



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24th January 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 increased in December 2022 to 395, compared with 171 in November 2022. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - ED attendances have increased in December 2022 to 10,167 from 9,753 in November 2022. - Performance against the 4-hour access is currently below the outlined trajectory in December 2022. ED 4-hour performance has deteriorated by 7.6% in December 2022 to 62.78% from 70.41% in November 2022. - Performance against the 12-hour wait has deteriorated in-month and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,632 in December from 1,456 in November. - Internal flow activities to support reduced occupancy and to improve flow throughout the day are being implemented, these include; Same Day Emergency Care (SDEC) GP 		

delivered services, Frailty SDEC services and scoping is currently being undertaken with WAST colleagues to implement further pathways.

- The number of emergency admissions has increased in December 2022 to 4,529 from 4,200 in November 2022.

Planned Care

- December 2022 saw an 6% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment.
- Additionally, the number of patients waiting over 36 weeks decreased by 2.6% to 33,321.
- We continue to outperform the trajectory for the number of patients waiting over 104 weeks for treatment, with 8,066 patients waiting at this point in December 2022.
- In December, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 7,779 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 deteriorated, there are 527 patients waiting over 14 weeks in December 2022 compared with 441 in November 2022.
- The number of patients waiting over 8 weeks for an Endoscopy has slightly increased in December 2022 to 4,289 from 4,136 in November 2022.

Cancer

- November 2022 saw 53% 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 increased in December 2022 to 585 from 467 in November 2022.

Mental Health

- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in November 2022.
- In November 2022, 93% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

Child and Adolescent Mental Health Services (CAMHS)

- Access times for crisis performance has been maintained at 100% November 2022.

	<ul style="list-style-type: none"> - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has improved slightly to 39% in November 2022 against a target of 80%. <p><u>Nationally Reportable Incidents</u></p> <ul style="list-style-type: none"> - In December 2022, there were 8 Nationally Reportable Incidents reported. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> - December 2022 data is included in this report showing 89% satisfaction through 3,569 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 December 2022. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report



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Appendix 1- Quality & Safety Performance Report

January 2023



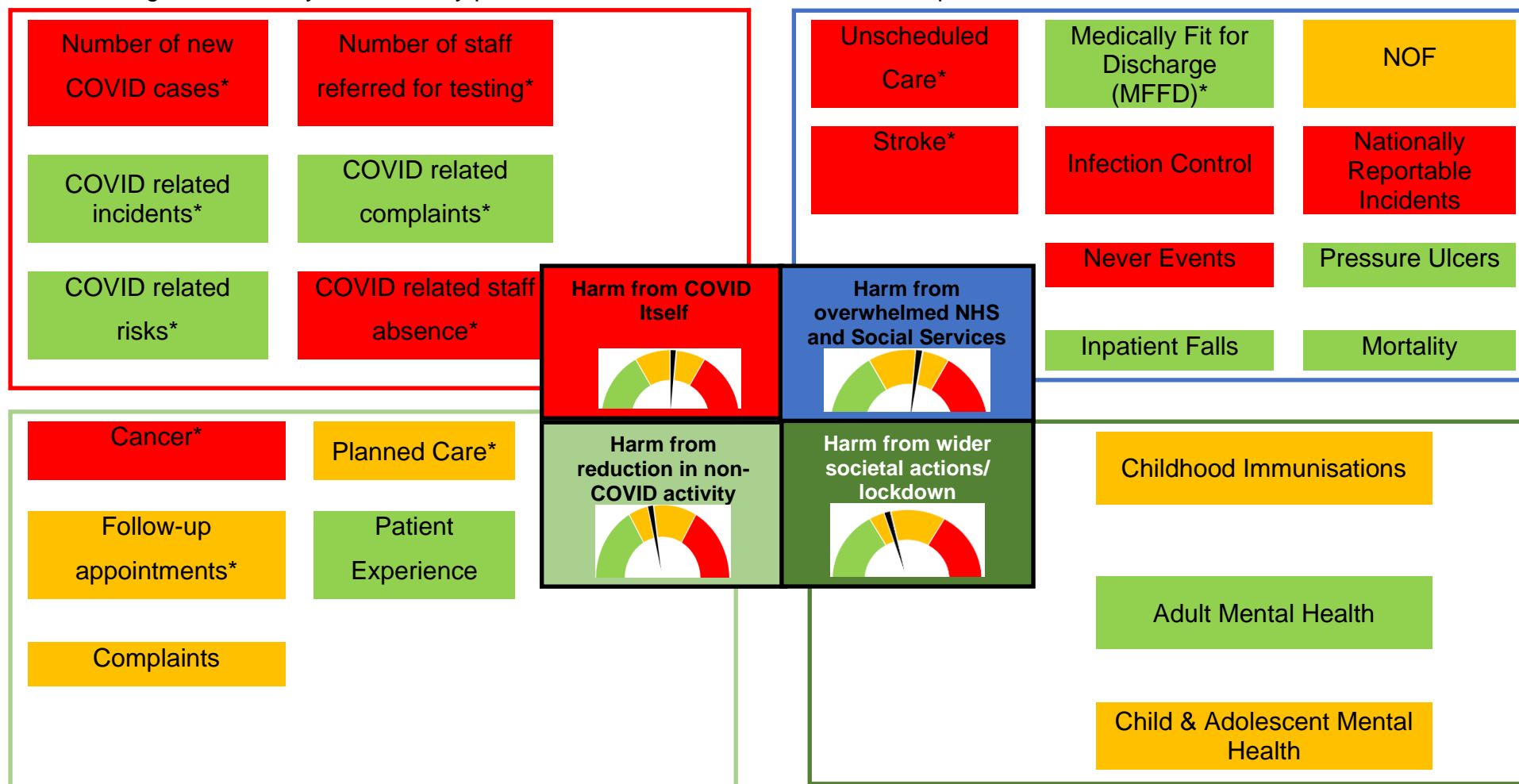
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1. QUADRANTS OF HARM SUMMARY

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



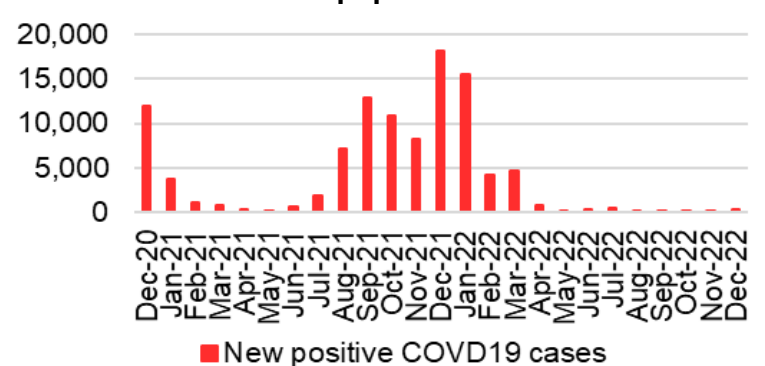
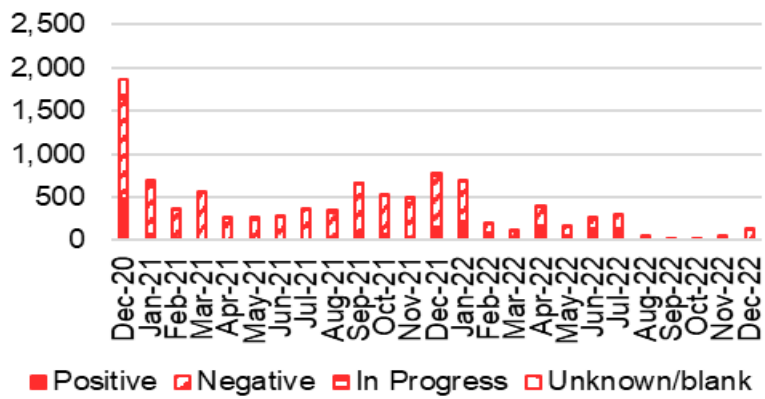
NB- RAG status is against national or local target

** 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	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Number of new COVID19 cases*	HB Total				18,167	15,433	4,209	4,749	835	286	372	600	217	218	171	171	395
Number of staff referred for Antigen Testing	HB Total				787	691	200	109	402	157	264	299	38	10	8	47	127
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				54	59	55	57	83	39	52	91	46	84	61	51	61
Number of COVID19 related serious incidents*	HB Total				1	0	1	0	0	0	0	0	0	1	0	0	0
Number of COVID19 related complaints*	HB Total				20	4	4	10	6	0	4	5	6	11	3	3	0
Number of COVID19 related risks*	HB Total																
Number of staff self isolated (asymptomatic)*	Medical				0	11	1	5	2	0	2	3	0	0	0	0	0
	Nursing Registered				46	31	15	35	10	12	12	15	4	2	0	0	0
	Nursing Non Registered				37	13	18	25	15	8	6	3	0	1	0	0	0
	Other				43	32	9	22	15	9	8	5	4	2	1	0	0
Number of staff self isolated (symptomatic)*	Medical				3	17	13	37	33	15	27	38	15	2	9	6	10
	Nursing Registered				166	104	66	91	88	33	102	83	49	42	49	37	46
	Nursing Non Registered				94	79	45	52	52	35	52	53	26	22	26	34	32
	Other				130	109	80	146	97	42	106	98	31	34	37	47	56
% sickness*	Medical				0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%
	Nursing Registered				5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%
	Nursing Non Registered				6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%
	Other				2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%
	All				3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%

3.1 Updates on key measures

COVID TESTING		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p> <p>2. Number of staff referred for Antigen testing</p>	<p>1. Number of new COVID cases In December 2022, there were an additional 395 positive cases recorded bringing the cumulative total to 119,249 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 The cumulative number of staff referred for COVID testing between March 2020 and December 2022 is 18,108 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>

COVID RELATED STAFF ABSENCE																																																																																																	
Description	Current Performance					Trend																																																																																											
Staff absence due to COVID19 <i>1.Number of staff self-isolating (asymptomatic)</i> <i>2.Number of staff self isolating (symptomatic)</i> <i>3.% staff sickness</i>	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.</p> <p>1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between November and December 2022, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) increased from 124 to 144. In December 2022, the “other” staff group had the largest number of self-isolating staff who were symptomatic.</p> <p>3. % Staff sickness The percentage of staff sickness absence due to COVID19 in December has increased from 0.9% in November to 1.1% in December 2022</p>					<p>1.Number of staff self isolating (asymptomatic)</p> <p>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</p>																																																																																											
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						<p>3.% staff sickness</p> <table><tr><th></th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th></tr><tr><td>Medical</td><td>0.3%</td><td>3.0%</td><td>1.5%</td><td>4.6%</td><td>4.1%</td><td>1.8%</td><td>3.5%</td><td>4.9%</td><td>1.8%</td><td>0.2%</td><td>1.1%</td><td>0.7%</td><td>1.2%</td></tr><tr><td>Nursing Reg</td><td>5.3%</td><td>3.4%</td><td>2.0%</td><td>3.1%</td><td>2.4%</td><td>1.1%</td><td>2.8%</td><td>2.4%</td><td>1.3%</td><td>1.1%</td><td>1.2%</td><td>0.9%</td><td>1.1%</td></tr><tr><td>Nursing Non Reg</td><td>6.5%</td><td>4.5%</td><td>3.1%</td><td>3.7%</td><td>3.2%</td><td>2.1%</td><td>2.7%</td><td>2.7%</td><td>1.2%</td><td>1.1%</td><td>1.3%</td><td>1.6%</td><td>1.5%</td></tr><tr><td>Other</td><td>2.7%</td><td>2.2%</td><td>1.4%</td><td>2.6%</td><td>1.8%</td><td>0.8%</td><td>1.8%</td><td>1.6%</td><td>0.5%</td><td>0.6%</td><td>0.6%</td><td>0.7%</td><td>0.9%</td></tr><tr><td>All</td><td>3.9%</td><td>3.0%</td><td>1.8%</td><td>3.1%</td><td>2.3%</td><td>1.2%</td><td>2.4%</td><td>2.2%</td><td>1.0%</td><td>0.8%</td><td>0.9%</td><td>0.9%</td><td>1.1%</td></tr></table>									Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Medical	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	Nursing Reg	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	Nursing Non Reg	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	Other	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	All	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%
							Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22																																																																														
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4. HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

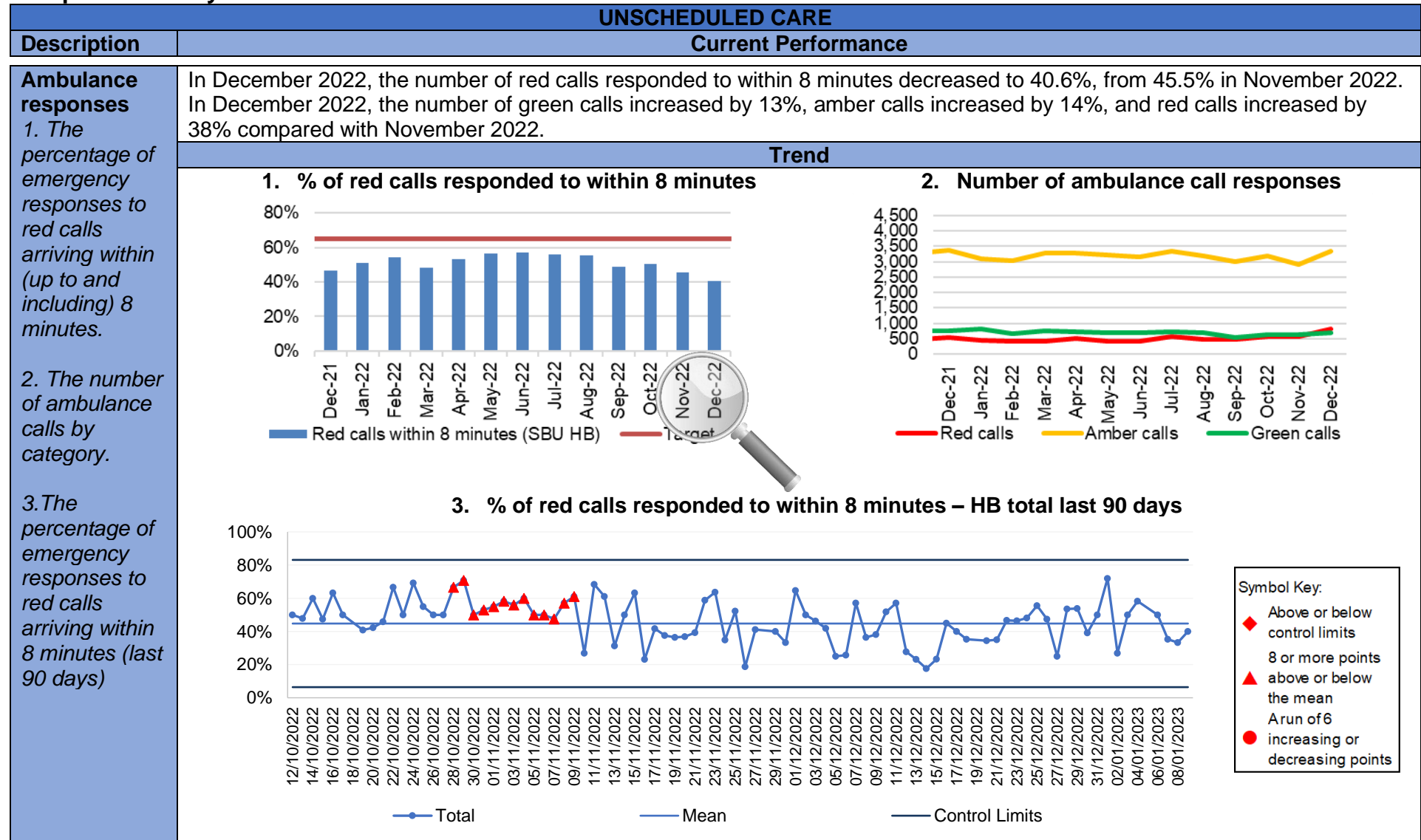
4.1 Overview

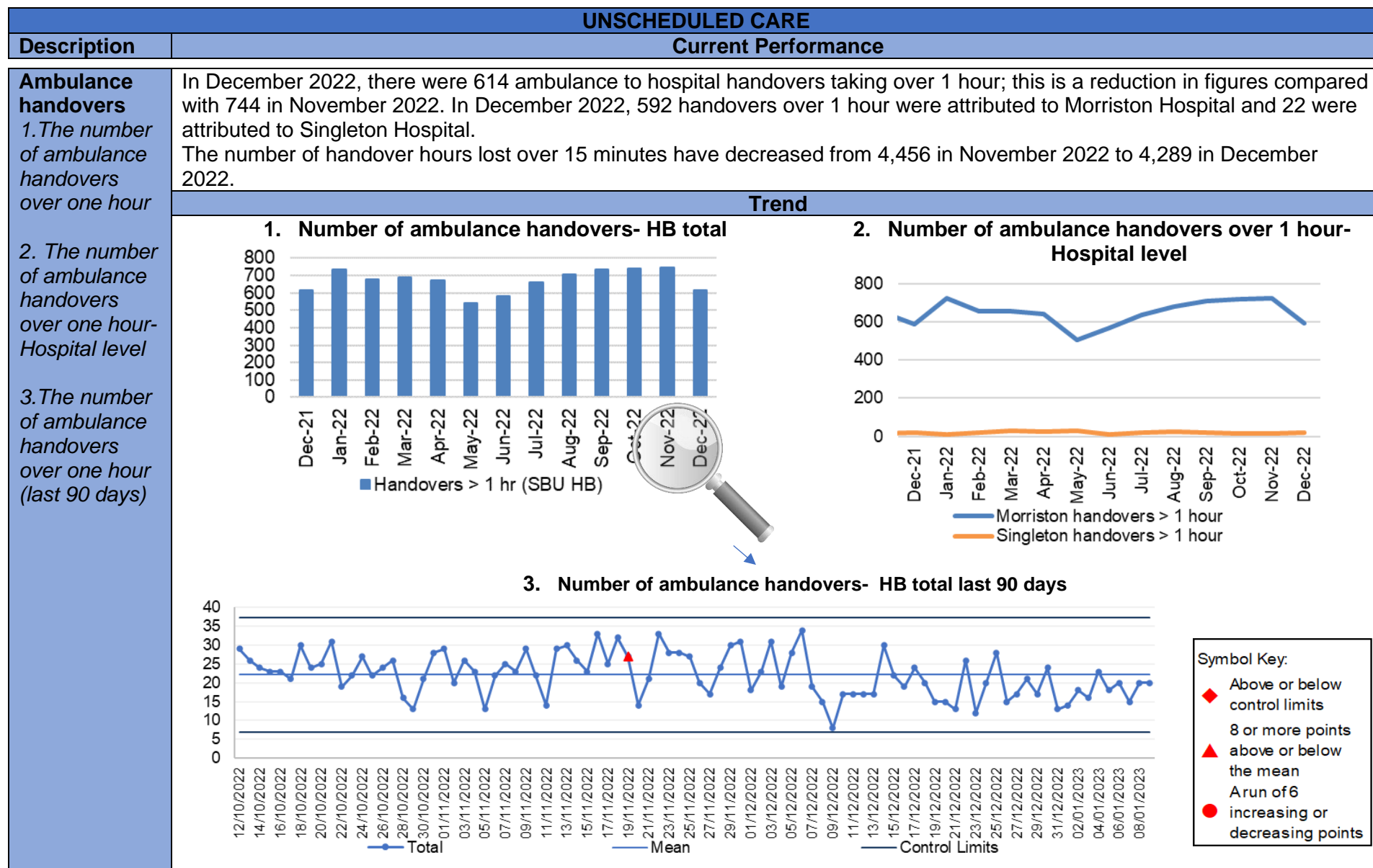
Measure	Locality	National/ Local Target	Internal profile	Trend													
					Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
		Unscheduled Care															
Number of ambulance handovers over one hour*	Morriston	0			591	724	657	659	645	507	568	637	681	710	722	727	592
	Singleton				21	11	21	28	26	31	10	22	24	22	17	17	22
	Total				612	735	678	687	671	538	578	659	705	732	739	744	614
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	Morriston	95%			58.5%	58.5%	58.8%	57.2%	58.9%	57.8%	54.6%	54.0%	51.4%	55.9%	53.6%	54.1%	45.7%
	NPTH				94.9%	96.8%	97.2%	95.0%	96.7%	97.9%	96.9%	93.1%	97.4%	98.2%	96.8%	99.1%	98.8%
	Total				70.2%	72.6%	72.3%	71.4%	72.9%	73.8%	71.7%	69.4%	69.7%	72.7%	70.6%	70.4%	62.8%
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morriston	0			1,100	1,139	1,104	1,276	1,292	1,192	1,386	1,427	1,472	1,470	1,583	1,454	1,632
	NPTH				1	3	1	6	2	3	2	2	2	0	1	2	0
	Total				1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632
		Stroke															
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morriston	59.8%			16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%
	Total	(UK SNAP average)			16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%
% of patients who receive a CT scan within 1 hour*	Morriston	54.5%			35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%
	Total	(UK SNAP average)			35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morriston	84.2%			97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%
	Total	(UK SNAP average)			97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morriston	12 month			10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%
	Total	improvement trend			10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend			45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%
		Fractured Neck of Femur (NOF)															
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	75%			88.4%	88.8%	89.4%	89.5%	89.5%	90.0%	89.4%	91.2%	92.9%	93.1%	93.5%	94.0%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	75%			56.5%	51.0%	48.6%	46.0%	42.2%	37.2%	33.3%	29.2%	26.5%	26.4%	25.8%	24.6%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	75%			70.1%	69.7%	69.8%	71.4%	72.4%	73.5%	71.5%	71.0%	71.6%	71.2%	71.6%	73.0%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	75%			70.7%	71.7%	70.8%	70.2%	70.2%	69.2%	68.9%	69.2%	70.2%	72.4%	74.0%	75.5%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	75%			76.2%	76.4%	76.3%	76.9%	77.4%	76.5%	76.6%	76.1%	75.9%	77.1%	76.8%	76.2%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	75%			69.6%	68.4%	67.7%	69.0%	70.9%	69.9%	63.8%	69.2%	66.2%	71.6%	69.4%	69.9%	
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morriston	12 month improvement trend															
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend		✓	68.8%	52.9%	81.4%										

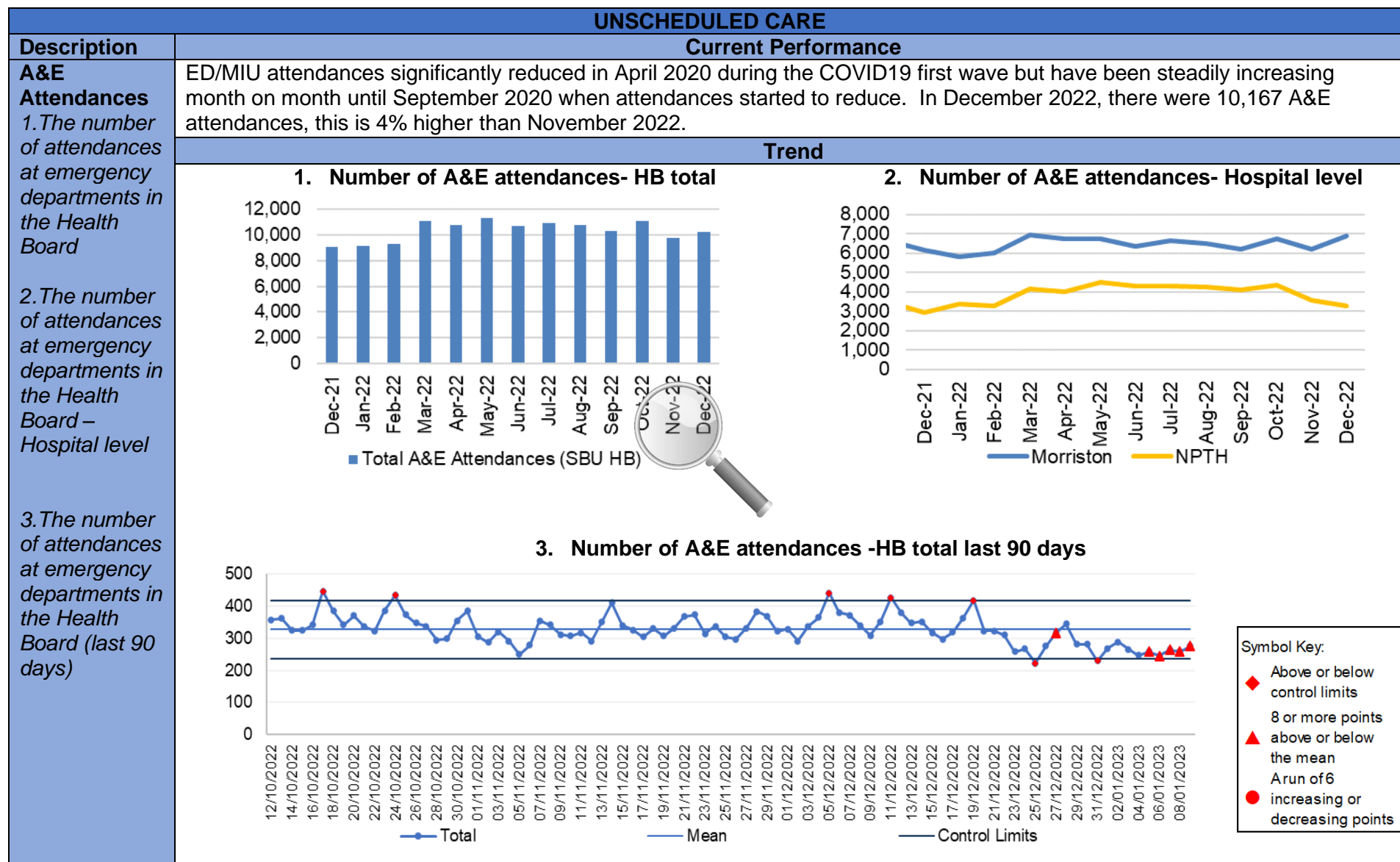
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
		Healthcare Acquired Infections															
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	14		12	8	17	17	18	13	12	18	21	8	10	12	14
	PCCS Hospital		0		0	0	0	0	1	0	0	0	0	1	0	0	0
	MH&LD		0		0	0	0	0	0	1	0	0	0	0	0	0	0
	Morrison		4		2	4	9	2	7	5	3	3	6	0	6	10	2
	NPTH		1		0	1	0	0	0	0	0	0	1	1	0	0	0
	Singleton		2		3	2	0	2	5	2	2	0	4	5	6	1	6
Total			21		17	15	26	21	31	21	17	21	32	15	22	23	22
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		4	11	3	4	7	9	2	6	6	5	4	5	3
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		2		5	2	5	5	3	8	4	4	3	6	10	2	8
	NPTH		0		0	0	1	0	0	0	1	0	1	0	1	0	0
	Singleton		1		0	0	1	2	3	1	2	2	1	2	2	1	2
Total			5		9	13	10	11	13	18	9	12	11	13	17	8	13
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		1	3	5	6	2	4	9	6	6	3	5	11	6
	PCCS Hospital		0		0	0	1	2	0	1	0	0	0	0	1	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		4		9	8	6	7	8	5	5	7	9	6	12	5	6
	NPTH		0		0	1	0	1	0	1	0	0	1	0	0	0	0
	Singleton		2		2	2	1	2	3	0	2	3	6	5	2	5	2
Total			8		12	14	13	18	13	11	16	16	22	14	20	21	14
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		3	0	1	3	2	1	2	7	4	9	4	5	3
	PCCS Hospital		0		0	0	0	1	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		2		4	2	3	2	2	5	3	3	3	0	2	2	3
	NPTH		0		0	1	0	0	1	0	0	0	0	0	1	0	0
	Singleton		1		2	2	0	1	1	2	3	1	1	1	0	4	2
Total			6		9	5	4	7	6	8	8	11	8	10	7	11	8
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		1	0	1	2	1	1	1	2	0	1	3	0	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
	Morrison		1		2	1	2	0	1	1	3	1	2	2	1	3	0
	NPTH		0		1	0	0	0	0	0	0	0	0	0	0	1	0
	Singleton		0		0	0	0	0	0	0	0	1	1	2	2	1	1
Total			2		4	1	3	2	2	2	4	4	3	5	6	5	3
Compliance with hand hygiene audits	PCCS	95%			95.8%	94.7%	95.8%	93.1%	96.4%	96.2%	97.8%	96.2%	90.3%	96.6%	96.4%	95.5%	95.2%
	MH&LD				94.9%	95.5%	92.3%	92.1%	96.6%	97.7%	98.9%	99.1%	95.0%	96.6%	94.4%	97.7%	94.8%
	Morrison				96.1%	93.4%	100.0%	91.0%	93.0%	95.2%	97.7%	94.8%	91.1%	99.3%	98.3%	93.9%	100.0%
	NPTH				100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	97.0%	96.4%	96.6%	100.0%	96.7%	96.7%	95.2%
	Singleton				-	-	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	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%

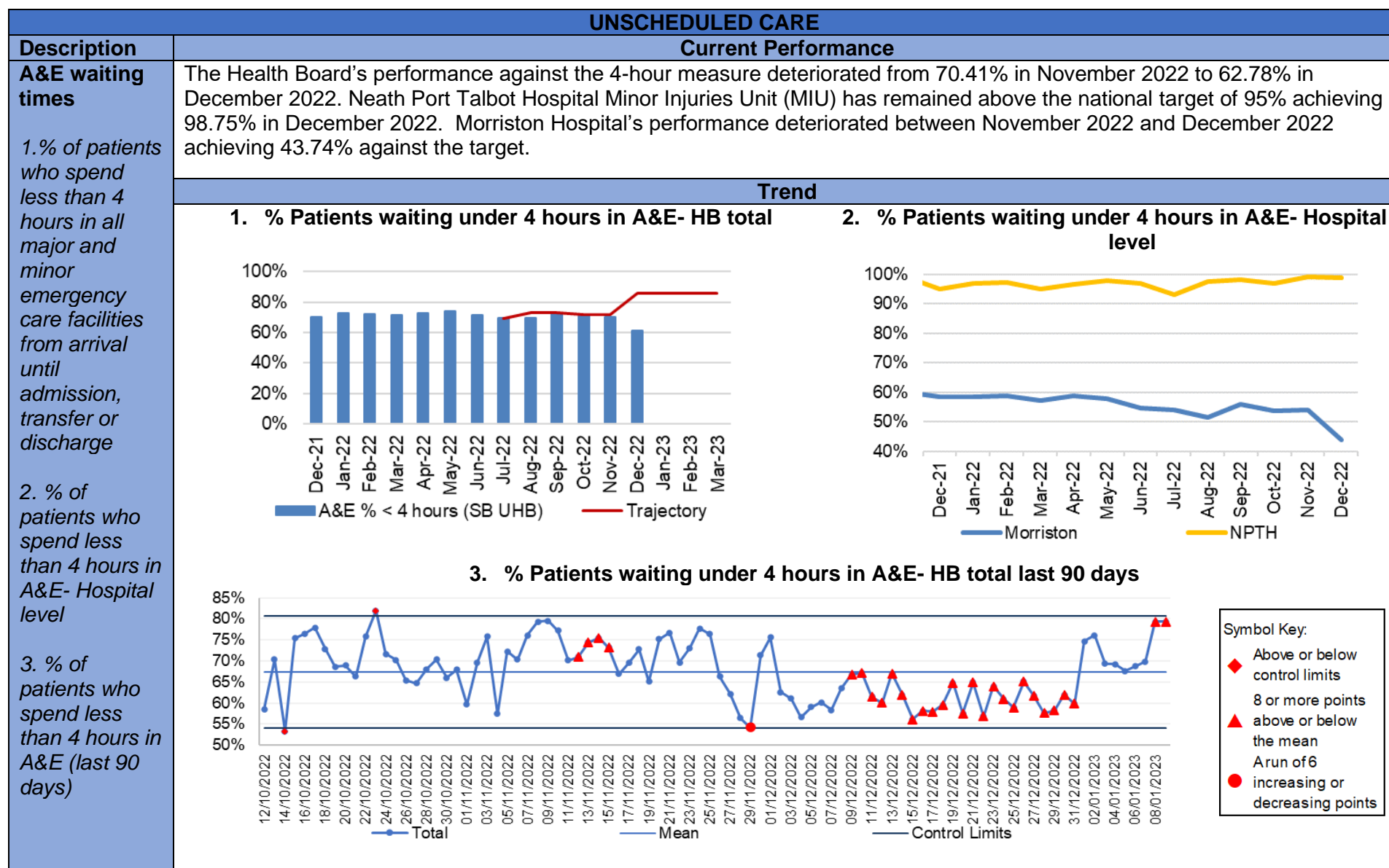
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
		Serious Incidents & Risks															
Number of Nationally Reportable Incidents	PCCS	12 month reduction trend			0	4	0	2	0	2	2	0	1	0	3	1	4
	MH&LD				0	0	0	0	1	0	0	0	9	2	0	2	
	Morriston				0	0	2	1	0	3	0	1	5	4	2	7	2
	NPTH				0	1	0	3	0	1	0	0	3	1	0	0	0
	Singleton				2	0	0	1	0	2	0	0	2	1	2	3	0
	Total				2	5	2	7	1	8	2	1	11	15	9	11	8
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	90%			0%	25%	0%	33%	25%	100%	33%	-	0%	-	75%	73%	85%
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston				0	0	2	0	0	1	0	1	0	0	0	1	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	0	2	0	0	1	0	1	0	0	0	1	0
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			55	27	38	56	33	39	32	27	50	40	44	45	
	PCCS Hospital				0	0	1	1	0	0	0	0	0	0	3	1	
	MH&LD				1	0	0	2	1	1	1	1	1	0	0	0	
	Morriston				42	40	36	29	26	30	38	37	34	23	36	50	
	NPTH				0	3	1	1	3	5	1	1	3	2	3	0	
	Singleton				13	22	15	16	15	22	13	19	16	14	17	18	
	Total				111	92	91	105	78	97	85	85	104	79	103	114	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			14	1	15	11	2	10	12	2	11	6	2	7	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	1	1	0	0	0	0	0	0	0	
	Morriston				2	6	4	2	2	2	1	3	2	0	1	6	
	NPTH				0	0	1	0	0	0	1	1	0	0	0	0	
	Singleton				2	3	1	2	0	0	1	1	1	0	0	1	
	Total				18	10	21	16	5	12	15	7	14	6	3	14	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			857	1,018	823	778	689	821	760	805	767	556	797		
Total number of Inpatient Falls	PCCS	12 month reduction trend			8	6	4	5	2	10	2	3	6	6	2	3	6
	MH&LD				37	29	28	22	19	24	14	18	30	24	36	22	22
	Morriston				91	93	86	115	88	71	75	76	105	72	74	81	94
	NPTH				38	26	34	36	37	29	32	39	34	18	25	21	22
	Singleton				33	42	46	31	44	48	49	36	41	55	47	51	40
	Total				208	196	199	209	190	182	172	174	216	175	184	178	184
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			5.28	4.81	5.37	5.13	4.83	4.45	4.29	4.21	5.29	4.29	4.36	4.38	
Mortality																	
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morriston	12 month reduction trend			1.59%	1.52%	1.50%	1.48%	1.47%	1.47%	1.47%	1.43%	1.42%	1.42%	1.37%	1.35%	
	Singleton				0.53%	0.58%	0.48%	0.49%	0.47%	0.46%	0.46%	0.45%	0.44%	0.42%	0.40%	0.38%	
	NPTH				0.08%	0.06%	0.07%	0.06%	0.05%	0.03%	0.04%	0.05%	0.05%	0.05%	0.04%	0.05%	
	Total (SBU)				0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	0.83%	0.83%	0.81%	0.78%	0.75%	

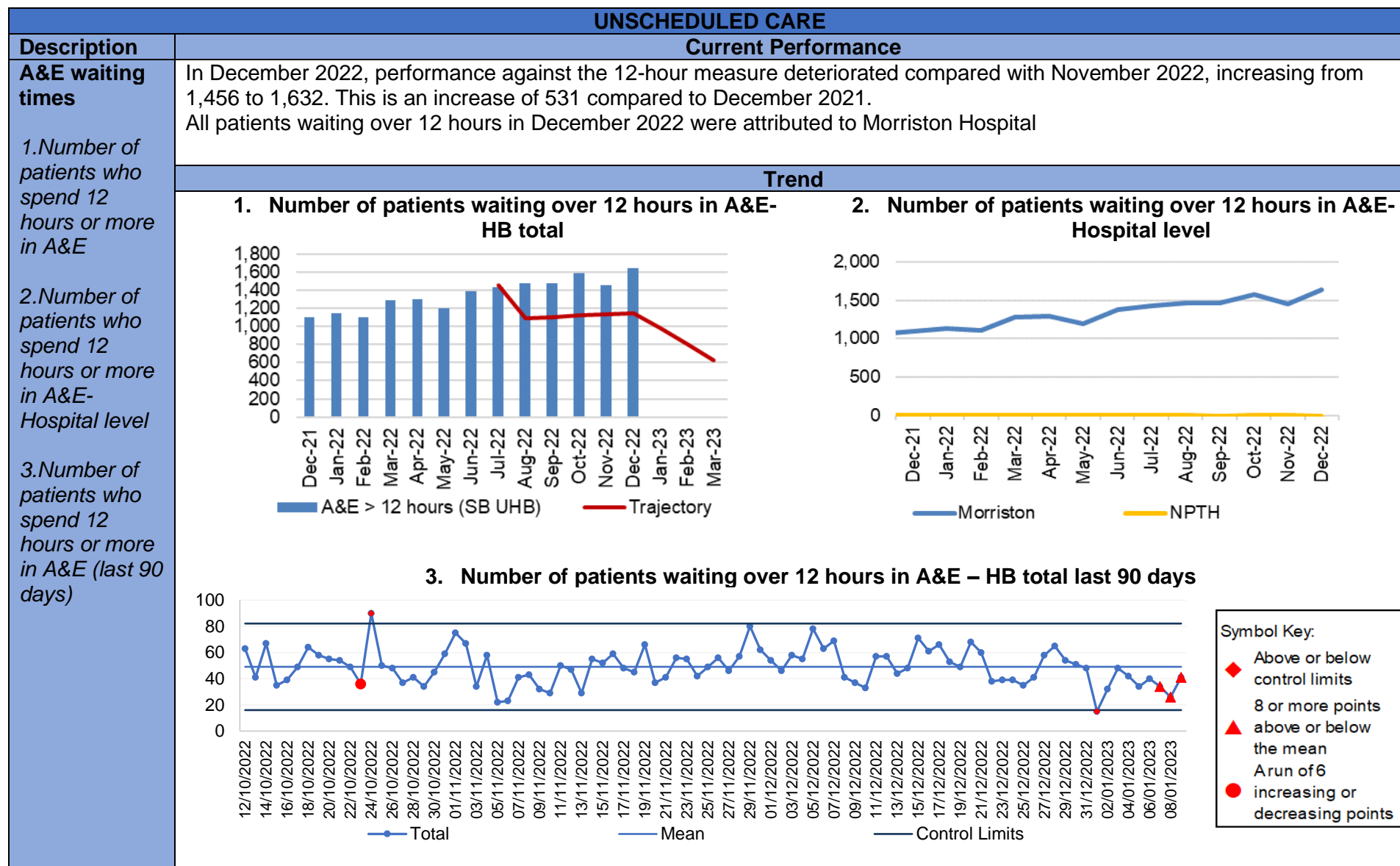
4.2 Updates on key measures

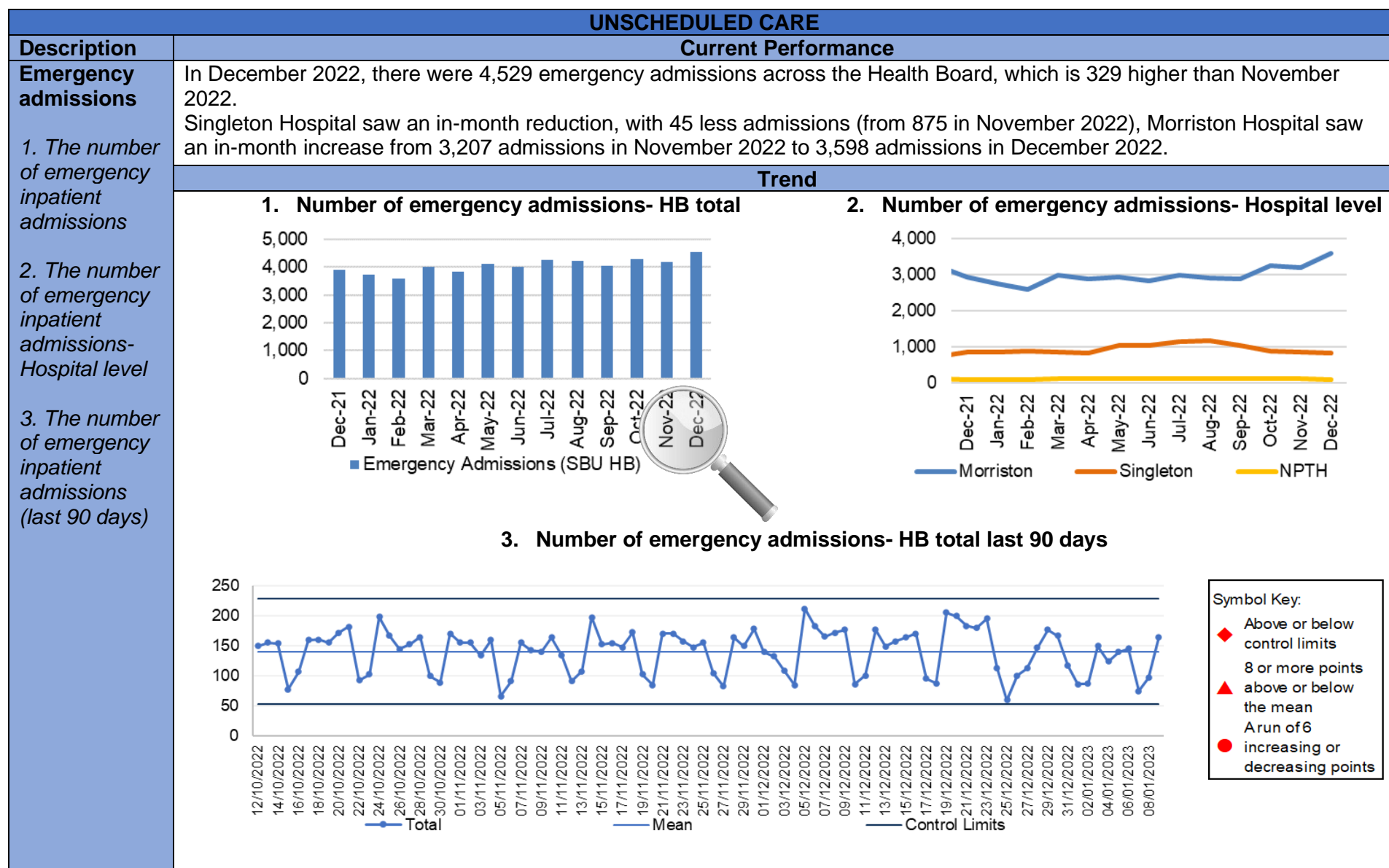






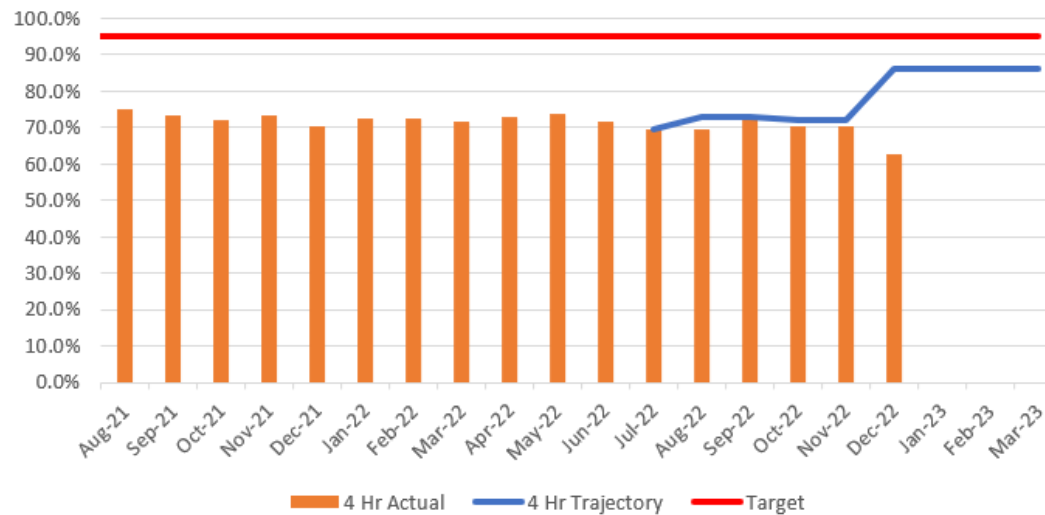






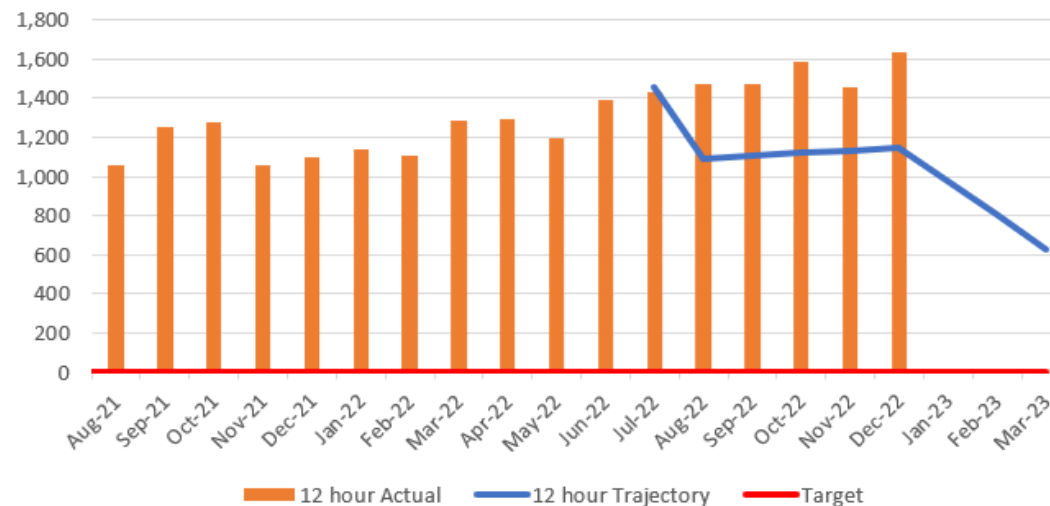
Updates on UNSCHEDULED CARE – Performance Escalation updates

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



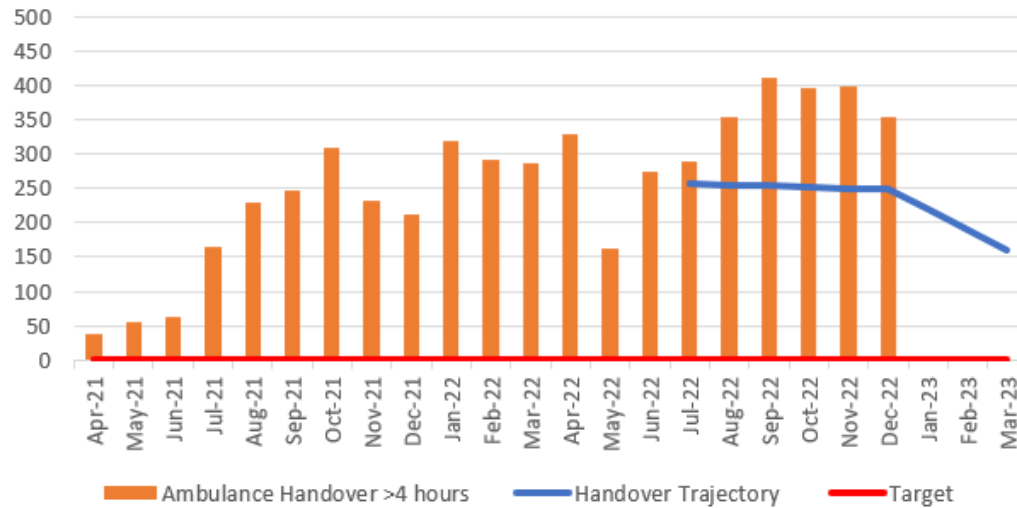
1. Performance against the 4-hour access is slightly below target for December 2022. ED 4-hour performance has decreased by 8.98% in December 2022 to 61.43% from 70.41% in November 2022.

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

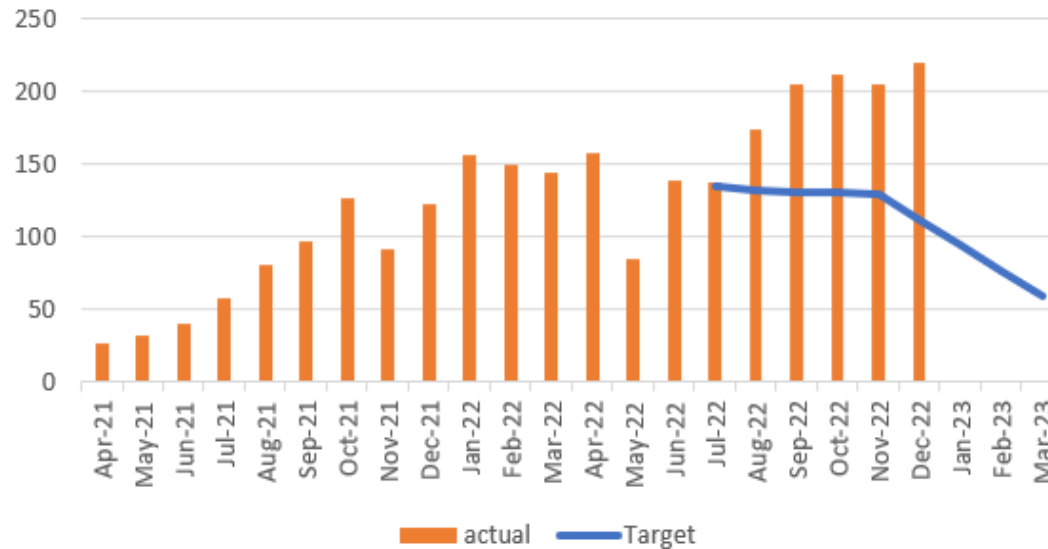


2. Performance against the 12-hour wait has deteriorated in November but is still currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,636 in December 2022 from 1,456 in November 2022.

3. Ambulance Handover over 4 hours

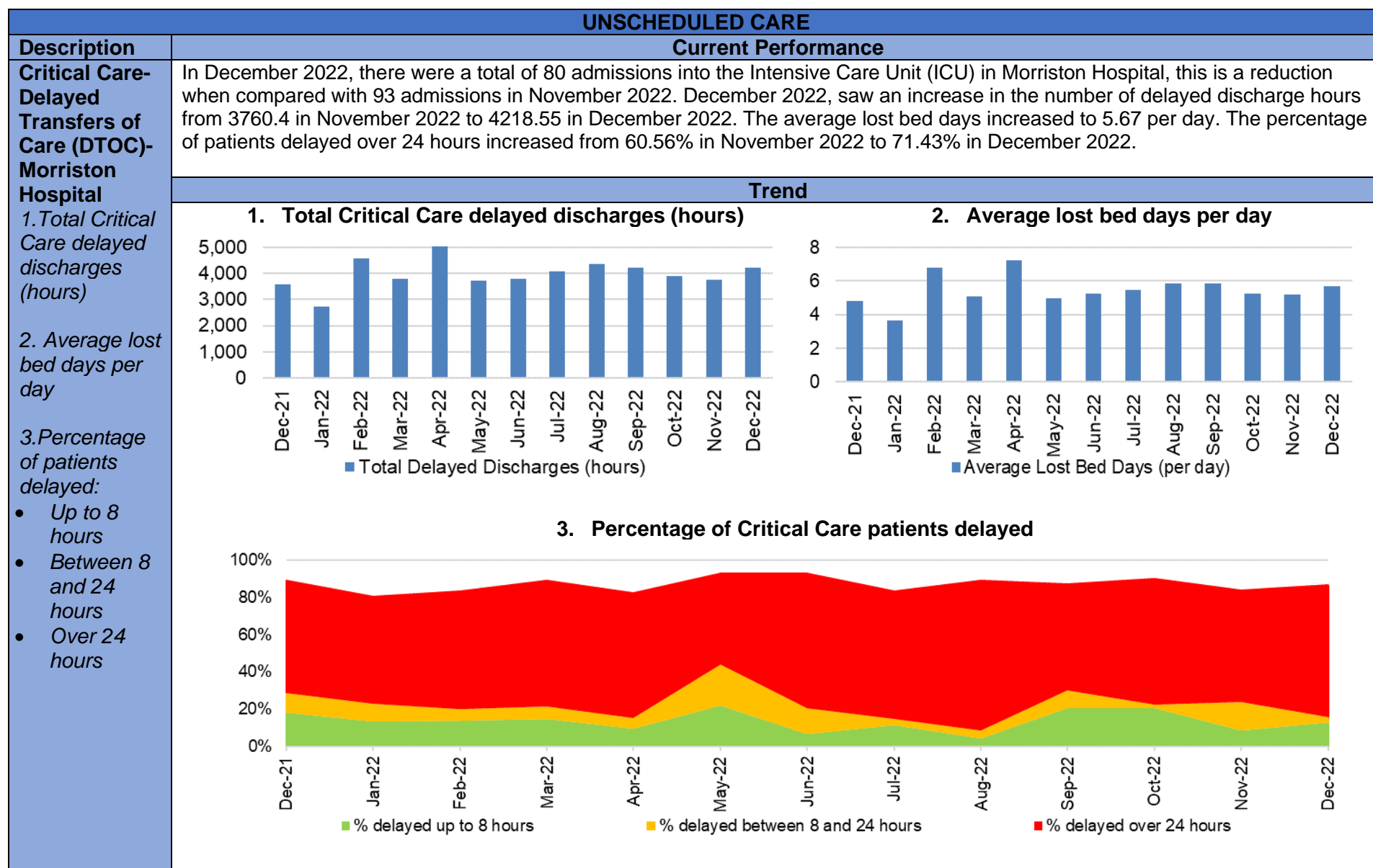


4. Average Ambulance Handover Rate



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 353 in December 2022 from 399 in November 2022. The figures remain above the outlined trajectory for December 2022 which was 248.

4. The average ambulance handover rate has seen an deterioration in December 2022. The average handover rate increased from 204 in November 2022 to 220 in December 2022, which is above the outlined trajectory for December 2022 (111).



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 December 2022, there were on average 251 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 102, followed by Neath Port Talbot Hospital with 80.</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. Consistent improvement in figures have been seen in recent months.</p>	<p>The number of clinically optimised patients by site</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Dec-21</td><td>110</td><td>55</td><td>80</td><td>15</td></tr><tr><td>Jan-22</td><td>115</td><td>65</td><td>70</td><td>20</td></tr><tr><td>Feb-22</td><td>125</td><td>70</td><td>90</td><td>15</td></tr><tr><td>Mar-22</td><td>100</td><td>55</td><td>95</td><td>25</td></tr><tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>25</td></tr><tr><td>May-22</td><td>120</td><td>65</td><td>90</td><td>15</td></tr><tr><td>Jun-22</td><td>145</td><td>60</td><td>90</td><td>20</td></tr><tr><td>Jul-22</td><td>115</td><td>65</td><td>95</td><td>15</td></tr><tr><td>Aug-22</td><td>120</td><td>75</td><td>105</td><td>15</td></tr><tr><td>Sep-22</td><td>120</td><td>90</td><td>95</td><td>20</td></tr><tr><td>Oct-22</td><td>110</td><td>75</td><td>105</td><td>25</td></tr><tr><td>Nov-22</td><td>110</td><td>65</td><td>90</td><td>15</td></tr><tr><td>Dec-22</td><td>102</td><td>60</td><td>80</td><td>10</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Dec-21	110	55	80	15	Jan-22	115	65	70	20	Feb-22	125	70	90	15	Mar-22	100	55	95	25	Apr-22	100	65	85	25	May-22	120	65	90	15	Jun-22	145	60	90	20	Jul-22	115	65	95	15	Aug-22	120	75	105	15	Sep-22	120	90	95	20	Oct-22	110	75	105	25	Nov-22	110	65	90	15	Dec-22	102	60	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 December 2022, there were 33 elective procedures cancelled due to lack of beds on the day of surgery. This is 2 less cancellations than those seen in December 2021.</p> <p>Of the cancelled procedures, 26 of the cancellations were attributed to Morriston Hospital 6 were attributed to Neath Port Talbot Hospital and 1 was attributed to Singleton Hospital in December 2022.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Dec-21</td><td>48</td><td>0</td><td>0</td></tr><tr><td>Jan-22</td><td>18</td><td>0</td><td>0</td></tr><tr><td>Feb-22</td><td>25</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>32</td><td>0</td><td>0</td></tr><tr><td>May-22</td><td>52</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>12</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>26</td><td>1</td><td>6</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Dec-21	48	0	0	Jan-22	18	0	0	Feb-22	25	5	0	Mar-22	35	0	0	Apr-22	32	0	0	May-22	52	0	0	Jun-22	35	0	0	Jul-22	30	0	0	Aug-22	12	0	0	Sep-22	25	0	0	Oct-22	35	0	0	Nov-22	25	0	0	Dec-22	26	1	6														
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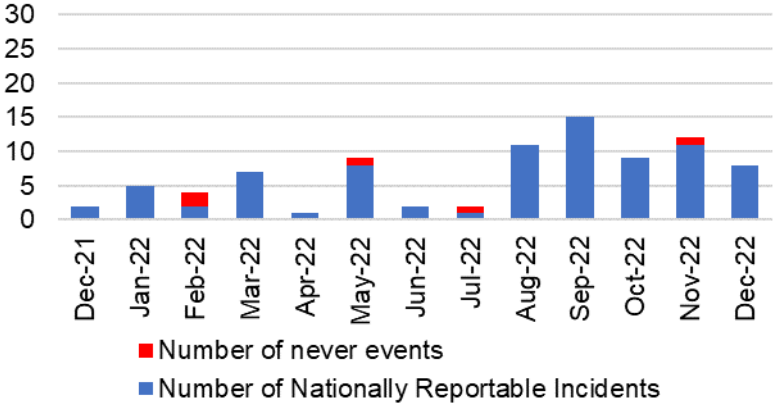
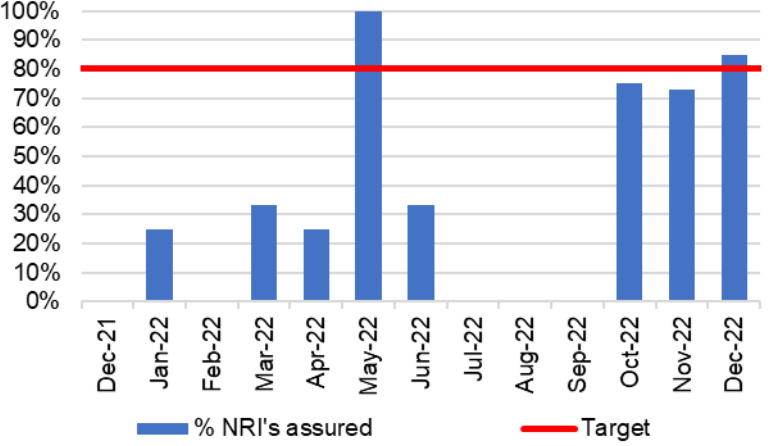
FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician 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	1. Prompt orthogeriatric assessment- In November 2022, 94% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.	1. Prompt orthogeriatric assessment <table><caption>1. Prompt orthogeriatric assessment</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Nov-21</td><td>94%</td><td>70%</td><td>85%</td></tr><tr><td>Dec-21</td><td>94%</td><td>70%</td><td>85%</td></tr><tr><td>Jan-22</td><td>94%</td><td>70%</td><td>85%</td></tr><tr><td>Feb-22</td><td>94%</td><td>70%</td><td>85%</td></tr><tr><td>Mar-22</td><td>94%</td><td>70%</td><td>85%</td></tr><tr><td>Apr-22</td><td>94%</td><td>70%</td><td>85%</td></tr><tr><td>May-22</td><td>94%</td><td>70%</td><td>85%</td></tr><tr><td>Jun-22</td><td>94%</td><td>70%</td><td>85%</td></tr><tr><td>Jul-22</td><td>94%</td><td>70%</td><td>85%</td></tr><tr><td>Aug-22</td><td>94%</td><td>70%</td><td>85%</td></tr><tr><td>Sep-22</td><td>94%</td><td>70%</td><td>85%</td></tr><tr><td>Oct-22</td><td>94%</td><td>70%</td><td>85%</td></tr><tr><td>Nov-22</td><td>94%</td><td>70%</td><td>85%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Nov-21	94%	70%	85%	Dec-21	94%	70%	85%	Jan-22	94%	70%	85%	Feb-22	94%	70%	85%	Mar-22	94%	70%	85%	Apr-22	94%	70%	85%	May-22	94%	70%	85%	Jun-22	94%	70%	85%	Jul-22	94%	70%	85%	Aug-22	94%	70%	85%	Sep-22	94%	70%	85%	Oct-22	94%	70%	85%	Nov-22	94%	70%	85%
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2. Prompt surgery- In November 2022, 24.6% of patients had surgery the day following presentation with a hip fracture. This is a 32.5% deterioration from November 2021 which was 57.1%	2. Prompt surgery <table><caption>2. Prompt surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Nov-21</td><td>57.1%</td><td>60%</td><td>60%</td></tr><tr><td>Dec-21</td><td>57.1%</td><td>60%</td><td>60%</td></tr><tr><td>Jan-22</td><td>57.1%</td><td>60%</td><td>60%</td></tr><tr><td>Feb-22</td><td>57.1%</td><td>60%</td><td>60%</td></tr><tr><td>Mar-22</td><td>57.1%</td><td>60%</td><td>60%</td></tr><tr><td>Apr-22</td><td>57.1%</td><td>60%</td><td>60%</td></tr><tr><td>May-22</td><td>57.1%</td><td>60%</td><td>60%</td></tr><tr><td>Jun-22</td><td>57.1%</td><td>60%</td><td>60%</td></tr><tr><td>Jul-22</td><td>57.1%</td><td>60%</td><td>60%</td></tr><tr><td>Aug-22</td><td>57.1%</td><td>60%</td><td>60%</td></tr><tr><td>Sep-22</td><td>57.1%</td><td>60%</td><td>60%</td></tr><tr><td>Oct-22</td><td>57.1%</td><td>60%</td><td>60%</td></tr><tr><td>Nov-22</td><td>24.6%</td><td>60%</td><td>60%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Nov-21	57.1%	60%	60%	Dec-21	57.1%	60%	60%	Jan-22	57.1%	60%	60%	Feb-22	57.1%	60%	60%	Mar-22	57.1%	60%	60%	Apr-22	57.1%	60%	60%	May-22	57.1%	60%	60%	Jun-22	57.1%	60%	60%	Jul-22	57.1%	60%	60%	Aug-22	57.1%	60%	60%	Sep-22	57.1%	60%	60%	Oct-22	57.1%	60%	60%	Nov-22	24.6%	60%	60%	
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3. NICE compliant surgery- 73% of operations were consistent with the NICE recommendations in November 2022. This is 2.7% more than in November 2021.	3. NICE compliant Surgery <table><caption>3. NICE compliant Surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Nov-21</td><td>73%</td><td>70%</td><td>75%</td></tr><tr><td>Dec-21</td><td>73%</td><td>70%</td><td>75%</td></tr><tr><td>Jan-22</td><td>73%</td><td>70%</td><td>75%</td></tr><tr><td>Feb-22</td><td>73%</td><td>70%</td><td>75%</td></tr><tr><td>Mar-22</td><td>73%</td><td>70%</td><td>75%</td></tr><tr><td>Apr-22</td><td>73%</td><td>70%</td><td>75%</td></tr><tr><td>May-22</td><td>73%</td><td>70%</td><td>75%</td></tr><tr><td>Jun-22</td><td>73%</td><td>70%</td><td>75%</td></tr><tr><td>Jul-22</td><td>73%</td><td>70%</td><td>75%</td></tr><tr><td>Aug-22</td><td>73%</td><td>70%</td><td>75%</td></tr><tr><td>Sep-22</td><td>73%</td><td>70%</td><td>75%</td></tr><tr><td>Oct-22</td><td>73%</td><td>70%</td><td>75%</td></tr><tr><td>Nov-22</td><td>73%</td><td>70%</td><td>75%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Nov-21	73%	70%	75%	Dec-21	73%	70%	75%	Jan-22	73%	70%	75%	Feb-22	73%	70%	75%	Mar-22	73%	70%	75%	Apr-22	73%	70%	75%	May-22	73%	70%	75%	Jun-22	73%	70%	75%	Jul-22	73%	70%	75%	Aug-22	73%	70%	75%	Sep-22	73%	70%	75%	Oct-22	73%	70%	75%	Nov-22	73%	70%	75%	
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4. Prompt mobilisation- In November 2022, 75.5% of patients were out of bed the day after surgery. This is 4.3% more than in November 2021.	4. Prompt mobilisation <table><caption>4. Prompt mobilisation</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Nov-21</td><td>71.2%</td><td>80%</td><td>80%</td></tr><tr><td>Dec-21</td><td>71.2%</td><td>80%</td><td>80%</td></tr><tr><td>Jan-22</td><td>71.2%</td><td>80%</td><td>80%</td></tr><tr><td>Feb-22</td><td>71.2%</td><td>80%</td><td>80%</td></tr><tr><td>Mar-22</td><td>71.2%</td><td>80%</td><td>80%</td></tr><tr><td>Apr-22</td><td>71.2%</td><td>80%</td><td>80%</td></tr><tr><td>May-22</td><td>71.2%</td><td>80%</td><td>80%</td></tr><tr><td>Jun-22</td><td>71.2%</td><td>80%</td><td>80%</td></tr><tr><td>Jul-22</td><td>71.2%</td><td>80%</td><td>80%</td></tr><tr><td>Aug-22</td><td>71.2%</td><td>80%</td><td>80%</td></tr><tr><td>Sep-22</td><td>71.2%</td><td>80%</td><td>80%</td></tr><tr><td>Oct-22</td><td>71.2%</td><td>80%</td><td>80%</td></tr><tr><td>Nov-22</td><td>75.5%</td><td>80%</td><td>80%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Nov-21	71.2%	80%	80%	Dec-21	71.2%	80%	80%	Jan-22	71.2%	80%	80%	Feb-22	71.2%	80%	80%	Mar-22	71.2%	80%	80%	Apr-22	71.2%	80%	80%	May-22	71.2%	80%	80%	Jun-22	71.2%	80%	80%	Jul-22	71.2%	80%	80%	Aug-22	71.2%	80%	80%	Sep-22	71.2%	80%	80%	Oct-22	71.2%	80%	80%	Nov-22	75.5%	80%	80%	
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FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 76.2% of patients were not delirious in the week after their operation in November 2022.	<p>5. Not delirious when tested</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 69.9% of patients in November 2022 were discharged back to their original residence. This is 0.8% less than in November 2021.	<p>6. Return to original residence</p>
7. <i>30 day mortality rate</i>	<p>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%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p>

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"> 22 cases of <i>E. coli</i> bacteraemia were identified in December 2022, of which 8 were hospital acquired and 14 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 21 cases for December 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 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>Dec-21</td><td>17</td><td></td></tr> <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>22</td></tr> <tr><td>Jan-23</td><td></td><td>21</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	Dec-21	17		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	22	Jan-23		21	Feb-23		20	Mar-23		20
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Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none"> There were 13 cases of Staph. aureus bacteraemia in December 2022, of which 10 were hospital acquired and 3 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 5 cases for December 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>Dec-21</td><td>9</td><td></td></tr> <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>6</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></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	Dec-21	9		Jan-22	13		Feb-22	10		Mar-22	11		Apr-22	13	8	May-22	18	6	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		5	Feb-23		5	Mar-23		5
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Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 14 <i>Clostridium difficile</i> toxin positive cases in December 2022, of which 8 were hospital acquired and 6 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 8 cases for December 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 C.difficile cases</p> <table><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Dec-21</td><td>12</td></tr><tr><td>Jan-22</td><td>14</td></tr><tr><td>Feb-22</td><td>13</td></tr><tr><td>Mar-22</td><td>18</td></tr><tr><td>Apr-22</td><td>13</td></tr><tr><td>May-22</td><td>11</td></tr><tr><td>Jun-22</td><td>16</td></tr><tr><td>Jul-22</td><td>16</td></tr><tr><td>Aug-22</td><td>22</td></tr><tr><td>Sep-22</td><td>14</td></tr><tr><td>Oct-22</td><td>20</td></tr><tr><td>Nov-22</td><td>21</td></tr><tr><td>Dec-22</td><td>14</td></tr><tr><td>Jan-23</td><td></td></tr><tr><td>Feb-23</td><td></td></tr><tr><td>Mar-23</td><td></td></tr></tbody></table> <p>Number of C.diff cases (SBU) Trajectory</p>	Month	Number of C.diff cases (SBU)	Dec-21	12	Jan-22	14	Feb-22	13	Mar-22	18	Apr-22	13	May-22	11	Jun-22	16	Jul-22	16	Aug-22	22	Sep-22	14	Oct-22	20	Nov-22	21	Dec-22	14	Jan-23		Feb-23		Mar-23	
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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 8 cases of Klebsiella sp in December 2022, of which 5 were hospital acquired and 3 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 6 cases for December 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 Klebsiella cases</p> <table><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Dec-21</td><td>9</td></tr><tr><td>Jan-22</td><td>5</td></tr><tr><td>Feb-22</td><td>4</td></tr><tr><td>Mar-22</td><td>7</td></tr><tr><td>Apr-22</td><td>6</td></tr><tr><td>May-22</td><td>8</td></tr><tr><td>Jun-22</td><td>8</td></tr><tr><td>Jul-22</td><td>11</td></tr><tr><td>Aug-22</td><td>8</td></tr><tr><td>Sep-22</td><td>10</td></tr><tr><td>Oct-22</td><td>7</td></tr><tr><td>Nov-22</td><td>11</td></tr><tr><td>Dec-22</td><td>8</td></tr><tr><td>Jan-23</td><td></td></tr><tr><td>Feb-23</td><td></td></tr><tr><td>Mar-23</td><td></td></tr></tbody></table> <p>Number of Klebsiella cases (SBU) Trajectory</p>	Month	Number of Klebsiella cases (SBU)	Dec-21	9	Jan-22	5	Feb-22	4	Mar-22	7	Apr-22	6	May-22	8	Jun-22	8	Jul-22	11	Aug-22	8	Sep-22	10	Oct-22	7	Nov-22	11	Dec-22	8	Jan-23		Feb-23		Mar-23	
Month	Number of Klebsiella cases (SBU)																																			
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Mar-23																																				

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 3 cases of <i>P.Aeruginosa</i> in December 2022, of which 1 was hospital acquired and two were community acquired.The Health Board total is currently above the Welsh Government Profile target of 2 cumulative case for December 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>	Number of healthcare acquired Pseudomonas cases <table><thead><tr><th>Month</th><th>Number of Pseudomonas cases (SBU)</th><th>Trajectory</th></tr></thead><tbody><tr><td>Dec-21</td><td>4</td><td>2</td></tr><tr><td>Jan-22</td><td>1</td><td>2</td></tr><tr><td>Feb-22</td><td>3</td><td>2</td></tr><tr><td>Mar-22</td><td>2</td><td>2</td></tr><tr><td>Apr-22</td><td>2</td><td>2</td></tr><tr><td>May-22</td><td>2</td><td>2</td></tr><tr><td>Jun-22</td><td>4</td><td>2</td></tr><tr><td>Jul-22</td><td>4</td><td>2</td></tr><tr><td>Aug-22</td><td>3</td><td>2</td></tr><tr><td>Sep-22</td><td>5</td><td>2</td></tr><tr><td>Oct-22</td><td>6</td><td>1</td></tr><tr><td>Nov-22</td><td>5</td><td>2</td></tr><tr><td>Dec-22</td><td>3</td><td>2</td></tr><tr><td>Jan-23</td><td>0</td><td>2</td></tr><tr><td>Feb-23</td><td>0</td><td>2</td></tr><tr><td>Mar-23</td><td>0</td><td>1</td></tr></tbody></table> <p>Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Dec-21	4	2	Jan-22	1	2	Feb-22	3	2	Mar-22	2	2	Apr-22	2	2	May-22	2	2	Jun-22	4	2	Jul-22	4	2	Aug-22	3	2	Sep-22	5	2	Oct-22	6	1	Nov-22	5	2	Dec-22	3	2	Jan-23	0	2	Feb-23	0	2	Mar-23	0	1					
Month	Number of Pseudomonas cases (SBU)	Trajectory																																																								
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Dec-22	3	2																																																								
Jan-23	0	2																																																								
Feb-23	0	2																																																								
Mar-23	0	1																																																								
PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none">In November 2022 there were 114 cases of healthcare acquired pressure ulcers, 45 of which were community acquired and 69 were hospital acquired. <p>There were 14 grade 3+ pressure ulcers in November 2022, 7 of which were community acquired and 7 were hospital acquired.</p> <p>The rate per 100,000 admissions increased from 556 in September 2022 to 797 in October 2022.</p>	Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions <table><thead><tr><th>Month</th><th>Community PU</th><th>Hospital PU</th><th>Rate per 100,000 admissions</th></tr></thead><tbody><tr><td>Nov-21</td><td>75</td><td>0</td><td>500</td></tr><tr><td>Dec-21</td><td>110</td><td>0</td><td>700</td></tr><tr><td>Jan-22</td><td>90</td><td>0</td><td>800</td></tr><tr><td>Feb-22</td><td>90</td><td>0</td><td>600</td></tr><tr><td>Mar-22</td><td>105</td><td>0</td><td>600</td></tr><tr><td>Apr-22</td><td>80</td><td>0</td><td>500</td></tr><tr><td>May-22</td><td>95</td><td>0</td><td>600</td></tr><tr><td>Jun-22</td><td>85</td><td>0</td><td>500</td></tr><tr><td>Jul-22</td><td>85</td><td>0</td><td>600</td></tr><tr><td>Aug-22</td><td>105</td><td>0</td><td>600</td></tr><tr><td>Sep-22</td><td>80</td><td>0</td><td>500</td></tr><tr><td>Oct-22</td><td>105</td><td>0</td><td>797</td></tr><tr><td>Nov-22</td><td>114</td><td>0</td><td>700</td></tr></tbody></table> <p>Pressure Ulcers (Community) — Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>	Month	Community PU	Hospital PU	Rate per 100,000 admissions	Nov-21	75	0	500	Dec-21	110	0	700	Jan-22	90	0	800	Feb-22	90	0	600	Mar-22	105	0	600	Apr-22	80	0	500	May-22	95	0	600	Jun-22	85	0	500	Jul-22	85	0	600	Aug-22	105	0	600	Sep-22	80	0	500	Oct-22	105	0	797	Nov-22	114	0	700
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Nov-22	114	0	700																																																							

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 8 Nationally Reportable Incidents for the month of December 2022 to Welsh Government. The Service Group breakdown is as follows; - Morriston – 2 - Primary Care – 4 - MH&LD - 2	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 December 2022.	
	3. In December 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 85%.	3. % of nationally reportable incidents closed within the agreed timescales  <p>■ % NRI's assured — Target</p>

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 184 in December 2022. This is 12% less than December 2021 where 208 falls were recorded.	<p>Number of inpatient Falls</p> <table><tr><th>Month</th><th>Hospital falls</th></tr><tr><td>Dec-21</td><td>208</td></tr><tr><td>Jan-22</td><td>195</td></tr><tr><td>Feb-22</td><td>200</td></tr><tr><td>Mar-22</td><td>210</td></tr><tr><td>Apr-22</td><td>190</td></tr><tr><td>May-22</td><td>180</td></tr><tr><td>Jun-22</td><td>170</td></tr><tr><td>Jul-22</td><td>175</td></tr><tr><td>Aug-22</td><td>215</td></tr><tr><td>Sep-22</td><td>175</td></tr><tr><td>Oct-22</td><td>185</td></tr><tr><td>Nov-22</td><td>175</td></tr><tr><td>Dec-22</td><td>184</td></tr></table>	Month	Hospital falls	Dec-21	208	Jan-22	195	Feb-22	200	Mar-22	210	Apr-22	190	May-22	180	Jun-22	170	Jul-22	175	Aug-22	215	Sep-22	175	Oct-22	185	Nov-22	175	Dec-22	184
Month	Hospital falls																													
Dec-21	208																													
Jan-22	195																													
Feb-22	200																													
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Oct-22	185																													
Nov-22	175																													
Dec-22	184																													
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 December 2022, the percentage of completed discharge summaries was 62%.</p> <p>In December 2022, compliance ranged from 56% in NPT Hospital to 86% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p> <table><tr><th>Month</th><th>% of completed discharge summaries</th></tr><tr><td>Dec-21</td><td>62%</td></tr><tr><td>Jan-22</td><td>60%</td></tr><tr><td>Feb-22</td><td>65%</td></tr><tr><td>Mar-22</td><td>63%</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>64%</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>69%</td></tr><tr><td>Oct-22</td><td>66%</td></tr><tr><td>Nov-22</td><td>70%</td></tr><tr><td>Dec-22</td><td>62%</td></tr></table>	Month	% of completed discharge summaries	Dec-21	62%	Jan-22	60%	Feb-22	65%	Mar-22	63%	Apr-22	58%	May-22	65%	Jun-22	64%	Jul-22	62%	Aug-22	68%	Sep-22	69%	Oct-22	66%	Nov-22	70%	Dec-22	62%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	November 2022 reports the crude mortality rate for the Health Board at 0.75%, which is the lower than the figure reported in October 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>Morryston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Nov-21</td><td>1.8%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Dec-21</td><td>1.6%</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>0.9%</td></tr><tr><td>Feb-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Mar-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Apr-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>May-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Jun-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Jul-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Aug-22</td><td>1.4%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Sep-22</td><td>1.4%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Oct-22</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Nov-22</td><td>1.3%</td><td>0.38%</td><td>0.05%</td><td>0.75%</td></tr></tbody></table>	Month	Morryston Hospital	Singleton Hospital	NPT Hospital	HB Total	Nov-21	1.8%	0.5%	0.1%	1.0%	Dec-21	1.6%	0.5%	0.1%	0.9%	Jan-22	1.5%	0.6%	0.1%	0.9%	Feb-22	1.5%	0.5%	0.1%	0.8%	Mar-22	1.5%	0.5%	0.1%	0.8%	Apr-22	1.5%	0.4%	0.1%	0.7%	May-22	1.5%	0.4%	0.1%	0.7%	Jun-22	1.5%	0.4%	0.1%	0.7%	Jul-22	1.4%	0.4%	0.1%	0.7%	Aug-22	1.4%	0.3%	0.1%	0.7%	Sep-22	1.4%	0.3%	0.1%	0.7%	Oct-22	1.3%	0.3%	0.1%	0.7%	Nov-22	1.3%	0.38%	0.05%	0.75%
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	A breakdown by Hospital for November 2022: <ul style="list-style-type: none">Morryston – 1.35%Singleton – 0.38%NPT – 0.05%																																																																							
READMISSION RATES																																																																								
Description	Current Performance	Trend																																																																						
Readmission Rates	In December 2022, 18% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 2% lower than those figures reported in November 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>Dec-21</td><td>19%</td></tr><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></tbody></table>	Month	28 Day readmission rate (SBU HB)	Dec-21	19%	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%																																										
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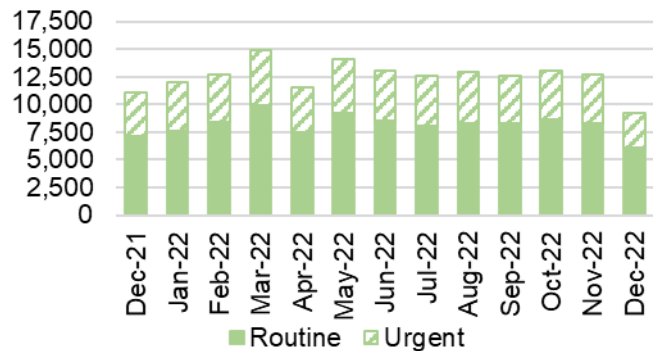
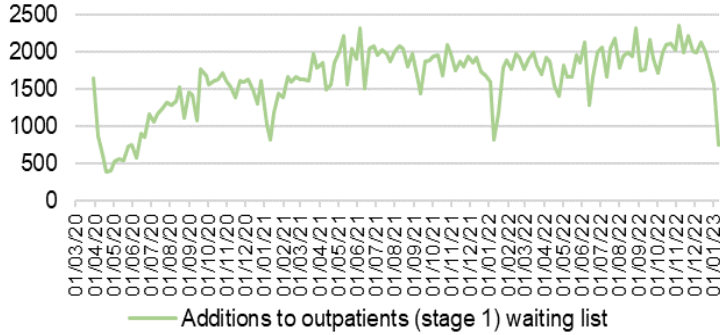
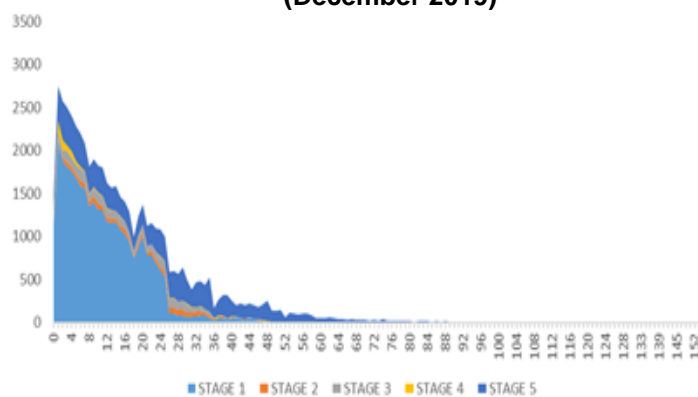
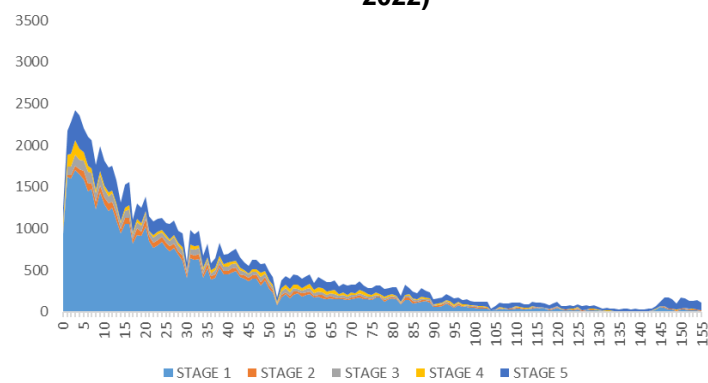
5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

		Harm from reduction in non-Covid activity															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
		Cancer															
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	75%			53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	35.5%
		Planned Care															
Number of patients waiting > 26 weeks for outpatient appointment*	Morriston	0			17,204	17,859	18,220	18,351	18,976	19,498	19,662	19,516	19,607	18,748	17,562	16,148	15,379
	NPTH				342	186	88	0	3	18	4	2	4	1	0	0	1
	Singleton				7,882	7,520	7,192	6,359	6,606	6,943	7,159	7,212	7,314	7,218	6,449	5,252	4,793
	PC&CS				24	23	22	18	16	0	1	81	94	98	101	0	1
	Total				25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174
Number of patients waiting > 36 weeks for treatment*	Morriston	0			24,494	25,203	25,090	25,490	26,036	26,411	26,574	26,832	26,710	25,771	25,292	24,273	23,631
	NPTH				168	136	136	44	37	5	7	2	0	1	1	3	1
	Singleton				12,376	12,283	12,194	11,749	12,110	12,310	12,438	11,256	11,013	10,557	10,078	9,307	9,030
	PC&CS				22	22	22	17	15	0	1	41	117	124	125	0	0
	Total (inc. diagnostics > 36 wks)				37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321
Number of patients waiting > 8 weeks for a specified diagnostics*	Morriston	0			2,927	2,724	2,180	1,672	1,910	1,753	1,575	1,629	1,853	1,975	1,670	1,514	2,366
	Singleton				3,144	3,543	3,898	4,191	4,398	4,553	4,437	4,403	4,255	4,202	4,163	4,113	4,241
	Total				6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	0	0	0	0	0	0	0	0	2	0	0
	NPTH				8	13	38	45	35	17	30	46	45	82	87	67	152
	PC&CS				877	1,015	888	775	644	597	579	668	637	673	618	374	375
	Total				885	1,028	926	820	679	614	609	714	682	755	707	441	527

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
		Planned Care															
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899	143,916
Number of patients delayed by over 100% past their target date *	Total				31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	36,761
Number of patients delayed past their agreed target date (booked and not booked) *	Total				58,006	58,639	58,804	58,514	60,348	60,314	61,071	61,156	61,778	62,461	61,772	62,512	62,504
Number of Ophthalmology patients without an allocated health risk factor	Total	0			694	288	299	639	425	246	495	270	222	400	353	352	368
Number of patients without a documented clinical review date	Total	0			2	4	1	5	5	2	4	2	3	4	3	1	1
		Patient Experience/ Feedback															
Number of friends and family surveys completed	PCCS	12 month improvement trend			291	191	251	165	106	154	130	162	195	114	163	150	143
	MH&LD				23	17	17	15	8	26	11	11	22	16	11	35	14
	Morriston				878	1,130	1,285	1,454	1,245	1,336	1,194	1,341	1,629	1,590	1,642	1,760	1,355
	NPTH																
	Singleton				1,580	1,727	1,485	1,737	1,648	1,932	1,727	1,931	2,343	2,252	2,552	2,374	2,071
	Total				2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569
% of patients who would recommend and highly recommend	PCCS	90%	80%		90%	93%	95%	92%	94%	94%	90%	94%	94%	95%	94%	95%	94%
	MH&LD				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Morriston				94%	94%	84%	86%	85%	92%	83%	84%	84%	83%	87%	88%	84%
	NPTH																
	Singleton				94%	94%	94%	94%	91%	92%	92%	92%	91%	91%	92%	93%	92%
	Total				93%	92%	90%	90%	89%	90%	88%	89%	89%	88%	90%	91%	89%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		97%	97%	99%	97%	96%	95%	92%	96%	96%	96%	97%	99%	97%
	MH&LD																
	Morriston				96%	97%	89%	91%	89%	89%	82%	89%	90%	88%	93%	92%	88%
	NPTH																
	Singleton				97%	96%	97%	97%	94%	95%	92%	94%	94%	94%	95%	96%	95%
	Total				96%	93%	91%	91%	89%	91%	91%	90%	93%	92%	93%	91%	92%
Number of new complaints received	PCCS	12 month reduction rend			9	15	19	23	16	34	20	22	17	14	21		
	MH&LD				9	19	16	15	10	14	16	11	9	10	6		
	Morriston				42	53	49	52	54	69	53	70	54	50	63		
	NPTH				3	7	13	3	6	4	2	6	4	9	3		
	Singleton				20	21	36	51	28	46	21	39	38	26	35		
	Total				115	124	139	156	123	176	118	153	124	120	140		
% 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%		78%	67%	68%	87%	94%	88%	75%	82%	76%	71%	67%		
	MH&LD				78%	58%	38%	60%	70%	43%	69%	73%	56%	80%	50%		
	Morriston				69%	74%	78%	73%	83%	74%	72%	70%	74%	66%	83%		
	NPTH				67%	29%	62%	67%	83%	50%	100%	67%	50%	67%	33%		
	Singleton				50%	43%	50%	43%	57%	54%	38%	38%	53%	73%	67%		
	Total				68%	63%	64%	65%	76%	69%	65%	64%	65%	71%	71%		

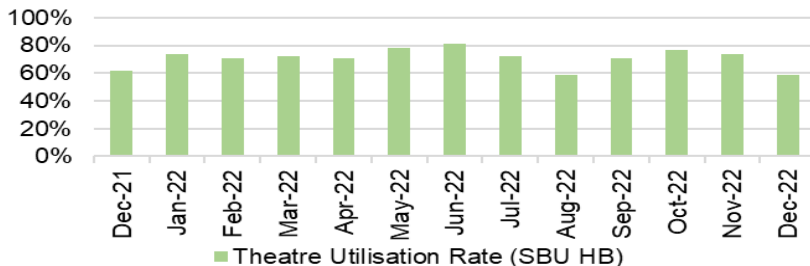
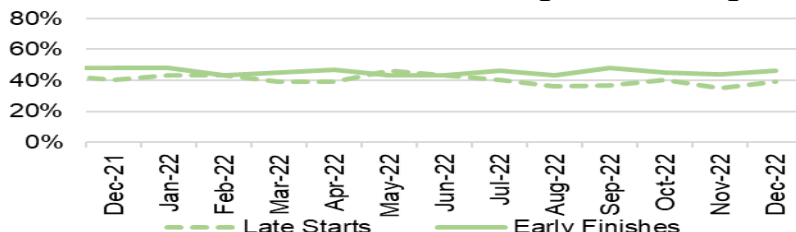
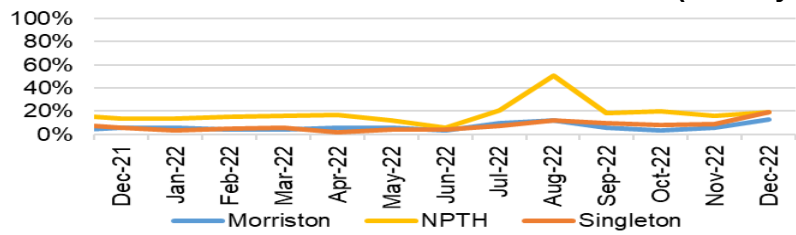
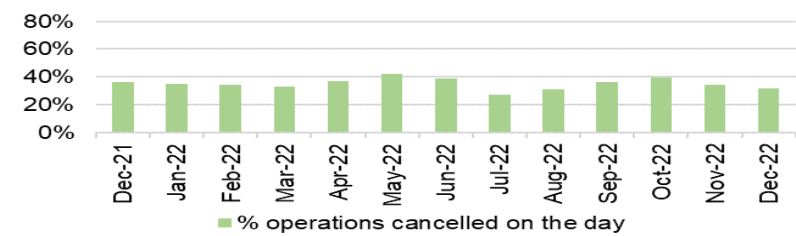
5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	December 2022 has seen a reduction in referral figures compared with November 2022 (12,663). Referral rates have continued to rise slowly since December 2021, with 9,231 received in December 2022. 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>	<div> 1. Number of GP referrals received by SBU Health Board  </div> <div> 2. Number of stage 1 additions per week  <p>— Additions to outpatients (stage 1) waiting list</p> </div>
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 December 2022</i>	<div> 3. Total size of the waiting list and movement (December 2019)  </div> <div> 4. Total size of the waiting list and movement (December 2022)  </div>

PLANNED CARE	
Description	Current Performance
Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, December 2022 saw an in-month reduction of 6% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 21,400 in November 2022 to 20,174 in December 2022. 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> <p>Trend</p> <div> <div> <p>1. Number of stage 1 over 26 weeks- HB total</p> <p>■ Outpatients > 26 wks (SB UHB)</p> </div> <div> <p>2. Number of stage 1 over 26 weeks- Hospital level</p> <p>— Morriston — Singleton — PCT — NPTH</p> </div> <div> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at December 2022</p> </div> <div> <p>4. Outpatient activity undertaken</p> <p>— New outpatient attendances -- Follow-up attendances</p> </div> </div>

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 December 2022, there were 33,321 patients waiting over 36 weeks which is a 2.6% in-month reduction from November 2022. 22,634 of the 33,321 were waiting over 52 weeks in December 2022. In December 2022, there were 8,066 patients waiting over 104 weeks for treatment, which is a 11% reduction from November 2022.</p>
	<p>Trend</p> <div> <div> <p>1. Number of patients waiting over 36 weeks- HB total</p> <p>>36 wks (SB UHB) Trajectory</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>Outpatients >52 wks (SB UHB) Trajectory</p> <p>Ministerial Target = 0 by December 2022</p> </div> <div> <p>3. Number of elective admissions</p> <p>Admitted elective patients</p> </div> <div> <p>4. Number of patients waiting over 104 weeks- HB total</p> <p>> 104 weeks Trajectory</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 December 2022, 54.2% of patients were waiting under 26 weeks from referral to treatment, which is 0.2% less than those seen in December 2022.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <p>80% 60% 40% 20% 0%</p> <p>Dec-21 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 Feb-23 Mar-23</p> <p>% waiting < 26 wks (SBU HB) Trajectory</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 December 2022, 69.9% 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> <p>100% 80% 60% 40% 20% 0%</p> <p>Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22</p> <p>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.</p> <p>Target</p>

THEATRE EFFICIENCY																																																										
Description	Current Performance	Trend																																																								
Theatre Efficiency 1. Theatre Utilisation Rates	In December 2022 the Theatre Utilisation rate was 59%. This is an in-month deterioration of 15% and are similar to the rates seen in December 2021 (62%).	1. Theatre Utilisation Rates  <table><caption>Theatre Utilisation Rate (SBU HB)</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>Dec-21</td><td>62</td></tr><tr><td>Jan-22</td><td>75</td></tr><tr><td>Feb-22</td><td>70</td></tr><tr><td>Mar-22</td><td>70</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>75</td></tr><tr><td>Jul-22</td><td>70</td></tr><tr><td>Aug-22</td><td>60</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>75</td></tr><tr><td>Dec-22</td><td>59</td></tr></tbody></table>	Month	Rate (%)	Dec-21	62	Jan-22	75	Feb-22	70	Mar-22	70	Apr-22	70	May-22	75	Jun-22	75	Jul-22	70	Aug-22	60	Sep-22	70	Oct-22	75	Nov-22	75	Dec-22	59																												
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Nov-22	75																																																									
Dec-22	59																																																									
2. % of theatre sessions starting late	39% of theatre sessions started late in December 2022. This is a 4% deterioration on performance seen in November 2022 (35%).	2. and 3. % theatre sessions starting late/finishing  <table><caption>% theatre sessions starting late/finishing</caption><thead><tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr></thead><tbody><tr><td>Dec-21</td><td>45</td><td>45</td></tr><tr><td>Jan-22</td><td>45</td><td>45</td></tr><tr><td>Feb-22</td><td>45</td><td>45</td></tr><tr><td>Mar-22</td><td>45</td><td>45</td></tr><tr><td>Apr-22</td><td>45</td><td>45</td></tr><tr><td>May-22</td><td>45</td><td>45</td></tr><tr><td>Jun-22</td><td>45</td><td>45</td></tr><tr><td>Jul-22</td><td>45</td><td>45</td></tr><tr><td>Aug-22</td><td>45</td><td>45</td></tr><tr><td>Sep-22</td><td>45</td><td>45</td></tr><tr><td>Oct-22</td><td>45</td><td>45</td></tr><tr><td>Nov-22</td><td>45</td><td>45</td></tr><tr><td>Dec-22</td><td>45</td><td>45</td></tr></tbody></table>	Month	Late Starts (%)	Early Finishes (%)	Dec-21	45	45	Jan-22	45	45	Feb-22	45	45	Mar-22	45	45	Apr-22	45	45	May-22	45	45	Jun-22	45	45	Jul-22	45	45	Aug-22	45	45	Sep-22	45	45	Oct-22	45	45	Nov-22	45	45	Dec-22	45	45														
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Nov-22	45	45																																																								
Dec-22	45	45																																																								
3. % of theatre sessions finishing early	In December 2022, 46% of theatre sessions finished early. This is 4% higher than figures seen in November 2022 and 1% lower than those seen in December 2021																																																									
4. % of theatre sessions cancelled at short notice (<28 days)	16% of theatre sessions were cancelled at short notice in December 2022. This is 7% higher than the figure reported in November 2022 and is 9% higher than figures seen in December 2021.	4. % theatre sessions cancelled at short notice (<28 days)  <table><caption>% theatre sessions cancelled at short notice (<28 days)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th><th>Singleton (%)</th></tr></thead><tbody><tr><td>Dec-21</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jan-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Feb-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Mar-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Apr-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>May-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jun-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jul-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Aug-22</td><td>10</td><td>50</td><td>10</td></tr><tr><td>Sep-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Oct-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Nov-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Dec-22</td><td>10</td><td>10</td><td>10</td></tr></tbody></table>	Month	Morriston (%)	NPTH (%)	Singleton (%)	Dec-21	10	10	10	Jan-22	10	10	10	Feb-22	10	10	10	Mar-22	10	10	10	Apr-22	10	10	10	May-22	10	10	10	Jun-22	10	10	10	Jul-22	10	10	10	Aug-22	10	50	10	Sep-22	10	10	10	Oct-22	10	10	10	Nov-22	10	10	10	Dec-22	10	10	10
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Dec-22	10	10	10																																																							
5. % of operations cancelled on the day	Of the operations cancelled in December 2022, 32% of them were cancelled on the day. This is a improvement from 34% in November 2022.	5. % of operations cancelled on the day  <table><caption>% of operations cancelled on the day</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>Dec-21</td><td>35</td></tr><tr><td>Jan-22</td><td>35</td></tr><tr><td>Feb-22</td><td>35</td></tr><tr><td>Mar-22</td><td>35</td></tr><tr><td>Apr-22</td><td>35</td></tr><tr><td>May-22</td><td>35</td></tr><tr><td>Jun-22</td><td>35</td></tr><tr><td>Jul-22</td><td>35</td></tr><tr><td>Aug-22</td><td>35</td></tr><tr><td>Sep-22</td><td>35</td></tr><tr><td>Oct-22</td><td>35</td></tr><tr><td>Nov-22</td><td>35</td></tr><tr><td>Dec-22</td><td>35</td></tr></tbody></table>	Month	Rate (%)	Dec-21	35	Jan-22	35	Feb-22	35	Mar-22	35	Apr-22	35	May-22	35	Jun-22	35	Jul-22	35	Aug-22	35	Sep-22	35	Oct-22	35	Nov-22	35	Dec-22	35																												
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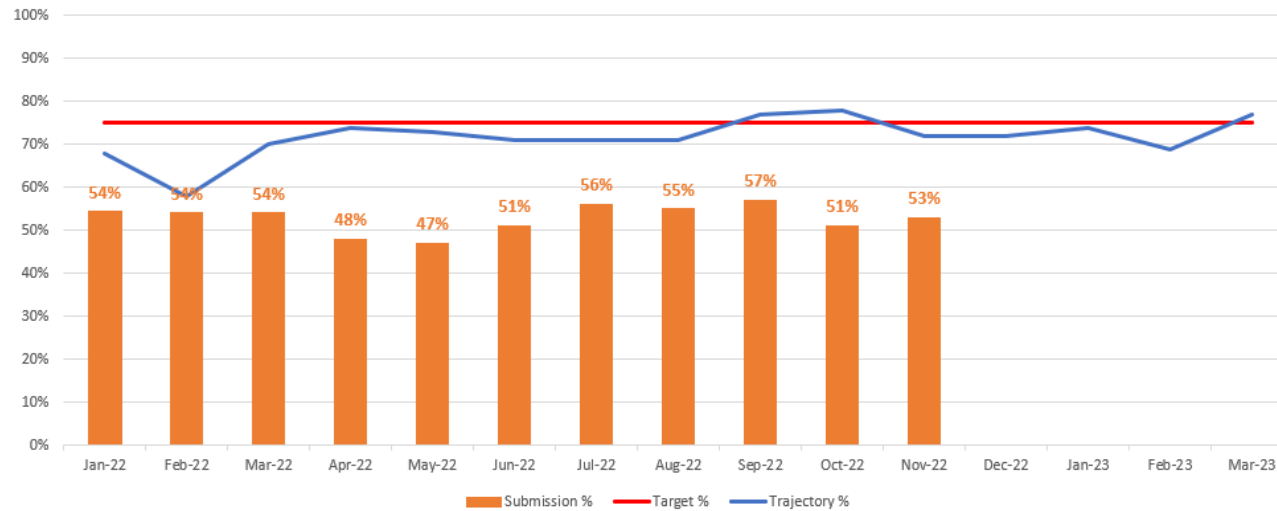
PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In December 2022, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,627 in November 2022 to 6,607 in December 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for December 2022:</p> <ul style="list-style-type: none"> Endoscopy= 4,289 ^ Cardiac tests= 784^ Other Diagnostics = 1,534^ <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>Legend: Endoscopy >8wks (SBU HB) (Green bars), Trajectory (Red line)</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 December 2022 there were 527 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in December 2022 are:</p> <ul style="list-style-type: none"> Podiatry = 249 Speech & Language Therapy= 120^ Dietetics = 47^ Physiotherapy = 105^ <p>Actions of Improvement; The Service Group have already identified the previous declining position in both Dietetics and Podiatry and have developed detailed recovery trajectories in both areas. Podiatry have developed a revised recovery trajectory for Q4, with Dietetics working through their deadline for recovery. SLT are also working through recovery solutions to implement in the coming months.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <p>Legend: Occ Therapy/ LD (MH) (Blue), Occ Therapy (exc. MH) (Green), Audiology (Light Blue), Dietetics (Red), Phsyio (Purple), Podiatry (Orange)</p>

CANCER				
Description	Current Performance		Trend	
Cancer demand and shape of the waiting list 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>	December 2022 backlog by tumour site:		Number of patients with a wait status of more than 62 days <div>■ 63-103 days ▨ ≥ 104 days</div>	
	Tumour Site	63 - 103 days		≥104 days
	Acute Leukaemia	0		0
	Brain/CNS	2		0
	Breast	17		3
	Children's cancer	0		1
	Gynaecological	92		24
	Haematological	15		13
	Head and neck	29		8
	Lower Gastrointestinal	88		57
	Lung	14		8
	Other	1		6
	Sarcoma	4		3
	Skin(c)	34		6
	Upper Gastrointestinal	47		44
Urological	31	28		
Grand Total	374	201		
Single Cancer Pathway backlog- patients waiting over 63 days	November 2022 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;		Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion <div>■ Submission % — Target % — Trajectory %</div>	
	<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			
	Tracking capacity was increased earlier this year to support data quality			

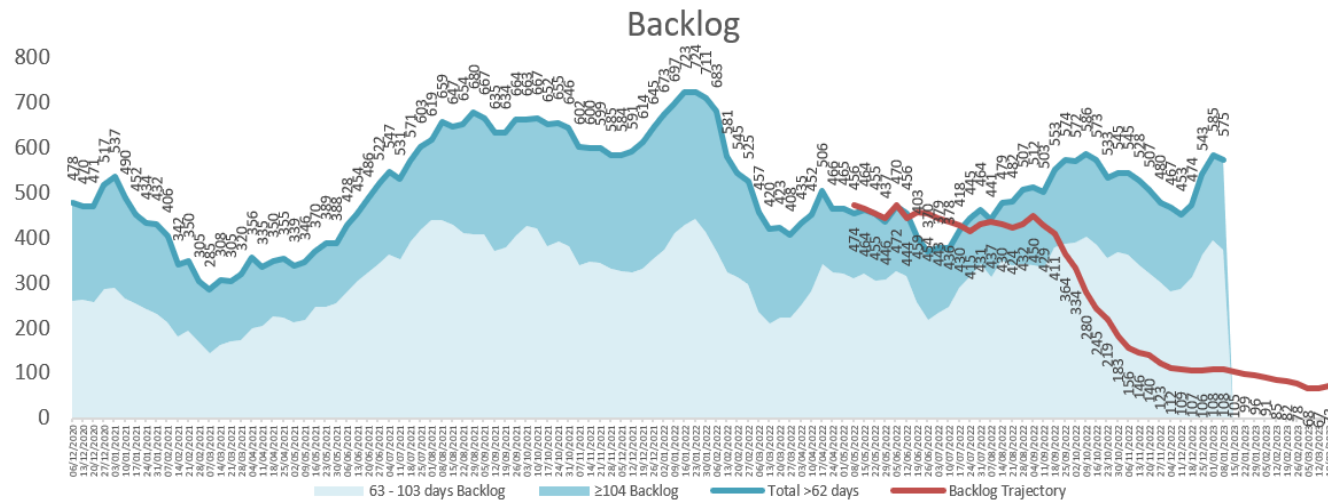
CANCER																																																		
Description	Current Performance	Trend																																																
USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early January 2023 figures show total wait volumes for first outpatient appointment have decreased by 25% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 72% have been booked, which is an improvement on previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – January 2023</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th><th>01-Jan</th><th>08-Jan</th></tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>2</td><td>0</td></tr> <tr><td>Breast</td><td>1</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>0</td><td>0</td></tr> <tr><td>Gynaecological</td><td>154</td><td>76</td></tr> <tr><td>Haematological</td><td>12</td><td>2</td></tr> <tr><td>Head and Neck</td><td>97</td><td>81</td></tr> <tr><td>Lower GI</td><td>52</td><td>57</td></tr> <tr><td>Lung</td><td>14</td><td>8</td></tr> <tr><td>Other</td><td>44</td><td>61</td></tr> <tr><td>Sarcoma</td><td>0</td><td>0</td></tr> <tr><td>Skin</td><td>136</td><td>88</td></tr> <tr><td>Upper GI</td><td>44</td><td>41</td></tr> <tr><td>Urological</td><td>17</td><td>17</td></tr> <tr><td></td><td>573</td><td>431</td></tr> </tbody> </table>	FIRST OPA	01-Jan	08-Jan	Acute Leukaemia	0	0	Brain/CNS	2	0	Breast	1	0	Children's Cancer	0	0	Gynaecological	154	76	Haematological	12	2	Head and Neck	97	81	Lower GI	52	57	Lung	14	8	Other	44	61	Sarcoma	0	0	Skin	136	88	Upper GI	44	41	Urological	17	17		573	431
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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>Nov-22</th></tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>26%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>83%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>37%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>70%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>83%</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>85%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	Nov-22	Scheduled (14 Day Target)	80%	26%	Scheduled (21 Day Target)	100%	83%	Urgent SC (2 Day Target)	80%	37%	Urgent SC (7 Day Target)	100%	70%	Emergency (within 1 day)	80%	83%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	85%	Elective Delay (14 Day Target)	100%	100%	<p>Radiotherapy waiting times</p>																					
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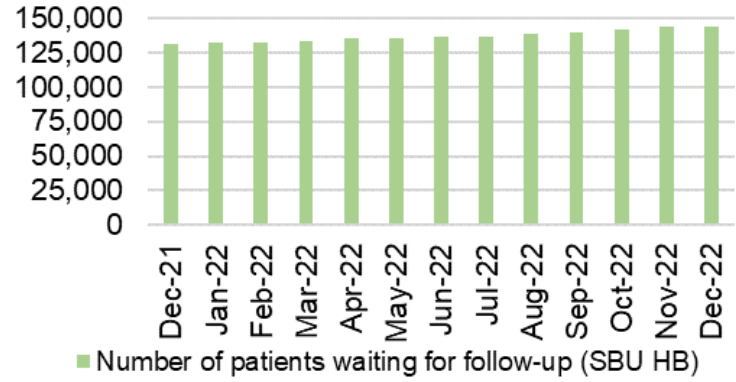
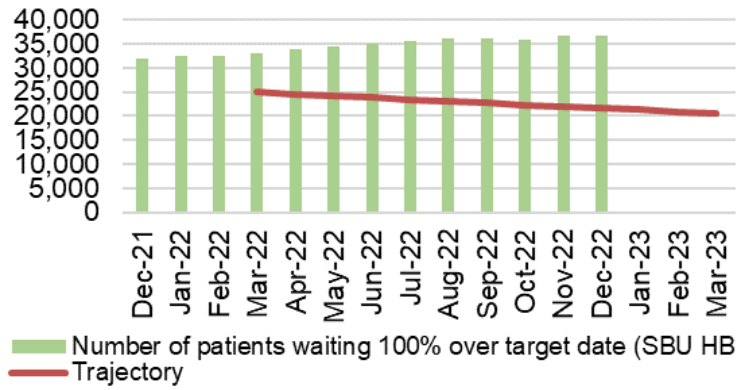
Cancer Services – Performance Escalation Updates

1.SCP performance trajectory



Proposed backlog improvements to support SCP performance













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 December 2022, the overall size of the follow-up waiting list increased marginally by 19 patients compared with November 2022 (from 143,899 to 143,916).</p> <p>In December 2022, there was a total of 62,504 patients waiting for a follow-up past their target date. This is a slight in-month reduction of 0.01% (from 62,512 in November 2022 to 62,504).</p> <p>Of the 62,504 delayed follow-ups in December 2022, 10,259 had appointment dates and 52,245 were still waiting for an appointment.</p> <p>In addition, 36,761 patients were waiting 100%+ over target date in December 2022. This is a 0.02% reduction when compared with November 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 December 2022 was 89% and 3,569 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 2,071 surveys in December 2022, with a recommended score of 92%. Morrison Hospital completed 1,355 surveys in December 2022, with a recommended score of 84%. Primary & Community Care completed 143 surveys for December 2022, with a recommended score of 94%. The Mental Health Service Group completed 14 surveys for December 2022, 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> <		

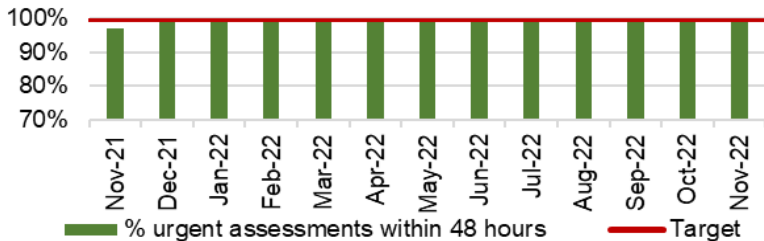
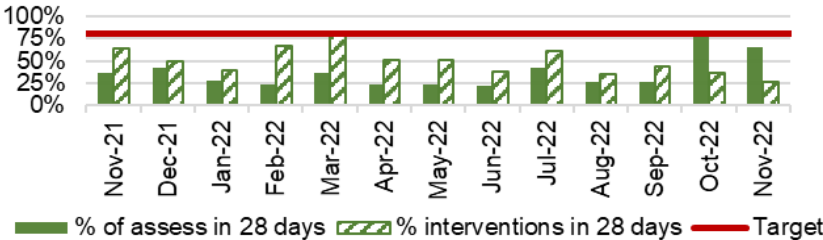
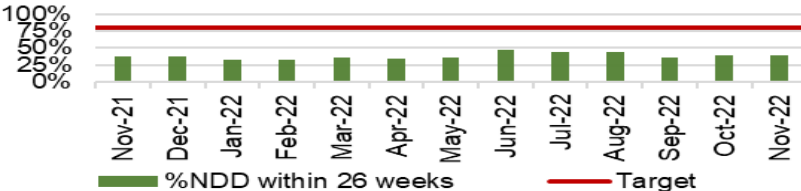
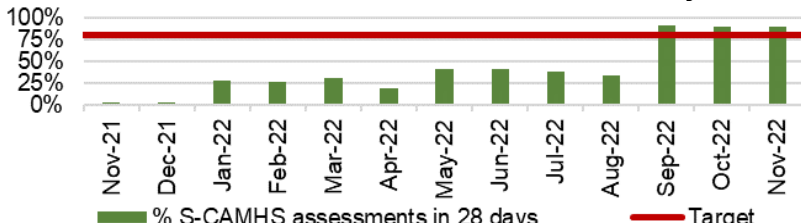
6.1 Overview

		Harm from wider societal actions/lockdown															
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
		Childhood immunisations															
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		97.0%	96.2%		94.0%			94.8%						
	Swansea				95.5%	95.7%		95.5%			95.0%						
	HB Total				96.1%	95.9%		94.9%			94.9%						
% children who received MenB2 vaccine by age 1	NPT	95%	90%		96.7%	96.5%		94.0%			96.1%						
	Swansea				95.1%	95.3%		93.6%			94.6%						
	HB Total				95.7%	95.8%		93.7%			95.2%						
% children who received PCV2 vaccine by age 1	NPT	95%	90%		98.7%	97.4%		95.3%			97.7%						
	Swansea				96.3%	97.0%		95.8%			96.5%						
	HB Total				97.2%	97.2%		95.7%			96.9%						
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		96.3%	95.8%		93.0%			94.2%						
	Swansea				94.1%	94.6%		93.4%			91.5%						
	HB Total				94.9%	95.1%		93.2%			92.5%						
% children who received MMR1 vaccine by age 2	NPT	95%	90%		95.2%	94.5%		92.8%			96.4%						
	Swansea				93.0%	93.6%		93.8%			93.0%						
	HB Total				93.8%	93.9%		93.4%			94.3%						
% children who received PCV3 vaccine by age 2	NPT	95%	90%		94.6%	93.9%		93.1%			95.5%						
	Swansea				93.3%	92.6%		92.4%			93.0%						
	HB Total				93.8%	93.1%		92.7%			94.0%						
% children who received MenB4 vaccine by age 2	NPT	95%	90%		94.9%	94.2%		92.8%			96.4%						
	Swansea				93.3%	92.8%		92.6%			92.3%						
	HB Total				93.9%	93.3%		92.7%			93.9%						
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		94.3%	93.6%		92.8%			95.2%						
	Swansea				92.3%	93.2%		92.6%			92.3%						
	HB Total				93.0%	93.3%		92.7%			93.4%						

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
% children who are up to date in schedule by age 4	NPT	95%	90%		82.2%		85.9%			84.3%			85.3%				
	Swansea			85.6%		86.4%			87.5%			84.8%					
	HB Total			86.8%		86.2%			86.4%			85.0%					
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		91.6%		88.4%			90.7%			90.7%				
	Swansea			90.9%		87.8%			89.4%			89.3%					
	HB Total			91.2%		88.0%			89.9%			89.8%					
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		92.4%		90.1%			90.9%			91.0%				
	Swansea			90.1%		88.7%			89.9%			89.9%					
	HB Total			91.0%		89.2%			90.3%			90.3%					
% children who received MMR vaccination by age 16	NPT	95%	90%		93.3%		92.6%			95.9%			92.3%				
	Swansea			91.1%		90.1%			94.0%			91.4%					
	HB Total			92.0%		91.0%			94.7%			91.7%					
% children who received teenage booster by age 16	NPT	90%	85%		87.9%		89.3%			88.6%			91.6%				
	Swansea			91.0%		89.2%			90.0%			90.5%					
	HB Total			89.8%		89.2%			89.4%			90.9%					
% children who received MenACWY vaccine by age 16	NPT	Improve			88.1%		89.8%			88.3%			92.1%				
	Swansea		91.3%		90.1%			90.1%			90.9%						
	HB Total		90.0%		90.0%			89.4%			91.4%						
% 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%			22%	28%	27%	29%	18%	40%	33%	38%	34%	91%	91%	89%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			43%	28%	24%	36%	23%	23%	22%	42%	27%	27%	83%	65%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			2%	27%	26%	30%	19%	41%	41%	38%	34%	91%	90%	89%	
% 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%	95%	99%	96%	97%	98%	96%	94%	97%	93%	95%	98%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			50%	39%	67%	78%	51%	51%	38%	61%	35%	43%	36%	27%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			100%	99%	100%	98%	96%	97%	100%	100%	100%	98%	100%	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%	100%	97%	96%	93%	93%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			37%	33%	33%	35%	35%	36%	47%	44%	44%	36%	40%	39%	
% 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%			84%	89%	88%	100%	87%	97%	100%	100%	100%	87%	87%	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%			80%	81%	85%	89%	88%	89%	89%	89%	90%	89%	90%	91%	

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 November 2022, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In November 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. 91% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in November 2022.</p> <p>4. In November 2022, 93% 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"> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>98%</td><td>95%</td></tr> <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> </tbody> </table> <p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>98%</td><td>95%</td></tr> <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> </tbody> </table> <p>3. % residents with a valid Care and Treatment Plan (CTP)</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% patients with valid CTP (>18 yrs)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>91%</td><td>91%</td></tr> <tr><td>Dec-21</td><td>91%</td><td>91%</td></tr> <tr><td>Jan-22</td><td>91%</td><td>91%</td></tr> <tr><td>Feb-22</td><td>91%</td><td>91%</td></tr> <tr><td>Mar-22</td><td>91%</td><td>91%</td></tr> <tr><td>Apr-22</td><td>91%</td><td>91%</td></tr> <tr><td>May-22</td><td>91%</td><td>91%</td></tr> <tr><td>Jun-22</td><td>91%</td><td>91%</td></tr> <tr><td>Jul-22</td><td>91%</td><td>91%</td></tr> <tr><td>Aug-22</td><td>91%</td><td>91%</td></tr> <tr><td>Sep-22</td><td>91%</td><td>91%</td></tr> <tr><td>Oct-22</td><td>91%</td><td>91%</td></tr> <tr><td>Nov-22</td><td>91%</td><td>91%</td></tr> </tbody> </table> <p>4. % waiting less than 26 weeks for Psychology Therapy</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>93%</td><td>95%</td></tr> <tr><td>Dec-21</td><td>93%</td><td>95%</td></tr> <tr><td>Jan-22</td><td>93%</td><td>95%</td></tr> <tr><td>Feb-22</td><td>93%</td><td>95%</td></tr> <tr><td>Mar-22</td><td>93%</td><td>95%</td></tr> <tr><td>Apr-22</td><td>93%</td><td>95%</td></tr> <tr><td>May-22</td><td>93%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>93%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>93%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>93%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>93%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>93%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>93%</td><td>95%</td></tr> </tbody> </table>	Month	% assessments within 28 days (>18 yrs)	Target	Nov-21	98%	95%	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%	Month	% therapeutic interventions started within 28 days (>18 yrs)	Target	Nov-21	98%	95%	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%	Month	% patients with valid CTP (>18 yrs)	Profile	Nov-21	91%	91%	Dec-21	91%	91%	Jan-22	91%	91%	Feb-22	91%	91%	Mar-22	91%	91%	Apr-22	91%	91%	May-22	91%	91%	Jun-22	91%	91%	Jul-22	91%	91%	Aug-22	91%	91%	Sep-22	91%	91%	Oct-22	91%	91%	Nov-22	91%	91%	Month	% waiting less than 26 wks for psychological therapy	Target	Nov-21	93%	95%	Dec-21	93%	95%	Jan-22	93%	95%	Feb-22	93%	95%	Mar-22	93%	95%	Apr-22	93%	95%	May-22	93%	95%	Jun-22	93%	95%	Jul-22	93%	95%	Aug-22	93%	95%	Sep-22	93%	95%	Oct-22	93%	95%	Nov-22	93%	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 November 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>Nov-21</td><td>100%</td><td>100%</td></tr><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></tbody></table>	Month	% urgent assessments within 48 hours	Target	Nov-21	100%	100%	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%														
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2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 89% of routine assessments were undertaken within 28 days from referral in November 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>Nov-21</td><td>30%</td><td>65%</td><td>100%</td></tr><tr><td>Dec-21</td><td>40%</td><td>45%</td><td>100%</td></tr><tr><td>Jan-22</td><td>25%</td><td>35%</td><td>100%</td></tr><tr><td>Feb-22</td><td>20%</td><td>65%</td><td>100%</td></tr><tr><td>Mar-22</td><td>30%</td><td>75%</td><td>100%</td></tr><tr><td>Apr-22</td><td>20%</td><td>45%</td><td>100%</td></tr><tr><td>May-22</td><td>20%</td><td>45%</td><td>100%</td></tr><tr><td>Jun-22</td><td>20%</td><td>35%</td><td>100%</td></tr><tr><td>Jul-22</td><td>40%</td><td>65%</td><td>100%</td></tr><tr><td>Aug-22</td><td>25%</td><td>35%</td><td>100%</td></tr><tr><td>Sep-22</td><td>20%</td><td>45%</td><td>100%</td></tr><tr><td>Oct-22</td><td>75%</td><td>35%</td><td>100%</td></tr><tr><td>Nov-22</td><td>65%</td><td>25%</td><td>100%</td></tr></tbody></table>	Month	% of assess in 28 days	% interventions in 28 days	Target	Nov-21	30%	65%	100%	Dec-21	40%	45%	100%	Jan-22	25%	35%	100%	Feb-22	20%	65%	100%	Mar-22	30%	75%	100%	Apr-22	20%	45%	100%	May-22	20%	45%	100%	Jun-22	20%	35%	100%	Jul-22	40%	65%	100%	Aug-22	25%	35%	100%	Sep-22	20%	45%	100%	Oct-22	75%	35%	100%	Nov-22	65%	25%	100%
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3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 27% of therapeutic interventions were started within 28 days following assessment by LPMHSS in November 2022.																																																									
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 39% of NDD patients received a diagnostic assessment within 26 weeks in November 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>Nov-21</td><td>39%</td><td>80%</td></tr><tr><td>Dec-21</td><td>39%</td><td>80%</td></tr><tr><td>Jan-22</td><td>39%</td><td>80%</td></tr><tr><td>Feb-22</td><td>39%</td><td>80%</td></tr><tr><td>Mar-22</td><td>39%</td><td>80%</td></tr><tr><td>Apr-22</td><td>39%</td><td>80%</td></tr><tr><td>May-22</td><td>39%</td><td>80%</td></tr><tr><td>Jun-22</td><td>39%</td><td>80%</td></tr><tr><td>Jul-22</td><td>39%</td><td>80%</td></tr><tr><td>Aug-22</td><td>39%</td><td>80%</td></tr><tr><td>Sep-22</td><td>39%</td><td>80%</td></tr><tr><td>Oct-22</td><td>39%</td><td>80%</td></tr><tr><td>Nov-22</td><td>39%</td><td>80%</td></tr></tbody></table>	Month	%NDD within 26 weeks	Target	Nov-21	39%	80%	Dec-21	39%	80%	Jan-22	39%	80%	Feb-22	39%	80%	Mar-22	39%	80%	Apr-22	39%	80%	May-22	39%	80%	Jun-22	39%	80%	Jul-22	39%	80%	Aug-22	39%	80%	Sep-22	39%	80%	Oct-22	39%	80%	Nov-22	39%	80%														
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 89% of routine assessments by SCAMHS were undertaken within 28 days in November 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>Nov-21</td><td>89%</td><td>100%</td></tr><tr><td>Dec-21</td><td>89%</td><td>100%</td></tr><tr><td>Jan-22</td><td>89%</td><td>100%</td></tr><tr><td>Feb-22</td><td>89%</td><td>100%</td></tr><tr><td>Mar-22</td><td>89%</td><td>100%</td></tr><tr><td>Apr-22</td><td>89%</td><td>100%</td></tr><tr><td>May-22</td><td>89%</td><td>100%</td></tr><tr><td>Jun-22</td><td>89%</td><td>100%</td></tr><tr><td>Jul-22</td><td>89%</td><td>100%</td></tr><tr><td>Aug-22</td><td>89%</td><td>100%</td></tr><tr><td>Sep-22</td><td>89%</td><td>100%</td></tr><tr><td>Oct-22</td><td>89%</td><td>100%</td></tr><tr><td>Nov-22</td><td>89%</td><td>100%</td></tr></tbody></table>	Month	% S-CAMHS assessments in 28 days	Target	Nov-21	89%	100%	Dec-21	89%	100%	Jan-22	89%	100%	Feb-22	89%	100%	Mar-22	89%	100%	Apr-22	89%	100%	May-22	89%	100%	Jun-22	89%	100%	Jul-22	89%	100%	Aug-22	89%	100%	Sep-22	89%	100%	Oct-22	89%	100%	Nov-22	89%	100%														
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APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 rela	Number of new COVID19 cases*	Local			Dec-22						395
	Number of staff referred for Antigen Testing*	Local			Dec-22						127
	Number of staff awaiting results of COVID19 test*	Local			Dec-22						0
	Number of COVID19 related incidents*	Local			Dec-22						61
	Number of COVID19 related serious incidents*	Local			Dec-22						0
	Number of COVID19 related complaints*	Local			Dec-22						0
	Number of COVID19 related risks*	Local			Dec-22						0
	Number of staff self isolated (asymptomatic)*	Local			Dec-22						0
	Number of staff self isolated (symptomatic)*	Local			Dec-22						144
	% sickness*	Local			Dec-22						1.1%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Dec-22	592		22			614
	% 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%		Dec-22	45.7%	98.8%				63%
	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		Dec-22	1,632	0				1,632
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Dec-22	6%					6%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Dec-22	31%					31%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Dec-22	94%					94%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Dec-22	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Dec-22	34%					34%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	21	Dec-22	2	0	6	14	0	22
	Number of S.aureus bacteraemia cases	National		5	Dec-22	8	0	2	3	0	13
	Number of C.difficile cases	National		8	Dec-22	6	0	2	6	0	14
	Number of Klebsiella cases	National		6	Dec-22	3	0	2	3	0	8
	Number of Aeruginosa cases	National		2	Dec-22	0	0	1	2	0	3
	Compliance with hand hygiene audits	Local	95%		Dec-22	100%	95%	100%	95%	95%	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%		Nov-22	94.0%					94.0%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Nov-22	24.6%					24.6%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Nov-22	73.0%					73.0%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Nov-22	75.5%					75.5%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Nov-22	76.2%					76.2%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Nov-22	69.9%					69.9%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-21	7.5%					7.5%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		Dec-22	2	0	0	4	2	8
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Dec-22						85%
	Number of Never Events	Local	0		Dec-22	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Oct-22	50	0	18	46	0	114
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Oct-22	6	0	1	7	0	14
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Oct-22						797
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Dec-22	94	22	40	6	22	184
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Nov-22						4.38
Mortality	Crude hospital mortality rate by Delivery Unit (74 years and over)	National	12 month reduction trend		Nov-22	1.35%	0.05%	0.38%			0.75%

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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%		Dec-22 (Draft)						36%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Dec-22	15,379	1	4,793	1		20,174
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Dec-22	23,631	1	9,030	0		33,321
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Dec-22	2,366		4,241			6,607
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Dec-22		152		375	0	527
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Dec-22						143,916
	Number of patients delayed by over 100% past their target date	National	0		Dec-22						36,761
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Dec-22						62,504
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Dec-22						368
	Number of patients without a documented clinical review date	Local	0		Dec-22						1
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Nov-22	1,355	Now reported under Singleton	2,071	143	14	1,355
	% of patients who would recommend and highly recommend	Local	90%	80%	Nov-22	84%		92%	94%	100%	89%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Nov-22	88%		95%	97%		92%
	Number of new complaints received	Local	12 month reduction trend		Sep-22	63	3	35	21	6	140
	% 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%	Sep-22	83%	33%	67%	67%	50%	71%

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Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	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%		Nov-22						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Nov-22						89%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Nov-22						65%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Nov-22						89%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Nov-22					98%	98%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Nov-22						27%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Nov-22					98%	98%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Nov-22					93%	93%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Nov-22						39%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Nov-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%		Nov-22					91%	91%

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

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
COVID19 related measures	Number of new COVID19 cases	Local	Dec-22	395		Reduce					18,167	15,433	4,209	4,749	835	286	372	600	217	218	171	171	395	
	Number of staff referred for Antigen Testing	Local	Dec-22	18,108		Reduce					15,756	16,447	16,647	16,756	17,158	17,315	17,579	17,878	17,916	17,926	17,934	17,981	18,108	
	Number of staff awaiting results of COVID19 test	Local	Dec-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of COVID19 related incidents	Local	Dec-22	61		Reduce					54	59	55	57	83	39	52	91	46	84	61	51	61	
	Number of COVID19 related serious incidents	Local	Dec-22	0		Reduce					1	0	1	0	0	0	0	0	0	1	0	0	0	
	Number of COVID19 related complaints	Local	Dec-22	0		Reduce					20	4	4	10	6	0	4	5	6	11	3	3	0	
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Dec-22	0		Reduce						126	87	43	87	42	29	28	26	8	5	1	0	0
	Number of staff self isolated (symptomatic)	Local	Dec-22	144		Reduce						393	309	204	326	270	125	287	272	121	100	121	124	144
% sickness	Local	Dec-22	1.1%		Reduce						3.9%	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	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Dec-22	41%	65%	65%	✗	48.0% (Nov-22)	3rd (Nov-22)		46%	51%	54%	48%	53%	56%	57%	56%	55%	49%	50%	46%	41%	
	Number of ambulance handovers over one hour	National	Dec-22	614	0			6,447 (Nov-22)	2nd (Nov-22)		612	735	678	687	671	538	578	659	705	732	739	744	614	
	Handover hours lost over 15 minutes	Local	Dec-22	4289							2,527	3,390	3,110	3,023	3,286	1,892	2,920	2,976	3,870	4,378	4,599	4,456	4,289	
	% 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	Dec-22	63%	95%			66.6% (Nov-22)	3rd (Nov-22)		70%	73%	72%	71%	73%	74%	72%	69%	70%	73%	71%	70%	63%	
	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	Dec-22	1632	0			11,030 (Nov-22)	4th (Nov-22)		1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632	
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						68.8%	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 ↑			69% (Sep-22)	1st (Sep-22)		88.0%	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	Dec-22	6%	54.0%						16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	
	CT Scan (<1 hrs) (local)	Local	Dec-22	31%							35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Dec-22	94%							97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	
	Thrombolysis door to needle <= 45 mins	Local	Dec-22	0%							10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	
	% stroke patients who receive mechanical thrombectomy	National	Dec-22	0%	10%			1.4% (Oct-22)	4th (Oct-22)		0.0%	1.9%	0.0%	1.7%	1.8%	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Dec-22	34%	12 month ↑			45.2% (Oct-22)	4th (Oct-22)		45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	
DTOCs	Number of mental health HB DToCs	National	Mar-20	13	12 month ↓	27	✓				DTOC reporting temporarily suspended													
	Number of non-mental health HB DToCs	National	Mar-20	60	12 month ↓	50	✗				DTOC reporting temporarily suspended													
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Dec-22	85.0%	90%	80%					0%	25%	0%	33%	25%	100%	33%	-	0%	-	75%	73%	85%	
	Number of new Never Events	National	Dec-22	0	0	0	✓				0	0	2	0	0	1	0	1	0	0	0	1	0	
	Number of risks with a score greater than 20	Local		122	129	127	140	140	134	132	128	131	133	134	136	137								
	Number of risks with a score greater than 16	Local		241	249	253	271	276	266	264	259	269	270	268	278	280								

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	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Dec-22	69.6	<67		✗	69.42 (Nov-22)	3rd (Nov-22)		77.1	73.8	74.6	73.7	96.5	79.6	70.8	68.9	74.5	70.4	69.4	70.0	69.6
	Number of E.Coli bacteraemia cases (Hospital)		Dec-22	8							5	7	9	4	13	8	5	3	11	7	12	11	8
	Number of E.Coli bacteraemia cases (Community)			14							12	8	17	17	18	13	12	18	21	8	10	12	14
	Total number of E.Coli bacteraemia cases			22							17	15	26	21	31	21	17	21	32	15	22	23	22
	Cumulative cases of S.aureus bacteraemias per 100k pop		Dec-22	39.4	<20		✗	27.80 (Nov-22)	6th (Nov-22)		36.0	36.3	35.8	35.6	43.6	50.5	41.0	39.8	38.4	39.3	41.0	39.0	39.4
	Number of S.aureus bacteraemias cases (Hospital)		Dec-22	10							5	2	7	7	6	9	7	6	5	8	13	3	10
	Number of S.aureus bacteraemias cases (Community)			3							4	11	3	4	7	9	2	6	6	5	4	5	3
	Total number of S.aureus bacteraemias cases			13							9	13	10	11	13	18	9	12	11	13	17	8	13
	Cumulative cases of C.difficile per 100k pop		Dec-22	49.6	<25		✗	37.52 (Nov-22)	5th (Nov-22)		51.3	50.3	49.8	50.1	40.5	36.7	41.0	42.9	47.6	46.9	48.9	50.9	49.6
	Number of C.difficile cases (Hospital)		Dec-22	8							11	11	8	12	11	7	7	10	16	11	15	10	8
	Number of C.difficile cases (Community)			6							1	3	5	6	2	4	9	6	6	3	5	11	6
	Total number of C.difficile cases			14							12	14	13	18	13	11	16	16	22	14	20	21	14
	Cumulative cases of Klebsiella per 100k pop		Dec-22	26.1							26.5	25.3	24.3	24.0	18.7	21.4	22.6	24.5	25.0	25.5	24.9	26.0	26.1
	Number of Klebsiella cases (Hospital)		Dec-22	5							6	5	3	4	4	7	6	4	4	1	3	6	5
	Number of Klebsiella cases (Community)			3							3	0	1	3	2	1	2	7	4	9	4	5	3
	Total number of Klebsiella cases			8				70 Total (Nov-22)	Joint 1st (Nov-22)		9	5	4	7	6	8	8	11	8	10	7	11	8
	Cumulative cases of Aeruginosa per 100k pop		Dec-22	11.5							6.1	5.8	6.2	6.1	6.2	6.1	8.2	9.2	9.2	10.2	11.3	11.9	11.5
	Number of Aeruginosa cases (Hospital)		Dec-22	1							3	1	2	0	1	1	3	2	3	4	3	5	1
	Number of Aeruginosa cases (Community)			2							1	0	1	2	1	1	1	2	0	1	3	0	2
	Total number of Aeruginosa cases			3				20 Total (Nov-22)	4th (Nov-22)		4	1	3	2	2	2	4	4	3	5	6	5	3
Pressure Ulcers	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Dec-22	95.2%		95%	✓				96%	95%	96%	93%	96%	96%	98%	96%	90%	97%	96%	96%	95%
	Number of pressure ulcers acquired in hospital	Local	Nov-22	69		12 month ↓	✗				56	65	53	49	45	58	53	58	54	39	59	69	
	Number of pressure ulcers developed in the community		Nov-22	45		12 month ↓	✗				55	27	38	56	33	39	32	27	50	40	44	45	
	Total number of pressure ulcers			114		12 month ↓	✗				111	92	91	105	78	97	85	85	104	79	103	114	
	Number of grade 3+ pressure ulcers acquired in hospital			7		12 month ↓	✓				4	9	6	5	3	2	3	5	3	0	1	7	
	Number of grade 3+ pressure ulcers acquired in community		Nov-22	7		12 month ↓	✓				14	1	15	11	2	10	12	2	11	6	2	7	
	Total number of grade 3+ pressure ulcers		Nov-22	14		12 month ↓	✓				18	10	21	16	5	12	15	7	14	6	3	14	
Inpatient Falls	Number of Inpatient Falls	Local	Dec-22	184		12 month ↓	✓				208	196	199	209	190	182	172	174	216	175	184	178	184
Mortality	Crude hospital mortality rate (74 years of age or less)	National	Nov-22	0.75%	12 month ↓						0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	0.83%	0.83%	0.81%	0.78%	0.75%	
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Dec-22	97%		98%	✗				89.1%	93.4%	92.3%	96.9%	95.7%	93.9%	93.7%	90.5%	86.2%	87.6%	87.5%	88.2%	97.2%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Nov-22	67%	95%	95%	✗				84%	86%	95%	81%	44%	68%	81%	82%	77%	81%	84%	67%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Dec-22	62%		100%	✗				62%	61%	65%	63%	60%	66%	64%	63%	69%	70%	66%	71%	62%
Workforce	Agency spend as a % of the total pay bill	National	Jan-22	6.41%	12 month ↓			5.4% (Aug-22)	8th out of 12 organisations (Aug-22)		5.7%	5.7%	6.2%	6.6%	4.9%	6.3%	6.2%	6.7%	6.4%	4.9%	6.5%	6.4%	
	% of headcount by organisation who have had a PADO/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Dec-22	68%	85%	85%	✗	60.7% (Aug-22)	9th out of 12 organisations (Aug-22)		57%	56%	56%	56%	56%	56%	55%	58%	61%	64%	67%	68%	68%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Dec-22	84%	85%	85%	✗	81.2% (Aug-22)	9th out of 12 organisations (Aug-22)		80%	80%	80%	80%	80%	80%	80%	81%	81%	82%	83%	84%	84%
	% workforce sickness absence (12 month rolling)	National	Nov-22	7.99%	12 month ↓			7.22% (Aug-22)	11th out of 12 organisations (Aug-22)		7.33%	7.43%	7.58%	7.82%	8.11%	8.20%	8.29%	8.46%	8.44%	8.25%	8.08%	7.99%	

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	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Dec-22	10.9%	4 quarter ↓						11.1%	10.8%	10.7%	11.1%	9.8%	10.9%	11.5%	10.4%	10.0%	10.0%	9.6%	9.9%	10.9%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Dec-22	35.5%	12 month ↑			52.2% (Oct-22)	4th out of 6 organisations (Oct-22)		53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	35.5%
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Dec-22	26%	80%		✗				12%	5%	14%	13%	14%	5%	18%	2%	10%	5%	18%	19%	26%
	Scheduled (21 Day Target)	Local	Dec-22	83%	100%		✗				37%	48%	51%	70%	63%	36%	51%	29%	35%	34%	65%	82%	83%
	Urgent SC (2 Day Target)	Local	Dec-22	37%	80%		✗				12%	23%	27%	9%	27%	13%	22%	18%	11%	31%	33%	17%	37%
	Urgent SC (7 Day Target)	Local	Dec-22	70%	100%		✗				37%	57%	60%	57%	62%	44%	43%	64%	48%	54%	70%	77%	70%
	Emergency (within 1 day)	Local	Dec-22	83%	80%		✓				67%	60%	92%	62%	83%	83%	82%	58%	65%	100%	70%	100%	83%
	Emergency (within 2 days)	Local	Dec-22	100%	100%		✓				100%	100%	100%	85%	100%	100%	88%	92%	90%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Dec-22	85%	80%		✓				72%	66%	73%	66%	82%	80%	68%	66%	91%	70%	81%	91%	85%
	Elective Delay (14 Day Target)	Local	Dec-22	100%	100%		✓				92%	78%	80%	71%	93%	91%	79%	70%	98%	79%	91%	100%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Dec-22	4,289	0%			15,746 (Oct-22)	7th (Oct-22)		3,144	3,543	3,898	4,191	4,398	4,564	4,449	4,407	4,257	4,205	4,170	4,136	4,289
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Dec-22	6,607	0			42,829 (Aug-22)	4th (Oct-22)		6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607
	Number of patients waiting > 14 weeks for a specified therapy	National	Dec-22	527	0			11,152 (Oct-22)	3rd (Oct-22)		885	1,028	926	820	679	614	609	714	682	755	707	441	527
	% of patients waiting < 26 weeks for treatment	National	Dec-22	54%	95%			55.6% (Oct-22)	6th (Oct-22)		50.5%	50.4%	50.1%	50.7%	50.4%	50.4%	50.8%	51.8%	52.0%	52.1%	53.5%	54.4%	54.2%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Dec-22	20,174	0						25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174
	Number of patients waiting > 52 weeks for outpatient appointment	National	Dec-22	7,779	0			102,662 (Aug-22)	4th (Aug-22)		12,406	12,391	12,337	12,593	13,275	14,071	14,951	15,232	15,122	13,980	12,352	9,774	7,779
	Number of patients waiting > 36 weeks for treatment	National	Dec-22	33,321	0			253,988 (Oct-22)	4th (Oct-22)		37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321
	Number of patients waiting > 104 weeks for treatment	National	Dec-22	8,066	0			54,491 (Oct-22)	5th (Oct-22)		10,669	11,859	13,104	13,587	13,083	12,670	12,064	11,400	10,960	10,623	10,090	9,048	8,066
	The number of patients waiting for a follow-up outpatient appointment	National	Dec-22	143,916	HB target TBC						131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899	143,916
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Dec-22	36,761				214,884 (Oct-22)	5th (Oct-22)		31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	36,761
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Dec-22	70%	95%			63.7% (Oct-22)	3rd (Oct-22)		61.2%	59.8%	58.5%	59.4%	60.8%	63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	67.1%	69.9%
DNAs	% of patients who did not attend a new outpatient appointment	Local	Dec-22	11.1%	12 month ↓						6.8%	7.0%	6.4%	6.8%	7.8%	7.5%	8.2%	8.2%	8.0%	7.8%	8.3%	9.5%	11.1%
	% of patients who did not attend a follow-up outpatient appointment	Local	Dec-22	8.7%	12 month ↓						6.3%	6.4%	6.2%	6.2%	7.8%	7.3%	7.8%	7.7%	7.6%	7.8%	7.7%	8.5%	8.7%
Theatre Efficiencies	Theatre Utilisation rates	Local	Dec-22	59.0%		90%	✗				62%	74%	71%	72%	71%	78%	81%	72%	59%	71%	77%	74%	59%
	% of theatre sessions starting late	Local	Dec-22	39.0%		<25%	✗				40%	43%	43%	39%	39%	46%	43%	40%	36%	37%	40%	35%	39%
	% of theatre sessions finishing early	Local	Dec-22	46.0%		<20%	✗				48%	48%	43%	45%	47%	43%	43%	46%	43%	48%	45%	44%	46%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSC appraisals	National	Q3 21/22	99.1%	100%	100%	✗	98.8% (Q3 21/22)	3rd out of 6 organisations (Q3 21/22)		99.1%												
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q1 22/23	280.1	4 quarter ↓			26.9 (Q1 22/23)	6th (Q1 22/23)		324.7			279.2			280.1						
	Patients aged 65 years or over prescribed an antipsychotic	National	Q1 22/23	1,439	Quarter on quarter ↓			10,201 (Q1 22/23)	5th (Q4 21/22)		1,466			1,451			1,439						
	Opioid average daily quantities per 1,000 patients	National	Q1 22/23	4,289	4 quarter ↓			4348.2 (Q1 22/23)	3rd (Q1 22/23)		4,472			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)		82.1%												
Patient experience	Number of friends and family surveys completed	Local	Dec-22	3,569		12 month ↑	✓				2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569
	% of who would recommend and highly recommend	Local	Dec-22	89%		90%	✗				93%	92%	90%	90%	89%	90%	88%	89%	89%	88%	90%	91%	89%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Dec-22	92%		90%	✓				96%	93%	91%	91%	89%	91%	91%	90%	93%	92%	93%	91%	92%
Complaints	Number of new formal complaints received	Local	Oct-22	140		12 month trend ↓	✓				115	124	139	156	123	176	118	153	124	120	140		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Oct-22	71%	75%	80%	✗	67.2% (Q4 20/21)	3rd (Q4 20/21)		68%	63%	64%	65%	76%	69%	65%	64%	65%	71%	71%		
	% of acknowledgements sent within 2 working days	Local	Oct-22	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	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	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
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)		96.1%			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)		91.2%			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)		313.3			352.2			333.5						
	% of people who have been referred to health board services who have completed treatment for alcohol	National	Q2 22/23	61.9%	4 quarter ↑			68.6% (Q2 22/23)	6th (Q2 22/23)		63.6%			66.7%			43.6%			61.9%			
Influenza	% uptake of influenza among 65 year olds and over	National	Dec-22	74.4%	75%			78.0% (Mar-22)	3rd (Mar-22)		76.9%	78.2%	78.5%	78.5%	Data collection restarts October 2022						62.2%	72.4%	74.4%
	% uptake of influenza among under 65s in risk groups	National	Dec-22	40.4%	55%			48.2% (Mar-22)	4th (Mar-22)		44.9%	47.3%	48.6%	48.8%							30.2%	37.7%	40.4%
	% 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	Dec-22	37.9%	50%			47.6% (Mar-22)	5th (Mar-22)		41.5%	43.2%	44.8%	44.6%							23.6%	34.6%	37.9%
	% uptake of influenza among healthcare workers	National	Dec-22	40.9%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		52.7%	52.7%	53.6%	53.6%								34.4%	40.9%
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Nov-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	Nov-22	39%	80%	80%	✘	33.4% (Oct-22)	3rd (Oct-22)		37%	33%	33%	35%	35%	36%	47%	44%	44%	36%	40%	39%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Nov-22	89%	80%	80%	✔	91.7% (Oct-22)	4th (Oct-22)		22%	28%	27%	29%	18%	40%	33%	38%	34%	91%	91%	89%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Nov-22	65%		80%	✔	72.2% (Oct-22)	4th (Oct-22)		43%	28%	24%	36%	23%	23%	22%	42%	27%	27%	83%	65%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Nov-22	27%		80%	✘	42.0% (Oct-22)	5th (Oct-22)		50%	39%	67%	78%	51%	51%	38%	61%	35%	43%	36%	27%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Nov-22	89%		80%	✔				2%	27%	26%	30%	19%	41%	41%	38%	34%	91%	90%	89%	
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Nov-22	99%		90%		64.3% (Oct-22)	4th (Oct-22)		84%	89%	88%	100%	87%	97%	100%	100%	100%	87%	87%	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	Nov-22	98%	80%	80%	✔	88.2% (Oct-22)	2nd (Oct-22)		95%	95%	99%	96%	97%	98%	96%	94%	97%	93%	95%	98%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Nov-22	98%	80%	80%	✔	73.6% (Oct-22)	1st (Oct-22)		100%	99%	100%	98%	96%	97%	100%	100%	100%	98%	100%	98%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Nov-22	93%	95%	95%	✘	74.6% (Oct-22)	2nd (Oct-22)		100%	100%	100%	100%	100%	100%	100%	100%	97%	96%	93%	93%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Nov-22	91%	90%	90%	✔	83.8% (Oct-22)	2nd (Oct-22)		80%	81%	85%	89%	88%	89%	89%	89%	90%	89%	90%	91%	
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	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)														
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)														