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| **Meeting Date** | **26th September 2023** | **Agenda Item** | **4.1** |
| **Report Title** | **Quality & Safety Performance Report** | | |
| **Report Author** | Meghann Protheroe, Head of Performance | | |
| **Report Sponsor** | Darren Griffiths, Director of Finance and Performance | | |
| **Presented by** | Darren Griffiths, Director of Finance and Performance | | |
| **Freedom of Information** | Open | | |
| **Purpose of the Report** | The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window (end of August 2023 primarily) in delivering key local performance measures as well as the national measures outlined in the 2023/24 NHS Wales Performance Framework. | | |
| **Key Issues** | 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.<br><br>The Performance Delivery Framework 2022/23 was published in June 2023, and the measures have been updated accordingly in line with current data availability.<br><br>**Key high level issues to highlight this month are as follows:**<br><br>**<u>COVID19</u>**<br>- The number of new cases of COVID19 has saw a further increase in August 2023 to 132 cases, compared with 84 reported in July 2023.<br><br>**<u>Unscheduled Care</u>**<br>- Emergency Department (ED) attendances have decreased in August 2023 to 10,947 from 11,278 in July 2023.<br>- Performance against the 4-hour access is currently above the outlined trajectory in August 2023. ED 4-hour performance has improved slightly by 0.16% in August 2023 to 76.19% from 76.03% in July 2023.<br>- Performance against the 12-hour wait has improved in-month, however it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,156 in August 2023 from 1,179 in July 2023.<br>- Unscheduled care performance has seen an improvement throughout Quarter 1 as a result of developing and | | |

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|---|---|
| | implementing a new on-boarding/escalation operational policy to support more timely ambulance handovers.<br>- The number of emergency admissions has increased slightly in August 2023 to 4,236 from 4,070 in July 2023.<br><br>**Planned Care**<br>- August 2023 saw a 1% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment.<br>- Additionally, the number of patients waiting over 36 weeks at stage 1 decreased by 3% to 6,558.<br>- The number of patients waiting over 104 weeks for treatment decreased, with 4,999 patients waiting at this point in August 2023.<br>- In August, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 665 patients waiting at this stage.<br>- As a Health Board, updated ministerial priority trajectories for the 2023/24 planned care position have been developed and submitted to Welsh Government and are awaiting feedback.<br>- Therapy waiting times have remained the same, there are 183 patients waiting over 14 weeks in August 2023, which is above the outlined trajectory.<br>- The number of patients waiting over 8 weeks for an Endoscopy has decreased in August 2023 to 4,415 from 4,505 in July 2023. The Endoscopy team also continue to maintain their compliance for all cancer waits.<br><br>**Cancer**<br>- July 2023 saw 49% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears).<br>- Backlog figures have seen an increase in recent weeks and are slightly above the submitted trajectory. The total backlog at 10/09/2023 was 417.<br><br>**Mental Health**<br>- Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in July 2023.<br>- In July 2023, 82% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.<br><br>**Child and Adolescent Mental Health Services (CAMHS)**<br>- Access times for crisis performance has been maintained at 100% July 2023. |

<table>
<tr><td></td><td colspan="5">- Updated CAMHS performance trajectories have recently been submitted to Welsh Government which show a more realistic delivery position for 2023/24.<br>- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has improved to 36% in July 2023 against a target of 80%.<br><br><u>Nationally Reportable Incidents</u><br>- In August 2023, there were 9 Nationally Reportable Incidents reported.<br>- There was one new Never Event reported in August 2023<br><br><u>Patient Experience</u><br>- August 2023 data is included in this report showing 92% satisfaction through 5,188 surveys completed.</td></tr>
<tr><td rowspan="2">Specific Action Required</td><td>Information</td><td>Discussion</td><td>Assurance</td><td>Approval</td></tr>
<tr><td>✓</td><td></td><td>✓</td><td></td></tr>
<tr><td>Recommendations</td><td colspan="5">Members are asked to:<br>• NOTE- current Health Board performance against key measures and targets.</td></tr>
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# 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

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

In recent years, performance management against the Performance Framework targets has been undertaken by reviewing the previous months' performance, to reduce the reporting function during the COVID-19 pandemic. Welsh Government have now deemed it appropriate to move away from reporting performance against the 'Quadrants of Harm' and focus will return to providing comprehensive performance updates in line with the All-Wales Performance Management Framework 2023/24.

## 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 | ☒ |
| | Co-Production and Health Literacy | ☒ |
| | Digitally Enabled Health and Wellbeing | ☒ |
| | **Deliver better care through excellent health and care services achieving the outcomes that matter most to people** | |
| | Best Value Outcomes and High Quality Care | ☒ |
| | Partnerships for Care | ☒ |
| | Excellent Staff | ☒ |
| | Digitally Enabled Care | ☒ |
| | Outstanding Research, Innovation, Education and Learning | ☒ |
| **Health and Care Standards** | | |
| ***(please choose)*** | Staying Healthy | ☒ |
| | Safe Care | ☒ |
| | Effective Care | ☒ |
| | Dignified Care | ☒ |
| | Timely Care | ☒ |
| | Individual Care | ☒ |
| | Staff and Resources | ☒ |

**Quality, Safety and Patient Experience**

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.

There are no directly related Equality and Diversity implications as a result of this report.

**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)**

The '5 Ways of Working' are demonstrated in the report as follows:

- **Long term** – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.

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

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

# Appendix 1- Quality & Safety Performance Report

# September 2023

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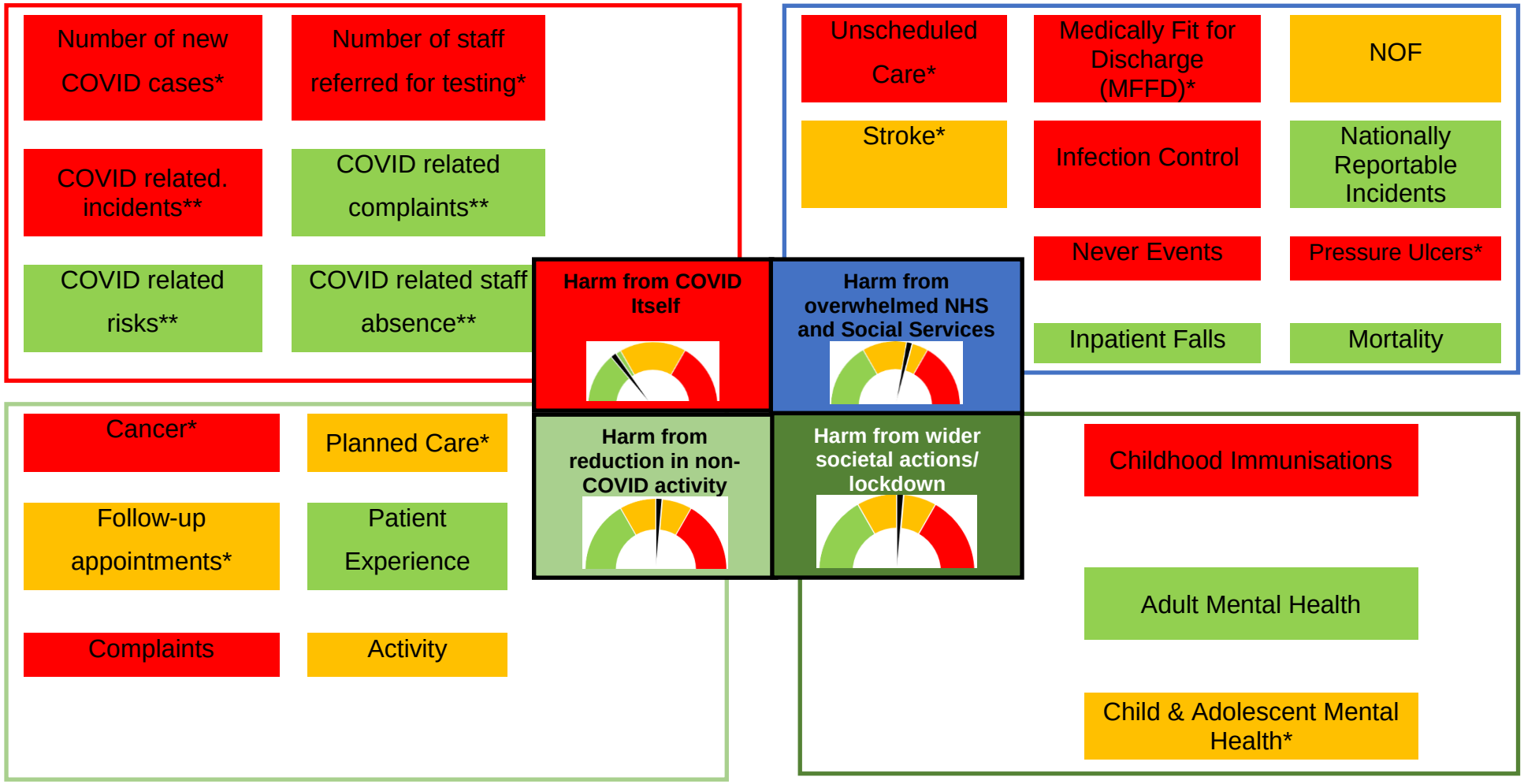
## 1. QUADRANTS OF HARM SUMMARY

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



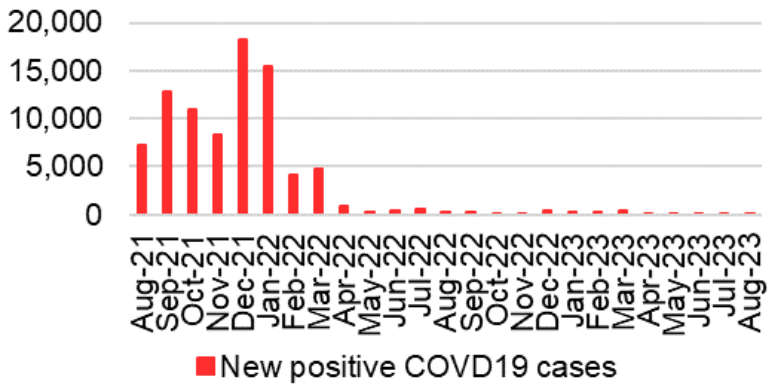
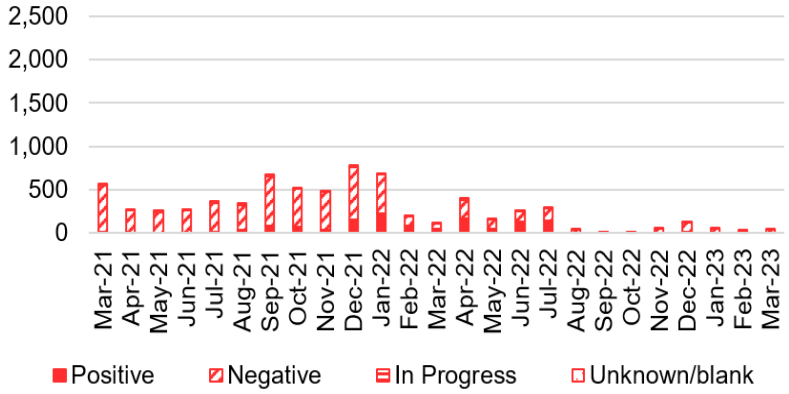

*NB- RAG status is against national or local target*

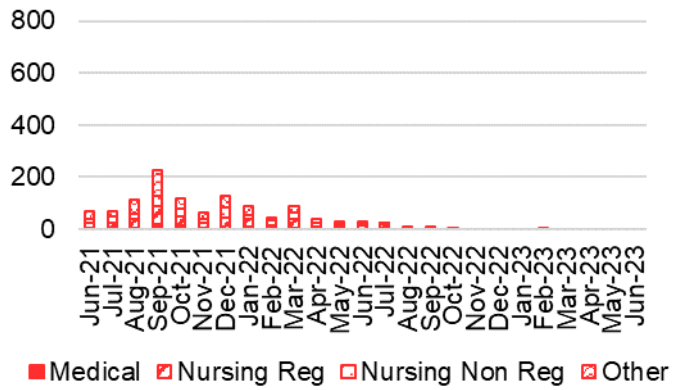
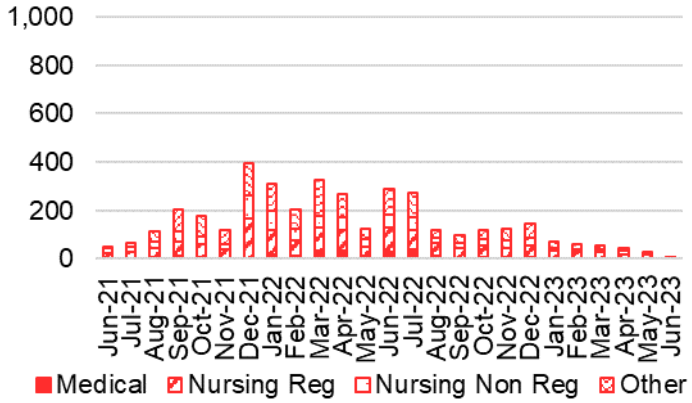
** Data not available

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

| Harm quadrant- Harm from Covid itself | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Measure | Locality | National/ Local Target | HB Trajectory | Trend | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
| Number of new COVID19 cases* | HB Total | | | | 217 | 218 | 171 | 171 | 395 | 230 | 249 | 378 | 153 | 81 | 60 | 84 | 132 |
| Number of staff referred for Antigen Testing | HB Total | | | | 38 | 10 | 8 | 47 | 127 | 49 | 30 | 43 | | | | | |
| Number of staff awaiting results of COVID19 test* | HB Total | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of COVID19 related incidents* | HB Total | | | | 46 | 84 | 61 | 51 | 61 | 34 | 33 | 57 | 29 | 61 | 90 | 23 | 33 |
| Number of COVID19 related serious incidents* | HB Total | | | | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of COVID19 related complaints* | HB Total | | | | 6 | 11 | 3 | 3 | 0 | 0 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| Number of COVID19 related risks* | HB Total | | | | | | | | | | | | | | | | |
| Number of staff self isolated (asymptomatic)* | Medical | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| | Nursing Registered | | | | 4 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | |
| | Nursing Non Registered | | | | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| | Other | | | | 4 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Number of staff self isolated (symptomatic)* | Medical | | | | 15 | 2 | 9 | 6 | 10 | 4 | 3 | 1 | 1 | 1 | 0 | | |
| | Nursing Registered | | | | 49 | 42 | 49 | 37 | 46 | 29 | 25 | 29 | 18 | 15 | 3 | | |
| | Nursing Non Registered | | | | 26 | 22 | 26 | 34 | 32 | 12 | 12 | 11 | 14 | 4 | 0 | | |
| | Other | | | | 31 | 34 | 37 | 47 | 56 | 25 | 23 | 16 | 12 | 7 | 4 | | |
| % sickness* | Medical | | | | 1.8% | 0.2% | 1.1% | 0.7% | 1.2% | 0.5% | 0.3% | 0.1% | 0.1% | 0.1% | 0.0% | | |
| | Nursing Registered | | | | 1.3% | 1.1% | 1.2% | 0.9% | 1.1% | 0.7% | 0.6% | 0.7% | 0.4% | 0.4% | 0.1% | | |
| | Nursing Non Registered | | | | 1.2% | 1.1% | 1.3% | 1.6% | 1.5% | 0.6% | 0.6% | 0.5% | 0.7% | 0.2% | 0.0% | | |
| | Other | | | | 0.5% | 0.6% | 0.6% | 0.7% | 0.9% | 0.4% | 0.4% | 0.2% | 0.2% | 0.1% | 0.1% | | |
| | All | | | | 1.0% | 0.8% | 0.9% | 0.9% | 1.1% | 0.5% | 0.5% | 0.4% | 0.3% | 0.2% | 0.1% | | |

## 3.1 Updates on key measures

| COVID TESTING | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| *1. Number of new COVID19 cases in Swansea Bay population area* | **1. Number of new COVID cases**<br>In August 2023, there were an additional 132 positive cases recorded bringing the cumulative total to 120,618 in Swansea Bay since March 2020. | **1.Number of new COVID19 cases for Swansea Bay population**<br>  |
| *2. Number of staff referred for Antigen testing* | **2. Staff referred for Antigen testing**<br>The cumulative number of staff referred for COVID testing between March 2020 and March 2023 is 18,230 of which 19% have been positive (Cumulative total).<br><br>*WG have now ceased data collection for staff testing centres* | **2.Outcome of staff referred for Antigen testing**<br>  |

| COVID RELATED STAFF ABSENCE | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Staff absence due to COVID19**<br><br>*1.Number of staff self-isolating (asymptomatic)*<br><br>*2.Number of staff self isolating (symptomatic)*<br><br>*3.% staff sickness* | The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.<br><br>**1. & 2. Number of staff self-isolating (asymptomatic and symptomatic)**<br>Between May 2023 and June 2023, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) decreased from 27 to 7. In June 2023, the "other" staff group had the largest number of self-isolating staff who were symptomatic.<br><br>*WG have now ceased data collection*<br><br>**3. % Staff sickness**<br>The percentage of staff sickness absence due to COVID19 in June 2023 has reduced to 0.1% from 0.2% in May 2023.<br><br>*WG have now ceased data collection*. | **1.Number of staff self isolating (asymptomatic)**<br>  <br><br>**2.Number of staff self isolating (symptomatic)**<br>  <br><br>**3.% staff sickness**<br>See table below |

| | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medical | 3.5% | 4.9% | 1.8% | 0.2% | 1.1% | 0.7% | 1.2% | 0.5% | 0.3% | 0.1% | 0.1% | 0.1% | 0.0% |
| Nursing Reg | 2.8% | 2.4% | 1.3% | 1.1% | 1.2% | 0.9% | 1.1% | 0.7% | 0.6% | 0.7% | 0.4% | 0.4% | 0.1% |
| Nursing Non Reg | 2.7% | 2.7% | 1.2% | 1.1% | 1.3% | 1.6% | 1.5% | 0.6% | 0.6% | 0.5% | 0.7% | 0.2% | 0.0% |
| Other | 1.8% | 1.6% | 0.5% | 0.6% | 0.6% | 0.7% | 0.9% | 0.4% | 0.4% | 0.2% | 0.2% | 0.1% | 0.1% |
| All | 2.4% | 2.2% | 1.0% | 0.8% | 0.9% | 0.9% | 1.1% | 0.5% | 0.5% | 0.4% | 0.3% | 0.2% | 0.1% |

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

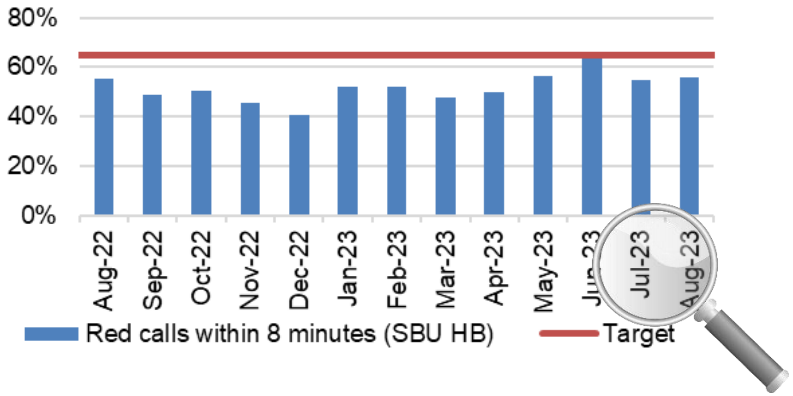
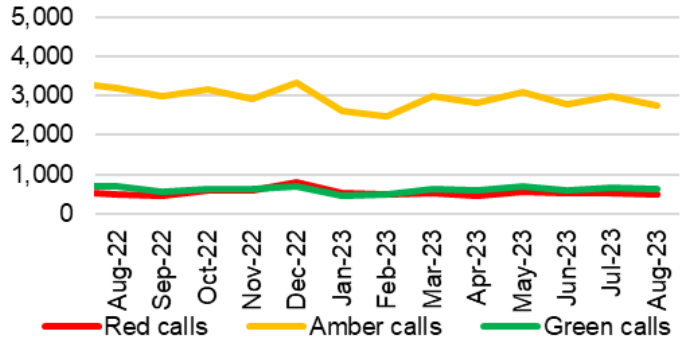
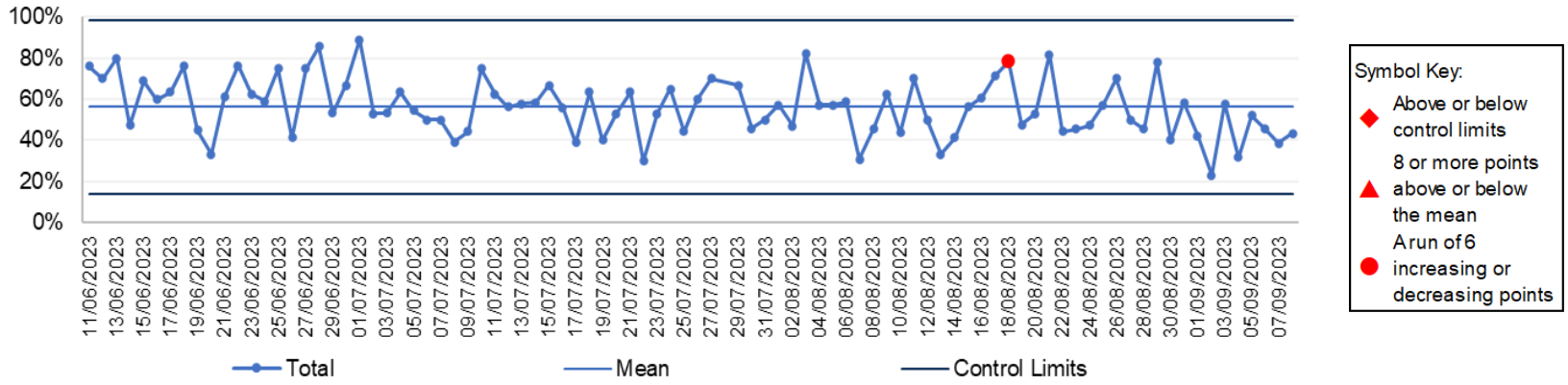
### 4.1 Overview

| Measure | Locality | National/ Local | HB | Trend | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Unscheduled Care** | | | | | | | | | | | | | | | | | |
| Number of ambulance handovers over one hour | Morriston | Improvement trajectory towards 0 by Mar 24 | | | 681 | 710 | 722 | 727 | 592 | 554 | 594 | 728 | 658 | 708 | 615 | 643 | 693 |
| | Singleton | | | | 24 | 22 | 17 | 17 | 22 | 7 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| | **Total** | | 472 | | **705** | **732** | **739** | **744** | **614** | **561** | **594** | **729** | **658** | **708** | **615** | **643** | **694** |
| % 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 | Improvement compared to same month in 22/23 | | | 51.4% | 55.9% | 53.6% | 54.1% | 49.3% | 58.3% | 62.5% | 59.3% | 60.5% | 60.5% | 62.0% | 62.0% | 62.3% |
| | NPTH | | | | 97.4% | 98.2% | 96.8% | 99.1% | 98.8% | 98.7% | 98.9% | 97.8% | 98.2% | 97.1% | 97.2% | 99.3% | 99.0% |
| | **Total** | | | | **69.7%** | **72.7%** | **70.6%** | **70.4%** | **65.2%** | **74.0%** | **76.0%** | **73.7%** | **75.2%** | **75.3%** | **76.1%** | **76.0%** | **76.2%** |
| 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 | Improvement trajectory towards 0 by Mar 24 | | | 1,472 | 1,470 | 1,583 | 1,454 | 1,632 | 1,089 | 1,123 | 1,395 | 1,083 | 1,303 | 1,274 | 1,175 | 1,154 |
| | NPTH | | | | 2 | 0 | 1 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 4 | 2 |
| | **Total** | | 1015 | | **1,474** | **1,470** | **1,584** | **1,456** | **1,632** | **1,089** | **1,125** | **1,395** | **1,083** | **1,303** | **1,274** | **1,179** | **1,156** |
| **Stroke** | | | | | | | | | | | | | | | | | |
| % of patients who have a direct admission to an acute stroke unit within 4 hours* | Morriston | 59.8% (UK SNAP average) | | | 6.0% | 7.5% | 6.2% | 13.7% | 5.9% | 3.4% | 11.1% | 11.9% | 7.8% | 18.6% | 23.8% | 25.0% | |
| | **Total** | | | | 6.0% | 7.5% | 6.2% | 13.7% | 5.9% | 3.4% | 11.1% | 11.9% | 7.8% | 18.6% | 23.8% | 25.0% | |
| % of patients who receive a CT scan within 1 hour* | Morriston | 54.5% (UK SNAP average) | | | 38.0% | 55.0% | 32.3% | 37.3% | 31.4% | 33.9% | 48.1% | 45.2% | 45.1% | 39.5% | 42.9% | 52.1% | |
| | **Total** | | | | 38.0% | 55.0% | 32.3% | 37.3% | 31.4% | 33.9% | 48.1% | 45.2% | 45.1% | 39.5% | 42.9% | 52.1% | |
| % of patients who are assessed by a stroke specialist consultant physician within 24 hours* | Morriston | 84.2% (UK SNAP average) | | | 98.0% | 92.5% | 92.3% | 92.2% | 94.1% | 96.6% | 96.3% | 97.6% | 96.1% | 90.7% | 92.9% | 91.7% | |
| | **Total** | | | | 98.0% | 92.5% | 92.3% | 92.2% | 94.1% | 96.6% | 96.3% | 97.6% | 96.1% | 90.7% | 92.9% | 91.7% | |
| % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes | Morriston | 12 month improvement trend | | | 37.5% | 0.0% | 10.0% | 9.1% | 0.0% | 0.0% | 0.0% | 10.0% | 25.0% | 0.0% | 12.5% | 11.1% | |
| | **Total** | | | | 37.5% | 0.0% | 10.0% | 9.1% | 0.0% | 0.0% | 0.0% | 10.0% | 25.0% | 0.0% | 12.5% | 11.1% | |
| % of patients receiving the required minutes for speech and language therapy | Morriston | 12 month improvement trend | | | 30.7% | 35.2% | 38.7% | 37.9% | 34.1% | 43.9% | 48.0% | 64.3% | 68.6% | 62.9% | 66.7% | 65.1% | |
| **Fractured Neck of Femur (NOF)** | | | | | | | | | | | | | | | | | |
| **Prompt orthogeriatric assessment**- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation | Morriston | 75% | | | 92.9% | 93.1% | 93.5% | 94.0% | 94.5% | 95.0% | 94.9% | 95.2% | 95.5% | 95.0% | 95.9% | 95.9% | |
| **Prompt surgery** - % patients undergoing surgery by the day following presentation with hip fracture | Morriston | 75% | | | 26.5% | 26.4% | 25.8% | 24.6% | 22.1% | 22.8% | 21.9% | 24.5% | 26.9% | 27.8% | 28.9% | 31.6% | |
| **NICE compliant surgery** - % of operations consistent with the recommendations of NICE CG124 | Morriston | 75% | | | 71.6% | 71.2% | 71.6% | 73.0% | 73.2% | 73.1% | 73.0% | 72.9% | 72.8% | 72.1% | 72.5% | 72.9% | |
| **Prompt mobilisation after surgery** - % of patients out of bed (standing or hoisted) by the day after operation | Morriston | 75% | | | 70.2% | 72.4% | 74.0% | 75.5% | 76.9% | 76.7% | 77.8% | 78.6% | 78.9% | 79.7% | 81.1% | 81.4% | |
| **Not delirious when tested**- % patients (<4 on 4AT test) when tested in the week after operation | Morriston | 75% | | | 75.9% | 77.1% | 76.8% | 76.2% | 76.3% | 75.0% | 74.8% | 74.1% | 73.3% | 74.2% | 74.3% | 74.2% | |
| **Return to original residence**- % patients discharged back to original residence, or in that residence at 120 day follow-up | Morriston | 75% | | | 66.2% | 71.6% | 69.4% | 69.9% | 70.3% | 70.9% | 68.8% | 70.7% | 67.8% | 68.9% | | | |
| **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 | | | | | | | | | | | | | | | |

| Measure | Locality | National/ Local Target | HB Trajectory | Trend | SBU | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
| **Healthcare Acquired Infections** | | | | | | | | | | | | | | | | | |
| Number of E.Coli bacteraemia cases | PCCS Community | 12 month reduction trend | 10 | | 21 | 8 | 10 | 12 | 14 | 12 | 8 | 10 | 12 | 10 | 12 | 13 | 9 |
| | PCCS Hospital | | 0 | | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| | MH&LD | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morriston | | 6 | | 6 | 0 | 6 | 10 | 2 | 5 | 4 | 7 | 12 | 8 | 7 | 6 | 11 |
| | NPTH | | 1 | | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 2 |
| | Singleton | | 3 | | 4 | 5 | 6 | 1 | 6 | 3 | 4 | 2 | 2 | 3 | 2 | 4 | 2 |
| | **Total** | ≤ 234 (Cumulative) | 19 | | **32** | **15** | **22** | **23** | **22** | **20** | **17** | **19** | **26** | **22** | **25** | **25** | **27** |
| Number of S.aureus bacteraemia cases | PCCS Community | 12 month reduction trend | 2 | | 6 | 6 | 4 | 5 | 3 | 2 | 2 | 5 | 9 | 2 | 5 | 13 | 4 |
| | PCCS Hospital | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | MH&LD | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morriston | | 3 | | 5 | 6 | 10 | 2 | 8 | 2 | 8 | 4 | 4 | 4 | 6 | 0 | 3 |
| | NPTH | | 0 | | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| | Singleton | | 1 | | 1 | 2 | 2 | 1 | 2 | 6 | 1 | 1 | 3 | 4 | 1 | 1 | 2 |
| | **Total** | ≤ 71 (Cumulative) | 6 | | **12** | **14** | **17** | **8** | **13** | **10** | **11** | **10** | **16** | **10** | **13** | **14** | **10** |
| Number of C.difficile cases | PCCS Community | 12 month reduction trend | 3 | | 6 | 3 | 6 | 11 | 6 | 7 | 2 | 6 | 8 | 4 | 7 | 6 | 3 |
| | PCCS Hospital | | 0 | | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | MH&LD | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morriston | | 4 | | 9 | 6 | 12 | 5 | 6 | 11 | 7 | 9 | 6 | 6 | 10 | 10 | 11 |
| | NPTH | | 0 | | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| | Singleton | | 1 | | 6 | 5 | 2 | 5 | 2 | 2 | 3 | 4 | 1 | 2 | 3 | 2 | 2 |
| | **Total** | ≤ 95 (Cumulative) | 8 | | **22** | **14** | **21** | **21** | **14** | **22** | **12** | **19** | **18** | **14** | **20** | **18** | **17** |
| Number of Klebsiella cases | PCCS Community | 12 month reduction trend | 3 | | 4 | 9 | 4 | 5 | 3 | 6 | 1 | 7 | 1 | 6 | 5 | 0 | 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 |
| | Morriston | | 3 | | 3 | 0 | 2 | 2 | 3 | 4 | 5 | 4 | 6 | 2 | 0 | 3 | 2 |
| | NPTH | | 1 | | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| | Singleton | | 0 | | 1 | 1 | 0 | 4 | 2 | 1 | 2 | 0 | 1 | 1 | 0 | 0 | 2 |
| | **Total** | ≤ 71 (Cumulative) | 7 | | **8** | **10** | **7** | **11** | **8** | **11** | **8** | **11** | **8** | **10** | **6** | **3** | **10** |
| Number of Aeruginosa cases | PCCS Community | 12 month reduction trend | 1 | | 0 | 1 | 3 | 0 | 2 | 2 | 0 | 2 | 1 | 0 | 1 | 0 | 1 |
| | PCCS Hospital | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | MH&LD | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morriston | | 1 | | 2 | 2 | 1 | 3 | 0 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 0 |
| | NPTH | | 0 | | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Singleton | | 0 | | 1 | 2 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| | **Total** | ≤ 24 (Cumulative) | 2 | | **3** | **5** | **6** | **5** | **3** | **4** | **2** | **4** | **2** | **1** | **4** | **1** | **1** |
| Compliance with hand hygiene audits | PCCS | 95% | | | 100.0% | 100.0% | 87.5% | 100.0% | 100.0% | 100.0% | - | - | 100.0% | - | - | 100.0% | 100.0% |
| | MH&LD | | | | 95.0% | 96.6% | 94.4% | 97.7% | 94.8% | 99.0% | 95.6% | 95.3% | 98.0% | 99.6% | 98.5% | 99.3% | 99.0% |
| | Morriston | | | | 91.1% | 99.3% | 98.3% | 93.9% | 100.0% | 99.3% | 92.1% | 86.9% | 93.7% | 95.2% | 96.7% | 93.6% | 97.2% |
| | NPTH | | | | 96.6% | 100.0% | 96.7% | 96.7% | 95.2% | 96.8% | 100.0% | 93.6% | 100.0% | 89.2% | 90.0% | 100.0% | 95.2% |
| | Singleton | | | | 85.2% | 90.5% | 95.9% | 95.4% | 92.2% | 91.6% | 99.2% | 100.0% | 91.3% | 89.0% | 85.7% | 100.0% | 88.4% |
| | **Total** | | | | 90.3% | 96.6% | 96.4% | 95.5% | 95.2% | 97.2% | 94.8% | 92.9% | 98.8% | 95.2% | 94.8% | 96.8% | 95.5% |

| Measure | Locality | National/ Local Target | HB Trajectory | Trend | SBU | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
| **Serious Incidents & Risks** | | | | | | | | | | | | | | | | | |
| Number of Nationally Reportable Incidents | PCCS | Monitor | | | 1 | 0 | 3 | 1 | 4 | 0 | 2 | 1 | 0 | 0 | 1 | 2 | 4 |
| | MH&LD | | | | 0 | 9 | 2 | 0 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 2 |
| | Morriston | | | | 5 | 4 | 2 | 7 | 2 | 3 | 1 | 6 | 5 | 4 | 2 | 3 | 1 |
| | NPTH | | | | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| | Singleton | | | | 2 | 1 | 2 | 3 | 0 | 5 | 1 | 1 | 1 | 2 | 1 | 1 | 2 |
| | **Total** | | | | **11** | **15** | **9** | **11** | **8** | **10** | **5** | **9** | **6** | **7** | **4** | **6** | **9** |
| Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales | **Total** | 80% | | | 0% | - | 75% | 73% | 85% | 67% | 67% | 83% | 80% | 67% | - | 40% | 83% |
| Number of Never Events | PCCS | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | MH&LD | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morriston | | | | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 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 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| | **Total** | | | | **0** | **0** | **0** | **1** | **0** | **0** | **1** | **0** | **0** | **1** | **0** | **1** | **1** |
| **Pressure Ulcers** | | | | | | | | | | | | | | | | | |
| Total number of Pressure Ulcers | PCCS Community | 12 month reduction trend | | | 50 | 40 | 44 | 45 | 42 | 45 | 41 | 62 | 31 | 41 | 39 | 33 | |
| | PCCS Hospital | | | | 0 | 0 | 3 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | |
| | MH&LD | | | | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | |
| | Morriston | | | | 34 | 23 | 36 | 50 | 41 | 53 | 48 | 64 | 73 | 69 | 58 | 55 | |
| | NPTH | | | | 3 | 2 | 3 | 0 | 0 | 0 | 1 | 3 | 2 | 3 | 4 | 6 | |
| | Singleton | | | | 16 | 14 | 17 | 18 | 6 | 11 | 10 | 8 | 7 | 11 | 4 | 5 | |
| | **Total** | | | | **104** | **79** | **103** | **114** | **89** | **109** | **101** | **138** | **114** | **124** | **106** | **100** | |
| Total number of Grade 3+ Pressure Ulcers | PCCS Community | 12 month reduction trend | | | 11 | 6 | 2 | 7 | 13 | 4 | 9 | 14 | 7 | 9 | 9 | 6 | |
| | PCCS Hospital | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | MH&LD | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | |
| | Morriston | | | | 2 | 0 | 1 | 6 | 7 | 3 | 1 | 6 | 4 | 8 | 4 | 0 | |
| | NPTH | | | | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | |
| | Singleton | | | | 1 | 0 | 0 | 1 | 1 | 1 | 2 | 0 | 1 | 2 | 1 | 0 | |
| | **Total** | | | | **14** | **6** | **3** | **14** | **21** | **8** | **13** | **21** | **12** | **19** | **15** | **7** | |
| Pressure Ulcer (Hosp) patients per 100,000 admissions | Total | 12 month reduction trend | | | 767 | 556 | 797 | 924 | 660 | 895 | 891 | 999 | 1,204 | 1,105 | 923 | 904 | |
| Total number of Inpatient Falls | PCCS | 12 month reduction trend | | | 6 | 6 | 2 | 3 | 6 | 11 | 8 | 8 | 10 | 12 | 10 | 6 | 4 |
| | MH&LD | | | | 30 | 24 | 36 | 22 | 22 | 29 | 37 | 24 | 36 | 25 | 23 | 30 | 29 |
| | Morriston | | | | 105 | 72 | 74 | 81 | 94 | 99 | 91 | 131 | 92 | 93 | 79 | 97 | 132 |
| | NPTH | | | | 34 | 18 | 25 | 21 | 22 | 20 | 21 | 27 | 17 | 23 | 16 | 15 | 21 |
| | Singleton | | | | 41 | 55 | 47 | 51 | 40 | 30 | 19 | 24 | 28 | 31 | 15 | 16 | 14 |
| | **Total** | | | | **216** | **175** | **184** | **178** | **184** | **189** | **179** | **214** | **183** | **184** | **143** | **164** | **200** |
| Inpatient Falls per 1,000 beddays | **HB Total** | Between 3.0 & 5.0 | | | 5.29 | 4.29 | 4.36 | 4.38 | 4.32 | 4.46 | 4.81 | 5.19 | 4.55 | 4.46 | 3.57 | 4.07 | 5.14 |
| **Mortality** | | | | | | | | | | | | | | | | | |
| Crude hospital mortality rate by Delivery Unit (74 years of age or less) | Morriston | 12 month reduction trend | | | 1.42% | 1.42% | 1.37% | 1.35% | 1.32% | 1.31% | 1.31% | 1.29% | 1.32% | 1.29% | 1.31% | 1.29% | |
| | Singleton | | | | 0.44% | 0.42% | 0.40% | 0.38% | 0.37% | 0.34% | 0.33% | 0.30% | 0.29% | 0.26% | 0.24% | 0.23% | |
| | NPTH | | | | 0.05% | 0.05% | 0.04% | 0.05% | 0.07% | 0.11% | 0.11% | 0.03% | 0.04% | 0.04% | 0.05% | 0.06% | |
| | **Total (SBU)** | | | | **0.83%** | **0.81%** | **0.78%** | **0.75%** | **0.74%** | **0.73%** | **0.73%** | **0.71%** | **0.72%** | **0.71%** | **0.70%** | **0.70%** | |

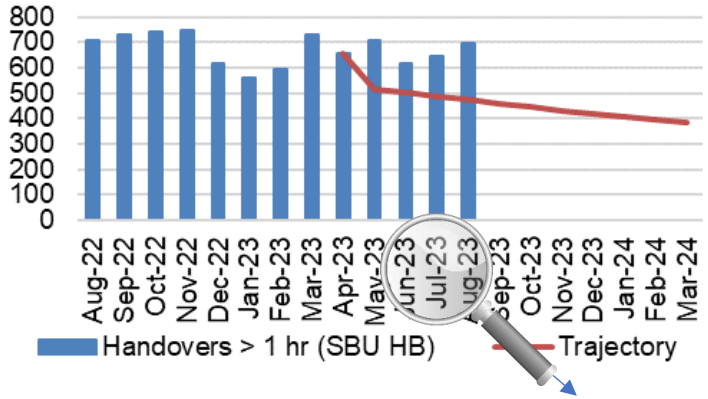
## 4.2 Updates on key measures

| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **Ambulance responses**<br>*1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.*<br><br>*2. The number of ambulance calls by category.*<br><br>*3.The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)* | In August 2023, the number of red calls responded to within 8 minutes increased to 55.7%, from 54.9% in July 2023. In August 2023, the number of green calls decreased by 6%, amber calls decreased by 8%, and red calls decreased by 3% compared with July 2023.<br>**Trend**<br>**1. % of red calls responded to within 8 minutes**<br>  <br>**2. Number of ambulance call responses**<br>  <br>**3. % of red calls responded to within 8 minutes – HB total last 90 days**<br>  |

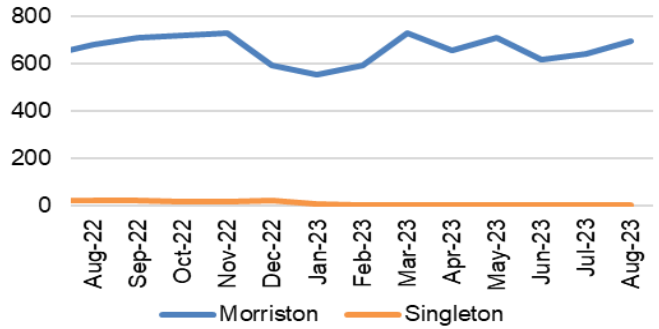
| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **Ambulance handovers**<br>*1.The number of ambulance handovers over one hour*<br><br>*2. The number of ambulance handovers over one hour- Hospital level*<br><br>*3.The number of ambulance handovers over one hour (last 90 days)* | In August 2023, there were 694 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 643 in July 2023. In July 2023, 693 handovers over 1 hour were attributed to Morriston Hospital, with 1 attributed to Singleton Hospital.<br><br>The number of handover hours lost over 15 minutes have increased from 3,383 in July 2023 to 4,075 in August 2023. |

**Trend**

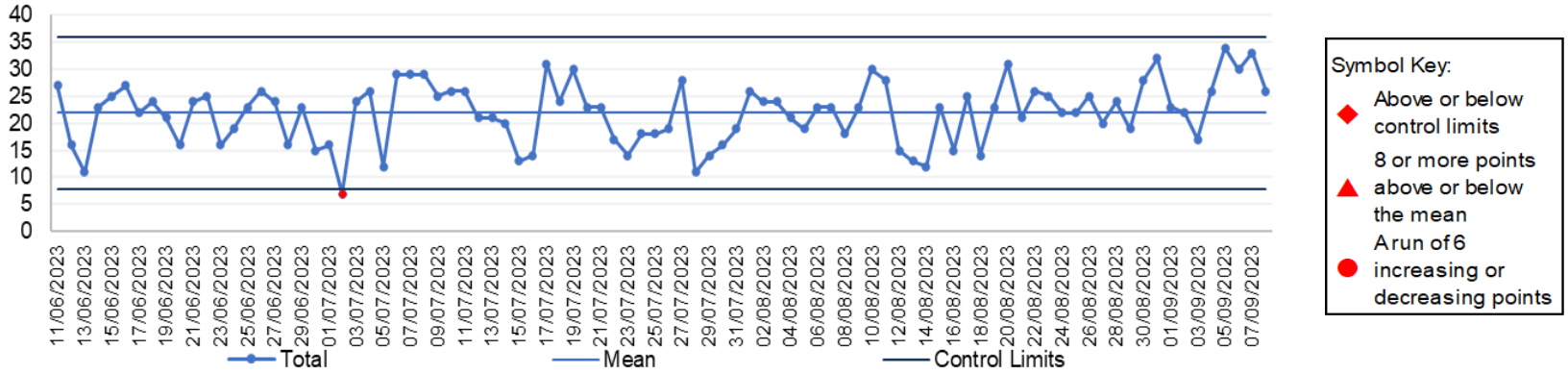
**1. Number of ambulance handovers- HB total**

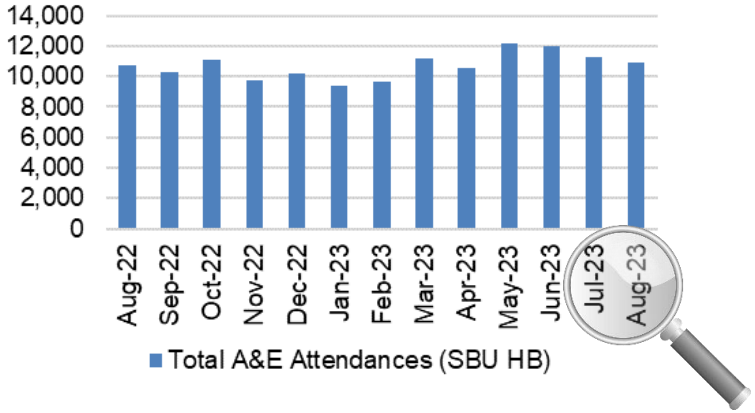
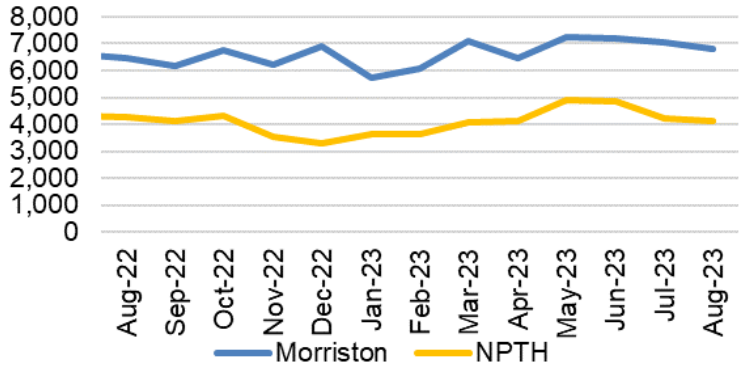
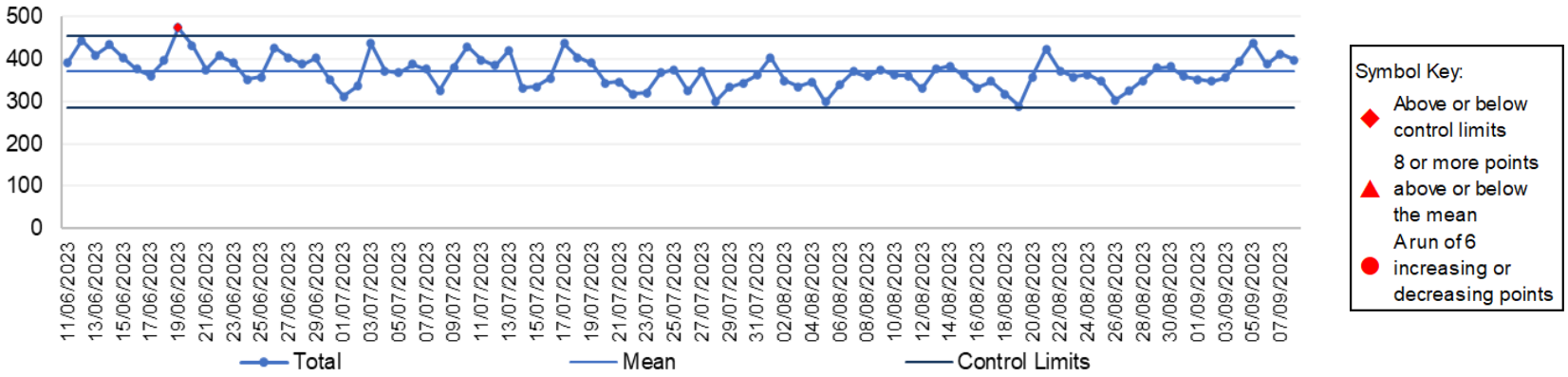


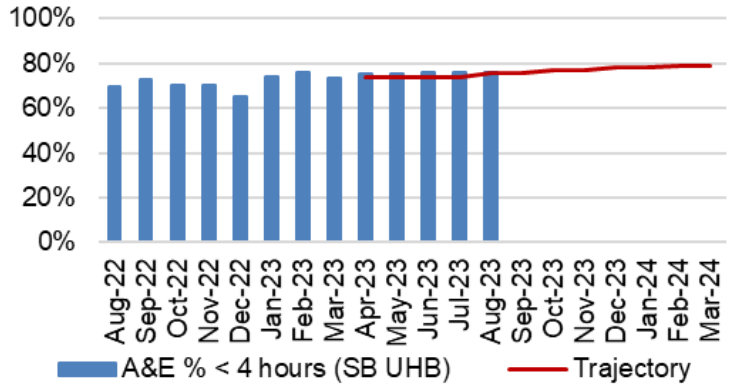
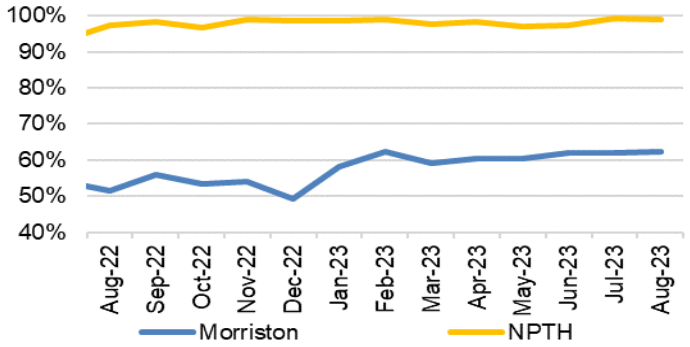
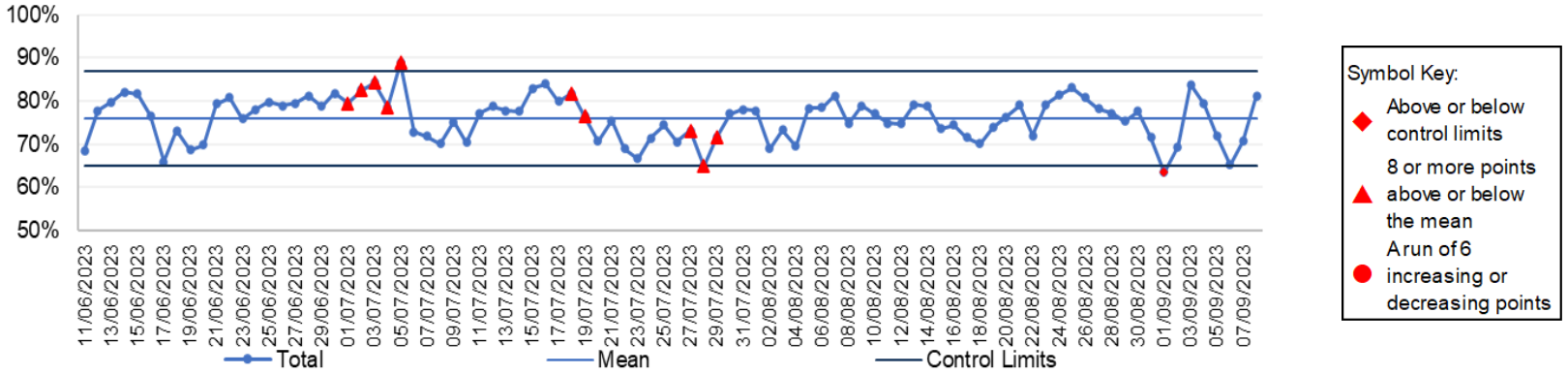

**2. Number of ambulance handovers over 1 hour- Hospital level**

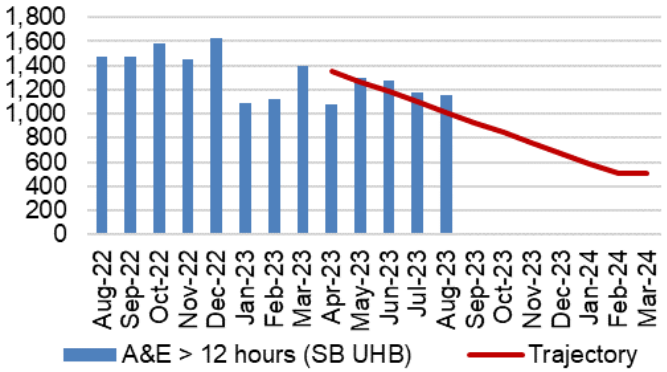
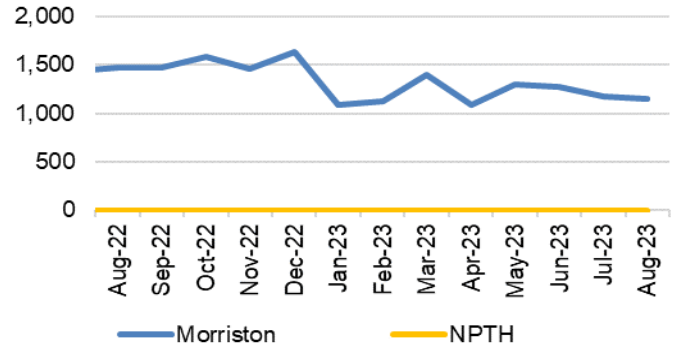
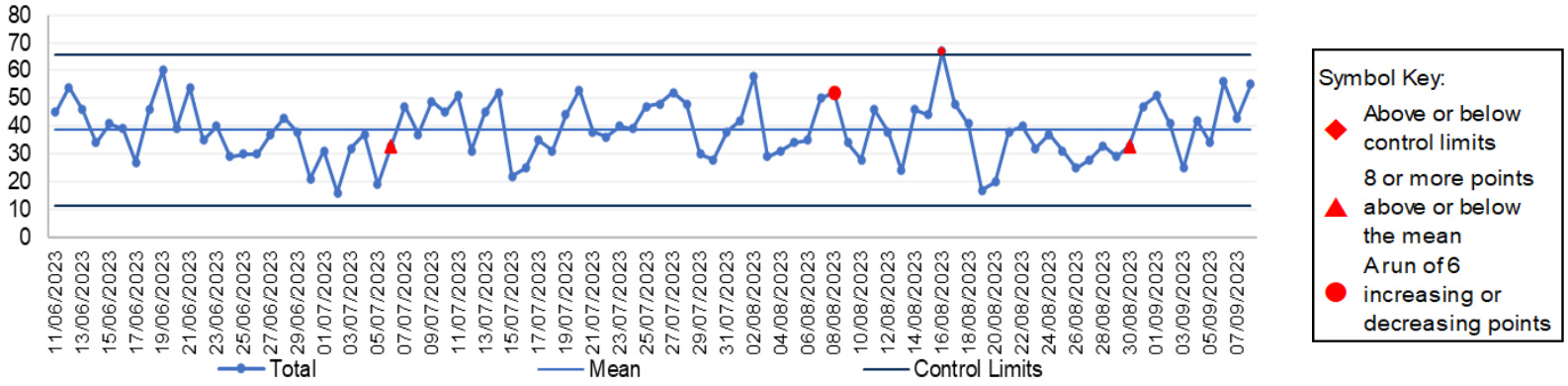


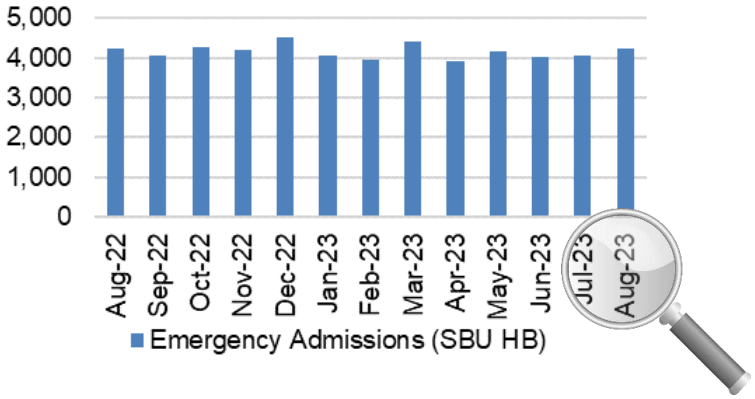
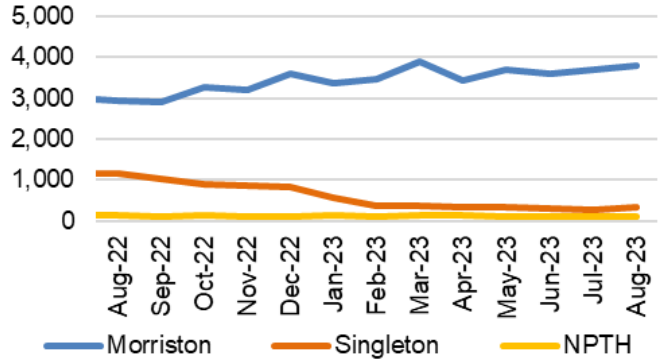
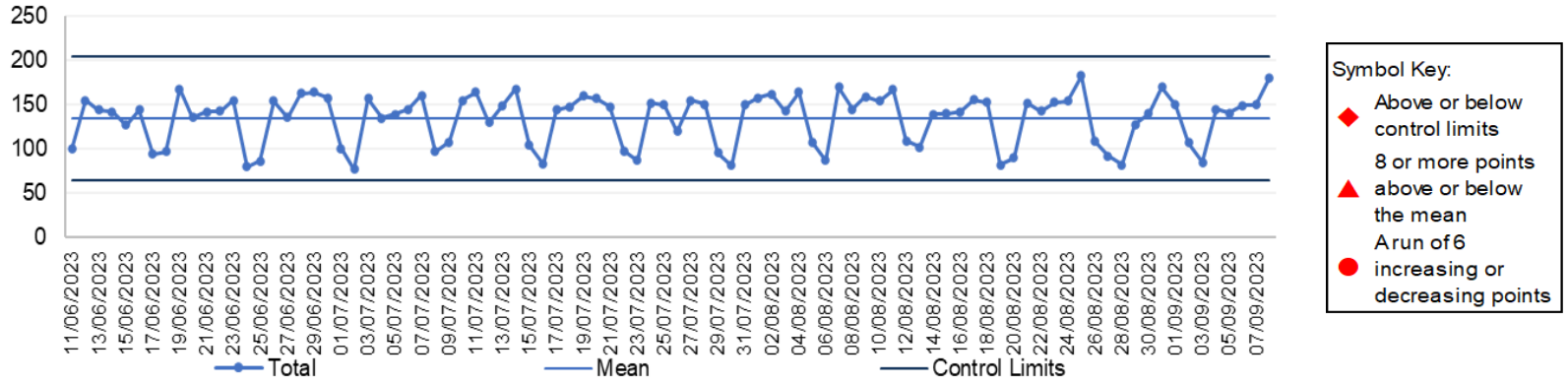

**3. Number of ambulance handovers- HB total last 90 days**



| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **A&E Attendances**<br>*1.The number of attendances at emergency departments in the Health Board*<br><br>*2.The number of attendances at emergency departments in the Health Board – Hospital level*<br><br>*3.The number of attendances at emergency departments in the Health Board (last 90 days)* | ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In August 2023, there were 10,947 A&E attendances, this is 3% lower than July 2023.<br><br>**Trend**<br><br>**1. Number of A&E attendances- HB total**<br>  <br><br><br>**2. Number of A&E attendances- Hospital level**<br>  <br><br><br>**3. Number of A&E attendances -HB total last 90 days**<br>  <br> |

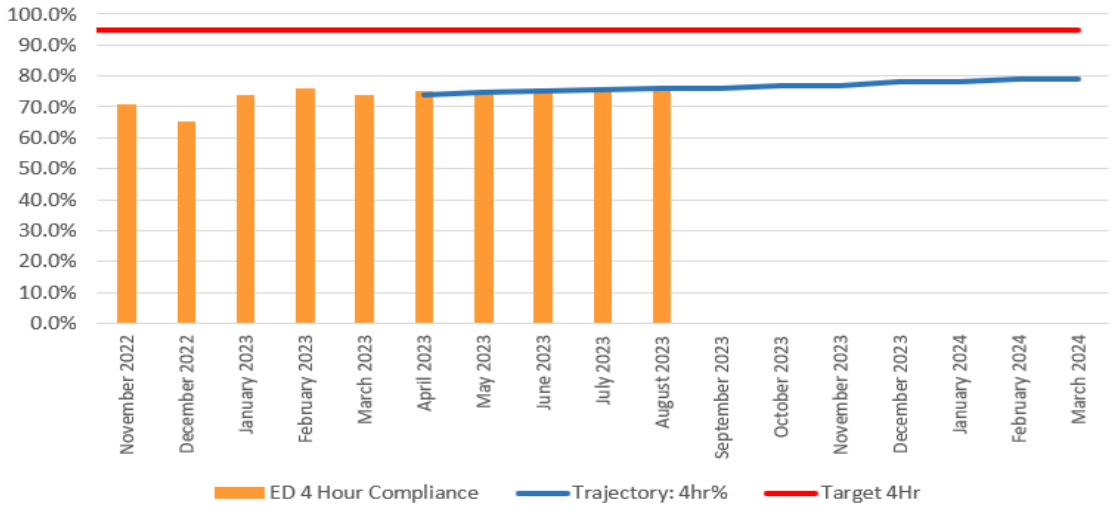
| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **A&E waiting times**<br><br>*1.% of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge*<br><br>*2. % of patients who spend less than 4 hours in A&E- Hospital level*<br><br>*3. % of patients who spend less than 4 hours in A&E (last 90 days)* | The Health Board's performance against the 4-hour measure improved slightly from 76.03% in July 2023 to 76.19% in August 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 99.03% in August 2023. Morriston Hospital's performance improved between July and August 2023, achieving 62.32% against the target.<br><br>**Trend**<br><br>**1. % Patients waiting under 4 hours in A&E- HB total**<br>  <br><br><br>**2. % Patients waiting under 4 hours in A&E- Hospital level**<br>  <br><br><br>**3. % Patients waiting under 4 hours in A&E- HB total last 90 days**<br>  <br> |

| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **A&E waiting times**<br><br>*1.Number of patients who spend 12 hours or more in A&E*<br><br>*2.Number of patients who spend 12 hours or more in A&E- Hospital level*<br><br>*3.Number of patients who spend 12 hours or more in A&E (last 90 days)* | In August 2023, performance against the 12-hour measure improved when compared with July 2023, decreasing from 1,179 to 1,156. This is a reduction of 23 compared to July 2023. 1,154 patients waiting over 12 hours in July 2023 were attributed to Morriston Hospital, with 2 attributed to Neath Port Talbot Hospital.<br><br>**Trend**<br><br>**1. Number of patients waiting over 12 hours in A&E- HB total**<br>  <br><br><br>**2. Number of patients waiting over 12 hours in A&E- Hospital level**<br>  <br><br><br>**3. Number of patients waiting over 12 hours in A&E – HB total last 90 days**<br>  <br> |

| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **Emergency admissions**<br><br>*1. The number of emergency inpatient admissions*<br><br>*2. The number of emergency inpatient admissions- Hospital level*<br><br>*3. The number of emergency inpatient admissions (last 90 days)* | In August 2023, there were 4,236 emergency admissions across the Health Board, which is 166 higher than July 2023. Singleton Hospital saw an in-month increase, with 40 more admissions (from 283 in July 2023), Morriston Hospital saw an in-month increase from 3,681 admissions in July 2023 to 3,797 admissions in August 2023.<br><br>**Trend**<br><br>**1. Number of emergency admissions- HB total**<br>  <br><br>**2. Number of emergency admissions- Hospital level**<br>  <br><br>**3. Number of emergency admissions- HB total last 90 days**<br>  <br> |

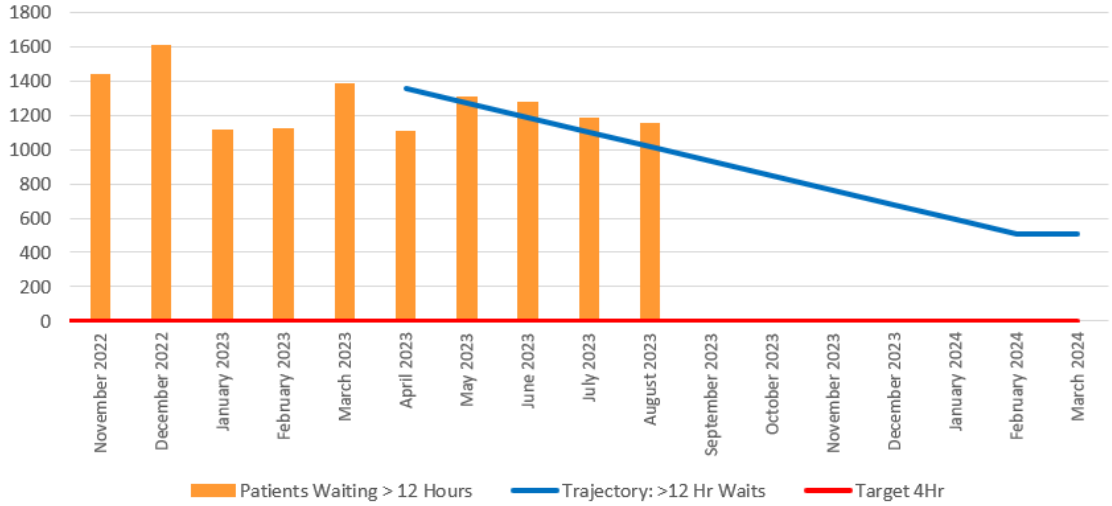
## Updates on UNSCHEDULED CARE – Performance Escalation updates

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



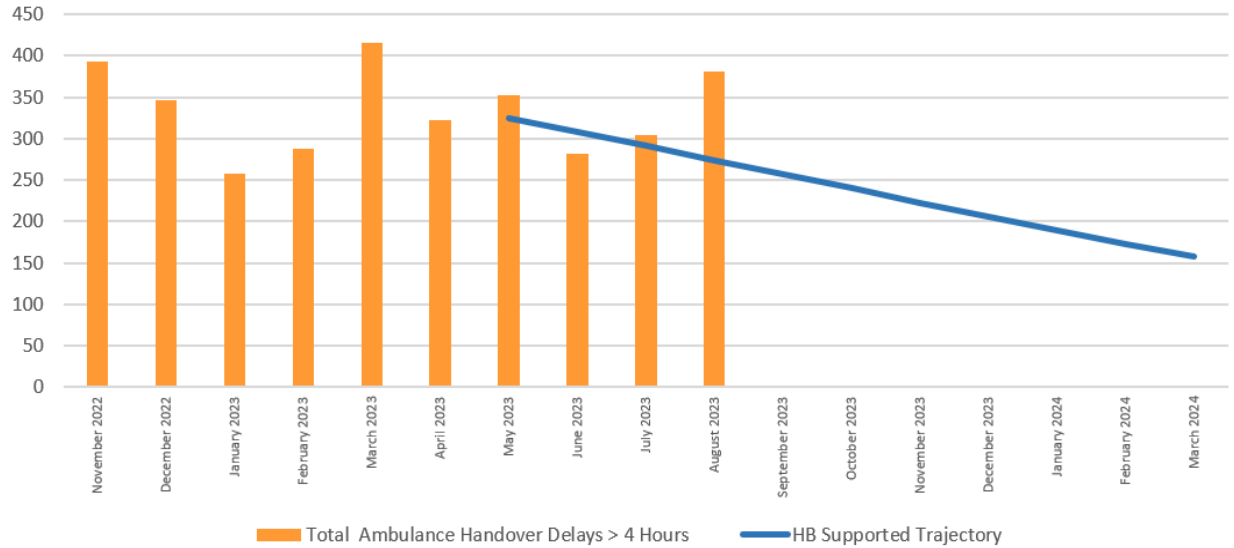

1. Performance against the 4-hour access is currently slightly outperforming the Health Board trajectory in August 2023. Emergency Department 4-hour performance has seen a minor improvement of 0.16% in August 2023 to 76.19% from 76.03% in July 2023.

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

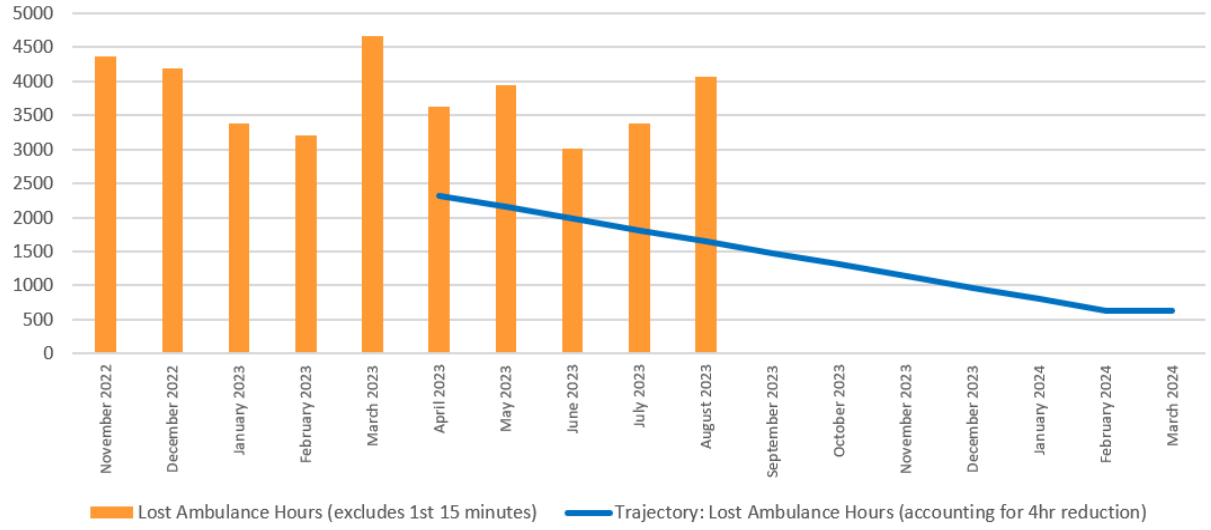



2. Performance against the 12-hour wait has improved in-month and it is currently performing slightly above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department decreased to 1,156 in August 2023 from 1,179 in July.

### 3. Ambulance Handover over 4 hours

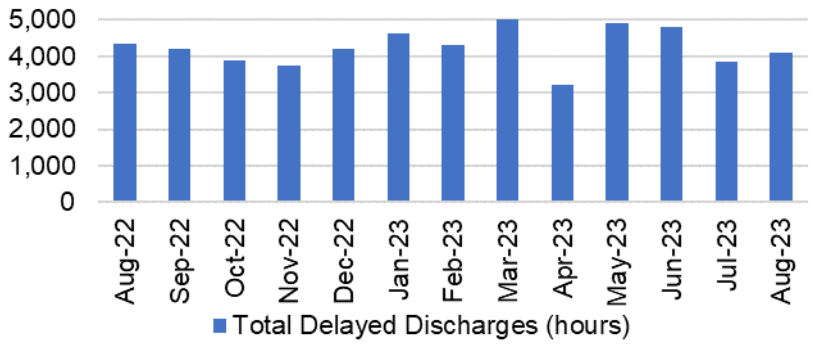
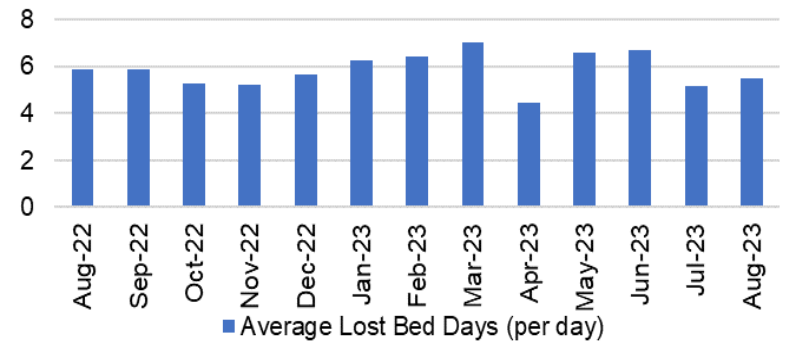
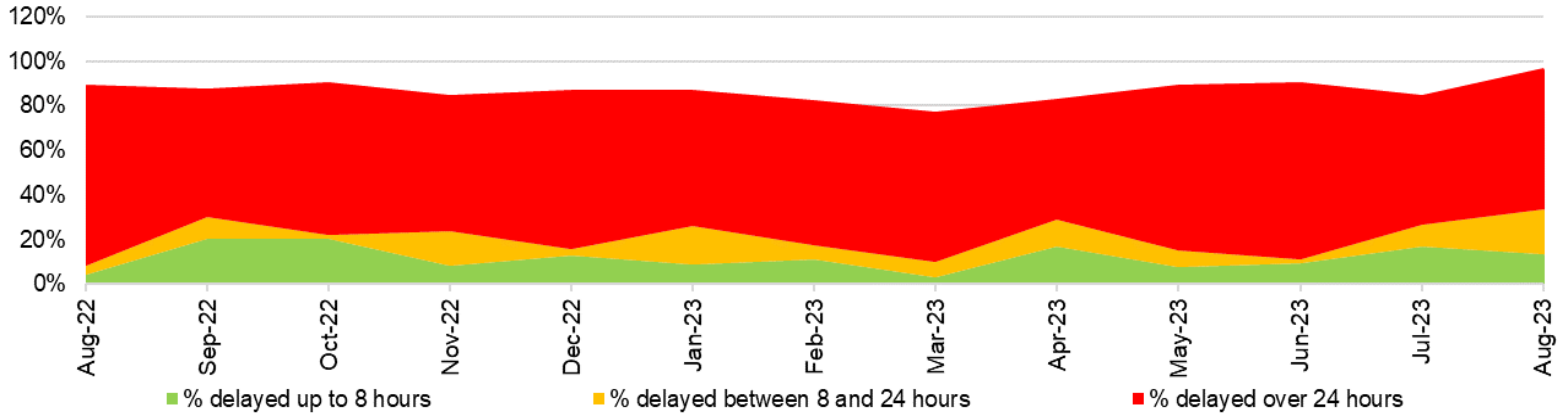


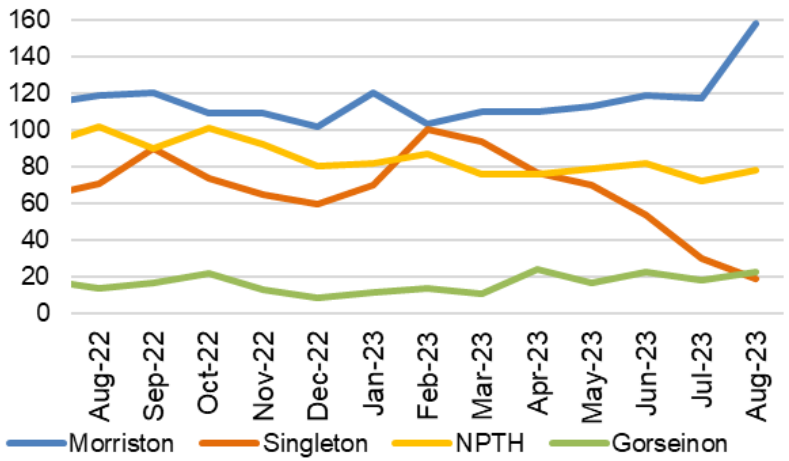
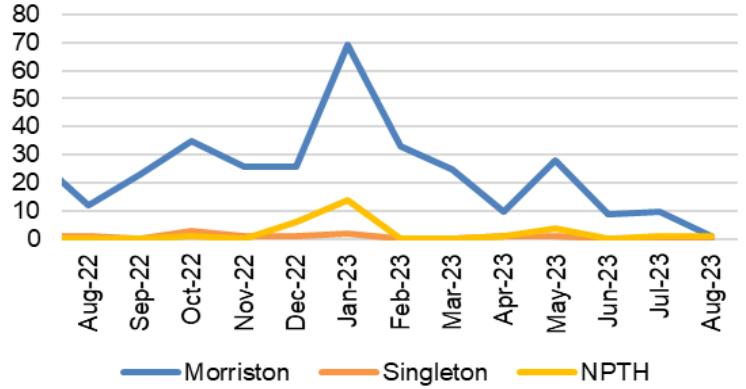

### 4. Average Ambulance Handover Rate

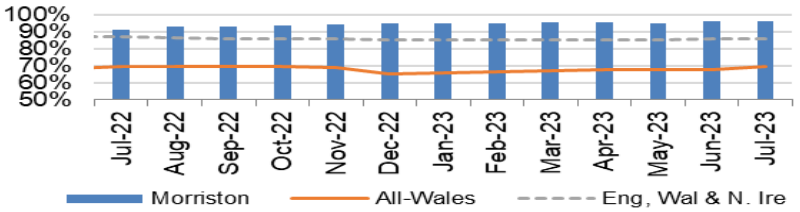
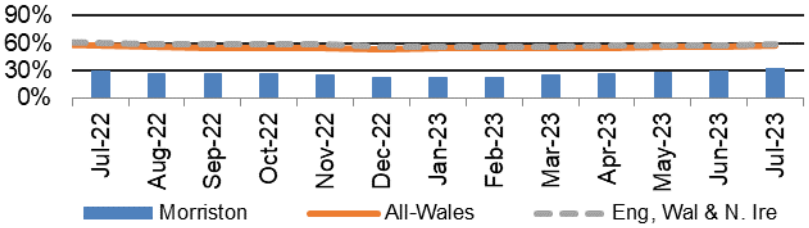
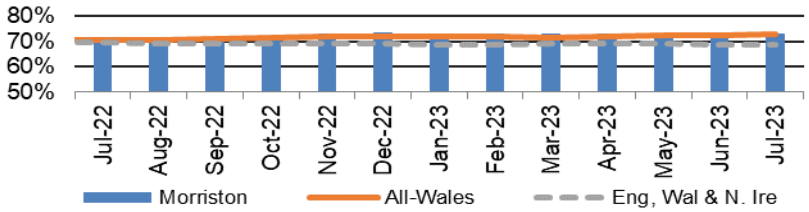
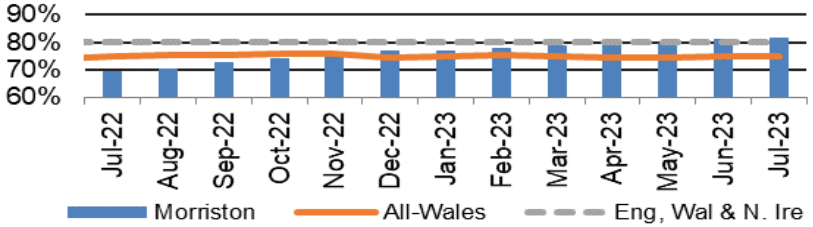


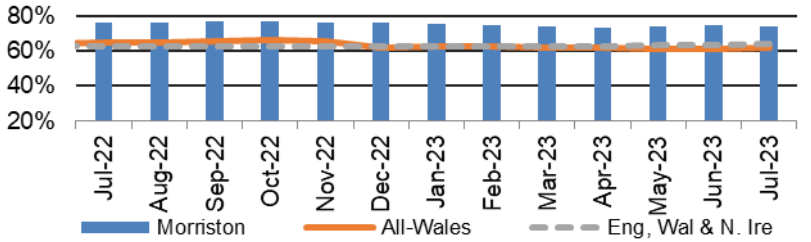
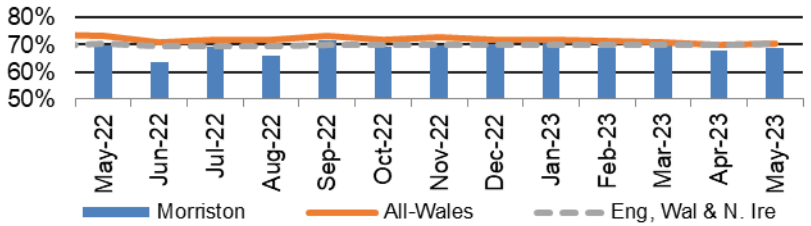
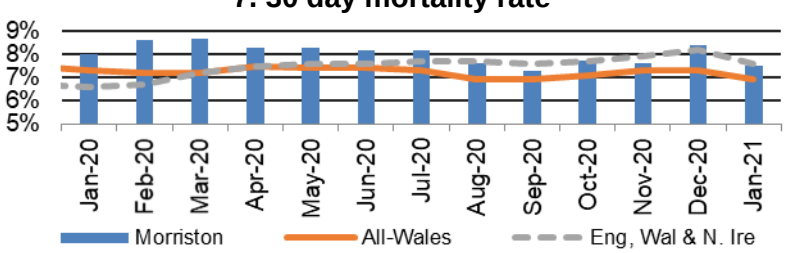

3. The Ambulance handover rate over 4 hours have increased in August 2023. The handover times over four hours increased to 381 in August 2023 from 305 in July 2023. The figures are above the outlined trajectory for August 2023 which was 0.

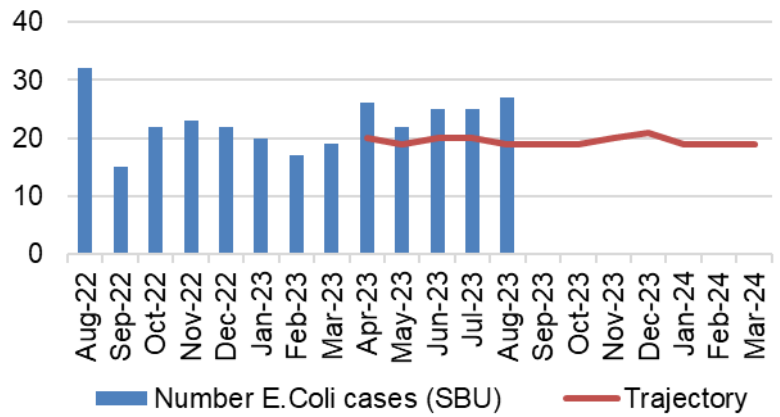
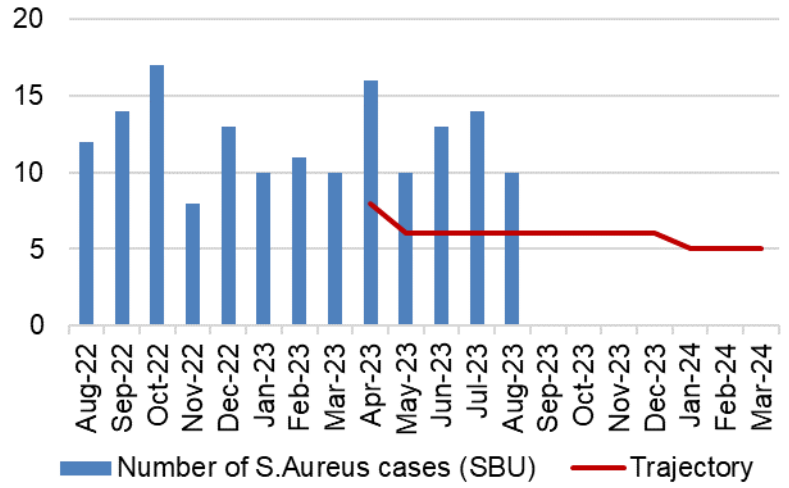
4. The ambulance handover lost hours rate has seen an increase in August 2023. The ambulance handover lost hours increased from 3,383 in July 2023 to 4,075 in August 2023, which is above the outlined trajectory for August 2023 (1,644).

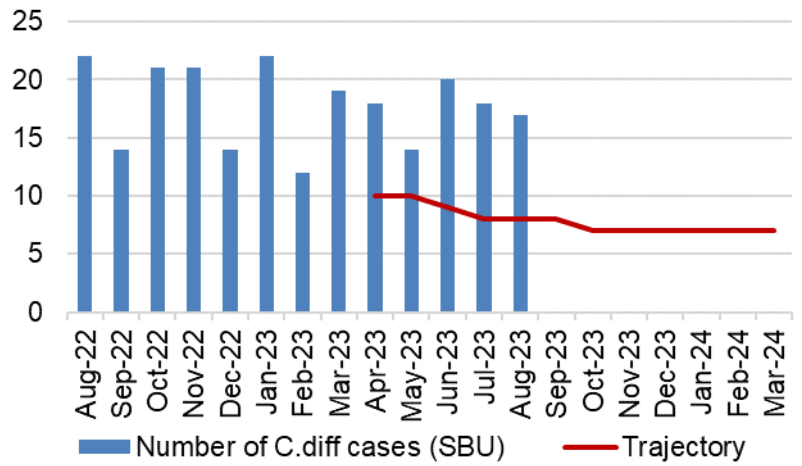
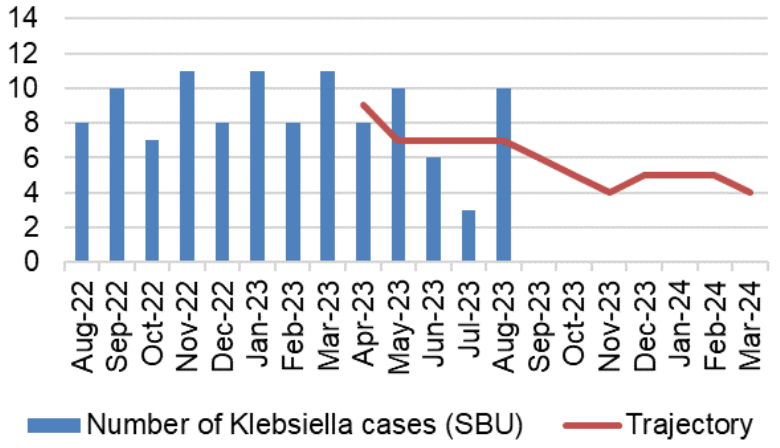
| UNSCHEDULED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **Critical Care- Delayed Transfers of Care (DTOC)- Morriston Hospital**<br>*1.Total Critical Care delayed discharges (hours)*<br><br>*2. Average lost bed days per day*<br><br>*3.Percentage of patients delayed:*<br>• *Up to 8 hours*<br>• *Between 8 and 24 hours*<br>• *Over 24 hours* | In August 2023, there were a total of 85 admissions into the Intensive Care Unit (ICU) in Morriston Hospital, this is a reduction when compared with 88 admissions in July 2023. August 2023, saw an increase in the number of delayed discharge hours from 3,842.05 in July 2023 to 4,097.05 in August 2023. The average lost bed days increased to 5.51 per day. The percentage of patients delayed over 24 hours increased to 63.64% in August from 57.75% in July 2023.<br><br>**Trend**<br><br>**1. Total Critical Care delayed discharges (hours)**<br>  <br><br><br>**2. Average lost bed days per day**<br>  <br><br><br>**3. Percentage of Critical Care patients delayed**<br>  <br> |

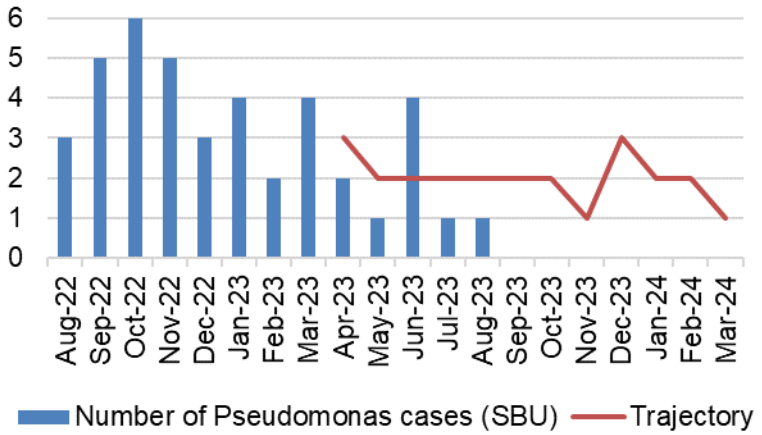
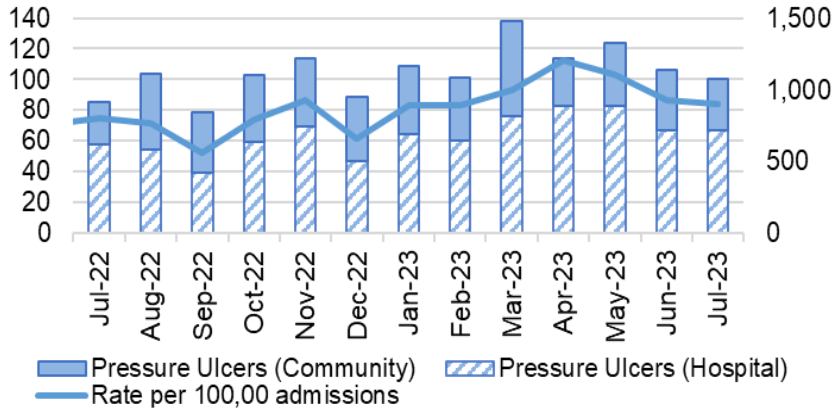
| UNSCHEDULED CARE | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Clinically Optimised**<br>*The number of patients waiting at each site in the Health Board that are clinically optimised* | In August 2023, there were on average 278 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.<br><br>In August 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 158, closely followed by Neath Port Talbot Hospital with 78.<br><br>**Actions of Improvement;**<br>Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital.<br>Work is also underway to review the definitions of Clinically Optimised Patients within the Health Board, this work is expected to lead to improvements in the reported figures. | **The number of clinically optimised patients by site**<br>  |
| **Elective procedures cancelled due to lack of beds**<br>*The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds* | In August 2023, there were 2 elective procedures cancelled due to lack of beds on the day of surgery. This is 9 less cancellations than those seen in July 2023.<br><br>Of the cancelled procedures, 1 was attributed to Morriston Hospital and 1 was attributed to Neath Port Talbot Hospital in August 2023. | **Total number of elective procedures cancelled due to lack of beds**<br>  |

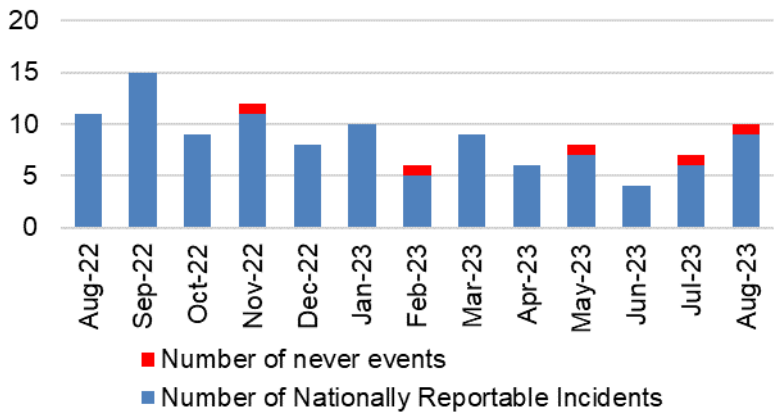
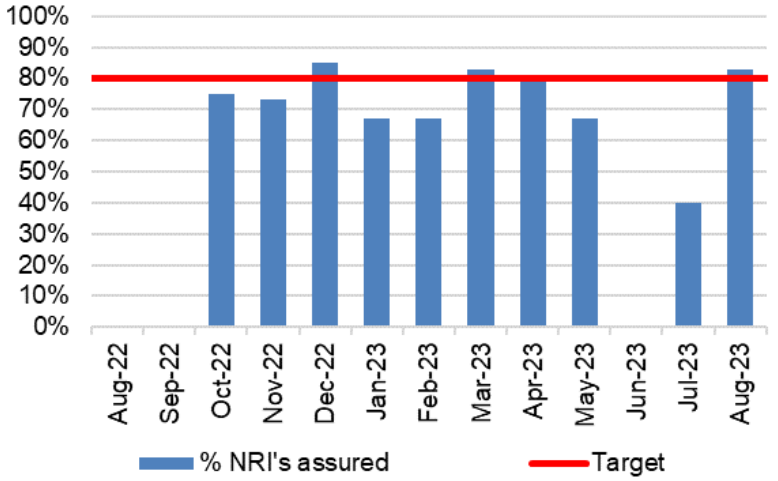
| FRACTURED NECK OF FEMUR (#NOF) | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| ***Fractured Neck of Femur (#NOF)***<br>*1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation*<br><br>*2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture*<br><br>*3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124*<br><br>*4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation* | 1. **Prompt orthogeriatric assessment-** In July 2023, 95.9% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.<br><br>2. **Prompt surgery-** In July 2023, 31.6% of patients had surgery the day following presentation with a hip fracture. This is a 2.4% deterioration from July 2022 which was 29.2%<br><br>3. **NICE compliant surgery**- 72.9% of operations were consistent with the NICE recommendations in July 2023. This is 1.9% less than in July 2022.<br><br>4. **Prompt mobilisation**- In July 2023, 81.4% of patients were out of bed the day after surgery. This is 12.2% more than in July 2022. | **1. Prompt orthogeriatric assessment**<br>  <br>**2. Prompt surgery**<br>  <br>**3. NICE compliant Surgery**<br>  <br>**4. Prompt mobilisation**<br>  |

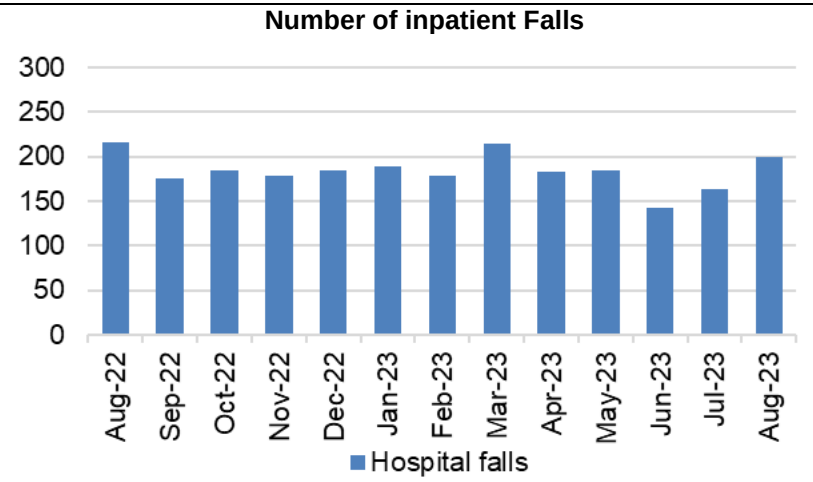
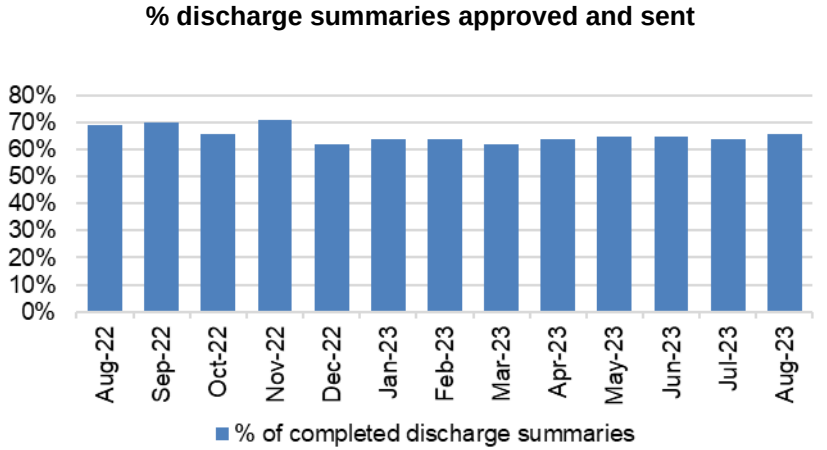
| FRACTURED NECK OF FEMUR (#NOF) | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| 5. *Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation* | **5. Not delirious when tested**- 74.2% of patients were not delirious in the week after their operation in July 2023. | **5. Not delirious when tested**<br>  |
| 6. *Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up* | **6. Return to original residence**- 68.9% of patients in May 2023 were discharged back to their original residence. This is 1% less than in May 2022. | **6. Return to original residence**<br>  |
| 7. *30 day mortality rate* | **7. 30 day mortality rate**- 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%.<br><br>* Updated data is currently not available, but is being reviewed. | **7. 30 day mortality rate**<br>  |

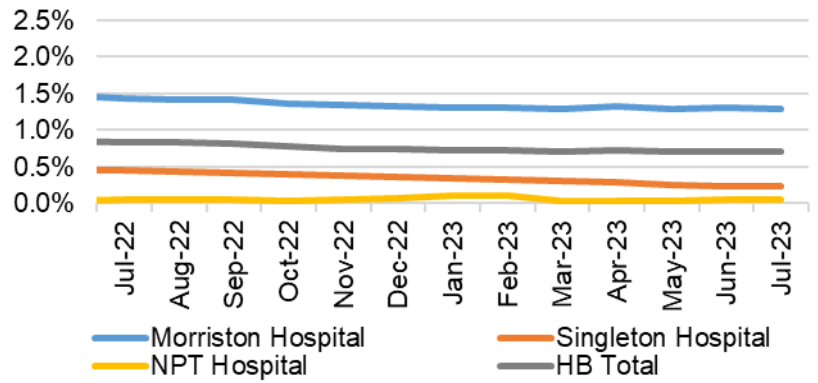
| HEALTHCARE ACQUIRED INFECTIONS | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-** *Number of laboratory confirmed E.coli bacteraemia cases* | • 27 cases of *E.* coli bacteraemia were identified in August 2023, of which 18 were hospital acquired and 9 were community acquired.<br><br>• The Health Board total is currently above the Welsh Government Profile target of 19 cases for August 2023.<br><br>**Actions of Improvement;**<br>Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates | **Number of *healthcare acquired E.coli* bacteraemia cases**<br>  |
| **Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-** *Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases* | • There were 10 cases of Staph. aureus bacteraemia in August 2023, of which 6 were hospital acquired and 4 were community acquired.<br><br>• The Health Board total is currently above the Welsh Government Profile target of 6 cases for August 2023.<br><br>**Actions of Improvement;**<br>Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates | **Number of healthcare acquired S.aureus bacteraemia cases**<br>  |

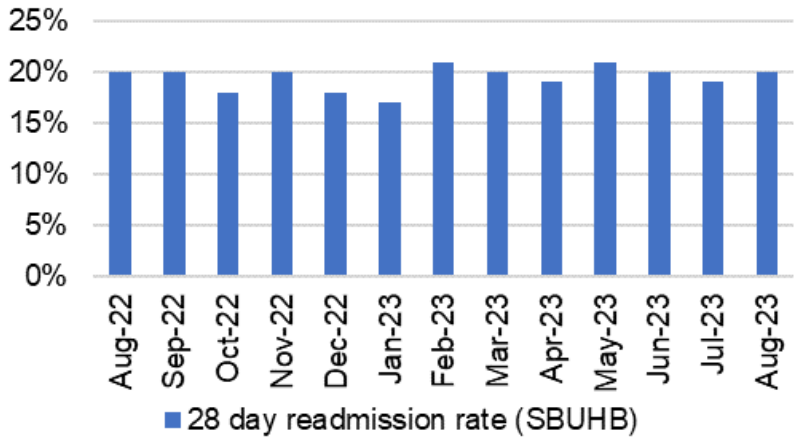
| HEALTHCARE ACQUIRED INFECTIONS | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Healthcare Acquired Infections (HCAI)- C.*difficile*-** *Number of laboratory confirmed C.difficile cases* | • There were 17 *Clostridium difficile* toxin positive cases in August 2023, of which 14 were hospital acquired and 3 were community acquired.<br><br>• The Health Board total is currently above the Welsh Government Profile target of 8 cases for August 2023.<br><br>**Actions of Improvement;**<br>Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates | **Number of healthcare acquired C.difficile cases**<br>  |
| **Healthcare Acquired Infections (HCAI)- Klebsiella sp-** *Number of laboratory confirmed Klebsiella sp cases* | • There were 10 cases of Klebsiella sp in August 2023, all of which were hospital acquired.<br><br>• The Health Board total is currently above the Welsh Government Profile target of 7 cases for August 2023.<br><br>**Actions of Improvement;**<br>Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates | **Number of healthcare acquired Klebsiella cases**<br>  |

| HEALTHCARE ACQUIRED INFECTIONS | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Healthcare Acquired Infections (HCAI)- Aeruginosa-** *Number of laboratory confirmed Aeruginosa cases* | • There was 1 case of *P.Aerginosa* in August 2023, all of which were community acquired.<br><br>• The Health Board total is currently below the Welsh Government Profile target of 2 cases for Augut 2023.<br><br>**Actions of Improvement;**<br>Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates | **Number of healthcare acquired Pseudomonas cases**<br>  |
| **PRESSURE ULCERS** | | |
| **Description** | **Current Performance** | **Trend** |
| **Number of pressure ulcers** *1. Total number of pressure ulcers developed in hospital and in the community*<br><br>*2. Rate of pressure ulcers per 100,000 admissions* | • In July 2023 there were 100 cases of healthcare acquired pressure ulcers, 33 of which were community acquired and 67 were hospital acquired.<br><br>There were 7 grade 3+ pressure ulcers in July 2023, 6 of which were community acquired and 1 was hospital acquired.<br><br>• The rate per 100,000 admissions decreased from 923 in June 2023 to 904 in July 2023. | **Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions**<br>  |

| NATIONALLY REPORTABLE INCIDENTS | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Nationally Reportable Incidents (NRI's)-**<br>*1. The number of Nationally reportable incidents* | 1. The Health Board reported 9 Nationally Reportable Incidents for the month of August 2023 to Welsh Government. The Service Group breakdown is as follows;<br>- Morriston – 1<br>- Singleton – 2<br>- Primary Care – 4<br>- MH&LD - 2 | **1. and 2. Number of nationally reportable incidents and never events**<br>  |
| *2. The number of Never Events* | 2. There was one new Never Event reported in August 2023. | |
| *3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales* | 3. In August 2023, 83% of the NRI's were closed within the agreed timescale. | **3. % of nationally reportable incidents closed within the agreed timescales**<br>  |

| INPATIENT FALLS | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Inpatient Falls**<br>*The total number of inpatient falls* | • The number of Falls reported via Datix web for Swansea Bay UHB was 200 in August 2023. This is 18% more than July 2023 where 164 falls were recorded. |  |
| **DISCHARGE SUMMARIES** | | |
| **Description** | **Current Performance** | **Trend** |
| **Discharge Summaries**<br>*Percentage of discharge summaries approved and sent to patients' doctor following discharge* | The latest data shows that in August 2023, the percentage of completed discharge summaries was 66%.<br><br>In August 2023, compliance ranged from 52% in Singleton Hospital to 71% in Morriston Hospital. |  |

| CRUDE MORTALITY | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Crude Mortality Rate** | July 2023 reports the crude mortality rate for the Health Board at 0.70%, which is the same figure reported in June 2023.<br><br>A breakdown by Hospital for July 2023:<br>• Morriston – 1.29%<br>• Singleton – 0.23%<br>• NPT – 0.06% | **Crude hospital mortality rate by Hospital (74 years of age or less)**<br>  |

| READMISSION RATES | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Readmission Rates** | In August 2023, 20% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 1% higher than those figures reported in July 2023. | **Emergencies readmitted within 28 days of previous discharge**<br>  |

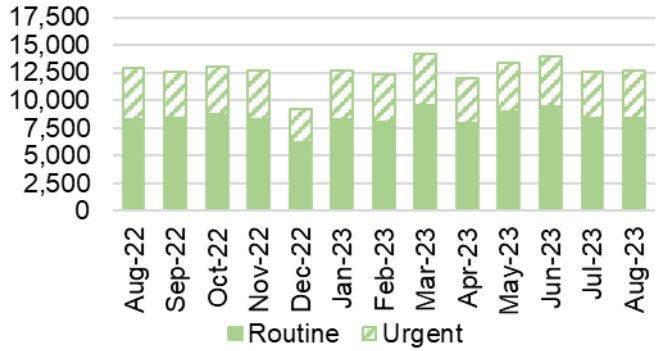
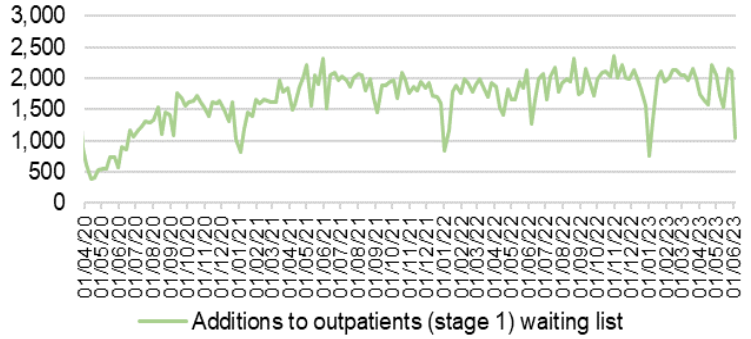
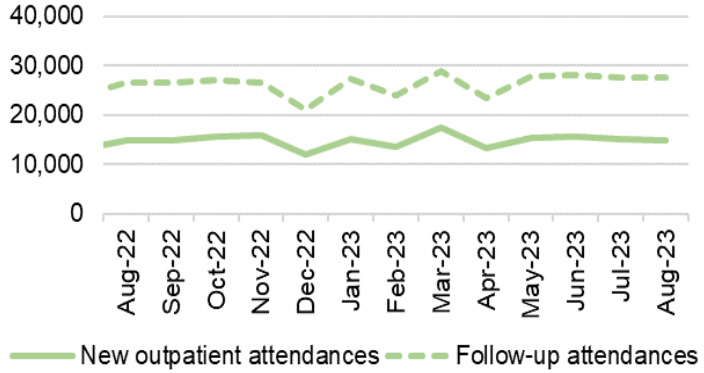
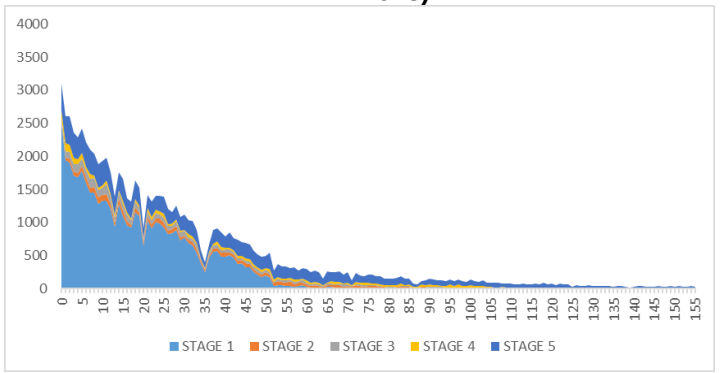
# 5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

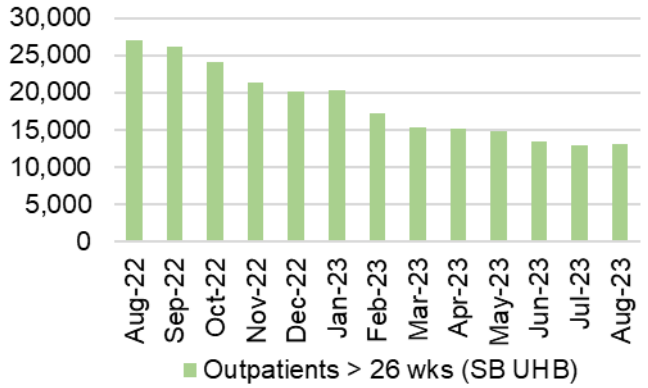
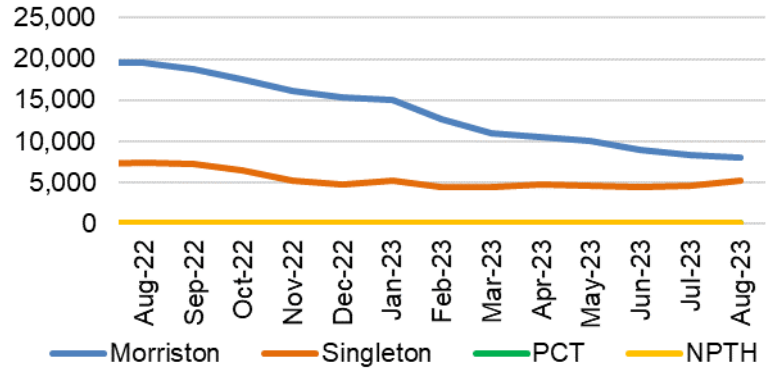
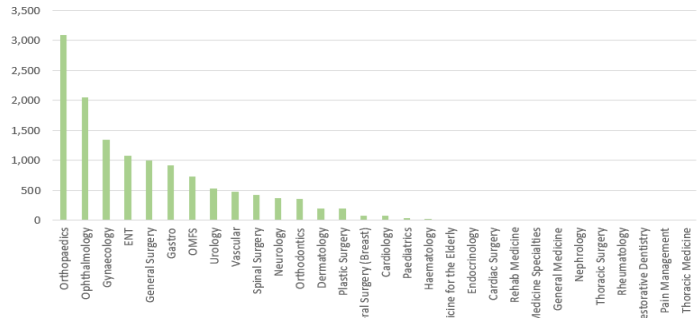
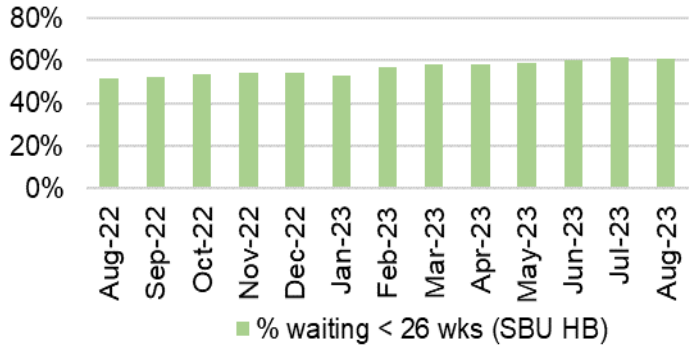
## 5.1 Overview

| Harm from reduction in non-Covid | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Measure | Locality | National/ Local Target | HB Trajectory | Trend | SBU | | | | | | | | | | | |
| | | | | | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
| | | Cancer | | | | | | | | | | | | | | | |
| Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions) | Total | Improvement Trajectory towards 80% by Mar 26 | 60.0% | | 54.9% | 57.3% | 51.2% | 52.9% | 48.3% | 50.4% | 44.1% | 53.2% | 56.5% | 46.6% | 42.8% | 49.0% | *31.0%* |
| | | Planned Care | | | | | | | | | | | | | | | |
| Number of patients waiting > 26 weeks for first outpatient appointment* | Morriston | 0 | | | 19,607 | 18,748 | 17,562 | 16,148 | 15,379 | 15,048 | 12,754 | 10,956 | 10,446 | 10,114 | 8,969 | 8,313 | 7,958 |
| | NPTH | | | | 4 | 1 | 0 | 0 | 1 | 23 | 25 | 7 | 6 | 5 | 4 | 1 | 1 |
| | Singleton | | | | 7,314 | 7,218 | 6,449 | 5,252 | 4,793 | 5,215 | 4,478 | 4,421 | 4,731 | 4,610 | 4,454 | 4,623 | 5,156 |
| | PC&CS | | | | 94 | 98 | 101 | 0 | 1 | 2 | 0 | 1 | 1 | 4 | 0 | 0 | 6 |
| | **Total** | | | | **27,019** | **26,065** | **24,112** | **21,400** | **20,174** | **20,288** | **17,257** | **15,385** | **15,184** | **14,733** | **13,427** | **12,937** | **13,121** |
| Number of patients waiting > 36 weeks for first outpatient appointment* | Morriston | Improvement Trajectory towards target of 0 | 6681 | | 16,342 | 14,964 | 13,945 | 12,413 | 11,444 | 10,252 | 8,846 | 6,954 | 6,253 | 5,641 | 4,867 | 4,446 | 3,876 |
| | NPTH | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| | Singleton | | | | 5,516 | 5,102 | 4,350 | 3,124 | 2,696 | 2,514 | 2,269 | 2,209 | 2,308 | 2,031 | 2,026 | 2,283 | 2,682 |
| | PC&CS | | | | 82 | 85 | 84 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 0 |
| | **Total** | | | | **21,940** | **20,151** | **18,379** | **15,537** | **14,140** | **12,767** | **11,115** | **9,163** | **8,561** | **7,675** | **6,893** | **6,729** | **6,558** |
| Number of patients waiting > 52 weeks for first outpatient appointment* | Morriston | Improvement Trajectory towards target of 0 | 1086 | | 11,899 | 10,964 | 9,989 | 8,494 | 7,136 | 6,136 | 5,067 | 3,594 | 3,167 | 2,447 | 1,234 | 892 | 663 |
| | NPTH | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Singleton | | | | 3,160 | 2,949 | 2,295 | 1,280 | 643 | 493 | 408 | 301 | 289 | 271 | 0 | 2 | 2 |
| | PC&CS | | | | 63 | 67 | 68 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| | **Total** | | | | **15,122** | **13,980** | **12,352** | **9,774** | **7,779** | **6,630** | **5,475** | **3,895** | **3,456** | **2,719** | **1,234** | **894** | **665** |
| Number of patients waiting > 52 weeks for treatment* | Morriston | Improvement Trajectory towards target of 0 | 16,276 | | 20,300 | 19,863 | 19,270 | 18,206 | 17,127 | 16,280 | 15,185 | 13,993 | 13,627 | 12,795 | 11,620 | 11,561 | 11,418 |
| | NPTH | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| | Singleton | | | | 7,182 | 7,117 | 6,776 | 6,102 | 5,507 | 5,025 | 4,522 | 4,187 | 4,196 | 4,179 | 3,826 | 3,559 | 3,459 |
| | PC&CS | | | | 88 | 97 | 101 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| | **Total** | | | | **27,570** | **27,077** | **26,147** | **24,308** | **22,634** | **21,306** | **19,707** | **18,181** | **17,823** | **16,976** | **15,446** | **15,120** | **14,877** |
| Number of patients waiting > 104 weeks for treatment* | Morriston | Improvement Trajectory towards target of 0 | 5,713 | | 8,846 | 8,575 | 8,242 | 7,459 | 6,740 | 6,139 | 5,634 | 5,017 | 4,926 | 4,772 | 4,470 | 4,409 | 4,121 |
| | NPTH | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Singleton | | | | 2,072 | 2,004 | 1,803 | 1,589 | 1,326 | 1,191 | 1,022 | 998 | 1,026 | 1,020 | 1,004 | 890 | 878 |
| | PC&CS | | | | 42 | 44 | 45 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **Total** | | | | **10,960** | **10,623** | **10,090** | **9,048** | **8,066** | **7,331** | **6,656** | **6,015** | **5,952** | **5,792** | **5,474** | **5,299** | **4,999** |
| Number of patients waiting > 8 weeks for a specified diagnostics* | Morriston | Improvement Trajectory towards 0 by Mar 24 | 5,939 | | 1,853 | 1,975 | 1,670 | 1,514 | 2,366 | 2,505 | 1,729 | 1,968 | 2,204 | 2,429 | 2,484 | 2,214 | 2,451 |
| | Singleton | | | | 4,255 | 4,202 | 4,163 | 4,113 | 4,241 | 4,324 | 4,387 | 4,546 | 4,663 | 4,826 | 4,737 | 4,499 | 4,410 |
| | **Total** | | | | **6,108** | **6,177** | **5,833** | **5,627** | **6,607** | **6,829** | **6,116** | **6,514** | **6,867** | **7,255** | **7,221** | **6,713** | **6,861** |
| Number of patients waiting > 14 weeks for a specified therapy* | MH&LD | Improvement Trajectory towards 0 by Mar 24 | 162 |  | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | NPTH | | |  | 45 | 82 | 87 | 67 | 152 | 48 | 31 | 45 | 0 | 0 | 0 | 0 | 0 |
| | PC&CS | | |  | 637 | 673 | 618 | 374 | 375 | 146 | 126 | 148 | 129 | 149 | 203 | 183 | 183 |
| | **Total** | | |  | **682** | **755** | **707** | **441** | **527** | **194** | **157** | **193** | **129** | **149** | **203** | **183** | **183** |

| Measure | Locality | National/ Local Target | HB Trajectory | Trend | SBU | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
| **Planned Care** | | | | | | | | | | | | | | | | | |
| Total number of patients waiting for a follow-up outpatient appointment * | Total | 12 month reduction trend | | | 138,736 | 139,989 | 141,643 | 143,899 | 144,780 | 146,632 | 148,070 | 150,860 | 147,864 | 150,109 | 149,529 | 150,416 | 150,060 |
| Number of patients delayed by over 100% past their target date * | Total | Improvement Trajectory towards target of 0 | 37,071 | | 36,037 | 36,144 | 35,968 | 36,769 | 38,252 | 39,056 | 40,146 | 41,710 | 41,611 | 42,534 | 40,807 | 41,123 | 39,938 |
| Number of patients delayed past their agreed target date (booked and not booked) * | Total | 12 month reduction trend | | | 61,778 | 62,461 | 61,772 | 62,512 | 66,500 | 67,125 | 69,333 | 70,512 | 70,891 | 71,519 | 68,286 | 67,748 | 66,683 |
| Number of Ophthalmology patients without an allocated health risk factor | Total | 0 | | | 222 | 400 | 353 | 352 | 368 | 305 | 553 | 610 | 647 | 698 | 395 | 475 | |
| Number of patients without a documented clinical review date | Total | 0 | | | 3 | 4 | 3 | 1 | 1 | 3 | 3 | 4 | 5 | 3 | 2 | 2 | 2 |
| **Activity** | | | | | | | | | | | | | | | | | |
| Number of GP referrals | Total | 12 month reduction trend | | | 12,930 | 12,572 | 13,014 | 12,663 | 9,231 | 12,658 | 12,347 | 14,220 | 12,012 | 13,341 | 13,984 | 12,623 | 12,698 |
| Number of patients referred from primary care into secondary care Ophthalmology services | Total | Improvement Trajectory towards reduction by Mar 24 | 850 | | 844 | 886 | 799 | 807 | 731 | 870 | 841 | 969 | 737 | 803 | 890 | 824 | 812 |
| **Patient Experience/ Feedback** | | | | | | | | | | | | | | | | | |
| Number of friends and family surveys completed | PCCS | Month on month improvement | | | 195 | 114 | 163 | 150 | 143 | 137 | 147 | 316 | 303 | 360 | 255 | 321 | 361 |
| | MH&LD | | | | 22 | 16 | 11 | 35 | 14 | 35 | 31 | 34 | 7 | 44 | 44 | 39 | 38 |
| | Morriston | | | | 1,629 | 1,590 | 1,642 | 1,760 | 1,355 | 2,470 | 1,951 | 2,129 | 1,121 | 1,873 | 1,512 | 1,755 | 2,580 |
| | NPTH | | | | | | | | | | | | | | | | |
| | Singleton | | | | 2,343 | 2,252 | 2,552 | 2,374 | 2,071 | 2,691 | 2,327 | 2,913 | 1,280 | 1,243 | 731 | 1,171 | 1,583 |
| | **Total** | | | | **3,950** | **3,914** | **4,358** | **4,287** | **3,569** | **5,073** | **4,425** | **5,358** | **2,704** | **3,477** | **2,503** | **3,401** | **5,188** |
| % of patients who would recommend and highly recommend | PCCS | 90% | | | 94% | 95% | 94% | 95% | 94% | 91% | 93% | 94% | 96% | 95% | 96% | 95% | 92% |
| | MH&LD | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | Morriston | | | | 84% | 83% | 87% | 88% | 84% | 90% | 89% | 89% | 88% | 87% | 85% | 88% | 90% |
| | NPTH | | | | | | | | | | | | | | | | |
| | Singleton | | | | 91% | 91% | 92% | 93% | 92% | 94% | 97% | 94% | 88% | 93% | 95% | 94% | 96% |
| | **Total** | | | | 89% | 88% | 90% | 91% | 89% | 92% | 92% | 92% | 92% | 90% | 89% | 91% | 92% |
| % of all-Wales surveys scoring 9 or 10 on overall satisfaction | PCCS | 90% | | | 96% | 96% | 97% | 99% | 97% | 94% | 97% | 98% | 98% | 97% | 95% | 93% | 95% |
| | MH&LD | | | | | | | | | | | | | | | | |
| | Morriston | | | | 90% | 88% | 93% | 92% | 88% | 94% | 93% | 93% | 92% | 92% | 89% | 90% | 93% |
| | NPTH | | | | | | | | | | | | | | | | |
| | Singleton | | | | 94% | 94% | 95% | 96% | 95% | 97% | 93% | 97% | 97% | 96% | 92% | 92% | 98% |
| | **Total** | | | | **93%** | **92%** | **93%** | **91%** | **92%** | **92%** | **95%** | **95%** | **95%** | **95%** | **90%** | **91%** | **92%** |
| Number of new complaints received | PCCS | 12 month reduction trend | | | 17 | 14 | 21 | 21 | 20 | 28 | 31 | 30 | 33 | 36 | 46 | | |
| | MH&LD | | | | 9 | 10 | 6 | 16 | 10 | 12 | 12 | 12 | 11 | 18 | 18 | | |
| | Morriston | | | | 54 | 50 | 63 | 33 | 42 | 53 | 69 | 74 | 63 | 72 | 101 | | |
| | NPTH | | | | 4 | 9 | 3 | 2 | 6 | 4 | 5 | 14 | 8 | 7 | 10 | | |
| | Singleton | | | | 38 | 26 | 35 | 30 | 36 | 28 | 29 | 46 | 29 | 42 | 33 | | |
| | **Total** | | | | **124** | **120** | **140** | **113** | **120** | **127** | **135** | **183** | **149** | **182** | **217** | | |

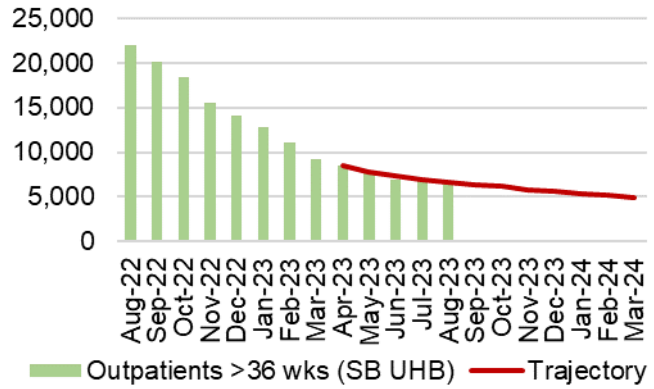
**5.3 Updates on key measures**

<table>
<tr><th colspan="2">PLANNED CARE</th></tr>
<tr><th>Description</th><th>Current Performance</th></tr>
<tr><td>Referrals and shape of the waiting list<br><br>1. GP Referrals<br>The number of Stage 1 additions per week<br><br>2. Stage 1 additions<br>The number of new patients that have been added to the outpatient waiting list<br><br>3. Outpatient activity undertaken<br>Total number of patients seen each month<br><br>4. Size of the waiting list<br>Total number of patients on the waiting list by stage as at August 2023</td><td>August 2023 has seen a minor increase in referral figures compared with July 2023 (12,623). Referral rates have continued to rise slowly since December 2021, with 12,698 received in August 2023. Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.<br><br>Trend<br><br>1. Number of GP referrals received by SBU Health Board<br> 
<br><br>2. Number of stage 1 additions per week<br> 
<br><br>3. Outpatient activity undertaken<br> 
<br><br>4. Total size of the waiting list and movement (August 2023)<br> 
</td></tr>
</table>

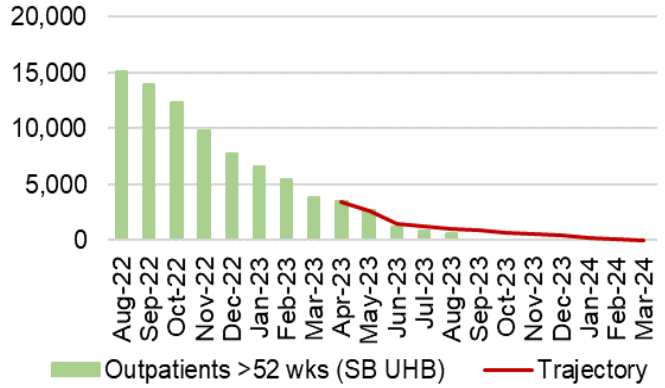
| PLANNED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **Outpatient waiting times**<br><br>*1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total*<br><br>*2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level*<br><br>*3. Patients waiting over 26 weeks for an outpatient appointment by specialty*<br><br>*4. Percentage of patients waiting less than 26 weeks* | The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. August 2023 saw an in-month increase of 1% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 12,937 in July 2023 to 13,121 in August 2023. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and Gynaecology. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has slightly deteriorated to 61%.<br><br>**Trend**<br><br>**1. Number of stage 1 over 26 weeks- HB total**<br>  <br><br><br>**2. Number of stage 1 over 26 weeks- Hospital level**<br>  <br><br><br>**3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at August 2023**<br>  <br><br><br>**4. Percentage of patient waiting less than 26 weeks**<br>  <br> |

| PLANNED CARE | |
|---|---|
| **Description** | **Current Performance** |
| **Patients waiting over 36 weeks for treatment**<br><br>*1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total*<br><br>*2. Number of patients waiting more than 36 weeks for treatment*<br><br>*3. Number of elective admissions*<br><br>*4. Number of patients waiting more than 104 weeks for treatment* | In August 2023, there were 6,558 patients waiting over 36 weeks at Stage 1, which is a 3% in-month reduction from July 2023. 14,877 patients were waiting over 52 weeks at all stages in August 2023. In August 2023, there were 4,999 patients waiting over 104 weeks for treatment, which is a 6% reduction from July 2023. The Health Board are currently out-performing all submitted recovery trajectories for 2023/24. |
| | **Trend** |

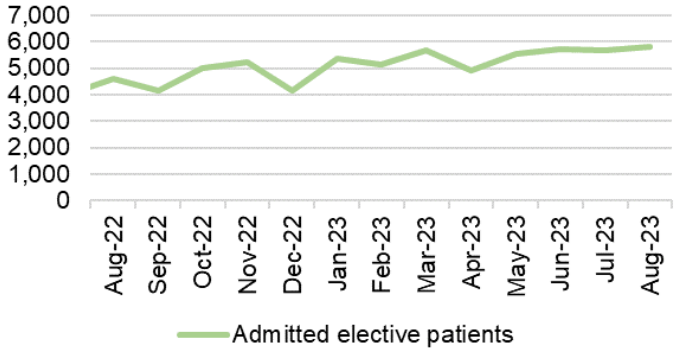
**1. Number of patients waiting over 36 weeks at Stage 1**



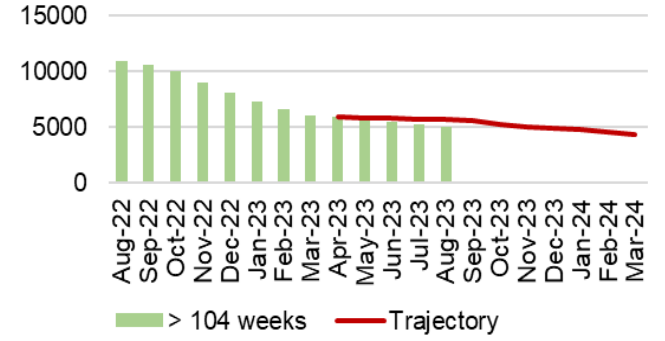

**2. Number of patients waiting over 52 weeks at Stage 1- HB total**

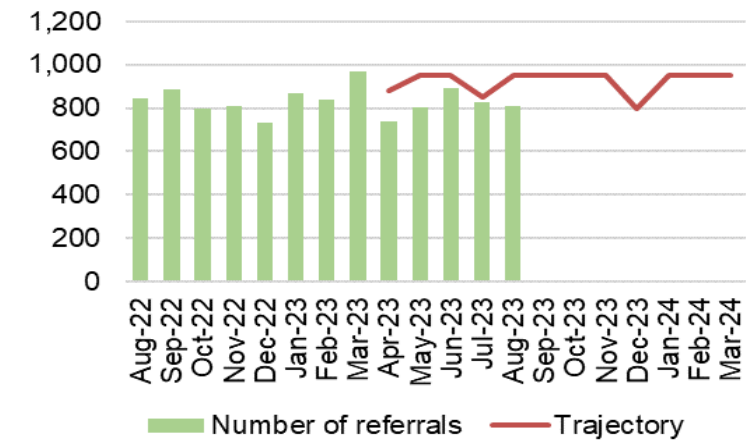
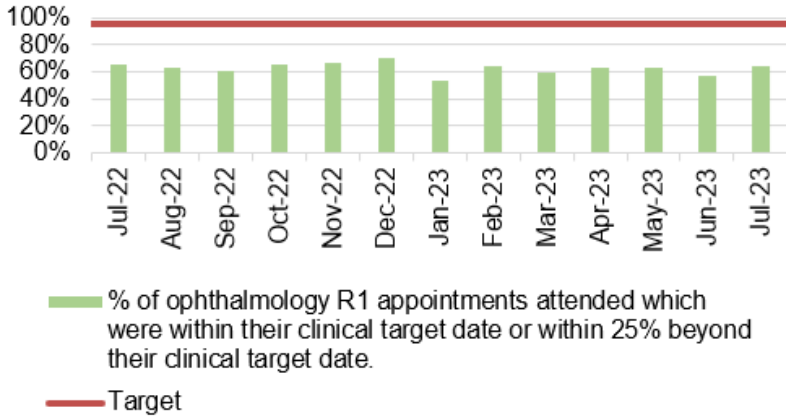


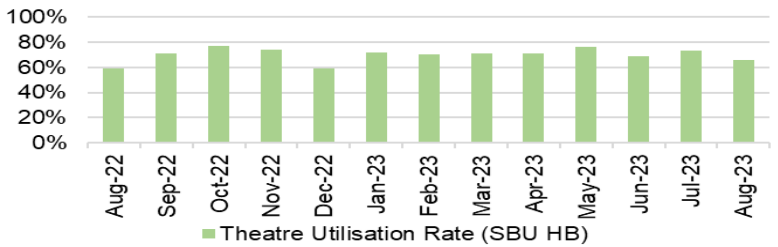
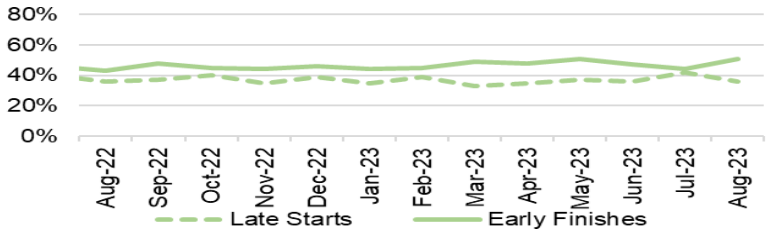
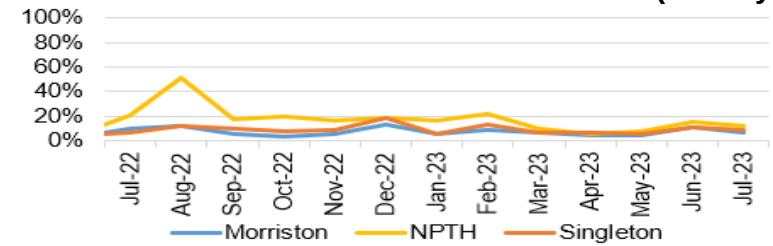
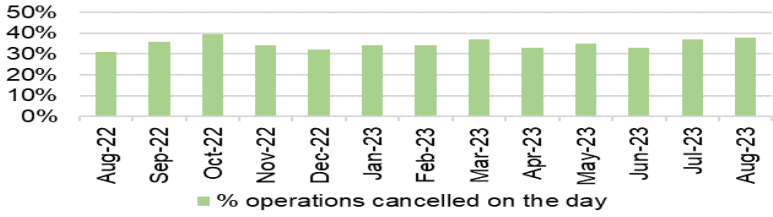

**3. Number of elective admissions**

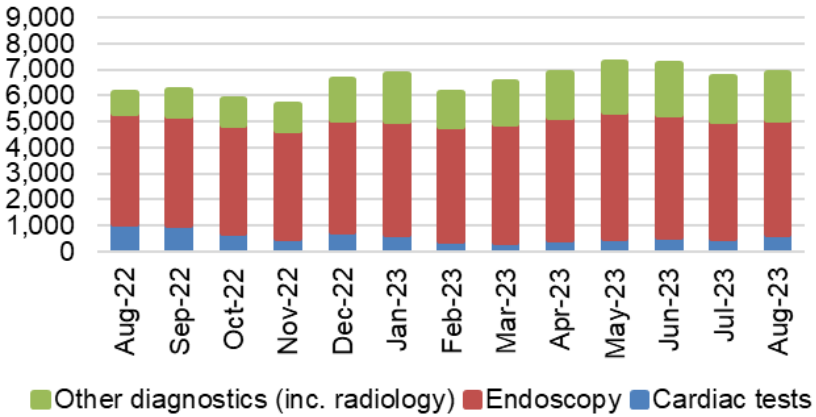
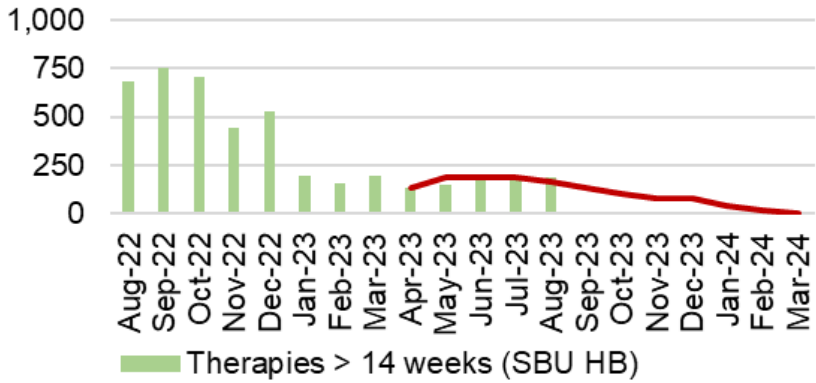



**4.Number of patients waiting over 104 weeks- HB total**



| PLANNED CARE | | |
|---|---|---|
| **Description** | **Current Performance** | |
| **Ophthalmology Referrals**<br>*Number of patients referred into secondary care Ophthalmology services* | In August 2023, there were 812 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in July 2023, which was 824.<br><br>The figures reported are outperforming the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in August 2023 (950). | **Number of referrals into secondary care Ophthalmology service**<br>  |
| **Ophthalmology waiting times**<br>*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* | In July 2023, 63.8% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.<br><br>**Actions of Improvement;**<br>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 | **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**<br>  |

| THEATRE EFFICIENCY | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Theatre Efficiency**<br>*1. Theatre Utilisation Rates* | In August 2023 the Theatre Utilisation rate was 66%. This is 7% lower than the figure's reported in July 2023 and are 7% higher than those seen in August 2022 (59%). | **1. Theatre Utilisation Rates**<br>  |
| *2. % of theatre sessions starting late* | 36% of theatre sessions started late in August 2023. This is a 6% improvement on performance seen in July 2023 (42%). | **2. and 3. % theatre sessions starting late/finishing**<br>  |
| *3. % of theatre sessions finishing early* | In August 2023, 51% of theatre sessions finished early. This is 7% higher than figures seen in July 2023 and 8% higher than those seen in August 2022 | |
| *4. % of theatre sessions cancelled at short notice (<28 days)* | 10% of theatre sessions were cancelled at short notice in August 2023. This is 1% higher than the figure reported in July 2023 and is 9% lower than figures seen in August 2022. | **4.% theatre sessions cancelled at short notice (<28 days)**<br>  |
| *5. % of operations cancelled on the day* | Of the operations cancelled in August 2023, 38% of them were cancelled on the day. This is the 1% higher than figures reported in July 2023. | **5. % of operations cancelled on the day**<br>  |

| PLANNED CARE | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Diagnostics waiting times**<br>*The number of patients waiting more than 8 weeks for specified diagnostics* | In August 2023, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,713 in July 2023 to 6,861 in August 2023.<br><br>The following is a breakdown for the 8-week breaches by diagnostic test for August 2023:<br>• Endoscopy= 4,415<br>• Cardiac tests= 680^<br>• Other Diagnostics = 1,766^<br><br>**Actions of Improvement**;<br>Detailed demand and capacity work is currently underway to develop a diagnostic recovery trajectory which works towards the ministerial target of 0 by March 2024. | **Number of patients waiting longer than 8 weeks for Diagnostics**<br>  |
| **Therapy waiting times**<br>*The number of patients waiting more than 14 weeks for specified therapies* | In August 2023 there were 183 patients waiting over 14 weeks for specified Therapies.<br><br>The breakdown for breaches in August 2023 are:<br>• Speech & Language Therapy= 158<br>• Dietetics = 25^<br><br>**Actions of Improvement;**<br>The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas. | **Number of patients waiting longer than 14 weeks for therapies**<br>  |

## CANCER

### Description

Cancer demand and shape of the waiting list

**Single Cancer Pathway**
*Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)*

Single Cancer Pathway backlog- patients waiting over 63 days

### Current Performance

August 2023 backlog by tumour site:

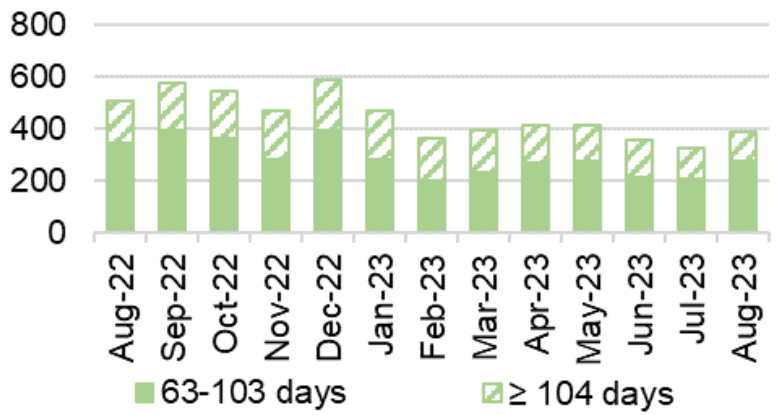
| Tumour Site | 63 - 103 days | ≥104 days |
|---|---|---|
| Acute Leukaemia | 0 | 0 |
| Brain/CNS | 0 | 1 |
| Breast | 19 | 1 |
| Children's cancer | 1 | 0 |
| Gynaecological | 78 | 27 |
| Haematological | 4 | 6 |
| Head and neck | 25 | 7 |
| Lower Gastrointestinal | 54 | 23 |
| Lung | 14 | 10 |
| Other | 4 | 0 |
| Sarcoma | 4 | 1 |
| Skin(c) | 28 | 8 |
| Upper Gastrointestinal | 33 | 12 |
| Urological | 36 | 21 |
| **Grand Total** | **300** | **117** |

August 2023 saw an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;

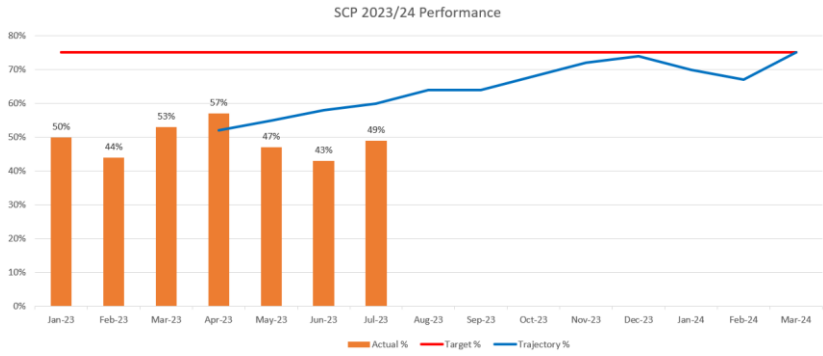
- Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog
- The cancer tracking facility will be centralised from October 2023 to support focussed tracking with a whole system approach
- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority

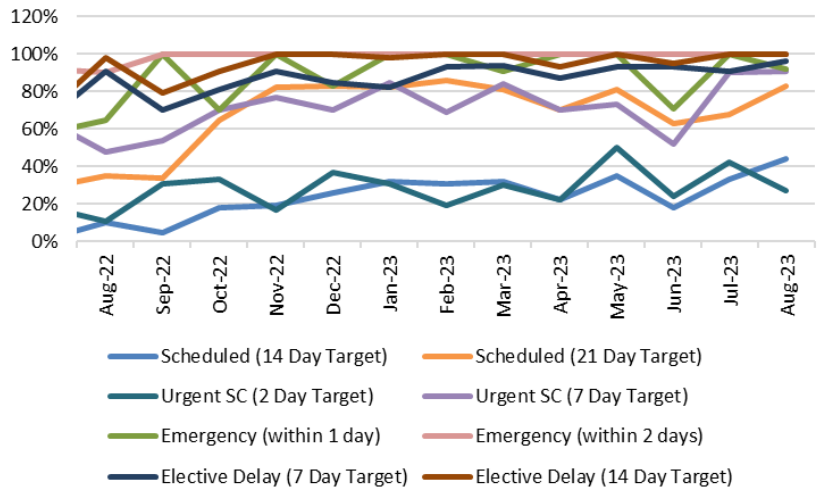
### Trend

**Number of patients with a wait status of more than 62 days**



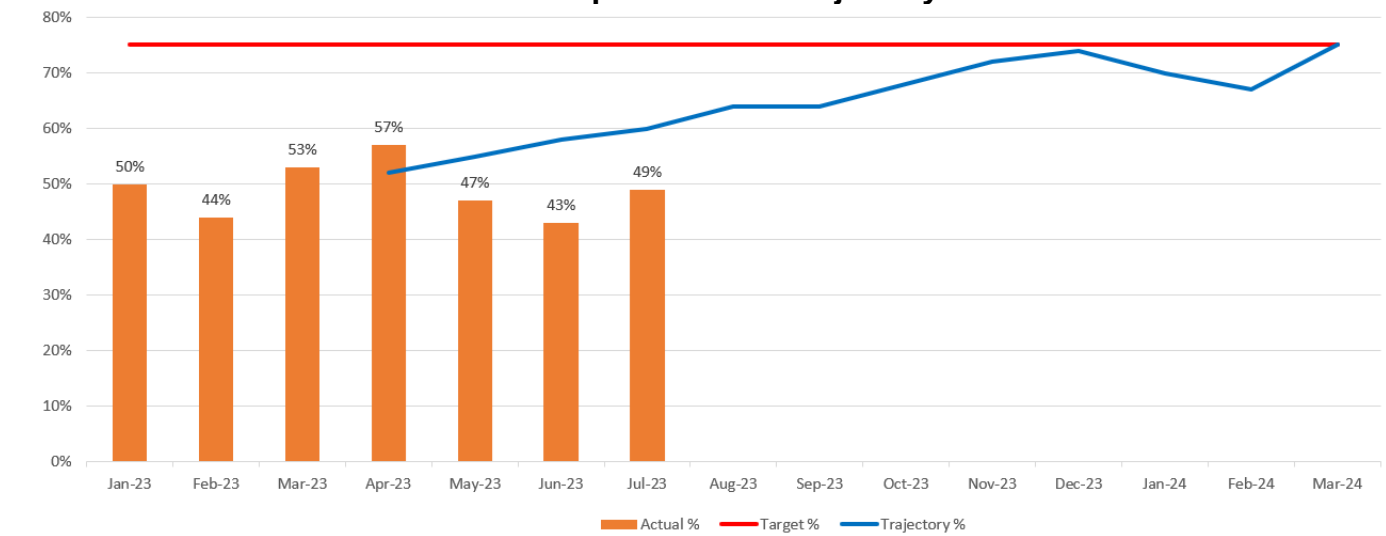

**Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion**



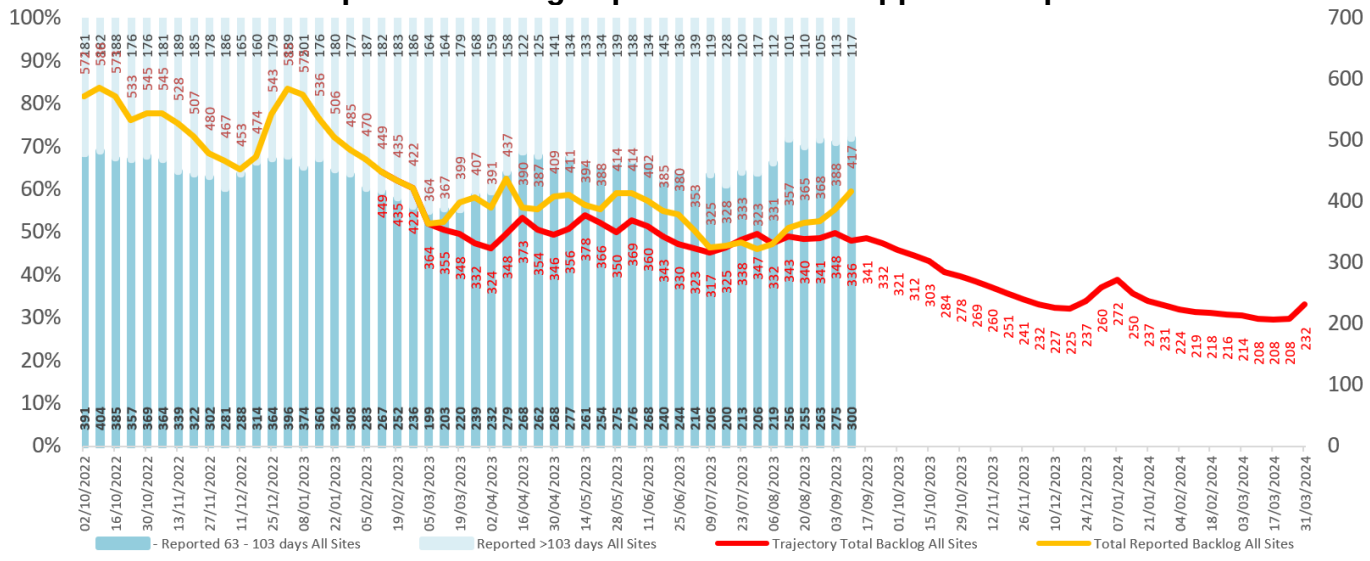
<table>
<tr><th colspan="3">CANCER</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>USC First Outpatient Appointments<br>The number of patients at first outpatient appointment stage by days waiting</td><td>To date, early September 2023 figures show total wait volumes for first outpatient appointment have increased by 3% when compared with the previous week.<br><br>Of the total number of patients awaiting a first outpatient appointment, 42% have been booked, which is higher than figures seen in the previous months' performance.</td><td>The number of patients waiting for a first outpatient appointment (by total days waiting) – September 2023
<table>
<tr><th>FIRST OPA</th><th>03-Sep</th><th>10-Sep</th></tr>
<tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr>
<tr><td>Brain/CNS</td><td>0</td><td>0</td></tr>
<tr><td>Breast</td><td>79</td><td>7</td></tr>
<tr><td>Children's Cancer</td><td>8</td><td>9</td></tr>
<tr><td>Gynaecological</td><td>65</td><td>79</td></tr>
<tr><td>Haematological</td><td>2</td><td>4</td></tr>
<tr><td>Head and Neck</td><td>89</td><td>113</td></tr>
<tr><td>Lower GI</td><td>57</td><td>50</td></tr>
<tr><td>Lung</td><td>11</td><td>8</td></tr>
<tr><td>Other</td><td>145</td><td>124</td></tr>
<tr><td>Sarcoma</td><td>0</td><td>0</td></tr>
<tr><td>Skin</td><td>526</td><td>605</td></tr>
<tr><td>Upper GI</td><td>41</td><td>35</td></tr>
<tr><td>Urological</td><td>36</td><td>53</td></tr>
<tr><td></td><td>1059</td><td>1087</td></tr>
</table></td></tr>
<tr><td>Radiotherapy waiting times<br><br>The percentage of patients receiving radiotherapy treatment</td><td>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%
<table>
<tr><th>Measure</th><th>Target</th><th>August-23</th></tr>
<tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>44%</td></tr>
<tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>83%</td></tr>
<tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>27%</td></tr>
<tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>91%</td></tr>
<tr><td>Emergency (within 1 day)</td><td>80%</td><td>92%</td></tr>
<tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr>
<tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>96%</td></tr>
<tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr>
</table></td><td>Radiotherapy waiting times<br> 
</td></tr>
</table>

## Cancer Services – Performance Escalation Updates

### 1.SCP performance trajectory

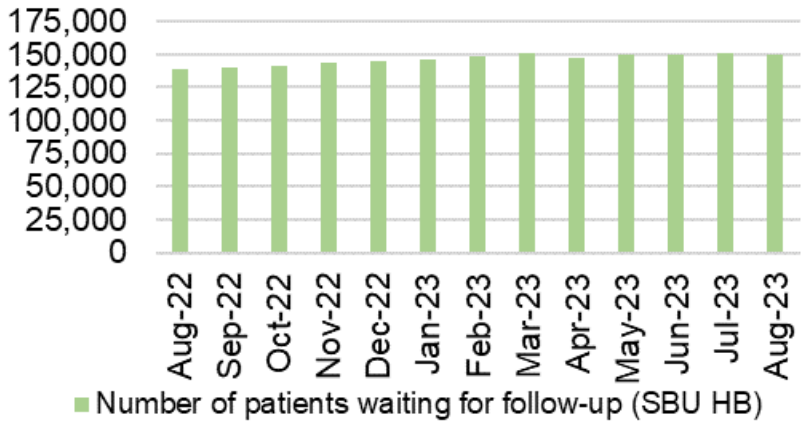
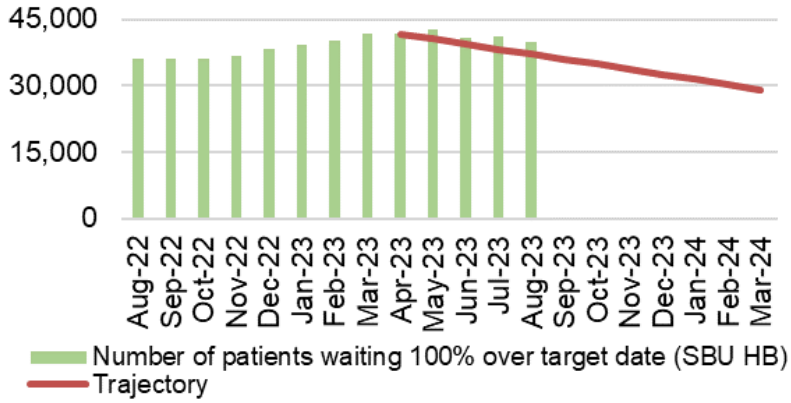


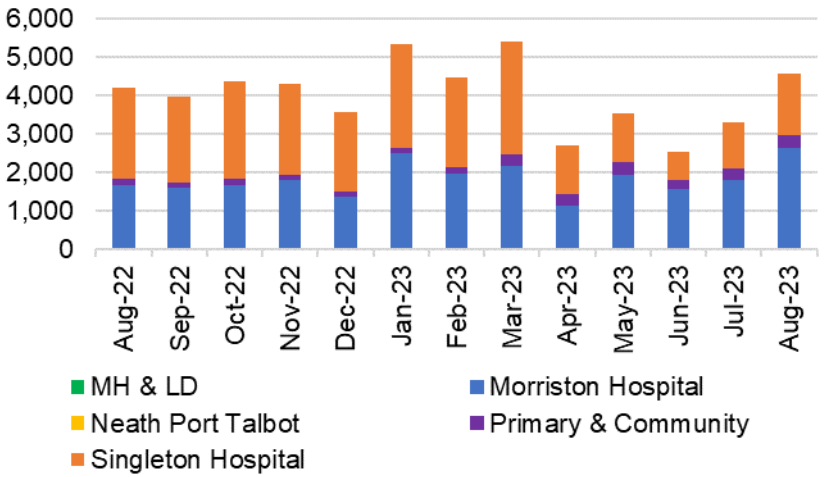
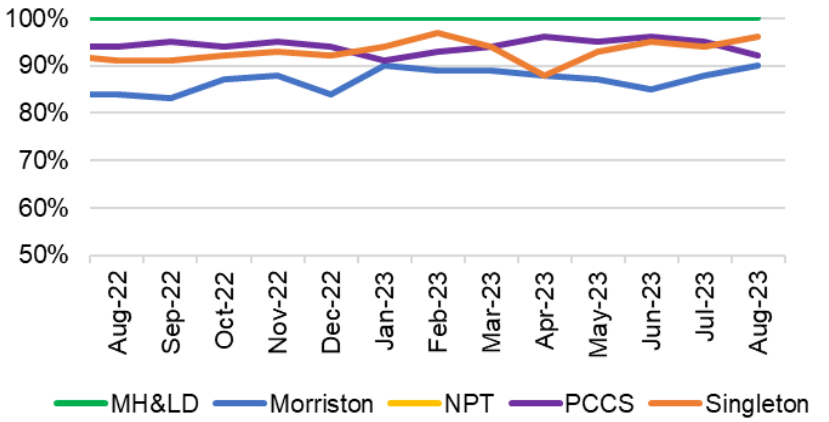

### Proposed backlog improvements to support SCP performance

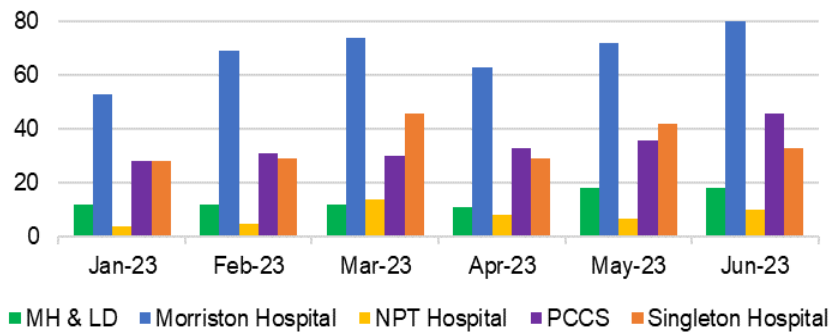
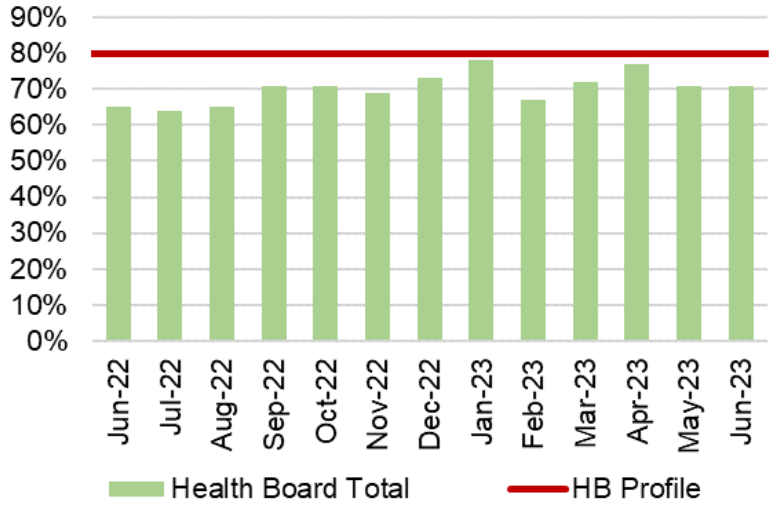



1. The final SCP performance for July 2023 was 49%, which is an improvement on the performance reported in June 2023. Performance is below the submitted trajectory (60%).

2. Backlog figures have seen an increase in recent weeks and are slightly above the submitted trajectory. The total backlog at 10/09/2023 was 417.

| FOLLOW-UP APPOINTMENTS | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Follow-up appointments**<br><br>*1. The total number of patients on the follow-up waiting list*<br><br>*2. The number of patients waiting 100% over target for a follow-up appointment* | In August 2023, the overall size of the follow-up waiting list decreased by 356 patients compared with July 2023 (from 150,416 to 150,060).<br><br>In August 2023, there was a total of 66,683 patients waiting for a follow-up past their target date. This is a slight in-month reduction of 1.6% (from 67,748 in July 2023 to 66,683).<br><br>Of the 66,683 delayed follow-ups in August 2023, 12,441 had appointment dates and 54,242 were still waiting for an appointment.<br><br>In addition, 39,938 patients were waiting 100%+ over target date in August 2023. This is a 2.9% reduction when compared with July 2023.<br><br>. | **1. Total number of patients waiting for a follow-up**<br>  <br><br>**2. Delayed follow-ups: Number of patients waiting 100% over target**<br>  <br> |

| PATIENT EXPERIENCE | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| **Patient experience**<br><br>*1. Number of friends and family surveys completed*<br><br>*2. Percentage of patients/ service users who would recommend and highly recommend* | • Health Board Friends & Family patient satisfaction level in August 2023 was 92% and 5,188 surveys were completed.<br>➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 1,583 surveys in August 2023, with a recommended score of 96%.<br>➢ Morriston Hospital completed 2,580 surveys in August 2023, with a recommended score of 90%.<br>➢ Primary & Community Care completed 361 surveys for August 2023, with a recommended score of 92%.<br>➢ The Mental Health Service Group completed 38 surveys for August 2023, with a recommended score of 100%. | **1. Number of friends and family surveys completed**<br>  <br>**2. % of patients/ service users who would recommend and highly recommend**<br>  |

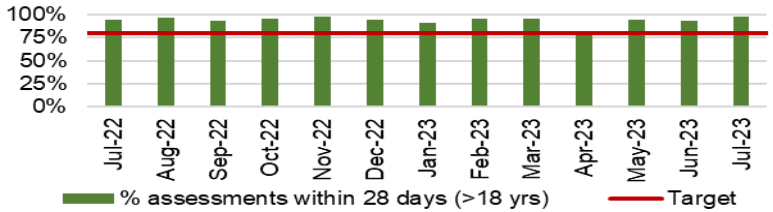
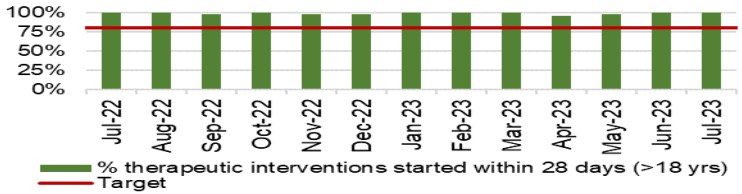
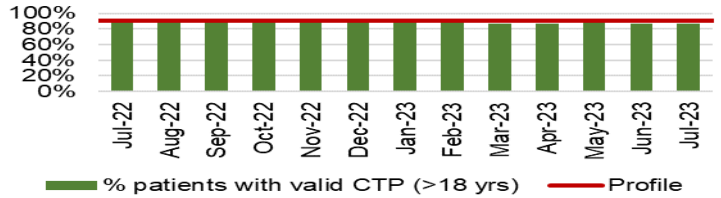
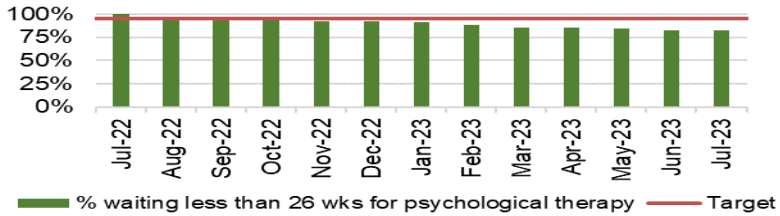
<table>
<tr><th colspan="3">COMPLAINTS</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>Patient concerns<br><br>1. Number of formal complaints received<br><br><br><br><br><br><br><br><br><br>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</td><td>1. In June 2023, the Health Board received 217 formal complaints; this is an increase when compared with May 2023 figures (182) and this is a 84% increase on the number seen in June 2022.<br><br><br><br><br><br><br><br><br><br>2. The overall Health Board rate for responding to concerns within 30 working days was 71% in June 2023, against the Welsh Government target of 75% and Health Board target of 80%.<br><br>Below is a breakdown of performance against the 30-day response target:<br><table><tr><th></th><th>30 day response rate</th></tr><tr><td>Neath Port Talbot Hospital</td><td>50%</td></tr><tr><td>Morriston Hospital</td><td>71%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>69%</td></tr><tr><td>Primary, Community and Therapies</td><td>91%</td></tr><tr><td>Singleton Hospital</td><td>67%</td></tr></table></td><td>1. Number of formal complaints received<br> 
<br>2. Response rate for concerns within 30 days<br> 
</td></tr>
</table>

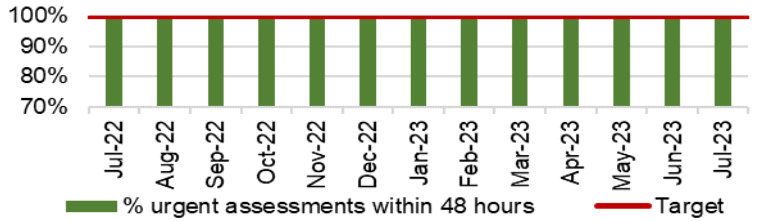
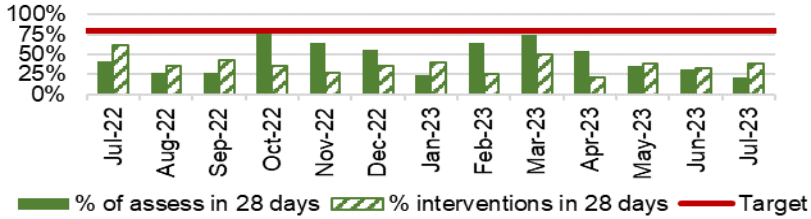
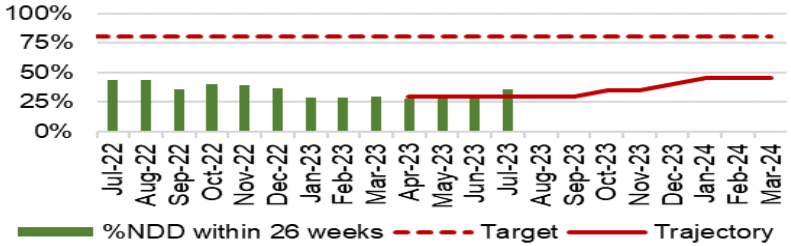
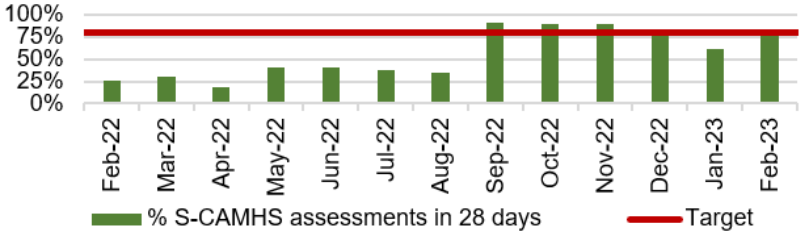
## 6.1 Overview

| Measure | Locality | National/ Local Target | Internal Profile | Trend | Harm from wider societal actions/lockdown SBU Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Childhood immunisations** | | | | | | | | | | | | | | | | | |
| % children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | NPT | 95% | 90% | | 94.8% | | 95.3% | | | 95.1% | | | 90.9% | | | | |
| | Swansea | | | | 95.0% | | 94.1% | | | 95.6% | | | 97.0% | | | | |
| | **HB Total** | | | | **94.9%** | | **94.6%** | | | **95.4%** | | | **94.6%** | | | | |
| % children who received MenB2 vaccine by age 1 | NPT | 95% | 90% | | 96.1% | | 95.9% | | | 95.1% | | | 90.9% | | | | |
| | Swansea | | | | 94.6% | | 93.3% | | | 93.5% | | | 95.1% | | | | |
| | **HB Total** | | | | **95.2%** | | **94.3%** | | | **94.2%** | | | **93.4%** | | | | |
| % children who received PCV2 vaccine by age 1 | NPT | 95% | 90% | | 97.7% | | 97.4% | | | 96.3% | | | 95.5% | | | | |
| | Swansea | | | | 96.5% | | 94.3% | | | 96.2% | | | 98.1% | | | | |
| | **HB Total** | | | | **96.9%** | | **95.5%** | | | **96.2%** | | | **97.0%** | | | | |
| % children who received Rotavirus vaccine by age 1 | NPT | 95% | 90% | | 94.2% | | 95.3% | | | 94.8% | | | 91.6% | | | | |
| | Swansea | | | | 91.5% | | 91.8% | | | 94.1% | | | 95.9% | | | | |
| | **HB Total** | | | | **92.5%** | | **93.2%** | | | **94.4%** | | | **94.2%** | | | | |
| % children who received MMR1 vaccine by age 2 | NPT | 95% | 90% | | 96.4% | | 92.5% | | | 95.6% | | | 90.9% | | | | |
| | Swansea | | | | 93.0% | | 93.8% | | | 93.9% | | | 92.8% | | | | |
| | **HB Total** | | | | **94.3%** | | **93.3%** | | | **94.6%** | | | **92.1%** | | | | |
| % children who received PCVf3 vaccine by age 2 | NPT | 95% | 90% | | 95.5% | | 91.9% | | | 95.2% | | | 90.6% | | | | |
| | Swansea | | | | 93.0% | | 93.4% | | | 93.1% | | | 91.0% | | | | |
| | **HB Total** | | | | **94.0%** | | **92.9%** | | | **93.9%** | | | **91.0%** | | | | |
| % children who received MenB4 vaccine by age 2 | NPT | 95% | 90% | | 96.4% | | 92.5% | | | 95.2% | | | 91.6% | | | | |
| | Swansea | | | | 92.3% | | 92.5% | | | 92.3% | | | 92.1% | | | | |
| | **HB Total** | | | | **93.9%** | | **92.5%** | | | **93.4%** | | | **91.9%** | | | | |
| % children who received Hib/MenC vaccine by age 2 | NPT | 95% | 90% | | 95.2% | | 92.2% | | | 94.9% | | | 91.6% | | | | |
| | Swansea | | | | 92.3% | | 92.7% | | | 92.7% | | | 92.1% | | | | |
| | **HB Total** | | | | **93.4%** | | **92.5%** | | | **93.6%** | | | **91.9%** | | | | |
| % children who are up to date in schedule by age 4 | NPT | 95% | 90% | | 85.3% | | 81.3% | | | 87.5% | | | 84.0% | | | | |
| | Swansea | | | | 84.8% | | 82.1% | | | 81.6% | | | 84.5% | | | | |
| | **HB Total** | | | | **85.0%** | | **81.8%** | | | **83.8%** | | | **84.3%** | | | | |
| % of children who received 2 doses of the MMR vaccine by age 5 | NPT | 95% | 90% | | 90.7% | | 89.0% | | | 90.4% | | | 87.0% | | | | |
| | Swansea | | | | 89.3% | | 89.8% | | | 87.2% | | | 89.0% | | | | |
| | **HB Total** | | | | **89.8%** | | **89.5%** | | | **88.4%** | | | **88.3%** | | | | |
| % children who received 4 in 1 vaccine by age 5 | NPT | 95% | 90% | | 91.0% | | 90.0% | | | 91.2% | | | 87.3% | | | | |
| | Swansea | | | | 89.9% | | 89.4% | | | 87.7% | | | 88.7% | | | | |
| | **HB Total** | | | | **90.3%** | | **89.6%** | | | **89.0%** | | | **88.2%** | | | | |
| % children who received MMR vaccination by age 16 | NPT | 95% | 90% | | 92.3% | | 92.4% | | | 97.5% | | | 94.4% | | | | |
| | Swansea | | | | 91.4% | | 90.2% | | | 94.5% | | | 91.6% | | | | |
| | **HB Total** | | | | **91.7%** | | **91.0%** | | | **95.6%** | | | **92.6%** | | | | |
| % children who received teenage booster by age 16 | NPT | 90% | 85% | | 91.6% | | 87.3% | | | 86.8% | | | 89.9% | | | | |
| | Swansea | | | | 90.5% | | 89.6% | | | 90.2% | | | 90.4% | | | | |
| | **HB Total** | | | | **90.9%** | | **88.8%** | | | **88.9%** | | | **90.2%** | | | | |
| % children who received MenACWY vaccine by age 16 | NPT | Improve | | | 92.1% | | 87.5% | | | 87.1% | | | 89.9% | | | | |
| | Swansea | | | | 90.9% | | 90.2% | | | 90.5% | | | 89.4% | | | | |
| | **HB Total** | | | | **91.4%** | | **89.2%** | | | **89.2%** | | | **89.6%** | | | | |

| Measure | Locality | National/ Local Target | HB Trajectory | Trend | SBU | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
| **COVID-19 Boosters** | | | | | | | | | | | | | | | | | |
| % uptake of the Spring COVID-19 vaccination for those eligible | NPT | 75% | | | | | | | | | | | | | 66.3% | | |
| | Swansea | | | | | | | | | | | | | | 68.6% | | |
| | **HB Total** | | | | | | | | | | | | | | 67.8% | | |
| % uptake of the Autumn COVID-19 vaccination for those eligible | NPT | 75% | | | *Reporting begins Sep-23 for Autumn 23 booster* | | | | | | | | | | | | |
| | Swansea | | | | | | | | | | | | | | | | |
| | **HB Total** | | | | | | | | | | | | | | | | |
| **Measure** | **Locality** | **National/ Local Target** | **HB Trajectory** | **Trend** | **SBU** | | | | | | | | | | | | |
| | | | | | **Aug-22** | **Sep-22** | **Oct-22** | **Nov-22** | **Dec-22** | **Jan-23** | **Feb-23** | **Mar-23** | **Apr-23** | **May-23** | **Jun-23** | **Jul-23** | **Aug-23** |
| **Mental Health Services** | | | | | | | | | | | | | | | | | |
| % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs) | < 18 years old (CAMHS) | 100% | | | 100% | 100% | 100% | 100% | 100% | 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% | | | 34% | 91% | 91% | 89% | 79% | 62% | 82% | 74% | 55% | 31% | 31% | 21% | |
| % of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 27% | 27% | 83% | 65% | 56% | 24% | 64% | 74% | 55% | 35% | 31% | 21% | |
| % of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 34% | 91% | 90% | 89% | 79% | 62% | 82% | | | | | | |
| % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs) | > 18 years old | 80% | | | 97% | 93% | 95% | 98% | 94% | 91% | 95% | 96% | 78% | 94% | 93% | 98% | |
| % of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 35% | 43% | 36% | 27% | 35% | 40% | 26% | 50% | 21% | 38% | 33% | 38% | |
| % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs) | > 18 years old | 80% | | | 100% | 98% | 100% | 98% | 98% | 100% | 100% | 100% | 96% | 98% | 100% | 100% | |
| % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs) | > 18 years old | 80% | | | 97% | 96% | 93% | 92% | 92% | 91% | 88% | 85% | 85% | 84% | 82% | 82% | |
| % of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs) | < 18 years old (CAMHS) | 80% | 30% | | 44% | 36% | 40% | 39% | 37% | 29% | 29% | 29% | 28% | 30% | 31% | 36% | |
| % 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% | | | 100% | 87% | 87% | 99% | 99% | 91% | 100% | 100% | 100% | 93% | 90% | 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% | | | 90% | 89% | 90% | 90% | 90% | 89% | 89% | 87% | 87% | 88% | 87% | 87% | |

## 6.3 Updates on key measures

| ADULT MENTAL HEALTH | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| Adult Mental Health Measures:<br>1. *% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)* | 1. In July 2023, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over. | **1. % Mental Health assessments undertaken within 28 days from receipt of referral**<br>  |
| 2. *% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)* | 2. In July 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%. | **2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment**<br>  |
| 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)* | 3. 87% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in July 2023. | **3. % residents with a valid Care and Treatment Plan (CTP)**<br>  |
| 4. *% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health* | 4. In July 2023, 82% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%. | **4. % waiting less than 26 weeks for Psychology Therapy**<br>  |

| CHILD & ADOLESCENT MENTAL HEALTH (CAMHS) | | |
|---|---|---|
| **Description** | **Current Performance** | **Trend** |
| 1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral<br>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral<br>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS<br>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks<br>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral | 1. In July 2023, 100% of CAMHS patients received an assessment within 48 hours.<br>2. 21% of routine assessments were undertaken within 28 days from referral in July 2023 against a target of 80%.<br>3. 38% of therapeutic interventions were started within 28 days following assessment by LPMHSS in July 2023.<br>4. 36% of NDD patients received a diagnostic assessment within 26 weeks in July 2023 against a target of 80%.<br>5. 82% of routine assessments by SCAMHS were undertaken within 28 days in February 2023.<br>**Updated data is not currently available to report** | **1. Crisis- assessment within 48 hours**<br>  <br>**2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days**<br>  <br>**4. NDD- assessment within 26 weeks**<br>  <br>**5. S-CAMHS % assessments within 28 days**<br>  |

## 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** | **HB Trajectory** | **Reporting period** | **Morriston** | **NPTH** | **Singleton** | **Primary & Community** | **MH & LD** | **HB Total** |
| COVID19 relat | Number of new COVID19 cases* | Local | | | Aug-23 | | | | | | 132 |
| | Number of staff referred for Antigen Testing* | Local | | | Mar-23 | | | | | | 43 |
| | Number of staff awaiting results of COVID19 test* | Local | | | Aug-23 | | | | | | 0 |
| | Number of COVID19 related incidents* | Local | | | Aug-23 | | | | | | 33 |
| | Number of COVID19 related serious incidents* | Local | | | Aug-23 | | | | | | 0 |
| | Number of COVID19 related complaints* | Local | | | Aug-23 | | | | | | 0 |
| | Number of COVID19 related risks* | Local | | | Oct-21 | | | | | | 0 |
| | Number of staff self isolated (asymptomatic)* | Local | | | Jun-23 | | | | | | 0 |
| | Number of staff self isolated (symptomatic)* | Local | | | Jun-23 | | | | | | 7 |
| | % sickness* | Local | | | Jun-23 | | | | | | 0.1% |

| | |
|---|---|
| | 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** | **HB Trajectory** | **Reporting period** | **Morriston** | **NPTH** | **Singleton** | **Primary & Community** | **MH & LD** | **HB Total** |
| Unscheduled Care | Number of ambulance handovers over one hour | National | Improvement trajectory towards 0 by Mar 24 | 472 | Aug-23 | 693 | | 1 | | | 694 |
| | % 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 | Improvement compared to same month in 22/23 | | Aug-23 | 62.3% | 99.0% | | | | 76% |
| | 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 | Improvement trajectory towards 0 by Mar 24 | 1015 | Aug-23 | 1,154 | 2 | | | | 1,156 |
| Stroke | % of patients who have a direct admission to an acute stroke unit within 4 hours* | Local | 59.8% (UK SNAP average) | | Jul-23 | 25% | | | | | 25% |
| | % of patients who receive a CT scan within 1 hour* | Local | 54.5% (UK SNAP average) | | Jul-23 | 52% | | | | | 52% |
| | % of patients who are assessed by a stroke specialist consultant physician within 24 hours* | Local | 84.2% (UK SNAP average) | | Jul-23 | 92% | | | | | 92% |
| | % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes* | Local | 12 month improvement trend | | Jul-23 | 11% | | | | | 11% |
| | % of patients receiving the required minutes for speech and language therapy* | Local | 12 month improvement trend | | Jul-23 | 65% | | | | | 65% |
| Fractured Neck of Femur (#NOF) | Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation | Local | 75% | | Jul-23 | 95.9% | | | | | 95.9% |
| | Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture | Local | 75% | | Jul-23 | 31.6% | | | | | 31.6% |
| | NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 | Local | 75% | | Jul-23 | 72.9% | | | | | 72.9% |
| | Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation | Local | 75% | | Jul-23 | 81.4% | | | | | 81.4% |
| | Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation | Local | 75% | | Jul-23 | 74.2% | | | | | 74.2% |
| | Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up | Local | 75% | | May-23 | 68.9% | | | | | 68.9% |
| | 30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months | Local | 12 month improvement trend | | Jan-21 | 7.5% | | | | | 7.5% |
| | % of survival within 30 days of emergency admission for a hip fracture | Local | 12 month improvement trend | | Feb-22 | 81.4% | | | | | 81.4% |

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

| Harm quadrant- Harm from overwhelmed NHS and social care system | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Category | Measure | Target Type | Target | HB Trajectory | Reporting period | Morriston | NPTH | Singleton | Primary & Community | MH & LD | HB Total |
| Healthcare acquired infections | Number of E.Coli bacteraemia cases | National | ≤ 234 (Cumulative) | 19 | Aug-23 | 11 | 2 | 2 | 10 | 0 | 27 |
| | Number of S.aureus bacteraemia cases | National | ≤ 71 (Cumulative) | 6 | Aug-23 | 3 | 0 | 2 | 4 | 0 | 10 |
| | Number of C.difficile cases | National | ≤ 95 (Cumulative) | 8 | Aug-23 | 11 | 0 | 2 | 4 | 0 | 17 |
| | Number of Klebsiella cases | National | ≤ 71 (Cumulative) | 7 | Aug-23 | 2 | 0 | 2 | 6 | 0 | 10 |
| | Number of Aeruginosa cases | National | ≤ 24 (Cumulative) | 2 | Aug-23 | 0 | 0 | 0 | 1 | 0 | 1 |
| | Compliance with hand hygiene audits | Local | 95% | | Aug-23 | 97% | 95% | 88% | 100% | 99% | 95% |
| Serious incidents | Number of Nationally Reportable Incidents | Local | Monitor | | Aug-23 | 1 | 0 | 2 | 4 | 2 | 9 |
| | Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales | Local | 80% | | Aug-23 | | | | | | 83% |
| | Number of Never Events | Local | 0 | | Aug-23 | 0 | 0 | 1 | 0 | 0 | 1 |
| Pressure Ulcers | Total number of Pressure Ulcers | Local | 12 month reduction trend | | Jul-23 | 55 | 6 | 5 | 34 | 0 | 100 |
| | Total number of Grade 3+ Pressure Ulcers | Local | 12 month reduction trend | | Jul-23 | 0 | 1 | 0 | 6 | 0 | 7 |
| | Pressure Ulcer (Hosp) patients per 100,000 admissions | Local | 12 month reduction trend | | Jul-23 | | | | | | 904 |
| Inpatient Falls | Total number of Inpatient Falls | Local | 12 month reduction trend | | Aug-23 | 132 | 21 | 14 | 4 | 29 | 200 |
| | Inpatient Falls per 1,000 beddays | Local | Between 3.0 & 5.0 | | Aug-23 | | | | | | 5.14 |
| Mortality | Crude hospital mortality rate by Delivery Unit (74 years | Local | 12 month reduction trend | | Jul-23 | 1.29% | 0.06% | 0.23% | | | 0.70% |

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

| Harm quadrant- Harm from reduction in non-Covid activity | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Category** | **Measure** | **Target Type** | **Target** | **HB Trajectory** | **Reporting period** | **Morriston** | **NPTH** | **Singleton** | **Primary & Community** | **MH & LD** | **HB Total** |
| | Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)* | National | Improvement Trajectory towards 80% by Mar 26 | 60.0% | Aug-23 (Draft) | | | | | | *31%* |
| Planned Care | Number of patients waiting > 26 weeks for first outpatient appointment | Local | 0 | | Aug-23 | 7,958 | 1 | 5,156 | 6 | | 13,121 |
| | Number of patients waiting > 36 weeks for first outpatient appointment | National | Improvement Trajectory towards target of 0 | 6,681 | Aug-23 | 1 | 0 | 2,682 | 0 | | 6,558 |
| | Number of patients waiting > 52 weeks for first outpatient appointment | National | Improvement Trajectory towards target of 0 | 1,086 | Aug-23 | 663 | 0 | 2 | 0 | | 665 |
| | Number of patients waiting > 52 weeks for treatment | National | Improvement Trajectory towards target of 0 | 16,276 | Aug-23 | 11,418 | 0 | 3,459 | 0 | | 14,877 |
| | Number of patients waiting > 104 weeks for treatment | National | Improvement Trajectory towards target of 0 | 5,713 | Aug-23 | 4,121 | 0 | 878 | 0 | | 4,999 |
| | Number of patients waiting > 8 weeks for a specified diagnostics | National | Improvement Trajectory towards 0 by Mar 24 | 5,939 | Aug-23 | 2,451 | | 4,410 | | | 6,861 |
| | Number of patients waiting > 14 weeks for a specified therapy | National | Improvement Trajectory towards 0 by Mar 24 | 162 | Aug-23 | | | | 183 | 0 | 183 |
| | Total number of patients waiting for a follow-up outpatient appointment | Local | 0 | | Aug-23 | | | | | | 150,060 |
| | Number of patients delayed by over 100% past their target date | National | Improvement Trajectory towards target of 0 | 37,071 | Aug-23 | | | | | | 39,938 |
| | Number of patients delayed past their agreed target date (booked and not booked) | Local | 0 | | Aug-23 | | | | | | 66,683 |
| | Number of Ophthalmology patients without an allocated health risk factor | Local | 0 | | Jul-23 | | | | | | 475 |
| | Number of patients without a documented clinical review date | Local | 0 | | Aug-23 | | | | | | 2 |
| Activity | Number of GP referrals | Local | 12 month reduction trend | | Aug-23 | | | | | | 12,698 |
| | Number of patients referred from primary care into secondary care Ophthalmology services | National | Improvement Trajectory towards reduction by Mar 24 | 850 | Aug-23 | | | | | | 812 |
| Patient Experience/ Feedback | Number of friends and family surveys completed | National | Month on month improvement | | Aug-23 | 2,580 | Now reported under Singleton | 1,583 | 361 | 38 | 2,580 |
| | % of patients who would recommend and highly recommend | Local | 90% | | Aug-23 | 90% | | 96% | 92% | 100% | 92% |
| | % of all-Wales surveys scoring 9 or 10 on overall satisfaction | Local | 90% | | Aug-23 | 93% | | 98% | 95% | | 92% |
| | Number of new complaints received | Local | 12 month reduction trend | | Jun-23 | 101 | 10 | 33 | 46 | 18 | 217 |
| | % 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 | Local | 80% | | Jun-23 | 71% | 50% | 67% | 91% | 69% | 71% |

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

| Harm quadrant- Harm from reduction in non-Covid activity | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Category | Measure | Target Type | Target | HB Trajectory | Reporting period | Morriston | NPTH | Singleton | Primary & Community | MH & LD | HB Total |
| | Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)* | National | Improvement Trajectory towards 80% by Mar 26 | 60.0% | Aug-23 (Draft) | | | | | | *31%* |
| Planned Care | Number of patients waiting > 26 weeks for first outpatient appointment | Local | 0 | | Aug-23 | 7,958 | 1 | 5,156 | 6 | | 13,121 |
| | Number of patients waiting > 36 weeks for first outpatient appointment | National | Improvement Trajectory towards target of 0 | 6,681 | Aug-23 | 1 | 0 | 2,682 | 0 | | 6,558 |
| | Number of patients waiting > 52 weeks for first outpatient appointment | National | Improvement Trajectory towards target of 0 | 1,086 | Aug-23 | 663 | 0 | 2 | 0 | | 665 |
| | Number of patients waiting > 52 weeks for treatment | National | Improvement Trajectory towards target of 0 | 16,276 | Aug-23 | 11,418 | 0 | 3,459 | 0 | | 14,877 |
| | Number of patients waiting > 104 weeks for treatment | National | Improvement Trajectory towards target of 0 | 5,713 | Aug-23 | 4,121 | 0 | 878 | 0 | | 4,999 |
| | Number of patients waiting > 8 weeks for a specified diagnostics | National | Improvement Trajectory towards 0 by Mar 24 | 5,939 | Aug-23 | 2,451 | | 4,410 | | | 6,861 |
| | Number of patients waiting > 14 weeks for a specified therapy | National | Improvement Trajectory towards 0 by Mar 24 | 162 | Aug-23 | | | | 183 | 0 | 183 |
| | Total number of patients waiting for a follow-up outpatient appointment | Local | 0 | | Aug-23 | | | | | | 150,060 |
| | Number of patients delayed by over 100% past their target date | National | Improvement Trajectory towards target of 0 | 37,071 | Aug-23 | | | | | | 39,938 |
| | Number of patients delayed past their agreed target date (booked and not booked) | Local | 0 | | Aug-23 | | | | | | 66,683 |
| | Number of Ophthalmology patients without an allocated health risk factor | Local | 0 | | Jul-23 | | | | | | 475 |
| | Number of patients without a documented clinical review date | Local | 0 | | Aug-23 | | | | | | 2 |
| Activity | Number of GP referrals | Local | 12 month reduction trend | | Aug-23 | | | | | | 12,698 |
| | Number of patients referred from primary care into secondary care Ophthalmology services | National | Improvement Trajectory towards reduction by Mar 24 | 850 | Aug-23 | | | | | | 812 |
| Patient Experience/ Feedback | Number of friends and family surveys completed | National | Month on month improvement | | Aug-23 | 2,580 | Now reported under Singleton | 1,583 | 361 | 38 | 2,580 |
| | % of patients who would recommend and highly recommend | Local | 90% | | Aug-23 | 90% | | 96% | 92% | 100% | 92% |
| | % of all-Wales surveys scoring 9 or 10 on overall satisfaction | Local | 90% | | Aug-23 | 93% | | 98% | 95% | | 92% |
| | Number of new complaints received | Local | 12 month reduction trend | | Jun-23 | 101 | 10 | 33 | 46 | 18 | 217 |
| | % 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 | Local | 80% | | Jun-23 | 71% | 50% | 67% | 91% | 69% | 71% |

* 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-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
| COVID19 related measures | Number of new COVID19 cases | Local | Aug-23 | 132 | | Reduce | | | | | 217 | 218 | 171 | 171 | 395 | 230 | 249 | 378 | 153 | 81 | 60 | 84 | 132 |
| | Number of staff referred for Antigen Testing | Local | Mar-23 | 18,230 | | Reduce | | | | | 17,916 | 17,926 | 17,934 | 17,981 | 18,108 | 18,157 | 18,187 | 18,230 | | | | | |
| | Number of staff awaiting results of COVID19 test | Local | Aug-23 | 0 | | Reduce | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Number of COVID19 related incidents | Local | Aug-23 | 33 | | Reduce | | | | | 46 | 84 | 61 | 51 | 61 | 34 | 33 | 57 | 29 | 61 | 90 | 23 | 33 |
| | Number of COVID19 related serious incidents | Local | Aug-23 | 0 | | Reduce | | | | | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Number of COVID19 related complaints | Local | Aug-23 | 0 | | Reduce | | | | | 6 | 11 | 3 | 3 | 0 | 0 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| | Number of COVID19 related risks | Local | Oct-21 | 0 | | Reduce | | | | | | | | | | | | | | | | | |
| | Number of staff self isolated (asymptomatic) | Local | Jun-23 | 0 | | Reduce | | | | | 8 | 5 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | |
| | Number of staff self isolated (symptomatic) | Local | Jun-23 | 7 | | Reduce | | | | | 121 | 100 | 121 | 124 | 144 | 70 | 63 | 57 | 45 | 27 | 7 | | |
| | % sickness | Local | Jun-23 | 0.1% | | Reduce | | | | | 1.0% | 0.8% | 0.9% | 0.9% | 1.1% | 0.5% | 0.5% | 0.4% | 0.3% | 0.2% | 0.1% | | |
| | 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-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
| | % of emergency responses to red calls arriving within (up to and including) 8 minutes | National | Aug-23 | 56% | 65% | 65% | ✖ | 39.5% (Dec-22) | 3rd (Dec-22) | | 55% | 49% | 50% | 46% | 41% | 52% | 52% | 48% | 50% | 56% | 64% | 55% | 56% |
| | Number of ambulance handovers over one hour | National | Aug-23 | 694 | ↑ trajectory | 472 | ✖ | 6,798 (Dec-22) | 1st (Dec-22) | | 705 | 732 | 739 | 744 | 614 | 561 | 594 | 729 | 658 | 708 | 615 | 643 | 694 |
| | Handover hours lost over 15 minutes | Local | Aug-23 | 4075 | | | | | | | 3,870 | 4,378 | 4,599 | 4,456 | 4,289 | 3,440 | 3,245 | 4,659 | 3,627 | 3,952 | 3,018 | 3,383 | 4,075 |
| | % 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-23 | 76% | Month on month improvement | | ✔ | 63.1% (Dec-22) | 4th (Dec-22) | | 70% | 73% | 71% | 70% | 65% | 74% | 76% | 74% | 75% | 75% | 76% | 76% | 76% |
| | 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-23 | 1156 | ↑ trajectory | 1015 | ✖ | 12,099 (Dec-22) | 4th (Dec-22) | | 1,474 | 1,470 | 1,584 | 1,456 | 1,632 | 1,089 | 1,125 | 1,395 | 1,083 | 1,303 | 1,274 | 1,179 | 1,156 |
| Stroke | Direct admission to Acute Stroke Unit (<4 hrs) | Local | Jul-23 | 25.0% | | | | | | | 6.0% | 7.5% | 6.2% | 13.7% | 5.9% | 3.4% | 11.1% | 11.9% | 7.8% | 18.6% | 23.8% | 25.0% | |
| | CT Scan (<1 hrs) (local | Local | Jul-23 | 52.1% | | | | | | | 38.0% | 55.0% | 32.3% | 37.3% | 31.4% | 33.9% | 48.1% | 45.2% | 45.1% | 39.5% | 42.9% | 52.1% | |
| | Assessed by a Stroke Specialist Consultant Physician (< 24 hrs) | Local | Jul-23 | 91.7% | | | | | | | 98.0% | 92.5% | 92.3% | 92.2% | 94.1% | 96.6% | 96.3% | 97.6% | 96.1% | 90.7% | 92.9% | 91.7% | |
| | Thrombolysis door to needle <= 45 mins | Local | Jul-23 | 11.1% | | | | | | | 37.5% | 0.0% | 10.0% | 9.1% | 0.0% | 0.0% | 0.0% | 10.0% | 25.0% | 0.0% | 12.5% | 11.1% | |
| | % stroke patients who receive mechanical thrombectomy | Local | Jun-23 | 5.0% | 10% | | ✖ | 2.1% (Nov-22) | 4th (Nov-22) | | 0.0% | 0.0% | 0.0% | 4.0% | 0.0% | 0.0% | 0.0% | 6.5% | 2.0% | 7.1% | 5.0% | | |
| | % compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient | Local | Jul-23 | 65.1% | 12 month ↑ | | ✔ | 50.7% (Nov-22) | 4th (Nov-22) | | 30.7% | 35.2% | 38.7% | 37.9% | 34.1% | 43.9% | 48.0% | 64.3% | 68.6% | 62.9% | 66.7% | 65.1% | |
| Nationally Reportable Incidents and risks | Of the nationally reportable incidents due for assurance, the % which were assured within the | National | Aug-23 | 83.0% | | 80% | ✔ | | | | 0% | - | 75% | 73% | 85% | 67% | 67% | 83% | 80% | 67% | - | 40% | 83% |
| | Number of new Never Events | Local | Aug-23 | 1 | | 0 | ✖ | | | | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 1 |
| | Number of risks with a score greater than 20 | Local | | 146 | | 12 month ↓ | ✖ | | | | 131 | 133 | 134 | 136 | 137 | 141 | 143 | 148 | 138 | 135 | 143 | 142 | 146 |
| | Number of risks with a score greater than 16 | Local | | 316 | | 12 month ↓ | ✖ | | | | 269 | 270 | 268 | 278 | 280 | 290 | 295 | 307 | 296 | 289 | 300 | 303 | 316 |
| Pressure Ulcers | *Number of pressure ulcers acquired in hospital* | Local | Aug-23 | 67 | | *12 month ↓* | ✖ | | | | *54* | *39* | *59* | *69* | *47* | *64* | *60* | *76* | *83* | *83* | *67* | *67* | |
| | *Number of pressure ulcers developed in the* | | | 33 | | *12 month ↓* | ✔ | | | | *50* | *40* | *44* | *45* | *42* | *45* | *41* | *62* | *31* | *41* | *39* | *33* | |
| | Total number of pressure ulcers | | | 100 | | 12 month ↓ | ✖ | | | | 104 | 79 | 103 | 114 | 89 | 109 | 101 | 138 | 114 | 124 | 106 | 100 | |
| | *Number of grade 3+ pressure ulcers acquired in hospital* | | | 1 | | *12 month ↓* | ✖ | | | | *3* | *0* | *1* | *7* | *8* | *4* | *4* | *7* | *5* | *10* | *6* | *1* | |
| | *Number of grade 3+ pressure ulcers acquired in community* | | Aug-23 | 6 | | *12 month ↓* | ✖ | | | | *11* | *6* | *2* | *7* | *13* | *4* | *9* | *14* | *7* | *9* | *9* | *6* | |
| | Total number of grade 3+ pressure ulcers | | Aug-23 | 7 | | 12 month ↓ | ✖ | | | | 14 | 6 | 3 | 14 | 21 | 8 | 13 | 21 | 12 | 19 | 15 | 7 | |
| Inpatient Falls | Number of Inpatient Falls | Local | Aug-23 | 200 | | 12 month ↓ | ✔ | | | | 216 | 175 | 184 | 178 | 184 | 189 | 179 | 214 | 183 | 184 | 143 | 164 | 200 |

| 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-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
| Infection control | Cumulative cases of E.coli bacteraemias per 100k pop | National | Aug-23 | 76.5 | <67 | | ✗ | 67.80 (Dec-22) | 3rd (Dec-22) | | 74.5 | 70.4 | 69.4 | 70.0 | 69.6 | 68.7 | 67.9 | 67.5 | 81.1 | 73.7 | 75.1 | 75.2 | 76.5 |
| | *Number of E.Coli bacteraemia cases (Hospital)* | | | *18* | ≤ 234 (Cumulative) | *10* | ✗ | | | | *11* | *7* | *12* | *11* | *8* | *8* | *9* | *9* | *14* | *12* | *13* | *12* | *18* |
| | *Number of E.Coli bacteraemia cases (Community)* | | | *9* | | *10* | ✓ | | | | *21* | *8* | *10* | *12* | *14* | *12* | *8* | *10* | *12* | *10* | *12* | *13* | *9* |
| | Total number of E.Coli bacteraemia cases | | | 27 | | 20 | ✗ | | | | 32 | 15 | 22 | 23 | 22 | 20 | 17 | 19 | 26 | 22 | 25 | 25 | 27 |
| | Cumulative cases of S.aureus bacteraemias per 100k pop | | Aug-23 | 40.4 | <20 | | ✗ | 27.76 (Dec-22) | 6th (Dec-22) | | 38.4 | 39.3 | 41.0 | 39.0 | 39.4 | 38.4 | 38.6 | 38.6 | 53.1 | 43.0 | 42.2 | 42.2 | 40.4 |
| | *Number of S.aureus bacteraemias cases (Hospital)* | | | *6* | ≤ 71 (Cumulative) | *4* | ✗ | | | | *6* | *8* | *13* | *3* | *10* | *8* | *9* | *5* | *7* | *8* | *8* | *1* | *6* |
| | *Number of S.aureus bacteraemias cases* | | | *4* | | *2* | ✗ | | | | *6* | *6* | *4* | *5* | *3* | *2* | *2* | *5* | *9* | *2* | *5* | *13* | *4* |
| | Total number of S.aureus bacteraemias cases | | | 10 | | 6 | ✗ | | | | 12 | 14 | 17 | 8 | 13 | 10 | 11 | 10 | 16 | 10 | 13 | 14 | 10 |
| | Cumulative cases of C.difficile per 100k pop | | Aug-23 | 52.0 | <25 | | ✗ | 36.68 (Dec-22) | 5th (Dec-22) | | 47.6 | 46.9 | 48.9 | 50.9 | 49.6 | 51.3 | 50.6 | 51.4 | 56.2 | 46.0 | 51.4 | 52.2 | 52.0 |
| | *Number of C.difficile cases (Hospital)* | | | *14* | ≤ 95 (Cumulative) | *5* | ✗ | | | | *16* | *11* | *15* | *10* | *8* | *15* | *10* | *13* | *7* | *10* | *13* | *12* | *14* |
| | *Number of C.difficile cases (Community)* | | | *3* | | *3* | ✓ | | | | *6* | *3* | *6* | *11* | *6* | *7* | *2* | *6* | *8* | *4* | *7* | *6* | *3* |
| | Total number of C.difficile cases | | | 17 | | 8 | ✗ | | | | 22 | 14 | 21 | 21 | 14 | 22 | 12 | 19 | 15 | 14 | 20 | 18 | 17 |
| | Cumulative cases of Klebsiella per 100k pop | | Aug-23 | 22.6 | | | | | | | 25.0 | 25.5 | 24.9 | 26.0 | 26.1 | 26.9 | 26.8 | 27.4 | 25.0 | 27.6 | 24.7 | 20.7 | 22.6 |
| | *Number of Klebsiella cases (Hospital)* | | | *4* | ≤ 71 (Cumulative) | *4* | ✓ | | | | *4* | *1* | *3* | *6* | *5* | *5* | *7* | *4* | *7* | *4* | *1* | *3* | *4* |
| | *Number of Klebsiella cases (Community)* | | | *6* | | *3* | ✗ | | | | *4* | *9* | *4* | *5* | *3* | *6* | *1* | *7* | *1* | *6* | *5* | *0* | *6* |
| | Total number of Klebsiella cases | | | 10 | | 7 | ✗ | 63 Total (Dec-22) | 2nd (Dec-22) | | 8 | 10 | 7 | 11 | 8 | 11 | 8 | 11 | 8 | 10 | 6 | 3 | 10 |
| | Cumulative cases of Aeruginosa per 100k pop | | Aug-23 | 6.1 | | | | | | | 9.2 | 10.2 | 11.3 | 11.9 | 11.5 | 11.6 | 11.2 | 11.3 | 6.2 | 4.6 | 7.2 | 6.1 | 6.1 |
| | *Number of Aeruginosa cases (Hospital)* | | | *0* | ≤ 24 (Cumulative) | *1* | ✓ | | | | *3* | *4* | *3* | *5* | *1* | *2* | *2* | *2* | *1* | *1* | *3* | *1* | *0* |
| | *Number of Aeruginosa cases (Community)* | | | *1* | | *1* | ✓ | | | | *0* | *1* | *3* | *0* | *2* | *2* | *0* | *2* | *1* | *0* | *1* | *0* | *1* |
| | Total number of Aeruginosa cases | | | 1 | | 2 | ✓ | 8 Total (Dec-22) | 4th (Dec-22) | | 3 | 5 | 6 | 5 | 3 | 4 | 2 | 4 | 2 | 1 | 4 | 1 | 1 |
| | Hand Hygiene Audits- compliance with WHO 5 moments | Local | Aug-23 | 95.5% | | 95% | ✓ | | | | 90% | 97% | 96% | 96% | 95% | 97% | 95% | 93% | 99% | 95% | 95% | 97% | 95% |
| NEWS | % patients with completed NEWS scores & appropriate responses actioned | Local | Aug-23 | 85% | | 98% | ✗ | | | | 86.2% | 87.6% | 87.5% | 88.2% | 97.2% | 91.8% | 98.3% | 85.1% | 96.6% | 91.9% | 81.6% | 84.1% | 85.2% |
| Coding | % of episodes clinically coded within 1 month of discharge | National | Jul-23 | 71% | 12 month ↓ | | ✗ | | | | 77% | 81% | 84% | 67% | 78% | 71% | 76% | 67% | 55% | 55% | 68% | 71% | |
| E-TOC | % of completed discharge summaries (total signed and sent) | Local | Aug-23 | 66% | | 100% | ✗ | | | | 69% | 70% | 66% | 71% | 62% | 64% | 64% | 62% | 64% | 65% | 65% | 64% | 66% |
| Work force | Agency spend as a % of the total pay bill | Local | Jul-23 | 4.94% | 12 month ↓ | | ✓ | 5.9% (Sep-22) | 7th out of 12 organisations (Sep-22) | | 6.4% | 4.9% | 6.5% | 6.4% | 6.0% | 7.4% | 6.2% | 5.2% | 5.7% | 5.8% | 5.2% | 4.9% | |
| | % of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training) | National | Aug-23 | 67% | 85% | | ✗ | 63.3% (Sep-22) | 9th out of 12 organisations (Sep-22) | | 61% | 64% | 67% | 68% | 68% | 69% | 69% | 69% | 72% | 68% | 67% | 67% | 67% |
| | % compliance for all completed Level 1 competency with the Core Skills and Training Framework | Local | Aug-23 | 88% | 85% | | ✓ | 81.8% (Sep-22) | 8th out of 12 organisations (Sep-22) | | 81% | 82% | 83% | 84% | 84% | 85% | 85% | 82% | 86% | 87% | 87% | 88% | 88% |
| | % workforce sickness absence (12 month rolling) | National | Jul-23 | 7.11% | 12 month ↓ | | ✓ | 7.11% (Sep-22) | 11th out of 12 organisations (Sep-22) | | 8.44% | 8.25% | 8.08% | 7.99% | 8.02% | 7.89% | 7.78% | 7.65% | 7.46% | 7.37% | 7.28% | 7.11% | |

| | | 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-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
| Primary Care | % adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months | Local | Aug-23 | 13.9% | | | | | | | 10.0% | 10.0% | 9.6% | 9.9% | 10.9% | 9.7% | 9.9% | 9.9% | 11.8% | 13.0% | 13.9% | 13.0% | 13.9% |
| Cancer | % of patients starting definitive treatment within 62 days from point of suspicion (without adjustments) | National | Aug-23 | 31.0% | ↑ trajectory | 60% | ✖ | 53.9% (Nov-22) | 4th out of 6 organisations (Nov-22) | | 54.9% | 57.3% | 51.2% | 52.9% | 48.3% | 50.4% | 44.1% | 53.2% | 56.5% | 46.6% | 42.8% | 49.0% | *31.0%* |
| Radiotherapy waiting times | Scheduled (14 Day Target) | Local | Aug-23 | 44% | 80% | | ✖ | | | | 10% | 5% | 18% | 19% | 26% | 32% | 31% | 32% | 22% | 35% | 18% | 33% | 44% |
| | Scheduled (21 Day Target) | Local | Aug-23 | 83% | 100% | | ✖ | | | | 35% | 34% | 65% | 82% | 83% | 82% | 86% | 81% | 70% | 81% | 63% | 68% | 83% |
| | Urgent SC (2 Day Target) | Local | Aug-23 | 27% | 80% | | ✖ | | | | 11% | 31% | 33% | 17% | 37% | 31% | 19% | 30% | 22% | 50% | 24% | 42% | 27% |
| | Urgent SC (7 Day Target) | Local | Aug-23 | 91% | 100% | | ✖ | | | | 48% | 54% | 70% | 77% | 70% | 85% | 69% | 84% | 70% | 73% | 52% | 90% | 91% |
| | Emergency (within 1 day) | Local | Aug-23 | 92% | 80% | | ✔ | | | | 65% | 100% | 70% | 100% | 83% | 100% | 100% | 91% | 100% | 100% | 71% | 100% | 92% |
| | Emergency (within 2 days) | Local | Aug-23 | 100% | 100% | | ✔ | | | | 90% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | Elective Delay (7 Day Target) | Local | Aug-23 | 96% | 80% | | ✔ | | | | 91% | 70% | 81% | 91% | 85% | 82% | 93% | 94% | 87% | 93% | 93% | 91% | 96% |
| | Elective Delay (14 Day Target) | Local | Aug-23 | 100% | 100% | | ✔ | | | | 98% | 79% | 91% | 100% | 100% | 98% | 100% | 100% | 93% | 100% | 95% | 100% | 100% |
| Planned Care | Number of patients waiting > 8 weeks for a diagnostic endoscopy | Local | Aug-23 | 4,415 | | | | 15,517 (Nov-22) | 7th (Nov-22) | | 4,257 | 4,205 | 4,170 | 4,136 | 4,289 | 4,372 | 4,408 | 4,554 | 4,677 | 4,847 | 4,745 | 4,505 | 4,415 |
| | Number of patients waiting > 8 weeks for a specified diagnostics | National | Aug-23 | 6,861 | ↑ trajectory | 5,939 | ✖ | 42,566 (Nov-22) | 4th (Nov-22) | | 6,108 | 6,177 | 5,833 | 5,627 | 6,607 | 6,829 | 6,116 | 6,514 | 6,867 | 7,255 | 7,221 | 6,713 | 6,861 |
| | Number of patients waiting > 14 weeks for a specified therapy | National | Aug-23 | 183 | ↑ trajectory | 162 | ✖ | 9,584 (Nov-22) | 2nd (Nov-22) | | 682 | 755 | 707 | 441 | 527 | 194 | 157 | 193 | 129 | 149 | 203 | 183 | 183 |
| | % of patients waiting < 26 weeks for treatment | Local | Aug-23 | 1 | 95% | | | 56% (Nov-22) | 6th (Nov-22) | | 52.0% | 52.1% | 53.5% | 54.4% | 54.2% | 52.8% | 56.9% | 58.4% | 58.2% | 58.7% | 60.3% | 61.6% | 61.0% |
| | Number of patients waiting > 26 weeks for first outpatient appointment | Local | Aug-23 | 13,121 | | | | | | | 27,019 | 26,065 | 24,112 | 21,400 | 20,174 | 20,288 | 17,257 | 15,385 | 15,184 | 14,733 | 13,427 | 12,937 | 13,121 |
| | Number of patients waiting > 36 weeks for first outpatient appointment | National | Aug-23 | 6,558 | ↑ trajectory | 6,681 | ✖ | | | | 21,940 | 20,151 | 18,379 | 15,537 | 14,140 | 12,767 | 11,115 | 9,163 | 8,561 | 7,675 | 6,893 | 6,729 | 6,558 |
| | Number of patients waiting > 52 weeks for first outpatient appointment | National | Aug-23 | 665 | ↑ trajectory | 1,086 | ✔ | 85,301 (Nov-22) | 3rd (Nov-22) | | 15,122 | 13,980 | 12,352 | 9,774 | 7,779 | 6,630 | 5,475 | 3,895 | 3,456 | 2,719 | 1,234 | 894 | 665 |
| | Number of patients waiting > 52 weeks for treatment | National | Aug-23 | 14,877 | ↑ trajectory | 16,276 | ✔ | | | | 27,570 | 27,077 | 26,147 | 24,308 | 22,634 | 21,306 | 19,707 | 18,181 | 17,823 | 16,976 | 15,446 | 15,120 | 14,877 |
| | Number of patients waiting > 104 weeks for treatment | National | Aug-23 | 4,999 | ↑ trajectory | 5,713 | ✔ | 49,594 (Nov-22) | 5th (Nov-22) | | 10,960 | 10,623 | 10,090 | 9,048 | 8,066 | 7,331 | 6,656 | 6,015 | 5,952 | 5,792 | 5,474 | 5,299 | 4,999 |
| | The number of patients waiting for a follow-up outpatient appointment | Local | Aug-23 | 150,417 | | | | | | | 138,736 | 139,989 | 141,643 | 143,899 | 144,780 | 146,632 | 148,070 | 150,860 | 147,864 | 150,109 | 149,529 | 150,416 | 150,417 |
| | The number of patients waiting for a follow-up outpatients appointment who are delayed over 100% | National | Aug-23 | 39,938 | ↑ trajectory | 37,071 | ✖ | 224,552 (Nov-22) | 5th (Nov-22) | | 36,037 | 36,144 | 35,968 | 36,769 | 38,252 | 39,056 | 40,146 | 41,710 | 41,611 | 42,534 | 40,807 | 41,123 | 39,938 |
| | % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date | National | Jul-23 | 64% | 95% | | ✖ | 64.9% (Nov-22) | 1st (Nov-22) | | 62.4% | 60.3% | 65.2% | 67.1% | 69.9% | 53.1% | 64.6% | 59.4% | 62.7% | 62.3% | 57.5% | 63.8% | |
| Activity | Number of GP referrals | Local | Aug-23 | 12,698 | 12 month ↓ | | ✖ | | | | 12,930 | 12,572 | 13,014 | 12,663 | 9,231 | 12,658 | 12,347 | 14,220 | 12,012 | 13,341 | 13,984 | 12,623 | 12,698 |
| | Number of patients referred from primary care into secondary care Ophthalmology Servies | National | Aug-23 | 812 | ↑ trajectory | 850 | ✔ | | | | 844 | 886 | 799 | 807 | 731 | 870 | 841 | 969 | 737 | 803 | 890 | 824 | 812 |
| DNAs | % of patients who did not attend a new outpatient appointment | Local | Aug-23 | 10% | 12 month ↓ | | ✖ | | | | 8.0% | 7.8% | 8.3% | 9.5% | 11.1% | 8.9% | 9.2% | 8.2% | 7.9% | 10.1% | 10.6% | 10.0% | 9.6% |
| | % of patients who did not attend a follow-up outpatient appointment | Local | Aug-23 | 8% | 12 month ↓ | | ✖ | | | | 7.6% | 7.8% | 7.7% | 8.5% | 8.7% | 7.8% | 7.9% | 7.9% | 8.0% | 8.2% | 8.4% | 8.1% | 8.0% |
| Theatre Efficiencies | Theatre Utilisation rates | Local | Aug-23 | 66% | | 90% | ✖ | | | | 59% | 71% | 77% | 74% | 59% | 72% | 70% | 71% | 71% | 76% | 69% | 73% | 66% |
| | % of theatre sessions starting late | Local | Aug-23 | 36% | | <25% | ✖ | | | | 36% | 37% | 40% | 35% | 39% | 35% | 39% | 33% | 35% | 37% | 36% | 42% | 36% |
| | % of theatre sessions finishing early | Local | Aug-23 | 51% | | <20% | ✖ | | | | 43% | 48% | 45% | 44% | 46% | 44% | 45% | 49% | 48% | 51% | 47% | 44% | 51% |
| Patient experience | Number of friends and family surveys completed | National | Aug-23 | 5,188 | Month on month improvement | | ✔ | | | | 3,950 | 3,914 | 4,358 | 4,287 | 3,569 | 5,073 | 4,425 | 5,358 | 2,704 | 3,477 | 2,503 | 3,401 | 5,188 |
| | % of who would recommend and highly recommend | Local | Aug-23 | 92% | | 90% | ✔ | | | | 89% | 88% | 90% | 91% | 89% | 92% | 92% | 92% | 92% | 90% | 89% | 91% | 92% |
| | % of all-Wales surveys scoring 9 out 10 on overall satisfaction | Local | Aug-23 | 92% | | 90% | ✔ | | | | 93% | 92% | 93% | 91% | 92% | 92% | 95% | 95% | 95% | 95% | 90% | 91% | 92% |

| | | 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-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
| | % children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | National | Q1 23/24 | 94.6% | 95% | | | 94.7% (Q2 22/23) | 2nd (Q2 22/23) | | | 94.9% | | | 94.6% | | | 95.4% | | | 94.6% | | |
| | % of children who received 2 doses of the MMR vaccine by age 5 | National | Q1 23/24 | 88.3% | 95% | | | 90.0% (Q2 22/23) | 5th (Q2 22/23) | | | 89.8% | | | 89.5% | | | 88.4% | | | 88.3% | | |
| Influenza | % uptake of influenza among 65 year olds and over | National | Mar-23 | 75.9% | 75% | | | 78.0% (Mar-22) | 3rd (Mar-22) | | Data collection restarts October 2022 | | 62.2% | 72.4% | 74.4% | 75.6% | 76.0% | 75.9% | Data collection restarts October 2023 | | | | |
| | % uptake of influenza among under 65s in risk groups | Local | Mar-23 | 43.8% | 55% | | | 48.2% (Mar-22) | 4th (Mar-22) | | | | 30.2% | 37.7% | 40.4% | 42.1% | 43.4% | 43.8% | | | | | |
| | % uptake of influenza among children 2 to 3 years old | Local | Mar-23 | 38.8% | 50% | | | 47.6% (Mar-22) | 5th (Mar-22) | | | | 23.6% | 34.6% | 37.9% | 39.2% | 39.3% | 38.8% | | | | | |
| | % uptake of influenza among healthcare workers | Local | Mar-23 | 42.4% | 60% | | | 65.6% (2020/21) | 6th out of 10 organisations (2020/21) | | | | | 34.4% | 40.9% | 40.9% | 42.4% | 42.4% | | | | | |
| Covid Booster | % uptake of the Spring COVID-19 vaccination for those eligible | National | Jun-23 | 67.8% | 75% | | ✖ | | | | Historical data not available | | | | | | | | | | 67.8% | | |
| CAMHS | % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) | Local | Jul-23 | 100% | 100% | | ✔ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| | % Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks | National | Jul-23 | 36% | 80% | 30% | ✔ | 31.4% (Nov-22) | 3rd (Nov-22) | | 44% | 36% | 40% | 39% | 37% | 29% | 29% | 29% | 28% | 30% | 31% | 36% | |
| | % Patients waiting less than 28 days for a first outpatient appointment for CAMHS | National | Jul-23 | 21% | 80% | | ✖ | 83.2% (Nov-22) | 5th (Nov-22) | | 34% | 91% | 91% | 89% | 79% | 62% | 82% | 74% | 55% | 31% | 31% | 21% | |
| | P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral | National | Jul-23 | 21% | 80% | | ✖ | 66.8% (Nov-22) | 5th (Nov-22) | | 27% | 27% | 83% | 65% | 56% | 24% | 64% | 74% | 55% | 35% | 31% | 21% | |
| | P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS | National | Jul-23 | 38% | 80% | | ✖ | 34.4% Nov-22) | 4th (Nov-22) | | 35% | 43% | 36% | 27% | 35% | 40% | 26% | 50% | 21% | 38% | 33% | 38% | |
| | S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral | Local | Feb-23 | 82% | 80% | | | | | | 34% | 91% | 90% | 89% | 79% | 62% | 82% | | | | | | |
| | % residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP) | National | Jul-23 | 100% | 90% | | ✔ | 63.8% (Nov-22) | 1st (Nov-22) | | 100% | 87% | 87% | 99% | 99% | 91% | 100% | 100% | 100% | 93% | 90% | 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-23 | 98% | 80% | | ✖ | 86.9% (Nov-22) | 3rd (Nov-22) | | 97% | 93% | 95% | 98% | 94% | 91% | 95% | 96% | 78% | 94% | 93% | 98% | |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age) | National | Jul-23 | 100% | 80% | | ✔ | 73.1% (Nov-22) | 2nd (Nov-22) | | 100% | 98% | 100% | 98% | 98% | 100% | 100% | 100% | 96% | 98% | 100% | 100% | |
| | % patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health | National | Jul-23 | 82% | 80% | | ✔ | 73.9% (Nov-22) | 2nd (Nov-22) | | 97% | 96% | 93% | 92% | 92% | 91% | 88% | 85% | 85% | 84% | 82% | 82% | |
| | % residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP) | National | Jul-23 | 87% | 90% | | ✖ | 84.2% (Nov-22) | 2nd (Nov-22) | | 90% | 89% | 90% | 90% | 90% | 89% | 89% | 87% | 87% | 88% | 87% | 87% | |
| | % Service Users admitted to a pyschiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTservice prior to | Local | Jul-23 | 100% | 100% | | ✔ | 95.8% (Nov-22) | 1st (Nov-22) | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| | % service users admitted to a pyschiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hous of admission | Local | Jul-23 | 100% | 100% | | ✔ | 90.9% (Nov-22) | 1st (Nov-22) | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |