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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>27<sup>th</sup> September 2022</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Quality &amp; Safety Performance Report</b>		
<b>Report Author</b>	Meghann Protheroe, Head of Performance		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance and Performance		
<b>Presented by</b>	Darren Griffiths, Director of Finance and Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	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.		
<b>Key Issues</b>	<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><b>Key high level issues to highlight this month are as follows:</b></p> <p><b><u>COVID19</u></b></p> <ul style="list-style-type: none"> <li>- The number of new cases of COVID19 has reduced in August 2022, with 217 new cases being reported in-month.</li> </ul> <p><b><u>Unscheduled Care</u></b></p> <ul style="list-style-type: none"> <li>- ED attendances have decreased in August 2022 to 10,731 from 10,925 in July 2022.</li> <li>- The Health Board's performance against the 4-hour measure improved from 69.43% in July 2022 to 69.66% in August 2022.</li> <li>- The number of patients waiting over 12 hours in Accident and Emergency (A&amp;E) increased from 1,429 in July 2022 to 1,474 in August 2022.</li> <li>- The number of emergency admissions has reduced slightly in August 2022 to 4,230 from 4,268 in July 2022.</li> </ul> <p><b><u>Planned Care</u></b></p> <ul style="list-style-type: none"> <li>- August 2022 saw a 1% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment.</li> </ul>		

	<ul style="list-style-type: none"> <li>- Additionally, the number of patients waiting over 36 weeks decreased by 0.8% to 38,583.</li> <li>- Referral figures for August 2022 have increased from 12,548 in July 2022 to 12,930 in August 2022.</li> <li>- Therapy waiting times have improved slightly, there are 682 patients waiting over 14 weeks in August 2022 compared with 714 July 2022.</li> <li>- The number of patients waiting over 8 weeks for an Endoscopy has slightly reduced in August 2022 to 4,255 from 4,403 in July 2022.</li> </ul> <p><b><u>Cancer</u></b></p> <ul style="list-style-type: none"> <li>- July 2022 saw 56% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears).</li> <li>- The average backlog of patients waiting over 63 days has increased in August 2022 to 507 from 464 June 2022.</li> </ul> <p><b><u>Mental Health</u></b></p> <ul style="list-style-type: none"> <li>- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in July 2022.</li> <li>- Psychological therapies within 26 weeks continue to be maintained at 99.8%.</li> </ul> <p><b><u>Child and Adolescent Mental Health Services (CAMHS)</u></b></p> <ul style="list-style-type: none"> <li>- Access times for crisis performance has been maintained at 100% July 2022.</li> <li>- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has reduced slightly to 44% in July 2022 against a target of 80%.</li> </ul> <p><b><u>Nationally Reportable Incidents</u></b></p> <ul style="list-style-type: none"> <li>- In August 2022, there were no Nationally Reportable Incidents reported.</li> </ul> <p><b><u>Patient Experience</u></b></p> <ul style="list-style-type: none"> <li>- August 2022 data is included in this report showing 89% satisfaction through 3,950 surveys completed.</li> </ul>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE-</b> current Health Board performance against key measures and targets.</li> </ul>			

# 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"> <li><b>Long term</b> – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.</li> </ul>		

- **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.

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



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# Appendix 1- Quality & Safety Performance Report

## September 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

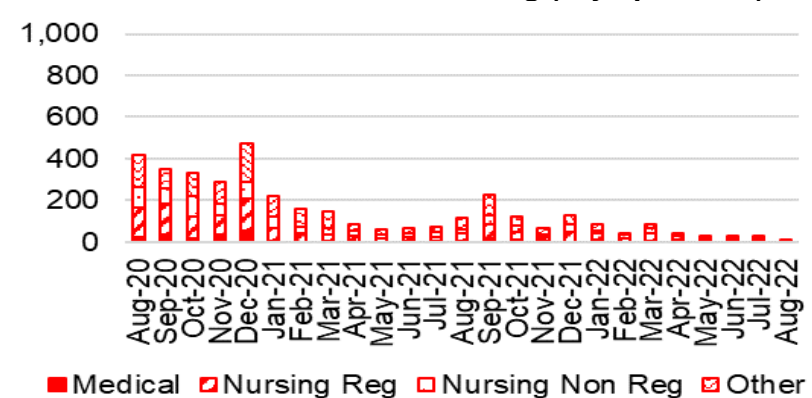
		Harm quadrant- Harm from Covid itself															
Measure	Locality	National/ Local Target	Internal profile	Trend	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Number of new COVID19 cases*	HB Total				7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749	835	286	372	600	217
Number of staff referred for Antigen Testing	HB Total				406	673	524	494	787	691	200	109	402	157	264	299	38
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	36	47	53	54	59	55	57	83	39	52	91	46
Number of COVID19 related serious incidents*	HB Total				0	0	1	3	1	0	1	0	0	0	0	0	0
Number of COVID19 related complaints*	HB Total				6	3	4	14	20	4	4	10	6	0	4	5	6
Number of COVID19 related risks*	HB Total				1	0	0										
Number of staff self isolated (asymptomatic)*	Medical				5	20	13	6	0	11	1	5	2	0	2	3	0
	Nursing Registered				35	67	38	20	46	31	15	35	10	12	12	15	4
	Nursing Non Registered				21	43	28	12	37	13	18	25	15	8	6	3	0
	Other				54	97	41	27	43	32	9	22	15	9	8	5	4
Number of staff self isolated (symptomatic)*	Medical				7	15	10	5	3	17	13	37	33	15	27	38	15
	Nursing Registered				36	57	51	34	166	104	66	91	88	33	102	83	49
	Nursing Non Registered				27	44	34	20	94	79	45	52	52	35	52	53	26
	Other				44	88	85	61	130	109	80	146	97	42	106	98	31
% sickness*	Medical				1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%
	Nursing Registered				1.8%	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%
	Nursing Non Registered				2.3%	4.3%	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%
	Other				1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%
	All				1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%

### 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><b>1. Number of new COVID cases</b></p> <p>In August 2022, there were an additional 217 positive cases recorded bringing the cumulative total to 118,246 in Swansea Bay since March 2020.</p> <p>A significant reduction has been seen in the number of positive cases reported since December 2021.</p>	<p><b>1.Number of new COVID19 cases for Swansea Bay population</b></p> <p>■ New positive COVID19 cases</p>
	<p><b>2. Number of staff referred for Antigen testing</b></p> <p><b>3. Staff referred for Antigen testing</b></p> <p>The cumulative number of staff referred for COVID testing between March 2020 and August 2022 is 17,916 of which 19% have been positive (Cumulative total).</p>	<p><b>2.Outcome of staff referred for Antigen testing</b></p> <p>■ Positive ■ Negative ■ In Progress ■ Unknown/blank</p>

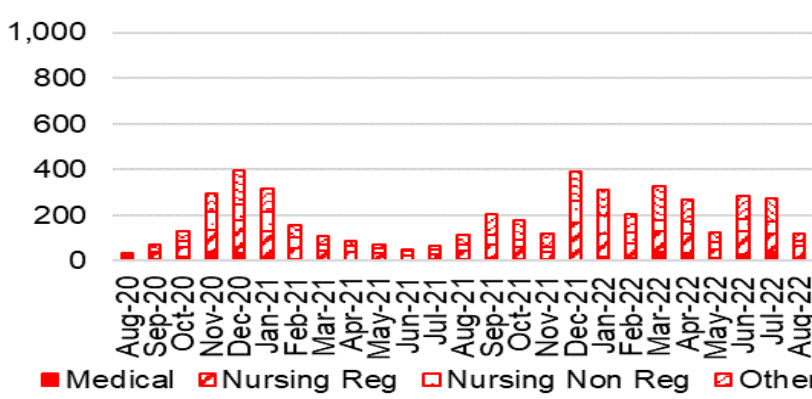
COVID RELATED STAFF ABSENCE													
Description		Current Performance					Trend						
Staff absence due to COVID19	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.												
	1.Number of staff self-isolating (asymptomatic)	1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between July and August 2022, the number of staff self-isolating (asymptomatic) reduced from 26 to 8 and the number of staff self-isolating (symptomatic) reduced from 272 to 121. In August 2022, the Registered Nursing staff group had the largest number of self-isolating staff who were both asymptomatic and symptomatic.											
	2.Number of staff self isolating (symptomatic)												
3.% staff sickness	3. % Staff sickness The percentage of staff sickness absence due to COVID19 has reduced from 2.2% in July 2022 to 1% in August 2022.												

### 1.Number of staff self isolating (asymptomatic)



Month	Medical	Nursing Reg	Nursing Non Reg	Other
Aug-20	400	100	100	100
Sep-20	350	100	100	100
Oct-20	300	100	100	100
Nov-20	250	100	100	100
Dec-20	450	100	100	100
Jan-21	200	100	100	100
Feb-21	150	100	100	100
Mar-21	100	100	100	100
Apr-21	100	100	100	100
May-21	100	100	100	100
Jun-21	100	100	100	100
Jul-21	100	100	100	100
Aug-21	100	100	100	100
Sep-21	200	100	100	100
Oct-21	100	100	100	100
Nov-21	100	100	100	100
Dec-21	100	100	100	100
Jan-22	100	100	100	100
Feb-22	100	100	100	100
Mar-22	100	100	100	100
Apr-22	100	100	100	100
May-22	100	100	100	100
Jun-22	100	100	100	100
Jul-22	100	100	100	100
Aug-22	100	100	100	100

### 2.Number of staff self isolating (symptomatic)



Month	Medical	Nursing Reg	Nursing Non Reg	Other
Aug-20	100	100	100	100
Sep-20	100	100	100	100
Oct-20	100	100	100	100
Nov-20	100	100	100	100
Dec-20	400	100	100	100
Jan-21	300	100	100	100
Feb-21	150	100	100	100
Mar-21	100	100	100	100
Apr-21	100	100	100	100
May-21	100	100	100	100
Jun-21	100	100	100	100
Jul-21	100	100	100	100
Aug-21	100	100	100	100
Sep-21	200	100	100	100
Oct-21	100	100	100	100
Nov-21	100	100	100	100
Dec-21	400	100	100	100
Jan-22	300	100	100	100
Feb-22	200	100	100	100
Mar-22	300	100	100	100
Apr-22	200	100	100	100
May-22	100	100	100	100
Jun-22	200	100	100	100
Jul-22	200	100	100	100
Aug-22	100	100	100	100







### 3.% staff sickness

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Medical	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%
Nursing Reg	1.8%	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%
Nursing Non Reg	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%
Other	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%
All	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%

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




















### 4.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend													
					Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Unscheduled Care																	
Number of ambulance handovers over one hour*	Morriston	0			711	622	633	655	591	724	657	659	645	507	568	637	681
	Singleton				15	20	15	15	21	11	21	28	26	31	10	22	24
	Total				726	642	648	670	612	735	678	687	671	538	578	659	705
% 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%			62.3%	59.7%	58.8%	60.0%	58.5%	58.5%	58.8%	57.2%	58.9%	57.8%	54.6%	54.0%	51.4%
	NPTH				99.4%	98.3%	99.4%	99.0%	94.9%	96.8%	97.2%	95.0%	96.7%	97.9%	96.9%	93.1%	97.4%
	Total				75.0%	73.1%	72.0%	73.5%	70.2%	72.6%	72.3%	71.4%	72.9%	73.8%	71.7%	69.4%	69.7%
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			1,059	1,250	1,275	1,054	1,100	1,139	1,104	1,276	1,292	1,192	1,386	1,427	1,472
	NPTH				1	0	1	1	1	3	1	6	2	3	2	2	2
	Total				1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morriston	59.8%			15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%
	Total	(UK SNAP average)			15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%
% of patients who receive a CT scan within 1 hour*	Morriston	54.5%			48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%
	Total	(UK SNAP average)			48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morriston	84.2%			92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%
	Total	(UK SNAP average)			92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morriston	12 month			20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%
	Total	improvement trend			20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend			58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	75%			88.2%	87.3%	88.0%	88.7%	88.4%	88.8%	89.4%	89.5%	89.5%	90.0%	89.4%	91.2%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	75%			59.4%	58.4%	57.7%	57.1%	56.5%	51.0%	48.6%	46.0%	42.2%	37.2%	33.3%	29.2%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	75%			69.8%	69.4%	69.9%	70.3%	70.1%	69.7%	69.8%	71.4%	72.4%	73.5%	71.5%	71.0%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	75%			74.4%	72.6%	71.1%	71.2%	70.7%	71.7%	70.8%	70.2%	70.2%	69.2%	68.9%	69.2%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	75%			77.7%	76.1%	76.8%	77.0%	76.2%	76.4%	76.3%	76.9%	77.4%	76.5%	76.6%	76.1%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	75%			67.7%	66.1%	70.4%	69.8%	69.6%	68.4%	67.7%	69.0%	70.9%	69.9%	63.8%	69.2%	
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			86.7%	72.2%	77.8%	52.4%	68.8%	52.9%	81.4%						

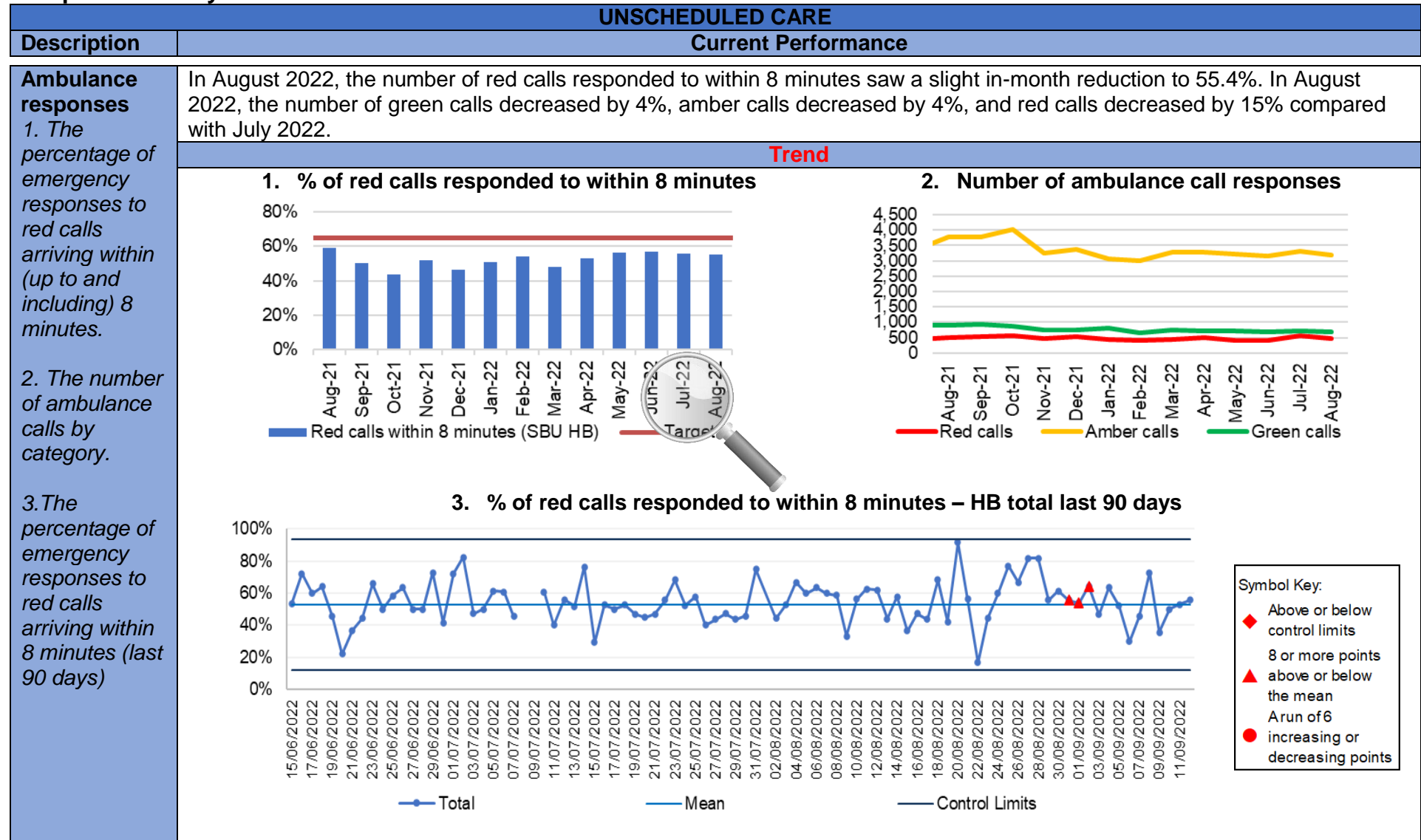
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
		Healthcare Acquired Infections																
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	14		25	12	12	17	12	8	17	17	18	13	12	18	21	
	PCCS Hospital		0	1	0	0	0	0	0	0	0	1	0	0	0	0		
	MH&LD		0	0	0	0	0	0	0	0	0	0	1	0	0	0		
	Morrison		4	5	5	3	2	4	9	2	7	5	3	3	6			
	NPTH		1	2	1	0	0	1	0	0	0	0	0	0	1			
	Singleton		2	3	1	1	2	3	2	0	2	5	2	2	0	4		
	Total		21	34	21	19	22	17	15	26	21	31	21	17	21	32		
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	3		4	4	7	3	4	11	3	4	7	9	2	6	6	
	PCCS Hospital		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	MH&LD		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Morrison		2	4	8	9	0	5	2	5	5	3	8	4	4	3		
	NPTH		0	0	1	0	0	0	0	1	0	0	0	1	0	1		
	Singleton		1	4	4	2	1	0	0	1	2	3	1	2	2	1		
	Total		6	12	17	18	4	9	13	10	11	13	18	9	12	11		
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		2	5	5	10	1	3	5	6	2	4	9	6	6	
	PCCS Hospital		0	0	0	0	0	0	0	1	2	0	1	0	0	0		
	MH&LD		0	0	0	1	0	0	0	0	0	0	0	0	0	0		
	Morrison		4	10	6	7	6	9	8	6	7	8	5	5	7	9		
	NPTH		0	1	0	0	0	0	1	0	1	0	1	0	0	1		
	Singleton		2	9	3	3	3	2	2	1	2	3	0	2	3	6		
	Total		8	22	14	15	20	12	14	13	18	13	11	16	16	22		
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		4	3	5	5	3	0	1	3	2	1	2	7	4	
	PCCS Hospital		0	0	0	0	0	0	0	0	1	0	0	0	0	0		
	MH&LD		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Morrison		2	4	6	6	1	4	2	3	2	2	5	3	3	3		
	NPTH		0	0	0	0	0	1	0	0	1	0	0	0	0	0		
	Singleton		1	0	2	2	1	2	2	0	1	1	2	3	1	1		
	Total		6	8	11	13	7	9	5	4	7	6	8	8	11	8		
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		1	0	0	0	1	0	1	2	1	1	1	2	0	
	PCCS Hospital		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	MH&LD		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Morrison		1	0	2	0	2	2	1	2	0	1	1	3	1	2		
	NPTH		0	0	0	0	1	0	0	0	0	0	0	0	0	0		
	Singleton		0	1	0	0	1	0	0	0	0	0	0	0	1	1		
	Total		2	2	2	0	3	4	1	3	2	2	2	4	4	3		
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	-	100.0%	95.8%	94.7%	95.8%	93.1%	96.4%	96.2%	97.8%	96.2%	90.3%	
	MH&LD				99.4%	98.3%	96.0%	90.3%	94.9%	95.5%	92.3%	92.1%	96.6%	97.7%	98.9%	99.1%	95.0%	
	Morrison				93.5%	99.0%	97.9%	95.5%	96.1%	93.4%	100.0%	91.0%	93.0%	95.2%	97.7%	94.8%	91.1%	
	NPTH				89.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	97.0%	96.4%	96.6%	
	Singleton				92.0%	90.0%	97.0%	87.8%	-	-	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	
	Total				94.9%	96.0%	97.1%	92.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	

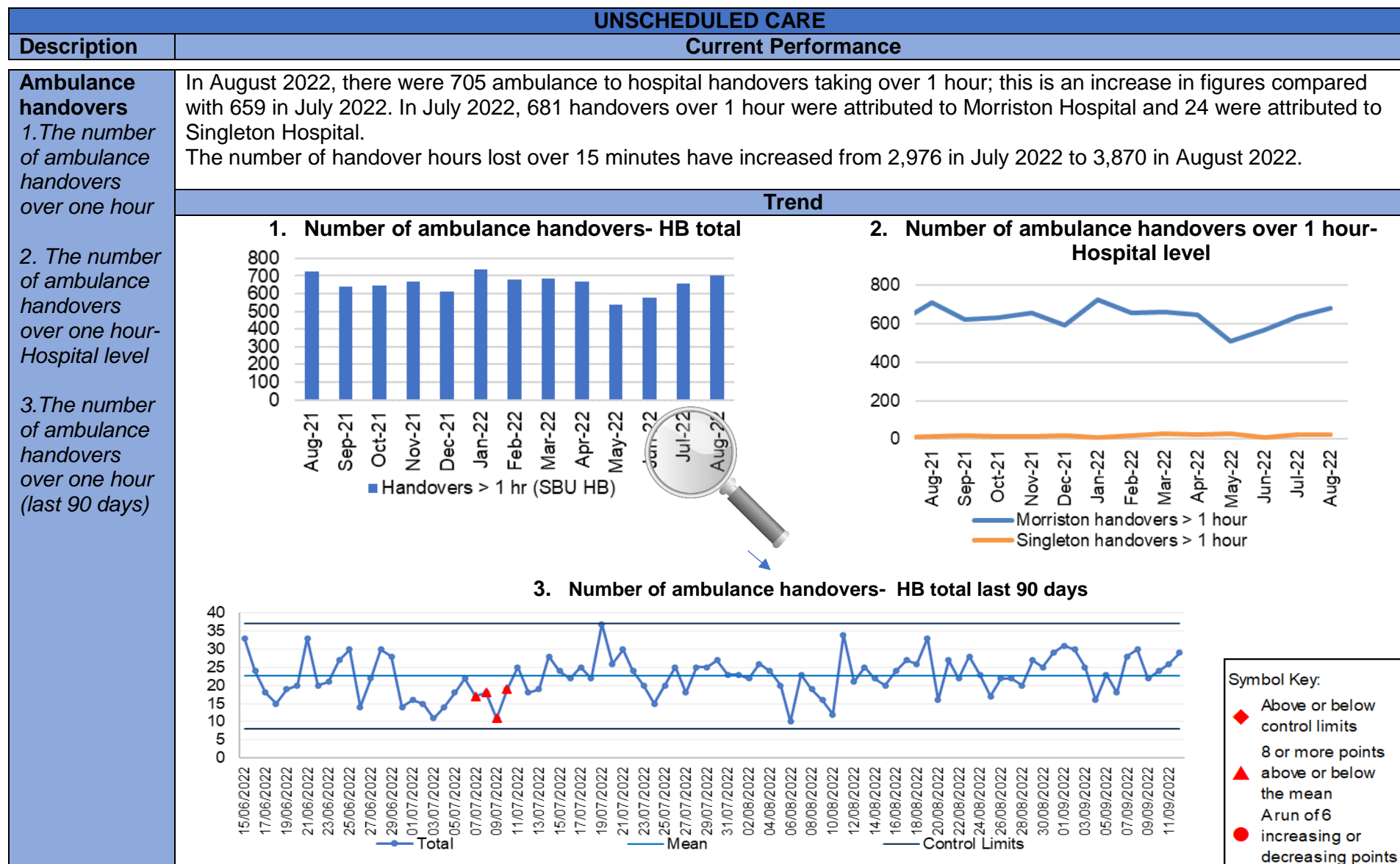
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
		Serious Incidents & Risks															
Number of Nationally Reportable Incidents	PCCS	12 month reduction trend			1	0	0	1	0	4	0	2	0	2	2	0	1
	MH&LD				0	0	1	0	0	0	0	1	0	0	0		
	Morrison				0	2	0	6	0	0	2	1	0	3	0	1	5
	NPTH				0	1	1	0	0	1	0	3	0	1	0	0	3
	Singleton				4	2	2	1	2	0	0	1	0	2	0	0	2
	Total				5	5	4	8	2	5	2	7	1	8	2	1	11
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	90%		0%	-	0%	0%	0%	25%	0%	33%	25%	100%	33%	-	0%	
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				0	0	0	1	0	0	2	0	0	1	0	1	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	0	0	0	0	0	0	0	0
	Total				0	0	0	1	0	0	2	0	0	1	0	1	0
		Pressure Ulcers															
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			34	39	32	31	55	27	38	56	33	39	32	27	
	PCCS Hospital				1	0	0	0	0	0	1	1	0	0	0	0	
	MH&LD				1	1	0	0	1	0	0	2	1	1	1	1	
	Morrison				32	47	32	27	42	40	36	29	26	30	38	37	
	NPTH				5	0	1	3	0	3	1	1	3	5	1	1	
	Singleton				14	17	9	13	13	22	15	16	15	22	13	19	
	Total		87	104	74	74	111	92	91	105	78	97	85	85			
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			8	6	7	8	14	1	15	11	2	10	12	2	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	1	0	0	0	0	0	1	1	0	0	0	
	Morrison				1	0	1	1	2	6	4	2	2	2	1	3	
	NPTH				1	0	0	0	0	0	1	0	0	0	1	1	
	Singleton				0	0	0	1	2	3	1	2	0	0	1	1	
	Total		10	7	8	10	18	10	21	16	5	12	15	7			
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend		767	955	613	616	857	1,018	823	778	689	821	760			

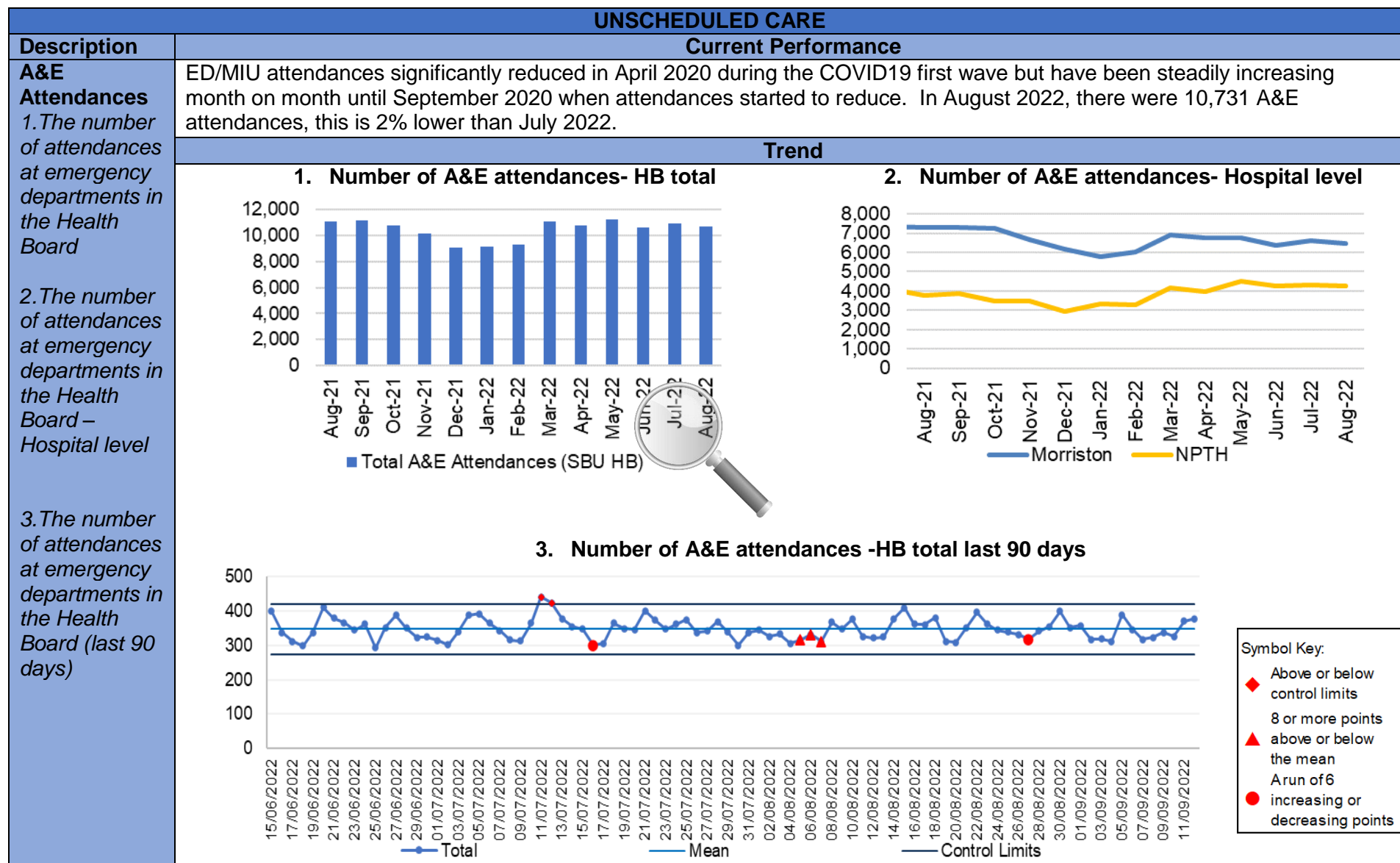


Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
		Inpatient Falls															
Total number of Inpatient Falls	PCCS	12 month reduction trend			6	8	4	6	8	6	4	5	2	10	2	3	6
	MH&LD				40	25	28	36	37	29	28	22	19	24	14	18	30
	Morrison				73	96	114	91	91	93	86	115	88	71	75	76	105
	NPTH				31	25	35	27	38	26	34	36	37	29	32	39	34
	Singleton				48	53	58	53	33	42	46	31	44	48	49	36	41
	Total				198	207	240	213	208	196	199	209	190	182	172	174	216
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			4.95	5.18	5.81	5.35	5.28	4.81	5.37	5.13	4.83	4.45	4.29		
		Mortality															
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			90%	97%	96%	99%	96%	96%	98%						
	Singleton				100%	100%	100%										
	NPTH				100%	100%	80%	88%	100%	100%	67%						
	Total				93%	98%	97%	99%	96%	96%	97%						
Stage 2 mortality reviews completed within 60 days	Morrison	95%			60%	78%	83%	56%									
	Singleton				0%	100%	50%	0%									
	NPTH				0%	-	-	0%									
	Total				50%	82%	75%	50%									
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.70%	1.72%	1.71%	1.76%	1.59%	1.52%	1.50%	1.48%	1.47%	1.47%	1.47%	1.43%	
	Singleton				0.53%	0.53%	0.54%	0.50%	0.53%	0.58%	0.48%	0.49%	0.47%	0.46%	0.46%	0.45%	
	NPTH				0.23%	0.11%	0.10%	0.09%	0.08%	0.06%	0.07%	0.06%	0.05%	0.03%	0.04%	0.05%	
	Total (SBU)				1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	0.83%	

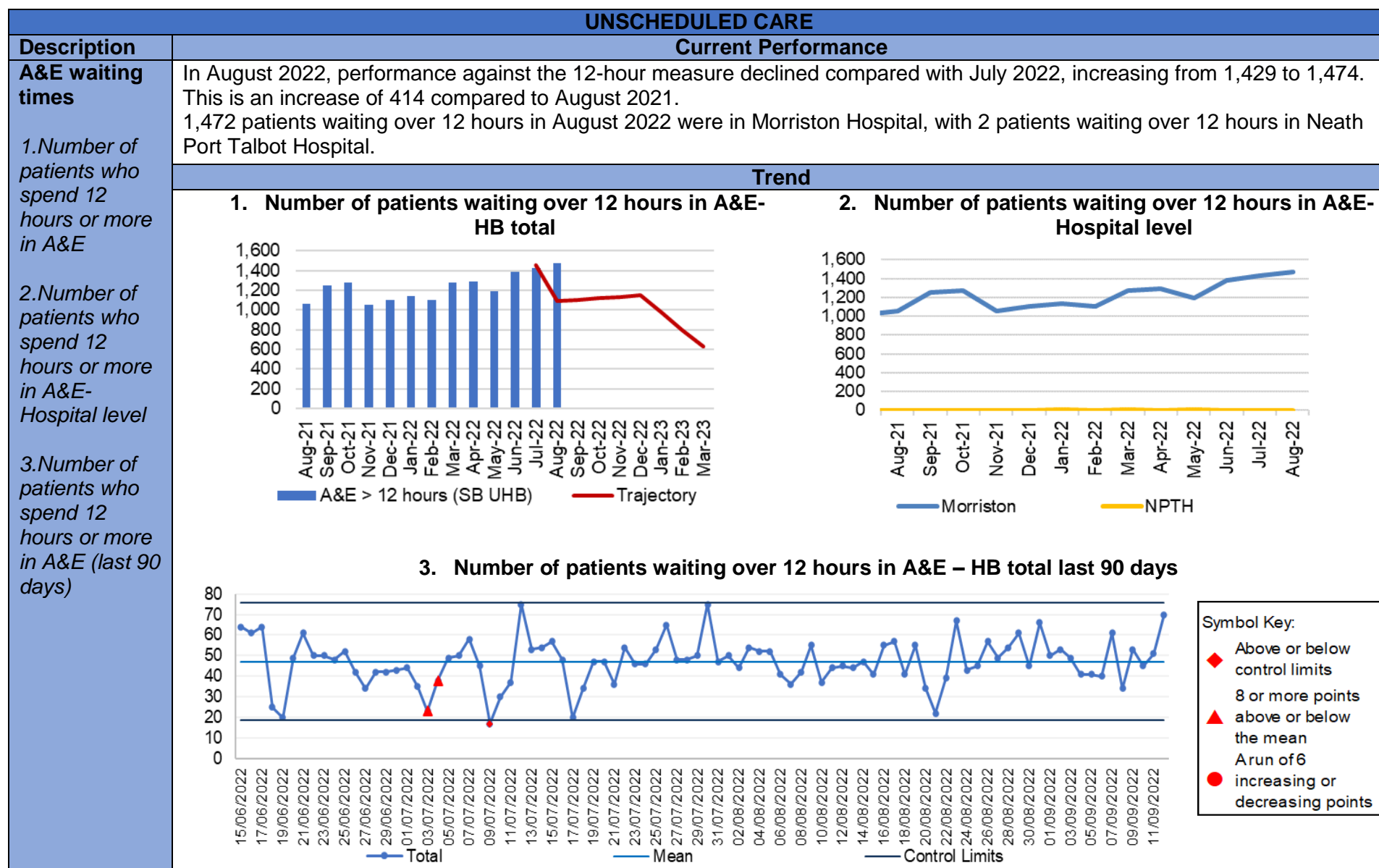
## 4.2 Updates on key measures



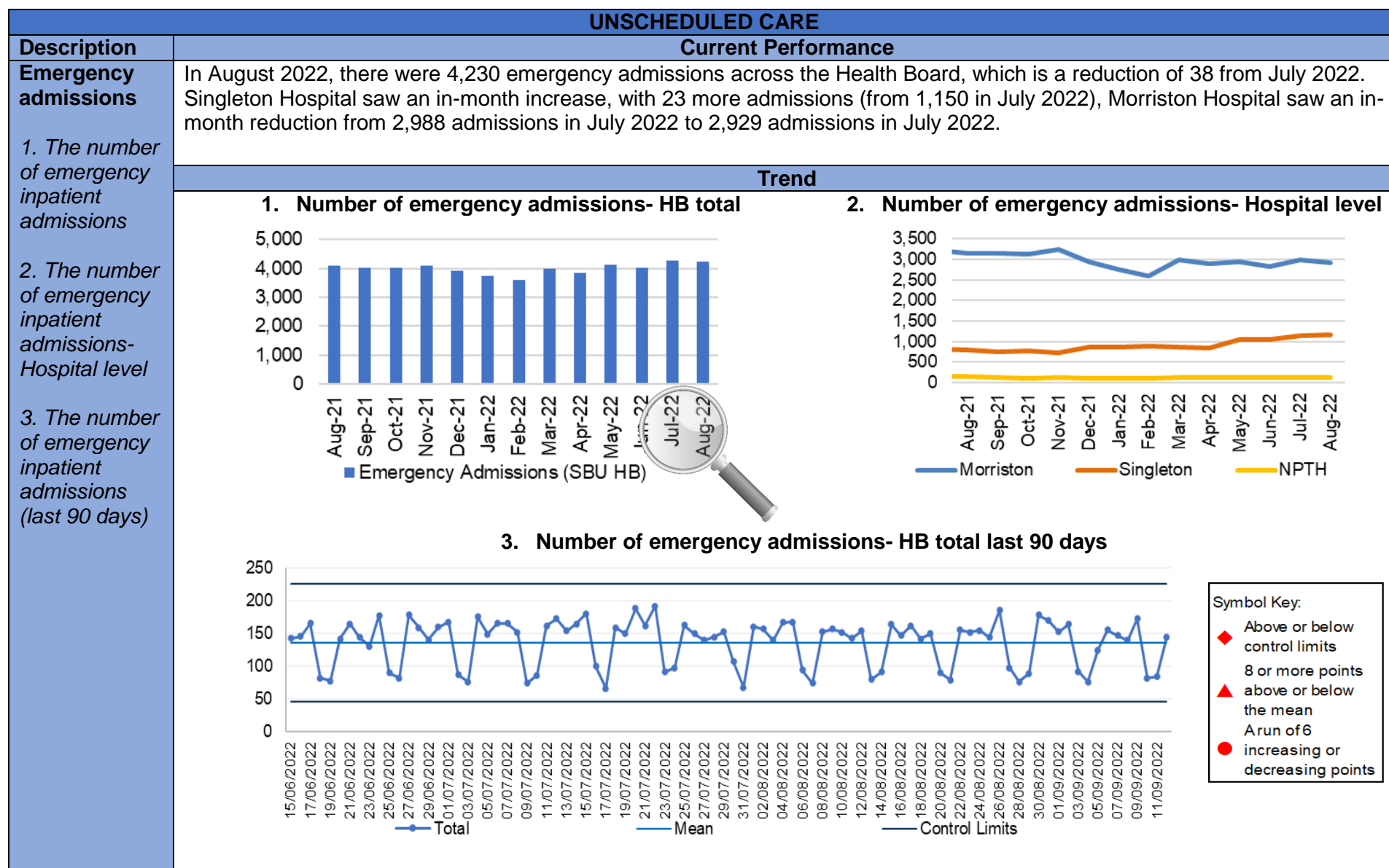




UNSCHEDULED CARE	
Description	Current Performance
<b>A&amp;E waiting times</b>  <i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i>  <i>2. % of patients who spend less than 4 hours in A&amp;E- Hospital level</i>  <i>3. % of patients who spend less than 4 hours in A&amp;E (last 90 days)</i>	<p>The Health Board's performance against the 4-hour measure improved slightly from 69.43% in July 2022 to 69.66% in August 2022.</p> <p>Neath Port Talbot Hospital Minor Injuries Unit (MIU) has improved above the national target of 95% achieving 97.44% in August 2022. Morriston Hospital's performance declined slightly between July 2022 and August 2022 achieving 51.4% against the target.</p>
	Trend
	<div> <div> <b>1. % Patients waiting under 4 hours in A&amp;E- HB total</b> <p>A&amp;E % &lt; 4 hours (SB UHB) Trajectory</p> </div> <div> <b>2. % Patients waiting under 4 hours in A&amp;E- Hospital level</b> <p>Morriston NPTH</p> </div> <div> <b>3. % Patients waiting under 4 hours in A&amp;E- HB total last 90 days</b> <p>Total Mean Control Limits</p> <p>Symbol Key:            ◆ Above or below control limits            8 or more points above or below the mean            ▲ Arun of 6            ● increasing or decreasing points         </p> </div> </div>







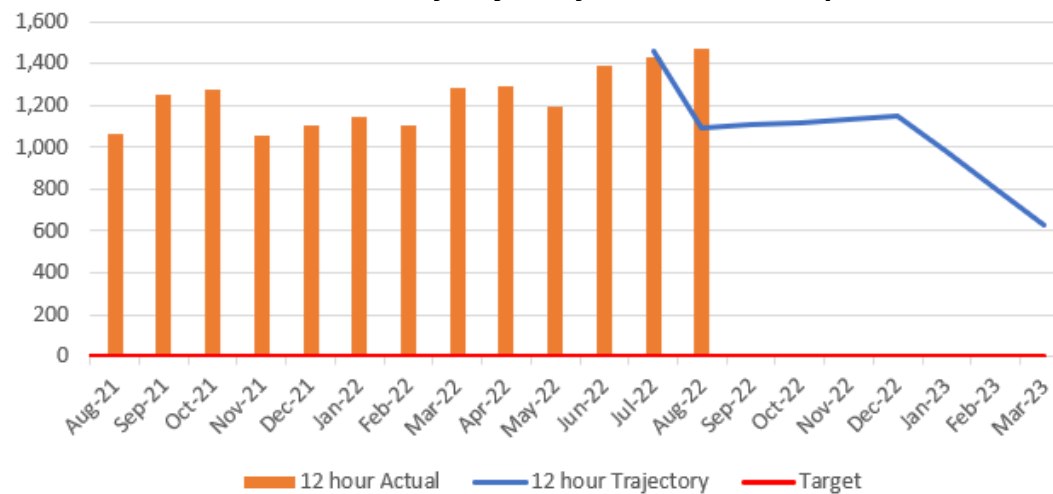
## Updates on UNSCHEDULED CARE – Performance Escalation updates

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



1. Performance against the 4-hour access is currently below trajectory for August 2022. ED 4-hour performance has marginally improved by 0.23% in August 2022 to 69.66% from 69.43% in July 2022.

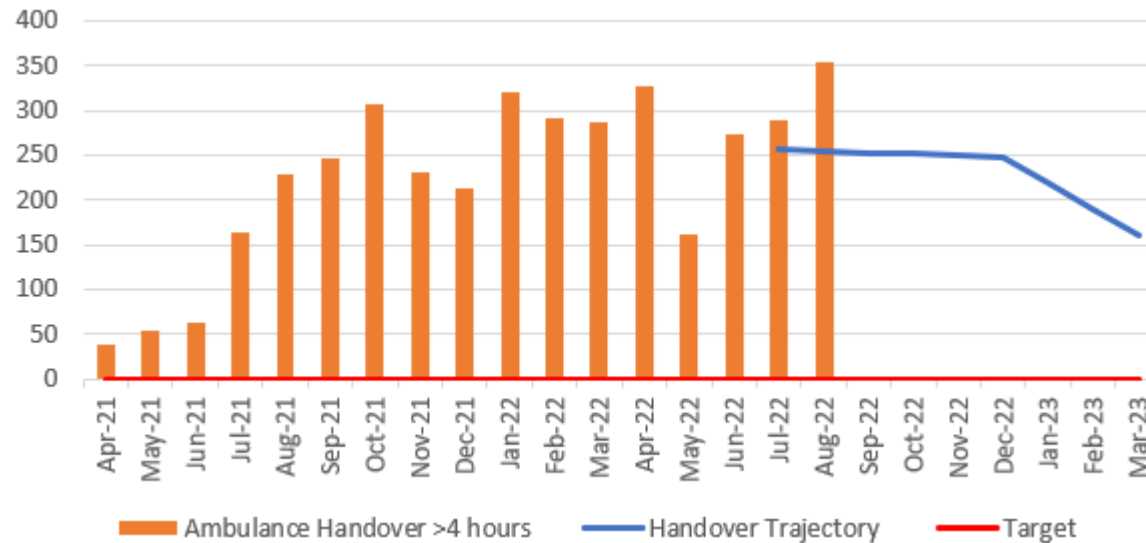
### 2. Submitted recovery trajectory for A&E 12-hour performance



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 increased to 1,474 in August 2022 from 1,429 in July 2022.



### 3. Ambulance Handover over 4 hours

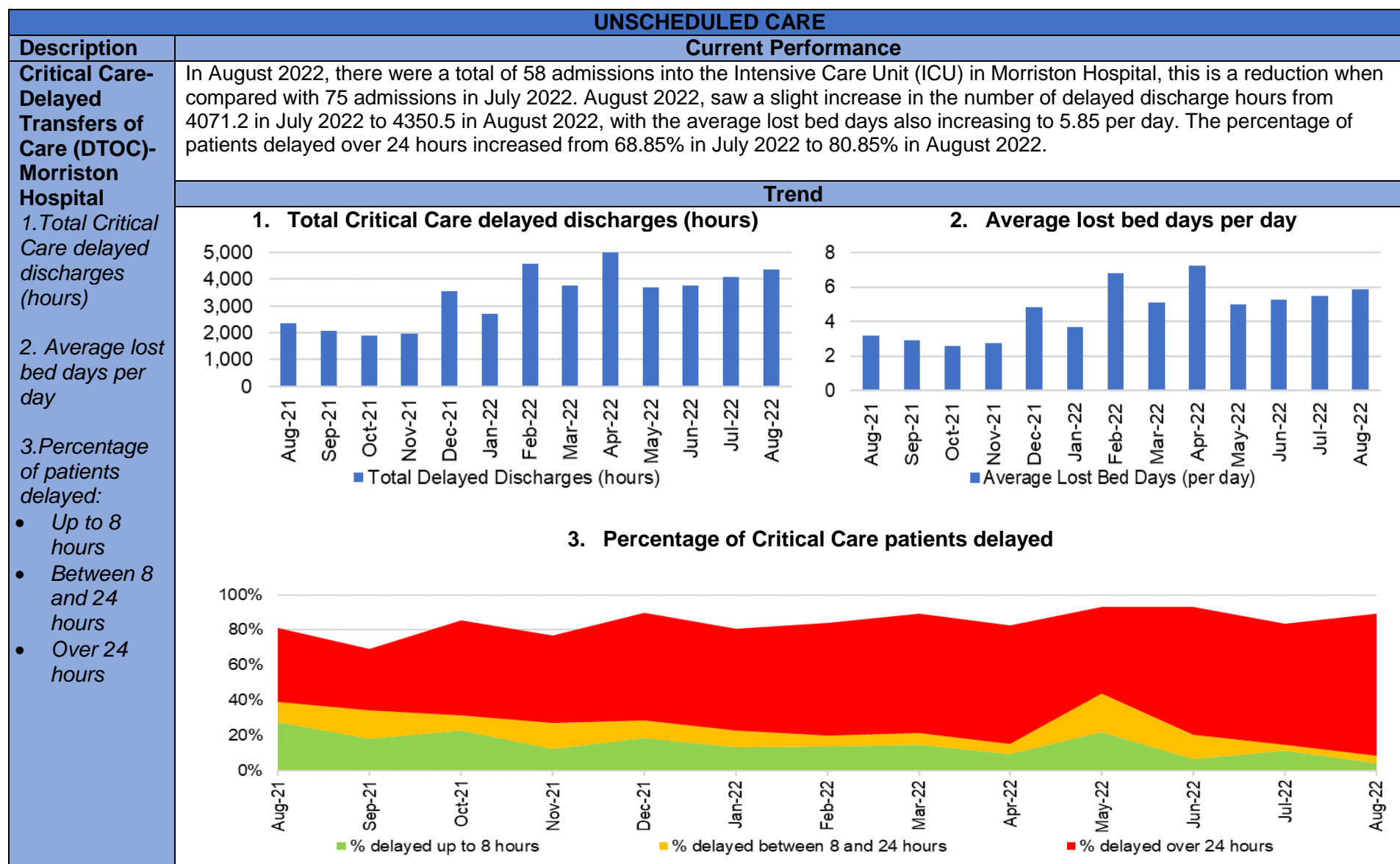


### 4. Average Ambulance Handover Rate



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 353 in August 2022 from 289 in July 2022. The figures remain above the outlined trajectory for August 2022 which was 255.

4. The average ambulance handover rate has seen a further deterioration in August 2022. The average handover rate deteriorated down from 137 in July 2022 to 173 in August 2022, which is above the outlined trajectory for August 2022 (132).



UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
<b>Clinically Optimised</b> <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In August 2022, there were on average 306 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In August 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 119, closely followed by Neath Port Talbot Hospital with 102.</p> <p><b>Actions of Improvement;</b> 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><b>The number of clinically optimised patients by site</b></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>Aug-21</td><td>90</td><td>55</td><td>70</td><td>10</td></tr><tr><td>Sep-21</td><td>105</td><td>70</td><td>85</td><td>10</td></tr><tr><td>Oct-21</td><td>90</td><td>50</td><td>80</td><td>15</td></tr><tr><td>Nov-21</td><td>110</td><td>60</td><td>80</td><td>10</td></tr><tr><td>Dec-21</td><td>105</td><td>55</td><td>80</td><td>15</td></tr><tr><td>Jan-22</td><td>110</td><td>70</td><td>90</td><td>15</td></tr><tr><td>Feb-22</td><td>125</td><td>70</td><td>95</td><td>10</td></tr><tr><td>Mar-22</td><td>100</td><td>55</td><td>95</td><td>20</td></tr><tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>20</td></tr><tr><td>May-22</td><td>120</td><td>65</td><td>85</td><td>10</td></tr><tr><td>Jun-22</td><td>140</td><td>60</td><td>90</td><td>15</td></tr><tr><td>Jul-22</td><td>115</td><td>60</td><td>95</td><td>10</td></tr><tr><td>Aug-22</td><td>120</td><td>70</td><td>100</td><td>10</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Aug-21	90	55	70	10	Sep-21	105	70	85	10	Oct-21	90	50	80	15	Nov-21	110	60	80	10	Dec-21	105	55	80	15	Jan-22	110	70	90	15	Feb-22	125	70	95	10	Mar-22	100	55	95	20	Apr-22	100	65	85	20	May-22	120	65	85	10	Jun-22	140	60	90	15	Jul-22	115	60	95	10	Aug-22	120	70	100	10
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<b>Elective procedures cancelled due to lack of beds</b> <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In August 2022, there were 13 elective procedures cancelled due to lack of beds on the day of surgery. This is 1 less cancellations than those seen in August 2021.</p> <p>12 of the cancelled procedures were attributed to Morriston Hospital, with one attributed to Singleton Hospital.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></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>Aug-21</td><td>15</td><td>2</td><td>1</td></tr><tr><td>Sep-21</td><td>10</td><td>1</td><td>0</td></tr><tr><td>Oct-21</td><td>50</td><td>2</td><td>1</td></tr><tr><td>Nov-21</td><td>60</td><td>1</td><td>0</td></tr><tr><td>Dec-21</td><td>35</td><td>1</td><td>0</td></tr><tr><td>Jan-22</td><td>15</td><td>1</td><td>0</td></tr><tr><td>Feb-22</td><td>25</td><td>5</td><td>1</td></tr><tr><td>Mar-22</td><td>35</td><td>1</td><td>0</td></tr><tr><td>Apr-22</td><td>30</td><td>1</td><td>0</td></tr><tr><td>May-22</td><td>55</td><td>1</td><td>0</td></tr><tr><td>Jun-22</td><td>35</td><td>1</td><td>0</td></tr><tr><td>Jul-22</td><td>30</td><td>1</td><td>0</td></tr><tr><td>Aug-22</td><td>13</td><td>1</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Aug-21	15	2	1	Sep-21	10	1	0	Oct-21	50	2	1	Nov-21	60	1	0	Dec-21	35	1	0	Jan-22	15	1	0	Feb-22	25	5	1	Mar-22	35	1	0	Apr-22	30	1	0	May-22	55	1	0	Jun-22	35	1	0	Jul-22	30	1	0	Aug-22	13	1	0														
Month	Morriston	Singleton	NPTH																																																																					
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Jul-22	30	1	0																																																																					
Aug-22	13	1	0																																																																					

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
<b>Fractured Neck of Femur (#NOF)</b> 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	<b>1. Prompt orthogeriatric assessment-</b> In July 2022, 91.1% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.	<b>1. Prompt orthogeriatric assessment</b> 
	<b>2. Prompt surgery-</b> In July 2022, 29.2% of patients had surgery the day following presentation with a hip fracture. This is a 30.3% deterioration from July 2021 which was 59.5%	<b>2. Prompt surgery</b> 
	<b>3. NICE compliant surgery-</b> 71% of operations were consistent with the NICE recommendations in July 2022. This is 0.2% less than in July 2021. In July 2022, Morriston was slightly above the all-Wales average of 70.5%.	<b>3. NICE compliant Surgery</b> 
	<b>4. Prompt mobilisation-</b> In July 2022, 69.2% of patients were out of bed the day after surgery. This is 6.5% less than in July 2021.	<b>4. Prompt mobilisation</b> 

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i>	5. <b>Not delirious when tested-</b> 76.1% of patients were not delirious in the week after their operation in July 2022. This is an reduction of 0.7% compared with July 2021.	<p><b>5. Not delirious when tested</b></p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. <b>Return to original residence-</b> 69.2% of patients in July 2022 were discharged back to their original residence. This is 0.8% more than in July 2021.	<p><b>6. Return to original residence</b></p>
7. <i>30 day mortality rate</i>	<p>7. <b>30 day mortality rate-</b> In January 2021 the morality 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><b>7. 30 day mortality rate</b></p>

HEALTHCARE ACQUIRED INFECTIONS																																																																	
Description	Current Performance	Trend																																																															
<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> <li>32 cases of <i>E. coli</i> bacteraemia were identified in August 2022, of which 11 were hospital acquired and 21 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 21 cases for August 2022.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Aug-21</td><td>32</td><td>22</td></tr> <tr><td>Sep-21</td><td>21</td><td>22</td></tr> <tr><td>Oct-21</td><td>19</td><td>22</td></tr> <tr><td>Nov-21</td><td>22</td><td>22</td></tr> <tr><td>Dec-21</td><td>17</td><td>22</td></tr> <tr><td>Jan-22</td><td>15</td><td>22</td></tr> <tr><td>Feb-22</td><td>26</td><td>22</td></tr> <tr><td>Mar-22</td><td>21</td><td>22</td></tr> <tr><td>Apr-22</td><td>31</td><td>22</td></tr> <tr><td>May-22</td><td>20</td><td>22</td></tr> <tr><td>Jun-22</td><td>17</td><td>22</td></tr> <tr><td>Jul-22</td><td>20</td><td>22</td></tr> <tr><td>Aug-22</td><td>32</td><td>22</td></tr> <tr><td>Sep-22</td><td></td><td>22</td></tr> <tr><td>Oct-22</td><td></td><td>22</td></tr> <tr><td>Nov-22</td><td></td><td>22</td></tr> <tr><td>Dec-22</td><td></td><td>22</td></tr> <tr><td>Jan-23</td><td></td><td>22</td></tr> <tr><td>Feb-23</td><td></td><td>22</td></tr> <tr><td>Mar-23</td><td></td><td>22</td></tr> </tbody> </table> <p>■ Number E.Coli cases (SBU)    — Trajectory</p>	Month	Number E.Coli cases (SBU)	Trajectory	Aug-21	32	22	Sep-21	21	22	Oct-21	19	22	Nov-21	22	22	Dec-21	17	22	Jan-22	15	22	Feb-22	26	22	Mar-22	21	22	Apr-22	31	22	May-22	20	22	Jun-22	17	22	Jul-22	20	22	Aug-22	32	22	Sep-22		22	Oct-22		22	Nov-22		22	Dec-22		22	Jan-23		22	Feb-23		22	Mar-23		22
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<b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i>	<ul style="list-style-type: none"> <li>There were 11 cases of <i>Staph. aureus</i> bacteraemia in August 2022, of which 5 were hospital acquired and 6 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 6 cases for August 2022.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired S.aureus bacteraemia cases</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Aug-21</td><td>12</td><td>8</td></tr> <tr><td>Sep-21</td><td>17</td><td>8</td></tr> <tr><td>Oct-21</td><td>18</td><td>8</td></tr> <tr><td>Nov-21</td><td>4</td><td>8</td></tr> <tr><td>Dec-21</td><td>9</td><td>8</td></tr> <tr><td>Jan-22</td><td>13</td><td>8</td></tr> <tr><td>Feb-22</td><td>10</td><td>8</td></tr> <tr><td>Mar-22</td><td>11</td><td>8</td></tr> <tr><td>Apr-22</td><td>13</td><td>8</td></tr> <tr><td>May-22</td><td>18</td><td>8</td></tr> <tr><td>Jun-22</td><td>9</td><td>8</td></tr> <tr><td>Jul-22</td><td>12</td><td>8</td></tr> <tr><td>Aug-22</td><td>11</td><td>8</td></tr> <tr><td>Sep-22</td><td></td><td>8</td></tr> <tr><td>Oct-22</td><td></td><td>8</td></tr> <tr><td>Nov-22</td><td></td><td>8</td></tr> <tr><td>Dec-22</td><td></td><td>8</td></tr> <tr><td>Jan-23</td><td></td><td>8</td></tr> <tr><td>Feb-23</td><td></td><td>8</td></tr> <tr><td>Mar-23</td><td></td><td>8</td></tr> </tbody> </table> <p>■ Number of S.Aureus cases (SBU)    — Trajectory</p>	Month	Number of S.Aureus cases (SBU)	Trajectory	Aug-21	12	8	Sep-21	17	8	Oct-21	18	8	Nov-21	4	8	Dec-21	9	8	Jan-22	13	8	Feb-22	10	8	Mar-22	11	8	Apr-22	13	8	May-22	18	8	Jun-22	9	8	Jul-22	12	8	Aug-22	11	8	Sep-22		8	Oct-22		8	Nov-22		8	Dec-22		8	Jan-23		8	Feb-23		8	Mar-23		8
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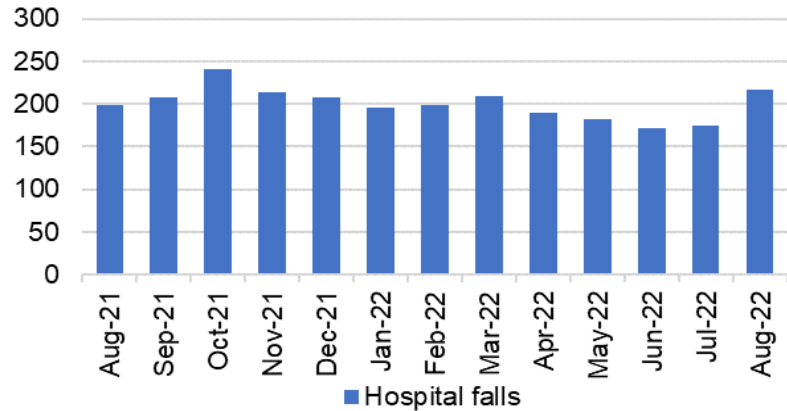
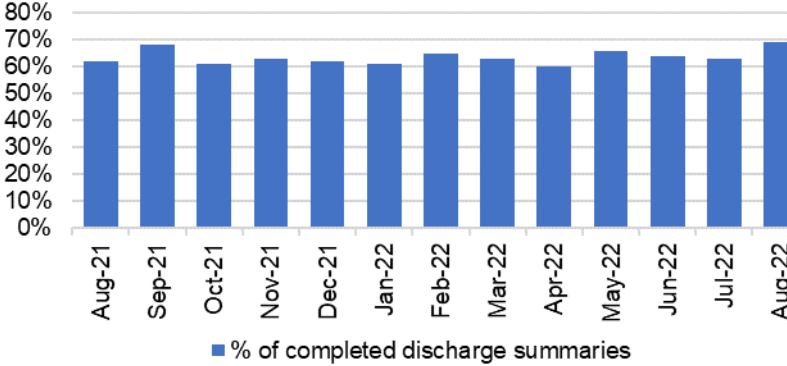
HEALTHCARE ACQUIRED INFECTIONS																																																																	
Description	Current Performance	Trend																																																															
<b>Healthcare Acquired Infections (HCAI)- C.difficile-</b> <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"> <li>There were 22 <i>Clostridium difficile</i> toxin positive cases in August 2022, of which 16 were hospital acquired and 6 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 8 cases for August 2022.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired C.difficile cases</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Aug-21</td><td>22</td><td></td></tr> <tr><td>Sep-21</td><td>14</td><td></td></tr> <tr><td>Oct-21</td><td>15</td><td></td></tr> <tr><td>Nov-21</td><td>20</td><td></td></tr> <tr><td>Dec-21</td><td>12</td><td></td></tr> <tr><td>Jan-22</td><td>14</td><td></td></tr> <tr><td>Feb-22</td><td>13</td><td></td></tr> <tr><td>Mar-22</td><td>18</td><td></td></tr> <tr><td>Apr-22</td><td>13</td><td>7</td></tr> <tr><td>May-22</td><td>11</td><td>8</td></tr> <tr><td>Jun-22</td><td>16</td><td>9</td></tr> <tr><td>Jul-22</td><td>16</td><td>8</td></tr> <tr><td>Aug-22</td><td>22</td><td>8</td></tr> <tr><td>Sep-22</td><td></td><td>9</td></tr> <tr><td>Oct-22</td><td></td><td>8</td></tr> <tr><td>Nov-22</td><td></td><td>7</td></tr> <tr><td>Dec-22</td><td></td><td>8</td></tr> <tr><td>Jan-23</td><td></td><td>8</td></tr> <tr><td>Feb-23</td><td></td><td>8</td></tr> <tr><td>Mar-23</td><td></td><td>7</td></tr> </tbody> </table> <p>■ Number of C.diff cases (SBU)    — Trajectory</p>	Month	Number of C.diff cases (SBU)	Trajectory	Aug-21	22		Sep-21	14		Oct-21	15		Nov-21	20		Dec-21	12		Jan-22	14		Feb-22	13		Mar-22	18		Apr-22	13	7	May-22	11	8	Jun-22	16	9	Jul-22	16	8	Aug-22	22	8	Sep-22		9	Oct-22		8	Nov-22		7	Dec-22		8	Jan-23		8	Feb-23		8	Mar-23		7
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Mar-23		7																																																															
<b>Healthcare Acquired Infections (HCAI)- Klebsiella sp-</b> <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"> <li>There were 8 cases of Klebsiella sp in August 2022, of which 4 were hospital acquired and 4 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 6 cases for August 2022.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired Klebsiella cases</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Aug-21</td><td>8</td><td></td></tr> <tr><td>Sep-21</td><td>11</td><td></td></tr> <tr><td>Oct-21</td><td>13</td><td></td></tr> <tr><td>Nov-21</td><td>7</td><td></td></tr> <tr><td>Dec-21</td><td>9</td><td></td></tr> <tr><td>Jan-22</td><td>5</td><td></td></tr> <tr><td>Feb-22</td><td>4</td><td></td></tr> <tr><td>Mar-22</td><td>7</td><td></td></tr> <tr><td>Apr-22</td><td>6</td><td>7</td></tr> <tr><td>May-22</td><td>8</td><td>6</td></tr> <tr><td>Jun-22</td><td>8</td><td>6</td></tr> <tr><td>Jul-22</td><td>11</td><td>6</td></tr> <tr><td>Aug-22</td><td>8</td><td>6</td></tr> <tr><td>Sep-22</td><td></td><td>6</td></tr> <tr><td>Oct-22</td><td></td><td>6</td></tr> <tr><td>Nov-22</td><td></td><td>6</td></tr> <tr><td>Dec-22</td><td></td><td>6</td></tr> <tr><td>Jan-23</td><td></td><td>6</td></tr> <tr><td>Feb-23</td><td></td><td>5</td></tr> <tr><td>Mar-23</td><td></td><td>5</td></tr> </tbody> </table> <p>■ Number of Klebsiella cases (SBU)    — Trajectory</p>	Month	Number of Klebsiella cases (SBU)	Trajectory	Aug-21	8		Sep-21	11		Oct-21	13		Nov-21	7		Dec-21	9		Jan-22	5		Feb-22	4		Mar-22	7		Apr-22	6	7	May-22	8	6	Jun-22	8	6	Jul-22	11	6	Aug-22	8	6	Sep-22		6	Oct-22		6	Nov-22		6	Dec-22		6	Jan-23		6	Feb-23		5	Mar-23		5
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HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
<b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> <li>There were 3 cases of <i>P.Aeruginosa</i> in August 2022, 3 of which were hospital acquired, and one was community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 2 cumulative cases for August 2022.</li> </ul> <p><b>Actions of Improvement;</b>  Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired Pseudomonas cases</b></p> <p>— Number of Pseudomonas cases (SBU) — Trajectory</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
<b>Number of pressure ulcers</b> 1. <i>Total number of pressure ulcers developed in hospital and in the community</i>  2. <i>Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none"> <li>In July 2022 there were 85 cases of healthcare acquired pressure ulcers, 27 of which were community acquired and 58 were hospital acquired.</li> </ul> <p>There were 7 grade 3+ pressure ulcers in July 2022, of which 2 were community acquired and 5 were hospital acquired.</p> <p>The rate per 100,000 admissions reduced from 821 in May 2022 to 760 in June 2022.</p>	<p><b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b></p> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>








NATIONALLY REPORTABLE INCIDENTS																																												
Description	Current Performance	Trend																																										
<b>Nationally Reportable Incidents (NRI's)-</b> <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 11 Nationally Reportable Incidents for the month of August 2022 to Welsh Government. The Service Group breakdown is as follows; <ul style="list-style-type: none"><li>- Morriston – 5</li><li>- Primary Care – 2</li><li>- Singleton &amp; NPT - 4</li></ul>	<b>1. and 2. Number of nationally reportable incidents and never events</b> <table><thead><tr><th>Month</th><th>Number of nationally reportable incidents</th><th>Number of never events</th></tr></thead><tbody><tr><td>Aug-21</td><td>5</td><td>0</td></tr><tr><td>Sep-21</td><td>5</td><td>0</td></tr><tr><td>Oct-21</td><td>4</td><td>0</td></tr><tr><td>Nov-21</td><td>9</td><td>0</td></tr><tr><td>Dec-21</td><td>2</td><td>0</td></tr><tr><td>Jan-22</td><td>5</td><td>0</td></tr><tr><td>Feb-22</td><td>4</td><td>0</td></tr><tr><td>Mar-22</td><td>7</td><td>0</td></tr><tr><td>Apr-22</td><td>1</td><td>0</td></tr><tr><td>May-22</td><td>9</td><td>0</td></tr><tr><td>Jun-22</td><td>2</td><td>0</td></tr><tr><td>Jul-22</td><td>2</td><td>0</td></tr><tr><td>Aug-22</td><td>11</td><td>0</td></tr></tbody></table> <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p>	Month	Number of nationally reportable incidents	Number of never events	Aug-21	5	0	Sep-21	5	0	Oct-21	4	0	Nov-21	9	0	Dec-21	2	0	Jan-22	5	0	Feb-22	4	0	Mar-22	7	0	Apr-22	1	0	May-22	9	0	Jun-22	2	0	Jul-22	2	0	Aug-22	11	0
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2. There were no new Never Event reported in August 2022	<b>3. % of nationally reportable incidents closed within the agreed timescales</b> <table><thead><tr><th>Month</th><th>% NRI's assured</th><th>Target</th></tr></thead><tbody><tr><td>Aug-21</td><td>0%</td><td>80%</td></tr><tr><td>Sep-21</td><td>0%</td><td>80%</td></tr><tr><td>Oct-21</td><td>0%</td><td>80%</td></tr><tr><td>Nov-21</td><td>0%</td><td>80%</td></tr><tr><td>Dec-21</td><td>0%</td><td>80%</td></tr><tr><td>Jan-22</td><td>25%</td><td>80%</td></tr><tr><td>Feb-22</td><td>0%</td><td>80%</td></tr><tr><td>Mar-22</td><td>33%</td><td>80%</td></tr><tr><td>Apr-22</td><td>25%</td><td>80%</td></tr><tr><td>May-22</td><td>100%</td><td>80%</td></tr><tr><td>Jun-22</td><td>33%</td><td>80%</td></tr><tr><td>Jul-22</td><td>0%</td><td>80%</td></tr><tr><td>Aug-22</td><td>0%</td><td>80%</td></tr></tbody></table> <p>■ % NRI's assured — Target</p>	Month	% NRI's assured	Target	Aug-21	0%	80%	Sep-21	0%	80%	Oct-21	0%	80%	Nov-21	0%	80%	Dec-21	0%	80%	Jan-22	25%	80%	Feb-22	0%	80%	Mar-22	33%	80%	Apr-22	25%	80%	May-22	100%	80%	Jun-22	33%	80%	Jul-22	0%	80%	Aug-22	0%	80%	
Month	% NRI's assured	Target																																										
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Jun-22	33%	80%																																										
Jul-22	0%	80%																																										
Aug-22	0%	80%																																										
3. In August 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 0%.																																												

INPATIENT FALLS																														
Description	Current Performance	Trend																												
<b>Inpatient Falls</b> <i>The total number of inpatient falls</i>	<ul style="list-style-type: none"><li>The number of Falls reported via Datix web for Swansea Bay UHB was 216 in August 2022. This is 9% more than August 2021 where 198 falls were recorded.</li></ul>	<p><b>Number of inpatient Falls</b></p>  <table><tr><th>Month</th><th>Hospital falls</th></tr><tr><td>Aug-21</td><td>198</td></tr><tr><td>Sep-21</td><td>205</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>205</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>216</td></tr></table>	Month	Hospital falls	Aug-21	198	Sep-21	205	Oct-21	240	Nov-21	215	Dec-21	205	Jan-22	195	Feb-22	200	Mar-22	210	Apr-22	190	May-22	180	Jun-22	170	Jul-22	175	Aug-22	216
Month	Hospital falls																													
Aug-21	198																													
Sep-21	205																													
Oct-21	240																													
Nov-21	215																													
Dec-21	205																													
Jan-22	195																													
Feb-22	200																													
Mar-22	210																													
Apr-22	190																													
May-22	180																													
Jun-22	170																													
Jul-22	175																													
Aug-22	216																													
DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in August 2022, the percentage of completed discharge summaries was 69%.</p> <p>In August 2022, compliance ranged from 58% in Neath Port Talbot Hospital to 80% in Mental Health &amp; Learning Disabilities.</p>	<p><b>% discharge summaries approved and sent</b></p>  <table><tr><th>Month</th><th>% of completed discharge summaries</th></tr><tr><td>Aug-21</td><td>62%</td></tr><tr><td>Sep-21</td><td>68%</td></tr><tr><td>Oct-21</td><td>61%</td></tr><tr><td>Nov-21</td><td>63%</td></tr><tr><td>Dec-21</td><td>62%</td></tr><tr><td>Jan-22</td><td>61%</td></tr><tr><td>Feb-22</td><td>64%</td></tr><tr><td>Mar-22</td><td>63%</td></tr><tr><td>Apr-22</td><td>60%</td></tr><tr><td>May-22</td><td>65%</td></tr><tr><td>Jun-22</td><td>64%</td></tr><tr><td>Jul-22</td><td>63%</td></tr><tr><td>Aug-22</td><td>69%</td></tr></table>	Month	% of completed discharge summaries	Aug-21	62%	Sep-21	68%	Oct-21	61%	Nov-21	63%	Dec-21	62%	Jan-22	61%	Feb-22	64%	Mar-22	63%	Apr-22	60%	May-22	65%	Jun-22	64%	Jul-22	63%	Aug-22	69%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	July 2022 reports the crude mortality rate for the Health Board at 0.83%, which is 0.02% lower than June 2022.	<b>Crude hospital mortality rate by Hospital (74 years of age or less)</b> <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morryston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Jul-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Aug-21</td><td>1.6%</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>1.0%</td></tr><tr><td>Nov-21</td><td>1.8%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Dec-21</td><td>1.6%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jan-22</td><td>1.5%</td><td>0.6%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Feb-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Mar-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Apr-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>May-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jun-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jul-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.9%</td></tr></tbody></table>	Month	Morryston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jul-21	1.7%	0.5%	0.1%	1.0%	Aug-21	1.6%	0.5%	0.2%	1.0%	Sep-21	1.7%	0.5%	0.1%	1.0%	Oct-21	1.7%	0.5%	0.1%	1.0%	Nov-21	1.8%	0.5%	0.1%	1.0%	Dec-21	1.6%	0.5%	0.1%	0.9%	Jan-22	1.5%	0.6%	0.1%	0.9%	Feb-22	1.5%	0.4%	0.1%	0.9%	Mar-22	1.5%	0.5%	0.1%	0.9%	Apr-22	1.5%	0.4%	0.1%	0.9%	May-22	1.5%	0.4%	0.1%	0.9%	Jun-22	1.5%	0.4%	0.1%	0.9%	Jul-22	1.4%	0.4%	0.1%	0.9%
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A breakdown by Hospital for July 2022: <ul style="list-style-type: none"><li>Morryston – 1.43%</li><li>Singleton – 0.45%</li><li>NPT – 0.05%</li></ul>																																																																								
READMISSION RATES																																																																								
Description	Current Performance	Trend																																																																						
Readmission Rates	In August 2022, 20% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is the same figure seen in July 2022.	<b>Emergencies readmitted within 28 days of previous discharge</b> <table><caption>Emergencies readmitted within 28 days of previous discharge</caption><thead><tr><th>Month</th><th>28 Day readmission rate (SBU HB)</th></tr></thead><tbody><tr><td>Aug-21</td><td>20%</td></tr><tr><td>Sep-21</td><td>19%</td></tr><tr><td>Oct-21</td><td>18%</td></tr><tr><td>Nov-21</td><td>18%</td></tr><tr><td>Dec-21</td><td>19%</td></tr><tr><td>Jan-22</td><td>18%</td></tr><tr><td>Feb-22</td><td>19%</td></tr><tr><td>Mar-22</td><td>17%</td></tr><tr><td>Apr-22</td><td>18%</td></tr><tr><td>May-22</td><td>18%</td></tr><tr><td>Jun-22</td><td>19%</td></tr><tr><td>Jul-22</td><td>20%</td></tr><tr><td>Aug-22</td><td>20%</td></tr></tbody></table>	Month	28 Day readmission rate (SBU HB)	Aug-21	20%	Sep-21	19%	Oct-21	18%	Nov-21	18%	Dec-21	19%	Jan-22	18%	Feb-22	19%	Mar-22	17%	Apr-22	18%	May-22	18%	Jun-22	19%	Jul-22	20%	Aug-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												
					Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
		Cancer															
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	75%			58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	39.3%
		Planned Care															
Number of patients waiting > 26 weeks for outpatient appointment*	Morrison	0			14,661	15,092	15,906	16,385	17,204	17,859	18,220	18,351	18,976	19,498	19,662	19,516	19,607
	NPTH				335	407	378	387	342	186	88	0	3	18	4	2	4
	Singleton				8,383	8,447	8,162	7,955	7,882	7,520	7,192	6,359	6,606	6,943	7,159	7,212	7,314
	PC&CS				65	51	37	25	24	23	22	18	16	0	1	81	94
	Total				23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019
Number of patients waiting > 36 weeks for treatment*	Morrison	0			23,364	23,214	23,874	24,121	24,494	25,203	25,090	25,490	26,036	26,411	26,574	26,832	26,710
	NPTH				167	189	191	198	168	136	44	37	5	7	2	0	
	Singleton				11,920	11,764	11,841	12,245	12,376	12,283	12,194	11,749	12,110	12,310	12,438	11,256	11,013
	PC&CS				53	43	35	25	22	22	22	17	15	0	1	41	117
	Total (inc. diagnostics > 36 wks)				35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	0			3,573	3,528	3,320	3,217	2,927	2,724	2,180	1,672	1,910	1,753	1,575	1,629	1,853
	Singleton				1,950	2,204	2,619	2,791	3,144	3,543	3,898	4,191	4,398	4,553	4,437	4,403	4,255
	Total				5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108
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				15	18	28	29	8	13	38	45	35	17	30	46	45
	PC&CS				171	302	386	600	877	1,015	888	775	644	597	579	668	637
	Total				186	320	414	629	885	1,028	926	820	679	614	609	714	682

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
		Planned Care																
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			127,391	130,963	131,554	129,255	131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736	
Number of patients delayed by over 100% past their target date *	Total				29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	
Number of patients delayed past their agreed target date (booked and not booked) *	Total				54,993	60,340	60,447	56,618	58,006	58,639	58,804	58,514	60,348	60,314	61,071	61,156	61,778	
Number of Ophthalmology patients without an allocated health risk factor	Total	0			628	702	413	528	694	288	299	639	425	246	495	270	222	
Number of patients without a documented clinical review date	Total	0			6	7	3	4	2	4	1	5	5	2	4	2	3	
		Patient Experience/ Feedback																
Number of friends and family surveys completed	PCCS	12 month improvement trend			245	213	89	360	291	191	251	165	106	154	130	162	195	
	MH&LD				59	18	10	36	23	17	17	15	8	26	11	11	22	
	Morriston				642	995	941	1,131	878	1,130	1,285	1,454	1,245	1,336	1,194	1,341	1,629	
	NPTH																	
	Singleton				1,106	1,452	1,118	1,602	1,580	1,727	1,485	1,737	1,648	1,932	1,727	1,931	2,343	
	Total				2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	
% of patients who would recommend and highly recommend	PCCS	90%	80%		94%	90%	90%	94%	90%	93%	95%	92%	94%	94%	90%	94%	94%	
	MH&LD				93%	94%	90%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Morriston				92%	93%	92%	93%	94%	94%	84%	86%	85%	92%	83%	84%	84%	
	NPTH																	
	Singleton				92%	90%	92%	94%	94%	94%	94%	94%	91%	92%	92%	92%	91%	
	Total				92%	92%	92%	94%	93%	92%	90%	90%	89%	90%	88%	89%	89%	
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		95%	92%	94%	89%	97%	97%	99%	97%	96%	95%	92%	96%	96%	
	MH&LD																	
	Morriston				96%	96%	94%	93%	96%	97%	89%	91%	89%	89%	82%	89%	90%	
	NPTH																	
	Singleton				95%	96%	95%	93%	97%	96%	97%	97%	94%	95%	92%	94%	94%	
	Total				92%	96%	93%	93%	96%	93%	91%	91%	89%	91%	91%	90%	93%	
Number of new complaints received	PCCS	12 month reduction rend			8	11	12	16	9	15	19	23	16	34				
	MH&LD				13	12	13	13	9	19	16	15	10	14				
	Morriston				50	61	57	66	42	53	49	52	54	69				
	NPTH				6	6	6	8	3	7	13	3	6	4				
	Singleton				32	21	33	26	20	21	36	51	28	46				
	Total				115	115	134	159	115	124	139	156	123	176				
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	75%	80%		75%	73%	83%	88%	78%	67%	68%	87%	94%	88%				
	MH&LD				62%	92%	69%	31%	78%	58%	38%	60%	70%	43%				
	Morriston				94%	84%	70%	73%	69%	74%	78%	73%	83%	74%				
	NPTH				67%	50%	83%	75%	67%	29%	62%	67%	83%	50%				
	Singleton				81%	52%	48%	54%	50%	43%	50%	43%	57%	54%				
	Total				83%	75%	67%	69%	68%	63%	64%	65%	76%	69%				

### 5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
<b>Referrals and shape of the waiting list</b>	August 2022 has seen an increase in referral figures compared with July 2022 (12,548). Referral rates have continued to rise slowly since December 2021, with 12,930 received in August 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
<b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>  <b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>  <b>3. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at December 2019</i>  <b>4. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at August 2022</i>	<div> <b>1. Number of GP referrals received by SBU Health Board</b>  </div> <div> <b>2. Number of stage 1 additions per week</b>  </div> <div> <b>3. Total size of the waiting list and movement (December 2019)</b>  </div> <div> <b>4. Total size of the waiting list and movement (August 2022)</b>  </div>

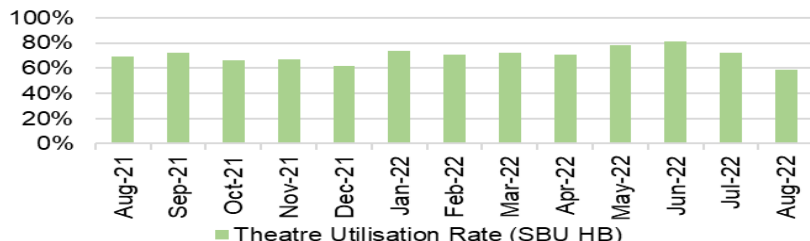
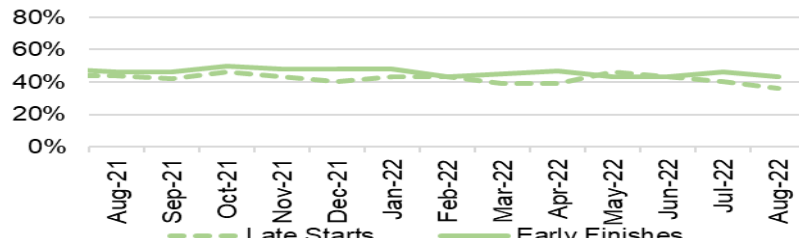
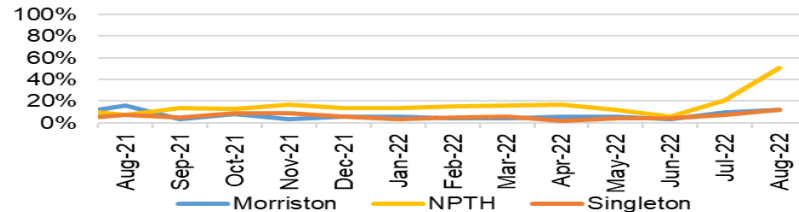
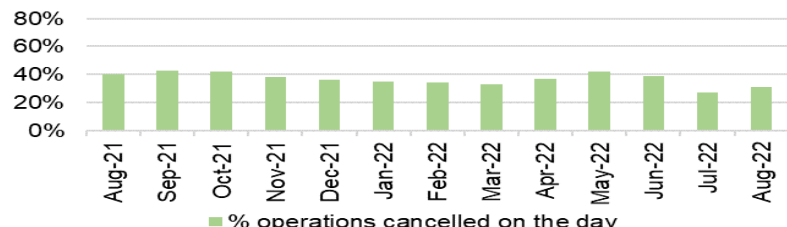
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PLANNED CARE	
Description	Current Performance
<b>Patients waiting over 36 weeks for treatment</b>  1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total  2. Number 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 August 2022, there were 38,583 patients waiting over 36 weeks which is a 0.8% in-month reduction from July 2022. 27,570 of the 38,583 were waiting over 52 weeks in August 2022. In August 2022, there were 10,960 patients waiting over 104 weeks for treatment, which is a 4% reduction from July 2022.</p> <p><b>Trend</b></p> <div> <div> <p><b>1. Number of patients waiting over 36 weeks- HB total</b></p> <p>Ministerial Target = 0 by 2026</p> </div> <div> <p><b>2. Number of patients waiting over 52 weeks at Stage 1- HB total</b></p> <p>Ministerial Target = 0 by December 2022</p> </div> <div> <p><b>3. Number of elective admissions</b></p> <p>Admitted elective patients</p> </div> <div> <p><b>4. Number of patients waiting over 104 weeks- Hospital level</b></p> <p>Ministerial Target = 0 by 2024</p> </div> </div>



PLANNED CARE		
Description	Current Performance	
<b>Total waiting times</b> <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 August 2022, 52% of patients were waiting under 26 weeks from referral to treatment, which is 0.2% more than those seen in July 2022.</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p> <p>Ministerial Target = 95% by 2026</p>
<b>Ophthalmology waiting times</b> <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 August 2022, 62.4% 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><b>Actions of Improvement;</b>  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><b>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</b></p>

THEATRE EFFICIENCY																																																									
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<b>Theatre Efficiency</b> <i>1. Theatre Utilisation Rates</i>  <i>2. % of theatre sessions starting late</i>  <i>3. % of theatre sessions finishing early</i>  <i>4. % of theatre sessions cancelled at short notice (&lt;28 days)</i>  <i>5. % of operations cancelled on the day</i>	<p>In August 2022 the Theatre Utilisation rate was 59%. This is an in-month deterioration of 13% and lower rates than those seen in August 2021.</p>	<p><b>1. Theatre Utilisation Rates</b></p>  <table><caption>Theatre Utilisation Rate (SBU HB)</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>Aug-21</td><td>70</td></tr><tr><td>Sep-21</td><td>72</td></tr><tr><td>Oct-21</td><td>68</td></tr><tr><td>Nov-21</td><td>68</td></tr><tr><td>Dec-21</td><td>65</td></tr><tr><td>Jan-22</td><td>72</td></tr><tr><td>Feb-22</td><td>70</td></tr><tr><td>Mar-22</td><td>72</td></tr><tr><td>Apr-22</td><td>70</td></tr><tr><td>May-22</td><td>78</td></tr><tr><td>Jun-22</td><td>80</td></tr><tr><td>Jul-22</td><td>72</td></tr><tr><td>Aug-22</td><td>59</td></tr></tbody></table>	Month	Rate (%)	Aug-21	70	Sep-21	72	Oct-21	68	Nov-21	68	Dec-21	65	Jan-22	72	Feb-22	70	Mar-22	72	Apr-22	70	May-22	78	Jun-22	80	Jul-22	72	Aug-22	59																											
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<p>36% of theatre sessions started late in August 2022. This is a 4% improvement on performance in July 2022 (40%).</p>	<p><b>2. and 3. % theatre sessions starting late/finishing</b></p>  <table><caption>% theatre sessions starting late/finishing</caption><thead><tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr></thead><tbody><tr><td>Aug-21</td><td>45</td><td>45</td></tr><tr><td>Sep-21</td><td>45</td><td>45</td></tr><tr><td>Oct-21</td><td>48</td><td>45</td></tr><tr><td>Nov-21</td><td>45</td><td>45</td></tr><tr><td>Dec-21</td><td>45</td><td>45</td></tr><tr><td>Jan-22</td><td>45</td><td>45</td></tr><tr><td>Feb-22</td><td>45</td><td>45</td></tr><tr><td>Mar-22</td><td>45</td><td>45</td></tr><tr><td>Apr-22</td><td>45</td><td>45</td></tr><tr><td>May-22</td><td>45</td><td>45</td></tr><tr><td>Jun-22</td><td>45</td><td>45</td></tr><tr><td>Jul-22</td><td>45</td><td>45</td></tr><tr><td>Aug-22</td><td>45</td><td>45</td></tr></tbody></table>	Month	Late Starts (%)	Early Finishes (%)	Aug-21	45	45	Sep-21	45	45	Oct-21	48	45	Nov-21	45	45	Dec-21	45	45	Jan-22	45	45	Feb-22	45	45	Mar-22	45	45	Apr-22	45	45	May-22	45	45	Jun-22	45	45	Jul-22	45	45	Aug-22	45	45														
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<p>In August 2022, 43% of theatre sessions finished early. This is 3% lower than figures seen in July 2022 and 3% lower than those seen in August 2021</p>	<p><b>4.% theatre sessions cancelled at short notice (&lt;28 days)</b></p>  <table><caption>% of theatre sessions cancelled at short notice (&lt;28 days)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th><th>Singleton (%)</th></tr></thead><tbody><tr><td>Aug-21</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Sep-21</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Oct-21</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Nov-21</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Dec-21</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jan-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Feb-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Mar-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Apr-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>May-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jun-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jul-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Aug-22</td><td>10</td><td>55</td><td>10</td></tr></tbody></table>	Month	Morriston (%)	NPTH (%)	Singleton (%)	Aug-21	10	10	10	Sep-21	10	10	10	Oct-21	10	10	10	Nov-21	10	10	10	Dec-21	10	10	10	Jan-22	10	10	10	Feb-22	10	10	10	Mar-22	10	10	10	Apr-22	10	10	10	May-22	10	10	10	Jun-22	10	10	10	Jul-22	10	10	10	Aug-22	10	55	10
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Aug-22	10	55	10																																																						
<p>19% of theatre sessions were cancelled at short notice in August 2022. This is 8% higher than figures reported in July 2022 and is 7% higher than figures seen in August 2021.</p>	<p><b>5. % of operations cancelled on the day</b></p>  <table><caption>% of operations cancelled on the day</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>Aug-21</td><td>40</td></tr><tr><td>Sep-21</td><td>42</td></tr><tr><td>Oct-21</td><td>42</td></tr><tr><td>Nov-21</td><td>38</td></tr><tr><td>Dec-21</td><td>35</td></tr><tr><td>Jan-22</td><td>35</td></tr><tr><td>Feb-22</td><td>35</td></tr><tr><td>Mar-22</td><td>32</td></tr><tr><td>Apr-22</td><td>38</td></tr><tr><td>May-22</td><td>42</td></tr><tr><td>Jun-22</td><td>38</td></tr><tr><td>Jul-22</td><td>28</td></tr><tr><td>Aug-22</td><td>31</td></tr></tbody></table>	Month	Rate (%)	Aug-21	40	Sep-21	42	Oct-21	42	Nov-21	38	Dec-21	35	Jan-22	35	Feb-22	35	Mar-22	32	Apr-22	38	May-22	42	Jun-22	38	Jul-22	28	Aug-22	31																												
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<p>Of the operations cancelled in August 2022, 31% of them were cancelled on the day. This is a deterioration from 27% in July 2022.</p>																																																									

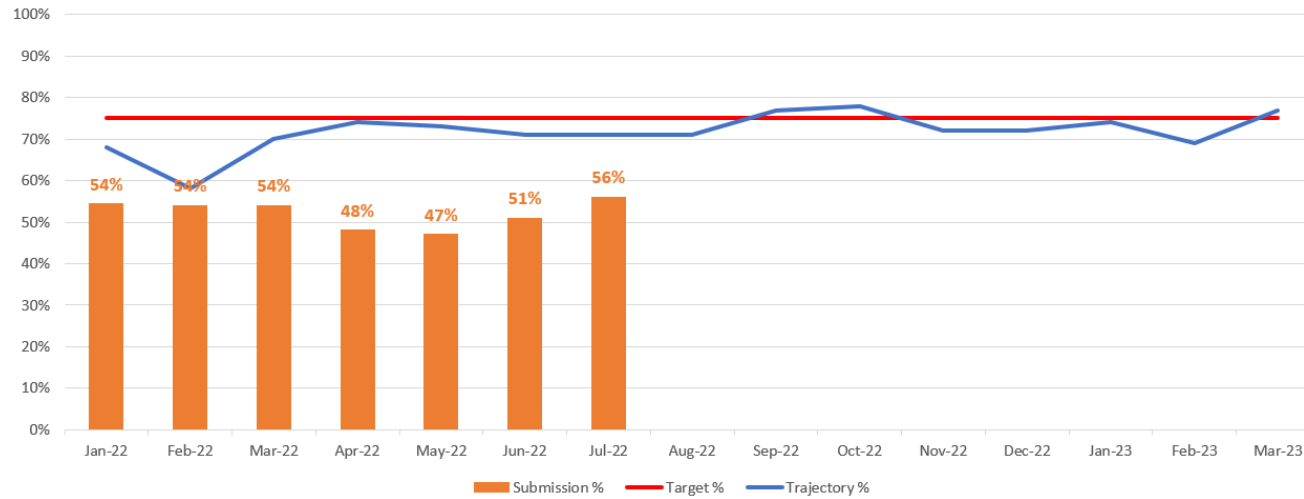
PLANNED CARE		
Description	Current Performance	Trend
<b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In August 2022, there was a slight increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,032 in July to 6,108 in August.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for August 2022:</p> <ul style="list-style-type: none"> <li>Endoscopy= 4,255</li> <li>Cardiac tests= 1,091 ^</li> <li>Other Diagnostics = 760 ^</li> </ul> <p><b>Actions of Improvement;</b>  Endoscopy waits have reduced this month and the figures are in line with the submitted trajectory which indicates that the improvements will continue into the financial year. The Endoscopy team have implemented several actions to support future improvement, which include increasing list capacity, increasing insourcing and outsourcing sessions, along with an ongoing clinical validation project.</p>	<p><b>Number of patients waiting longer than 8 weeks for diagnostics</b></p> <p>Ministerial Target = Endoscopy waits &gt; 8 Weeks will be 0 by Spring 2024</p>
<b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In August 2022 there were 682 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in August 2022 are:</p> <ul style="list-style-type: none"> <li>Podiatry = 615 ^</li> <li>Speech &amp; Language Therapy= 22</li> <li>Dietetics = 45</li> </ul> <p><b>Actions of Improvement;</b>  Podiatry performance has declined slightly this month and the service are reviewing the current recovery plan to further support performance improvement.</p>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p>

CANCER				
Description	Current Performance		Trend	
Cancer demand and shape of the waiting list  <b>Single Cancer Pathway</b> <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i>	July 2022 backlog by tumour site:		<b>Number of patients with a wait status of more than 62 days</b>   ■ 63-103 days      ▨ ≥ 104 days	
	<b>Tumour Site</b>	<b>63 - 103 days</b>		<b>≥104 days</b>
	Acute Leukaemia	0		0
	Brain/CNS	0		0
	Breast	25		8
	Children's cancer	0		0
	Gynaecological	39		14
	Haematological	11		13
	Head and neck	21		6
	Lower Gastrointestinal	116		50
	Lung	13		8
	Other	3		0
	Sarcoma	5		0
	Skin(c)	18		7
	Upper Gastrointestinal	41		27
Urological	44	34		
<b>Grand Total</b>	<b>336</b>	<b>167</b>		
Single Cancer Pathway backlog- patients waiting over 63 days	August 2022 has seen slight increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;		<b>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</b>   ■ Submission %    — Target %    — Trajectory %	
	<ul style="list-style-type: none"><li>- 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.</li><li>- Targeted work is being undertaken to focus on reducing the number of patients waiting &gt;104 days as a priority</li><li>- Data quality is currently being reviewed to support the validation of any backlog figures</li><li>- Work is currently underway to develop a live dashboard for efficient data review of all patients</li></ul>			

CANCER																																																		
Description	Current Performance	Trend																																																
<b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early September 2022 figures show total wait volumes have remained consistent with previous weeks performance.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 57% have been booked, which is an increase on previous performance.</p>	<p><b>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early September 2022</b></p> <table border="1"> <thead> <tr> <th>FIRST OPA</th><th>04-Sep</th><th>11-Sep</th></tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>1</td><td>1</td></tr> <tr><td>Breast</td><td>0</td><td>8</td></tr> <tr><td>Children's Cancer</td><td>1</td><td>1</td></tr> <tr><td>Gynaecological</td><td>67</td><td>144</td></tr> <tr><td>Haematological</td><td>4</td><td>4</td></tr> <tr><td>Head and Neck</td><td>77</td><td>82</td></tr> <tr><td>Lower GI</td><td>135</td><td>126</td></tr> <tr><td>Lung</td><td>8</td><td>3</td></tr> <tr><td>Other</td><td>49</td><td>31</td></tr> <tr><td>Sarcoma</td><td>2</td><td>3</td></tr> <tr><td>Skin</td><td>238</td><td>184</td></tr> <tr><td>Upper GI</td><td>52</td><td>39</td></tr> <tr><td>Urological</td><td>24</td><td>34</td></tr> <tr><td></td><td>658</td><td>660</td></tr> </tbody> </table>	FIRST OPA	04-Sep	11-Sep	Acute Leukaemia	0	0	Brain/CNS	1	1	Breast	0	8	Children's Cancer	1	1	Gynaecological	67	144	Haematological	4	4	Head and Neck	77	82	Lower GI	135	126	Lung	8	3	Other	49	31	Sarcoma	2	3	Skin	238	184	Upper GI	52	39	Urological	24	34		658	660
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<b>Radiotherapy waiting times</b> <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>35%</td></tr> <tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>91%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>48%</td></tr> <tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>85%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>90%</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>98%</td></tr> <tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	August-22	Scheduled (21 Day Target)	80%	35%	Scheduled (28 Day Target)	100%	91%	Urgent SC (7 Day Target)	80%	48%	Urgent SC (14 Day Target)	100%	85%	Emergency (within 1 day)	80%	90%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	98%	Elective Delay (28 Day Target)	100%	100%	<p><b>Radiotherapy waiting times</b></p>																					
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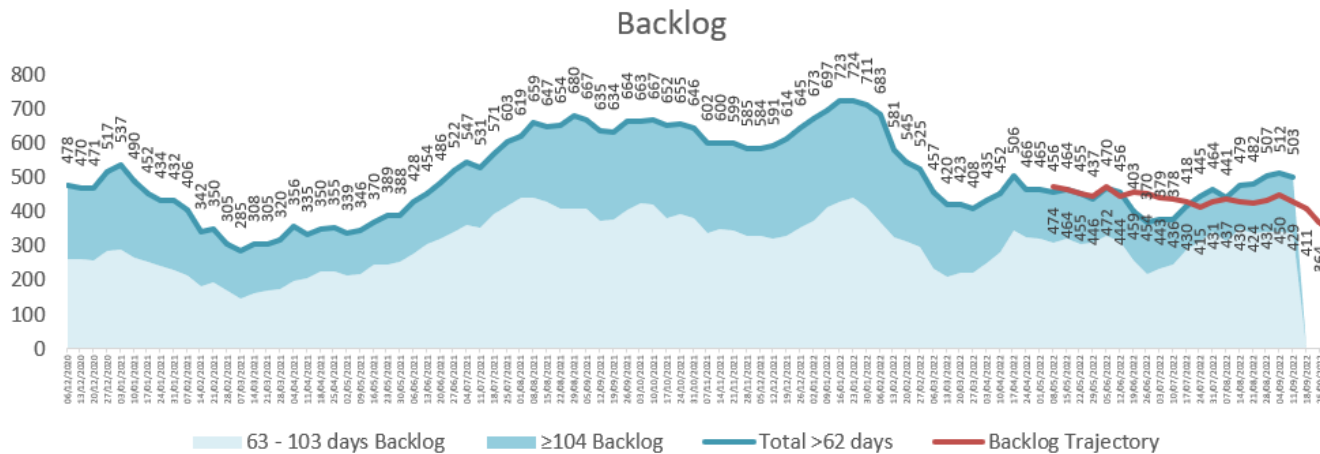
## Cancer Services – Performance Escalation Updates

### 1.SCP performance trajectory



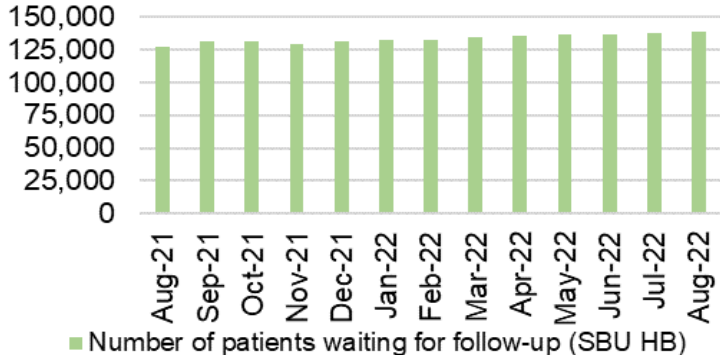
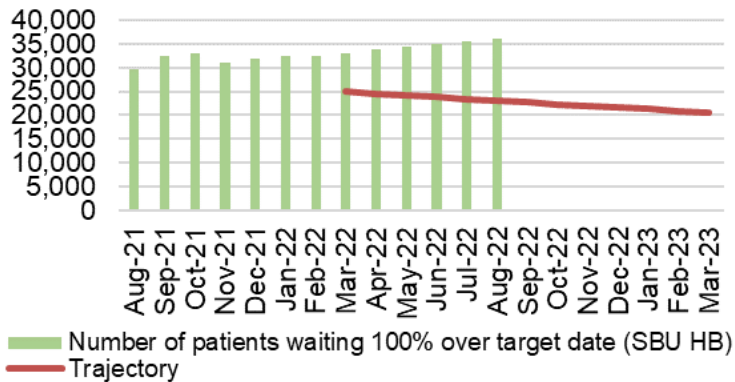
1. The final SCP performance for July 2022 was 56%, which continues to stay below the submitted trajectory, however it is an improvement on the previous months' performance in June 2022.

### Proposed backlog improvements to support SCP performance

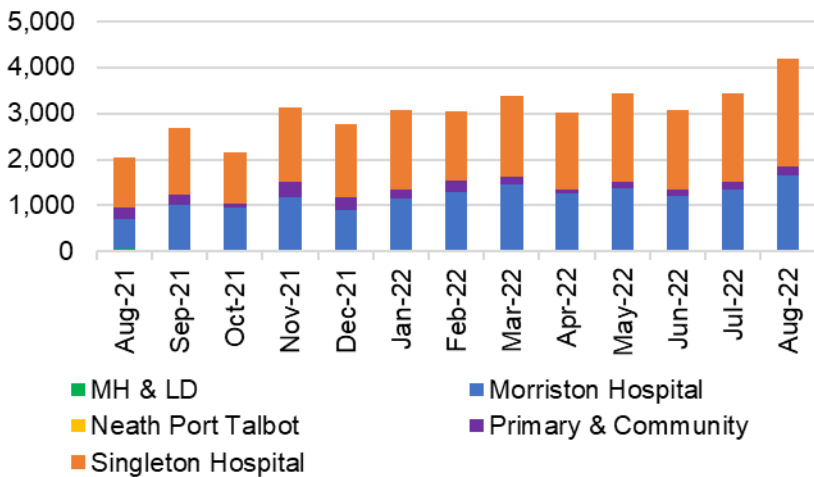
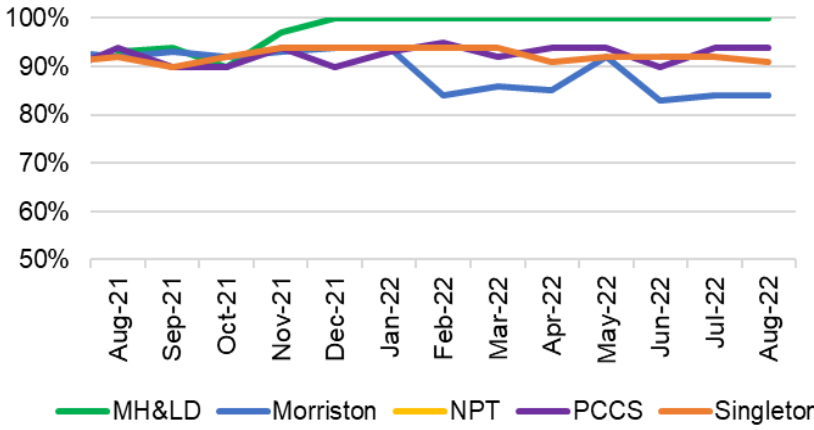


2. Backlog figures have seen a continued increase in recent weeks and currently remain slightly above the submitted recovery trajectory. The total backlog at 11/09/2022 was 503.



FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
<b>Follow-up appointments</b>  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 August 2022, the overall size of the follow-up waiting list increased by 1,754 patients compared with July 2022 (from 136,982 to 138,736).</p> <p>In August 2022, there was a total of 61,778 patients waiting for a follow-up past their target date. This is a slight in-month increase of 1% (from 61,156 in July 2022 to 61,778 in August 2022).</p> <p>Of the 61,778 delayed follow-ups in August 2022, 12,262 had appointment dates and 49,516 were still waiting for an appointment.</p> <p>In addition, 36,037 patients were waiting 100%+ over target date in August 2022. This is a 1.1% increase when compared with July 2022.</p> <p><b>Actions of Improvement;</b>            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. This has not yet commenced but it is anticipated to start during September 2022, once the procurement process has been completed.</p>	<p><b>1. Total number of patients waiting for a follow-up</b></p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p>  <p>■ Number of patients waiting 100% over target date (SBU HB)        — Trajectory</p>



PATIENT EXPERIENCE		
Description	Current Performance	Trend
<b>Patient experience</b>  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"> <li>Health Board Friends &amp; Family patient satisfaction level in August 2022 was 89% and 3,950 surveys were completed.               <ul style="list-style-type: none"> <li>Singleton/ Neath Port Talbot Hospitals Service Group completed 2,343 surveys in August 2022, with a recommended score of 91%.</li> <li>Morrison Hospital completed 1,629 surveys in August 2022, with a recommended score of 84%.</li> <li>Primary &amp; Community Care completed 195 surveys for August 2022, with a recommended score of 94%.</li> <li>The Mental Health Service Group completed 22 surveys for August 2022, with a recommended score of 100%.</li> </ul> </li> </ul>	<p><b>1. Number of friends and family surveys completed</b></p>  <p><b>2. % of patients/ service users who would recommend and highly recommend</b></p> 

COMPLAINTS		
Description	Current Performance	Trend
<b>Patient concerns</b>  <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												
					Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
		Childhood immunisations															
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		96.6%		97.0%		96.2%								
	Swansea			95.9%		95.5%		95.7%									
	HB Total			96.2%		96.1%		95.9%									
% children who received MenB2 vaccine by age 1	NPT	95%	90%		96.6%		96.7%		96.5%								
	Swansea			95.5%		95.1%		95.3%									
	HB Total			95.9%		95.7%		95.8%									
% children who received PCV2 vaccine by age 1	NPT	95%	90%		98.2%		98.7%		97.4%								
	Swansea			96.8%		96.3%		97.0%									
	HB Total			97.3%		97.2%		97.2%									
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		96.6%		96.3%		95.8%								
	Swansea			94.4%		94.1%		94.6%									
	HB Total			95.2%		94.9%		95.1%									
% children who received MMR1 vaccine by age 2	NPT	95%	90%		94.3%		95.2%		94.5%								
	Swansea			93.8%		93.0%		93.6%									
	HB Total			94.0%		93.8%		93.9%									
% children who received PCVf3 vaccine by age 2	NPT	95%	90%		95.6%		94.6%		93.9%								
	Swansea			93.0%		93.3%		92.6%									
	HB Total			93.9%		93.8%		93.1%									
% children who received MenB4 vaccine by age 2	NPT	95%	90%		95.3%		94.9%		94.2%								
	Swansea			93.0%		93.3%		92.8%									
	HB Total			93.8%		93.9%		93.3%									
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		95.3%		94.3%		93.6%								
	Swansea			93.5%		92.3%		93.2%									
	HB Total			94.1%		93.0%		93.3%									

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-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%			100%	95%	97%	97%	100%	100%	100%	100%	100%	100%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			48%	40%	40%	34%	22%	28%	27%	29%	18%	40%	33%	38%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			37%	89%	65%	36%	43%	28%	24%	36%	23%	23%	22%	42%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			32%	41%	3%	3%	2%	27%	26%	30%	19%	41%	41%	38%	
% 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%			100%	96%	98%	98%	95%	95%	99%	96%	97%	98%	96%	94%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			82%	35%	0%	64%	50%	39%	67%	78%	51%	51%	38%	61%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			100%	90%	98%	96%	100%	99%	100%	98%	96%	97%	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%	100%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			27%	34%	34%	37%	37%	33%	33%	35%	35%	36%	47%	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%			65%	84%	84%	84%	84%	89%	88%	100%	87%	97%	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%	84%	83%	81%	80%	81%	85%	89%	88%	89%	89%	89%	

### 6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																		
Description	Current Performance	Trend																																																																																																																
Adult Mental Health Measures: 1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)  2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)  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)  4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	<div>1. In July 2022, 94% of assessments were undertaken within 28 days of referral for patients 18 years and over.</div> <div>2. In July 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</div> <div>3. 89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in July 2022.</div> <div>4. In July 2022, 99.8% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</div>	<div>1. % Mental Health assessments undertaken within 28 days from receipt of referral</div> <div><table><caption>Data for Measure 1: % assessments within 28 days (&gt;18 yrs)</caption><thead><tr><th>Month</th><th>% assessments</th></tr></thead><tbody><tr><td>Jul-21</td><td>94%</td></tr><tr><td>Aug-21</td><td>94%</td></tr><tr><td>Sep-21</td><td>94%</td></tr><tr><td>Oct-21</td><td>94%</td></tr><tr><td>Nov-21</td><td>94%</td></tr><tr><td>Dec-21</td><td>94%</td></tr><tr><td>Jan-22</td><td>94%</td></tr><tr><td>Feb-22</td><td>94%</td></tr><tr><td>Mar-22</td><td>94%</td></tr><tr><td>Apr-22</td><td>94%</td></tr><tr><td>May-22</td><td>94%</td></tr><tr><td>Jun-22</td><td>94%</td></tr><tr><td>Jul-22</td><td>94%</td></tr></tbody></table></div> <div>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</div> <div><table><caption>Data for Measure 2: % therapeutic interventions started within 28 days (&gt;18 yrs)</caption><thead><tr><th>Month</th><th>% interventions</th></tr></thead><tbody><tr><td>Jul-21</td><td>100%</td></tr><tr><td>Aug-21</td><td>100%</td></tr><tr><td>Sep-21</td><td>100%</td></tr><tr><td>Oct-21</td><td>100%</td></tr><tr><td>Nov-21</td><td>100%</td></tr><tr><td>Dec-21</td><td>100%</td></tr><tr><td>Jan-22</td><td>100%</td></tr><tr><td>Feb-22</td><td>100%</td></tr><tr><td>Mar-22</td><td>100%</td></tr><tr><td>Apr-22</td><td>100%</td></tr><tr><td>May-22</td><td>100%</td></tr><tr><td>Jun-22</td><td>100%</td></tr><tr><td>Jul-22</td><td>100%</td></tr></tbody></table></div> <div>3. % residents with a valid Care and Treatment Plan (CTP)</div> <div><table><caption>Data for Measure 3: % patients with valid CTP (&gt;18 yrs)</caption><thead><tr><th>Month</th><th>% patients</th></tr></thead><tbody><tr><td>Jul-21</td><td>89%</td></tr><tr><td>Aug-21</td><td>89%</td></tr><tr><td>Sep-21</td><td>89%</td></tr><tr><td>Oct-21</td><td>89%</td></tr><tr><td>Nov-21</td><td>89%</td></tr><tr><td>Dec-21</td><td>89%</td></tr><tr><td>Jan-22</td><td>89%</td></tr><tr><td>Feb-22</td><td>89%</td></tr><tr><td>Mar-22</td><td>89%</td></tr><tr><td>Apr-22</td><td>89%</td></tr><tr><td>May-22</td><td>89%</td></tr><tr><td>Jun-22</td><td>89%</td></tr><tr><td>Jul-22</td><td>89%</td></tr></tbody></table></div> <div>4. % waiting less than 26 weeks for Psychology Therapy</div> <div><table><caption>Data for Measure 4: % waiting less than 26 wks for psychological therapy</caption><thead><tr><th>Month</th><th>% waiting</th></tr></thead><tbody><tr><td>Jul-21</td><td>99.8%</td></tr><tr><td>Aug-21</td><td>99.8%</td></tr><tr><td>Sep-21</td><td>99.8%</td></tr><tr><td>Oct-21</td><td>99.8%</td></tr><tr><td>Nov-21</td><td>99.8%</td></tr><tr><td>Dec-21</td><td>99.8%</td></tr><tr><td>Jan-22</td><td>99.8%</td></tr><tr><td>Feb-22</td><td>99.8%</td></tr><tr><td>Mar-22</td><td>99.8%</td></tr><tr><td>Apr-22</td><td>99.8%</td></tr><tr><td>May-22</td><td>99.8%</td></tr><tr><td>Jun-22</td><td>99.8%</td></tr><tr><td>Jul-22</td><td>99.8%</td></tr></tbody></table></div>	Month	% assessments	Jul-21	94%	Aug-21	94%	Sep-21	94%	Oct-21	94%	Nov-21	94%	Dec-21	94%	Jan-22	94%	Feb-22	94%	Mar-22	94%	Apr-22	94%	May-22	94%	Jun-22	94%	Jul-22	94%	Month	% interventions	Jul-21	100%	Aug-21	100%	Sep-21	100%	Oct-21	100%	Nov-21	100%	Dec-21	100%	Jan-22	100%	Feb-22	100%	Mar-22	100%	Apr-22	100%	May-22	100%	Jun-22	100%	Jul-22	100%	Month	% patients	Jul-21	89%	Aug-21	89%	Sep-21	89%	Oct-21	89%	Nov-21	89%	Dec-21	89%	Jan-22	89%	Feb-22	89%	Mar-22	89%	Apr-22	89%	May-22	89%	Jun-22	89%	Jul-22	89%	Month	% waiting	Jul-21	99.8%	Aug-21	99.8%	Sep-21	99.8%	Oct-21	99.8%	Nov-21	99.8%	Dec-21	99.8%	Jan-22	99.8%	Feb-22	99.8%	Mar-22	99.8%	Apr-22	99.8%	May-22	99.8%	Jun-22	99.8%	Jul-22	99.8%
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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	Current Performance	Trend
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In July 2022, 100% of CAMHS patients received an assessment within 48 hours.	<b>1. Crisis- assessment within 48 hours</b> 
2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 42% of routine assessments were undertaken within 28 days from referral in July 2022 against a target of 80%.	<b>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</b> 
3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 61% of therapeutic interventions were started within 28 days following assessment by LPMHSS in July 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 July 2022 against a target of 80%.	<b>4. NDD- assessment within 26 weeks</b> 
5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 38% of routine assessments by SCAMHS were undertaken within 28 in July 2022	<b>5. S-CAMHS % assessments within 28 days</b> 

## 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			Aug-22						217
	Number of staff referred for Antigen Testing*	Local			Aug-22						38
	Number of staff awaiting results of COVID19 test*	Local			Aug-22						0
	Number of COVID19 related incidents*	Local			Aug-22						0
	Number of COVID19 related serious incidents*	Local			Aug-22						0
	Number of COVID19 related complaints*	Local			Aug-22						6
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Aug-22						8
	Number of staff self isolated (symptomatic)*	Local			Aug-22						121
	% sickness*	Local			Aug-22						1.0%

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

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



Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Aug-22	681		24			705
	% 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%		Aug-22	51.4%	97.4%				70%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		Aug-22	1,472	2				1,474
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Aug-22	6%					6%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Aug-22	38%					38%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Aug-22	98%					98%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Aug-22	38%					38%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Aug-22	31%					31%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	21	Aug-22	6	1	4	21	0	32
	Number of S.aureus bacteraemia cases	National		6	Aug-22	3	1	1	6	0	11
	Number of C.difficile cases	National		8	Aug-22	9	1	6	6	0	22
	Number of Klebsiella cases	National		6	Aug-22	3	0	1	4	0	8
	Number of Aeruginosa cases	National		2	Aug-22	2	0	1	0	0	3
	Compliance with hand hygiene audits	Local	95%		Aug-22	91%	97%	100%	90%	95%	95%
Serious incidents	Number of Nationally Reportable Incidents	Local	12 month reduction trend		Aug-22	5	3	2	1	0	11
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Aug-22						0%
	Number of Never Events	Local	0		Aug-22	0	0	0	0	0	0

\* 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%		Jul-22	91.2%					91.2%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Jul-22	29.2%					29.2%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Jul-22	71.0%					71.0%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Jul-22	69.2%					69.2%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Jul-22	76.1%					76.1%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Jul-22	69.2%					69.2%
	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%
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Jul-22	37	1	19	27	1	85
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Jul-22	3	1	1	2	0	7
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Apr-22						760
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Aug-22	105	34	41	6	30	216
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		May-22						4.29
Mortality	Universal Mortality reviews undertaken within 28 days (St	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 of	National	12 month reduction trend		Jul-22	1.43%	0.05%	0.45%			0.83%

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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%		Aug-22 (Draft)						39%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Aug-22	19,607	4	7,314	94		27,019
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Aug-22	26,710	0	11,013	117		38,583
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Aug-22	1,853		4,255			6,108
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Aug-22		45		637	0	682
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Aug-22						138,736
	Number of patients delayed by over 100% past their target date	National	0		Aug-22						36,037
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Aug-22						61,778
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Aug-22						222
	Number of patients without a documented clinical review date	Local	0		Aug-22						3
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Aug-22	1,629	Now reported under Singleton	2,343	195	22	1,629
	% of patients who would recommend and highly recommend	Local	90%	80%	Aug-22	84%		91%	94%	100%	89%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Aug-22	90%		94%	96%		93%
	Number of new complaints received	Local	12 month reduction trend		May-22	69	4	46	34	14	176
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	National	75%	80%	May-22	74%	50%	54%	88%	43%	69%

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Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	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%		Jul-22						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Jul-22						38%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Jul-22						42%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Jul-22						38%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Jul-22					94%	94%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Jul-22						61%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Jul-22					100%	100%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Jul-22					100%	100%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Jul-22						44%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Jul-22						100%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Jul-22					89%	89%

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



## APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
COVID19 related measures	Number of new COVID19 cases	Local	Aug-22	217		Reduce					7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749	835	286	372	600	217
	Number of staff referred for Antigen Testing	Local	Aug-22	17,916		Reduce					13,278	13,951	14,475	14,969	15,756	16,447	16,647	16,756	17,158	17,315	17,579	17,878	17,916
	Number of staff awaiting results of COVID19 test	Local	Aug-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Aug-22	46		Reduce					36	36	47	53	54	59	55	57	83	39	52	91	46
	Number of COVID19 related serious incidents	Local	Aug-22	0		Reduce					0	0	1	3	1	0	1	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Aug-22	6		Reduce					6	3	4	14	20	4	4	10	6	0	4	5	6
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					1	0	0										
	Number of staff self isolated (asymptomatic)	Local	Aug-22	8		Reduce					115	227	120	65	126	87	43	87	42	29	28	26	8
	Number of staff self isolated (symptomatic)	Local	Aug-22	121		Reduce					114	204	180	120	393	309	204	326	270	125	287	272	121
% sickness	Local	Aug-22	1.0%		Reduce						1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%
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	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Aug-22	55%	65%	65%	✗	50.7% (Aug-22)	3rd (Aug-22)		59%	50%	44%	52%	46%	51%	54%	48%	53%	56%	57%	56%	55%
	Number of ambulance handovers over one hour	National	Aug-22	705	0			6,350 (Aug-22)	1st (Aug-22)		726	642	648	670	612	735	678	687	671	538	578	659	705
	Handover hours lost over 15 minutes	Local	Aug-22	3870							2,443	2,467	3,093	2,461	2,527	3,390	3,110	3,023	3,286	1,892	2,920	2,976	3,870
	% 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	Aug-22	70%	95%			65.7% (Jul-22)	3rd (Jul-22)		75%	73%	72%	73%	70%	73%	72%	71%	73%	74%	72%	69%	70%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Aug-22	1474	0			10,696 (Jul-22)	4th (Jul-22)		1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						86.7%	72.2%	77.8%	52.4%	68.8%	52.9%	81.4%						
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Jun-22	89.0%	12 month ↑			69% (Jun-22)	2nd (Jun-22)		88.0%	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	Aug-22	6%	54.0%						15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%
	CT Scan (<1 hrs) (local)	Local	Aug-22	38%							48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Aug-22	98%							92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%
	Thrombolysis door to needle <= 45 mins	Local	Aug-22	38%							20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%
	% stroke patients who receive mechanical thrombectomy	National	Aug-22	0%	10%			0.9% (Jul-22)	Joint 3rd (Jul-22)		0.0%	0.0%	2.6%	4.2%	0.0%	1.9%	0.0%	1.7%	1.8%	0.0%	4.7%	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	Aug-22	31%	12 month ↑			49.4% (Jul-22)	6th (Jul-22)		58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%
DTOCs	Number of mental health HB DTOCs	National	Mar-20	13	12 month ↓	27	✓				DTOC reporting temporarily suspended												
	Number of non-mental health HB DTOCs	National	Mar-20	60	12 month ↓	50	✗				DTOC reporting temporarily suspended												

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Aug-22	74.5	<67		✗	67.66 (Aug-22)	5th (Aug-22)		90.5	86.4	82.2	80.5	77.1	73.8	74.6	73.7	96.5	79.6	70.8	68.9	74.5
	Number of E.Coli bacteraemia cases (Hospital)			11							9	9	7	5	5	7	9	4	13	8	5	3	11
	Number of E.Coli bacteraemia cases (Community)		Aug-22	21							25	12	12	17	12	8	17	17	18	13	12	18	21
	Total number of E.Coli bacteraemia cases			32							34	21	19	22	17	15	26	21	31	21	17	21	32
	Cumulative cases of S.aureus bacteraemias per 100k pop		Aug-22	38.4	<20		✗	28.15 (Aug-22)	6th (Aug-22)		35.5	38.3	40.6	37.2	36.0	36.3	35.8	35.6	43.6	50.5	41.0	39.8	38.4
	Number of S.aureus bacteraemias cases (Hospital)			5							8	13	11	1	5	2	7	7	6	9	7	6	5
	Number of S.aureus bacteraemias cases (Community)		Aug-22	6							4	4	7	3	4	11	3	4	7	9	2	6	6
	Total number of S.aureus bacteraemias cases			11							12	17	18	4	9	13	10	11	13	18	9	12	11
	Cumulative cases of C.difficile per 100k pop		Aug-22	47.6	<25		✗	37.48 (Aug-22)	5th (Aug-22)		55.0	53.2	52.9	53.3	51.3	50.3	49.8	50.1	40.5	36.7	41.0	42.9	47.6
	Number of C.difficile cases (Hospital)			16							20	9	10	10	11	11	8	12	11	7	7	10	16
	Number of C.difficile cases (Community)		Aug-22	6							2	5	5	10	1	3	5	6	2	4	9	6	6
	Total number of C.difficile cases			22							22	14	15	20	12	14	13	18	13	11	16	16	22
	Cumulative cases of Klebsiella per 100k pop		Aug-22	25.0							22.6	24.5	27.1	26.5	26.5	25.3	24.3	24.0	18.7	21.4	22.6	24.5	25.0
	Number of Klebsiella cases (Hospital)			4							4	8	8	2	6	5	3	4	4	7	6	4	4
	Number of Klebsiella cases (Community)		Aug-22	4							4	3	5	5	3	0	1	3	2	1	2	7	4
	Total number of Klebsiella cases			8				73 Total (Aug-22)	2nd (Aug-22)		8	11	13	7	9	5	4	7	6	8	8	11	8
	Cumulative cases of Aeruginosa per 100k pop		Aug-22	9.2							5.5	5.6	4.8	5.4	6.1	5.8	6.2	6.1	6.2	6.1	8.2	9.2	9.2
	Number of Aeruginosa cases (Hospital)			3							1	2	0	3	3	1	2	0	1	1	3	2	3
	Number of Aeruginosa cases (Community)		Aug-22	0							1	0	0	0	1	0	1	2	1	1	1	2	0
	Total number of Aeruginosa cases			3				21 Total (Aug-22)	Joint 3rd (Aug-22)		2	2	0	3	4	1	3	2	2	2	4	4	3
Nationally Reportable Incidents and risks	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Aug-22	90.3%		95%	✗				95%	96%	97%	92%	96%	95%	96%	93%	96%	96%	98%	96%	90%
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Aug-22	0.0%	90%	80%					0%	-	0%	0%	0%	25%	0%	33%	25%	100%	33%	-	0%
	Number of new Never Events	National		0	0	0	✓				0	0	0	1	0	0	2	0	0	1	0	1	0
	Number of risks with a score greater than 20	Local	Aug-22	131		12 month ↓	✓				105	114	118	121	122	129	127	140	140	134	132	128	131
	Number of risks with a score greater than 16	Local		269		12 month ↓	✗				220	240	235	238	241	249	253	271	276	266	264	259	269
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Jul-22	58		12 month ↓	✗				53	65	42	43	56	65	53	49	45	58	53	58	
	Number of pressure ulcers developed in the community			27		12 month ↓	✓				34	39	32	31	55	27	38	56	33	39	32	27	
	Total number of pressure ulcers		Jul-22	85		12 month ↓	✓				87	104	74	74	111	92	91	105	78	97	85	85	
	Number of grade 3+ pressure ulcers acquired in hospital			5		12 month ↓	✗				2	1	1	2	4	9	6	5	3	2	3	5	
	Number of grade 3+ pressure ulcers acquired in community		Jul-22	2		12 month ↓	✓				8	6	7	8	14	1	15	11	2	10	12	2	
Inpatient Falls	Number of Inpatient Falls	Local	Aug-22	216		12 month ↓	✓				198	207	240	213	208	196	199	209	190	182	172	174	216
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✓				93.0%	98.0%	96.8%	98.5%	96.1%	96.1%	97.2%						
	Stage 2 mortality reviews required	Local	Feb-22	7							17	10	16	10	6	7	7						
	% stage 2 mortality reviews completed	Local	Nov-21	50.00%		100%	✗				50.0%	81.8%	75.0%	50.0%									
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Aug-22	86%		98%	✗				91.7%	91.6%	93.8%	92.2%	89.1%	93.4%	92.3%	96.3%	95.7%	93.9%	93.7%	90.5%	86.2%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Jul-22	82%	95%	95%	✗				94%	90%	92%	76%	84%	86%	95%	81%	44%	68%	81%	82%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Aug-22	69%		100%	✗				62%	68%	61%	63%	62%	61%	65%	63%	60%	66%	64%	63%	69%
Workforce	Agency spend as a % of the total pay bill	National	Mar-22	10.20%	12 month ↓			8.5% (Mar-22)	7th out of 10 organisations (Mar-22)		3.9%	5.1%	5.5%	5.9%	5.7%	5.7%	6.2%	10.2%					
	Overall staff engagement score – scale score method	National	2020	75%	Improvement			75% (2020)	6th out of 10 organisations (2020)														
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Aug-22	61%	85%	85%	✗	57.2% (Mar-22)	9th out of 10 organisations (Mar-22)		60%	58%	56%	55%	57%	56%	56%	56%	56%	56%	55%	58%	61%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Aug-22	81%	85%	85%	✗	79.0% (Mar-22)	6th out of 10 organisations (Mar-22)		81%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	81%	81%
	% workforce sickness absence (12 month rolling)	National	Jul-22	8.46%	12 month ↓			6.89% (Mar-22)	9th out of 10 organisations (Mar-22)		7.11%	7.29%	7.44%	7.44%	7.33%	7.43%	7.58%	7.82%	8.11%	8.20%	8.29%	8.46%	

Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Aug-22	10.0%	4 quarter ↓						11.0%	11.5%	11.4%	10.5%	11.1%	10.8%	10.7%	11.1%	9.8%	10.9%	11.5%	10.4%	10.0%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Aug-22	39.3%	12 month ↑			53.5% (Jul-22)	2nd out of 6 organisations (Jul-22)		58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	39.3%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Aug-22	35%	80%		✗				57%	58%	37%	30%	37%	48%	51%	70%	63%	36%	51%	29%	35%
	Scheduled (28 Day Target)	Local	Aug-22	91%	100%		✗				91%	89%	84%	61%	78%	82%	91%	95%	94%	88%	93%	98%	91%
	Urgent SC (7 Day Target)	Local	Aug-22	48%	80%		✗				55%	22%	30%	60%	37%	57%	60%	57%	62%	44%	43%	64%	48%
	Urgent SC (14 Day Target)	Local	Aug-22	85%	100%		✗				95%	76%	90%	100%	87%	97%	100%	100%	96%	94%	100%	97%	85%
	Emergency (within 1 day)	Local	Aug-22	90%	80%		✓				100%	100%	100%	100%	100%	100%	100%	85%	100%	100%	88%	92%	90%
	Emergency (within 2 days)	Local	Aug-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	Aug-22	98%	80%		✓				94%	81%	89%	79%	92%	90%	94%	90%	93%	95%	91%	75%	98%
	Elective Delay (28 Day Target)	Local	Aug-22	100%	100%		✓				97%	97%	94%	86%	100%	94%	100%	100%	96%	98%	97%	92%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Jul-22	4,257	0%			16,582 (Jul-22)	7th (Jul-22)		1,950	2,204	2,619	2,791	3,144	3,543	3,898	4,191	4,398	4,564	4,449	4,407	4,257
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Aug-22	6,108	0			43,386 (Jul-22)	4th (Jul-22)		5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108
	Number of patients waiting > 14 weeks for a specified therapy	National	Aug-22	682	0			12,059 (Jul-22)	3rd (Jul-22)		186	320	414	629	885	1,028	926	820	679	614	609	714	682
	% of patients waiting < 26 weeks for treatment	National	Aug-22	52%	95%			55.2% (Jul-22)	6th (Jul-22)		51.9%	52.0%	51.6%	51.3%	50.5%	50.4%	50.1%	50.7%	50.4%	50.4%	50.8%	51.8%	52.0%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Aug-22	27,019	0						23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019
	Number of patients waiting > 52 weeks for outpatient appointment	National	Aug-22	15,122	0			101,106 (Jul-22)	4th (Jul-22)		11,386	11,922	12,581	12,692	12,406	12,391	12,337	12,593	13,275	14,071	14,951	15,232	15,122
	Number of patients waiting > 36 weeks for treatment	National	Aug-22	38,583	0			268,812 (Jul-22)	4th (Jul-22)		35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583
	Number of patients waiting > 104 weeks for treatment	National	Aug-22	10,960	0			60,557 (Jul-22)	5th (Jul-22)		5,867	6,875	8,200	9,749	10,669	11,859	13,104	13,587	13,083	12,670	12,064	11,400	10,960
	The number of patients waiting for a follow-up outpatient appointment	National	Aug-22	138,736	HB target TBC						127,391	130,963	131,554	129,255	131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Aug-22	36,037				210,512 (Jul-22)	5th (Jul-22)		29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Aug-22	62%	95%			63.3% (Jul-22)	3rd (Jul-22)		59.5%	55.3%	58.9%	62.1%	61.2%	59.8%	58.5%	59.4%	60.8%	63.3%	63.7%	65.6%	62.4%
DNAs	% of patients who did not attend a new outpatient appointment	Local	Aug-22	8.0%	12 month ↓						6.5%	7.2%	7.6%	7.4%	6.8%	7.0%	6.4%	6.8%	6.9%	6.6%	7.4%	7.2%	8.0%
	% of patients who did not attend a follow-up outpatient appointment	Local	Aug-22	7.6%	12 month ↓						7.0%	7.2%	7.5%	6.7%	6.3%	6.4%	6.2%	6.2%	6.8%	6.3%	6.9%	6.7%	7.6%
Theatre Efficiencies	Theatre Utilisation rates	Local	Aug-22	59.0%		90%	✗				69%	72%	66%	67%	62%	74%	71%	72%	71%	78%	81%	72%	59%
	% of theatre sessions starting late	Local	Aug-22	36.0%		<25%	✗				44%	42%	46%	43%	40%	43%	43%	39%	39%	46%	43%	40%	36%
	% of theatre sessions finishing early	Local	Aug-22	43.0%		<20%	✗				46%	46%	50%	48%	48%	48%	43%	45%	47%	43%	43%	46%	43%
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200																			
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMMSG 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%								
Prescribing	Total antibacterial items per 1,000 STAR-PU's	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 ↓			4329.4 (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	Aug-22	3,950		12 month ↑	✓				2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950
	% of who would recommend and highly recommend	Local	Aug-22	89%		90%	✗				92%	92%	92%	94%	93%	92%	90%	90%	89%	90%	88%	89%	89%
	% of all-wales surveys scoring 9 out of 10 on overall satisfaction	Local	Aug-22	93%		90%	✓				92%	96%	93%	93%	96%	93%	91%	91%	89%	91%	91%	90%	93%
Complaints	Number of new formal complaints received	Local	May-22	176		12 month trend	✗				115	115	134	159	115	124	139	156	123	176			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	May-22	69%	75%	80%	✗	67.2% (Q4 20/21)	3rd (Q4 20/21)		83%	75%	67%	69%	68%	63%	64%	65%	76%	69%			
	% of acknowledgements sent within 2 working days	Local	May-22	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	200%			



Harm from wider societal actions/lockdown																												
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22					
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2020/21	35.6%	Annual ↑			36.8% (2020/21)	5th (2020/21)																			
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 21/22	95.9%	95%			95.9% (Q3 21/22)	3rd (Q3 21/22)			96.2%			96.1%			95.9%										
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 21/22	88.0%	95%			90.0% (Q3 21/22)	3rd (Q3 21/22)			89.8%			91.2%			88.0%										
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q3 21/22	313.3	4 quarter ↓			378.6 (Q3 21/22)	1st (Q3 21/22)			362.2			313.3													
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q3 21/22	63.6%	4 quarter ↑			69.0% (Q3 21/22)	5th (Q3 21/22)			73.7%			63.6%			66.7%										
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-22	78.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2021						58.7%	74.8%	76.9%	78.2%	78.5%	78.5%	Data collection restarts October 2022					
	% uptake of influenza among under 65s in risk groups	National	Mar-22	48.8%	55%			48.2% (Mar-22)	4th (Mar-22)								26.0%	40.8%	44.9%	47.3%	48.6%	48.8%						
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)								Data not available											
	% uptake of influenza among children 2 to 3 years old	Local	Mar-22	44.6%	50%			47.6% (Mar-22)	5th (Mar-22)								22.0%	37.7%	41.5%	43.2%	44.8%	44.6%						
	% uptake of influenza among healthcare workers	National	Mar-22	53.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)								48.6%	50.8%	52.7%	52.7%	53.6%	53.6%						
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jul-22	100%		100%	✔				100%	95%	97%	97%	100%	100%	100%	100%	100%	100%	100%	100%						
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jul-22	44%	80%	80%	✘	40.4% (Jul-22)	4th (Jul-22)		27%	34%	34%	37%	37%	33%	33%	35%	35%	36%	47%	44%						
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Jul-22	38%	80%	80%	✘	42.9% (Jul-22)	4th (Jul-22)		48%	40%	40%	34%	22%	28%	27%	29%	18%	40%	33%	38%						
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Jul-22	42%		80%	✘	48.7% (Jul-22)	4th (Jul-22)		37%	89%	65%	36%	43%	28%	24%	36%	23%	23%	22%	42%						
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Jul-22	61%		80%	✘	47.1% (Jul-22)	2nd (Jul-22)		82%	35%	0%	64%	50%	39%	67%	78%	51%	51%	38%	61%						
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jul-22	38%		80%	✘				32%	41%	3%	3%	2%	27%	26%	30%	19%	41%	41%	38%						
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Jul-22	100%		90%	✔	68.1% (Jul-22)	Joint 1st (Jul-22)		65%	84%	84%	84%	84%	89%	88%	100%	87%	97%	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	Jul-22	94%	80%	80%	✔	86.5% (Jul-22)	2nd (Jul-22)		100%	96%	98%	98%	95%	95%	99%	96%	97%	98%	96%	94%						
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jul-22	100%	80%	80%	✔	72.1% (Jul-22)	1st (Jul-22)		100%	90%	98%	96%	100%	99%	100%	98%	96%	97%	100%	100%						
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jul-22	100%	95%	95%	✔	73.5% (Jul-22)	1st (Jul-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	Jul-22	89%	90%	90%	✘	82.4% (Jul-22)	2nd (Jul-22)		84%	84%	83%	81%	80%	81%	85%	89%	88%	89%	89%	89%						
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)																			
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)																			