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WALES** | Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25th July 2023	Agenda Item	4.1
Report Title	Quality & Safety Performance Report		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window (end of June 2023 primarily) in delivering key local performance measures as well as the national measures outlined in the 2023/24 NHS Wales Performance Framework.		
Key Issues	<p>The Quality and Safety Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in June 2023, and the measures have been updated accordingly in line with current data availability.</p> <p>Key high level issues to highlight this month are as follows:</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 has saw a further reduction in June 2023 to 60, compared with 81 in May 2023. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Emergency Department (ED) attendances have decreased in June 2023 to 12,026 from 12,186 in May 2023. - Performance against the 4-hour access is currently above the outlined trajectory in June 2023. ED 4-hour performance has improved by 0.8% in June 2023 to 76.1% from 75.3% in May 2023. - Performance against the 12-hour wait has improved in-month, however it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,274 in June 2023 from 1,303 in May 2023. - Unscheduled care performance has seen an improvement throughout Quarter 1 as a result of developing and 		

	<p>implementing a new on-boarding/escalation operational policy to support more timely ambulance handovers.</p> <ul style="list-style-type: none"> - The number of emergency admissions has reduced in June 2023 to 4,007 from 4,171 in May 2023. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> - June 2023 saw a 9% 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 2.7% to 26,459. - The number of patients waiting over 104 weeks for treatment decreased, with 5,474 patients waiting at this point in June 2023. - In June, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 1,234 patients waiting at this stage. - As a Health Board, updated ministerial priority trajectories for the 2023/24 planned care position have been developed and submitted to Welsh Government and are awaiting feedback. - Therapy waiting times have deteriorated, there are 221 patients waiting over 14 weeks in June 2023 compared with 149 in May 2023. - The number of patients waiting over 8 weeks for an Endoscopy has decreased in June 2023 to 4,737 from 4,826 in May 2023. The Endoscopy team also continue to maintain their compliance for all cancer waits. <p><u>Cancer</u></p> <ul style="list-style-type: none"> - May 2023 saw 47% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). - Backlog figures have seen a reduction in recent weeks. The total backlog at 09/07/2023 was 325. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in May 2023. - In May 2023, 84% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%. <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% May 2023. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has
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	<p>improved slightly to 30% in May 2023 against a target of 80%.</p> <p><u>Nationally Reportable Incidents</u></p> <ul style="list-style-type: none"> - In June 2023, there were 4 Nationally Reportable Incidents reported. - There were no new Never Events reported in June 2023 <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> - June 2023 data is included in this report showing 89% satisfaction through 2,503 surveys completed. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. 			

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

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

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

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



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Appendix 1- Quality & Safety Performance Report

July 2023



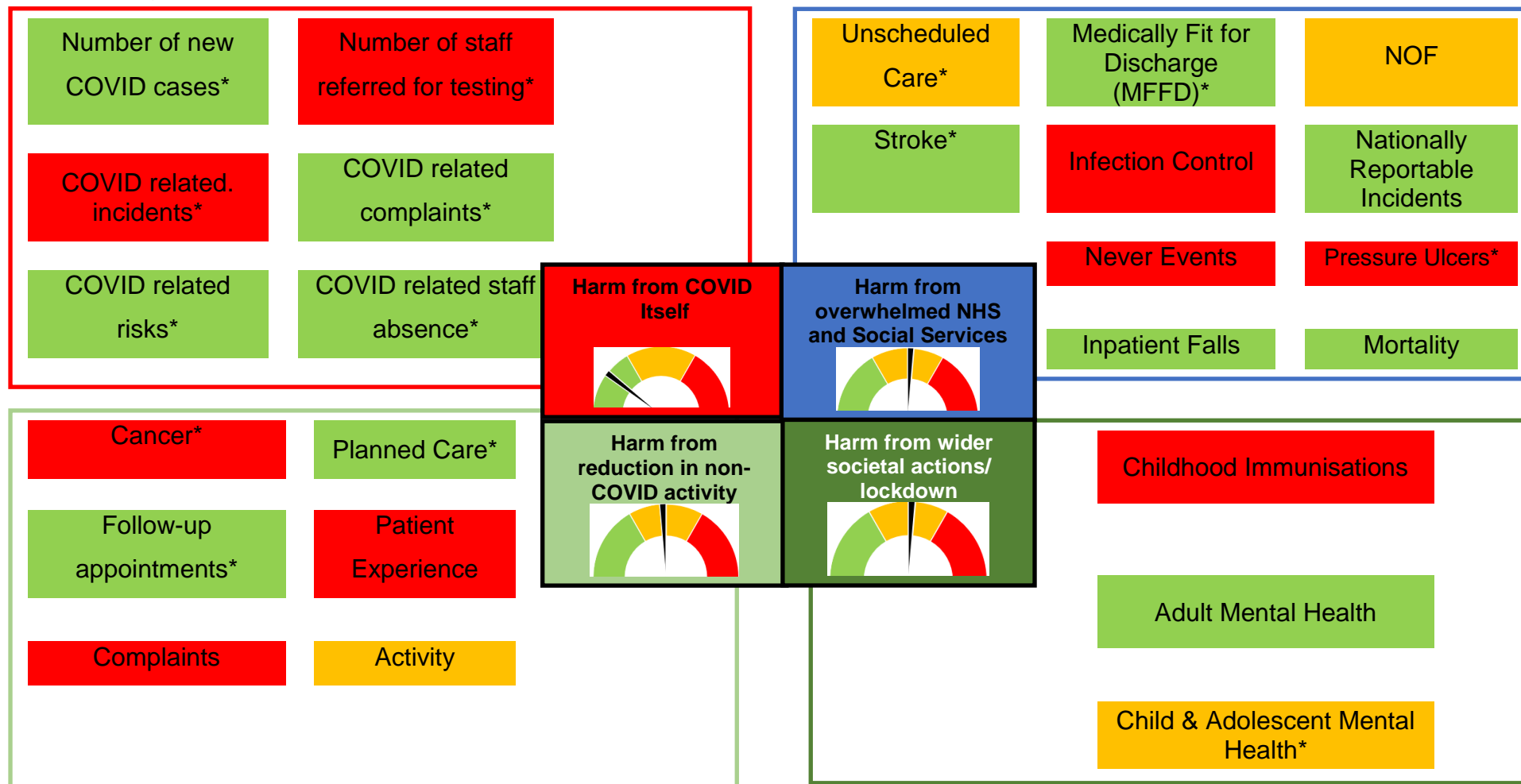
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1. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

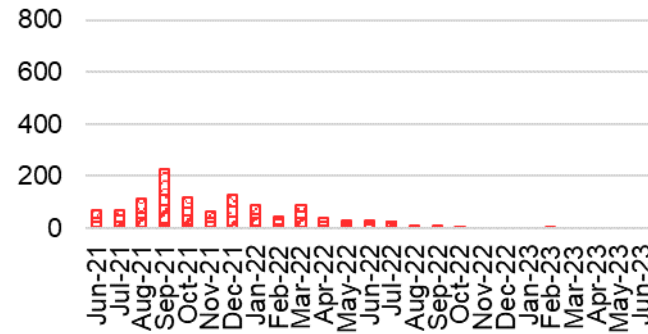
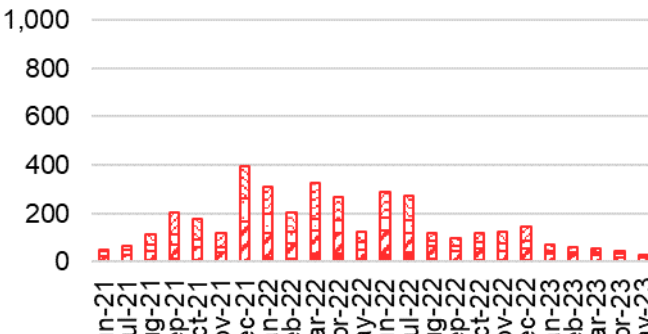
** Data not available

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

		Harm quadrant- Harm from Covid itself															
Measure	Locality	National/ Local Target	HB Trajectory	Trend													
					Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Number of new COVID19 cases*	HB Total				372	600	217	218	171	171	395	230	249	378	153	81	60
Number of staff referred for Antigen Testing	HB Total				264	299	38	10	8	47	127	49	30	43			
Number of staff awaiting results of COVID19 test*	HB Total				0	0	0	0	0	0	0	0	0	0	0	0	0
Number of COVID19 related incidents*	HB Total				52	91	46	84	61	51	61	34	33	57	29	61	90
Number of COVID19 related serious incidents*	HB Total				0	0	0	1	0	0	0	0	0	0	0	0	0
Number of COVID19 related complaints*	HB Total				4	5	6	11	3	3	0	0	2	2	1	0	0
Number of COVID19 related risks*	HB Total																
Number of staff self isolated (asymptomatic)*	Medical				2	3	0	0	0	0	0	0	0	0	0	0	0
	Nursing Registered				12	15	4	2	0	0	0	0	1	0	0	0	0
	Nursing Non Registered				6	3	0	1	0	0	0	0	0	0	0	0	0
	Other				8	5	4	2	1	0	0	0	0	0	0	0	0
Number of staff self isolated (symptomatic)*	Medical				27	38	15	2	9	6	10	4	3	1	1	1	0
	Nursing Registered				102	83	49	42	49	37	46	29	25	29	18	15	3
	Nursing Non Registered				52	53	26	22	26	34	32	12	12	11	14	4	0
	Other				106	98	31	34	37	47	56	25	23	16	12	7	4
% sickness*	Medical				3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%	0.1%	0.0%
	Nursing Registered				2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	0.4%	0.4%	0.1%
	Nursing Non Registered				2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%	0.2%	0.0%
	Other				1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	0.1%	0.1%
	All				2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%

3.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>1. Number of new COVID cases</p> <p>In June 2023, there were an additional 60 positive cases recorded bringing the cumulative total to 120,402 in Swansea Bay since March 2020.</p>	<p>1.Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
	<p>2. Staff referred for Antigen testing</p> <p>The cumulative number of staff referred for COVID testing between March 2020 and March 2023 is 18,230 of which 19% have been positive (Cumulative total).</p> <p>*WG have now ceased data collection for staff testing centres*</p>	<p>2.Outcome of staff referred for Antigen testing</p> <p>■ Positive ▨ Negative ▨ In Progress ▨ Unknown/blank</p>

COVID RELATED STAFF ABSENCE																																																																																																
Description	Current Performance	Trend																																																																																														
Staff absence due to COVID19	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.																																																																																															
	1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between May 2023 and June 2023, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) decreased from 27 to 7. In June 2023, the “other” staff group had the largest number of self-isolating staff who were symptomatic.	<div>1.Number of staff self isolating (asymptomatic)</div>  <div>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</div>																																																																																														
	3. % Staff sickness The percentage of staff sickness absence due to COVID19 in June 2023 has reduced to 0.1% from 0.2% in May 2023.	<div>2.Number of staff self isolating (symptomatic)</div>  <div>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</div> <div>3.% staff sickness</div> <table><tr><th></th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th><th>Mar-23</th><th>Apr-23</th><th>May-23</th><th>Jun-23</th></tr><tr><td>Medical</td><td>3.5%</td><td>4.9%</td><td>1.8%</td><td>0.2%</td><td>1.1%</td><td>0.7%</td><td>1.2%</td><td>0.5%</td><td>0.3%</td><td>0.1%</td><td>0.1%</td><td>0.1%</td><td>0.0%</td></tr><tr><td>Nursing Reg</td><td>2.8%</td><td>2.4%</td><td>1.3%</td><td>1.1%</td><td>1.2%</td><td>0.9%</td><td>1.1%</td><td>0.7%</td><td>0.6%</td><td>0.7%</td><td>0.4%</td><td>0.4%</td><td>0.1%</td></tr><tr><td>Nursing Non Reg</td><td>2.7%</td><td>2.7%</td><td>1.2%</td><td>1.1%</td><td>1.3%</td><td>1.6%</td><td>1.5%</td><td>0.6%</td><td>0.6%</td><td>0.5%</td><td>0.7%</td><td>0.2%</td><td>0.0%</td></tr><tr><td>Other</td><td>1.8%</td><td>1.6%</td><td>0.5%</td><td>0.6%</td><td>0.6%</td><td>0.7%</td><td>0.9%</td><td>0.4%</td><td>0.4%</td><td>0.2%</td><td>0.2%</td><td>0.1%</td><td>0.1%</td></tr><tr><td>All</td><td>2.4%</td><td>2.2%</td><td>1.0%</td><td>0.8%</td><td>0.9%</td><td>0.9%</td><td>1.1%</td><td>0.5%</td><td>0.5%</td><td>0.4%</td><td>0.3%</td><td>0.2%</td><td>0.1%</td></tr></table>													Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Medical	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%	0.1%	0.0%	Nursing Reg	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	0.4%	0.4%	0.1%	Nursing Non Reg	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%	0.2%	0.0%	Other	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	0.1%	0.1%	All	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%
	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23																																																																																			
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Other	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	0.1%	0.1%																																																																																			
All	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%																																																																																			

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

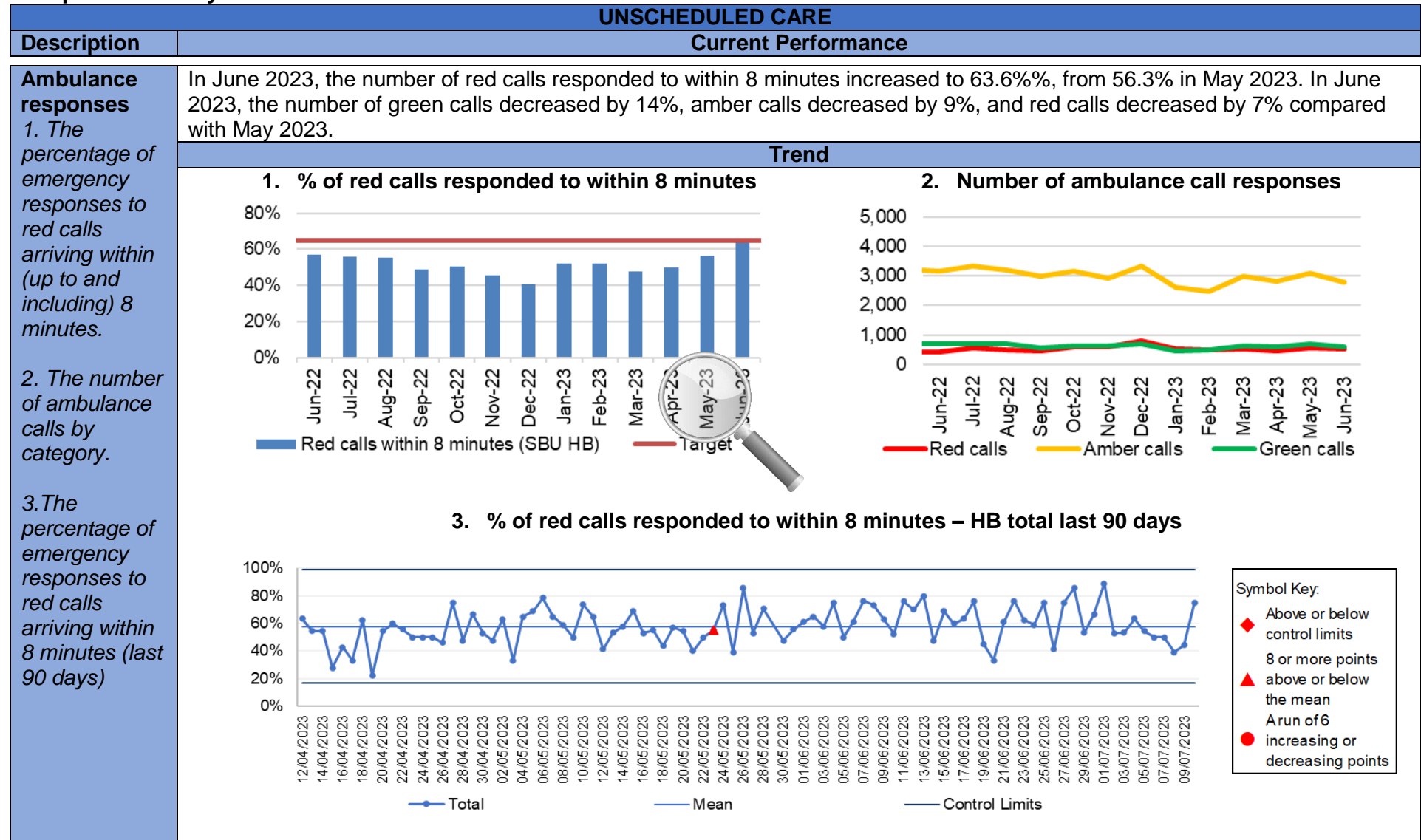
4.1 Overview

Measure	Locality	National/ Local Target	HB Trajectory	Trend													
					Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
		Unscheduled Care															
Number of ambulance handovers over one hour	Morrison	Improvement trajectory towards 0 by Mar 24			568	637	681	710	722	727	592	554	594	728	658	708	615
	Singleton				10	22	24	22	17	17	22	7	0	1	0	0	0
	Total		502		578	659	705	732	739	744	614	561	594	729	658	708	615
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	Morrison	Month on month improvement			54.6%	54.0%	51.4%	55.9%	53.6%	54.1%	49.3%	58.3%	62.5%	59.3%	60.5%	60.5%	62.0%
	NPTH				96.9%	93.1%	97.4%	98.2%	96.8%	99.1%	98.8%	98.7%	98.9%	97.8%	98.2%	97.1%	97.2%
	Total				71.7%	69.4%	69.7%	72.7%	70.6%	70.4%	65.2%	74.0%	76.0%	73.7%	75.2%	75.3%	76.1%
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Morrison	Improvement trajectory towards 0 by Mar 24			1,386	1,427	1,472	1,470	1,583	1,454	1,632	1,089	1,123	1,395	1,083	1,303	1,274
	NPTH				2	2	2	0	1	2	0	0	2	0	0	0	0
	Total		1185		1,388	1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125	1,395	1,083	1,303	1,274
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	23.8%
	Total	(UK SNAP average)			4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	23.8%
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	42.9%
	Total	(UK SNAP average)			36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	42.9%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	92.9%
	Total	(UK SNAP average)			97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	92.9%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month improvement trend			0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%	0.0%	12.5%
	Total				0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%	0.0%	12.5%
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%	68.6%	62.9%	66.7%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			89.4%	91.2%	92.9%	93.1%	93.5%	94.0%	94.5%	95.0%	94.9%	95.2%	95.5%	95.0%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			33.3%	29.2%	26.5%	26.4%	25.8%	24.6%	22.1%	22.8%	21.9%	24.5%	26.9%	27.8%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			71.5%	71.0%	71.6%	71.2%	71.6%	73.0%	73.2%	73.1%	73.0%	72.9%	72.8%	72.1%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			68.9%	69.2%	70.2%	72.4%	74.0%	75.5%	76.9%	76.7%	77.8%	78.6%	78.9%	79.7%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			76.6%	76.1%	75.9%	77.1%	76.8%	76.2%	76.3%	75.0%	74.8%	74.1%	73.3%	74.2%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			63.8%	69.2%	66.2%	71.6%	69.4%	69.9%	70.3%	70.9%	68.8%	70.7%	67.8%	68.9%	
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month improvement trend															
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend															

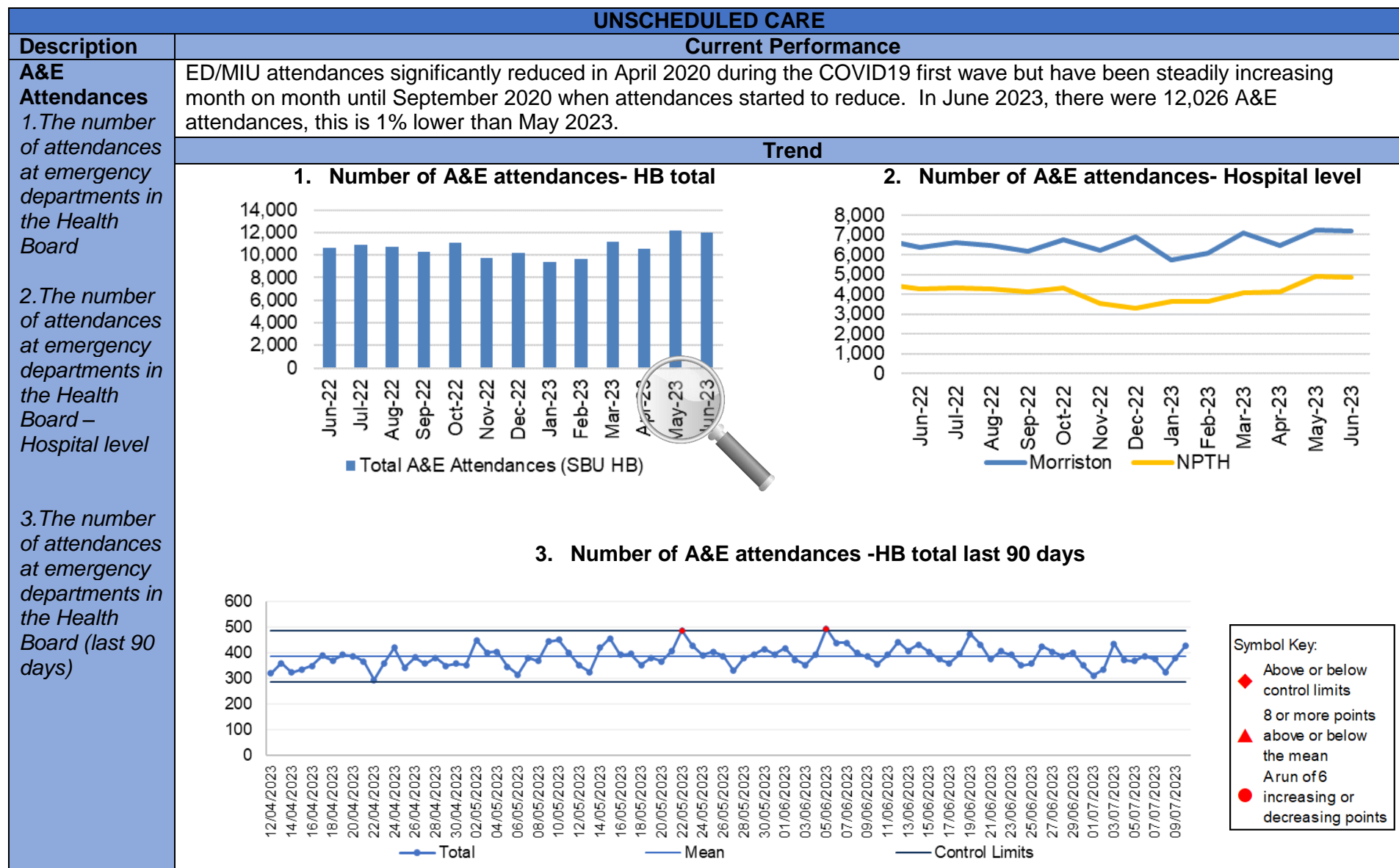
Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	
		Healthcare Acquired Infections																
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	11		12	18	21	8	10	12	14	12	8	10	12	10	14	
	PCCS Hospital		1		0	0	0	1	0	0	0	0	1	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		7		3	3	6	0	6	10	2	5	4	7	12	8	7	
	NPTH		1		0	0	1	1	0	0	0	0	0	0	0	1	2	
	Singleton		2		2	0	4	5	6	1	6	3	4	2	2	3	2	
	Total		≤ 234 (Cumulative)	20		17	21	32	15	22	23	22	20	17	19	26	22	27
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		2	6	6	6	4	5	3	2	2	5	9	2	4	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		3		4	4	5	6	10	2	8	2	8	4	4	4	6	
	NPTH		0		1	0	0	0	1	0	0	0	0	0	0	0	1	
	Singleton		1		2	2	1	2	2	1	2	6	1	1	3	4	1	
	Total		≤ 71 (Cumulative)	6		9	12	12	14	17	8	13	10	11	10	16	10	12
Number of C.difficile cases	PCCS Community	12 month reduction trend	3		9	6	6	3	6	11	6	7	2	6	8	4	7	
	PCCS Hospital		0		0	0	0	0	1	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		5		5	7	9	6	12	5	6	11	7	9	6	6	10	
	NPTH		0		0	0	1	0	0	0	0	2	0	0	0	1	0	
	Singleton		1		2	3	6	5	2	5	2	2	3	4	1	1	3	
	Total		≤ 95 (Cumulative)	9		16	16	22	14	21	21	14	22	12	19	18	12	20
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		2	7	4	9	4	5	3	6	1	7	1	6	5	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		3		3	3	3	0	2	2	3	4	5	4	6	2	0	
	NPTH		0		0	0	0	0	1	0	0	0	0	0	0	1	1	
	Singleton		1		3	1	1	1	0	4	2	1	2	0	1	1	0	
	Total		≤ 71 (Cumulative)	7		8	11	8	10	7	11	8	11	8	11	8	10	6
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	0		1	2	0	1	3	0	2	2	0	2	1	0	1	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		1		3	1	2	2	1	3	0	1	2	2	1	1	1	
	NPTH		0		0	0	0	0	0	1	0	0	0	0	0	0	0	
	Singleton		1		0	1	1	2	2	1	1	1	0	0	0	0	1	
	Total		≤ 24 (Cumulative)	2		4	4	3	5	6	5	3	4	2	4	2	1	4
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	-	-	100.0%	-	-	
	MH&LD				98.9%	99.1%	95.0%	96.6%	94.4%	97.7%	94.8%	99.0%	95.6%	95.3%	98.0%	99.6%	98.5%	
	Morrison				97.7%	94.8%	91.1%	99.3%	98.3%	93.9%	100.0%	99.3%	92.1%	86.9%	93.7%	95.2%	96.7%	
	NPTH				97.0%	96.4%	96.6%	100.0%	96.7%	96.7%	95.2%	96.8%	100.0%	93.6%	100.0%	89.2%	90.0%	
	Singleton				96.9%	95.6%	85.2%	90.5%	95.9%	95.4%	92.2%	91.6%	99.2%	100.0%	91.3%	89.0%	85.7%	
	Total				97.8%	96.2%	90.3%	96.6%	96.4%	95.5%	95.2%	97.2%	94.8%	92.9%	98.8%	95.2%	94.8%	

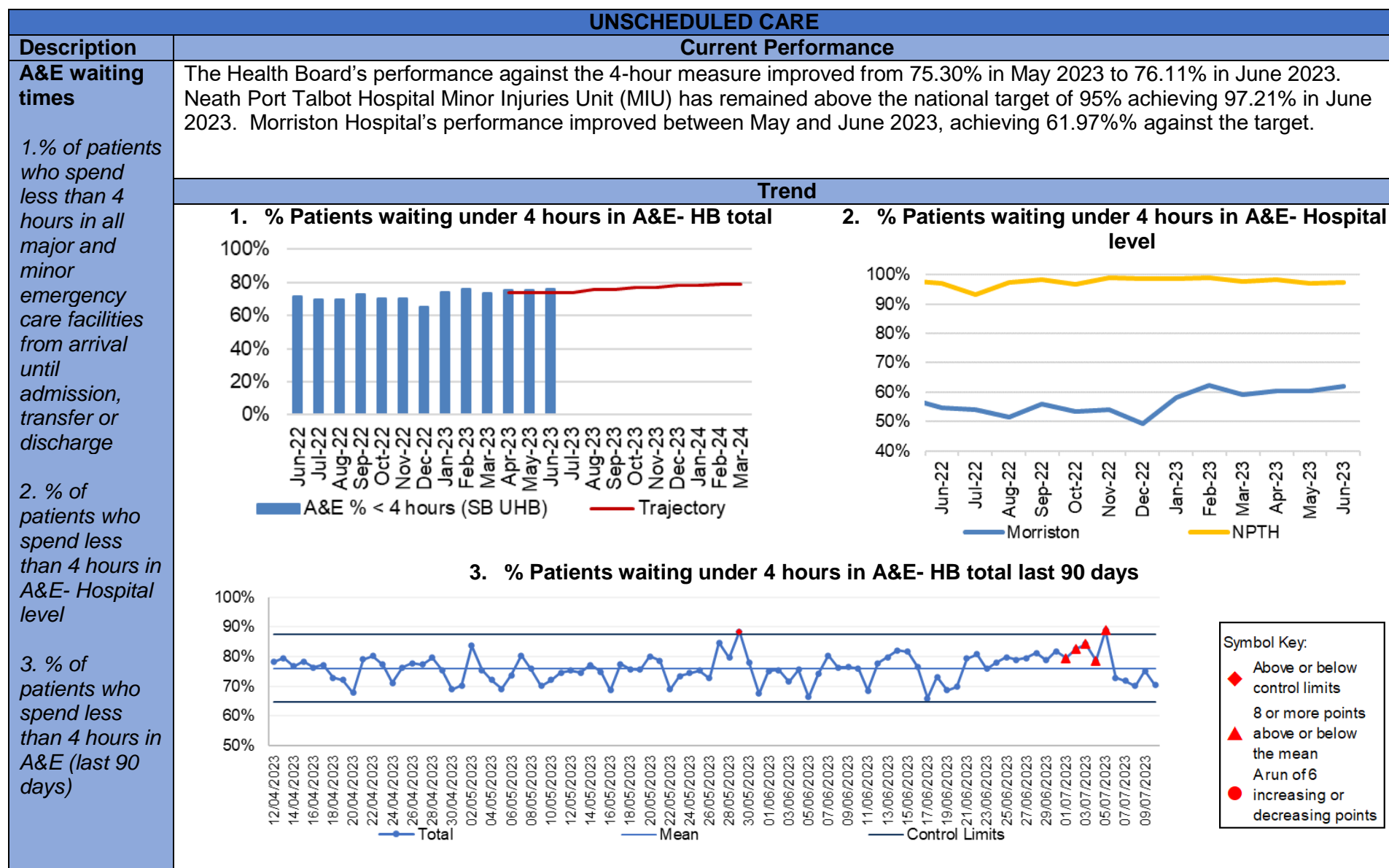
Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	
		Serious Incidents & Risks																
Number of Nationally Reportable Incidents	PCCS	Monitor			2	0	1	0	3	1	4	0	2	1	0	0	1	
	MH&LD				0	0	0	9	2	0	2	2	1	1	0	0	0	
	Morrison				0	1	5	4	2	7	2	3	1	6	5	4	2	
	NPTH				0	0	3	1	0	0	0	0	0	0	0	1	0	
	Singleton				0	0	2	1	2	3	0	5	1	1	1	2	1	
	Total				2	1	11	15	9	11	8	10	5	9	6	7	4	
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	80%			33%	-	0%	-	75%	73%	85%	67%	67%	83%	80%	67%	-	
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				0	1	0	0	0	1	0	0	0	0	0	1	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	0	0	0	1	0	0	0	0	0
	Total				0	1	0	0	0	1	0	0	1	0	0	1	0	0
Pressure Ulcers																		
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			32	27	50	40	44	45	42	45	41	62	31	41		
	PCCS Hospital				0	0	0	0	3	1	0	0	1	0	0	0		
	MH&LD				1	1	1	0	0	0	0	0	0	1	1	0		
	Morrison				38	37	34	23	36	50	41	53	48	64	73	69		
	NPTH				1	1	3	2	3	0	0	0	1	3	2	3		
	Singleton				13	19	16	14	17	18	6	11	10	8	7	11		
	Total				85	85	104	79	103	114	89	109	101	138	114	124		
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			12	2	11	6	2	7	13	4	9	14	7	9		
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0		
	MH&LD				0	0	0	0	0	0	0	0	0	1	0	0		
	Morrison				1	3	2	0	1	6	7	3	1	6	4	8		
	NPTH				1	1	0	0	0	0	0	0	1	0	0	0		
	Singleton				1	1	1	0	0	1	1	1	2	0	1	2		
	Total				15	7	14	6	3	14	21	8	13	21	12	19		
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			760	805	767	556	797	924	660	895	891	999	1,204	1,105		
Total number of Inpatient Falls	PCCS	12 month reduction trend			2	3	6	6	2	3	6	11	8	8	10	12	10	
	MH&LD				14	18	30	24	36	22	22	29	37	24	36	25	23	
	Morrison				75	76	105	72	74	81	94	99	91	131	92	93	79	
	NPTH				32	39	34	18	25	21	22	20	21	27	17	23	16	
	Singleton				49	36	41	55	47	51	40	30	19	24	28	31	15	
	Total				172	174	216	175	184	178	184	189	179	214	183	184	143	
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			4.29	4.21	5.29	4.29	4.36	4.38	4.32	4.46	4.81	5.19	4.55	4.46	3.57	
		Mortality																
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.47%	1.43%	1.42%	1.42%	1.37%	1.35%	1.32%	1.31%	1.31%	1.29%	1.32%	1.29%		
	Singleton				0.46%	0.45%	0.44%	0.42%	0.40%	0.38%	0.37%	0.34%	0.33%	0.30%	0.29%	0.26%		
	NPTH				0.04%	0.05%	0.05%	0.05%	0.04%	0.05%	0.07%	0.11%	0.11%	0.03%	0.04%	0.04%		
	Total (SBU)				0.85%	0.83%	0.83%	0.81%	0.78%	0.75%	0.74%	0.73%	0.73%	0.71%	0.72%	0.71%		

4.2 Updates on key measures

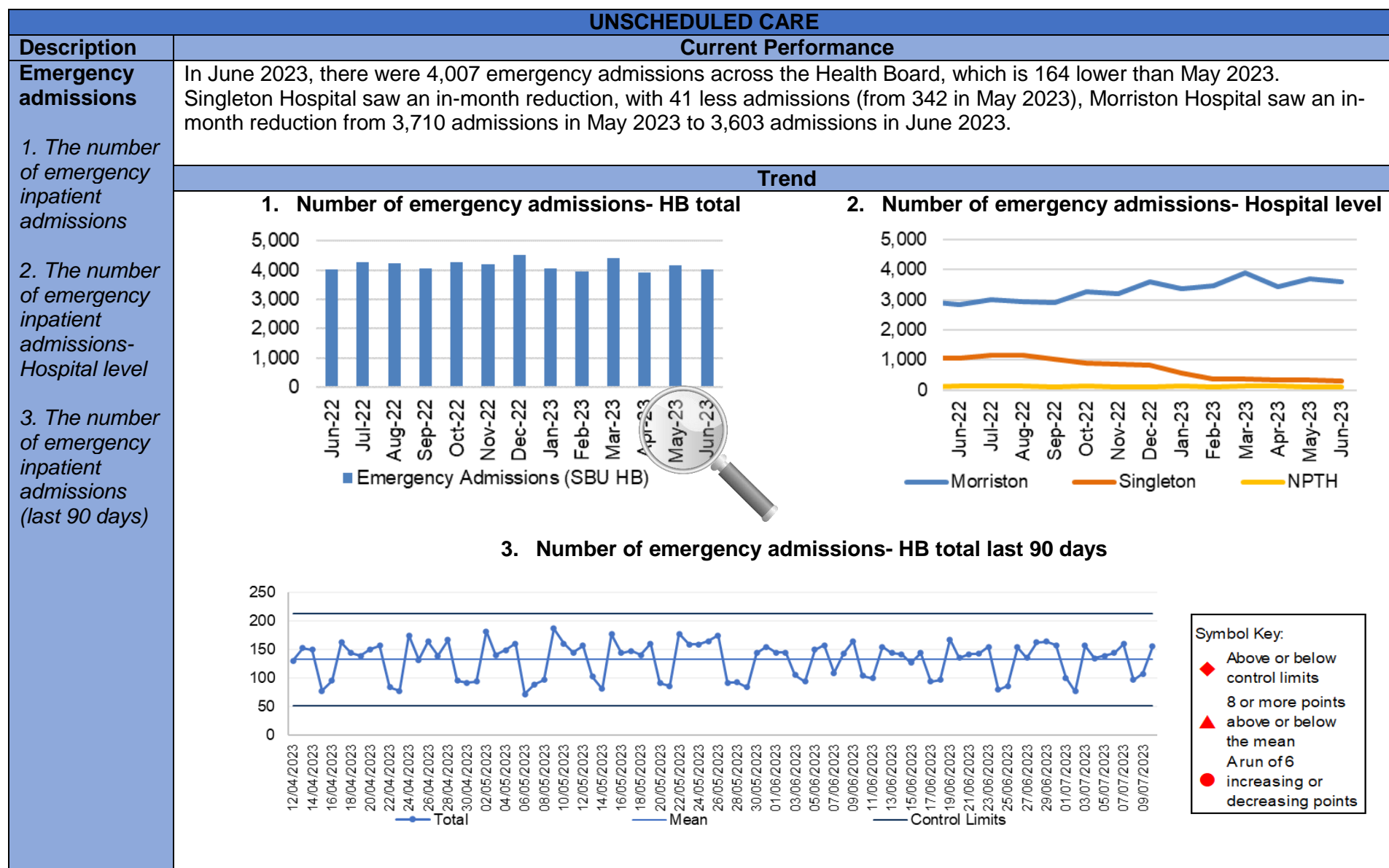


UNSCHEDULED CARE	
Description	Current Performance
Ambulance handovers 1. The number of ambulance handovers over one hour 2. The number of ambulance handovers over one hour- Hospital level 3. The number of ambulance handovers over one hour (last 90 days)	<p>In June 2023, there were 615 ambulance to hospital handovers taking over 1 hour; this is a reduction in figures compared with 708 in May 2023. In June 2023, all handovers over 1 hour were attributed to Morriston Hospital.</p> <p>The number of handover hours lost over 15 minutes have decreased from 3,951.58 in May 2023 to 3,018 in June 2023.</p>
	Trend
	<div> <div> 1. Number of ambulance handovers- HB total </div> <div> 2. Number of ambulance handovers over 1 hour- Hospital level </div> </div> <div> 3. Number of ambulance handovers- HB total last 90 days </div>



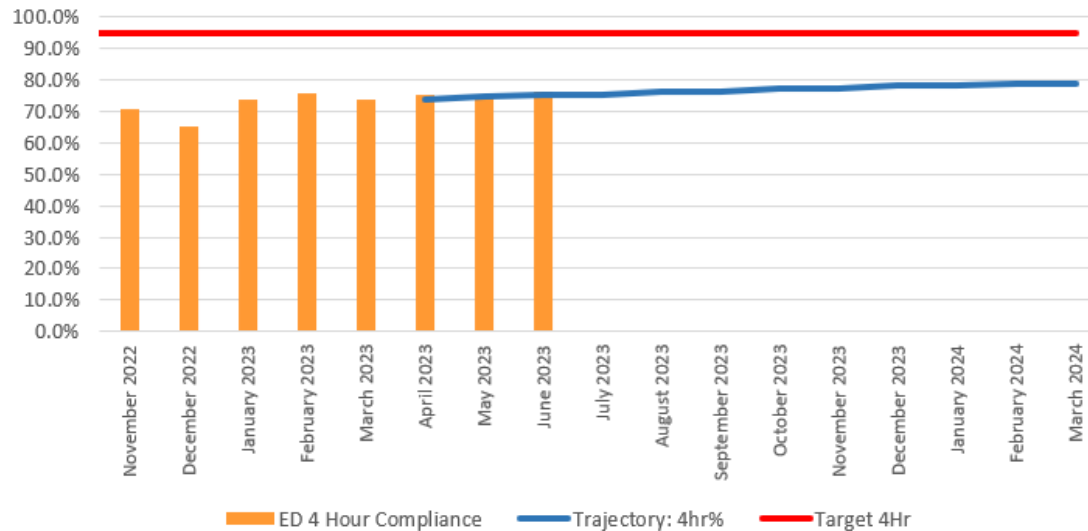


UNSCHEDULED CARE	
Description	Current Performance
A&E waiting times	In June 2023, performance against the 12-hour measure improved when compared with May 2023, decreasing from 1,303 to 1,274. This is a reduction of 29 compared to May 2023. All of the patients waiting over 12 hours in May 2023 were attributed to Morriston Hospital.
1. Number of patients who spend 12 hours or more in A&E	<p>Trend</p> <div> <p>1. Number of patients waiting over 12 hours in A&E- HB total</p> </div> <div> <p>2. Number of patients waiting over 12 hours in A&E- Hospital level</p> </div>
2. Number of patients who spend 12 hours or more in A&E- Hospital level	
3. Number of patients who spend 12 hours or more in A&E (last 90 days)	
	<p>3. Number of patients waiting over 12 hours in A&E – HB total last 90 days</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>



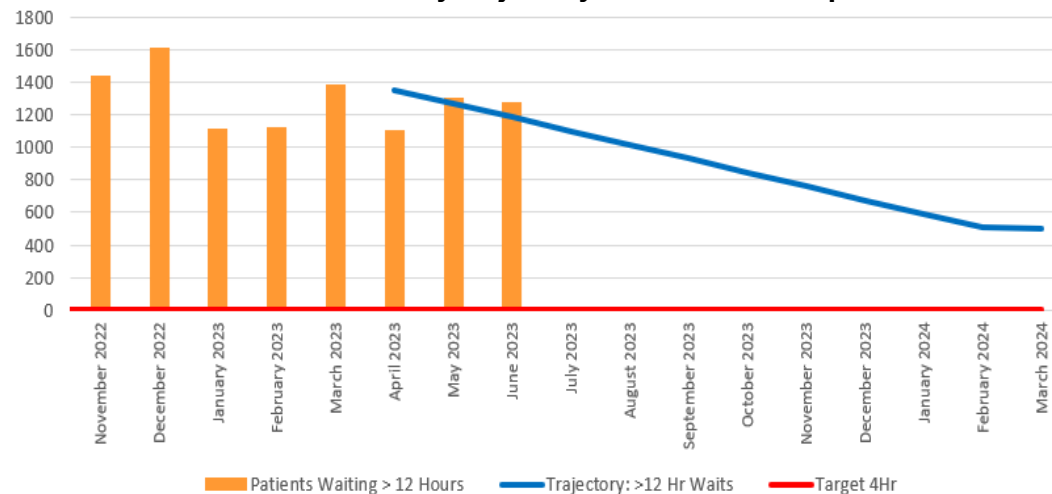
Updates on UNSCHEDULED CARE – Performance Escalation updates

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



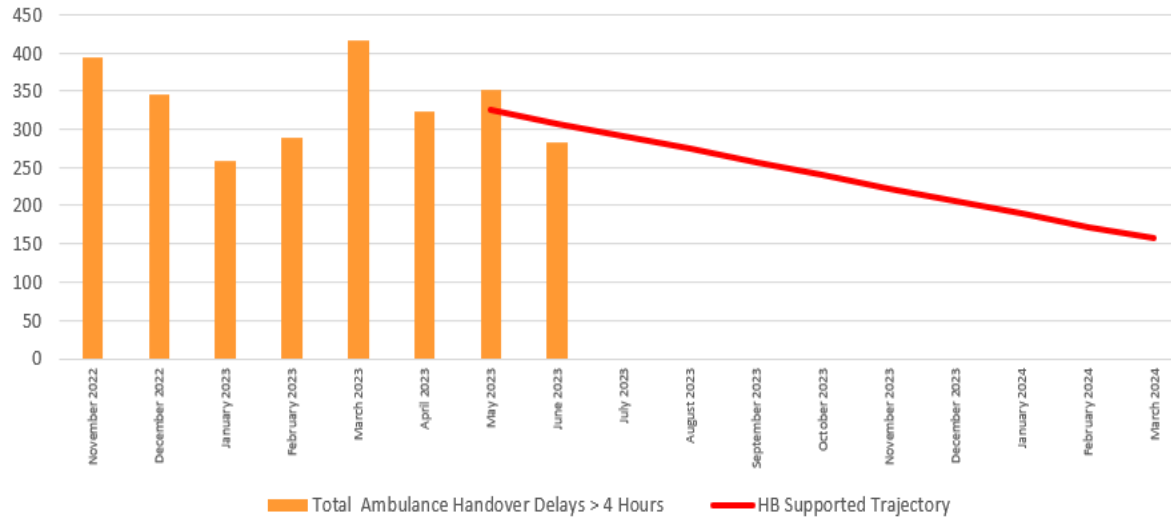
1. Performance against the 4-hour access is performing above the trajectory for June 2023. Emergency Department (ED) 4-hour performance increased by 0.8% in June 2023 to 76.1% from 75.3% in May 2023.

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

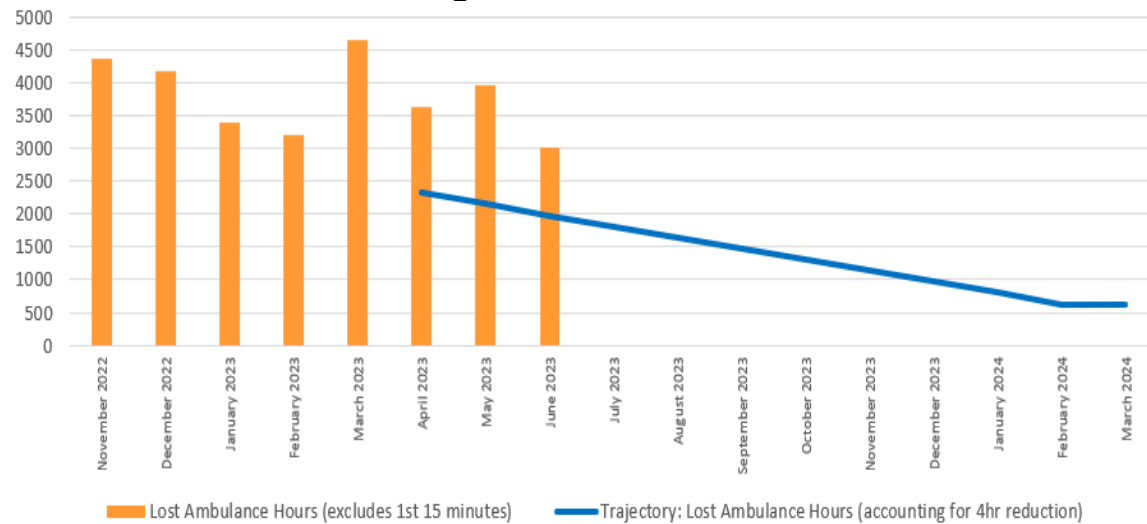


2. Performance against the 12-hour waits improved in June and is currently slightly above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,274 in June 2023 from 1,303 in May 2023.

3. Ambulance Handover over 4 hours

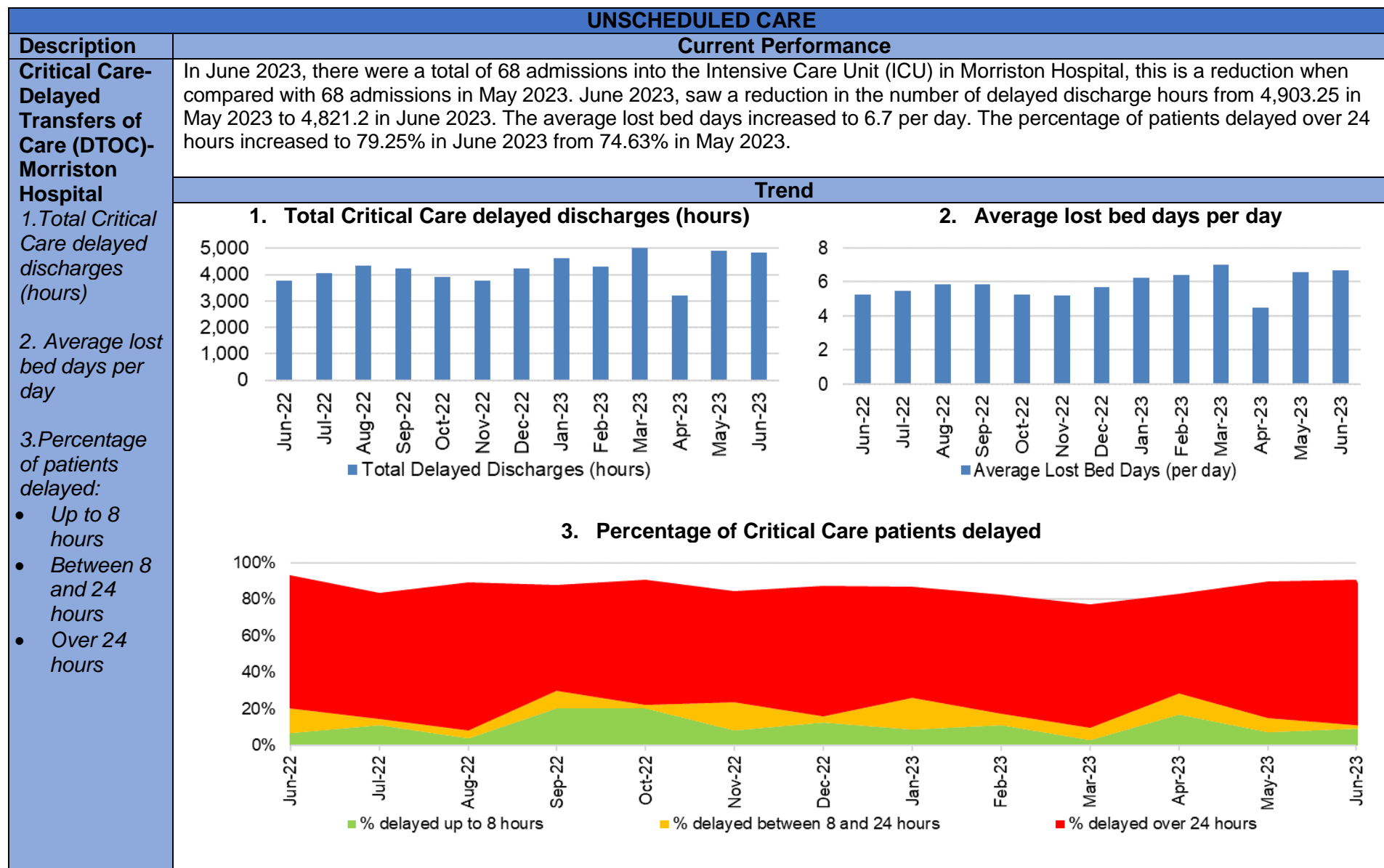


4. Average Ambulance Handover Rate



3. The Ambulance handover rate over 4 hours have decreased in June 2023. The handover times over four hours decreased to 282 in June 2023 from 283 in May 2023. The figures are above the outlined trajectory for June 2023 which was 161.

4. The ambulance handover lost hours rate has seen a reduction in June 2023. The ambulance handover lost hours decreased from 3,952 in May to 3,018 in June 2023, which is above the outlined trajectory for June 2023 (1,982).



UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In June 2023, there were on average 278 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In June 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 119, closely followed by Neath Port Talbot Hospital with 82.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital, implementing of the AMSR programme will also encourage a reduction in the figures.</p>	<p>The number of clinically optimised patients by site</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Jun-22</td><td>130</td><td>65</td><td>85</td><td>15</td></tr><tr><td>Jul-22</td><td>140</td><td>65</td><td>90</td><td>15</td></tr><tr><td>Aug-22</td><td>115</td><td>70</td><td>100</td><td>10</td></tr><tr><td>Sep-22</td><td>120</td><td>90</td><td>90</td><td>15</td></tr><tr><td>Oct-22</td><td>110</td><td>75</td><td>100</td><td>20</td></tr><tr><td>Nov-22</td><td>110</td><td>65</td><td>85</td><td>10</td></tr><tr><td>Dec-22</td><td>100</td><td>60</td><td>80</td><td>10</td></tr><tr><td>Jan-23</td><td>120</td><td>70</td><td>85</td><td>10</td></tr><tr><td>Feb-23</td><td>100</td><td>100</td><td>90</td><td>10</td></tr><tr><td>Mar-23</td><td>110</td><td>90</td><td>75</td><td>10</td></tr><tr><td>Apr-23</td><td>110</td><td>75</td><td>75</td><td>20</td></tr><tr><td>May-23</td><td>115</td><td>70</td><td>80</td><td>15</td></tr><tr><td>Jun-23</td><td>119</td><td>55</td><td>82</td><td>20</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Jun-22	130	65	85	15	Jul-22	140	65	90	15	Aug-22	115	70	100	10	Sep-22	120	90	90	15	Oct-22	110	75	100	20	Nov-22	110	65	85	10	Dec-22	100	60	80	10	Jan-23	120	70	85	10	Feb-23	100	100	90	10	Mar-23	110	90	75	10	Apr-23	110	75	75	20	May-23	115	70	80	15	Jun-23	119	55	82	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 June 2023, there were 9 elective procedures cancelled due to lack of beds on the day of surgery. This is 24 less cancellations than those seen in May 2023.</p> <p>Of the cancelled procedures, all were attributed to Morriston Hospital in June 2023.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jun-22</td><td>45</td><td>0</td><td>0</td></tr><tr><td>Jul-22</td><td>30</td><td>0</td><td>0</td></tr><tr><td>Aug-22</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Sep-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Oct-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Nov-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Dec-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Jan-23</td><td>70</td><td>0</td><td>10</td></tr><tr><td>Feb-23</td><td>30</td><td>0</td><td>0</td></tr><tr><td>Mar-23</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Apr-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>May-23</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Jun-23</td><td>9</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Jun-22	45	0	0	Jul-22	30	0	0	Aug-22	10	0	0	Sep-22	25	0	0	Oct-22	35	0	0	Nov-22	25	0	0	Dec-22	25	0	0	Jan-23	70	0	10	Feb-23	30	0	0	Mar-23	20	0	0	Apr-23	10	0	0	May-23	25	0	0	Jun-23	9	0	0														
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Fractured Neck of Femur (#NOF) <i>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</i> <i>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</i> <i>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</i> <i>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</i>	1. Prompt orthogeriatric assessment- In May 2023, 95% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.	1. Prompt orthogeriatric assessment <table><caption>1. Prompt orthogeriatric assessment</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>May-22</td><td>95%</td><td>70%</td><td>80%</td></tr><tr><td>Jun-22</td><td>95%</td><td>70%</td><td>80%</td></tr><tr><td>Jul-22</td><td>95%</td><td>70%</td><td>80%</td></tr><tr><td>Aug-22</td><td>95%</td><td>70%</td><td>80%</td></tr><tr><td>Sep-22</td><td>95%</td><td>70%</td><td>80%</td></tr><tr><td>Oct-22</td><td>95%</td><td>70%</td><td>80%</td></tr><tr><td>Nov-22</td><td>95%</td><td>70%</td><td>80%</td></tr><tr><td>Dec-22</td><td>95%</td><td>70%</td><td>80%</td></tr><tr><td>Jan-23</td><td>95%</td><td>70%</td><td>80%</td></tr><tr><td>Feb-23</td><td>95%</td><td>70%</td><td>80%</td></tr><tr><td>Mar-23</td><td>95%</td><td>70%</td><td>80%</td></tr><tr><td>Apr-23</td><td>95%</td><td>70%</td><td>80%</td></tr><tr><td>May-23</td><td>95%</td><td>70%</td><td>80%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	May-22	95%	70%	80%	Jun-22	95%	70%	80%	Jul-22	95%	70%	80%	Aug-22	95%	70%	80%	Sep-22	95%	70%	80%	Oct-22	95%	70%	80%	Nov-22	95%	70%	80%	Dec-22	95%	70%	80%	Jan-23	95%	70%	80%	Feb-23	95%	70%	80%	Mar-23	95%	70%	80%	Apr-23	95%	70%	80%	May-23	95%	70%	80%
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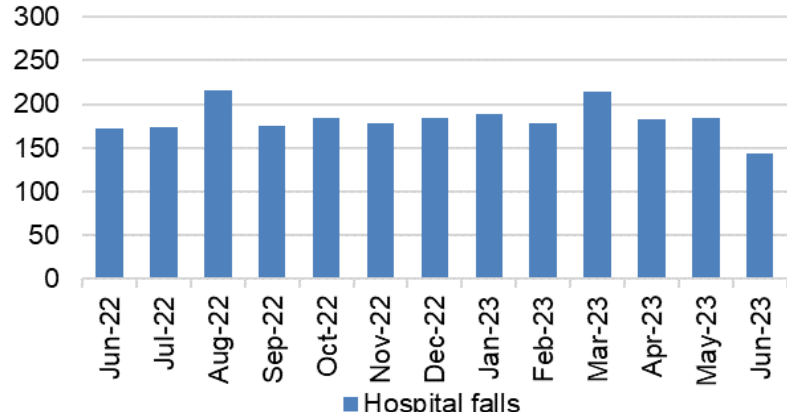
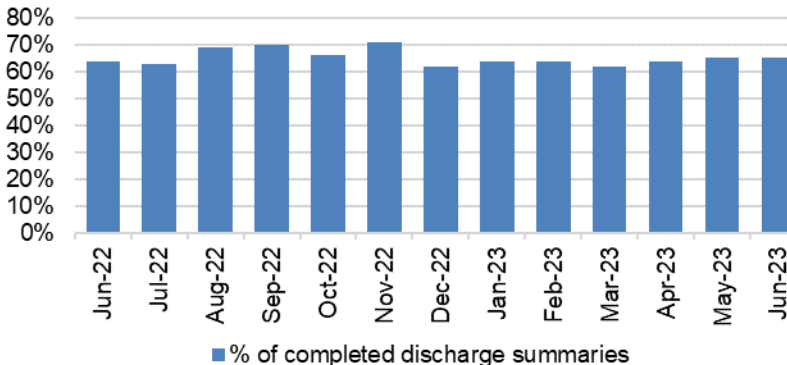
FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 74.2% of patients were not delirious in the week after their operation in May 2023.	<p>5. Not delirious when tested</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 68.9% of patients in May 2023 were discharged back to their original residence. This is 1% less than in May 2022.	<p>6. Return to original residence</p>
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the morality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p>

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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"> 27 cases of <i>E. coli</i> bacteraemia were identified in June 2023, of which 13 were hospital acquired, 14 were community acquired and 2 were identified from other Health Board's. The Health Board total is currently above the Welsh Government Profile target of 20 cases for June 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>18</td><td></td></tr> <tr><td>Jul-22</td><td>22</td><td></td></tr> <tr><td>Aug-22</td><td>32</td><td></td></tr> <tr><td>Sep-22</td><td>15</td><td></td></tr> <tr><td>Oct-22</td><td>22</td><td></td></tr> <tr><td>Nov-22</td><td>23</td><td></td></tr> <tr><td>Dec-22</td><td>22</td><td></td></tr> <tr><td>Jan-23</td><td>20</td><td></td></tr> <tr><td>Feb-23</td><td>18</td><td></td></tr> <tr><td>Mar-23</td><td>20</td><td></td></tr> <tr><td>Apr-23</td><td>26</td><td>20</td></tr> <tr><td>May-23</td><td>22</td><td>19</td></tr> <tr><td>Jun-23</td><td>27</td><td>20</td></tr> <tr><td>Jul-23</td><td></td><td>20</td></tr> <tr><td>Aug-23</td><td></td><td>19</td></tr> <tr><td>Sep-23</td><td></td><td>19</td></tr> <tr><td>Oct-23</td><td></td><td>19</td></tr> <tr><td>Nov-23</td><td></td><td>21</td></tr> <tr><td>Dec-23</td><td></td><td>21</td></tr> <tr><td>Jan-24</td><td></td><td>19</td></tr> <tr><td>Feb-24</td><td></td><td>19</td></tr> <tr><td>Mar-24</td><td></td><td>19</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Jun-22	18		Jul-22	22		Aug-22	32		Sep-22	15		Oct-22	22		Nov-22	23		Dec-22	22		Jan-23	20		Feb-23	18		Mar-23	20		Apr-23	26	20	May-23	22	19	Jun-23	27	20	Jul-23		20	Aug-23		19	Sep-23		19	Oct-23		19	Nov-23		21	Dec-23		21	Jan-24		19	Feb-24		19	Mar-24		19
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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 <i>Staph. aureus</i> bacteraemia in June 2023, of which 8 were hospital acquired and 4 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for June 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>9</td><td></td></tr> <tr><td>Jul-22</td><td>12</td><td></td></tr> <tr><td>Aug-22</td><td>12</td><td></td></tr> <tr><td>Sep-22</td><td>14</td><td></td></tr> <tr><td>Oct-22</td><td>17</td><td></td></tr> <tr><td>Nov-22</td><td>8</td><td></td></tr> <tr><td>Dec-22</td><td>13</td><td></td></tr> <tr><td>Jan-23</td><td>10</td><td></td></tr> <tr><td>Feb-23</td><td>11</td><td></td></tr> <tr><td>Mar-23</td><td>10</td><td></td></tr> <tr><td>Apr-23</td><td>16</td><td>8</td></tr> <tr><td>May-23</td><td>10</td><td>6</td></tr> <tr><td>Jun-23</td><td>12</td><td>6</td></tr> <tr><td>Jul-23</td><td></td><td>6</td></tr> <tr><td>Aug-23</td><td></td><td>6</td></tr> <tr><td>Sep-23</td><td></td><td>6</td></tr> <tr><td>Oct-23</td><td></td><td>6</td></tr> <tr><td>Nov-23</td><td></td><td>6</td></tr> <tr><td>Dec-23</td><td></td><td>6</td></tr> <tr><td>Jan-24</td><td></td><td>5</td></tr> <tr><td>Feb-24</td><td></td><td>5</td></tr> <tr><td>Mar-24</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Jun-22	9		Jul-22	12		Aug-22	12		Sep-22	14		Oct-22	17		Nov-22	8		Dec-22	13		Jan-23	10		Feb-23	11		Mar-23	10		Apr-23	16	8	May-23	10	6	Jun-23	12	6	Jul-23		6	Aug-23		6	Sep-23		6	Oct-23		6	Nov-23		6	Dec-23		6	Jan-24		5	Feb-24		5	Mar-24		5
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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 20 <i>Clostridium difficile</i> toxin positive cases in June 2023, of which 13 were hospital acquired and 7 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 9 cases for June 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired C.difficile cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>16</td><td></td></tr> <tr><td>Jul-22</td><td>16</td><td></td></tr> <tr><td>Aug-22</td><td>22</td><td></td></tr> <tr><td>Sep-22</td><td>14</td><td></td></tr> <tr><td>Oct-22</td><td>21</td><td></td></tr> <tr><td>Nov-22</td><td>21</td><td></td></tr> <tr><td>Dec-22</td><td>14</td><td></td></tr> <tr><td>Jan-23</td><td>22</td><td></td></tr> <tr><td>Feb-23</td><td>12</td><td></td></tr> <tr><td>Mar-23</td><td>19</td><td></td></tr> <tr><td>Apr-23</td><td>18</td><td>10</td></tr> <tr><td>May-23</td><td>12</td><td>10</td></tr> <tr><td>Jun-23</td><td>20</td><td>8</td></tr> <tr><td>Jul-23</td><td></td><td>8</td></tr> <tr><td>Aug-23</td><td></td><td>8</td></tr> <tr><td>Sep-23</td><td></td><td>7</td></tr> <tr><td>Oct-23</td><td></td><td>7</td></tr> <tr><td>Nov-23</td><td></td><td>7</td></tr> <tr><td>Dec-23</td><td></td><td>7</td></tr> <tr><td>Jan-24</td><td></td><td>7</td></tr> <tr><td>Feb-24</td><td></td><td>7</td></tr> <tr><td>Mar-24</td><td></td><td>7</td></tr> </tbody> </table> <p>■ Number of C.diff cases (SBU) — Trajectory</p>	Month	Number of C.diff cases (SBU)	Trajectory	Jun-22	16		Jul-22	16		Aug-22	22		Sep-22	14		Oct-22	21		Nov-22	21		Dec-22	14		Jan-23	22		Feb-23	12		Mar-23	19		Apr-23	18	10	May-23	12	10	Jun-23	20	8	Jul-23		8	Aug-23		8	Sep-23		7	Oct-23		7	Nov-23		7	Dec-23		7	Jan-24		7	Feb-24		7	Mar-24		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 6 cases of Klebsiella sp in June 2023, of which 1 was hospital acquired and 5 were community acquired. The Health Board total is currently below the Welsh Government Profile target of 7 cases for June 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Klebsiella cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>8</td><td></td></tr> <tr><td>Jul-22</td><td>11</td><td></td></tr> <tr><td>Aug-22</td><td>8</td><td></td></tr> <tr><td>Sep-22</td><td>10</td><td></td></tr> <tr><td>Oct-22</td><td>7</td><td></td></tr> <tr><td>Nov-22</td><td>11</td><td></td></tr> <tr><td>Dec-22</td><td>8</td><td></td></tr> <tr><td>Jan-23</td><td>11</td><td></td></tr> <tr><td>Feb-23</td><td>8</td><td></td></tr> <tr><td>Mar-23</td><td>11</td><td></td></tr> <tr><td>Apr-23</td><td>8</td><td>9</td></tr> <tr><td>May-23</td><td>10</td><td>7</td></tr> <tr><td>Jun-23</td><td>6</td><td>7</td></tr> <tr><td>Jul-23</td><td></td><td>7</td></tr> <tr><td>Aug-23</td><td></td><td>7</td></tr> <tr><td>Sep-23</td><td></td><td>6</td></tr> <tr><td>Oct-23</td><td></td><td>4</td></tr> <tr><td>Nov-23</td><td></td><td>4</td></tr> <tr><td>Dec-23</td><td></td><td>5</td></tr> <tr><td>Jan-24</td><td></td><td>5</td></tr> <tr><td>Feb-24</td><td></td><td>5</td></tr> <tr><td>Mar-24</td><td></td><td>4</td></tr> </tbody> </table> <p>■ Number of Klebsiella cases (SBU) — Trajectory</p>	Month	Number of Klebsiella cases (SBU)	Trajectory	Jun-22	8		Jul-22	11		Aug-22	8		Sep-22	10		Oct-22	7		Nov-22	11		Dec-22	8		Jan-23	11		Feb-23	8		Mar-23	11		Apr-23	8	9	May-23	10	7	Jun-23	6	7	Jul-23		7	Aug-23		7	Sep-23		6	Oct-23		4	Nov-23		4	Dec-23		5	Jan-24		5	Feb-24		5	Mar-24		4
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Description	Current Performance	Trend																																																																					
Healthcare Acquired Infections (HCAI)-Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none">There were 4 cases of <i>P.Aeruginosa</i> in June 2023, of which 2 were hospital acquired, 1 was community acquired and 1 was identified from another Health Board.The Health Board total is currently above the Welsh Government Profile target of 2 cases for June 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	Number of healthcare acquired Pseudomonas cases <table><thead><tr><th>Month</th><th>Number of Pseudomonas cases (SBU)</th><th>Trajectory</th></tr></thead><tbody><tr><td>Jun-22</td><td>4</td><td>4.0</td></tr><tr><td>Jul-22</td><td>4</td><td>4.0</td></tr><tr><td>Aug-22</td><td>3</td><td>3.0</td></tr><tr><td>Sep-22</td><td>5</td><td>5.0</td></tr><tr><td>Oct-22</td><td>6</td><td>6.0</td></tr><tr><td>Nov-22</td><td>5</td><td>5.0</td></tr><tr><td>Dec-22</td><td>3</td><td>3.0</td></tr><tr><td>Jan-23</td><td>4</td><td>4.0</td></tr><tr><td>Feb-23</td><td>2</td><td>2.0</td></tr><tr><td>Mar-23</td><td>4</td><td>4.0</td></tr><tr><td>Apr-23</td><td>2</td><td>3.0</td></tr><tr><td>May-23</td><td>1</td><td>2.0</td></tr><tr><td>Jun-23</td><td>4</td><td>2.0</td></tr><tr><td>Jul-23</td><td>0</td><td>2.0</td></tr><tr><td>Aug-23</td><td>0</td><td>2.0</td></tr><tr><td>Sep-23</td><td>0</td><td>2.0</td></tr><tr><td>Oct-23</td><td>0</td><td>2.0</td></tr><tr><td>Nov-23</td><td>0</td><td>1.0</td></tr><tr><td>Dec-23</td><td>0</td><td>3.0</td></tr><tr><td>Jan-24</td><td>0</td><td>2.0</td></tr><tr><td>Feb-24</td><td>0</td><td>2.0</td></tr><tr><td>Mar-24</td><td>0</td><td>1.0</td></tr></tbody></table> <p>■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Jun-22	4	4.0	Jul-22	4	4.0	Aug-22	3	3.0	Sep-22	5	5.0	Oct-22	6	6.0	Nov-22	5	5.0	Dec-22	3	3.0	Jan-23	4	4.0	Feb-23	2	2.0	Mar-23	4	4.0	Apr-23	2	3.0	May-23	1	2.0	Jun-23	4	2.0	Jul-23	0	2.0	Aug-23	0	2.0	Sep-23	0	2.0	Oct-23	0	2.0	Nov-23	0	1.0	Dec-23	0	3.0	Jan-24	0	2.0	Feb-24	0	2.0	Mar-24	0	1.0
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PRESSURE ULCERS																																																																							
Description	Current Performance	Trend																																																																					
Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none">In May 2023 there were 124 cases of healthcare acquired pressure ulcers, 41 of which were community acquired and 83 were hospital acquired.There were 19 grade 3+ pressure ulcers in May 2023, 9 of which were community acquired and 10 were hospital acquired.The rate per 100,000 admissions decreased from 1,204 in April 2023 to 1,105 in May 2023.	Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions <table><thead><tr><th>Month</th><th>Pressure Ulcers (Community)</th><th>Pressure Ulcers (Hospital)</th><th>Rate per 100,00 admissions</th></tr></thead><tbody><tr><td>May-22</td><td>60</td><td>30</td><td>800</td></tr><tr><td>Jun-22</td><td>50</td><td>30</td><td>800</td></tr><tr><td>Jul-22</td><td>50</td><td>30</td><td>800</td></tr><tr><td>Aug-22</td><td>50</td><td>50</td><td>800</td></tr><tr><td>Sep-22</td><td>40</td><td>40</td><td>600</td></tr><tr><td>Oct-22</td><td>60</td><td>40</td><td>800</td></tr><tr><td>Nov-22</td><td>70</td><td>50</td><td>1000</td></tr><tr><td>Dec-22</td><td>50</td><td>40</td><td>700</td></tr><tr><td>Jan-23</td><td>60</td><td>50</td><td>800</td></tr><tr><td>Feb-23</td><td>60</td><td>40</td><td>800</td></tr><tr><td>Mar-23</td><td>80</td><td>60</td><td>1000</td></tr><tr><td>Apr-23</td><td>80</td><td>40</td><td>1200</td></tr><tr><td>May-23</td><td>41</td><td>83</td><td>1105</td></tr></tbody></table> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,00 admissions	May-22	60	30	800	Jun-22	50	30	800	Jul-22	50	30	800	Aug-22	50	50	800	Sep-22	40	40	600	Oct-22	60	40	800	Nov-22	70	50	1000	Dec-22	50	40	700	Jan-23	60	50	800	Feb-23	60	40	800	Mar-23	80	60	1000	Apr-23	80	40	1200	May-23	41	83	1105													
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NATIONALLY REPORTABLE INCIDENTS																																												
Description	Current Performance	Trend																																										
Nationally Reportable Incidents (NRI's)- <i>1. The number of Nationally reportable incidents</i> <i>2. The number of Never Events</i> <i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 4 Nationally Reportable Incidents for the month of June 2023 to Welsh Government. The Service Group breakdown is as follows; <div><div>- Morriston – 2</div><div>- Singleton – 1</div><div>- Primary Care - 1</div></div>	1. and 2. Number of nationally reportable incidents and never events <table><thead><tr><th>Month</th><th>Number of nationally reportable incidents</th><th>Number of never events</th></tr></thead><tbody><tr><td>Jun-22</td><td>2</td><td>0</td></tr><tr><td>Jul-22</td><td>2</td><td>0</td></tr><tr><td>Aug-22</td><td>11</td><td>0</td></tr><tr><td>Sep-22</td><td>15</td><td>0</td></tr><tr><td>Oct-22</td><td>9</td><td>0</td></tr><tr><td>Nov-22</td><td>12</td><td>0</td></tr><tr><td>Dec-22</td><td>8</td><td>0</td></tr><tr><td>Jan-23</td><td>10</td><td>0</td></tr><tr><td>Feb-23</td><td>6</td><td>0</td></tr><tr><td>Mar-23</td><td>9</td><td>0</td></tr><tr><td>Apr-23</td><td>6</td><td>0</td></tr><tr><td>May-23</td><td>8</td><td>0</td></tr><tr><td>Jun-23</td><td>4</td><td>0</td></tr></tbody></table> <div><div>■ Number of never events</div><div>■ Number of Nationally Reportable Incidents</div></div>	Month	Number of nationally reportable incidents	Number of never events	Jun-22	2	0	Jul-22	2	0	Aug-22	11	0	Sep-22	15	0	Oct-22	9	0	Nov-22	12	0	Dec-22	8	0	Jan-23	10	0	Feb-23	6	0	Mar-23	9	0	Apr-23	6	0	May-23	8	0	Jun-23	4	0
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May-23	8	0																																										
Jun-23	4	0																																										
	2. There were no new Never Events reported in June 2023.	3. % of nationally reportable incidents closed within the agreed timescales <table><thead><tr><th>Month</th><th>% NRI's assured</th><th>Target</th></tr></thead><tbody><tr><td>Jun-22</td><td>32%</td><td>80%</td></tr><tr><td>Jul-22</td><td>0%</td><td>80%</td></tr><tr><td>Aug-22</td><td>0%</td><td>80%</td></tr><tr><td>Sep-22</td><td>0%</td><td>80%</td></tr><tr><td>Oct-22</td><td>75%</td><td>80%</td></tr><tr><td>Nov-22</td><td>72%</td><td>80%</td></tr><tr><td>Dec-22</td><td>85%</td><td>80%</td></tr><tr><td>Jan-23</td><td>68%</td><td>80%</td></tr><tr><td>Feb-23</td><td>68%</td><td>80%</td></tr><tr><td>Mar-23</td><td>82%</td><td>80%</td></tr><tr><td>Apr-23</td><td>80%</td><td>80%</td></tr><tr><td>May-23</td><td>68%</td><td>80%</td></tr><tr><td>Jun-23</td><td>0%</td><td>80%</td></tr></tbody></table> <div><div>■ % NRI's assured</div><div>— Target</div></div>	Month	% NRI's assured	Target	Jun-22	32%	80%	Jul-22	0%	80%	Aug-22	0%	80%	Sep-22	0%	80%	Oct-22	75%	80%	Nov-22	72%	80%	Dec-22	85%	80%	Jan-23	68%	80%	Feb-23	68%	80%	Mar-23	82%	80%	Apr-23	80%	80%	May-23	68%	80%	Jun-23	0%	80%
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Jun-23	0%	80%																																										
	3. In June 2023, there were no NRI's due for closure.																																											

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 143 in June 2023. This is 22.3% less than May 2023 where 184 falls were recorded.	<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>Jun-22</td><td>170</td></tr><tr><td>Jul-22</td><td>170</td></tr><tr><td>Aug-22</td><td>215</td></tr><tr><td>Sep-22</td><td>175</td></tr><tr><td>Oct-22</td><td>185</td></tr><tr><td>Nov-22</td><td>175</td></tr><tr><td>Dec-22</td><td>185</td></tr><tr><td>Jan-23</td><td>190</td></tr><tr><td>Feb-23</td><td>175</td></tr><tr><td>Mar-23</td><td>215</td></tr><tr><td>Apr-23</td><td>180</td></tr><tr><td>May-23</td><td>185</td></tr><tr><td>Jun-23</td><td>143</td></tr></tbody></table> <p>■ Hospital falls</p>	Month	Number of Falls	Jun-22	170	Jul-22	170	Aug-22	215	Sep-22	175	Oct-22	185	Nov-22	175	Dec-22	185	Jan-23	190	Feb-23	175	Mar-23	215	Apr-23	180	May-23	185	Jun-23	143
Month	Number of Falls																													
Jun-22	170																													
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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 June 2023, the percentage of completed discharge summaries was 65%.</p> <p>In June 2023, compliance ranged from 46% in Singleton Hospital to 74% in Morriston Hospital.</p>	<p>% discharge summaries approved and sent</p>  <table><caption>% discharge summaries approved and sent (Estimated Data)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Jun-22</td><td>65%</td></tr><tr><td>Jul-22</td><td>63%</td></tr><tr><td>Aug-22</td><td>68%</td></tr><tr><td>Sep-22</td><td>70%</td></tr><tr><td>Oct-22</td><td>66%</td></tr><tr><td>Nov-22</td><td>70%</td></tr><tr><td>Dec-22</td><td>62%</td></tr><tr><td>Jan-23</td><td>64%</td></tr><tr><td>Feb-23</td><td>64%</td></tr><tr><td>Mar-23</td><td>62%</td></tr><tr><td>Apr-23</td><td>64%</td></tr><tr><td>May-23</td><td>65%</td></tr><tr><td>Jun-23</td><td>65%</td></tr></tbody></table> <p>■ % of completed discharge summaries</p>	Month	Percentage	Jun-22	65%	Jul-22	63%	Aug-22	68%	Sep-22	70%	Oct-22	66%	Nov-22	70%	Dec-22	62%	Jan-23	64%	Feb-23	64%	Mar-23	62%	Apr-23	64%	May-23	65%	Jun-23	65%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	May 2023 reports the crude mortality rate for the Health Board at 0.71%, which is the same figure reported in April 2023.	Crude hospital mortality rate by Hospital (74 years of age or less) <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>May-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Jun-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Jul-22</td><td>1.40%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Aug-22</td><td>1.40%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Sep-22</td><td>1.40%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Oct-22</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Nov-22</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Dec-22</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Jan-23</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Feb-23</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Mar-23</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Apr-23</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>May-23</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	May-22	1.45%	0.45%	0.05%	0.85%	Jun-22	1.45%	0.45%	0.05%	0.85%	Jul-22	1.40%	0.45%	0.05%	0.85%	Aug-22	1.40%	0.45%	0.05%	0.85%	Sep-22	1.40%	0.45%	0.05%	0.85%	Oct-22	1.35%	0.45%	0.05%	0.85%	Nov-22	1.35%	0.45%	0.05%	0.85%	Dec-22	1.35%	0.45%	0.05%	0.85%	Jan-23	1.35%	0.45%	0.05%	0.85%	Feb-23	1.35%	0.45%	0.05%	0.85%	Mar-23	1.35%	0.45%	0.05%	0.85%	Apr-23	1.35%	0.45%	0.05%	0.85%	May-23	1.35%	0.45%	0.05%	0.85%
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READMISSION RATES																																																																								
Description	Current Performance	Trend																																																																						
Readmission Rates	In June 2023, 20% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 1% lower than those figures reported in May 2023.	Emergencies readmitted within 28 days of previous discharge <table><caption>28 day readmission rate (SBUHB)</caption><thead><tr><th>Month</th><th>28 day readmission rate (SBUHB)</th></tr></thead><tbody><tr><td>Jun-22</td><td>19%</td></tr><tr><td>Jul-22</td><td>20%</td></tr><tr><td>Aug-22</td><td>20%</td></tr><tr><td>Sep-22</td><td>20%</td></tr><tr><td>Oct-22</td><td>18%</td></tr><tr><td>Nov-22</td><td>20%</td></tr><tr><td>Dec-22</td><td>18%</td></tr><tr><td>Jan-23</td><td>16%</td></tr><tr><td>Feb-23</td><td>21%</td></tr><tr><td>Mar-23</td><td>20%</td></tr><tr><td>Apr-23</td><td>19%</td></tr><tr><td>May-23</td><td>21%</td></tr><tr><td>Jun-23</td><td>20%</td></tr></tbody></table>	Month	28 day readmission rate (SBUHB)	Jun-22	19%	Jul-22	20%	Aug-22	20%	Sep-22	20%	Oct-22	18%	Nov-22	20%	Dec-22	18%	Jan-23	16%	Feb-23	21%	Mar-23	20%	Apr-23	19%	May-23	21%	Jun-23	20%																																										
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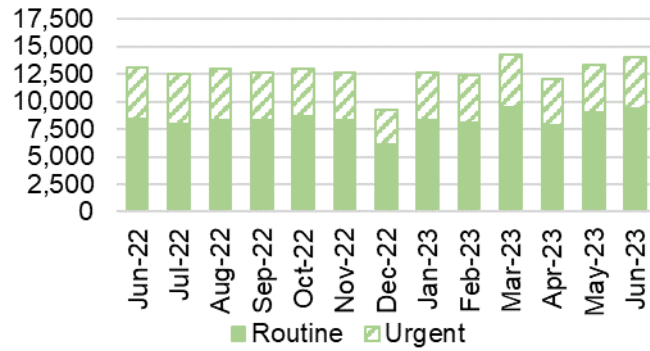
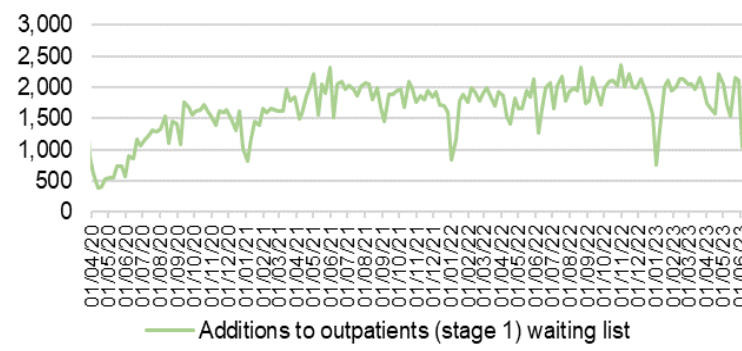
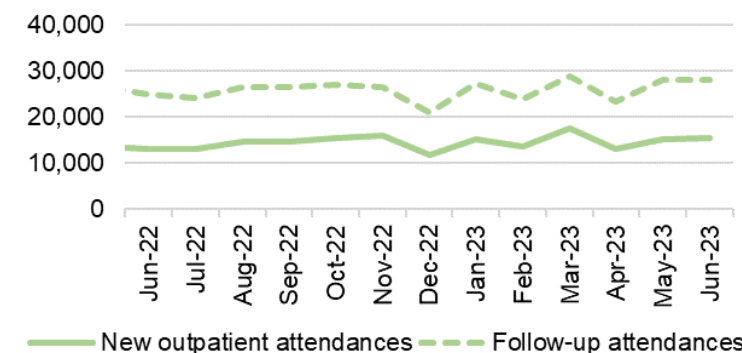
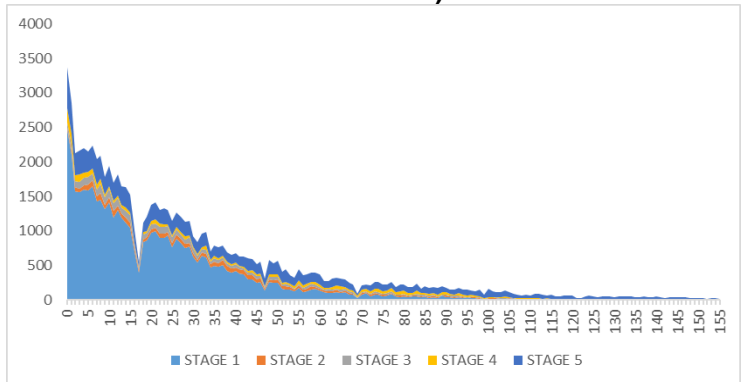
5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

Harm from reduction in non-Covid																	
Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
		Cancer															
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	Improvement Trajectory towards 80% by Mar 26	55.0%		50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	53.2%	56.5%	46.6%	51.7%
		Planned Care															
Number of patients waiting > 26 weeks for first outpatient appointment*	Morrison	0			19,662	19,516	19,607	18,748	17,562	16,148	15,379	15,048	12,754	10,956	10,446	10,114	8,969
	NPTH			4	2	4	1	0	0	1	23	25	7	6	5	4	
	Singleton			7,159	7,212	7,314	7,218	6,449	5,252	4,793	5,215	4,478	4,421	4,731	4,610	4,454	
	PC&CS			1	81	94	98	101	0	1	2	0	1	1	4	0	
	Total			26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257	15,385	15,184	14,733	13,427	
Number of patients waiting > 36 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0			16,328	16,506	16,342	14,964	13,945	12,413	11,444	10,252	8,846	6,954	6,253	5,641	4,867
	NPTH			0	0	0	0	0	0	0	0	0	0	1	0		
	Singleton			5,391	5,524	5,516	5,102	4,350	3,124	2,696	2,514	2,269	2,209	2,308	2,031	2,026	
	PC&CS			1	41	82	85	84	0	0	1	0	0	0	2	0	
	Total			21,720	22,071	21,940	20,151	18,379	15,537	14,140	12,767	11,115	9,163	8,561	7,675	6,893	
Number of patients waiting > 52 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0			11,859	12,054	11,899	10,964	9,989	8,494	7,136	6,136	5,067	3,594	3,167	2,447	1,234
	NPTH			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton			3,091	3,178	3,160	2,949	2,295	1,280	643	493	408	301	289	271	0	
	PC&CS			1	0	63	67	68	0	0	1	0	0	0	1	0	
	Total			14,951	15,232	15,122	13,980	12,352	9,774	7,779	6,630	5,475	3,895	3,456	2,719	1,234	
Number of patients waiting > 36 weeks for treatment*	Morrison	0			26,574	26,832	26,710	25,771	25,292	24,273	23,631	22,785	21,404	19,914	19,504	18,648	18,010
	NPTH			7	2	0	1	1	3	1	3	6	10	12	14	2	
	Singleton			12,438	11,256	11,013	10,557	10,078	9,307	9,030	8,558	7,901	7,650	7,773	7,699	7,640	
	PC&CS			1	41	117	124	125	0	0	1	0	9	0	2	0	
	Total (inc. diagnostics > 36 wks)			39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031	30,017	28,353	28,087	27,189	26,459	
Number of patients waiting > 52 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			20,216	20,396	20,300	19,863	19,270	18,206	17,127	16,280	15,185	13,993	13,627	12,795	11,620
	NPTH			2	1	0	0	0	0	0	0	0	0	0	1	0	
	Singleton			8,347	7,284	7,182	7,117	6,776	6,102	5,507	5,025	4,522	4,187	4,196	4,179	3,826	
	PC&CS			1	0	88	97	101	0	0	1	0	1	0	1	0	
	Total			28,566	27,681	27,570	27,077	26,147	24,308	22,634	21,306	19,707	18,181	17,823	16,976	15,446	
Number of patients waiting > 104 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			9,508	9,233	8,846	8,575	8,242	7,459	6,740	6,139	5,634	5,017	4,926	4,772	4,470
	NPTH			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton			2,556	2,167	2,072	2,004	1,803	1,589	1,326	1,191	1,022	998	1,026	1,020	1,004	
	PC&CS			0	0	42	44	45	0	0	1	0	0	0	0	0	
	Total			12,064	11,400	10,960	10,623	10,090	9,048	8,066	7,331	6,656	6,015	5,952	5,792	5,474	
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	Improvement Trajectory towards 0 by Mar 24			1,575	1,629	1,853	1,975	1,670	1,514	2,366	2,505	1,729	1,968	2,204	2,429	2,484
	Singleton			4,437	4,403	4,255	4,202	4,163	4,113	4,241	4,324	4,387	4,546	4,663	4,826	4,737	
	Total			6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116	6,514	6,867	7,255	7,221	
	MH&LD			0	0	0	0	0	2	0	0	0	0	0	0	0	0
Number of patients waiting > 14 weeks for a specified therapy*	NPTH	Improvement Trajectory towards 0 by Mar 24			30	46	45	82	87	67	152	48	31	45	0	0	0
	PC&CS			579	668	637	673	618	374	375	146	126	148	129	149	221	
	Total			609	714	682	755	707	441	527	194	157	193	129	149	221	
	MH&LD			0	0	0	0	0	2	0	0	0	0	0	0	0	0

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	12 month reduction trend			136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070	150,860	147,864	150,109	149,529
Number of patients delayed by over 100% past their target date *	Total	Improvement Trajectory towards target of 0	39,341		35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	41,710	41,611	42,534	40,807
Number of patients delayed past their agreed target date (booked and not booked) *	Total	12 month reduction trend			61,071	61,156	61,778	62,461	61,772	62,512	66,500	67,125	69,333	70,512	70,891	71,519	68,286
Number of Ophthalmology patients without an allocated health risk factor	Total	0			495	270	222	400	353	352	368	305	553	610	647	698	395
Number of patients without a documented clinical review date	Total	0			4	2	3	4	3	1	1	3	3	4	5	3	2
Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Activity																	
Number of GP referrals	Total	12 month reduction trend			13,050	12,548	12,930	12,572	13,014	12,663	9,231	12,658	12,347	14,220	12,012	13,341	13,984
Number of patients referred from primary care into secondary care Ophthalmology services	Total	Improvement Trajectory towards reduction by Mar 24	950		830	761	844	886	799	807	731	870	841	969	737	803	890
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	Month on month improvement			130	162	195	114	163	150	143	137	147	316	303	360	255
	MH&LD				11	11	22	16	11	35	14	35	31	34	7	44	44
	Morrison				1,194	1,341	1,629	1,590	1,642	1,760	1,355	2,470	1,951	2,129	1,121	1,873	1,512
	NPTH																
	Singleton				1,727	1,931	2,343	2,252	2,552	2,374	2,071	2,691	2,327	2,913	1,280	1,243	731
% of patients who would recommend and highly recommend	Total	90%			3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073	4,425	5,358	2,704	3,477	2,503
	PCCS				90%	94%	94%	95%	94%	95%	94%	91%	93%	94%	96%	95%	96%
	MH&LD				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Morrison				83%	84%	84%	83%	87%	88%	84%	90%	89%	89%	88%	87%	85%
	NPTH																
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Singleton	90%			92%	92%	91%	91%	92%	93%	92%	94%	97%	94%	88%	93%	95%
	Total				88%	89%	89%	88%	90%	91%	89%	92%	92%	92%	92%	90%	89%
	PCCS				92%	96%	96%	96%	97%	99%	97%	94%	97%	98%	98%	97%	95%
	MH&LD																
	Morrison				82%	89%	90%	88%	93%	92%	88%	94%	93%	93%	92%	92%	89%
Number of new complaints received	NPTH	12 month reduction trend			92%	94%	94%	94%	95%	96%	95%	97%	93%	97%	97%	96%	92%
	Total				91%	90%	93%	92%	93%	91%	92%	92%	95%	95%	95%	95%	90%
	PCCS				20	22	17	14	21	21	20	28	31	30	33		
	MH&LD				16	11	9	10	6	16	10	12	12	12	11		
	Morrison				53	70	54	50	63	33	42	53	69	74	63		
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	NPTH	80%			2	6	4	9	3	2	6	4	5	14	8		
	Singleton				21	39	38	26	35	30	36	28	29	46	29		
	Total				118	153	124	120	140	113	120	127	135	183	149		
	PCCS				75%	82%	76%	71%	67%	90%	70%	96%	96%	93%	91%		
	MH&LD				69%	73%	56%	80%	50%	56%	30%	58%	67%	83%	73%		
	Morrison				72%	70%	74%	66%	83%	67%	81%	75%	64%	70%	71%		
	NPTH				100%	67%	50%	67%	33%	50%	50%	100%	60%	50%	50%		
	Singleton				38%	38%	53%	73%	67%	57%	81%	71%	42%	63%	83%		
	Total				65%	64%	65%	71%	71%	69%	73%	78%	67%	72%	77%		

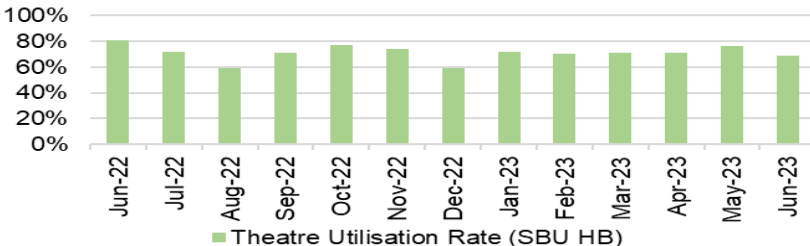
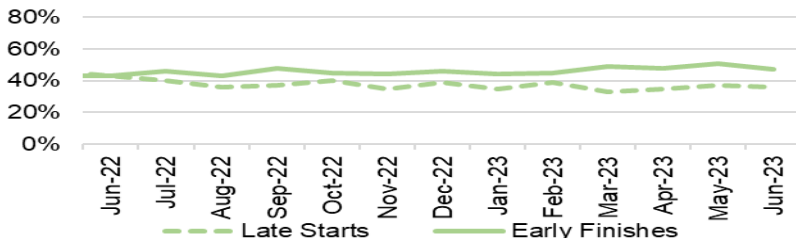
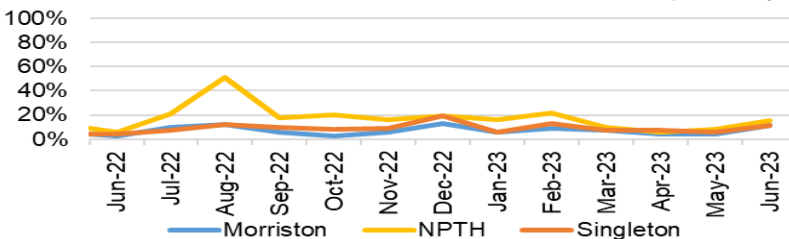
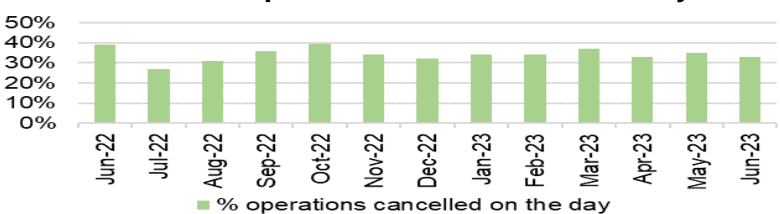
5.3 Updates on key measures

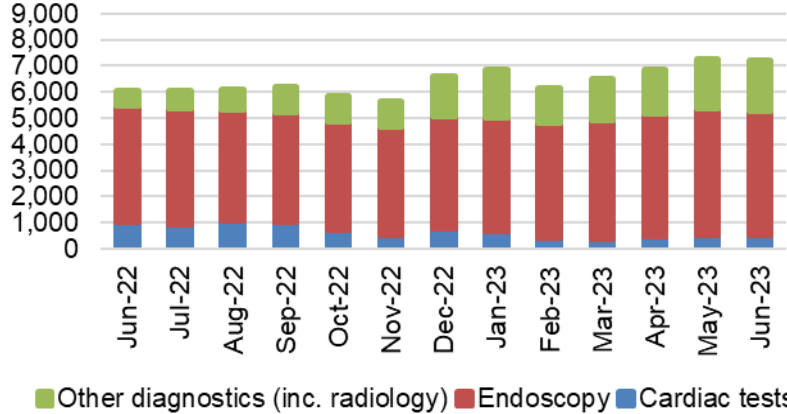
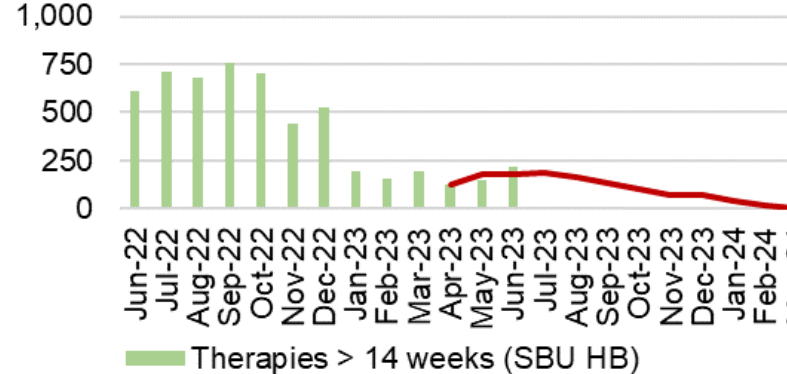
PLANNED CARE		
Description	Current Performance	
Referrals and shape of the waiting list	June 2023 has seen an increase in referral figures compared with May 2023 (13,984). Referral rates have continued to rise slowly since December 2021, with 13,984 received in June 2023. Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.	
	Trend	
1. GP Referrals <i>The number of Stage 1 additions per week</i>	1. Number of GP referrals received by SBU Health Board 	2. Number of stage 1 additions per week 
2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i>		
3. Outpatient activity undertaken <i>Total number of patients seen each month</i>	3. Outpatient activity undertaken 	4. Total size of the waiting list and movement (June 2023) 
4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at June 2023</i>		

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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. Percentage of patients waiting less than 26 weeks	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, June 2023 saw an in-month reduction of 9% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 14,733 in May 2023 to 13,427 in June 2023. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and OMFS. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has improved to 60.7%.</p>																																																																																																																																																																																											
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PLANNED CARE	
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Patients waiting over 36 weeks for treatment 1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total 2. Number of patients waiting more than 36 weeks for treatment 3. Number of elective admissions 4. Number of patients waiting more than 104 weeks for treatment	<p>In June 2023, there were 26,459 patients waiting over 36 weeks at all stages, which is a 2.7% in-month reduction from May 2023. 15,446 of the 26,459 were waiting over 52 weeks at all stages in June 2023. In June 2023, there were 5,474 patients waiting over 104 weeks for treatment, which is a 5% reduction from May 2023. The Health Board are currently out-performing all submitted recovery trajectories for 2023/24.</p> <p>Trend</p> <div> <div> <p>1. Number of patients waiting over 36 weeks- HB total</p> <p>■ >36 wks (SB UHB)</p> </div> <div> <p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p> <p>■ Outpatients >52 wks (SB UHB) — Trajectory</p> </div> <div> <p>3. Number of elective admissions</p> <p>— Admitted elective patients</p> </div> <div> <p>4. Number of patients waiting over 104 weeks- HB total</p> <p>■ > 104 weeks</p> </div> </div>

PLANNED CARE																																																														
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Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i>	<p>In June 2023, there were 890 patients referred from Primary Care into secondary care ophthalmology services. This is an increase on the number of patients referred in May 2023, which was 803.</p> <p>The figures reported were however below the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in June 2023.</p>	<p>Number of referrals into secondary care Ophthalmology service</p> <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Number of referrals</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-22</td><td>880</td><td>880</td></tr> <tr><td>Oct-22</td><td>800</td><td>800</td></tr> <tr><td>Nov-22</td><td>800</td><td>800</td></tr> <tr><td>Dec-22</td><td>720</td><td>720</td></tr> <tr><td>Jan-23</td><td>850</td><td>850</td></tr> <tr><td>Feb-23</td><td>820</td><td>820</td></tr> <tr><td>Mar-23</td><td>950</td><td>950</td></tr> <tr><td>Apr-23</td><td>720</td><td>880</td></tr> <tr><td>May-23</td><td>800</td><td>950</td></tr> <tr><td>Jun-23</td><td>880</td><td>920</td></tr> <tr><td>Jul-23</td><td>-</td><td>850</td></tr> <tr><td>Aug-23</td><td>-</td><td>950</td></tr> <tr><td>Sep-23</td><td>-</td><td>950</td></tr> <tr><td>Oct-23</td><td>-</td><td>950</td></tr> <tr><td>Nov-23</td><td>-</td><td>800</td></tr> <tr><td>Dec-23</td><td>-</td><td>950</td></tr> <tr><td>Jan-24</td><td>-</td><td>950</td></tr> <tr><td>Feb-24</td><td>-</td><td>950</td></tr> <tr><td>Mar-24</td><td>-</td><td>950</td></tr> </tbody> </table>	Month	Number of referrals	Trajectory	Sep-22	880	880	Oct-22	800	800	Nov-22	800	800	Dec-22	720	720	Jan-23	850	850	Feb-23	820	820	Mar-23	950	950	Apr-23	720	880	May-23	800	950	Jun-23	880	920	Jul-23	-	850	Aug-23	-	950	Sep-23	-	950	Oct-23	-	950	Nov-23	-	800	Dec-23	-	950	Jan-24	-	950	Feb-24	-	950	Mar-24	-	950
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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 June 2023, 57.5% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</caption> <thead> <tr> <th>Month</th> <th>% of appointments</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>65%</td><td>100%</td></tr> <tr><td>Jul-22</td><td>65%</td><td>100%</td></tr> <tr><td>Aug-22</td><td>60%</td><td>100%</td></tr> <tr><td>Sep-22</td><td>60%</td><td>100%</td></tr> <tr><td>Oct-22</td><td>65%</td><td>100%</td></tr> <tr><td>Nov-22</td><td>65%</td><td>100%</td></tr> <tr><td>Dec-22</td><td>70%</td><td>100%</td></tr> <tr><td>Jan-23</td><td>50%</td><td>100%</td></tr> <tr><td>Feb-23</td><td>65%</td><td>100%</td></tr> <tr><td>Mar-23</td><td>60%</td><td>100%</td></tr> <tr><td>Apr-23</td><td>60%</td><td>100%</td></tr> <tr><td>May-23</td><td>60%</td><td>100%</td></tr> <tr><td>Jun-23</td><td>57.5%</td><td>100%</td></tr> </tbody> </table>	Month	% of appointments	Target	Jun-22	65%	100%	Jul-22	65%	100%	Aug-22	60%	100%	Sep-22	60%	100%	Oct-22	65%	100%	Nov-22	65%	100%	Dec-22	70%	100%	Jan-23	50%	100%	Feb-23	65%	100%	Mar-23	60%	100%	Apr-23	60%	100%	May-23	60%	100%	Jun-23	57.5%	100%																		
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THEATRE EFFICIENCY		
Description	Current Performance	Trend
Theatre Efficiency 1. Theatre Utilisation Rates 2. % of theatre sessions starting late 3. % of theatre sessions finishing early 4. % of theatre sessions cancelled at short notice (<28 days) 5. % of operations cancelled on the day	<p>In June 2023 the Theatre Utilisation rate was 69%. This is 7% lower than the figure's reported in May 2023 and are 12% lower than those seen in June 2022 (781%).</p> <p>36% of theatre sessions started late in June 2023. This is a 1% improvement on performance seen in May 2023 (37%).</p> <p>In June 2023, 47% of theatre sessions finished early. This is 4% lower than figures seen in May 2023 and 4% lower than those seen in May 2022</p> <p>11% of theatre sessions were cancelled at short notice in June 2023. This is 6% higher than the figure reported in May 2023 and is 8% higher than figures seen in June 2022.</p> <p>Of the operations cancelled in June 2023, 33% of them were cancelled on the day. This is the 2% lower than figures reported in May 2023.</p>	<p>1. Theatre Utilisation Rates</p>  <p>■ Theatre Utilisation Rate (SBU HB)</p> <p>2. and 3. % theatre sessions starting late/finishing</p>  <p>--- Late Starts — Early Finishes</p> <p>4. % theatre sessions cancelled at short notice (<28 days)</p>  <p>— Morriston — NPTH — Singleton</p> <p>5. % of operations cancelled on the day</p>  <p>■ % operations cancelled on the day</p>

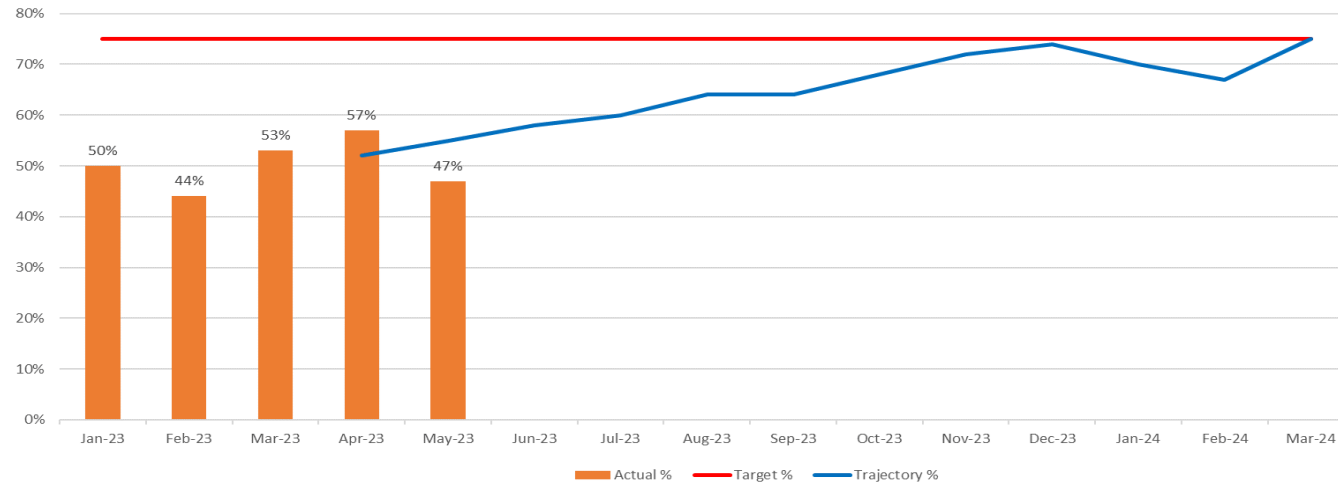
PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In June 2023, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 7,255 in May 2023 to 7,221 in June 2023.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for June 2023:</p> <ul style="list-style-type: none"> Endoscopy= 4,737 Cardiac tests= 551 ^ Other Diagnostics = 1,925 ^ <p>Actions of Improvement; Detailed demand and capacity work is currently underway to develop a diagnostic recovery trajectory which works towards the ministerial target of 0 by March 2024.</p>	<p>Number of patients waiting longer than 8 weeks for Diagnostics</p>  <p>Legend: Other diagnostics (inc. radiology) Endoscopy Cardiac tests</p>
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In June 2023 there were 221 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in June 2023 are:</p> <ul style="list-style-type: none"> Speech & Language Therapy= 175 ^ Dietetics = 46 ^ <p>Actions of Improvement; The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p>  <p>Legend: Therapies > 14 weeks (SBU HB)</p>

CANCER																																																																			
Description	Current Performance		Trend																																																																
<p>Cancer demand and shape of the waiting list</p> <p>Single Cancer Pathway <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i></p>	June 2023 backlog by tumour site:		<p>Number of patients with a wait status of more than 62 days</p> <table border="1"><caption>Number of patients with a wait status of more than 62 days</caption><thead><tr><th>Month</th><th>63-103 days</th><th>≥ 104 days</th></tr></thead><tbody><tr><td>Jun-22</td><td>350</td><td>100</td></tr><tr><td>Jul-22</td><td>450</td><td>100</td></tr><tr><td>Aug-22</td><td>480</td><td>100</td></tr><tr><td>Sep-22</td><td>550</td><td>100</td></tr><tr><td>Oct-22</td><td>520</td><td>100</td></tr><tr><td>Nov-22</td><td>450</td><td>100</td></tr><tr><td>Dec-22</td><td>580</td><td>100</td></tr><tr><td>Jan-23</td><td>450</td><td>100</td></tr><tr><td>Feb-23</td><td>350</td><td>100</td></tr><tr><td>Mar-23</td><td>380</td><td>100</td></tr><tr><td>Apr-23</td><td>400</td><td>100</td></tr><tr><td>May-23</td><td>400</td><td>100</td></tr><tr><td>Jun-23</td><td>350</td><td>100</td></tr></tbody></table>	Month	63-103 days	≥ 104 days	Jun-22	350	100	Jul-22	450	100	Aug-22	480	100	Sep-22	550	100	Oct-22	520	100	Nov-22	450	100	Dec-22	580	100	Jan-23	450	100	Feb-23	350	100	Mar-23	380	100	Apr-23	400	100	May-23	400	100	Jun-23	350	100																						
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<p>Single Cancer Pathway backlog- patients waiting over 63 days</p> <ul style="list-style-type: none">- Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority- Focussed validation work is being undertaken each month to support the end of month position being as up to date as possible.	June 2023 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;		<p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p> <table border="1"><caption>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</caption><thead><tr><th>Month</th><th>Actual %</th><th>Target %</th><th>Trajectory %</th></tr></thead><tbody><tr><td>Jan-23</td><td>50%</td><td>75%</td><td>50%</td></tr><tr><td>Feb-23</td><td>44%</td><td>75%</td><td>44%</td></tr><tr><td>Mar-23</td><td>53%</td><td>75%</td><td>53%</td></tr><tr><td>Apr-23</td><td>57%</td><td>75%</td><td>57%</td></tr><tr><td>May-23</td><td>47%</td><td>75%</td><td>47%</td></tr><tr><td>Jun-23</td><td></td><td>75%</td><td>58%</td></tr><tr><td>Jul-23</td><td></td><td>75%</td><td>60%</td></tr><tr><td>Aug-23</td><td></td><td>75%</td><td>65%</td></tr><tr><td>Sep-23</td><td></td><td>75%</td><td>65%</td></tr><tr><td>Oct-23</td><td></td><td>75%</td><td>70%</td></tr><tr><td>Nov-23</td><td></td><td>75%</td><td>72%</td></tr><tr><td>Dec-23</td><td></td><td>75%</td><td>75%</td></tr><tr><td>Jan-24</td><td></td><td>75%</td><td>75%</td></tr><tr><td>Feb-24</td><td></td><td>75%</td><td>70%</td></tr><tr><td>Mar-24</td><td></td><td>75%</td><td>75%</td></tr></tbody></table>	Month	Actual %	Target %	Trajectory %	Jan-23	50%	75%	50%	Feb-23	44%	75%	44%	Mar-23	53%	75%	53%	Apr-23	57%	75%	57%	May-23	47%	75%	47%	Jun-23		75%	58%	Jul-23		75%	60%	Aug-23		75%	65%	Sep-23		75%	65%	Oct-23		75%	70%	Nov-23		75%	72%	Dec-23		75%	75%	Jan-24		75%	75%	Feb-24		75%	70%	Mar-24		75%	75%
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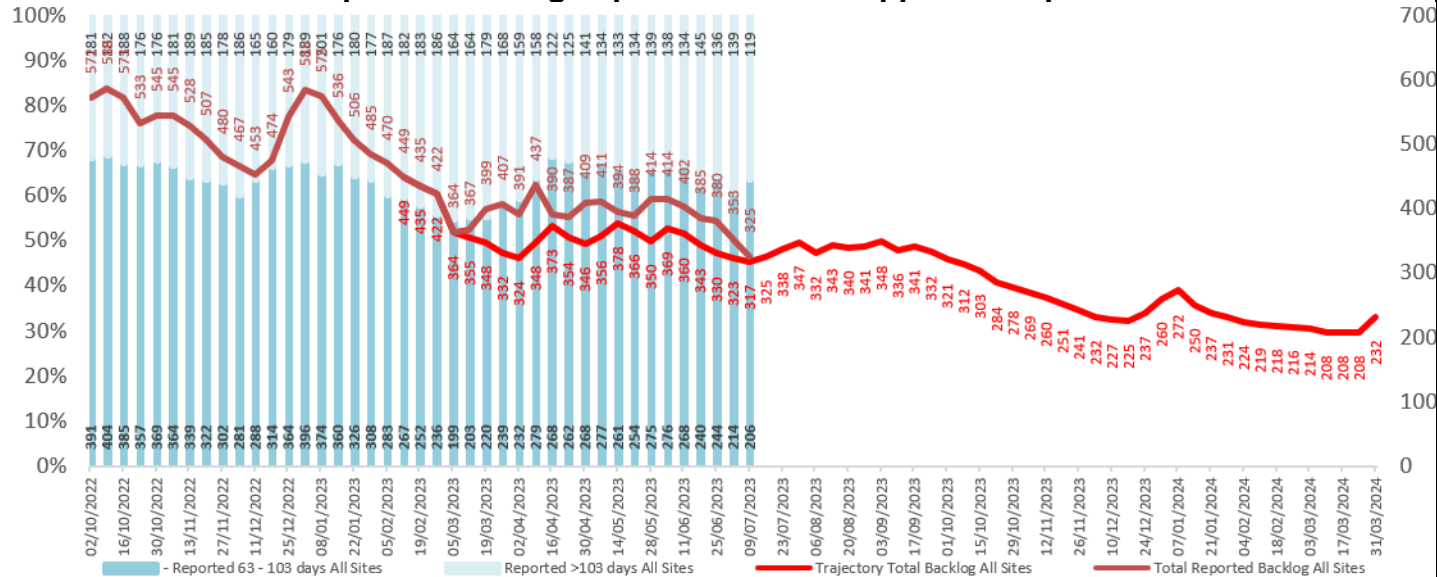
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early July 2023 figures show total wait volumes for first outpatient appointment have increased by 6% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 22% have been booked, which is slightly lower than figures seen in the previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – July 2023</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th><th>02-Jul</th><th>09-Jul</th></tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>2</td><td>20</td></tr> <tr><td>Children's Cancer</td><td>4</td><td>5</td></tr> <tr><td>Gynaecological</td><td>126</td><td>83</td></tr> <tr><td>Haematological</td><td>2</td><td>2</td></tr> <tr><td>Head and Neck</td><td>109</td><td>101</td></tr> <tr><td>Lower GI</td><td>59</td><td>77</td></tr> <tr><td>Lung</td><td>2</td><td>4</td></tr> <tr><td>Other</td><td>206</td><td>275</td></tr> <tr><td>Sarcoma</td><td>6</td><td>2</td></tr> <tr><td>Skin</td><td>307</td><td>286</td></tr> <tr><td>Upper GI</td><td>42</td><td>45</td></tr> <tr><td>Urological</td><td>39</td><td>60</td></tr> <tr><td></td><td>904</td><td>960</td></tr> </tbody> </table>	FIRST OPA	02-Jul	09-Jul	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	2	20	Children's Cancer	4	5	Gynaecological	126	83	Haematological	2	2	Head and Neck	109	101	Lower GI	59	77	Lung	2	4	Other	206	275	Sarcoma	6	2	Skin	307	286	Upper GI	42	45	Urological	39	60		904	960
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%</p> <table border="1"> <thead> <tr> <th>Measure</th><th>Target</th><th>Jun-23</th></tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>18%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>63%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>24%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>52%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>71%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>93%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>95%</td></tr> </tbody> </table>	Measure	Target	Jun-23	Scheduled (14 Day Target)	80%	18%	Scheduled (21 Day Target)	100%	63%	Urgent SC (2 Day Target)	80%	24%	Urgent SC (7 Day Target)	100%	52%	Emergency (within 1 day)	80%	71%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	93%	Elective Delay (14 Day Target)	100%	95%	<p>Radiotherapy waiting times</p>																					
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Cancer Services – Performance Escalation Updates

1.SCP performance trajectory

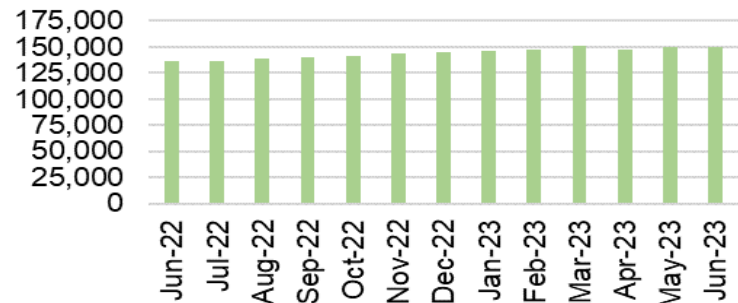
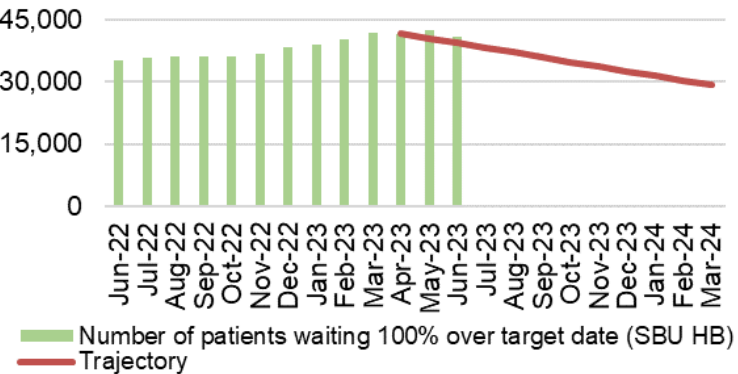


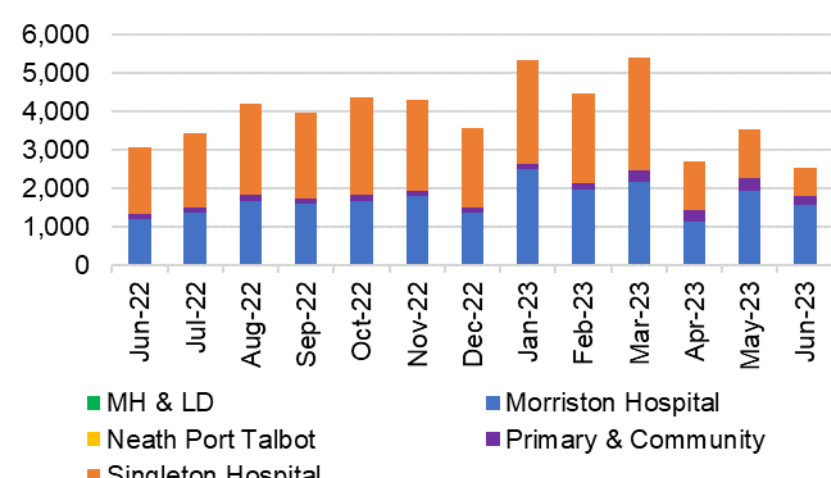
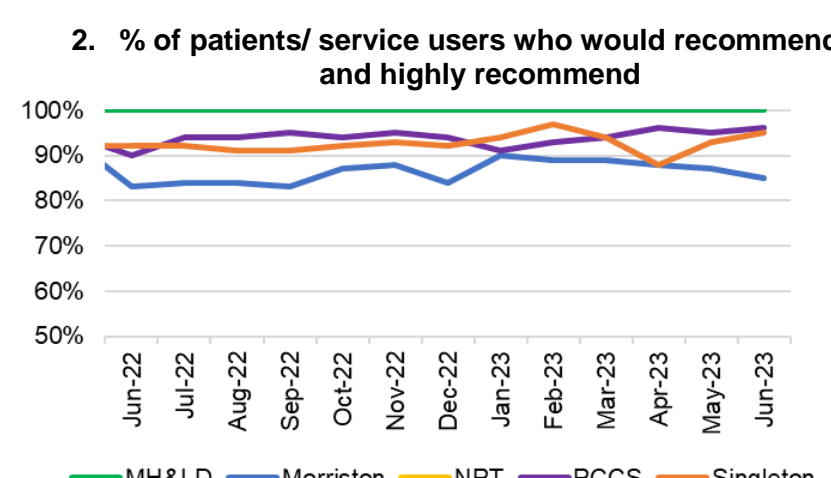
Proposed backlog improvements to support SCP performance

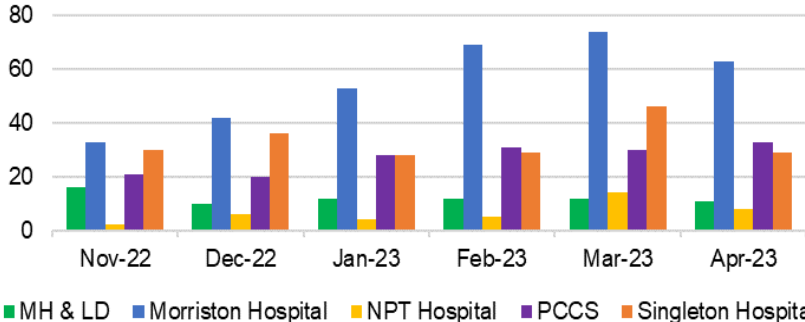
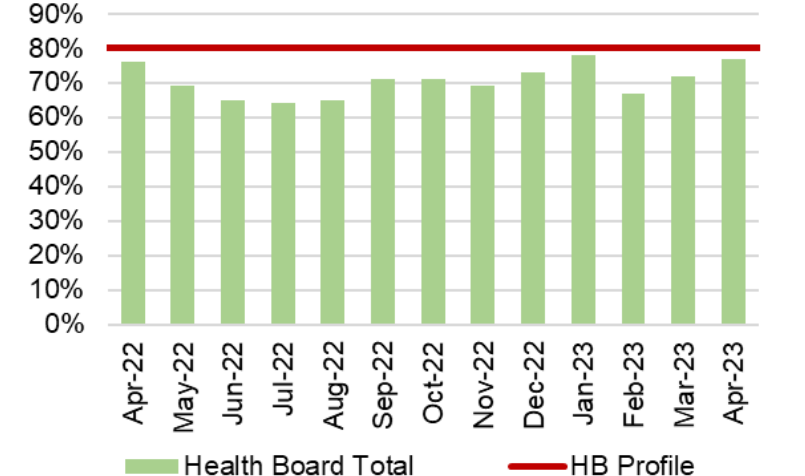


1. The final SCP performance for May 2023 was 47%, which is a deterioration on the performance reported in April 2023. Performance is below the submitted trajectory (55%).

2. Backlog figures have seen a reduction in recent weeks. The total backlog at 09/07/2023 was 325.











FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	<p>In June 2023, the overall size of the follow-up waiting list decreased by 580 patients compared with May 2023 (from 150,109 to 149,529).</p> <p>In June 2023, there was a total of 68,286 patients waiting for a follow-up past their target date. This is a slight in-month reduction of 4.5% (from 71,519 in May 2023 to 68,286).</p> <p>Of the 68,286 delayed follow-ups in June 2023, 13,023 had appointment dates and 55,023 were still waiting for an appointment.</p> <p>In addition, 40,807 patients were waiting 100%+ over target date in June 2023. This is a 4.1% reduction when compared with May 2023.</p> <p>Actions of Improvement; An internal SBUHB validation is in place to support validation work. Alongside this, Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach. This work has begun and is focussing on services with the longest waits</p>	<p>1. Total number of patients waiting for a follow-up</p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p>  <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>
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PATIENT EXPERIENCE		
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 June 2023 was 89% and 2,503 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 731 surveys in June 2023, with a recommended score of 95%. Morrison Hospital completed 1,512 surveys in June 2023, with a recommended score of 85%. Primary & Community Care completed 255 surveys for June 2023, with a recommended score of 96%. The Mental Health Service Group completed 44 surveys for June 2023, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p>  <p>2. % of patients/ service users who would recommend and highly recommend</p> 

COMPLAINTS																																																							
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Patient concerns <i>1. Number of formal complaints received</i> <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In April 2023, the Health Board received 149 formal complaints; this is a reduction when compared with March 2023 figures (183) and this is a 21% increase on the number seen in April 2022.</p>	<p>1. Number of formal complaints received</p>  <table border="1"><caption>1. Number of formal complaints received</caption><thead><tr><th>Month</th><th>MH & LD</th><th>Morriston Hospital</th><th>NPT Hospital</th><th>PCCS</th><th>Singleton Hospital</th></tr></thead><tbody><tr><td>Nov-22</td><td>15</td><td>32</td><td>2</td><td>20</td><td>30</td></tr><tr><td>Dec-22</td><td>10</td><td>42</td><td>5</td><td>20</td><td>35</td></tr><tr><td>Jan-23</td><td>12</td><td>52</td><td>5</td><td>28</td><td>28</td></tr><tr><td>Feb-23</td><td>12</td><td>68</td><td>5</td><td>30</td><td>28</td></tr><tr><td>Mar-23</td><td>12</td><td>75</td><td>15</td><td>30</td><td>45</td></tr><tr><td>Apr-23</td><td>12</td><td>62</td><td>8</td><td>32</td><td>28</td></tr></tbody></table>	Month	MH & LD	Morriston Hospital	NPT Hospital	PCCS	Singleton Hospital	Nov-22	15	32	2	20	30	Dec-22	10	42	5	20	35	Jan-23	12	52	5	28	28	Feb-23	12	68	5	30	28	Mar-23	12	75	15	30	45	Apr-23	12	62	8	32	28											
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<p>2. The overall Health Board rate for responding to concerns within 30 working days was 77% in April 2023, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1"><thead><tr><th></th><th>30 day response rate</th></tr></thead><tbody><tr><td>Neath Port Talbot Hospital</td><td>50%</td></tr><tr><td>Morriston Hospital</td><td>71%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>73%</td></tr><tr><td>Primary, Community and Therapies</td><td>91%</td></tr><tr><td>Singleton Hospital</td><td>83%</td></tr></tbody></table>		30 day response rate	Neath Port Talbot Hospital	50%	Morriston Hospital	71%	Mental Health & Learning Disabilities	73%	Primary, Community and Therapies	91%	Singleton Hospital	83%	<p>2. Response rate for concerns within 30 days</p>  <table border="1"><caption>2. Response rate for concerns within 30 days</caption><thead><tr><th>Month</th><th>Health Board Total</th><th>HB Profile</th></tr></thead><tbody><tr><td>Apr-22</td><td>75%</td><td>80%</td></tr><tr><td>May-22</td><td>68%</td><td>80%</td></tr><tr><td>Jun-22</td><td>65%</td><td>80%</td></tr><tr><td>Jul-22</td><td>63%</td><td>80%</td></tr><tr><td>Aug-22</td><td>65%</td><td>80%</td></tr><tr><td>Sep-22</td><td>70%</td><td>80%</td></tr><tr><td>Oct-22</td><td>70%</td><td>80%</td></tr><tr><td>Nov-22</td><td>68%</td><td>80%</td></tr><tr><td>Dec-22</td><td>72%</td><td>80%</td></tr><tr><td>Jan-23</td><td>78%</td><td>80%</td></tr><tr><td>Feb-23</td><td>65%</td><td>80%</td></tr><tr><td>Mar-23</td><td>70%</td><td>80%</td></tr><tr><td>Apr-23</td><td>77%</td><td>80%</td></tr></tbody></table>	Month	Health Board Total	HB Profile	Apr-22	75%	80%	May-22	68%	80%	Jun-22	65%	80%	Jul-22	63%	80%	Aug-22	65%	80%	Sep-22	70%	80%	Oct-22	70%	80%	Nov-22	68%	80%	Dec-22	72%	80%	Jan-23	78%	80%	Feb-23	65%	80%	Mar-23	70%	80%	Apr-23	77%	80%
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Primary, Community and Therapies	91%																																																						
Singleton Hospital	83%																																																						
Month	Health Board Total	HB Profile																																																					
Apr-22	75%	80%																																																					
May-22	68%	80%																																																					
Jun-22	65%	80%																																																					
Jul-22	63%	80%																																																					
Aug-22	65%	80%																																																					
Sep-22	70%	80%																																																					
Oct-22	70%	80%																																																					
Nov-22	68%	80%																																																					
Dec-22	72%	80%																																																					
Jan-23	78%	80%																																																					
Feb-23	65%	80%																																																					
Mar-23	70%	80%																																																					
Apr-23	77%	80%																																																					

6.1 Overview

		Harm from wider societal actions/lockdown													
Measure	Locality	National/ Local Target	Internal Profile	Trend	SBU										
					Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
		Childhood immunisations													
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		94.0%		94.8%			95.3%		95.1%			
	Swansea				95.5%		95.0%		94.1%		95.6%				
	HB Total				94.9%		94.9%		94.6%		95.4%				
% children who received MenB2 vaccine by age 1	NPT	95%	90%		94.0%		96.1%			95.9%		95.1%			
	Swansea				93.6%		94.6%		93.3%		93.5%				
	HB Total				93.7%		95.2%		94.3%		94.2%				
% children who received PCV2 vaccine by age 1	NPT	95%	90%		95.3%		97.7%			97.4%		96.3%			
	Swansea				95.8%		96.5%		94.3%		96.2%				
	HB Total				95.7%		96.9%		95.5%		96.2%				
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		93.0%		94.2%			95.3%		94.8%			
	Swansea				93.4%		91.5%		91.8%		94.1%				
	HB Total				93.2%		92.5%		93.2%		94.4%				
% children who received MMR1 vaccine by age 2	NPT	95%	90%		92.8%		96.4%			92.5%		95.6%			
	Swansea				93.8%		93.0%		93.8%		93.9%				
	HB Total				93.4%		94.3%		93.3%		94.6%				
% children who received PCVf3 vaccine by age 2	NPT	95%	90%		93.1%		95.5%			91.9%		95.2%			
	Swansea				92.4%		93.0%		93.4%		93.1%				
	HB Total				92.7%		94.0%		92.9%		93.9%				
% children who received MenB4 vaccine by age 2	NPT	95%	90%		92.8%		96.4%			92.5%		95.2%			
	Swansea				92.6%		92.3%		92.5%		92.3%				
	HB Total				92.7%		93.9%		92.5%		93.4%				
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		92.8%		95.2%			92.2%		94.9%			
	Swansea				92.6%		92.3%		92.7%		92.7%				
	HB Total				92.7%		93.4%		92.5%		93.6%				

Measure	Locality	National/ Local Target	Internal profile	Trend	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
% children who are up to date in schedule by age 4	NPT	95%	90%		84.3%		85.3%			81.3%			87.5%				
	Swansea				87.5%		84.8%			82.1%			81.6%				
	HB Total				86.4%		85.0%			81.8%			83.8%				
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		90.7%		90.7%			89.0%			90.4%				
	Swansea				89.4%		89.3%			89.8%			87.2%				
	HB Total				89.9%		89.8%			89.5%			88.4%				
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		90.9%		91.0%			90.0%			91.2%				
	Swansea				89.9%		89.9%			89.4%			87.7%				
	HB Total				90.3%		90.3%			89.6%			89.0%				
% children who received MMR vaccination by age 16	NPT	95%	90%		95.9%		92.3%			92.4%			97.5%				
	Swansea				94.0%		91.4%			90.2%			94.5%				
	HB Total				94.7%		91.7%			91.0%			95.6%				
% children who received teenage booster by age 16	NPT	90%	85%		88.6%		91.6%			87.3%			86.8%				
	Swansea				90.0%		90.5%			89.6%			90.2%				
	HB Total				89.4%		90.9%			88.8%			88.9%				
% children who received MenACWY vaccine by age 16	NPT	Improve			88.3%		92.1%			87.5%			87.1%				
	Swansea				90.1%		90.9%			90.2%			90.5%				
	HB Total				89.4%		91.4%			89.2%			89.2%				
COVID-19 Boosters																	
% uptake of the Spring COVID-19 vaccination for those eligible	NPT	75%															66.3%
	Swansea																68.6%
	HB Total																67.8%
Mental Health Services																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			33%	38%	34%	91%	91%	89%	79%	62%	82%	74%	55%	31%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			22%	42%	27%	27%	83%	65%	56%	24%	64%	74%	55%	31%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			41%	38%	34%	91%	90%	89%	79%	62%	82%				
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	> 18 years old	80%			96%	94%	97%	93%	95%	98%	94%	91%	95%	96%	78%	94%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			38%	61%	35%	43%	36%	27%	35%	40%	26%	50%	21%	33%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			100%	100%	100%	98%	100%	98%	98%	100%	100%	100%	96%	98%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	80%			100%	100%	97%	96%	93%	92%	92%	91%	88%	85%	85%	84%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%	30%		47%	44%	44%	36%	40%	39%	37%	29%	29%	29%	28%	30%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%			100%	100%	100%	87%	87%	99%	99%	91%	100%	100%	100%	93%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%			89%	89%	90%	89%	90%	90%	90%	89%	89%	87%	87%	88%	

6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																										
Description	Current Performance	Trend																																																																																																																																																																								
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In May 2023, 94% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In May 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 98%.</p> <p>3. 88% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in May 2023.</p> <p>4. In May 2023, 84% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>Data for Measure 1: % assessments within 28 days (>18 yrs)</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-23</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>95%</td><td>95%</td></tr> <tr><td>May-23</td><td>94%</td><td>95%</td></tr> </tbody> </table> <p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <table border="1"> <caption>Data for Measure 2: % therapeutic interventions started within 28 days (>18 yrs)</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>98%</td><td>98%</td></tr> <tr><td>Jun-22</td><td>98%</td><td>98%</td></tr> <tr><td>Jul-22</td><td>98%</td><td>98%</td></tr> <tr><td>Aug-22</td><td>98%</td><td>98%</td></tr> <tr><td>Sep-22</td><td>98%</td><td>98%</td></tr> <tr><td>Oct-22</td><td>98%</td><td>98%</td></tr> <tr><td>Nov-22</td><td>98%</td><td>98%</td></tr> <tr><td>Dec-22</td><td>98%</td><td>98%</td></tr> <tr><td>Jan-23</td><td>98%</td><td>98%</td></tr> <tr><td>Feb-23</td><td>98%</td><td>98%</td></tr> <tr><td>Mar-23</td><td>98%</td><td>98%</td></tr> <tr><td>Apr-23</td><td>98%</td><td>98%</td></tr> <tr><td>May-23</td><td>98%</td><td>98%</td></tr> </tbody> </table> <p>3. % residents with a valid Care and Treatment Plan (CTP)</p> <table border="1"> <caption>Data for Measure 3: % patients with valid CTP (>18 yrs)</caption> <thead> <tr> <th>Month</th> <th>% patients with valid CTP (>18 yrs)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>88%</td><td>88%</td></tr> <tr><td>Jun-22</td><td>88%</td><td>88%</td></tr> <tr><td>Jul-22</td><td>88%</td><td>88%</td></tr> <tr><td>Aug-22</td><td>88%</td><td>88%</td></tr> <tr><td>Sep-22</td><td>88%</td><td>88%</td></tr> <tr><td>Oct-22</td><td>88%</td><td>88%</td></tr> <tr><td>Nov-22</td><td>88%</td><td>88%</td></tr> <tr><td>Dec-22</td><td>88%</td><td>88%</td></tr> <tr><td>Jan-23</td><td>88%</td><td>88%</td></tr> <tr><td>Feb-23</td><td>88%</td><td>88%</td></tr> <tr><td>Mar-23</td><td>88%</td><td>88%</td></tr> <tr><td>Apr-23</td><td>88%</td><td>88%</td></tr> <tr><td>May-23</td><td>88%</td><td>88%</td></tr> </tbody> </table> <p>4. % waiting less than 26 weeks for Psychology Therapy</p> <table border="1"> <caption>Data for Measure 4: % waiting less than 26 wks for psychological therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>84%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>84%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>84%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>84%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>84%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>84%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>84%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>84%</td><td>95%</td></tr> <tr><td>Jan-23</td><td>84%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>84%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>84%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>84%</td><td>95%</td></tr> <tr><td>May-23</td><td>84%</td><td>95%</td></tr> </tbody> </table>	Month	% assessments within 28 days (>18 yrs)	Target	May-22	95%	95%	Jun-22	95%	95%	Jul-22	95%	95%	Aug-22	95%	95%	Sep-22	95%	95%	Oct-22	95%	95%	Nov-22	95%	95%	Dec-22	95%	95%	Jan-23	95%	95%	Feb-23	95%	95%	Mar-23	95%	95%	Apr-23	95%	95%	May-23	94%	95%	Month	% therapeutic interventions started within 28 days (>18 yrs)	Target	May-22	98%	98%	Jun-22	98%	98%	Jul-22	98%	98%	Aug-22	98%	98%	Sep-22	98%	98%	Oct-22	98%	98%	Nov-22	98%	98%	Dec-22	98%	98%	Jan-23	98%	98%	Feb-23	98%	98%	Mar-23	98%	98%	Apr-23	98%	98%	May-23	98%	98%	Month	% patients with valid CTP (>18 yrs)	Profile	May-22	88%	88%	Jun-22	88%	88%	Jul-22	88%	88%	Aug-22	88%	88%	Sep-22	88%	88%	Oct-22	88%	88%	Nov-22	88%	88%	Dec-22	88%	88%	Jan-23	88%	88%	Feb-23	88%	88%	Mar-23	88%	88%	Apr-23	88%	88%	May-23	88%	88%	Month	% waiting less than 26 wks for psychological therapy	Target	May-22	84%	95%	Jun-22	84%	95%	Jul-22	84%	95%	Aug-22	84%	95%	Sep-22	84%	95%	Oct-22	84%	95%	Nov-22	84%	95%	Dec-22	84%	95%	Jan-23	84%	95%	Feb-23	84%	95%	Mar-23	84%	95%	Apr-23	84%	95%	May-23	84%	95%
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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)																																																																																																		
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1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In May 2023, 100% of CAMHS patients received an assessment within 48 hours.	<div>1. Crisis- assessment within 48 hours</div> <table border="1"><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th><th>Target</th></tr></thead><tbody><tr><td>May-22</td><td>100%</td><td>100%</td></tr><tr><td>Jun-22</td><td>100%</td><td>100%</td></tr><tr><td>Jul-22</td><td>100%</td><td>100%</td></tr><tr><td>Aug-22</td><td>100%</td><td>100%</td></tr><tr><td>Sep-22</td><td>100%</td><td>100%</td></tr><tr><td>Oct-22</td><td>100%</td><td>100%</td></tr><tr><td>Nov-22</td><td>100%</td><td>100%</td></tr><tr><td>Dec-22</td><td>100%</td><td>100%</td></tr><tr><td>Jan-23</td><td>100%</td><td>100%</td></tr><tr><td>Feb-23</td><td>100%</td><td>100%</td></tr><tr><td>Mar-23</td><td>100%</td><td>100%</td></tr><tr><td>Apr-23</td><td>100%</td><td>100%</td></tr><tr><td>May-23</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	Target	May-22	100%	100%	Jun-22	100%	100%	Jul-22	100%	100%	Aug-22	100%	100%	Sep-22	100%	100%	Oct-22	100%	100%	Nov-22	100%	100%	Dec-22	100%	100%	Jan-23	100%	100%	Feb-23	100%	100%	Mar-23	100%	100%	Apr-23	100%	100%	May-23	100%	100%																																																						
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2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 31% of routine assessments were undertaken within 28 days from referral in May 2023 against a target of 80%.	<div>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</div> <table border="1"><thead><tr><th>Month</th><th>% of assess in 28 days</th><th>% interventions in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>May-22</td><td>25%</td><td>45%</td><td>80%</td></tr><tr><td>Jun-22</td><td>25%</td><td>45%</td><td>80%</td></tr><tr><td>Jul-22</td><td>35%</td><td>55%</td><td>80%</td></tr><tr><td>Aug-22</td><td>25%</td><td>45%</td><td>80%</td></tr><tr><td>Sep-22</td><td>25%</td><td>45%</td><td>80%</td></tr><tr><td>Oct-22</td><td>75%</td><td>45%</td><td>80%</td></tr><tr><td>Nov-22</td><td>65%</td><td>45%</td><td>80%</td></tr><tr><td>Dec-22</td><td>55%</td><td>45%</td><td>80%</td></tr><tr><td>Jan-23</td><td>25%</td><td>45%</td><td>80%</td></tr><tr><td>Feb-23</td><td>65%</td><td>45%</td><td>80%</td></tr><tr><td>Mar-23</td><td>75%</td><td>45%</td><td>80%</td></tr><tr><td>Apr-23</td><td>55%</td><td>45%</td><td>80%</td></tr><tr><td>May-23</td><td>25%</td><td>45%</td><td>80%</td></tr></tbody></table>	Month	% of assess in 28 days	% interventions in 28 days	Target	May-22	25%	45%	80%	Jun-22	25%	45%	80%	Jul-22	35%	55%	80%	Aug-22	25%	45%	80%	Sep-22	25%	45%	80%	Oct-22	75%	45%	80%	Nov-22	65%	45%	80%	Dec-22	55%	45%	80%	Jan-23	25%	45%	80%	Feb-23	65%	45%	80%	Mar-23	75%	45%	80%	Apr-23	55%	45%	80%	May-23	25%	45%	80%																																								
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4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 30% of NDD patients received a diagnostic assessment within 26 weeks in May 2023 against a target of 80%.	<div>4. NDD- assessment within 26 weeks</div> <table border="1"><thead><tr><th>Month</th><th>% NDD within 26 weeks</th><th>Target</th><th>Trajectory</th></tr></thead><tbody><tr><td>May-22</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Jun-22</td><td>45%</td><td>80%</td><td>45%</td></tr><tr><td>Jul-22</td><td>45%</td><td>80%</td><td>45%</td></tr><tr><td>Aug-22</td><td>45%</td><td>80%</td><td>45%</td></tr><tr><td>Sep-22</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Oct-22</td><td>45%</td><td>80%</td><td>45%</td></tr><tr><td>Nov-22</td><td>45%</td><td>80%</td><td>45%</td></tr><tr><td>Dec-22</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Jan-23</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Feb-23</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Mar-23</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Apr-23</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>May-23</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Jun-23</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Jul-23</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Aug-23</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Sep-23</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Oct-23</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Nov-23</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Dec-23</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Jan-24</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Feb-24</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Mar-24</td><td>35%</td><td>80%</td><td>35%</td></tr></tbody></table>	Month	% NDD within 26 weeks	Target	Trajectory	May-22	35%	80%	35%	Jun-22	45%	80%	45%	Jul-22	45%	80%	45%	Aug-22	45%	80%	45%	Sep-22	35%	80%	35%	Oct-22	45%	80%	45%	Nov-22	45%	80%	45%	Dec-22	35%	80%	35%	Jan-23	35%	80%	35%	Feb-23	35%	80%	35%	Mar-23	35%	80%	35%	Apr-23	35%	80%	35%	May-23	35%	80%	35%	Jun-23	35%	80%	35%	Jul-23	35%	80%	35%	Aug-23	35%	80%	35%	Sep-23	35%	80%	35%	Oct-23	35%	80%	35%	Nov-23	35%	80%	35%	Dec-23	35%	80%	35%	Jan-24	35%	80%	35%	Feb-24	35%	80%	35%	Mar-24	35%	80%	35%
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 82% of routine assessments by SCAMHS were undertaken within 28 days in February 2023. <i>* Updated data is not currently available to report*</i>	<div>5. S-CAMHS % assessments within 28 days</div> <table border="1"><thead><tr><th>Month</th><th>% S-CAMHS assessments in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Feb-22</td><td>25%</td><td>80%</td></tr><tr><td>Mar-22</td><td>25%</td><td>80%</td></tr><tr><td>Apr-22</td><td>25%</td><td>80%</td></tr><tr><td>May-22</td><td>45%</td><td>80%</td></tr><tr><td>Jun-22</td><td>45%</td><td>80%</td></tr><tr><td>Jul-22</td><td>45%</td><td>80%</td></tr><tr><td>Aug-22</td><td>45%</td><td>80%</td></tr><tr><td>Sep-22</td><td>85%</td><td>80%</td></tr><tr><td>Oct-22</td><td>85%</td><td>80%</td></tr><tr><td>Nov-22</td><td>85%</td><td>80%</td></tr><tr><td>Dec-22</td><td>85%</td><td>80%</td></tr><tr><td>Jan-23</td><td>85%</td><td>80%</td></tr><tr><td>Feb-23</td><td>85%</td><td>80%</td></tr></tbody></table>	Month	% S-CAMHS assessments in 28 days	Target	Feb-22	25%	80%	Mar-22	25%	80%	Apr-22	25%	80%	May-22	45%	80%	Jun-22	45%	80%	Jul-22	45%	80%	Aug-22	45%	80%	Sep-22	85%	80%	Oct-22	85%	80%	Nov-22	85%	80%	Dec-22	85%	80%	Jan-23	85%	80%	Feb-23	85%	80%																																																						
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APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 relate	Number of new COVID19 cases*	Local			Jun-23						60
	Number of staff referred for Antigen Testing*	Local			Mar-23						43
	Number of staff awaiting results of COVID19 test*	Local			Jun-23						0
	Number of COVID19 related incidents*	Local			Jun-23						90
	Number of COVID19 related serious incidents*	Local			Jun-23						0
	Number of COVID19 related complaints*	Local			Jun-23						0
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Jun-23						0
	Number of staff self isolated (symptomatic)*	Local			Jun-23						7
	% sickness*	Local			Jun-23						0.1%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	Improvement trajectory towards 0 by Mar 24	502	Jun-23	615		0			615
	% 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	Month on month improvement		Jun-23	62.0%	97.2%				76%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	Improvement trajectory towards 0 by Mar 24	1185	Jun-23	1,274	0				1,274
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	Local	59.8% (UK SNAP average)		Jun-23	24%					24%
	% of patients who receive a CT scan within 1 hour*	Local	54.5% (UK SNAP average)		Jun-23	43%					43%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Local	84.2% (UK SNAP average)		Jun-23	93%					93%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	Local	12 month improvement trend		Jun-23	13%					13%
	% of patients receiving the required minutes for speech and language therapy*	Local	12 month improvement trend		Jun-23	67%					67%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	≤ 234 (Cumulative)	20	Jun-23	7	2	2	14	0	27
	Number of S.aureus bacteraemia cases	National	≤ 71 (Cumulative)	6	Jun-23	6	1	1	4	0	12
	Number of C.difficile cases	National	≤ 95 (Cumulative)	9	Jun-23	10	0	3	7	0	20
	Number of Klebsiella cases	National	≤ 71 (Cumulative)	7	Jun-23	0	1	0	5	0	6
	Number of Aeruginosa cases	National	≤ 24 (Cumulative)	2	Jun-23	1	0	1	1	0	4
	Compliance with hand hygiene audits	Local	95%		Jun-23	97%	90%	86%	-	99%	95%

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		May-23	95.0%					95.0%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		May-23	27.8%					27.8%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		May-23	72.1%					72.1%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		May-23	79.7%					79.7%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		May-23	74.2%					74.2%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		May-23	68.9%					68.9%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-21	7.5%					7.5%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		Jun-23	2	0	1	1	0	4
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	80%		Jun-23						-
	Number of Never Events	Local	0		Jun-23	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		May-23	69	3	11	41	0	124
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		May-23	8	0	2	9	0	19
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		May-23						1,105
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Jun-23	79	16	15	10	23	143
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Jun-23						3.57
Mortality	Crude hospital mortality rate by Delivery Unit (74 years of age and over)	Local	12 month reduction trend		May-23	1.29%	0.04%	0.26%			0.71%

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

Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	Improvement Trajectory towards 80% by Mar 26	55.0%	Jun-23 (Draft)						32%
Planned Care	Number of patients waiting > 26 weeks for first outpatient appointment	Local	0		Jun-23	8,969	4	4,454	0		13,427
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0	7,321	Jun-23	4,867	0	2,026	0		6,893
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0	1,464	Jun-23	1,234	0	0	0		1,234
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	Local	0		Jun-23	18,010	2	7,640	0		26,459
	Number of patients waiting > 52 weeks for treatment	National	Improvement Trajectory towards target of 0	16,716	Jun-23	11,620	0	3,826	0		15,446
	Number of patients waiting > 104 weeks for treatment	National	Improvement Trajectory towards target of 0	5,803	Jun-23	4,470	0	1,004	0		5,474
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Improvement Trajectory towards 0 by Mar 24	6,426	Jun-23	2,484		4,737			7,221
	Number of patients waiting > 14 weeks for a specified therapy	National	Improvement Trajectory towards 0 by Mar 24	183	Jun-23				221	0	221
	Total number of patients waiting for a follow-up outpatient appointment	Local	0		Jun-23						149,529
	Number of patients delayed by over 100% past their target date	National	Improvement Trajectory towards target of 0	39,341	Jun-23						40,807
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Jun-23						68,286
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Jun-23						395
	Number of patients without a documented clinical review date	Local	0		Jun-23						2
Activity	Number of GP referrals	Local	12 month reduction trend		Jun-23						13,984
	Number of patients referred from primary care into secondary care Ophthalmology services	National	Improvement Trajectory towards reduction by Mar 24	950	Jun-23						890
Patient Experience/ Feedback	Number of friends and family surveys completed	National	Month on month improvement		Jun-23	1,512	Now reported under Singleton	731	255	44	1,512
	% of patients who would recommend and highly recommend	Local	90%		Jun-23	85%		95%	96%	100%	89%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%		Jun-23	89%		92%	95%		90%
	Number of new complaints received	Local	12 month reduction trend		Apr-23	63	8	29	33	11	149
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the	Local	80%		Apr-23	71%	50%	83%	91%	73%	77%

Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Local	95%	90%	Q4 2022/23						95.4%
	% children who received MenB2 vaccine by age 1		95%	90%	Q4 2022/23						94.2%
	% children who received PCV2 vaccine by age 1		95%	90%	Q4 2022/23						96.2%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q4 2022/23						94.4%
	% children who received MMR1 vaccine by age 2		95%	90%	Q4 2022/23						94.6%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q4 2022/23						93.9%
	% children who received MenB4 vaccine by age 2		95%	90%	Q4 2022/23						93.4%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q4 2022/23						93.6%
	% children who are up to date in schedule by age 4		95%	90%	Q4 2022/23						83.8%
	% of children who received 2 doses of the MMR vaccine by age 5		95%	90%	Q4 2022/23						88.4%
	% children who received 4 in 1 vaccine by age 5		95%	90%	Q4 2022/23						89.0%
	% children who received MMR vaccination by age 16		95%	90%	Q4 2022/23						95.6%
	% children who received teenage booster by age 16		90%	85%	Q4 2022/23						88.9%
	% children who received MenACWY vaccine by age 16		Improve		Q4 2022/23						89.2%
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	75%		Jun-23						67.8%
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	75%		Reporting begins Sep-23 for autumn 23 booster						
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		May-23						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		May-23						31%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		May-23						31%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Feb-23						82%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		May-23					94%	94%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		May-23						33%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		May-23					98%	98%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	80%		May-23					84%	84%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%	30%	May-23						30%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		May-23						93%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		May-23					88%	88%

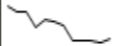


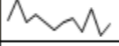
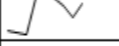
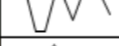

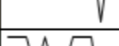
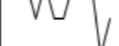

* In the absence of local profiles, RAG is based on in-month movement

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
COVID19 related measures	Number of new COVID19 cases	Local	Jun-23	60		Reduce					372	600	217	218	171	171	395	230	249	378	153	81	60
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce					17,579	17,878	17,916	17,926	17,934	17,981	18,108	18,157	18,187	18,230			
	Number of staff awaiting results of COVID19 test	Local	Jun-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Jun-23	90		Reduce					52	91	46	84	61	51	61	34	33	57	29	61	90
	Number of COVID19 related serious incidents	Local	Jun-23	0		Reduce					0	0	0	1	0	0	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Jun-23	0		Reduce					4	5	6	11	3	3	0	0	2	2	1	0	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																	
	Number of staff self isolated (asymptomatic)	Local	Jun-23	0		Reduce					28	26	8	5	1	0	0	0	1	0	0	0	0
	Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce					287	272	121	100	121	124	144	70	63	57	45	27	7
	% sickness	Local	Jun-23	0.1%		Reduce					2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%
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	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jun-23	64%	65%	65%	✗	39.5% (Dec-22)	3rd (Dec-22)		57%	56%	55%	49%	50%	46%	41%	52%	52%	48%	50%	56%	64%
	Number of ambulance handovers over one hour	National	Jun-23	615	↑ trajectory	502	✗	6,798 (Dec-22)	1st (Dec-22)		578	659	705	732	739	744	614	561	594	729	658	708	615
	Handover hours lost over 15 minutes	Local	Jun-23	3018							2,920	2,976	3,870	4,378	4,599	4,456	4,289	3,440	3,245	4,659	3,627	3,952	3,018
	% 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	Jun-23	76%	Month on month improvement		✓	63.1% (Dec-22)	4th (Dec-22)		72%	69%	70%	73%	71%	70%	65%	74%	76%	74%	75%	75%	76%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Jun-23	1274	↑ trajectory	1185	✗	12,099 (Dec-22)	4th (Dec-22)		1,388	1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125	1,395	1,083	1,303	1,274
NOF	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	Local	Sep-22	93.0%	12 month ↑			70% (Oct-22)	1st (Oct-22)		89.0%	91.0%	93.0%	93.0%									
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Jun-23	23.8%							4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	23.8%
	CT Scan (<1 hrs) (local)	Local	Jun-23	42.9%							36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	42.9%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Jun-23	92.9%							97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	92.9%
	Thrombolysis door to needle <= 45 mins	Local	Jun-23	12.5%							0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%	0.0%	12.5%
	% stroke patients who receive mechanical thrombectomy	Local	Jun-23	5.0%	10%		✗	2.1% (Nov-22)	4th (Nov-22)		4.7%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	6.5%	2.0%	7.1%	5.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	Local	Jun-23	66.7%	12 month ↑		✓	50.7% (Nov-22)	4th (Nov-22)		29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%	68.6%	62.9%	66.7%
DTOCs	Number of mental health HB DTOCs	National	Mar-20	13	12 month ↓	27	✓				DTOC reporting temporarily suspended												
	Number of non-mental health HB DTOCs	National	Mar-20	60	12 month ↓	50	✗				DTOC reporting temporarily suspended												

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jun-23	75.1	<67		✗	67.80 (Dec-22)	3rd (Dec-22)		70.8	68.9	74.5	70.4	69.4	70.0	69.6	68.7	67.9	67.5	81.1	73.7	75.1
	Number of E.Coli bacteraemia cases (Hospital)		Jun-23	13	≤ 234 (Cumulative)	11	✗				5	3	11	7	12	11	8	8	9	9	14	12	13
	Number of E.Coli bacteraemia cases (Community)			14		11	✗				12	18	21	8	10	12	14	12	8	10	12	10	14
	Total number of E.Coli bacteraemia cases			27		22	✗				17	21	32	15	22	23	22	20	17	19	26	22	27
	Cumulative cases of S. aureus bacteraemias per 100k pop		Jun-23	42.2	<20		✗	27.76 (Dec-22)	6th (Dec-22)		41.0	39.8	38.4	39.3	41.0	39.0	39.4	38.4	38.6	38.6	53.1	43.0	42.2
	Number of S. aureus bacteraemias cases (Hospital)		Jun-23	8	≤ 71 (Cumulative)	4	✗				7	6	6	8	13	3	10	8	9	5	7	8	8
	Number of S. aureus bacteraemias cases (Community)			4		2	✗				2	6	6	6	4	5	3	2	2	5	9	2	4
	Total number of S. aureus bacteraemias cases			12		6	✗				9	12	12	14	17	8	13	10	11	10	16	10	12
	Cumulative cases of C. difficile per 100k pop		Jun-23	51.4	<25		✗	36.68 (Dec-22)	5th (Dec-22)		41.0	42.9	47.6	46.9	48.9	50.9	49.6	51.3	50.6	51.4	56.2	46.0	51.4
	Number of C. difficile cases (Hospital)		Jun-23	13	≤ 95 (Cumulative)	6	✗				7	10	16	11	15	10	8	15	10	13	7	8	13
	Number of C. difficile cases (Community)			7		3	✗				9	6	6	3	6	11	6	7	2	6	8	4	7
	Total number of C. difficile cases			20		9	✗				16	16	22	14	21	21	14	22	12	19	15	12	20
	Cumulative cases of Klebsiella per 100k pop		Jun-23	24.7							22.6	24.5	25.0	25.5	24.9	26.0	26.1	26.9	26.8	27.4	25.0	27.6	24.7
	Number of Klebsiella cases (Hospital)		Jun-23	1	≤ 71 (Cumulative)	4	✓				6	4	4	1	3	6	5	5	7	4	7	4	1
	Number of Klebsiella cases (Community)			5		3	✗				2	7	4	9	4	5	3	6	1	7	1	6	5
	Total number of Klebsiella cases			6		7	✓	63 Total (Dec-22)	2nd (Dec-22)		8	11	8	10	7	11	8	11	8	11	8	10	6
	Cumulative cases of Aeruginosa per 100k pop		Jun-23	7.2							8.2	9.2	9.2	10.2	11.3	11.9	11.5	11.6	11.2	11.3	6.2	4.6	7.2
	Number of Aeruginosa cases (Hospital)		Jun-23	3	≤ 24 (Cumulative)	2	✗				3	2	3	4	3	5	1	2	2	2	1	1	3
	Number of Aeruginosa cases (Community)			1		0	✗				1	2	0	1	3	0	2	2	0	2	1	0	1
	Total number of Aeruginosa cases			4		2	✗	8 Total (Dec-22)	4th (Dec-22)		4	4	3	5	6	5	3	4	2	4	2	1	4
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jun-23	94.8%		95%	✓					98%	96%	90%	97%	96%	96%	95%	97%	95%	93%	99%	95%
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Mar-23	83.0%	90%	80%					33%	-	0%	-	75%	73%	85%	67%	67%	83%			
	Number of new Never Events	Local		0		0	✓				0	1	0	0	0	1	0	0	1	0			
	Number of risks with a score greater than 20	Local	Mar-23	148		12 month ↓	✗				132	128	131	133	134	136	137	141	143	148			
	Number of risks with a score greater than 16	Local		307		12 month ↓	✗				264	259	269	270	268	278	280	290	295	307			
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	May-23	83		12 month ↓	✗				53	58	54	39	53	69	47	64	60	76	83	83	
	Number of pressure ulcers developed in the community		May-23	41		12 month ↓	✗				32	27	50	40	44	45	42	45	41	62	31	41	
	Total number of pressure ulcers			124		12 month ↓	✗				85	85	104	79	103	114	89	109	101	138	114	124	
	Number of grade 3+ pressure ulcers acquired in hospital			10		12 month ↓	✗				3	5	3	0	1	7	8	4	4	7	5	10	
	Number of grade 3+ pressure ulcers acquired in community		May-23	9		12 month ↓	✗				12	2	11	6	2	7	13	4	9	14	7	9	
	Total number of grade 3+ pressure ulcers		May-23	19		12 month ↓	✗				15	7	14	6	3	14	21	8	13	21	12	19	
Inpatient Falls	Number of Inpatient Falls	Local	Jun-23	143		12 month ↓	✓				172	174	216	175	184	178	184	189	179	214	183	184	143
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jun-23	82%		98%	✗				93.7%	90.5%	86.2%	87.6%	87.5%	88.2%	97.2%	91.8%	98.3%	85.1%	96.6%	91.9%	81.6%
Coding	% of episodes clinically coded within 1 month of discharge	National	May-23	55%	12 month ↓		✗				81%	82%	77%	81%	84%	67%	78%	71%	76%	67%	55%	55%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Jun-23	65%		100%	✗				64%	63%	69%	70%	66%	71%	62%	64%	64%	62%	64%	65%	65%
Workforce	Agency spend as a % of the total pay bill	Local	Jun-23	5.80%	12 month ↓		✓	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		6.2%	6.7%	6.4%	4.9%	6.5%	6.4%	6.0%	7.4%	6.2%	5.2%	5.7%	5.8%	5.2%
	% of headcount by organisation who have had a PADRI medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jun-23	67%	85%		✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		55%	58%	61%	64%	67%	68%	68%	69%	69%	69%	72%	68%	67%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Jun-23	87%	85%		✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		80%	81%	81%	82%	83%	84%	84%	85%	85%	82%	86%	87%	87%
	% workforce sickness absence (12 month rolling)	National	May-23	7.37%	12 month ↓		✓	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		8.29%	8.46%	8.44%	8.25%	8.08%	7.99%	8.02%	7.89%	7.78%	7.65%	7.46%	7.37%	

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	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Jun-23	13.9%							11.5%	10.4%	10.0%	10.0%	9.6%	9.9%	10.9%	9.7%	9.9%	9.9%	11.8%	13.0%	13.9%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jun-23	31.7%	↑ trajectory	55%	✖	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	53.2%	56.5%	46.6%	31.7%
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Jun-23	18%	80%		✖				18%	2%	10%	5%	18%	19%	26%	32%	31%	32%	22%	35%	18%
	Scheduled (21 Day Target)	Local	Jun-23	63%	100%		✖				51%	29%	35%	34%	65%	82%	83%	82%	86%	81%	70%	81%	63%
	Urgent SC (2 Day Target)	Local	Jun-23	24%	80%		✖				22%	18%	11%	31%	33%	17%	37%	31%	19%	30%	22%	50%	24%
	Urgent SC (7 Day Target)	Local	Jun-23	52%	100%		✖				43%	64%	48%	54%	70%	77%	70%	85%	69%	84%	70%	73%	52%
	Emergency (within 1 day)	Local	Jun-23	71%	80%		✖				82%	58%	65%	100%	70%	100%	83%	100%	100%	91%	100%	100%	71%
	Emergency (within 2 days)	Local	Jun-23	100%	100%		✓				88%	92%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Jun-23	93%	80%		✓				68%	66%	91%	70%	81%	91%	85%	82%	93%	94%	87%	93%	93%
	Elective Delay (14 Day Target)	Local	Jun-23	95%	100%		✖				79%	70%	98%	79%	91%	100%	100%	98%	100%	100%	93%	100%	95%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Jun-23	4,745				15,517 (Nov-22)	7th (Nov-22)		4,449	4,407	4,257	4,205	4,170	4,136	4,289	4,372	4,408	4,554	4,677	4,847	4,745
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jun-23	7,221	↑ trajectory	6,426	✖	42,566 (Nov-22)	4th (Nov-22)		6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116	6,514	6,867	7,255	7,221
	Number of patients waiting > 14 weeks for a specified therapy	National	Jun-23	221	↑ trajectory	183	✖	9,584 (Nov-22)	2nd (Nov-22)		609	714	682	755	707	441	527	194	157	193	129	149	221
	% of patients waiting < 26 weeks for treatment	Local	Jun-23	61%	95%			56% (Nov-22)	6th (Nov-22)		50.8%	51.8%	52.0%	52.1%	53.5%	54.4%	54.2%	52.8%	56.9%	58.4%	58.2%	58.7%	60.7%
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Jun-23	13,427							26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257	15,385	15,184	14,733	13,427
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Jun-23	6,893	↑ trajectory	7,321	✓				21,720	22,071	21,940	20,151	18,379	15,537	14,140	12,767	11,115	9,163	8,561	7,675	6,893
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Jun-23	1,234	↑ trajectory	1,464	✓	85,301 (Nov-22)	3rd (Nov-22)		14,951	15,232	15,122	13,980	12,352	9,774	7,779	6,630	5,475	3,895	3,456	2,719	1,234
	Number of patients waiting > 36 weeks for treatment	Local	Jun-23	26,459				252,779 (Nov-22)	3rd (Nov-22)		39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031	30,017	28,353	28,087	27,189	26,459
	Number of patients waiting > 52 weeks for treatment	National	Jun-23	15,446	↑ trajectory	16,716	✓				28,566	27,681	27,570	27,077	26,147	24,308	22,634	21,306	19,707	18,181	17,823	16,976	15,446
	Number of patients waiting > 104 weeks for treatment	National	Jun-23	5,474	↑ trajectory	5,803	✓	49,594 (Nov-22)	5th (Nov-22)		12,064	11,400	10,960	10,623	10,090	9,048	8,066	7,331	6,656	6,015	5,952	5,792	5,474
	The number of patients waiting for a follow-up outpatient appointment	Local	Jun-23	149,529							136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070	150,860	147,864	150,109	149,529
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jun-23	40,807	↑ trajectory	39,341	✖	224,552 (Nov-22)	5th (Nov-22)		35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	41,710	41,611	42,534	40,807
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Jun-23	57%	95%		✖	64.9% (Nov-22)	1st (Nov-22)		63.7%	65.6%	62.4%	60.3%	65.2%	67.1%	69.9%	53.1%	64.6%	59.4%	62.7%	62.3%	57.5%
		Number of GP referrals	Local	Jun-23	13,984	12 month ↓		✖				13,050	12,548	12,930	12,572	13,014	12,663	9,231	12,658	12,347	14,220	12,012	13,341
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Jun-23	890	↑ trajectory	950	✓				830	761	844	886	799	807	731	870	841	969	737	803	890
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jun-23	10%	12 month ↓		✖				8.2%	8.2%	8.0%	7.8%	8.3%	9.5%	11.1%	8.9%	9.2%	8.2%	7.9%	10.1%	10.6%
	% of patients who did not attend a follow-up outpatient appointment	Local	Jun-23	8%	12 month ↓		✖				7.8%	7.7%	7.6%	7.8%	7.7%	8.5%	8.7%	7.8%	7.9%	7.9%	8.0%	8.2%	8.4%
Theatre Efficiencies	Theatre Utilisation rates	Local	Jun-23	63%		90%	✖				81%	72%	59%	71%	77%	74%	59%	72%	70%	71%	71%	76%	69%
	% of theatre sessions starting late	Local	Jun-23	36%		<25%	✖				43%	40%	36%	37%	40%	35%	39%	35%	39%	33%	35%	37%	36%
	% of theatre sessions finishing early	Local	Jun-23	47%		<20%	✖				43%	46%	43%	48%	45%	44%	46%	44%	45%	49%	48%	51%	47%
Patient experience	Number of friends and family surveys completed	National	Jun-23	2,503	Month on month improvement		✖				3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073	4,425	5,358	2,704	3,477	2,503
	% of who would recommend and highly recommend	Local	Jun-23	89%		90%	✖				88%	89%	89%	88%	90%	91%	89%	92%	92%	92%	92%	90%	89%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Jun-23	90%		90%	✓				91%	90%	93%	92%	93%	91%	92%	92%	95%	95%	95%	95%	90%
Complaints	Number of new formal complaints received	Local	Apr-23	183		12 month trend ↓	✖				118	153	124	120	140	113	120	127	135	183	149		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Apr-23	72%		80%	✖				65%	64%	65%	71%	71%	69%	73%	78%	67%	72%	77%		
	% of acknowledgements sent within 2 working days	Local	Apr-23	100%		100%	✓				100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%		

Harm from wider societal actions/lockdown																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 22/23	95.4%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)		94.9%			94.9%			94.6%			95.4%			
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 22/23	88.4%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)		89.9%			89.8%			89.5%			88.4%			
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-23	75.9%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2022				62.2%	72.4%	74.4%	75.6%	76.0%	75.9%	Data collection restarts October 2023		
	% uptake of influenza among under 65s in risk groups	Local	Mar-23	43.8%	55%			48.2% (Mar-22)	4th (Mar-22)						30.2%	37.7%	40.4%	42.1%	43.4%	43.8%			
	% uptake of influenza among children 2 to 3 years old	Local	Mar-23	38.8%	50%			47.6% (Mar-22)	5th (Mar-22)						23.6%	34.6%	37.9%	39.2%	39.3%	38.8%			
	% uptake of influenza among healthcare workers	Local	Mar-23	42.4%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)							34.4%	40.9%	40.9%	42.4%	42.4%			
	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-23	67.8%	75%		✗				Historical data not available											67.8%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	May-23	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	May-23	30%	80%	30%	✓	31.4% (Nov-22)	3rd (Nov-22)		47%	44%	44%	36%	40%	39%	37%	29%	29%	29%	28%	30%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	May-23	31%	80%		✗	83.2% (Nov-22)	5th (Nov-22)		33%	38%	34%	91%	91%	89%	79%	62%	82%	74%	55%	31%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	May-23	31%	80%		✗	66.8% (Nov-22)	5th (Nov-22)		22%	42%	27%	27%	83%	65%	56%	24%	64%	74%	55%	31%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	May-23	33%	80%		✗	34.4% (Nov-22)	4th (Nov-22)		38%	61%	35%	43%	36%	27%	35%	40%	26%	50%	21%	33%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%						41%	38%	34%	91%	90%	89%	79%	62%	82%				
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	May-23	93%	90%		✓	63.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	87%	87%	99%	99%	91%	100%	100%	100%	93%	
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	May-23	94%	80%		✗	86.9% (Nov-22)	3rd (Nov-22)		96%	94%	97%	93%	95%	98%	94%	91%	95%	96%	78%	94%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	May-23	98%	80%		✓	73.1% (Nov-22)	2nd (Nov-22)		100%	100%	100%	98%	100%	98%	98%	100%	100%	100%	96%	98%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	May-23	84%	80%		✓	73.9% (Nov-22)	2nd (Nov-22)		100%	100%	97%	96%	93%	92%	92%	91%	88%	85%	85%	84%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	May-23	88%	90%		✗	84.2% (Nov-22)	2nd (Nov-22)		89%	89%	90%	89%	90%	90%	90%	89%	89%	87%	87%	88%	
	% Service Users admitted to a pyschiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTService prior to	Local	May-23	100%	100%		✓	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% service users admitted to a pyschiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CHRHTS within 24 hours of admission	Local	May-23	100%	100%		✓	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	