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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	20th December 2022	Agenda Item	2.1
Report Title	Integrated Performance Report		
Report Author	Meghann Protheroe, Head of Health Board 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 period (November 2022) 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 Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The 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>The report format has been altered to align with key areas of focus within the Performance and Finance Committee</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 was the same as in October 2022, with 171 new cases being reported. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - ED attendances have decreased in November 2022 to 9,753 from 11,075 in October 2022. - Performance against the 4-hour access is currently below the outlined trajectory in November 2022. ED 4-hour performance has deteriorated by 0.2% in November 2022 to 70.41% from 70.56% in October 2022. - Performance against the 12-hour wait has improved in-month but it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,456 in November from 1,584 in October - 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 decreased in November 2022 to 4,200 from 4,274 in October 2022.

Planned Care

- November 2022 saw an 11% 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 5.3% to 34,207.
- We continue to outperform the trajectory for the number of patients waiting over 104 weeks for treatment, with 9,048 patients waiting at this point in November.
- In November, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 9,774 patients waiting at this stage.
- As a Health Board, we are outperforming the Ministerial Priority recovery trajectory for the number of patients waiting over 36 weeks for treatment and for the percentage of patients waiting less than 26 weeks for treatment.
- Therapy waiting times have improved, there are 441 patients waiting over 14 weeks in November 2022 compared with 707 in October 2022.
- The number of patients waiting over 8 weeks for an Endoscopy has slightly reduced in November 2022 to 4,113 from 4,163 in October 2022.

Cancer

- October 2022 saw 51% 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 reduced in November 2022 to 467 from 545 in October 2022.

Mental Health

- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in October 2022.
- In October 2022, 93.4% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

Child and Adolescent Mental Health Services (CAMHS)

	<ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% October 2022. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has improved slightly to 40% in October 2022 against a target of 80%. - 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. • NOTE the inclusion of updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework. • NOTE the implementation of the AMSR programme in December 2022. • NOTE: the review of admission avoidance and length of stay reduction plans and the impact on future Emergency Department performance • NOTE: the implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery • NOTE the inclusion of the submitted Ministerial Priority performance trajectories • NOTE the actions being taken to improve performance: - <ul style="list-style-type: none"> ○ HBSUK have started their focussed validation work, liaising specifically with services who have the longest waits. ○ Focussed work is currently being placed on Treat in Turn rates. ○ Currently in the process of reviewing and redesigning the outpatient booking system to support efficiency and reduce the prevalence of DNA's ○ As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity. ○ An additional 20 clinic rooms have been opened at Neath Port Talbot Hospital following the refurbishment of Ward G. Work is taking place to ensure this space is utilised to it's full capacity as soon as possible ○ Long-term recruitment plans are currently being implemented by the Health Board to support the sustainability of the Endoscopy service. ○ Work is ongoing to commission additional theatre sessions in the new financial year (2022-23) ○ Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework. 			

INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

In 2021/22, a Single Outcomes Framework for Health and Social Care was due to be published but was delayed due to the COVID19 pandemic. Welsh Government has confirmed that the Single Outcomes Framework will be developed for adoption in 2022/23.

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 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** the Health Board performance against key measures and targets.
- **NOTE** the inclusion of updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework.
- **NOTE** the implementation of the AMSR programme in December 2022.
- **ACTION:** the review of admission avoidance and length of stay reduction plans and the impact on future Emergency Department performance
- **ACTION:** the implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery
- **NOTE** the inclusion of the submitted Ministerial Priority performance trajectories
- **NOTE** the actions being taken to improve performance: -
 - HBSUK have started their focussed validation work, liaising specifically with services who have the longest waits.
 - Focussed work is currently being placed on Treat in Turn rates.
 - Currently in the process of reviewing and redesigning the outpatient booking system to support efficiency and reduce the prevalence of DNA's
 - As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity.
 - An additional 20 clinic rooms have been opened at Neath Port Talbot Hospital following the refurbishment of Ward G. Work is taking place to ensure this space is utilised to it's full capacity as soon as possible
 - Long-term recruitment plans are currently being implemented by the Health Board to support the sustainability of the Endoscopy service.
 - Work is ongoing to commission additional theatre sessions in the new financial year (2022-23)
 - Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.

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

Report History	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in November 2022. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report



Appendix 1- Integrated Performance Report December 2022



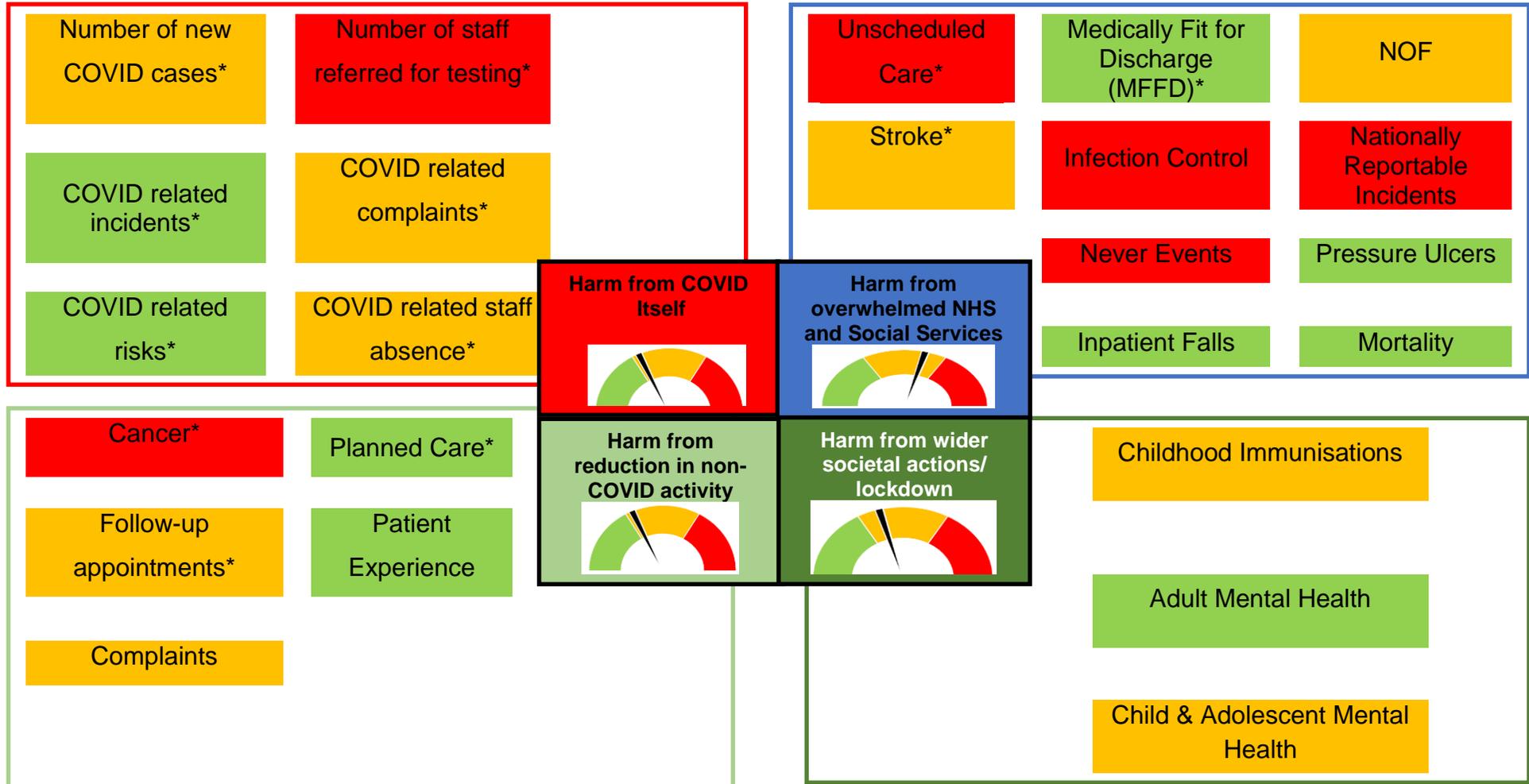
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1. QUADRANTS OF HARM SUMMARY

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



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

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

2. ESCALATED SERVICE UPDATE TRAJECTORIES

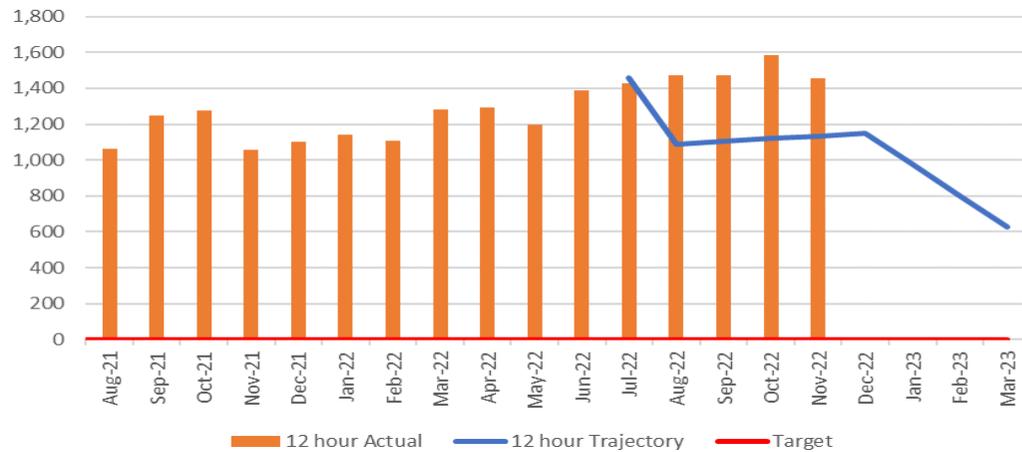
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4-hour access is slightly below target for November 2022. ED 4-hour performance has decreased by 0.2% in November 2022 to 70.41% from 70.56% in October 2022.

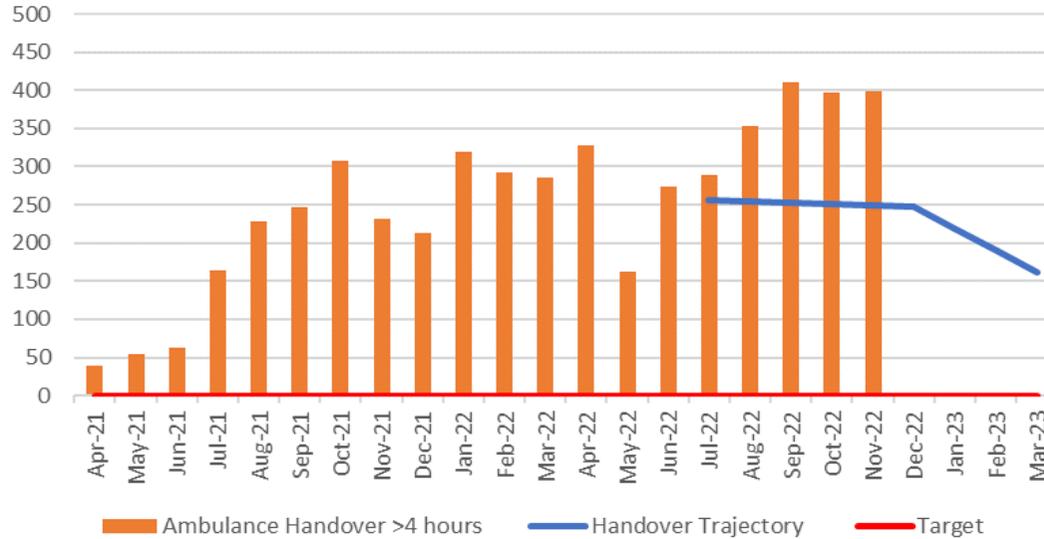
2. Submitted recovery trajectory for A&E 12-hour performance



2. Performance against the 12-hour wait has improved in November but is still currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,456 in November 2022 from 1,584 in October 2022.

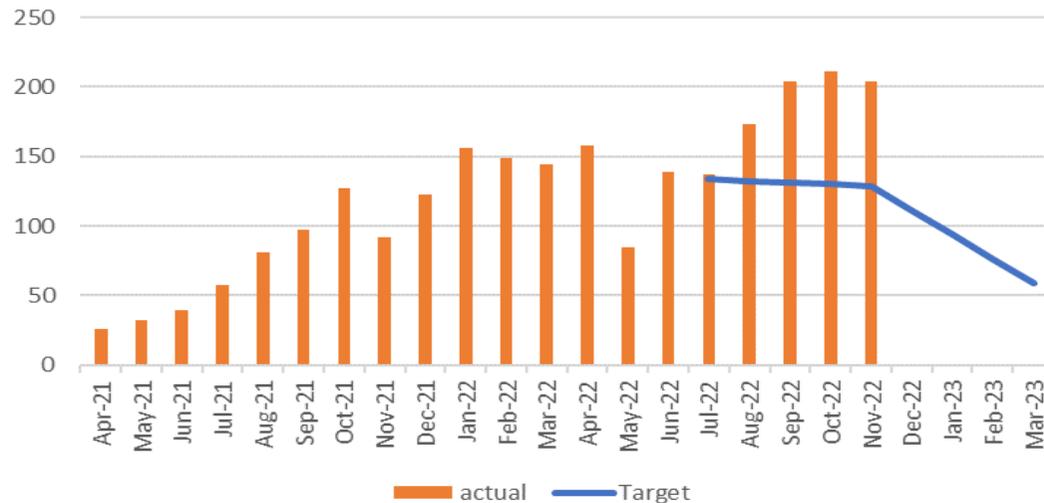
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has seen a continued deterioration since May 2022, with the handover times over four hours increasing slightly to 399 in November 2022 from 397 in October 2022. The figures remain above the outlined trajectory for November 2022 which was 250.

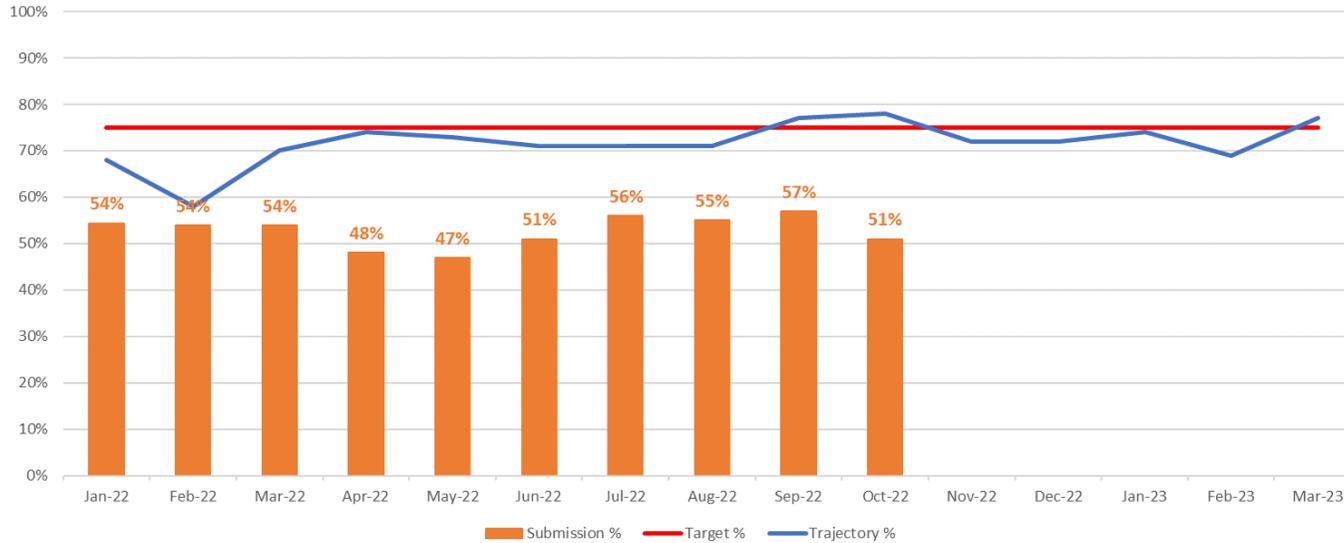
4. Average Ambulance Handover Rate



4. The average ambulance handover rate has seen an improvement in November 2022. The average handover rate decreased from 211 in October 2022 to 204 in November 2022, which is above the outlined trajectory for November 2022 (129).

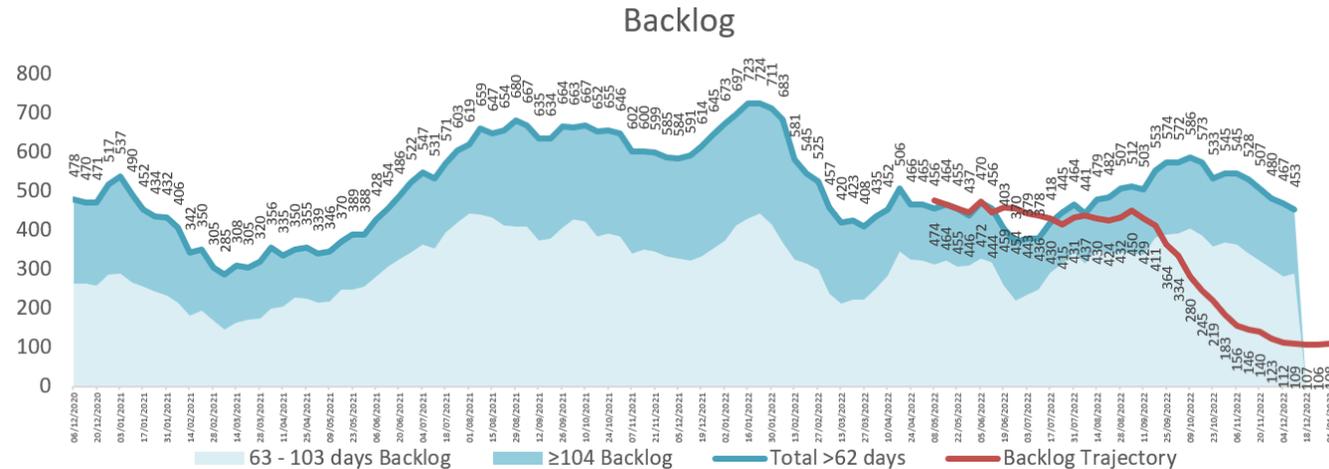
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



1. The final SCP performance for October 2022 was 51%, which is lower than the performance reported in September 2022. Performance continues to stay below the submitted trajectory (78%).

2. Proposed backlog improvements to support SCP performance

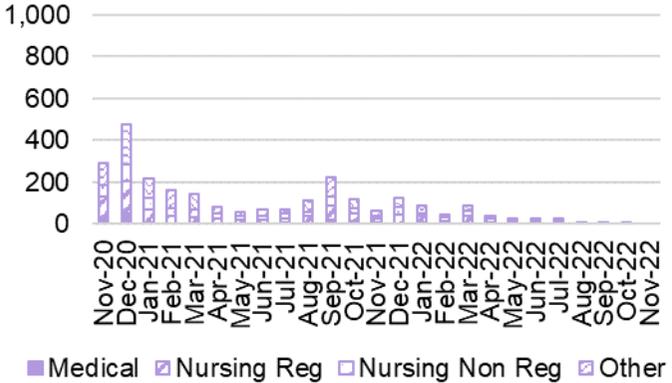
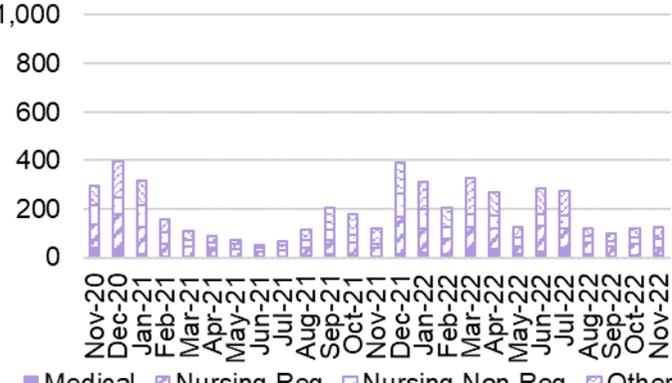


2. Backlog figures have seen a continued reduction in recent weeks, however, they currently remain above the submitted recovery trajectory. The total backlog at 11/12/2022 was 453.

3. UPDATES ON KEY SERVICE AREAS

COVID Data		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>Number of new COVID cases In November 2022, there were an additional 171 positive cases recorded bringing the cumulative total to 118,854 in Swansea Bay since March 2020.</p>	<p>Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
<p>2. Number of staff referred for Antigen testing</p>	<p>Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and November 2022 is 17,981 of which 19% have been positive (Cumulative total).</p>	<p>Outcome of staff referred for Antigen testing</p> <p>■ Positive ▨ Negative ▤ In Progress □ Unknown/blank</p>

COVID RELATED STAFF ABSENCE

Description	Current Performance	Trend																																																																																				
<p>Staff absence due to COVID19</p> <p>1. Number of staff self-isolating (asymptomatic)</p> <p>2. Number of staff self isolating (symptomatic)</p>	<p>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 October and November 2022, the number of staff self-isolating (asymptomatic) reduced from 1 to 0 and the number of staff self-isolating (symptomatic) increased from 121 to 124. In November 2022, the “other” staff group had the largest number of self-isolating staff who were symptomatic.</p>	<p align="center">1. Number of staff self isolating (asymptomatic)</p>  <p align="center">2. Number of staff self isolating (symptomatic)</p> 																																																																																				
<p>3. % staff sickness</p>	<p>% Staff sickness The percentage of staff sickness absence due to COVID19 in November has remained the same as October, at 0.9%</p>	<p align="center">% staff sickness</p> <table border="1"> <thead> <tr> <th></th> <th>Nov-21</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> </tr> </thead> <tbody> <tr> <td>Medical</td> <td>1.2%</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> </tr> <tr> <td>Nursing Reg</td> <td>1.3%</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> </tr> <tr> <td>Nursing Non Reg</td> <td>1.6%</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> </tr> <tr> <td>Other</td> <td>1.4%</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> </tr> <tr> <td>All</td> <td>1.4%</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> </tr> </tbody> </table>		Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Medical	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	Nursing Reg	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	Nursing Non Reg	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	Other	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	All	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%
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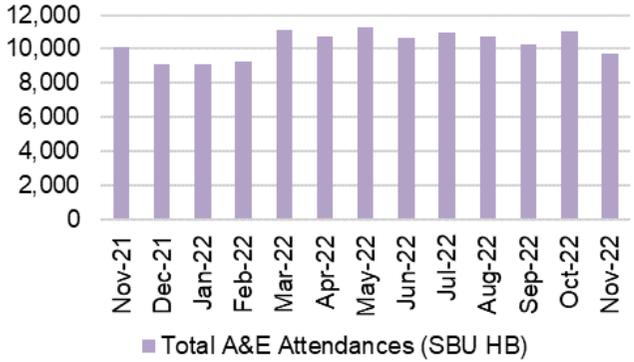
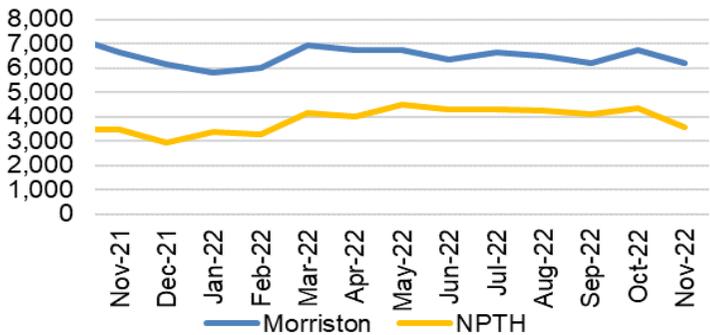
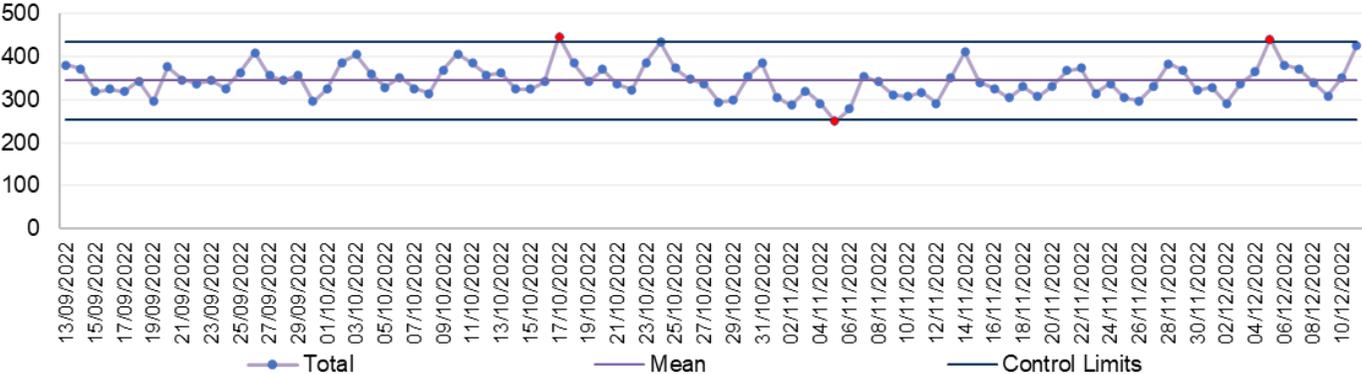
UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement																																																																																																																																								
<p>Ambulance responses</p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In November 2022, the number of red calls responded to within 8 minutes decreased to 45.5%, from 50.3% in October. In November 2022, the number of green calls decreased by 2%, amber calls decreased by 8%, and red calls marginally increased (by 0.2%) compared with October 2022.</p>	<p>Ambulance response rates have seen a deterioration in performance in November 2022. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.</p>																																																																																																																																								
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UNSCHEDULED CARE

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Ambulance handovers 1. The number of ambulance handovers over one hour 2. The number of ambulance handovers over one hour- Hospital level 3. The number of ambulance handovers over one hour (last 90 days)	In November 2022, there were 744 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 739 in October 2022. In November 2022, 727 handovers over 1 hour were attributed to Morriston Hospital and 17 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have decreased from 4,599 in October 2022 to 4,456 in November 2022.	Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction. Two dedicated ambulance co-ordinator roles are currently being recruited to, along with the expansion of the older persons assessment service – all of which has been implemented to support the pressure within the system.																																																																					
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<p align="center">3. Number of ambulance handovers- HB total last 90 days</p> <p align="right">Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits 8 or more points ▲ above or below the mean Arun of 6 ● increasing or decreasing points 																																																																							

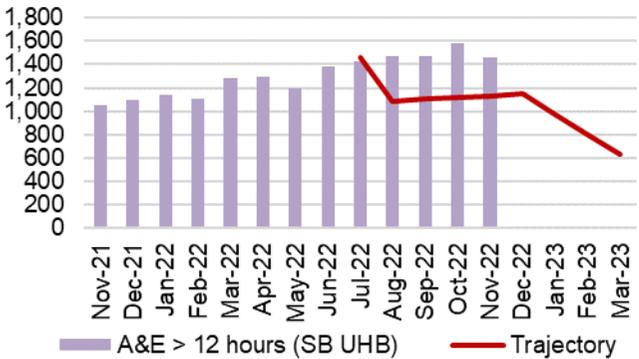
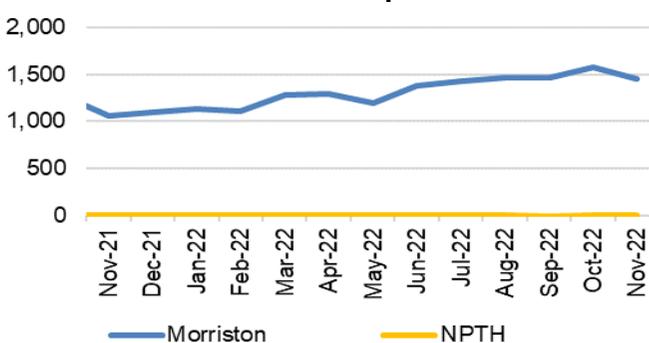
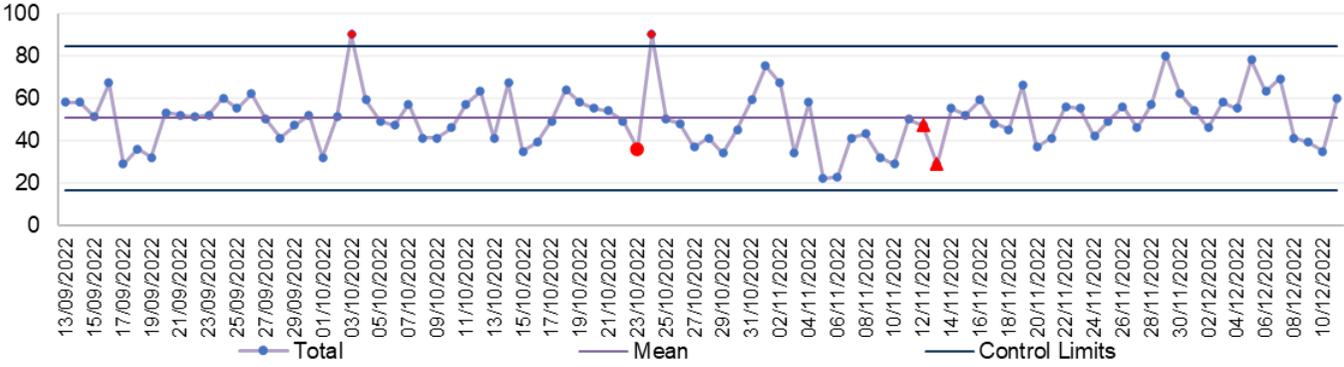
UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement
<p>A&E Attendances</p> <p>1. The number of attendances at emergency departments in the Health Board</p> <p>2. The number of attendances at emergency departments in the Health Board – Hospital level</p> <p>3. The number of attendances at emergency departments in the Health Board (last 90 days)</p>	<p>ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In November 2022, there were 9,753 A&E attendances, this is 12% lower than October 2022.</p>	<p>There are several admission avoidance schemes in place in order to reduce the number of patients presenting at the A&E department which include; Rapid response therapies 7 day working, the WAST stack review and home first in-reach.</p>
	Trend	
	<p align="center">1. Number of A&E attendances- HB total</p>  <p align="center">■ Total A&E Attendances (SBU HB)</p>	<p align="center">2. Number of A&E attendances- Hospital level</p>  <p align="center">— Morriston — NPTH</p>
<p align="center">3. Number of A&E attendances -HB total last 90 days</p>  <div data-bbox="1856 1038 2085 1318" style="border: 1px solid black; padding: 5px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ above or below the mean ● Arun of 6 ● increasing or decreasing points </div>		

UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement
<p>A&E waiting times</p> <p><i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i></p> <p><i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i></p> <p><i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i></p>	<p>The Health Board's performance against the 4-hour measure deteriorated from 70.56% in October 2022 to 70.41% in November 2022</p> <p>Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 99.07% in November 2022. Morriston Hospital's performance improved between October 2022 and November 2022 achieving 54.07% against the target.</p>	<p>Internal flow activities to support reduced occupancy and to improve flow throughout the day are being put in place, 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.</p>
	Trend	
	<p>1. % Patients waiting under 4 hours in A&E- HB total</p> <p>2. % Patients waiting under 4 hours in A&E- Hospital level</p> <p>3. % Patients waiting under 4 hours in A&E- HB total last 90 days</p>	<p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean — Arun of 6 ● increasing or decreasing points

UNSCHEDULED CARE

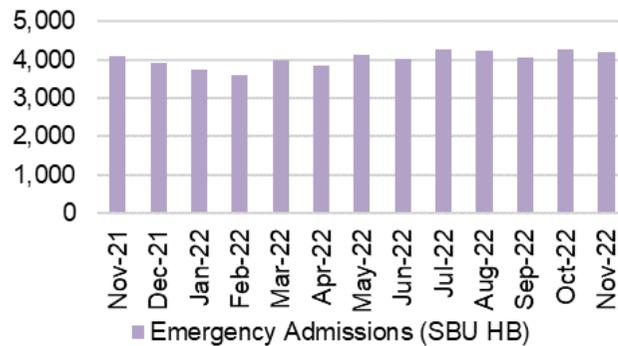
Description	Current Performance	Actions of Improvement
<p>A&E waiting times</p> <p><i>1. Number of patients who spend 12 hours or more in A&E</i></p> <p><i>2. Number of patients who spend 12 hours or more in A&E- Hospital level</i></p> <p><i>3. Number of patients who spend 12 hours or more in A&E (last 90 days)</i></p>	<p>In November 2022, performance against the 12-hour measure improved slightly compared with October 2022, decreasing from 1,584 to 1,456. This is an increase of 401 compared to November 2021.</p> <p>1,454 patients waiting over 12 hours in November 2022 were in Morriston Hospital, with 2 patients waiting over 12 hours in Neath Port Talbot Hospital.</p>	<p>An additional four virtual wards were established in September 2022, therefore the full 8 now fully operational and the benefits of these are expected to be seen in the near future. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.</p>
	Trend	
	<p>1. Number of patients waiting over 12 hours in A&E- HB total</p>  <p>2. Number of patients waiting over 12 hours in A&E- Hospital level</p>  <p>3. Number of patients waiting over 12 hours in A&E – HB total last 90 days</p> 	

UNSCHEDULED CARE

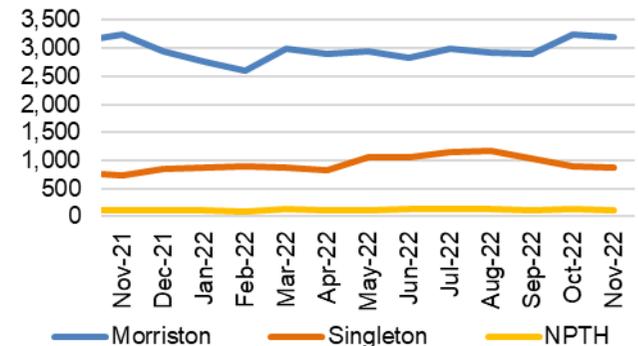
Description		Actions of Improvement
Emergency admissions 1. The number of emergency inpatient admissions 2. The number of emergency inpatient admissions- Hospital level 3. The number of emergency inpatient admissions (last 90 days)	In November 2022, there were 4,200 emergency admissions across the Health Board, which is 74 lower than October 2022. Singleton Hospital saw an in-month reduction, with 14 less admissions (from 889 in October 2022), Morriston Hospital saw an in-month reduction from 3,254 admissions in October 2022 to 3,207 admissions in November 2022.	The increased number of emergency admissions is directly linked to the pressure within the system and the reduced flow from ED – this will be addressed by the previously referenced occupancy actions

Trend

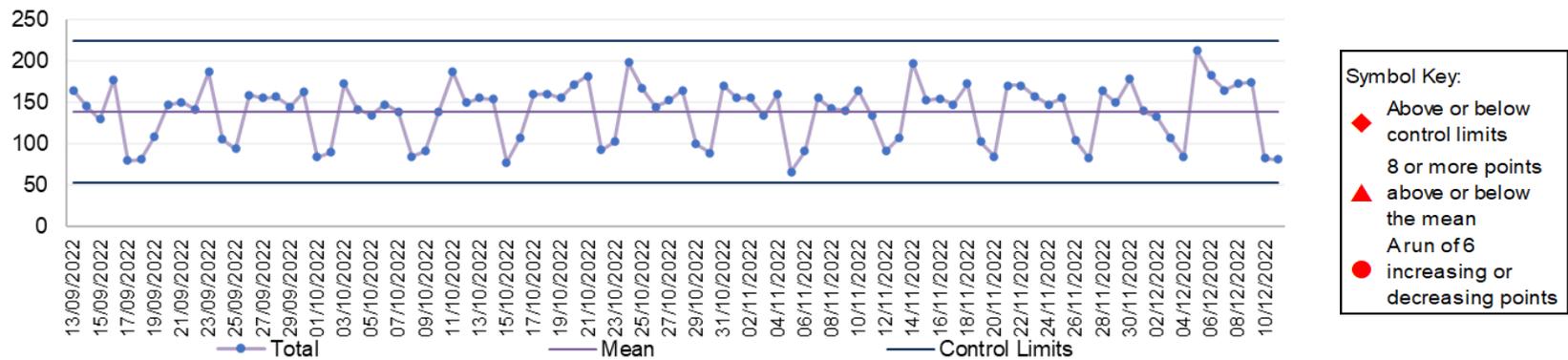
1. Number of emergency admissions- HB total



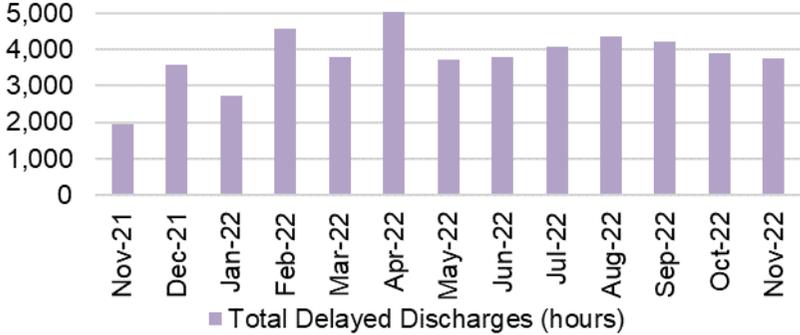
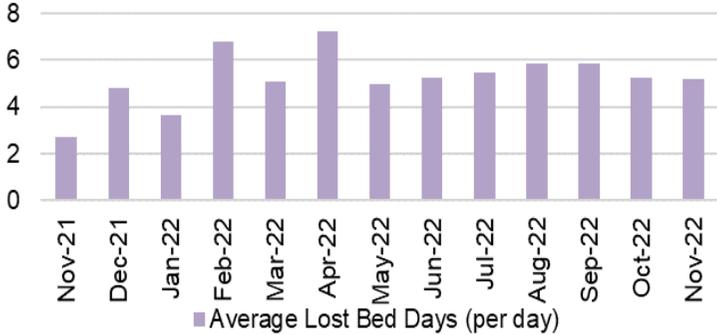
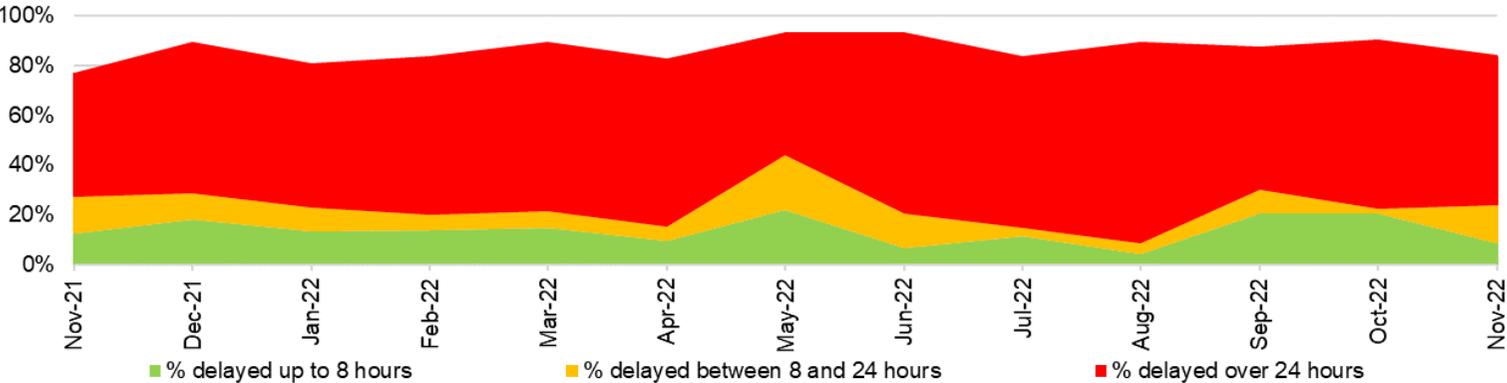
2. Number of emergency admissions- Hospital level



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



UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement																																																																																																																
<p>Critical Care-Delayed Transfers of Care (DTC)-Morrison Hospital 1. Total Critical Care delayed discharges (hours) 2. Average lost bed days per day 3. Percentage of patients delayed: Up to 8 hours Between 8 and 24 hours Over 24 hours</p>	<p>In November 2022, there were a total of 93 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is an increase when compared with 77 admissions in October 2022. November 2022, saw a reduction in the number of delayed discharge hours from 3899.2 in October 2022 to 3760.4 in November 2022. The average lost bed days reduced to 5.22 per day. The percentage of patients delayed over 24 hours decreased from 68.52% in October 2022 to 60.56% in November 2022.</p> <p align="center">Trend</p> <div data-bbox="555 539 1249 571"> <p>1. Total Critical Care delayed discharges (hours)</p> </div>  <table border="1"> <caption>1. Total Critical Care delayed discharges (hours)</caption> <thead> <tr> <th>Month</th> <th>Total Delayed Discharges (hours)</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>1,900</td></tr> <tr><td>Dec-21</td><td>3,500</td></tr> <tr><td>Jan-22</td><td>2,600</td></tr> <tr><td>Feb-22</td><td>4,500</td></tr> <tr><td>Mar-22</td><td>3,700</td></tr> <tr><td>Apr-22</td><td>4,900</td></tr> <tr><td>May-22</td><td>3,600</td></tr> <tr><td>Jun-22</td><td>3,700</td></tr> <tr><td>Jul-22</td><td>4,000</td></tr> <tr><td>Aug-22</td><td>4,300</td></tr> <tr><td>Sep-22</td><td>4,200</td></tr> <tr><td>Oct-22</td><td>3,900</td></tr> <tr><td>Nov-22</td><td>3,800</td></tr> </tbody> </table> <div data-bbox="1518 539 2011 571"> <p>2. Average lost bed days per day</p> </div>  <table border="1"> <caption>2. Average lost bed days per day</caption> <thead> <tr> <th>Month</th> <th>Average Lost Bed Days (per day)</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>2.8</td></tr> <tr><td>Dec-21</td><td>4.8</td></tr> <tr><td>Jan-22</td><td>3.6</td></tr> <tr><td>Feb-22</td><td>6.8</td></tr> <tr><td>Mar-22</td><td>5.0</td></tr> <tr><td>Apr-22</td><td>7.2</td></tr> <tr><td>May-22</td><td>4.9</td></tr> <tr><td>Jun-22</td><td>5.2</td></tr> <tr><td>Jul-22</td><td>5.4</td></tr> <tr><td>Aug-22</td><td>5.8</td></tr> <tr><td>Sep-22</td><td>5.8</td></tr> <tr><td>Oct-22</td><td>5.2</td></tr> <tr><td>Nov-22</td><td>5.2</td></tr> </tbody> </table> <div data-bbox="965 975 1630 1007"> <p>3. Percentage of Critical Care patients delayed</p> </div>  <table border="1"> <caption>3. Percentage of Critical Care patients delayed</caption> <thead> <tr> <th>Month</th> <th>% delayed up to 8 hours</th> <th>% delayed between 8 and 24 hours</th> <th>% delayed over 24 hours</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>12%</td><td>10%</td><td>78%</td></tr> <tr><td>Dec-21</td><td>15%</td><td>10%</td><td>75%</td></tr> <tr><td>Jan-22</td><td>10%</td><td>10%</td><td>80%</td></tr> <tr><td>Feb-22</td><td>10%</td><td>10%</td><td>80%</td></tr> <tr><td>Mar-22</td><td>12%</td><td>8%</td><td>80%</td></tr> <tr><td>Apr-22</td><td>8%</td><td>10%</td><td>82%</td></tr> <tr><td>May-22</td><td>18%</td><td>22%</td><td>60%</td></tr> <tr><td>Jun-22</td><td>5%</td><td>15%</td><td>80%</td></tr> <tr><td>Jul-22</td><td>10%</td><td>10%</td><td>80%</td></tr> <tr><td>Aug-22</td><td>5%</td><td>10%</td><td>85%</td></tr> <tr><td>Sep-22</td><td>15%</td><td>15%</td><td>70%</td></tr> <tr><td>Oct-22</td><td>10%</td><td>10%</td><td>80%</td></tr> <tr><td>Nov-22</td><td>5%</td><td>15%</td><td>80%</td></tr> </tbody> </table>	Month	Total Delayed Discharges (hours)	Nov-21	1,900	Dec-21	3,500	Jan-22	2,600	Feb-22	4,500	Mar-22	3,700	Apr-22	4,900	May-22	3,600	Jun-22	3,700	Jul-22	4,000	Aug-22	4,300	Sep-22	4,200	Oct-22	3,900	Nov-22	3,800	Month	Average Lost Bed Days (per day)	Nov-21	2.8	Dec-21	4.8	Jan-22	3.6	Feb-22	6.8	Mar-22	5.0	Apr-22	7.2	May-22	4.9	Jun-22	5.2	Jul-22	5.4	Aug-22	5.8	Sep-22	5.8	Oct-22	5.2	Nov-22	5.2	Month	% delayed up to 8 hours	% delayed between 8 and 24 hours	% delayed over 24 hours	Nov-21	12%	10%	78%	Dec-21	15%	10%	75%	Jan-22	10%	10%	80%	Feb-22	10%	10%	80%	Mar-22	12%	8%	80%	Apr-22	8%	10%	82%	May-22	18%	22%	60%	Jun-22	5%	15%	80%	Jul-22	10%	10%	80%	Aug-22	5%	10%	85%	Sep-22	15%	15%	70%	Oct-22	10%	10%	80%	Nov-22	5%	15%	80%	<p>Delayed discharges from ICU are intimately linked to capacity and flow constraints within the general wards and health/social-care system in general. A minor reduction in the current pressures within ED are having a direct impact on discharges from ICU.</p>
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<p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In November 2022, there were on average 279 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In November 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 109, followed by Neath Port Talbot Hospital with 92.</p> <p>Actions of Improvement; Continued work is underway by the Deputy Chief Operating Officer to explore opportunities to reduce the number of Clinically Optimised Patients in the Hospital by implementing new pathways.</p>	<p>The number of clinically optimised patients by site</p> <table border="1"> <caption>Estimated data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>100</td><td>60</td><td>80</td><td>15</td></tr> <tr><td>Dec-21</td><td>105</td><td>55</td><td>75</td><td>18</td></tr> <tr><td>Jan-22</td><td>110</td><td>65</td><td>70</td><td>20</td></tr> <tr><td>Feb-22</td><td>120</td><td>68</td><td>85</td><td>15</td></tr> <tr><td>Mar-22</td><td>100</td><td>55</td><td>90</td><td>22</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>115</td><td>65</td><td>85</td><td>15</td></tr> <tr><td>Jun-22</td><td>145</td><td>65</td><td>85</td><td>18</td></tr> <tr><td>Jul-22</td><td>115</td><td>65</td><td>90</td><td>18</td></tr> <tr><td>Aug-22</td><td>120</td><td>70</td><td>100</td><td>15</td></tr> <tr><td>Sep-22</td><td>120</td><td>75</td><td>90</td><td>18</td></tr> <tr><td>Oct-22</td><td>110</td><td>75</td><td>100</td><td>22</td></tr> <tr><td>Nov-22</td><td>109</td><td>65</td><td>92</td><td>15</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Nov-21	100	60	80	15	Dec-21	105	55	75	18	Jan-22	110	65	70	20	Feb-22	120	68	85	15	Mar-22	100	55	90	22	Apr-22	100	65	85	25	May-22	115	65	85	15	Jun-22	145	65	85	18	Jul-22	115	65	90	18	Aug-22	120	70	100	15	Sep-22	120	75	90	18	Oct-22	110	75	100	22	Nov-22	109	65	92	15
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<p>Elective procedures cancelled due to lack of beds The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</p>	<p>In November 2022, there were 27 elective procedures cancelled due to lack of beds on the day of surgery. This is 34 less cancellations than those seen in November 2021.</p> <p>Of the cancelled procedures, 26 of the cancellations were attributed to Morriston Hospital and 1 was attributed to Singleton Hospital in November 2022.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Estimated data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>55</td><td>2</td><td>1</td></tr> <tr><td>Dec-21</td><td>35</td><td>1</td><td>1</td></tr> <tr><td>Jan-22</td><td>15</td><td>1</td><td>1</td></tr> <tr><td>Feb-22</td><td>25</td><td>5</td><td>1</td></tr> <tr><td>Mar-22</td><td>35</td><td>1</td><td>1</td></tr> <tr><td>Apr-22</td><td>32</td><td>1</td><td>1</td></tr> <tr><td>May-22</td><td>55</td><td>1</td><td>1</td></tr> <tr><td>Jun-22</td><td>35</td><td>1</td><td>1</td></tr> <tr><td>Jul-22</td><td>28</td><td>1</td><td>1</td></tr> <tr><td>Aug-22</td><td>12</td><td>1</td><td>1</td></tr> <tr><td>Sep-22</td><td>25</td><td>1</td><td>1</td></tr> <tr><td>Oct-22</td><td>35</td><td>1</td><td>1</td></tr> <tr><td>Nov-22</td><td>27</td><td>1</td><td>1</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Nov-21	55	2	1	Dec-21	35	1	1	Jan-22	15	1	1	Feb-22	25	5	1	Mar-22	35	1	1	Apr-22	32	1	1	May-22	55	1	1	Jun-22	35	1	1	Jul-22	28	1	1	Aug-22	12	1	1	Sep-22	25	1	1	Oct-22	35	1	1	Nov-22	27	1	1														
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HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																																						
<p>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i></p>	<ul style="list-style-type: none"> • 23 cases of <i>E. coli</i> bacteraemia were identified in November 2022, of which 11 were hospital acquired and 12 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 21 cases for November 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>Nov-21</td><td>22</td><td>22</td></tr> <tr><td>Dec-21</td><td>17</td><td>22</td></tr> <tr><td>Jan-22</td><td>15</td><td>22</td></tr> <tr><td>Feb-22</td><td>26</td><td>22</td></tr> <tr><td>Mar-22</td><td>21</td><td>22</td></tr> <tr><td>Apr-22</td><td>31</td><td>22</td></tr> <tr><td>May-22</td><td>20</td><td>22</td></tr> <tr><td>Jun-22</td><td>17</td><td>22</td></tr> <tr><td>Jul-22</td><td>20</td><td>22</td></tr> <tr><td>Aug-22</td><td>32</td><td>22</td></tr> <tr><td>Sep-22</td><td>15</td><td>22</td></tr> <tr><td>Oct-22</td><td>22</td><td>22</td></tr> <tr><td>Nov-22</td><td>23</td><td>22</td></tr> <tr><td>Dec-22</td><td>21</td><td>22</td></tr> <tr><td>Jan-23</td><td>21</td><td>22</td></tr> <tr><td>Feb-23</td><td>20</td><td>22</td></tr> <tr><td>Mar-23</td><td>20</td><td>22</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Nov-21	22	22	Dec-21	17	22	Jan-22	15	22	Feb-22	26	22	Mar-22	21	22	Apr-22	31	22	May-22	20	22	Jun-22	17	22	Jul-22	20	22	Aug-22	32	22	Sep-22	15	22	Oct-22	22	22	Nov-22	23	22	Dec-22	21	22	Jan-23	21	22	Feb-23	20	22	Mar-23	20	22
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<p>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i></p>	<ul style="list-style-type: none"> • There were 8 cases of Staph. aureus bacteraemia in November 2022, of which 3 were hospital acquired and 5 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 6 cases for November 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>Nov-21</td><td>4</td><td>8</td></tr> <tr><td>Dec-21</td><td>9</td><td>8</td></tr> <tr><td>Jan-22</td><td>13</td><td>8</td></tr> <tr><td>Feb-22</td><td>10</td><td>8</td></tr> <tr><td>Mar-22</td><td>11</td><td>8</td></tr> <tr><td>Apr-22</td><td>13</td><td>8</td></tr> <tr><td>May-22</td><td>18</td><td>8</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>5</td><td>5</td></tr> <tr><td>Jan-23</td><td>5</td><td>5</td></tr> <tr><td>Feb-23</td><td>5</td><td>5</td></tr> <tr><td>Mar-23</td><td>5</td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Nov-21	4	8	Dec-21	9	8	Jan-22	13	8	Feb-22	10	8	Mar-22	11	8	Apr-22	13	8	May-22	18	8	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	5	5	Jan-23	5	5	Feb-23	5	5	Mar-23	5	5
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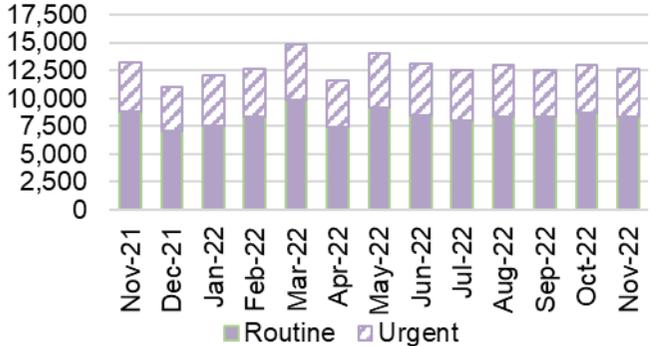
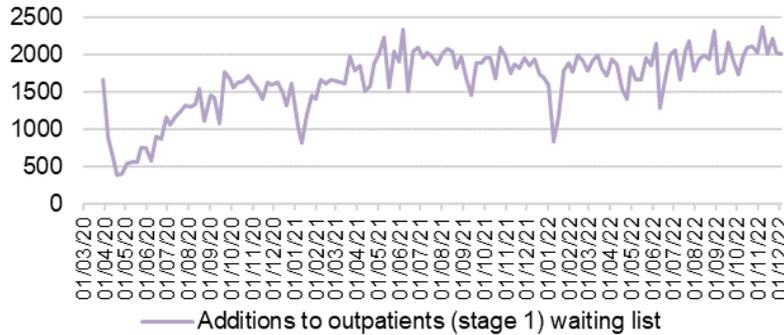
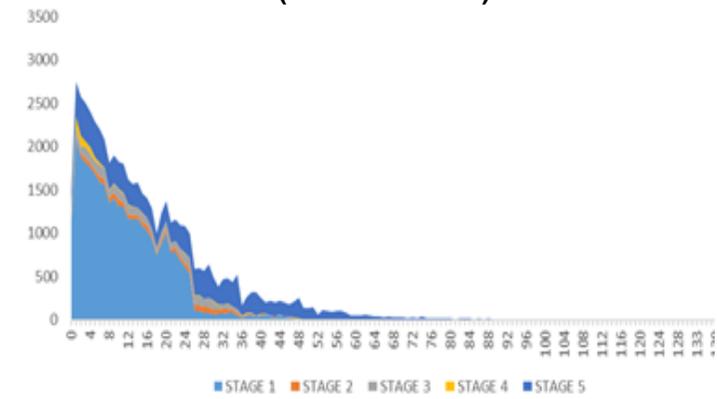
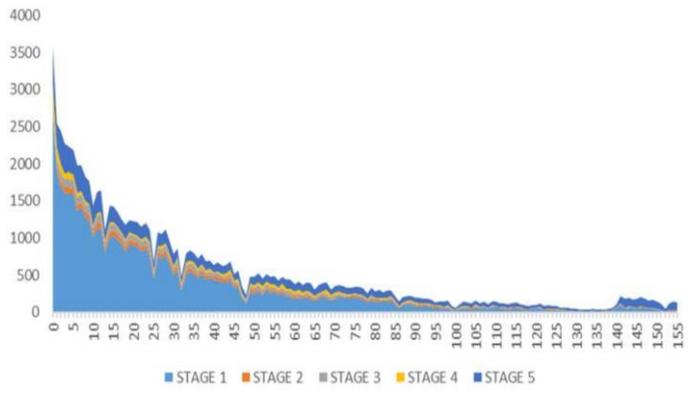
HEALTHCARE ACQUIRED INFECTIONS

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<p>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i> Number of laboratory confirmed <i>C.difficile</i> cases</p>	<ul style="list-style-type: none"> There were 21 <i>Clostridium difficile</i> toxin positive cases in November 2022, of which 10 were hospital acquired and 11 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 7 cases for November 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 style="text-align: center;">Number of healthcare acquired <i>C.difficile</i> cases</p> <table border="1"> <caption>Number of healthcare acquired <i>C.difficile</i> cases</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>20</td><td>-</td></tr> <tr><td>Dec-21</td><td>12</td><td>-</td></tr> <tr><td>Jan-22</td><td>14</td><td>-</td></tr> <tr><td>Feb-22</td><td>13</td><td>-</td></tr> <tr><td>Mar-22</td><td>18</td><td>-</td></tr> <tr><td>Apr-22</td><td>13</td><td>7</td></tr> <tr><td>May-22</td><td>11</td><td>8</td></tr> <tr><td>Jun-22</td><td>16</td><td>9</td></tr> <tr><td>Jul-22</td><td>16</td><td>8</td></tr> <tr><td>Aug-22</td><td>22</td><td>8</td></tr> <tr><td>Sep-22</td><td>14</td><td>9</td></tr> <tr><td>Oct-22</td><td>20</td><td>7</td></tr> <tr><td>Nov-22</td><td>21</td><td>8</td></tr> <tr><td>Dec-22</td><td>-</td><td>8</td></tr> <tr><td>Jan-23</td><td>-</td><td>8</td></tr> <tr><td>Feb-23</td><td>-</td><td>8</td></tr> <tr><td>Mar-23</td><td>-</td><td>7</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	Nov-21	20	-	Dec-21	12	-	Jan-22	14	-	Feb-22	13	-	Mar-22	18	-	Apr-22	13	7	May-22	11	8	Jun-22	16	9	Jul-22	16	8	Aug-22	22	8	Sep-22	14	9	Oct-22	20	7	Nov-22	21	8	Dec-22	-	8	Jan-23	-	8	Feb-23	-	8	Mar-23	-	7
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<p>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i> Number of laboratory confirmed <i>Klebsiella sp</i> cases</p>	<ul style="list-style-type: none"> There were 11 cases of <i>Klebsiella sp</i> in November 2022, of which 6 were hospital acquired and 5 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for November 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 style="text-align: center;">Number of healthcare acquired <i>Klebsiella</i> cases</p> <table border="1"> <caption>Number of healthcare acquired <i>Klebsiella</i> cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>7</td><td>-</td></tr> <tr><td>Dec-21</td><td>9</td><td>-</td></tr> <tr><td>Jan-22</td><td>5</td><td>-</td></tr> <tr><td>Feb-22</td><td>4</td><td>-</td></tr> <tr><td>Mar-22</td><td>7</td><td>-</td></tr> <tr><td>Apr-22</td><td>6</td><td>7</td></tr> <tr><td>May-22</td><td>8</td><td>6</td></tr> <tr><td>Jun-22</td><td>8</td><td>6</td></tr> <tr><td>Jul-22</td><td>11</td><td>6</td></tr> <tr><td>Aug-22</td><td>8</td><td>6</td></tr> <tr><td>Sep-22</td><td>10</td><td>6</td></tr> <tr><td>Oct-22</td><td>7</td><td>6</td></tr> <tr><td>Nov-22</td><td>11</td><td>6</td></tr> <tr><td>Dec-22</td><td>-</td><td>6</td></tr> <tr><td>Jan-23</td><td>-</td><td>6</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 Klebsiella cases (SBU)	Trajectory	Nov-21	7	-	Dec-21	9	-	Jan-22	5	-	Feb-22	4	-	Mar-22	7	-	Apr-22	6	7	May-22	8	6	Jun-22	8	6	Jul-22	11	6	Aug-22	8	6	Sep-22	10	6	Oct-22	7	6	Nov-22	11	6	Dec-22	-	6	Jan-23	-	6	Feb-23	-	5	Mar-23	-	5
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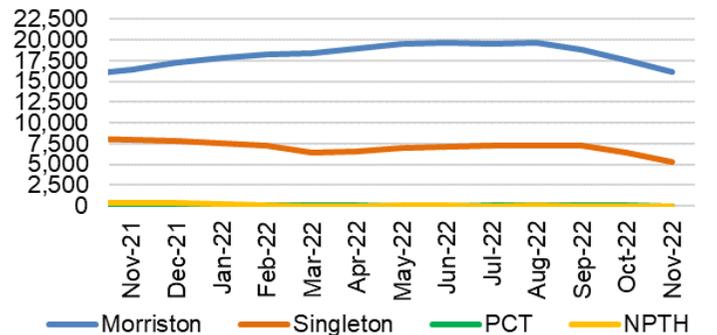
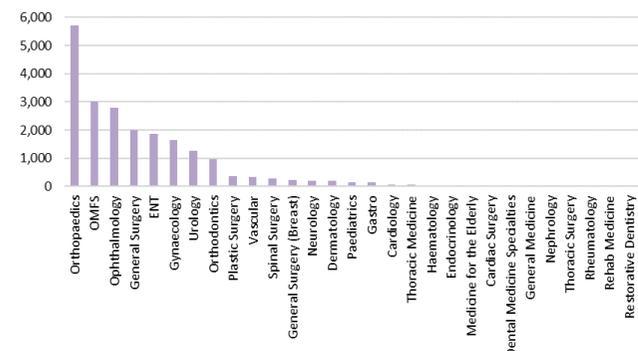
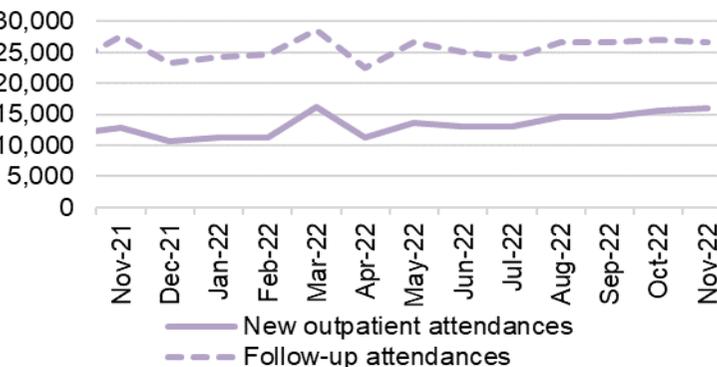
HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																																						
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There were 5 cases of <i>P.Aeruginosa</i> in November 2022, all of which were hospital acquired. The Health Board total is currently above the Welsh Government Profile target of 1 cumulative case for November 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 Pseudomonas cases</p> <table border="1" style="display: none;"> <caption>Data for Healthcare Acquired Pseudomonas Cases</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>3</td><td>2</td></tr> <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>1</td></tr> <tr><td>Dec-22</td><td>0</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>Legend: ■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Nov-21	3	2	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	1	Dec-22	0	2	Jan-23	0	2	Feb-23	0	2	Mar-23	0	1
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PLANNED CARE

Description	Current Performance	Actions of Improvement
<p>Referrals and shape of the waiting list</p> <p>1. GP Referrals <i>The number of Stage 1 additions per week</i></p> <p>2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i></p> <p>3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i></p> <p>4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at October 2022</i></p>	<p>November 2022 has seen a reduction in referral figures compared with October 2022 (13,014). Referral rates have continued to rise slowly since December 2021, with 12,663 received in November 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.</p>	<p>The number of referrals received has remained steady in recent months, and is now showing a consistent pattern of demand.</p>
	Trend	
	<p>1. Number of GP referrals received by SBU Health Board</p>  <p>2. Number of stage 1 additions per week</p>  <p>3. Total size of the waiting list and movement (December 2019)</p>  <p>4. Total size of the waiting list and movement (November 2022)</p> 	

PLANNED CARE

Description	Current Performance	Actions of Improvement
<p>Outpatient waiting times</p> <p>1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total</p> <p>2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level</p> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty</p> <p>4. Outpatient activity undertaken</p>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. November 2022 saw an in-month reduction of 11% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 24,112 in October 2022 to 21,400 in November 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 despite the impact of the recent Covid wave.</p>	<p>Administrative validation is currently taking place to further cleanse the waiting list position and reduce the number of patients on the waiting list inappropriately. Service Group specific recovery trajectories have been developed to further support recovery</p>
	Trend	
	<p>1. Number of stage 1 over 26 weeks- HB total</p>  <p>2. Number of stage 1 over 26 weeks- Hospital level</p>  <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at November 2022</p>  <p>4. Outpatient activity undertaken</p> 	

PLANNED CARE		
Description	Current Performance	Actions of Improvement
<p>Patients waiting over 36 weeks for treatment</p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 52 weeks for treatment at Stage 1</p> <p>3. Number of elective admissions</p> <p>4. Number of patients waiting more than 104 weeks for treatment</p>	<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 November 2022, there were 34,207 patients waiting over 36 weeks which is a 5.3% in-month reduction from October 2022. 24,308 of the 34,207 were waiting over 52 weeks in November 2022. In November 2022, there were 9,048 patients waiting over 104 weeks for treatment, which is a 10% reduction from October 2022.</p>	<p>Detailed demand and capacity work is ongoing to support the reduction of Stage 1 patients waiting for an outpatient appointment. Currently implementing planned care efficiency measures which include; over-booking clinics, improving treatment turn rates, increasing capacity, validation of pathways and internal administrative and clinical validation</p>
	Trend	
	<p>1. Number of patients waiting over 36 weeks- HB total</p>	<p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p>
	<p>3. Number of elective admissions</p>	<p>4. Number of patients waiting over 104 weeks- HB total</p>

PLANNED CARE

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<p>Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i></p>	<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 November 2022, 54.4% of patients were waiting under 26 weeks from referral to treatment, which is 0.8% more than those seen in October 2022.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <table border="1"> <caption>Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>% waiting < 26 wks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>50%</td></tr> <tr><td>Dec-21</td><td>50%</td></tr> <tr><td>Jan-22</td><td>50%</td></tr> <tr><td>Feb-22</td><td>50%</td></tr> <tr><td>Mar-22</td><td>50%</td></tr> <tr><td>Apr-22</td><td>50%</td></tr> <tr><td>May-22</td><td>50%</td></tr> <tr><td>Jun-22</td><td>50%</td></tr> <tr><td>Jul-22</td><td>50%</td></tr> <tr><td>Aug-22</td><td>50%</td></tr> <tr><td>Sep-22</td><td>50%</td></tr> <tr><td>Oct-22</td><td>50%</td></tr> <tr><td>Nov-22</td><td>54.4%</td></tr> <tr><td>Dec-22</td><td>54.4%</td></tr> <tr><td>Jan-23</td><td>54.4%</td></tr> <tr><td>Feb-23</td><td>54.4%</td></tr> <tr><td>Mar-23</td><td>54.4%</td></tr> </tbody> </table> <p>Ministerial Target = 95% by 2026</p>	Month	% waiting < 26 wks (SBU HB)	Nov-21	50%	Dec-21	50%	Jan-22	50%	Feb-22	50%	Mar-22	50%	Apr-22	50%	May-22	50%	Jun-22	50%	Jul-22	50%	Aug-22	50%	Sep-22	50%	Oct-22	50%	Nov-22	54.4%	Dec-22	54.4%	Jan-23	54.4%	Feb-23	54.4%	Mar-23	54.4%
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<p>Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i></p>	<p>In November 2022, 67.1% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>60%</td></tr> <tr><td>Dec-21</td><td>60%</td></tr> <tr><td>Jan-22</td><td>60%</td></tr> <tr><td>Feb-22</td><td>60%</td></tr> <tr><td>Mar-22</td><td>60%</td></tr> <tr><td>Apr-22</td><td>60%</td></tr> <tr><td>May-22</td><td>60%</td></tr> <tr><td>Jun-22</td><td>60%</td></tr> <tr><td>Jul-22</td><td>60%</td></tr> <tr><td>Aug-22</td><td>60%</td></tr> <tr><td>Sep-22</td><td>60%</td></tr> <tr><td>Oct-22</td><td>60%</td></tr> <tr><td>Nov-22</td><td>67.1%</td></tr> </tbody> </table> <p>Target = 95%</p>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Nov-21	60%	Dec-21	60%	Jan-22	60%	Feb-22	60%	Mar-22	60%	Apr-22	60%	May-22	60%	Jun-22	60%	Jul-22	60%	Aug-22	60%	Sep-22	60%	Oct-22	60%	Nov-22	67.1%								
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PLANNED CARE

Description	Current Performance	Trend
<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In November 2022, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It reduced from 5,833 in October 2022 to 5,627 in November 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for November 2022:</p> <ul style="list-style-type: none"> • Endoscopy= 4,136 • Cardiac tests= 539 • Other Diagnostics = 952 <p>Actions of Improvement; Endoscopy waits have reduced slightly this month and the figures remain above the submitted trajectory. The Endoscopy team have implemented several actions to support future improvement, and are currently in the process of reviewing their regional Endoscopy plan</p>	<p>Number of patients waiting longer than 8 weeks for Endoscopy</p> <p>Ministerial Target = Endoscopy waits > 8 Weeks will be 0 by Spring 2024</p>
<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In November 2022 there were 441 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in November 2022 are:</p> <ul style="list-style-type: none"> • Podiatry = 262 • Speech & Language Therapy= 112 • Dietetics = 12 • Physiotherapy = 55 <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</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p>

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Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i>	November 2022 backlog by tumour site: <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>63 - 103 days</th> <th>≥104 days</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>12</td><td>4</td></tr> <tr><td>Children's cancer</td><td>1</td><td>0</td></tr> <tr><td>Gynaecological</td><td>59</td><td>22</td></tr> <tr><td>Haematological</td><td>1</td><td>11</td></tr> <tr><td>Head and neck</td><td>18</td><td>3</td></tr> <tr><td>Lower Gastrointestinal</td><td>78</td><td>57</td></tr> <tr><td>Lung</td><td>14</td><td>4</td></tr> <tr><td>Other</td><td>5</td><td>6</td></tr> <tr><td>Sarcoma</td><td>1</td><td>4</td></tr> <tr><td>Skin(c)</td><td>18</td><td>6</td></tr> <tr><td>Upper Gastrointestinal</td><td>42</td><td>33</td></tr> <tr><td>Urological</td><td>32</td><td>36</td></tr> <tr><td>Grand Total</td><td>281</td><td>186</td></tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	12	4	Children's cancer	1	0	Gynaecological	59	22	Haematological	1	11	Head and neck	18	3	Lower Gastrointestinal	78	57	Lung	14	4	Other	5	6	Sarcoma	1	4	Skin(c)	18	6	Upper Gastrointestinal	42	33	Urological	32	36	Grand Total	281	186	Number of patients with a wait status of more than 62 days <table border="1"> <caption>Number of patients with a wait status of more than 62 days</caption> <thead> <tr> <th>Month</th> <th>63-103 days</th> <th>≥ 104 days</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>350</td><td>250</td></tr> <tr><td>Dec-21</td><td>400</td><td>300</td></tr> <tr><td>Jan-22</td><td>450</td><td>300</td></tr> <tr><td>Feb-22</td><td>300</td><td>250</td></tr> <tr><td>Mar-22</td><td>250</td><td>150</td></tr> <tr><td>Apr-22</td><td>350</td><td>150</td></tr> <tr><td>May-22</td><td>300</td><td>150</td></tr> <tr><td>Jun-22</td><td>250</td><td>150</td></tr> <tr><td>Jul-22</td><td>350</td><td>150</td></tr> <tr><td>Aug-22</td><td>350</td><td>200</td></tr> <tr><td>Sep-22</td><td>400</td><td>200</td></tr> <tr><td>Oct-22</td><td>350</td><td>200</td></tr> <tr><td>Nov-22</td><td>300</td><td>150</td></tr> </tbody> </table>	Month	63-103 days	≥ 104 days	Nov-21	350	250	Dec-21	400	300	Jan-22	450	300	Feb-22	300	250	Mar-22	250	150	Apr-22	350	150	May-22	300	150	Jun-22	250	150	Jul-22	350	150	Aug-22	350	200	Sep-22	400	200	Oct-22	350	200	Nov-22	300	150
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<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In November 2022, the overall size of the follow-up waiting list increased by 2,256 patients compared with October 2022 (from 141,643 to 143,899).</p> <p>In November 2022, there was a total of 62,512 patients waiting for a follow-up past their target date. This is a slight in-month increase of 1.2% (from 61,772 in October 2022 to 65,512 in November 2022).</p> <p>Of the 62,512 delayed follow-ups in November 2022, 10,263 had appointment dates and 52,249 were still waiting for an appointment.</p> <p>In addition, 36,769 patients were waiting 100%+ over target date in November 2022. This is a 2.2% increase when compared with October 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> <table border="1"> <caption>Data for Chart 1: Total number of patients waiting for a follow-up</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>130,000</td></tr> <tr><td>Dec-21</td><td>130,000</td></tr> <tr><td>Jan-22</td><td>130,000</td></tr> <tr><td>Feb-22</td><td>130,000</td></tr> <tr><td>Mar-22</td><td>130,000</td></tr> <tr><td>Apr-22</td><td>130,000</td></tr> <tr><td>May-22</td><td>130,000</td></tr> <tr><td>Jun-22</td><td>130,000</td></tr> <tr><td>Jul-22</td><td>130,000</td></tr> <tr><td>Aug-22</td><td>130,000</td></tr> <tr><td>Sep-22</td><td>130,000</td></tr> <tr><td>Oct-22</td><td>130,000</td></tr> <tr><td>Nov-22</td><td>143,899</td></tr> </tbody> </table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>Data for Chart 2: Delayed follow-ups: Number of patients waiting 100% over target</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>30,000</td></tr> <tr><td>Dec-21</td><td>30,000</td></tr> <tr><td>Jan-22</td><td>30,000</td></tr> <tr><td>Feb-22</td><td>30,000</td></tr> <tr><td>Mar-22</td><td>25,000</td></tr> <tr><td>Apr-22</td><td>25,000</td></tr> <tr><td>May-22</td><td>25,000</td></tr> <tr><td>Jun-22</td><td>25,000</td></tr> <tr><td>Jul-22</td><td>25,000</td></tr> <tr><td>Aug-22</td><td>25,000</td></tr> <tr><td>Sep-22</td><td>25,000</td></tr> <tr><td>Oct-22</td><td>25,000</td></tr> <tr><td>Nov-22</td><td>25,000</td></tr> <tr><td>Dec-22</td><td>25,000</td></tr> <tr><td>Jan-23</td><td>25,000</td></tr> <tr><td>Feb-23</td><td>25,000</td></tr> <tr><td>Mar-23</td><td>20,000</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>	Month	Number of patients	Nov-21	130,000	Dec-21	130,000	Jan-22	130,000	Feb-22	130,000	Mar-22	130,000	Apr-22	130,000	May-22	130,000	Jun-22	130,000	Jul-22	130,000	Aug-22	130,000	Sep-22	130,000	Oct-22	130,000	Nov-22	143,899	Month	Number of patients	Nov-21	30,000	Dec-21	30,000	Jan-22	30,000	Feb-22	30,000	Mar-22	25,000	Apr-22	25,000	May-22	25,000	Jun-22	25,000	Jul-22	25,000	Aug-22	25,000	Sep-22	25,000	Oct-22	25,000	Nov-22	25,000	Dec-22	25,000	Jan-23	25,000	Feb-23	25,000	Mar-23	20,000
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<p>Stroke Measures</p> <p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <p>2. % of patients who received a CT Scan within 1 hour</p> <p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p>	<p>1. In November 2022, 14% of patients had a direct admission to an acute stroke unit within 4 hours. This is an improvement on the performance in October 2022 (6%).</p> <p>2. In November 2022, 37% of patients received a CT scan within 1 hour of being admitted, this is 5% higher than October 2022</p> <p>3. 92% of patients were assessed by a stroke specialist consultant physician within 24 hours in November 2022, which is a slight decrease of 0.1% from October 2022.</p> <p>4. In November 2022, 9% of patients were thrombolysed in a time of less than or equal to 45 minutes.</p> <p>Actions of Improvement; The lack of ring fenced beds on all wards across the hospital sites is challenging as bed capacity is limited by the pressures of unscheduled care demand. The lack of dedicated stroke beds is directly impacting the stroke related performance measures. Work is underway to focus on future stroke performance improvement.</p>	<p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <table border="1"> <caption>% 4 hour admissions (Morr)</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>10</td></tr> <tr><td>Dec-21</td><td>15</td></tr> <tr><td>Jan-22</td><td>10</td></tr> <tr><td>Feb-22</td><td>42</td></tr> <tr><td>Mar-22</td><td>15</td></tr> <tr><td>Apr-22</td><td>12</td></tr> <tr><td>May-22</td><td>20</td></tr> <tr><td>Jun-22</td><td>5</td></tr> <tr><td>Jul-22</td><td>5</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>6</td></tr> <tr><td>Nov-22</td><td>14</td></tr> </tbody> </table> <p>2. % of patients who received a CT Scan within 1 hour</p> <table border="1"> <caption>% 1 hr CT Scan (Morr)</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>40</td></tr> <tr><td>Dec-21</td><td>35</td></tr> <tr><td>Jan-22</td><td>40</td></tr> <tr><td>Feb-22</td><td>60</td></tr> <tr><td>Mar-22</td><td>45</td></tr> <tr><td>Apr-22</td><td>35</td></tr> <tr><td>May-22</td><td>40</td></tr> <tr><td>Jun-22</td><td>35</td></tr> <tr><td>Jul-22</td><td>35</td></tr> <tr><td>Aug-22</td><td>40</td></tr> <tr><td>Sep-22</td><td>55</td></tr> <tr><td>Oct-22</td><td>30</td></tr> <tr><td>Nov-22</td><td>37</td></tr> </tbody> </table> <p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <table border="1"> <caption>% assess within 24 hrs (Morr)</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>100</td></tr> <tr><td>Dec-21</td><td>100</td></tr> <tr><td>Jan-22</td><td>100</td></tr> <tr><td>Feb-22</td><td>100</td></tr> <tr><td>Mar-22</td><td>100</td></tr> <tr><td>Apr-22</td><td>100</td></tr> <tr><td>May-22</td><td>95</td></tr> <tr><td>Jun-22</td><td>100</td></tr> <tr><td>Jul-22</td><td>100</td></tr> <tr><td>Aug-22</td><td>100</td></tr> <tr><td>Sep-22</td><td>100</td></tr> <tr><td>Oct-22</td><td>95</td></tr> <tr><td>Nov-22</td><td>92</td></tr> </tbody> </table> <p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p> <table border="1"> <caption>% 45 mins thrombolysis (Morr)</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>10</td></tr> <tr><td>Dec-21</td><td>10</td></tr> <tr><td>Jan-22</td><td>0</td></tr> <tr><td>Feb-22</td><td>0</td></tr> <tr><td>Mar-22</td><td>0</td></tr> <tr><td>Apr-22</td><td>10</td></tr> <tr><td>May-22</td><td>10</td></tr> <tr><td>Jun-22</td><td>0</td></tr> <tr><td>Jul-22</td><td>0</td></tr> <tr><td>Aug-22</td><td>40</td></tr> <tr><td>Sep-22</td><td>0</td></tr> <tr><td>Oct-22</td><td>10</td></tr> <tr><td>Nov-22</td><td>10</td></tr> </tbody> </table>	Month	%	Nov-21	10	Dec-21	15	Jan-22	10	Feb-22	42	Mar-22	15	Apr-22	12	May-22	20	Jun-22	5	Jul-22	5	Aug-22	8	Sep-22	10	Oct-22	6	Nov-22	14	Month	%	Nov-21	40	Dec-21	35	Jan-22	40	Feb-22	60	Mar-22	45	Apr-22	35	May-22	40	Jun-22	35	Jul-22	35	Aug-22	40	Sep-22	55	Oct-22	30	Nov-22	37	Month	%	Nov-21	100	Dec-21	100	Jan-22	100	Feb-22	100	Mar-22	100	Apr-22	100	May-22	95	Jun-22	100	Jul-22	100	Aug-22	100	Sep-22	100	Oct-22	95	Nov-22	92	Month	%	Nov-21	10	Dec-21	10	Jan-22	0	Feb-22	0	Mar-22	0	Apr-22	10	May-22	10	Jun-22	0	Jul-22	0	Aug-22	40	Sep-22	0	Oct-22	10	Nov-22	10
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ADULT MENTAL HEALTH

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<p>Adult Mental Health Measures:</p> <ol style="list-style-type: none"> <i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i> <i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i> <i>% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</i> <i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i> 	<ol style="list-style-type: none"> In October 2022, 95% of assessments were undertaken within 28 days of referral for patients 18 years and over. In October 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%. 90% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in October 2022. In October 2022, 93.4% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%. 	<ol style="list-style-type: none"> <p>% Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>Data for Chart 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr><th>Month</th><th>% assessments within 28 days (>18 yrs)</th><th>Target</th></tr> </thead> <tbody> <tr><td>Oct-21</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-21</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-21</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-22</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-22</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-22</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-22</td><td>95%</td><td>95%</td></tr> <tr><td>May-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>95%</td><td>95%</td></tr> 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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In October 2022, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 91% of routine assessments were undertaken within 28 days from referral in October 2022 against a target of 80%.</p> <p>3. 36% of therapeutic interventions were started within 28 days following assessment by LPMHSS in October 2022.</p> <p>4. 40% of NDD patients received a diagnostic assessment within 26 weeks in October 2022 against a target of 80%.</p> <p>5. 90% of routine assessments by SCAMHS were undertaken within 28 days in October 2022.</p>	<p align="center">1. Crisis- assessment within 48 hours</p> <p align="center">2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p align="center">4. NDD- assessment within 26 weeks</p> <p align="center">5. S-CAMHS % assessments within 28 days</p>

4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES

FRACTURED NECK OF FEMUR (#NOF)

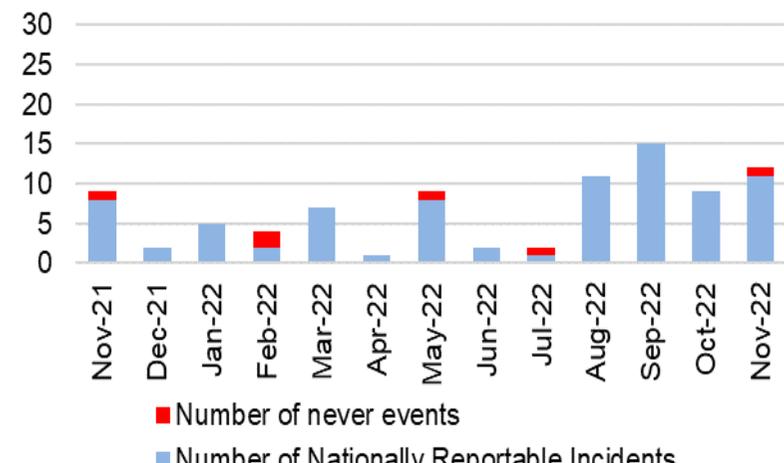
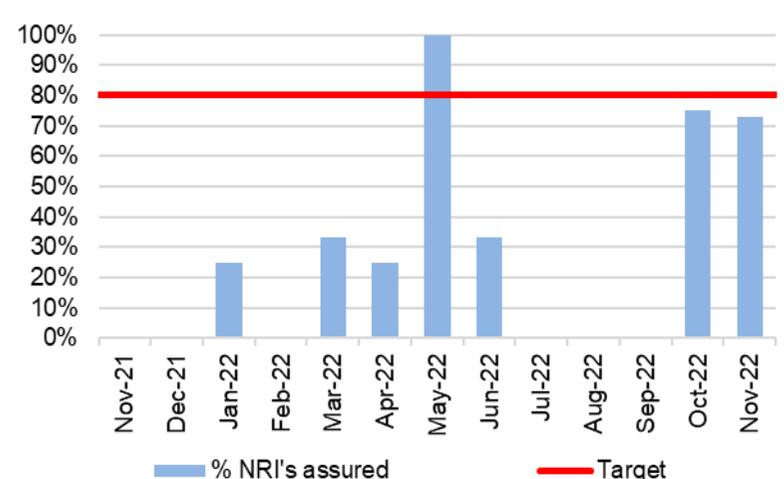
Description	Current Performance	Trend
<p>Fractured Neck of Femur (#NOF)</p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p>1. Prompt orthogeriatric assessment- In October 2022, 93.5% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In October 2022, 25.8% of patients had surgery the day following presentation with a hip fracture. This is a 31.9% deterioration from October 2021 which was 57.7%</p> <p>3. NICE compliant surgery- 71.6% of operations were consistent with the NICE recommendations in October 2022. This is 1.7% more than in October 2021.</p> <p>4. Prompt mobilisation- In October 2022, 74% of patients were out of bed the day after surgery. This is 2.9% more than in October 2021.</p>	<div style="text-align: center;"> <p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p> </div>

FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend																																																								
<p>5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i></p>	<p>5. Not delirious when tested- 76.8% of patients were not delirious in the week after their operation in October 2022.</p>	<p>5. Not delirious when tested</p> <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Oct-21</td><td>78</td><td>60</td><td>60</td></tr> <tr><td>Nov-21</td><td>78</td><td>60</td><td>60</td></tr> <tr><td>Dec-21</td><td>78</td><td>60</td><td>60</td></tr> <tr><td>Jan-22</td><td>78</td><td>60</td><td>60</td></tr> <tr><td>Feb-22</td><td>78</td><td>60</td><td>60</td></tr> <tr><td>Mar-22</td><td>78</td><td>60</td><td>60</td></tr> <tr><td>Apr-22</td><td>78</td><td>60</td><td>60</td></tr> <tr><td>May-22</td><td>78</td><td>60</td><td>60</td></tr> <tr><td>Jun-22</td><td>78</td><td>60</td><td>60</td></tr> <tr><td>Jul-22</td><td>78</td><td>60</td><td>60</td></tr> <tr><td>Aug-22</td><td>78</td><td>60</td><td>60</td></tr> <tr><td>Sep-22</td><td>78</td><td>60</td><td>60</td></tr> <tr><td>Oct-22</td><td>78</td><td>60</td><td>60</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Oct-21	78	60	60	Nov-21	78	60	60	Dec-21	78	60	60	Jan-22	78	60	60	Feb-22	78	60	60	Mar-22	78	60	60	Apr-22	78	60	60	May-22	78	60	60	Jun-22	78	60	60	Jul-22	78	60	60	Aug-22	78	60	60	Sep-22	78	60	60	Oct-22	78	60	60
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<p>6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i></p>	<p>6. Return to original residence- 69.4% of patients in October 2022 were discharged back to their original residence. This is 1% less than in October 2021.</p>	<p>6. Return to original residence</p> <table border="1"> <caption>6. Return to original residence - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Oct-21</td><td>65</td><td>65</td><td>65</td></tr> <tr><td>Nov-21</td><td>65</td><td>65</td><td>65</td></tr> <tr><td>Dec-21</td><td>65</td><td>65</td><td>65</td></tr> <tr><td>Jan-22</td><td>65</td><td>65</td><td>65</td></tr> <tr><td>Feb-22</td><td>65</td><td>65</td><td>65</td></tr> <tr><td>Mar-22</td><td>65</td><td>65</td><td>65</td></tr> <tr><td>Apr-22</td><td>65</td><td>65</td><td>65</td></tr> <tr><td>May-22</td><td>65</td><td>65</td><td>65</td></tr> <tr><td>Jun-22</td><td>65</td><td>65</td><td>65</td></tr> <tr><td>Jul-22</td><td>65</td><td>65</td><td>65</td></tr> <tr><td>Aug-22</td><td>65</td><td>65</td><td>65</td></tr> <tr><td>Sep-22</td><td>65</td><td>65</td><td>65</td></tr> <tr><td>Oct-22</td><td>69.4</td><td>65</td><td>65</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Oct-21	65	65	65	Nov-21	65	65	65	Dec-21	65	65	65	Jan-22	65	65	65	Feb-22	65	65	65	Mar-22	65	65	65	Apr-22	65	65	65	May-22	65	65	65	Jun-22	65	65	65	Jul-22	65	65	65	Aug-22	65	65	65	Sep-22	65	65	65	Oct-22	69.4	65	65
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<p>7. <i>30 day mortality rate</i></p>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p> <table border="1"> <caption>7. 30 day mortality rate - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jan-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr> <tr><td>Feb-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr> <tr><td>Mar-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr> <tr><td>Apr-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr> <tr><td>May-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr> <tr><td>Jun-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr> <tr><td>Jul-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr> <tr><td>Aug-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr> <tr><td>Sep-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr> <tr><td>Oct-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr> <tr><td>Nov-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr> <tr><td>Dec-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr> <tr><td>Jan-21</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.5	7.0	7.0	Feb-20	8.0	7.0	7.0	Mar-20	8.0	7.0	7.0	Apr-20	8.0	7.0	7.0	May-20	8.0	7.0	7.0	Jun-20	8.0	7.0	7.0	Jul-20	8.0	7.0	7.0	Aug-20	7.5	7.0	7.0	Sep-20	7.5	7.0	7.0	Oct-20	7.5	7.0	7.0	Nov-20	7.5	7.0	7.0	Dec-20	8.0	7.0	7.0	Jan-21	7.5	6.9	7.6
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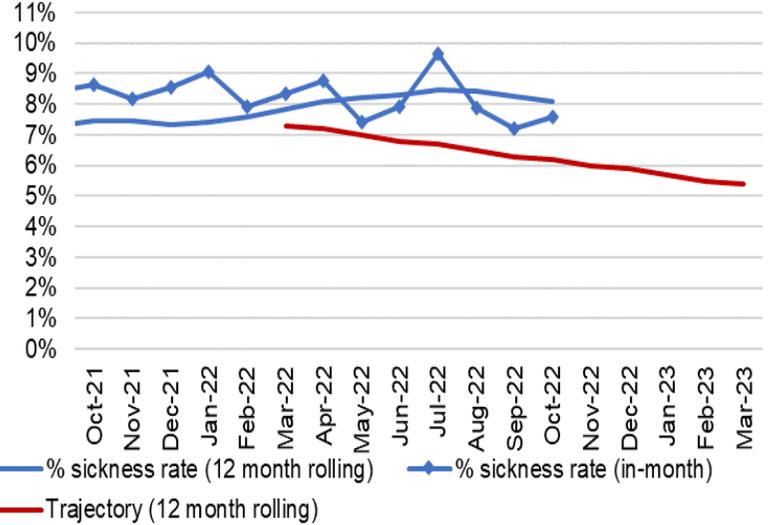
PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
<p>Number of pressure ulcers</p> <p>1. Total number of pressure ulcers developed in hospital and in the community</p> <p>2. Rate of pressure ulcers per 100,000 admission</p>	<p>1. In October 2022 there were 103 cases of healthcare acquired pressure ulcers, 44 of which were community acquired and 59 were hospital acquired.</p> <p>There were 3 grade 3+ pressure ulcers in October 2022, 2 of which were community acquired and 1 was hospital acquired.</p> <p>2. The rate per 100,000 admissions increased from 556 in September 2022 to 797 in October 2022.</p>	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table border="1"> <caption>Data for Pressure Ulcers Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Community Ulcers</th> <th>Hospital Ulcers</th> <th>Rate per 100,000 admissions</th> </tr> </thead> <tbody> <tr><td>Oct-21</td><td>70</td><td>50</td><td>600</td></tr> <tr><td>Nov-21</td><td>70</td><td>50</td><td>550</td></tr> <tr><td>Dec-21</td><td>110</td><td>60</td><td>650</td></tr> <tr><td>Jan-22</td><td>90</td><td>65</td><td>800</td></tr> <tr><td>Feb-22</td><td>90</td><td>55</td><td>650</td></tr> <tr><td>Mar-22</td><td>105</td><td>50</td><td>600</td></tr> <tr><td>Apr-22</td><td>75</td><td>45</td><td>550</td></tr> <tr><td>May-22</td><td>95</td><td>55</td><td>650</td></tr> <tr><td>Jun-22</td><td>85</td><td>55</td><td>600</td></tr> <tr><td>Jul-22</td><td>85</td><td>55</td><td>650</td></tr> <tr><td>Aug-22</td><td>105</td><td>55</td><td>600</td></tr> <tr><td>Sep-22</td><td>75</td><td>45</td><td>550</td></tr> <tr><td>Oct-22</td><td>105</td><td>65</td><td>797</td></tr> </tbody> </table>	Month	Community Ulcers	Hospital Ulcers	Rate per 100,000 admissions	Oct-21	70	50	600	Nov-21	70	50	550	Dec-21	110	60	650	Jan-22	90	65	800	Feb-22	90	55	650	Mar-22	105	50	600	Apr-22	75	45	550	May-22	95	55	650	Jun-22	85	55	600	Jul-22	85	55	650	Aug-22	105	55	600	Sep-22	75	45	550	Oct-22	105	65	797
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<p>Inpatient Falls</p> <p>The total number of inpatient falls</p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 178 in November 2022. This is 18% less than November 2021 where 213 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Data for Inpatient Falls Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Hospital falls</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>213</td></tr> <tr><td>Dec-21</td><td>205</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>170</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>180</td></tr> <tr><td>Nov-22</td><td>178</td></tr> </tbody> </table>	Month	Hospital falls	Nov-21	213	Dec-21	205	Jan-22	195	Feb-22	200	Mar-22	210	Apr-22	190	May-22	180	Jun-22	170	Jul-22	170	Aug-22	215	Sep-22	175	Oct-22	180	Nov-22	178																												
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NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend																																																																																				
<p>Nationally Reportable Incidents (NRI's)-</p> <p>1. The number of Nationally reportable incidents</p> <p>2. The number of Never Events</p> <p>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</p>	<p>1. The Health Board reported 11 Nationally Reportable Incidents for the month of November 2022 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - Morryston – 7 - Singleton & NPT – 3 - Primary Care - 1 <p>2. There was 1 new Never Event reported in November 2022.</p> <p>3. In November 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 73%.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p>  <table border="1"> <caption>Data for Chart 1: Number of nationally reportable incidents and never events</caption> <thead> <tr> <th>Month</th> <th>Number of Nationally Reportable Incidents</th> <th>Number of never events</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>8</td><td>1</td></tr> <tr><td>Dec-21</td><td>2</td><td>0</td></tr> <tr><td>Jan-22</td><td>5</td><td>0</td></tr> <tr><td>Feb-22</td><td>3</td><td>1</td></tr> <tr><td>Mar-22</td><td>7</td><td>0</td></tr> <tr><td>Apr-22</td><td>1</td><td>0</td></tr> <tr><td>May-22</td><td>8</td><td>1</td></tr> <tr><td>Jun-22</td><td>2</td><td>0</td></tr> <tr><td>Jul-22</td><td>1</td><td>1</td></tr> <tr><td>Aug-22</td><td>11</td><td>0</td></tr> <tr><td>Sep-22</td><td>15</td><td>0</td></tr> <tr><td>Oct-22</td><td>9</td><td>0</td></tr> <tr><td>Nov-22</td><td>11</td><td>1</td></tr> </tbody> </table> <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p> <p>3. % of nationally reportable incidents closed within the agreed timescales</p>  <table border="1"> <caption>Data for Chart 3: % of nationally reportable incidents closed within the agreed timescales</caption> <thead> <tr> <th>Month</th> <th>% NRI's assured</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>0%</td><td>80%</td></tr> <tr><td>Dec-21</td><td>0%</td><td>80%</td></tr> <tr><td>Jan-22</td><td>25%</td><td>80%</td></tr> <tr><td>Feb-22</td><td>0%</td><td>80%</td></tr> <tr><td>Mar-22</td><td>33%</td><td>80%</td></tr> <tr><td>Apr-22</td><td>25%</td><td>80%</td></tr> <tr><td>May-22</td><td>100%</td><td>80%</td></tr> <tr><td>Jun-22</td><td>33%</td><td>80%</td></tr> <tr><td>Jul-22</td><td>0%</td><td>80%</td></tr> <tr><td>Aug-22</td><td>0%</td><td>80%</td></tr> <tr><td>Sep-22</td><td>0%</td><td>80%</td></tr> <tr><td>Oct-22</td><td>75%</td><td>80%</td></tr> <tr><td>Nov-22</td><td>73%</td><td>80%</td></tr> </tbody> </table> <p>■ % NRI's assured — Target</p>	Month	Number of Nationally Reportable Incidents	Number of never events	Nov-21	8	1	Dec-21	2	0	Jan-22	5	0	Feb-22	3	1	Mar-22	7	0	Apr-22	1	0	May-22	8	1	Jun-22	2	0	Jul-22	1	1	Aug-22	11	0	Sep-22	15	0	Oct-22	9	0	Nov-22	11	1	Month	% NRI's assured	Target	Nov-21	0%	80%	Dec-21	0%	80%	Jan-22	25%	80%	Feb-22	0%	80%	Mar-22	33%	80%	Apr-22	25%	80%	May-22	100%	80%	Jun-22	33%	80%	Jul-22	0%	80%	Aug-22	0%	80%	Sep-22	0%	80%	Oct-22	75%	80%	Nov-22	73%	80%
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Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in November 2022, the percentage of completed discharge summaries was 71%.</p> <p>In November 2022, compliance ranged from 53% in NPT Hospital to 79% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% of completed discharge summaries</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>62%</td></tr> <tr><td>Dec-21</td><td>61%</td></tr> <tr><td>Jan-22</td><td>60%</td></tr> <tr><td>Feb-22</td><td>64%</td></tr> <tr><td>Mar-22</td><td>62%</td></tr> <tr><td>Apr-22</td><td>59%</td></tr> <tr><td>May-22</td><td>65%</td></tr> <tr><td>Jun-22</td><td>63%</td></tr> <tr><td>Jul-22</td><td>62%</td></tr> <tr><td>Aug-22</td><td>68%</td></tr> <tr><td>Sep-22</td><td>70%</td></tr> <tr><td>Oct-22</td><td>65%</td></tr> <tr><td>Nov-22</td><td>71%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	Nov-21	62%	Dec-21	61%	Jan-22	60%	Feb-22	64%	Mar-22	62%	Apr-22	59%	May-22	65%	Jun-22	63%	Jul-22	62%	Aug-22	68%	Sep-22	70%	Oct-22	65%	Nov-22	71%																																										
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Crude Mortality Rate	<p>October 2022 reports the crude mortality rate for the Health Board at 0.78%, which is the lower than the figure reported in September 2022.</p> <p>A breakdown by Hospital for October 2022:</p> <ul style="list-style-type: none"> • Morriston – 1.37% • Singleton – 0.40% • NPT – 0.04% 	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Oct-21</td><td>1.7%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr> <tr><td>Nov-21</td><td>1.8%</td><td>0.5%</td><td>0.1%</td><td>0.9%</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>0.8%</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>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>May-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Jun-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Jul-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Aug-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Sep-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Oct-22</td><td>1.4%</td><td>0.4%</td><td>0.0%</td><td>0.78%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Oct-21	1.7%	0.5%	0.1%	1.0%	Nov-21	1.8%	0.5%	0.1%	0.9%	Dec-21	1.6%	0.5%	0.1%	0.9%	Jan-22	1.5%	0.6%	0.1%	0.8%	Feb-22	1.5%	0.5%	0.1%	0.8%	Mar-22	1.5%	0.5%	0.1%	0.8%	Apr-22	1.5%	0.5%	0.1%	0.8%	May-22	1.5%	0.5%	0.1%	0.8%	Jun-22	1.5%	0.5%	0.1%	0.8%	Jul-22	1.5%	0.5%	0.1%	0.8%	Aug-22	1.5%	0.5%	0.1%	0.8%	Sep-22	1.5%	0.5%	0.1%	0.8%	Oct-22	1.4%	0.4%	0.0%	0.78%
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WORKFORCE

Description	Current Performance	Trend																		
<p>Staff sickness rates- <i>Percentage of sickness absence rate of staff</i></p> <ul style="list-style-type: none"> Our in-month sickness performance deteriorated from 7.19% in September 2022 to 7.57% in October 2022. The 12-month rolling performance improved slightly from 8.25% in September 2022 to 8.08% in October 2022. The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in October 2022. <table border="1" data-bbox="517 703 1200 1326"> <thead> <tr> <th>Absence Reason</th> <th>FTE Days Lost</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Anxiety/ stress/ depression/ other psychiatric illnesses</td> <td>7821.84</td> <td>28.5%</td> </tr> <tr> <td>Infectious diseases</td> <td>3510.15</td> <td>12.8%</td> </tr> <tr> <td>Other known causes – not elsewhere classified</td> <td>2250.85</td> <td>8.2%</td> </tr> <tr> <td>Other musculoskeletal problems</td> <td>2005.87</td> <td>7.3%</td> </tr> <tr> <td>Gastrointestinal problems</td> <td>1735.03</td> <td>6.3%</td> </tr> </tbody> </table>	Absence Reason	FTE Days Lost	%	Anxiety/ stress/ depression/ other psychiatric illnesses	7821.84	28.5%	Infectious diseases	3510.15	12.8%	Other known causes – not elsewhere classified	2250.85	8.2%	Other musculoskeletal problems	2005.87	7.3%	Gastrointestinal problems	1735.03	6.3%		<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)</p>  <p>The chart displays three data series over time from October 2021 to March 2023. The y-axis represents the percentage of FTE days lost to sickness absence, ranging from 0% to 11% in 1% increments. The x-axis lists months from Oct-21 to Mar-23. The 12-month rolling sickness rate (solid blue line) starts at approximately 7.5% in Oct-21 and generally trends upwards, peaking at about 8.5% in Jul-22 before declining to around 7.5% by Oct-22. The in-month sickness rate (blue line with diamond markers) fluctuates around the 12-month rolling rate, with a notable peak of nearly 10% in Jul-22. The 12-month rolling trajectory (solid red line) shows a steady decline from about 7.5% in Mar-22 to approximately 5.5% in Mar-23.</p>
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Theatre Efficiency 1. <i>Theatre Utilisation Rates</i> 2. <i>% of theatre sessions starting late</i> 3. <i>% of theatre sessions finishing early</i> 4. <i>% of theatre sessions cancelled at short notice (<28 days)</i> 5. <i>% of operations cancelled on the day</i>	<p>In November 2022 the Theatre Utilisation rate was 74%. This is an in-month deterioration of 3% and are lower rates than those seen in November 2021.</p> <p>35% of theatre sessions started late in November 2022. This is a 5% improvement on performance seen in October 2022 (40%).</p> <p>In November 2022, 44% of theatre sessions finished early. This is 1% lower than figures seen in October 2022 and 4% lower than those seen in November 2021</p> <p>9% of theatre sessions were cancelled at short notice in November 2022. This is 1% higher than figures reported in October 2022 and is 2% higher than figures seen in November 2021.</p> <p>Of the operations cancelled in November 2022, 34% of them were cancelled on the day. This is a improvement from 40% in October 2022.</p>	<div style="text-align: center;"> 1. Theatre Utilisation Rates </div> <table border="1"> <caption>1. Theatre Utilisation Rates (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>65</td></tr> <tr><td>Dec-21</td><td>60</td></tr> <tr><td>Jan-22</td><td>70</td></tr> <tr><td>Feb-22</td><td>68</td></tr> <tr><td>Mar-22</td><td>68</td></tr> <tr><td>Apr-22</td><td>68</td></tr> <tr><td>May-22</td><td>75</td></tr> <tr><td>Jun-22</td><td>78</td></tr> <tr><td>Jul-22</td><td>68</td></tr> <tr><td>Aug-22</td><td>58</td></tr> <tr><td>Sep-22</td><td>68</td></tr> <tr><td>Oct-22</td><td>75</td></tr> <tr><td>Nov-22</td><td>74</td></tr> </tbody> </table> <div style="text-align: center;"> 2. And 3. % theatre sessions starting late/finishing </div> <table border="1"> <caption>2. 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PATIENT EXPERIENCE

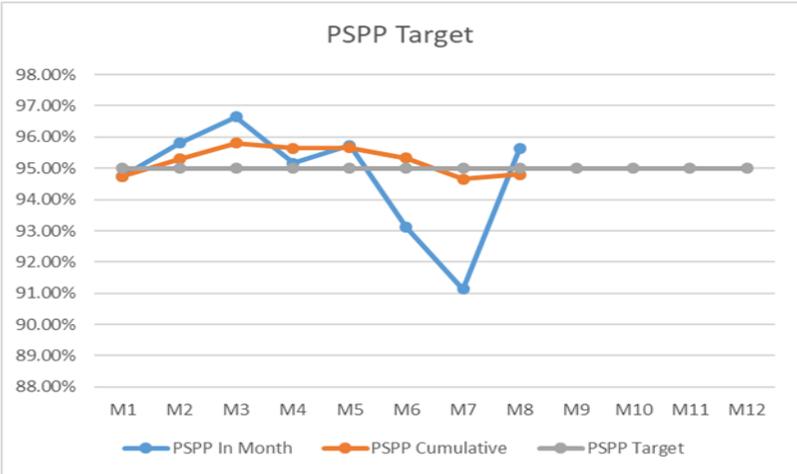
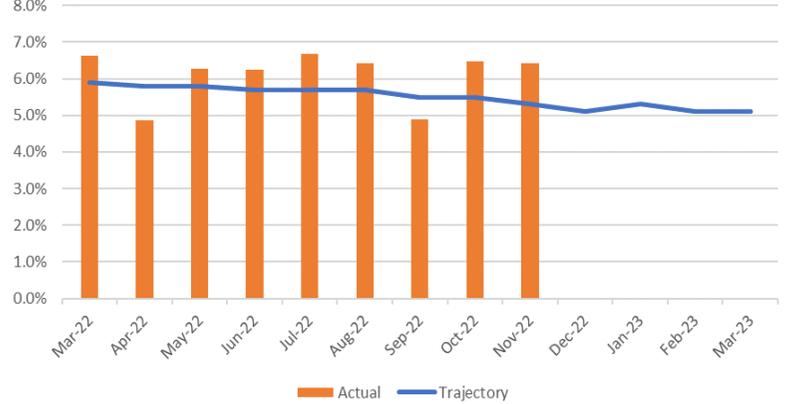
Description	Current Performance	Trend
<p>Patient experience</p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p>	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in November 2022 was 91% and 4,287 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 2,374 surveys in November 2022, with a recommended score of 93%. Morrison Hospital completed 1,760 surveys in November 2022, with a recommended score of 88%. Primary & Community Care completed 150 surveys for November 2022, with a recommended score of 95%. The Mental Health Service Group completed 35 surveys for November 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>

FINANCE UPDATES

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

Description	Current Performance	Trend																																							
<p>Revenue Financial Position – expenditure incurred against revenue resource limit</p>	<ul style="list-style-type: none"> The Health Board now has a balanced annual plan with a forecast breakeven position for 2022/23, following receipt of the previously detailed £24.4m deficit. This comprised of the following assumptions: <ul style="list-style-type: none"> Underlying Deficit b/f of £42.1m Increased WG Funding 22/23 of £22.1m Savings Requirement of £27m Recognised growth & investment of £31.4m Covid transition funding and extraordinary pressures (utilities, real living wage & National insurance) will be fully funded by WG. The actual month variance is an overspend in month of £0.404m and a cumulative overspend position of £4.100m. 	<p>HEALTH BOARD FINANCIAL PERFORMANCE 2022/23</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Health Board Position (£'000)</th> <th>Forecast Position (£'000)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>2,247</td><td></td></tr> <tr><td>M2</td><td>2,387</td><td></td></tr> <tr><td>M3</td><td>2,573</td><td></td></tr> <tr><td>M4</td><td>-5,376</td><td></td></tr> <tr><td>M5</td><td>661</td><td></td></tr> <tr><td>M6</td><td>692</td><td></td></tr> <tr><td>M7</td><td>512</td><td></td></tr> <tr><td>M8</td><td>404</td><td></td></tr> <tr><td>M9</td><td></td><td>-1,025</td></tr> <tr><td>M10</td><td></td><td>-1,025</td></tr> <tr><td>M11</td><td></td><td>-1,025</td></tr> <tr><td>M12</td><td></td><td>-1,025</td></tr> </tbody> </table>	Month	Health Board Position (£'000)	Forecast Position (£'000)	M1	2,247		M2	2,387		M3	2,573		M4	-5,376		M5	661		M6	692		M7	512		M8	404		M9		-1,025	M10		-1,025	M11		-1,025	M12		-1,025
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Description	Current Performance	Trend
<p>Capital Financial Position – expenditure incurred against capital resource limit</p>	<ul style="list-style-type: none"> The forecast outturn capital position for 2022/23 is an overspend of £1.325m. Allocations are anticipated from Welsh Government which will balance this position. Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government. 	<p style="text-align: center;">Capital - Cumulative Performance to Plan</p>
<p>Workforce Spend – workforce expenditure profile</p>	<ul style="list-style-type: none"> The pay budgets are overspent by £1.063m in November. Funding has been allocated to : <ul style="list-style-type: none"> support additional transition and recovery costs associated with COVID, Variable pay has increased slightly in month 8, with the biggest component of the increase attributable to bank and WLI, with a decrease in overtime and slight decreases in both medical and non-medical Agency spend during the month. Non-medical agency continues to be the main factor of variable pay expenditure - this reflects operational pressures, increasing sickness levels and recovery actions. 	<p style="text-align: center;">Variable Pay Expenditure</p>

Description	Current Performance	Trend																																																				
<p>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> The PSPP compliance has fallen below target cumulatively at 94.81%. In November the compliance stands at 95.63%. Although the PSPP was achieved this month, there were still delays in receipting and nurse bank. 	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p>  <table border="1"> <caption>PSPP Target</caption> <thead> <tr> <th>Month</th> <th>PSPP In Month (%)</th> <th>PSPP Cumulative (%)</th> <th>PSPP Target (%)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>95.00</td><td>94.81</td><td>95.00</td></tr> <tr><td>M2</td><td>95.80</td><td>95.20</td><td>95.00</td></tr> <tr><td>M3</td><td>96.80</td><td>95.80</td><td>95.00</td></tr> <tr><td>M4</td><td>95.20</td><td>95.60</td><td>95.00</td></tr> <tr><td>M5</td><td>95.80</td><td>95.40</td><td>95.00</td></tr> <tr><td>M6</td><td>93.20</td><td>95.00</td><td>95.00</td></tr> <tr><td>M7</td><td>91.00</td><td>94.81</td><td>95.00</td></tr> <tr><td>M8</td><td>95.63</td><td>94.81</td><td>95.00</td></tr> <tr><td>M9</td><td>95.00</td><td>94.81</td><td>95.00</td></tr> <tr><td>M10</td><td>95.00</td><td>94.81</td><td>95.00</td></tr> <tr><td>M11</td><td>95.00</td><td>94.81</td><td>95.00</td></tr> <tr><td>M12</td><td>95.00</td><td>94.81</td><td>95.00</td></tr> </tbody> </table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	95.00	94.81	95.00	M2	95.80	95.20	95.00	M3	96.80	95.80	95.00	M4	95.20	95.60	95.00	M5	95.80	95.40	95.00	M6	93.20	95.00	95.00	M7	91.00	94.81	95.00	M8	95.63	94.81	95.00	M9	95.00	94.81	95.00	M10	95.00	94.81	95.00	M11	95.00	94.81	95.00	M12	95.00	94.81	95.00
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<p>Agency spend as a of the total pay bill</p>	<ul style="list-style-type: none"> The agency spend as a percentage of the total pay bill is currently above the outlined ministerial priority trajectory with 6.41% of the total pay bill being attributed to agency spend in November 2022. 	<p>Agency spend as a percentage of the total pay bill</p>  <table border="1"> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Trajectory (%)</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>6.5</td><td>5.8</td></tr> <tr><td>Apr-22</td><td>4.8</td><td>5.7</td></tr> <tr><td>May-22</td><td>6.2</td><td>5.6</td></tr> <tr><td>Jun-22</td><td>6.2</td><td>5.5</td></tr> <tr><td>Jul-22</td><td>6.6</td><td>5.5</td></tr> <tr><td>Aug-22</td><td>6.4</td><td>5.4</td></tr> <tr><td>Sep-22</td><td>4.8</td><td>5.3</td></tr> <tr><td>Oct-22</td><td>6.4</td><td>5.2</td></tr> <tr><td>Nov-22</td><td>6.4</td><td>5.1</td></tr> <tr><td>Dec-22</td><td>5.1</td><td>5.0</td></tr> <tr><td>Jan-23</td><td>5.3</td><td>5.0</td></tr> <tr><td>Feb-23</td><td>5.1</td><td>5.0</td></tr> <tr><td>Mar-23</td><td>5.1</td><td>5.0</td></tr> </tbody> </table>	Month	Actual (%)	Trajectory (%)	Mar-22	6.5	5.8	Apr-22	4.8	5.7	May-22	6.2	5.6	Jun-22	6.2	5.5	Jul-22	6.6	5.5	Aug-22	6.4	5.4	Sep-22	4.8	5.3	Oct-22	6.4	5.2	Nov-22	6.4	5.1	Dec-22	5.1	5.0	Jan-23	5.3	5.0	Feb-23	5.1	5.0	Mar-23	5.1	5.0										
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5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

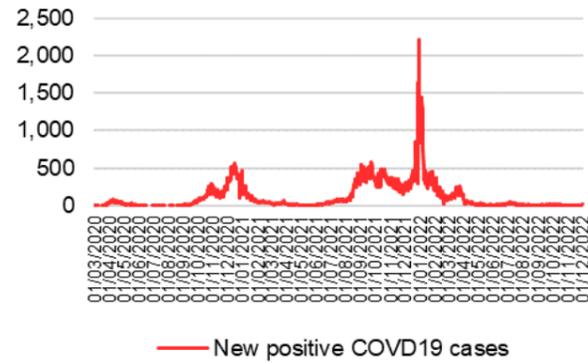


Chart 2: Number of new COVID19 cases (cumulative)

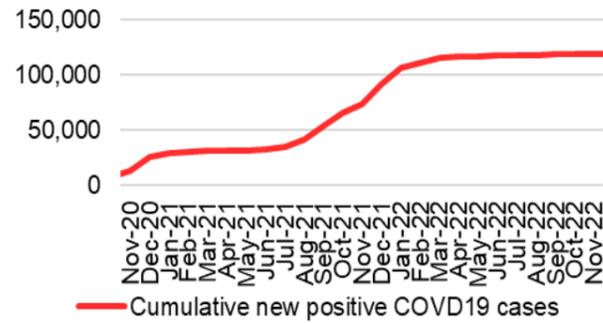


Chart 3: Number of COVID19 tests completed and positivity rate

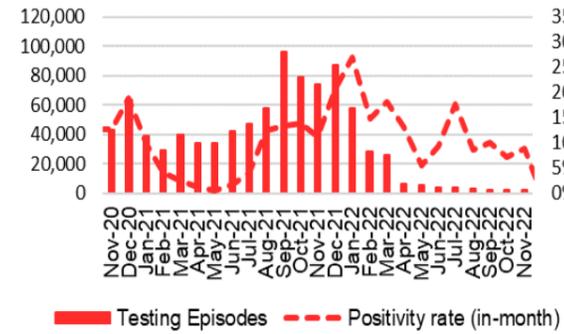


Chart 4: Number of staff referred for Antigen testing

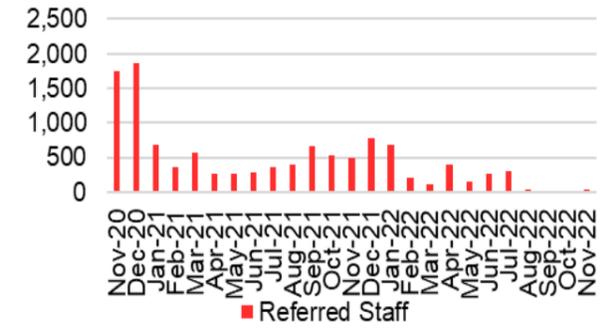


Chart 5: Outcome of staff COVID19/ antigen tests

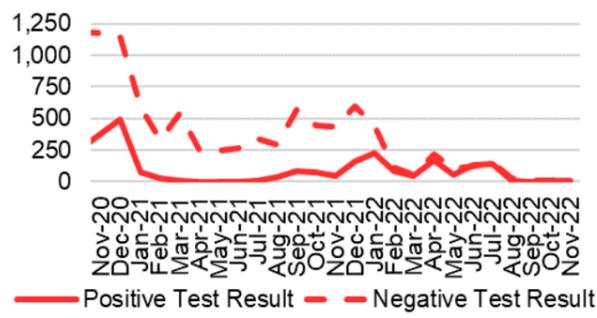


Chart 6: Number of COVID19 related incidents

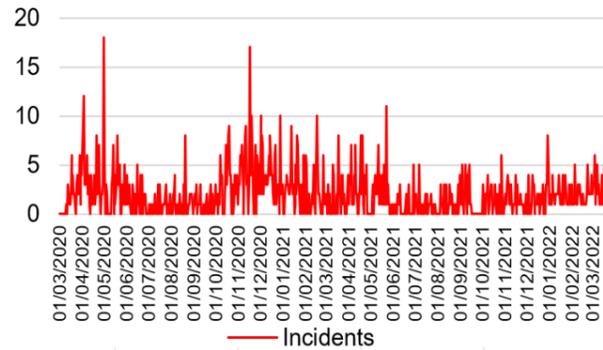


Chart 7: Number of COVID19 related serious incidents

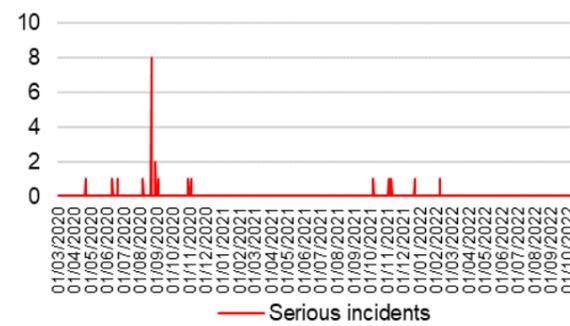


Chart 8: Number of COVID19 related complaints

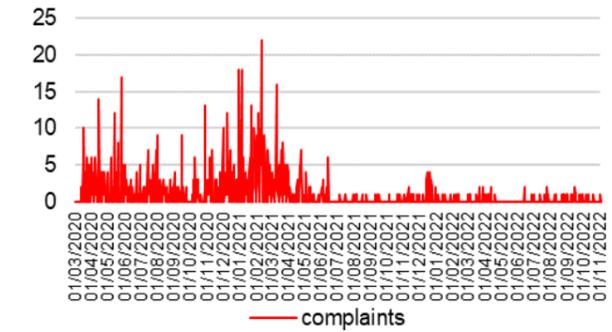


Chart 9: Number of COVID19 related risks

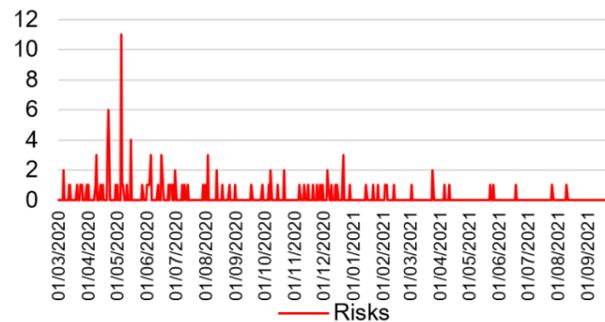


Chart 10: Number of staff self-isolating (asymptomatic)

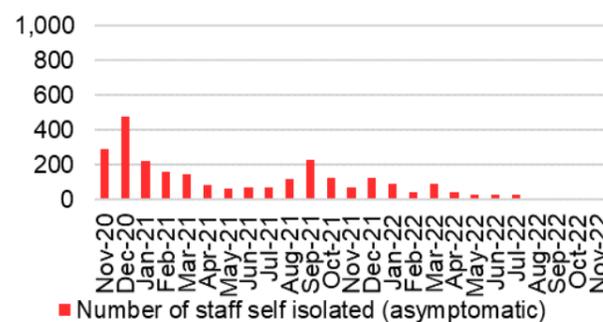


Chart 11: Number of staff self isolating (symptomatic)

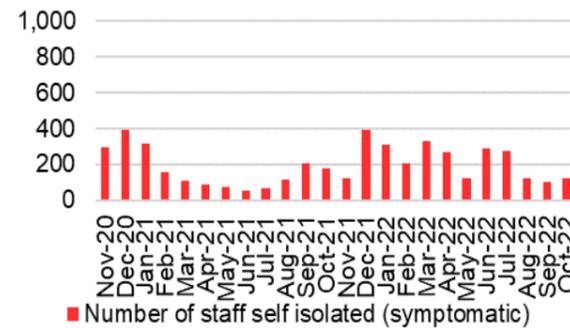


Chart 12: % staff sickness

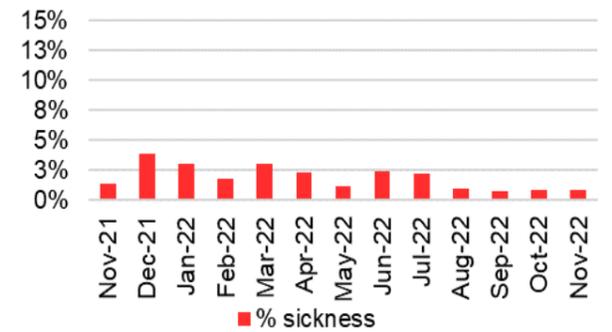


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

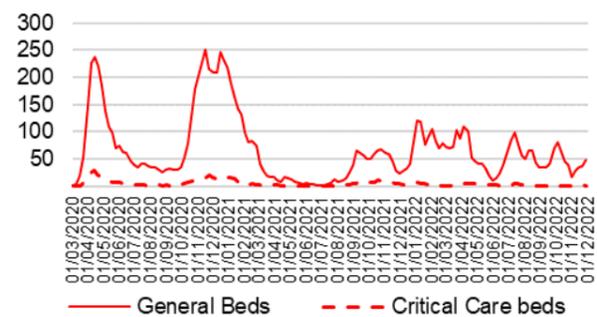


Chart 14: Number of hospital deaths with any mention of COVID19



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

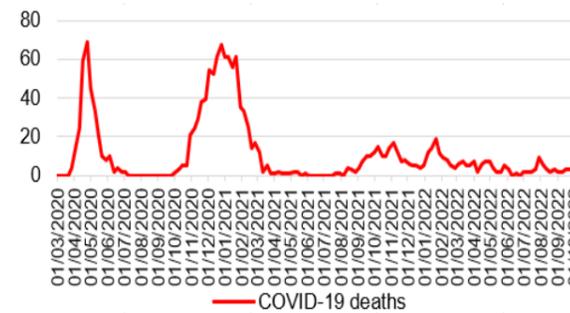
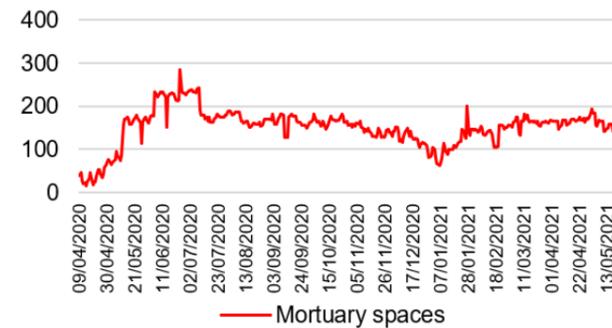


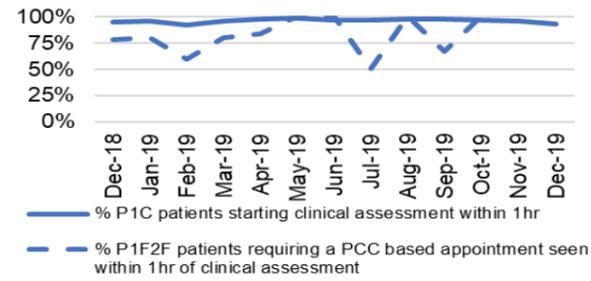
Chart 16: Number of mortuary spaces



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111



Service continues to experience issues with data reporting. It is anticipated that up to date accurate data will be available shortly.

Chart 2: % red calls responded to within 8 minutes

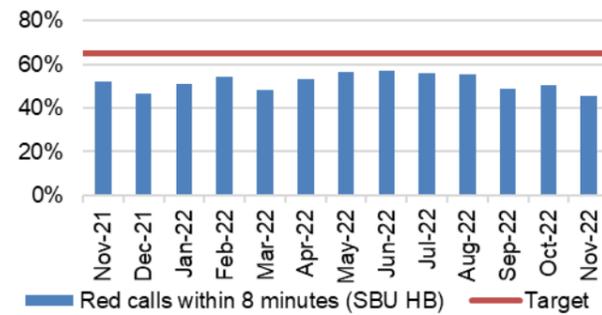


Chart 3: Number of ambulance handovers over 1 hour

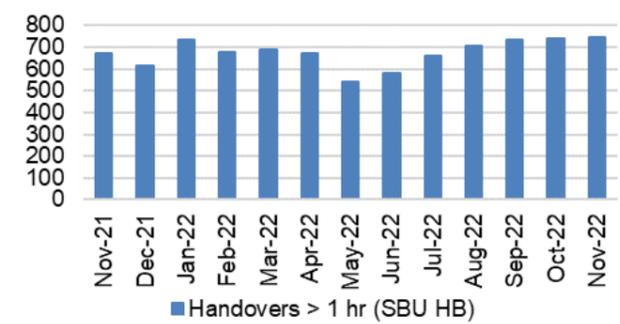


Chart 4: Lost hours- notification to ambulance handover over 15 minutes



Chart 5: A&E Attendances

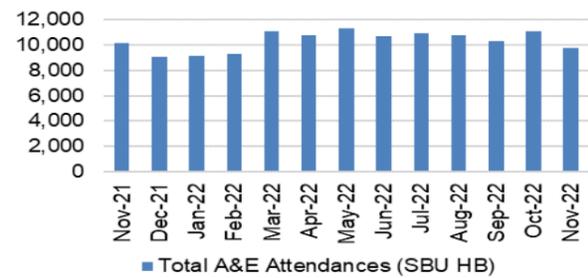


Chart 6: % patients who spend less than 4 hours in A&E

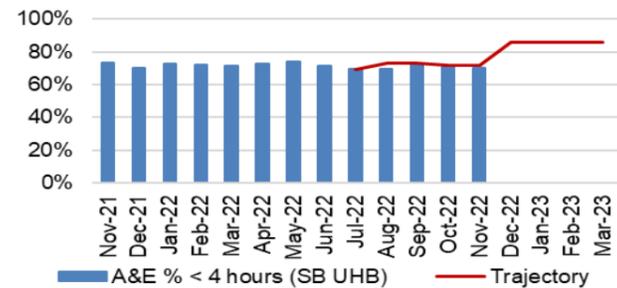


Chart 7: Number of patients waiting over 12 hours in A&E

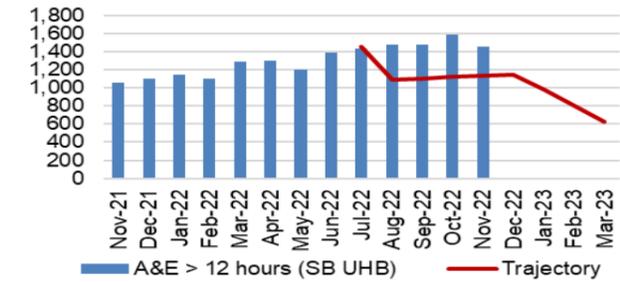


Chart 8: Number of emergency admissions

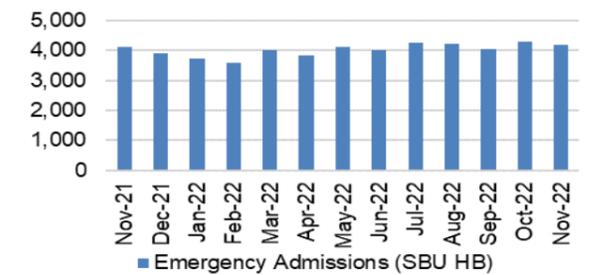


Chart 9: Elective procedures cancelled due to lack of beds



Chart 10: Number of clinically optimised patients



Chart 11: Delay reason for clinically optimised patients

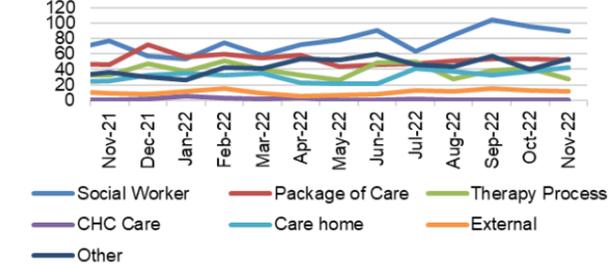


Chart 12: Average lost bed days (per day)

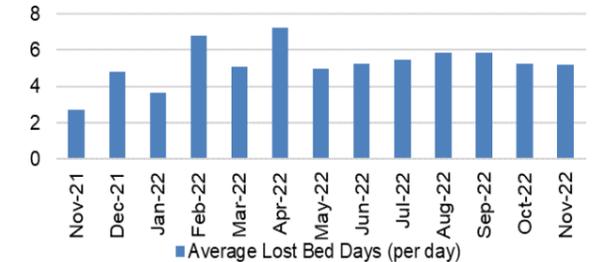


Chart 13; % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

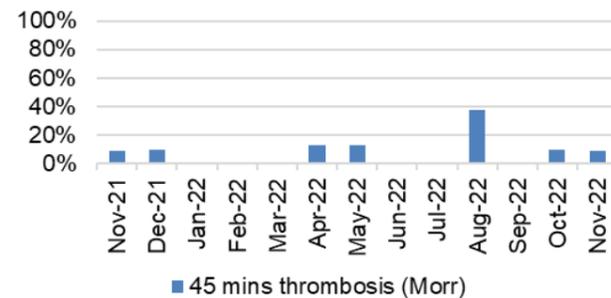


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

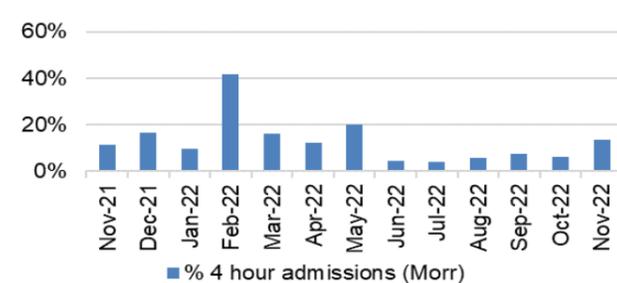


Chart 15: % of stroke patients receiving CT scan with 1 hour

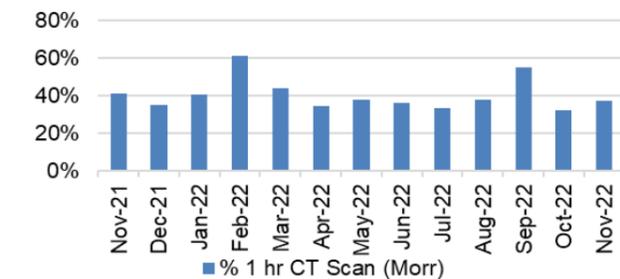
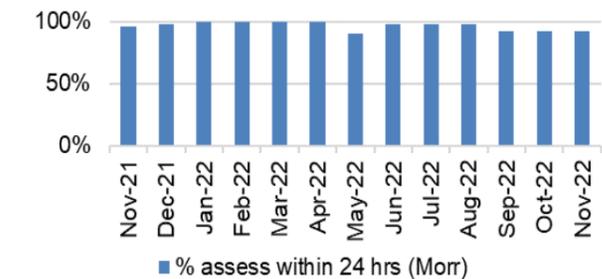


Chart 16: % stroke patients receiving consultant assessment within 24 hours



HARM FROM REDUCTION IN NON-COVID ACTIVITY

Primary and Community Care Overview

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

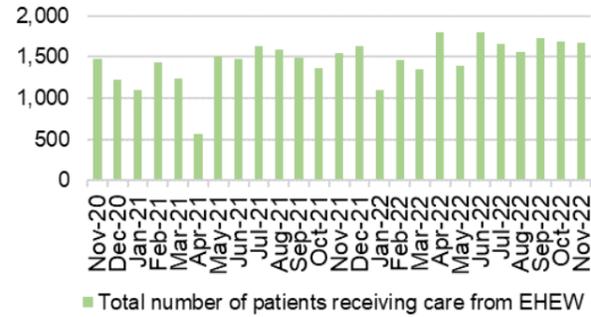


Chart 2: GMS - Escalation Levels



Chart 3: GMS - Sustainability



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

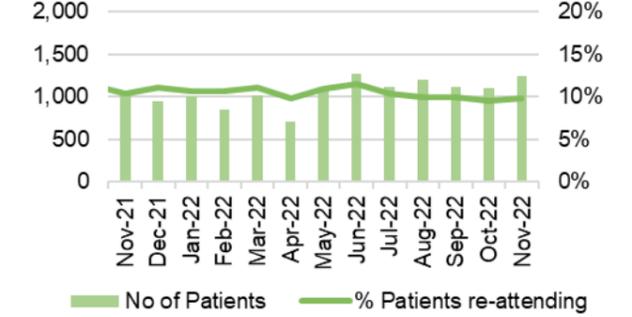


Chart 5: General Dental Services - Activity

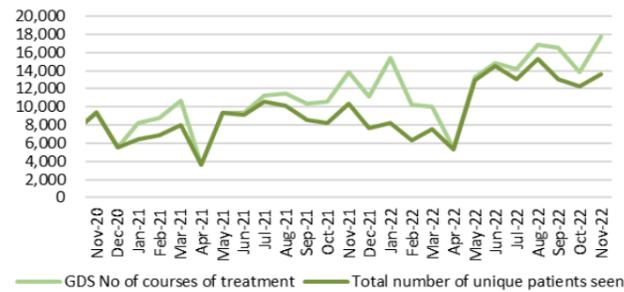


Chart 6: General Dental Services - New Patients

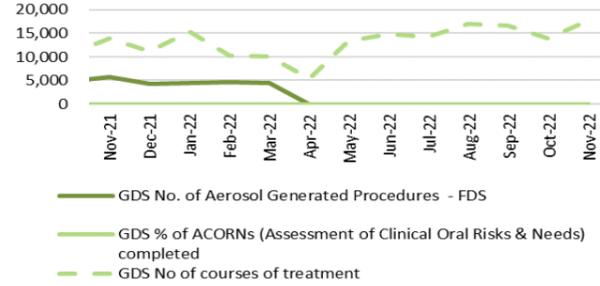


Chart 7: General Dental Services - ACORNs/FV

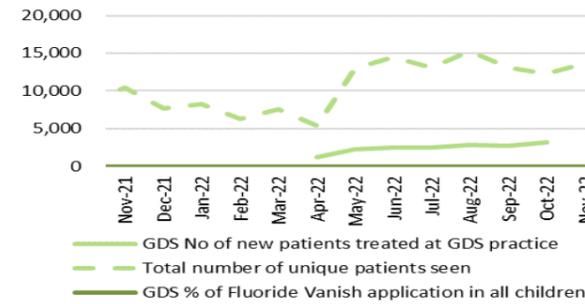


Chart 8: Optometry Activity – sight tests

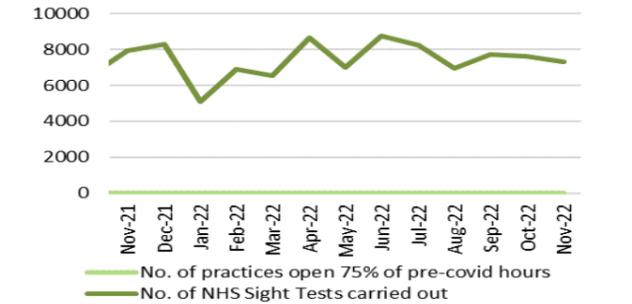


Chart 9: Optometry Activity – low vision care

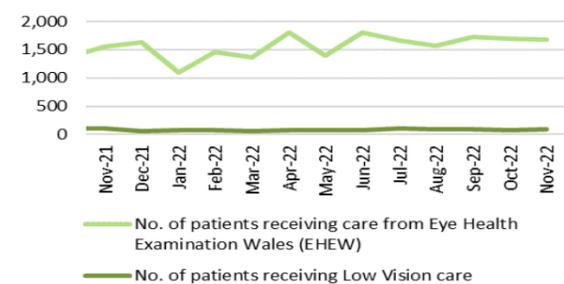


Chart 10: Community Pharmacy – Escalation levels

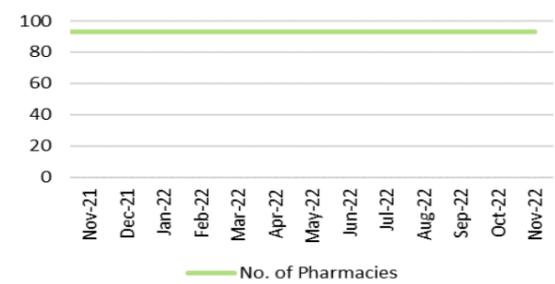


Chart 11: Community Pharmacy – Common Ailment Scheme



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

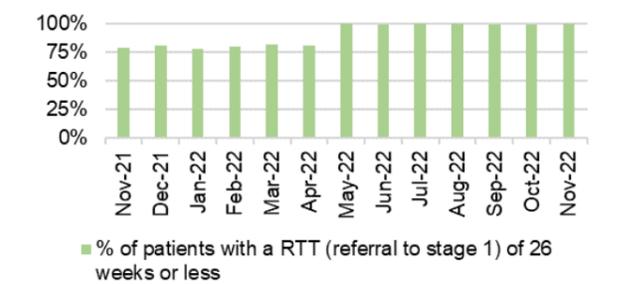


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

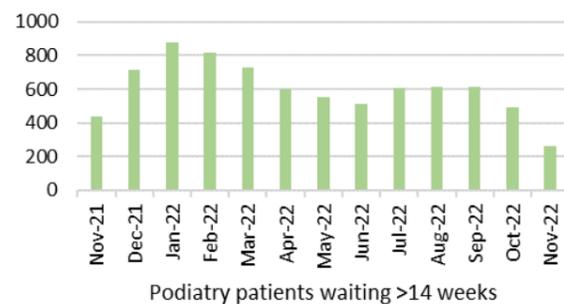


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

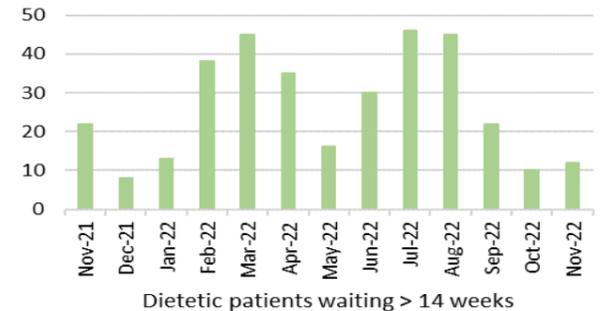


Chart 15: Audiology- Total number of patients waiting > 14 weeks

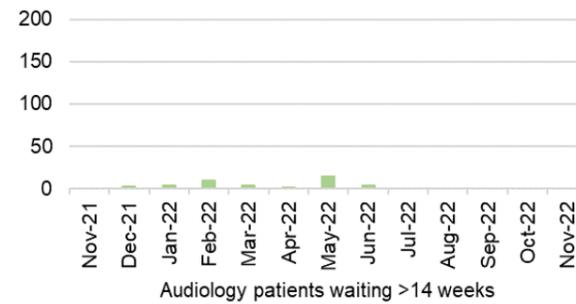
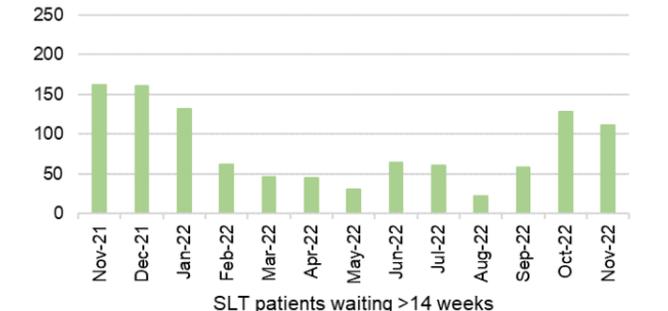


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity Planned Care Overview

Chart 1: Number of GP Referrals into secondary care



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



Chart 3: Number of patients waiting over 36 weeks for treatment

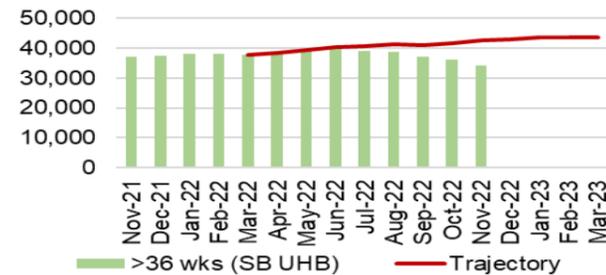


Chart 4: Number of patients waiting over 52 weeks for treatment



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

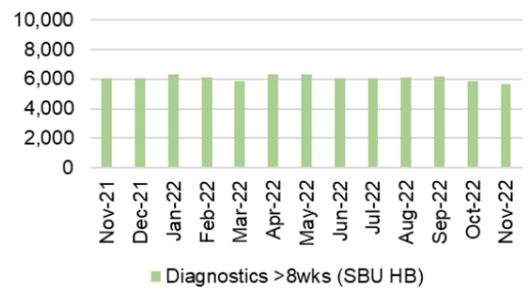


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

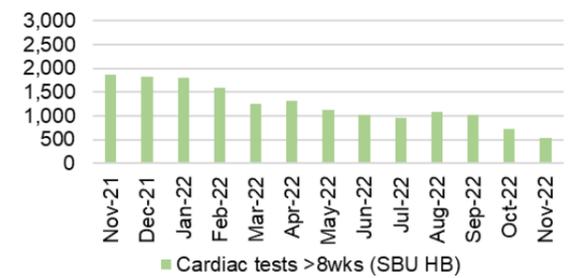


Chart 7: Number of patients waiting more than 14 weeks for Therapies

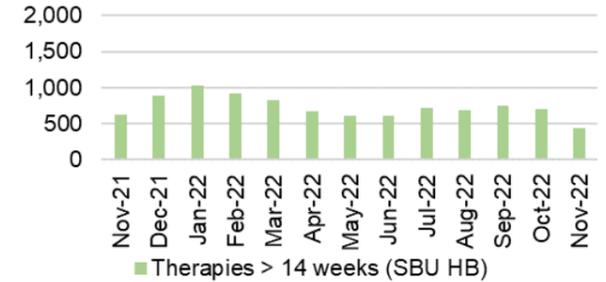


Chart 8: Cancer referrals

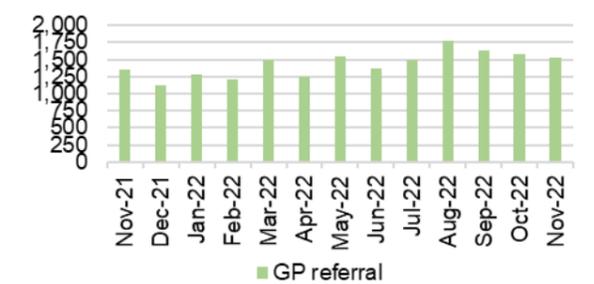


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

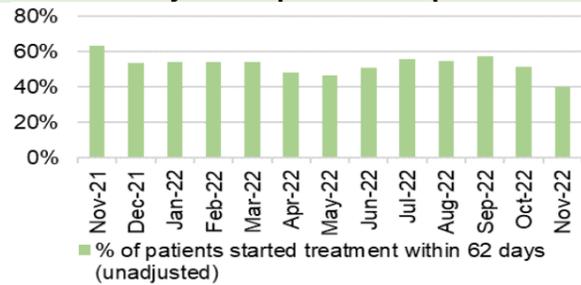


Chart 10: Number of new cancer patients starting definitive treatment

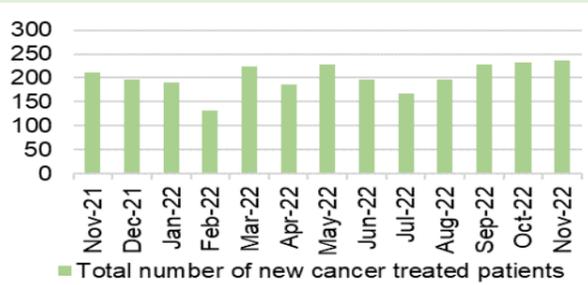


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days



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

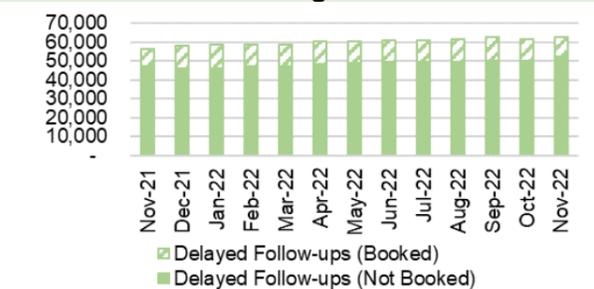


Chart 13: Number of patients without a documented clinical review date

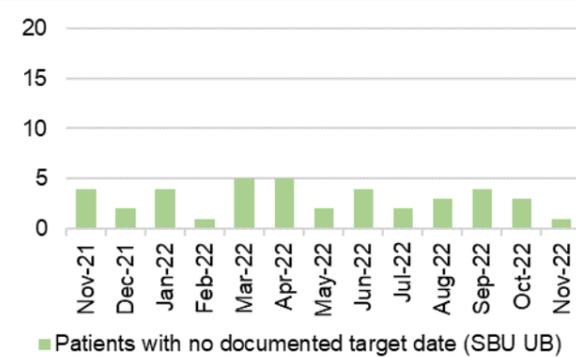


Chart 14: Ophthalmology patients without an allocated health risk factor

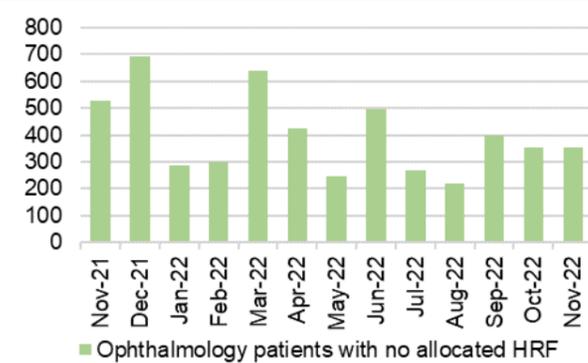


Chart 15: Total number of patients on the follow-up waiting list

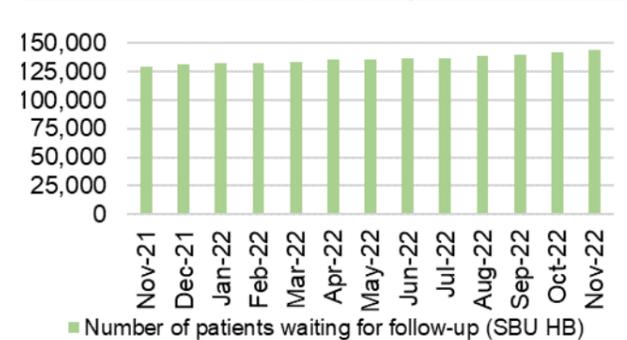
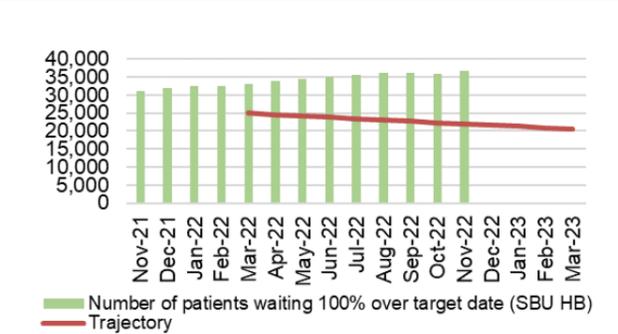


Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

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



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

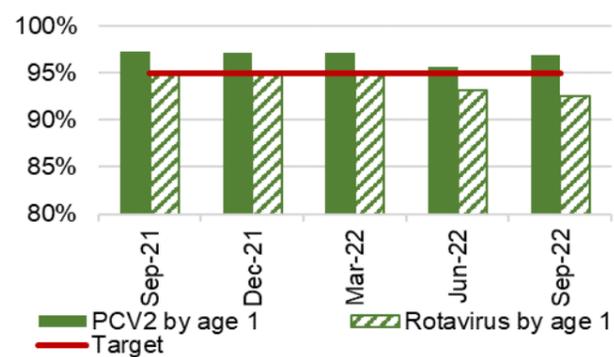


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

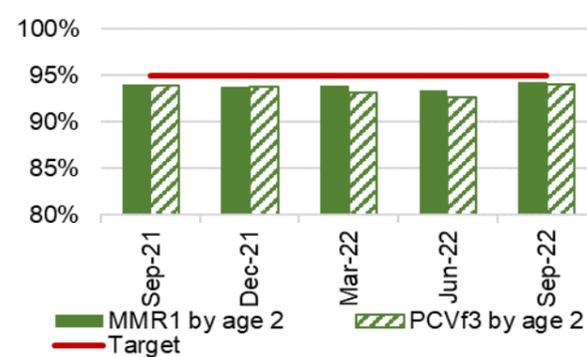


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

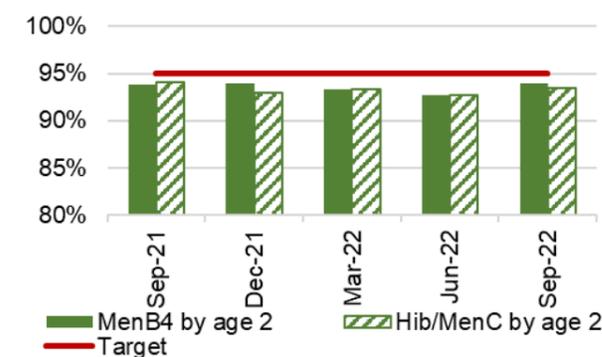


Chart 5: % children who are up to date in schedule by age 4

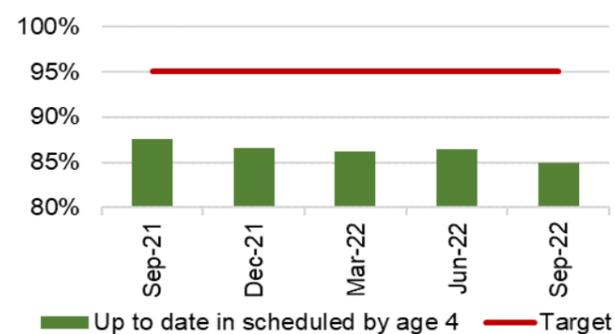


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5



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

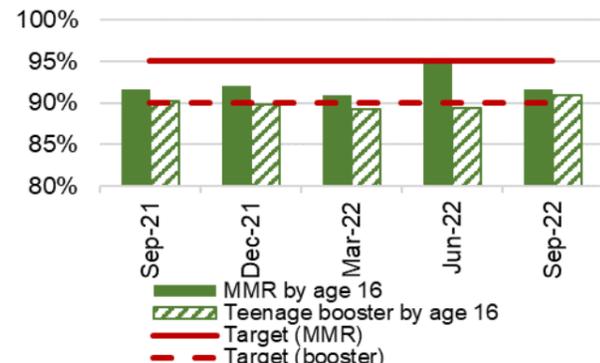


Chart 8: % children who received MenACWY vaccine by age 16

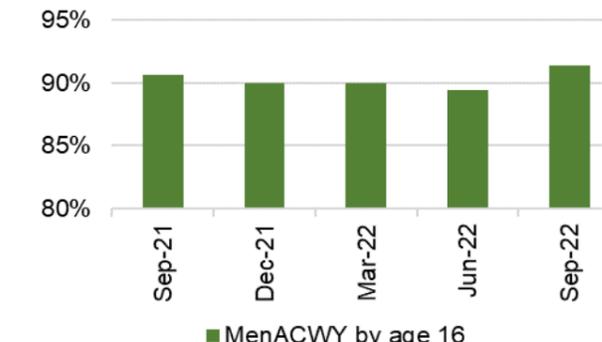
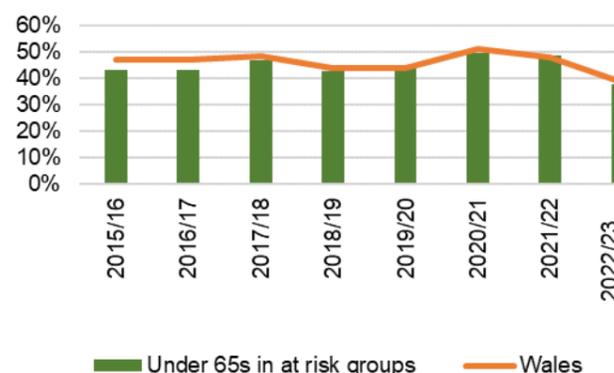


Chart 9: Influenza uptake for amongst 65 year olds and over



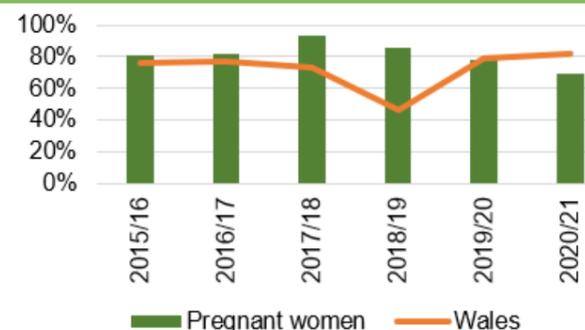
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



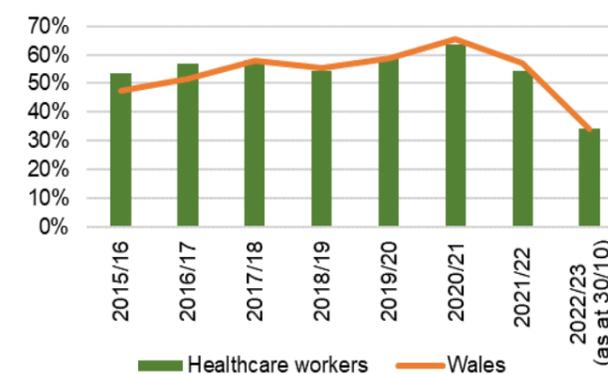
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

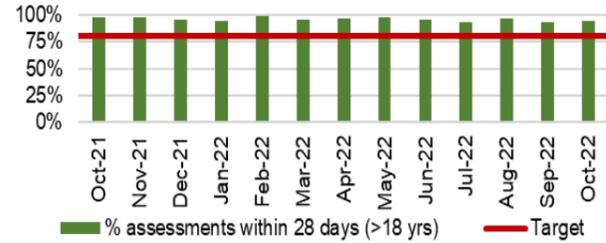


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

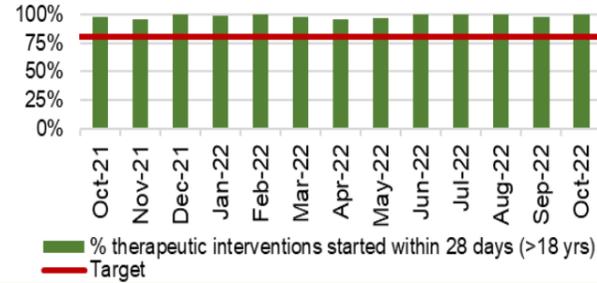


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

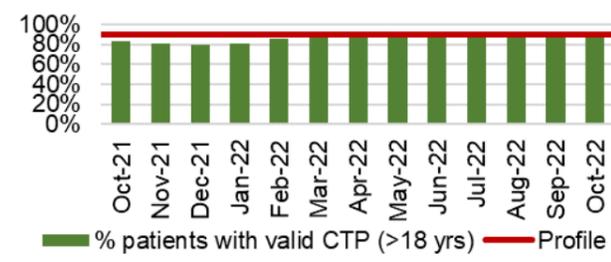


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

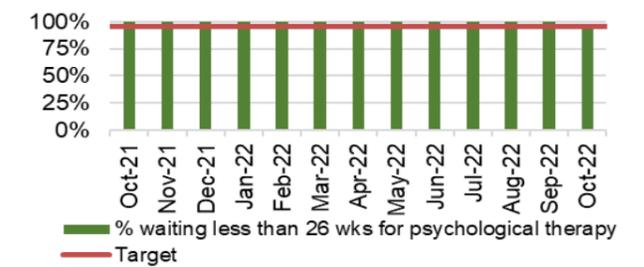


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

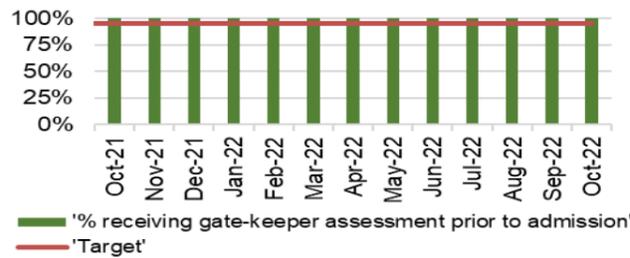


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

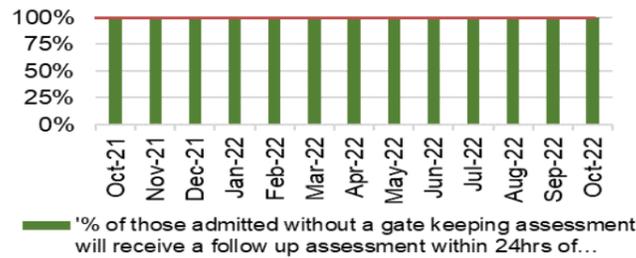


Chart 7: % of patients waiting under 14 weeks for Therapies

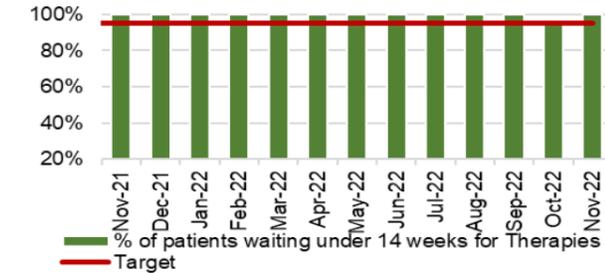


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

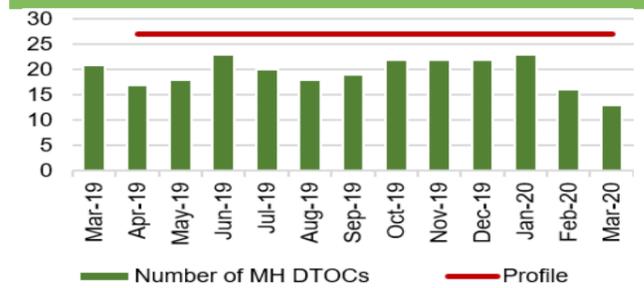


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

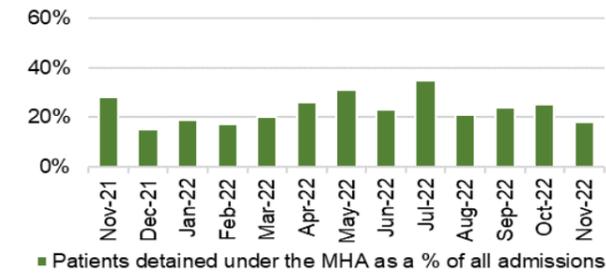


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

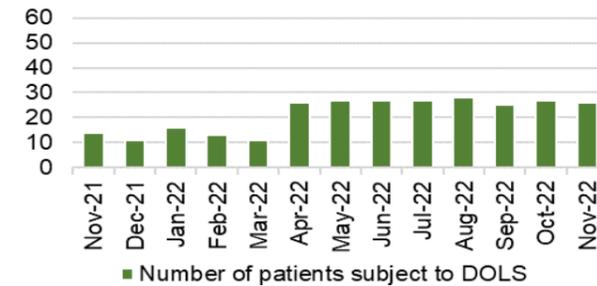


Chart 11: Number of Nationally Reportable Incidents

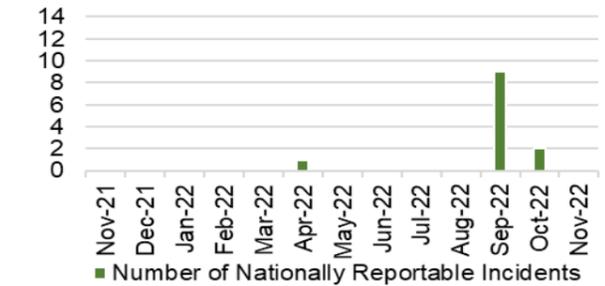
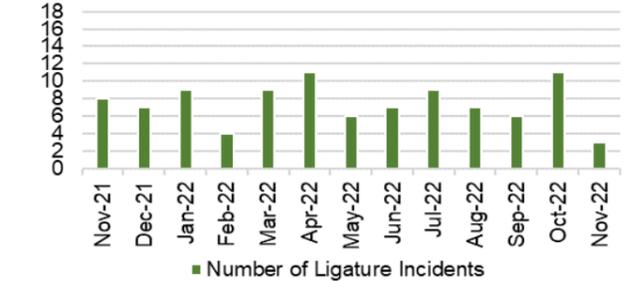


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

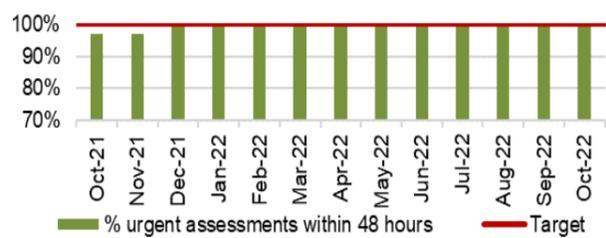


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

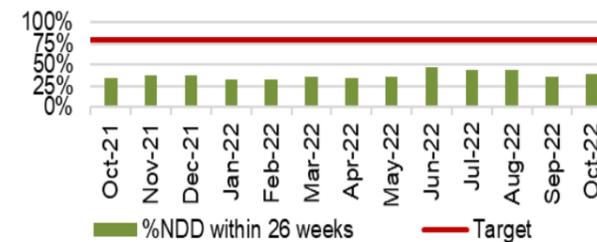


Chart 15: Assessment and intervention within 28 days

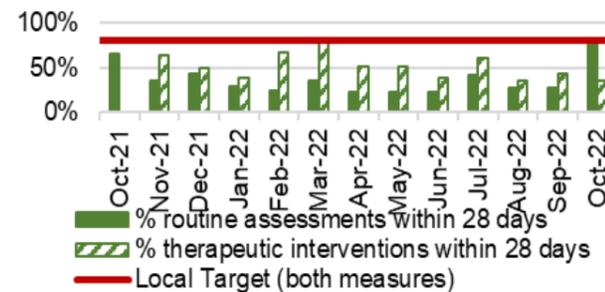
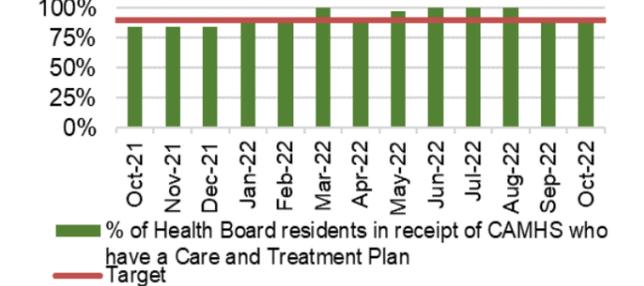


Chart 16: % of residents with a Care and Treatment Plan



APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

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	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	
COVID19 related measures	Number of new COVID19 cases	Local	Nov-22	171		Reduce					8,247	18,167	15,433	4,209	4,749	835	286	372	600	217	218	171	171	
	Number of staff referred for Antigen Testing	Local	Nov-22	17,981		Reduce					14,969	15,756	16,447	16,647	16,756	17,158	17,315	17,579	17,878	17,916	17,926	17,934	17,981	
	Number of staff awaiting results of COVID19 test	Local	Nov-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Nov-22	61		Reduce					53	54	59	55	57	83	39	52	91	46	84	61	51	
	Number of COVID19 related serious incidents	Local	Nov-22	0		Reduce					3	1	0	1	0	0	0	0	0	0	0	1	0	0
	Number of COVID19 related complaints	Local	Nov-22	3		Reduce					14	20	4	4	10	6	0	4	5	6	11	3	3	
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Nov-22	0		Reduce					65	126	87	43	87	42	29	28	26	8	5	1	0	
	Number of staff self isolated (symptomatic)	Local	Nov-22	124		Reduce					120	393	309	204	326	270	125	287	272	121	100	121	124	
% sickness	Local	Nov-22	0.9%		Reduce					1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%		
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	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Nov-22	46%	65%	65%	✘	50.0% (Sep-22)	4th (Sep-22)		52%	46%	51%	54%	48%	53%	56%	57%	56%	55%	49%	50%	46%	
	Number of ambulance handovers over one hour	National	Nov-22	744	0			6,360 (Sep-22)	1st (Sep-22)		670	612	735	678	687	671	538	578	659	705	732	739	744	
	Handover hours lost over 15 minutes	Local	Nov-22	4456							2,461	2,527	3,390	3,110	3,023	3,286	1,892	2,920	2,976	3,870	4,378	4,599	4,456	
	% 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	Nov-22	70%	95%			67.8% (Sep-22)	3rd (Sep-22)		73%	70%	73%	72%	71%	73%	74%	72%	69%	70%	73%	71%	70%	
	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	Nov-22	1456	0			10,230 (Sep-22)	5th (Sep-22)		1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						52.4%	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	Jun-22	89.0%	12 month ↑			69% (Jun-22)	2nd (Jun-22)		89.0%	88.0%	89.0%	89.0%	89.0%	89.0%	90.0%	89.0%						
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Nov-22	14%	54.0%						11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	
	CT Scan (<1 hrs) (local)	Local	Nov-22	37%							40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Nov-22	92%							95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	
	Thrombolysis door to needle <= 45 mins	Local	Nov-22	9%							9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	
	% stroke patients who receive mechanical thrombectomy	National	Nov-22	4%	10%			0.3% (Aug-22)	Joint 2nd (Aug-22)		4.2%	0.0%	1.9%	0.0%	1.7%	1.8%	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	4.0%	
% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Nov-22	38%	12 month ↑			48.8% (Aug-22)	6th (Aug-22)		54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%		
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	Nov-22	73.0%	90%	80%					0%	0%	25%	0%	33%	25%	100%	33%	-	0%	-	75%	73%	
	Number of new Never Events	National		1	0	0	✘				1	0	0	2	0	0	1	0	1	0	0	0	1	
	Number of risks with a score greater than 20	Local	Nov-22	136		12 month ↓	✘				121	122	129	127	140	140	134	132	128	131	133	134	136	
	Number of risks with a score greater than 16	Local	Nov-22	278		12 month ↓	✘				238	241	249	253	271	276	266	264	259	269	270	268	278	

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	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Nov-22	70.0	<67		✘	68.97 (Sep-22)	3rd (Sep-22)		80.5	77.1	73.8	74.6	73.7	96.5	79.6	70.8	68.9	74.5	70.4	69.4	70.0		
	Number of E.Coli bacteraemia cases (Hospital)			11							5	5	7	9	4	13	8	5	3	11	7	12	11		
	Number of E.Coli bacteraemia cases (Community)			Nov-22	12							17	12	8	17	17	18	13	12	18	21	8	10	12	
	Total number of E.Coli bacteraemia cases				23							22	17	15	26	21	31	21	17	21	32	15	22	23	
	Cumulative cases of S.aureus bacteraemias per 100k pop			Nov-22	39.0	<20		✘	27.81 (Sep-22)	6th (Sep-22)		37.2	36.0	36.3	35.8	35.6	43.6	50.5	41.0	39.8	38.4	39.3	41.0	39.0	
	Number of S.aureus bacteraemias cases (Hospital)				3							1	5	2	7	7	6	9	7	6	5	8	13	3	
	Number of S.aureus bacteraemias cases (Community)			Nov-22	5							3	4	11	3	4	7	9	2	6	6	5	4	5	
	Total number of S.aureus bacteraemias cases				8							4	9	13	10	11	13	18	9	12	11	13	17	8	
	Cumulative cases of C.difficile per 100k pop			Nov-22	50.9	<25		✘	37.95 (Sep-22)	5th (Sep-22)		53.3	51.3	50.3	49.8	50.1	40.5	36.7	41.0	42.9	47.6	46.9	48.9	50.9	
	Number of C.difficile cases (Hospital)				10							10	11	11	8	12	11	7	7	10	16	11	15	10	
	Number of C.difficile cases (Community)			Nov-22	11							10	1	3	5	6	2	4	9	6	6	3	5	11	
	Total number of C.difficile cases				21							20	12	14	13	18	13	11	16	16	22	14	20	21	
	Cumulative cases of Klebsiella per 100k pop			Nov-22	26.0							26.5	26.5	25.3	24.3	24.0	18.7	21.4	22.6	24.5	25.0	25.5	24.9	26.0	
	Number of Klebsiella cases (Hospital)				6							2	6	5	3	4	4	7	6	4	4	1	3	6	
	Number of Klebsiella cases (Community)			Nov-22	5							5	3	0	1	3	2	1	2	7	4	9	4	5	
	Total number of Klebsiella cases				11					73 Total (Sep-22)	3rd (Sep-22)		7	9	5	4	7	6	8	8	11	8	10	7	11
	Cumulative cases of Aeruginosa per 100k pop			Nov-22	11.9							5.4	6.1	5.8	6.2	6.1	6.2	6.1	8.2	9.2	9.2	10.2	11.3	11.9	
	Number of Aeruginosa cases (Hospital)				5							3	3	1	2	0	1	1	3	2	3	4	3	5	
	Number of Aeruginosa cases (Community)			Nov-22	0							0	1	0	1	2	1	1	1	2	0	1	3	0	
	Total number of Aeruginosa cases				5					14 Total (Sep-22)	6th (Sep-22)		3	4	1	3	2	2	2	4	4	3	5	6	5
Hand Hygiene Audits- compliance with WHO 5 moments		Local	Nov-22	95.5%		95%	✓				92%	96%	95%	96%	93%	96%	96%	98%	96%	90%	97%	96%	96%		
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Oct-22	59		12 month ↓	✓				43	56	65	53	49	45	58	53	58	54	39	59			
	Number of pressure ulcers developed in the community			Oct-22	44		12 month ↓	✓			31	55	27	38	56	33	39	32	27	50	40	44			
	Total number of pressure ulcers				103		12 month ↓	✘			74	111	92	91	105	78	97	85	85	104	79	103			
	Number of grade 3+ pressure ulcers acquired in hospital				1		12 month ↓	✓			2	4	9	6	5	3	2	3	5	3	0	1			
	Number of grade 3+ pressure ulcers acquired in community			Oct-22	2		12 month ↓	✓			8	14	1	15	11	2	10	12	2	11	6	2			
	Total number of grade 3+ pressure ulcers			Oct-22	3		12 month ↓	✓			10	18	10	21	16	5	12	15	7	14	6	3			
Inpatient Falls	Number of Inpatient Falls	Local	Nov-22	178		12 month ↓	✓				213	208	196	199	209	190	182	172	174	216	175	184	178		
	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✓				98.5%	96.1%	96.1%	97.2%											
Mortality	Stage 2 mortality reviews required	Local	Feb-22	7							10	6	7	7											
	% stage 2 mortality reviews completed	Local	Nov-21	50.00%		100%	✘				50.0%														
	Crude hospital mortality rate (74 years of age or less)	National	Oct-22	0.78%	12 month ↓						0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	0.83%	0.83%	0.81%	0.78%			
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Nov-22	88%		98%	✘				92.2%	89.1%	93.4%	92.3%	96.9%	95.7%	93.9%	93.7%	90.5%	86.2%	87.6%	87.5%	88.2%		
Coding	% of episodes clinically coded within 1 month of discharge	Local	Oct-22	84%	95%	95%	✘				76%	84%	86%	95%	81%	44%	68%	81%	82%	77%	81%	84%			
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Nov-22	71%		100%	✘				63%	62%	61%	65%	63%	60%	66%	64%	63%	69%	70%	66%	71%		
Workforce	Agency spend as a % of the total pay bill	National	Sep-22	4.89%	12 month ↓			8.5% (Mar-22)	7th out of 10 organisations (Mar-22)		5.9%	5.7%	5.7%	6.2%	6.6%	4.9%	6.3%	6.2%	6.7%	6.4%	4.9%				
	Overall staff engagement score – scale score method	National	2020	75%	Improvement			75% (2020)	6th out of 10 organisations (2020)																
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Nov-22	68%	85%	85%	✘	56.4% (Apr-22)	8th out of 10 organisations (Apr-22)		55%	57%	56%	56%	56%	56%	56%	55%	58%	61%	64%	67%	68%		
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Nov-22	84%	85%	85%	✘	79.5% (Apr-22)	7th out of 10 organisations (Apr-22)		80%	80%	80%	80%	80%	80%	80%	80%	80%	81%	81%	82%	83%	84%	
	% workforce sickness absence (12 month rolling)	National	Oct-22	8.08%	12 month ↓			7.09% (Apr-22)	9th out of 10 organisations (Apr-22)		7.44%	7.33%	7.43%	7.58%	7.82%	8.11%	8.20%	8.29%	8.46%	8.44%	8.25%	8.08%			
	% staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	National	2020	67.1%	Improvement			67.8% (2020)	7th out of 10 organisations (2020)																

Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/Local Profile	Profile Status	Welsh Average/Total	SBU's all-Wales rank	Performance Trend	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Nov-22	9.9%	4 quarter ↓						10.5%	11.1%	10.8%	10.7%	11.1%	9.8%	10.9%	11.5%	10.4%	10.0%	10.0%	9.6%	9.9%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Nov-22	40.3%	12 month ↑			52.5% (Aug-22)	2nd out of 6 organisations (Aug-22)		63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	40.3%
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Nov-22	19%	80%		✘				12%	12%	5%	14%	13%	14%	5%	18%	2%	10%	5%	18%	19%
	Scheduled (21 Day Target)	Local	Nov-22	82%	100%		✘				30%	37%	48%	51%	70%	63%	36%	51%	29%	35%	34%	65%	82%
	Urgent SC (2 Day Target)	Local	Nov-22	17%	80%		✘				7%	12%	23%	27%	9%	27%	13%	22%	18%	11%	31%	33%	17%
	Urgent SC (7 Day Target)	Local	Nov-22	77%	100%		✘				60%	37%	57%	60%	57%	62%	44%	43%	64%	48%	54%	70%	77%
	Emergency (within 1 day)	Local	Nov-22	100%	80%		✘				100%	67%	60%	92%	62%	83%	83%	82%	58%	65%	100%	70%	100%
	Emergency (within 2 days)	Local	Nov-22	100%	100%		✓				100%	100%	100%	100%	85%	100%	100%	88%	92%	90%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Nov-22	91%	80%		✓				56%	72%	66%	73%	66%	82%	80%	68%	66%	91%	70%	81%	91%
	Elective Delay (14 Day Target)	Local	Nov-22	100%	100%		✘				63%	92%	78%	80%	71%	93%	91%	79%	70%	98%	79%	91%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Nov-22	4,136	0%			16,284 (Aug-22)	7th (Aug-22)		2,791	3,144	3,543	3,898	4,191	4,398	4,564	4,449	4,407	4,257	4,205	4,170	4,136
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Nov-22	5,627	0			44,489 (Aug-22)	4th (Aug-22)		6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627
	Number of patients waiting > 14 weeks for a specified therapy	National	Nov-22	441	0			12,356 (Aug-22)	3rd (Aug-22)		629	885	1,028	926	820	679	614	609	714	682	755	707	441
	% of patients waiting < 26 weeks for treatment	National	Nov-22	54%	95%			54.8% (Aug-22)	6th (Aug-22)		51.3%	50.5%	50.4%	50.1%	50.7%	50.4%	50.4%	50.8%	51.8%	52.0%	52.1%	53.5%	54.4%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Nov-22	21,400	0						24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400
	Number of patients waiting > 52 weeks for outpatient appointment	National	Nov-22	9,774	0			102,662 (Aug-22)	4th (Aug-22)		12,692	12,406	12,391	12,337	12,593	13,275	14,071	14,951	15,232	15,122	13,980	12,352	9,774
	Number of patients waiting > 36 weeks for treatment	National	Nov-22	34,207	0			271,165 (Aug-22)	4th (Aug-22)		37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207
	Number of patients waiting > 104 weeks for treatment	National	Nov-22	9,048	0			59,350 (Aug-22)	5th (Aug-22)		9,749	10,669	11,859	13,104	13,587	13,083	12,670	12,064	11,400	10,960	10,623	10,090	9,048
	The number of patients waiting for a follow-up outpatient appointment	National	Nov-22	143,899	HB target TBC						129,255	131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Nov-22	36,769				213,845 (Aug-22)	5th (Aug-22)		30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Nov-22	67%	95%			63.2% (Aug-22)	4th (Aug-22)		62.1%	61.2%	59.8%	58.5%	59.4%	60.8%	63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	67.1%	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Nov-22	9.5%	12 month ↓						7.4%	6.8%	7.0%	6.4%	6.8%	7.8%	7.5%	8.2%	8.2%	8.0%	7.8%	8.3%	9.5%
	% of patients who did not attend a follow-up outpatient appointment	Local	Nov-22	8.5%	12 month ↓						6.7%	6.3%	6.4%	6.2%	6.2%	7.8%	7.3%	7.8%	7.7%	7.6%	7.8%	7.7%	8.5%
Theatre Efficiencies	Theatre Utilisation rates	Local	Nov-22	74.0%		90%	✘				67%	62%	74%	71%	72%	71%	78%	81%	72%	59%	71%	77%	74%
	% of theatre sessions starting late	Local	Nov-22	35.0%		<25%	✘				43%	40%	43%	43%	39%	39%	46%	43%	40%	36%	37%	40%	35%
	% of theatre sessions finishing early	Local	Nov-22	44.0%		<20%	✘				48%	48%	48%	43%	45%	47%	43%	43%	46%	43%	48%	45%	44%
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200																			
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSG 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	Q4 21/22	279.2	4 quarter ↓			259.4 (Q4 21/22)	6th (Q4 21/22)			324.7			279.2								
	Patients aged 65 years or over prescribed an antipsychotic	National	Q4 21/22	1,451	Quarter on quarter ↓			10,262 (Q4 21/22)	5th (Q4 21/22)			1,466			1,451								
	Opioid average daily quantities per 1,000 patients	National	Q4 21/22	4,261	4 quarter ↓			4329.4 (Q4 21/22)	3rd (Q4 21/22)			4,472			4,261								
	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	Nov-22	4,287		12 month ↑	✓				3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287
	% of who would recommend and highly recommend	Local	Nov-22	91%		90%	✓				94%	93%	92%	90%	90%	89%	90%	88%	89%	89%	88%	90%	91%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Nov-22	91%		90%	✓				93%	96%	93%	91%	91%	89%	91%	91%	90%	93%	92%	93%	91%
Complaints	Number of new formal complaints received	Local	Sep-22	120		12 month trend ↓	✓				159	115	124	139	156	123	176	118	153	124	120		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Sep-22	71%	75%	80%	✘	67.2% (Q4 20/21)	3rd (Q4 20/21)		69%	68%	63%	64%	65%	76%	69%	65%	64%	65%	71%		
	% of acknowledgements sent within 2 working days	Local	Sep-22	99%		100%	✘				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%		

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	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-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%			94.9% (Q4 21/22)	2nd (Q4 21/22)			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%			90.8% (Q4 21/22)	6th (Q4 21/22)				91.2%		88.0%				89.9%		89.8%			
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q4 21/22	352.2	4 quarter ↓			373.9 (Q4 21/22)	2nd (Q4 21/22)			313.3			352.2									
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q1 22/23	43.6%	4 quarter ↑			67.2 (Q1 22/23)	6th (Q1 22/23)			63.6%			66.7%				43.6%					
Influenza	% uptake of influenza among 65 year olds and over	National	Nov-22	72.4%	75%			78.0% (Mar-22)	3rd (Mar-22)		74.8%	76.9%	78.2%	78.5%	78.5%	Data collection restarts October 2022							62.2%	72.4%
	% uptake of influenza among under 65s in risk groups	National	Nov-22	37.7%	55%			48.2% (Mar-22)	4th (Mar-22)		40.8%	44.9%	47.3%	48.6%	48.8%								30.2%	37.7%
	% 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	Nov-22	34.6%	50%			47.6% (Mar-22)	5th (Mar-22)		37.7%	41.5%	43.2%	44.8%	44.6%								23.6%	34.6%
	% uptake of influenza among healthcare workers	National	Nov-22	34.4%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		50.8%	52.7%	52.7%	53.6%	53.6%									
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Oct-22	100%		100%	✓				97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Oct-22	40%	80%	80%	✗	36.5% (Aug-22)	3rd (Aug-22)		37%	37%	33%	33%	35%	35%	36%	47%	44%	44%	36%	40%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Oct-22	91%	80%	80%	✓	61.6% (Aug-22)	Joint 1st (Aug-22)		34%	22%	28%	27%	29%	18%	40%	33%	38%	34%	91%	91%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Oct-22	83%	80%	80%	✓	54.0% (Aug-22)	6th (Aug-22)		36%	43%	28%	24%	36%	23%	23%	22%	42%	27%	27%	83%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Oct-22	36%	80%	80%	✗	38.7% (Aug-22)	4th (Aug-22)		64%	50%	39%	67%	78%	51%	51%	38%	61%	35%	43%	36%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Oct-22	90%	80%	80%	✓				3%	2%	27%	26%	30%	19%	41%	41%	38%	34%	91%	90%		
Mental Health	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Oct-22	87%	90%	90%	✗	4.9% (Aug-22)	Joint 1st (Aug-22)		84%	84%	89%	88%	100%	87%	97%	100%	100%	100%	87%	87%		
	% 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	Oct-22	95%	80%	80%	✓	90.0% (Aug-22)	2nd (Aug-22)		98%	95%	95%	99%	96%	97%	98%	96%	94%	97%	93%	95%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Oct-22	100%	80%	80%	✓	72.1% (Aug-22)	1st (Aug-22)		96%	100%	99%	100%	98%	96%	97%	100%	100%	100%	98%	100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Oct-22	93%	95%	95%	✓	73.4% (Aug-22)	1st (Aug-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	96%	93%		
Self harm	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Oct-22	90%	90%	90%	✗	86.0% (Aug-22)	3rd (Aug-22)		81%	80%	81%	85%	89%	88%	89%	89%	89%	90%	89%	90%		
	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)															