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Health Board



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|-------------------------------|---|--------------------|------------|
| Meeting Date | 25th January 2022 | Agenda Item | 3.1 |
| Report Title | Quality & Safety Performance Report | | |
| Report Author | Meghann Protheroe, Head of Performance | | |
| Report Sponsor | Darren Griffiths, Director of Finance and Performance | | |
| Presented by | Darren Griffiths, Director of Finance and Performance | | |
| Freedom of Information | Open | | |
| Purpose of the Report | The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2021/22 NHS Wales Delivery Framework. | | |
| Key Issues | <p>The Quality and Safety Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>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:</p> <p>2021/22 Delivery Framework</p> | | |

COVID19- The number of new cases of COVID19 has increased in December 2021, with 18,167 new cases being reported in-month. The occupancy rate of confirmed COVID patients in critical care beds remains at a low rate, however figures continue to increase for Covid positive patients utilising general beds.

Unscheduled Care- Demand for emergency department care within Swansea Bay University (SBU) Health Board increased from January 2021 to June 2021 but has since then been on modest reduction trajectory. Attendances have decreased in December 2021 to 9,082 from 10,138 in November 2021. The Health Board's performance against the 4-hour measure deteriorated from 73.46% in November 2021 to 70.15% in December 2021. The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased slightly from 1,055 in November 2021 to 1,101 in December 2021.

Planned Care- December 2021 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 1.2% to 37,504. However, December 2021 saw a 17% reduction in the number referrals received by secondary care. Therapy waiting times have increased in December 2021 to 889 from 629 in November 2021.

Cancer- November 2021 saw 63.4% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). The backlog of patients waiting over 63 days has increased in January 2021 to 673.

Mental Health- performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in November 2021. Psychological therapies within 26 weeks continue to be maintained at 100%.

Child and Adolescent Mental Health Services (CAMHS)-Access times for crisis performance has been maintained at 97% November 2021. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, however performance has increased from 34% in October 2021 to 37% in November 2021 against a target of 80%.

Serious Incidents closures- In November 2021, performance against the 80% target of submitting closure forms within 60 working days was 0%.

Patient Experience- A new feedback system was introduced in March 2021, which has resulted in no data being reported for April 2021 as the system, was not fully operational until the end of April

| | | | | |
|---------------------------------|---|-------------------|------------------|-----------------|
| | 2021. December 2021 data is included in this report showing 93% satisfaction through 2,776 surveys completed. | | | |
| Specific Action Required | Information | Discussion | Assurance | Approval |
| | ✓ | | ✓ | |
| Recommendations | Members are asked to: <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. | | |

| | |
|---|---|
| <ul style="list-style-type: none"> • 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 December 2021. This is a routine monthly report. |
| Appendices | Appendix 1: Quality & Safety performance report |



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Appendix 1- Quality & Safety Performance Report January 2022



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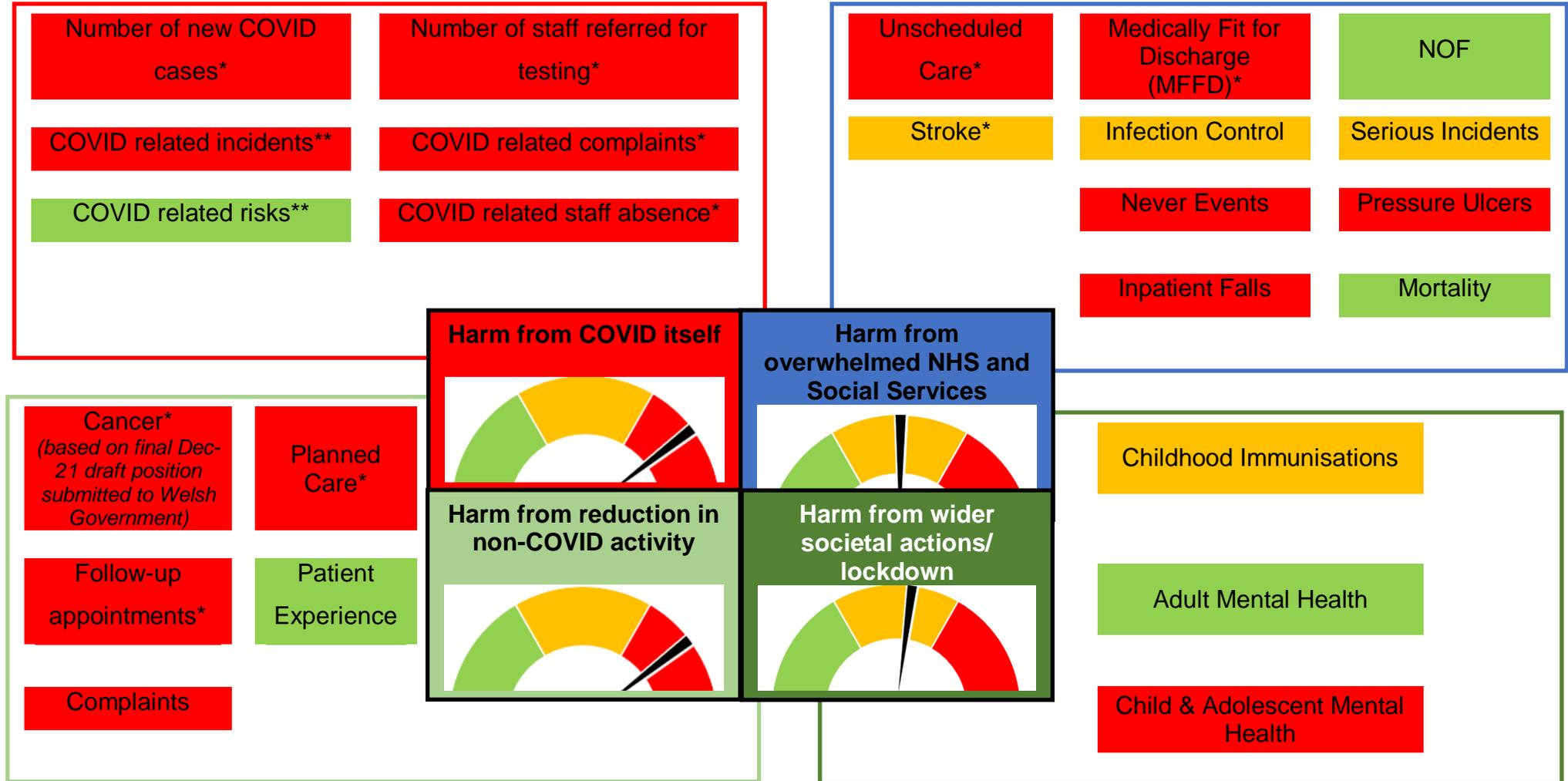
1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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 November 2021. Psychological therapies within 26 weeks continue to be maintained at 100%. Access times for routine CAMHS still continue to not meet the required targets. Crisis performance has been maintained at 97% compliance in November.
- Demand for emergency department care within Swansea Bay University (SBU) Health Board increased from January 2021 to June 2021 but has since then been on modest reduction trajectory. Attendances have decreased in December 2021 to 9,082 from 10,138 in November 2021. The Health Board's performance against the 4-hour measure deteriorated from 73.46% in November 2021 to 70.15% in December 2021. The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased slightly from 1,055 in November 2021 to 1,101 in December 2021.
- Planned care system is still challenging and December 2021 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 1.2% to 37,504. However, December 2021 saw a 17% reduction in the number referrals received by secondary care.
- Therapy waiting times have increased in December 2021 to 889 from 629 in November 2021.
- November 2021 saw 63.4% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). The backlog of patients waiting over 63 days has increased in January 2021 to 673.
- Concern response performance was below the Welsh Government target in October 2021, reporting 67% compliance against the 75% target.
- The number of formal complaints received in October 2021 was 135 which is a 14.2% increase on the number seen in September 2021.
- Health Board Friends & Family patient satisfaction level in December 2021 was 93% and 2,776 surveys were completed.
- There were two Serious Incidents (SI's) reported to Welsh Government in December 2021.
- There were no Never events reported for December 2021.
- Fractured Neck of Femur performance in November 2021 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

3. HARM QUADRANT- HARM FROM COVID ITSELF Overview

| | | Harm quadrant- Harm from Covid itself | | | | | | | | | | | | | | | |
|---|------------------------|---------------------------------------|------------------|-------|------------------------------|---------------------|---------------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Measure | Locality | National/ Local Target | Internal profile | Trend | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
| | | | | | Number of new COVID19 cases* | HB Total | | | | 11,976 | 3,759 | 1,208 | 907 | 406 | 189 | 708 | 1,946 |
| Number of staff referred for Antigen Testing | HB Total | | | | 1,864 | 684 | 366 | 568 | 274 | 267 | 281 | 367 | 406 | 673 | 524 | 494 | 787 |
| Number of staff awaiting results of COVID19 test* | HB Total | | | | 99 (as at 05/01/21) | 78 (as at 07/02/21) | 69 (as at 06/03/21) | 2 (as at 11/04/21) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of COVID19 related incidents* | HB Total | | | | 127 | 84 | 63 | 53 | 74 | 67 | 23 | 24 | 36 | 36 | 47 | 53 | 54 |
| Number of COVID19 related serious incidents* | HB Total | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of COVID19 related complaints* | HB Total | | | | 83 | 108 | 131 | 98 | 38 | 13 | 16 | 4 | 6 | 3 | 4 | 14 | 20 |
| Number of COVID19 related risks* | HB Total | | | | 10 | 3 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 0 | 0 | | |
| Number of staff self isolated (asymptomatic)* | Medical | | | | 55 | 7 | 2 | 3 | 2 | 1 | 3 | 7 | 5 | 20 | 13 | 6 | 0 |
| | Nursing Registered | | | | 152 | 61 | 40 | 32 | 28 | 18 | 21 | 19 | 35 | 67 | 38 | 20 | 46 |
| | Nursing Non Registered | | | | 81 | 57 | 33 | 35 | 25 | 20 | 18 | 24 | 21 | 43 | 28 | 12 | 37 |
| | Other | | | | 187 | 93 | 85 | 75 | 29 | 22 | 28 | 21 | 54 | 97 | 41 | 27 | 43 |
| Number of staff self isolated (symptomatic)* | Medical | | | | 34 | 16 | 5 | 1 | 1 | 1 | 2 | 3 | 7 | 15 | 10 | 5 | 3 |
| | Nursing Registered | | | | 145 | 112 | 52 | 44 | 39 | 33 | 23 | 28 | 36 | 57 | 51 | 34 | 166 |
| | Nursing Non Registered | | | | 68 | 88 | 49 | 29 | 24 | 20 | 18 | 18 | 27 | 44 | 34 | 20 | 94 |
| | Other | | | | 147 | 100 | 50 | 34 | 23 | 17 | 7 | 18 | 44 | 88 | 85 | 61 | 130 |
| % sickness* | Medical | | | | 8.3% | 2.2% | 0.7% | 0.4% | 0.3% | 0.2% | 0.5% | 0.9% | 1.3% | 3.6% | 2.4% | 1.2% | 0.3% |
| | Nursing Registered | | | | 7.4% | 4.3% | 2.3% | 1.9% | 1.6% | 1.2% | 1.1% | 1.4% | 1.8% | 3.1% | 2.2% | 1.3% | 5.3% |
| | Nursing Non Registered | | | | 7.3% | 7.0% | 3.9% | 3.1% | 2.4% | 1.9% | 1.8% | 1.8% | 2.3% | 4.3% | 3.1% | 1.6% | 6.5% |
| | Other | | | | 5.4% | 3.1% | 2.2% | 1.7% | 0.8% | 0.6% | 0.6% | 0.7% | 1.6% | 2.9% | 2.0% | 1.4% | 2.7% |
| | All | | | | 6.5% | 4.0% | 2.4% | 1.9% | 1.3% | 1.0% | 0.9% | 1.1% | 1.7% | 3.2% | 2.3% | 1.4% | 3.9% |

| COVID TESTING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|----------------------------|----------|-------------|---------------|--------|--------|---|--------|---|--------|-----|--------|---|--------|--------|--------|-------|--------|-------|--------|--------|--------|-------|--------|--------|--------|-----|--------|---|--------|---|--------|---|--------|--------|--------|-------|--------|--------|--------|--------|--------|-------|--------|--------|-----|-------|---|---|--------|-----|-------|---|---|--------|---|-----|---|---|--------|---|-----|---|---|--------|---|-----|---|---|--------|---|-----|---|---|--------|---|-----|---|---|--------|---|-----|---|---|--------|---|-----|---|---|--------|---|-----|---|---|--------|---|-----|---|---|--------|---|-----|---|---|--------|---|-----|---|---|--------|-----|-----|---|---|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><i>1. Number of new COVID19 cases in Swansea Bay population area</i></p> | <p>1. Number of new COVID cases In December 2021, there were an additional 18,167 positive cases recorded bringing the cumulative total to 91,545 in Swansea Bay since March 2020.</p> | <p>1. Number of new COVID19 cases for Swansea Bay population</p> <table border="1"> <caption>1. Number of new COVID19 cases for Swansea Bay population</caption> <thead> <tr> <th>Month</th> <th>New positive COVID19 cases</th> </tr> </thead> <tbody> <tr><td>Mar-20</td><td>0</td></tr> <tr><td>Apr-20</td><td>1,000</td></tr> <tr><td>May-20</td><td>0</td></tr> <tr><td>Jun-20</td><td>0</td></tr> <tr><td>Jul-20</td><td>0</td></tr> <tr><td>Aug-20</td><td>0</td></tr> <tr><td>Sep-20</td><td>500</td></tr> <tr><td>Oct-20</td><td>4,500</td></tr> <tr><td>Nov-20</td><td>5,500</td></tr> <tr><td>Dec-20</td><td>11,500</td></tr> <tr><td>Jan-21</td><td>3,500</td></tr> <tr><td>Feb-21</td><td>1,000</td></tr> <tr><td>Mar-21</td><td>500</td></tr> <tr><td>Apr-21</td><td>0</td></tr> <tr><td>May-21</td><td>0</td></tr> <tr><td>Jun-21</td><td>0</td></tr> <tr><td>Jul-21</td><td>1,500</td></tr> <tr><td>Aug-21</td><td>7,000</td></tr> <tr><td>Sep-21</td><td>12,500</td></tr> <tr><td>Oct-21</td><td>10,500</td></tr> <tr><td>Nov-21</td><td>8,000</td></tr> <tr><td>Dec-21</td><td>18,167</td></tr> </tbody> </table> | Month | New positive COVID19 cases | Mar-20 | 0 | Apr-20 | 1,000 | May-20 | 0 | Jun-20 | 0 | Jul-20 | 0 | Aug-20 | 0 | Sep-20 | 500 | Oct-20 | 4,500 | Nov-20 | 5,500 | Dec-20 | 11,500 | Jan-21 | 3,500 | Feb-21 | 1,000 | Mar-21 | 500 | Apr-21 | 0 | May-21 | 0 | Jun-21 | 0 | Jul-21 | 1,500 | Aug-21 | 7,000 | Sep-21 | 12,500 | Oct-21 | 10,500 | Nov-21 | 8,000 | Dec-21 | 18,167 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Month | New positive COVID19 cases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 4,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 11,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 1,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 7,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 12,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 10,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 8,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 18,167 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><i>2. Number of staff referred for Antigen testing</i></p> | <p>4. Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and December 2021 is 15,756 of which 16% have been positive (Cumulative total).</p> | <p>2. Outcome of staff referred for Antigen testing</p> <table border="1"> <caption>2. Outcome of staff referred for Antigen testing</caption> <thead> <tr> <th>Month</th> <th>Positive</th> <th>Negative</th> <th>In Progress</th> <th>Unknown/blank</th> </tr> </thead> <tbody> <tr><td>Mar-20</td><td>200</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Apr-20</td><td>700</td><td>1,300</td><td>0</td><td>0</td></tr> <tr><td>May-20</td><td>0</td><td>400</td><td>0</td><td>0</td></tr> <tr><td>Jun-20</td><td>0</td><td>300</td><td>0</td><td>0</td></tr> <tr><td>Jul-20</td><td>0</td><td>200</td><td>0</td><td>0</td></tr> <tr><td>Aug-20</td><td>0</td><td>200</td><td>0</td><td>0</td></tr> <tr><td>Sep-20</td><td>0</td><td>1,100</td><td>0</td><td>0</td></tr> <tr><td>Oct-20</td><td>200</td><td>1,400</td><td>0</td><td>0</td></tr> <tr><td>Nov-20</td><td>400</td><td>1,300</td><td>0</td><td>0</td></tr> <tr><td>Dec-20</td><td>500</td><td>1,400</td><td>0</td><td>0</td></tr> <tr><td>Jan-21</td><td>0</td><td>600</td><td>0</td><td>0</td></tr> <tr><td>Feb-21</td><td>0</td><td>300</td><td>0</td><td>0</td></tr> <tr><td>Mar-21</td><td>0</td><td>500</td><td>0</td><td>0</td></tr> <tr><td>Apr-21</td><td>0</td><td>200</td><td>0</td><td>0</td></tr> <tr><td>May-21</td><td>0</td><td>200</td><td>0</td><td>0</td></tr> <tr><td>Jun-21</td><td>0</td><td>200</td><td>0</td><td>0</td></tr> <tr><td>Jul-21</td><td>0</td><td>300</td><td>0</td><td>0</td></tr> <tr><td>Aug-21</td><td>0</td><td>200</td><td>0</td><td>0</td></tr> <tr><td>Sep-21</td><td>0</td><td>600</td><td>0</td><td>0</td></tr> <tr><td>Oct-21</td><td>0</td><td>400</td><td>0</td><td>0</td></tr> <tr><td>Nov-21</td><td>0</td><td>400</td><td>0</td><td>0</td></tr> <tr><td>Dec-21</td><td>250</td><td>500</td><td>0</td><td>0</td></tr> </tbody> </table> | Month | Positive | Negative | In Progress | Unknown/blank | Mar-20 | 200 | 0 | 0 | 0 | Apr-20 | 700 | 1,300 | 0 | 0 | May-20 | 0 | 400 | 0 | 0 | Jun-20 | 0 | 300 | 0 | 0 | Jul-20 | 0 | 200 | 0 | 0 | Aug-20 | 0 | 200 | 0 | 0 | Sep-20 | 0 | 1,100 | 0 | 0 | Oct-20 | 200 | 1,400 | 0 | 0 | Nov-20 | 400 | 1,300 | 0 | 0 | Dec-20 | 500 | 1,400 | 0 | 0 | Jan-21 | 0 | 600 | 0 | 0 | Feb-21 | 0 | 300 | 0 | 0 | Mar-21 | 0 | 500 | 0 | 0 | Apr-21 | 0 | 200 | 0 | 0 | May-21 | 0 | 200 | 0 | 0 | Jun-21 | 0 | 200 | 0 | 0 | Jul-21 | 0 | 300 | 0 | 0 | Aug-21 | 0 | 200 | 0 | 0 | Sep-21 | 0 | 600 | 0 | 0 | Oct-21 | 0 | 400 | 0 | 0 | Nov-21 | 0 | 400 | 0 | 0 | Dec-21 | 250 | 500 | 0 | 0 |
| Month | Positive | Negative | In Progress | Unknown/blank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 200 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 700 | 1,300 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 0 | 400 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 0 | 300 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 0 | 200 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 0 | 200 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 0 | 1,100 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 200 | 1,400 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 400 | 1,300 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 500 | 1,400 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 0 | 600 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 0 | 300 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 0 | 500 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 0 | 200 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 0 | 200 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 0 | 200 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 0 | 300 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 0 | 200 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 0 | 600 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 0 | 400 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 0 | 400 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 250 | 500 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

COVID RELATED STAFF ABSENCE

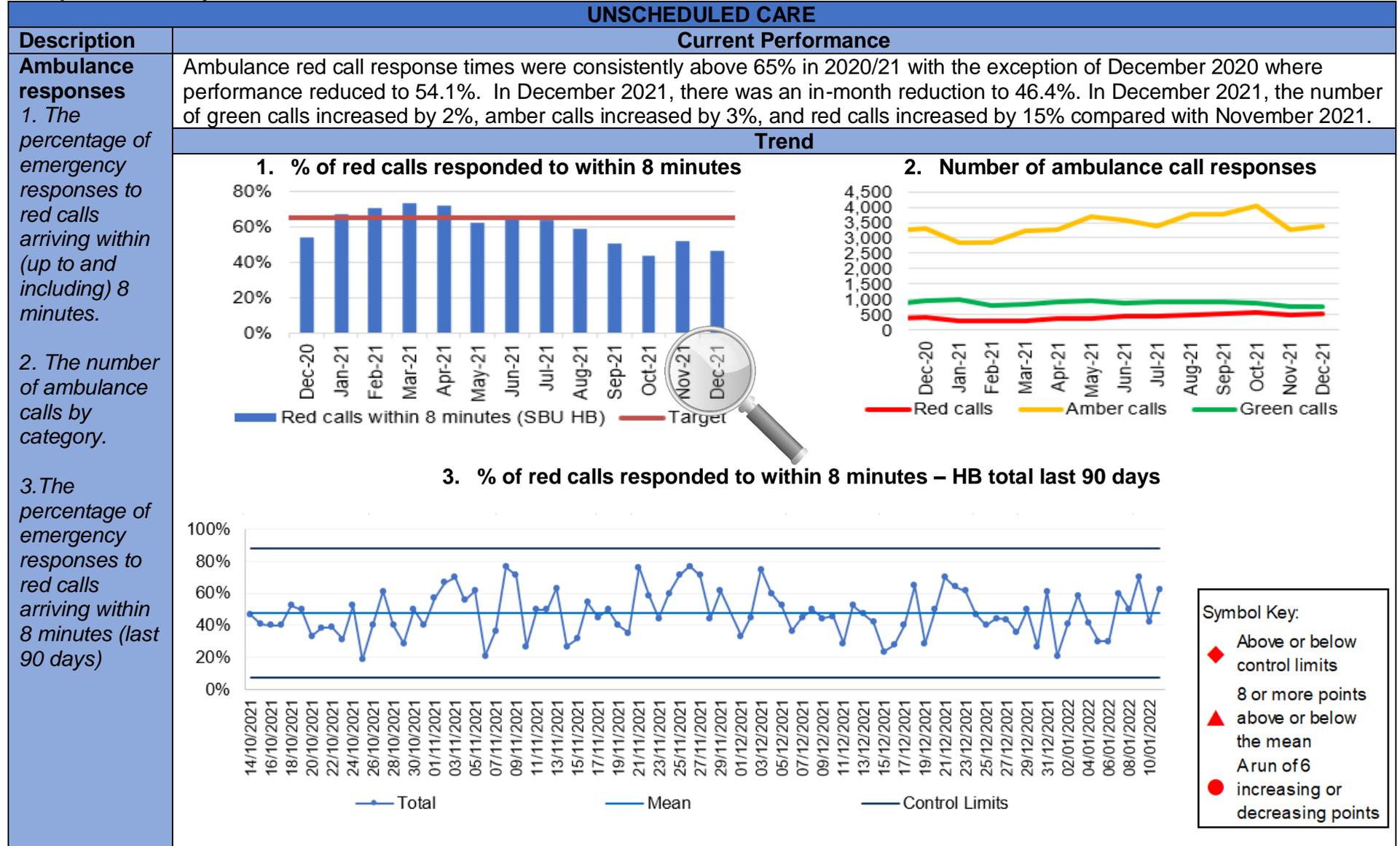
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Staff absence due to COVID19 1. Number of staff self-isolating (asymptomatic) 2. Number of staff self isolating (symptomatic) 3. % staff sickness | <p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.</p> <p>1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between November and December 2021, the number of staff self-isolating (asymptomatic) increased from 65 to 126 and the number of staff self-isolating (symptomatic) increased from 120 to 393. In December 2021, Registered Nursing staff had the largest number of self-isolating staff who are asymptomatic and symptomatic.</p> <p>3. % Staff sickness The percentage of staff sickness absence due to COVID19 has decreased from 1.4% in November 2021 to 3.9% in December 2021.</p> | <div style="text-align: center;"> <p>1. Number of staff self isolating (asymptomatic)</p> </div> <div style="text-align: center; margin-top: 20px;"> <p>2. Number of staff self isolating (symptomatic)</p> </div> <div style="text-align: center; margin-top: 20px;"> <p>3. % staff sickness</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #f2f2f2;"> <th></th> <th>Sep-20</th> <th>Oct-20</th> <th>Nov-20</th> <th>Dec-20</th> <th>Jan-21</th> <th>Feb-21</th> <th>Mar-21</th> <th>Apr-21</th> <th>May-21</th> <th>Jun-21</th> <th>Jul-21</th> <th>Aug-21</th> <th>Sep-21</th> <th>Oct-21</th> <th>Nov-21</th> <th>Dec-21</th> </tr> </thead> <tbody> <tr> <td>Medical</td> <td>4.0%</td> <td>3.2%</td> <td>7.3%</td> <td>8.3%</td> <td>2.2%</td> <td>0.7%</td> <td>0.4%</td> <td>0.3%</td> <td>0.2%</td> <td>0.5%</td> <td>0.9%</td> <td>1.3%</td> <td>3.6%</td> <td>2.4%</td> <td>1.2%</td> <td>0.3%</td> </tr> <tr> <td>Nursing Reg</td> <td>4.4%</td> <td>3.8%</td> <td>4.7%</td> <td>7.4%</td> <td>4.3%</td> <td>2.3%</td> <td>1.9%</td> <td>1.6%</td> <td>1.2%</td> <td>1.1%</td> <td>1.4%</td> <td>1.8%</td> <td>3.1%</td> <td>2.2%</td> <td>1.3%</td> <td>5.3%</td> </tr> <tr> <td>Nursing Non Reg</td> <td>4.2%</td> <td>6.0%</td> <td>6.5%</td> <td>7.3%</td> <td>7.0%</td> <td>3.9%</td> <td>3.1%</td> <td>2.4%</td> <td>1.9%</td> <td>1.8%</td> <td>1.8%</td> <td>2.3%</td> <td>4.3%</td> <td>3.1%</td> <td>1.6%</td> <td>6.5%</td> </tr> <tr> <td>Other</td> <td>2.0%</td> <td>2.5%</td> <td>3.0%</td> <td>5.4%</td> <td>3.1%</td> <td>2.2%</td> <td>1.7%</td> <td>0.8%</td> <td>0.6%</td> <td>0.6%</td> <td>0.7%</td> <td>1.6%</td> <td>2.9%</td> <td>2.0%</td> <td>1.4%</td> <td>2.7%</td> </tr> <tr> <td>All</td> <td>3.2%</td> <td>3.5%</td> <td>4.4%</td> <td>6.5%</td> <td>4.0%</td> <td>2.4%</td> <td>1.9%</td> <td>1.3%</td> <td>1.0%</td> <td>0.9%</td> <td>1.1%</td> <td>1.7%</td> <td>3.2%</td> <td>2.3%</td> <td>1.4%</td> <td>3.9%</td> </tr> </tbody> </table> </div> | | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Medical | 4.0% | 3.2% | 7.3% | 8.3% | 2.2% | 0.7% | 0.4% | 0.3% | 0.2% | 0.5% | 0.9% | 1.3% | 3.6% | 2.4% | 1.2% | 0.3% | Nursing Reg | 4.4% | 3.8% | 4.7% | 7.4% | 4.3% | 2.3% | 1.9% | 1.6% | 1.2% | 1.1% | 1.4% | 1.8% | 3.1% | 2.2% | 1.3% | 5.3% | Nursing Non Reg | 4.2% | 6.0% | 6.5% | 7.3% | 7.0% | 3.9% | 3.1% | 2.4% | 1.9% | 1.8% | 1.8% | 2.3% | 4.3% | 3.1% | 1.6% | 6.5% | Other | 2.0% | 2.5% | 3.0% | 5.4% | 3.1% | 2.2% | 1.7% | 0.8% | 0.6% | 0.6% | 0.7% | 1.6% | 2.9% | 2.0% | 1.4% | 2.7% | All | 3.2% | 3.5% | 4.4% | 6.5% | 4.0% | 2.4% | 1.9% | 1.3% | 1.0% | 0.9% | 1.1% | 1.7% | 3.2% | 2.3% | 1.4% | 3.9% |
| | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical | 4.0% | 3.2% | 7.3% | 8.3% | 2.2% | 0.7% | 0.4% | 0.3% | 0.2% | 0.5% | 0.9% | 1.3% | 3.6% | 2.4% | 1.2% | 0.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nursing Reg | 4.4% | 3.8% | 4.7% | 7.4% | 4.3% | 2.3% | 1.9% | 1.6% | 1.2% | 1.1% | 1.4% | 1.8% | 3.1% | 2.2% | 1.3% | 5.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nursing Non Reg | 4.2% | 6.0% | 6.5% | 7.3% | 7.0% | 3.9% | 3.1% | 2.4% | 1.9% | 1.8% | 1.8% | 2.3% | 4.3% | 3.1% | 1.6% | 6.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 2.0% | 2.5% | 3.0% | 5.4% | 3.1% | 2.2% | 1.7% | 0.8% | 0.6% | 0.6% | 0.7% | 1.6% | 2.9% | 2.0% | 1.4% | 2.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All | 3.2% | 3.5% | 4.4% | 6.5% | 4.0% | 2.4% | 1.9% | 1.3% | 1.0% | 0.9% | 1.1% | 1.7% | 3.2% | 2.3% | 1.4% | 3.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Measure | Locality | Internal profile | Trend | SBU | | | | | | | | | | | | |
|--------------------------------------|----------------|------------------|-------|--------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | | | | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
| | | | | Healthcare Acquired Infections | | | | | | | | | | | | |
| Number of E.Coli bacteraemia cases | PCCS Community | 10 | | 7 | 12 | 11 | 19 | 20 | 15 | 23 | 15 | 25 | 12 | 12 | 17 | 12 |
| | PCCS Hospital | 0 | | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| | MH&LD | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morrison | 4 | | 2 | 3 | 3 | 5 | 5 | 8 | 2 | 3 | 4 | 5 | 5 | 3 | 2 |
| | NPTH | 0 | | 0 | 1 | 0 | 1 | 2 | 2 | 1 | 3 | 2 | 2 | 1 | 0 | 0 |
| | Singleton | 3 | | 3 | 2 | 3 | 3 | 5 | 0 | 2 | 2 | 3 | 1 | 1 | 2 | 3 |
| | Total | 17 | | 12 | 18 | 17 | 28 | 32 | 26 | 28 | 23 | 34 | 21 | 19 | 22 | 17 |
| Number of S.aureus bacteraemia cases | PCCS Community | 3 | | 3 | 4 | 2 | 7 | 9 | 10 | 2 | 4 | 4 | 4 | 7 | 3 | 4 |
| | PCCS Hospital | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | MH&LD | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morrison | 2 | | 1 | 5 | 4 | 2 | 2 | 1 | 3 | 3 | 4 | 8 | 9 | 0 | 5 |
| | NPTH | 0 | | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| | Singleton | 3 | | 4 | 0 | 3 | 2 | 2 | 4 | 2 | 4 | 4 | 4 | 2 | 1 | 0 |
| | Total | 8 | | 9 | 9 | 9 | 11 | 13 | 15 | 7 | 11 | 12 | 17 | 18 | 4 | 9 |
| Number of C.difficile cases | PCCS Community | 4 | | 3 | 0 | 2 | 5 | 5 | 5 | 6 | 7 | 2 | 5 | 5 | 10 | 1 |
| | PCCS Hospital | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| | MH&LD | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| | Morrison | 3 | | 5 | 0 | 5 | 3 | 10 | 5 | 3 | 7 | 10 | 6 | 7 | 6 | 9 |
| | NPTH | 1 | | 0 | 1 | 2 | 1 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| | Singleton | 2 | | 1 | 2 | 2 | 3 | 4 | 1 | 2 | 8 | 9 | 3 | 3 | 3 | 2 |
| | Total | 10 | | 9 | 3 | 11 | 12 | 20 | 12 | 12 | 23 | 22 | 14 | 15 | 20 | 12 |
| Number of Klebsiella cases | PCCS Community | 4 | | 4 | 5 | 2 | 9 | 5 | 2 | 7 | 1 | 4 | 3 | 5 | 5 | 3 |
| | PCCS Hospital | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | MH&LD | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morrison | 3 | | 4 | 7 | 2 | 0 | 3 | 2 | 1 | 2 | 4 | 6 | 6 | 1 | 4 |
| | NPTH | 1 | | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Singleton | 1 | | 2 | 1 | 1 | 1 | 0 | 1 | 4 | 0 | 0 | 2 | 2 | 1 | 2 |
| | Total | 9 | | 12 | 13 | 6 | 10 | 9 | 5 | 12 | 3 | 8 | 11 | 13 | 7 | 9 |
| Number of Aeruginosa cases | PCCS Community | 0 | | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| | PCCS Hospital | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | MH&LD | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morrison | 1 | | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 2 | 0 | 2 | 2 |
| | NPTH | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | Singleton | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 |
| | Total | 1 | | 1 | 1 | 1 | 1 | 3 | 1 | 2 | 1 | 2 | 2 | 0 | 3 | 4 |
| Compliance with hand hygiene audits | PCCS | | | 100.0% | 100.0% | 100.0% | 100.0% | 96.3% | - | 100.0% | 100.0% | 100.0% | 100.0% | - | 100.0% | 95.8% |
| | MH&LD | | | 96.8% | 98.7% | 97.4% | 96.7% | 98.1% | 99.6% | 98.3% | 95.9% | 99.4% | 98.3% | 96.0% | 90.3% | 94.9% |
| | Morrison | | | 96.8% | 95.0% | 92.8% | 96.3% | 95.8% | 99.2% | 94.5% | 93.8% | 93.5% | 99.0% | 97.9% | 95.5% | 96.1% |
| | NPTH | | | 95.7% | 100.0% | 100.0% | 100.0% | 100.0% | 90.0% | 95.0% | 93.3% | 89.7% | 100.0% | 100.0% | 100.0% | 100.0% |
| | Singleton | | | 96.0% | 90.0% | 88.5% | 95.5% | 100.0% | 93.8% | 93.9% | 94.1% | 92.0% | 90.0% | 97.0% | 87.8% | - |
| | Total | | | 96.2% | 95.1% | 92.8% | 97.0% | 96.3% | 98.3% | 96.0% | 94.9% | 94.9% | 96.0% | 97.1% | 92.2% | 95.0% |

| Measure | Locality | Internal profile | Trend | SBU | | | | | | | | | | | | |
|---|----------------|------------------|-------|--------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|-----------|-----------|----------|
| | | | | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
| | | | | Serious Incidents & Risks | | | | | | | | | | | | |
| Number of Serious Incidents | PCCS | | | 0 | 0 | 2 | 1 | 2 | 3 | 1 | 0 | 1 | 0 | 0 | 1 | 0 |
| | MH&LD | | | 7 | 1 | 1 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 |
| | Morrison | | | 1 | 2 | 1 | 2 | 0 | 2 | 1 | 1 | 0 | 2 | 0 | 6 | 0 |
| | NPTH | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| | Singleton | | | 4 | 1 | 1 | 0 | 1 | 1 | 2 | 1 | 4 | 2 | 2 | 1 | 2 |
| | Total | | | 12 | 4 | 5 | 4 | 4 | 6 | 6 | 1 | 5 | 5 | 4 | 8 | 2 |
| Of the serious incidents due for assurance, the % which were assured within the agreed timescales | Total | | | 4% | 0% | 10% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | |
| Number of Never Events | PCCS | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | MH&LD | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Morrison | | | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | |
| | NPTH | | | 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 | |
| | Total | | | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| | | | | Pressure Ulcers | | | | | | | | | | | | |
| Total number of Pressure Ulcers | PCCS Community | | | 26 | 25 | 24 | 26 | 31 | 20 | 21 | 33 | 34 | 39 | 32 | 31 | |
| | PCCS Hospital | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | |
| | MH&LD | | | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 3 | 1 | 1 | 0 | 0 | |
| | Morrison | | | 41 | 31 | 26 | 24 | 25 | 30 | 25 | 37 | 32 | 47 | 32 | 27 | |
| | NPTH | | | 0 | 1 | 4 | 3 | 3 | 2 | 3 | 2 | 5 | 0 | 1 | 3 | |
| | Singleton | | | 20 | 19 | 17 | 9 | 31 | 19 | 25 | 16 | 14 | 17 | 9 | 13 | |
| | Total | | | 87 | 76 | 72 | 62 | 90 | 73 | 74 | 91 | 87 | 104 | 74 | 74 | |
| Total number of Grade 3+ Pressure Ulcers | PCCS Community | | | 7 | 5 | 4 | 2 | 10 | 2 | 4 | 2 | 8 | 6 | 7 | 8 | |
| | PCCS Hospital | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| | MH&LD | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | |
| | Morrison | | | 2 | 2 | 2 | 1 | 1 | 0 | 3 | 1 | 0 | 1 | 1 | | |
| | NPTH | | | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | | |
| | Singleton | | | 1 | 0 | 1 | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 1 | | |
| | Total | | | 10 | 7 | 7 | 3 | 14 | 3 | 6 | 5 | 10 | 7 | 8 | 10 | |
| Pressure Ulcer (Hosp) patients per 100,000 admissions | Total | | | 1,128 | 928 | 951 | 533 | 896 | 756 | 723 | 853 | 767 | 955 | 613 | 616 | |

| Measure | Locality | Internal profile | Trend | SBU | | | | | | | | | | | | |
|--|--------------------|------------------|-------|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
| | | | | Inpatient Falls | | | | | | | | | | | | |
| Total number of Inpatient Falls | PCCS | | | 8 | 9 | 10 | 4 | 12 | 5 | 8 | 6 | 6 | 8 | 4 | 6 | 8 |
| | MH&LD | | | 29 | 27 | 27 | 22 | 18 | 42 | 24 | 32 | 40 | 25 | 28 | 36 | 37 |
| | Morrison | | | 129 | 92 | 67 | 84 | 81 | 105 | 69 | 66 | 73 | 96 | 114 | 91 | 91 |
| | NPTH | | | 30 | 33 | 30 | 28 | 31 | 34 | 32 | 41 | 31 | 25 | 35 | 27 | 38 |
| | Singleton | | | 48 | 38 | 42 | 33 | 34 | 42 | 41 | 48 | 48 | 53 | 58 | 53 | 33 |
| | Total | | | 247 | 203 | 177 | 171 | 176 | 228 | 174 | 193 | 198 | 207 | 240 | 213 | 208 |
| Inpatient Falls per 1,000 beddays | HB Total | | | 6.91 | 5.56 | 5.40 | 4.62 | 4.85 | 5.94 | 4.50 | 4.88 | 4.95 | 5.18 | 5.81 | 5.35 | 5.28 |
| | | | | Mortality | | | | | | | | | | | | |
| Universal Mortality reviews undertaken within 28 days (Stage 1 reviews) | Morrison | | | 99% | 100% | 100% | 98% | 99% | 98% | 98% | 97% | 90% | 97% | 96% | 99% | |
| | Singleton | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 0% | |
| | NPTH | | | 100% | 100% | 100% | 86% | 100% | 88% | 100% | 100% | 100% | 100% | 80% | 88% | |
| | Total | | | 99% | 100% | 100% | 98% | 99% | 98% | 99% | 98% | 93% | 98% | 97% | 99% | |
| Stage 2 mortality reviews completed within 60 days | Morrison | | | 80% | 43% | 100% | 86% | 50% | 38% | 33% | 50% | 60% | | | | |
| | Singleton | | | 50% | 50% | 100% | 67% | - | 25% | 0% | 0% | 0% | | | | |
| | NPTH | | | - | 0% | - | 100% | 100% | 100% | 0% | - | 0% | | | | |
| | Total | | | 75% | 37% | 100% | 82% | 60% | 39% | 25% | 43% | 50% | | | | |
| Crude hospital mortality rate by Delivery Unit (74 years of age or less) | Morrison | | | 1.86% | 1.97% | 2.05% | 2.04% | 1.80% | 1.76% | 1.71% | 1.73% | 1.70% | 1.72% | 1.71% | 1.76% | |
| | Singleton | | | 0.54% | 0.56% | 0.57% | 0.56% | 0.50% | 0.52% | 0.52% | 0.52% | 0.53% | 0.53% | 0.54% | 0.50% | |
| | NPTH | | | 0.20% | 0.24% | 0.18% | 0.17% | 0.15% | 0.15% | 0.13% | 0.12% | 0.23% | 0.11% | 0.10% | 0.21% | |
| | Total (SBU) | | | 1.08% | 1.14% | 1.17% | 1.17% | 1.04% | 1.04% | 1.01% | 1.03% | 1.02% | 1.03% | 1.03% | 0.99% | |

4.2 Updates on key measures



UNSCHEDULED CARE

Description

Current Performance

Ambulance handovers
 1. The number of ambulance handovers over one hour

In December 2021, there were 612 ambulance to hospital handovers taking over 1 hour; this is a steady deterioration in performance from 510 in December 2020. However there was an in-month reduction in handover's compared to November 2021 (670). In December 2021, 591 handovers over 1 hour were attributed to Morriston Hospital and 21 were attributed to Singleton Hospital.

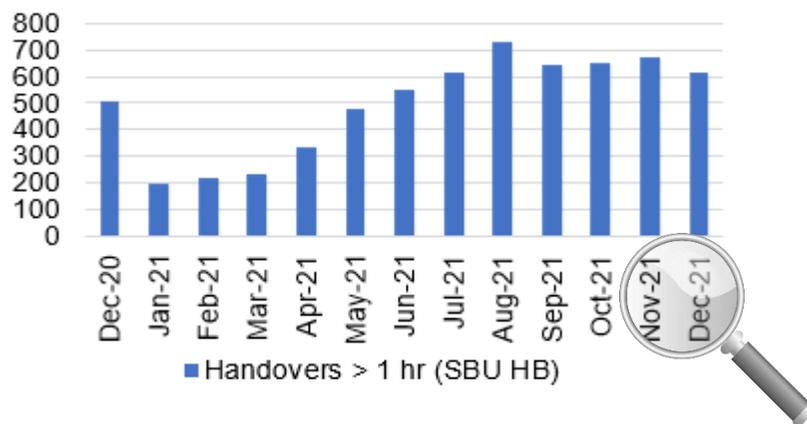
The number of handover hours lost over 15 minutes increased from 2,461 in November 2021 to 2,527 in December 2021.

2. The number of ambulance handovers over one hour- Hospital level

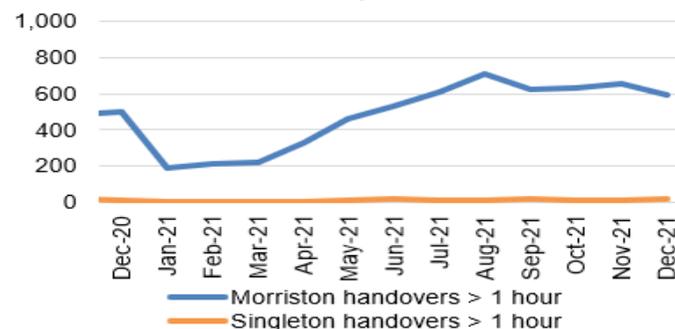
3. The number of ambulance handovers over one hour (last 90 days)

Trend

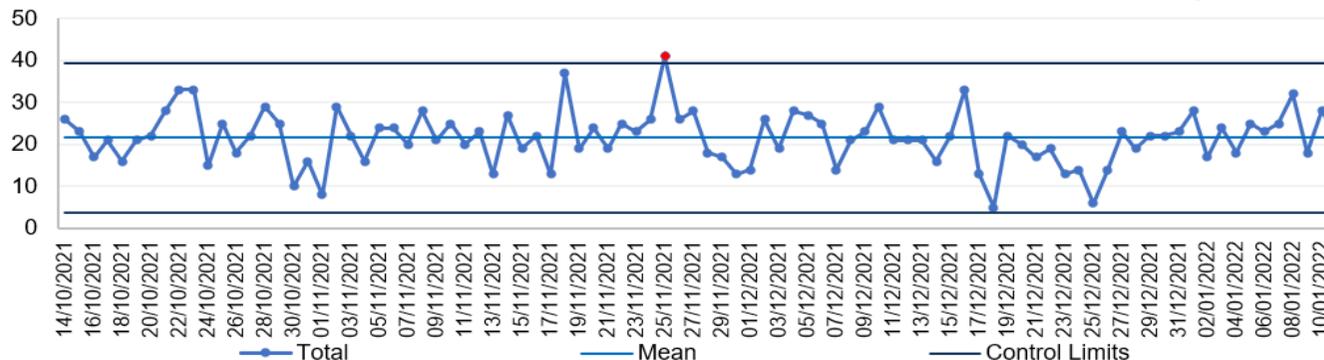
1. Number of ambulance handovers- HB total



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



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



Symbol Key:

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

UNSCHEDULED CARE

Description

A&E Attendances

1. The number of attendances at emergency departments in the Health Board

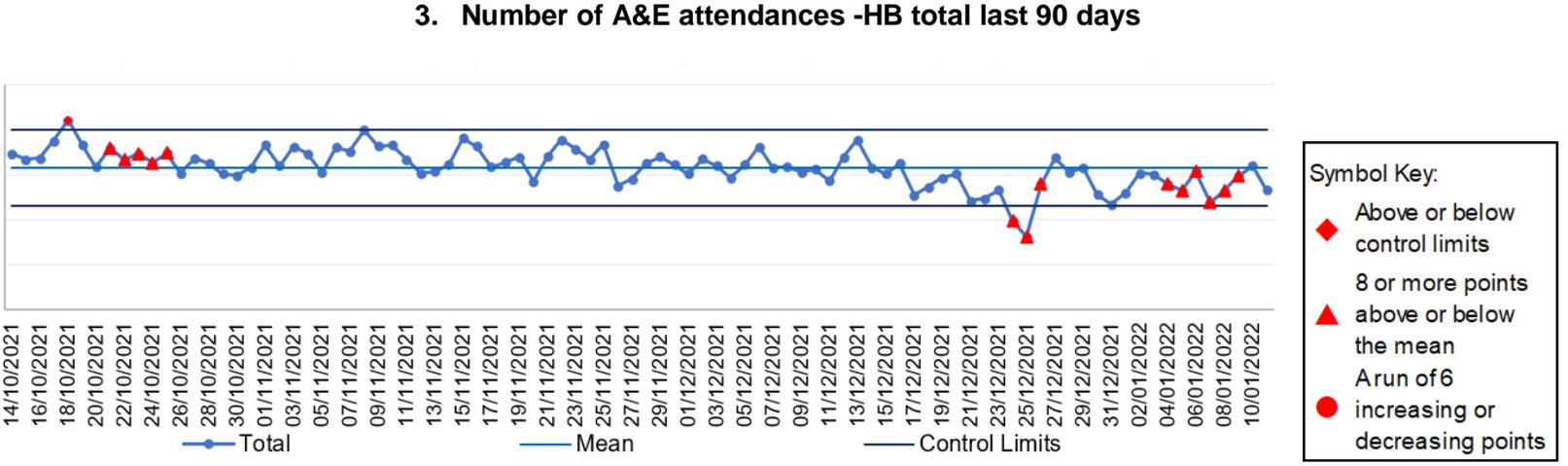
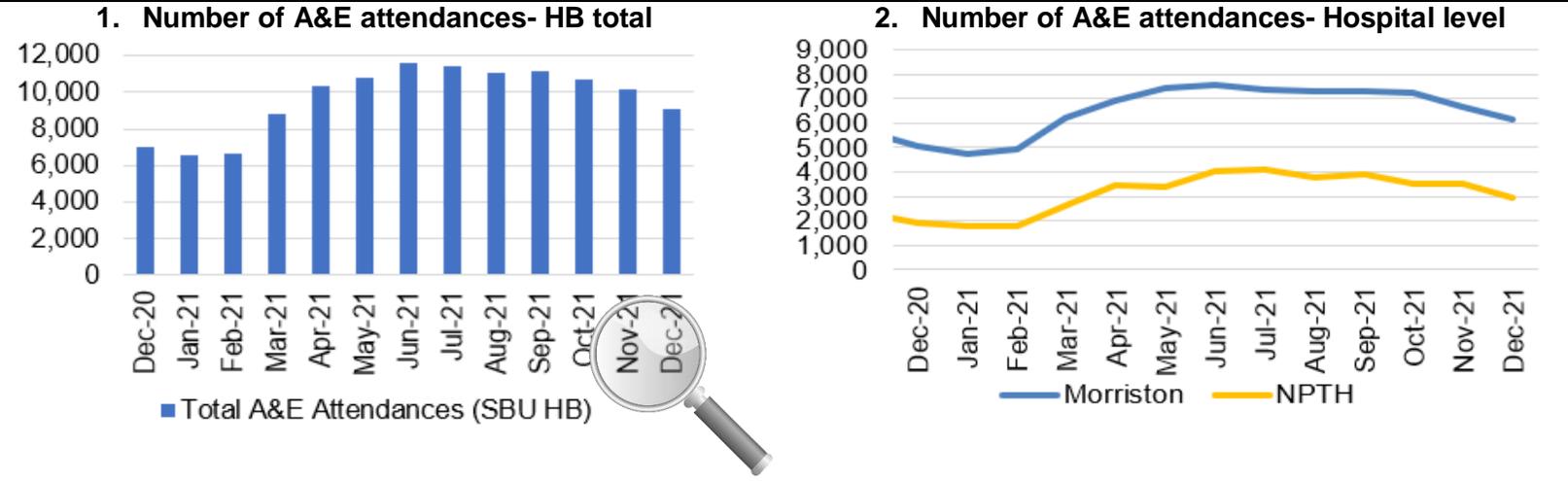
2. The number of attendances at emergency departments in the Health Board – Hospital level

3. The number of attendances at emergency departments in the Health Board (last 90 days)

Current Performance

ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In December 2021, there were 9,082 A&E attendances, this is 30% more than December 2020 and 7.8% less than December 2019.

Trend



UNSCHEDULED CARE

Description

Current Performance

A&E waiting times

The Health Board's performance against the 4-hour measure deteriorated from 73.46% in November 2021 to 70.15% in December 2021.

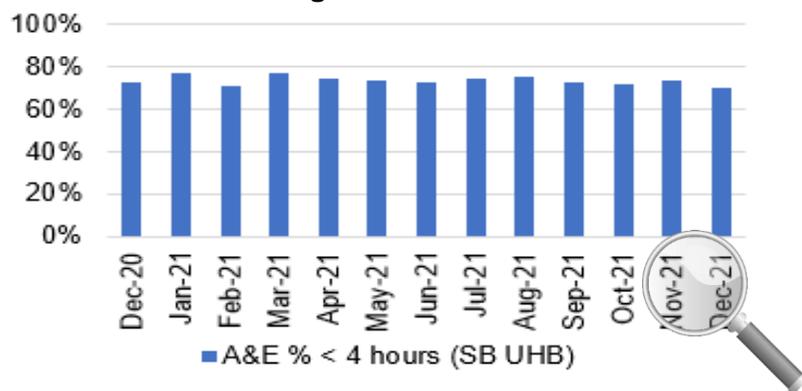
1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge

Neath Port Talbot Hospital Minor Injuries Unit (MIU) has marginally dropped below the national target of 95% achieving 94.87% in December 2021. Morriston Hospital's performance deteriorated from 60.04% in November 2021 to 58.46% in December 2021.

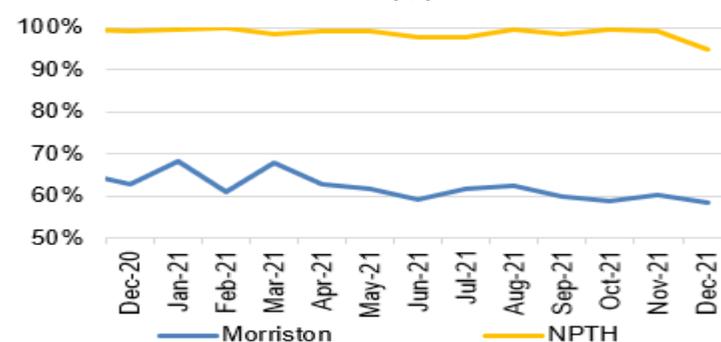
2. % of patients who spend less than 4 hours in A&E- Hospital level

Trend

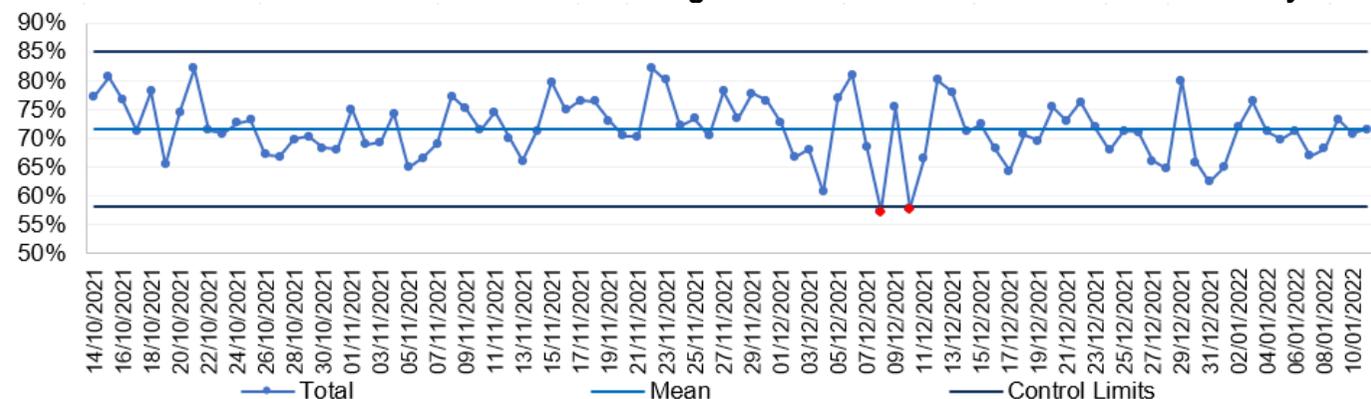
1. % Patients waiting under 4 hours in A&E- HB total



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



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



Symbol Key:

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

UNSCHEDULED CARE

Description

Current Performance

A&E waiting times

In December 2021, performance against the 12-hour measure deteriorated compared with November 2021, increasing from 1,055 to 1,101.

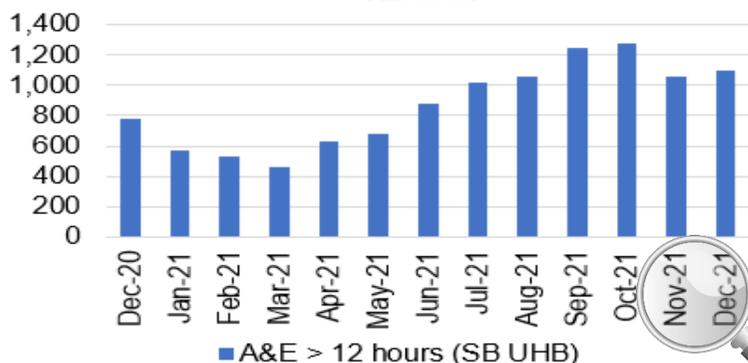
1. Number of patients who spend 12 hours or more in A&E

1,100 patients waiting over 12 hours in December 2021 were in Morriston Hospital, with 1 patient waiting over 12 hours in Neath Port Talbot Hospital. This is an increase of 3250 compared to December 2020.

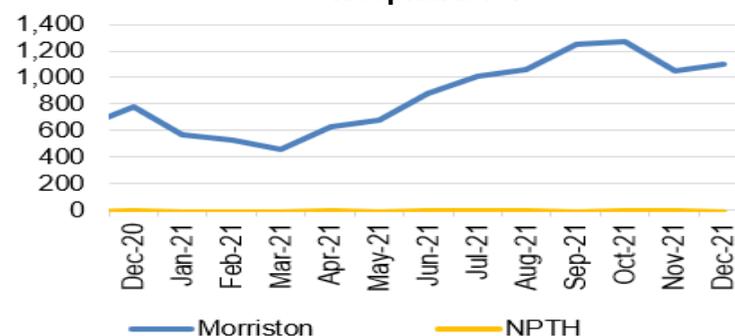
2. Number of patients who spend 12 hours or more in A&E- Hospital level

Trend

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

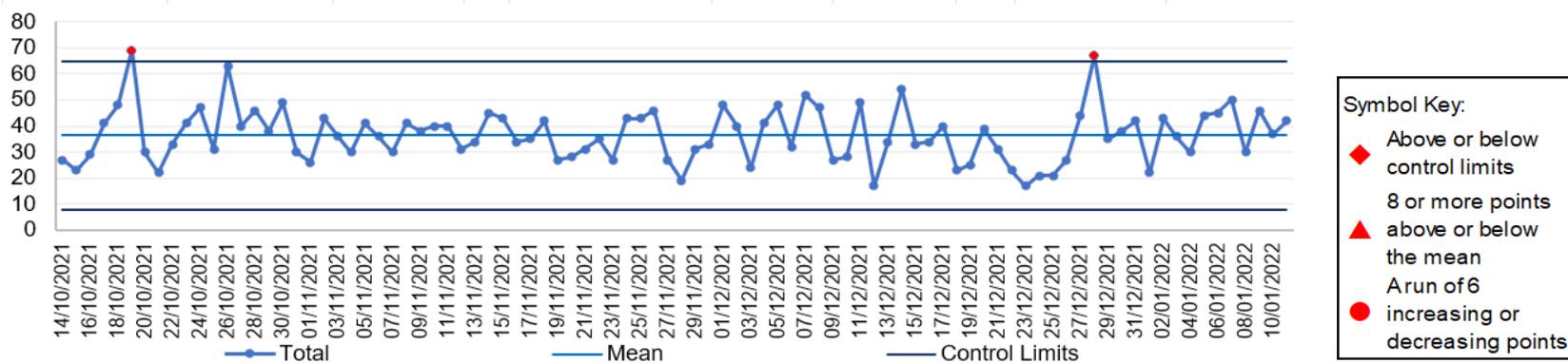


2. Number of patients waiting over 12 hours in A&E- Hospital level



3. Number of patients who spend 12 hours or more in A&E (last 90 days)

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



UNSCHEDULED CARE

Description

Current Performance

Emergency admissions

In December 2021, there were 3,904 emergency admissions across the Health Board, which is a reduction of 203 from November 2021 and 25% more than December 2020.

1. The number of emergency inpatient admissions

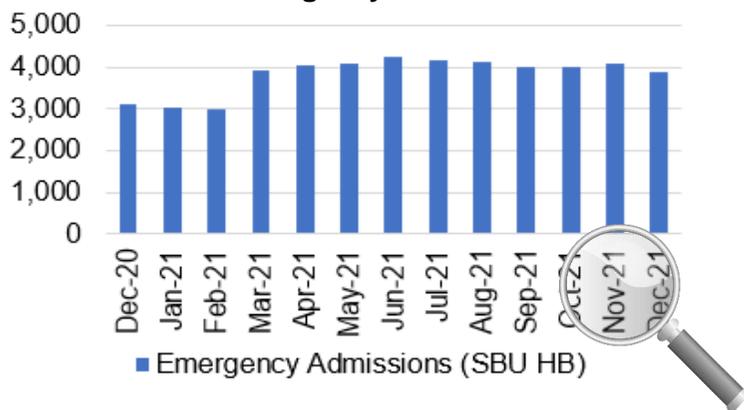
Singleton Hospital saw the largest in-month increase, with 125 more admissions (from 733 in November 2021 to 858), Morriston Hospital saw an in-month reduction from 3,254 admissions in November 2021, to 2,934 admissions in December 2021.

2. The number of emergency inpatient admissions- Hospital level

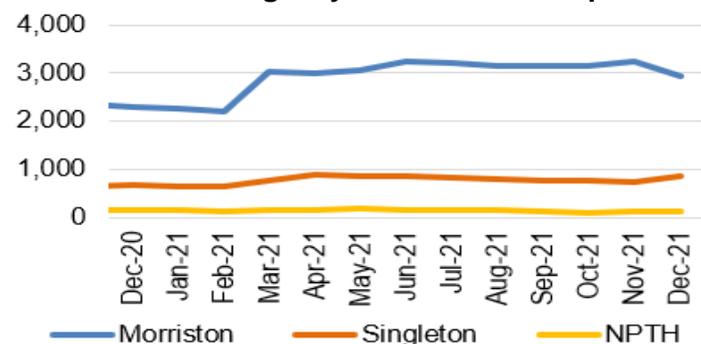
3. The number of emergency inpatient admissions (last 90 days)

Trend

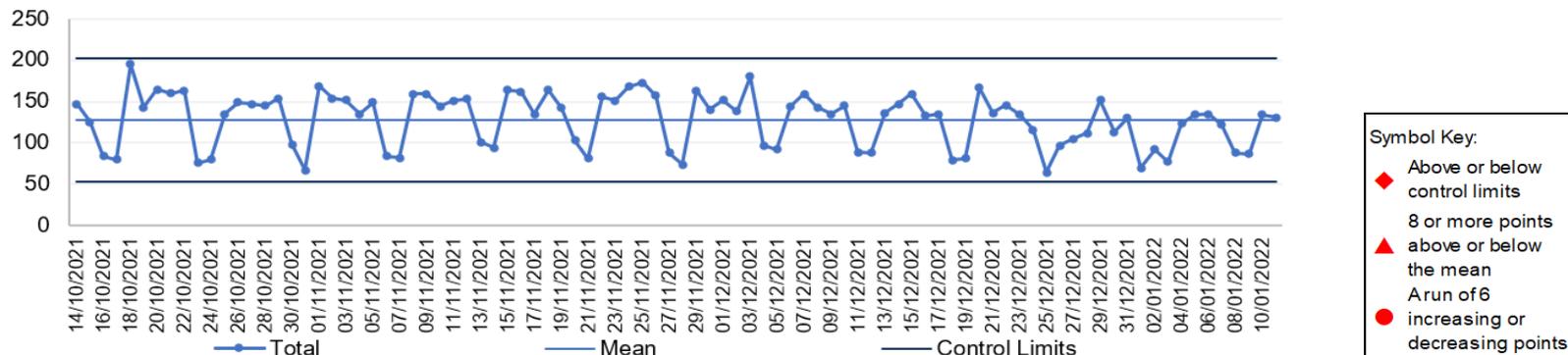
1. Number of emergency admissions- HB total



2. Number of emergency admissions- Hospital level

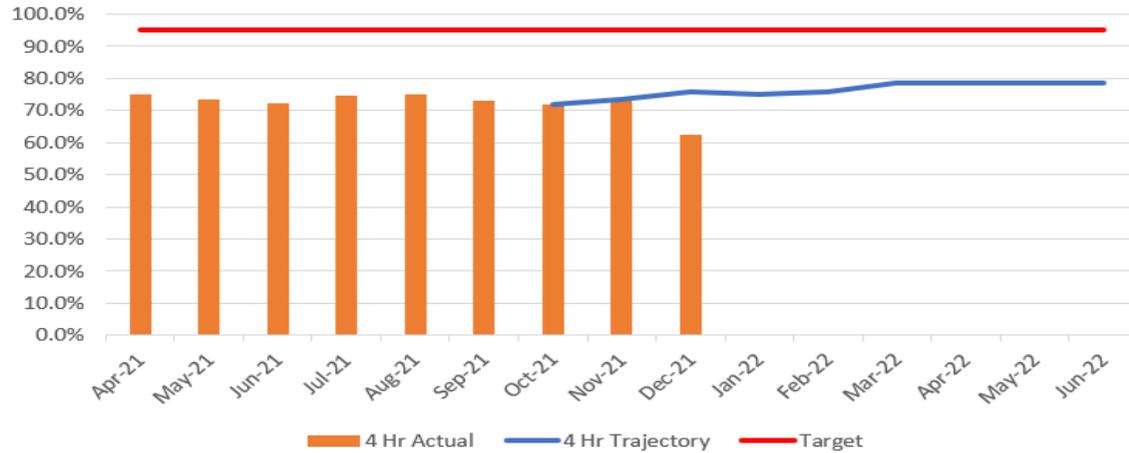


3. Number of emergency admissions- HB total last 90 days



UNSCHEDULED CARE – Performance Escalation updates

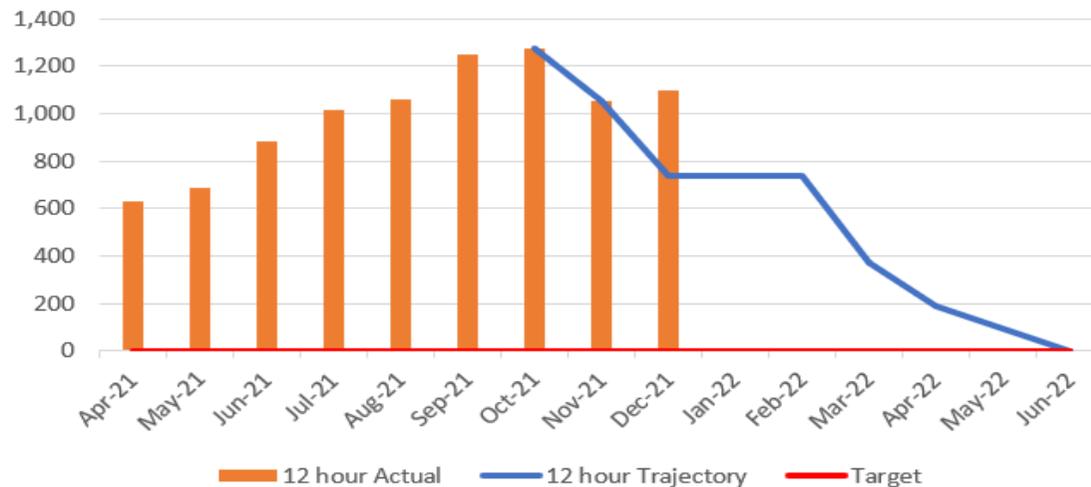
1. Submitted recover trajectory for A&E 4hr performance



1. Performance against the 4hr was on target with the updated recovery trajectories, however December 2021 has seen a deterioration in performance.

Weekly escalation meetings are currently in place to support performance recovery.

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



2. The 12-hour performance trajectory shows a consistent reduction in patients waiting over 12 hours in ED in recent months. There was a significant reduction in performance against the 12-hour target in December 2021.

3. Two further trajectories relating to ambulance handover times were also agreed by the Board and these will be verbally updated at the meeting.

UNSCHEDULED CARE

Description

Critical Care-Delayed Transfers of Care (DTC)-Morrison Hospital

1. Total Critical Care delayed discharges (hours)

2. Average lost bed days per day

3. Percentage of patients delayed:

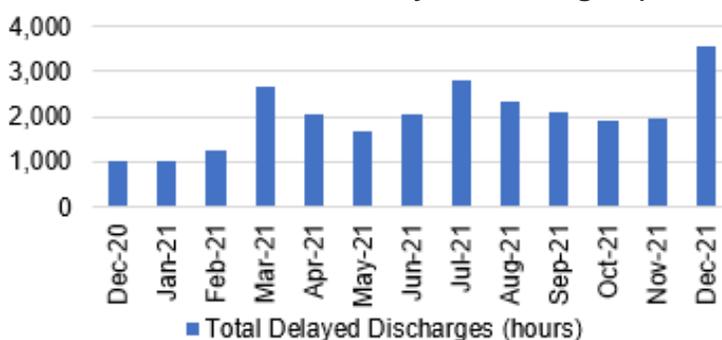
- Up to 8 hours
- Between 8 and 24 hours
- Over 24 hours

Current Performance

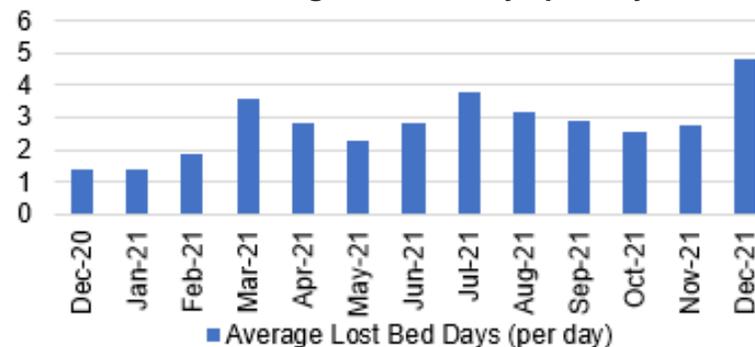
In December 2021, there were a total of 77 admissions into the Intensive Care Unit (ICU) in Morrison Hospital. During the COVID19 first wave in April and May 2020, the amount of delayed discharges and average lost bed days significantly reduced and this downward trend was also evident in the second wave starting in November 2020 but not to the extent of the first wave. However, in December 2021, delayed discharges saw a significant increase to 3,570.2 hours, with the average lost bed days also increasing to 4.8 per day. The percentage of patients delayed over 24 hours increased from 50.00% in November 2021 to 61.22% in December 2021.

Trend

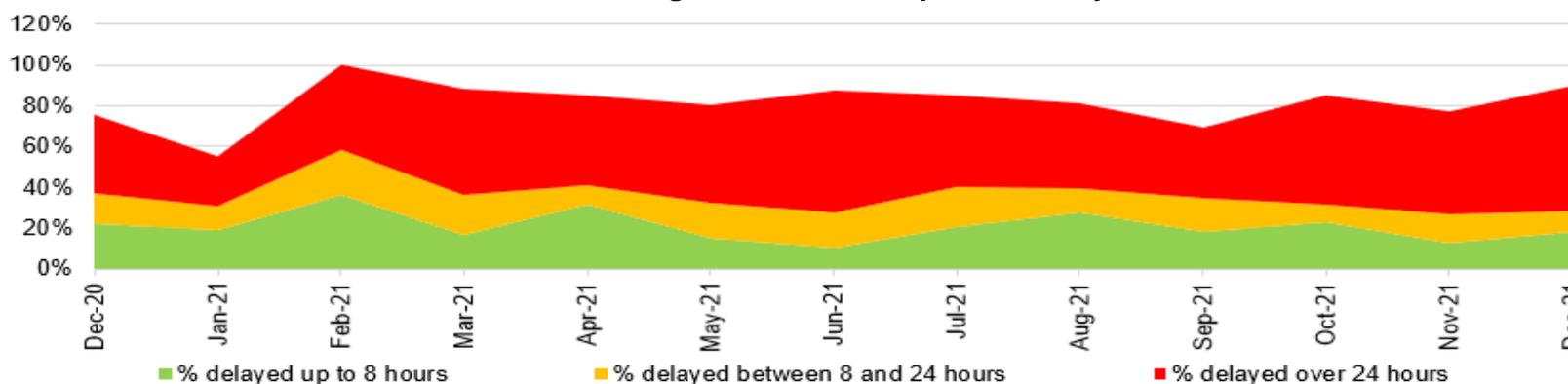
1. Total Critical Care delayed discharges (hours)



2. Average lost bed days per day



3. Percentage of Critical Care patients delayed



UNSCHEDULED CARE

| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------|-----------|-----------|------|-----------|--------|----|----|--------|----|--------|----|--------|----|----|--------|--------|----|----|---|--------|----|----|----|--------|--------|----|----|--------|---|--------|----|--------|----|---|--------|--------|----|----|----|--------|----|----|----|--------|--------|----|----|--------|----|--------|-----|--------|----|----|--------|----|----|----|----|--------|-----|----|----|----|--------|-----|----|----|----|
| <p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p> | <p>In December 2021, there were on average 261 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>The number of medically/ discharge fit patients returned to the average that was seen in quarter 3 for 2021/21 in March 2021, after a significant increase in February 2021. October 2021 saw the first decrease in numbers, but there has been an increase to 261 in December 2021 from 238 in October 2021.</p> <p>In December 2021, Morriston Hospital had the largest proportion of clinically optimised patients with 107, followed by Neath Port Talbot Hospital with 79.</p> | <p>The number of clinically optimised patients by site</p> <table border="1"> <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>Dec-20</td><td>58</td><td>38</td><td>25</td><td>18</td></tr> <tr><td>Jan-21</td><td>58</td><td>42</td><td>25</td><td>10</td></tr> <tr><td>Feb-21</td><td>65</td><td>45</td><td>45</td><td>5</td></tr> <tr><td>Mar-21</td><td>40</td><td>35</td><td>45</td><td>10</td></tr> <tr><td>Apr-21</td><td>68</td><td>35</td><td>68</td><td>8</td></tr> <tr><td>May-21</td><td>68</td><td>40</td><td>75</td><td>8</td></tr> <tr><td>Jun-21</td><td>78</td><td>52</td><td>78</td><td>10</td></tr> <tr><td>Jul-21</td><td>88</td><td>52</td><td>68</td><td>8</td></tr> <tr><td>Aug-21</td><td>92</td><td>58</td><td>68</td><td>15</td></tr> <tr><td>Sep-21</td><td>105</td><td>70</td><td>83</td><td>12</td></tr> <tr><td>Oct-21</td><td>90</td><td>48</td><td>80</td><td>18</td></tr> <tr><td>Nov-21</td><td>110</td><td>62</td><td>80</td><td>15</td></tr> <tr><td>Dec-21</td><td>107</td><td>58</td><td>79</td><td>18</td></tr> </tbody> </table> | Month | Morriston | Singleton | NPTH | Gorseinon | Dec-20 | 58 | 38 | 25 | 18 | Jan-21 | 58 | 42 | 25 | 10 | Feb-21 | 65 | 45 | 45 | 5 | Mar-21 | 40 | 35 | 45 | 10 | Apr-21 | 68 | 35 | 68 | 8 | May-21 | 68 | 40 | 75 | 8 | Jun-21 | 78 | 52 | 78 | 10 | Jul-21 | 88 | 52 | 68 | 8 | Aug-21 | 92 | 58 | 68 | 15 | Sep-21 | 105 | 70 | 83 | 12 | Oct-21 | 90 | 48 | 80 | 18 | Nov-21 | 110 | 62 | 80 | 15 | Dec-21 | 107 | 58 | 79 | 18 |
| Month | Morriston | Singleton | NPTH | Gorseinon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 58 | 38 | 25 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 58 | 42 | 25 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 65 | 45 | 45 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 40 | 35 | 45 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 68 | 35 | 68 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 68 | 40 | 75 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 78 | 52 | 78 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 88 | 52 | 68 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 92 | 58 | 68 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 105 | 70 | 83 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 90 | 48 | 80 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 110 | 62 | 80 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 107 | 58 | 79 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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> | <p>In December 2021, there were 35 elective procedures cancelled due to lack of beds on the day of surgery. This is 34 less cancellations than in November 2020 and 26 less than November 2021.</p> <p>33 of the cancelled procedures were attributed to Morriston Hospital, with 1 attributed to Singleton Hospital and 1 attributed to Neath Port Talbot Hospital.</p> | <p>Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Estimated data for Elective Procedures Cancelled</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>8</td><td>0</td><td>0</td></tr> <tr><td>Jan-21</td><td>2</td><td>0</td><td>0</td></tr> <tr><td>Feb-21</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Mar-21</td><td>12</td><td>0</td><td>0</td></tr> <tr><td>Apr-21</td><td>5</td><td>0</td><td>0</td></tr> <tr><td>May-21</td><td>6</td><td>0</td><td>0</td></tr> <tr><td>Jun-21</td><td>7</td><td>0</td><td>0</td></tr> <tr><td>Jul-21</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>Aug-21</td><td>12</td><td>0</td><td>0</td></tr> <tr><td>Sep-21</td><td>30</td><td>0</td><td>0</td></tr> <tr><td>Oct-21</td><td>50</td><td>0</td><td>0</td></tr> <tr><td>Nov-21</td><td>60</td><td>0</td><td>0</td></tr> <tr><td>Dec-21</td><td>35</td><td>0</td><td>0</td></tr> </tbody> </table> | Month | Morriston | Singleton | NPTH | Dec-20 | 8 | 0 | 0 | Jan-21 | 2 | 0 | 0 | Feb-21 | 10 | 0 | 0 | Mar-21 | 12 | 0 | 0 | Apr-21 | 5 | 0 | 0 | May-21 | 6 | 0 | 0 | Jun-21 | 7 | 0 | 0 | Jul-21 | 18 | 0 | 0 | Aug-21 | 12 | 0 | 0 | Sep-21 | 30 | 0 | 0 | Oct-21 | 50 | 0 | 0 | Nov-21 | 60 | 0 | 0 | Dec-21 | 35 | 0 | 0 | | | | | | | | | | | | | | |
| Month | Morriston | Singleton | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 8 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 2 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 10 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 12 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 5 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 6 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 7 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 18 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 12 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 30 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 50 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 60 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 35 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| FRACTURED NECK OF FEMUR (#NOF) | | |
|--|---|--|
| Description | Current Performance | Trend |
| <p>Fractured Neck of Femur (#NOF)</p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p> | <p>1. Prompt orthogeriatric assessment- In November 2021, 88.7% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. This is 4% more than in November 2020.</p> <p>2. Prompt surgery- In November 2021, 57.1% of patients had surgery the day following presentation with a hip fracture. This is an improvement from November 2020 which was 51.8%</p> <p>3. NICE compliant surgery- 70.3% of operations were consistent with the NICE recommendations in November 2021. This is 0.7% more than in November 2020. In November 2021, Morriston was above the all-Wales average of 70.2%.</p> <p>4. Prompt mobilisation- In November 2021, 71.2% of patients were out of bed the day after surgery. This is 4.8% less than in November 2020.</p> | <p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p> |

| FRACTURED NECK OF FEMUR (#NOF) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|-----------|-----------|-------------------|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-------|------|------|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% of patients were not delirious in the week after their operation in November 2021. This is an improvement of 5.9% compared with November 2020. | <p>5. Not delirious when tested</p> <table border="1"> <caption>5. Not delirious when tested</caption> <thead> <tr> <th>Month</th> <th>Morryston</th> <th>All-Wales</th> <th>Eng, Wal & N. Ire</th> </tr> </thead> <tbody> <tr><td>Nov-20</td><td>65%</td><td>60%</td><td>60%</td></tr> <tr><td>Dec-20</td><td>68%</td><td>60%</td><td>60%</td></tr> <tr><td>Jan-21</td><td>70%</td><td>60%</td><td>60%</td></tr> <tr><td>Feb-21</td><td>72%</td><td>60%</td><td>60%</td></tr> <tr><td>Mar-21</td><td>74%</td><td>60%</td><td>60%</td></tr> <tr><td>Apr-21</td><td>75%</td><td>60%</td><td>60%</td></tr> <tr><td>May-21</td><td>76%</td><td>60%</td><td>60%</td></tr> <tr><td>Jun-21</td><td>76%</td><td>60%</td><td>60%</td></tr> <tr><td>Jul-21</td><td>76%</td><td>60%</td><td>60%</td></tr> <tr><td>Aug-21</td><td>76%</td><td>60%</td><td>60%</td></tr> <tr><td>Sep-21</td><td>76%</td><td>60%</td><td>60%</td></tr> <tr><td>Oct-21</td><td>76%</td><td>60%</td><td>60%</td></tr> <tr><td>Nov-21</td><td>77%</td><td>60%</td><td>60%</td></tr> </tbody> </table> | Month | Morryston | All-Wales | Eng, Wal & N. Ire | Nov-20 | 65% | 60% | 60% | Dec-20 | 68% | 60% | 60% | Jan-21 | 70% | 60% | 60% | Feb-21 | 72% | 60% | 60% | Mar-21 | 74% | 60% | 60% | Apr-21 | 75% | 60% | 60% | May-21 | 76% | 60% | 60% | Jun-21 | 76% | 60% | 60% | Jul-21 | 76% | 60% | 60% | Aug-21 | 76% | 60% | 60% | Sep-21 | 76% | 60% | 60% | Oct-21 | 76% | 60% | 60% | Nov-21 | 77% | 60% | 60% |
| Month | Morryston | All-Wales | Eng, Wal & N. Ire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 65% | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 68% | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 70% | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 72% | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 74% | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 75% | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 76% | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 76% | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 76% | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 76% | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 76% | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 76% | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 77% | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i> | 6. Return to original residence- 70.4% of patients in October 2021 were discharged back to their original residence. This is 5.8% less than in October 2020. | <p>6. Return to original residence</p> <table border="1"> <caption>6. Return to original residence</caption> <thead> <tr> <th>Month</th> <th>Morryston</th> <th>All-Wales</th> <th>Eng, Wal & N. Ire</th> </tr> </thead> <tbody> <tr><td>Oct-20</td><td>75%</td><td>75%</td><td>70%</td></tr> <tr><td>Nov-20</td><td>75%</td><td>75%</td><td>70%</td></tr> <tr><td>Dec-20</td><td>75%</td><td>75%</td><td>70%</td></tr> <tr><td>Jan-21</td><td>75%</td><td>75%</td><td>70%</td></tr> <tr><td>Feb-21</td><td>75%</td><td>75%</td><td>70%</td></tr> <tr><td>Mar-21</td><td>75%</td><td>75%</td><td>70%</td></tr> <tr><td>Apr-21</td><td>75%</td><td>75%</td><td>70%</td></tr> <tr><td>May-21</td><td>75%</td><td>75%</td><td>70%</td></tr> <tr><td>Jun-21</td><td>75%</td><td>75%</td><td>70%</td></tr> <tr><td>Jul-21</td><td>75%</td><td>75%</td><td>70%</td></tr> <tr><td>Aug-21</td><td>75%</td><td>75%</td><td>70%</td></tr> <tr><td>Sep-21</td><td>75%</td><td>75%</td><td>70%</td></tr> <tr><td>Oct-21</td><td>70.4%</td><td>75%</td><td>70%</td></tr> </tbody> </table> | Month | Morryston | All-Wales | Eng, Wal & N. Ire | Oct-20 | 75% | 75% | 70% | Nov-20 | 75% | 75% | 70% | Dec-20 | 75% | 75% | 70% | Jan-21 | 75% | 75% | 70% | Feb-21 | 75% | 75% | 70% | Mar-21 | 75% | 75% | 70% | Apr-21 | 75% | 75% | 70% | May-21 | 75% | 75% | 70% | Jun-21 | 75% | 75% | 70% | Jul-21 | 75% | 75% | 70% | Aug-21 | 75% | 75% | 70% | Sep-21 | 75% | 75% | 70% | Oct-21 | 70.4% | 75% | 70% |
| Month | Morryston | All-Wales | Eng, Wal & N. Ire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 75% | 75% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 75% | 75% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 75% | 75% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 75% | 75% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 75% | 75% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 75% | 75% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 75% | 75% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 75% | 75% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 75% | 75% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 75% | 75% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 75% | 75% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 75% | 75% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 70.4% | 75% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. <i>30 day mortality rate</i> | <p>7. 30 day mortality rate- In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p> | <p>7. 30 day mortality rate</p> <table border="1"> <caption>7. 30 day mortality rate</caption> <thead> <tr> <th>Month</th> <th>Morryston</th> <th>All-Wales</th> <th>Eng, Wal & N. Ire</th> </tr> </thead> <tbody> <tr><td>Jan-20</td><td>8%</td><td>7%</td><td>7%</td></tr> <tr><td>Feb-20</td><td>8%</td><td>7%</td><td>7%</td></tr> <tr><td>Mar-20</td><td>8%</td><td>7%</td><td>7%</td></tr> <tr><td>Apr-20</td><td>8%</td><td>7%</td><td>7%</td></tr> <tr><td>May-20</td><td>8%</td><td>7%</td><td>7%</td></tr> <tr><td>Jun-20</td><td>8%</td><td>7%</td><td>7%</td></tr> <tr><td>Jul-20</td><td>8%</td><td>7%</td><td>7%</td></tr> <tr><td>Aug-20</td><td>8%</td><td>7%</td><td>7%</td></tr> <tr><td>Sep-20</td><td>8%</td><td>7%</td><td>7%</td></tr> <tr><td>Oct-20</td><td>8%</td><td>7%</td><td>7%</td></tr> <tr><td>Nov-20</td><td>8%</td><td>7%</td><td>7%</td></tr> <tr><td>Dec-20</td><td>8%</td><td>7%</td><td>7%</td></tr> <tr><td>Jan-21</td><td>7.5%</td><td>6.9%</td><td>7.6%</td></tr> </tbody> </table> | Month | Morryston | All-Wales | Eng, Wal & N. Ire | Jan-20 | 8% | 7% | 7% | Feb-20 | 8% | 7% | 7% | Mar-20 | 8% | 7% | 7% | Apr-20 | 8% | 7% | 7% | May-20 | 8% | 7% | 7% | Jun-20 | 8% | 7% | 7% | Jul-20 | 8% | 7% | 7% | Aug-20 | 8% | 7% | 7% | Sep-20 | 8% | 7% | 7% | Oct-20 | 8% | 7% | 7% | Nov-20 | 8% | 7% | 7% | Dec-20 | 8% | 7% | 7% | Jan-21 | 7.5% | 6.9% | 7.6% |
| Month | Morryston | All-Wales | Eng, Wal & N. Ire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 8% | 7% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-20 | 8% | 7% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-20 | 8% | 7% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-20 | 8% | 7% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 8% | 7% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-20 | 8% | 7% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-20 | 8% | 7% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-20 | 8% | 7% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 8% | 7% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 8% | 7% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 8% | 7% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 8% | 7% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 7.5% | 6.9% | 7.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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"> 17 cases of <i>E. coli</i> bacteraemia were identified in December 2021, of which 5 were hospital acquired and 12 were community acquired. Cumulative cases from April 2021 to December 2021 are 19.8% higher than the equivalent period in 2020/21. (222 in 2021/22 compared with 178 in 2020/21). | <p style="text-align: center;">Number of healthcare acquired <i>E.coli</i> bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Cases</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>12</td></tr> <tr><td>Jan-21</td><td>18</td></tr> <tr><td>Feb-21</td><td>17</td></tr> <tr><td>Mar-21</td><td>28</td></tr> <tr><td>Apr-21</td><td>32</td></tr> <tr><td>May-21</td><td>26</td></tr> <tr><td>Jun-21</td><td>23</td></tr> <tr><td>Jul-21</td><td>23</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> </tbody> </table> <p style="text-align: center;">■ Number E.Coli cases (SBU)</p> | Month | Number of Cases | Dec-20 | 12 | Jan-21 | 18 | Feb-21 | 17 | Mar-21 | 28 | Apr-21 | 32 | May-21 | 26 | Jun-21 | 23 | Jul-21 | 23 | Aug-21 | 34 | Sep-21 | 21 | Oct-21 | 19 | Nov-21 | 22 | Dec-21 | 17 |
| Month | Number of Cases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i> | <ul style="list-style-type: none"> There were 9 cases of <i>Staph. aureus</i> bacteraemia in December 2021, of which 5 were hospital acquired and 4 were community acquired. Cumulative cases from April 2021 to December 2021 are 10.4% higher than the equivalent period in 2020/21 (106 in 2021/22 compared with 94 in 2020/21). | <p style="text-align: center;">Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Cases</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>9</td></tr> <tr><td>Jan-21</td><td>9</td></tr> <tr><td>Feb-21</td><td>9</td></tr> <tr><td>Mar-21</td><td>11</td></tr> <tr><td>Apr-21</td><td>13</td></tr> <tr><td>May-21</td><td>15</td></tr> <tr><td>Jun-21</td><td>7</td></tr> <tr><td>Jul-21</td><td>11</td></tr> <tr><td>Aug-21</td><td>12</td></tr> <tr><td>Sep-21</td><td>17</td></tr> <tr><td>Oct-21</td><td>18</td></tr> <tr><td>Nov-21</td><td>4</td></tr> <tr><td>Dec-21</td><td>9</td></tr> </tbody> </table> <p style="text-align: center;">■ Number of S.Aureus cases (SBU)</p> | Month | Number of Cases | Dec-20 | 9 | Jan-21 | 9 | Feb-21 | 9 | Mar-21 | 11 | Apr-21 | 13 | May-21 | 15 | Jun-21 | 7 | Jul-21 | 11 | Aug-21 | 12 | Sep-21 | 17 | Oct-21 | 18 | Nov-21 | 4 | Dec-21 | 9 |
| Month | Number of Cases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 12 <i>Clostridium difficile</i> toxin positive cases in December 2021, of which 11 were hospital acquired and 1 was community acquired. • Cumulative cases from April 2021 to December 2021 are 11.3% higher than the equivalent period of 2020/21 (150 in 2021/22 compared with 133 in 2020/21). | <p style="text-align: center;">Number of healthcare acquired C.difficile cases</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Number of healthcare acquired C.difficile cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Cases</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>9</td></tr> <tr><td>Jan-21</td><td>3</td></tr> <tr><td>Feb-21</td><td>11</td></tr> <tr><td>Mar-21</td><td>12</td></tr> <tr><td>Apr-21</td><td>20</td></tr> <tr><td>May-21</td><td>12</td></tr> <tr><td>Jun-21</td><td>12</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> </tbody> </table> <p style="text-align: center;">■ Number of C. diff cases (SBU)</p> | Month | Number of Cases | Dec-20 | 9 | Jan-21 | 3 | Feb-21 | 11 | Mar-21 | 12 | Apr-21 | 20 | May-21 | 12 | Jun-21 | 12 | Jul-21 | 23 | Aug-21 | 22 | Sep-21 | 14 | Oct-21 | 15 | Nov-21 | 20 | Dec-21 | 12 |
| Month | Number of Cases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i> | <ul style="list-style-type: none"> • There were 9 cases of Klebsiella sp in December 2021, of which 6 were hospital acquired and 3 were community acquired. • Cumulative cases from April 2021 to December 2021 are 5.2% higher than the equivalent period in 2020/21 (77 in 2021/22 compared with 73 in 2020/21). | <p style="text-align: center;">Number of healthcare acquired Klebsiella cases</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Number of healthcare acquired Klebsiella cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Cases</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>12</td></tr> <tr><td>Jan-21</td><td>13</td></tr> <tr><td>Feb-21</td><td>6</td></tr> <tr><td>Mar-21</td><td>10</td></tr> <tr><td>Apr-21</td><td>9</td></tr> <tr><td>May-21</td><td>5</td></tr> <tr><td>Jun-21</td><td>12</td></tr> <tr><td>Jul-21</td><td>3</td></tr> <tr><td>Aug-21</td><td>8</td></tr> <tr><td>Sep-21</td><td>11</td></tr> <tr><td>Oct-21</td><td>13</td></tr> <tr><td>Nov-21</td><td>7</td></tr> <tr><td>Dec-21</td><td>9</td></tr> </tbody> </table> <p style="text-align: center;">■ Number of Klebsiella cases (SBU)</p> | Month | Number of Cases | Dec-20 | 12 | Jan-21 | 13 | Feb-21 | 6 | Mar-21 | 10 | Apr-21 | 9 | May-21 | 5 | Jun-21 | 12 | Jul-21 | 3 | Aug-21 | 8 | Sep-21 | 11 | Oct-21 | 13 | Nov-21 | 7 | Dec-21 | 9 |
| Month | Number of Cases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| HEALTHCARE ACQUIRED INFECTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------|-----------------------------------|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i> | <ul style="list-style-type: none"> There were 4 cases of <i>P.Aeruginosa</i> in December 2021, of which 3 were hospital acquired and 1 was community acquired. Cumulative cases from April 2021 to December 2021 are 11% more than the equivalent period in 2020/21. | <p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <caption>Number of healthcare acquired Pseudomonas cases</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>1</td></tr> <tr><td>Jan-21</td><td>1</td></tr> <tr><td>Feb-21</td><td>1</td></tr> <tr><td>Mar-21</td><td>1</td></tr> <tr><td>Apr-21</td><td>3</td></tr> <tr><td>May-21</td><td>1</td></tr> <tr><td>Jun-21</td><td>2</td></tr> <tr><td>Jul-21</td><td>1</td></tr> <tr><td>Aug-21</td><td>2</td></tr> <tr><td>Sep-21</td><td>2</td></tr> <tr><td>Oct-21</td><td>0</td></tr> <tr><td>Nov-21</td><td>3</td></tr> <tr><td>Dec-21</td><td>4</td></tr> </tbody> </table> | Month | Number of Pseudomonas cases (SBU) | Dec-20 | 1 | Jan-21 | 1 | Feb-21 | 1 | Mar-21 | 1 | Apr-21 | 3 | May-21 | 1 | Jun-21 | 2 | Jul-21 | 1 | Aug-21 | 2 | Sep-21 | 2 | Oct-21 | 0 | Nov-21 | 3 | Dec-21 | 4 |
| Month | Number of Pseudomonas cases (SBU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 November 2021 there were 74 cases of healthcare acquired pressure ulcers, 31 of which were community acquired and 43 were hospital acquired. There were 10 grade 3+ pressure ulcers in November 2021, of which 8 were community acquired and 2 were hospital acquired. The rate per 100,000 admissions decreased from 955 in September 2021 to 613 in October 2021. | <p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table border="1"> <caption>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</caption> <thead> <tr> <th>Month</th> <th>Community PU</th> <th>Hospital PU</th> <th>Rate per 100,000 admissions</th> </tr> </thead> <tbody> <tr><td>Nov-20</td><td>40</td><td>30</td><td>955</td></tr> <tr><td>Dec-20</td><td>45</td><td>35</td><td>1,100</td></tr> <tr><td>Jan-21</td><td>40</td><td>30</td><td>955</td></tr> <tr><td>Feb-21</td><td>40</td><td>30</td><td>955</td></tr> <tr><td>Mar-21</td><td>40</td><td>30</td><td>613</td></tr> <tr><td>Apr-21</td><td>45</td><td>35</td><td>955</td></tr> <tr><td>May-21</td><td>40</td><td>30</td><td>955</td></tr> <tr><td>Jun-21</td><td>40</td><td>30</td><td>955</td></tr> <tr><td>Jul-21</td><td>40</td><td>30</td><td>955</td></tr> <tr><td>Aug-21</td><td>40</td><td>30</td><td>955</td></tr> <tr><td>Sep-21</td><td>40</td><td>30</td><td>955</td></tr> <tr><td>Oct-21</td><td>40</td><td>30</td><td>613</td></tr> <tr><td>Nov-21</td><td>40</td><td>30</td><td>955</td></tr> </tbody> </table> | Month | Community PU | Hospital PU | Rate per 100,000 admissions | Nov-20 | 40 | 30 | 955 | Dec-20 | 45 | 35 | 1,100 | Jan-21 | 40 | 30 | 955 | Feb-21 | 40 | 30 | 955 | Mar-21 | 40 | 30 | 613 | Apr-21 | 45 | 35 | 955 | May-21 | 40 | 30 | 955 | Jun-21 | 40 | 30 | 955 | Jul-21 | 40 | 30 | 955 | Aug-21 | 40 | 30 | 955 | Sep-21 | 40 | 30 | 955 | Oct-21 | 40 | 30 | 613 | Nov-21 | 40 | 30 | 955 |
| Month | Community PU | Hospital PU | Rate per 100,000 admissions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 40 | 30 | 955 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 45 | 35 | 1,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 40 | 30 | 955 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 40 | 30 | 955 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 40 | 30 | 613 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 45 | 35 | 955 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 40 | 30 | 955 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 40 | 30 | 955 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 40 | 30 | 955 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 40 | 30 | 955 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 40 | 30 | 955 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 40 | 30 | 613 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 40 | 30 | 955 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SERIOUS INCIDENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|------------------------|-----------------------------|------------------------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|---|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Serious Incidents- 1. <i>The number of serious incidents</i> 2. <i>The number of Never Events</i> 3. <i>Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales</i> | 1. The Health Board reported 2 Serious Incidents for the month of December 2021 to Welsh Government. The breakdown of incidents in December 2021 are set out below: - Singleton – 2 | 1. and 2. Number of serious incidents and never events <table border="1"> <caption>Number of Serious Incidents and Never Events</caption> <thead> <tr> <th>Month</th> <th>Number of Serious Incidents</th> <th>Number of never events</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>12</td><td>0</td></tr> <tr><td>Jan-21</td><td>4</td><td>0</td></tr> <tr><td>Feb-21</td><td>5</td><td>0</td></tr> <tr><td>Mar-21</td><td>4</td><td>0</td></tr> <tr><td>Apr-21</td><td>4</td><td>0</td></tr> <tr><td>May-21</td><td>6</td><td>0</td></tr> <tr><td>Jun-21</td><td>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> </tbody> </table> | Month | Number of Serious Incidents | Number of never events | Dec-20 | 12 | 0 | Jan-21 | 4 | 0 | Feb-21 | 5 | 0 | Mar-21 | 4 | 0 | Apr-21 | 4 | 0 | 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 |
| | Month | Number of Serious Incidents | Number of never events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dec-20 | 12 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 4 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 5 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 4 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 4 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. There were no new Never Event reported in December 2021. | 3. % of serious incidents closed within 60 days <table border="1"> <caption>% of Serious Incidents Closed within 60 days</caption> <thead> <tr> <th>Month</th> <th>% SI's assured</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>5%</td><td>80%</td></tr> <tr><td>Jan-21</td><td>0%</td><td>80%</td></tr> <tr><td>Feb-21</td><td>10%</td><td>80%</td></tr> <tr><td>Mar-21</td><td>0%</td><td>80%</td></tr> <tr><td>Apr-21</td><td>0%</td><td>80%</td></tr> <tr><td>May-21</td><td>0%</td><td>80%</td></tr> <tr><td>Jun-21</td><td>0%</td><td>80%</td></tr> <tr><td>Jul-21</td><td>32%</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> </tbody> </table> | Month | % SI's assured | Target | Dec-20 | 5% | 80% | Jan-21 | 0% | 80% | Feb-21 | 10% | 80% | Mar-21 | 0% | 80% | Apr-21 | 0% | 80% | May-21 | 0% | 80% | Jun-21 | 0% | 80% | Jul-21 | 32% | 80% | Aug-21 | 0% | 80% | Sep-21 | 0% | 80% | Oct-21 | 0% | 80% | Nov-21 | 0% | 80% | Dec-21 | 0% | 80% | |
| Month | % SI's assured | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 5% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 10% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 32% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 0% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. In November 2021, performance against the 80% target of submitting closure forms within 60 working days was 0% as the one closure form in Morriston due to be submitted to Welsh Government, was not submitted on time. | <p>* 0% compliance in November 2020 and January, March, April, May, June, August, October and November 2021</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 208 in December 2021. This is 16% less than December 2020 where 247 falls were recorded. | <p>Number of inpatient Falls</p> <table border="1"> <caption>Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Inpatient falls</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>247</td></tr> <tr><td>Jan-21</td><td>200</td></tr> <tr><td>Feb-21</td><td>175</td></tr> <tr><td>Mar-21</td><td>170</td></tr> <tr><td>Apr-21</td><td>175</td></tr> <tr><td>May-21</td><td>225</td></tr> <tr><td>Jun-21</td><td>175</td></tr> <tr><td>Jul-21</td><td>190</td></tr> <tr><td>Aug-21</td><td>195</td></tr> <tr><td>Sep-21</td><td>205</td></tr> <tr><td>Oct-21</td><td>235</td></tr> <tr><td>Nov-21</td><td>210</td></tr> <tr><td>Dec-21</td><td>205</td></tr> </tbody> </table> | Month | Inpatient falls | Dec-20 | 247 | Jan-21 | 200 | Feb-21 | 175 | Mar-21 | 170 | Apr-21 | 175 | May-21 | 225 | Jun-21 | 175 | Jul-21 | 190 | Aug-21 | 195 | Sep-21 | 205 | Oct-21 | 235 | Nov-21 | 210 | Dec-21 | 205 |
| Month | Inpatient falls | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 247 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 175 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 175 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 225 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 175 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 190 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 195 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 205 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 235 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 210 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 205 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 December 2021, the percentage of completed discharge summaries was 62%.</p> <p>In December 2021, compliance ranged from 53% in Singleton Hospital to 82% in Mental Health & Learning Disabilities.</p> | <p>% discharge summaries approved and sent</p> <table border="1"> <caption>% discharge summaries approved and sent</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>58%</td></tr> <tr><td>Jan-21</td><td>68%</td></tr> <tr><td>Feb-21</td><td>62%</td></tr> <tr><td>Mar-21</td><td>63%</td></tr> <tr><td>Apr-21</td><td>62%</td></tr> <tr><td>May-21</td><td>67%</td></tr> <tr><td>Jun-21</td><td>69%</td></tr> <tr><td>Jul-21</td><td>61%</td></tr> <tr><td>Aug-21</td><td>61%</td></tr> <tr><td>Sep-21</td><td>68%</td></tr> <tr><td>Oct-21</td><td>60%</td></tr> <tr><td>Nov-21</td><td>62%</td></tr> <tr><td>Dec-21</td><td>61%</td></tr> </tbody> </table> | Month | % of completed discharge summaries | Dec-20 | 58% | Jan-21 | 68% | Feb-21 | 62% | Mar-21 | 63% | Apr-21 | 62% | May-21 | 67% | Jun-21 | 69% | Jul-21 | 61% | Aug-21 | 61% | Sep-21 | 68% | Oct-21 | 60% | Nov-21 | 62% | Dec-21 | 61% |
| Month | % of completed discharge summaries | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 68% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 62% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 63% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 62% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 67% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 69% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 61% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 61% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 68% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 62% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 61% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CRUDE MORTALITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|--|---|------------------|------------------------|------------------------|------------------|--------------|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crude Mortality Rate | <p>November 2021 reports the crude mortality rate for the Health Board at 0.99%, which is 0.04% lower than October 2021.</p> <p>A breakdown by Hospital for November 2021:</p> <ul style="list-style-type: none"> • Morriston – 1.76% • Singleton – 0.50% • NPT – 0.21% | <p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <p>The chart displays four data series: Morriston Hospital (blue), Singleton Hospital (orange), NPT Hospital (yellow), and HB Total (grey). Morriston Hospital consistently has the highest mortality rate, peaking at approximately 2.0% in February 2021. Singleton Hospital maintains a rate between 0.4% and 0.6%. NPT Hospital has the lowest rate, fluctuating between 0.1% and 0.3%. The HB Total rate remains relatively stable around 1.0%.</p> <table border="1"> <caption>Estimated data from the line chart</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital (%)</th> <th>Singleton Hospital (%)</th> <th>NPT Hospital (%)</th> <th>HB Total (%)</th> </tr> </thead> <tbody> <tr><td>Nov-20</td><td>1.7</td><td>0.5</td><td>0.2</td><td>1.0</td></tr> <tr><td>Dec-20</td><td>1.9</td><td>0.5</td><td>0.2</td><td>1.1</td></tr> <tr><td>Jan-21</td><td>2.0</td><td>0.5</td><td>0.2</td><td>1.1</td></tr> <tr><td>Feb-21</td><td>2.0</td><td>0.5</td><td>0.2</td><td>1.1</td></tr> <tr><td>Mar-21</td><td>1.8</td><td>0.5</td><td>0.2</td><td>1.0</td></tr> <tr><td>Apr-21</td><td>1.7</td><td>0.5</td><td>0.2</td><td>1.0</td></tr> <tr><td>May-21</td><td>1.7</td><td>0.5</td><td>0.2</td><td>1.0</td></tr> <tr><td>Jun-21</td><td>1.7</td><td>0.5</td><td>0.2</td><td>1.0</td></tr> <tr><td>Jul-21</td><td>1.7</td><td>0.5</td><td>0.2</td><td>1.0</td></tr> <tr><td>Aug-21</td><td>1.7</td><td>0.5</td><td>0.2</td><td>1.0</td></tr> <tr><td>Sep-21</td><td>1.7</td><td>0.5</td><td>0.2</td><td>1.0</td></tr> <tr><td>Oct-21</td><td>1.7</td><td>0.5</td><td>0.2</td><td>1.0</td></tr> <tr><td>Nov-21</td><td>1.8</td><td>0.5</td><td>0.2</td><td>1.0</td></tr> </tbody> </table> | Month | Morriston Hospital (%) | Singleton Hospital (%) | NPT Hospital (%) | HB Total (%) | Nov-20 | 1.7 | 0.5 | 0.2 | 1.0 | Dec-20 | 1.9 | 0.5 | 0.2 | 1.1 | Jan-21 | 2.0 | 0.5 | 0.2 | 1.1 | Feb-21 | 2.0 | 0.5 | 0.2 | 1.1 | Mar-21 | 1.8 | 0.5 | 0.2 | 1.0 | Apr-21 | 1.7 | 0.5 | 0.2 | 1.0 | May-21 | 1.7 | 0.5 | 0.2 | 1.0 | Jun-21 | 1.7 | 0.5 | 0.2 | 1.0 | Jul-21 | 1.7 | 0.5 | 0.2 | 1.0 | Aug-21 | 1.7 | 0.5 | 0.2 | 1.0 | Sep-21 | 1.7 | 0.5 | 0.2 | 1.0 | Oct-21 | 1.7 | 0.5 | 0.2 | 1.0 | Nov-21 | 1.8 | 0.5 | 0.2 | 1.0 |
| Month | Morriston Hospital (%) | Singleton Hospital (%) | NPT Hospital (%) | HB Total (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 1.7 | 0.5 | 0.2 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 1.9 | 0.5 | 0.2 | 1.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 2.0 | 0.5 | 0.2 | 1.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 2.0 | 0.5 | 0.2 | 1.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 1.8 | 0.5 | 0.2 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 1.7 | 0.5 | 0.2 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 1.7 | 0.5 | 0.2 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 1.7 | 0.5 | 0.2 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 1.7 | 0.5 | 0.2 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 1.7 | 0.5 | 0.2 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 1.7 | 0.5 | 0.2 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 1.7 | 0.5 | 0.2 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 1.8 | 0.5 | 0.2 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | |
| | | | | | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
| Cancer | | | | | | | | | | | | | | | | | |
| Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions) | Total | 12 month improvement trend | |  | 61.0% | 67.9% | 56.4% | 71.6% | 65.7% | 60.0% | 66.8% | 55.0% | 58.4% | 62.2% | 61.9% | 63.4% | 45.0% |
| Planned Care | | | | | | | | | | | | | | | | | |
| Number of patients waiting > 26 weeks for outpatient appointment* | Morrison | 0 | |  | 12,543 | 12,487 | 12,479 | 12,870 | 13,398 | 14,047 | 13,867 | 14,080 | 14,661 | 15,092 | 15,906 | 16,385 | 17,214 |
| | NPTH | | |  | 49 | 61 | 111 | 73 | 92 | 157 | 228 | 271 | 335 | 407 | 378 | 387 | 294 |
| | Singleton | | |  | 8,336 | 8,427 | 8,414 | 8,575 | 9,027 | 9,327 | 9,053 | 8,769 | 8,383 | 8,447 | 8,162 | 7,955 | 7,920 |
| | PC&CS | | |  | 251 | 233 | 221 | 232 | 235 | 169 | 131 | 105 | 65 | 51 | 37 | 25 | 24 |
| | Total | | |  | 21,179 | 21,208 | 21,225 | 21,750 | 22,752 | 23,700 | 23,279 | 23,225 | 23,444 | 23,997 | 24,483 | 24,752 | 25,452 |
| Number of patients waiting > 36 weeks for treatment* | Morrison | 0 | |  | 22,391 | 21,695 | 21,199 | 21,228 | 21,579 | 22,095 | 22,414 | 22,968 | 23,364 | 23,214 | 23,874 | 24,121 | 24,500 |
| | NPTH | | |  | 42 | 41 | 43 | 45 | 46 | 45 | 57 | 98 | 167 | 189 | 191 | 198 | 150 |
| | Singleton | | |  | 11,629 | 11,385 | 10,788 | 10,942 | 11,134 | 11,727 | 12,022 | 11,980 | 11,920 | 11,764 | 11,841 | 12,245 | 12,388 |
| | PC&CS | | |  | 247 | 219 | 204 | 196 | 181 | 115 | 119 | 82 | 53 | 43 | 35 | 25 | 22 |
| | Total (inc. diagnostics > 36 wks) | | |  | 35,126 | 33,991 | 32,719 | 32,874 | 33,395 | 34,447 | 35,040 | 35,583 | 35,999 | 35,711 | 36,420 | 37,064 | 37,504 |
| Number of patients waiting > 8 weeks for a specified diagnostics* | Morrison | 0 | |  | 4,361 | 3,938 | 2,978 | 2,517 | 2,757 | 2,739 | 3,162 | 3,390 | 3,573 | 3,528 | 3,320 | 3,217 | 2,927 |
| | Singleton | | |  | 2,218 | 2,301 | 2,109 | 2,037 | 2,047 | 2,103 | 2,068 | 2,035 | 1,950 | 2,204 | 2,619 | 2,791 | 3,144 |
| | Total | | |  | 6,579 | 6,239 | 5,087 | 4,554 | 4,804 | 4,842 | 5,230 | 5,425 | 5,523 | 5,732 | 5,939 | 6,008 | 6,071 |
| Number of patients waiting > 14 weeks for a specified therapy* | MH&LD | 0 | |  | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | NPTH | | |  | 93 | 127 | 129 | 60 | 18 | 8 | 15 | 1 | 15 | 18 | 28 | 29 | 12 |
| | PC&CS | | |  | 615 | 457 | 362 | 309 | 183 | 157 | 156 | 150 | 171 | 302 | 386 | 600 | 877 |
| | Total | | |  | 708 | 584 | 491 | 369 | 201 | 166 | 171 | 151 | 186 | 320 | 414 | 629 | 889 |

| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | | |
|---|--------------|----------------------------|------------------|-------|------------|------------|------------|------------|--------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | | | | | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
| Planned Care | | | | | | | | | | | | | | | | | |
| Total number of patients waiting for a follow-up outpatient appointment * | Total | HB Target TBC | | | 119,963 | 119,999 | 120,882 | 121,403 | 122,303 | 123,088 | 127,444 | 130,208 | 127,391 | 130,963 | 131,554 | 129,255 | 131,403 |
| Number of patients delayed by over 100% past their target date * | Total | | | | 27,641 | 28,419 | 28,862 | 29,316 | 29,334 | 30,062 | 30,550 | 31,316 | 29,770 | 32,574 | 33,121 | 30,946 | 31,912 |
| Number of patients delayed past their agreed target date (booked and not booked) * | Total | | | | 56,210 | 57,297 | 57,458 | 55,944 | 55,086 | 54,664 | 55,254 | 60,618 | 54,993 | 60,340 | 60,447 | 56,618 | 58,006 |
| Number of Ophthalmology patients without an allocated health risk factor | Total | 0 | | | 326 | 212 | 281 | 294 | 614 | 326 | 486 | 539 | 628 | 702 | 413 | 528 | 694 |
| Number of patients without a documented clinical review date | Total | 0 | | | 90 | 32 | 25 | 14 | 9 | 5 | 6 | 5 | 6 | 7 | 3 | 4 | 2 |
| Patient Experience/ Feedback | | | | | | | | | | | | | | | | | |
| Number of friends and family surveys completed | PCCS | 12 month improvement trend | | | 84 | 144 | 97 | 255 | | 159 | 532 | 79 | 245 | 213 | 89 | 360 | 291 |
| | MH&LD | | | | 56 | 22 | 8 | 11 | | 3 | 0 | 0 | 59 | 18 | 10 | 36 | 23 |
| | Morrison | | | | 152 | 168 | 211 | 326 | | 1,330 | 934 | 699 | 642 | 995 | 941 | 1,131 | 878 |
| | NPTH | | | | 18 | 43 | 31 | 16 | | | | | | | | | |
| | Singleton | | | | 330 | 323 | 459 | 453 | | 3,098 | 1,808 | 1,029 | 1,106 | 1,452 | 1,118 | 1,602 | 1,580 |
| | Total | | | | | 584 | 678 | 798 | 1,050 | | 4,590 | 3,297 | 1,912 | 2,075 | 2,025 | 2,733 | 3,194 |
| % of patients who would recommend and highly recommend | PCCS | 90% | 80% | | 62% | 76% | 77% | 90% | | 100% | 100% | 89% | 94% | 90% | 90% | 94% | 90% |
| | MH&LD | | | | 21% | 36% | 88% | 73% | | 100% | 0% | 0% | 93% | 94% | 90% | 97% | 100% |
| | Morrison | | | | 70% | 76% | 82% | 86% | | 96% | 97% | 93% | 92% | 93% | 92% | 93% | 94% |
| | NPTH | | | | 67% | 58% | 32% | 75% | | | | | | | | | |
| | Singleton | | | | 85% | 85% | 92% | 87% | | 97% | 97% | 91% | 92% | 90% | 92% | 94% | 94% |
| | Total | | | | 77% | 79% | 85% | 87% | | 96% | 97% | 92% | 92% | 92% | 92% | 92% | 94% |
| % of all-Wales surveys scoring 9 or 10 on overall satisfaction | PCCS | 90% | 80% | | 67% | 90% | 100% | 100% | | 100% | - | | 95% | 92% | 94% | 89% | 97% |
| | MH&LD | | | | - | - | - | 50% | | | | | | | | | |
| | Morrison | | | | 33% | 80% | 71% | 90% | | 93% | 97% | | 96% | 96% | 94% | 93% | 96% |
| | NPTH | | | | 67% | 67% | 100% | 100% | | | | | | | | | |
| | Singleton | | | | 80% | 77% | 95% | 92% | | 93% | 97% | | 95% | 96% | 95% | 93% | 97% |
| | Total | | | | 65% | 81% | 94% | 93% | | 92% | 96% | | 92% | 96% | 93% | 93% | 96% |
| Number of new complaints received | PCCS | 12 month reduction trend | | | 24 | 9 | 10 | 22 | 8 | 16 | 16 | 18 | 8 | 11 | 12 | | |
| | MH&LD | | | | 6 | 11 | 15 | 10 | 26 | 15 | 19 | 24 | 13 | 12 | 13 | | |
| | Morrison | | | | 38 | 33 | 40 | 50 | 23 | 53 | 69 | 51 | 50 | 61 | 57 | | |
| | NPTH | | | | 1 | 7 | 6 | 7 | 4 | 3 | 10 | 6 | 6 | 6 | 6 | | |
| | Singleton | | | | 20 | 15 | 20 | 24 | 24 | 23 | 31 | 28 | 32 | 21 | 33 | | |
| | Total | | | | 83 | 78 | 94 | 117 | 100 | 115 | 159 | 139 | 115 | 115 | 134 | | |
| % 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% | | 77% | 63% | 67% | 67% | 88% | 81% | 72% | 54% | 75% | 73% | 83% | | |
| | MH&LD | | | | 75% | 73% | 64% | 67% | 69% | 67% | 50% | 58% | 62% | 92% | 69% | | |
| | Morrison | | | | 91% | 81% | 95% | 92% | 100% | 92% | 80% | 76% | 94% | 84% | 70% | | |
| | NPTH | | | | 0% | 57% | 67% | 100% | 100% | 100% | 70% | 100% | 67% | 50% | 83% | | |
| | Singleton | | | | 70% | 57% | 68% | 67% | 61% | 68% | 43% | 54% | 81% | 52% | 48% | | |
| | Total | | | | 80% | 71% | 80% | 81% | 78% | 78% | 68% | 69% | 83% | 75% | 67% | | |

5.3 Updates on key measures

| PLANNED CARE | |
|--|--|
| Description | Current Performance |
| Referrals and shape of the waiting list | December 2021 has seen a reduction in referral figures. Since September 2020 the number of referrals and additions appeared to stabilise but then started to increase again from January 2021. 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. |
| 1. GP Referrals <i>The number of Stage 1 additions per week</i> | Trend |
| 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> | <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>1. Number of GP referrals received by SBU Health Board</p> <p>Y-axis: 0 to 10,000. X-axis: Dec-20 to Dec-21. Legend: GP Referrals (routine) - solid green line, GP Referrals (urgent) - dashed green line.</p> </div> <div style="width: 45%;"> <p>2. Number of stage 1 additions per week</p> <p>Y-axis: 0 to 3,000. X-axis: 01/03/20 to 02/01/22. Legend: Additions to outpatients (stage 1) waiting list - solid green line.</p> </div> </div> |
| 3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i> | <p>3. Total size of the waiting list and movement (December 2019)</p> <p>Y-axis: 0 to 3,000. X-axis: 0 to 152. Legend: STAGE 1 (blue), STAGE 2 (orange), STAGE 3 (yellow), STAGE 4 (green), STAGE 5 (purple).</p> |
| 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2021</i> | <p>4. Total size of the waiting list and movement (December 2021)</p> <p>Y-axis: 0 to 3,000. X-axis: 0 to 152. Legend: STAGE 1 (blue), STAGE 2 (orange), STAGE 3 (yellow), STAGE 4 (green), STAGE 5 (purple).</p> |

PLANNED CARE

Description

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

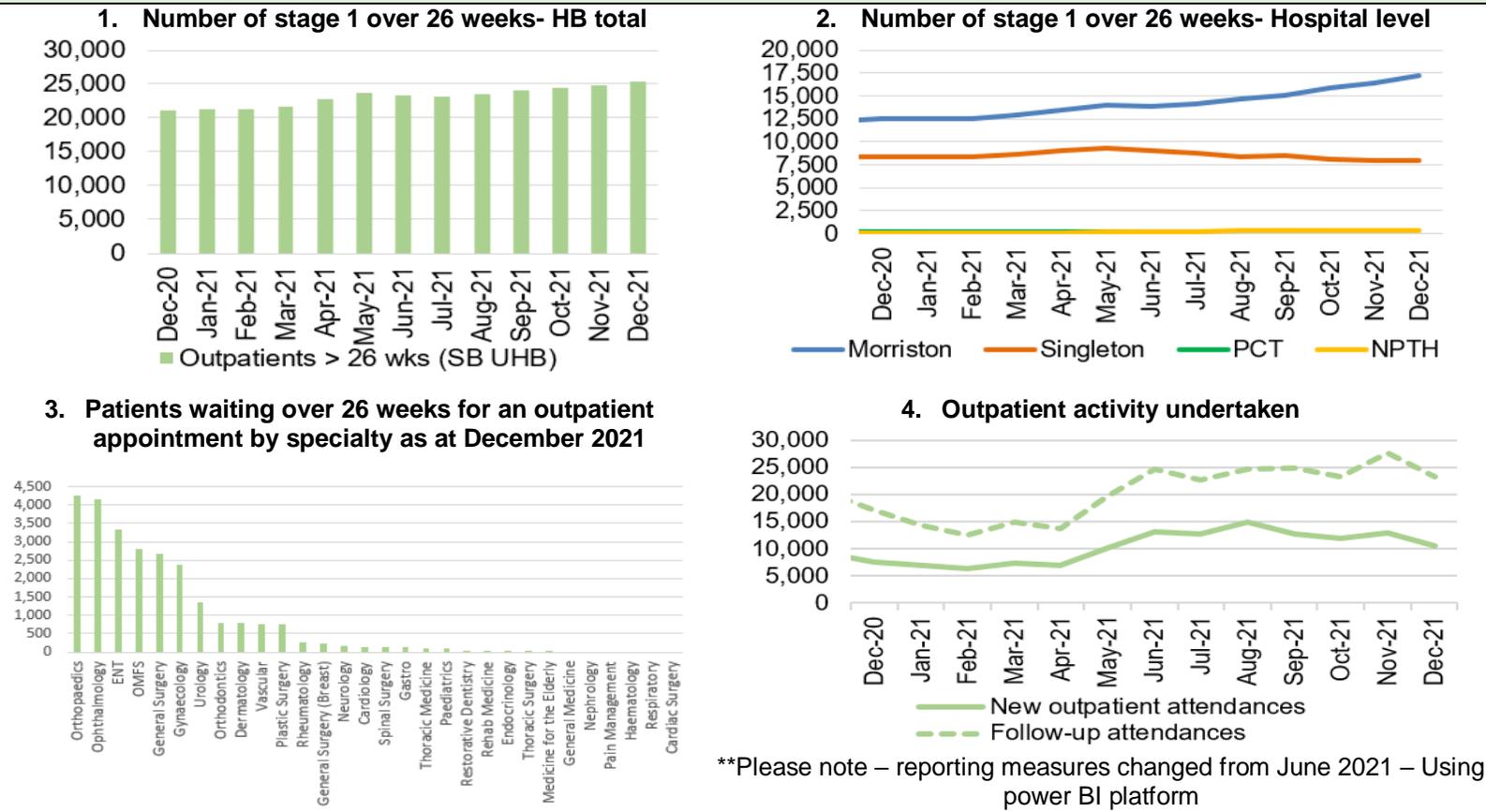
3. Patients waiting over 26 weeks for an outpatient appointment by specialty

4. Outpatient activity undertaken

Current Performance

The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. December 2021 saw an in-month increase in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 24,752 in November 2021 to 25,452 in December 2021. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and ENT. The number of outpatient attendances has significantly reduced since February 2020 due to COVID19. Chart 4 shows that the number of attendances started to increase from April 2021 before remaining steady for a period and then increasing again in November 2021.

Trend



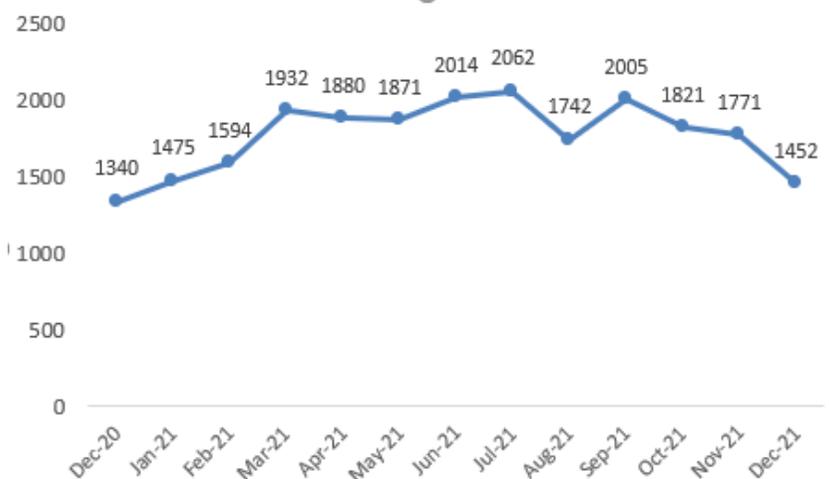
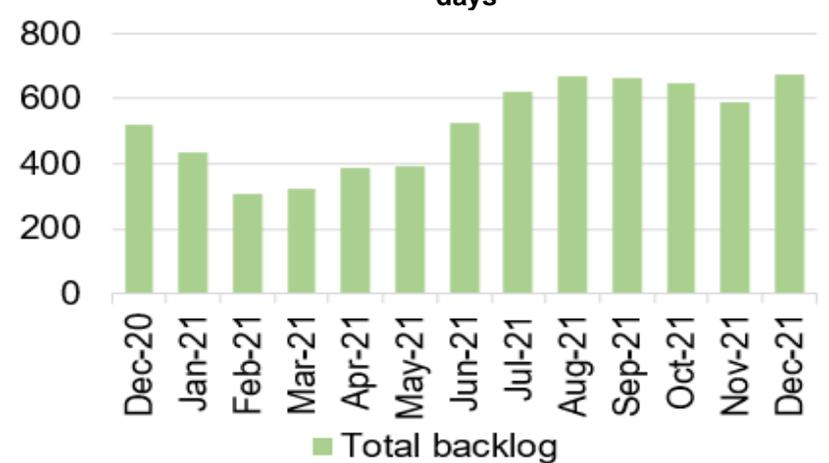
| PLANNED CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------------|-----------|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|--------|---|---|--------|--------|--------|---|---|--------|--------|--------|---|---|--------|--------|--------|---|---|--------|--------|--------|---|---|--------|--------|--------|---|---|--------|--------|--------|---|---|--------|--------|--------|---|
| 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 and the number of elective patients admitted for treatment- Hospital level</p> <p>3. Number of elective admissions</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. December 2020 was the first month in 2020 that saw an in-month reduction and this trend continued into January and February 2021 however, the number of breaches increased again from March 2021. In December 2021, there were 37,504 patients waiting over 36 weeks which is a 1.2% in-month increase from November 2021. 27,7268 of the 37,504 were waiting over 52 weeks in December 2021.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. Number of patients waiting over 36 weeks- HB total</p> <table border="1"> <caption>1. Number of patients waiting over 36 weeks- HB total</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>35,000</td></tr> <tr><td>Jan-21</td><td>34,000</td></tr> <tr><td>Feb-21</td><td>33,000</td></tr> <tr><td>Mar-21</td><td>33,000</td></tr> <tr><td>Apr-21</td><td>33,000</td></tr> <tr><td>May-21</td><td>34,000</td></tr> <tr><td>Jun-21</td><td>35,000</td></tr> <tr><td>Jul-21</td><td>35,000</td></tr> <tr><td>Aug-21</td><td>35,000</td></tr> <tr><td>Sep-21</td><td>35,000</td></tr> <tr><td>Oct-21</td><td>36,000</td></tr> <tr><td>Nov-21</td><td>36,000</td></tr> <tr><td>Dec-21</td><td>37,500</td></tr> </tbody> </table> <p>■ >36 wks (SB UHB)</p> </div> <div style="width: 48%;"> <p>2. Number of patients waiting over 36 weeks- Hospital level</p> <table border="1"> <caption>2. Number of patients waiting over 36 weeks- Hospital level</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PCT</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>22,000</td><td>11,000</td><td>0</td><td>0</td></tr> <tr><td>Jan-21</td><td>21,000</td><td>10,000</td><td>0</td><td>0</td></tr> <tr><td>Feb-21</td><td>21,000</td><td>10,000</td><td>0</td><td>0</td></tr> <tr><td>Mar-21</td><td>21,000</td><td>11,000</td><td>0</td><td>0</td></tr> <tr><td>Apr-21</td><td>22,000</td><td>11,000</td><td>0</td><td>0</td></tr> <tr><td>May-21</td><td>22,000</td><td>11,000</td><td>0</td><td>0</td></tr> <tr><td>Jun-21</td><td>23,000</td><td>11,000</td><td>0</td><td>0</td></tr> <tr><td>Jul-21</td><td>23,000</td><td>11,000</td><td>0</td><td>0</td></tr> <tr><td>Aug-21</td><td>23,000</td><td>11,000</td><td>0</td><td>0</td></tr> <tr><td>Sep-21</td><td>23,000</td><td>11,000</td><td>0</td><td>0</td></tr> <tr><td>Oct-21</td><td>24,000</td><td>11,000</td><td>0</td><td>0</td></tr> <tr><td>Nov-21</td><td>24,000</td><td>11,000</td><td>0</td><td>0</td></tr> <tr><td>Dec-21</td><td>25,000</td><td>12,000</td><td>0</td><td>0</td></tr> </tbody> </table> <p>— Morriston — Singleton — PCT — NPTH</p> </div> </div> | Month | Number of patients | Dec-20 | 35,000 | Jan-21 | 34,000 | Feb-21 | 33,000 | Mar-21 | 33,000 | Apr-21 | 33,000 | May-21 | 34,000 | Jun-21 | 35,000 | Jul-21 | 35,000 | Aug-21 | 35,000 | Sep-21 | 35,000 | Oct-21 | 36,000 | Nov-21 | 36,000 | Dec-21 | 37,500 | Month | Morriston | Singleton | PCT | NPTH | Dec-20 | 22,000 | 11,000 | 0 | 0 | Jan-21 | 21,000 | 10,000 | 0 | 0 | Feb-21 | 21,000 | 10,000 | 0 | 0 | Mar-21 | 21,000 | 11,000 | 0 | 0 | Apr-21 | 22,000 | 11,000 | 0 | 0 | May-21 | 22,000 | 11,000 | 0 | 0 | Jun-21 | 23,000 | 11,000 | 0 | 0 | Jul-21 | 23,000 | 11,000 | 0 | 0 | Aug-21 | 23,000 | 11,000 | 0 | 0 | Sep-21 | 23,000 | 11,000 | 0 | 0 | Oct-21 | 24,000 | 11,000 | 0 | 0 | Nov-21 | 24,000 | 11,000 | 0 | 0 | Dec-21 | 25,000 | 12,000 | 0 |
| Month | Number of patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 34,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 33,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 33,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 33,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 34,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 36,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 36,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 37,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Morriston | Singleton | PCT | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 22,000 | 11,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 21,000 | 10,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 21,000 | 10,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 21,000 | 11,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 22,000 | 11,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 22,000 | 11,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 23,000 | 11,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 23,000 | 11,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 23,000 | 11,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 23,000 | 11,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 24,000 | 11,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 24,000 | 11,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 25,000 | 12,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>3. Number of elective admissions</p> <table border="1"> <caption>3. Number of elective admissions</caption> <thead> <tr> <th>Month</th> <th>Admitted elective patients</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>3,000</td></tr> <tr><td>Jan-21</td><td>3,500</td></tr> <tr><td>Feb-21</td><td>3,500</td></tr> <tr><td>Mar-21</td><td>4,200</td></tr> <tr><td>Apr-21</td><td>3,800</td></tr> <tr><td>May-21</td><td>4,200</td></tr> <tr><td>Jun-21</td><td>5,500</td></tr> <tr><td>Jul-21</td><td>5,200</td></tr> <tr><td>Aug-21</td><td>4,200</td></tr> <tr><td>Sep-21</td><td>4,000</td></tr> <tr><td>Oct-21</td><td>3,800</td></tr> <tr><td>Nov-21</td><td>4,200</td></tr> <tr><td>Dec-21</td><td>3,800</td></tr> </tbody> </table> <p>— Admitted elective patients</p> </div> <div style="width: 48%;"> <p>4. Total RTT waiting list</p> <table border="1"> <caption>4. Total RTT waiting list</caption> <thead> <tr> <th>Month</th> <th>Total Waiting List</th> </tr> </thead> <tbody> <tr><td>Apr-21</td><td>75,000</td></tr> <tr><td>May-21</td><td>78,000</td></tr> <tr><td>Jun-21</td><td>80,000</td></tr> <tr><td>Jul-21</td><td>82,000</td></tr> <tr><td>Aug-21</td><td>85,000</td></tr> <tr><td>Sep-21</td><td>88,000</td></tr> <tr><td>Oct-21</td><td>90,000</td></tr> <tr><td>Nov-21</td><td>92,000</td></tr> <tr><td>Dec-21</td><td>95,000</td></tr> <tr><td>Jan-22</td><td>98,000</td></tr> <tr><td>Feb-22</td><td>100,000</td></tr> <tr><td>Mar-22</td><td>102,000</td></tr> <tr><td>Apr-22</td><td>104,000</td></tr> <tr><td>May-22</td><td>106,000</td></tr> <tr><td>Jun-22</td><td>108,000</td></tr> </tbody> </table> <p>— Total Waiting List — Trajectory</p> </div> </div> | Month | Admitted elective patients | Dec-20 | 3,000 | Jan-21 | 3,500 | Feb-21 | 3,500 | Mar-21 | 4,200 | Apr-21 | 3,800 | May-21 | 4,200 | Jun-21 | 5,500 | Jul-21 | 5,200 | Aug-21 | 4,200 | Sep-21 | 4,000 | Oct-21 | 3,800 | Nov-21 | 4,200 | Dec-21 | 3,800 | Month | Total Waiting List | Apr-21 | 75,000 | May-21 | 78,000 | Jun-21 | 80,000 | Jul-21 | 82,000 | Aug-21 | 85,000 | Sep-21 | 88,000 | Oct-21 | 90,000 | Nov-21 | 92,000 | Dec-21 | 95,000 | Jan-22 | 98,000 | Feb-22 | 100,000 | Mar-22 | 102,000 | Apr-22 | 104,000 | May-22 | 106,000 | Jun-22 | 108,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Admitted elective patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 4,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 3,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 4,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 5,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 4,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 3,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 4,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 3,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Total Waiting List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 75,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 78,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 80,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 82,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 85,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 88,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 90,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 92,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 95,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 98,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 102,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | 104,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | 106,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | 108,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PLANNED CARE

| Description | Current Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------|--|-----------|--------|------|--------|--------|-----|------|--------|--------|------|--------|-----|------|--------|-----|------|--------|-----|--------|--------|-----|------|--------|--------|------|--------|-----|------|--------|-----|------|--------|-----|--------|--------|-----|------|--------|--------|------|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|--------|-----|-----|-----|-----|
| <p>Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i></p> | <p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In December 2021, 50.5% of patients were waiting under 26 weeks from referral to treatment, which is a reduction from November 2021.</p> | <p>Percentage of patient waiting less than 26 weeks</p> <table border="1"> <caption>Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PCT</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>40%</td><td>50%</td><td>40%</td><td>95%</td></tr> <tr><td>Jan-21</td><td>40%</td><td>48%</td><td>40%</td><td>92%</td></tr> <tr><td>Feb-21</td><td>42%</td><td>48%</td><td>42%</td><td>88%</td></tr> <tr><td>Mar-21</td><td>40%</td><td>48%</td><td>40%</td><td>92%</td></tr> <tr><td>Apr-21</td><td>40%</td><td>48%</td><td>38%</td><td>90%</td></tr> <tr><td>May-21</td><td>42%</td><td>48%</td><td>42%</td><td>85%</td></tr> <tr><td>Jun-21</td><td>42%</td><td>48%</td><td>50%</td><td>82%</td></tr> <tr><td>Jul-21</td><td>42%</td><td>48%</td><td>55%</td><td>80%</td></tr> <tr><td>Aug-21</td><td>42%</td><td>48%</td><td>70%</td><td>78%</td></tr> <tr><td>Sep-21</td><td>42%</td><td>48%</td><td>75%</td><td>75%</td></tr> <tr><td>Oct-21</td><td>42%</td><td>48%</td><td>78%</td><td>72%</td></tr> <tr><td>Nov-21</td><td>42%</td><td>48%</td><td>80%</td><td>70%</td></tr> <tr><td>Dec-21</td><td>42%</td><td>48%</td><td>85%</td><td>75%</td></tr> </tbody> </table> | Month | Morriston | Singleton | PCT | NPTH | Dec-20 | 40% | 50% | 40% | 95% | Jan-21 | 40% | 48% | 40% | 92% | Feb-21 | 42% | 48% | 42% | 88% | Mar-21 | 40% | 48% | 40% | 92% | Apr-21 | 40% | 48% | 38% | 90% | May-21 | 42% | 48% | 42% | 85% | Jun-21 | 42% | 48% | 50% | 82% | Jul-21 | 42% | 48% | 55% | 80% | Aug-21 | 42% | 48% | 70% | 78% | Sep-21 | 42% | 48% | 75% | 75% | Oct-21 | 42% | 48% | 78% | 72% | Nov-21 | 42% | 48% | 80% | 70% | Dec-21 | 42% | 48% | 85% | 75% |
| Month | Morriston | Singleton | PCT | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 40% | 50% | 40% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 40% | 48% | 40% | 92% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 42% | 48% | 42% | 88% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 40% | 48% | 40% | 92% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 40% | 48% | 38% | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 42% | 48% | 42% | 85% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 42% | 48% | 50% | 82% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 42% | 48% | 55% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 42% | 48% | 70% | 78% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 42% | 48% | 75% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 42% | 48% | 78% | 72% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 42% | 48% | 80% | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 42% | 48% | 85% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i></p> | <p>In December 2021, 48.7% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22.</p> | <p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</caption> <thead> <tr> <th>Month</th> <th>% of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>45%</td><td>100%</td></tr> <tr><td>Jan-21</td><td>45%</td><td>100%</td></tr> <tr><td>Feb-21</td><td>45%</td><td>100%</td></tr> <tr><td>Mar-21</td><td>45%</td><td>100%</td></tr> <tr><td>Apr-21</td><td>45%</td><td>100%</td></tr> <tr><td>May-21</td><td>45%</td><td>100%</td></tr> <tr><td>Jun-21</td><td>45%</td><td>100%</td></tr> <tr><td>Jul-21</td><td>45%</td><td>100%</td></tr> <tr><td>Aug-21</td><td>45%</td><td>100%</td></tr> <tr><td>Sep-21</td><td>45%</td><td>100%</td></tr> <tr><td>Oct-21</td><td>45%</td><td>100%</td></tr> <tr><td>Nov-21</td><td>45%</td><td>100%</td></tr> <tr><td>Dec-21</td><td>48.7%</td><td>100%</td></tr> </tbody> </table> | Month | % of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment | Target | Dec-20 | 45% | 100% | Jan-21 | 45% | 100% | Feb-21 | 45% | 100% | Mar-21 | 45% | 100% | Apr-21 | 45% | 100% | May-21 | 45% | 100% | Jun-21 | 45% | 100% | Jul-21 | 45% | 100% | Aug-21 | 45% | 100% | Sep-21 | 45% | 100% | Oct-21 | 45% | 100% | Nov-21 | 45% | 100% | Dec-21 | 48.7% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | % of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 45% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 45% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 45% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 45% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 45% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 45% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 45% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 45% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 45% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 45% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 45% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 45% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 48.7% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PLANNED CARE

| Description | Current Performance | Trend |
|--|--|---|
| <p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p> | <p>In December 2021, there was a small increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,008 in November 2021 to 6,071 in December 2021.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for December 2021:</p> <ul style="list-style-type: none"> • Endoscopy= 3,144 • Cardiac tests= 1,813 • Other Diagnostics = 1,106 | <p align="center">Number of patients waiting longer than 8 weeks for diagnostics</p> |
| <p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p> | <p>In December 2021 there were 889 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in December 2021 are:</p> <ul style="list-style-type: none"> • Podiatry = 714 • Speech & Language Therapy= 161 • Dietetics = 8 <p><u>Podiatry Recovery</u> Specifically, within Podiatry, Staff sickness/vacancies are having a detrimental impact on Waiting list performance. Active recruitment is currently taking place, with locum cover being explored. A detailed action plan will be developed by 21st January to address the further deteriorating position.</p> | <p align="center">Number of patients waiting longer than 14 weeks for therapies</p> |

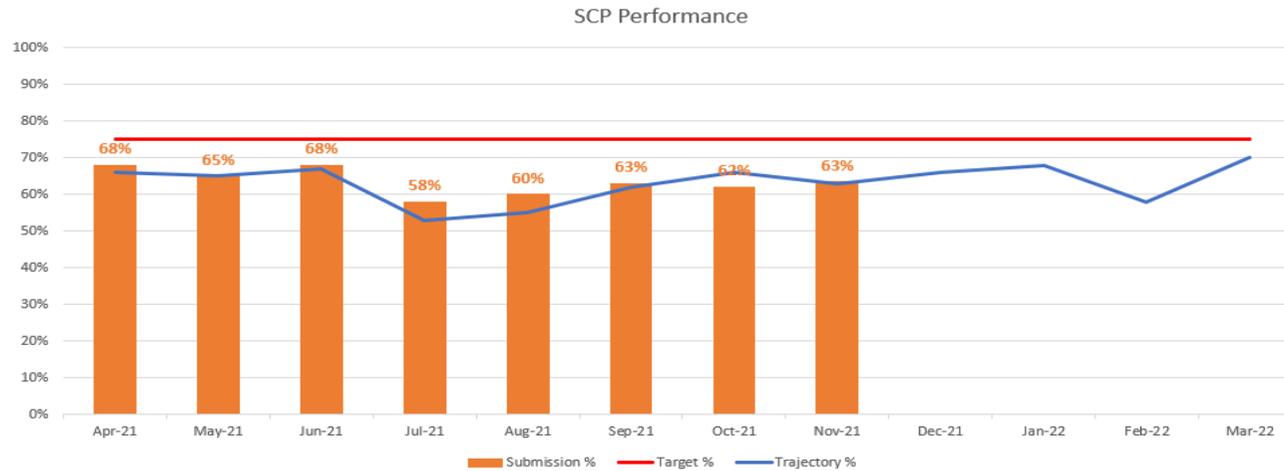
| CANCER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------|-------------------------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| 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>The shape of the waiting list shows that there is a significant “wave” of patients that are likely to breach in the near future, there is also an increased number of referrals being received in comparison with previous years.</p> | <p>1. Number of USC referrals</p>  <table border="1"> <caption>1. Number of USC referrals</caption> <thead> <tr> <th>Month</th> <th>Number of USC referrals</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>1340</td></tr> <tr><td>Jan-21</td><td>1475</td></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>1452</td></tr> </tbody> </table> | Month | Number of USC referrals | Dec-20 | 1340 | Jan-21 | 1475 | 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 | 1452 |
| | Month | Number of USC referrals | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 1340 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 1475 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 1452 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. Single Cancer Pathway backlog- patients waiting over 63 days</p> | <p>December 2021 has seen an 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"> - Currently finalising plans to establish FIT testing in Primary care – this change will improve pathway efficiency. - A new cancer performance service manager has been appointed and will start in post on 31st January 2022. - A new pelvic mass clinic pilot is due to commence on 17th January 2022 to support rapid assessment, diagnosis and management of patient presenting with suspected ovarian cancer. - Currently progressing with filling the breast surgeon vacancy, the Job Description is currently being finalised. - Waiting list initiatives for PMB patients have started from W/C 10th January 2022 | <p>2. Single Cancer Pathway backlog- patients waiting over 63 days</p>  <table border="1"> <caption>2. Single Cancer Pathway backlog- patients waiting over 63 days</caption> <thead> <tr> <th>Month</th> <th>Total backlog</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>500</td></tr> <tr><td>Jan-21</td><td>430</td></tr> <tr><td>Feb-21</td><td>300</td></tr> <tr><td>Mar-21</td><td>320</td></tr> <tr><td>Apr-21</td><td>380</td></tr> <tr><td>May-21</td><td>380</td></tr> <tr><td>Jun-21</td><td>500</td></tr> <tr><td>Jul-21</td><td>600</td></tr> <tr><td>Aug-21</td><td>650</td></tr> <tr><td>Sep-21</td><td>650</td></tr> <tr><td>Oct-21</td><td>630</td></tr> <tr><td>Nov-21</td><td>580</td></tr> <tr><td>Dec-21</td><td>660</td></tr> </tbody> </table> | Month | Total backlog | Dec-20 | 500 | Jan-21 | 430 | Feb-21 | 300 | Mar-21 | 320 | Apr-21 | 380 | May-21 | 380 | Jun-21 | 500 | Jul-21 | 600 | Aug-21 | 650 | Sep-21 | 650 | Oct-21 | 630 | Nov-21 | 580 | Dec-21 | 660 |
| Month | Total backlog | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 430 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 380 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 380 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 630 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 580 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 660 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CANCER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------|--|-------------|-----------------|------------|----|-----------|---|---------------|--------|----------------|----|-------------------|----|----------------|----------------|------|----|----------------|----|--------|---------------|-----------|----|------------------------|-----|-----|------|----|----|-------|---|---|---------|---|---|---------|----|---|------------------------|----|----|------------|----|----|--|--|
| Description | Current Performance | | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single Cancer Pathway <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i> | December 2021 figures will be finalised on the 31 st January 2021. Draft figures indicate a possible achievement of 45% of patients starting treatment within 62 days of the suspicion of cancer first being raised (unadjusted pathway). The number of patients treated in December 2021 is outlined below by tumour site (draft figures). | | Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>Breaches</th> <th>Tumour Site</th> <th>Breaches</th> </tr> </thead> <tbody> <tr> <td>Urological</td> <td>24</td> <td>Upper GI</td> <td>7</td> </tr> <tr> <td>Head and Neck</td> <td>8</td> <td>Gynaecological</td> <td>7</td> </tr> <tr> <td>Lower GI</td> <td>11</td> <td>Haematological</td> <td>8</td> </tr> <tr> <td>Lung</td> <td>12</td> <td>Sarcoma</td> <td>2</td> </tr> <tr> <td>Breast</td> <td>16</td> <td>Brain/CNS</td> <td>16</td> </tr> <tr> <td>Skin</td> <td>12</td> <td></td> <td></td> </tr> </tbody> </table> | Tumour Site | Breaches | Tumour Site | Breaches | Urological | 24 | Upper GI | 7 | Head and Neck | 8 | Gynaecological | 7 | Lower GI | 11 | Haematological | 8 | Lung | 12 | Sarcoma | 2 | Breast | 16 | Brain/CNS | 16 | Skin | 12 | | | | | | | | | | | | | | | | | | | | | |
| Tumour Site | Breaches | Tumour Site | Breaches | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urological | 24 | Upper GI | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Head and Neck | 8 | Gynaecological | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lower GI | 11 | Haematological | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lung | 12 | Sarcoma | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breast | 16 | Brain/CNS | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i> | December 2021 backlog by tumour site: | | Number of patients with a wait status of more than 53 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>63 - 103 days</th> <th>≥104 days</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>75</td> <td>17</td> </tr> <tr> <td>Children's cancer</td> <td>0</td> <td>0</td> </tr> <tr> <td>Gynaecological</td> <td>42</td> <td>21</td> </tr> <tr> <td>Haematological</td> <td>15</td> <td>5</td> </tr> <tr> <td>Head and neck</td> <td>14</td> <td>2</td> </tr> <tr> <td>Lower Gastrointestinal</td> <td>142</td> <td>134</td> </tr> <tr> <td>Lung</td> <td>12</td> <td>11</td> </tr> <tr> <td>Other</td> <td>1</td> <td>1</td> </tr> <tr> <td>Sarcoma</td> <td>6</td> <td>0</td> </tr> <tr> <td>Skin(c)</td> <td>12</td> <td>2</td> </tr> <tr> <td>Upper Gastrointestinal</td> <td>44</td> <td>25</td> </tr> <tr> <td>Urological</td> <td>49</td> <td>67</td> </tr> </tbody> </table> | Tumour Site | 63 - 103 days | ≥104 days | Acute Leukaemia | 0 | 0 | Brain/CNS | 0 | 0 | Breast | 75 | 17 | Children's cancer | 0 | 0 | Gynaecological | 42 | 21 | Haematological | 15 | 5 | Head and neck | 14 | 2 | Lower Gastrointestinal | 142 | 134 | Lung | 12 | 11 | Other | 1 | 1 | Sarcoma | 6 | 0 | Skin(c) | 12 | 2 | Upper Gastrointestinal | 44 | 25 | Urological | 49 | 67 | | |
| Tumour Site | 63 - 103 days | ≥104 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Leukaemia | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brain/CNS | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breast | 75 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children's cancer | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gynaecological | 42 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haematological | 15 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Head and neck | 14 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lower Gastrointestinal | 142 | 134 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lung | 12 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sarcoma | 6 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin(c) | 12 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Upper Gastrointestinal | 44 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urological | 49 | 67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CANCER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------|--------|---------------------------|----------|-----------------|---------------------------|------|-----|--------------------------|-----|-----|---------------------------|--------|-----|--------------------------|-------|-------------------|---------------------------|------|-------|--------------------------------|-----|-----|--------------------------------|----------------|------|--|------|---------------|----|----|-----|----------|----|----|-----|------|---|---|------|-------|----|----|------|---------|---|---|------|------|----|----|------|----------|----|----|-----|------------|----|----|-----|--------------|------------|------------|-------------|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i></p> | <p>To date, early January 2022 figures show total wait volumes have decreased by 13%. This can be attributed to a change in the data recording following the introduction of a new category of patients who are first reviewed in a 'diagnostic one stop' outpatient appointment.</p> | <p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early January 2021</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th> <th>2-Jan</th> <th>9-Jan</th> <th>% change</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td><td>0%</td></tr> <tr><td>Brain/CNS</td><td>1</td><td>0</td><td>-100%</td></tr> <tr><td>Breast</td><td>1</td><td>0</td><td>-100%</td></tr> <tr><td>Children's Cancer</td><td>1</td><td>0</td><td>-100%</td></tr> <tr><td>Gynaecological</td><td>58</td><td>34</td><td>-41%</td></tr> <tr><td>Haematological</td><td>2</td><td>4</td><td>100%</td></tr> <tr><td>Head and Neck</td><td>55</td><td>50</td><td>-9%</td></tr> <tr><td>Lower GI</td><td>53</td><td>75</td><td>42%</td></tr> <tr><td>Lung</td><td>7</td><td>5</td><td>-29%</td></tr> <tr><td>Other</td><td>47</td><td>33</td><td>-30%</td></tr> <tr><td>Sarcoma</td><td>6</td><td>4</td><td>-33%</td></tr> <tr><td>Skin</td><td>71</td><td>38</td><td>-46%</td></tr> <tr><td>Upper GI</td><td>48</td><td>47</td><td>-2%</td></tr> <tr><td>Urological</td><td>30</td><td>41</td><td>37%</td></tr> <tr><td>Total</td><td>380</td><td>331</td><td>-13%</td></tr> </tbody> </table> | FIRST OPA | 2-Jan | 9-Jan | % change | Acute Leukaemia | 0 | 0 | 0% | Brain/CNS | 1 | 0 | -100% | Breast | 1 | 0 | -100% | Children's Cancer | 1 | 0 | -100% | Gynaecological | 58 | 34 | -41% | Haematological | 2 | 4 | 100% | Head and Neck | 55 | 50 | -9% | Lower GI | 53 | 75 | 42% | Lung | 7 | 5 | -29% | Other | 47 | 33 | -30% | Sarcoma | 6 | 4 | -33% | Skin | 71 | 38 | -46% | Upper GI | 48 | 47 | -2% | Urological | 30 | 41 | 37% | Total | 380 | 331 | -13% |
| FIRST OPA | 2-Jan | 9-Jan | % change | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Leukaemia | 0 | 0 | 0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brain/CNS | 1 | 0 | -100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breast | 1 | 0 | -100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children's Cancer | 1 | 0 | -100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gynaecological | 58 | 34 | -41% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haematological | 2 | 4 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Head and Neck | 55 | 50 | -9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lower GI | 53 | 75 | 42% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lung | 7 | 5 | -29% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 47 | 33 | -30% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sarcoma | 6 | 4 | -33% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin | 71 | 38 | -46% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Upper GI | 48 | 47 | -2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urological | 30 | 41 | 37% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 380 | 331 | -13% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i></p> | <p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>Dec-21</th> </tr> </thead> <tbody> <tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>37%</td></tr> <tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>78%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>37%</td></tr> <tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>87%</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>92%</td></tr> <tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table> | Measure | Target | Dec-21 | Scheduled (21 Day Target) | 80% | 37% | Scheduled (28 Day Target) | 100% | 78% | Urgent SC (7 Day Target) | 80% | 37% | Urgent SC (14 Day Target) | 100% | 87% | Emergency (within 1 day) | 80% | 100% | Emergency (within 2 days) | 100% | 100% | Elective Delay (21 Day Target) | 80% | 92% | Elective Delay (28 Day Target) | 100% | 100% | <p>Radiotherapy waiting times</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Measure | Target | Dec-21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scheduled (21 Day Target) | 80% | 37% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scheduled (28 Day Target) | 100% | 78% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urgent SC (7 Day Target) | 80% | 37% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urgent SC (14 Day Target) | 100% | 87% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency (within 1 day) | 80% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency (within 2 days) | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elective Delay (21 Day Target) | 80% | 92% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elective Delay (28 Day Target) | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

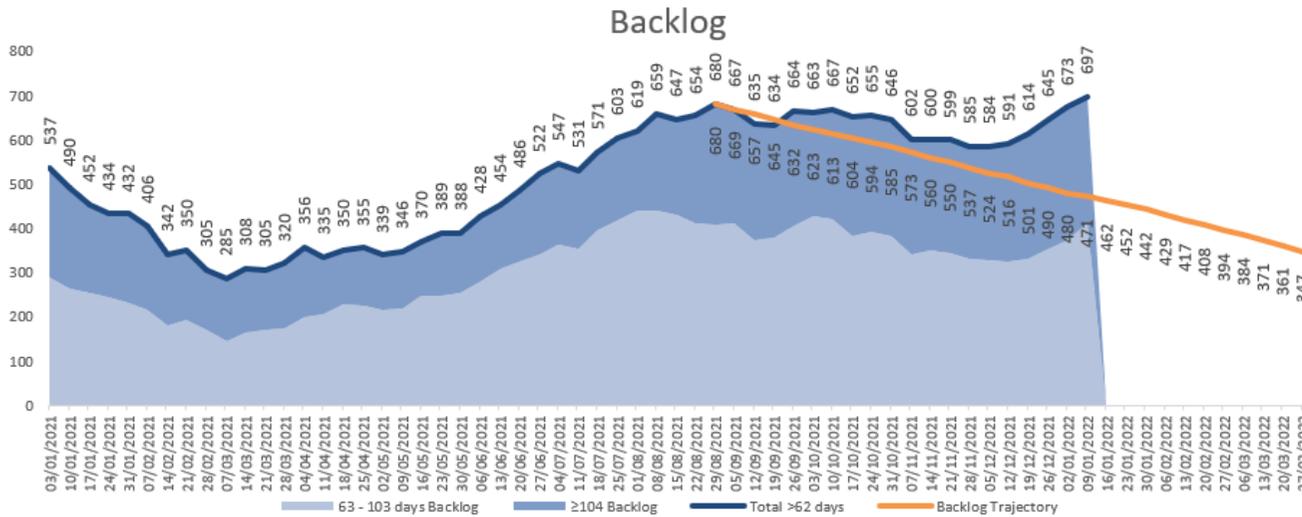
Cancer Services – Performance Escalation Updates

1.SCP performance trajectory



1. SCP performance in November 2021 was reported as 63.4% which is marginally above the outlined trajectory of 63%. December 2021 performance is still in draft format, however current projections suggest performance will be below the recovery trajectory.

Proposed backlog improvements to support SCP performance



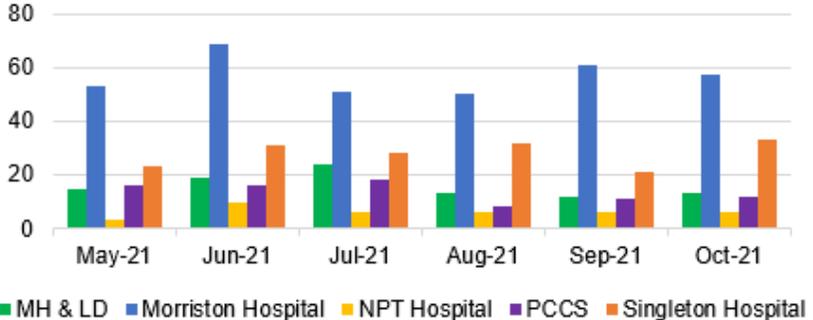
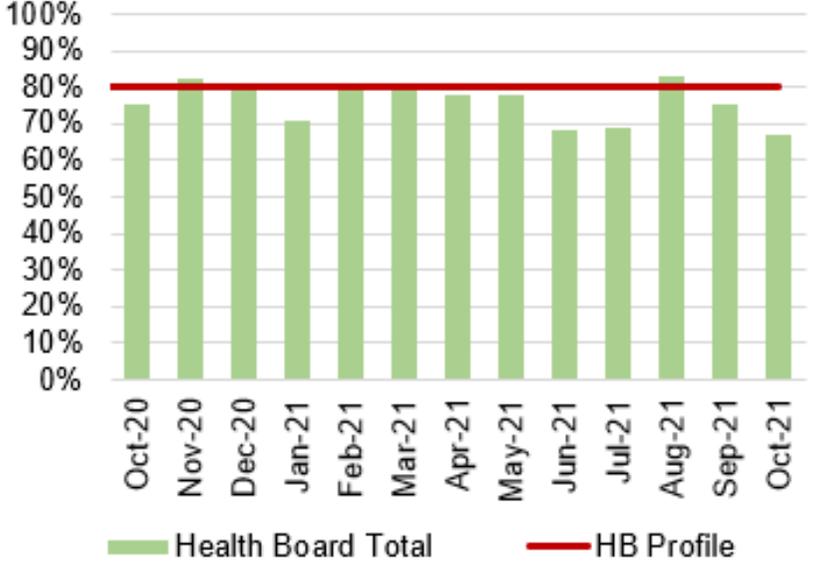
2. Shows the weekly breakdown of the backlog reduction against the proposed trajectories. The backlog has increased in recent weeks and is currently the highest it has been in several months. Actions to support the reduction of the backlog can be found on page 48.

| FOLLOW-UP APPOINTMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------|--------------------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|-------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p> | <p>In December 2021, the overall size of the follow-up waiting list increased by 2,148 patients compared with November 2021 (from 129,255 to 131,403).</p> <p>In December 2021, there was a total of 58,006 patients waiting for a follow-up past their target date. This is an in-month increase of 2.5% (from 56,618 in November 2021 to 58,006 in December 2021).</p> <p>Of the 58,006 delayed follow-ups in December 2021, 11,680 had appointment dates and 46,326 were still waiting for an appointment.</p> <p>In addition, 31,912 patients were waiting 100%+ over target date in December 2021. This is a 3.1% increase when compared with November 2021.</p> | <p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>125,000</td></tr> <tr><td>Jan-21</td><td>125,000</td></tr> <tr><td>Feb-21</td><td>125,000</td></tr> <tr><td>Mar-21</td><td>125,000</td></tr> <tr><td>Apr-21</td><td>125,000</td></tr> <tr><td>May-21</td><td>125,000</td></tr> <tr><td>Jun-21</td><td>125,000</td></tr> <tr><td>Jul-21</td><td>125,000</td></tr> <tr><td>Aug-21</td><td>125,000</td></tr> <tr><td>Sep-21</td><td>125,000</td></tr> <tr><td>Oct-21</td><td>125,000</td></tr> <tr><td>Nov-21</td><td>125,000</td></tr> <tr><td>Dec-21</td><td>131,403</td></tr> </tbody> </table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target date (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Dec-20</td><td>25,000</td></tr> <tr><td>Jan-21</td><td>25,000</td></tr> <tr><td>Feb-21</td><td>25,000</td></tr> <tr><td>Mar-21</td><td>25,000</td></tr> <tr><td>Apr-21</td><td>25,000</td></tr> <tr><td>May-21</td><td>25,000</td></tr> <tr><td>Jun-21</td><td>25,000</td></tr> <tr><td>Jul-21</td><td>25,000</td></tr> <tr><td>Aug-21</td><td>25,000</td></tr> <tr><td>Sep-21</td><td>25,000</td></tr> <tr><td>Oct-21</td><td>25,000</td></tr> <tr><td>Nov-21</td><td>25,000</td></tr> <tr><td>Dec-21</td><td>31,912</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB)</p> | Month | Number of patients | Dec-20 | 125,000 | Jan-21 | 125,000 | Feb-21 | 125,000 | Mar-21 | 125,000 | Apr-21 | 125,000 | May-21 | 125,000 | Jun-21 | 125,000 | Jul-21 | 125,000 | Aug-21 | 125,000 | Sep-21 | 125,000 | Oct-21 | 125,000 | Nov-21 | 125,000 | Dec-21 | 131,403 | Month | Number of patients | Dec-20 | 25,000 | Jan-21 | 25,000 | Feb-21 | 25,000 | Mar-21 | 25,000 | Apr-21 | 25,000 | May-21 | 25,000 | Jun-21 | 25,000 | Jul-21 | 25,000 | Aug-21 | 25,000 | Sep-21 | 25,000 | Oct-21 | 25,000 | Nov-21 | 25,000 | Dec-21 | 31,912 |
| Month | Number of patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 131,403 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Number of patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 31,912 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PATIENT EXPERIENCE

| Description | Current Performance | Trend |
|--|---|--|
| <p>Patient experience</p> <p><i>1. Number of friends and family surveys completed</i></p> <p><i>2. Percentage of patients/ service users who would recommend and highly recommend</i></p> | <ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in December 2021 was 93% and 2,776 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,580 surveys in December 2021, with a recommended score of 94%. Morrison Hospital completed 878 surveys in December 2021, with a recommended score of 94%. Primary & Community Care completed 291 surveys for December 2021, with a recommended score of 90%. The Mental Health Service Group completed 23 surveys for December 2021, 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 | | | | | | | | | | | | |
|--|---|-------|----------------------|----------------------------|-----|-------------------|-----|---------------------------------------|-----|----------------------------------|-----|--------------------|-----|---|
| <p>Patient concerns</p> <p><i>1. Number of formal complaints received</i></p> <p><i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p> | <p>1. In October 2021, the Health Board received 135 formal complaints; this is a 14.2% increase on the number seen in September 2021.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 67% in October 2021, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1" data-bbox="506 975 1211 1289"> <thead> <tr> <th></th> <th>30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td>83%</td> </tr> <tr> <td>Morrison Hospital</td> <td>70%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td>69%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td>83%</td> </tr> <tr> <td>Singleton Hospital</td> <td>48%</td> </tr> </tbody> </table> | | 30 day response rate | Neath Port Talbot Hospital | 83% | Morrison Hospital | 70% | Mental Health & Learning Disabilities | 69% | Primary, Community and Therapies | 83% | Singleton Hospital | 48% | <p>1. Number of formal complaints received</p>  <p>2. Response rate for concerns within 30 days</p>  |
| | 30 day response rate | | | | | | | | | | | | | |
| Neath Port Talbot Hospital | 83% | | | | | | | | | | | | | |
| Morrison Hospital | 70% | | | | | | | | | | | | | |
| Mental Health & Learning Disabilities | 69% | | | | | | | | | | | | | |
| Primary, Community and Therapies | 83% | | | | | | | | | | | | | |
| Singleton Hospital | 48% | | | | | | | | | | | | | |

6.1 Overview

| | | Harm from wider societal actions/lockdown | | | | | | | | | | | | | | |
|---|-----------------|---|------------------|-------|--------------|--------------|--------|--------|--------------|--------|--------------|--------|--------|--------|--------|--------|
| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | |
| | | | | | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 |
| Childhood immunisations | | | | | | | | | | | | | | | | |
| % children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | NPT | 95% | 90% | * | 97.2% | 94.1% | | | | 95.5% | | 96.6% | | | | |
| | Swansea | | | * | 96.4% | 96.3% | | | 95.9% | | 95.9% | | | | | |
| | HB Total | | | * | 96.7% | 95.4% | | | 95.7% | | 96.2% | | | | | |
| % children who received MenB2 vaccine by age 1 | NPT | 95% | 90% | * | 97.8% | 93.8% | | | | 95.2% | | 96.6% | | | | |
| | Swansea | | | * | 95.8% | 96.1% | | | 96.3% | | 95.5% | | | | | |
| | HB Total | | | * | 96.6% | 95.2% | | | 95.8% | | 95.9% | | | | | |
| % children who received PCV2 vaccine by age 1 | NPT | 95% | 90% | * | 98.1% | 96.6% | | | 94.4% | | 98.2% | | | | | |
| | Swansea | | | * | 96.2% | 97.2% | | | 95.4% | | 96.8% | | | | | |
| | HB Total | | | * | 96.9% | 96.9% | | | 95.0% | | 97.3% | | | | | |
| % children who received Rotavirus vaccine by age 1 | NPT | 95% | 90% | * | 95.0% | 93.8% | | | 94.0% | | 96.6% | | | | | |
| | Swansea | | | * | 95.1% | 94.1% | | | 94.8% | | 94.4% | | | | | |
| | HB Total | | | * | 95.1% | 94.0% | | | 94.6% | | 95.2% | | | | | |
| % children who received MMR1 vaccine by age 2 | NPT | 95% | 90% | * | 93.6% | 95.5% | | | 94.0% | | 94.3% | | | | | |
| | Swansea | | | * | 95.2% | 93.1% | | | 94.8% | | 93.8% | | | | | |
| | HB Total | | | * | 94.6% | 94.0% | | | 94.6% | | 94.0% | | | | | |
| % children who received PCVf3 vaccine by age 2 | NPT | 95% | 90% | * | 93.9% | 96.1% | | | 94.4% | | 95.6% | | | | | |
| | Swansea | | | * | 95.2% | 93.3% | | | 95.4% | | 93.0% | | | | | |
| | HB Total | | | * | 94.7% | 94.3% | | | 95.0% | | 93.9% | | | | | |
| % children who received MenB4 vaccine by age 2 | NPT | 95% | 90% | * | 93.9% | 95.5% | | | 94.1% | | 95.3% | | | | | |
| | Swansea | | | * | 95.2% | 93.3% | | | 95.5% | | 93.0% | | | | | |
| | HB Total | | | * | 94.7% | 94.1% | | | 95.0% | | 93.8% | | | | | |
| % children who received Hib/MenC vaccine by age 2 | NPT | 95% | 90% | * | 93.6% | 95.2% | | | 93.5% | | 95.3% | | | | | |
| | Swansea | | | * | 94.8% | 92.7% | | | 95.7% | | 93.5% | | | | | |
| | HB Total | | | * | 94.4% | 96.3% | | | 94.9% | | 94.1% | | | | | |

| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | |
|--|-----------------|------------------------|------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | | | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 |
| % children who are up to date in schedule by age 4 | NPT | 95% | 90% | * | 86.4% | 86.6% | | | 87.9% | | | 86.4% | | | | |
| | Swansea | | | * | 87.8% | 86.2% | | | 88.1% | | | 88.3% | | | | |
| | HB Total | | | * | 87.2% | 86.3% | | | 88.0% | | | 87.6% | | | | |
| % of children who received 2 doses of the MMR vaccine by age 5 | NPT | 95% | 90% | * | 92.0% | 93.9% | | | 90.8% | | | 89.0% | | | | |
| | Swansea | | | * | 92.0% | 91.4% | | | 91.3% | | | 90.3% | | | | |
| | HB Total | | | * | 92.0% | 92.4% | | | 91.1% | | | 89.8% | | | | |
| % children who received 4 in 1 vaccine by age 5 | NPT | 95% | 90% | * | 92.5% | 93.7% | | | 91.3% | | | 89.3% | | | | |
| | Swansea | | | * | 93.1% | 90.5% | | | 92.0% | | | 92.0% | | | | |
| | HB Total | | | * | 92.9% | 91.7% | | | 91.7% | | | 91.0% | | | | |
| % children who received MMR vaccination by age 16 | NPT | 95% | 90% | * | 96.0% | 90.5% | | | 90.1% | | | 94.0% | | | | |
| | Swansea | | | * | 93.6% | 87.8% | | | 91.2% | | | 90.0% | | | | |
| | HB Total | | | * | 94.5% | 88.9% | | | 90.8% | | | 91.6% | | | | |
| % children who received teenage booster by age 16 | NPT | 90% | 85% | * | 92.7% | 91.3% | | | 91.6% | | | 90.4% | | | | |
| | Swansea | | | * | 92.2% | 90.0% | | | 89.9% | | | 90.0% | | | | |
| | HB Total | | | * | 92.4% | 90.5% | | | 90.6% | | | 90.2% | | | | |
| % children who received MenACWY vaccine by age 16 | NPT | Improve | | * | 92.9% | 92.1% | | | 92.1% | | | 90.9% | | | | |
| | Swansea | | | * | 92.3% | 90.8% | | | 91.1% | | | 90.4% | | | | |
| | HB Total | | | * | 92.5% | 91.3% | | | 91.5% | | | 90.6% | | | | |

| Measure | Locality | National/ Local Target | Internal profile | Trend | SBU | | | | | | | | | | | |
|---|------------------------|------------------------|------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | | | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 |
| Mental Health Services | | | | | | | | | | | | | | | | |
| % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs) | < 18 years old (CAMHS) | 100% | | | 100% | 100% | 100% | 100% | 100% | 93% | 94% | 79% | 100% | 95% | 97% | 97% |
| % of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 61% | 53% | 66% | 63% | 60% | 61% | 58% | 41% | 48% | 40% | 40% | 66% |
| % of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 73% | 29% | 97% | 46% | 0% | 0% | 0% | 29% | 37% | 89% | 65% | 36% |
| % of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 58% | 60% | 56% | 53% | 48% | 53% | 44% | 29% | 32% | 41% | 3% | 3% |
| % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs) | > 18 years old | 80% | | | 99% | 96% | 98% | 97% | 97% | 98% | 99% | 98% | 100% | 96% | 98% | 98% |
| % of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 100% | 93% | 97% | 91% | 49% | 67% | 1% | 100% | 82% | 35% | 0% | 64% |
| % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs) | > 18 years old | 80% | | | 95% | 95% | 98% | 97% | 92% | 96% | 99% | 97% | 100% | 90% | 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% | | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| % of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 26% | 24% | 28% | 30% | 30% | 33% | 32% | 34% | 27% | 34% | 34% | 37% |
| % residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs) | < 18 years old (CAMHS) | 90% | | | 82% | 83% | 84% | 82% | 82% | 83% | 81% | 81% | 65% | 84% | 84% | 84% |
| % 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% | | | 89% | 91% | 91% | 91% | 91% | 92% | 88% | 88% | 84% | 84% | 83% | 81% |

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 November 2021, 98.1% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> | <p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>% assessments within 28 days (>18 yrs)</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> </tr> </thead> <tbody> <tr><td>Nov-20</td><td>95%</td></tr> <tr><td>Dec-20</td><td>95%</td></tr> <tr><td>Jan-21</td><td>90%</td></tr> <tr><td>Feb-21</td><td>90%</td></tr> <tr><td>Mar-21</td><td>90%</td></tr> <tr><td>Apr-21</td><td>90%</td></tr> <tr><td>May-21</td><td>90%</td></tr> <tr><td>Jun-21</td><td>90%</td></tr> <tr><td>Jul-21</td><td>90%</td></tr> <tr><td>Aug-21</td><td>90%</td></tr> <tr><td>Sep-21</td><td>90%</td></tr> <tr><td>Oct-21</td><td>90%</td></tr> <tr><td>Nov-21</td><td>98.1%</td></tr> </tbody> </table> | Month | % assessments within 28 days (>18 yrs) | Nov-20 | 95% | Dec-20 | 95% | Jan-21 | 90% | Feb-21 | 90% | Mar-21 | 90% | Apr-21 | 90% | May-21 | 90% | Jun-21 | 90% | Jul-21 | 90% | Aug-21 | 90% | Sep-21 | 90% | Oct-21 | 90% | Nov-21 | 98.1% |
| | Month | % assessments within 28 days (>18 yrs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Nov-20 | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dec-20 | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 98.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. In November 2021, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 96.1%.</p> | <p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <table border="1"> <caption>% therapeutic interventions started within 28 days (>18 yrs)</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (>18 yrs)</th> </tr> </thead> <tbody> <tr><td>Nov-20</td><td>95%</td></tr> <tr><td>Dec-20</td><td>95%</td></tr> <tr><td>Jan-21</td><td>90%</td></tr> <tr><td>Feb-21</td><td>90%</td></tr> <tr><td>Mar-21</td><td>90%</td></tr> <tr><td>Apr-21</td><td>90%</td></tr> <tr><td>May-21</td><td>90%</td></tr> <tr><td>Jun-21</td><td>90%</td></tr> <tr><td>Jul-21</td><td>90%</td></tr> <tr><td>Aug-21</td><td>90%</td></tr> <tr><td>Sep-21</td><td>90%</td></tr> <tr><td>Oct-21</td><td>90%</td></tr> <tr><td>Nov-21</td><td>96.1%</td></tr> </tbody> </table> | Month | % therapeutic interventions started within 28 days (>18 yrs) | Nov-20 | 95% | Dec-20 | 95% | Jan-21 | 90% | Feb-21 | 90% | Mar-21 | 90% | Apr-21 | 90% | May-21 | 90% | Jun-21 | 90% | Jul-21 | 90% | Aug-21 | 90% | Sep-21 | 90% | Oct-21 | 90% | Nov-21 | 96.1% | |
| Month | % therapeutic interventions started within 28 days (>18 yrs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. 81% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in November 2021.</p> | <p>3. % residents with a valid Care and Treatment Plan (CTP)</p> <table border="1"> <caption>% patients with valid CTP (>18 yrs)</caption> <thead> <tr> <th>Month</th> <th>% patients with valid CTP (>18 yrs)</th> </tr> </thead> <tbody> <tr><td>Nov-20</td><td>90%</td></tr> <tr><td>Dec-20</td><td>90%</td></tr> <tr><td>Jan-21</td><td>90%</td></tr> <tr><td>Feb-21</td><td>90%</td></tr> <tr><td>Mar-21</td><td>90%</td></tr> <tr><td>Apr-21</td><td>90%</td></tr> <tr><td>May-21</td><td>90%</td></tr> <tr><td>Jun-21</td><td>90%</td></tr> <tr><td>Jul-21</td><td>90%</td></tr> <tr><td>Aug-21</td><td>85%</td></tr> <tr><td>Sep-21</td><td>85%</td></tr> <tr><td>Oct-21</td><td>85%</td></tr> <tr><td>Nov-21</td><td>81%</td></tr> </tbody> </table> | Month | % patients with valid CTP (>18 yrs) | Nov-20 | 90% | Dec-20 | 90% | Jan-21 | 90% | Feb-21 | 90% | Mar-21 | 90% | Apr-21 | 90% | May-21 | 90% | Jun-21 | 90% | Jul-21 | 90% | Aug-21 | 85% | Sep-21 | 85% | Oct-21 | 85% | Nov-21 | 81% | |
| Month | % patients with valid CTP (>18 yrs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 85% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 85% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 85% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 81% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. In November 2021, 100% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p> | <p>4. % waiting less than 26 weeks for Psychology Therapy</p> <table border="1"> <caption>% waiting less than 26 wks for psychological therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> </tr> </thead> <tbody> <tr><td>Oct-20</td><td>100%</td></tr> <tr><td>Nov-20</td><td>100%</td></tr> <tr><td>Dec-20</td><td>100%</td></tr> <tr><td>Jan-21</td><td>100%</td></tr> <tr><td>Feb-21</td><td>100%</td></tr> <tr><td>Mar-21</td><td>100%</td></tr> <tr><td>Apr-21</td><td>100%</td></tr> <tr><td>May-21</td><td>100%</td></tr> <tr><td>Jun-21</td><td>100%</td></tr> <tr><td>Jul-21</td><td>100%</td></tr> <tr><td>Aug-21</td><td>100%</td></tr> <tr><td>Sep-21</td><td>100%</td></tr> <tr><td>Oct-21</td><td>100%</td></tr> </tbody> </table> | Month | % waiting less than 26 wks for psychological therapy | Oct-20 | 100% | Nov-20 | 100% | Dec-20 | 100% | Jan-21 | 100% | Feb-21 | 100% | Mar-21 | 100% | Apr-21 | 100% | May-21 | 100% | Jun-21 | 100% | Jul-21 | 100% | Aug-21 | 100% | Sep-21 | 100% | Oct-21 | 100% | |
| Month | % waiting less than 26 wks for psychological therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-20 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-20 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-20 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-21 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

| Description | Current Performance | Trend |
|--|---|---|
| <p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p> | <p>1. In November 2021, 97% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 36% of routine assessments were undertaken within 28 days from referral in November 2021 against a target of 80%.</p> <p>3. 64% of therapeutic interventions were started within 28 days following assessment by LPMHSS in November 2021.</p> <p>4. 37% of NDD patients received a diagnostic assessment within 26 weeks in November 2021 against a target of 80%.</p> <p>5. 3% of routine assessments by SCAMHS were undertaken within 28 days in November 2021.</p> | <p align="center">1. Crisis- assessment within 48 hours</p> <p align="center">2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p align="center">4. NDD- assessment within 26 weeks</p> <p align="center">5. S-CAMHS % assessments within 28 days</p> |

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 | | | Dec-21 | | | | | | 18,167 |
| | Number of staff referred for Antigen Testing* | Local | | | Dec-21 | | | | | | 787 |
| | Number of staff awaiting results of COVID19 test* | Local | | | Dec-21 | | | | | | 0 |
| | Number of COVID19 related incidents* | Local | | | Dec-21 | | | | | | 54 |
| | Number of COVID19 related serious incidents* | Local | | | Oct-21 | | | | | | 0 |
| | Number of COVID19 related complaints* | Local | | | Dec-21 | | | | | | 20 |
| | Number of COVID19 related risks* | Local | | | Oct-21 | | | | | | 0 |
| | Number of staff self isolated (asymptomatic)* | Local | | | Dec-21 | | | | | | 126 |
| | Number of staff self isolated (symptomatic)* | Local | | | Dec-21 | | | | | | 393 |
| | % sickness* | Local | | | Dec-21 | | | | | | 3.9% |

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

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

| Harm quadrant- Harm from overwhelmed NHS and social care system | | | | | | | | | | | |
|---|--|-------------|----------------------------|---------------------|------------------|----------|-------|-----------|---------------------|---------|----------|
| Category | Measure | Target Type | Target | Internal HB Profile | Reporting period | Morrison | NPTH | Singleton | Primary & Community | MH & LD | HB Total |
| Unscheduled Care | Number of ambulance handovers over one hour* | National | 0 | | Dec-21 | 591 | | 21 | | | 612 |
| | % 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% | | Dec-21 | 58.5% | 94.9% | | | | 70% |
| | 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 | | Dec-21 | 1,100 | 1 | | | | 1,101 |
| Stroke | % of patients who have a direct admission to an acute stroke unit within 4 hours* | National | 59.8% (UK SNAP average) | | Dec-21 | 17% | | | | | 17% |
| | % of patients who receive a CT scan within 1 hour* | National | 54.5% (UK SNAP average) | | Dec-21 | 35% | | | | | 35% |
| | % of patients who are assessed by a stroke specialist consultant physician within 24 hours* | National | 84.2% (UK SNAP average) | | Dec-21 | 97% | | | | | 97% |
| | % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes* | National | 12 month improvement trend | | Dec-21 | 10% | | | | | 10% |
| | % of patients receiving the required minutes for speech and language therapy* | National | 12 month improvement trend | | Dec-21 | 46% | | | | | 46% |
| Fractured Neck of Femur (#NOF) | Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation | Local | 75% | | Nov-21 | 88.7% | | | | | 88.7% |
| | Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture | Local | 75% | | Nov-21 | 57.1% | | | | | 57.1% |
| | NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 | Local | 75% | | Nov-21 | 70.3% | | | | | 70.3% |
| | Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation | Local | 75% | | Nov-21 | 71.2% | | | | | 71.2% |
| | Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation | Local | 75% | | Nov-21 | 77.0% | | | | | 77.0% |
| | Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up | Local | 75% | | Oct-21 | 70.4% | | | | | 70.4% |
| | 30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months | Local | 12 month improvement trend | | Jan-21 | 7.5% | | | | | 7.5% |
| | % of survival within 30 days of emergency admission for a hip fracture | Local | 12 month improvement trend | | Sep-21 | 72.2% | | | | | 72.2% |

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

| Harm quadrant- Harm from overwhelmed NHS and social care system | | | | | | | | | | | |
|---|---|-------------|--------------------------|---------------------|------------------|----------|-------|-----------|---------------------|---------|----------|
| Category | Measure | Target Type | Target | Internal HB Profile | Reporting period | Morrison | NPTH | Singleton | Primary & Community | MH & LD | HB Total |
| Healthcare acquired infections | Number of E.Coli bacteraemia cases | National | 12 month reduction trend | 17 | Dec-21 | 2 | 0 | 3 | 12 | 0 | 17 |
| | Number of S.aureus bacteraemia cases | National | | 8 | Dec-21 | 5 | 0 | 0 | 4 | 0 | 9 |
| | Number of C.difficile cases | National | | 10 | Dec-21 | 9 | 0 | 2 | 1 | 0 | 12 |
| | Number of Klebsiella cases | National | | 9 | Dec-21 | 4 | 0 | 2 | 3 | 0 | 9 |
| | Number of Aeruginosa cases | National | | 1 | Dec-21 | 2 | 1 | 0 | 1 | 0 | 4 |
| | Compliance with hand hygiene audits | Local | 95% | | Dec-21 | 96% | 100% | - | 96% | 95% | 95% |
| Serious incidents | Number of Serious Incidents | Local | 12 month reduction trend | | Dec-21 | 0 | 0 | 2 | 0 | 0 | 2 |
| | Of the serious incidents due for assurance, the % which were assured within the agreed timescales | Local | 90% | | Dec-21 | | | | | | 0% |
| | Number of Never Events | Local | 0 | | Dec-21 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pressure Ulcers | Total number of Pressure Ulcers | Local | 12 month reduction trend | | Nov-21 | 27 | 3 | 13 | 31 | 0 | 74 |
| | Total number of Grade 3+ Pressure Ulcers | Local | 12 month reduction trend | | Nov-21 | 1 | 0 | 1 | 8 | 0 | 10 |
| | Pressure Ulcer (Hosp) patients per 100,000 admissions | Local | 12 month reduction trend | | Nov-21 | | | | | | 616 |
| Inpatient Falls | Total number of Inpatient Falls | Local | 12 month reduction trend | | Dec-21 | 91 | 38 | 33 | 8 | 37 | 208 |
| | Inpatient Falls per 1,000 beddays | Local | Between 3.0 & 5.0 | | Dec-21 | | | | | | 5.28 |
| Mortality | Universal Mortality reviews undertaken within 28 days | Local | 95% | | Nov-21 | 99% | 88% | | | | 99% |
| | Stage 2 mortality reviews completed within 60 days | Local | 95% | | Aug-21 | 60% | 0% | 0% | | | 50% |
| | Crude hospital mortality rate by Delivery Unit (74 years) | National | 12 month reduction trend | | Nov-21 | 1.76% | 0.21% | 0.50% | | | 0.99% |

| Harm quadrant- Harm from reduction in non-Covid activity | | | | | | | | | | | |
|--|---|-------------|----------------------------|---------------------|------------------|----------|------------------------------|-----------|---------------------|---------|----------|
| Category | Measure | Target Type | Target | Internal HB Profile | Reporting period | Morrison | NPTH | Singleton | Primary & Community | MH & LD | HB Total |
| Cancer | Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)* | National | 12 month improvement trend | | Dec-21 (Draft) | | | | | | 45% |
| Planned Care | Number of patients waiting > 26 weeks for outpatient appointment | National | 0 | | Dec-21 | 17,214 | 294 | 7,920 | 24 | | 25,452 |
| | Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks) | National | 0 | | Dec-21 | 24,500 | 150 | 12,388 | 22 | | 37,504 |
| | Number of patients waiting > 8 weeks for a specified diagnostics | National | 0 | | Dec-21 | 2,927 | | 3,144 | | | 6,071 |
| | Number of patients waiting > 14 weeks for a specified therapy | National | 0 | | Dec-21 | | 12 | | 877 | 0 | 889 |
| | Total number of patients waiting for a follow-up outpatient appointment | National | 0 | | Dec-21 | | | | | | 131,403 |
| | Number of patients delayed by over 100% past their target date | National | 0 | | Dec-21 | | | | | | 31,912 |
| | Number of patients delayed past their agreed target date (booked and not booked) | Local | 0 | | Dec-21 | | | | | | 58,006 |
| | Number of Ophthalmology patients without an allocated health risk factor | Local | 0 | | Dec-21 | | | | | | 694 |
| | Number of patients without a documented clinical review date | Local | 0 | | Dec-21 | | | | | | 2 |
| Patient Experience/ Feedback | Number of friends and family surveys completed | Local | 12 month improvement trend | | Dec-21 | 878 | Now reported under Singleton | 1,580 | 291 | 23 | 878 |
| | % of patients who would recommend and highly recommend | Local | 90% | 80% | Dec-21 | 94% | | 94% | 90% | 100% | 93% |
| | % of all-Wales surveys scoring 9 or 10 on overall satisfaction | Local | 90% | 80% | Dec-21 | 96% | | 97% | 97% | | 96% |
| | Number of new complaints received | Local | 12 month reduction trend | | Oct-21 | 57 | 6 | 33 | 12 | 13 | 134 |
| | % 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% | | Oct-21 | 70% | 83% | 48% | 83% | 69% |

* 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 | Morrison | 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% | Q2 2021/22 | | | | | | 96.2% |
| | % children who received MenB2 vaccine by age 1 | Local | 95% | 90% | Q2 2021/22 | | | | | | 95.9% |
| | % children who received PCV2 vaccine by age 1 | | 95% | 90% | Q2 2021/22 | | | | | | 97.3% |
| | % children who received Rotavirus vaccine by age 1 | | 95% | 90% | Q2 2021/22 | | | | | | 95.2% |
| | % children who received MMR1 vaccine by age 2 | | 95% | 90% | Q2 2021/22 | | | | | | 94.0% |
| | % children who received PCVf3 vaccine by age 2 | | 95% | 90% | Q2 2021/22 | | | | | | 93.9% |
| | % children who received MenB4 vaccine by age 2 | | 95% | 90% | Q2 2021/22 | | | | | | 93.8% |
| | % children who received Hib/MenC vaccine by age 2 | | 95% | 90% | Q2 2021/22 | | | | | | 94.1% |
| | % children who are up to date in schedule by age 4 | | 95% | 90% | Q2 2021/22 | | | | | | 87.6% |
| | % of children who received 2 doses of the MMR vaccine by age 5 | National | 95% | 90% | Q2 2021/22 | | | | | | 89.8% |
| | % children who received 4 in 1 vaccine by age 5 | Local | 95% | 90% | Q2 2021/22 | | | | | | 91.0% |
| | % children who received MMR vaccination by age 16 | | 95% | 90% | Q2 2021/22 | | | | | | 91.6% |
| | % children who received teenage booster by age 16 | | 90% | 85% | Q2 2021/22 | | | | | | 90.2% |
| | % children who received MenACWY vaccine by age 16 | | Improve | | Q2 2021/22 | | | | | | 90.6% |
| Mental Health (Adult and Children) | % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs) | Local | 100% | | Nov-21 | | | | | | 97% |
| | % of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs) | National | 80% | | Nov-21 | | | | | | 66% |
| | % of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs) | National | 80% | | Nov-21 | | | | | | 36% |
| | % of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs) | Local | 80% | | Nov-21 | | | | | | 3% |
| | % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs) | National | 80% | | Nov-21 | | | | | 98% | 98% |
| | % of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs) | National | 80% | | Nov-21 | | | | | | 64% |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs) | National | 80% | | Nov-21 | | | | | 96% | 96% |
| | % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs) | National | 95% | | Nov-21 | | | | | 100% | 100.0% |
| | % of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs) | National | 80% | | Nov-21 | | | | | | 37% |
| | % residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs) | National | 90% | | Nov-21 | | | | | | 84% |
| | % residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs) | National | 90% | | Nov-21 | | | | | 81% | 81% |

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

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

| Harm from Covid itself | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|---------------|---------------------|-----------------|----------------------------|----------------|----------------------|-------------------------------|-------------------|--------------------------------------|---------------------|---------------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | SBU's all-Wales rank | Performance Trend | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | |
| COVID19 related measures | Number of new COVID19 cases | Local | Dec-21 | 18,167 | | Reduce | | | | | 11,976 | 3,759 | 1,208 | 907 | 406 | 189 | 708 | 1,946 | 7,177 | 12,839 | 10,918 | 8,247 | 18,167 | |
| | Number of staff referred for Antigen Testing | Local | Dec-21 | 15,756 | | Reduce | | | | | 10,065 | 10,749 | 11,115 | 11,683 | 11,957 | 12,224 | 12,505 | 12,872 | 13,278 | 13,951 | 14,475 | 14,969 | 15,756 | |
| | Number of staff awaiting results of COVID19 test | Local | Dec-21 | 0 | | Reduce | | | | | 99 (as at 05/01/21) | 78 (as at 07/02/21) | 69 (as at 06/03/21) | 2 (as at 11/04/21) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Number of COVID19 related incidents | Local | Dec-21 | 54 | | Reduce | | | | | 127 | 84 | 63 | 53 | 74 | 67 | 23 | 24 | 36 | 36 | 47 | 53 | 54 | |
| | Number of COVID19 related serious incidents | Local | Oct-21 | 0 | | Reduce | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Number of COVID19 related complaints | Local | Dec-21 | 20 | | Reduce | | | | | 83 | 106 | 131 | 98 | 38 | 13 | 16 | 4 | 6 | 3 | 4 | 14 | 20 | |
| | Number of COVID19 related risks | Local | Oct-21 | 0 | | Reduce | | | | | 10 | 3 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | |
| | Number of staff self isolated (asymptomatic) | Local | Dec-21 | 126 | | Reduce | | | | | 475 | 218 | 160 | 145 | 84 | 71 | 70 | 71 | 115 | 227 | 120 | 65 | 126 | |
| | Number of staff self isolated (symptomatic) | Local | Dec-21 | 393 | | Reduce | | | | | 394 | 316 | 156 | 108 | 87 | 71 | 50 | 67 | 114 | 204 | 180 | 120 | 393 | |
| % sickness | Local | Dec-21 | 1.9% | | Reduce | | | | | 6.5% | 4.0% | 2.4% | 1.9% | 1.9% | 1.9% | 0.9% | 1.9% | 1.9% | 1.9% | 1.9% | 1.9% | 1.9% | | |
| 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 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | |
| Unscheduled Care | % of emergency responses to red calls arriving within (up to and including) 8 minutes | National | Dec-21 | 46% | 65% | 65% | ✘ | 50% (Oct-21) | 5th (Oct-21) | | 54% | 67% | 70% | 73% | 72% | 62% | 67% | 64% | 59% | 50% | 44% | 52% | 46% | |
| | Number of ambulance handovers over one hour | National | Dec-21 | 612 | 0 | | | 5,350 (Oct-21) | 2nd (Oct-21) | | 510 | 195 | 219 | 231 | 337 | 477 | 547 | 616 | 726 | 642 | 648 | 670 | 612 | |
| | Handover hours lost over 15 minutes | Local | Dec-21 | 2527 | | | | | | | 1,804 | 455 | 550 | 583 | 877 | 1,154 | 1,386 | 1,937 | 2,443 | 2,467 | 3,093 | 2,461 | 2,527 | |
| | % 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 | Dec-21 | 70% | 95% | | | 65% (Oct-21) | 2nd (Oct-21) | | 72.6% | 77% | 71% | 77% | 75% | 73% | 72% | 75% | 75% | 73% | 72% | 73% | 70% | |
| | 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 | Dec-21 | 1101 | 0 | | | 9,484 (Oct-21) | 4th (Oct-21) | | 776 | 570 | 534 | 457 | 631 | 684 | 880 | 1,014 | 1,060 | 1,250 | 1,276 | 1,055 | 1,101 | |
| NOF | % of survival within 30 days of emergency admission for a hip fracture | National | Sep-21 | 72.2% | 12 month ↑ | | | 85.9% (Aug-21) | 4th (Aug-21) | | 68.0% | 65.3% | 70.7% | 59.6% | 71.1% | 72.1% | 78.3% | 84.8% | 86.7% | 72.2% | | | | |
| | % of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours | National | Oct-21 | 88.0% | 12 month ↑ | | | 66% (Sep-21) | 2nd (Sep-21) | | 86.0% | 87.0% | 88.0% | 88.0% | 90.0% | 91.0% | 91.0% | 91.0% | 88.0% | 87.0% | 88.0% | | | |
| Stroke | Direct admission to Acute Stroke Unit (<4 hrs) | National | Dec-21 | 17% | 54.0% | | | 18.8% (Oct-21) | Out of organisations (Oct-21) | | 7.1% | 6.8% | 18.2% | 20.4% | 20.3% | 27.5% | 28.3% | 13.5% | 15.4% | 15.4% | 0.0% | 11.4% | 16.7% | |
| | CT Scan (<1 hrs) (local) | Local | Dec-21 | 35% | | | | | | | 22.7% | 42.2% | 30.6% | 40.8% | 29.7% | 36.5% | 29.6% | 34.6% | 48.7% | 34.1% | 16.7% | 40.9% | 35.1% | |
| | Assessed by a Stroke Specialist Consultant Physician (< 24 hrs) | Local | Dec-21 | 97% | | | | | | | 95.5% | 95.6% | 97.2% | 100.0% | 96.9% | 98.1% | 100.0% | 100.0% | 92.3% | 90.2% | 100.0% | 95.5% | 97.3% | |
| | Thrombolysis door to needle <= 45 mins | Local | Dec-21 | 10% | | | | | | | 0.0% | 12.5% | 0.0% | 55.6% | 25.0% | 0.0% | 33.3% | 28.6% | 20.0% | 0.0% | 0.0% | 9.1% | 10.0% | |
| | % compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient | National | Dec-21 | 46% | 12 month ↑ | | | | | | 63.4% | 65.7% | 61.2% | 55.9% | 47.1% | 39.7% | 41.9% | 45.4% | 58.9% | 58.6% | 64.6% | 54.4% | 45.6% | |
| DTOCs | Number of mental health HB DToCs | National | Mar-20 | 13 | 12 month ↓ | 27 | ✔ | | | | DTOC reporting temporarily suspended | | | | | | | | | | | | | |
| | Number of non-mental health HB DToCs | National | Mar-20 | 60 | 12 month ↓ | 50 | ✘ | | | | DTOC reporting temporarily suspended | | | | | | | | | | | | | |

| Harm from overwhelmed NHS and social care system | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|---------------|---------------------|-----------------|----------------------------|----------------|----------------------|----------------------|-------------------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | SBU's all-Wales rank | Performance Trend | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | |
| infection control | Cumulative cases of E.coli bacteraemias per 100k pop | National | Dec-21 | 77.1 | <67 | | ✘ | 72.49 (Oct-21) | 4th (Oct-21) | | 60.7 | 60.0 | 59.8 | 61.9 | 99.8 | 88.9 | 89.4 | 89.4 | 90.5 | 86.4 | 82.2 | 80.5 | 77.1 | |
| | Number of E.Coli bacteraemia cases (Hospital) | | 5 | | | | | | | | 5 | 6 | 6 | 9 | 12 | 11 | 5 | 8 | 9 | 9 | 7 | 5 | 5 | |
| | Number of E.Coli bacteraemia cases (Community) | | 12 | | | | | | | | 7 | 12 | 11 | 19 | 20 | 15 | 23 | 15 | 25 | 12 | 12 | 17 | 12 | |
| | Total number of E.Coli bacteraemia cases | | 17 | | | | | | | | 12 | 18 | 17 | 28 | 32 | 26 | 28 | 23 | 34 | 21 | 19 | 22 | 17 | |
| | Cumulative cases of S.aureus bacteraemias per 100k pop | | Dec-21 | 36.0 | <20 | | ✘ | 26.72 (Oct-21) | 6th (Oct-21) | | 31.7 | 31.6 | 31.4 | 31.6 | 40.5 | 44.5 | 37.0 | 36.0 | 35.5 | 38.3 | 40.6 | 37.2 | 36.0 | |
| | Number of S.aureus bacteraemias cases (Hospital) | | 5 | | | | | | | | 6 | 5 | 7 | 4 | 4 | 5 | 5 | 7 | 8 | 13 | 11 | 1 | 5 | |
| | Number of S.aureus bacteraemias cases (Community) | | 4 | | | | | | | | 3 | 4 | 2 | 7 | 9 | 10 | 2 | 4 | 4 | 4 | 7 | 3 | 4 | |
| | Total number of S.aureus bacteraemias cases | | 9 | | | | | | | | 9 | 9 | 9 | 11 | 13 | 15 | 7 | 11 | 12 | 17 | 18 | 4 | 9 | |
| | Cumulative cases of C.difficile per 100k pop | | Dec-21 | 51.3 | <25 | | ✘ | 37.49 (Oct-21) | 6th (Oct-21) | | 45.7 | 42.0 | 41.5 | 41.1 | 62.3 | 49.1 | 46.2 | 52.0 | 55.0 | 53.2 | 52.9 | 53.3 | 51.3 | |
| | Number of C.difficile cases (Hospital) | | 11 | | | | | | | | 6 | 3 | 9 | 7 | 15 | 7 | 6 | 16 | 20 | 9 | 10 | 10 | 11 | |
| | Number of C.difficile cases (Community) | | 1 | | | | | | | | 3 | 0 | 2 | 5 | 5 | 5 | 6 | 7 | 2 | 5 | 5 | 10 | 1 | |
| | Total number of C.difficile cases | | 12 | | | | | | | | 9 | 3 | 11 | 12 | 20 | 12 | 12 | 23 | 22 | 14 | 15 | 20 | 12 | |
| | Cumulative cases of Klebsiella per 100k pop | | Dec-21 | 26.5 | | | | | | | | 24.9 | 26.4 | 25.8 | 26.2 | 28.1 | 21.5 | 26.7 | 0.0 | 22.6 | 24.5 | 27.1 | 26.5 | 26.5 |
| | Number of Klebsiella cases (Hospital) | | 6 | | | | | | | | | 8 | 8 | 4 | 1 | 4 | 3 | 5 | 2 | 4 | 8 | 8 | 2 | 6 |
| | Number of Klebsiella cases (Community) | | 3 | | | | | | | | | 4 | 5 | 2 | 9 | 5 | 2 | 7 | 1 | 4 | 3 | 5 | 5 | 3 |
| | Total number of Klebsiella cases | | 9 | | | | | | | 64 (Oct-21) | 6th (Oct-21) | 12 | 13 | 6 | 10 | 9 | 5 | 12 | 3 | 8 | 11 | 13 | 7 | 9 |
| | Cumulative cases of Aeruginosa per 100k pop | | Dec-21 | 6.1 | | | | | | | | 5.5 | 5.2 | 5.1 | 4.9 | 9.4 | 6.1 | 6.2 | 0.0 | 5.5 | 5.6 | 4.8 | 5.4 | 6.1 |
| | Number of Aeruginosa cases (Hospital) | | 3 | | | | | | | | | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 1 | 2 | 0 | 3 | 3 |
| | Number of Aeruginosa cases (Community) | | 1 | | | | | | | | | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| | Total number of Aeruginosa cases | | 4 | | | | | | | 22 (Oct-21) | 1st (Oct-21) | 1 | 1 | 1 | 1 | 3 | 1 | 2 | 1 | 2 | 2 | 0 | 3 | 4 |
| Hand Hygiene Audits- compliance with WHO 5 moments | | Local | Dec-21 | 95.8% | | 95% | ✔ | | | | 96% | 95% | 93% | 97% | 96% | 98% | 96% | 95% | 95% | 96% | 97% | 92% | 96% | |
| Serious incidents and risks | Of the serious incidents due for assurance, the % which were assured within the agreed timescales | National | Dec-21 | 0.0% | 90% | 80% | ✘ | | | | 4% | 0% | 10% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | |
| | Number of new Never Events | National | Dec-21 | 0 | 0 | 0 | ✔ | | | | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | |
| | Number of risks with a score greater than 20 | Local | Dec-21 | 35 | | 12 month ↓ | ✔ | | | | 146 | 148 | 140 | 142 | 132 | 127 | 113 | 104 | 105 | 114 | 118 | 121 | 35 | |
| Number of risks with a score greater than 16 | Local | Dec-21 | 60 | | 12 month ↓ | ✘ | | | | 238 | 242 | 233 | 230 | 217 | 224 | 219 | 221 | 220 | 240 | 235 | 238 | 60 | | |
| Pressure Ulcers | Number of pressure ulcers acquired in hospital | Local | Nov-21 | 43 | | 12 month ↓ | ✔ | | | | 61 | 51 | 48 | 36 | 59 | 53 | 53 | 58 | 53 | 65 | 42 | 43 | | |
| | Number of pressure ulcers developed in the community | | 31 | | 12 month ↓ | ✘ | | | | | 26 | 25 | 24 | 26 | 31 | 20 | 21 | 33 | 34 | 39 | 32 | 31 | | |
| | Total number of pressure ulcers | | 74 | | 12 month ↓ | ✘ | | | | | 87 | 76 | 72 | 62 | 90 | 73 | 74 | 91 | 87 | 104 | 74 | 74 | | |
| | Number of grade 3+ pressure ulcers acquired in hospital | | 2 | | 12 month ↓ | ✔ | | | | | 3 | 2 | 3 | 1 | 4 | 1 | 2 | 3 | 2 | 1 | 1 | 2 | | |
| | Number of grade 3+ pressure ulcers acquired in community | | 8 | | 12 month ↓ | ✘ | | | | | 7 | 5 | 4 | 2 | 10 | 2 | 4 | 2 | 8 | 6 | 7 | 8 | | |
| Total number of grade 3+ pressure ulcers | 10 | | Nov-21 | 10 | | 12 month ↓ | ✘ | | | 10 | 7 | 7 | 3 | 14 | 3 | 6 | 5 | 10 | 7 | 8 | 10 | | | |
| Inpatient Falls | Number of Inpatient Falls | Local | Dec-21 | 208 | | 12 month ↓ | ✘ | | | | 247 | 203 | 177 | 171 | 176 | 228 | 174 | 193 | 198 | 207 | 240 | 213 | 208 | |

| 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 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
| Mortality | % of universal mortality reviews (UMRs) undertaken within 28 days of a death | Local | Nov-21 | 99% | 95% | 95% | ✔ | | | | 99.0% | 100.0% | 100.0% | 97.6% | 99.3% | 98.0% | 98.6% | 97.6% | 93.0% | 98.0% | 96.8% | 98.5% | |
| | Stage 2 mortality reviews required | Local | Nov-21 | 10 | | | | | | | 12 | 19 | 6 | 11 | 5 | 18 | 12 | 7 | 17 | 10 | 16 | 10 | |
| | % stage 2 mortality reviews completed | Local | Aug-21 | 50.00% | | 100% | ✘ | | | | 75.0% | 36.8% | | | | | 25.0% | 42.9% | 50.0% | | | | |
| | Crude hospital mortality rate (74 years of age or less) | National | Nov-21 | 0.99% | 12 month ↓ | | | | 1.35% (Sep-21) | 4th (Sep-21) | | 1.08% | 1.14% | 1.17% | 1.17% | 1.04% | 1.04% | 1.01% | 1.03% | 1.02% | 1.03% | 1.03% | 0.99% |
| NEWS | % patients with completed NEWS scores & appropriate responses actioned | Local | Dec-21 | 89% | | 98% | ✘ | | | | 98.5% | 95.0% | 96.3% | 93.5% | 97.4% | 98.9% | 95.0% | 89.7% | 91.7% | 91.6% | 93.8% | 92.2% | 89.1% |
| Coding | % of episodes clinically coded within 1 month of discharge | Local | Nov-21 | 76% | 95% | 95% | ✘ | | | | 93% | 95% | 96% | 96% | 96% | 96% | 89% | 90% | 94% | 90% | 92% | 76% | |
| E-TOC | % of completed discharge summaries (total signed and sent) | Local | Dec-21 | 62% | | 100% | ✘ | | | | 59% | 67% | 63% | 64% | 63% | 67% | 69% | 62% | 62% | 68% | 61% | 63% | 62% |
| Workforce | Agency spend as a % of the total pay bill | National | May-21 | 3.30% | 12 month ↓ | | | 4.1% (May-21) | all out of 10 organisations (May-21) | | 5.4% | 6.2% | 4.9% | 5.7% | 4.4% | 3.3% | | | | | | | |
| | Overall staff engagement score – scale score method | National | 2020 | 75% | Improvement | | | 75% (2020) | all out of 10 organisations (2020) | | 2020 = 75% | | | | | | | | | | | | |
| | % of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training) | National | Dec-21 | 57% | 85% | 85% | ✘ | 60.0% (May-21) | all out of 10 organisations (May-21) | | 54% | 52% | 51% | 53% | 57% | 60% | 65% | 60% | 60% | 58% | 56% | 55% | 57% |
| | % compliance for all completed Level 1 competency with the Core Skills and Training Framework | National | Dec-21 | 80% | 85% | 85% | ✘ | 78.8% (May-21) | all out of 10 organisations (May-21) | | 80% | 80% | 80% | 80% | 80% | 80% | 81% | 81% | 81% | 80% | 80% | 80% | 80% |
| | % workforce sickness absence (12 month rolling) | National | Nov-21 | 7.44% | 12 month ↓ | | | 5.68% (May-21) | all out of 10 organisations (May-21) | | 7.48% | 7.57% | 7.56% | 7.44% | 7.12% | 6.93% | 6.91% | 6.99% | 7.11% | 7.29% | 7.44% | 7.44% | |
| | % 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) | all out of 10 organisations (2020) | | 2020 = 67.1% | | | | | | | | | | | | |

| Harm from reduction in non-Covid activity | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|----------------|---------------------|-----------------|----------------------------|----------------|----------------------|-------------------------------------|-------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | SBU's all-Wales rank | Performance Trend | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | |
| Primary Care | % adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months | National | Nov-21 | 10.5% | 4 quarter ↓ | | | 21.8% (Q3 20/21) | 1st (Q3 20/21) | | 12.0% | 5.9% | 5.3% | 6.6% | 7.8% | 9.0% | 10.2% | 11.4% | 11.0% | 11.5% | 11.4% | 10.5% | | |
| Cancer | % of patients starting definitive treatment within 62 days from point of suspicion (without adjustments) | National | Dec-21 (Draft) | 45.0% | 12 month ↑ | | | 59.0% (Sep-21) | 2nd out of 6 organisations (Sep-21) | | 61.0% | 67.9% | 56.4% | 71.6% | 65.7% | 65.4% | 66.8% | 55.0% | 58.4% | 62.2% | 61.9% | 63.4% | 45.0% | |
| Radiotherapy waiting times | Scheduled (21 Day Target) | Local | Dec-21 | 37% | 80% | | ✘ | | | | 71% | 45% | 35% | 42% | 37% | 40% | 31% | 60% | 57% | 58% | 37% | 30% | 37% | |
| | Scheduled (28 Day Target) | Local | Dec-21 | 78% | 100% | | ✘ | | | | 88% | 82% | 80% | 85% | 77% | 87% | 70% | 84% | 91% | 89% | 84% | 61% | 78% | |
| | Urgent SC (7 Day Target) | Local | Dec-21 | 37% | 80% | | ✘ | | | | 50% | 50% | 23% | 41% | 38% | 50% | 45% | 46% | 55% | 22% | 30% | 60% | 37% | |
| | Urgent SC (14 Day Target) | Local | Dec-21 | 87% | 100% | | ✘ | | | | 85% | 94% | 91% | 90% | 83% | 86% | 87% | 77% | 95% | 76% | 90% | 100% | 87% | |
| | Emergency (within 1 day) | Local | Dec-21 | 100% | 80% | | ✔ | | | | 100% | 100% | 100% | 100% | 91% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | Emergency (within 2 days) | Local | Dec-21 | 100% | 100% | | ✔ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | Elective Delay (21 Day Target) | Local | Dec-21 | 92% | 80% | | ✔ | | | | 71% | 69% | 61% | 86% | 82% | 81% | 91% | 90% | 94% | 81% | 89% | 79% | 92% | |
| | Elective Delay (28 Day Target) | Local | Dec-21 | 100% | 100% | | ✔ | | | | 88% | 89% | 75% | 93% | 92% | 84% | 95% | 97% | 97% | 97% | 94% | 86% | 100% | |
| Planned Care | Number of patients waiting > 8 weeks for a specified diagnostics | National | Dec-21 | 6071 | 0 | | | 48,408 (Sep-21) | 2nd (Sep-21) | | 6,579 | 6,239 | 5,087 | 4,554 | 4,804 | 4,842 | 5,230 | 5,425 | 5,523 | 5,732 | 5,939 | 6,008 | 6,071 | |
| | Number of patients waiting > 14 weeks for a specified therapy | National | Dec-21 | 889 | 0 | | | 5,798 (Sep-21) | 2nd (Sep-21) | | 708 | 584 | 491 | 369 | 201 | 166 | 171 | 151 | 186 | 320 | 414 | 629 | 889 | |
| | % of patients waiting < 26 weeks for treatment | National | Dec-21 | 50% | 95% | | | 54.9% (Sep-21) | 6th (Sep-21) | | 48.0% | 47.0% | 47.9% | 48.8% | 49.1% | 49.1% | 50.7% | 51.5% | 51.9% | 52.0% | 51.6% | 51.3% | 50.5% | |
| | Number of patients waiting > 26 weeks for outpatient appointment | Local | Dec-21 | 25452 | 0 | | | | | | 21,179 | 21,208 | 21,225 | 21,750 | 22,752 | 23,700 | 23,279 | 23,225 | 23,444 | 23,997 | 24,483 | 24,752 | 25,452 | |
| | Number of patients waiting > 36 weeks for treatment | National | Dec-21 | 37504 | 0 | | | 240,306 (Sep-21) | 3rd (Sep-21) | | 35,126 | 33,991 | 32,719 | 32,874 | 33,395 | 34,447 | 35,040 | 35,583 | 35,999 | 35,711 | 36,420 | 37,064 | 37,504 | |
| | The number of patients waiting for a follow-up outpatient appointment | National | Dec-21 | 131,403 | HB target | | | 779,662 (Oct-21) | 5th (Oct-21) | | 119,963 | 119,999 | 120,882 | 121,403 | 122,303 | 123,088 | 127,444 | 130,208 | 127,391 | 130,963 | 131,554 | 129,255 | 131,403 | |
| | The number of patients waiting for a follow-up outpatients appointment who are delayed over 100% | National | Dec-21 | 31,912 | TBC | | | 199,698 (Oct-21) | 5th (Oct-21) | | 27,641 | 28,419 | 28,862 | 29,316 | 29,334 | 30,062 | 30,550 | 31,316 | 29,770 | 32,574 | 33,121 | 30,946 | 31,912 | |
| % of R1 ophthalmology patient pathways waiting within target date or within 25% beyond target date for an outpatient appointment | National | Dec-21 | 49% | 95% | | | 63.2% (Oct-21) | 6th (Oct-21) | | 47.3% | 46.7% | 47.4% | 47.7% | 47.2% | 46.7% | 46.7% | 46.3% | 46.1% | 47.9% | 48.6% | 49.2% | 48.7% | | |
| DNAs | % of patients who did not attend a new outpatient appointment | Local | Dec-21 | 6.3% | 12 month ↓ | | | | | | 7.7% | 7.1% | 6.2% | 5.6% | 5.3% | 5.7% | 6.5% | 6.5% | 6.4% | 7.2% | 7.7% | 7.0% | 6.3% | |
| | % of patients who did not attend a follow-up outpatient appointment | Local | Dec-21 | 6.4% | 12 month ↓ | | | | | | 8.2% | 7.1% | 6.2% | 6.7% | 6.1% | 6.9% | 5.5% | 7.5% | 7.5% | 7.6% | 7.8% | 7.0% | 6.4% | |
| Theatre Efficiencies | Theatre Utilisation rates | Local | Dec-21 | 62% | | 90% | ✘ | | | | 59% | 65% | 73% | 75% | 80% | 78% | 77% | 72% | 69% | 72% | 66% | 67% | 62% | |
| | % of theatre sessions starting late | Local | Dec-21 | 40% | | <25% | ✘ | | | | 45% | 40% | 42% | 40% | 38% | 43% | 43% | 44% | 44% | 42% | 46% | 43% | 40% | |
| | % of theatre sessions finishing early | Local | Dec-21 | 48% | | <20% | ✘ | | | | 47% | 44% | 44% | 48% | 41% | 45% | 43% | 48% | 46% | 46% | 50% | 48% | 48% | |
| Postponed operations | Number of procedures postponed either on the day or the day before for specified non-clinical reasons | Local | Jan-21 | 1,200 | | | | | | | 1,509 | 1,200 | | | | | | | | | | | | |
| Patient experience | Number of friends and family surveys completed | Local | Dec-21 | 2,776 | | 12 month ↑ | ✔ | | | | 584 | 678 | 798 | 1,050 | | 4,590 | 3,297 | 1,912 | 2,075 | 2,025 | 2,733 | 3,194 | 2,776 | |
| | % of who would recommend and highly recommend | Local | Dec-21 | 93% | | 90% | ✔ | | | | 77% | 79% | 85% | 87% | | 96% | 97% | 92% | 92% | 92% | 92% | 94% | 93% | |
| | % of all-Wales surveys scoring 9 out 10 on overall satisfaction | Local | Dec-21 | 96% | | 90% | ✔ | | | | 65% | 81% | 94% | 93% | | 92% | 96% | 95% | 92% | 96% | 93% | 93% | 96% | |
| Complaints | Number of new formal complaints received | Local | Oct-21 | 134 | | 12 month trend ↓ | ✘ | | | | 83 | 78 | 94 | 117 | 100 | 115 | 159 | 139 | 115 | 115 | 134 | | | |
| | % concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received | National | Oct-21 | 67% | 75% | 80% | ✘ | 71.9% (Q3 20/21) | 2nd (Q3 20/21) | | 80% | 71% | 80% | 81% | 78% | 78% | 68% | 69% | 83% | 75% | 67% | | | |
| | % of acknowledgements sent within 2 working days | Local | Oct-21 | 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 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
| Early years measures | % of babies who are exclusively breastfed at 10 days old | National | 2020/21 | 35.6% | Annual ↑ | | | 36.8% (2020/21) | 5th (2020/21) | | 2020/21 = 35.6% | | | | | | | | | | | | |
| | % children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | National | Q2 21/22 | 96.2% | 95% | | | 95.3% (Q1 21/22) | 3rd (Q1 21/22) | | 96.7% | | | 95.4% | | | 95.7% | | | 96.2% | | | |
| | % of children who received 2 doses of the MMR vaccine by age 5 | National | Q2 21/22 | 89.8% | 95% | | | 91.7% (Q1 21/22) | 4th (Q1 21/22) | | 92.0% | | | 92.4% | | | 91.1% | | | 89.8% | | | |
| Alcohol | European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales | National | Q2 21/22 | 362.2 | 4 quarter ↓ | | | 356.6 (Q4 20/21) | 2nd (Q4 20/21) | | 308.8 | | | 322.1 | | | 370.7 | | | 362.2 | | | |
| | % of people who have been referred to health board services who have completed treatment for alcohol abuse | National | Q2 21/22 | 73.7% | 4 quarter ↑ | | | 70.3% (Q2 21/22) | 4th (Q2 21/22) | | 39.5% | | | 45.5% | | | 31.8% | | | 73.7% | | | |
| Influenza | % uptake of influenza among 65 year olds and over | National | Dec-21 | 76.9% | 75% | | | 76.5% (Mar-21) | 4th (Mar-21) | | 74.8% | 75.2% | 75.4% | 75.5% | Data collection restarts October 2021 | | | | | | 58.7% | 74.8% | 76.9% |
| | % uptake of influenza among under 65s in risk groups | National | Dec-21 | 44.9% | 55% | | | 51.07% (Mar-21) | 5th (Mar-21) | | 47.2% | 48.7% | 49.4% | 49.4% | | | | | | | 26.0% | 40.8% | 44.9% |
| | % uptake of influenza among pregnant women | National | 2020/21 | 69.8% | 75% | | | 78.5% (2019/20) | 5th out of 10 organisations (2019/20) | | 2020/21 = 69.8% | | | | | | | | | | Data not available | | |
| | % uptake of influenza among children 2 to 3 years old | Local | Dec-21 | 41.5% | 50% | | | 56.3% (Mar-21) | 5th (Mar-21) | | 52.5% | 53.2% | 53.4% | 53.4% | | | | | | | 22.0% | 37.7% | 41.5% |
| | % uptake of influenza among healthcare workers | National | Dec-21 | 52.7% | 60% | | | 58.7% (2019/20) | 7th out of 10 organisations (2019/20) | | 63.0% | 63.4% | 63.4% | 63.4% | | | | | | | 48.6% | 50.8% | 52.7% |
| CAMHS | % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) | Local | Nov-21 | 97% | | 100% | ✘ | | | | 100% | 100% | 100% | 100% | 100% | 93% | 94% | 79% | 100% | 95% | 97% | 97% | |
| | % Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks | National | Nov-21 | 37% | 80% | 80% | ✘ | 35.4 (Sep-21) | 6th (Sep-21) | | 26% | 24% | 28% | 30% | 30% | 33% | 32% | 34% | 27% | 34% | 34% | 37% | |
| | % Patients waiting less than 28 days for a first outpatient appointment for CAMHS | National | Nov-21 | 66% | 80% | 80% | ✘ | 27.9% (Oct-21) | 4th (Oct-21) | | 61% | 53% | 66% | 63% | 60% | 61% | 58% | 41% | 48% | 40% | 40% | 66% | |
| | P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral | National | Nov-21 | 36% | 80% | 80% | ✘ | 44.2% (Sep-21) | 2nd (Sep-21) | | 73% | 29% | 97% | 46% | 0% | 0% | 0% | 29% | 37% | 89% | 65% | 36% | |
| | P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS | National | Nov-21 | 64% | 80% | 80% | ✘ | 45.7% (Sep-21) | 4th (Sep-21) | | 100% | 93% | 97% | 91% | 49% | 67% | 1% | 100% | 82% | 35% | 0% | 64% | |
| | S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral | Local | Nov-21 | 3% | 80% | 80% | ✘ | | | | 58% | 60% | 56% | 53% | 48% | 53% | 44% | 29% | 32% | 41% | 3% | 3% | |
| % residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP) | National | Nov-21 | 84% | | 90% | ✘ | 89.3% (Sep-21) | 5th (Sep-21) | | 82% | 83% | 84% | 82% | 82% | 83% | 81% | 81% | 65% | 84% | 84% | 84% | | |
| 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 | Nov-21 | 98% | 80% | 80% | ✔ | 65.4% (Sep-21) | 1st (Sep-21) | | 99% | 96% | 98% | 97% | 97% | 98% | 99% | 98% | 100% | 96% | 98% | 98% | |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age) | National | Nov-21 | 96% | 80% | 80% | ✔ | 75.0% (Sep-21) | 4th (Sep-21) | | 95% | 95% | 98% | 97% | 92% | 96% | 99% | 97% | 100% | 90% | 98% | 96% | |
| | % patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health | National | Nov-21 | 100% | 95% | 95% | ✔ | 72.2% (Sep-21) | 1st (Sep-21) | | 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 | Nov-21 | 81% | 90% | 90% | ✘ | 85.8% (Sep-21) | 6th (Sep-21) | | 89% | 91% | 91% | 91% | 91% | 92% | 88% | 88% | 84% | 84% | 83% | 81% | |
| 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) | | 2020/21 = 2.96 | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | |