



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27th June 2023	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 (end of May 2023 primarily) 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 saw a reduction in May 2023 to 81, compared with 153 in April 2023. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Emergency Department (ED) attendances have increased in May 2023 to 12,186 from 10,577 in April 2023. - Performance against the 4-hour access is currently above the outlined trajectory in May 2023. ED 4-hour performance has improved by 0.08% in May 2023 to 75.30% from 75.22% in April 2023. - Performance against the 12-hour wait has improved in-month and it is currently performing below the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,303 in May 2023 from 1,083 in April 2023. - Internal flow activities to support reduced occupancy and to improve flow throughout the day are being implemented, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is 		

currently being undertaken with Welsh Ambulance Service NHS Trust (WAST) colleagues to implement further pathways.

- The number of emergency admissions has increased in May 2023 to 4,171 from 3,900 in April 2023.

Planned Care

- May 2023 saw a 3% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment.
- Additionally, the number of patients waiting over 36 weeks decreased by 3.2% to 27,189.
- The number of patients waiting over 104 weeks for treatment decreased, with 5,792 patients waiting at this point in May 2023.
- In May, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 2,719 patients waiting at this stage.
- As a Health Board, updated ministerial priority trajectories for the 2023/24 planned care position have been developed and submitted to Welsh Government and are awaiting feedback.
- Therapy waiting times have deteriorated, there are 149 patients waiting over 14 weeks in May 2023 compared with 129 in April 2023.
- The number of patients waiting over 8 weeks for an Endoscopy has increased in May 2023 to 4,847 from 4,677 in April 2023.

Cancer

- April 2023 saw 56.5% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears).
- Backlog figures have seen a reduction in recent weeks. The total backlog at 11/06/2023 was 402.

Mental Health

- Performance against the Mental Health Measures continues to be maintained. However Welsh Government targets were not achieved in April 2023.
- In April 2023, 85% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

Child and Adolescent Mental Health Services (CAMHS)

- Access times for crisis performance has been maintained at 100% April 2023.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has

	<p>deteriorated slightly to 28% in April 2023 against a target of 80%.</p> <p><u>Nationally Reportable Incidents</u></p> <ul style="list-style-type: none"> - In May 2023, there were 7 Nationally Reportable Incidents reported. - There was one new Never Event reported in May 2023 <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> - May 2023 data is included in this report showing 90% satisfaction through 3,477 surveys completed. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. 			

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

In 2021/22 a Single Outcomes Framework for Health and Social was due to be published but was delayed due to the COVID19 pandemic. Welsh Government has confirmed that during 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 traditional format for the report includes identifying actions where performance is not compliant with national or local targets as well as highlighting both short term and long terms risks to delivery. However, due to the operational pressures within the Health Board relating to the COVID-19 pandemic, it was agreed that the narrative update would be omitted from this performance report until operational pressures significantly ease. Despite a reduction in the narrative contained within this report, considerable work has been undertaken to include additional measures that aid in describing how the healthcare systems has changed as a result of the pandemic.

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

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

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

Report History	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in May 2023. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report



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Appendix 1- Quality & Safety Performance Report June 2023



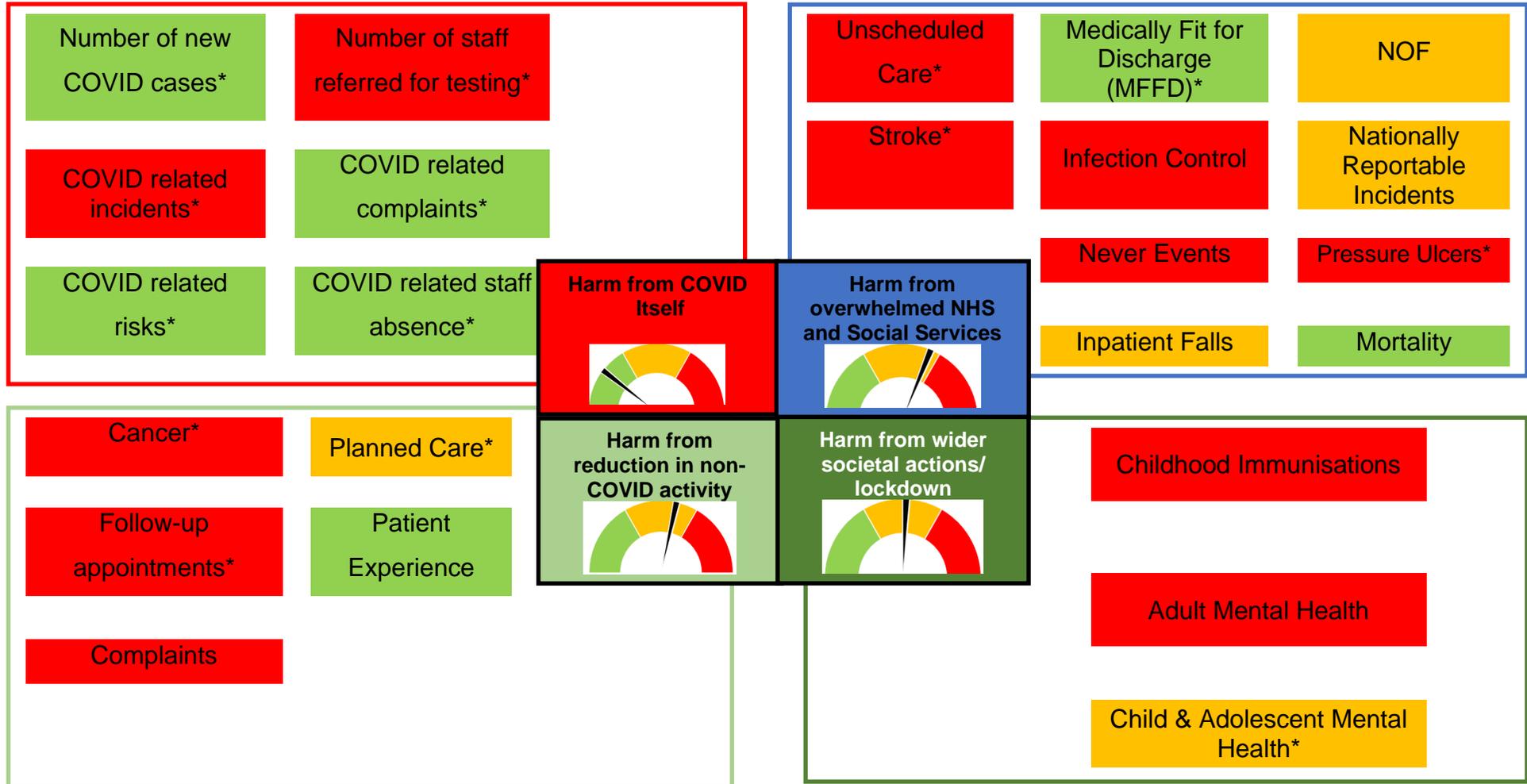
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1. QUADRANTS OF HARM SUMMARY

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	Harm quadrant- Harm from Covid itself												
					May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Number of new COVID19 cases*	HB Total				286	372	600	217	218	171	171	395	230	249	378	153	81
Number of staff referred for Antigen Testing	HB Total				157	264	299	38	10	8	47	127	49	30	43		
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				39	52	91	46	84	61	51	61	34	33	57	29	61
Number of COVID19 related serious incidents*	HB Total				0	0	0	0	1	0	0	0	0	0	0	0	0
Number of COVID19 related complaints*	HB Total				0	4	5	6	11	3	3	0	0	2	2	1	0
Number of COVID19 related risks*	HB Total																
Number of staff self isolated (asymptomatic)*	Medical				0	2	3	0	0	0	0	0	0	0	0	0	0
	Nursing Registered				12	12	15	4	2	0	0	0	0	1	0	0	0
	Nursing Non Registered				8	6	3	0	1	0	0	0	0	0	0	0	0
	Other				9	8	5	4	2	1	0	0	0	0	0	0	0
Number of staff self isolated (symptomatic)*	Medical				15	27	38	15	2	9	6	10	4	3	1	1	1
	Nursing Registered				33	102	83	49	42	49	37	46	29	25	29	18	15
	Nursing Non Registered				35	52	53	26	22	26	34	32	12	12	11	14	4
	Other				42	106	98	31	34	37	47	56	25	23	16	12	7
% sickness*	Medical				1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%	0.1%
	Nursing Registered				1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	0.4%	0.4%
	Nursing Non Registered				2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%	0.2%
	Other				0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	0.1%
	All				1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%

3.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>1. Number of new COVID cases In May 2023, there were an additional 81 positive cases recorded bringing the cumulative total to 120,342 in Swansea Bay since March 2020.</p>	<p>1.Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
	<p>2. Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and March 2023 is 18,230 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																																																																																				
<p>Staff absence due to COVID19</p> <p><i>1. Number of staff self-isolating (asymptomatic)</i></p> <p><i>2. Number of staff self isolating (symptomatic)</i></p> <p><i>3. % staff sickness</i></p>	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.</p> <p>1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between April 2023 and May 2023, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) decreased from 45 to 27. In May 2023, the registered nursing staff group had the largest number of self-isolating staff who were symptomatic.</p> <p>3. % Staff sickness The percentage of staff sickness absence due to COVID19 in May 2023 has reduced to 0.2% from 0.3% in April 2023.</p>	<p>1. Number of staff self isolating (asymptomatic)</p> <p>2. Number of staff self isolating (symptomatic)</p> <p>3. % staff sickness</p> <table border="1"> <thead> <tr> <th></th> <th>May-22</th> <th>Jun-22</th> <th>Jul-22</th> <th>Aug-22</th> <th>Sep-22</th> <th>Oct-22</th> <th>Nov-22</th> <th>Dec-22</th> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> </thead> <tbody> <tr> <td>Medical</td> <td>1.8%</td> <td>3.5%</td> <td>4.9%</td> <td>1.8%</td> <td>0.2%</td> <td>1.1%</td> <td>0.7%</td> <td>1.2%</td> <td>0.5%</td> <td>0.3%</td> <td>0.1%</td> <td>0.1%</td> <td>0.1%</td> </tr> <tr> <td>Nursing Reg</td> <td>1.1%</td> <td>2.8%</td> <td>2.4%</td> <td>1.3%</td> <td>1.1%</td> <td>1.2%</td> <td>0.9%</td> <td>1.1%</td> <td>0.7%</td> <td>0.6%</td> <td>0.7%</td> <td>0.4%</td> <td>0.4%</td> </tr> <tr> <td>Nursing Non Reg</td> <td>2.1%</td> <td>2.7%</td> <td>2.7%</td> <td>1.2%</td> <td>1.1%</td> <td>1.3%</td> <td>1.6%</td> <td>1.5%</td> <td>0.6%</td> <td>0.6%</td> <td>0.5%</td> <td>0.7%</td> <td>0.2%</td> </tr> <tr> <td>Other</td> <td>0.8%</td> <td>1.8%</td> <td>1.6%</td> <td>0.5%</td> <td>0.6%</td> <td>0.6%</td> <td>0.7%</td> <td>0.9%</td> <td>0.4%</td> <td>0.4%</td> <td>0.2%</td> <td>0.2%</td> <td>0.1%</td> </tr> <tr> <td>All</td> <td>1.2%</td> <td>2.4%</td> <td>2.2%</td> <td>1.0%</td> <td>0.8%</td> <td>0.9%</td> <td>0.9%</td> <td>1.1%</td> <td>0.5%</td> <td>0.5%</td> <td>0.4%</td> <td>0.3%</td> <td>0.2%</td> </tr> </tbody> </table>		May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Medical	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%	0.1%	Nursing Reg	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	0.4%	0.4%	Nursing Non Reg	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%	0.2%	Other	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	0.1%	All	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%
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Other	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	0.1%																																																																									
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4. HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

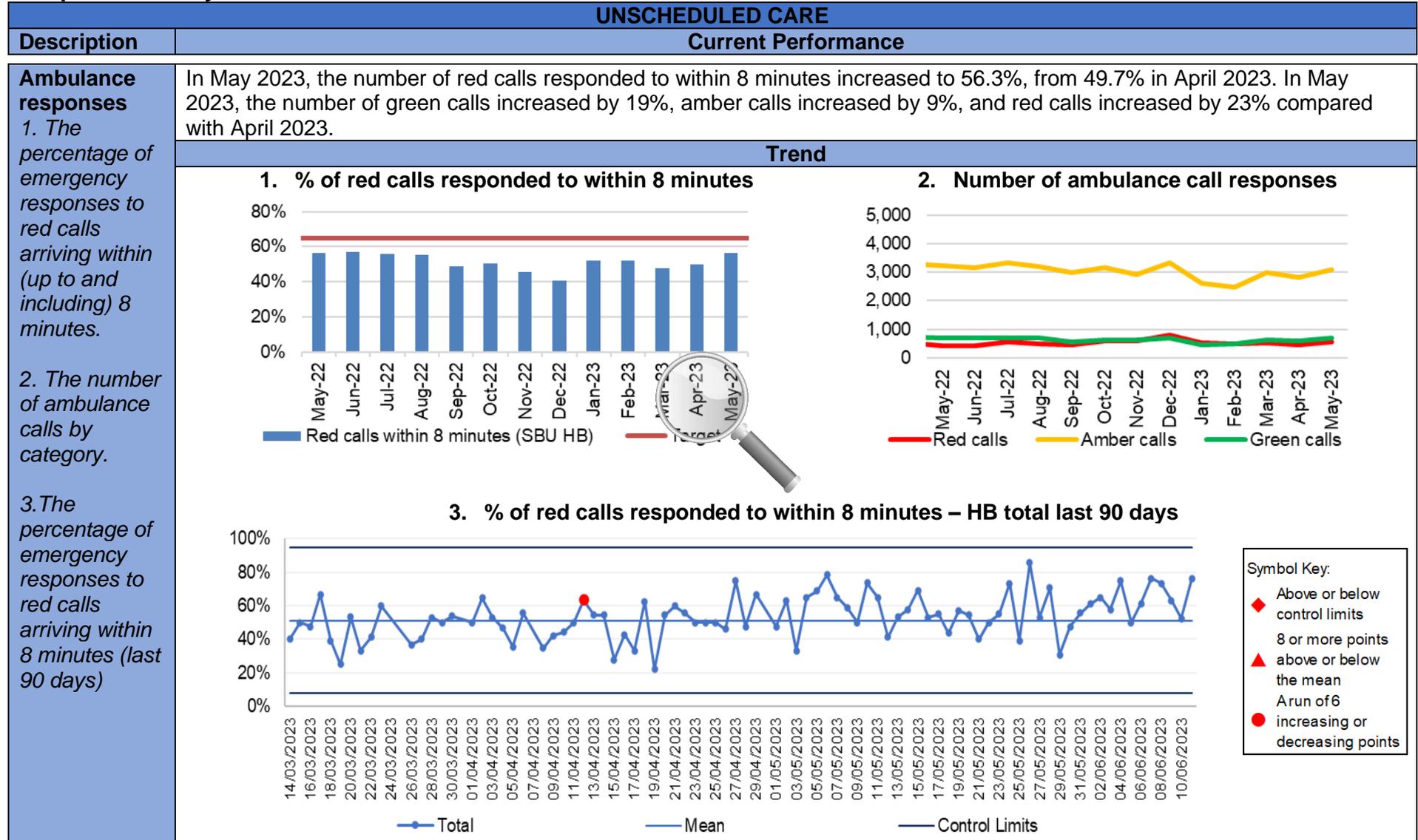
4.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	Unscheduled Care												
					May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Number of ambulance handovers over one hour*	Morrison	0			507	568	637	681	710	722	727	592	554	594	728	658	708
	Singleton				31	10	22	24	22	17	17	22	7	0	1	0	0
	Total				538	578	659	705	732	739	744	614	561	594	729	658	708
% 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%			57.8%	54.6%	54.0%	51.4%	55.9%	53.6%	54.1%	49.3%	58.3%	62.5%	59.3%	60.5%	60.5%
	NPTH				97.9%	96.9%	93.1%	97.4%	98.2%	96.8%	99.1%	98.8%	98.7%	98.9%	97.8%	98.2%	97.1%
	Total				73.8%	71.7%	69.4%	69.7%	72.7%	70.6%	70.4%	65.2%	74.0%	76.0%	73.7%	75.2%	75.3%
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			1,192	1,386	1,427	1,472	1,470	1,583	1,454	1,632	1,089	1,123	1,395	1,083	1,303
	NPTH				3	2	2	2	0	1	2	0	0	2	0	0	
	Total				1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125	1,395	1,083	1,303
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	18.6%
	Total	(UK SNAP average)			20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	18.6%
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	39.5%
	Total	(UK SNAP average)			38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	39.5%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	90.7%
	Total	(UK SNAP average)			90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	90.7%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month improvement trend			12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%	0.0%
	Total	12 month improvement trend			12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%	0.0%
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%	68.6%	62.9%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			90.0%	89.4%	91.2%	92.9%	93.1%	93.5%	94.0%	94.5%	95.0%	94.9%	95.2%	95.5%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			37.2%	33.3%	29.2%	26.5%	26.4%	25.8%	24.6%	22.1%	22.8%	21.9%	24.5%	26.9%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			73.5%	71.5%	71.0%	71.6%	71.2%	71.6%	73.0%	73.2%	73.1%	73.0%	72.9%	72.8%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			69.2%	68.9%	69.2%	70.2%	72.4%	74.0%	75.5%	76.9%	76.7%	77.8%	78.6%	78.9%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			76.5%	76.6%	76.1%	75.9%	77.1%	76.8%	76.2%	76.3%	75.0%	74.8%	74.1%	73.3%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			69.9%	63.8%	69.2%	66.2%	71.6%	69.4%	69.9%	70.3%	70.9%	68.8%	70.7%	67.8%	
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															

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU														
					May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23		
Healthcare Acquired Infections																			
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	11		13	12	18	21	8	10	12	14	12	8	10	12	10		
	PCCS Hospital		0		0	0	0	0	1	0	0	0	0	0	1	0	0	0	
	MH&LD		0		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		7		5	3	3	6	0	6	10	2	5	4	7	12	8		
	NPTH		1		0	0	0	1	1	0	0	0	0	0	0	0	0	1	
	Singleton		3		2	2	0	4	5	6	1	6	3	4	2	2	3		
	Total		20		21	17	21	32	15	22	23	22	20	17	19	26	22		
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		9	2	6	6	6	4	5	3	2	2	5	9	2		
	PCCS Hospital		0		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	0	
	Morrison		4		8	4	4	5	6	10	2	8	2	8	4	4	4		
	NPTH		1		0	1	0	0	0	1	0	0	0	0	0	0	0	0	
	Singleton		1		1	2	2	1	2	2	1	2	6	1	1	3	4		
	Total		8		18	9	12	12	14	17	8	13	10	11	10	16	10		
Number of C.difficile cases	PCCS Community	12 month reduction trend	3		4	9	6	6	3	6	11	6	7	2	6	8	4		
	PCCS Hospital		0		1	0	0	0	0	1	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		5		5	5	7	9	6	12	5	6	11	7	9	6	6		
	NPTH		0		1	0	0	1	0	0	0	0	2	0	0	0	1		
	Singleton		2		0	2	3	6	5	2	5	2	2	3	4	1	1		
	Total		10		11	16	16	22	14	21	21	14	22	12	19	18	19		
Number of Klebsiella cases	PCCS Community	12 month reduction trend	4		1	2	7	4	9	4	5	3	6	1	7	1	6		
	PCCS Hospital		0		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	0	
	Morrison		3		5	3	3	3	0	2	2	3	4	5	4	6	2		
	NPTH		1		0	0	0	0	0	1	0	0	0	0	0	0	1		
	Singleton		1		2	3	1	1	1	0	4	2	1	2	0	1	1		
	Total		9		8	8	11	8	10	7	11	8	11	8	11	8	10		
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		1	1	2	0	1	3	0	2	2	0	2	1	0		
	PCCS Hospital		0		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	0	
	Morrison		1		1	3	1	2	2	1	3	0	1	2	2	1	1		
	NPTH		0		0	0	0	0	0	1	0	0	0	0	0	0	0	0	
	Singleton		1		0	0	1	1	2	2	1	1	1	1	0	0	0	0	
	Total		3		2	4	4	3	5	6	5	3	4	2	4	2	1		
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	-	-	100.0%	-		
	MH&LD				97.7%	98.9%	99.1%	95.0%	96.6%	94.4%	97.7%	94.8%	99.0%	95.6%	95.3%	98.0%	99.6%		
	Morrison				95.2%	97.7%	94.8%	91.1%	99.3%	98.3%	93.9%	100.0%	99.3%	92.1%	86.9%	93.7%	95.2%		
	NPTH				100.0%	97.0%	96.4%	96.6%	100.0%	96.7%	96.7%	95.2%	96.8%	100.0%	93.6%	100.0%	89.2%		
	Singleton				94.8%	96.9%	95.6%	85.2%	90.5%	95.9%	95.4%	92.2%	91.6%	99.2%	100.0%	91.3%	89.0%		
	Total				96.2%	97.8%	96.2%	90.3%	96.6%	96.4%	95.5%	95.2%	97.2%	94.8%	92.9%	98.8%	95.2%		

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Serious Incidents & Risks																	
Number of Nationally Reportable Incidents	PCCS	Monitor			2	2	0	1	0	3	1	4	0	2	1	0	0
	MH&LD				0	0	0	0	9	2	0	2	2	1	1	0	0
	Morrison				3	0	1	5	4	2	7	2	3	1	6	5	4
	NPTH				1	0	0	3	1	0	0	0	0	0	0	0	1
	Singleton				2	0	0	2	1	2	3	0	5	1	1	1	2
	Total				8	2	1	11	15	9	11	8	10	5	9	6	7
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	80%			100%	33%	-	0%	-	75%	73%	85%	67%	67%	83%	80%	67%
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				1	0	1	0	0	0	1	0	0	0	0	1	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				0	0	0	0	0	0	0	0	0	1	0	0	
	Total				1	0	1	0	0	0	1	0	0	1	0	1	
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			39	32	27	50	40	44	45	42	45	41	62	31	
	PCCS Hospital				0	0	0	0	0	3	1	0	0	1	0	0	
	MH&LD				1	1	1	1	0	0	0	0	0	0	1	1	
	Morrison				30	38	37	34	23	36	50	41	53	48	64	73	
	NPTH				5	1	1	3	2	3	0	0	1	3	2		
	Singleton				22	13	19	16	14	17	18	6	11	10	8	7	
	Total				97	85	85	104	79	103	114	89	109	101	138	114	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			10	12	2	11	6	2	7	13	4	9	14	7	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0		
	MH&LD				0	0	0	0	0	0	0	0	0	1	0		
	Morrison				2	1	3	2	0	1	6	7	3	1	6	4	
	NPTH				0	1	1	0	0	0	0	0	0	1	0	0	
	Singleton				0	1	1	1	0	0	1	1	1	2	0	1	
Total		12	15	7	14	6	3	14	21	8	13	21	12				
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			821	760	805	767	556	797	924	660	895	891	999		
Total number of Inpatient Falls	PCCS	12 month reduction trend			10	2	3	6	6	2	3	6	11	8	8	10	12
	MH&LD				24	14	18	30	24	36	22	22	29	37	24	36	25
	Morrison				71	75	76	105	72	74	81	94	99	91	131	92	93
	NPTH				29	32	39	34	18	25	21	22	20	21	27	17	23
	Singleton				48	49	36	41	55	47	51	40	30	19	24	28	31
	Total				182	172	174	216	175	184	178	184	189	179	214	183	184
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			4.45	4.29	4.21	5.29	4.29	4.36	4.38	4.32	4.46	4.81	5.19	4.55	
Mortality																	
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.47%	1.47%	1.43%	1.42%	1.42%	1.37%	1.35%	1.32%	1.31%	1.31%	1.29%	1.32%	
	Singleton				0.46%	0.46%	0.45%	0.44%	0.42%	0.40%	0.38%	0.37%	0.34%	0.33%	0.30%	0.29%	
	NPTH				0.03%	0.04%	0.05%	0.05%	0.05%	0.04%	0.05%	0.07%	0.11%	0.11%	0.03%	0.04%	
	Total (SBU)				0.86%	0.85%	0.83%	0.83%	0.81%	0.78%	0.75%	0.74%	0.73%	0.73%	0.71%	0.72%	

4.2 Updates on key measures



UNSCHEDULED CARE

Description

Current Performance

Ambulance handovers

1. The number of ambulance handovers over one hour

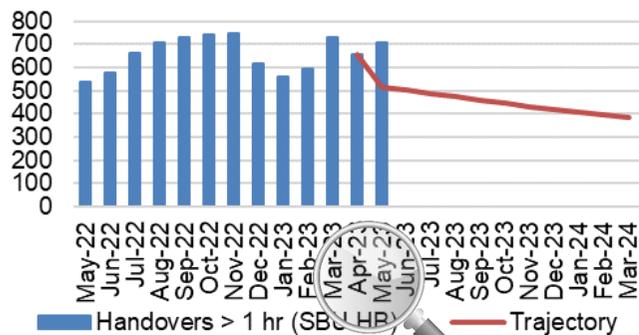
2. The number of ambulance handovers over one hour- Hospital level

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

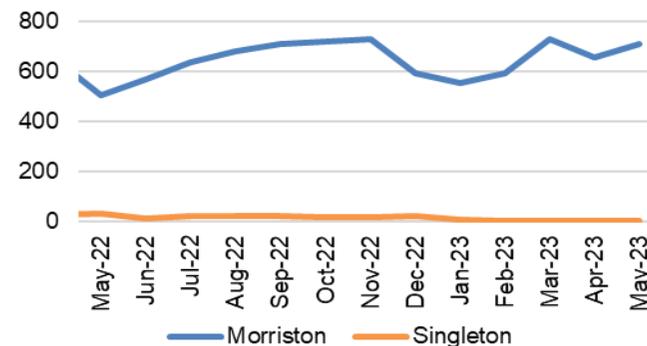
In May 2023, there were 708 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 658 in April 2023. In May 2023, all handovers over 1 hour were attributed to Morriston Hospital. The number of handover hours lost over 15 minutes have increased from 3,627 in April 2023 to 3,951.58 in May 2023.

Trend

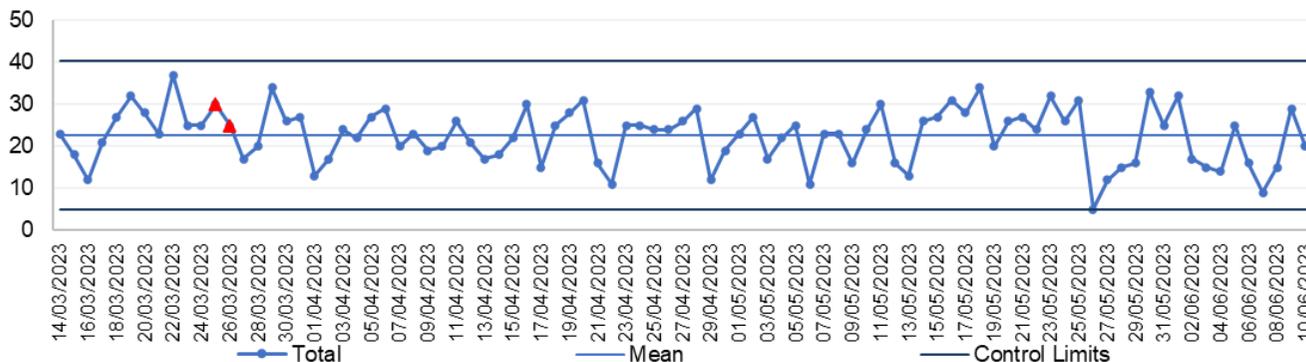
1. Number of ambulance handovers- HB total



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



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



Symbol Key:

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

UNSCHEDULED CARE

Description

Current Performance

A&E Attendances

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 May 2023, there were 12,186 A&E attendances, this is 15% higher than April 2023.

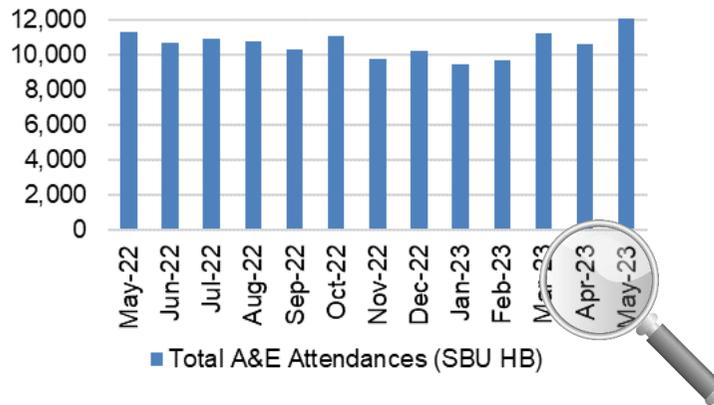
1. The number of attendances at emergency departments in the Health Board

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

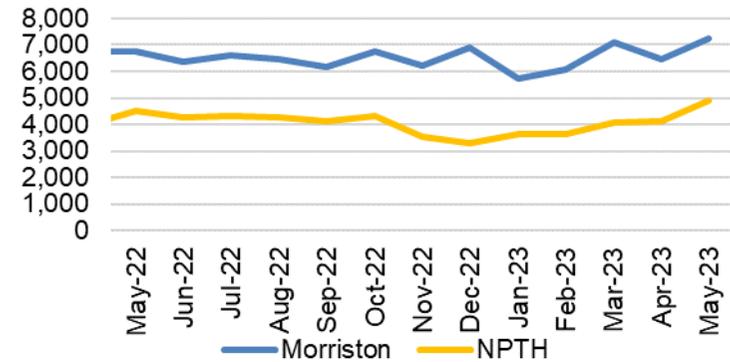
3. The number of attendances at emergency departments in the Health Board (last 90 days)

Trend

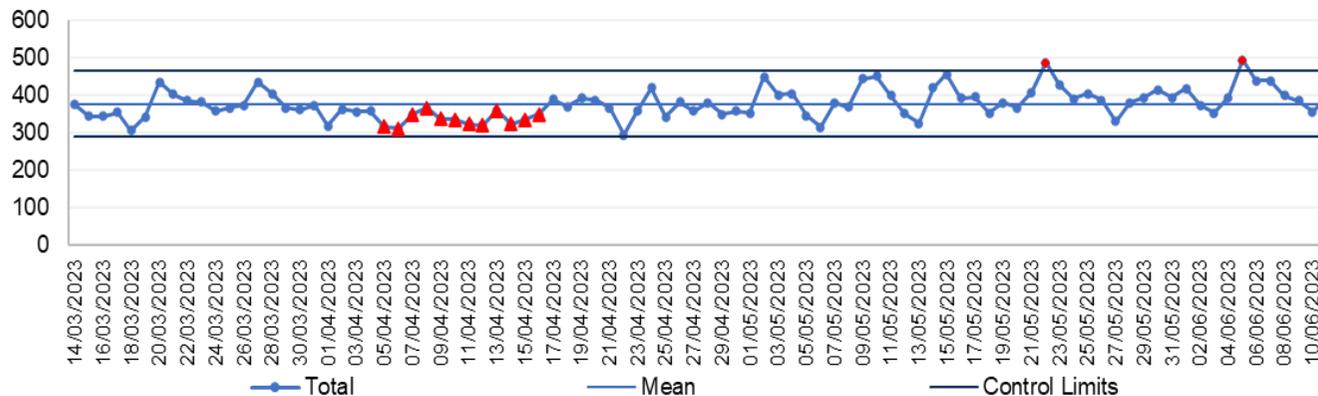
1. Number of A&E attendances- HB total



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

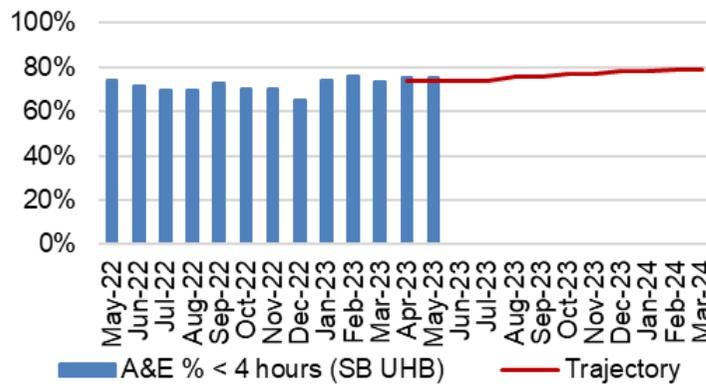
3. % of patients who spend less than 4 hours in A&E (last 90 days)

Current Performance

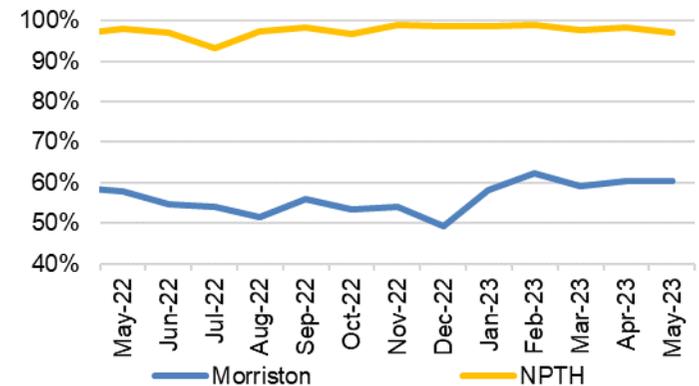
The Health Board's performance against the 4-hour measure improved from 75.22% in April 2023 to 75.30% in May 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 97.13% in May 2023. Morriston Hospital's performance improved between April and May 2023, achieving 60.51% against the target.

Trend

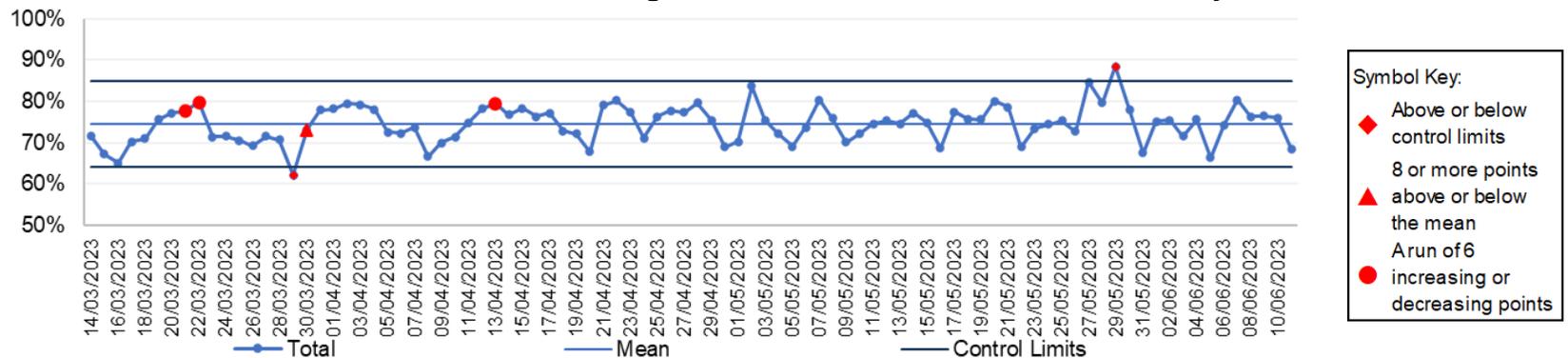
1. % Patients waiting under 4 hours in A&E- HB total



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



UNSCHEDULED CARE

Description

A&E waiting times

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

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

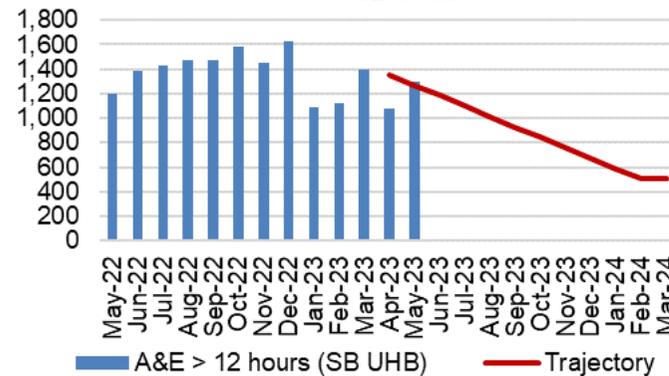
3. Number of patients waiting over 12 hours in A&E (last 90 days)

Current Performance

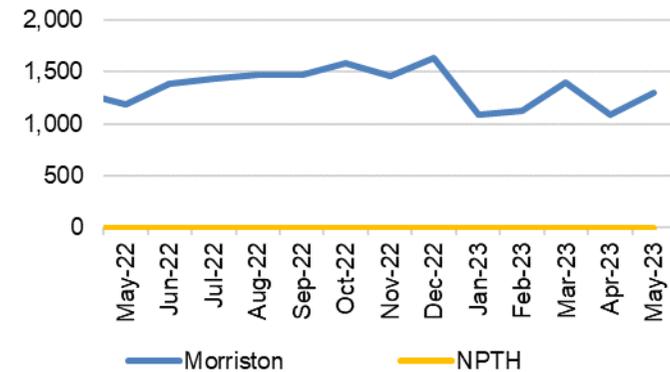
In May 2023, performance against the 12-hour measure deteriorated when compared with April 2023, increasing from 1,083 to 1,303. This is an increase of 220 compared to April 2023. All of the patients waiting over 12 hours in April 2023 were attributed to Morriston Hospital.

Trend

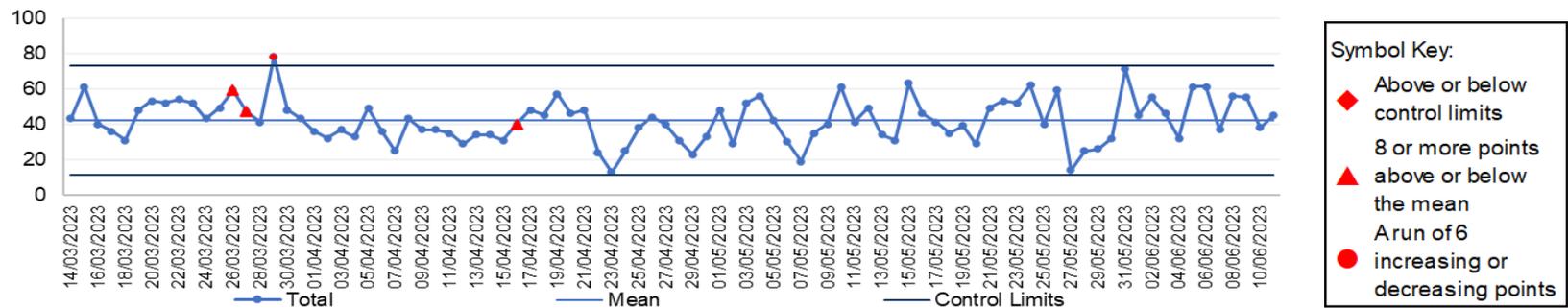
1. Number of patients waiting over 12 hours in A&E- HB total



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



UNSCHEDULED CARE

Description

Emergency admissions

1. The number of emergency inpatient admissions

2. The number of emergency inpatient admissions- Hospital level

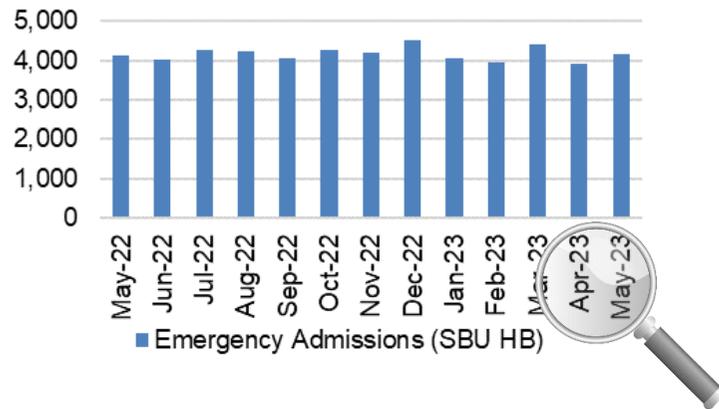
3. The number of emergency inpatient admissions (last 90 days)

Current Performance

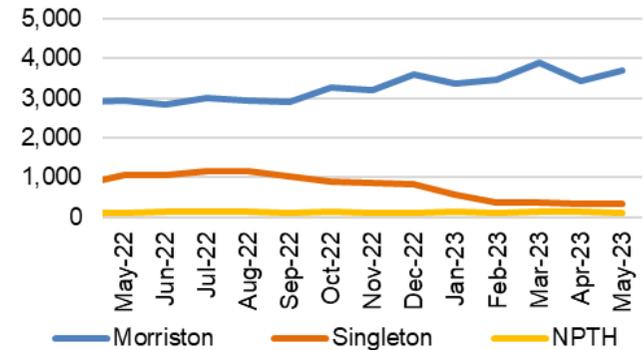
In May 2023, there were 4,171 emergency admissions across the Health Board, which is 271 higher than April 2023. Singleton Hospital saw an in-month reduction, with 7 less admissions (from 349 in April 2023), Morrision Hospital saw an in-month increase from 3,423 admissions in April 2023 to 3,710 admissions in May 2023.

Trend

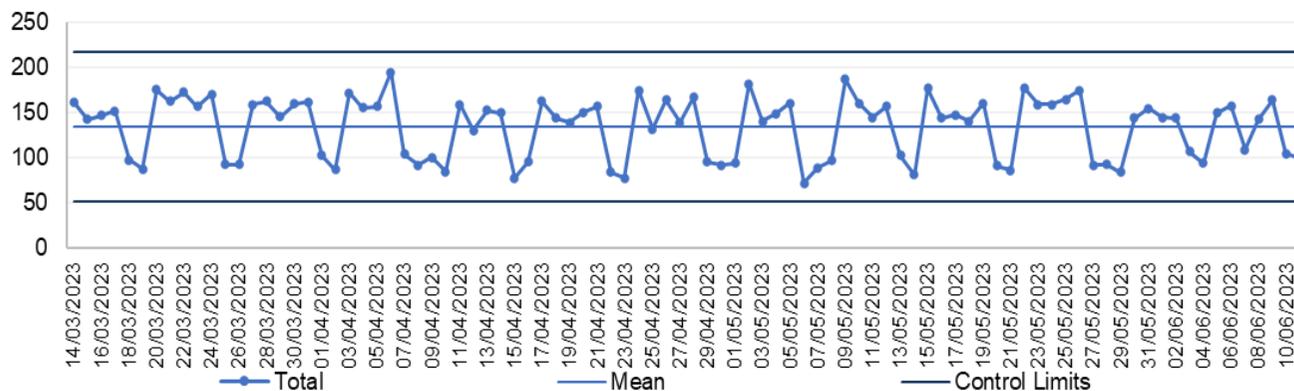
1. Number of emergency admissions- HB total



2. Number of emergency admissions- Hospital level



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

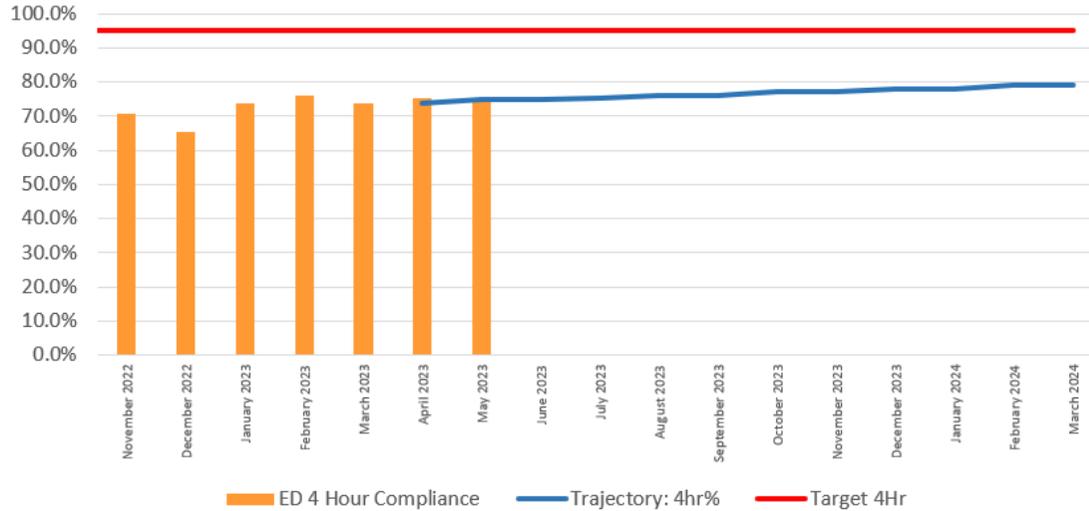


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- A run of 6
- increasing or decreasing points

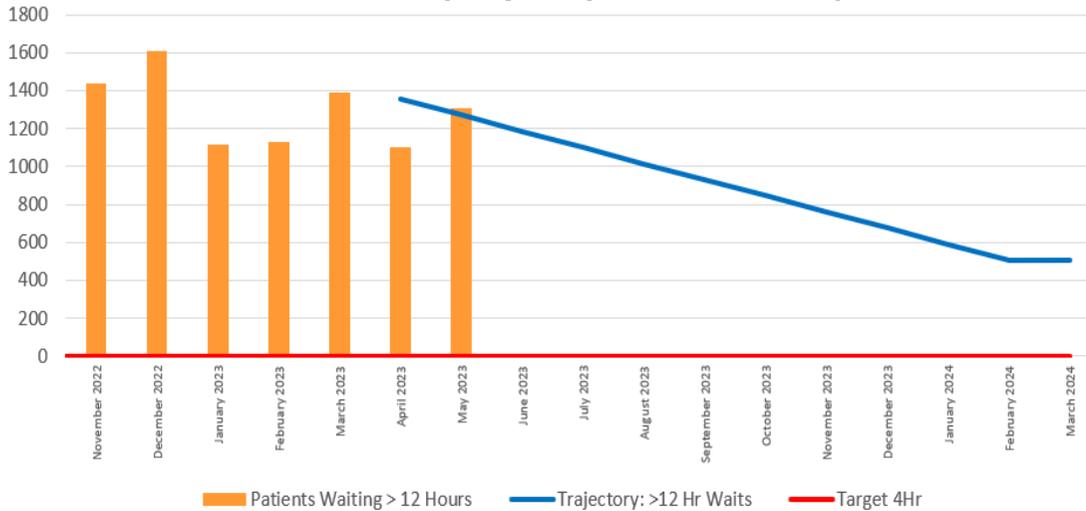
Updates on UNSCHEDULED CARE – Performance Escalation updates

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



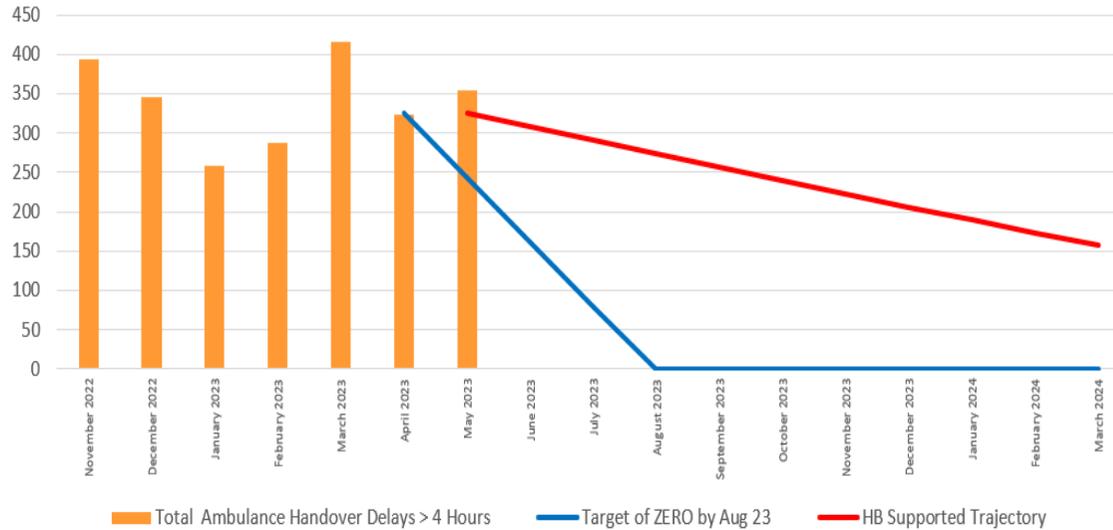
1. Performance against the 4-hour access is above the target for May 2023. Emergency Department (ED) 4-hour performance increased by 0.08% in May 2023 to 75.3% from 75.22% in April 2023.

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

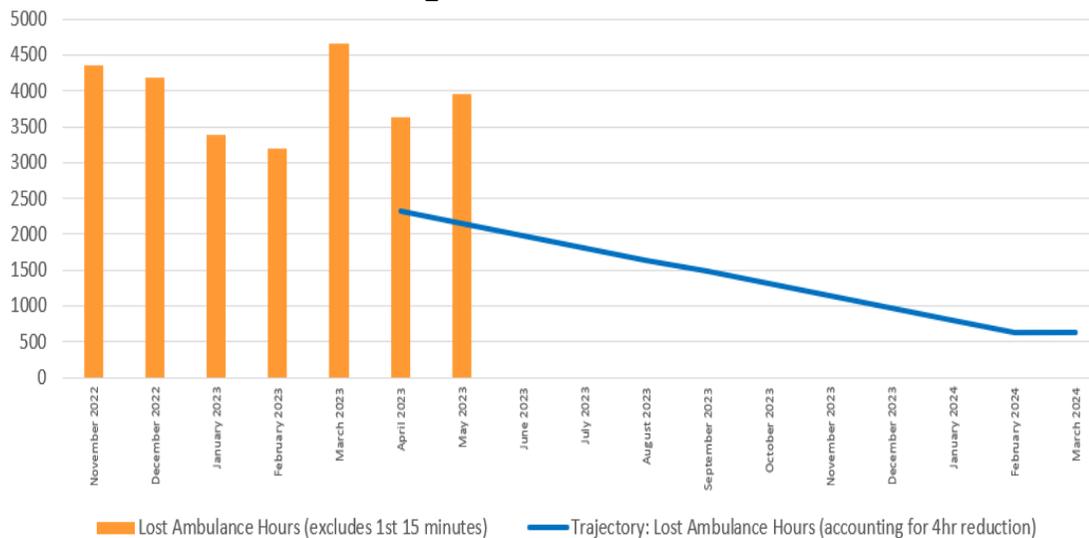


2. Performance against the 12-hour wait deteriorated in May and is currently slightly above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,303 in May 2023 from 1,083 in April 2023.

3. Ambulance Handover over 4 hours



4. Average Ambulance Handover Rate



3. The Ambulance handover rate over 4 hours have increased in May 2023. The handover times over four hours increased to 354 in May 2023 from 323 in April 2023. The figures are above the outlined trajectory for May 2023 which was 243.

4. The ambulance handover lost hours rate has seen an increase in May 2023. The ambulance handover lost hours increased from 3,627 in April to 3,952 in May 2023, which is above the outlined trajectory for May 2023 (2,151).

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:

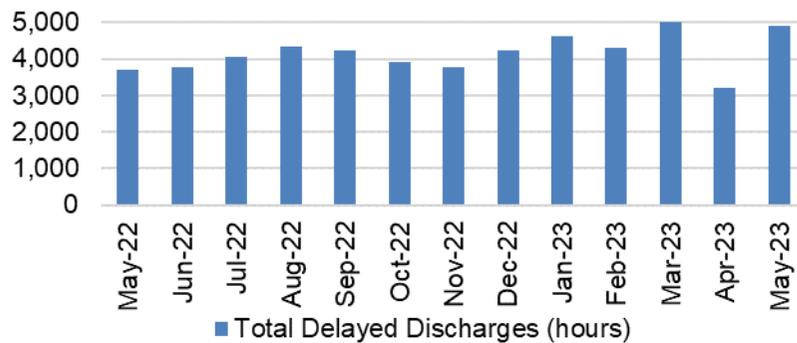
- Up to 8 hours
- Between 8 and 24 hours
- Over 24 hours

Current Performance

In May 2023, there were a total of 91 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is an increase when compared with 77 admissions in April 2023. May 2023, saw an increase in the number of delayed discharge hours from 3211.35 in April 2023 to 4,903.25 in May 2023. The average lost bed days increased to 6.59 per day. The percentage of patients delayed over 24 hours increased to 74.63% in May from 54.24% in April 2023.

Trend

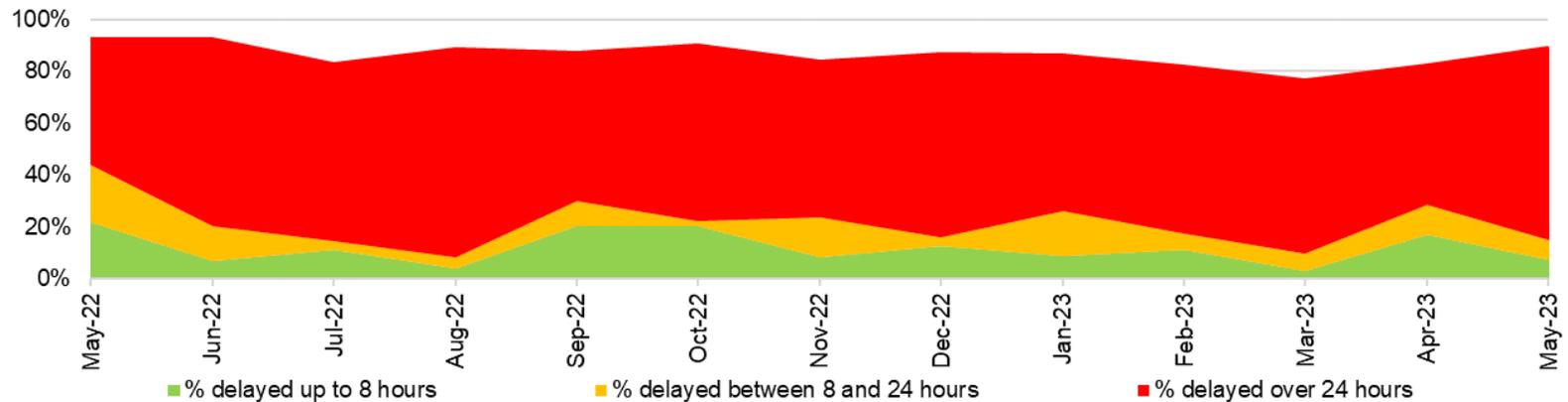
1. Total Critical Care delayed discharges (hours)



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 May 2023, there were on average 279 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In May 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 113, closely followed by Neath Port Talbot Hospital with 79.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital, implementing of the AMSR programme will also encourage a reduction in the figures.</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>Gorseinon</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>110</td><td>65</td><td>85</td><td>15</td></tr> <tr><td>Jun-22</td><td>145</td><td>60</td><td>85</td><td>18</td></tr> <tr><td>Jul-22</td><td>115</td><td>65</td><td>90</td><td>15</td></tr> <tr><td>Aug-22</td><td>120</td><td>70</td><td>100</td><td>12</td></tr> <tr><td>Sep-22</td><td>120</td><td>90</td><td>100</td><td>15</td></tr> <tr><td>Oct-22</td><td>110</td><td>75</td><td>100</td><td>20</td></tr> <tr><td>Nov-22</td><td>110</td><td>60</td><td>80</td><td>10</td></tr> <tr><td>Dec-22</td><td>100</td><td>60</td><td>80</td><td>10</td></tr> <tr><td>Jan-23</td><td>120</td><td>70</td><td>80</td><td>12</td></tr> <tr><td>Feb-23</td><td>100</td><td>90</td><td>80</td><td>12</td></tr> <tr><td>Mar-23</td><td>110</td><td>90</td><td>75</td><td>10</td></tr> <tr><td>Apr-23</td><td>110</td><td>75</td><td>75</td><td>22</td></tr> <tr><td>May-23</td><td>113</td><td>70</td><td>79</td><td>15</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	May-22	110	65	85	15	Jun-22	145	60	85	18	Jul-22	115	65	90	15	Aug-22	120	70	100	12	Sep-22	120	90	100	15	Oct-22	110	75	100	20	Nov-22	110	60	80	10	Dec-22	100	60	80	10	Jan-23	120	70	80	12	Feb-23	100	90	80	12	Mar-23	110	90	75	10	Apr-23	110	75	75	22	May-23	113	70	79	15
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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 May 2023, there were 33 elective procedures cancelled due to lack of beds on the day of surgery. This is 21 more cancellations than those seen in April 2023.</p> <p>Of the cancelled procedures, 28 were attributed to Morriston Hospital, 4 were attributed to Neath Port Talbot Hospital and 1 was attributed to Singleton Hospital in May 2023.</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>May-22</td><td>50</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>28</td><td>0</td><td>0</td></tr> <tr><td>Aug-22</td><td>12</td><td>0</td><td>0</td></tr> <tr><td>Sep-22</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Oct-22</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Nov-22</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Dec-22</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Jan-23</td><td>70</td><td>0</td><td>15</td></tr> <tr><td>Feb-23</td><td>32</td><td>0</td><td>0</td></tr> <tr><td>Mar-23</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Apr-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>May-23</td><td>33</td><td>1</td><td>4</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	May-22	50	0	0	Jun-22	35	0	0	Jul-22	28	0	0	Aug-22	12	0	0	Sep-22	20	0	0	Oct-22	35	0	0	Nov-22	25	0	0	Dec-22	25	0	0	Jan-23	70	0	15	Feb-23	32	0	0	Mar-23	25	0	0	Apr-23	10	0	0	May-23	33	1	4														
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FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	1. Prompt orthogeriatric assessment- In April 2023, 95.5% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.	1. Prompt orthogeriatric assessment
	2. Prompt surgery- In April 2023, 26.9% of patients had surgery the day following presentation with a hip fracture. This is a 15.3% deterioration from April 2022 which was 42.2%	2. Prompt surgery
	3. NICE compliant surgery- 72.8% of operations were consistent with the NICE recommendations in April 2023. This is 0.4% more than in April 2022.	3. NICE compliant Surgery
	4. Prompt mobilisation- In April 2023, 78.9% of patients were out of bed the day after surgery. This is 8.7% more than in April 2022.	4. Prompt mobilisation

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 73.3% of patients were not delirious in the week after their operation in April 2023.	<p>5. Not delirious when tested</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 67.8% of patients in April 2023 were discharged back to their original residence. This is 3.1% less than in April 2022.	<p>6. Return to original residence</p>
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p>

HEALTHCARE ACQUIRED INFECTIONS

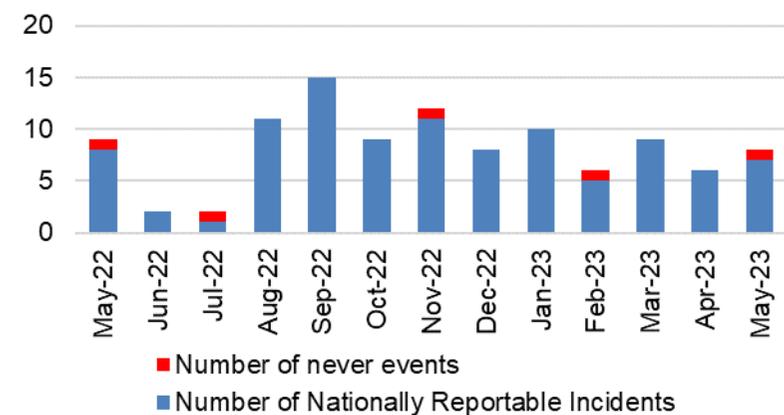
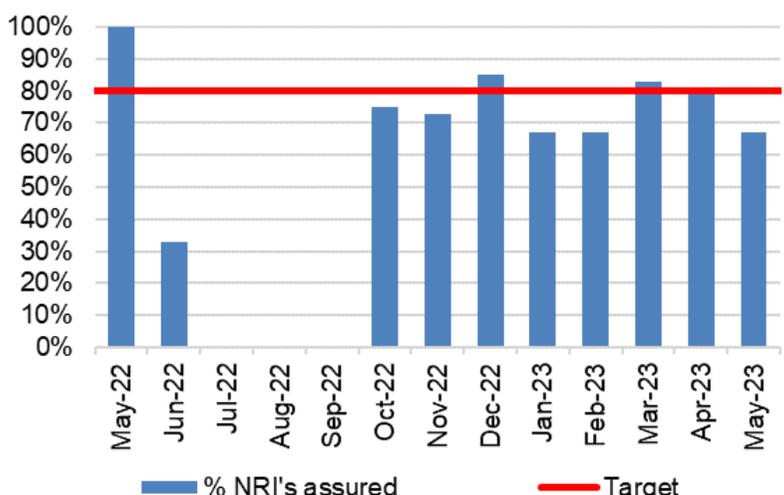
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Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 22 cases of <i>E. coli</i> bacteraemia were identified in May 2023, of which 12 were hospital acquired and 10 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 19 cases for May 2023. <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 <i>E.coli</i> bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>21</td><td></td></tr> <tr><td>Jun-22</td><td>17</td><td></td></tr> <tr><td>Jul-22</td><td>21</td><td></td></tr> <tr><td>Aug-22</td><td>32</td><td></td></tr> <tr><td>Sep-22</td><td>15</td><td></td></tr> <tr><td>Oct-22</td><td>22</td><td></td></tr> <tr><td>Nov-22</td><td>23</td><td></td></tr> <tr><td>Dec-22</td><td>22</td><td></td></tr> <tr><td>Jan-23</td><td>20</td><td></td></tr> <tr><td>Feb-23</td><td>17</td><td></td></tr> <tr><td>Mar-23</td><td>19</td><td></td></tr> <tr><td>Apr-23</td><td>26</td><td>20</td></tr> <tr><td>May-23</td><td>22</td><td>19</td></tr> <tr><td>Jun-23</td><td></td><td>20</td></tr> <tr><td>Jul-23</td><td></td><td>19</td></tr> <tr><td>Aug-23</td><td></td><td>19</td></tr> <tr><td>Sep-23</td><td></td><td>19</td></tr> <tr><td>Oct-23</td><td></td><td>20</td></tr> <tr><td>Nov-23</td><td></td><td>21</td></tr> <tr><td>Dec-23</td><td></td><td>19</td></tr> <tr><td>Jan-24</td><td></td><td>19</td></tr> <tr><td>Feb-24</td><td></td><td>19</td></tr> <tr><td>Mar-24</td><td></td><td>19</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	May-22	21		Jun-22	17		Jul-22	21		Aug-22	32		Sep-22	15		Oct-22	22		Nov-22	23		Dec-22	22		Jan-23	20		Feb-23	17		Mar-23	19		Apr-23	26	20	May-23	22	19	Jun-23		20	Jul-23		19	Aug-23		19	Sep-23		19	Oct-23		20	Nov-23		21	Dec-23		19	Jan-24		19	Feb-24		19	Mar-24		19
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Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none"> There were 10 cases of <i>Staph. aureus</i> bacteraemia in May 2023, of which 8 were hospital acquired and 2 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for May 2023. <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 <i>S.aureus</i> bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>18</td><td></td></tr> <tr><td>Jun-22</td><td>9</td><td></td></tr> <tr><td>Jul-22</td><td>12</td><td></td></tr> <tr><td>Aug-22</td><td>12</td><td></td></tr> <tr><td>Sep-22</td><td>14</td><td></td></tr> <tr><td>Oct-22</td><td>17</td><td></td></tr> <tr><td>Nov-22</td><td>8</td><td></td></tr> <tr><td>Dec-22</td><td>13</td><td></td></tr> <tr><td>Jan-23</td><td>10</td><td></td></tr> <tr><td>Feb-23</td><td>11</td><td></td></tr> <tr><td>Mar-23</td><td>10</td><td></td></tr> <tr><td>Apr-23</td><td>16</td><td>8</td></tr> <tr><td>May-23</td><td>10</td><td>6</td></tr> <tr><td>Jun-23</td><td></td><td>6</td></tr> <tr><td>Jul-23</td><td></td><td>6</td></tr> <tr><td>Aug-23</td><td></td><td>6</td></tr> <tr><td>Sep-23</td><td></td><td>6</td></tr> <tr><td>Oct-23</td><td></td><td>6</td></tr> <tr><td>Nov-23</td><td></td><td>6</td></tr> <tr><td>Dec-23</td><td></td><td>6</td></tr> <tr><td>Jan-24</td><td></td><td>5</td></tr> <tr><td>Feb-24</td><td></td><td>5</td></tr> <tr><td>Mar-24</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	May-22	18		Jun-22	9		Jul-22	12		Aug-22	12		Sep-22	14		Oct-22	17		Nov-22	8		Dec-22	13		Jan-23	10		Feb-23	11		Mar-23	10		Apr-23	16	8	May-23	10	6	Jun-23		6	Jul-23		6	Aug-23		6	Sep-23		6	Oct-23		6	Nov-23		6	Dec-23		6	Jan-24		5	Feb-24		5	Mar-24		5
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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 12 <i>Clostridium difficile</i> toxin positive cases in May 2023, of which 8 were hospital acquired, 4 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 10 cases for May 2023. <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>May-22</td><td>11</td><td></td></tr> <tr><td>Jun-22</td><td>16</td><td></td></tr> <tr><td>Jul-22</td><td>16</td><td></td></tr> <tr><td>Aug-22</td><td>22</td><td></td></tr> <tr><td>Sep-22</td><td>14</td><td></td></tr> <tr><td>Oct-22</td><td>21</td><td></td></tr> <tr><td>Nov-22</td><td>21</td><td></td></tr> <tr><td>Dec-22</td><td>14</td><td></td></tr> <tr><td>Jan-23</td><td>22</td><td></td></tr> <tr><td>Feb-23</td><td>12</td><td></td></tr> <tr><td>Mar-23</td><td>19</td><td></td></tr> <tr><td>Apr-23</td><td>18</td><td>10</td></tr> <tr><td>May-23</td><td>12</td><td>10</td></tr> <tr><td>Jun-23</td><td></td><td>8</td></tr> <tr><td>Jul-23</td><td></td><td>8</td></tr> <tr><td>Aug-23</td><td></td><td>8</td></tr> <tr><td>Sep-23</td><td></td><td>7</td></tr> <tr><td>Oct-23</td><td></td><td>7</td></tr> <tr><td>Nov-23</td><td></td><td>7</td></tr> <tr><td>Dec-23</td><td></td><td>7</td></tr> <tr><td>Jan-24</td><td></td><td>7</td></tr> <tr><td>Feb-24</td><td></td><td>7</td></tr> <tr><td>Mar-24</td><td></td><td>7</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	May-22	11		Jun-22	16		Jul-22	16		Aug-22	22		Sep-22	14		Oct-22	21		Nov-22	21		Dec-22	14		Jan-23	22		Feb-23	12		Mar-23	19		Apr-23	18	10	May-23	12	10	Jun-23		8	Jul-23		8	Aug-23		8	Sep-23		7	Oct-23		7	Nov-23		7	Dec-23		7	Jan-24		7	Feb-24		7	Mar-24		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 10 cases of <i>Klebsiella sp</i> in May 2023, of which 4 were hospital acquired and 6 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 7 cases for May 2023. <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>May-22</td><td>8</td><td></td></tr> <tr><td>Jun-22</td><td>8</td><td></td></tr> <tr><td>Jul-22</td><td>11</td><td></td></tr> <tr><td>Aug-22</td><td>8</td><td></td></tr> <tr><td>Sep-22</td><td>10</td><td></td></tr> <tr><td>Oct-22</td><td>7</td><td></td></tr> <tr><td>Nov-22</td><td>11</td><td></td></tr> <tr><td>Dec-22</td><td>8</td><td></td></tr> <tr><td>Jan-23</td><td>11</td><td></td></tr> <tr><td>Feb-23</td><td>8</td><td></td></tr> <tr><td>Mar-23</td><td>11</td><td></td></tr> <tr><td>Apr-23</td><td>8</td><td>9</td></tr> <tr><td>May-23</td><td>10</td><td>7</td></tr> <tr><td>Jun-23</td><td></td><td>7</td></tr> <tr><td>Jul-23</td><td></td><td>7</td></tr> <tr><td>Aug-23</td><td></td><td>7</td></tr> <tr><td>Sep-23</td><td></td><td>6</td></tr> <tr><td>Oct-23</td><td></td><td>4</td></tr> <tr><td>Nov-23</td><td></td><td>5</td></tr> <tr><td>Dec-23</td><td></td><td>5</td></tr> <tr><td>Jan-24</td><td></td><td>5</td></tr> <tr><td>Feb-24</td><td></td><td>5</td></tr> <tr><td>Mar-24</td><td></td><td>4</td></tr> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	Trajectory	May-22	8		Jun-22	8		Jul-22	11		Aug-22	8		Sep-22	10		Oct-22	7		Nov-22	11		Dec-22	8		Jan-23	11		Feb-23	8		Mar-23	11		Apr-23	8	9	May-23	10	7	Jun-23		7	Jul-23		7	Aug-23		7	Sep-23		6	Oct-23		4	Nov-23		5	Dec-23		5	Jan-24		5	Feb-24		5	Mar-24		4
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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 was 1 case of <i>P.Aeruginosa</i> in May 2023 which was hospital acquired. The Health Board total is currently below the Welsh Government Profile target of 2 cases for May 2023. <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> <table border="1"> <caption>Number of healthcare acquired Pseudomonas cases (SBU) and Trajectory</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>2</td><td>2</td></tr> <tr><td>Jun-22</td><td>4</td><td>4</td></tr> <tr><td>Jul-22</td><td>4</td><td>4</td></tr> <tr><td>Aug-22</td><td>3</td><td>3</td></tr> <tr><td>Sep-22</td><td>5</td><td>5</td></tr> <tr><td>Oct-22</td><td>6</td><td>6</td></tr> <tr><td>Nov-22</td><td>5</td><td>5</td></tr> <tr><td>Dec-22</td><td>3</td><td>3</td></tr> <tr><td>Jan-23</td><td>4</td><td>4</td></tr> <tr><td>Feb-23</td><td>2</td><td>2</td></tr> <tr><td>Mar-23</td><td>4</td><td>4</td></tr> <tr><td>Apr-23</td><td>2</td><td>3</td></tr> <tr><td>May-23</td><td>1</td><td>2</td></tr> <tr><td>Jun-23</td><td>0</td><td>2</td></tr> <tr><td>Jul-23</td><td>0</td><td>2</td></tr> <tr><td>Aug-23</td><td>0</td><td>2</td></tr> <tr><td>Sep-23</td><td>0</td><td>2</td></tr> <tr><td>Oct-23</td><td>0</td><td>1</td></tr> <tr><td>Nov-23</td><td>0</td><td>3</td></tr> <tr><td>Dec-23</td><td>0</td><td>2</td></tr> <tr><td>Jan-24</td><td>0</td><td>2</td></tr> <tr><td>Feb-24</td><td>0</td><td>1</td></tr> <tr><td>Mar-24</td><td>0</td><td>1</td></tr> </tbody> </table>	Month	Number of Pseudomonas cases (SBU)	Trajectory	May-22	2	2	Jun-22	4	4	Jul-22	4	4	Aug-22	3	3	Sep-22	5	5	Oct-22	6	6	Nov-22	5	5	Dec-22	3	3	Jan-23	4	4	Feb-23	2	2	Mar-23	4	4	Apr-23	2	3	May-23	1	2	Jun-23	0	2	Jul-23	0	2	Aug-23	0	2	Sep-23	0	2	Oct-23	0	1	Nov-23	0	3	Dec-23	0	2	Jan-24	0	2	Feb-24	0	1	Mar-24	0	1
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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 April 2023 there were 114 cases of healthcare acquired pressure ulcers, 31 of which were community acquired and 83 were hospital acquired. There were 12 grade 3+ pressure ulcers in April 2023, 7 of which were community acquired and 5 were hospital acquired. The rate per 100,000 admissions increased from 891 in February to 999 in March 2023. 	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table border="1"> <caption>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</caption> <thead> <tr> <th>Month</th> <th>Pressure Ulcers (Community)</th> <th>Pressure Ulcers (Hospital)</th> <th>Rate per 100,00 admissions</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>35</td><td>45</td><td>800</td></tr> <tr><td>May-22</td><td>45</td><td>55</td><td>900</td></tr> <tr><td>Jun-22</td><td>40</td><td>45</td><td>850</td></tr> <tr><td>Jul-22</td><td>45</td><td>45</td><td>850</td></tr> <tr><td>Aug-22</td><td>55</td><td>55</td><td>800</td></tr> <tr><td>Sep-22</td><td>40</td><td>40</td><td>600</td></tr> <tr><td>Oct-22</td><td>50</td><td>55</td><td>850</td></tr> <tr><td>Nov-22</td><td>65</td><td>50</td><td>950</td></tr> <tr><td>Dec-22</td><td>45</td><td>45</td><td>750</td></tr> <tr><td>Jan-23</td><td>55</td><td>55</td><td>850</td></tr> <tr><td>Feb-23</td><td>55</td><td>55</td><td>900</td></tr> <tr><td>Mar-23</td><td>75</td><td>70</td><td>1,000</td></tr> <tr><td>Apr-23</td><td>31</td><td>83</td><td>999</td></tr> </tbody> </table>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,00 admissions	Apr-22	35	45	800	May-22	45	55	900	Jun-22	40	45	850	Jul-22	45	45	850	Aug-22	55	55	800	Sep-22	40	40	600	Oct-22	50	55	850	Nov-22	65	50	950	Dec-22	45	45	750	Jan-23	55	55	850	Feb-23	55	55	900	Mar-23	75	70	1,000	Apr-23	31	83	999																
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NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p>Nationally Reportable Incidents (NRI's)- 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 7 Nationally Reportable Incidents for the month of May 2023 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - Morriston – 4 - Singleton – 2 - Neath Port Talbot - 1 <p>2. There was one new Never Event reported in May 2023 which was reported by Plastics.</p> <p>3. In May 2023, performance against the 80% target of submitting closure forms to WG within agreed timescales was 67%. There were 12 NRI's due for closure in May 2023, eight of which were closed within the required target date.</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 184 in May 2023. This is 1% More than May 2022 where 182 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>May-22</td><td>182</td></tr> <tr><td>Jun-22</td><td>170</td></tr> <tr><td>Jul-22</td><td>170</td></tr> <tr><td>Aug-22</td><td>215</td></tr> <tr><td>Sep-22</td><td>175</td></tr> <tr><td>Oct-22</td><td>185</td></tr> <tr><td>Nov-22</td><td>175</td></tr> <tr><td>Dec-22</td><td>185</td></tr> <tr><td>Jan-23</td><td>190</td></tr> <tr><td>Feb-23</td><td>175</td></tr> <tr><td>Mar-23</td><td>215</td></tr> <tr><td>Apr-23</td><td>180</td></tr> <tr><td>May-23</td><td>184</td></tr> </tbody> </table> <p>■ Hospital falls</p>	Month	Number of Falls	May-22	182	Jun-22	170	Jul-22	170	Aug-22	215	Sep-22	175	Oct-22	185	Nov-22	175	Dec-22	185	Jan-23	190	Feb-23	175	Mar-23	215	Apr-23	180	May-23	184
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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 May 2023, the percentage of completed discharge summaries was 65%.</p> <p>In May 2023, compliance ranged from 49% in Singleton Hospital to 72% in Morriston Hospital.</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>May-22</td><td>65%</td></tr> <tr><td>Jun-22</td><td>63%</td></tr> <tr><td>Jul-22</td><td>62%</td></tr> <tr><td>Aug-22</td><td>68%</td></tr> <tr><td>Sep-22</td><td>70%</td></tr> <tr><td>Oct-22</td><td>65%</td></tr> <tr><td>Nov-22</td><td>70%</td></tr> <tr><td>Dec-22</td><td>62%</td></tr> <tr><td>Jan-23</td><td>63%</td></tr> <tr><td>Feb-23</td><td>63%</td></tr> <tr><td>Mar-23</td><td>61%</td></tr> <tr><td>Apr-23</td><td>63%</td></tr> <tr><td>May-23</td><td>65%</td></tr> </tbody> </table> <p>■ % of completed discharge summaries</p>	Month	Percentage	May-22	65%	Jun-22	63%	Jul-22	62%	Aug-22	68%	Sep-22	70%	Oct-22	65%	Nov-22	70%	Dec-22	62%	Jan-23	63%	Feb-23	63%	Mar-23	61%	Apr-23	63%	May-23	65%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	<p>April 2023 reports the crude mortality rate for the Health Board at 0.72%, which is the slightly higher than those reported March 2023.</p> <p>A breakdown by Hospital for April 2023:</p> <ul style="list-style-type: none"> • Morriston – 1.32% • Singleton – 0.29% • 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>Apr-22</td><td>1.45%</td><td>0.50%</td><td>0.05%</td><td>0.85%</td></tr> <tr><td>May-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr> <tr><td>Jun-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr> <tr><td>Jul-22</td><td>1.40%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr> <tr><td>Aug-22</td><td>1.40%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr> <tr><td>Sep-22</td><td>1.40%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr> <tr><td>Oct-22</td><td>1.35%</td><td>0.40%</td><td>0.05%</td><td>0.80%</td></tr> <tr><td>Nov-22</td><td>1.35%</td><td>0.40%</td><td>0.05%</td><td>0.80%</td></tr> <tr><td>Dec-22</td><td>1.35%</td><td>0.40%</td><td>0.05%</td><td>0.80%</td></tr> <tr><td>Jan-23</td><td>1.35%</td><td>0.40%</td><td>0.05%</td><td>0.80%</td></tr> <tr><td>Feb-23</td><td>1.35%</td><td>0.40%</td><td>0.05%</td><td>0.80%</td></tr> <tr><td>Mar-23</td><td>1.35%</td><td>0.40%</td><td>0.05%</td><td>0.80%</td></tr> <tr><td>Apr-23</td><td>1.32%</td><td>0.29%</td><td>0.04%</td><td>0.72%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Apr-22	1.45%	0.50%	0.05%	0.85%	May-22	1.45%	0.45%	0.05%	0.85%	Jun-22	1.45%	0.45%	0.05%	0.85%	Jul-22	1.40%	0.45%	0.05%	0.85%	Aug-22	1.40%	0.45%	0.05%	0.85%	Sep-22	1.40%	0.45%	0.05%	0.85%	Oct-22	1.35%	0.40%	0.05%	0.80%	Nov-22	1.35%	0.40%	0.05%	0.80%	Dec-22	1.35%	0.40%	0.05%	0.80%	Jan-23	1.35%	0.40%	0.05%	0.80%	Feb-23	1.35%	0.40%	0.05%	0.80%	Mar-23	1.35%	0.40%	0.05%	0.80%	Apr-23	1.32%	0.29%	0.04%	0.72%
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Readmission Rates	<p>In May 2023, 21% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 2% higher than those figures reported in April 2023.</p>	<p>Emergencies readmitted within 28 days of previous discharge</p> <table border="1"> <caption>28 day readmission rate (SBUHB)</caption> <thead> <tr> <th>Month</th> <th>28 day readmission rate (%)</th> </tr> </thead> <tbody> <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> <tr><td>Aug-22</td><td>20%</td></tr> <tr><td>Sep-22</td><td>20%</td></tr> <tr><td>Oct-22</td><td>18%</td></tr> <tr><td>Nov-22</td><td>20%</td></tr> <tr><td>Dec-22</td><td>18%</td></tr> <tr><td>Jan-23</td><td>17%</td></tr> <tr><td>Feb-23</td><td>21%</td></tr> <tr><td>Mar-23</td><td>20%</td></tr> <tr><td>Apr-23</td><td>19%</td></tr> <tr><td>May-23</td><td>21%</td></tr> </tbody> </table>	Month	28 day readmission rate (%)	May-22	18%	Jun-22	19%	Jul-22	20%	Aug-22	20%	Sep-22	20%	Oct-22	18%	Nov-22	20%	Dec-22	18%	Jan-23	17%	Feb-23	21%	Mar-23	20%	Apr-23	19%	May-23	21%																																										
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5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

		Harm from reduction in non-Covid activity															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
					Cancer												
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	75%			46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	53.2%	56.5%	29.0%
					Planned Care												
Number of patients waiting > 26 weeks for outpatient appointment*	Morriston	0			19,498	19,662	19,516	19,607	18,748	17,562	16,148	15,379	15,048	12,754	10,956	10,446	10,114
	NPTH				18	4	2	4	1	0	0	1	23	25	7	6	5
	Singleton				6,943	7,159	7,212	7,314	7,218	6,449	5,252	4,793	5,215	4,478	4,421	4,731	4,610
	PC&CS				0	1	81	94	98	101	0	1	2	0	1	1	4
	Total				26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257	15,385	15,184	14,733
Number of patients waiting > 36 weeks for treatment*	Morriston	0			26,411	26,574	26,832	26,710	25,771	25,292	24,273	23,631	22,785	21,404	19,914	19,504	18,648
	NPTH				5	7	2	0	1	1	3	1	3	6	10	12	14
	Singleton				12,310	12,438	11,256	11,013	10,557	10,078	9,307	9,030	8,558	7,901	7,650	7,773	7,699
	PC&CS				0	1	41	117	124	125	0	0	1	0	9	0	2
	Total (inc. diagnostics > 36 wks)				39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031	30,017	28,353	28,087	27,189
Number of patients waiting > 8 weeks for a specified diagnostics*	Morriston	0			1,753	1,575	1,629	1,853	1,975	1,670	1,514	2,366	2,505	1,729	1,968	2,204	2,429
	Singleton				4,553	4,437	4,403	4,255	4,202	4,163	4,113	4,241	4,324	4,387	4,546	4,663	4,826
	Total				6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116	6,514	6,867	7,255
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	0	0	0	2	0	0	0	0	0	0	
	NPTH				17	30	46	45	82	87	67	152	48	31	45	0	0
	PC&CS				597	579	668	637	673	618	374	375	146	126	148	129	149
	Total				614	609	714	682	755	707	441	527	194	157	193	129	149

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	
Planned Care																		
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			135,879	136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070	150,860	147,864	150,109	
Number of patients delayed by over 100% past their target date *	Total				34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	41,710	41,611	42,534	
Number of patients delayed past their agreed target date (booked and not booked) *	Total				60,314	61,071	61,156	61,778	62,461	61,772	62,512	66,500	67,125	69,333	70,512	70,891	71,519	
Number of Ophthalmology patients without an allocated health risk factor	Total	0			246	495	270	222	400	353	352	368	305	553	610	647	698	
Number of patients without a documented clinical review date	Total	0			2	4	2	3	4	3	1	1	3	3	4	5	3	
Patient Experience/ Feedback																		
Number of friends and family surveys completed	PCCS	12 month improvement trend			154	130	162	195	114	163	150	143	137	147	316	303	360	
	MH&LD				26	11	11	22	16	11	35	14	35	31	34	7	44	
	Morrison				1,336	1,194	1,341	1,629	1,590	1,642	1,760	1,355	2,470	1,951	2,129	1,121	1,873	
	NPTH																	
	Singleton				1,932	1,727	1,931	2,343	2,252	2,552	2,374	2,071	2,691	2,327	2,913	1,280	1,243	
	Total					3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073	4,425	5,358	2,704	3,477
% of patients who would recommend and highly recommend	PCCS	90%	80%		94%	90%	94%	94%	95%	94%	95%	94%	91%	93%	94%	96%	95%	
	MH&LD				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Morrison				92%	83%	84%	84%	83%	87%	88%	84%	90%	89%	89%	88%	87%	
	NPTH																	
	Singleton				92%	92%	92%	91%	91%	92%	93%	92%	94%	97%	94%	88%	93%	
	Total				90%	88%	89%	89%	88%	90%	91%	89%	92%	92%	92%	92%	92%	90%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		95%	92%	96%	96%	96%	97%	99%	97%	94%	97%	98%	98%	97%	
	MH&LD																	
	Morrison				89%	82%	89%	90%	88%	93%	92%	88%	94%	93%	93%	92%	92%	
	NPTH																	
	Singleton				95%	92%	94%	94%	94%	95%	96%	95%	97%	93%	97%	97%	96%	
	Total				91%	91%	90%	93%	92%	93%	91%	92%	92%	92%	95%	95%	95%	95%
Number of new complaints received	PCCS	12 month reduction trend			34	20	22	17	14	21	21	20	28	31	30			
	MH&LD				14	16	11	9	10	6	16	10	12	12	12			
	Morrison				69	53	70	54	50	63	33	42	53	69	74			
	NPTH				4	2	6	4	9	3	2	6	4	5	14			
	Singleton				46	21	39	38	26	35	30	36	28	29	46			
	Total					176	118	153	124	120	140	113	120	127	135	183		
% 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%		88%	75%	82%	76%	71%	67%	90%	70%	96%	96%	93%			
	MH&LD				43%	69%	73%	56%	80%	50%	56%	30%	58%	67%	83%			
	Morrison				74%	72%	70%	74%	66%	83%	67%	81%	75%	64%	70%			
	NPTH				50%	100%	67%	50%	67%	33%	50%	50%	100%	60%	50%			
	Singleton				54%	38%	38%	53%	73%	67%	57%	81%	71%	42%	63%			
	Total				69%	65%	64%	65%	71%	71%	69%	73%	78%	67%	72%			

5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	<p>May 2023 has seen an increase in referral figures compared with April 2023 (12,012). Referral rates have continued to rise slowly since December 2021, with 13,341 received in May 2023. Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.</p>
1. GP Referrals <i>The number of Stage 1 additions per week</i>	<div style="background-color: #c6e0b4; padding: 5px; margin-bottom: 10px;">Trend</div> <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>1. Number of GP referrals received by SBU Health Board</p> </div> <div style="width: 45%;"> <p>2. Number of stage 1 additions per week</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="width: 45%;"> <p>3. Outpatient activity undertaken</p> </div> <div style="width: 45%;"> <p>4. Total size of the waiting list and movement (May 2023)</p> </div> </div>
2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i>	
3. Outpatient activity undertaken <i>Total number of patients seen each month</i>	
4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at May 2023</i>	

PLANNED CARE

Description

Outpatient waiting times

1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total

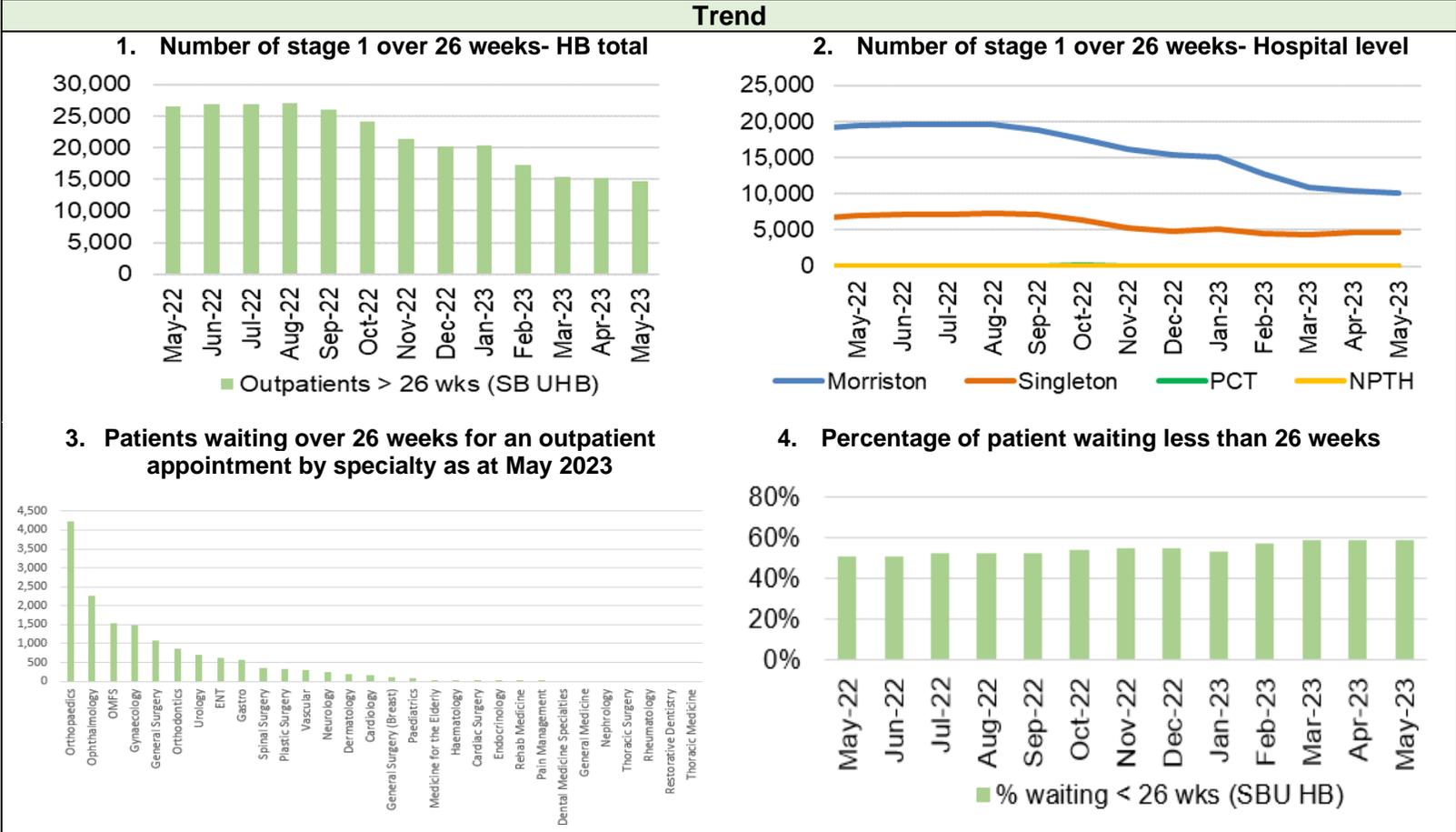
2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level

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

4. Percentage of patients waiting less than 26 weeks

Current Performance

The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, May 2023 saw an in-month reduction of 3% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 15,184 in April 2023 to 14,733 in May 2023. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and OMFS. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has improved to 58.7%.



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

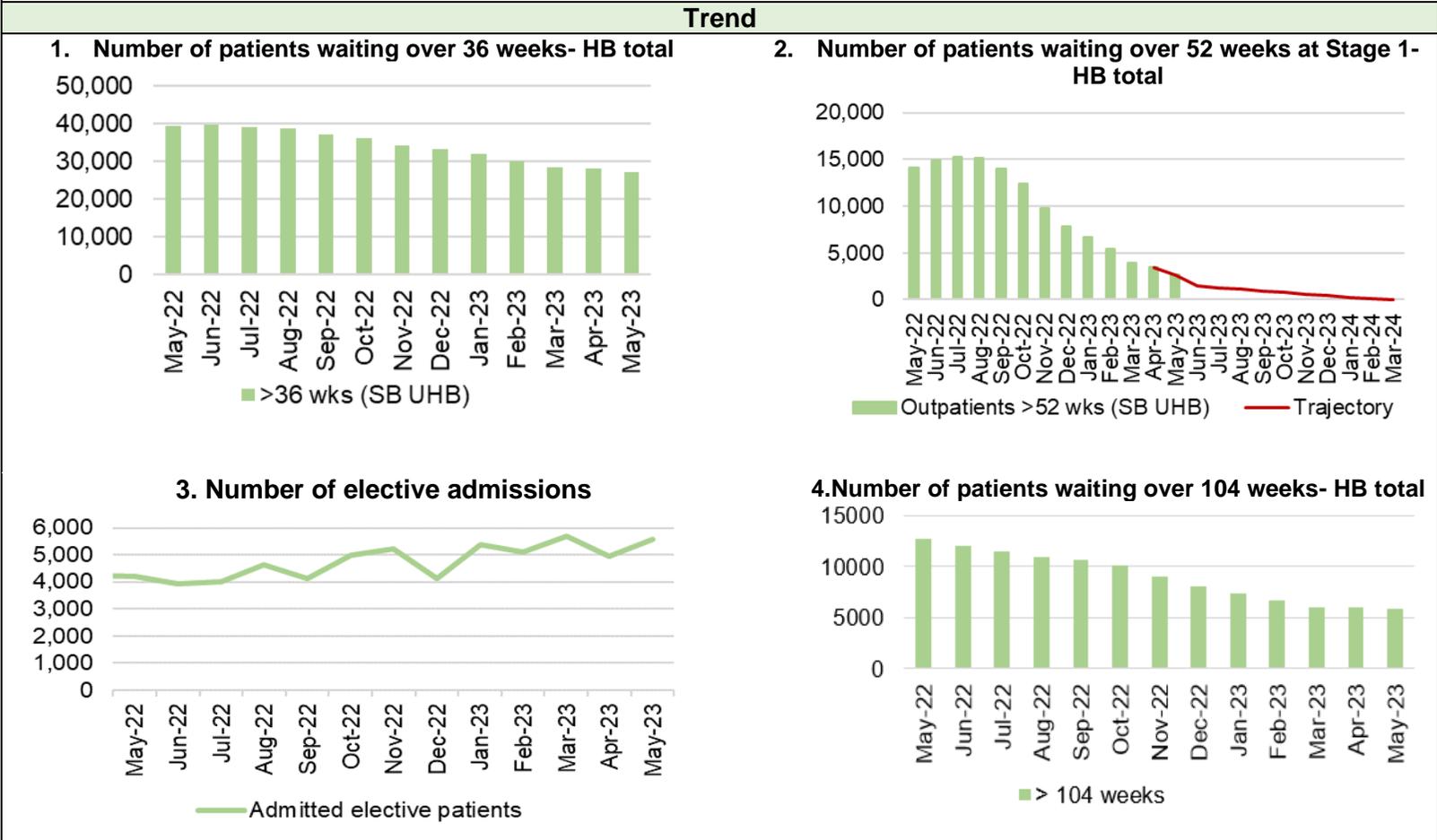
2. Number of patients waiting more than 36 weeks for treatment

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 May 2023, there were 27,189 patients waiting over 36 weeks which is a 3.2% in-month reduction from April 2023. 16,976 of the 27,189 were waiting over 52 weeks in May 2023. In May 2023, there were 5,792 patients waiting over 104 weeks for treatment, which is a 3% reduction from April 2023.



PLANNED CARE

Description	Current Performance																																																													
<p>Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In May 2023, there were 1,006 patients referred from Primary Care into secondary care ophthalmology services. This is an increase on the number of patients referred in April 2023, which was 897.</p> <p>The figures reported were also above the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in May 2023.</p>	<p>Number of referrals into secondary care Ophthalmology service</p> <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-22</td><td>1050</td><td>1000</td></tr> <tr><td>Oct-22</td><td>1020</td><td>1000</td></tr> <tr><td>Nov-22</td><td>1050</td><td>1000</td></tr> <tr><td>Dec-22</td><td>920</td><td>1000</td></tr> <tr><td>Jan-23</td><td>1020</td><td>1000</td></tr> <tr><td>Feb-23</td><td>1020</td><td>1000</td></tr> <tr><td>Mar-23</td><td>1200</td><td>1000</td></tr> <tr><td>Apr-23</td><td>897</td><td>900</td></tr> <tr><td>May-23</td><td>1006</td><td>900</td></tr> <tr><td>Jun-23</td><td>1000</td><td>900</td></tr> <tr><td>Jul-23</td><td>900</td><td>850</td></tr> <tr><td>Aug-23</td><td>950</td><td>950</td></tr> <tr><td>Sep-23</td><td>950</td><td>950</td></tr> <tr><td>Oct-23</td><td>950</td><td>950</td></tr> <tr><td>Nov-23</td><td>950</td><td>950</td></tr> <tr><td>Dec-23</td><td>800</td><td>800</td></tr> <tr><td>Jan-24</td><td>950</td><td>950</td></tr> <tr><td>Feb-24</td><td>950</td><td>950</td></tr> <tr><td>Mar-24</td><td>950</td><td>950</td></tr> </tbody> </table>	Month	Actual	Trajectory	Sep-22	1050	1000	Oct-22	1020	1000	Nov-22	1050	1000	Dec-22	920	1000	Jan-23	1020	1000	Feb-23	1020	1000	Mar-23	1200	1000	Apr-23	897	900	May-23	1006	900	Jun-23	1000	900	Jul-23	900	850	Aug-23	950	950	Sep-23	950	950	Oct-23	950	950	Nov-23	950	950	Dec-23	800	800	Jan-24	950	950	Feb-24	950	950	Mar-24	950	950
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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 May 2023, 62.3% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>60%</td><td>100%</td></tr> <tr><td>Jun-22</td><td>60%</td><td>100%</td></tr> <tr><td>Jul-22</td><td>60%</td><td>100%</td></tr> <tr><td>Aug-22</td><td>60%</td><td>100%</td></tr> <tr><td>Sep-22</td><td>60%</td><td>100%</td></tr> <tr><td>Oct-22</td><td>60%</td><td>100%</td></tr> <tr><td>Nov-22</td><td>60%</td><td>100%</td></tr> <tr><td>Dec-22</td><td>60%</td><td>100%</td></tr> <tr><td>Jan-23</td><td>50%</td><td>100%</td></tr> <tr><td>Feb-23</td><td>60%</td><td>100%</td></tr> <tr><td>Mar-23</td><td>60%</td><td>100%</td></tr> <tr><td>Apr-23</td><td>60%</td><td>100%</td></tr> <tr><td>May-23</td><td>62.3%</td><td>100%</td></tr> </tbody> </table>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Target	May-22	60%	100%	Jun-22	60%	100%	Jul-22	60%	100%	Aug-22	60%	100%	Sep-22	60%	100%	Oct-22	60%	100%	Nov-22	60%	100%	Dec-22	60%	100%	Jan-23	50%	100%	Feb-23	60%	100%	Mar-23	60%	100%	Apr-23	60%	100%	May-23	62.3%	100%																		
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<p>Theatre Efficiency</p> <p>1. <i>Theatre Utilisation Rates</i></p> <p>2. <i>% of theatre sessions starting late</i></p> <p>3. <i>% of theatre sessions finishing early</i></p> <p>4. <i>% of theatre sessions cancelled at short notice (<28 days)</i></p> <p>5. <i>% of operations cancelled on the day</i></p>	<p>In May 2023 the Theatre Utilisation rate was 76%. This is 5% higher than the figure's reported in April 2023 and are 2% lower than those seen in May 2022 (78%).</p> <p>37% of theatre sessions started late in May 2023. This is a 2% deterioration on performance seen in April 2023 (35%).</p> <p>In May 2023, 51% of theatre sessions finished early. This is 3% higher than figures seen in April 2023 and 8% higher than those seen in May 2022.</p> <p>5% of theatre sessions were cancelled at short notice in May 2023. This is 1% lower than the figure reported in April 2023 and is 1% lower than figures seen in May 2022.</p> <p>Of the operations cancelled in May 2023, 35% of them were cancelled on the day. This is the 2% higher than figures reported in April 2023.</p>	<p>1. Theatre Utilisation Rates</p> <table border="1"> <caption>1. 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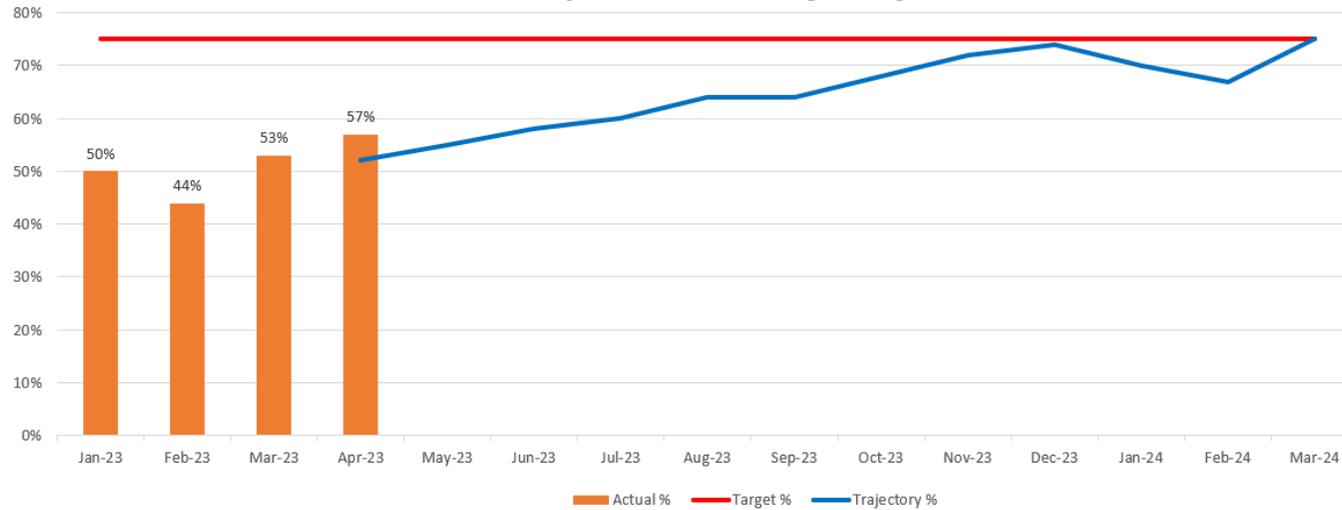
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<p>Cancer demand and shape of the waiting list</p> <p>Single Cancer Pathway Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</p>	<p>May 2023 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>63 - 103 days</th> <th>≥104 days</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>1</td><td>1</td></tr> <tr><td>Breast</td><td>17</td><td>2</td></tr> <tr><td>Children's cancer</td><td>0</td><td>0</td></tr> <tr><td>Gynaecological</td><td>69</td><td>32</td></tr> <tr><td>Haematological</td><td>9</td><td>5</td></tr> <tr><td>Head and neck</td><td>13</td><td>4</td></tr> <tr><td>Lower Gastrointestinal</td><td>46</td><td>27</td></tr> <tr><td>Lung</td><td>25</td><td>22</td></tr> <tr><td>Other</td><td>4</td><td>2</td></tr> <tr><td>Sarcoma</td><td>3</td><td>1</td></tr> <tr><td>Skin(c)</td><td>15</td><td>4</td></tr> <tr><td>Upper Gastrointestinal</td><td>34</td><td>10</td></tr> <tr><td>Urological</td><td>32</td><td>24</td></tr> <tr><td>Grand Total</td><td>268</td><td>134</td></tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	0	Brain/CNS	1	1	Breast	17	2	Children's cancer	0	0	Gynaecological	69	32	Haematological	9	5	Head and neck	13	4	Lower Gastrointestinal	46	27	Lung	25	22	Other	4	2	Sarcoma	3	1	Skin(c)	15	4	Upper Gastrointestinal	34	10	Urological	32	24	Grand Total	268	134	<p>Number of patients with a wait status of more than 62 days</p> <table border="1"> <caption>Number of patients with a wait status of more than 62 days</caption> <thead> <tr> <th>Month</th> <th>63-103 days</th> <th>≥ 104 days</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>350</td><td>100</td></tr> <tr><td>Jun-22</td><td>300</td><td>100</td></tr> <tr><td>Jul-22</td><td>350</td><td>100</td></tr> <tr><td>Aug-22</td><td>400</td><td>100</td></tr> <tr><td>Sep-22</td><td>450</td><td>100</td></tr> <tr><td>Oct-22</td><td>400</td><td>100</td></tr> <tr><td>Nov-22</td><td>350</td><td>100</td></tr> <tr><td>Dec-22</td><td>400</td><td>100</td></tr> <tr><td>Jan-23</td><td>350</td><td>100</td></tr> <tr><td>Feb-23</td><td>300</td><td>100</td></tr> <tr><td>Mar-23</td><td>300</td><td>100</td></tr> <tr><td>Apr-23</td><td>300</td><td>100</td></tr> <tr><td>May-23</td><td>300</td><td>100</td></tr> </tbody> </table>	Month	63-103 days	≥ 104 days	May-22	350	100	Jun-22	300	100	Jul-22	350	100	Aug-22	400	100	Sep-22	450	100	Oct-22	400	100	Nov-22	350	100	Dec-22	400	100	Jan-23	350	100	Feb-23	300	100	Mar-23	300	100	Apr-23	300	100	May-23	300	100
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<p>Single Cancer Pathway backlog-patients waiting over 63 days</p>	<p>May 2023 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none"> - Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog - Focussed work is being undertaken with the Endoscopy service to develop a sustainable Endoscopy plan - Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority - Focussed validation work is being undertaken each month to support the end of month position being as up to date as possible. 	<p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p> <table border="1"> <caption>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> <th>Trajectory %</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>50%</td><td>75%</td><td>50%</td></tr> <tr><td>Feb-23</td><td>44%</td><td>75%</td><td>44%</td></tr> <tr><td>Mar-23</td><td>53%</td><td>75%</td><td>53%</td></tr> <tr><td>Apr-23</td><td>57%</td><td>75%</td><td>57%</td></tr> <tr><td>May-23</td><td></td><td>75%</td><td>60%</td></tr> <tr><td>Jun-23</td><td></td><td>75%</td><td>62%</td></tr> <tr><td>Jul-23</td><td></td><td>75%</td><td>65%</td></tr> <tr><td>Aug-23</td><td></td><td>75%</td><td>65%</td></tr> <tr><td>Sep-23</td><td></td><td>75%</td><td>68%</td></tr> <tr><td>Oct-23</td><td></td><td>75%</td><td>70%</td></tr> <tr><td>Nov-23</td><td></td><td>75%</td><td>72%</td></tr> <tr><td>Dec-23</td><td></td><td>75%</td><td>73%</td></tr> <tr><td>Jan-24</td><td></td><td>75%</td><td>73%</td></tr> <tr><td>Feb-24</td><td></td><td>75%</td><td>68%</td></tr> <tr><td>Mar-24</td><td></td><td>75%</td><td>73%</td></tr> </tbody> </table>	Month	Actual %	Target %	Trajectory %	Jan-23	50%	75%	50%	Feb-23	44%	75%	44%	Mar-23	53%	75%	53%	Apr-23	57%	75%	57%	May-23		75%	60%	Jun-23		75%	62%	Jul-23		75%	65%	Aug-23		75%	65%	Sep-23		75%	68%	Oct-23		75%	70%	Nov-23		75%	72%	Dec-23		75%	73%	Jan-24		75%	73%	Feb-24		75%	68%	Mar-24		75%	73%																										
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<p>USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>To date, early May 2023 figures show total wait volumes for first outpatient appointment have increased by 18% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 55% have been booked, which is slightly higher than figures seen in the previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – June 2023</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th> <th>04-Jun</th> <th>11-Jun</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>1</td></tr> <tr><td>Breast</td><td>2</td><td>2</td></tr> <tr><td>Children's Cancer</td><td>2</td><td>1</td></tr> <tr><td>Gynaecological</td><td>68</td><td>92</td></tr> <tr><td>Haematological</td><td>2</td><td>0</td></tr> <tr><td>Head and Neck</td><td>87</td><td>85</td></tr> <tr><td>Lower GI</td><td>62</td><td>69</td></tr> <tr><td>Lung</td><td>10</td><td>9</td></tr> <tr><td>Other</td><td>198</td><td>184</td></tr> <tr><td>Sarcoma</td><td>0</td><td>0</td></tr> <tr><td>Skin</td><td>167</td><td>272</td></tr> <tr><td>Upper GI</td><td>25</td><td>26</td></tr> <tr><td>Urological</td><td>40</td><td>39</td></tr> <tr><td></td><td>663</td><td>780</td></tr> </tbody> </table>	FIRST OPA	04-Jun	11-Jun	Acute Leukaemia	0	0	Brain/CNS	0	1	Breast	2	2	Children's Cancer	2	1	Gynaecological	68	92	Haematological	2	0	Head and Neck	87	85	Lower GI	62	69	Lung	10	9	Other	198	184	Sarcoma	0	0	Skin	167	272	Upper GI	25	26	Urological	40	39		663	780
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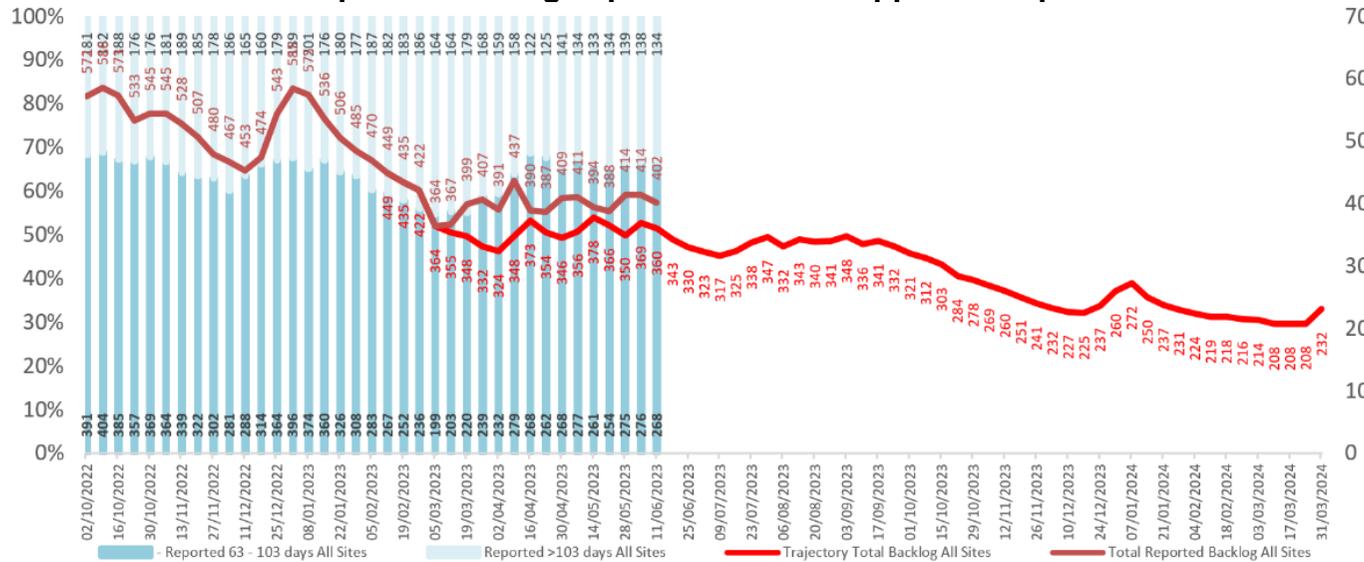
Cancer Services – Performance Escalation Updates

1. SCP performance trajectory



1. The final SCP performance for April 2023 was 57%, which is an improvement on the performance reported in March 2023. Performance is above the submitted trajectory (52%).

Proposed backlog improvements to support SCP performance



2. Backlog figures have seen a reduction in recent weeks. The total backlog at 11/06/2023 was 402.

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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 May 2023, the overall size of the follow-up waiting list increased by 2,245 patients compared with April 2023 (from 147,864 to 150,109).</p> <p>In May 2023, there was a total of 71,519 patients waiting for a follow-up past their target date. This is a slight in-month increase of 0.9% (from 70,891 in April 2023 to 71,519).</p> <p>Of the 71,519 delayed follow-ups in May 2023, 13,211 had appointment dates and 58,308 were still waiting for an appointment.</p> <p>In addition, 42,534 patients were waiting 100%+ over target date in May 2023. This is a 2.2% increase when compared with April 2023.</p> <p>Actions of Improvement; An internal SBUHB validation is in place to support validation work. Alongside this, 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 work has begun and is focussing on services with the longest waits</p>	<p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>140,000</td></tr> <tr><td>Jun-22</td><td>140,000</td></tr> <tr><td>Jul-22</td><td>140,000</td></tr> <tr><td>Aug-22</td><td>140,000</td></tr> <tr><td>Sep-22</td><td>140,000</td></tr> <tr><td>Oct-22</td><td>140,000</td></tr> <tr><td>Nov-22</td><td>140,000</td></tr> <tr><td>Dec-22</td><td>140,000</td></tr> <tr><td>Jan-23</td><td>140,000</td></tr> <tr><td>Feb-23</td><td>140,000</td></tr> <tr><td>Mar-23</td><td>140,000</td></tr> <tr><td>Apr-23</td><td>140,000</td></tr> <tr><td>May-23</td><td>150,109</td></tr> </tbody> </table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>35,000</td></tr> <tr><td>Jun-22</td><td>35,000</td></tr> <tr><td>Jul-22</td><td>35,000</td></tr> <tr><td>Aug-22</td><td>35,000</td></tr> <tr><td>Sep-22</td><td>35,000</td></tr> <tr><td>Oct-22</td><td>35,000</td></tr> <tr><td>Nov-22</td><td>35,000</td></tr> <tr><td>Dec-22</td><td>35,000</td></tr> <tr><td>Jan-23</td><td>35,000</td></tr> <tr><td>Feb-23</td><td>35,000</td></tr> <tr><td>Mar-23</td><td>35,000</td></tr> <tr><td>Apr-23</td><td>40,000</td></tr> <tr><td>May-23</td><td>42,534</td></tr> <tr><td>Jun-23</td><td>38,000</td></tr> <tr><td>Jul-23</td><td>35,000</td></tr> <tr><td>Aug-23</td><td>32,000</td></tr> <tr><td>Sep-23</td><td>30,000</td></tr> <tr><td>Oct-23</td><td>28,000</td></tr> <tr><td>Nov-23</td><td>26,000</td></tr> <tr><td>Dec-23</td><td>24,000</td></tr> <tr><td>Jan-24</td><td>22,000</td></tr> <tr><td>Feb-24</td><td>20,000</td></tr> <tr><td>Mar-24</td><td>18,000</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>	Month	Number of patients	May-22	140,000	Jun-22	140,000	Jul-22	140,000	Aug-22	140,000	Sep-22	140,000	Oct-22	140,000	Nov-22	140,000	Dec-22	140,000	Jan-23	140,000	Feb-23	140,000	Mar-23	140,000	Apr-23	140,000	May-23	150,109	Month	Number of patients	May-22	35,000	Jun-22	35,000	Jul-22	35,000	Aug-22	35,000	Sep-22	35,000	Oct-22	35,000	Nov-22	35,000	Dec-22	35,000	Jan-23	35,000	Feb-23	35,000	Mar-23	35,000	Apr-23	40,000	May-23	42,534	Jun-23	38,000	Jul-23	35,000	Aug-23	32,000	Sep-23	30,000	Oct-23	28,000	Nov-23	26,000	Dec-23	24,000	Jan-24	22,000	Feb-24	20,000	Mar-24	18,000
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<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 May 2023 was 90% and 3,477 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,243 surveys in May 2023, with a recommended score of 93%. Morrison Hospital completed 1,873 surveys in May 2023, with a recommended score of 87%. Primary & Community Care completed 360 surveys for May 2023, with a recommended score of 95%. The Mental Health Service Group completed 44 surveys for May 2023, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p> <table border="1"> <caption>1. Number of friends and family surveys completed</caption> <thead> <tr> <th>Month</th> <th>MH & LD</th> <th>Neath Port Talbot</th> <th>Singleton Hospital</th> <th>Primary & Community</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>1,500</td><td>1,800</td><td>2,000</td><td>1,200</td></tr> <tr><td>Jun-22</td><td>1,300</td><td>1,700</td><td>1,800</td><td>1,100</td></tr> <tr><td>Jul-22</td><td>1,400</td><td>1,900</td><td>2,100</td><td>1,300</td></tr> <tr><td>Aug-22</td><td>1,600</td><td>2,100</td><td>2,300</td><td>1,500</td></tr> <tr><td>Sep-22</td><td>1,500</td><td>2,000</td><td>2,200</td><td>1,400</td></tr> <tr><td>Oct-22</td><td>1,700</td><td>2,200</td><td>2,400</td><td>1,600</td></tr> <tr><td>Nov-22</td><td>1,800</td><td>2,300</td><td>2,500</td><td>1,700</td></tr> <tr><td>Dec-22</td><td>1,400</td><td>2,000</td><td>2,100</td><td>1,300</td></tr> <tr><td>Jan-23</td><td>2,500</td><td>2,800</td><td>3,000</td><td>2,200</td></tr> <tr><td>Feb-23</td><td>2,000</td><td>2,400</td><td>2,600</td><td>1,800</td></tr> <tr><td>Mar-23</td><td>2,300</td><td>2,700</td><td>2,900</td><td>2,100</td></tr> <tr><td>Apr-23</td><td>1,200</td><td>1,500</td><td>1,600</td><td>1,000</td></tr> <tr><td>May-23</td><td>2,200</td><td>2,500</td><td>2,700</td><td>1,900</td></tr> </tbody> </table> <p>2. % of patients/ service users who would recommend and highly recommend</p> <table border="1"> <caption>2. % of patients/ service users who would recommend and highly recommend</caption> <thead> <tr> <th>Month</th> <th>MH&LD</th> <th>Morrison</th> <th>NPT</th> <th>PCCS</th> <th>Singleton</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>95%</td><td>88%</td><td>92%</td><td>94%</td><td>91%</td></tr> <tr><td>Jun-22</td><td>95%</td><td>83%</td><td>91%</td><td>93%</td><td>90%</td></tr> <tr><td>Jul-22</td><td>95%</td><td>83%</td><td>91%</td><td>94%</td><td>91%</td></tr> <tr><td>Aug-22</td><td>95%</td><td>83%</td><td>91%</td><td>94%</td><td>91%</td></tr> <tr><td>Sep-22</td><td>95%</td><td>83%</td><td>91%</td><td>94%</td><td>91%</td></tr> <tr><td>Oct-22</td><td>95%</td><td>86%</td><td>91%</td><td>94%</td><td>91%</td></tr> <tr><td>Nov-22</td><td>95%</td><td>84%</td><td>91%</td><td>94%</td><td>91%</td></tr> <tr><td>Dec-22</td><td>95%</td><td>83%</td><td>91%</td><td>94%</td><td>91%</td></tr> <tr><td>Jan-23</td><td>95%</td><td>88%</td><td>91%</td><td>94%</td><td>91%</td></tr> <tr><td>Feb-23</td><td>95%</td><td>88%</td><td>91%</td><td>94%</td><td>91%</td></tr> <tr><td>Mar-23</td><td>95%</td><td>88%</td><td>91%</td><td>94%</td><td>91%</td></tr> <tr><td>Apr-23</td><td>95%</td><td>87%</td><td>91%</td><td>94%</td><td>91%</td></tr> <tr><td>May-23</td><td>95%</td><td>87%</td><td>91%</td><td>94%</td><td>91%</td></tr> </tbody> </table>	Month	MH & LD	Neath Port Talbot	Singleton Hospital	Primary & Community	May-22	1,500	1,800	2,000	1,200	Jun-22	1,300	1,700	1,800	1,100	Jul-22	1,400	1,900	2,100	1,300	Aug-22	1,600	2,100	2,300	1,500	Sep-22	1,500	2,000	2,200	1,400	Oct-22	1,700	2,200	2,400	1,600	Nov-22	1,800	2,300	2,500	1,700	Dec-22	1,400	2,000	2,100	1,300	Jan-23	2,500	2,800	3,000	2,200	Feb-23	2,000	2,400	2,600	1,800	Mar-23	2,300	2,700	2,900	2,100	Apr-23	1,200	1,500	1,600	1,000	May-23	2,200	2,500	2,700	1,900	Month	MH&LD	Morrison	NPT	PCCS	Singleton	May-22	95%	88%	92%	94%	91%	Jun-22	95%	83%	91%	93%	90%	Jul-22	95%	83%	91%	94%	91%	Aug-22	95%	83%	91%	94%	91%	Sep-22	95%	83%	91%	94%	91%	Oct-22	95%	86%	91%	94%	91%	Nov-22	95%	84%	91%	94%	91%	Dec-22	95%	83%	91%	94%	91%	Jan-23	95%	88%	91%	94%	91%	Feb-23	95%	88%	91%	94%	91%	Mar-23	95%	88%	91%	94%	91%	Apr-23	95%	87%	91%	94%	91%	May-23	95%	87%	91%	94%	91%
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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 March 2023, the Health Board received 183 formal complaints; this is a 17% increase on the number seen in March 2022.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 72% in March 2023, 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> <th style="background-color: #d9ead3;"></th> <th style="background-color: #d9ead3;">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;">70%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td style="text-align: center;">83%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td style="text-align: center;">93%</td> </tr> <tr> <td>Singleton Hospital</td> <td style="text-align: center;">63%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	50%	Morrison Hospital	70%	Mental Health & Learning Disabilities	83%	Primary, Community and Therapies	93%	Singleton Hospital	63%	<p style="text-align: center;">1. Number of formal complaints received</p> <p style="text-align: center;">2. Response rate for concerns within 30 days</p>
	30 day response rate													
Neath Port Talbot Hospital	50%													
Morrison Hospital	70%													
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6.1 Overview

		Harm from wider societal actions/lockdown														
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU											
					May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Childhood immunisations																
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		94.0%		94.8%		95.3%		95.1%					
	Swansea				95.5%		95.0%		94.1%		95.6%					
	HB Total				94.9%		94.9%		94.6%		95.4%					
% children who received MenB2 vaccine by age 1	NPT	95%	90%		94.0%		96.1%		95.9%		95.1%					
	Swansea				93.6%		94.6%		93.3%		93.5%					
	HB Total				93.7%		95.2%		94.3%		94.2%					
% children who received PCV2 vaccine by age 1	NPT	95%	90%		95.3%		97.7%		97.4%		96.3%					
	Swansea				95.8%		96.5%		94.3%		96.2%					
	HB Total				95.7%		96.9%		95.5%		96.2%					
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		93.0%		94.2%		95.3%		94.8%					
	Swansea				93.4%		91.5%		91.8%		94.1%					
	HB Total				93.2%		92.5%		93.2%		94.4%					
% children who received MMR1 vaccine by age 2	NPT	95%	90%		92.8%		96.4%		92.5%		95.6%					
	Swansea				93.8%		93.0%		93.8%		93.9%					
	HB Total				93.4%		94.3%		93.3%		94.6%					
% children who received PCVf3 vaccine by age 2	NPT	95%	90%		93.1%		95.5%		91.9%		95.2%					
	Swansea				92.4%		93.0%		93.4%		93.1%					
	HB Total				92.7%		94.0%		92.9%		93.9%					
% children who received MenB4 vaccine by age 2	NPT	95%	90%		92.8%		96.4%		92.5%		95.2%					
	Swansea				92.6%		92.3%		92.5%		92.3%					
	HB Total				92.7%		93.9%		92.5%		93.4%					
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		92.8%		95.2%		92.2%		94.9%					
	Swansea				92.6%		92.3%		92.7%		92.7%					
	HB Total				92.7%		93.4%		92.5%		93.6%					

Measure	Locality	National/ Local Target	Internal profile	Trend												
					May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
% children who are up to date in schedule by age 4	NPT	95%	90%		84.3%			85.3%				81.3%			87.5%	
	Swansea				87.5%			84.8%			82.1%			81.6%		
	HB Total				86.4%			85.0%			81.8%			83.8%		
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		90.7%			90.7%			89.0%			90.4%		
	Swansea				89.4%			89.3%			89.8%			87.2%		
	HB Total				89.9%			89.8%			89.5%			88.4%		
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		90.9%			91.0%			90.0%			91.2%		
	Swansea				89.9%			89.9%			89.4%			87.7%		
	HB Total				90.3%			90.3%			89.6%			89.0%		
% children who received MMR vaccination by age 16	NPT	95%	90%		95.9%			92.3%			92.4%			97.5%		
	Swansea				94.0%			91.4%			90.2%			94.5%		
	HB Total				94.7%			91.7%			91.0%			95.6%		
% children who received teenage booster by age 16	NPT	90%	85%		88.6%			91.6%			87.3%			86.8%		
	Swansea				90.0%			90.5%			89.6%			90.2%		
	HB Total				89.4%			90.9%			88.8%			88.9%		
% children who received MenACWY vaccine by age 16	NPT	Improve			88.3%			92.1%			87.5%			87.1%		
	Swansea				90.1%			90.9%			90.2%			90.5%		
	HB Total				89.4%			91.4%			89.2%			89.2%		
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	100%	100%	100%	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%			40%	33%	38%	34%	91%	91%	89%	79%	62%	82%	74%	55%
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			23%	22%	42%	27%	27%	83%	65%	56%	24%	64%	74%	55%
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			41%	41%	38%	34%	91%	90%	89%	79%	62%	82%		
% 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%	96%	94%	97%	93%	95%	98%	94%	91%	95%	96%	78%
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			51%	38%	61%	35%	43%	36%	27%	35%	40%	26%	50%	21%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			97%	100%	100%	100%	98%	100%	98%	98%	100%	100%	100%	96%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			100%	100%	100%	97%	96%	93%	92%	92%	91%	88%	85%	85%
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			36%	47%	44%	44%	36%	40%	39%	37%	29%	29%	29%	28%
% 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%			97%	100%	100%	100%	87%	87%	99%	99%	91%	100%	100%	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%			89%	89%	89%	90%	89%	90%	90%	90%	89%	89%	87%	87%

6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																										
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<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In April 2023, 78% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In April 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 96%.</p> <p>3. 87% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in April 2023.</p> <p>4. In April 2023, 85% of patients waited less than 26 weeks for psychological therapy. This was below 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>Apr-22</td><td>95%</td><td>95%</td></tr> <tr><td>May-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-23</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>78%</td><td>95%</td></tr> </tbody> </table> <p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <table border="1"> <caption>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>96%</td><td>95%</td></tr> <tr><td>May-22</td><td>96%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>96%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>96%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>96%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>96%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>96%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>96%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>96%</td><td>95%</td></tr> <tr><td>Jan-23</td><td>96%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>96%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>96%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>96%</td><td>95%</td></tr> </tbody> </table> <p>3. % residents with a valid Care and Treatment Plan (CTP)</p> <table border="1"> <caption>3. % residents with a valid Care and Treatment Plan (CTP)</caption> <thead> <tr> <th>Month</th> <th>% patients with valid CTP (>18 yrs)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>87%</td><td>87%</td></tr> <tr><td>May-22</td><td>87%</td><td>87%</td></tr> <tr><td>Jun-22</td><td>87%</td><td>87%</td></tr> <tr><td>Jul-22</td><td>87%</td><td>87%</td></tr> <tr><td>Aug-22</td><td>87%</td><td>87%</td></tr> <tr><td>Sep-22</td><td>87%</td><td>87%</td></tr> <tr><td>Oct-22</td><td>87%</td><td>87%</td></tr> <tr><td>Nov-22</td><td>87%</td><td>87%</td></tr> <tr><td>Dec-22</td><td>87%</td><td>87%</td></tr> <tr><td>Jan-23</td><td>87%</td><td>87%</td></tr> <tr><td>Feb-23</td><td>87%</td><td>87%</td></tr> <tr><td>Mar-23</td><td>87%</td><td>87%</td></tr> <tr><td>Apr-23</td><td>87%</td><td>87%</td></tr> </tbody> </table> <p>4. % waiting less than 26 weeks for Psychology Therapy</p> <table border="1"> <caption>4. % waiting less than 26 weeks for Psychology Therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>85%</td><td>95%</td></tr> <tr><td>May-22</td><td>85%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>85%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>85%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>85%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>85%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>85%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>85%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>85%</td><td>95%</td></tr> <tr><td>Jan-23</td><td>85%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>85%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>85%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>85%</td><td>95%</td></tr> </tbody> </table>	Month	% assessments within 28 days (>18 yrs)	Target	Apr-22	95%	95%	May-22	95%	95%	Jun-22	95%	95%	Jul-22	95%	95%	Aug-22	95%	95%	Sep-22	95%	95%	Oct-22	95%	95%	Nov-22	95%	95%	Dec-22	95%	95%	Jan-23	95%	95%	Feb-23	95%	95%	Mar-23	95%	95%	Apr-23	78%	95%	Month	% therapeutic interventions started within 28 days (>18 yrs)	Target	Apr-22	96%	95%	May-22	96%	95%	Jun-22	96%	95%	Jul-22	96%	95%	Aug-22	96%	95%	Sep-22	96%	95%	Oct-22	96%	95%	Nov-22	96%	95%	Dec-22	96%	95%	Jan-23	96%	95%	Feb-23	96%	95%	Mar-23	96%	95%	Apr-23	96%	95%	Month	% patients with valid CTP (>18 yrs)	Profile	Apr-22	87%	87%	May-22	87%	87%	Jun-22	87%	87%	Jul-22	87%	87%	Aug-22	87%	87%	Sep-22	87%	87%	Oct-22	87%	87%	Nov-22	87%	87%	Dec-22	87%	87%	Jan-23	87%	87%	Feb-23	87%	87%	Mar-23	87%	87%	Apr-23	87%	87%	Month	% waiting less than 26 wks for psychological therapy	Target	Apr-22	85%	95%	May-22	85%	95%	Jun-22	85%	95%	Jul-22	85%	95%	Aug-22	85%	95%	Sep-22	85%	95%	Oct-22	85%	95%	Nov-22	85%	95%	Dec-22	85%	95%	Jan-23	85%	95%	Feb-23	85%	95%	Mar-23	85%	95%	Apr-23	85%	95%
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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

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<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 April 2023, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 55% of routine assessments were undertaken within 28 days from referral in April 2023 against a target of 80%.</p> <p>3. 21% of therapeutic interventions were started within 28 days following assessment by LPMHSS in April 2023.</p> <p>4. 28% of NDD patients received a diagnostic assessment within 26 weeks in April 2023 against a target of 80%.</p> <p>5. 82% of routine assessments by SCAMHS were undertaken within 28 days in February 2023. <i>* Updated data is not currently available to report*</i></p>	<p>1. Crisis- assessment within 48 hours</p> <table border="1"> <caption>1. 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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 relate	Number of new COVID19 cases*	Local			May-23						81
	Number of staff referred for Antigen Testing*	Local			Mar-23						43
	Number of staff awaiting results of COVID19 test*	Local			May-23						0
	Number of COVID19 related incidents*	Local			May-23						61
	Number of COVID19 related serious incidents*	Local			May-23						0
	Number of COVID19 related complaints*	Local			May-23						0
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			May-23						0
	Number of staff self isolated (symptomatic)*	Local			May-23						27
	% sickness*	Local			May-23						0.2%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		May-23	708		0			708
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	National	95%		May-23	60.5%	97.1%				75%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		May-23	1,303	0				1,303
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		May-23	19%					19%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		May-23	40%					40%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		May-23	91%					91%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		May-23	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		May-23	63%					63%
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Apr-23	95.5%					95.5%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Apr-23	26.9%					26.9%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Apr-23	72.8%					72.8%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Apr-23	78.9%					78.9%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Apr-23	73.3%					73.3%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Apr-23	67.8%					67.8%
	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%

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	20	May-23	8	1	3	10	0	22
	Number of S.aureus bacteraemia cases	National		8	May-23	4	0	4	2	0	10
	Number of C.difficile cases	National		10	May-23	6	1	1	4	0	19
	Number of Klebsiella cases	National		9	May-23	2	1	1	6	0	10
	Number of Aeruginosa cases	National		3	May-23	1	0	0	0	0	1
	Compliance with hand hygiene audits	Local	95%		May-23	95%	89%	89%	-	100%	95%
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		May-23	4	1	2	0	0	7
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		May-23						67%
	Number of Never Events	Local	0		May-23	1	0	0	0	0	1
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Apr-23	73	2	7	31	1	114
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Apr-23	4	0	1	7	0	12
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Mar-23						999
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		May-23	93	23	31	12	25	184
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Apr-23						4.55
Mortality	Crude hospital mortality rate by Delivery Unit (74 years of	National	12 month reduction trend		Apr-23	1.32%	0.04%	0.29%			0.72%

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

Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	75%		May-23 (Draft)						29%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		May-23	10,114	5	4,610	4		14,733
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		May-23	18,648	14	7,699	2		27,189
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		May-23	2,429		4,826			7,255
	Number of patients waiting > 14 weeks for a specified therapy	National	0		May-23				149	0	149
	Total number of patients waiting for a follow-up outpatient appointment	National	0		May-23						150,109
	Number of patients delayed by over 100% past their target date	National	0		May-23						42,534
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		May-23						71,519
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		May-23						698
	Number of patients without a documented clinical review date	Local	0		May-23						3
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		May-23	1,873	Now reported under Singleton	1,243	360	44	1,873
	% of patients who would recommend and highly recommend	Local	90%	80%	May-23	87%		93%	95%	100%	90%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	May-23	92%		96%	97%		95%
	Number of new complaints received	Local	12 month reduction trend		Mar-23	74	14	46	30	12	183
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	National	75%	80%	Mar-23	70%	50%	63%	93%	83%	72%

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

Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q4 2022/23						95.4%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q4 2022/23						94.2%
	% children who received PCV2 vaccine by age 1		95%	90%	Q4 2022/23						96.2%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q4 2022/23						94.4%
	% children who received MMR1 vaccine by age 2		95%	90%	Q4 2022/23						94.6%
	% children who received PCV3 vaccine by age 2		95%	90%	Q4 2022/23						93.9%
	% children who received MenB4 vaccine by age 2		95%	90%	Q4 2022/23						93.4%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q4 2022/23						93.6%
	% children who are up to date in schedule by age 4		95%	90%	Q4 2022/23						83.8%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q4 2022/23						88.4%
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q4 2022/23						89.0%
	% children who received MMR vaccination by age 16		95%	90%	Q4 2022/23						95.6%
	% children who received teenage booster by age 16		90%	85%	Q4 2022/23						88.9%
	% children who received MenACWY vaccine by age 16		Improve		Q4 2022/23						89.2%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Apr-23						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Apr-23						55%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Apr-23						55%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Feb-23						82%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Apr-23					78%	78%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Apr-23						21%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Apr-23					96%	96%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Apr-23					85%	85%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Apr-23						28%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Apr-23						100%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Apr-23					87%	87%

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

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	
COVID19 related measures	Number of new COVID19 cases	Local	May-23	81		Reduce					286	372	600	217	218	171	171	395	230	249	378	153	81	
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce					17,315	17,579	17,878	17,916	17,926	17,934	17,981	18,108	18,157	18,187	18,230			
	Number of staff awaiting results of COVID19 test	Local	May-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	May-23	61		Reduce					39	52	91	46	84	61	51	61	34	33	57	29	61	
	Number of COVID19 related serious incidents	Local	May-23	0		Reduce					0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	May-23	0		Reduce					0	4	5	6	11	3	3	0	0	0	2	2	1	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	May-23	0		Reduce					29	28	26	8	5	1	0	0	0	0	1	0	0	0
	Number of staff self isolated (symptomatic)	Local	May-23	27		Reduce					125	287	272	121	100	121	124	144	70	63	57	45	27	
% sickness	Local	May-23	0.2%		Reduce					1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%		
Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	May-23	56%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		56%	57%	56%	55%	49%	50%	46%	41%	52%	52%	48%	50%	56%	
	Number of ambulance handovers over one hour	National	May-23	708	0			6,798 (Dec-22)	1st (Dec-22)		538	578	659	705	732	739	744	614	561	594	729	658	708	
	Handover hours lost over 15 minutes	Local	May-23	3952							1,892	2,920	2,976	3,870	4,378	4,599	4,456	4,289	3,440	3,245	4,659	3,627	3,952	
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	May-23	75%	95%			63.1% (Dec-22)	4th (Dec-22)		74%	72%	69%	70%	73%	71%	70%	65%	74%	76%	74%	75%	75%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	May-23	1303	0			12,099 (Dec-22)	4th (Dec-22)		1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125	1,395	1,083	1,303	
NOF	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Sep-22	93.0%	12 month ↑			70% (Oct-22)	1st (Oct-22)		90.0%	89.0%	91.0%	93.0%	93.0%									
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	May-23	18.6%	54.0%						20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	
	CT Scan (<1 hrs) (local)	Local	May-23	39.5%							38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	May-23	90.7%							90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	
	Thrombolysis door to needle <= 45 mins	Local	May-23	0.0%							12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	0.0%	10.0%	25.0%	0.0%
	% stroke patients who receive mechanical thrombectomy	National	May-23	7.1%	10%			2.1% (Nov-22)	4th (Nov-22)		0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	0.0%	6.5%	2.0%	7.1%
% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	May-23	62.9%	12 month ↑			50.7% (Nov-22)	4th (Nov-22)		34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%	68.6%	62.9%		
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													
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Apr-23	83		12 month ↓	✘				58	53	58	54	39	59	69	47	64	60	76	83		
	Number of pressure ulcers developed in the community			31		12 month ↓	✘				39	32	27	50	40	44	45	42	45	41	62	31		
	Total number of pressure ulcers		Apr-23	114		12 month ↓	✘				97	85	85	104	79	103	114	89	109	101	138	114		
	Number of grade 3+ pressure ulcers acquired in community		Apr-23	7		12 month ↓	✘				10	12	2	11	6	2	7	13	4	9	14	7		
	Total number of grade 3+ pressure ulcers		Apr-23	12		12 month ↓	✘				12	15	7	14	6	3	14	21	8	13	21	12		

Harm from overwhelmed NHS and social care system																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Apr-23	81.1	<67		✘	67.80 (Dec-22)	3rd (Dec-22)		79.6	70.8	68.9	74.5	70.4	69.4	70.0	69.6	68.7	67.9	67.5	81.1			
	Number of E.Coli bacteraemia cases (Hospital)		May-23	12								8	5	3	11	7	12	11	8	8	9	9	14	12	
	Number of E.Coli bacteraemia cases (Community)		May-23	10									13	12	18	21	8	10	12	14	12	8	10	12	10
	Total number of E.Coli bacteraemia cases		May-23	22									21	17	21	32	15	22	23	22	20	17	19	26	22
	Cumulative cases of S.aureus bacteraemias per 100k pop		Apr-23	53.1	<20		✘	27.76 (Dec-22)	6th (Dec-22)		50.5	41.0	39.8	38.4	39.3	41.0	39.0	39.4	38.4	38.6	38.6	38.6	53.1		
	Number of S.aureus bacteraemias cases (Hospital)		May-23	8									9	7	6	6	8	13	3	10	8	9	5	7	8
	Number of S.aureus bacteraemias cases (Community)		May-23	2									9	2	6	6	6	4	5	3	2	2	5	9	2
	Total number of S.aureus bacteraemias cases		May-23	10									18	9	12	12	14	17	8	13	10	11	10	16	10
	Cumulative cases of C.difficile per 100k pop		Apr-23	56.2	<25		✘	36.68 (Dec-22)	5th (Dec-22)		36.7	41.0	42.9	47.6	46.9	48.9	50.9	49.6	51.3	50.6	51.4	51.4	56.2		
	Number of C.difficile cases (Hospital)		May-23	8									7	7	10	16	11	15	10	8	15	10	13	7	8
	Number of C.difficile cases (Community)		May-23	4									4	9	6	6	3	6	11	6	7	2	6	8	4
	Total number of C.difficile cases		May-23	12									11	16	16	22	14	21	21	14	22	12	19	15	12
	Cumulative cases of Klebsiella per 100k pop		Apr-23	25.0									21.4	22.6	24.5	25.0	25.5	24.9	26.0	26.1	26.9	26.8	27.4	25.0	
	Number of Klebsiella cases (Hospital)		May-23	4									7	6	4	4	1	3	6	5	5	7	4	7	4
	Number of Klebsiella cases (Community)		May-23	6									1	2	7	4	9	4	5	3	6	1	7	1	6
	Total number of Klebsiella cases		May-23	10						63 Total (Dec-22)	2nd (Dec-22)		8	8	11	8	10	7	11	8	11	8	11	8	10
	Cumulative cases of Aeruginosa per 100k pop		Apr-23	6.2									6.1	8.2	9.2	9.2	10.2	11.3	11.9	11.5	11.6	11.2	11.3	6.2	
	Number of Aeruginosa cases (Hospital)		May-23	1									1	3	2	3	4	3	5	1	2	2	2	1	1
Number of Aeruginosa cases (Community)	May-23	0									1	1	2	0	1	3	0	2	2	0	2	1	0		
Total number of Aeruginosa cases	May-23	1						8 Total (Dec-22)	4th (Dec-22)		2	4	4	3	5	6	5	3	4	2	4	2	1		
Hand Hygiene Audits- compliance with WHO 5 moments		Local	May-23	95.2%		95%	✔				96%	98%	96%	90%	97%	96%	96%	95%	97%	95%	93%	99%	95%		
Inpatient Falls	Number of Inpatient Falls	Local	May-23	184		12 month ↓	✘				182	172	174	216	175	184	178	184	189	179	214	183	184		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	May-23	92%		98%	✘				93.9%	93.7%	90.5%	86.2%	87.6%	87.5%	88.2%	97.2%	91.8%	98.3%	85.1%	96.6%	91.9%		
Coding	% of episodes clinically coded within 1 month of discharge	Local	Apr-23	55%	95%	95%	✘				68%	81%	82%	77%	81%	84%	67%	78%	71%	76%	67%	55%			
E-TOC	% of completed discharge summaries (total signed and sent)	Local	May-23	65%		100%	✘				66%	64%	63%	69%	70%	66%	71%	62%	64%	64%	62%	64%	65%		
Workforce	Agency spend as a % of the total pay bill	National	May-23	5.80%		12 month ↓		5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		6.3%	6.2%	6.7%	6.4%	4.9%	6.5%	6.4%	6.0%	7.4%	6.2%	5.2%	5.7%	5.8%		
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	May-23	68%	85%	85%	✘	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		56%	55%	58%	61%	64%	67%	68%	68%	69%	69%	69%	72%	68%		
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	May-23	87%	85%	85%	✔	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		80%	80%	81%	81%	82%	83%	84%	84%	85%	85%	82%	86%	87%		
	% workforce sickness absence (12 month rolling)	National	Apr-23	7.46%		12 month ↓		7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		8.20%	8.29%	8.46%	8.44%	8.25%	8.08%	7.99%	8.02%	7.89%	7.78%	7.65%	7.46%			

Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	May-23	13.0%							10.9%	11.5%	10.4%	10.0%	10.0%	9.6%	9.9%	10.9%	9.7%	9.9%	9.9%	11.8%	13.0%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	May-23	29.0%	12 month ↑			53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	53.2%	56.5%	29.0%
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	May-23	35%	80%		✘				5%	18%	2%	10%	5%	18%	19%	26%	32%	31%	32%	22%	35%
	Scheduled (21 Day Target)	Local	May-23	81%	100%		✘				36%	51%	29%	35%	34%	65%	82%	83%	82%	86%	81%	70%	81%
	Urgent SC (2 Day Target)	Local	May-23	50%	80%		✘				13%	22%	18%	11%	31%	33%	17%	37%	31%	19%	30%	22%	50%
	Urgent SC (7 Day Target)	Local	May-23	73%	100%		✘				44%	43%	64%	48%	54%	70%	77%	70%	85%	69%	84%	70%	73%
	Emergency (within 1 day)	Local	May-23	100%	80%		✔				83%	82%	58%	65%	100%	70%	100%	83%	100%	100%	91%	100%	100%
	Emergency (within 2 days)	Local	May-23	100%	100%		✔				100%	88%	92%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	May-23	93%	80%		✔				80%	68%	66%	91%	70%	81%	91%	85%	82%	93%	94%	87%	93%
	Elective Delay (14 Day Target)	Local	May-23	100%	100%		✔				91%	79%	70%	98%	79%	91%	100%	100%	98%	100%	100%	93%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	May-23	4,847	0%			15,517 (Nov-22)	7th (Nov-22)		4,564	4,449	4,407	4,257	4,205	4,170	4,136	4,289	4,372	4,408	4,554	4,677	4,847
	Number of patients waiting > 8 weeks for a specified diagnostics	National	May-23	7,255	0			42,566 (Nov-22)	4th (Nov-22)		6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116	6,514	6,867	7,255
	Number of patients waiting > 14 weeks for a specified therapy	National	May-23	149	0			9,584 (Nov-22)	2nd (Nov-22)		614	609	714	682	755	707	441	527	194	157	193	129	149
	% of patients waiting < 26 weeks for treatment	National	May-23	59%	95%			56% (Nov-22)	6th (Nov-22)		50.4%	50.8%	51.8%	52.0%	52.1%	53.5%	54.4%	54.2%	52.8%	56.9%	58.4%	58.2%	58.7%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	May-23	14,733	0						26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257	15,385	15,184	14,733
	Number of patients waiting > 52 weeks for first outpatient appointment	National	May-23	2,719	0			85,301 (Nov-22)	3rd (Nov-22)		14,071	14,951	15,232	15,122	13,980	12,352	9,774	7,779	6,630	5,475	3,895	3,456	2,719
	Number of patients waiting > 36 weeks for treatment	National	May-23	27,189	0			252,779 (Nov-22)	3rd (Nov-22)		39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031	30,017	28,353	28,087	27,189
	Number of patients waiting > 104 weeks for treatment	National	May-23	5,792	0			49,594 (Nov-22)	5th (Nov-22)		12,670	12,064	11,400	10,960	10,623	10,090	9,048	8,066	7,331	6,656	6,015	5,952	5,792
	The number of patients waiting for a follow-up outpatient appointment	Local	May-23	150,109							135,879	136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070	150,860	147,864	150,109
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	May-23	42,534	Reduction			224,552 (Nov-22)	5th (Nov-22)		34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	41,710	41,611	42,534
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	May-23	62%	95%			64.9% (Nov-22)	1st (Nov-22)		63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	67.1%	69.9%	53.1%	64.6%	59.4%	62.7%	62.3%	
DNAs	% of patients who did not attend a new outpatient appointment	Local	May-23	10%	12 month ↓						7.5%	8.2%	8.2%	8.0%	7.8%	8.3%	9.5%	11.1%	8.9%	9.2%	8.2%	7.9%	10.1%
	% of patients who did not attend a follow-up outpatient appointment	Local	May-23	8%	12 month ↓						7.3%	7.8%	7.7%	7.6%	7.8%	7.7%	8.5%	8.7%	7.8%	7.9%	7.9%	8.0%	8.2%
Theatre Efficiencies	Theatre Utilisation rates	Local	May-23	76%		90%	✘				78%	81%	72%	59%	71%	77%	74%	59%	72%	70%	71%	71%	76%
	% of theatre sessions starting late	Local	May-23	37%	<25%		✘				46%	43%	40%	36%	37%	40%	35%	39%	35%	39%	33%	35%	37%
	% of theatre sessions finishing early	Local	May-23	51%	<20%		✘				43%	43%	46%	43%	48%	45%	44%	46%	44%	45%	49%	48%	51%
Patient experience	Number of friends and family surveys completed	Local	May-23	3,477	12 month ↑		✔				3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073	4,425	5,358	2,704	3,477
	% of who would recommend and highly recommend	Local	May-23	90%	90%		✔				90%	88%	89%	89%	88%	90%	91%	89%	92%	92%	92%	92%	90%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	May-23	95%	90%		✔				91%	91%	90%	93%	92%	93%	91%	92%	92%	95%	95%	95%	95%
Complaints	Number of new formal complaints received	Local	Mar-23	183	12 month ↓ trend		✘				176	118	153	124	120	140	113	120	127	135	183		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Mar-23	72%	80%		✘				69%	65%	64%	65%	71%	71%	69%	73%	78%	67%	72%		
	% of acknowledgements sent within 2 working days	Local	Mar-23	100%	100%		✔				100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%		

Harm from wider societal actions/lockdown																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2021/22	31.9%	Annual ↑			36.7% (2021/22)	5th (2021/22)		Latest data available = 2021/22 31.9%													
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 22/23	95.4%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)			94.9%			94.9%			94.6%			95.4%			
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 22/23	88.4%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)			89.9%			89.8%			89.5%			88.4%			
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q1 22/23	33.5	4 quarter ↓			383.9 (Q1 22/23)	3rd (Q1 22/23)			333.5												
	% of people who have been referred to health board services who have completed treatment for alcohol	National	Q2 22/23	61.9%	4 quarter ↑			68.6% (Q2 22/23)	6th (Q2 22/23)			43.6%			61.9%									
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-23	75.9%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2022						62.2%	72.4%	74.4%	75.6%	76.0%	75.9%	Data collection restarts October 2023	
	% uptake of influenza among under 65s in risk groups	National	Mar-23	43.8%	55%			48.2% (Mar-22)	4th (Mar-22)		Data collection restarts October 2022						30.2%	37.7%	40.4%	42.1%	43.4%	43.8%		
	% uptake of influenza among children 2 to 3 years old	Local	Mar-23	38.8%	50%			47.6% (Mar-22)	5th (Mar-22)		Data collection restarts October 2022						23.6%	34.6%	37.9%	39.2%	39.3%	38.8%		
	% uptake of influenza among healthcare workers	National	Mar-23	42.4%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		Data collection restarts October 2022							34.4%	40.9%	40.9%	42.4%	42.4%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Apr-23	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Apr-23	28%	80%	80%	✗	31.4% (Nov-22)	3rd (Nov-22)		36%	47%	44%	44%	36%	40%	39%	37%	29%	29%	29%	28%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Apr-23	55%	80%	80%	✗	83.2% (Nov-22)	5th (Nov-22)		40%	33%	38%	34%	91%	91%	89%	79%	62%	82%	74%	55%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Apr-23	55%		80%	✗	66.8% (Nov-22)	5th (Nov-22)		23%	22%	42%	27%	27%	83%	65%	56%	24%	64%	74%	55%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Apr-23	21%		80%	✗	34.4% (Nov-22)	4th (Nov-22)		51%	38%	61%	35%	43%	36%	27%	35%	40%	26%	50%	21%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%		80%	✓					41%	41%	38%	34%	91%	90%	89%	79%	62%	82%			
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Apr-23	100%		90%	✓	63.8% (Nov-22)	1st (Nov-22)		97%	100%	100%	100%	87%	87%	99%	99%	91%	100%	100%	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	Apr-23	78%	80%	80%	✗	86.9% (Nov-22)	3rd (Nov-22)		98%	96%	94%	97%	93%	95%	98%	94%	91%	95%	96%	78%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Apr-23	96%	80%	80%	✓	73.1% (Nov-22)	2nd (Nov-22)		97%	100%	100%	100%	98%	100%	98%	98%	100%	100%	100%	96%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Apr-23	85%	95%	95%	✗	73.9% (Nov-22)	2nd (Nov-22)		100%	100%	100%	97%	96%	93%	92%	92%	91%	88%	85%	85%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Apr-23	87%	90%	90%	✗	84.2% (Nov-22)	2nd (Nov-22)		89%	89%	89%	90%	89%	90%	90%	90%	89%	89%	87%	87%		
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTService prior to	National	Apr-23	100%				95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CHRHTS within 24 hours of admission	National	Apr-23	100%				90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
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	2021/22	3.56	Annual ↓			3.95 (2021/22)	4th (2021/22)		Latest data available = 2021/22 3.56													