



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23rd August 2022	Agenda Item	2.1
Report Title	Integrated Performance Report		
Report Author	Meghann Protheroe, Head of Health Board 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 period (July 2022) 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 Integrated Performance 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>The report format has been altered to align with key areas of focus within the Performance and Finance Committee</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 reduced in July 2022, with 600 new cases being reported in-month. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - ED attendances have increased in July 2022 to 10,925 from 10,649 in June 2022. - The Health Board's performance against the 4-hour measure deteriorated from 71.65% in June 2022 to 69.43% in July 2022. - The number of patients waiting over 12 hours in Accident and Emergency (A&E) increased from 1,388 in June 2022 to 1,429 in July 2022. - The number of emergency admissions has increased in July 2022 to 4,268 from 4,009 in June 2022. 		

	<p><u>Planned Care</u></p> <ul style="list-style-type: none">- July 2022 saw a 0.1% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment.- Additionally, the number of patients waiting over 36 weeks decreased by 2.2% to 38,888.- Referral figures for July 2022 saw a reduction from 13,050 in June 2022 to 12,548 in July 2022.- Therapy waiting times have declined slightly, there are 714 patients waiting over 14 weeks in July 2022 compared with 609 June 2022.- The number of patients waiting over 8 weeks for an Endoscopy has slightly reduced in July 2022 to 4,403 from 4,437 in June 2022. <p><u>Cancer</u></p> <ul style="list-style-type: none">- June 2022 saw 50.6% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears).- The average backlog of patients waiting over 63 days has increased in July 2022 to 464 from 379 in June 2022. <p><u>Mental Health</u></p> <ul style="list-style-type: none">- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in June 2022.- Psychological therapies within 26 weeks continue to be maintained at 100%. <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% June 2022.- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remained at 47% in June 2022 against a target of 80%.			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none">• NOTE the Health Board performance against key measures and targets.• NOTE the inclusion of updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework.• NOTE the recent publication of the new Performance Delivery Framework 2022/23 (previously known as the NHS Delivery Framework)			

	<ul style="list-style-type: none"> • NOTE the inclusion of the submitted Ministerial Priority performance trajectories • NOTE the actions being taken to improve performance: - <ul style="list-style-type: none"> ○ Further detailed demand and capacity work has been undertaken to support the reduction of Stage 1 patients waiting for an outpatient appointment. This has resulted in an improvement of over 4,000 with the number anticipated to be waiting over 52 weeks by the end of December at 9,767 (reduced from 13,916) ○ An SBUHB internal validation team has been established following unsatisfactory validation figures being produced by the external validation team ○ An additional 21 clinic rooms have been opened at Neath Port Talbot Hospital following the refurbishment of Ward G ○ All Outpatient clinic templates continue to be reviewed following the relaxation of social distancing Covid measures ○ Updated Cancer Backlog trajectories have been developed and have been approved ○ Work is ongoing on the development of Enfys ward at Morriston Hospital to enable establishment of Ambulatory Emergency Care Centre by September 2022 ○ Work is ongoing to commission additional theatre sessions in the new financial year (2022-23) ○ Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.
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INTEGRATED 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 Care was due to be published but was delayed due to the COVID19 pandemic. Welsh Government has confirmed that the Single Outcomes Framework will be developed for adoption in 2022/23.

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

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

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

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

Appendix 1 provides an overview of the Health Board's latest performance against the Delivery Framework measures along with key local quality and safety

measures. A number of local COVID-19 specific measures have been included in this iteration of the performance report.

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION:

Members are asked to:

- **NOTE** the Health Board performance against key measures and targets.
- **NOTE** the inclusion of updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework.
- **NOTE** the recent publication of the new Performance Delivery Framework 2022/23 (previously known as the NHS Delivery Framework)
- **NOTE** the inclusion of the submitted Ministerial Priority performance trajectories
- **NOTE** the actions being taken to improve performance: -
 - Further detailed demand and capacity work has been undertaken to support the reduction of Stage 1 patients waiting for an outpatient appointment. This has resulted in an improvement of over 4,000 with the number anticipated to be waiting over 52 weeks by the end of December at 9,767 (reduced from 13,916)
 - An SBUHB internal validation team has been established following unsatisfactory validation figures being produced by the external validation team
 - An additional 21 clinic rooms have been opened at Neath Port Talbot Hospital following the refurbishment of Ward G
 - All Outpatient clinic templates continue to be reviewed following the relaxation of social distancing Covid measures

- Updated Cancer Backlog trajectories have been developed and have been approved
- Work is ongoing on the development of Enfys ward at Morriston Hospital to enable establishment of Ambulatory Emergency Care Centre by September 2022
- Work is ongoing to commission additional theatre sessions in the new financial year (2022-23)
- Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.		
There are no directly related Equality and Diversity implications as a result of this report.		
Financial Implications		
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein.		
Legal Implications (including equality and diversity assessment)		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		
Staffing Implications		

A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

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

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

Report History	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in July 2022. This is a routine monthly report.
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Appendices	Appendix 1: Integrated Performance Report
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Appendix 1- Integrated Performance Report August 2022



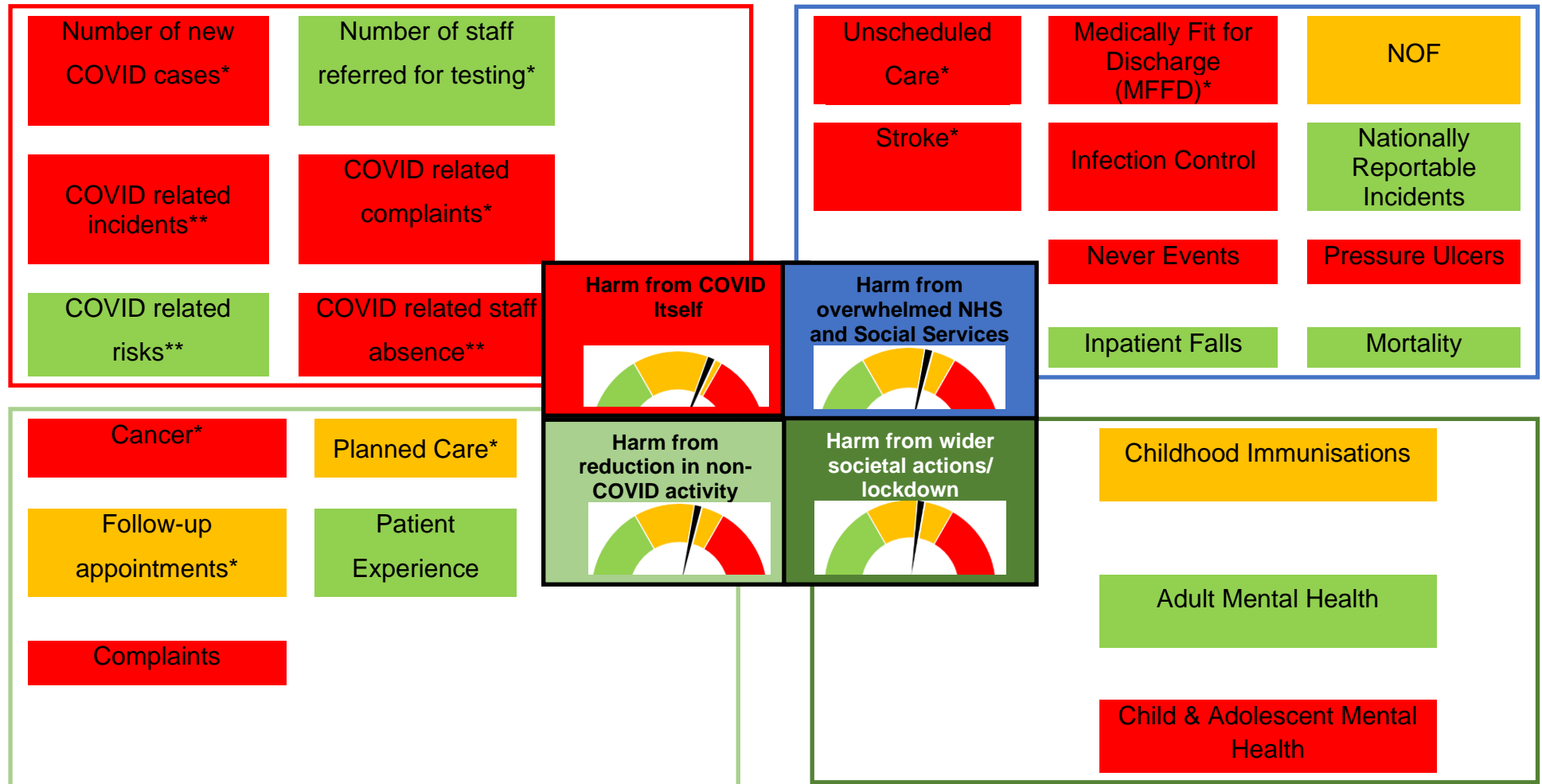
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1. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

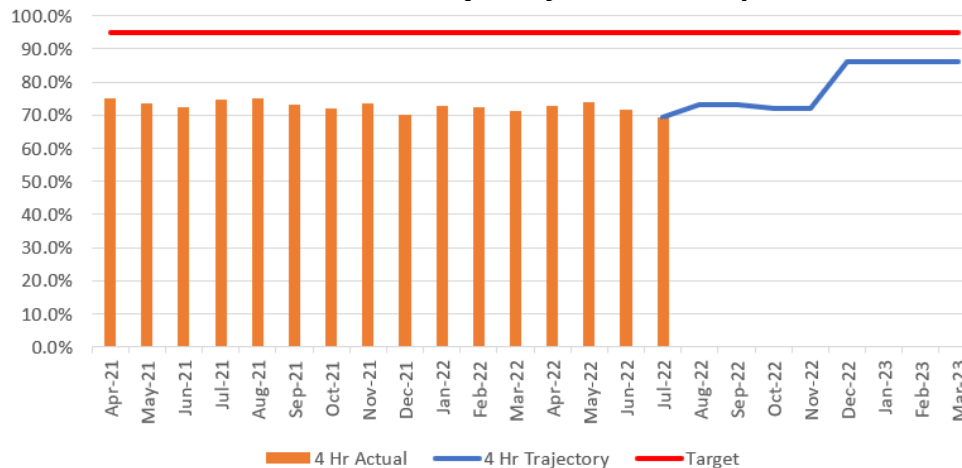
** Data not available

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

2. ESCALATED SERVICE UPDATE TRAJECTORIES

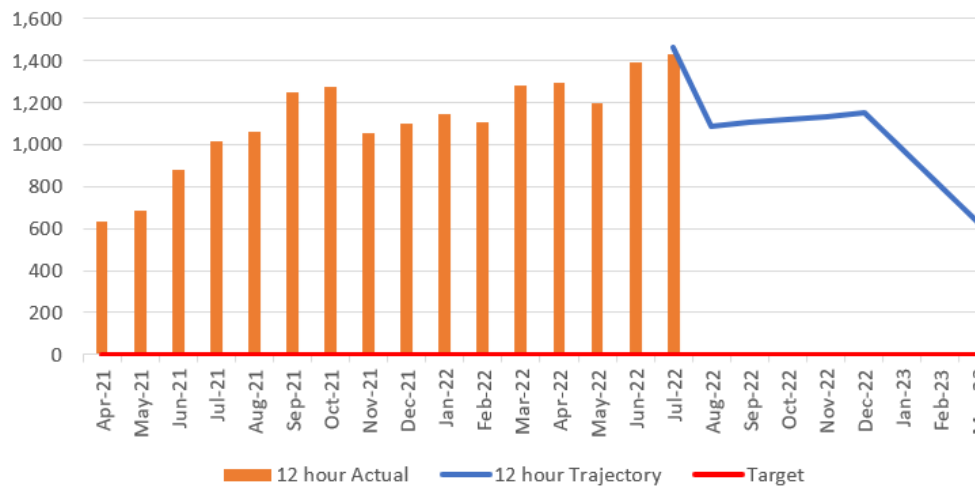
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4-hour access is currently on trajectory for July 2022. ED 4-hour performance has declined by 2.16% in July 2022 to 69.43% from 71.65% in June 2022.

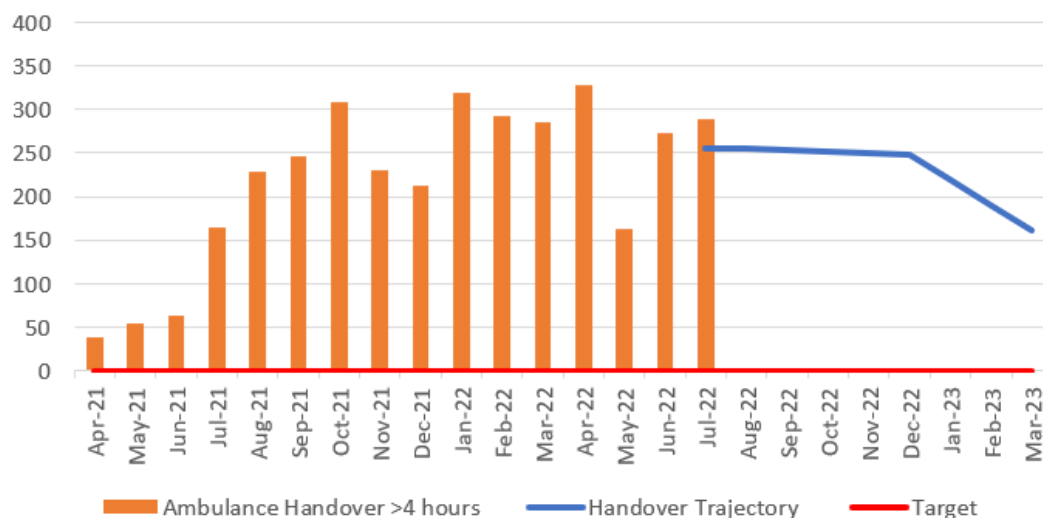
2. Submitted recovery trajectory for A&E 12-hour performance



2. Performance against the 12-hour wait has declined, however it is currently performing slightly better than the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,429 in July 2022 from 1,388 in June 2022.

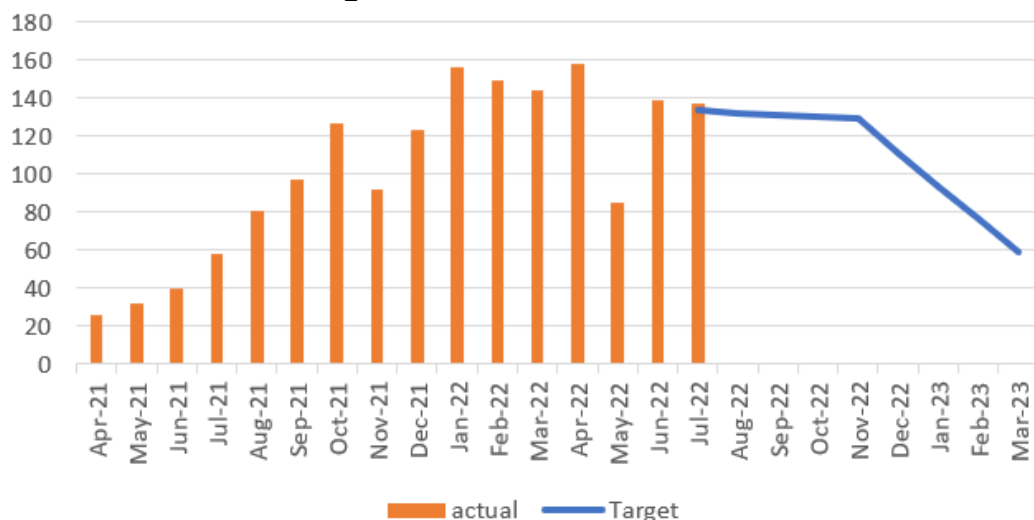
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has seen a continued deterioration in July 2022 with the handover times over four hours increasing to 289 in July 2022 from 273 in June 2022. The figures remain above the outlined trajectory for June 2022 which was 256.

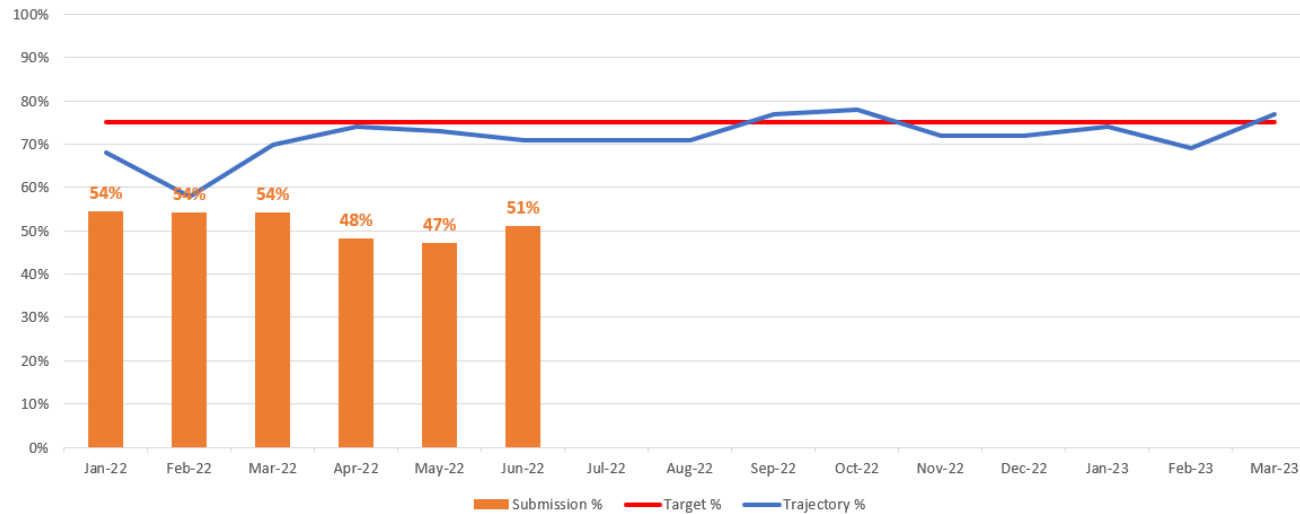
4. Average Ambulance Handover Rate



4. The average ambulance handover rate has been steadily deteriorating in recent months, however July 2022 has seen a minor improvement, bringing the average handover rate down from 139 in June 2022 to 137 in July 2022, which is above the outlined trajectory for July 2022 (134).

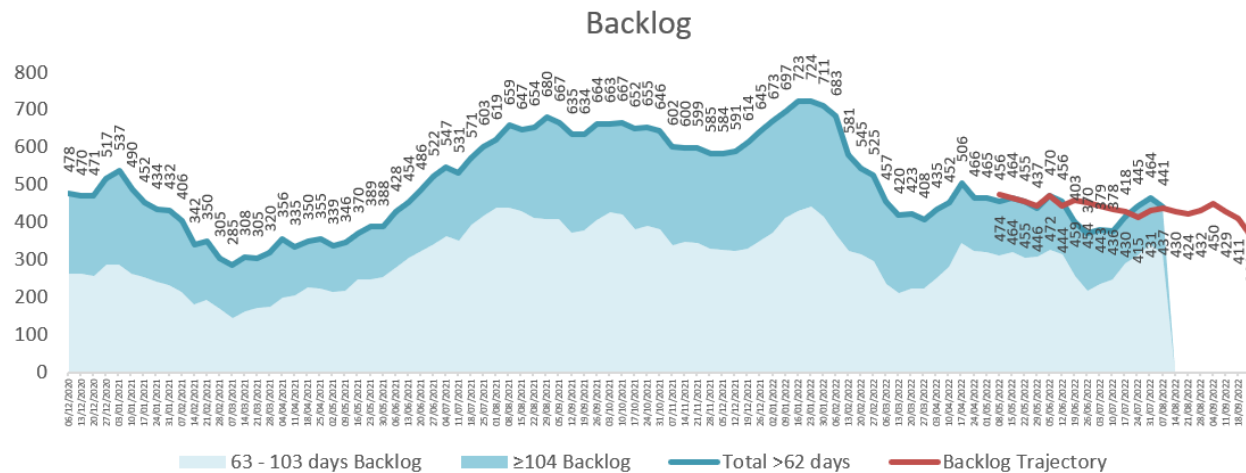
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



1. The final SCP performance for June 2022 was 51%, which is continues to stay below the submitted trajectory, however it is an improvement on the previous months' performance in May 2022.

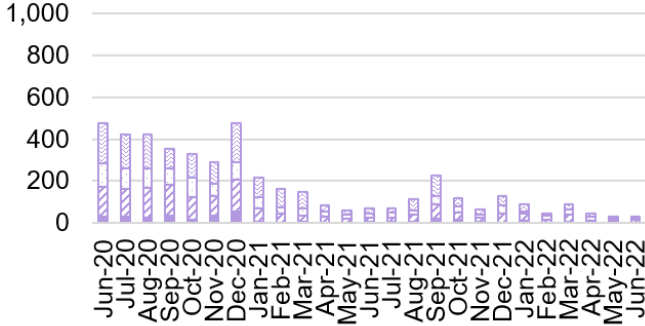
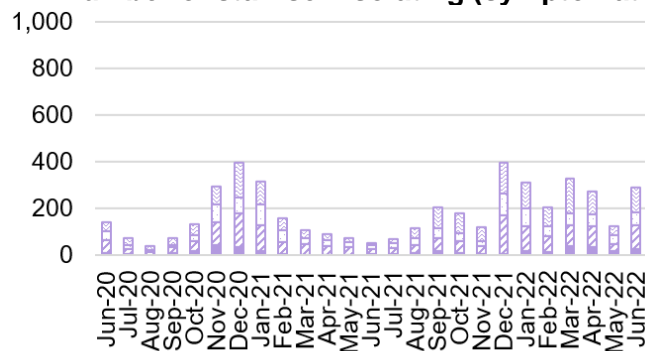
2. Proposed backlog improvements to support SCP performance



2. Backlog figures have seen a slight increase in recent weeks; however figures are beginning to reduce once again and remain in line with the trajectory. The total backlog at 07/08/2022 was 441.

3. UPDATES ON KEY SERVICE AREAS

COVID Data		
Description	Current Performance	Trend
1. Number of new COVID19 cases in Swansea Bay population area	<p>Number of new COVID cases</p> <p>In July 2022, there were an additional 600 positive cases recorded bringing the cumulative total to 118,029 in Swansea Bay since March 2020.</p> <p>Actions to note;</p> <p>In order to support the number of rising cases, SBUHB have reintroduced the need to wear face masks on all sites and have restricted visitation on all sites</p>	<p>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>Staff referred for Antigen testing</p> <p>The cumulative number of staff referred for COVID testing between March 2020 and July 2022 is 17,878 of which 19% have been positive (Cumulative total).</p>	<p>Outcome of staff referred for Antigen testing</p> <p>■ Positive ▨ Negative ▤ In Progress □ Unknown/blank</p>

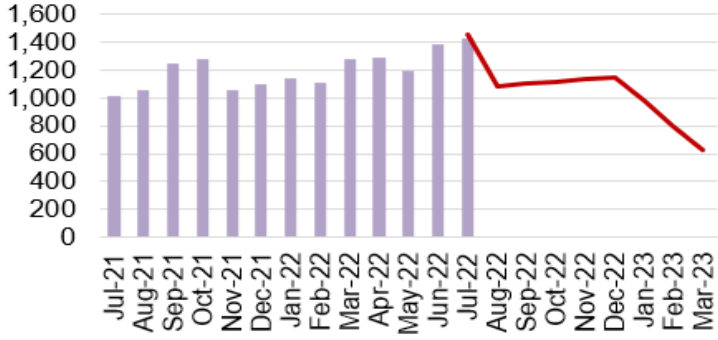
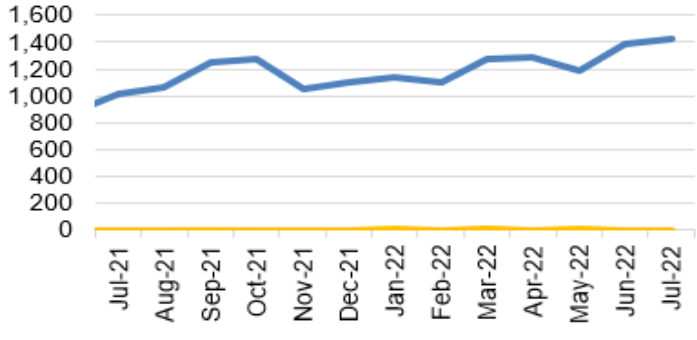
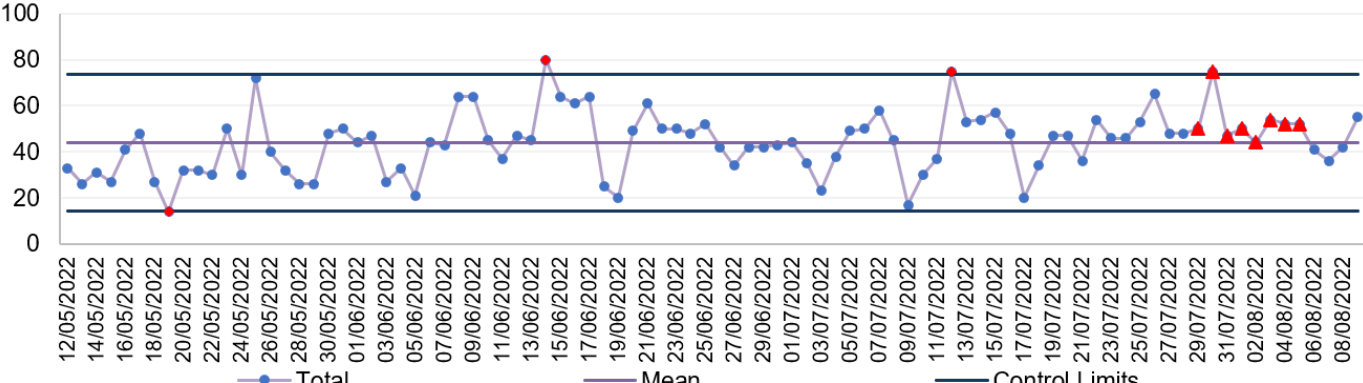
COVID RELATED STAFF ABSENCE																																																																																																
Description	Current Performance			Trend																																																																																												
Staff absence due to COVID19 1. Number of staff self-isolating (asymptomatic) 2. Number of staff self isolating (symptomatic)	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government. 1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between May and June 2022, the number of staff self-isolating (asymptomatic) reduced from 29 to 28 and the number of staff self-isolating (symptomatic) increased from 125 to 287. In June 2022, the Registered Nursing staff group had the largest number of self-isolating staff who are asymptomatic and the "other" staff group were the largest group of symptomatic staff who were isolating. <i>*July 2022 data was not available at the time of publishing this paper*</i>			1. Number of staff self isolating (asymptomatic)  2. Number of staff self isolating (symptomatic) 																																																																																												
	3. % staff sickness % Staff sickness The percentage of staff sickness absence due to COVID19 has increased from 1.2% in May 2022 to 2.4% in June 2022. <i>*July 2022 data was not available at the time of publishing this paper*</i>			% staff sickness <table border="1"> <thead> <tr> <th></th><th>Jun-21</th><th>Jul-21</th><th>Aug-21</th><th>Sep-21</th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th></tr> </thead> <tbody> <tr> <td>Medical</td><td>0.5%</td><td>0.9%</td><td>1.3%</td><td>3.6%</td><td>2.4%</td><td>1.2%</td><td>0.3%</td><td>3.0%</td><td>1.5%</td><td>4.6%</td><td>4.1%</td><td>1.8%</td><td>3.5%</td></tr> <tr> <td>Nursing Reg</td><td>1.1%</td><td>1.4%</td><td>1.8%</td><td>3.1%</td><td>2.2%</td><td>1.3%</td><td>5.3%</td><td>3.4%</td><td>2.0%</td><td>3.1%</td><td>2.4%</td><td>1.1%</td><td>2.8%</td></tr> <tr> <td>Nursing Non Reg</td><td>1.8%</td><td>1.8%</td><td>2.3%</td><td>4.3%</td><td>3.1%</td><td>1.6%</td><td>6.5%</td><td>4.5%</td><td>3.1%</td><td>3.7%</td><td>3.2%</td><td>2.1%</td><td>2.7%</td></tr> <tr> <td>Other</td><td>0.6%</td><td>0.7%</td><td>1.6%</td><td>2.9%</td><td>2.0%</td><td>1.4%</td><td>2.7%</td><td>2.2%</td><td>1.4%</td><td>2.6%</td><td>1.8%</td><td>0.8%</td><td>1.8%</td></tr> <tr> <td>All</td><td>0.9%</td><td>1.1%</td><td>1.7%</td><td>3.2%</td><td>2.3%</td><td>1.4%</td><td>3.9%</td><td>3.0%</td><td>1.8%</td><td>3.1%</td><td>2.3%</td><td>1.2%</td><td>2.4%</td></tr> </tbody> </table>											Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Medical	0.5%	0.9%	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	Nursing Reg	1.1%	1.4%	1.8%	3.1%	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	Nursing Non Reg	1.8%	1.8%	2.3%	4.3%	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	Other	0.6%	0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	All	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%
	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22																																																																																			
Medical	0.5%	0.9%	1.3%	3.6%	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%																																																																																			
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Other	0.6%	0.7%	1.6%	2.9%	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%																																																																																			
All	0.9%	1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%																																																																																			

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
Ambulance responses 1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. 2. The number of ambulance calls by category. 3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)	In July 2022, the number of red calls responded to within 8 minutes saw an in-month reduction to 55.8%. In July 2022, the number of green calls increased by 3%, amber calls increased by 5%, and red calls increased by 36% compared with June 2022.	Ambulance response rates have seen a reduction in performance in July 2022, the establishment of the Ambulatory Emergency Care Centre in September 2022 is anticipated to support future performance improvement.
	Trend	
	<p>1. % of red calls responded to within 8 minutes</p> <p>Legend: Red calls within 8 minutes (SBU HB) (purple bars), Target (red line)</p>	<p>2. Number of ambulance call responses</p> <p>Legend: Red calls (red line), Amber calls (yellow line), Green calls (green line)</p>
	<p>3. % of red calls responded to within 8 minutes – HB total last 90 days</p> <p>Legend: Total (purple line with markers), Mean (horizontal purple line), Control Limits (horizontal blue lines)</p> <p>Symbol Key: ♦ Above or below control limits 8 or more points above or below the mean ▲ Arun of 6 ● increasing or decreasing points </p>	

UNSCHEDULED CARE																																																																																																																																																																																																																		
Description	Current Performance	Actions of Improvement																																																																																																																																																																																																																
Ambulance handovers	In July 2022, there were 659 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 578 in June 2022. In July 2022, 637 handovers over 1 hour were attributed to Morriston Hospital and 22 were attributed to Singleton Hospital.	There has been a further review of the Morriston UEC care improvement plan which has incorporated focussed ambulance handover improvement plans in addition to achieving executive sign off of the Acute Medical Services Redesign business case which seeks to address the key issues surrounding flow in the Emergency Department																																																																																																																																																																																																																
1.The number of ambulance handovers over one hour	The number of handover hours lost over 15 minutes have increased from 2,920 in June 2022 to 2,976 in July 2022.																																																																																																																																																																																																																	
2. The number of ambulance handovers over one hour- Hospital level	Trend																																																																																																																																																																																																																	
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UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
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)	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 July 2022, there were 10,925 A&E attendances, this is 3% higher than June 2022.	There are several admission avoidance schemes in place in order to reduce the number of patients presenting at the A&E department which include; pre-hospital WAST paramedic referral scheme, primary care pathways and pre-hospital contact first.
	Trend	
	<div> <div> 1. Number of A&E attendances- HB total <p>■ Total A&E Attendances (SBU HB)</p> </div> <div> 2. Number of A&E attendances- Hospital level <p>— Morriston — NPTH</p> </div> <div> 3. Number of A&E attendances -HB total last 90 days <p>● Total — Mean — Control Limits</p> <p>Symbol Key: ◆ Above or below control limits ▲ above or below the mean ● Arun of 6 ● increasing or decreasing points </p> </div> </div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E waiting times <i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i> <i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i> <i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i>	<p>The Health Board's performance against the 4-hour measure deteriorated slightly from 71.65% in June 2022 to 69.43% in July 2022.</p> <p>Neath Port Talbot Hospital Minor Injuries Unit (MIU) has dropped slightly below the national target of 95% achieving 93.12% in July 2022. Morriston Hospital's performance declined slightly between June 2022 and July 2022 achieving 53.99% against the target.</p>	<p>Internal flow activities to support reduced occupancy and to improve flow throughout the day have been put in place which include; WAST stack reviews which are undertaken jointly with GP colleagues and APP's from WAST. There is a view to build on this and establish an MDT review of patients waiting a long period of time for ambulance responses with agreement around the best way to manage the patients and reduce the risk of harm</p>
	Trend	
	<div> <div> 1. % Patients waiting under 4 hours in A&E- HB total <p>100% 80% 60% 40% 20% 0%</p> <p>Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23</p> <p>A&E % < 4 hours (SB UHB) Trajectory</p> </div> <div> 2. % Patients waiting under 4 hours in A&E- Hospital level <p>100% 90% 80% 70% 60% 50%</p> <p>Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22</p> <p>Morriston NPTH</p> </div> </div> <div> 3. % Patients waiting under 4 hours in A&E- HB total last 90 days <p>90% 85% 80% 75% 70% 65% 60% 55% 50%</p> <p>12/05/2022 14/05/2022 16/05/2022 18/05/2022 20/05/2022 22/05/2022 24/05/2022 26/05/2022 28/05/2022 30/05/2022 01/06/2022 03/06/2022 05/06/2022 07/06/2022 09/06/2022 11/06/2022 13/06/2022 15/06/2022 17/06/2022 19/06/2022 21/06/2022 23/06/2022 25/06/2022 27/06/2022 29/06/2022 01/07/2022 03/07/2022 05/07/2022 07/07/2022 09/07/2022 11/07/2022 13/07/2022 15/07/2022 17/07/2022 19/07/2022 21/07/2022 23/07/2022 25/07/2022 27/07/2022 29/07/2022 31/07/2022 02/08/2022 04/08/2022 06/08/2022 08/08/2022</p> <p>Total Mean Control Limits</p> <div> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits 8 or more points ▲ above or below the mean Arun of 6 ● increasing or decreasing points </div> </div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E waiting times <i>1.Number of patients who spend 12 hours or more in A&E</i> <i>2.Number of patients who spend 12 hours or more in A&E- Hospital level</i> <i>3.Number of patients who spend 12 hours or more in A&E (last 90 days)</i>	In July 2022, performance against the 12-hour measure declined compared with June 2022, increasing from 1,388 to 1,429. This is an increase of 415 compared to July 2021. 1,427 patients waiting over 12 hours in July 2022 were in Morriston Hospital, with 2 patients waiting over 12 hours in Neath Port Talbot Hospital.	The benefit of the recently established virtual wards has not yet been realised as yet as the full 8 are set to be fully operational from September 2022. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department.
	Trend	
	<div><div><div>1. Number of patients waiting over 12 hours in A&E- HB total</div><div>A&E > 12 hours (SB UHB) Trajectory</div></div><div><div>2. Number of patients waiting over 12 hours in A&E- Hospital level</div><div>Morriston NPTH</div></div><div><div>3. Number of patients waiting over 12 hours in A&E – HB total last 90 days</div><div>Total Mean Control Limits</div><div><div>Symbol Key:</div><div>◆ Above or below control limits</div><div>8 or more points above or below the mean</div><div>▲ Arun of 6</div><div>● increasing or decreasing points</div></div></div></div>	

UNSCHEDULED CARE		
Description		Actions of Improvement
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)	<p>In July 2022, there were 4,268 emergency admissions across the Health Board, which is an increase of 259 from June 2022.</p> <p>Singleton Hospital saw an in-month increase, with 104 more admissions (from 1,046 in June 2022 to 1,150), Morriston Hospital saw an in-month increase from 2,836 admissions in June 2022 to 2,988 admissions in July 2022.</p>	<p>The increased number of emergency admissions is directly linked to the pressure within the system and the reduced flow from ED – this will be addressed by the previously referenced occupancy actions</p>
	Trend	
	<div> <div> 1. Number of emergency admissions- HB total <p>■ Emergency Admissions (SBU HB)</p> </div> <div> 2. Number of emergency admissions- Hospital level <p>— Morriston — Singleton — NPTH</p> </div> <div> 3. Number of emergency admissions- HB total last 90 days <p>● Total — Mean — Control Limits</p> <p>Symbol Key: ♦ Above or below control limits ▲ 8 or more points above or below the mean ● Arun of 6 increasing or decreasing points</p> </div> </div>	

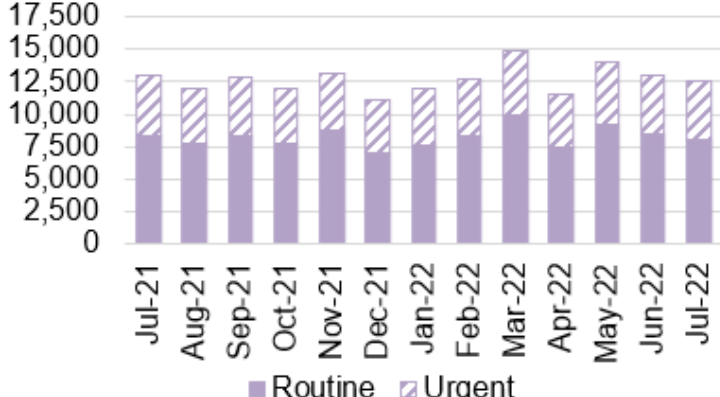
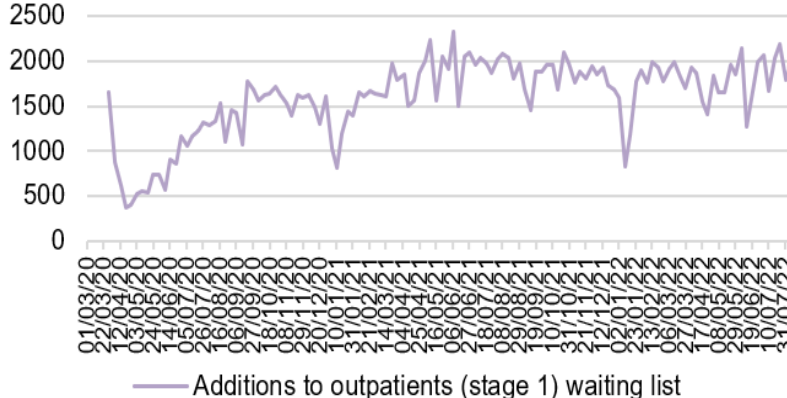
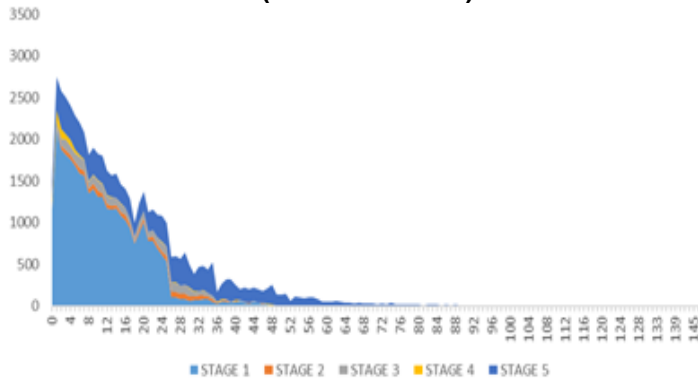
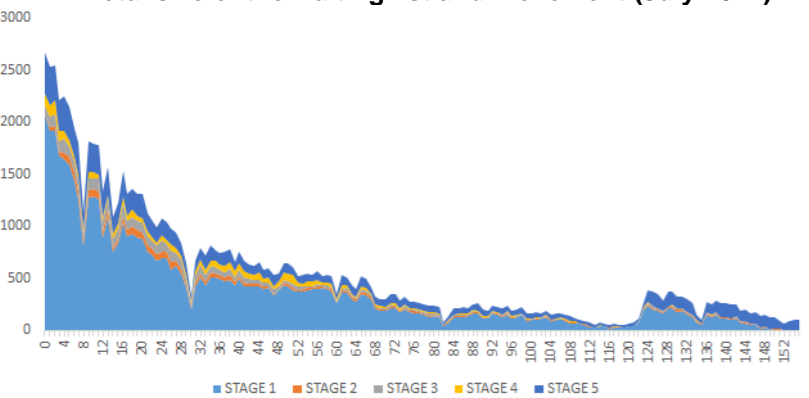
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Critical Care-Delayed Transfers of Care (DTCO)-Morrison Hospital <i>1.Total Critical Care delayed discharges (hours)</i> <i>2. Average lost bed days per day</i> <i>3.Percentage of patients delayed:</i> <i>Up to 8 hours</i> <i>Between 8 and 24 hours</i> <i>Over 24 hours</i>	In July 2022, there were a total of 75 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is a minor increase when compared with 62 admissions in June 2022. July 2022, saw a slight increase in the number of delayed discharge hours from 3781.1 in June 2022 to 4071.2 in July 2022, with the average lost bed days also increasing to 5.47 per day. The percentage of patients delayed over 24 hours decreased from 72.73% in June 2022 to 68.85% in July 2022.	Delayed discharges from ICU are intimately linked to capacity and flow constraints within the general wards and health/social-care system in general. A minor reduction in the current pressures within ED are having a direct impact on discharges from ICU.																																																																																																																
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Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In July 2022, there were on average 288 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In July 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 114, followed by Neath Port Talbot Hospital with 92.</p> <p>Actions of Improvement; Additional pathways have been put in place for increased liaison between local authority services to encourage an increased number of discharges. Community nursing teams are reviewing ways to expand caseloads managed in the community through admission avoidance and earlier discharges.</p>	<p>The number of clinically optimised patients by site</p> <table><caption>Estimated data for Clinically Optimised Patients</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Jul-21</td><td>85</td><td>55</td><td>70</td><td>10</td></tr><tr><td>Aug-21</td><td>90</td><td>60</td><td>70</td><td>15</td></tr><tr><td>Sep-21</td><td>105</td><td>70</td><td>85</td><td>15</td></tr><tr><td>Oct-21</td><td>90</td><td>50</td><td>80</td><td>20</td></tr><tr><td>Nov-21</td><td>115</td><td>60</td><td>80</td><td>15</td></tr><tr><td>Dec-21</td><td>105</td><td>55</td><td>80</td><td>20</td></tr><tr><td>Jan-22</td><td>115</td><td>70</td><td>70</td><td>20</td></tr><tr><td>Feb-22</td><td>125</td><td>70</td><td>90</td><td>15</td></tr><tr><td>Mar-22</td><td>100</td><td>55</td><td>95</td><td>25</td></tr><tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>25</td></tr><tr><td>May-22</td><td>120</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>20</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Jul-21	85	55	70	10	Aug-21	90	60	70	15	Sep-21	105	70	85	15	Oct-21	90	50	80	20	Nov-21	115	60	80	15	Dec-21	105	55	80	20	Jan-22	115	70	70	20	Feb-22	125	70	90	15	Mar-22	100	55	95	25	Apr-22	100	65	85	25	May-22	120	65	90	15	Jun-22	145	60	90	20	Jul-22	115	65	95	20
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Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In July 2022, there were 30 elective procedures cancelled due to lack of beds on the day of surgery. This is 13 more cancellations than in July 2021.</p> <p>29 of the cancelled procedures were attributed to Morriston Hospital, with one attributed to Singleton Hospital.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table><caption>Estimated data for Elective Procedures Cancelled</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jul-21</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Aug-21</td><td>12</td><td>0</td><td>0</td></tr><tr><td>Sep-21</td><td>30</td><td>0</td><td>0</td></tr><tr><td>Oct-21</td><td>50</td><td>0</td><td>0</td></tr><tr><td>Nov-21</td><td>60</td><td>0</td><td>0</td></tr><tr><td>Dec-21</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Jan-22</td><td>18</td><td>0</td><td>0</td></tr><tr><td>Feb-22</td><td>25</td><td>5</td><td>0</td></tr><tr><td>Mar-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Apr-22</td><td>32</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></tbody></table>	Month	Morriston	Singleton	NPTH	Jul-21	15	0	0	Aug-21	12	0	0	Sep-21	30	0	0	Oct-21	50	0	0	Nov-21	60	0	0	Dec-21	35	0	0	Jan-22	18	0	0	Feb-22	25	5	0	Mar-22	35	0	0	Apr-22	32	0	0	May-22	55	0	0	Jun-22	35	0	0	Jul-22	30	0	0														
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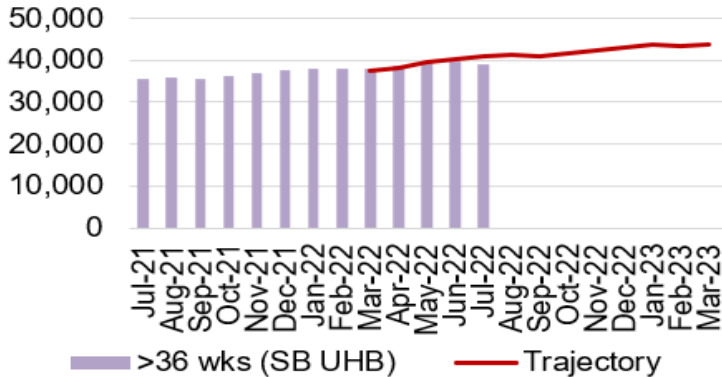
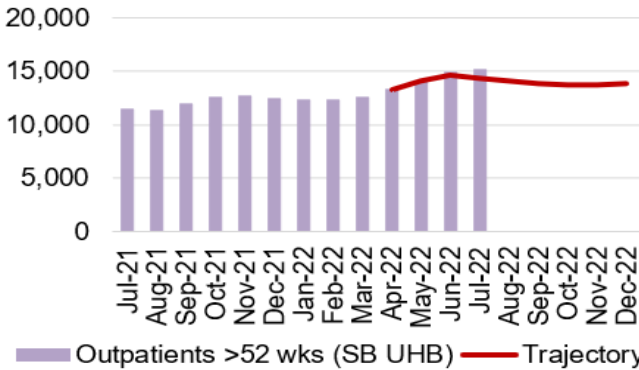
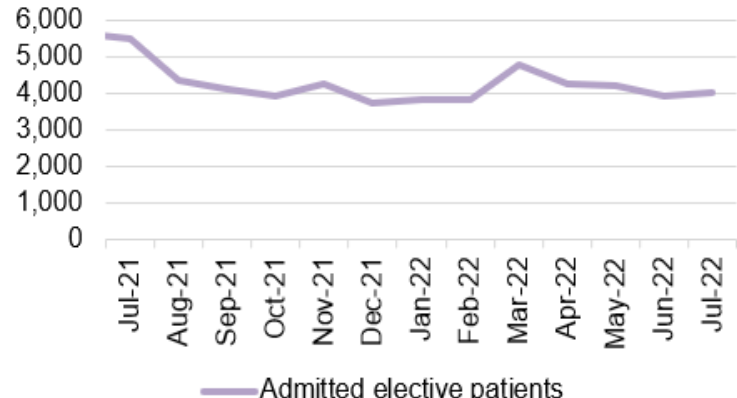
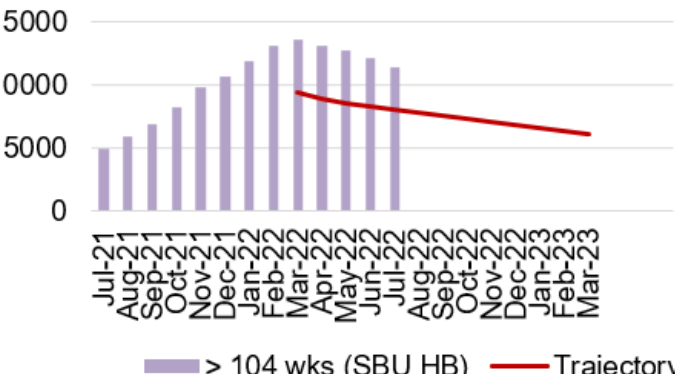
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Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none">21 cases of <i>E. coli</i> bacteraemia were identified in July 2022, of which 3 were hospital acquired and 18 were community acquired.The Health Board total is currently the same as the Welsh Government Profile target of 21 cases for Jul 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table><caption>Number of healthcare acquired E.coli bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases (SBU)</th></tr></thead><tbody><tr><td>Jul-21</td><td>27</td></tr><tr><td>Aug-21</td><td>34</td></tr><tr><td>Sep-21</td><td>21</td></tr><tr><td>Oct-21</td><td>19</td></tr><tr><td>Nov-21</td><td>22</td></tr><tr><td>Dec-21</td><td>17</td></tr><tr><td>Jan-22</td><td>15</td></tr><tr><td>Feb-22</td><td>26</td></tr><tr><td>Mar-22</td><td>21</td></tr><tr><td>Apr-22</td><td>31</td></tr><tr><td>May-22</td><td>21</td></tr><tr><td>Jun-22</td><td>17</td></tr><tr><td>Jul-22</td><td>21</td></tr><tr><td>Aug-22</td><td>0</td></tr><tr><td>Sep-22</td><td>0</td></tr><tr><td>Oct-22</td><td>0</td></tr><tr><td>Nov-22</td><td>0</td></tr><tr><td>Dec-22</td><td>0</td></tr><tr><td>Jan-23</td><td>0</td></tr><tr><td>Feb-23</td><td>0</td></tr><tr><td>Mar-23</td><td>0</td></tr></tbody></table> <p>Number E.Coli cases (SBU) Trajectory</p>	Month	Number of cases (SBU)	Jul-21	27	Aug-21	34	Sep-21	21	Oct-21	19	Nov-21	22	Dec-21	17	Jan-22	15	Feb-22	26	Mar-22	21	Apr-22	31	May-22	21	Jun-22	17	Jul-22	21	Aug-22	0	Sep-22	0	Oct-22	0	Nov-22	0	Dec-22	0	Jan-23	0	Feb-23	0	Mar-23	0
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Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none">There were 12 cases of Staph. aureus bacteraemia in July 2022, of which 6 were hospital acquired and 6 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 6 cases for July 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table><caption>Number of healthcare acquired S.aureus bacteraemia cases (SBU)</caption><thead><tr><th>Month</th><th>Number of cases (SBU)</th></tr></thead><tbody><tr><td>Jul-21</td><td>11</td></tr><tr><td>Aug-21</td><td>12</td></tr><tr><td>Sep-21</td><td>17</td></tr><tr><td>Oct-21</td><td>18</td></tr><tr><td>Nov-21</td><td>4</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>13</td></tr><tr><td>Feb-22</td><td>10</td></tr><tr><td>Mar-22</td><td>11</td></tr><tr><td>Apr-22</td><td>13</td></tr><tr><td>May-22</td><td>18</td></tr><tr><td>Jun-22</td><td>9</td></tr><tr><td>Jul-22</td><td>12</td></tr><tr><td>Aug-22</td><td>0</td></tr><tr><td>Sep-22</td><td>0</td></tr><tr><td>Oct-22</td><td>0</td></tr><tr><td>Nov-22</td><td>0</td></tr><tr><td>Dec-22</td><td>0</td></tr><tr><td>Jan-23</td><td>0</td></tr><tr><td>Feb-23</td><td>0</td></tr><tr><td>Mar-23</td><td>0</td></tr></tbody></table> <p>Number of S.Aureus cases (SBU) Trajectory</p>	Month	Number of cases (SBU)	Jul-21	11	Aug-21	12	Sep-21	17	Oct-21	18	Nov-21	4	Dec-21	9	Jan-22	13	Feb-22	10	Mar-22	11	Apr-22	13	May-22	18	Jun-22	9	Jul-22	12	Aug-22	0	Sep-22	0	Oct-22	0	Nov-22	0	Dec-22	0	Jan-23	0	Feb-23	0	Mar-23	0
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Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 16 <i>Clostridium difficile</i> toxin positive cases in July 2022, of which 10 were hospital acquired and 6 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 8 cases for July 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired C.difficile cases</p> <table><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Jul-21</td><td>23</td></tr><tr><td>Aug-21</td><td>22</td></tr><tr><td>Sep-21</td><td>14</td></tr><tr><td>Oct-21</td><td>15</td></tr><tr><td>Nov-21</td><td>20</td></tr><tr><td>Dec-21</td><td>12</td></tr><tr><td>Jan-22</td><td>14</td></tr><tr><td>Feb-22</td><td>13</td></tr><tr><td>Mar-22</td><td>18</td></tr><tr><td>Apr-22</td><td>13</td></tr><tr><td>May-22</td><td>11</td></tr><tr><td>Jun-22</td><td>16</td></tr><tr><td>Jul-22</td><td>16</td></tr><tr><td>Aug-22</td><td>8</td></tr><tr><td>Sep-22</td><td>9</td></tr><tr><td>Oct-22</td><td>8</td></tr><tr><td>Nov-22</td><td>7</td></tr><tr><td>Dec-22</td><td>8</td></tr><tr><td>Jan-23</td><td>8</td></tr><tr><td>Feb-23</td><td>8</td></tr><tr><td>Mar-23</td><td>7</td></tr></tbody></table> <p>Number of C.diff cases (SBU) Trajectory</p>	Month	Number of C.diff cases (SBU)	Jul-21	23	Aug-21	22	Sep-21	14	Oct-21	15	Nov-21	20	Dec-21	12	Jan-22	14	Feb-22	13	Mar-22	18	Apr-22	13	May-22	11	Jun-22	16	Jul-22	16	Aug-22	8	Sep-22	9	Oct-22	8	Nov-22	7	Dec-22	8	Jan-23	8	Feb-23	8	Mar-23	7
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Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none">There were 11 cases of Klebsiella sp in July 2022, 4 of which were hospital acquired and 7 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 6 cases for July 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Klebsiella cases</p> <table><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Jul-21</td><td>3</td></tr><tr><td>Aug-21</td><td>8</td></tr><tr><td>Sep-21</td><td>11</td></tr><tr><td>Oct-21</td><td>13</td></tr><tr><td>Nov-21</td><td>7</td></tr><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>5</td></tr><tr><td>Feb-22</td><td>4</td></tr><tr><td>Mar-22</td><td>7</td></tr><tr><td>Apr-22</td><td>6</td></tr><tr><td>May-22</td><td>8</td></tr><tr><td>Jun-22</td><td>8</td></tr><tr><td>Jul-22</td><td>11</td></tr><tr><td>Aug-22</td><td>6</td></tr><tr><td>Sep-22</td><td>6</td></tr><tr><td>Oct-22</td><td>6</td></tr><tr><td>Nov-22</td><td>6</td></tr><tr><td>Dec-22</td><td>6</td></tr><tr><td>Jan-23</td><td>6</td></tr><tr><td>Feb-23</td><td>5</td></tr><tr><td>Mar-23</td><td>5</td></tr></tbody></table> <p>Number of Klebsiella cases (SBU) Trajectory</p>	Month	Number of Klebsiella cases (SBU)	Jul-21	3	Aug-21	8	Sep-21	11	Oct-21	13	Nov-21	7	Dec-21	9	Jan-22	5	Feb-22	4	Mar-22	7	Apr-22	6	May-22	8	Jun-22	8	Jul-22	11	Aug-22	6	Sep-22	6	Oct-22	6	Nov-22	6	Dec-22	6	Jan-23	6	Feb-23	5	Mar-23	5
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Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There were 4 cases of <i>P.Aeruginosa</i> in July 2022, 2 of which were hospital acquired, and two were community acquired. The Health Board total is currently above the Welsh Government Profile target of 2 cumulative cases for July 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired 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> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>1</td><td></td></tr> <tr><td>Aug-21</td><td>2</td><td></td></tr> <tr><td>Sep-21</td><td>2</td><td></td></tr> <tr><td>Oct-21</td><td>0</td><td></td></tr> <tr><td>Nov-21</td><td>3</td><td></td></tr> <tr><td>Dec-21</td><td>4</td><td></td></tr> <tr><td>Jan-22</td><td>1</td><td></td></tr> <tr><td>Feb-22</td><td>3</td><td></td></tr> <tr><td>Mar-22</td><td>2</td><td></td></tr> <tr><td>Apr-22</td><td>2</td><td>2</td></tr> <tr><td>May-22</td><td>2</td><td>2</td></tr> <tr><td>Jun-22</td><td>4</td><td>2</td></tr> <tr><td>Jul-22</td><td>4</td><td>2</td></tr> <tr><td>Aug-22</td><td>0</td><td>2</td></tr> <tr><td>Sep-22</td><td>0</td><td>2</td></tr> <tr><td>Oct-22</td><td>0</td><td>1</td></tr> <tr><td>Nov-22</td><td>0</td><td>1</td></tr> <tr><td>Dec-22</td><td>0</td><td>2</td></tr> <tr><td>Jan-23</td><td>0</td><td>2</td></tr> <tr><td>Feb-23</td><td>0</td><td>2</td></tr> <tr><td>Mar-23</td><td>0</td><td>1</td></tr> </tbody> </table> <p>■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Jul-21	1		Aug-21	2		Sep-21	2		Oct-21	0		Nov-21	3		Dec-21	4		Jan-22	1		Feb-22	3		Mar-22	2		Apr-22	2	2	May-22	2	2	Jun-22	4	2	Jul-22	4	2	Aug-22	0	2	Sep-22	0	2	Oct-22	0	1	Nov-22	0	1	Dec-22	0	2	Jan-23	0	2	Feb-23	0	2	Mar-23	0	1
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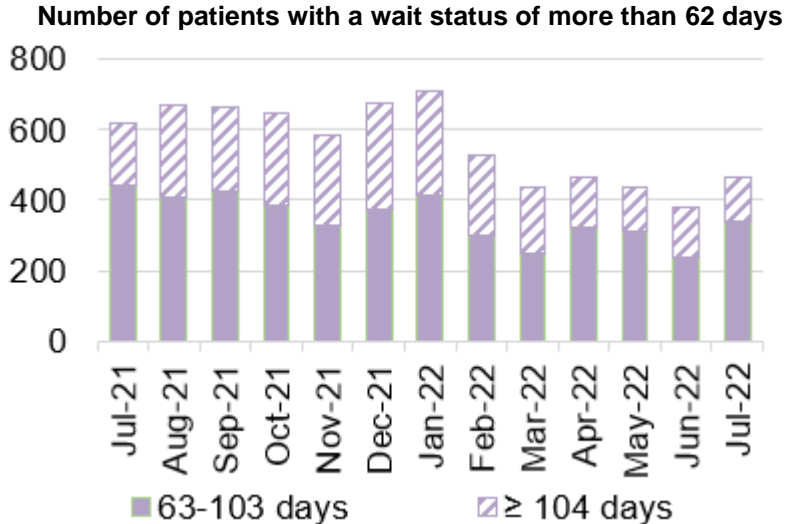
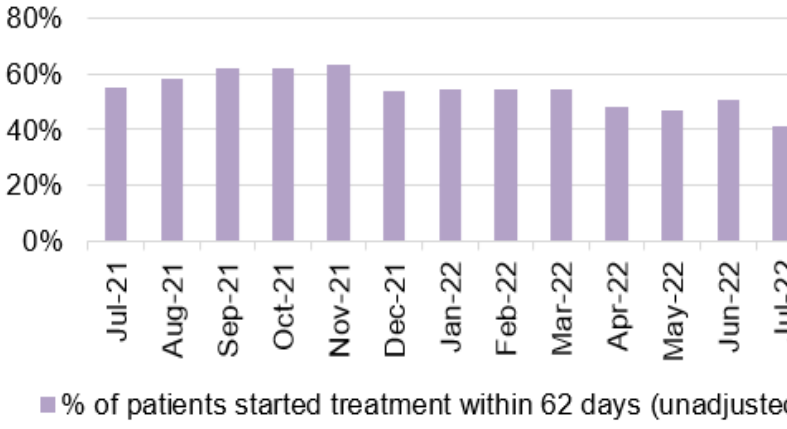
PLANNED CARE		
Description	Current Performance	Actions of Improvement
Referrals and shape of the waiting list 1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at July 2022</i>	<p>July 2022 has seen a reduction in referral figures compared with June 2022 (13,050). Referral rates have continued to rise slowly since December 2021, with 12,548 received in July 2022. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.</p> <p>Trend</p> <p>1. Number of GP referrals received by SBU Health Board</p>  <p>2. Number of stage 1 additions per week</p>  <p>3. Total size of the waiting list and movement (December 2019)</p>  <p>4. Total size of the waiting list and movement (July 2022)</p> 	<p>The number of referrals received has seen a reduction this month, which is showing a sporadic pattern of demand over recent months</p>

PLANNED CARE		
Description	Current Performance	Actions of Improvement
Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. July 2022 saw an in-month reduction of 0.06% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 26,826 in June 2022 to 26,811 in July 2022. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and ENT. Chart 4 shows that the number of attendances has remained steady in recent months despite the impact of the recent Covid wave.</p>	<p>Administrative validation is currently taking place to further cleanse the waiting list position and reduce the number of patients on the waiting list inappropriately. Service Group specific recovery trajectories will be developed to further support recovery</p>
	Trend	
	<p>1. Number of stage 1 over 26 weeks- HB total</p> <p>■ Outpatients > 26 wks (SB UHB)</p> <p>2. Number of stage 1 over 26 weeks- Hospital level</p> <p>— Morriston — Singleton — PCT — NPTH</p> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at July 2022</p> <p>4. Outpatient activity undertaken</p> <p>— New outpatient attendances - - - Follow-up attendances</p>	

PLANNED CARE		
Description	Current Performance	Actions of Improvement
Patients waiting over 36 weeks for treatment 1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total 2. Number of patients waiting more than 52 weeks for treatment at Stage 1 3. Number of elective admissions 4. Number of patients waiting more than 104 weeks for treatment	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 July 2022, there were 38,888 patients waiting over 36 weeks which is a 2.2% in-month reduction from June 2022. 27,681 of the 38,888 were waiting over 52 weeks in July 2022. In July 2022, there were 11,400 patients waiting over 104 weeks for treatment, which is a 6% reduction from June 2022.	Further detailed demand and capacity work has been undertaken to support the reduction of Stage 1 patients waiting for an outpatient appointment. This has resulted in an improvement of over 4,000 with the number anticipated to be waiting over 52 weeks by the end of December at 9,767 (reduced from 13,916)
	Trend	
	1. Number of patients waiting over 36 weeks- HB total 	2. Number of patients waiting over 52 weeks at Stage 1- HB total 
	3. Number of elective admissions 	4. Number of patients waiting over 104 weeks- Hospital level 

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Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In July 2022, 51.8% of patients were waiting under 26 weeks from referral to treatment, which is 1% more than those seen in June 2022.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table><caption>Estimated data for Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PCT</th><th>NPTH</th></tr></thead><tbody><tr><td>Jul-21</td><td>45%</td><td>50%</td><td>55%</td><td>85%</td></tr><tr><td>Aug-21</td><td>45%</td><td>50%</td><td>65%</td><td>80%</td></tr><tr><td>Sep-21</td><td>45%</td><td>50%</td><td>75%</td><td>75%</td></tr><tr><td>Oct-21</td><td>45%</td><td>50%</td><td>75%</td><td>75%</td></tr><tr><td>Nov-21</td><td>45%</td><td>50%</td><td>80%</td><td>70%</td></tr><tr><td>Dec-21</td><td>45%</td><td>50%</td><td>85%</td><td>75%</td></tr><tr><td>Jan-22</td><td>45%</td><td>50%</td><td>80%</td><td>80%</td></tr><tr><td>Feb-22</td><td>45%</td><td>50%</td><td>85%</td><td>80%</td></tr><tr><td>Mar-22</td><td>45%</td><td>50%</td><td>85%</td><td>95%</td></tr><tr><td>Apr-22</td><td>45%</td><td>50%</td><td>90%</td><td>100%</td></tr><tr><td>May-22</td><td>45%</td><td>50%</td><td>100%</td><td>100%</td></tr><tr><td>Jun-22</td><td>45%</td><td>50%</td><td>100%</td><td>100%</td></tr><tr><td>Jul-22</td><td>45%</td><td>51.8%</td><td>85%</td><td>100%</td></tr></tbody></table> <p>— Morriston — Singleton — PCT — NPTH</p>	Month	Morriston	Singleton	PCT	NPTH	Jul-21	45%	50%	55%	85%	Aug-21	45%	50%	65%	80%	Sep-21	45%	50%	75%	75%	Oct-21	45%	50%	75%	75%	Nov-21	45%	50%	80%	70%	Dec-21	45%	50%	85%	75%	Jan-22	45%	50%	80%	80%	Feb-22	45%	50%	85%	80%	Mar-22	45%	50%	85%	95%	Apr-22	45%	50%	90%	100%	May-22	45%	50%	100%	100%	Jun-22	45%	50%	100%	100%	Jul-22	45%	51.8%	85%	100%
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Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In July 2022, 65.6% 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 2021/22.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table><caption>Estimated data for Percentage of ophthalmology R1 patients</caption><thead><tr><th>Month</th><th>% of ophthalmology R1 appointments</th></tr></thead><tbody><tr><td>Jul-21</td><td>60%</td></tr><tr><td>Aug-21</td><td>60%</td></tr><tr><td>Sep-21</td><td>55%</td></tr><tr><td>Oct-21</td><td>60%</td></tr><tr><td>Nov-21</td><td>60%</td></tr><tr><td>Dec-21</td><td>60%</td></tr><tr><td>Jan-22</td><td>60%</td></tr><tr><td>Feb-22</td><td>60%</td></tr><tr><td>Mar-22</td><td>60%</td></tr><tr><td>Apr-22</td><td>60%</td></tr><tr><td>May-22</td><td>65%</td></tr><tr><td>Jun-22</td><td>65%</td></tr><tr><td>Jul-22</td><td>65.6%</td></tr></tbody></table> <p>— % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date. — Target</p>	Month	% of ophthalmology R1 appointments	Jul-21	60%	Aug-21	60%	Sep-21	55%	Oct-21	60%	Nov-21	60%	Dec-21	60%	Jan-22	60%	Feb-22	60%	Mar-22	60%	Apr-22	60%	May-22	65%	Jun-22	65%	Jul-22	65.6%																																										
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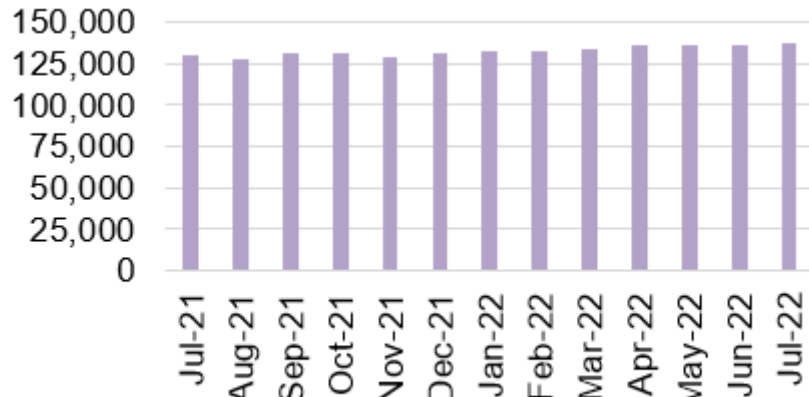
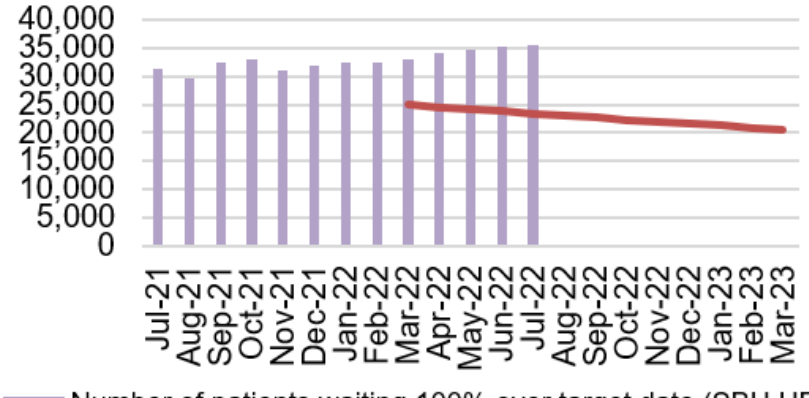
PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In July 2022, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,012 in June 2022 to 6,032.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for July 2022:</p> <ul style="list-style-type: none"> Endoscopy= 4,403 Cardiac tests= 950 Other Diagnostics = 675 <p>Actions of Improvement; Endoscopy waits have reduced this month and the figures are in line with the recently revised trajectory which indicates that the improvements will continue into the financial year. The Endoscopy team have implemented several actions to support future improvement, which include increasing list capacity, increasing insourcing and outsourcing sessions, along with an ongoing clinical validation project.</p>	<p>Number of patients waiting longer than 8 weeks for Endoscopy</p> <p>Legend: Endoscopy >8wks (SBU HB) Trajectory</p>
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In July 2022 there were 714 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in July 2022 are:</p> <ul style="list-style-type: none"> Podiatry = 607 ^ Speech & Language Therapy= 61 Dietetics = 46 ^ <p>Actions of Improvement; Podiatry performance has declined this month and a request has been made to review the current recovery plan to further support performance improvement. Specifically within Nutrition & Dietetics, figures have risen slightly, however the individual teams are reviewing the demand and capacity to support recovery</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <p>Legend: Occ Therapy/ LD (MH), Occ Therapy (exc. MH), Audiology, Speech & Language, Dietetics, Physio, Podiatry</p>

CANCER				
Description	Current Performance		Trend	
Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i>	July 2022 backlog by tumour site:		Number of patients with a wait status of more than 62 days 	
	Tumour Site	63 - 103 days		≥104 days
	Acute Leukaemia	0		0
	Brain/CNS	1		0
	Breast	46		10
	Children's cancer	1		0
	Gynaecological	34		4
	Haematological	6		6
	Head and neck	19		2
	Lower Gastrointestinal	110		39
	Lung	12		13
	Other	2		0
	Sarcoma	1		2
	Skin(c)	21		3
	Upper Gastrointestinal	28		21
	Urological	33		27
	Grand Total	314		127
	Single Cancer Pathway backlog-patients waiting over 63 days	July 2022 has seen a slight increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction; <ul style="list-style-type: none">- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast.- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority- Data quality is currently being reviewed to support the validation of any backlog figures- Work is currently underway to develop a live dashboard for efficient data review of all patients		1. Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion 

CANCER																																																		
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	To date, early August 2022 figures show total wait volumes have increased by 11%.	The number of patients waiting for a first outpatient appointment (by total days waiting) – Early August 2022 <table><tr><th>FIRST OPA</th><th>31-July</th><th>07-Aug</th></tr><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>0</td><td>0</td></tr><tr><td>Children's Cancer</td><td>0</td><td>0</td></tr><tr><td>Gynaecological</td><td>83</td><td>140</td></tr><tr><td>Haematological</td><td>1</td><td>3</td></tr><tr><td>Head and Neck</td><td>80</td><td>70</td></tr><tr><td>Lower GI</td><td>126</td><td>157</td></tr><tr><td>Lung</td><td>8</td><td>5</td></tr><tr><td>Other</td><td>109</td><td>69</td></tr><tr><td>Sarcoma</td><td>1</td><td>1</td></tr><tr><td>Skin</td><td>177</td><td>204</td></tr><tr><td>Upper GI</td><td>59</td><td>75</td></tr><tr><td>Urological</td><td>32</td><td>27</td></tr><tr><td></td><td>677</td><td>751</td></tr></table>	FIRST OPA	31-July	07-Aug	Acute Leukaemia	0	0	Brain/CNS	1	0	Breast	0	0	Children's Cancer	0	0	Gynaecological	83	140	Haematological	1	3	Head and Neck	80	70	Lower GI	126	157	Lung	8	5	Other	109	69	Sarcoma	1	1	Skin	177	204	Upper GI	59	75	Urological	32	27		677	751
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	Of the total number of patients awaiting a first outpatient appointment, 49% have been booked.																																																	

Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.																										
	<table><tr><th>Measure</th><th>Target</th><th>July-22</th></tr><tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>29%</td></tr><tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>98%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>64%</td></tr><tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>97%</td></tr><tr><td>Emergency (within 1 day)</td><td>80%</td><td>92%</td></tr><tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr><tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>75%</td></tr><tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>92%</td></tr></table>	Measure	Target	July-22	Scheduled (21 Day Target)	80%	29%	Scheduled (28 Day Target)	100%	98%	Urgent SC (7 Day Target)	80%	64%	Urgent SC (14 Day Target)	100%	97%	Emergency (within 1 day)	80%	92%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	75%	Elective Delay (28 Day Target)	100%
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FOLLOW-UP APPOINTMENTS																																													
Description	Current Performance	Trend																																											
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	In July 2022, the overall size of the follow-up waiting list increased by 547 patients compared with June 2022 (from 136,435 to 136,982).	1. Total number of patients waiting for a follow-up  <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>Jul-21</td><td>130,000</td></tr><tr><td>Aug-21</td><td>130,000</td></tr><tr><td>Sep-21</td><td>130,000</td></tr><tr><td>Oct-21</td><td>130,000</td></tr><tr><td>Nov-21</td><td>130,000</td></tr><tr><td>Dec-21</td><td>130,000</td></tr><tr><td>Jan-22</td><td>130,000</td></tr><tr><td>Feb-22</td><td>130,000</td></tr><tr><td>Mar-22</td><td>130,000</td></tr><tr><td>Apr-22</td><td>130,000</td></tr><tr><td>May-22</td><td>130,000</td></tr><tr><td>Jun-22</td><td>130,000</td></tr><tr><td>Jul-22</td><td>135,000</td></tr></tbody></table> <p>■ Number of patients waiting for follow-up (SBU HB)</p>	Month	Number of patients	Jul-21	130,000	Aug-21	130,000	Sep-21	130,000	Oct-21	130,000	Nov-21	130,000	Dec-21	130,000	Jan-22	130,000	Feb-22	130,000	Mar-22	130,000	Apr-22	130,000	May-22	130,000	Jun-22	130,000	Jul-22	135,000															
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In July 2022, there was a total of 61,156 patients waiting for a follow-up past their target date. This is a slight in-month increase of 0.1% (from 61,071 in June 2022 to 61,156 in July 2022).	2. Delayed follow-ups: Number of patients waiting 100% over target  <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>Jul-21</td><td>30,000</td></tr><tr><td>Aug-21</td><td>30,000</td></tr><tr><td>Sep-21</td><td>30,000</td></tr><tr><td>Oct-21</td><td>30,000</td></tr><tr><td>Nov-21</td><td>30,000</td></tr><tr><td>Dec-21</td><td>30,000</td></tr><tr><td>Jan-22</td><td>30,000</td></tr><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>30,000</td></tr><tr><td>Mar-23</td><td>30,000</td></tr></tbody></table> <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>	Month	Number of patients	Jul-21	30,000	Aug-21	30,000	Sep-21	30,000	Oct-21	30,000	Nov-21	30,000	Dec-21	30,000	Jan-22	30,000	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	30,000	Mar-23	30,000
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Of the 61,156 delayed follow-ups in July 2022, 11,827 had appointment dates and 49,329 were still waiting for an appointment.																																													
In addition, 35,659 patients were waiting 100%+ over target date in July 2022. This is a 1.6% increase when compared with June 2022.																																													
Actions of Improvement; The contract previously held with the external validation team (Source Group) has been terminated due to poor results from the levels of validation work being undertaken. Initially there had been no uptake from SBUHB staff to undertake additional hours, however more recently interest has been shown and an internal validation team has since been created. Recent validated case figures show a promising impact on the future reduction of the follow up waiting list. Alongside this Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach. This has not yet commenced but it is anticipated to start during September 2022, once the procurement process has been completed.																																													

STROKE																														
Description	Current Performance	Trend																												
Stroke Measures																														
1. % of patients who have a direct admission to an acute stroke unit within 4 hours	1. In July 2022, 4% of patients had a direct admission to an acute stroke unit within 4 hours. This is a reduction on the performance in June 2022 (5%).	<p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <table><caption>% 4 hour admissions (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Jul-21</td><td>15%</td></tr><tr><td>Aug-21</td><td>15%</td></tr><tr><td>Sep-21</td><td>15%</td></tr><tr><td>Oct-21</td><td>10%</td></tr><tr><td>Nov-21</td><td>10%</td></tr><tr><td>Dec-21</td><td>15%</td></tr><tr><td>Jan-22</td><td>10%</td></tr><tr><td>Feb-22</td><td>40%</td></tr><tr><td>Mar-22</td><td>15%</td></tr><tr><td>Apr-22</td><td>10%</td></tr><tr><td>May-22</td><td>20%</td></tr><tr><td>Jun-22</td><td>5%</td></tr><tr><td>Jul-22</td><td>5%</td></tr></tbody></table>	Month	%	Jul-21	15%	Aug-21	15%	Sep-21	15%	Oct-21	10%	Nov-21	10%	Dec-21	15%	Jan-22	10%	Feb-22	40%	Mar-22	15%	Apr-22	10%	May-22	20%	Jun-22	5%	Jul-22	5%
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2. % of patients who received a CT Scan within 1 hour	2. In July 2022, 33% of patients received a CT scan within 1 hour of being admitted, this is 3.1% lower than June 2022	<p>2. % of patients who received a CT Scan within 1 hour</p> <table><caption>% 1 hr CT Scan (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Jul-21</td><td>35%</td></tr><tr><td>Aug-21</td><td>50%</td></tr><tr><td>Sep-21</td><td>35%</td></tr><tr><td>Oct-21</td><td>15%</td></tr><tr><td>Nov-21</td><td>40%</td></tr><tr><td>Dec-21</td><td>35%</td></tr><tr><td>Jan-22</td><td>40%</td></tr><tr><td>Feb-22</td><td>60%</td></tr><tr><td>Mar-22</td><td>45%</td></tr><tr><td>Apr-22</td><td>35%</td></tr><tr><td>May-22</td><td>40%</td></tr><tr><td>Jun-22</td><td>40%</td></tr><tr><td>Jul-22</td><td>35%</td></tr></tbody></table>	Month	%	Jul-21	35%	Aug-21	50%	Sep-21	35%	Oct-21	15%	Nov-21	40%	Dec-21	35%	Jan-22	40%	Feb-22	60%	Mar-22	45%	Apr-22	35%	May-22	40%	Jun-22	40%	Jul-22	35%
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3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours	3. 98% of patients who are assessed by a stroke specialist consultant physician within 24 hours in July 2022, compared with 98% patients being assessed in June 2022	<p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <table><caption>% assess within 24 hrs (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Jul-21</td><td>100%</td></tr><tr><td>Aug-21</td><td>95%</td></tr><tr><td>Sep-21</td><td>95%</td></tr><tr><td>Oct-21</td><td>100%</td></tr><tr><td>Nov-21</td><td>95%</td></tr><tr><td>Dec-21</td><td>95%</td></tr><tr><td>Jan-22</td><td>100%</td></tr><tr><td>Feb-22</td><td>100%</td></tr><tr><td>Mar-22</td><td>100%</td></tr><tr><td>Apr-22</td><td>100%</td></tr><tr><td>May-22</td><td>95%</td></tr><tr><td>Jun-22</td><td>100%</td></tr><tr><td>Jul-22</td><td>100%</td></tr></tbody></table>	Month	%	Jul-21	100%	Aug-21	95%	Sep-21	95%	Oct-21	100%	Nov-21	95%	Dec-21	95%	Jan-22	100%	Feb-22	100%	Mar-22	100%	Apr-22	100%	May-22	95%	Jun-22	100%	Jul-22	100%
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4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	4. In July 2022, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes. Actions of Improvement; The lack of ring fenced beds on all wards across the hospital sites is challenging as bed capacity is limited by the pressures of unscheduled care demand. The lack of dedicated stroke beds is directly impacting the stroke related performance measures. Work is underway to focus on future stroke performance improvement.	<p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p> <table><caption>45 mins thrombosis (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Jul-21</td><td>25%</td></tr><tr><td>Aug-21</td><td>15%</td></tr><tr><td>Sep-21</td><td>0%</td></tr><tr><td>Oct-21</td><td>0%</td></tr><tr><td>Nov-21</td><td>5%</td></tr><tr><td>Dec-21</td><td>5%</td></tr><tr><td>Jan-22</td><td>0%</td></tr><tr><td>Feb-22</td><td>0%</td></tr><tr><td>Mar-22</td><td>0%</td></tr><tr><td>Apr-22</td><td>10%</td></tr><tr><td>May-22</td><td>10%</td></tr><tr><td>Jun-22</td><td>0%</td></tr><tr><td>Jul-22</td><td>0%</td></tr></tbody></table>	Month	%	Jul-21	25%	Aug-21	15%	Sep-21	0%	Oct-21	0%	Nov-21	5%	Dec-21	5%	Jan-22	0%	Feb-22	0%	Mar-22	0%	Apr-22	10%	May-22	10%	Jun-22	0%	Jul-22	0%
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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 June 2022, 96% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In June 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in June 2022.</p> <p>4. In June 2022, 99.5% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>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>Jun-21</td><td>100%</td><td>75%</td></tr> <tr><td>Jul-21</td><td>100%</td><td>75%</td></tr> <tr><td>Aug-21</td><td>100%</td><td>75%</td></tr> <tr><td>Sep-21</td><td>100%</td><td>75%</td></tr> <tr><td>Oct-21</td><td>100%</td><td>75%</td></tr> <tr><td>Nov-21</td><td>100%</td><td>75%</td></tr> <tr><td>Dec-21</td><td>100%</td><td>75%</td></tr> <tr><td>Jan-22</td><td>100%</td><td>75%</td></tr> <tr><td>Feb-22</td><td>100%</td><td>75%</td></tr> <tr><td>Mar-22</td><td>100%</td><td>75%</td></tr> <tr><td>Apr-22</td><td>100%</td><td>75%</td></tr> <tr><td>May-22</td><td>100%</td><td>75%</td></tr> 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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	Current Performance	Trend
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In June 2022, 100% of CAMHS patients received an assessment within 48 hours.	<p>1. Crisis- assessment within 48 hours</p>
2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 22% of routine assessments were undertaken within 28 days from referral in June 2022 against a target of 80%.	<p>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p>
3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 38% of therapeutic interventions were started within 28 days following assessment by LPMHSS in June 2022.	
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 47% of NDD patients received a diagnostic assessment within 26 weeks in June 2022 against a target of 80%.	<p>4. NDD- assessment within 26 weeks</p>
5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 41% of routine assessments by SCAMHS were undertaken within 28 days in June 2022.	<p>5. S-CAMHS % assessments within 28 days</p>

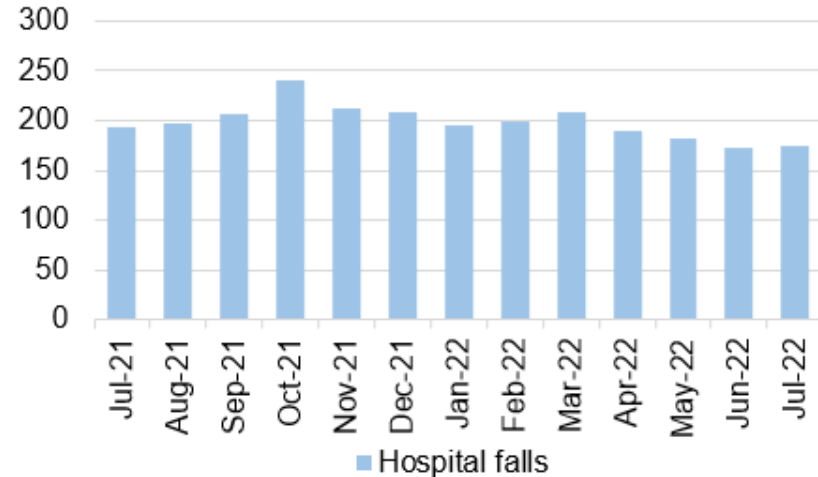
4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES

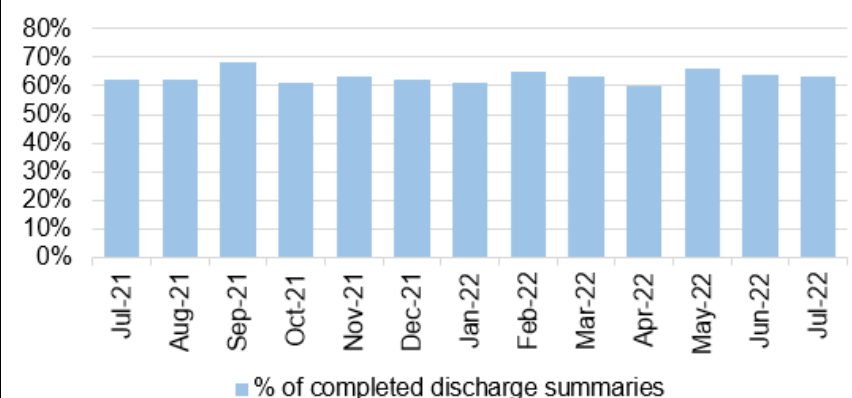
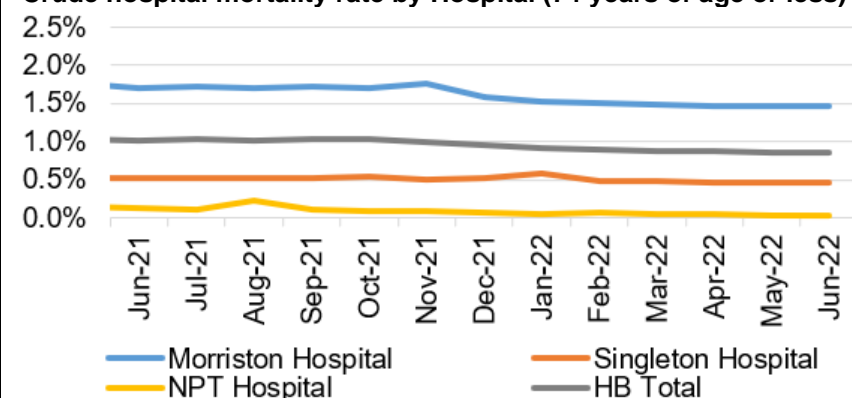
FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	<p>1. Prompt orthogeriatric assessment- In June 2022, 89.4% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In June 2022, 33.3% of patients had surgery the day following presentation with a hip fracture. This is a 26.7% deterioration from June 2021 which was 60%</p> <p>3. NICE compliant surgery- 71.5% of operations were consistent with the NICE recommendations in June 2022. This is 0.5% more than in June 2021. In June 2022, Morriston was above the all-Wales average of 70.6%.</p> <p>4. Prompt mobilisation- In June 2022, 68.9% of patients were out of bed the day after surgery. This is 7.1% less than in June 2021.</p>	<p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p>

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 76.6% of patients were not delirious in the week after their operation in June 2022. This is an improvement of 0.6% compared with June 2021.	<p>5. Not delirious when tested</p> <p>80% 60% 40% 20%</p> <p>Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22</p> <p>Morriston All-Wales Eng, Wal & N. Ire</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 63.8% of patients in June 2022 were discharged back to their original residence. This is 9.2% less than in June 2021.	<p>6. Return to original residence</p> <p>100% 50% 0%</p> <p>Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22</p> <p>Morriston All-Wales Eng, Wal & N. Ire</p>
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p> <p>9% 8% 7% 6% 5%</p> <p>Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21</p> <p>Morriston All-Wales Eng, Wal & N. Ire</p>

PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admissions</i>	<p>1. In June 2022 there were 85 cases of healthcare acquired pressure ulcers, 32 of which were community acquired and 53 were hospital acquired.</p> <p>There were 15 grade 3+ pressure ulcers in June 2022, of which 12 were community acquired and 3 were hospital acquired.</p>	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table><caption>Estimated data from the chart</caption><thead><tr><th>Month</th><th>Community PU</th><th>Hospital PU</th><th>Rate per 100,000</th></tr></thead><tbody><tr><td>Jun-21</td><td>75</td><td>55</td><td>800</td></tr><tr><td>Jul-21</td><td>90</td><td>60</td><td>900</td></tr><tr><td>Aug-21</td><td>85</td><td>55</td><td>850</td></tr><tr><td>Sep-21</td><td>105</td><td>65</td><td>950</td></tr><tr><td>Oct-21</td><td>75</td><td>45</td><td>750</td></tr><tr><td>Nov-21</td><td>75</td><td>45</td><td>750</td></tr><tr><td>Dec-21</td><td>110</td><td>55</td><td>850</td></tr><tr><td>Jan-22</td><td>90</td><td>65</td><td>900</td></tr><tr><td>Feb-22</td><td>90</td><td>55</td><td>800</td></tr><tr><td>Mar-22</td><td>105</td><td>50</td><td>800</td></tr><tr><td>Apr-22</td><td>75</td><td>45</td><td>750</td></tr><tr><td>May-22</td><td>95</td><td>60</td><td>821</td></tr><tr><td>Jun-22</td><td>85</td><td>55</td><td>760</td></tr></tbody></table> <p>■ Pressure Ulcers (Community) ▨ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>	Month	Community PU	Hospital PU	Rate per 100,000	Jun-21	75	55	800	Jul-21	90	60	900	Aug-21	85	55	850	Sep-21	105	65	950	Oct-21	75	45	750	Nov-21	75	45	750	Dec-21	110	55	850	Jan-22	90	65	900	Feb-22	90	55	800	Mar-22	105	50	800	Apr-22	75	45	750	May-22	95	60	821	Jun-22	85	55	760
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	<p>2. The rate per 100,000 admissions reduced from 821 in May 2022 to 760 in June 2022.</p>																																																									

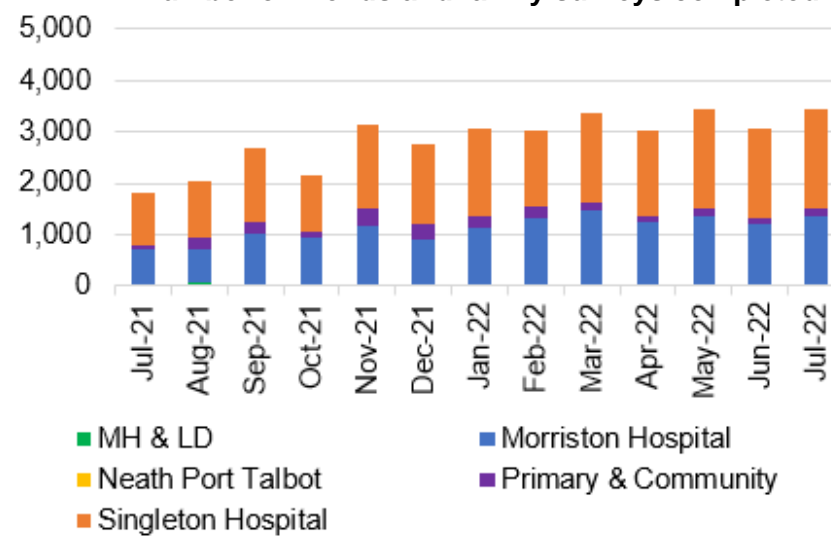
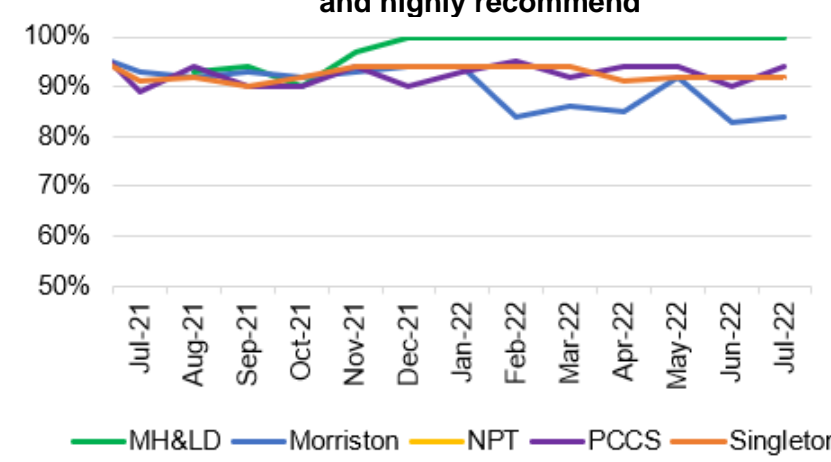
NATIONALLY REPORTABLE INCIDENTS																																												
Description	Current Performance	Trend																																										
Nationally Reportable Incidents (NRI's)- <i>1. The number of Nationally reportable incidents</i> <i>2. The number of Never Events</i> <i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 1 Nationally Reportable Incidents for the month of July 2022 to Welsh Government. The Service Group breakdown is as follows; - Morriston – 1	1. and 2. Number of nationally reportable incidents and never events <table><tr><th>Month</th><th>Number of nationally reportable incidents</th><th>Number of never events</th></tr><tr><td>Jul-21</td><td>1</td><td>0</td></tr><tr><td>Aug-21</td><td>5</td><td>0</td></tr><tr><td>Sep-21</td><td>5</td><td>0</td></tr><tr><td>Oct-21</td><td>4</td><td>0</td></tr><tr><td>Nov-21</td><td>8</td><td>0</td></tr><tr><td>Dec-21</td><td>2</td><td>0</td></tr><tr><td>Jan-22</td><td>5</td><td>0</td></tr><tr><td>Feb-22</td><td>4</td><td>0</td></tr><tr><td>Mar-22</td><td>7</td><td>0</td></tr><tr><td>Apr-22</td><td>1</td><td>0</td></tr><tr><td>May-22</td><td>8</td><td>0</td></tr><tr><td>Jun-22</td><td>2</td><td>0</td></tr><tr><td>Jul-22</td><td>2</td><td>0</td></tr></table>	Month	Number of nationally reportable incidents	Number of never events	Jul-21	1	0	Aug-21	5	0	Sep-21	5	0	Oct-21	4	0	Nov-21	8	0	Dec-21	2	0	Jan-22	5	0	Feb-22	4	0	Mar-22	7	0	Apr-22	1	0	May-22	8	0	Jun-22	2	0	Jul-22	2	0
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Jul-22	2	0																																										
2. There was one new Never Event reported in July 2022		3. % of nationally reportable incidents closed within the agreed timescales <table><tr><th>Month</th><th>% NRI's assured</th><th>Target</th></tr><tr><td>Jun-21</td><td>0%</td><td>80%</td></tr><tr><td>Jul-21</td><td>33%</td><td>80%</td></tr><tr><td>Aug-21</td><td>0%</td><td>80%</td></tr><tr><td>Sep-21</td><td>0%</td><td>80%</td></tr><tr><td>Oct-21</td><td>0%</td><td>80%</td></tr><tr><td>Nov-21</td><td>0%</td><td>80%</td></tr><tr><td>Dec-21</td><td>0%</td><td>80%</td></tr><tr><td>Jan-22</td><td>25%</td><td>80%</td></tr><tr><td>Feb-22</td><td>0%</td><td>80%</td></tr><tr><td>Mar-22</td><td>33%</td><td>80%</td></tr><tr><td>Apr-22</td><td>25%</td><td>80%</td></tr><tr><td>May-22</td><td>100%</td><td>80%</td></tr><tr><td>Jun-22</td><td>33%</td><td>80%</td></tr></table>	Month	% NRI's assured	Target	Jun-21	0%	80%	Jul-21	33%	80%	Aug-21	0%	80%	Sep-21	0%	80%	Oct-21	0%	80%	Nov-21	0%	80%	Dec-21	0%	80%	Jan-22	25%	80%	Feb-22	0%	80%	Mar-22	33%	80%	Apr-22	25%	80%	May-22	100%	80%	Jun-22	33%	80%
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3. In July 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 33%. <i>*July data not available at time of publishing*</i>																																												

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 174 in July 2022. This is 10% less than July 2021 where 193 falls were recorded.	<div><p>Number of inpatient Falls</p><table><caption>Number of inpatient Falls (Estimated Data)</caption><thead><tr><th>Month</th><th>Number of Falls</th></tr></thead><tbody><tr><td>Jul-21</td><td>190</td></tr><tr><td>Aug-21</td><td>195</td></tr><tr><td>Sep-21</td><td>205</td></tr><tr><td>Oct-21</td><td>240</td></tr><tr><td>Nov-21</td><td>210</td></tr><tr><td>Dec-21</td><td>205</td></tr><tr><td>Jan-22</td><td>190</td></tr><tr><td>Feb-22</td><td>195</td></tr><tr><td>Mar-22</td><td>205</td></tr><tr><td>Apr-22</td><td>185</td></tr><tr><td>May-22</td><td>175</td></tr><tr><td>Jun-22</td><td>165</td></tr><tr><td>Jul-22</td><td>174</td></tr></tbody></table><p>■ Hospital falls</p></div>	Month	Number of Falls	Jul-21	190	Aug-21	195	Sep-21	205	Oct-21	240	Nov-21	210	Dec-21	205	Jan-22	190	Feb-22	195	Mar-22	205	Apr-22	185	May-22	175	Jun-22	165	Jul-22	174
Month	Number of Falls																													
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Jul-22	174																													

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 July 2022, the percentage of completed discharge summaries was 63%.</p> <p>In July 2022, compliance ranged from 50% in Neath Port Talbot Hospital to 90% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p>  <table><caption>% of completed discharge summaries</caption><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Jul-21</td><td>62%</td></tr><tr><td>Aug-21</td><td>62%</td></tr><tr><td>Sep-21</td><td>68%</td></tr><tr><td>Oct-21</td><td>62%</td></tr><tr><td>Nov-21</td><td>64%</td></tr><tr><td>Dec-21</td><td>62%</td></tr><tr><td>Jan-22</td><td>61%</td></tr><tr><td>Feb-22</td><td>65%</td></tr><tr><td>Mar-22</td><td>64%</td></tr><tr><td>Apr-22</td><td>60%</td></tr><tr><td>May-22</td><td>66%</td></tr><tr><td>Jun-22</td><td>64%</td></tr><tr><td>Jul-22</td><td>63%</td></tr></tbody></table>	Month	% of completed discharge summaries	Jul-21	62%	Aug-21	62%	Sep-21	68%	Oct-21	62%	Nov-21	64%	Dec-21	62%	Jan-22	61%	Feb-22	65%	Mar-22	64%	Apr-22	60%	May-22	66%	Jun-22	64%	Jul-22	63%																																										
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Description	Current Performance	Trend																																																																						
Crude Mortality Rate	<p>June 2022 reports the crude mortality rate for the Health Board at 0.85%, which is 0.01% lower than May 2022.</p> <p>A breakdown by Hospital for June 2022:</p> <ul style="list-style-type: none">• Morriston – 1.47%• Singleton – 0.46%• NPT – 0.04%	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p>  <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Jun-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Jul-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Aug-21</td><td>1.7%</td><td>0.5%</td><td>0.2%</td><td>1.0%</td></tr><tr><td>Sep-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Oct-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Nov-21</td><td>1.8%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Dec-21</td><td>1.6%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jan-22</td><td>1.5%</td><td>0.6%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Feb-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Mar-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Apr-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>May-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jun-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.85%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jun-21	1.7%	0.5%	0.1%	1.0%	Jul-21	1.7%	0.5%	0.1%	1.0%	Aug-21	1.7%	0.5%	0.2%	1.0%	Sep-21	1.7%	0.5%	0.1%	1.0%	Oct-21	1.7%	0.5%	0.1%	1.0%	Nov-21	1.8%	0.5%	0.1%	1.0%	Dec-21	1.6%	0.5%	0.1%	0.9%	Jan-22	1.5%	0.6%	0.1%	0.9%	Feb-22	1.5%	0.5%	0.1%	0.9%	Mar-22	1.5%	0.5%	0.1%	0.9%	Apr-22	1.5%	0.5%	0.1%	0.9%	May-22	1.5%	0.5%	0.1%	0.9%	Jun-22	1.5%	0.5%	0.1%	0.85%
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WORKFORCE																		
Description	Current Performance	Trend																
Staff sickness rates- <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none"> Our in-month sickness performance improved from 7.4% in May 2022 to 7.91% in June 2022. The 12-month rolling performance deteriorated slightly from 8.2% in May 2022 to 8.29% in June 2022. The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in June 2022. 	<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)</p> <p>— % sickness rate (12 month rolling) —●— % sickness rate (in-month) — Trajectory (12 month rolling)</p>																
	<table border="1"> <thead> <tr> <th>Absence Reason</th><th>FTE Days Lost</th><th>%</th></tr> </thead> <tbody> <tr> <td>Anxiety/ stress/ depression/ other psychiatric illnesses</td><td>6,547.29</td><td>23.8%</td></tr> <tr> <td>Infectious diseases</td><td>5,266.87</td><td>19.1%</td></tr> <tr> <td>Other known causes – not elsewhere classified</td><td>2,296.03</td><td>8.3%</td></tr> <tr> <td>Other musculoskeletal problems</td><td>1,900.31</td><td>6.9%</td></tr> <tr> <td>Gastrointestinal problems</td><td>1,865.4</td><td>6.8%</td></tr> </tbody> </table>		Absence Reason	FTE Days Lost	%	Anxiety/ stress/ depression/ other psychiatric illnesses	6,547.29	23.8%	Infectious diseases	5,266.87	19.1%	Other known causes – not elsewhere classified	2,296.03	8.3%	Other musculoskeletal problems	1,900.31	6.9%	Gastrointestinal problems
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THEATRE EFFICIENCY																																																									
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Theatre Efficiency 1. Theatre Utilisation Rates 2. % of theatre sessions starting late 3. % of theatre sessions finishing early 4. % of theatre sessions cancelled at short notice (<28 days) 5. % of operations cancelled on the day	<p>In July 2022 the Theatre Utilisation rate was 72%. This is an in-month deterioration of 9% and the same than rates seen in July 2021.</p>	<p>1. Theatre Utilisation Rates</p> <table border="1"><caption>Theatre Utilisation Rate (SBU HB)</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>Jul-21</td><td>70</td></tr><tr><td>Aug-21</td><td>68</td></tr><tr><td>Sep-21</td><td>70</td></tr><tr><td>Oct-21</td><td>65</td></tr><tr><td>Nov-21</td><td>65</td></tr><tr><td>Dec-21</td><td>60</td></tr><tr><td>Jan-22</td><td>70</td></tr><tr><td>Feb-22</td><td>68</td></tr><tr><td>Mar-22</td><td>68</td></tr><tr><td>Apr-22</td><td>68</td></tr><tr><td>May-22</td><td>75</td></tr><tr><td>Jun-22</td><td>78</td></tr><tr><td>Jul-22</td><td>72</td></tr></tbody></table>	Month	Rate (%)	Jul-21	70	Aug-21	68	Sep-21	70	Oct-21	65	Nov-21	65	Dec-21	60	Jan-22	70	Feb-22	68	Mar-22	68	Apr-22	68	May-22	75	Jun-22	78	Jul-22	72																											
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<p>40% of theatre sessions started late in July 2022. This is a 3% improvement on performance in June 2022 (43%).</p>	<p>2. And 3. % theatre sessions starting late/finishing</p> <table border="1"><caption>% theatre sessions starting late/finishing early</caption><thead><tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr></thead><tbody><tr><td>Jul-21</td><td>45</td><td>45</td></tr><tr><td>Aug-21</td><td>45</td><td>45</td></tr><tr><td>Sep-21</td><td>45</td><td>45</td></tr><tr><td>Oct-21</td><td>45</td><td>45</td></tr><tr><td>Nov-21</td><td>45</td><td>45</td></tr><tr><td>Dec-21</td><td>45</td><td>45</td></tr><tr><td>Jan-22</td><td>45</td><td>45</td></tr><tr><td>Feb-22</td><td>45</td><td>45</td></tr><tr><td>Mar-22</td><td>45</td><td>45</td></tr><tr><td>Apr-22</td><td>45</td><td>45</td></tr><tr><td>May-22</td><td>45</td><td>45</td></tr><tr><td>Jun-22</td><td>43</td><td>46</td></tr><tr><td>Jul-22</td><td>40</td><td>46</td></tr></tbody></table>	Month	Late Starts (%)	Early Finishes (%)	Jul-21	45	45	Aug-21	45	45	Sep-21	45	45	Oct-21	45	45	Nov-21	45	45	Dec-21	45	45	Jan-22	45	45	Feb-22	45	45	Mar-22	45	45	Apr-22	45	45	May-22	45	45	Jun-22	43	46	Jul-22	40	46														
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<p>In July 2022, 46% of theatre sessions finished early. This is 3% higher than figures seen in June 2022 and 2% lower than those seen in July 2021</p>																																																									
<p>11% of theatre sessions were cancelled at short notice in July 2022. This is 8% higher than figures reported in June 2022 and is 4% higher than figures seen in July 2021.</p>	<p>4. % theatre sessions cancelled at short notice (<28 days)</p> <table border="1"><caption>% theatre sessions cancelled at short notice (<28 days)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th><th>Singleton (%)</th></tr></thead><tbody><tr><td>Jul-21</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Aug-21</td><td>15</td><td>10</td><td>10</td></tr><tr><td>Sep-21</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Oct-21</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Nov-21</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Dec-21</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Jan-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Feb-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Mar-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Apr-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>May-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Jun-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jul-22</td><td>10</td><td>20</td><td>10</td></tr></tbody></table>	Month	Morriston (%)	NPTH (%)	Singleton (%)	Jul-21	10	10	10	Aug-21	15	10	10	Sep-21	10	15	10	Oct-21	10	15	10	Nov-21	10	15	10	Dec-21	10	15	10	Jan-22	10	15	10	Feb-22	10	15	10	Mar-22	10	15	10	Apr-22	10	15	10	May-22	10	15	10	Jun-22	10	10	10	Jul-22	10	20	10
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<p>Of the operations cancelled in July 2022, 27% of them were cancelled on the day. This is an improvement from 39% in June 2022.</p>	<p>5. % of operations cancelled on the day</p> <table border="1"><caption>% of operations cancelled on the day</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>Jul-21</td><td>40</td></tr><tr><td>Aug-21</td><td>40</td></tr><tr><td>Sep-21</td><td>40</td></tr><tr><td>Oct-21</td><td>40</td></tr><tr><td>Nov-21</td><td>35</td></tr><tr><td>Dec-21</td><td>35</td></tr><tr><td>Jan-22</td><td>35</td></tr><tr><td>Feb-22</td><td>35</td></tr><tr><td>Mar-22</td><td>35</td></tr><tr><td>Apr-22</td><td>35</td></tr><tr><td>May-22</td><td>40</td></tr><tr><td>Jun-22</td><td>39</td></tr><tr><td>Jul-22</td><td>27</td></tr></tbody></table>	Month	Rate (%)	Jul-21	40	Aug-21	40	Sep-21	40	Oct-21	40	Nov-21	35	Dec-21	35	Jan-22	35	Feb-22	35	Mar-22	35	Apr-22	35	May-22	40	Jun-22	39	Jul-22	27																												
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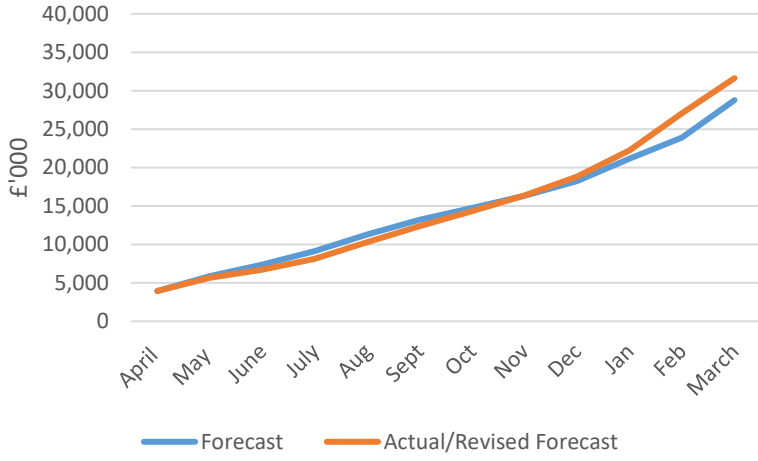
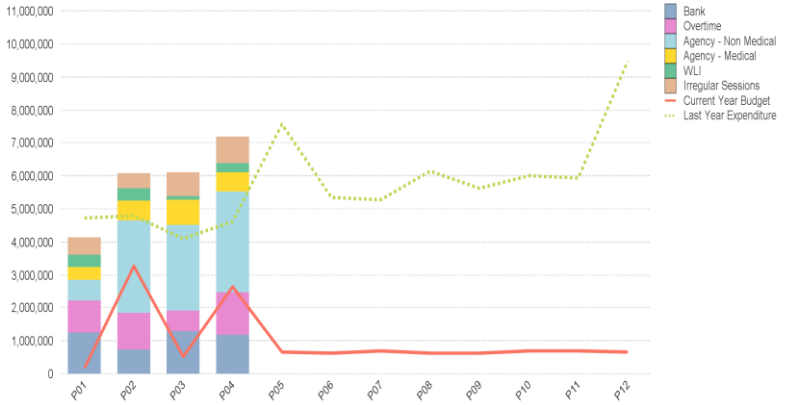
PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in July 2022 was 89% and 3,391 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,931 surveys in July 2022, with a recommended score of 92%. Morrison Hospital completed 1,341 surveys in July 2022, with a recommended score of 84%. Primary & Community Care completed 162 surveys for July 2022, with a recommended score of 94%. The Mental Health Service Group completed 11 surveys for July 2022, with a recommended score of 100%. 	1. Number of friends and family surveys completed  <p>Legend: MH & LD, Neath Port Talbot, Singleton Hospital, Morrison Hospital, Primary & Community</p>
		2. % of patients/ service users who would recommend and highly recommend  <p>Legend: MH&LD, Morrison, NPT, PCCS, Singleton</p>

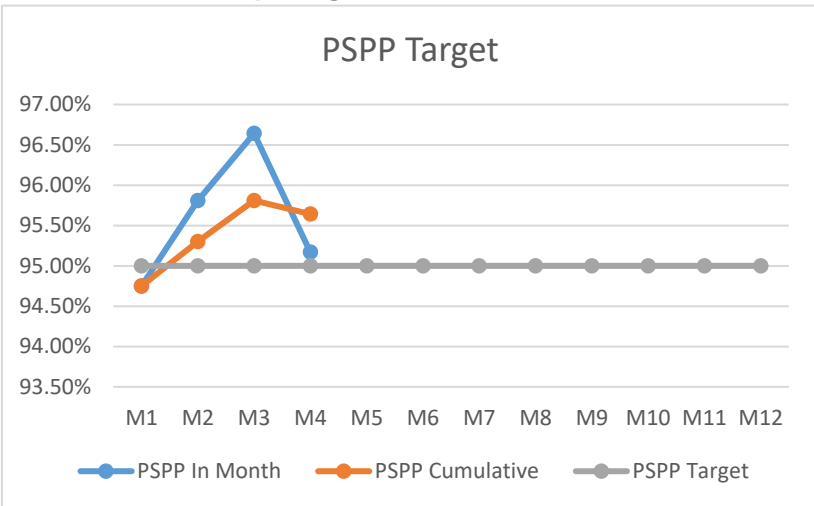
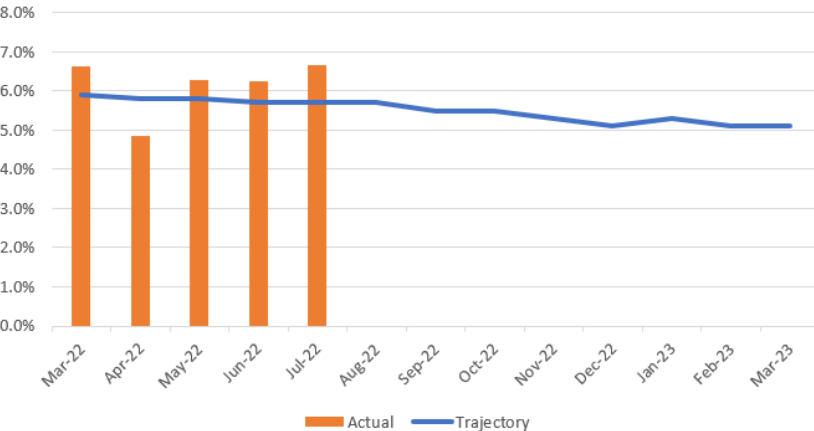
COMPLAINTS		
Description	Current Performance	Trend
Patient concerns <i>1. Number of formal complaints received</i> <		

FINANCE UPDATES

This section of the report provides further detail on key workforce measures.

Description	Current Performance	Trend																																																				
Revenue Financial Position – expenditure incurred against revenue resource limit	<ul style="list-style-type: none">The Health Board agreed its annual plan with a forecast deficit for 2022/23 of £24.4m on 31st March 2022. This comprised of the following assumptions:Underlying Deficit b/f of £42.1mIncreased WG Funding 22/23 of £22.1mSavings Requirement of £27mRecognised growth & investment of £31.4mCovid transition funding and extraordinary pressures (utilities, real living wage & National insurance) will be fully funded by WG.The HB was informed during July that WG would fund the deficit of £24.4m recurrently and is now expected to deliver a breakeven position.The actual month variance is an underspend in month of (£5.376m) and a cumulative overspend position of £1.832m. The in month position includes the recovery of 3 months worth of the planned deficit of (£6.102m) offset by an operational overspend of £726k.	<div><p>HEALTH BOARD FINANCIAL PERFORMANCE 2022/23</p><table><thead><tr><th>Month</th><th>Health Board Position (£'000)</th><th>Forecast Position (£'000)</th><th>Target Overspend (£'000)</th></tr></thead><tbody><tr><td>M1</td><td>2,247</td><td></td><td></td></tr><tr><td>M2</td><td>2,387</td><td></td><td></td></tr><tr><td>M3</td><td>2,573</td><td></td><td></td></tr><tr><td>M4</td><td>-5,376</td><td></td><td></td></tr><tr><td>M5</td><td></td><td>-229</td><td>-229</td></tr><tr><td>M6</td><td></td><td>-229</td><td>-229</td></tr><tr><td>M7</td><td></td><td>-229</td><td>-229</td></tr><tr><td>M8</td><td></td><td>-229</td><td>-229</td></tr><tr><td>M9</td><td></td><td>-229</td><td>-229</td></tr><tr><td>M10</td><td></td><td>-229</td><td>-229</td></tr><tr><td>M11</td><td></td><td>-229</td><td>-229</td></tr><tr><td>M12</td><td></td><td>-229</td><td>-229</td></tr></tbody></table></div>	Month	Health Board Position (£'000)	Forecast Position (£'000)	Target Overspend (£'000)	M1	2,247			M2	2,387			M3	2,573			M4	-5,376			M5		-229	-229	M6		-229	-229	M7		-229	-229	M8		-229	-229	M9		-229	-229	M10		-229	-229	M11		-229	-229	M12		-229	-229
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Description	Current Performance	Trend
Capital Financial Position – expenditure incurred against capital resource limit	<ul style="list-style-type: none"> The forecast outturn capital position for 2022/23 is an overspend of £2.861m. Allocations are anticipated from Welsh Government which will balance this position. High/Medium risk All Wales Capital schemes are reported to Welsh Government. Any schemes where risks are reported are being closely monitored and discussed at the Capital Review progress meetings with Welsh Government. The reported forecast outturn position assumes that £1.998m of disposal income will be received. 	<p>Capital - Cumulative Performance to Plan</p> 
Workforce Spend – workforce expenditure profile	<ul style="list-style-type: none"> The pay budgets are overspent by £17k in July. Funding has been allocated to : <ul style="list-style-type: none"> support additional transition and recovery costs associated with COVID, Variable pay continues to increase in month 4. Overtime has increased due to payments for the first 3 months of the year's overtime in lieu of annual leave – it is assumed these payments will be funded by WG. Non medical agency continues to increase - this reflects operational pressures, increasing sickness levels and recovery actions and will be monitored as the months progress. 	<p>Variable Pay Expenditure</p> 

Description	Current Performance	Trend																																																				
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	<ul style="list-style-type: none">The PSPP compliance continues to be above target month on month with the July position being 95.17% compliant, and a cumulative compliance of 95.64%, which is above the target of 95%	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p> <p>PSPP Target</p>  <table><thead><tr><th>Month</th><th>PSPP In Month (%)</th><th>PSPP Cumulative (%)</th><th>PSPP Target (%)</th></tr></thead><tbody><tr><td>M1</td><td>94.75</td><td>94.75</td><td>95.00</td></tr><tr><td>M2</td><td>95.75</td><td>95.25</td><td>95.00</td></tr><tr><td>M3</td><td>96.60</td><td>95.75</td><td>95.00</td></tr><tr><td>M4</td><td>95.17</td><td>95.64</td><td>95.00</td></tr><tr><td>M5</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M6</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M7</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M8</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M9</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M10</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M11</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M12</td><td>95.00</td><td>95.00</td><td>95.00</td></tr></tbody></table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	94.75	94.75	95.00	M2	95.75	95.25	95.00	M3	96.60	95.75	95.00	M4	95.17	95.64	95.00	M5	95.00	95.00	95.00	M6	95.00	95.00	95.00	M7	95.00	95.00	95.00	M8	95.00	95.00	95.00	M9	95.00	95.00	95.00	M10	95.00	95.00	95.00	M11	95.00	95.00	95.00	M12	95.00	95.00	95.00
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Agency spend as a of the total pay bill	<ul style="list-style-type: none">The agency spend as a percentage of the total pay bill remains above the outlined ministerial priority trajectory with 6.58% of the total pay bill being attributed to agency spend in July 2022.	<p>Agency spend as a percentage of the total pay bill</p>  <table><thead><tr><th>Month</th><th>Actual (%)</th><th>Trajectory (%)</th></tr></thead><tbody><tr><td>Mar-22</td><td>6.58</td><td>5.8</td></tr><tr><td>Apr-22</td><td>4.8</td><td>5.7</td></tr><tr><td>May-22</td><td>6.2</td><td>5.6</td></tr><tr><td>Jun-22</td><td>6.2</td><td>5.5</td></tr><tr><td>Jul-22</td><td>6.58</td><td>5.4</td></tr><tr><td>Aug-22</td><td></td><td>5.3</td></tr><tr><td>Sep-22</td><td></td><td>5.2</td></tr><tr><td>Oct-22</td><td></td><td>5.1</td></tr><tr><td>Nov-22</td><td></td><td>5.0</td></tr><tr><td>Dec-22</td><td></td><td>5.1</td></tr><tr><td>Jan-23</td><td></td><td>5.2</td></tr><tr><td>Feb-23</td><td></td><td>5.1</td></tr><tr><td>Mar-23</td><td></td><td>5.0</td></tr></tbody></table>	Month	Actual (%)	Trajectory (%)	Mar-22	6.58	5.8	Apr-22	4.8	5.7	May-22	6.2	5.6	Jun-22	6.2	5.5	Jul-22	6.58	5.4	Aug-22		5.3	Sep-22		5.2	Oct-22		5.1	Nov-22		5.0	Dec-22		5.1	Jan-23		5.2	Feb-23		5.1	Mar-23		5.0										
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5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

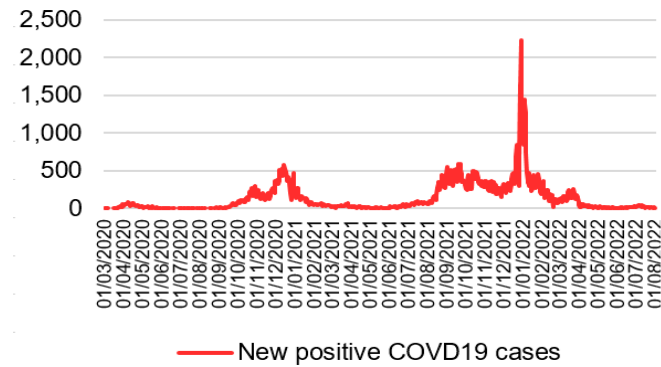


Chart 2: Number of new COVID19 cases (cumulative)

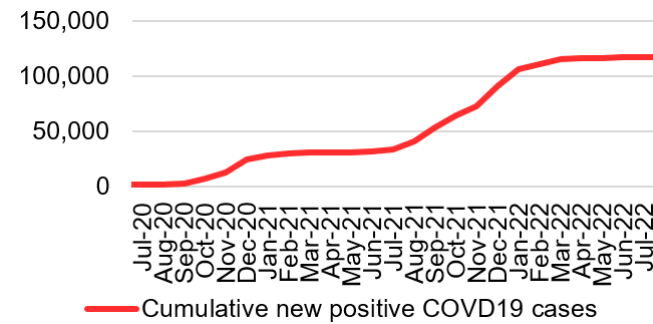


Chart 3: Number of COVID19 tests completed and positivity rate

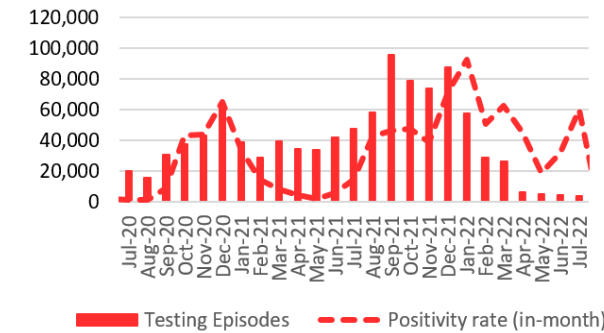


Chart 4: Number of staff referred for Antigen testing

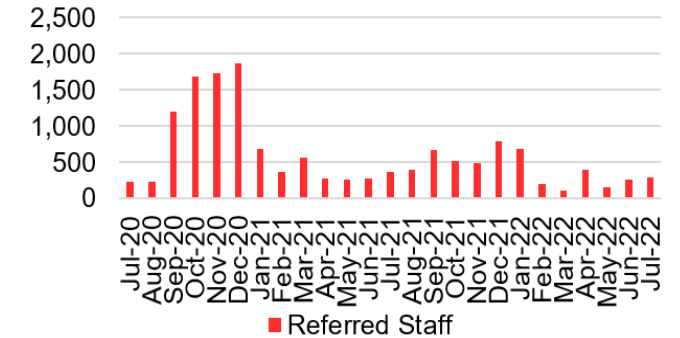


Chart 5: Outcome of staff COVID19/ antigen tests

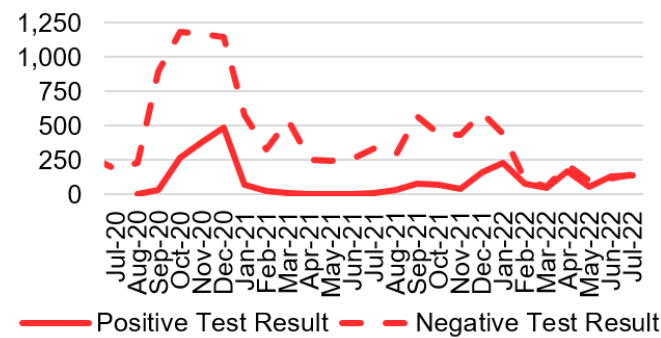


Chart 6: Number of COVID19 related incidents

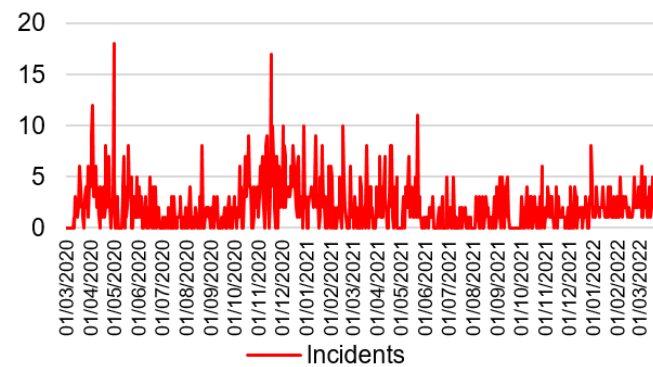


Chart 7: Number of COVID19 related serious incidents

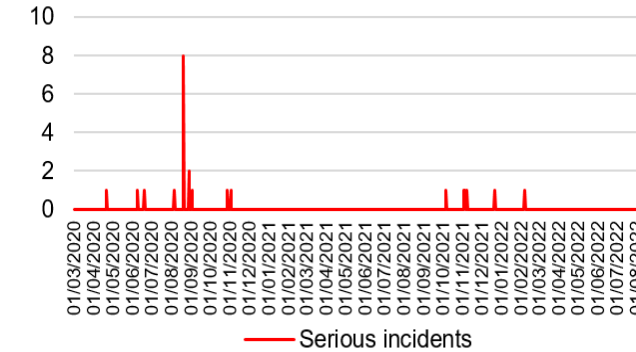


Chart 8: Number of COVID19 related complaints

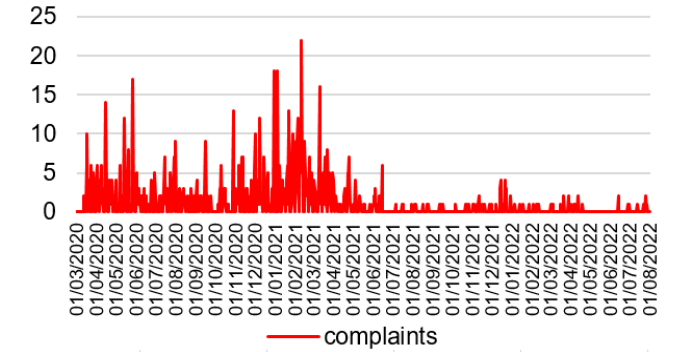


Chart 9: Number of COVID19 related risks

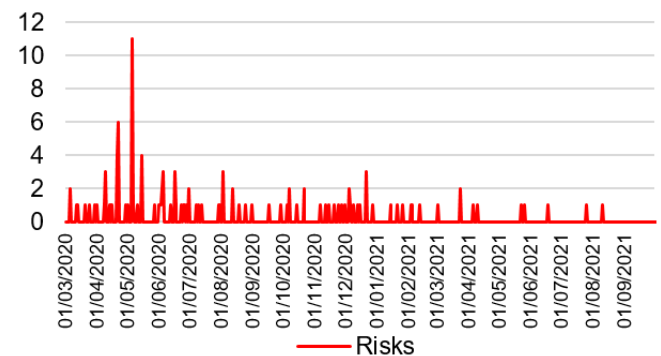


Chart 10: Number of staff self-isolating (asymptomatic)

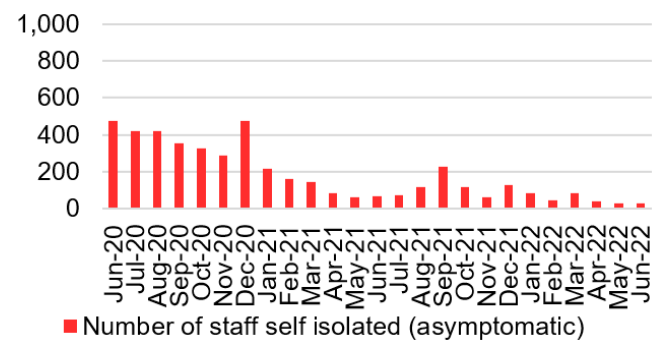


Chart 11: Number of staff self isolating (symptomatic)

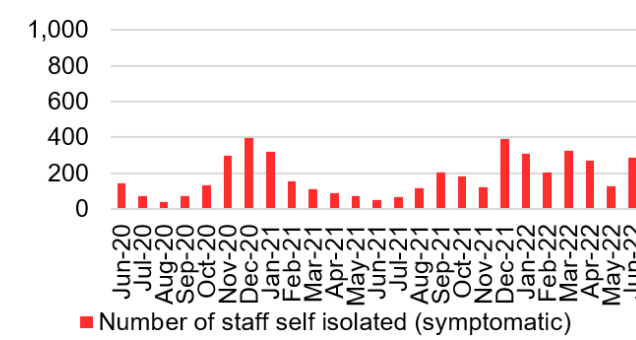


Chart 12: % staff sickness

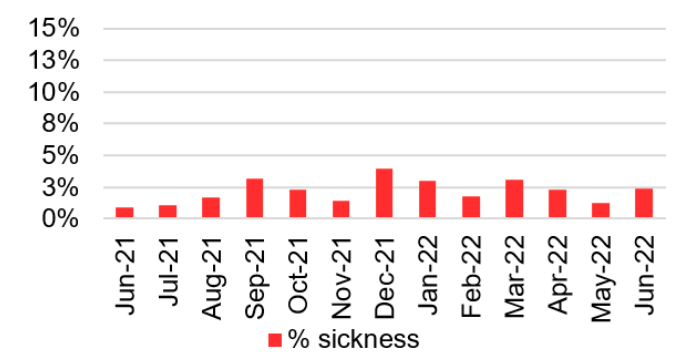


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

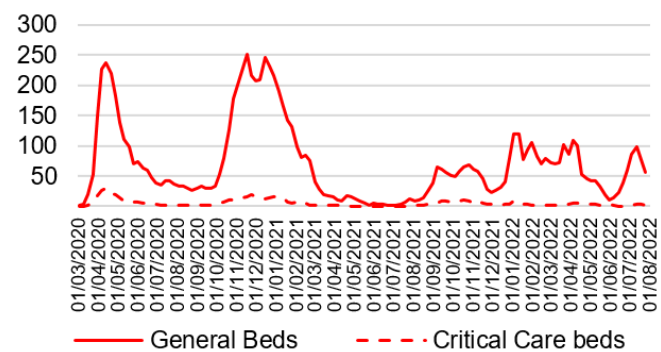


Chart 14: Number of hospital deaths with any mention of COVID19



Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

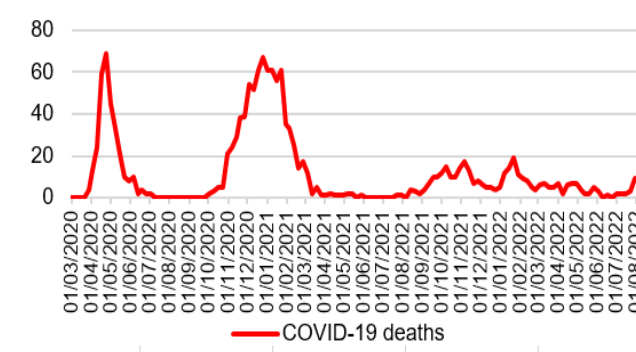
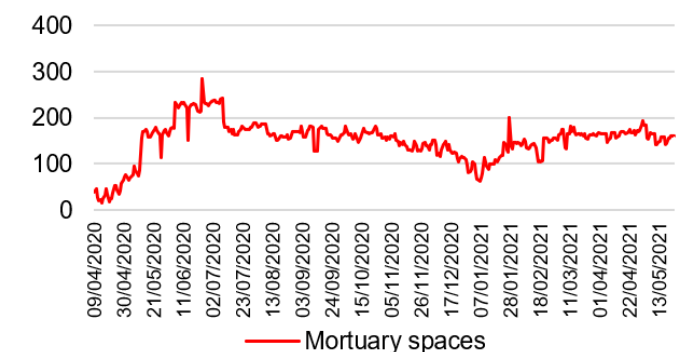


Chart 16: Number of mortuary spaces



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111

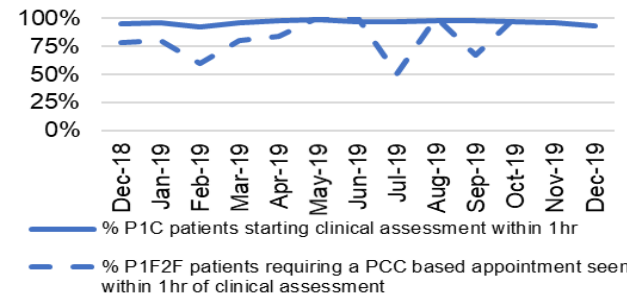


Chart 2: % red calls responded to within 8 minutes

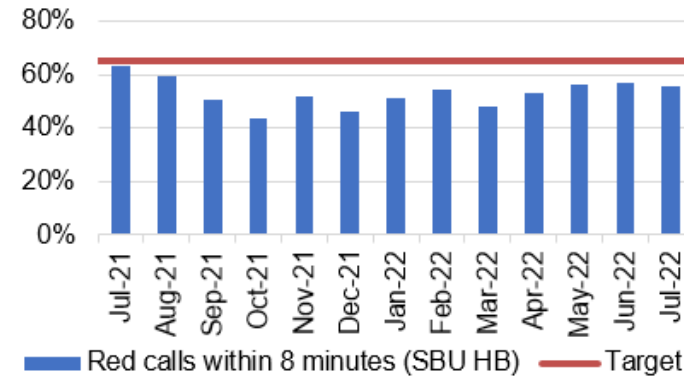


Chart 3: Number of ambulance handovers over 1 hour

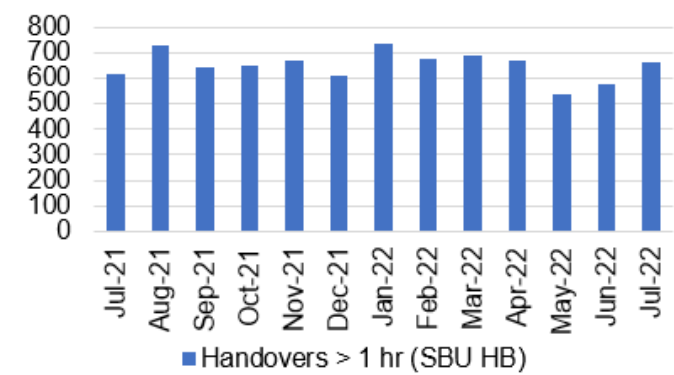


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

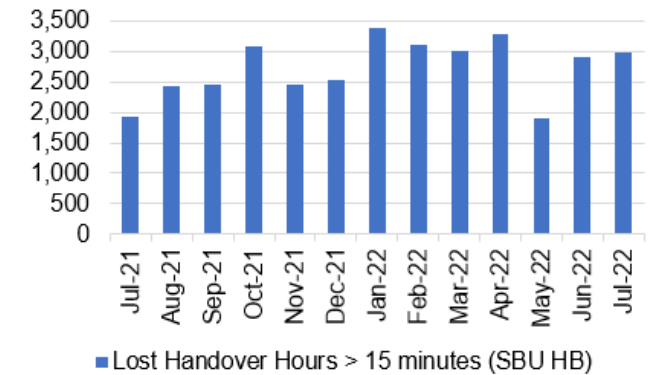


Chart 5: A&E Attendances

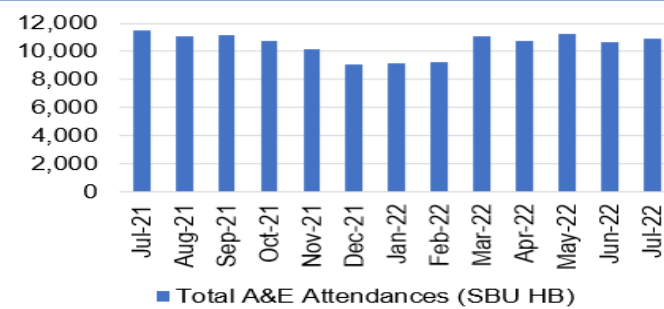


Chart 6: % patients who spend less than 4 hours in A&E

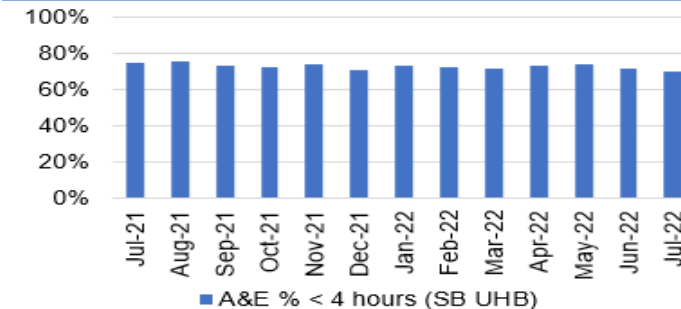


Chart 7: Number of patients waiting over 12 hours in A&E

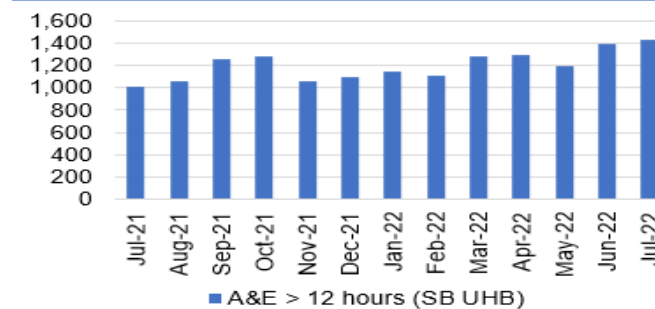


Chart 8: Number of emergency admissions

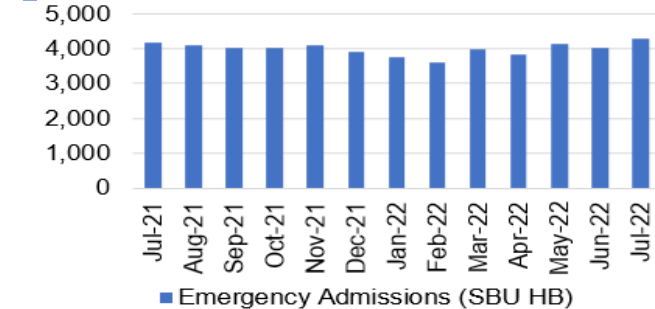


Chart 9: Elective procedures cancelled due to lack of beds

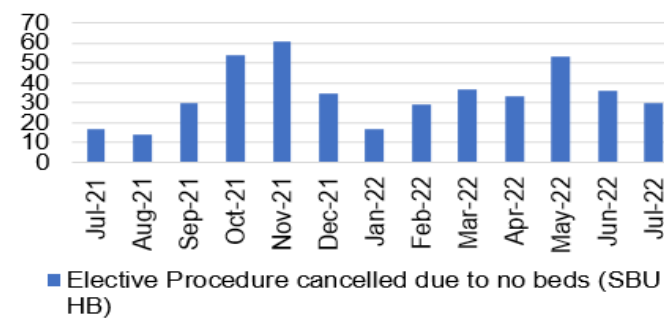


Chart 10: Number of clinically optimised patients

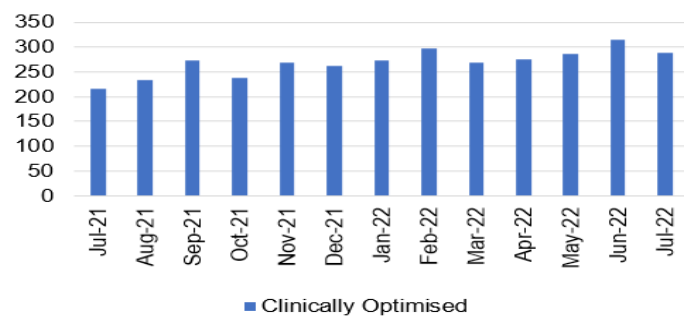


Chart 11: Delay reason for clinically optimised patients

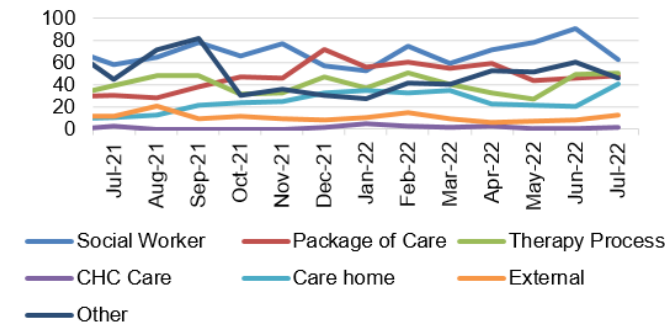


Chart 12: Average lost bed days (per day)

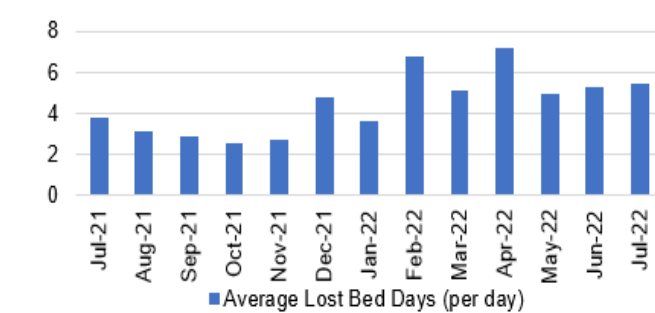


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

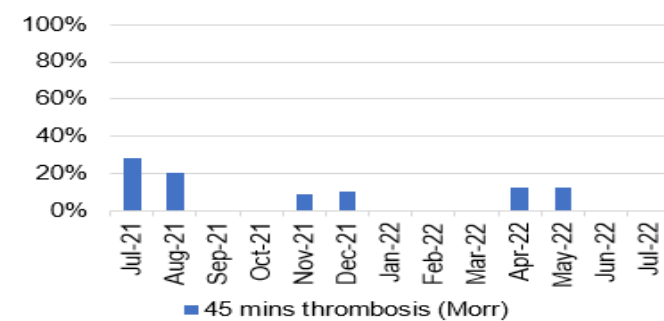


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

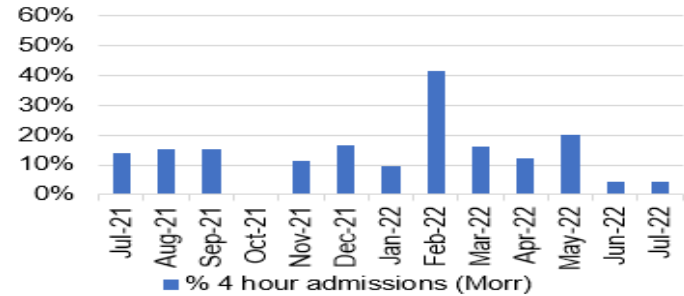


Chart 15: % of stroke patients receiving CT scan with 1 hour

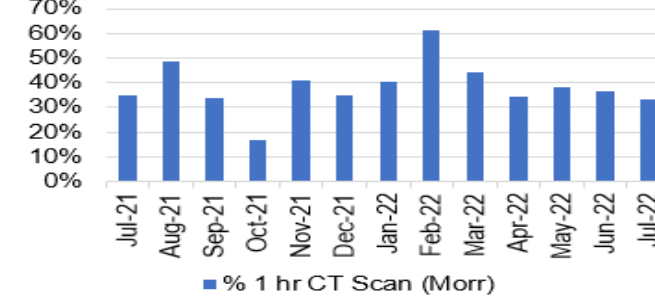
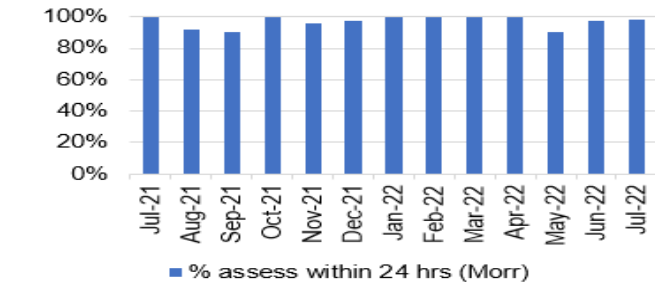


Chart 16: % stroke patients receiving consultant assessment within 24 hours



HARM FROM REDUCTION IN NON-COVID ACTIVITY

Primary and Community Care Overview

Chart 1: Number of patients receiving care from Eye Health Examination Wales (EHEW)

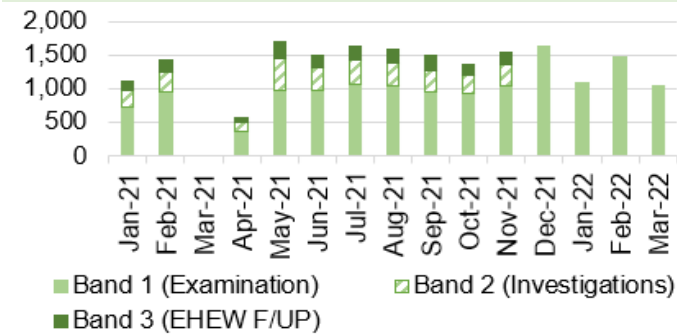


Chart 2: GMS - Escalation Levels



Chart 3: GMS - Sustainability



Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months

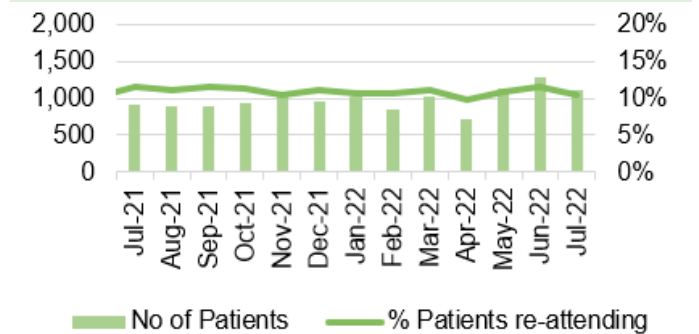


Chart 5: General Dental Services - Activity

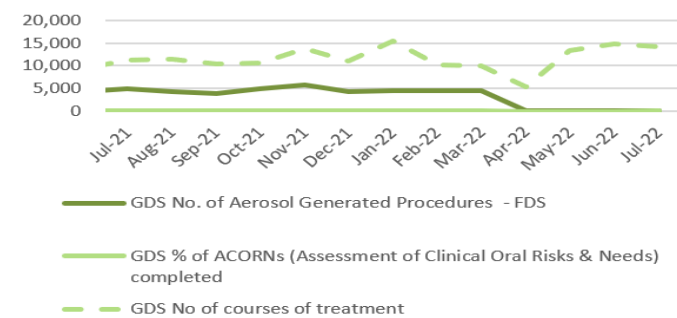


Chart 6: General Dental Services - New Patients

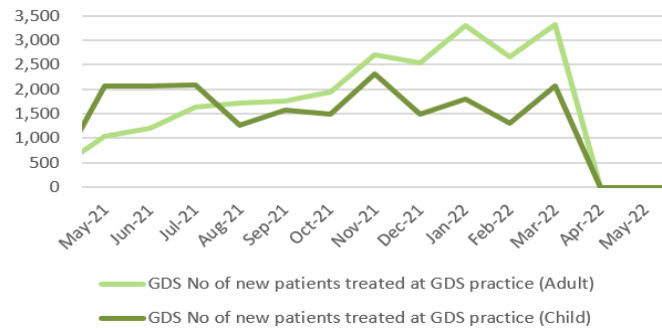


Chart 7: General Dental Services - ACORNs/FV

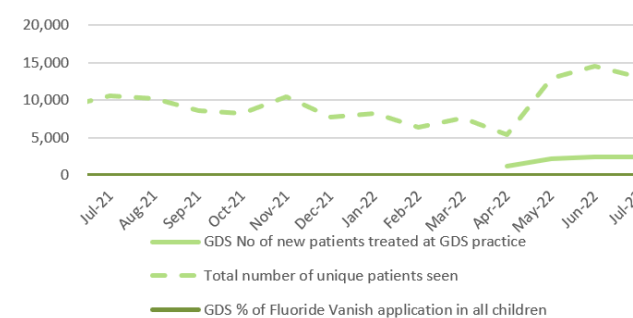


Chart 8: Optometry Activity – sight tests

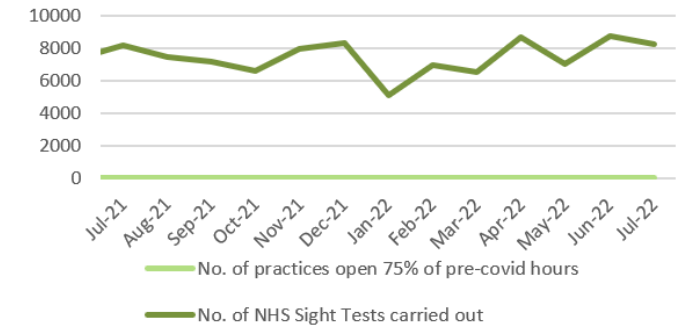


Chart 9: Optometry Activity – low vision care

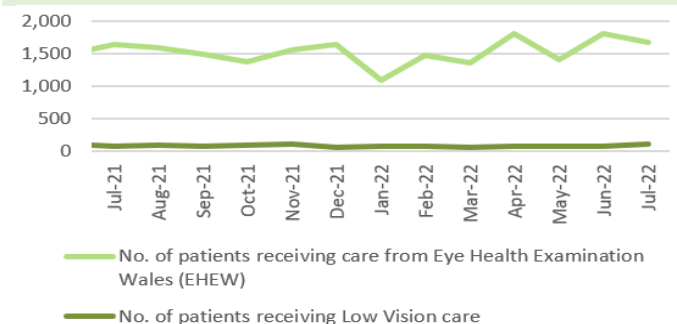


Chart 10: Community Pharmacy – Escalation levels



Chart 11: Community Pharmacy – Common Ailment Scheme

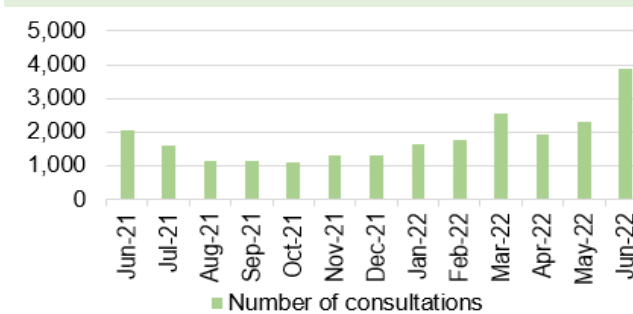


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

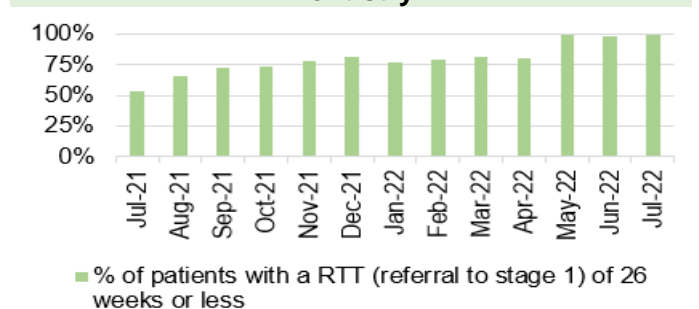


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

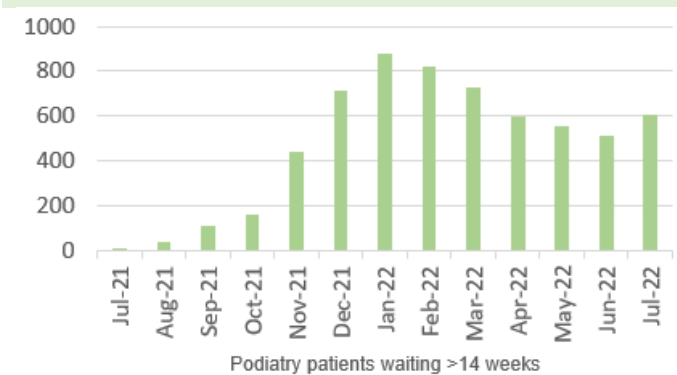


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

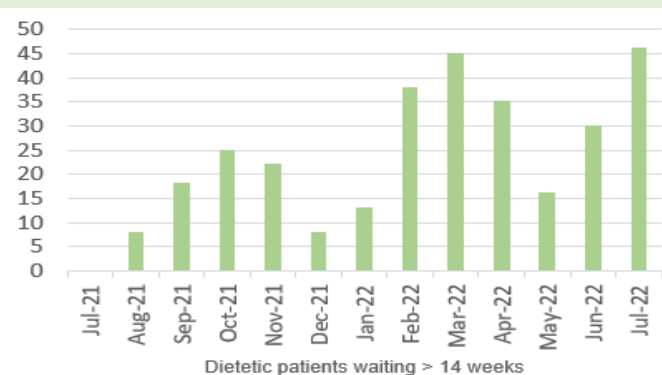


Chart 15: Audiology- Total number of patients waiting > 14 weeks

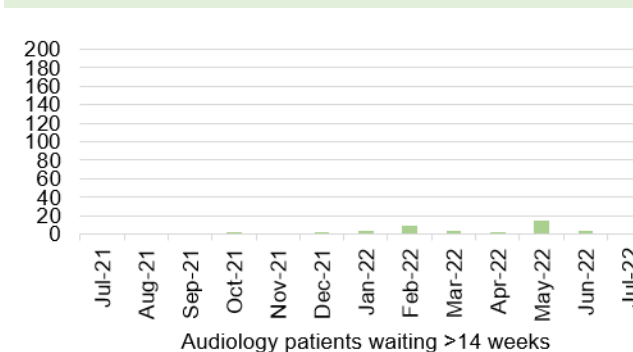
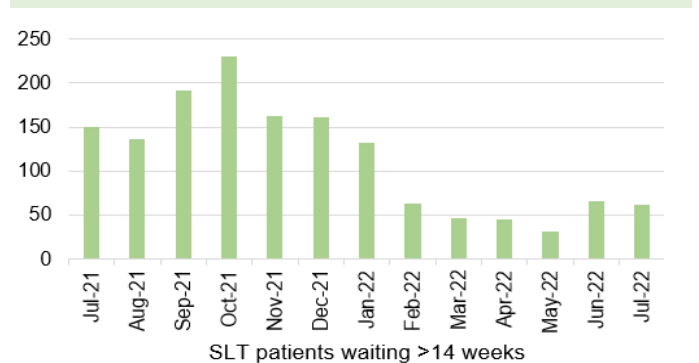


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity

Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

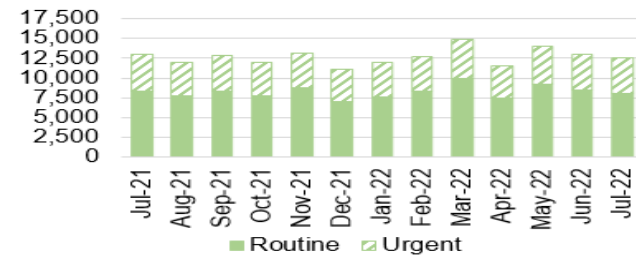


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

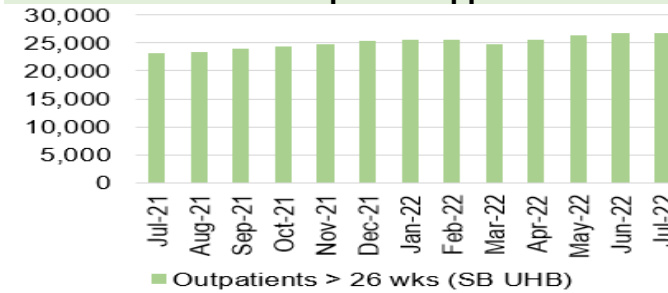


Chart 3: Number of patients waiting over 36 weeks for treatment

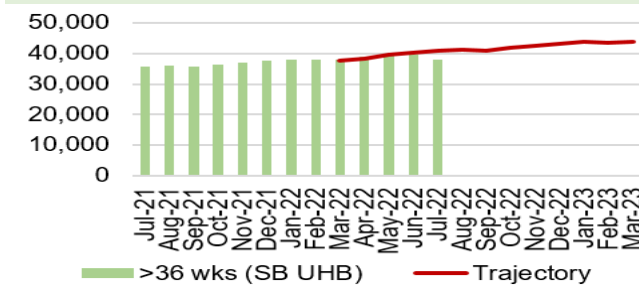


Chart 4: Number of patients waiting over 52 weeks for treatment

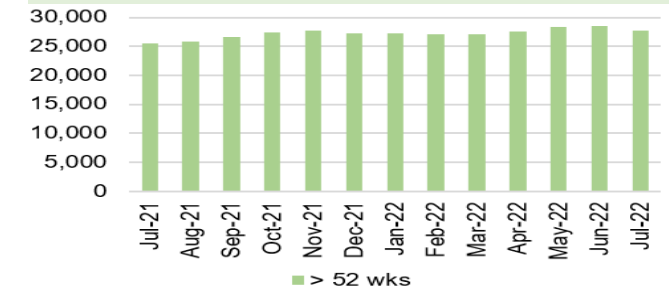


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

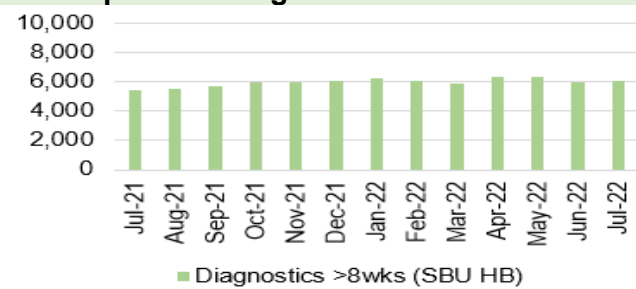


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

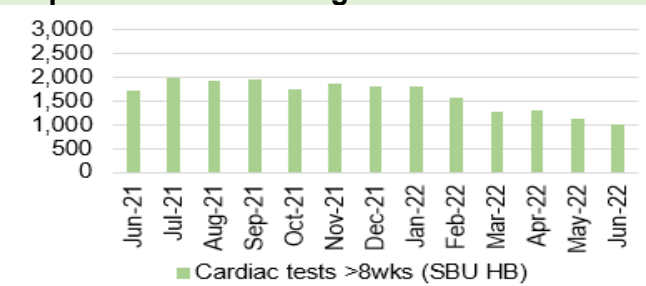


Chart 7: Number of patients waiting more than 14 weeks for Therapies

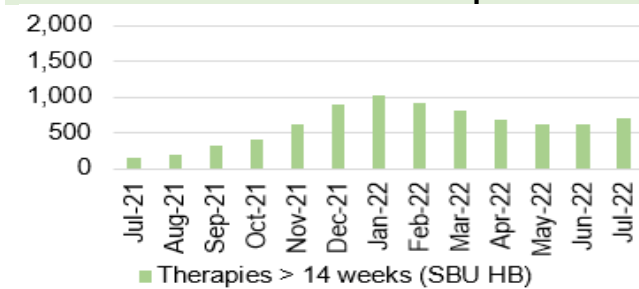


Chart 8: Cancer referrals

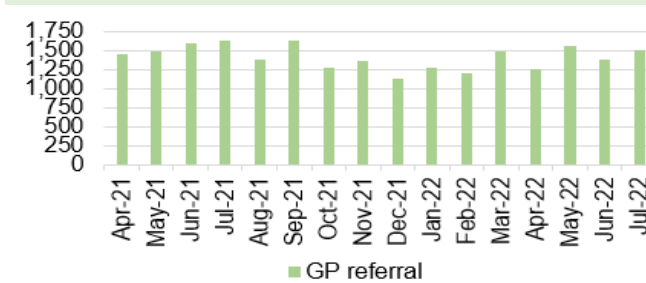


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

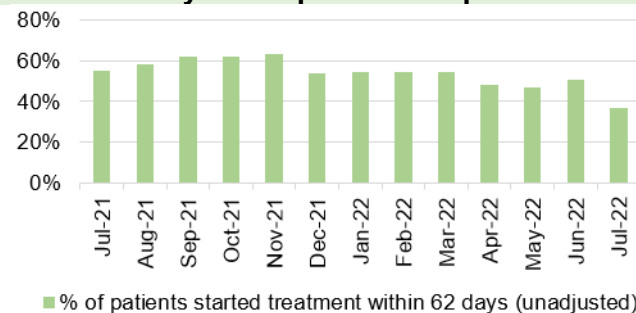


Chart 10: Number of new cancer patients starting definitive treatment

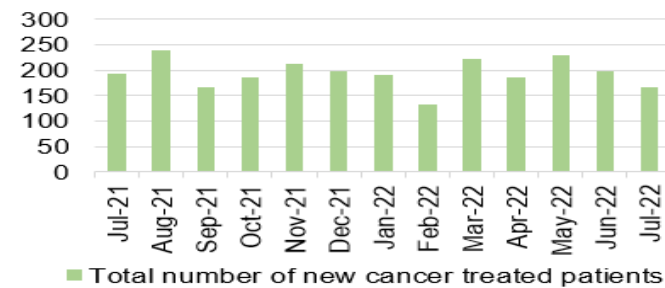


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

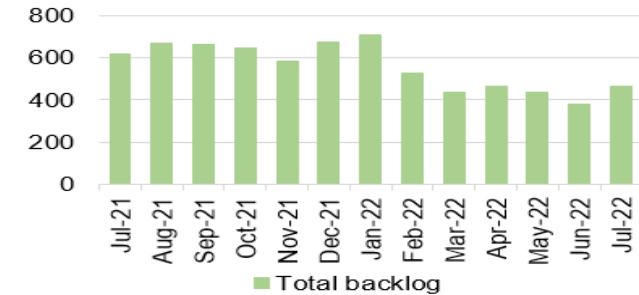


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

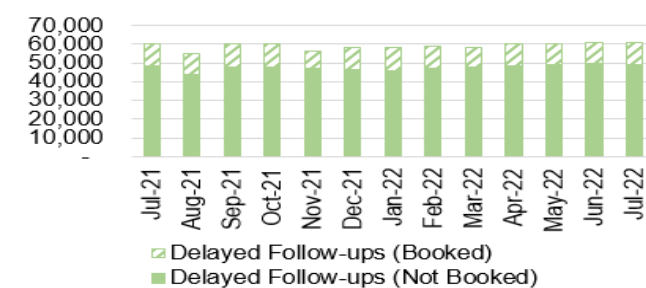


Chart 13: Number of patients without a documented clinical review date

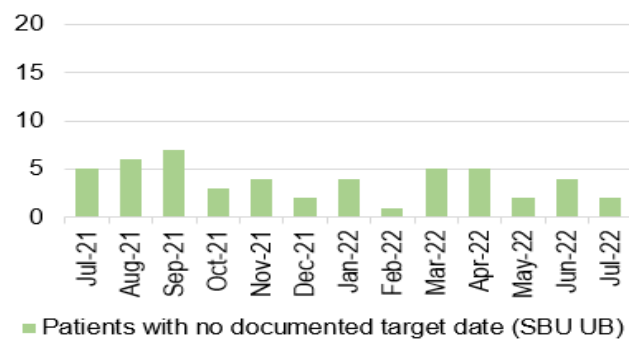


Chart 14: Ophthalmology patients without an allocated health risk factor

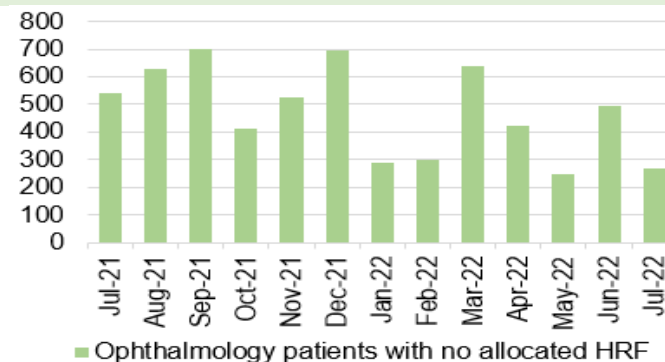


Chart 15: Total number of patients on the follow-up waiting list

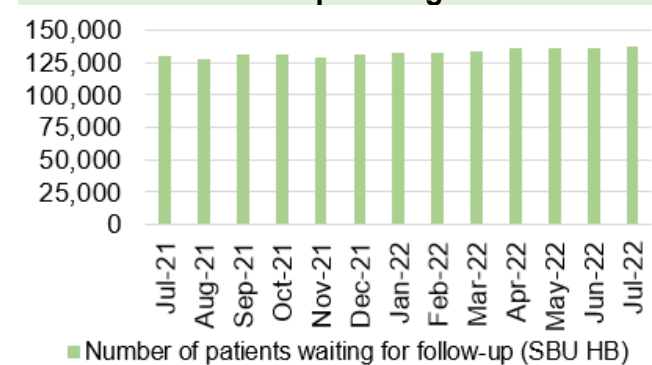
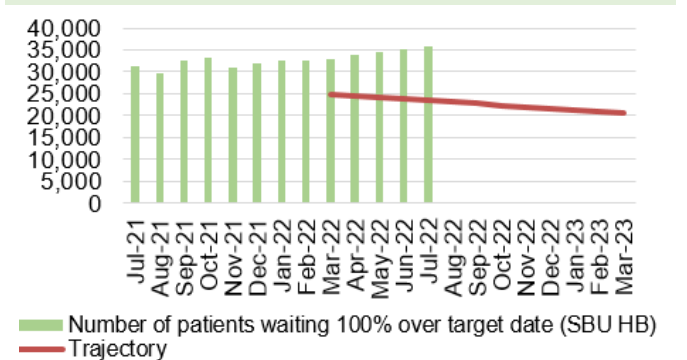


Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

Chart 1: % children who received 3 doses of the hexavalent '6 in 1' vaccine and MenB2 vaccine by age 1



Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

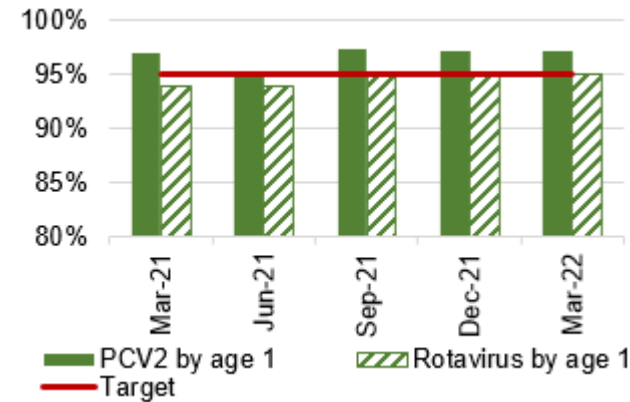


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

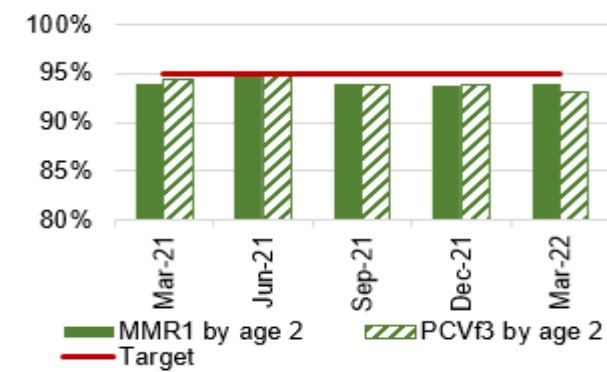


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

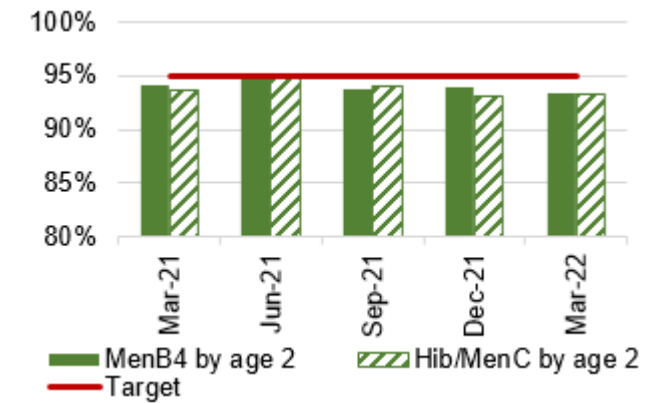


Chart 5: % children who are up to date in schedule by age 4

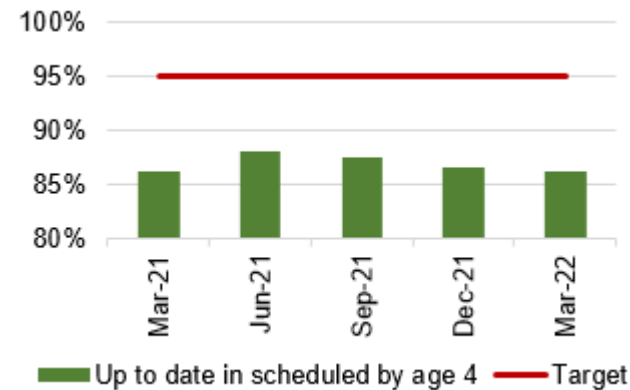


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5



Chart 7: % children who received MMR vaccine and teenage booster by age 16

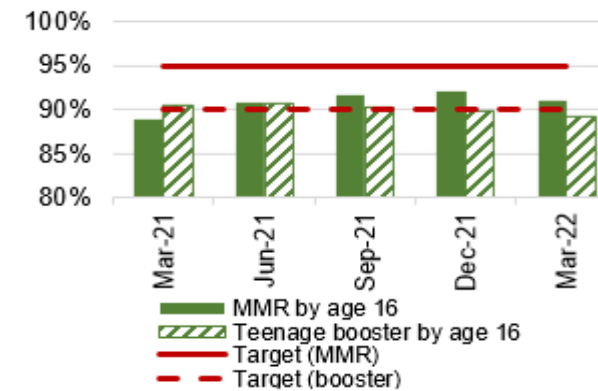


Chart 8: % children who received MenACWY vaccine by age 16

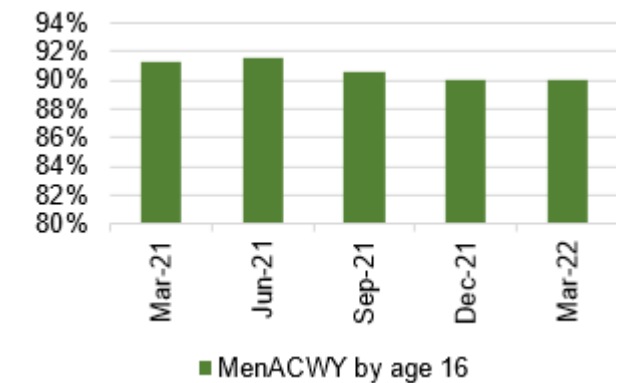
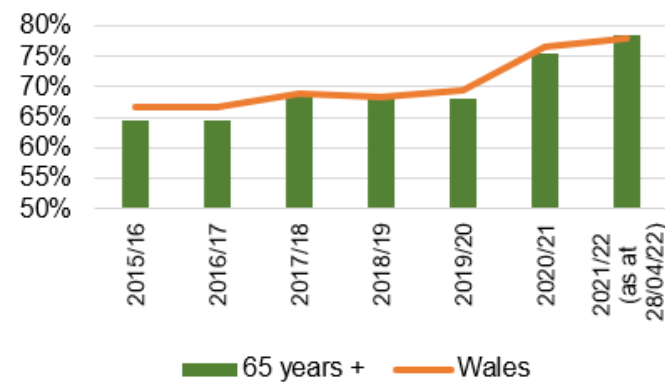
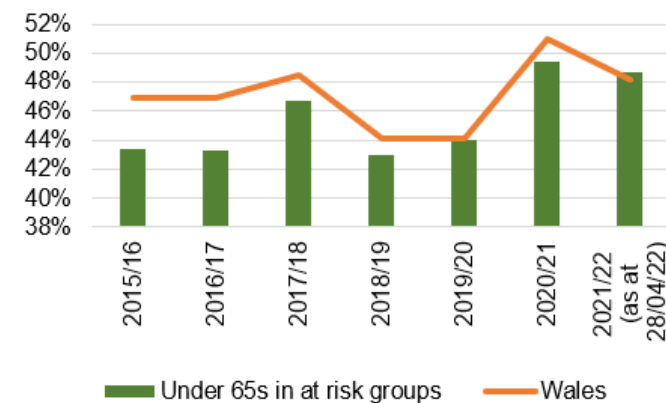


Chart 9: Influenza uptake for amongst 65 year olds and over



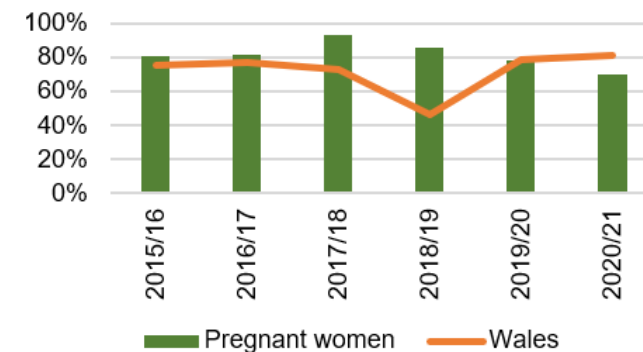
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 10: Influenza uptake for amongst 65s in risk groups



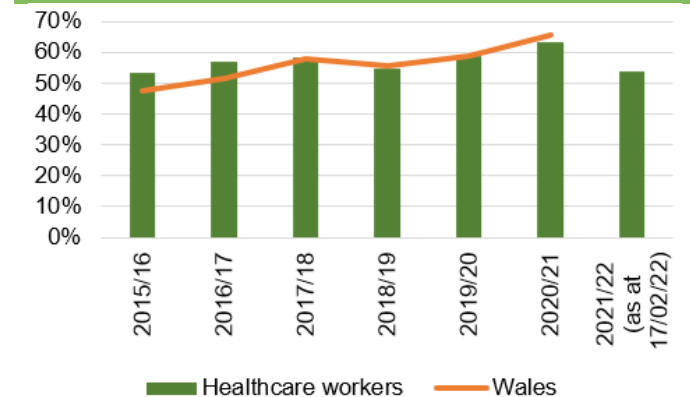
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board. 2020/21 data not available

Chart 12: Influenza uptake for amongst healthcare workers



Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board. 2020/21 all-Wales data not yet available

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral

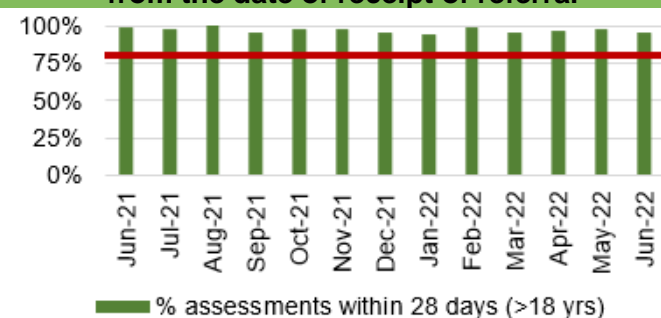


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

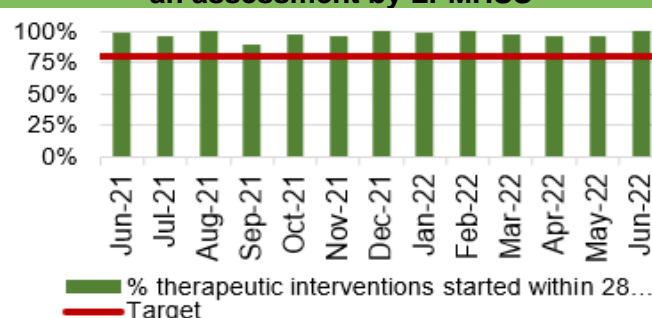


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

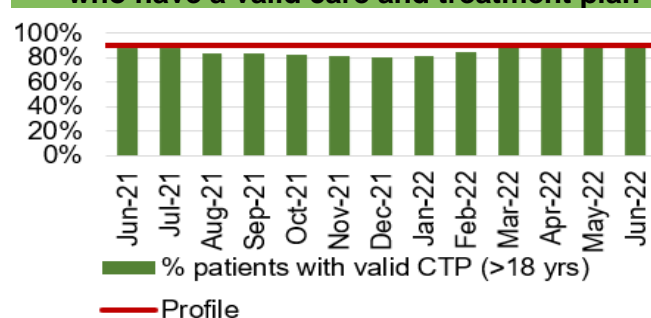


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

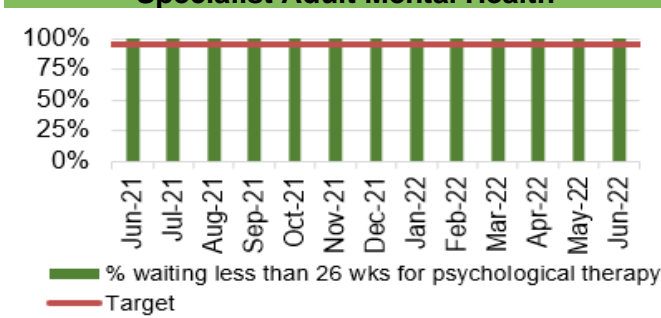


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

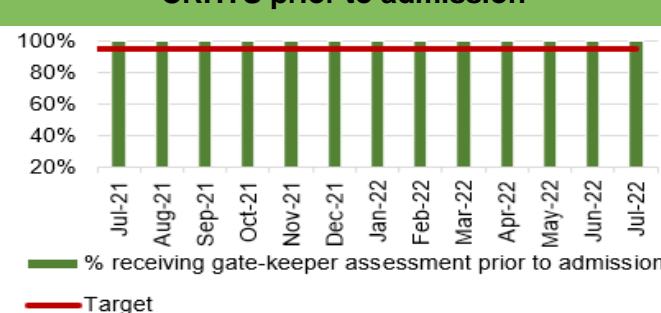


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

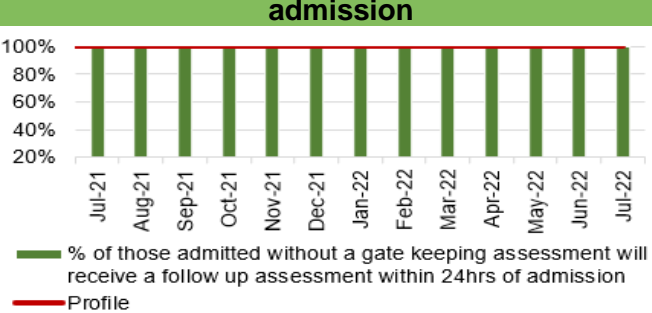


Chart 7: % of patients waiting under 14 weeks for Therapies

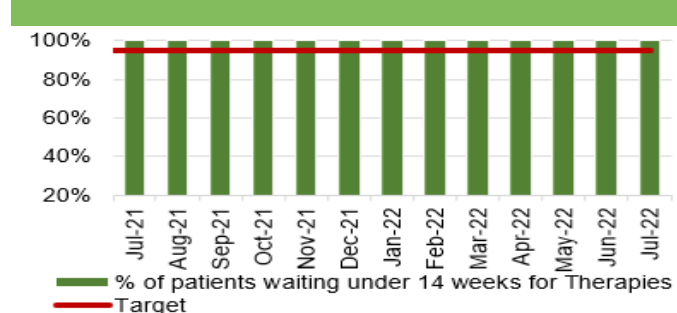


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

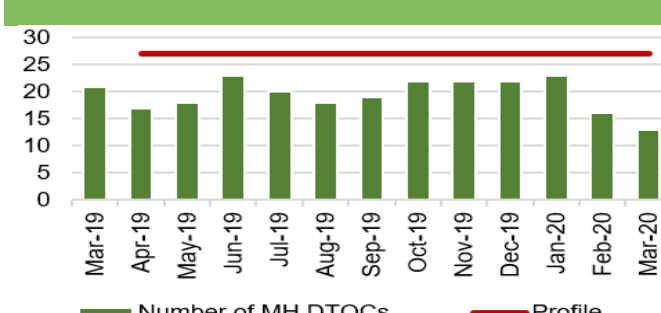


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

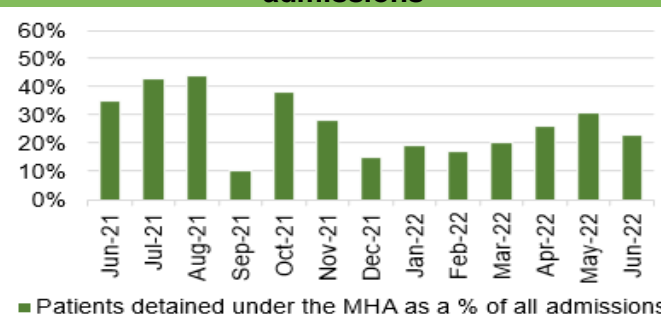


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

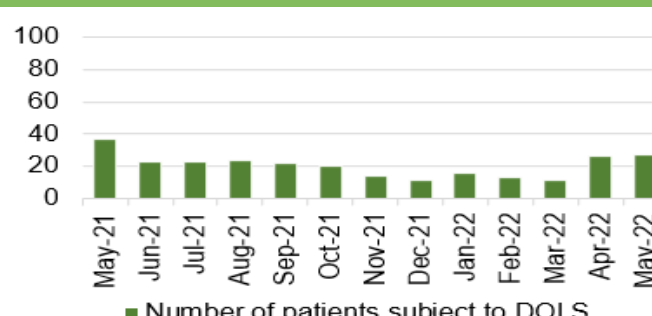


Chart 11: Number of Nationally Reportable Incidents

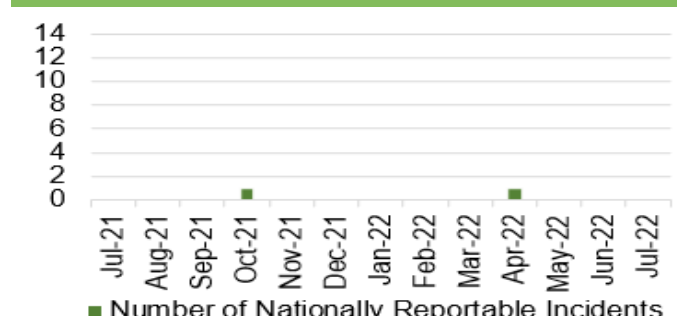
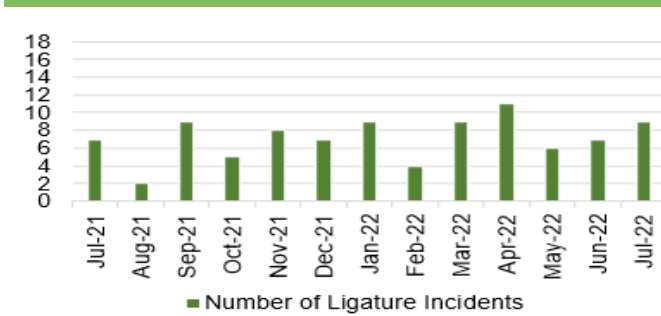


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

Chart 13: Urgent assessments undertaken within 48 hours from receipt of referral

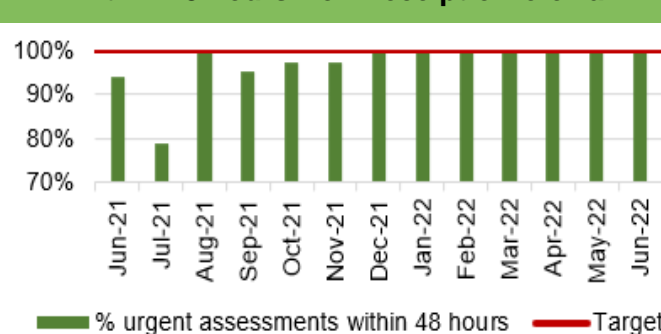


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

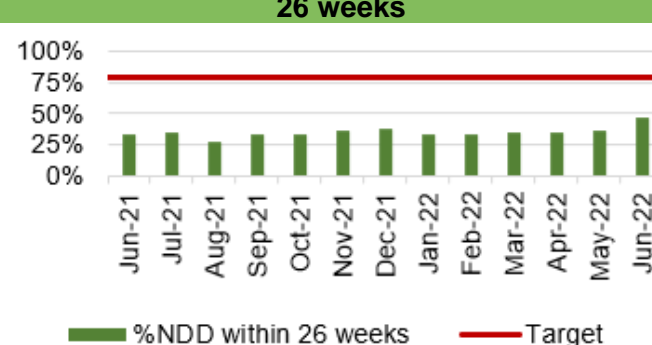


Chart 15: Assessment and intervention within 28 days

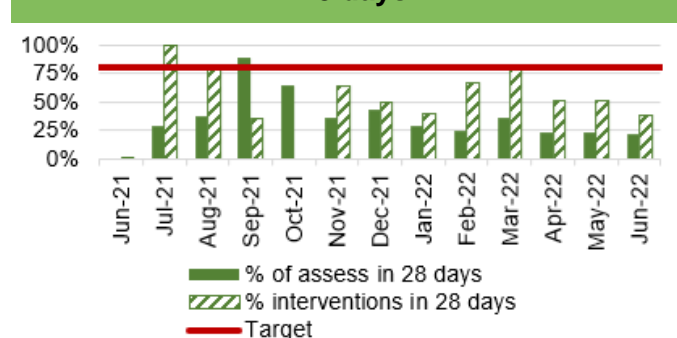
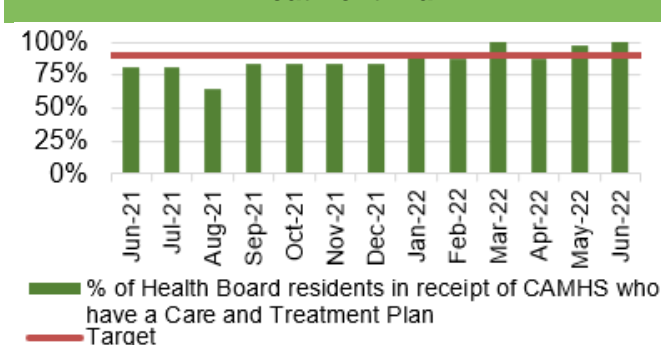


Chart 16: % of residents with a Care and Treatment Plan



APPENDIX 1: 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	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
COVID19 related measures	Number of new COVID19 cases	Local	Jul-22	600		Reduce					1,946	7,177	12,839	10,918	8,247	18,167	15,433	4,209	4,749	835	286	372	600
	Number of staff referred for Antigen Testing	Local	Jul-22	17,878		Reduce					12,872	13,278	13,951	14,475	14,969	15,756	16,447	16,647	16,756	17,158	17,315	17,579	17,878
	Number of staff awaiting results of COVID19 test	Local	Jul-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Mar-22	57		Reduce					24	36	36	47	53	54	59	55	57				
	Number of COVID19 related serious incidents	Local	Jul-22	0		Reduce					0	0	0	1	3	1	0	1	0	0	0	0	0
	Number of COVID19 related complaints	Local	Jul-22	5		Reduce					4	6	3	4	14	20	4	4	10	6	0	4	5
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					1	1	0	0									
	Number of staff self isolated (asymptomatic)	Local	Jun-22	28		Reduce					71	115	227	120	65	126	87	43	87	42	29	28	
	Number of staff self isolated (symptomatic)	Local	Jun-22	287		Reduce					67	114	204	180	120	393	309	204	326	270	125	287	
% sickness	Local	Jun-22	2.4%		Reduce						1.1%	1.7%	3.2%	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	
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	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jul-22	56%	65%	65%	✖	50.8% (Jun-22)	2nd (Jun-22)		64%	59%	50%	44%	52%	46%	51%	54%	48%	53%	56%	57%	56%
	Number of ambulance handovers over one hour	National	Jul-22	659	0			6,282 (Jun-22)	1st (Jun-22)		616	726	642	648	670	612	735	678	687	671	538	578	659
	Handover hours lost over 15 minutes	Local	Jul-22	2976							1,937	2,443	2,467	3,093	2,461	2,527	3,390	3,110	3,023	3,286	1,892	2,920	2,976
	% 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	Jul-22	69%	95%			66.4% (Jun-22)	2nd (Jun-22)		75%	75%	73%	72%	73%	70%	73%	72%	71%	73%	74%	72%	69%
	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	Jul-22	1429	0			10,528 (Jun-22)	4th (Jun-22)		1,014	1,060	1,250	1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						84.8%	86.7%	72.2%	77.8%	52.4%	68.8%	52.9%	81.4%					
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Apr-22	89.0%	12 month ↑			68% (Apr-22)	2nd (Apr-22)		91.0%	88.0%	87.0%	88.0%	89.0%	88.0%	89.0%	89.0%	89.0%	89.0%			
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	National	Jul-22	4%	54.0%			14.8% (May-22)	3rd out of 6 organisations (May-22)		13.5%	15.4%	15.4%	0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%
	CT Scan (<1 hrs) (local)	Local	Jul-22	33%							34.6%	48.7%	34.1%	16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Jul-22	98%							100.0%	92.3%	90.2%	100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%
	Thrombolysis door to needle <= 45 mins	Local	Jul-22	0%							28.6%	20.0%	0.0%	0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	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	Jul-22	29%	12 month ↑						45.4%	58.9%	58.6%	64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%
DTCs	Number of mental health HB DTCs	National	Mar-20	13	12 month ↓	27	✔				DTC reporting temporarily suspended												
	Number of non-mental health HB DTCs	National	Mar-20	60	12 month ↓	50	✖				DTC reporting temporarily suspended												
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Jul-22	-	90%	80%					33%	0%	-	0%	0%	0%	25%	0%	33%	25%	100%	33%	-
	Number of new Never Events	National	Jul-22	1	0	0	✖				0	0	0	0	1	0	0	2	0	0	1	0	1
	Number of risks with a score greater than 20	Local		128		12 month ↓	✖				104	105	114	118	121	122	129	127	140	140	134	132	128
	Number of risks with a score greater than 16	Local		259		12 month ↓	✖				221	220	240	235	238	241	249	253	271	276	266	264	259

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	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jul-22	68.9	<67		✗	65.80 (Jun-22)	4th (Jun-22)		89.4	90.5	86.4	82.2	80.5	77.1	73.8	74.6	73.7	96.5	79.6	70.8	68.9
	Number of E.Coli bacteraemia cases (Hospital)		Jul-22	3							11	9	9	7	5	5	7	9	4	13	8	5	3
	Number of E.Coli bacteraemia cases (Community)		Jul-22	18							16	25	12	12	17	12	8	17	17	18	13	12	18
	Total number of E.Coli bacteraemia cases		Jul-22	21							27	34	21	19	22	17	15	26	21	31	21	17	21
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jul-22	39.8	<20		✗	30.24 (Jun-22)	6th (Jun-22)		36.0	35.5	38.3	40.6	37.2	36.0	36.3	35.8	35.6	43.6	50.5	41.0	39.8
	Number of S.aureus bacteraemias cases (Hospital)		Jul-22	6							7	8	13	11	1	5	2	7	7	6	9	7	6
	Number of S.aureus bacteraemias cases (Community)		Jul-22	6							4	4	4	7	3	4	11	3	4	7	9	2	6
	Total number of S.aureus bacteraemias cases		Jul-22	12							11	12	17	18	4	9	13	10	11	13	18	9	12
	Cumulative cases of C.difficile per 100k pop		Jul-22	42.9	<25		✗	32.27 (Jun-22)	5th (Jun-22)		52.0	55.0	53.2	52.9	53.3	51.3	50.3	49.8	50.1	40.5	36.7	41.0	42.9
	Number of C.difficile cases (Hospital)		Jul-22	10							16	20	9	10	10	11	11	8	12	11	7	7	10
	Number of C.difficile cases (Community)		Jul-22	6							7	2	5	5	10	1	3	5	6	2	4	9	6
	Total number of C.difficile cases		Jul-22	16							23	22	14	15	20	12	14	13	18	13	11	16	16
	Cumulative cases of Klebsiella per 100k pop		Jul-22	24.5							0.0	22.6	24.5	27.1	26.5	26.5	25.3	24.3	24.0	18.7	21.4	22.6	24.5
	Number of Klebsiella cases (Hospital)		Jul-22	4							2	4	8	8	2	6	5	3	4	4	7	6	4
	Number of Klebsiella cases (Community)		Jul-22	7							1	4	3	5	5	3	0	1	3	2	1	2	7
	Total number of Klebsiella cases		Jul-22	11				47 Total (Jun-22)	Joint 2nd (Jun-22)		3	8	11	13	7	9	5	4	7	6	8	8	11
	Cumulative cases of Aeruginosa per 100k pop		Jul-22	9.2							0.0	5.5	5.6	4.8	5.4	6.1	5.8	6.2	6.1	6.2	6.1	8.2	9.2
	Number of Aeruginosa cases (Hospital)		Jul-22	2							0	1	2	0	3	3	1	2	0	1	1	3	2
	Number of Aeruginosa cases (Community)		Jul-22	2							1	1	0	0	0	1	0	1	2	1	1	1	2
	Total number of Aeruginosa cases		Jul-22	4				24 Total (Jun-22)	4th (Jun-22)		1	2	2	0	3	4	1	3	2	2	2	4	4
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jul-22	96.2%		95%	✓				95%	95%	96%	97%	92%	96%	95%	96%	93%	96%	96%	98%	96%
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Jun-22	53		12 month ↓	✓				58	53	65	42	43	56	65	53	43	45	58	53	
	Number of pressure ulcers developed in the community		Jun-22	32		12 month ↓	✗				33	34	39	32	31	55	27	38	56	33	39	32	
	Total number of pressure ulcers		Jun-22	85		12 month ↓	✗				91	87	104	74	74	111	92	91	105	78	97	85	
	Number of grade 3+ pressure ulcers acquired in hospital		Jun-22	3		12 month ↓	✗				3	2	1	1	2	4	9	6	5	3	2	3	
	Number of grade 3+ pressure ulcers acquired in community		Jun-22	12		12 month ↓	✗				2	8	6	7	8	14	1	15	11	2	10	12	
	Total number of grade 3+ pressure ulcers		Jun-22	15		12 month ↓	✗				5	10	7	8	10	18	10	21	16	5	12	15	
Inpatient Falls	Number of Inpatient Falls	Local	Jul-22	174		12 month ↓	✓				193	198	207	240	213	208	196	199	209	190	182	172	174
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✓				97.6%	93.0%	98.0%	96.8%	98.5%	96.1%	96.1%	97.2%					
	Stage 2 mortality reviews required	Local	Feb-22	7							7	17	10	16	10	6	7	7					
	% stage 2 mortality reviews completed	Local	Nov-21	50.00%		100%	✗				42.9%	50.0%	81.8%	75.0%	50.0%								
	Crude hospital mortality rate (74 years of age or less)	National	Jun-22	0.85%	12 month ↓						1.03%	1.02%	1.03%	1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jul-22	91%		98%	✗				89.7%	91.7%	91.6%	93.8%	92.2%	89.1%	93.4%	92.3%	96.9%	95.7%	93.9%	93.7%	90.5%
Coding	% of episodes clinically coded within 1 month of discharge	Local	May-22	68%	95%	95%	✗				90%	94%	90%	92%	76%	84%	86%	95%	81%	44%	68%		
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Jul-22	63%		100%	✗				62%	62%	68%	61%	63%	62%	61%	65%	63%	60%	66%	64%	63%
Workforce	Agency spend as a % of the total pay bill	National	Mar-22	10.20%	12 month ↓			8.5% (Mar-22)	10th out of 10 organisations (Mar-22)		5.1%	3.9%	5.1%	5.5%	5.9%	5.7%	5.7%	6.2%	10.2%				
	Overall staff engagement score - scale score method	National	2020	75%	Improvement			75% (2020)	10th out of 10 organisations (2020)		75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jul-22	58%	85%	85%	✗	57.2% (Mar-22)	9th out of 10 organisations (Mar-22)		60%	60%	58%	56%	55%	57%	56%	56%	56%	56%	56%	55%	58%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Jul-22	81%	85%	85%	✗	79.0% (Mar-22)	10th out of 10 organisations (Mar-22)		81%	81%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	81%
	% workforce sickness absence (12 month rolling)	National	Jun-22	8.29%	12 month ↓			6.89% (Mar-22)	3rd out of 10 organisations (Mar-22)		6.99%	7.11%	7.29%	7.44%	7.44%	7.33%	7.43%	7.58%	7.82%	8.11%	8.20%	8.29%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2020	67.1%	Improvement			67.8% (2020)	10th out of 10 organisations (2020)		67.1%	67.8%	67.1%	67.8%	67.1%	67.8%	67.1%	67.8%	67.1%	67.8%	67.1%	67.8%	67.1%

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	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Jul-22	10.4%	4 quarter ↓						11.4%	11.0%	11.5%	11.4%	10.5%	11.1%	10.8%	10.7%	11.1%	9.8%	10.9%	11.5%	10.4%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jul-22	41.0%	12 month ↑			53.0% (May-22)	5th out of 6 organisations (May-22)		55.0%	58.4%	62.2%	61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	41.0%
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Jul-22	29%	80%		✗				60%	57%	58%	37%	30%	37%	48%	51%	70%	63%	36%	51%	29%
	Scheduled (28 Day Target)	Local	Jul-22	98%	100%		✗				84%	91%	89%	84%	61%	78%	82%	91%	95%	94%	88%	93%	98%
	Urgent SC (7 Day Target)	Local	Jul-22	64%	80%		✗				46%	55%	22%	30%	60%	37%	57%	60%	57%	62%	44%	43%	64%
	Urgent SC (14 Day Target)	Local	Jul-22	97%	100%		✗				77%	95%	76%	90%	100%	87%	97%	100%	100%	96%	94%	100%	97%
	Emergency (within 1 day)	Local	Jul-22	92%	80%		✓				100%	100%	100%	100%	100%	100%	100%	100%	85%	100%	100%	88%	92%
	Emergency (within 2 days)	Local	Jul-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (21 Day Target)	Local	Jul-22	75%	80%		✗				90%	94%	81%	89%	79%	92%	90%	94%	90%	93%	95%	91%	75%
	Elective Delay (28 Day Target)	Local	Jul-22	92%	100%		✗				97%	97%	97%	94%	86%	100%	94%	100%	100%	96%	98%	97%	92%
Planned Care	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jul-22	6,032	0			45,311 (May-22)	4th (May-22)		5,425	5,523	5,732	5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032
	Number of patients waiting > 14 weeks for a specified therapy	National	Jul-22	714	0			13,067 (May-22)	3rd (May-22)		151	186	320	414	629	885	1,028	926	820	679	614	609	714
	% of patients waiting < 26 weeks for treatment	National	Jul-22	52%	95%			53.9% (May-22)	6th (May-22)		51.5%	51.9%	52.0%	51.6%	51.3%	50.5%	50.4%	50.1%	50.7%	50.4%	50.4%	50.8%	51.8%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jul-22	26,811	0						23,225	23,444	23,997	24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811
	Number of patients waiting > 36 weeks for treatment	National	Jul-22	38,888	0			260,859 (May-22)	4th (May-22)		35,583	35,999	35,711	36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888
	The number of patients waiting for a follow-up outpatient appointment	National	Jul-22	136,982	HB target TBC						130,208	127,391	130,963	131,554	129,255	131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jul-22	35,659				199,843 (May-22)	5th (May-22)		31,316	29,770	32,574	33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Jul-22	66%	95%			64.4% (May-22)	4th (May-22)		62.2%	59.5%	55.9%	58.9%	62.1%	61.2%	59.8%	58.5%	59.4%	60.8%	63.3%	63.7%	65.6%
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jul-22	7.2%	12 month ↓						6.4%	6.5%	7.2%	7.6%	7.4%	6.8%	7.0%	6.4%	6.8%	6.9%	6.6%	7.4%	7.2%
	% of patients who did not attend a follow-up outpatient appointment	Local	Jul-22	6.7%	12 month ↓						7.0%	7.0%	7.2%	7.5%	6.7%	6.3%	6.4%	6.2%	6.2%	6.8%	6.3%	6.9%	6.7%
Theatre Efficiencies	Theatre Utilisation rates	Local	Jul-22	72.0%		90%	✗				72%	69%	72%	66%	67%	62%	74%	71%	72%	71%	78%	81%	72%
	% of theatre sessions starting late	Local	Jul-22	40.0%		<25%	✗				44%	44%	42%	46%	43%	40%	43%	43%	39%	39%	46%	43%	40%
	% of theatre sessions finishing early	Local	Jul-22	46.0%		<20%	✗				48%	46%	46%	50%	48%	48%	48%	43%	45%	47%	43%	43%	46%
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200																			
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMMSG appraisals	National	Q3 21/22	99.1%	100%	100%	✗	98.8% (Q3 21/22)	3rd out of 6 organisations (Q3 21/22)				99.1%			99.1%							
Patient experience	Total antibacterial items per 1,000 STAR-PU's	National	Q3 21/22	324.7	4 quarter ↓			302.6 (Q3 21/22)	6th (Q3 21/22)				277.6			324.7							
	Patients aged 65 years or over prescribed an antipsychotic	National	Q3 21/22	1,466	Quarter on quarter ↓			10,312 (Q3 21/22)	5th (Q3 21/22)				1,476			1,466							
	Opioid average daily quantities per 1,000 patients	National	Q3 21/22	4,472	4 quarter ↓			4546.6 (Q3 21/22)	3rd (Q3 21/22)				4,412			4,472							
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)				80.8%			82.1%							
	Number of friends and family surveys completed	Local	Jul-22	3,391		12 month ↑	✓				1,912	2,075	2,025	2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391
	% of who would recommend and highly recommend	Local	Jul-22	89%		90%	✗				92%	92%	92%	92%	94%	93%	92%	90%	90%	89%	90%	88%	89%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jul-22	90%		90%	✓				95%	92%	96%	93%	93%	96%	93%	91%	91%	89%	91%	91%	90%
Complaints	Number of new formal complaints received	Local	May-22	176		12 month trend ↓	✗				139	115	115	134	159	115	124	139	156	123	176		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	May-22	69%	75%	80%	✗	67.2% (Q4 20/21)	3rd (Q4 20/21)		69%	83%	75%	67%	69%	68%	63%	64%	65%	76%	69%		
	% of acknowledgements sent within 2 working days	Local	May-22	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%		

Harm from wider societal actions/lockdown																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2020/21	35.6%	Annual ↑			36.8% (2020/21)	5th (2020/21)														
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 21/22	95.9%	95%			95.9% (Q3 21/22)	3rd (Q3 21/22)					96.2%			96.1%			95.9%			
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 21/22	88.0%	95%			90.0% (Q3 21/22)	3rd (Q3 21/22)					89.8%			91.2%			88.0%			
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q3 21/22	313.3	4 quarter ↓			378.6 (Q3 21/22)	1st (Q3 21/22)					362.2			313.3						
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q3 21/22	63.6%	4 quarter ↑			69.0% (Q3 21/22)	5th (Q3 21/22)					73.7%			63.6%			66.7%			
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-22	78.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2021			58.7%	74.8%	76.9%	78.2%	78.5%	78.5%	Data collection restarts October 2022			
	% uptake of influenza among under 65s in risk groups	National	Mar-22	48.8%	55%			48.2% (Mar-22)	4th (Mar-22)					26.0%	40.8%	44.9%	47.3%	48.6%	48.8%				
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)					Data not available									
	% uptake of influenza among children 2 to 3 years old	Local	Mar-22	44.6%	50%			47.6% (Mar-22)	5th (Mar-22)					22.0%	37.7%	41.5%	43.2%	44.8%	44.6%				
	% uptake of influenza among healthcare workers	National	Mar-22	53.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)					48.6%	50.8%	52.7%	52.7%	53.6%	53.6%				
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jun-22	100%		100%	✔				79%	100%	95%	97%	97%	100%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jun-22	47%	80%	80%	✘	37.6% (May-22)	5th (May-22)		34%	27%	34%	34%	37%	37%	33%	33%	35%	35%	36%	47%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Jun-22	33%	80%	80%	✘	50.0% (May-22)	4th (May-22)		41%	48%	40%	40%	34%	22%	28%	27%	29%	18%	40%	33%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Jun-22	22%		80%	✘	58.2% (May-22)	7th (May-22)		29%	37%	89%	65%	36%	43%	28%	24%	36%	23%	23%	22%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Jun-22	38%		80%	✘	45.1% (May-22)	2nd (May-22)		100%	82%	35%	0%	64%	50%	39%	67%	78%	51%	51%	38%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Jun-22	41%		80%	✘				29%	32%	41%	3%	3%	2%	27%	26%	30%	19%	41%	41%	
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Jun-22	100%		90%	✔	76.9% (May-22)	2nd (May-22)		81%	65%	84%	84%	84%	84%	89%	88%	100%	87%	97%	100%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Jun-22	96%	80%	80%	✔	74.0% (May-22)	1st (May-22)		98%	100%	96%	98%	98%	95%	95%	99%	96%	97%	98%	96%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jun-22	100%	80%	80%	✔	67.6% (May-22)	2nd (May-22)		97%	100%	90%	98%	96%	100%	99%	100%	98%	96%	97%	100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jun-22	100%	95%	95%	✔	72.6% (May-22)	1st (May-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jun-22	89%	90%	90%	✘	85.7% (May-22)	2nd (May-22)		88%	84%	84%	83%	81%	80%	81%	85%	89%	88%	89%	89%	
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)														
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)														