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Swansea Bay University  
Health Board



<b>Report Date</b>	<b>27<sup>th</sup> February</b>	<b>Agenda Item</b>	
<b>Report Title</b>	<b>Integrated Performance Report</b>		
<b>Report Author</b>	Charlotte Angell, Health Board Performance Support Officer		
<b>Report Sponsor</b>	Darren Griffiths, Executive Director of Finance and Performance, Acting Deputy Chief Executive		
<b>Presented by</b>	Darren Griffiths, Executive Director of Finance and Performance, Acting Deputy Chief Executive		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (January 2024) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
<b>Key Issues</b>	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The focus of the report will be adjusted for February 2024 reporting to give clear focus on the measures to be monitored as part of Targeted Intervention (TI) escalation for performance and outcomes. A discussion on this is scheduled with Welsh Government for 29<sup>th</sup> February 2024.</p> <p><b>Key high level issues to highlight this month are as follows:</b></p> <p>-</p> <p><b><u>COVID19</u></b></p> <ul style="list-style-type: none"> <li>- The number of new cases of COVID19 remains stable at 174 cases in January 2024.</li> </ul> <p><b><u>Unscheduled Care</u></b></p> <ul style="list-style-type: none"> <li>- Performance against the 4-hour access is marginally below profile at 76.61% in January 2024 an improvement of 1.9% from the previous month.</li> <li>- Performance against the 12-hour wait has improved in January 2024 to 959 from 994.</li> <li>- In January 2024, there were 701 ambulance to hospital handovers taking over 1 hour; this is a decrease of 58 compared with 759 in December 2023.</li> </ul>		

- In January 2024, 3,693 ambulance hours were lost in handover delays compared to 3,787 in December 2023.

#### **Planned Care**

- OP waits remain under the 52 week Ministerial target level in January 2024, a position sustained since October 2023.
- In January 2024, there were 2,566 patients waiting over 104 weeks for treatment, which is a 14% reduction from December 2023.
- In January 2024 there were 88 patients waiting over 14 weeks for specified Therapies.
  - o 31 for Speech & Language Therapy
  - o 57 for Dietetics
- In January 2024, there was a decrease in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 5,616 in December 2023 to 4,705 in January 2024.

#### **Cancer**

- The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in December 2023 was 51%, which is slightly lower than the figure reported in November 2023. Performance is below the submitted trajectory (74%).
- Backlog figures have seen a reduction in recent weeks to 279 at the date of reporting. Mid January this backlog has reduced further to 262.

#### **Mental Health**

- Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in December 2023.
- In December 2023, 75.6% 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% in December 2023.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remains static at 29% in December 2023.
- Note: S-CAMHS now included with P-CAMHS measure and performance substantially improved.

Work has commenced with colleagues in Primary and Community Care services to enhance performance reporting in this important area for the Health Board.

Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Health Board performance against key measures and targets.</li> <li>• <b>NOTE</b> that the report will be updated once TI measures are known.</li> <li>• <b>NOTE</b> that work has commenced to develop and add key reporting measures for Primary and Community Care Services</li> </ul>			

# INTEGRATED PERFORMANCE REPORT

## 1. INTRODUCTION

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

## 2. BACKGROUND

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** the Health Board performance against key measures and targets.

- **NOTE** that the report will be updated once TI measures are known.
- **NOTE** that work has commenced to develop and add key reporting measures for Primary and Community Care Services

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"> <li>• <b>Long term</b> – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.</li> <li>• <b>Prevention</b> – the NHS Wales Delivery framework provides a measurable mechanism to evidence how the NHS is positively influencing the health and well-being of the</li> </ul>		

citizens of Wales with a particular focus upon maximising people's physical and mental well-being.

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

<b>Report History</b>	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in October 2023. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Integrated Performance Report



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# Appendix 1- Integrated Performance Report February 2024





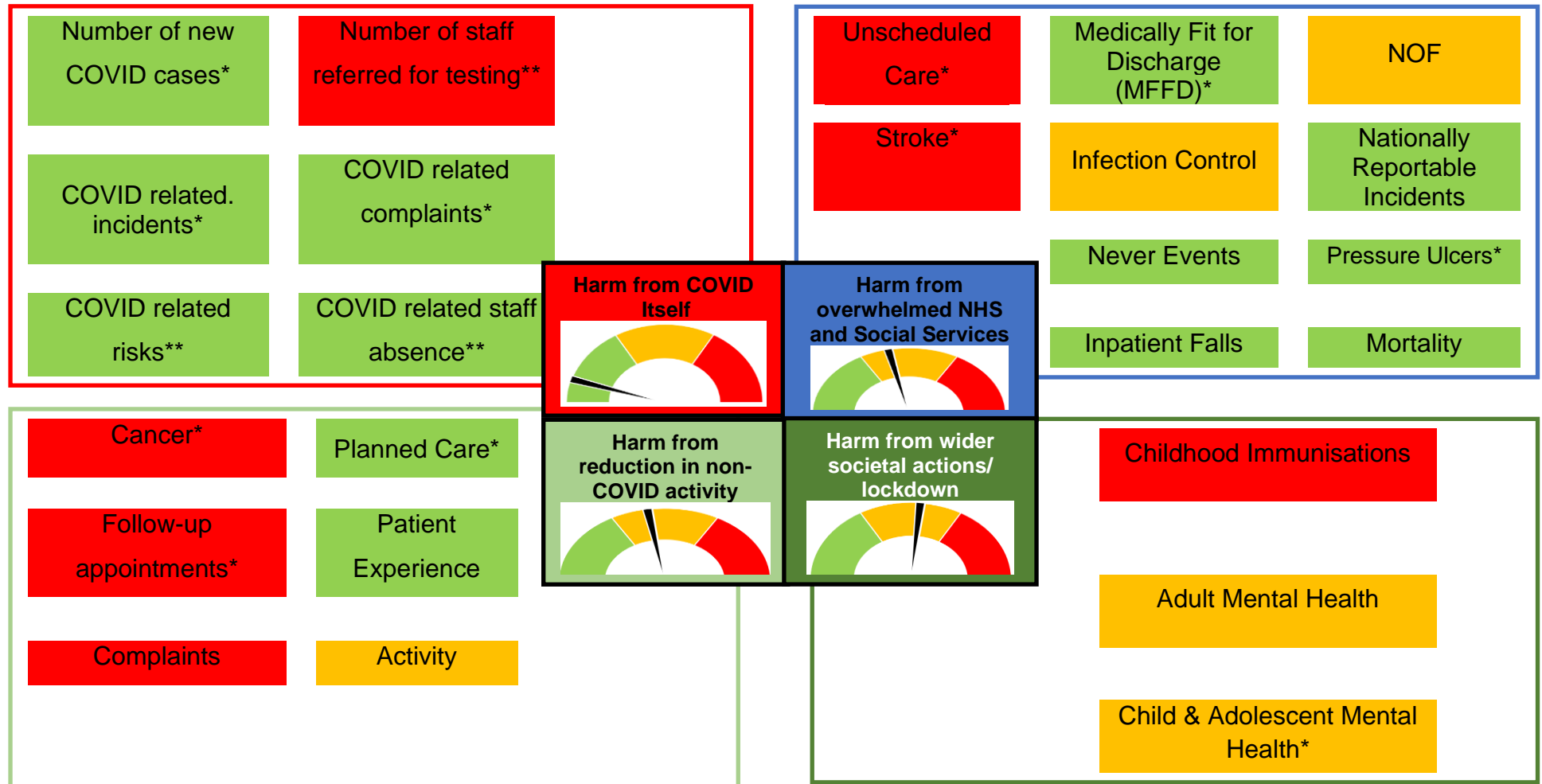
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## 1. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

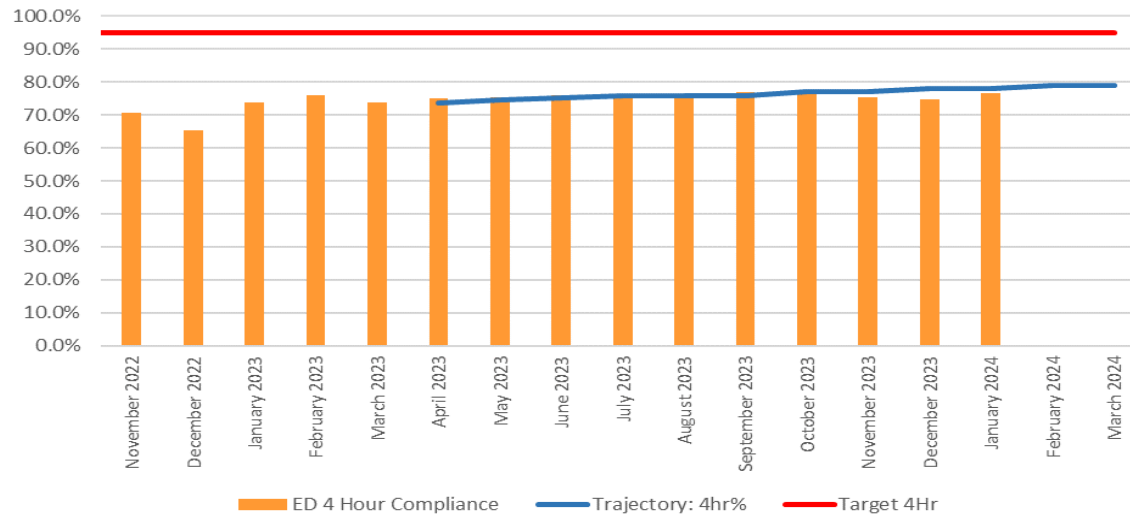
\*\* Data not available

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

## **2. ESCALATED SERVICE UPDATE TRAJECTORIES**

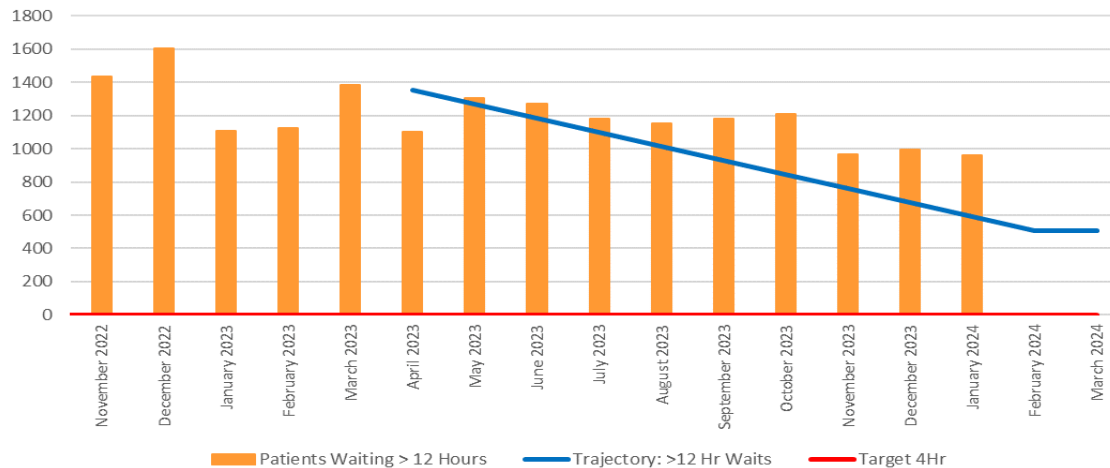
## UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4-hour access is currently slightly below the outlined trajectory in January 2024. ED 4-hour performance has improved by 1.9% in January 2024 to 76.61% from 74.74% in December 2023.

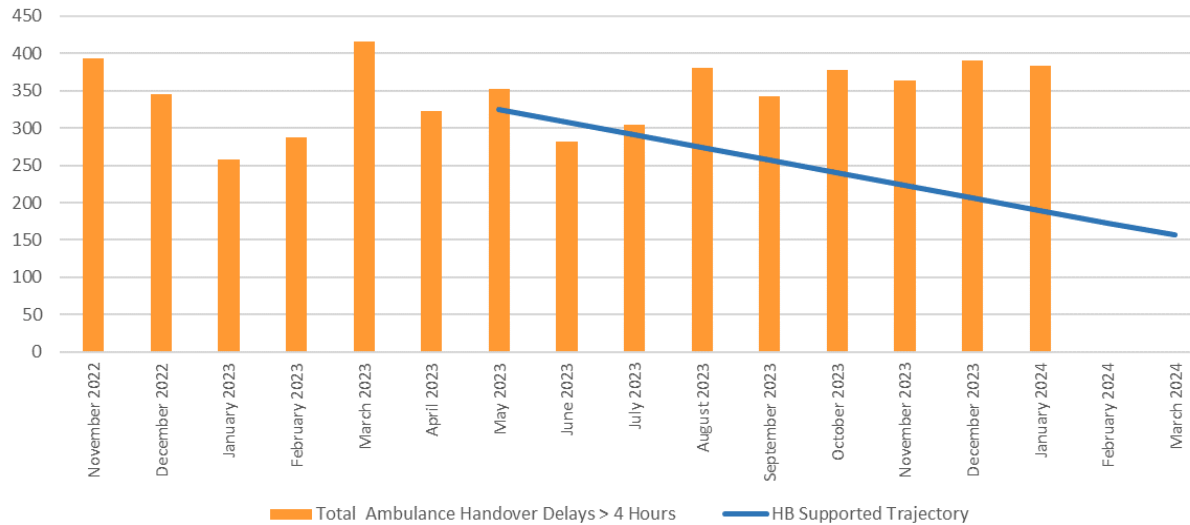
### 2. Submitted recovery trajectory for A&E 12-hour performance



2. Performance against the 12-hour wait has slightly improved in-month but it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department decreased to 959 in January 2024 from 994 in December.

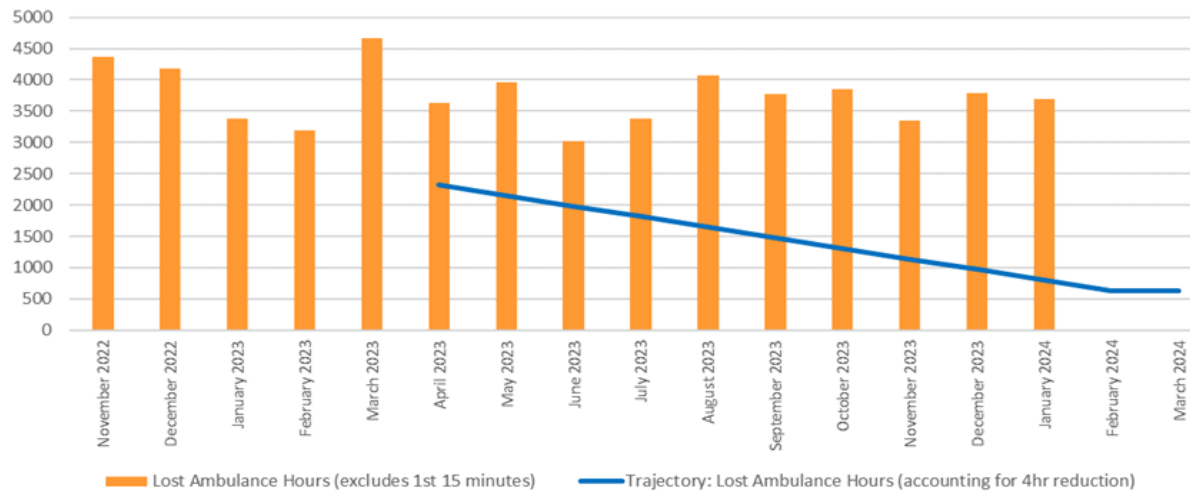
## UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

### 3. Ambulance Handover over 4 hours



3. The number of Ambulance handovers over 4 hours have decreased in January 2024. The handover times over four hours decreased to 383 in January 2024 from 391 in December 2023. The figures are above the outlined trajectory for January 2024 which was 0.

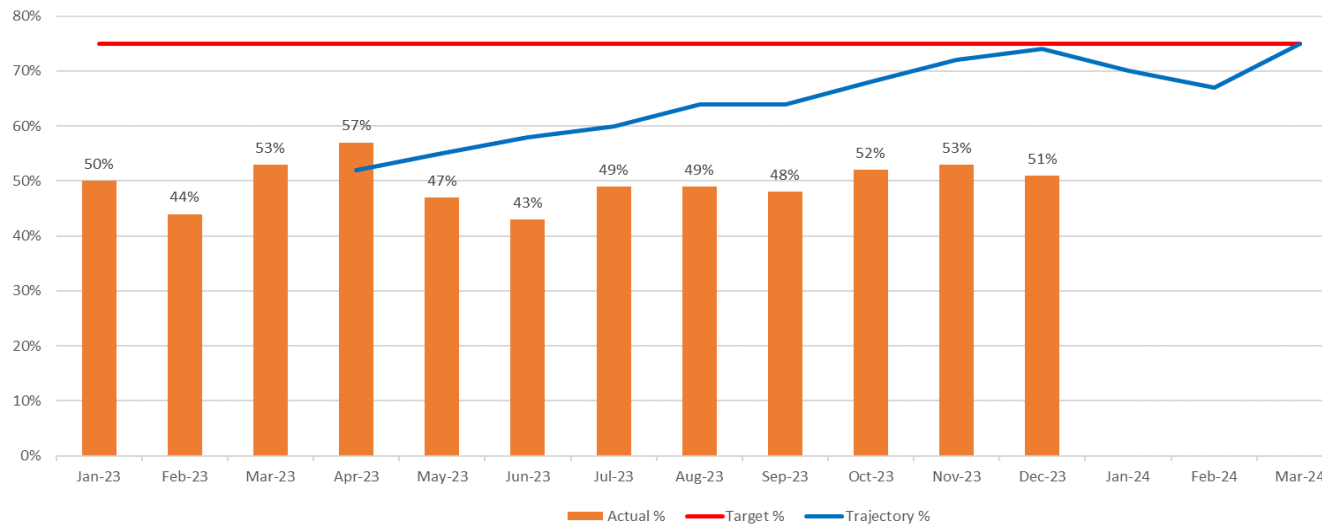
### 4. Ambulance Handover Lost Hours



4. The ambulance handover lost hours rate has seen a reduction in January 2024. The ambulance handover lost hours decreased from 3,787 in December 2023 to 3,693 in January 2024. This is above the outlined trajectory for January 2024 (799).

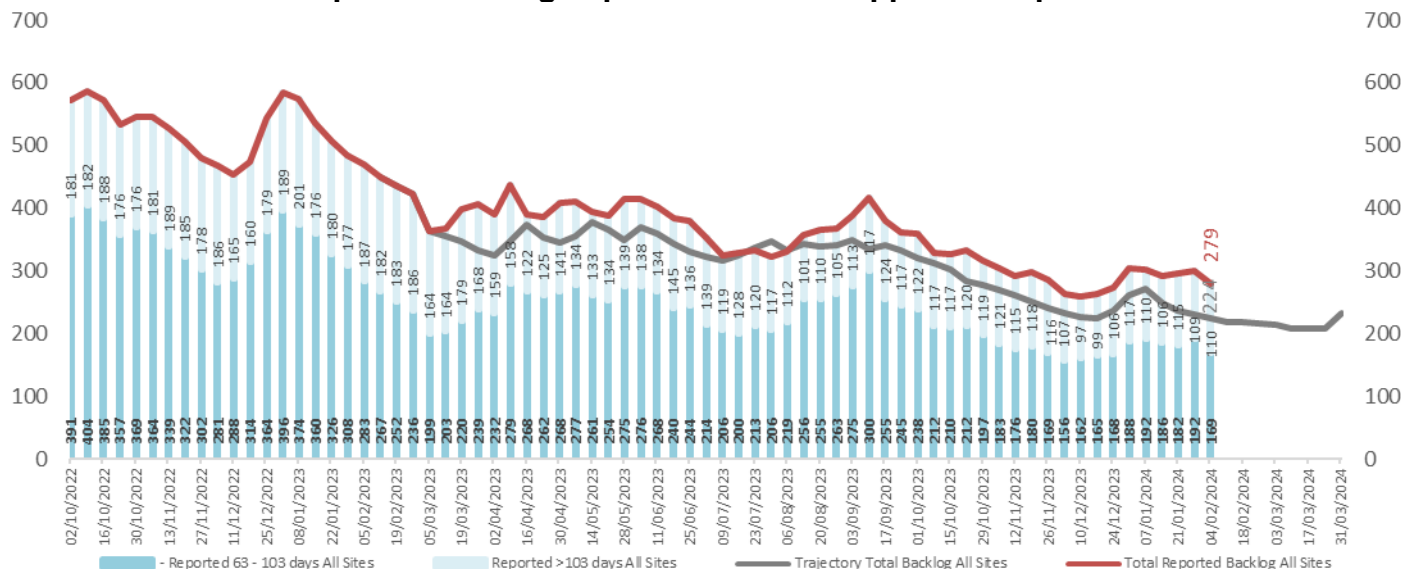
## CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

### 1. SCP performance trajectory



1. The final SCP performance for December 2023 was 51%, which is slightly lower than the figure reported in November 2023. Performance is below the submitted trajectory (74%).

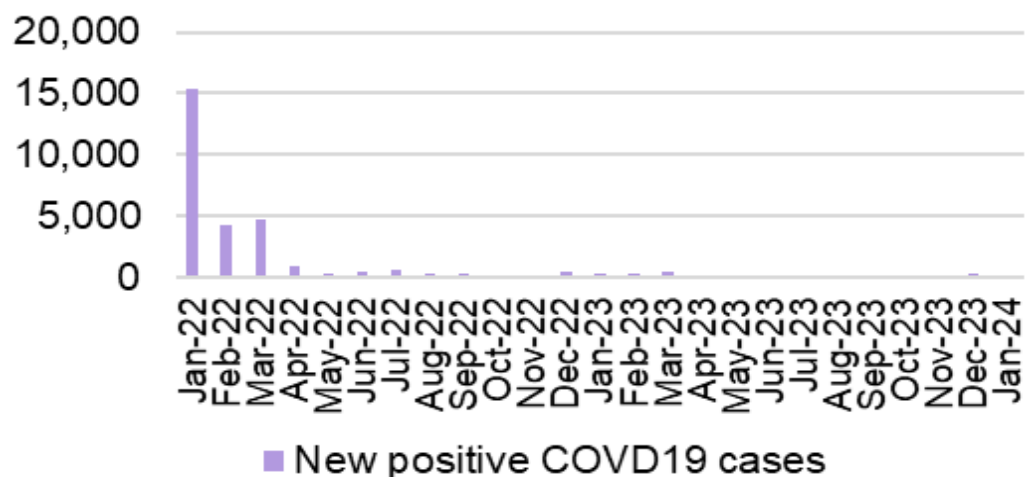
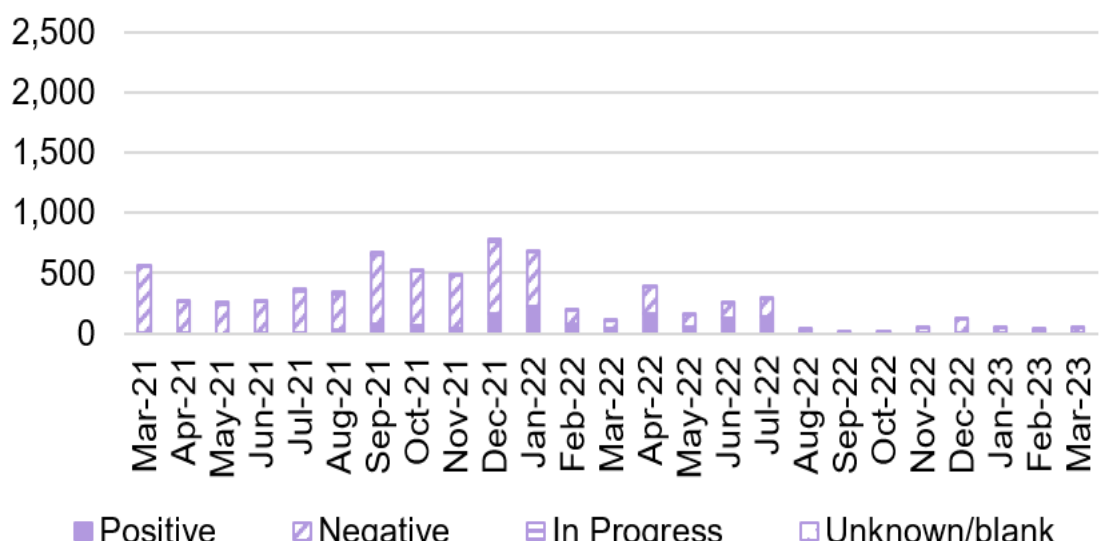
### 2. Proposed backlog improvements to support SCP performance



2. Backlog figures have seen a decrease in recent weeks. The total backlog at 04/02/2024 was 279.

### **3. UPDATES ON KEY SERVICE AREAS**

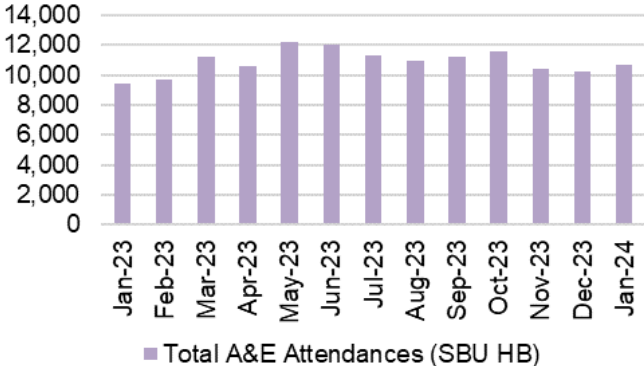
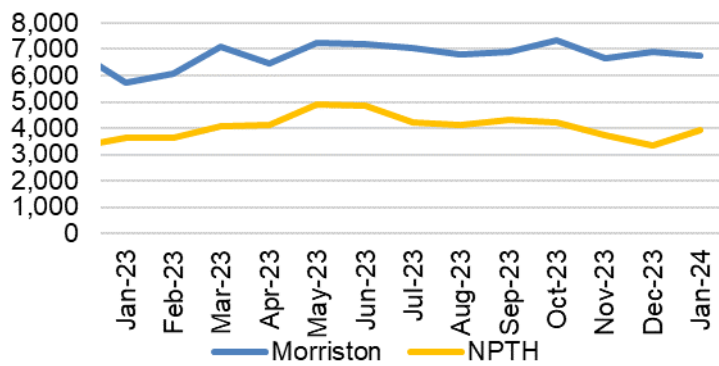
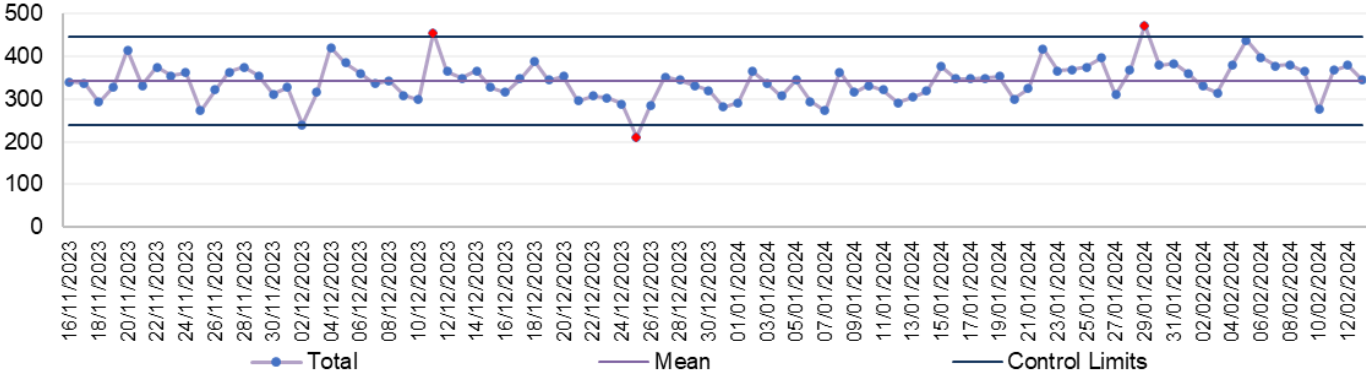


COVID Data		
Description	Current Performance	Trend
1. Number of new COVID19 cases in Swansea Bay population area	<p><b>Number of new COVID cases</b></p> <p>In January 2024, there were an additional 174 positive cases recorded bringing the cumulative total to 121,400 in Swansea Bay since March 2020.</p>	<p><b>Number of new COVID19 cases for Swansea Bay population</b></p>  <p>■ New positive COVID19 cases</p>
2. Number of staff referred for Antigen testing	<p><b>Staff referred for Antigen testing</b></p> <p>The cumulative number of staff referred for COVID testing between March 2020 and March 2023 is 18,230 of which 19% have been positive (Cumulative total).</p> <p>*WG have now ceased data collection for staff testing centres*</p>	<p><b>Outcome of staff referred for Antigen testing</b></p>  <p>■ Positive    ▨ Negative    ▤ In Progress    □ Unknown/blank</p>

COVID RELATED STAFF ABSENCE																																																																																																
Description	Current Performance	Trend																																																																																														
<b>Staff absence due to COVID19</b>  1. Number of staff self-isolating (asymptomatic)  2. Number of staff self-isolating (symptomatic)	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.</p> <p><b>1. &amp; 2. Number of staff self-isolating (asymptomatic and symptomatic)</b>            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><b>1. Number of staff self isolating (asymptomatic)</b></p> <p>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</p> <p><b>2. Number of staff self isolating (symptomatic)</b></p> <p>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</p>																																																																																														
		<p><b>% staff sickness</b></p> <table> <tr> <th></th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th><th>Mar-23</th><th>Apr-23</th><th>May-23</th><th>Jun-23</th></tr> <tr> <td>Medical</td><td>3.5%</td><td>4.9%</td><td>1.8%</td><td>0.2%</td><td>1.1%</td><td>0.7%</td><td>1.2%</td><td>0.5%</td><td>0.3%</td><td>0.1%</td><td>0.1%</td><td>0.1%</td><td>0.0%</td></tr> <tr> <td>Nursing Reg</td><td>2.8%</td><td>2.4%</td><td>1.3%</td><td>1.1%</td><td>1.2%</td><td>0.9%</td><td>1.1%</td><td>0.7%</td><td>0.6%</td><td>0.7%</td><td>0.4%</td><td>0.4%</td><td>0.1%</td></tr> <tr> <td>Nursing Non Reg</td><td>2.7%</td><td>2.7%</td><td>1.2%</td><td>1.1%</td><td>1.3%</td><td>1.6%</td><td>1.5%</td><td>0.6%</td><td>0.6%</td><td>0.5%</td><td>0.7%</td><td>0.2%</td><td>0.0%</td></tr> <tr> <td>Other</td><td>1.8%</td><td>1.6%</td><td>0.5%</td><td>0.6%</td><td>0.6%</td><td>0.7%</td><td>0.9%</td><td>0.4%</td><td>0.4%</td><td>0.2%</td><td>0.2%</td><td>0.1%</td><td>0.1%</td></tr> <tr> <td>All</td><td>2.4%</td><td>2.2%</td><td>1.0%</td><td>0.8%</td><td>0.9%</td><td>0.9%</td><td>1.1%</td><td>0.5%</td><td>0.5%</td><td>0.4%</td><td>0.3%</td><td>0.2%</td><td>0.1%</td></tr> </table>													Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Medical	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%	0.1%	0.0%	Nursing Reg	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	0.4%	0.4%	0.1%	Nursing Non Reg	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%	0.2%	0.0%	Other	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	0.1%	0.1%	All	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%
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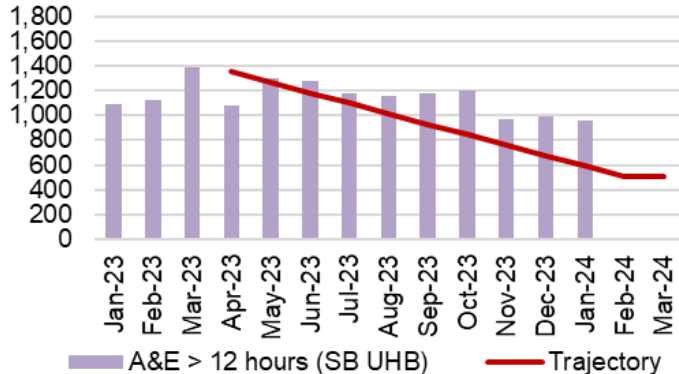
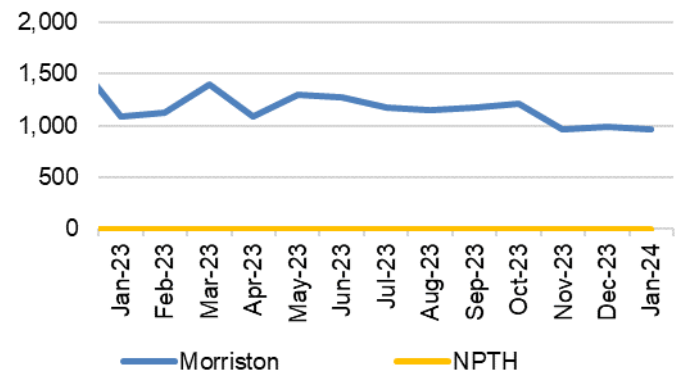
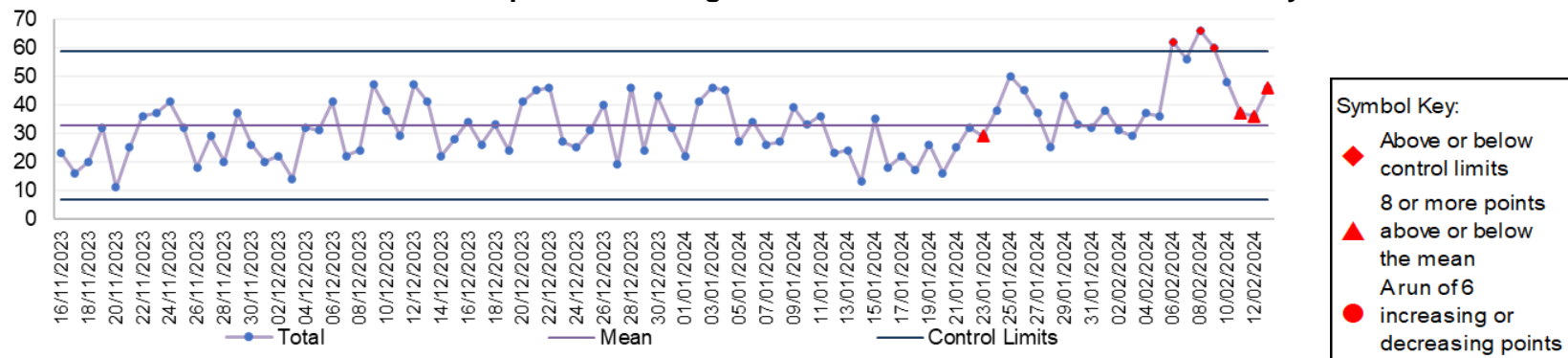
UNSCHEDULED CARE																																																																																																																																																																																																																															
Description	Current Performance	Actions of Improvement																																																																																																																																																																																																																													
<b>Ambulance responses</b> <i>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</i>  <i>2. The number of ambulance calls by category.</i>  <i>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</i>	In January 2024, the number of red calls responded to within 8 minutes improved to 50.4% from 47.3% in December 2023. In January 2024, the number of green calls decreased by 9%, amber calls decreased by 8%, and red calls decreased by 5% compared with December 2023.	Ambulance response rates have seen an improvement in performance in January 2024. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.																																																																																																																																																																																																																													
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	<div><div><div><div>1. % of red calls responded to within 8 minutes</div><table border="1"><caption>1. % of red calls responded to within 8 minutes</caption><thead><tr><th>Month</th><th>% of red calls responded to within 8 minutes (SBU HB)</th></tr></thead><tbody><tr><td>Jan-23</td><td>52%</td></tr><tr><td>Feb-23</td><td>52%</td></tr><tr><td>Mar-23</td><td>48%</td></tr><tr><td>Apr-23</td><td>50%</td></tr><tr><td>May-23</td><td>55%</td></tr><tr><td>Jun-23</td><td>62%</td></tr><tr><td>Jul-23</td><td>55%</td></tr><tr><td>Aug-23</td><td>55%</td></tr><tr><td>Sep-23</td><td>50%</td></tr><tr><td>Oct-23</td><td>45%</td></tr><tr><td>Nov-23</td><td>52%</td></tr><tr><td>Dec-23</td><td>48%</td></tr><tr><td>Jan-24</td><td>50%</td></tr></tbody></table></div><div><div>2. Number of ambulance call responses</div><table border="1"><caption>2. 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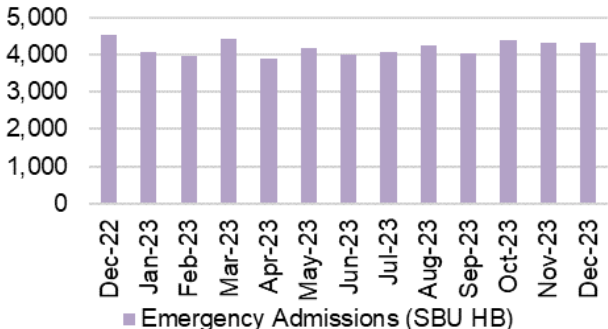
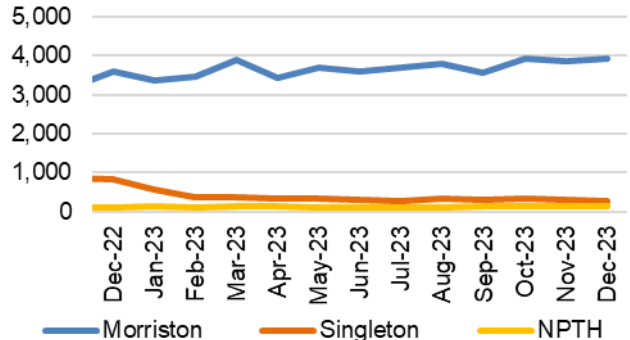
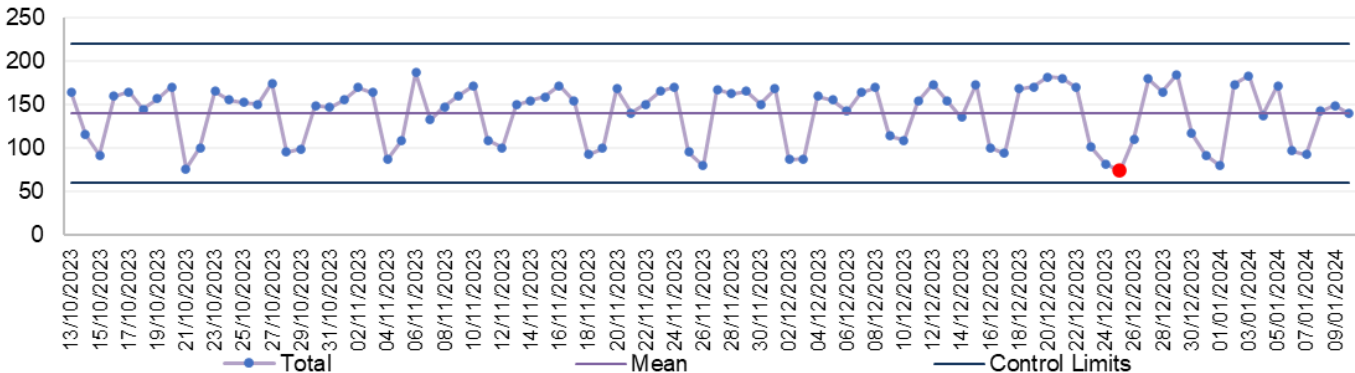
UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<p>Ambulance handovers</p> <p>1.The number of ambulance handovers over one hour</p> <p>2. The number of ambulance handovers over one hour- Hospital level</p> <p>3.The number of ambulance handovers over one hour (last 90 days)</p>	<p>In January 2024, there were 704 ambulance to hospital handovers taking over 1 hour; this is a reduction of 58 compared with 762 in December 2023. In January 2024, 701 handovers over 1 hour were attributed to Morriston Hospital and 3 attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have decreased from 3,787 in December 2023 to 3,693 in January 2024.</p>	<p>Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction. Changes to medical staff rotas will be implemented in February 2024 to bring more senior clinical decision making to early points in care pathways</p>
	Trend	
	<div> <div> <p>1. Number of ambulance handovers- HB total</p> <p>Handovers &gt; 1 hr (SBU HB) Trajectory</p> </div> <div> <p>2. Number of ambulance handovers over 1 hour- Hospital level</p> <p>Morriston Singleton</p> </div> <div> <p>3. Number of ambulance handovers- HB total last 90 days</p> <p>Total Mean Control Limits</p> <p>Symbol Key:            ◆ Above or below control limits            8 or more points above or below the mean            ▲ Arun of 6            ● increasing or decreasing points</p> </div> </div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<b>A&amp;E Attendances</b> 1. The number of attendances at emergency departments in the Health Board  2. The number of attendances at emergency departments in the Health Board – Hospital level  3. The number of attendances at emergency departments in the Health Board (last 90 days)	ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In January 2024 there were 10,687 A&E attendances, this is 4% higher than December 2023.	There is currently a medical SDEC model in place consisting of medics, GP's, therapies, plus co-location of OPAS, ACT, virtual wards, paramedics (WAST stack review and direct access) – pull & push model from ED.
	Trend	
	<p><b>1. Number of A&amp;E attendances- HB total</b></p>  <p>■ Total A&amp;E Attendances (SBU HB)</p>	<p><b>2. Number of A&amp;E attendances- Hospital level</b></p>  <p>— Morriston — NPTH</p>
	<p><b>3. Number of A&amp;E attendances -HB total last 90 days</b></p>  <p>● Total — Mean — Control Limits</p> <p><b>Symbol Key:</b></p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>▲ 8 or more points above or below the mean</li> <li>● Arun of 6</li> <li>● increasing or decreasing points</li> </ul>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<b>A&amp;E waiting times</b>  <i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i>  <i>2. % of patients who spend less than 4 hours in A&amp;E- Hospital level</i>  <i>3. % of patients who spend less than 4 hours in A&amp;E (last 90 days)</i>	<p>The Health Board's performance against the 4-hour measure improved from 74.74% in December 2023 to 76.61% in January 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 99.21% in January 2024. Morriston Hospital's performance improved between December 2023 and January 2024, achieving 63.53% against the target.</p>	<p>The continuous flow model was introduced in October 2023 to support reduced occupancy and to improve flow throughout the day. Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with WAST colleagues to implement further pathways.</p>
	Trend	
	<div> <div> <b>1. % Patients waiting under 4 hours in A&amp;E- HB total</b> <p>A&amp;E % &lt; 4 hours (SB UHB)      Trajectory</p> </div> <div> <b>2. % Patients waiting under 4 hours in A&amp;E- Hospital level</b> <p>Morriston      NPTH</p> </div> <div> <b>3. % Patients waiting under 4 hours in A&amp;E- HB total last 90 days</b> <p>Total      Mean      Control Limits</p> <div> <p>Symbol Key:</p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>▲ 8 or more points above or below the mean</li> <li>● Arun of 6</li> <li>● increasing or decreasing points</li> </ul> </div> </div> </div>	



UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<b>A&amp;E waiting times</b>  <i>1.Number of patients who spend 12 hours or more in A&amp;E</i>  <i>2.Number of patients who spend 12 hours or more in A&amp;E- Hospital level</i>  <i>3.Number of patients who spend 12 hours or more in A&amp;E (last 90 days)</i>	<p>In January 2024, performance against the 12-hour measure slightly improved when compared with December 2023, decreasing from 994 to 959. This is a reduction of 35 compared to December 2023. All 959 patients waiting over 12 hours in January 2024 were attributed to Morriston Hospital.</p>	<p>A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.</p>
	Trend	
	<p><b>1. Number of patients waiting over 12 hours in A&amp;E- HB total</b></p>  <p><b>2. Number of patients waiting over 12 hours in A&amp;E- Hospital level</b></p>  <p><b>3. Number of patients waiting over 12 hours in A&amp;E – HB total last 90 days</b></p> 	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<b>Emergency admissions</b>  1. The number of emergency inpatient admissions  2. The number of emergency inpatient admissions- Hospital level  3. The number of emergency inpatient admissions (last 90 days)	<p>In December 2023, there were 4,328 emergency admissions across the Health Board, which is 26 higher than November 2023.</p> <p>Singleton Hospital saw an in-month reduction, with 33 less admissions (from 308 in November 2023), Morriston Hospital saw an in-month increase from 3,871 admissions in November 2023 to 3,923 admissions in December 2023.</p>	<p>The increased number of emergency admissions is directly linked to the pressure within the system and the reduced flow from ED – this will be addressed by the previously referenced occupancy actions</p>
	Trend	
	<div> <div> 1. Number of emergency admissions- HB total  <p>Emergency Admissions (SBU HB)</p> </div> <div> 2. Number of emergency admissions- Hospital level  <p>Morriston Singleton NPTH</p> </div> <div> 3. Number of emergency admissions- HB total last 90 days  <p>Total Mean Control Limits</p> <div> <p>Symbol Key:</p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>▲ 8 or more points above or below the mean</li> <li>● Arun of 6</li> <li>● increasing or decreasing points</li> </ul> </div> </div> </div>	



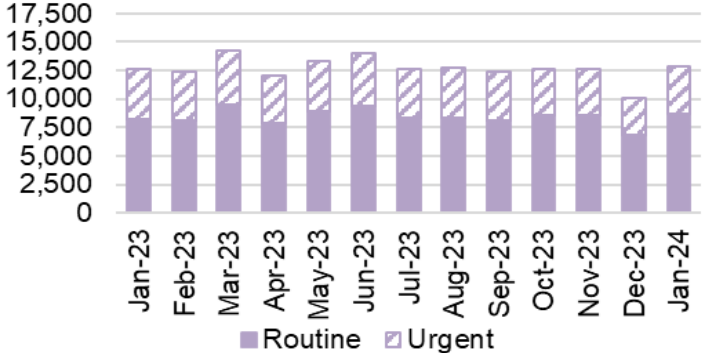
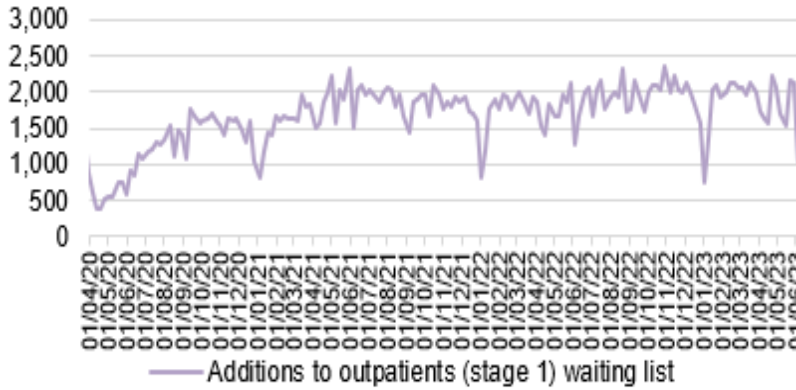
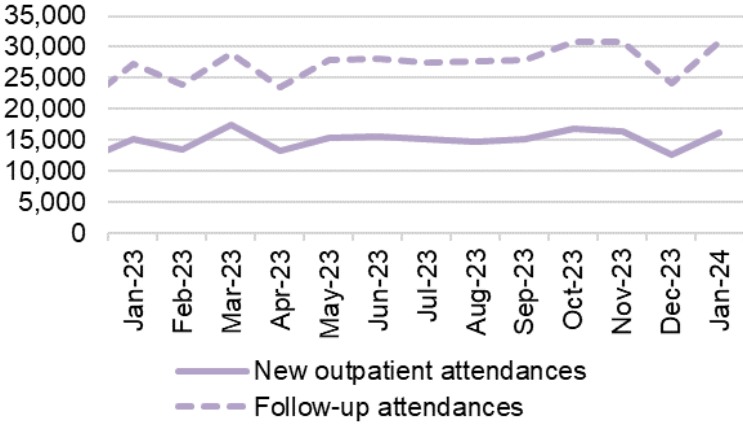
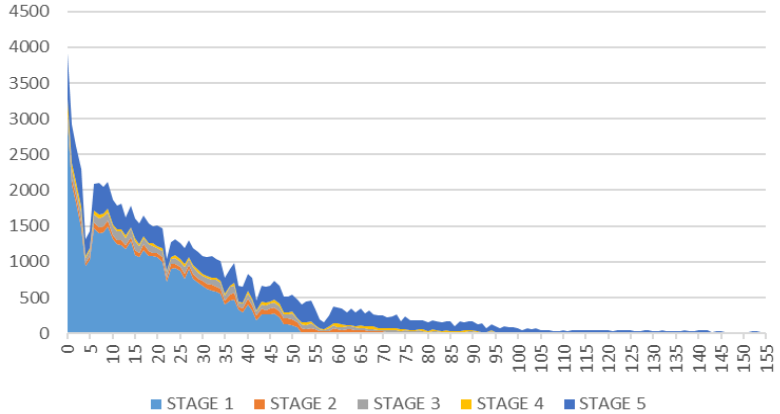
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Description	Current Performance	Actions of Improvement																																																								
<b>Critical Care-Delayed Transfers of Care (DTCO)-Morriston Hospital</b> <i>1.Total Critical Care delayed discharges (hours)</i>  <i>2. Average lost bed days per day</i>  <i>3.Percentage of patients delayed:</i> <i>Up to 8 hours</i> <i>Between 8 and 24 hours</i> <i>Over 24 hours</i>	In January 2024, there were a total of 78 admissions into the Intensive Care Unit (ICU) in Morriston Hospital, this is a reduction when compared with 102 admissions in December 2023. January 2024, saw a decrease in the number of delayed discharge hours from 3,337.45 in December 2023 to 1640.55 in December 2023. The average lost bed days decreased to 2.2 per day. The percentage of patients delayed over 24 hours increased to 45.31% in January from 39.73% in December 2023.	Delayed discharges from ICU are intimately linked to capacity and flow constraints within the general wards and health/social-care system in general. Increased focus on flow through ICU as a result of capital works underway to meet burns requirements.																																																								
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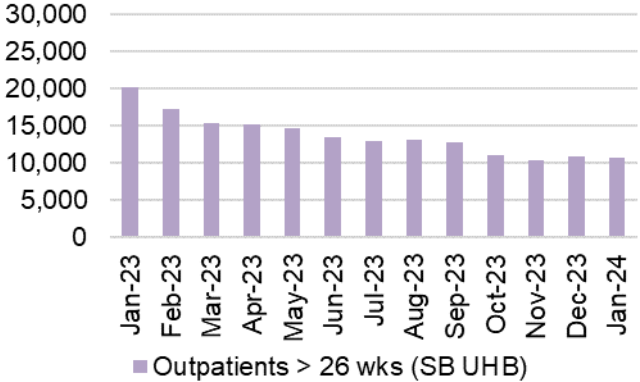
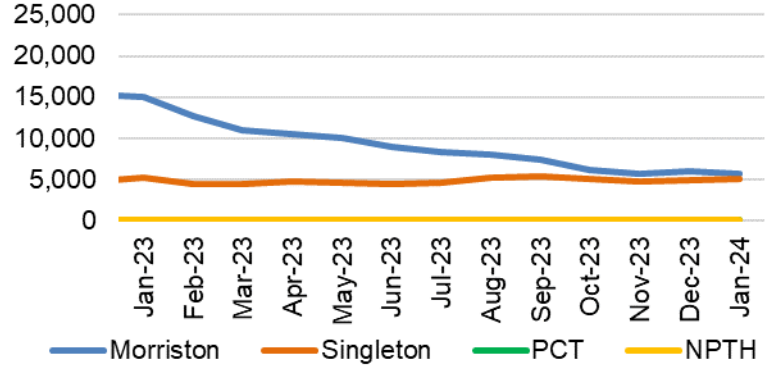
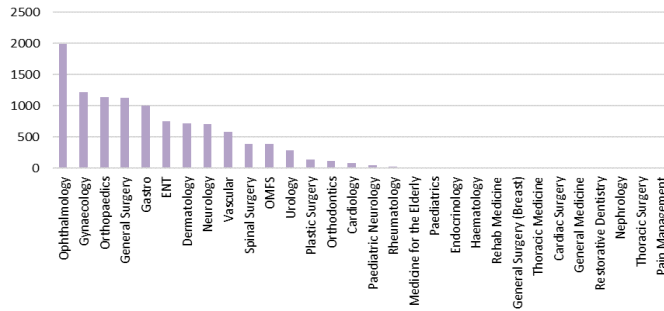
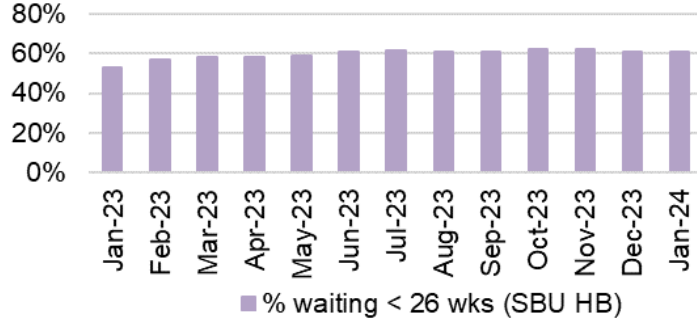
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<b>Clinically Optimised</b> <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In January 2024, there were on average 253 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals.</p> <p>In January, Morriston Hospital had the largest proportion of clinically optimised patients with 132, followed by Neath Port Talbot Hospital with 64.</p> <p><b>Actions of Improvement;</b> Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital.</p>	<p><b>The number of clinically optimised patients by site</b></p> <table><caption>Estimated data for Clinically Optimised Patients</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Jan-23</td><td>110</td><td>60</td><td>80</td><td>10</td></tr><tr><td>Feb-23</td><td>100</td><td>90</td><td>80</td><td>10</td></tr><tr><td>Mar-23</td><td>100</td><td>80</td><td>70</td><td>10</td></tr><tr><td>Apr-23</td><td>100</td><td>70</td><td>70</td><td>20</td></tr><tr><td>May-23</td><td>100</td><td>70</td><td>70</td><td>10</td></tr><tr><td>Jun-23</td><td>110</td><td>50</td><td>80</td><td>20</td></tr><tr><td>Jul-23</td><td>110</td><td>30</td><td>70</td><td>10</td></tr><tr><td>Aug-23</td><td>160</td><td>10</td><td>80</td><td>20</td></tr><tr><td>Sep-23</td><td>150</td><td>10</td><td>90</td><td>10</td></tr><tr><td>Oct-23</td><td>160</td><td>10</td><td>90</td><td>10</td></tr><tr><td>Nov-23</td><td>180</td><td>10</td><td>90</td><td>10</td></tr><tr><td>Dec-23</td><td>150</td><td>10</td><td>60</td><td>20</td></tr><tr><td>Jan-24</td><td>130</td><td>40</td><td>60</td><td>20</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Jan-23	110	60	80	10	Feb-23	100	90	80	10	Mar-23	100	80	70	10	Apr-23	100	70	70	20	May-23	100	70	70	10	Jun-23	110	50	80	20	Jul-23	110	30	70	10	Aug-23	160	10	80	20	Sep-23	150	10	90	10	Oct-23	160	10	90	10	Nov-23	180	10	90	10	Dec-23	150	10	60	20	Jan-24	130	40	60	20
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<b>Elective procedures cancelled due to lack of beds</b> <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In January 2024, there were 67 elective procedures cancelled due to lack of beds on the day of surgery. This is 57 more cancellations than those seen in December 2023.</p> <p>Of the cancelled procedures, 42 were attributed to Neath Port Talbot Hospital and 25 were attributed to Morriston Hospital in January 2024.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p> <table><caption>Estimated data for Elective Procedures Cancelled</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jan-23</td><td>50</td><td>2</td><td>15</td></tr><tr><td>Feb-23</td><td>30</td><td>0</td><td>0</td></tr><tr><td>Mar-23</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Apr-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>May-23</td><td>25</td><td>0</td><td>5</td></tr><tr><td>Jun-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Jul-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Aug-23</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Sep-23</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Oct-23</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Nov-23</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Dec-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Jan-24</td><td>25</td><td>0</td><td>42</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Jan-23	50	2	15	Feb-23	30	0	0	Mar-23	20	0	0	Apr-23	10	0	0	May-23	25	0	5	Jun-23	10	0	0	Jul-23	10	0	0	Aug-23	5	0	0	Sep-23	15	0	0	Oct-23	15	0	0	Nov-23	20	0	0	Dec-23	10	0	0	Jan-24	25	0	42														
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<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> <li>19 cases of <i>E. coli</i> bacteraemia were identified in January 2024, of which 9 were hospital acquired and 10 were community acquired.</li> <li>The Health Board total is currently in line with the Welsh Government Profile target of 19 cases for January 2024.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number E. Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>20</td><td>20</td></tr> <tr><td>Feb-23</td><td>18</td><td>18</td></tr> <tr><td>Mar-23</td><td>19</td><td>19</td></tr> <tr><td>Apr-23</td><td>25</td><td>20</td></tr> <tr><td>May-23</td><td>22</td><td>19</td></tr> <tr><td>Jun-23</td><td>24</td><td>20</td></tr> <tr><td>Jul-23</td><td>24</td><td>20</td></tr> <tr><td>Aug-23</td><td>27</td><td>19</td></tr> <tr><td>Sep-23</td><td>23</td><td>19</td></tr> <tr><td>Oct-23</td><td>11</td><td>19</td></tr> <tr><td>Nov-23</td><td>32</td><td>20</td></tr> <tr><td>Dec-23</td><td>12</td><td>21</td></tr> <tr><td>Jan-24</td><td>19</td><td>20</td></tr> <tr><td>Feb-24</td><td>19</td><td>19</td></tr> <tr><td>Mar-24</td><td>19</td><td>19</td></tr> </tbody> </table>	Month	Number E. Coli cases (SBU)	Trajectory	Jan-23	20	20	Feb-23	18	18	Mar-23	19	19	Apr-23	25	20	May-23	22	19	Jun-23	24	20	Jul-23	24	20	Aug-23	27	19	Sep-23	23	19	Oct-23	11	19	Nov-23	32	20	Dec-23	12	21	Jan-24	19	20	Feb-24	19	19	Mar-24	19	19
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<b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i>	<ul style="list-style-type: none"> <li>There were 11 cases of <i>Staph. aureus</i> bacteraemia in January 2024, of which 7 were hospital acquired and 4 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 5 cases for January 2024</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired S.aureus bacteraemia cases</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>10</td><td></td></tr> <tr><td>Feb-23</td><td>11</td><td></td></tr> <tr><td>Mar-23</td><td>10</td><td></td></tr> <tr><td>Apr-23</td><td>16</td><td>8</td></tr> <tr><td>May-23</td><td>10</td><td>6</td></tr> <tr><td>Jun-23</td><td>13</td><td>6</td></tr> <tr><td>Jul-23</td><td>14</td><td>6</td></tr> <tr><td>Aug-23</td><td>10</td><td>6</td></tr> <tr><td>Sep-23</td><td>10</td><td>6</td></tr> <tr><td>Oct-23</td><td>10</td><td>6</td></tr> <tr><td>Nov-23</td><td>14</td><td>6</td></tr> <tr><td>Dec-23</td><td>17</td><td>6</td></tr> <tr><td>Jan-24</td><td>11</td><td>5</td></tr> <tr><td>Feb-24</td><td></td><td>5</td></tr> <tr><td>Mar-24</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Jan-23	10		Feb-23	11		Mar-23	10		Apr-23	16	8	May-23	10	6	Jun-23	13	6	Jul-23	14	6	Aug-23	10	6	Sep-23	10	6	Oct-23	10	6	Nov-23	14	6	Dec-23	17	6	Jan-24	11	5	Feb-24		5	Mar-24		5
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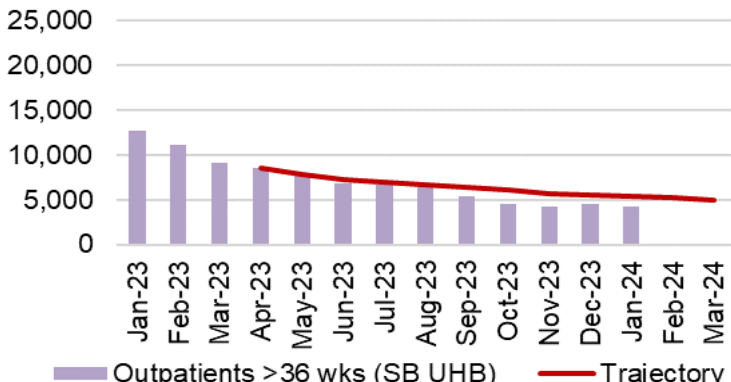
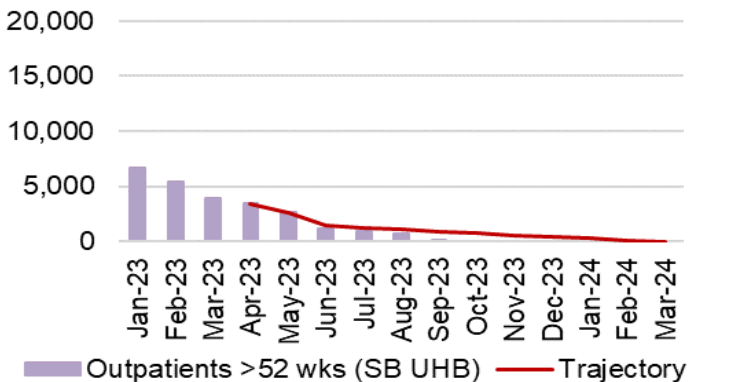
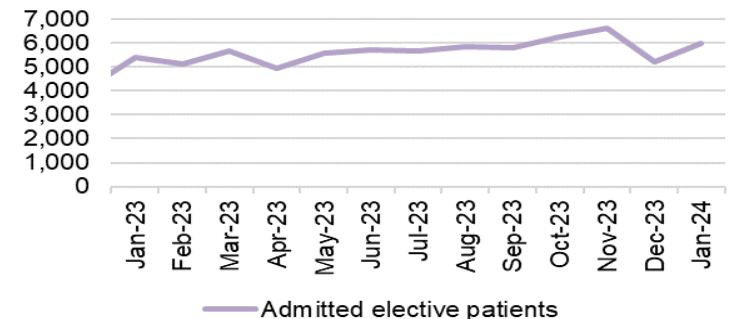
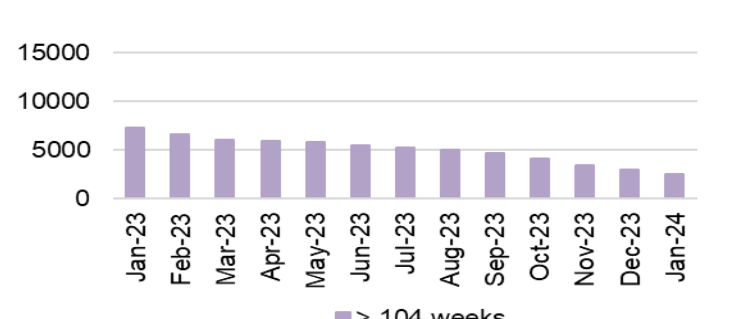
HEALTHCARE ACQUIRED INFECTIONS																																		
Description	Current Performance	Trend																																
<b>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i></b> <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"><li>There were 22 <i>Clostridium difficile</i> toxin positive cases in January 2024, of which 15 were hospital acquired and 7 were community acquired.</li><li>The Health Board total is currently above the Welsh Government Profile target of 7 cases for January 2024.</li></ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired C.difficile cases</b></p> <table><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><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>17</td></tr><tr><td>Sep-23</td><td>27</td></tr><tr><td>Oct-23</td><td>18</td></tr><tr><td>Nov-23</td><td>33</td></tr><tr><td>Dec-23</td><td>21</td></tr><tr><td>Jan-24</td><td>22</td></tr><tr><td>Feb-24</td><td>0</td></tr><tr><td>Mar-24</td><td>0</td></tr></tbody></table> <p>Number of C.diff cases (SBU)      Trajectory</p>	Month	Number of C.diff cases (SBU)	Jan-23	22	Feb-23	12	Mar-23	19	Apr-23	18	May-23	14	Jun-23	20	Jul-23	18	Aug-23	17	Sep-23	27	Oct-23	18	Nov-23	33	Dec-23	21	Jan-24	22	Feb-24	0	Mar-24	0
Month	Number of C.diff cases (SBU)																																	
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<b>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i></b> <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"><li>There were 11 cases of <i>Klebsiella sp</i> in January 2024, of which 6 were hospital acquired and 5 were community acquired.</li><li>The Health Board total is currently above the Welsh Government Profile target of 5 cases for January 2024.</li></ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired Klebsiella cases</b></p> <table><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><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>10</td></tr><tr><td>Sep-23</td><td>12</td></tr><tr><td>Oct-23</td><td>6</td></tr><tr><td>Nov-23</td><td>8</td></tr><tr><td>Dec-23</td><td>5</td></tr><tr><td>Jan-24</td><td>11</td></tr><tr><td>Feb-24</td><td>0</td></tr><tr><td>Mar-24</td><td>0</td></tr></tbody></table> <p>Number of Klebsiella cases (SBU)      Trajectory</p>	Month	Number of Klebsiella cases (SBU)	Jan-23	11	Feb-23	8	Mar-23	11	Apr-23	8	May-23	10	Jun-23	6	Jul-23	3	Aug-23	10	Sep-23	12	Oct-23	6	Nov-23	8	Dec-23	5	Jan-24	11	Feb-24	0	Mar-24	0
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Description	Current Performance	Trend																																																
<b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> <li>There were 2 cases of <i>P.Aeruginosa</i> in January 2024, all of which were hospital acquired.</li> <li>The Health Board total is currently in line with the Welsh Government Profile target of 2 cases for January 2024.</li> </ul> <p><b>Actions of Improvement;</b>  Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired Pseudomonas cases</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>4</td><td></td></tr> <tr><td>Feb-23</td><td>2</td><td></td></tr> <tr><td>Mar-23</td><td>4</td><td></td></tr> <tr><td>Apr-23</td><td>2</td><td>3</td></tr> <tr><td>May-23</td><td>1</td><td>2</td></tr> <tr><td>Jun-23</td><td>4</td><td>2</td></tr> <tr><td>Jul-23</td><td>2</td><td>2</td></tr> <tr><td>Aug-23</td><td>1</td><td>2</td></tr> <tr><td>Sep-23</td><td>2</td><td>2</td></tr> <tr><td>Oct-23</td><td>2</td><td>2</td></tr> <tr><td>Nov-23</td><td>1</td><td>1</td></tr> <tr><td>Dec-23</td><td>3</td><td>3</td></tr> <tr><td>Jan-24</td><td>2</td><td>2</td></tr> <tr><td>Feb-24</td><td>2</td><td>2</td></tr> <tr><td>Mar-24</td><td>1</td><td>1</td></tr> </tbody> </table> <p>■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Jan-23	4		Feb-23	2		Mar-23	4		Apr-23	2	3	May-23	1	2	Jun-23	4	2	Jul-23	2	2	Aug-23	1	2	Sep-23	2	2	Oct-23	2	2	Nov-23	1	1	Dec-23	3	3	Jan-24	2	2	Feb-24	2	2	Mar-24	1	1
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PLANNED CARE		
Description	Current Performance	Actions of Improvement
<b>Referrals and shape of the waiting list</b>  <b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>  <b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>  <b>3. Outpatient activity undertaken</b> <i>Total number of patients seen each month</i>  <b>4. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at October 2023</i>	<p>In January 2024, there were 12,876 referrals received. This is higher than the number that was received in December 2023 (10,102). Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.</p> <p><b>Trend</b></p> <p><b>1. Number of GP referrals received by SBU Health Board</b></p>  <p><b>2. Number of stage 1 additions per week</b></p>  <p><b>3. Outpatient activity undertaken</b></p>  <p><b>4. Total size of the waiting list (January 2024)</b></p> 	<p>The number of referrals received has remained steady in recent months and is now showing a consistent pattern of demand. December is always seasonally low</p>

PLANNED CARE		
Description	Current Performance	Actions of Improvement
<b>Outpatient waiting times</b>  1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total  2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level  3. Patients waiting over 26 weeks for an outpatient appointment by specialty  4. Percentage of patients waiting less than 26 weeks	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. January 2024 saw an in-month reduction of 2% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 10,889 in December 2023. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, followed by Gynaecology and Orthopaedics. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has decreased to 60.8%.</p>	<p>Administrative validation is currently taking place to further cleanse the waiting list position and reduce the number of patients on the waiting list inappropriately.</p> <p>Service Group specific recovery trajectories have been developed to further support recovery.</p>
	<b>Trend</b> <div> <div> 1. Number of stage 1 over 26 weeks- HB total  <p>■ Outpatients &gt; 26 wks (SB UHB)</p> </div> <div> 2. Number of stage 1 over 26 weeks- Hospital level  <p>— Morriston — Singleton — PCT — NPTH</p> </div> <div> 3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at December 2023  </div> <div> 4. Percentage of patient waiting less than 26 weeks  <p>■ % waiting &lt; 26 wks (SBU HB)</p> </div> </div>	

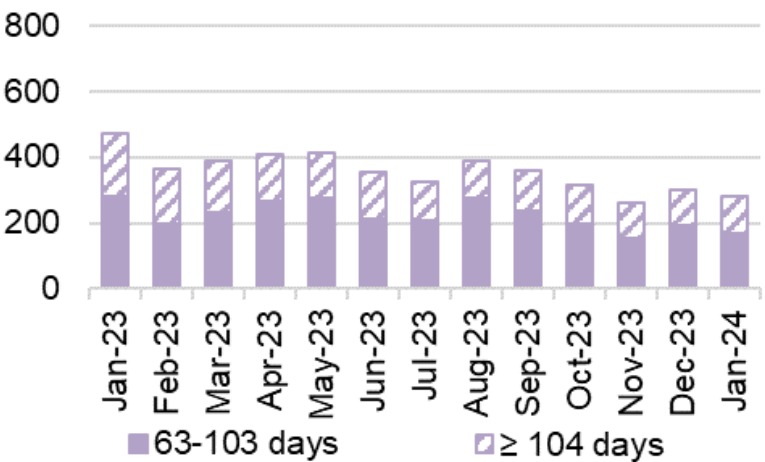
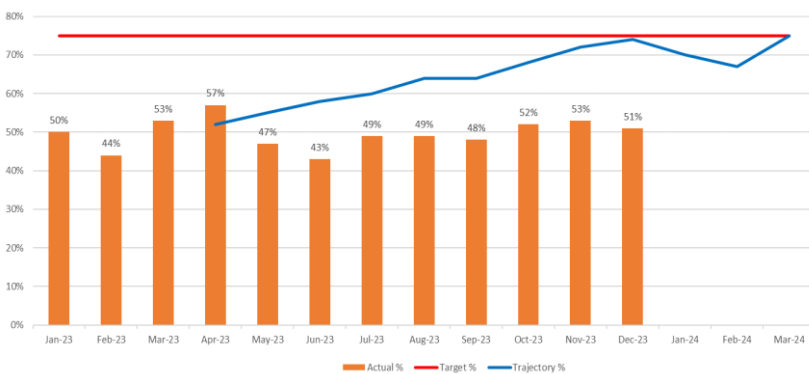


PLANNED CARE		
Description	Current Performance	Actions of Improvement
<b>Patients waiting over 36 weeks for treatment</b>  1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total  2. Number of patients waiting more than 52 weeks for treatment at Stage 1  3. Number of elective admissions  4. Number of patients waiting more than 104 weeks for treatment	<p>In January 2024, there were 4,184 patients waiting over 36 weeks at Stage 1, which is an 8% in-month reduction from December 2023. 13,318 patients were waiting over 52 weeks at all stages in January 2024. In January 2024, there were 2,566 patients waiting over 104 weeks for treatment, which is a 14% reduction from December 2023. The Health Board are currently out-performing all submitted recovery trajectories for 2023/24.</p>	<p>Focus is now on reducing the numbers of longest waiting patients. All 5 year and 4 year waits will be resolved in year and the majority of 3 year waits also being addressed. Further improvement will be driven through the rest of quarter 4 to reduce the total number of patients waiting over 104 weeks further</p>
	Trend	
	<p><b>1. Number of patients waiting over 36 weeks at Stage 1- HB total</b></p>  <p>■ Outpatients &gt;36 wks (SB UHB) — Trajectory</p>	<p><b>2. Number of patients waiting over 52 weeks at Stage 1- HB total</b></p>  <p>■ Outpatients &gt;52 wks (SB UHB) — Trajectory</p>
	<p><b>3. Number of elective admissions</b></p>  <p>— Admitted elective patients</p>	<p><b>4. Number of patients waiting over 104 weeks- HB total</b></p>  <p>■ &gt; 104 weeks</p>


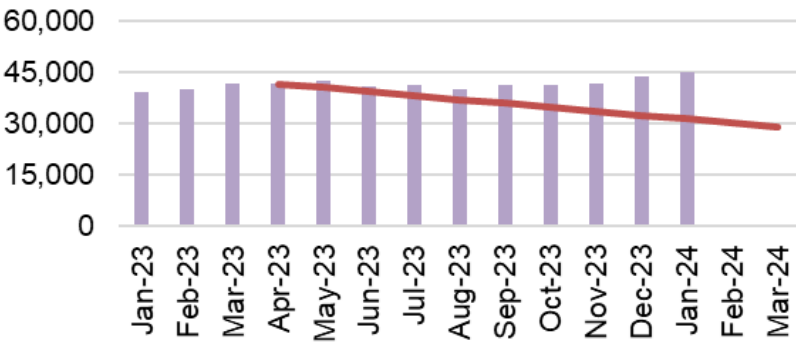


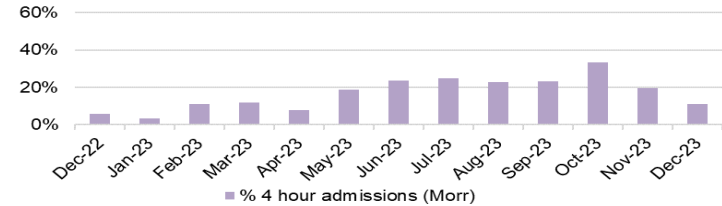
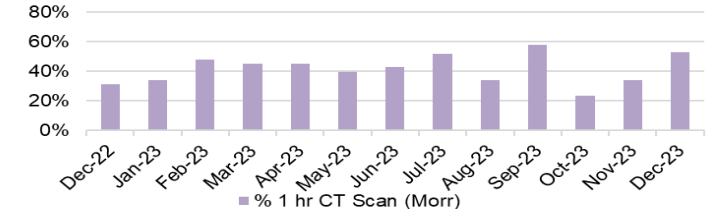
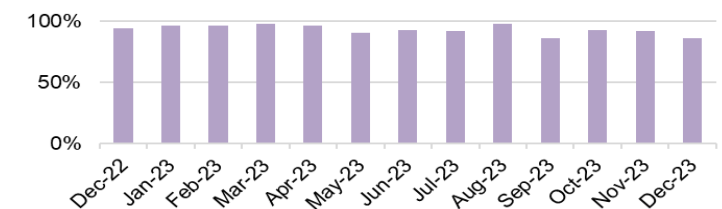
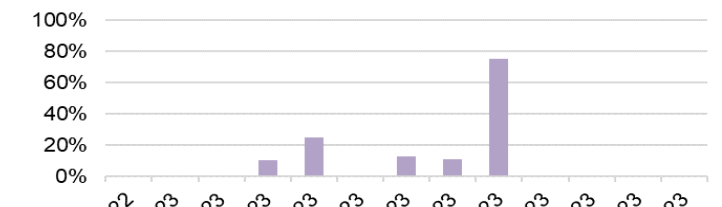
PLANNED CARE																																																		
Description	Current Performance																																																	
<b>Ophthalmology Referrals</b> <i>Number of patients referred into secondary care Ophthalmology services</i>	<p>In January 2024, there were 775 patients referred from Primary Care into secondary care ophthalmology services. This is an increase on the number of patients referred in December 2023, which was 735.</p> <p>The figures reported are outperforming the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in January 2024 (950).</p>	<p><b>Number of referrals into secondary care Ophthalmology service</b></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>Jan-23</td><td>850</td><td>850</td></tr> <tr><td>Feb-23</td><td>820</td><td>820</td></tr> <tr><td>Mar-23</td><td>950</td><td>950</td></tr> <tr><td>Apr-23</td><td>750</td><td>850</td></tr> <tr><td>May-23</td><td>800</td><td>950</td></tr> <tr><td>Jun-23</td><td>880</td><td>950</td></tr> <tr><td>Jul-23</td><td>820</td><td>850</td></tr> <tr><td>Aug-23</td><td>800</td><td>950</td></tr> <tr><td>Sep-23</td><td>820</td><td>950</td></tr> <tr><td>Oct-23</td><td>850</td><td>950</td></tr> <tr><td>Nov-23</td><td>820</td><td>950</td></tr> <tr><td>Dec-23</td><td>735</td><td>800</td></tr> <tr><td>Jan-24</td><td>775</td><td>950</td></tr> <tr><td>Feb-24</td><td></td><td>950</td></tr> <tr><td>Mar-24</td><td></td><td>950</td></tr> </tbody> </table>	Month	Number of referrals	Trajectory	Jan-23	850	850	Feb-23	820	820	Mar-23	950	950	Apr-23	750	850	May-23	800	950	Jun-23	880	950	Jul-23	820	850	Aug-23	800	950	Sep-23	820	950	Oct-23	850	950	Nov-23	820	950	Dec-23	735	800	Jan-24	775	950	Feb-24		950	Mar-24		950
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<b>Ophthalmology waiting times</b> <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In January 2024, 61.3% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p><b>Actions of Improvement;</b>  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><b>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</b></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>Jan-23</td><td>50%</td><td>100%</td></tr> <tr><td>Feb-23</td><td>60%</td><td>100%</td></tr> <tr><td>Mar-23</td><td>55%</td><td>100%</td></tr> <tr><td>Apr-23</td><td>55%</td><td>100%</td></tr> <tr><td>May-23</td><td>55%</td><td>100%</td></tr> <tr><td>Jun-23</td><td>50%</td><td>100%</td></tr> <tr><td>Jul-23</td><td>55%</td><td>100%</td></tr> <tr><td>Aug-23</td><td>50%</td><td>100%</td></tr> <tr><td>Sep-23</td><td>55%</td><td>100%</td></tr> <tr><td>Oct-23</td><td>50%</td><td>100%</td></tr> <tr><td>Nov-23</td><td>50%</td><td>100%</td></tr> <tr><td>Dec-23</td><td>55%</td><td>100%</td></tr> <tr><td>Jan-24</td><td>61.3%</td><td>100%</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	Jan-23	50%	100%	Feb-23	60%	100%	Mar-23	55%	100%	Apr-23	55%	100%	May-23	55%	100%	Jun-23	50%	100%	Jul-23	55%	100%	Aug-23	50%	100%	Sep-23	55%	100%	Oct-23	50%	100%	Nov-23	50%	100%	Dec-23	55%	100%	Jan-24	61.3%	100%						
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Description	Current Performance	Trend
<b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In January, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 5,616 in December 2023 to 4,705 in January 2024.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for January 2024:</p> <ul style="list-style-type: none"> <li>Endoscopy= 3,509</li> <li>Cardiac tests= 496</li> <li>Other Diagnostics = 700</li> </ul> <p><b>Actions of Improvement;</b> 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><b>Number of patients waiting longer than 8 weeks for Diagnostics</b></p> <p>Legend: Other diagnostics (inc. radiology) Endoscopy Cardiac tests</p>
<b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In January 2024 there were 88 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in January 2024 are:</p> <ul style="list-style-type: none"> <li>Speech &amp; Language Therapy= 31</li> <li>Dietetics = 57</li> </ul> <p><b>Actions of Improvement;</b> The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas. Delivery against these trajectories is being monitored routinely.</p>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <p>Legend: Therapies &gt; 14 weeks (SBU HB)</p>

CANCER				
Description	Current Performance		Trend	
<b>Single Cancer Pathway backlog</b> <i>The number of patients with an active wait status of more than 63 days</i>	February 2024 backlog by tumour site:		<b>Number of patients with a wait status of more than 62 days</b> 	
	<b>Tumour Site</b>	<b>63 - 103 days</b>		<b>≥104 days</b>
	Acute Leukaemia	0		0
	Brain/CNS	0		0
	Breast	17		7
	Children's cancer	0		0
	Gynaecological	21		20
	Haematological	2		6
	Head and neck	9		5
	Lower Gastrointestinal	37		15
	Lung	17		10
	Other	0		0
	Sarcoma	1		4
	Skin(c)	9		5
	Upper Gastrointestinal	19		15
	Urological	37		23
	<b>Grand Total</b>	<b>169</b>		<b>110</b>
<b>Single Cancer Pathway backlog-patients waiting over 63 days</b>	January 2024 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;		<b>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</b> 	
	<ul style="list-style-type: none"><li>- Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog.</li><li>- The cancer tracking facility has now been centralised (October 2023) to support focussed tracking with a whole system approach</li><li>- Targeted work is being undertaken to focus on reducing the number of patients waiting &gt;104 days as a priority</li><li>- Milestone targets for OP access and Decision to Treat times have also been set to reduce overall pathway waits.</li></ul>			

CANCER																																																		
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<b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i>	To date, early February 2024 figures show total wait volumes for first outpatient appointment have decreased by 1% when compared with the previous week.	<b>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early February 2024</b> <table><tr><th>FIRST OPA</th><th>28-Jan</th><th>4-Feb</th></tr><tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr><tr><td>Brain/CNS</td><td>0</td><td>0</td></tr><tr><td>Breast</td><td>7</td><td>2</td></tr><tr><td>Children's Cancer</td><td>3</td><td>4</td></tr><tr><td>Gynaecological</td><td>75</td><td>57</td></tr><tr><td>Haematological</td><td>4</td><td>8</td></tr><tr><td>Head and Neck</td><td>104</td><td>90</td></tr><tr><td>Lower GI</td><td>36</td><td>64</td></tr><tr><td>Lung</td><td>20</td><td>22</td></tr><tr><td>Other</td><td>280</td><td>253</td></tr><tr><td>Sarcoma</td><td>10</td><td>5</td></tr><tr><td>Skin</td><td>124</td><td>140</td></tr><tr><td>Upper GI</td><td>15</td><td>16</td></tr><tr><td>Urological</td><td>46</td><td>58</td></tr><tr><td></td><td><b>724</b></td><td><b>719</b></td></tr></table>	FIRST OPA	28-Jan	4-Feb	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	7	2	Children's Cancer	3	4	Gynaecological	75	57	Haematological	4	8	Head and Neck	104	90	Lower GI	36	64	Lung	20	22	Other	280	253	Sarcoma	10	5	Skin	124	140	Upper GI	15	16	Urological	46	58		<b>724</b>	<b>719</b>
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	Of the total number of patients awaiting a first outpatient appointment, 56% have been booked, which is slightly higher than figures seen in the previous months' performance.																																																	
<b>Radiotherapy waiting times</b>  <i>The percentage of patients receiving radiotherapy treatment</i>	Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%	<b>Radiotherapy waiting times</b>  <table><tr><th>Measure</th><th>Target</th><th>Jan-24</th></tr><tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>25%</td></tr><tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>67%</td></tr><tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>26%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>85%</td></tr><tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr><tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr><tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>99%</td></tr><tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr></table>	Measure	Target	Jan-24	Scheduled (14 Day Target)	80%	25%	Scheduled (21 Day Target)	100%	67%	Urgent SC (2 Day Target)	80%	26%	Urgent SC (7 Day Target)	100%	85%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	99%	Elective Delay (14 Day Target)	100%	100%																					
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FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
<b>Follow-up appointments</b>  1. The total number of patients on the follow-up waiting list  2. The number of patients waiting 100% over target for a follow-up appointment	<p>In January 2024, the overall size of the follow-up waiting list increased by 3,738 patients compared with December 2023 (from 159,226 to 162,964).</p>	<p><b>1. Total number of patients waiting for a follow-up</b></p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p>
	<p>In January 2024, there was a total of 74,878 patients waiting for a follow-up past their target date. This is an increase of 2.9% in-month (from 72,790 in December 2023 to 74,878).</p>	<p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p>  <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>
	<p>Of the 74,878 delayed follow-ups in January 2024, 12,602 had appointment dates and 62,276 were still waiting for an appointment.</p>	
	<p>In addition, 44,976 patients were waiting 100%+ over target date in January 2024. This is a 2.7% increase when compared with December 2023.</p>	

STROKE																														
Description	Current Performance	Trend																												
Stroke Measures																														
1. % of patients who have a direct admission to an acute stroke unit within 4 hours	1. In December 2023, 11% of patients had a direct admission to an acute stroke unit within 4 hours. This is a deterioration on the performance reported in November 2023.	1. % of patients who have a direct admission to an acute stroke unit within 4 hours  <table><caption>% 4 hour admissions (Morr)</caption><thead><tr><th>Month</th><th>% 4 hour admissions (Morr)</th></tr></thead><tbody><tr><td>Dec-22</td><td>5%</td></tr><tr><td>Jan-23</td><td>2%</td></tr><tr><td>Feb-23</td><td>10%</td></tr><tr><td>Mar-23</td><td>12%</td></tr><tr><td>Apr-23</td><td>8%</td></tr><tr><td>May-23</td><td>18%</td></tr><tr><td>Jun-23</td><td>22%</td></tr><tr><td>Jul-23</td><td>25%</td></tr><tr><td>Aug-23</td><td>22%</td></tr><tr><td>Sep-23</td><td>22%</td></tr><tr><td>Oct-23</td><td>35%</td></tr><tr><td>Nov-23</td><td>20%</td></tr><tr><td>Dec-23</td><td>11%</td></tr></tbody></table>	Month	% 4 hour admissions (Morr)	Dec-22	5%	Jan-23	2%	Feb-23	10%	Mar-23	12%	Apr-23	8%	May-23	18%	Jun-23	22%	Jul-23	25%	Aug-23	22%	Sep-23	22%	Oct-23	35%	Nov-23	20%	Dec-23	11%
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2. % of patients who received a CT Scan within 1 hour	2. In December 2023, 53% of patients received a CT scan within 1 hour of being admitted, this is an improvement on the figure reported in November 2023.	2. % of patients who received a CT Scan within 1 hour  <table><caption>% 1 hr CT Scan (Morr)</caption><thead><tr><th>Month</th><th>% 1 hr CT Scan (Morr)</th></tr></thead><tbody><tr><td>Dec-22</td><td>30%</td></tr><tr><td>Jan-23</td><td>32%</td></tr><tr><td>Feb-23</td><td>45%</td></tr><tr><td>Mar-23</td><td>42%</td></tr><tr><td>Apr-23</td><td>42%</td></tr><tr><td>May-23</td><td>38%</td></tr><tr><td>Jun-23</td><td>42%</td></tr><tr><td>Jul-23</td><td>52%</td></tr><tr><td>Aug-23</td><td>35%</td></tr><tr><td>Sep-23</td><td>58%</td></tr><tr><td>Oct-23</td><td>25%</td></tr><tr><td>Nov-23</td><td>35%</td></tr><tr><td>Dec-23</td><td>53%</td></tr></tbody></table>	Month	% 1 hr CT Scan (Morr)	Dec-22	30%	Jan-23	32%	Feb-23	45%	Mar-23	42%	Apr-23	42%	May-23	38%	Jun-23	42%	Jul-23	52%	Aug-23	35%	Sep-23	58%	Oct-23	25%	Nov-23	35%	Dec-23	53%
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3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours	3. 86.1% of patients were assessed by a stroke specialist consultant physician within 24 hours in December 2023, which is a deterioration of 5.9% from November 2023.	3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours  <table><caption>% assess within 24 hrs (Morr)</caption><thead><tr><th>Month</th><th>% assess within 24 hrs (Morr)</th></tr></thead><tbody><tr><td>Dec-22</td><td>95%</td></tr><tr><td>Jan-23</td><td>95%</td></tr><tr><td>Feb-23</td><td>95%</td></tr><tr><td>Mar-23</td><td>95%</td></tr><tr><td>Apr-23</td><td>95%</td></tr><tr><td>May-23</td><td>90%</td></tr><tr><td>Jun-23</td><td>90%</td></tr><tr><td>Jul-23</td><td>90%</td></tr><tr><td>Aug-23</td><td>95%</td></tr><tr><td>Sep-23</td><td>85%</td></tr><tr><td>Oct-23</td><td>90%</td></tr><tr><td>Nov-23</td><td>90%</td></tr><tr><td>Dec-23</td><td>86.1%</td></tr></tbody></table>	Month	% assess within 24 hrs (Morr)	Dec-22	95%	Jan-23	95%	Feb-23	95%	Mar-23	95%	Apr-23	95%	May-23	90%	Jun-23	90%	Jul-23	90%	Aug-23	95%	Sep-23	85%	Oct-23	90%	Nov-23	90%	Dec-23	86.1%
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4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	4. In December 2023, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes.  <b>Actions of Improvement;</b> The lack of ring fenced beds on all wards across the hospital sites is challenging as bed capacity is limited by the pressures of unscheduled care demand. The lack of dedicated stroke beds is directly impacting the stroke related performance measures. Work is underway to focus on future stroke performance improvement.	4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes  <table><caption>45 mins thrombolysis (Morr)</caption><thead><tr><th>Month</th><th>45 mins thrombolysis (Morr)</th></tr></thead><tbody><tr><td>Dec-22</td><td>0%</td></tr><tr><td>Jan-23</td><td>0%</td></tr><tr><td>Feb-23</td><td>0%</td></tr><tr><td>Mar-23</td><td>10%</td></tr><tr><td>Apr-23</td><td>25%</td></tr><tr><td>May-23</td><td>0%</td></tr><tr><td>Jun-23</td><td>15%</td></tr><tr><td>Jul-23</td><td>10%</td></tr><tr><td>Aug-23</td><td>75%</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></tbody></table>	Month	45 mins thrombolysis (Morr)	Dec-22	0%	Jan-23	0%	Feb-23	0%	Mar-23	10%	Apr-23	25%	May-23	0%	Jun-23	15%	Jul-23	10%	Aug-23	75%	Sep-23	0%	Oct-23	0%	Nov-23	0%	Dec-23	0%
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ADULT MENTAL HEALTH																																												
Description	Current Performance	Trend																																										
Adult Mental Health Measures:																																												
1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)	1. In December 2023, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over.	<p><b>1. % Mental Health assessments undertaken within 28 days from receipt of referral</b></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 (&gt;18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-22</td><td>98%</td><td>95%</td></tr> <tr><td>Jan-23</td><td>100%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>100%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>100%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>98%</td><td>95%</td></tr> <tr><td>May-23</td><td>100%</td><td>95%</td></tr> <tr><td>Jun-23</td><td>98%</td><td>95%</td></tr> <tr><td>Jul-23</td><td>100%</td><td>95%</td></tr> <tr><td>Aug-23</td><td>100%</td><td>95%</td></tr> <tr><td>Sep-23</td><td>98%</td><td>95%</td></tr> <tr><td>Oct-23</td><td>100%</td><td>95%</td></tr> <tr><td>Nov-23</td><td>100%</td><td>95%</td></tr> <tr><td>Dec-23</td><td>98%</td><td>95%</td></tr> </tbody> </table>	Month	% assessments within 28 days (>18 yrs)	Target	Dec-22	98%	95%	Jan-23	100%	95%	Feb-23	100%	95%	Mar-23	100%	95%	Apr-23	98%	95%	May-23	100%	95%	Jun-23	98%	95%	Jul-23	100%	95%	Aug-23	100%	95%	Sep-23	98%	95%	Oct-23	100%	95%	Nov-23	100%	95%	Dec-23	98%	95%
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2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)	2. In December 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><b>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</b></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 (&gt;18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-22</td><td>95%</td><td>85%</td></tr> <tr><td>Jan-23</td><td>100%</td><td>85%</td></tr> <tr><td>Feb-23</td><td>100%</td><td>85%</td></tr> <tr><td>Mar-23</td><td>100%</td><td>85%</td></tr> <tr><td>Apr-23</td><td>95%</td><td>85%</td></tr> <tr><td>May-23</td><td>100%</td><td>85%</td></tr> <tr><td>Jun-23</td><td>100%</td><td>85%</td></tr> <tr><td>Jul-23</td><td>100%</td><td>85%</td></tr> <tr><td>Aug-23</td><td>100%</td><td>85%</td></tr> <tr><td>Sep-23</td><td>95%</td><td>85%</td></tr> <tr><td>Oct-23</td><td>100%</td><td>85%</td></tr> <tr><td>Nov-23</td><td>100%</td><td>85%</td></tr> <tr><td>Dec-23</td><td>100%</td><td>85%</td></tr> </tbody> </table>	Month	% therapeutic interventions started within 28 days (>18 yrs)	Target	Dec-22	95%	85%	Jan-23	100%	85%	Feb-23	100%	85%	Mar-23	100%	85%	Apr-23	95%	85%	May-23	100%	85%	Jun-23	100%	85%	Jul-23	100%	85%	Aug-23	100%	85%	Sep-23	95%	85%	Oct-23	100%	85%	Nov-23	100%	85%	Dec-23	100%	85%
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3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)	3. 88% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in December 2023.	<p><b>3. % residents with a valid Care and Treatment Plan (CTP)</b></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 (&gt;18 yrs)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Dec-22</td><td>95%</td><td>88%</td></tr> <tr><td>Jan-23</td><td>100%</td><td>88%</td></tr> <tr><td>Feb-23</td><td>100%</td><td>88%</td></tr> <tr><td>Mar-23</td><td>100%</td><td>88%</td></tr> <tr><td>Apr-23</td><td>95%</td><td>88%</td></tr> <tr><td>May-23</td><td>100%</td><td>88%</td></tr> <tr><td>Jun-23</td><td>100%</td><td>88%</td></tr> <tr><td>Jul-23</td><td>100%</td><td>88%</td></tr> <tr><td>Aug-23</td><td>100%</td><td>88%</td></tr> <tr><td>Sep-23</td><td>95%</td><td>88%</td></tr> <tr><td>Oct-23</td><td>100%</td><td>88%</td></tr> <tr><td>Nov-23</td><td>100%</td><td>88%</td></tr> <tr><td>Dec-23</td><td>88%</td><td>88%</td></tr> </tbody> </table>	Month	% patients with valid CTP (>18 yrs)	Profile	Dec-22	95%	88%	Jan-23	100%	88%	Feb-23	100%	88%	Mar-23	100%	88%	Apr-23	95%	88%	May-23	100%	88%	Jun-23	100%	88%	Jul-23	100%	88%	Aug-23	100%	88%	Sep-23	95%	88%	Oct-23	100%	88%	Nov-23	100%	88%	Dec-23	88%	88%
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4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	4. In December 2023, 75.6% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.	<p><b>4. % waiting less than 26 weeks for Psychology Therapy</b></p> <table border="1"> <caption>Data for Chart 4: % waiting less than 26 wks for psychological therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-22</td><td>75%</td><td>95%</td></tr> <tr><td>Jan-23</td><td>80%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>75%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>75%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>75%</td><td>95%</td></tr> <tr><td>May-23</td><td>75%</td><td>95%</td></tr> <tr><td>Jun-23</td><td>75%</td><td>95%</td></tr> <tr><td>Jul-23</td><td>75%</td><td>95%</td></tr> <tr><td>Aug-23</td><td>75%</td><td>95%</td></tr> <tr><td>Sep-23</td><td>75%</td><td>95%</td></tr> <tr><td>Oct-23</td><td>75%</td><td>95%</td></tr> <tr><td>Nov-23</td><td>75%</td><td>95%</td></tr> <tr><td>Dec-23</td><td>75.6%</td><td>95%</td></tr> </tbody> </table>	Month	% waiting less than 26 wks for psychological therapy	Target	Dec-22	75%	95%	Jan-23	80%	95%	Feb-23	75%	95%	Mar-23	75%	95%	Apr-23	75%	95%	May-23	75%	95%	Jun-23	75%	95%	Jul-23	75%	95%	Aug-23	75%	95%	Sep-23	75%	95%	Oct-23	75%	95%	Nov-23	75%	95%	Dec-23	75.6%	95%
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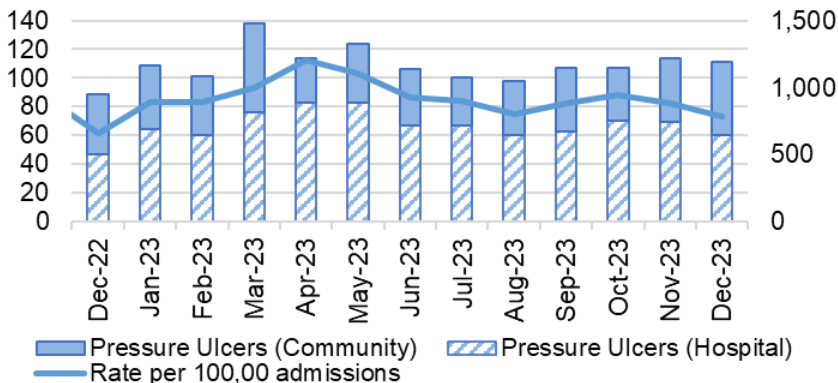
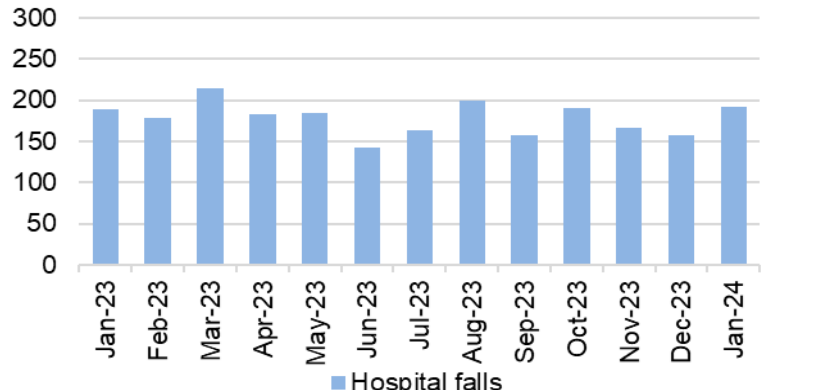
CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)																																																																						
Description	Current Performance	Trend																																																																				
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In December 2023, 100% of CAMHS patients received an assessment within 48 hours.	<div>1. Crisis- assessment within 48 hours</div> <table border="1"><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th><th>Target</th></tr></thead><tbody><tr><td>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><tr><td>Jul-23</td><td>100%</td><td>100%</td></tr><tr><td>Aug-23</td><td>100%</td><td>100%</td></tr><tr><td>Sep-23</td><td>100%</td><td>100%</td></tr><tr><td>Oct-23</td><td>100%</td><td>100%</td></tr><tr><td>Nov-23</td><td>100%</td><td>100%</td></tr><tr><td>Dec-23</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	Target	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%	Jul-23	100%	100%	Aug-23	100%	100%	Sep-23	100%	100%	Oct-23	100%	100%	Nov-23	100%	100%	Dec-23	100%	100%																										
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2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 70% of routine assessments were undertaken within 28 days from referral in December 2023 against a target of 80%.	<div>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</div> <table border="1"><thead><tr><th>Month</th><th>% of assess in 28 days</th><th>% interventions in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Dec-22</td><td>50%</td><td>40%</td><td>80%</td></tr><tr><td>Jan-23</td><td>30%</td><td>20%</td><td>80%</td></tr><tr><td>Feb-23</td><td>60%</td><td>30%</td><td>80%</td></tr><tr><td>Mar-23</td><td>70%</td><td>50%</td><td>80%</td></tr><tr><td>Apr-23</td><td>50%</td><td>30%</td><td>80%</td></tr><tr><td>May-23</td><td>40%</td><td>30%</td><td>80%</td></tr><tr><td>Jun-23</td><td>30%</td><td>20%</td><td>80%</td></tr><tr><td>Jul-23</td><td>30%</td><td>20%</td><td>80%</td></tr><tr><td>Aug-23</td><td>30%</td><td>80%</td><td>80%</td></tr><tr><td>Sep-23</td><td>50%</td><td>90%</td><td>80%</td></tr><tr><td>Oct-23</td><td>80%</td><td>90%</td><td>80%</td></tr><tr><td>Nov-23</td><td>80%</td><td>90%</td><td>80%</td></tr><tr><td>Dec-23</td><td>70%</td><td>80%</td><td>80%</td></tr></tbody></table>	Month	% of assess in 28 days	% interventions in 28 days	Target	Dec-22	50%	40%	80%	Jan-23	30%	20%	80%	Feb-23	60%	30%	80%	Mar-23	70%	50%	80%	Apr-23	50%	30%	80%	May-23	40%	30%	80%	Jun-23	30%	20%	80%	Jul-23	30%	20%	80%	Aug-23	30%	80%	80%	Sep-23	50%	90%	80%	Oct-23	80%	90%	80%	Nov-23	80%	90%	80%	Dec-23	70%	80%	80%												
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3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 86% of therapeutic interventions were started within 28 days following assessment by LPMHSS in December 2023.																																																																					
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 29% of NDD patients received a diagnostic assessment within 26 weeks in December 2023 against a target of 80%.	<div>4. NDD- assessment within 26 weeks</div> <table border="1"><thead><tr><th>Month</th><th>%NDD within 26 weeks</th><th>Target</th><th>Trajectory</th></tr></thead><tbody><tr><td>Dec-22</td><td>30%</td><td>80%</td><td>25%</td></tr><tr><td>Jan-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Feb-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Mar-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Apr-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>May-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Jun-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Jul-23</td><td>30%</td><td>80%</td><td>25%</td></tr><tr><td>Aug-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Sep-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Oct-23</td><td>30%</td><td>80%</td><td>30%</td></tr><tr><td>Nov-23</td><td>25%</td><td>80%</td><td>35%</td></tr><tr><td>Dec-23</td><td>25%</td><td>80%</td><td>40%</td></tr><tr><td>Jan-24</td><td>45%</td><td>80%</td><td>45%</td></tr><tr><td>Feb-24</td><td>45%</td><td>80%</td><td>45%</td></tr><tr><td>Mar-24</td><td>45%</td><td>80%</td><td>45%</td></tr></tbody></table>	Month	%NDD within 26 weeks	Target	Trajectory	Dec-22	30%	80%	25%	Jan-23	25%	80%	25%	Feb-23	25%	80%	25%	Mar-23	25%	80%	25%	Apr-23	25%	80%	25%	May-23	25%	80%	25%	Jun-23	25%	80%	25%	Jul-23	30%	80%	25%	Aug-23	25%	80%	25%	Sep-23	25%	80%	25%	Oct-23	30%	80%	30%	Nov-23	25%	80%	35%	Dec-23	25%	80%	40%	Jan-24	45%	80%	45%	Feb-24	45%	80%	45%	Mar-24	45%	80%	45%
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. SCAMHS figures now included in illustration 2 and 3 combined.  *All routine assessments are now under PCAMHS*																																																																					



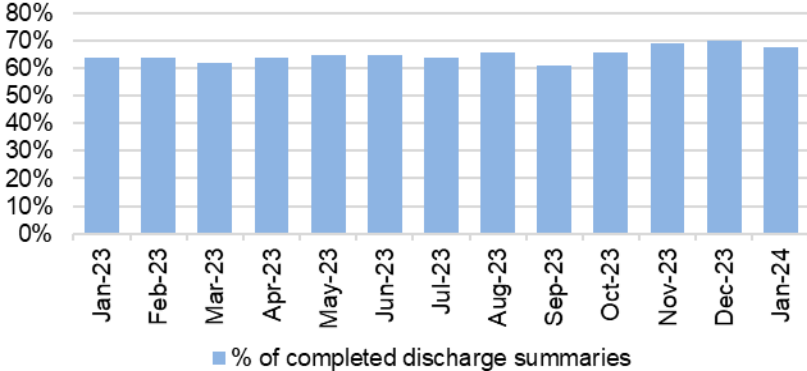
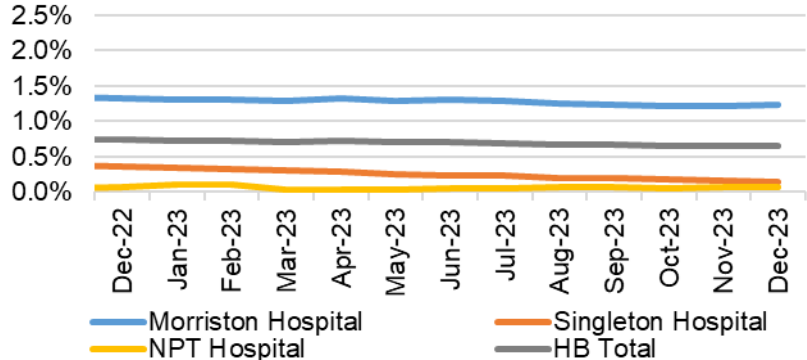
## **4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES**

FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
<b>Fractured Neck of Femur (#NOF)</b>  1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation  2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture  3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124  4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	<b>1. Prompt orthogeriatric assessment-</b> In December 2023, 97% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.	<b>1. Prompt orthogeriatric assessment</b> <table border="1"><caption>1. Prompt orthogeriatric assessment</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Dec-22</td><td>97%</td><td>65%</td><td>85%</td></tr><tr><td>Jan-23</td><td>97%</td><td>65%</td><td>85%</td></tr><tr><td>Feb-23</td><td>97%</td><td>65%</td><td>85%</td></tr><tr><td>Mar-23</td><td>97%</td><td>65%</td><td>85%</td></tr><tr><td>Apr-23</td><td>97%</td><td>65%</td><td>85%</td></tr><tr><td>May-23</td><td>97%</td><td>65%</td><td>85%</td></tr><tr><td>Jun-23</td><td>97%</td><td>65%</td><td>85%</td></tr><tr><td>Jul-23</td><td>97%</td><td>65%</td><td>85%</td></tr><tr><td>Aug-23</td><td>97%</td><td>65%</td><td>85%</td></tr><tr><td>Sep-23</td><td>97%</td><td>65%</td><td>85%</td></tr><tr><td>Oct-23</td><td>97%</td><td>65%</td><td>85%</td></tr><tr><td>Nov-23</td><td>97%</td><td>65%</td><td>85%</td></tr><tr><td>Dec-23</td><td>97%</td><td>65%</td><td>85%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Dec-22	97%	65%	85%	Jan-23	97%	65%	85%	Feb-23	97%	65%	85%	Mar-23	97%	65%	85%	Apr-23	97%	65%	85%	May-23	97%	65%	85%	Jun-23	97%	65%	85%	Jul-23	97%	65%	85%	Aug-23	97%	65%	85%	Sep-23	97%	65%	85%	Oct-23	97%	65%	85%	Nov-23	97%	65%	85%	Dec-23	97%	65%	85%
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<b>2. Prompt surgery-</b> In December 2023, 32.4% of patients had surgery the day following presentation with a hip fracture. This is a 10.3% improvement from December 2022 which was 22.1%	<b>2. Prompt surgery</b> <table border="1"><caption>2. Prompt surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Dec-22</td><td>22.1%</td><td>60%</td><td>60%</td></tr><tr><td>Jan-23</td><td>25%</td><td>60%</td><td>60%</td></tr><tr><td>Feb-23</td><td>28%</td><td>60%</td><td>60%</td></tr><tr><td>Mar-23</td><td>30%</td><td>60%</td><td>60%</td></tr><tr><td>Apr-23</td><td>31%</td><td>60%</td><td>60%</td></tr><tr><td>May-23</td><td>32%</td><td>60%</td><td>60%</td></tr><tr><td>Jun-23</td><td>32%</td><td>60%</td><td>60%</td></tr><tr><td>Jul-23</td><td>32%</td><td>60%</td><td>60%</td></tr><tr><td>Aug-23</td><td>32%</td><td>60%</td><td>60%</td></tr><tr><td>Sep-23</td><td>32%</td><td>60%</td><td>60%</td></tr><tr><td>Oct-23</td><td>32%</td><td>60%</td><td>60%</td></tr><tr><td>Nov-23</td><td>32%</td><td>60%</td><td>60%</td></tr><tr><td>Dec-23</td><td>32.4%</td><td>60%</td><td>60%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Dec-22	22.1%	60%	60%	Jan-23	25%	60%	60%	Feb-23	28%	60%	60%	Mar-23	30%	60%	60%	Apr-23	31%	60%	60%	May-23	32%	60%	60%	Jun-23	32%	60%	60%	Jul-23	32%	60%	60%	Aug-23	32%	60%	60%	Sep-23	32%	60%	60%	Oct-23	32%	60%	60%	Nov-23	32%	60%	60%	Dec-23	32.4%	60%	60%	
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<b>3. NICE compliant surgery-</b> 72.9% of operations were consistent with the NICE recommendations in December 2023. This is 0.3% less than in December 2022.	<b>3. NICE compliant Surgery</b> <table border="1"><caption>3. NICE compliant Surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Dec-22</td><td>73%</td><td>75%</td><td>75%</td></tr><tr><td>Jan-23</td><td>73%</td><td>75%</td><td>75%</td></tr><tr><td>Feb-23</td><td>73%</td><td>75%</td><td>75%</td></tr><tr><td>Mar-23</td><td>73%</td><td>75%</td><td>75%</td></tr><tr><td>Apr-23</td><td>73%</td><td>75%</td><td>75%</td></tr><tr><td>May-23</td><td>73%</td><td>75%</td><td>75%</td></tr><tr><td>Jun-23</td><td>73%</td><td>75%</td><td>75%</td></tr><tr><td>Jul-23</td><td>73%</td><td>75%</td><td>75%</td></tr><tr><td>Aug-23</td><td>73%</td><td>75%</td><td>75%</td></tr><tr><td>Sep-23</td><td>73%</td><td>75%</td><td>75%</td></tr><tr><td>Oct-23</td><td>73%</td><td>75%</td><td>75%</td></tr><tr><td>Nov-23</td><td>73%</td><td>75%</td><td>75%</td></tr><tr><td>Dec-23</td><td>72.9%</td><td>75%</td><td>75%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Dec-22	73%	75%	75%	Jan-23	73%	75%	75%	Feb-23	73%	75%	75%	Mar-23	73%	75%	75%	Apr-23	73%	75%	75%	May-23	73%	75%	75%	Jun-23	73%	75%	75%	Jul-23	73%	75%	75%	Aug-23	73%	75%	75%	Sep-23	73%	75%	75%	Oct-23	73%	75%	75%	Nov-23	73%	75%	75%	Dec-23	72.9%	75%	75%	
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<b>4. Prompt mobilisation-</b> In December 2023, 83% of patients were out of bed the day after surgery. This is 6.1% more than in December 2022.	<b>4. Prompt mobilisation</b> <table border="1"><caption>4. Prompt mobilisation</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal &amp; N. Ire</th></tr></thead><tbody><tr><td>Dec-22</td><td>76.9%</td><td>75%</td><td>80%</td></tr><tr><td>Jan-23</td><td>78%</td><td>75%</td><td>80%</td></tr><tr><td>Feb-23</td><td>79%</td><td>75%</td><td>80%</td></tr><tr><td>Mar-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Apr-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>May-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Jun-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Jul-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Aug-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Sep-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Oct-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Nov-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Dec-23</td><td>83%</td><td>75%</td><td>80%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Dec-22	76.9%	75%	80%	Jan-23	78%	75%	80%	Feb-23	79%	75%	80%	Mar-23	80%	75%	80%	Apr-23	80%	75%	80%	May-23	80%	75%	80%	Jun-23	80%	75%	80%	Jul-23	80%	75%	80%	Aug-23	80%	75%	80%	Sep-23	80%	75%	80%	Oct-23	80%	75%	80%	Nov-23	80%	75%	80%	Dec-23	83%	75%	80%	
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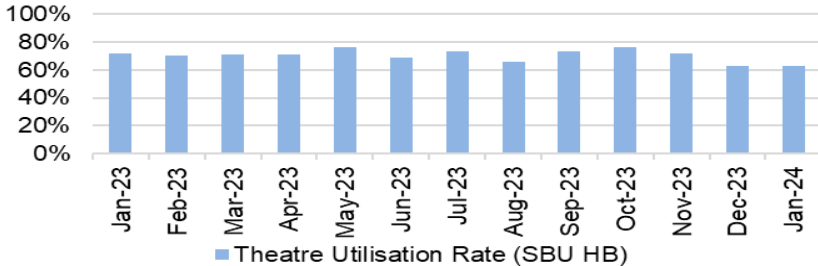
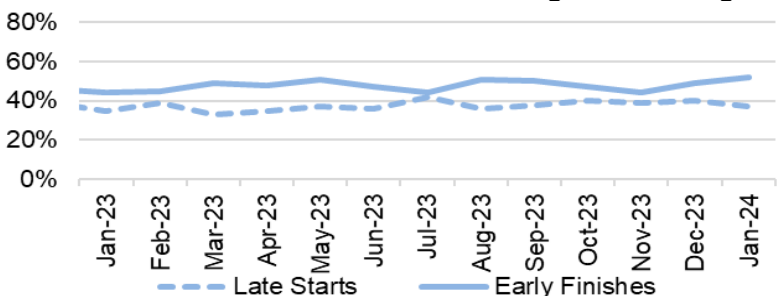
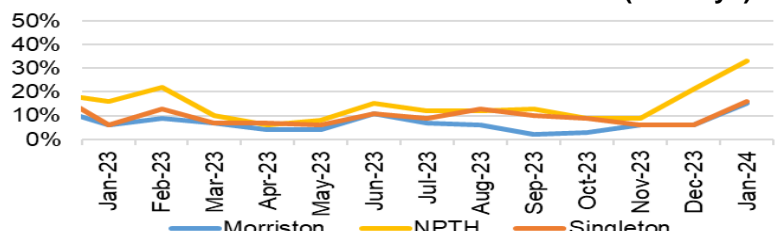
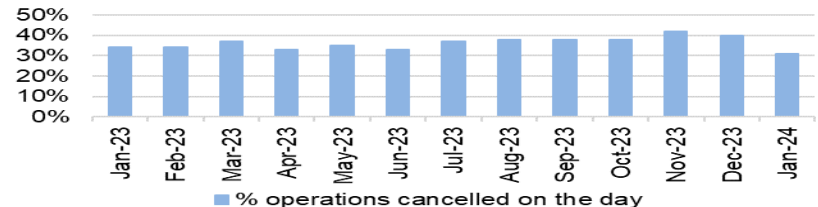
FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i>	5. <b>Not delirious when tested-</b> 74.8% of patients were not delirious in the week after their operation in December 2023.	<p><b>5. Not delirious when tested</b></p> <table><caption>Approximate data for Chart 5: Not delirious when tested</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Dec-22</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Jan-23</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Feb-23</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Mar-23</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Apr-23</td><td>75</td><td>60</td><td>60</td></tr><tr><td>May-23</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Jun-23</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Jul-23</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Aug-23</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Sep-23</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Oct-23</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Nov-23</td><td>75</td><td>60</td><td>60</td></tr><tr><td>Dec-23</td><td>74.8</td><td>60</td><td>60</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Dec-22	75	60	60	Jan-23	75	60	60	Feb-23	75	60	60	Mar-23	75	60	60	Apr-23	75	60	60	May-23	75	60	60	Jun-23	75	60	60	Jul-23	75	60	60	Aug-23	75	60	60	Sep-23	75	60	60	Oct-23	75	60	60	Nov-23	75	60	60	Dec-23	74.8	60	60
Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)																																																							
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Sep-23	75	60	60																																																							
Oct-23	75	60	60																																																							
Nov-23	75	60	60																																																							
Dec-23	74.8	60	60																																																							
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. <b>Return to original residence-</b> 72.5% of patients in September 2023 were discharged back to their original residence. This is 0.9% more than in September 2022.	<p><b>6. Return to original residence</b></p> <table><caption>Approximate data for Chart 6: Return to original residence</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Sep-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Oct-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Nov-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Dec-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Jan-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Feb-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Mar-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Apr-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>May-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Jun-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Jul-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Aug-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Sep-23</td><td>72.5</td><td>70</td><td>70</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Sep-22	70	70	70	Oct-22	70	70	70	Nov-22	70	70	70	Dec-22	70	70	70	Jan-23	70	70	70	Feb-23	70	70	70	Mar-23	70	70	70	Apr-23	70	70	70	May-23	70	70	70	Jun-23	70	70	70	Jul-23	70	70	70	Aug-23	70	70	70	Sep-23	72.5	70	70
Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)																																																							
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Sep-23	72.5	70	70																																																							
7. <i>30 day mortality rate</i>	<p>7. <b>30 day mortality rate-</b> 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><b>7. 30 day mortality rate</b></p> <table><caption>Approximate data for Chart 7: 30 day mortality rate</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Jan-20</td><td>7.5</td><td>7.0</td><td>7.6</td></tr><tr><td>Feb-20</td><td>8.0</td><td>7.0</td><td>7.6</td></tr><tr><td>Mar-20</td><td>8.0</td><td>7.0</td><td>7.6</td></tr><tr><td>Apr-20</td><td>8.0</td><td>7.0</td><td>7.6</td></tr><tr><td>May-20</td><td>8.0</td><td>7.0</td><td>7.6</td></tr><tr><td>Jun-20</td><td>8.0</td><td>7.0</td><td>7.6</td></tr><tr><td>Jul-20</td><td>8.0</td><td>7.0</td><td>7.6</td></tr><tr><td>Aug-20</td><td>8.0</td><td>7.0</td><td>7.6</td></tr><tr><td>Sep-20</td><td>8.0</td><td>7.0</td><td>7.6</td></tr><tr><td>Oct-20</td><td>8.0</td><td>7.0</td><td>7.6</td></tr><tr><td>Nov-20</td><td>8.0</td><td>7.0</td><td>7.6</td></tr><tr><td>Dec-20</td><td>8.0</td><td>7.0</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	7.0	7.6	Feb-20	8.0	7.0	7.6	Mar-20	8.0	7.0	7.6	Apr-20	8.0	7.0	7.6	May-20	8.0	7.0	7.6	Jun-20	8.0	7.0	7.6	Jul-20	8.0	7.0	7.6	Aug-20	8.0	7.0	7.6	Sep-20	8.0	7.0	7.6	Oct-20	8.0	7.0	7.6	Nov-20	8.0	7.0	7.6	Dec-20	8.0	7.0	7.6	Jan-21	7.5	6.9	7.6
Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)																																																							
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PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
<b>Number of pressure ulcers</b> <i>1. Total number of pressure ulcers developed in hospital and in the community</i>  <i>2. Rate of pressure ulcers per 100,000 admission</i>	<p>1. In December 2023 there were 111 cases of healthcare acquired pressure ulcers, 51 of which were community acquired and 60 were hospital acquired.</p> <p>There were 15 grade 3+ pressure ulcers in December 2023, 10 of which were community acquired and 5 were hospital acquired.</p> <p>2. The rate per 100,000 admissions decreased from 881 in November 2023 to 788 in December 2023.</p>	<p><b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b></p>  <table border="1"><caption>Pressure Ulcers Data (Dec-22 to Dec-23)</caption><thead><tr><th>Month</th><th>Community PUs</th><th>Hospital PUs</th><th>Rate per 100,00 admissions</th></tr></thead><tbody><tr><td>Dec-22</td><td>50</td><td>40</td><td>881</td></tr><tr><td>Jan-23</td><td>55</td><td>55</td><td>850</td></tr><tr><td>Feb-23</td><td>45</td><td>55</td><td>820</td></tr><tr><td>Mar-23</td><td>70</td><td>70</td><td>780</td></tr><tr><td>Apr-23</td><td>60</td><td>50</td><td>750</td></tr><tr><td>May-23</td><td>65</td><td>55</td><td>720</td></tr><tr><td>Jun-23</td><td>60</td><td>50</td><td>700</td></tr><tr><td>Jul-23</td><td>55</td><td>45</td><td>680</td></tr><tr><td>Aug-23</td><td>50</td><td>40</td><td>650</td></tr><tr><td>Sep-23</td><td>55</td><td>50</td><td>680</td></tr><tr><td>Oct-23</td><td>60</td><td>50</td><td>700</td></tr><tr><td>Nov-23</td><td>65</td><td>50</td><td>881</td></tr><tr><td>Dec-23</td><td>51</td><td>60</td><td>788</td></tr></tbody></table>	Month	Community PUs	Hospital PUs	Rate per 100,00 admissions	Dec-22	50	40	881	Jan-23	55	55	850	Feb-23	45	55	820	Mar-23	70	70	780	Apr-23	60	50	750	May-23	65	55	720	Jun-23	60	50	700	Jul-23	55	45	680	Aug-23	50	40	650	Sep-23	55	50	680	Oct-23	60	50	700	Nov-23	65	50	881	Dec-23	51	60	788
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INPATIENT FALLS																																																										
Description	Current Performance	Trend																																																								
<b>Inpatient Falls</b> <i>The total number of inpatient falls</i>	<ul style="list-style-type: none"><li>The number of Falls reported via Datix web for Swansea Bay UHB was 192 in January 2024. This is 22% more than December 2023 where 158 falls were recorded.</li></ul>	<p><b>Number of inpatient Falls</b></p>  <table border="1"><caption>Inpatient Falls Data (Jan-23 to Jan-24)</caption><thead><tr><th>Month</th><th>Hospital falls</th></tr></thead><tbody><tr><td>Jan-23</td><td>190</td></tr><tr><td>Feb-23</td><td>180</td></tr><tr><td>Mar-23</td><td>210</td></tr><tr><td>Apr-23</td><td>185</td></tr><tr><td>May-23</td><td>185</td></tr><tr><td>Jun-23</td><td>145</td></tr><tr><td>Jul-23</td><td>165</td></tr><tr><td>Aug-23</td><td>200</td></tr><tr><td>Sep-23</td><td>160</td></tr><tr><td>Oct-23</td><td>190</td></tr><tr><td>Nov-23</td><td>165</td></tr><tr><td>Dec-23</td><td>158</td></tr><tr><td>Jan-24</td><td>192</td></tr></tbody></table>	Month	Hospital falls	Jan-23	190	Feb-23	180	Mar-23	210	Apr-23	185	May-23	185	Jun-23	145	Jul-23	165	Aug-23	200	Sep-23	160	Oct-23	190	Nov-23	165	Dec-23	158	Jan-24	192																												
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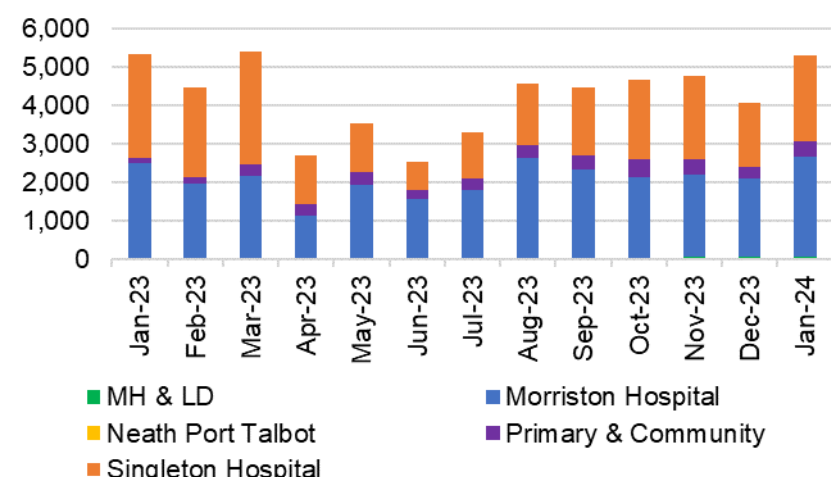
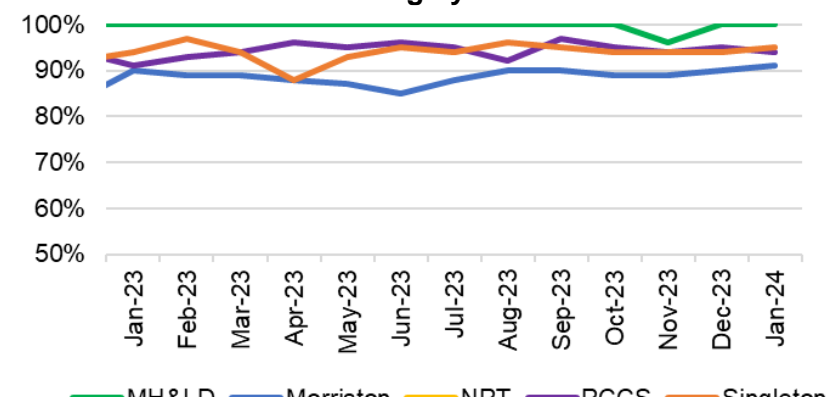
NATIONALLY REPORTABLE INCIDENTS		
Description	Current Performance	Trend
<b>Nationally Reportable Incidents (NRI's)-</b> <i>1. The number of Nationally reportable incidents</i>  <i>2. The number of Never Events</i>  <i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 6 Nationally Reportable Incidents for the month of January 2024 to Welsh Government. The Service Group breakdown is as follows; - Morriston - 4 - NPTS – 2	<b>1. and 2. Number of nationally reportable incidents and never events</b> <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p>
	2. There were no new Never Events reported in January 2024.	<b>3. % of nationally reportable incidents closed within the agreed timescales</b> <p>■ % NRI's assured      — Target</p>
	3. In January 2024, 100% of the NRI's were closed within the agreed timescale.	

DISCHARGE SUMMARIES																																																																								
Description	Current Performance	Trend																																																																						
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	The latest data shows that in January 2024, the percentage of completed discharge summaries was 68%.	<div>% discharge summaries approved and sent</div>  <table><caption>% of completed discharge summaries</caption><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Jan-23</td><td>65%</td></tr><tr><td>Feb-23</td><td>65%</td></tr><tr><td>Mar-23</td><td>62%</td></tr><tr><td>Apr-23</td><td>65%</td></tr><tr><td>May-23</td><td>65%</td></tr><tr><td>Jun-23</td><td>65%</td></tr><tr><td>Jul-23</td><td>65%</td></tr><tr><td>Aug-23</td><td>65%</td></tr><tr><td>Sep-23</td><td>62%</td></tr><tr><td>Oct-23</td><td>65%</td></tr><tr><td>Nov-23</td><td>68%</td></tr><tr><td>Dec-23</td><td>70%</td></tr><tr><td>Jan-24</td><td>68%</td></tr></tbody></table>	Month	% of completed discharge summaries	Jan-23	65%	Feb-23	65%	Mar-23	62%	Apr-23	65%	May-23	65%	Jun-23	65%	Jul-23	65%	Aug-23	65%	Sep-23	62%	Oct-23	65%	Nov-23	68%	Dec-23	70%	Jan-24	68%																																										
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	December 2023 reports the crude mortality rate for the Health Board at 0.65%, which is the same as the figure reported in November 2023.	<div>Crude hospital mortality rate by Hospital (74 years of age or less)</div>  <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Dec-22</td><td>1.30%</td><td>0.30%</td><td>0.05%</td><td>0.70%</td></tr><tr><td>Jan-23</td><td>1.25%</td><td>0.30%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>Feb-23</td><td>1.25%</td><td>0.30%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>Mar-23</td><td>1.25%</td><td>0.30%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>Apr-23</td><td>1.30%</td><td>0.30%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>May-23</td><td>1.25%</td><td>0.30%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>Jun-23</td><td>1.25%</td><td>0.30%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>Jul-23</td><td>1.25%</td><td>0.30%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>Aug-23</td><td>1.25%</td><td>0.30%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>Sep-23</td><td>1.25%</td><td>0.30%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>Oct-23</td><td>1.25%</td><td>0.30%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>Nov-23</td><td>1.25%</td><td>0.30%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>Dec-23</td><td>1.23%</td><td>0.14%</td><td>0.07%</td><td>0.65%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Dec-22	1.30%	0.30%	0.05%	0.70%	Jan-23	1.25%	0.30%	0.05%	0.65%	Feb-23	1.25%	0.30%	0.05%	0.65%	Mar-23	1.25%	0.30%	0.05%	0.65%	Apr-23	1.30%	0.30%	0.05%	0.65%	May-23	1.25%	0.30%	0.05%	0.65%	Jun-23	1.25%	0.30%	0.05%	0.65%	Jul-23	1.25%	0.30%	0.05%	0.65%	Aug-23	1.25%	0.30%	0.05%	0.65%	Sep-23	1.25%	0.30%	0.05%	0.65%	Oct-23	1.25%	0.30%	0.05%	0.65%	Nov-23	1.25%	0.30%	0.05%	0.65%	Dec-23	1.23%	0.14%	0.07%	0.65%
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A breakdown by Hospital for December 2023: <ul style="list-style-type: none"><li>Morriston – 1.23%</li><li>Singleton – 0.14%</li><li>NPT – 0.07%</li></ul>																																																																								

WORKFORCE																																												
Description	Current Performance	Trend																																										
<b>Staff sickness rates-</b> <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none"><li>Our in-month sickness performance deteriorated from 7.11% in November 2023 to 7.35% in December 2023.</li><li>The 12-month rolling performance improved from 7.09% in November 2023 to 6.96% in December 2023.</li><li>The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in December 2023.</li></ul>	<b>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)</b> <table><thead><tr><th>Month</th><th>% sickness rate (12 month rolling)</th><th>% sickness rate (in-month)</th></tr></thead><tbody><tr><td>Dec-22</td><td>8.0%</td><td>7.1%</td></tr><tr><td>Jan-23</td><td>7.8%</td><td>8.5%</td></tr><tr><td>Feb-23</td><td>7.5%</td><td>7.2%</td></tr><tr><td>Mar-23</td><td>7.4%</td><td>7.0%</td></tr><tr><td>Apr-23</td><td>7.2%</td><td>6.8%</td></tr><tr><td>May-23</td><td>6.9%</td><td>6.5%</td></tr><tr><td>Jun-23</td><td>7.0%</td><td>6.8%</td></tr><tr><td>Jul-23</td><td>7.1%</td><td>7.0%</td></tr><tr><td>Aug-23</td><td>7.0%</td><td>6.9%</td></tr><tr><td>Sep-23</td><td>7.0%</td><td>6.9%</td></tr><tr><td>Oct-23</td><td>7.0%</td><td>7.1%</td></tr><tr><td>Nov-23</td><td>7.0%</td><td>7.1%</td></tr><tr><td>Dec-23</td><td>6.96%</td><td>7.35%</td></tr></tbody></table>	Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Dec-22	8.0%	7.1%	Jan-23	7.8%	8.5%	Feb-23	7.5%	7.2%	Mar-23	7.4%	7.0%	Apr-23	7.2%	6.8%	May-23	6.9%	6.5%	Jun-23	7.0%	6.8%	Jul-23	7.1%	7.0%	Aug-23	7.0%	6.9%	Sep-23	7.0%	6.9%	Oct-23	7.0%	7.1%	Nov-23	7.0%	7.1%	Dec-23	6.96%	7.35%
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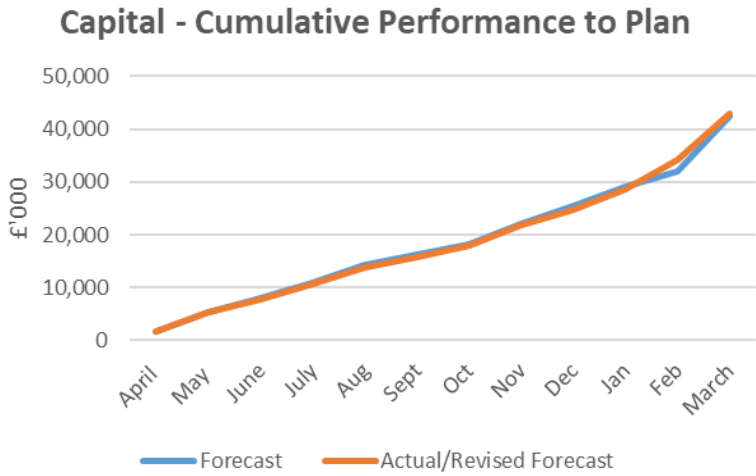
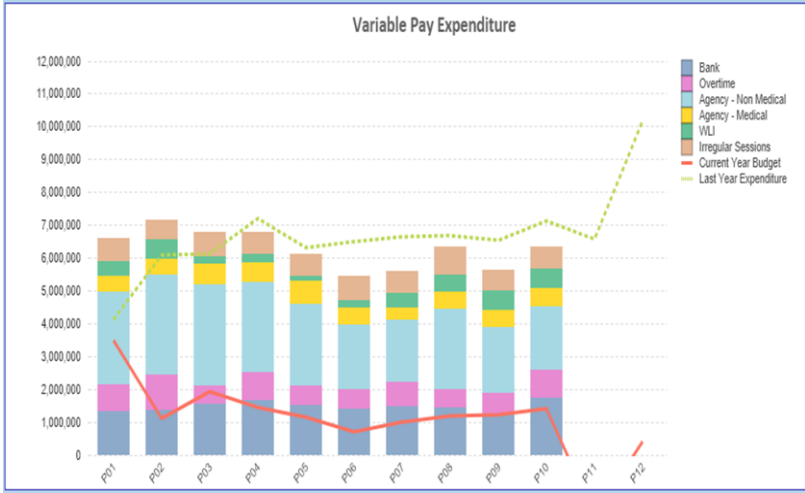
PATIENT EXPERIENCE		
Description	Current Performance	Trend
<b>Patient experience</b>  1. Number of friends and family surveys completed  2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> <li>Health Board Friends &amp; Family patient satisfaction level in January 2024 was 93% and 5,211 surveys were completed. <ul style="list-style-type: none"> <li>Singleton/ Neath Port Talbot Hospitals Service Group completed 2,229 surveys in January 2024, with a recommended score of 95%.</li> <li>Morrison Hospital completed 2,600 surveys in January 2024, with a recommended score of 91%.</li> <li>Primary &amp; Community Care completed 418 surveys for January 2024, with a recommended score of 94%.</li> <li>The Mental Health Service Group completed 60 surveys for January 2024, with a recommended score of 100%.</li> </ul> </li> </ul>	<b>1. Number of friends and family surveys completed</b> 
		<b>2. % of patients/ service users who would recommend and highly recommend</b> 

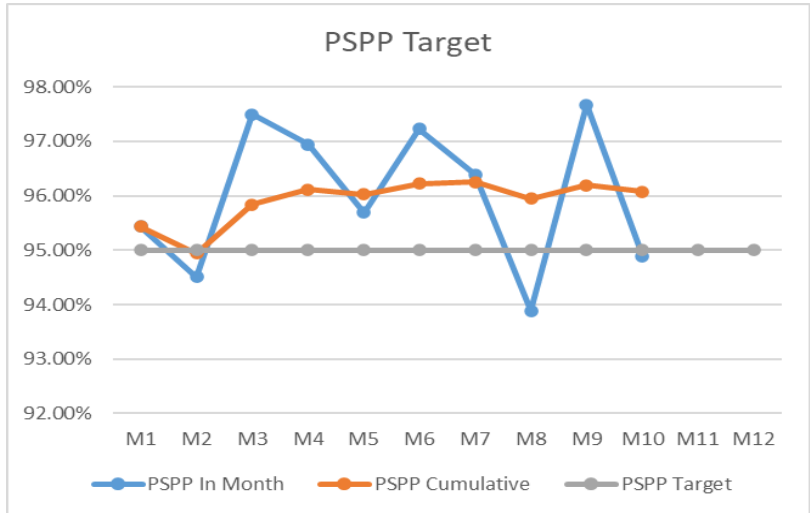
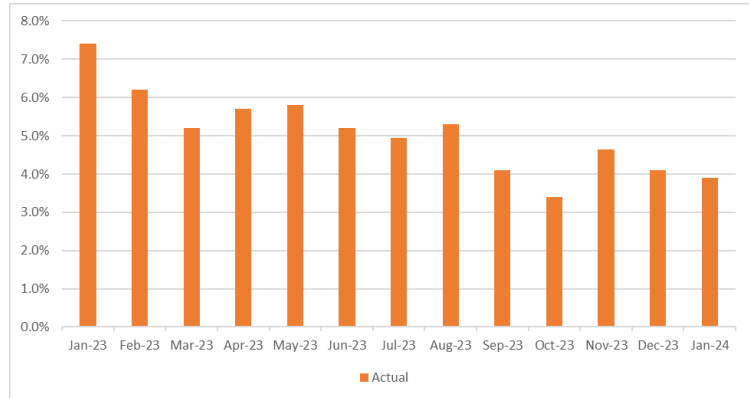


## FINANCE UPDATES

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

Description	Current Performance	Trend																																																				
<b>Revenue Financial Position</b> – expenditure incurred against revenue resource limit	<ul style="list-style-type: none"><li>Planned deficit submitted in March this year was <b>£86.6m</b>.</li><li>The Welsh Government has now allocated SB an additional <b>£60m</b> but they have also told us that we have to reduce our planned deficit from £86.6m to c£77m. That’s a 10 per cent reduction in our planned deficit – a planned deficit that was already challenging to deliver.</li><li>Taken together, to hit our new control total, we need to deliver savings of <b>£18.66m</b>. The actual month variance is an underspend of £1.55m and a cumulative overspend position of £39.98m.</li></ul>	<table><caption>HEALTH BOARD FINANCIAL PERFORMANCE 2023/24</caption><thead><tr><th>Month</th><th>Health Board Position (£'000)</th><th>Required Forecast to Hit Plan Target (£'000)</th><th>Target Profile £17m (£'000)</th></tr></thead><tbody><tr><td>M1</td><td>10,861</td><td></td><td></td></tr><tr><td>M2</td><td>13,676</td><td></td><td></td></tr><tr><td>M3</td><td>11,425</td><td></td><td></td></tr><tr><td>M4</td><td>10,404</td><td></td><td></td></tr><tr><td>M5</td><td>10,189</td><td></td><td></td></tr><tr><td>M6</td><td>8,677</td><td></td><td></td></tr><tr><td>M7</td><td>(26,791)</td><td></td><td></td></tr><tr><td>M8</td><td>3,266</td><td></td><td>(175)</td></tr><tr><td>M9</td><td></td><td></td><td>(1,553)</td></tr><tr><td>M10</td><td></td><td></td><td></td></tr><tr><td>M11</td><td></td><td></td><td>86</td></tr><tr><td>M12</td><td></td><td>(22,930)</td><td></td></tr></tbody></table>	Month	Health Board Position (£'000)	Required Forecast to Hit Plan Target (£'000)	Target Profile £17m (£'000)	M1	10,861			M2	13,676			M3	11,425			M4	10,404			M5	10,189			M6	8,677			M7	(26,791)			M8	3,266		(175)	M9			(1,553)	M10				M11			86	M12		(22,930)	
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<b>Capital Financial Position – expenditure incurred against capital resource limit</b>	<ul style="list-style-type: none"> <li>The forecast outturn capital position for 2023/24 is an overspend of £0.518m. Allocations are anticipated from Welsh Government which will balance this position.</li> <li>Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government.</li> </ul>	<p><b>Capital - Cumulative Performance to Plan</b></p> 
<b>Workforce Spend – workforce expenditure profile</b>	<ul style="list-style-type: none"> <li>The pay budgets are overspent by £2.261m in January.</li> <li>Variable pay has increased in January by circa. £708k. Broken down as follows: Bank was overspent by £536k, Overtime £176k, Agency – Medical £29k, WLI £27k and Irregular sessions £20k, offset slightly by underspend in Agency – Non-Medical of £80k.</li> <li>Further work is required to bring spend down in line with the current year budget.</li> </ul>	<p><b>Variable Pay Expenditure</b></p> 

Description	Current Performance	Trend																																																				
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	<ul style="list-style-type: none"><li>The cumulative PSPP compliance has reduced this month and remains above target at 96.08%. In January compliance was below target at 94.89% (December – 97.67%).</li><li>PSPP was not achieved this month, with delays in Receipting and Authorising.</li></ul>	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p>  <table><caption>PSPP Target Data</caption><thead><tr><th>Month</th><th>PSPP In Month (%)</th><th>PSPP Cumulative (%)</th><th>PSPP Target (%)</th></tr></thead><tbody><tr><td>M1</td><td>95.00</td><td>95.00</td><td>95.00</td></tr><tr><td>M2</td><td>94.89</td><td>95.00</td><td>95.00</td></tr><tr><td>M3</td><td>97.67</td><td>95.83</td><td>95.00</td></tr><tr><td>M4</td><td>96.89</td><td>96.08</td><td>95.00</td></tr><tr><td>M5</td><td>95.56</td><td>96.08</td><td>95.00</td></tr><tr><td>M6</td><td>97.22</td><td>96.08</td><td>95.00</td></tr><tr><td>M7</td><td>96.39</td><td>96.08</td><td>95.00</td></tr><tr><td>M8</td><td>93.89</td><td>96.08</td><td>95.00</td></tr><tr><td>M9</td><td>97.67</td><td>96.08</td><td>95.00</td></tr><tr><td>M10</td><td>94.89</td><td>96.08</td><td>95.00</td></tr><tr><td>M11</td><td>95.00</td><td>96.08</td><td>95.00</td></tr><tr><td>M12</td><td>95.00</td><td>96.08</td><td>95.00</td></tr></tbody></table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	95.00	95.00	95.00	M2	94.89	95.00	95.00	M3	97.67	95.83	95.00	M4	96.89	96.08	95.00	M5	95.56	96.08	95.00	M6	97.22	96.08	95.00	M7	96.39	96.08	95.00	M8	93.89	96.08	95.00	M9	97.67	96.08	95.00	M10	94.89	96.08	95.00	M11	95.00	96.08	95.00	M12	95.00	96.08	95.00
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M12	95.00	96.08	95.00																																																			
Agency spend as a of the total pay bill	<ul style="list-style-type: none"><li>The agency spend as a percentage of the total pay bill has decreased in January 2024 to 3.9% compared to 4.1% in December 2023.</li></ul>	<p>Agency spend as a percentage of the total pay bill</p>  <table><caption>Agency spend as a percentage of the total pay bill Data</caption><thead><tr><th>Month</th><th>Actual (%)</th></tr></thead><tbody><tr><td>Jan-23</td><td>7.3</td></tr><tr><td>Feb-23</td><td>6.2</td></tr><tr><td>Mar-23</td><td>5.2</td></tr><tr><td>Apr-23</td><td>5.7</td></tr><tr><td>May-23</td><td>5.8</td></tr><tr><td>Jun-23</td><td>5.2</td></tr><tr><td>Jul-23</td><td>4.9</td></tr><tr><td>Aug-23</td><td>5.3</td></tr><tr><td>Sep-23</td><td>4.1</td></tr><tr><td>Oct-23</td><td>3.4</td></tr><tr><td>Nov-23</td><td>4.7</td></tr><tr><td>Dec-23</td><td>4.1</td></tr><tr><td>Jan-24</td><td>3.9</td></tr></tbody></table>	Month	Actual (%)	Jan-23	7.3	Feb-23	6.2	Mar-23	5.2	Apr-23	5.7	May-23	5.8	Jun-23	5.2	Jul-23	4.9	Aug-23	5.3	Sep-23	4.1	Oct-23	3.4	Nov-23	4.7	Dec-23	4.1	Jan-24	3.9																								
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Jan-24	3.9																																																					

## 5. TABLE OF ALL MEASURES

## HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

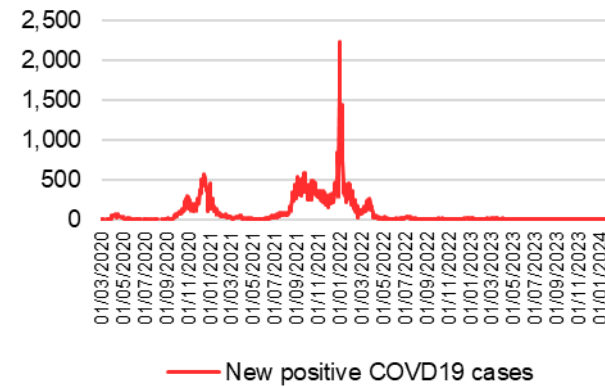


Chart 2: Number of new COVID19 cases (cumulative)

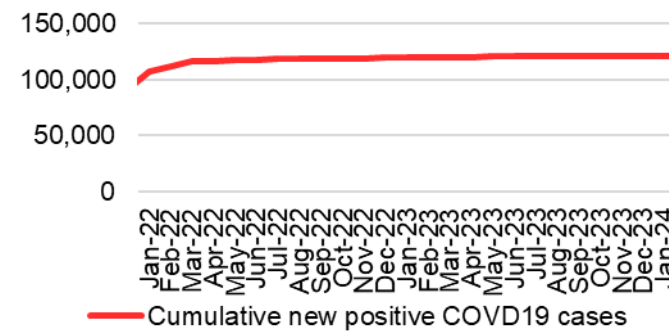


Chart 3: Number of COVID19 tests completed and positivity rate

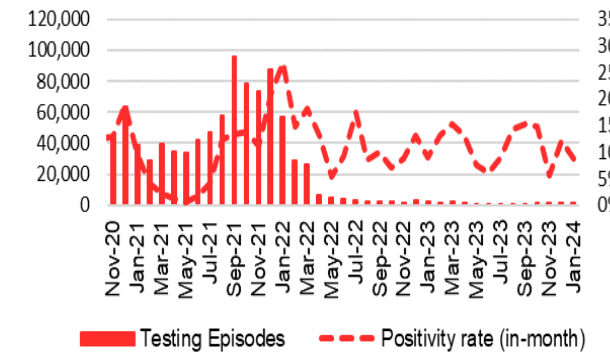


Chart 4: Number of staff referred for Antigen testing

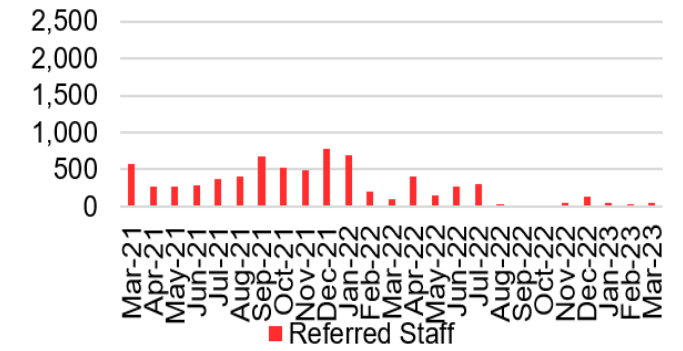


Chart 5: Outcome of staff COVID19/ antigen tests

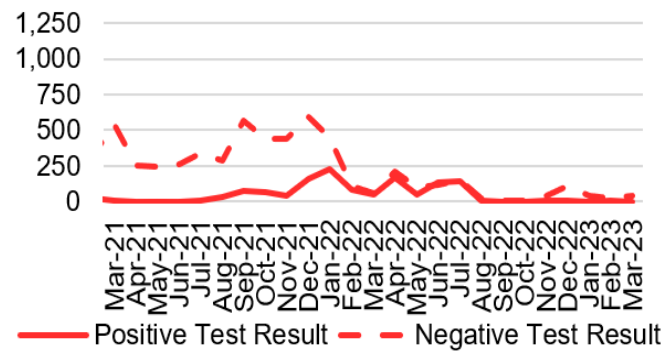


Chart 6: Number of COVID19 related incidents

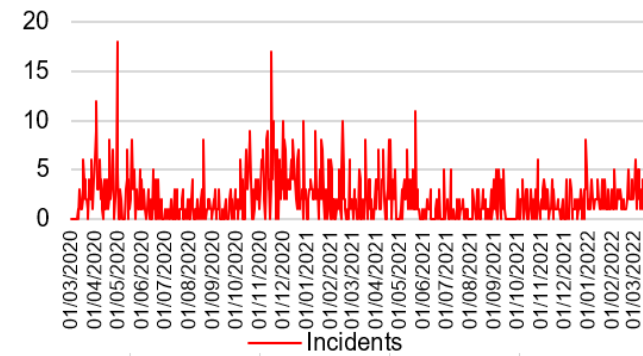


Chart 7: Number of COVID19 related serious incidents

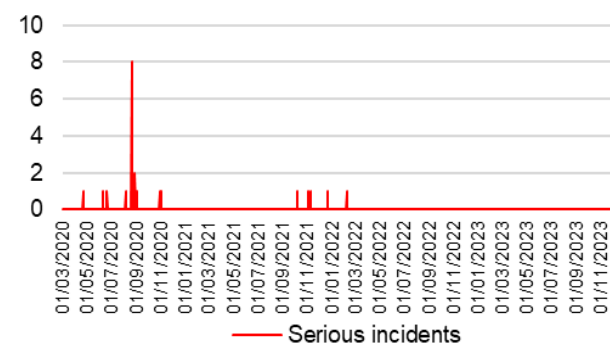


Chart 8: Number of COVID19 related complaints

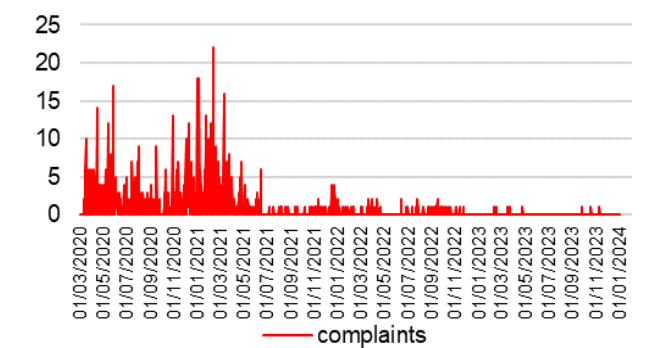


Chart 9: Number of COVID19 related risks

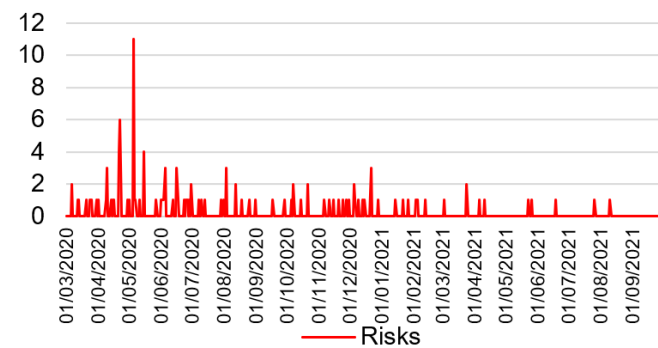


Chart 10: Number of staff self-isolating (asymptomatic)

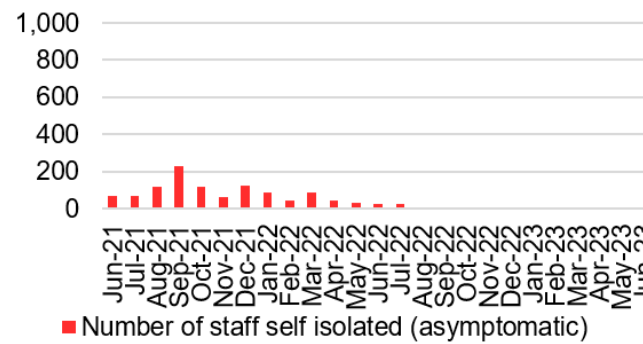


Chart 11: Number of staff self isolating (symptomatic)

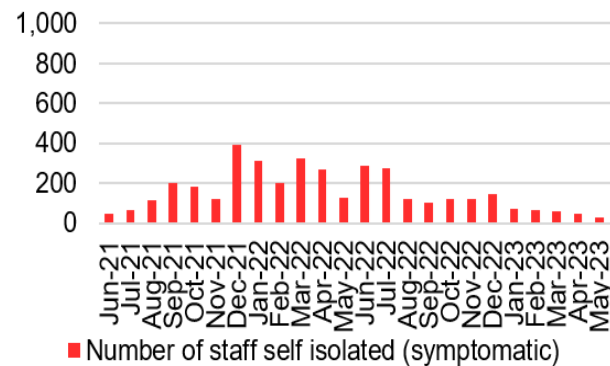


Chart 12: % staff sickness

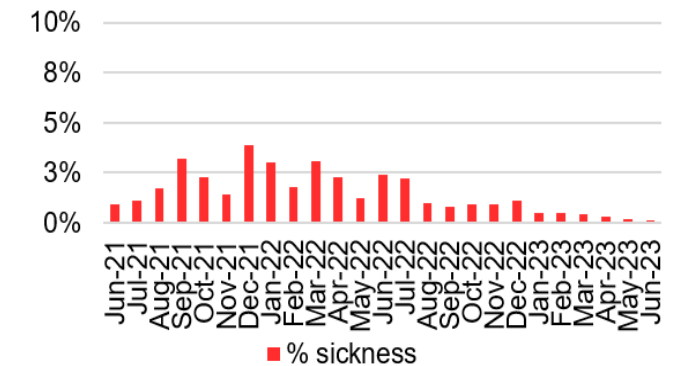


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

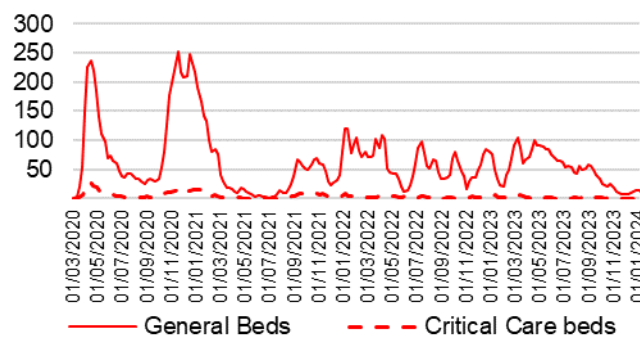


Chart 14: Number of hospital deaths with any mention of COVID19

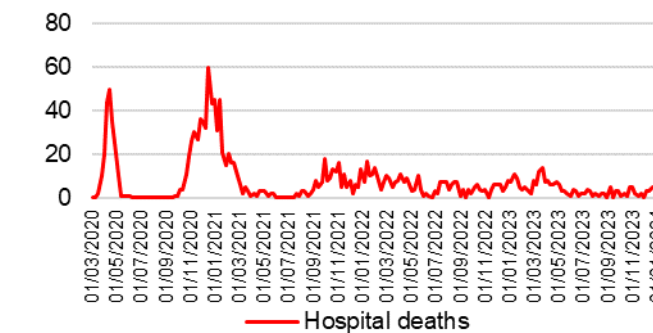


Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

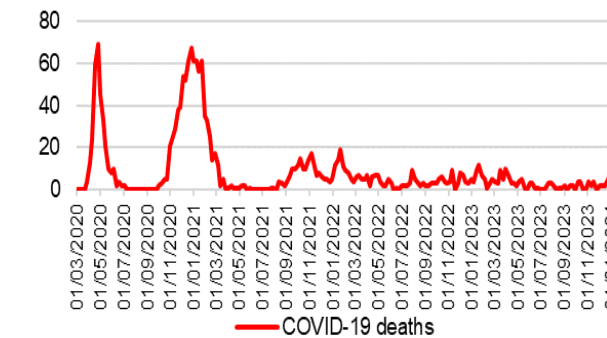
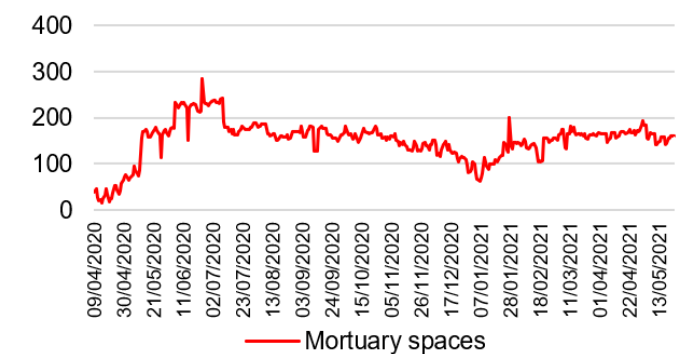


Chart 16: Number of mortuary spaces

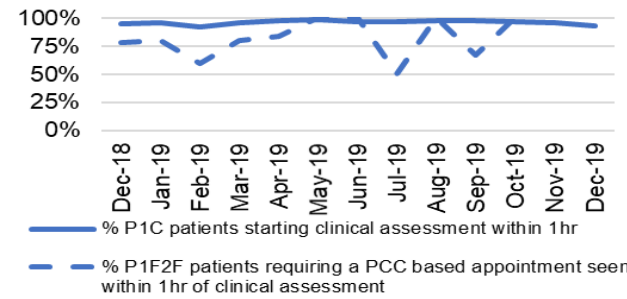




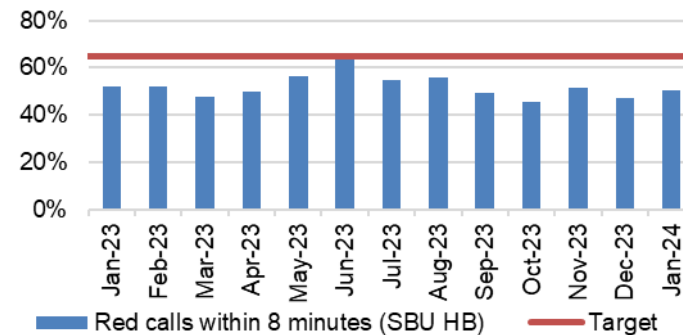
## HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

### Unscheduled Care- Overview

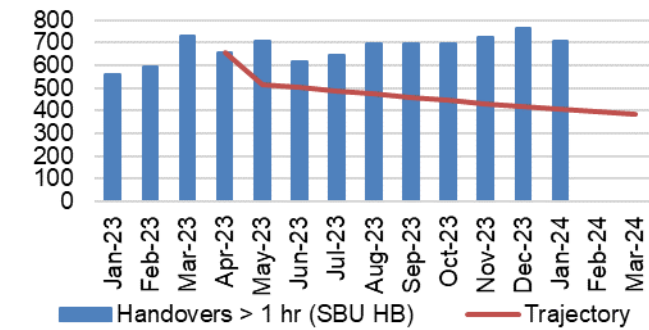
**Chart 1: GP Out of Hours/ 111**



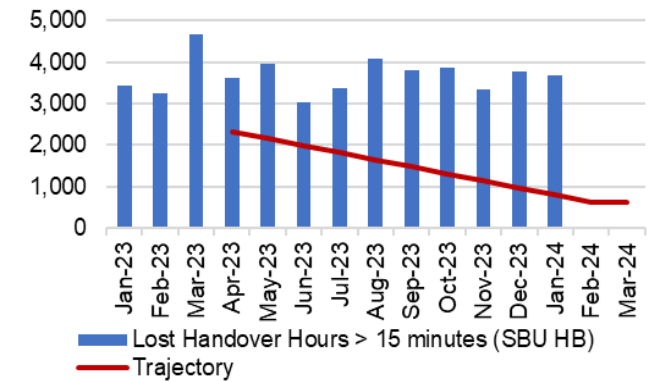
**Chart 2: % red calls responded to within 8 minutes**



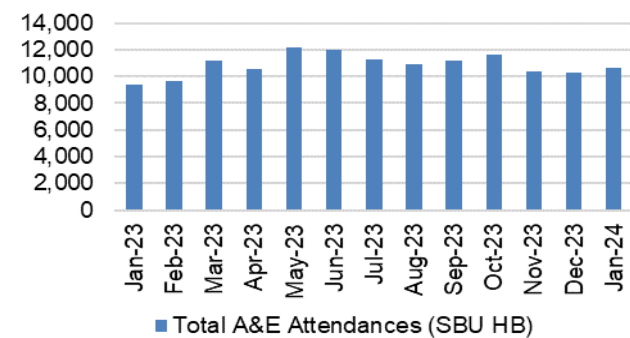
**Chart 3: Number of ambulance handovers over 1 hour**



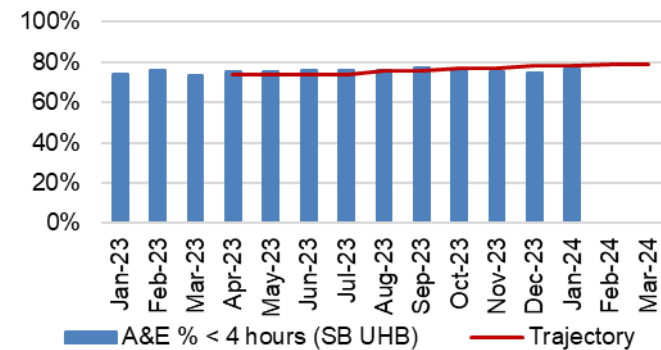
**Chart 4: Lost hours- notification to ambulance handover over 15 minutes**



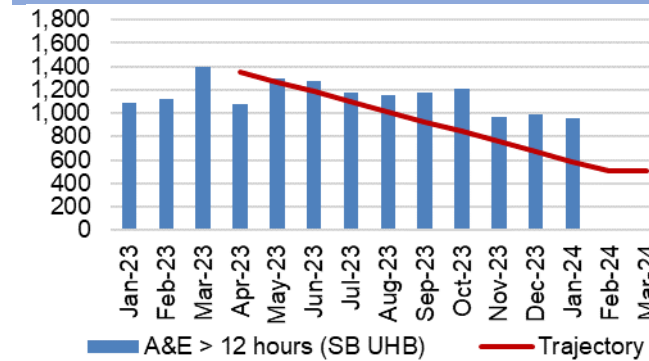
**Chart 5: A&E Attendances**



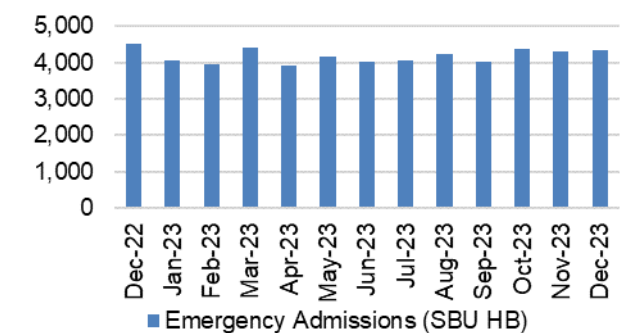
**Chart 6: % patients who spend less than 4 hours in A&E**



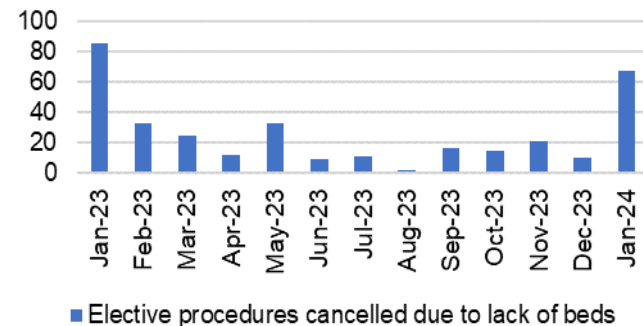
**Chart 7: Number of patients waiting over 12 hours in A&E**



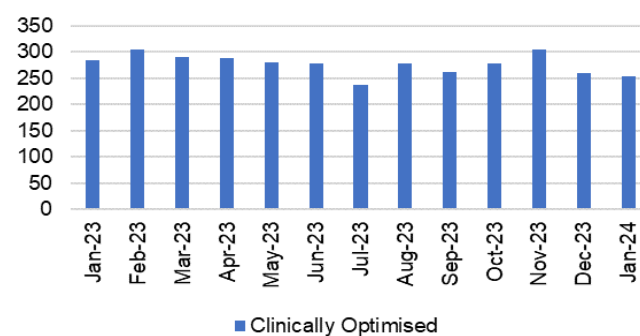
**Chart 8: Number of emergency admissions**



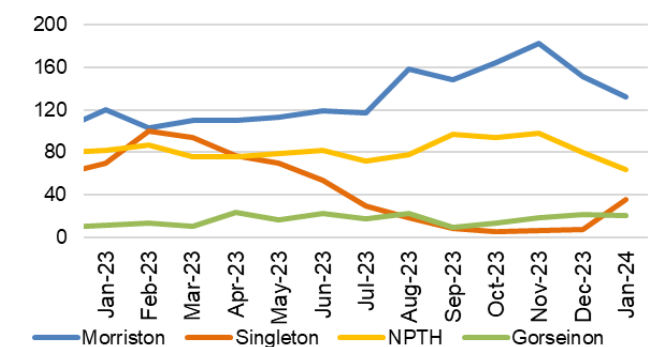
**Chart 9: Elective procedures cancelled due to lack of beds**



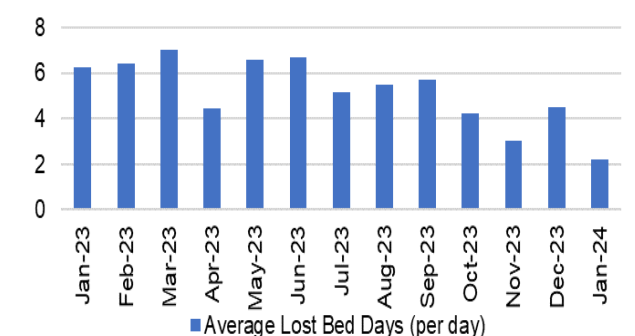
**Chart 10: Number of clinically optimised patients**



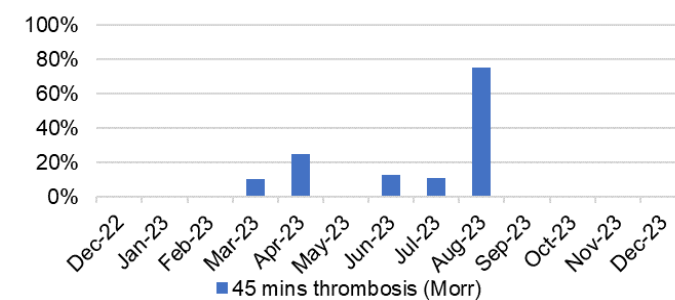
**Chart 11: Delay reason for clinically optimised patients**



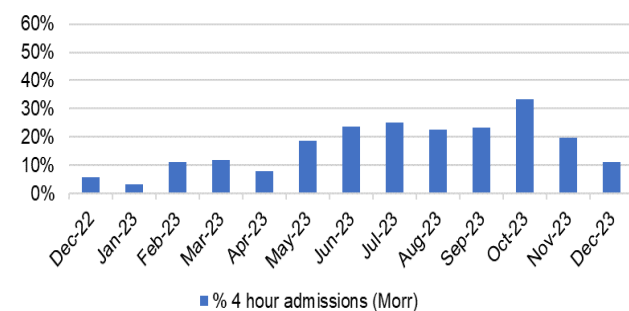
**Chart 12: Average lost bed days (per day)**



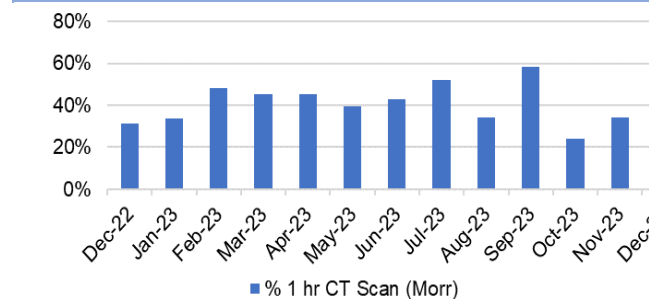
**Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes**



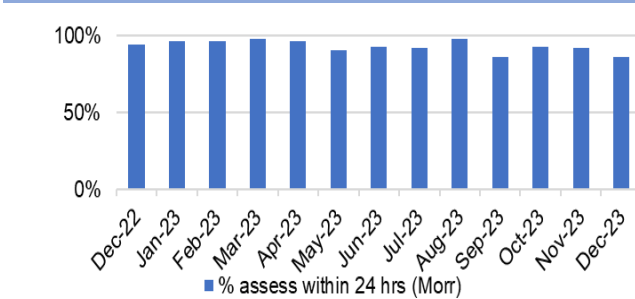
**Chart 14: Direct admission to Acute Stroke Unit within 4 hours**



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



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

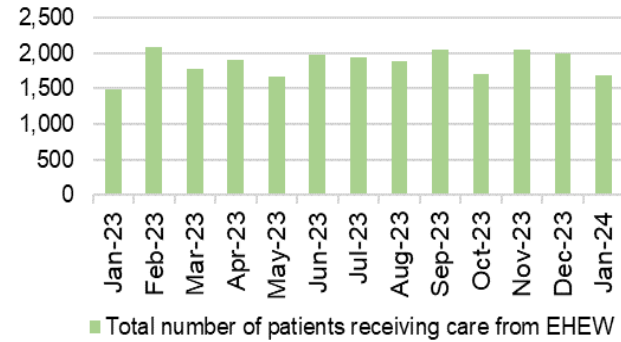




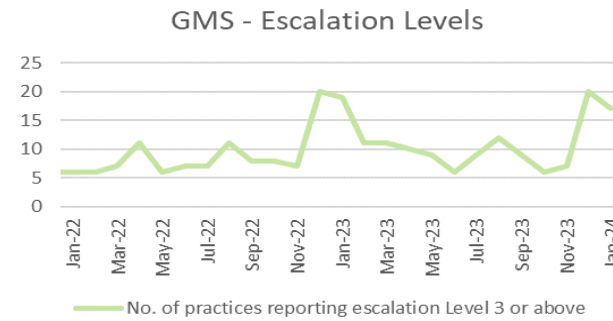
## HARM FROM REDUCTION IN NON-COVID ACTIVITY

### Primary and Community Care Overview

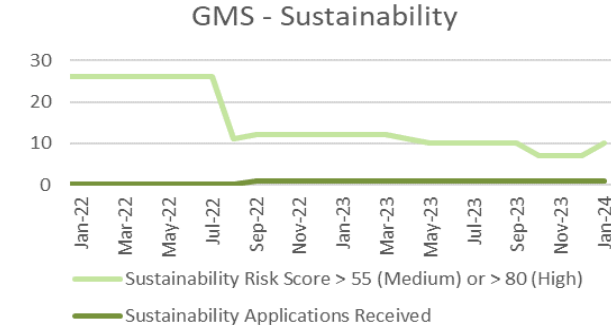
**Chart 1: Total Number of patients receiving care from Eye Health Examination Wales (EHEW)**



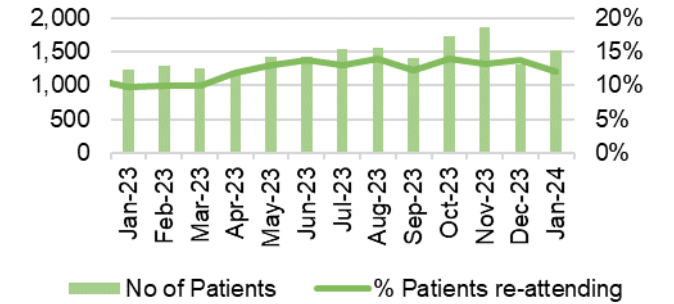
**Chart 2: GMS - Escalation Levels**



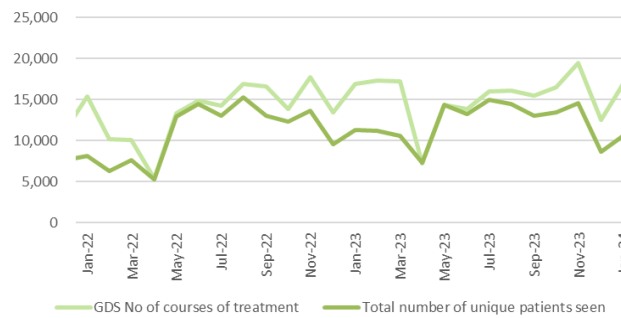
**Chart 3: GMS - Sustainability**



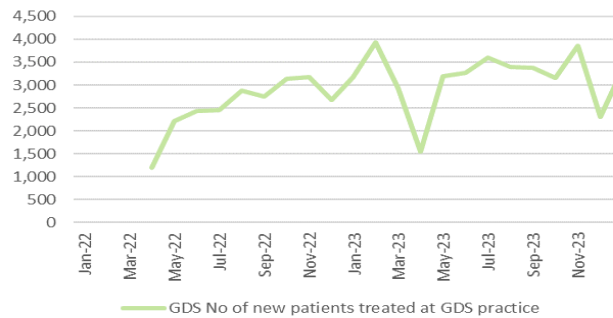
**Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months**



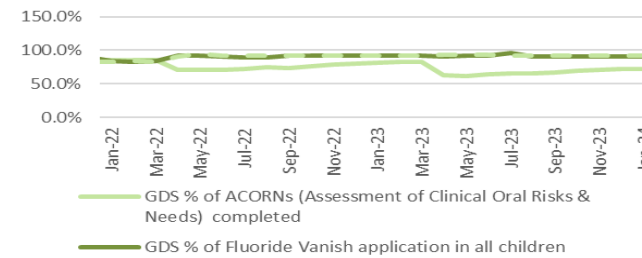
**Chart 5: General Dental Services - Activity**



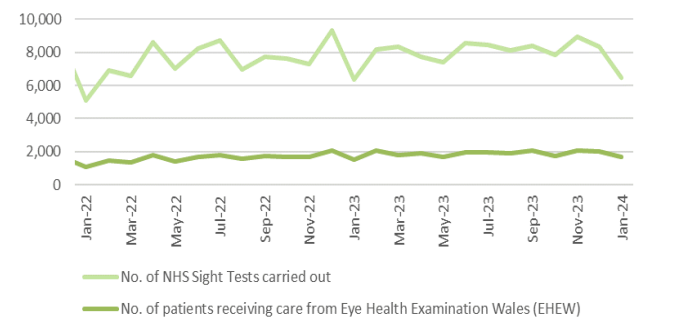
**Chart 6: General Dental Services - New Patients**



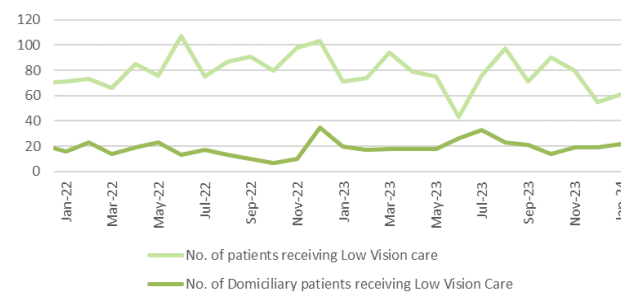
**Chart 7: General Dental Services - ACORNS/FV**



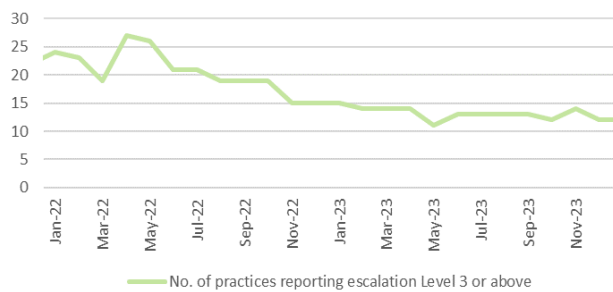
**Chart 8: Optometry Activity – sight tests**



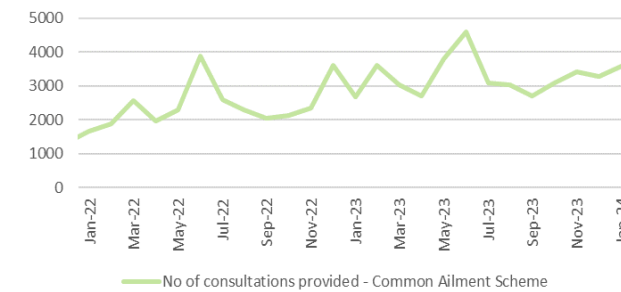
**Chart 9: Optometry Activity – low vision care**



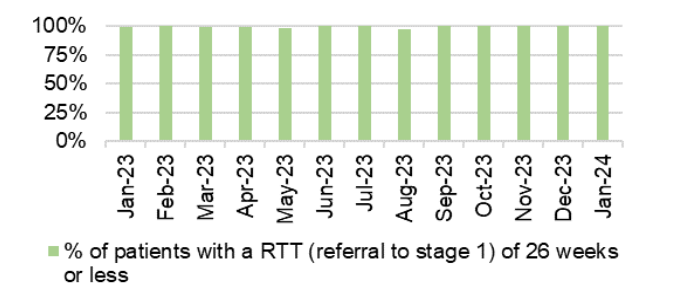
**Chart 10: Community Pharmacy – Escalation levels**



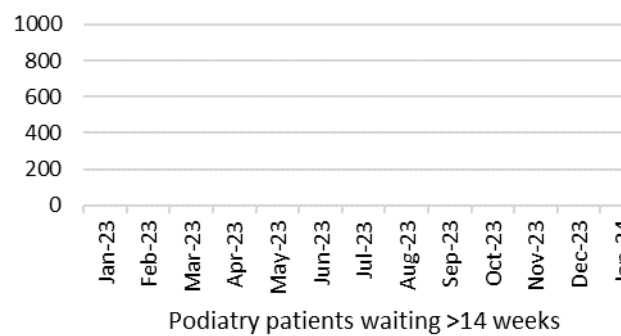
**Chart 11: Common Ailment Scheme – No. consultations provided**



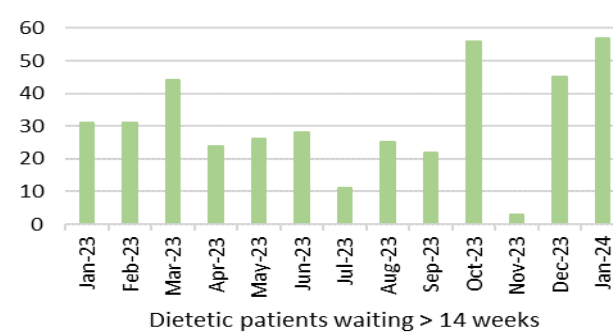
**Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



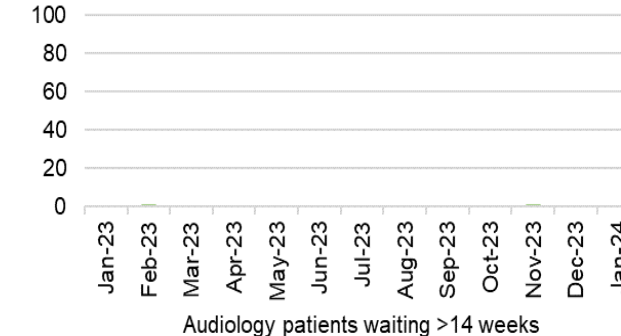
**Chart 13: Podiatry - Total number of patients waiting > 14 weeks**



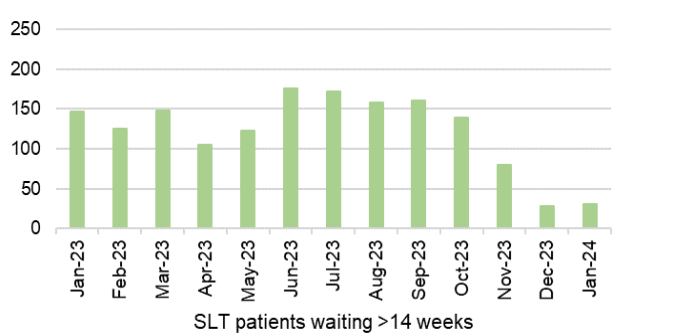
**Chart 14: Dietetics - Total number of patients waiting > 14 weeks**



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



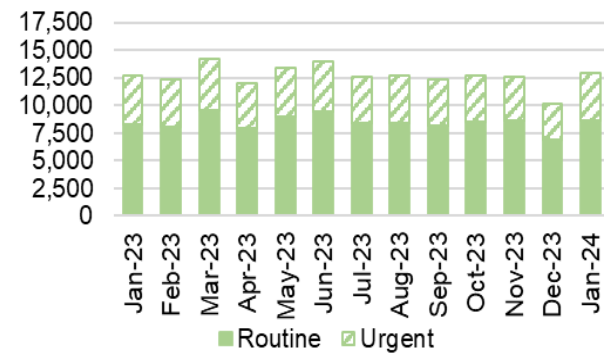
**Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks**



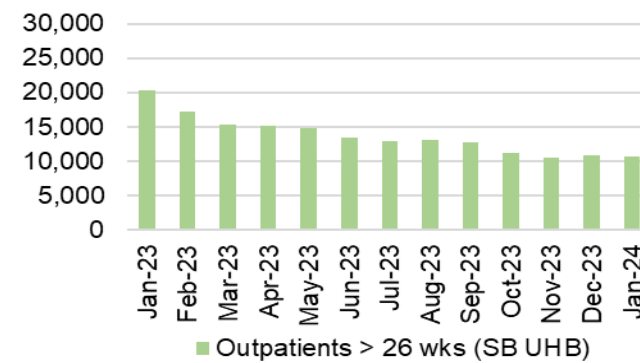
## Harm from reduction in non-Covid activity

### Planned Care Overview

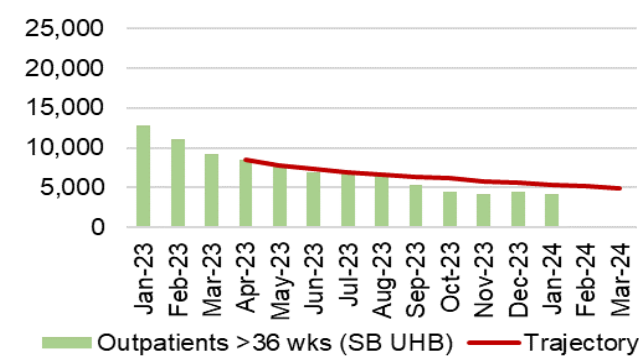
**Chart 1: Number of GP Referrals into secondary care**



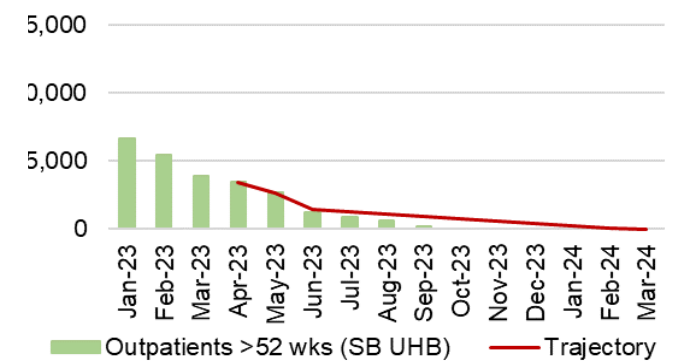
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



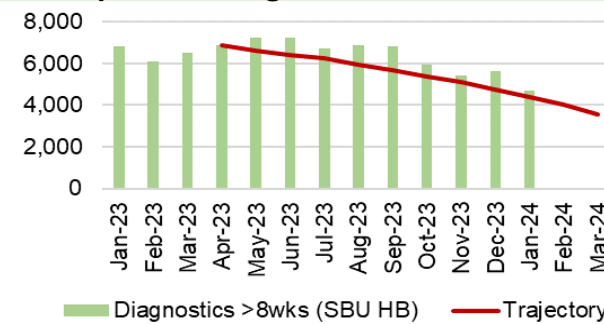
**Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1**



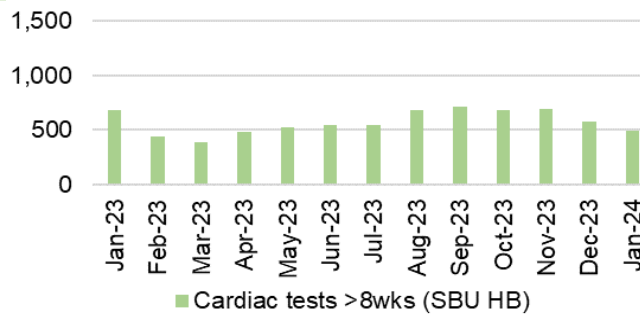
**Chart 4: Number of patients waiting over 52 weeks for treatment**



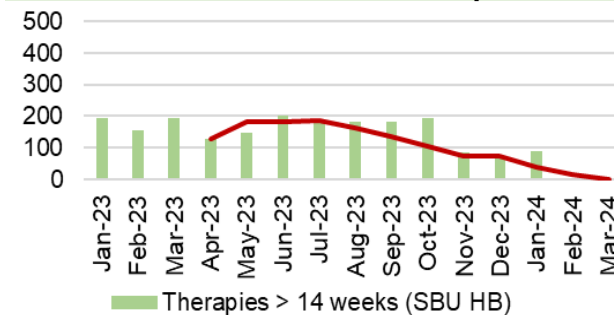
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



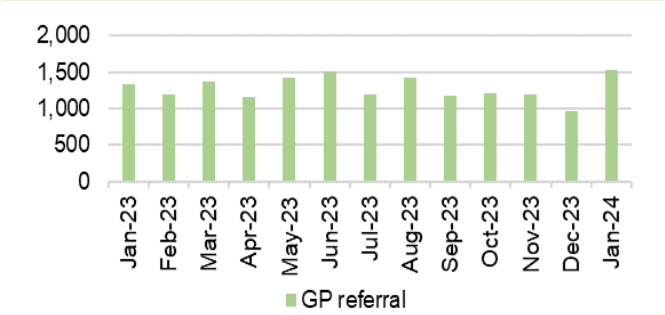
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



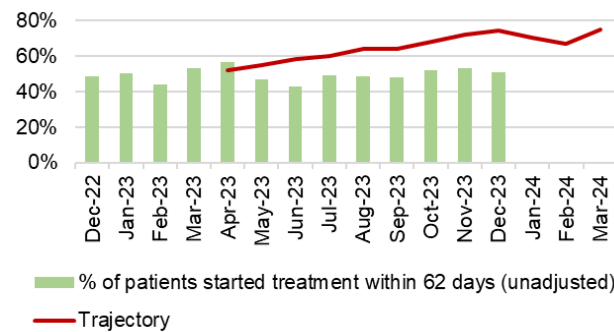
**Chart 7: Number of patients waiting more than 14 weeks for Therapies**



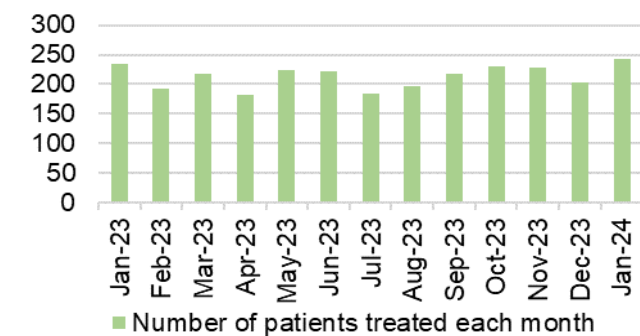
**Chart 8: Cancer referrals**



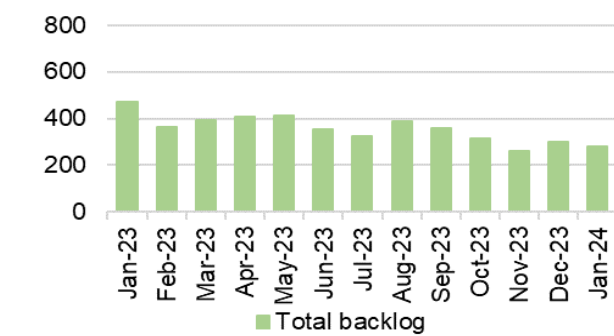
**Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion**



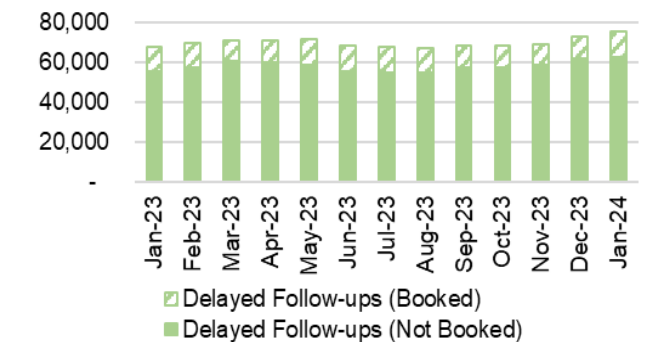
**Chart 10: Number of new cancer patients starting definitive treatment**



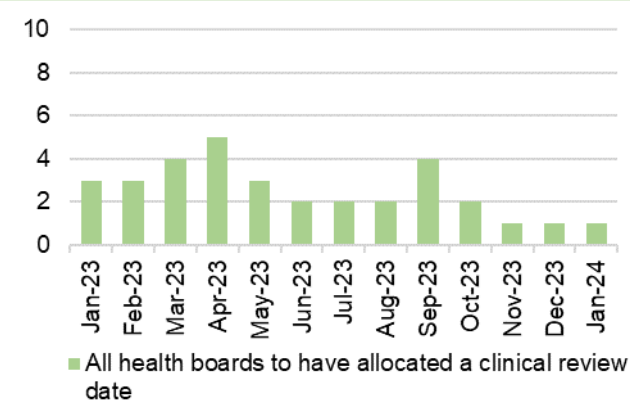
**Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days**



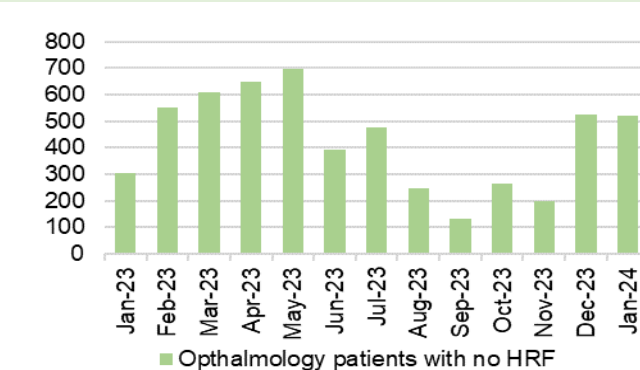
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date**



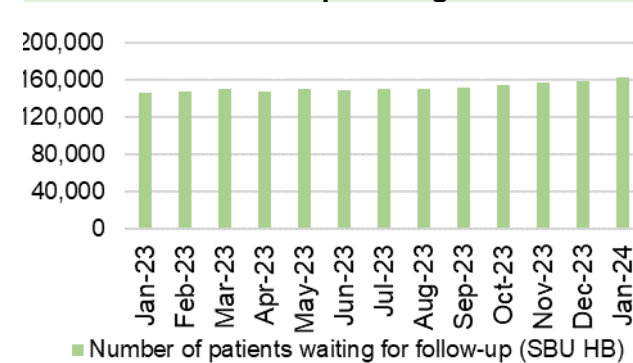
**Chart 13: Number of patients without a documented clinical review date**



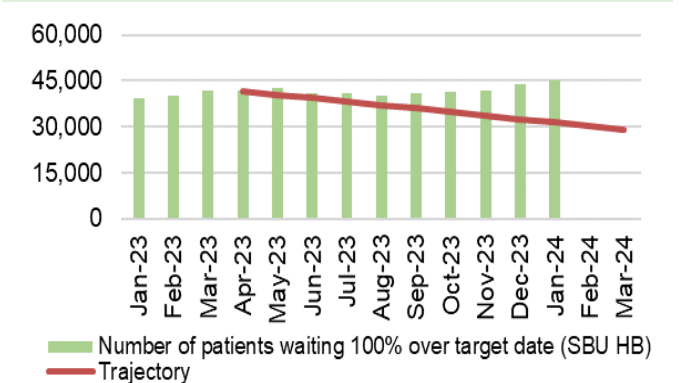
**Chart 14: Ophthalmology patients without an allocated health risk factor**



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



**Chart 16: Number of patients delayed by over 100%**



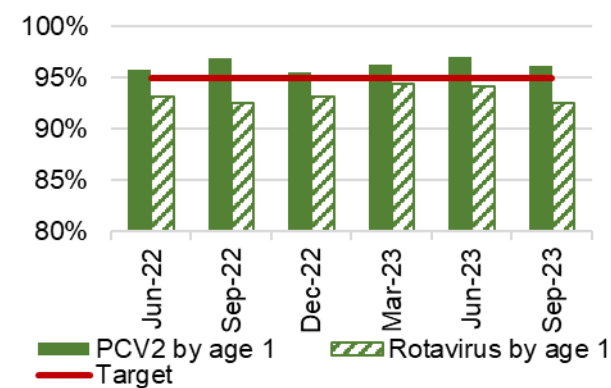
## HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

### Vaccinations and Immunisations

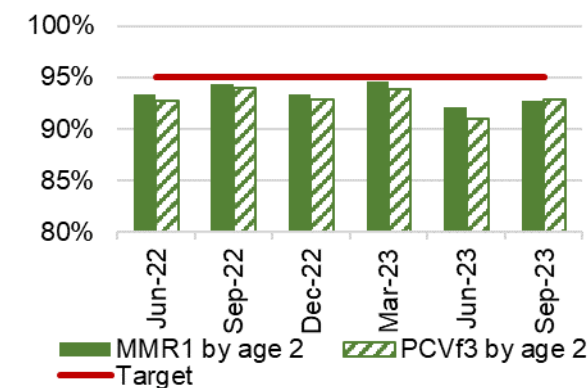
**Chart 1: % children who received 3 doses of the hexavalent '6 in 1' vaccine and MenB2 vaccine by age 1**



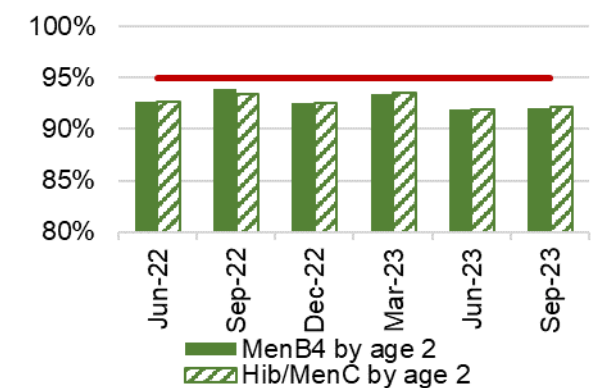
**Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1**



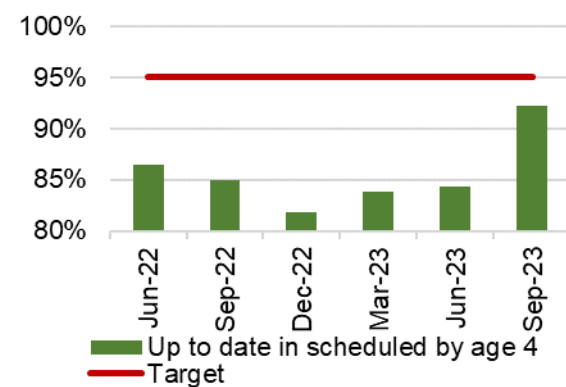
**Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2**



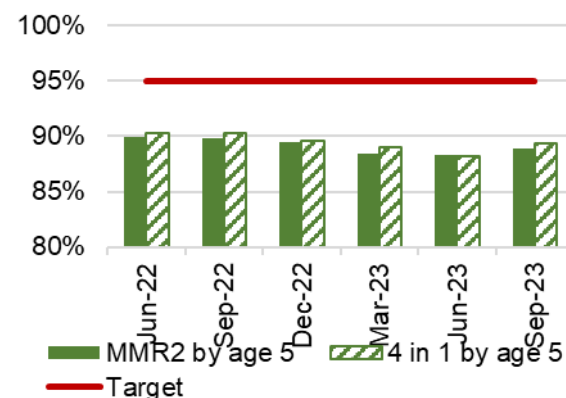
**Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2**



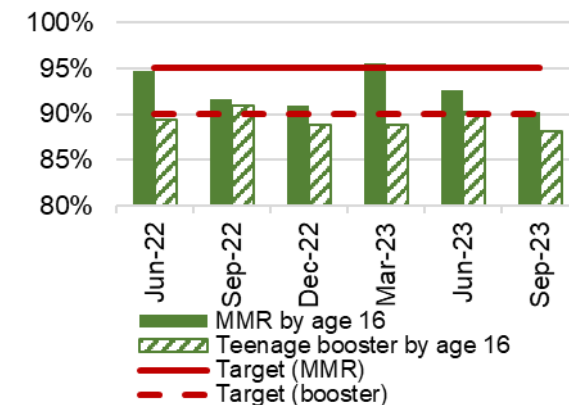
**Chart 5: % children who are up to date in schedule by age 4**



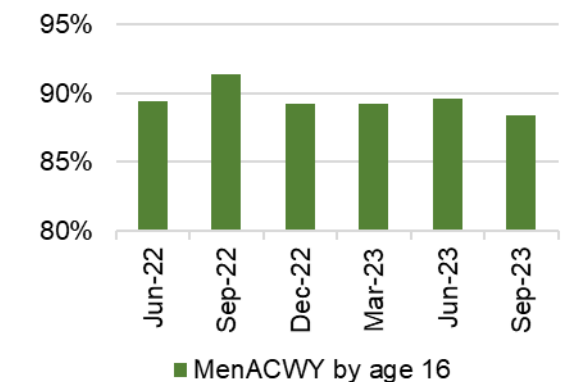
**Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5**



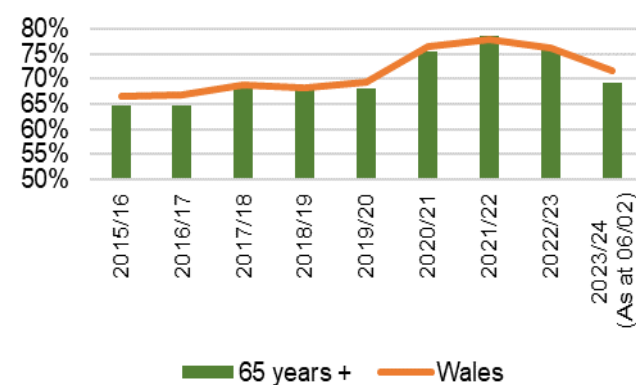
**Chart 7: % children who received MMR vaccine and teenage booster by age 16**



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

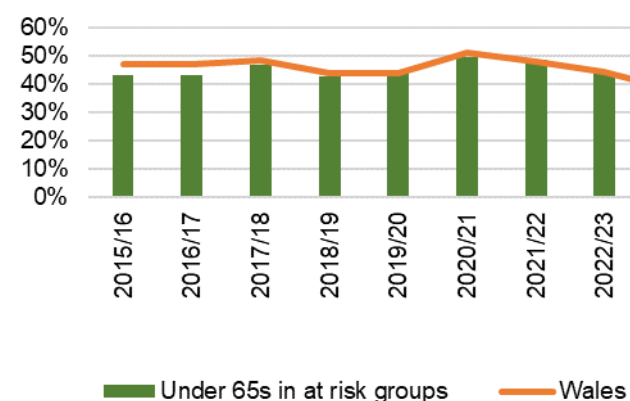


**Chart 9: Influenza uptake for amongst 65 year olds and over**



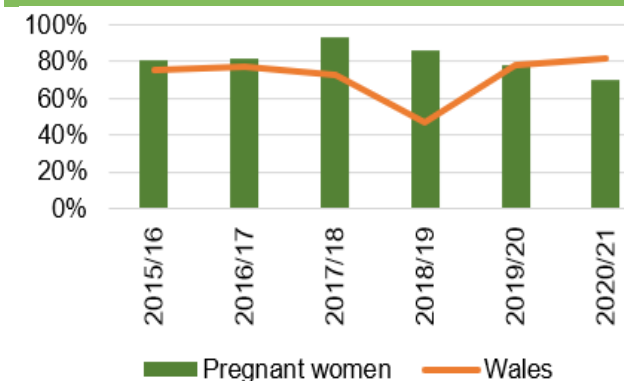
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



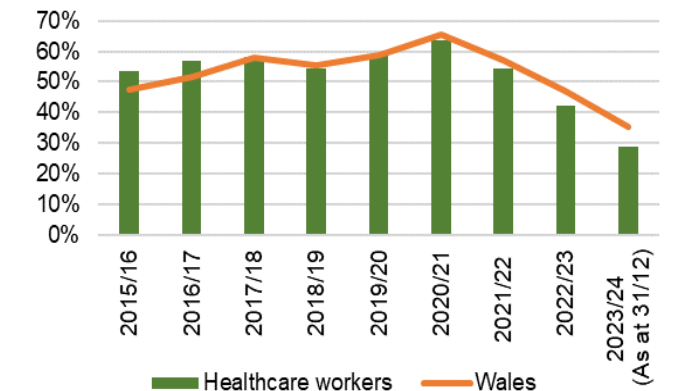
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

**Chart 11: Influenza uptake for amongst pregnant women**



Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board. 2021/22 data not available

**Chart 12: Influenza uptake for amongst healthcare workers**



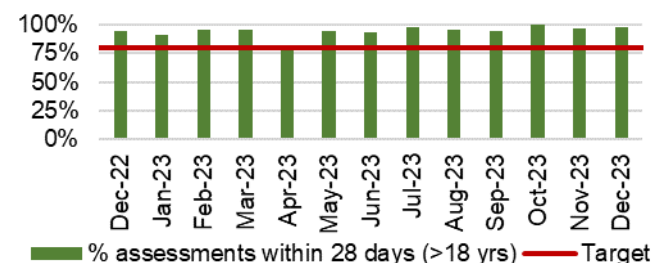
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board.



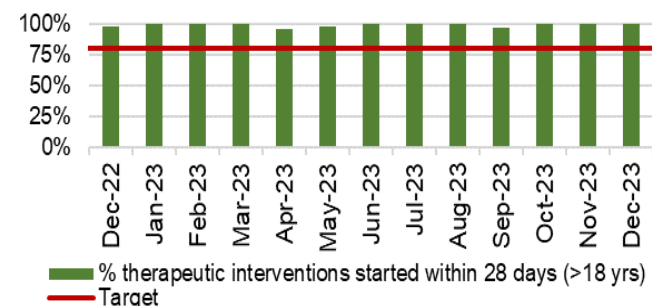
## HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

### Mental Health Overview

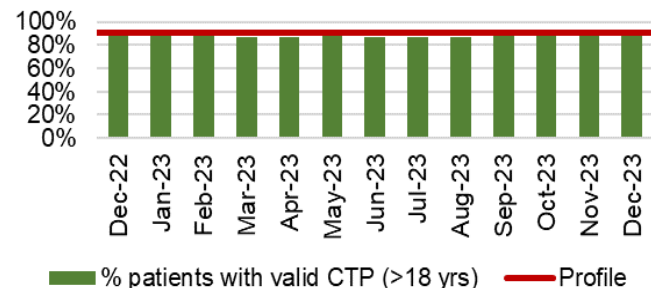
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



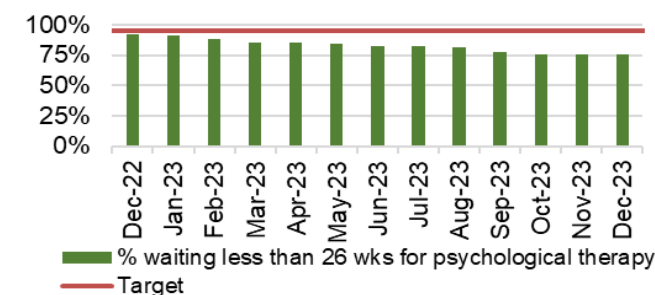
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



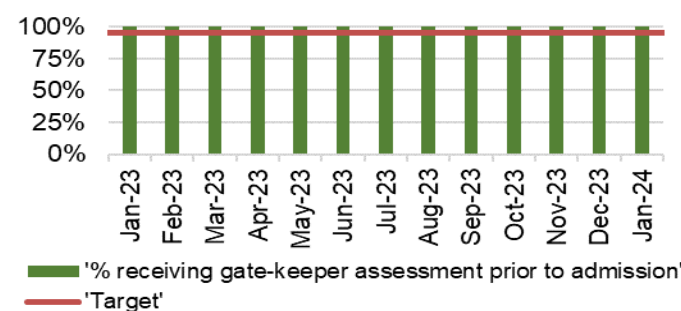
**Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan**



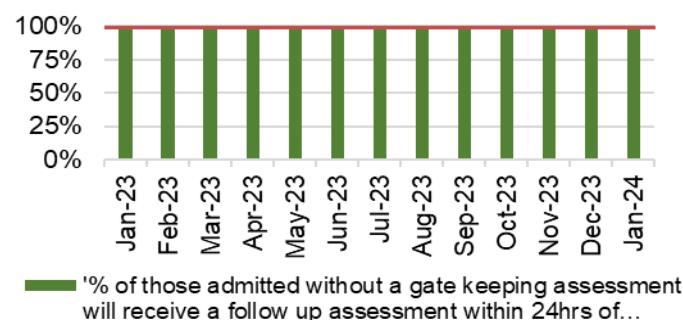
**Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**



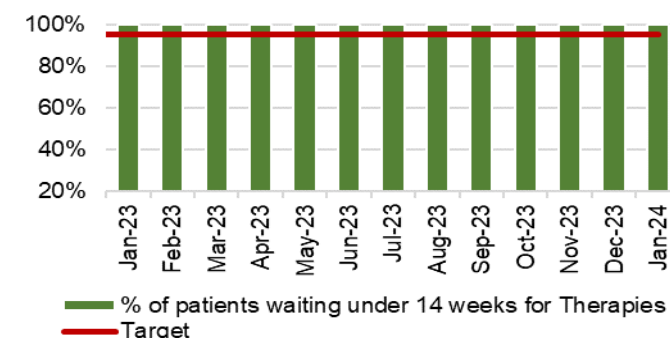
**Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission**



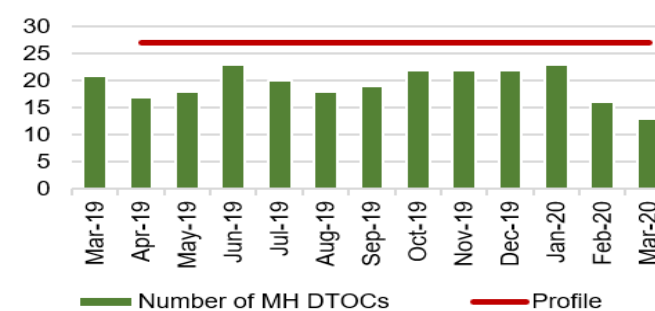
**Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



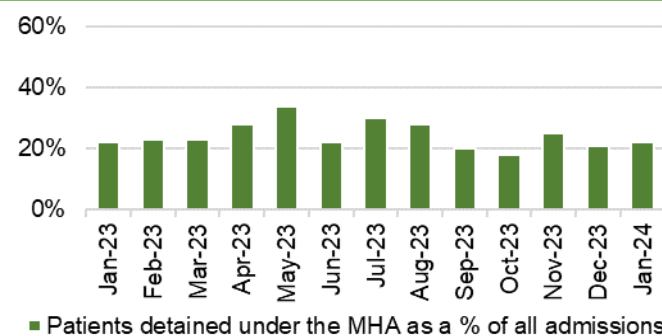
**Chart 7: % of patients waiting under 14 weeks for Therapies**



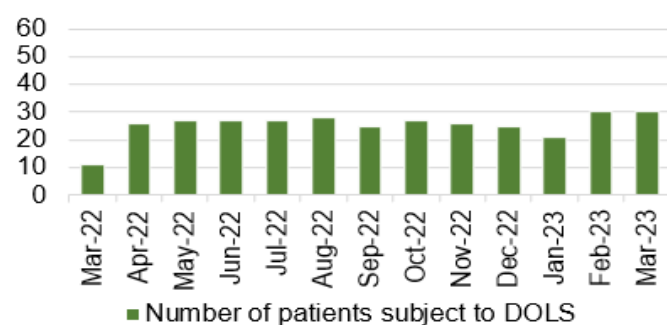
**Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)**



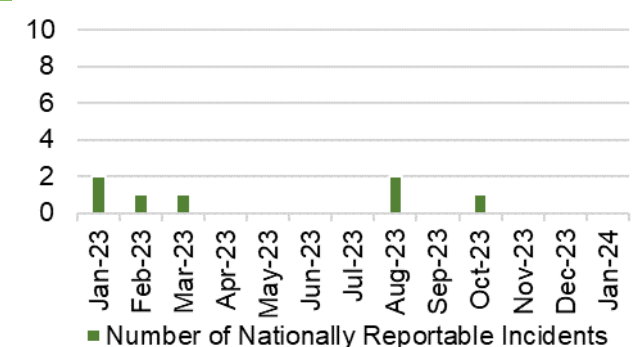
**Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions**



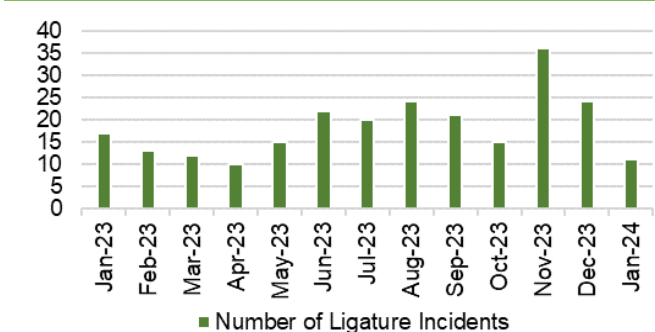
**Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)**



**Chart 11: Number of Nationally Reportable Incidents**

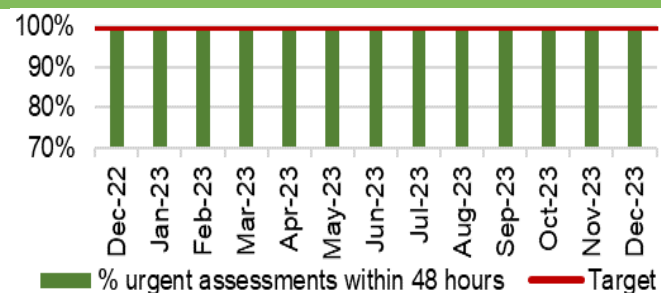


**Chart 12: Number of ligature incidents**

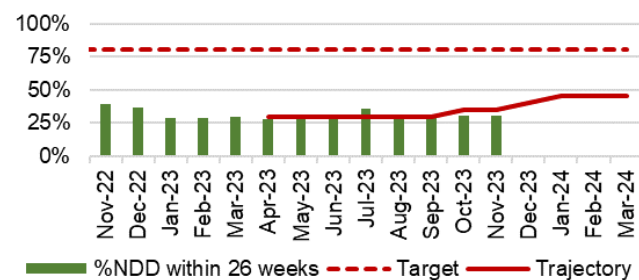


### Child & Adolescent Mental Health Services (CAMHS)

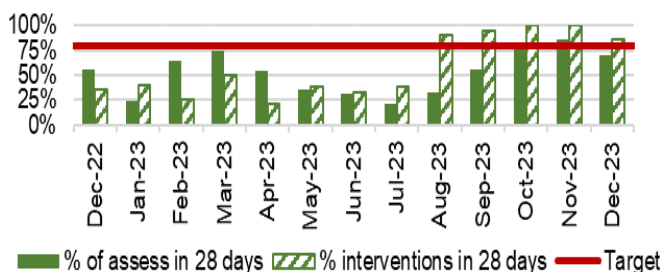
**Chart 13: Urgent assessments undertaken within 48 hours from receipt of referral**



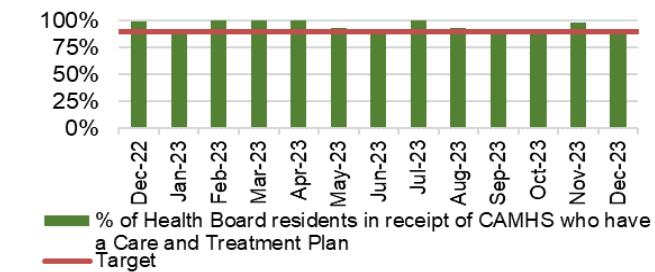
**Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks**



**Chart 15: Assessment and intervention within 28 days**







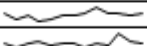
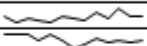
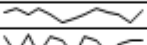
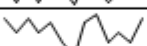
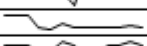
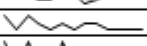

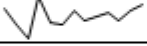
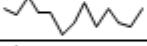





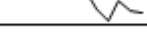


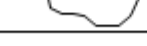

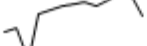
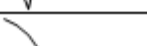




**Chart 16: % of residents with a Care and Treatment Plan**






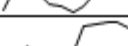
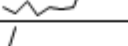
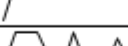
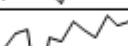

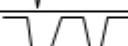

## APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

Sub Domain	Measure	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
COVID19 related measures	Number of new COVID19 cases				230	249	378	153	81	60	84	132	139	175	80	214	174
	Number of staff referred for Antigen Testing				18,157	18,187	18,230										
	Number of staff awaiting results of COVID19 test				0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents				34	33	57	29	61	90	23	33	37	35	21	43	35
	Number of COVID19 related serious incidents				0	0	0	0	0	0	0	0	0	0	0	1	0
	Number of COVID19 related complaints				0	2	2	1	0	0	0	0	1	1	1	0	0
	Number of COVID19 related risks																
	Number of staff self isolated (asymptomatic)				0	1	0	0	0	0							
	Number of staff self isolated (symptomatic)				70	63	57	45	27	7							
	% sickness				0.5%	0.5%	0.4%	0.3%	0.2%	0.1%							
Sub Domain	Measure	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	39.5% (Dec-22)	3rd (Dec-22)		52%	52%	48%	50%	56%	64%	55%	56%	49%	46%	52%	47%	50%
	Number of ambulance handovers over one hour	6,798 (Dec-22)	1st (Dec-22)		561	594	729	658	708	615	643	694	695	696	724	762	704
	Handover hours lost over 15 minutes				3,440	3,245	4,659	3,627	3,952	3,018	3,383	4,075	3,807	3,868	3,343	3,787	3,693
	% 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	63.1% (Dec-22)	4th (Dec-22)		74%	76%	74%	75%	75%	76%	76%	76%	77%	77%	75%	75%	77%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	12,099 (Dec-22)	4th (Dec-22)		1,089	1,125	1,395	1,083	1,303	1,274	1,179	1,156	1,180	1,207	969	994	959
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)				3.4%	11.1%	11.9%	7.8%	18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%	
	CT Scan (<1 hrs) (local)				33.9%	48.1%	45.2%	45.1%	39.5%	42.9%	52.1%	34.1%	58.1%	23.8%	34.0%	52.8%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)				96.6%	96.3%	97.6%	96.1%	90.7%	92.9%	91.7%	97.7%	86.0%	92.9%	92.0%	86.1%	
	Thrombolysis door to needle <= 45 mins				0.0%	0.0%	10.0%	25.0%	0.0%	12.5%	11.1%	75.0%	0.0%	0.0%	0.0%	0.0%	
	% stroke patients who receive mechanical thrombectomy	2.1% (Nov-22)	4th (Nov-22)		0.0%	0.0%	6.5%	2.0%	7.1%	5.0%	3.6%	6.3%	9.1%	0.0%	6.7%	4.5%	
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales				67%	67%	83%	80%	67%	-	40%	83%	50%	33%	100%	40%	
	Number of new Never Events				0	1	0	0	1	0	1	1	0	2	2	1	
	Number of risks with a score greater than 20				141	143	148	138	135	143	142	146	152	140	170	146	
Pressure Ulcers	Number of risks with a score greater than 16				290	295	307	296	289	300	303	316	322	304	363	305	
	Number of pressure ulcers acquired in hospital				64	60	76	83	83	67	67	60	63	70	69		
	Number of pressure ulcers developed in the community				45	41	62	31	41	39	33	38	44	37	45		
	Total number of pressure ulcers				109	101	138	114	124	106	100	98	107	107	114		
	Number of grade 3+ pressure ulcers acquired in hospital				4	4	7	5	10	6	1	4	4	6	5		
	Number of grade 3+ pressure ulcers acquired in community				4	9	14	7	9	9	6	7	11	5	13		
	Total number of grade 3+ pressure ulcers				8	13	21	12	19	15	7	11	15	11	18		

Sub Domain	Measure	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	67.80 (Dec-22)	3rd (Dec-22)		68.7	67.9	67.5	81.1	73.7	75.1	75.2	76.5	75.7	69.6	73.3	69.1	69.3
	Number of E.Coli bacteraemia cases (Hospital)				8	9	9	14	12	13	12	18	8	5	21	6	9
	Number of E.Coli bacteraemia cases (Community)				12	8	10	12	10	12	13	9	15	6	11	6	10
	Total number of E.Coli bacteraemia cases				20	17	19	26	22	25	25	27	23	11	32	12	19
	Cumulative cases of S. aureus bacteraemias per 100k pop	27.76 (Dec-22)	6th (Dec-22)		38.4	38.6	38.6	53.1	43.0	42.2	42.2	40.4	38.9	37.6	37.2	38.8	39.0
	Number of S.aureus bacteraemias cases (Hospital)				8	9	5	7	8	8	1	6	7	6	8	9	7
	Number of S.aureus bacteraemias cases (Community)				2	2	5	9	2	5	13	4	3	4	6	8	4
	Total number of S.aureus bacteraemias cases				10	11	10	16	10	13	14	10	10	10	14	17	11
	Cumulative cases of C. difficile per 100k pop	36.68 (Dec-22)	5th (Dec-22)		51.3	50.6	51.4	56.2	46.0	51.4	52.2	52.0	57.3	56.9	62.5	62.6	64.3
	Number of C.difficile cases (Hospital)				15	10	13	7	10	13	12	14	20	14	15	13	15
	Number of C.difficile cases (Community)				7	2	6	8	4	7	6	3	7	4	18	8	7
	Total number of C.difficile cases				22	12	19	15	14	20	18	17	27	18	33	21	22
	Cumulative cases of Klebsiella per 100k pop				26.9	26.8	27.4	25.0	27.6	24.7	20.7	22.6	25.1	24.1	24.2	23.5	25.0
	Number of Klebsiella cases (Hospital)				5	7	4	7	4	1	3	4	7	5	4	1	6
	Number of Klebsiella cases (Community)				6	1	7	1	6	5	0	6	5	1	4	5	5
	Total number of Klebsiella cases	63 Total (Dec-22)	2nd (Dec-22)		11	8	11	8	10	6	3	10	12	6	8	6	11
	Cumulative cases of Aeruginosa per 100k pop				11.6	11.2	11.3	6.2	4.6	7.2	6.1	6.1	6.1	6.1	6.1	6.5	6.2
	Number of Aeruginosa cases (Hospital)				2	2	2	1	1	3	2	0	1	2	2	3	2
	Number of Aeruginosa cases (Community)				2	0	2	1	0	1	0	1	1	0	0	0	0
	Total number of Aeruginosa cases	8 Total (Dec-22)	4th (Dec-22)		4	2	4	2	1	4	2	1	2	2	2	3	2
	Hand Hygiene Audits- compliance with WHO 5 moments				97%	95%	93%	99%	95%	95%	97%	95%	96%	97%	95%	97%	98%
Inpatient Falls	Number of Inpatient Falls				189	179	214	183	184	143	164	200	157	190	166	158	192
NEWS	% patients with completed NEWS scores & appropriate responses actioned				91.8%	98.3%	85.1%	96.6%	91.9%	81.6%	84.1%	85.2%	82.0%	89.6%	89.9%	85.7%	91.6%
Coding	% of episodes clinically coded within 1 month of discharge				71%	76%	67%	55%	55%	68%	71%	61%	69%	76%	66%	76%	
	% of clinical coding accuracy attained in the NwIS national clinical coding accuracy audit programme	93.9% (2019/20)	7th (2019/20)														
E-TOC	% of completed discharge summaries (total signed and sent)				64%	64%	62%	64%	65%	65%	64%	66%	61%	66%	69%	70%	68%
Workforce	Agency spend as a % of the total pay bill	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		7.4%	6.2%	5.2%	5.7%	5.8%	5.2%	4.9%	5.3%	4.1%	3.4%	4.6%	4.1%	3.9%
	Overall staff engagement score - scale score method	75% (2020)	6th out of 10 organisations (2020)														
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		69%	69%	69%	72%	68%	67%	67%	67%	66%	66%	66%	67%	69%
	% staff who undertook a performance appraisal who agreed it helped them improve how they do their job	54% (2018)	2nd (2018)														
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		85%	85%	82%	86%	87%	87%	88%	88%	87%	88%	89%	88%	86%
	% workforce sickness absence (12 month rolling)	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.89%	7.78%	7.65%	7.46%	7.37%	7.28%	7.11%	7.08%	7.08%	7.05%	7.09%	6.96%	
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	67.8% (2020)	7th out of 10 organisations (2020)														



Sub Domain	Measure	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months				9.7%	9.9%	9.9%	11.8%	13.0%	13.9%	13.0%	13.9%	12.2%	14.0%	13.3%	13.9%	12.2%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		50.4%	44.1%	53.2%	56.5%	46.6%	42.8%	49.0%	48.6%	47.9%	51.7%	53.3%	51.0%	
Radiotherapy waiting times	Scheduled (14 Day Target)				32%	31%	32%	22%	35%	18%	33%	44%	20%	10%	12%	17%	25%
	Scheduled (21 Day Target)				82%	86%	81%	70%	81%	63%	68%	83%	76%	42%	61%	77%	67%
	Urgent SC (2 Day Target)				31%	19%	30%	22%	50%	24%	42%	27%	33%	53%	31%	39%	26%
	Urgent SC (7 Day Target)				85%	69%	84%	70%	73%	52%	90%	91%	78%	73%	77%	65%	85%
	Emergency (within 1 day)				100%	100%	91%	100%	100%	71%	100%	92%	100%	100%	100%	100%	100%
	Emergency (within 2 days)				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)				82%	93%	94%	87%	93%	93%	91%	96%	98%	98%	95%	97%	99%
	Elective Delay (14 Day Target)				98%	100%	100%	93%	100%	95%	100%	100%	100%	100%	100%	97%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	15,517 (Nov-22)	7th (Nov-22)		4,372	4,408	4,554	4,677	4,847	4,745	4,505	4,415	4,148	3,737	3,427	3,553	3,509
	Number of patients waiting > 8 weeks for a specified diagnostics	42,566 (Nov-22)	4th (Nov-22)		6,829	6,116	6,514	6,867	7,255	7,221	6,713	6,861	6,800	5,939	5,429	5,616	4,705
	Number of patients waiting > 14 weeks for a specified therapy	9,584 (Nov-22)	2nd (Nov-22)		194	157	193	129	149	203	183	183	182	195	84	73	88
	% of patients waiting < 26 weeks for treatment	56% (Nov-22)	6th (Nov-22)		52.8%	56.9%	58.4%	58.3%	58.8%	60.9%	61.7%	61.0%	60.7%	62.0%	62.6%	61.0%	60.8%
	Number of patients waiting > 26 weeks for first outpatient appointment				20,288	17,257	15,385	15,184	14,733	13,427	12,937	13,121	12,786	11,169	10,425	10,889	10,722
	Number of patients waiting > 36 weeks for first outpatient appointment				12,767	11,115	9,163	8,561	7,675	6,893	6,729	6,558	5,327	4,508	4,282	4,546	4,184
	Number of patients waiting > 52 weeks for first outpatient appointment	85,301 (Nov-22)	3rd (Nov-22)		6,630	5,475	3,895	3,456	2,719	1,234	894	665	180	0	0	0	0
	Number of patients waiting > 52 weeks for treatment				21,306	19,707	18,181	17,823	16,976	15,446	15,120	14,877	14,417	13,942	13,453	13,386	13,318
	Number of patients waiting > 104 weeks for treatment	49,594 (Nov-22)	5th (Nov-22)		7,331	6,656	6,015	5,952	5,792	5,474	5,299	4,999	4,645	4,097	3,460	2,969	2,566
	The number of patients waiting for a follow-up outpatient appointment				146,632	148,070	150,860	147,864	150,109	149,529	150,416	150,060	152,025	154,704	157,285	159,226	162,964
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	224,552 (Nov-22)	5th (Nov-22)		39,056	40,146	41,710	41,611	42,534	40,807	41,123	39,938	41,048	41,188	41,727	43,784	44,976
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	64.9% (Nov-22)	1st (Nov-22)		53.1%	64.6%	59.4%	62.7%	62.3%	57.5%	63.8%	60.3%	63.7%	60.2%	61.5%	64.7%	61.3%
Activity	Number of GP referrals				12,658	12,347	14,220	12,012	13,341	13,984	12,623	12,698	12,383	12,644	12,622	10,102	12,876
	Number of patients referred from primary care into secondary care Ophthalmology Servies				870	841	969	737	803	890	824	812	815	851	843	735	775
DNAs	% of patients who did not attend a new outpatient appointment				8.9%	9.2%	8.2%	7.9%	10.1%	10.6%	10.0%	9.6%	10.6%	9.7%	10.0%	9.7%	9.3%
	% of patients who did not attend a follow-up outpatient appointment				7.8%	7.9%	7.9%	8.0%	8.2%	8.4%	8.1%	8.0%	8.1%	7.7%	7.6%	8.0%	8.2%
Theatre Efficiencies	Theatre Utilisation rates				72%	70%	71%	71%	76%	69%	73%	66%	73%	76%	72%	63%	63%
	% of theatre sessions starting late				35%	39%	33%	35%	37%	36%	42%	36%	38%	40%	39%	40%	37%
	% of theatre sessions finishing early				44%	45%	49%	48%	51%	47%	44%	51%	50%	47%	44%	49%	52%
Patient experience	Number of friends and family surveys completed				5,073	4,425	5,358	2,704	3,477	2,503	3,401	5,188	4,084	5,738	5,792	4,004	5,211
	% of who would recommend and highly recommend				92%	92%	92%	92%	90%	89%	91%	92%	92%	92%	92%	92%	93%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction				92%	95%	95%	95%	95%	90%	91%	92%	92%	93%	93%	93%	93%
Complaints	Number of new formal complaints received				127	135	183	149	182	217	147	155	171	164	171		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received				78%	67%	72%	77%	71%	71%	64%	71%	62%	74%	55%		
	% of acknowledgements sent within 2 working days				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

Sub Domain	Measure	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	94.7% (Q2 22/23)	2nd (Q2 22/23)				95.4%			94.6%			94.1%				
	% of children who received 2 doses of the MMR vaccine by age 5	90.0% (Q2 22/23)	5th (Q2 22/23)				88.4%			88.3%			88.9%				
Influenza	% uptake of influenza among 65 year olds and over	78.0% (Mar-22)	3rd (Mar-22)		75.6%	76.0%	75.9%	Data collection restarts October 2023						58.1%		68.0%	69.1%
	% uptake of influenza among under 65s in risk groups	48.2% (Mar-22)	4th (Mar-22)		42.1%	43.4%	43.8%							25.3%		33.5%	34.8%
	% uptake of influenza among children 2 to 3 years old	47.6% (Mar-22)	5th (Mar-22)		39.2%	39.3%	38.8%							22.7%		35.1%	38.9%
	% uptake of influenza among healthcare workers	65.6% (2020/21)	6th out of 10 organisations (2020/21)		40.9%	42.4%	42.4%							13.8%		28.6%	28.6%
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible				Historical data not available					67.8%	Data collection restarts Apr-24						
	% uptake of the Autumn COVID-19 vaccination for those eligible				Data collection for Autumn booster 23 begins Sep-23								16.1%	38.1%	45.4%	51.9%	53.9%
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	31.4% (Nov-22)	3rd (Nov-22)		29%	29%	29%	28%	30%	31%	36%	31%	30%	30%	30%	29%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	83.2% (Nov-22)	5th (Nov-22)		62%	82%	74%	55%	31%	31%	21%	33%	56%	77%	86%	70%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	66.8% (Nov-22)	5th (Nov-22)		24%	64%	74%	55%	35%	31%	21%	33%	56%	77%	86%	70%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	34.4% (Nov-22)	4th (Nov-22)		40%	26%	50%	21%	38%	33%	38%	91%	95%	100%	100%	86%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral				62%	82%											
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	63.8% (Nov-22)	1st (Nov-22)		91%	100%	100%	100%	93%	90%	100%	93%	92%	92%	98%	92%	
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)	86.9% (Nov-22)	3rd (Nov-22)		91%	95%	96%	78%	94%	93%	98%	96%	94%	100%	97%	98%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	73.1% (Nov-22)	2nd (Nov-22)		100%	100%	100%	96%	98%	100%	100%	100%	97%	100%	100%	100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	73.9% (Nov-22)	2nd (Nov-22)		91%	88%	85%	85%	84%	82%	82%	81%	77%	76%	76%	76%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	84.2% (Nov-22)	2nd (Nov-22)		89%	89%	87%	87%	88%	87%	87%	87%	88%	89%	90%	88%	
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to	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 CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	