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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28th June 2022	Agenda Item	6.2
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>Historically Welsh Government publish a revised NHS Wales Delivery Framework on an annual basis. In 2021/22 a new Single Outcomes Framework for Health and Social Care was due to be published however, development of the framework was delayed due to the COVID19 pandemic. The updated National Delivery Framework 2021/22 was published in October 2021, with the updated framework measures being presented at the November 2021 Management Board meeting. Full updates outlined within the Delivery Framework will be reflected in the December 2021 Quality and Safety Report. The intention of the updated integrated framework measures is to demonstrate how patients and populations are better off through the delivery of services and allowing a different balance across our traditional services.</p> <p>The Health Board continues to refine the organisation's annual plan and develop recovery trajectories. Trajectories for recovery of unscheduled care and cancer performance were submitted for discussion at the September Performance and Finance Committee. Performance against these trajectories continue to be measured.</p> <p>Key high level issues to highlight this month are as follows: 2021/22 Delivery Framework COVID19</p> <ul style="list-style-type: none"> - The number of new cases of COVID19 has reduced in May 2022, with 286 new cases being reported in-month. 		

	<ul style="list-style-type: none"> - The occupancy rate of confirmed COVID patients in critical care beds remains at a low rate with three Covid positive patients as of 30/05/2022. General bed occupancy for Covid positive patients has seen a continued reduction in occupancy in recent weeks. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - ED attendances have increased in May 2022 to 11,250 from 10,733 in April 2022. - The Health Board's performance against the 4-hour measure improved slightly from 72.87% in April 2022 to 73.81% in May 2022. - The number of patients waiting over 12 hours in Accident and Emergency (A&E) slightly decreased from 1,294 in April 2022 to 1,195 in May 2022. - The number of emergency admissions between November 2021 and February 2022 had seen a consistent reduction, however admissions have increased in May 2022 (4,117). <p><u>Planned Care</u></p> <ul style="list-style-type: none"> - May 2022 saw a 3% 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 1.6% to 39,403. - It is important to note that Referral data has recently been reviewed and updated following the introduction of the new digital dashboard in June 2021. Referral figures for May 2022 saw a significant increase (14,076) on those seen in April 2022 (11,544). - Therapy waiting times continue to improve, there are 614 patients waiting over 14 weeks in May 2022, compared with 679 in April 2022. <p><u>Cancer</u></p> <ul style="list-style-type: none"> - March 2022 saw 48% 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 May 2022 to 437 from 465 in April 2022. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in April 2022. - Psychological therapies within 26 weeks continue to be maintained at 100%.
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	<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 35% in April 2022 against a target of 80%. <p><u>Serious Incidents closures</u></p> <ul style="list-style-type: none"> - In May 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 100%. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> - April 2022 data is included in this report showing 90% satisfaction through 3,550 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 May 2022. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report



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Appendix 1- Quality & Safety Performance Report

June 2022



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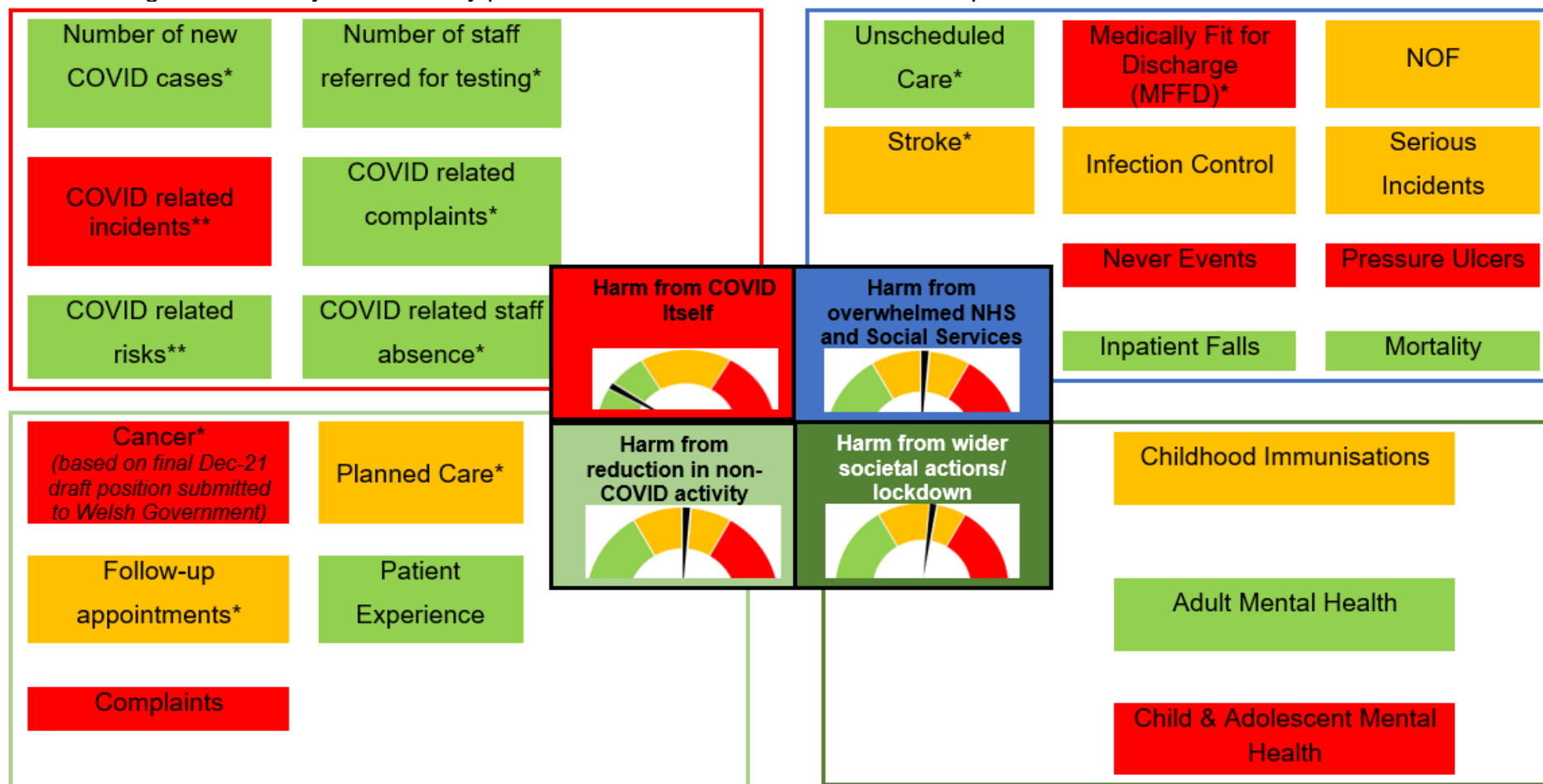
1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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 April 2022. Psychological therapies within 26 weeks continue to be maintained at 100%.
- Emergency Department attendances have increased in May 2022 to 11,250 from 10,733 in April 2022. The Health Board's performance against the 4-hour measure improved slightly from 72.87% in April 2022 to 73.81% in May 2022. The number of patients waiting over 12 hours in Accident and Emergency (A&E) slightly decreased from 1,294 in April 2022 to 1,195 in May 2022. The number of emergency admissions between November 2021 and February 2022 had seen a consistent reduction, however admissions have increased in May 2022 (4,117).
- Planned care system is still challenging and May 2022 saw a 3% 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 1.6% to 39,403. It is important to note that Referral data has recently been reviewed and updated following the introduction of the new digital dashboard in June 2021. Referral figures for May 2022 saw a significant increase (14,076) on those seen in April 2022 (11,544).
- Therapy waiting times continue to improve, there are 614 patients waiting over 14 weeks in May 2022, compared with 679 in April 2022.
- April 2022 saw 48% 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 May 2022 to 437 from 465 in April 2022.
- The overall Health Board rate for responding to concerns within 30 working days was 65% in March 2022, against the Welsh Government target of 75% and Health Board target of 80%.
- In March 2022, the Health Board received 156 formal complaints; this is a 12.2% increase on the number seen in February 2022.
- Health Board Friends & Family patient satisfaction level in May 2022 was 90% and 3,550 surveys were completed.
- There were 8 Serious Incidents (SI's) reported to Welsh Government in May 2022.
- There was one Never event reported for May 2022.
- Fractured Neck of Femur performance in April 2022 continues to be broadly at Welsh National levels (see detail below) and showing an improved position compared with March 2019-2020 for most indicators.

2. QUADRANTS OF HARM SUMMARY





















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



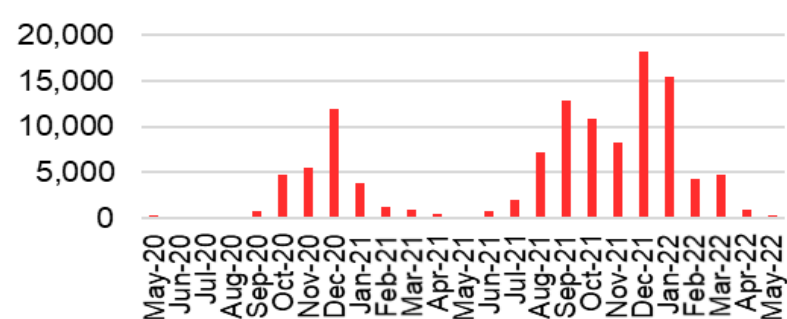
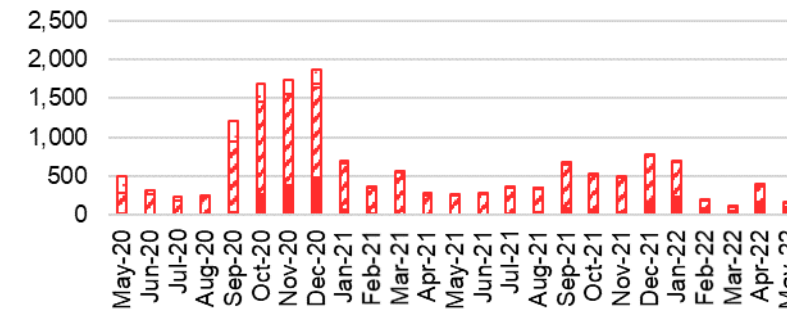
NB- RAG status is against national or local target

** Data not available

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

		Harm quadrant- Harm from Covid itself															
Measure	Locality	National/ Local Target	Internal profile	Trend													
					May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Number of new COVID19 cases*	HB Total				189	708	1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749	835	286
Number of staff referred for Antigen Testing	HB Total				267	281	367	406	673	524	494	787	691	200	109	402	157
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				67	23	24	36	36	47	53	54	59	55	57		
Number of COVID19 related serious incidents*	HB Total				0	0	0	0	0	1	3	1	0	1	0	0	0
Number of COVID19 related complaints*	HB Total				13	16	4	6	3	4	14	20	4	4	10	6	0
Number of COVID19 related risks*	HB Total				2	1	1	1	0	0							
Number of staff self isolated (asymptomatic)*	Medical				1	3	7	5	20	13	6	0	11	1	5	2	0
	Nursing Registered				18	21	19	35	67	38	20	46	31	15	35	10	12
	Nursing Non Registered				20	18	24	21	43	28	12	37	13	18	25	15	8
	Other				22	28	21	54	97	41	27	43	32	9	22	15	9
Number of staff self isolated (symptomatic)*	Medical				1	2	3	7	15	10	5	3	17	13	37	33	15
	Nursing Registered				33	23	28	36	57	51	34	166	104	66	91	88	33
	Nursing Non Registered				20	18	18	27	44	34	20	94	79	45	52	52	35
	Other				17	7	18	44	88	85	61	130	109	80	146	97	42
% sickness*	Medical				0.2%	0.5%	0.9%	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%
	Nursing Registered				1.2%	1.1%	1.4%	1.8%	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%
	Nursing Non Registered				1.9%	1.8%	1.8%	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%
	Other				0.6%	0.6%	0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%
	All				1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%

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 In May 2022, there were an additional 286 positive cases recorded bringing the cumulative total to 117,057 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 The cumulative number of staff referred for COVID testing between March 2020 and May 2022 is 17,315 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	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.																																																																																																																																														
	1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between April 2022 and May 2022, the number of staff self-isolating (asymptomatic) reduced from 42 to 29 and the number of staff self-isolating (symptomatic) reduced from 270 to 125. In May 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.																																																																																																																																														
	3. % Staff sickness The percentage of staff sickness absence due to COVID19 has decreased from 2.3% in April 2022 to 1.2% in May 2022.																																																																																																																																														
1.Number of staff self-isolating (asymptomatic)		<table><thead><tr><th>Month</th><th>Medical</th><th>Nursing Reg</th><th>Nursing Non Reg</th><th>Other</th></tr></thead><tbody><tr><td>May-20</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jun-20</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jul-20</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Aug-20</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Sep-20</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Oct-20</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Nov-20</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Dec-20</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jan-21</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Feb-21</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Mar-21</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Apr-21</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>May-21</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jun-21</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jul-21</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Aug-21</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Sep-21</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Oct-21</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Nov-21</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Dec-21</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jan-22</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Feb-22</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Mar-22</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Apr-22</td><td>42</td><td>10</td><td>10</td><td>10</td></tr><tr><td>May-22</td><td>42</td><td>10</td><td>10</td><td>10</td></tr></tbody></table>												Month	Medical	Nursing Reg	Nursing Non Reg	Other	May-20	42	10	10	10	Jun-20	42	10	10	10	Jul-20	42	10	10	10	Aug-20	42	10	10	10	Sep-20	42	10	10	10	Oct-20	42	10	10	10	Nov-20	42	10	10	10	Dec-20	42	10	10	10	Jan-21	42	10	10	10	Feb-21	42	10	10	10	Mar-21	42	10	10	10	Apr-21	42	10	10	10	May-21	42	10	10	10	Jun-21	42	10	10	10	Jul-21	42	10	10	10	Aug-21	42	10	10	10	Sep-21	42	10	10	10	Oct-21	42	10	10	10	Nov-21	42	10	10	10	Dec-21	42	10	10	10	Jan-22	42	10	10	10	Feb-22	42	10	10	10	Mar-22	42	10	10	10	Apr-22	42	10	10	10	May-22	42	10	10	10
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


















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

4.1 Overview

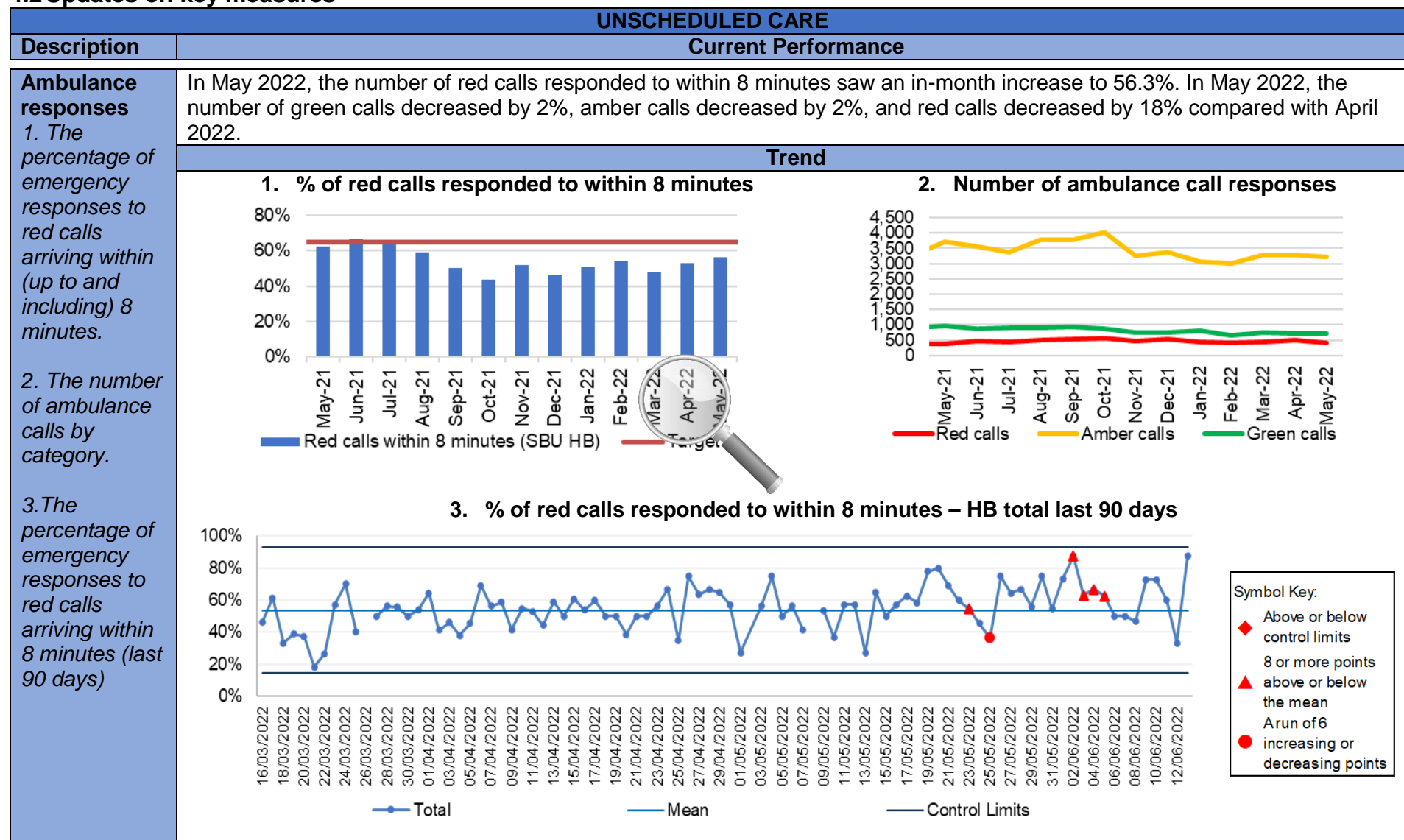
Measure	Locality	National/ Local Target	Internal profile	Trend															
					May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22		
		Unscheduled Care																	
Number of ambulance handovers over one hour*	Morriston	0			462	528	607	711	622	633	655	591	724	657	659	645	507		
	Singleton				15	19	9	15	20	15	15	21	11	21	28	26	31		
	Total				477	547	616	726	642	648	670	612	735	678	687	671	538		
% 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*	Morriston	95%			61.7%	59.0%	61.5%	62.3%	59.7%	58.8%	60.0%	58.5%	58.5%	58.8%	57.2%	58.9%	57.8%		
	NPTH				99.0%	97.7%	97.8%	99.4%	98.3%	99.4%	99.0%	94.9%	96.8%	97.2%	95.0%	96.7%	97.9%		
	Total				73.4%	72.4%	74.7%	75.0%	73.1%	72.0%	73.5%	70.2%	72.6%	72.3%	71.4%	72.9%	73.8%		
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morriston	0			684	879	1,013	1,059	1,250	1,275	1,054	1,100	1,139	1,104	1,276	1,292	1,192		
	NPTH				0	1	1	1	0	1	1	1	3	1	6	2	3		
	Total				684	880	1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195		
		Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morriston	59.8%			27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%		
	Total	(UK SNAP average)			27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%		
% of patients who receive a CT scan within 1 hour*	Morriston	54.5%			36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%		
	Total	(UK SNAP average)			36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%		
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morriston	84.2%			98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%		
	Total	(UK SNAP average)			98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%		
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morriston	12 month			0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%		
	Total	improvement trend			0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%		
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend			39.7%	41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%		
		Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	75%			90.7%	91.0%	90.5%	88.2%	87.3%	88.0%	88.7%	88.4%	88.8%	89.4%	89.5%	89.5%			
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	75%			57.2%	60.0%	59.5%	59.4%	58.4%	57.7%	57.1%	56.5%	51.0%	48.6%	46.0%	42.2%			
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	75%			70.1%	71.0%	71.2%	69.8%	69.4%	69.9%	70.3%	70.1%	69.7%	69.8%	71.4%	72.4%			
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	75%			75.9%	76.0%	75.7%	74.4%	72.6%	71.1%	71.2%	70.7%	71.7%	70.8%	70.2%	70.2%			
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	75%			75.9%	76.0%	76.8%	77.7%	76.1%	76.8%	77.0%	76.2%	76.4%	76.3%	76.9%	77.4%			
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	75%			71.3%	73.0%	68.4%	67.7%	66.1%	70.4%	69.8%	69.6%	68.4%	67.7%	69.0%				
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morriston	12 month improvement trend																	
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			72.1%	78.3%	84.8%	86.7%	72.2%	77.8%	52.4%	68.8%	52.9%	81.4%					

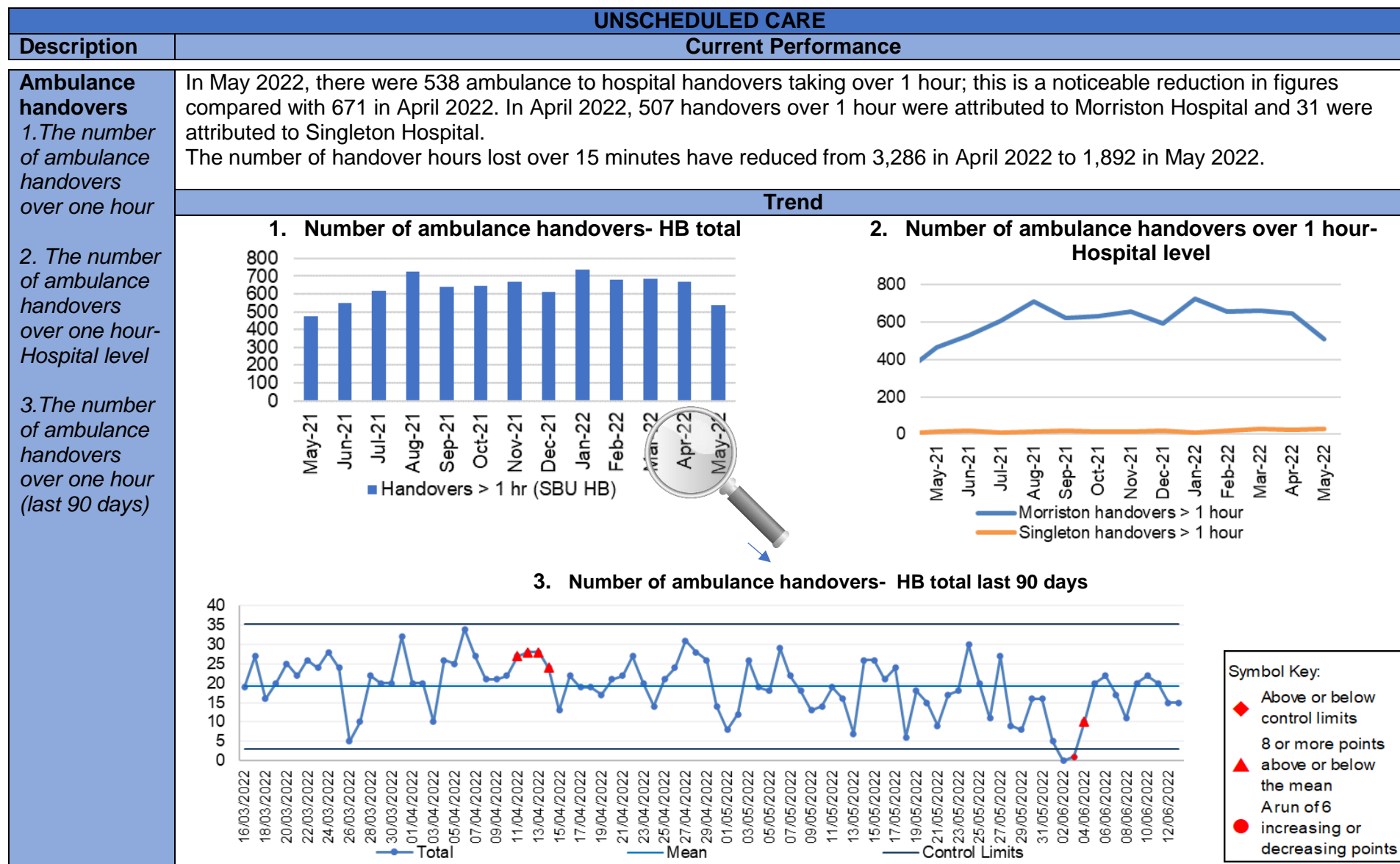
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU				SBU								
					May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
		Healthcare Acquired Infections															
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	14		15	24	16	25	12	12	17	12	8	17	17	18	13
	PCCS Hospital		0		1	0	0	0	1	0	0	0	0	0	0	1	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	1
	Morriston		4		8	2	4	4	5	5	3	2	4	9	2	7	5
	NPTH		1		2	1	4	2	2	1	0	0	1	0	0	0	0
	Singleton		2		0	2	3	3	1	1	2	3	2	0	2	5	2
Total			21		26	29	27	34	21	19	22	17	15	26	21	31	21
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	3		10	2	4	4	4	7	3	4	11	3	4	7	9
	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
	Morriston		2		1	3	3	4	8	9	0	5	2	5	5	3	8
	NPTH		0		0	0	0	0	1	0	0	0	0	1	0	0	0
	Singleton		2		4	2	4	4	4	2	1	0	0	1	2	3	1
Total			7		15	7	11	12	17	18	4	9	13	10	11	13	18
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		5	6	7	2	5	5	10	1	3	5	6	2	4
	PCCS Hospital		0		0	0	1	0	0	0	0	0	0	1	2	0	1
	MH&LD		0		0	0	0	0	0	0	1	0	0	0	0	0	0
	Morriston		4		5	4	7	10	6	7	6	9	8	6	7	8	5
	NPTH		1		1	1	0	1	0	0	0	0	1	0	1	0	1
	Singleton		1		1	2	8	9	3	3	3	2	2	1	2	3	0
Total			8		12	13	23	22	14	15	20	12	14	13	18	13	11
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		2	7	1	4	3	5	5	3	0	1	3	2	1
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	1	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		2		2	1	2	4	6	6	1	4	2	3	2	2	5
	NPTH		0		0	0	0	0	0	0	0	0	1	0	0	1	0
	Singleton		1		1	4	0	0	2	2	1	2	2	0	1	1	2
Total			6		5	12	3	8	11	13	7	9	5	4	7	6	8
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		1	1	1	1	0	0	0	1	0	1	2	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
	Morriston		1		0	1	0	0	2	0	2	2	1	2	0	1	1
	NPTH		0		0	0	0	0	0	0	0	1	0	0	0	0	0
	Singleton		0		0	0	0	1	0	0	1	0	0	0	0	0	0
Total			2		1	2	1	2	2	0	3	4	1	3	2	2	2
Compliance with hand hygiene audits	PCCS	95%		-	100.0%	100.0%	100.0%	100.0%	100.0%	-	100.0%	95.8%	94.7%	95.8%	93.1%	96.4%	96.2%
	MH&LD				99.6%	98.3%	95.9%	99.4%	98.3%	96.0%	90.3%	94.9%	95.5%	92.3%	92.1%	96.6%	97.7%
	Morriston				99.2%	94.5%	93.8%	93.5%	99.0%	97.9%	95.5%	96.1%	93.4%	100.0%	91.0%	93.0%	95.2%
	NPTH				90.0%	95.0%	93.3%	89.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%
	Singleton				93.8%	93.9%	94.1%	92.0%	90.0%	97.0%	87.8%	-	-	-	-	100.0%	100.0%
	Total				98.3%	96.0%	94.9%	94.9%	96.0%	97.1%	92.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

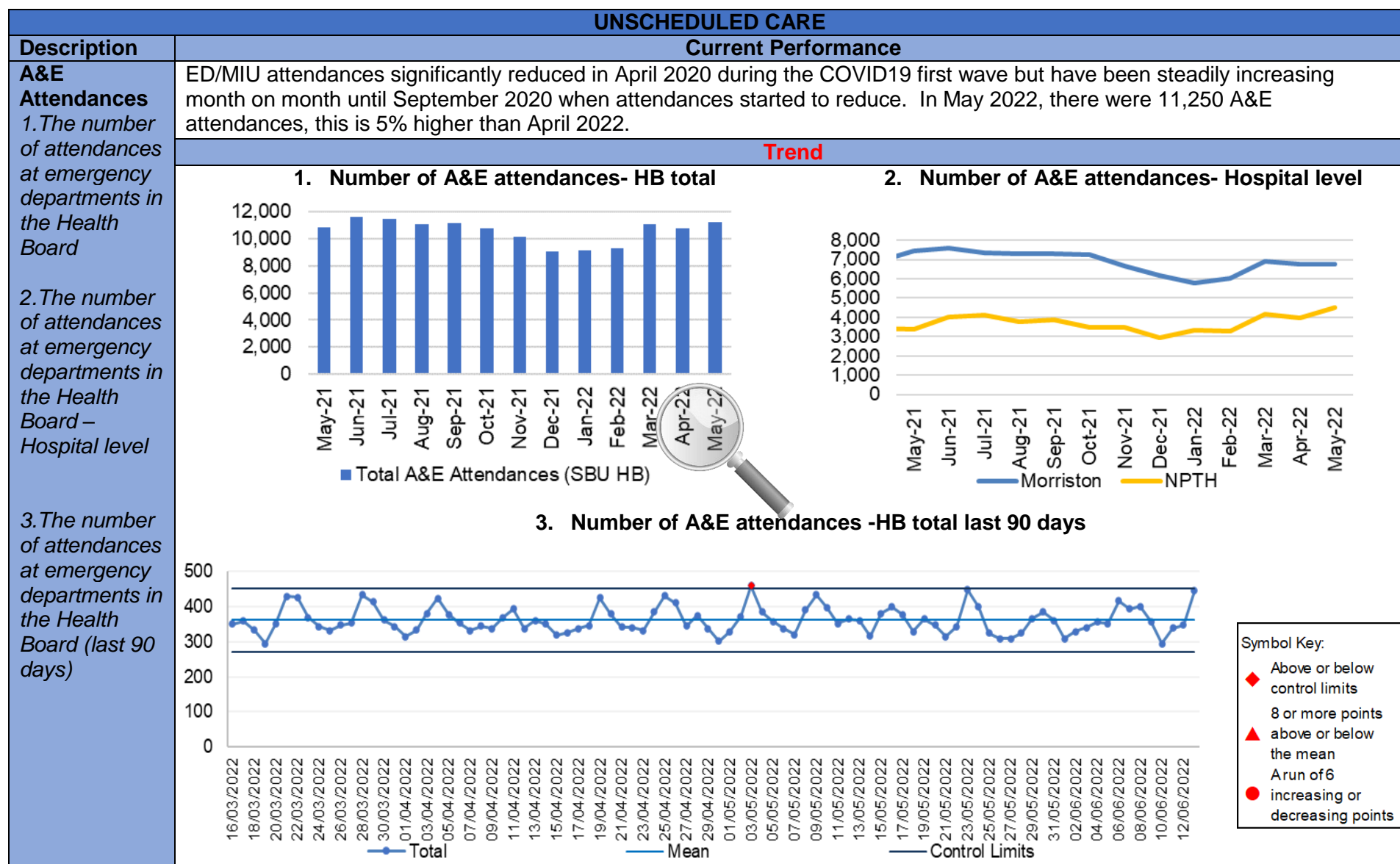
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	
		Serious Incidents & Risks																
Number of Serious Incidents	PCCS	12 month reduction trend			3	1	0	1	0	0	1	0	4	0	2	0	2	
	MH&LD			0	2	0	0	0	1	0	0	0	0	1	0			
	Morrison			2	1	1	0	2	0	6	0	2	1	0	3			
	NPTH			0	0	0	0	1	1	0	0	1	0	3	0	1		
	Singleton			1	2	1	4	2	2	1	2	0	0	1	0	2		
	Total			6	6	1	5	5	4	8	2	5	2	7	1	8		
Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Total	90%			0%	0%	33%	0%	-	0%	0%	0%	25%	0%	33%	25%	100%	
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD			0	0	0	0	0	0	0	0	0	0	0	0			
	Morrison			0	1	0	0	0	0	1	0	0	2	0	0	1		
	NPTH			0	0	0	0	0	0	0	0	0	0	0	0	0		
	Singleton			0	0	0	0	0	0	0	0	0	0	0	0	0		
	Total			0	1	0	0	0	0	1	0	0	2	0	0	1		
		Pressure Ulcers																
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			20	21	33	34	39	32	31	55	27	38	56	33		
	PCCS Hospital			0	0	0	1	0	0	0	0	0	1	1	0			
	MH&LD			2	0	3	1	1	0	0	1	0	0	2	1			
	Morrison			30	25	37	32	47	32	27	42	40	36	29	26			
	NPTH			2	3	2	5	0	1	3	0	3	1	1	3			
	Singleton			19	25	16	14	17	9	13	13	22	15	16	15			
	Total				73	74	91	87	104	74	74	111	92	91	105	78		
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			2	4	2	8	6	7	8	14	1	15	11	2		
	PCCS Hospital			0	0	0	0	0	0	0	0	0	0	0	0			
	MH&LD			0	0	0	0	1	0	0	0	0	0	1	1			
	Morrison			0	0	3	1	0	1	1	2	6	4	2	2			
	NPTH			0	0	0	1	0	0	0	0	0	1	0	0			
	Singleton			1	2	0	0	0	0	1	2	3	1	2	0			
	Total				3	6	5	10	7	8	10	18	10	21	16	5		
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			756	723	853	767	955	613	616	857	1,018	823	778	689		

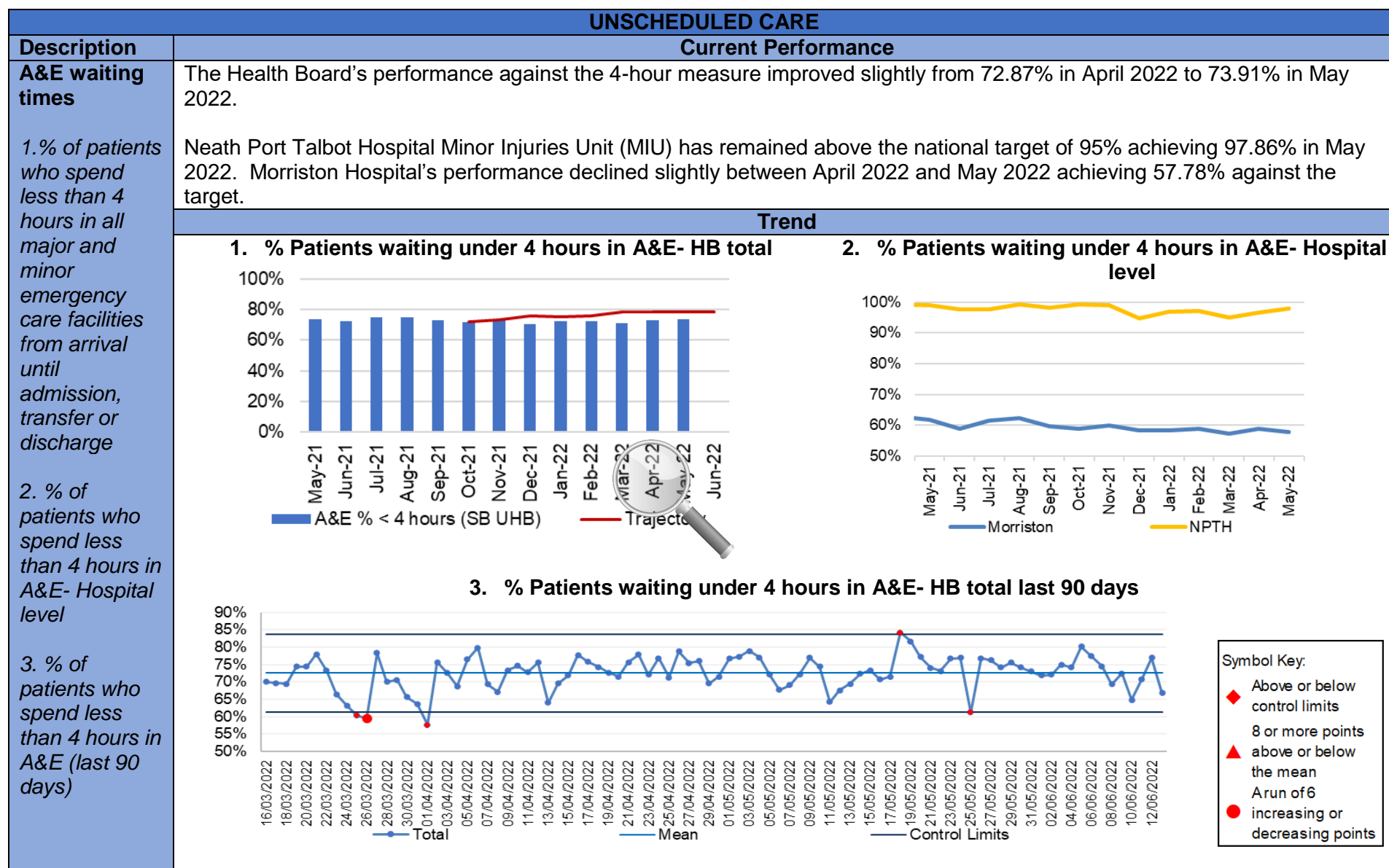
Measure	Locality	National/ Local Target	Internal profile	Trend					SBU								
					May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
		Inpatient Falls															
Total number of Inpatient Falls	PCCS	12 month reduction trend			5	8	6	6	8	4	6	8	6	4	5	2	10
	MH&LD				42	24	32	40	25	28	36	37	29	28	22	19	24
	Morrison				105	69	66	73	96	114	91	91	93	86	115	88	71
	NPTH				34	32	41	31	25	35	27	38	26	34	36	37	29
	Singleton				42	41	48	48	53	58	53	33	42	46	31	44	48
	Total				228	174	193	198	207	240	213	208	196	199	209	190	182
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			5.94	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%	98%	97%	90%	97%	96%	99%	96%	96%	98%			
	Singleton				100%	100%	100%	100%	100%	100%							
	NPTH				88%	100%	100%	100%	100%	80%	88%	100%	100%	67%			
	Total				98%	99%	98%	93%	98%	97%	99%	96%	96%	97%			
Stage 2 mortality reviews completed within 60 days	Morrison	95%			38%	33%	50%	60%	78%	83%	56%						
	Singleton				25%	0%	0%	0%	100%	50%	0%						
	NPTH				100%	0%	-	0%	-	-	0%						
	Total				39%	25%	43%	50%	82%	75%	50%						
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.76%	1.71%	1.73%	1.70%	1.72%	1.71%	1.76%	1.59%	1.52%	1.50%	1.48%		
	Singleton				0.52%	0.52%	0.52%	0.53%	0.53%	0.54%	0.50%	0.53%	0.58%	0.48%	0.49%		
	NPTH				0.15%	0.13%	0.12%	0.23%	0.11%	0.10%	0.09%	0.08%	0.06%	0.07%	0.06%		
	Total (SBU)				1.04%	1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	0.88%		

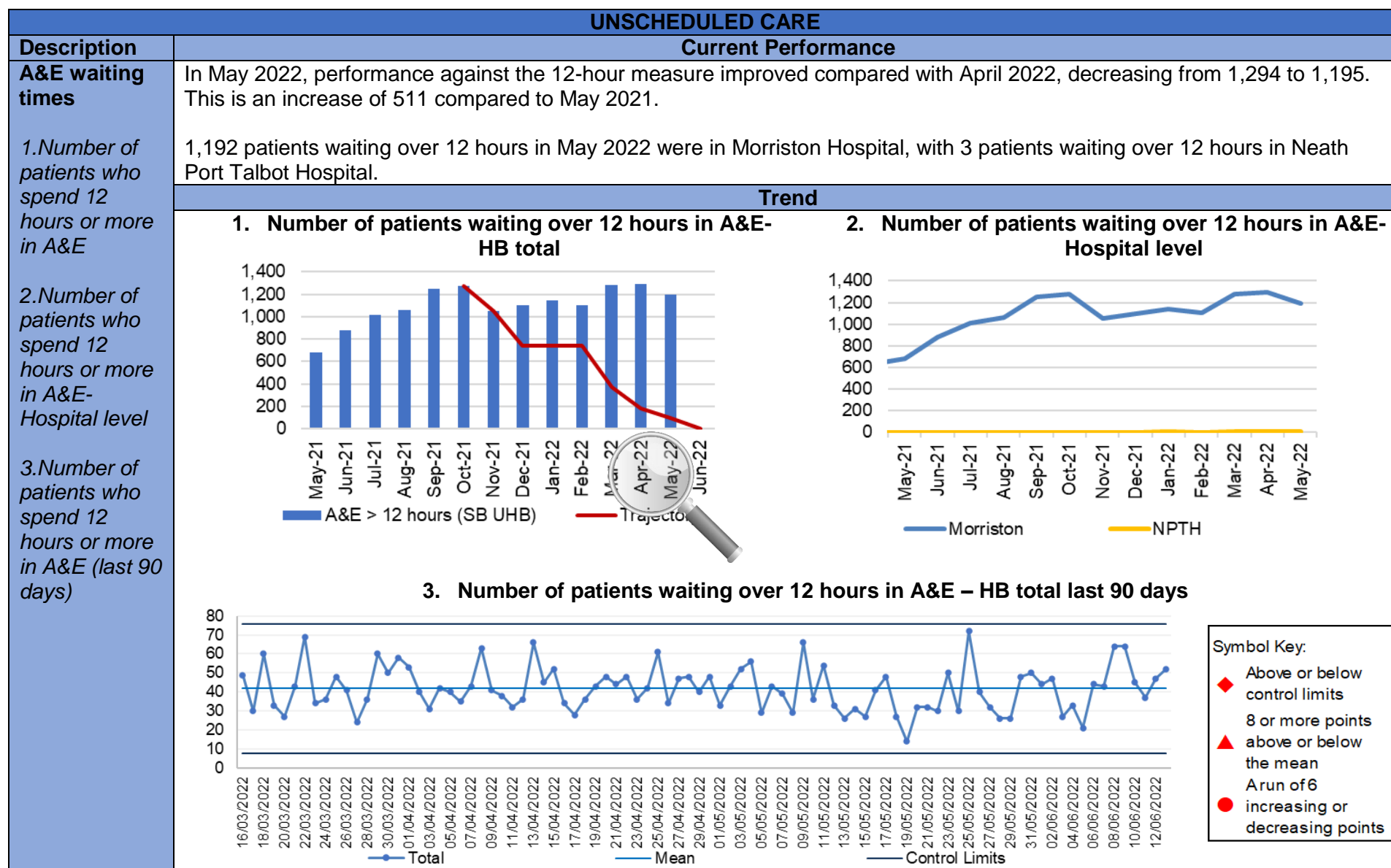
4.2 Updates on key measures





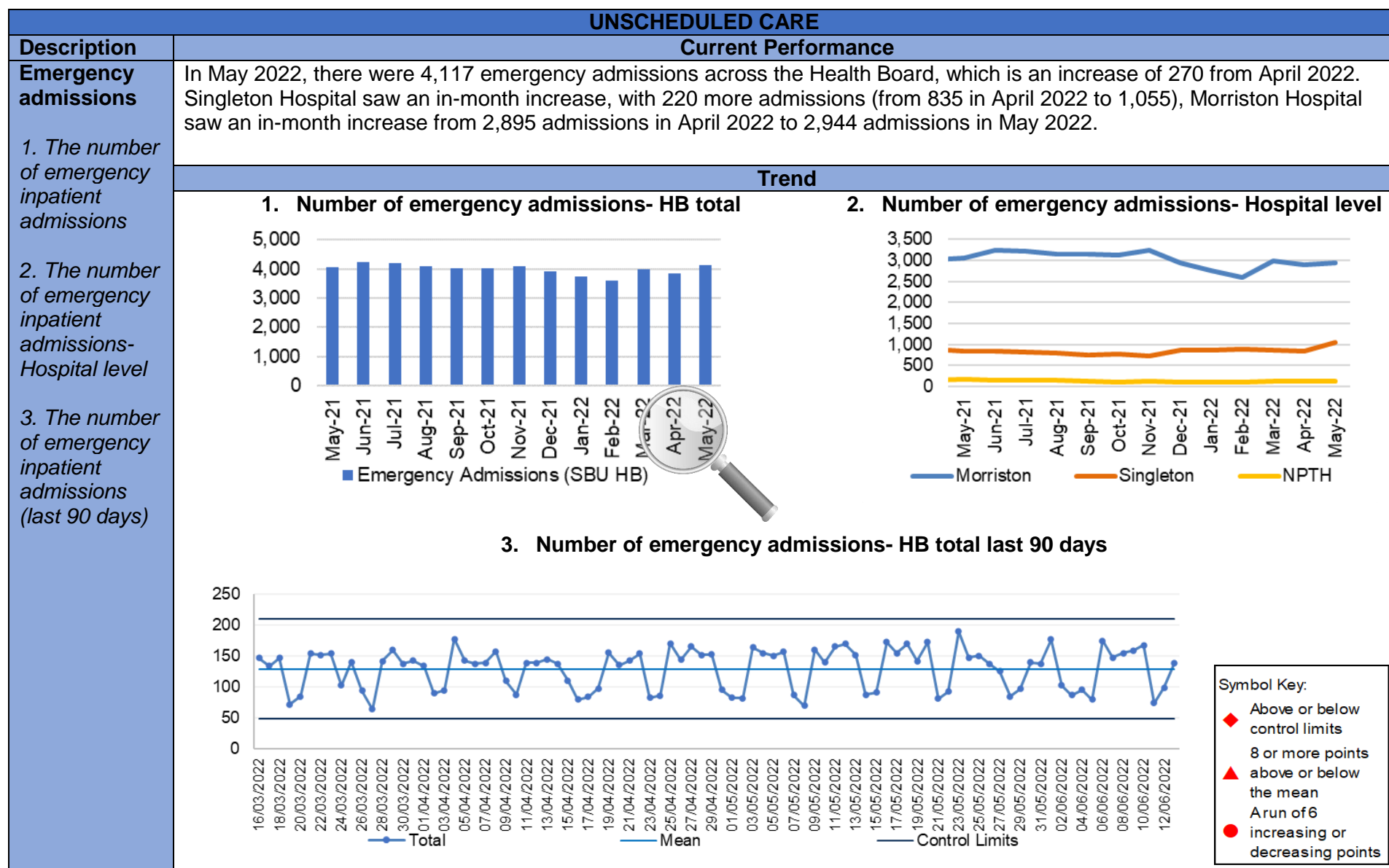






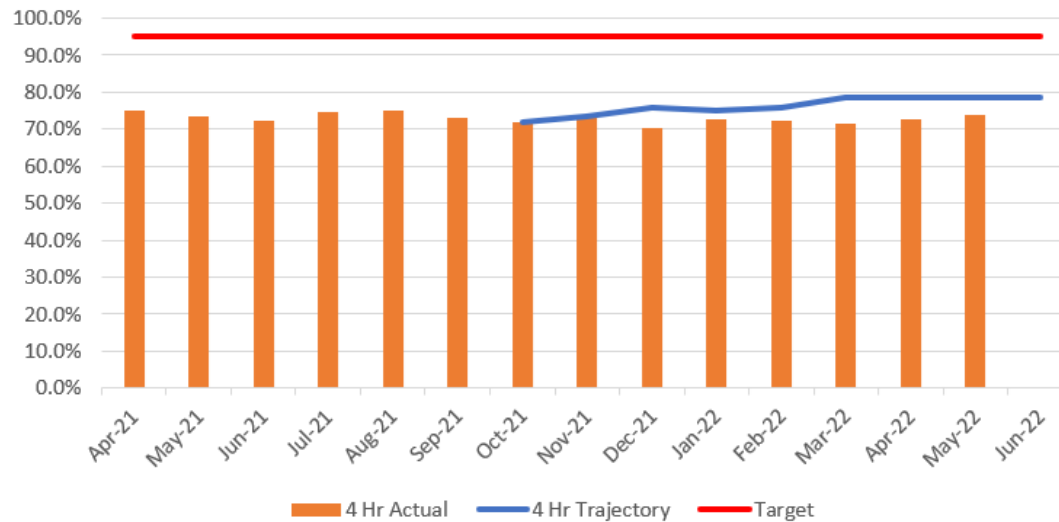
Symbol Key:

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



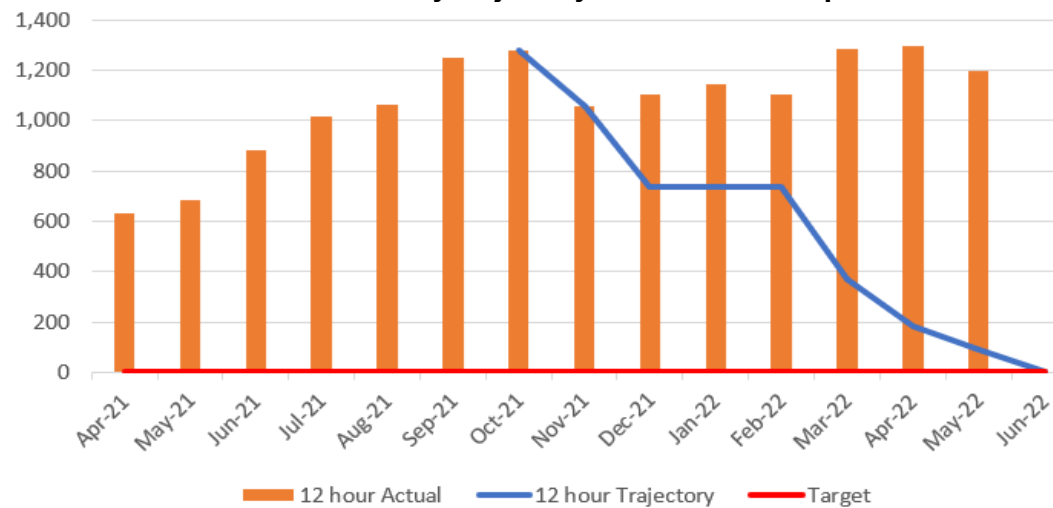
Updates on UNSCHEDULED CARE – Performance Escalation updates

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



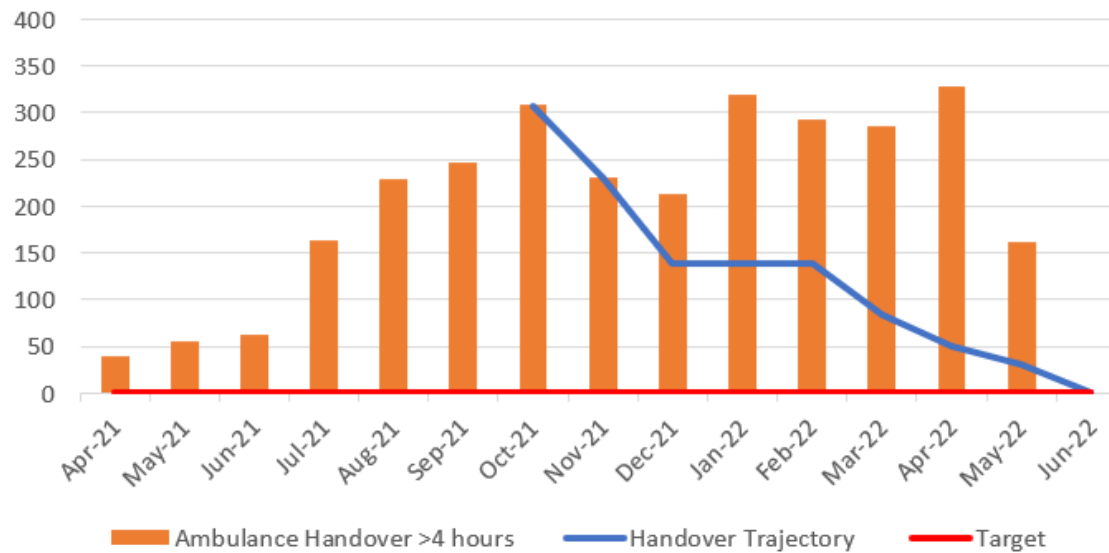
1. Performance against the 4hr target in May 2022 has continued to remain slightly below the outlined recovery trajectories at 74%, which is 5% below the performance target for May 2022.

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



2. The 12-hour performance trajectory outlines a consistent reduction in patients waiting over 12 hours in ED. However, the reported Performance continues to be significantly above the figures projected. There were 1,195 patients waiting over 12 hours in ED in May 2022, which is a slight reduction on figures seen in April 2022 (1,294).

3. Ambulance Handover over 4 hours



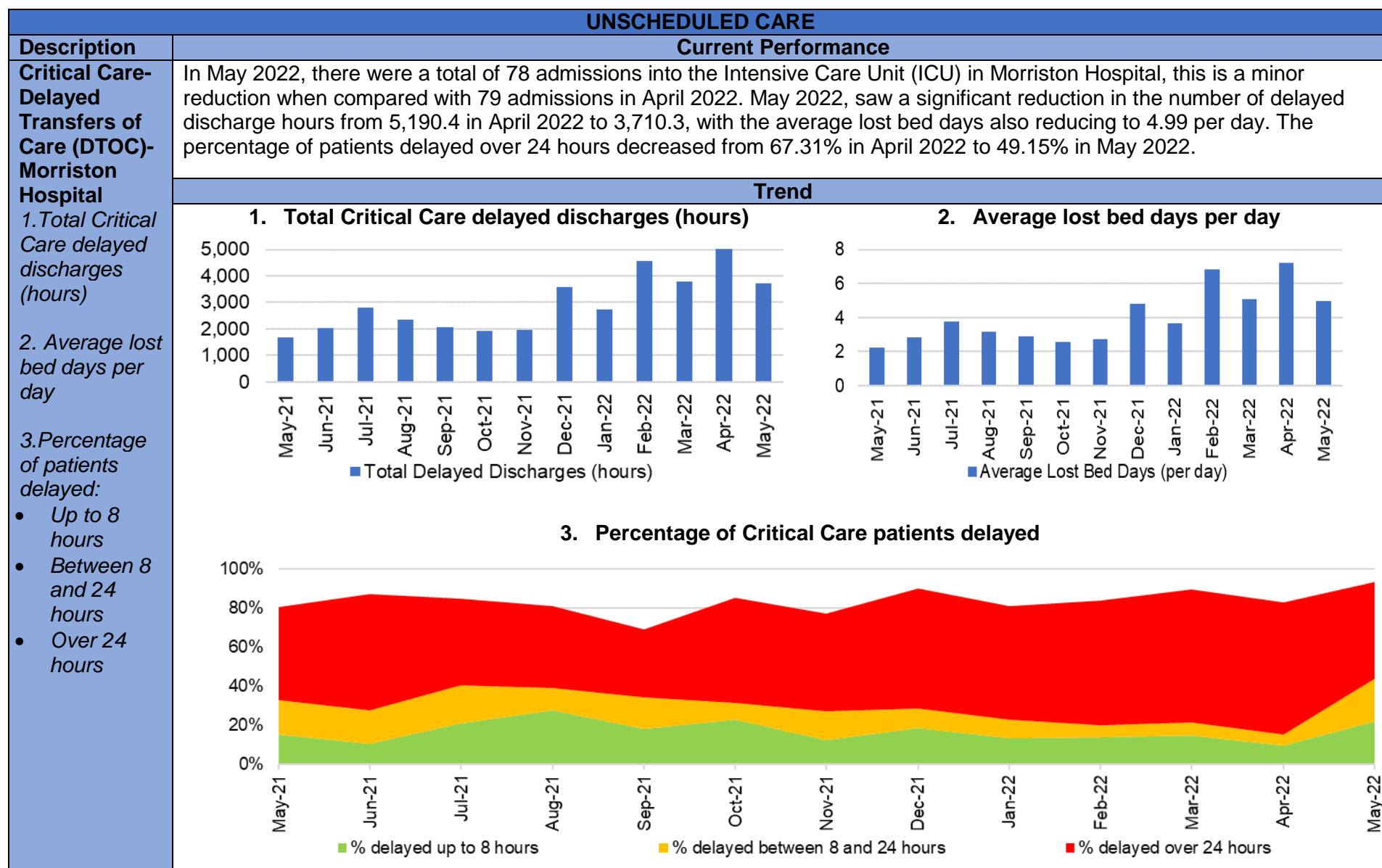
4. Average Handover % over 1 hour

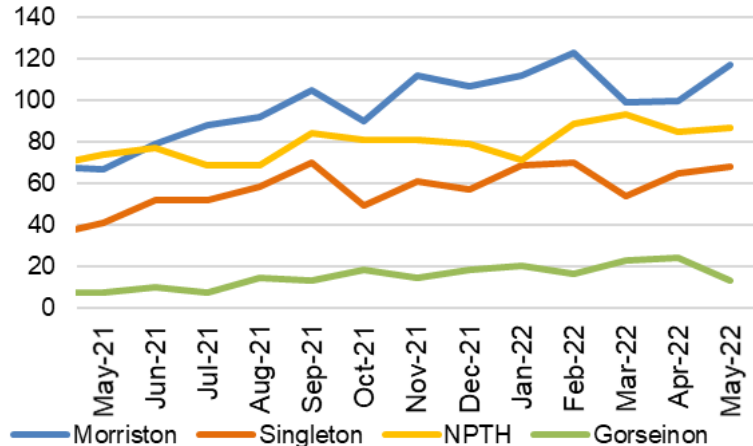
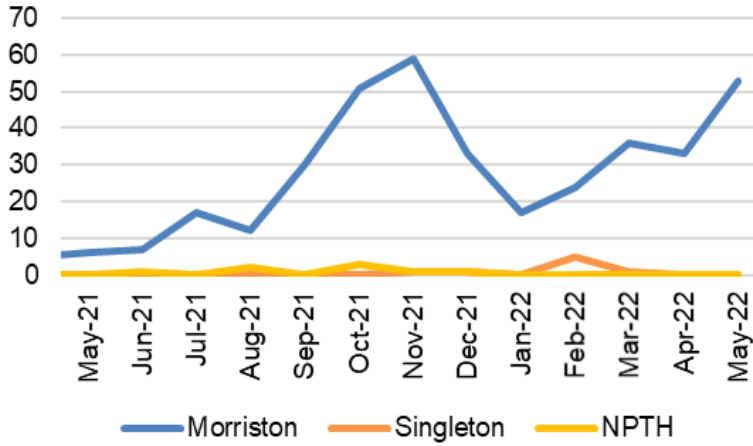


3. The Ambulance handover rate over 4 hours has seen a significant improvement in May 2022 with the handover times over four hours reducing to 162 in May 2022 from 328 in April 2022. The figures still remain above the outlined trajectory for May 2022 which was 29.9.

4. The graph shows the total percentage of ambulances which have taken over one hour to handover since April 2019. A noticeable trend can be seen which coincides with the varying Covid waves

In April 2022, 50% of ambulances required over 1 hour to handover.



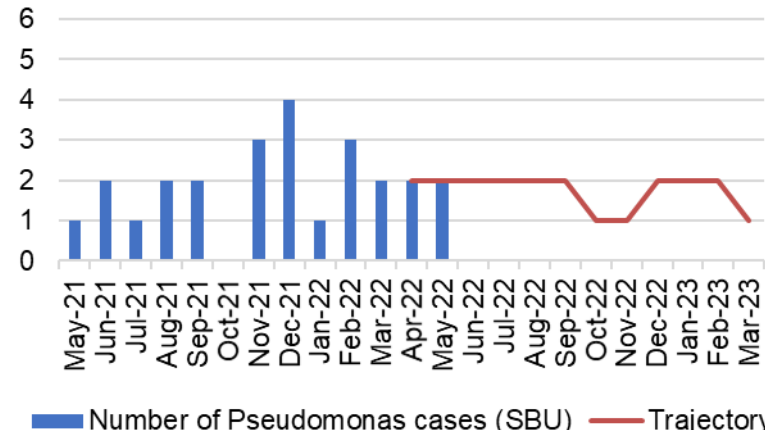
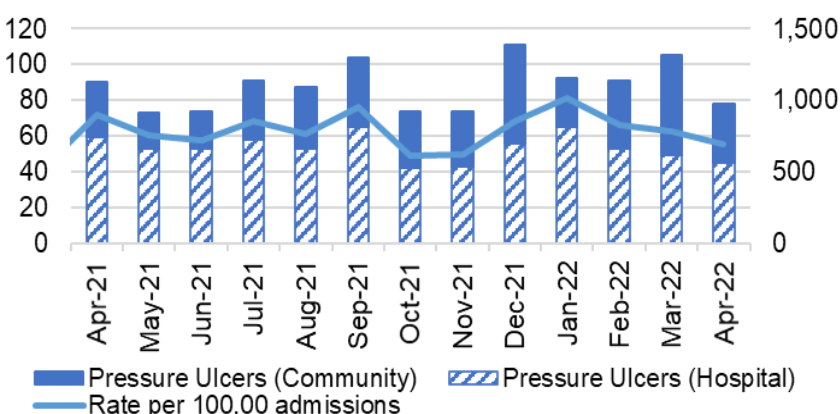
UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In May 2022, there were on average 285 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In May 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 117, followed by Neath Port Talbot Hospital with 87.</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><caption>Estimated data for Clinically Optimised Patients by Site</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>May-21</td><td>65</td><td>40</td><td>70</td><td>10</td></tr><tr><td>Jun-21</td><td>75</td><td>50</td><td>75</td><td>10</td></tr><tr><td>Jul-21</td><td>85</td><td>50</td><td>70</td><td>10</td></tr><tr><td>Aug-21</td><td>90</td><td>60</td><td>75</td><td>15</td></tr><tr><td>Sep-21</td><td>105</td><td>70</td><td>85</td><td>15</td></tr><tr><td>Oct-21</td><td>90</td><td>50</td><td>80</td><td>20</td></tr><tr><td>Nov-21</td><td>110</td><td>60</td><td>80</td><td>15</td></tr><tr><td>Dec-21</td><td>105</td><td>55</td><td>75</td><td>20</td></tr><tr><td>Jan-22</td><td>110</td><td>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>117</td><td>70</td><td>87</td><td>25</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	May-21	65	40	70	10	Jun-21	75	50	75	10	Jul-21	85	50	70	10	Aug-21	90	60	75	15	Sep-21	105	70	85	15	Oct-21	90	50	80	20	Nov-21	110	60	80	15	Dec-21	105	55	75	20	Jan-22	110	65	70	20	Feb-22	125	70	90	15	Mar-22	100	55	95	25	Apr-22	100	65	85	25	May-22	117	70	87	25
	Month	Morriston	Singleton	NPTH	Gorseinon																																																																			
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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 May 2022, there were 53 elective procedures cancelled due to lack of beds on the day of surgery. This is 47 more cancellations than in May 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><caption>Estimated data for Elective Procedures Cancelled due to Lack of Beds</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>May-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Jun-21</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Jul-21</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Aug-21</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Sep-21</td><td>30</td><td>0</td><td>0</td></tr><tr><td>Oct-21</td><td>50</td><td>0</td><td>0</td></tr><tr><td>Nov-21</td><td>59</td><td>0</td><td>0</td></tr><tr><td>Dec-21</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Jan-22</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Feb-22</td><td>25</td><td>5</td><td>0</td></tr><tr><td>Mar-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Apr-22</td><td>30</td><td>0</td><td>0</td></tr><tr><td>May-22</td><td>53</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	May-21	5	0	0	Jun-21	5	0	0	Jul-21	15	0	0	Aug-21	10	0	0	Sep-21	30	0	0	Oct-21	50	0	0	Nov-21	59	0	0	Dec-21	35	0	0	Jan-22	15	0	0	Feb-22	25	5	0	Mar-22	35	0	0	Apr-22	30	0	0	May-22	53	0	0														
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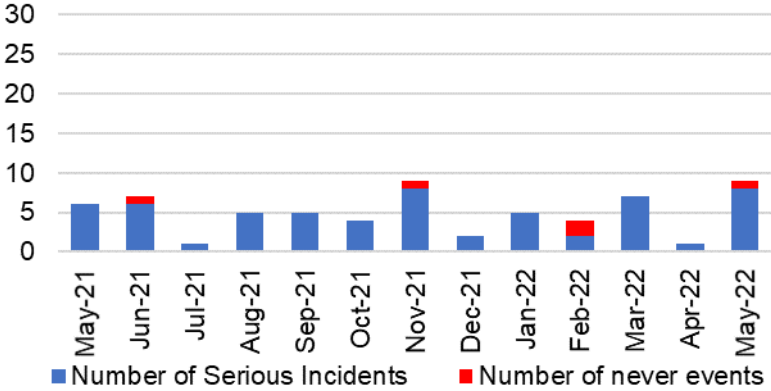
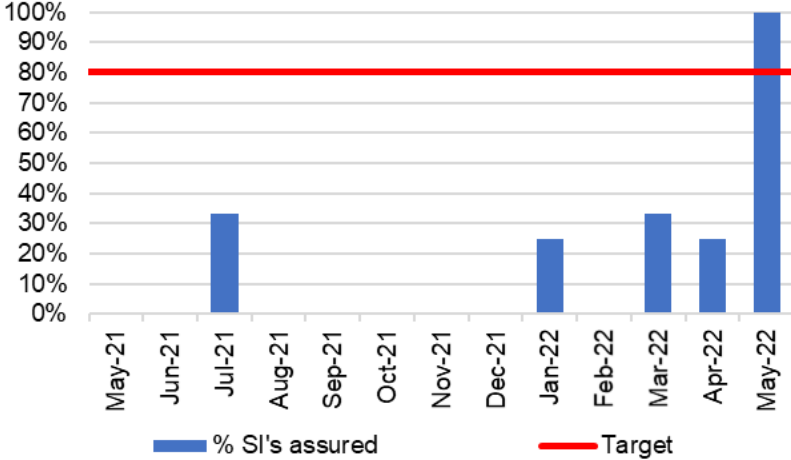
FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	1. Prompt orthogeriatric assessment- In April 2022, 89.5% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.	1. Prompt orthogeriatric assessment
	2. Prompt surgery- In April 2022, 42.2% of patients had surgery the day following presentation with a hip fracture. This is a 14.4% deterioration from April 2021 which was 56.6%	2. Prompt surgery
	3. NICE compliant surgery- 72.4% of operations were consistent with the NICE recommendations in April 2022. This is 2% more than in April 2021. In April 2022, Morriston was slightly above the all-Wales average of 70.5%.	3. NICE compliant Surgery
	4. Prompt mobilisation- In April 2022, 70.2% of patients were out of bed the day after surgery. This is 5.2% less than in April 2021.	4. Prompt mobilisation

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- 77.4% of patients were not delirious in the week after their operation in April 2022. This is an improvement of 2% compared with April 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- 69% of patients in March 2022 were discharged back to their original residence. This is 1.7% less than in March 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">21 cases of <i>E. coli</i> bacteraemia were identified in May 2022, of which 8 were hospital acquired and 13 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 43 cases for April 2022.Targeted work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates.	Number of healthcare acquired E.coli bacteraemia cases <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases (SBU)</th></tr></thead><tbody><tr><td>May-21</td><td>26</td></tr><tr><td>Jun-21</td><td>29</td></tr><tr><td>Jul-21</td><td>27</td></tr><tr><td>Aug-21</td><td>34</td></tr><tr><td>Sep-21</td><td>21</td></tr><tr><td>Oct-21</td><td>19</td></tr><tr><td>Nov-21</td><td>22</td></tr><tr><td>Dec-21</td><td>17</td></tr><tr><td>Jan-22</td><td>15</td></tr><tr><td>Feb-22</td><td>26</td></tr><tr><td>Mar-22</td><td>21</td></tr><tr><td>Apr-22</td><td>31</td></tr><tr><td>May-22</td><td>21</td></tr><tr><td>Jun-22</td><td>0</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)	May-21	26	Jun-21	29	Jul-21	27	Aug-21	34	Sep-21	21	Oct-21	19	Nov-21	22	Dec-21	17	Jan-22	15	Feb-22	26	Mar-22	21	Apr-22	31	May-22	21	Jun-22	0	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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Jan-23	0																																																	
Feb-23	0																																																	
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 18 cases of Staph. aureus bacteraemia in May 2022, of which 9 were hospital acquired and 9 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 15 cases for May 2022. <p>Targeted work at Service Group level is being undertaken to target the future reduction in Infection Prevention Control rates.</p>	Number of healthcare acquired S.aureus bacteraemia cases <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases (SBU)</th></tr></thead><tbody><tr><td>May-21</td><td>15</td></tr><tr><td>Jun-21</td><td>7</td></tr><tr><td>Jul-21</td><td>11</td></tr><tr><td>Aug-21</td><td>12</td></tr><tr><td>Sep-21</td><td>17</td></tr><tr><td>Oct-21</td><td>18</td></tr><tr><td>Nov-21</td><td>4</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>13</td></tr><tr><td>Feb-22</td><td>10</td></tr><tr><td>Mar-22</td><td>11</td></tr><tr><td>Apr-22</td><td>13</td></tr><tr><td>May-22</td><td>18</td></tr><tr><td>Jun-22</td><td>0</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)	May-21	15	Jun-21	7	Jul-21	11	Aug-21	12	Sep-21	17	Oct-21	18	Nov-21	4	Dec-21	9	Jan-22	13	Feb-22	10	Mar-22	11	Apr-22	13	May-22	18	Jun-22	0	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																																																		
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 11 <i>Clostridium difficile</i> toxin positive cases in May 2022, of which 7 were hospital acquired and 4 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 15 cases for May 2022.Taregtted 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><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>May-21</td><td>12</td></tr><tr><td>Jun-21</td><td>13</td></tr><tr><td>Jul-21</td><td>23</td></tr><tr><td>Aug-21</td><td>22</td></tr><tr><td>Sep-21</td><td>14</td></tr><tr><td>Oct-21</td><td>15</td></tr><tr><td>Nov-21</td><td>20</td></tr><tr><td>Dec-21</td><td>12</td></tr><tr><td>Jan-22</td><td>14</td></tr><tr><td>Feb-22</td><td>13</td></tr><tr><td>Mar-22</td><td>18</td></tr><tr><td>Apr-22</td><td>13</td></tr><tr><td>May-22</td><td>11</td></tr><tr><td>Jun-22</td><td>9</td></tr><tr><td>Jul-22</td><td>8</td></tr><tr><td>Aug-22</td><td>8</td></tr><tr><td>Sep-22</td><td>9</td></tr><tr><td>Oct-22</td><td>7</td></tr><tr><td>Nov-22</td><td>8</td></tr><tr><td>Dec-22</td><td>8</td></tr><tr><td>Jan-23</td><td>8</td></tr><tr><td>Feb-23</td><td>8</td></tr><tr><td>Mar-23</td><td>7</td></tr></tbody></table> <p>Number of C.diff cases (SBU) Trajectory</p>	Month	Number of C.diff cases (SBU)	May-21	12	Jun-21	13	Jul-21	23	Aug-21	22	Sep-21	14	Oct-21	15	Nov-21	20	Dec-21	12	Jan-22	14	Feb-22	13	Mar-22	18	Apr-22	13	May-22	11	Jun-22	9	Jul-22	8	Aug-22	8	Sep-22	9	Oct-22	7	Nov-22	8	Dec-22	8	Jan-23	8	Feb-23	8	Mar-23	7
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Jan-23	8																																																	
Feb-23	8																																																	
Mar-23	7																																																	
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 May 2022, 7 of which were hospital acquired and 1 was community acquired.The Health Board total is currently just above the Welsh Government Profile target of 13 cases for May 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><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>May-21</td><td>5</td></tr><tr><td>Jun-21</td><td>12</td></tr><tr><td>Jul-21</td><td>3</td></tr><tr><td>Aug-21</td><td>8</td></tr><tr><td>Sep-21</td><td>11</td></tr><tr><td>Oct-21</td><td>13</td></tr><tr><td>Nov-21</td><td>7</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>5</td></tr><tr><td>Feb-22</td><td>4</td></tr><tr><td>Mar-22</td><td>7</td></tr><tr><td>Apr-22</td><td>6</td></tr><tr><td>May-22</td><td>8</td></tr><tr><td>Jun-22</td><td>6</td></tr><tr><td>Jul-22</td><td>6</td></tr><tr><td>Aug-22</td><td>6</td></tr><tr><td>Sep-22</td><td>6</td></tr><tr><td>Oct-22</td><td>6</td></tr><tr><td>Nov-22</td><td>6</td></tr><tr><td>Dec-22</td><td>6</td></tr><tr><td>Jan-23</td><td>6</td></tr><tr><td>Feb-23</td><td>5</td></tr><tr><td>Mar-23</td><td>5</td></tr></tbody></table> <p>Number of Klebsiella cases (SBU) Trajectory</p>	Month	Number of Klebsiella cases (SBU)	May-21	5	Jun-21	12	Jul-21	3	Aug-21	8	Sep-21	11	Oct-21	13	Nov-21	7	Dec-21	9	Jan-22	5	Feb-22	4	Mar-22	7	Apr-22	6	May-22	8	Jun-22	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 2 cases of <i>P.Aeruginosa</i> in May 2022, one of which was hospital acquired, with the other being community acquired. The Health Board total is currently on target with the Welsh Government Profile target of 4 cumulative cases for May 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 April 2022 there were 78 cases of healthcare acquired pressure ulcers, 33 of which were community acquired and 45 were hospital acquired. There were 5 grade 3+ pressure ulcers in April 2022, of which 2 were community acquired and 3 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>

SERIOUS INCIDENTS																																												
Description	Current Performance	Trend																																										
Serious Incidents- <i>1. The number of serious incidents</i> <i>2. The number of Never Events</i> <i>3. Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 8 Serious Incident for the month of May 2022 to Welsh Government. The Service Group breakdown is as follows; - Morriston – 4 - Singleton & NPTH – 2 - PCTSG - 2	1. and 2. Number of serious incidents and never events  <table><thead><tr><th>Month</th><th>Number of Serious Incidents</th><th>Number of never events</th></tr></thead><tbody><tr><td>May-21</td><td>6</td><td>0</td></tr><tr><td>Jun-21</td><td>6</td><td>1</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>8</td><td>1</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>2</td><td>1</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>8</td><td>1</td></tr></tbody></table>	Month	Number of Serious Incidents	Number of never events	May-21	6	0	Jun-21	6	1	Jul-21	1	0	Aug-21	5	0	Sep-21	5	0	Oct-21	4	0	Nov-21	8	1	Dec-21	2	0	Jan-22	5	0	Feb-22	2	1	Mar-22	7	0	Apr-22	1	0	May-22	8	1
	Month	Number of Serious Incidents	Number of never events																																									
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Aug-21	5	0																																										
Sep-21	5	0																																										
Oct-21	4	0																																										
Nov-21	8	1																																										
Dec-21	2	0																																										
Jan-22	5	0																																										
Feb-22	2	1																																										
Mar-22	7	0																																										
Apr-22	1	0																																										
May-22	8	1																																										
2. There was one new Never Event reported in May 2022																																												
3. In May 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 100%.	3. % of serious incidents closed within the agreed timescales  <table><thead><tr><th>Month</th><th>% SI's assured</th><th>Target</th></tr></thead><tbody><tr><td>May-21</td><td>0%</td><td>80%</td></tr><tr><td>Jun-21</td><td>0%</td><td>80%</td></tr><tr><td>Jul-21</td><td>33%</td><td>80%</td></tr><tr><td>Aug-21</td><td>0%</td><td>80%</td></tr><tr><td>Sep-21</td><td>0%</td><td>80%</td></tr><tr><td>Oct-21</td><td>0%</td><td>80%</td></tr><tr><td>Nov-21</td><td>0%</td><td>80%</td></tr><tr><td>Dec-21</td><td>0%</td><td>80%</td></tr><tr><td>Jan-22</td><td>25%</td><td>80%</td></tr><tr><td>Feb-22</td><td>0%</td><td>80%</td></tr><tr><td>Mar-22</td><td>33%</td><td>80%</td></tr><tr><td>Apr-22</td><td>25%</td><td>80%</td></tr><tr><td>May-22</td><td>100%</td><td>80%</td></tr></tbody></table>	Month	% SI's assured	Target	May-21	0%	80%	Jun-21	0%	80%	Jul-21	33%	80%	Aug-21	0%	80%	Sep-21	0%	80%	Oct-21	0%	80%	Nov-21	0%	80%	Dec-21	0%	80%	Jan-22	25%	80%	Feb-22	0%	80%	Mar-22	33%	80%	Apr-22	25%	80%	May-22	100%	80%	
Month	% SI's assured	Target																																										
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May-22	100%	80%																																										

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 182 in May 2022. This is 20% less than May 2021 where 228 falls were recorded.	<p>Number of inpatient Falls</p> <table><tr><th>Month</th><th>Hospital falls</th></tr><tr><td>May-21</td><td>228</td></tr><tr><td>Jun-21</td><td>175</td></tr><tr><td>Jul-21</td><td>195</td></tr><tr><td>Aug-21</td><td>200</td></tr><tr><td>Sep-21</td><td>210</td></tr><tr><td>Oct-21</td><td>240</td></tr><tr><td>Nov-21</td><td>215</td></tr><tr><td>Dec-21</td><td>210</td></tr><tr><td>Jan-22</td><td>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>182</td></tr></table>	Month	Hospital falls	May-21	228	Jun-21	175	Jul-21	195	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	182
Month	Hospital falls																													
May-21	228																													
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Jan-22	195																													
Feb-22	200																													
Mar-22	210																													
Apr-22	190																													
May-22	182																													
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 May 2022, the percentage of completed discharge summaries was 66%.</p> <p>In May 2022, compliance ranged from 59% in Singleton Hospital to 82% 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>May-21</td><td>66%</td></tr><tr><td>Jun-21</td><td>69%</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>61%</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>59%</td></tr><tr><td>May-22</td><td>66%</td></tr></table>	Month	% of completed discharge summaries	May-21	66%	Jun-21	69%	Jul-21	62%	Aug-21	62%	Sep-21	68%	Oct-21	61%	Nov-21	63%	Dec-21	62%	Jan-22	61%	Feb-22	65%	Mar-22	63%	Apr-22	59%	May-22	66%
Month	% of completed discharge summaries																													
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Jan-22	61%																													
Feb-22	65%																													
Mar-22	63%																													
Apr-22	59%																													
May-22	66%																													

CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	April 2022 reports the crude mortality rate for the Health Board at 0.87%, which is 0.01% lower than March 2022.	Crude hospital mortality rate by Hospital (74 years of age or less) <table border="1"><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>Apr-21</td><td>1.9%</td><td>0.5%</td><td>0.2%</td><td>1.1%</td></tr><tr><td>May-21</td><td>1.8%</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>0.3%</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>1.8%</td><td>0.5%</td><td>0.2%</td><td>0.9%</td></tr><tr><td>Dec-21</td><td>1.6%</td><td>0.5%</td><td>0.2%</td><td>0.9%</td></tr><tr><td>Jan-22</td><td>1.5%</td><td>0.6%</td><td>0.2%</td><td>0.9%</td></tr><tr><td>Feb-22</td><td>1.5%</td><td>0.5%</td><td>0.2%</td><td>0.9%</td></tr><tr><td>Mar-22</td><td>1.5%</td><td>0.5%</td><td>0.2%</td><td>0.9%</td></tr><tr><td>Apr-22</td><td>1.5%</td><td>0.5%</td><td>0.2%</td><td>0.9%</td></tr></tbody></table>	Month	Morryston Hospital	Singleton Hospital	NPT Hospital	HB Total	Apr-21	1.9%	0.5%	0.2%	1.1%	May-21	1.8%	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%	0.3%	1.0%	Sep-21	1.7%	0.5%	0.2%	1.0%	Oct-21	1.7%	0.5%	0.2%	1.0%	Nov-21	1.8%	0.5%	0.2%	0.9%	Dec-21	1.6%	0.5%	0.2%	0.9%	Jan-22	1.5%	0.6%	0.2%	0.9%	Feb-22	1.5%	0.5%	0.2%	0.9%	Mar-22	1.5%	0.5%	0.2%	0.9%	Apr-22	1.5%	0.5%	0.2%	0.9%
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Description	Current Performance	Trend																																																																						
Readmission Rates	In May 2022, 18% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is the same figure seen in April 2022.	Emergencies readmitted within 28 days of previous discharge <table border="1"><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>May-21</td><td>18%</td></tr><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></tbody></table>	Month	28 Day readmission rate (SBU HB)	May-21	18%	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%																																										
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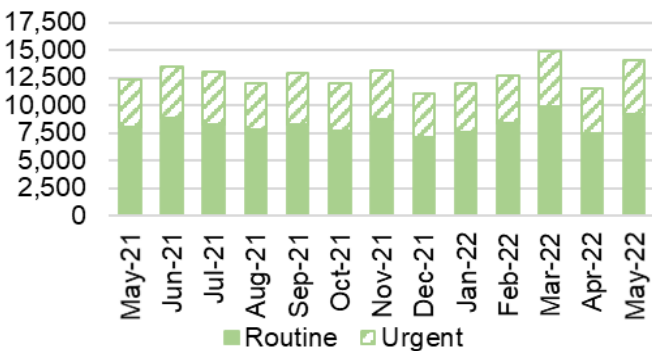
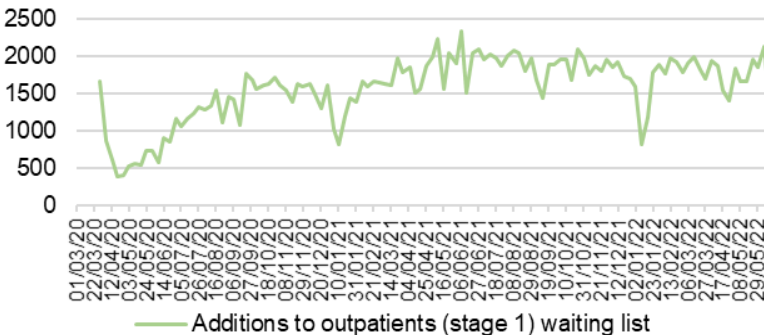
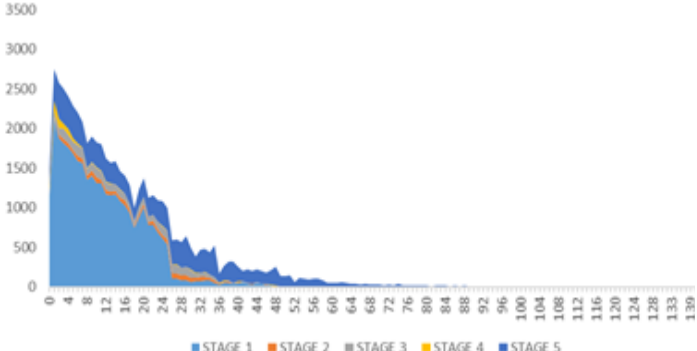
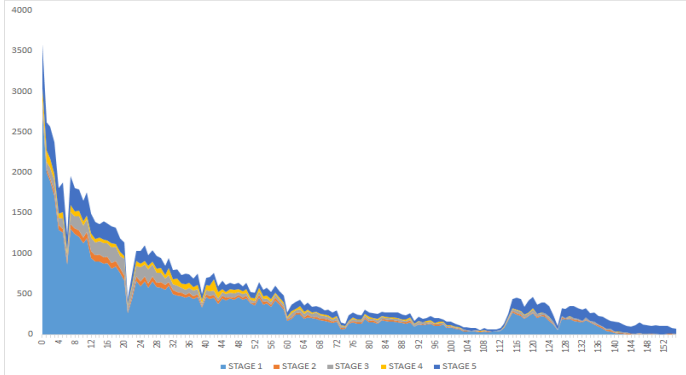
5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

		Harm from reduction in non-Covid activity															
Measure	Locality	National/ Local Target	Internal profile	Trend					SBU								
					May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
		Cancer															
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	75%			60.0%	66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	32.0%
		Planned Care															
Number of patients waiting > 26 weeks for outpatient appointment*	Morriston	0			14,047	13,867	14,080	14,661	15,092	15,906	16,385	17,204	17,859	18,220	18,351	18,976	19,498
	NPTH				157	228	271	335	407	378	387	342	186	88	0	3	18
	Singleton				9,327	9,053	8,769	8,383	8,447	8,162	7,955	7,882	7,520	7,192	6,359	6,606	6,943
	PC&CS				169	131	105	65	51	37	25	24	23	22	18	16	0
	Total				23,700	23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459
Number of patients waiting > 36 weeks for treatment*	Morriston	0			22,095	22,414	22,968	23,364	23,214	23,874	24,121	24,494	25,203	25,090	25,490	26,036	26,411
	NPTH				45	57	98	167	189	191	198	168	136	136	44	37	5
	Singleton				11,727	12,022	11,980	11,920	11,764	11,841	12,245	12,376	12,283	12,194	11,749	12,110	12,310
	PC&CS				115	119	82	53	43	35	25	22	22	22	17	15	0
	Total (inc. diagnostics > 36 wks)				34,447	35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403
Number of patients waiting > 8 weeks for a specified diagnostics*	Morriston	0			2,739	3,162	3,390	3,573	3,528	3,320	3,217	2,927	2,724	2,180	1,672	1,910	1,753
	Singleton				2,103	2,068	2,035	1,950	2,204	2,619	2,791	3,144	3,543	3,898	4,191	4,398	4,553
	Total				4,842	5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			1	0	0	0	0	0	0	0	0	0	0	0	0
	NPTH				8	15	1	15	18	28	29	8	13	38	45	35	17
	PC&CS				157	156	150	171	302	386	600	877	1,015	888	775	679	614
	Total				166	171	151	186	320	414	629	885	1,028	926	820	714	631

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
		Planned Care															
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			123,088	127,444	130,208	127,391	130,963	131,554	129,255	131,403	131,848	#####	133,772	135,471	135,879
Number of patients delayed by over 100% past their target date *	Total				30,062	30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568
Number of patients delayed past their agreed target date (booked and not booked) *	Total				54,664	55,254	60,618	54,993	60,340	60,447	56,618	58,006	58,639	58,804	58,514	60,348	60,314
Number of Ophthalmology patients without an allocated health risk factor	Total	0			326	486	539	628	702	413	528	694	288	299	639	425	246
Number of patients without a documented clinical review date	Total	0			5	6	5	6	7	3	4	2	4	1	5	5	2
		Patient Experience/ Feedback															
Number of friends and family surveys completed	PCCS	12 month improvement trend			159	532	79	245	213	89	360	291	191	251	165	106	154
	MH&LD				3	0	0	59	18	10	36	23	17	17	15	8	26
	Morrison				1,330	934	699	642	995	941	1,131	878	1,130	1,285	1,454	1,245	1,336
	NPTH																
	Singleton				3,098	1,808	1,029	1,106	1,452	1,118	1,602	1,580	1,727	1,485	1,737	1,648	1,932
	Total			4,590	3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	
% of patients who would recommend and highly recommend	PCCS	90%	80%		100%	100%	89%	94%	90%	90%	94%	90%	93%	95%	92%	94%	94%
	MH&LD				100%	0%	0%	93%	94%	90%	97%	100%	100%	100%	100%	100%	100%
	Morrison				96%	97%	93%	92%	93%	92%	93%	94%	94%	84%	86%	85%	92%
	NPTH																
	Singleton				97%	97%	91%	92%	90%	92%	94%	94%	94%	94%	94%	94%	91%
	Total			96%	97%	92%	92%	92%	92%	94%	93%	92%	90%	90%	89%	90%	
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		100%	-		95%	92%	94%	89%	97%	97%	99%	97%	96%	95%
	MH&LD																
	Morrison				93%	97%		96%	96%	94%	93%	96%	97%	89%	91%	89%	89%
	NPTH																
	Singleton				93%	97%		95%	96%	95%	93%	97%	96%	97%	97%	94%	95%
	Total			92%	96%		92%	96%	93%	93%	96%	93%	91%	91%	89%	91%	
Number of new complaints received	PCCS	12 month reduction rend			16	16	18	8	11	12	16	9	15	19	23		
	MH&LD				15	19	24	13	12	13	13	9	19	16	15		
	Morrison				53	69	51	50	61	57	66	42	53	49	52		
	NPTH				3	10	6	6	6	6	8	3	7	13	3		
	Singleton				23	31	28	32	21	33	26	20	21	36	51		
	Total			115	159	139	115	115	134	159	115	124	139	156			
% 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%		81%	72%	54%	75%	73%	83%	88%	78%	67%	68%	87%		
	MH&LD				67%	50%	58%	62%	92%	69%	31%	78%	58%	38%	60%		
	Morrison				92%	80%	76%	94%	84%	70%	73%	69%	74%	78%	73%		
	NPTH				100%	70%	100%	67%	50%	83%	75%	67%	29%	62%	67%		
	Singleton				68%	43%	54%	81%	52%	48%	54%	50%	43%	50%	43%		
	Total			78%	68%	69%	83%	75%	67%	69%	68%	63%	64%	65%			

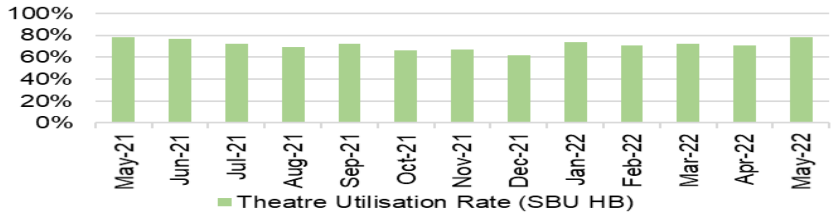
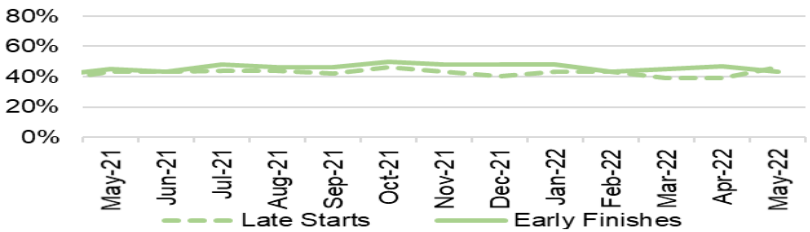
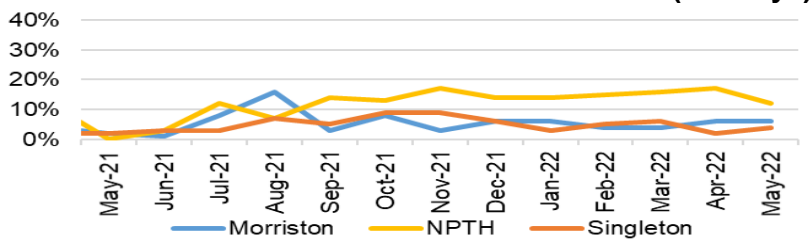
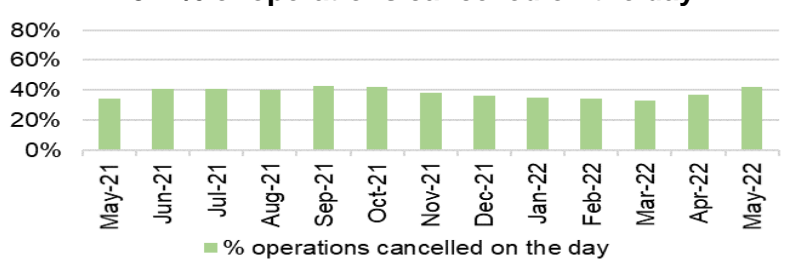
5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list 1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at May 2022</i>	<p>May 2022 has seen an increase in referral figures. Referral data has recently been reviewed and updated following the introduction of the new digital dashboard in June 2021, data selection was updated as appropriate. Referral rates have continued to rise slowly since December 2021, rising to 14,076 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.</p> <p>Trend</p> <div> <div> 1. Number of GP referrals received by SBU Health Board  </div> <div> 2. Number of stage 1 additions per week  </div> </div> <div> <div> 3. Total size of the waiting list and movement (December 2019)  </div> <div> 4. Total size of the waiting list and movement (May 2022)  </div> </div>

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. April 2022 saw an in-month increase of 4% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 24,728 in March 2022 to 25,601 in April 2022. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Orthopaedics and ENT. Chart 4 shows that the number of attendances has remained steady in recent months despite the impact of the recent Covid wave.</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 March 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>

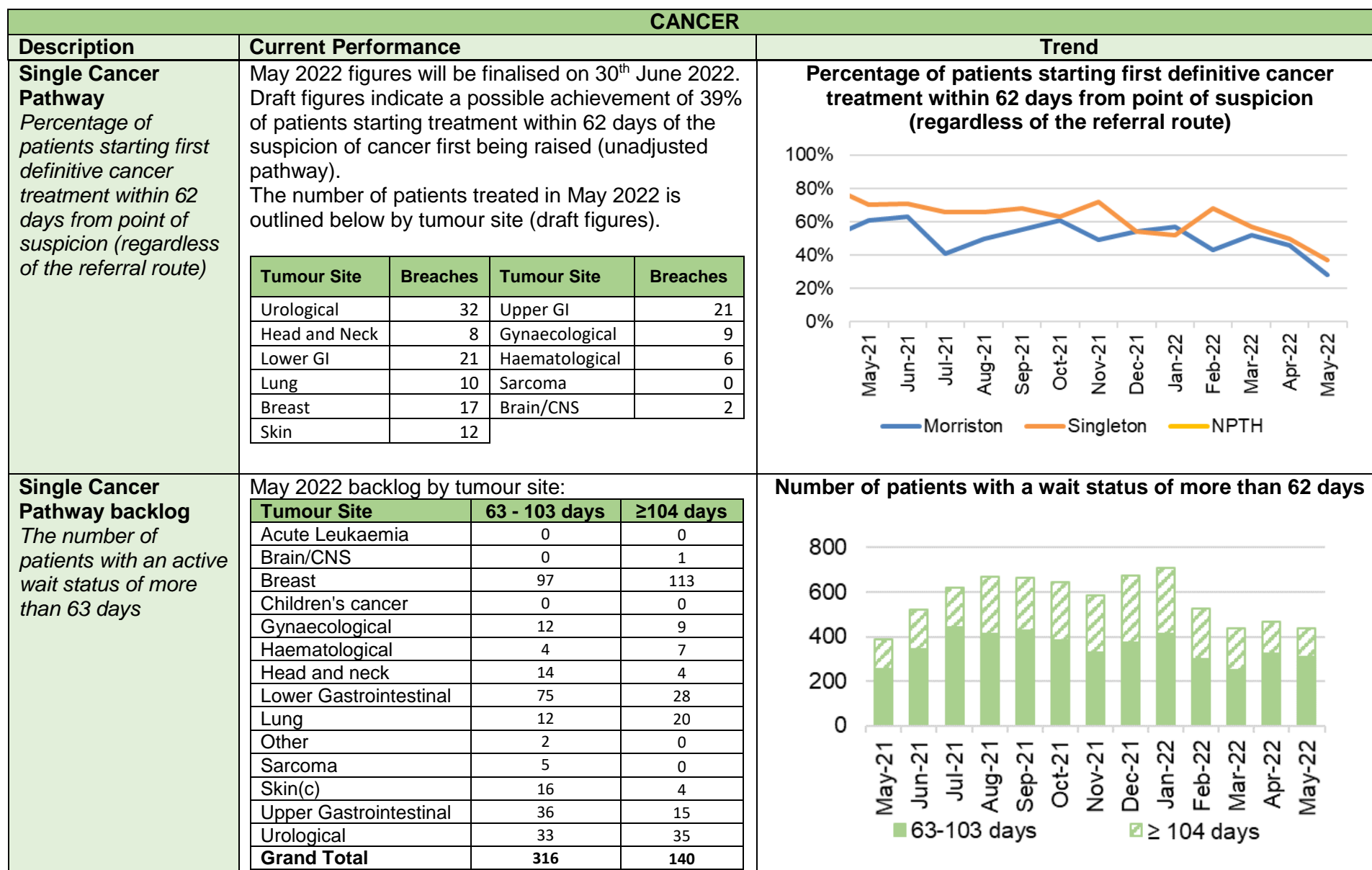
PLANNED CARE	
Description	Current Performance
<p>Patients waiting over 36 weeks for treatment</p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 36 weeks for treatment</p> <p>3. Number of elective admissions</p> <p>4. Number of patients waiting more than 104 weeks for treatment</p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In May 2022, there were 39,403 patients waiting over 36 weeks which is a 1.6% in-month increase from April 2022. 28,319 of the 39,403 were waiting over 52 weeks in May 2022. In May 2022, there were 12,670 patients waiting over 104 weeks for treatment, which is a 3% reduction from April 2022. Targeted validation work is currently taking place to reduce the number of patients waiting over 52 and 104 weeks with the view to meet the Welsh Government target – submitted recovery trajectories can be seen in Appendix 2.</p>
	Trend
	<div> <p>1. Number of patients waiting over 36 weeks- HB total</p> <p>>36 wks (SB UHB) Trajectory</p> </div> <div> <p>2. Number of patients waiting over 36 weeks- Hospital level</p> <p>Morriston Singleton PCT NPTH</p> </div> <div> <p>3. Number of elective admissions</p> <p>Admitted elective patients</p> </div> <div> <p>3. Number of patients waiting over 104 weeks- Hospital level</p> <p>< 104 wks (SBU HB) Trajectory</p> </div>

PLANNED CARE																																																																								
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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 May 2022, 50.4% of patients were waiting under 26 weeks from referral to treatment, which is the same figure seen in April 2022.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PCT</th><th>NPTH</th></tr></thead><tbody><tr><td>May-21</td><td>40%</td><td>45%</td><td>40%</td><td>90%</td></tr><tr><td>Jun-21</td><td>42%</td><td>48%</td><td>55%</td><td>85%</td></tr><tr><td>Jul-21</td><td>45%</td><td>48%</td><td>65%</td><td>80%</td></tr><tr><td>Aug-21</td><td>45%</td><td>48%</td><td>75%</td><td>75%</td></tr><tr><td>Sep-21</td><td>45%</td><td>50%</td><td>75%</td><td>75%</td></tr><tr><td>Oct-21</td><td>45%</td><td>50%</td><td>75%</td><td>75%</td></tr><tr><td>Nov-21</td><td>45%</td><td>48%</td><td>80%</td><td>70%</td></tr><tr><td>Dec-21</td><td>45%</td><td>48%</td><td>80%</td><td>75%</td></tr><tr><td>Jan-22</td><td>45%</td><td>48%</td><td>80%</td><td>80%</td></tr><tr><td>Feb-22</td><td>45%</td><td>48%</td><td>85%</td><td>80%</td></tr><tr><td>Mar-22</td><td>45%</td><td>48%</td><td>85%</td><td>95%</td></tr><tr><td>Apr-22</td><td>45%</td><td>48%</td><td>85%</td><td>95%</td></tr><tr><td>May-22</td><td>40%</td><td>50%</td><td>100%</td><td>100%</td></tr></tbody></table> <p>— Morriston — Singleton — PCT — NPTH</p>	Month	Morriston	Singleton	PCT	NPTH	May-21	40%	45%	40%	90%	Jun-21	42%	48%	55%	85%	Jul-21	45%	48%	65%	80%	Aug-21	45%	48%	75%	75%	Sep-21	45%	50%	75%	75%	Oct-21	45%	50%	75%	75%	Nov-21	45%	48%	80%	70%	Dec-21	45%	48%	80%	75%	Jan-22	45%	48%	80%	80%	Feb-22	45%	48%	85%	80%	Mar-22	45%	48%	85%	95%	Apr-22	45%	48%	85%	95%	May-22	40%	50%	100%	100%
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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 May 2022, 63.3% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22.</p>	<p>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><thead><tr><th>Month</th><th>% of ophthalmology R1 appointments</th></tr></thead><tbody><tr><td>May-21</td><td>60%</td></tr><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>63.3%</td></tr></tbody></table> <p>■ % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date. — Target</p>	Month	% of ophthalmology R1 appointments	May-21	60%	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	63.3%																																										
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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 May 2022 the Theatre Utilisation rate was 78%. This is an in-month improvement of 7% and the same figure seen in May 2021.</p> <p>46% of theatre sessions started late in May 2022. This is a 7% deterioration on performance in April 2022 (39%).</p> <p>In May 2022, 43% of theatre sessions finished early. This is 4% lower than figures seen in April 2022 and 2% lower than figures seen in May 2021.</p> <p>6% of theatre sessions were cancelled at short notice in May 2022. This is 1% lower than figures reported in April 2022 and is 2% higher than figures seen in May 2021.</p> <p>Of the operations cancelled in May 2022, 42% of them were cancelled on the day. This is a deterioration from 37% in April 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 May 2022, there was a minor reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 6,308 in April 2022 to 6,306 in May 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for May 2022:</p> <ul style="list-style-type: none"> Endoscopy= 4,564 Cardiac tests= 1,124 Other Diagnostics = 618 <p>Endoscopy waits continue to rise, however a revised recovery trajectory has been submitted to Welsh Government for consideration. The increase in capacity comes as a result of Covid restrictions being removed, and additional insourcing/outsourcing sessions being utilised for recovery</p>	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <p>■ 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 May 2022 there were 614 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in May 2022 are:</p> <ul style="list-style-type: none"> Podiatry = 552 Speech & Language Therapy= 31 Dietetics = 16 <p>Podiatry and SALT recovery plans continue to support performance improvement. Specifically within Nutrition & Dietetics, vacancies within paediatric service have impacted waiting times and a lack of available locum staff. Performance recovery is expected to begin in July 2022, however improvements can already be seen in the waiting list.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <p>■ Occ Therapy/ LD (MH) ■ Occ Therapy (exc. MH) ■ Audiology ■ Dietetics ■ Phsyio ■ Podiatry</p>

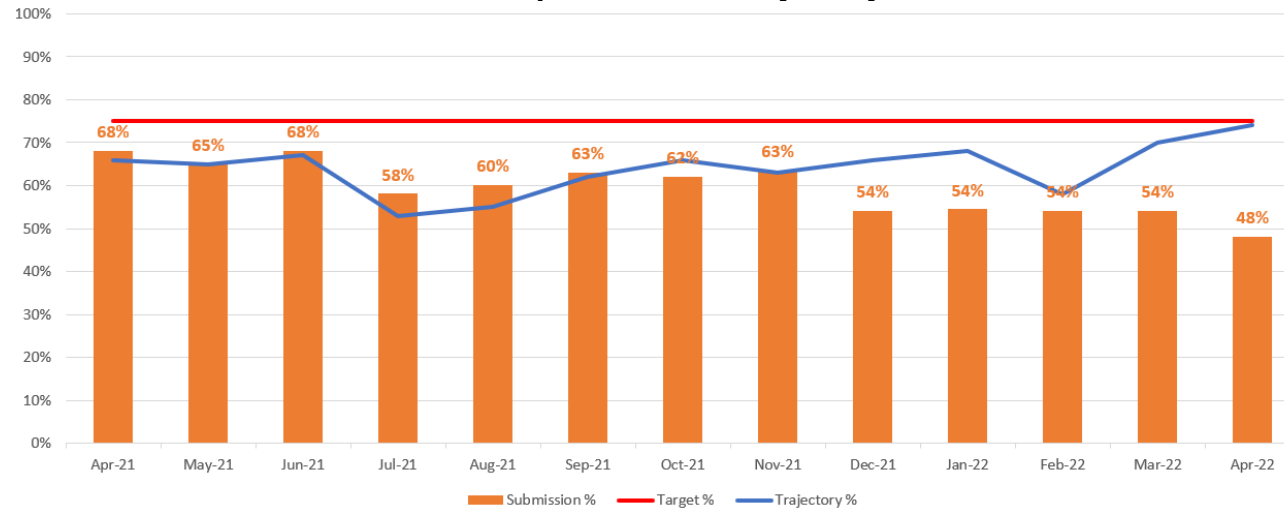
CANCER																																				
Description	Current Performance	Trend																																		
<p>Cancer demand and shape of the waiting list</p> <p>1. Number of Urgent Suspected Cancer (USC) referrals received</p>	<p>The number of Urgent Suspected Cancer (USC) referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020.</p> <p>Referral figures reported in May 2022 (1,926) have increased compared to those seen in April 2022 (1,555)</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>1926</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	1926
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<p>2. Single Cancer Pathway backlog- patients waiting over 63 days</p>	<p>April 2022 has seen a slight increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</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 for circulation in July 2022- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority	<p>2. Single Cancer Pathway backlog- patients waiting over 63 days</p> <table><tr><th>Month</th><th>Total backlog</th></tr><tr><td>May-21</td><td>400</td></tr><tr><td>Jun-21</td><td>520</td></tr><tr><td>Jul-21</td><td>620</td></tr><tr><td>Aug-21</td><td>680</td></tr><tr><td>Sep-21</td><td>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></table>	Month	Total backlog	May-21	400	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						
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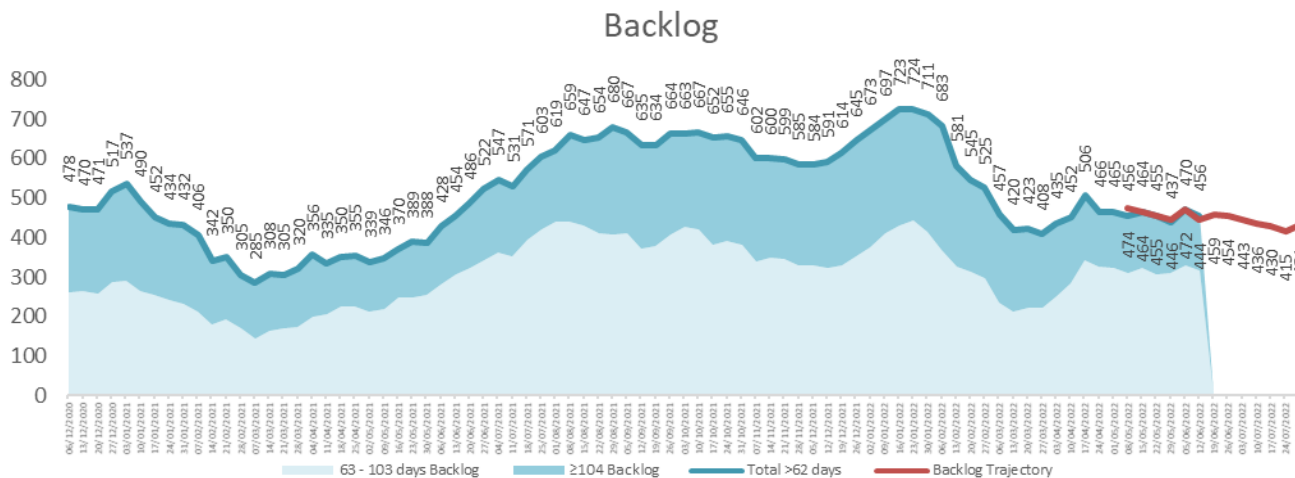
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early May 2022 figures show total wait volumes have decreased by 14%. Of the total number of patients awaiting a first outpatient appointment, 57% have been booked.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early June 2022</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th><th>05-June</th><th>12-June</th></tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>1</td><td>5</td></tr> <tr><td>Children's Cancer</td><td>2</td><td>3</td></tr> <tr><td>Gynaecological</td><td>54</td><td>44</td></tr> <tr><td>Haematological</td><td>2</td><td>0</td></tr> <tr><td>Head and Neck</td><td>81</td><td>59</td></tr> <tr><td>Lower GI</td><td>170</td><td>208</td></tr> <tr><td>Lung</td><td>12</td><td>11</td></tr> <tr><td>Other</td><td>113</td><td>42</td></tr> <tr><td>Sarcoma</td><td>3</td><td>1</td></tr> <tr><td>Skin</td><td>113</td><td>103</td></tr> <tr><td>Upper GI</td><td>53</td><td>43</td></tr> <tr><td>Urological</td><td>49</td><td>44</td></tr> <tr><td></td><td>653</td><td>563</td></tr> </tbody> </table>	FIRST OPA	05-June	12-June	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	1	5	Children's Cancer	2	3	Gynaecological	54	44	Haematological	2	0	Head and Neck	81	59	Lower GI	170	208	Lung	12	11	Other	113	42	Sarcoma	3	1	Skin	113	103	Upper GI	53	43	Urological	49	44		653	563
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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 border="1"> <thead> <tr> <th>Measure</th><th>Target</th><th>May-21</th></tr> </thead> <tbody> <tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>36%</td></tr> <tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>88%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>44%</td></tr> <tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>94%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>95%</td></tr> <tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>98%</td></tr> </tbody> </table>	Measure	Target	May-21	Scheduled (21 Day Target)	80%	36%	Scheduled (28 Day Target)	100%	88%	Urgent SC (7 Day Target)	80%	44%	Urgent SC (14 Day Target)	100%	94%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	95%	Elective Delay (28 Day Target)	100%	98%	<p>Radiotherapy waiting times</p>																					
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Cancer Services – Performance Escalation Updates

1.SCP performance trajectory

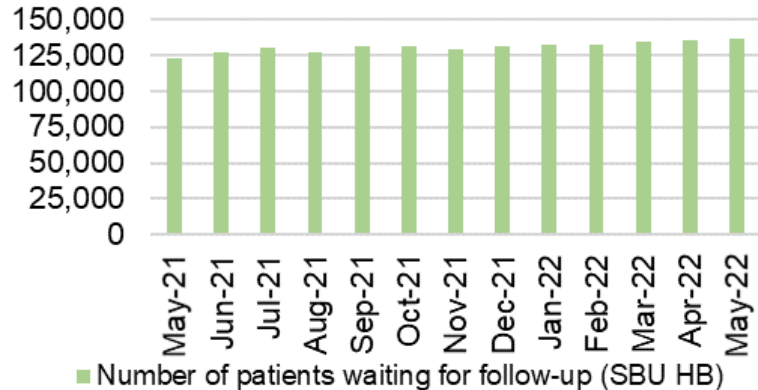
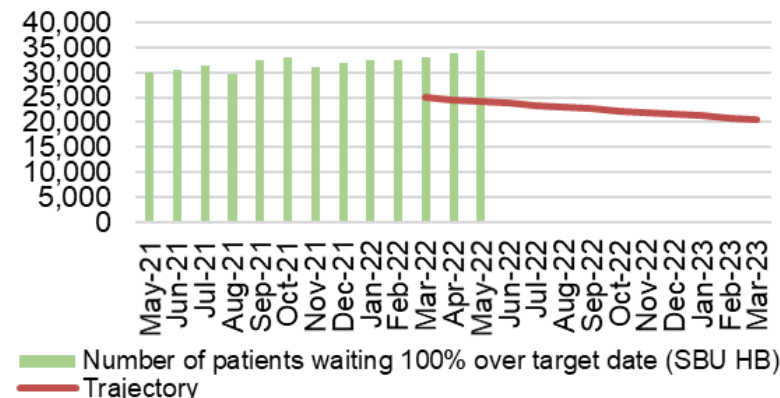


Proposed backlog improvements to support SCP performance

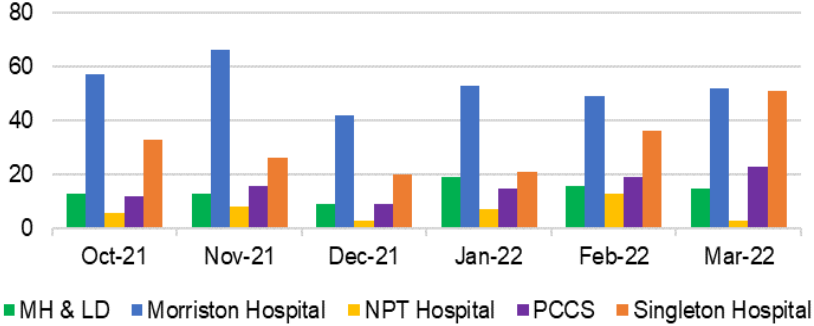
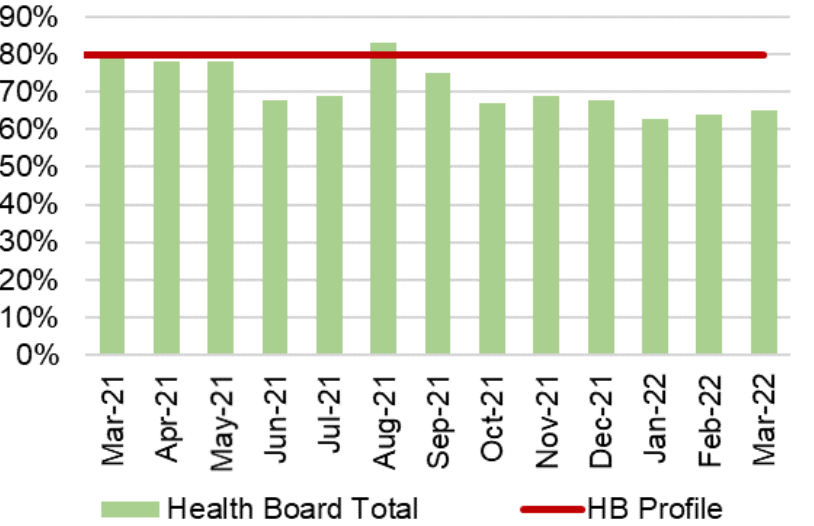


1. SCP performance in April 2022 was reported as 48% which continues to track below the outlined trajectory of 74%. May 2022 performance is still in draft format, however current projections suggest performance will be below the recovery trajectory.

2. Shows the weekly breakdown of the backlog reduction against the proposed trajectories. The backlog figure as at 12/06/22 was 456. Updated backlog trajectories are currently in the approval process.








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 May 2022, the overall size of the follow-up waiting list increased by 408 patients compared with April 2022 (from 135,471 to 135,879).</p> <p>In May 2022, there was a total of 60,314 patients waiting for a follow-up past their target date. This is a slight in-month reduction of 0.1% (from 60,348 in April 2022 to 60,314 in May 2022).</p> <p>Of the 60,314 delayed follow-ups in May 2022, 11,455 had appointment dates and 48,859 were still waiting for an appointment.</p> <p>In addition, 34,568 patients were waiting 100%+ over target date in May 2022. This is a 1.7% increase when compared with April 2022.</p> <p>Focussed validation work is currently taking place looking at the number of clinics which have not been 'cashed up' within the system, along with reviewing the capacity for increased digital working.</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 May 2022 was 90% and 3,550 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,932 surveys in May 2022, with a recommended score of 92%. Morrison Hospital completed 1,336 surveys in May 2022, with a recommended score of 92%. Primary & Community Care completed 154 surveys for May 2022, with a recommended score of 94%. The Mental Health Service Group completed 26 surveys for May 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> <p>* Data not available for April 2021. Neath Port Talbot included in Singleton's figures from May 2021</p>

COMPLAINTS																																																							
Description	Current Performance	Trend																																																					
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 March 2022, the Health Board received 156 formal complaints; this is a 12.2% increase on the number seen in February 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>Oct-21</td><td>12</td><td>58</td><td>5</td><td>10</td><td>32</td></tr><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>10</td><td>42</td><td>2</td><td>10</td><td>20</td></tr><tr><td>Jan-22</td><td>18</td><td>52</td><td>5</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>2</td><td>22</td><td>50</td></tr></tbody></table>	Month	MH & LD	Morriston Hospital	NPT Hospital	PCCS	Singleton Hospital	Oct-21	12	58	5	10	32	Nov-21	12	65	8	15	25	Dec-21	10	42	2	10	20	Jan-22	18	52	5	15	20	Feb-22	15	48	12	18	35	Mar-22	15	52	2	22	50											
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<p>2. The overall Health Board rate for responding to concerns within 30 working days was 65% in March 2022, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1"><thead><tr><th></th><th>30 day response rate</th></tr></thead><tbody><tr><td>Neath Port Talbot Hospital</td><td>67%</td></tr><tr><td>Morriston Hospital</td><td>73%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>60%</td></tr><tr><td>Primary, Community and Therapies</td><td>87%</td></tr><tr><td>Singleton Hospital</td><td>43%</td></tr></tbody></table>		30 day response rate	Neath Port Talbot Hospital	67%	Morriston Hospital	73%	Mental Health & Learning Disabilities	60%	Primary, Community and Therapies	87%	Singleton Hospital	43%	<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>Mar-21</td><td>78</td><td>80</td></tr><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>65</td><td>80</td></tr></tbody></table>	Month	Health Board Total (%)	HB Profile (%)	Mar-21	78	80	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	65	80
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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	65	80																																																					

6.1 Overview

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

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
% children who are up to date in schedule by age 4	NPT	95%	90%		87.9%			86.4%			82.2%						
	Swansea				88.1%			88.3%			85.6%						
	HB Total				88.0%			87.6%			86.8%						
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		90.8%			89.0%			91.6%						
	Swansea				91.3%			90.3%			90.9%						
	HB Total				91.1%			89.8%			91.2%						
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		91.3%			89.3%			92.4%						
	Swansea				92.0%			92.0%			90.1%						
	HB Total				91.7%			91.0%			91.0%						
% children who received MMR vaccination by age 16	NPT	95%	90%		90.1%			94.0%			93.3%						
	Swansea				91.2%			90.0%			91.1%						
	HB Total				90.8%			91.6%			92.0%						
% children who received teenage booster by age 16	NPT	90%	85%		91.6%			90.4%			87.9%						
	Swansea				89.9%			90.0%			91.0%						
	HB Total				90.6%			90.2%			89.8%						
% children who received MenACWY vaccine by age 16	NPT	Improve			92.1%			90.9%			88.1%						
	Swansea				91.1%			90.4%			91.3%						
	HB Total				91.5%			90.6%			90.0%						
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Mental Health Services																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			93%	94%	79%	100%	95%	97%	97%	100%	100%	100%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			61%	58%	41%	48%	40%	40%	34%	22%	28%	27%	29%	18%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			0%	0%	29%	37%	89%	65%	36%	43%	28%	24%	36%	23%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			53%	44%	29%	32%	41%	3%	3%	2%	27%	26%	30%	19%	
% 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%			98%	99%	98%	100%	96%	98%	98%	95%	95%	99%	96%	97%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			67%	1%	100%	82%	35%	0%	64%	50%	39%	67%	78%	51%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			96%	99%	97%	100%	90%	98%	96%	100%	99%	100%	98%	96%	
% 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%			33%	32%	34%	27%	34%	34%	37%	37%	33%	33%	35%	35%	
% 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%			83%	81%	81%	65%	84%	84%	84%	84%	89%	88%	100%	87%	
% 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%			92%	88%	88%	84%	84%	83%	81%	80%	81%	85%	89%	88%	

6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																										
Description	Current Performance	Trend																																																																																																																																																																								
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In April 2022, 97% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In April 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 96%.</p> <p>3. 88% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in April 2022.</p> <p>4. In April 2022, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>Data for Measure 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-21</td><td>97%</td><td>95%</td></tr> <tr><td>May-21</td><td>97%</td><td>95%</td></tr> <tr><td>Jun-21</td><td>97%</td><td>95%</td></tr> <tr><td>Jul-21</td><td>97%</td><td>95%</td></tr> <tr><td>Aug-21</td><td>97%</td><td>95%</td></tr> <tr><td>Sep-21</td><td>97%</td><td>95%</td></tr> <tr><td>Oct-21</td><td>97%</td><td>95%</td></tr> <tr><td>Nov-21</td><td>97%</td><td>95%</td></tr> <tr><td>Dec-21</td><td>97%</td><td>95%</td></tr> <tr><td>Jan-22</td><td>97%</td><td>95%</td></tr> <tr><td>Feb-22</td><td>97%</td><td>95%</td></tr> <tr><td>Mar-22</td><td>97%</td><td>95%</td></tr> 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therapy	Target	Apr-21	100%	95%	May-21	100%	95%	Jun-21	100%	95%	Jul-21	100%	95%	Aug-21	100%	95%	Sep-21	100%	95%	Oct-21	100%	95%	Nov-21	100%	95%	Dec-21	100%	95%	Jan-22	100%	95%	Feb-22	100%	95%	Mar-22	100%	95%	Apr-22	100%	95%
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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 April 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 April 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 April 2022.	
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 35% of NDD patients received a diagnostic assessment within 26 weeks in April 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. 19% of routine assessments by SCAMHS were undertaken within 28 days in April	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	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 rela	Number of new COVID19 cases*	Local			May-22						286
	Number of staff referred for Antigen Testing*	Local			May-22						157
	Number of staff awaiting results of COVID19 test*	Local			May-22						0
	Number of COVID19 related incidents*	Local			Mar-22						57
	Number of COVID19 related serious incidents*	Local			May-22						0
	Number of COVID19 related complaints*	Local			May-22						0
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			May-22						29
	Number of staff self isolated (symptomatic)*	Local			May-22						125
	% sickness*	Local			May-22						1.2%

	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		May-22	507		31			538
	% 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%		May-22	57.8%	97.9%				74%
	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		May-22	1,192	3				1,195
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		May-22	20%					20%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		May-22	38%					38%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		May-22	91%					91%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		May-22	13%					13%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		May-22	35%					35%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	21	May-22	5	0	2	13	1	21
	Number of S.aureus bacteraemia cases	National		7	May-22	8	0	1	9	0	18
	Number of C.difficile cases	National		8	May-22	5	1	0	5	0	11
	Number of Klebsiella cases	National		6	May-22	5	0	2	1	0	8
	Number of Aeruginosa cases	National		2	May-22	1	0	0	1	0	2
	Compliance with hand hygiene audits	Local	95%		May-22	95%	100%	100%	96%	98%	95%

* 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
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Apr-22	89.5%					89.5%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Apr-22	42.2%					42.2%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Apr-22	72.4%					72.4%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Apr-22	70.2%					70.2%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Apr-22	77.4%					77.4%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Mar-22	69.0%					69.0%
	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%
Serious incidents	Number of Serious Incidents	Local	12 month reduction trend		May-22	3	1	2	2	0	8
	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		May-22						100%
	Number of Never Events	Local	0		May-22	1	0	0	0	0	1
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Apr-22	26	3	15	33	1	78
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Apr-22	2	0	0	2	1	5
	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		May-22	71	29	48	10	24	182
	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		Mar-22	1.48%	0.06%	0.49%			0.88%

* 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%		May-22 (Draft)						32%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		May-22	19,498	18	6,943	0		26,459
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		May-22	26,411	5	12,310	0		39,403
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		May-22	1,753		4,553			6,306
	Number of patients waiting > 14 weeks for a specified therapy	National	0		May-22		17		614	0	631
	Total number of patients waiting for a follow-up outpatient appointment	National	0		May-22						135,879
	Number of patients delayed by over 100% past their target date	National	0		May-22						34,568
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		May-22						60,314
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		May-22						246
	Number of patients without a documented clinical review date	Local	0		May-22						2
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		May-22	1,336	Now reported under Singleton	1,932	154	26	1,336
	% of patients who would recommend and highly recommend	Local	90%	80%	May-22	92%		92%	94%	100%	90%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	May-22	89%		95%	95%		91%
	Number of new complaints received	Local	12 month reduction trend		Mar-22	52	3	51	23	15	156
	% 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%	Mar-22	73%	67%	43%	87%	60%	65%

* 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%	Q3 2021/22						96.1%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q3 2021/22						95.7%
	% children who received PCV2 vaccine by age 1		95%	90%	Q3 2021/22						97.2%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q3 2021/22						94.9%
	% children who received MMR1 vaccine by age 2		95%	90%	Q3 2021/22						93.8%
	% children who received PCV3 vaccine by age 2		95%	90%	Q3 2021/22						93.8%
	% children who received MenB4 vaccine by age 2		95%	90%	Q3 2021/22						93.9%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q3 2021/22						93.0%
	% children who are up to date in schedule by age 4		95%	90%	Q3 2021/22						86.8%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q3 2021/22						91.2%
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q3 2021/22						91.0%
	% children who received MMR vaccination by age 16		95%	90%	Q3 2021/22						92.0%
	% children who received teenage booster by age 16		90%	85%	Q3 2021/22						89.8%
	% children who received MenACWY vaccine by age 16		Improve		Q3 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%		Apr-22						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Apr-22						18%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Apr-22						23%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Apr-22						19%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Apr-22					97%	97%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Apr-22						51%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Apr-22					96%	96%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Apr-22					100%	100%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Apr-22						35%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Apr-22						87%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Apr-22					88%	88%

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	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
COVID19 related measures	Number of new COVID19 cases	Local	May-22	286		Reduce					189	708	1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749	835	286
	Number of staff referred for Antigen Testing	Local	May-22	17,315		Reduce					12,224	12,505	12,872	13,278	13,951	14,475	14,969	15,756	16,447	16,647	16,756	17,158	17,315
	Number of staff awaiting results of COVID19 test	Local	May-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					67	23	24	36	36	47	53	54	59	55	57		
	Number of COVID19 related serious incidents	Local	May-22	0		Reduce					0	0	0	0	0	1	3	1	0	1	0	0	
	Number of COVID19 related complaints	Local	May-22	0		Reduce					13	16	4	6	3	4	14	20	4	4	10	6	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					2	1	1	1	0	0							
	Number of staff self isolated (asymptomatic)	Local	May-22	29		Reduce					71	70	71	115	227	120	65	126	87	43	87	42	29
	Number of staff self isolated (symptomatic)	Local	May-22	125		Reduce					71	50	67	114	204	180	120	393	309	204	326	270	125
	% sickness	Local	May-22	1.2%		Reduce						1.0%	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%
Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	May-22	56%	65%	65%	✗	54.5% (May-22)	3rd (Mar-22)		62%	67%	64%	59%	50%	44%	52%	46%	51%	54%	48%	53%	56%
	Number of ambulance handovers over one hour	National	May-22	538	0			6,237 (May-22)	1st (May-22)		477	547	616	726	642	648	670	612	735	678	687	671	538
	Handover hours lost over 15 minutes	Local	May-22	1892							1,154	1,386	1,937	2,443	2,467	3,093	2,461	2,527	3,390	3,110	3,023	3,286	1,892
	% 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	May-22	74%	95%			66.6% (May-22)	3rd (May-22)		73%	72%	75%	75%	73%	72%	73%	70%	73%	72%	71%	73%	74%
	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	May-22	1195	0			10,226 (May-22)	2nd (May-22)		684	880	1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑			81.5% (Feb-22)	4th (Feb-22)		72.1%	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%	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	May-22	20%	54.0%			12.8% (Apr-22)	2nd out of 6 organisations (Apr-22)		27.5%	28.3%	13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%
	CT Scan (<1 hrs) (local)	Local	May-22	38%							36.5%	29.6%	34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	May-22	91%							98.1%	100.0%	100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%
	Thrombolysis door to needle <= 45 mins	Local	May-22	13%							0.0%	33.3%	28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	May-22	35%	12 month ↑							39.7%	41.9%	45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%

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	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
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												
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	May-22	79.6	<67		✗	66.64 (May-22)	6th (May-22)		88.9	89.4	89.4	90.5	86.4	82.2	80.5	77.1	73.8	74.6	73.7	96.5	79.6
	Number of E.Coli bacteraemia cases (Hospital)		May-22	8							11	5	11	9	9	7	5	5	7	9	4	13	8
	Number of E.Coli bacteraemia cases (Community)			13							15	24	16	25	12	12	17	12	8	17	17	18	13
	Total number of E.Coli bacteraemia cases			21							26	29	27	34	21	19	22	17	15	26	21	31	21
	Cumulative cases of S.aureus bacteraemias per 100k pop		May-22	50.5	<20		✗	30.58 (May-22)	6th (May-22)		44.5	37.0	36.0	35.5	38.3	40.6	37.2	36.0	36.3	35.8	35.6	43.6	50.5
	Number of S.aureus bacteraemias cases (Hospital)		May-22	9							5	5	7	8	13	11	1	5	2	7	7	6	9
	Number of S.aureus bacteraemias cases			9							10	2	4	4	4	7	3	4	11	3	4	7	9
	Total number of S.aureus bacteraemias cases			18							15	7	11	12	17	18	4	9	13	10	11	13	18
	Cumulative cases of C.difficile per 100k pop		May-22	36.7	<25		✗	30.96 (May-22)	5th (May-22)		49.1	46.2	52.0	55.0	53.2	52.9	53.3	51.3	50.3	49.8	50.1	40.5	36.7
	Number of C.difficile cases (Hospital)		May-22	7							7	7	16	20	9	10	10	11	11	8	12	11	7
	Number of C.difficile cases (Community)			4							5	6	7	2	5	5	10	1	3	5	6	2	4
	Total number of C.difficile cases			11							12	13	23	22	14	15	20	12	14	13	18	13	11
	Cumulative cases of Klebsiella per 100k pop		May-22	21.4							21.5	26.7	0.0	22.6	24.5	27.1	26.5	26.5	25.3	24.3	24.0	18.7	21.4
	Number of Klebsiella cases (Hospital)		May-22	7							3	5	2	4	8	8	2	6	5	3	4	4	7
	Number of Klebsiella cases (Community)			1							2	7	1	4	3	5	5	3	0	1	3	2	1
	Total number of Klebsiella cases			8				51 Total (May-22)	2nd (May-22)		5	12	3	8	11	13	7	9	5	4	7	6	8
	Cumulative cases of Aeruginosa per 100k pop		May-22	6.1							6.1	6.2	0.0	5.5	5.6	4.8	5.4	6.1	5.8	6.2	6.1	6.2	6.1
	Number of Aeruginosa cases (Hospital)		May-22	1							0	1	0	1	2	0	3	3	1	2	0	1	1
	Number of Aeruginosa cases (Community)			1							1	1	1	1	0	0	0	1	0	1	2	1	1
	Total number of Aeruginosa cases			2				11 Total (May-22)	Joint 2nd (May-22)		1	2	1	2	2	0	3	4	1	3	2	2	2
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	May-22	96.2%		95%	✓				98%	96%	95%	95%	96%	97%	92%	96%	95%	96%	93%	96%	96%
Serious Incidents and risks	Of the serious incidents due for assurance, the % which were assured within the agreed timescales	National	May-22	100.0%	90%	80%	✓				0%	0%	33%	0%	-	0%	0%	0%	25%	0%	33%	25%	100%
	Number of new Never Events	National	May-22	1	0	0	✗				0	1	0	0	0	0	1	0	0	2	0	0	1
	Number of risks with a score greater than 20	Local		134		12 month ↓	✗				127	113	104	105	114	118	121	122	129	127	140	140	134
	Number of risks with a score greater than 16	Local		266		12 month ↓	✗				224	219	221	220	240	235	238	241	249	253	271	276	266
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Apr-22	45		12 month ↓	✓				53	53	58	53	65	42	43	56	65	53	49	45	
	Number of pressure ulcers developed in the community		Apr-22	33		12 month ↓	✗				20	21	33	34	39	32	31	55	27	38	56	33	
	Total number of pressure ulcers			78		12 month ↓	✗				73	74	91	87	104	74	74	111	92	91	105	78	
	Number of grade 3+ pressure ulcers acquired in hospital			3		12 month ↓	✗				1	2	3	2	1	1	2	4	9	6	5	3	
	Number of grade 3+ pressure ulcers acquired in community		Apr-22	2		12 month ↓	✗				2	4	2	8	6	7	8	14	1	15	11	2	
	Total number of grade 3+ pressure ulcers		Apr-22	5		12 month ↓	✗				3	6	5	10	7	8	10	18	10	21	16	5	

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Inpatient Falls	Number of Inpatient Falls	Local	May-22	182		12 month ↓	✓				228	174	193	198	207	240	213	208	196	199	209	190	182
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✓				98.0%	98.6%	97.6%	93.0%	98.0%	96.8%	98.5%	96.1%	96.1%	97.2%			
	Stage 2 mortality reviews required	Local	Feb-22	7							18	12	7	17	10	16	10	6	7	7			
	% stage 2 mortality reviews completed	Local	Nov-21	50.00%		100%	✗					25.0%	42.9%	50.0%	81.8%	75.0%	50.0%						
	Crude hospital mortality rate (74 years of age or less)	National	Apr-22	0.87%	12 month ↓			1.06% (Mar-22)	4th (Mar-22)		1.04%	1.01%	1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	May-22	94%		98%	✗				98.9%	95.0%	89.7%	91.7%	91.6%	93.8%	92.2%	89.1%	93.4%	92.3%	96.9%	95.7%	93.9%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Apr-22	44%	95%	95%	✗				96%	89%	90%	94%	90%	92%	76%	84%	86%	95%	81%	44%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	May-22	66%		100%	✗				67%	69%	62%	62%	68%	61%	63%	62%	61%	65%	63%	60%	66%
Workforce	Agency spend as a % of the total pay bill	National	Feb-22	6.20%	12 month ↓			6.7% (Feb-22)	1st out of 10 organisations (Feb-22)		3.3%	4.4%	5.1%	3.9%	5.1%	5.5%	5.9%	5.7%	5.7%	6.2%			
	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 PADI/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	May-22	56%	85%	85%	✗	58.0% (Feb-22)	9th out of 10 organisations (Feb-22)		60%	65%	60%	60%	58%	56%	55%	57%	56%	56%	56%	56%	56%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	May-22	80%	85%	85%	✗	79.0% (Feb-22)	7th out of 10 organisations (Feb-22)		80%	81%	81%	81%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	% workforce sickness absence (12 month rolling)	National	Apr-22	8.11%	12 month ↓			6.67% (Feb-22)	9th out of 10 organisations (Feb-22)		6.93%	6.91%	6.99%	7.11%	7.29%	7.44%	7.44%	7.33%	7.43%	7.58%	7.82%	8.11%	
	% 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	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Mar-22	11.1%	4 quarter ↓			38.2% (Q2 21/22)	3rd (Q2 21/22)		9.0%	10.2%	11.4%	11.0%	11.5%	11.4%	10.5%	11.1%	10.8%	10.7%	11.1%		
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	May-22 (Draft)	32.0%	12 month ↑			56.4% (Apr-22)	5th out of 6 organisations (Apr-22)		65.4%	66.8%	55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	32.0%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	May-22	36%	80%		✗				40%	31%	60%	57%	58%	37%	30%	37%	48%	51%	70%	63%	36%
	Scheduled (28 Day Target)	Local	May-22	88%	100%		✗				87%	70%	84%	91%	89%	84%	61%	78%	82%	91%	95%	94%	88%
	Urgent SC (7 Day Target)	Local	May-22	44%	80%		✗				50%	45%	46%	55%	22%	30%	60%	37%	57%	60%	57%	62%	44%
	Urgent SC (14 Day Target)	Local	May-22	94%	100%		✗				86%	87%	77%	95%	76%	90%	100%	87%	97%	100%	100%	96%	94%
	Emergency (within 1 day)	Local	May-22	100%	80%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%	100%	100%
	Emergency (within 2 days)	Local	May-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	May-22	95%	80%		✓				81%	91%	90%	94%	81%	89%	79%	92%	90%	94%	90%	93%	95%
	Elective Delay (28 Day Target)	Local	May-22	98%	100%		✗				84%	95%	97%	97%	97%	94%	86%	100%	94%	100%	100%	96%	98%

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	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	May-22	6,306	0			45,028 (Apr-22)	5th (Apr-22)		4,842	5,230	5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306
	Number of patients waiting > 14 weeks for a specified therapy	National	May-22	614	0			13,103 (Apr-22)	3rd (Apr-22)		166	171	151	186	320	414	629	885	1,028	926	820	679	614
	% of patients waiting < 26 weeks for treatment	National	May-22	50%	95%			53.7% (Apr-22)	6th (Apr-22)		49.1%	50.7%	51.5%	51.9%	52.0%	51.6%	51.3%	50.5%	50.4%	50.1%	50.7%	50.4%	50.4%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	May-22	26,459	0						23,700	23,279	23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459
	Number of patients waiting > 36 weeks for treatment	National	May-22	39,403	0			258,190 (Apr-22)	4th (Apr-22)		34,447	35,040	35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403
	The number of patients waiting for a follow-up outpatient appointment	National	May-22	135,879	HB target TBC			790,628 (Apr-22)	5th (Apr-22)		123,088	127,444	130,208	127,391	130,963	131,554	129,255	131,403	131,848	132,036	133,772	135,471	135,879
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	May-22	34,568				195,986 (Apr-22)	5th (Apr-22)		30,062	30,550	31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568
	% of ophthalmology RI appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	May-22	63%	95%			65.4% (Apr-22)	5th (Apr-22)		61.0%	62.1%	62.2%	59.5%	55.9%	58.9%	62.1%	61.2%	59.8%	58.5%	59.4%	60.8%	63.3%
DNAs	% of patients who did not attend a new outpatient appointment	Local	May-22	6.3%	12 month ↓						5.7%	6.5%	6.5%	6.4%	7.2%	7.7%	7.0%	6.3%	6.3%	6.0%	6.7%	6.8%	6.3%
	% of patients who did not attend a follow-up outpatient appointment	Local	May-22	6.5%	12 month ↓						6.9%	5.5%	7.5%	7.5%	7.6%	7.8%	7.0%	6.4%	6.6%	6.4%	6.5%	7.0%	6.5%
Theatre Efficiencies	Theatre Utilisation rates	Local	May-22	78.0%		90%	✗				78%	77%	72%	69%	72%	68%	67%	62%	74%	71%	72%	71%	78%
	% of theatre sessions starting late	Local	May-22	46.0%		<25%	✗				43%	43%	44%	44%	42%	46%	43%	40%	43%	43%	39%	39%	46%
	% of theatre sessions finishing early	Local	May-22	43.0%		<20%	✗				45%	43%	48%	46%	46%	50%	48%	48%	48%	43%	45%	47%	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 AWMSC appraisals	National	Q3 21/22	99.1%	100%	100%	✗	98.8% (Q3 21/22)	3rd out of 6 organisations (Q3 21/22)			99.0%			99.1%		99.1%						
Patient experience	Total antibacterial items per 1,000 STAR-PUs	National	Q3 21/22	324.7	4 quarter ↓			302.6 (Q3 21/22)	6th (Q3 21/22)			249.7			277.6		324.7						
	Patients aged 65 years or over prescribed an antipsychotic	National	Q3 21/22	1,466	Quarter on quarter ↓			10,312 (Q3 21/22)	5th (Q3 21/22)			1,641			1,476		1,466						
	Opioid average daily quantities per 1,000 patients	National	Q3 21/22	4,472	4 quarter ↓			4546.6 (Q3 21/22)	3rd (Q3 21/22)			4,378.2			4,412		4,472						
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)			79.9%			80.8%		82.1%						
	Number of friends and family surveys completed	Local	May-22	3,550		12 month ↑	✓				4,590	3,297	1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550
	% of who would recommend and highly recommend	Local	May-22	90%		90%	✓				96%	97%	92%	92%	92%	92%	94%	93%	92%	90%	90%	89%	90%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	May-22	91%		90%	✓				92%	96%	95%	92%	96%	93%	93%	96%	93%	91%	91%	89%	91%
Complaints	Number of new formal complaints received	Local	Mar-22	156		12 month trend	✗				115	159	139	115	115	134	159	115	124	139	156		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Mar-22	65%	75%	80%	✗	67.2% (Q4 20/21)	3rd (Q4 20/21)		78%	68%	69%	83%	75%	67%	69%	68%	63%	64%	65%		
	% of acknowledgements sent within 2 working days	Local	Mar-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	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22		
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2020/21	35.6%	Annual ↑			36.8% (2020/21)	5th (2020/21)																
	% children who received 3 doses of the hexavalent *6 in 1 vaccine by age 1	National	Q3 21/22	96.1%	95%			95.9% (Q3 21/22)	3rd (Q3 21/22)			95.7%			96.2%			96.1%							
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q3 21/22	91.2%	95%			90.0% (Q3 21/22)	3rd (Q3 21/22)			91.1%			89.8%			91.2%							
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q3 21/22	313.3	4 quarter ↓			378.6 (Q3 21/22)	1st (Q3 21/22)			370.7			362.2			313.3							
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q3 21/22	63.6%	4 quarter ↑			69.0% (Q3 21/22)	5th (Q3 21/22)			31.8%			73.7%			63.6%			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	Apr-22	100%		100%	✔				93%	94%	79%	100%	95%	97%	97%	100%	100%	100%	100%	100%			
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Apr-22	35%	80%	80%	✘	37.5% (Apr-22)	5th (Apr-22)		33%	32%	34%	27%	34%	34%	37%	37%	33%	33%	35%	35%			
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Apr-22	18%	80%	80%	✘	41.2% (Apr-22)	3rd (Apr-22)		61%	58%	41%	48%	40%	40%	34%	22%	28%	27%	29%	18%			
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Apr-22	23%		80%	✘	45.2% (Apr-22)	4th (Apr-22)		0%	0%	29%	37%	89%	65%	36%	43%	28%	24%	36%	23%			
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Apr-22	51%		80%	✘	37.9% (Apr-22)	2nd (Apr-22)		67%	1%	100%	82%	35%	0%	64%	50%	39%	67%	78%	51%			
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Apr-22	19%		80%	✘				53%	44%	29%	32%	41%	3%	3%	2%	27%	26%	30%	19%			
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Apr-22	87%		90%	✘	80.1% (Apr-22)	1st (Apr-22)		83%	81%	81%	65%	84%	84%	84%	84%	89%	88%	100%	87%			
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	Apr-22	97%	80%	80%	✔	67.7% (Apr-22)	1st (Apr-22)		98%	99%	98%	100%	96%	98%	98%	95%	95%	99%	96%	97%			
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Apr-22	96%	80%	80%	✔	62.7% (Apr-22)	2nd (Apr-22)		96%	99%	97%	100%	90%	98%	96%	100%	99%	100%	98%	96%			
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Apr-22	100%	95%	95%	✔	71.8% (Apr-22)	1st (Apr-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	Apr-22	88%	90%	90%	✘	85.4% (Apr-22)	3rd (Apr-22)		92%	88%	88%	84%	84%	83%	81%	80%	81%	85%	89%	88%			
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)																