



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28th March 2023	Agenda Item	4.1
Report Title	Quality & Safety Performance Report		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window (end of February 2023 primarily) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	<p>The Quality and Safety Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in July 2022, and the measures have been updated accordingly in line with current data availability.</p> <p>Key high level issues to highlight this month are as follows:</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 has saw a slight increase in February 2023 to 249, compared with 230 in January 2023. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Emergency Department (ED) attendances have increased in February 2023 to 9,699 from 9,394 in January 2023. - Performance against the 4-hour access is currently below the outlined trajectory in February 2023. ED 4-hour performance has improved by 2% in February 2023 to 76.03% from 74% in January 2023. - Performance against the 12-hour wait has deteriorated in-month and it is currently performing slightly above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,125 in February 2023 from 1,089 in January 2023. - Internal flow activities to support reduced occupancy and to improve flow throughout the day are being implemented, 		

these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with Welsh Ambulance Service NHS Trust (WAST) colleagues to implement further pathways.

- The number of emergency admissions has decreased in February 2023 to 3,954 from 4,057 in January 2023.

Planned Care

- February 2023 saw a 15% 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 6.3% to 30,017.
- We continue to outperform the trajectory for the number of patients waiting over 104 weeks for treatment, with 6,656 patients waiting at this point in February 2023.
- In February, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 5,475 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, there are 157 patients waiting over 14 weeks in February 2023 compared with 194 in January 2023.
- The number of patients waiting over 8 weeks for an Endoscopy has slightly increased in February 2023 to 4,408 from 4,372 in January 2023.

Cancer

- January 2023 saw 50.4% 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 decreased in February 2023 to 363 from 470 in January 2023.

Mental Health

- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in January 2023.
- In January 2023, 91.4% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

	<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% December 2022. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has deteriorated slightly to 37% in December 2022 against a target of 80%. <p><u>Nationally Reportable Incidents</u></p> <ul style="list-style-type: none"> - In February 2023, there were 5 Nationally Reportable Incidents reported. - There was also one new Never Event reported in February 2023 <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> - February 2023 data is included in this report showing 92% satisfaction through 4,425 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.

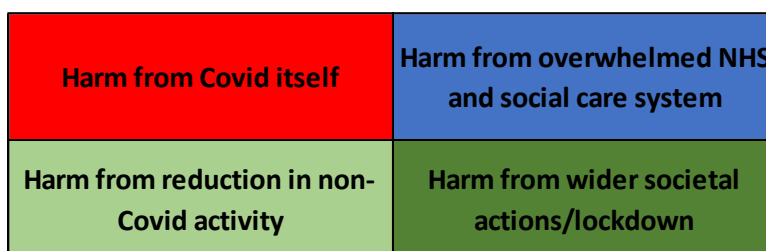
2. BACKGROUND

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.



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

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

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



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Appendix 1- Quality & Safety Performance Report

March 2023



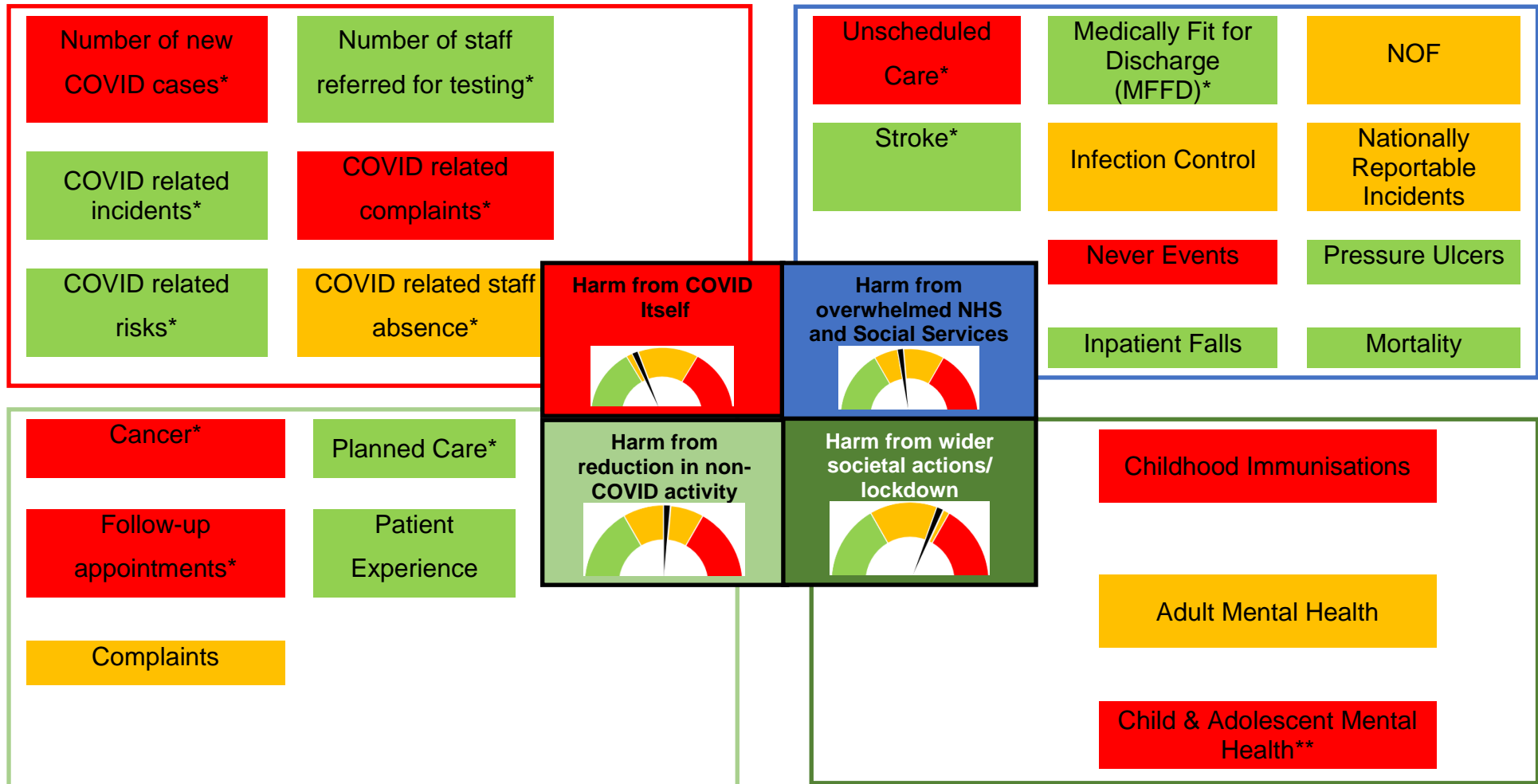
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1. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

** Data not available

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

		Harm quadrant- Harm from Covid itself															
Measure	Locality	National/ Local Target	Internal profile	Trend	Harm quadrant- Harm from Covid itself												
					Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of new COVID19 cases*	HB Total				4,209	4,749	835	286	372	600	217	218	171	171	395	230	249
Number of staff referred for Antigen Testing	HB Total				200	109	402	157	264	299	38	10	8	47	127	49	30
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				55	57	83	39	52	91	46	84	61	51	61	34	33
Number of COVID19 related serious incidents*	HB Total				1	0	0	0	0	0	0	1	0	0	0	0	0
Number of COVID19 related complaints*	HB Total				4	10	6	0	4	5	6	11	3	3	0	0	2
Number of COVID19 related risks*	HB Total																
Number of staff self isolated (asymptomatic)*	Medical				1	5	2	0	2	3	0	0	0	0	0	0	0
	Nursing Registered				15	35	10	12	12	15	4	2	0	0	0	0	1
	Nursing Non Registered				18	25	15	8	6	3	0	1	0	0	0	0	0
	Other				9	22	15	9	8	5	4	2	1	0	0	0	0
Number of staff self isolated (symptomatic)*	Medical				13	37	33	15	27	38	15	2	9	6	10	4	3
	Nursing Registered				66	91	88	33	102	83	49	42	49	37	46	29	25
	Nursing Non Registered				45	52	52	35	52	53	26	22	26	34	32	12	12
	Other				80	146	97	42	106	98	31	34	37	47	56	25	23
% sickness*	Medical				1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%
	Nursing Registered				2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%
	Nursing Non Registered				3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%
	Other				1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%
	All				1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%

3.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
1. Number of new COVID19 cases in Swansea Bay population area	<p>1. Number of new COVID cases In February 2023, there were an additional 249 positive cases recorded bringing the cumulative total to 119,728 in Swansea Bay since March 2020.</p>	<p>1.Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
2. Number of staff referred for Antigen testing	<p>2. Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and February 2023 is 18,187 of which 19% have been positive (Cumulative total).</p>	<p>2.Outcome of staff referred for Antigen testing</p> <p>■ Positive ■ Negative ■ In Progress ■ Unknown/blank</p>

COVID RELATED STAFF ABSENCE

Description	Current Performance	Trend																																																																																				
<p>Staff absence due to COVID19</p> <p>1. Number of staff self-isolating (asymptomatic)</p> <p>2. Number of staff self isolating (symptomatic)</p> <p>3. % staff sickness</p>	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.</p> <p>1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between January 2023 and February 2023, the number of staff self-isolating (asymptomatic) increased to 1 and the number of staff self-isolating (symptomatic) decreased from 70 to 63. In February 2023, the registered nursing staff group had the largest number of self-isolating staff who were asymptomatic and symptomatic.</p> <p>3. % Staff sickness The percentage of staff sickness absence due to COVID19 in February 2023 has remained at 0.5%</p>	<p>1. Number of staff self isolating (asymptomatic)</p> <p>2. Number of staff self isolating (symptomatic)</p> <p>3. % staff sickness</p> <table border="1"> <thead> <tr> <th></th> <th>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> <th>Nov-22</th> <th>Dec-22</th> <th>Jan-23</th> <th>Feb-23</th> </tr> </thead> <tbody> <tr> <td>Medical</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> <td>0.7%</td> <td>1.2%</td> <td>0.5%</td> <td>0.3%</td> </tr> <tr> <td>Nursing Reg</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> <td>0.9%</td> <td>1.1%</td> <td>0.7%</td> <td>0.6%</td> </tr> <tr> <td>Nursing Non Reg</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> <td>1.6%</td> <td>1.5%</td> <td>0.6%</td> <td>0.6%</td> </tr> <tr> <td>Other</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> <td>0.7%</td> <td>0.9%</td> <td>0.4%</td> <td>0.4%</td> </tr> <tr> <td>All</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> <td>0.9%</td> <td>1.1%</td> <td>0.5%</td> <td>0.5%</td> </tr> </tbody> </table>		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Medical	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	Nursing Reg	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	Nursing Non Reg	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	Other	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	All	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%
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4. HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

4.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
					Unscheduled Care												
Number of ambulance handovers over one hour*	Morrison	0			657	659	645	507	568	637	681	710	722	727	592	554	594
	Singleton				21	28	26	31	10	22	24	22	17	17	22	7	0
	Total				678	687	671	538	578	659	705	732	739	744	614	561	594
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	Morrison	95%			58.8%	57.2%	58.9%	57.8%	54.6%	54.0%	51.4%	55.9%	53.6%	54.1%	49.3%	58.3%	62.5%
	NPTH				97.2%	95.0%	96.7%	97.9%	96.9%	93.1%	97.4%	98.2%	96.8%	99.1%	98.8%	98.7%	98.9%
	Total				72.3%	71.4%	72.9%	73.8%	71.7%	69.4%	69.7%	72.7%	70.6%	70.4%	65.2%	74.0%	76.0%
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morrison	0			1,104	1,276	1,292	1,192	1,386	1,427	1,472	1,470	1,583	1,454	1,632	1,089	1,123
	NPTH				1	6	2	3	2	2	2	0	1	2	0	0	2
	Total				1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%
	Total	(UK SNAP average)			41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%
	Morrison	54.5%			61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%
% of patients who receive a CT scan within 1 hour*	Morrison	(UK SNAP average)			61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%
	Total				61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%
	Morrison	84.2%			100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	(UK SNAP average)			100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%
	Total				100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%
	Morrison	12 month improvement trend			0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month improvement trend			0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%
	Total				0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%
	Morrison	12 month improvement trend			41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			89.4%	89.5%	89.5%	90.0%	89.4%	91.2%	92.9%	93.1%	93.5%	94.0%	94.5%	95.0%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			48.6%	46.0%	42.2%	37.2%	33.3%	29.2%	26.5%	26.4%	25.8%	24.6%	22.1%	22.8%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			69.8%	71.4%	72.4%	73.5%	71.5%	71.0%	71.6%	71.2%	71.6%	73.0%	73.2%	73.1%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			70.8%	70.2%	70.2%	69.2%	68.9%	69.2%	70.2%	72.4%	74.0%	75.5%	76.9%	76.7%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			76.3%	76.9%	77.4%	76.5%	76.6%	76.1%	75.9%	77.1%	76.8%	76.2%	76.3%	75.0%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			67.7%	69.0%	70.9%	69.9%	63.8%	69.2%	66.2%	71.6%	69.4%	69.9%	70.3%	70.9%	
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month improvement trend															
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			81.4%												

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
Healthcare Acquired Infections																		
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	14		17	17	18	13	12	18	21	8	10	12	14	12	8	
	PCCS Hospital		0		0	0	1	0	0	0	0	1	0	0	0	0	0	1
	MH&LD		0		0	0	0	1	0	0	0	0	0	0	0	0	0	0
	Morrison		4		9	2	7	5	3	3	6	0	6	10	2	5	4	
	NPTH		1		0	0	0	0	0	0	1	1	0	0	0	0	0	
	Singleton		1		0	2	5	2	2	0	4	5	6	1	6	3	4	
	Total		20		26	21	31	21	17	21	32	15	22	23	22	20	17	
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		3	4	7	9	2	6	6	5	4	5	3	2	2	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		2		5	5	3	8	4	4	3	6	10	2	8	2	8	
	NPTH		0		1	0	0	0	1	0	1	0	1	0	0	0	0	
	Singleton		1		1	2	3	1	2	2	1	2	2	1	2	6	1	
	Total		5		10	11	13	18	9	12	11	13	17	8	13	10	11	
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		5	6	2	4	9	6	6	3	5	11	6	7	2	
	PCCS Hospital		1		1	2	0	1	0	0	0	0	1	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		4		6	7	8	5	5	7	9	6	12	5	6	11	7	
	NPTH		0		0	1	0	1	0	0	1	0	0	0	0	2	0	
	Singleton		1		1	2	3	0	2	3	6	5	2	5	2	2	3	
	Total		8		13	18	13	11	16	16	22	14	20	21	14	22	12	
Number of Klebsiella cases	PCCS Community	12 month reduction trend	2		1	3	2	1	2	7	4	9	4	5	3	6	1	
	PCCS Hospital		0		0	1	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		2		3	2	2	5	3	3	3	0	2	2	3	4	5	
	NPTH		0		0	0	1	0	0	0	0	0	1	0	0	0	0	
	Singleton		1		0	1	1	2	3	1	1	1	0	4	2	1	2	
	Total		5		4	7	6	8	8	11	8	10	7	11	8	11	8	
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		1	2	1	1	1	2	0	1	3	0	2	2	0	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		1		2	0	1	1	3	1	2	2	1	3	0	1	2	
	NPTH		0		0	0	0	0	0	0	0	0	0	1	0	0	0	
	Singleton		0		0	0	0	0	0	1	1	2	2	1	1	1	0	
	Total		2		3	2	2	2	4	4	3	5	6	5	3	4	2	
Compliance with hand hygiene audits	PCCS	95%		95.8%	93.1%	96.4%	96.2%	97.8%	96.2%	90.3%	96.6%	96.4%	95.5%	95.2%	97.2%	94.8%		
	MH&LD			92.3%	92.1%	96.6%	97.7%	98.9%	99.1%	95.0%	96.6%	94.4%	97.7%	94.8%	99.0%	95.6%		
	Morrison			100.0%	91.0%	93.0%	95.2%	97.7%	94.8%	91.1%	99.3%	98.3%	93.9%	100.0%	99.3%	92.1%		
	NPTH			100.0%	98.0%	100.0%	100.0%	97.0%	96.4%	96.6%	100.0%	96.7%	96.7%	95.2%	96.8%	100.0%		
	Singleton			-	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%		
	Total			95.0%	95.0%	95.0%	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												
					Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Serious Incidents & Risks																	
Number of Nationally Reportable Incidents	PCCS	Monitor			0	2	0	2	2	0	1	0	3	1	4	0	2
	MH&LD				0	0	1	0	0	0	0	9	2	0	2	2	1
	Morrison				2	1	0	3	0	1	5	4	2	7	2	3	1
	NPTH				0	3	0	1	0	0	3	1	0	0	0	0	0
	Singleton				0	1	0	2	0	0	2	1	2	3	0	5	1
	Total				2	7	1	8	2	1	11	15	9	11	8	10	5
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	90%			0%	33%	25%	100%	33%	-	0%	-	75%	73%	85%	67%	67%
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				2	0	0	1	0	1	0	0	0	1	0	0	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				0	0	0	0	0	0	0	0	0	0	0	1	
	Total				2	0	0	1	0	1	0	0	0	1	0	0	1
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			38	56	33	39	32	27	50	40	44	45	42	45	
	PCCS Hospital				1	1	0	0	0	0	0	0	3	1	0	0	
	MH&LD				0	2	1	1	1	1	1	0	0	0	0	0	
	Morrison				36	29	26	30	38	37	34	23	36	50	41	53	
	NPTH				1	1	3	5	1	1	3	2	3	0	0	0	
	Singleton				15	16	15	22	13	19	16	14	17	18	6	11	
	Total				91	105	78	97	85	85	104	79	103	114	89	109	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			15	11	2	10	12	2	11	6	2	7	13	4	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0		
	MH&LD				0	1	1	0	0	0	0	0	0	0	0		
	Morrison				4	2	2	2	1	3	2	0	1	6	7	3	
	NPTH				1	0	0	0	1	1	0	0	0	0	0	0	
	Singleton				1	2	0	0	1	1	1	0	0	1	1	1	
	Total				21	16	5	12	15	7	14	6	3	14	21	8	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			823	778	689	821	760	805	767	556	797	924	660		
Total number of Inpatient Falls	PCCS	12 month reduction trend			4	5	2	10	2	3	6	6	2	3	6	11	8
	MH&LD				28	22	19	24	14	18	30	24	36	22	22	29	37
	Morrison				86	115	88	71	75	76	105	72	74	81	94	99	91
	NPTH				34	36	37	29	32	39	34	18	25	21	22	20	21
	Singleton				46	31	44	48	49	36	41	55	47	51	40	30	19
	Total				199	209	190	182	172	174	216	175	184	178	184	189	179
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			5.37	5.13	4.83	4.45	4.29	4.21	5.29	4.29	4.36	4.38	4.32	4.46	
Mortality																	
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.50%	1.48%	1.47%	1.47%	1.47%	1.43%	1.42%	1.42%	1.37%	1.35%	1.32%	1.48%	
	Singleton				0.48%	0.49%	0.47%	0.46%	0.46%	0.45%	0.44%	0.42%	0.40%	0.38%	0.37%	0.45%	
	NPTH				0.07%	0.06%	0.05%	0.03%	0.04%	0.05%	0.05%	0.05%	0.04%	0.05%	0.07%	0.11%	
	Total (SBU)				0.89%	0.88%	0.87%	0.86%	0.85%	0.83%	0.83%	0.81%	0.78%	0.75%	0.74%	0.73%	

4.2 Updates on key measures

UNSCHEDULED CARE																																																																																																																																																																																																																																																																																											
Description	Current Performance																																																																																																																																																																																																																																																																																										
<p>Ambulance responses</p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In February 2023, the number of red calls responded to within 8 minutes increased to 51.8%, from 52.1% in January 2023. In February 2023, the number of green calls increased by 7%, amber calls decreased by 5%, and red calls decreased by 3% compared with January 2023.</p> <p style="text-align: center;">Trend</p> <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>1. % of red calls responded to within 8 minutes</p> <table border="1"> <caption>1. % of red calls responded to within 8 minutes</caption> <thead> <tr> <th>Month</th> <th>Red calls within 8 minutes (SBU HB)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>52.1%</td><td>65%</td></tr> <tr><td>Mar-22</td><td>48%</td><td>65%</td></tr> <tr><td>Apr-22</td><td>52%</td><td>65%</td></tr> <tr><td>May-22</td><td>55%</td><td>65%</td></tr> <tr><td>Jun-22</td><td>55%</td><td>65%</td></tr> <tr><td>Jul-22</td><td>55%</td><td>65%</td></tr> <tr><td>Aug-22</td><td>55%</td><td>65%</td></tr> <tr><td>Sep-22</td><td>48%</td><td>65%</td></tr> <tr><td>Oct-22</td><td>48%</td><td>65%</td></tr> <tr><td>Nov-22</td><td>45%</td><td>65%</td></tr> <tr><td>Dec-22</td><td>40%</td><td>65%</td></tr> <tr><td>Jan-23</td><td>52.1%</td><td>65%</td></tr> <tr><td>Feb-23</td><td>51.8%</td><td>65%</td></tr> </tbody> </table> </div> <div style="width: 45%;"> <p>2. Number of ambulance call responses</p> <table border="1"> <caption>2. Number of ambulance call responses</caption> <thead> <tr> <th>Month</th> <th>Red calls</th> <th>Amber calls</th> <th>Green calls</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>500</td><td>3,000</td><td>1,000</td></tr> <tr><td>Mar-22</td><td>500</td><td>3,200</td><td>1,000</td></tr> <tr><td>Apr-22</td><td>500</td><td>3,200</td><td>1,000</td></tr> <tr><td>May-22</td><td>500</td><td>3,200</td><td>1,000</td></tr> <tr><td>Jun-22</td><td>500</td><td>3,200</td><td>1,000</td></tr> <tr><td>Jul-22</td><td>500</td><td>3,200</td><td>1,000</td></tr> <tr><td>Aug-22</td><td>500</td><td>3,000</td><td>1,000</td></tr> <tr><td>Sep-22</td><td>500</td><td>3,000</td><td>1,000</td></tr> <tr><td>Oct-22</td><td>500</td><td>3,000</td><td>1,000</td></tr> <tr><td>Nov-22</td><td>500</td><td>3,200</td><td>1,000</td></tr> <tr><td>Dec-22</td><td>500</td><td>3,200</td><td>1,000</td></tr> <tr><td>Jan-23</td><td>500</td><td>3,000</td><td>1,000</td></tr> <tr><td>Feb-23</td><td>480</td><td>2,800</td><td>1,070</td></tr> </tbody> </table> </div> </div> <p style="text-align: center;">3. % of red calls responded to within 8 minutes – HB total last 90 days</p> <table border="1"> <caption>3. % of red calls responded to within 8 minutes – HB total last 90 days</caption> <thead> <tr> <th>Date</th> <th>Total</th> <th>Mean</th> <th>Control Limits</th> </tr> </thead> <tbody> <tr><td>08/12/2022</td><td>35%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>10/12/2022</td><td>55%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>12/12/2022</td><td>25%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>14/12/2022</td><td>20%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>16/12/2022</td><td>45%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>18/12/2022</td><td>35%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>20/12/2022</td><td>35%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>22/12/2022</td><td>45%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>24/12/2022</td><td>55%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>26/12/2022</td><td>45%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>28/12/2022</td><td>55%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>30/12/2022</td><td>45%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>01/01/2023</td><td>70%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>03/01/2023</td><td>55%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>05/01/2023</td><td>45%</td><td>45%</td><td>10% - 85%</td></tr> <tr><td>07/01/2023</td><td>35%</td><td>45%</td><td>10% - 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85%	10/12/2022	55%	45%	10% - 85%	12/12/2022	25%	45%	10% - 85%	14/12/2022	20%	45%	10% - 85%	16/12/2022	45%	45%	10% - 85%	18/12/2022	35%	45%	10% - 85%	20/12/2022	35%	45%	10% - 85%	22/12/2022	45%	45%	10% - 85%	24/12/2022	55%	45%	10% - 85%	26/12/2022	45%	45%	10% - 85%	28/12/2022	55%	45%	10% - 85%	30/12/2022	45%	45%	10% - 85%	01/01/2023	70%	45%	10% - 85%	03/01/2023	55%	45%	10% - 85%	05/01/2023	45%	45%	10% - 85%	07/01/2023	35%	45%	10% - 85%	09/01/2023	45%	45%	10% - 85%	11/01/2023	25%	45%	10% - 85%	13/01/2023	80%	45%	10% - 85%	15/01/2023	60%	45%	10% - 85%	17/01/2023	55%	45%	10% - 85%	19/01/2023	65%	45%	10% - 85%	21/01/2023	90%	45%	10% - 85%	23/01/2023	40%	45%	10% - 85%	25/01/2023	75%	45%	10% - 85%	27/01/2023	65%	45%	10% - 85%	29/01/2023	85%	45%	10% - 85%	31/01/2023	45%	45%	10% - 85%	02/02/2023	65%	45%	10% - 85%	04/02/2023	45%	45%	10% - 85%	06/02/2023	45%	45%	10% - 85%	08/02/2023	45%	45%	10% - 85%	10/02/2023	65%	45%	10% - 85%	12/02/2023	80%	45%	10% - 85%	14/02/2023	55%	45%	10% - 85%	16/02/2023	85%	45%	10% - 85%	18/02/2023	60%	45%	10% - 85%	20/02/2023	25%	45%	10% - 85%	22/02/2023	45%	45%	10% - 85%	24/02/2023	45%	45%	10% - 85%	26/02/2023	55%	45%	10% - 85%	28/02/2023	45%	45%	10% - 85%	02/03/2023	55%	45%	10% - 85%	04/03/2023	45%	45%	10% - 85%	06/03/2023	55%	45%	10% - 85%
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UNSCHEDULED CARE

Description

Current Performance

Ambulance handovers

1. The number of ambulance handovers over one hour

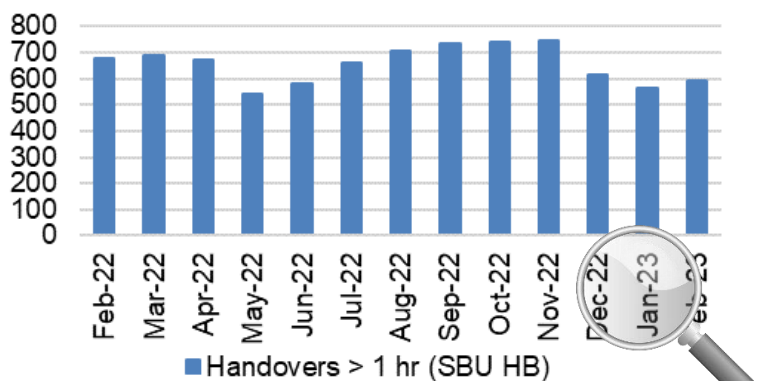
2. The number of ambulance handovers over one hour- Hospital level

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

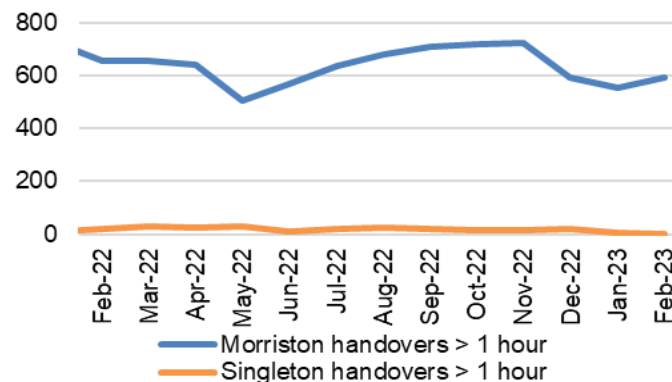
In February 2023, there were 594 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 561 in January 2023. In February 2023, all handovers over 1 hour were attributed to Morriston Hospital. The number of handover hours lost over 15 minutes have decreased from 3,440 in January 2023 to 3,245 in February 2023.

Trend

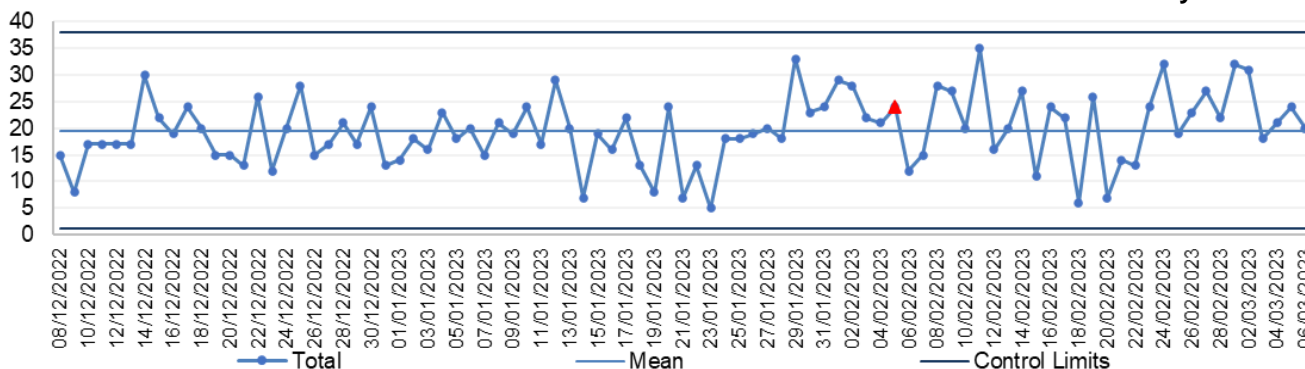
1. Number of ambulance handovers- HB total



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



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



Symbol Key:

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

UNSCHEDULED CARE

Description

A&E Attendances

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

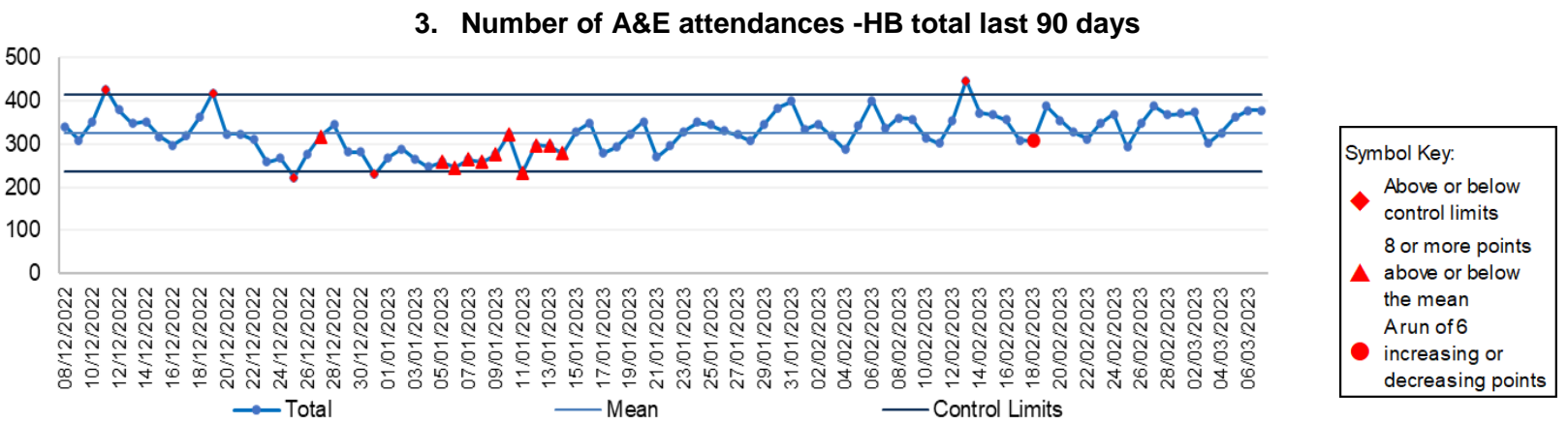
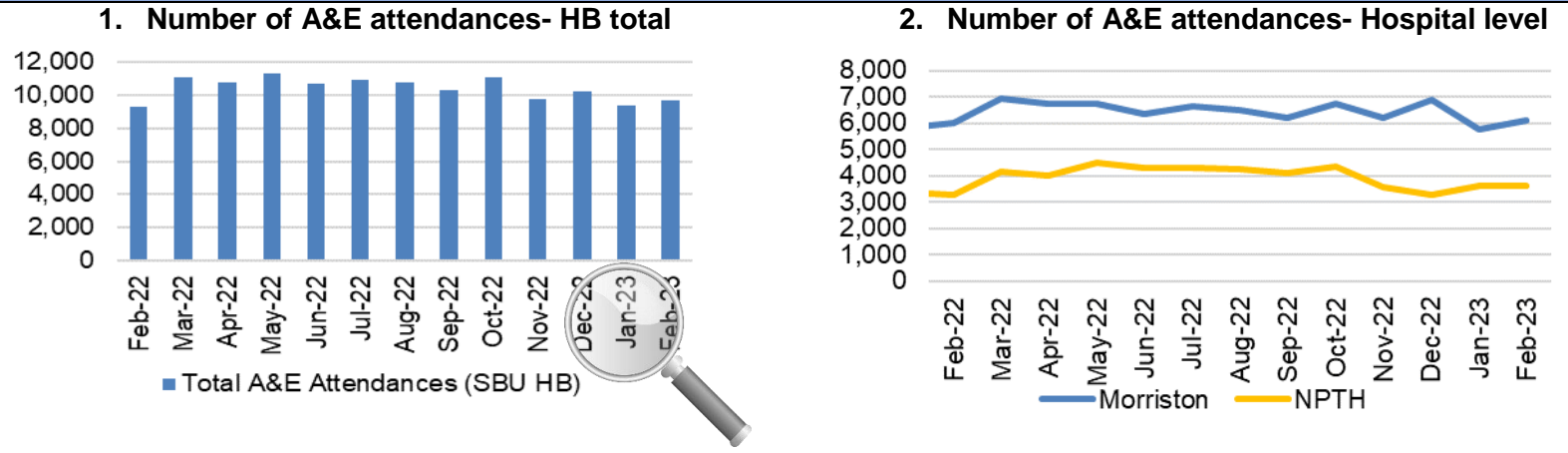
2. The number of attendances at emergency departments in the Health Board – Hospital level

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

Current Performance

ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In February 2023, there were 9,699 A&E attendances, this is 3% higher than January 2023.

Trend



UNSCHEDULED CARE

Description

A&E waiting times

1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge

2. % of patients who spend less than 4 hours in A&E- Hospital level

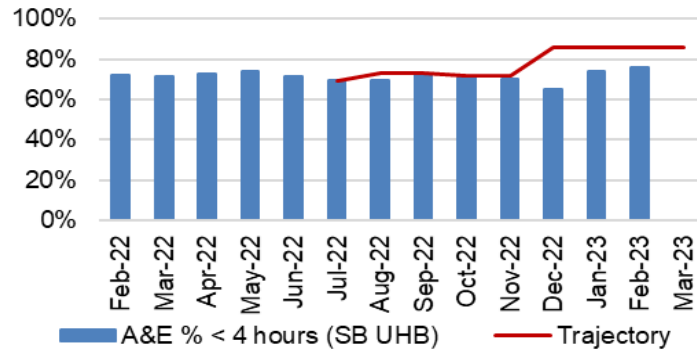
3. % of patients who spend less than 4 hours in A&E (last 90 days)

Current Performance

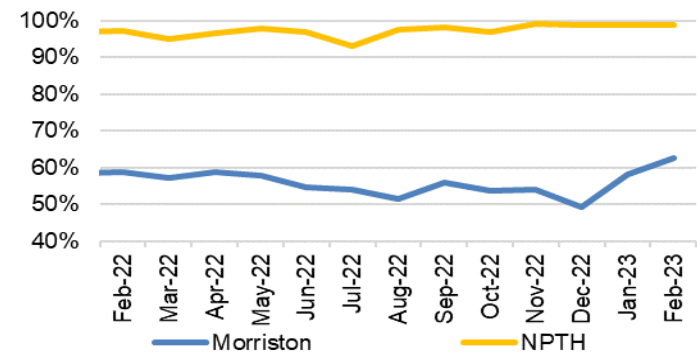
The Health Board's performance against the 4-hour measure improved from 74% in January 2023 to 76.03% in February 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 98.874% in February 2023. Morriston Hospital's performance improved between January 2023 and February 2023, achieving 62.45% against the target.

Trend

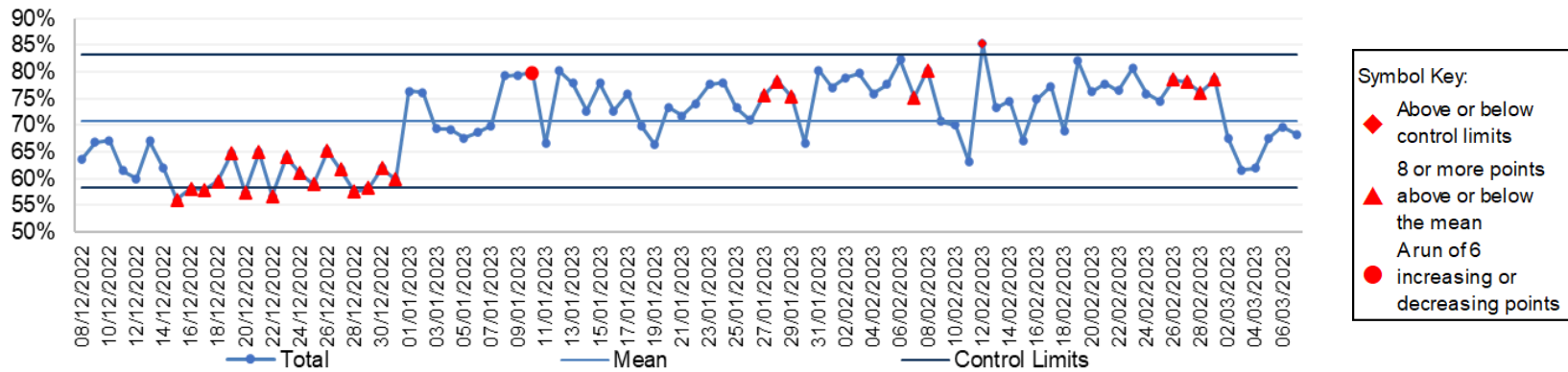
1. % Patients waiting under 4 hours in A&E- HB total



2. % Patients waiting under 4 hours in A&E- Hospital level



3. % Patients waiting under 4 hours in A&E- HB total last 90 days



UNSCHEDULED CARE

Description

A&E waiting times

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

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

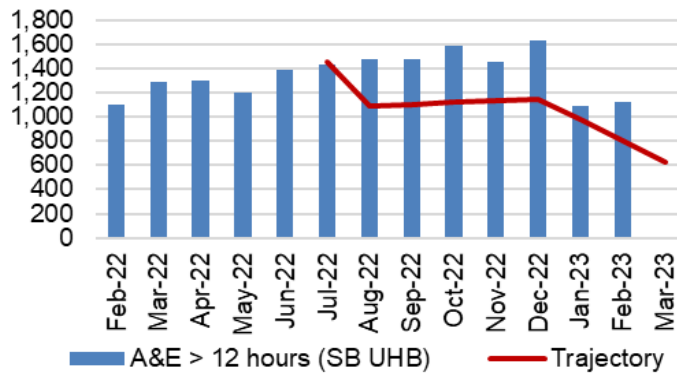
3. Number of patients waiting over 12 hours in A&E (last 90 days)

Current Performance

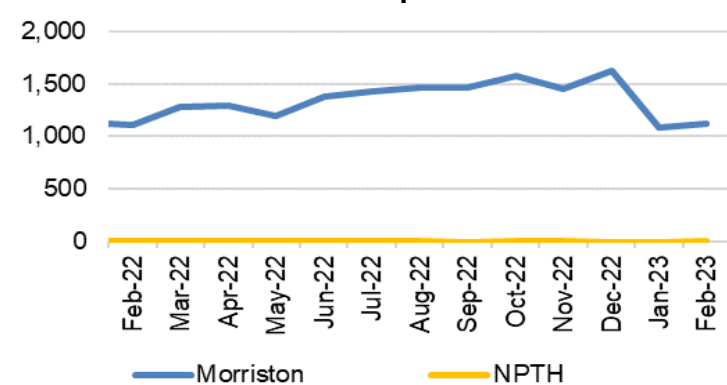
In February 2023, performance against the 12-hour measure deteriorated when compared with January 2023, increasing from 1,089 to 1,125. This is an increase of 36 compared to January 2023. Of the total number of patients waiting over 12 hours in January 2023, 1,123 were attributed to Morriston Hospital and 2 were attributed to Neath Port Talbot hospital.

Trend

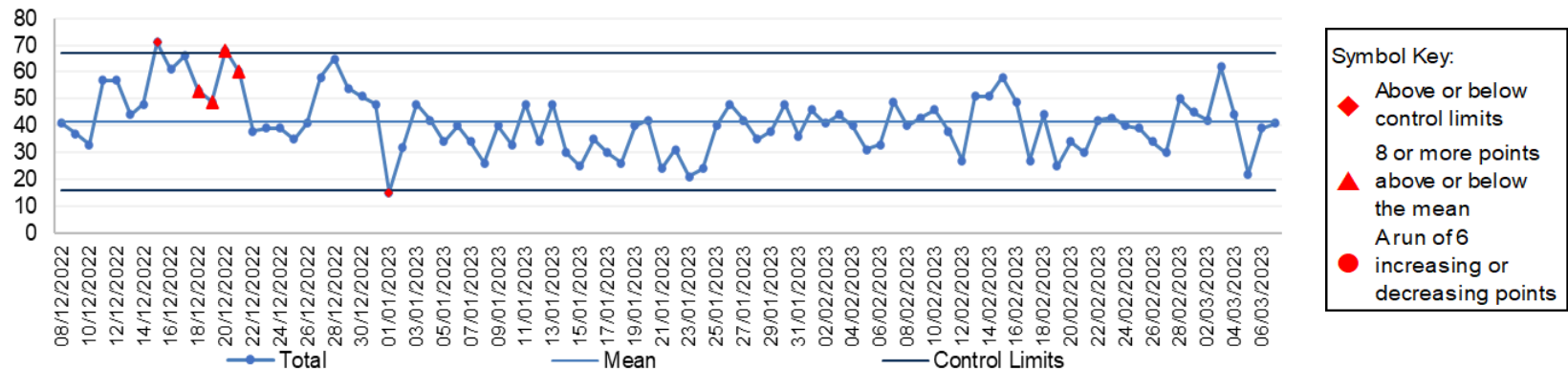
1. Number of patients waiting over 12 hours in A&-HB total



2. Number of patients waiting over 12 hours in A&-Hospital level



3. Number of patients waiting over 12 hours in A&-HB total last 90 days



UNSCHEDULED CARE

Description

Emergency admissions

1. The number of emergency inpatient admissions

2. The number of emergency inpatient admissions- Hospital level

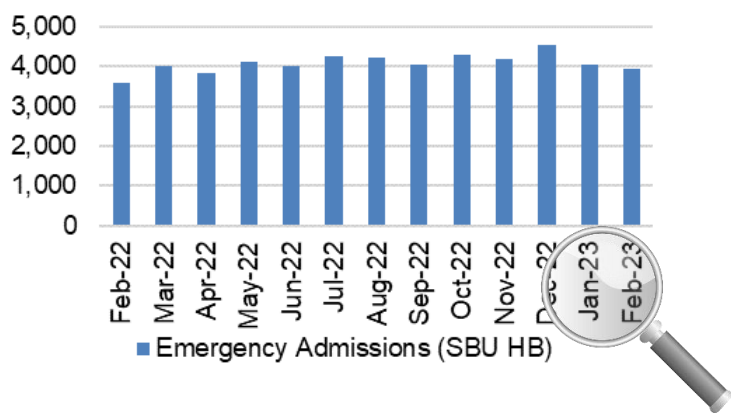
3. The number of emergency inpatient admissions (last 90 days)

Current Performance

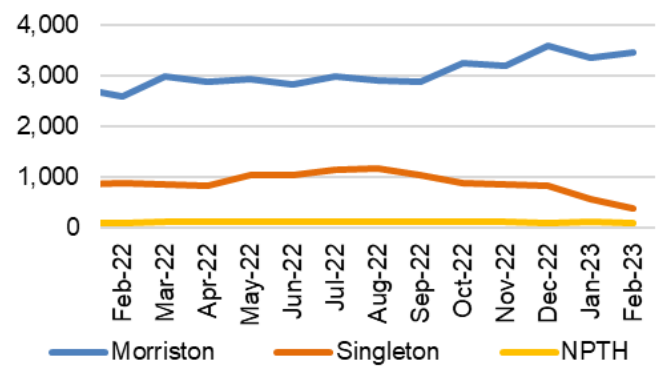
In February 2023, there were 3,954 emergency admissions across the Health Board, which is 103 lower than January 2023. Singleton Hospital saw an in-month reduction, with 191 less admissions (from 573 in January 2023), Morrision Hospital saw an in-month reduction from 3,361 admissions in January 2023 to 3,480 admissions in February 2023.

Trend

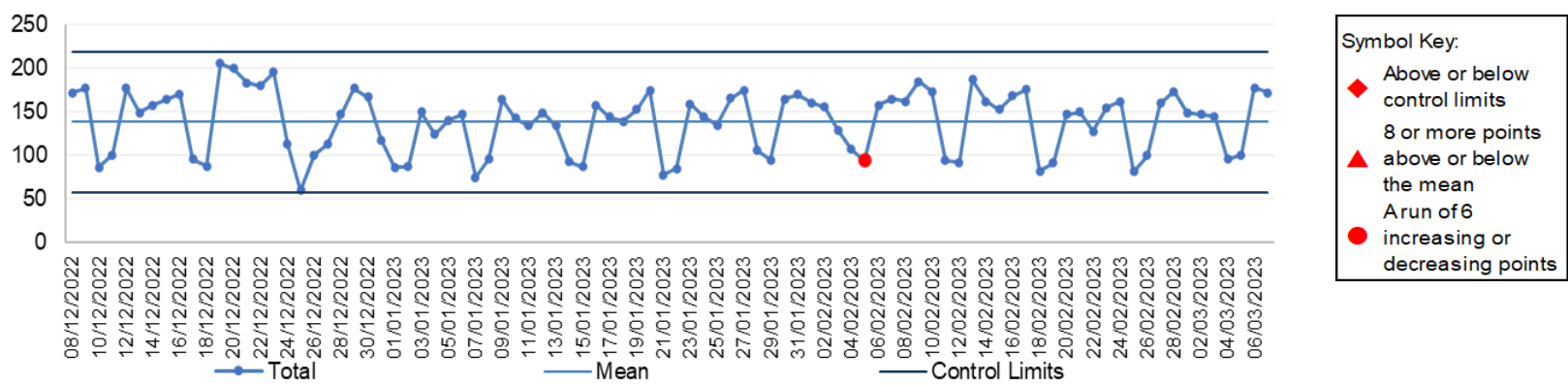
1. Number of emergency admissions- HB total



2. Number of emergency admissions- Hospital level

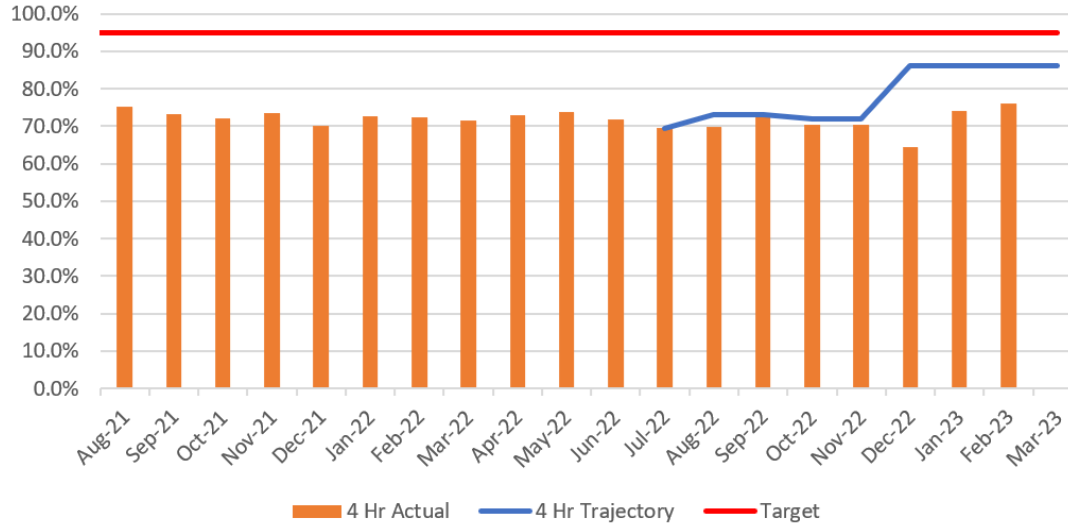


3. Number of emergency admissions- HB total last 90 days



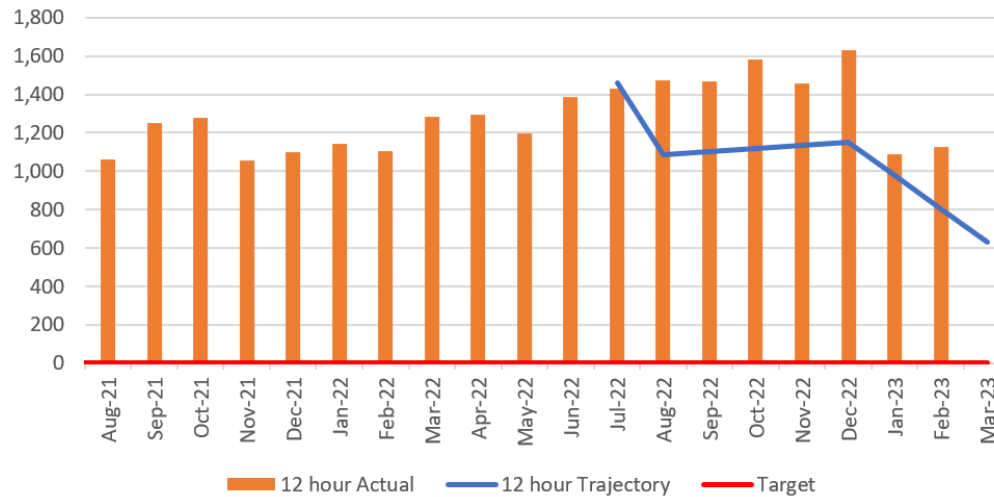
Updates on UNSCHEDULED CARE – Performance Escalation updates

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



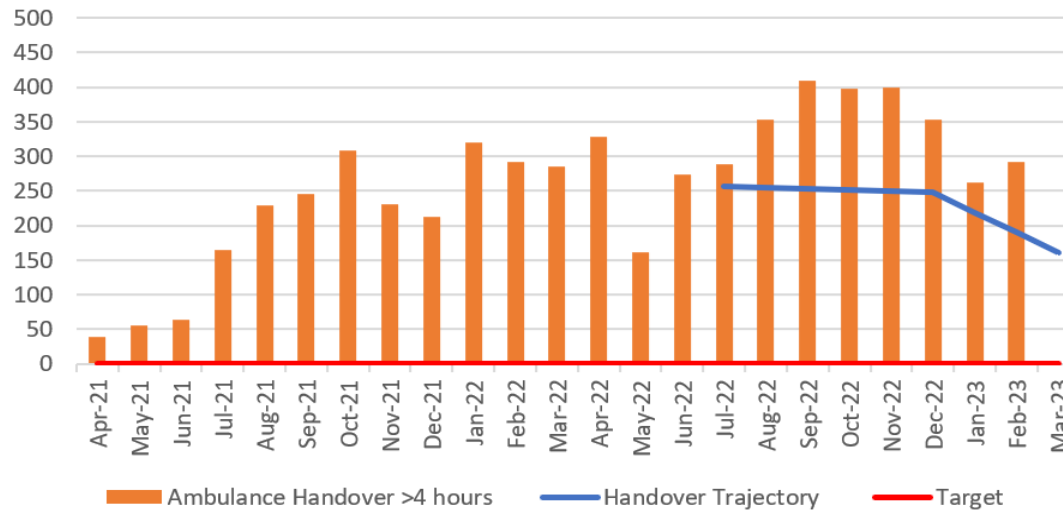
1. Performance against the 4-hour access is slightly below target for February 2023. Emergency Department (ED) 4-hour performance has increased by 2.03% in February 2023 to 76.03% from 74% in January 2023.

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



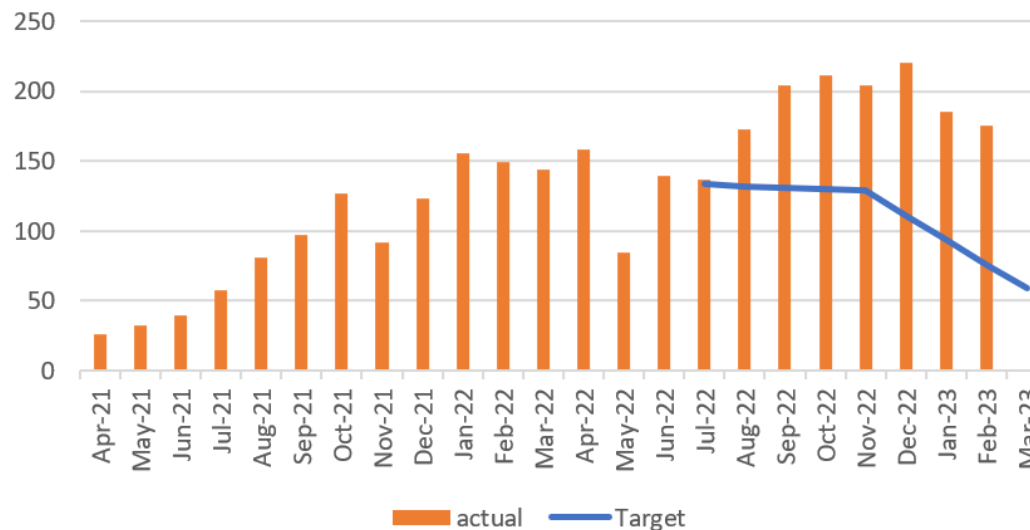
2. Performance against the 12-hour wait deteriorated in February but is still currently performing slightly above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,125 in February 2023 from 1,089 in January 2023.

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has seen a continued deterioration since May 2022. However, the handover times over four hours increased to 292 in February 2023 from 262 in January 2023. The figures remain above the outlined trajectory for February 2023 which was 190.

4. Average Ambulance Handover Rate



4. The average ambulance handover rate has seen an improvement in February 2023. The average handover rate reduced from 185 in January 2023 to 175 in February 2023, which is above the outlined trajectory for February 2023 (76).

UNSCHEDULED CARE

Description

Critical Care-Delayed Transfers of Care (DTC)-Morrison Hospital

1. Total Critical Care delayed discharges (hours)

2. Average lost bed days per day

3. Percentage of patients delayed:

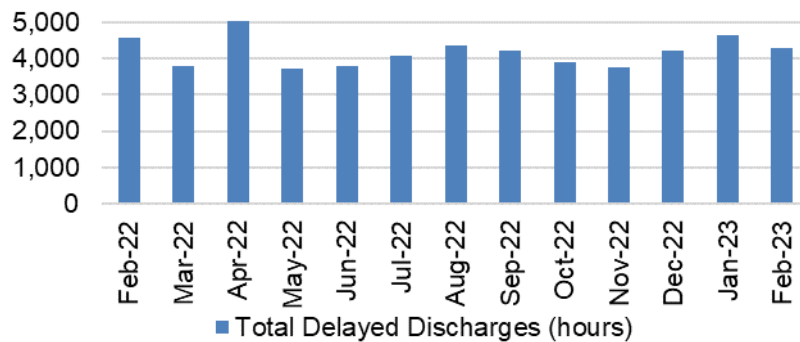
- Up to 8 hours
- Between 8 and 24 hours
- Over 24 hours

Current Performance

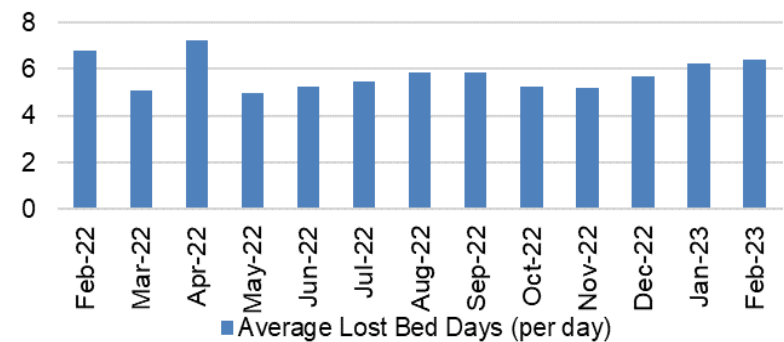
In February 2023, there were a total of 84 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is a reduction when compared with 94 admissions in January 2023. February 2023, saw a reduction in the number of delayed discharge hours from 4641.5 in January 2023 to 4305.3 in February 2023. The average lost bed days increased to 6.41 per day. The percentage of patients delayed over 24 hours increased to 64.52% in February 2023 from 60.87% in January 2023.

Trend

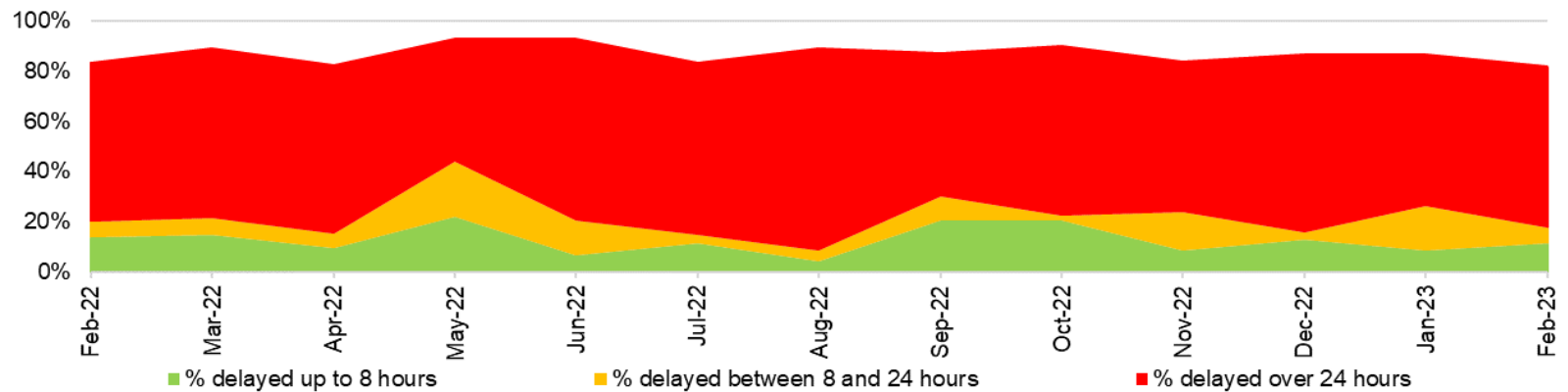
1. Total Critical Care delayed discharges (hours)



2. Average lost bed days per day



3. Percentage of Critical Care patients delayed



UNSCHEDULED CARE

Description	Current Performance	Trend																																																																						
<p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In February 2023, there were on average 304 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In February 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 103, closely followed by Singleton Hospital with 100.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital, recent implementing of the AMSR programme will also encourage a reduction in the figures.</p>	<p align="center">The number of clinically optimised patients by site</p> <table border="1"> <caption>Data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>120</td><td>70</td><td>85</td><td>15</td></tr> <tr><td>Mar-22</td><td>100</td><td>55</td><td>95</td><td>25</td></tr> <tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>25</td></tr> <tr><td>May-22</td><td>115</td><td>65</td><td>90</td><td>15</td></tr> <tr><td>Jun-22</td><td>145</td><td>60</td><td>90</td><td>20</td></tr> <tr><td>Jul-22</td><td>115</td><td>65</td><td>95</td><td>15</td></tr> <tr><td>Aug-22</td><td>120</td><td>75</td><td>100</td><td>15</td></tr> <tr><td>Sep-22</td><td>120</td><td>90</td><td>100</td><td>20</td></tr> <tr><td>Oct-22</td><td>110</td><td>75</td><td>100</td><td>25</td></tr> <tr><td>Nov-22</td><td>110</td><td>65</td><td>90</td><td>15</td></tr> <tr><td>Dec-22</td><td>100</td><td>60</td><td>80</td><td>10</td></tr> <tr><td>Jan-23</td><td>120</td><td>70</td><td>85</td><td>15</td></tr> <tr><td>Feb-23</td><td>103</td><td>100</td><td>90</td><td>15</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Feb-22	120	70	85	15	Mar-22	100	55	95	25	Apr-22	100	65	85	25	May-22	115	65	90	15	Jun-22	145	60	90	20	Jul-22	115	65	95	15	Aug-22	120	75	100	15	Sep-22	120	90	100	20	Oct-22	110	75	100	25	Nov-22	110	65	90	15	Dec-22	100	60	80	10	Jan-23	120	70	85	15	Feb-23	103	100	90	15
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<p>Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p>	<p>In February 2023, there were 33 elective procedures cancelled due to lack of beds on the day of surgery. This is 52 less cancellations than those seen in January 2023.</p> <p>Of the cancelled procedures, 33 of the cancellations were all attributed to Morriston Hospital in February 2023.</p>	<p align="center">Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Data for Total number of elective procedures cancelled due to lack of beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>20</td><td>5</td><td>0</td></tr> <tr><td>Mar-22</td><td>35</td><td>2</td><td>0</td></tr> <tr><td>Apr-22</td><td>30</td><td>0</td><td>0</td></tr> <tr><td>May-22</td><td>55</td><td>0</td><td>0</td></tr> <tr><td>Jun-22</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Jul-22</td><td>30</td><td>0</td><td>0</td></tr> <tr><td>Aug-22</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Sep-22</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Oct-22</td><td>35</td><td>2</td><td>0</td></tr> <tr><td>Nov-22</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Dec-22</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Jan-23</td><td>70</td><td>2</td><td>15</td></tr> <tr><td>Feb-23</td><td>33</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Feb-22	20	5	0	Mar-22	35	2	0	Apr-22	30	0	0	May-22	55	0	0	Jun-22	35	0	0	Jul-22	30	0	0	Aug-22	10	0	0	Sep-22	25	0	0	Oct-22	35	2	0	Nov-22	25	0	0	Dec-22	25	0	0	Jan-23	70	2	15	Feb-23	33	0	0														
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FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend
<p>Fractured Neck of Femur (#NOF)</p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p>1. Prompt orthogeriatric assessment- In January 2023, 95% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In January 2023, 22.8% of patients had surgery the day following presentation with a hip fracture. This is a 28.2% deterioration from January 2022 which was 51.0%</p> <p>3. NICE compliant surgery- 73.1% of operations were consistent with the NICE recommendations in January 2023. This is 3.4% more than in January 2022.</p> <p>4. Prompt mobilisation- In January 2022, 76.7% of patients were out of bed the day after surgery. This is 5% more than in January 2023.</p>	<p style="text-align: center;">1. Prompt orthogeriatric assessment</p> <p style="text-align: center;">2. Prompt surgery</p> <p style="text-align: center;">3. NICE compliant Surgery</p> <p style="text-align: center;">4. Prompt mobilisation</p>

FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend																																																								
<p>5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i></p>	<p>5. Not delirious when tested- 75% of patients were not delirious in the week after their operation in January 2023.</p>	<p align="center">5. Not delirious when tested</p> <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jan-22</td><td>75</td><td>60</td><td>65</td></tr> <tr><td>Feb-22</td><td>75</td><td>60</td><td>65</td></tr> <tr><td>Mar-22</td><td>75</td><td>60</td><td>65</td></tr> <tr><td>Apr-22</td><td>75</td><td>60</td><td>65</td></tr> <tr><td>May-22</td><td>75</td><td>60</td><td>65</td></tr> <tr><td>Jun-22</td><td>75</td><td>60</td><td>65</td></tr> <tr><td>Jul-22</td><td>75</td><td>60</td><td>65</td></tr> <tr><td>Aug-22</td><td>75</td><td>60</td><td>65</td></tr> <tr><td>Sep-22</td><td>75</td><td>60</td><td>65</td></tr> <tr><td>Oct-22</td><td>75</td><td>60</td><td>65</td></tr> <tr><td>Nov-22</td><td>75</td><td>60</td><td>65</td></tr> <tr><td>Dec-22</td><td>75</td><td>60</td><td>65</td></tr> <tr><td>Jan-23</td><td>75</td><td>60</td><td>65</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-22	75	60	65	Feb-22	75	60	65	Mar-22	75	60	65	Apr-22	75	60	65	May-22	75	60	65	Jun-22	75	60	65	Jul-22	75	60	65	Aug-22	75	60	65	Sep-22	75	60	65	Oct-22	75	60	65	Nov-22	75	60	65	Dec-22	75	60	65	Jan-23	75	60	65
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<p>6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i></p>	<p>6. Return to original residence- 70.9% of patients in January 2023 were discharged back to their original residence. This is 1.4% less than in December 2022.</p>	<p align="center">6. Return to original residence</p> <table border="1"> <caption>6. Return to original residence - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jan-22</td><td>70.9</td><td>70</td><td>70</td></tr> <tr><td>Feb-22</td><td>70.9</td><td>70</td><td>70</td></tr> <tr><td>Mar-22</td><td>70.9</td><td>70</td><td>70</td></tr> <tr><td>Apr-22</td><td>70.9</td><td>70</td><td>70</td></tr> <tr><td>May-22</td><td>70.9</td><td>70</td><td>70</td></tr> <tr><td>Jun-22</td><td>70.9</td><td>70</td><td>70</td></tr> <tr><td>Jul-22</td><td>70.9</td><td>70</td><td>70</td></tr> <tr><td>Aug-22</td><td>70.9</td><td>70</td><td>70</td></tr> <tr><td>Sep-22</td><td>70.9</td><td>70</td><td>70</td></tr> <tr><td>Oct-22</td><td>70.9</td><td>70</td><td>70</td></tr> <tr><td>Nov-22</td><td>70.9</td><td>70</td><td>70</td></tr> <tr><td>Dec-22</td><td>70.9</td><td>70</td><td>70</td></tr> <tr><td>Jan-23</td><td>70.9</td><td>70</td><td>70</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-22	70.9	70	70	Feb-22	70.9	70	70	Mar-22	70.9	70	70	Apr-22	70.9	70	70	May-22	70.9	70	70	Jun-22	70.9	70	70	Jul-22	70.9	70	70	Aug-22	70.9	70	70	Sep-22	70.9	70	70	Oct-22	70.9	70	70	Nov-22	70.9	70	70	Dec-22	70.9	70	70	Jan-23	70.9	70	70
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<p>7. <i>30 day mortality rate</i></p>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston 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 align="center">7. 30 day mortality rate</p> <table border="1"> <caption>7. 30 day mortality rate - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jan-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Feb-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Mar-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Apr-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>May-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Jun-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Jul-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Aug-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Sep-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Oct-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Nov-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Dec-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Jan-21</td><td>7.0</td><td>6.9</td><td>7.6</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.5	6.9	7.6	Feb-20	7.5	6.9	7.6	Mar-20	7.5	6.9	7.6	Apr-20	7.5	6.9	7.6	May-20	7.5	6.9	7.6	Jun-20	7.5	6.9	7.6	Jul-20	7.5	6.9	7.6	Aug-20	7.5	6.9	7.6	Sep-20	7.5	6.9	7.6	Oct-20	7.5	6.9	7.6	Nov-20	7.5	6.9	7.6	Dec-20	7.5	6.9	7.6	Jan-21	7.0	6.9	7.6
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Dec-20	7.5	6.9	7.6																																																							
Jan-21	7.0	6.9	7.6																																																							

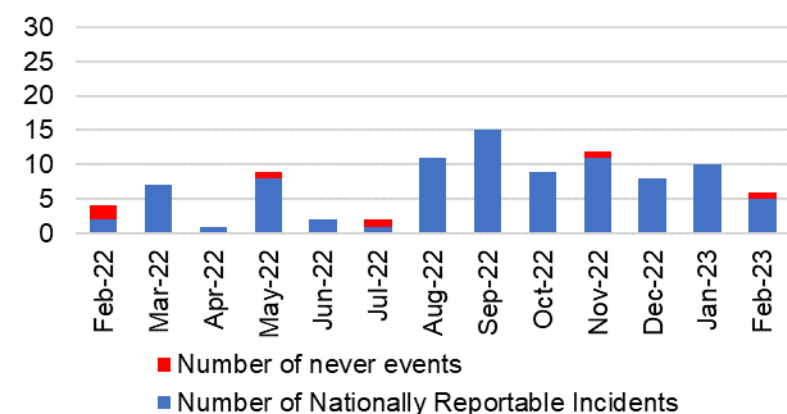
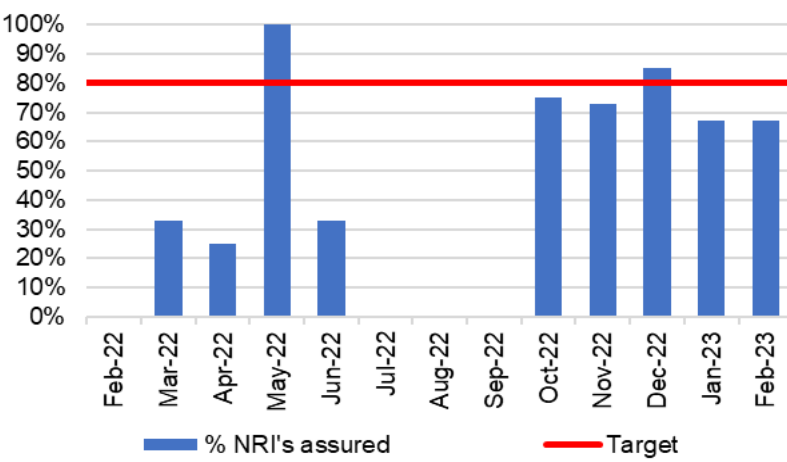
HEALTHCARE ACQUIRED INFECTIONS																																															
Description	Current Performance	Trend																																													
<p>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases</p>	<ul style="list-style-type: none"> 17 cases of <i>E. coli</i> bacteraemia were identified in February 2023, of which 9 were hospital acquired and 8 were community acquired. The Health Board total is currently below the Welsh Government Profile target of 20 cases for February 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>26</td><td></td></tr> <tr><td>Mar-22</td><td>21</td><td></td></tr> <tr><td>Apr-22</td><td>31</td><td>22</td></tr> <tr><td>May-22</td><td>21</td><td>21</td></tr> <tr><td>Jun-22</td><td>17</td><td>21</td></tr> <tr><td>Jul-22</td><td>20</td><td>21</td></tr> <tr><td>Aug-22</td><td>32</td><td>21</td></tr> <tr><td>Sep-22</td><td>15</td><td>21</td></tr> <tr><td>Oct-22</td><td>22</td><td>21</td></tr> <tr><td>Nov-22</td><td>23</td><td>21</td></tr> <tr><td>Dec-22</td><td>22</td><td>21</td></tr> <tr><td>Jan-23</td><td>20</td><td>21</td></tr> <tr><td>Feb-23</td><td>17</td><td>20</td></tr> <tr><td>Mar-23</td><td></td><td>20</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Feb-22	26		Mar-22	21		Apr-22	31	22	May-22	21	21	Jun-22	17	21	Jul-22	20	21	Aug-22	32	21	Sep-22	15	21	Oct-22	22	21	Nov-22	23	21	Dec-22	22	21	Jan-23	20	21	Feb-23	17	20	Mar-23		20
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Jan-23	20	21																																													
Feb-23	17	20																																													
Mar-23		20																																													
<p>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</p>	<ul style="list-style-type: none"> There were 11 cases of Staph. aureus bacteraemia in February 2023, of which 9 were hospital acquired and 2 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 5 cases for February 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>10</td><td></td></tr> <tr><td>Mar-22</td><td>11</td><td></td></tr> <tr><td>Apr-22</td><td>13</td><td>8</td></tr> <tr><td>May-22</td><td>18</td><td>6</td></tr> <tr><td>Jun-22</td><td>9</td><td>6</td></tr> <tr><td>Jul-22</td><td>12</td><td>6</td></tr> <tr><td>Aug-22</td><td>11</td><td>6</td></tr> <tr><td>Sep-22</td><td>13</td><td>6</td></tr> <tr><td>Oct-22</td><td>17</td><td>6</td></tr> <tr><td>Nov-22</td><td>8</td><td>6</td></tr> <tr><td>Dec-22</td><td>13</td><td>5</td></tr> <tr><td>Jan-23</td><td>10</td><td>5</td></tr> <tr><td>Feb-23</td><td>11</td><td>5</td></tr> <tr><td>Mar-23</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Feb-22	10		Mar-22	11		Apr-22	13	8	May-22	18	6	Jun-22	9	6	Jul-22	12	6	Aug-22	11	6	Sep-22	13	6	Oct-22	17	6	Nov-22	8	6	Dec-22	13	5	Jan-23	10	5	Feb-23	11	5	Mar-23		5
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HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																													
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"> There were 12 <i>Clostridium difficile</i> toxin positive cases in February 2023, of which 10 were hospital acquired and 2 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 8 cases for February 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>13</td><td>7.5</td></tr> <tr><td>Mar-22</td><td>18</td><td>7.5</td></tr> <tr><td>Apr-22</td><td>13</td><td>7.0</td></tr> <tr><td>May-22</td><td>11</td><td>8.0</td></tr> <tr><td>Jun-22</td><td>16</td><td>9.0</td></tr> <tr><td>Jul-22</td><td>16</td><td>8.0</td></tr> <tr><td>Aug-22</td><td>22</td><td>8.0</td></tr> <tr><td>Sep-22</td><td>14</td><td>9.0</td></tr> <tr><td>Oct-22</td><td>20</td><td>7.5</td></tr> <tr><td>Nov-22</td><td>21</td><td>8.0</td></tr> <tr><td>Dec-22</td><td>14</td><td>8.0</td></tr> <tr><td>Jan-23</td><td>22</td><td>8.0</td></tr> <tr><td>Feb-23</td><td>12</td><td>8.0</td></tr> <tr><td>Mar-23</td><td>12</td><td>7.0</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	Feb-22	13	7.5	Mar-22	18	7.5	Apr-22	13	7.0	May-22	11	8.0	Jun-22	16	9.0	Jul-22	16	8.0	Aug-22	22	8.0	Sep-22	14	9.0	Oct-22	20	7.5	Nov-22	21	8.0	Dec-22	14	8.0	Jan-23	22	8.0	Feb-23	12	8.0	Mar-23	12	7.0
Month	Number of C.diff cases (SBU)	Trajectory																																													
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Jan-23	22	8.0																																													
Feb-23	12	8.0																																													
Mar-23	12	7.0																																													
Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"> There were 8 cases of Klebsiella sp in February 2023, of which 7 were hospital acquired and 1 was community acquired. The Health Board total is currently above the Welsh Government Profile target of 5 cases for February 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>4</td><td>7.0</td></tr> <tr><td>Mar-22</td><td>7</td><td>7.0</td></tr> <tr><td>Apr-22</td><td>6</td><td>7.0</td></tr> <tr><td>May-22</td><td>8</td><td>6.0</td></tr> <tr><td>Jun-22</td><td>8</td><td>6.0</td></tr> <tr><td>Jul-22</td><td>11</td><td>6.0</td></tr> <tr><td>Aug-22</td><td>8</td><td>6.0</td></tr> <tr><td>Sep-22</td><td>10</td><td>6.0</td></tr> <tr><td>Oct-22</td><td>7</td><td>6.0</td></tr> <tr><td>Nov-22</td><td>11</td><td>6.0</td></tr> <tr><td>Dec-22</td><td>8</td><td>6.0</td></tr> <tr><td>Jan-23</td><td>11</td><td>6.0</td></tr> <tr><td>Feb-23</td><td>8</td><td>5.0</td></tr> <tr><td>Mar-23</td><td>8</td><td>5.0</td></tr> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	Trajectory	Feb-22	4	7.0	Mar-22	7	7.0	Apr-22	6	7.0	May-22	8	6.0	Jun-22	8	6.0	Jul-22	11	6.0	Aug-22	8	6.0	Sep-22	10	6.0	Oct-22	7	6.0	Nov-22	11	6.0	Dec-22	8	6.0	Jan-23	11	6.0	Feb-23	8	5.0	Mar-23	8	5.0
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HEALTHCARE ACQUIRED INFECTIONS																																																										
Description	Current Performance	Trend																																																								
<p>Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> There were 2 cases of <i>P.Aeruginosa</i> in February 2023, both of which were hospital acquired. The Health Board total is currently in line with the Welsh Government Profile target of 2 cumulative case for February 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <caption>Number of healthcare acquired Pseudomonas cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>3</td></tr> <tr><td>Mar-22</td><td>2</td></tr> <tr><td>Apr-22</td><td>2</td></tr> <tr><td>May-22</td><td>2</td></tr> <tr><td>Jun-22</td><td>4</td></tr> <tr><td>Jul-22</td><td>4</td></tr> <tr><td>Aug-22</td><td>3</td></tr> <tr><td>Sep-22</td><td>5</td></tr> <tr><td>Oct-22</td><td>6</td></tr> <tr><td>Nov-22</td><td>5</td></tr> <tr><td>Dec-22</td><td>3</td></tr> <tr><td>Jan-23</td><td>4</td></tr> <tr><td>Feb-23</td><td>2</td></tr> <tr><td>Mar-23</td><td>1</td></tr> </tbody> </table> <p>Legend: ■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Feb-22	3	Mar-22	2	Apr-22	2	May-22	2	Jun-22	4	Jul-22	4	Aug-22	3	Sep-22	5	Oct-22	6	Nov-22	5	Dec-22	3	Jan-23	4	Feb-23	2	Mar-23	1																										
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PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
<p>Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i></p> <p><i>2. Rate of pressure ulcers per 100,000 admissions</i></p>	<ul style="list-style-type: none"> In January 2023 there were 109 cases of healthcare acquired pressure ulcers, 45 of which were community acquired and 64 were hospital acquired. There were 8 grade 3+ pressure ulcers in January 2023, 4 of which were community acquired and 4 were hospital acquired. <p>The rate per 100,000 admissions decreased from 924 in November 2022 to 660 in December 2022.</p>	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table border="1"> <caption>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</caption> <thead> <tr> <th>Month</th> <th>Pressure Ulcers (Community)</th> <th>Pressure Ulcers (Hospital)</th> <th>Rate per 100,00 admissions</th> </tr> </thead> <tbody> <tr><td>Jan-22</td><td>25</td><td>65</td><td>924</td></tr> <tr><td>Feb-22</td><td>20</td><td>70</td><td>850</td></tr> <tr><td>Mar-22</td><td>25</td><td>80</td><td>750</td></tr> <tr><td>Apr-22</td><td>20</td><td>60</td><td>650</td></tr> <tr><td>May-22</td><td>25</td><td>75</td><td>750</td></tr> <tr><td>Jun-22</td><td>20</td><td>65</td><td>700</td></tr> <tr><td>Jul-22</td><td>20</td><td>65</td><td>700</td></tr> <tr><td>Aug-22</td><td>25</td><td>80</td><td>650</td></tr> <tr><td>Sep-22</td><td>20</td><td>60</td><td>550</td></tr> <tr><td>Oct-22</td><td>25</td><td>80</td><td>750</td></tr> <tr><td>Nov-22</td><td>25</td><td>90</td><td>924</td></tr> <tr><td>Dec-22</td><td>20</td><td>70</td><td>660</td></tr> <tr><td>Jan-23</td><td>25</td><td>84</td><td>750</td></tr> </tbody> </table> <p>Legend: ■ Pressure Ulcers (Community) ▨ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,00 admissions	Jan-22	25	65	924	Feb-22	20	70	850	Mar-22	25	80	750	Apr-22	20	60	650	May-22	25	75	750	Jun-22	20	65	700	Jul-22	20	65	700	Aug-22	25	80	650	Sep-22	20	60	550	Oct-22	25	80	750	Nov-22	25	90	924	Dec-22	20	70	660	Jan-23	25	84	750
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NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p>Nationally Reportable Incidents (NRI's)-</p> <p>1. <i>The number of Nationally reportable incidents</i></p> <p>2. <i>The number of Never Events</i></p> <p>3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 5 Nationally Reportable Incidents for the month of February 2023 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - Morryston – 1 - MH&LD – 1 - Singleton – 1 - Primary Care - 2 <p>2. There was one new Never Event reported in February 2023.</p> <p>3. In February 2023, performance against the 80% target of submitting closure forms to WG within agreed timescales was 67%. There were 6 NRI's due for closure in January 2023, four of which were closed within the required target date.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p>  <p>3. % of nationally reportable incidents closed within the agreed timescales</p> 

INPATIENT FALLS																														
Description	Current Performance	Trend																												
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 179 in February 2023. This is 10% less than February 2022 where 199 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Number of Falls</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>199</td></tr> <tr><td>Mar-22</td><td>210</td></tr> <tr><td>Apr-22</td><td>185</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>180</td></tr> <tr><td>Nov-22</td><td>175</td></tr> <tr><td>Dec-22</td><td>180</td></tr> <tr><td>Jan-23</td><td>185</td></tr> <tr><td>Feb-23</td><td>179</td></tr> </tbody> </table> <p>■ Hospital falls</p>	Month	Number of Falls	Feb-22	199	Mar-22	210	Apr-22	185	May-22	180	Jun-22	170	Jul-22	175	Aug-22	215	Sep-22	175	Oct-22	180	Nov-22	175	Dec-22	180	Jan-23	185	Feb-23	179
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Jan-23	185																													
Feb-23	179																													
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 February 2023, the percentage of completed discharge summaries was 64%.</p> <p>In February 2023, compliance ranged from 50% in Singleton Hospital to 76% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% discharge summaries approved and sent</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>64%</td></tr> <tr><td>Mar-22</td><td>62%</td></tr> <tr><td>Apr-22</td><td>58%</td></tr> <tr><td>May-22</td><td>65%</td></tr> <tr><td>Jun-22</td><td>63%</td></tr> <tr><td>Jul-22</td><td>61%</td></tr> <tr><td>Aug-22</td><td>68%</td></tr> <tr><td>Sep-22</td><td>69%</td></tr> <tr><td>Oct-22</td><td>65%</td></tr> <tr><td>Nov-22</td><td>70%</td></tr> <tr><td>Dec-22</td><td>61%</td></tr> <tr><td>Jan-23</td><td>63%</td></tr> <tr><td>Feb-23</td><td>64%</td></tr> </tbody> </table> <p>■ % of completed discharge summaries</p>	Month	Percentage	Feb-22	64%	Mar-22	62%	Apr-22	58%	May-22	65%	Jun-22	63%	Jul-22	61%	Aug-22	68%	Sep-22	69%	Oct-22	65%	Nov-22	70%	Dec-22	61%	Jan-23	63%	Feb-23	64%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	<p>January 2023 reports the crude mortality rate for the Health Board at 0.73%, which is the lower than the figure reported in December 2022.</p> <p>A breakdown by Hospital for January 2023:</p> <ul style="list-style-type: none"> • Morriston – 1.48% • Singleton – 0.45% • NPT – 0.11% 	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>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>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Mar-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Apr-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>May-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Jun-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Jul-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Aug-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Sep-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Oct-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Nov-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Dec-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Jan-23</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jan-22	1.5%	0.6%	0.1%	0.9%	Feb-22	1.4%	0.5%	0.1%	0.8%	Mar-22	1.4%	0.5%	0.1%	0.8%	Apr-22	1.4%	0.5%	0.1%	0.8%	May-22	1.4%	0.5%	0.1%	0.8%	Jun-22	1.4%	0.5%	0.1%	0.8%	Jul-22	1.4%	0.5%	0.1%	0.8%	Aug-22	1.4%	0.5%	0.1%	0.8%	Sep-22	1.4%	0.5%	0.1%	0.8%	Oct-22	1.3%	0.4%	0.1%	0.7%	Nov-22	1.3%	0.4%	0.1%	0.7%	Dec-22	1.3%	0.4%	0.1%	0.7%	Jan-23	1.5%	0.5%	0.1%	0.8%
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Readmission Rates	<p>In February 2023, 21% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 4% higher than those figures reported in January 2023.</p>	<p>Emergencies readmitted within 28 days of previous discharge</p> <table border="1"> <caption>28 Day readmission rate (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>28 Day readmission rate (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>19%</td></tr> <tr><td>Mar-22</td><td>17%</td></tr> <tr><td>Apr-22</td><td>18%</td></tr> <tr><td>May-22</td><td>18%</td></tr> <tr><td>Jun-22</td><td>19%</td></tr> <tr><td>Jul-22</td><td>20%</td></tr> <tr><td>Aug-22</td><td>20%</td></tr> <tr><td>Sep-22</td><td>20%</td></tr> <tr><td>Oct-22</td><td>18%</td></tr> <tr><td>Nov-22</td><td>20%</td></tr> <tr><td>Dec-22</td><td>18%</td></tr> <tr><td>Jan-23</td><td>17%</td></tr> <tr><td>Feb-23</td><td>21%</td></tr> </tbody> </table>	Month	28 Day readmission rate (SBU HB)	Feb-22	19%	Mar-22	17%	Apr-22	18%	May-22	18%	Jun-22	19%	Jul-22	20%	Aug-22	20%	Sep-22	20%	Oct-22	18%	Nov-22	20%	Dec-22	18%	Jan-23	17%	Feb-23	21%																																										
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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												
					Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
		Cancer															
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	75%			54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	28.1%
		Planned Care															
Number of patients waiting > 26 weeks for outpatient appointment*	Morrison	0			18,220	18,351	18,976	19,498	19,662	19,516	19,607	18,748	17,562	16,148	15,379	15,048	12,754
	NPTH			88	0	3	18	4	2	4	1	0	0	1	23	25	
	Singleton			7,192	6,359	6,606	6,943	7,159	7,212	7,314	7,218	6,449	5,252	4,793	5,215	4,478	
	PC&CS			22	18	16	0	1	81	94	98	101	0	1	2	0	
	Total			25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257	
Number of patients waiting > 36 weeks for treatment*	Morrison	0			25,090	25,490	26,036	26,411	26,574	26,832	26,710	25,771	25,292	24,273	23,631	22,785	21,404
	NPTH			136	44	37	5	7	2	0	1	1	3	1	3	6	
	Singleton			12,194	11,749	12,110	12,310	12,438	11,256	11,013	10,557	10,078	9,307	9,030	8,558	7,901	
	PC&CS			22	17	15	0	1	41	117	124	125	0	0	1	0	
	Total (inc. diagnostics > 36 wks)			37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031	30,017	
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	0			2,180	1,672	1,910	1,753	1,575	1,629	1,853	1,975	1,670	1,514	2,366	2,505	1,729
	Singleton			3,898	4,191	4,398	4,553	4,437	4,403	4,255	4,202	4,163	4,113	4,241	4,324	4,387	
	Total			6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116	
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	0	0	0	0	0	0	2	0	0	0	0
	NPTH			38	45	35	17	30	46	45	82	87	67	152	48	31	
	PC&CS			888	775	644	597	579	668	637	673	618	374	375	146	126	
	Total			926	820	679	614	609	714	682	755	707	441	527	194	157	

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070
Number of patients delayed by over 100% past their target date *	Total				32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146
Number of patients delayed past their agreed target date (booked and not booked) *	Total				58,804	58,514	60,348	60,314	61,071	61,156	61,778	62,461	61,772	62,512	66,500	67,125	69,333
Number of Ophthalmology patients without an allocated health risk factor	Total	0			299	639	425	246	495	270	222	400	353	352	368	305	553
Number of patients without a documented clinical review date	Total	0			1	5	5	2	4	2	3	4	3	1	1	3	3
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			251	165	106	154	130	162	195	114	163	150	143	137	147
	MH&LD				17	15	8	26	11	11	22	16	11	35	14	35	31
	Morrison				1,285	1,454	1,245	1,336	1,194	1,341	1,629	1,590	1,642	1,760	1,355	2,470	1,951
	NPTH																
	Singleton				1,485	1,737	1,648	1,932	1,727	1,931	2,343	2,252	2,552	2,374	2,071	2,691	2,327
	Total					3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073
% of patients who would recommend and highly recommend	PCCS	90%	80%		95%	92%	94%	94%	90%	94%	95%	94%	95%	94%	91%	93%	
	MH&LD				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Morrison				84%	86%	85%	92%	83%	84%	84%	83%	87%	88%	84%	90%	89%
	NPTH																
	Singleton				94%	94%	91%	92%	92%	91%	91%	92%	93%	92%	94%	94%	97%
	Total				90%	90%	89%	90%	88%	89%	89%	88%	90%	91%	89%	92%	92%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		99%	97%	96%	95%	92%	96%	96%	96%	97%	99%	97%	94%	97%
	MH&LD																
	Morrison				89%	91%	89%	89%	82%	89%	90%	88%	93%	92%	88%	94%	93%
	NPTH																
	Singleton				97%	97%	94%	95%	92%	94%	94%	94%	95%	96%	95%	97%	93%
	Total				91%	91%	89%	91%	91%	90%	93%	92%	93%	91%	92%	92%	95%
Number of new complaints received	PCCS	12 month reduction trend			19	23	16	34	20	22	17	14	21	21	20		
	MH&LD			16	15	10	14	16	11	9	10	6	16	10			
	Morrison			49	52	54	69	53	70	54	50	63	33	42			
	NPTH			13	3	6	4	2	6	4	9	3	2	6			
	Singleton			36	51	28	46	21	39	38	26	35	30	36			
	Total			139	156	123	176	118	153	124	120	140	113	120			
% 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%		68%	87%	94%	88%	75%	82%	76%	71%	67%	90%	70%		
	MH&LD				38%	60%	70%	43%	69%	73%	56%	80%	50%	56%	30%		
	Morrison				78%	73%	83%	74%	72%	70%	74%	66%	83%	67%	81%		
	NPTH				62%	67%	83%	50%	100%	67%	50%	67%	33%	50%	50%		
	Singleton				50%	43%	57%	54%	38%	38%	53%	73%	67%	57%	81%		
	Total				64%	65%	76%	69%	65%	64%	65%	71%	71%	69%	73%		

5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	February 2023 has seen a decrease in referral figures compared with January 2023 (12,658). Referral rates have continued to rise slowly since December 2021, with 12,347 received in February 2023. 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.
1. GP Referrals <i>The number of Stage 1 additions per week</i>	Trend
2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i>	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>1. Number of GP referrals received by SBU Health Board</p> </div> <div style="width: 45%;"> <p>2. Number of stage 1 additions per week</p> </div> </div>
3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i>	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>3. Total size of the waiting list and movement (December 2019)</p> </div> <div style="width: 45%;"> <p>4. Total size of the waiting list and movement (February 2023)</p> </div> </div>
4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at February 2023</i>	

PLANNED CARE

Description

Outpatient waiting times

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

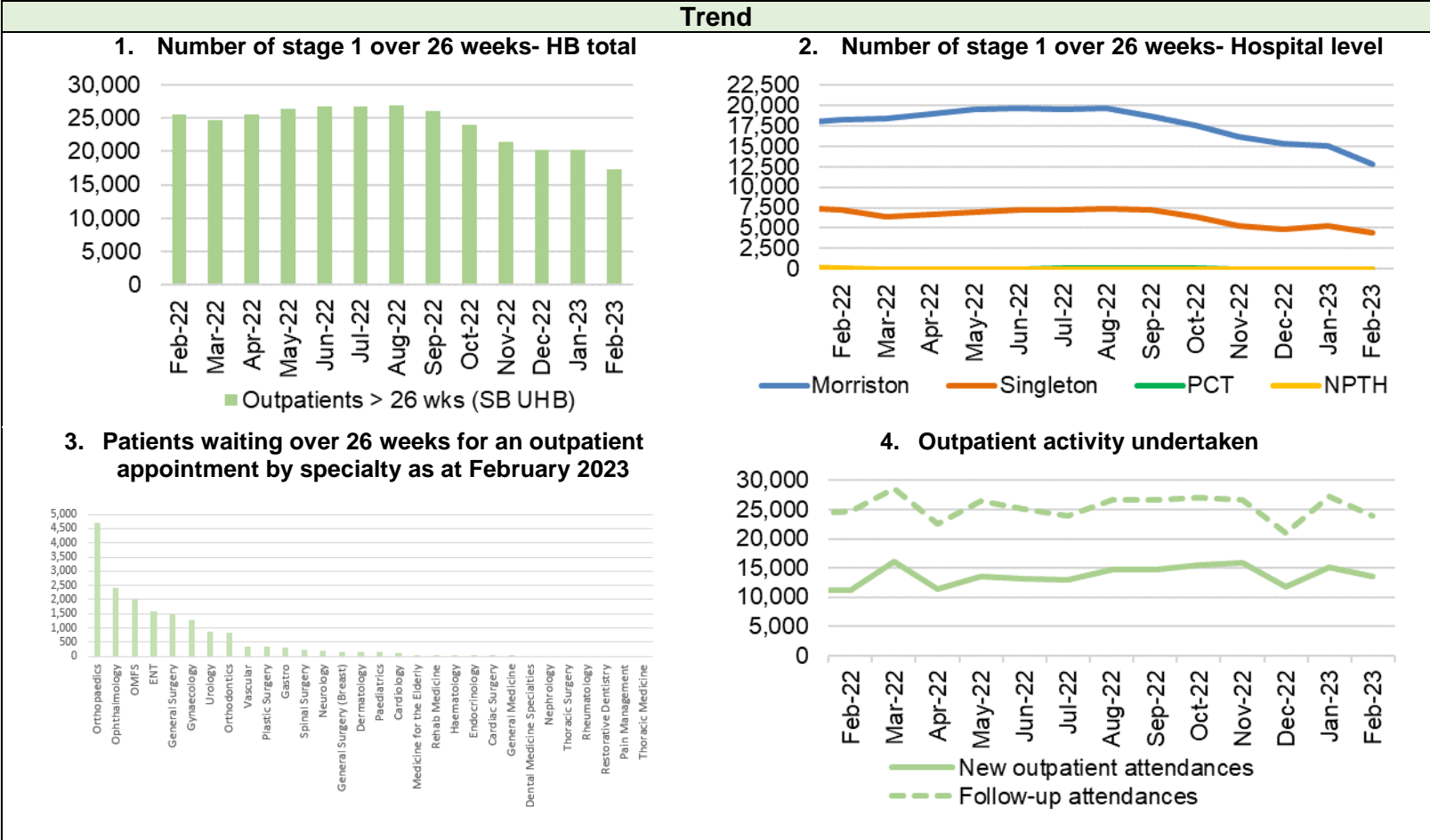
2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level

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

4. Outpatient activity undertaken

Current Performance

The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, February 2023 saw an in-month reduction of 15% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 20,288 in January 2023 to 17,257 in February 2023. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and OMFS. Chart 4 shows that the number of attendances has remained steady in recent months



PLANNED CARE	
Description	Current Performance
<p>Patients waiting over 36 weeks for treatment</p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 36 weeks for treatment</p> <p>3. Number of elective admissions</p> <p>4. Number of patients waiting more than 104 weeks for treatment</p>	<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 February 2023, there were 29,311 patients waiting over 36 weeks which is a 8.5% in-month reduction from January 2023. 19,707 of the 29,311 were waiting over 52 weeks in February 2023. In February 2023, there were 6,656 patients waiting over 104 weeks for treatment, which is a 9% reduction from January 2023.</p>
	Trend
	<p>1. Number of patients waiting over 36 weeks- HB total</p> <p>Ministerial Target = 0 by 2026</p>
	<p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p> <p>Ministerial Target = 0 by June 2023</p>
<p>3. Number of elective admissions</p> <p>Admitted elective patients</p>	<p>4. Number of patients waiting over 104 weeks- HB total</p> <p>Ministerial Target = 0 by 2024</p>

PLANNED CARE																																
Description	Current Performance																															
<p>Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i></p>	<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 February 2023, 53.5% of patients were waiting under 26 weeks from referral to treatment, which is 0.7% more than those seen in January 2023.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table border="1"> <caption>Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>% waiting < 26 wks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>48%</td></tr> <tr><td>Mar-22</td><td>48%</td></tr> <tr><td>Apr-22</td><td>48%</td></tr> <tr><td>May-22</td><td>48%</td></tr> <tr><td>Jun-22</td><td>48%</td></tr> <tr><td>Jul-22</td><td>48%</td></tr> <tr><td>Aug-22</td><td>48%</td></tr> <tr><td>Sep-22</td><td>48%</td></tr> <tr><td>Oct-22</td><td>48%</td></tr> <tr><td>Nov-22</td><td>48%</td></tr> <tr><td>Dec-22</td><td>48%</td></tr> <tr><td>Jan-23</td><td>48%</td></tr> <tr><td>Feb-23</td><td>53.5%</td></tr> <tr><td>Mar-23</td><td>48%</td></tr> </tbody> </table> <p>Ministerial Target = 95% by 2026</p>	Month	% waiting < 26 wks (SBU HB)	Feb-22	48%	Mar-22	48%	Apr-22	48%	May-22	48%	Jun-22	48%	Jul-22	48%	Aug-22	48%	Sep-22	48%	Oct-22	48%	Nov-22	48%	Dec-22	48%	Jan-23	48%	Feb-23	53.5%	Mar-23	48%
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<p>Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i></p>	<p>In February 2023, 64.6% 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 2022/23.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 appointments attended within their clinical target date or within 25% beyond their clinical target date</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>55%</td></tr> <tr><td>Mar-22</td><td>55%</td></tr> <tr><td>Apr-22</td><td>55%</td></tr> <tr><td>May-22</td><td>55%</td></tr> <tr><td>Jun-22</td><td>55%</td></tr> <tr><td>Jul-22</td><td>55%</td></tr> <tr><td>Aug-22</td><td>55%</td></tr> <tr><td>Sep-22</td><td>55%</td></tr> <tr><td>Oct-22</td><td>55%</td></tr> <tr><td>Nov-22</td><td>55%</td></tr> <tr><td>Dec-22</td><td>55%</td></tr> <tr><td>Jan-23</td><td>55%</td></tr> <tr><td>Feb-23</td><td>64.6%</td></tr> </tbody> </table> <p>Target = 100%</p>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Feb-22	55%	Mar-22	55%	Apr-22	55%	May-22	55%	Jun-22	55%	Jul-22	55%	Aug-22	55%	Sep-22	55%	Oct-22	55%	Nov-22	55%	Dec-22	55%	Jan-23	55%	Feb-23	64.6%		
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THEATRE EFFICIENCY

Description	Current Performance	Trend																																																																																																																																																										
Theatre Efficiency 1. <i>Theatre Utilisation Rates</i> 2. <i>% of theatre sessions starting late</i> 3. <i>% of theatre sessions finishing early</i> 4. <i>% of theatre sessions cancelled at short notice (<28 days)</i> 5. <i>% of operations cancelled on the day</i>	<p>In February 2023 the Theatre Utilisation rate was 70%. This is an in-month deterioration of 2% and are similar to the rates seen in February 2022 (71%).</p> <p>39% of theatre sessions started late in February 2023. This is a 4% deterioration on performance seen in January 2023 (35%).</p> <p>In February 2023, 45% of theatre sessions finished early. This is 1% higher than figures seen in January 2023 and 2% higher than those seen in February 2022</p> <p>12% of theatre sessions were cancelled at short notice in February 2023. This is 4% higher than the figure reported in January 2023 and is 6% higher than figures seen in February 2022.</p> <p>Of the operations cancelled in February 2023, 34% of them were cancelled on the day. This is the same figures seen in January 2023.</p>	<div style="text-align: center;"> 1. Theatre Utilisation Rates </div> <table border="1"> <caption>1. 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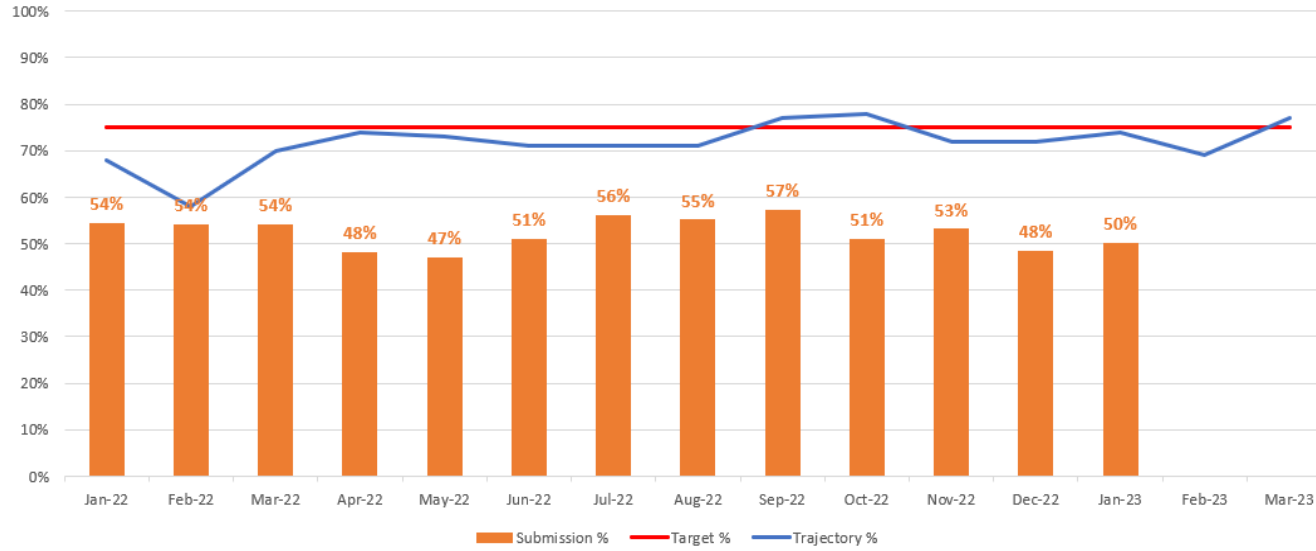
Description	Current Performance	Trend
<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In February 2023, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 6,829 in January 2023 to 6,116.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for February 2023:</p> <ul style="list-style-type: none"> • Endoscopy= 4,408 ^ • Cardiac tests= 441 • Other Diagnostics = 1,267 <p>Actions of Improvement; Endoscopy waits have increased slightly this month and the figures remain above the submitted trajectory. The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity</p>	<p>Number of patients waiting longer than 8 weeks for Endoscopy</p> <p>Ministerial Target = Endoscopy waits > 8 Weeks will be 0 by Spring 2024</p>
<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In February 2023 there were 157 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in February 2023 are:</p> <ul style="list-style-type: none"> • Speech & Language Therapy= 125 • Dietetics = 31 • Physiotherapy = 0 • Audiology = 1 <p>Actions of Improvement; The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p>

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<p>Cancer demand and shape of the waiting list</p> <p>Single Cancer Pathway Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</p>	<p>February 2023 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>63 - 103 days</th> <th>≥104 days</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>1</td><td>0</td></tr> <tr><td>Breast</td><td>8</td><td>4</td></tr> <tr><td>Children's cancer</td><td>0</td><td>0</td></tr> <tr><td>Gynaecological</td><td>59</td><td>36</td></tr> <tr><td>Haematological</td><td>6</td><td>9</td></tr> <tr><td>Head and neck</td><td>15</td><td>6</td></tr> <tr><td>Lower Gastrointestinal</td><td>39</td><td>32</td></tr> <tr><td>Lung</td><td>7</td><td>12</td></tr> <tr><td>Other</td><td>5</td><td>3</td></tr> <tr><td>Sarcoma</td><td>3</td><td>4</td></tr> <tr><td>Skin(c)</td><td>12</td><td>15</td></tr> <tr><td>Upper Gastrointestinal</td><td>11</td><td>21</td></tr> <tr><td>Urological</td><td>33</td><td>22</td></tr> <tr><td>Grand Total</td><td>199</td><td>164</td></tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	0	Brain/CNS	1	0	Breast	8	4	Children's cancer	0	0	Gynaecological	59	36	Haematological	6	9	Head and neck	15	6	Lower Gastrointestinal	39	32	Lung	7	12	Other	5	3	Sarcoma	3	4	Skin(c)	12	15	Upper Gastrointestinal	11	21	Urological	33	22	Grand Total	199	164	<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>Feb-22</td><td>300</td><td>250</td></tr> <tr><td>Mar-22</td><td>250</td><td>150</td></tr> <tr><td>Apr-22</td><td>300</td><td>150</td></tr> <tr><td>May-22</td><td>300</td><td>100</td></tr> <tr><td>Jun-22</td><td>250</td><td>100</td></tr> <tr><td>Jul-22</td><td>300</td><td>100</td></tr> <tr><td>Aug-22</td><td>350</td><td>100</td></tr> <tr><td>Sep-22</td><td>400</td><td>100</td></tr> <tr><td>Oct-22</td><td>350</td><td>100</td></tr> <tr><td>Nov-22</td><td>300</td><td>100</td></tr> <tr><td>Dec-22</td><td>400</td><td>100</td></tr> <tr><td>Jan-23</td><td>300</td><td>100</td></tr> <tr><td>Feb-23</td><td>250</td><td>100</td></tr> </tbody> </table>	Month	63-103 days	≥ 104 days	Feb-22	300	250	Mar-22	250	150	Apr-22	300	150	May-22	300	100	Jun-22	250	100	Jul-22	300	100	Aug-22	350	100	Sep-22	400	100	Oct-22	350	100	Nov-22	300	100	Dec-22	400	100	Jan-23	300	100	Feb-23	250	100
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<p>Single Cancer Pathway backlog- patients waiting over 63 days</p>	<p>January 2023 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none"> - Individual meetings 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 and Gynae. - 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 <p>Tracking capacity was increased last year to support data quality</p>	<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>70%</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>75%</td></tr> <tr><td>Oct-22</td><td>51%</td><td>75%</td><td>75%</td></tr> <tr><td>Nov-22</td><td>53%</td><td>75%</td><td>70%</td></tr> <tr><td>Dec-22</td><td>48%</td><td>75%</td><td>70%</td></tr> <tr><td>Jan-23</td><td>50%</td><td>75%</td><td>70%</td></tr> <tr><td>Feb-23</td><td></td><td>75%</td><td>65%</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%	70%	Jun-22	51%	75%	70%	Jul-22	56%	75%	70%	Aug-22	55%	75%	70%	Sep-22	57%	75%	75%	Oct-22	51%	75%	75%	Nov-22	53%	75%	70%	Dec-22	48%	75%	70%	Jan-23	50%	75%	70%	Feb-23		75%	65%	Mar-23		75%	75%																										
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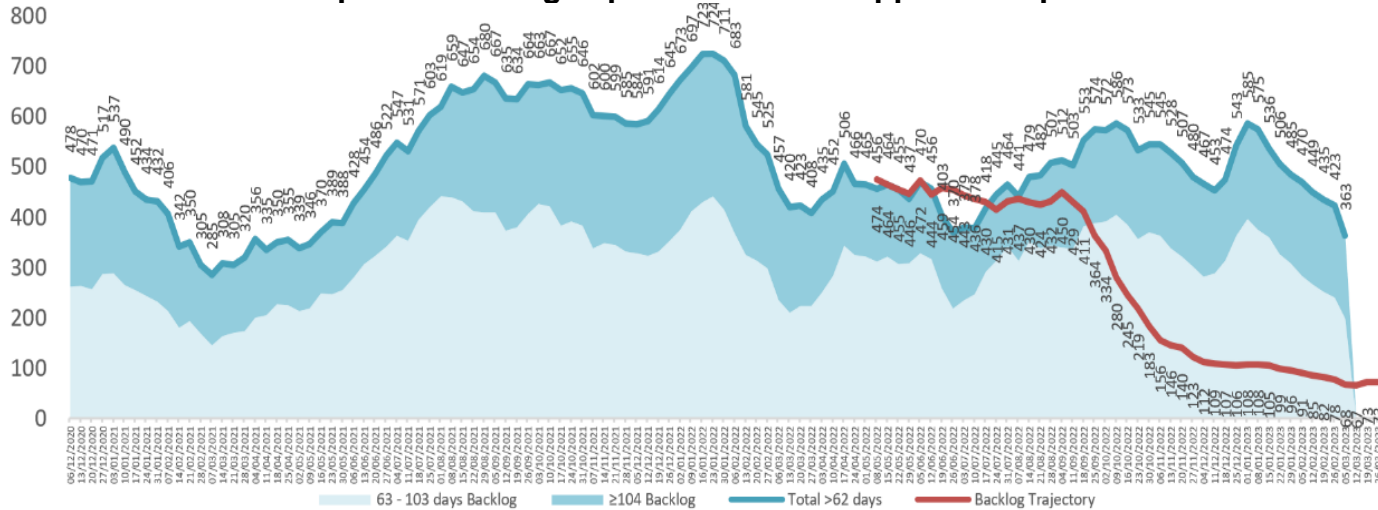
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<p>USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>To date, early March 2023 figures show total wait volumes for first outpatient appointment have increased by 34% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 68% have been booked, which are the same figures seen in the previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – March 2023</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th> <th>26-Feb</th> <th>05-Mar</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>1</td><td>1</td></tr> <tr><td>Breast</td><td>9</td><td>8</td></tr> <tr><td>Children's Cancer</td><td>0</td><td>0</td></tr> <tr><td>Gynaecological</td><td>103</td><td>99</td></tr> <tr><td>Haematological</td><td>4</td><td>6</td></tr> <tr><td>Head and Neck</td><td>111</td><td>121</td></tr> <tr><td>Lower GI</td><td>54</td><td>78</td></tr> <tr><td>Lung</td><td>10</td><td>10</td></tr> <tr><td>Other</td><td>88</td><td>148</td></tr> <tr><td>Sarcoma</td><td>4</td><td>3</td></tr> <tr><td>Skin</td><td>135</td><td>212</td></tr> <tr><td>Upper GI</td><td>37</td><td>42</td></tr> <tr><td>Urological</td><td>41</td><td>72</td></tr> <tr><td></td><td>597</td><td>800</td></tr> </tbody> </table>	FIRST OPA	26-Feb	05-Mar	Acute Leukaemia	0	0	Brain/CNS	1	1	Breast	9	8	Children's Cancer	0	0	Gynaecological	103	99	Haematological	4	6	Head and Neck	111	121	Lower GI	54	78	Lung	10	10	Other	88	148	Sarcoma	4	3	Skin	135	212	Upper GI	37	42	Urological	41	72		597	800
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<p>Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i></p>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>Feb-23</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>31%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>86%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>19%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>69%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>93%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	Feb-23	Scheduled (14 Day Target)	80%	31%	Scheduled (21 Day Target)	100%	86%	Urgent SC (2 Day Target)	80%	19%	Urgent SC (7 Day Target)	100%	69%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	93%	Elective Delay (14 Day Target)	100%	100%	<p>Radiotherapy waiting times</p>																					
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Cancer Services – Performance Escalation Updates

1.SCP performance trajectory



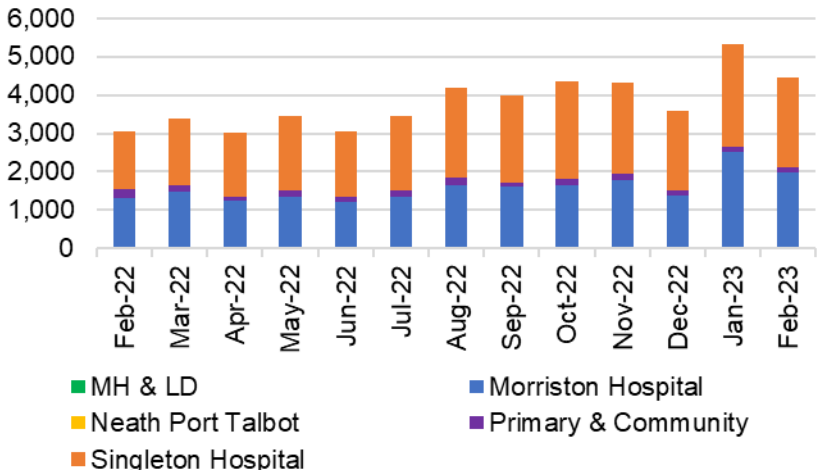
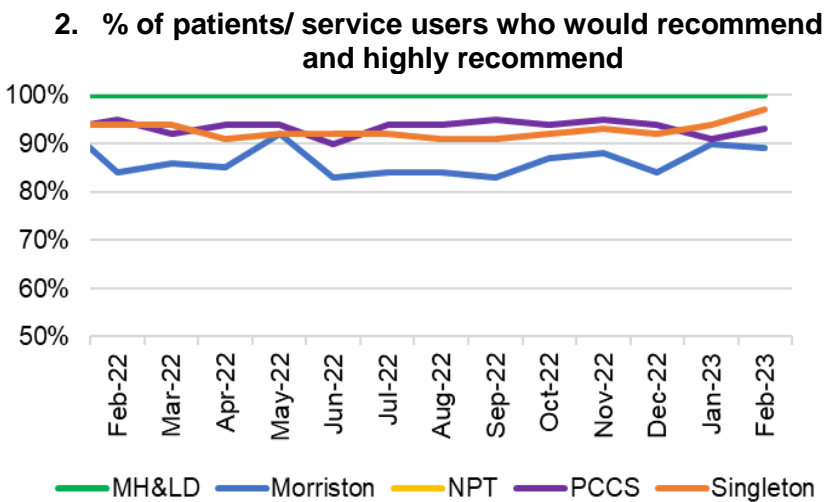
Proposed backlog improvements to support SCP performance



1. The final SCP performance for January 2023 was 50%, which is an improvement on the performance reported in December 2022. Performance continues to stay below the submitted trajectory (74%).
2. Backlog figures have seen a consistent reduction in recent weeks and figures remain above the submitted recovery trajectory. The total backlog at 05/03/2023 was 363.

FOLLOW-UP APPOINTMENTS																																																												
Description	Current Performance	Trend																																																										
<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In February 2023, the overall size of the follow-up waiting list increased by 1,438 patients compared with January 2023 (from 146,632 to 148,070).</p> <p>In February 2023, there was a total of 69,333 patients waiting for a follow-up past their target date. This is a slight in-month increase of 3.3% (from 67,125 in January 2023 to 69,333).</p> <p>Of the 69,333 delayed follow-ups in February 2023, 12,381 had appointment dates and 56,952 were still waiting for an appointment.</p> <p>In addition, 40,146 patients were waiting 100%+ over target date in February 2023. This is a 2.8% increase when compared with January 2023.</p> <p>Actions of Improvement; An internal SBUHB validation is in place to support validation work. Alongside this, Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach. This work has begun and is focussing on services with the longest waits</p>	<p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>Data for Chart 1: Total number of patients waiting for a follow-up</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>140,000</td></tr> <tr><td>Mar-22</td><td>140,000</td></tr> <tr><td>Apr-22</td><td>140,000</td></tr> <tr><td>May-22</td><td>140,000</td></tr> <tr><td>Jun-22</td><td>140,000</td></tr> <tr><td>Jul-22</td><td>140,000</td></tr> <tr><td>Aug-22</td><td>140,000</td></tr> <tr><td>Sep-22</td><td>140,000</td></tr> <tr><td>Oct-22</td><td>140,000</td></tr> <tr><td>Nov-22</td><td>140,000</td></tr> <tr><td>Dec-22</td><td>140,000</td></tr> <tr><td>Jan-23</td><td>146,632</td></tr> <tr><td>Feb-23</td><td>148,070</td></tr> </tbody> </table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>Data for Chart 2: Delayed follow-ups: Number of patients waiting 100% over target</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>30,000</td></tr> <tr><td>Mar-22</td><td>30,000</td></tr> <tr><td>Apr-22</td><td>30,000</td></tr> <tr><td>May-22</td><td>30,000</td></tr> <tr><td>Jun-22</td><td>30,000</td></tr> <tr><td>Jul-22</td><td>30,000</td></tr> <tr><td>Aug-22</td><td>30,000</td></tr> <tr><td>Sep-22</td><td>30,000</td></tr> <tr><td>Oct-22</td><td>30,000</td></tr> <tr><td>Nov-22</td><td>30,000</td></tr> <tr><td>Dec-22</td><td>30,000</td></tr> <tr><td>Jan-23</td><td>30,000</td></tr> <tr><td>Feb-23</td><td>40,146</td></tr> <tr><td>Mar-23</td><td>40,146</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>	Month	Number of patients	Feb-22	140,000	Mar-22	140,000	Apr-22	140,000	May-22	140,000	Jun-22	140,000	Jul-22	140,000	Aug-22	140,000	Sep-22	140,000	Oct-22	140,000	Nov-22	140,000	Dec-22	140,000	Jan-23	146,632	Feb-23	148,070	Month	Number of patients	Feb-22	30,000	Mar-22	30,000	Apr-22	30,000	May-22	30,000	Jun-22	30,000	Jul-22	30,000	Aug-22	30,000	Sep-22	30,000	Oct-22	30,000	Nov-22	30,000	Dec-22	30,000	Jan-23	30,000	Feb-23	40,146	Mar-23	40,146
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PATIENT EXPERIENCE

Description	Current Performance	Trend
<p>Patient experience</p> <p><i>1. Number of friends and family surveys completed</i></p> <p><i>2. Percentage of patients/ service users who would recommend and highly recommend</i></p>	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in February 2023 was 92% and 4,425 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 2,327 surveys in February 2023, with a recommended score of 97%. Morrison Hospital completed 1,951 surveys in February 2023, with a recommended score of 89%. Primary & Community Care completed 147 surveys for February 2023, with a recommended score of 93%. The Mental Health Service Group completed 31 surveys for February 2023, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p>  <p>2. % of patients/ service users who would recommend and highly recommend</p> 

COMPLAINTS

Description	Current Performance	Trend												
<p>Patient concerns</p> <p><i>1. Number of formal complaints received</i></p> <p><i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p>	<p>1. In December 2022, the Health Board received 120 formal complaints; this is a 4% increase on the number seen in November 2022.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 73% in December 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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #c6e0b4;"></th> <th style="background-color: #c6e0b4;">30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td style="text-align: center;">50%</td> </tr> <tr> <td>Morrison Hospital</td> <td style="text-align: center;">81%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td style="text-align: center;">30%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td style="text-align: center;">70%</td> </tr> <tr> <td>Singleton Hospital</td> <td style="text-align: center;">81%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	50%	Morrison Hospital	81%	Mental Health & Learning Disabilities	30%	Primary, Community and Therapies	70%	Singleton Hospital	81%	<p>1. Number of formal complaints received</p> <p>2. Response rate for concerns within 30 days</p>
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6.1 Overview

		Harm from wider societal actions/lockdown														
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU											
					Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Childhood immunisations																
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		96.2%		94.0%		94.8%		95.3%					
	Swansea				95.7%		95.5%		95.0%		94.1%					
	HB Total				95.9%		94.9%		94.9%		94.6%					
% children who received MenB2 vaccine by age 1	NPT	95%	90%		96.5%		94.0%		96.1%		95.9%					
	Swansea				95.3%		93.6%		94.6%		93.3%					
	HB Total				95.8%		93.7%		95.2%		94.3%					
% children who received PCV2 vaccine by age 1	NPT	95%	90%		97.4%		95.3%		97.7%		97.4%					
	Swansea				97.0%		95.8%		96.5%		94.3%					
	HB Total				97.2%		95.7%		96.9%		95.5%					
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		95.8%		93.0%		94.2%		95.3%					
	Swansea				94.6%		93.4%		91.5%		91.8%					
	HB Total				95.1%		93.2%		92.5%		93.2%					
% children who received MMR1 vaccine by age 2	NPT	95%	90%		94.5%		92.8%		96.4%		92.5%					
	Swansea				93.6%		93.8%		93.0%		93.8%					
	HB Total				93.9%		93.4%		94.3%		93.3%					
% children who received PCV3 vaccine by age 2	NPT	95%	90%		93.9%		93.1%		95.5%		91.9%					
	Swansea				92.6%		92.4%		93.0%		93.4%					
	HB Total				93.1%		92.7%		94.0%		92.9%					
% children who received MenB4 vaccine by age 2	NPT	95%	90%		94.2%		92.8%		96.4%		92.5%					
	Swansea				92.8%		92.6%		92.3%		92.5%					
	HB Total				93.3%		92.7%		93.9%		92.5%					
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		93.6%		92.8%		95.2%		92.2%					
	Swansea				93.2%		92.6%		92.3%		92.7%					
	HB Total				93.3%		92.7%		93.4%		92.5%					

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU											
					Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
% children who are up to date in schedule by age 4	NPT	95%	90%		85.9%	84.3%	84.3%	85.3%	81.3%							
	Swansea				86.4%	87.5%	84.8%	82.1%								
	HB Total				86.2%	86.4%	85.0%	81.8%								
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		88.4%	90.7%	90.7%	89.0%								
	Swansea				87.8%	89.4%	89.3%	89.8%								
	HB Total				88.0%	89.9%	89.8%	89.5%								
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		90.1%	90.9%	91.0%	90.0%								
	Swansea				88.7%	89.9%	89.9%	89.4%								
	HB Total				89.2%	90.3%	90.3%	89.6%								
% children who received MMR vaccination by age 16	NPT	95%	90%		92.6%	95.9%	92.3%	92.4%								
	Swansea				90.1%	94.0%	91.4%	90.2%								
	HB Total				91.0%	94.7%	91.7%	91.0%								
% children who received teenage booster by age 16	NPT	90%	85%		89.3%	88.6%	91.6%	87.3%								
	Swansea				89.2%	90.0%	90.5%	89.6%								
	HB Total				89.2%	89.4%	90.9%	88.8%								
% children who received MenACWY vaccine by age 16	NPT	Improve			89.8%	88.3%	92.1%	87.5%								
	Swansea				90.1%	90.1%	90.9%	90.2%								
	HB Total				90.0%	89.4%	91.4%	89.2%								
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU											
Mental Health Services																
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			27%	29%	18%	40%	33%	38%	34%	91%	91%	89%	79%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			24%	36%	23%	23%	22%	42%	27%	27%	83%	65%	56%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			26%	30%	19%	41%	41%	38%	34%	91%	90%	89%	79%	
% 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%			99%	96%	97%	98%	96%	94%	97%	93%	95%	98%	94%	91%
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			67%	78%	51%	51%	38%	61%	35%	43%	36%	27%	35%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			100%	98%	96%	97%	100%	100%	100%	98%	100%	98%	98%	100%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			100%	100%	100%	100%	100%	100%	97%	96%	93%	92%	92%	91%
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			33%	35%	35%	36%	47%	44%	44%	36%	40%	39%	37%	
% 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%			88%	100%	87%	97%	100%	100%	100%	87%	87%	99%	99%	
% 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%			85%	89%	88%	89%	89%	89%	90%	89%	90%	90%	90%	89%

6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																										
Description	Current Performance	Trend																																																																																																																																																																								
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In January 2023, 91% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In January 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in January 2023.</p> <p>4. In January 2023, 91.4% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jan-22</td><td>95%</td><td>75%</td></tr> <tr><td>Feb-22</td><td>95%</td><td>75%</td></tr> <tr><td>Mar-22</td><td>95%</td><td>75%</td></tr> <tr><td>Apr-22</td><td>95%</td><td>75%</td></tr> <tr><td>May-22</td><td>95%</td><td>75%</td></tr> <tr><td>Jun-22</td><td>95%</td><td>75%</td></tr> <tr><td>Jul-22</td><td>95%</td><td>75%</td></tr> <tr><td>Aug-22</td><td>95%</td><td>75%</td></tr> <tr><td>Sep-22</td><td>95%</td><td>75%</td></tr> <tr><td>Oct-22</td><td>95%</td><td>75%</td></tr> <tr><td>Nov-22</td><td>95%</td><td>75%</td></tr> <tr><td>Dec-22</td><td>95%</td><td>75%</td></tr> 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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In December 2022, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 79% of routine assessments were undertaken within 28 days from referral in December 2022 against a target of 80%.</p> <p>3. 35% of therapeutic interventions were started within 28 days following assessment by LPMHSS in December 2022.</p> <p>4. 37% of NDD patients received a diagnostic assessment within 26 weeks in December 2022 against a target of 80%.</p> <p>5. 79% of routine assessments by SCAMHS were undertaken within 28 days in December 2022.</p>	<p align="center">1. Crisis- assessment within 48 hours</p> <p align="center">2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p align="center">4. NDD- assessment within 26 weeks</p> <p align="center">5. S-CAMHS % assessments within 28 days</p>

APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 related	Number of new COVID19 cases*	Local			Feb-23						249
	Number of staff referred for Antigen Testing*	Local			Feb-23						30
	Number of staff awaiting results of COVID19 test*	Local			Feb-23						0
	Number of COVID19 related incidents*	Local			Feb-23						33
	Number of COVID19 related serious incidents*	Local			Feb-23						0
	Number of COVID19 related complaints*	Local			Feb-23						2
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Feb-23						1
	Number of staff self isolated (symptomatic)*	Local			Feb-23						63
	% sickness*	Local			Feb-23						0.5%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Feb-23	594		0			594
	% 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%		Feb-23	62.5%	98.9%				76%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		Feb-23	1,123	2				1,125
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Feb-23	11%					11%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Feb-23	48%					48%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Feb-23	96%					96%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Feb-23	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Feb-23	48%					48%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	20	Feb-23	4	0	4	9	0	17
	Number of S.aureus bacteraemia cases	National		5	Feb-23	8	0	1	2	0	11
	Number of C.difficile cases	National		8	Feb-23	7	0	3	2	0	12
	Number of Klebsiella cases	National		5	Feb-23	5	0	2	1	0	8
	Number of Aeruginosa cases	National		2	Feb-23	2	0	0	0	0	2
	Compliance with hand hygiene audits	Local	95%		Feb-23	92%	100%	-	95%	96%	95%

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Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Jan-23	95.0%					95.0%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Jan-23	22.8%					22.8%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Jan-23	73.1%					73.1%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Jan-23	76.7%					76.7%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Jan-23	75.0%					75.0%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Jan-23	70.9%					70.9%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-21	7.5%					7.5%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		Feb-23	1	0	1	2	1	5
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Feb-23						67%
	Number of Never Events	Local	0		Feb-23	0	0	1	0	0	1
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Jan-23	53	0	11	45	0	109
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Jan-23	3	0	1	4	0	8
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Dec-22						660
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Feb-23	91	21	19	8	37	179
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Jan-23						4.46
Mortality	Crude hospital mortality rate by Delivery Unit (74 years	National	12 month reduction trend		Dec-22	1.48%	0.11%	0.45%			0.73%

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Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	75%		Feb-23 (Draft)						28%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Feb-23	12,754	25	4,478	0		17,257
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Feb-23	21,404	6	7,901	0		30,017
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Feb-23	1,729		4,387			6,116
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Feb-23		31		126	0	157
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Feb-23						148,070
	Number of patients delayed by over 100% past their target date	National	0		Feb-23						40,146
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Feb-23						69,333
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Feb-23						553
Number of patients without a documented clinical review date	Local	0		Feb-23						3	
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Jan-23	1,951	Now reported under Singleton	2,327	147	31	1,951
	% of patients who would recommend and highly recommend	Local	90%	80%	Jan-23	89%		97%	93%	100%	92%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Jan-23	93%		93%	97%		95%
	Number of new complaints received	Local	12 month reduction trend		Nov-22	42	6	36	20	10	120
	% 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%		Nov-22	81%	50%	81%	70%	30%

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Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q3 2022/23						94.6%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q3 2022/23						94.3%
	% children who received PCV2 vaccine by age 1		95%	90%	Q3 2022/23						95.5%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q3 2022/23						93.2%
	% children who received MMR1 vaccine by age 2		95%	90%	Q3 2022/23						93.3%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q3 2022/23						92.9%
	% children who received MenB4 vaccine by age 2		95%	90%	Q3 2022/23						92.5%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q3 2022/23						92.5%
	% children who are up to date in schedule by age 4		95%	90%	Q3 2022/23						81.8%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q3 2022/23						89.5%
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q3 2022/23						89.6%
	% children who received MMR vaccination by age 16		95%	90%	Q3 2022/23						91.0%
	% children who received teenage booster by age 16		90%	85%	Q3 2022/23						88.8%
	% children who received MenACWY vaccine by age 16		Improve		Q3 2022/23						89.2%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Dec-22						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Dec-22						79%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Dec-22						56%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Dec-22						79%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Jan-23					91%	91%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Dec-22						35%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Jan-23					100%	100%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Jan-23					91%	91%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Dec-22						37%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Dec-22						99%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Jan-23					89%	89%	

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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	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
COVID19 related measures	Number of new COVID19 cases	Local	Feb-23	249		Reduce					4,209	4,749	835	286	372	600	217	218	171	171	395	230	249	
	Number of staff referred for Antigen Testing	Local	Feb-23	18,187		Reduce					16,647	16,756	17,158	17,315	17,579	17,878	17,916	17,926	17,934	17,981	18,108	18,157	18,187	
	Number of staff awaiting results of COVID19 test	Local	Feb-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Feb-23	33		Reduce					55	57	83	39	52	91	46	84	61	51	61	34	33	
	Number of COVID19 related serious incidents	Local	Feb-23	0		Reduce					1	0	0	0	0	0	0	1	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Feb-23	2		Reduce					4	10	6	0	4	5	6	11	3	3	0	0	0	2
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Feb-23	1		Reduce					43	87	42	29	28	26	8	5	1	0	0	0	0	1
	Number of staff self isolated (symptomatic)	Local	Feb-23	63		Reduce					204	326	270	125	287	272	121	100	121	124	144	70	63	
% sickness	Local	Feb-23	0.5%		Reduce					1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%		
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	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Feb-23	52%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		54%	48%	53%	56%	57%	56%	55%	49%	50%	46%	41%	52%	52%	
	Number of ambulance handovers over one hour	National	Feb-23	594	0			6,798 (Dec-22)	1st (Dec-22)		678	687	671	538	578	659	705	732	739	744	614	561	594	
	Handover hours lost over 15 minutes	Local	Feb-23	3245							3,110	3,023	3,286	1,892	2,920	2,976	3,870	4,378	4,599	4,456	4,289	3,440	3,245	
	% 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	Feb-23	0%	95%			63.1% (Dec-22)	4th (Dec-22)		72%	71%	73%	74%	72%	69%	70%	73%	71%	70%	65%	74%	76%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Feb-23	0	0			12,099 (Dec-22)	4th (Dec-22)		1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125	
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						81.4%													
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Sep-22	93.0%	12 month ↑			70% (Oct-22)	1st (Oct-22)		89.0%	89.0%	89.0%	90.0%	89.0%	91.0%	93.0%	93.0%						
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Feb-23	11%	54.0%						41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	
	CT Scan (<1hrs) (local)	Local	Feb-23	48%							61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Feb-23	96%							100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	
	Thrombolysis door to needle <= 45 mins	Local	Feb-23	0%							0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	
	% stroke patients who receive mechanical thrombectomy	National	Jan-23	0%	10%			2.1% (Nov-22)	4th (Nov-22)		0.0%	1.7%	1.8%	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	4.0%	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	Feb-23	48%	12 month ↑			50.7% (Nov-22)	4th (Nov-22)		41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%		
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	Feb-23	67.0%	90%	80%					0%	33%	25%	100%	33%	-	0%	-	75%	73%	85%	67%	67%	
	Number of new Never Events	Local		1		0	✘				2	0	0	1	0	1	0	0	0	1	0	0	1	
	Number of risks with a score greater than 20	Local	Jan-23	143		12 month ↓	✘				127	140	140	134	132	128	131	133	134	136	137	141	143	
Pressure Ulcers	Number of risks with a score greater than 16	Local	Jan-23	295		12 month ↓	✘				253	271	276	266	264	259	269	270	268	278	280	290	295	
	Number of pressure ulcers acquired in hospital	Local	Jan-23	64		12 month ↓	✘				53	49	45	58	53	58	54	39	59	69	47	64		
	Number of pressure ulcers developed in the community		Jan-23	45		12 month ↓	✘				38	56	33	39	32	27	50	40	44	45	42	45		
	Total number of pressure ulcers		Jan-23	109		12 month ↓	✘				91	105	78	97	85	85	104	79	103	114	89	109		
	Number of grade 3+ pressure ulcers acquired in hospital		Jan-23	4		12 month ↓	✘				6	5	3	2	3	5	3	0	1	7	8	4		
Number of grade 3+ pressure ulcers acquired in community	Jan-23		4		12 month ↓	✔				15	11	2	10	12	2	11	6	2	7	13	4			
Total number of grade 3+ pressure ulcers	Jan-23	8		12 month ↓	✔				21	16	5	12	15	7	14	6	3	14	21	8				

Harm from overwhelmed NHS and social care system																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/Local Profile	Profile Status	Welsh Average/Total	SBU's all-Wales rank	Performance Trend	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Feb-23	67.9	<67		✗	67.80 (Dec-22)	3rd (Dec-22)		74.6	73.7	96.5	79.6	70.8	68.9	74.5	70.4	69.4	70.0	69.6	68.7	67.9		
	Number of E.Coli bacteraemia cases (Hospital)		Feb-23	9								9	4	13	8	5	3	11	7	12	11	8	8	9	
	Number of E.Coli bacteraemia cases (Community)		Feb-23	8									17	17	18	13	12	18	21	8	10	12	14	12	8
	Total number of E.Coli bacteraemia cases		Feb-23	17									26	21	31	21	17	21	32	15	22	23	22	20	17
	Cumulative cases of S.aureus bacteraemias per 100k pop		Feb-23	38.6	<20		✗	27.76 (Dec-22)	6th (Dec-22)		35.8	35.6	43.6	50.5	41.0	39.8	38.4	39.3	41.0	39.0	39.4	38.4	38.4	38.6	
	Number of S.aureus bacteraemias cases (Hospital)		Feb-23	9									7	7	6	9	7	6	5	8	13	3	10	8	9
	Number of S.aureus bacteraemias cases (Community)		Feb-23	2									3	4	7	9	2	6	6	5	4	5	3	2	2
	Total number of S.aureus bacteraemias cases		Feb-23	11									10	11	13	18	9	12	11	13	17	8	13	10	11
	Cumulative cases of C.difficile per 100k pop		Feb-23	50.6	<25		✗	36.68 (Dec-22)	5th (Dec-22)		49.8	50.1	40.5	36.7	41.0	42.9	47.6	46.9	48.9	50.9	49.6	51.3	50.6		
	Number of C.difficile cases (Hospital)		Feb-23	10									8	12	11	7	7	10	16	11	15	10	8	15	10
	Number of C.difficile cases (Community)		Feb-23	2									5	6	2	4	9	6	6	3	5	11	6	7	2
	Total number of C.difficile cases		Feb-23	12									13	18	13	11	16	16	22	14	20	21	14	22	12
	Cumulative cases of Klebsiella per 100k pop		Feb-23	26.8									24.3	24.0	18.7	21.4	22.6	24.5	25.0	25.5	24.9	26.0	26.1	26.9	26.8
	Number of Klebsiella cases (Hospital)		Feb-23	7									3	4	4	7	6	4	4	1	3	6	5	5	7
	Number of Klebsiella cases (Community)		Feb-23	1									1	3	2	1	2	7	4	9	4	5	3	6	1
	Total number of Klebsiella cases		Feb-23	8						63 Total (Dec-22)	2nd (Dec-22)		4	7	6	8	8	11	8	10	7	11	8	11	8
	Cumulative cases of Aeruginosa per 100k pop		Feb-23	11.2									6.2	6.1	6.2	6.1	8.2	9.2	9.2	10.2	11.3	11.9	11.5	11.6	11.2
	Number of Aeruginosa cases (Hospital)		Feb-23	2									2	0	1	1	3	2	3	4	3	5	1	2	2
Number of Aeruginosa cases (Community)	Feb-23	0									1	2	1	1	1	2	0	1	3	0	2	2	0		
Total number of Aeruginosa cases	Feb-23	2						8 Total (Dec-22)	4th (Dec-22)		3	2	2	2	4	4	3	5	6	5	3	4	2		
Hand Hygiene Audits- compliance with WHO 5 moments		Local	Feb-23	94.8%		95%	✗				96%	93%	96%	96%	98%	96%	90%	97%	96%	96%	95%	97%	95%		
Inpatient Falls	Number of Inpatient Falls	Local	Feb-23	179		12 month ↓	✓				199	209	190	182	172	174	216	175	184	178	184	189	179		
Mortality	Crude hospital mortality rate (74 years of age or less)	National	Jan-23	0.73%		12 month ↓					0.89%	0.88%	0.87%	0.86%	0.85%	0.83%	0.83%	0.81%	0.78%	0.75%	0.74%	0.73%			
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Feb-23	98%		98%	✓				92.3%	96.9%	95.7%	93.9%	93.7%	90.5%	86.2%	87.6%	87.5%	88.2%	97.2%	91.8%	98.3%		
Coding	% of episodes clinically coded within 1 month of discharge	Local	Jan-23	71%		95%	✗				95%	81%	44%	68%	81%	82%	77%	81%	84%	67%	78%	71%			
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Feb-23	64%		100%	✗				65%	63%	60%	66%	64%	63%	69%	70%	66%	71%	62%	64%	64%		
Work force	Agency spend as a % of the total pay bill	National	Dec-22	5.99%		12 month ↓		5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		6.2%	6.6%	4.9%	6.3%	6.2%	6.7%	6.4%	4.9%	6.5%	6.4%	6.0%				
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Feb-23	69%		85%	✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		56%	56%	56%	56%	55%	58%	61%	64%	67%	68%	68%	69%	69%		
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Feb-23	85%		85%	✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		80%	80%	80%	80%	80%	81%	81%	82%	83%	84%	84%	85%	85%		
	% workforce sickness absence (12 month rolling)	National	Jan-23	7.89%		12 month ↓		7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.58%	7.82%	8.11%	8.20%	8.29%	8.46%	8.44%	8.25%	8.08%	7.99%	8.02%	7.89%			

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	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Feb-23	9.9%							10.7%	11.1%	9.8%	10.9%	11.5%	10.4%	10.0%	10.0%	9.6%	9.9%	10.9%	9.7%	9.9%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Feb-23	28.1%	12 month ↑			53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	28.7%	
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Feb-23	31%	80%		✘				14%	13%	14%	5%	18%	2%	10%	5%	18%	19%	26%	32%	31%	
	Scheduled (21 Day Target)	Local	Feb-23	86%	100%		✘				51%	70%	63%	36%	51%	29%	35%	34%	65%	82%	83%	82%	86%	
	Urgent SC (2 Day Target)	Local	Feb-23	19%	80%		✘				27%	9%	27%	13%	22%	18%	11%	31%	33%	17%	37%	31%	19%	
	Urgent SC (7 Day Target)	Local	Feb-23	69%	100%		✘				60%	57%	62%	44%	43%	64%	48%	54%	70%	77%	70%	85%	69%	
	Emergency (within 1 day)	Local	Feb-23	100%	80%		✓				92%	62%	83%	83%	82%	58%	65%	100%	70%	100%	83%	100%	100%	
	Emergency (within 2 days)	Local	Feb-23	100%	100%		✓				100%	85%	100%	100%	88%	92%	90%	100%	100%	100%	100%	100%	100%	
	Elective Delay (7 Day Target)	Local	Feb-23	93%	80%		✓				73%	66%	82%	80%	68%	66%	91%	70%	81%	91%	85%	82%	93%	
	Elective Delay (14 Day Target)	Local	Feb-23	100%	100%		✓				80%	71%	93%	91%	79%	70%	98%	79%	91%	100%	100%	98%	100%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Feb-23	4,408	0%			15,517 (Nov-22)	7th (Nov-22)		3,898	4,191	4,398	4,564	4,449	4,407	4,257	4,205	4,170	4,136	4,289	4,372	4,408	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Feb-23	6,116	0			42,566 (Nov-22)	4th (Nov-22)		6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116	
	Number of patients waiting > 14 weeks for a specified therapy	National	Feb-23	157	0			9,584 (Nov-22)	2nd (Nov-22)		926	820	679	614	609	714	682	755	707	441	527	194	157	
	% of patients waiting < 26 weeks for treatment	National	Feb-23	57%	95%			56% (Nov-22)	6th (Nov-22)		50.1%	50.7%	50.4%	50.4%	50.8%	51.8%	52.0%	52.1%	53.5%	54.4%	54.2%	52.8%	56.9%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Feb-23	17,257	0						25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Feb-23	5,475	0			85,301 (Nov-22)	3rd (Nov-22)		12,337	12,593	13,275	14,071	14,951	15,232	15,122	13,980	12,352	9,774	7,779	6,630	5,475	
	Number of patients waiting > 36 weeks for treatment	National	Feb-23	30,017	0			252,779 (Nov-22)	3rd (Nov-22)		37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031	30,017	
	Number of patients waiting > 104 weeks for treatment	National	Feb-23	6,656	0			49,594 (Nov-22)	5th (Nov-22)		13,104	13,587	13,083	12,670	12,064	11,400	10,960	10,623	10,090	9,048	8,066	7,331	6,656	
	The number of patients waiting for a follow-up outpatient appointment	Local	01/0e2/2023	148,070	HB target							132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	01/0e2/2023	40,146	TBC			224,552 (Nov-22)	5th (Nov-22)		32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Feb-23	65%	95%			64.9% (Nov-22)	1st (Nov-22)		58.5%	59.4%	60.8%	63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	67.1%	69.9%	53.1%	64.6%		
DNAs	% of patients who did not attend a new outpatient appointment	Local	Feb-23	9.2%	12 month ↓						6.4%	6.8%	7.8%	7.5%	8.2%	8.2%	8.0%	7.8%	8.3%	9.5%	11.1%	8.9%	9.2%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Feb-23	7.9%	12 month ↓						6.2%	6.2%	7.8%	7.3%	7.8%	7.7%	7.6%	7.8%	7.7%	8.5%	8.7%	7.8%	7.9%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Feb-23	70.0%			90%				71%	72%	71%	78%	81%	72%	59%	71%	77%	74%	59%	72%	70%	
	% of theatre sessions starting late	Local	Feb-23	39.0%			<25%				43%	39%	39%	46%	43%	40%	36%	37%	40%	35%	39%	35%	39%	
	% of theatre sessions finishing early	Local	Feb-23	45.0%			<20%				43%	45%	47%	43%	43%	46%	43%	48%	45%	44%	46%	44%	45%	
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q1 22/23	280.1	4 quarter ↓			26.9 (Q1 22/23)	6th (Q1 22/23)			279.2			280.1									
	Patients aged 65 years or over prescribed an antipsychotic	National	Q1 22/23	1,439	Quarter on quarter ↓			10,201 (Q1 22/23)	5th (Q4 21/22)			1,451			1,439									
	Opioid average daily quantities per 1,000 patients	National	Q1 22/23	4,289	4 quarter ↓			4348.2 (Q1 22/23)	3rd (Q1 22/23)			4,261			4,289									
	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)															
Patient experience	Number of friends and family surveys completed	Local	Feb-23	4,425	12 month ↑		✓				3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073	4,425	
	% of who would recommend and highly recommend	Local	Feb-23	92%	90%		✓				90%	90%	89%	90%	88%	89%	89%	88%	90%	91%	89%	92%	92%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Feb-23	95%	90%		✓				91%	91%	89%	91%	91%	90%	93%	92%	93%	91%	92%	92%	95%	
Complaints	Number of new formal complaints received	Local	Dec-22	120	12 month trend ↓		✓				139	156	123	176	118	153	124	120	140	113	120			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Dec-22	73%	75%		✘				64%	65%	76%	69%	65%	64%	65%	71%	71%	69%	73%			
	% of acknowledgements sent within 2 working days	Local	Dec-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	99%	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	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23													
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2021/22	31.9%	Annual ↑			36.7% (2021/22)	5th (2021/22)		31.9%																									
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q3 22/23	94.6%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)			95.9%				94.9%				94.9%			94.6%													
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q3 22/23	89.5%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)			88.0%				89.9%				89.8%			89.5%													
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q1 22/23	33.5	4 quarter ↓			383.9 (Q1 22/23)	3rd (Q1 22/23)			352.2				333.5																				
	% of people who have been referred to health board services who have completed treatment for alcohol	National	Q2 22/23	61.9%	4 quarter ↑			68.6% (Q2 22/23)	6th (Q2 22/23)			66.7%				43.6%				61.9%																
Influenza	% uptake of influenza among 65 year olds and over	National	Jan-23	75.6%	75%			78.0% (Mar-22)	3rd (Mar-22)		78.5%	78.5%	Data collection restarts October 2022																							
	% uptake of influenza among under 65s in risk groups	National	Jan-23	42.1%	55%			48.2% (Mar-22)	4th (Mar-22)		48.6%	48.8%																				62.2%	72.4%	74.4%	75.6%	76.0%
	% 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	Jan-23	39.2%	50%			47.6% (Mar-22)	5th (Mar-22)		44.8%	44.6%																				23.6%	34.6%	37.9%	39.2%	39.3%
	% uptake of influenza among healthcare workers	National	Jan-23	40.9%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		53.6%	53.6%																						34.4%	40.9%	40.9%
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Dec-22	100%		100%					100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%														
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Dec-22	37%	80%	80%	✘	31.4% (Nov-22)	3rd (Nov-22)		33%	35%	35%	36%	47%	44%	44%	36%	40%	39%	37%															
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Dec-22	79%	80%	80%	✘	83.2% (Nov-22)	5th (Nov-22)		27%	29%	18%	40%	33%	38%	34%	91%	91%	89%	79%															
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Dec-22	56%	80%	80%	✘	66.8% (Nov-22)	5th (Nov-22)		24%	36%	23%	23%	22%	42%	27%	27%	83%	65%	56%															
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Dec-22	35%	80%	80%	✘	34.4% (Nov-22)	4th (Nov-22)		67%	78%	51%	51%	38%	61%	35%	43%	36%	27%	35%															
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Dec-22	79%	80%	80%	✘				26%	30%	19%	41%	41%	38%	34%	91%	90%	89%	79%															
% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Dec-22	99%		90%	✘	63.8% (Nov-22)	1st (Nov-22)		88%	100%	87%	97%	100%	100%	100%	87%	87%	99%	99%																
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	Jan-23	91%	80%	80%	✓	86.9% (Nov-22)	3rd (Nov-22)		99%	96%	97%	98%	96%	94%	97%	93%	95%	98%	94%	91%														
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jan-23	100%	80%	80%	✓	73.1% (Nov-22)	2nd (Nov-22)		100%	98%	96%	97%	100%	100%	100%	98%	100%	98%	98%	100%														
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jan-23	91%	95%	95%	✘	73.9% (Nov-22)	2nd (Nov-22)		100%	100%	100%	100%	100%	100%	97%	96%	93%	92%	92%	91%														
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jan-23	89%	90%	90%	✘	84.2% (Nov-22)	2nd (Nov-22)		85%	89%	88%	89%	89%	89%	90%	89%	90%	90%	90%	90%	89%													
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	National	Jan-23	95%				95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%													
	% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CHRHTS within 24 hours of admission	National	Jan-23	100%				90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%													
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2021/22	3.56	Annual ↓			3.95 (2021/22)	4th (2021/22)		2021/22 - 3.56																									