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WALES** | Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25th October 2022	Agenda Item	4.1
Report Title	Quality & Safety Performance Report		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	<p>The Quality and Safety Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in July 2022, and the measures have been updated accordingly in line with current data availability.</p> <p>Key high level issues to highlight this month are as follows:</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 has increased slightly in September 2022, with 218 new cases being reported in-month. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - ED attendances have decreased in September 2022 to 10,288 from 10,731 in August 2022. - Performance against the 4-hour access is currently below on target for the outlined trajectory in September 2022. ED 4-hour performance has improved by 3% in September 2022 to 72.7% from 69.66% in August 2022. - Performance against the 12-hour wait has improved slightly and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED reduced to 1,470 in September from 1,474 in August 2022 . - Internal flow activities to support reduced occupancy and to improve flow throughout the day are being put in place, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is 		

	<p>currently being undertaken with WAST colleagues to implement further pathways.</p> <ul style="list-style-type: none"> - The number of emergency admissions has reduced in September 2022 to 4,051 from 4,230 in August 2022. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> - September 2022 saw a 4% 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 3.9% to 37,095. - We continue to outperform the trajectory for the number of patients waiting over 104 weeks for treatment, with 10,623 patients waiting at this point in September. - In September, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 13,980 patients waiting at this stage. - As a Health Board, we are outperforming the Ministerial Priority recovery trajectory for the number of patients waiting over 36 weeks for treatment and for the percentage of patients waiting less than 26 weeks for treatment. - Therapy waiting times have declined slightly, there are 755 patients waiting over 14 weeks in September 2022 compared with 682 in August 2022. - The number of patients waiting over 8 weeks for an Endoscopy has slightly reduced in September 2022 to 4,205 from 4,255 in August 2022. <p><u>Cancer</u></p> <ul style="list-style-type: none"> - August 2022 saw 55% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). - The average backlog of patients waiting over 63 days has increased in September 2022 to 572 from 507 in August 2022. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in August 2022. - Psychological therapies within 26 weeks continue to be maintained at 96.5%. <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% August 2022. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has
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	<p>been maintained at 44% in August 2022 against a target of 80%.</p> <p><u>Nationally Reportable Incidents</u></p> <ul style="list-style-type: none"> - In September 2022, there were 15 Nationally Reportable Incidents reported. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> - September 2022 data is included in this report showing 88% satisfaction through 3,914 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 Health Board's performance reports have traditionally been structured according to the aims within the NHS Delivery Framework however, the focus for NHS Wales reporting has shifted to harm management as a consequence of the COVID-19 pandemic. In order to improve the Health Board's visibility of measuring and managing harm, the structure of this report has been aligned with the four quadrants of harm as set out in the NHS Wales COVID-19 Operating Framework. The harm quadrants are illustrated in the following diagram.

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

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

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

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



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Appendix 1- Quality & Safety Performance Report

October 2022



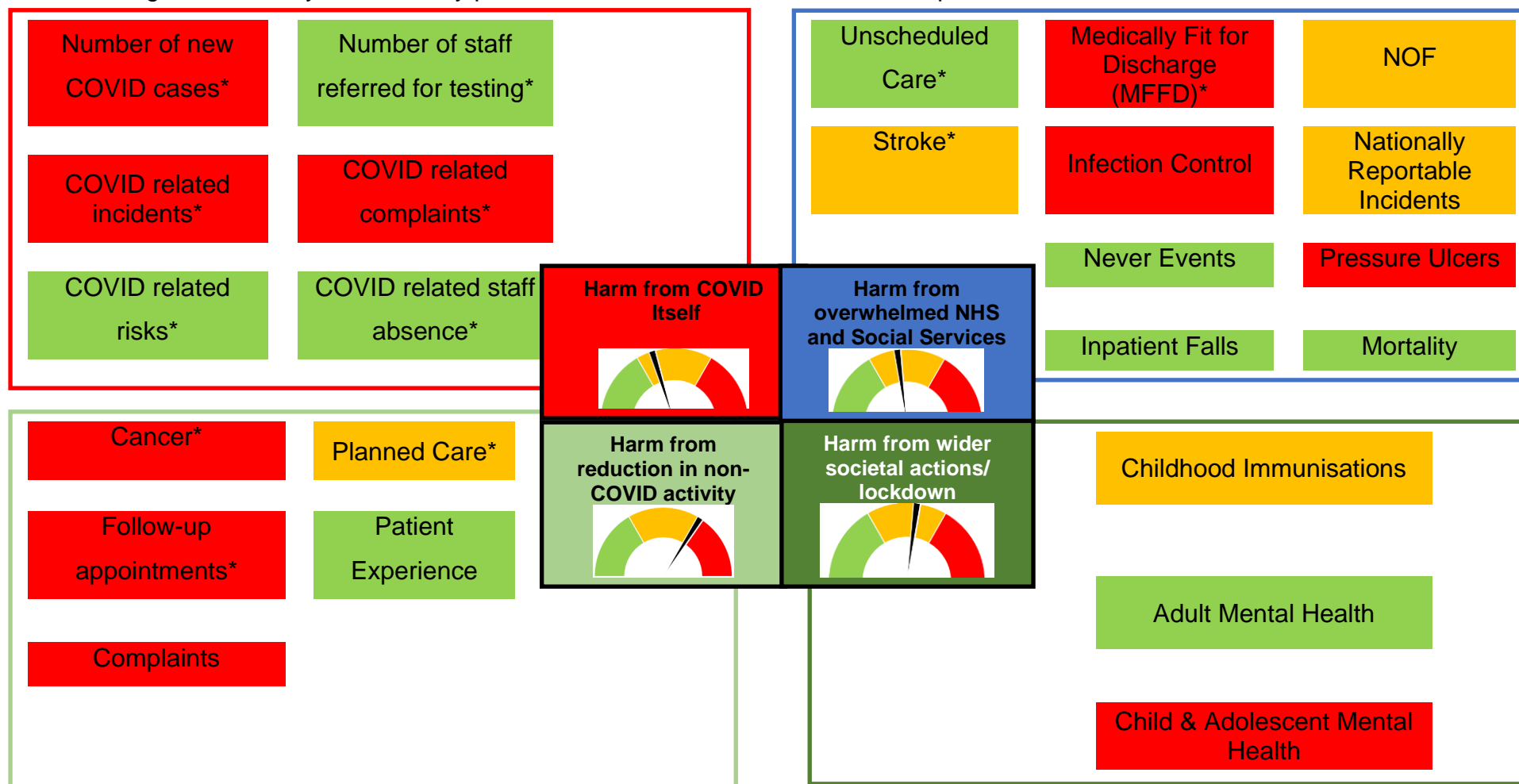
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1. QUADRANTS OF HARM SUMMARY

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													
					Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Number of new COVID19 cases*	HB Total				12,839	10,918	8,247	18,167	15,433	4,209	4,749	835	286	372	600	217	218
Number of staff referred for Antigen Testing	HB Total				673	524	494	787	691	200	109	402	157	264	299	38	10
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				36	47	53	54	59	55	57	83	39	52	91	46	84
Number of COVID19 related serious incidents*	HB Total				0	1	3	1	0	1	0	0	0	0	0	0	1
Number of COVID19 related complaints*	HB Total				3	4	14	20	4	4	10	6	0	4	5	6	11
Number of COVID19 related risks*	HB Total				0	0											
Number of staff self isolated (asymptomatic)*	Medical				20	13	6	0	11	1	5	2	0	2	3	0	0
	Nursing Registered				67	38	20	46	31	15	35	10	12	12	15	4	2
	Nursing Non Registered				43	28	12	37	13	18	25	15	8	6	3	0	1
	Other				97	41	27	43	32	9	22	15	9	8	5	4	2
Number of staff self isolated (symptomatic)*	Medical				15	10	5	3	17	13	37	33	15	27	38	15	2
	Nursing Registered				57	51	34	166	104	66	91	88	33	102	83	49	42
	Nursing Non Registered				44	34	20	94	79	45	52	52	35	52	53	26	22
	Other				88	85	61	130	109	80	146	97	42	106	98	31	34
% sickness*	Medical				3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%
	Nursing Registered				3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%
	Nursing Non Registered				4.3%	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%
	Other				2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%
	All				3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%

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 September 2022, there were an additional 218 positive cases recorded bringing the cumulative total to 118,464 in Swansea Bay since March 2020.</p> <p>Actions to note; Due to the recent increase in covid positive cases, restrictions have been reintroduced in all Health Board sites.</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 September 2022 is 17,926 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																																																																																									
Staff absence due to COVID19	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.																																																																																																
	1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between August and September 2022, the number of staff self-isolating (asymptomatic) reduced from 8 to 5 and the number of staff self-isolating (symptomatic) reduced from 121 to 100. In September 2022, the Registered Nursing staff group had the largest number of self-isolating staff who were both asymptomatic and symptomatic.																																																																																																
	3. % Staff sickness The percentage of staff sickness absence due to COVID19 has reduced from 1% in August 2022 to 0.8% in September 2022.																																																																																																
1.Number of staff self-isolating (asymptomatic)																																																																																																	
2.Number of staff self-isolating (symptomatic)																																																																																																	
3.% staff sickness	<table><tr><td></td><td>Sep-21</td><td>Oct-21</td><td>Nov-21</td><td>Dec-21</td><td>Jan-22</td><td>Feb-22</td><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td><td>Jul-22</td><td>Aug-22</td><td>Sep-22</td></tr><tr><td>Medical</td><td>3.6%</td><td>2.4%</td><td>1.2%</td><td>0.3%</td><td>3.0%</td><td>1.5%</td><td>4.6%</td><td>4.1%</td><td>1.8%</td><td>3.5%</td><td>4.9%</td><td>1.8%</td><td>0.2%</td></tr><tr><td>Nursing Reg</td><td>3.1%</td><td>2.2%</td><td>1.3%</td><td>5.3%</td><td>3.4%</td><td>2.0%</td><td>3.1%</td><td>2.4%</td><td>1.1%</td><td>2.8%</td><td>2.4%</td><td>1.3%</td><td>1.1%</td></tr><tr><td>Nursing Non Reg</td><td>4.3%</td><td>3.1%</td><td>1.6%</td><td>6.5%</td><td>4.5%</td><td>3.1%</td><td>3.7%</td><td>3.2%</td><td>2.1%</td><td>2.7%</td><td>2.7%</td><td>1.2%</td><td>1.1%</td></tr><tr><td>Other</td><td>2.9%</td><td>2.0%</td><td>1.4%</td><td>2.7%</td><td>2.2%</td><td>1.4%</td><td>2.6%</td><td>1.8%</td><td>0.8%</td><td>1.8%</td><td>1.6%</td><td>0.5%</td><td>0.6%</td></tr><tr><td>All</td><td>3.2%</td><td>2.3%</td><td>1.4%</td><td>3.9%</td><td>3.0%</td><td>1.8%</td><td>3.1%</td><td>2.3%</td><td>1.2%</td><td>2.4%</td><td>2.2%</td><td>1.0%</td><td>0.8%</td></tr></table>														Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Medical	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	Nursing Reg	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	Nursing Non Reg	4.3%	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	Other	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	All	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22																																																																																				
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Nursing Reg	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%																																																																																				
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Other	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%																																																																																				
All	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%																																																																																				

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

4.1 Overview

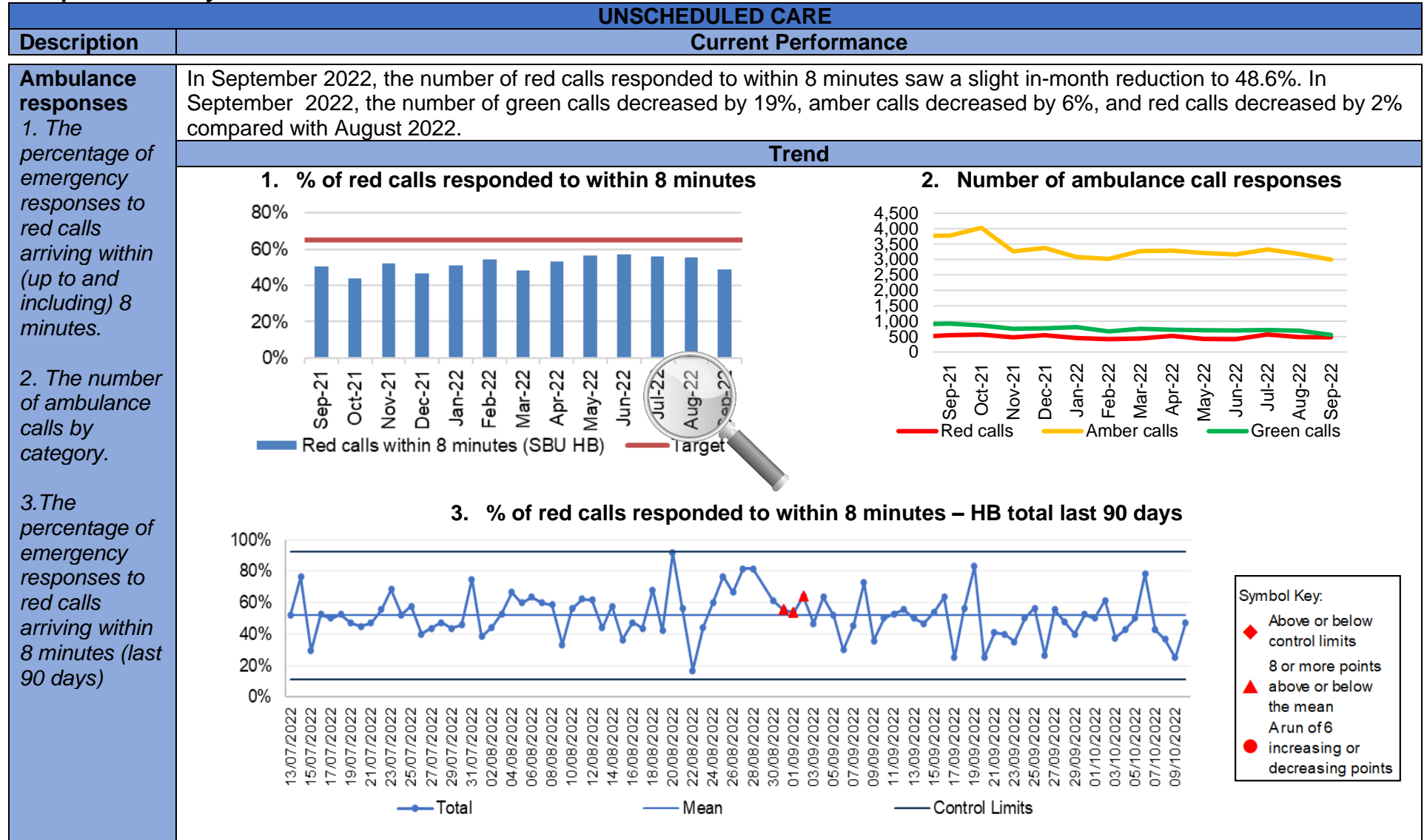
Measure	Locality	National/ Local Target	Internal profile	Trend													
					Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
		Unscheduled Care															
Number of ambulance handovers over one hour*	Morriston	0			622	633	655	591	724	657	659	645	507	568	637	681	710
	Singleton				20	15	15	21	11	21	28	26	31	10	22	24	22
	Total				642	648	670	612	735	678	687	671	538	578	659	705	732
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	Morriston	95%			59.7%	58.8%	60.0%	58.5%	58.5%	58.8%	57.2%	58.9%	57.8%	54.6%	54.0%	51.4%	55.9%
	NPTH				98.3%	99.4%	99.0%	94.9%	96.8%	97.2%	95.0%	96.7%	97.9%	96.9%	93.1%	97.4%	98.2%
	Total				73.1%	72.0%	73.5%	70.2%	72.6%	72.3%	71.4%	72.9%	73.8%	71.7%	69.4%	69.7%	72.7%
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morriston	0			1,250	1,275	1,054	1,100	1,139	1,104	1,276	1,292	1,192	1,386	1,427	1,472	1,470
	NPTH				0	1	1	1	3	1	6	2	3	2	2	2	0
	Total				1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470
		Stroke															
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morriston	59.8%			15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%
	Total	(UK SNAP average)			15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%
% of patients who receive a CT scan within 1 hour*	Morriston	54.5%			34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%
	Total	(UK SNAP average)			34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morriston	84.2%			90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%
	Total	(UK SNAP average)			90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morriston	12 month			0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%
	Total	improvement trend			0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend			58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%
		Fractured Neck of Femur (NOF)															
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	75%			87.3%	88.0%	88.7%	88.4%	88.8%	89.4%	89.5%	89.5%	90.0%	89.4%	91.2%	92.9%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	75%			58.4%	57.7%	57.1%	56.5%	51.0%	48.6%	46.0%	42.2%	37.2%	33.3%	29.2%	26.5%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	75%			69.4%	69.9%	70.3%	70.1%	69.7%	69.8%	71.4%	72.4%	73.5%	71.5%	71.0%	71.6%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	75%			72.6%	71.1%	71.2%	70.7%	71.7%	70.8%	70.2%	70.2%	69.2%	68.9%	69.2%	70.2%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	75%			76.1%	76.8%	77.0%	76.2%	76.4%	76.3%	76.9%	77.4%	76.5%	76.6%	76.1%	75.9%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	75%			66.1%	70.4%	69.8%	69.6%	68.4%	67.7%	69.0%	70.9%	69.9%	63.8%	69.2%	66.2%	
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morriston	12 month improvement trend															
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			72.2%	77.8%	52.4%	68.8%	52.9%	81.4%							

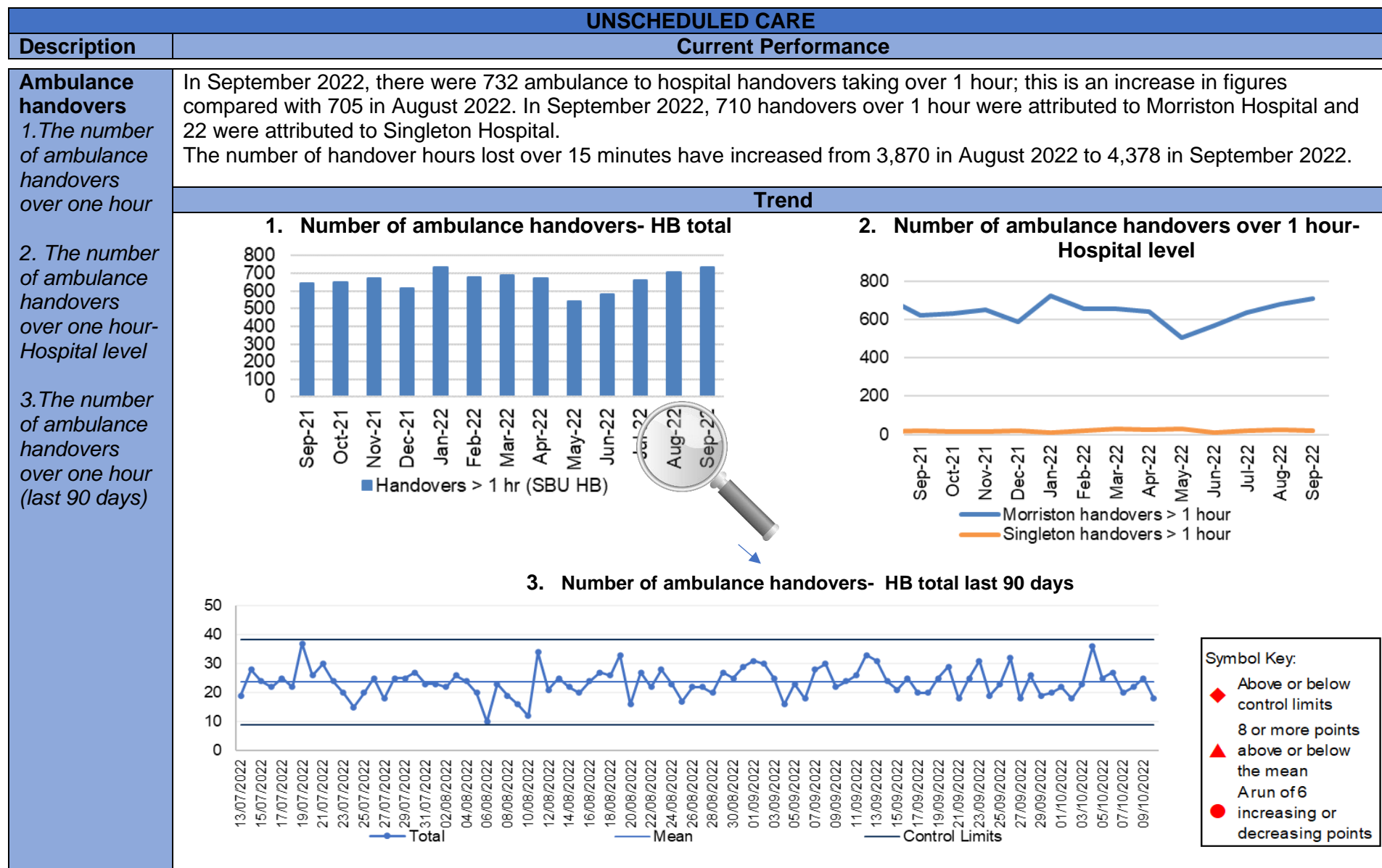
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	
		Healthcare Acquired Infections																
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	14		12	12	17	12	8	17	17	18	13	12	18	21	8	
	PCCS Hospital		0		1	0	0	0	0	0	0	1	0	0	0	0	1	
	MH&LD		0		0	0	0	0	0	0	0	0	1	0	0	0	0	
	Morriston		4		5	5	3	2	4	9	2	7	5	3	3	6	0	
	NPTH		1		2	1	0	0	1	0	0	0	0	0	1	1		
	Singleton		2		1	1	2	3	2	0	2	5	2	2	0	4	5	
	Total		21		21	19	22	17	15	26	21	31	21	17	21	32	15	
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	3		4	7	3	4	11	3	4	7	9	2	6	6	5	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morriston		2		8	9	0	5	2	5	5	3	8	4	4	3	6	
	NPTH		0		1	0	0	0	0	1	0	0	0	1	0	1	0	
	Singleton		1		4	2	1	0	0	1	2	3	1	2	2	1	2	
	Total		6		17	18	4	9	13	10	11	13	18	9	12	11	13	
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		5	5	10	1	3	5	6	2	4	9	6	6	3	
	PCCS Hospital		0		0	0	0	0	0	1	2	0	1	0	0	0	0	
	MH&LD		0		0	0	1	0	0	0	0	0	0	0	0	0	0	
	Morriston		4		6	7	6	9	8	6	7	8	5	5	7	9	6	
	NPTH		1		0	0	0	0	1	0	1	0	1	0	0	1	0	
	Singleton		2		3	3	3	2	2	1	2	3	0	2	3	6	5	
	Total		9		14	15	20	12	14	13	18	13	11	16	16	22	14	
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		3	5	5	3	0	1	3	2	1	2	7	4	9	
	PCCS Hospital		0		0	0	0	0	0	0	1	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morriston		2		6	6	1	4	2	3	2	2	5	3	3	3	0	
	NPTH		0		0	0	0	0	1	0	0	1	0	0	0	0	0	
	Singleton		1		2	2	1	2	2	0	1	1	2	3	1	1	1	
	Total		6		11	13	7	9	5	4	7	6	8	8	11	8	10	
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		0	0	0	1	0	1	2	1	1	1	2	0	1	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morriston		0		2	0	2	2	1	2	0	1	1	3	1	2	2	
	NPTH		0		0	0	0	1	0	0	0	0	0	0	0	0	0	
	Singleton		1		0	0	1	0	0	0	0	0	0	0	1	1	2	
	Total		2		2	0	3	4	1	3	2	2	2	4	4	3	5	
Compliance with hand hygiene audits	PCCS	95%		100.0%	-	100.0%	95.8%	94.7%	95.8%	93.1%	96.4%	96.2%	97.8%	96.2%	90.3%	96.6%		
	MH&LD			98.3%	96.0%	90.3%	94.9%	95.5%	92.3%	92.1%	96.6%	97.7%	98.9%	99.1%	95.0%	96.6%		
	Morriston			99.0%	97.9%	95.5%	96.1%	93.4%	100.0%	91.0%	93.0%	95.2%	97.7%	94.8%	91.1%	99.3%		
	NPTH			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	97.0%	96.4%	96.6%	100.0%		
	Singleton			90.0%	97.0%	87.8%	-	-	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	Total			96.0%	97.1%	92.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		

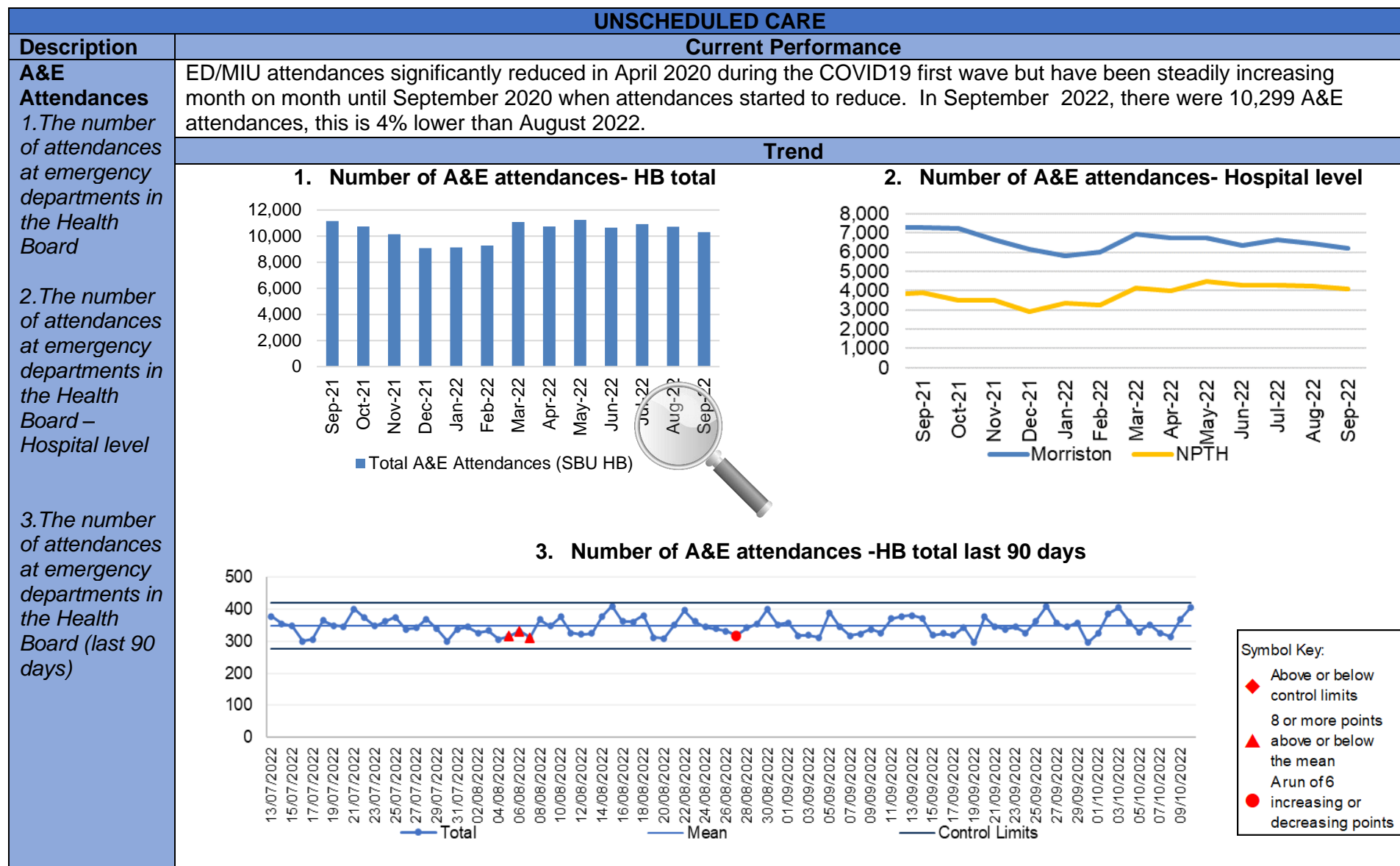
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
		Serious Incidents & Risks															
Number of Nationally Reportable Incidents	PCCS	12 month reduction trend			0	0	1	0	4	0	2	0	2	2	0	1	0
	MH&LD				0	1	0	0	0	0	0	1	0	0	0	0	9
	Morrison				2	0	6	0	0	2	1	0	3	0	1	5	4
	NPTH				1	1	0	0	1	0	3	0	1	0	0	3	1
	Singleton				2	2	1	2	0	0	1	0	2	0	0	2	1
	Total				5	4	8	2	5	2	7	1	8	2	1	11	15
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	90%			-	0%	0%	0%	25%	0%	33%	25%	100%	33%	-	0%	0%
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison				0	0	1	0	0	2	0	0	1	0	1	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	0	0	0	0	0	0	0	0
	Total				0	0	1	0	0	2	0	0	1	0	1	0	0
		Pressure Ulcers															
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			39	32	31	55	27	38	56	33	39	32	27	50	
	PCCS Hospital				0	0	0	0	0	1	1	0	0	0	0	0	
	MH&LD				1	0	0	1	0	0	2	1	1	1	1	1	
	Morrison				47	32	27	42	40	36	29	26	30	38	37	34	
	NPTH				0	1	3	0	3	1	1	3	5	1	1	3	
	Singleton				17	9	13	13	22	15	16	15	22	13	19	16	
	Total				104	74	74	111	92	91	105	78	97	85	85	104	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			6	7	8	14	1	15	11	2	10	12	2	11	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				1	0	0	0	0	0	1	1	0	0	0	0	
	Morrison				0	1	1	2	6	4	2	2	2	1	3	2	
	NPTH				0	0	0	0	0	1	0	0	0	1	1	0	
	Singleton				0	0	1	2	3	1	2	0	0	1	1	1	
	Total				7	8	10	18	10	21	16	5	12	15	7	14	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			955	613	616	857	1,018	823	778	689	821	760	805	767	

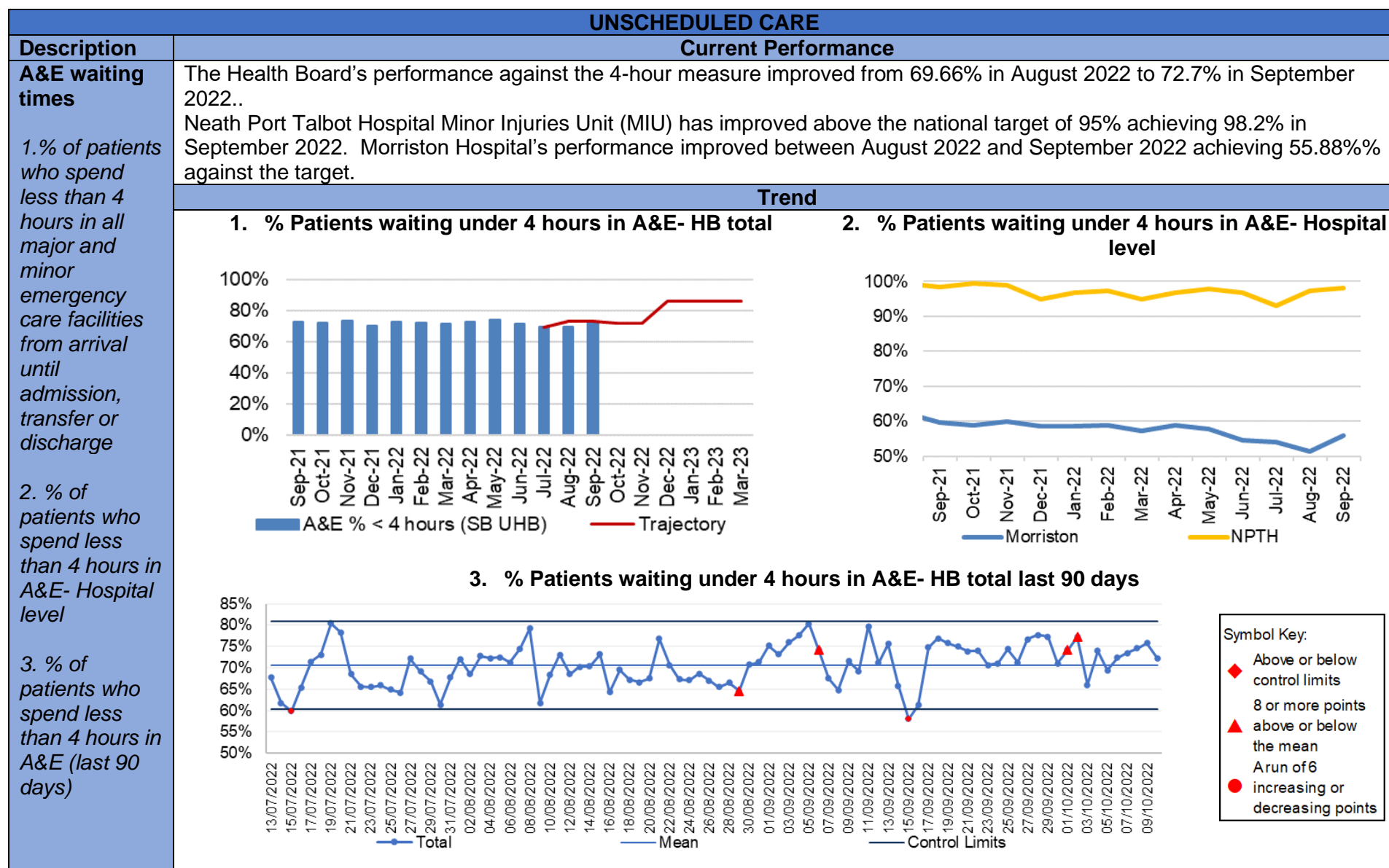
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	
		Inpatient Falls																
Total number of Inpatient Falls	PCCS	12 month reduction trend			8	4	6	8	6	4	5	2	10	2	3	6	6	
	MH&LD				25	28	36	37	29	28	22	19	24	14	18	30	24	
	Morrison				96	114	91	91	93	86	115	88	71	75	76	105	72	
	NPTH				25	35	27	38	26	34	36	37	29	32	39	34	18	
	Singleton				53	58	53	33	42	46	31	44	48	49	36	41	55	
	Total				207	240	213	208	196	199	209	190	182	172	174	216	175	
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			5.18	5.81	5.35	5.28	4.81	5.37	5.13	4.83	4.45	4.29	4.21	5.29	4.29	
		Mortality																
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			97%	96%	99%	96%	96%	98%								
	Singleton				100%	100%												
	NPTH				100%	80%	88%	100%	100%	67%								
	Total				98%	97%	99%	96%	96%	97%								
Stage 2 mortality reviews completed within 60 days	Morrison	95%			78%	83%	56%											
	Singleton				100%	50%	0%											
	NPTH				-	-	0%											
	Total				82%	75%	50%											
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.72%	1.71%	1.76%	1.59%	1.52%	1.50%	1.48%	1.47%	1.47%	1.47%	1.43%	1.42%		
	Singleton				0.53%	0.54%	0.50%	0.53%	0.58%	0.48%	0.49%	0.47%	0.46%	0.46%	0.45%	0.44%		
	NPTH				0.11%	0.10%	0.09%	0.08%	0.06%	0.07%	0.06%	0.05%	0.03%	0.04%	0.05%	0.05%		
	Total (SBU)				1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	0.83%	0.83%		

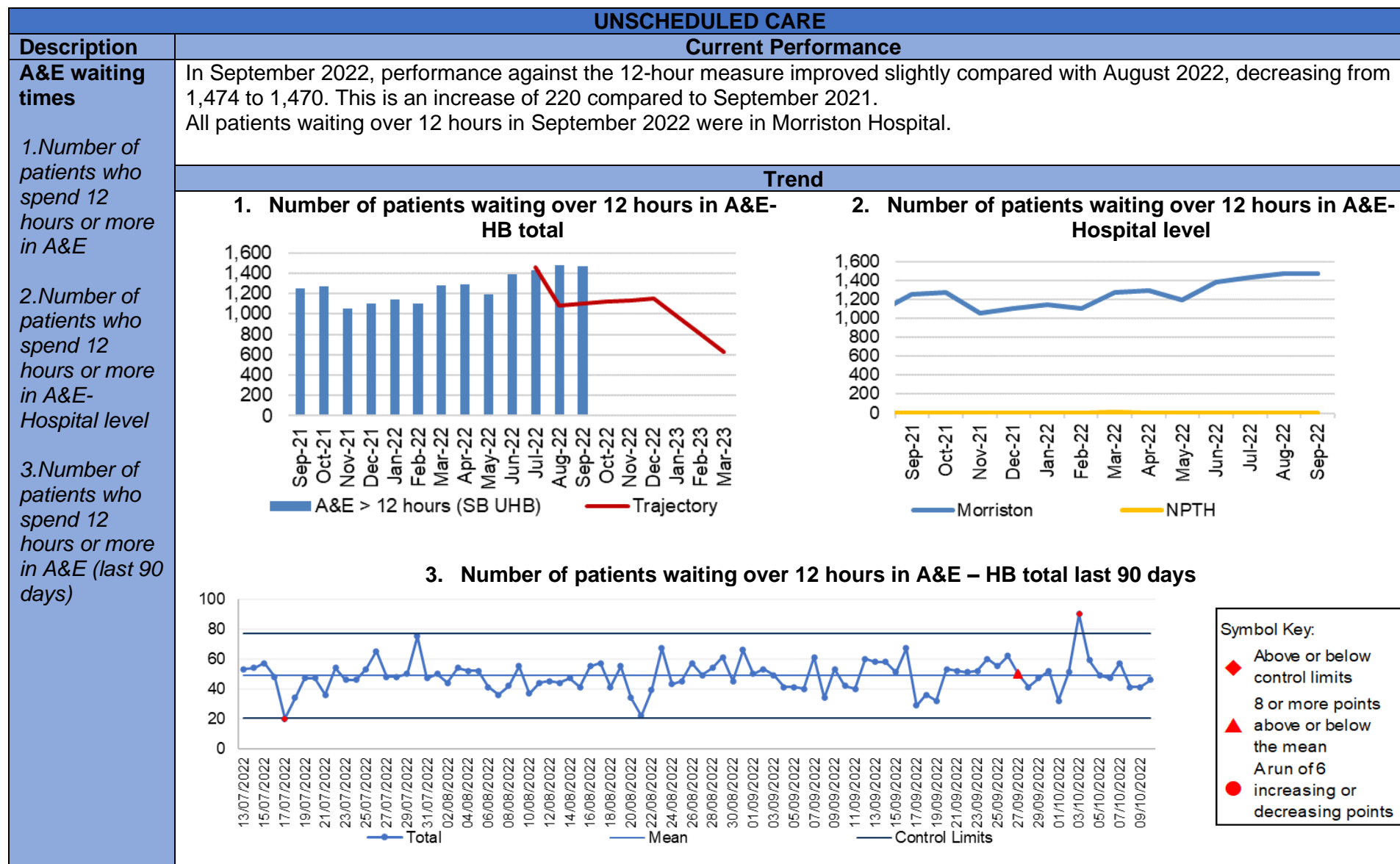
4.2 Updates on key measures

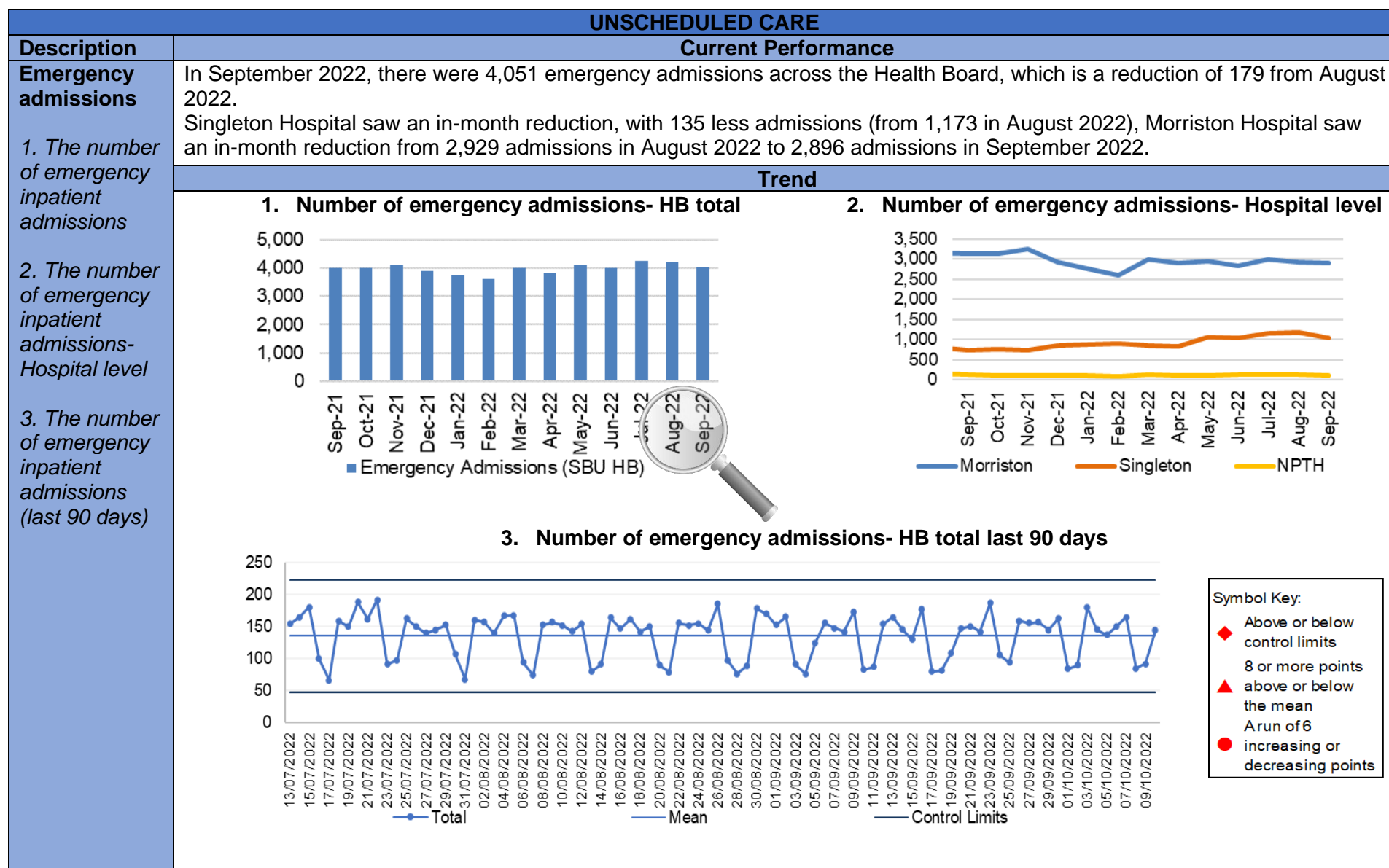






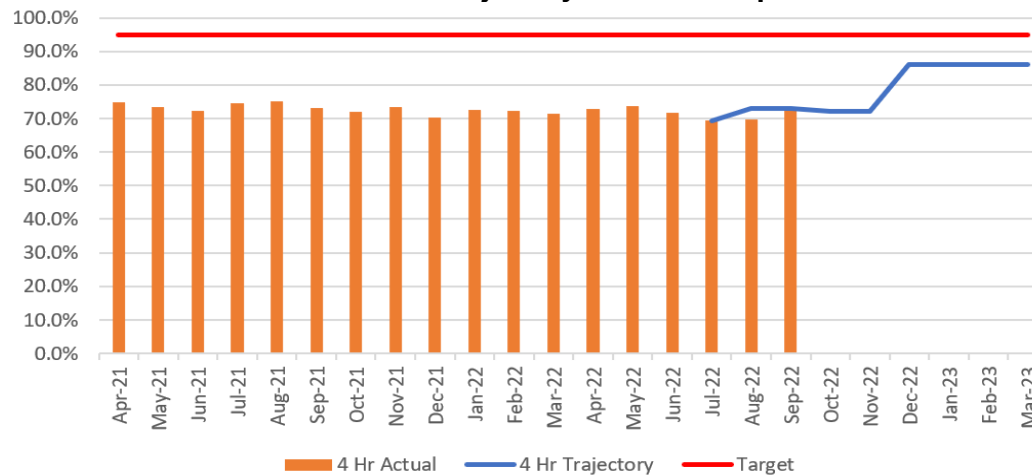






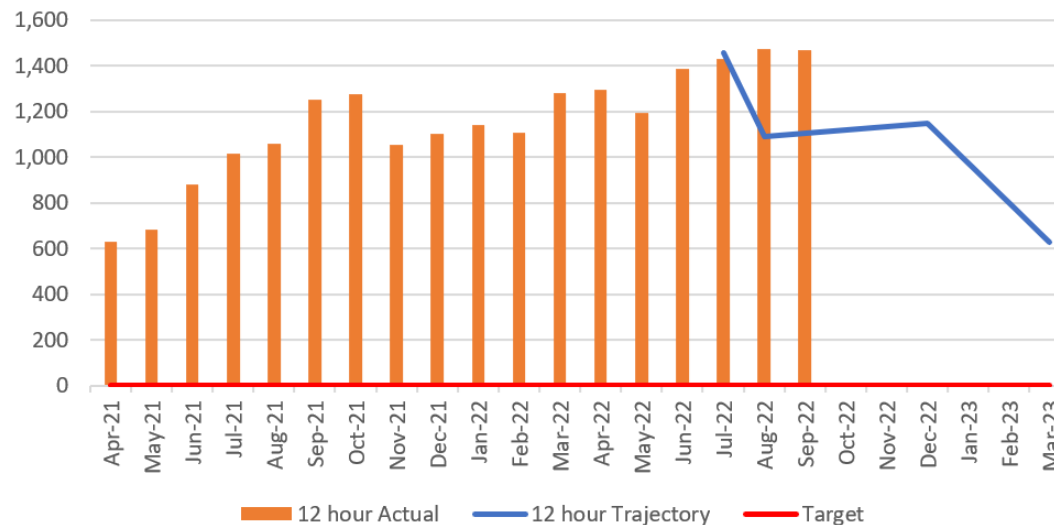
Updates on UNSCHEDULED CARE – Performance Escalation updates

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



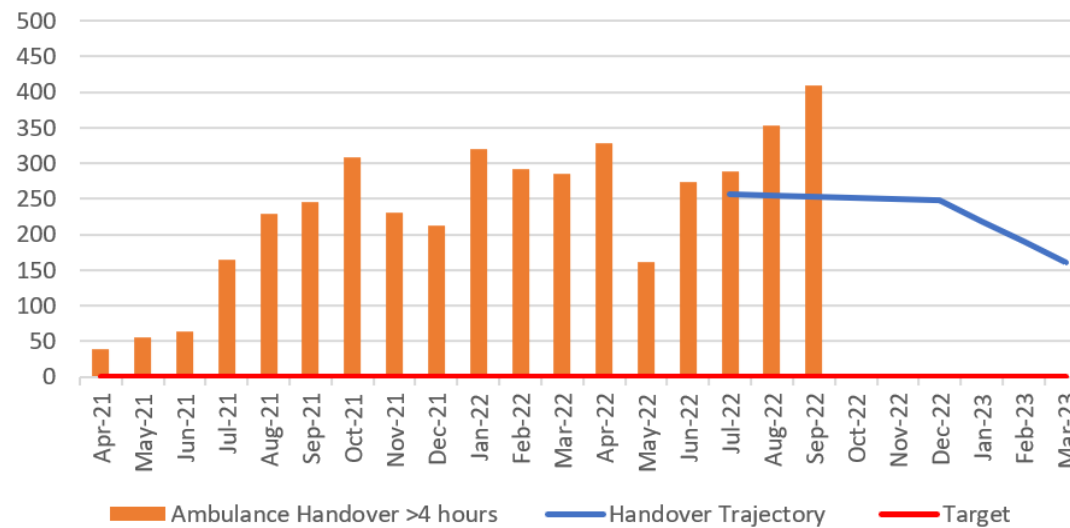
1. Performance against the 4-hour access is currently on target for September 2022. ED 4-hour performance has improved by 3.04% in September 2022 to 72.7%% from 69.66% in August 2022.

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



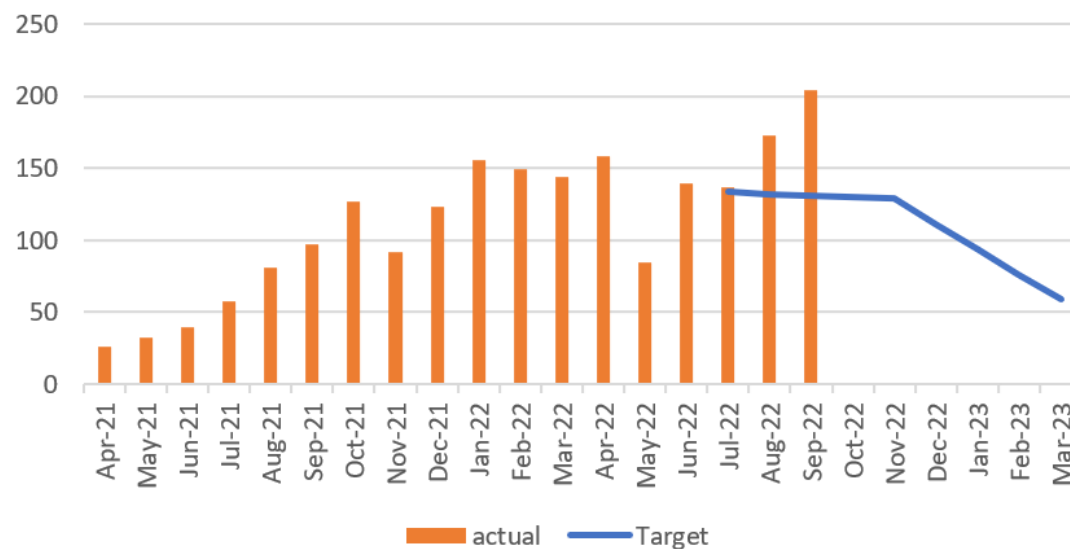
2. Performance against the 12-hour wait has declined further and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,470 in September 2022 from 1,474 in August 2022.

3. Ambulance Handover over 4 hours

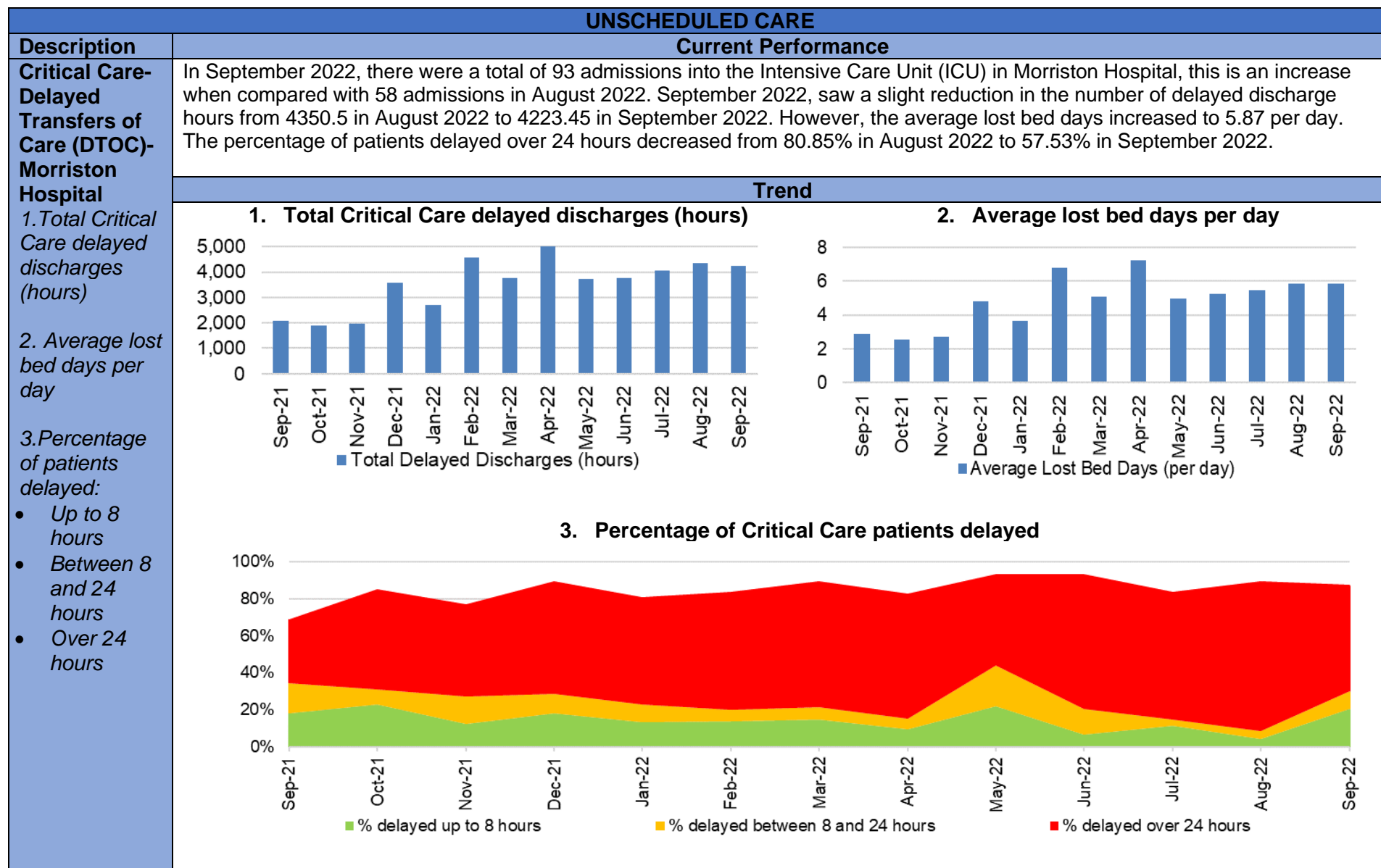


3. The Ambulance handover rate over 4 hours has seen a continued deterioration since May 2022 with the handover times over four hours increasing to 410 in September 2022 from 353 in August 2022. The figures remain above the outlined trajectory for September 2022 which was 253.

4. Average Ambulance Handover Rate



4. The average ambulance handover rate has seen a further deterioration in September 2022. The average handover rate deteriorated down from 173 in August 2022 to 204 in September 2022, which is above the outlined trajectory for September 2022 (131).



UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In September 2022, there were on average 317 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In September 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 120, closely followed by Neath Port Talbot Hospital with 90.</p> <p>Actions of Improvement; Detailed work is currently being undertaken by the Deputy Chief Operating Officer to explore opportunities to reduce the number of Clinically Optimised Patients in the Hospital by implementing new pathways.</p>	<p>The number of clinically optimised patients by site</p> <table><caption>Estimated data for Clinically Optimised Patients</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Sep-21</td><td>100</td><td>65</td><td>80</td><td>15</td></tr><tr><td>Oct-21</td><td>90</td><td>50</td><td>80</td><td>20</td></tr><tr><td>Nov-21</td><td>110</td><td>60</td><td>80</td><td>15</td></tr><tr><td>Dec-21</td><td>105</td><td>55</td><td>75</td><td>20</td></tr><tr><td>Jan-22</td><td>110</td><td>65</td><td>70</td><td>20</td></tr><tr><td>Feb-22</td><td>125</td><td>70</td><td>90</td><td>15</td></tr><tr><td>Mar-22</td><td>100</td><td>55</td><td>95</td><td>25</td></tr><tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>25</td></tr><tr><td>May-22</td><td>115</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>20</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>15</td></tr><tr><td>Sep-22</td><td>120</td><td>90</td><td>90</td><td>20</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Sep-21	100	65	80	15	Oct-21	90	50	80	20	Nov-21	110	60	80	15	Dec-21	105	55	75	20	Jan-22	110	65	70	20	Feb-22	125	70	90	15	Mar-22	100	55	95	25	Apr-22	100	65	85	25	May-22	115	65	85	15	Jun-22	145	60	85	20	Jul-22	115	65	90	15	Aug-22	120	70	100	15	Sep-22	120	90	90	20
Month	Morriston	Singleton	NPTH	Gorseinon																																																																				
Sep-21	100	65	80	15																																																																				
Oct-21	90	50	80	20																																																																				
Nov-21	110	60	80	15																																																																				
Dec-21	105	55	75	20																																																																				
Jan-22	110	65	70	20																																																																				
Feb-22	125	70	90	15																																																																				
Mar-22	100	55	95	25																																																																				
Apr-22	100	65	85	25																																																																				
May-22	115	65	85	15																																																																				
Jun-22	145	60	85	20																																																																				
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Aug-22	120	70	100	15																																																																				
Sep-22	120	90	90	20																																																																				
Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In September 2022, there were 23 elective procedures cancelled due to lack of beds on the day of surgery. This is 7 less cancellations than those seen in September 2021.</p> <p>All of the cancelled procedures were attributed to Morriston Hospital in September 2022.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table><caption>Estimated data for Elective Procedures Cancelled</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Sep-21</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Oct-21</td><td>50</td><td>5</td><td>0</td></tr><tr><td>Nov-21</td><td>60</td><td>0</td><td>0</td></tr><tr><td>Dec-21</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Jan-22</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Feb-22</td><td>25</td><td>5</td><td>0</td></tr><tr><td>Mar-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Apr-22</td><td>30</td><td>0</td><td>0</td></tr><tr><td>May-22</td><td>55</td><td>0</td><td>0</td></tr><tr><td>Jun-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Jul-22</td><td>30</td><td>0</td><td>0</td></tr><tr><td>Aug-22</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Sep-22</td><td>23</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Sep-21	20	0	0	Oct-21	50	5	0	Nov-21	60	0	0	Dec-21	35	0	0	Jan-22	15	0	0	Feb-22	25	5	0	Mar-22	35	0	0	Apr-22	30	0	0	May-22	55	0	0	Jun-22	35	0	0	Jul-22	30	0	0	Aug-22	10	0	0	Sep-22	23	0	0														
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Sep-22	23	0	0																																																																					

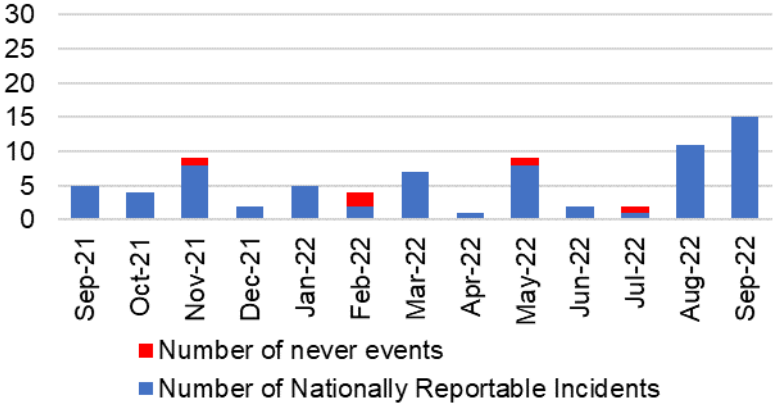
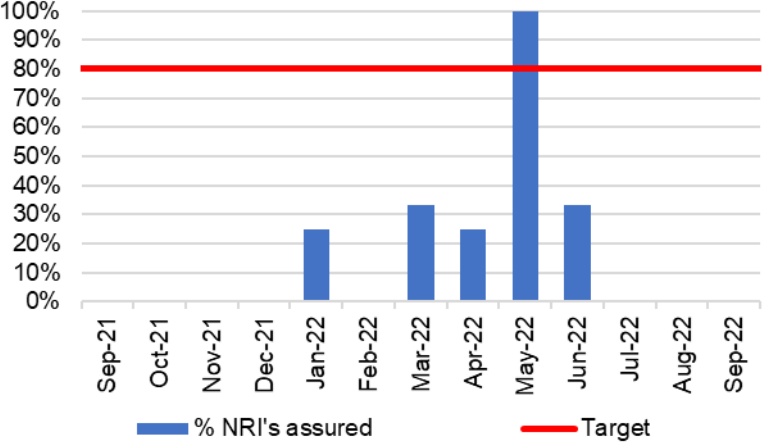
FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation 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	<p>1. Prompt orthogeriatric assessment- In August 2022, 92.9% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In August 2022, 26.5% of patients had surgery the day following presentation with a hip fracture. This is a 32.9% deterioration from August 2021 which was 59.4%</p> <p>3. NICE compliant surgery- 71.6% of operations were consistent with the NICE recommendations in August 2022. This is 1.8% more than in August 2021. In August 2022, Morriston was slightly above the all-Wales average of 70.7%.</p> <p>4. Prompt mobilisation- In August 2022, 70.2% of patients were out of bed the day after surgery. This is 4.2% less than in August 2021.</p>	<p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p>

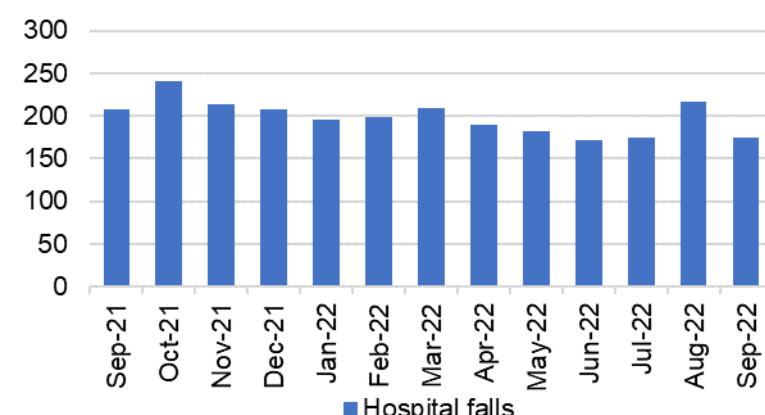
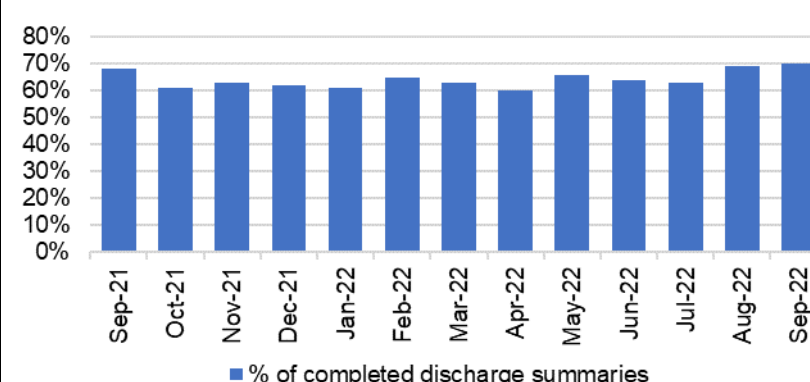
FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 75.9% of patients were not delirious in the week after their operation in August 2022. This is a reduction of 1.8% compared with August 2021.	<p>5. Not delirious when tested</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 66.2% of patients in August 2022 were discharged back to their original residence. This is 1.5% less than in August 2021.	<p>6. Return to original residence</p>
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p>

HEALTHCARE ACQUIRED INFECTIONS																																																														
Description	Current Performance	Trend																																																												
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 15 cases of <i>E. coli</i> bacteraemia were identified in September 2022, of which 7 were hospital acquired and 8 were community acquired. The Health Board total is currently below the Welsh Government Profile target of 21 cases for September 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-21</td><td>21</td><td></td></tr> <tr><td>Oct-21</td><td>19</td><td></td></tr> <tr><td>Nov-21</td><td>22</td><td></td></tr> <tr><td>Dec-21</td><td>17</td><td></td></tr> <tr><td>Jan-22</td><td>15</td><td></td></tr> <tr><td>Feb-22</td><td>26</td><td></td></tr> <tr><td>Mar-22</td><td>21</td><td></td></tr> <tr><td>Apr-22</td><td>31</td><td>21</td></tr> <tr><td>May-22</td><td>20</td><td>20</td></tr> <tr><td>Jun-22</td><td>17</td><td>20</td></tr> <tr><td>Jul-22</td><td>20</td><td>20</td></tr> <tr><td>Aug-22</td><td>32</td><td>20</td></tr> <tr><td>Sep-22</td><td>15</td><td>21</td></tr> <tr><td>Oct-22</td><td></td><td>21</td></tr> <tr><td>Nov-22</td><td></td><td>21</td></tr> <tr><td>Dec-22</td><td></td><td>21</td></tr> <tr><td>Jan-23</td><td></td><td>21</td></tr> <tr><td>Feb-23</td><td></td><td>20</td></tr> <tr><td>Mar-23</td><td></td><td>20</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Sep-21	21		Oct-21	19		Nov-21	22		Dec-21	17		Jan-22	15		Feb-22	26		Mar-22	21		Apr-22	31	21	May-22	20	20	Jun-22	17	20	Jul-22	20	20	Aug-22	32	20	Sep-22	15	21	Oct-22		21	Nov-22		21	Dec-22		21	Jan-23		21	Feb-23		20	Mar-23		20
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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 13 cases of <i>Staph. aureus</i> bacteraemia in September 2022, of which 8 were hospital acquired and 5 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for September 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-21</td><td>17</td><td></td></tr> <tr><td>Oct-21</td><td>18</td><td></td></tr> <tr><td>Nov-21</td><td>4</td><td></td></tr> <tr><td>Dec-21</td><td>9</td><td></td></tr> <tr><td>Jan-22</td><td>13</td><td></td></tr> <tr><td>Feb-22</td><td>10</td><td></td></tr> <tr><td>Mar-22</td><td>11</td><td></td></tr> <tr><td>Apr-22</td><td>13</td><td>8</td></tr> <tr><td>May-22</td><td>18</td><td>7</td></tr> <tr><td>Jun-22</td><td>9</td><td>6</td></tr> <tr><td>Jul-22</td><td>12</td><td>6</td></tr> <tr><td>Aug-22</td><td>11</td><td>6</td></tr> <tr><td>Sep-22</td><td>13</td><td>6</td></tr> <tr><td>Oct-22</td><td></td><td>6</td></tr> <tr><td>Nov-22</td><td></td><td>6</td></tr> <tr><td>Dec-22</td><td></td><td>5</td></tr> <tr><td>Jan-23</td><td></td><td>5</td></tr> <tr><td>Feb-23</td><td></td><td>5</td></tr> <tr><td>Mar-23</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Sep-21	17		Oct-21	18		Nov-21	4		Dec-21	9		Jan-22	13		Feb-22	10		Mar-22	11		Apr-22	13	8	May-22	18	7	Jun-22	9	6	Jul-22	12	6	Aug-22	11	6	Sep-22	13	6	Oct-22		6	Nov-22		6	Dec-22		5	Jan-23		5	Feb-23		5	Mar-23		5
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HEALTHCARE ACQUIRED INFECTIONS																																										
Description	Current Performance	Trend																																								
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 14 <i>Clostridium difficile</i> toxin positive cases in September 2022, of which 11 were hospital acquired and 3 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 9 cases for September 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired C.difficile cases</p> <table><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Sep-21</td><td>14</td></tr><tr><td>Oct-21</td><td>15</td></tr><tr><td>Nov-21</td><td>20</td></tr><tr><td>Dec-21</td><td>12</td></tr><tr><td>Jan-22</td><td>14</td></tr><tr><td>Feb-22</td><td>13</td></tr><tr><td>Mar-22</td><td>18</td></tr><tr><td>Apr-22</td><td>13</td></tr><tr><td>May-22</td><td>11</td></tr><tr><td>Jun-22</td><td>16</td></tr><tr><td>Jul-22</td><td>16</td></tr><tr><td>Aug-22</td><td>22</td></tr><tr><td>Sep-22</td><td>14</td></tr><tr><td>Oct-22</td><td>10</td></tr><tr><td>Nov-22</td><td>8</td></tr><tr><td>Dec-22</td><td>8</td></tr><tr><td>Jan-23</td><td>8</td></tr><tr><td>Feb-23</td><td>8</td></tr><tr><td>Mar-23</td><td>7</td></tr></tbody></table> <p>Number of C.diff cases (SBU) Trajectory</p>	Month	Number of C.diff cases (SBU)	Sep-21	14	Oct-21	15	Nov-21	20	Dec-21	12	Jan-22	14	Feb-22	13	Mar-22	18	Apr-22	13	May-22	11	Jun-22	16	Jul-22	16	Aug-22	22	Sep-22	14	Oct-22	10	Nov-22	8	Dec-22	8	Jan-23	8	Feb-23	8	Mar-23	7
Month	Number of C.diff cases (SBU)																																									
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Dec-22	8																																									
Jan-23	8																																									
Feb-23	8																																									
Mar-23	7																																									
Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none">There were 10 cases of Klebsiella sp in September 2022, of which 1 was hospital acquired and 9 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 6 cases for September 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Klebsiella cases</p> <table><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Sep-21</td><td>11</td></tr><tr><td>Oct-21</td><td>13</td></tr><tr><td>Nov-21</td><td>7</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>5</td></tr><tr><td>Feb-22</td><td>4</td></tr><tr><td>Mar-22</td><td>7</td></tr><tr><td>Apr-22</td><td>6</td></tr><tr><td>May-22</td><td>8</td></tr><tr><td>Jun-22</td><td>8</td></tr><tr><td>Jul-22</td><td>11</td></tr><tr><td>Aug-22</td><td>8</td></tr><tr><td>Sep-22</td><td>10</td></tr><tr><td>Oct-22</td><td>10</td></tr><tr><td>Nov-22</td><td>10</td></tr><tr><td>Dec-22</td><td>10</td></tr><tr><td>Jan-23</td><td>10</td></tr><tr><td>Feb-23</td><td>5</td></tr><tr><td>Mar-23</td><td>5</td></tr></tbody></table> <p>Number of Klebsiella cases (SBU) Trajectory</p>	Month	Number of Klebsiella cases (SBU)	Sep-21	11	Oct-21	13	Nov-21	7	Dec-21	9	Jan-22	5	Feb-22	4	Mar-22	7	Apr-22	6	May-22	8	Jun-22	8	Jul-22	11	Aug-22	8	Sep-22	10	Oct-22	10	Nov-22	10	Dec-22	10	Jan-23	10	Feb-23	5	Mar-23	5
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HEALTHCARE ACQUIRED INFECTIONS																																																														
Description	Current Performance	Trend																																																												
Healthcare Acquired Infections (HCAI)-Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none">There were 5 cases of <i>P.Aeruginosa</i> in September 2022, 4 of which were hospital acquired, and one was community acquired.The Health Board total is currently above the Welsh Government Profile target of 2 cumulative cases for August 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	Number of healthcare acquired Pseudomonas cases <table border="1"><thead><tr><th>Month</th><th>Number of Pseudomonas cases (SBU)</th><th>Trajectory</th></tr></thead><tbody><tr><td>Sep-21</td><td>2</td><td>2</td></tr><tr><td>Oct-21</td><td>0</td><td>2</td></tr><tr><td>Nov-21</td><td>3</td><td>2</td></tr><tr><td>Dec-21</td><td>4</td><td>2</td></tr><tr><td>Jan-22</td><td>1</td><td>2</td></tr><tr><td>Feb-22</td><td>3</td><td>2</td></tr><tr><td>Mar-22</td><td>2</td><td>2</td></tr><tr><td>Apr-22</td><td>2</td><td>2</td></tr><tr><td>May-22</td><td>2</td><td>2</td></tr><tr><td>Jun-22</td><td>4</td><td>2</td></tr><tr><td>Jul-22</td><td>4</td><td>2</td></tr><tr><td>Aug-22</td><td>3</td><td>2</td></tr><tr><td>Sep-22</td><td>5</td><td>2</td></tr><tr><td>Oct-22</td><td>1</td><td>1</td></tr><tr><td>Nov-22</td><td>1</td><td>1</td></tr><tr><td>Dec-22</td><td>2</td><td>2</td></tr><tr><td>Jan-23</td><td>2</td><td>2</td></tr><tr><td>Feb-23</td><td>2</td><td>2</td></tr><tr><td>Mar-23</td><td>1</td><td>1</td></tr></tbody></table> <p>■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Sep-21	2	2	Oct-21	0	2	Nov-21	3	2	Dec-21	4	2	Jan-22	1	2	Feb-22	3	2	Mar-22	2	2	Apr-22	2	2	May-22	2	2	Jun-22	4	2	Jul-22	4	2	Aug-22	3	2	Sep-22	5	2	Oct-22	1	1	Nov-22	1	1	Dec-22	2	2	Jan-23	2	2	Feb-23	2	2	Mar-23	1	1
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PRESSURE ULCERS																																																														
Description	Current Performance	Trend																																																												
Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none">In August 2022 there were 104 cases of healthcare acquired pressure ulcers, 50 of which were community acquired and 54 were hospital acquired. <p>There were 14 grade 3+ pressure ulcers in August 2022, of which 11 were community acquired and 3 were hospital acquired.</p> <p>The rate per 100,000 admissions reduced from 805 in July 2022 to 767 in August 2022</p>	Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions <table border="1"><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>Aug-21</td><td>85</td><td>65</td><td>805</td></tr><tr><td>Sep-21</td><td>105</td><td>75</td><td>750</td></tr><tr><td>Oct-21</td><td>75</td><td>55</td><td>700</td></tr><tr><td>Nov-21</td><td>75</td><td>55</td><td>700</td></tr><tr><td>Dec-21</td><td>110</td><td>60</td><td>750</td></tr><tr><td>Jan-22</td><td>95</td><td>65</td><td>750</td></tr><tr><td>Feb-22</td><td>90</td><td>60</td><td>700</td></tr><tr><td>Mar-22</td><td>105</td><td>55</td><td>700</td></tr><tr><td>Apr-22</td><td>80</td><td>55</td><td>700</td></tr><tr><td>May-22</td><td>95</td><td>60</td><td>750</td></tr><tr><td>Jun-22</td><td>85</td><td>60</td><td>750</td></tr><tr><td>Jul-22</td><td>85</td><td>60</td><td>805</td></tr><tr><td>Aug-22</td><td>104</td><td>54</td><td>767</td></tr></tbody></table> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,00 admissions	Aug-21	85	65	805	Sep-21	105	75	750	Oct-21	75	55	700	Nov-21	75	55	700	Dec-21	110	60	750	Jan-22	95	65	750	Feb-22	90	60	700	Mar-22	105	55	700	Apr-22	80	55	700	May-22	95	60	750	Jun-22	85	60	750	Jul-22	85	60	805	Aug-22	104	54	767				
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NATIONALLY REPORTABLE INCIDENTS		
Description	Current Performance	Trend
Nationally Reportable Incidents (NRI's)- <i>1. The number of Nationally reportable incidents</i> <i>2. The number of Never Events</i> <i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 15 Nationally Reportable Incidents for the month of September 2022 to Welsh Government. The Service Group breakdown is as follows; - Morriston – 4 - Singleton & NPT – 2 - Mental Health & LD - 9	1. and 2. Number of nationally reportable incidents and never events  <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p>
	2. There were no new Never Event reported in September 2022	3. % of nationally reportable incidents closed within the agreed timescales  <p>■ % NRI's assured — Target</p>
	3. In September 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 0%.	

INPATIENT FALLS																														
Description	Current Performance	Trend																												
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 175 in September 2022. This is 18% less than September 2021 where 207 falls were recorded.	<p>Number of inpatient Falls</p>  <table><caption>Number of inpatient Falls</caption><thead><tr><th>Month</th><th>Hospital falls</th></tr></thead><tbody><tr><td>Sep-21</td><td>207</td></tr><tr><td>Oct-21</td><td>240</td></tr><tr><td>Nov-21</td><td>215</td></tr><tr><td>Dec-21</td><td>210</td></tr><tr><td>Jan-22</td><td>195</td></tr><tr><td>Feb-22</td><td>200</td></tr><tr><td>Mar-22</td><td>210</td></tr><tr><td>Apr-22</td><td>190</td></tr><tr><td>May-22</td><td>180</td></tr><tr><td>Jun-22</td><td>170</td></tr><tr><td>Jul-22</td><td>175</td></tr><tr><td>Aug-22</td><td>215</td></tr><tr><td>Sep-22</td><td>175</td></tr></tbody></table>	Month	Hospital falls	Sep-21	207	Oct-21	240	Nov-21	215	Dec-21	210	Jan-22	195	Feb-22	200	Mar-22	210	Apr-22	190	May-22	180	Jun-22	170	Jul-22	175	Aug-22	215	Sep-22	175
Month	Hospital falls																													
Sep-21	207																													
Oct-21	240																													
Nov-21	215																													
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Mar-22	210																													
Apr-22	190																													
May-22	180																													
Jun-22	170																													
Jul-22	175																													
Aug-22	215																													
Sep-22	175																													
DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in September 2022, the percentage of completed discharge summaries was 70%.</p> <p>In September 2022, compliance ranged from 63% in Singleton Hospital to 79% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p>  <table><caption>% discharge summaries approved and sent</caption><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Sep-21</td><td>68%</td></tr><tr><td>Oct-21</td><td>62%</td></tr><tr><td>Nov-21</td><td>64%</td></tr><tr><td>Dec-21</td><td>63%</td></tr><tr><td>Jan-22</td><td>62%</td></tr><tr><td>Feb-22</td><td>65%</td></tr><tr><td>Mar-22</td><td>64%</td></tr><tr><td>Apr-22</td><td>61%</td></tr><tr><td>May-22</td><td>66%</td></tr><tr><td>Jun-22</td><td>65%</td></tr><tr><td>Jul-22</td><td>64%</td></tr><tr><td>Aug-22</td><td>69%</td></tr><tr><td>Sep-22</td><td>70%</td></tr></tbody></table>	Month	% of completed discharge summaries	Sep-21	68%	Oct-21	62%	Nov-21	64%	Dec-21	63%	Jan-22	62%	Feb-22	65%	Mar-22	64%	Apr-22	61%	May-22	66%	Jun-22	65%	Jul-22	64%	Aug-22	69%	Sep-22	70%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	August 2022 reports the crude mortality rate for the Health Board at 0.83%, which is the same figure reported in July 2022.	Crude hospital mortality rate by Hospital (74 years of age or less) <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Aug-21</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Sep-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Oct-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.1%</td></tr><tr><td>Nov-21</td><td>1.8%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Dec-21</td><td>1.6%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jan-22</td><td>1.5%</td><td>0.6%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Feb-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Mar-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Apr-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>May-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Jun-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Jul-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Aug-22</td><td>1.4%</td><td>0.4%</td><td>0.05%</td><td>0.8%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Aug-21	1.7%	0.5%	0.2%	1.0%	Sep-21	1.7%	0.5%	0.1%	1.0%	Oct-21	1.7%	0.5%	0.1%	1.1%	Nov-21	1.8%	0.5%	0.1%	1.0%	Dec-21	1.6%	0.5%	0.1%	0.9%	Jan-22	1.5%	0.6%	0.1%	0.9%	Feb-22	1.5%	0.5%	0.1%	0.8%	Mar-22	1.5%	0.5%	0.1%	0.8%	Apr-22	1.5%	0.4%	0.1%	0.8%	May-22	1.5%	0.4%	0.1%	0.8%	Jun-22	1.5%	0.4%	0.1%	0.8%	Jul-22	1.5%	0.4%	0.1%	0.8%	Aug-22	1.4%	0.4%	0.05%	0.8%
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A breakdown by Hospital for August 2022: <ul style="list-style-type: none">• Morriston – 1.42%• Singleton – 0.44%• NPT – 0.05%																																																																								
READMISSION RATES																																																																								
Description	Current Performance	Trend																																																																						
Readmission Rates	In September 2022, 20% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is the same figure seen in August 2022.	Emergencies readmitted within 28 days of previous discharge <table><caption>28 Day readmission rate (SBU HB)</caption><thead><tr><th>Month</th><th>28 Day readmission rate (SBU HB)</th></tr></thead><tbody><tr><td>Sep-21</td><td>19%</td></tr><tr><td>Oct-21</td><td>18%</td></tr><tr><td>Nov-21</td><td>18%</td></tr><tr><td>Dec-21</td><td>19%</td></tr><tr><td>Jan-22</td><td>18%</td></tr><tr><td>Feb-22</td><td>19%</td></tr><tr><td>Mar-22</td><td>17%</td></tr><tr><td>Apr-22</td><td>18%</td></tr><tr><td>May-22</td><td>18%</td></tr><tr><td>Jun-22</td><td>19%</td></tr><tr><td>Jul-22</td><td>20%</td></tr><tr><td>Aug-22</td><td>20%</td></tr><tr><td>Sep-22</td><td>20%</td></tr></tbody></table>	Month	28 Day readmission rate (SBU HB)	Sep-21	19%	Oct-21	18%	Nov-21	18%	Dec-21	19%	Jan-22	18%	Feb-22	19%	Mar-22	17%	Apr-22	18%	May-22	18%	Jun-22	19%	Jul-22	20%	Aug-22	20%	Sep-22	20%																																										
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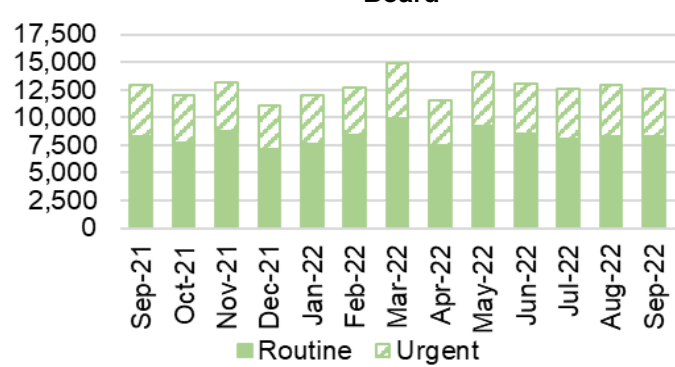
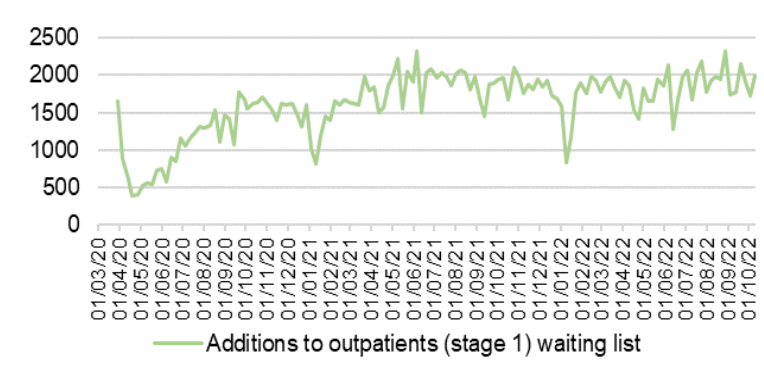
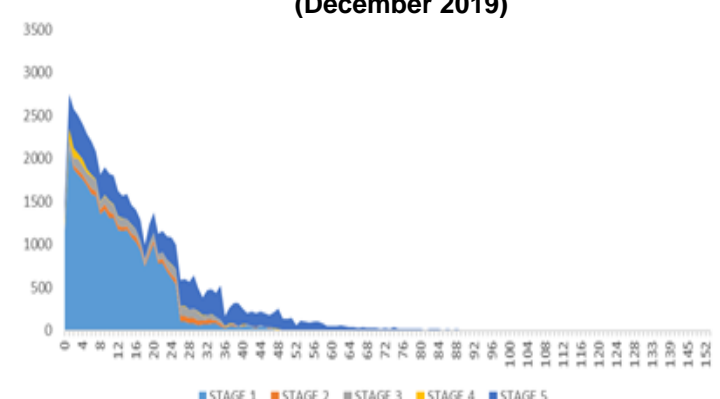
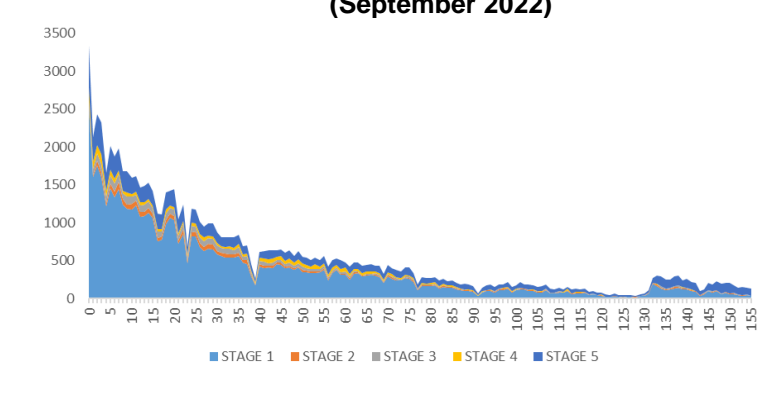
5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

		Harm from reduction in non-Covid activity															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
		Cancer															
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	75%			62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	45.0%
		Planned Care															
Number of patients waiting > 26 weeks for outpatient appointment*	Morriston	0			15,092	15,906	16,385	17,204	17,859	18,220	18,351	18,976	19,498	19,662	19,516	19,607	18,748
	NPTH				407	378	387	342	186	88	0	3	18	4	2	4	1
	Singleton				8,447	8,162	7,955	7,882	7,520	7,192	6,359	6,606	6,943	7,159	7,212	7,314	7,218
	PC&CS				51	37	25	24	23	22	18	16	0	1	81	94	98
	Total				23,997	24,483	24,762	25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065
Number of patients waiting > 36 weeks for treatment*	Morriston	0			23,214	23,874	24,121	24,494	25,203	25,090	25,490	26,036	26,411	26,574	26,832	26,710	25,771
	NPTH				189	191	198	168	136	136	44	37	5	7	2	0	1
	Singleton				11,764	11,841	12,245	12,376	12,283	12,194	11,749	12,110	12,310	12,438	11,256	11,013	10,557
	PC&CS				43	35	25	22	22	22	17	15	0	1	41	117	124
	Total (inc. diagnostics > 36 wks)				35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095
Number of patients waiting > 8 weeks for a specified diagnostics*	Morriston	0			3,528	3,320	3,217	2,927	2,724	2,180	1,672	1,910	1,753	1,575	1,629	1,853	1,975
	Singleton				2,204	2,619	2,791	3,144	3,543	3,898	4,191	4,398	4,553	4,437	4,403	4,255	4,202
	Total				5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	NPTH				18	28	29	8	13	38	45	35	17	30	46	45	82
	PC&CS				302	386	600	877	1,015	888	775	644	597	579	668	637	673
	Total				320	414	629	885	1,028	926	820	679	614	609	714	682	755

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	
		Planned Care																
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			130,963	131,554	129,255	131,403	131,848	#####	133,772	135,471	135,879	136,435	136,982	138,736	139,989	
Number of patients delayed by over 100% past their target date *	Total				32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	
Number of patients delayed past their agreed target date (booked and not booked) *	Total				60,340	60,447	56,618	58,006	58,639	58,804	58,514	60,348	60,314	61,071	61,156	61,778	62,461	
Number of Ophthalmology patients without an allocated health risk factor	Total	0			702	413	528	694	288	299	639	425	246	495	270	222	400	
Number of patients without a documented clinical review date	Total	0			7	3	4	2	4	1	5	5	2	4	2	3	4	
		Patient Experience/ Feedback																
Number of friends and family surveys completed	PCCS	12 month improvement trend			213	89	360	291	191	251	165	106	154	130	162	195	114	
	MH&LD				18	10	36	23	17	17	15	8	26	11	11	22	16	
	Morriston				995	941	1,131	878	1,130	1,285	1,454	1,245	1,336	1,194	1,341	1,629	1,590	
	NPTH																	
	Singleton				1,452	1,118	1,602	1,580	1,727	1,485	1,737	1,648	1,932	1,727	1,931	2,343	2,252	
	Total				2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	
% of patients who would recommend and highly recommend	PCCS	90%	80%		90%	90%	94%	90%	93%	95%	92%	94%	94%	90%	94%	94%	95%	
	MH&LD				94%	90%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Morriston				93%	92%	93%	94%	94%	84%	86%	85%	92%	83%	84%	84%	83%	
	NPTH																	
	Singleton				90%	92%	94%	94%	94%	94%	94%	91%	92%	92%	92%	91%	91%	
	Total				92%	92%	94%	93%	92%	90%	90%	89%	90%	88%	89%	89%	88%	
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		92%	94%	89%	97%	97%	99%	97%	96%	95%	92%	96%	96%	96%	
	MH&LD																	
	Morriston				96%	94%	93%	96%	97%	89%	91%	89%	89%	82%	89%	90%	88%	
	NPTH																	
	Singleton				96%	95%	93%	97%	96%	97%	97%	94%	95%	92%	94%	94%	94%	
	Total				96%	93%	93%	96%	93%	91%	91%	89%	91%	91%	90%	93%	92%	
Number of new complaints received	PCCS	12 month reduction rend			11	12	16	9	15	19	23	16	34	20	22			
	MH&LD				12	13	13	9	19	16	15	10	14	16	11			
	Morriston				61	57	66	42	53	49	52	54	69	53	70			
	NPTH				6	6	8	3	7	13	3	6	4	2	6			
	Singleton				21	33	26	20	21	36	51	28	46	21	39			
	Total				115	134	159	115	124	139	156	123	176	118	153			
% 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%		73%	83%	88%	78%	67%	68%	87%	94%	88%	75%	82%			
	MH&LD				92%	69%	31%	78%	58%	38%	60%	70%	43%	69%	73%			
	Morriston				84%	70%	73%	69%	74%	78%	73%	83%	74%	72%	70%			
	NPTH				50%	83%	75%	67%	29%	62%	67%	83%	50%	100%	67%			
	Singleton				52%	48%	54%	50%	43%	50%	43%	57%	54%	38%	38%			
	Total				75%	67%	69%	68%	63%	64%	65%	76%	69%	65%	64%			

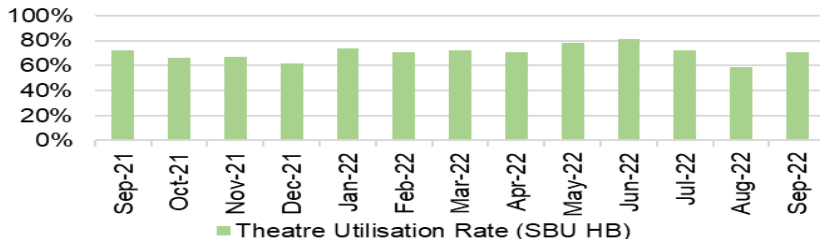
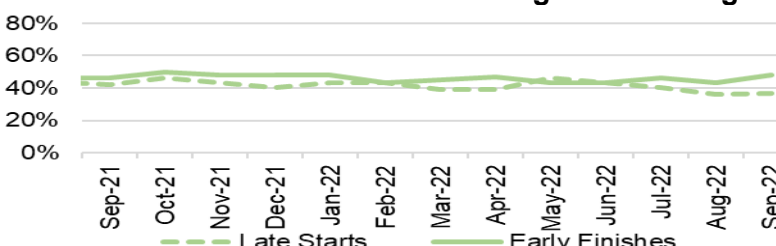
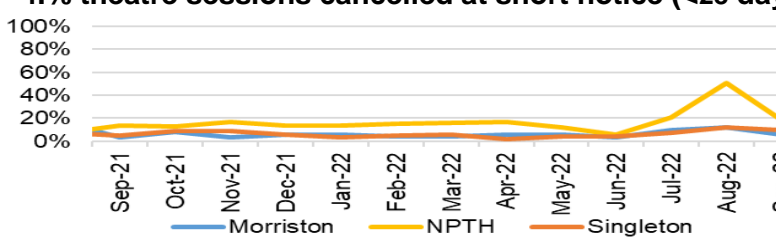
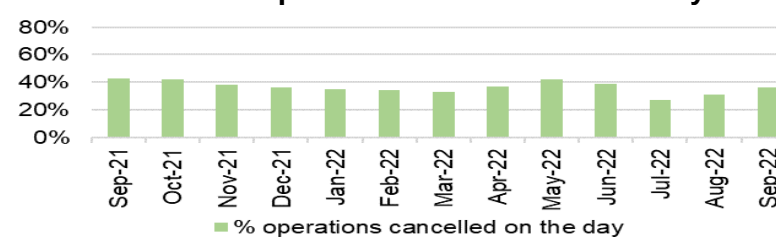
5.3 Updates on key measures

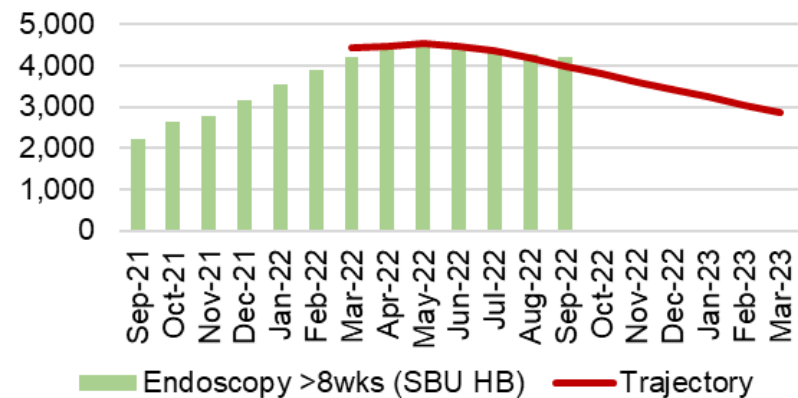
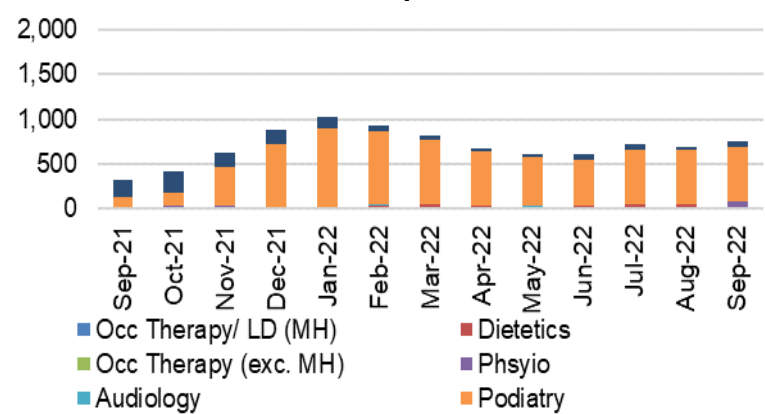
PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	September 2022 has seen a reduction in referral figures compared with August 2022 (12,930). Referral rates have continued to rise slowly since December 2021, with 12,572 received in September 2022. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.
	Trend
1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at August 2022</i>	<div> 1. Number of GP referrals received by SBU Health Board  </div> <div> 2. Number of stage 1 additions per week  </div> <div> 3. Total size of the waiting list and movement (December 2019)  </div> <div> 4. Total size of the waiting list and movement (September 2022)  </div>

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Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. September 2022 saw an in-month reduction of 4% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 27,019 in August 2022 to 26,065 in September 2022. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and ENT. Chart 4 shows that the number of attendances has remained steady in recent months despite the impact of the recent Covid wave.</p>																																																																																																																																																																																																				
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PLANNED CARE	
Description	Current Performance
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	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In September 2022, there were 37,095 patients waiting over 36 weeks which is a 3.9% in-month reduction from August 2022. 27,077 of the 37,095 were waiting over 52 weeks in September 2022. In September 2022, there were 10,623 patients waiting over 104 weeks for treatment, which is a 3% reduction from August 2022.</p>
	<p>Trend</p> <div> <div> <p>1. Number of patients waiting over 36 weeks- HB total</p> <p>Ministerial Target = 0 by 2026</p> </div> <div> <p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p> <p>Ministerial Target = 0 by December 2022</p> </div> <div> <p>3. Number of elective admissions</p> <p>Admitted elective patients</p> </div> <div> <p>4. Number of patients waiting over 104 weeks- HB total</p> <p>Ministerial Target = 0 by 2024</p> </div> </div>

PLANNED CARE		
Description	Current Performance	
Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In September 2022, 52.1% of patients were waiting under 26 weeks from referral to treatment, which is 0.1% more than those seen in August 2022.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <p>Ministerial Target = 95% by 2026</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>In September 2022, 60.3% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22.</p> <p>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>

THEATRE EFFICIENCY		
Description	Current Performance	Trend
Theatre Efficiency 1. Theatre Utilisation Rates 2. % of theatre sessions starting late 3. % of theatre sessions finishing early 4. % of theatre sessions cancelled at short notice (<28 days) 5. % of operations cancelled on the day	<p>In September 2022 the Theatre Utilisation rate was 71%. This is an in-month improvement of 12% and marginally lower rates than those seen in September 2021.</p> <p>37% of theatre sessions started late in September 2022. This is a 1% deterioration on performance in August 2022 (36%).</p> <p>In September 2022, 48% of theatre sessions finished early. This is 5% higher than figures seen in August 2022 and 2% higher than those seen in September 2021</p> <p>9% of theatre sessions were cancelled at short notice in September 2022. This is 10% lower than figures reported in August 2022 and is 3% higher than figures seen in September 2021.</p> <p>Of the operations cancelled in September 2022, 36% of them were cancelled on the day. This is a deterioration from 31% in September</p>	<p>1. Theatre Utilisation Rates</p>  <p>2. and 3. % theatre sessions starting late/finishing</p>  <p>4. % theatre sessions cancelled at short notice (<28 days)</p>  <p>5. % of operations cancelled on the day</p> 

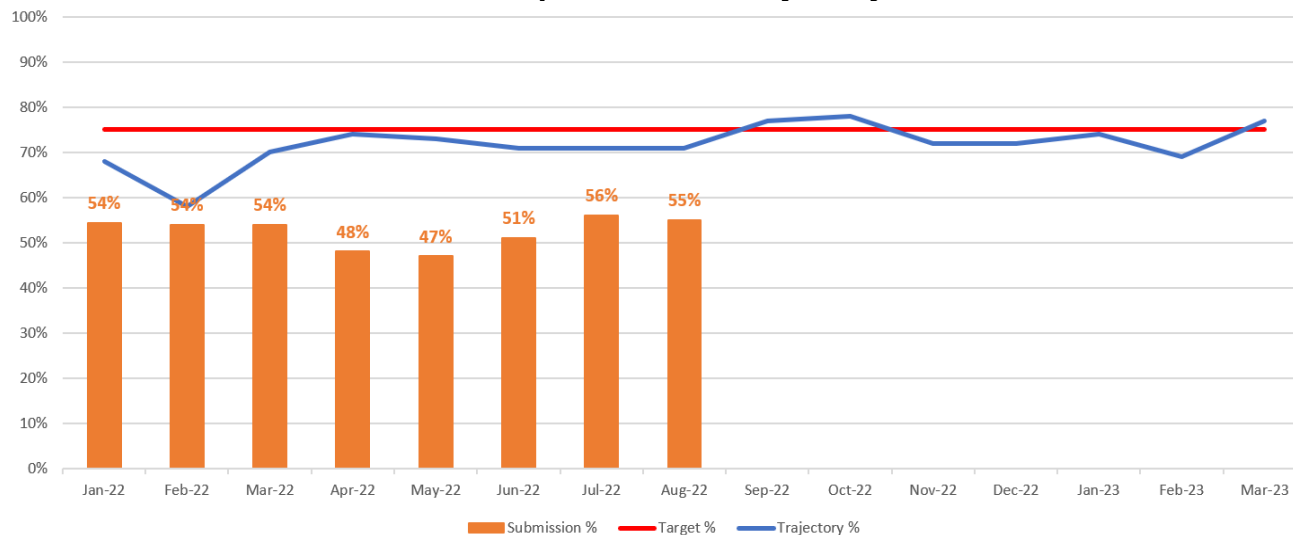
PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In September 2022, there was a slight increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,108 in August to 6,177 in September 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for September 2022:</p> <ul style="list-style-type: none"> Endoscopy= 4,205 Cardiac tests= 1,019 Other Diagnostics = 953 ^ <p>Actions of Improvement; Endoscopy waits have reduced slightly this month and the figures are slightly above the submitted trajectory. The Endoscopy team have implemented several actions to support future improvement, which include increasing list capacity, increasing insourcing and outsourcing sessions, along with an ongoing clinical validation project.</p>	<p>Number of patients waiting longer than 8 weeks for diagnostics</p>  <p>Ministerial Target = Endoscopy waits > 8 Weeks will be 0 by Spring 2024</p>
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In September 2022 there were 755 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in September 2022 are:</p> <ul style="list-style-type: none"> Podiatry = 615 Speech & Language Therapy= 58 ^ Dietetics = 22 <p>Actions of Improvement; The Service Group have already identified the declining position in both Dietetics and Podiatry and have developed detailed recovery trajectories in both areas. Podiatry have developed a revised recovery trajectory for Q4, with Dietetics working through their deadline for recovery</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> 

CANCER				
Description	Current Performance		Trend	
<p>Cancer demand and shape of the waiting list</p> <p>Single Cancer Pathway <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i></p>	July 2022 backlog by tumour site:		<p>Number of patients with a wait status of more than 62 days</p> <p>■ 63-103 days ▨ ≥ 104 days</p>	
	Tumour Site	63 - 103 days		≥104 days
	Acute Leukaemia	0		0
	Brain/CNS	1		0
	Breast	20		5
	Children's cancer	0		0
	Gynaecological	42		16
	Haematological	7		13
	Head and neck	20		7
	Lower Gastrointestinal	151		57
	Lung	14		8
	Other	6		0
	Sarcoma	7		2
	Skin(c)	21		5
	Upper Gastrointestinal	59		33
	Urological	56		36
	Grand Total	405		182
<p>Single Cancer Pathway backlog- patients waiting over 63 days</p> <p>September 2022 has seen an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none">- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast.- 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- Data quality is currently being reviewed to support the validation of any backlog figures- Work is currently underway to develop a live dashboard for efficient data review of all patients	September 2022 has seen an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;		<p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p> <p>SCP Performance</p> <p>■ Submission % — Target % — Trajectory %</p>	
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CANCER																																																		
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early October 2022 figures show total wait volumes for first outpatient appointment have increased by 15% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 42% have been booked, which is a reduction increase on previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early October 2022</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th><th>02-Oct</th><th>09-Oct</th></tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>0</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>1</td><td>2</td></tr> <tr><td>Gynaecological</td><td>58</td><td>98</td></tr> <tr><td>Haematological</td><td>3</td><td>1</td></tr> <tr><td>Head and Neck</td><td>88</td><td>102</td></tr> <tr><td>Lower GI</td><td>95</td><td>79</td></tr> <tr><td>Lung</td><td>9</td><td>5</td></tr> <tr><td>Other</td><td>37</td><td>67</td></tr> <tr><td>Sarcoma</td><td>1</td><td>0</td></tr> <tr><td>Skin</td><td>190</td><td>200</td></tr> <tr><td>Upper GI</td><td>47</td><td>62</td></tr> <tr><td>Urological</td><td>21</td><td>16</td></tr> <tr><td></td><td>550</td><td>632</td></tr> </tbody> </table>	FIRST OPA	02-Oct	09-Oct	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	0	0	Children's Cancer	1	2	Gynaecological	58	98	Haematological	3	1	Head and Neck	88	102	Lower GI	95	79	Lung	9	5	Other	37	67	Sarcoma	1	0	Skin	190	200	Upper GI	47	62	Urological	21	16		550	632
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.</p> <table border="1"> <thead> <tr> <th>Measure</th><th>Target</th><th>August-22</th></tr> </thead> <tbody> <tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>34%</td></tr> <tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>85%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>54%</td></tr> <tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>89%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>91%</td></tr> <tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>97%</td></tr> </tbody> </table>	Measure	Target	August-22	Scheduled (21 Day Target)	80%	34%	Scheduled (28 Day Target)	100%	85%	Urgent SC (7 Day Target)	80%	54%	Urgent SC (14 Day Target)	100%	89%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	91%	Elective Delay (28 Day Target)	100%	97%	<p>Radiotherapy waiting times</p>																					
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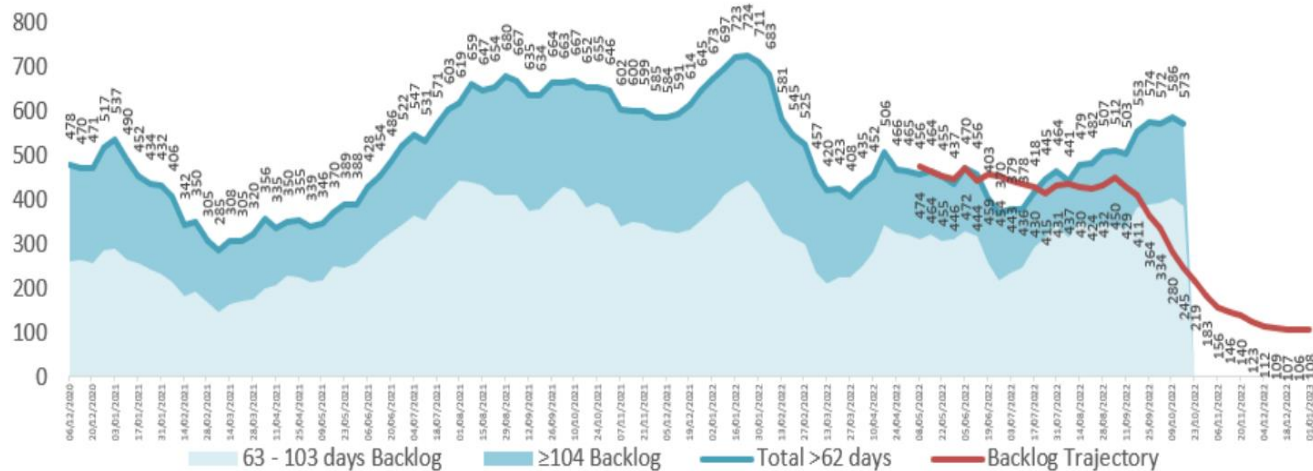
Cancer Services – Performance Escalation Updates

1.SCP performance trajectory

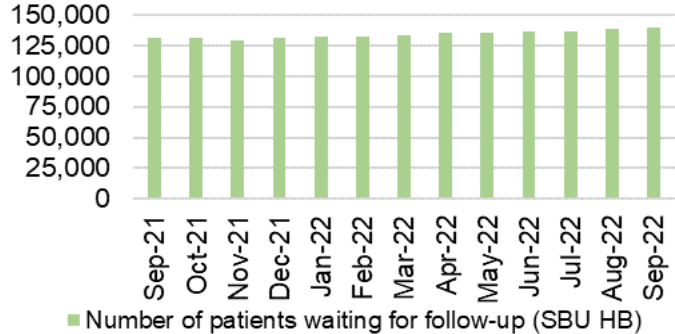
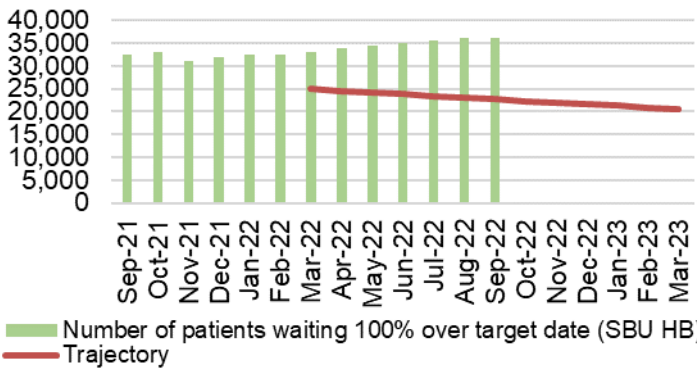


1. The final SCP performance for August 2022 was 55%, which continues to stay below the submitted trajectory.

Proposed backlog improvements to support SCP performance



2. Backlog figures have seen a continued increase in recent weeks and currently remain above the submitted recovery trajectory. The total backlog at 18/10/2022 was 573.

FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	<p>In September 2022, the overall size of the follow-up waiting list increased by 1,253 patients compared with August 2022 (from 138,736 to 139,989).</p> <p>In September 2022, there was a total of 62,461 patients waiting for a follow-up past their target date. This is a slight in-month increase of 1.1% (from 61,778 in August 2022 to 62,461 in September 2022).</p> <p>Of the 62,461 delayed follow-ups in September 2022, 12,312 had appointment dates and 50,149 were still waiting for an appointment.</p> <p>In addition, 36,144 patients were waiting 100%+ over target date in September 2022. This is a 0.3% increase when compared with August 2022.</p> <p>Actions of Improvement; Recently a new internal SBUHB validation team has been created and they have recently started 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.</p>	<p>1. Total number of patients waiting for a follow-up</p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p>  <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>

PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in September 2022 was 88% and 3,914 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 2,252 surveys in September 2022, with a recommended score of 91%. Morrison Hospital completed 1,590 surveys in September 2022, with a recommended score of 83%. Primary & Community Care completed 114 surveys for September 2022, with a recommended score of 95%. The Mental Health Service Group completed 16 surveys for September 2022, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p>

COMPLAINTS		
Description	Current Performance	Trend
Patient concerns <i>1. Number of formal complaints received</i> <		

6.1 Overview

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

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
% children who are up to date in schedule by age 4	NPT	95%	90%		86.4%		82.2%			85.9%							
	Swansea				88.3%		85.6%			86.4%							
	HB Total				87.6%		86.8%			86.2%							
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		89.0%		91.6%			88.4%							
	Swansea				90.3%		90.9%			87.8%							
	HB Total				89.8%		91.2%			88.0%							
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		89.3%		92.4%			90.1%							
	Swansea				92.0%		90.1%			88.7%							
	HB Total				91.0%		91.0%			89.2%							
% children who received MMR vaccination by age 16	NPT	95%	90%		94.0%		93.3%			92.6%							
	Swansea				90.0%		91.1%			90.1%							
	HB Total				91.6%		92.0%			91.0%							
% children who received teenage booster by age 16	NPT	90%	85%		90.4%		87.9%			89.3%							
	Swansea				90.0%		91.0%			89.2%							
	HB Total				90.2%		89.8%			89.2%							
% children who received MenACWY vaccine by age 16	NPT	Improve			90.9%		88.1%			89.8%							
	Swansea				90.4%		91.3%			90.1%							
	HB Total				90.6%		90.0%			90.0%							
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			95%	97%	97%	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%	40%	34%	22%	28%	27%	29%	18%	40%	33%	38%	34%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			89%	65%	36%	43%	28%	24%	36%	23%	23%	22%	42%	27%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			41%	3%	3%	2%	27%	26%	30%	19%	41%	41%	38%	34%	
% 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%			96%	98%	98%	95%	95%	99%	96%	97%	98%	96%	94%	97%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			35%	0%	64%	50%	39%	67%	78%	51%	51%	38%	61%	35%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			90%	98%	96%	100%	99%	100%	98%	96%	97%	100%	100%	100%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			34%	34%	37%	37%	33%	33%	35%	35%	36%	47%	44%	44%	
% 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%			84%	84%	84%	84%	89%	88%	100%	87%	97%	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%			84%	83%	81%	80%	81%	85%	89%	88%	89%	89%	89%	90%	

6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																										
Description	Current Performance	Trend																																																																																																																																																																								
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In August 2022, 97% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In August 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 90% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in August 2022.</p> <p>4. In July 2022, 96.5% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>Data for Measure 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Aug-21</td><td>99%</td><td>95%</td></tr> <tr><td>Sep-21</td><td>97%</td><td>95%</td></tr> <tr><td>Oct-21</td><td>99%</td><td>95%</td></tr> <tr><td>Nov-21</td><td>99%</td><td>95%</td></tr> <tr><td>Dec-21</td><td>97%</td><td>95%</td></tr> <tr><td>Jan-22</td><td>97%</td><td>95%</td></tr> <tr><td>Feb-22</td><td>99%</td><td>95%</td></tr> <tr><td>Mar-22</td><td>97%</td><td>95%</td></tr> <tr><td>Apr-22</td><td>99%</td><td>95%</td></tr> <tr><td>May-22</td><td>99%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>97%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>97%</td><td>95%</td></tr> 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Description	Current Performance	Trend																																																								
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In August 2022, 100% of CAMHS patients received an assessment within 48 hours.	<div>1. Crisis- assessment within 48 hours</div> <table border="1"><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th><th>Target</th></tr></thead><tbody><tr><td>Aug-21</td><td>100%</td><td>100%</td></tr><tr><td>Sep-21</td><td>100%</td><td>100%</td></tr><tr><td>Oct-21</td><td>100%</td><td>100%</td></tr><tr><td>Nov-21</td><td>100%</td><td>100%</td></tr><tr><td>Dec-21</td><td>100%</td><td>100%</td></tr><tr><td>Jan-22</td><td>100%</td><td>100%</td></tr><tr><td>Feb-22</td><td>100%</td><td>100%</td></tr><tr><td>Mar-22</td><td>100%</td><td>100%</td></tr><tr><td>Apr-22</td><td>100%</td><td>100%</td></tr><tr><td>May-22</td><td>100%</td><td>100%</td></tr><tr><td>Jun-22</td><td>100%</td><td>100%</td></tr><tr><td>Jul-22</td><td>100%</td><td>100%</td></tr><tr><td>Aug-22</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	Target	Aug-21	100%	100%	Sep-21	100%	100%	Oct-21	100%	100%	Nov-21	100%	100%	Dec-21	100%	100%	Jan-22	100%	100%	Feb-22	100%	100%	Mar-22	100%	100%	Apr-22	100%	100%	May-22	100%	100%	Jun-22	100%	100%	Jul-22	100%	100%	Aug-22	100%	100%														
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2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 27% of routine assessments were undertaken within 28 days from referral in August 2022 against a target of 80%.	<div>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</div> <table border="1"><thead><tr><th>Month</th><th>% of assess in 28 days</th><th>% interventions in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Aug-21</td><td>30%</td><td>75%</td><td>80%</td></tr><tr><td>Sep-21</td><td>85%</td><td>30%</td><td>80%</td></tr><tr><td>Oct-21</td><td>65%</td><td>70%</td><td>80%</td></tr><tr><td>Nov-21</td><td>30%</td><td>65%</td><td>80%</td></tr><tr><td>Dec-21</td><td>40%</td><td>45%</td><td>80%</td></tr><tr><td>Jan-22</td><td>25%</td><td>35%</td><td>80%</td></tr><tr><td>Feb-22</td><td>20%</td><td>65%</td><td>80%</td></tr><tr><td>Mar-22</td><td>30%</td><td>75%</td><td>80%</td></tr><tr><td>Apr-22</td><td>20%</td><td>45%</td><td>80%</td></tr><tr><td>May-22</td><td>20%</td><td>45%</td><td>80%</td></tr><tr><td>Jun-22</td><td>20%</td><td>30%</td><td>80%</td></tr><tr><td>Jul-22</td><td>40%</td><td>65%</td><td>80%</td></tr><tr><td>Aug-22</td><td>25%</td><td>30%</td><td>80%</td></tr></tbody></table>	Month	% of assess in 28 days	% interventions in 28 days	Target	Aug-21	30%	75%	80%	Sep-21	85%	30%	80%	Oct-21	65%	70%	80%	Nov-21	30%	65%	80%	Dec-21	40%	45%	80%	Jan-22	25%	35%	80%	Feb-22	20%	65%	80%	Mar-22	30%	75%	80%	Apr-22	20%	45%	80%	May-22	20%	45%	80%	Jun-22	20%	30%	80%	Jul-22	40%	65%	80%	Aug-22	25%	30%	80%
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3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 35% of therapeutic interventions were started within 28 days following assessment by LPMHSS in August 2022.																																																									
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 44% of NDD patients received a diagnostic assessment within 26 weeks in August 2022 against a target of 80%.	<div>4. NDD- assessment within 26 weeks</div> <table border="1"><thead><tr><th>Month</th><th>%NDD within 26 weeks</th><th>Target</th></tr></thead><tbody><tr><td>Aug-21</td><td>25%</td><td>80%</td></tr><tr><td>Sep-21</td><td>30%</td><td>80%</td></tr><tr><td>Oct-21</td><td>30%</td><td>80%</td></tr><tr><td>Nov-21</td><td>30%</td><td>80%</td></tr><tr><td>Dec-21</td><td>30%</td><td>80%</td></tr><tr><td>Jan-22</td><td>30%</td><td>80%</td></tr><tr><td>Feb-22</td><td>30%</td><td>80%</td></tr><tr><td>Mar-22</td><td>30%</td><td>80%</td></tr><tr><td>Apr-22</td><td>30%</td><td>80%</td></tr><tr><td>May-22</td><td>30%</td><td>80%</td></tr><tr><td>Jun-22</td><td>40%</td><td>80%</td></tr><tr><td>Jul-22</td><td>40%</td><td>80%</td></tr><tr><td>Aug-22</td><td>44%</td><td>80%</td></tr></tbody></table>	Month	%NDD within 26 weeks	Target	Aug-21	25%	80%	Sep-21	30%	80%	Oct-21	30%	80%	Nov-21	30%	80%	Dec-21	30%	80%	Jan-22	30%	80%	Feb-22	30%	80%	Mar-22	30%	80%	Apr-22	30%	80%	May-22	30%	80%	Jun-22	40%	80%	Jul-22	40%	80%	Aug-22	44%	80%														
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 34% of routine assessments by SCAMHS were undertaken within 28 days in August 2022. within 28 in July 2022	<div>5. S-CAMHS % assessments within 28 days</div> <table border="1"><thead><tr><th>Month</th><th>% S-CAMHS assessments in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Aug-21</td><td>25%</td><td>80%</td></tr><tr><td>Sep-21</td><td>40%</td><td>80%</td></tr><tr><td>Oct-21</td><td>10%</td><td>80%</td></tr><tr><td>Nov-21</td><td>10%</td><td>80%</td></tr><tr><td>Dec-21</td><td>10%</td><td>80%</td></tr><tr><td>Jan-22</td><td>20%</td><td>80%</td></tr><tr><td>Feb-22</td><td>20%</td><td>80%</td></tr><tr><td>Mar-22</td><td>20%</td><td>80%</td></tr><tr><td>Apr-22</td><td>10%</td><td>80%</td></tr><tr><td>May-22</td><td>40%</td><td>80%</td></tr><tr><td>Jun-22</td><td>40%</td><td>80%</td></tr><tr><td>Jul-22</td><td>40%</td><td>80%</td></tr><tr><td>Aug-22</td><td>34%</td><td>80%</td></tr></tbody></table>	Month	% S-CAMHS assessments in 28 days	Target	Aug-21	25%	80%	Sep-21	40%	80%	Oct-21	10%	80%	Nov-21	10%	80%	Dec-21	10%	80%	Jan-22	20%	80%	Feb-22	20%	80%	Mar-22	20%	80%	Apr-22	10%	80%	May-22	40%	80%	Jun-22	40%	80%	Jul-22	40%	80%	Aug-22	34%	80%														
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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	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 related	Number of new COVID19 cases*	Local			Sep-22						218
	Number of staff referred for Antigen Testing*	Local			Sep-22						10
	Number of staff awaiting results of COVID19 test*	Local			Sep-22						0
	Number of COVID19 related incidents*	Local			Sep-22						84
	Number of COVID19 related serious incidents*	Local			Sep-22						1
	Number of COVID19 related complaints*	Local			Sep-22						11
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Sep-22						5
	Number of staff self isolated (symptomatic)*	Local			Sep-22						100
	% sickness*	Local			Sep-22						0.8%

	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		Sep-22	710		22			732
	% 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%		Sep-22	55.9%	98.2%				73%
	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		Sep-22	1,470	0				1,470
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Sep-22	8%					8%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Sep-22	55%					55%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Sep-22	93%					93%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Sep-22	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Sep-22	35%					35%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	21	Sep-22	0	1	5	9	0	15
	Number of S.aureus bacteraemia cases	National		6	Sep-22	6	0	2	5	0	13
	Number of C.difficile cases	National		9	Sep-22	6	0	5	3	0	14
	Number of Klebsiella cases	National		6	Sep-22	0	0	1	9	0	10
	Number of Aeruginosa cases	National		2	Sep-22	2	0	2	1	0	5
	Compliance with hand hygiene audits	Local	95%		Sep-22	99%	100%	100%	97%	97%	95%

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Aug-22	92.9%					92.9%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Aug-22	26.5%					26.5%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Aug-22	71.6%					71.6%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Aug-22	70.2%					70.2%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Aug-22	75.9%					75.9%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Aug-22	66.2%					66.2%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-21	7.5%					7.5%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%
Serious incidents	Number of Nationally Reportable Incidents	Local	12 month reduction trend		Sep-22	4	1	1	0	9	15
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Sep-22						0%
	Number of Never Events	Local	0		Sep-22	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Aug-22	34	3	16	50	1	104
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Aug-22	2	0	1	11	0	14
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Aug-22						767
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Sep-22	72	18	55	6	24	175
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Sep-22						4.29
Mortality	Universal Mortality reviews undertaken within 28 days	Local	95%		Feb-22	98%	67%				97%
	Stage 2 mortality reviews completed within 60 days	Local	95%		Nov-21	56%	-	0%			50%
	Crude hospital mortality rate by Delivery Unit (74 years	National	12 month reduction trend		Aug-22	1.42%	0.05%	0.44%			0.83%

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

Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	75%		Sep-22 (Draft)						45%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Sep-22	18,748	1	7,218	98		26,065
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Sep-22	25,771	1	10,557	124		37,095
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Sep-22	1,975		4,202			6,177
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Sep-22		82		673	0	755
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Sep-22						139,989
	Number of patients delayed by over 100% past their target date	National	0		Sep-22						36,144
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Sep-22						62,461
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Sep-22						400
	Number of patients without a documented clinical review date	Local	0		Sep-22						4
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Sep-22	1,590	Now reported under Singleton	2,252	114	16	1,590
	% of patients who would recommend and highly recommend	Local	90%	80%	Sep-22	83%		91%	95%	100%	88%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Sep-22	88%		94%	96%		92%
	Number of new complaints received	Local	12 month reduction trend		Jul-22	70	6	39	22	11	153
	% 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%	Jul-22	70%	67%	38%	82%	73%	64%

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

Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q4 2021/22						95.9%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q4 2021/22						95.8%
	% children who received PCV2 vaccine by age 1		95%	90%	Q4 2021/22						97.2%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q4 2021/22						95.1%
	% children who received MMR1 vaccine by age 2		95%	90%	Q4 2021/22						93.9%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q4 2021/22						93.1%
	% children who received MenB4 vaccine by age 2		95%	90%	Q4 2021/22						93.3%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q4 2021/22						93.3%
	% children who are up to date in schedule by age 4		95%	90%	Q4 2021/22						86.2%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q4 2021/22						88.0%
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q4 2021/22						89.2%
	% children who received MMR vaccination by age 16		95%	90%	Q4 2021/22						91.0%
	% children who received teenage booster by age 16		90%	85%	Q4 2021/22						89.2%
	% children who received MenACWY vaccine by age 16		Improve		Q4 2021/22						90.0%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Aug-22						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Aug-22						34%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Aug-22						27%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Aug-22						34%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Aug-22					97%	97%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Aug-22						35%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Aug-22					100%	100%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Aug-22					97%	97%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Aug-22						44%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and	National	90%		Aug-22						100%

* 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	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
COVID19 related measures	Number of new COVID19 cases	Local	Sep-22	218		Reduce					12,839	10,918	8,247	18,167	15,433	4,209	4,749	835	286	372	600	217	218
	Number of staff referred for Antigen Testing	Local	Sep-22	17,926		Reduce					13,951	14,475	14,969	15,756	16,447	16,647	16,756	17,158	17,315	17,579	17,878	17,916	17,926
	Number of staff awaiting results of COVID19 test	Local	Sep-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Sep-22	84		Reduce					36	47	53	54	59	55	57	83	39	52	91	46	84
	Number of COVID19 related serious incidents	Local	Sep-22	1		Reduce					0	1	3	1	0	1	0	0	0	0	0	0	1
	Number of COVID19 related complaints	Local	Sep-22	11		Reduce					3	4	14	20	4	4	10	6	0	4	5	6	11
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					0	0											
	Number of staff self isolated (asymptomatic)	Local	Sep-22	5		Reduce					227	120	65	126	87	43	87	42	29	28	26	8	5
	Number of staff self isolated (symptomatic)	Local	Sep-22	100		Reduce					204	180	120	393	309	204	326	270	125	287	272	121	100
	% sickness	Local	Sep-22	0.8%		Reduce					3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%
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	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Sep-22	49%	65%	65%	✗	50.0% (Sep-22)	4th (Sep-22)		50%	44%	52%	46%	51%	54%	48%	53%	56%	57%	56%	55%	49%
	Number of ambulance handovers over one hour	National	Sep-22	732	0			6,360 (Sep-22)	1st (Sep-22)		642	648	670	612	735	678	687	671	538	578	659	705	732
	Handover hours lost over 15 minutes	Local	Sep-22	4378							2,467	3,093	2,461	2,527	3,390	3,110	3,023	3,286	1,892	2,920	2,976	3,870	4,378
	% 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	Sep-22	73%	95%			67.8% (Sep-22)	3rd (Sep-22)		73%	72%	73%	70%	73%	72%	71%	73%	74%	72%	69%	70%	73%
	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	Sep-22	1470	0			10,230 (Sep-22)	5th (Sep-22)		1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						72.2%	77.8%	52.4%	68.8%	52.9%	81.4%							
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Jun-22	89.0%	12 month ↑			69% (Jun-22)	2nd (Jun-22)		87.0%	88.0%	89.0%	88.0%	89.0%	89.0%	89.0%	89.0%	90.0%	89.0%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Sep-22	8%	54.0%						15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%
	CT Scan (<1 hrs) (local)	Local	Sep-22	55%							34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Sep-22	93%							90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%
	Thrombolysis door to needle <= 45 mins	Local	Sep-22	0%							0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%
	% stroke patients who receive mechanical thrombectomy	National	Sep-22	0%	10%			0.3% (Aug-22)	Joint 2nd (Aug-22)		0.0%	2.6%	4.2%	0.0%	1.9%	0.0%	1.7%	1.8%	0.0%	4.7%	0.0%	0.0%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Sep-22	35%	12 month ↑			48.8% (Aug-22)	6th (Aug-22)		58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%
DTCs	Number of mental health HB DTCs	National	Mar-20	13	12 month ↓	27	✓				DTC reporting temporarily suspended												
	Number of non-mental health HB DTCs	National	Mar-20	60	12 month ↓	50	✗				DTC reporting temporarily suspended												

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Sep-22	70.4	<67		✗	68.97 (Sep-22)	3rd (Sep-22)		86.4	82.2	80.5	77.1	73.8	74.6	73.7	96.5	79.6	70.8	68.9	74.5	70.4
	Number of E.Coli bacteraemia cases (Hospital)		Sep-22	7							9	7	5	5	7	9	4	13	8	5	3	11	7
	Number of E.Coli bacteraemia cases (Community)		Sep-22	8							12	12	17	12	8	17	17	18	13	12	18	21	8
	Total number of E.Coli bacteraemia cases		Sep-22	15							21	19	22	17	15	26	21	31	21	17	21	32	15
	Cumulative cases of S.aureus bacteraemias per 100k pop		Sep-22	39.3	<20		✗	27.81 (Sep-22)	6th (Sep-22)		38.3	40.6	37.2	36.0	36.3	35.8	35.6	43.6	50.5	41.0	39.8	38.4	39.3
	Number of S.aureus bacteraemias cases (Hospital)		Sep-22	8							13	11	1	5	2	7	7	6	9	7	6	5	8
	Number of S.aureus bacteraemias cases (Community)		Sep-22	5							4	7	3	4	11	3	4	7	9	2	6	6	5
	Total number of S.aureus bacteraemias cases		Sep-22	13							17	18	4	9	13	10	11	13	18	9	12	11	13
	Cumulative cases of C.difficile per 100k pop		Sep-22	46.9	<25		✗	37.95 (Sep-22)	5th (Sep-22)		53.2	52.9	53.3	51.3	50.3	49.8	50.1	40.5	36.7	41.0	42.9	47.6	46.9
	Number of C.difficile cases (Hospital)		Sep-22	11							9	10	10	11	11	8	12	11	7	7	10	16	11
	Number of C.difficile cases (Community)		Sep-22	3							5	5	10	1	3	5	6	2	4	9	6	6	3
	Total number of C.difficile cases		Sep-22	14							14	15	20	12	14	13	18	13	11	16	16	22	14
	Cumulative cases of Klebsiella per 100k pop		Sep-22	25.5							24.5	27.1	26.5	26.5	25.3	24.3	24.0	18.7	21.4	22.6	24.5	25.0	25.5
	Number of Klebsiella cases (Hospital)		Sep-22	7							8	8	2	6	5	3	4	4	7	6	4	4	1
	Number of Klebsiella cases (Community)		Sep-22	9							3	5	5	3	0	1	3	2	1	2	7	4	9
	Total number of Klebsiella cases		Sep-22	10				73 Total (Sep-22)	3rd (Sep-22)		11	13	7	9	5	4	7	6	8	8	11	8	10
	Cumulative cases of Aeruginosa per 100k pop		Sep-22	10.2							5.6	4.8	5.4	6.1	5.8	6.2	6.1	6.2	6.1	8.2	9.2	9.2	10.2
	Number of Aeruginosa cases (Hospital)		Sep-22	4							2	0	3	3	1	2	0	1	1	3	2	3	4
	Number of Aeruginosa cases (Community)		Sep-22	7							0	0	0	1	0	1	2	1	1	1	2	0	1
	Total number of Aeruginosa cases		Sep-22	5				14 Total (Sep-22)	6th (Sep-22)		2	0	3	4	1	3	2	2	2	4	4	3	5
Nationally Reportable Incidents and risks	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Sep-22	96.6%		95%	✓				96%	97%	92%	96%	95%	96%	93%	96%	96%	98%	96%	90%	97%
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Sep-22	0.0%	90%	80%					-	0%	0%	0%	25%	0%	33%	25%	100%	33%	-	0%	0%
Pressure Ulcers	Number of new Never Events	National	Sep-22	0	0	0	✓				0	0	1	0	0	2	0	0	1	0	1	0	0
	Number of risks with a score greater than 20	Local	Sep-22	133		12 month ↓	✗				114	118	121	122	129	127	140	140	134	132	128	131	133
	Number of risks with a score greater than 16	Local	Sep-22	270		12 month ↓	✗				240	235	238	241	249	253	271	276	266	264	259	269	270
	Number of pressure ulcers acquired in hospital	Local	Aug-22	54		12 month ↓	✗				65	42	43	56	65	53	49	45	53	53	53	54	
	Number of pressure ulcers developed in the community		Aug-22	50		12 month ↓	✗				39	32	31	55	27	38	56	33	39	32	27	50	
	Total number of pressure ulcers		Aug-22	104		12 month ↓	✗				104	74	74	111	92	91	105	78	97	85	85	104	
	Number of grade 3+ pressure ulcers acquired in hospital		Aug-22	3		12 month ↓	✗				1	1	2	4	9	6	5	3	2	3	5	3	
	Number of grade 3+ pressure ulcers acquired in community		Aug-22	11		12 month ↓	✗				6	7	8	14	1	15	11	2	10	12	2	11	
	Total number of grade 3+ pressure ulcers		Aug-22	14		12 month ↓	✗				7	8	10	18	10	21	16	5	12	15	7	14	
Inpatient Falls	Number of Inpatient Falls	Local	Sep-22	175		12 month ↓	✓				207	240	213	208	196	199	209	190	182	172	174	216	175
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✓				98.0%	96.8%	98.5%	96.1%	96.1%	97.2%							
	Stage 2 mortality reviews required	Local	Feb-22	7							10	16	10	6	7	7							
	% stage 2 mortality reviews completed	Local	Nov-21	50.00%		100%	✗				81.8%	75.0%	50.0%										
	Crude hospital mortality rate (74 years of age or less)	National	Jul-22	0.83%	12 month ↓						1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	0.83%		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Sep-22	88%		98%	✗				91.6%	93.8%	92.2%	89.1%	93.4%	92.3%	96.9%	95.7%	93.9%	93.7%	90.5%	86.2%	87.6%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Aug-22	77%	95%	95%	✗				90%	92%	76%	84%	86%	95%	81%	44%	68%	81%	82%	77%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Sep-22	70%		100%	✗				68%	61%	63%	62%	61%	65%	63%	60%	66%	64%	63%	63%	70%
Workforce	Agency spend as a % of the total pay bill	National	Aug-22	6.41%	12 month ↓			8.5% (Mar-22)	10th of 10 organisations (Mar-22)		5.1%	5.5%	5.9%	5.7%	5.7%	6.2%	6.6%	4.9%	6.3%	6.2%	6.7%	6.4%	
	% of headcount by organisation who have had a PADRI/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Sep-22	64%	85%	85%	✗	56.4% (Apr-22)	10th of 10 organisations (Apr-22)		58%	56%	55%	57%	56%	56%	56%	56%	56%	55%	58%	61%	64%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Sep-22	82%	85%	85%	✗	79.5% (Apr-22)	10th of 10 organisations (Apr-22)		80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	81%	81%	82%
	% workforce sickness absence (12 month rolling)	National	Aug-22	8.44%	12 month ↓			7.09% (Apr-22)	10th of 10 organisations (Apr-22)		7.29%	7.44%	7.44%	7.33%	7.43%	7.58%	7.82%	8.11%	8.20%	8.29%	8.46%	8.44%	

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	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Sep-22	10.0%	4 quarter ↓						11.5%	11.4%	10.5%	11.1%	10.8%	10.7%	11.1%	9.8%	10.9%	11.5%	10.4%	10.0%	10.0%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Sep-22	45.0%	12 month ↑			52.5% (Aug-22)	2nd out of 6 organisations (Aug-22)		62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	45.0%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Sep-22	34%	80%		✗				58%	37%	30%	37%	48%	51%	70%	63%	36%	51%	29%	35%	34%
	Scheduled (28 Day Target)	Local	Sep-22	85%	100%		✗				89%	84%	61%	78%	82%	91%	95%	94%	88%	93%	98%	91%	85%
	Urgent SC (7 Day Target)	Local	Sep-22	54%	80%		✗				22%	30%	60%	37%	57%	60%	57%	62%	44%	43%	64%	48%	54%
	Urgent SC (14 Day Target)	Local	Sep-22	89%	100%		✗				76%	90%	100%	87%	97%	100%	100%	96%	94%	100%	97%	85%	89%
	Emergency (within 1 day)	Local	Sep-22	100%	80%		✓				100%	100%	100%	100%	100%	100%	85%	100%	100%	88%	92%	90%	100%
	Emergency (within 2 days)	Local	Sep-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	Sep-22	91%	80%		✓				81%	89%	79%	92%	90%	94%	90%	93%	95%	91%	75%	98%	91%
	Elective Delay (28 Day Target)	Local	Sep-22	97%	100%		✗				97%	94%	86%	100%	94%	100%	100%	96%	98%	97%	92%	100%	97%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Sep-22	4,205	0%			16,284 (Aug-22)	7th (Aug-22)		2,204	2,619	2,791	3,144	3,543	3,898	4,191	4,398	4,564	4,449	4,407	4,257	4,205
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Sep-22	6,177	0			44,489 (Aug-22)	4th (Aug-22)		5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177
	Number of patients waiting > 14 weeks for a specified therapy	National	Sep-22	755	0			12,356 (Aug-22)	3rd (Aug-22)		320	414	629	885	1,028	926	820	679	614	609	714	682	755
	% of patients waiting < 26 weeks for treatment	National	Sep-22	52%	95%			54.8% (Aug-22)	6th (Aug-22)		52.0%	51.6%	51.3%	50.5%	50.4%	50.1%	50.7%	50.4%	50.4%	50.8%	51.8%	52.0%	52.1%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Sep-22	26,065	0						23,997	24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065
	Number of patients waiting > 52 weeks for outpatient appointment	National	Sep-22	13,980	0			102,662 (Aug-22)	4th (Aug-22)		11,922	12,581	12,692	12,406	12,391	12,337	12,593	13,275	14,071	14,951	15,232	15,122	13,980
	Number of patients waiting > 36 weeks for treatment	National	Sep-22	37,095	0			271,165 (Aug-22)	4th (Aug-22)		35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095
	Number of patients waiting > 104 weeks for treatment	National	Sep-22	10,623	0			59,350 (Aug-22)	5th (Aug-22)		6,875	8,200	9,749	10,669	11,859	13,104	13,587	13,083	12,670	12,064	11,400	10,960	10,623
	The number of patients waiting for a follow-up outpatient appointment	National	Sep-22	139,989	HB target TBC						130,963	131,554	129,255	131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Sep-22	36,144				213,845 (Aug-22)	5th (Aug-22)		32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Sep-22	60%	95%			63.2% (Aug-22)	4th (Aug-22)		55.9%	58.9%	62.1%	61.2%	59.8%	58.5%	59.4%	60.8%	63.3%	63.7%	65.6%	62.4%	60.3%
DNAs	% of patients who did not attend a new outpatient appointment	Local	Sep-22	7.8%	12 month ↓						7.2%	7.6%	7.4%	6.8%	7.0%	6.4%	6.8%	7.8%	7.5%	8.2%	8.2%	8.0%	7.8%
	% of patients who did not attend a follow-up outpatient appointment	Local	Sep-22	7.8%	12 month ↓						7.2%	7.5%	6.7%	6.3%	6.4%	6.2%	6.2%	7.8%	7.3%	7.8%	7.7%	7.6%	7.8%
Theatre Efficiencies	Theatre Utilisation rates	Local	Sep-22	71.0%		90%	✗				72%	66%	67%	62%	74%	71%	72%	71%	78%	81%	72%	59%	71%
	% of theatre sessions starting late	Local	Sep-22	37.0%		<25%	✗				42%	46%	43%	40%	43%	43%	39%	39%	46%	43%	40%	36%	37%
	% of theatre sessions finishing early	Local	Sep-22	48.0%		<20%	✗				46%	50%	48%	48%	48%	43%	45%	47%	43%	43%	46%	43%	48%
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200																			
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and A/WMSG appraisals	National	Q3 21/22	99.1%	100%	100%	✗	98.8% (Q3 21/22)	3rd out of 6 organisations (Q3 21/22)		99.1%			99.1%									
Patient experience	Total antibacterial items per 1,000 STAR-PUs	National	Q4 21/22	279.2	4 quarter ↓			259.4 (Q4 21/22)	6th (Q4 21/22)		277.6			324.7			279.2						
	Patients aged 65 years or over prescribed an antipsychotic	National	Q4 21/22	1,451	Quarter on quarter ↓			10,262 (Q4 21/22)	5th (Q4 21/22)		1,476			1,466			1,451						
	Opioid average daily quantities per 1,000 patients	National	Q4 21/22	4,261	4 quarter ↓			4,329.4 (Q4 21/22)	3rd (Q4 21/22)		4,412			4,472			4,261						
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)		80.8%			82.1%									
	Number of friends and family surveys completed	Local	Sep-22	3,914		12 month ↑	✓				2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914
	% of who would recommend and highly recommend	Local	Sep-22	88%		90%	✗				92%	92%	94%	93%	92%	90%	90%	89%	90%	88%	89%	89%	88%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Sep-22	92%		90%	✓				96%	93%	93%	96%	93%	91%	91%	89%	91%	91%	90%	93%	92%
Complaints	Number of new formal complaints received	Local	Jul-22	153		12 month trend ↓	✗				115	134	159	115	124	139	156	123	176	118	153		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Jul-22	64%	75%	80%	✗	67.2% (Q4 20/21)	3rd (Q4 20/21)		75%	67%	69%	68%	63%	64%	65%	76%	69%	65%	64%		
	% of acknowledgements sent within 2 working days	Local	Jul-22	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

Harm from wider societal actions/lockdown																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	
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)		31.9%													
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 21/22	95.9%	95%			94.9% (Q4 21/22)	2nd (Q4 21/22)		96.2%			96.1%		95.9%								
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 21/22	88.0%	95%			90.8% (Q4 21/22)	6th (Q4 21/22)		89.8%			91.2%		88.0%								
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q4 21/22	352.2	4 quarter ↓			373.9 (Q4 21/22)	2nd (Q4 21/22)		362.2			313.3		352.2								
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q1 22/23	43.6%	4 quarter ↑			67.2 (Q1 22/23)	6th (Q1 22/23)		73.7%			63.6%		66.7%				43.6%				
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-22	78.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2021	58.7%	74.8%	76.9%	78.2%	78.5%	78.5%	Data collection restarts October 2022						
	% uptake of influenza among under 65s in risk groups	National	Mar-22	48.8%	55%			48.2% (Mar-22)	4th (Mar-22)			26.0%	40.8%	44.9%	47.3%	48.6%	48.8%							
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)			Data not available												
	% uptake of influenza among children 2 to 3 years old	Local	Mar-22	44.6%	50%			47.6% (Mar-22)	5th (Mar-22)			22.0%	37.7%	41.5%	43.2%	44.8%	44.6%							
	% uptake of influenza among healthcare workers	National	Mar-22	53.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)			48.6%	50.8%	52.7%	52.7%	53.6%	53.6%							
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Aug-22	100%		100%	✔				95%	97%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Aug-22	44%	80%	80%	✘	36.5% (Aug-22)	3rd (Aug-22)		34%	34%	37%	37%	33%	33%	35%	35%	36%	47%	44%	44%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Aug-22	34%	80%	80%	✘	61.6% (Aug-22)	Joint 1st (Aug-22)		40%	40%	34%	22%	28%	27%	29%	18%	40%	33%	38%	34%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Aug-22	27%		80%	✘	54.0% (Aug-22)	6th (Aug-22)		89%	65%	36%	43%	28%	24%	36%	23%	23%	22%	42%	27%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Aug-22	35%		80%	✘	38.7% (Aug-22)	4th (Aug-22)		35%	0%	64%	50%	39%	67%	78%	51%	51%	38%	61%	35%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Aug-22	34%		80%	✘				41%	3%	3%	2%	27%	26%	30%	19%	41%	41%	38%	34%		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Aug-22	100%		90%	✔	4.9% (Aug-22)	Joint 1st (Aug-22)		84%	84%	84%	84%	89%	88%	100%	87%	97%	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	Aug-22	97%	80%	80%	✔	90.0% (Aug-22)	2nd (Aug-22)		96%	96%	98%	95%	95%	99%	96%	97%	98%	96%	94%	97%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Aug-22	100%	80%	80%	✔	72.1% (Aug-22)	1st (Aug-22)		90%	98%	96%	100%	99%	100%	98%	96%	97%	100%	100%	100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Aug-22	100%	95%	95%	✔	73.4% (Aug-22)	1st (Aug-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Aug-22	90%	90%	90%	✔	86.0% (Aug-22)	3rd (Aug-22)		84%	83%	81%	80%	81%	85%	89%	88%	89%	89%	89%	90%		
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)															
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)															

