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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	22nd November 2022	Agenda Item	4.1
Report Title	Quality & Safety Performance Report		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	<p>The Quality and Safety Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in July 2022, and the measures have been updated accordingly in line with current data availability.</p> <p>Key high level issues to highlight this month are as follows:</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 has decreased in October 2022, with 171 new cases being reported in-month. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - ED attendances have increased in October 2022 to 11,075 from 10,299 in September 2022. - Performance against the 4-hour access is currently below the outlined trajectory in October 2022. ED 4-hour performance has deteriorated by 2.1% in October 2022 to 70.56% from 72.7% in September 2022. - Performance against the 12-hour wait has deteriorated and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,584 in October from 1,47 in September 2022. - Internal flow activities to support reduced occupancy and to improve flow throughout the day are being put in place, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is 		

	<p>currently being undertaken with WAST colleagues to implement further pathways.</p> <ul style="list-style-type: none"> - The number of emergency admissions has increased in October 2022 to 4,274 from 4,051 in September 2022. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> - October 2022 saw a 7% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment. - Additionally, the number of patients waiting over 36 weeks decreased by 2.6% to 36,121. - We continue to outperform the trajectory for the number of patients waiting over 104 weeks for treatment, with 10,090 patients waiting at this point in October. - In October, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 12,352 patients waiting at this stage. - As a Health Board, we are outperforming the Ministerial Priority recovery trajectory for the number of patients waiting over 36 weeks for treatment and for the percentage of patients waiting less than 26 weeks for treatment. - Therapy waiting times have improved slightly, there are 707 patients waiting over 14 weeks in October 2022 compared with 755 in September 2022. - The number of patients waiting over 8 weeks for an Endoscopy has slightly reduced in October 2022 to 4,163 from 4,202 in September 2022. <p><u>Cancer</u></p> <ul style="list-style-type: none"> - September 2022 saw 57% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). - The average backlog of patients waiting over 63 days has increased in reduced 2022 to 545 from 572 in September 2022. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in September 2022. - Psychological therapies within 26 weeks continue to be maintained at 95.6%. <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% September 2022. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has
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	<p>been deteriorated slightly to 36% in September 2022 against a target of 80%.</p> <p><u>Nationally Reportable Incidents</u></p> <ul style="list-style-type: none"> - In October 2022, there were 9 Nationally Reportable Incidents reported. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> - October 2022 data is included in this report showing 90% satisfaction through 4,358 surveys completed. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. 			

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

In 2021/22 a Single Outcomes Framework for Health and Social was due to be published but was delayed due to the COVID19 pandemic. Welsh Government has confirmed that during the Single Outcomes Framework will be developed for adoption in 2022/23 and that the 2020/21 measures will be rolled over into 2021/22.

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

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

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

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

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

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

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



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Appendix 1- Quality & Safety Performance Report

November 2022



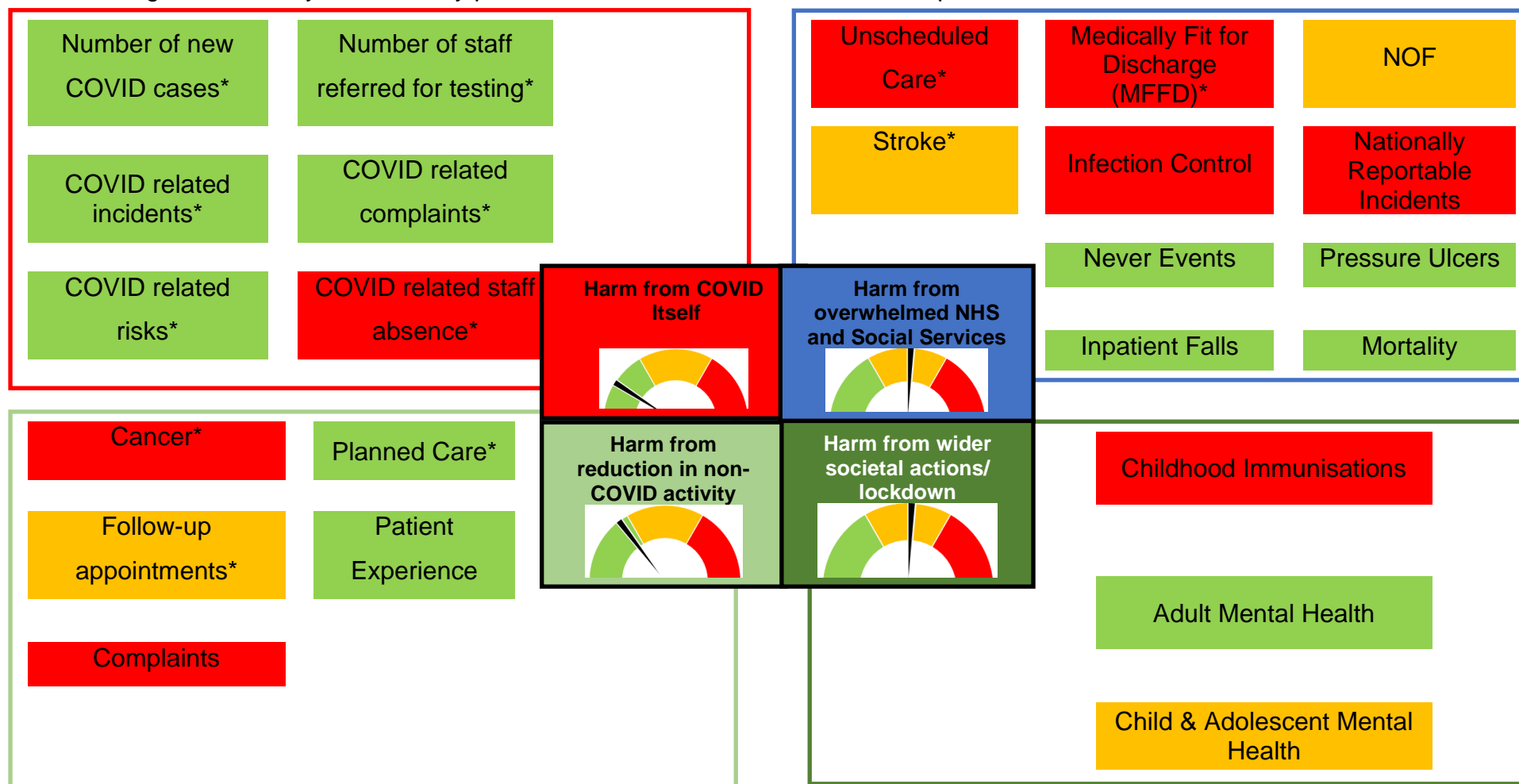
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1. QUADRANTS OF HARM SUMMARY

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



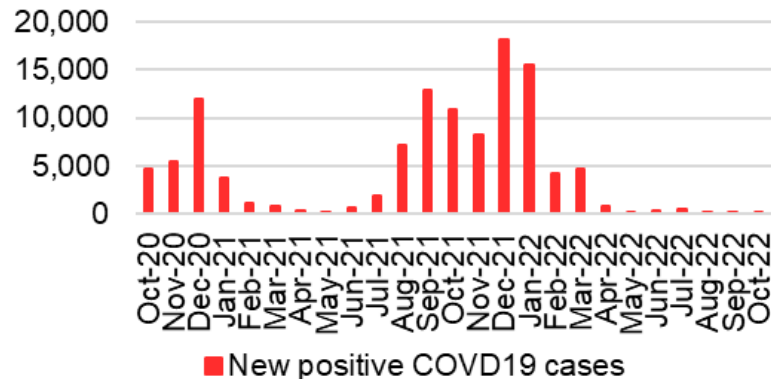
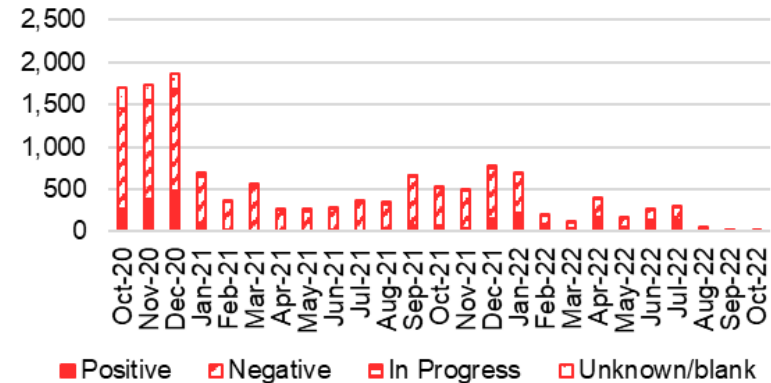
NB- RAG status is against national or local target

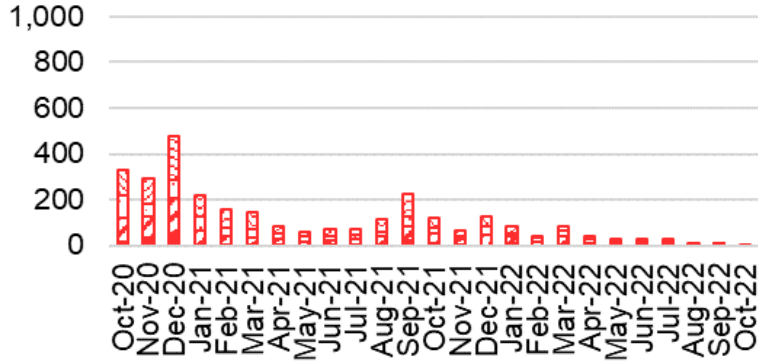
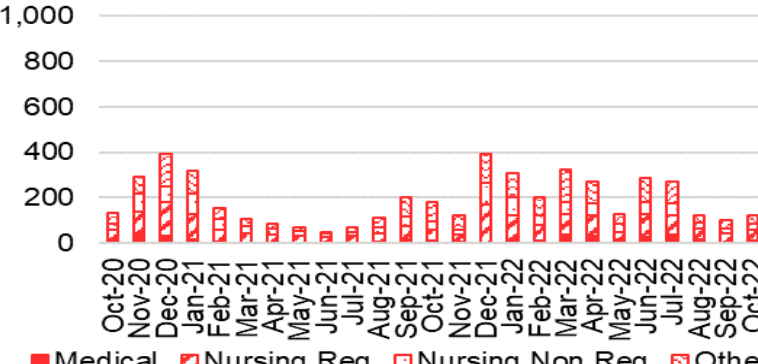
** Data not available

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

		Harm quadrant- Harm from Covid itself															
Measure	Locality	National/ Local Target	Internal profile	Trend													
					Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Number of new COVID19 cases*	HB Total				10,918	8,247	18,167	15,433	4,209	4,749	835	286	372	600	217	218	171
Number of staff referred for Antigen Testing	HB Total				524	494	787	691	200	109	402	157	264	299	38	10	8
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				47	53	54	59	55	57	83	39	52	91	46	84	61
Number of COVID19 related serious incidents*	HB Total				1	3	1	0	1	0	0	0	0	0	0	1	0
Number of COVID19 related complaints*	HB Total				4	14	20	4	4	10	6	0	4	5	6	11	3
Number of COVID19 related risks*	HB Total				0												
Number of staff self isolated (asymptomatic)*	Medical				13	6	0	11	1	5	2	0	2	3	0	0	0
	Nursing Registered				38	20	46	31	15	35	10	12	12	15	4	2	0
	Nursing Non Registered				28	12	37	13	18	25	15	8	6	3	0	1	0
	Other				41	27	43	32	9	22	15	9	8	5	4	2	1
Number of staff self isolated (symptomatic)*	Medical				10	5	3	17	13	37	33	15	27	38	15	2	9
	Nursing Registered				51	34	166	104	66	91	88	33	102	83	49	42	49
	Nursing Non Registered				34	20	94	79	45	52	52	35	52	53	26	22	26
	Other				85	61	130	109	80	146	97	42	106	98	31	34	37
% sickness*	Medical				2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%
	Nursing Registered				2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%
	Nursing Non Registered				3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%
	Other				2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%
	All				2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%

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 In October 2022, there were an additional 171 positive cases recorded bringing the cumulative total to 118,634 in Swansea Bay since March 2020.	1.Number of new COVID19 cases for Swansea Bay population  <p>■ New positive COVID19 cases</p>
2. Number of staff referred for Antigen testing	2. Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and October 2022 is 17,934 of which 19% have been positive (Cumulative total).	2.Outcome of staff referred for Antigen testing  <p>■ Positive ■ Negative ■ In Progress ■ Unknown/blank</p>




























COVID RELATED STAFF ABSENCE																																																																																																
Description	Current Performance	Trend																																																																																														
Staff absence due to COVID19 <i>1.Number of staff self-isolating (asymptomatic)</i> <i>2.Number of staff self isolating (symptomatic)</i> <i>3.% staff sickness</i>	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.	1.Number of staff self isolating (asymptomatic)  ■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other																																																																																														
	1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between September and October 2022, the number of staff self-isolating (asymptomatic) reduced from 5 to 1 and the number of staff self-isolating (symptomatic) increased from 100 to 121. In October 2022, the “other” staff group had the largest number of self-isolating staff who were asymptomatic and the Registered Nursing staff had the largest number who were symptomatic.	2.Number of staff self isolating (symptomatic)  ■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other																																																																																														
	3. % Staff sickness The percentage of staff sickness absence due to COVID19 has slightly increased from 0.8% in September 2022 to 0.9% in October 2022.	3.% staff sickness <table><tr><th></th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th></tr><tr><td>Medical</td><td>2.4%</td><td>1.2%</td><td>0.3%</td><td>3.0%</td><td>1.5%</td><td>4.6%</td><td>4.1%</td><td>1.8%</td><td>3.5%</td><td>4.9%</td><td>1.8%</td><td>0.2%</td><td>1.1%</td></tr><tr><td>Nursing Reg</td><td>2.2%</td><td>1.3%</td><td>5.3%</td><td>3.4%</td><td>2.0%</td><td>3.1%</td><td>2.4%</td><td>1.1%</td><td>2.8%</td><td>2.4%</td><td>1.3%</td><td>1.1%</td><td>1.2%</td></tr><tr><td>Nursing Non Reg</td><td>3.1%</td><td>1.6%</td><td>6.5%</td><td>4.5%</td><td>3.1%</td><td>3.7%</td><td>3.2%</td><td>2.1%</td><td>2.7%</td><td>2.7%</td><td>1.2%</td><td>1.1%</td><td>1.3%</td></tr><tr><td>Other</td><td>2.0%</td><td>1.4%</td><td>2.7%</td><td>2.2%</td><td>1.4%</td><td>2.6%</td><td>1.8%</td><td>0.8%</td><td>1.8%</td><td>1.6%</td><td>0.5%</td><td>0.6%</td><td>0.6%</td></tr><tr><td>All</td><td>2.3%</td><td>1.4%</td><td>3.9%</td><td>3.0%</td><td>1.8%</td><td>3.1%</td><td>2.3%</td><td>1.2%</td><td>2.4%</td><td>2.2%</td><td>1.0%</td><td>0.8%</td><td>0.9%</td></tr></table>													Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Medical	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	Nursing Reg	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	Nursing Non Reg	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	Other	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	All	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22																																																																																			
Medical	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%																																																																																			
Nursing Reg	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%																																																																																			
Nursing Non Reg	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%																																																																																			
Other	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%																																																																																			
All	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%																																																																																			




















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

4.1 Overview

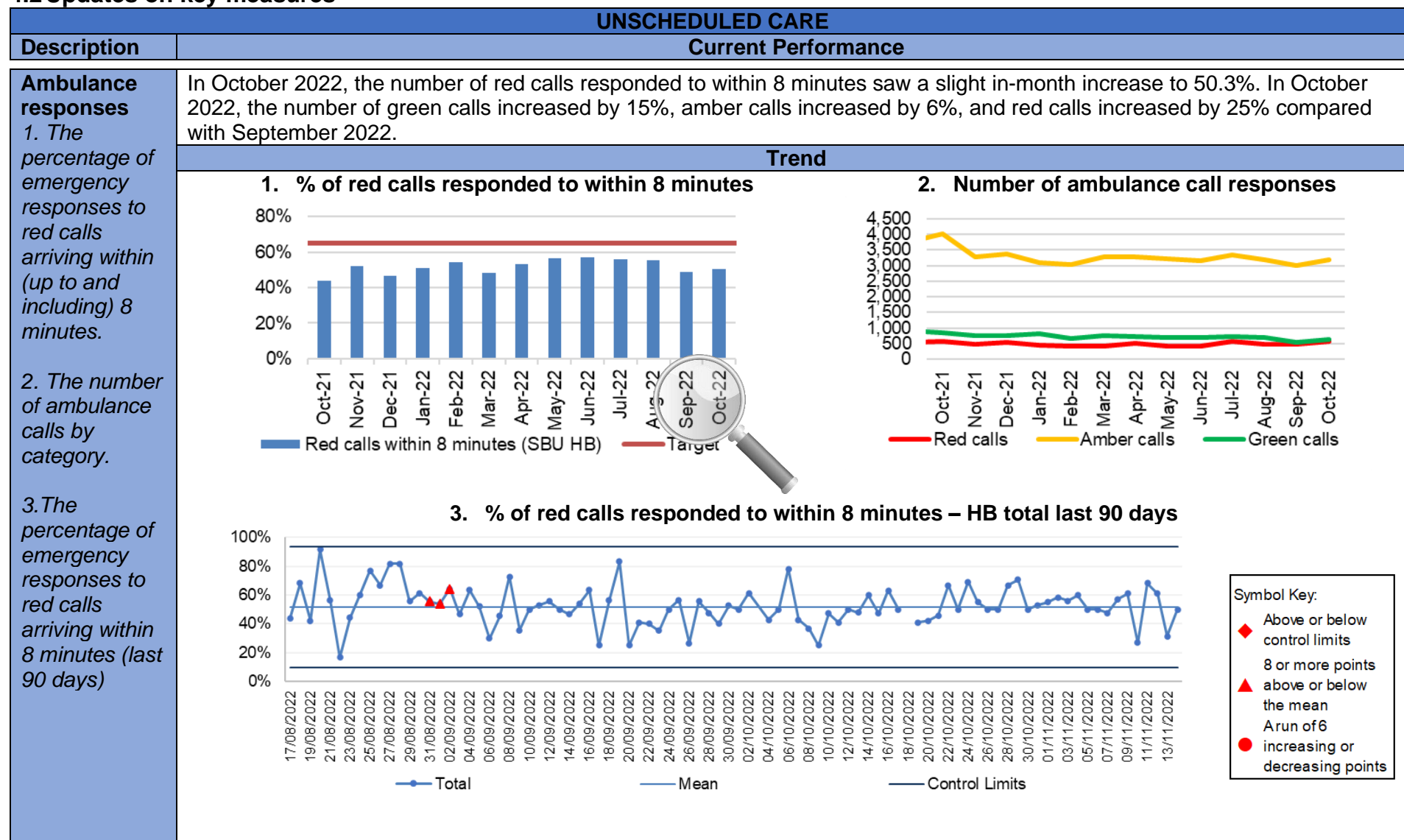
Measure	Locality	National/ Local Target	Internal profile	Trend														
					Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
		Unscheduled Care																
Number of ambulance handovers over one hour*	Morriston	0			633	655	591	724	657	659	645	507	568	637	681	710	722	
	Singleton				15	15	21	11	21	28	26	31	10	22	24	22	17	
	Total				648	670	612	735	678	687	671	538	578	659	705	732	739	
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	Morriston	95%			58.8%	60.0%	58.5%	58.5%	58.8%	57.2%	58.9%	57.8%	54.6%	54.0%	51.4%	55.9%	53.6%	
	NPTH				99.4%	99.0%	94.9%	96.8%	97.2%	95.0%	96.7%	97.9%	96.9%	93.1%	97.4%	98.2%	96.8%	
	Total				72.0%	73.5%	70.2%	72.6%	72.3%	71.4%	72.9%	73.8%	71.7%	69.4%	69.7%	72.7%	70.6%	
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morriston	0			1,275	1,054	1,100	1,139	1,104	1,276	1,292	1,192	1,386	1,427	1,472	1,470	1,583	
	NPTH				1	1	1	3	1	6	2	3	2	2	0	1		
	Total				1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	
		Stroke																
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morriston	59.8%			0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	
	Total	(UK SNAP average)			0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	
% of patients who receive a CT scan within 1 hour*	Morriston	54.5%			16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	
	Total	(UK SNAP average)			16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morriston	84.2%			100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	
	Total	(UK SNAP average)			100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morriston	12 month improvement trend			0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	
	Total				0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend			64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	
		Fractured Neck of Femur (NOF)																
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	75%			88.0%	88.7%	88.4%	88.8%	89.4%	89.5%	89.5%	90.0%	89.4%	91.2%	92.9%	93.1%		
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	75%			57.7%	57.1%	56.5%	51.0%	48.6%	46.0%	42.2%	37.2%	33.3%	29.2%	26.5%	26.4%		
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	75%			69.9%	70.3%	70.1%	69.7%	69.8%	71.4%	72.4%	73.5%	71.5%	71.0%	71.6%	71.2%		
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	75%			71.1%	71.2%	70.7%	71.7%	70.8%	70.2%	70.2%	69.2%	68.9%	69.2%	70.2%	72.4%		
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	75%			76.8%	77.0%	76.2%	76.4%	76.3%	76.9%	77.4%	76.5%	76.6%	76.1%	75.9%	77.1%		
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	75%			70.4%	69.8%	69.6%	68.4%	67.7%	69.0%	70.9%	69.9%	63.8%	69.2%	66.2%	71.6%		
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		W	77.8%	52.4%	68.8%	52.9%	81.4%									

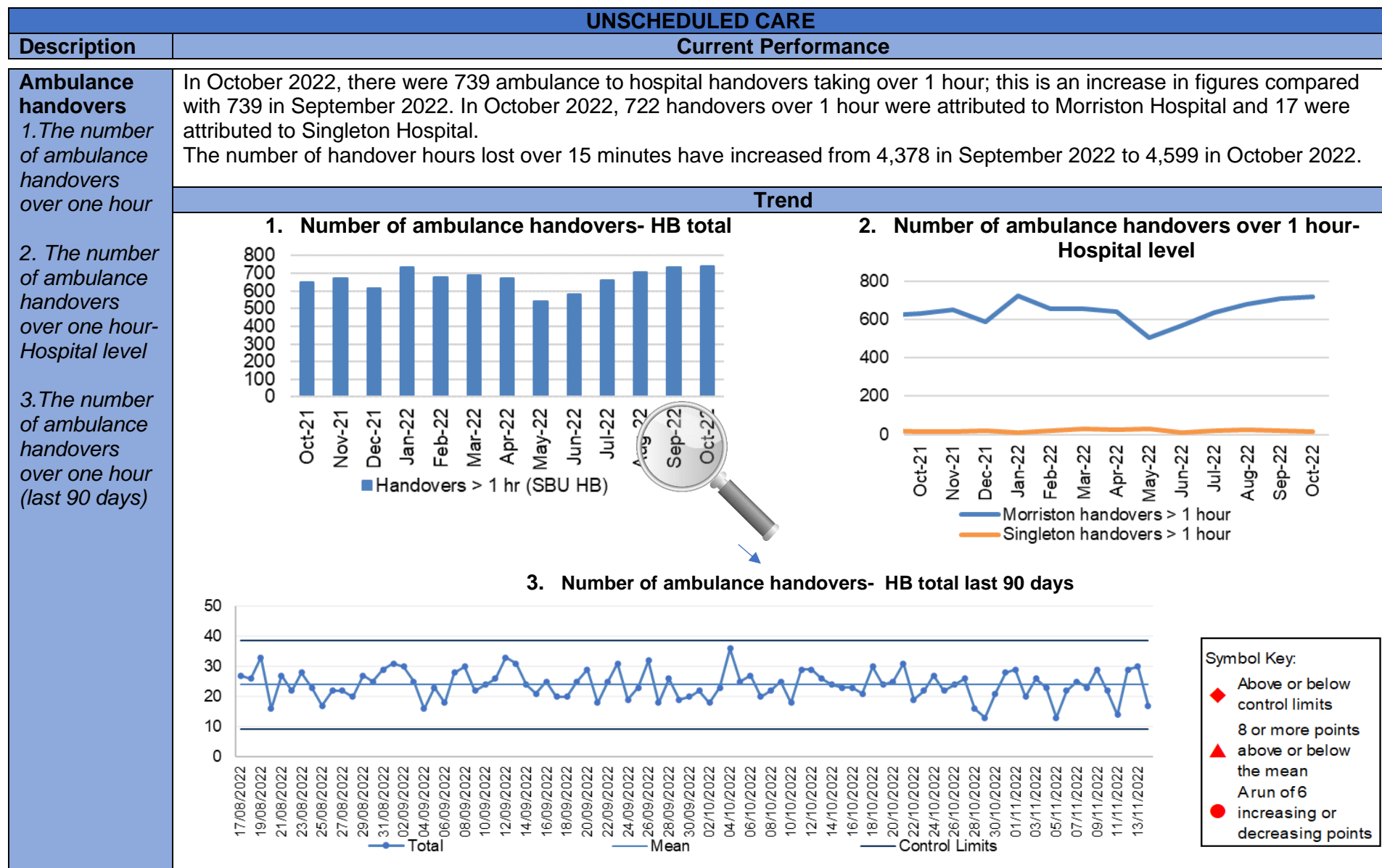
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
		Healthcare Acquired Infections																
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	14		12	17	12	8	17	17	18	13	12	18	21	8	10	
	PCCS Hospital		0		0	0	0	0	0	0	1	0	0	0	0	1	0	
	MH&LD		0		0	0	0	0	0	0	0	1	0	0	0	0	0	
	Morriston		4		5	3	2	4	9	2	7	5	3	3	6	0	6	
	NPTH		1		1	0	0	1	0	0	0	0	0	0	1	1	0	
	Singleton		2		1	2	3	2	0	2	5	2	2	0	4	5	6	
	Total		21		19	22	17	15	26	21	31	21	17	21	32	15	22	
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	3		7	3	4	11	3	4	7	9	2	6	6	5	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		2		9	0	5	2	5	5	3	8	4	4	3	6	10	
	NPTH		0		0	0	0	0	1	0	0	0	1	0	1	0	1	
	Singleton		1		2	1	0	0	1	2	3	1	2	2	1	2	2	
	Total		6		18	4	9	13	10	11	13	18	9	12	11	13	17	
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		5	10	1	3	5	6	2	4	9	6	6	3	5	
	PCCS Hospital		1		0	0	0	0	1	2	0	1	0	0	0	0	1	
	MH&LD		0		0	1	0	0	0	0	0	0	0	0	0	0	0	
	Morriston		4		7	6	9	8	6	7	8	5	5	7	9	6	12	
	NPTH		0		0	0	0	1	0	1	0	1	0	0	1	0	0	
	Singleton		1		3	3	2	2	1	2	3	0	2	3	6	5	2	
	Total		8		15	20	12	14	13	18	13	11	16	16	22	14	20	
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		5	5	3	0	1	3	2	1	2	7	4	9	4	
	PCCS Hospital		0		0	0	0	0	0	1	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morriston		2		6	1	4	2	3	2	2	5	3	3	3	0	2	
	NPTH		0		0	0	0	1	0	0	1	0	0	0	0	0	1	
	Singleton		1		2	1	2	2	0	1	1	2	3	1	1	1	0	
	Total		6		13	7	9	5	4	7	6	8	8	11	8	10	7	
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	0		0	0	1	0	1	2	1	1	1	2	0	1	3	
	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		0	2	2	1	2	0	1	1	3	1	2	2	1	
	NPTH		0		0	0	1	0	0	0	0	0	0	0	0	0	0	
	Singleton		0		0	1	0	0	0	0	0	0	0	1	1	2	2	
	Total		1		0	3	4	1	3	2	2	2	4	4	3	5	6	
Compliance with hand hygiene audits	PCCS	95%			-	100.0%	95.8%	94.7%	95.8%	93.1%	96.4%	96.2%	97.8%	96.2%	90.3%	96.6%	96.4%	
	MH&LD				96.0%	90.3%	94.9%	95.5%	92.3%	92.1%	96.6%	97.7%	98.9%	99.1%	95.0%	96.6%	94.4%	
	Morriston				97.9%	95.5%	96.1%	93.4%	100.0%	91.0%	93.0%	95.2%	97.7%	94.8%	91.1%	99.3%	98.3%	
	NPTH				100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	97.0%	96.4%	96.6%	100.0%	96.7%	
	Singleton				97.0%	87.8%	-	-	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	
	Total				97.1%	92.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	

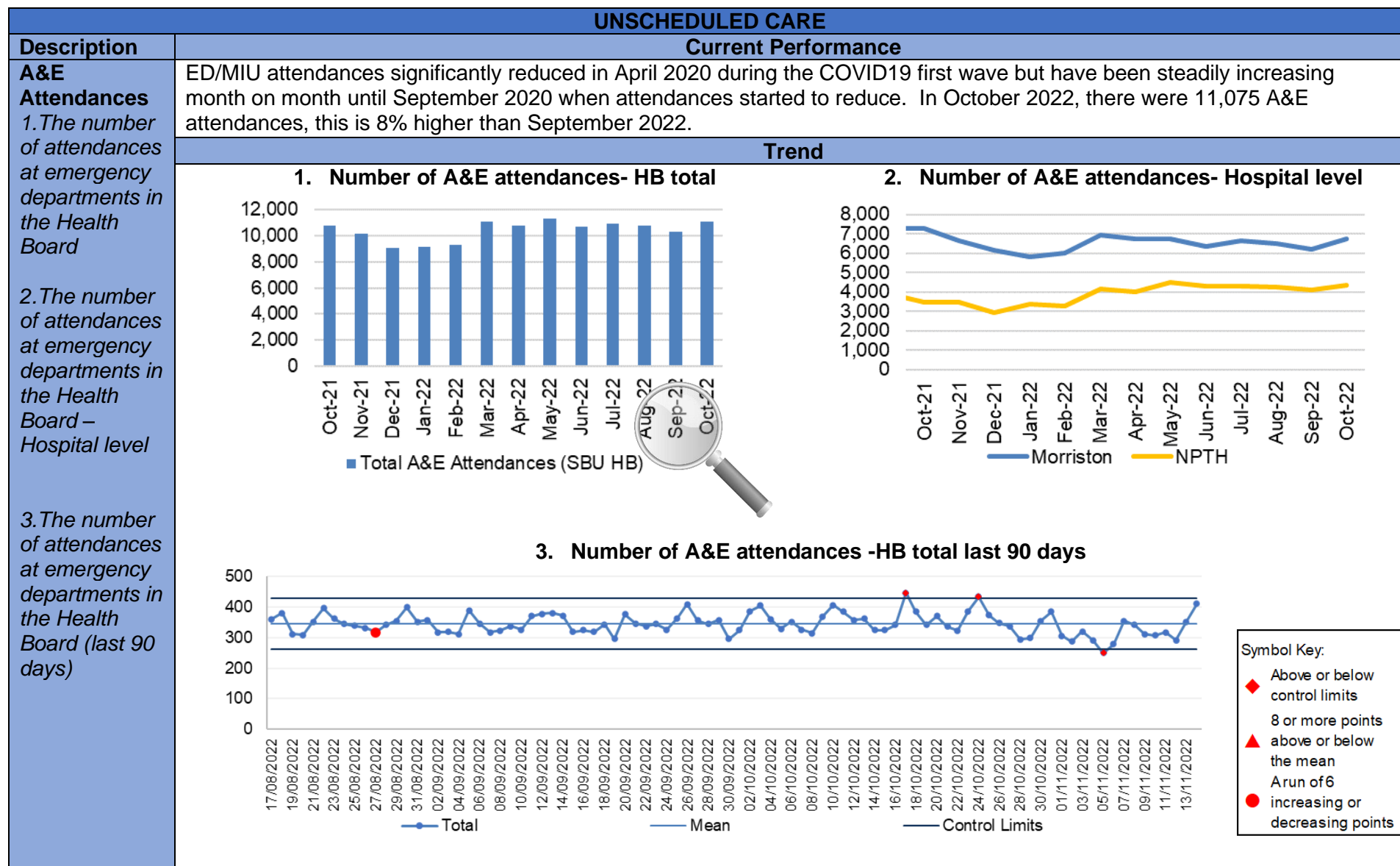
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
		Serious Incidents & Risks															
Number of Nationally Reportable Incidents	PCCS	12 month reduction trend			0	1	0	4	0	2	0	2	2	0	1	0	3
	MH&LD				1	0	0	0	0	0	1	0	0	0	0	9	2
	Morriston				0	6	0	0	2	1	0	3	0	1	5	4	2
	NPTH				1	0	0	1	0	3	0	1	0	0	3	1	0
	Singleton				2	1	2	0	0	1	0	2	0	0	2	1	2
	Total				4	8	2	5	2	7	1	8	2	1	11	15	9
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	90%			0%	0%	0%	25%	0%	33%	25%	100%	33%	-	0%	-	75%
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	1	0	0	2	0	0	1	0	1	0	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	0	0	0	0	0	0	0	0
	Total				0	1	0	0	2	0	0	1	0	1	0	0	0
		Pressure Ulcers															
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			32	31	55	27	38	56	33	39	32	27	50	40	
	PCCS Hospital				0	0	0	0	1	1	0	0	0	0	0	0	
	MH&LD				0	0	1	0	0	2	1	1	1	1	1	0	
	Morriston				32	27	42	40	36	29	26	30	38	37	34	23	
	NPTH				1	3	0	3	1	1	3	5	1	1	3	2	
	Singleton				9	13	13	22	15	16	15	22	13	19	16	14	
	Total				74	74	111	92	91	105	78	97	85	85	104	79	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			7	8	14	1	15	11	2	10	12	2	11	6	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	1	1	0	0	0	0	0	
	Morriston				1	1	2	6	4	2	2	2	1	3	2	0	
	NPTH				0	0	0	0	1	0	0	0	1	1	0	0	
	Singleton				0	1	2	3	1	2	0	0	1	1	1	0	
	Total				8	10	18	10	21	16	5	12	15	7	14	6	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			613	616	857	1,018	823	778	689	821	760	805	767	556	

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
		Inpatient Falls																
Total number of Inpatient Falls	PCCS	12 month reduction trend			4	6	8	6	4	5	2	10	2	3	6	6	2	
	MH&LD				28	36	37	29	28	22	19	24	14	18	30	24	36	
	Morrison				114	91	91	93	86	115	88	71	75	76	105	72	74	
	NPTH				35	27	38	26	34	36	37	29	32	39	34	18	25	
	Singleton				58	53	33	42	46	31	44	48	49	36	41	55	47	
	Total				240	213	208	196	199	209	190	182	172	174	216	175	184	
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			5.81	5.35	5.28	4.81	5.37	5.13	4.83	4.45	4.29	4.21	5.29	4.29	0.00	
		Mortality																
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%			96%	99%	96%	96%	98%									
	Singleton				100%													
	NPTH				80%	88%	100%	100%	67%									
	Total				97%	99%	96%	96%	97%									
Stage 2 mortality reviews completed within 60 days	Morrison	95%			83%	56%												
	Singleton				50%	0%												
	NPTH				-	0%												
	Total				75%	50%												
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.71%	1.76%	1.59%	1.52%	1.50%	1.48%	1.47%	1.47%	1.47%	1.43%	1.42%	1.42%		
	Singleton				0.54%	0.50%	0.53%	0.58%	0.48%	0.49%	0.47%	0.46%	0.46%	0.45%	0.44%	0.42%		
	NPTH				0.10%	0.09%	0.08%	0.06%	0.07%	0.06%	0.05%	0.03%	0.04%	0.05%	0.05%	0.05%		
	Total (SBU)				1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	0.83%	0.83%	0.81%		

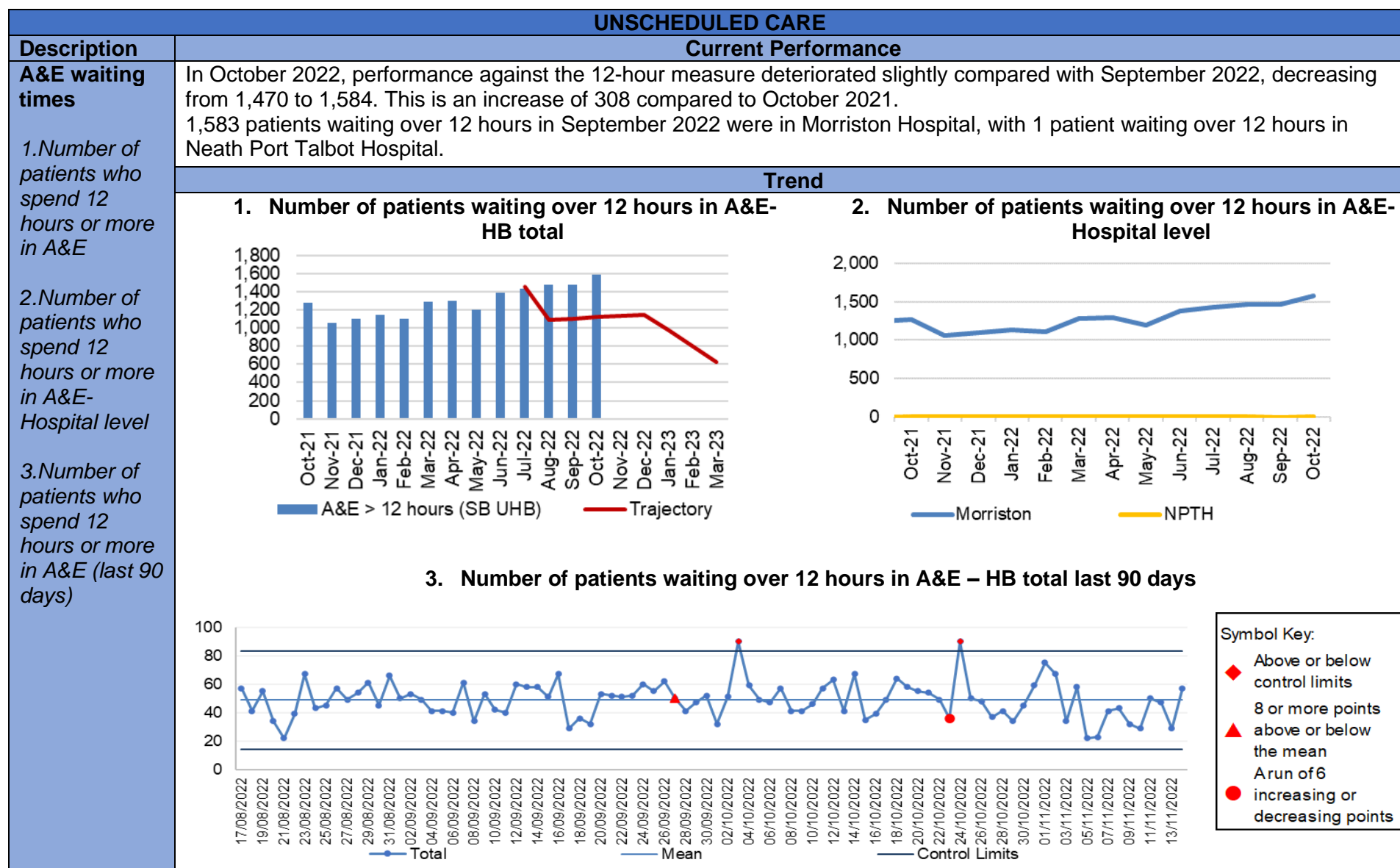
4.2 Updates on key measures

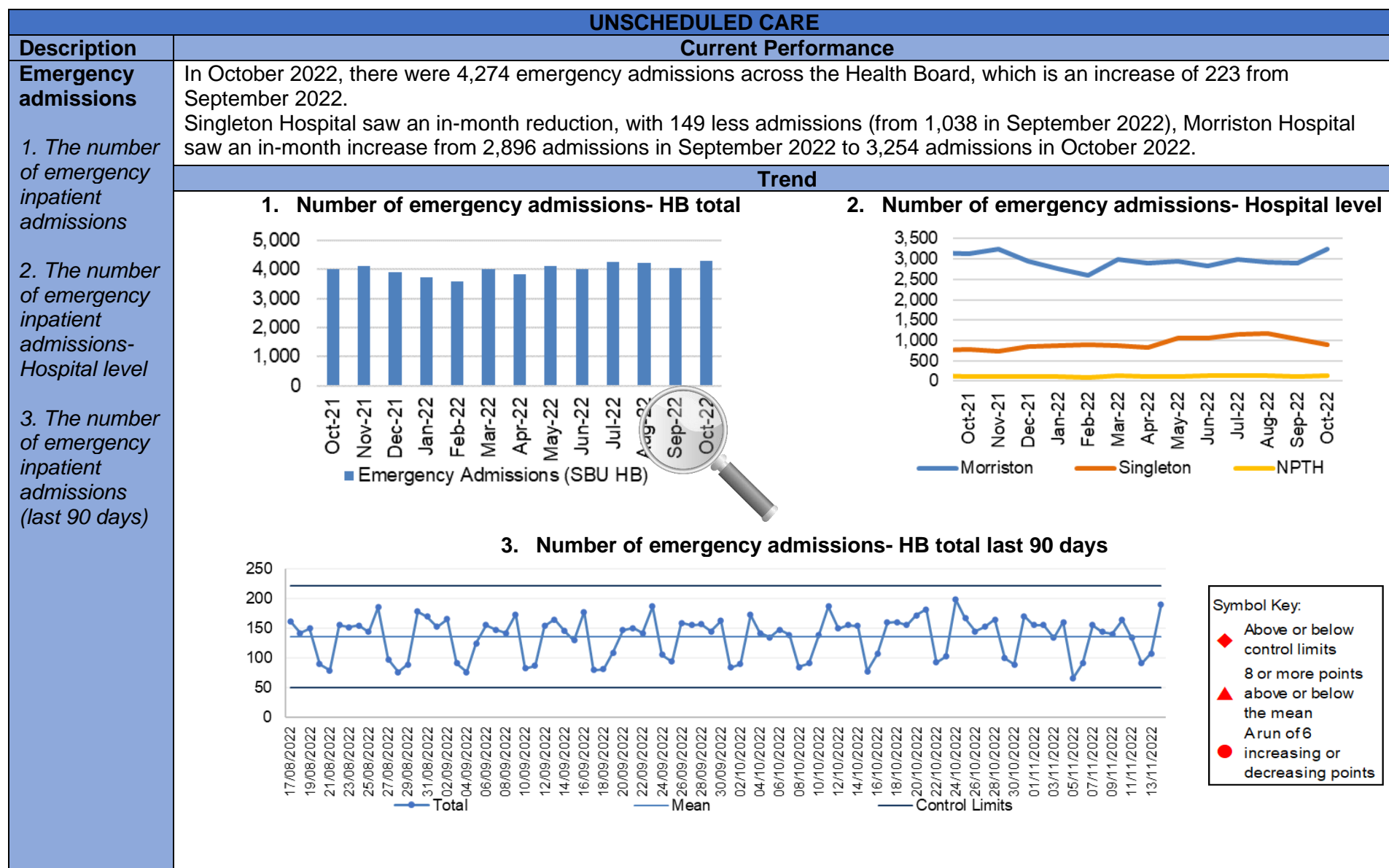






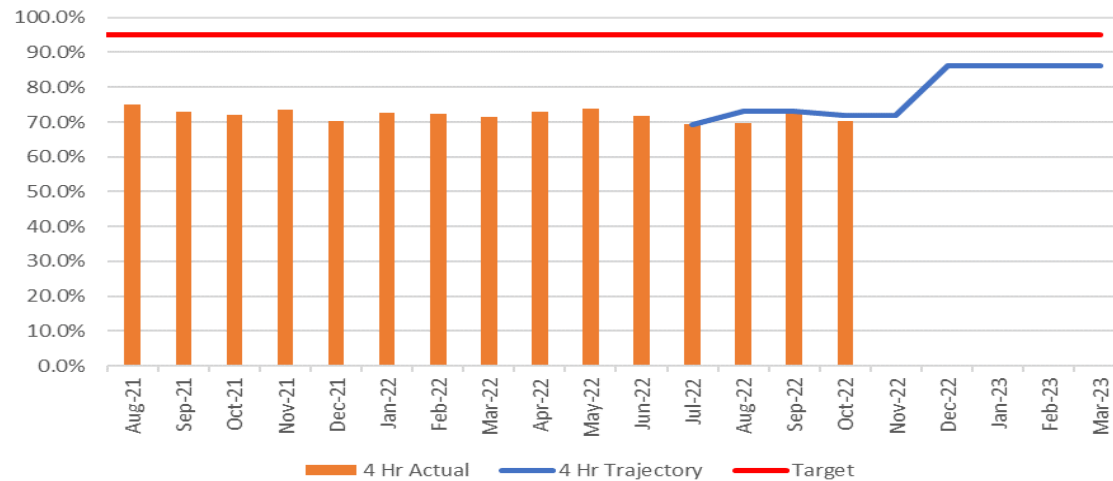
UNSCHEDULED CARE	
Description	Current Performance
A&E waiting times <i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i> <i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i> <i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i>	<p>The Health Board's performance against the 4-hour measure deteriorated from 72.7% in September 2022 to 70.56% in October 2022</p> <p>Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 96.84% in October 2022. Morriston Hospital's performance improved between September 2022 and October 2022 achieving 53.55% against the target.</p>
	Trend
	<div> <div> 1. % Patients waiting under 4 hours in A&E- HB total <p>Legend: A&E % < 4 hours (SB UHB) (blue bars), Trajectory (red line)</p> </div> <div> 2. % Patients waiting under 4 hours in A&E- Hospital level <p>Legend: Morriston (blue line), NPTH (yellow line)</p> </div> <div> 3. % Patients waiting under 4 hours in A&E- HB total last 90 days <p>Legend: Total (blue line), Mean (light blue line), Control Limits (horizontal lines)</p> <p>Symbol Key: ◆ Above or below control limits 8 or more points above or below the mean ▲ Arun of 6 ● increasing or decreasing points </p> </div> </div>





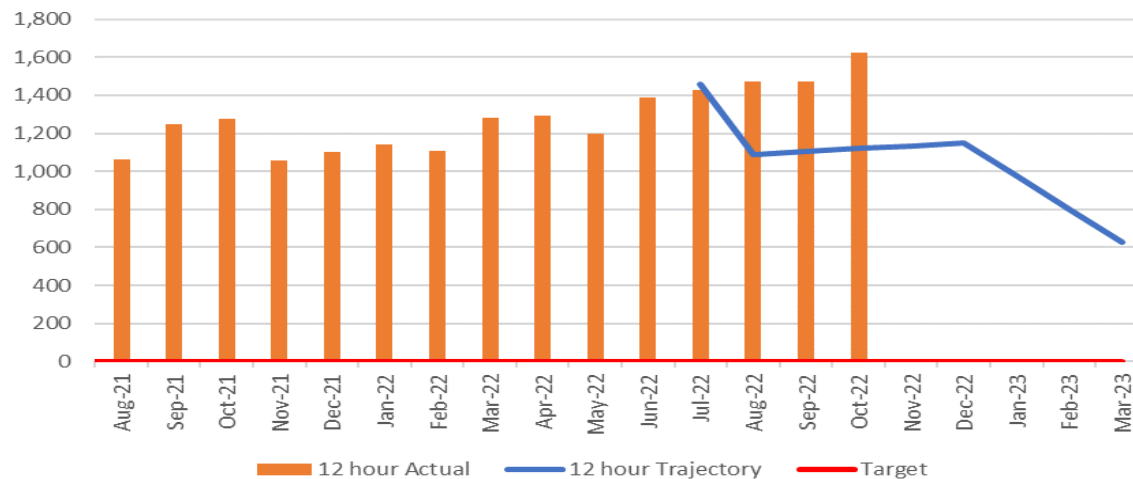
Updates on UNSCHEDULED CARE – Performance Escalation updates

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



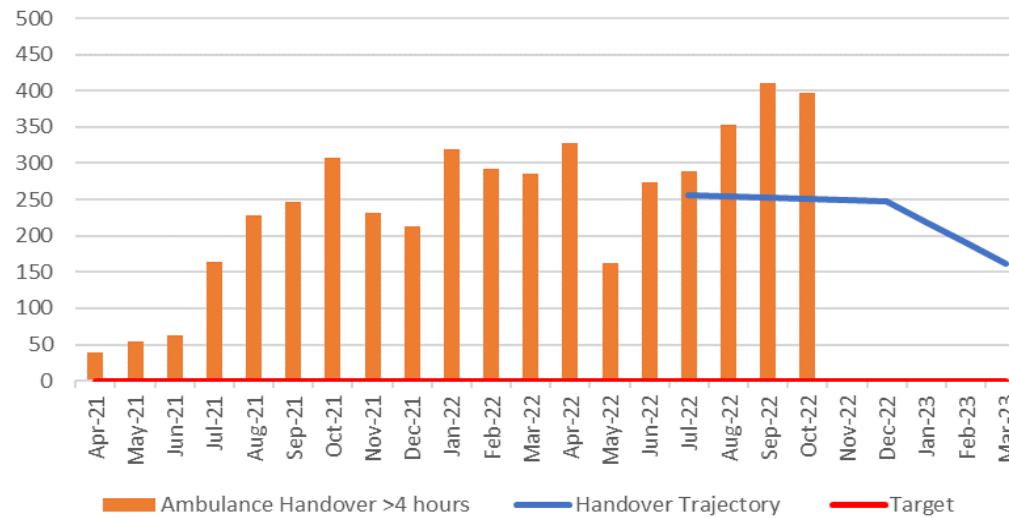
1. Performance against the 4-hour access is currently on target for October 2022. ED 4-hour performance has decreased by 2.37% in October 2022 to 70.33% from 72.7% in September 2022.

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

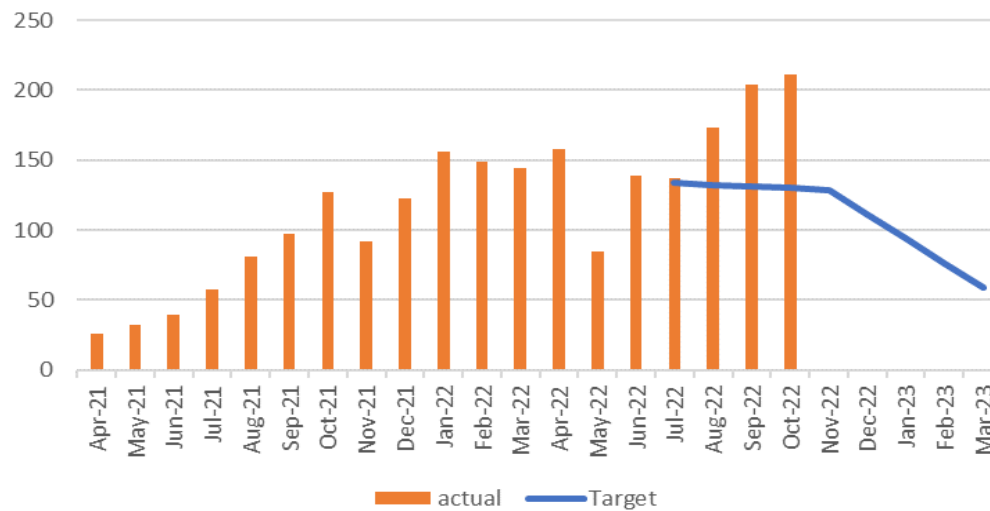


2. Performance against the 12-hour wait has declined further and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,622 in October 2022 from 1,470 in September 2022.

3. Ambulance Handover over 4 hours

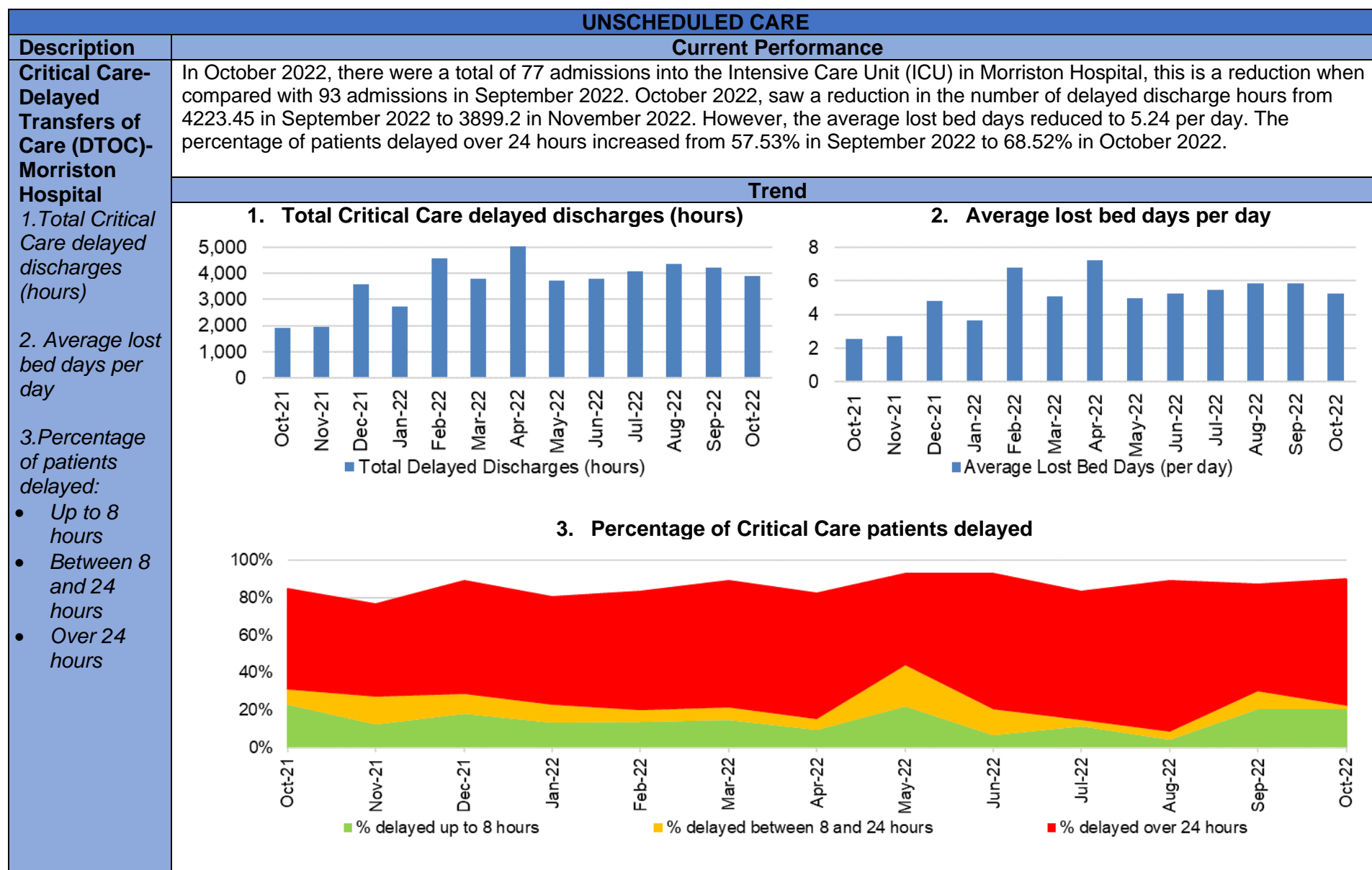


4. Average Ambulance Handover Rate



3. The Ambulance handover rate over 4 hours has seen a continued deterioration since May 2022, with the handover times over four hours reducing slightly to 397 in October 2022 from 410 in September 2022. The figures remain above the outlined trajectory for October 2022 which was 251.

4. The average ambulance handover rate has seen a further deterioration in October 2022. The average handover rate increased from 204 in September 2022 to 211 in October 2022, which is above the outlined trajectory for October 2022 (130).



UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In October 2022, there were on average 306 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In October 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 109, closely followed by Neath Port Talbot Hospital with 101.</p> <p>Actions of Improvement; Detailed work is currently being undertaken by the Deputy Chief Operating Officer to explore opportunities to reduce the number of Clinically Optimised Patients in the Hospital by implementing new pathways.</p>	<p>The number of clinically optimised patients by site</p> <table><caption>Estimated data for Clinically Optimised Patients</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseionon</th></tr></thead><tbody><tr><td>Oct-21</td><td>95</td><td>55</td><td>85</td><td>15</td></tr><tr><td>Nov-21</td><td>110</td><td>60</td><td>85</td><td>15</td></tr><tr><td>Dec-21</td><td>105</td><td>55</td><td>80</td><td>15</td></tr><tr><td>Jan-22</td><td>110</td><td>65</td><td>75</td><td>15</td></tr><tr><td>Feb-22</td><td>120</td><td>65</td><td>90</td><td>15</td></tr><tr><td>Mar-22</td><td>100</td><td>55</td><td>95</td><td>20</td></tr><tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>20</td></tr><tr><td>May-22</td><td>115</td><td>65</td><td>85</td><td>15</td></tr><tr><td>Jun-22</td><td>145</td><td>60</td><td>85</td><td>15</td></tr><tr><td>Jul-22</td><td>115</td><td>60</td><td>90</td><td>15</td></tr><tr><td>Aug-22</td><td>120</td><td>70</td><td>100</td><td>15</td></tr><tr><td>Sep-22</td><td>120</td><td>85</td><td>90</td><td>15</td></tr><tr><td>Oct-22</td><td>109</td><td>101</td><td>75</td><td>20</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseionon	Oct-21	95	55	85	15	Nov-21	110	60	85	15	Dec-21	105	55	80	15	Jan-22	110	65	75	15	Feb-22	120	65	90	15	Mar-22	100	55	95	20	Apr-22	100	65	85	20	May-22	115	65	85	15	Jun-22	145	60	85	15	Jul-22	115	60	90	15	Aug-22	120	70	100	15	Sep-22	120	85	90	15	Oct-22	109	101	75	20
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Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In October 2022, there were 39 elective procedures cancelled due to lack of beds on the day of surgery. This is 15 less cancellations than those seen in October 2021.</p> <p>Of the cancelled procedures, 35 of the cancellations were attributed to Morriston Hospital, 3 were attributed to Singleton Hospital and 1 was attributed to Neath Port Talbot Hospital in October 2022.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table><caption>Estimated data for Elective Procedures Cancelled</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Oct-21</td><td>40</td><td>2</td><td>2</td></tr><tr><td>Nov-21</td><td>60</td><td>2</td><td>2</td></tr><tr><td>Dec-21</td><td>35</td><td>2</td><td>2</td></tr><tr><td>Jan-22</td><td>18</td><td>2</td><td>2</td></tr><tr><td>Feb-22</td><td>25</td><td>5</td><td>2</td></tr><tr><td>Mar-22</td><td>35</td><td>2</td><td>2</td></tr><tr><td>Apr-22</td><td>32</td><td>2</td><td>2</td></tr><tr><td>May-22</td><td>53</td><td>2</td><td>2</td></tr><tr><td>Jun-22</td><td>35</td><td>2</td><td>2</td></tr><tr><td>Jul-22</td><td>28</td><td>2</td><td>2</td></tr><tr><td>Aug-22</td><td>12</td><td>2</td><td>2</td></tr><tr><td>Sep-22</td><td>25</td><td>2</td><td>2</td></tr><tr><td>Oct-22</td><td>39</td><td>3</td><td>1</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Oct-21	40	2	2	Nov-21	60	2	2	Dec-21	35	2	2	Jan-22	18	2	2	Feb-22	25	5	2	Mar-22	35	2	2	Apr-22	32	2	2	May-22	53	2	2	Jun-22	35	2	2	Jul-22	28	2	2	Aug-22	12	2	2	Sep-22	25	2	2	Oct-22	39	3	1														
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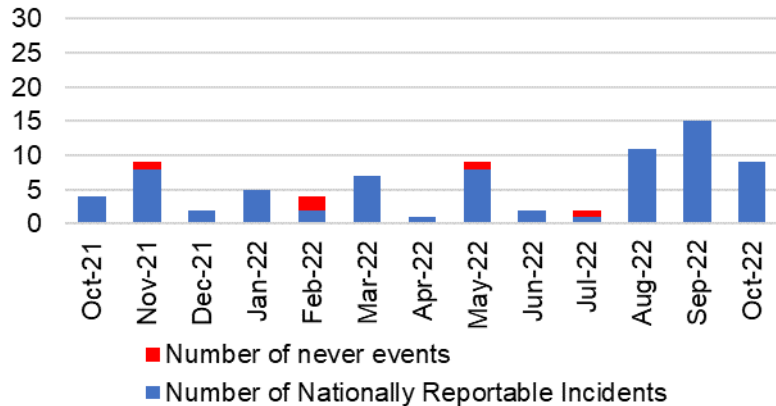
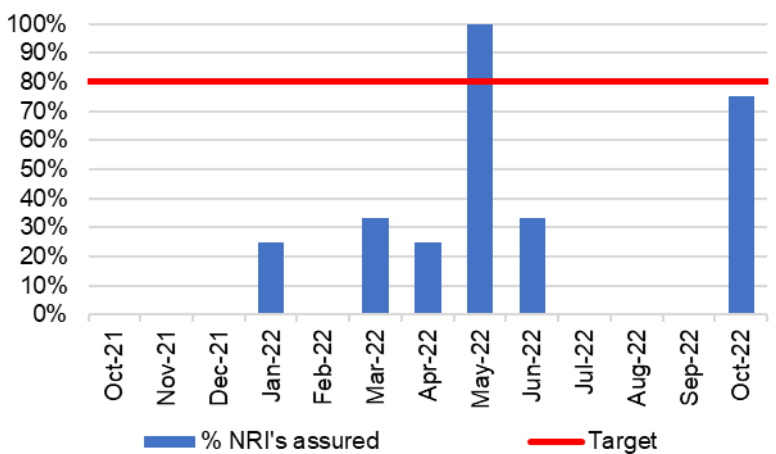
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Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	1. Prompt orthogeriatric assessment- In September 2022, 93.1% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.	1. Prompt orthogeriatric assessment <table><caption>1. Prompt orthogeriatric assessment</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Sep-21</td><td>85%</td><td>70%</td><td>85%</td></tr><tr><td>Oct-21</td><td>85%</td><td>70%</td><td>85%</td></tr><tr><td>Nov-21</td><td>85%</td><td>70%</td><td>85%</td></tr><tr><td>Dec-21</td><td>85%</td><td>70%</td><td>85%</td></tr><tr><td>Jan-22</td><td>85%</td><td>70%</td><td>85%</td></tr><tr><td>Feb-22</td><td>85%</td><td>70%</td><td>85%</td></tr><tr><td>Mar-22</td><td>85%</td><td>70%</td><td>85%</td></tr><tr><td>Apr-22</td><td>85%</td><td>70%</td><td>85%</td></tr><tr><td>May-22</td><td>85%</td><td>70%</td><td>85%</td></tr><tr><td>Jun-22</td><td>85%</td><td>70%</td><td>85%</td></tr><tr><td>Jul-22</td><td>85%</td><td>70%</td><td>85%</td></tr><tr><td>Aug-22</td><td>85%</td><td>70%</td><td>85%</td></tr><tr><td>Sep-22</td><td>93.1%</td><td>70%</td><td>85%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Sep-21	85%	70%	85%	Oct-21	85%	70%	85%	Nov-21	85%	70%	85%	Dec-21	85%	70%	85%	Jan-22	85%	70%	85%	Feb-22	85%	70%	85%	Mar-22	85%	70%	85%	Apr-22	85%	70%	85%	May-22	85%	70%	85%	Jun-22	85%	70%	85%	Jul-22	85%	70%	85%	Aug-22	85%	70%	85%	Sep-22	93.1%	70%	85%
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FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 77.1% of patients were not delirious in the week after their operation in September 2022. This is a reduction of 1% compared with September 2021.	<p>5. Not delirious when tested</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 71.6% of patients in September 2022 were discharged back to their original residence. This is 5.5% less than in September 2021.	<p>6. Return to original residence</p>
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p>

HEALTHCARE ACQUIRED INFECTIONS																																								
Description	Current Performance	Trend																																						
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none">22 cases of <i>E. coli</i> bacteraemia were identified in October 2022, of which 12 were hospital acquired and 10 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 21 cases for September 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number E.Coli cases (SBU)</th></tr></thead><tbody><tr><td>Oct-21</td><td>19</td></tr><tr><td>Nov-21</td><td>22</td></tr><tr><td>Dec-21</td><td>17</td></tr><tr><td>Jan-22</td><td>15</td></tr><tr><td>Feb-22</td><td>26</td></tr><tr><td>Mar-22</td><td>21</td></tr><tr><td>Apr-22</td><td>31</td></tr><tr><td>May-22</td><td>21</td></tr><tr><td>Jun-22</td><td>17</td></tr><tr><td>Jul-22</td><td>21</td></tr><tr><td>Aug-22</td><td>32</td></tr><tr><td>Sep-22</td><td>15</td></tr><tr><td>Oct-22</td><td>22</td></tr><tr><td>Nov-22</td><td>-</td></tr><tr><td>Dec-22</td><td>-</td></tr><tr><td>Jan-23</td><td>-</td></tr><tr><td>Feb-23</td><td>-</td></tr><tr><td>Mar-23</td><td>-</td></tr></tbody></table> <p>Number E.Coli cases (SBU) Trajectory</p>	Month	Number E.Coli cases (SBU)	Oct-21	19	Nov-21	22	Dec-21	17	Jan-22	15	Feb-22	26	Mar-22	21	Apr-22	31	May-22	21	Jun-22	17	Jul-22	21	Aug-22	32	Sep-22	15	Oct-22	22	Nov-22	-	Dec-22	-	Jan-23	-	Feb-23	-	Mar-23	-
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Aug-22	32																																							
Sep-22	15																																							
Oct-22	22																																							
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Jan-23	-																																							
Feb-23	-																																							
Mar-23	-																																							
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none">There were 17 cases of Staph. aureus bacteraemia in October 2022, of which 13 were hospital acquired and 4 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 6 cases for October 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of S.Aureus cases (SBU)</th></tr></thead><tbody><tr><td>Oct-21</td><td>18</td></tr><tr><td>Nov-21</td><td>4</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>13</td></tr><tr><td>Feb-22</td><td>10</td></tr><tr><td>Mar-22</td><td>11</td></tr><tr><td>Apr-22</td><td>13</td></tr><tr><td>May-22</td><td>18</td></tr><tr><td>Jun-22</td><td>9</td></tr><tr><td>Jul-22</td><td>12</td></tr><tr><td>Aug-22</td><td>11</td></tr><tr><td>Sep-22</td><td>13</td></tr><tr><td>Oct-22</td><td>17</td></tr><tr><td>Nov-22</td><td>-</td></tr><tr><td>Dec-22</td><td>-</td></tr><tr><td>Jan-23</td><td>-</td></tr><tr><td>Feb-23</td><td>-</td></tr><tr><td>Mar-23</td><td>-</td></tr></tbody></table> <p>Number of S.Aureus cases (SBU) Trajectory</p>	Month	Number of S.Aureus cases (SBU)	Oct-21	18	Nov-21	4	Dec-21	9	Jan-22	13	Feb-22	10	Mar-22	11	Apr-22	13	May-22	18	Jun-22	9	Jul-22	12	Aug-22	11	Sep-22	13	Oct-22	17	Nov-22	-	Dec-22	-	Jan-23	-	Feb-23	-	Mar-23	-
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HEALTHCARE ACQUIRED INFECTIONS																																																											
Description	Current Performance	Trend																																																									
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"> There were 20 <i>Clostridium difficile</i> toxin positive cases in October 2022, of which 15 were hospital acquired and 5 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 8 cases for October 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired C.difficile cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-21</td><td>15</td><td></td></tr> <tr><td>Nov-21</td><td>20</td><td></td></tr> <tr><td>Dec-21</td><td>12</td><td></td></tr> <tr><td>Jan-22</td><td>14</td><td></td></tr> <tr><td>Feb-22</td><td>13</td><td></td></tr> <tr><td>Mar-22</td><td>18</td><td></td></tr> <tr><td>Apr-22</td><td>13</td><td>7</td></tr> <tr><td>May-22</td><td>11</td><td>8</td></tr> <tr><td>Jun-22</td><td>16</td><td>9</td></tr> <tr><td>Jul-22</td><td>16</td><td>8</td></tr> <tr><td>Aug-22</td><td>22</td><td>8</td></tr> <tr><td>Sep-22</td><td>14</td><td>9</td></tr> <tr><td>Oct-22</td><td>20</td><td>7</td></tr> <tr><td>Nov-22</td><td></td><td>7</td></tr> <tr><td>Dec-22</td><td></td><td>8</td></tr> <tr><td>Jan-23</td><td></td><td>8</td></tr> <tr><td>Feb-23</td><td></td><td>8</td></tr> <tr><td>Mar-23</td><td></td><td>7</td></tr> </tbody> </table> <p>■ Number of C.diff cases (SBU) — Trajectory</p>	Month	Number of C.diff cases (SBU)	Trajectory	Oct-21	15		Nov-21	20		Dec-21	12		Jan-22	14		Feb-22	13		Mar-22	18		Apr-22	13	7	May-22	11	8	Jun-22	16	9	Jul-22	16	8	Aug-22	22	8	Sep-22	14	9	Oct-22	20	7	Nov-22		7	Dec-22		8	Jan-23		8	Feb-23		8	Mar-23		7
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Mar-23		7																																																									
Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"> There were 7 cases of Klebsiella sp in October 2022, of which 3 were hospital acquired and 4 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for October 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Klebsiella cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-21</td><td>13</td><td></td></tr> <tr><td>Nov-21</td><td>7</td><td></td></tr> <tr><td>Dec-21</td><td>9</td><td></td></tr> <tr><td>Jan-22</td><td>5</td><td></td></tr> <tr><td>Feb-22</td><td>4</td><td></td></tr> <tr><td>Mar-22</td><td>7</td><td></td></tr> <tr><td>Apr-22</td><td>6</td><td>7</td></tr> <tr><td>May-22</td><td>8</td><td>6</td></tr> <tr><td>Jun-22</td><td>8</td><td>6</td></tr> <tr><td>Jul-22</td><td>11</td><td>6</td></tr> <tr><td>Aug-22</td><td>8</td><td>6</td></tr> <tr><td>Sep-22</td><td>10</td><td>6</td></tr> <tr><td>Oct-22</td><td>7</td><td>6</td></tr> <tr><td>Nov-22</td><td></td><td>6</td></tr> <tr><td>Dec-22</td><td></td><td>6</td></tr> <tr><td>Jan-23</td><td></td><td>6</td></tr> <tr><td>Feb-23</td><td></td><td>5</td></tr> <tr><td>Mar-23</td><td></td><td>5</td></tr> </tbody> </table> <p>■ Number of Klebsiella cases (SBU) — Trajectory</p>	Month	Number of Klebsiella cases (SBU)	Trajectory	Oct-21	13		Nov-21	7		Dec-21	9		Jan-22	5		Feb-22	4		Mar-22	7		Apr-22	6	7	May-22	8	6	Jun-22	8	6	Jul-22	11	6	Aug-22	8	6	Sep-22	10	6	Oct-22	7	6	Nov-22		6	Dec-22		6	Jan-23		6	Feb-23		5	Mar-23		5
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HEALTHCARE ACQUIRED INFECTIONS																																																											
Description	Current Performance	Trend																																																									
Healthcare Acquired Infections (HCAI)-Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none">There were 6 cases of <i>P.Aeruginosa</i> in October 2022, 3 of which were hospital acquired, and 3 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 1 cumulative case for October 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	Number of healthcare acquired Pseudomonas cases <table><thead><tr><th>Month</th><th>Number of Pseudomonas cases (SBU)</th><th>Trajectory</th></tr></thead><tbody><tr><td>Oct-21</td><td>3</td><td>2.0</td></tr><tr><td>Nov-21</td><td>4</td><td>2.0</td></tr><tr><td>Dec-21</td><td>1</td><td>2.0</td></tr><tr><td>Jan-22</td><td>3</td><td>2.0</td></tr><tr><td>Feb-22</td><td>2</td><td>2.0</td></tr><tr><td>Mar-22</td><td>2</td><td>2.0</td></tr><tr><td>Apr-22</td><td>4</td><td>2.0</td></tr><tr><td>May-22</td><td>4</td><td>2.0</td></tr><tr><td>Jun-22</td><td>3</td><td>2.0</td></tr><tr><td>Jul-22</td><td>5</td><td>2.0</td></tr><tr><td>Aug-22</td><td>6</td><td>1.0</td></tr><tr><td>Sep-22</td><td>1</td><td>1.0</td></tr><tr><td>Oct-22</td><td>2</td><td>2.0</td></tr><tr><td>Nov-22</td><td>2</td><td>2.0</td></tr><tr><td>Dec-22</td><td>2</td><td>2.0</td></tr><tr><td>Jan-23</td><td>2</td><td>2.0</td></tr><tr><td>Feb-23</td><td>2</td><td>2.0</td></tr><tr><td>Mar-23</td><td>1</td><td>1.0</td></tr></tbody></table> <p>■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Oct-21	3	2.0	Nov-21	4	2.0	Dec-21	1	2.0	Jan-22	3	2.0	Feb-22	2	2.0	Mar-22	2	2.0	Apr-22	4	2.0	May-22	4	2.0	Jun-22	3	2.0	Jul-22	5	2.0	Aug-22	6	1.0	Sep-22	1	1.0	Oct-22	2	2.0	Nov-22	2	2.0	Dec-22	2	2.0	Jan-23	2	2.0	Feb-23	2	2.0	Mar-23	1	1.0
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Jan-23	2	2.0																																																									
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Mar-23	1	1.0																																																									
PRESSURE ULCERS																																																											
Description	Current Performance	Trend																																																									
Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none">In September 2022 there were 79 cases of healthcare acquired pressure ulcers, 40 of which were community acquired and 39 were hospital acquired. <p>There were 6 grade 3+ pressure ulcers in September 2022, al of which were community acquired and 3 were hospital acquired.</p> <p>The rate per 100,000 admissions increased from 767 in August 2022 to 556 in September 2022.</p>	Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions <table><thead><tr><th>Month</th><th>Pressure Ulcers (Community)</th><th>Pressure Ulcers (Hospital)</th><th>Rate per 100,00 admissions</th></tr></thead><tbody><tr><td>Sep-21</td><td>105</td><td>75</td><td>767</td></tr><tr><td>Oct-21</td><td>75</td><td>50</td><td>767</td></tr><tr><td>Nov-21</td><td>75</td><td>50</td><td>767</td></tr><tr><td>Dec-21</td><td>110</td><td>75</td><td>767</td></tr><tr><td>Jan-22</td><td>95</td><td>65</td><td>767</td></tr><tr><td>Feb-22</td><td>90</td><td>60</td><td>767</td></tr><tr><td>Mar-22</td><td>105</td><td>55</td><td>767</td></tr><tr><td>Apr-22</td><td>80</td><td>50</td><td>767</td></tr><tr><td>May-22</td><td>95</td><td>60</td><td>767</td></tr><tr><td>Jun-22</td><td>85</td><td>55</td><td>767</td></tr><tr><td>Jul-22</td><td>85</td><td>55</td><td>767</td></tr><tr><td>Aug-22</td><td>105</td><td>65</td><td>767</td></tr><tr><td>Sep-22</td><td>79</td><td>40</td><td>556</td></tr></tbody></table> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,00 admissions	Sep-21	105	75	767	Oct-21	75	50	767	Nov-21	75	50	767	Dec-21	110	75	767	Jan-22	95	65	767	Feb-22	90	60	767	Mar-22	105	55	767	Apr-22	80	50	767	May-22	95	60	767	Jun-22	85	55	767	Jul-22	85	55	767	Aug-22	105	65	767	Sep-22	79	40	556	
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NATIONALLY REPORTABLE INCIDENTS		
Description	Current Performance	Trend
Nationally Reportable Incidents (NRI's)- <i>1. The number of Nationally reportable incidents</i> <i>2. The number of Never Events</i> <i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 9 Nationally Reportable Incidents for the month of October 2022 to Welsh Government. The Service Group breakdown is as follows; - Morriston – 2 - Singleton & NPT – 2 - Primary Care - 3 - Mental Health & LD - 2	1. and 2. Number of nationally reportable incidents and never events  <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p>
	2. There were no new Never Event reported in October 2022	3. % of nationally reportable incidents closed within the agreed timescales  <p>■ % NRI's assured — Target</p>
	3. In October 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 75%.	

INPATIENT FALLS																														
Description	Current Performance	Trend																												
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 184 in October 2022. This is 23% less than October 2021 where 240 falls were recorded.	<p>Number of inpatient Falls</p> <table><thead><tr><th>Month</th><th>Hospital falls</th></tr></thead><tbody><tr><td>Oct-21</td><td>240</td></tr><tr><td>Nov-21</td><td>210</td></tr><tr><td>Dec-21</td><td>205</td></tr><tr><td>Jan-22</td><td>195</td></tr><tr><td>Feb-22</td><td>200</td></tr><tr><td>Mar-22</td><td>210</td></tr><tr><td>Apr-22</td><td>190</td></tr><tr><td>May-22</td><td>180</td></tr><tr><td>Jun-22</td><td>170</td></tr><tr><td>Jul-22</td><td>175</td></tr><tr><td>Aug-22</td><td>215</td></tr><tr><td>Sep-22</td><td>175</td></tr><tr><td>Oct-22</td><td>184</td></tr></tbody></table> <p>■ Hospital falls</p>	Month	Hospital falls	Oct-21	240	Nov-21	210	Dec-21	205	Jan-22	195	Feb-22	200	Mar-22	210	Apr-22	190	May-22	180	Jun-22	170	Jul-22	175	Aug-22	215	Sep-22	175	Oct-22	184
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Aug-22	215																													
Sep-22	175																													
Oct-22	184																													
DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in October 2022, the percentage of completed discharge summaries was 66%.</p> <p>In October 2022, compliance ranged from 57% in Singleton Hospital to 87% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p> <table><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Oct-21</td><td>60%</td></tr><tr><td>Nov-21</td><td>62%</td></tr><tr><td>Dec-21</td><td>61%</td></tr><tr><td>Jan-22</td><td>60%</td></tr><tr><td>Feb-22</td><td>63%</td></tr><tr><td>Mar-22</td><td>62%</td></tr><tr><td>Apr-22</td><td>59%</td></tr><tr><td>May-22</td><td>64%</td></tr><tr><td>Jun-22</td><td>63%</td></tr><tr><td>Jul-22</td><td>62%</td></tr><tr><td>Aug-22</td><td>66%</td></tr><tr><td>Sep-22</td><td>67%</td></tr><tr><td>Oct-22</td><td>66%</td></tr></tbody></table> <p>■ % of completed discharge summaries</p>	Month	% of completed discharge summaries	Oct-21	60%	Nov-21	62%	Dec-21	61%	Jan-22	60%	Feb-22	63%	Mar-22	62%	Apr-22	59%	May-22	64%	Jun-22	63%	Jul-22	62%	Aug-22	66%	Sep-22	67%	Oct-22	66%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	September 2022 reports the crude mortality rate for the Health Board at 0.81%, which is the lower than the figure reported in August 2022.	Crude hospital mortality rate by Hospital (74 years of age or less) <table><thead><tr><th>Month</th><th>Morryston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Sep-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Oct-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Nov-21</td><td>1.8%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Dec-21</td><td>1.6%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jan-22</td><td>1.5%</td><td>0.6%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Feb-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Mar-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Apr-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>May-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Jun-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Jul-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Aug-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Sep-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr></tbody></table>	Month	Morryston Hospital	Singleton Hospital	NPT Hospital	HB Total	Sep-21	1.7%	0.5%	0.1%	1.0%	Oct-21	1.7%	0.5%	0.1%	1.0%	Nov-21	1.8%	0.5%	0.1%	1.0%	Dec-21	1.6%	0.5%	0.1%	0.9%	Jan-22	1.5%	0.6%	0.1%	0.9%	Feb-22	1.5%	0.5%	0.1%	0.8%	Mar-22	1.5%	0.5%	0.1%	0.8%	Apr-22	1.5%	0.4%	0.1%	0.8%	May-22	1.5%	0.4%	0.1%	0.8%	Jun-22	1.5%	0.4%	0.1%	0.8%	Jul-22	1.4%	0.4%	0.1%	0.8%	Aug-22	1.4%	0.4%	0.1%	0.8%	Sep-22	1.4%	0.4%	0.1%	0.8%
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	A breakdown by Hospital for September 2022: <ul style="list-style-type: none">Morryston – 1.42%Singleton – 0.42%NPT – 0.05%																																																																							
READMISSION RATES																																																																								
Description	Current Performance	Trend																																																																						
Readmission Rates	In October 2022, 18% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 2% lower than those figures reported in September 2022.	Emergencies readmitted within 28 days of previous discharge <table><thead><tr><th>Month</th><th>28 Day readmission rate (SBU HB)</th></tr></thead><tbody><tr><td>Oct-21</td><td>18%</td></tr><tr><td>Nov-21</td><td>18%</td></tr><tr><td>Dec-21</td><td>19%</td></tr><tr><td>Jan-22</td><td>18%</td></tr><tr><td>Feb-22</td><td>19%</td></tr><tr><td>Mar-22</td><td>16%</td></tr><tr><td>Apr-22</td><td>18%</td></tr><tr><td>May-22</td><td>18%</td></tr><tr><td>Jun-22</td><td>19%</td></tr><tr><td>Jul-22</td><td>20%</td></tr><tr><td>Aug-22</td><td>20%</td></tr><tr><td>Sep-22</td><td>20%</td></tr><tr><td>Oct-22</td><td>18%</td></tr></tbody></table>	Month	28 Day readmission rate (SBU HB)	Oct-21	18%	Nov-21	18%	Dec-21	19%	Jan-22	18%	Feb-22	19%	Mar-22	16%	Apr-22	18%	May-22	18%	Jun-22	19%	Jul-22	20%	Aug-22	20%	Sep-22	20%	Oct-22	18%																																										
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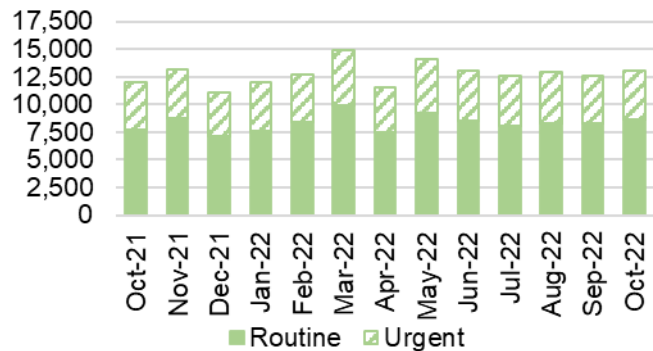
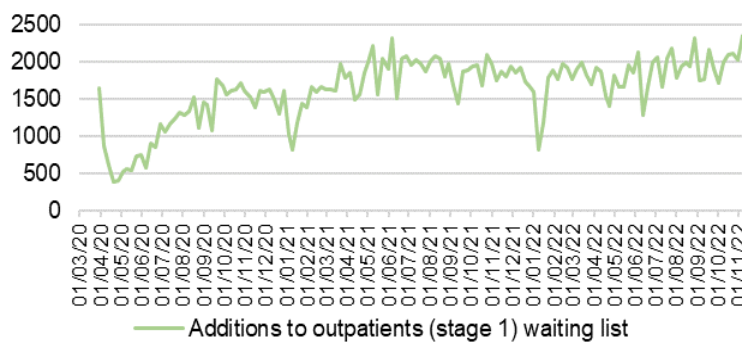
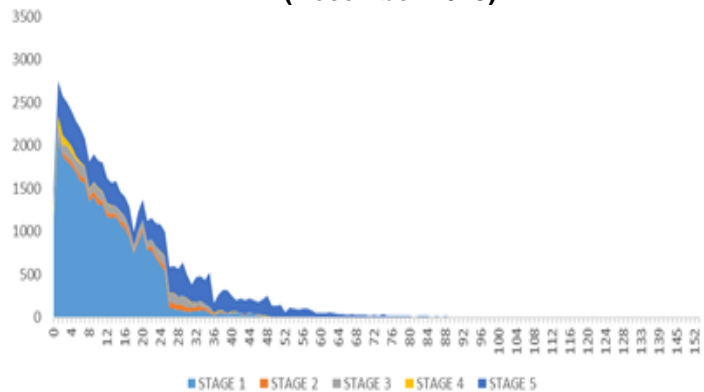
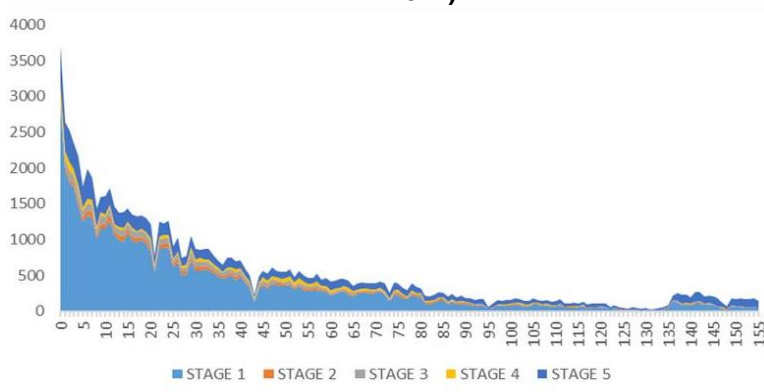
5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

		Harm from reduction in non-Covid activity															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
		Cancer															
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	75%			61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	36.5%
		Planned Care															
Number of patients waiting > 26 weeks for outpatient appointment*	Morrison	0			15,906	16,385	17,204	17,859	18,220	18,351	18,976	19,498	19,662	19,516	19,607	18,748	17,562
	NPTH				378	387	342	186	88	0	3	18	4	2	4	1	0
	Singleton				8,162	7,955	7,882	7,520	7,192	6,359	6,606	6,943	7,159	7,212	7,314	7,218	6,449
	PC&CS				37	25	24	23	22	18	16	0	1	81	94	98	101
	Total				24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112
Number of patients waiting > 36 weeks for treatment*	Morrison	0			23,874	24,121	24,494	25,203	25,090	25,490	26,036	26,411	26,574	26,832	26,710	25,771	25,292
	NPTH				191	198	168	136	136	44	37	5	7	2	0	1	1
	Singleton				11,841	12,245	12,376	12,283	12,194	11,749	12,110	12,310	12,438	11,256	11,013	10,557	10,078
	PC&CS				35	25	22	22	22	17	15	0	1	41	117	124	125
	Total (inc. diagnostics > 36 wks)				36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	0			3,320	3,217	2,927	2,724	2,180	1,672	1,910	1,753	1,575	1,629	1,853	1,975	1,670
	Singleton				2,619	2,791	3,144	3,543	3,898	4,191	4,398	4,553	4,437	4,403	4,255	4,202	4,163
	Total				5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	NPTH				28	29	8	13	38	45	35	17	30	46	45	82	87
	PC&CS				386	600	877	1,015	888	775	644	597	579	668	637	673	618
	Total				414	629	885	1,028	926	820	679	614	609	714	682	755	705

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
		Planned Care															
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			131,554	129,255	131,403	131,848	#####	133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643
Number of patients delayed by over 100% past their target date *	Total				33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968
Number of patients delayed past their agreed target date (booked and not booked) *	Total				60,447	56,618	58,006	58,639	58,804	58,514	60,348	60,314	61,071	61,156	61,778	62,461	61,772
Number of Ophthalmology patients without an allocated health risk factor	Total	0			413	528	694	288	299	639	425	246	495	270	222	400	353
Number of patients without a documented clinical review date	Total	0			3	4	2	4	1	5	5	2	4	2	3	4	3
		Patient Experience/ Feedback															
Number of friends and family surveys completed	PCCS	12 month improvement trend			89	360	291	191	251	165	106	154	130	162	195	114	163
	MH&LD				10	36	23	17	17	15	8	26	11	11	22	16	11
	Morrison				941	1,131	878	1,130	1,285	1,454	1,245	1,336	1,194	1,341	1,629	1,590	1,642
	NPTH																
	Singleton				1,118	1,602	1,580	1,727	1,485	1,737	1,648	1,932	1,727	1,931	2,343	2,252	2,552
	Total				2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358
% of patients who would recommend and highly recommend	PCCS	90%	80%		90%	94%	90%	93%	95%	92%	94%	94%	90%	94%	94%	95%	94%
	MH&LD				90%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Morrison				92%	93%	94%	94%	84%	86%	85%	92%	83%	84%	84%	83%	87%
	NPTH																
	Singleton				92%	94%	94%	94%	94%	94%	91%	92%	92%	92%	91%	91%	92%
	Total				92%	94%	93%	92%	90%	90%	89%	90%	88%	89%	89%	88%	90%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		94%	89%	97%	97%	99%	97%	96%	95%	92%	96%	96%	96%	97%
	MH&LD																
	Morrison				94%	93%	96%	97%	89%	91%	89%	89%	82%	89%	90%	88%	93%
	NPTH																
	Singleton				95%	93%	97%	96%	97%	97%	94%	95%	92%	94%	94%	94%	95%
	Total				93%	93%	96%	93%	91%	91%	89%	91%	91%	90%	93%	92%	93%
Number of new complaints received	PCCS	12 month reduction rend			12	16	9	15	19	23	16	34	20	22	17		
	MH&LD				13	13	9	19	16	15	10	14	16	11	9		
	Morrison				57	66	42	53	49	52	54	69	53	70	54		
	NPTH				6	8	3	7	13	3	6	4	2	6	4		
	Singleton				33	26	20	21	36	51	28	46	21	39	38		
	Total				134	159	115	124	139	156	123	176	118	153	124		
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	75%	80%		83%	88%	78%	67%	68%	87%	94%	88%	75%	82%	76%		
	MH&LD				69%	31%	78%	58%	38%	60%	70%	43%	69%	73%	56%		
	Morrison				70%	73%	69%	74%	78%	73%	83%	74%	72%	70%	74%		
	NPTH				83%	75%	67%	29%	62%	67%	83%	50%	100%	67%	50%		
	Singleton				48%	54%	50%	43%	50%	43%	57%	54%	38%	38%	53%		
	Total				67%	69%	68%	63%	64%	65%	76%	69%	65%	64%	65%		

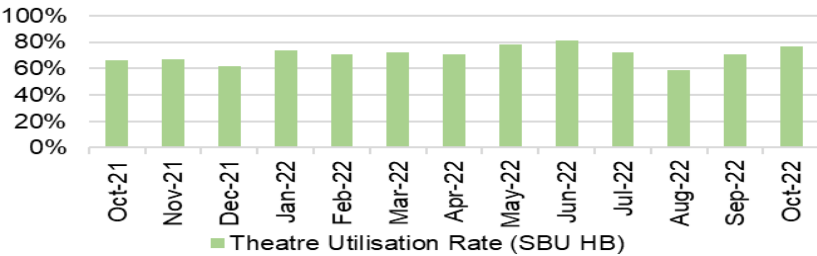
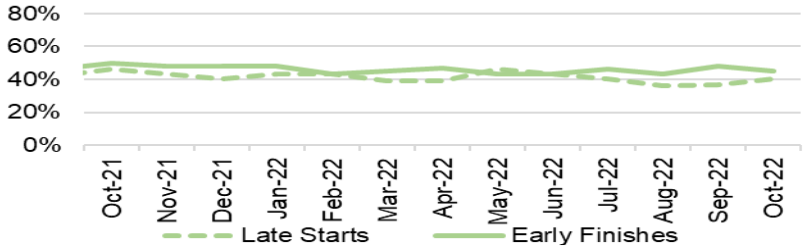
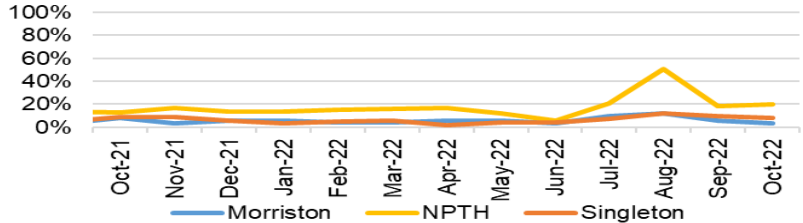
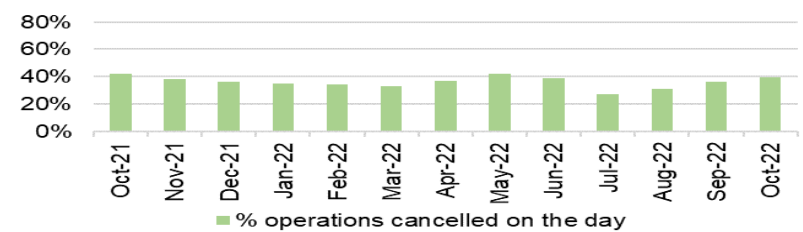
5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	October 2022 has seen an increase in referral figures compared with September 2022 (12,572). Referral rates have continued to rise slowly since December 2021, with 13,014 received in October 2022. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.
	Trend
1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at August 2022</i>	<div> 1. Number of GP referrals received by SBU Health Board  </div> <div> 2. Number of stage 1 additions per week  </div> <div> 3. Total size of the waiting list and movement (December 2019)  </div> <div> 4. Total size of the waiting list and movement (October 2022)  </div>

PLANNED CARE	
Description	Current Performance
Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. October 2022 saw an in-month reduction of 7% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 26,065 in September 2022 to 24,112 in October 2022. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and ENT. Chart 4 shows that the number of attendances has remained steady in recent months despite the impact of the recent Covid wave.</p>
	Trend
	<div> <div> 1. Number of stage 1 over 26 weeks- HB total <p>■ Outpatients > 26 wks (SB UHB)</p> </div> <div> 2. Number of stage 1 over 26 weeks- Hospital level <p>— Morriston — Singleton — PCT — NPTH</p> </div> <div> 3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at October 2022 </div> <div> 4. Outpatient activity undertaken <p>— New outpatient attendances - - - Follow-up attendances</p> </div> </div> <p>**Please note – reporting measures changed from June 2021 – Using power BI platform</p>

PLANNED CARE	
Description	Current Performance
Patients waiting over 36 weeks for treatment 1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total 2. Number of patients waiting more than 36 weeks for treatment 3. Number of elective admissions 4. Number of patients waiting more than 104 weeks for treatment	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In October 2022, there were 36,121 patients waiting over 36 weeks which is a 2.6% in-month reduction from September 2022. 26,147 of the 36,121 were waiting over 52 weeks in October 2022. In October 2022, there were 10,090 patients waiting over 104 weeks for treatment, which is a 5% reduction from September 2022.</p>
	<p>Trend</p> <div> <div> <p>1. Number of patients waiting over 36 weeks- HB total</p> <p> ■ >36 wks (SB UHB) — Trajectory </p> <p>Ministerial Target = 0 by 2026</p> </div> <div> <p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p> <p> ■ Outpatients >52 wks (SB UHB) — Trajectory </p> <p>Ministerial Target = 0 by December 2022</p> </div> <div> <p>3. Number of elective admissions</p> <p>— Admitted elective patients</p> </div> <div> <p>4. Number of patients waiting over 104 weeks- HB total</p> <p> ■ > 104 weeks — Trajectory </p> <p>Ministerial Target = 0 by 2024</p> </div> </div>

PLANNED CARE		
Description	Current Performance	
Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In October 2022, 53.5% of patients were waiting under 26 weeks from referral to treatment, which is 1.4% more than those seen in September 2022.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <p>Ministerial Target = 95% by 2026</p>
Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In October 2022, 65.2% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p>

THEATRE EFFICIENCY		
Description	Current Performance	Trend
Theatre Efficiency 1. Theatre Utilisation Rates 2. % of theatre sessions starting late 3. % of theatre sessions finishing early 4. % of theatre sessions cancelled at short notice (<28 days) 5. % of operations cancelled on the day	<p>In October 2022 the Theatre Utilisation rate was 77%. This is an in-month improvement of 6% and are lower rates than those seen in October 2021.</p> <p>40% of theatre sessions started late in October 2022. This is a 3% deterioration on performance seen in September 2022 (37%).</p> <p>In October 2022, 45% of theatre sessions finished early. This is 3% lower than figures seen in September 2022 and 5% lower than those seen in October 2021</p> <p>8% of theatre sessions were cancelled at short notice in October 2022. This is 1% lower than figures reported in September 2022 and is 1% lower than figures seen in October 2021.</p> <p>Of the operations cancelled in October 2022, 40% of them were cancelled on the day. This is a deterioration from 36% in October</p>	<p>1. Theatre Utilisation Rates</p>  <p>2. and 3. % theatre sessions starting late/finishing</p>  <p>4. % theatre sessions cancelled at short notice (<28 days)</p>  <p>5. % of operations cancelled on the day</p> 

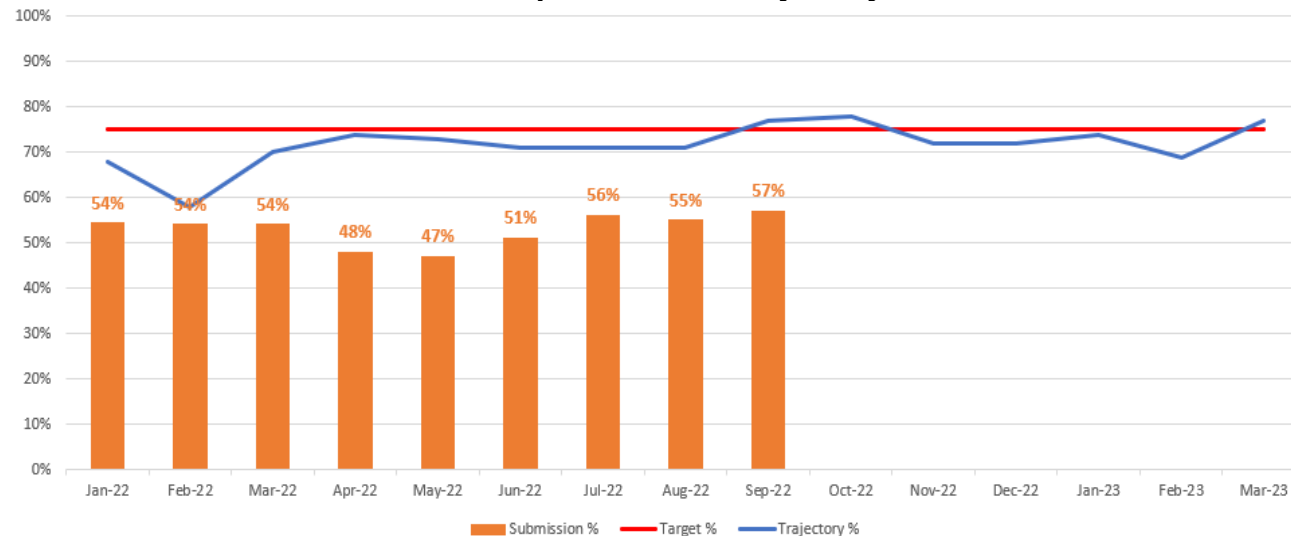
PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In October 2022, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It reduced from 6,177 in September 2022 to 5,833 in October 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for October 2022:</p> <ul style="list-style-type: none"> Endoscopy= 4,170 Cardiac tests= 716 Other Diagnostics = 947 <p>Actions of Improvement; Endoscopy waits have reduced slightly this month and the figures are slightly above the submitted trajectory. The Endoscopy team have implemented several actions to support future improvement, which include increasing list capacity, increasing insourcing and outsourcing sessions, along with an ongoing clinical validation project.</p>	<p>Number of patients waiting longer than 8 weeks for diagnostics</p> <p>Ministerial Target = Endoscopy waits > 8 Weeks will be 0 by Spring 2024</p>
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In October 2022 there were 707 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in October 2022 are:</p> <ul style="list-style-type: none"> Podiatry = 490 Speech & Language Therapy= 128 ^ Dietetics = 10 <p>Actions of Improvement; The Service Group have already identified the declining position in both Dietetics and Podiatry and have developed detailed recovery trajectories in both areas. Podiatry have developed a revised recovery trajectory for Q4, with Dietetics working through their deadline for recovery</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p>

CANCER																																																																			
Description	Current Performance		Trend																																																																
<p>Cancer demand and shape of the waiting list</p> <p>Single Cancer Pathway</p> <p><i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i></p>	October 2022 backlog by tumour site:		<p>Number of patients with a wait status of more than 62 days</p> <table border="1"><caption>Number of patients with a wait status of more than 62 days</caption><thead><tr><th>Month</th><th>63-103 days</th><th>≥ 104 days</th></tr></thead><tbody><tr><td>Oct-21</td><td>400</td><td>250</td></tr><tr><td>Nov-21</td><td>350</td><td>250</td></tr><tr><td>Dec-21</td><td>400</td><td>250</td></tr><tr><td>Jan-22</td><td>450</td><td>250</td></tr><tr><td>Feb-22</td><td>350</td><td>250</td></tr><tr><td>Mar-22</td><td>300</td><td>150</td></tr><tr><td>Apr-22</td><td>350</td><td>150</td></tr><tr><td>May-22</td><td>300</td><td>150</td></tr><tr><td>Jun-22</td><td>250</td><td>150</td></tr><tr><td>Jul-22</td><td>350</td><td>150</td></tr><tr><td>Aug-22</td><td>350</td><td>200</td></tr><tr><td>Sep-22</td><td>400</td><td>200</td></tr><tr><td>Oct-22</td><td>350</td><td>250</td></tr></tbody></table>	Month	63-103 days	≥ 104 days	Oct-21	400	250	Nov-21	350	250	Dec-21	400	250	Jan-22	450	250	Feb-22	350	250	Mar-22	300	150	Apr-22	350	150	May-22	300	150	Jun-22	250	150	Jul-22	350	150	Aug-22	350	200	Sep-22	400	200	Oct-22	350	250																						
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<p>Single Cancer Pathway backlog- patients waiting over 63 days</p> <ul style="list-style-type: none">- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast.- Focussed work is being undertaken with the Endoscopy service to develop a sustainable Endoscopy plan- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority- Increased USC activity in Radiology has improved access and reduced waiting times- Tracking capacity was increased earlier this year to support data quality	October 2022 has seen a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;		<p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p> <table border="1"><caption>SCP Performance</caption><thead><tr><th>Month</th><th>Submission %</th><th>Target %</th><th>Trajectory %</th></tr></thead><tbody><tr><td>Jan-22</td><td>54%</td><td>75%</td><td>65%</td></tr><tr><td>Feb-22</td><td>54%</td><td>75%</td><td>60%</td></tr><tr><td>Mar-22</td><td>54%</td><td>75%</td><td>70%</td></tr><tr><td>Apr-22</td><td>48%</td><td>75%</td><td>75%</td></tr><tr><td>May-22</td><td>47%</td><td>75%</td><td>72%</td></tr><tr><td>Jun-22</td><td>51%</td><td>75%</td><td>70%</td></tr><tr><td>Jul-22</td><td>56%</td><td>75%</td><td>70%</td></tr><tr><td>Aug-22</td><td>55%</td><td>75%</td><td>70%</td></tr><tr><td>Sep-22</td><td>57%</td><td>75%</td><td>78%</td></tr><tr><td>Oct-22</td><td></td><td>75%</td><td>78%</td></tr><tr><td>Nov-22</td><td></td><td>75%</td><td>72%</td></tr><tr><td>Dec-22</td><td></td><td>75%</td><td>72%</td></tr><tr><td>Jan-23</td><td></td><td>75%</td><td>75%</td></tr><tr><td>Feb-23</td><td></td><td>75%</td><td>70%</td></tr><tr><td>Mar-23</td><td></td><td>75%</td><td>75%</td></tr></tbody></table>	Month	Submission %	Target %	Trajectory %	Jan-22	54%	75%	65%	Feb-22	54%	75%	60%	Mar-22	54%	75%	70%	Apr-22	48%	75%	75%	May-22	47%	75%	72%	Jun-22	51%	75%	70%	Jul-22	56%	75%	70%	Aug-22	55%	75%	70%	Sep-22	57%	75%	78%	Oct-22		75%	78%	Nov-22		75%	72%	Dec-22		75%	72%	Jan-23		75%	75%	Feb-23		75%	70%	Mar-23		75%	75%
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early November 2022 figures show total wait volumes for first outpatient appointment have decreased by 5% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 44% have been booked, which is an improvement on previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early November 2022</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th><th>30-Oct</th><th>06-Nov</th></tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>2</td><td>0</td></tr> <tr><td>Breast</td><td>0</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>1</td><td>4</td></tr> <tr><td>Gynaecological</td><td>125</td><td>73</td></tr> <tr><td>Haematological</td><td>2</td><td>1</td></tr> <tr><td>Head and Neck</td><td>101</td><td>97</td></tr> <tr><td>Lower GI</td><td>125</td><td>133</td></tr> <tr><td>Lung</td><td>7</td><td>8</td></tr> <tr><td>Other</td><td>95</td><td>59</td></tr> <tr><td>Sarcoma</td><td>0</td><td>1</td></tr> <tr><td>Skin</td><td>216</td><td>235</td></tr> <tr><td>Upper GI</td><td>57</td><td>67</td></tr> <tr><td>Urological</td><td>18</td><td>31</td></tr> <tr><td></td><td>749</td><td>709</td></tr> </tbody> </table>	FIRST OPA	30-Oct	06-Nov	Acute Leukaemia	0	0	Brain/CNS	2	0	Breast	0	0	Children's Cancer	1	4	Gynaecological	125	73	Haematological	2	1	Head and Neck	101	97	Lower GI	125	133	Lung	7	8	Other	95	59	Sarcoma	0	1	Skin	216	235	Upper GI	57	67	Urological	18	31		749	709
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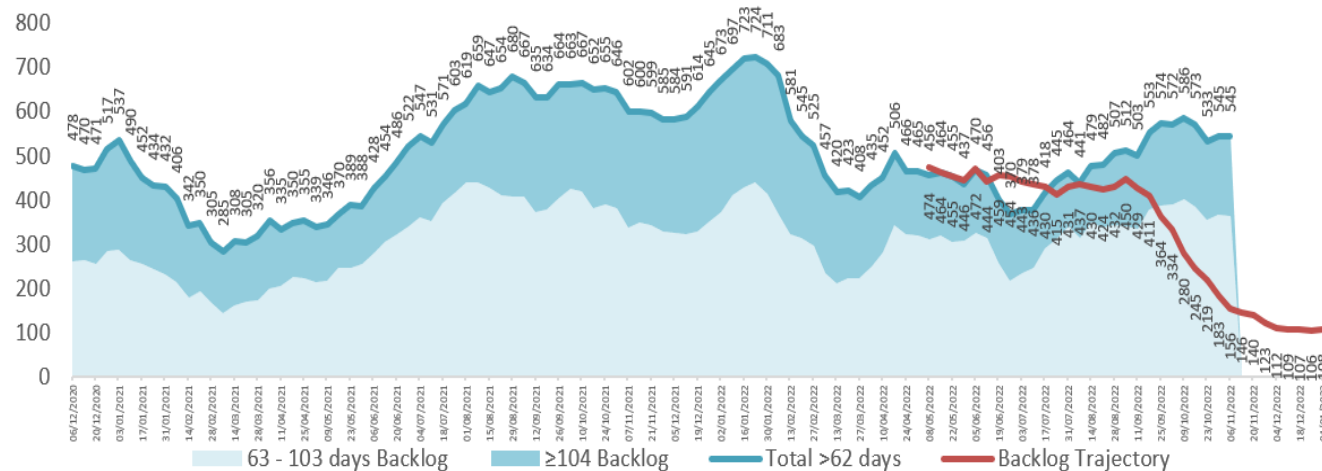
Cancer Services – Performance Escalation Updates

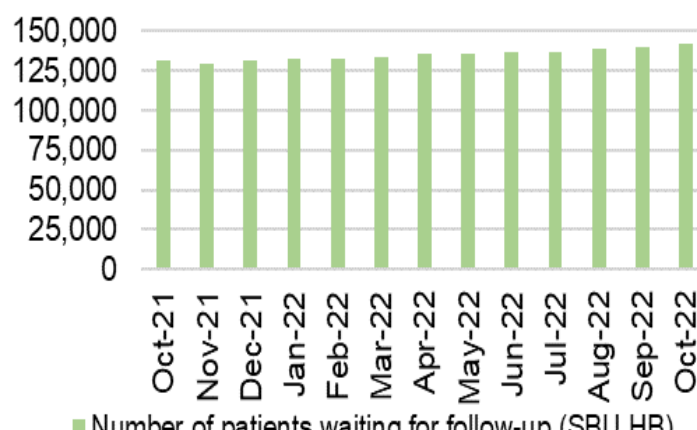
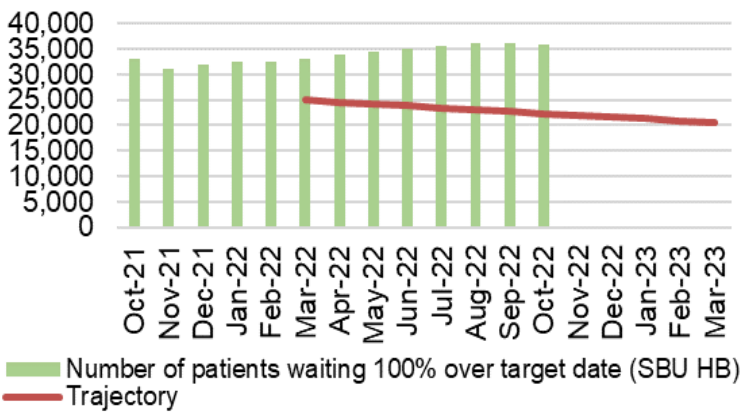
1.SCP performance trajectory



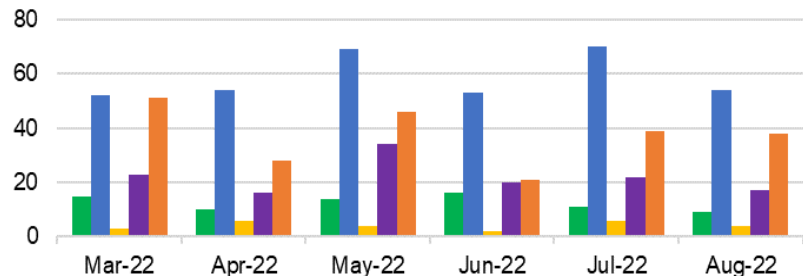
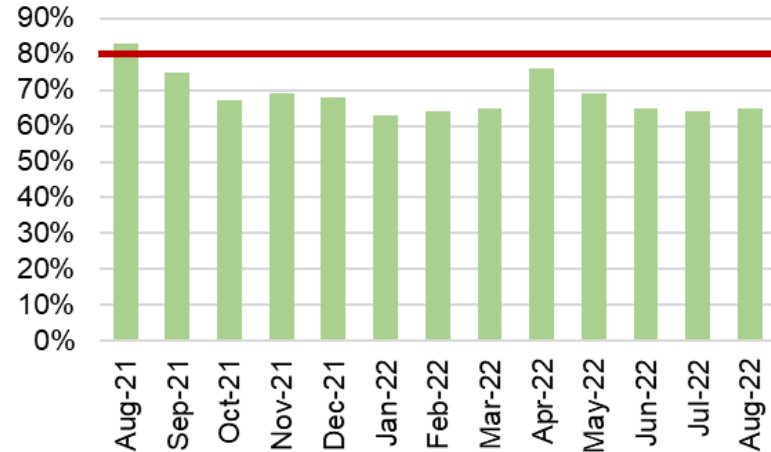
1. The final SCP performance for September 2022 was 57%, which continues to stay below the submitted trajectory (77%). However, this is an improvement on the previous months' performance.

Proposed backlog improvements to support SCP performance














FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	<p>In October 2022, the overall size of the follow-up waiting list increased by 1,654 patients compared with September 2022 (from 139,989 to 141,643).</p> <p>In October 2022, there was a total of 61,772 patients waiting for a follow-up past their target date. This is a slight in-month reduction of 1.1% (from 62,461 in September 2022 to 61,772 in October 2022).</p> <p>Of the 61,772 delayed follow-ups in October 2022, 11,684 had appointment dates and 50,088 were still waiting for an appointment.</p> <p>In addition, 35,968 patients were waiting 100%+ over target date in October 2022. This is a 0.5% reduction when compared with September 2022.</p> <p>Actions of Improvement; Recently a new internal SBUHB validation team has been created and they have recently started validation work. Alongside this, Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach.</p>	<p>1. Total number of patients waiting for a follow-up</p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p>  <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>

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Patient experience <i>1. Number of friends and family surveys completed</i> <i>2. Percentage of patients/ service users who would recommend and highly recommend</i>	<ul style="list-style-type: none">Health Board Friends & Family patient satisfaction level in October 2022 was 90% and 4,358 surveys were completed.<ul style="list-style-type: none">Singleton/ Neath Port Talbot Hospitals Service Group completed 2,552 surveys in October 2022, with a recommended score of 92%.Morrison Hospital completed 1,642 surveys in October 2022, with a recommended score of 87%.Primary & Community Care completed 163 surveys for October 2022, with a recommended score of 94%.The Mental Health Service Group completed 11 surveys for October 2022, with a recommended score of 100%.	1. Number of friends and family surveys completed <table border="1"><caption>Approximate data for Chart 1: Number of surveys completed</caption><thead><tr><th>Month</th><th>MH & LD</th><th>Neath Port Talbot</th><th>Singleton Hospital</th><th>Morrison Hospital</th></tr></thead><tbody><tr><td>Oct-21</td><td>100</td><td>100</td><td>1000</td><td>1000</td></tr><tr><td>Nov-21</td><td>100</td><td>100</td><td>1500</td><td>1200</td></tr><tr><td>Dec-21</td><td>100</td><td>100</td><td>1500</td><td>1100</td></tr><tr><td>Jan-22</td><td>100</td><td>100</td><td>1500</td><td>1200</td></tr><tr><td>Feb-22</td><td>100</td><td>100</td><td>1500</td><td>1200</td></tr><tr><td>Mar-22</td><td>100</td><td>100</td><td>1500</td><td>1300</td></tr><tr><td>Apr-22</td><td>100</td><td>100</td><td>1500</td><td>1200</td></tr><tr><td>May-22</td><td>100</td><td>100</td><td>1500</td><td>1300</td></tr><tr><td>Jun-22</td><td>100</td><td>100</td><td>1500</td><td>1200</td></tr><tr><td>Jul-22</td><td>100</td><td>100</td><td>1500</td><td>1300</td></tr><tr><td>Aug-22</td><td>100</td><td>100</td><td>2000</td><td>1500</td></tr><tr><td>Sep-22</td><td>100</td><td>100</td><td>2000</td><td>1500</td></tr><tr><td>Oct-22</td><td>100</td><td>100</td><td>2500</td><td>1600</td></tr></tbody></table>	Month	MH & LD	Neath Port Talbot	Singleton Hospital	Morrison Hospital	Oct-21	100	100	1000	1000	Nov-21	100	100	1500	1200	Dec-21	100	100	1500	1100	Jan-22	100	100	1500	1200	Feb-22	100	100	1500	1200	Mar-22	100	100	1500	1300	Apr-22	100	100	1500	1200	May-22	100	100	1500	1300	Jun-22	100	100	1500	1200	Jul-22	100	100	1500	1300	Aug-22	100	100	2000	1500	Sep-22	100	100	2000	1500	Oct-22	100	100	2500	1600												
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Patient concerns <i>1. Number of formal complaints received</i> <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In August 2022, the Health Board received 124 formal complaints; this is a 23% reduction on the number seen in July 2022.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p>	<p>1. Number of formal complaints received</p>  <p>■ MH & LD ■ Morriston Hospital ■ NPT Hospital ■ PCCS ■ Singleton Hospital</p> <table><caption>Estimated data for Figure 1: Number of formal complaints received</caption><thead><tr><th>Month</th><th>MH & LD</th><th>Morriston Hospital</th><th>NPT Hospital</th><th>PCCS</th><th>Singleton Hospital</th></tr></thead><tbody><tr><td>Mar-22</td><td>15</td><td>50</td><td>5</td><td>22</td><td>50</td></tr><tr><td>Apr-22</td><td>10</td><td>52</td><td>5</td><td>15</td><td>28</td></tr><tr><td>May-22</td><td>12</td><td>68</td><td>5</td><td>35</td><td>45</td></tr><tr><td>Jun-22</td><td>15</td><td>52</td><td>5</td><td>20</td><td>20</td></tr><tr><td>Jul-22</td><td>10</td><td>70</td><td>5</td><td>22</td><td>38</td></tr><tr><td>Aug-22</td><td>8</td><td>52</td><td>5</td><td>15</td><td>38</td></tr></tbody></table> <p>2. Response rate for concerns within 30 days</p>  <p>■ Health Board Total ■ HB Profile</p> <table><caption>Estimated data for Figure 2: Response rate for concerns within 30 days</caption><thead><tr><th>Month</th><th>Health Board Total</th><th>HB Profile</th></tr></thead><tbody><tr><td>Aug-21</td><td>82%</td><td>80%</td></tr><tr><td>Sep-21</td><td>75%</td><td>80%</td></tr><tr><td>Oct-21</td><td>68%</td><td>80%</td></tr><tr><td>Nov-21</td><td>70%</td><td>80%</td></tr><tr><td>Dec-21</td><td>68%</td><td>80%</td></tr><tr><td>Jan-22</td><td>62%</td><td>80%</td></tr><tr><td>Feb-22</td><td>65%</td><td>80%</td></tr><tr><td>Mar-22</td><td>65%</td><td>80%</td></tr><tr><td>Apr-22</td><td>75%</td><td>80%</td></tr><tr><td>May-22</td><td>68%</td><td>80%</td></tr><tr><td>Jun-22</td><td>65%</td><td>80%</td></tr><tr><td>Jul-22</td><td>65%</td><td>80%</td></tr><tr><td>Aug-22</td><td>65%</td><td>80%</td></tr></tbody></table>	Month	MH & LD	Morriston Hospital	NPT Hospital	PCCS	Singleton Hospital	Mar-22	15	50	5	22	50	Apr-22	10	52	5	15	28	May-22	12	68	5	35	45	Jun-22	15	52	5	20	20	Jul-22	10	70	5	22	38	Aug-22	8	52	5	15	38	Month	Health Board Total	HB Profile	Aug-21	82%	80%	Sep-21	75%	80%	Oct-21	68%	80%	Nov-21	70%	80%	Dec-21	68%	80%	Jan-22	62%	80%	Feb-22	65%	80%	Mar-22	65%	80%	Apr-22	75%	80%	May-22	68%	80%	Jun-22	65%	80%	Jul-22	65%	80%	Aug-22	65%	80%
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	<p>2. The overall Health Board rate for responding to concerns within 30 working days was 65% in August 2022, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table><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>74%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>56%</td></tr><tr><td>Primary, Community and Therapies</td><td>76%</td></tr><tr><td>Singleton Hospital</td><td>53%</td></tr></table>		30 day response rate	Neath Port Talbot Hospital	50%	Morriston Hospital	74%	Mental Health & Learning Disabilities	56%	Primary, Community and Therapies	76%	Singleton Hospital	53%																																																																									
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6.1 Overview

		Harm from wider societal actions/lockdown															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
		Childhood immunisations															
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		97.0%		96.2%		94.0%								
	Swansea			95.5%		95.7%		95.5%									
	HB Total			96.1%		95.9%		94.9%									
% children who received MenB2 vaccine by age 1	NPT	95%	90%		96.7%		96.5%		94.0%								
	Swansea			95.1%		95.3%		93.6%									
	HB Total			95.7%		95.8%		93.7%									
% children who received PCV2 vaccine by age 1	NPT	95%	90%		98.7%		97.4%		95.3%								
	Swansea			96.3%		97.0%		95.8%									
	HB Total			97.2%		97.2%		95.7%									
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		96.3%		95.8%		93.0%								
	Swansea			94.1%		94.6%		93.4%									
	HB Total			94.9%		95.1%		93.2%									
% children who received MMR1 vaccine by age 2	NPT	95%	90%		95.2%		94.5%		92.8%								
	Swansea			93.0%		93.6%		93.8%									
	HB Total			93.8%		93.9%		93.4%									
% children who received PCV3 vaccine by age 2	NPT	95%	90%		94.6%		93.9%		93.1%								
	Swansea			93.3%		92.6%		92.4%									
	HB Total			93.8%		93.1%		92.7%									
% children who received MenB4 vaccine by age 2	NPT	95%	90%		94.9%		94.2%		92.8%								
	Swansea			93.3%		92.8%		92.6%									
	HB Total			93.9%		93.3%		92.7%									
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		94.3%		93.6%		92.8%								
	Swansea			92.3%		93.2%		92.6%									
	HB Total			93.0%		93.3%		92.7%									

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
% children who are up to date in schedule by age 4	NPT	95%	90%		82.2%			85.9%			84.3%						
	Swansea			85.6%			86.4%			87.5%							
	HB Total			86.8%			86.2%			86.4%							
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		91.6%			88.4%			90.7%						
	Swansea			90.9%			87.8%			89.4%							
	HB Total			91.2%			88.0%			89.9%							
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		92.4%			90.1%			90.9%						
	Swansea			90.1%			88.7%			89.9%							
	HB Total			91.0%			89.2%			90.3%							
% children who received MMR vaccination by age 16	NPT	95%	90%		93.3%			92.6%			95.9%						
	Swansea			91.1%			90.1%			94.0%							
	HB Total			92.0%			91.0%			94.7%							
% children who received teenage booster by age 16	NPT	90%	85%		87.9%			89.3%			88.6%						
	Swansea			91.0%			89.2%			90.0%							
	HB Total			89.8%			89.2%			89.4%							
% children who received MenACWY vaccine by age 16	NPT	Improve			88.1%			89.8%			88.3%						
	Swansea			91.3%			90.1%			90.1%							
	HB Total			90.0%			90.0%			89.4%							
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			97%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			40%	34%	22%	28%	27%	29%	18%	40%	33%	38%	34%	91%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			65%	36%	43%	28%	24%	36%	23%	23%	22%	42%	27%	27%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			3%	3%	2%	27%	26%	30%	19%	41%	41%	38%	34%	91%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	> 18 years old	80%			98%	98%	95%	95%	99%	96%	97%	98%	96%	94%	97%	93%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			0%	64%	50%	39%	67%	78%	51%	51%	38%	61%	35%	43%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			98%	96%	100%	99%	100%	98%	96%	97%	100%	100%	100%	98%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	96%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			34%	37%	37%	33%	33%	35%	35%	36%	47%	44%	44%	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%			84%	84%	84%	89%	88%	100%	87%	97%	100%	100%	100%	87%	
% 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%			83%	81%	80%	81%	85%	89%	88%	89%	89%	89%	90%	89%	

6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																										
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<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In September 2022, 93% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In September 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 98%.</p> <p>3. 89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in September 2022.</p> <p>4. In September 2022, 95.6% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (> 18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Sep-21</td><td>90%</td><td>85%</td></tr> <tr><td>Oct-21</td><td>92%</td><td>85%</td></tr> <tr><td>Nov-21</td><td>90%</td><td>85%</td></tr> <tr><td>Dec-21</td><td>92%</td><td>85%</td></tr> <tr><td>Jan-22</td><td>90%</td><td>85%</td></tr> <tr><td>Feb-22</td><td>92%</td><td>85%</td></tr> <tr><td>Mar-22</td><td>90%</td><td>85%</td></tr> <tr><td>Apr-22</td><td>92%</td><td>85%</td></tr> <tr><td>May-22</td><td>90%</td><td>85%</td></tr> <tr><td>Jun-22</td><td>92%</td><td>85%</td></tr> <tr><td>Jul-22</td><td>90%</td><td>85%</td></tr> <tr><td>Aug-22</td><td>92%</td><td>85%</td></tr> <tr><td>Sep-22</td><td>93%</td><td>85%</td></tr> </tbody> </table> <p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <table border="1"> <caption>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (> 18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Sep-21</td><td>90%</td><td>85%</td></tr> <tr><td>Oct-21</td><td>92%</td><td>85%</td></tr> <tr><td>Nov-21</td><td>90%</td><td>85%</td></tr> <tr><td>Dec-21</td><td>92%</td><td>85%</td></tr> <tr><td>Jan-22</td><td>90%</td><td>85%</td></tr> <tr><td>Feb-22</td><td>92%</td><td>85%</td></tr> <tr><td>Mar-22</td><td>90%</td><td>85%</td></tr> <tr><td>Apr-22</td><td>92%</td><td>85%</td></tr> <tr><td>May-22</td><td>90%</td><td>85%</td></tr> <tr><td>Jun-22</td><td>92%</td><td>85%</td></tr> <tr><td>Jul-22</td><td>90%</td><td>85%</td></tr> <tr><td>Aug-22</td><td>92%</td><td>85%</td></tr> <tr><td>Sep-22</td><td>98%</td><td>85%</td></tr> </tbody> </table> <p>3. % residents with a valid Care and Treatment Plan (CTP)</p> <table border="1"> <caption>3. % residents with a valid Care and Treatment Plan (CTP)</caption> <thead> <tr> <th>Month</th> <th>% patients with valid CTP (> 18 yrs)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Sep-21</td><td>85%</td><td>89%</td></tr> <tr><td>Oct-21</td><td>85%</td><td>89%</td></tr> <tr><td>Nov-21</td><td>85%</td><td>89%</td></tr> <tr><td>Dec-21</td><td>85%</td><td>89%</td></tr> <tr><td>Jan-22</td><td>85%</td><td>89%</td></tr> <tr><td>Feb-22</td><td>85%</td><td>89%</td></tr> <tr><td>Mar-22</td><td>85%</td><td>89%</td></tr> <tr><td>Apr-22</td><td>85%</td><td>89%</td></tr> <tr><td>May-22</td><td>85%</td><td>89%</td></tr> <tr><td>Jun-22</td><td>85%</td><td>89%</td></tr> <tr><td>Jul-22</td><td>85%</td><td>89%</td></tr> <tr><td>Aug-22</td><td>85%</td><td>89%</td></tr> <tr><td>Sep-22</td><td>89%</td><td>89%</td></tr> </tbody> </table> <p>4. % waiting less than 26 weeks for Psychology Therapy</p> <table border="1"> <caption>4. % waiting less than 26 weeks for Psychology Therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Sep-21</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-21</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-21</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-21</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-22</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-22</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-22</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-22</td><td>95%</td><td>95%</td></tr> <tr><td>May-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>95.6%</td><td>95%</td></tr> </tbody> </table>	Month	% assessments within 28 days (> 18 yrs)	Target	Sep-21	90%	85%	Oct-21	92%	85%	Nov-21	90%	85%	Dec-21	92%	85%	Jan-22	90%	85%	Feb-22	92%	85%	Mar-22	90%	85%	Apr-22	92%	85%	May-22	90%	85%	Jun-22	92%	85%	Jul-22	90%	85%	Aug-22	92%	85%	Sep-22	93%	85%	Month	% therapeutic interventions started within 28 days (> 18 yrs)	Target	Sep-21	90%	85%	Oct-21	92%	85%	Nov-21	90%	85%	Dec-21	92%	85%	Jan-22	90%	85%	Feb-22	92%	85%	Mar-22	90%	85%	Apr-22	92%	85%	May-22	90%	85%	Jun-22	92%	85%	Jul-22	90%	85%	Aug-22	92%	85%	Sep-22	98%	85%	Month	% patients with valid CTP (> 18 yrs)	Profile	Sep-21	85%	89%	Oct-21	85%	89%	Nov-21	85%	89%	Dec-21	85%	89%	Jan-22	85%	89%	Feb-22	85%	89%	Mar-22	85%	89%	Apr-22	85%	89%	May-22	85%	89%	Jun-22	85%	89%	Jul-22	85%	89%	Aug-22	85%	89%	Sep-22	89%	89%	Month	% waiting less than 26 wks for psychological therapy	Target	Sep-21	95%	95%	Oct-21	95%	95%	Nov-21	95%	95%	Dec-21	95%	95%	Jan-22	95%	95%	Feb-22	95%	95%	Mar-22	95%	95%	Apr-22	95%	95%	May-22	95%	95%	Jun-22	95%	95%	Jul-22	95%	95%	Aug-22	95%	95%	Sep-22	95.6%	95%
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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)																																																										
Description	Current Performance	Trend																																																								
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In September 2022, 100% of CAMHS patients received an assessment within 48 hours.	<div>1. Crisis- assessment within 48 hours</div> <table><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th><th>Target</th></tr></thead><tbody><tr><td>Sep-21</td><td>100%</td><td>100%</td></tr><tr><td>Oct-21</td><td>100%</td><td>100%</td></tr><tr><td>Nov-21</td><td>100%</td><td>100%</td></tr><tr><td>Dec-21</td><td>100%</td><td>100%</td></tr><tr><td>Jan-22</td><td>100%</td><td>100%</td></tr><tr><td>Feb-22</td><td>100%</td><td>100%</td></tr><tr><td>Mar-22</td><td>100%</td><td>100%</td></tr><tr><td>Apr-22</td><td>100%</td><td>100%</td></tr><tr><td>May-22</td><td>100%</td><td>100%</td></tr><tr><td>Jun-22</td><td>100%</td><td>100%</td></tr><tr><td>Jul-22</td><td>100%</td><td>100%</td></tr><tr><td>Aug-22</td><td>100%</td><td>100%</td></tr><tr><td>Sep-22</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	Target	Sep-21	100%	100%	Oct-21	100%	100%	Nov-21	100%	100%	Dec-21	100%	100%	Jan-22	100%	100%	Feb-22	100%	100%	Mar-22	100%	100%	Apr-22	100%	100%	May-22	100%	100%	Jun-22	100%	100%	Jul-22	100%	100%	Aug-22	100%	100%	Sep-22	100%	100%														
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2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 91% of routine assessments were undertaken within 28 days from referral in September 2022 against a target of 80%.	<div>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</div> <table><thead><tr><th>Month</th><th>% of assess in 28 days</th><th>% interventions in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Sep-21</td><td>85%</td><td>35%</td><td>100%</td></tr><tr><td>Oct-21</td><td>75%</td><td>35%</td><td>100%</td></tr><tr><td>Nov-21</td><td>45%</td><td>65%</td><td>100%</td></tr><tr><td>Dec-21</td><td>55%</td><td>55%</td><td>100%</td></tr><tr><td>Jan-22</td><td>45%</td><td>45%</td><td>100%</td></tr><tr><td>Feb-22</td><td>35%</td><td>65%</td><td>100%</td></tr><tr><td>Mar-22</td><td>45%</td><td>75%</td><td>100%</td></tr><tr><td>Apr-22</td><td>35%</td><td>55%</td><td>100%</td></tr><tr><td>May-22</td><td>35%</td><td>55%</td><td>100%</td></tr><tr><td>Jun-22</td><td>35%</td><td>45%</td><td>100%</td></tr><tr><td>Jul-22</td><td>55%</td><td>65%</td><td>100%</td></tr><tr><td>Aug-22</td><td>35%</td><td>45%</td><td>100%</td></tr><tr><td>Sep-22</td><td>45%</td><td>55%</td><td>100%</td></tr></tbody></table>	Month	% of assess in 28 days	% interventions in 28 days	Target	Sep-21	85%	35%	100%	Oct-21	75%	35%	100%	Nov-21	45%	65%	100%	Dec-21	55%	55%	100%	Jan-22	45%	45%	100%	Feb-22	35%	65%	100%	Mar-22	45%	75%	100%	Apr-22	35%	55%	100%	May-22	35%	55%	100%	Jun-22	35%	45%	100%	Jul-22	55%	65%	100%	Aug-22	35%	45%	100%	Sep-22	45%	55%	100%
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3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 43% of therapeutic interventions were started within 28 days following assessment by LPMHSS in September 2022.																																																									
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 36% of NDD patients received a diagnostic assessment within 26 weeks in September 2022 against a target of 80%.	<div>4. NDD- assessment within 26 weeks</div> <table><thead><tr><th>Month</th><th>%NDD within 26 weeks</th><th>Target</th></tr></thead><tbody><tr><td>Sep-21</td><td>35%</td><td>80%</td></tr><tr><td>Oct-21</td><td>35%</td><td>80%</td></tr><tr><td>Nov-21</td><td>35%</td><td>80%</td></tr><tr><td>Dec-21</td><td>35%</td><td>80%</td></tr><tr><td>Jan-22</td><td>35%</td><td>80%</td></tr><tr><td>Feb-22</td><td>35%</td><td>80%</td></tr><tr><td>Mar-22</td><td>35%</td><td>80%</td></tr><tr><td>Apr-22</td><td>35%</td><td>80%</td></tr><tr><td>May-22</td><td>35%</td><td>80%</td></tr><tr><td>Jun-22</td><td>45%</td><td>80%</td></tr><tr><td>Jul-22</td><td>45%</td><td>80%</td></tr><tr><td>Aug-22</td><td>45%</td><td>80%</td></tr><tr><td>Sep-22</td><td>35%</td><td>80%</td></tr></tbody></table>	Month	%NDD within 26 weeks	Target	Sep-21	35%	80%	Oct-21	35%	80%	Nov-21	35%	80%	Dec-21	35%	80%	Jan-22	35%	80%	Feb-22	35%	80%	Mar-22	35%	80%	Apr-22	35%	80%	May-22	35%	80%	Jun-22	45%	80%	Jul-22	45%	80%	Aug-22	45%	80%	Sep-22	35%	80%														
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 91% of routine assessments by SCAMHS were undertaken within 28 days in September 2022.	<div>5. S-CAMHS % assessments within 28 days</div> <table><thead><tr><th>Month</th><th>% S-CAMHS assessments in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Sep-21</td><td>45%</td><td>80%</td></tr><tr><td>Oct-21</td><td>10%</td><td>80%</td></tr><tr><td>Nov-21</td><td>10%</td><td>80%</td></tr><tr><td>Dec-21</td><td>10%</td><td>80%</td></tr><tr><td>Jan-22</td><td>25%</td><td>80%</td></tr><tr><td>Feb-22</td><td>25%</td><td>80%</td></tr><tr><td>Mar-22</td><td>25%</td><td>80%</td></tr><tr><td>Apr-22</td><td>15%</td><td>80%</td></tr><tr><td>May-22</td><td>45%</td><td>80%</td></tr><tr><td>Jun-22</td><td>45%</td><td>80%</td></tr><tr><td>Jul-22</td><td>45%</td><td>80%</td></tr><tr><td>Aug-22</td><td>35%</td><td>80%</td></tr><tr><td>Sep-22</td><td>91%</td><td>80%</td></tr></tbody></table>	Month	% S-CAMHS assessments in 28 days	Target	Sep-21	45%	80%	Oct-21	10%	80%	Nov-21	10%	80%	Dec-21	10%	80%	Jan-22	25%	80%	Feb-22	25%	80%	Mar-22	25%	80%	Apr-22	15%	80%	May-22	45%	80%	Jun-22	45%	80%	Jul-22	45%	80%	Aug-22	35%	80%	Sep-22	91%	80%														
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Sep-22	91%	80%																																																								

APPENDIX 2: Summary

The following table provides a high level overview of the Health Board's most recent performance against key quality and safety measures by quadrant component measure.

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 related	Number of new COVID19 cases*	Local			Oct-22						171
	Number of staff referred for Antigen Testing*	Local			Oct-22						8
	Number of staff awaiting results of COVID19 test*	Local			Oct-22						0
	Number of COVID19 related incidents*	Local			Oct-22						61
	Number of COVID19 related serious incidents*	Local			Oct-22						0
	Number of COVID19 related complaints*	Local			Oct-22						3
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Oct-22						1
	Number of staff self isolated (symptomatic)*	Local			Oct-22						121
	% sickness*	Local			Oct-22						0.9%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Oct-22	722		17			739
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	National	95%		Oct-22	53.6%	96.8%				71%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		Oct-22	1,583	1				1,584
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Oct-22	6%					6%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Oct-22	32%					32%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Oct-22	92%					92%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Oct-22	10%					10%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Oct-22	39%					39%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	21	Oct-22	6	0	6	10	0	22
	Number of S.aureus bacteraemia cases	National		6	Oct-22	10	1	2	4	0	17
	Number of C.difficile cases	National		8	Oct-22	12	0	2	6	0	20
	Number of Klebsiella cases	National		6	Oct-22	2	1	0	4	0	7
	Number of Aeruginosa cases	National		1	Oct-22	1	0	2	3	0	6
	Compliance with hand hygiene audits	Local	95%		Oct-22	98%	97%	88%	96%	94%	95%
Serious incidents	Number of Nationally Reportable Incidents	Local	12 month reduction trend		Oct-22	2	0	2	3	2	9
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Oct-22						75%
	Number of Never Events	Local	0		Oct-22	0	0	0	0	0	0

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Sep-22	93.1%					93.1%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Sep-22	26.4%					26.4%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Sep-22	71.2%					71.2%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Sep-22	72.4%					72.4%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Sep-22	77.1%					77.1%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Sep-22	71.6%					71.6%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-21	7.5%					7.5%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Sep-22	23	2	14	40	0	79
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Sep-22	0	0	0	6	0	6
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Sep-22						556
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Oct-22	74	25	47	2	36	184
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Oct-22						0.00
Mortality	Universal Mortality reviews undertaken within 28 days	Local	95%		Feb-22	98%	67%				97%
	Stage 2 mortality reviews completed within 60 days	Local	95%		Nov-21	56%	-	0%			50%
	Crude hospital mortality rate by Delivery Unit (74 years)	National	12 month reduction trend		Sep-22	1.42%	0.05%	0.42%			0.81%

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

Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	75%		Oct-22 (Draft)						36%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Oct-22	17,562	0	6,449	101		24,112
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Oct-22	25,292	1	10,078	125		36,121
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Oct-22	1,670		4,163			5,833
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Oct-22		87		618	0	705
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Oct-22						141,643
	Number of patients delayed by over 100% past their target date	National	0		Oct-22						35,968
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Oct-22						61,772
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Oct-22						353
	Number of patients without a documented clinical review date	Local	0		Oct-22						3
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Oct-22	1,642	Now reported under Singleton	2,552	163	11	1,642
	% of patients who would recommend and highly recommend	Local	90%	80%	Oct-22	87%		92%	94%	100%	90%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Oct-22	93%		95%	97%		93%
	Number of new complaints received	Local	12 month reduction trend		Aug-22	54	4	38	17	9	124
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	National	75%	80%	Aug-22	74%	50%	53%	76%	56%	65%

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

Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q1 2022/23						94.9%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q1 2022/23						93.7%
	% children who received PCV2 vaccine by age 1		95%	90%	Q1 2022/23						95.7%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q1 2022/23						93.2%
	% children who received MMR1 vaccine by age 2		95%	90%	Q1 2022/23						93.4%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q1 2022/23						92.7%
	% children who received MenB4 vaccine by age 2		95%	90%	Q1 2022/23						92.7%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q1 2022/23						92.7%
	% children who are up to date in schedule by age 4		95%	90%	Q1 2022/23						86.4%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q1 2022/23						89.9%
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q1 2022/23						90.3%
	% children who received MMR vaccination by age 16		95%	90%	Q1 2022/23						94.7%
	% children who received teenage booster by age 16		90%	85%	Q1 2022/23						89.4%
	% children who received MenACWY vaccine by age 16		Improve		Q1 2022/23						89.4%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Sep-22						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Sep-22						91%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Sep-22						27%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Sep-22						91%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Sep-22					93%	93%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Sep-22						43%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Sep-22					98%	98%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Sep-22					96%	96%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Sep-22						36%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Sep-22						87%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Sep-22					89%	89%

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

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
COVID19 related measures	Number of new COVID19 cases	Local	Oct-22	171		Reduce					10,918	8,247	18,167	15,433	4,209	4,749	835	286	372	600	217	218	171	
	Number of staff referred for Antigen Testing	Local	Oct-22	17,934		Reduce					14,475	14,969	15,756	16,447	16,647	16,756	17,158	17,315	17,579	17,878	17,916	17,926	17,934	
	Number of staff awaiting results of COVID19 test	Local	Oct-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of COVID19 related incidents	Local	Oct-22	61		Reduce					47	53	54	59	55	57	83	39	52	91	46	84	61	
	Number of COVID19 related serious incidents	Local	Oct-22	0		Reduce					1	3	1	0	1	0	0	0	0	0	0	1	0	
	Number of COVID19 related complaints	Local	Oct-22	3		Reduce					4	14	20	4	4	10	6	0	4	5	6	11	3	
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					0													
	Number of staff self isolated (asymptomatic)	Local	Oct-22	1		Reduce					120	65	126	87	43	87	42	29	28	26	8	5	1	
	Number of staff self isolated (symptomatic)	Local	Oct-22	121		Reduce					180	120	393	309	204	326	270	125	287	272	121	100	121	
% sickness	Local	Oct-22	0.9%		Reduce					2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%		
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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Oct-22	50%	65%	65%	✗	50.0% (Sep-22)	4th (Sep-22)		44%	52%	46%	51%	54%	48%	53%	56%	57%	56%	55%	49%	50%	
	Number of ambulance handovers over one hour	National	Oct-22	739	0			6,360 (Sep-22)	1st (Sep-22)		648	670	612	735	678	687	671	538	578	659	705	732	739	
	Handover hours lost over 15 minutes	Local	Oct-22	4599							3,093	2,461	2,527	3,390	3,110	3,023	3,286	1,892	2,920	2,976	3,870	4,378	4,599	
	% 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	Oct-22	71%	95%			67.8% (Sep-22)	3rd (Sep-22)		72%	73%	70%	73%	72%	71%	73%	74%	72%	69%	70%	73%	71%	
	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	Oct-22	1584	0			10,230 (Sep-22)	5th (Sep-22)		1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						77.8%	52.4%	68.8%	52.9%	81.4%									
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Jun-22	89.0%	12 month ↑			69% (Jun-22)	2nd (Jun-22)		88.0%	89.0%	88.0%	89.0%	89.0%	89.0%	89.0%	90.0%	89.0%					
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Sep-22	8%	54.0%						0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%		
	CT Scan (<1 hrs) (local)	Local	Sep-22	55%							16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%		
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Sep-22	93%							100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%		
	Thrombolysis door to needle <= 45 mins	Local	Sep-22	0%							0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%		
	% stroke patients who receive mechanical thrombectomy	National	Sep-22	0%	10%			0.3% (Aug-22)	Joint 2nd (Aug-22)		2.6%	4.2%	0.0%	1.9%	0.0%	1.7%	1.8%	0.0%	4.7%	0.0%	0.0%	0.0%		
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Sep-22	35%	12 month ↑			48.8% (Aug-22)	6th (Aug-22)		64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%		
DTOCs	Number of mental health HB DTOCs	National	Mar-20	13	12 month ↓	27	✓				DTOC reporting temporarily suspended													
	Number of non-mental health HB DTOCs	National	Mar-20	60	12 month ↓	50	✗				DTOC reporting temporarily suspended													
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Sep-22	-	90%	80%					0%	0%	0%	25%	0%	33%	25%	100%	33%	-	0%	-		
	Number of new Never Events	National	Sep-22	0	0	0	✓				0	1	0	0	2	0	0	1	0	1	0	0		
	Number of risks with a score greater than 20	Local			118	121	122	129	127	140	140	134	132	128	131	133								
	Number of risks with a score greater than 16	Local			235	238	241	249	253	271	276	266	264	259	269	270								

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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Sep-22	70.4	<67		✗	68.97 (Sep-22)	3rd (Sep-22)		82.2	80.5	77.1	73.8	74.6	73.7	96.5	79.6	70.8	68.9	74.5	70.4	
	Number of E.Coli bacteraemia cases (Hospital)		Sep-22	7							7	5	5	7	9	4	13	8	5	3	11	7	
	Number of E.Coli bacteraemia cases (Community)		Sep-22	8							12	17	12	8	17	17	18	13	12	18	21	8	
	Total number of E.Coli bacteraemia cases		Sep-22	15							19	22	17	15	26	21	31	21	17	21	32	15	
	Cumulative cases of S.aureus bacteraemias per 100k pop		Sep-22	39.3	<20		✗	27.81 (Sep-22)	6th (Sep-22)		40.6	37.2	36.0	36.3	35.8	35.6	43.6	50.5	41.0	39.8	38.4	39.3	
	Number of S.aureus bacteraemias cases (Hospital)		Sep-22	8							11	1	5	2	7	7	6	9	7	6	5	8	
	Number of S.aureus bacteraemias cases (Community)		Sep-22	5							7	3	4	11	3	4	7	9	2	6	6	5	
	Total number of S.aureus bacteraemias cases		Sep-22	13							18	4	9	13	10	11	13	18	9	12	11	13	
	Cumulative cases of C.difficile per 100k pop		Sep-22	46.9	<25		✗	37.95 (Sep-22)	5th (Sep-22)		52.9	53.3	51.3	50.3	49.8	50.1	40.5	36.7	41.0	42.9	47.6	46.9	
	Number of C.difficile cases (Hospital)		Sep-22	11							10	10	11	11	8	12	11	7	7	10	16	11	
	Number of C.difficile cases (Community)		Sep-22	3							5	10	1	3	5	6	2	4	9	6	6	3	
	Total number of C.difficile cases		Sep-22	14							15	20	12	14	13	18	13	11	16	16	22	14	
	Cumulative cases of Klebsiella per 100k pop		Sep-22	25.5							27.1	26.5	26.5	25.3	24.3	24.0	18.7	21.4	22.6	24.5	25.0	25.5	
	Number of Klebsiella cases (Hospital)		Sep-22	1							8	2	6	5	3	4	4	7	6	4	4	1	
	Number of Klebsiella cases (Community)		Sep-22	9							5	5	3	0	1	3	2	1	2	7	4	9	
	Total number of Klebsiella cases		Sep-22	10				73 Total (Sep-22)	3rd (Sep-22)		13	7	9	5	4	7	6	8	8	11	8	10	
	Cumulative cases of Aeruginosa per 100k pop		Sep-22	10.2							4.8	5.4	6.1	5.8	6.2	6.1	6.2	6.1	8.2	9.2	9.2	10.2	
	Number of Aeruginosa cases (Hospital)		Sep-22	4							0	3	3	1	2	0	1	1	3	2	3	4	
	Number of Aeruginosa cases (Community)		Sep-22	1							0	0	1	0	1	2	1	1	1	2	0	1	
	Total number of Aeruginosa cases		Sep-22	5				14 Total (Sep-22)	6th (Sep-22)		0	3	4	1	3	2	2	2	4	4	3	5	
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Sep-22	96.6%		95%	✓					97%	92%	96%	95%	96%	93%	96%	96%	98%	96%	90%	97%
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Aug-22	54		12 month ↓	✗				42	43	56	65	53	49	45	58	53	58	54		
	Number of pressure ulcers developed in the community		Aug-22	50		12 month ↓	✗				32	31	55	27	38	56	33	39	32	27	50		
	Total number of pressure ulcers		Aug-22	104		12 month ↓	✗				74	74	111	92	91	105	78	97	85	85	104		
	Number of grade 3+ pressure ulcers acquired in hospital		Aug-22	3		12 month ↓	✗				1	2	4	9	6	5	3	2	3	5	3		
	Number of grade 3+ pressure ulcers acquired in community		Aug-22	11		12 month ↓	✗				7	8	14	1	15	11	2	10	12	2	11		
	Total number of grade 3+ pressure ulcers		Aug-22	14		12 month ↓	✗				8	10	18	10	21	16	5	12	15	7	14		
Inpatient Falls	Number of Inpatient Falls	Local	Sep-22	175		12 month ↓	✓				240	213	208	196	199	209	190	182	172	174	216	175	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✓				96.8%	98.5%	96.1%	96.1%	97.2%								
	Stage 2 mortality reviews required	Local	Feb-22	7							16	10	6	7	7								
	% stage 2 mortality reviews completed	Local	Nov-21	50.00%		100%	✗				75.0%	50.0%											
	Crude hospital mortality rate (74 years of age or less)	National	Jul-22	0.83%	12 month ↓						1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	0.83%			
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Sep-22	88%		98%	✗				93.8%	92.2%	89.1%	93.4%	92.3%	96.9%	95.7%	93.9%	93.7%	90.5%	86.2%	87.6%	
Coding	% of episodes clinically coded within 1 month of discharge	Local	Aug-22	77%	95%	95%	✗				92%	76%	84%	86%	95%	81%	44%	68%	81%	82%	77%		
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Sep-22	70%		100%	✗				61%	63%	62%	61%	65%	63%	60%	66%	64%	63%	69%	70%	
Workforce	Agency spend as a % of the total pay bill	National	Aug-22	6.41%	12 month ↓			8.5% (Mar-22)	7th out of 10 organisations (Mar-22)		5.5%	5.9%	5.7%	5.7%	6.2%	6.6%	4.9%	6.3%	6.2%	6.7%	6.4%		
	Overall staff engagement score - scale score method	National	2020	75%	Improvement			75% (2020)	6th out of 10 organisations (2020)														
	% of headcount by organisation who have had a PDR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Sep-22	64%	85%	85%	✗	56.4% (Apr-22)	8th out of 10 organisations (Apr-22)		56%	55%	57%	56%	56%	56%	56%	56%	55%	58%	61%	64%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Sep-22	82%	85%	85%	✗	79.5% (Apr-22)	7th out of 10 organisations (Apr-22)		80%	80%	80%	80%	80%	80%	80%	80%	80%	81%	81%	82%	

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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Sep-22	10.0%	4 quarter ↓						11.4%	10.5%	11.1%	10.8%	10.7%	11.1%	9.8%	10.9%	11.5%	10.4%	10.0%	10.0%		
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Sep-22	57.3%	12 month ↑			52.5% (Aug-22)	2nd out of 6 organisations (Aug-22)		61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%		
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Sep-22	34%	80%		✗				37%	30%	37%	48%	51%	70%	63%	36%	51%	29%	35%	34%		
	Scheduled (28 Day Target)	Local	Sep-22	85%	100%		✗				84%	61%	78%	82%	91%	95%	94%	88%	93%	98%	91%	85%		
	Urgent SC (7 Day Target)	Local	Sep-22	54%	80%		✗				30%	60%	37%	57%	60%	57%	62%	44%	43%	64%	48%	54%		
	Urgent SC (14 Day Target)	Local	Sep-22	89%	100%		✗				90%	100%	87%	97%	100%	100%	96%	94%	100%	97%	85%	89%		
	Emergency (within 1 day)	Local	Sep-22	100%	80%		✓				100%	100%	100%	100%	100%	85%	100%	100%	88%	92%	90%	100%		
	Emergency (within 2 days)	Local	Sep-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	Elective Delay (21 Day Target)	Local	Sep-22	91%	80%		✓				89%	79%	92%	90%	94%	90%	93%	95%	91%	75%	98%	91%		
	Elective Delay (28 Day Target)	Local	Sep-22	97%	100%		✗				94%	86%	100%	94%	100%	100%	96%	98%	97%	92%	100%	97%		
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Sep-22	4,205	0%			16,284 (Aug-22)	7th (Aug-22)		2,619	2,791	3,144	3,543	3,898	4,191	4,398	4,564	4,449	4,407	4,257	4,205		
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Sep-22	6,177	0			44,489 (Aug-22)	4th (Aug-22)		5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177		
	Number of patients waiting > 14 weeks for a specified therapy	National	Sep-22	755	0			12,356 (Aug-22)	3rd (Aug-22)		414	629	885	1,028	926	820	679	614	609	714	682	755		
	% of patients waiting < 26 weeks for treatment	National	Sep-22	52%	95%			54.8% (Aug-22)	6th (Aug-22)		51.6%	51.3%	50.5%	50.4%	50.1%	50.7%	50.4%	50.4%	50.8%	51.8%	52.0%	52.1%		
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Sep-22	26,065	0						24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065		
	Number of patients waiting > 52 weeks for outpatient appointment	National	Sep-22	13,980	0			102,662 (Aug-22)	4th (Aug-22)		12,581	12,692	12,406	12,391	12,337	12,593	13,275	14,071	14,951	15,232	15,122	13,980		
	Number of patients waiting > 36 weeks for treatment	National	Sep-22	37,095	0			271,165 (Aug-22)	4th (Aug-22)		36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095		
	Number of patients waiting > 104 weeks for treatment	National	Sep-22	10,623	0			59,350 (Aug-22)	5th (Aug-22)		8,200	9,749	10,669	11,859	13,104	13,587	13,083	12,670	12,064	11,400	10,960	10,623		
	The number of patients waiting for a follow-up outpatient appointment	National	Sep-22	139,989	HB target TBC						131,554	129,255	131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989		
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Sep-22	36,144				213,845 (Aug-22)	5th (Aug-22)		33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144		
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Sep-22	60%	95%			63.2% (Aug-22)	4th (Aug-22)		58.9%	62.1%	61.2%	59.8%	58.5%	59.4%	60.8%	63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Sep-22	7.8%	12 month ↓						7.6%	7.4%	6.8%	7.0%	6.4%	6.8%	7.8%	7.5%	8.2%	8.2%	8.0%	7.8%		
	% of patients who did not attend a follow-up outpatient appointment	Local	Sep-22	7.8%	12 month ↓						7.5%	6.7%	6.3%	6.4%	6.2%	6.2%	7.8%	7.3%	7.8%	7.7%	7.6%	7.8%		
Theatre Efficiencies	Theatre Utilisation rates	Local	Sep-22	71.0%		90%	✗				66%	67%	62%	74%	71%	72%	71%	78%	81%	72%	59%	71%		
	% of theatre sessions starting late	Local	Sep-22	37.0%		<25%	✗				46%	43%	40%	43%	43%	39%	39%	46%	43%	40%	36%	37%		
	% of theatre sessions finishing early	Local	Sep-22	48.0%		<20%	✗				50%	48%	48%	48%	43%	45%	47%	43%	43%	46%	43%	48%		
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200																				
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMMSG appraisals	National	Q3 21/22	99.1%	100%	100%	✗	98.8% (Q3 21/22)	3rd out of 6 organisations (Q3 21/22)					99.1%										
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q4 21/22	279.2	4 quarter ↓			259.4 (Q4 21/22)	6th (Q4 21/22)					324.7		279.2								
	Patients aged 65 years or over prescribed an antipsychotic	National	Q4 21/22	1,451	Quarter on quarter ↓			10,262 (Q4 21/22)	5th (Q4 21/22)					1,466		1,451								
	Opioid average daily quantities per 1,000 patients	National	Q4 21/22	4,261	4 quarter ↓			4329.4 (Q4 21/22)	3rd (Q4 21/22)					4,472		4,261								
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)					82.1%										
Patient experience	Number of friends and family surveys completed	Local	Sep-22	3,914		12 month ↑	✓				2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914		
	% of who would recommend and highly recommend	Local	Sep-22	88%		90%	✗				92%	94%	93%	92%	90%	90%	89%	90%	88%	89%	89%	88%		
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Sep-22	92%		90%	✓				93%	93%	96%	93%	91%	91%	89%	91%	91%	90%	93%	92%		
Complaints	Number of new formal complaints received	Local	Jul-22	153		12 month trend	✗				134	159	115	124	139	156	123	176	118	153				
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Jul-22	64%	75%	80%	✗	67.2% (Q4 20/21)	3rd (Q4 20/21)		67%	69%	68%	63%	64%	65%	76%	69%	65%	64%				
	% of acknowledgements sent within 2 working days	Local	Jul-22	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				

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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2021/22	31.9%	Annual ↑			36.7% (2021/22)	5th (2021/22)		31.9%													
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 21/22	95.9%	95%			94.9% (Q4 21/22)	2nd (Q4 21/22)					96.1%			95.9%							
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 21/22	88.0%	95%			90.8% (Q4 21/22)	6th (Q4 21/22)					91.2%			88.0%							
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q4 21/22	352.2	4 quarter ↓			373.9 (Q4 21/22)	2nd (Q4 21/22)					313.3			352.2							
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q1 22/23	43.6%	4 quarter ↑			67.2 (Q1 22/23)	6th (Q1 22/23)					63.6%			66.7%			43.6%				
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-22	78.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		58.7%	74.8%	76.9%	78.2%	78.5%	78.5%	Data collection restarts October 2022						78.5%	
	% uptake of influenza among under 65s in risk groups	National	Mar-22	48.8%	55%			48.2% (Mar-22)	4th (Mar-22)		26.0%	40.8%	44.9%	47.3%	48.6%	48.8%							48.7%	
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)		Data not available													
	% uptake of influenza among children 2 to 3 years old	Local	Mar-22	44.6%	50%			47.6% (Mar-22)	5th (Mar-22)		22.0%	37.7%	41.5%	43.2%	44.8%	44.6%							44.8%	
	% uptake of influenza among healthcare workers	National	Mar-22	53.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		48.6%	50.8%	52.7%	52.7%	53.6%	53.6%							53.6%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Aug-22	100%		100%	✔				97%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Aug-22	44%	80%	80%	✘	36.5% (Aug-22)	3rd (Aug-22)		34%	37%	37%	33%	33%	35%	35%	36%	47%	44%	44%			
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Aug-22	34%	80%	80%	✘	61.6% (Aug-22)	Joint 1st (Aug-22)		40%	34%	22%	28%	27%	29%	18%	40%	33%	38%	34%			
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Aug-22	27%		80%	✘	54.0% (Aug-22)	6th (Aug-22)		65%	36%	43%	28%	24%	36%	23%	23%	22%	42%	27%			
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Aug-22	35%		80%	✘	38.7% (Aug-22)	4th (Aug-22)		0%	64%	50%	39%	67%	78%	51%	51%	38%	61%	35%			
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Aug-22	34%		80%	✘				3%	3%	2%	27%	26%	30%	19%	41%	41%	38%	34%			
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Aug-22	100%		90%	✔	4.9% (Aug-22)	Joint 1st (Aug-22)		84%	84%	84%	89%	88%	100%	87%	97%	100%	100%	100%			
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Aug-22	97%	80%	80%	✔	90.0% (Aug-22)	2nd (Aug-22)		98%	98%	95%	95%	99%	96%	97%	98%	96%	94%	97%			
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Aug-22	100%	80%	80%	✔	72.1% (Aug-22)	1st (Aug-22)		98%	96%	100%	99%	100%	98%	96%	97%	100%	100%	100%			
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Aug-22	100%	95%	95%	✔	73.4% (Aug-22)	1st (Aug-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Aug-22	90%	90%	90%	✔	86.0% (Aug-22)	3rd (Aug-22)		83%	81%	80%	81%	85%	89%	88%	89%	89%	89%	90%			
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)															
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)															