



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	29th August 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 July 2023 primarily) in delivering key local performance measures as well as the national measures outlined in the 2023/24 NHS Wales Performance Framework.		
Key Issues	<p>The Quality and Safety Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in June 2023, and the measures have been updated accordingly in line with current data availability.</p> <p>Key high level issues to highlight this month are as follows:</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 has saw a slight increase in July 2023 to 84 case, 60 in June 2023. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Emergency Department (ED) attendances have decreased in July 2023 to 11,278 from 12,026 in June 2023. - Performance against the 4-hour access is currently above the outlined trajectory in July 2023. ED 4-hour performance has deteriorated slightly by 0.08% in July 2023 to 76.03% from 76.11% in June 2023. - Performance against the 12-hour wait has improved in-month, however it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,179 in July 2023 from 1,274 in June 2023. - Unscheduled care performance has seen an improvement throughout Quarter 1 as a result of developing and 		

implementing a new on-boarding/escalation operational policy to support more timely ambulance handovers.

- The number of emergency admissions has increased slightly in July 2023 to 4,070 from 4,007 in June 2023.

Planned Care

- July 2023 saw a 4% 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 at stage 1 decreased by 2% to 6,729.
- The number of patients waiting over 104 weeks for treatment decreased, with 5,299 patients waiting at this point in July 2023.
- In July, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 894 patients waiting at this stage.
- As a Health Board, updated ministerial priority trajectories for the 2023/24 planned care position have been developed and submitted to Welsh Government and are awaiting feedback.
- Therapy waiting times have improved, there are 183 patients waiting over 14 weeks in July 2023 compared with 203 in June 2023.
- The number of patients waiting over 8 weeks for an Endoscopy has decreased in July 2023 to 4,505 from 4,745 in June 2023. The Endoscopy team also continue to maintain their compliance for all cancer waits.

Cancer

- June 2023 saw 43% 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 and are in line with the submitted trajectory. The total backlog at 13/08/2023 was 357.

Mental Health

- Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in June 2023.
- In June 2023, 82.4% 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% June 2023.
- Further work is currently being undertaken on the Welsh Government CAMHS trajectories.

	<ul style="list-style-type: none"> - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has improved slightly to 31% in June 2023 against a target of 80%. <p><u>Nationally Reportable Incidents</u></p> <ul style="list-style-type: none"> - In July 2023, there were 6 Nationally Reportable Incidents reported. - There was one new Never Event reported in July 2023 <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> - July 2023 data is included in this report showing 91% satisfaction through 3,401 surveys completed. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. 			

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

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

<ul style="list-style-type: none"> • 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 July 2023. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report



GIG
CYMRU
NHS
WALES

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Health Board



Appendix 1- Quality & Safety Performance Report

August 2023



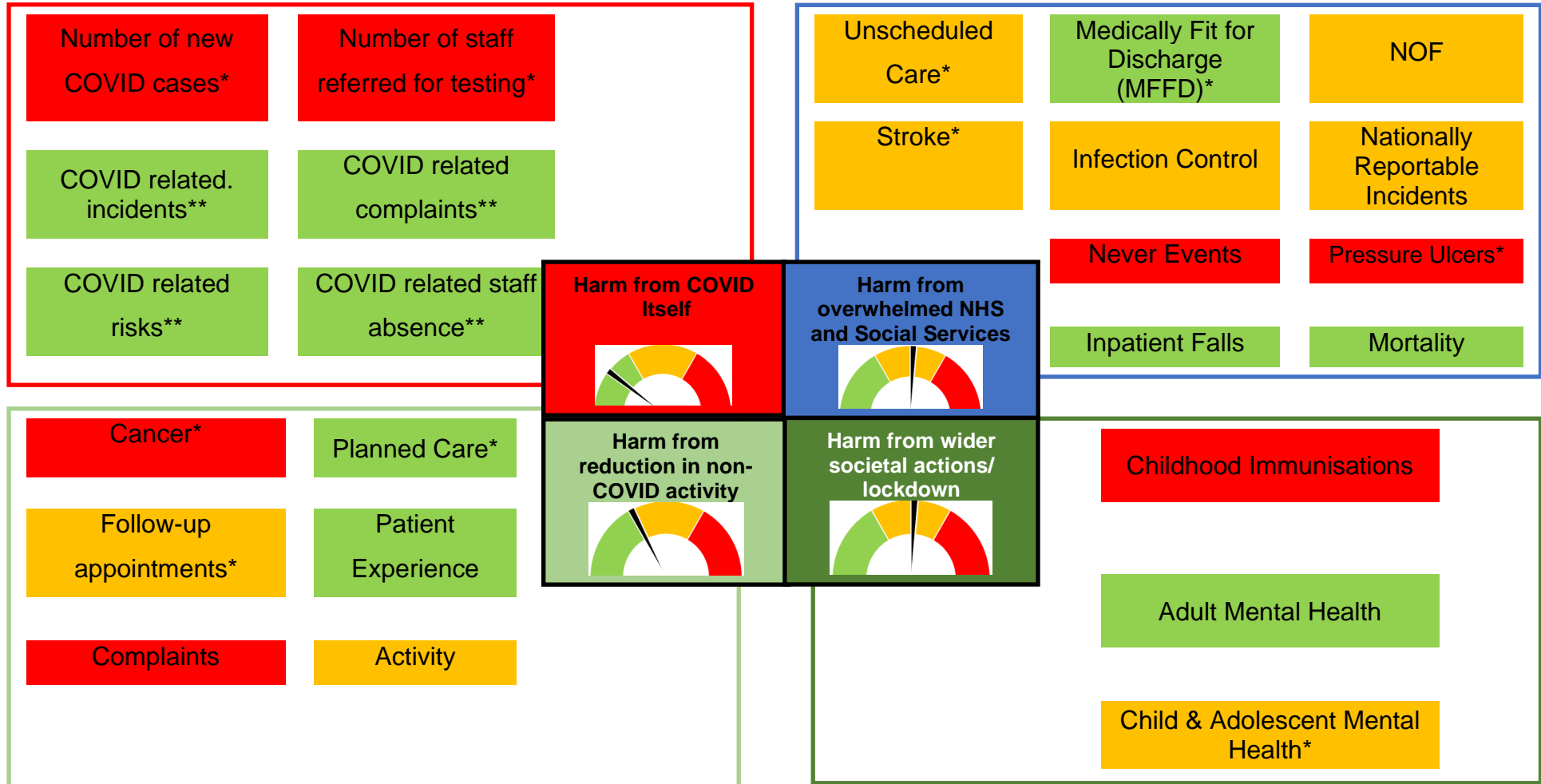
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1. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target
 ** Data not available

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

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

3.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p><i>1. Number of new COVID19 cases in Swansea Bay population area</i></p>	<p>1. Number of new COVID cases In July 2023, there were an additional 84 positive cases recorded bringing the cumulative total to 120,486 in Swansea Bay since March 2020.</p>	<p>1.Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
<p><i>2. Number of staff referred for Antigen testing</i></p>	<p>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).</p> <p>*WG have now ceased data collection for staff testing centres*</p>	<p>2.Outcome of staff referred for Antigen testing</p> <p>■ Positive ▨ Negative ▤ In Progress □ Unknown/blank</p>

COVID RELATED STAFF ABSENCE

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

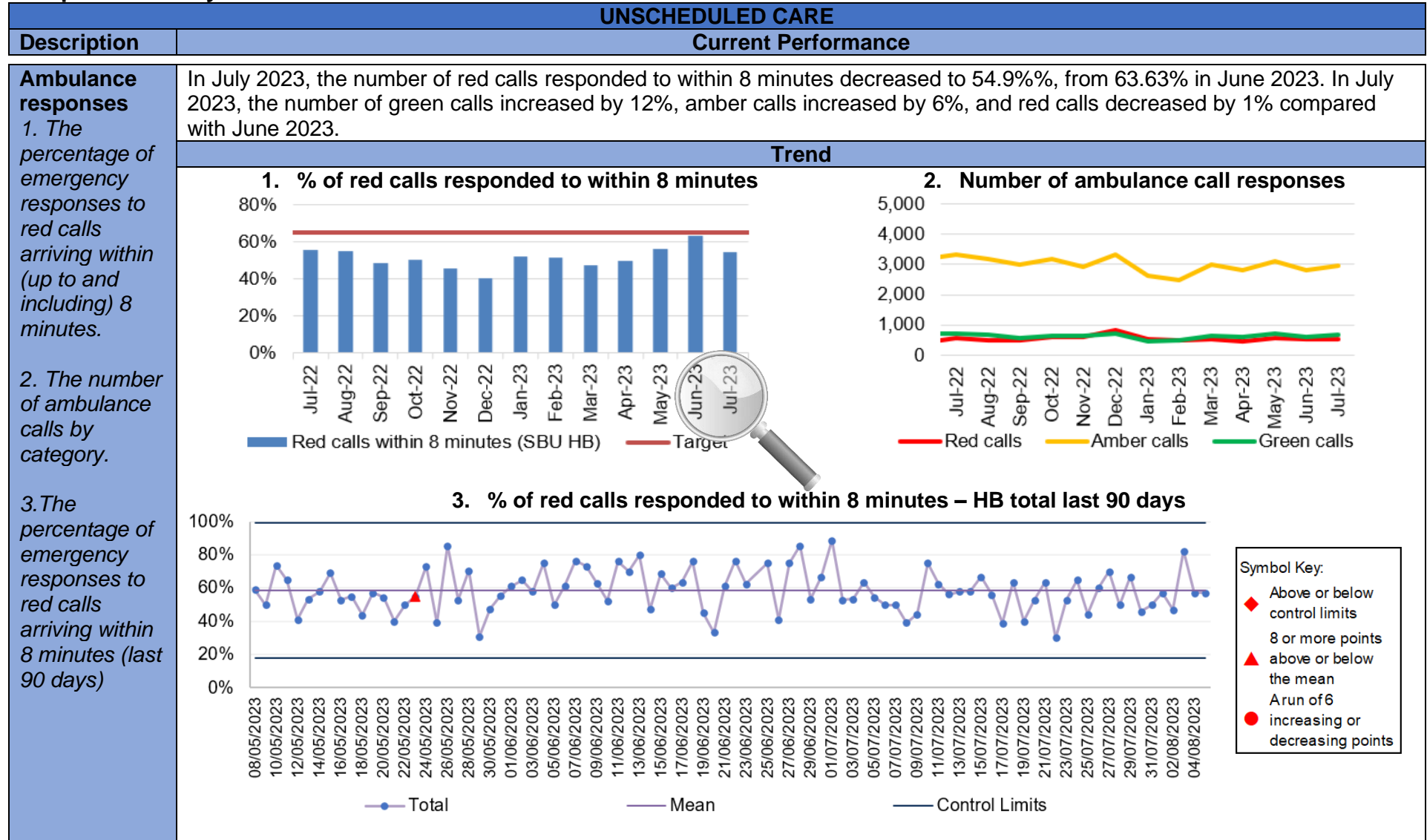
4.1 Overview

Measure	Locality	National/ Local Target	HB Trajectory	Trend	Unscheduled Care												
					Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Number of ambulance handovers over one hour	Morrison	Improvement trajectory towards 0 by Mar 24	487		637	681	710	722	727	592	554	594	728	658	708	615	643
	Singleton				22	24	22	17	17	22	7	0	1	0	0	0	0
	Total				659	705	732	739	744	614	561	594	729	658	708	615	643
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Morrison	Improvement compared to same month in 22/23			54.0%	51.4%	55.9%	53.6%	54.1%	49.3%	58.3%	62.5%	59.3%	60.5%	60.5%	62.0%	62.0%
	NPTH				93.1%	97.4%	98.2%	96.8%	99.1%	98.8%	98.7%	98.9%	97.8%	98.2%	97.1%	97.2%	99.3%
	Total				69.4%	69.7%	72.7%	70.6%	70.4%	65.2%	74.0%	76.0%	73.7%	75.2%	75.3%	76.1%	76.0%
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Morrison	Improvement trajectory towards 0 by Mar 24	1100		1,427	1,472	1,470	1,583	1,454	1,632	1,089	1,123	1,395	1,083	1,303	1,274	1,175
	NPTH				2	2	0	1	2	0	0	2	0	0	0	0	4
	Total				1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125	1,395	1,083	1,303	1,274	1,179
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	23.8%	25.0%
	Total	(UK SNAP average)			4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	23.8%	25.0%
	Morrison	54.5%			33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	42.9%	52.1%
% of patients who receive a CT scan within 1 hour*	Morrison	84.2%			97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	92.9%	91.7%
	Total	(UK SNAP average)			97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	92.9%	91.7%
	Morrison	84.2%			33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	42.9%	52.1%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month improvement trend			0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%	0.0%	12.5%	11.1%
	Total	12 month improvement trend			0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%	0.0%	12.5%	11.1%
	Morrison	12 month improvement trend			29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%	68.6%	62.9%	66.7%	65.1%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			91.2%	92.9%	93.1%	93.5%	94.0%	94.5%	95.0%	94.9%	95.2%	95.5%	95.0%	95.9%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			29.2%	26.5%	26.4%	25.8%	24.6%	22.1%	22.8%	21.9%	24.5%	26.9%	27.8%	28.9%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			71.0%	71.6%	71.2%	71.6%	73.0%	73.2%	73.1%	73.0%	72.9%	72.8%	72.1%	72.5%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			69.2%	70.2%	72.4%	74.0%	75.5%	76.9%	76.7%	77.8%	78.6%	78.9%	79.7%	81.1%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			76.1%	75.9%	77.1%	76.8%	76.2%	76.3%	75.0%	74.8%	74.1%	73.3%	74.2%	74.3%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			69.2%	66.2%	71.6%	69.4%	69.9%	70.3%	70.9%	68.8%	70.7%	67.8%	68.9%		
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month improvement trend															
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend															

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	
Healthcare Acquired Infections																		
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	10		18	21	8	10	12	14	12	8	10	12	10	12	13	
	PCCS Hospital		0		0	0	1	0	0	0	0	1	0	0	0	0	0	1
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		7		3	6	0	6	10	2	5	4	7	12	8	7	6	
	NPTH		0		0	1	1	0	0	0	0	0	0	0	0	1	2	0
	Singleton		2		0	4	5	6	1	6	3	4	2	2	3	2	4	
	Total		≤ 234 (Cumulative)	20		21	32	15	22	23	22	20	17	19	26	22	25	25
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		6	6	6	4	5	3	2	2	5	9	2	5	13	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		3		4	5	6	10	2	8	2	8	4	4	4	6	0	
	NPTH		0		0	0	0	1	0	0	0	0	0	0	0	1	0	
	Singleton		1		2	2	2	2	1	2	6	1	1	3	4	1	1	
	Total		≤ 71 (Cumulative)	6		12	12	14	17	8	13	10	11	10	16	10	13	14
Number of C.difficile cases	PCCS Community	12 month reduction trend	3		6	6	3	6	11	6	7	2	6	8	4	7	6	
	PCCS Hospital		0		0	0	0	1	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		4		7	9	6	12	5	6	11	7	9	6	6	10	10	
	NPTH		0		0	1	0	0	0	0	2	0	0	0	1	0	0	
	Singleton		1		3	6	5	2	5	2	2	3	4	1	2	3	2	
	Total		≤ 95 (Cumulative)	8		16	22	14	21	21	14	22	12	19	18	14	20	18
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		7	4	9	4	5	3	6	1	7	1	6	5	0	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		3		3	3	0	2	2	3	4	5	4	6	2	0	3	
	NPTH		0		0	0	0	1	0	0	0	0	0	0	1	1	0	
	Singleton		1		1	1	1	0	4	2	1	2	0	1	1	0	0	
	Total		≤ 71 (Cumulative)	7		11	8	10	7	11	8	11	8	11	8	10	6	3
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		2	0	1	3	0	2	2	0	2	1	0	1	0	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		1		1	2	2	1	3	0	1	2	2	1	1	1	1	
	NPTH		0		0	0	0	0	1	0	0	0	0	0	0	0	0	
	Singleton		0		1	1	2	2	1	1	1	0	0	0	0	1	0	
	Total		≤ 24 (Cumulative)	2		4	3	5	6	5	3	4	2	4	2	1	4	1
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	-	-	100.0%	-	-	100.0%	
	MH&LD				99.1%	95.0%	96.6%	94.4%	97.7%	94.8%	99.0%	95.6%	95.3%	98.0%	99.6%	98.5%	99.3%	
	Morrison				94.8%	91.1%	99.3%	98.3%	93.9%	100.0%	99.3%	92.1%	86.9%	93.7%	95.2%	96.7%	93.6%	
	NPTH				96.4%	96.6%	100.0%	96.7%	96.7%	95.2%	96.8%	100.0%	93.6%	100.0%	89.2%	90.0%	100.0%	
	Singleton				95.6%	85.2%	90.5%	95.9%	95.4%	92.2%	91.6%	99.2%	100.0%	91.3%	89.0%	85.7%	100.0%	
	Total				96.2%	90.3%	96.6%	96.4%	95.5%	95.2%	97.2%	94.8%	92.9%	98.8%	95.2%	94.8%	96.8%	

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	
Serious Incidents & Risks																		
Number of Nationally Reportable Incidents	PCCS	Monitor			0	1	0	3	1	4	0	2	1	0	0	1	2	
	MH&LD				0	0	9	2	0	2	2	1	1	0	0	0	0	
	Morrison				1	5	4	2	7	2	3	1	6	5	4	2	3	
	NPTH				0	3	1	0	0	0	0	0	0	0	0	1	0	0
	Singleton				0	2	1	2	3	0	5	1	1	1	2	1	1	
	Total				1	11	15	9	11	8	10	5	9	6	7	4	6	
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	80%			-	0%	-	75%	73%	85%	67%	67%	83%	80%	67%	-	40%	
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				1	0	0	0	1	0	0	0	0	0	1	0	1	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				0	0	0	0	0	0	0	1	0	0	0	0	0	
	Total				1	0	0	0	1	0	0	1	0	0	1	0	1	
Pressure Ulcers																		
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			27	50	40	44	45	42	45	41	62	31	41	39		
	PCCS Hospital				0	0	0	3	1	0	0	1	0	0	0	1		
	MH&LD				1	1	0	0	0	0	0	0	1	1	0	0		
	Morrison				37	34	23	36	50	41	53	48	64	73	69	58		
	NPTH				1	3	2	3	0	0	0	1	3	2	3	4		
	Singleton				19	16	14	17	18	6	11	10	8	7	11	4		
	Total				85	104	79	103	114	89	109	101	138	114	124	106		
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			2	11	6	2	7	13	4	9	14	7	9	9		
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0			
	MH&LD				0	0	0	0	0	0	0	1	0	0	0			
	Morrison				3	2	0	1	6	7	3	1	6	4	8	4		
	NPTH				1	0	0	0	0	0	0	1	0	0	0	1		
	Singleton				1	1	0	0	1	1	1	2	0	1	2	1		
	Total				7	14	6	3	14	21	8	13	21	12	19	15		
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			805	767	556	797	924	660	895	891	999	1,204	1,105			
Total number of Inpatient Falls	PCCS	12 month reduction trend			3	6	6	2	3	6	11	8	8	10	12	10	6	
	MH&LD				18	30	24	36	22	22	29	37	24	36	25	23	30	
	Morrison				76	105	72	74	81	94	99	91	131	92	93	79	97	
	NPTH				39	34	18	25	21	22	20	21	27	17	23	16	15	
	Singleton				36	41	55	47	51	40	30	19	24	28	31	15	16	
	Total				174	216	175	184	178	184	189	179	214	183	184	143	164	
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			4.21	5.29	4.29	4.36	4.38	4.32	4.46	4.81	5.19	4.55	4.46	3.57		
Mortality																		
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.43%	1.42%	1.42%	1.37%	1.35%	1.32%	1.31%	1.31%	1.29%	1.32%	1.29%	1.31%		
	Singleton				0.45%	0.44%	0.42%	0.40%	0.38%	0.37%	0.34%	0.33%	0.30%	0.29%	0.26%	0.24%		
	NPTH				0.05%	0.05%	0.05%	0.04%	0.05%	0.07%	0.11%	0.11%	0.03%	0.04%	0.04%	0.05%		
	Total (SBU)				0.83%	0.83%	0.81%	0.78%	0.75%	0.74%	0.73%	0.73%	0.71%	0.72%	0.71%	0.70%		

4.2 Updates on key measures



UNSCHEDULED CARE

Description

Current Performance

Ambulance handovers

1. The number of ambulance handovers over one hour

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

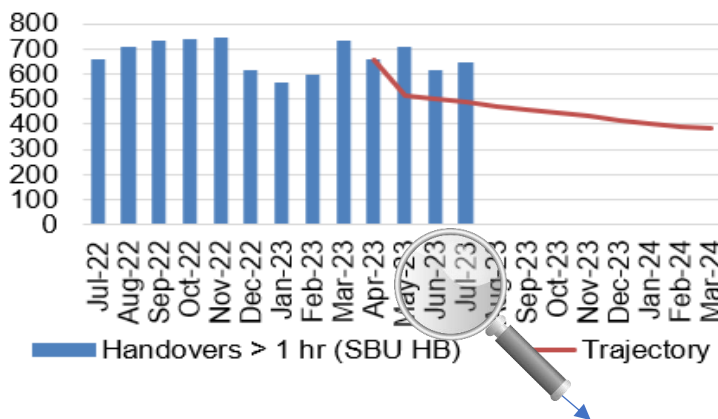
3. The number of ambulance handovers over one hour (last 90 days)

In July 2023, there were 643 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 615 in June 2023. In June 2023, all handovers over 1 hour were attributed to Morriston Hospital.

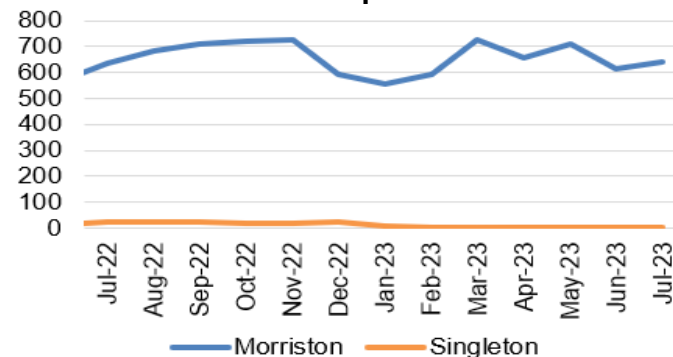
The number of handover hours lost over 15 minutes have increased from 3,018 in June 2023 to 3,383 in July 2023.

Trend

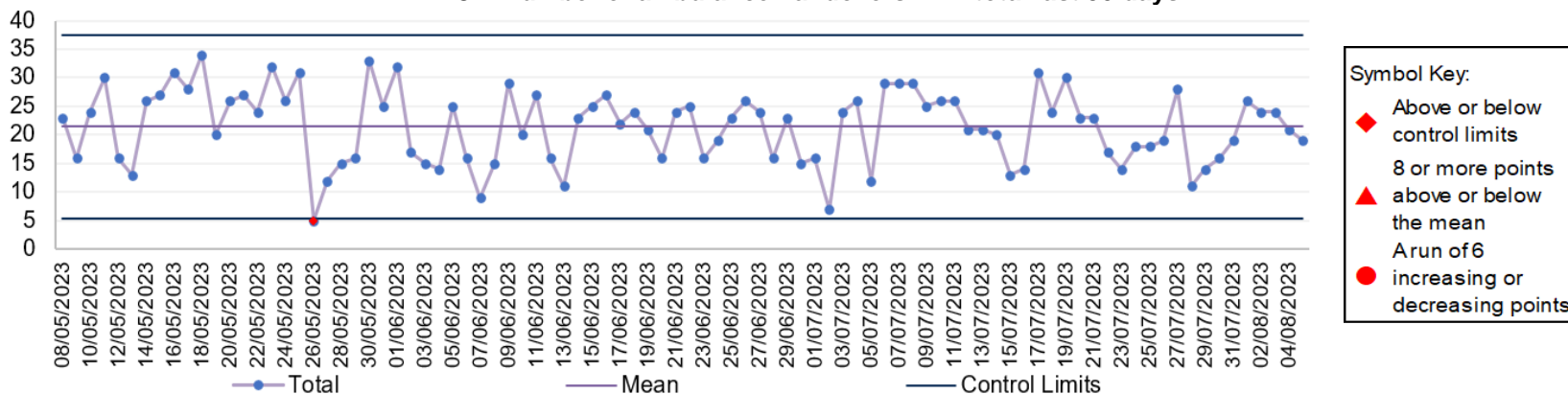
1. Number of ambulance handovers- HB total



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



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



UNSCHEDULED CARE

Description

A&E Attendances

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

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

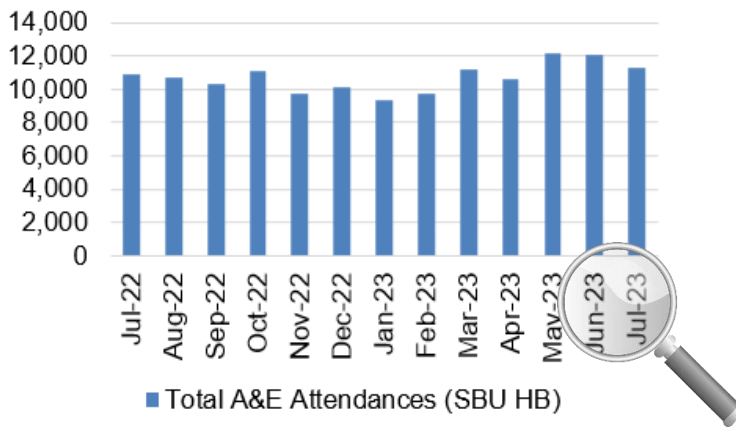
3. The number of attendances at emergency departments in the Health Board (last 90 days)

Current Performance

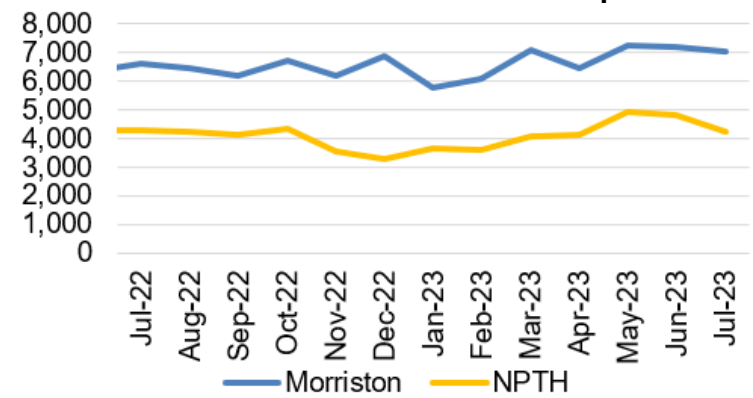
ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In July 2023, there were 11,278 A&E attendances, this is 6% lower than June 2023.

Trend

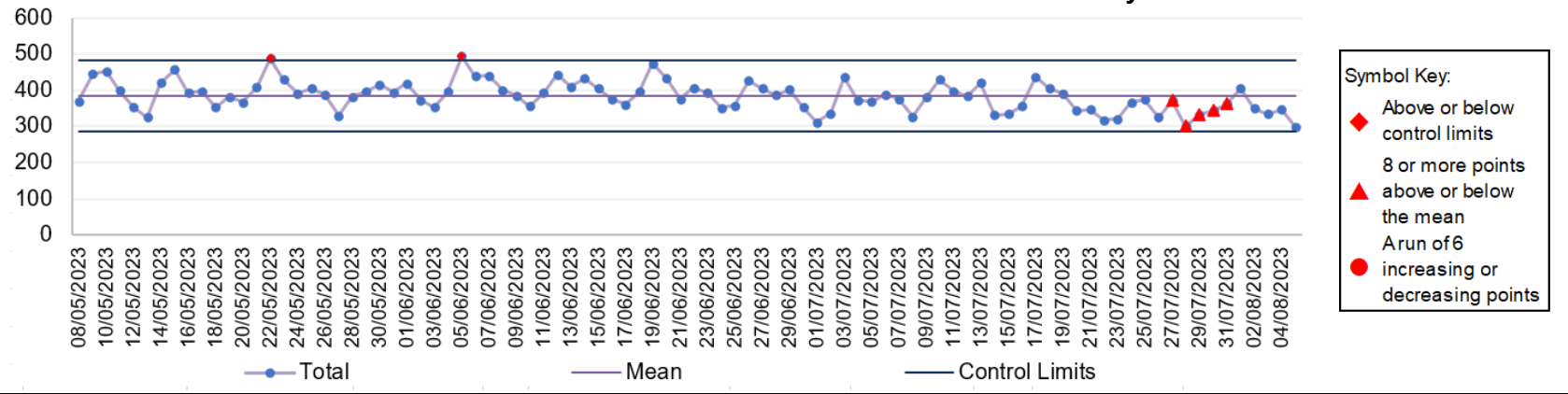
1. Number of A&E attendances- HB total



2. Number of A&E attendances- Hospital level



3. Number of A&E attendances -HB total last 90 days



UNSCHEDULED CARE

Description

A&E waiting times

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

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

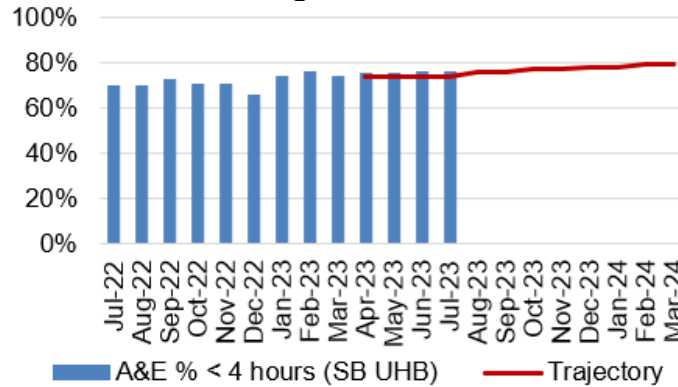
3. % of patients who spend less than 4 hours in A&E (last 90 days)

Current Performance

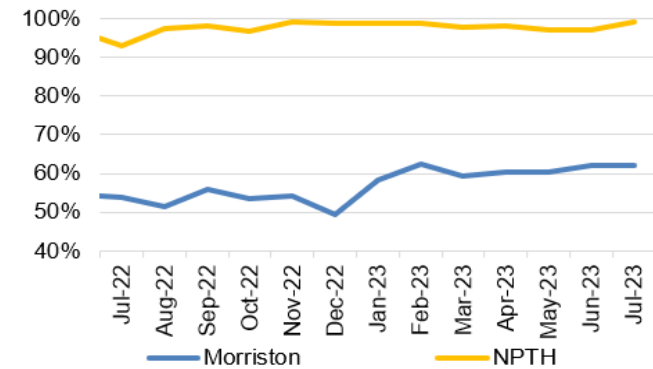
The Health Board's performance against the 4-hour measure deteriorated slightly from 76.11% in June 2023 to 76.03% in July 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 99.31% in July 2023. Morriston Hospital's performance improved between June and July 2023, achieving 62.03% against the target.

Trend

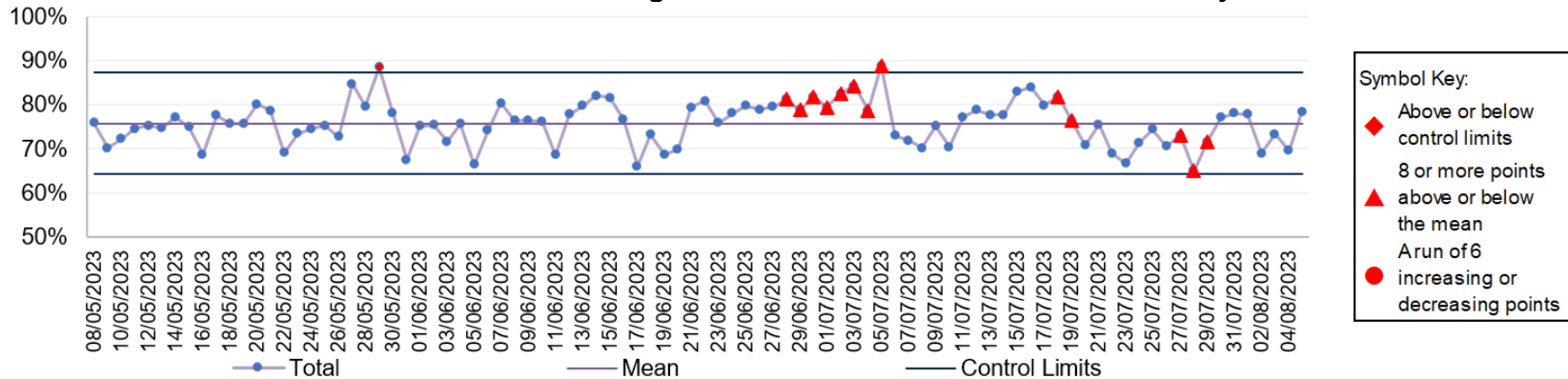
1. % Patients waiting under 4 hours in A&E- HB total



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



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



UNSCHEDULED CARE

Description

A&E waiting times

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

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

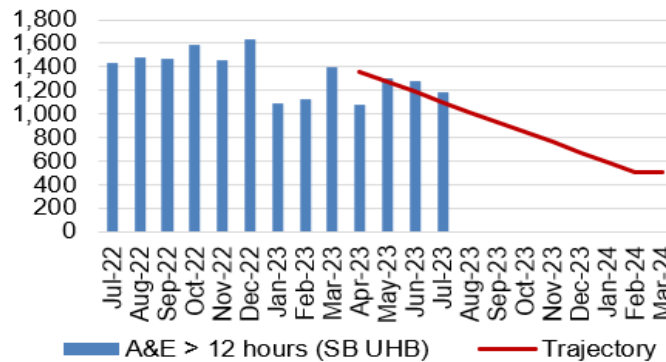
3. Number of patients waiting over 12 hours in A&E (last 90 days)

Current Performance

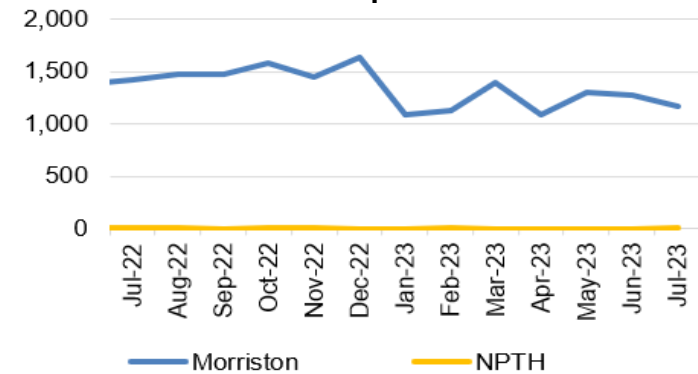
In July 2023, performance against the 12-hour measure improved when compared with June 2023, decreasing from 1,274 to 1,179. This is a reduction of 95 compared to June 2023. 1,175 patients waiting over 12 hours in June 2023 were attributed to Morriston Hospital, with 4 attributed to Neath Port Talbot Hospital.

Trend

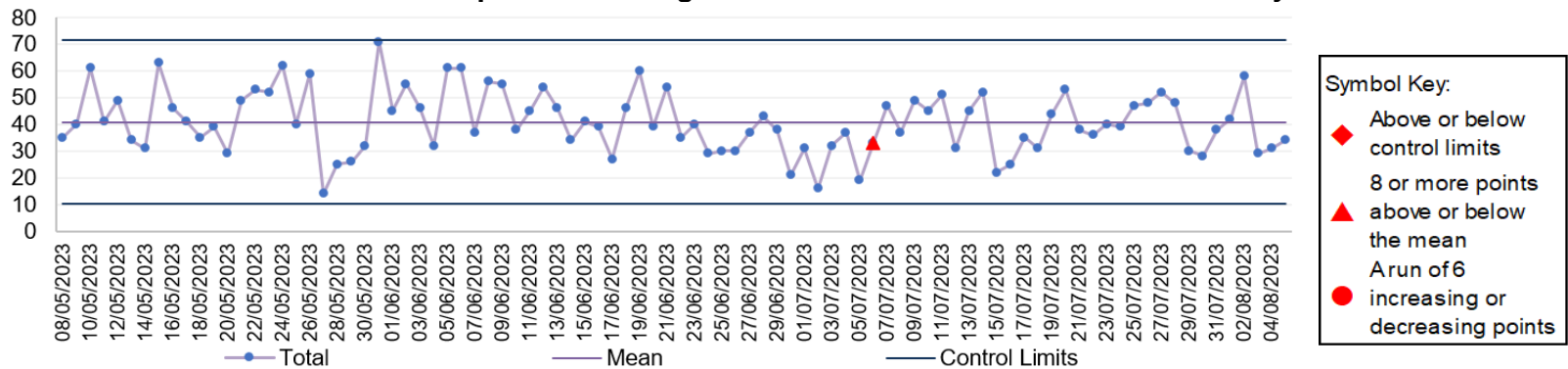
1. Number of patients waiting over 12 hours in A&-HB total



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



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



UNSCHEDULED CARE

Description

Current Performance

Emergency admissions

In July 2023, there were 4,070 emergency admissions across the Health Board, which is 63 higher than June 2023. Singleton Hospital saw an in-month reduction, with 18 less admissions (from 301 in June 2023), Morryston Hospital saw an in-month increase from 3,681 admissions in June 2023 to 3,681 admissions in July 2023.

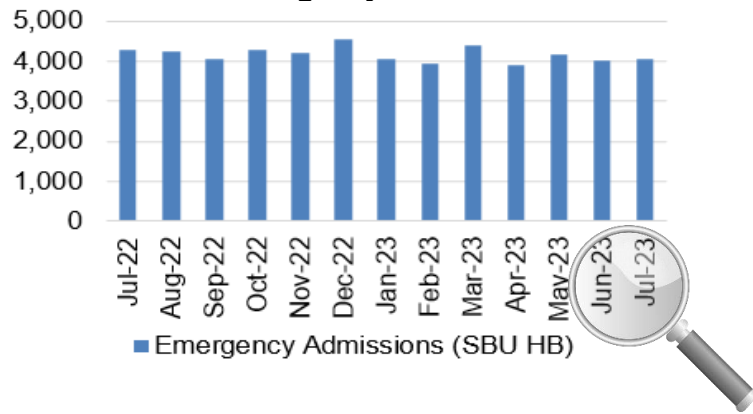
1. The number of emergency inpatient admissions

2. The number of emergency inpatient admissions- Hospital level

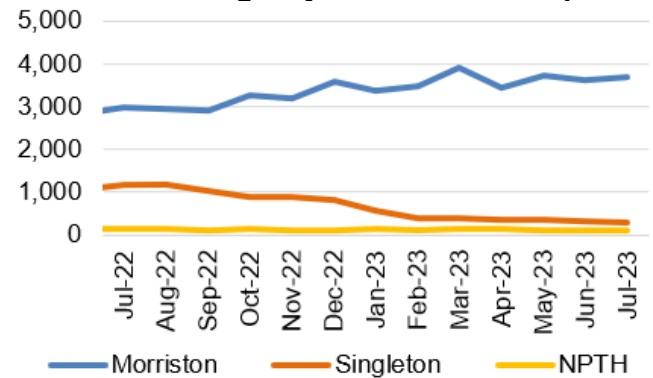
3. The number of emergency inpatient admissions (last 90 days)

Trend

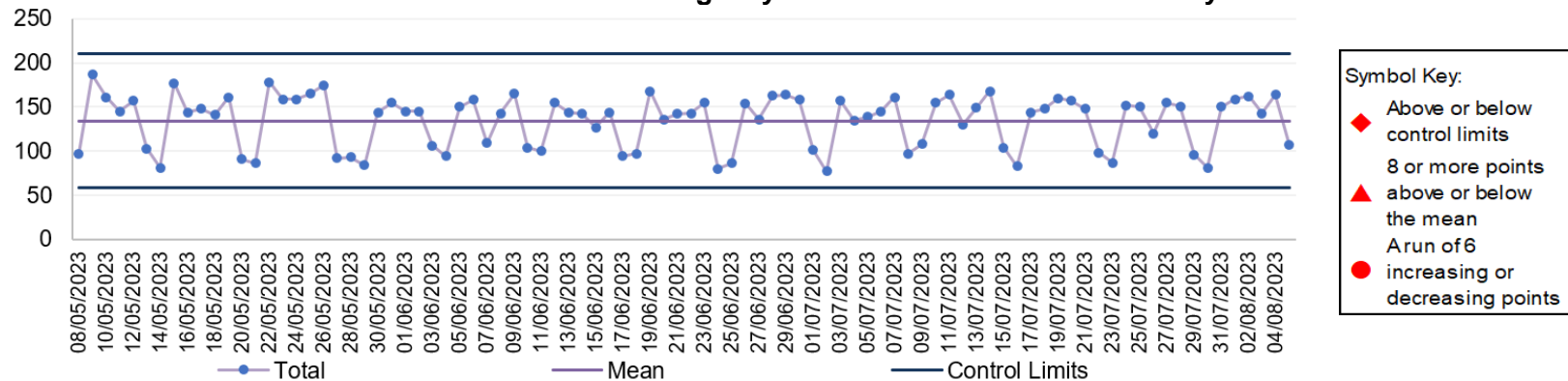
1. Number of emergency admissions- HB total



2. Number of emergency admissions- Hospital level

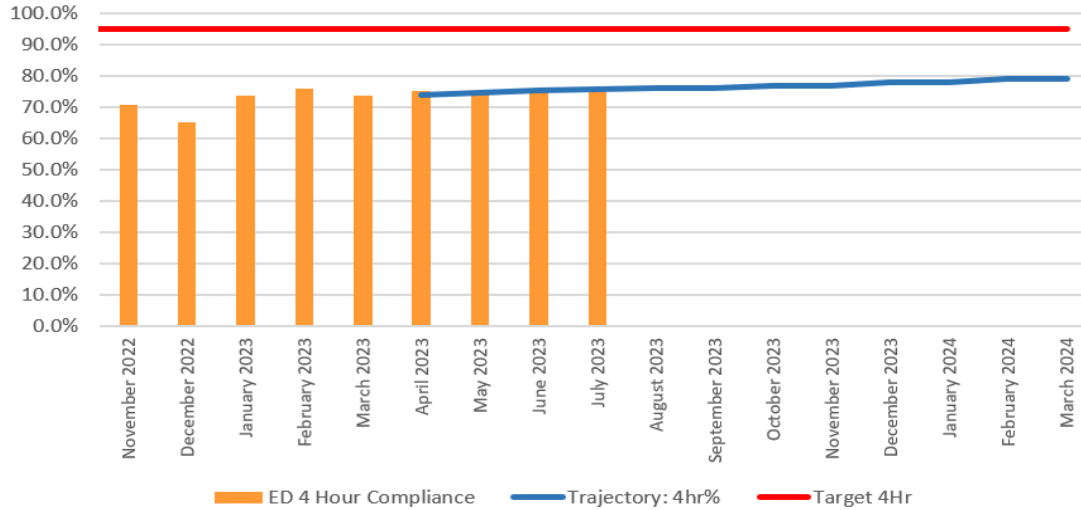


3. Number of emergency admissions- HB total last 90 days



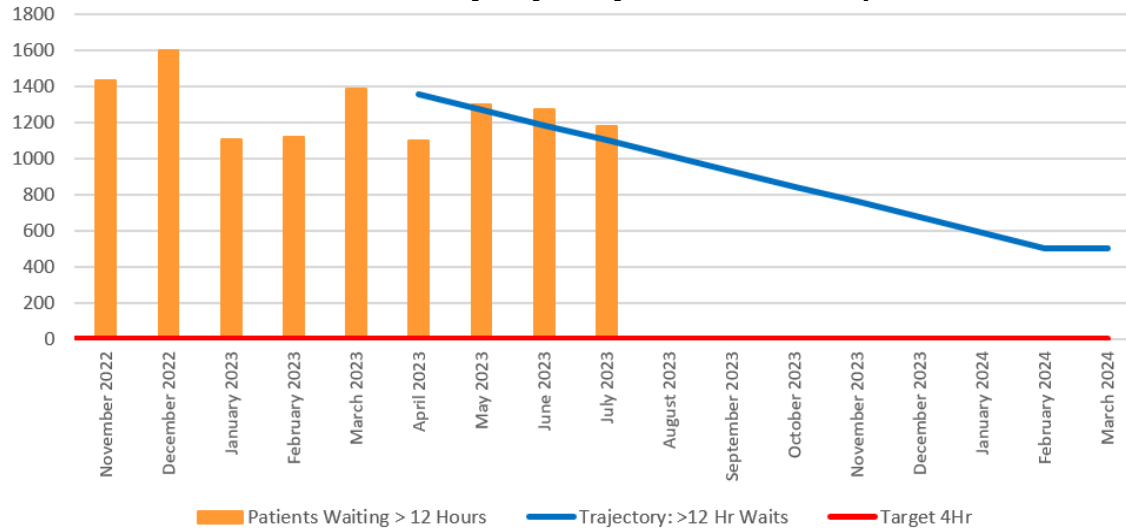
Updates on UNSCHEDULED CARE – Performance Escalation updates

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



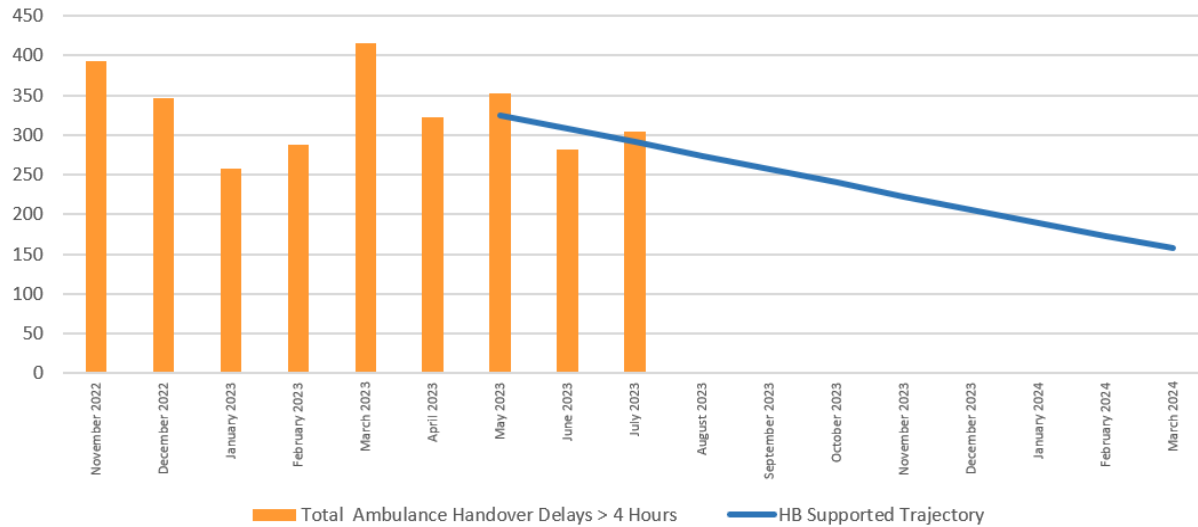
1. Performance against the 4-hour access is performing above in line with the trajectory for July 2023. Emergency Department (ED) 4-hour performance decreased by 0.08% in July 2023 to 76.03% from 76.11% in June 2023.

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

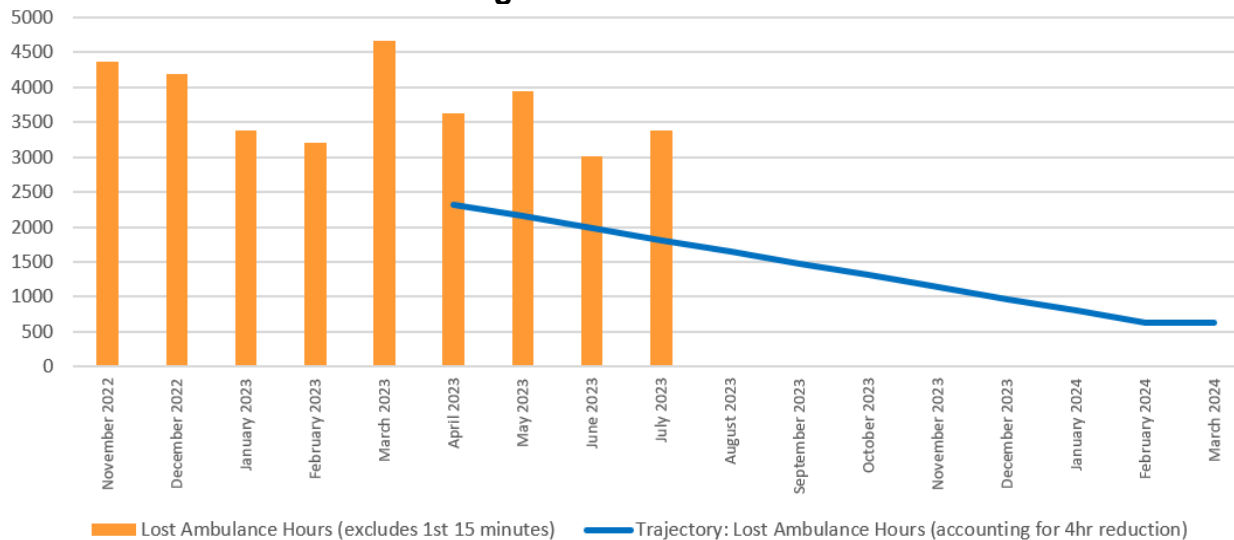


2. Performance against the 12-hour waits improved in July and is currently slightly above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,179 in July 2023 from 1,274 in June 2023.

3. Ambulance Handover over 4 hours

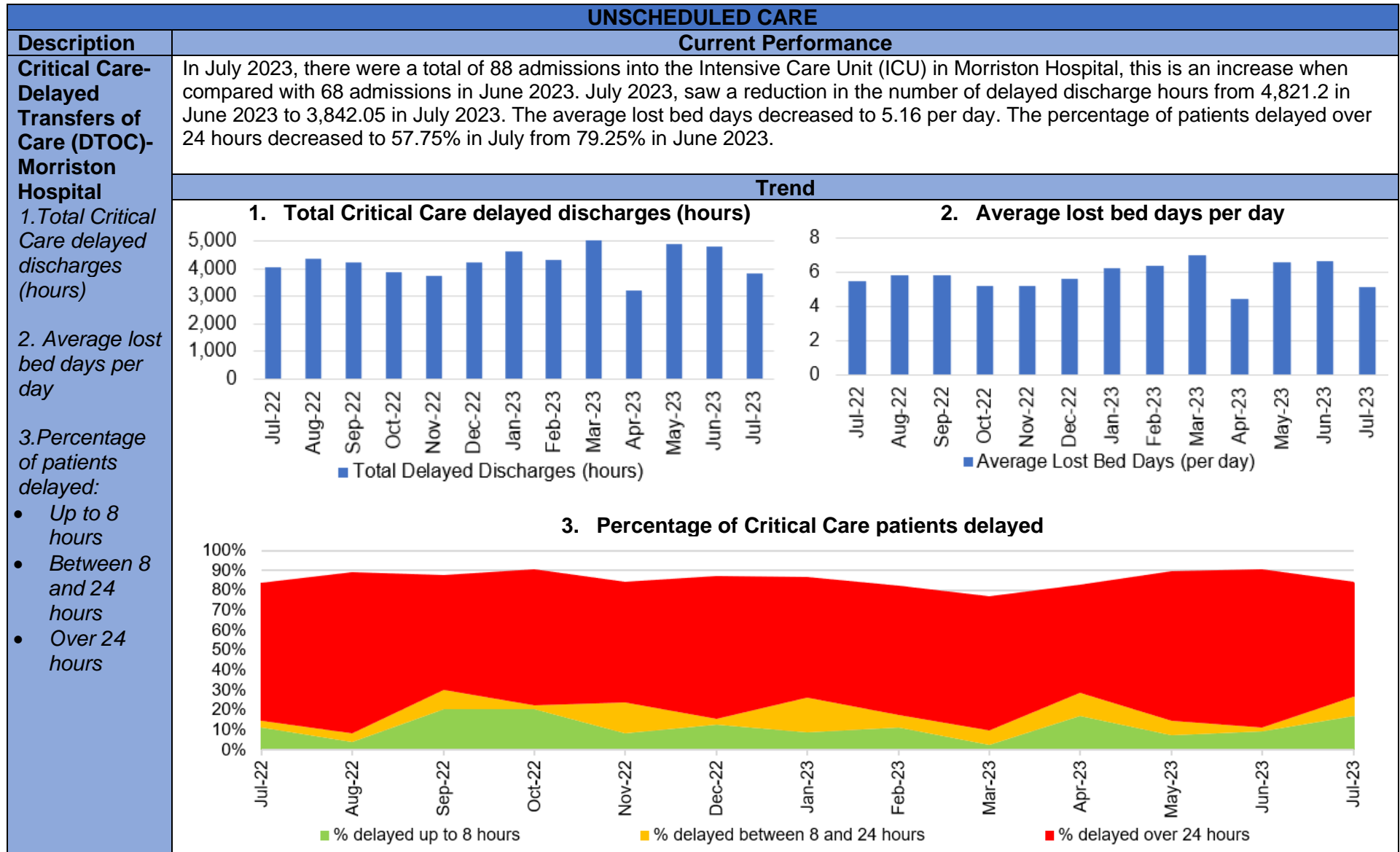


4. Average Ambulance Handover Rate



3. The Ambulance handover rate over 4 hours have increased in July 2023. The handover times over four hours increased to 304 in July 2023 from 282 in June 2023. The figures are above the outlined trajectory for July 2023 which was 79.

4. The ambulance handover lost hours rate has seen an increase in July 2023. The ambulance handover lost hours increased from 3,018 in June 2023 to 3,383 in July 2023, which is above the outlined trajectory for July 2023 (1,813).



UNSCHEDULED CARE

Description	Current Performance	Trend																																																																						
<p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In July 2023, there were on average 237 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In July 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 117, closely followed by Neath Port Talbot Hospital with 72.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital.</p> <p>Work is also underway to review the definitions of Clinically Optimised Patients within the Health Board, this work is expected to lead to improvements in the reported figures.</p>	<p align="center">The number of clinically optimised patients by site</p> <table border="1"> <caption>Data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>130</td><td>65</td><td>90</td><td>20</td></tr> <tr><td>Aug-22</td><td>115</td><td>70</td><td>100</td><td>15</td></tr> <tr><td>Sep-22</td><td>120</td><td>90</td><td>95</td><td>20</td></tr> <tr><td>Oct-22</td><td>110</td><td>70</td><td>100</td><td>22</td></tr> <tr><td>Nov-22</td><td>110</td><td>65</td><td>90</td><td>15</td></tr> <tr><td>Dec-22</td><td>100</td><td>60</td><td>80</td><td>10</td></tr> <tr><td>Jan-23</td><td>120</td><td>70</td><td>80</td><td>12</td></tr> <tr><td>Feb-23</td><td>100</td><td>95</td><td>90</td><td>15</td></tr> <tr><td>Mar-23</td><td>110</td><td>90</td><td>75</td><td>10</td></tr> <tr><td>Apr-23</td><td>110</td><td>70</td><td>75</td><td>25</td></tr> <tr><td>May-23</td><td>115</td><td>70</td><td>80</td><td>15</td></tr> <tr><td>Jun-23</td><td>120</td><td>55</td><td>80</td><td>25</td></tr> <tr><td>Jul-23</td><td>117</td><td>30</td><td>72</td><td>18</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Jul-22	130	65	90	20	Aug-22	115	70	100	15	Sep-22	120	90	95	20	Oct-22	110	70	100	22	Nov-22	110	65	90	15	Dec-22	100	60	80	10	Jan-23	120	70	80	12	Feb-23	100	95	90	15	Mar-23	110	90	75	10	Apr-23	110	70	75	25	May-23	115	70	80	15	Jun-23	120	55	80	25	Jul-23	117	30	72	18
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<p>Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p>	<p>In July 2023, there were 11 elective procedures cancelled due to lack of beds on the day of surgery. This is 3 more cancellations than those seen in June 2023.</p> <p>Of the cancelled procedures, 10 were attributed to Morriston Hospital and 1 was attributed to Neath Port Talbot Hospital in July 2023.</p>	<p align="center">Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Aug-22</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Sep-22</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Oct-22</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Nov-22</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Dec-22</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Jan-23</td><td>70</td><td>0</td><td>10</td></tr> <tr><td>Feb-23</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Mar-23</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Apr-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>May-23</td><td>30</td><td>0</td><td>5</td></tr> <tr><td>Jun-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Jul-23</td><td>11</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Jul-22	35	0	0	Aug-22	15	0	0	Sep-22	25	0	0	Oct-22	35	0	0	Nov-22	25	0	0	Dec-22	25	0	0	Jan-23	70	0	10	Feb-23	35	0	0	Mar-23	25	0	0	Apr-23	10	0	0	May-23	30	0	5	Jun-23	10	0	0	Jul-23	11	0	0														
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Prompt mobilisation- In June 2023, 81.1% of patients were out of bed the day after surgery. This is 12.2% more than in June 2022.</p>	<p>1. Prompt orthogeriatric assessment</p> <table border="1"> <caption>1. Prompt orthogeriatric assessment</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. 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5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 74.3% of patients were not delirious in the week after their operation in June 2023.	<p>5. Not delirious when tested</p> <table border="1"> <caption>5. Not delirious when tested (Trend Data)</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Jul-22</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Aug-22</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Sep-22</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Oct-22</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Nov-22</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Dec-22</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Jan-23</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Feb-23</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Mar-23</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Apr-23</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>May-23</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Jun-23</td><td>74.3</td><td>65</td><td>65</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jun-22	75	65	65	Jul-22	75	65	65	Aug-22	75	65	65	Sep-22	75	65	65	Oct-22	75	65	65	Nov-22	75	65	65	Dec-22	75	65	65	Jan-23	75	65	65	Feb-23	75	65	65	Mar-23	75	65	65	Apr-23	75	65	65	May-23	75	65	65	Jun-23	74.3	65	65
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May-23	75	65	65																																																							
Jun-23	74.3	65	65																																																							
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 68.9% of patients in May 2023 were discharged back to their original residence. This is 1% less than in May 2022.	<p>6. Return to original residence</p> <table border="1"> <caption>6. Return to original residence (Trend Data)</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>Jun-22</td><td>65</td><td>75</td><td>75</td></tr> <tr><td>Jul-22</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>Aug-22</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>Sep-22</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>Oct-22</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>Nov-22</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>Dec-22</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>Jan-23</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>Feb-23</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>Mar-23</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>Apr-23</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>May-23</td><td>68.9</td><td>75</td><td>75</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	May-22	70	75	75	Jun-22	65	75	75	Jul-22	70	75	75	Aug-22	70	75	75	Sep-22	70	75	75	Oct-22	70	75	75	Nov-22	70	75	75	Dec-22	70	75	75	Jan-23	70	75	75	Feb-23	70	75	75	Mar-23	70	75	75	Apr-23	70	75	75	May-23	68.9	75	75
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May-23	68.9	75	75																																																							
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p> <table border="1"> <caption>7. 30 day mortality rate (Trend Data)</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jan-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Feb-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Mar-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Apr-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>May-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Jun-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Jul-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Aug-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Sep-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Oct-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Nov-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Dec-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Jan-21</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.5	6.9	7.6	Feb-20	7.5	6.9	7.6	Mar-20	7.5	6.9	7.6	Apr-20	7.5	6.9	7.6	May-20	7.5	6.9	7.6	Jun-20	7.5	6.9	7.6	Jul-20	7.5	6.9	7.6	Aug-20	7.5	6.9	7.6	Sep-20	7.5	6.9	7.6	Oct-20	7.5	6.9	7.6	Nov-20	7.5	6.9	7.6	Dec-20	7.5	6.9	7.6	Jan-21	7.5	6.9	7.6
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HEALTHCARE ACQUIRED INFECTIONS

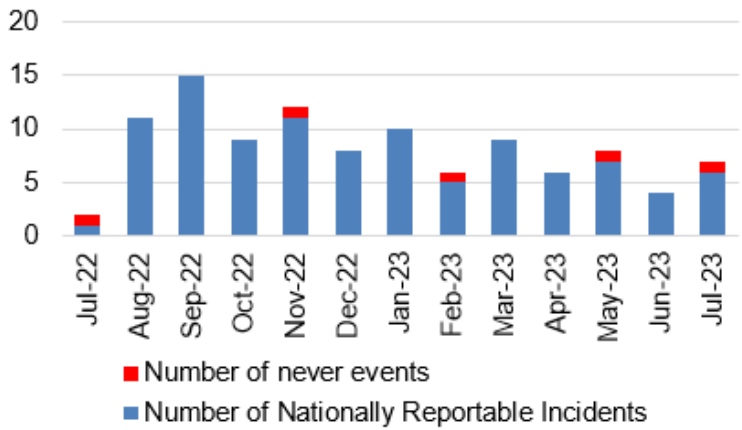
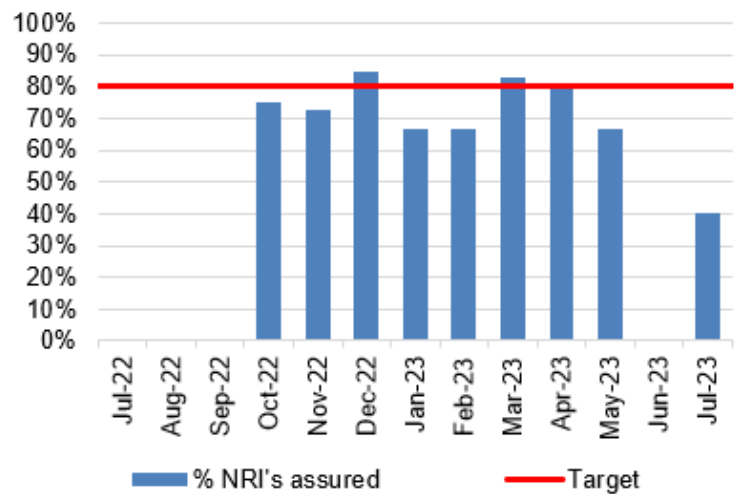
Description	Current Performance	Trend																																																																		
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 25 cases of <i>E. coli</i> bacteraemia were identified in July 2023, of which 12 were hospital acquired and 13 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 20 cases for July 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired <i>E.coli</i> bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>20</td><td>20</td></tr> <tr><td>Aug-22</td><td>32</td><td>20</td></tr> <tr><td>Sep-22</td><td>15</td><td>20</td></tr> <tr><td>Oct-22</td><td>22</td><td>20</td></tr> <tr><td>Nov-22</td><td>23</td><td>20</td></tr> <tr><td>Dec-22</td><td>22</td><td>20</td></tr> <tr><td>Jan-23</td><td>20</td><td>20</td></tr> <tr><td>Feb-23</td><td>17</td><td>20</td></tr> <tr><td>Mar-23</td><td>19</td><td>20</td></tr> <tr><td>Apr-23</td><td>25</td><td>20</td></tr> <tr><td>May-23</td><td>22</td><td>20</td></tr> <tr><td>Jun-23</td><td>25</td><td>20</td></tr> <tr><td>Jul-23</td><td>25</td><td>20</td></tr> <tr><td>Aug-23</td><td>0</td><td>19</td></tr> <tr><td>Sep-23</td><td>0</td><td>19</td></tr> <tr><td>Oct-23</td><td>0</td><td>19</td></tr> <tr><td>Nov-23</td><td>0</td><td>20</td></tr> <tr><td>Dec-23</td><td>0</td><td>21</td></tr> <tr><td>Jan-24</td><td>0</td><td>19</td></tr> <tr><td>Feb-24</td><td>0</td><td>19</td></tr> <tr><td>Mar-24</td><td>0</td><td>19</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Jul-22	20	20	Aug-22	32	20	Sep-22	15	20	Oct-22	22	20	Nov-22	23	20	Dec-22	22	20	Jan-23	20	20	Feb-23	17	20	Mar-23	19	20	Apr-23	25	20	May-23	22	20	Jun-23	25	20	Jul-23	25	20	Aug-23	0	19	Sep-23	0	19	Oct-23	0	19	Nov-23	0	20	Dec-23	0	21	Jan-24	0	19	Feb-24	0	19	Mar-24	0	19
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Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none"> There were 14 cases of <i>Staph. aureus</i> bacteraemia in July 2023, of which 1 was hospital acquired and 13 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for July 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired <i>S.aureus</i> bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>12</td><td>8</td></tr> <tr><td>Aug-22</td><td>12</td><td>6</td></tr> <tr><td>Sep-22</td><td>14</td><td>6</td></tr> <tr><td>Oct-22</td><td>17</td><td>6</td></tr> <tr><td>Nov-22</td><td>8</td><td>6</td></tr> <tr><td>Dec-22</td><td>13</td><td>6</td></tr> <tr><td>Jan-23</td><td>10</td><td>6</td></tr> <tr><td>Feb-23</td><td>11</td><td>6</td></tr> <tr><td>Mar-23</td><td>10</td><td>6</td></tr> <tr><td>Apr-23</td><td>16</td><td>8</td></tr> <tr><td>May-23</td><td>10</td><td>6</td></tr> <tr><td>Jun-23</td><td>13</td><td>6</td></tr> <tr><td>Jul-23</td><td>14</td><td>6</td></tr> <tr><td>Aug-23</td><td>0</td><td>6</td></tr> <tr><td>Sep-23</td><td>0</td><td>6</td></tr> <tr><td>Oct-23</td><td>0</td><td>6</td></tr> <tr><td>Nov-23</td><td>0</td><td>6</td></tr> <tr><td>Dec-23</td><td>0</td><td>6</td></tr> <tr><td>Jan-24</td><td>0</td><td>5</td></tr> <tr><td>Feb-24</td><td>0</td><td>5</td></tr> <tr><td>Mar-24</td><td>0</td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Jul-22	12	8	Aug-22	12	6	Sep-22	14	6	Oct-22	17	6	Nov-22	8	6	Dec-22	13	6	Jan-23	10	6	Feb-23	11	6	Mar-23	10	6	Apr-23	16	8	May-23	10	6	Jun-23	13	6	Jul-23	14	6	Aug-23	0	6	Sep-23	0	6	Oct-23	0	6	Nov-23	0	6	Dec-23	0	6	Jan-24	0	5	Feb-24	0	5	Mar-24	0	5
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HEALTHCARE ACQUIRED INFECTIONS

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Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"> There were 18 <i>Clostridium difficile</i> toxin positive cases in July 2023, of which 12 were hospital acquired and 6 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 8 cases for July 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>16</td></tr> <tr><td>Aug-22</td><td>22</td></tr> <tr><td>Sep-22</td><td>14</td></tr> <tr><td>Oct-22</td><td>21</td></tr> <tr><td>Nov-22</td><td>21</td></tr> <tr><td>Dec-22</td><td>14</td></tr> <tr><td>Jan-23</td><td>22</td></tr> <tr><td>Feb-23</td><td>12</td></tr> <tr><td>Mar-23</td><td>19</td></tr> <tr><td>Apr-23</td><td>18</td></tr> <tr><td>May-23</td><td>14</td></tr> <tr><td>Jun-23</td><td>20</td></tr> <tr><td>Jul-23</td><td>18</td></tr> <tr><td>Aug-23</td><td>0</td></tr> <tr><td>Sep-23</td><td>0</td></tr> <tr><td>Oct-23</td><td>0</td></tr> <tr><td>Nov-23</td><td>0</td></tr> <tr><td>Dec-23</td><td>0</td></tr> <tr><td>Jan-24</td><td>0</td></tr> <tr><td>Feb-24</td><td>0</td></tr> <tr><td>Mar-24</td><td>0</td></tr> </tbody> </table> <p style="text-align: center;"> ■ Number of C.diff cases (SBU) — Trajectory </p>	Month	Number of C.diff cases (SBU)	Jul-22	16	Aug-22	22	Sep-22	14	Oct-22	21	Nov-22	21	Dec-22	14	Jan-23	22	Feb-23	12	Mar-23	19	Apr-23	18	May-23	14	Jun-23	20	Jul-23	18	Aug-23	0	Sep-23	0	Oct-23	0	Nov-23	0	Dec-23	0	Jan-24	0	Feb-24	0	Mar-24	0
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Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"> There were 3 cases of Klebsiella sp in July 2023, all of which were hospital acquired. The Health Board total is currently below the Welsh Government Profile target of 7 cases for July 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>11</td></tr> <tr><td>Aug-22</td><td>8</td></tr> <tr><td>Sep-22</td><td>10</td></tr> <tr><td>Oct-22</td><td>7</td></tr> <tr><td>Nov-22</td><td>11</td></tr> <tr><td>Dec-22</td><td>8</td></tr> <tr><td>Jan-23</td><td>11</td></tr> <tr><td>Feb-23</td><td>8</td></tr> <tr><td>Mar-23</td><td>11</td></tr> <tr><td>Apr-23</td><td>8</td></tr> <tr><td>May-23</td><td>10</td></tr> <tr><td>Jun-23</td><td>6</td></tr> <tr><td>Jul-23</td><td>3</td></tr> <tr><td>Aug-23</td><td>0</td></tr> <tr><td>Sep-23</td><td>0</td></tr> <tr><td>Oct-23</td><td>0</td></tr> <tr><td>Nov-23</td><td>0</td></tr> <tr><td>Dec-23</td><td>0</td></tr> <tr><td>Jan-24</td><td>0</td></tr> <tr><td>Feb-24</td><td>0</td></tr> <tr><td>Mar-24</td><td>0</td></tr> </tbody> </table> <p style="text-align: center;"> ■ Number of Klebsiella cases (SBU) — Trajectory </p>	Month	Number of Klebsiella cases (SBU)	Jul-22	11	Aug-22	8	Sep-22	10	Oct-22	7	Nov-22	11	Dec-22	8	Jan-23	11	Feb-23	8	Mar-23	11	Apr-23	8	May-23	10	Jun-23	6	Jul-23	3	Aug-23	0	Sep-23	0	Oct-23	0	Nov-23	0	Dec-23	0	Jan-24	0	Feb-24	0	Mar-24	0
Month	Number of Klebsiella cases (SBU)																																													
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Aug-22	8																																													
Sep-22	10																																													
Oct-22	7																																													
Nov-22	11																																													
Dec-22	8																																													
Jan-23	11																																													
Feb-23	8																																													
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Apr-23	8																																													
May-23	10																																													
Jun-23	6																																													
Jul-23	3																																													
Aug-23	0																																													
Sep-23	0																																													
Oct-23	0																																													
Nov-23	0																																													
Dec-23	0																																													
Jan-24	0																																													
Feb-24	0																																													
Mar-24	0																																													

HEALTHCARE ACQUIRED INFECTIONS																																																																				
Description	Current Performance	Trend																																																																		
<p>Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> There was 1 case of <i>P.Aeruginosa</i> in July 2023, all of which were hospital acquired. The Health Board total is currently below the Welsh Government Profile target of 2 cases for July 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <caption>Number of healthcare acquired Pseudomonas cases (SBU) and Trajectory</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>4</td><td>4.0</td></tr> <tr><td>Aug-22</td><td>3</td><td>3.0</td></tr> <tr><td>Sep-22</td><td>5</td><td>4.5</td></tr> <tr><td>Oct-22</td><td>6</td><td>5.5</td></tr> <tr><td>Nov-22</td><td>5</td><td>4.5</td></tr> <tr><td>Dec-22</td><td>3</td><td>3.0</td></tr> <tr><td>Jan-23</td><td>4</td><td>4.0</td></tr> <tr><td>Feb-23</td><td>2</td><td>2.0</td></tr> <tr><td>Mar-23</td><td>4</td><td>3.0</td></tr> <tr><td>Apr-23</td><td>2</td><td>2.0</td></tr> <tr><td>May-23</td><td>1</td><td>2.0</td></tr> <tr><td>Jun-23</td><td>4</td><td>2.0</td></tr> <tr><td>Jul-23</td><td>1</td><td>2.0</td></tr> <tr><td>Aug-23</td><td>0</td><td>2.0</td></tr> <tr><td>Sep-23</td><td>0</td><td>2.0</td></tr> <tr><td>Oct-23</td><td>0</td><td>1.0</td></tr> <tr><td>Nov-23</td><td>0</td><td>3.0</td></tr> <tr><td>Dec-23</td><td>0</td><td>2.0</td></tr> <tr><td>Jan-24</td><td>0</td><td>2.0</td></tr> <tr><td>Feb-24</td><td>0</td><td>1.0</td></tr> <tr><td>Mar-24</td><td>0</td><td>1.0</td></tr> </tbody> </table> <p>Legend: ■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Jul-22	4	4.0	Aug-22	3	3.0	Sep-22	5	4.5	Oct-22	6	5.5	Nov-22	5	4.5	Dec-22	3	3.0	Jan-23	4	4.0	Feb-23	2	2.0	Mar-23	4	3.0	Apr-23	2	2.0	May-23	1	2.0	Jun-23	4	2.0	Jul-23	1	2.0	Aug-23	0	2.0	Sep-23	0	2.0	Oct-23	0	1.0	Nov-23	0	3.0	Dec-23	0	2.0	Jan-24	0	2.0	Feb-24	0	1.0	Mar-24	0	1.0
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PRESSURE ULCERS																																																																				
Description	Current Performance	Trend																																																																		
<p>Number of pressure ulcers 1. <i>Total number of pressure ulcers developed in hospital and in the community</i></p> <p>2. <i>Rate of pressure ulcers per 100,000 admissions</i></p>	<ul style="list-style-type: none"> In June 2023 there were 106 cases of healthcare acquired pressure ulcers, 39 of which were community acquired and 67 were hospital acquired. There were 15 grade 3+ pressure ulcers in June 2023, 9 of which were community acquired and 6 were hospital acquired. The rate per 100,000 admissions decreased from 1,204 in April 2023 to 1,105 in May 2023. 	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table border="1"> <caption>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</caption> <thead> <tr> <th>Month</th> <th>Community PU</th> <th>Hospital PU</th> <th>Rate per 100,000 admissions</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>30</td><td>50</td><td>800</td></tr> <tr><td>Jul-22</td><td>30</td><td>50</td><td>800</td></tr> <tr><td>Aug-22</td><td>50</td><td>50</td><td>700</td></tr> <tr><td>Sep-22</td><td>30</td><td>40</td><td>600</td></tr> <tr><td>Oct-22</td><td>50</td><td>50</td><td>700</td></tr> <tr><td>Nov-22</td><td>40</td><td>70</td><td>800</td></tr> <tr><td>Dec-22</td><td>40</td><td>50</td><td>600</td></tr> <tr><td>Jan-23</td><td>40</td><td>60</td><td>800</td></tr> <tr><td>Feb-23</td><td>40</td><td>60</td><td>800</td></tr> <tr><td>Mar-23</td><td>60</td><td>70</td><td>1,200</td></tr> <tr><td>Apr-23</td><td>80</td><td>30</td><td>1,200</td></tr> <tr><td>May-23</td><td>40</td><td>80</td><td>1,100</td></tr> <tr><td>Jun-23</td><td>40</td><td>66</td><td>1,100</td></tr> </tbody> </table> <p>Legend: ■ Pressure Ulcers (Community) ▨ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>	Month	Community PU	Hospital PU	Rate per 100,000 admissions	Jun-22	30	50	800	Jul-22	30	50	800	Aug-22	50	50	700	Sep-22	30	40	600	Oct-22	50	50	700	Nov-22	40	70	800	Dec-22	40	50	600	Jan-23	40	60	800	Feb-23	40	60	800	Mar-23	60	70	1,200	Apr-23	80	30	1,200	May-23	40	80	1,100	Jun-23	40	66	1,100										
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NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p>Nationally Reportable Incidents (NRI's)- 1. <i>The number of Nationally reportable incidents</i></p> <p>2. <i>The number of Never Events</i></p> <p>3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 6 Nationally Reportable Incidents for the month of July 2023 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - Morryston – 3 - Singleton – 1 - Primary Care - 2 <p>2. There was one new Never Event reported in July 2023.</p> <p>3. In July 2023, 40% of the NRI's were closed within the agreed timescale.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p>  <p>3. % of nationally reportable incidents closed within the agreed timescales</p> 

INPATIENT FALLS																														
Description	Current Performance	Trend																												
<p>Inpatient Falls <i>The total number of inpatient falls</i></p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 164 in July 2023. This is 12.8% more than June 2023 where 143 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Number of Falls</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>170</td></tr> <tr><td>Aug-22</td><td>210</td></tr> <tr><td>Sep-22</td><td>170</td></tr> <tr><td>Oct-22</td><td>180</td></tr> <tr><td>Nov-22</td><td>175</td></tr> <tr><td>Dec-22</td><td>180</td></tr> <tr><td>Jan-23</td><td>185</td></tr> <tr><td>Feb-23</td><td>175</td></tr> <tr><td>Mar-23</td><td>210</td></tr> <tr><td>Apr-23</td><td>180</td></tr> <tr><td>May-23</td><td>180</td></tr> <tr><td>Jun-23</td><td>140</td></tr> <tr><td>Jul-23</td><td>160</td></tr> </tbody> </table> <p>■ Hospital falls</p>	Month	Number of Falls	Jul-22	170	Aug-22	210	Sep-22	170	Oct-22	180	Nov-22	175	Dec-22	180	Jan-23	185	Feb-23	175	Mar-23	210	Apr-23	180	May-23	180	Jun-23	140	Jul-23	160
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DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<p>Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i></p>	<p>The latest data shows that in July 2023, the percentage of completed discharge summaries was 64%.</p> <p>In July 2023, compliance ranged from 45% in Neath Port Talbot Hospital to 69% in Morriston Hospital.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% discharge summaries approved and sent</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>62%</td></tr> <tr><td>Aug-22</td><td>68%</td></tr> <tr><td>Sep-22</td><td>69%</td></tr> <tr><td>Oct-22</td><td>65%</td></tr> <tr><td>Nov-22</td><td>70%</td></tr> <tr><td>Dec-22</td><td>61%</td></tr> <tr><td>Jan-23</td><td>63%</td></tr> <tr><td>Feb-23</td><td>63%</td></tr> <tr><td>Mar-23</td><td>61%</td></tr> <tr><td>Apr-23</td><td>63%</td></tr> <tr><td>May-23</td><td>64%</td></tr> <tr><td>Jun-23</td><td>64%</td></tr> <tr><td>Jul-23</td><td>64%</td></tr> </tbody> </table> <p>■ % of completed discharge summaries</p>	Month	Percentage	Jul-22	62%	Aug-22	68%	Sep-22	69%	Oct-22	65%	Nov-22	70%	Dec-22	61%	Jan-23	63%	Feb-23	63%	Mar-23	61%	Apr-23	63%	May-23	64%	Jun-23	64%	Jul-23	64%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	<p>June 2023 reports the crude mortality rate for the Health Board at 0.70%, which is slightly lower than the figure reported in May 2023.</p> <p>A breakdown by Hospital for June 2023:</p> <ul style="list-style-type: none"> • Morriston – 1.31% • Singleton – 0.24% • NPT – 0.05% 	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>1.4%</td><td>0.4%</td><td>0.0%</td><td>0.8%</td></tr> <tr><td>Jul-22</td><td>1.4%</td><td>0.4%</td><td>0.0%</td><td>0.8%</td></tr> <tr><td>Aug-22</td><td>1.4%</td><td>0.4%</td><td>0.0%</td><td>0.8%</td></tr> <tr><td>Sep-22</td><td>1.4%</td><td>0.4%</td><td>0.0%</td><td>0.8%</td></tr> <tr><td>Oct-22</td><td>1.4%</td><td>0.4%</td><td>0.0%</td><td>0.8%</td></tr> <tr><td>Nov-22</td><td>1.4%</td><td>0.4%</td><td>0.0%</td><td>0.8%</td></tr> <tr><td>Dec-22</td><td>1.4%</td><td>0.4%</td><td>0.0%</td><td>0.8%</td></tr> <tr><td>Jan-23</td><td>1.4%</td><td>0.4%</td><td>0.0%</td><td>0.8%</td></tr> <tr><td>Feb-23</td><td>1.4%</td><td>0.4%</td><td>0.0%</td><td>0.8%</td></tr> <tr><td>Mar-23</td><td>1.4%</td><td>0.4%</td><td>0.0%</td><td>0.8%</td></tr> <tr><td>Apr-23</td><td>1.4%</td><td>0.4%</td><td>0.0%</td><td>0.8%</td></tr> <tr><td>May-23</td><td>1.4%</td><td>0.4%</td><td>0.0%</td><td>0.8%</td></tr> <tr><td>Jun-23</td><td>1.3%</td><td>0.2%</td><td>0.0%</td><td>0.6%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jun-22	1.4%	0.4%	0.0%	0.8%	Jul-22	1.4%	0.4%	0.0%	0.8%	Aug-22	1.4%	0.4%	0.0%	0.8%	Sep-22	1.4%	0.4%	0.0%	0.8%	Oct-22	1.4%	0.4%	0.0%	0.8%	Nov-22	1.4%	0.4%	0.0%	0.8%	Dec-22	1.4%	0.4%	0.0%	0.8%	Jan-23	1.4%	0.4%	0.0%	0.8%	Feb-23	1.4%	0.4%	0.0%	0.8%	Mar-23	1.4%	0.4%	0.0%	0.8%	Apr-23	1.4%	0.4%	0.0%	0.8%	May-23	1.4%	0.4%	0.0%	0.8%	Jun-23	1.3%	0.2%	0.0%	0.6%
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Description	Current Performance	Trend																																																																						
Readmission Rates	<p>In July 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 June 2023.</p>	<p>Emergencies readmitted within 28 days of previous discharge</p> <table border="1"> <caption>Emergencies readmitted within 28 days of previous discharge</caption> <thead> <tr> <th>Month</th> <th>28 day readmission rate (SBUHB)</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>20%</td></tr> <tr><td>Aug-22</td><td>20%</td></tr> <tr><td>Sep-22</td><td>20%</td></tr> <tr><td>Oct-22</td><td>18%</td></tr> <tr><td>Nov-22</td><td>20%</td></tr> <tr><td>Dec-22</td><td>18%</td></tr> <tr><td>Jan-23</td><td>17%</td></tr> <tr><td>Feb-23</td><td>21%</td></tr> <tr><td>Mar-23</td><td>20%</td></tr> <tr><td>Apr-23</td><td>19%</td></tr> <tr><td>May-23</td><td>21%</td></tr> <tr><td>Jun-23</td><td>20%</td></tr> <tr><td>Jul-23</td><td>19%</td></tr> </tbody> </table>	Month	28 day readmission rate (SBUHB)	Jul-22	20%	Aug-22	20%	Sep-22	20%	Oct-22	18%	Nov-22	20%	Dec-22	18%	Jan-23	17%	Feb-23	21%	Mar-23	20%	Apr-23	19%	May-23	21%	Jun-23	20%	Jul-23	19%																																										
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5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

Harm from reduction in non-Covid																		
Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	
Cancer																		
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	Improvement Trajectory towards 80% by Mar 26	58.0%		55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	53.2%	56.5%	46.6%	42.8%	34.8%	
Planned Care																		
Number of patients waiting > 26 weeks for first outpatient appointment*	Morrison	0			19,516	19,607	18,748	17,562	16,148	15,379	15,048	12,754	10,956	10,446	10,114	8,969	8,313	
	NPTH				2	4	1	0	0	1	23	25	7	6	5	4	1	
	Singleton				7,212	7,314	7,218	6,449	5,252	4,793	5,215	4,478	4,421	4,731	4,610	4,454	4,623	
	PC&CS				81	94	98	101	0	1	2	0	1	1	4	0	0	
	Total				26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257	15,385	15,184	14,733	13,427	12,937	
Number of patients waiting > 36 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0			16,506	16,342	14,964	13,945	12,413	11,444	10,252	8,846	6,954	6,253	5,641	4,867	4,446	
	NPTH				0	0	0	0	0	0	0	0	0	0	1	0	0	
	Singleton				5,524	5,516	5,102	4,350	3,124	2,696	2,514	2,269	2,209	2,308	2,031	2,026	2,283	
	PC&CS				41	82	85	84	0	0	1	0	0	0	2	0	0	
	Total				22,071	21,940	20,151	18,379	15,537	14,140	12,767	11,115	9,163	8,561	7,675	6,893	6,729	
Number of patients waiting > 52 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0			12,054	11,899	10,964	9,989	8,494	7,136	6,136	5,067	3,594	3,167	2,447	1,234	892	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				3,178	3,160	2,949	2,295	1,280	643	493	408	301	289	271	0	2	
	PC&CS				0	63	67	68	0	0	1	0	0	0	1	0	0	
	Total				15,232	15,122	13,980	12,352	9,774	7,779	6,630	5,475	3,895	3,456	2,719	1,234	894	
Number of patients waiting > 52 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			20,396	20,300	19,863	19,270	18,206	17,127	16,280	15,185	13,993	13,627	12,795	11,620	11,561	
	NPTH				1	0	0	0	0	0	0	0	0	0	0	1	0	0
	Singleton				7,284	7,182	7,117	6,776	6,102	5,507	5,025	4,522	4,187	4,196	4,179	3,826	3,559	
	PC&CS				0	88	97	101	0	0	1	0	1	0	1	0	0	
	Total				27,681	27,570	27,077	26,147	24,308	22,634	21,306	19,707	18,181	17,823	16,976	15,446	15,120	
Number of patients waiting > 104 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			9,233	8,846	8,575	8,242	7,459	6,740	6,139	5,634	5,017	4,926	4,772	4,470	4,409	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				2,167	2,072	2,004	1,803	1,589	1,326	1,191	1,022	998	1,026	1,020	1,004	890	
	PC&CS				0	42	44	45	0	0	1	0	0	0	0	0	0	
	Total				11,400	10,960	10,623	10,090	9,048	8,066	7,331	6,656	6,015	5,952	5,792	5,474	5,299	
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	Improvement Trajectory towards 0 by Mar 24			1,629	1,853	1,975	1,670	1,514	2,366	2,505	1,729	1,968	2,204	2,429	2,484	2,214	
	Singleton				4,403	4,255	4,202	4,163	4,113	4,241	4,324	4,387	4,546	4,663	4,826	4,737	4,499	
	Total				6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116	6,514	6,867	7,255	7,221	6,713	
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	Improvement Trajectory towards 0 by Mar 24			0	0	0	2	0	0	0	0	0	0	0	0		
	NPTH				46	45	82	87	67	152	48	31	45	0	0	0		
	PC&CS				668	637	673	618	374	375	146	126	148	129	149	203	183	
	Total				714	682	755	707	441	527	194	157	193	129	149	203	183	

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	
Planned Care																		
Total number of patients waiting for a follow-up outpatient appointment *	Total	12 month reduction trend			136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070	150,860	147,864	150,109	149,529	150,416	
Number of patients delayed by over 100% past their target date *	Total	Improvement Trajectory towards target of 0	38,206		35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	41,710	41,611	42,534	40,807	41,123	
Number of patients delayed past their agreed target date (booked and not booked) *	Total	12 month reduction trend			61,156	61,778	62,461	61,772	62,512	66,500	67,125	69,333	70,512	70,891	71,519	68,286	67,748	
Number of Ophthalmology patients without an allocated health risk factor	Total	0			270	222	400	353	352	368	305	553	610	647	698	395	475	
Number of patients without a documented clinical review date	Total	0			2	3	4	3	1	1	3	3	4	5	3	2	2	
Activity																		
Number of GP referrals	Total	12 month reduction trend			12,548	12,930	12,572	13,014	12,663	9,231	12,658	12,347	14,220	12,012	13,341	13,984	12,623	
Number of patients referred from primary care into secondary care Ophthalmology services	Total	Improvement Trajectory towards reduction by Mar 24	850		761	844	886	799	807	731	870	841	969	737	803	890	824	
Patient Experience/ Feedback																		
Number of friends and family surveys completed	PCCS	Month on month improvement			162	195	114	163	150	143	137	147	316	303	360	255	321	
	MH&LD				11	22	16	11	35	14	35	31	34	7	44	44	39	
	Morrison				1,341	1,629	1,590	1,642	1,760	1,355	2,470	1,951	2,129	1,121	1,873	1,512	1,755	
	NPTH																	
	Singleton				1,931	2,343	2,252	2,552	2,374	2,071	2,691	2,327	2,913	1,280	1,243	731	1,171	
Total		3,391	3,950	3,914	4,358	4,287	3,569	5,073	4,425	5,358	2,704	3,477	2,503	3,401				
% of patients who would recommend and highly recommend	PCCS	90%			94%	94%	95%	94%	95%	94%	91%	93%	94%	96%	95%	96%	95%	
	MH&LD				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Morrison				84%	84%	83%	87%	88%	84%	90%	89%	89%	88%	87%	85%	88%	
	NPTH																	
	Singleton				92%	91%	91%	92%	93%	92%	94%	97%	94%	88%	93%	95%	94%	
Total		89%	89%	88%	90%	91%	89%	92%	92%	92%	92%	92%	90%	89%	91%			
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%			96%	96%	96%	97%	99%	97%	94%	97%	98%	98%	97%	95%	93%	
	MH&LD																	
	Morrison				89%	90%	88%	93%	92%	88%	94%	93%	93%	92%	92%	89%	90%	
	NPTH																	
	Singleton				94%	94%	94%	95%	96%	95%	97%	93%	97%	97%	96%	92%	92%	
Total		90%	93%	92%	93%	91%	92%	92%	95%	95%	95%	95%	90%	91%				
Number of new complaints received	PCCS	12 month reduction trend			22	17	14	21	21	20	28	31	30	33	36			
	MH&LD				11	9	10	6	16	10	12	12	12	11	18			
	Morrison				70	54	50	63	33	42	53	69	74	63	72			
	NPTH				6	4	9	3	2	6	4	5	14	8	7			
	Singleton				39	38	26	35	30	36	28	29	46	29	42			
Total		153	124	120	140	113	120	127	135	183	149	182						
% 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	80%			82%	76%	71%	67%	90%	70%	96%	96%	93%	91%	97%			
	MH&LD				73%	56%	80%	50%	56%	30%	58%	67%	83%	73%	61%			
	Morrison				70%	74%	66%	83%	67%	81%	75%	64%	70%	71%	78%			
	NPTH				67%	50%	67%	33%	50%	50%	100%	60%	50%	50%	29%			
	Singleton				38%	53%	73%	67%	57%	81%	71%	42%	63%	83%	52%			
Total		64%	65%	71%	71%	69%	73%	78%	67%	72%	77%	71%						

5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list 1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Outpatient activity undertaken <i>Total number of patients seen each month</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at July 2023</i>	<p>July 2023 has seen a reduction in referral figures compared with June 2023 (13,984). Referral rates have continued to rise slowly since December 2021, with 12,623 received in July 2023. Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.</p>
	Trend
	<p>1. Number of GP referrals received by SBU Health Board</p> <p>2. Number of stage 1 additions per week</p>
	<p>3. Outpatient activity undertaken</p> <p>4. Total size of the waiting list and movement (July 2023)</p>

PLANNED CARE

Description

Outpatient waiting times

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

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

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

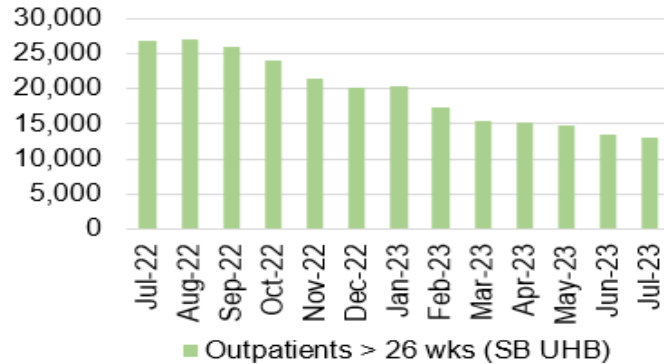
4. Percentage of patients waiting less than 26 weeks

Current Performance

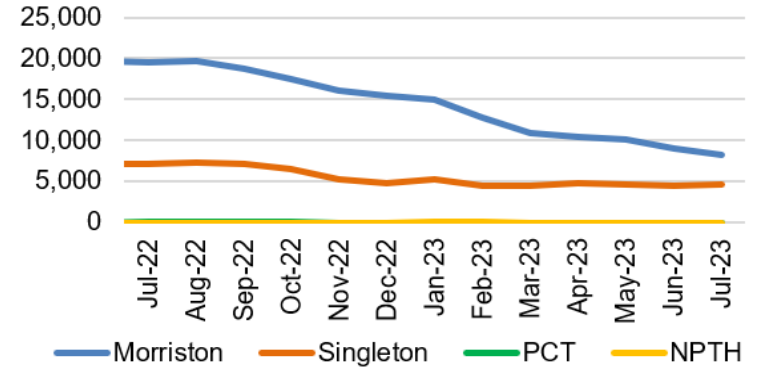
The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, July 2023 saw an in-month reduction of 4% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 13,427 in June 2023 to 12,937 in July 2023. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and Gynaecology. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has improved to 61.6%.

Trend

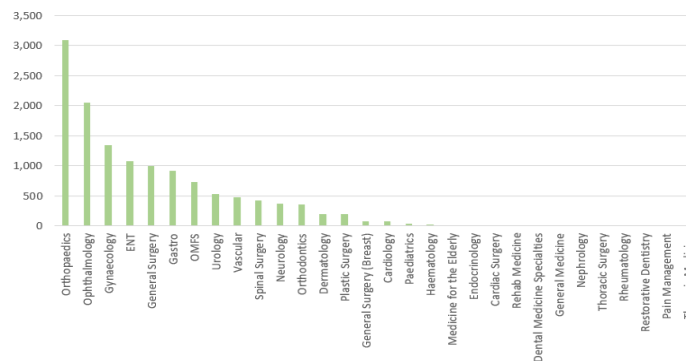
1. Number of stage 1 over 26 weeks- HB total



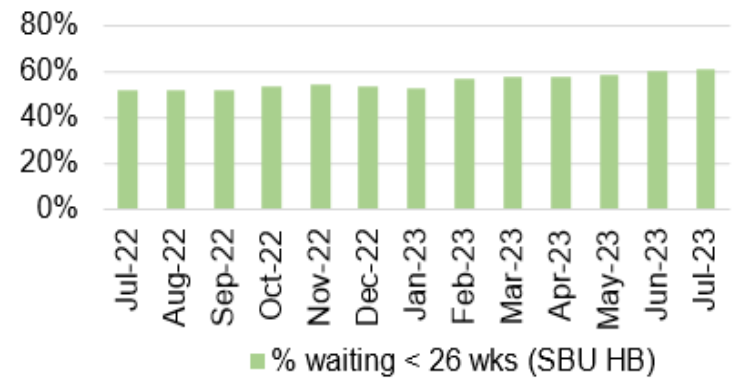
2. Number of stage 1 over 26 weeks- Hospital level



3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at July 2023



4. Percentage of patient waiting less than 26 weeks



PLANNED CARE

Description

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

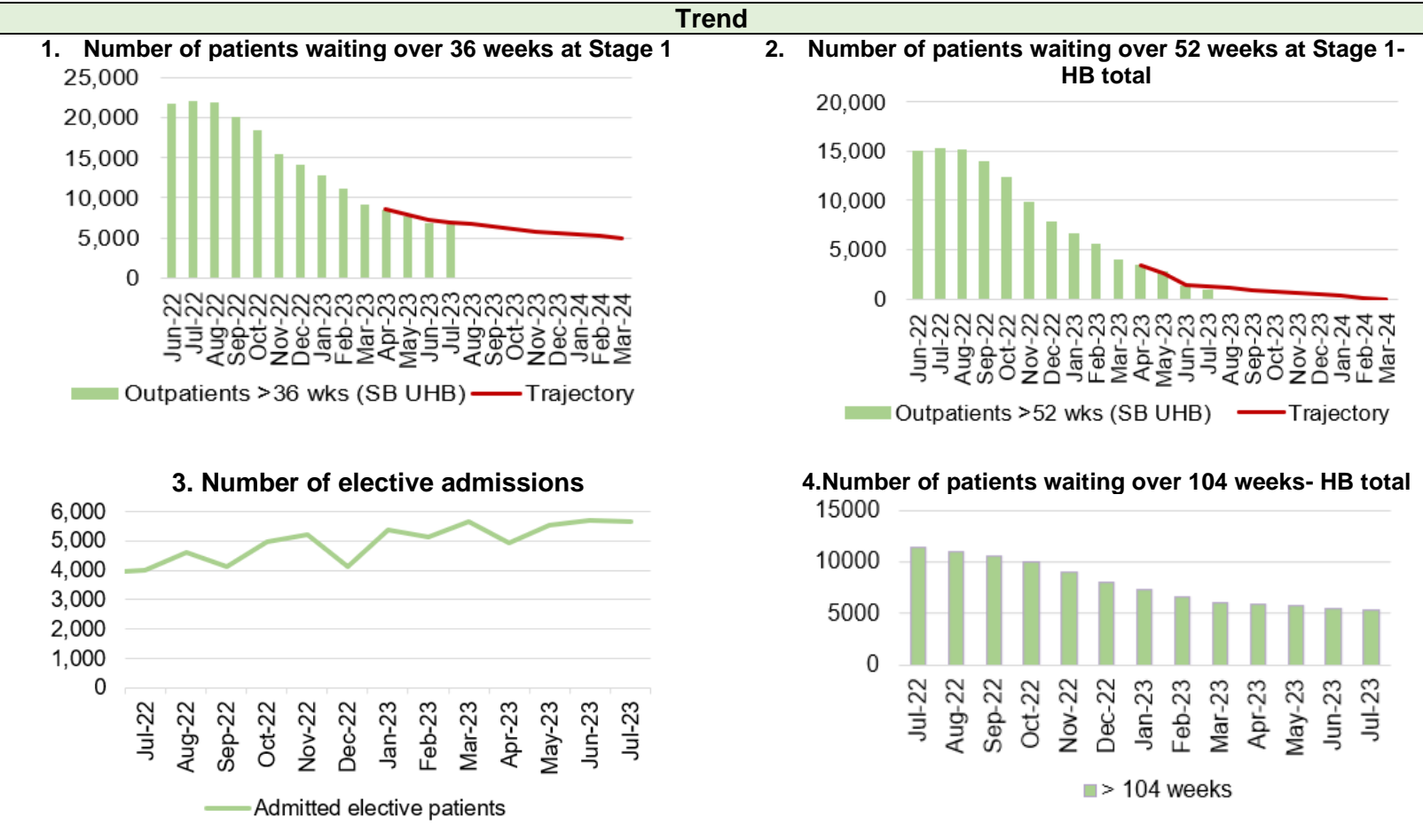
2. Number of patients waiting more than 36 weeks for treatment

3. Number of elective admissions

4. Number of patients waiting more than 104 weeks for treatment

Current Performance

In July 2023, there were 6,729 patients waiting over 36 weeks at Stage 1, which is a 2% in-month reduction from June 2023. 15,120 patients were waiting over 52 weeks at all stages in July 2023. In July 2023, there were 5,299 patients waiting over 104 weeks for treatment, which is a 3% reduction from June 2023. The Health Board are currently out-performing all submitted recovery trajectories for 2023/24.



PLANNED CARE																																																																				
Description	Current Performance																																																																			
<p>Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In July 2023, there were 824 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in June 2023, which was 890.</p> <p>The figures reported are outperforming the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in July 2023 (850).</p>	<p>Number of referrals into secondary care Ophthalmology service</p> <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Number of referrals</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>750</td><td>850</td></tr> <tr><td>Aug-22</td><td>800</td><td>850</td></tr> <tr><td>Sep-22</td><td>850</td><td>850</td></tr> <tr><td>Oct-22</td><td>800</td><td>850</td></tr> <tr><td>Nov-22</td><td>800</td><td>850</td></tr> <tr><td>Dec-22</td><td>750</td><td>850</td></tr> <tr><td>Jan-23</td><td>850</td><td>850</td></tr> <tr><td>Feb-23</td><td>800</td><td>850</td></tr> <tr><td>Mar-23</td><td>950</td><td>850</td></tr> <tr><td>Apr-23</td><td>750</td><td>850</td></tr> <tr><td>May-23</td><td>800</td><td>950</td></tr> <tr><td>Jun-23</td><td>850</td><td>950</td></tr> <tr><td>Jul-23</td><td>824</td><td>850</td></tr> <tr><td>Aug-23</td><td>950</td><td>950</td></tr> <tr><td>Sep-23</td><td>950</td><td>950</td></tr> <tr><td>Oct-23</td><td>950</td><td>950</td></tr> <tr><td>Nov-23</td><td>950</td><td>800</td></tr> <tr><td>Dec-23</td><td>950</td><td>800</td></tr> <tr><td>Jan-24</td><td>950</td><td>950</td></tr> <tr><td>Feb-24</td><td>950</td><td>950</td></tr> <tr><td>Mar-24</td><td>950</td><td>950</td></tr> </tbody> </table>	Month	Number of referrals	Trajectory	Jul-22	750	850	Aug-22	800	850	Sep-22	850	850	Oct-22	800	850	Nov-22	800	850	Dec-22	750	850	Jan-23	850	850	Feb-23	800	850	Mar-23	950	850	Apr-23	750	850	May-23	800	950	Jun-23	850	950	Jul-23	824	850	Aug-23	950	950	Sep-23	950	950	Oct-23	950	950	Nov-23	950	800	Dec-23	950	800	Jan-24	950	950	Feb-24	950	950	Mar-24	950	950
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<p>Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i></p>	<p>In July 2023, 63.8% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>65%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>65%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>60%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>65%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>65%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>70%</td><td>95%</td></tr> <tr><td>Jan-23</td><td>55%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>65%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>60%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>65%</td><td>95%</td></tr> <tr><td>May-23</td><td>65%</td><td>95%</td></tr> <tr><td>Jun-23</td><td>55%</td><td>95%</td></tr> <tr><td>Jul-23</td><td>63.8%</td><td>95%</td></tr> </tbody> </table>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.	Target	Jul-22	65%	95%	Aug-22	65%	95%	Sep-22	60%	95%	Oct-22	65%	95%	Nov-22	65%	95%	Dec-22	70%	95%	Jan-23	55%	95%	Feb-23	65%	95%	Mar-23	60%	95%	Apr-23	65%	95%	May-23	65%	95%	Jun-23	55%	95%	Jul-23	63.8%	95%																								
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THEATRE EFFICIENCY

Description	Current Performance	Trend																																																																																																																																																										
Theatre Efficiency 1. <i>Theatre Utilisation Rates</i> 2. <i>% of theatre sessions starting late</i> 3. <i>% of theatre sessions finishing early</i> 4. <i>% of theatre sessions cancelled at short notice (<28 days)</i> 5. <i>% of operations cancelled on the day</i>	<p>In July 2023 the Theatre Utilisation rate was 73%. This is 4% higher than the figure's reported in June 2023 and are 1% higher than those seen in July 2022 (72%).</p> <p>42% of theatre sessions started late in July 2023. This is a 6% improvement on performance seen in June 2023 (36%).</p> <p>In July 2023, 44% of theatre sessions finished early. This is 3% lower than figures seen in June 2023 and 1% higher than those seen in June 2022</p> <p>9% of theatre sessions were cancelled at short notice in July 2023. This is 2% lower than the figure reported in June 2023 and is 2% lower than figures seen in July 2022.</p> <p>Of the operations cancelled in July 2023, 37% of them were cancelled on the day. This is the 4% higher than figures reported in June 2023.</p>	<div style="text-align: center;"> 1. Theatre Utilisation Rates </div> <table border="1"> <caption>1. 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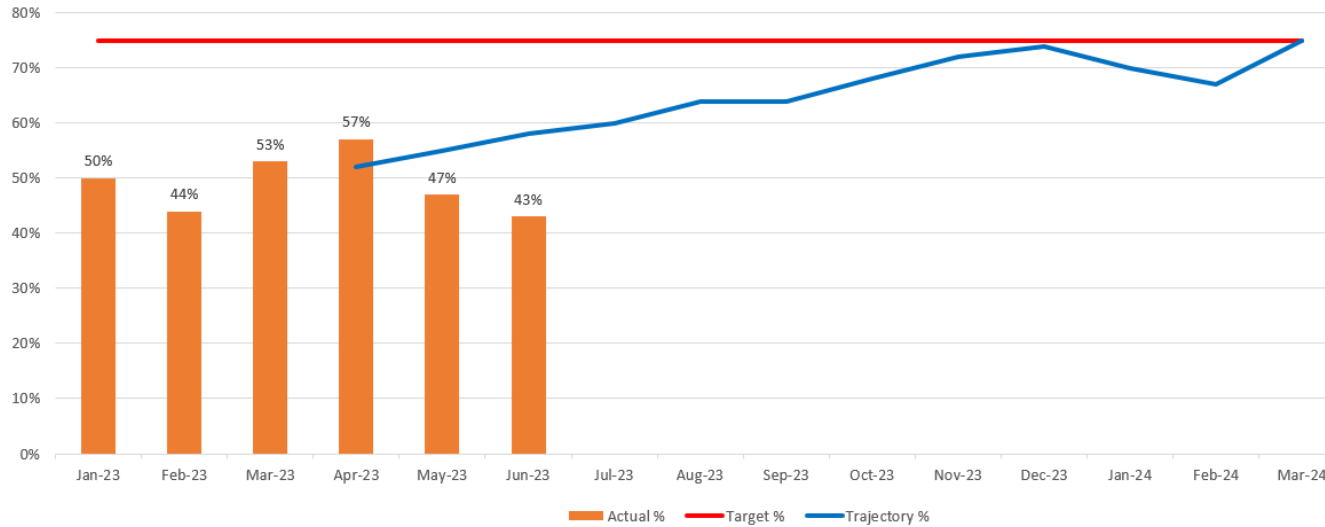
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<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In July 2023, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 7,221 in June 2023 to 6,713 in July 2023.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for July 2023:</p> <ul style="list-style-type: none"> • Endoscopy= 4,505 • Cardiac tests= 544 • Other Diagnostics = 1,664 <p>Actions of Improvement; Detailed demand and capacity work is currently underway to develop a diagnostic recovery trajectory which works towards the ministerial target of 0 by March 2024.</p>	<p>Number of patients waiting longer than 8 weeks for Diagnostics</p> <table border="1"> <caption>Number of patients waiting longer than 8 weeks for Diagnostics</caption> <thead> <tr> <th>Month</th> <th>Endoscopy</th> <th>Other diagnostics (inc. radiology)</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>4,500</td><td>1,000</td></tr> <tr><td>Aug-22</td><td>4,500</td><td>1,000</td></tr> <tr><td>Sep-22</td><td>4,500</td><td>1,000</td></tr> <tr><td>Oct-22</td><td>4,500</td><td>1,000</td></tr> <tr><td>Nov-22</td><td>4,500</td><td>1,000</td></tr> <tr><td>Dec-22</td><td>4,500</td><td>1,000</td></tr> <tr><td>Jan-23</td><td>4,500</td><td>1,000</td></tr> <tr><td>Feb-23</td><td>4,500</td><td>1,000</td></tr> <tr><td>Mar-23</td><td>4,500</td><td>1,000</td></tr> <tr><td>Apr-23</td><td>4,500</td><td>1,000</td></tr> <tr><td>May-23</td><td>4,500</td><td>1,000</td></tr> <tr><td>Jun-23</td><td>4,500</td><td>1,000</td></tr> <tr><td>Jul-23</td><td>4,500</td><td>1,000</td></tr> </tbody> </table>	Month	Endoscopy	Other diagnostics (inc. radiology)	Jul-22	4,500	1,000	Aug-22	4,500	1,000	Sep-22	4,500	1,000	Oct-22	4,500	1,000	Nov-22	4,500	1,000	Dec-22	4,500	1,000	Jan-23	4,500	1,000	Feb-23	4,500	1,000	Mar-23	4,500	1,000	Apr-23	4,500	1,000	May-23	4,500	1,000	Jun-23	4,500	1,000	Jul-23	4,500	1,000		
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<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In July 2023 there were 183 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in July 2023 are:</p> <ul style="list-style-type: none"> • Speech & Language Therapy= 172 • Dietetics = 11 <p>Actions of Improvement; The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <table border="1"> <caption>Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Therapies > 14 weeks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>700</td></tr> <tr><td>Aug-22</td><td>650</td></tr> <tr><td>Sep-22</td><td>700</td></tr> <tr><td>Oct-22</td><td>650</td></tr> <tr><td>Nov-22</td><td>450</td></tr> <tr><td>Dec-22</td><td>500</td></tr> <tr><td>Jan-23</td><td>200</td></tr> <tr><td>Feb-23</td><td>150</td></tr> <tr><td>Mar-23</td><td>150</td></tr> <tr><td>Apr-23</td><td>150</td></tr> <tr><td>May-23</td><td>150</td></tr> <tr><td>Jun-23</td><td>150</td></tr> <tr><td>Jul-23</td><td>150</td></tr> <tr><td>Aug-23</td><td>150</td></tr> <tr><td>Sep-23</td><td>150</td></tr> <tr><td>Oct-23</td><td>150</td></tr> <tr><td>Nov-23</td><td>150</td></tr> <tr><td>Dec-23</td><td>150</td></tr> <tr><td>Jan-24</td><td>150</td></tr> <tr><td>Feb-24</td><td>150</td></tr> <tr><td>Mar-24</td><td>150</td></tr> </tbody> </table>	Month	Therapies > 14 weeks (SBU HB)	Jul-22	700	Aug-22	650	Sep-22	700	Oct-22	650	Nov-22	450	Dec-22	500	Jan-23	200	Feb-23	150	Mar-23	150	Apr-23	150	May-23	150	Jun-23	150	Jul-23	150	Aug-23	150	Sep-23	150	Oct-23	150	Nov-23	150	Dec-23	150	Jan-24	150	Feb-24	150	Mar-24	150
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<p>Single Cancer Pathway backlog- patients waiting over 63 days</p>	<p>July 2023 saw an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none"> - Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog - Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority - Focussed validation work is being undertaken each month to support the end of month position being as up to date as possible. 	<p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p> <p>SCP 2023/24 Performance</p> <table border="1"> <caption>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> <th>Trajectory %</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>50%</td><td>75%</td><td>50%</td></tr> <tr><td>Feb-23</td><td>44%</td><td>75%</td><td>44%</td></tr> <tr><td>Mar-23</td><td>53%</td><td>75%</td><td>53%</td></tr> <tr><td>Apr-23</td><td>57%</td><td>75%</td><td>57%</td></tr> <tr><td>May-23</td><td>47%</td><td>75%</td><td>47%</td></tr> <tr><td>Jun-23</td><td>43%</td><td>75%</td><td>43%</td></tr> <tr><td>Jul-23</td><td>-</td><td>75%</td><td>65%</td></tr> <tr><td>Aug-23</td><td>-</td><td>75%</td><td>65%</td></tr> <tr><td>Sep-23</td><td>-</td><td>75%</td><td>65%</td></tr> <tr><td>Oct-23</td><td>-</td><td>75%</td><td>65%</td></tr> <tr><td>Nov-23</td><td>-</td><td>75%</td><td>70%</td></tr> <tr><td>Dec-23</td><td>-</td><td>75%</td><td>75%</td></tr> <tr><td>Jan-24</td><td>-</td><td>75%</td><td>75%</td></tr> <tr><td>Feb-24</td><td>-</td><td>75%</td><td>70%</td></tr> <tr><td>Mar-24</td><td>-</td><td>75%</td><td>75%</td></tr> </tbody> </table>	Month	Actual %	Target %	Trajectory %	Jan-23	50%	75%	50%	Feb-23	44%	75%	44%	Mar-23	53%	75%	53%	Apr-23	57%	75%	57%	May-23	47%	75%	47%	Jun-23	43%	75%	43%	Jul-23	-	75%	65%	Aug-23	-	75%	65%	Sep-23	-	75%	65%	Oct-23	-	75%	65%	Nov-23	-	75%	70%	Dec-23	-	75%	75%	Jan-24	-	75%	75%	Feb-24	-	75%	70%	Mar-24	-	75%	75%																										
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<p>USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>To date, early August 2023 figures show total wait volumes for first outpatient appointment have decreased by 6% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 36% have been booked, which is slightly higher than figures seen in the previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – August 2023</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th> <th>06-Aug</th> <th>13-Aug</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>7</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>5</td><td>5</td></tr> <tr><td>Gynaecological</td><td>56</td><td>95</td></tr> <tr><td>Haematological</td><td>7</td><td>4</td></tr> <tr><td>Head and Neck</td><td>119</td><td>118</td></tr> <tr><td>Lower GI</td><td>68</td><td>57</td></tr> <tr><td>Lung</td><td>5</td><td>2</td></tr> <tr><td>Other</td><td>104</td><td>85</td></tr> <tr><td>Sarcoma</td><td>0</td><td>2</td></tr> <tr><td>Skin</td><td>368</td><td>344</td></tr> <tr><td>Upper GI</td><td>39</td><td>29</td></tr> <tr><td>Urological</td><td>66</td><td>49</td></tr> <tr><td></td><td>844</td><td>790</td></tr> </tbody> </table>	FIRST OPA	06-Aug	13-Aug	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	7	0	Children's Cancer	5	5	Gynaecological	56	95	Haematological	7	4	Head and Neck	119	118	Lower GI	68	57	Lung	5	2	Other	104	85	Sarcoma	0	2	Skin	368	344	Upper GI	39	29	Urological	66	49		844	790
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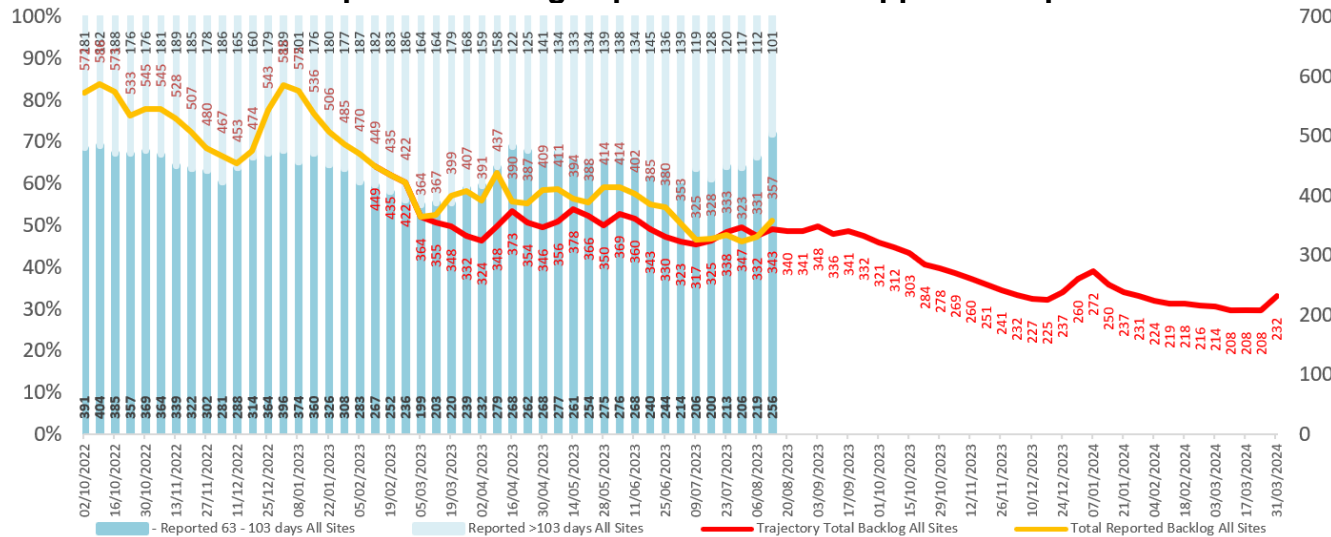
Cancer Services – Performance Escalation Updates

1.SCP performance trajectory



1. The final SCP performance for June 2023 was 43%, which is a deterioration on the performance reported in May 2023. Performance is below the submitted trajectory (58%).

Proposed backlog improvements to support SCP performance



2. Backlog figures have seen a reduction in recent weeks and are in line with the submitted trajectory. The total backlog at 13/08/2023 was 357.

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<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In July 2023, the overall size of the follow-up waiting list increased by 887 patients compared with June 2023 (from 149,529 to 150,416).</p> <p>In July 2023, there was a total of 67,748 patients waiting for a follow-up past their target date. This is a slight in-month reduction of 0.8% (from 68,286 in June 2023 to 67,748).</p> <p>Of the 67,748 delayed follow-ups in July 2023, 13,141 had appointment dates and 54,607 were still waiting for an appointment.</p> <p>In addition, 41,123 patients were waiting 100%+ over target date in July 2023. This is a 0.8% increase when compared with June 2023.</p> <p>Actions of Improvement; An internal SBUHB validation is in place to support validation work. Alongside this, Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach. This work has begun and is focussing on services with the longest waits</p>	<p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>140,000</td></tr> <tr><td>Aug-22</td><td>140,000</td></tr> <tr><td>Sep-22</td><td>140,000</td></tr> <tr><td>Oct-22</td><td>140,000</td></tr> <tr><td>Nov-22</td><td>140,000</td></tr> <tr><td>Dec-22</td><td>140,000</td></tr> <tr><td>Jan-23</td><td>140,000</td></tr> <tr><td>Feb-23</td><td>140,000</td></tr> <tr><td>Mar-23</td><td>140,000</td></tr> <tr><td>Apr-23</td><td>140,000</td></tr> <tr><td>May-23</td><td>140,000</td></tr> <tr><td>Jun-23</td><td>140,000</td></tr> <tr><td>Jul-23</td><td>150,416</td></tr> </tbody> </table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>35,000</td></tr> <tr><td>Jul-22</td><td>35,000</td></tr> <tr><td>Aug-22</td><td>35,000</td></tr> <tr><td>Sep-22</td><td>35,000</td></tr> <tr><td>Oct-22</td><td>35,000</td></tr> <tr><td>Nov-22</td><td>35,000</td></tr> <tr><td>Dec-22</td><td>35,000</td></tr> <tr><td>Jan-23</td><td>35,000</td></tr> <tr><td>Feb-23</td><td>35,000</td></tr> <tr><td>Mar-23</td><td>35,000</td></tr> <tr><td>Apr-23</td><td>40,000</td></tr> <tr><td>May-23</td><td>40,000</td></tr> <tr><td>Jun-23</td><td>40,000</td></tr> <tr><td>Jul-23</td><td>40,000</td></tr> <tr><td>Aug-23</td><td>35,000</td></tr> <tr><td>Sep-23</td><td>35,000</td></tr> <tr><td>Oct-23</td><td>35,000</td></tr> <tr><td>Nov-23</td><td>35,000</td></tr> <tr><td>Dec-23</td><td>35,000</td></tr> <tr><td>Jan-24</td><td>35,000</td></tr> <tr><td>Feb-24</td><td>35,000</td></tr> <tr><td>Mar-24</td><td>30,000</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>	Month	Number of patients	Jul-22	140,000	Aug-22	140,000	Sep-22	140,000	Oct-22	140,000	Nov-22	140,000	Dec-22	140,000	Jan-23	140,000	Feb-23	140,000	Mar-23	140,000	Apr-23	140,000	May-23	140,000	Jun-23	140,000	Jul-23	150,416	Month	Number of patients	Jun-22	35,000	Jul-22	35,000	Aug-22	35,000	Sep-22	35,000	Oct-22	35,000	Nov-22	35,000	Dec-22	35,000	Jan-23	35,000	Feb-23	35,000	Mar-23	35,000	Apr-23	40,000	May-23	40,000	Jun-23	40,000	Jul-23	40,000	Aug-23	35,000	Sep-23	35,000	Oct-23	35,000	Nov-23	35,000	Dec-23	35,000	Jan-24	35,000	Feb-24	35,000	Mar-24	30,000
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Month	MH&LD	Morrison	NPT	PCCS	Singleton																																																																																																																																																																					
Jul-22	100%	83%	92%	93%	92%																																																																																																																																																																					
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Jul-23	100%	89%	93%	94%	94%																																																																																																																																																																					

6.1 Overview

Measure	Locality	Harm from wider societal actions/lockdown														
		National/ Local Target	Internal Profile	Trend	SBU											
					Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Childhood immunisations																
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		94.8%		95.3%		95.1%							
	Swansea				95.0%		94.1%		95.6%							
	HB Total				94.9%		94.6%		95.4%							
% children who received MenB2 vaccine by age 1	NPT	95%	90%		96.1%		95.9%		95.1%							
	Swansea				94.6%		93.3%		93.5%							
	HB Total				95.2%		94.3%		94.2%							
% children who received PCV2 vaccine by age 1	NPT	95%	90%		97.7%		97.4%		96.3%							
	Swansea				96.5%		94.3%		96.2%							
	HB Total				96.9%		95.5%		96.2%							
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		94.2%		95.3%		94.8%							
	Swansea				91.5%		91.8%		94.1%							
	HB Total				92.5%		93.2%		94.4%							
% children who received MMR1 vaccine by age 2	NPT	95%	90%		96.4%		92.5%		95.6%							
	Swansea				93.0%		93.8%		93.9%							
	HB Total				94.3%		93.3%		94.6%							
% children who received PCV3 vaccine by age 2	NPT	95%	90%		95.5%		91.9%		95.2%							
	Swansea				93.0%		93.4%		93.1%							
	HB Total				94.0%		92.9%		93.9%							
% children who received MenB4 vaccine by age 2	NPT	95%	90%		96.4%		92.5%		95.2%							
	Swansea				92.3%		92.5%		92.3%							
	HB Total				93.9%		92.5%		93.4%							
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		95.2%		92.2%		94.9%							
	Swansea				92.3%		92.7%		92.7%							
	HB Total				93.4%		92.5%		93.6%							
% children who are up to date in schedule by age 4	NPT	95%	90%		85.3%		81.3%		87.5%							
	Swansea				84.8%		82.1%		81.6%							
	HB Total				85.0%		81.8%		83.8%							
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		90.7%		89.0%		90.4%							
	Swansea				89.3%		89.8%		87.2%							
	HB Total				89.8%		89.5%		88.4%							
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		91.0%		90.0%		91.2%							
	Swansea				89.9%		89.4%		87.7%							
	HB Total				90.3%		89.6%		89.0%							
% children who received MMR vaccination by age 16	NPT	95%	90%		92.3%		92.4%		97.5%							
	Swansea				91.4%		90.2%		94.5%							
	HB Total				91.7%		91.0%		95.6%							
% children who received teenage booster by age 16	NPT	90%	85%		91.6%		87.3%		86.8%							
	Swansea				90.5%		89.6%		90.2%							
	HB Total				90.9%		88.8%		88.9%							
% children who received MenACWY vaccine by age 16	NPT	Improve			92.1%		87.5%		87.1%							
	Swansea				90.9%		90.2%		90.5%							
	HB Total				91.4%		89.2%		89.2%							

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU											
					Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
COVID-19 Boosters																
% uptake of the Spring COVID-19 vaccination for those eligible	NPT	75%														66.3%
	Swansea															68.6%
	HB Total															
% uptake of the Autumn COVID-19 vaccination for those eligible	NPT	75%			Reporting begins Sep-23 for Autumn 23 booster											
	Swansea															
	HB Total															
Mental Health Services																
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			38%	34%	91%	91%	89%	79%	62%	82%	74%	55%	31%	31%
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			42%	27%	27%	83%	65%	56%	24%	64%	74%	55%	35%	31%
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			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%			94%	97%	93%	95%	98%	94%	91%	95%	96%	78%	94%	93%
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			61%	35%	43%	36%	27%	35%	40%	26%	50%	21%	38%	33%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			100%	100%	98%	100%	98%	98%	100%	100%	100%	96%	98%	100%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	80%			100%	97%	96%	93%	92%	92%	91%	88%	85%	85%	84%	82%
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%	30%		44%	44%	36%	40%	39%	37%	29%	29%	29%	28%	30%	31%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%			100%	100%	87%	87%	99%	99%	91%	100%	100%	100%	93%	90%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%			89%	90%	89%	90%	90%	90%	89%	89%	87%	87%	88%	87%

6.3 Updates on key measures

ADULT MENTAL HEALTH																																												
Description	Current Performance	Trend																																										
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p>	<p>1. In June 2023, 93% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>Data for Chart 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>95%</td><td>85%</td></tr> <tr><td>Jul-22</td><td>90%</td><td>85%</td></tr> <tr><td>Aug-22</td><td>95%</td><td>85%</td></tr> <tr><td>Sep-22</td><td>90%</td><td>85%</td></tr> <tr><td>Oct-22</td><td>90%</td><td>85%</td></tr> <tr><td>Nov-22</td><td>95%</td><td>85%</td></tr> <tr><td>Dec-22</td><td>90%</td><td>85%</td></tr> <tr><td>Jan-23</td><td>85%</td><td>85%</td></tr> <tr><td>Feb-23</td><td>90%</td><td>85%</td></tr> <tr><td>Mar-23</td><td>95%</td><td>85%</td></tr> <tr><td>Apr-23</td><td>80%</td><td>85%</td></tr> <tr><td>May-23</td><td>90%</td><td>85%</td></tr> <tr><td>Jun-23</td><td>93%</td><td>85%</td></tr> </tbody> </table>	Month	% assessments within 28 days (>18 yrs)	Target	Jun-22	95%	85%	Jul-22	90%	85%	Aug-22	95%	85%	Sep-22	90%	85%	Oct-22	90%	85%	Nov-22	95%	85%	Dec-22	90%	85%	Jan-23	85%	85%	Feb-23	90%	85%	Mar-23	95%	85%	Apr-23	80%	85%	May-23	90%	85%	Jun-23	93%	85%
Month	% assessments within 28 days (>18 yrs)	Target																																										
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Apr-23	80%	85%																																										
May-23	90%	85%																																										
Jun-23	93%	85%																																										
<p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p>	<p>2. In June 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p>	<p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <table border="1"> <caption>Data for Chart 2: % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>100%</td><td>100%</td></tr> <tr><td>Jul-22</td><td>100%</td><td>100%</td></tr> <tr><td>Aug-22</td><td>100%</td><td>100%</td></tr> <tr><td>Sep-22</td><td>100%</td><td>100%</td></tr> <tr><td>Oct-22</td><td>100%</td><td>100%</td></tr> <tr><td>Nov-22</td><td>100%</td><td>100%</td></tr> <tr><td>Dec-22</td><td>100%</td><td>100%</td></tr> <tr><td>Jan-23</td><td>100%</td><td>100%</td></tr> <tr><td>Feb-23</td><td>100%</td><td>100%</td></tr> <tr><td>Mar-23</td><td>100%</td><td>100%</td></tr> <tr><td>Apr-23</td><td>100%</td><td>100%</td></tr> <tr><td>May-23</td><td>100%</td><td>100%</td></tr> <tr><td>Jun-23</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Month	% therapeutic interventions started within 28 days (>18 yrs)	Target	Jun-22	100%	100%	Jul-22	100%	100%	Aug-22	100%	100%	Sep-22	100%	100%	Oct-22	100%	100%	Nov-22	100%	100%	Dec-22	100%	100%	Jan-23	100%	100%	Feb-23	100%	100%	Mar-23	100%	100%	Apr-23	100%	100%	May-23	100%	100%	Jun-23	100%	100%
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Apr-23	100%	100%																																										
May-23	100%	100%																																										
Jun-23	100%	100%																																										
<p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p>	<p>3. 87% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in June 2023.</p>	<p>3. % residents with a valid Care and Treatment Plan (CTP)</p> <table border="1"> <caption>Data for Chart 3: % residents with a valid Care and Treatment Plan (CTP)</caption> <thead> <tr> <th>Month</th> <th>% patients with valid CTP (>18 yrs)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>90%</td><td>87%</td></tr> <tr><td>Jul-22</td><td>90%</td><td>87%</td></tr> <tr><td>Aug-22</td><td>90%</td><td>87%</td></tr> <tr><td>Sep-22</td><td>90%</td><td>87%</td></tr> <tr><td>Oct-22</td><td>90%</td><td>87%</td></tr> <tr><td>Nov-22</td><td>90%</td><td>87%</td></tr> <tr><td>Dec-22</td><td>90%</td><td>87%</td></tr> <tr><td>Jan-23</td><td>90%</td><td>87%</td></tr> <tr><td>Feb-23</td><td>90%</td><td>87%</td></tr> <tr><td>Mar-23</td><td>90%</td><td>87%</td></tr> <tr><td>Apr-23</td><td>90%</td><td>87%</td></tr> <tr><td>May-23</td><td>90%</td><td>87%</td></tr> <tr><td>Jun-23</td><td>87%</td><td>87%</td></tr> </tbody> </table>	Month	% patients with valid CTP (>18 yrs)	Profile	Jun-22	90%	87%	Jul-22	90%	87%	Aug-22	90%	87%	Sep-22	90%	87%	Oct-22	90%	87%	Nov-22	90%	87%	Dec-22	90%	87%	Jan-23	90%	87%	Feb-23	90%	87%	Mar-23	90%	87%	Apr-23	90%	87%	May-23	90%	87%	Jun-23	87%	87%
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May-23	90%	87%																																										
Jun-23	87%	87%																																										
<p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>4. In June 2023, 82.4% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p>4. % waiting less than 26 weeks for Psychology Therapy</p> <table border="1"> <caption>Data for Chart 4: % waiting less than 26 weeks for Psychology Therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-23</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>95%</td><td>95%</td></tr> <tr><td>May-23</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-23</td><td>82.4%</td><td>95%</td></tr> </tbody> </table>	Month	% waiting less than 26 wks for psychological therapy	Target	Jun-22	95%	95%	Jul-22	95%	95%	Aug-22	95%	95%	Sep-22	95%	95%	Oct-22	95%	95%	Nov-22	95%	95%	Dec-22	95%	95%	Jan-23	95%	95%	Feb-23	95%	95%	Mar-23	95%	95%	Apr-23	95%	95%	May-23	95%	95%	Jun-23	82.4%	95%
Month	% waiting less than 26 wks for psychological therapy	Target																																										
Jun-22	95%	95%																																										
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Jun-23	82.4%	95%																																										

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In June 2023, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 31% of routine assessments were undertaken within 28 days from referral in June 2023 against a target of 80%.</p> <p>3. 33% of therapeutic interventions were started within 28 days following assessment by LPMHSS in June 2023.</p> <p>4. 31% of NDD patients received a diagnostic assessment within 26 weeks in June 2023 against a target of 80%.</p> <p>5. 82% of routine assessments by SCAMHS were undertaken within 28 days in February 2023. <i>* Updated data is not currently available to report*</i></p>	<p>1. Crisis- assessment within 48 hours</p> <p>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p>4. NDD- assessment within 26 weeks</p> <p>5. S-CAMHS % assessments within 28 days</p>

APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 rela	Number of new COVID19 cases*	Local			Jul-23						84
	Number of staff referred for Antigen Testing*	Local			Mar-23						43
	Number of staff awaiting results of COVID19 test*	Local			Jul-23						0
	Number of COVID19 related incidents*	Local			Jul-23						23
	Number of COVID19 related serious incidents*	Local			Jun-23						0
	Number of COVID19 related complaints*	Local			Jun-23						0
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Jun-23						0
	Number of staff self isolated (symptomatic)*	Local			Jun-23						7
	% sickness*	Local			Jun-23						0.1%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour	National	Improvement trajectory towards 0 by Mar 24	487	Jul-23	643		0			643
	% 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	Improvement compared to same month in 22/23		Jul-23	62.0%	99.3%				76%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Improvement trajectory towards 0 by Mar 24	1100	Jul-23	1,175	4				1,179
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	Local	59.8% (UK SNAP average)		Jul-23	25%					25%
	% of patients who receive a CT scan within 1 hour*	Local	54.5% (UK SNAP average)		Jul-23	52%					52%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Local	84.2% (UK SNAP average)		Jul-23	92%					92%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	Local	12 month improvement trend		Jul-23	11%					11%
	% of patients receiving the required minutes for speech and language therapy*	Local	12 month improvement trend		Jul-23	65%					65%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	≤ 234 (Cumulative)	20	Jul-23	6	0	4	14	0	25
	Number of S.aureus bacteraemia cases	National	≤ 71 (Cumulative)	6	Jul-23	0	0	1	13	0	14
	Number of C.difficile cases	National	≤ 95 (Cumulative)	8	Jul-23	10	0	2	6	0	18
	Number of Klebsiella cases	National	≤ 71 (Cumulative)	7	Jul-23	3	0	0	0	0	3
	Number of Aeruginosa cases	National	≤ 24 (Cumulative)	2	Jul-23	1	0	0	0	0	1
	Compliance with hand hygiene audits	Local	95%		Jul-23	94%	100%	100%	100%	99%	97%

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Jun-23	95.9%					95.9%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Jun-23	28.9%					28.9%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Jun-23	72.5%					72.5%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Jun-23	81.1%					81.1%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Jun-23	74.3%					74.3%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		May-23	68.9%					68.9%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-21	7.5%					7.5%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		Jul-23	3	0	1	2	0	6
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	80%		Jul-23						40%
	Number of Never Events	Local	0		Jul-23	1	0	0	0	0	1
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Jun-23	58	4	4	40	0	106
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Jun-23	4	1	1	9	0	15
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		May-23						1,105
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Jul-23	97	15	16	6	30	164
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Jun-23						3.57
Mortality	Crude hospital mortality rate by Delivery Unit (74 years)	Local	12 month reduction trend		Jun-23	1.31%	0.05%	0.24%			0.70%

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

Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	Improvement Trajectory towards 80% by Mar 26	58.0%	Jul-23 (Draft)						35%
Planned Care	Number of patients waiting > 26 weeks for first outpatient appointment	Local	0		Jul-23	8,313	1	4,623	0		12,937
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0	6,915	Jul-23	1	0	2,283	0		4,446
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0	1,253	Jul-23	892	0	2	0		894
	Number of patients waiting > 52 weeks for treatment	National	Improvement Trajectory towards target of 0	16,489	Jul-23	11,561	0	3,559	0		0
	Number of patients waiting > 104 weeks for treatment	National	Improvement Trajectory towards target of 0	5,690	Jul-23	4,409	0	890	0		5,299
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Improvement Trajectory towards 0 by Mar 24	6,239	Jul-23	2,214		4,499			6,713
	Number of patients waiting > 14 weeks for a specified therapy	National	Improvement Trajectory towards 0 by Mar 24	186	Jul-23				183	0	183
	Total number of patients waiting for a follow-up outpatient appointment	Local	0		Jul-23						150,416
	Number of patients delayed by over 100% past their target date	National	Improvement Trajectory towards target of 0	38,206	Jul-23						41,123
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Jul-23						67,748
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Jul-23						475
	Number of patients without a documented clinical review date	Local	0		Jul-23						2
Activity	Number of GP referrals	Local	12 month reduction trend		Jul-23						12,623
	Number of patients referred from primary care into secondary care Ophthalmology services	National	Improvement Trajectory towards reduction by Mar 24	850	Jul-23						824
Patient Experience/ Feedback	Number of friends and family surveys completed	National	Month on month improvement		Jul-23	1,755	Now reported under Singleton	1,171	321	39	1,755
	% of patients who would recommend and highly recommend	Local	90%		Jul-23	88%		94%	95%	100%	91%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%		Jul-23	90%		92%	93%		91%
	Number of new complaints received	Local	12 month reduction trend		May-23	72	7	42	36	18	182
	% 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	Local	80%		May-23	78%	29%	52%	97%	61%	71%

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Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Local	95%	90%	Q4 2022/23						95.4%
	% children who received MenB2 vaccine by age 1		95%	90%	Q4 2022/23						94.2%
	% children who received PCV2 vaccine by age 1		95%	90%	Q4 2022/23						96.2%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q4 2022/23						94.4%
	% children who received MMR1 vaccine by age 2		95%	90%	Q4 2022/23						94.6%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q4 2022/23						93.9%
	% children who received MenB4 vaccine by age 2		95%	90%	Q4 2022/23						93.4%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q4 2022/23						93.6%
	% children who are up to date in schedule by age 4		95%	90%	Q4 2022/23						83.8%
	% of children who received 2 doses of the MMR vaccine by age 5		95%	90%	Q4 2022/23						88.4%
	% children who received 4 in 1 vaccine by age 5		95%	90%	Q4 2022/23						89.0%
	% children who received MMR vaccination by age 16		95%	90%	Q4 2022/23						95.6%
	% children who received teenage booster by age 16		90%	85%	Q4 2022/23						88.9%
	% children who received MenACWY vaccine by age 16		Improve		Q4 2022/23						89.2%
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	75%		Jun-23						67.8%
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	75%		Reporting begins Sep-23 for autumn 23 booster						
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Jun-23						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Jun-23						31%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Jun-23						31%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Feb-23						82%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Jun-23					93%	93%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Jun-23						33%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Jun-23					100%	100%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	80%		Jun-23					82%	82%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%	30%	Jun-23						31%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Jun-23						90%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Jun-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	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
COVID19 related measures	Number of new COVID19 cases	Local	Jul-23	84		Reduce					600	217	218	171	171	395	230	249	378	153	81	60	84
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce					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	Jul-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Jul-23	23		Reduce					91	46	84	61	51	61	34	33	57	29	61	90	23
	Number of COVID19 related serious incidents	Local	Jun-23	0		Reduce					0	0	1	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Jun-23	0		Reduce					5	6	11	3	3	0	0	2	2	1	0	0	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																	
	Number of staff self isolated (asymptomatic)	Local	Jun-23	0		Reduce					26	8	5	1	0	0	0	1	0	0	0	0	0
	Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce					272	121	100	121	124	144	70	63	57	45	27	7	
% sickness	Local	Jun-23	0.1%		Reduce					2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%		
Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/Local Profile	Profile Status	Welsh Average/Total	SBU's all-Wales rank	Performance Trend	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jul-23	55%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		56%	55%	49%	50%	46%	41%	52%	52%	48%	50%	56%	64%	55%
	Number of ambulance handovers over one hour	National	Jul-23	643	↑ trajectory	487	✘	6,798 (Dec-22)	1st (Dec-22)		659	705	732	739	744	614	561	594	729	658	708	615	643
	Handover hours lost over 15 minutes	Local	Jul-23	3383							2,976	3,870	4,378	4,599	4,456	4,289	3,440	3,245	4,659	3,627	3,952	3,018	3,383
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Jul-23	76%	Month on month improvement		✔	63.1% (Dec-22)	4th (Dec-22)		69%	70%	73%	71%	70%	65%	74%	76%	74%	75%	75%	76%	76%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Jul-23	1179	↑ trajectory	1100	✘	12,099 (Dec-22)	4th (Dec-22)		1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125	1,395	1,083	1,303	1,274	1,179
NOF	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	Local	Sep-22	93.0%	12 month ↑			70% (Oct-22)	1st (Oct-22)		91.0%	93.0%	93.0%										
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Jul-23	25.0%							4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	23.8%	25.0%
	CT Scan (<1 hrs) (local)	Local	Jul-23	52.1%							33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	42.9%	52.1%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Jul-23	91.7%							97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	92.9%	91.7%
	Thrombolysis door to needle <= 45 mins	Local	Jul-23	11.1%							0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%	0.0%	12.5%	11.1%
	% stroke patients who receive mechanical thrombectomy	Local	Jun-23	5.0%	10%		✘	2.1% (Nov-22)	4th (Nov-22)		0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	6.5%	2.0%	7.1%	5.0%	
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	Local	Jul-23	65.1%	12 month ↑		✔	50.7% (Nov-22)	4th (Nov-22)		29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%	68.6%	62.9%	66.7%	65.1%
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	Jun-23	67		12 month ↓	✘				58	54	39	59	69	47	64	60	76	83	83	67	
	Number of pressure ulcers developed in the community		Jun-23	39		12 month ↓	✘				27	50	40	44	45	42	45	41	62	31	41	39	
	Total number of pressure ulcers		Jun-23	106		12 month ↓	✘				85	104	79	103	114	89	109	101	138	114	124	106	
	Number of grade 3+ pressure ulcers acquired in hospital		Jun-23	6		12 month ↓	✘				5	3	0	1	7	8	4	4	7	5	10	6	
	Number of grade 3+ pressure ulcers acquired in community		Jun-23	9		12 month ↓	✘				2	11	6	2	7	13	4	9	14	7	9	9	
	Total number of grade 3+ pressure ulcers	Jun-23	15		12 month ↓	✘				7	14	6	3	14	21	8	13	21	12	19	15		

Threat from overwhelmed NHS and social care system																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/Local Profile	Profile Status	Welsh Average/Total	SBU's all-Wales rank	Performance Trend	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23		
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jul-23	75.2	<67		✘	67.80 (Dec-22)	3rd (Dec-22)		68.9	74.5	70.4	69.4	70.0	69.6	68.7	67.9	67.5	81.1	73.7	75.1	75.2		
	Number of E.Coli bacteraemia cases (Hospital)		Jul-23	12	≤ 234 (Cumulative)	10	✘					3	11	7	12	11	8	8	9	9	14	12	13	12	
	Number of E.Coli bacteraemia cases (Community)			13		10	✘						18	21	8	10	12	14	12	8	10	12	10	12	13
	Total number of E.Coli bacteraemia cases			25		20	✘						21	32	15	22	23	22	20	17	19	26	22	25	25
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jul-23	42.2	<20		✘	27.76 (Dec-22)	6th (Dec-22)		39.8	38.4	39.3	41.0	39.0	39.4	38.4	38.6	38.6	38.6	53.1	43.0	42.2	42.2	
	Number of S.aureus bacteraemias cases (Hospital)		Jul-23	1	≤ 71 (Cumulative)	4	✔						6	6	8	13	3	10	8	9	5	7	8	8	1
	Number of S.aureus bacteraemias cases (Community)			13		2	✘						6	6	6	4	5	3	2	2	5	9	2	5	13
	Total number of S.aureus bacteraemias cases			14		6	✘						12	12	14	17	8	13	10	11	10	10	16	10	13
	Cumulative cases of C.difficile per 100k pop		Jul-23	52.2	<25		✘	36.68 (Dec-22)	5th (Dec-22)		42.9	47.6	46.9	48.9	50.9	49.6	51.3	50.6	51.4	51.4	56.2	46.0	51.4	52.2	
	Number of C.difficile cases (Hospital)		Jul-23	12	≤ 95 (Cumulative)	5	✘						10	16	11	15	10	8	15	10	13	7	10	13	12
	Number of C.difficile cases (Community)			6		3	✘						6	6	3	6	11	6	7	2	6	8	4	7	6
	Total number of C.difficile cases			18		8	✘						16	22	14	21	21	14	22	12	19	15	15	14	20
	Cumulative cases of Klebsiella per 100k pop		Jul-23	20.7									24.5	25.0	25.5	24.9	26.0	26.1	26.9	26.8	27.4	25.0	27.6	24.7	20.7
	Number of Klebsiella cases (Hospital)		Jul-23	3	≤ 71 (Cumulative)	4	✔						4	4	1	3	6	5	5	7	4	7	4	1	3
	Number of Klebsiella cases (Community)			0		3	✔						7	4	9	4	5	3	6	1	7	1	6	5	0
	Total number of Klebsiella cases			3		7	✔	63 Total (Dec-22)	2nd (Dec-22)		11	8	10	7	11	8	11	8	11	8	11	8	10	6	3
	Cumulative cases of Aeruginosa per 100k pop		Jul-23	6.1									9.2	9.2	10.2	11.3	11.9	11.5	11.6	11.2	11.3	6.2	4.6	7.2	6.1
	Number of Aeruginosa cases (Hospital)		Jul-23	1	≤ 24 (Cumulative)	1	✔						2	3	4	3	5	1	2	2	2	1	1	3	1
Number of Aeruginosa cases (Community)	0	1		✔							2	0	1	3	0	2	2	0	2	1	0	1	0		
Total number of Aeruginosa cases	1	2		✔		8 Total (Dec-22)	4th (Dec-22)		4	3	5	6	5	3	4	2	4	2	4	2	1	4	1		
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jun-23	96.8%		95%	✔					96%	90%	97%	96%	96%	95%	97%	95%	93%	99%	95%	95%	97%		
Inpatient Falls	Local	Jul-23	164		12 month ↓	✔					174	216	175	184	178	184	189	179	214	183	184	143	164		
NEWS	Local	Jul-23	82%		98%	✘					90.5%	86.2%	87.6%	87.5%	88.2%	97.2%	91.8%	98.3%	85.1%	96.6%	91.9%	81.6%	84.1%		
Coding	National	Jun-23	68%		12 month ↓	✘					82%	77%	81%	84%	67%	78%	71%	76%	67%	55%	55%	68%			
E-TOC	Local	Jul-23	64%		100%	✘					63%	69%	70%	66%	71%	62%	64%	64%	62%	64%	65%	65%	64%		
Work force	Agency spend as a % of the total pay bill	Local	Jun-23	5.80%		12 month ↓	✔	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		6.7%	6.4%	4.9%	6.5%	6.4%	6.0%	7.4%	6.2%	5.2%	5.7%	5.8%	5.2%			
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jul-23	67%	85%		✘	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		58%	61%	64%	67%	68%	68%	69%	69%	69%	72%	68%	67%	67%		
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Jul-23	88%	85%		✔	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		81%	81%	82%	83%	84%	84%	85%	85%	82%	86%	87%	87%	88%		
	% workforce sickness absence (12 month rolling)	National	Jun-23	7.28%		12 month ↓	✔	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		8.46%	8.44%	8.25%	8.08%	7.99%	8.02%	7.89%	7.78%	7.65%	7.46%	7.37%	7.28%			

Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Jul-23	13.0%							10.4%	10.0%	10.0%	9.6%	9.9%	10.9%	9.7%	9.9%	9.9%	11.8%	13.0%	13.9%	13.0%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jul-23	34.8%	↑ trajectory	58%	✘	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	53.2%	56.5%	46.6%	42.8%	34.8%
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Jul-23	33%	80%		✘				2%	10%	5%	18%	19%	26%	32%	31%	32%	22%	35%	18%	33%
	Scheduled (21 Day Target)	Local	Jul-23	68%	100%		✘				29%	35%	34%	65%	82%	83%	82%	86%	81%	70%	81%	63%	68%
	Urgent SC (2 Day Target)	Local	Jul-23	42%	80%		✘				18%	11%	31%	33%	17%	37%	31%	19%	30%	22%	50%	24%	42%
	Urgent SC (7 Day Target)	Local	Jul-23	90%	100%		✘				64%	48%	54%	70%	77%	70%	85%	69%	84%	70%	73%	52%	90%
	Emergency (within 1 day)	Local	Jul-23	100%	80%		✔				58%	65%	100%	70%	100%	83%	100%	100%	91%	100%	100%	71%	100%
	Emergency (within 2 days)	Local	Jul-23	100%	100%		✔				92%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Jul-23	91%	80%		✔				66%	91%	70%	81%	91%	85%	82%	93%	94%	87%	93%	93%	91%
Elective Delay (14 Day Target)	Local	Jul-23	100%	100%		✔				70%	98%	79%	91%	100%	100%	98%	100%	100%	93%	100%	95%	100%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Jul-23	4,499				15,517 (Nov-22)	7th (Nov-22)		4,407	4,257	4,205	4,170	4,136	4,289	4,372	4,408	4,554	4,677	4,847	4,745	4,499
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jul-23	6,713	↑ trajectory	6,239	✘	42,566 (Nov-22)	4th (Nov-22)		6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116	6,514	6,867	7,255	7,221	6,713
	Number of patients waiting > 14 weeks for a specified therapy	National	Jul-23	183	↑ trajectory	186	✘	9,584 (Nov-22)	2nd (Nov-22)		714	682	755	707	441	527	194	157	193	129	149	203	183
	% of patients waiting < 26 weeks for treatment	Local	Jul-23	62%	95%			56% (Nov-22)	6th (Nov-22)		51.8%	52.0%	52.1%	53.5%	54.4%	54.2%	52.8%	56.9%	58.4%	58.2%	58.7%	60.3%	61.6%
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Jul-23	12,937							26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257	15,385	15,184	14,733	13,427	12,937
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Jul-23	6,729	↑ trajectory	6,915	✔				22,071	21,940	20,151	18,379	15,537	14,140	12,767	11,115	9,163	8,561	7,675	6,893	6,729
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Jul-23	894	↑ trajectory	1,253	✔	85,301 (Nov-22)	3rd (Nov-22)		15,232	15,122	13,980	12,352	9,774	7,779	6,630	5,475	3,895	3,456	2,719	1,234	894
	Number of patients waiting > 52 weeks for treatment	National	Jul-23	15,120	↑ trajectory	16,489	✔				27,681	27,570	27,077	26,147	24,308	22,634	21,306	19,707	18,181	17,823	16,976	15,446	15,120
	Number of patients waiting > 104 weeks for treatment	National	Jul-23	5,299	↑ trajectory	5,690	✔	49,594 (Nov-22)	5th (Nov-22)		11,400	10,960	10,623	10,090	9,048	8,066	7,331	6,656	6,015	5,952	5,792	5,474	5,299
	The number of patients waiting for a follow-up outpatient appointment	Local	Jul-23	150,416							136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070	150,860	147,864	150,109	149,529	150,416
The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jul-23	41,123	↑ trajectory	38,206	✘	224,552 (Nov-22)	5th (Nov-22)		35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	41,710	41,611	42,534	40,807	41,123	
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Jul-23	64%	95%		✘	64.9% (Nov-22)	1st (Nov-22)		65.6%	62.4%	60.3%	65.2%	67.1%	69.9%	53.1%	64.6%	59.4%	62.7%	62.3%	57.5%	63.8%	
Activity	Number of GP referrals	Local	Jul-23	12,623	12 month ↓		✘				12,548	12,930	12,572	13,014	12,663	9,231	12,658	12,347	14,220	12,012	13,341	13,984	12,623
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Jul-23	824	↑ trajectory	850	✔				761	844	886	799	807	731	870	841	969	737	803	890	824
DN/Ae	% of patients who did not attend a new outpatient appointment	Local	Jul-23	10%	12 month ↓		✘				8.2%	8.0%	7.8%	8.3%	9.5%	11.1%	8.9%	9.2%	8.2%	7.9%	10.1%	10.6%	10.0%
	% of patients who did not attend a follow-up outpatient appointment	Local	Jul-23	8%	12 month ↓		✘				7.7%	7.6%	7.8%	7.7%	8.5%	8.7%	7.8%	7.9%	7.9%	8.0%	8.2%	8.4%	8.1%
Theatre Efficiencies	Theatre Utilisation rates	Local	Jul-23	73%		90%	✘				72%	59%	71%	77%	74%	59%	72%	70%	71%	71%	76%	69%	73%
	% of theatre sessions starting late	Local	Jul-23	42%	<25%		✘				40%	36%	37%	40%	35%	39%	35%	39%	33%	35%	37%	36%	42%
	% of theatre sessions finishing early	Local	Jul-23	44%	<20%		✘				46%	43%	48%	45%	44%	46%	44%	45%	49%	48%	51%	47%	44%
Patient experience	Number of friends and family surveys completed	National	Jul-23	3,401	Month on month improvement		✘				3,391	3,950	3,914	4,358	4,287	3,569	5,073	4,425	5,358	2,704	3,477	2,503	3,401
	% of who would recommend and highly recommend	Local	Jul-23	91%		90%	✘				89%	89%	88%	90%	91%	89%	92%	92%	92%	92%	90%	89%	91%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jul-23	91%		90%	✔				90%	93%	92%	93%	91%	92%	92%	95%	95%	95%	95%	90%	91%
Complaints	Number of new formal complaints received	Local	May-23	182		12 month trend ↓	✘				153	124	120	140	113	120	127	135	183	149	182		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	May-23	71%		80%	✘				64%	65%	71%	71%	69%	73%	78%	67%	72%	77%	71%		
	% of acknowledgements sent within 2 working days	Local	May-23	100%		100%	✔				100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%		

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