



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23rd February 2023	Agenda Item	4.1
Report Title	Quality & Safety Performance Report		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	<p>The Quality and Safety Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in July 2022, and the measures have been updated accordingly in line with current data availability.</p> <p>Key high level issues to highlight this month are as follows:</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 decreased in January 2023 to 230, compared with 395 in December 2022. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Emergency Department (ED) attendances have decreased in January 2023 to 9,394 from 10,167 in December 2022. - Performance against the 4-hour access is currently below the outlined trajectory in January 2023. ED 4-hour performance has improved by 8.8% in January 2023 to 74% from 65.22% in December 2022. - Performance against the 12-hour wait has improved in-month and it is currently performing slightly above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,089 in January 2023 from 1,632 in December. - Internal flow activities to support reduced occupancy and to improve flow throughout the day are being implemented, these include; Same Day Emergency Care (SDEC) GP 		

	<p>delivered services, Frailty SDEC services and scoping is currently being undertaken with Welsh Ambulance Service NHS Trust (WAST) colleagues to implement further pathways.</p> <ul style="list-style-type: none"> - The number of emergency admissions has decreased in January 2023 to 4,057 from 4,529 in December 2022. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> - January 2023 saw a 1% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment. - Additionally, the number of patients waiting over 36 weeks decreased by 3.9% to 32,031. - We continue to outperform the trajectory for the number of patients waiting over 104 weeks for treatment, with 7,331 patients waiting at this point in January 2023. - In January, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 6,630 patients waiting at this stage. - As a Health Board, we are outperforming the Ministerial Priority recovery trajectory for the number of patients waiting over 36 weeks for treatment and for the percentage of patients waiting less than 26 weeks for treatment. - Therapy waiting times have improved, there are 194 patients waiting over 14 weeks in January 2023 compared with 527 in December 2022. - The number of patients waiting over 8 weeks for an Endoscopy has slightly increased in January 2023 to 4,372 from 4,289 in December 2022. <p><u>Cancer</u></p> <ul style="list-style-type: none"> - December 2022 saw 48% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). - The average backlog of patients waiting over 63 days has decreased in January 2023 to 470 from 585 in December 2022. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in December 2022. - In December 2022, 92.3% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%. <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% December 2022.
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	<ul style="list-style-type: none"> - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has deteriorated slightly to 37% in December 2022 against a target of 80%. <p><u>Nationally Reportable Incidents</u></p> <ul style="list-style-type: none"> - In January 2023, there were 10 Nationally Reportable Incidents reported. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> - January 2023 data is included in this report showing 92% satisfaction through 5,073 surveys completed. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. 			

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

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

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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

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

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

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



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Appendix 1- Quality & Safety Performance Report

February 2023



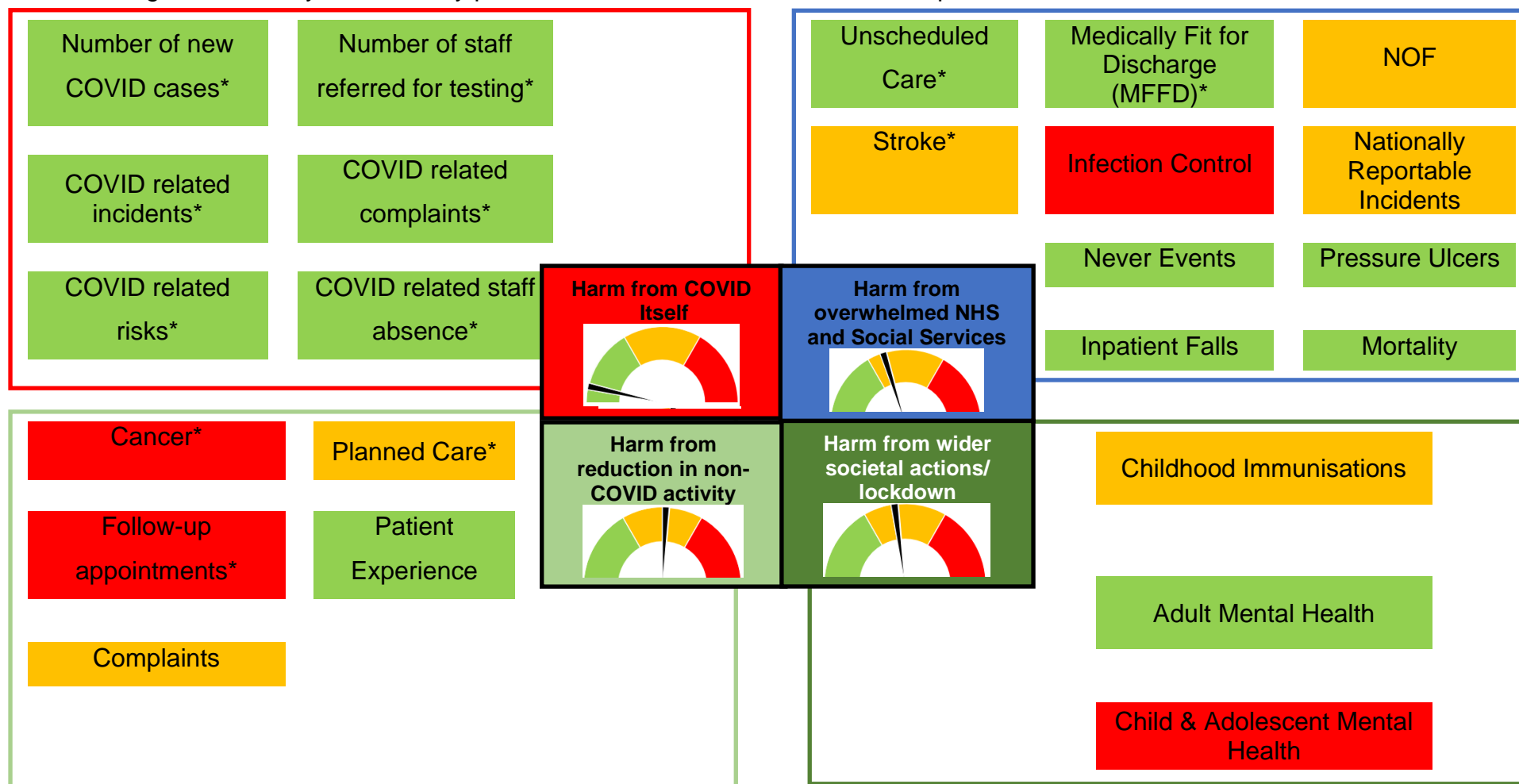
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1. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

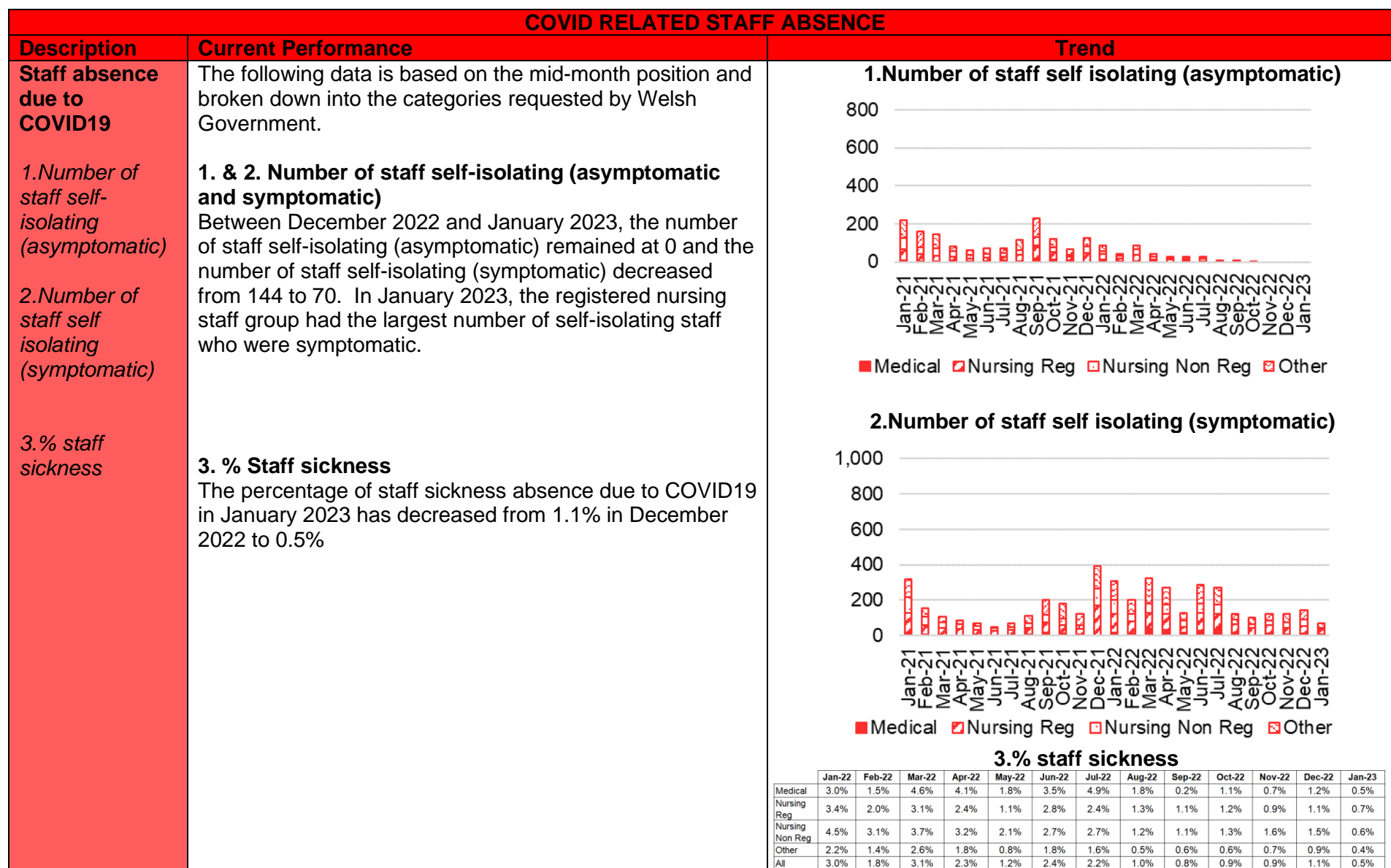
** Data not available

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

		Harm quadrant- Harm from Covid itself															
Measure	Locality	National/ Local Target	Internal profile	Trend	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Number of new COVID19 cases*	HB Total				15,433	4,209	4,749	835	286	372	600	217	218	171	171	395	230
Number of staff referred for Antigen Testing	HB Total				691	200	109	402	157	264	299	38	10	8	47	127	49
Number of staff awaiting results of COVID19 test*	HB Total				0	0	0	0	0	0	0	0	0	0	0	0	0
Number of COVID19 related incidents*	HB Total				59	55	57	83	39	52	91	46	84	61	51	61	34
Number of COVID19 related serious incidents*	HB Total				0	1	0	0	0	0	0	0	1	0	0	0	0
Number of COVID19 related complaints*	HB Total				4	4	10	6	0	4	5	6	11	3	3	0	0
Number of COVID19 related risks*	HB Total																
Number of staff self isolated (asymptomatic)*	Medical				11	1	5	2	0	2	3	0	0	0	0	0	0
	Nursing Registered				31	15	35	10	12	12	15	4	2	0	0	0	0
	Nursing Non Registered				13	18	25	15	8	6	3	0	1	0	0	0	0
	Other				32	9	22	15	9	8	5	4	2	1	0	0	0
Number of staff self isolated (symptomatic)*	Medical				17	13	37	33	15	27	38	15	2	9	6	10	4
	Nursing Registered				104	66	91	88	33	102	83	49	42	49	37	46	29
	Nursing Non Registered				79	45	52	52	35	52	53	26	22	26	34	32	12
	Other				109	80	146	97	42	106	98	31	34	37	47	56	25
% sickness*	Medical				3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%
	Nursing Registered				3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%
	Nursing Non Registered				4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%
	Other				2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%
	All				3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%

3.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>1. Number of new COVID cases</p> <p>In January 2023, there were an additional 230 positive cases recorded bringing the cumulative total to 119,479 in Swansea Bay since March 2020.</p>	<p>1.Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
	<p>2. Staff referred for Antigen testing</p> <p>The cumulative number of staff referred for COVID testing between March 2020 and January 2023 is 18,157 of which 19% have been positive (Cumulative total).</p>	<p>2.Outcome of staff referred for Antigen testing</p> <p>■ Positive ■ Negative ■ In Progress ■ Unknown/blank</p>



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

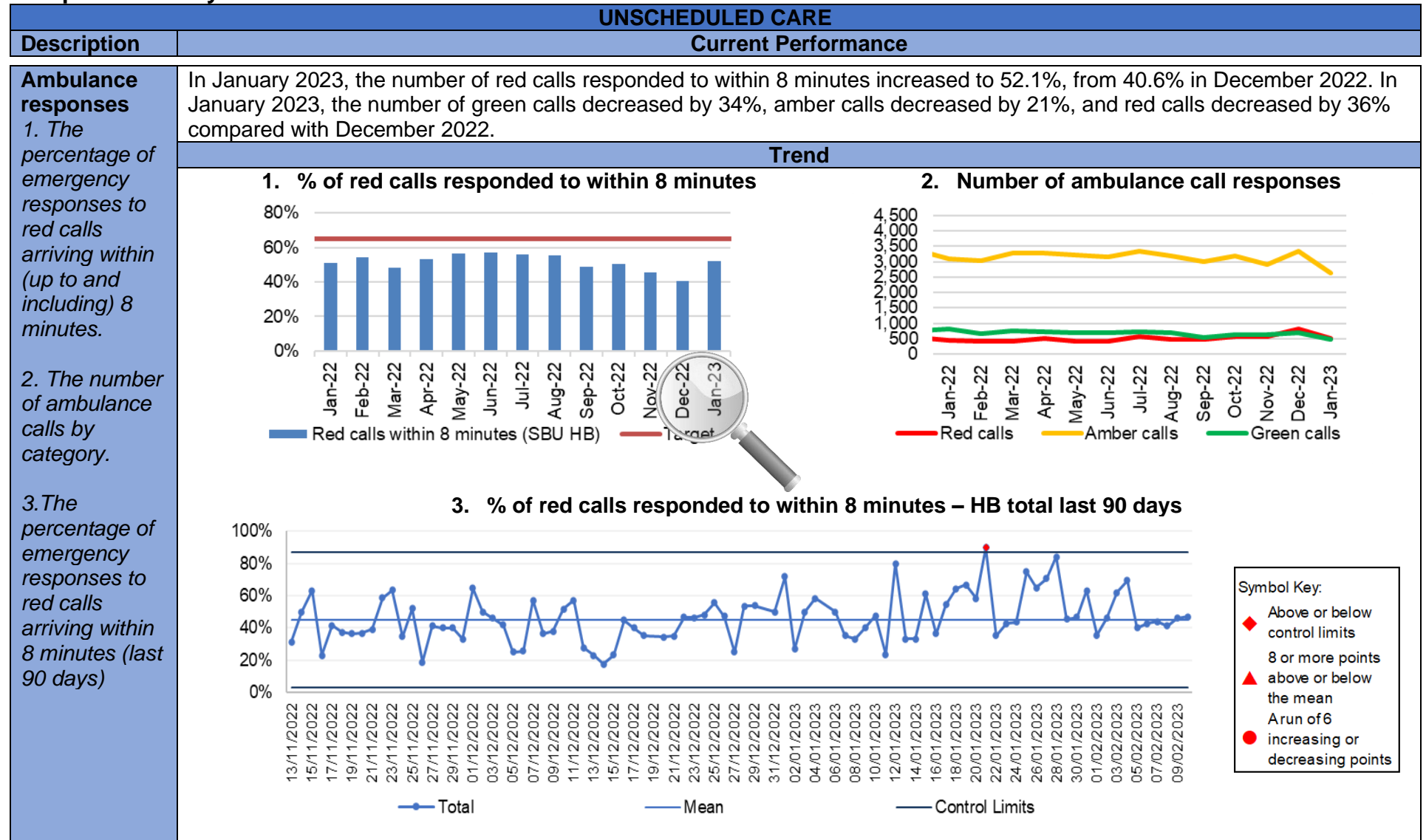
4.1 Overview

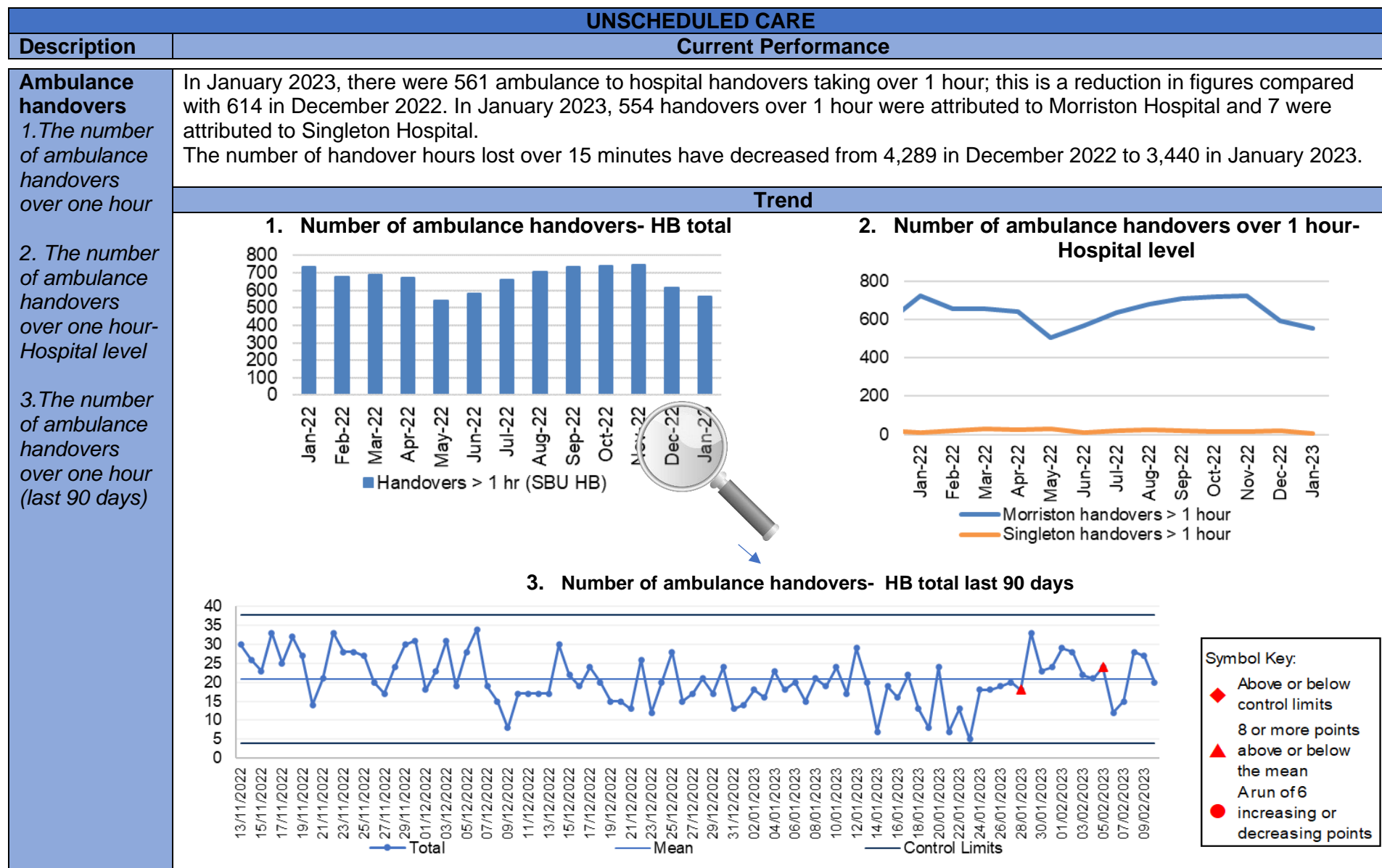
Measure	Locality	National/ Local Target	Internal profile	Trend														
					Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	
Unscheduled Care																		
Number of ambulance handovers over one hour*	Morrison	0			724	657	659	645	507	568	637	681	710	722	727	592	554	
	Singleton				11	21	28	26	31	10	22	24	22	17	17	22	7	
	Total				735	678	687	671	538	578	659	705	732	739	744	614	561	
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	Morrison	95%			58.5%	58.8%	57.2%	58.9%	57.8%	54.6%	54.0%	51.4%	55.9%	53.6%	54.1%	49.3%	58.3%	
	NPTH				96.8%	97.2%	95.0%	96.7%	97.9%	96.9%	93.1%	97.4%	98.2%	96.8%	99.1%	98.8%	98.7%	
	Total				72.6%	72.3%	71.4%	72.9%	73.8%	71.7%	69.4%	69.7%	72.7%	70.6%	70.4%	65.2%	74.0%	
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morrison	0			1,139	1,104	1,276	1,292	1,192	1,386	1,427	1,472	1,470	1,583	1,454	1,632	1,089	
	NPTH				3	1	6	2	3	2	2	2	0	1	2	0	0	
	Total				1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632	1,089	
Stroke																		
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	
	Total	(UK SNAP average)			9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	
	Total	(UK SNAP average)			40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	
	Total	(UK SNAP average)			100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month			0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	
	Total	improvement trend			0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	
Fractured Neck of Femur (NOF)																		
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			88.8%	89.4%	89.5%	89.5%	90.0%	89.4%	91.2%	92.9%	93.1%	93.5%	94.0%	94.5%		
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			51.0%	48.6%	46.0%	42.2%	37.2%	33.3%	29.2%	26.5%	26.4%	25.8%	24.6%	22.1%		
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			69.7%	69.8%	71.4%	72.4%	73.5%	71.5%	71.0%	71.6%	71.2%	71.6%	73.0%	73.2%		
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			71.7%	70.8%	70.2%	70.2%	69.2%	68.9%	69.2%	70.2%	72.4%	74.0%	75.5%	76.9%		
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			76.4%	76.3%	76.9%	77.4%	76.5%	76.6%	76.1%	75.9%	77.1%	76.8%	76.2%	76.3%		
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			68.4%	67.7%	69.0%	70.9%	69.9%	63.8%	69.2%	66.2%	71.6%	69.4%	69.9%	70.3%		
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month improvement trend																
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend		/	52.9%	81.4%												

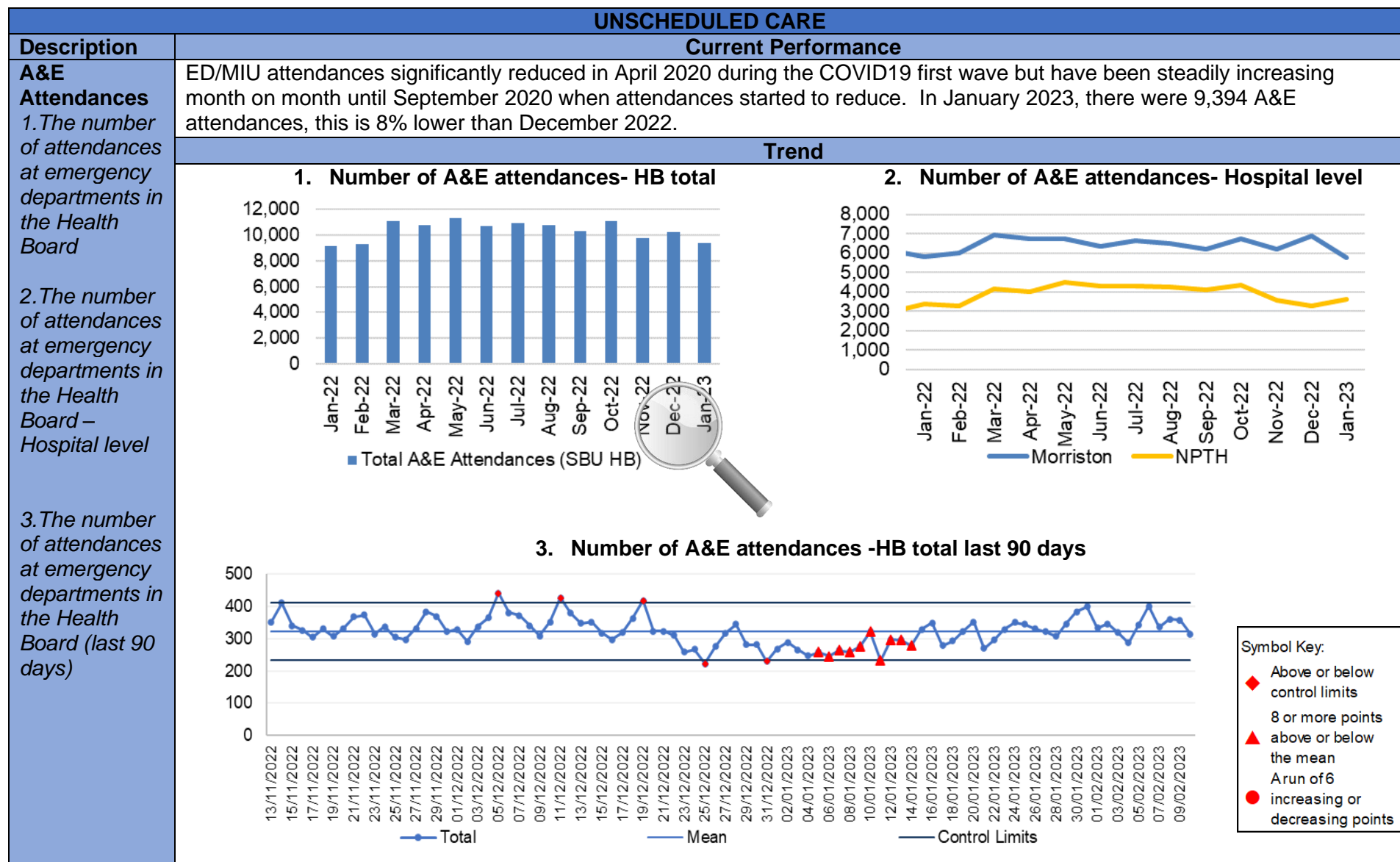
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	
		Healthcare Acquired Infections																
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	14		8	17	17	18	13	12	18	21	8	10	12	14	12	
	PCCS Hospital		0		0	0	0	1	0	0	0	0	1	0	0	0	0	
	MH&LD		0		0	0	0	0	1	0	0	0	0	0	0	0	0	
	Morriston		4		4	9	2	7	5	3	3	6	0	6	10	2	5	
	NPTH		1		1	0	0	0	0	0	0	1	1	0	0	0	0	
	Singleton		2		2	0	2	5	2	2	0	4	5	6	1	6	3	
	Total		21		15	26	21	31	21	17	21	32	15	22	23	22	20	
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		11	3	4	7	9	2	6	6	5	4	5	3	2	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morriston		2		2	5	5	3	8	4	4	3	6	10	2	8	2	
	NPTH		0		0	1	0	0	0	1	0	1	0	1	0	0	0	
	Singleton		1		0	1	2	3	1	2	2	1	2	2	1	2	6	
	Total		5		13	10	11	13	18	9	12	11	13	17	8	13	10	
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		3	5	6	2	4	9	6	6	3	5	11	6	7	
	PCCS Hospital		0		0	1	2	0	1	0	0	0	0	1	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morriston		4		8	6	7	8	5	5	7	9	6	12	5	6	11	
	NPTH		0		1	0	1	0	1	0	0	1	0	0	0	0	2	
	Singleton		2		2	1	2	3	0	2	3	6	5	2	5	2	2	
	Total		8		14	13	18	13	11	16	16	22	14	20	21	14	22	
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		0	1	3	2	1	2	7	4	9	4	5	3	6	
	PCCS Hospital		0		0	0	1	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morriston		2		2	3	2	2	5	3	3	3	0	2	2	3	4	
	NPTH		0		1	0	0	1	0	0	0	0	0	1	0	0	0	
	Singleton		1		2	0	1	1	2	3	1	1	1	0	4	2	1	
	Total		6		5	4	7	6	8	8	11	8	10	7	11	8	11	
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		0	1	2	1	1	1	2	0	1	3	0	2	2	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morriston		1		1	2	0	1	1	3	1	2	2	1	3	0	1	
	NPTH		0		0	0	0	0	0	0	0	0	0	0	1	0	0	
	Singleton		0		0	0	0	0	0	0	0	1	1	2	2	1	1	1
	Total		2		1	3	2	2	2	4	4	3	5	6	5	3	4	
Compliance with hand hygiene audits	PCCS	95%			94.7%	95.8%	93.1%	96.4%	96.2%	97.8%	96.2%	90.3%	96.6%	96.4%	95.5%	95.2%	97.2%	
	MH&LD				95.5%	92.3%	92.1%	96.6%	97.7%	98.9%	99.1%	95.0%	96.6%	94.4%	97.7%	94.8%	99.0%	
	Morrison				93.4%	100.0%	91.0%	93.0%	95.2%	97.7%	94.8%	91.1%	99.3%	98.3%	93.9%	100.0%	99.3%	
	NPTH				100.0%	100.0%	98.0%	100.0%	100.0%	97.0%	96.4%	96.6%	100.0%	96.7%	96.7%	95.2%	96.8%	
	Singleton				-	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	
	Total				95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	

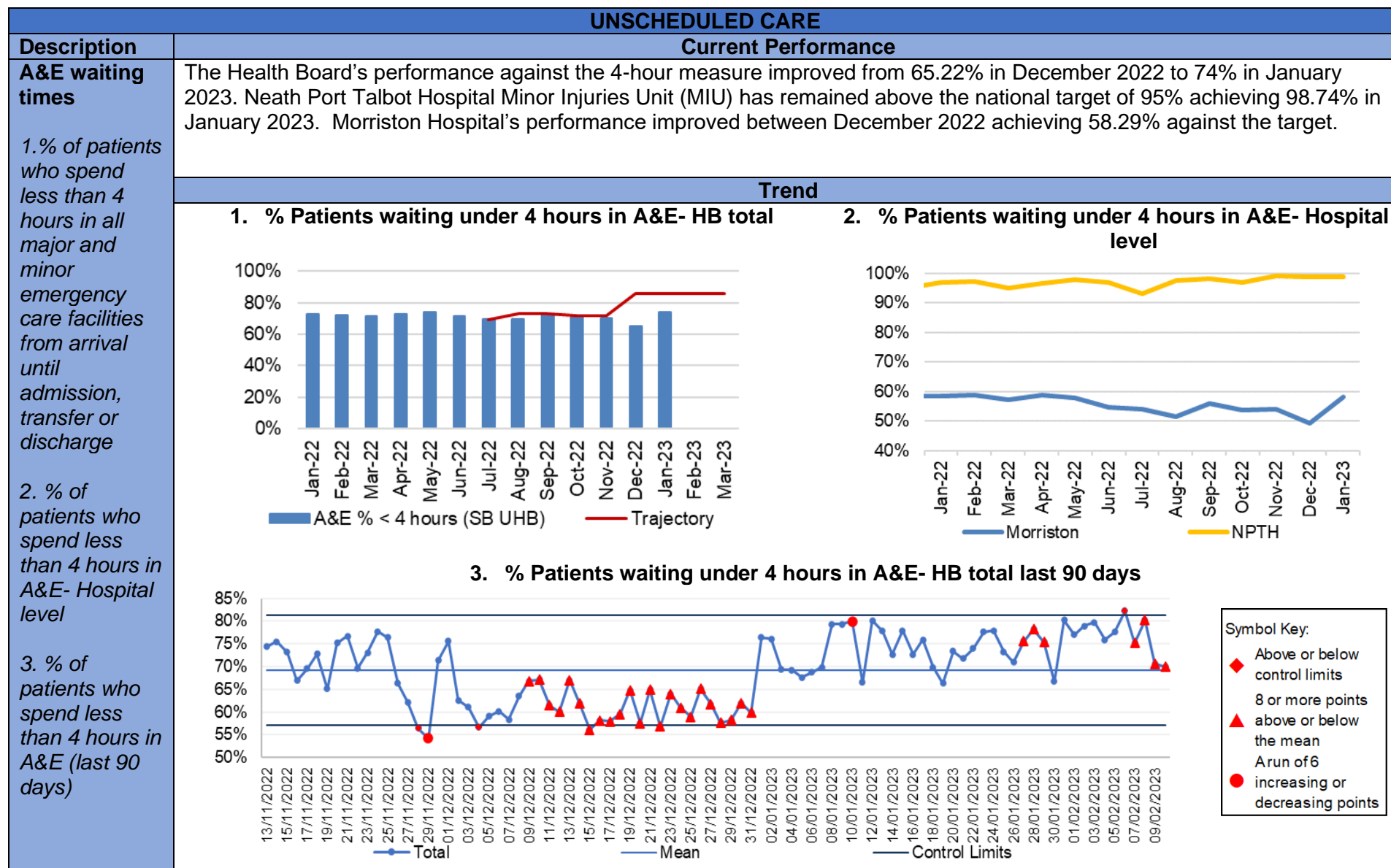
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU													
					Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	
		Serious Incidents & Risks																
Number of Nationally Reportable Incidents	PCCS	Monitor			4	0	2	0	2	2	0	1	0	3	1	4	0	
	MH&LD				0	0	0	1	0	0	0	9	2	0	2	2		
	Morrison				0	2	1	0	3	0	1	5	4	2	7	2	3	
	NPTH				1	0	3	0	1	0	0	3	1	0	0	0	0	
	Singleton				0	0	1	0	2	0	0	2	1	2	3	0	5	
	Total				5	2	7	1	8	2	1	11	15	9	11	8	10	
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	90%		25%	0%	33%	25%	100%	33%	-	0%	-	75%	73%	85%	67%		
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				0	2	0	0	1	0	1	0	0	0	1	0	0	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total				0	2	0	0	1	0	1	0	0	0	1	0	0	
Pressure Ulcers																		
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			27	38	56	33	39	32	27	50	40	44	45	42		
	PCCS Hospital				0	1	1	0	0	0	0	0	3	1	0			
	MH&LD				0	0	2	1	1	1	1	1	0	0	0			
	Morrison				40	36	29	26	30	38	37	34	23	36	50	41		
	NPTH				3	1	1	3	5	1	1	3	2	3	0	0		
	Singleton				22	15	16	15	22	13	19	16	14	17	18	6		
	Total				92	91	105	78	97	85	85	104	79	103	114	89		
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			1	15	11	2	10	12	2	11	6	2	7	13		
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0		
	MH&LD				0	0	1	1	0	0	0	0	0	0	0	0		
	Morrison				6	4	2	2	2	1	3	2	0	1	6	7		
	NPTH				0	1	0	0	0	1	1	0	0	0	0	0		
	Singleton				3	1	2	0	0	1	1	1	0	0	1	1		
	Total				10	21	16	5	12	15	7	14	6	3	14	21		
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend		1,018	823	778	689	821	760	805	767	556	797	924	660			
Total number of Inpatient Falls	PCCS	12 month reduction trend			6	4	5	2	10	2	3	6	6	2	3	6	11	
	MH&LD				29	28	22	19	24	14	18	30	24	36	22	22	29	
	Morrison				93	86	115	88	71	75	76	105	72	74	81	94	99	
	NPTH				26	34	36	37	29	32	39	34	18	25	21	22	20	
	Singleton				42	46	31	44	48	49	36	41	55	47	51	40	30	
	Total				196	199	209	190	182	172	174	216	175	184	178	184	189	
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0		4.81	5.37	5.13	4.83	4.45	4.29	4.21	5.29	4.29	4.36	4.38	4.32	4.46		
Mortality																		
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.52%	1.50%	1.48%	1.47%	1.47%	1.47%	1.43%	1.42%	1.42%	1.37%	1.35%	1.32%		
	Singleton				0.58%	0.48%	0.49%	0.47%	0.46%	0.46%	0.45%	0.44%	0.42%	0.40%	0.38%	0.37%		
	NPTH				0.06%	0.07%	0.06%	0.05%	0.03%	0.04%	0.05%	0.05%	0.05%	0.04%	0.05%	0.07%		
	Total (SBU)				0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	0.83%	0.83%	0.81%	0.78%	0.75%	0.74%		

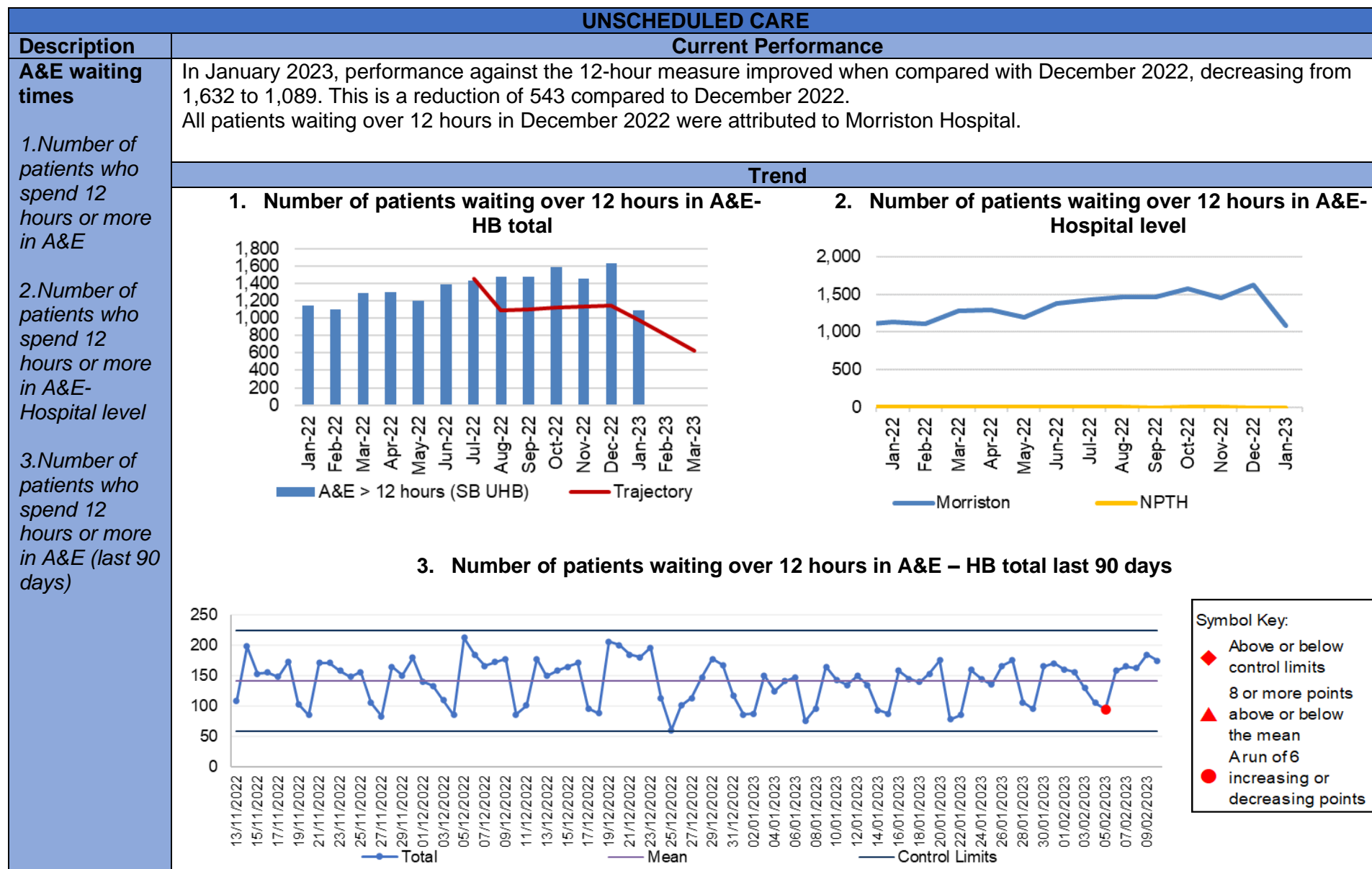
4.2 Updates on key measures

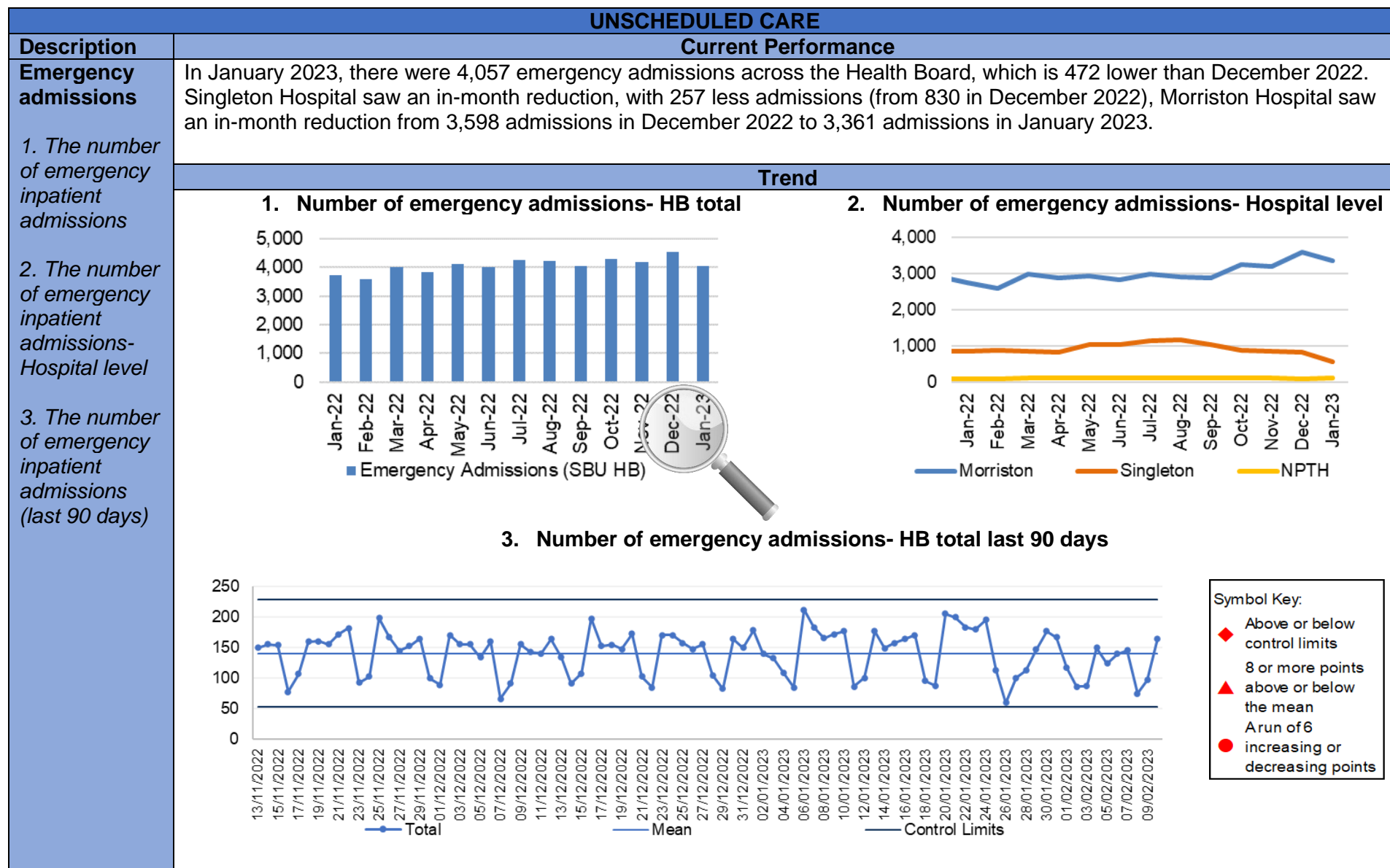






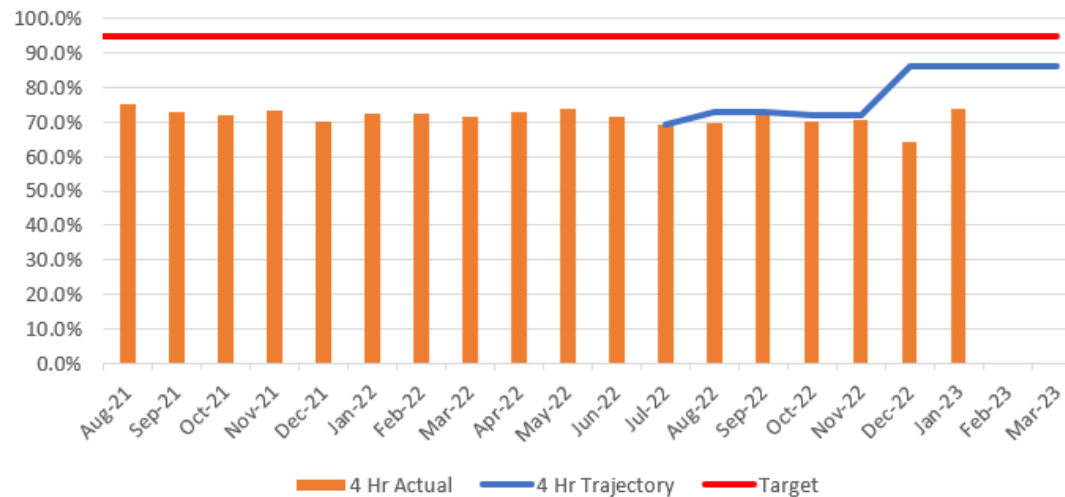






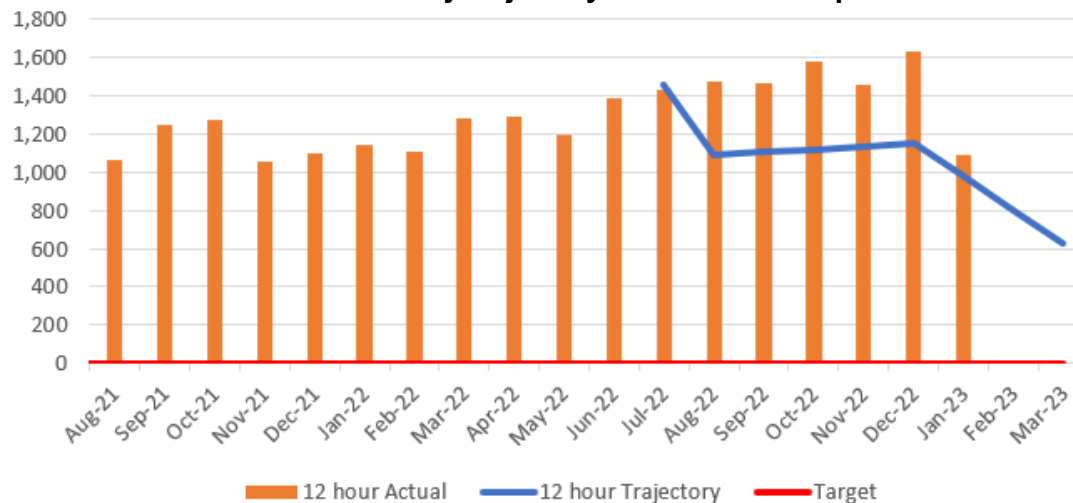
Updates on UNSCHEDULED CARE – Performance Escalation updates

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



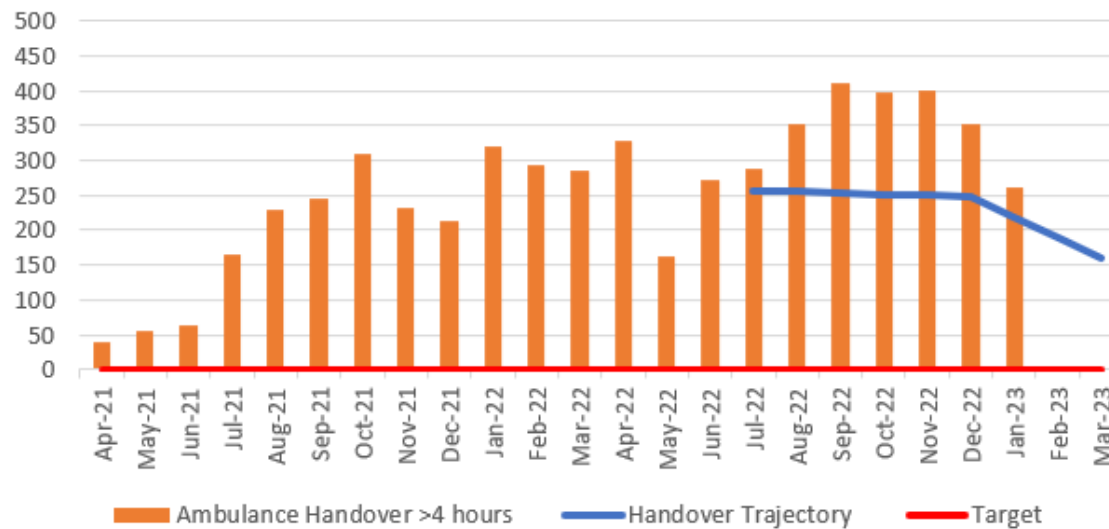
1. Performance against the 4-hour access is slightly below target for January 2023. Emergency Department (ED) 4-hour performance has increased by 8.8% in January 2023 to 74% from 65.22% in December 2022.

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

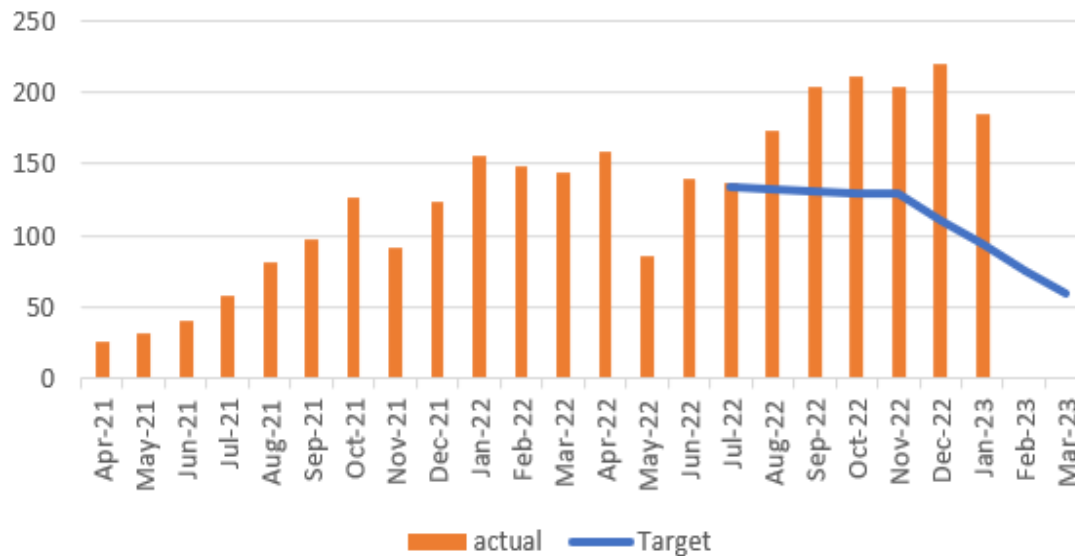


2. Performance against the 12-hour wait has improved in December but is still currently performing slightly above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,089 in January 2023 from 1,632 in December 2022.

3. Ambulance Handover over 4 hours

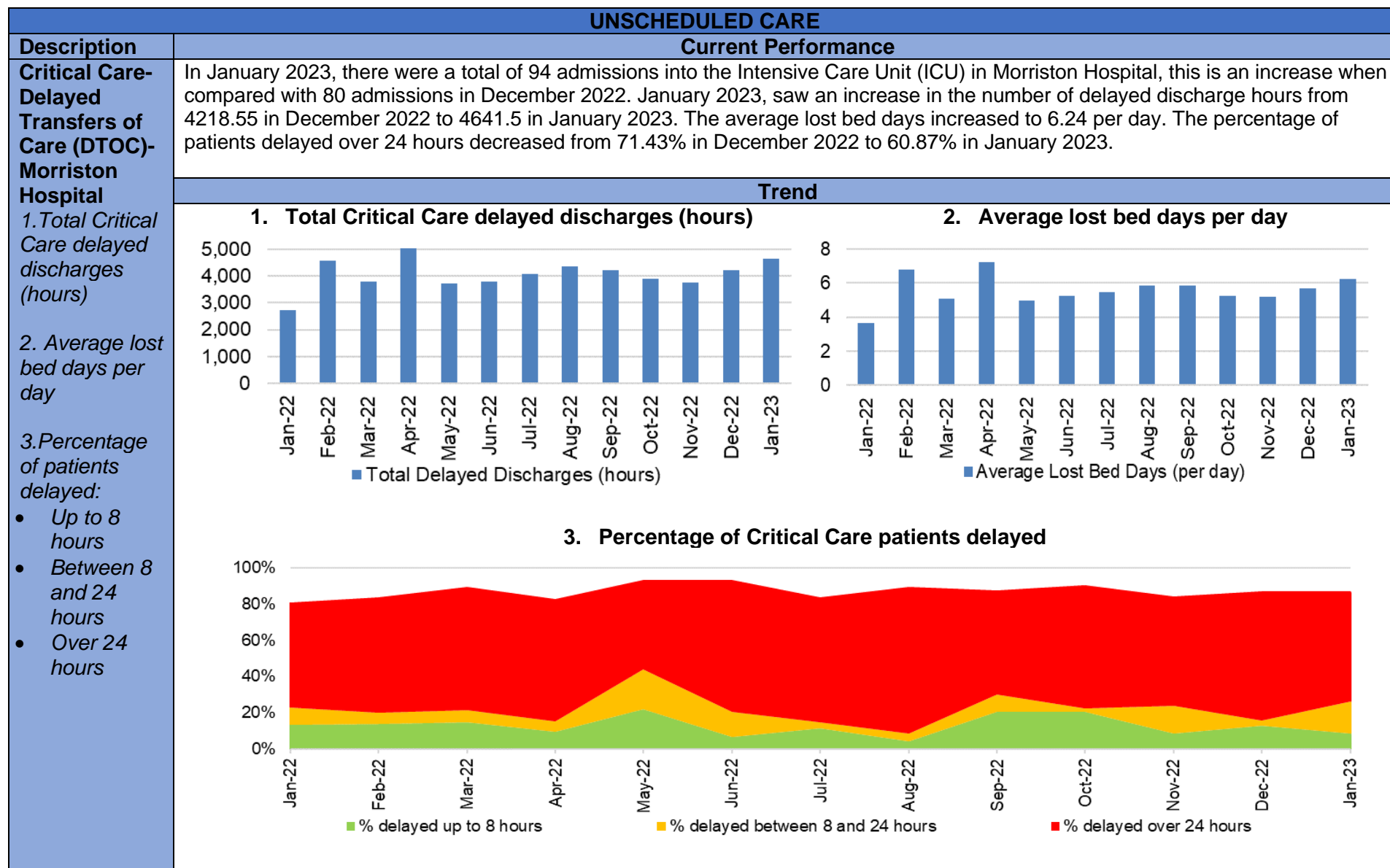


4. Average Ambulance Handover Rate



3. The Ambulance handover rate over 4 hours has seen a continued deterioration since May 2022. However, the handover times over four hours reduced to 262 in January 2023 from 353 in December 2022. The figures remain slightly above the outlined trajectory for January 2023 which was 219.

4. The average ambulance handover rate has seen an improvement in January 2023. The average handover rate reduced from 220 in December 2022 to 185 in January 2023, which is above the outlined trajectory for January 2023 (94).



UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In January 2023, there were on average 284 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In December 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 120, followed by Neath Port Talbot Hospital with 82.</p> <p>Actions of Improvement; Continued work is underway by the Deputy Chief Operating Officer to explore opportunities to reduce the number of Clinically Optimised Patients in the Hospital by implementing new pathways.</p>	<p>The number of clinically optimised patients by site</p> <table><caption>Estimated data for Clinically Optimised Patients</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Jan-22</td><td>110</td><td>60</td><td>70</td><td>20</td></tr><tr><td>Feb-22</td><td>120</td><td>70</td><td>90</td><td>15</td></tr><tr><td>Mar-22</td><td>100</td><td>50</td><td>90</td><td>20</td></tr><tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>20</td></tr><tr><td>May-22</td><td>110</td><td>65</td><td>85</td><td>15</td></tr><tr><td>Jun-22</td><td>140</td><td>60</td><td>85</td><td>15</td></tr><tr><td>Jul-22</td><td>110</td><td>60</td><td>90</td><td>15</td></tr><tr><td>Aug-22</td><td>115</td><td>70</td><td>100</td><td>15</td></tr><tr><td>Sep-22</td><td>115</td><td>85</td><td>90</td><td>15</td></tr><tr><td>Oct-22</td><td>105</td><td>75</td><td>100</td><td>20</td></tr><tr><td>Nov-22</td><td>105</td><td>65</td><td>85</td><td>15</td></tr><tr><td>Dec-22</td><td>100</td><td>60</td><td>80</td><td>10</td></tr><tr><td>Jan-23</td><td>120</td><td>70</td><td>80</td><td>10</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Jan-22	110	60	70	20	Feb-22	120	70	90	15	Mar-22	100	50	90	20	Apr-22	100	65	85	20	May-22	110	65	85	15	Jun-22	140	60	85	15	Jul-22	110	60	90	15	Aug-22	115	70	100	15	Sep-22	115	85	90	15	Oct-22	105	75	100	20	Nov-22	105	65	85	15	Dec-22	100	60	80	10	Jan-23	120	70	80	10
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Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In January 2023, there were 85 elective procedures cancelled due to lack of beds on the day of surgery. This is 52 more cancellations than those seen in December 2022.</p> <p>Of the cancelled procedures, 69 of the cancellations were attributed to Morriston Hospital, 14 were attributed to Neath Port Talbot Hospital and 2 were attributed to Singleton Hospital in January 2023.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table><caption>Estimated data for Elective Procedures Cancelled</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jan-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Feb-22</td><td>20</td><td>5</td><td>0</td></tr><tr><td>Mar-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Apr-22</td><td>30</td><td>0</td><td>0</td></tr><tr><td>May-22</td><td>55</td><td>0</td><td>0</td></tr><tr><td>Jun-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Jul-22</td><td>30</td><td>0</td><td>0</td></tr><tr><td>Aug-22</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Sep-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Oct-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Nov-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Dec-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Jan-23</td><td>70</td><td>2</td><td>15</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Jan-22	25	0	0	Feb-22	20	5	0	Mar-22	35	0	0	Apr-22	30	0	0	May-22	55	0	0	Jun-22	35	0	0	Jul-22	30	0	0	Aug-22	15	0	0	Sep-22	25	0	0	Oct-22	35	0	0	Nov-22	25	0	0	Dec-22	25	0	0	Jan-23	70	2	15														
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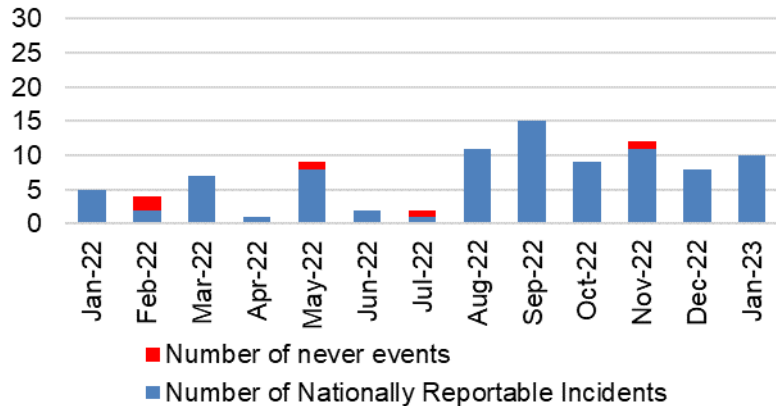
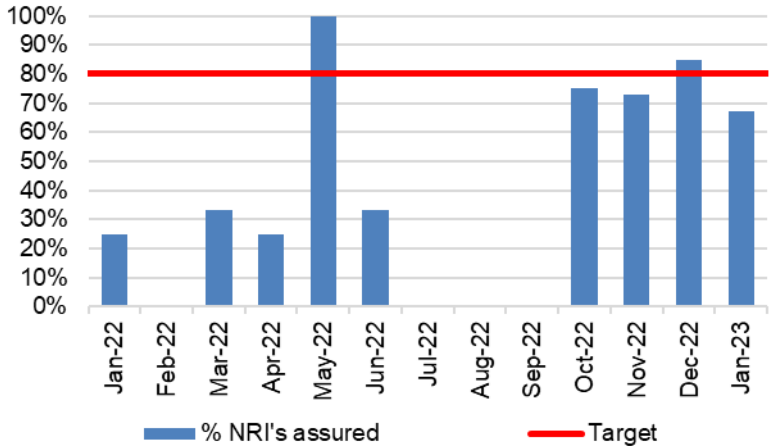
FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	<p>1. Prompt orthogeriatric assessment- In December 2022, 94.5% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In December 2022, 22.1% of patients had surgery the day following presentation with a hip fracture. This is a 34.4% deterioration from December 2021 which was 56.5%</p> <p>3. NICE compliant surgery- 73.2% of operations were consistent with the NICE recommendations in December 2022. This is 3.1% more than in December 2021.</p> <p>4. Prompt mobilisation- In December 2022, 76.9% of patients were out of bed the day after surgery. This is 6.2% more than in December 2021.</p>	<p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p>

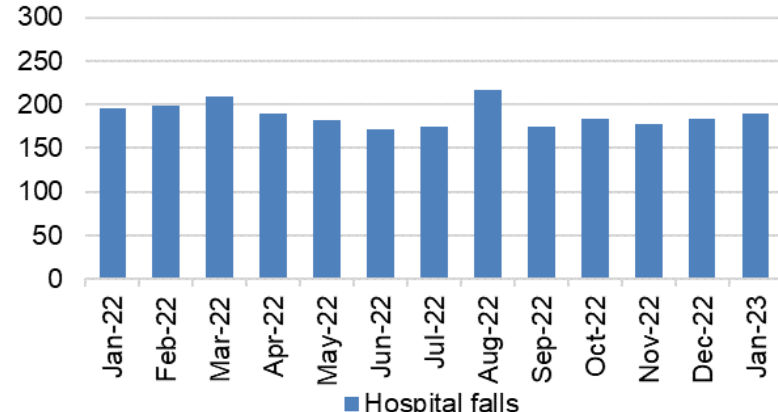
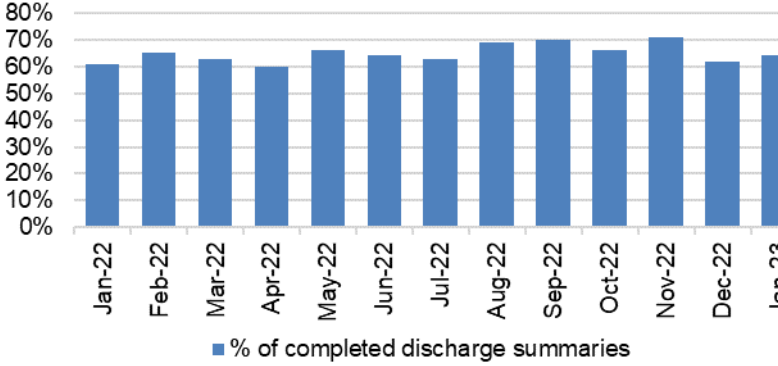
FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 76.3% of patients were not delirious in the week after their operation in December 2022.	<p>5. Not delirious when tested</p> <table><caption>Approximate data for 5. Not delirious when tested</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Dec-21</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Jan-22</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Feb-22</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Mar-22</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Apr-22</td><td>75</td><td>65</td><td>60</td></tr><tr><td>May-22</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Jun-22</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Jul-22</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Aug-22</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Sep-22</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Oct-22</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Nov-22</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Dec-22</td><td>76.3</td><td>65</td><td>60</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Dec-21	75	65	60	Jan-22	75	65	60	Feb-22	75	65	60	Mar-22	75	65	60	Apr-22	75	65	60	May-22	75	65	60	Jun-22	75	65	60	Jul-22	75	65	60	Aug-22	75	65	60	Sep-22	75	65	60	Oct-22	75	65	60	Nov-22	75	65	60	Dec-22	76.3	65	60
Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)																																																							
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Nov-22	75	65	60																																																							
Dec-22	76.3	65	60																																																							
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 70.3% of patients in December 2022 were discharged back to their original residence. This is 0.7% less than in December 2021.	<p>6. Return to original residence</p> <table><caption>Approximate data for 6. Return to original residence</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Dec-21</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Jan-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Feb-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Mar-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Apr-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>May-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Jun-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Jul-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Aug-22</td><td>70</td><td>70</td><td>70</td></tr><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>70.3</td><td>70</td><td>70</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Dec-21	70	70	70	Jan-22	70	70	70	Feb-22	70	70	70	Mar-22	70	70	70	Apr-22	70	70	70	May-22	70	70	70	Jun-22	70	70	70	Jul-22	70	70	70	Aug-22	70	70	70	Sep-22	70	70	70	Oct-22	70	70	70	Nov-22	70	70	70	Dec-22	70.3	70	70
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Nov-22	70	70	70																																																							
Dec-22	70.3	70	70																																																							
7. <i>30 day mortality rate</i>	7. 30 day mortality rate- In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%. * Updated data is currently not available, but is being reviewed.	<p>7. 30 day mortality rate</p> <table><caption>Approximate data for 7. 30 day mortality rate</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jan-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Feb-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Mar-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Apr-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>May-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Jun-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Jul-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Aug-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Sep-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Oct-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Nov-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Dec-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Jan-21</td><td>7.5</td><td>6.9</td><td>7.6</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.5	7.0	7.5	Feb-20	7.5	7.0	7.5	Mar-20	7.5	7.0	7.5	Apr-20	7.5	7.0	7.5	May-20	7.5	7.0	7.5	Jun-20	7.5	7.0	7.5	Jul-20	7.5	7.0	7.5	Aug-20	7.5	7.0	7.5	Sep-20	7.5	7.0	7.5	Oct-20	7.5	7.0	7.5	Nov-20	7.5	7.0	7.5	Dec-20	7.5	7.0	7.5	Jan-21	7.5	6.9	7.6
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HEALTHCARE ACQUIRED INFECTIONS																																																		
Description	Current Performance	Trend																																																
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 20 cases of <i>E. coli</i> bacteraemia were identified in January 2023, of which 8 were hospital acquired and 12 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 21 cases for January 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jan-22</td><td>15</td><td></td></tr> <tr><td>Feb-22</td><td>26</td><td></td></tr> <tr><td>Mar-22</td><td>21</td><td></td></tr> <tr><td>Apr-22</td><td>31</td><td>22</td></tr> <tr><td>May-22</td><td>21</td><td>21</td></tr> <tr><td>Jun-22</td><td>17</td><td>21</td></tr> <tr><td>Jul-22</td><td>21</td><td>21</td></tr> <tr><td>Aug-22</td><td>32</td><td>21</td></tr> <tr><td>Sep-22</td><td>15</td><td>21</td></tr> <tr><td>Oct-22</td><td>22</td><td>21</td></tr> <tr><td>Nov-22</td><td>23</td><td>21</td></tr> <tr><td>Dec-22</td><td>22</td><td>21</td></tr> <tr><td>Jan-23</td><td>20</td><td>20</td></tr> <tr><td>Feb-23</td><td></td><td>20</td></tr> <tr><td>Mar-23</td><td></td><td>20</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Jan-22	15		Feb-22	26		Mar-22	21		Apr-22	31	22	May-22	21	21	Jun-22	17	21	Jul-22	21	21	Aug-22	32	21	Sep-22	15	21	Oct-22	22	21	Nov-22	23	21	Dec-22	22	21	Jan-23	20	20	Feb-23		20	Mar-23		20
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Mar-23		20																																																
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none"> There were 10 cases of Staph. aureus bacteraemia in January 2023, of which 8 were hospital acquired and 2 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 5 cases for January 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jan-22</td><td>13</td><td></td></tr> <tr><td>Feb-22</td><td>10</td><td></td></tr> <tr><td>Mar-22</td><td>11</td><td></td></tr> <tr><td>Apr-22</td><td>13</td><td>8</td></tr> <tr><td>May-22</td><td>18</td><td>7</td></tr> <tr><td>Jun-22</td><td>9</td><td>6</td></tr> <tr><td>Jul-22</td><td>12</td><td>6</td></tr> <tr><td>Aug-22</td><td>11</td><td>6</td></tr> <tr><td>Sep-22</td><td>13</td><td>6</td></tr> <tr><td>Oct-22</td><td>17</td><td>6</td></tr> <tr><td>Nov-22</td><td>8</td><td>6</td></tr> <tr><td>Dec-22</td><td>13</td><td>5</td></tr> <tr><td>Jan-23</td><td>10</td><td>5</td></tr> <tr><td>Feb-23</td><td></td><td>5</td></tr> <tr><td>Mar-23</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Jan-22	13		Feb-22	10		Mar-22	11		Apr-22	13	8	May-22	18	7	Jun-22	9	6	Jul-22	12	6	Aug-22	11	6	Sep-22	13	6	Oct-22	17	6	Nov-22	8	6	Dec-22	13	5	Jan-23	10	5	Feb-23		5	Mar-23		5
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Description	Current Performance	Trend																																																
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"> There were 22 <i>Clostridium difficile</i> toxin positive cases in January 2023, of which 15 were hospital acquired and 7 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 8 cases for January 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired C.difficile cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jan-22</td><td>14</td><td>7.5</td></tr> <tr><td>Feb-22</td><td>13</td><td>7.5</td></tr> <tr><td>Mar-22</td><td>18</td><td>7.5</td></tr> <tr><td>Apr-22</td><td>13</td><td>7.5</td></tr> <tr><td>May-22</td><td>11</td><td>8.5</td></tr> <tr><td>Jun-22</td><td>16</td><td>9.0</td></tr> <tr><td>Jul-22</td><td>16</td><td>8.0</td></tr> <tr><td>Aug-22</td><td>22</td><td>8.0</td></tr> <tr><td>Sep-22</td><td>14</td><td>9.0</td></tr> <tr><td>Oct-22</td><td>20</td><td>8.0</td></tr> <tr><td>Nov-22</td><td>21</td><td>7.0</td></tr> <tr><td>Dec-22</td><td>14</td><td>8.0</td></tr> <tr><td>Jan-23</td><td>22</td><td>8.0</td></tr> <tr><td>Feb-23</td><td></td><td>8.0</td></tr> <tr><td>Mar-23</td><td></td><td>7.0</td></tr> </tbody> </table> <p>■ Number of C.diff cases (SBU) — Trajectory</p>	Month	Number of C.diff cases (SBU)	Trajectory	Jan-22	14	7.5	Feb-22	13	7.5	Mar-22	18	7.5	Apr-22	13	7.5	May-22	11	8.5	Jun-22	16	9.0	Jul-22	16	8.0	Aug-22	22	8.0	Sep-22	14	9.0	Oct-22	20	8.0	Nov-22	21	7.0	Dec-22	14	8.0	Jan-23	22	8.0	Feb-23		8.0	Mar-23		7.0
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Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"> There were 11 cases of Klebsiella sp in January 2023, of which 5 were hospital acquired and 6 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for January 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Klebsiella cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jan-22</td><td>5</td><td>7.0</td></tr> <tr><td>Feb-22</td><td>4</td><td>7.0</td></tr> <tr><td>Mar-22</td><td>7</td><td>7.0</td></tr> <tr><td>Apr-22</td><td>6</td><td>7.0</td></tr> <tr><td>May-22</td><td>8</td><td>6.0</td></tr> <tr><td>Jun-22</td><td>8</td><td>6.0</td></tr> <tr><td>Jul-22</td><td>11</td><td>6.0</td></tr> <tr><td>Aug-22</td><td>8</td><td>6.0</td></tr> <tr><td>Sep-22</td><td>10</td><td>6.0</td></tr> <tr><td>Oct-22</td><td>7</td><td>6.0</td></tr> <tr><td>Nov-22</td><td>11</td><td>6.0</td></tr> <tr><td>Dec-22</td><td>8</td><td>6.0</td></tr> <tr><td>Jan-23</td><td>11</td><td>6.0</td></tr> <tr><td>Feb-23</td><td></td><td>5.0</td></tr> <tr><td>Mar-23</td><td></td><td>5.0</td></tr> </tbody> </table> <p>■ Number of Klebsiella cases (SBU) — Trajectory</p>	Month	Number of Klebsiella cases (SBU)	Trajectory	Jan-22	5	7.0	Feb-22	4	7.0	Mar-22	7	7.0	Apr-22	6	7.0	May-22	8	6.0	Jun-22	8	6.0	Jul-22	11	6.0	Aug-22	8	6.0	Sep-22	10	6.0	Oct-22	7	6.0	Nov-22	11	6.0	Dec-22	8	6.0	Jan-23	11	6.0	Feb-23		5.0	Mar-23		5.0
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HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There were 4 cases of <i>P.Aeruginosa</i> in January 2023, of which 2 were hospital acquired and two were community acquired. The Health Board total is currently above the Welsh Government Profile target of 2 cumulative case for January 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <p>— Number of Pseudomonas cases (SBU) — Trajectory</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
Number of pressure ulcers 1. <i>Total number of pressure ulcers developed in hospital and in the community</i> 2. <i>Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none"> In December 2022 there were 89 cases of healthcare acquired pressure ulcers, 42 of which were community acquired and 47 were hospital acquired. <p>There were 21 grade 3+ pressure ulcers in December 2022, 13 of which were community acquired and 8 were hospital acquired.</p> <p>The rate per 100,000 admissions decreased from 924 in November 2022 to 660 in December 2022.</p>	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>

NATIONALLY REPORTABLE INCIDENTS		
Description	Current Performance	Trend
Nationally Reportable Incidents (NRI's)- <i>1. The number of Nationally reportable incidents</i> <i>2. The number of Never Events</i> <i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 10 Nationally Reportable Incidents for the month of January 2023 to Welsh Government. The Service Group breakdown is as follows; - Morryston – 3 - MH&LD – 2 - Singleton - 5	1. and 2. Number of nationally reportable incidents and never events  <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p>
	2. There were no new Never Event reported in January 2023.	3. % of nationally reportable incidents closed within the agreed timescales  <p>■ % NRI's assured — Target</p>
	3. In January 2023, performance against the 80% target of submitting closure forms to WG within agreed timescales was 67%. There were 9 NRI's due for closure in January 2023, six of which were closed within the required target date.	

INPATIENT FALLS																														
Description	Current Performance	Trend																												
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 189 in January 2023. This is 4% less than January 2022 where 196 falls were recorded.	<p>Number of inpatient Falls</p>  <table><caption>Number of inpatient Falls (Estimated Data)</caption><thead><tr><th>Month</th><th>Hospital falls</th></tr></thead><tbody><tr><td>Jan-22</td><td>196</td></tr><tr><td>Feb-22</td><td>198</td></tr><tr><td>Mar-22</td><td>208</td></tr><tr><td>Apr-22</td><td>188</td></tr><tr><td>May-22</td><td>178</td></tr><tr><td>Jun-22</td><td>168</td></tr><tr><td>Jul-22</td><td>172</td></tr><tr><td>Aug-22</td><td>218</td></tr><tr><td>Sep-22</td><td>172</td></tr><tr><td>Oct-22</td><td>182</td></tr><tr><td>Nov-22</td><td>175</td></tr><tr><td>Dec-22</td><td>182</td></tr><tr><td>Jan-23</td><td>189</td></tr></tbody></table>	Month	Hospital falls	Jan-22	196	Feb-22	198	Mar-22	208	Apr-22	188	May-22	178	Jun-22	168	Jul-22	172	Aug-22	218	Sep-22	172	Oct-22	182	Nov-22	175	Dec-22	182	Jan-23	189
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DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in January 2023, the percentage of completed discharge summaries was 64%.</p> <p>In January 2023, compliance ranged from 55% in Singleton Hospital to 92% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p>  <table><caption>% discharge summaries approved and sent (Estimated Data)</caption><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Jan-22</td><td>60%</td></tr><tr><td>Feb-22</td><td>65%</td></tr><tr><td>Mar-22</td><td>62%</td></tr><tr><td>Apr-22</td><td>58%</td></tr><tr><td>May-22</td><td>65%</td></tr><tr><td>Jun-22</td><td>63%</td></tr><tr><td>Jul-22</td><td>62%</td></tr><tr><td>Aug-22</td><td>68%</td></tr><tr><td>Sep-22</td><td>70%</td></tr><tr><td>Oct-22</td><td>65%</td></tr><tr><td>Nov-22</td><td>70%</td></tr><tr><td>Dec-22</td><td>60%</td></tr><tr><td>Jan-23</td><td>64%</td></tr></tbody></table>	Month	% of completed discharge summaries	Jan-22	60%	Feb-22	65%	Mar-22	62%	Apr-22	58%	May-22	65%	Jun-22	63%	Jul-22	62%	Aug-22	68%	Sep-22	70%	Oct-22	65%	Nov-22	70%	Dec-22	60%	Jan-23	64%
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Description	Current Performance	Trend																																																																						
Crude Mortality Rate	December 2022 reports the crude mortality rate for the Health Board at 0.74%, which is the lower than the figure reported in November 2022.	Crude hospital mortality rate by Hospital (74 years of age or less) <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morrision Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Dec-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jan-22</td><td>1.5%</td><td>0.6%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Feb-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Mar-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Apr-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>May-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Jun-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Jul-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Aug-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Sep-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Oct-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Nov-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Dec-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr></tbody></table>	Month	Morrision Hospital	Singleton Hospital	NPT Hospital	HB Total	Dec-21	1.7%	0.5%	0.1%	0.9%	Jan-22	1.5%	0.6%	0.1%	0.8%	Feb-22	1.4%	0.5%	0.1%	0.7%	Mar-22	1.4%	0.5%	0.1%	0.7%	Apr-22	1.4%	0.4%	0.1%	0.7%	May-22	1.4%	0.4%	0.1%	0.7%	Jun-22	1.4%	0.4%	0.1%	0.7%	Jul-22	1.3%	0.4%	0.1%	0.7%	Aug-22	1.4%	0.4%	0.1%	0.7%	Sep-22	1.4%	0.4%	0.1%	0.7%	Oct-22	1.3%	0.4%	0.1%	0.7%	Nov-22	1.3%	0.4%	0.1%	0.7%	Dec-22	1.3%	0.4%	0.1%	0.7%
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Readmission Rates	In January 2023, 17% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 1% lower than those figures reported in December 2022.	Emergencies readmitted within 28 days of previous discharge <table><caption>28 Day readmission rate (SBU HB)</caption><thead><tr><th>Month</th><th>28 Day readmission rate (SBU HB)</th></tr></thead><tbody><tr><td>Jan-22</td><td>18%</td></tr><tr><td>Feb-22</td><td>19%</td></tr><tr><td>Mar-22</td><td>17%</td></tr><tr><td>Apr-22</td><td>18%</td></tr><tr><td>May-22</td><td>18%</td></tr><tr><td>Jun-22</td><td>19%</td></tr><tr><td>Jul-22</td><td>20%</td></tr><tr><td>Aug-22</td><td>20%</td></tr><tr><td>Sep-22</td><td>20%</td></tr><tr><td>Oct-22</td><td>18%</td></tr><tr><td>Nov-22</td><td>20%</td></tr><tr><td>Dec-22</td><td>18%</td></tr><tr><td>Jan-23</td><td>17%</td></tr></tbody></table>	Month	28 Day readmission rate (SBU HB)	Jan-22	18%	Feb-22	19%	Mar-22	17%	Apr-22	18%	May-22	18%	Jun-22	19%	Jul-22	20%	Aug-22	20%	Sep-22	20%	Oct-22	18%	Nov-22	20%	Dec-22	18%	Jan-23	17%																																										
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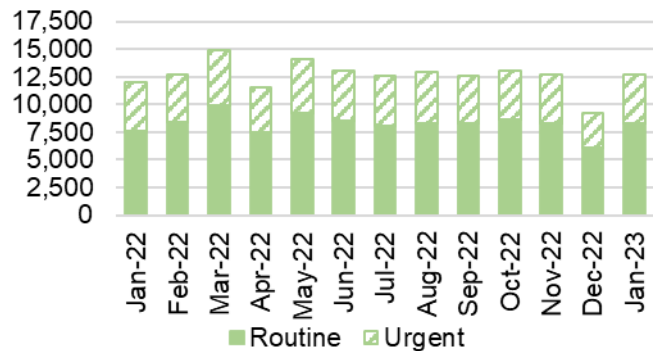
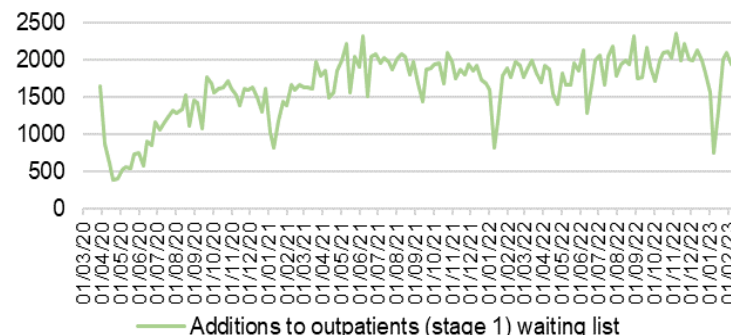
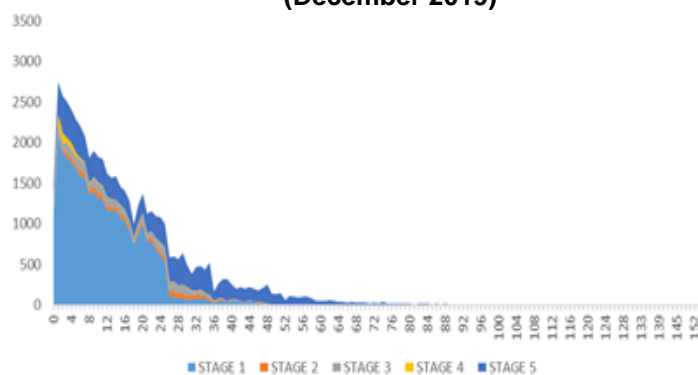
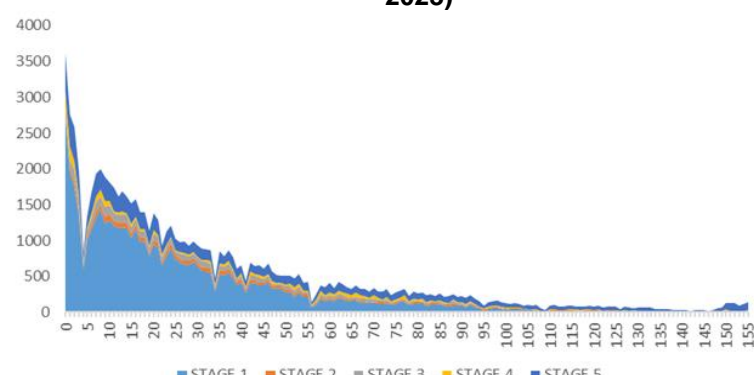
5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

		Harm from reduction in non-Covid activity															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
		Cancer															
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	75%			54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	38.7%
		Planned Care															
Number of patients waiting > 26 weeks for outpatient appointment*	Morriston	0			17,859	18,220	18,351	18,976	19,498	19,662	19,516	19,607	18,748	17,562	16,148	15,379	15,048
	NPTH				186	88	0	3	18	4	2	4	1	0	0	1	23
	Singleton				7,520	7,192	6,359	6,606	6,943	7,159	7,212	7,314	7,218	6,449	5,252	4,793	5,215
	PC&CS				23	22	18	16	0	1	81	94	98	101	0	1	2
	Total				25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288
Number of patients waiting > 36 weeks for treatment*	Morriston	0			25,203	25,090	25,490	26,036	26,411	26,574	26,832	26,710	25,771	25,292	24,273	23,631	22,785
	NPTH				136	136	44	37	5	7	2	0	1	1	3	1	3
	Singleton				12,283	12,194	11,749	12,110	12,310	12,438	11,256	11,013	10,557	10,078	9,307	9,030	8,558
	PC&CS				22	22	17	15	0	1	41	117	124	125	0	0	1
	Total (inc. diagnostics > 36 wks)				38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031
Number of patients waiting > 8 weeks for a specified diagnostics*	Morriston	0			2,724	2,180	1,672	1,910	1,753	1,575	1,629	1,853	1,975	1,670	1,514	2,366	2,505
	Singleton				3,543	3,898	4,191	4,398	4,553	4,437	4,403	4,255	4,202	4,163	4,113	4,241	4,324
	Total				6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	0	0	0	0	0	0	0	2	0	0	0
	NPTH				13	38	45	35	17	30	46	45	82	87	67	152	48
	PC&CS				1,015	888	775	644	597	579	668	637	673	618	374	375	146
	Total				1,028	926	820	679	614	609	714	682	755	707	441	527	194

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632
Number of patients delayed by over 100% past their target date *	Total				32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056
Number of patients delayed past their agreed target date (booked and not booked) *	Total				58,639	58,804	58,514	60,348	60,314	61,071	61,156	61,778	62,461	61,772	62,512	66,500	67,125
Number of Ophthalmology patients without an allocated health risk factor	Total	0			288	299	639	425	246	495	270	222	400	353	352	368	305
Number of patients without a documented clinical review date	Total	0			4	1	5	5	2	4	2	3	4	3	1	1	3
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			191	251	165	106	154	130	162	195	114	163	150	143	137
	MH&LD				17	17	15	8	26	11	11	22	16	11	35	14	35
	Morrison				1,130	1,285	1,454	1,245	1,336	1,194	1,341	1,629	1,590	1,642	1,760	1,355	2,470
	NPTH																
	Singleton				1,727	1,485	1,737	1,648	1,932	1,727	1,931	2,343	2,252	2,552	2,374	2,071	2,691
	Total				3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073
% of patients who would recommend and highly recommend	PCCS	90%	80%		93%	95%	92%	94%	94%	90%	94%	94%	95%	94%	95%	94%	91%
	MH&LD				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Morrison				94%	84%	86%	85%	92%	83%	84%	84%	83%	87%	88%	84%	90%
	NPTH																
	Singleton				94%	94%	94%	91%	92%	92%	92%	91%	91%	92%	93%	92%	94%
	Total				92%	90%	90%	89%	90%	88%	89%	89%	88%	90%	91%	89%	92%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		97%	99%	97%	96%	95%	92%	96%	96%	96%	97%	99%	97%	94%
	MH&LD																
	Morrison				97%	89%	91%	89%	89%	82%	89%	90%	88%	93%	92%	88%	94%
	NPTH																
	Singleton				96%	97%	97%	94%	95%	92%	94%	94%	94%	95%	96%	95%	97%
	Total				93%	91%	91%	89%	91%	91%	90%	93%	92%	93%	91%	92%	92%
Number of new complaints received	PCCS	12 month reduction rend			15	19	23	16	34	20	22	17	14	21	21		
	MH&LD				19	16	15	10	14	16	11	9	10	6	16		
	Morrison				53	49	52	54	69	53	70	54	50	63	33		
	NPTH				7	13	3	6	4	2	6	4	9	3	2		
	Singleton				21	36	51	28	46	21	39	38	26	35	30		
	Total				124	139	156	123	176	118	153	124	120	140	113		
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	75%	80%		67%	68%	87%	94%	88%	75%	82%	76%	71%	67%	90%		
	MH&LD				58%	38%	60%	70%	43%	69%	73%	56%	80%	50%	56%		
	Morrison				74%	78%	73%	83%	74%	72%	70%	74%	66%	83%	67%		
	NPTH				29%	62%	67%	83%	50%	100%	67%	50%	67%	33%	50%		
	Singleton				43%	50%	43%	57%	54%	38%	38%	53%	73%	67%	57%		
	Total				63%	64%	85%	76%	69%	65%	64%	65%	71%	71%	69%		

5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	January 2023 has seen an increase in referral figures compared with December 2022 (9,231). Referral rates have continued to rise slowly since December 2021, with 12,658 received in January 2023. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.
	Trend
1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at January 2023</i>	<div> 1. Number of GP referrals received by SBU Health Board  </div> <div> 2. Number of stage 1 additions per week  </div> <div> 3. Total size of the waiting list and movement (December 2019)  </div> <div> 4. Total size of the waiting list and movement (January 2023)  </div>

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Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, January 2023 saw an in-month increase of 1% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 20,174 in December 2022 to 20,288 in January 2023. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by OMFS and Ophthalmology. Chart 4 shows that the number of attendances has remained steady in recent months</p>																																																																																																																																																																																																										
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PLANNED CARE	
Description	Current Performance
Patients waiting over 36 weeks for treatment 1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total 2. Number of patients waiting more than 36 weeks for treatment 3. Number of elective admissions 4. Number of patients waiting more than 104 weeks for treatment	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In January 2023, there were 32,031 patients waiting over 36 weeks which is a 3.9% in-month reduction from December 2022. 21,306 of the 32,031 were waiting over 52 weeks in January 2023. In January 2023, there were 7,331 patients waiting over 104 weeks for treatment, which is a 9% reduction from December 2022.</p>
	<p>Trend</p> <div> <div> <p>1. Number of patients waiting over 36 weeks- HB total</p> <p>Ministerial Target = 0 by 2026</p> </div> <div> <p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p> <p>Ministerial Target = 0 by June 2023</p> </div> <div> <p>3. Number of elective admissions</p> <p>Admitted elective patients</p> </div> <div> <p>4. Number of patients waiting over 104 weeks- HB total</p> <p>Ministerial Target = 0 by 2024</p> </div> </div>

PLANNED CARE		
Description	Current Performance	
Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In January 2023, 52.8% of patients were waiting under 26 weeks from referral to treatment, which is 1.4% less than those seen in December 2022.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <p>Ministerial Target = 95% by 2026</p>
Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In January 2023, 53.1% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2022/23.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p>

THEATRE EFFICIENCY																																																										
Description	Current Performance	Trend																																																								
Theatre Efficiency 1. Theatre Utilisation Rates	In January 2023 the Theatre Utilisation rate was 72%. This is an in-month improvement of 13% and are similar to the rates seen in January 2022 (74%).	1. Theatre Utilisation Rates <table border="1"><thead><tr><th>Month</th><th>Utilisation Rate (%)</th></tr></thead><tbody><tr><td>Jan-22</td><td>74</td></tr><tr><td>Feb-22</td><td>70</td></tr><tr><td>Mar-22</td><td>72</td></tr><tr><td>Apr-22</td><td>70</td></tr><tr><td>May-22</td><td>75</td></tr><tr><td>Jun-22</td><td>78</td></tr><tr><td>Jul-22</td><td>70</td></tr><tr><td>Aug-22</td><td>58</td></tr><tr><td>Sep-22</td><td>70</td></tr><tr><td>Oct-22</td><td>75</td></tr><tr><td>Nov-22</td><td>72</td></tr><tr><td>Dec-22</td><td>58</td></tr><tr><td>Jan-23</td><td>72</td></tr></tbody></table>	Month	Utilisation Rate (%)	Jan-22	74	Feb-22	70	Mar-22	72	Apr-22	70	May-22	75	Jun-22	78	Jul-22	70	Aug-22	58	Sep-22	70	Oct-22	75	Nov-22	72	Dec-22	58	Jan-23	72																												
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2. % of theatre sessions starting late	35% of theatre sessions started late in January 2023. This is a 4% improvement on performance seen in December 2022 (39%).	2. and 3. % theatre sessions starting late/finishing <table border="1"><thead><tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr></thead><tbody><tr><td>Jan-22</td><td>45</td><td>45</td></tr><tr><td>Feb-22</td><td>42</td><td>45</td></tr><tr><td>Mar-22</td><td>40</td><td>45</td></tr><tr><td>Apr-22</td><td>42</td><td>45</td></tr><tr><td>May-22</td><td>42</td><td>45</td></tr><tr><td>Jun-22</td><td>42</td><td>45</td></tr><tr><td>Jul-22</td><td>40</td><td>45</td></tr><tr><td>Aug-22</td><td>38</td><td>42</td></tr><tr><td>Sep-22</td><td>40</td><td>45</td></tr><tr><td>Oct-22</td><td>38</td><td>42</td></tr><tr><td>Nov-22</td><td>35</td><td>40</td></tr><tr><td>Dec-22</td><td>39</td><td>45</td></tr><tr><td>Jan-23</td><td>35</td><td>44</td></tr></tbody></table>	Month	Late Starts (%)	Early Finishes (%)	Jan-22	45	45	Feb-22	42	45	Mar-22	40	45	Apr-22	42	45	May-22	42	45	Jun-22	42	45	Jul-22	40	45	Aug-22	38	42	Sep-22	40	45	Oct-22	38	42	Nov-22	35	40	Dec-22	39	45	Jan-23	35	44														
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3. % of theatre sessions finishing early	In January 2023, 44% of theatre sessions finished early. This is 2% lower than figures seen in December 2022 and 4% lower than those seen in January 2022																																																									
4. % of theatre sessions cancelled at short notice (<28 days)	8% of theatre sessions were cancelled at short notice in January 2023. This is 8% lower than the figure reported in December 2022 and is 2% higher than figures seen in January 2022.	4. % theatre sessions cancelled at short notice (<28 days) <table border="1"><thead><tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th><th>Singleton (%)</th></tr></thead><tbody><tr><td>Jan-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Feb-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Mar-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Apr-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>May-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Jun-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Jul-22</td><td>10</td><td>20</td><td>10</td></tr><tr><td>Aug-22</td><td>10</td><td>55</td><td>10</td></tr><tr><td>Sep-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Oct-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Nov-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Dec-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Jan-23</td><td>10</td><td>15</td><td>10</td></tr></tbody></table>	Month	Morriston (%)	NPTH (%)	Singleton (%)	Jan-22	10	15	10	Feb-22	10	15	10	Mar-22	10	15	10	Apr-22	10	15	10	May-22	10	15	10	Jun-22	10	15	10	Jul-22	10	20	10	Aug-22	10	55	10	Sep-22	10	15	10	Oct-22	10	15	10	Nov-22	10	15	10	Dec-22	10	15	10	Jan-23	10	15	10
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5. % of operations cancelled on the day	Of the operations cancelled in January 2023, 34% of them were cancelled on the day. This is an deterioration from 32% in December 2022.	5. % of operations cancelled on the day <table border="1"><thead><tr><th>Month</th><th>% operations cancelled on the day (%)</th></tr></thead><tbody><tr><td>Jan-22</td><td>35</td></tr><tr><td>Feb-22</td><td>35</td></tr><tr><td>Mar-22</td><td>30</td></tr><tr><td>Apr-22</td><td>35</td></tr><tr><td>May-22</td><td>40</td></tr><tr><td>Jun-22</td><td>35</td></tr><tr><td>Jul-22</td><td>25</td></tr><tr><td>Aug-22</td><td>30</td></tr><tr><td>Sep-22</td><td>35</td></tr><tr><td>Oct-22</td><td>40</td></tr><tr><td>Nov-22</td><td>35</td></tr><tr><td>Dec-22</td><td>30</td></tr><tr><td>Jan-23</td><td>34</td></tr></tbody></table>	Month	% operations cancelled on the day (%)	Jan-22	35	Feb-22	35	Mar-22	30	Apr-22	35	May-22	40	Jun-22	35	Jul-22	25	Aug-22	30	Sep-22	35	Oct-22	40	Nov-22	35	Dec-22	30	Jan-23	34																												
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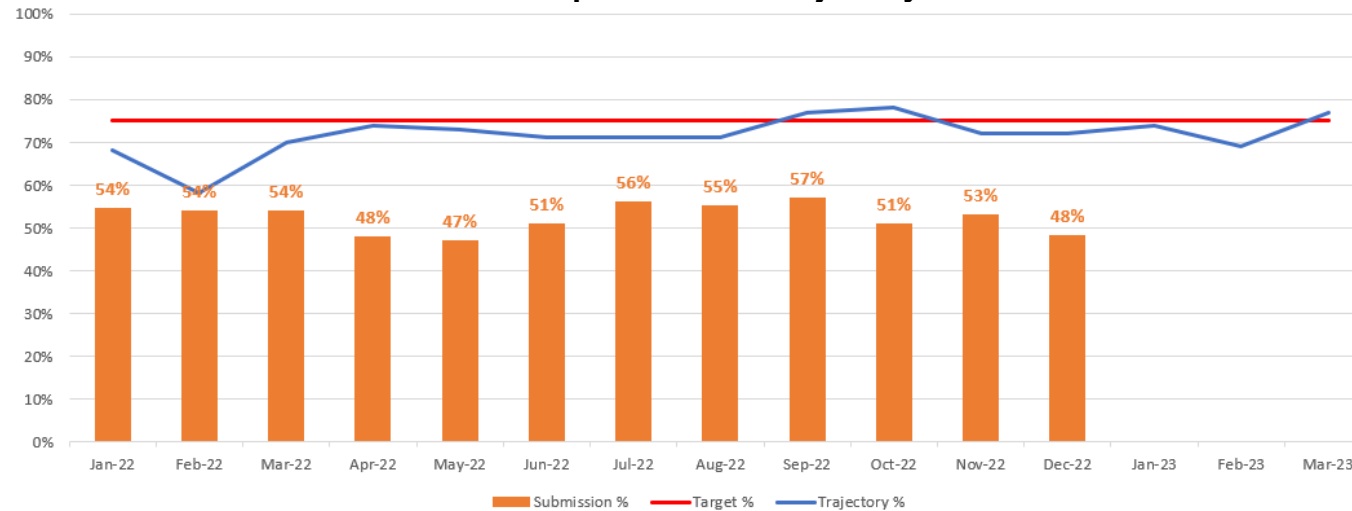
PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In January 2023, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,607 in December 2022 to 6,829.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for January 2023:</p> <ul style="list-style-type: none"> Endoscopy= 4,372 ^ Cardiac tests= 679 Other Diagnostics = 1,778^ <p>Actions of Improvement; Endoscopy waits have increased slightly this month and the figures remain above the submitted trajectory. The Endoscopy team have implemented several actions to support future improvement, and are currently in the process of reviewing their regional Endoscopy plan</p>	<p>Number of patients waiting longer than 8 weeks for Endoscopy</p> <p>Ministerial Target = Endoscopy waits > 8 Weeks will be 0 by Spring 2024</p>
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In January 2023 there were 194 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in January 2023 are:</p> <ul style="list-style-type: none"> Speech & Language Therapy= 146^ Dietetics = 31 Physiotherapy = 17 <p>Actions of Improvement; The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p>

CANCER				
Description	Current Performance		Trend	
<p>Cancer demand and shape of the waiting list</p> <p>Single Cancer Pathway <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i></p>	January 2023 backlog by tumour site:		<p>Number of patients with a wait status of more than 62 days</p> <p>■ 63-103 days ▨ ≥ 104 days</p>	
	Tumour Site	63 - 103 days		≥104 days
	Acute Leukaemia	0		0
	Brain/CNS	0		0
	Breast	15		6
	Children's cancer	0		1
	Gynaecological	64		30
	Haematological	8		11
	Head and neck	18		9
	Lower Gastrointestinal	51		45
	Lung	15		12
	Other	8		2
	Sarcoma	5		6
	Skin(c)	27		9
	Upper Gastrointestinal	25		34
Urological	47	22		
Grand Total	283	187		
<p>Single Cancer Pathway backlog- patients waiting over 63 days</p> <p>December 2022 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none">- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast.- Focussed work is being undertaken with the Endoscopy service to develop a sustainable Endoscopy plan- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority- Increased USC activity in Radiology has improved access and reduced waiting times <p>Tracking capacity was increased last year to support data quality</p>	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion		<p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p> <p>SCP Performance</p> <p>■ Submission % — Target % — Trajectory %</p>	

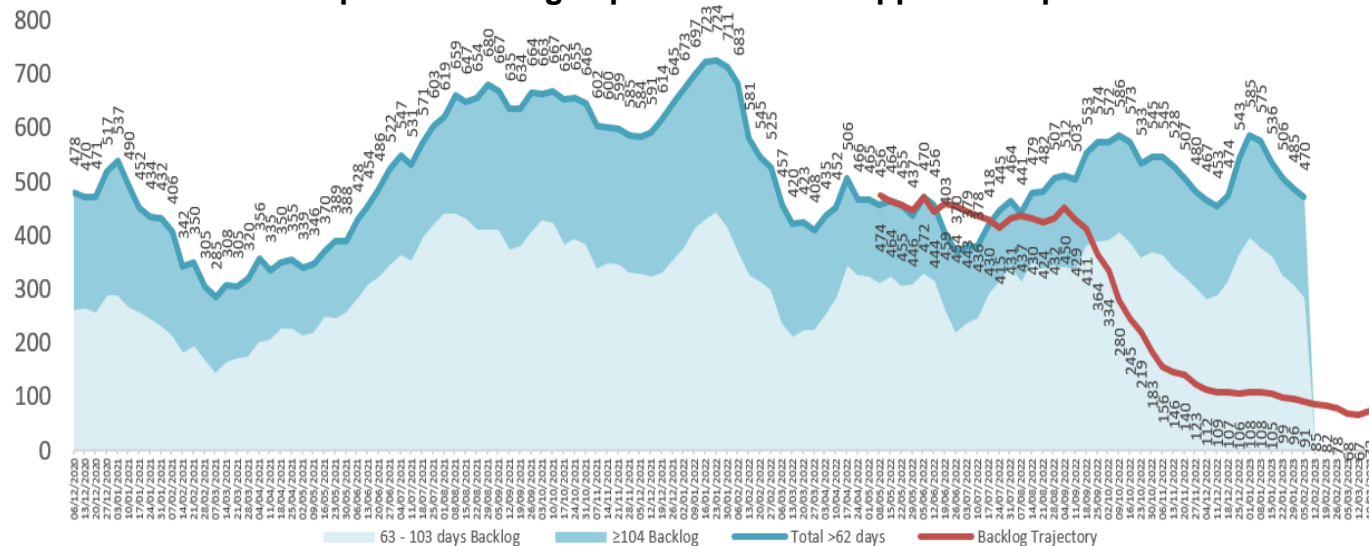
CANCER																																																		
Description	Current Performance	Trend																																																
USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early February 2023 figures show total wait volumes for first outpatient appointment have decreased by 14% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 69% have been booked, which is slightly lower than previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – February 2023</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th><th>29-Jan</th><th>05-Feb</th></tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>1</td><td>1</td></tr> <tr><td>Breast</td><td>0</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>1</td><td>0</td></tr> <tr><td>Gynaecological</td><td>121</td><td>139</td></tr> <tr><td>Haematological</td><td>3</td><td>6</td></tr> <tr><td>Head and Neck</td><td>100</td><td>120</td></tr> <tr><td>Lower GI</td><td>77</td><td>83</td></tr> <tr><td>Lung</td><td>7</td><td>9</td></tr> <tr><td>Other</td><td>153</td><td>79</td></tr> <tr><td>Sarcoma</td><td>1</td><td>0</td></tr> <tr><td>Skin</td><td>122</td><td>91</td></tr> <tr><td>Upper GI</td><td>39</td><td>51</td></tr> <tr><td>Urological</td><td>17</td><td>22</td></tr> <tr><td></td><td>642</td><td>601</td></tr> </tbody> </table>	FIRST OPA	29-Jan	05-Feb	Acute Leukaemia	0	0	Brain/CNS	1	1	Breast	0	0	Children's Cancer	1	0	Gynaecological	121	139	Haematological	3	6	Head and Neck	100	120	Lower GI	77	83	Lung	7	9	Other	153	79	Sarcoma	1	0	Skin	122	91	Upper GI	39	51	Urological	17	22		642	601
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%</p> <table border="1"> <thead> <tr> <th>Measure</th><th>Target</th><th>Jan-23</th></tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>32%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>82%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>31%</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>82%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>98%</td></tr> </tbody> </table>	Measure	Target	Jan-23	Scheduled (14 Day Target)	80%	32%	Scheduled (21 Day Target)	100%	82%	Urgent SC (2 Day Target)	80%	31%	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%	82%	Elective Delay (14 Day Target)	100%	98%	<p>Radiotherapy waiting times</p> <p>Legend:</p> <ul style="list-style-type: none"> Scheduled (14 Day Target) Scheduled (21 Day Target) Urgent SC (2 Day Target) Urgent SC (7 Day Target) Emergency (within 1 day) Emergency (within 2 days) Elective Delay (7 Day Target) Elective Delay (14 Day Target) 																					
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Cancer Services – Performance Escalation Updates

1.SCP performance trajectory

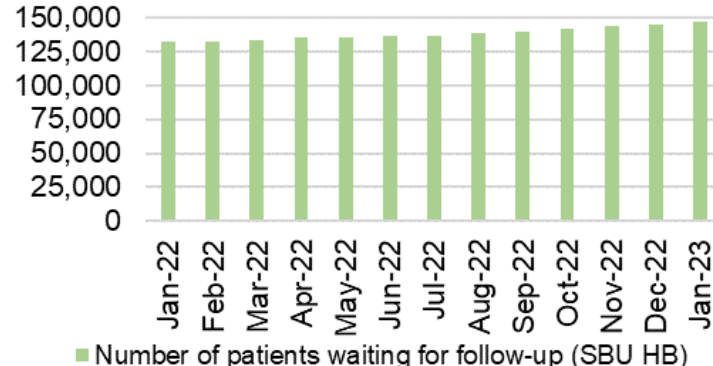
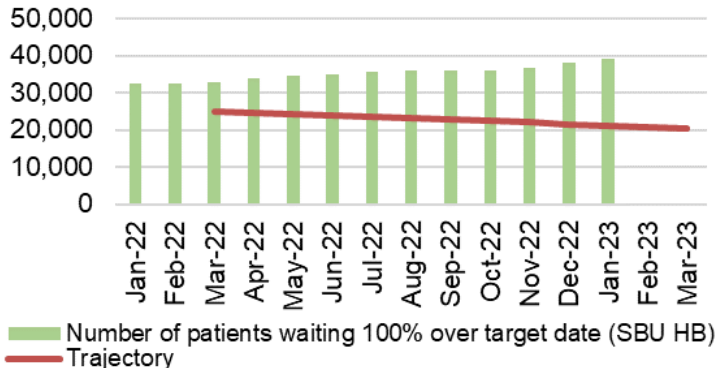


Proposed backlog improvements to support SCP performance



1. The final SCP performance for December 2022 was 48%, which is a deterioration on the performance reported in November 2022. Performance continues to stay below the submitted trajectory (72%).

2. Backlog figures have seen a reduction in recent weeks and figures currently remain above the submitted recovery trajectory. The total backlog at 05/02/2023 was 470.












FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	<p>In January 2023, the overall size of the follow-up waiting list increased by 1,852 patients compared with December 2022 (from 144,780 to 146,632).</p> <p>In January 2023, there was a total of 67,125 patients waiting for a follow-up past their target date. This is a slight in-month increase of 0.9% (from 66,500 in December 2022 to 67,125).</p> <p>Of the 67,125 delayed follow-ups in January 2023, 11,713 had appointment dates and 55,412 were still waiting for an appointment.</p> <p>In addition, 39,056 patients were waiting 100%+ over target date in January 2023. This is a 2.1% increase when compared with December 2022.</p> <p>Actions of Improvement; An internal SBUHB validation is in place to support validation work. Alongside this, Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach. This work has begun and is focussing on services with the longest waits</p>	<p>1. Total number of patients waiting for a follow-up</p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p>  <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>

PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in January 2023 was 92% and 5,073 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 2,691 surveys in January 2023, with a recommended score of 94%. Morrison Hospital completed 2,470 surveys in January 2023, with a recommended score of 90%. Primary & Community Care completed 137 surveys for January 2023, with a recommended score of 91%. The Mental Health Service Group completed 35 surveys for January 2023, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p>

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

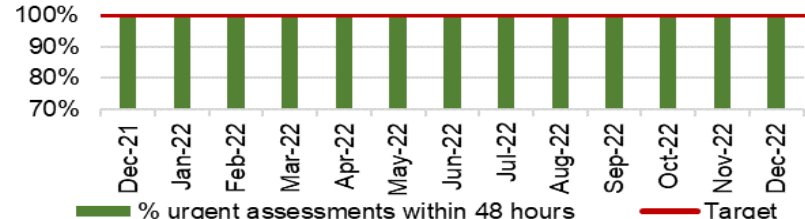
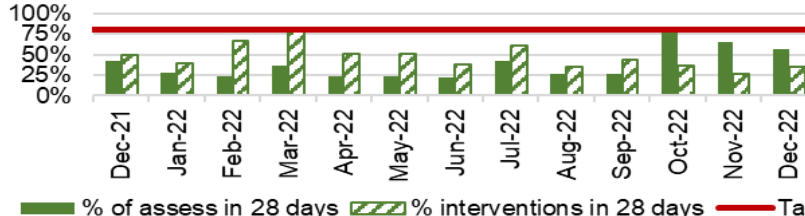
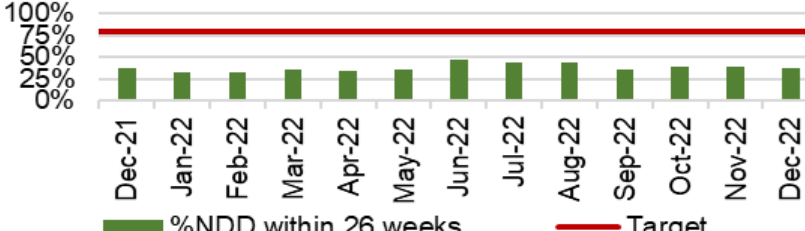
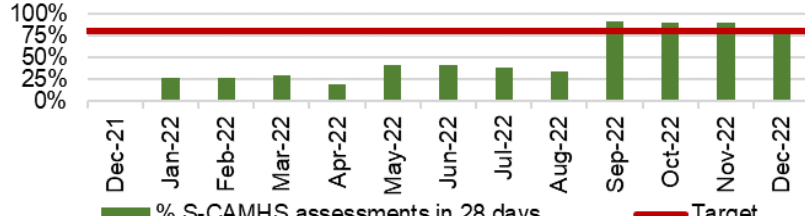
6.1 Overview

		Harm from wider societal actions/lockdown															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Childhood immunisations																	
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		96.2%		94.0%		94.8%								
	Swansea			95.7%		95.5%		95.0%									
	HB Total			95.9%		94.9%		94.9%									
% children who received MenB2 vaccine by age 1	NPT	95%	90%		96.5%		94.0%		96.1%								
	Swansea			95.3%		93.6%		94.6%									
	HB Total			95.8%		93.7%		95.2%									
% children who received PCV2 vaccine by age 1	NPT	95%	90%		97.4%		95.3%		97.7%								
	Swansea			97.0%		95.8%		96.5%									
	HB Total			97.2%		95.7%		96.9%									
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		95.8%		93.0%		94.2%								
	Swansea			94.6%		93.4%		91.5%									
	HB Total			95.1%		93.2%		92.5%									
% children who received MMR1 vaccine by age 2	NPT	95%	90%		94.5%		92.8%		96.4%								
	Swansea			93.6%		93.8%		93.0%									
	HB Total			93.9%		93.4%		94.3%									
% children who received PCVf3 vaccine by age 2	NPT	95%	90%		93.9%		93.1%		95.5%								
	Swansea			92.6%		92.4%		93.0%									
	HB Total			93.1%		92.7%		94.0%									
% children who received MenB4 vaccine by age 2	NPT	95%	90%		94.2%		92.8%		96.4%								
	Swansea			92.8%		92.6%		92.3%									
	HB Total			93.3%		92.7%		93.9%									
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		93.6%		92.8%		95.2%								
	Swansea			93.2%		92.6%		92.3%									
	HB Total			93.3%		92.7%		93.4%									

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
% children who are up to date in schedule by age 4	NPT	95%	90%		85.9%			84.3%			85.3%						
	86.4%				87.5%			84.8%									
	86.2%				86.4%			85.0%									
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		88.4%			90.7%			90.7%						
	87.8%				89.4%			89.3%									
	88.0%				89.9%			89.8%									
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		90.1%			90.9%			91.0%						
	88.7%				89.9%			89.9%									
	89.2%				90.3%			90.3%									
% children who received MMR vaccination by age 16	NPT	95%	90%		92.6%			95.9%			92.3%						
	90.1%				94.0%			91.4%									
	91.0%				94.7%			91.7%									
% children who received teenage booster by age 16	NPT	90%	85%		89.3%			88.6%			91.6%						
	89.2%				90.0%			90.5%									
	89.2%				89.4%			90.9%									
% children who received MenACWY vaccine by age 16	NPT	Improve			89.8%			88.3%			92.1%						
	90.1%				90.1%			90.9%									
	90.0%				89.4%			91.4%									
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Mental Health Services																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			28%	27%	29%	18%	40%	33%	38%	34%	91%	91%	89%	79%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			28%	24%	36%	23%	23%	22%	42%	27%	27%	83%	65%	56%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			27%	26%	30%	19%	41%	41%	38%	34%	91%	90%	89%	79%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	> 18 years old	80%			95%	99%	96%	97%	98%	96%	94%	97%	93%	95%	98%	94%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			39%	67%	78%	51%	51%	38%	61%	35%	43%	36%	27%	35%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			99%	100%	98%	96%	97%	100%	100%	100%	98%	100%	98%	98%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%			100%	100%	100%	100%	100%	100%	100%	97%	96%	93%	92%	92%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			33%	33%	35%	35%	36%	47%	44%	44%	36%	40%	39%	37%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%			89%	88%	100%	87%	97%	100%	100%	100%	87%	87%	99%	99%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%			81%	85%	89%	88%	89%	89%	89%	90%	89%	90%	90%	90%	

6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																										
Description	Current Performance	Trend																																																																																																																																																																								
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In December 2022, 94% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In December 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 98%.</p> <p>3. 90% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in December 2022.</p> <p>4. In December 2022, 92.3% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>94%</td><td>95%</td></tr> <tr><td>Jan-22</td><td>94%</td><td>95%</td></tr> <tr><td>Feb-22</td><td>94%</td><td>95%</td></tr> <tr><td>Mar-22</td><td>94%</td><td>95%</td></tr> <tr><td>Apr-22</td><td>94%</td><td>95%</td></tr> <tr><td>May-22</td><td>94%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>94%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>94%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>94%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>94%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>94%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>94%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>94%</td><td>95%</td></tr> </tbody> </table> <p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <table border="1"> <caption>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>98%</td><td>95%</td></tr> <tr><td>Jan-22</td><td>98%</td><td>95%</td></tr> <tr><td>Feb-22</td><td>98%</td><td>95%</td></tr> <tr><td>Mar-22</td><td>98%</td><td>95%</td></tr> <tr><td>Apr-22</td><td>98%</td><td>95%</td></tr> <tr><td>May-22</td><td>98%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>98%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>98%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>98%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>98%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>98%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>98%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>98%</td><td>95%</td></tr> </tbody> </table> <p>3. % residents with a valid Care and Treatment Plan (CTP)</p> <table border="1"> <caption>3. % residents with a valid Care and Treatment Plan (CTP)</caption> <thead> <tr> <th>Month</th> <th>% patients with valid CTP (>18 yrs)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>90%</td><td>90%</td></tr> <tr><td>Jan-22</td><td>90%</td><td>90%</td></tr> <tr><td>Feb-22</td><td>90%</td><td>90%</td></tr> <tr><td>Mar-22</td><td>90%</td><td>90%</td></tr> <tr><td>Apr-22</td><td>90%</td><td>90%</td></tr> <tr><td>May-22</td><td>90%</td><td>90%</td></tr> <tr><td>Jun-22</td><td>90%</td><td>90%</td></tr> <tr><td>Jul-22</td><td>90%</td><td>90%</td></tr> <tr><td>Aug-22</td><td>90%</td><td>90%</td></tr> <tr><td>Sep-22</td><td>90%</td><td>90%</td></tr> <tr><td>Oct-22</td><td>90%</td><td>90%</td></tr> <tr><td>Nov-22</td><td>90%</td><td>90%</td></tr> <tr><td>Dec-22</td><td>90%</td><td>90%</td></tr> </tbody> </table> <p>4. % waiting less than 26 weeks for Psychology Therapy</p> <table border="1"> <caption>4. % waiting less than 26 weeks for Psychology Therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>92.3%</td><td>95%</td></tr> <tr><td>Jan-22</td><td>92.3%</td><td>95%</td></tr> <tr><td>Feb-22</td><td>92.3%</td><td>95%</td></tr> <tr><td>Mar-22</td><td>92.3%</td><td>95%</td></tr> <tr><td>Apr-22</td><td>92.3%</td><td>95%</td></tr> <tr><td>May-22</td><td>92.3%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>92.3%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>92.3%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>92.3%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>92.3%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>92.3%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>92.3%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>92.3%</td><td>95%</td></tr> </tbody> </table>	Month	% assessments within 28 days (>18 yrs)	Target	Dec-21	94%	95%	Jan-22	94%	95%	Feb-22	94%	95%	Mar-22	94%	95%	Apr-22	94%	95%	May-22	94%	95%	Jun-22	94%	95%	Jul-22	94%	95%	Aug-22	94%	95%	Sep-22	94%	95%	Oct-22	94%	95%	Nov-22	94%	95%	Dec-22	94%	95%	Month	% therapeutic interventions started within 28 days (>18 yrs)	Target	Dec-21	98%	95%	Jan-22	98%	95%	Feb-22	98%	95%	Mar-22	98%	95%	Apr-22	98%	95%	May-22	98%	95%	Jun-22	98%	95%	Jul-22	98%	95%	Aug-22	98%	95%	Sep-22	98%	95%	Oct-22	98%	95%	Nov-22	98%	95%	Dec-22	98%	95%	Month	% patients with valid CTP (>18 yrs)	Profile	Dec-21	90%	90%	Jan-22	90%	90%	Feb-22	90%	90%	Mar-22	90%	90%	Apr-22	90%	90%	May-22	90%	90%	Jun-22	90%	90%	Jul-22	90%	90%	Aug-22	90%	90%	Sep-22	90%	90%	Oct-22	90%	90%	Nov-22	90%	90%	Dec-22	90%	90%	Month	% waiting less than 26 wks for psychological therapy	Target	Dec-21	92.3%	95%	Jan-22	92.3%	95%	Feb-22	92.3%	95%	Mar-22	92.3%	95%	Apr-22	92.3%	95%	May-22	92.3%	95%	Jun-22	92.3%	95%	Jul-22	92.3%	95%	Aug-22	92.3%	95%	Sep-22	92.3%	95%	Oct-22	92.3%	95%	Nov-22	92.3%	95%	Dec-22	92.3%	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 2022, 100% of CAMHS patients received an assessment within 48 hours.	<div>1. Crisis- assessment within 48 hours</div>  <table><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th><th>Target</th></tr></thead><tbody><tr><td>Dec-21</td><td>100%</td><td>100%</td></tr><tr><td>Jan-22</td><td>100%</td><td>100%</td></tr><tr><td>Feb-22</td><td>100%</td><td>100%</td></tr><tr><td>Mar-22</td><td>100%</td><td>100%</td></tr><tr><td>Apr-22</td><td>100%</td><td>100%</td></tr><tr><td>May-22</td><td>100%</td><td>100%</td></tr><tr><td>Jun-22</td><td>100%</td><td>100%</td></tr><tr><td>Jul-22</td><td>100%</td><td>100%</td></tr><tr><td>Aug-22</td><td>100%</td><td>100%</td></tr><tr><td>Sep-22</td><td>100%</td><td>100%</td></tr><tr><td>Oct-22</td><td>100%</td><td>100%</td></tr><tr><td>Nov-22</td><td>100%</td><td>100%</td></tr><tr><td>Dec-22</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	Target	Dec-21	100%	100%	Jan-22	100%	100%	Feb-22	100%	100%	Mar-22	100%	100%	Apr-22	100%	100%	May-22	100%	100%	Jun-22	100%	100%	Jul-22	100%	100%	Aug-22	100%	100%	Sep-22	100%	100%	Oct-22	100%	100%	Nov-22	100%	100%	Dec-22	100%	100%														
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2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 79% of routine assessments were undertaken within 28 days from referral in December 2022 against a target of 80%.	<div>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</div>  <table><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-21</td><td>50%</td><td>25%</td><td>80%</td></tr><tr><td>Jan-22</td><td>50%</td><td>25%</td><td>80%</td></tr><tr><td>Feb-22</td><td>50%</td><td>25%</td><td>80%</td></tr><tr><td>Mar-22</td><td>50%</td><td>25%</td><td>80%</td></tr><tr><td>Apr-22</td><td>50%</td><td>25%</td><td>80%</td></tr><tr><td>May-22</td><td>50%</td><td>25%</td><td>80%</td></tr><tr><td>Jun-22</td><td>50%</td><td>25%</td><td>80%</td></tr><tr><td>Jul-22</td><td>50%</td><td>25%</td><td>80%</td></tr><tr><td>Aug-22</td><td>50%</td><td>25%</td><td>80%</td></tr><tr><td>Sep-22</td><td>50%</td><td>25%</td><td>80%</td></tr><tr><td>Oct-22</td><td>50%</td><td>25%</td><td>80%</td></tr><tr><td>Nov-22</td><td>50%</td><td>25%</td><td>80%</td></tr><tr><td>Dec-22</td><td>50%</td><td>25%</td><td>80%</td></tr></tbody></table>	Month	% of assess in 28 days	% interventions in 28 days	Target	Dec-21	50%	25%	80%	Jan-22	50%	25%	80%	Feb-22	50%	25%	80%	Mar-22	50%	25%	80%	Apr-22	50%	25%	80%	May-22	50%	25%	80%	Jun-22	50%	25%	80%	Jul-22	50%	25%	80%	Aug-22	50%	25%	80%	Sep-22	50%	25%	80%	Oct-22	50%	25%	80%	Nov-22	50%	25%	80%	Dec-22	50%	25%	80%
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3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 35% of therapeutic interventions were started within 28 days following assessment by LPMHSS in December 2022.																																																									
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 37% of NDD patients received a diagnostic assessment within 26 weeks in December 2022 against a target of 80%.	<div>4. NDD- assessment within 26 weeks</div>  <table><thead><tr><th>Month</th><th>%NDD within 26 weeks</th><th>Target</th></tr></thead><tbody><tr><td>Dec-21</td><td>37%</td><td>80%</td></tr><tr><td>Jan-22</td><td>37%</td><td>80%</td></tr><tr><td>Feb-22</td><td>37%</td><td>80%</td></tr><tr><td>Mar-22</td><td>37%</td><td>80%</td></tr><tr><td>Apr-22</td><td>37%</td><td>80%</td></tr><tr><td>May-22</td><td>37%</td><td>80%</td></tr><tr><td>Jun-22</td><td>37%</td><td>80%</td></tr><tr><td>Jul-22</td><td>37%</td><td>80%</td></tr><tr><td>Aug-22</td><td>37%</td><td>80%</td></tr><tr><td>Sep-22</td><td>37%</td><td>80%</td></tr><tr><td>Oct-22</td><td>37%</td><td>80%</td></tr><tr><td>Nov-22</td><td>37%</td><td>80%</td></tr><tr><td>Dec-22</td><td>37%</td><td>80%</td></tr></tbody></table>	Month	%NDD within 26 weeks	Target	Dec-21	37%	80%	Jan-22	37%	80%	Feb-22	37%	80%	Mar-22	37%	80%	Apr-22	37%	80%	May-22	37%	80%	Jun-22	37%	80%	Jul-22	37%	80%	Aug-22	37%	80%	Sep-22	37%	80%	Oct-22	37%	80%	Nov-22	37%	80%	Dec-22	37%	80%														
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 79% of routine assessments by SCAMHS were undertaken within 28 days in December 2022.	<div>5. S-CAMHS % assessments within 28 days</div>  <table><thead><tr><th>Month</th><th>% S-CAMHS assessments in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Dec-21</td><td>25%</td><td>80%</td></tr><tr><td>Jan-22</td><td>25%</td><td>80%</td></tr><tr><td>Feb-22</td><td>25%</td><td>80%</td></tr><tr><td>Mar-22</td><td>25%</td><td>80%</td></tr><tr><td>Apr-22</td><td>25%</td><td>80%</td></tr><tr><td>May-22</td><td>25%</td><td>80%</td></tr><tr><td>Jun-22</td><td>25%</td><td>80%</td></tr><tr><td>Jul-22</td><td>25%</td><td>80%</td></tr><tr><td>Aug-22</td><td>25%</td><td>80%</td></tr><tr><td>Sep-22</td><td>79%</td><td>80%</td></tr><tr><td>Oct-22</td><td>79%</td><td>80%</td></tr><tr><td>Nov-22</td><td>79%</td><td>80%</td></tr><tr><td>Dec-22</td><td>79%</td><td>80%</td></tr></tbody></table>	Month	% S-CAMHS assessments in 28 days	Target	Dec-21	25%	80%	Jan-22	25%	80%	Feb-22	25%	80%	Mar-22	25%	80%	Apr-22	25%	80%	May-22	25%	80%	Jun-22	25%	80%	Jul-22	25%	80%	Aug-22	25%	80%	Sep-22	79%	80%	Oct-22	79%	80%	Nov-22	79%	80%	Dec-22	79%	80%														
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Aug-22	25%	80%																																																								
Sep-22	79%	80%																																																								
Oct-22	79%	80%																																																								
Nov-22	79%	80%																																																								
Dec-22	79%	80%																																																								

APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 related	Number of new COVID19 cases*	Local			Jan-23						230
	Number of staff referred for Antigen Testing*	Local			Jan-23						49
	Number of staff awaiting results of COVID19 test*	Local			Jan-23						0
	Number of COVID19 related incidents*	Local			Jan-23						34
	Number of COVID19 related serious incidents*	Local			Jan-23						0
	Number of COVID19 related complaints*	Local			Jan-23						0
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Jan-23						0
	Number of staff self isolated (symptomatic)*	Local			Jan-23						70
	% sickness*	Local			Jan-23						0.5%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Jan-23	554		7			561
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	National	95%		Jan-23	58.3%	98.7%				74%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		Jan-23	1,089	0				1,089
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Jan-23	3%					3%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Jan-23	34%					34%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Jan-23	97%					97%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Jan-23	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Jan-23	44%					44%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	21	Jan-23	5	0	3	12	0	20
	Number of S.aureus bacteraemia cases	National		5	Jan-23	2	0	6	2	0	10
	Number of C.difficile cases	National		8	Jan-23	11	2	2	7	0	22
	Number of Klebsiella cases	National		6	Jan-23	4	0	1	6	0	11
	Number of Aeruginosa cases	National		2	Jan-23	1	0	1	2	0	4
	Compliance with hand hygiene audits	Local	95%		Jan-23	99%	97%	100%	97%	99%	95%

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Dec-22	94.5%					94.5%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Dec-22	22.1%					22.1%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Dec-22	73.2%					73.2%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Dec-22	76.9%					76.9%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Dec-22	76.3%					76.3%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Dec-22	70.3%					70.3%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-21	7.5%					7.5%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		Jan-23	3	0	5	0	2	10
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Jan-23						67%
	Number of Never Events	Local	0		Jan-23	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Dec-22	41	0	6	42	0	89
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Dec-22	7	0	1	13	0	21
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Dec-22						660
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Jan-23	99	20	30	11	29	189
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Jan-23						4.46
Mortality	Crude hospital mortality rate by Delivery Unit (74 years of	National	12 month reduction trend		Dec-22	1.32%	0.07%	0.37%			0.74%

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

Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	75%		Jan-23 (Draft)						39%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Jan-23	15,048	23	5,215	2		20,288
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Jan-23	22,785	3	8,558	1		32,031
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Jan-23	2,505		4,324			6,829
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Jan-23		48		146	0	194
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Jan-23						146,632
	Number of patients delayed by over 100% past their target date	National	0		Jan-23						39,056
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Jan-23						67,125
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Jan-23						305
	Number of patients without a documented clinical review date	Local	0		Jan-23						3
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Jan-23	2,470	Now reported under Singleton	2,691	137	35	2,470
	% of patients who would recommend and highly recommend	Local	90%	80%	Jan-23	90%		94%	91%	100%	92%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Jan-23	94%		97%	94%		92%
	Number of new complaints received	Local	12 month reduction trend		Nov-22	33	2	30	21	16	113
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	National	75%	80%	Nov-22	67%	50%	57%	90%	56%	69%

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

Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q2 2022/23						94.9%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q2 2022/23						95.2%
	% children who received PCV2 vaccine by age 1		95%	90%	Q2 2022/23						96.9%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q2 2022/23						92.5%
	% children who received MMR1 vaccine by age 2		95%	90%	Q2 2022/23						94.3%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q2 2022/23						94.0%
	% children who received MenB4 vaccine by age 2		95%	90%	Q2 2022/23						93.9%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q2 2022/23						93.4%
	% children who are up to date in schedule by age 4		95%	90%	Q2 2022/23						85.0%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q2 2022/23						89.8%
	% children who received 4 in 1 vaccine by age 5	Local	95%	90%	Q2 2022/23						90.3%
	% children who received MMR vaccination by age 16		95%	90%	Q2 2022/23						91.7%
	% children who received teenage booster by age 16		90%	85%	Q2 2022/23						90.9%
	% children who received MenACWY vaccine by age 16		Improve		Q2 2022/23						91.4%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Dec-22						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Dec-22						79%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Dec-22						56%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Dec-22						79%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Dec-22					94%	94%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Dec-22						35%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Dec-22					98%	98%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Dec-22					92%	92%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Dec-22						37%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Dec-22						99%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Dec-22					90%	90%


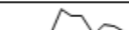
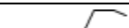

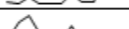
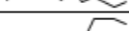





* In the absence of local profiles, RAG is based on in-month movement

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
COVID19 related measures	Number of new COVID19 cases	Local	Jan-23	230		Reduce					15,433	4,209	4,749	835	286	372	600	217	218	171	171	395	230
	Number of staff referred for Antigen Testing	Local	Jan-23	18,157		Reduce					16,447	16,647	16,756	17,158	17,315	17,579	17,878	17,916	17,926	17,934	17,981	18,108	18,157
	Number of staff awaiting results of COVID19 test	Local	Jan-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Jan-23	34		Reduce					59	55	57	83	39	52	91	46	84	61	51	61	34
	Number of COVID19 related serious incidents	Local	Jan-23	0		Reduce					0	1	0	0	0	0	0	0	1	0	0	0	0
	Number of COVID19 related complaints	Local	Jan-23	0		Reduce					4	4	10	6	0	4	5	6	11	3	3	0	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																	
	Number of staff self isolated (asymptomatic)	Local	Jan-23	0		Reduce					87	43	87	42	29	28	26	8	5	1	0	0	0
	Number of staff self isolated (symptomatic)	Local	Jan-23	70		Reduce					309	204	326	270	125	287	272	121	100	121	124	144	70
	% sickness	Local	Jan-23	0.5%		Reduce						3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%
Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jan-23	52%	65%	65%	✗	39.5% (Dec-22)	3rd (Dec-22)		51%	54%	48%	53%	56%	57%	56%	55%	49%	50%	46%	41%	52%
	Number of ambulance handovers over one hour	National	Jan-23	561	0			6,798 (Dec-22)	1st (Dec-22)		735	678	687	671	538	578	659	705	732	739	744	614	561
	Handover hours lost over 15 minutes	Local	Jan-23	3440							3,390	3,110	3,023	3,286	1,892	2,920	2,976	3,870	4,378	4,599	4,456	4,289	3,440
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Jan-23	74%	95%			63.1% (Dec-22)	4th (Dec-22)		73%	72%	71%	73%	74%	72%	69%	70%	73%	71%	70%	65%	74%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Jan-23	1089	0			12,099 (Dec-22)	4th (Dec-22)		1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632	1,089
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						52.9%	81.4%											
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Sep-22	93.0%	12 month ↑			70% (Oct-22)	1st (Oct-22)		89.0%	89.0%	89.0%	89.0%	90.0%	89.0%	91.0%	93.0%	93.0%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Jan-23	3%	54.0%						9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%
	CT Scan (<1 hrs) (local)	Local	Jan-23	34%							40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Jan-23	97%							100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%
	Thrombolysis door to needle <= 45 mins	Local	Jan-23	0%							0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%
	% stroke patients who receive mechanical thrombectomy	National	Jan-23	0%	10%			2.1% (Nov-22)	4th (Nov-22)		1.9%	0.0%	1.7%	1.8%	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Jan-23	44%	12 month ↑			50.7% (Nov-22)	4th (Nov-22)		42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%
DTOCs		National	Mar-20	13	12 month ↓	27	✓				DTOC reporting temporarily suspended												
		National	Mar-20	60	12 month ↓	50	✗				DTOC reporting temporarily suspended												
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Jan-23	67.0%	90%	80%					25%	0%	33%	25%	100%	33%	-	0%	-	75%	73%	85%	67%
	Number of new Never Events	Local		0		0	✓				0	2	0	0	1	0	1	0	0	0	1	0	0
	Number of risks with a score greater than 20	Local	Jan-23	141		12 month ↓	✗				129	127	140	140	134	132	128	131	133	134	136	137	141
	Number of risks with a score greater than 16	Local		290		12 month ↓	✗				249	253	271	276	266	264	259	269	270	268	278	280	290
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Dec-22	47		12 month ↓	✓				65	53	49	45	58	53	58	54	39	59	69	47	
	Number of pressure ulcers developed in the community			42		12 month ↓	✗				27	38	56	33	39	32	27	50	40	44	45	42	
	Total number of pressure ulcers			89		12 month ↓	✗				92	91	105	78	97	85	85	104	79	103	114	89	
	Number of grade 3+ pressure ulcers acquired in hospital			8		12 month ↓	✓				9	6	5	3	2	3	5	3	0	1	7	8	
	Number of grade 3+ pressure ulcers acquired in community		Saved to Z: Drive	Dec-22	13		12 month ↓	✗				1	15	11	2	10	12	2	11	6	2	7	13
	Total number of grade 3+ pressure ulcers		Dec-22	21		12 month ↓	✓				10	21	16	5	12	15	7	14	6	3	14	21	

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jan-23	68.7	<67		✗	67.80 (Dec-22)	3rd (Dec-22)		73.8	74.6	73.7	96.5	79.6	70.8	68.9	74.5	70.4	69.4	70.0	69.6	68.7
	Number of E.Coli bacteraemia cases (Hospital)			8							7	9	4	13	8	5	3	11	7	12	11	8	8
	Number of E.Coli bacteraemia cases (Community)		Jan-23	12							8	17	17	18	13	12	18	21	8	10	12	14	12
	Total number of E.Coli bacteraemia cases			20							15	26	21	31	21	17	21	32	15	22	23	22	20
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jan-23	38.4	<20		✗	27.76 (Dec-22)	6th (Dec-22)		36.3	35.8	35.6	43.6	50.5	41.0	39.8	38.4	39.3	41.0	39.0	39.4	38.4
	Number of S.aureus bacteraemias cases (Hospital)			8							2	7	7	6	9	7	6	5	8	13	3	10	8
	Number of S.aureus bacteraemias cases (Community)		Jan-23	2							11	3	4	7	9	2	6	6	5	4	5	3	2
	Total number of S.aureus bacteraemias cases			10							13	10	11	13	18	9	12	11	13	17	8	13	10
	Cumulative cases of C.difficile per 100k pop		Jan-23	51.3	<25		✗	36.68 (Dec-22)	5th (Dec-22)		50.3	49.8	50.1	40.5	36.7	41.0	42.9	47.6	46.9	48.9	50.9	49.6	51.3
	Number of C.difficile cases (Hospital)			15							11	8	12	11	7	7	10	16	11	15	10	8	15
	Number of C.difficile cases (Community)		Jan-23	7							3	5	6	2	4	9	6	6	3	5	11	6	7
	Total number of C.difficile cases			22							14	13	18	13	11	16	16	22	14	20	21	14	22
	Cumulative cases of Klebsiella per 100k pop		Jan-23	26.9							25.3	24.3	24.0	18.7	21.4	22.6	24.5	25.0	25.5	24.9	26.0	26.1	26.9
	Number of Klebsiella cases (Hospital)			5							5	3	4	4	7	6	4	4	1	3	6	5	5
	Number of Klebsiella cases (Community)		Jan-23	6							0	1	3	2	1	2	7	4	9	4	5	3	6
	Total number of Klebsiella cases			11				63 Total (Dec-22)	2nd (Dec-22)		5	4	7	6	8	8	11	8	10	7	11	8	11
	Cumulative cases of Aeruginosa per 100k pop		Jan-23	11.6							5.8	6.2	6.1	6.2	6.1	8.2	9.2	9.2	10.2	11.3	11.9	11.5	11.6
	Number of Aeruginosa cases (Hospital)			2							1	2	0	1	1	3	2	3	4	3	5	1	2
	Number of Aeruginosa cases (Community)		Jan-23	2							0	1	2	1	1	1	2	0	1	3	0	2	2
	Total number of Aeruginosa cases			4				8 Total (Dec-22)	4th (Dec-22)		1	3	2	2	2	4	4	3	5	6	5	3	4
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jan-23	97.2%		95%	✓				95%	96%	93%	96%	96%	98%	96%	90%	97%	96%	96%	95%	97%
Inpatient Falls	Number of Inpatient Falls	Local	Jan-23	189		12 month ↓	✓				196	199	209	190	182	172	174	216	175	184	178	184	189
Mortality	Crude hospital mortality rate (74 years of age or less)	National	Dec-22	0.74%	12 month ↓						0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	0.83%	0.83%	0.81%	0.78%	0.75%	0.74%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jan-23	92%		98%	✗				93.4%	92.3%	96.9%	95.7%	93.9%	93.7%	90.5%	86.2%	87.6%	87.5%	88.2%	97.2%	91.8%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Dec-22	78%	95%	95%	✗				86%	95%	81%	44%	68%	81%	82%	77%	81%	84%	67%	78%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Jan-23	64%		100%	✗				61%	65%	63%	60%	66%	64%	63%	69%	70%	66%	71%	62%	64%
Workforce	Agency spend as a % of the total pay bill	National	Dec-22	5.99%	12 month ↓			5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		5.7%	6.2%	6.6%	4.9%	6.3%	6.2%	6.7%	6.4%	4.9%	6.5%	6.4%	6.0%	
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jan-23	69%	85%	85%	✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		56%	56%	56%	56%	56%	55%	58%	61%	64%	67%	68%	68%	69%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Jan-23	85%	85%	85%	✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		80%	80%	80%	80%	80%	80%	81%	81%	82%	83%	84%	84%	85%
	% workforce sickness absence (12 month rolling)	National	Dec-22	8.02%	12 month ↓			7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.43%	7.58%	7.82%	8.11%	8.20%	8.29%	8.46%	8.44%	8.25%	8.08%	7.99%	8.02%	

Harm from reduction in non-Covid activity																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Dec-22	10.9%							10.8%	10.7%	11.1%	9.8%	10.9%	11.5%	10.4%	10.0%	10.0%	9.6%	9.9%	10.9%	9.7%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jan-23	48.3%	12 month ↑			53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	38.7%	
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Jan-23	32%	80%		✗				5%	14%	13%	14%	5%	18%	2%	10%	5%	18%	19%	26%	32%	
	Scheduled (21 Day Target)	Local	Jan-23	82%	100%		✗				48%	51%	70%	63%	36%	51%	29%	35%	34%	65%	82%	83%	82%	
	Urgent SC (2 Day Target)	Local	Jan-23	31%	80%		✗				23%	27%	9%	27%	13%	22%	18%	11%	31%	33%	17%	37%	31%	
	Urgent SC (7 Day Target)	Local	Jan-23	85%	100%		✗				57%	60%	57%	62%	44%	43%	64%	48%	54%	70%	77%	70%	85%	
	Emergency (within 1 day)	Local	Jan-23	100%	80%		✓				60%	92%	62%	83%	83%	82%	58%	65%	100%	70%	100%	83%	100%	
	Emergency (within 2 days)	Local	Jan-23	100%	100%		✓				100%	100%	85%	100%	100%	88%	92%	90%	100%	100%	100%	100%	100%	
	Elective Delay (7 Day Target)	Local	Jan-23	82%	80%		✓				66%	73%	66%	82%	80%	68%	66%	91%	70%	81%	91%	85%	82%	
	Elective Delay (14 Day Target)	Local	Jan-23	98%	100%		✗				78%	80%	71%	93%	91%	79%	70%	98%	79%	91%	100%	100%	98%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Jan-23	4,372	0%			15,517 (Nov-22)	7th (Nov-22)		3,543	3,898	4,191	4,398	4,564	4,449	4,407	4,257	4,205	4,170	4,136	4,289	4,372	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jan-23	6,829	0			42,566 (Nov-22)	4th (Nov-22)		6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829	
	Number of patients waiting > 14 weeks for a specified therapy	National	Jan-23	194	0			9,584 (Nov-22)	2nd (Nov-22)		1,028	926	820	679	614	609	714	682	755	707	441	527	194	
	% of patients waiting < 26 weeks for treatment	National	Jan-23	53%	95%			56% (Nov-22)	6th (Nov-22)		50.4%	50.1%	50.7%	50.4%	50.4%	50.8%	51.8%	52.0%	52.1%	53.5%	54.4%	54.2%	52.8%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jan-23	20,288	0						25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Jan-23	6,630	0			85,301 (Nov-22)	3rd (Nov-22)		12,391	12,337	12,593	13,275	14,071	14,951	15,232	15,122	13,980	12,352	9,774	7,779	6,630	
	Number of patients waiting > 36 weeks for treatment	National	Jan-23	32,031	0			252,779 (Nov-22)	3rd (Nov-22)		38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031	
	Number of patients waiting > 104 weeks for treatment	National	Jan-23	7,331	0			49,534 (Nov-22)	5th (Nov-22)		11,859	13,104	13,587	13,083	12,670	12,064	11,400	10,960	10,623	10,090	9,048	8,066	7,331	
	The number of patients waiting for a follow-up outpatient appointment	Local	Jan-23	146,632	HB target TBC						131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jan-23	39,056				224,552 (Nov-22)	5th (Nov-22)		32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Jan-23	53%		95%			64.9% (Nov-22)	1st (Nov-22)		59.8%	58.5%	59.4%	60.8%	63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	67.1%	69.9%	53.1%
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jan-23	8.9%	12 month ↓						7.0%	6.4%	6.8%	7.8%	7.5%	8.2%	8.2%	8.0%	7.8%	8.3%	9.5%	11.1%	8.9%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Jan-23	7.8%	12 month ↓						6.4%	6.2%	6.2%	7.8%	7.3%	7.8%	7.7%	7.6%	7.8%	7.7%	8.5%	8.7%	7.8%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Jan-23	72.0%		90%	✗				74%	71%	72%	71%	78%	81%	72%	59%	71%	77%	74%	59%	72%	
	% of theatre sessions starting late	Local	Jan-23	35.0%		<25%	✗				43%	43%	39%	39%	46%	43%	40%	36%	37%	40%	35%	39%	35%	
	% of theatre sessions finishing early	Local	Jan-23	44.0%		<20%	✗				48%	43%	45%	47%	43%	43%	46%	43%	48%	45%	44%	46%	44%	
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q122/23	280.1	4 quarter ↓			26.9 (Q122/23)	6th (Q122/23)				279.2			280.1								
	Patients aged 65 years or over prescribed an antipsychotic	National	Q122/23	1,439	Quarter on quarter ↓			10,201 (Q122/23)	5th (Q4 21/22)				1,451			1,439								
	Opioid average daily quantities per 1,000 patients	National	Q122/23	4,289	4 quarter ↓			4348.2 (Q122/23)	3rd (Q122/23)				4,261			4,289								
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)															
Patient experience	Number of friends and family surveys completed	Local	Jan-23	5,073		12 month ↑	✓				3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073	
	% of who would recommend and highly recommend	Local	Jan-23	92%		90%	✓				92%	90%	90%	89%	90%	88%	89%	89%	88%	90%	91%	89%	92%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jan-23	92%		90%	✓				93%	91%	91%	89%	91%	91%	90%	93%	92%	93%	91%	92%	92%	
Complaints	Number of new formal complaints received	Local	Nov-22	113		12 month trend ↓	✓				124	139	156	123	176	118	153	124	120	140	113			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Nov-22	69%		80%	✗				63%	64%	65%	76%	69%	65%	64%	65%	71%	71%	69%			
	% of acknowledgements sent within 2 working days	Local	Nov-22	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%			

Harm from wider societal actions/lockdown																															
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23								
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2021/22	31.9%	Annual ↑			36.7% (2021/22)	5th (2021/22)		31.9%																				
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 22/23	94.9%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)		95.9%					94.9%			94.9%												
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 22/23	89.8%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)		88.0%					89.9%			89.8%												
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q1 22/23	33.5	4 quarter ↓			383.9 (Q1 22/23)	3rd (Q1 22/23)		352.2					333.5															
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q2 22/23	61.9%	4 quarter ↑			68.6% (Q2 22/23)	6th (Q2 22/23)		66.7%					43.6%			61.9%												
Influenza	% uptake of influenza among 65 year olds and over	National	Jan-23	75.6%	75%			78.0% (Mar-22)	3rd (Mar-22)		78.2%	78.5%	78.5%	Data collection restarts October 2022							62.2%	72.4%	74.4%	75.6%							
	% uptake of influenza among under 65s in risk groups	National	Jan-23	42.1%	55%			48.2% (Mar-22)	4th (Mar-22)		47.3%	48.6%	48.8%								30.2%	37.7%	40.4%	42.1%							
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)		Data not available																				
	% uptake of influenza among children 2 to 3 years old	Local	Jan-23	39.2%	50%			47.6% (Mar-22)	5th (Mar-22)		43.2%	44.8%	44.6%								23.6%	34.6%	37.9%	39.2%							
	% uptake of influenza among healthcare workers	National	Jan-23	40.9%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		52.7%	53.6%	53.6%										34.4%	40.9%	40.9%						
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Dec-22	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%									
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Dec-22	37%	80%	80%	✗	31.4% (Nov-22)	3rd (Nov-22)		33%	33%	35%	35%	36%	47%	44%	44%	36%	40%	39%	37%									
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Dec-22	79%	80%	80%	✗	83.2% (Nov-22)	5th (Nov-22)		28%	27%	29%	18%	40%	33%	38%	34%	91%	91%	89%	79%									
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Dec-22	56%		80%	✗	66.8% (Nov-22)	5th (Nov-22)		28%	24%	36%	23%	23%	22%	42%	27%	27%	83%	65%	56%									
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Dec-22	35%		80%	✗	34.4% (Nov-22)	4th (Nov-22)		39%	67%	78%	51%	51%	38%	61%	35%	43%	36%	27%	35%									
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Dec-22	79%		80%	✗				27%	26%	30%	19%	41%	41%	38%	34%	91%	90%	89%	79%									
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Dec-22	99%		90%	✗	63.8% (Nov-22)	1st (Nov-22)		89%	88%	100%	87%	97%	100%	100%	100%	87%	87%	99%	99%									
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Dec-22	94%	80%	80%	✓	86.9% (Nov-22)	3rd (Nov-22)		95%	99%	96%	97%	98%	96%	94%	97%	93%	95%	98%	94%									
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Dec-22	98%	80%	80%	✓	73.1% (Nov-22)	2nd (Nov-22)		99%	100%	98%	96%	97%	100%	100%	100%	98%	100%	98%	98%									
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Dec-22	92%	95%	95%	✗	73.9% (Nov-22)	2nd (Nov-22)		100%	100%	100%	100%	100%	100%	100%	97%	96%	93%	92%	92%									
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Dec-22	90%	90%	90%	✓	84.2% (Nov-22)	2nd (Nov-22)		81%	85%	89%	88%	89%	89%	89%	90%	89%	90%	90%	90%									
	% 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 admission	National	Dec-22	95%				95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%									
	% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	National	Dec-22	100%				90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%									
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2021/22	3.56	Annual ↓			3.95 (2021/22)	4th (2021/22)		2021/22 - 3.56																				