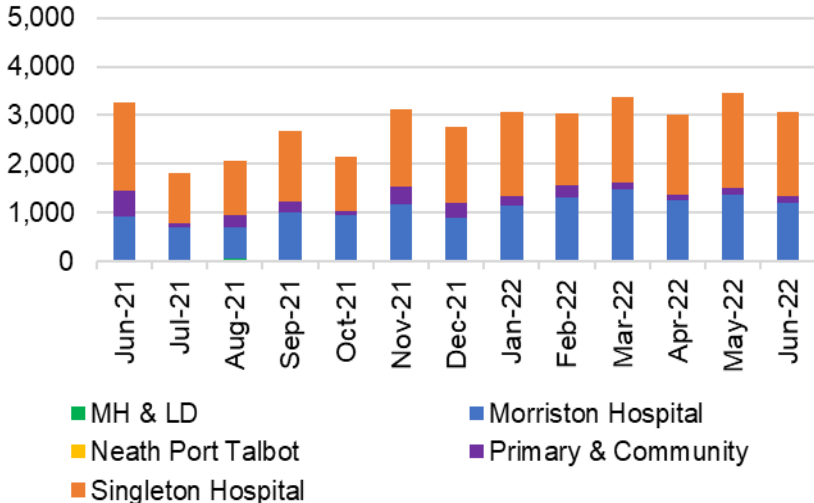
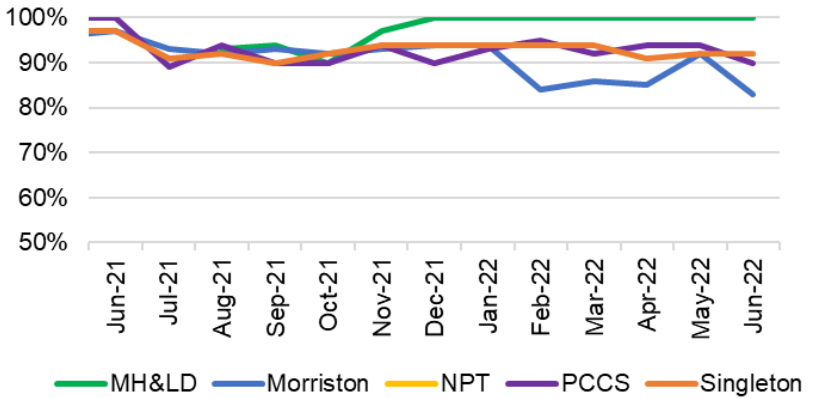
Backlog

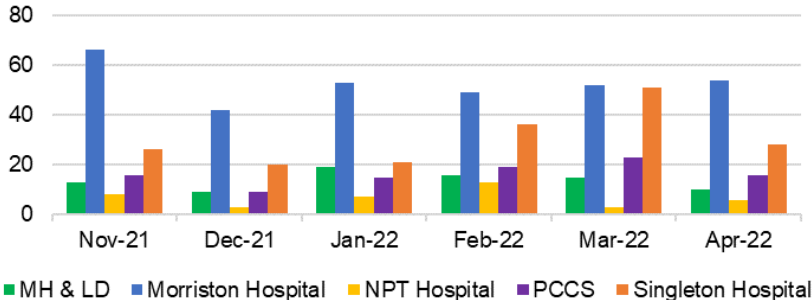
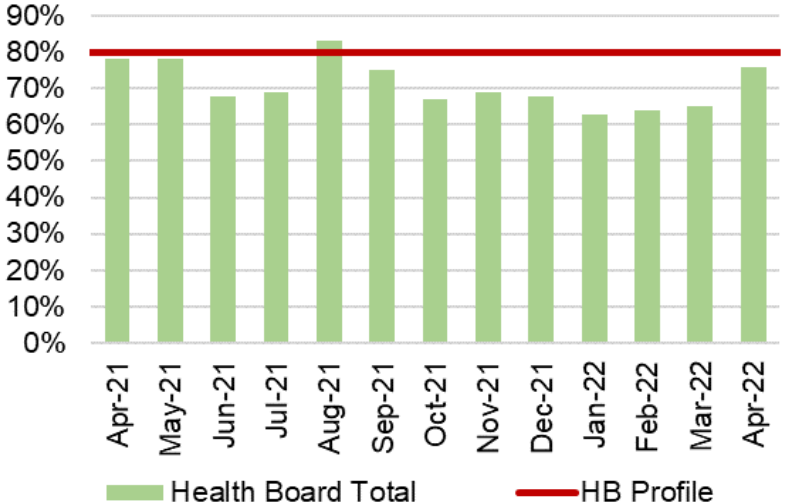


1. The final SCP performance for May 2022 was 47%, which is significantly below the submitted trajectory. June 2022 performance is still in draft format, however current projections suggest performance will be below the recovery trajectory.

2. Backlog figures have continued to reduce in recent weeks and have remained consistently below the outlined trajectory. The total backlog at 10/07/2022 was 378.












FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	<p>In June 2022, the overall size of the follow-up waiting list increased by 556 patients compared with May 2022 (from 135,879 to 136,435).</p> <p>In June 2022, there was a total of 61,071 patients waiting for a follow-up past their target date. This is a slight in-month increase of 1.3% (from 60,314 in May 2022 to 61,071 in June 2022).</p> <p>Of the 61,071 delayed follow-ups in June 2022, 11,368 had appointment dates and 49,703 were still waiting for an appointment.</p> <p>In addition, 35,114 patients were waiting 100%+ over target date in June 2022. This is a 1.6% increase when compared with May 2022.</p>	<p>1. Total number of patients waiting for a follow-up</p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p>  <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>

PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in June 2022 was 88% and 3,292 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,727 surveys in June 2022, with a recommended score of 92%. Morrison Hospital completed 1,194 surveys in June 2022, with a recommended score of 83%. Primary & Community Care completed 130 surveys for June 2022, with a recommended score of 90%. The Mental Health Service Group completed 11 surveys for June 2022, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p>  <p>2. % of patients/ service users who would recommend and highly recommend</p> 

COMPLAINTS																																																																																						
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Patient concerns <i>1. Number of formal complaints received</i> <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In April 2022, the Health Board received 123 formal complaints; this is a 23% reduction on the number seen in March 2022.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p>	<p>1. Number of formal complaints received</p>  <table border="1"><caption>Estimated data for Figure 1: Number of formal complaints received</caption><thead><tr><th>Month</th><th>MH & LD</th><th>Morriston Hospital</th><th>NPT Hospital</th><th>PCCS</th><th>Singleton Hospital</th></tr></thead><tbody><tr><td>Nov-21</td><td>12</td><td>65</td><td>8</td><td>15</td><td>25</td></tr><tr><td>Dec-21</td><td>8</td><td>40</td><td>5</td><td>10</td><td>20</td></tr><tr><td>Jan-22</td><td>18</td><td>52</td><td>8</td><td>15</td><td>20</td></tr><tr><td>Feb-22</td><td>15</td><td>48</td><td>12</td><td>18</td><td>35</td></tr><tr><td>Mar-22</td><td>15</td><td>52</td><td>5</td><td>22</td><td>50</td></tr><tr><td>Apr-22</td><td>10</td><td>55</td><td>5</td><td>15</td><td>28</td></tr></tbody></table> <p>■ MH & LD ■ Morriston Hospital ■ NPT Hospital ■ PCCS ■ Singleton Hospital</p> <p>2. Response rate for concerns within 30 days</p>  <table border="1"><caption>Estimated data for Figure 2: Response rate for concerns within 30 days</caption><thead><tr><th>Month</th><th>Health Board Total (%)</th><th>HB Profile (%)</th></tr></thead><tbody><tr><td>Apr-21</td><td>78</td><td>80</td></tr><tr><td>May-21</td><td>78</td><td>80</td></tr><tr><td>Jun-21</td><td>68</td><td>80</td></tr><tr><td>Jul-21</td><td>68</td><td>80</td></tr><tr><td>Aug-21</td><td>82</td><td>80</td></tr><tr><td>Sep-21</td><td>75</td><td>80</td></tr><tr><td>Oct-21</td><td>68</td><td>80</td></tr><tr><td>Nov-21</td><td>68</td><td>80</td></tr><tr><td>Dec-21</td><td>68</td><td>80</td></tr><tr><td>Jan-22</td><td>62</td><td>80</td></tr><tr><td>Feb-22</td><td>62</td><td>80</td></tr><tr><td>Mar-22</td><td>62</td><td>80</td></tr><tr><td>Apr-22</td><td>75</td><td>80</td></tr></tbody></table> <p>■ Health Board Total ■ HB Profile</p>	Month	MH & LD	Morriston Hospital	NPT Hospital	PCCS	Singleton Hospital	Nov-21	12	65	8	15	25	Dec-21	8	40	5	10	20	Jan-22	18	52	8	15	20	Feb-22	15	48	12	18	35	Mar-22	15	52	5	22	50	Apr-22	10	55	5	15	28	Month	Health Board Total (%)	HB Profile (%)	Apr-21	78	80	May-21	78	80	Jun-21	68	80	Jul-21	68	80	Aug-21	82	80	Sep-21	75	80	Oct-21	68	80	Nov-21	68	80	Dec-21	68	80	Jan-22	62	80	Feb-22	62	80	Mar-22	62	80	Apr-22	75	80
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Apr-22	75	80																																																																																				
	<p>2. The overall Health Board rate for responding to concerns within 30 working days was 76% in April 2022, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table><tr><th></th><th>30 day response rate</th></tr><tr><td>Neath Port Talbot Hospital</td><td>83%</td></tr><tr><td>Morriston Hospital</td><td>83%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>70%</td></tr><tr><td>Primary, Community and Therapies</td><td>94%</td></tr><tr><td>Singleton Hospital</td><td>57%</td></tr></table>		30 day response rate	Neath Port Talbot Hospital	83%	Morriston Hospital	83%	Mental Health & Learning Disabilities	70%	Primary, Community and Therapies	94%	Singleton Hospital	57%																																																																									
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6.1 Overview

		Harm from wider societal actions/lockdown															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
		Childhood immunisations															
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		95.5%	96.6%		97.0%		96.2%							
	Swansea				95.9%	95.9%		95.5%		95.7%							
	HB Total				95.7%	96.2%		96.1%		95.9%							
% children who received MenB2 vaccine by age 1	NPT	95%	90%		95.2%	96.6%		96.7%		96.5%							
	Swansea				96.3%	95.5%		95.1%		95.3%							
	HB Total				95.8%	95.9%		95.7%		95.8%							
% children who received PCV2 vaccine by age 1	NPT	95%	90%		94.4%	98.2%		98.7%		97.4%							
	Swansea				95.4%	96.8%		96.3%		97.0%							
	HB Total				95.0%	97.3%		97.2%		97.2%							
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		94.0%	96.6%		96.3%		95.8%							
	Swansea				94.8%	94.4%		94.1%		94.6%							
	HB Total				94.6%	95.2%		94.9%		95.1%							
% children who received MMR1 vaccine by age 2	NPT	95%	90%		94.0%	94.3%		95.2%		94.5%							
	Swansea				94.8%	93.8%		93.0%		93.6%							
	HB Total				94.6%	94.0%		93.8%		93.9%							
% children who received PCV3 vaccine by age 2	NPT	95%	90%		94.4%	95.6%		94.6%		93.9%							
	Swansea				95.4%	93.0%		93.3%		92.6%							
	HB Total				95.0%	93.9%		93.8%		93.1%							
% children who received MenB4 vaccine by age 2	NPT	95%	90%		94.1%	95.3%		94.9%		94.2%							
	Swansea				95.5%	93.0%		93.3%		92.8%							
	HB Total				95.0%	93.8%		93.9%		93.3%							
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		93.5%	95.3%		94.3%		93.6%							
	Swansea				95.7%	93.5%		92.3%		93.2%							
	HB Total				94.9%	94.1%		93.0%		93.3%							

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
% children who are up to date in schedule by age 4	NPT	95%	90%		87.9%		86.4%			82.2%			85.9%				
	Swansea			88.1%		88.3%			85.6%			86.4%					
	HB Total			88.0%		87.6%			86.8%			86.2%					
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		90.8%		89.0%			91.6%			88.4%				
	Swansea			91.3%		90.3%			90.9%			87.8%					
	HB Total			91.1%		89.8%			91.2%			88.0%					
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		91.3%		89.3%			92.4%			90.1%				
	Swansea			92.0%		92.0%			90.1%			88.7%					
	HB Total			91.7%		91.0%			91.0%			89.2%					
% children who received MMR vaccination by age 16	NPT	95%	90%		90.1%		94.0%			93.3%			92.6%				
	Swansea			91.2%		90.0%			91.1%			90.1%					
	HB Total			90.8%		91.6%			92.0%			91.0%					
% children who received teenage booster by age 16	NPT	90%	85%		91.6%		90.4%			87.9%			89.3%				
	Swansea			89.9%		90.0%			91.0%			89.2%					
	HB Total			90.6%		90.2%			89.8%			89.2%					
% children who received MenACWY vaccine by age 16	NPT	Improve			92.1%		90.9%			88.1%			89.8%				
	Swansea			91.1%		90.4%			91.3%			90.1%					
	HB Total			91.5%		90.6%			90.0%			90.0%					
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Mental Health Services																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			94%	79%	100%	95%	97%	97%	100%	100%	100%	100%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			58%	41%	48%	40%	40%	34%	22%	28%	27%	29%	18%	40%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			0%	29%	37%	89%	65%	36%	43%	28%	24%	36%	23%	23%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			44%	29%	32%	41%	3%	3%	2%	27%	26%	30%	19%	41%	
% 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%			99%	98%	100%	96%	98%	98%	95%	95%	99%	96%	97%	98%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			1%	100%	82%	35%	0%	64%	50%	39%	67%	78%	51%	51%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			99%	97%	100%	90%	98%	96%	100%	99%	100%	98%	96%	97%	
% 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%			32%	34%	27%	34%	34%	37%	37%	33%	33%	35%	35%	36%	
% 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%			81%	81%	65%	84%	84%	84%	84%	89%	88%	100%	87%	97%	
% 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%			88%	88%	84%	84%	83%	81%	80%	81%	85%	89%	88%	89%	

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	<div>1. In May 2022, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over.</div> <div>2. In May 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 97%.</div> <div>3. 89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in May 2022.</div> <div>4. In May 2022, 99.9% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</div>	<div>1. % Mental Health assessments undertaken within 28 days from receipt of referral</div> <div><table><caption>Data for Measure 1: % assessments within 28 days (> 18 yrs)</caption><thead><tr><th>Month</th><th>% assessments within 28 days (> 18 yrs)</th></tr></thead><tbody><tr><td>May-21</td><td>98%</td></tr><tr><td>Jun-21</td><td>98%</td></tr><tr><td>Jul-21</td><td>98%</td></tr><tr><td>Aug-21</td><td>98%</td></tr><tr><td>Sep-21</td><td>98%</td></tr><tr><td>Oct-21</td><td>98%</td></tr><tr><td>Nov-21</td><td>98%</td></tr><tr><td>Dec-21</td><td>98%</td></tr><tr><td>Jan-22</td><td>98%</td></tr><tr><td>Feb-22</td><td>98%</td></tr><tr><td>Mar-22</td><td>98%</td></tr><tr><td>Apr-22</td><td>98%</td></tr><tr><td>May-22</td><td>98%</td></tr></tbody></table></div> <div>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</div> <div><table><caption>Data for Measure 2: % therapeutic interventions started within 28 days (> 18 yrs)</caption><thead><tr><th>Month</th><th>% therapeutic interventions started within 28 days (> 18 yrs)</th></tr></thead><tbody><tr><td>May-21</td><td>97%</td></tr><tr><td>Jun-21</td><td>97%</td></tr><tr><td>Jul-21</td><td>97%</td></tr><tr><td>Aug-21</td><td>97%</td></tr><tr><td>Sep-21</td><td>97%</td></tr><tr><td>Oct-21</td><td>97%</td></tr><tr><td>Nov-21</td><td>97%</td></tr><tr><td>Dec-21</td><td>97%</td></tr><tr><td>Jan-22</td><td>97%</td></tr><tr><td>Feb-22</td><td>97%</td></tr><tr><td>Mar-22</td><td>97%</td></tr><tr><td>Apr-22</td><td>97%</td></tr><tr><td>May-22</td><td>97%</td></tr></tbody></table></div> <div>3. % residents with a valid Care and Treatment Plan (CTP)</div> <div><table><caption>Data for Measure 3: % patients with valid CTP (> 18 yrs)</caption><thead><tr><th>Month</th><th>% patients with valid CTP (> 18 yrs)</th></tr></thead><tbody><tr><td>May-21</td><td>89%</td></tr><tr><td>Jun-21</td><td>89%</td></tr><tr><td>Jul-21</td><td>89%</td></tr><tr><td>Aug-21</td><td>89%</td></tr><tr><td>Sep-21</td><td>89%</td></tr><tr><td>Oct-21</td><td>89%</td></tr><tr><td>Nov-21</td><td>89%</td></tr><tr><td>Dec-21</td><td>89%</td></tr><tr><td>Jan-22</td><td>89%</td></tr><tr><td>Feb-22</td><td>89%</td></tr><tr><td>Mar-22</td><td>89%</td></tr><tr><td>Apr-22</td><td>89%</td></tr><tr><td>May-22</td><td>89%</td></tr></tbody></table></div> <div>4. % waiting less than 26 weeks for Psychology Therapy</div> <div><table><caption>Data for Measure 4: % waiting less than 26 wks for psychological therapy</caption><thead><tr><th>Month</th><th>% waiting less than 26 wks for psychological therapy</th></tr></thead><tbody><tr><td>May-21</td><td>99.9%</td></tr><tr><td>Jun-21</td><td>99.9%</td></tr><tr><td>Jul-21</td><td>99.9%</td></tr><tr><td>Aug-21</td><td>99.9%</td></tr><tr><td>Sep-21</td><td>99.9%</td></tr><tr><td>Oct-21</td><td>99.9%</td></tr><tr><td>Nov-21</td><td>99.9%</td></tr><tr><td>Dec-21</td><td>99.9%</td></tr><tr><td>Jan-22</td><td>99.9%</td></tr><tr><td>Feb-22</td><td>99.9%</td></tr><tr><td>Mar-22</td><td>99.9%</td></tr><tr><td>Apr-22</td><td>99.9%</td></tr><tr><td>May-22</td><td>99.9%</td></tr></tbody></table></div>	Month	% assessments within 28 days (> 18 yrs)	May-21	98%	Jun-21	98%	Jul-21	98%	Aug-21	98%	Sep-21	98%	Oct-21	98%	Nov-21	98%	Dec-21	98%	Jan-22	98%	Feb-22	98%	Mar-22	98%	Apr-22	98%	May-22	98%	Month	% therapeutic interventions started within 28 days (> 18 yrs)	May-21	97%	Jun-21	97%	Jul-21	97%	Aug-21	97%	Sep-21	97%	Oct-21	97%	Nov-21	97%	Dec-21	97%	Jan-22	97%	Feb-22	97%	Mar-22	97%	Apr-22	97%	May-22	97%	Month	% patients with valid CTP (> 18 yrs)	May-21	89%	Jun-21	89%	Jul-21	89%	Aug-21	89%	Sep-21	89%	Oct-21	89%	Nov-21	89%	Dec-21	89%	Jan-22	89%	Feb-22	89%	Mar-22	89%	Apr-22	89%	May-22	89%	Month	% waiting less than 26 wks for psychological therapy	May-21	99.9%	Jun-21	99.9%	Jul-21	99.9%	Aug-21	99.9%	Sep-21	99.9%	Oct-21	99.9%	Nov-21	99.9%	Dec-21	99.9%	Jan-22	99.9%	Feb-22	99.9%	Mar-22	99.9%	Apr-22	99.9%	May-22	99.9%
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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 May 2022, 100% of CAMHS patients received an assessment within 48 hours.	1. Crisis- assessment within 48 hours
2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 23% of routine assessments were undertaken within 28 days from referral in May 2022 against a target of 80%.	2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days
3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 51% of therapeutic interventions were started within 28 days following assessment by LPMHSS in May 2022.	
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 36% of NDD patients received a diagnostic assessment within 26 weeks in May 2022 against a target of 80%.	4. NDD- assessment within 26 weeks
5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 41% of routine assessments by SCAMHS were undertaken within 28 days in May 2022.	5. S-CAMHS % assessments within 28 days

APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 related	Number of new COVID19 cases*	Local			Jun-22						372
	Number of staff referred for Antigen Testing*	Local			Jun-22						264
	Number of staff awaiting results of COVID19 test*	Local			Jun-22						0
	Number of COVID19 related incidents*	Local			Mar-22						57
	Number of COVID19 related serious incidents*	Local			Jun-22						0
	Number of COVID19 related complaints*	Local			Jun-22						4
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Jun-22						28
	Number of staff self isolated (symptomatic)*	Local			Jun-22						287
	% sickness*	Local			Jun-22						2.4%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Jun-22	568		10			578
	% 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%		Jun-22	54.6%	96.9%				72%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		Jun-22	1,388	2				1,388
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Jun-22	5%					5%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Jun-22	36%					36%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Jun-22	98%					98%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Jun-22	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Jun-22	30%					30%
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		May-22	90.0%					90.0%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		May-22	37.2%					37.2%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		May-22	73.5%					73.5%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		May-22	69.2%					69.2%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		May-22	76.5%					76.5%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Apr-22	70.9%					70.9%
	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		Feb-22	81.4%					81.4%

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	21	Jun-22	3	0	2	11	0	16
	Number of S.aureus bacteraemia cases	National		6	Jun-22	4	1	2	2	0	9
	Number of C.difficile cases	National		9	Jun-22	5	0	2	9	0	16
	Number of Klebsiella cases	National		6	Jun-22	3	0	3	2	0	8
	Number of Aeruginosa cases	National		2	Jun-22	3	0	0	1	0	4
	Compliance with hand hygiene audits	Local	95%		Jun-22	98%	97%	100%	98%	99%	95%
Serious incidents	Number of Nationally Reportable Incidents	Local	12 month reduction trend		Jun-22	0	0	0	2	0	2
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Jun-22						33%
	Number of Never Events	Local	0		Jun-22	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		May-22	30	5	22	39	1	97
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		May-22	2	0	0	10	0	12
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Apr-22						689
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Jun-22	75	32	49	2	14	172
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		May-22						4.45
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		May-22	1.47%	0.03%	0.46%			0.86%

* 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	75%		Jun-22 (Draft)						29%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Jun-22	19,662	4	7,159	1		26,826
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Jun-22	26,574	7	12,438	1		39,760
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Jun-22	1,575		4,437			6,012
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Jun-22		30		609	0	639
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Jun-22						136,435
	Number of patients delayed by over 100% past their target date	National	0		Jun-22						35,114
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Jun-22						61,071
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Jun-22						495
	Number of patients without a documented clinical review date	Local	0		Jun-22						4
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Jun-22	1,194	Now reported under Singleton	1,727	130	11	1,194
	% of patients who would recommend and highly recommend	Local	90%	80%	Jun-22	83%		92%	90%	100%	88%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Jun-22	82%		92%	92%		91%
	Number of new complaints received	Local	12 month reduction trend		Apr-22	54	6	28	16	10	123
	% 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%	Apr-22	83%	83%	57%	94%	70%	76%

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

Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q4 2021/22						95.9%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q4 2021/22						95.8%
	% children who received PCV2 vaccine by age 1		95%	90%	Q4 2021/22						97.2%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q4 2021/22						95.1%
	% children who received MMR1 vaccine by age 2		95%	90%	Q4 2021/22						93.9%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q4 2021/22						93.1%
	% children who received MenB4 vaccine by age 2		95%	90%	Q4 2021/22						93.3%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q4 2021/22						93.3%
	% children who are up to date in schedule by age 4		95%	90%	Q4 2021/22						86.2%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q4 2021/22						88.0%
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q4 2021/22						89.2%
	% children who received MMR vaccination by age 16		95%	90%	Q4 2021/22						91.0%
	% children who received teenage booster by age 16		90%	85%	Q4 2021/22						89.2%
	% children who received MenACWY vaccine by age 16		Improve		Q4 2021/22						90.0%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		May-22						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		May-22						40%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		May-22						23%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		May-22						41%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		May-22					98%	98%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		May-22						51%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		May-22					97%	97%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		May-22					100%	100%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		May-22						36%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		May-22						97%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		May-22					89%	89%

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

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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
COVID19 related measures	Number of new COVID19 cases	Local	Jun-22	372		Reduce					708	1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749	835	286	372
	Number of staff referred for Antigen Testing	Local	Jun-22	17,579		Reduce					12,505	12,872	13,278	13,951	14,475	14,969	15,756	16,447	16,647	16,756	17,158	17,315	17,579
	Number of staff awaiting results of COVID19 test	Local	Jun-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Mar-22	57		Reduce					23	24	36	36	47	53	54	59	55	57			
	Number of COVID19 related serious incidents	Local	Jun-22	0		Reduce					0	0	0	0	1	3	1	0	1	0	0	0	0
	Number of COVID19 related complaints	Local	Jun-22	4		Reduce					16	4	6	3	4	14	20	4	4	10	6	0	4
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					1	1	1	0	0								
	Number of staff self isolated (asymptomatic)	Local	Jun-22	28		Reduce					70	71	115	227	120	65	126	87	43	87	42	29	28
	Number of staff self isolated (symptomatic)	Local	Jun-22	287		Reduce					50	67	114	204	180	120	393	309	204	326	270	125	287
	% sickness	Local	Jun-22	2.4%		Reduce						0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%
Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jun-22	57%	65%	65%	✗	50.8% (Jun-22)	2nd (Jun-22)		67%	64%	59%	50%	44%	52%	46%	51%	54%	48%	53%	56%	57%
	Number of ambulance handovers over one hour	National	Jun-22	578	0			6,282 (Jun-22)	1st (Jun-22)		547	616	726	642	648	670	612	735	678	687	671	538	578
	Handover hours lost over 15 minutes	Local	Jun-22	2920							1,386	1,937	2,443	2,467	3,093	2,461	2,527	3,390	3,110	3,023	3,286	1,892	2,920
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Jun-22	72%	95%			66.4% (Jun-22)	2nd (Jun-22)		72%	75%	75%	73%	72%	73%	70%	73%	72%	71%	73%	74%	72%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Jun-22	1388	0			10,528 (Jun-22)	4th (Jun-22)		880	1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						78.3%	84.8%	86.7%	72.2%	77.8%	52.4%	68.8%	52.9%	81.4%				
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Apr-22	89.0%	12 month ↑			68% (Apr-22)	2nd (Apr-22)		91.0%	91.0%	88.0%	87.0%	88.0%	89.0%	88.0%	89.0%	89.0%	89.0%	89.0%		
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Jun-22	5%	54.0%			14.8% (May-22)	3rd out of 6 organisations (May-22)		28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%
	CT Scan (<1 hrs) (local)	Local	Jun-22	36%							29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Jun-22	98%							100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%
	Thrombolysis door to needle <= 45 mins	Local	Jun-22	0%							33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Jun-22	30%	12 month ↑						41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%
DTCs	Number of mental health HB DTCs	National	Mar-20	13	12 month ↓	27	✓				DTC reporting temporarily suspended												
	Number of non-mental health HB DTCs	National	Mar-20	60	12 month ↓	50	✗				DTC reporting temporarily suspended												

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jun-22	70.8	<67		✗	65.80 (Jun-22)	4th (Jun-22)		89.4	89.4	90.5	86.4	82.2	80.5	77.1	73.8	74.6	73.7	96.5	79.6	70.8
	Number of E.Coli bacteraemia cases (Hospital)		Jun-22	5							5	11	9	9	7	5	5	7	9	4	13	8	5
	Number of E.Coli bacteraemia cases (Community)			11							24	16	25	12	12	17	12	8	17	17	18	13	11
	Total number of E.Coli bacteraemia cases			16							29	27	34	21	19	22	17	15	26	21	31	21	16
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jun-22	41.0	<20		✗	30.24 (Jun-22)	6th (Jun-22)		37.0	36.0	35.5	38.3	40.6	37.2	36.0	36.3	35.8	35.6	43.6	50.5	41.0
	Number of S.aureus bacteraemias cases (Hospital)		Jun-22	7							5	7	8	13	11	1	5	2	7	7	6	9	7
	Number of S.aureus bacteraemias cases (Community)			2							2	4	4	4	7	3	4	11	3	4	7	9	2
	Total number of S.aureus bacteraemias cases			9							7	11	12	17	18	4	9	13	10	11	13	18	9
	Cumulative cases of C.difficile per 100k pop		Jun-22	41.0	<25		✗	32.27 (Jun-22)	5th (Jun-22)		46.2	52.0	55.0	53.2	52.9	53.3	51.3	50.3	49.8	50.1	40.5	36.7	41.0
	Number of C.difficile cases (Hospital)		Jun-22	7							7	16	20	9	10	10	11	11	8	12	11	7	7
	Number of C.difficile cases (Community)			9							6	7	2	5	5	10	1	3	5	6	2	4	9
	Total number of C.difficile cases			16							13	23	22	14	15	20	12	14	13	18	13	11	16
	Cumulative cases of Klebsiella per 100k pop		Jun-22	22.6							26.7	0.0	22.6	24.5	27.1	26.5	26.5	25.3	24.3	24.0	18.7	21.4	22.6
	Number of Klebsiella cases (Hospital)		Jun-22	6							5	2	4	8	8	2	6	5	3	4	4	7	6
	Number of Klebsiella cases (Community)			2							7	1	4	3	5	5	3	0	1	3	2	1	2
	Total number of Klebsiella cases			8				47 Total (Jun-22)	Joint 2nd (Jun-22)		12	3	8	11	13	7	9	5	4	7	6	8	8
	Cumulative cases of Aeruginosa per 100k pop		Jun-22	8.2							6.2	0.0	5.5	5.6	4.8	5.4	6.1	5.8	6.2	6.1	6.2	6.1	8.2
	Number of Aeruginosa cases (Hospital)		Jun-22	3							1	0	1	2	0	3	3	1	2	0	1	1	3
	Number of Aeruginosa cases (Community)			1							1	1	1	0	0	0	1	0	1	2	1	1	1
	Total number of Aeruginosa cases			4				24 Total (Jun-22)	4th (Jun-22)		2	1	2	2	0	3	4	1	3	2	2	2	4
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jun-22	97.8%		95%	✓					96%	95%	95%	96%	97%	92%	96%	95%	96%	93%	96%	96%
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Jun-22	33.0%	90%	80%	✗				0%	33%	0%	-	0%	0%	0%	25%	0%	33%	25%	100%	33%
	Number of new Never Events	National	Jun-22	0	0	0	✓				1	0	0	0	0	1	0	0	2	0	0	1	0
	Number of risks with a score greater than 20	Local	Jun-22	132		12 month ↓	✗				113	104	105	114	118	121	122	129	127	140	140	134	132
	Number of risks with a score greater than 16	Local	Jun-22	264		12 month ↓	✗				219	221	220	240	235	238	241	249	253	271	276	266	264
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	May-22	58		12 month ↓	✓				53	58	53	65	42	43	56	65	53	49	45	58	
	Number of pressure ulcers developed in the community		May-22	39		12 month ↓	✗				21	33	34	39	32	31	55	27	38	56	33	39	
	Total number of pressure ulcers			97		12 month ↓	✗				74	91	87	104	74	74	111	92	91	105	78	97	
	Number of grade 3+ pressure ulcers acquired in hospital			2		12 month ↓	✗				2	3	2	1	1	2	4	9	6	5	3	2	
	Number of grade 3+ pressure ulcers acquired in community		May-22	10		12 month ↓	✗				4	2	8	6	7	8	14	1	15	11	2	10	
	Total number of grade 3+ pressure ulcers		May-22	12		12 month ↓	✗				6	5	10	7	8	10	18	10	21	16	5	12	
Inpatient Falls	Number of Inpatient Falls	Local	Jun-22	172		12 month ↓	✓				174	193	198	207	240	213	208	196	199	209	190	182	172

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✓				98.6%	97.6%	93.0%	98.0%	96.8%	98.5%	96.1%	96.1%	97.2%				
	Stage 2 mortality reviews required	Local	Feb-22	7							12	7	17	10	16	10	6	7	7				
	% stage 2 mortality reviews completed	Local	Nov-21	50.00%		100%	✗				25.0%	42.9%	50.0%	81.8%	75.0%	50.0%							
	Crude hospital mortality rate (74 years of age or less)	National	May-22	0.86%	12 month ↓						1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jun-22	94%		98%	✗				95.0%	89.7%	91.7%	91.6%	93.8%	92.2%	89.1%	93.4%	92.3%	96.9%	95.7%	93.9%	93.7%
Coding	% of episodes clinically coded within 1 month of discharge	Local	May-22	68%	95%	95%	✗				89%	90%	94%	90%	92%	76%	84%	86%	95%	81%	44%	68%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Jun-22	64%		100%	✗				69%	62%	62%	68%	61%	63%	62%	61%	65%	63%	60%	66%	64%
Work force	Agency spend as a % of the total pay bill	National	Mar-22	10.20%	12 month ↓			8.5% (Mar-22)	7th out of 10 organisations (Mar-22)		4.4%	5.1%	3.9%	5.1%	5.5%	5.9%	5.7%	5.7%	6.2%	10.2%			
	Overall staff engagement score – scale score method	National	2020	75%	Improvement			75% (2020)	6th out of 10 organisations (2020)														
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jun-22	55%	85%	85%	✗	57.2% (Mar-22)	9th out of 10 organisations (Mar-22)		65%	60%	60%	58%	56%	55%	57%	56%	56%	56%	56%	56%	55%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Jun-22	80%	85%	85%	✗	79.0% (Mar-22)	6th out of 10 organisations (Mar-22)		81%	81%	81%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% workforce sickness absence (12 month rolling)	National	May-22	8.20%	12 month ↓			6.89% (Mar-22)	9th out of 10 organisations (Mar-22)		6.91%	6.99%	7.11%	7.29%	7.44%	7.44%	7.33%	7.43%	7.58%	7.82%	8.11%	8.20%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2020	67.1%	Improvement			67.8% (2020)	7th out of 10 organisations (2020)														
Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Jun-22	11.5%	4 quarter ↓						10.2%	11.4%	11.0%	11.5%	11.4%	10.5%	11.1%	10.8%	10.7%	11.1%	9.8%	10.9%	11.5%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jun-22	29.4%	12 month ↑			53.0% (May-22)	5th out of 6 organisations (May-22)		66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	29.4%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Jun-22	51%	80%		✗				31%	60%	57%	58%	37%	30%	37%	48%	51%	70%	63%	36%	51%
	Scheduled (28 Day Target)	Local	Jun-22	93%	100%		✗				70%	84%	91%	89%	84%	61%	78%	82%	91%	95%	94%	88%	93%
	Urgent SC (7 Day Target)	Local	Jun-22	43%	80%		✗				45%	46%	55%	22%	30%	60%	37%	57%	60%	57%	62%	44%	43%
	Urgent SC (14 Day Target)	Local	Jun-22	100%	100%		✓				87%	77%	95%	76%	90%	100%	87%	97%	100%	100%	96%	94%	100%
	Emergency (within 1 day)	Local	Jun-22	88%	80%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	85%	100%	100%	88%
	Emergency (within 2 days)	Local	Jun-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	Jun-22	91%	80%		✓				91%	90%	94%	81%	83%	79%	92%	90%	94%	90%	93%	95%	91%
	Elective Delay (28 Day Target)	Local	Jun-22	97%	100%		✗				95%	97%	97%	97%	94%	86%	100%	94%	100%	100%	96%	98%	97%

Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jun-22	6,012	0			45,311 (May-22)	4th (May-22)		5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012
	Number of patients waiting > 14 weeks for a specified therapy	National	Jun-22	609	0			13,067 (May-22)	3rd (May-22)		171	151	186	320	414	629	885	1,028	926	820	679	614	609
	% of patients waiting < 26 weeks for treatment	National	Jun-22	51%	95%			53.9% (May-22)	6th (May-22)		50.7%	51.5%	51.9%	52.0%	51.6%	51.3%	50.5%	50.4%	50.1%	50.7%	50.4%	50.4%	50.8%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jun-22	26,826	0						23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826
	Number of patients waiting > 36 weeks for treatment	National	Jun-22	39,760	0			260,859 (May-22)	4th (May-22)		35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760
	The number of patients waiting for a follow-up outpatient appointment	National	Jun-22	136,435	HB target TBC						127,444	130,208	127,391	130,963	131,554	129,255	131,403	131,848	132,036	133,772	135,471	135,879	136,435
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jun-22	35,114				199,843 (May-22)	5th (May-22)		30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Jun-22	64%	95%			64.4% (May-22)	4th (May-22)		62.1%	62.2%	59.5%	55.9%	58.9%	62.1%	61.2%	59.8%	58.5%	59.4%	60.8%	63.3%	63.7%
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jun-22	7.1%	12 month ↓						6.5%	6.5%	6.4%	7.2%	7.7%	7.0%	6.3%	6.3%	6.0%	6.7%	6.8%	6.3%	7.1%
	% of patients who did not attend a follow-up outpatient appointment	Local	Jun-22	6.8%	12 month ↓						5.5%	7.5%	7.5%	7.6%	7.8%	7.0%	6.4%	6.6%	6.4%	6.5%	7.0%	6.5%	6.8%
Theatre Efficiencies	Theatre Utilisation rates	Local	Jun-22	81.0%		90%	✖				77%	72%	69%	72%	66%	67%	62%	74%	71%	72%	71%	78%	81%
	% of theatre sessions starting late	Local	Jun-22	43.0%		<25%	✖				43%	44%	44%	42%	46%	43%	40%	43%	43%	39%	39%	46%	43%
	% of theatre sessions finishing early	Local	Jun-22	43.0%		<20%	✖				43%	48%	46%	46%	50%	48%	48%	48%	43%	45%	47%	43%	43%
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200																			
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AwMSG appraisals	National	Q3 21/22	99.1%	100%	100%	✖	98.8% (Q3 21/22)	3rd out of 6 organisations (Q3 21/22)		99.0%			99.1%			99.1%						
Patient experience	Total antibacterial items per 1,000 STAR-PU's	National	Q3 21/22	324.7	4 quarter ↓			302.6 (Q3 21/22)	6th (Q3 21/22)		249.7			277.6			324.7						
	Patients aged 65 years or over prescribed an antipsychotic	National	Q3 21/22	1,466	Quarter on quarter ↓			10,312 (Q3 21/22)	5th (Q3 21/22)		1,641			1,476			1,466						
	Opioid average daily quantities per 1,000 patients	National	Q3 21/22	4,472	4 quarter ↓			4546.6 (Q3 21/22)	3rd (Q3 21/22)		4,378.2			4,412			4,472						
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)		79.9%			80.8%			82.1%						
	Number of friends and family surveys completed	Local	Jun-22	3,292		12 month ↑	✔				3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292
	% of who would recommend and highly recommend	Local	Jun-22	88%		90%	✖				97%	92%	92%	92%	92%	94%	93%	92%	90%	90%	89%	90%	88%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jun-22	91%		90%	✔				96%	95%	92%	96%	93%	93%	96%	93%	91%	91%	89%	91%	91%
Complaints	Number of new formal complaints received	Local	Apr-22	123		12 month trend ↓	✖				159	139	115	115	134	159	115	124	139	156	123		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Apr-22	76%	75%	80%	✔	67.2% (Q4 20/21)	3rd (Q4 20/21)		68%	69%	83%	75%	67%	69%	68%	63%	64%	65%	76%		
	% of acknowledgements sent within 2 working days	Local	Apr-22	100%		100%	✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

Harm from wider societal actions/lockdown																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2020/21	35.6%	Annual ↑			36.8% (2020/21)	5th (2020/21)														
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 21/22	95.9%	95%			95.9% (Q3 21/22)	3rd (Q3 21/22)		95.7%			96.2%			96.1%			95.9%			
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 21/22	88.0%	95%			90.0% (Q3 21/22)	3rd (Q3 21/22)		91.1%			89.8%			91.2%			88.0%			
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q3 21/22	313.3	4 quarter ↓			378.6 (Q3 21/22)	1st (Q3 21/22)		370.7			362.2			313.3						
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q3 21/22	63.6%	4 quarter ↑			69.0% (Q3 21/22)	5th (Q3 21/22)		31.8%			73.7%			63.6%			66.7%			
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-22	78.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2021				58.7%	74.8%	76.9%	78.2%	78.5%	78.5%	Data collection restarts October 2022		
	% uptake of influenza among under 65s in risk groups	National	Mar-22	48.8%	55%			48.2% (Mar-22)	4th (Mar-22)						26.0%	40.8%	44.9%	47.3%	48.6%	48.8%			
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)						Data not available								
	% uptake of influenza among children 2 to 3 years old	Local	Mar-22	44.6%	50%			47.6% (Mar-22)	5th (Mar-22)						22.0%	37.7%	41.5%	43.2%	44.8%	44.6%			
	% uptake of influenza among healthcare workers	National	Mar-22	53.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)						48.6%	50.8%	52.7%	52.7%	53.6%	53.6%			
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	May-22	100%		100%	✔				94%	79%	100%	95%	97%	97%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	May-22	36%	80%	80%	✘	37.6% (May-22)	5th (May-22)		32%	34%	27%	34%	34%	37%	37%	33%	33%	35%	35%	36%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	May-22	40%	80%	80%	✘	50.0% (May-22)	4th (May-22)		58%	41%	48%	40%	40%	34%	22%	28%	27%	29%	18%	40%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	May-22	23%		80%	✘	58.2% (May-22)	7th (May-22)		0%	29%	37%	89%	65%	36%	43%	28%	24%	36%	23%	23%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	May-22	51%		80%	✘	45.1% (May-22)	2nd (May-22)		1%	100%	82%	35%	0%	64%	50%	39%	67%	78%	51%	51%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	May-22	41%		80%	✘				44%	29%	32%	41%	3%	3%	2%	27%	26%	30%	19%	41%	
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	May-22	97%		90%	✔	76.9% (May-22)	2nd (May-22)		81%	81%	65%	84%	84%	84%	84%	89%	88%	100%	87%	97%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	May-22	98%	80%	80%	✔	74.0% (May-22)	1st (May-22)		99%	98%	100%	96%	98%	98%	95%	95%	99%	96%	97%	98%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	May-22	97%	80%	80%	✔	67.6% (May-22)	2nd (May-22)		99%	97%	100%	90%	98%	96%	100%	99%	100%	98%	96%	97%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	May-22	100%	95%	95%	✔	72.6% (May-22)	1st (May-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	May-22	89%	90%	90%	✘	85.7% (May-22)	2nd (May-22)		88%	88%	84%	84%	83%	81%	80%	81%	85%	89%	88%	89%	
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)														
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)														

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
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Heads of Information

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Guidelines for Managing Patients on the Suspected Cancer Pathway

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Overview

Document Summary

This document provides guidelines relating to the management of patients on a suspected cancer pathway and the reporting of performance against the cancer target. Any queries relating to the management and reporting of cancer waiting times should be sent to singlecancerpathway@wales.nhs.uk. Operational issues will be addressed at the Cancer Operational Managers Group. Any queries that require clinical input should be submitted to the relevant Clinical Reference Group: WCN.CancerSiteGroups@wales.nhs.uk. The Wales Cancer Network will maintain a log of queries and responses. This guidance will be reviewed at least annually.

This updated guidance (June 2022):

- Updates the definitions of first definitive treatment and what procedures constitute a clock stop
- Clarifies which treatments are considered enabling and therefore do not stop the clock
- Updates references and weblinks
- Clarifies clinical roles with reference to monitoring patient delays

Background

1. In December 2020, a major change to the management of suspected cancer patients was introduced. A single, 62-day Suspected Cancer Pathway (SCP) was introduced, replacing the Urgent Suspected Cancer and the non-Urgent Suspected Cancer pathways. Further information can be found at: [Wales Cancer Network - Single cancer pathway](#)
2. The achievement of the cancer target is the responsibility of NHS Wales as set out in the [quality statement for cancer](#). The underlying principle of the suspected cancer pathway is that patients should receive excellent care without delay.
3. This document sets out the rules to ensure that each patient's pathway waiting time is consistent and unnecessary delay does not occur as patients pass between clinical teams and organisations.

4. This document supersedes all previous guidance.

Cancer Waiting Time Target Definitions

5. The waiting time for patients on the SCP starts at the point at which cancer is suspected (See Point of Suspicion (POS)¹ guidelines) and ends at the start of [first definitive treatment](#).
6. The performance target for the SCP from December 2020 is that at least 75% of patients start their first definitive treatment within 62 days of the point of suspicion.

Guiding Principles

7. NHS organisations should apply cancer waiting times in a consistent and fair manner.
8. Patients should be managed with the aim of starting treatment at the earliest clinically appropriate time.
9. The performance threshold allows for patients who choose to delay their pathway as well as delays caused by clinical reasons or delays caused by highly complex pathways.
10. There are a number of key principles which underpin the waiting times rules and apply to the cancer target. These principles apply to all interactions with patients and must be considered in the formation of all waiting times and access policies and procedures.

Do only what is needed and do no harm

11. All patients should wait the shortest possible time for diagnosis and treatment.

¹ See Annex 1

Care for those with the greatest health need first

12. Clinical need should dictate the appropriate waiting time for any cancer pathway and the prioritisation of available capacity. The cancer waiting time target should not distort clinical urgency.

Public and professionals are equal partners through co-production

13. The concept of an NHS/patient 'contract' around the delivery of waiting times is implicit and reflected in the definitions below. Both parties have rights and responsibilities within the arrangement. The NHS will be required to deliver high quality care within the target time and enable patients to make informed choices about their treatment options. Patients will be expected to make themselves available for appointments within reasonable timescales and at sites where the service is delivered.
14. When a patient is removed from a pathway for reasons other than treatment, both the patient and referrer must be fully informed of the reasons behind this decision and any requirements for re-instatement. This must be fully documented on the patients notes.

Reduce inappropriate variation through evidenced based approaches

15. Local pathways should comply with the nationally optimised pathways (where these are available) and waiting time guidance. Health boards should monitor and address unwarranted variation in pathway delivery.

Scope of the targets

16. The CWT applies to patients with a newly diagnosed cancer, including patients who first present with metastatic cancer.

17. When a patient is diagnosed with a second new cancer, which is not a recurrence, then the cancer targets will apply to the treatment of this second cancer as a new primary cancer. This includes Squamous Cell Carcinoma².
18. Treatment for recurrence of cancer (i.e. a recurrence of the original primary cancer at a secondary site) is excluded from the CWT targets but will still be recorded in NHS Wales systems.
19. All patients under 16 years at date of referral should be grouped as children's cancer; all others are grouped as adults.
20. The target applies to all patients referred and treated in NHS Wales. It includes independent providers contracted by NHS bodies for cancer investigation and treatment regardless of route to diagnosis.
21. Those patients who are referred from NHS Wales secondary care to have their further investigation, and/or first definitive treatment undertaken outside of NHS Wales must be included in cancer waiting times reporting but those referred directly from primary care will not.
22. Those patients who are referred direct to secondary care outside of NHS Wales with suspected cancer for further consultation, further investigation, and/or first definitive treatment are not included in cancer waiting times unless they are treated in Wales. The target does not apply to Welsh residents who access independent healthcare themselves or who are referred directly to independent healthcare providers by their GP.
23. Where a patient is initially seen by a specialist privately, but is then referred into NHS Wales for further consultation, further investigation, and/or first definitive treatment, the patient should be included under the SCP pathway reporting, at the point of that referral to the NHS. The point of suspicion is therefore the date of referral into the NHS.

² Previously only the first instance of SCC would be included in cancer waiting times reporting. Now all instances of SCC primaries should be included.

24. Where a patient is initially seen by the NHS but then chooses to have diagnostics privately and return to the NHS for treatment, the NHS must communicate with the patient that their pathway will be closed from the date the patient informs them they wish to have diagnostics privately and a new pathway opened when they then inform the health board they are ready to restart their NHS pathway.

Clinical responsibilities

25. Clinicians should aim to comply with national waiting time policies for cancer when delivering cancer pathways and work with cancer managers to improve the efficiency of pathways.
26. Healthcare professionals must be aware of national requirements and organisational policies in respect of waiting times. Clinicians should apply their judgement to the prioritisation of the available healthcare resource according to the clinical urgency of those waiting on the suspected cancer pathway and those waiting on non-cancer pathways. They need to be actively aware of their own current waiting times and use this to discuss options and potential waits for their patients along their pathway
27. Clinicians should ensure that their actions promote the principle of patients waiting the shortest possible clinically appropriate time for treatment.
28. Clinicians should work as a multi-disciplinary team in the management of patients but should not allow the timing of MDT meetings to unnecessarily delay treatment.
29. Clinicians should aim to comply with nationally optimised cancer pathways, recommended clinical practice and standardised treatment regimens unless contraindicated, contrary to patient choice or part of a research trial.
30. Clinicians must make contemporaneous records of discussions and decisions and include reasons for deviations from recommended clinical practice in the patient's clinical record. Decisions should be made in a timely manner, and any onward referrals be completed promptly, according to

local/national guidelines and optimal pathways, and include adequate information to allow the receiving clinician to initiate appropriate interventions with the minimum of delay. Referrers must ensure that the patient is aware and is in agreement for a suspected cancer referral to be made.

31. Clinicians must ensure patients are kept up to date about their care pathway and are supported to make individualised choices about their treatment.
32. Clinicians should consider the value of interventions and discuss with the patient the likely outcome of treatment options.
33. Clinicians are responsible for monitoring patients on a cancer pathway to ensure that those affected by delays or long waits are not coming to harm. If a clinician has a suspicion that a patient may have, or be at risk of, coming to harm due to delays to the pathway it is their responsibility to raise that concern through the once for Wales concerns system.
34. Clinicians in secondary and tertiary care must ensure that all decisions relating to a patient's care or treatment are communicated to the patient and their primary care clinician in a timely manner and within 24 hours for diagnosis.
35. Clinicians must ensure that the clinical intention of any intervention such as tests or treatment is clear to patients, and whether it is just a stage of the agreed pathway or considered start of first definitive treatment and as such ends the pathway.

Pathway Start

36. The suspected cancer pathway begins at the point of suspicion of cancer (see Point of Suspicion (POS)³ guidelines).

³ See Annex1

Referrals

37. When a patient is referred from primary care (including optometry and dentistry) the pathway will start on the date the referral is made.
38. The referrer needs to communicate to the patient that they are being referred with suspected cancer (as per national guidance) and inform them of the urgency of the subsequent investigations; contact details should be validated and included in the referral.
39. When two cancers are concurrently referred into secondary care, they both remain on the SCP pathway as two separate cancer pathways.
40. When a patient is referred on suspicion of one cancer but during that period of care is diagnosed with another cancer (i.e. incidental finding) of greater clinical priority, the one with greater clinical priority will be treated first, but both pathways remain open.

An example of this would be if a patient was referred in with suspected colorectal cancer and while on this pathway is then admitted via accident and emergency department with haemoptysis and is diagnosed with lung cancer. The lung cancer is determined by the teams as the clinical priority therefore this pathway will continue to treatment first. The colorectal pathway may be closed while the patient receives treatment for the lung cancer if this means that the patient is unavailable for a period of 2 or more months and a new colorectal pathway started when the patient is available again.

41. If a patient is referred as a 'suspected cancer' but downgraded at vetting or outpatient appointment and is then subsequently found to have cancer following investigation such as biopsy, the original date of referral is the point of suspicion.

42. If a patient is started on a SCP within one cancer site group but following investigation results indicate the diagnosis⁴ falls under a different cancer site group, the 'point of suspicion' date should remain unchanged from the original referral date.
43. Referrers should seek the consent of the patient to be contacted by the health board by such means as text, email, video-call or telephone and indicate if consent is given for this, and this should be included within the referral information.
44. The NHS must ensure that patients are seen by the most appropriate individual once the referral has been received and accepted.
45. The NHS should provide up-to-date information to patients relating to the pathway that will be followed, the likely waiting time and the locations the service will be delivered from. Discussions should also be supported by written information for patients either provided during consultation or by signposting where they can get additional information. Health boards should have systems in place to keep this information up-to-date and available to referrers.
46. When a referral is made to a clinician or specialty which does not treat this condition but is treated by another clinician or speciality within the health board, the health board has the responsibility to direct the referral to the correct clinician / clinical team and the pathway does not stop.
47. When the NHS directs a referral to the wrong team, the clinician receiving the referral is responsible for forwarding on the referral at the earliest possible time to the appropriate clinician and the waiting time does not stop during this time.
48. If the referral has insufficient information to enable a clinical decision to be made, it should be returned to the referrer for completion with guidance on

⁴ So long as the original symptoms relate to the diagnosis and are not an incidental finding which would start a new pathway (see example in Appendix 2).

what is required. The waiting time clock will continue whilst the information is obtained.

49. Secondary care should work with primary care to ensure good quality information flows between the two teams to support effective patient referral practice and joined up care.
50. When the patient transfers between organisations or teams, it is the responsibility of the referrer to provide the correct pathway start date (PSD). The onward referral of patients should be standardised with the requirement that the PSD is provided by the referring consultant on the referral.
51. The receiving organisation must ensure that the clinically communicated PSD is correctly used and captured in the patient administration system (PAS).
52. A referral is designated as a suspected cancer pathway when a suspicion of cancer is stated by the referrer and confirmed by the specialist initially receiving the referral. The pathway start is defined in the POS document⁵.
53. A cancer pathway referral should be made quickly and safely, e-referral being the preferred method. The cancer targets will still apply to a referral received via another route.
54. A referral which has not been made as a suspected cancer pathway (e.g. routine referral) may be subsequently upgraded to a suspected cancer pathway by the receiving specialist when reviewing the referral information. The pathway start date is defined in the POS document.
55. If new information is presented and/or primary care request an upgrade of a routine referral to a suspected cancer pathway due to new symptoms, the SCP commences from the date the upgrade is requested.
56. A referral may be downgraded by the specialist when reviewing the referral information. The 26-week RTT target will then apply from the point the

⁵ See annex 1

referral was received in secondary care. This decision and the reasons should be communicated to the referrer. (See also point 42)

Booking processes

57. The focus of the booking interaction should be on offering the first available date(s), in response to the clinical urgency of the pathway. Patient's needs should always be considered as much as possible.
58. Patients should be offered appointments at any location providing the required service, preferably at a venue that is nearest to their home. Venues that are some distance from the patient's home will be considered reasonable if this was explained to the patient when they were referred.
59. All dates offered must be recorded and available for subsequent audit. If the required information is not recorded, it will be considered that no reasonable offer has occurred.
60. All patient appointments should be booked using a patient-focused booking approach. The booking processes used by health boards need to be clearly communicated to patients at referral to ensure patients are clear on their role in agreeing dates in keeping with the principles of co-production. This must be adhered to, even when the organisation does not hold complete contact details for the patient.
61. Where a fully automated model is utilised, and the health board contacts the patient offering a date the health board should have a process in place to allow the patient to play an active role in changing the appointment if it is not mutually agreeable. Whenever possible, organisations should ensure that patients are treated in turn, allowing for considerations of clinical priority (see section on direct booking).
62. Each attempt to contact the patient under the booking processes must be recorded and made available for subsequent audit.

Direct booking

63. Direct booking can take place in two ways. An appointment/test can either be booked in a face-to-face or virtual interaction with the patient or through a direct dialogue with the patient, phone/email and or text.
64. Under the direct booking process, if the appointment is being made by telephone the health board should make at least two attempts to contact the patient. These telephone calls must take place on different days, and at least one must be outside normal working hours (Monday - Friday 9-5pm). If contact is not made with the patient, then the health board should follow up with an alternative method of contact such as e-mail, text or in writing.

Inability to contact a patient

65. It is important that health boards make it clear to patients their responsibility to make themselves reasonably available for treatment and in the interest of co-production that their contact details are correct/up-to-date. Where a health board is unable to contact a patient, it is only appropriate to remove that patient from the waiting list following significant effort to contact them. All attempts to contact the patient should be recorded for audit purposes.
66. Significant effort involves at least two attempts to contact via phone on different days, at least one attempt must be outside of normal working hours (Mon-Fri 9-5). Written contact should also be sought where there is no response from the two telephone contacts. This should be followed up by a final reminder letter to the patient and referrer outlining the need and urgency for the patient to make contact with the health board and the consequences of not responding, as in removal from the waiting list.
67. If the patient has not responded to the attempted initial contact within two weeks, a letter should then be sent to the patient and referrer outlining that the patient is at risk of being removed from the pathway and clarity is needed as to whether the appointment/test is still required. If within two weeks from this, no contact is made by patient or referrer, then the patient can be removed.

68. If a patient subsequently makes contact with the health board following removal from the waiting list, they will be restarted on the CWT target with a new pathway, with the new pathway starting on the date contact is made. This should be communicated with the patient and referrer for clarity on CWT targets.

Refusal of a reasonable offer

69. If the patient declares themselves as unavailable for the time period in which the offers are being made, and this is over 60 consecutive days, then they should be informed their pathway will stop and a new pathway started when they declare themselves available.

Could not attend (CNA)

70. It is the health board's responsibility to communicate to the patient the need for and the urgency of their appointment as well as explaining the responsibility of the patient to make themselves available.
71. A CNA occurs when the patient gives prior notice of their inability to attend an appointment. A patient may give notice up to and including the day but prior to the actual time of the appointment.
72. Patients who have not kept an appointment at any stage along the pathway and have not notified the organisation in advance are identified as 'did not attend' (DNA).
73. If a patient CNA's within any stage of the pathway, a new appointment must be made as near to the date the patient states they are next available.
74. If a patient makes themselves unavailable for a period of 60 consecutive days or more, they will be removed from the pathway and informed their pathway will be stopped and a new pathway started when they re-contact the health board to resume.

Did not attend (DNA)

- 75. If the patient does not attend an appointment without giving notice, the patient should be contacted to re-arrange the appointment.
- 76. If the patient DNA's for the same appointment on two occasions, the clinician must decide whether to discharge the patient back to primary care or attempt to re-engage by communicating to the patient the need for and the urgency of their appointment, as well as explaining the responsibility of the patient to make themselves available. If discharged back to primary care the roles and responsibilities of the patient must be made explicit before re-referring into secondary care.

Attendance outcomes

(Example scenarios are available in appendix 2)

- 77. An outcome must be recorded within the information system for every decision point in the pathway, whether the patient is present or not.
- 78. The defined outcome will fall into three categories: clock start, continue or stop.
- 79. Health boards need to ensure 100% compliance with outcome coding after any patient interaction, either face-to-face or virtual, to reduce the need for validation of activity.
- 80. CWT pathways are reported based on closed completed pathways, and no adjustments (see below) are to be made to the patient pathway.

Pathway continue outcomes

- 81. A pathway continued outcome is used to define decision points along the pathway where the current pathway status will continue. Within a CWT pathway, the pathway continues until a clinical decision to stop is reached. This may be that the patient is found not to have cancer, the treatment begins, the patient refuses treatment or dies.

- 82. If an appointment is cancelled by the organisation, the pathway will continue, and a new appointment must be booked as soon as possible.
- 83. All referrals within a cancer pathway to diagnostic tests, therapy services or anaesthetic assessment will continue the pathway.
- 84. When a patient is referred from an NHS organisation to an independent sector organisation as part of their NHS pathway, the pathway will continue.
- 85. Where responsibility for a patient's care is transferred between consultants for the same condition, the pathway will continue.
- 86. Where a patient's care takes place across more than one organisation the cancer pathway continues, whether the responsibility for care is transferred to a new consultant or not.

Pathway Stop

- 87. If a patient is unavailable (for medical or social reasons) to move on to the next stage of the pathway for a period of 60 consecutive days or more, the pathway will be stopped. When the patient is available and ready to resume diagnostics/treatments a new pathway will start on the date the patient makes contact with the health board.
- 88. When the pathway is stopped due to medical reasons, health boards must have in place robust mechanisms to document the reason for the pathway closure. A plan must be in place with the aim that as soon as the patient is declared medically fit they are able to start a new pathway.

Examples where patients may be medically unavailable to proceed for a period of 60 consecutive days or more includes cardiac event or pulmonary embolism. It is a clinical decision whether the patient is medically available or not.

First Definitive Treatment (FDT)

89. FDT is defined as the start of the initial intervention (treatment) aimed at removing or eradicating the patient's cancer completely or reducing tumour bulk and stabilising their symptoms. FDT stops the suspected cancer pathway.
90. If FDT is surgery, the pathway will stop after the surgical procedure has taken place, whether done on an inpatient or day case basis.
91. If FDT is chemotherapy and / or anti-cancer treatment, including hormone / endocrine / immunotherapy, the pathway will stop on the date that the first dose of the drug is administered to the patient, or the date on which the prescription of the drug is dispensed to the patient if self-administered.
92. If FDT is radiotherapy, the pathway will stop on the date that the first fraction of radiotherapy for this prescription is administered to the patient.
93. If FDT is specialist palliative care, the pathway will stop on the date of the first treatment/support meeting.
94. A purely diagnostic procedure, including biopsies, does not count as treatment unless the tumour is effectively removed by the procedure. If an excision biopsy is therapeutic in intent, that is, the intention is to remove the tumour, then this will count as FDT, irrespective of whether the margins were clear.
95. First treatment refers to the FDT and may not necessarily be the first planned treatment decided upon by the multi-disciplinary team.
96. It has been clinically agreed that for cancer pathways it is the start of treatment on a clinical trial that is the FDT point, not the agreement of the patient to join a trial. This should be closely reviewed by health boards to ensure that delay due to trials is not a factor.

New pathway start

97. If a new referral from primary care is made for a patient or the discovery of a new primary cancer while on a cancer pathway, then a new pathway would start but only where this is found to be a new primary cancer as opposed to secondary or a recurrence.
98. If a patient is not diagnosed with cancer following initial investigation but is placed on a watch and wait list and on review is discovered to now require treatment, a new pathway will be started. See watch and wait example in appendix 2.

Please note, this is not the same as active surveillance⁶. Active surveillance is for patients who have a cancer diagnosis confirmed.

Communicating the diagnosis to a patient

99. All diagnoses of cancers should be made through direct (either face-to-face, by phone or video) communication with the patient, unless otherwise explicitly agreed with the patient.
100. Reasonable forms of communication with patients to confirm cancer has been ruled out include:
- direct communication with the patient, over phone, video or similar.
 - written communication by letter, or by email.
 - face-to-face communication at an outpatient appointment.
101. Where direct communication is not possible due to the patient not having the mental capacity to understand a diagnosis, either temporarily or permanently, communication to the patient's recognised carer or a

⁶ Active Surveillance: A treatment plan that involves closely watching a patient's condition but not giving any treatment unless there are changes in test results that show the condition is getting worse. Active surveillance may be used to avoid or delay the need for treatments such as radiation therapy or surgery, which can cause side effects or other problems. During active surveillance, certain exams and tests are done on a regular schedule. It may be used in the treatment of certain types of cancer, such as prostate cancer, urethral cancer, and intraocular (eye) melanoma. It is a type of expectant management.

parent/guardian should be recorded in the same way as if the patient was told directly.

Examples where this could apply are: -

- Potentially patients with advanced dementia
- Patient who is unconscious
- A child where they are too young to understand the diagnosis.

This would not be appropriate where it is not possible to contact a patient.

102. Providers should ensure that communication is easy to understand, and that support is available to patients who would like further information. Providers should undertake audits of their communication practice to ensure that letters/emails are being received and understood by patients. An accurate record of all communication as confirmed by the patient must be maintained in the patient record.

Recording and reporting

Reporting formats

103. All waiting times must be reported according to the requirements of the [NHS Wales Data Dictionary](#). Organisations must consult the data dictionary for details of required formats, fields, timescales and routes of reporting.
104. Health boards must ensure that appropriate systems are in place to capture the information necessary to meet the requirements for reporting.
105. All patients who are not treated within the target should have an internal breach report completed detailing their pathway journey and outlining the lessons learnt and remedial actions taken within the health board. All patients who have waited too long from POS for their treatment and are suspected of coming to harm should be reported through the National Reportable Incident and local 'putting things right' policies followed. Health boards will undertake a breach review on those patients not treated within

62 days and those suspected of coming to harm should have a clinical review undertaken.

Accountability for monitoring and reporting CWT

106. The health board receiving and accepting the patient's initial referral or request for test is responsible for reporting the patient's CWT. If a Cardiff resident is referred to Cwm Taf Morgannwg (CTM) for suspicion and CTM accept that referral, then CTM will be responsible for reporting. However, if a CTM patient is referred and accepted by CTM for suspected cancer, but their treatment takes place in Cardiff, then the responsibility for reporting remains with CTM. The health board that accepts the initial referral is responsible for reporting the completed pathway. Powys residents will all be referred to another health board, it is the receiving health board that will report that wait.
107. All health boards involved in the diagnosis and treatment of the patient are responsible for monitoring the patient's pathway and making the data available to the reporting health board.
108. When the patient's cancer pathway involves more than one organisation or information system, health boards must ensure that appropriate information is communicated and shared in a timely fashion and CWT pathways are measured accurately, particularly when the pathway continues from referral through to investigation and treatment, (e.g., when a specific tumour such as pancreatic or sarcoma is managed by a regional service).
109. When NHS activity is commissioned from an independent sector provider (non NHS), the health board commissioning the pathway is accountable for the monitoring and reporting of that patient's pathway. Health boards must ensure that communication protocols are utilised so that appropriate information is shared, and the CWT's are measured accurately.
110. When a referral is made to an English NHS provider, the English NHS provider is accountable for the monitoring of that patient's pathway. English NHS providers must ensure that communication protocols are utilised so

that appropriate information is shared, and CWT's are measured accurately. The Welsh targets need to be communicated as part of any contracts with other NHS providers. It is the responsibility of the commissioning Welsh health board to ensure they have processes in place to monitor and performance manage their contracts for cancer provision, ensuring targets are met. All patients referred for treatment outside NHS Wales from secondary care will be included in CWT reporting.

Accountability for performance

111. When the patient's CWT is managed entirely within a single health board, the accountability for performance against the targets lies with that health board.
112. When the patient's CWT involves more than one health board, the health board that received the patient's initial referral is accountable for performance against the CWT targets.
113. When NHS activity is commissioned from an independent sector provider or trust, the accountability lies with the health board commissioning the activity to monitor the patient's waiting times. The commissioning health board will need to ensure data is shared with the reporting health board, if different, as the reporting of the patient's pathway remains with the health board who received the original patient referral.
114. Where NHS activity is commissioned from outside NHS Wales, the accountability for managing the patient's wait lies with the health board commissioning the activity. The commissioning health board will need to ensure data is shared with the reporting health board, if different, as the reporting of the patient's pathway remains with the health board who received the original patient referral.
115. Those patients who are referred direct to secondary care outside of NHS Wales with suspected cancer for further consultation, further investigation, and/or first definitive treatment are not included in cancer waiting times unless they are treated in Wales.

116. Where the patient pathway is commissioned by Welsh Health Specialised Services Committee (WHSSC), the accountability for performance against the targets lies with the health boards on whose behalf WHSSC is commissioning.

Appendix 1:

Suspected Cancer Pathway Definitions – pathway start date

Version	9.0
Date	1 December 2020

Purpose of the Document

This document outlines the requirements for identifying the pathway start date when measuring CWT on a Suspected Cancer Pathway (SCP). This supercedes all previous versions.

The Suspected Cancer Pathway (SCP): The SCP will measure CWT from the point of suspicion of cancer. This will ensure that all patients are treated as soon as safely possible from when first suspected of cancer. No patients should wait longer than 62 days. It is fundamental that the patient remains at the centre of the pathway, and the pathway system is in the interests of each patient.

The SCP will better describe the journey from when a clinician first suspects a person has cancer through diagnosis to when they first receive treatment. A more accurate picture of the experiences of all cancer patients will drive continuous improvement in the way their care is delivered and speed up treatment times. It also provides improved opportunity to standardise prehabilitation and supportive care services.

For primary care referrals there will be little change except the clock will start at the date the GP sent the referral rather than receipt of referral by secondary care. For referrals via all other routes the clock would start from clinical point of suspicion, with as a minimum the point being the same as NG12 NICE Guidance⁷ on suspected cancer.

The point of suspicion is when a clinician refers a patient or requests a test concerned a patient may have cancer. For screening it is the abnormal test report or colposcopy procedure.

Specific examples are demonstrated in table 1.

Guiding principles

All patients suspected of having a new primary cancer will be entered onto the pathway. This includes patients who have had a previous cancer and are now suspected of having a different primary (a new cancer). Waiting times for

⁷ [Link to NICE guidance](#)

subsequent treatments and recurrent disease will be recorded and reported via waiting times for specific treatment modalities and not part of the SCP.

- Recording and reporting of pathways will reflect the actual time experienced by patients.
- The reporting of cancer waiting times will drive continuous improvements in the pathway systems.
- The level of suspicion that '**starts the clock**' should be determined by the appropriate clinician **but should be in keeping with evidence based referral guidelines NICE NG12** and practical scenarios described below.
- All healthcare professionals should be familiar with the typical presenting features of cancers, or know where to obtain NG12 guidance, and be able to readily identify these features when patients consult with them. **However, adherence to these criteria must not be used as a barrier to a patient entering the pathway where clinical suspicion exists.**

Practical application of the guiding principles


Health care professionals should make a suspected cancer referral to the appropriate MDT as soon as a diagnosis of cancer is suspected.

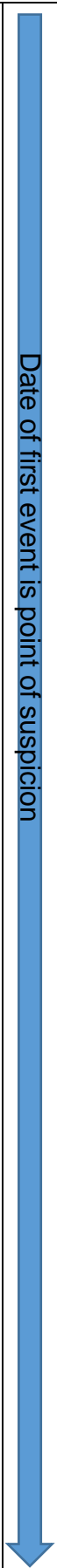
Discussion with a cancer specialist should be considered if there is uncertainty about the interpretation of symptoms and signs, and whether a referral is needed.

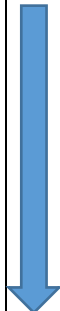
The point that the suspicion of cancer first arises is an individual clinical decision, not an administrative decision. However once this decision has been made by the clinician, the following guidance and pathway start dates as shown in table 1 should be used by health boards to designate the exact date that the suspected cancer pathway commenced.

Please remember when using the below table it is the date of the first event that needs to be captured as point of suspicion

Table 1

Examples of first clinical suspicion of cancer	Recording the patient's entry onto the suspected cancer pathway – day 0	Pathway entry ***	Date of first event is point of suspicion 
Referral from primary care	Date referral is sent from primary care to the health board	Referral from GP Eye care services Dental services	
Primary care referral/request direct to test suspecting cancer (2 week rule)	Date referral/ test request sent from primary care to the diagnostic department	Referral from GP Eye care services Dental services	
Referrals from all Screening services: Breast Test Wales Bowel Screening Cervical Screening	Screening services will define the Point of Suspicion (as detailed in annex) and provide this patient data to HBs in a timely manner	Screening referral Breast Test Wales Bowel Screening Wales Cervical Screening Service Other screening service (NOT breast, bowel or cervical, such as AA screening)	
Receiving clinician suspects cancer in a referral (on vetting) not originally referred as 'suspected cancer' within secondary care (routine or urgent referral)	Date referral originally made by primary care	Referral from GP Eye care services Dental Services	
Receiving clinician receives additional information and suspects cancer in a referral not originally referred and vetted as 'suspected cancer' within secondary care (routine or urgent referral)	Date additional information was sent through to secondary care	Referral from GP Eye care services Dental Services	
Outpatient appointment not originally referred as 'suspected cancer' (routine or urgent referral)	Date of outpatient appointment where clinician suspects cancer due to new information or symptoms and 'upgrades' referral to suspected cancer pathway	Out-patient upgrade	

A&E attendance/ Medical Assessment/ emergency admission	Date patient assessed as suspected cancer by a clinician (documented in clinical records)	A&E / Medical Assessment/ emergency admission	 Date of first event is point of suspicion
Referral from one clinician to another within secondary care, including referrals from differing Health Boards and organisations. Velindre Trust would be an example of a differing organisation referring to other HB	Date of referral i.e. date of referral letter, if symptom has instigated referral to another speciality with no prior diagnostic test. or: Date of test/procedure performed which indicates a suspicion of cancer or a diagnosis of cancer - an incidental finding	Consultant Internal Consultant External Other healthcare professional e.g. such as CNS Referral following diagnostic (if incidental finding)	
Referral from private health care clinician or organisation	Date referral sent from private organisation	Other healthcare professional	
Assessment of ward patient who has new suspicious symptom that needs investigating when admitted for other reasons unrelated to initial admission, or admitted for routine issues.	Date patient assessed as suspected cancer by clinician and documented in notes and requests specialist cancer opinion or test	Ward referral	
All diagnostic imaging which is suspicious of a diagnosis of cancer whereby the original referral or request was not suspicious of cancer I.e. incidental finding	Date of scan/procedure	Referral following diagnostic - Imaging	
All endoscopy procedures which are suspicious of a diagnosis of cancer whereby the original referral or request was not suspicious of cancer I.e. incidental finding	Date of procedure	Referral following diagnostic - Endoscopy	

All pathology samples such as: tissue biopsy and cytology whereby the original referral or request was not suspicious of cancer I.e. incidental finding	Date of sample/procedure	Referral following diagnostic – Other		
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***** please note pathway entry is defined in tracker 7 as source of suspicion**

Further guidance

For blood tests that raise the suspicion of cancer in primary care e.g. tumour markers, suspected cancer referral and/or further diagnostic tests should be informed by the NG12 guidance with the point of suspicion being defined in the table and text above.

If a patient is started on a SCP within one tumour site group however, following investigation results indicate the diagnosis⁸ falls under a different tumour site group, the 'point of suspicion' date, should remain unchanged from the original date initially captured.

If a patient is referred as a 'suspected cancer' via rapid access referral route however, referral is downgraded at vetting or outpatient appointment, then following investigation such as biopsy, within 26-week time frame is found to be cancer, the original date of referral is the point of suspicion.

Resolution of uncertainties regarding the pathway start date

There will be queries regarding individual patients and/or patient cohorts with respect to date the clock should start.

WCN has implemented a process whereby national advice will be sought and advice given. These will be collected and on an annual basis used to update and refine these guidelines.

⁸ So long as the original symptoms relate to the diagnosis and are not an incidental finding which would start a new pathway (see example in Appendix 2).

For these enquiries or any further advice please contact:
singlecancerpathway@wales.nhs.uk

SCP POS Annex 1

Referral from Breast Test Wales	Date of validated abnormal mammogram report that initiates return for further test/s (date of arbitration or consensus)
Referral from Bowel screening	Date that the lab validate a positive FOB/FIT test
Referral from Cervical screening	<p>1. Date of validated high grade urgent smear report – this is the date of validation of high grade urgent result not the date the smear was taken. The definition of the result is: -</p> <ul style="list-style-type: none"> a. Severe dyskaryosis (? invasive squamous carcinoma) b. Glandular neoplasia of endocervical origin c. Glandular neoplasia of non-cervical origin <p>2. Date of validated biopsy report where cancer is confirmed</p> <ul style="list-style-type: none"> a. Microinvasive or invasive carcinoma b. NOT included 'carcinoma-in situ'/CGIN/SMILE <p>3. Date of colposcopy procedure when cancer is suspected</p> <ul style="list-style-type: none"> a. Date of colposcopic impression of? invasion recorded on Canisc

Appendix 2:

Patient scenario/pathway examples

This section of the Cancer Waiting Times (CWT) guidance sets out the clear guidance concerning enabling treatments, clarifying which enabling treatment results in a pathway close and which site specific treatments are not classed as a first definitive treatment and therefore will not close the pathway.

This section has been developed in consultation with the Wales Cancer Network and the Cancer Site Groups across Wales. Whilst this section endeavours to provide guidance for most clinical scenarios, teams should consult with the patient's clinical team if there is any confusion as to the intent of a procedure.

Definition of Terms

A treatment is an intervention intended to manage the patient's disease, condition or injury and to avoid further intervention. It is a matter of clinical judgement, in consultation with the patient.

Curative treatment – Active treatment where the intent is to eradicate the cancer, includes adjuvant, neo-adjuvant and radical

Palliative Treatment –Active treatment where the intent is to pro-long life

Best Supportive Care – this refers to symptomatic treatment/palliative care, aiming to improve a patient's quality of life

Active Monitoring – Also referred to as Watch and Wait, where no active treatment is currently needed, but the patient will continue to be clinically monitored for signs of disease progression

For cancer waits a first definitive treatment (FDT) is normally the first intervention which is intended to remove, debulk or shrink the tumour. Where no definitive anti-cancer treatment is planned almost all patients will be offered a palliative intervention (e.g. stenting) or palliative care (e.g. pain relief), which should be recorded for these purposes.

Palliative care for any patient who is fit for active treatment, is not considered a FDT unless they decline active treatment options and wish to have only palliative care.

Surgical biopsies are for diagnostic purposes and are not routinely considered a FDT. However, in some cases the tumour is effectively removed by the procedure – this should be confirmed by a pathology report. Table 2 in the health optimisation section below provides some site specific examples of this.

Enabling treatments have been developed / reviewed against the following principles:

- The enabling treatment is clinically necessary prior to cancer treatment
- The enabling treatment is not necessary because of a delay in cancer treatment
- The enabling treatment causes a clinically significant delay of more than one week before the commencement of cancer treatment.
- The enabling treatment is targeted towards a specific group of patients.

Pathway Start

Watch and Wait

For some patients, initial tests suspecting cancer do not confirm cancer and according to site specific guidance may have that pathway closed. These patients have a period of monitoring known as a 'Watch and Wait' whereby it is feasible to repeat the test following a set time frame (usually protocol driven). Following the subsequent test if a cancer is found therefore this patient has a new pathway start episode.

An example of this would be a patient that on an initial CT had a lung nodule. Following clinical guidance, the CT would be repeated and if changes are then found in the nodule that suggest malignancy this should start a new pathway.

Incidental finding

If a patient is started on a SCP within one tumour site group however, following investigation results indicate the diagnosis falls under a different tumour site group, the 'point of suspicion' date, should remain unchanged from the original referral date. The exception to this is where the diagnosis is unrelated to the initial referral and would come under incidental finding.

As an example:

Scenario 1 – A patient referred to ENT with a neck lump (e.g. head and neck cancer pathway) has a diagnosis of lymphoma following biopsy by ENT and the patient is referred to haematology for treatment (e.g. haematology pathway). In this scenario the POS remains the original referral date as the symptoms relate to the final diagnosis although a different tumour site.

Scenario 2 – A patient referred to gynaecology with post-menopausal bleeding (e.g. gynae cancer pathway) is referred by the consultant gynaecologist who is concerned about the patient's sun-damaged skin on her face to dermatology. The outcome of the gynae investigations are benign but the patient is diagnosed by dermatology with a melanoma (e.g. skin cancer pathway). In this scenario the symptoms the patient was originally referred with have nothing to do with the cancer diagnosed and the POS for the skin cancer pathway is the internal referral from the gynaecologist to dermatology.

Pathway continue

Enabling Treatments

Enabling treatments allow a patient to progress on the pathway but as they do not address the cancer itself cannot be classed as FDT. The table below contains examples of enabling treatments that do not count as FDT and as such do not close the pathway.

Table 1: The following Enabling treatments are NOT classed as First Definitive Treatments

Tumour Site	Procedure
All Sites	Iron Tablets
	Monofer or ferinject iron infusion
	Peripherally inserted central catheter line insertions
	Cystodiathermy
	Placement of rectal spacer prior to radiotherapy
	Dental extractions prior to radiotherapy
	Tracheostomy prior to Radiotherapy

Health Optimisation

Optimisation of a patient's physiological condition in readiness for FDT should **not** be considered as FDT and as such will not stop the pathway. Examples would be nutritional feeding or prehabilitation. These should be considered if appropriate

early in the patient's pathway at referral, or while the patient is having diagnostic and staging investigations rather than near the end of their pathway prior to treatment.

Table 2: The following site specific procedures are NOT classed as First Definitive Treatments.

Tumour Site	Procedure
Breast	Sentinel Lymph Node Biopsy - this is a diagnostic staging procedure to determine whether the cancer has spread to the lymph nodes
	Aromatase Inhibitors or Tamoxifen hormone treatment can only be classed as First Definitive Treatment if it is to be the sole treatment modality, the patient has refused/is unfit for surgery, or the treatment plan specifies that neo-adjuvant endocrine therapy is needed for a minimum period prior to subsequent treatment.
Colorectal	Surgical biopsy, including polypectomy, for diagnostic purposes, unless the tumour is effectively removed by the procedure
Gynaecology	Cone or loop or LLETZ biopsy /hysteroscopy/ colposcopy/ vulvoscopy if diagnostic in intent only – however, if therapeutic in intent (i.e. if the intention of the procedure was to remove the tumour) then these would count as first treatment irrespective of whether the margins were clear. If the intention was diagnostic but the tissue was found to be malignant the procedure could count as first treatment if the tumour had effectively been removed by the excision
	Removal of polyps for diagnostic purposes – however, if the tissue was found to be malignant the procedure could count as first treatment if the tumour had effectively been removed by the excision

Tumour Site	Procedure
	Removal of para-aortic nodes before a patient starts radiotherapy or chemotherapy - however, if clinically involved nodes are having to be de-bulked prior to radiotherapy, this could be classed as first treatment
	Ileal conduit urinary diversion surgery to treat a bladder problem prior to active treatment (e.g. chemoradiation)
	Removal/draining of ascites prior to chemotherapy, unless no other active treatment is planned
	Mirena insertion at the time of hysteroscopy is not considered a first definitive treatment if definitive treatment is hysterectomy
Haematological	Removal or biopsy of Lymph Nodes is done to establish a diagnosis of Lymphoma and there is likely to be additional disease throughout the body that will need active treatment. In rare circumstances this may remove all the disease, so would be considered an FDT, but this should be confirmed with a PET showing no residual active disease.
	Blood transfusions – unless a patient has no other active treatment planned, in this case the transfusions would be classed as palliative treatment
Lung	Drainage of a pleural effusion if further anti-cancer treatment is planned
	Pleurodesis if further anti-cancer treatment is planned
	Mediastinoscopy, unless the excised tissue was found to be malignant and the tumour had effectively been removed by the excision irrespective of whether the margins were clear – this is unlikely
	Stenting of the airway or superior vena cava if further anti-cancer treatment is planned
	Endobronchial debulking of tumour (e.g. laser, cryotherapy, diathermy etc) if further anti-cancer treatment is planned

Tumour Site	Procedure
	Video Assisted Thoracic Surgery (VATS) biopsy for diagnostic purposes unless procedure could be considered as de-bulking the tumour
	Performance status improvement or Pre-habilitation, when active treatment planned
	Organ specific optimisation (coronary stenting, dialysis etc), when active treatment planned
Lung - Mesothelioma	Drainage of a pleural effusion if further anti-cancer treatment is planned
	Pleurodesis if further anti-cancer treatment is planned
	Interventional analgesia (e.g. nerve block or cordotomy) if further anti-cancer treatment is planned
Skin	Sentinel Node Biopsy – this is a diagnostic staging procedure to determine whether the cancer has spread to the lymph nodes
UGI - Pancreas	Insertion of pancreatic/biliary stent - prior to potential curative treatment
	Insertion of pancreatic/biliary stent - for patients with mild obstructive jaundice (a serum bilirubin below 200 micromol/l) if local practice is that they do not require biliary stenting before resection if surgery and imaging are planned within 7-10 days
UGI oesophago-gastric cancer	Jejunostomy to insert a feeding tube

Tumour Site	Procedure
Urology	Surgical biopsy for diagnostic purposes (unless the tumour is effectively removed by the procedure). This includes a TURBT procedure unless the tumour has been effectively treated and the patient is now on surveillance. This should be documented in the MDT meeting, which can protocolise decision for straightforward cases.
	LHRH is a first definitive treatment for palliative prostate cancer patients, and for patients with high risk and unfavourable intermediate risk localised prostate cancer, but not an appropriate first definitive treatment for low risk and favourable intermediate risk prostate cancer, who are to receive further active treatment.

Pathway Stop

First Definitive Treatment (FDT)

The first definitive treatment should be agreed with the clinician responsible for the patient's management plan. This will be a clinical judgement.

The FDT is normally the first intervention which is intended to remove or shrink the tumour. Where there is no definitive anti-cancer treatment planned almost all patients will be offered a palliative intervention or palliative care (e.g. symptom control), which should be recorded for these purposes.

If the FDT is *surgery* record the date on which the first procedure took place, whether done on an inpatient or day case basis.

If the FDT is *chemotherapy and/or anti-cancer treatment (including hormone/endocrine/immunotherapy)*. Record the date on which the first dose of the drug is administered to the patient, or the date on which the prescription of the drug is dispensed to the patient if self-administered.

If the FDT is *radiotherapy* record the date on which the first fraction of radiotherapy for this prescription is administered to the patient.

If the FDT is *support or symptom control from specialist palliative care*, record the date of the first treatment/support from specialist palliative care.

If the FDT is *active monitoring*, record the date of the consultation on which this plan of care was agreed with the patient.

Emergency treatment

If a patient is admitted as an emergency and undergoes immediate surgery, this would be classed as the FDT, with cancer confirmed on the histology as a result of this surgery. In this case the date of FDT would be the same date as the diagnosis date.

FDT before pathology sampling

In some instances, FDT may occur before a tissue sample for histology is obtained, such as emergency radiotherapy for cord compression. This will result in a negative waiting time which always needs to be recorded as zero.

Treatment Combinations

It may be useful to consider the various types of primary “treatment package” that different patients may receive:

- Many patients will receive a single treatment modality aimed at removing or eradicating the cancer completely or at reducing tumour bulk (e.g. surgery, radiotherapy or chemotherapy). In these cases, the definition of FDT and the start date are usually straightforward.
- Some patients will receive a combination of treatments as their primary “treatment package” (e.g. surgery followed by radiotherapy followed by chemotherapy). In these cases, the FDT is the first of these modalities to be delivered, and the date is the start date of this first treatment.
- Some patients will require an intervention which does not itself affect the cancer to be undertaken prior to the delivery of the anticancer treatment(s) – to enable these treatments to be given safely. As these interventions form part of the planned “treatment package” for the patient it has been agreed that the start date of the enabling intervention should be taken as the date of first definitive treatment. See section below for examples.

Table 3: The following enabling treatments CAN be classed as First Definitive Treatments

Tumour Site	Procedure
Brain	Dexamethasone, when described as palliative care with no other anti-cancer treatment being planned
	Anti-Epileptic Drug treatment, when described as palliative care with no other anti-cancer treatment being planned
	CSF Diversion Procedure (Shunt; Ventriculostomy) where indicated and appropriate, when described as palliative care with no other anti-cancer treatment being planned
Colorectal	Colostomy (for bowel obstruction where this is necessary prior to definitive treatment unless this is necessary due to the length of wait for definitive treatment)
	Stenting(e.g. colonic stent to relieve an obstruction) where this is necessary prior to definitive treatment unless this is necessary due to the length of wait for definitive treatment
Gynae	Stenting (e.g. ureteric stenting for renal failure in advanced cervical cancer) where this is necessary prior to definitive treatment unless this is necessary due to the length of wait for definitive treatment
Haematology	Antibiotics count as the start of treatment for some types of low grade lymphoma (e.g. MALT Lymphoma) and antibiotic eradication therapy of anti-hepatitis C therapy for EZML (extra-nodal marginal zone lymphoma)
	Starting all-trans retinoic acid (ATRA) on suspicion of acute promyelocytic leukaemia
	Starting oral hydroxycarbamide (or other 'enabling' agents such as oral etoposide or stat doses of cytarabine) in the setting of acute myeloid leukaemia requiring urgent cytoreduction
	Commencing steroid pre-phase in treatment of acute lymphoblastic leukaemia (ALL)
	Commencing steroids upon diagnosis of myeloma, lymphomas prior to formal chemotherapy combinations

Tumour Site	Procedure
	Commencing immunosuppressive treatments (e.g. ATG, cyclosporin) for hypoplastic myelodysplastic syndrome
	Commencing non-chemotherapy immunomodulatory treatments such as androgens / danazol for myelofibrosis
	Commencing rEPO for MDS where anaemia dominates and chemotherapy is not required
	Reducing immunosuppression for patients with PTLN (post-transplant lymphoproliferative disorder)
UGI- OG	Stenting where this will be the main treatment or prior to palliative chemotherapy, but not stenting to enable further definitive treatment, e.g. for jaundice followed by surgery
	Gastrojejunostomy
	Portal vein embolization prior to surgery for liver cancer (primary or secondary) to allow liver growth prior to surgery

Palliative interventions

Others will undergo a clearly defined palliative intervention, which may be the same procedure noted in the enabling interventions above. However, patients will **not** then receive any specific anticancer therapy. For these patients the start date of this intervention should be recorded as the date of first treatment.

Palliative Care

- Some patients will not receive any anticancer treatments but are referred specifically to a specialist palliative care (SPC) team. For these patients the date of the first assessment by a member of the SPC team is to be taken as the date of the first definitive “treatment”.

- Some patients will receive both anticancer treatment (e.g. radiotherapy) and a specialist palliative care assessment. In this instance the date of the anticancer treatment is to be taken as date of first definitive treatment.
- Finally, some patients do not receive any specific anticancer treatment/intervention and are not referred to a SPC team. Where the patient is receiving symptomatic support and is being monitored these patients should be classified as undergoing “Active Monitoring”. Some patients may require general palliative care including symptom control – given under the care of GPs and/or oncologists. For patients undergoing active monitoring the date of first treatment is the date their care plan is discussed between clinician and patient.