Meeting Date	**23rd May 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 April 2023 primarily) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	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. The Performance Delivery Framework 2022/23 was published in July 2022, and the measures have been updated accordingly in line with current data availability. **Key high level issues to highlight this month are as follows:** **<u>COVID19</u>** - The number of new cases of COVID19 has saw a reduction in April 2023 to 153, compared with 378 in March 2023. **<u>Unscheduled Care</u>** - Emergency Department (ED) attendances have decreased in April 2023 to 10,577 from 11,211 in March 2023. - Performance against the 4-hour access is currently above the outlined trajectory in April 2023. ED 4-hour performance has increased by 1.5% in April 2023 to 75.22% from 73.72% in March 2023. - Performance against the 12-hour wait has improved in-month and it is currently performing below the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,083 in April 2023 from 1,395 in March 2023. - Internal flow activities to support reduced occupancy and to improve flow throughout the day are being implemented, these include; Same Day Emergency Care (SDEC) GP		

	delivered services, Frailty SDEC services and scoping is currently being undertaken with Welsh Ambulance Service NHS Trust (WAST) colleagues to implement further pathways. - The number of emergency admissions has decreased in April 2023 to 3,900 from 4,408 in March 2023. **Planned Care** - April 2023 saw a 1% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment. - Additionally, the number of patients waiting over 36 weeks decreased by 0.9% to 28,087. - The number of patients waiting over 104 weeks for treatment decreased, with 5,952 patients waiting at this point in April 2023. - In April, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 3,456 patients waiting at this stage. - As a Health Board, we are currently developing updated ministerial priority trajectories for the 2023/24 planned care position. - Therapy waiting times have improved, there are 129 patients waiting over 14 weeks in April 2023 compared with 193 in March 2023. - The number of patients waiting over 8 weeks for an Endoscopy has slightly increased in April 2023 to 4,677 from 4,554 in March 2023. **Cancer** - March 2023 saw 53.2% 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 14/05/2023 was 394. **Mental Health** - Performance against the Mental Health Measures continues to be maintained. All but one Welsh Government target were achieved in March 2023. - In February 2023, 85% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%. **Child and Adolescent Mental Health Services (CAMHS)** - Access times for crisis performance has been maintained at 100% February 2023. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has

<table>
<tr><td></td><td colspan="4">deteriorated slightly to 29% in February 2023 against a target of 80%.
- Updated CAMHS data is currently not available as a result of the transfer from Cwm Taf.

<u>Nationally Reportable Incidents</u>
- In April 2023, there were 69 Nationally Reportable Incidents reported.
- There were no new Never Events reported in April 2023

<u>Patient Experience</u>
- April 2023 data is included in this report showing 92% satisfaction through 2,704 surveys completed.</td></tr>
<tr><td rowspan="2">Specific Action Required</td><td>Information</td><td>Discussion</td><td>Assurance</td><td>Approval</td></tr>
<tr><td>✓</td><td></td><td>✓</td><td></td></tr>
<tr><td>Recommendations</td><td colspan="4">Members are asked to:
• NOTE- current Health Board performance against key measures and targets.</td></tr>
</table>

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

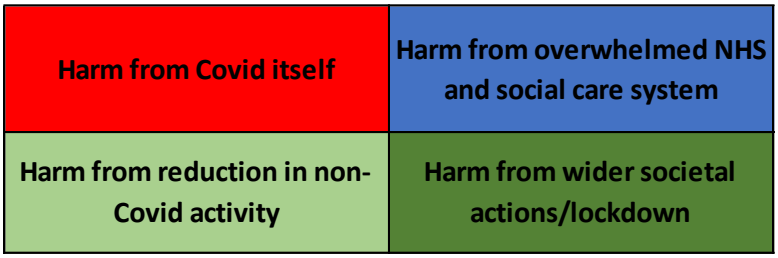
2. BACKGROUND

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

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

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

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



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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒

Quality, Safety and Patient Experience

The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.

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

Financial Implications

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

Legal Implications (including equality and diversity assessment)

A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.

Staffing Implications

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

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

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

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

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

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

Appendix 1- Quality & Safety Performance Report

May 2023

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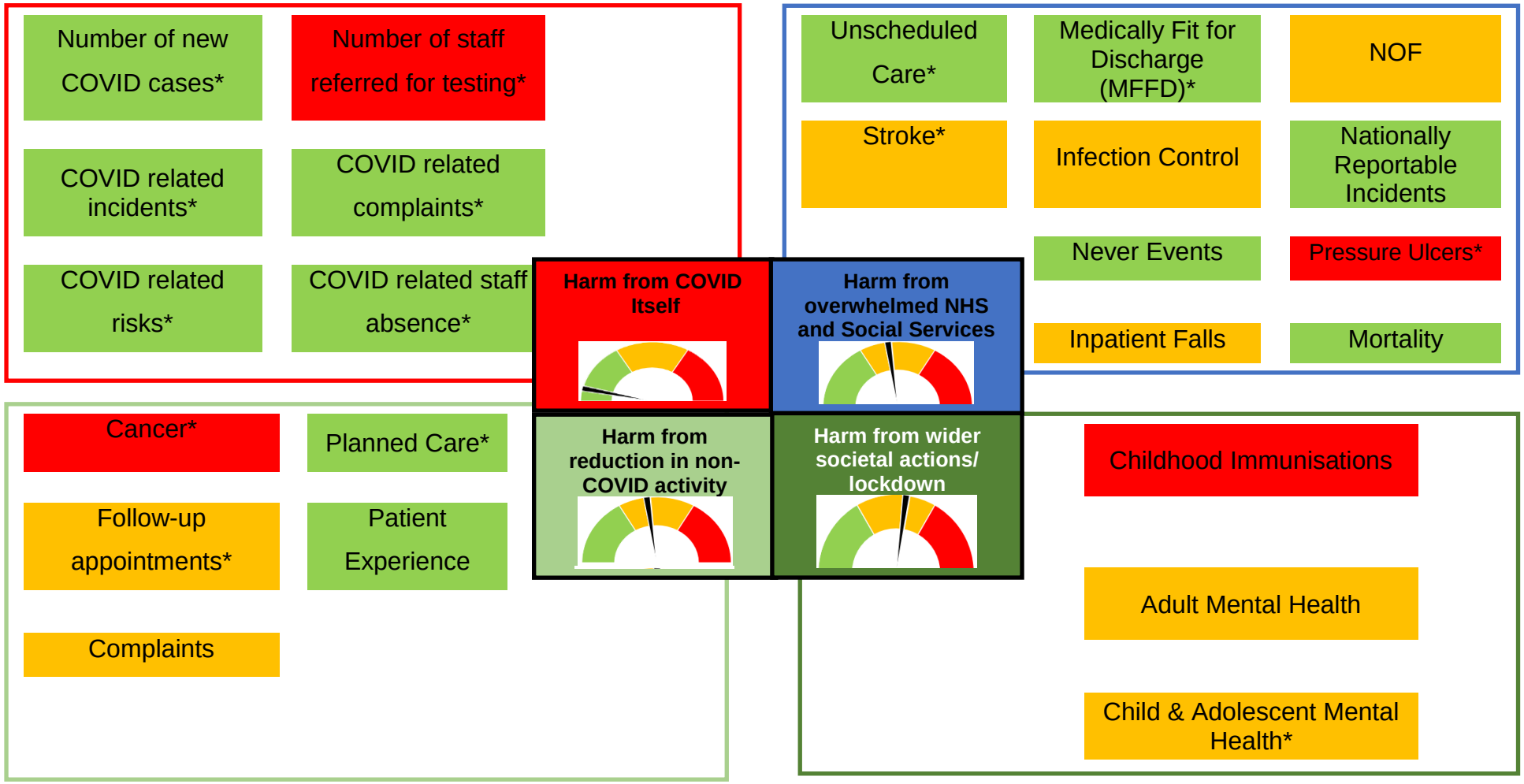
1. QUADRANTS OF HARM SUMMARY

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



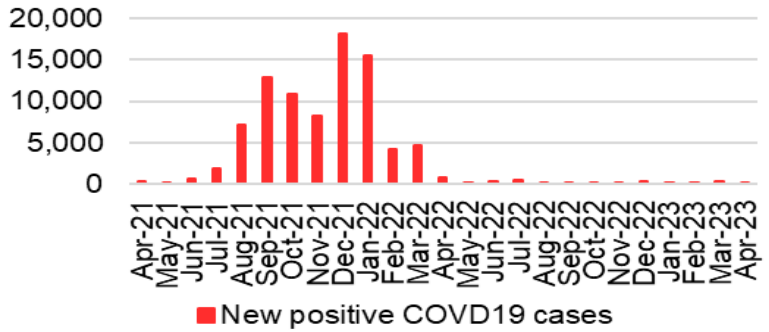
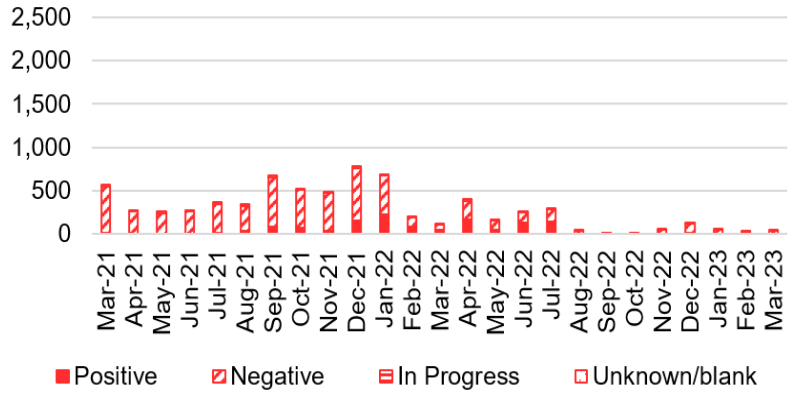
NB- RAG status is against national or local target

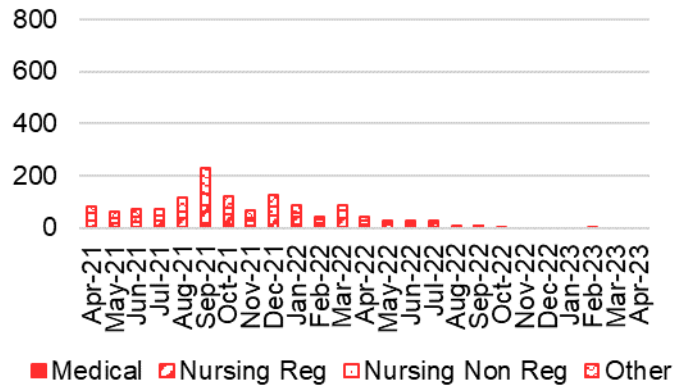
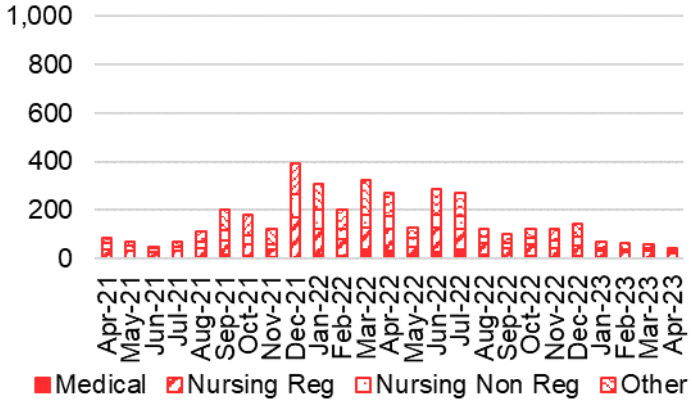
** Data not available

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

Harm quadrant- Harm from Covid itself																	
Measure	Locality	National/ Local Target	Internal profile	Trend	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Number of new COVID19 cases*	HB Total				835	286	372	600	217	218	171	171	395	230	249	378	153
Number of staff referred for Antigen Testing	HB Total				402	157	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				83	39	52	91	46	84	61	51	61	34	33	57	29
Number of COVID19 related serious incidents*	HB Total				0	0	0	0	0	1	0	0	0	0	0	0	0
Number of COVID19 related complaints*	HB Total				6	0	4	5	6	11	3	3	0	0	2	2	1
Number of COVID19 related risks*	HB Total																
Number of staff self isolated (asymptomatic)*	Medical				2	0	2	3	0	0	0	0	0	0	0	0	0
	Nursing Registered				10	12	12	15	4	2	0	0	0	0	1	0	0
	Nursing Non Registered				15	8	6	3	0	1	0	0	0	0	0	0	0
	Other				15	9	8	5	4	2	1	0	0	0	0	0	0
Number of staff self isolated (symptomatic)*	Medical				33	15	27	38	15	2	9	6	10	4	3	1	1
	Nursing Registered				88	33	102	83	49	42	49	37	46	29	25	29	18
	Nursing Non Registered				52	35	52	53	26	22	26	34	32	12	12	11	14
	Other				97	42	106	98	31	34	37	47	56	25	23	16	12
% sickness*	Medical				4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%
	Nursing Registered				2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	0.4%
	Nursing Non Registered				3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%
	Other				1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%
	All				2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%

3.1 Updates on key measures

COVID TESTING		
Description	**Current Performance**	**Trend**
1. Number of new COVID19 cases in Swansea Bay population area	**1. Number of new COVID cases** In April 2023, there were an additional 153 positive cases recorded bringing the cumulative total to 120,259 in Swansea Bay since March 2020.	**1.Number of new COVID19 cases for Swansea Bay population** 
2. Number of staff referred for Antigen testing	**2. Staff referred for Antigen testing** The cumulative number of staff referred for COVID testing between March 2020 and March 2023 is 18,230 of which 19% have been positive (Cumulative total).	**2.Outcome of staff referred for Antigen testing** 

COVID RELATED STAFF ABSENCE		
Description	**Current Performance**	**Trend**
Staff absence due to COVID19 *1.Number of staff self-isolating (asymptomatic)* *2.Number of staff self isolating (symptomatic)* *3.% staff sickness*	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 March 2023 and April 2023, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) decreased from 57 to 45. In April 2023, the registered nursing staff group had the largest number of self-isolating staff who were symptomatic. **3. % Staff sickness** The percentage of staff sickness absence due to COVID19 in April 2023 has reduced to 0.3% from 0.4% in March 2023.	**1.Number of staff self isolating (asymptomatic)**  **2.Number of staff self isolating (symptomatic)**  **3.% staff sickness** See table below

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Medical	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%
Nursing Reg	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	0.4%
Nursing Non Reg	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%
Other	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%
All	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%

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

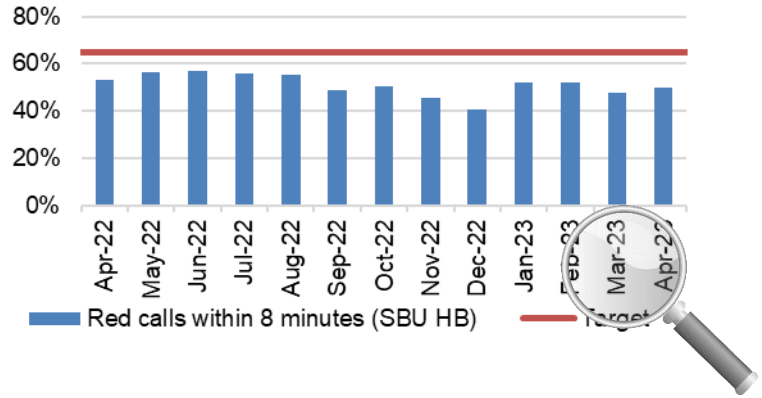
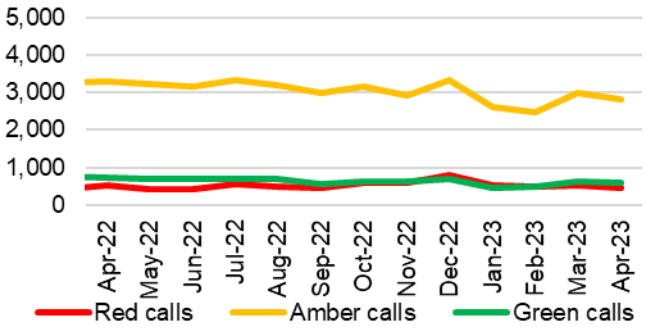
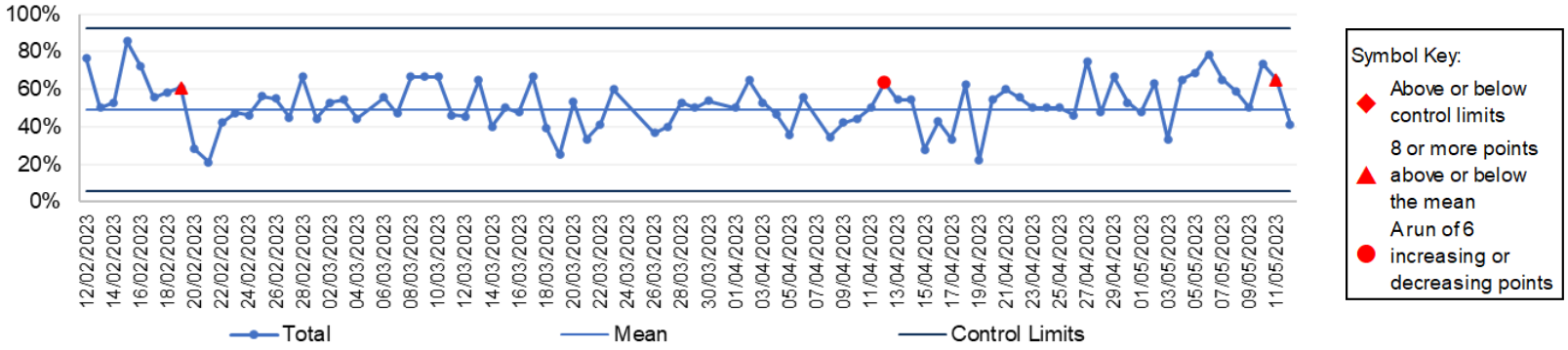
4.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Unscheduled Care																	
Number of ambulance handovers over one hour*	Morriston	0			645	507	568	637	681	710	722	727	592	554	594	728	658
	Singleton				26	31	10	22	24	22	17	17	22	7	0	1	0
	Total				**671**	**538**	**578**	**659**	**705**	**732**	**739**	**744**	**614**	**561**	**594**	**729**	**658**
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	Morriston	95%			58.9%	57.8%	54.6%	54.0%	51.4%	55.9%	53.6%	54.1%	49.3%	58.3%	62.5%	59.3%	60.5%
	NPTH				96.7%	97.9%	96.9%	93.1%	97.4%	98.2%	96.8%	99.1%	98.8%	98.7%	98.9%	97.8%	98.2%
	Total				**72.9%**	**73.8%**	**71.7%**	**69.4%**	**69.7%**	**72.7%**	**70.6%**	**70.4%**	**65.2%**	**74.0%**	**76.0%**	**73.7%**	**75.2%**
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morriston	0			1,292	1,192	1,386	1,427	1,472	1,470	1,583	1,454	1,632	1,089	1,123	1,395	1,083
	NPTH				2	3	2	2	2	0	1	2	0	0	2	0	0
	Total				**1,294**	**1,195**	**1,388**	**1,429**	**1,474**	**1,470**	**1,584**	**1,456**	**1,632**	**1,089**	**1,125**	**1,395**	**1,083**
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morriston	59.8% (UK SNAP average)			12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%
	Total				12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%
% of patients who receive a CT scan within 1 hour*	Morriston	54.5% (UK SNAP average)			34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%
	Total				34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morriston	84.2% (UK SNAP average)			100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%
	Total				100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morriston	12 month improvement trend			12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%
	Total				12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend			40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%	68.6%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	75%			89.5%	90.0%	89.4%	91.2%	92.9%	93.1%	93.5%	94.0%	94.5%	95.0%	94.9%	95.2%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	75%			42.2%	37.2%	33.3%	29.2%	26.5%	26.4%	25.8%	24.6%	22.1%	22.8%	21.9%	24.5%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	75%			72.4%	73.5%	71.5%	71.0%	71.6%	71.2%	71.6%	73.0%	73.2%	73.1%	73.0%	72.9%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	75%			70.2%	69.2%	68.9%	69.2%	70.2%	72.4%	74.0%	75.5%	76.9%	76.7%	77.8%	78.6%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	75%			77.4%	76.5%	76.6%	76.1%	75.9%	77.1%	76.8%	76.2%	76.3%	75.0%	74.8%	74.1%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	75%			70.9%	69.9%	63.8%	69.2%	66.2%	71.6%	69.4%	69.9%	70.3%	70.9%	68.8%	70.7%	
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morriston	12 month improvement trend															
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend															

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	11		18	13	12	18	21	8	10	12	14	12	8	10	12
	PCCS Hospital		0		1	0	0	0	0	1	0	0	0	0	1	0	0
	MH&LD		0		0	1	0	0	0	0	0	0	0	0	0	0	0
	Morriston		7		7	5	3	3	6	0	6	10	2	5	4	7	12
	NPTH		1		0	0	0	0	1	1	0	0	0	0	0	0	0
	Singleton		3		5	2	2	0	4	5	6	1	6	3	4	2	2
	Total		20		**31**	**21**	**17**	**21**	**32**	**15**	**22**	**23**	**22**	**20**	**17**	**19**	**26**
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		7	9	2	6	6	6	4	5	3	2	2	5	9
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		4		3	8	4	4	5	6	10	2	8	2	8	4	4
	NPTH		1		0	0	1	0	0	0	1	0	0	0	0	0	0
	Singleton		1		3	1	2	2	1	2	2	1	2	6	1	1	3
	Total		8		**13**	**18**	**9**	**12**	**12**	**14**	**17**	**8**	**13**	**10**	**11**	**10**	**16**
Number of C.difficile cases	PCCS Community	12 month reduction trend	3		2	4	9	6	6	3	6	11	6	7	2	6	8
	PCCS Hospital		0		0	1	0	0	0	0	1	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		5		8	5	5	7	9	6	12	5	6	11	7	9	6
	NPTH		0		0	1	0	0	1	0	0	0	0	2	0	0	0
	Singleton		2		3	0	2	3	6	5	2	5	2	2	3	4	1
	Total		10		**13**	**11**	**16**	**16**	**22**	**14**	**21**	**21**	**14**	**22**	**12**	**19**	**18**
Number of Klebsiella cases	PCCS Community	12 month reduction trend	4		2	1	2	7	4	9	4	5	3	6	1	7	1
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		3		2	5	3	3	3	0	2	2	3	4	5	4	6
	NPTH		1		1	0	0	0	0	0	1	0	0	0	0	0	0
	Singleton		1		1	2	3	1	1	1	0	4	2	1	2	0	1
	Total		9		**6**	**8**	**8**	**11**	**8**	**10**	**7**	**11**	**8**	**11**	**8**	**11**	**8**
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		1	1	1	2	0	1	3	0	2	2	0	2	1
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		1		1	1	3	1	2	2	1	3	0	1	2	2	1
	NPTH		0		0	0	0	0	0	0	0	1	0	0	0	0	0
	Singleton		1		0	0	0	1	1	2	2	1	1	1	0	0	0
	Total		3		**2**	**2**	**4**	**4**	**3**	**5**	**6**	**5**	**3**	**4**	**2**	**4**	**2**
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	-	-	100.0%
	MH&LD				96.6%	97.7%	98.9%	99.1%	95.0%	96.6%	94.4%	97.7%	94.8%	99.0%	95.6%	95.3%	98.0%
	Morriston				93.0%	95.2%	97.7%	94.8%	91.1%	99.3%	98.3%	93.9%	100.0%	99.3%	92.1%	86.9%	93.7%
	NPTH				100.0%	100.0%	97.0%	96.4%	96.6%	100.0%	96.7%	96.7%	95.2%	96.8%	100.0%	93.6%	100.0%
	Singleton				91.3%	94.8%	96.9%	95.6%	85.2%	90.5%	95.9%	95.4%	92.2%	91.6%	99.2%	100.0%	91.3%
	Total				96.4%	96.2%	97.8%	96.2%	90.3%	96.6%	96.4%	95.5%	95.2%	97.2%	94.8%	92.9%	98.8%

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Serious Incidents & Risks																	
Number of Nationally Reportable Incidents	PCCS	Monitor			0	2	2	0	1	0	3	1	4	0	2	1	0
	MH&LD				1	0	0	0	0	9	2	0	2	2	1	1	0
	Morriston				0	3	0	1	5	4	2	7	2	3	1	6	5
	NPTH				0	1	0	0	3	1	0	0	0	0	0	0	0
	Singleton				0	2	0	0	2	1	2	3	0	5	1	1	1
	Total				**1**	**8**	**2**	**1**	**11**	**15**	**9**	**11**	**8**	**10**	**5**	**9**	**6**
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	**Total**	80%			25%	100%	33%	-	0%	-	75%	73%	85%	67%	67%	83%	80%
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston				0	1	0	1	0	0	0	1	0	0	0	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				0	0	0	0	0	0	0	0	0	0	1	0	0
	Total				**0**	**1**	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			33	39	32	27	50	40	44	45	42	45	41	62	
	PCCS Hospital				0	0	0	0	0	0	3	1	0	0	1	0	
	MH&LD				1	1	1	1	1	0	0	0	0	0	0	1	
	Morriston				26	30	38	37	34	23	36	50	41	53	48	64	
	NPTH				3	5	1	1	3	2	3	0	0	0	1	3	
	Singleton				15	22	13	19	16	14	17	18	6	11	10	8	
	Total				**78**	**97**	**85**	**85**	**104**	**79**	**103**	**114**	**89**	**109**	**101**	**138**	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			2	10	12	2	11	6	2	7	13	4	9	14	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				1	0	0	0	0	0	0	0	0	0	0	1	
	Morriston				2	2	1	3	2	0	1	6	7	3	1	6	
	NPTH				0	0	1	1	0	0	0	0	0	0	1	0	
	Singleton				0	0	1	1	1	0	0	1	1	1	2	0	
	Total				**5**	**12**	**15**	**7**	**14**	**6**	**3**	**14**	**21**	**8**	**13**	**21**	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			689	821	760	805	767	556	797	924	660	895	891	999	
Total number of Inpatient Falls	PCCS	12 month reduction trend			2	10	2	3	6	6	2	3	6	11	8	8	10
	MH&LD				19	24	14	18	30	24	36	22	22	29	37	24	36
	Morriston				88	71	75	76	105	72	74	81	94	99	91	131	92
	NPTH				37	29	32	39	34	18	25	21	22	20	21	27	17
	Singleton				44	48	49	36	41	55	47	51	40	30	19	24	28
	Total				**190**	**182**	**172**	**174**	**216**	**175**	**184**	**178**	**184**	**189**	**179**	**214**	**183**
Inpatient Falls per 1,000 beddays	**HB Total**	Between 3.0 & 5.0			4.83	4.45	4.29	4.21	5.29	4.29	4.36	4.38	4.32	4.46	4.81	5.19	4.55
Mortality																	
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morriston	12 month reduction trend			1.47%	1.47%	1.47%	1.43%	1.42%	1.42%	1.37%	1.35%	1.32%	1.31%	1.31%		
	Singleton				0.47%	0.46%	0.46%	0.45%	0.44%	0.42%	0.40%	0.38%	0.37%	0.34%	0.44%		
	NPTH				0.05%	0.03%	0.04%	0.05%	0.05%	0.05%	0.04%	0.05%	0.07%	0.11%	0.11%		
	Total (SBU)				**0.87%**	**0.86%**	**0.85%**	**0.83%**	**0.83%**	**0.81%**	**0.78%**	**0.75%**	**0.74%**	**0.73%**	**0.73%**		

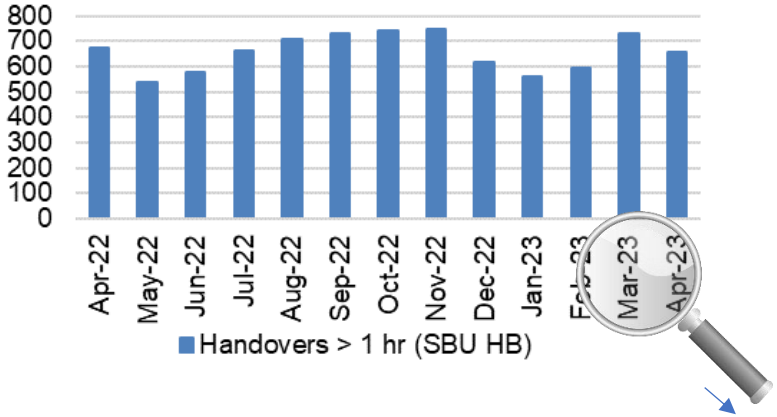
4.2 Updates on key measures

UNSCHEDULED CARE	
Description	**Current Performance**
Ambulance responses *1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.* *2. The number of ambulance calls by category.* *3.The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)*	In April 2023, the number of red calls responded to within 8 minutes increased to 49.7%, from 47.5% in March 2023. In April 2023, the number of green calls decreased by 5%, amber calls decreased by 5%, and red calls decreased by 13% compared with March 2023. **Trend** **1. % of red calls responded to within 8 minutes**  **2. Number of ambulance call responses**  **3. % of red calls responded to within 8 minutes – HB total last 90 days** 

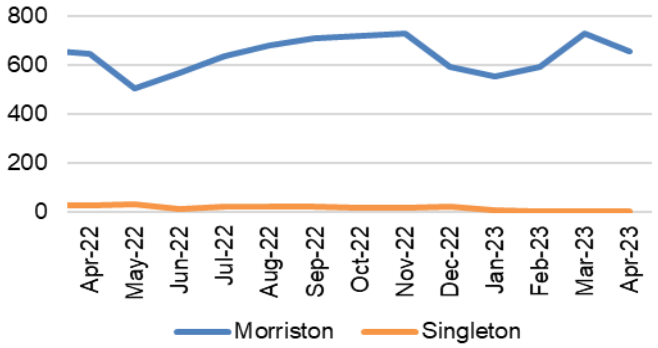
UNSCHEDULED CARE	
Description	**Current Performance**
Ambulance handovers *1.The number of ambulance handovers over one hour* *2. The number of ambulance handovers over one hour- Hospital level* *3.The number of ambulance handovers over one hour (last 90 days)*	In April 2023, there were 658 ambulance to hospital handovers taking over 1 hour; this is a reduction in figures compared with 729 in March 2023. In April 2023, all handovers over 1 hour were attributed to Morriston Hospital. The number of handover hours lost over 15 minutes have decreased from 4,659 in March 2023 to 3,627 in April 2023.

Trend

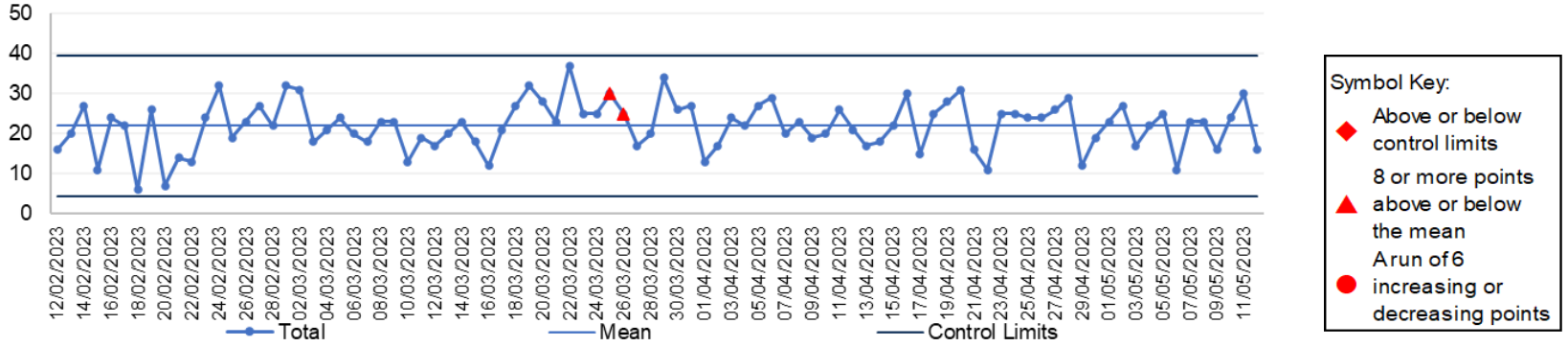
1. Number of ambulance handovers- HB total

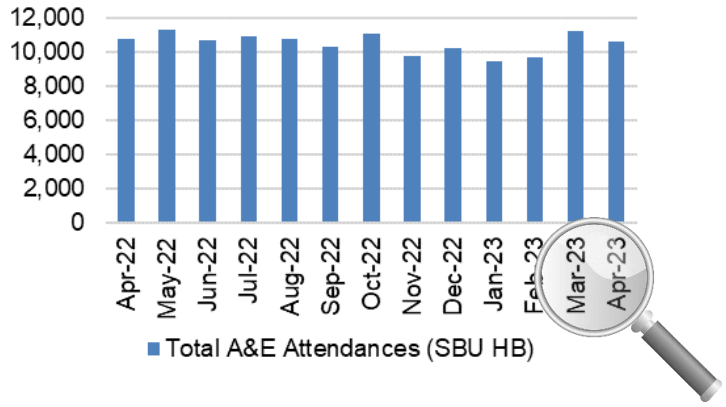
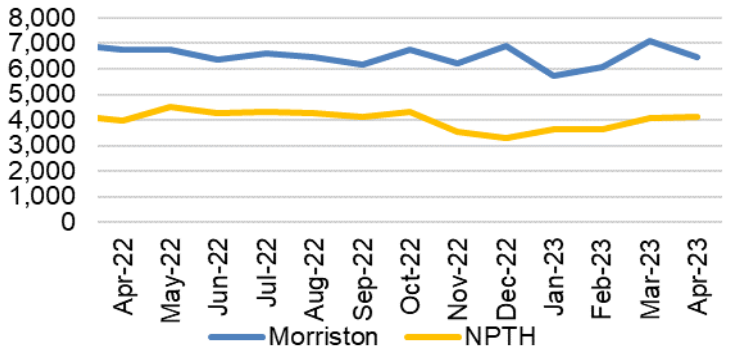
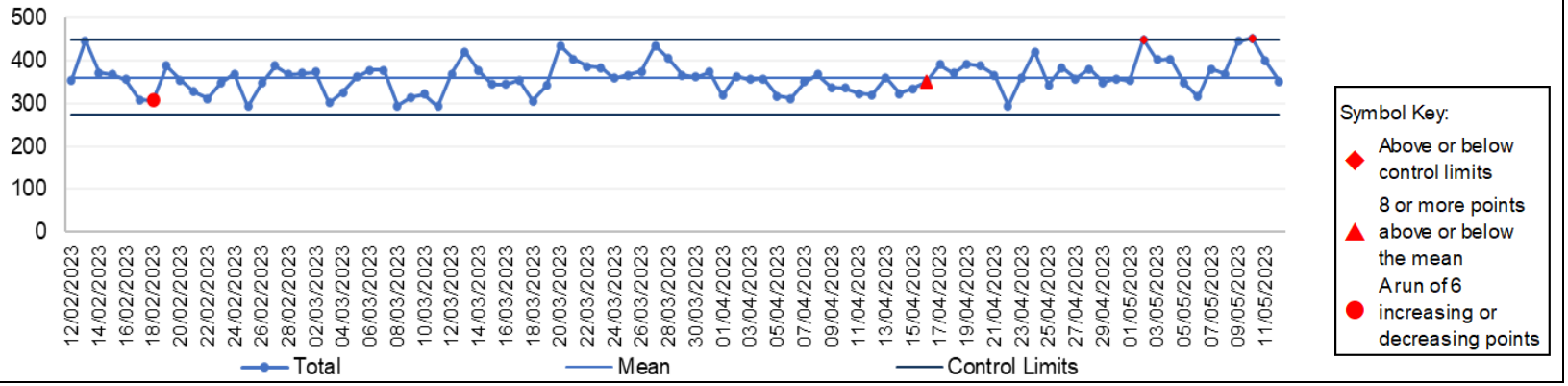


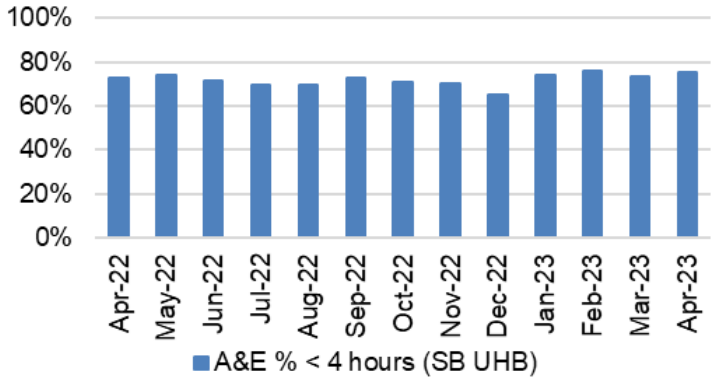
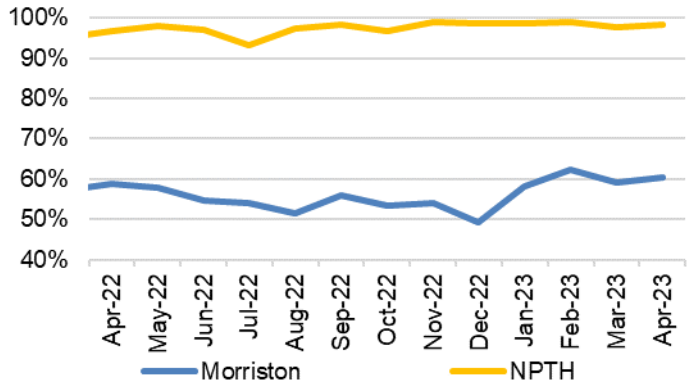
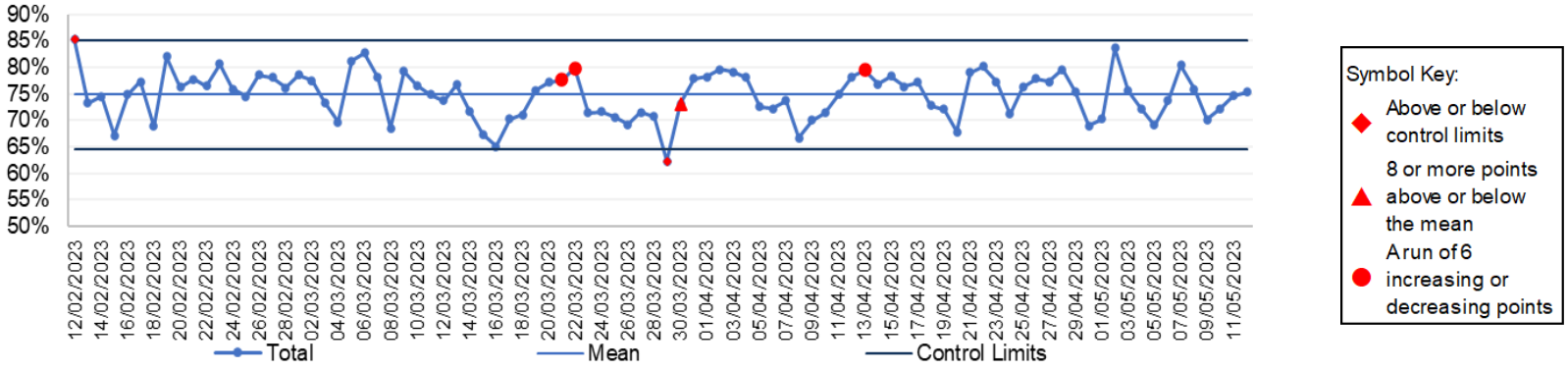
2. Number of ambulance handovers over 1 hour- Hospital level

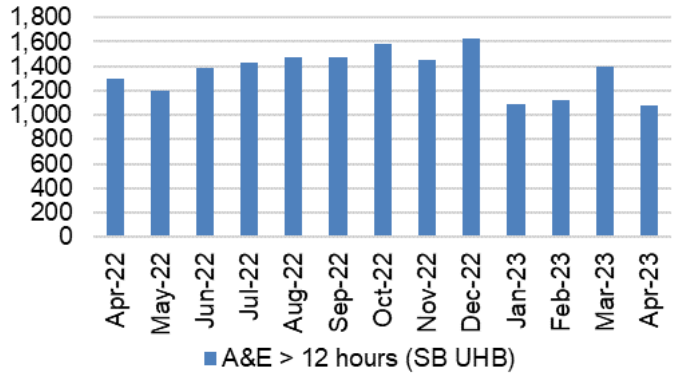
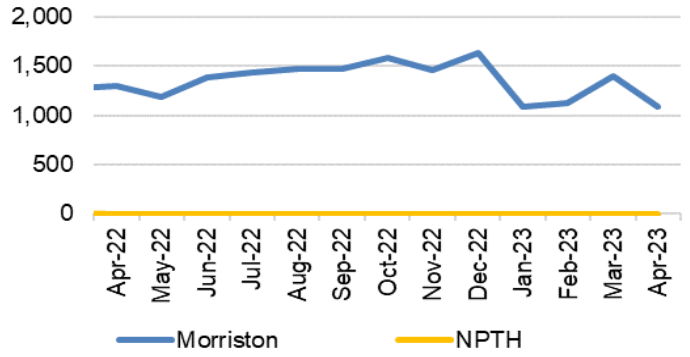
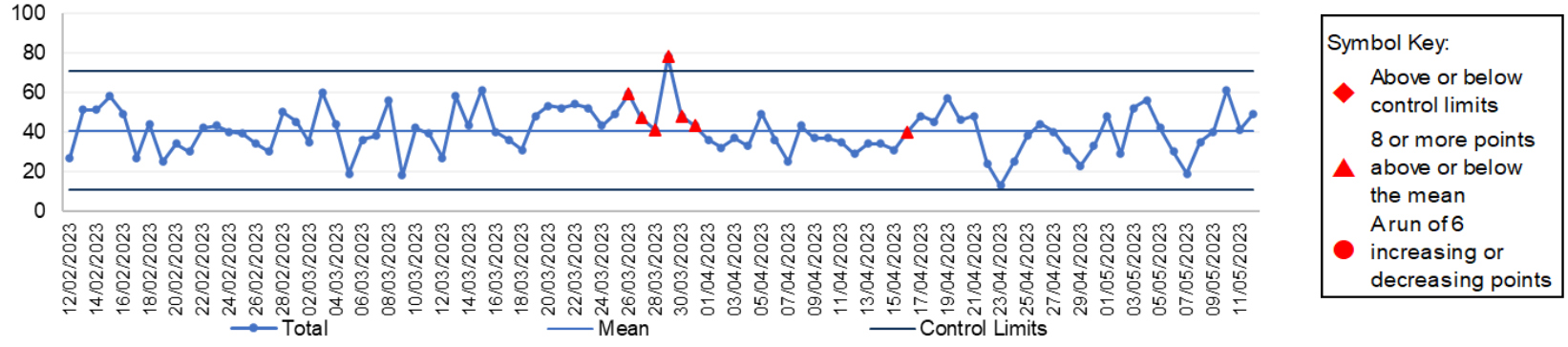


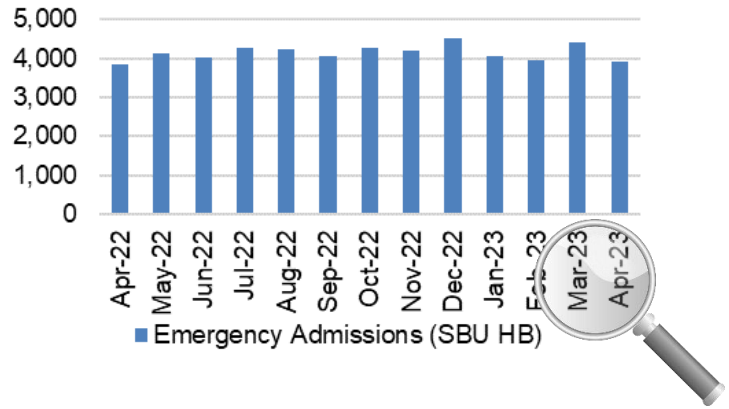
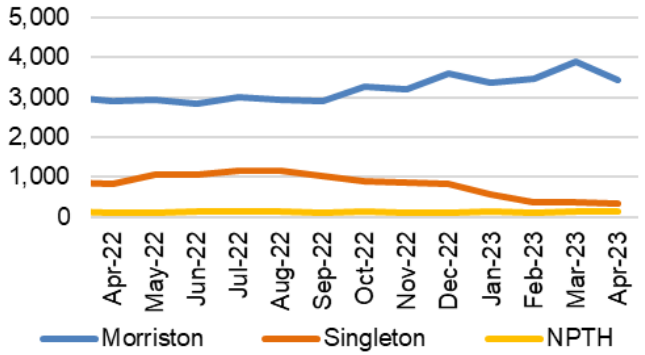
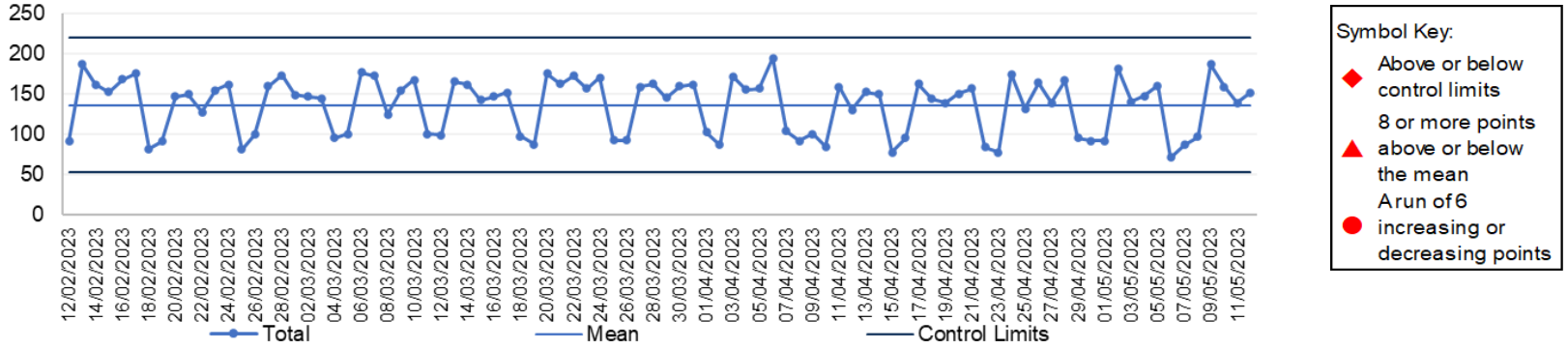
3. Number of ambulance handovers- HB total last 90 days



UNSCHEDULED CARE	
Description	**Current Performance**
A&E Attendances *1.The number of attendances at emergency departments in the Health Board* *2.The number of attendances at emergency departments in the Health Board – Hospital level* *3.The number of attendances at emergency departments in the Health Board (last 90 days)*	ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In April 2023, there were 10,577 A&E attendances, this is 6% lower than March 2023. **Trend** **1. Number of A&E attendances- HB total**  **2. Number of A&E attendances- Hospital level**  **3. Number of A&E attendances -HB total last 90 days** 

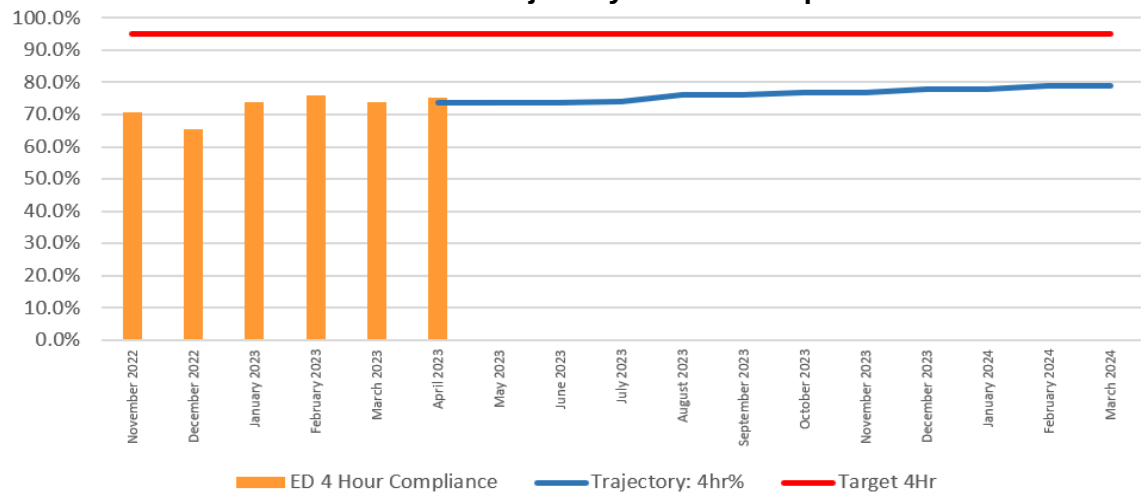
UNSCHEDULED CARE	
Description	**Current Performance**
A&E waiting times *1.% of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge* *2. % of patients who spend less than 4 hours in A&E- Hospital level* *3. % of patients who spend less than 4 hours in A&E (last 90 days)*	The Health Board's performance against the 4-hour measure improved from 73.72% in March 2023 to 75.22% in April 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 98.23% in April 2023. Morriston Hospital's performance improved between March and April 2023, achieving 60.46% against the target. **Trend** **1. % Patients waiting under 4 hours in A&E- HB total**  **2. % Patients waiting under 4 hours in A&E- Hospital level**  **3. % Patients waiting under 4 hours in A&E- HB total last 90 days** 

UNSCHEDULED CARE	
Description	**Current Performance**
A&E waiting times *1.Number of patients who spend 12 hours or more in A&E* *2.Number of patients who spend 12 hours or more in A&E- Hospital level* *3.Number of patients who spend 12 hours or more in A&E (last 90 days)*	In April 2023, performance against the 12-hour measure improved when compared with March 2023, decreasing from 1,395 to 1,083. This is an reduction of 312 compared to March 2023. All of the patients waiting over 12 hours in April 2023 were attributed to Morriston Hospital. **Trend** **1. Number of patients waiting over 12 hours in A&E- HB total**  **2. Number of patients waiting over 12 hours in A&E- Hospital level**  **3. Number of patients waiting over 12 hours in A&E – HB total last 90 days** 

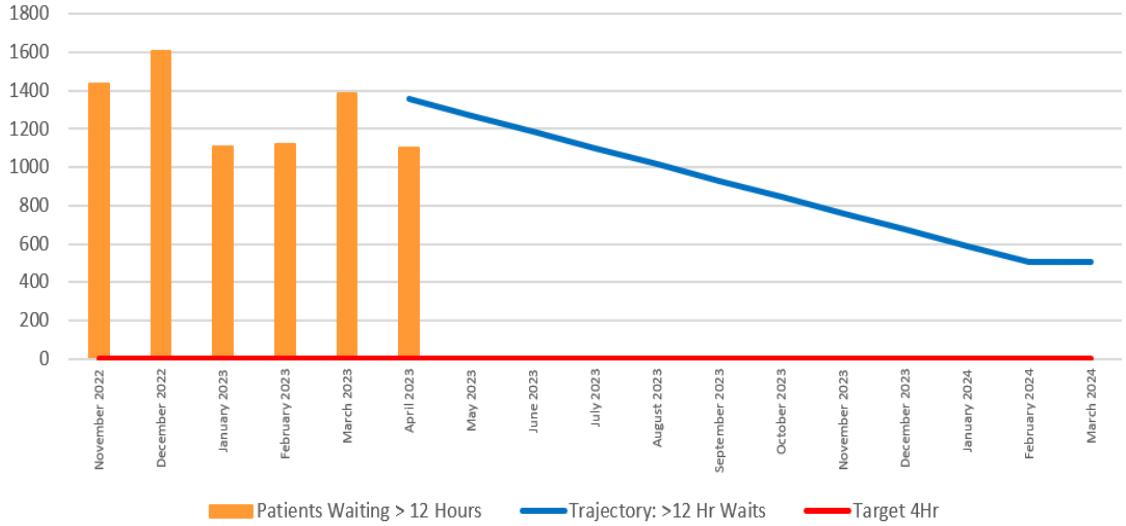
UNSCHEDULED CARE	
Description	**Current Performance**
Emergency admissions *1. The number of emergency inpatient admissions* *2. The number of emergency inpatient admissions- Hospital level* *3. The number of emergency inpatient admissions (last 90 days)*	In April 2023, there were 3,900 emergency admissions across the Health Board, which is 508 lower than March 2023. Singleton Hospital saw an in-month reduction, with 23 less admissions (from 372 in March 2023), Morriston Hospital saw an in-month reduction from 3,895 admissions in March 2023 to 3,423 admissions in April 2023. **Trend** **1. Number of emergency admissions- HB total**  **2. Number of emergency admissions- Hospital level**  **3. Number of emergency admissions- HB total last 90 days** 

Updates on UNSCHEDULED CARE – Performance Escalation updates

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



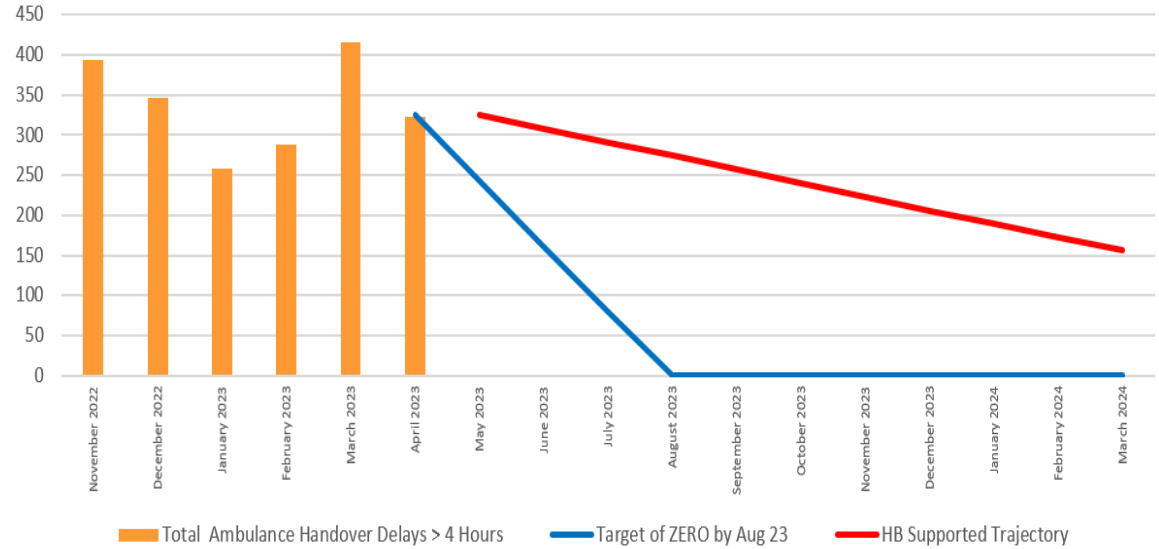
2. Submitted recovery trajectory for A&E12-hour performance



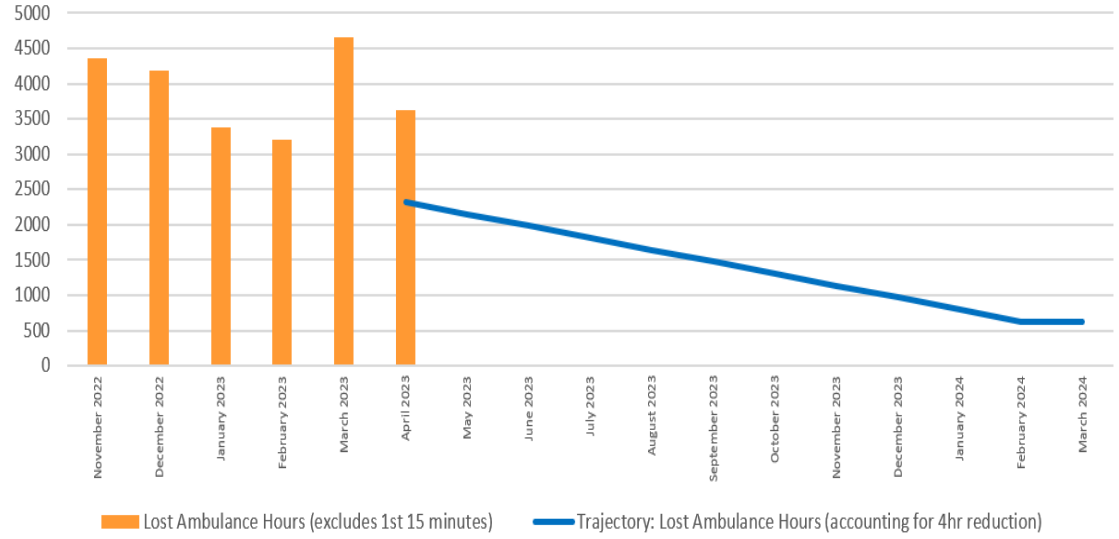
1. Performance against the 4-hour access is above the target for April 2023. Emergency Department (ED) 4-hour performance increased by 1.5% in April 2023 to 75.22% from 73.72% in March 2023.

2. Performance against the 12-hour wait improved in April and is currently below the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,083 in April 2023 from 1,395 in March 2023.

3. Ambulance Handover over 4 hours

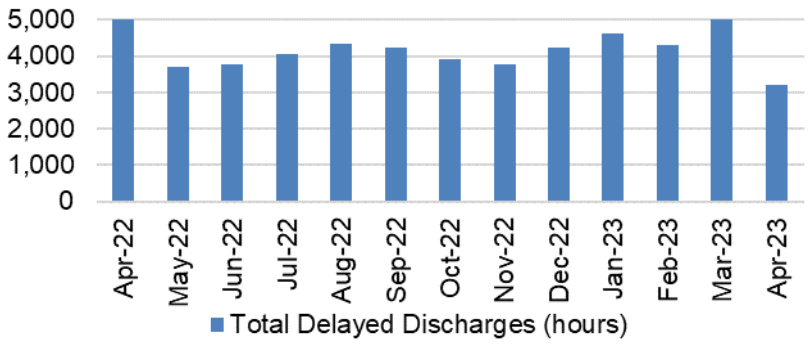
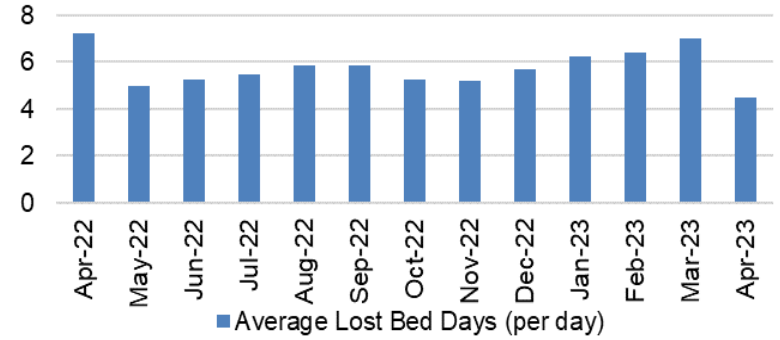
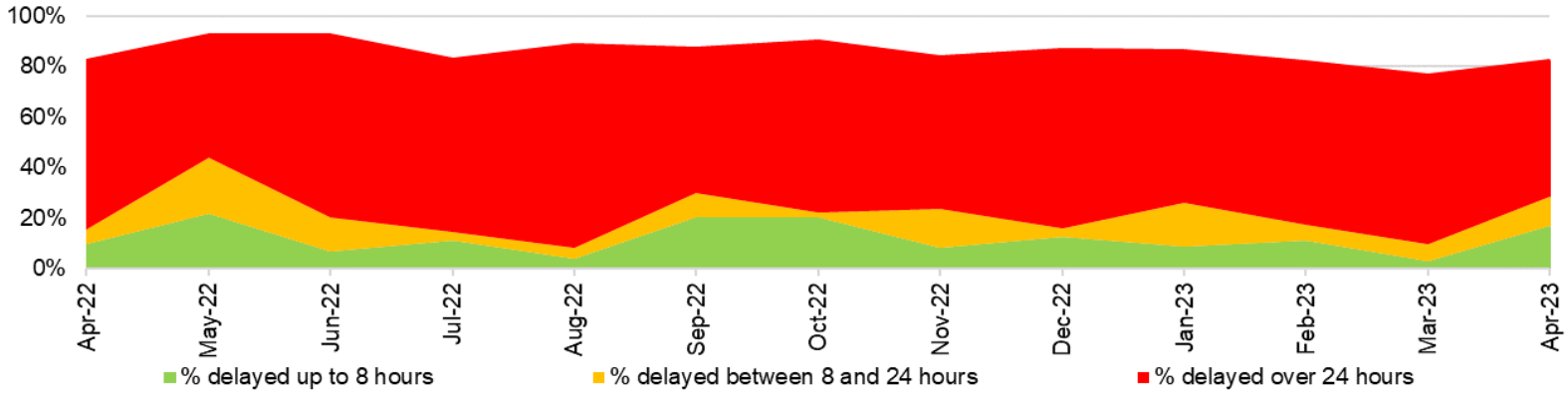


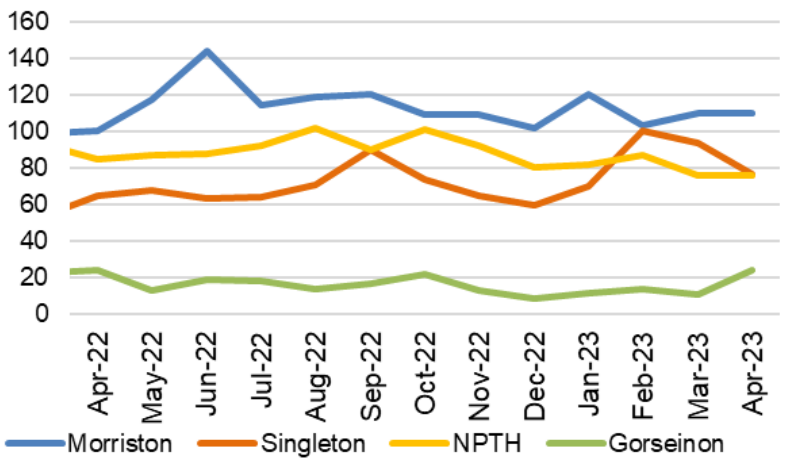
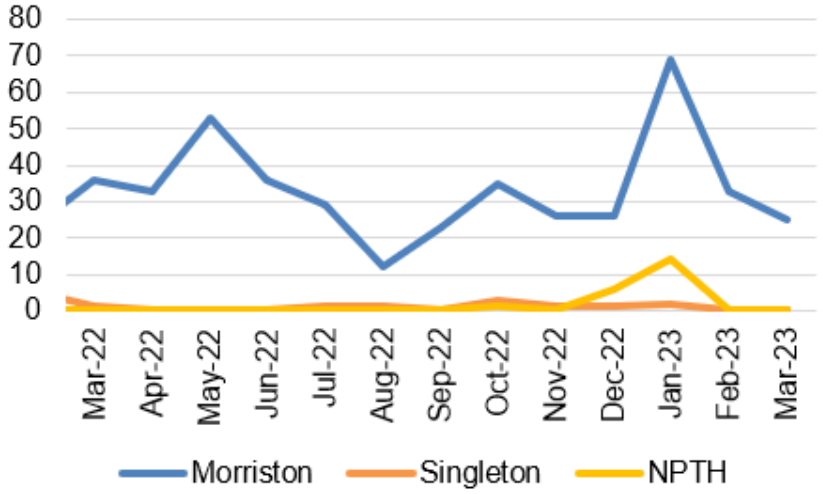
4. Average Ambulance Handover Rate

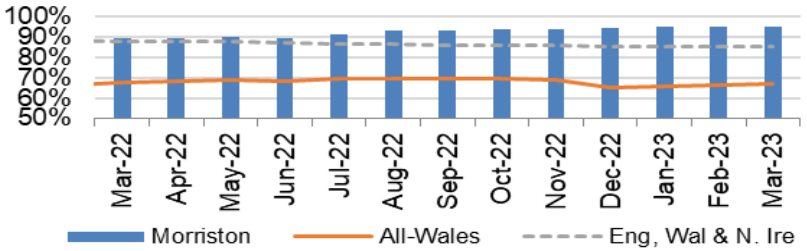
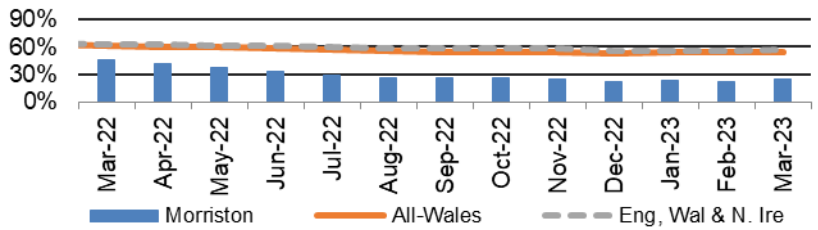
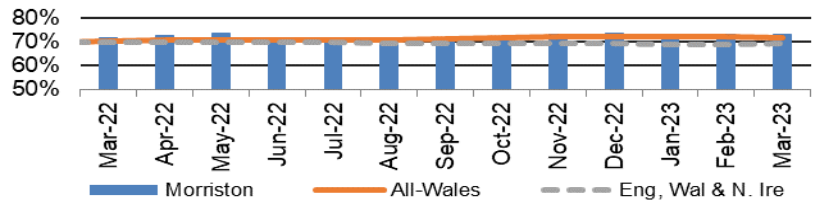
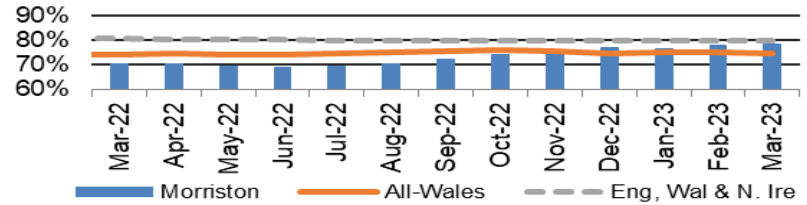


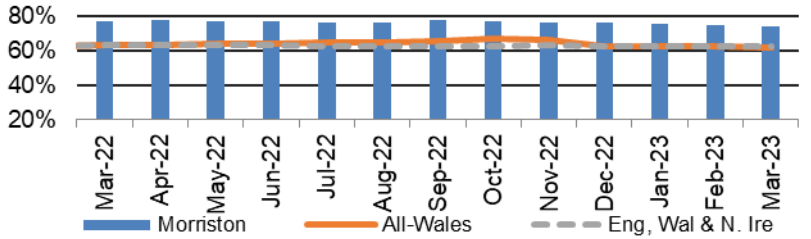
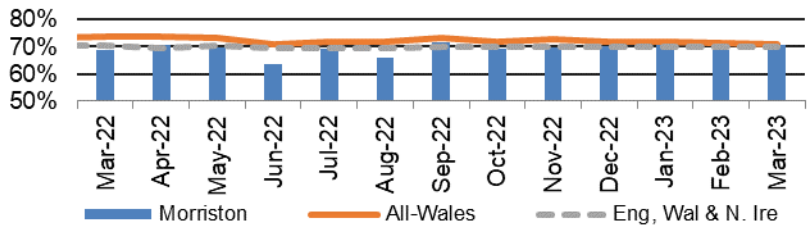
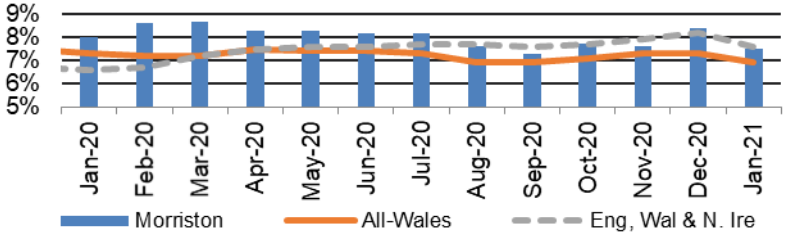
3. The Ambulance handover rate over 4 hours has improved in April 2023. The handover times over four hours decreased to 323 in April 2023 from 416 in March 2023. The figures are below the outlined trajectory for April 2023 which was 325.

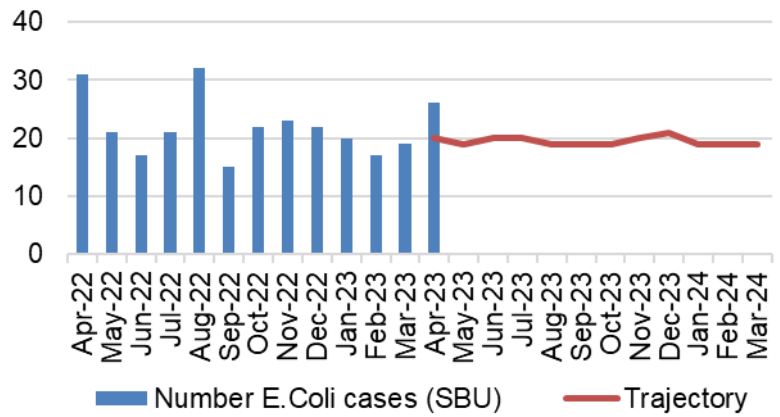
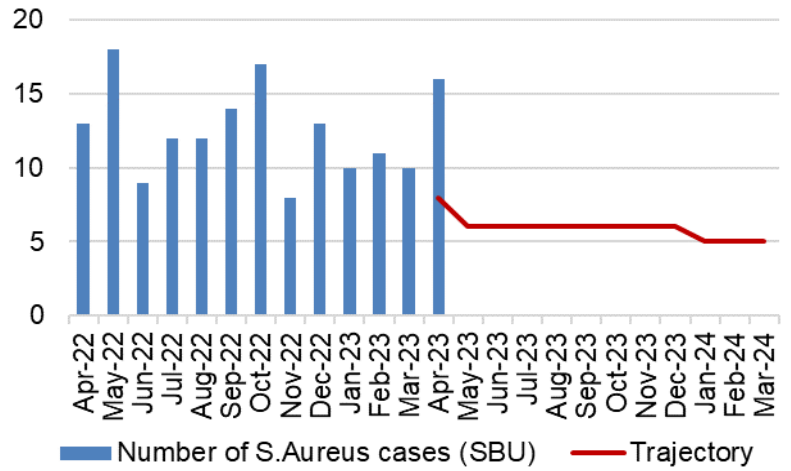
4. The ambulance handover lost hours rate has seen a reduction in April 2023. The ambulance handover lost hours decreased from 4,657 in March 2023 to 3,627 in April 2023, which is above the outlined trajectory for April 2023 (2,320).

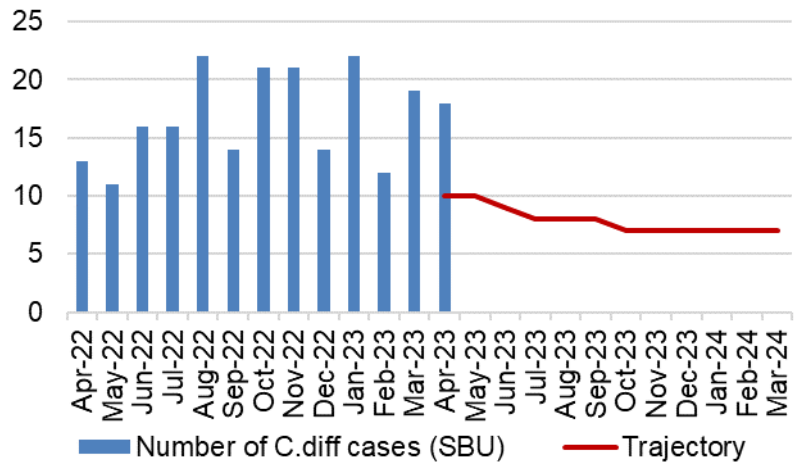
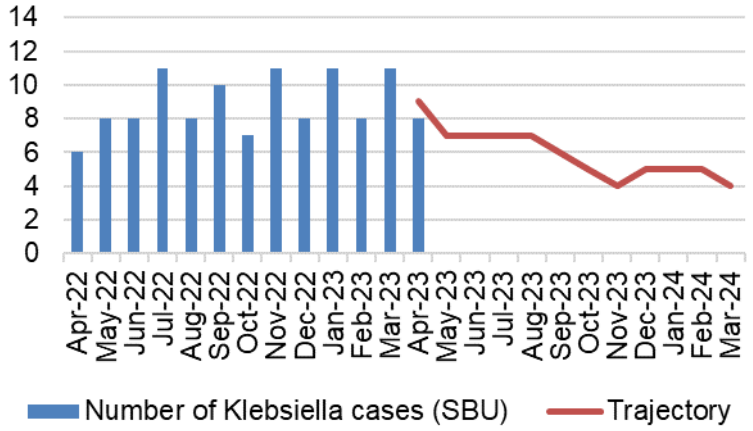
UNSCHEDULED CARE	
Description	**Current Performance**
Critical Care- Delayed Transfers of Care (DTOC)- Morriston Hospital *1.Total Critical Care delayed discharges (hours)* *2. Average lost bed days per day* *3.Percentage of patients delayed:* • *Up to 8 hours* • *Between 8 and 24 hours* • *Over 24 hours*	In April 2023, there were a total of 77 admissions into the Intensive Care Unit (ICU) in Morriston Hospital, this is a reduction when compared with 89 admissions in March 2023. April 2023, saw a reduction in the number of delayed discharge hours from 5209.15 in March 2023 to 3211.35 in April 2023. The average lost bed days decreased to 4.46 per day. The percentage of patients delayed over 24 hours decreased to 54.24% in April from 67.14% in March 2023. **Trend** **1. Total Critical Care delayed discharges (hours)**  **2. Average lost bed days per day**  **3. Percentage of Critical Care patients delayed** 

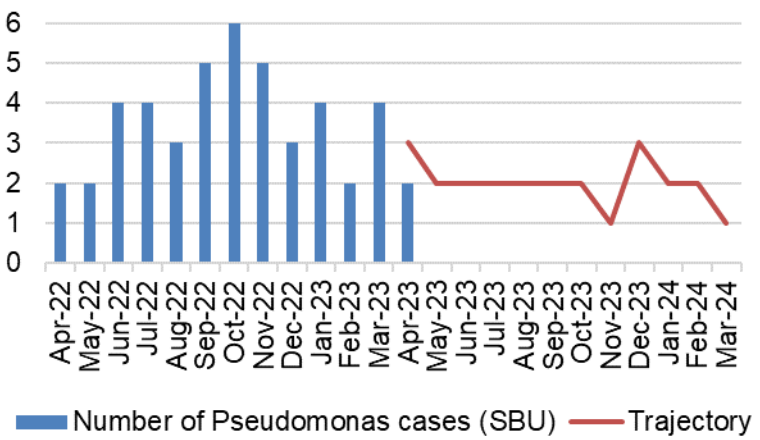
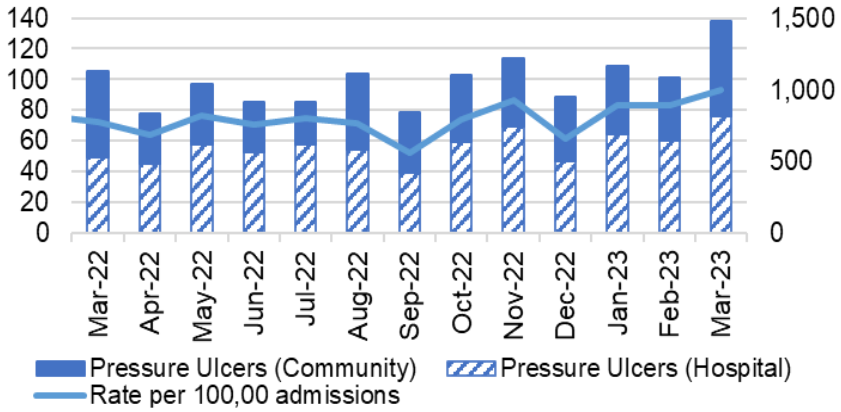
UNSCHEDULED CARE		
Description	**Current Performance**	**Trend**
Clinically Optimised *The number of patients waiting at each site in the Health Board that are clinically optimised*	In April 2023, there were on average 287 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. In April 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 110, closely followed by Singleton Hospital with 77. **Actions of Improvement;** Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital, recent implementing of the AMSR programme will also encourage a reduction in the figures.	**The number of clinically optimised patients by site** 
Elective procedures cancelled due to lack of beds *The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds*	In March 2023, there were 25 elective procedures cancelled due to lack of beds on the day of surgery. This is 12 less cancellations than those seen in February 2023. Of the cancelled procedures, all were attributed to Morriston Hospital in March 2023.	**Total number of elective procedures cancelled due to lack of beds** 

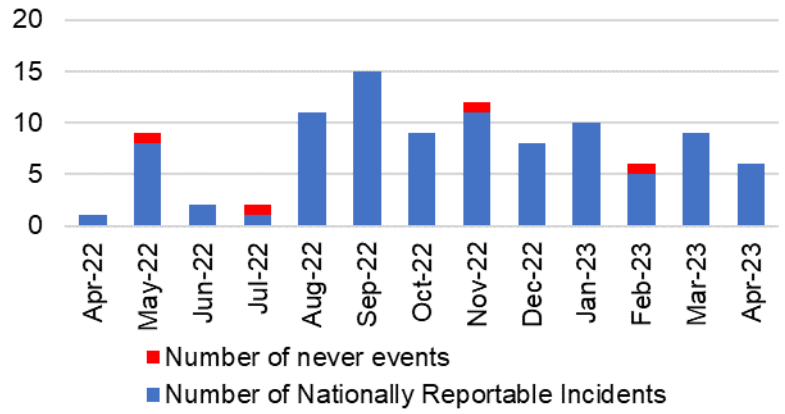
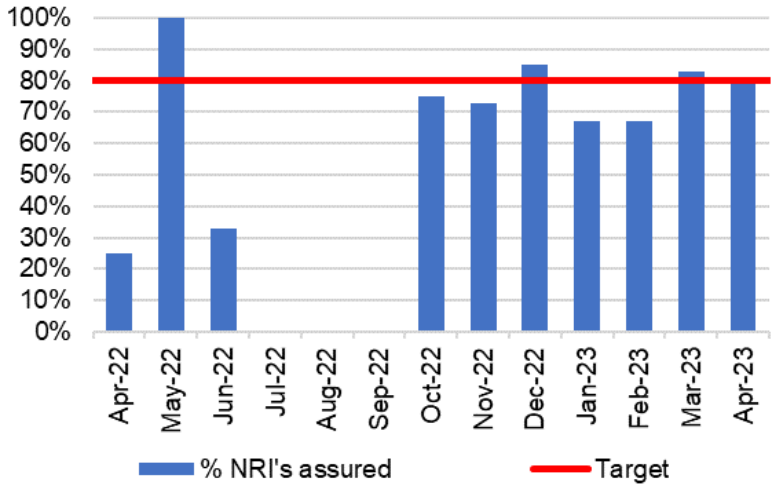
FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
Fractured Neck of Femur (#NOF) *1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation* *2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture* *3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124* *4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation*	1. **Prompt orthogeriatric assessment-** In March 2023, 95.2% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. 2. **Prompt surgery-** In March 2023, 24.5% of patients had surgery the day following presentation with a hip fracture. This is a 21.5% deterioration from March 2022 which was 46% 3. **NICE compliant surgery**- 72.9% of operations were consistent with the NICE recommendations in March 2023. This is 1.5% more than in March 2022. 4. **Prompt mobilisation**- In March 2023, 78.6% of patients were out of bed the day after surgery. This is 8.4% more than in March 2022.	**1. Prompt orthogeriatric assessment**  **2. Prompt surgery**  **3. NICE compliant Surgery**  **4. Prompt mobilisation** 

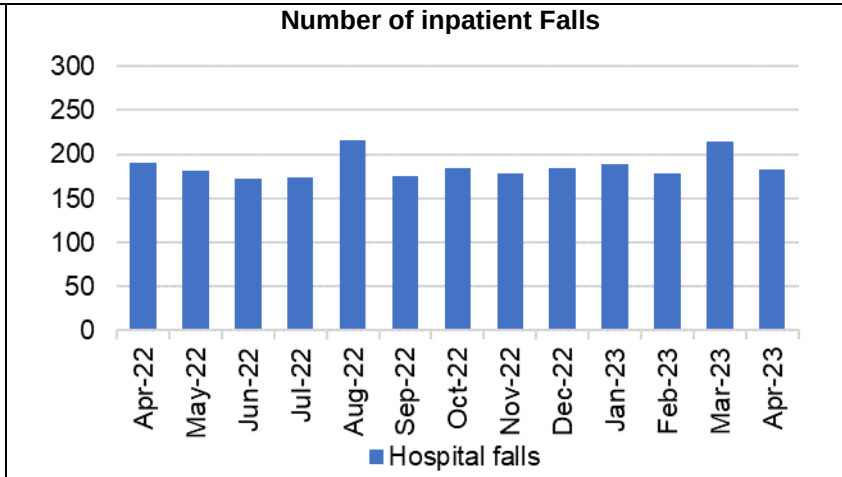
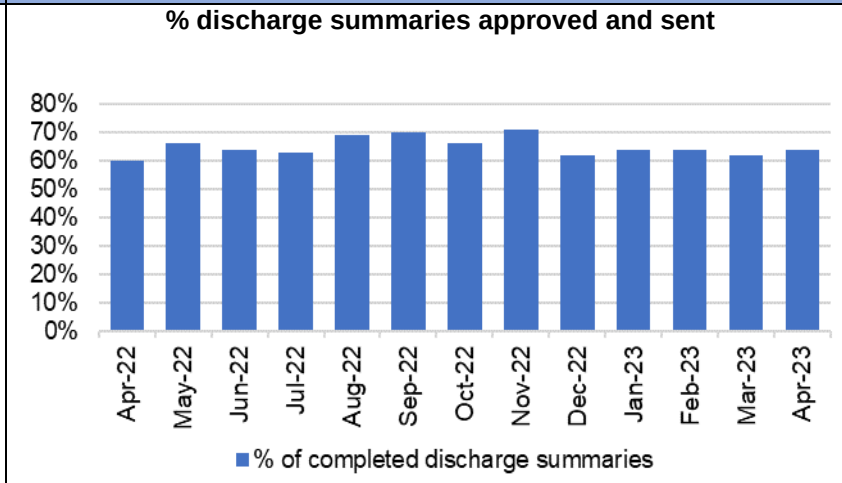
FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
5. Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	**5. Not delirious when tested**- 74.1% of patients were not delirious in the week after their operation in March 2023.	**5. Not delirious when tested** 
6. Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	**6. Return to original residence**- 70.7% of patients in March 2023 were discharged back to their original residence. This is 2.8% less than in March 2022.	**6. Return to original residence** 
7. 30 day mortality rate	**7. 30 day mortality rate**- In January 2021 the morality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%. * Updated data is currently not available, but is being reviewed.	**7. 30 day mortality rate** 

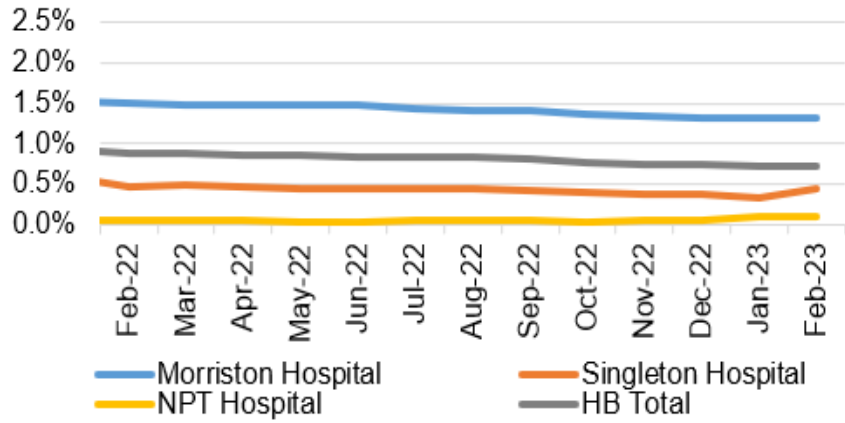
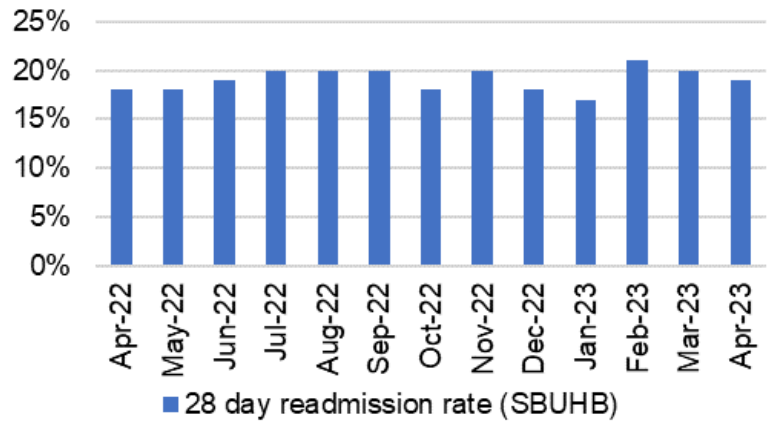
HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- *Number of laboratory confirmed E.coli bacteraemia cases*	• 26 cases of *E. coli* bacteraemia were identified in April 2023, of which 14 were hospital acquired and 12 were community acquired. • The Health Board total is currently below the Welsh Government Profile target of 20 cases for April 2023. **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	**Number of *healthcare acquired E.coli* bacteraemia cases** 
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- *Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases*	• There were 16 cases of Staph. aureus bacteraemia in April 2023, of which 7 were hospital acquired and 9 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 8 cases for April 2023. **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	**Number of healthcare acquired S.aureus bacteraemia cases** 

HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- C.*difficile*- *Number of laboratory confirmed C.difficile cases*	• There were 18 *Clostridium difficile* toxin positive cases in April 2023, of which 7 were hospital acquired, 8 were community acquired and 3 were identified from other hospitals. • The Health Board total is currently above the Welsh Government Profile target of 10 cases for April 2023. **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	**Number of healthcare acquired C.difficile cases** 
Healthcare Acquired Infections (HCAI)- Klebsiella sp- *Number of laboratory confirmed Klebsiella sp cases*	• There were 8 cases of Klebsiella sp in April 2023, of which 7 were hospital acquired and 1 was community acquired. • The Health Board total is currently above the Welsh Government Profile target of 9 cases for April 2023. **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	**Number of healthcare acquired Klebsiella cases** 

HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- Aeruginosa- *Number of laboratory confirmed Aeruginosa cases*	• There were 2 cases of *P.Aerginosa* in April 2023, both of which 1 was hospital acquired and 1 was community acquired. • The Health Board total is currently below the Welsh Government Profile target of 3 cumulative cases for April 2023. **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	**Number of healthcare acquired Pseudomonas cases** 
PRESSURE ULCERS		
Description	**Current Performance**	**Trend**
Number of pressure ulcers *1. Total number of pressure ulcers developed in hospital and in the community* *2. Rate of pressure ulcers per 100,000 admissions*	• In March 2023 there were 138 cases of healthcare acquired pressure ulcers, 62 of which were community acquired and 76 were hospital acquired. There were 21 grade 3+ pressure ulcers in March 2023, 14 of which were community acquired and 7 were hospital acquired. • The rate per 100,000 admissions increased from 891 in February to 999 in March 2023.	**Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions** 

NATIONALLY REPORTABLE INCIDENTS		
Description	**Current Performance**	**Trend**
Nationally Reportable Incidents (NRI's)- *1. The number of Nationally reportable incidents*	1. The Health Board reported 1 Nationally Reportable Incidents for the month of April 2023 to Welsh Government. The Service Group breakdown is as follows; - Morriston – 5 - Singleton - 1	**1. and 2. Number of nationally reportable incidents and never events** 
2. The number of Never Events	2. There were no new Never Events reported in April 2023.	
3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales	3. In April 2023, performance against the 80% target of submitting closure forms to WG within agreed timescales was 80%. There were 5 NRI's due for closure in April 2023, four of which were closed within the required target date.	**3. % of nationally reportable incidents closed within the agreed timescales** 

INPATIENT FALLS		
Description	**Current Performance**	**Trend**
Inpatient Falls *The total number of inpatient falls*	• The number of Falls reported via Datix web for Swansea Bay UHB was 183 in April 2023. This is 4% less than April 2022 where 190 falls were recorded.	
DISCHARGE SUMMARIES		
Description	**Current Performance**	**Trend**
Discharge Summaries *Percentage of discharge summaries approved and sent to patients' doctor following discharge*	The latest data shows that in April 2023, the percentage of completed discharge summaries was 64%. In April 2023, compliance ranged from 44% in Singleton Hospital to 75% in Morriston Hospital.	

CRUDE MORTALITY		
Description	**Current Performance**	**Trend**
Crude Mortality Rate	February 2023 reports the crude mortality rate for the Health Board at 0.73%, which is the same figure reported January 2023. A breakdown by Hospital for February 2023: • Morriston – 1.31% • Singleton – 0.44% • NPT – 0.11%	**Crude hospital mortality rate by Hospital (74 years of age or less)** 
READMISSION RATES		
Description	**Current Performance**	**Trend**
Readmission Rates	In April 2023, 19% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 1% lower than those figures reported in March 2023.	**Emergencies readmitted within 28 days of previous discharge** 

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

5.1 Overview

Harm from reduction in non-Covid activity																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Cancer																	
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	75%			48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	53.2%	38.5%
Planned Care																	
Number of patients waiting > 26 weeks for outpatient appointment*	Morriston	0			18,976	19,498	19,662	19,516	19,607	18,748	17,562	16,148	15,379	15,048	12,754	10,956	10,446
	NPTH				3	18	4	2	4	1	0	0	1	23	25	7	6
	Singleton				6,606	6,943	7,159	7,212	7,314	7,218	6,449	5,252	4,793	5,215	4,478	4,421	4,731
	PC&CS				16	0	1	81	94	98	101	0	1	2	0	1	1
	Total				**25,601**	**26,459**	**26,826**	**26,811**	**27,019**	**26,065**	**24,112**	**21,400**	**20,174**	**20,288**	**17,257**	**15,385**	**15,184**
Number of patients waiting > 36 weeks for treatment*	Morriston	0			26,036	26,411	26,574	26,832	26,710	25,771	25,292	24,273	23,631	22,785	21,404	19,914	19,504
	NPTH				37	5	7	2	0	1	1	3	1	3	6	10	12
	Singleton				12,110	12,310	12,438	11,256	11,013	10,557	10,078	9,307	9,030	8,558	7,901	7,650	7,773
	PC&CS				15	0	1	41	117	124	125	0	0	1	0	9	0
	Total *(inc. diagnostics > 36 wks)*				**38,799**	**39,403**	**39,760**	**38,888**	**38,583**	**37,095**	**36,121**	**34,207**	**33,321**	**32,031**	**30,017**	**28,353**	**28,087**
Number of patients waiting > 8 weeks for a specified diagnostics*	Morriston	0			1,910	1,753	1,575	1,629	1,853	1,975	1,670	1,514	2,366	2,505	1,729	1,968	2,204
	Singleton				4,398	4,553	4,437	4,403	4,255	4,202	4,163	4,113	4,241	4,324	4,387	4,546	4,663
	Total				**6,308**	**6,306**	**6,012**	**6,032**	**6,108**	**6,177**	**5,833**	**5,627**	**6,607**	**6,829**	**6,116**	**6,514**	**6,867**
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	0	0	0	0	2	0	0	0	0	0	0
	NPTH				35	17	30	46	45	82	87	67	152	48	31	45	0
	PC&CS				644	597	579	668	637	673	618	374	375	146	126	148	129
	Total				**679**	**614**	**609**	**714**	**682**	**755**	**707**	**441**	**527**	**194**	**157**	**193**	**129**

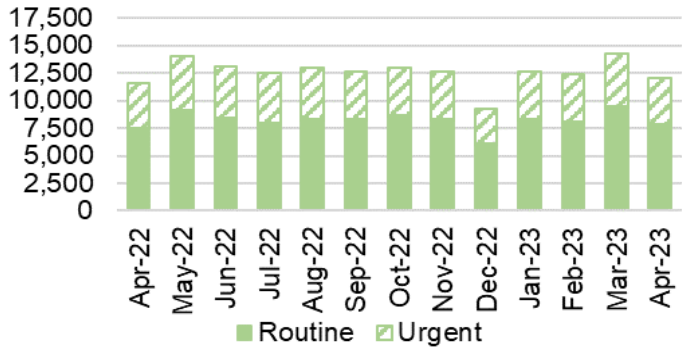
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070	150,860	147,864
Number of patients delayed by over 100% past their target date *	Total				34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	41,710	41,611
Number of patients delayed past their agreed target date (booked and not booked) *	Total				60,348	60,314	61,071	61,156	61,778	62,461	61,772	62,512	66,500	67,125	69,333	70,512	70,891
Number of Ophthalmology patients without an allocated health risk factor	Total	0			425	246	495	270	222	400	353	352	368	305	553	610	647
Number of patients without a documented clinical review date	Total	0			5	2	4	2	3	4	3	1	1	3	3	4	5
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			106	154	130	162	195	114	163	150	143	137	147	316	303
	MH&LD				8	26	11	11	22	16	11	35	14	35	31	34	7
	Morriston				1,245	1,336	1,194	1,341	1,629	1,590	1,642	1,760	1,355	2,470	1,951	2,129	1,121
	NPTH																
	Singleton				1,648	1,932	1,727	1,931	2,343	2,252	2,552	2,374	2,071	2,691	2,327	2,913	1,280
	Total				**3,133**	**3,550**	**3,292**	**3,391**	**3,950**	**3,914**	**4,358**	**4,287**	**3,569**	**5,073**	**4,425**	**5,358**	**2,704**
% of patients who would recommend and highly recommend	PCCS	90%	80%		94%	94%	90%	94%	94%	95%	94%	95%	94%	91%	93%	94%	96%
	MH&LD				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Morriston				85%	92%	83%	84%	84%	83%	87%	88%	84%	90%	89%	89%	88%
	NPTH																
	Singleton				91%	92%	92%	92%	91%	91%	92%	93%	92%	94%	97%	94%	88%
	Total				89%	90%	88%	89%	89%	88%	90%	91%	89%	92%	92%	92%	92%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		96%	95%	92%	96%	96%	96%	97%	99%	97%	94%	97%	98%	98%
	MH&LD																
	Morriston				89%	89%	82%	89%	90%	88%	93%	92%	88%	94%	93%	93%	92%
	NPTH																
	Singleton				94%	95%	92%	94%	94%	94%	95%	96%	95%	97%	93%	97%	97%
	Total				**89%**	**91%**	**91%**	**90%**	**93%**	**92%**	**93%**	**91%**	**92%**	**92%**	**95%**	**95%**	**95%**
Number of new complaints received	PCCS	12 month reduction rend			16	34	20	22	17	14	21	21	20	28	31		
	MH&LD				10	14	16	11	9	10	6	16	10	12	12		
	Morriston				54	69	53	70	54	50	63	33	42	53	69		
	NPTH				6	4	2	6	4	9	3	2	6	4	5		
	Singleton				28	46	21	39	38	26	35	30	36	28	29		
	Total				**123**	**176**	**118**	**153**	**124**	**120**	**140**	**113**	**120**	**127**	**135**		
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	75%	80%		94%	88%	75%	82%	76%	71%	67%	90%	70%	96%	96%		
	MH&LD				70%	43%	69%	73%	56%	80%	50%	56%	30%	58%	67%		
	Morriston				83%	74%	72%	70%	74%	66%	83%	67%	81%	75%	64%		
	NPTH				83%	50%	100%	67%	50%	67%	33%	50%	50%	100%	60%		
	Singleton				57%	54%	38%	38%	53%	73%	67%	57%	81%	71%	42%		
	Total				76%	69%	65%	64%	65%	71%	71%	69%	73%	78%	67%		

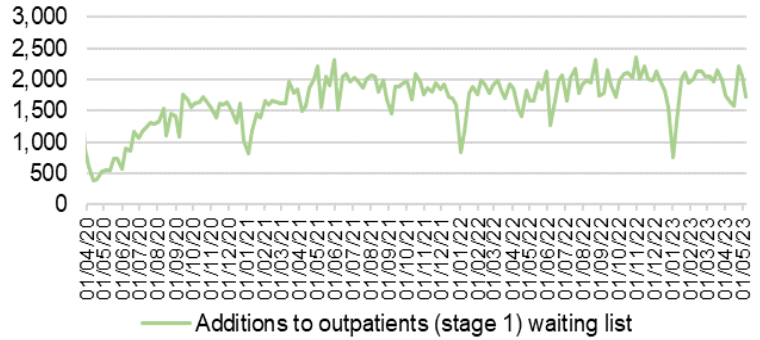
5.3 Updates on key measures

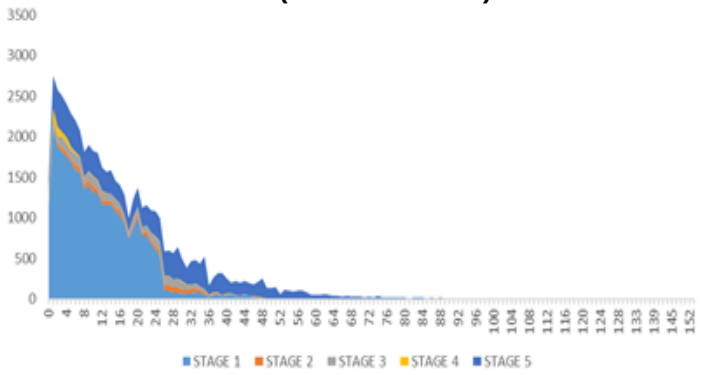
<table>
<tr><th colspan="2">PLANNED CARE</th></tr>
<tr><th>Description</th><th>Current Performance</th></tr>
<tr><td>Referrals and shape of the waiting list</td><td>April 2023 has seen a reduction in referral figures compared with March 2023 (14,220). Referral rates have continued to rise slowly since December 2021, with 12,012 received in April 2023. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.</td></tr>
<tr><td rowspan="2">1. GP Referrals
The number of Stage 1 additions per week

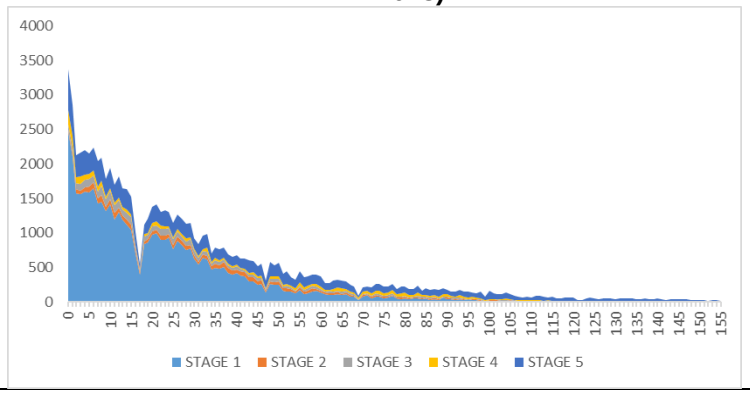
2. Stage 1 additions
The number of new patients that have been added to the outpatient waiting list

3. Size of the waiting list
Total number of patients on the waiting list by stage as at December 2019

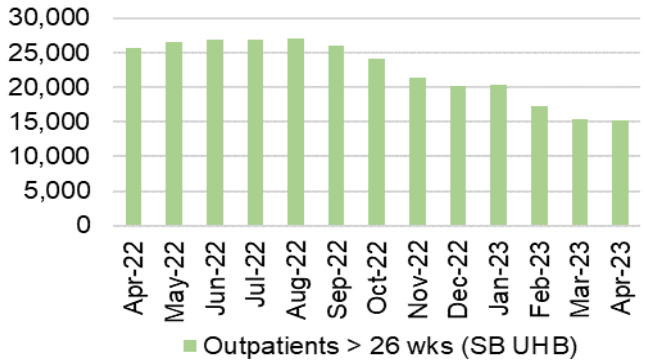
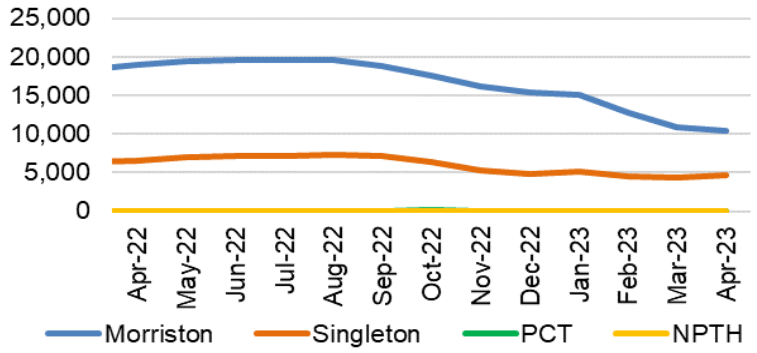
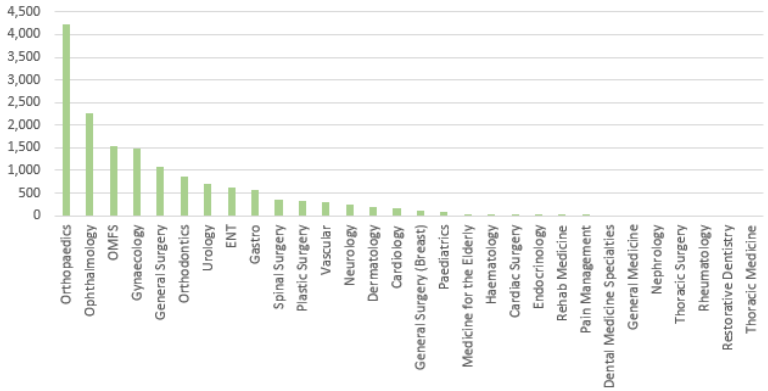
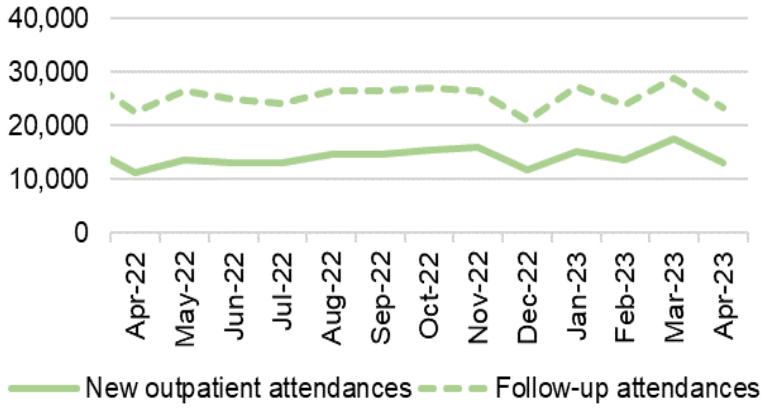
4. Size of the waiting list
Total number of patients on the waiting list by stage as at April 2023</td><td>Trend</td></tr>
<tr><td>
1. Number of GP referrals received by SBU Health Board


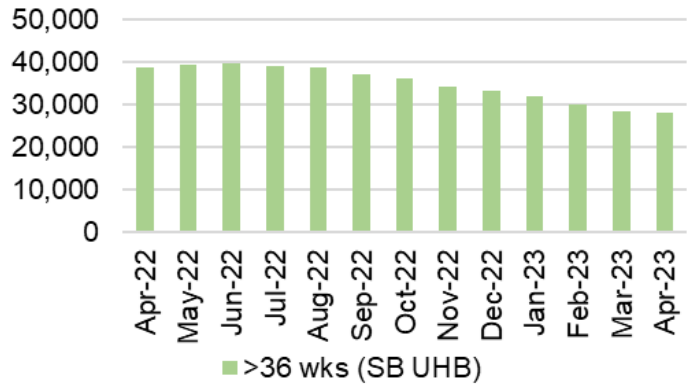
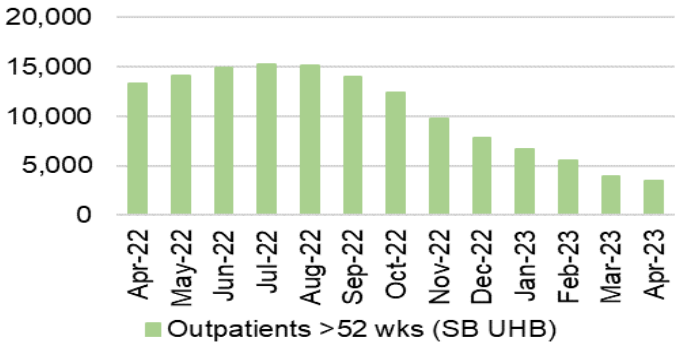
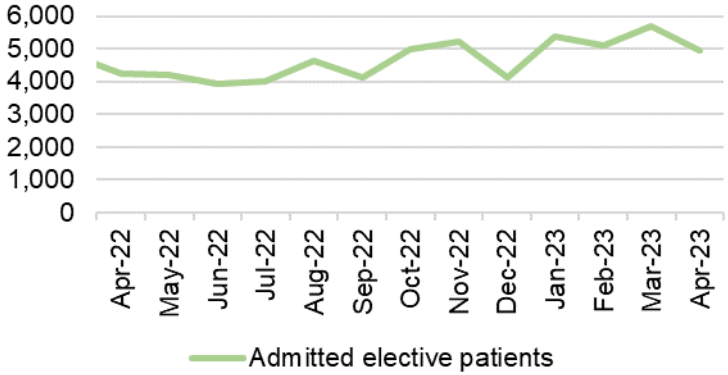
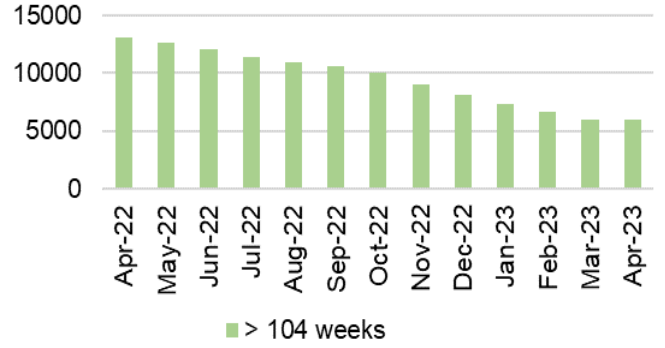
2. Number of stage 1 additions per week


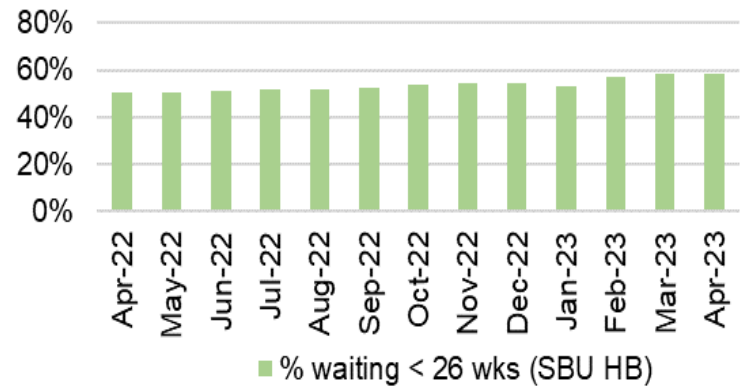
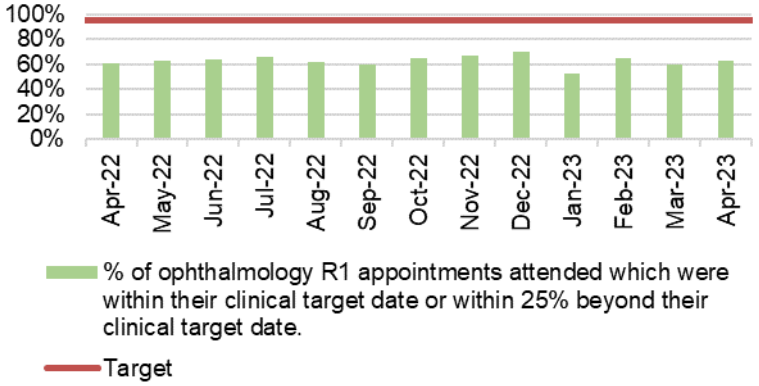
3. Total size of the waiting list and movement (December 2019)


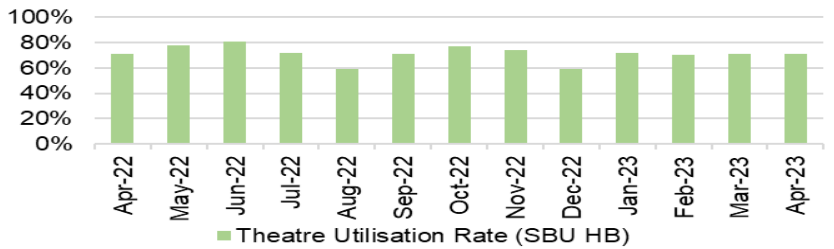
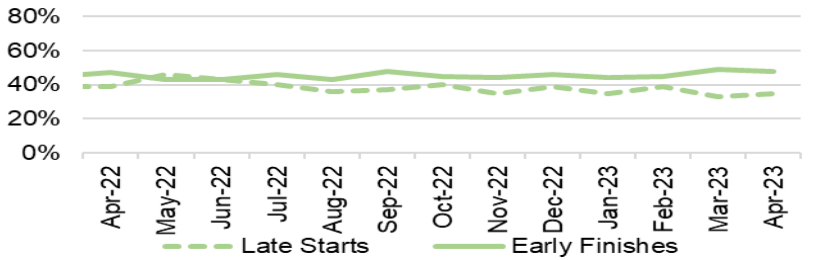
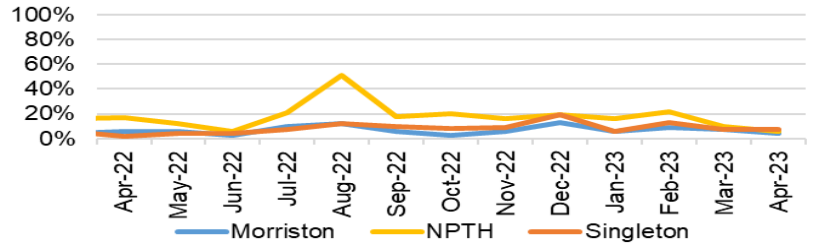
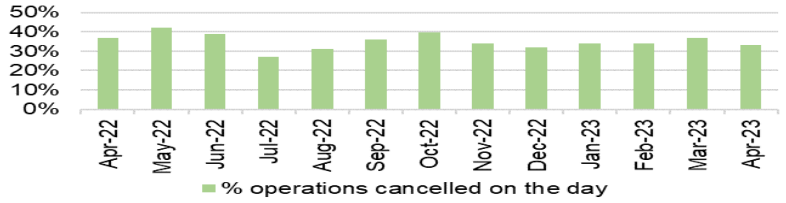
4. Total size of the waiting list and movement (April 2023)


</td></tr>
</table>

PLANNED CARE	
Description	**Current Performance**
Outpatient waiting times *1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total* *2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level* *3. Patients waiting over 26 weeks for an outpatient appointment by specialty* *4. Outpatient activity undertaken*	The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, April 2023 saw an in-month reduction of 1% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 15,385 in March 2023 to 15,184 in April 2023. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and OMFS. Chart 4 shows that the number of attendances has remained steady in recent months **Trend** **1. Number of stage 1 over 26 weeks- HB total**  **2. Number of stage 1 over 26 weeks- Hospital level**  **3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at April 2023**  **4. Outpatient activity undertaken** 

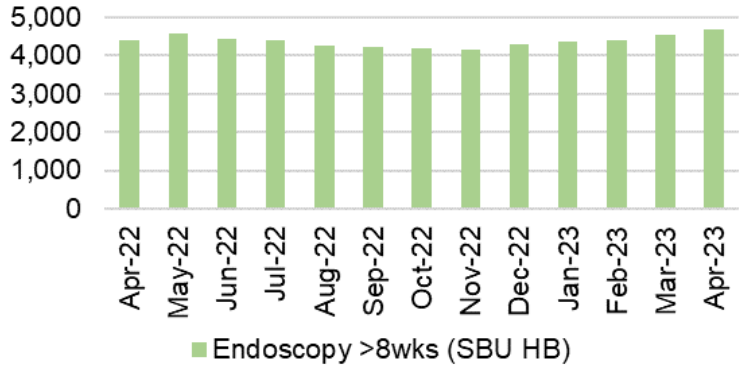
PLANNED CARE	
Description	**Current Performance**
Patients waiting over 36 weeks for treatment *1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total* *2. Number of patients waiting more than 36 weeks for treatment* *3. Number of elective admissions* *4. Number of patients waiting more than 104 weeks for treatment*	The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In April 2023, there were 28,087 patients waiting over 36 weeks which is a 0.9% in-month reduction from March 2023. 17,823 of the 28,087 were waiting over 52 weeks in April 2023. In April 2023, there were 5,952 patients waiting over 104 weeks for treatment, which is a 1% reduction from March 2023. **Trend** **1. Number of patients waiting over 36 weeks- HB total**  **2. Number of patients waiting over 52 weeks at Stage 1- HB total**  **3. Number of elective admissions**  **4.Number of patients waiting over 104 weeks- HB total** 

PLANNED CARE		
Description	**Current Performance**	
Total waiting times *Percentage of patients waiting less than 26 weeks from referral to treatment*	Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%. In April 2023, 58.2% of patients were waiting under 26 weeks from referral to treatment, which is 0.2% less than those seen in March 2023.	**Percentage of patient waiting less than 26 weeks** 
Ophthalmology waiting times *Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments*	In April 2023, 62.7% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date. **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	**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** 

THEATRE EFFICIENCY		
Description	**Current Performance**	**Trend**
Theatre Efficiency *1. Theatre Utilisation Rates*	In April 2023 the Theatre Utilisation rate was 71%. This is the same figure reported in March 2023 and are the same rates seen in April 2022 (71%).	**1. Theatre Utilisation Rates** 
2. % of theatre sessions starting late	35% of theatre sessions started late in April 2023. This is a 2% deterioration on performance seen in March 2023 (33%).	**2. and 3. % theatre sessions starting late/finishing** 
3. % of theatre sessions finishing early	In April 2023, 48% of theatre sessions finished early. This is 1% lower than figures seen in March 2023 and 1% lower than those seen in April 2023	
4. % of theatre sessions cancelled at short notice (<28 days)	6% of theatre sessions were cancelled at short notice in April 2023. This is 2% lower than the figure reported in March 2023 and is 1% lower than figures seen in April 2022.	**4.% theatre sessions cancelled at short notice (<28 days)** 
5. % of operations cancelled on the day	Of the operations cancelled in April 2023, 33% of them were cancelled on the day. This is the same 4% lower than figures reported in March 2023.	**5. % of operations cancelled on the day** 

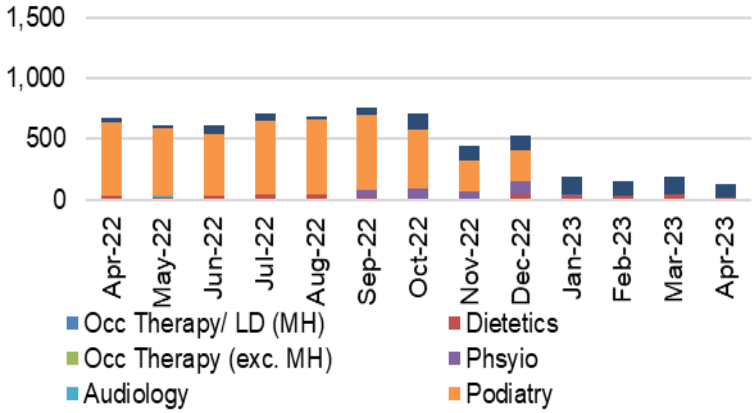
<table>
<tr><th colspan="3">PLANNED CARE</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr>
<td>Diagnostics waiting times
The number of patients waiting more than 8 weeks for specified diagnostics</td>
<td>In April 2023, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,514 in March 2023 to 6,867.

The following is a breakdown for the 8-week breaches by diagnostic test for April 2023:
• Endoscopy= 4,663 ^
• Cardiac tests= 487^
• Other Diagnostics = 1,703 ^

Actions of Improvement;
Endoscopy waits have increased slightly this month. The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity. Updated trajectories are currently in development for 2023/24</td>
<td>Number of patients waiting longer than 8 weeks for Endoscopy
 

Ministerial Target = Endoscopy waits > 8 Weeks will be 0 by Spring 2024</td>
</tr>
<tr>
<td>Therapy waiting times
The number of patients waiting more than 14 weeks for specified therapies</td>
<td>In April 2023 there were 129 patients waiting over 14 weeks for specified Therapies.

The breakdown for breaches in April 2023 are:
• Speech & Language Therapy= 105
• Dietetics = 24

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.</td>
<td>Number of patients waiting longer than 14 weeks for therapies
 
</td>
</tr>
</table>

CANCER

Description

Cancer demand and shape of the waiting list

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

Single Cancer Pathway backlog- patients waiting over 63 days

Current Performance

March 2023 backlog by tumour site:

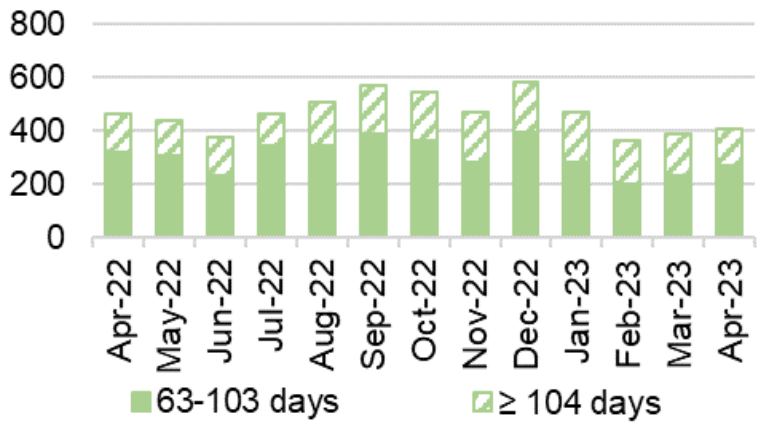
Tumour Site	63 - 103 days	≥104 days
Acute Leukaemia	0	0
Brain/CNS	1	1
Breast	17	2
Children's cancer	0	0
Gynaecological	72	43
Haematological	10	9
Head and neck	10	6
Lower Gastrointestinal	48	21
Lung	28	9
Other	4	1
Sarcoma	1	1
Skin(c)	13	3
Upper Gastrointestinal	22	18
Urological	35	19
Grand Total	**261**	**133**

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

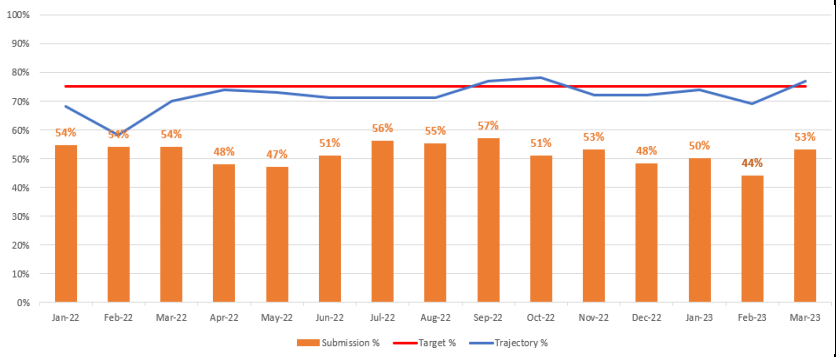
- Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog
- Focussed work is being undertaken with the Endoscopy service to develop a sustainable Endoscopy plan
- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority
- Increased USC activity in Radiology has improved access and reduced waiting times
- An updated backlog trajectory has been developed ready for the new financial year (2023/24)

Trend

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

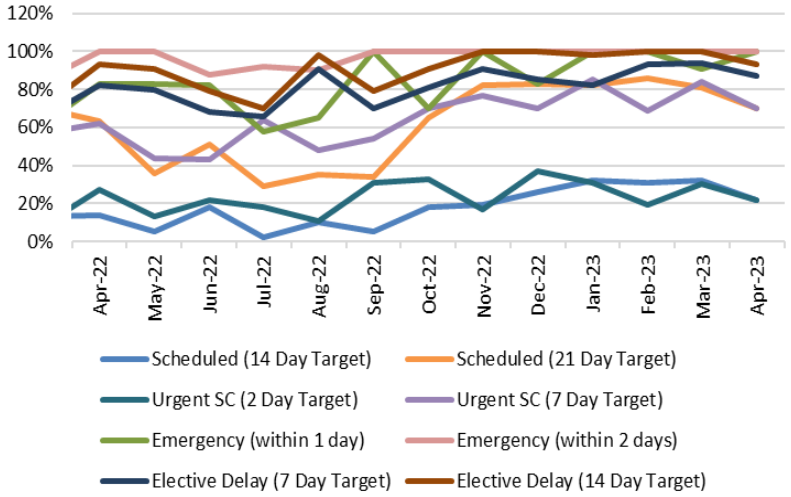


Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion



<table>
<tr><th colspan="3">CANCER</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>USC First Outpatient Appointments
The number of patients at first outpatient appointment stage by days waiting</td><td>To date, early April 2023 figures show total wait volumes for first outpatient appointment have increased by 27% when compared with the previous week.

Of the total number of patients awaiting a first outpatient appointment, 51% have been booked, which is lower than figures seen in the previous months' performance.</td><td>The number of patients waiting for a first outpatient appointment (by total days waiting) – May 2023
<table>
<tr><th>FIRST OPA</th><th>7-May</th><th>14-May</th></tr>
<tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr>
<tr><td>Brain/CNS</td><td>0</td><td>0</td></tr>
<tr><td>Breast</td><td>2</td><td>3</td></tr>
<tr><td>Children's Cancer</td><td>1</td><td>0</td></tr>
<tr><td>Gynaecological</td><td>77</td><td>67</td></tr>
<tr><td>Haematological</td><td>1</td><td>6</td></tr>
<tr><td>Head and Neck</td><td>90</td><td>63</td></tr>
<tr><td>Lower GI</td><td>87</td><td>99</td></tr>
<tr><td>Lung</td><td>11</td><td>4</td></tr>
<tr><td>Other</td><td>246</td><td>248</td></tr>
<tr><td>Sarcoma</td><td>2</td><td>1</td></tr>
<tr><td>Skin</td><td>75</td><td>78</td></tr>
<tr><td>Upper GI</td><td>40</td><td>53</td></tr>
<tr><td>Urological</td><td>80</td><td>57</td></tr>
<tr><td></td><td>712</td><td>679</td></tr>
</table></td></tr>
<tr><td>Radiotherapy waiting times

The percentage of patients receiving radiotherapy treatment</td><td>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%
<table>
<tr><th>Measure</th><th>Target</th><th>April-23</th></tr>
<tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>22%</td></tr>
<tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>70%</td></tr>
<tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>22%</td></tr>
<tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>70%</td></tr>
<tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr>
<tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr>
<tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>87%</td></tr>
<tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>93%</td></tr>
</table></td><td>Radiotherapy waiting times
 
</td></tr>
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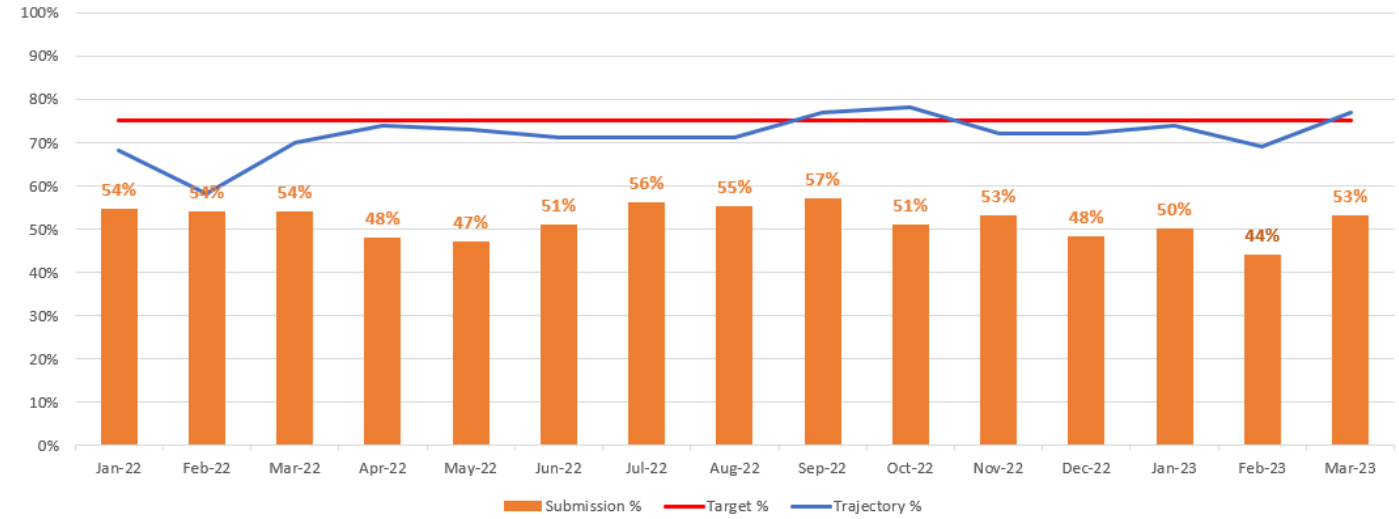
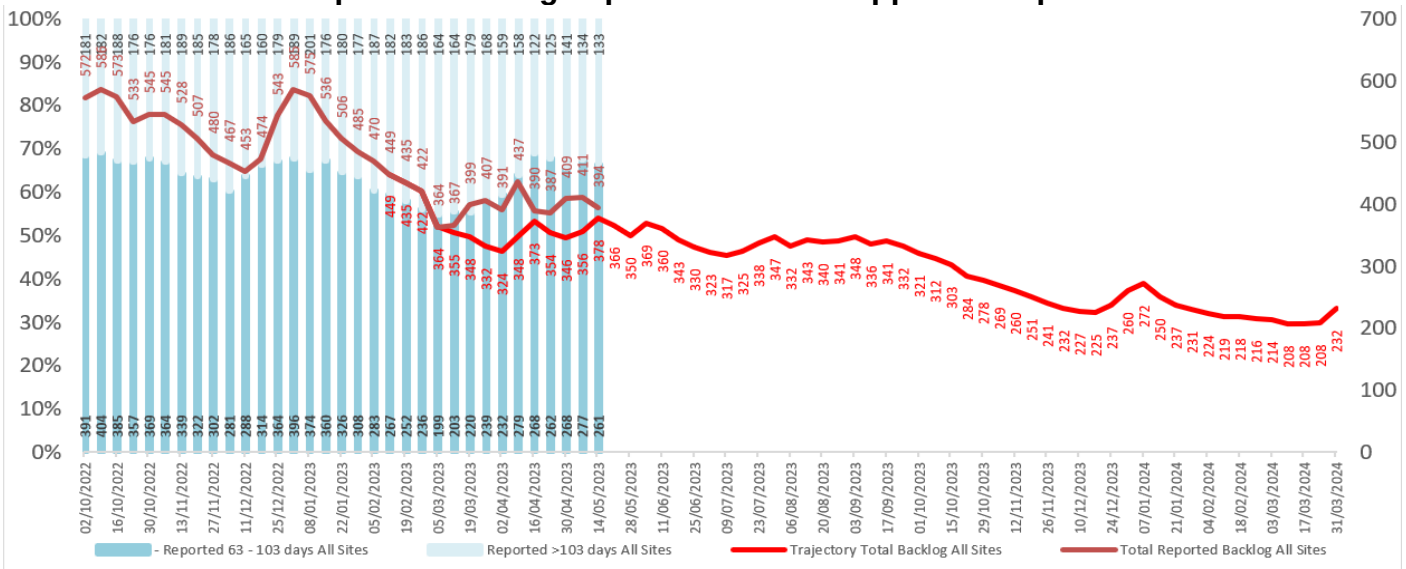
Cancer Services – Performance Escalation Updates

1.SCP performance trajectory

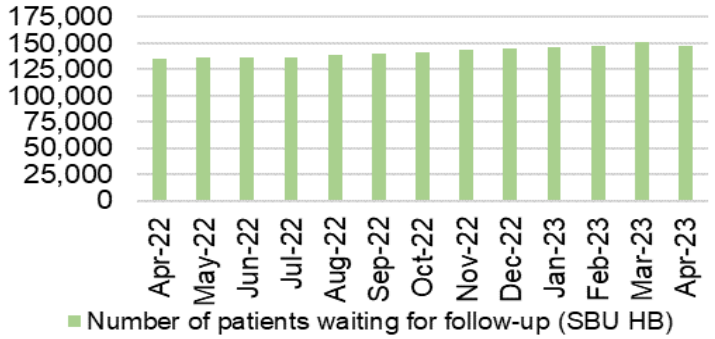
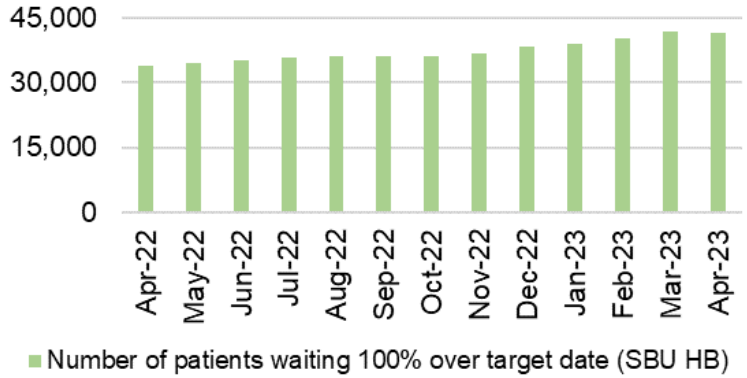


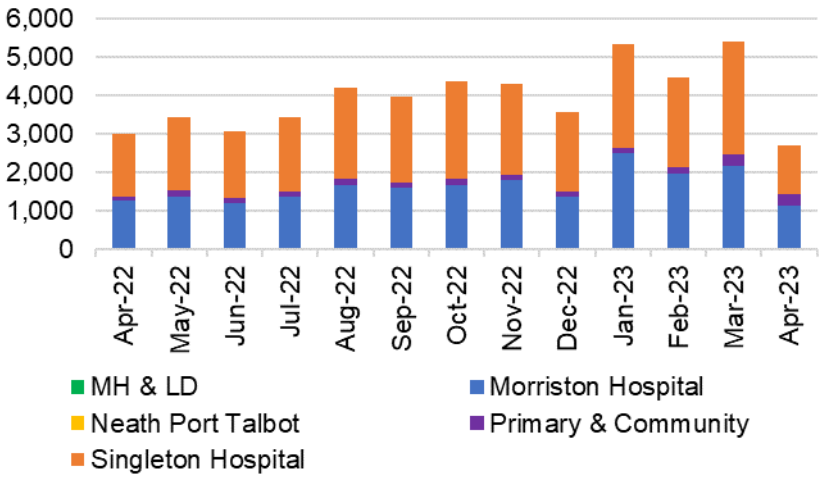
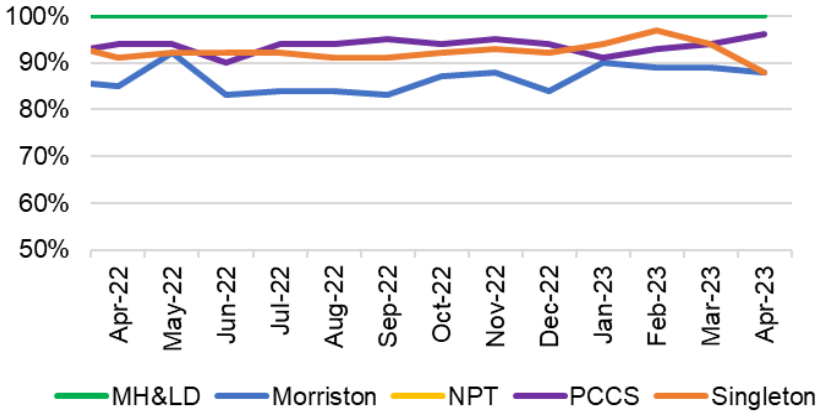
Proposed backlog improvements to support SCP performance



1. The final SCP performance for March 2023 was 53%, which is an improvement on the performance reported in February 2023. Performance continues to stay below the submitted trajectory (70%).

2. Backlog figures have seen a reduction in recent weeks. The total backlog at 14/05/2023 was 394.

FOLLOW-UP APPOINTMENTS		
Description	**Current Performance**	**Trend**
Follow-up appointments *1. The total number of patients on the follow-up waiting list* *2. The number of patients waiting 100% over target for a follow-up appointment*	In April 2023, the overall size of the follow-up waiting list decreased by 2,996 patients compared with January 2023 (from 150,860 to 147,864). In April 2023, there was a total of 70,891 patients waiting for a follow-up past their target date. This is a slight in-month increase of 0.5% (from 70,512 in March 2023 to 70,891). Of the70,891 delayed follow-ups in April 2023, 11,323 had appointment dates and 59,568 were still waiting for an appointment. In addition, 41,611 patients were waiting 100%+ over target date in April 2023. This is a 0.2% reduction when compared with March 2023. **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 .	**1. Total number of patients waiting for a follow-up**  **2. Delayed follow-ups: Number of patients waiting 100% over target** 

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*	• Health Board Friends & Family patient satisfaction level in April 2023 was 92% and 2,704 surveys were completed. ➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 1,280 surveys in April 2023, with a recommended score of 88%. ➢ Morriston Hospital completed 1,121 surveys in April 2023, with a recommended score of 88%. ➢ Primary & Community Care completed 303 surveys for April 2023, with a recommended score of 96%. ➢ The Mental Health Service Group completed 7 surveys for April 2023, with a recommended score of 100%.	**1. Number of friends and family surveys completed**  **2. % of patients/ service users who would recommend and highly recommend** 

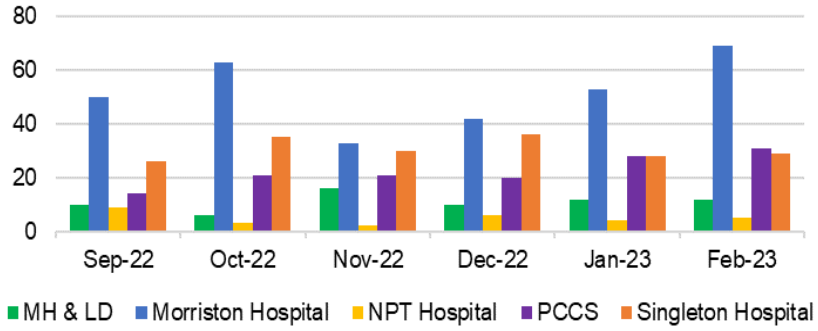
<table>
<tr><th colspan="3">COMPLAINTS</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>Patient concerns

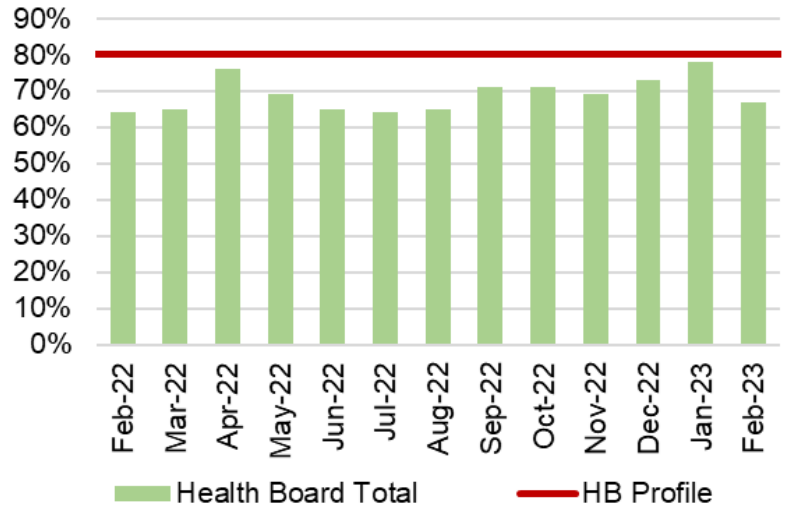
1. Number of formal complaints received

2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</td><td>1. In February 2023, the Health Board received 135 formal complaints; this is a 3% increase on the number seen in February 2022.

Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.

2. The overall Health Board rate for responding to concerns within 30 working days was 78% in January 2023, against the Welsh Government target of 75% and Health Board target of 80%.

Below is a breakdown of performance against the 30-day response target:
<table><tr><th></th><th>30 day response rate</th></tr><tr><td>Neath Port Talbot Hospital</td><td>60%</td></tr><tr><td>Morriston Hospital</td><td>64%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>67%</td></tr><tr><td>Primary, Community and Therapies</td><td>96%</td></tr><tr><td>Singleton Hospital</td><td>42%</td></tr></table></td><td>1. Number of formal complaints received
 

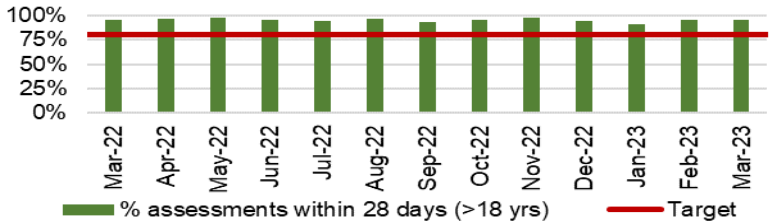
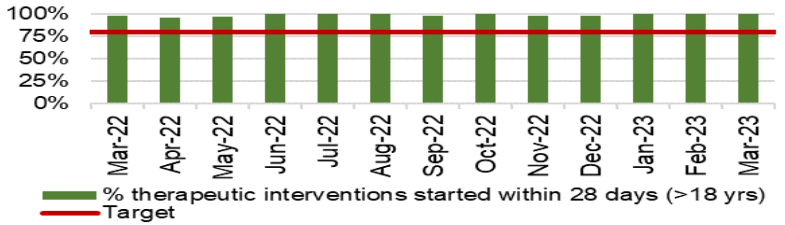
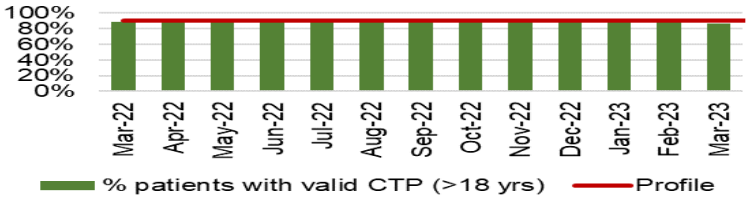
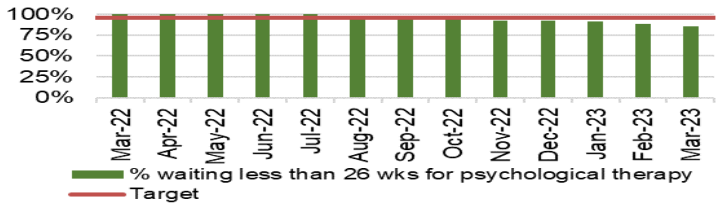
2. Response rate for concerns within 30 days
 
</td></tr>
</table>

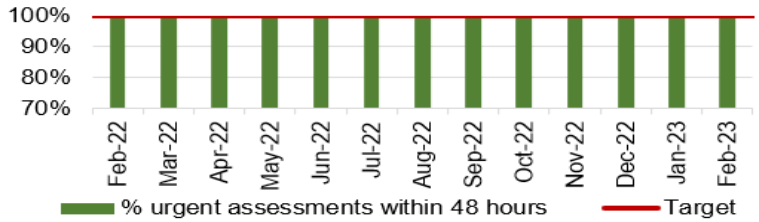
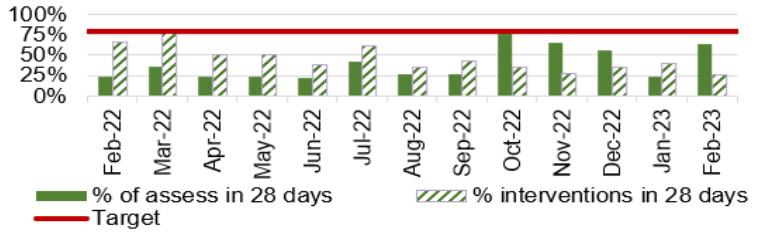
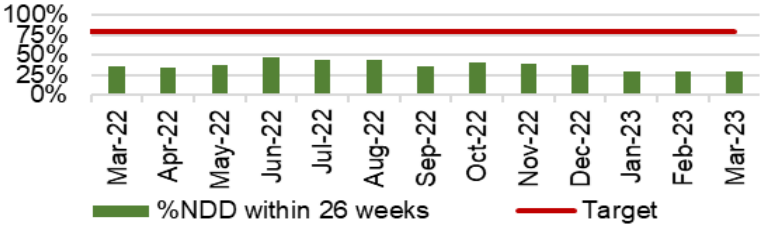
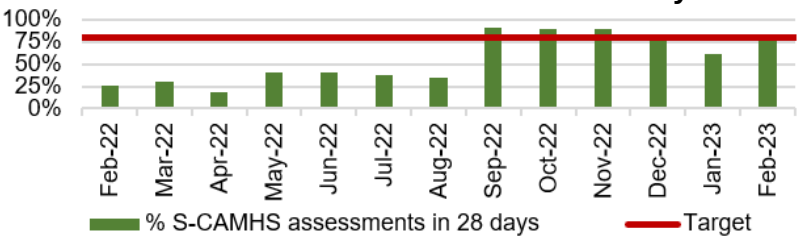
6.1 Overview

Harm from wider societal actions/lockdown																
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU											
					Apr-22	May-22	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%						
	Swansea				95.5%			95.0%			94.1%						
	HB Total				**94.9%**			**94.9%**			**94.6%**						
% children who received MenB2 vaccine by age 1	NPT	95%	90%		94.0%			96.1%			95.9%						
	Swansea				93.6%			94.6%			93.3%						
	HB Total				**93.7%**			**95.2%**			**94.3%**						
% children who received PCV2 vaccine by age 1	NPT	95%	90%		95.3%			97.7%			97.4%						
	Swansea				95.8%			96.5%			94.3%						
	HB Total				**95.7%**			**96.9%**			**95.5%**						
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		93.0%			94.2%			95.3%						
	Swansea				93.4%			91.5%			91.8%						
	HB Total				**93.2%**			**92.5%**			**93.2%**						
% children who received MMR1 vaccine by age 2	NPT	95%	90%		92.8%			96.4%			92.5%						
	Swansea				93.8%			93.0%			93.8%						
	HB Total				**93.4%**			**94.3%**			**93.3%**						
% children who received PCVf3 vaccine by age 2	NPT	95%	90%		93.1%			95.5%			91.9%						
	Swansea				92.4%			93.0%			93.4%						
	HB Total				**92.7%**			**94.0%**			**92.9%**						
% children who received MenB4 vaccine by age 2	NPT	95%	90%		92.8%			96.4%			92.5%						
	Swansea				92.6%			92.3%			92.5%						
	HB Total				**92.7%**			**93.9%**			**92.5%**						
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		92.8%			95.2%			92.2%						
	Swansea				92.6%			92.3%			92.7%						
	HB Total				**92.7%**			**93.4%**			**92.5%**						

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU											
					Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
% children who are up to date in schedule by age 4	NPT	95%	90%			84.3%			85.3%			81.3%					
	Swansea					87.5%			84.8%			82.1%					
	HB Total					**86.4%**			**85.0%**			**81.8%**					
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%			90.7%			90.7%			89.0%					
	Swansea					89.4%			89.3%			89.8%					
	HB Total					**89.9%**			**89.8%**			**89.5%**					
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%			90.9%			91.0%			90.0%					
	Swansea					89.9%			89.9%			89.4%					
	HB Total					**90.3%**			**90.3%**			**89.6%**					
% children who received MMR vaccination by age 16	NPT	95%	90%			95.9%			92.3%			92.4%					
	Swansea					94.0%			91.4%			90.2%					
	HB Total					**94.7%**			**91.7%**			**91.0%**					
% children who received teenage booster by age 16	NPT	90%	85%			88.6%			91.6%			87.3%					
	Swansea					90.0%			90.5%			89.6%					
	HB Total					**89.4%**			**90.9%**			**88.8%**					
% children who received MenACWY vaccine by age 16	NPT	Improve				88.3%			92.1%			87.5%					
	Swansea					90.1%			90.9%			90.2%					
	HB Total					**89.4%**			**91.4%**			**89.2%**					
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			18%	40%	33%	38%	34%	91%	91%	89%	79%	62%	82%		
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			23%	23%	22%	42%	27%	27%	83%	65%	56%	24%	64%		
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			19%	41%	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%			97%	98%	96%	94%	97%	93%	95%	98%	94%	91%	95%	96%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			51%	51%	38%	61%	35%	43%	36%	27%	35%	40%	26%		
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			96%	97%	100%	100%	100%	98%	100%	98%	98%	100%	100%	100%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			100%	100%	100%	100%	97%	96%	93%	92%	92%	91%	88%	85%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			35%	36%	47%	44%	44%	36%	40%	39%	37%	29%	29%		
% 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%			87%	97%	100%	100%	100%	87%	87%	99%	99%	91%	100%		
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%			88%	89%	89%	89%	90%	89%	90%	90%	90%	89%	89%	87%	

6.3 Updates on key measures

ADULT MENTAL HEALTH		
Description	**Current Performance**	**Trend**
Adult Mental Health Measures: 1. *% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)*	1. In March 2023, 96% of assessments were undertaken within 28 days of referral for patients 18 years and over.	**1. % Mental Health assessments undertaken within 28 days from receipt of referral** 
2. *% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)*	2. In March 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.	**2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment** 
3. *% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)*	3. 87% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in March 2023.	**3. % residents with a valid Care and Treatment Plan (CTP)** 
4. *% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health*	4. In March 2023, 85% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.	**4. % waiting less than 26 weeks for Psychology Therapy** 

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	**Current Performance**	**Trend**
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral 2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral 3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS 4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks 5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	1. In February 2023, 100% of CAMHS patients received an assessment within 48 hours. 2. 64% of routine assessments were undertaken within 28 days from referral in February 2023 against a target of 80%. 3. 26% of therapeutic interventions were started within 28 days following assessment by LPMHSS in February 2023. 4. 29% of NDD patients received a diagnostic assessment within 26 weeks in March 2023 against a target of 80%. 5. 82% of routine assessments by SCAMHS were undertaken within 28 days in February 2023.	**1. Crisis- assessment within 48 hours**  **2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days**  **4. NDD- assessment within 26 weeks**  **5. S-CAMHS % assessments within 28 days** 

APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Reporting period**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
COVID19 relat	Number of new COVID19 cases*	Local			Apr-23						153
	Number of staff referred for Antigen Testing*	Local			Mar-23						43
	Number of staff awaiting results of COVID19 test*	Local			Apr-23						0
	Number of COVID19 related incidents*	Local			Apr-23						29
	Number of COVID19 related serious incidents*	Local			Apr-23						0
	Number of COVID19 related complaints*	Local			Apr-23						1
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Apr-23						0
	Number of staff self isolated (symptomatic)*	Local			Apr-23						45
	% sickness*	Local			Apr-23						0.3%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Reporting period**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Apr-23	658		0			658
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	National	95%		Apr-23	60.5%	98.2%				75%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		Apr-23	1,083	0				1,083
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Apr-23	8%					8%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Apr-23	45%					45%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Apr-23	96%					96%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Apr-23	25%					25%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Apr-23	69%					69%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	20	Apr-23	12	0	2	12	0	26
	Number of S.aureus bacteraemia cases	National		8	Apr-23	4	0	3	9	0	16
	Number of C.difficile cases	National		10	Apr-23	6	0	1	8	0	18
	Number of Klebsiella cases	National		9	Apr-23	6	0	1	1	0	8
	Number of Aeruginosa cases	National		3	Apr-23	1	0	0	1	0	2
	Compliance with hand hygiene audits	Local	95%		Apr-23	94%	100%	91%	100%	98%	99%
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Mar-23	95.2%					95.2%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Mar-23	24.5%					24.5%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Mar-23	72.9%					72.9%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Mar-23	78.6%					78.6%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Mar-23	74.1%					74.1%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Mar-23	70.7%					70.7%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-21	7.5%					7.5%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		Apr-23	5	0	1	0	0	6
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Apr-23						80%
	Number of Never Events	Local	0		Apr-23	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Mar-23	64	3	8	62	1	138
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Mar-23	6	0	0	14	1	21
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Mar-23						999
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Apr-23	92	17	28	10	36	183
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Apr-23						4.55
Mortality	Crude hospital mortality rate by Delivery Unit (74 years	National	12 month reduction trend		Feb-23	1.31%	0.11%	0.44%			0.73%

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

Harm quadrant- Harm from reduction in non-Covid activity											
Category	**Measure**	**Target Type**	**Target**	**Internal HB Profile**	**Reporting period**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	75%		Apr-23 (Draft)						38%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Apr-23	10,446	6	4,731	1		15,184
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Apr-23	19,504	12	7,773	0		28,087
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Apr-23	2,204		4,663			6,867
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Apr-23				129	0	129
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Apr-23						147,864
	Number of patients delayed by over 100% past their target date	National	0		Apr-23						41,611
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Apr-23						70,891
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Apr-23						647
	Number of patients without a documented clinical review date	Local	0		Apr-23						5
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Apr-23	1,121	Now reported under Singleton	1,280	303	7	1,121
	% of patients who would recommend and highly recommend	Local	90%	80%	Apr-23	88%		88%	96%	100%	92%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Apr-23	92%		97%	98%		95%
	Number of new complaints received	Local	12 month reduction rend		Feb-23	69	5	29	31	12	135
	% 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	National	75%	80%	Feb-23	64%	60%	42%	96%	67%	67%

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

Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q3 2022/23						94.6%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q3 2022/23						94.3%
	% children who received PCV2 vaccine by age 1		95%	90%	Q3 2022/23						95.5%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q3 2022/23						93.2%
	% children who received MMR1 vaccine by age 2		95%	90%	Q3 2022/23						93.3%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q3 2022/23						92.9%
	% children who received MenB4 vaccine by age 2		95%	90%	Q3 2022/23						92.5%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q3 2022/23						92.5%
	% children who are up to date in schedule by age 4		95%	90%	Q3 2022/23						81.8%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q3 2022/23						89.5%
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q3 2022/23						89.6%
	% children who received MMR vaccination by age 16		95%	90%	Q3 2022/23						91.0%
	% children who received teenage booster by age 16		90%	85%	Q3 2022/23						88.8%
	% children who received MenACWY vaccine by age 16		Improve		Q3 2022/23						89.2%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Feb-23						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Feb-23						82%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Feb-23						64%
	% 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%		Mar-23					96%	96%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Feb-23						26%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Mar-23					100%	100%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Mar-23					85%	85%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Feb-23						29%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Feb-23						100%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Mar-23					87%	87%

* 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	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
COVID19 related measures	Number of new COVID19 cases	Local	Apr-23	153		Reduce					835	286	372	600	217	218	171	171	395	230	249	378	153
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce					17,158	17,315	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	Apr-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Apr-23	29		Reduce					83	39	52	91	46	84	61	51	61	34	33	57	29
	Number of COVID19 related serious incidents	Local	Apr-23	0		Reduce					0	0	0	0	0	1	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Apr-23	1		Reduce					6	0	4	5	6	11	3	3	0	0	2	2	1
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																	
	Number of staff self isolated (asymptomatic)	Local	Apr-23	0		Reduce					42	29	28	26	8	5	1	0	0	0	1	0	0
	Number of staff self isolated (symptomatic)	Local	Apr-23	45		Reduce					270	125	287	272	121	100	121	124	144	70	63	57	45
	% sickness	Local	Apr-23	0.3%		Reduce					2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%
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	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Apr-23	50%	65%	65%	✖	39.5% (Dec-22)	3rd (Dec-22)		53%	56%	57%	56%	55%	49%	50%	46%	41%	52%	52%	48%	50%
	Number of ambulance handovers over one hour	National	Apr-23	658	0			6,798 (Dec-22)	1st (Dec-22)		671	538	578	659	705	732	739	744	614	561	594	729	658
	Handover hours lost over 15 minutes	Local	Apr-23	3627							3,286	1,892	2,920	2,976	3,870	4,378	4,599	4,456	4,289	3,440	3,245	4,659	3,627
	% 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	Apr-23	75%	95%			63.1% (Dec-22)	4th (Dec-22)		73%	74%	72%	69%	70%	73%	71%	70%	65%	74%	76%	74%	75%
	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	Apr-23	1083	0			12,099 (Dec-22)	4th (Dec-22)		1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125	1,395	1,083
NOF	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Sep-22	93.0%	12 month ↑			70% (Oct-22)	1st (Oct-22)		89.0%	90.0%	89.0%	91.0%	93.0%	93.0%							
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Apr-23	7.8%	54.0%						12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%
	CT Scan (<1 hrs) (local	Local	Apr-23	45.1%							34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Apr-23	96.1%							100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%
	Thrombolysis door to needle <= 45 mins	Local	Apr-23	25.0%							12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%
	% stroke patients who receive mechanical thrombectomy	National	Apr-23	2.0%	10%			2.1% (Nov-22)	4th (Nov-22)		1.8%	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	6.5%	2.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Apr-23	68.6%	12 month ↑			50.7% (Nov-22)	4th (Nov-22)		40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%	68.6%
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												
Pressure Ulcers	*Number of pressure ulcers acquired in hospital*	Local	Mar-23	76		*12 month ↓*	✖				*45*	*58*	*53*	*58*	*54*	*39*	*59*	*69*	*47*	*64*	*60*	*76*	
	Number of pressure ulcers developed in the community			62		*12 month ↓*	✖				*33*	*39*	*32*	*27*	*50*	*40*	*44*	*45*	*42*	*45*	*41*	*62*	
	Total number of pressure ulcers		Mar-23	138		12 month ↓	✖				78	97	85	85	104	79	103	114	89	109	101	138	
	Number of grade 3+ pressure ulcers acquired in			7		*12 month ↓*	✖				*3*	*2*	*3*	*5*	*3*	*0*	*1*	*7*	*8*	*4*	*4*	*7*	
	Number of grade 3+ pressure ulcers acquired in community		Mar-23	14		*12 month ↓*	✖				*2*	*10*	*12*	*2*	*11*	*6*	*2*	*7*	*13*	*4*	*9*	*14*	
	Total number of grade 3+ pressure ulcers		Mar-23	21		12 month ↓	✖				5	12	15	7	14	6	3	14	21	8	13	21	
Inpatient Falls	Number of Inpatient Falls	Local	Apr-23	183		12 month ↓	✖				190	182	172	174	216	175	184	178	184	189	179	214	183

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	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Mar-23	67.5	<67		✖	67.80 (Dec-22)	3rd (Dec-22)		96.5	79.6	70.8	68.9	74.5	70.4	69.4	70.0	69.6	68.7	67.9	67.5	
	Number of E.Coli bacteraemia cases (Hospital)		Apr-23	*14*							*13*	*8*	*5*	*3*	*11*	*7*	*12*	*11*	*8*	*8*	*9*	*9*	*14*
	Number of E.Coli bacteraemia cases (Community)			*12*							*18*	*13*	*12*	*18*	*21*	*8*	*10*	*12*	*14*	*12*	*8*	*10*	*12*
	Total number of E.Coli bacteraemia cases			26							31	21	17	21	32	15	22	23	22	20	17	19	26
	Cumulative cases of S.aureus bacteraemias per 100k pop		Mar-23	38.6	<20		✖	27.76 (Dec-22)	6th (Dec-22)		43.6	50.5	41.0	39.8	38.4	39.3	41.0	39.0	39.4	38.4	38.6	38.6	
	Number of S.aureus bacteraemias cases (Hospital)		Apr-23	*7*							*6*	*9*	*7*	*6*	*6*	*8*	*13*	*3*	*10*	*8*	*9*	*5*	*7*
	Number of S.aureus bacteraemias cases (Community)			*9*							*7*	*9*	*2*	*6*	*6*	*6*	*4*	*5*	*3*	*2*	*2*	*5*	*9*
	Total number of S.aureus bacteraemias cases			16							13	18	9	12	12	14	17	8	13	10	11	10	16
	Cumulative cases of C.difficile per 100k pop		Mar-23	51.4	<25		✖	36.68 (Dec-22)	5th (Dec-22)		40.5	36.7	41.0	42.9	47.6	46.9	48.9	50.9	49.6	51.3	50.6	51.4	
	Number of C.difficile cases (Hospital)		Apr-23	*7*							*11*	*7*	*7*	*10*	*16*	*11*	*15*	*10*	*8*	*15*	*10*	*13*	*7*
	Number of C.difficile cases (Community)			*8*							*2*	*4*	*9*	*6*	*6*	*3*	*6*	*11*	*6*	*7*	*2*	*6*	*8*
	Total number of C.difficile cases			15							13	11	16	16	22	14	21	21	14	22	12	19	15
	Cumulative cases of Klebsiella per 100k pop		Mar-23	27.4							18.7	21.4	22.6	24.5	25.0	25.5	24.9	26.0	26.1	26.9	26.8	27.4	
	Number of Klebsiella cases (Hospital)		Apr-23	*7*							*4*	*7*	*6*	*4*	*4*	*1*	*3*	*6*	*5*	*5*	*7*	*4*	*7*
	Number of Klebsiella cases (Community)			*1*							*2*	*1*	*2*	*7*	*4*	*9*	*4*	*5*	*3*	*6*	*1*	*7*	*1*
	Total number of Klebsiella cases			8				63 Total (Dec-22)	2nd (Dec-22)		6	8	8	11	8	10	7	11	8	11	8	11	8
	Cumulative cases of Aeruginosa per 100k pop		Mar-23	11.3							6.2	6.1	8.2	9.2	9.2	10.2	11.3	11.9	11.5	11.6	11.2	11.3	
	Number of Aeruginosa cases (Hospital)		Apr-23	*1*							*1*	*1*	*3*	*2*	*3*	*4*	*3*	*5*	*1*	*2*	*2*	*2*	*1*
	Number of Aeruginosa cases (Community)			*1*							*1*	*1*	*1*	*2*	*0*	*1*	*3*	*0*	*2*	*2*	*0*	*2*	*1*
	Total number of Aeruginosa cases			2				8 Total (Dec-22)	4th (Dec-22)		2	2	4	4	3	5	6	5	3	4	2	4	2
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Apr-23	98.8%		95%	✔				96%	96%	98%	96%	90%	97%	96%	96%	95%	97%	95%	93%	99%
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Jul-21	*0*		95%	✖																
	% stop or review date documented on medication chart			0.0		*95%*	✖																
	% of antibiotics prescribed on stickers			*0*		95%	✖																
	% appropriate antibiotic prescriptions choice		Jul-21	0.0		*95%*	✖																
	% of patients receiving antibiotics for >7 days			*0*		<20%	✖																
	% of patients receiving surgical prophylaxis for > 24		Jul-21	0.0		<20%	✖																
	% of patients receiving IV antibiotics > 72 hours			*0*		<30%	✖																
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%					25%	100%	33%	-	0%	-	75%	73%	85%	67%	67%	83%	
	Number of new Never Events	Local		0		0	✔				0	1	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 ↓	✖				140	134	132	128	131	133	134	136	137	141	143	148	
	Number of risks with a score greater than 16	Local		307		12 month ↓	✖				276	266	264	259	269	270	268	278	280	290	295	307	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Apr-23	97%		98%	✖				95.7%	93.9%	93.7%	90.5%	86.2%	87.6%	87.5%	88.2%	97.2%	91.8%	98.3%	85.1%	96.6%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Mar-23	67%	95%	95%	✖				44%	68%	81%	82%	77%	81%	84%	67%	78%	71%	76%	67%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Apr-23	64%		100%	✖				60%	66%	64%	63%	69%	70%	66%	71%	62%	64%	64%	62%	64%
Workforce	Agency spend as a % of the total pay bill	National	Mar-23	5.20%	12 month ↓			5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		4.9%	6.3%	6.2%	6.7%	6.4%	4.9%	6.5%	6.4%	6.0%	7.4%	6.2%	5.2%	
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Apr-23	72%	85%	85%	✖	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		56%	56%	55%	58%	61%	64%	67%	68%	68%	69%	69%	69%	72%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Apr-23	86%	85%	85%	✔	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		80%	80%	80%	81%	81%	82%	83%	84%	84%	85%	85%	82%	86%
	% workforce sickness absence (12 month rolling)	National	Mar-23	7.65%	12 month ↓			7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		8.11%	8.20%	8.29%	8.46%	8.44%	8.25%	8.08%	7.99%	8.02%	7.89%	7.78%	7.65%	

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	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Feb-23	9.9%							9.8%	10.9%	11.5%	10.4%	10.0%	10.0%	9.6%	9.9%	10.9%	9.7%	9.9%		
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Apr-23	38.5%	12 month ↑			53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	53.2%	38.5%
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Apr-23	22%	80%		✗				14%	5%	18%	2%	10%	5%	18%	19%	26%	32%	31%	32%	22%
	Scheduled (21 Day Target)	Local	Apr-23	70%	100%		✗				63%	36%	51%	29%	35%	34%	65%	82%	83%	82%	86%	81%	70%
	Urgent SC (2 Day Target)	Local	Apr-23	22%	80%		✗				27%	13%	22%	18%	11%	31%	33%	17%	37%	31%	19%	30%	22%
	Urgent SC (7 Day Target)	Local	Apr-23	70%	100%		✗				62%	44%	43%	64%	48%	54%	70%	77%	70%	85%	69%	84%	70%
	Emergency (within 1 day)	Local	Apr-23	100%	80%		✓				83%	83%	82%	58%	65%	100%	70%	100%	83%	100%	100%	91%	100%
	Emergency (within 2 days)	Local	Apr-23	100%	100%		✓				100%	100%	88%	92%	90%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Apr-23	87%	80%		✓				82%	80%	68%	66%	91%	70%	81%	91%	85%	82%	93%	94%	87%
	Elective Delay (14 Day Target)	Local	Apr-23	93%	100%		✗				93%	91%	79%	70%	98%	79%	91%	100%	100%	98%	100%	100%	93%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Apr-23	4,677	0%			15,517 (Nov-22)	7th (Nov-22)		4,398	4,564	4,449	4,407	4,257	4,205	4,170	4,136	4,289	4,372	4,408	4,554	4,677
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Apr-23	6,867	0			42,566 (Nov-22)	4th (Nov-22)		6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116	6,514	6,867
	Number of patients waiting > 14 weeks for a specified therapy	National	Apr-23	129	0			9,584 (Nov-22)	2nd (Nov-22)		679	614	609	714	682	755	707	441	527	194	157	193	129
	% of patients waiting < 26 weeks for treatment	National	Apr-23	1	95%			56% (Nov-22)	6th (Nov-22)		50.4%	50.4%	50.8%	51.8%	52.0%	52.1%	53.5%	54.4%	54.2%	52.8%	56.9%	58.4%	58.2%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Apr-23	15,184	0						25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257	15,385	15,184
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Apr-23	3,456	0			85,301 (Nov-22)	3rd (Nov-22)		13,275	14,071	14,951	15,232	15,122	13,980	12,352	9,774	7,779	6,630	5,475	3,895	3,456
	Number of patients waiting > 36 weeks for treatment	National	Apr-23	28,087	0			252,779 (Nov-22)	3rd (Nov-22)		38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031	30,017	28,353	28,087
	Number of patients waiting > 104 weeks for treatment	National	Apr-23	5,952	0			49,594 (Nov-22)	5th (Nov-22)		13,083	12,670	12,064	11,400	10,960	10,623	10,090	9,048	8,066	7,331	6,656	6,015	5,952
	The number of patients waiting for a follow-up outpatient appointment	Local	Apr-23	147,864	HB target TBC						135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070	150,860	147,864
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Apr-23	41,611				224,552 (Nov-22)	5th (Nov-22)		34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	41,710	41,611
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Apr-23	62.7%	95%			64.9% (Nov-22)	1st (Nov-22)		60.8%	63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	67.1%	69.9%	53.1%	64.6%	59.4%	62.7%
DNAs	% of patients who did not attend a new outpatient appointment	Local	Apr-23	7.9%	12 month ↓						7.8%	7.5%	8.2%	8.2%	8.0%	7.8%	8.3%	9.5%	11.1%	8.9%	9.2%	8.2%	7.9%
	% of patients who did not attend a follow-up outpatient appointment	Local	Apr-23	8.0%	12 month ↓						7.8%	7.3%	7.8%	7.7%	7.6%	7.8%	7.7%	8.5%	8.7%	7.8%	7.9%	7.9%	8.0%
Theatre Efficiencies	Theatre Utilisation rates	Local	Apr-23	71.0%		90%	✗				71%	78%	81%	72%	59%	71%	77%	74%	59%	72%	70%	71%	71%
	% of theatre sessions starting late	Local	Apr-23	35.0%		<25%	✗				39%	46%	43%	40%	36%	37%	40%	35%	39%	35%	39%	33%	35%
	% of theatre sessions finishing early	Local	Apr-23	48.0%		<20%	✗				47%	43%	43%	46%	43%	48%	45%	44%	46%	44%	45%	49%	48%
Prescribing	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)														
Patient experience	Number of friends and family surveys completed	Local	Apr-23	2,704		12 month ↑	✓				3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073	4,425	5,358	2,704
	% of who would recommend and highly recommend	Local	Apr-23	92%		90%	✓				89%	90%	88%	89%	89%	88%	90%	91%	89%	92%	92%	92%	92%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Apr-23	95%		90%	✓				89%	91%	91%	90%	93%	92%	93%	91%	92%	92%	95%	95%	95%
Complaints	Number of new formal complaints received	Local	Feb-23	135		12 month ↓ trend	✓				123	176	118	153	124	120	140	113	120	127	135		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Feb-23	67%	75%	80%	✗				76%	69%	65%	64%	65%	71%	71%	69%	73%	78%	67%		
	% of acknowledgements sent within 2 working days	Local	Feb-23	100%		100%	✓				100%	100%	100%	100%	100%	99%	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	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2021/22	31.9%	Annual ↑			36.7% (2021/22)	5th (2021/22)		Latest data available = 2021/22 31.9%												
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q3 22/23	94.6%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)				94.9%			94.9%			94.6%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q3 22/23	89.5%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)				89.9%			89.8%			89.5%				
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q1 22/23	33.5	4 quarter ↓			383.9 (Q1 22/23)	3rd (Q1 22/23)				333.5										
	% of people who have been referred to health board services who have completed treatment for alcohol	National	Q2 22/23	61.9%	4 quarter ↑			68.6% (Q2 22/23)	6th (Q2 22/23)				43.6%			61.9%							
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	National	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	National	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%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	01/02/	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	Feb-23	29%	80%	80%	✗	31.4% (Nov-22)	3rd (Nov-22)		35%	36%	47%	44%	44%	36%	40%	39%	37%	29%	29%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Feb-23	82%	80%	80%	✓	83.2% (Nov-22)	5th (Nov-22)		18%	40%	33%	38%	34%	91%	91%	89%	79%	62%	82%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Feb-23	64%		80%	✗	66.8% (Nov-22)	5th (Nov-22)		23%	23%	22%	42%	27%	27%	83%	65%	56%	24%	64%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Feb-23	26%		80%	✗	34.4% Nov-22)	4th (Nov-22)		51%	51%	38%	61%	35%	43%	36%	27%	35%	40%	26%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%		80%	✓				19%	41%	41%	38%	34%	91%	90%	89%	79%	62%	82%		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Feb-23	100%		90%	✓	63.8% (Nov-22)	1st (Nov-22)		87%	97%	100%	100%	100%	87%	87%	99%	99%	91%	100%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Mar-23	96%	80%	80%	✓	86.9% (Nov-22)	3rd (Nov-22)		97%	98%	96%	94%	97%	93%	95%	98%	94%	91%	95%	96%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Mar-23	100%	80%	80%	✓	73.1% (Nov-22)	2nd (Nov-22)		96%	97%	100%	100%	100%	98%	100%	98%	98%	100%	100%	100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Mar-23	85%	95%	95%	✗	73.9% (Nov-22)	2nd (Nov-22)		100%	100%	100%	100%	97%	96%	93%	92%	92%	91%	88%	85%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Mar-23	87%	90%	90%	✗	84.2% (Nov-22)	2nd (Nov-22)		88%	89%	89%	89%	90%	89%	90%	90%	90%	89%	89%	87%	
	% Service Users admitted to a pyschiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTservice prior to	National	Mar-23	100%				95.8% (Nov-22)	1st (Nov-22)	—	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% service users admitted to a pyschiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hous of admission	National	Mar-23	100%				90.9% (Nov-22)	1st (Nov-22)	—	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2021/22	3.56	Annual ↓			3.95 (2021/22)	4th (2021/22)		Latest data available = 2021/22 3.56												