



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23rd August 2022	Agenda Item	4.1
Report Title	Quality & Safety Performance Report		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance 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>The Performance Delivery Framework 2022/23 was published in July 2022, and the measures have been updated accordingly in line with current data availability.</p> <p>Key high level issues to highlight this month are as follows:</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 has reduced in July 2022, with 600 new cases being reported in-month. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - ED attendances have increased in July 2022 to 10,925 from 10,649 in June 2022. - The Health Board's performance against the 4-hour measure deteriorated from 71.65% in June 2022 to 69.43% in July 2022. - The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased from 1,388 in June 2022 to 1,429 in July 2022. - The number of emergency admissions has increased in July 2022 to 4,268 from 4,009 in June 2022. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> - July 2022 saw a 0.1% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment. 		

	<ul style="list-style-type: none"> - Additionally, the number of patients waiting over 36 weeks decreased by 2.2% to 38,888. - Referral figures for July 2022 saw a reduction from 13,050 in June 2022 to 12,548 in July 2022. - Therapy waiting times have declined slightly, there are 714 patients waiting over 14 weeks in July 2022 compared with 609 June 2022. - The number of patients waiting over 8 weeks for an Endoscopy has slightly reduced in July 2022 to 4,403 from 4,437 in June 2022. <p><u>Cancer</u></p> <ul style="list-style-type: none"> - June 2022 saw 50.6% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). - The average backlog of patients waiting over 63 days has increased in July 2022 to 464 from 379 in June 2022. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in June 2022. - Psychological therapies within 26 weeks continue to be maintained at 100%. <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% June 2022. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remained at 47% in June 2022 against a target of 80%. <p><u>Nationally Reportable Incidents</u></p> <ul style="list-style-type: none"> - In July 2022, there was one Nationally Reportable Incident in Morriston Hospital <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> - July 2022 data is included in this report showing 89% satisfaction through 3,391 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 the Single Outcomes Framework will be developed for adoption in 2022/23 and that the 2020/21 measures will be rolled over into 2021/22.

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

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

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

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

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

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

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



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Appendix 1- Quality & Safety Performance Report

August 2022



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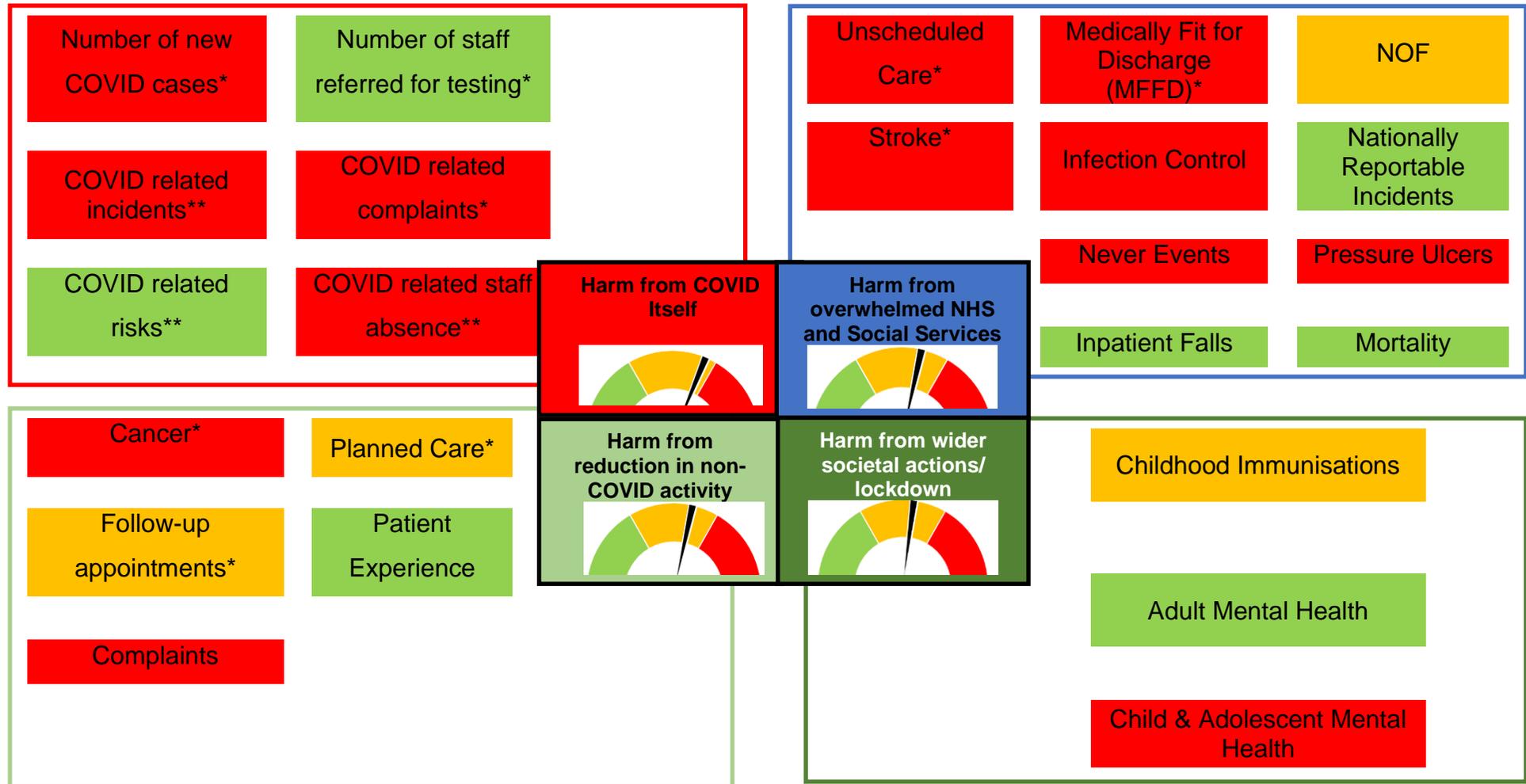
1. OVERVIEW- KEY PERFORMANCE INDICATORS SUMMARY

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 June 2022. Psychological therapies within 26 weeks continue to be maintained at 100%.
- Emergency Department attendances have increased in July 2022 to 10,925 from 10,649 in June 2022. The Health Board's performance against the 4-hour measure deteriorated from 71.65% in June 2022 to 69.43% in July 2022. The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased from 1,388 in June 2022 to 1,429 in July 2022. The number of emergency admissions has increased in July 2022 to 4,268 from 4,009 in June 2022.
- Planned care system is still challenging and July 2022 saw a 0.1% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment. Additionally, the number of patients waiting over 36 weeks decreased by 2.2% to 38,888. Referral figures for July 2022 saw a reduction from 13,050 in June 2022 to 12,548 in July 2022.
- Therapy waiting times have declined slightly, there are 714 patients waiting over 14 weeks in July 2022 compared with 609 June 2022.
- The number of patients waiting over 8 weeks for an Endoscopy has slightly reduced in July 2022 to 4,403 from 4,437 in June 2022.
- June 2022 saw 50.6% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). The average backlog of patients waiting over 63 days has increased in July 2022 to 464 from 379 in June 2022
- The overall Health Board rate for responding to concerns within 30 working days was 69% in May 2022, against the Welsh Government target of 75% and Health Board target of 80%.
- In May 2022, the Health Board received 176 formal complaints; this is a 30% increase on the number seen in April 2022.
- Health Board Friends & Family patient satisfaction level in July 2022 was 89% and 3,391 surveys were completed.
- There was 1 Nationally Reportable Incidents reported to Welsh Government in July 2022.
- One Never event was reported for July 2022.
- Fractured Neck of Femur performance in June 2022 continues to be broadly at Welsh National levels (see detail below) and showing an improved position compared with March 2019-2020 for most indicators.

2. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

** Data not available

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

		Harm quadrant- Harm from Covid itself															
Measure	Locality	National/ Local Target	Internal profile	Trend	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
					Number of new COVID19 cases*	HB Total				1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209
Number of staff referred for Antigen Testing	HB Total				367	406	673	524	494	787	691	200	109	402	157	264	299
Number of staff awaiting results of COVID19 test*	HB Total				0	0	0	0	0	0	0	0	0	0	0	0	0
Number of COVID19 related incidents*	HB Total				24	36	36	47	53	54	59	55	57				
Number of COVID19 related serious incidents*	HB Total				0	0	0	1	3	1	0	1	0	0	0	0	0
Number of COVID19 related complaints*	HB Total				4	6	3	4	14	20	4	4	10	6	0	4	5
Number of COVID19 related risks*	HB Total				1	1	0	0									
Number of staff self isolated (asymptomatic)*	Medical				7	5	20	13	6	0	11	1	5	2	0	2	
	Nursing Registered				19	35	67	38	20	46	31	15	35	10	12	12	
	Nursing Non Registered				24	21	43	28	12	37	13	18	25	15	8	6	
Number of staff self isolated (symptomatic)*	Other				21	54	97	41	27	43	32	9	22	15	9	8	
	Medical				3	7	15	10	5	3	17	13	37	33	15	27	
	Nursing Registered				28	36	57	51	34	166	104	66	91	88	33	102	
% sickness*	Nursing Non Registered				18	27	44	34	20	94	79	45	52	52	35	52	
	Other				18	44	88	85	61	130	109	80	146	97	42	106	
	All				0.9%	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	
% sickness*	Nursing Registered				1.4%	1.8%	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	
	Nursing Non Registered				1.8%	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	
	Other				0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	
All				1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%		

3.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>1. Number of new COVID cases In July 2022, there were an additional 600 positive cases recorded bringing the cumulative total to 118,029 in Swansea Bay since March 2020.</p> <p>A significant reduction has been seen in the number of positive cases reported since December 2021.</p>	<p>1.Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
	<p>3. Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and July 2022 is 17,878 of which 19% have been positive (Cumulative total).</p>	<p>2.Outcome of staff referred for Antigen testing</p> <p>■ Positive ■ Negative ■ In Progress ■ Unknown/blank</p>

COVID RELATED STAFF ABSENCE

Description	Current Performance	Trend
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Staff absence due to COVID19

1.Number of staff self-isolating (asymptomatic)

2.Number of staff self isolating (symptomatic)

3.% staff sickness

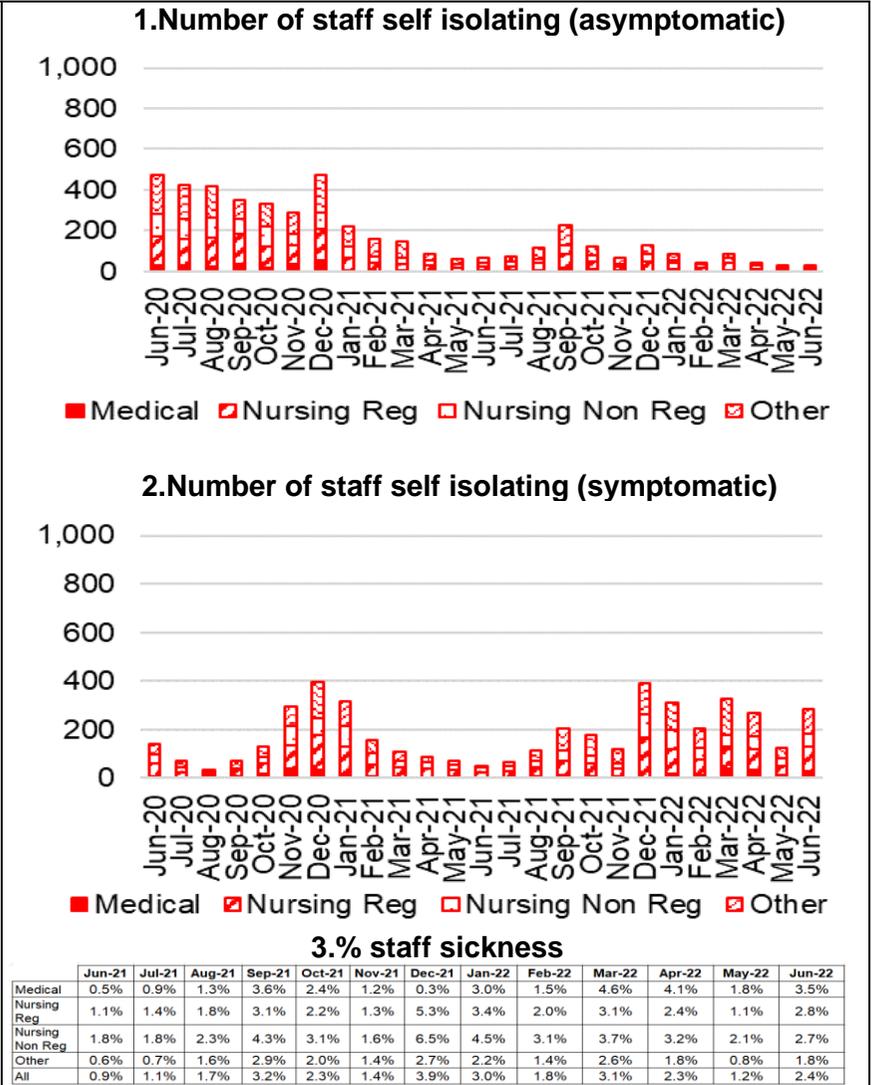
The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.

1. & 2. Number of staff self-isolating (asymptomatic and symptomatic)
 Between May and June 2022, the number of staff self-isolating (asymptomatic) reduced from 29 to 28 and the number of staff self-isolating (symptomatic) increased from 125 to 287. In June 2022, the Registered Nursing staff group had the largest number of self-isolating staff who are asymptomatic and the “other” staff group were the largest group of symptomatic staff who were isolating.

July 2022 data was not available at the time of publishing this paper

3. % Staff sickness
 The percentage of staff sickness absence due to COVID19 has increased from 1.2% in May 2022 to 2.4% in June 2022.

July 2022 data was not available at the time of publishing this paper



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

4.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Unscheduled Care																	
Number of ambulance handovers over one hour*	Morrison	0			607	711	622	633	655	591	724	657	659	645	507	588	637
	Singleton				9	15	20	15	15	21	11	21	28	26	31	10	22
	Total				616	726	642	648	670	612	735	678	687	671	538	578	659
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	Morrison	95%			61.5%	62.3%	59.7%	58.8%	60.0%	58.5%	58.5%	58.8%	57.2%	58.9%	57.8%	54.6%	54.0%
	NPTH				97.8%	99.4%	98.3%	99.4%	99.0%	94.9%	96.8%	97.2%	95.0%	96.7%	97.9%	96.9%	93.1%
	Total				74.7%	75.0%	73.1%	72.0%	73.5%	70.2%	72.6%	72.3%	71.4%	72.9%	73.8%	71.7%	69.4%
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morrison	0			1,013	1,059	1,250	1,275	1,054	1,100	1,139	1,104	1,276	1,292	1,192	1,386	1,427
	NPTH				1	1	0	1	1	1	3	1	6	2	3	2	2
	Total				1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%
	Total	(UK SNAP average)			13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%
	Total	(UK SNAP average)			34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	#####	#####	100.0%	100.0%	90.5%	97.7%	97.9%
	Total	(UK SNAP average)			100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	#####	#####	100.0%	100.0%	90.5%	97.7%	97.9%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month improvement trend			28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%
	Total	improvement trend			28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			90.5%	88.2%	87.3%	88.0%	88.7%	88.4%	88.8%	89.4%	89.5%	89.5%	90.0%	89.4%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			59.5%	59.4%	58.4%	57.7%	57.1%	56.5%	51.0%	48.6%	46.0%	42.2%	37.2%	33.3%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			71.2%	69.8%	69.4%	69.9%	70.3%	70.1%	69.7%	69.8%	71.4%	72.4%	73.5%	71.5%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			75.7%	74.4%	72.6%	71.1%	71.2%	70.7%	71.7%	70.8%	70.2%	70.2%	69.2%	68.9%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			76.8%	77.7%	76.1%	76.8%	77.0%	76.2%	76.4%	76.3%	76.9%	77.4%	76.5%	76.6%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			68.4%	67.7%	66.1%	70.4%	69.8%	69.6%	68.4%	67.7%	69.0%	70.9%	69.9%	63.8%	
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month improvement trend															
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			84.8%	86.7%	72.2%	77.8%	52.4%	68.8%	52.9%	81.4%					

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	
Healthcare Acquired Infections																		
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	14		16	25	12	12	17	12	8	17	17	18	13	12	18	
	PCCS Hospital		0		0	0	1	0	0	0	0	0	0	0	1	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	1	0	0
	Morrison		4		4	4	5	5	3	2	4	9	2	7	5	3	3	
	NPTH		1		4	2	2	1	0	0	1	0	0	0	0	0	0	0
	Singleton		2		3	3	1	1	2	3	2	0	2	5	2	2	0	
	Total		21	27	34	21	19	22	17	15	26	21	31	21	17	21		
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	3		4	4	4	7	3	4	11	3	4	7	9	2	6	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		2		3	4	8	9	0	5	2	5	5	3	8	4	4	
	NPTH		0		0	0	1	0	0	0	0	1	0	0	0	1	0	
	Singleton		1		4	4	4	2	1	0	0	1	2	3	1	2	2	
	Total		6	11	12	17	18	4	9	13	10	11	13	18	9	12		
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		7	2	5	5	10	1	3	5	6	2	4	9	6	
	PCCS Hospital		0		1	0	0	0	0	0	0	1	2	0	1	0	0	
	MH&LD		0		0	0	0	0	1	0	0	0	0	0	0	0	0	
	Morrison		4		7	10	6	7	6	9	8	6	7	8	5	5	7	
	NPTH		0		0	1	0	0	0	0	1	0	1	0	1	0	0	
	Singleton		2		8	9	3	3	3	2	2	1	2	3	0	2	3	
	Total		8	23	22	14	15	20	12	14	13	18	13	11	16	16		
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		1	4	3	5	5	3	0	1	3	2	1	2	7	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	1	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		2		2	4	6	6	1	4	2	3	2	2	5	3	3	
	NPTH		0		0	0	0	0	0	0	1	0	0	1	0	0	0	
	Singleton		1		0	0	2	2	1	2	2	0	1	1	2	3	1	
	Total		6	3	8	11	13	7	9	5	4	7	6	8	8	11		
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		1	1	0	0	0	1	0	1	2	1	1	1	2	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		1		0	0	2	0	2	2	1	2	0	1	1	3	1	
	NPTH		0		0	0	0	0	0	1	0	0	0	0	0	0	0	
	Singleton		0		0	1	0	0	1	0	0	0	0	0	0	0	1	
	Total		2	1	2	2	0	3	4	1	3	2	2	2	4	4		
Compliance with hand hygiene audits	PCCS	95%		100.0%	100.0%	100.0%	-	100.0%	95.8%	94.7%	95.8%	93.1%	96.4%	96.2%	97.8%	96.2%		
	MH&LD			95.9%	99.4%	98.3%	96.0%	90.3%	94.9%	95.5%	92.3%	92.1%	96.6%	97.7%	98.9%	99.1%		
	Morrison			93.8%	93.5%	99.0%	97.9%	95.5%	96.1%	93.4%	#####	91.0%	93.0%	95.2%	97.7%	94.8%		
	NPTH			93.3%	89.7%	100.0%	100.0%	100.0%	100.0%	#####	#####	98.0%	100.0%	100.0%	97.0%	96.4%		
	Singleton			94.1%	92.0%	90.0%	97.0%	87.8%	-	-	-	-	100.0%	100.0%	100.0%	100.0%		
	Total			94.9%	94.9%	96.0%	97.1%	92.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Serious Incidents & Risks																	
Number of Nationally Reportable Incidents	PCCS	12 month reduction trend			0	1	0	0	1	0	4	0	2	0	2	2	0
	MH&LD			0	0	0	1	0	0	0	0	0	1	0	0	0	0
	Morrison			1	0	2	0	6	0	0	2	1	0	3	0	1	0
	NPTH			0	0	1	1	0	0	1	0	3	0	1	0	0	0
	Singleton			1	4	2	2	1	2	0	0	1	0	2	0	0	0
	Total			1	5	5	4	8	2	5	2	7	1	8	2	1	8
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	90%			33%	0%	-	0%	0%	0%	25%	0%	33%	25%	100%	33%	-
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD			0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison			0	0	0	0	1	0	0	2	0	0	1	0	1	0
	NPTH			0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton			0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total			0	0	0	0	1	0	0	2	0	0	1	0	1	0
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			33	34	39	32	31	55	27	38	56	33	39	32	
	PCCS Hospital			0	1	0	0	0	0	1	1	0	0	0			
	MH&LD			3	1	1	0	0	1	0	0	2	1	1	1		
	Morrison			37	32	47	32	27	42	40	36	29	26	30	38		
	NPTH			2	5	0	1	3	0	3	1	1	3	5	1		
	Singleton			16	14	17	9	13	13	22	15	16	15	22	13		
	Total			91	87	104	74	74	111	92	91	105	78	97	85		
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			2	8	6	7	8	14	1	15	11	2	10	12	
	PCCS Hospital			0	0	0	0	0	0	0	0	0	0	0			
	MH&LD			0	0	1	0	0	0	0	1	1	0	0			
	Morrison			3	1	0	1	1	2	6	4	2	2	1			
	NPTH			0	1	0	0	0	0	1	0	0	0	1			
	Singleton			0	0	0	0	1	2	3	1	2	0	0			
	Total			5	10	7	8	10	18	10	21	16	5	12	15		
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			853	767	955	613	616	857	1,018	823	778	689	821	760	

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	
Inpatient Falls																		
Total number of Inpatient Falls	PCCS	12 month reduction trend			6	6	8	4	6	8	6	4	5	2	10	2	3	
	MH&LD				32	40	25	28	36	37	29	28	22	19	24	14	18	
	Morrison				66	73	96	114	91	91	93	86	115	88	71	75	76	
	NPTH				41	31	25	35	27	38	26	34	36	37	29	32	39	
	Singleton				48	48	53	58	53	33	42	46	31	44	48	49	36	
	Total				193	198	207	240	213	208	196	199	209	190	182	172	174	
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			4.88	4.95	5.18	5.81	5.35	5.28	4.81	5.37	5.13	4.83	4.45	4.29		
Mortality																		
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			97%	90%	97%	96%	99%	96%	96%	98%						
	Singleton				100%	100%	100%	100%										
	NPTH				100%	100%	100%	80%	88%	100%	100%	67%						
	Total				98%	93%	98%	97%	99%	96%	96%	97%						
Stage 2 mortality reviews completed within 60 days	Morrison	95%			50%	60%	78%	83%	56%									
	Singleton				0%	0%	100%	50%	0%									
	NPTH				-	0%	-	-	0%									
	Total				43%	50%	82%	75%	50%									
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.73%	1.70%	1.72%	1.71%	1.76%	1.59%	1.52%	1.50%	1.48%	1.47%	1.47%	1.47%		
	Singleton				0.52%	0.53%	0.53%	0.54%	0.50%	0.53%	0.58%	0.48%	0.49%	0.47%	0.46%	0.46%		
	NPTH				0.12%	0.23%	0.11%	0.10%	0.09%	0.08%	0.06%	0.07%	0.06%	0.05%	0.03%	0.04%		
	Total (SBU)				1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%		

4.2 Updates on key measures

UNSCHEDULED CARE																																																																																																																																																																																																																															
Description	Current Performance																																																																																																																																																																																																																														
<p>Ambulance responses</p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In July 2022, the number of red calls responded to within 8 minutes saw an in-month reduction to 55.8%. In July 2022, the number of green calls increased by 3%, amber calls increased by 5%, and red calls increased by 36% compared with June 2022.</p> <p style="text-align: center;">Trend</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. % of red calls responded to within 8 minutes</p> <table border="1"> <caption>1. % of red calls responded to within 8 minutes</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>60%</td></tr> <tr><td>Aug-21</td><td>58%</td></tr> <tr><td>Sep-21</td><td>50%</td></tr> <tr><td>Oct-21</td><td>45%</td></tr> <tr><td>Nov-21</td><td>50%</td></tr> <tr><td>Dec-21</td><td>48%</td></tr> <tr><td>Jan-22</td><td>50%</td></tr> <tr><td>Feb-22</td><td>52%</td></tr> <tr><td>Mar-22</td><td>48%</td></tr> <tr><td>Apr-22</td><td>52%</td></tr> <tr><td>May-22</td><td>55%</td></tr> <tr><td>Jun-22</td><td>55.8%</td></tr> <tr><td>Jul-22</td><td>55.8%</td></tr> </tbody> </table> </div> <div style="width: 48%;"> <p>2. 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padding: 5px; margin-top: 10px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ● 8 or more points above or below the mean ▲ Arun of 6 ● increasing or decreasing points </div>	Month	Percentage	Jul-21	60%	Aug-21	58%	Sep-21	50%	Oct-21	45%	Nov-21	50%	Dec-21	48%	Jan-22	50%	Feb-22	52%	Mar-22	48%	Apr-22	52%	May-22	55%	Jun-22	55.8%	Jul-22	55.8%	Month	Red calls	Amber calls	Green calls	Jul-21	~500	~3500	~1000	Aug-21	~500	~3800	~1000	Sep-21	~500	~3800	~1000	Oct-21	~500	~3800	~1000	Nov-21	~500	~3500	~1000	Dec-21	~500	~3500	~1000	Jan-22	~500	~3500	~1000	Feb-22	~500	~3500	~1000	Mar-22	~500	~3500	~1000	Apr-22	~500	~3500	~1000	May-22	~500	~3500	~1000	Jun-22	~500	~3500	~1000	Jul-22	~600	~3500	~1000	Date	Total (%)	Mean (%)	12/05/2022	~55	~55	14/05/2022	~25	~55	16/05/2022	~55	~55	18/05/2022	~75	~55	20/05/2022	~75	~55	22/05/2022	~65	~55	24/05/2022	~45	~55	26/05/2022	~35	~55	28/05/2022	~65	~55	30/05/2022	~75	~55	01/06/2022	~75	~55	03/06/2022	~65	~55	05/06/2022	~55	~55	07/06/2022	~45	~55	09/06/2022	~75	~55	11/06/2022	~35	~55	13/06/2022	~85	~55	15/06/2022	~45	~55	17/06/2022	~75	~55	19/06/2022	~45	~55	21/06/2022	~55	~55	23/06/2022	~65	~55	25/06/2022	~55	~55	27/06/2022	~65	~55	29/06/2022	~75	~55	01/07/2022	~45	~55	03/07/2022	~85	~55	05/07/2022	~55	~55	07/07/2022	~65	~55	09/07/2022	~45	~55	11/07/2022	~65	~55	13/07/2022	~55	~55	15/07/2022	~75	~55	17/07/2022	~55	~55	19/07/2022	~45	~55	21/07/2022	~55	~55	23/07/2022	~65	~55	25/07/2022	~55	~55	27/07/2022	~45	~55	29/07/2022	~55	~55	31/07/2022	~75	~55	02/08/2022	~45	~55	04/08/2022	~65	~55	06/08/2022	~55	~55	08/08/2022	~35	~55
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UNSCHEDULED CARE

Description

Current Performance

Ambulance handovers

1. The number of ambulance handovers over one hour

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

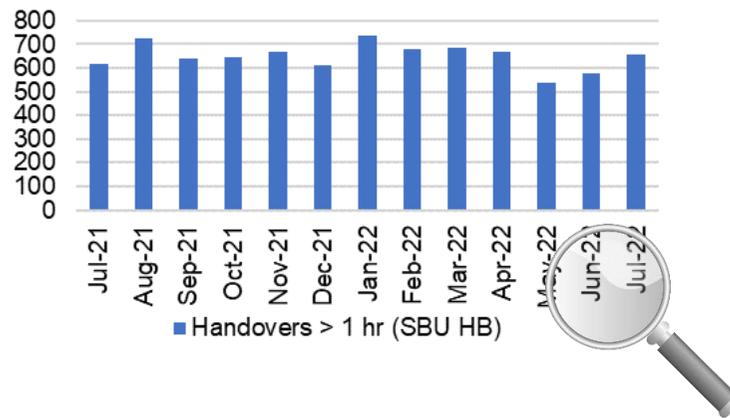
3. The number of ambulance handovers over one hour (last 90 days)

In July 2022, there were 659 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 578 in June 2022. In July 2022, 637 handovers over 1 hour were attributed to Morriston Hospital and 22 were attributed to Singleton Hospital.

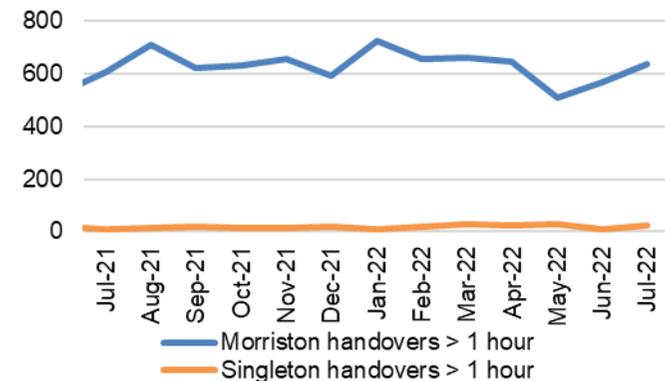
The number of handover hours lost over 15 minutes have increased from 2,920 in June 2022 to 2,976 in July 2022.

Trend

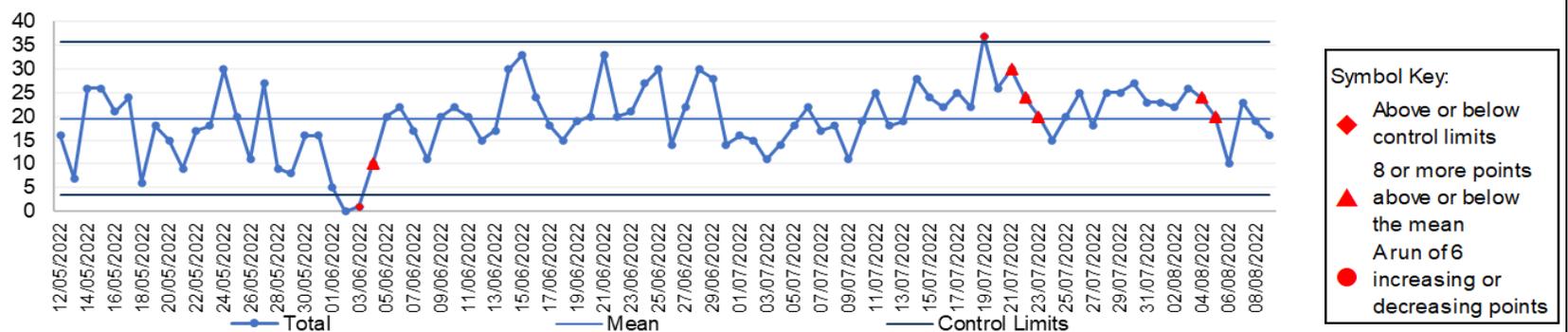
1. Number of ambulance handovers- HB total



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



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



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

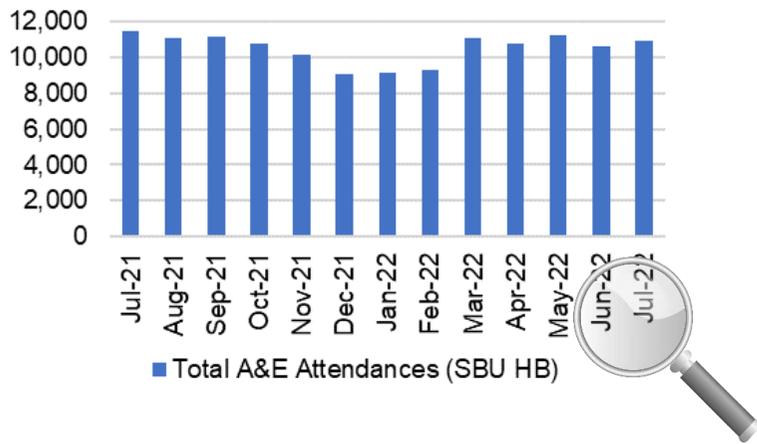
3. The number of attendances at emergency departments in the Health Board (last 90 days)

Current Performance

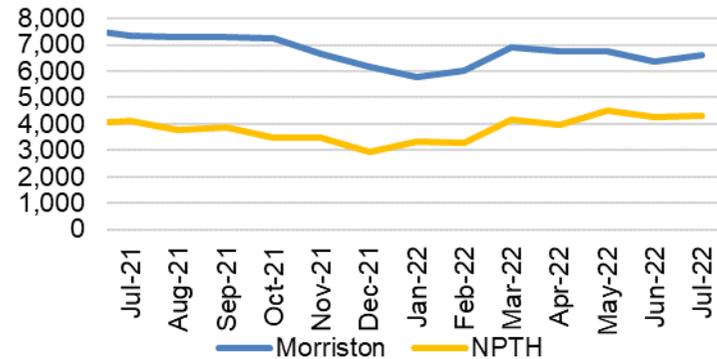
ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In July 2022, there were 10,925 A&E attendances, this is 3% higher than June 2022.

Trend

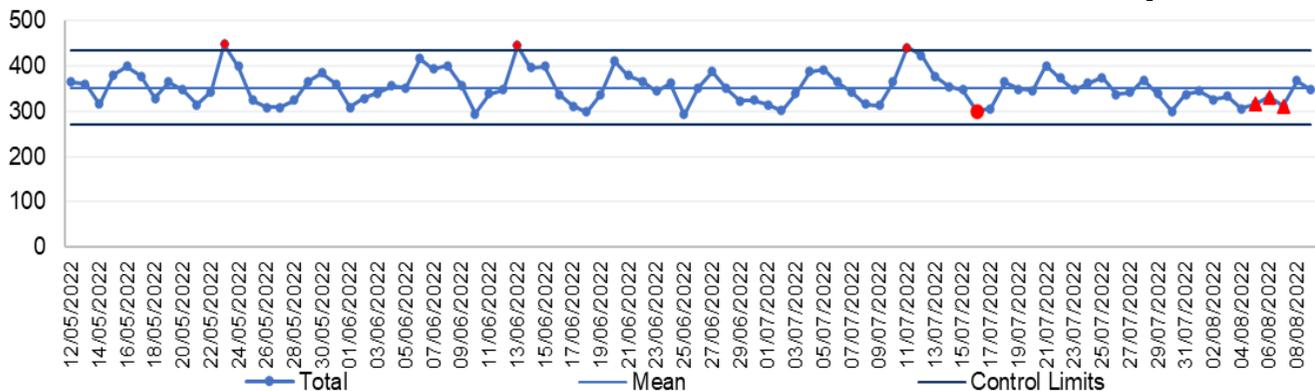
1. Number of A&E attendances- HB total



2. Number of A&E attendances- Hospital level



3. Number of A&E attendances -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 waiting times

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

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

3. % of patients who spend less than 4 hours in A&E (last 90 days)

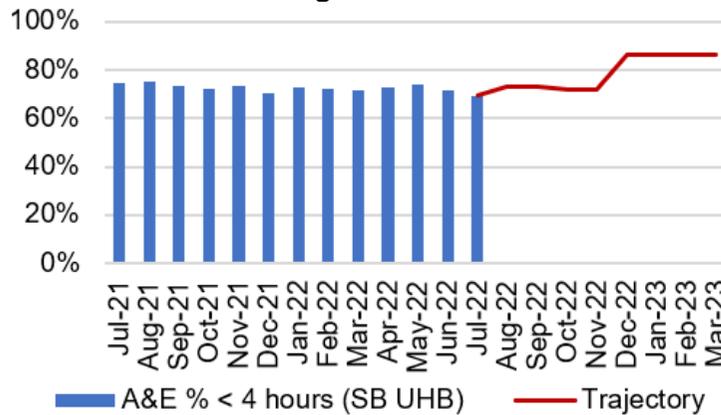
Current Performance

The Health Board's performance against the 4-hour measure deteriorated slightly from 71.65% in June 2022 to 69.43% in July 2022.

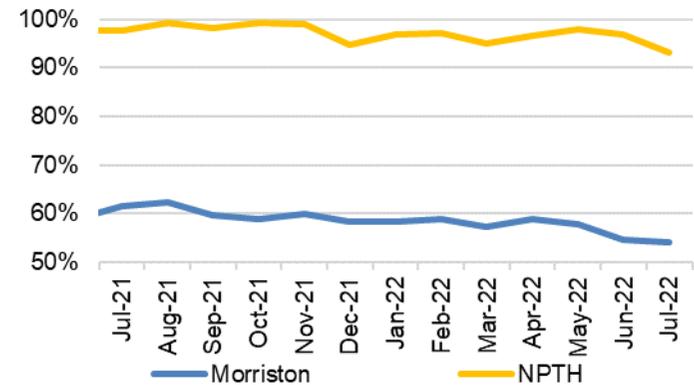
Neath Port Talbot Hospital Minor Injuries Unit (MIU) has dropped slightly below the national target of 95% achieving 93.12% in July 2022. Morriston Hospital's performance declined slightly between June 2022 and July 2022 achieving 53.99% against the target.

Trend

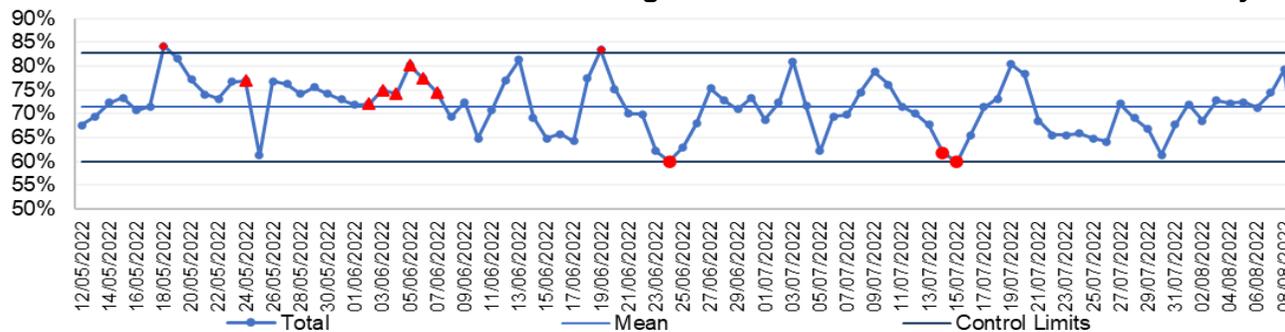
1. % Patients waiting under 4 hours in A&E- HB total



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
- Ar un of 6
- increasing or decreasing points

UNSCHEDULED CARE

Description

Current Performance

A&E waiting times

In July 2022, performance against the 12-hour measure declined compared with June 2022, increasing from 1,388 to 1,429. This is an increase of 415 compared to July 2021.

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

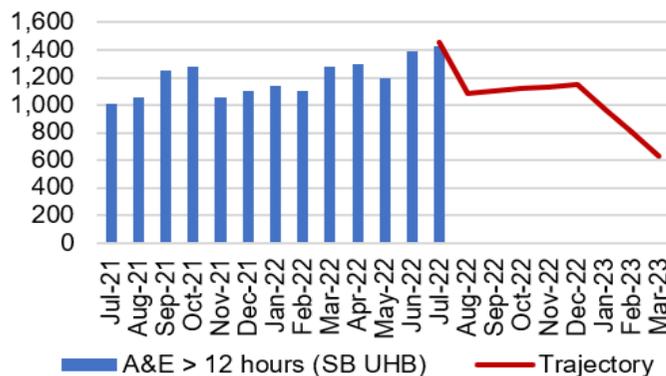
1,427 patients waiting over 12 hours in July 2022 were in Morriston Hospital, with 2 patients waiting over 12 hours in Neath Port Talbot Hospital.

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

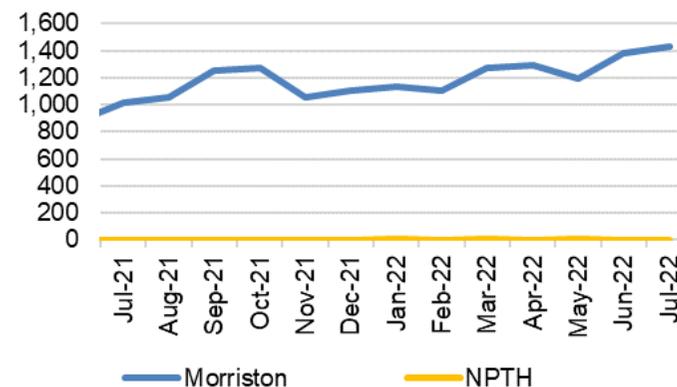
3. Number of patients who spend 12 hours or more in A&E (last 90 days)

Trend

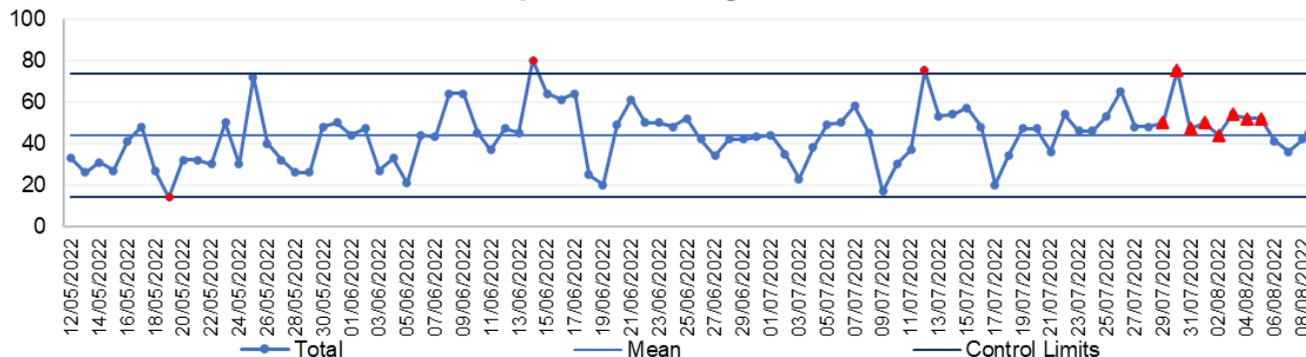
1. Number of patients waiting over 12 hours in A&E- HB total



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



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



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

Emergency admissions

1. The number of emergency inpatient admissions

2. The number of emergency inpatient admissions- Hospital level

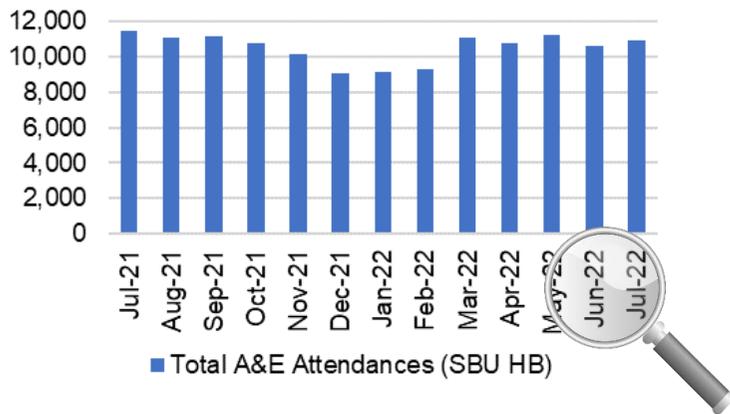
3. The number of emergency inpatient admissions (last 90 days)

Current Performance

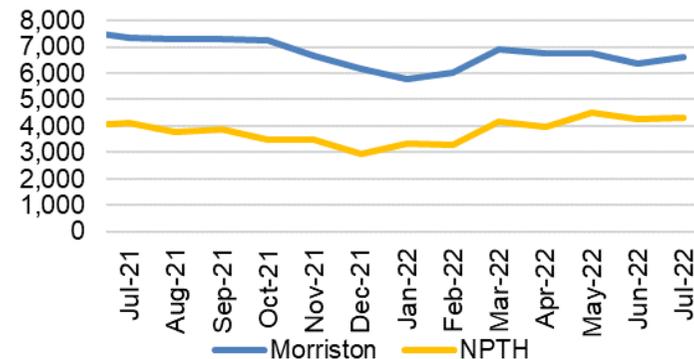
In July 2022, there were 4,268 emergency admissions across the Health Board, which is an increase of 259 from June 2022. Singleton Hospital saw an in-month increase, with 104 more admissions (from 1,046 in June 2022 to 1,150), Morriston Hospital saw an in-month increase from 2,836 admissions in June 2022 to 2,988 admissions in July 2022.

Trend

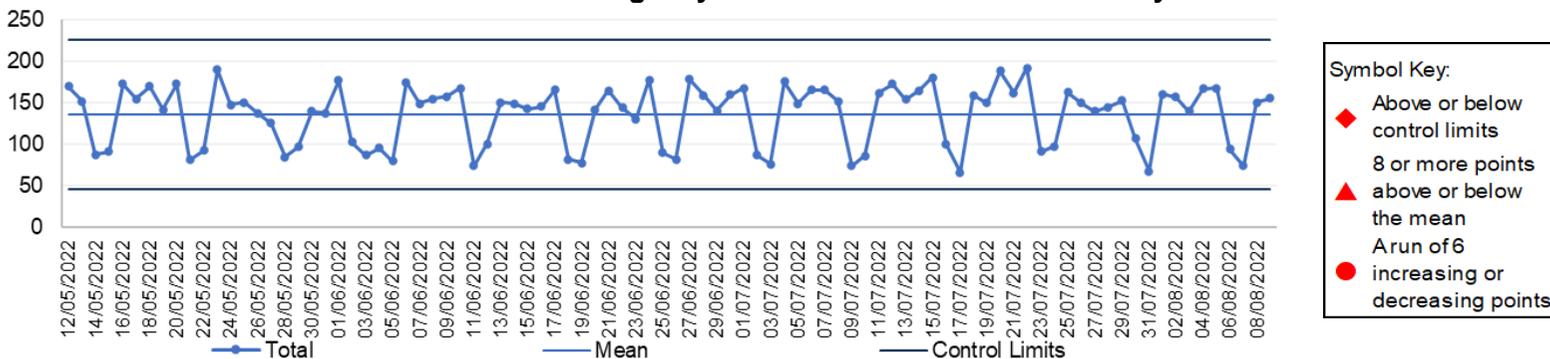
1. Number of emergency admissions- HB total



2. Number of emergency admissions- Hospital level

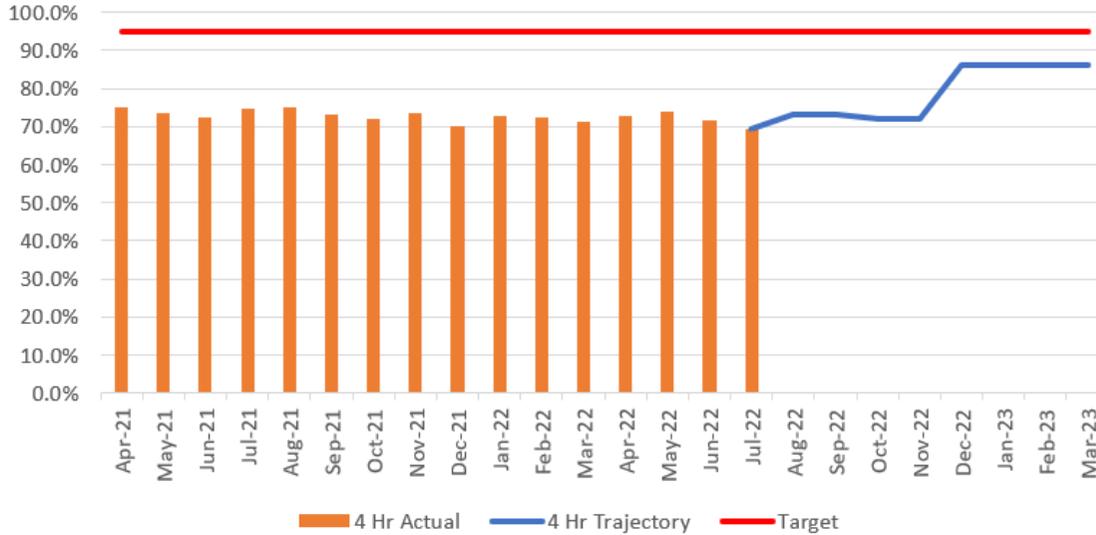


3. Number of emergency admissions- HB total last 90 days



Updates on UNSCHEDULED CARE – Performance Escalation updates

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



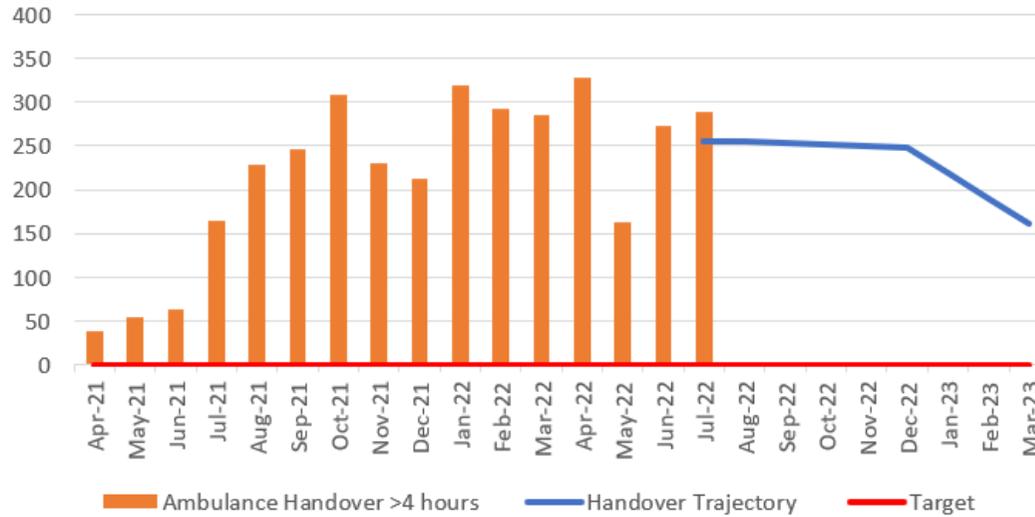
1. Performance against the 4-hour access is currently on trajectory for July 2022. ED 4-hour performance has declined by 2.16% in July 2022 to 69.43% from 71.65% in June 2022.

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



2. Performance against the 12-hour wait has declined, however it is currently performing slightly better than the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,429 in July 2022 from 1,388 in June 2022.

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has seen a continued deterioration in July 2022 with the handover times over four hours increasing to 289 in July 2022 from 273 in June 2022. The figures remain above the outlined trajectory for June 2022 which was 256.

4. Average Ambulance Handover Rate



4. The average ambulance handover rate has been steadily deteriorating in recent months, however July 2022 has seen a minor improvement, bringing the average handover rate down from 139 in June 2022 to 137 in July 2022, which is above the outlined trajectory for July 2022 (134).

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:

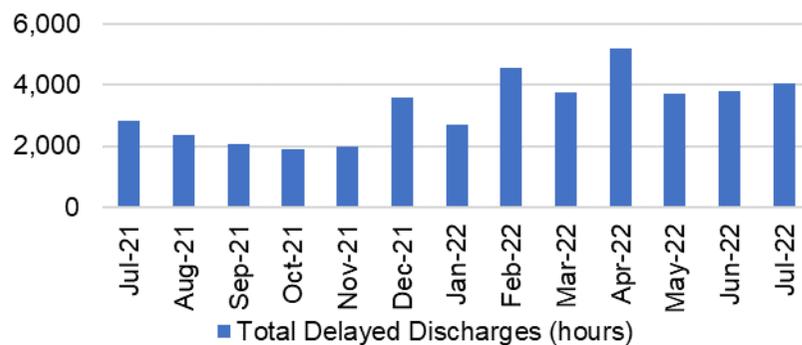
- Up to 8 hours
- Between 8 and 24 hours
- Over 24 hours

Current Performance

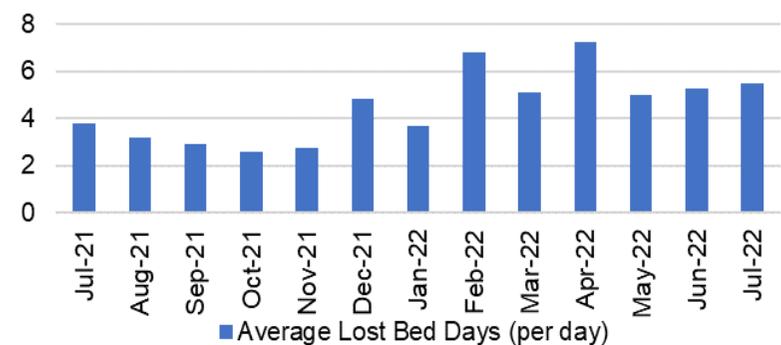
In July 2022, there were a total of 75 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is a minor increase when compared with 62 admissions in June 2022. July 2022, saw a slight increase in the number of delayed discharge hours from 3781.1 in June 2022 to 4071.2 in July 2022, with the average lost bed days also increasing to 5.47 per day. The percentage of patients delayed over 24 hours decreased from 72.73% in June 2022 to 68.85% in July 2022.

Trend

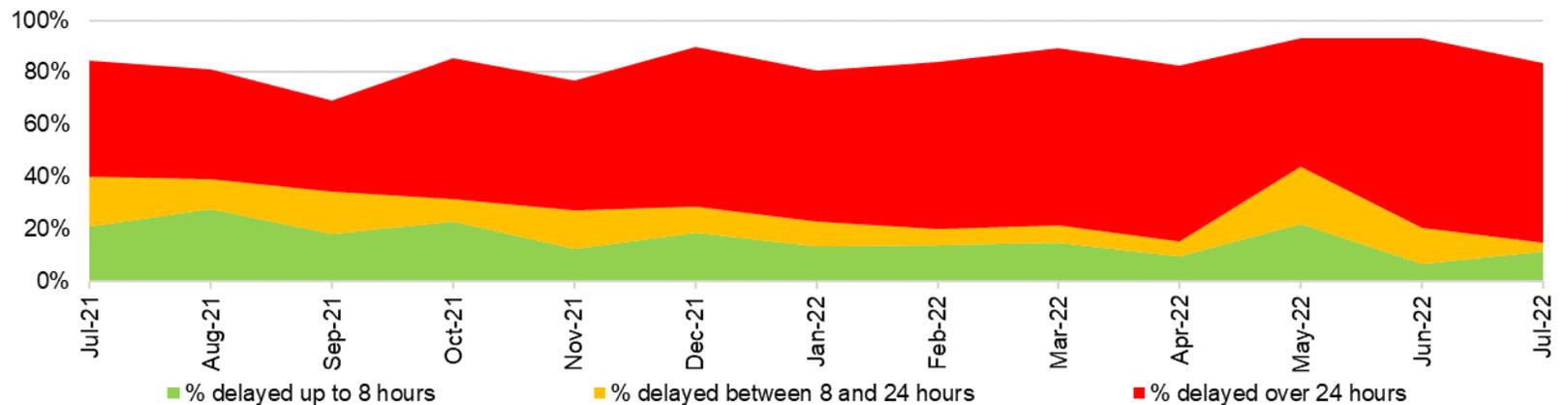
1. Total Critical Care delayed discharges (hours)



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 July 2022, there were on average 288 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In July 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 114, followed by Neath Port Talbot Hospital with 92.</p> <p>Additional pathways have been put in place for increased liaison between local authority services to encourage an increased number of discharges. Community nursing teams are reviewing ways to expand caseloads managed in the community through admission avoidance and earlier discharges.</p>	<p align="center">The number of clinically optimised patients by site</p> <table border="1"> <caption>Data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseion</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>85</td><td>55</td><td>70</td><td>10</td></tr> <tr><td>Aug-21</td><td>90</td><td>60</td><td>70</td><td>15</td></tr> <tr><td>Sep-21</td><td>105</td><td>70</td><td>85</td><td>15</td></tr> <tr><td>Oct-21</td><td>90</td><td>50</td><td>80</td><td>18</td></tr> <tr><td>Nov-21</td><td>110</td><td>60</td><td>80</td><td>15</td></tr> <tr><td>Dec-21</td><td>105</td><td>55</td><td>80</td><td>18</td></tr> <tr><td>Jan-22</td><td>110</td><td>70</td><td>90</td><td>20</td></tr> <tr><td>Feb-22</td><td>125</td><td>70</td><td>90</td><td>18</td></tr> <tr><td>Mar-22</td><td>100</td><td>55</td><td>95</td><td>25</td></tr> <tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>25</td></tr> <tr><td>May-22</td><td>115</td><td>65</td><td>85</td><td>15</td></tr> <tr><td>Jun-22</td><td>140</td><td>60</td><td>90</td><td>20</td></tr> <tr><td>Jul-22</td><td>110</td><td>60</td><td>90</td><td>20</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseion	Jul-21	85	55	70	10	Aug-21	90	60	70	15	Sep-21	105	70	85	15	Oct-21	90	50	80	18	Nov-21	110	60	80	15	Dec-21	105	55	80	18	Jan-22	110	70	90	20	Feb-22	125	70	90	18	Mar-22	100	55	95	25	Apr-22	100	65	85	25	May-22	115	65	85	15	Jun-22	140	60	90	20	Jul-22	110	60	90	20
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<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 July 2022, there were 30 elective procedures cancelled due to lack of beds on the day of surgery. This is 13 more cancellations than in July 2021.</p> <p>29 of the cancelled procedures were attributed to Morriston Hospital, with one attributed to Singleton Hospital.</p>	<p align="center">Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Aug-21</td><td>12</td><td>0</td><td>0</td></tr> <tr><td>Sep-21</td><td>30</td><td>0</td><td>0</td></tr> <tr><td>Oct-21</td><td>50</td><td>0</td><td>0</td></tr> <tr><td>Nov-21</td><td>60</td><td>0</td><td>0</td></tr> <tr><td>Dec-21</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Jan-22</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>Feb-22</td><td>25</td><td>5</td><td>0</td></tr> <tr><td>Mar-22</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Apr-22</td><td>32</td><td>0</td><td>0</td></tr> <tr><td>May-22</td><td>55</td><td>0</td><td>0</td></tr> <tr><td>Jun-22</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Jul-22</td><td>30</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Jul-21	15	0	0	Aug-21	12	0	0	Sep-21	30	0	0	Oct-21	50	0	0	Nov-21	60	0	0	Dec-21	35	0	0	Jan-22	18	0	0	Feb-22	25	5	0	Mar-22	35	0	0	Apr-22	32	0	0	May-22	55	0	0	Jun-22	35	0	0	Jul-22	30	0	0														
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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 June 2022, 89.4% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In June 2022, 33.3% of patients had surgery the day following presentation with a hip fracture. This is a 26.7% deterioration from June 2021 which was 60%</p> <p>3. NICE compliant surgery- 71.5% of operations were consistent with the NICE recommendations in June 2022. This is 0.5% more than in June 2021. In June 2022, Morriston was above the all-Wales average of 70.6%.</p> <p>4. Prompt mobilisation- In June 2022, 68.9% of patients were out of bed the day after surgery. This is 7.1% less than in June 2021.</p>	<p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p>

FRACTURED NECK OF FEMUR (#NOF)																																																										
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5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	1. Not delirious when tested- 76.6% of patients were not delirious in the week after their operation in June 2022. This is an improvement of 0.6% compared with June 2021.	<p>5. Not delirious when tested</p> <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>76.6</td><td>60.0</td><td>60.0</td></tr> <tr><td>Jul-21</td><td>76.6</td><td>60.0</td><td>60.0</td></tr> <tr><td>Aug-21</td><td>76.6</td><td>60.0</td><td>60.0</td></tr> <tr><td>Sep-21</td><td>76.6</td><td>60.0</td><td>60.0</td></tr> <tr><td>Oct-21</td><td>76.6</td><td>60.0</td><td>60.0</td></tr> <tr><td>Nov-21</td><td>76.6</td><td>60.0</td><td>60.0</td></tr> <tr><td>Dec-21</td><td>76.6</td><td>60.0</td><td>60.0</td></tr> <tr><td>Jan-22</td><td>76.6</td><td>60.0</td><td>60.0</td></tr> <tr><td>Feb-22</td><td>76.6</td><td>60.0</td><td>60.0</td></tr> <tr><td>Mar-22</td><td>76.6</td><td>60.0</td><td>60.0</td></tr> <tr><td>Apr-22</td><td>76.6</td><td>60.0</td><td>60.0</td></tr> <tr><td>May-22</td><td>76.6</td><td>60.0</td><td>60.0</td></tr> <tr><td>Jun-22</td><td>77.2</td><td>60.0</td><td>60.0</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jun-21	76.6	60.0	60.0	Jul-21	76.6	60.0	60.0	Aug-21	76.6	60.0	60.0	Sep-21	76.6	60.0	60.0	Oct-21	76.6	60.0	60.0	Nov-21	76.6	60.0	60.0	Dec-21	76.6	60.0	60.0	Jan-22	76.6	60.0	60.0	Feb-22	76.6	60.0	60.0	Mar-22	76.6	60.0	60.0	Apr-22	76.6	60.0	60.0	May-22	76.6	60.0	60.0	Jun-22	77.2	60.0	60.0
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Jun-22	77.2	60.0	60.0																																																							
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	2. Return to original residence- 63.8% of patients in June 2022 were discharged back to their original residence. This is 9.2% less than in June 2021.	<p>6. Return to original residence</p> <table border="1"> <caption>6. Return to original residence - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>63.8</td><td>70.0</td><td>70.0</td></tr> <tr><td>Jul-21</td><td>63.8</td><td>70.0</td><td>70.0</td></tr> <tr><td>Aug-21</td><td>63.8</td><td>70.0</td><td>70.0</td></tr> <tr><td>Sep-21</td><td>63.8</td><td>70.0</td><td>70.0</td></tr> <tr><td>Oct-21</td><td>63.8</td><td>70.0</td><td>70.0</td></tr> <tr><td>Nov-21</td><td>63.8</td><td>70.0</td><td>70.0</td></tr> <tr><td>Dec-21</td><td>63.8</td><td>70.0</td><td>70.0</td></tr> <tr><td>Jan-22</td><td>63.8</td><td>70.0</td><td>70.0</td></tr> <tr><td>Feb-22</td><td>63.8</td><td>70.0</td><td>70.0</td></tr> <tr><td>Mar-22</td><td>63.8</td><td>70.0</td><td>70.0</td></tr> <tr><td>Apr-22</td><td>63.8</td><td>70.0</td><td>70.0</td></tr> <tr><td>May-22</td><td>63.8</td><td>70.0</td><td>70.0</td></tr> <tr><td>Jun-22</td><td>54.6</td><td>70.0</td><td>70.0</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jun-21	63.8	70.0	70.0	Jul-21	63.8	70.0	70.0	Aug-21	63.8	70.0	70.0	Sep-21	63.8	70.0	70.0	Oct-21	63.8	70.0	70.0	Nov-21	63.8	70.0	70.0	Dec-21	63.8	70.0	70.0	Jan-22	63.8	70.0	70.0	Feb-22	63.8	70.0	70.0	Mar-22	63.8	70.0	70.0	Apr-22	63.8	70.0	70.0	May-22	63.8	70.0	70.0	Jun-22	54.6	70.0	70.0
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7. <i>30 day mortality rate</i>	<p>3. 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 - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jan-20</td><td>7.5</td><td>7.5</td><td>7.5</td></tr> <tr><td>Feb-20</td><td>7.5</td><td>7.5</td><td>7.5</td></tr> <tr><td>Mar-20</td><td>7.5</td><td>7.5</td><td>7.5</td></tr> <tr><td>Apr-20</td><td>7.5</td><td>7.5</td><td>7.5</td></tr> <tr><td>May-20</td><td>7.5</td><td>7.5</td><td>7.5</td></tr> <tr><td>Jun-20</td><td>7.5</td><td>7.5</td><td>7.5</td></tr> <tr><td>Jul-20</td><td>7.5</td><td>7.5</td><td>7.5</td></tr> <tr><td>Aug-20</td><td>7.5</td><td>7.5</td><td>7.5</td></tr> <tr><td>Sep-20</td><td>7.5</td><td>7.5</td><td>7.5</td></tr> <tr><td>Oct-20</td><td>7.5</td><td>7.5</td><td>7.5</td></tr> <tr><td>Nov-20</td><td>7.5</td><td>7.5</td><td>7.5</td></tr> <tr><td>Dec-20</td><td>7.5</td><td>7.5</td><td>7.5</td></tr> <tr><td>Jan-21</td><td>7.0</td><td>6.9</td><td>7.6</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.5	7.5	7.5	Feb-20	7.5	7.5	7.5	Mar-20	7.5	7.5	7.5	Apr-20	7.5	7.5	7.5	May-20	7.5	7.5	7.5	Jun-20	7.5	7.5	7.5	Jul-20	7.5	7.5	7.5	Aug-20	7.5	7.5	7.5	Sep-20	7.5	7.5	7.5	Oct-20	7.5	7.5	7.5	Nov-20	7.5	7.5	7.5	Dec-20	7.5	7.5	7.5	Jan-21	7.0	6.9	7.6
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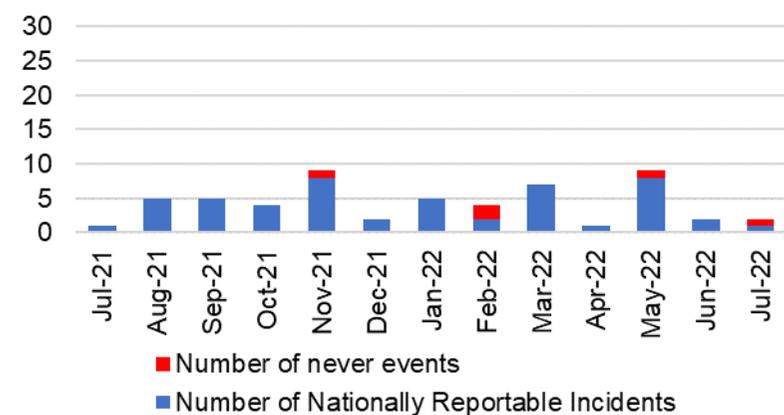
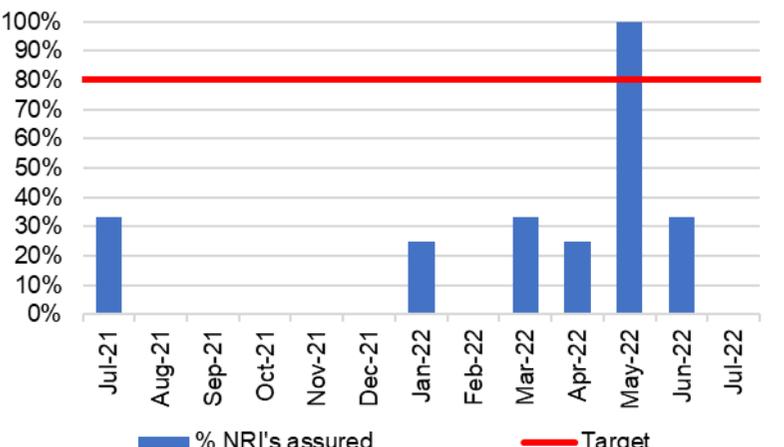
HEALTHCARE ACQUIRED INFECTIONS																																														
Description	Current Performance	Trend																																												
<p>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases</p>	<ul style="list-style-type: none"> 21 cases of <i>E. coli</i> bacteraemia were identified in July 2022, of which 3 were hospital acquired and 18 were community acquired. The Health Board total is currently the same as the Welsh Government Profile target of 21 cases for Jul 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli 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 (SBU)</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>27</td></tr> <tr><td>Aug-21</td><td>34</td></tr> <tr><td>Sep-21</td><td>21</td></tr> <tr><td>Oct-21</td><td>19</td></tr> <tr><td>Nov-21</td><td>22</td></tr> <tr><td>Dec-21</td><td>17</td></tr> <tr><td>Jan-22</td><td>15</td></tr> <tr><td>Feb-22</td><td>26</td></tr> <tr><td>Mar-22</td><td>21</td></tr> <tr><td>Apr-22</td><td>31</td></tr> <tr><td>May-22</td><td>20</td></tr> <tr><td>Jun-22</td><td>17</td></tr> <tr><td>Jul-22</td><td>21</td></tr> <tr><td>Aug-22</td><td>21</td></tr> <tr><td>Sep-22</td><td>21</td></tr> <tr><td>Oct-22</td><td>21</td></tr> <tr><td>Nov-22</td><td>21</td></tr> <tr><td>Dec-22</td><td>21</td></tr> <tr><td>Jan-23</td><td>21</td></tr> <tr><td>Feb-23</td><td>20</td></tr> <tr><td>Mar-23</td><td>20</td></tr> </tbody> </table> <p>Legend: ■ Number E.Coli cases (SBU) — Trajectory</p>	Month	Number of cases (SBU)	Jul-21	27	Aug-21	34	Sep-21	21	Oct-21	19	Nov-21	22	Dec-21	17	Jan-22	15	Feb-22	26	Mar-22	21	Apr-22	31	May-22	20	Jun-22	17	Jul-22	21	Aug-22	21	Sep-22	21	Oct-22	21	Nov-22	21	Dec-22	21	Jan-23	21	Feb-23	20	Mar-23	20
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<p>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</p>	<ul style="list-style-type: none"> There were 12 cases of Staph. aureus bacteraemia in July 2022, of which 6 were hospital acquired and 6 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for July 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>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 (SBU)</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>11</td></tr> <tr><td>Aug-21</td><td>12</td></tr> <tr><td>Sep-21</td><td>17</td></tr> <tr><td>Oct-21</td><td>18</td></tr> <tr><td>Nov-21</td><td>4</td></tr> <tr><td>Dec-21</td><td>9</td></tr> <tr><td>Jan-22</td><td>13</td></tr> <tr><td>Feb-22</td><td>10</td></tr> <tr><td>Mar-22</td><td>11</td></tr> <tr><td>Apr-22</td><td>13</td></tr> <tr><td>May-22</td><td>18</td></tr> <tr><td>Jun-22</td><td>9</td></tr> <tr><td>Jul-22</td><td>12</td></tr> <tr><td>Aug-22</td><td>6</td></tr> <tr><td>Sep-22</td><td>6</td></tr> <tr><td>Oct-22</td><td>6</td></tr> <tr><td>Nov-22</td><td>6</td></tr> <tr><td>Dec-22</td><td>5</td></tr> <tr><td>Jan-23</td><td>5</td></tr> <tr><td>Feb-23</td><td>5</td></tr> <tr><td>Mar-23</td><td>5</td></tr> </tbody> </table> <p>Legend: ■ Number of S.Aureus cases (SBU) — Trajectory</p>	Month	Number of cases (SBU)	Jul-21	11	Aug-21	12	Sep-21	17	Oct-21	18	Nov-21	4	Dec-21	9	Jan-22	13	Feb-22	10	Mar-22	11	Apr-22	13	May-22	18	Jun-22	9	Jul-22	12	Aug-22	6	Sep-22	6	Oct-22	6	Nov-22	6	Dec-22	5	Jan-23	5	Feb-23	5	Mar-23	5
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HEALTHCARE ACQUIRED INFECTIONS

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<p>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i> Number of laboratory confirmed <i>C.difficile</i> cases</p>	<ul style="list-style-type: none"> There were 16 <i>Clostridium difficile</i> toxin positive cases in July 2022, of which 10 were hospital acquired and 6 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 8 cases for July 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>23</td><td></td></tr> <tr><td>Aug-21</td><td>22</td><td></td></tr> <tr><td>Sep-21</td><td>14</td><td></td></tr> <tr><td>Oct-21</td><td>15</td><td></td></tr> <tr><td>Nov-21</td><td>20</td><td></td></tr> <tr><td>Dec-21</td><td>12</td><td></td></tr> <tr><td>Jan-22</td><td>14</td><td></td></tr> <tr><td>Feb-22</td><td>13</td><td></td></tr> <tr><td>Mar-22</td><td>18</td><td></td></tr> <tr><td>Apr-22</td><td>13</td><td>7</td></tr> <tr><td>May-22</td><td>11</td><td>8</td></tr> <tr><td>Jun-22</td><td>16</td><td>9</td></tr> <tr><td>Jul-22</td><td>16</td><td>8</td></tr> <tr><td>Aug-22</td><td></td><td>8</td></tr> <tr><td>Sep-22</td><td></td><td>9</td></tr> <tr><td>Oct-22</td><td></td><td>7</td></tr> <tr><td>Nov-22</td><td></td><td>8</td></tr> <tr><td>Dec-22</td><td></td><td>8</td></tr> <tr><td>Jan-23</td><td></td><td>8</td></tr> <tr><td>Feb-23</td><td></td><td>8</td></tr> <tr><td>Mar-23</td><td></td><td>7</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	Jul-21	23		Aug-21	22		Sep-21	14		Oct-21	15		Nov-21	20		Dec-21	12		Jan-22	14		Feb-22	13		Mar-22	18		Apr-22	13	7	May-22	11	8	Jun-22	16	9	Jul-22	16	8	Aug-22		8	Sep-22		9	Oct-22		7	Nov-22		8	Dec-22		8	Jan-23		8	Feb-23		8	Mar-23		7
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<p>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i> Number of laboratory confirmed <i>Klebsiella sp</i> cases</p>	<ul style="list-style-type: none"> There were 11 cases of <i>Klebsiella sp</i> in July 2022, 4 of which were hospital acquired and 7 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for July 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>3</td><td></td></tr> <tr><td>Aug-21</td><td>8</td><td></td></tr> <tr><td>Sep-21</td><td>11</td><td></td></tr> <tr><td>Oct-21</td><td>13</td><td></td></tr> <tr><td>Nov-21</td><td>7</td><td></td></tr> <tr><td>Dec-21</td><td>9</td><td></td></tr> <tr><td>Jan-22</td><td>5</td><td></td></tr> <tr><td>Feb-22</td><td>4</td><td></td></tr> <tr><td>Mar-22</td><td>7</td><td></td></tr> <tr><td>Apr-22</td><td>6</td><td>7</td></tr> <tr><td>May-22</td><td>8</td><td>6</td></tr> <tr><td>Jun-22</td><td>8</td><td>6</td></tr> <tr><td>Jul-22</td><td>11</td><td>6</td></tr> <tr><td>Aug-22</td><td></td><td>6</td></tr> <tr><td>Sep-22</td><td></td><td>6</td></tr> <tr><td>Oct-22</td><td></td><td>6</td></tr> <tr><td>Nov-22</td><td></td><td>6</td></tr> <tr><td>Dec-22</td><td></td><td>6</td></tr> <tr><td>Jan-23</td><td></td><td>6</td></tr> <tr><td>Feb-23</td><td></td><td>5</td></tr> <tr><td>Mar-23</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	Trajectory	Jul-21	3		Aug-21	8		Sep-21	11		Oct-21	13		Nov-21	7		Dec-21	9		Jan-22	5		Feb-22	4		Mar-22	7		Apr-22	6	7	May-22	8	6	Jun-22	8	6	Jul-22	11	6	Aug-22		6	Sep-22		6	Oct-22		6	Nov-22		6	Dec-22		6	Jan-23		6	Feb-23		5	Mar-23		5
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HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
<p>Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> There were 4 cases of <i>P.Aeruginosa</i> in July 2022, 2 of which were hospital acquired, and two were community acquired. The Health Board total is currently above the Welsh Government Profile target of 2 cumulative cases for July 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <p>Legend: ■ Number of Pseudomonas cases (SBU) — Trajectory</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
<p>Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i></p> <p><i>2. Rate of pressure ulcers per 100,000 admissions</i></p>	<ul style="list-style-type: none"> In June 2022 there were 85 cases of healthcare acquired pressure ulcers, 32 of which were community acquired and 53 were hospital acquired. There were 15 grade 3+ pressure ulcers in June 2022, of which 12 were community acquired and 3 were hospital acquired. The rate per 100,000 admissions reduced from 821 in May 2022 to 760 in June 2022. 	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <p>Legend: ■ Pressure Ulcers (Community) ▨ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>

NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p>Nationally Reportable Incidents (NRI's)-</p> <p>1. <i>The number of Nationally reportable incidents</i></p> <p>2. <i>The number of Never Events</i></p> <p>3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 1 Nationally Reportable Incidents for the month of July 2022 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - Morryston – 1 <p>2. There was one new Never Event reported in July 2022</p> <p>3. In July 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 33%.</p> <p><i>*July data not available at time of publishing*</i></p>	<p>1. and 2. Number of nationally reportable incidents and never events</p>  <p>3. % of nationally reportable incidents closed within the agreed timescales</p> 

INPATIENT FALLS																														
Description	Current Performance	Trend																												
<p>Inpatient Falls <i>The total number of inpatient falls</i></p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 174 in July 2022. This is 10% less than July 2021 where 193 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Number of Falls</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>193</td></tr> <tr><td>Aug-21</td><td>200</td></tr> <tr><td>Sep-21</td><td>210</td></tr> <tr><td>Oct-21</td><td>240</td></tr> <tr><td>Nov-21</td><td>215</td></tr> <tr><td>Dec-21</td><td>210</td></tr> <tr><td>Jan-22</td><td>195</td></tr> <tr><td>Feb-22</td><td>200</td></tr> <tr><td>Mar-22</td><td>210</td></tr> <tr><td>Apr-22</td><td>190</td></tr> <tr><td>May-22</td><td>180</td></tr> <tr><td>Jun-22</td><td>170</td></tr> <tr><td>Jul-22</td><td>174</td></tr> </tbody> </table> <p>■ Hospital falls</p>	Month	Number of Falls	Jul-21	193	Aug-21	200	Sep-21	210	Oct-21	240	Nov-21	215	Dec-21	210	Jan-22	195	Feb-22	200	Mar-22	210	Apr-22	190	May-22	180	Jun-22	170	Jul-22	174
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DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<p>Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i></p>	<p>The latest data shows that in July 2022, the percentage of completed discharge summaries was 63%.</p> <p>In July 2022, compliance ranged from 50% in Neath Port Talbot Hospital to 90% 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>Percentage</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>62%</td></tr> <tr><td>Aug-21</td><td>62%</td></tr> <tr><td>Sep-21</td><td>68%</td></tr> <tr><td>Oct-21</td><td>61%</td></tr> <tr><td>Nov-21</td><td>63%</td></tr> <tr><td>Dec-21</td><td>62%</td></tr> <tr><td>Jan-22</td><td>61%</td></tr> <tr><td>Feb-22</td><td>65%</td></tr> <tr><td>Mar-22</td><td>63%</td></tr> <tr><td>Apr-22</td><td>60%</td></tr> <tr><td>May-22</td><td>66%</td></tr> <tr><td>Jun-22</td><td>64%</td></tr> <tr><td>Jul-22</td><td>63%</td></tr> </tbody> </table> <p>■ % of completed discharge summaries</p>	Month	Percentage	Jul-21	62%	Aug-21	62%	Sep-21	68%	Oct-21	61%	Nov-21	63%	Dec-21	62%	Jan-22	61%	Feb-22	65%	Mar-22	63%	Apr-22	60%	May-22	66%	Jun-22	64%	Jul-22	63%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	<p>June 2022 reports the crude mortality rate for the Health Board at 0.85%, which is 0.01% lower than May 2022.</p> <p>A breakdown by Hospital for June 2022:</p> <ul style="list-style-type: none"> • Morriston – 1.47% • Singleton – 0.46% • NPT – 0.04% 	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Jul-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Aug-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Sep-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Oct-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Nov-21</td><td>1.8%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Dec-21</td><td>1.6%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr> <tr><td>Jan-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr> <tr><td>Feb-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr> <tr><td>Mar-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr> <tr><td>Apr-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr> <tr><td>May-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr> <tr><td>Jun-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jun-21	1.7%	0.5%	0.1%	1.0%	Jul-21	1.7%	0.5%	0.1%	1.0%	Aug-21	1.7%	0.5%	0.1%	1.0%	Sep-21	1.7%	0.5%	0.1%	1.0%	Oct-21	1.7%	0.5%	0.1%	1.0%	Nov-21	1.8%	0.5%	0.1%	1.0%	Dec-21	1.6%	0.5%	0.1%	0.9%	Jan-22	1.5%	0.5%	0.1%	0.9%	Feb-22	1.5%	0.5%	0.1%	0.9%	Mar-22	1.5%	0.5%	0.1%	0.9%	Apr-22	1.5%	0.5%	0.1%	0.9%	May-22	1.5%	0.5%	0.1%	0.9%	Jun-22	1.5%	0.5%	0.1%	0.9%
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Readmission Rates	<p>In July 2022, 20% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 1% higher than figures seen in June 2022.</p>	<p>Emergencies readmitted within 28 days of previous discharge</p> <table border="1"> <caption>Emergencies readmitted within 28 days of previous discharge</caption> <thead> <tr> <th>Month</th> <th>28 Day readmission rate (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>19%</td></tr> <tr><td>Aug-21</td><td>20%</td></tr> <tr><td>Sep-21</td><td>19%</td></tr> <tr><td>Oct-21</td><td>18%</td></tr> <tr><td>Nov-21</td><td>18%</td></tr> <tr><td>Dec-21</td><td>19%</td></tr> <tr><td>Jan-22</td><td>18%</td></tr> <tr><td>Feb-22</td><td>19%</td></tr> <tr><td>Mar-22</td><td>17%</td></tr> <tr><td>Apr-22</td><td>18%</td></tr> <tr><td>May-22</td><td>18%</td></tr> <tr><td>Jun-22</td><td>19%</td></tr> <tr><td>Jul-22</td><td>20%</td></tr> </tbody> </table>	Month	28 Day readmission rate (SBU HB)	Jul-21	19%	Aug-21	20%	Sep-21	19%	Oct-21	18%	Nov-21	18%	Dec-21	19%	Jan-22	18%	Feb-22	19%	Mar-22	17%	Apr-22	18%	May-22	18%	Jun-22	19%	Jul-22	20%																																										
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5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

		Harm from reduction in non-Covid activity															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Cancer																	
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	75%			55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	41.0%
Planned Care																	
Number of patients waiting > 26 weeks for outpatient appointment*	Morriston	0			14,080	14,661	15,092	15,906	16,385	17,204	17,859	18,220	18,351	18,976	19,498	19,662	19,516
	NPTH				271	335	407	378	387	342	186	88	0	3	18	4	2
	Singleton				8,769	8,383	8,447	8,162	7,955	7,882	7,520	7,192	6,359	6,606	6,943	7,159	7,212
	PC&CS				105	65	51	37	25	24	23	22	18	16	0	1	81
	Total				23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811
Number of patients waiting > 36 weeks for treatment*	Morriston	0			22,968	23,364	23,214	23,874	24,121	24,494	25,203	25,090	25,490	26,036	26,411	26,574	26,832
	NPTH				98	167	189	191	198	168	136	136	44	37	5	7	2
	Singleton				11,980	11,920	11,764	11,841	12,245	12,376	12,283	12,194	11,749	12,110	12,310	12,438	11,256
	PC&CS				82	53	43	35	25	22	22	22	17	15	0	1	41
	Total (inc. diagnostics > 36 wks)				35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888
Number of patients waiting > 8 weeks for a specified diagnostics*	Morriston	0			3,390	3,573	3,528	3,320	3,217	2,927	2,724	2,180	1,672	1,910	1,753	1,575	1,629
	Singleton				2,035	1,950	2,204	2,619	2,791	3,144	3,543	3,898	4,191	4,398	4,553	4,437	4,403
	Total				5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	NPTH				1	15	18	28	29	8	13	38	45	35	17	30	46
	PC&CS				150	171	302	386	600	877	1,015	888	775	644	597	579	668
	Total				151	186	320	414	629	885	1,028	926	820	679	614	609	714

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			130,208	127,391	130,963	131,554	129,255	131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982
Number of patients delayed by over 100% past their target date *	Total				31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659
Number of patients delayed past their agreed target date (booked and not booked) *	Total				60,618	54,993	60,340	60,447	56,618	58,006	58,639	58,804	58,514	60,348	60,314	61,071	61,156
Number of Ophthalmology patients without an allocated health risk factor	Total	0			539	628	702	413	528	694	288	299	639	425	246	495	270
Number of patients without a documented clinical review date	Total	0			5	6	7	3	4	2	4	1	5	5	2	4	2
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			79	245	213	89	360	291	191	251	165	106	154	130	162
	MH&LD				0	59	18	10	36	23	17	17	15	8	26	11	11
	Morrison				699	642	995	941	1,131	878	1,130	1,285	1,454	1,245	1,336	1,194	1,341
	NPTH																
	Singleton				1,029	1,106	1,452	1,118	1,602	1,580	1,727	1,485	1,737	1,648	1,932	1,727	1,931
	Total					1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292
% of patients who would recommend and highly recommend	PCCS	90%	80%		89%	94%	90%	90%	94%	90%	93%	95%	92%	94%	94%	90%	94%
	MH&LD				0%	93%	94%	90%	97%	100%	100%	100%	100%	100%	100%	100%	100%
	Morrison				93%	92%	93%	92%	93%	94%	94%	84%	86%	85%	92%	83%	84%
	NPTH																
	Singleton				91%	92%	90%	92%	94%	94%	94%	94%	94%	91%	92%	92%	92%
	Total				92%	92%	92%	92%	94%	93%	92%	90%	90%	89%	90%	88%	89%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%			95%	92%	94%	89%	97%	97%	99%	97%	96%	95%	92%	96%
	MH&LD																
	Morrison					96%	96%	94%	93%	96%	97%	89%	91%	89%	89%	82%	89%
	NPTH																
	Singleton					95%	96%	95%	93%	97%	96%	97%	97%	94%	95%	92%	94%
	Total				92%	96%	96%	93%	93%	96%	93%	91%	91%	89%	91%	91%	90%
Number of new complaints received	PCCS	12 month reduction trend			18	8	11	12	16	9	15	19	23	16	34		
	MH&LD			24	13	12	13	13	9	19	16	15	10	14			
	Morrison			51	50	61	57	66	42	53	49	52	54	69			
	NPTH			6	6	6	6	8	3	7	13	3	6	4			
	Singleton			28	32	21	33	26	20	21	36	51	28	46			
	Total			139	115	115	134	159	115	124	139	156	123	176			
% 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%		54%	75%	73%	83%	88%	78%	67%	68%	87%	94%	88%		
	MH&LD				58%	62%	92%	69%	31%	78%	58%	38%	60%	70%	43%		
	Morrison				76%	94%	84%	70%	73%	69%	74%	78%	73%	83%	74%		
	NPTH				100%	67%	50%	83%	75%	67%	29%	62%	67%	83%	50%		
	Singleton				54%	81%	52%	48%	54%	50%	43%	50%	43%	57%	54%		
	Total				69%	83%	75%	67%	69%	68%	63%	64%	65%	76%	69%		

5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	July 2022 has seen a reduction in referral figures compared with June 2022 (13,050). Referral rates have continued to rise slowly since December 2021, with 12,548 received in July 2022. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.
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>■ Routine ■ Urgent</p> </div> <div style="width: 45%;"> <p>2. Number of stage 1 additions per week</p> <p>— Additions to outpatients (stage 1) waiting list</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>■ STAGE 1 ■ STAGE 2 ■ STAGE 3 ■ STAGE 4 ■ STAGE 5</p>
4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at July 2022</i>	<p>4. Total size of the waiting list and movement (July 2022)</p> <p>■ STAGE 1 ■ STAGE 2 ■ STAGE 3 ■ STAGE 4 ■ STAGE 5</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

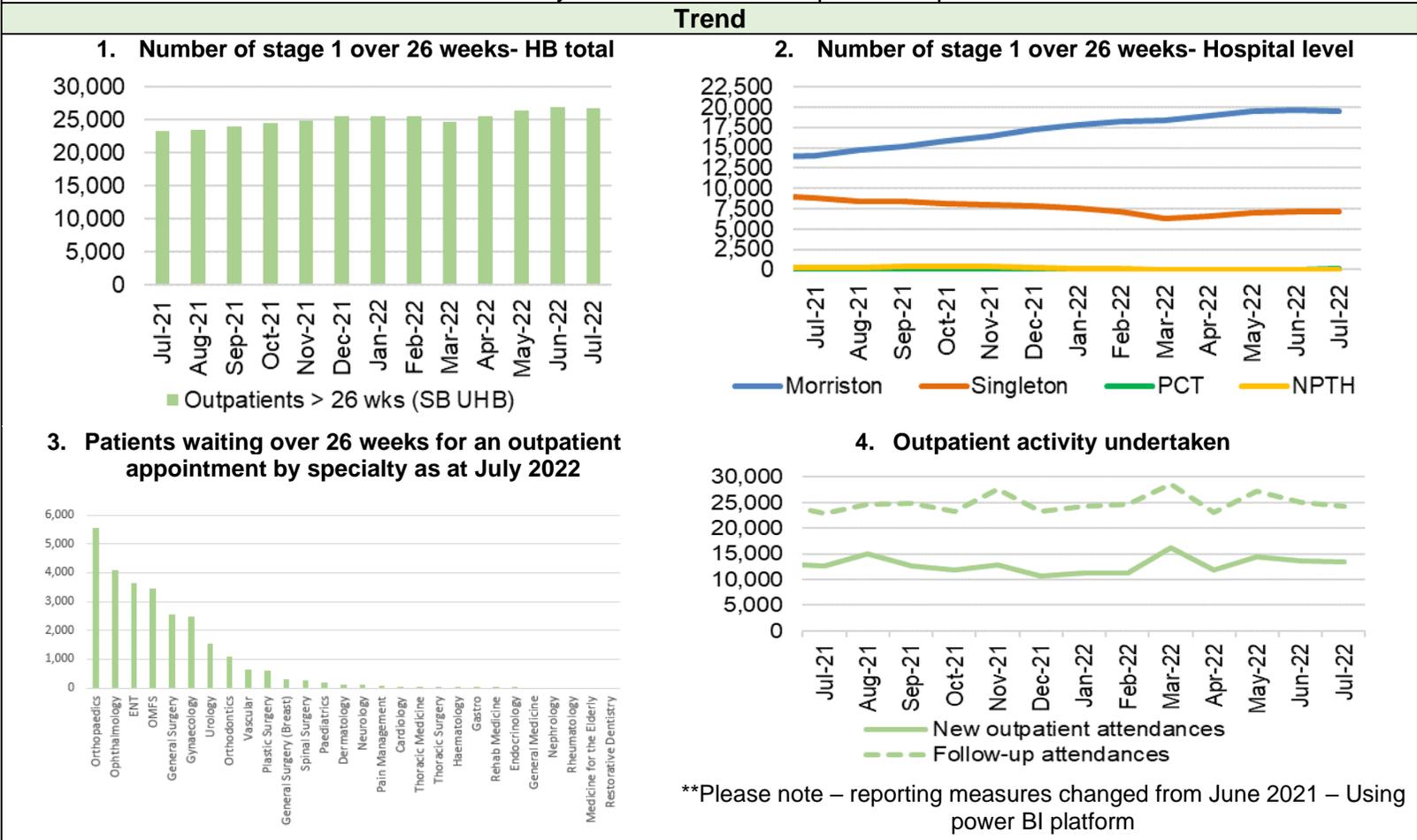
2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level

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. July 2022 saw an in-month reduction of 0.06% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 26,826 in June 2022 to 26,811 in July 2022. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and ENT. Chart 4 shows that the number of attendances has remained steady in recent months despite the impact of the recent Covid wave.



PLANNED CARE

Description

Patients waiting over 36 weeks for treatment

1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total

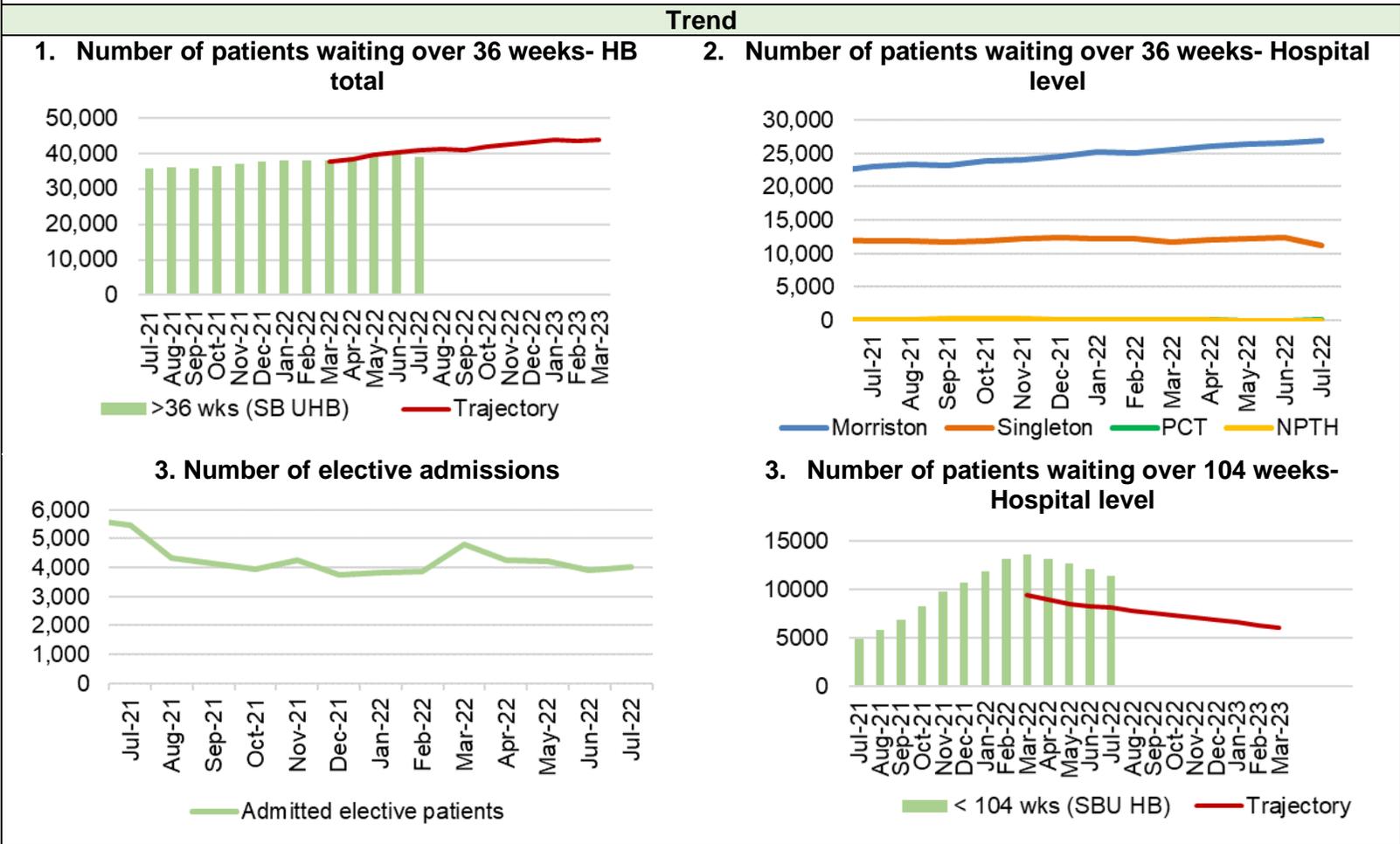
2. Number of patients waiting more than 36 weeks for treatment

3. Number of elective admissions

4. Number of patients waiting more than 104 weeks for treatment

Current Performance

The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In July 2022, there were 38,888 patients waiting over 36 weeks which is a 2.2% in-month reduction from June 2022. 27,681 of the 38,888 were waiting over 52 weeks in July 2022. In July 2022, there were 11,400 patients waiting over 104 weeks for treatment, which is a 6% reduction from June 2022.



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 July 2022, 51.8% of patients were waiting under 26 weeks from referral to treatment, which is 1% more than those seen in June 2022.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table border="1"> <caption>Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>PCT</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>45%</td><td>50%</td><td>55%</td><td>85%</td></tr> <tr><td>Aug-21</td><td>45%</td><td>50%</td><td>65%</td><td>80%</td></tr> <tr><td>Sep-21</td><td>45%</td><td>50%</td><td>75%</td><td>75%</td></tr> <tr><td>Oct-21</td><td>45%</td><td>50%</td><td>75%</td><td>75%</td></tr> <tr><td>Nov-21</td><td>45%</td><td>50%</td><td>80%</td><td>70%</td></tr> <tr><td>Dec-21</td><td>45%</td><td>50%</td><td>80%</td><td>75%</td></tr> <tr><td>Jan-22</td><td>45%</td><td>50%</td><td>80%</td><td>75%</td></tr> <tr><td>Feb-22</td><td>45%</td><td>50%</td><td>85%</td><td>80%</td></tr> <tr><td>Mar-22</td><td>45%</td><td>50%</td><td>85%</td><td>95%</td></tr> <tr><td>Apr-22</td><td>45%</td><td>50%</td><td>85%</td><td>95%</td></tr> <tr><td>May-22</td><td>45%</td><td>50%</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>45%</td><td>50%</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>45%</td><td>55%</td><td>80%</td><td>100%</td></tr> </tbody> </table>	Month	Morriston	Singleton	PCT	NPTH	Jul-21	45%	50%	55%	85%	Aug-21	45%	50%	65%	80%	Sep-21	45%	50%	75%	75%	Oct-21	45%	50%	75%	75%	Nov-21	45%	50%	80%	70%	Dec-21	45%	50%	80%	75%	Jan-22	45%	50%	80%	75%	Feb-22	45%	50%	85%	80%	Mar-22	45%	50%	85%	95%	Apr-22	45%	50%	85%	95%	May-22	45%	50%	95%	95%	Jun-22	45%	50%	95%	95%	Jul-22	45%	55%	80%	100%
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<p>Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i></p>	<p>In July 2022, 65.6% 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 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>60%</td></tr> <tr><td>Aug-21</td><td>60%</td></tr> <tr><td>Sep-21</td><td>55%</td></tr> <tr><td>Oct-21</td><td>60%</td></tr> <tr><td>Nov-21</td><td>60%</td></tr> <tr><td>Dec-21</td><td>60%</td></tr> <tr><td>Jan-22</td><td>60%</td></tr> <tr><td>Feb-22</td><td>60%</td></tr> <tr><td>Mar-22</td><td>60%</td></tr> <tr><td>Apr-22</td><td>60%</td></tr> <tr><td>May-22</td><td>65%</td></tr> <tr><td>Jun-22</td><td>65%</td></tr> <tr><td>Jul-22</td><td>65.6%</td></tr> </tbody> </table> <p>Target: 100%</p>	Month	% of ophthalmology R1 appointments	Jul-21	60%	Aug-21	60%	Sep-21	55%	Oct-21	60%	Nov-21	60%	Dec-21	60%	Jan-22	60%	Feb-22	60%	Mar-22	60%	Apr-22	60%	May-22	65%	Jun-22	65%	Jul-22	65.6%																																										
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<p>Theatre Efficiency</p> <p>1. Theatre Utilisation Rates</p> <p>2. % of theatre sessions starting late</p> <p>3. % of theatre sessions finishing early</p> <p>4. % of theatre sessions cancelled at short notice (<28 days)</p> <p>5. % of operations cancelled on the day</p>	<p>In July 2022 the Theatre Utilisation rate was 72%. This is an in-month deterioration of 9% and the same than rates seen in July 2021.</p> <p>40% of theatre sessions started late in July 2022. This is a 3% improvement on performance in June 2022 (43%).</p> <p>In July 2022, 46% of theatre sessions finished early. This is 3% higher than figures seen in June 2022 and 2% lower than those seen in July 2021</p> <p>11% of theatre sessions were cancelled at short notice in July 2022. This is 8% higher than figures reported in June 2022 and is 4% higher than figures seen in July 2021.</p> <p>Of the operations cancelled in July 2022, 27% of them were cancelled on the day. This is an improvement from 39% in June 2022.</p>	<p>1. Theatre Utilisation Rates</p> <table border="1"> <caption>1. Theatre Utilisation Rates (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>72</td></tr> <tr><td>Aug-21</td><td>70</td></tr> <tr><td>Sep-21</td><td>72</td></tr> <tr><td>Oct-21</td><td>68</td></tr> <tr><td>Nov-21</td><td>68</td></tr> <tr><td>Dec-21</td><td>62</td></tr> <tr><td>Jan-22</td><td>72</td></tr> <tr><td>Feb-22</td><td>70</td></tr> <tr><td>Mar-22</td><td>72</td></tr> <tr><td>Apr-22</td><td>70</td></tr> <tr><td>May-22</td><td>75</td></tr> <tr><td>Jun-22</td><td>78</td></tr> <tr><td>Jul-22</td><td>72</td></tr> </tbody> </table> <p>2. and 3. % theatre sessions starting late/finishing</p> <table border="1"> <caption>2. and 3. % theatre sessions starting late/finishing (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>72</td></tr> <tr><td>Aug-21</td><td>70</td></tr> <tr><td>Sep-21</td><td>72</td></tr> <tr><td>Oct-21</td><td>68</td></tr> <tr><td>Nov-21</td><td>68</td></tr> <tr><td>Dec-21</td><td>62</td></tr> <tr><td>Jan-22</td><td>72</td></tr> <tr><td>Feb-22</td><td>70</td></tr> <tr><td>Mar-22</td><td>72</td></tr> <tr><td>Apr-22</td><td>70</td></tr> <tr><td>May-22</td><td>75</td></tr> <tr><td>Jun-22</td><td>78</td></tr> <tr><td>Jul-22</td><td>72</td></tr> </tbody> </table> <p>4.% theatre sessions cancelled at short notice (<28 days)</p> <table border="1"> <caption>4.% theatre sessions cancelled at short notice (<28 days)</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>NPTH (%)</th> <th>Singleton (%)</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>10</td><td>12</td><td>5</td></tr> <tr><td>Aug-21</td><td>15</td><td>10</td><td>5</td></tr> <tr><td>Sep-21</td><td>10</td><td>14</td><td>5</td></tr> <tr><td>Oct-21</td><td>10</td><td>13</td><td>5</td></tr> <tr><td>Nov-21</td><td>10</td><td>16</td><td>5</td></tr> <tr><td>Dec-21</td><td>10</td><td>14</td><td>5</td></tr> <tr><td>Jan-22</td><td>10</td><td>14</td><td>5</td></tr> <tr><td>Feb-22</td><td>10</td><td>14</td><td>5</td></tr> <tr><td>Mar-22</td><td>10</td><td>15</td><td>5</td></tr> <tr><td>Apr-22</td><td>10</td><td>16</td><td>5</td></tr> <tr><td>May-22</td><td>10</td><td>10</td><td>5</td></tr> <tr><td>Jun-22</td><td>10</td><td>5</td><td>5</td></tr> <tr><td>Jul-22</td><td>10</td><td>20</td><td>5</td></tr> </tbody> </table> <p>5. % of operations cancelled on the day</p> <table border="1"> <caption>5. % of operations cancelled on the day</caption> <thead> <tr> <th>Month</th> <th>% operations cancelled on the day (%)</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>40</td></tr> <tr><td>Aug-21</td><td>40</td></tr> <tr><td>Sep-21</td><td>42</td></tr> <tr><td>Oct-21</td><td>42</td></tr> <tr><td>Nov-21</td><td>40</td></tr> <tr><td>Dec-21</td><td>38</td></tr> <tr><td>Jan-22</td><td>35</td></tr> <tr><td>Feb-22</td><td>35</td></tr> <tr><td>Mar-22</td><td>35</td></tr> <tr><td>Apr-22</td><td>38</td></tr> <tr><td>May-22</td><td>42</td></tr> <tr><td>Jun-22</td><td>40</td></tr> <tr><td>Jul-22</td><td>27</td></tr> </tbody> </table>	Month	Utilisation Rate (%)	Jul-21	72	Aug-21	70	Sep-21	72	Oct-21	68	Nov-21	68	Dec-21	62	Jan-22	72	Feb-22	70	Mar-22	72	Apr-22	70	May-22	75	Jun-22	78	Jul-22	72	Month	Utilisation Rate (%)	Jul-21	72	Aug-21	70	Sep-21	72	Oct-21	68	Nov-21	68	Dec-21	62	Jan-22	72	Feb-22	70	Mar-22	72	Apr-22	70	May-22	75	Jun-22	78	Jul-22	72	Month	Morriston (%)	NPTH (%)	Singleton (%)	Jul-21	10	12	5	Aug-21	15	10	5	Sep-21	10	14	5	Oct-21	10	13	5	Nov-21	10	16	5	Dec-21	10	14	5	Jan-22	10	14	5	Feb-22	10	14	5	Mar-22	10	15	5	Apr-22	10	16	5	May-22	10	10	5	Jun-22	10	5	5	Jul-22	10	20	5	Month	% operations cancelled on the day (%)	Jul-21	40	Aug-21	40	Sep-21	42	Oct-21	42	Nov-21	40	Dec-21	38	Jan-22	35	Feb-22	35	Mar-22	35	Apr-22	38	May-22	42	Jun-22	40	Jul-22	27
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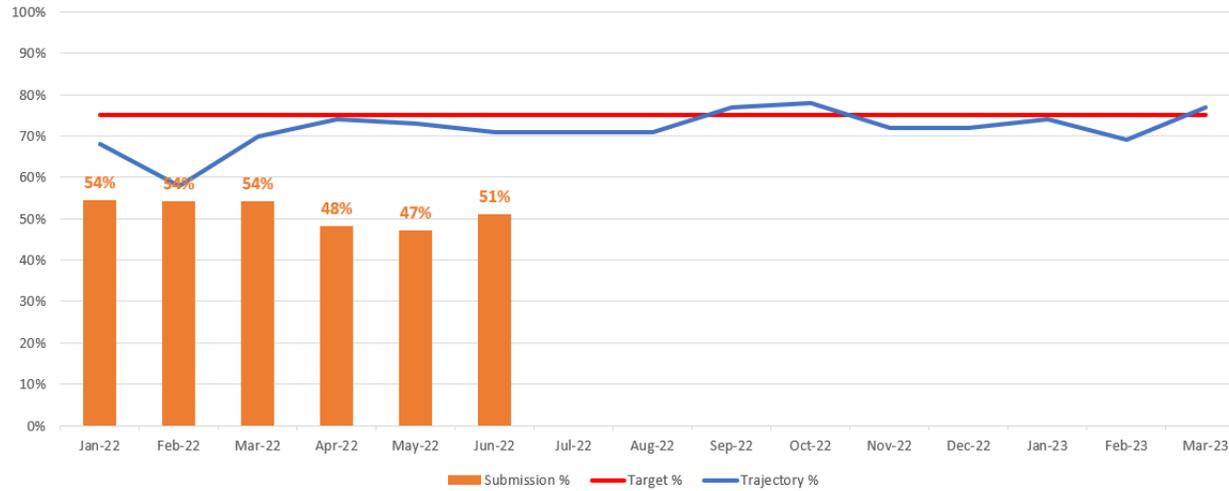
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<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In July 2022, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,012 in June 2022 to 6,032.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for July 2022:</p> <ul style="list-style-type: none"> • Endoscopy= 4,403 • Cardiac tests= 950 • Other Diagnostics = 675 <p>Actions of Improvement; Endoscopy waits have reduced this month and the figures are in line with the recently revised trajectory which indicates that the improvements will continue into the financial year. The Endoscopy team have implemented several actions to support future improvement, which include increasing list capacity, increasing insourcing and outsourcing sessions, along with an ongoing clinical validation project.</p>	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <table border="1"> <caption>Number of patients waiting longer than 8 weeks for diagnostics</caption> <thead> <tr> <th>Month</th> <th>Cardiac tests</th> <th>Endoscopy</th> <th>Other diagnostics (inc. radiology)</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>1,800</td><td>2,000</td><td>1,200</td></tr> <tr><td>Aug-21</td><td>1,800</td><td>1,800</td><td>1,400</td></tr> <tr><td>Sep-21</td><td>1,800</td><td>2,000</td><td>1,400</td></tr> <tr><td>Oct-21</td><td>1,800</td><td>2,200</td><td>1,400</td></tr> <tr><td>Nov-21</td><td>1,800</td><td>2,200</td><td>1,400</td></tr> <tr><td>Dec-21</td><td>1,800</td><td>2,400</td><td>1,400</td></tr> <tr><td>Jan-22</td><td>1,800</td><td>2,400</td><td>1,400</td></tr> <tr><td>Feb-22</td><td>1,800</td><td>2,400</td><td>1,400</td></tr> <tr><td>Mar-22</td><td>1,800</td><td>2,400</td><td>1,400</td></tr> <tr><td>Apr-22</td><td>1,800</td><td>2,400</td><td>1,400</td></tr> <tr><td>May-22</td><td>1,800</td><td>2,400</td><td>1,400</td></tr> <tr><td>Jun-22</td><td>1,800</td><td>2,400</td><td>1,400</td></tr> <tr><td>Jul-22</td><td>1,800</td><td>2,400</td><td>1,400</td></tr> </tbody> </table> <p>Legend: Other diagnostics (inc. radiology) (green), Endoscopy (red), Cardiac tests (blue)</p>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Jul-21	1,800	2,000	1,200	Aug-21	1,800	1,800	1,400	Sep-21	1,800	2,000	1,400	Oct-21	1,800	2,200	1,400	Nov-21	1,800	2,200	1,400	Dec-21	1,800	2,400	1,400	Jan-22	1,800	2,400	1,400	Feb-22	1,800	2,400	1,400	Mar-22	1,800	2,400	1,400	Apr-22	1,800	2,400	1,400	May-22	1,800	2,400	1,400	Jun-22	1,800	2,400	1,400	Jul-22	1,800	2,400	1,400																																										
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<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In July 2022 there were 714 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in July 2022 are:</p> <ul style="list-style-type: none"> • Podiatry = 607 ^ • Speech & Language Therapy= 61 • Dietetics = 46 ^ <p>Actions of Improvement; Podiatry performance has declined this month and a request has been made to review the current recovery plan to further support performance improvement. Specifically within Nutrition & Dietetics, figures have risen slightly, however the individual teams are reviewing the demand and capacity to support recovery</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <table border="1"> <caption>Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Occ Therapy/ LD (MH)</th> <th>Occ Therapy (exc. MH)</th> <th>Audiology</th> <th>Dietetics</th> <th>Phsyio</th> <th>Podiatry</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Aug-21</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Sep-21</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Oct-21</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Nov-21</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Dec-21</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jan-22</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Feb-22</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Mar-22</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Apr-22</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>May-22</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jun-22</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jul-22</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> </tbody> </table> <p>Legend: Occ Therapy/ LD (MH) (blue), Occ Therapy (exc. MH) (green), Audiology (light blue), Dietetics (red), Phsyio (purple), Podiatry (orange)</p>	Month	Occ Therapy/ LD (MH)	Occ Therapy (exc. MH)	Audiology	Dietetics	Phsyio	Podiatry	Jul-21	100	0	0	0	0	0	Aug-21	100	0	0	0	0	0	Sep-21	100	0	0	0	0	0	Oct-21	100	0	0	0	0	0	Nov-21	100	0	0	0	0	0	Dec-21	100	0	0	0	0	0	Jan-22	100	0	0	0	0	0	Feb-22	100	0	0	0	0	0	Mar-22	100	0	0	0	0	0	Apr-22	100	0	0	0	0	0	May-22	100	0	0	0	0	0	Jun-22	100	0	0	0	0	0	Jul-22	100	0	0	0	0	0
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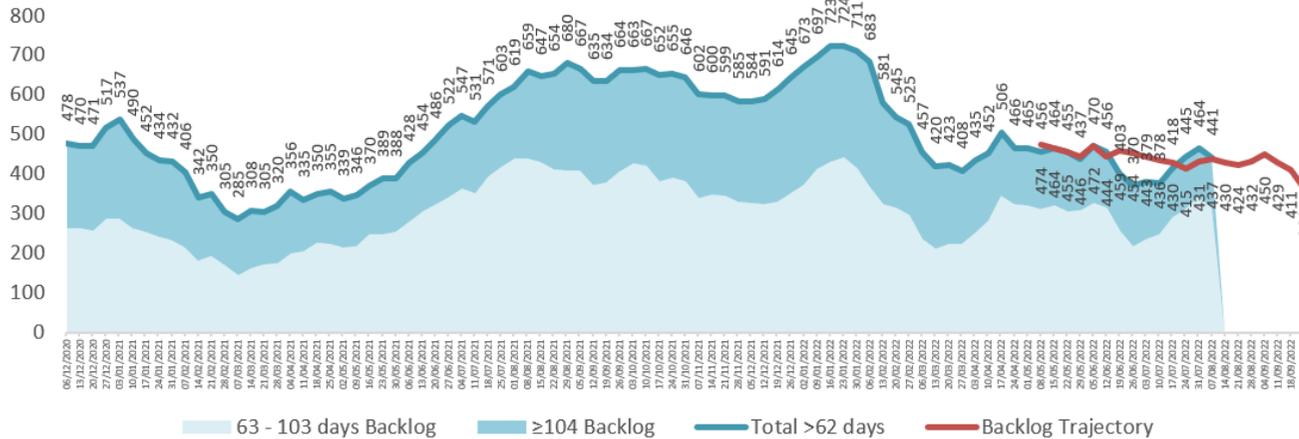
Cancer Services – Performance Escalation Updates

1.SCP performance trajectory



Proposed backlog improvements to support SCP performance

Backlog



1. The final SCP performance for June 2022 was 51%, which is continues to stay below the submitted trajectory, however it is an improvement on the previous months' performance in May 2022.

2. Backlog figures have seen a slight increase in recent weeks; however figures are beginning to reduce once again and remain in line with the trajectory. The total backlog at 07/08/2022 was 441.

FOLLOW-UP APPOINTMENTS																																																																																																
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<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In July 2022, the overall size of the follow-up waiting list increased by 547 patients compared with June 2022 (from 136,435 to 136,982).</p> <p>In July 2022, there was a total of 61,156 patients waiting for a follow-up past their target date. This is a slight in-month increase of 0.1% (from 61,071 in June 2022 to 61,156 in July 2022).</p> <p>Of the 61,156 delayed follow-ups in July 2022, 11,827 had appointment dates and 49,329 were still waiting for an appointment.</p> <p>In addition, 35,659 patients were waiting 100%+ over target date in July 2022. This is a 1.6% increase when compared with June 2022.</p> <p>Actions of Improvement; Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach. This has not yet commenced but it is anticipated to start during September 2022, once the procurement process has been completed</p>	<p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>Data for Chart 1: Total number of patients waiting for a follow-up</caption> <thead> <tr> <th>Month</th> <th>Number of patients waiting for follow-up (SBU HB)</th> </tr> </thead> <tbody> <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>125,000</td></tr> <tr><td>Jan-22</td><td>125,000</td></tr> <tr><td>Feb-22</td><td>125,000</td></tr> <tr><td>Mar-22</td><td>125,000</td></tr> <tr><td>Apr-22</td><td>125,000</td></tr> <tr><td>May-22</td><td>125,000</td></tr> <tr><td>Jun-22</td><td>125,000</td></tr> <tr><td>Jul-22</td><td>130,000</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>Data for Chart 2: Delayed follow-ups: Number of patients waiting 100% over target</caption> <thead> <tr> <th>Month</th> <th>Number of patients waiting 100% over target date (SBU HB)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>30,000</td><td>-</td></tr> <tr><td>Aug-21</td><td>30,000</td><td>-</td></tr> <tr><td>Sep-21</td><td>30,000</td><td>-</td></tr> <tr><td>Oct-21</td><td>30,000</td><td>-</td></tr> <tr><td>Nov-21</td><td>30,000</td><td>-</td></tr> <tr><td>Dec-21</td><td>30,000</td><td>-</td></tr> <tr><td>Jan-22</td><td>30,000</td><td>-</td></tr> <tr><td>Feb-22</td><td>30,000</td><td>-</td></tr> <tr><td>Mar-22</td><td>30,000</td><td>25,000</td></tr> <tr><td>Apr-22</td><td>30,000</td><td>24,000</td></tr> <tr><td>May-22</td><td>30,000</td><td>23,000</td></tr> <tr><td>Jun-22</td><td>30,000</td><td>22,000</td></tr> <tr><td>Jul-22</td><td>30,000</td><td>21,000</td></tr> <tr><td>Aug-22</td><td>30,000</td><td>20,000</td></tr> <tr><td>Sep-22</td><td>30,000</td><td>20,000</td></tr> <tr><td>Oct-22</td><td>30,000</td><td>20,000</td></tr> <tr><td>Nov-22</td><td>30,000</td><td>20,000</td></tr> <tr><td>Dec-22</td><td>30,000</td><td>20,000</td></tr> <tr><td>Jan-23</td><td>30,000</td><td>20,000</td></tr> <tr><td>Feb-23</td><td>30,000</td><td>20,000</td></tr> <tr><td>Mar-23</td><td>30,000</td><td>20,000</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>	Month	Number of patients waiting for follow-up (SBU HB)	Jul-21	125,000	Aug-21	125,000	Sep-21	125,000	Oct-21	125,000	Nov-21	125,000	Dec-21	125,000	Jan-22	125,000	Feb-22	125,000	Mar-22	125,000	Apr-22	125,000	May-22	125,000	Jun-22	125,000	Jul-22	130,000	Month	Number of patients waiting 100% over target date (SBU HB)	Trajectory	Jul-21	30,000	-	Aug-21	30,000	-	Sep-21	30,000	-	Oct-21	30,000	-	Nov-21	30,000	-	Dec-21	30,000	-	Jan-22	30,000	-	Feb-22	30,000	-	Mar-22	30,000	25,000	Apr-22	30,000	24,000	May-22	30,000	23,000	Jun-22	30,000	22,000	Jul-22	30,000	21,000	Aug-22	30,000	20,000	Sep-22	30,000	20,000	Oct-22	30,000	20,000	Nov-22	30,000	20,000	Dec-22	30,000	20,000	Jan-23	30,000	20,000	Feb-23	30,000	20,000	Mar-23	30,000	20,000
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PATIENT EXPERIENCE		
Description	Current Performance	Trend
<p>Patient experience</p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p>	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in July 2022 was 89% and 3,391 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,931 surveys in July 2022, with a recommended score of 92%. Morrison Hospital completed 1,341 surveys in July 2022, with a recommended score of 84%. Primary & Community Care completed 162 surveys for July 2022, with a recommended score of 94%. The Mental Health Service Group completed 11 surveys for July 2022, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p>

COMPLAINTS

Description	Current Performance	Trend												
<p>Patient concerns</p> <p><i>1. Number of formal complaints received</i></p> <p><i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p>	<p>1. In May 2022, the Health Board received 176 formal complaints; this is a 30% increase on the number seen in April 2022.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 69% in May 2022, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th></th> <th style="text-align: center;">30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td style="text-align: center;">50%</td> </tr> <tr> <td>Morrison Hospital</td> <td style="text-align: center;">74%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td style="text-align: center;">43%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td style="text-align: center;">88%</td> </tr> <tr> <td>Singleton Hospital</td> <td style="text-align: center;">54%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	50%	Morrison Hospital	74%	Mental Health & Learning Disabilities	43%	Primary, Community and Therapies	88%	Singleton Hospital	54%	<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	50%													
Morrison Hospital	74%													
Mental Health & Learning Disabilities	43%													
Primary, Community and Therapies	88%													
Singleton Hospital	54%													

6.1 Overview

		Harm from wider societal actions/lockdown														
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU											
					Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Childhood immunisations																
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		96.6%		97.0%		96.2%							
	Swansea				95.9%		95.5%		95.7%							
	HB Total				96.2%		96.1%		95.9%							
% children who received MenB2 vaccine by age 1	NPT	95%	90%		96.6%		96.7%		96.5%							
	Swansea				95.5%		95.1%		95.3%							
	HB Total				95.9%		95.7%		95.8%							
% children who received PCV2 vaccine by age 1	NPT	95%	90%		98.2%		98.7%		97.4%							
	Swansea				96.8%		96.3%		97.0%							
	HB Total				97.3%		97.2%		97.2%							
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		96.6%		96.3%		95.8%							
	Swansea				94.4%		94.1%		94.6%							
	HB Total				95.2%		94.9%		95.1%							
% children who received MMR1 vaccine by age 2	NPT	95%	90%		94.3%		95.2%		94.5%							
	Swansea				93.8%		93.0%		93.6%							
	HB Total				94.0%		93.8%		93.9%							
% children who received PCVf3 vaccine by age 2	NPT	95%	90%		95.6%		94.6%		93.9%							
	Swansea				93.0%		93.3%		92.6%							
	HB Total				93.9%		93.8%		93.1%							
% children who received MenB4 vaccine by age 2	NPT	95%	90%		95.3%		94.9%		94.2%							
	Swansea				93.0%		93.3%		92.8%							
	HB Total				93.8%		93.9%		93.3%							
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		95.3%		94.3%		93.6%							
	Swansea				93.5%		92.3%		93.2%							
	HB Total				94.1%		93.0%		93.3%							

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
% children who are up to date in schedule by age 4	NPT	95%	90%		86.4%	86.4%	86.4%	86.4%	86.4%	86.4%	86.4%	86.4%	86.4%	86.4%	86.4%	86.4%	86.4%
	Swansea				88.3%	88.3%	88.3%	88.3%	88.3%	88.3%	88.3%	88.3%	88.3%	88.3%	88.3%	88.3%	88.3%
	HB Total				87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%
	Swansea				90.3%	90.3%	90.3%	90.3%	90.3%	90.3%	90.3%	90.3%	90.3%	90.3%	90.3%	90.3%	90.3%
	HB Total				89.8%	89.8%	89.8%	89.8%	89.8%	89.8%	89.8%	89.8%	89.8%	89.8%	89.8%	89.8%	89.8%
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%
	Swansea				92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
	HB Total				91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%
% children who received MMR vaccination by age 16	NPT	95%	90%		94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%
	Swansea				90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
	HB Total				91.6%	91.6%	91.6%	91.6%	91.6%	91.6%	91.6%	91.6%	91.6%	91.6%	91.6%	91.6%	91.6%
% children who received teenage booster by age 16	NPT	90%	85%		90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%
	Swansea				90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
	HB Total				90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%
% children who received MenACWY vaccine by age 16	NPT	Improve			90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%
	Swansea				90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%	90.4%
	HB Total				90.6%	90.6%	90.6%	90.6%	90.6%	90.6%	90.6%	90.6%	90.6%	90.6%	90.6%	90.6%	90.6%
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Mental Health Services																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			79%	100%	95%	97%	97%	100%	100%	100%	100%	100%	100%	100%	100%
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			41%	48%	40%	40%	34%	22%	28%	27%	29%	18%	40%	33%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			29%	37%	89%	65%	36%	43%	28%	24%	36%	23%	23%	22%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			29%	32%	41%	3%	3%	2%	27%	26%	30%	19%	41%	41%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	> 18 years old	80%			98%	100%	96%	98%	98%	95%	95%	99%	96%	97%	98%	96%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			100%	82%	35%	0%	64%	50%	39%	67%	78%	51%	51%	38%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			97%	100%	90%	98%	96%	100%	99%	100%	98%	96%	97%	100%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			34%	27%	34%	34%	37%	37%	33%	33%	35%	35%	36%	47%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%			81%	65%	84%	84%	84%	84%	89%	88%	100%	87%	97%	100%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%			88%	84%	84%	83%	81%	80%	81%	85%	89%	88%	89%	89%	

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 June 2022, 96% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In June 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in June 2022.</p> <p>4. In June 2022, 99.5% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (> 18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>96%</td><td>75%</td></tr> <tr><td>Jul-21</td><td>96%</td><td>75%</td></tr> <tr><td>Aug-21</td><td>96%</td><td>75%</td></tr> <tr><td>Sep-21</td><td>96%</td><td>75%</td></tr> <tr><td>Oct-21</td><td>96%</td><td>75%</td></tr> <tr><td>Nov-21</td><td>96%</td><td>75%</td></tr> <tr><td>Dec-21</td><td>96%</td><td>75%</td></tr> <tr><td>Jan-22</td><td>96%</td><td>75%</td></tr> <tr><td>Feb-22</td><td>96%</td><td>75%</td></tr> <tr><td>Mar-22</td><td>96%</td><td>75%</td></tr> <tr><td>Apr-22</td><td>96%</td><td>75%</td></tr> <tr><td>May-22</td><td>96%</td><td>75%</td></tr> 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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 June 2022, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 22% of routine assessments were undertaken within 28 days from referral in June 2022 against a target of 80%.</p> <p>3. 38% of therapeutic interventions were started within 28 days following assessment by LPMHSS in June 2022.</p> <p>4. 47% of NDD patients received a diagnostic assessment within 26 weeks in June 2022 against a target of 80%.</p> <p>5. 41% of routine assessments by SCAMHS were undertaken within 28 days in June 2022</p>	<p align="center">1. Crisis- assessment within 48 hours</p> <p align="center">2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p align="center">4. NDD- assessment within 26 weeks</p> <p align="center">5. S-CAMHS % assessments within 28 days</p>

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			Jul-22						600
	Number of staff referred for Antigen Testing*	Local			Jul-22						299
	Number of staff awaiting results of COVID19 test*	Local			Jun-22						0
	Number of COVID19 related incidents*	Local			Mar-22						57
	Number of COVID19 related serious incidents*	Local			Jul-22						0
	Number of COVID19 related complaints*	Local			Jul-22						5
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Jun-22						28
	Number of staff self isolated (symptomatic)*	Local			Jun-22						287
	% sickness*	Local			Jun-22						2.4%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Jul-22	637		22			659
	% 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%		Jul-22	54.0%	93.1%				69%
	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		Jul-22	1,427	2				1,429
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Jul-22	4%					4%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Jul-22	33%					33%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Jul-22	98%					98%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Jul-22	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Jul-22	29%					29%
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Jun-22	89.4%					89.4%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Jul-22	33.3%					33.3%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Jul-22	71.5%					71.5%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Jul-22	68.9%					68.9%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Jul-22	76.6%					76.6%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Jul-22	63.8%					63.8%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-21	7.5%					7.5%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%

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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	21	Jul-22	3	0	0	18	0	21
	Number of S.aureus bacteraemia cases	National		6	Jul-22	4	0	2	6	0	12
	Number of C.difficile cases	National		8	Jul-22	7	0	3	6	0	16
	Number of Klebsiella cases	National		6	Jul-22	3	0	1	7	0	11
	Number of Aeruginosa cases	National		2	Jul-22	1	0	1	2	0	4
	Compliance with hand hygiene audits	Local	95%		Jul-22	95%	96%	100%	96%	99%	95%
Serious incidents	Number of Nationally Reportable Incidents	Local	12 month reduction trend		Jul-22	1	0	0	0	0	1
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Jul-22						-
	Number of Never Events	Local	0		Jul-22	1	0	0	0	0	1
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Jun-22	38	1	13	32	1	85
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Jun-22	1	1	1	12	0	15
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Apr-22						760
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Jul-22	76	39	36	3	18	174
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		May-22						4.29
Mortality	Universal Mortality reviews undertaken within 28 days	Local	95%		Feb-22	98%	67%				97%
	Stage 2 mortality reviews completed within 60 days	Local	95%		Nov-21	56%	-	0%			50%
	Crude hospital mortality rate by Delivery Unit (74 years and over)	National	12 month reduction trend		Jun-22	1.47%	0.04%	0.46%			0.85%

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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	75%		Jul-22 (Draft)						41%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Jul-22	19,516	2	7,212	81		26,811
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Jul-22	26,832	2	11,256	41		38,888
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Jul-22	1,629		4,403			6,032
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Jul-22		46		668	0	714
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Jul-22						136,982
	Number of patients delayed by over 100% past their target date	National	0		Jul-22						35,659
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Jul-22						61,156
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Jul-22						270
	Number of patients without a documented clinical review date	Local	0		Jul-22						2
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Jul-22	1,341	Now reported under Singleton	1,931	162	11	1,341
	% of patients who would recommend and highly recommend	Local	90%	80%	Jul-22	84%		92%	94%	100%	89%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Jul-22	89%		94%	96%		90%
	Number of new complaints received	Local	12 month reduction trend		May-22	69	4	46	34	14	176
	% 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%	May-22	74%	50%	54%	88%	43%	69%

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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%	Q4 2021/22						95.9%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q4 2021/22						95.8%
	% children who received PCV2 vaccine by age 1		95%	90%	Q4 2021/22						97.2%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q4 2021/22						95.1%
	% children who received MMR1 vaccine by age 2		95%	90%	Q4 2021/22						93.9%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q4 2021/22						93.1%
	% children who received MenB4 vaccine by age 2		95%	90%	Q4 2021/22						93.3%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q4 2021/22						93.3%
	% children who are up to date in schedule by age 4		95%	90%	Q4 2021/22						
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q4 2021/22						88.0%
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q4 2021/22						89.2%
	% children who received MMR vaccination by age 16		95%	90%	Q4 2021/22						91.0%
	% children who received teenage booster by age 16		90%	85%	Q4 2021/22						89.2%
	% children who received MenACWY vaccine by age 16		Improve		Q4 2021/22						
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Jun-22						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Jun-22						40%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Jun-22						23%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Jun-22						41%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Jun-22					98%	98%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Jun-22						51%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Jun-22					97%	97%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Jun-22					100%	100%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Jun-22						36%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Jun-22						97%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Jun-22					89%	89%	

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

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profit	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22		
COVID19 related measures	Number of new COVID19 cases	Local	Jul-22	600		Reduce					1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749	835	286	372	600		
	Number of staff referred for Antigen Testing	Local	Jul-22	17,878		Reduce					12,872	13,278	13,951	14,475	14,969	15,756	16,447	16,647	16,756	17,158	17,315	17,579	17,878		
	Number of staff awaiting results of COVID19 test	Local	Jul-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of COVID19 related incidents	Local	Mar-22	57		Reduce					24	36	36	47	53	54	59	55	57						
	Number of COVID19 related serious incidents	Local	Jul-22	0		Reduce					0	0	0	1	3	1	0	1	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Jul-22	5		Reduce					4	6	3	4	14	20	4	4	10	6	0	4	5		
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					1	1	0	0											
	Number of staff self isolated (asymptomatic)	Local	Jun-22	28		Reduce					71	115	227	120	65	126	87	43	87	42	29	28			
	Number of staff self isolated (symptomatic)	Local	Jun-22	287		Reduce					67	114	204	180	120	393	309	204	326	270	125	287			
% sickness	Local	Jun-22	2.4%		Reduce					1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%				
Harm from overwhelmed NHS and social care system																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profit	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22		
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jul-22	56%	65%	65%	✘	50.8% (Jun-22)	2nd (Jun-22)		64%	59%	50%	44%	52%	46%	51%	54%	48%	53%	56%	57%	56%		
	Number of ambulance handovers over one hour	National	Jul-22	659	0			6,282 (Jun-22)	1st (Jun-22)		616	726	642	648	670	612	735	678	687	671	538	578	659		
	Handover hours lost over 15 minutes	Local	Jul-22	2976							1,937	2,443	2,467	3,093	2,461	2,527	3,390	3,110	3,023	3,286	1,892	2,920	2,976		
	% 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	Jul-22	69%	95%			66.4% (Jun-22)	2nd (Jun-22)		75%	75%	73%	72%	73%	70%	73%	72%	71%	73%	74%	72%	69%		
	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	Jul-22	1429	0			10,528 (Jun-22)	4th (Jun-22)		1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429		
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						84.8%	86.7%	72.2%	77.8%	52.4%	68.8%	52.9%	81.4%							
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Apr-22	89.0%	12 month ↑			68% (Apr-22)	2nd (Apr-22)		91.0%	88.0%	87.0%	88.0%	89.0%	88.0%	89.0%	89.0%	89.0%	89.0%					
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Jul-22	4%	54.0%			14.8% (May-22)	3rd out of 6 organisations (May-22)		13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%		
	CT Scan (<1 hrs) (local)	Local	Jul-22	33%							34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%		
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Jul-22	98%							100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%		
	Thrombolysis door to needle <= 45 mins	Local	Jul-22	0%							28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Jul-22	29%	12 month ↑						45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%		
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														
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Jul-22	-	90%	80%					33%	0%	-	0%	0%	0%	25%	0%	33%	25%	100%	33%	-		
	Number of new Never Events	National	Jul-22	1	0	0	✘				0	0	0	0	1	0	0	2	0	0	1	0	1		
	Number of risks with a score greater than 20	Local	Jul-22	128		12 month ↓	✘				104	105	114	118	121	122	129	127	140	140	134	132	128		
	Number of risks with a score greater than 16	Local	Jul-22	259		12 month ↓	✘				221	220	240	235	238	241	249	253	271	276	266	264	259		

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	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jul-22	68.9	<67		✘	65.80 (Jun-22)	4th (Jun-22)		89.4	90.5	86.4	82.2	80.5	77.1	73.8	74.6	73.7	96.5	79.6	70.8	68.9		
	Number of E.Coli bacteraemia cases (Hospital)		3								11	9	9	7	5	5	7	9	4	13	8	5	3		
	Number of E.Coli bacteraemia cases (Community)		18								16	25	12	12	17	12	8	17	17	18	13	12	18		
	Total number of E.Coli bacteraemia cases		21								27	34	21	19	22	17	15	26	21	31	21	17	21		
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jul-22	39.8	<20		✘	30.24 (Jun-22)	6th (Jun-22)		36.0	35.5	38.3	40.6	37.2	36.0	36.3	35.8	35.6	43.6	50.5	41.0	39.8		
	Number of S.aureus bacteraemias cases (Hospital)		6								7	8	13	11	1	5	2	7	7	6	9	7	6		
	Number of S.aureus bacteraemias cases (Community)		6								4	4	4	7	3	4	11	3	4	7	9	2	6		
	Total number of S.aureus bacteraemias cases		12								11	12	17	18	4	9	13	10	11	13	18	9	12		
	Cumulative cases of C.difficile per 100k pop		Jul-22	42.9	<25		✘	32.27 (Jun-22)	5th (Jun-22)		52.0	55.0	53.2	52.9	53.3	51.3	50.3	49.8	50.1	40.5	36.7	41.0	42.9		
	Number of C.difficile cases (Hospital)		10								16	20	9	10	10	11	11	8	12	11	7	7	10		
	Number of C.difficile cases (Community)		6								7	2	5	5	10	1	3	5	6	2	4	9	6		
	Total number of C.difficile cases		16								23	22	14	15	20	12	14	13	18	13	11	16	16		
	Cumulative cases of Klebsiella per 100k pop		Jul-22	24.5								0.0	22.6	24.5	27.1	26.5	26.5	25.3	24.3	24.0	18.7	21.4	22.6	24.5	
	Number of Klebsiella cases (Hospital)		4									2	4	8	8	2	6	5	3	4	4	7	6	4	
	Number of Klebsiella cases (Community)		7									1	4	3	5	5	3	0	1	3	2	1	2	7	
	Total number of Klebsiella cases		11							47 Total (Jun-22)	Joint 2nd (Jun-22)		3	8	11	13	7	9	5	4	7	6	8	8	11
	Cumulative cases of Aeruginosa per 100k pop		Jul-22	9.2								0.0	5.5	5.6	4.8	5.4	6.1	5.8	6.2	6.1	6.2	6.1	8.2	9.2	
	Number of Aeruginosa cases (Hospital)		2									0	1	2	0	3	3	1	2	0	1	1	3	2	
Number of Aeruginosa cases (Community)	2									1	1	0	0	0	1	0	1	2	1	1	1	2			
Total number of Aeruginosa cases	4							24 Total (Jun-22)	4th (Jun-22)		1	2	2	0	3	4	1	3	2	2	2	4	4		
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jul-22	96.2%	95%	95%	✓					95%	95%	96%	97%	92%	96%	95%	96%	93%	96%	96%	98%	96%		
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Jun-22	53		12 month ↓	✓				58	53	65	42	43	56	65	53	49	45	58	53			
	Number of pressure ulcers developed in the community		32		12 month ↓	✘					33	34	39	32	31	55	27	38	56	33	39	32			
	Total number of pressure ulcers		85		12 month ↓	✘					91	87	104	74	74	111	92	91	105	78	97	85			
	Number of grade 3+ pressure ulcers acquired in hospital		3		12 month ↓	✘					3	2	1	1	2	4	9	6	5	3	2	3			
	Number of grade 3+ pressure ulcers acquired in community		12		12 month ↓	✘					2	8	6	7	8	14	1	15	11	2	10	12			
	Total number of grade 3+ pressure ulcers		15		12 month ↓	✘					5	10	7	8	10	18	10	21	16	5	12	15			
Inpatient Falls	Local	Jul-22	174		12 month ↓	✓					193	198	207	240	213	208	196	199	209	190	182	172	174		
Mortality	% of universal mortality reviews (LMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✓				97.6%	93.0%	98.0%	96.8%	98.5%	96.1%	96.1%	97.2%							
	Stage 2 mortality reviews required	Local	Feb-22	7							7	17	10	16	10	6	7	7							
	% stage 2 mortality reviews completed	Local	Nov-21	50.00%		100%	✘				42.9%	50.0%	81.8%	75.0%	50.0%										
	Crude hospital mortality rate (74 years of age or less)	National	Jun-22	0.85%	12 month ↓						1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%			
NEWS	Local	Jul-22	91%		98%	✘					89.7%	91.7%	91.6%	93.8%	92.2%	89.1%	93.4%	92.3%	96.9%	95.7%	93.9%	93.7%	90.5%		
Coding	Local	May-22	68%	95%	95%	✘					90%	94%	90%	92%	76%	84%	86%	95%	81%	44%	68%				
E-TOC	Local	Jul-22	63%		100%	✘					62%	62%	68%	61%	63%	62%	61%	65%	63%	60%	66%	64%	63%		
Workforce	Agency spend as a % of the total pay bill	National	Mar-22	10.20%	12 month ↓			8.5% (Mar-22)	out of 10 organisations (Mar-22)		5.1%	3.9%	5.1%	5.5%	5.9%	5.7%	5.7%	6.2%	10.2%						
	Overall staff engagement score - scale score method	National	2020	75%	Improvement			75% (2020)	out of 10 organisations (2020)																
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jul-22	58%	85%	85%	✘	57.2% (Mar-22)	3th out of 10 organisations (Mar-22)		60%	60%	58%	56%	55%	57%	56%	56%	56%	56%	56%	55%	58%		
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Jul-22	81%	85%	85%	✘	79.0% (Mar-22)	out of 10 organisations (Mar-22)		81%	81%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	81%	
	% workforce sickness absence (12 month rolling)	National	Jun-22	8.29%	12 month ↓			6.89% (Mar-22)	out of 10 organisations (Mar-22)		6.99%	7.11%	7.29%	7.44%	7.44%	7.33%	7.43%	7.58%	7.82%	8.11%	8.20%	8.29%			
% 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)	out of 10 organisations (2020)																	

Harm from reduction in non-Covid activity																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Jul-22	10.4%	4 quarter ↓						11.4%	11.0%	11.5%	11.4%	10.5%	11.1%	10.8%	10.7%	11.1%	9.8%	10.9%	11.5%	10.4%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jul-22	41.0%	12 month ↑			53.0% (May-22)	5th out of 6 organisations (May-22)		55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	41.0%	
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Jul-22	29%	80%		✘				60%	57%	58%	37%	30%	37%	48%	51%	70%	63%	36%	51%	29%	
	Scheduled (28 Day Target)	Local	Jul-22	98%	100%		✘				84%	91%	89%	84%	61%	78%	82%	91%	95%	94%	88%	93%	98%	
	Urgent SC (7 Day Target)	Local	Jul-22	64%	80%		✘				46%	55%	22%	30%	60%	37%	57%	60%	57%	62%	44%	43%	64%	
	Urgent SC (14 Day Target)	Local	Jul-22	97%	100%		✘				77%	95%	76%	90%	100%	87%	97%	100%	100%	96%	94%	100%	97%	
	Emergency (within 1 day)	Local	Jul-22	92%	80%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	85%	100%	100%	88%	92%
	Emergency (within 2 days)	Local	Jul-22	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	Jul-22	75%	80%		✘				90%	94%	81%	89%	79%	92%	90%	94%	90%	93%	95%	91%	75%	
	Elective Delay (28 Day Target)	Local	Jul-22	92%	100%		✘				97%	97%	97%	94%	86%	100%	94%	100%	100%	96%	98%	97%	92%	
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jul-22	6,032	0			45,311 (May-22)	4th (May-22)		5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	
	Number of patients waiting > 14 weeks for a specified therapy	National	Jul-22	714	0			13,067 (May-22)	3rd (May-22)		151	186	320	414	629	885	1,028	926	820	679	614	609	714	
	% of patients waiting < 26 weeks for treatment	National	Jul-22	52%	95%			53.9% (May-22)	6th (May-22)		51.5%	51.9%	52.0%	51.6%	51.3%	50.5%	50.4%	50.1%	50.7%	50.4%	50.4%	50.8%	51.8%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jul-22	26,811	0						23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	
	Number of patients waiting > 36 weeks for treatment	National	Jul-22	38,888	0			260,859 (May-22)	4th (May-22)		35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	
	The number of patients waiting for a follow-up outpatient appointment	National	Jul-22	136,982	HB target						130,208	127,391	130,963	131,554	129,255	131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jul-22	35,659	TBC			199,843 (May-22)	5th (May-22)		31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Jul-22	66%	95%			64.4% (May-22)	4th (May-22)		62.2%	59.5%	55.9%	58.9%	62.1%	61.2%	59.8%	58.5%	59.4%	60.8%	63.3%	63.7%	65.6%		
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jul-22	7.2%	12 month ↓						6.4%	6.5%	7.2%	7.6%	7.4%	6.8%	7.0%	6.4%	6.8%	6.9%	6.6%	7.4%	7.2%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Jul-22	6.7%	12 month ↓						7.0%	7.0%	7.2%	7.5%	6.7%	6.3%	6.4%	6.2%	6.2%	6.8%	6.3%	6.9%	6.7%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Jul-22	72.0%		90%	✘				72%	69%	72%	66%	67%	62%	74%	71%	72%	71%	78%	81%	72%	
	% of theatre sessions starting late	Local	Jul-22	40.0%		<25%	✘				44%	44%	42%	46%	43%	40%	43%	43%	39%	39%	46%	43%	40%	
	% of theatre sessions finishing early	Local	Jul-22	46.0%		<20%	✘				48%	46%	46%	50%	48%	48%	48%	43%	45%	47%	43%	43%	46%	
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200																				
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and A/MSG appraisals	National	Q3 21/22	99.1%	100%	100%	✘	98.8% (Q3 21/22)	3rd out of 6 organisations (Q3 21/22)							99.1%								
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q3 21/22	324.7	4 quarter ↓			302.6 (Q3 21/22)	6th (Q3 21/22)								324.7							
	Patients aged 65 years or over prescribed an antipsychotic	National	Q3 21/22	1,466	Quarter on quarter ↓			10,312 (Q3 21/22)	5th (Q3 21/22)								1,466							
	Opioid average daily quantities per 1,000 patients	National	Q3 21/22	4,472	4 quarter ↓			4546.6 (Q3 21/22)	3rd (Q3 21/22)								4,472							
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)								80.8%							
Patient experience	Number of friends and family surveys completed	Local	Jul-22	3,391		12 month ↑	✔				1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	
	% of who would recommend and highly recommend	Local	Jul-22	89%		90%	✘				92%	92%	92%	92%	94%	93%	92%	90%	90%	89%	90%	88%	89%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jul-22	90%		90%	✔				95%	92%	96%	93%	93%	96%	93%	91%	91%	89%	91%	91%	90%	
Complaints	Number of new formal complaints received	Local	May-22	176		12 month trend ↓	✘				139	115	115	134	159	115	124	139	156	123	176			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	May-22	69%	75%	80%	✘	67.2% (Q4 20/21)	3rd (Q4 20/21)		69%	83%	75%	67%	69%	68%	63%	64%	65%	76%	69%			
	% of acknowledgements sent within 2 working days	Local	May-22	100%		100%	✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%			

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	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2020/21	35.6%	Annual ↑			36.8% (2020/21)	5th (2020/21)															
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 21/22	95.9%	95%			95.9% (Q3 21/22)	3rd (Q3 21/22)				96.2%			96.1%			95.9%					
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 21/22	88.0%	95%			90.0% (Q3 21/22)	3rd (Q3 21/22)							89.8%			91.2%			88.0%		
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q3 21/22	313.3	4 quarter ↓			378.6 (Q3 21/22)	1st (Q3 21/22)							362.2			313.3					
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q3 21/22	63.6%	4 quarter ↑			69.0% (Q3 21/22)	5th (Q3 21/22)							73.7%			63.6%					
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-22	78.5%	75%			78.0% (Mar-22)	3rd (Mar-22)					58.7%	74.8%	76.9%	78.2%	78.5%	78.5%					
	% uptake of influenza among under 65s in risk groups	National	Mar-22	48.8%	55%			48.2% (Mar-22)	4th (Mar-22)					26.0%	40.8%	44.9%	47.3%	48.6%	48.8%					
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)					Data not available						Data collection restarts October 2022				
	% uptake of influenza among children 2 to 3 years old	Local	Mar-22	44.6%	50%			47.6% (Mar-22)	5th (Mar-22)					22.0%	37.7%	41.5%	43.2%	44.8%	44.6%					
	% uptake of influenza among healthcare workers	National	Mar-22	53.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)					48.6%	50.8%	52.7%	52.7%	53.6%	53.6%					
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jun-22	100%		100%	✓				79%	100%	95%	97%	97%	100%	100%	100%	100%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jun-22	47%	80%	80%	✗	37.6% (May-22)	5th (May-22)		34%	27%	34%	34%	37%	37%	33%	33%	35%	35%	36%	47%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Jun-22	33%	80%	80%	✗	50.0% (May-22)	4th (May-22)		41%	48%	40%	40%	34%	22%	28%	27%	29%	18%	40%	33%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Jun-22	22%	80%	80%	✗	58.2% (May-22)	7th (May-22)		29%	37%	89%	65%	36%	43%	28%	24%	36%	23%	23%	22%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Jun-22	38%	80%	80%	✗	45.1% (May-22)	2nd (May-22)		100%	82%	35%	0%	64%	50%	39%	67%	78%	51%	51%	38%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jun-22	41%	80%	80%	✗				29%	32%	41%	3%	3%	2%	27%	26%	30%	19%	41%	41%		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Jun-22	100%		90%	✓	76.9% (May-22)	2nd (May-22)		81%	65%	84%	84%	84%	84%	89%	88%	100%	87%	97%	100%		
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	Jun-22	96%	80%	80%	✓	74.0% (May-22)	1st (May-22)		98%	100%	96%	98%	98%	95%	95%	99%	96%	97%	98%	96%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jun-22	100%	80%	80%	✓	67.6% (May-22)	2nd (May-22)		97%	100%	90%	98%	96%	100%	99%	100%	98%	96%	97%	100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jun-22	100%	95%	95%	✓	72.6% (May-22)	1st (May-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jun-22	89%	90%	90%	✗	85.7% (May-22)	2nd (May-22)		88%	84%	84%	83%	81%	80%	81%	85%	89%	88%	89%	89%		
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)															
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)															