	23rd February 2023	**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 (January 2023) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	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. The Performance Delivery Framework 2022/23 was published in July 2022, and the measures have been updated accordingly in line with current data availability. The report format has been altered to align with key areas of focus within the Performance and Finance Committee **Key high level issues to highlight this month are as follows:** **<u>COVID19</u>** - The number of new cases of COVID19 decreased in January 2023 to 230, compared with 395 in December 2022. **<u>Unscheduled Care</u>** - Emergency Department (ED) attendances have decreased in January 2023 to 9,394 from 10,167 in December 2022. - Performance against the 4-hour access is currently below the outlined trajectory in January 2023. ED 4-hour performance has improved by 8.8% in January 2023 to 74% from 65.22% in December 2022. - Performance against the 12-hour wait has improved in-month and it is currently performing slightly above the outlined trajectory. The number of patients waiting over 12-		

	hours in ED decreased to 1,089 in January 2023 from 1,632 in December. - Internal flow activities to support reduced occupancy and to improve flow throughout the day are being implemented, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with Welsh Ambulance Service NHS Trust (WAST) colleagues to implement further pathways. - The number of emergency admissions has decreased in January 2023 to 4,057 from 4,529 in December 2022. **Planned Care** - January 2023 saw a 1% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment. - Additionally, the number of patients waiting over 36 weeks decreased by 3.9% to 32,031. - We continue to outperform the trajectory for the number of patients waiting over 104 weeks for treatment, with 7,331 patients waiting at this point in January 2023. - In January, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 6,630 patients waiting at this stage. - As a Health Board, we are outperforming the Ministerial Priority recovery trajectory for the number of patients waiting over 36 weeks for treatment and for the percentage of patients waiting less than 26 weeks for treatment. - Therapy waiting times have improved, there are 194 patients waiting over 14 weeks in January 2023 compared with 527 in December 2022. - The number of patients waiting over 8 weeks for an Endoscopy has slightly increased in January 2023 to 4,372 from 4,289 in December 2022. **Cancer** - December 2022 saw 48% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). - The average backlog of patients waiting over 63 days has decreased in January 2023 to 470 from 585 in December 2022. **Mental Health** - Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in December 2022.

<table>
<tr><td></td><td colspan="4">- In December 2022, 92.3% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

<u>Child and Adolescent Mental Health Services (CAMHS)</u>
- Access times for crisis performance has been maintained at 100% December 2022.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has deteriorated slightly to 37% in December 2022 against a target of 80%.</td></tr>
<tr><td rowspan="2">Specific Action Required</td><td>Information</td><td>Discussion</td><td>Assurance</td><td>Approval</td></tr>
<tr><td>✓</td><td></td><td>✓</td><td></td></tr>
<tr><td>Recommendations</td><td colspan="4">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 Acute Medical Service Redesign programme in December 2022.
• NOTE: production of updated planned care recovery trajectories (>104 weeks and Stage 1 >52 weeks) to be produced in January 2023 to align with the Welsh Government updated timelines
• 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: -
o A detailed review has been undertaken of the Cancer Performance reporting function, with a specific focus on the impact of previously implemented action plans
o HBSUK have started their focussed validation work, liaising specifically with services who have the longest waits.
o A new outpatient dashboard is currently being developed to monitor planned care progress at specialty level
o Focussed work is currently being placed on Treat in Turn rates.
o Colleagues from Swansea Bay University Health Board are currently liaising with colleagues in Hywel Dda to develop a regional Endoscopy plan</td></tr>
</table>

	○ As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity. ○ 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 Acute Medical Service Redesign programme in December 2022.
- **NOTE:** production of updated planned care recovery trajectories (>104 weeks and Stage 1 >52 weeks) to be produced in January 2023 to align with the Welsh Government updated timelines
- **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: -
    - A detailed review has been undertaken of the Cancer Performance reporting function, with a specific focus on the impact of previously implemented action plans
    - HBSUK have started their focussed validation work, liaising specifically with services who have the longest waits.
    - A new outpatient dashboard is currently being developed to monitor planned care progress at specialty level
    - Focussed work is currently being placed on Treat in Turn rates.
    - Colleagues from Swansea Bay University Health Board are currently liaising with colleagues in Hywel Dda to develop a regional Endoscopy plan
    - As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity.
    - 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

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.

There are no directly related Equality and Diversity implications as a result of this report.

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)

The '5 Ways of Working' are demonstrated in the report as follows:

- **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 January 2023. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report

Appendix 1- Integrated Performance Report February 2023

CONTENTS PAGE

1. QUADRANTS OF HARM SUMMARY

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

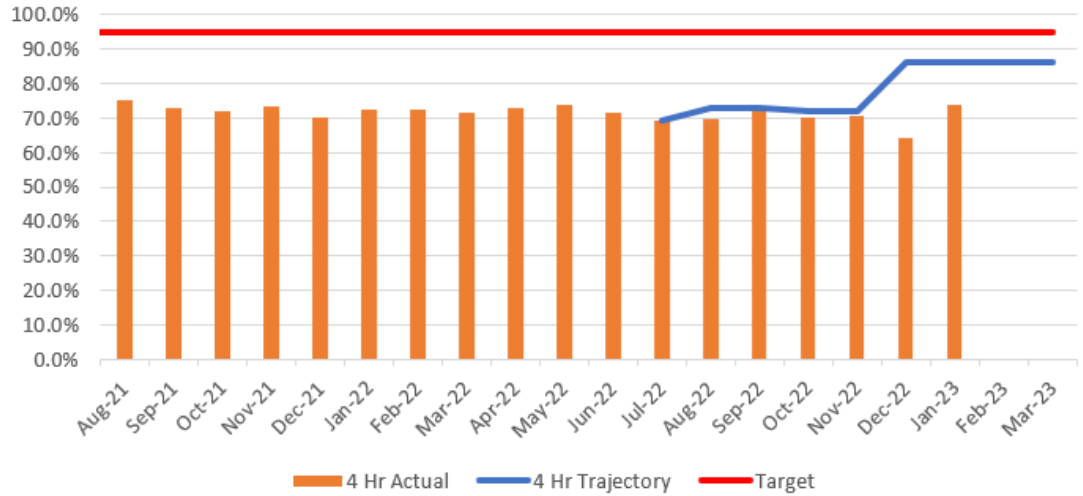
NB- RAG status is against national or local target
** Data not available

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

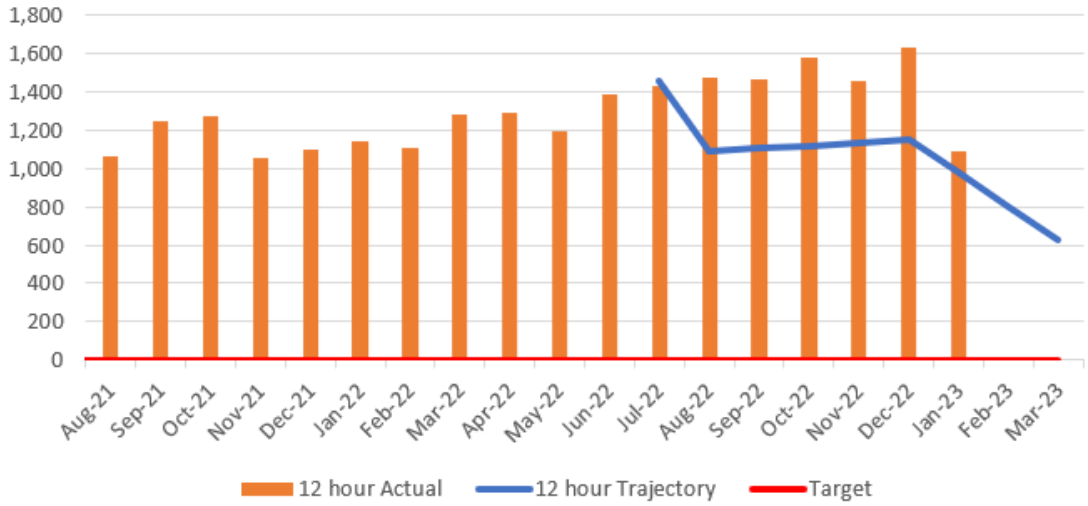
2. ESCALATED SERVICE UPDATE TRAJECTORIES

UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



2. Submitted recovery trajectory for A&E12-hour performance

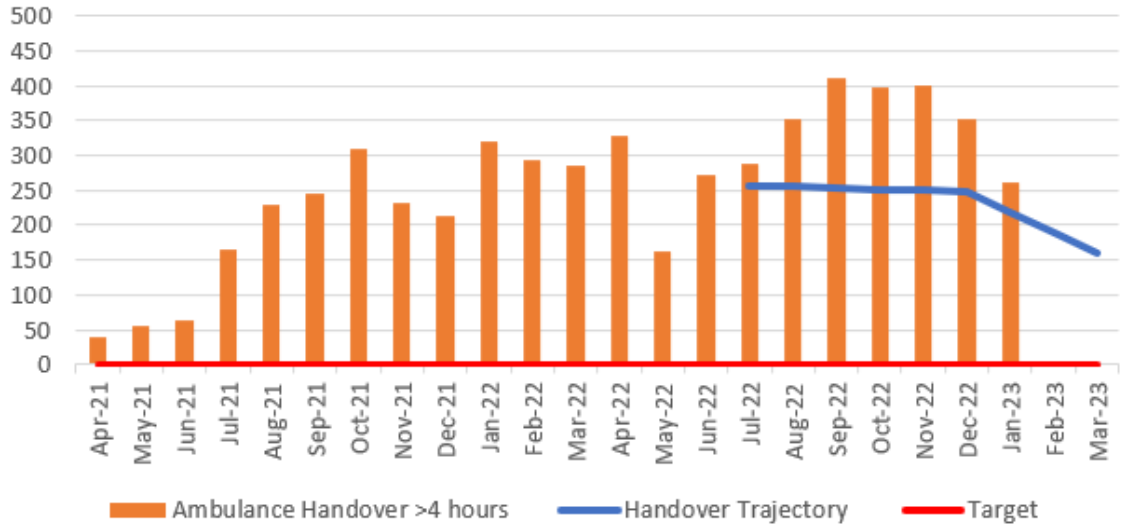


1. Performance against the 4-hour access is slightly below target for January 2023. Emergency Department (ED) 4-hour performance has increased by 8.8% in January 2023 to 74% from 65.22% in December 2022.

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

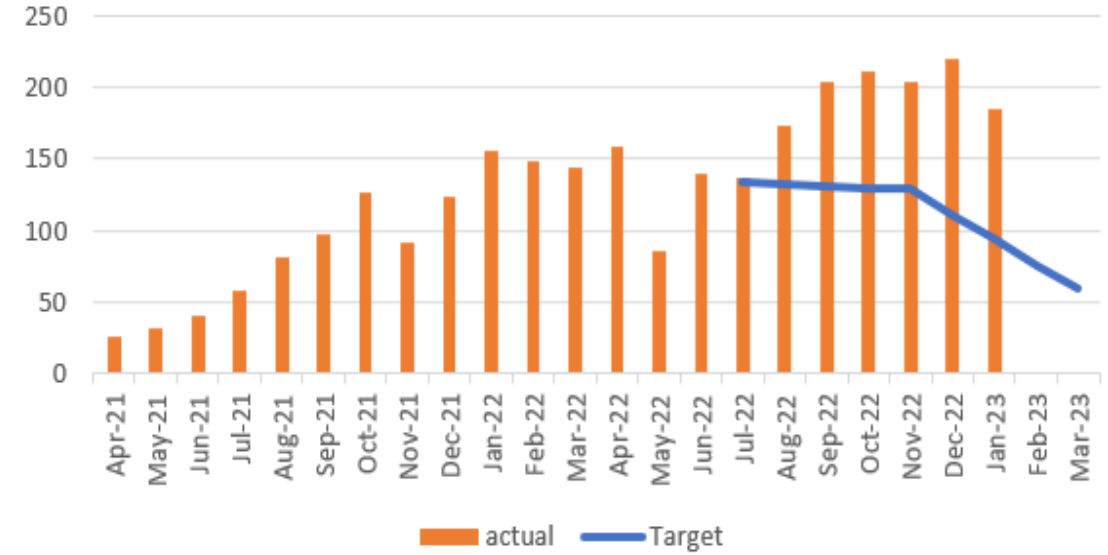
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



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

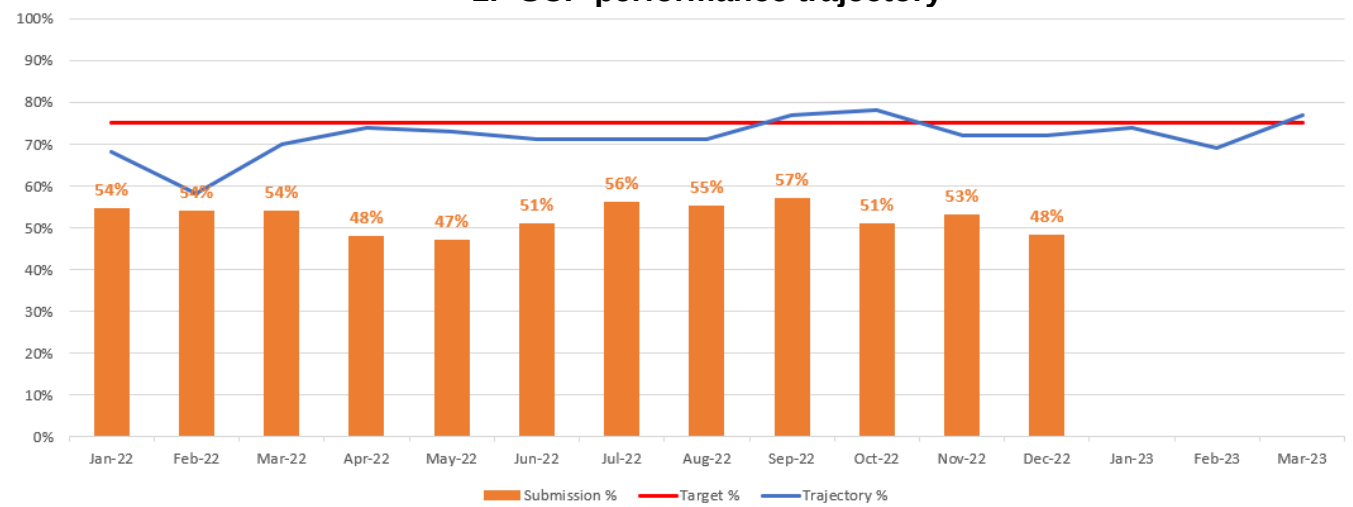
4. Average Ambulance Handover Rate



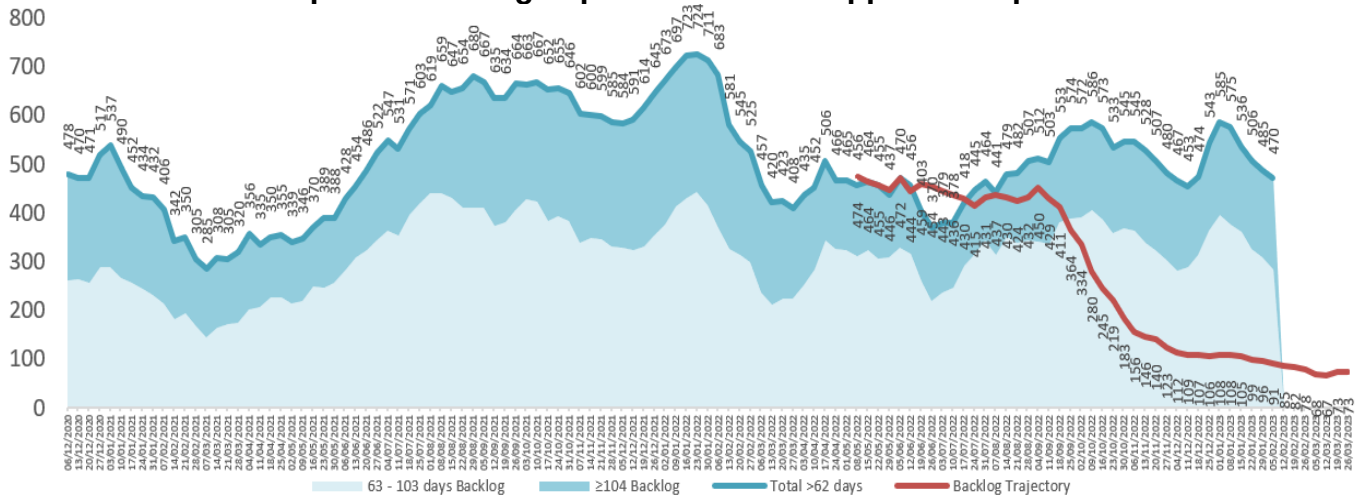
4. The average ambulance handover rate has seen an improvement in January 2023. The average handover rate reduced from 220 in December 2022 to 185 in January 2023, which is above the outlined trajectory for January 2023 (94).

CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



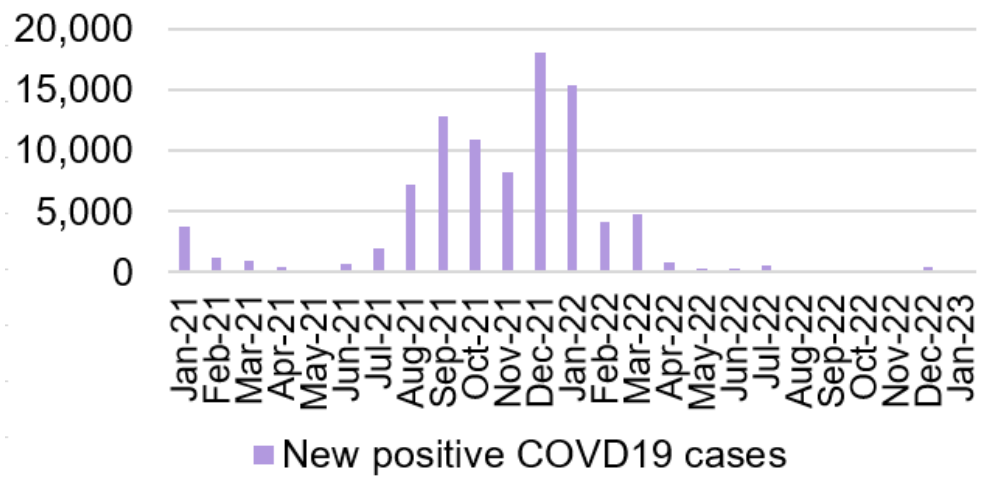
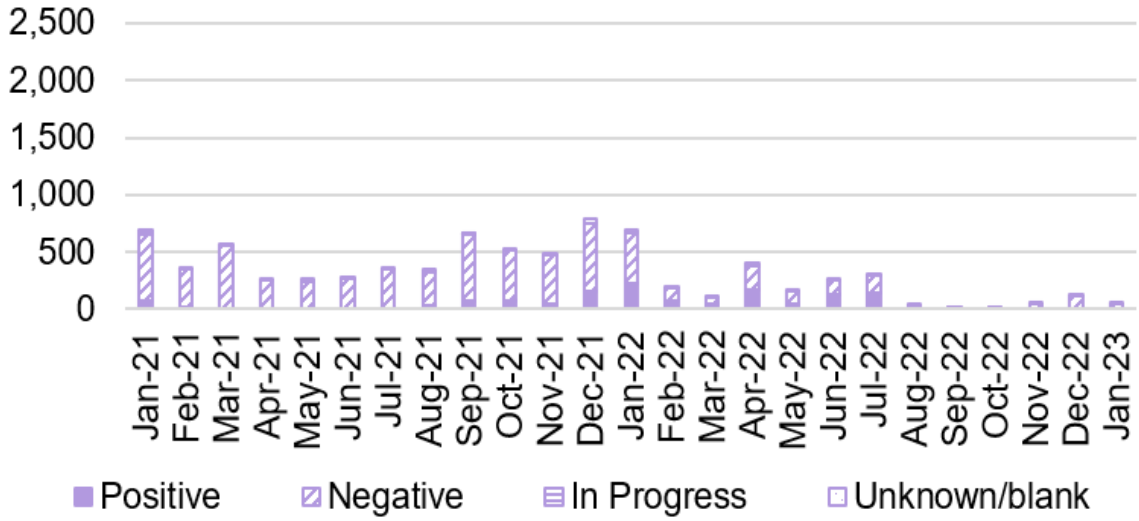
2. Proposed backlog improvements to support SCP performance



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

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

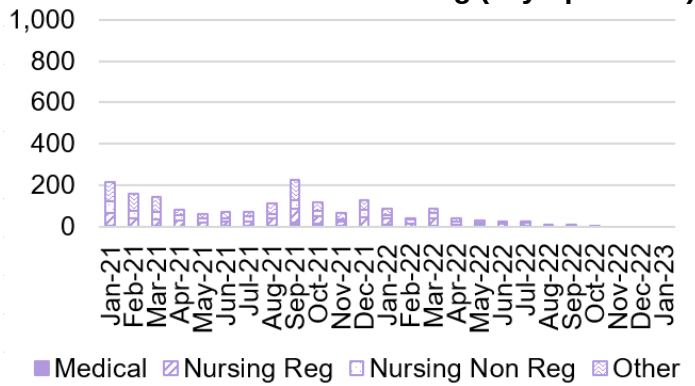
3. UPDATES ON KEY SERVICE AREAS

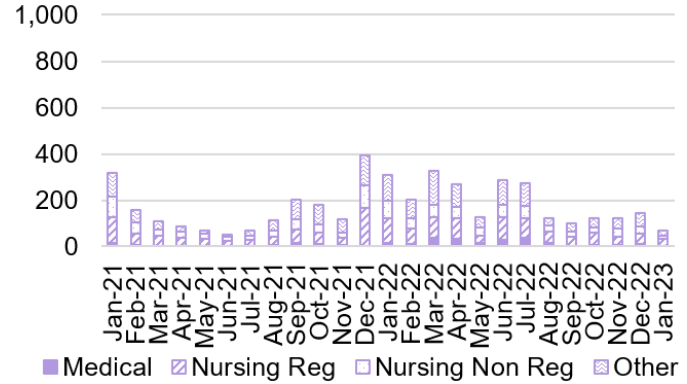
COVID Data		
Description	**Current Performance**	**Trend**
1. Number of new COVID19 cases in Swansea Bay population area	**Number of new COVID cases** In January 2023, there were an additional 230 positive cases recorded bringing the cumulative total to 119,479 in Swansea Bay since March 2020.	**Number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

<table>
<tr><th colspan="3">COVID RELATED STAFF ABSENCE</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>Staff absence due to COVID19

1.Number of staff self-isolating (asymptomatic)

2.Number of staff self isolating (symptomatic)</td><td>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.

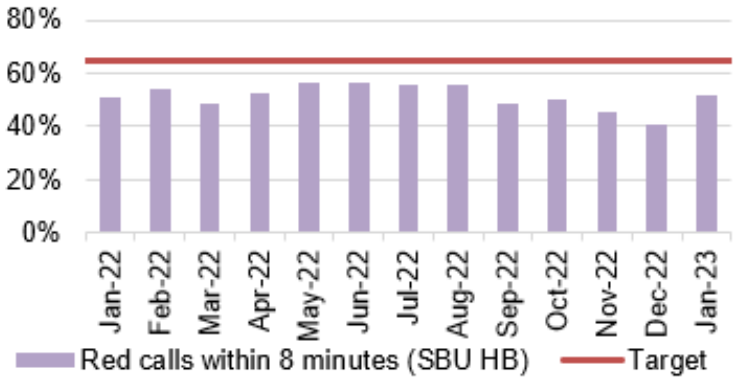
<u>1. & 2. Number of staff self-isolating (asymptomatic and symptomatic)</u>
Between December 2022 and January 2023, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) decreased from 144 to 70. In January 2023, the registered nursing staff group had the largest number of self-isolating staff who were symptomatic.</td><td>1.Number of staff self isolating (asymptomatic)
 

2.Number of staff self isolating (symptomatic)
 
</td></tr>
<tr><td>3.% staff sickness</td><td><u>% Staff sickness</u>
The percentage of staff sickness absence due to COVID19 in January 2023 has decreased from 1.1% in December 2022 to 0.5%</td><td>% staff sickness
<table>
<tr><th></th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th></tr>
<tr><td>Medical</td><td>3.0%</td><td>1.5%</td><td>4.6%</td><td>4.1%</td><td>1.8%</td><td>3.5%</td><td>4.9%</td><td>1.8%</td><td>0.2%</td><td>1.1%</td><td>0.7%</td><td>1.2%</td><td>0.5%</td></tr>
<tr><td>Nursing Reg</td><td>3.4%</td><td>2.0%</td><td>3.1%</td><td>2.4%</td><td>1.1%</td><td>2.8%</td><td>2.4%</td><td>1.3%</td><td>1.1%</td><td>1.2%</td><td>0.9%</td><td>1.1%</td><td>0.7%</td></tr>
<tr><td>Nursing Non Reg</td><td>4.5%</td><td>3.1%</td><td>3.7%</td><td>3.2%</td><td>2.1%</td><td>2.7%</td><td>2.7%</td><td>1.2%</td><td>1.1%</td><td>1.3%</td><td>1.6%</td><td>1.5%</td><td>0.6%</td></tr>
<tr><td>Other</td><td>2.2%</td><td>1.4%</td><td>2.6%</td><td>1.8%</td><td>0.8%</td><td>1.8%</td><td>1.6%</td><td>0.5%</td><td>0.6%</td><td>0.6%</td><td>0.7%</td><td>0.9%</td><td>0.4%</td></tr>
<tr><td>All</td><td>3.0%</td><td>1.8%</td><td>3.1%</td><td>2.3%</td><td>1.2%</td><td>2.4%</td><td>2.2%</td><td>1.0%</td><td>0.8%</td><td>0.9%</td><td>0.9%</td><td>1.1%</td><td>0.5%</td></tr>
</table></td></tr>
</table>

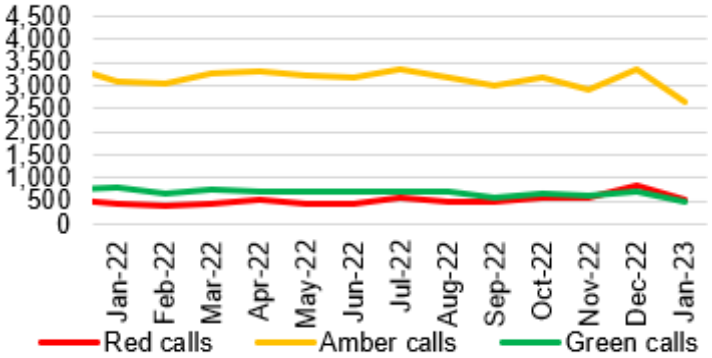
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
Ambulance responses *1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.* *2. The number of ambulance calls by category.* *3.The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)*	In January 2023, the number of red calls responded to within 8 minutes increased to 52.1%, from 40.6% in December 2022. In January 2023, the number of green calls decreased by 34%, amber calls decreased by 21%, and red calls decreased by 36% compared with December 2022.	Ambulance response rates have seen a improvement in performance in January 2023. 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.

Trend

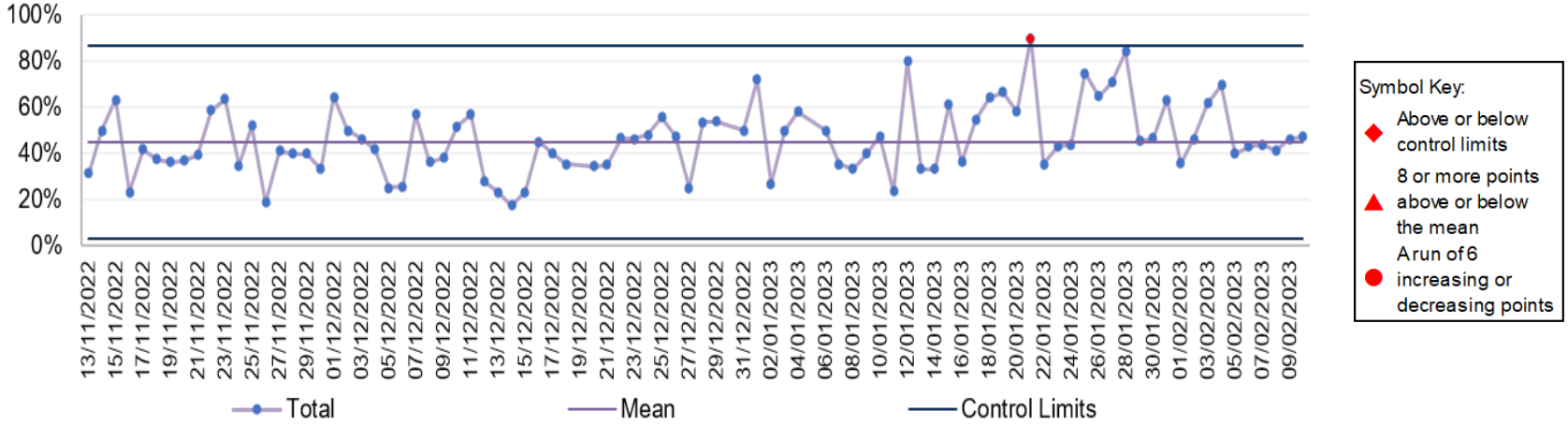
1. % of red calls responded to within 8 minutes



2. Number of ambulance call responses



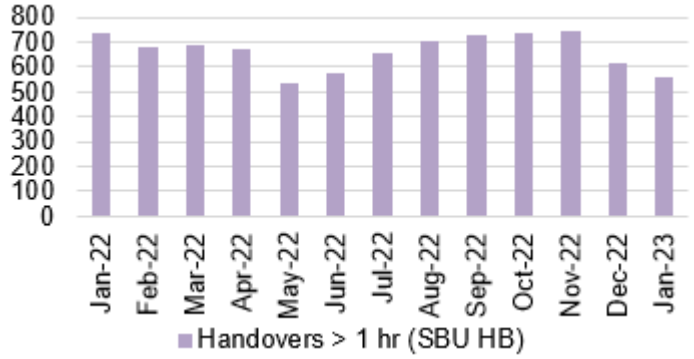
3. % of red calls responded to within 8 minutes – HB total last 90 days



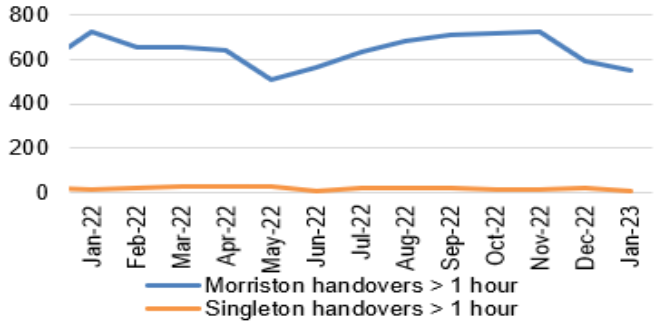
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
Ambulance handovers 1.The number of ambulance handovers over one hour 2. The number of ambulance handovers over one hour- Hospital level 3.The number of ambulance handovers over one hour (last 90 days)	In January 2023, there were 561 ambulance to hospital handovers taking over 1 hour; this is a reduction in figures compared with 614 in December 2022. In January 2023, 554 handovers over 1 hour were attributed to Morriston Hospital and 7 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have decreased from 4,289 in December 2022 to 3,440 in January 2023.	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.

Trend

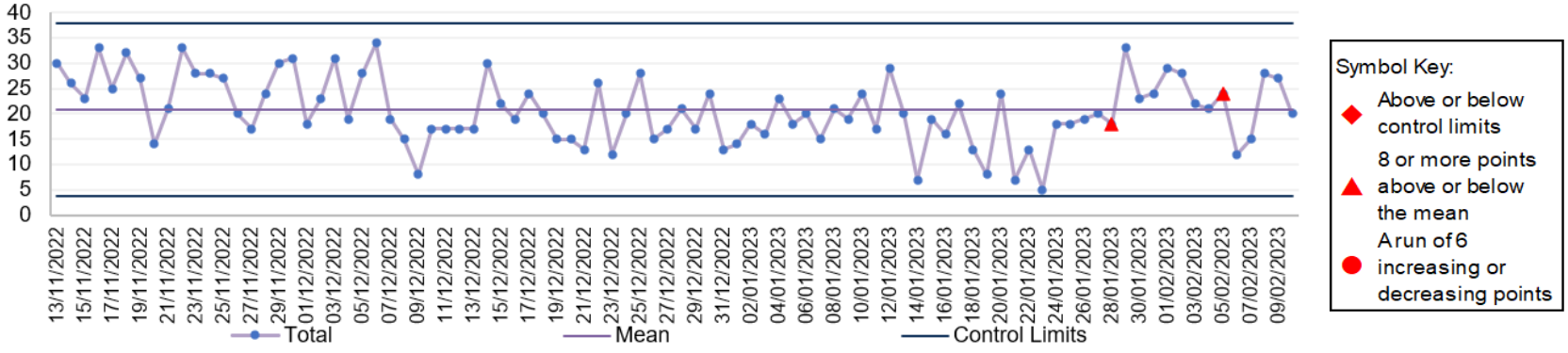
1. Number of ambulance handovers- HB total



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



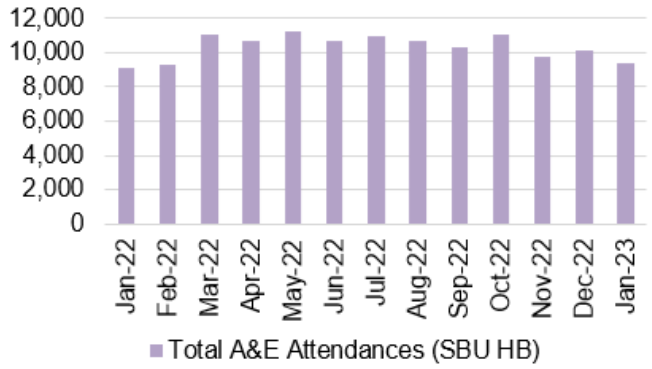
3. Number of ambulance handovers- HB total last 90 days



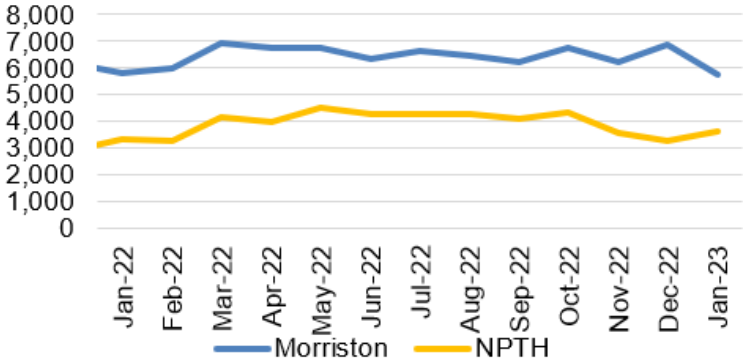
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
A&E Attendances *1.The number of attendances at emergency departments in the Health Board* *2.The number of attendances at emergency departments in the Health Board – Hospital level* *3.The number of attendances at emergency departments in the Health Board (last 90 days)*	ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In January 2023, there were 9,394 A&E attendances, this is 8% lower than December 2022.	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.

Trend

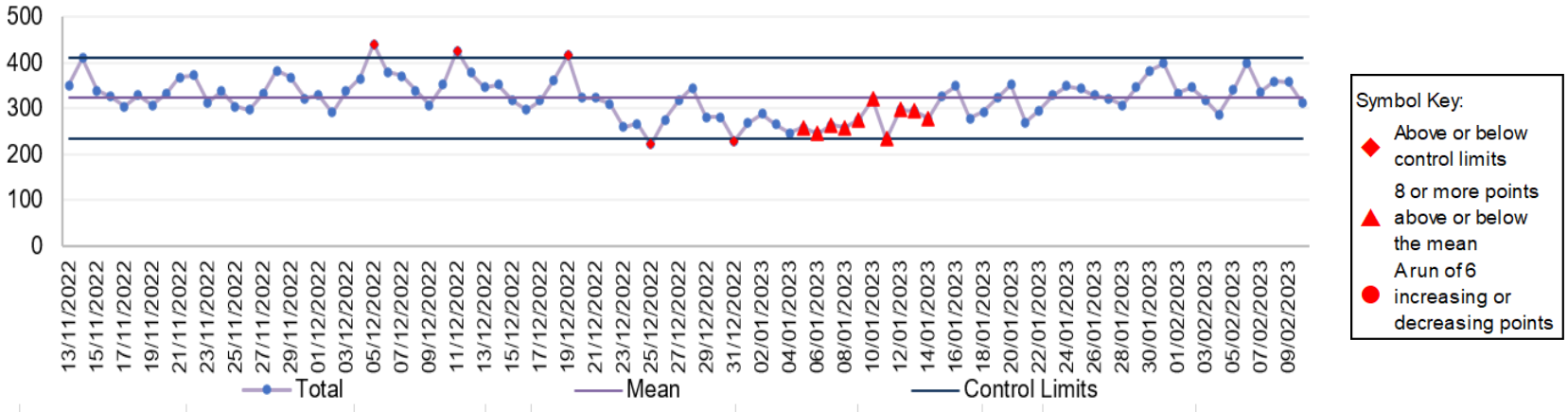
1. Number of A&E attendances- HB total



2. Number of A&E attendances- Hospital level



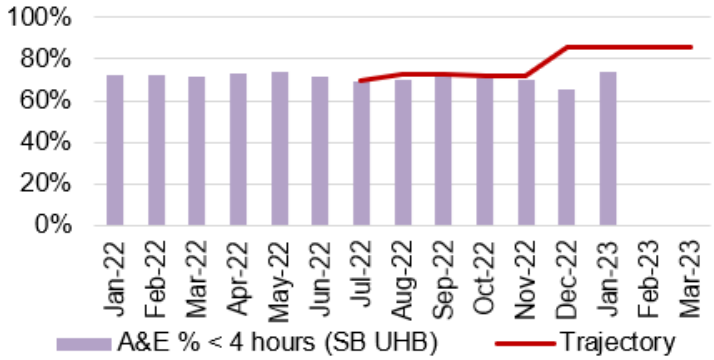
3. Number of A&E attendances -HB total last 90 days



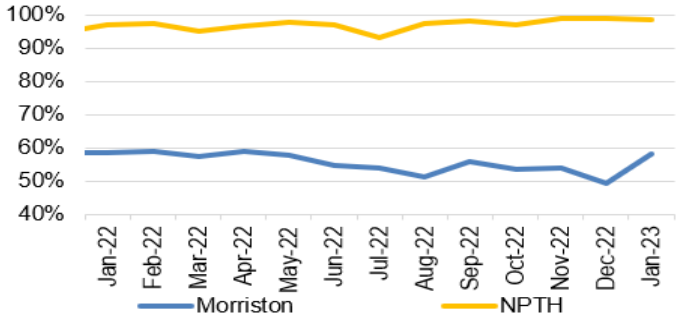
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
A&E waiting times *1.% of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge* *2. % of patients who spend less than 4 hours in A&E- Hospital level* *3. % of patients who spend less than 4 hours in A&E (last 90 days)*	The Health Board's performance against the 4-hour measure improved from 65.22% in December 2022 to 74% in January 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 98.74% in January 2023. Morriston Hospital's performance improved between December 2022 achieving 58.29% against the target.	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.

Trend

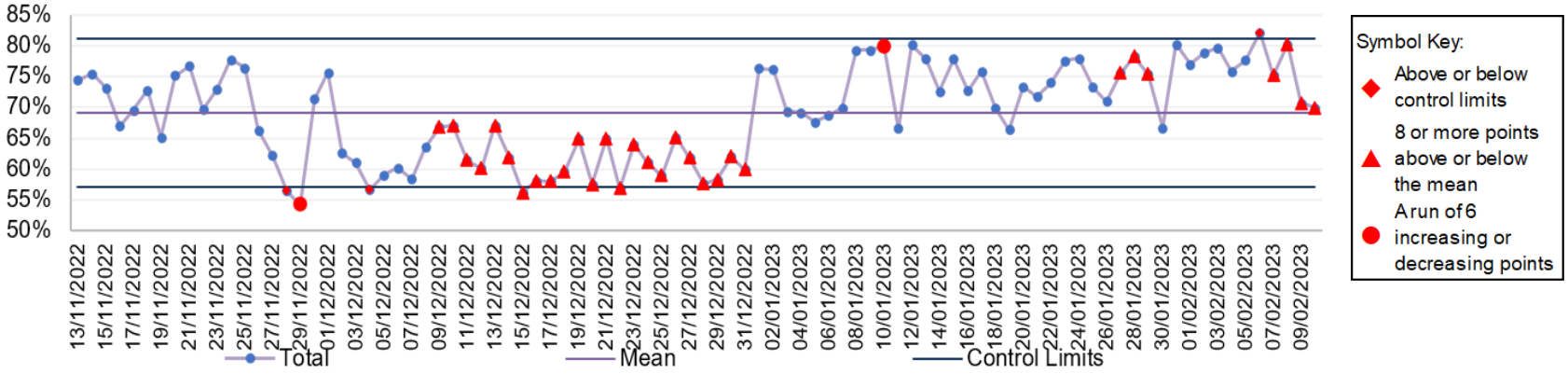
1. % Patients waiting under 4 hours in A&E- HB total



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



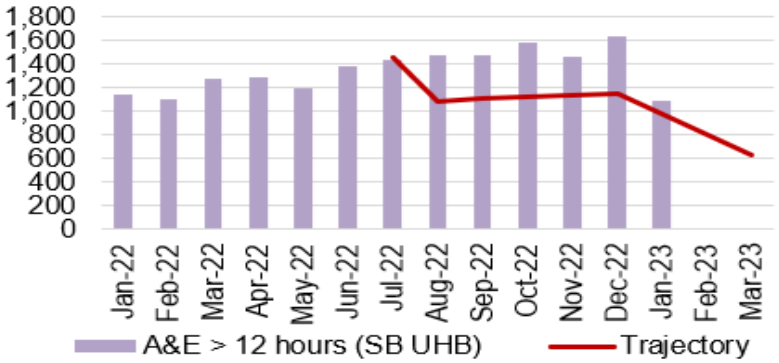
3. % Patients waiting under 4 hours in A&E- HB total last 90 days



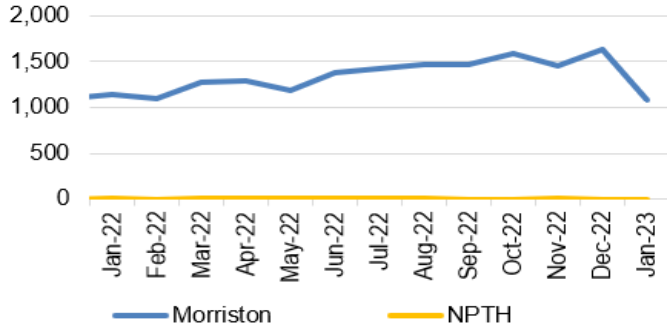
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
A&E waiting times *1.Number of patients who spend 12 hours or more in A&E* *2.Number of patients who spend 12 hours or more in A&E- Hospital level* *3.Number of patients who spend 12 hours or more in A&E (last 90 days)*	In January 2023, performance against the 12-hour measure improved when compared with December 2022, decreasing from 1,632 to 1,089. This is a reduction of 543 compared to December 2022. All patients waiting over 12 hours in December 2022 were attributed to Morriston Hospital.	A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.

Trend

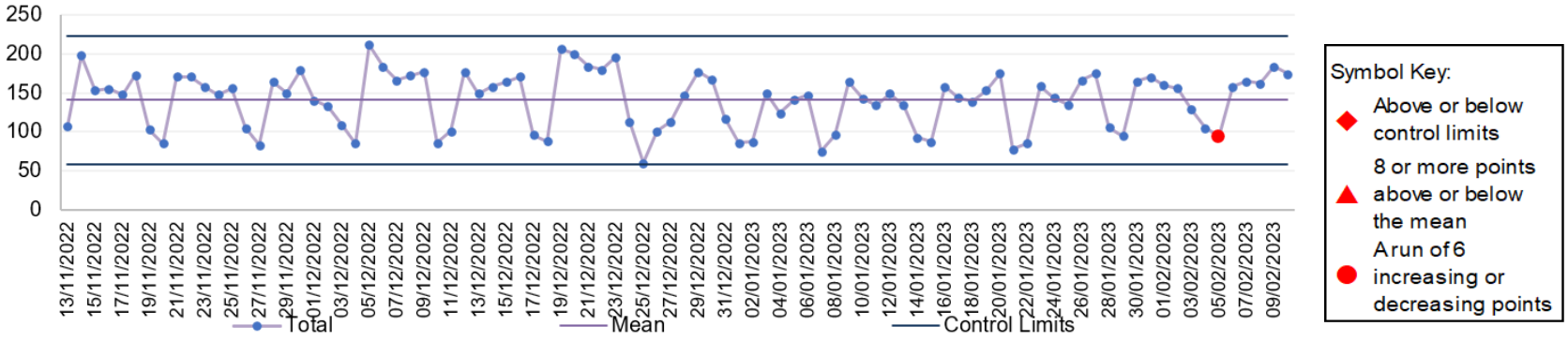
1. Number of patients waiting over 12 hours in A&E- HB total



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



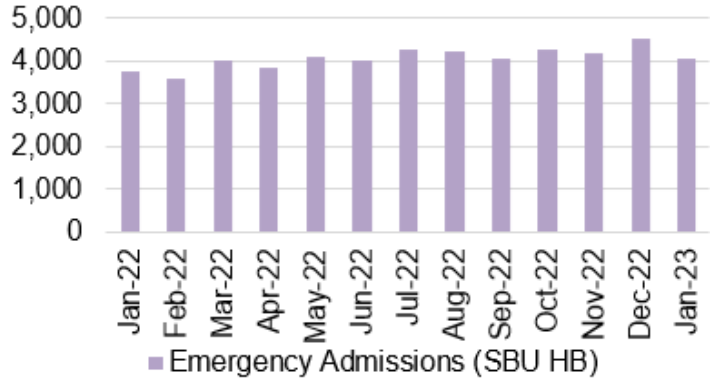
3. Number of patients waiting over 12 hours in A&E – HB total last 90 days



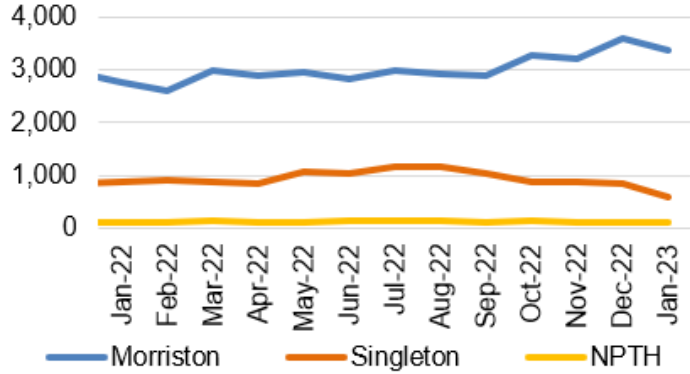
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
Emergency admissions *1. The number of emergency inpatient admissions* *2. The number of emergency inpatient admissions- Hospital level* *3. The number of emergency inpatient admissions (last 90 days)*	In January 2023, there were 4,057 emergency admissions across the Health Board, which is 472 lower than December 2022. Singleton Hospital saw an in-month reduction, with 257 less admissions (from 830 in December 2022), Morriston Hospital saw an in-month reduction from 3,598 admissions in December 2022 to 3,361 admissions in January 2023.	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

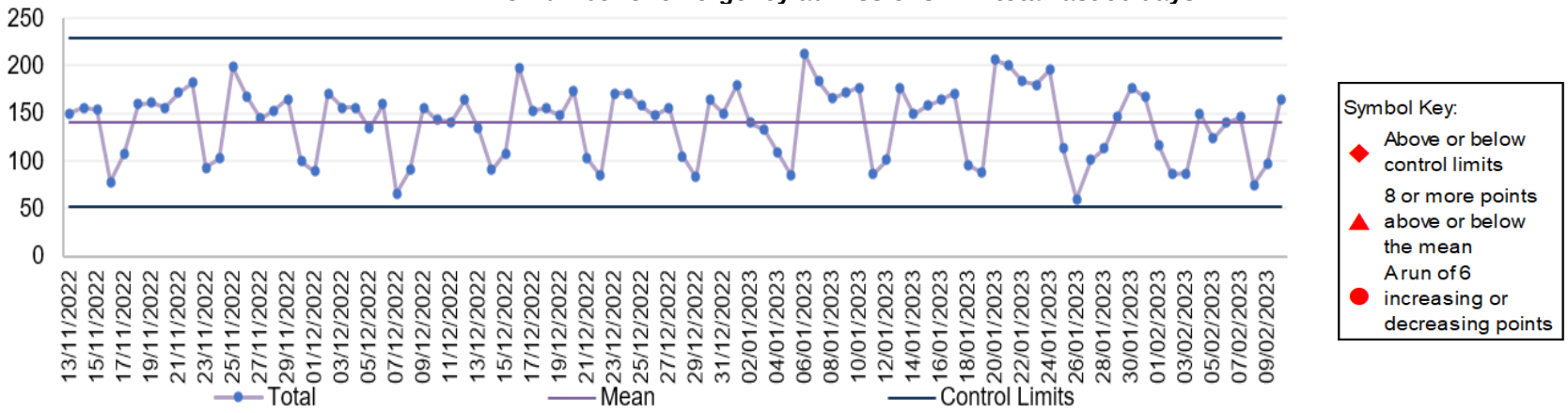
1. Number of emergency admissions- HB total



2.Number of emergency admissions- Hospital level



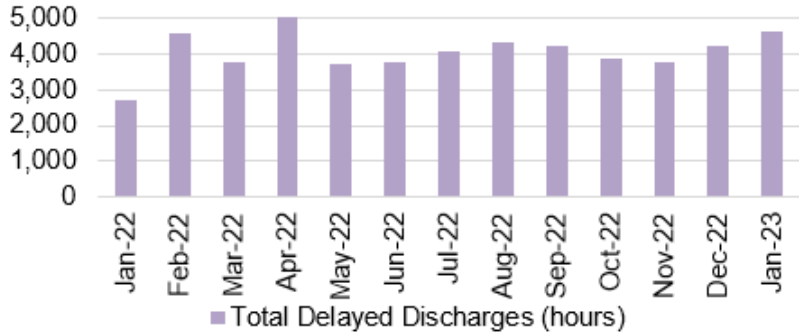
3.Number of emergency admissions- HB total last 90 days



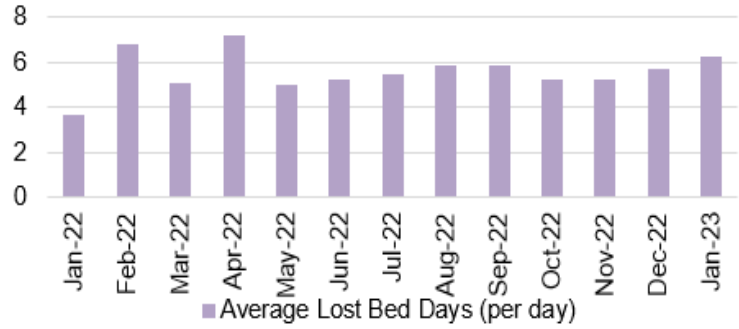
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
Critical Care-Delayed Transfers of Care (DTOC)-Morriston *Hospital* *1.Total Critical Care delayed discharges (hours)* *2. Average lost bed days per day* *3.Percentage of patients delayed:* *Up to 8 hours* *Between 8 and 24 hours* *Over 24 hours*	In January 2023, there were a total of 94 admissions into the Intensive Care Unit (ICU) in Morriston Hospital, this is an increase when compared with 80 admissions in December 2022. January 2023, saw an increase in the number of delayed discharge hours from 4218.55 in December 2022 to 4641.5 in January 2023. The average lost bed days increased to 6.24 per day. The percentage of patients delayed over 24 hours decreased from 71.43% in December 2022 to 60.87% in January 2023.	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 increase in the current pressures within ED are having a direct impact on discharges from ICU.

Trend

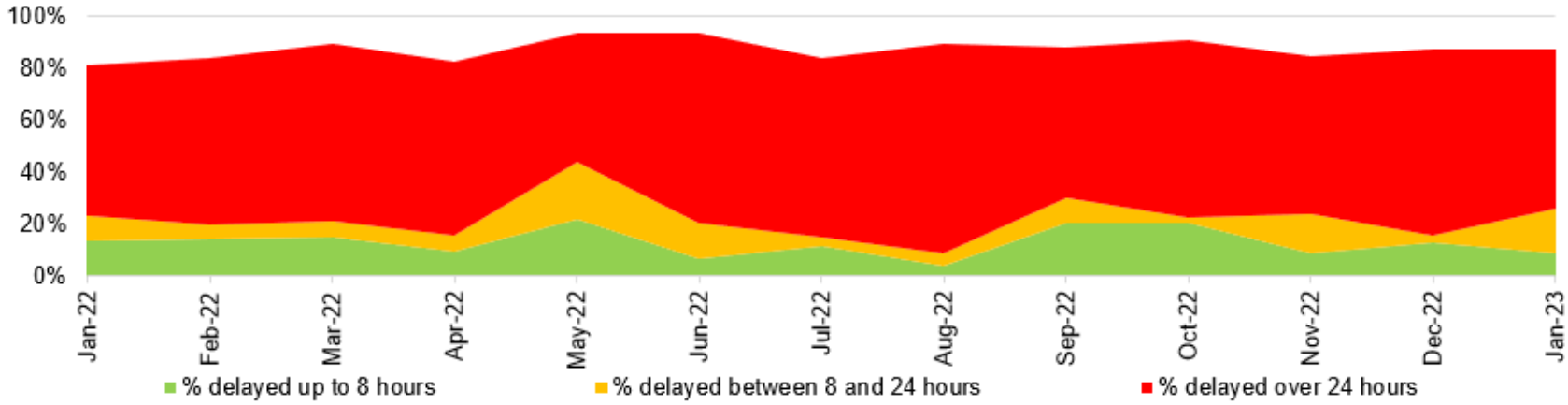
1. Total Critical Care delayed discharges (hours)

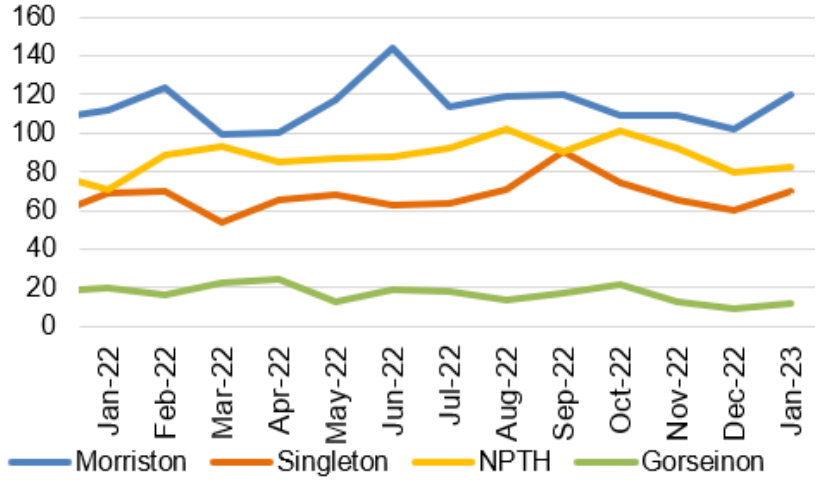
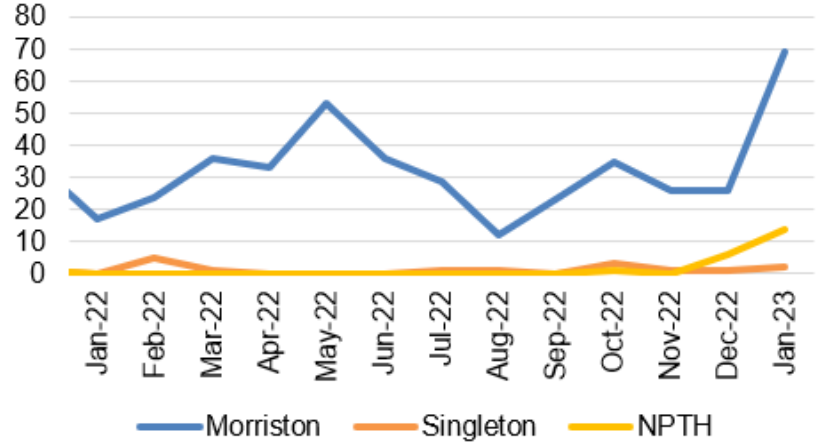


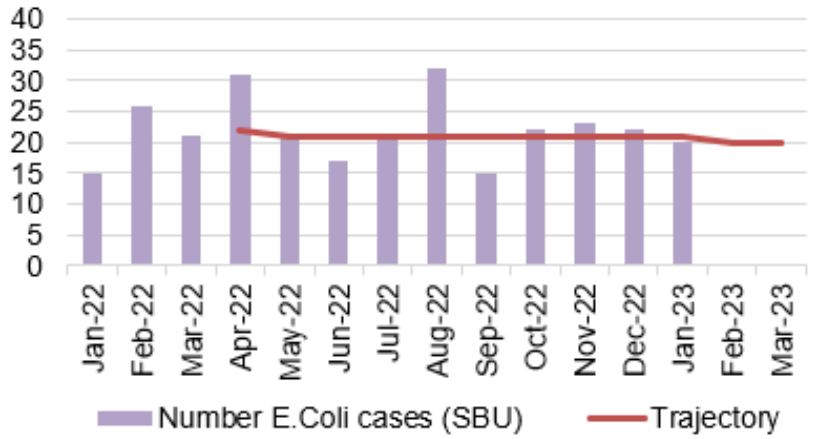
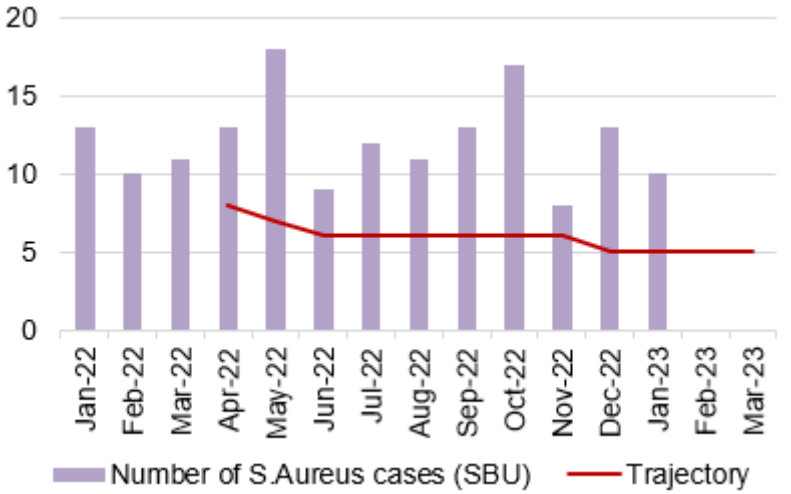
2. Average lost bed days per day

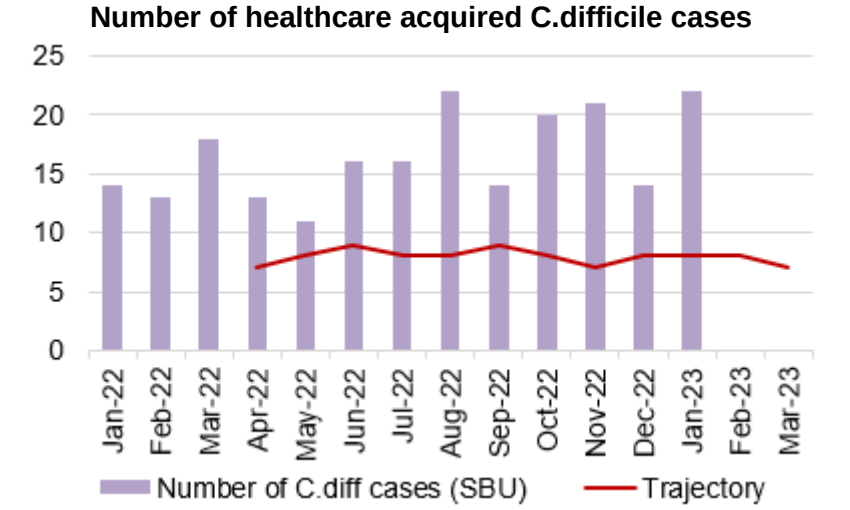
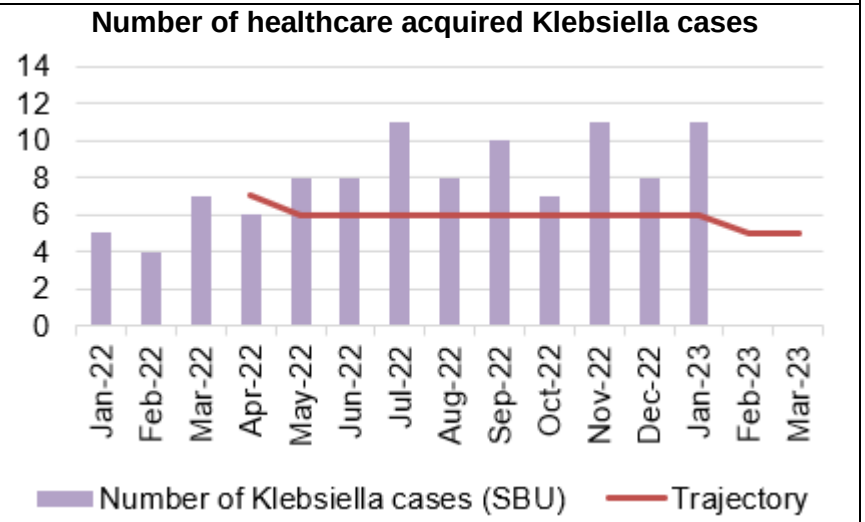


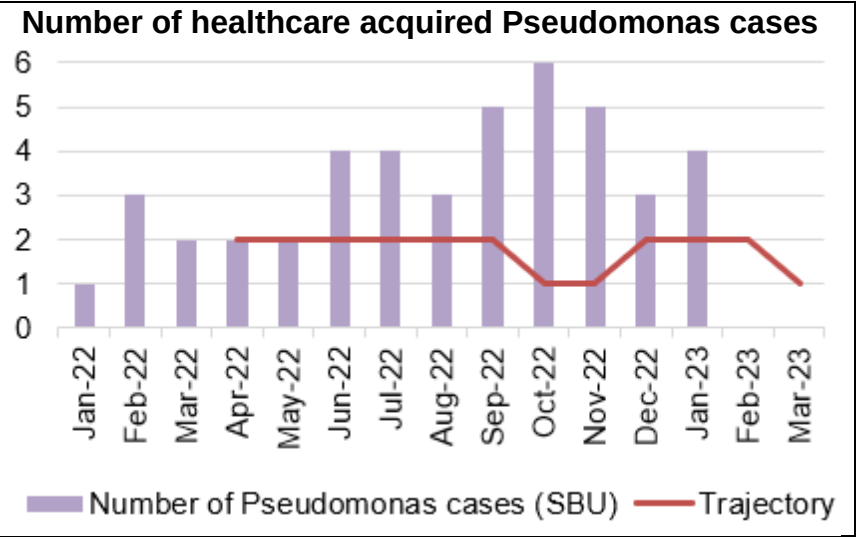
3. Percentage of Critical Care patients delayed



UNSCHEDULED CARE		
Description	**Current Performance**	**Trend**
Clinically Optimised *The number of patients waiting at each site in the Health Board that are clinically optimised*	In January 2023, there were on average 284 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. In December 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 120, followed by Neath Port Talbot Hospital with 82. **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.	**The number of clinically optimised patients by site** 
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	In January 2023, there were 85 elective procedures cancelled due to lack of beds on the day of surgery. This is 52 more cancellations than those seen in December 2022. Of the cancelled procedures, 69 of the cancellations were attributed to Morriston Hospital, 14 were attributed to Neath Port Talbot Hospital and 2 were attributed to Singleton Hospital in January 2023.	**Total number of elective procedures cancelled due to lack of beds** 

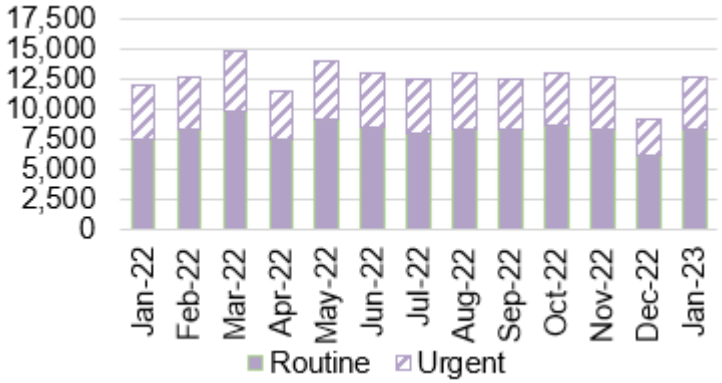
HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- *Number of laboratory confirmed E.coli bacteraemia cases*	• 20 cases of *E. coli* bacteraemia were identified in January 2023, of which 8 were hospital acquired and 12 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 21 cases for January 2023. **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	**Number of *healthcare acquired E.coli* bacteraemia cases** 
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- *Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases*	• There were 10 cases of Staph. aureus bacteraemia in January 2023, of which 8 were hospital acquired and 2 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 5 cases for January 2022. **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	**Number of healthcare acquired S.aureus bacteraemia cases** 

HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- C.*difficile*- *Number of laboratory confirmed C.difficile cases*	• There were 22 *Clostridium difficile* toxin positive cases in January 2023, of which 15 were hospital acquired and 7 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 8 cases for January 2023. **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	
Healthcare Acquired Infections (HCAI)- Klebsiella sp- *Number of laboratory confirmed Klebsiella sp cases*	• There were 11 cases of Klebsiella sp in January 2023, of which 5 were hospital acquired and 6 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 6 cases for January 2023. **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	

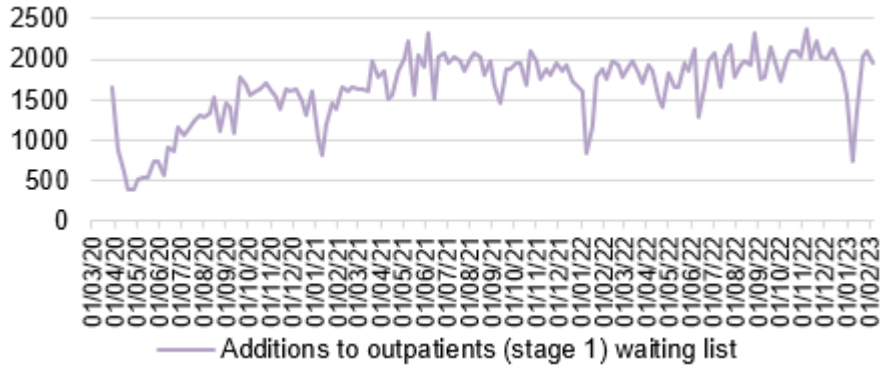
HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- Aeruginosa- *Number of laboratory confirmed Aeruginosa cases*	• There were 4 cases of *P.Aerginosa* in January 2023, of which 2 were hospital acquired and two were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 2 cumulative case for January 2023. **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	

PLANNED CARE		
Description	**Current Performance**	**Actions of Improvement**
Referrals and shape of the waiting list **1. GP Referrals** *The number of Stage 1 additions per week* **2. Stage 1 additions** *The number of new patients that have been added to the outpatient waiting list* **3. Size of the waiting list** *Total number of patients on the waiting list by stage as at December 2019* **4. Size of the waiting list** *Total number of patients on the waiting list by stage as at January 2023*	January 2023 has seen an increase in referral figures compared with December 2022 (9,231). Referral rates have continued to rise slowly since December 2021, with 12,658 received in January 2023. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.	The number of referrals received has remained steady in recent months, and is now showing a consistent pattern of demand. Figures saw a predicted seasonal increase for January 2023
Trend		

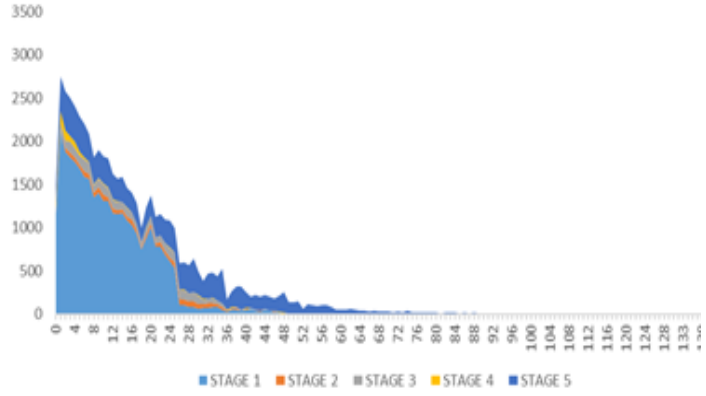
1. Number of GP referrals received by SBU Health Board



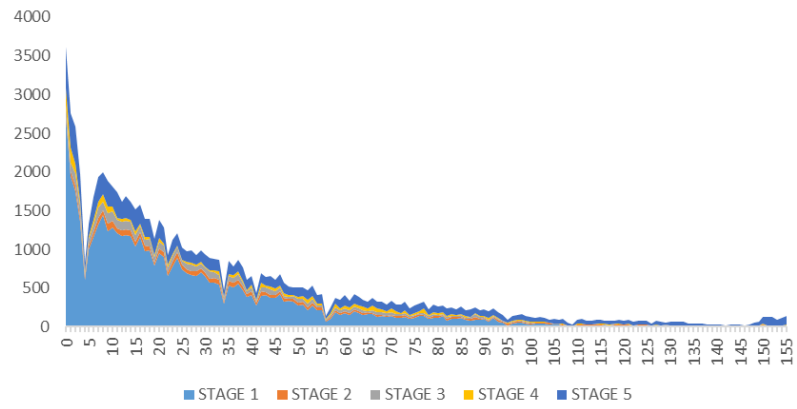
2. Number of stage 1 additions per week



3. Total size of the waiting list and movement (December 2019)



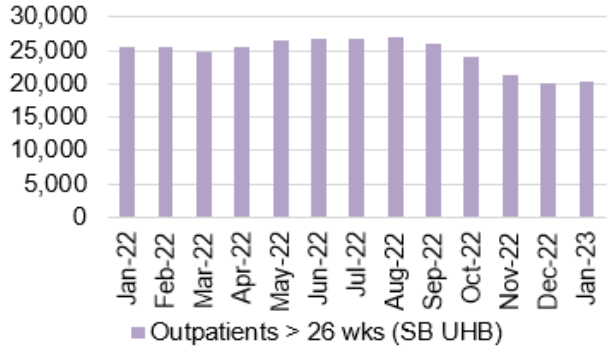
4. Total size of the waiting list and movement (January 2023)



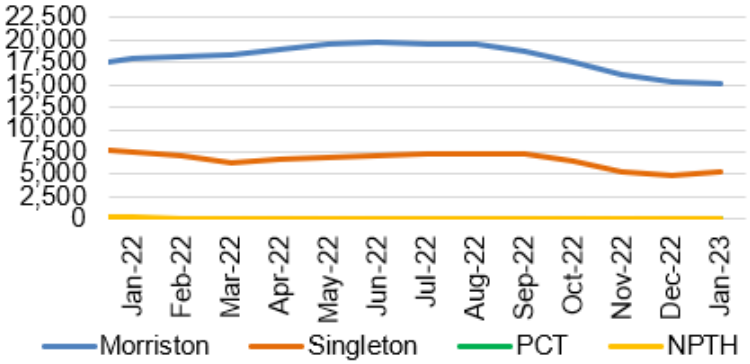
PLANNED CARE		
Description	**Current Performance**	**Actions of Improvement**
Outpatient waiting times *1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total* *2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level* *3. Patients waiting over 26 weeks for an outpatient appointment by specialty* *4. Outpatient activity undertaken*	The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, January 2023 saw an in-month increase of 1% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 20,174 in December 2022 to 20,288 in January 2023. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by OMFS and Ophthalmology. Chart 4 shows that the number of attendances has remained steady in recent months	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

Trend

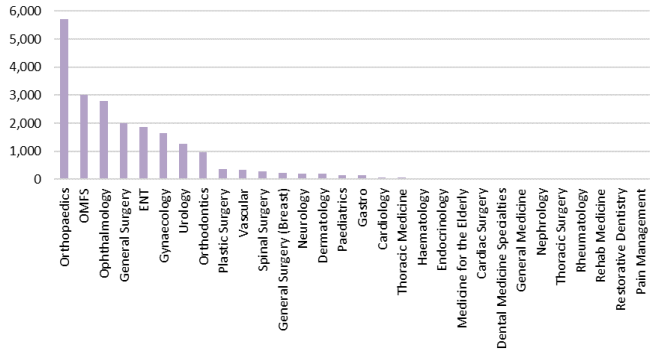
1. Number of stage 1 over 26 weeks- HB total



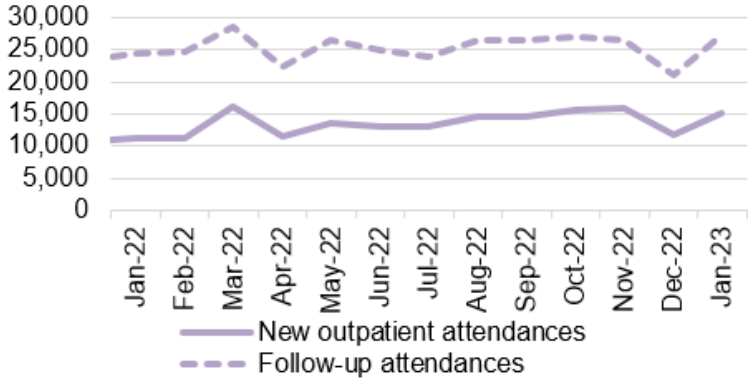
2. Number of stage 1 over 26 weeks- Hospital level



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



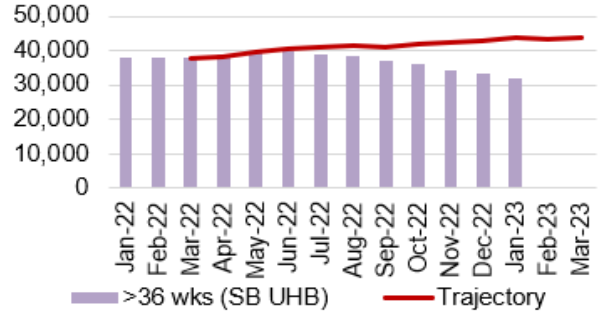
4. Outpatient activity undertaken



PLANNED CARE		
Description	**Current Performance**	**Actions of Improvement**
Patients waiting over 36 weeks for treatment *1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total* *2. Number of patients waiting more than 52 weeks for treatment at Stage 1* *3. Number of elective admissions* *4. Number of patients waiting more than 104 weeks for treatment*	The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In January 2023, there were 32,031 patients waiting over 36 weeks which is a 3.9% in-month reduction from December 2022. 21,306 of the 32,031 were waiting over 52 weeks in January 2023. In January 2023, there were 7,331 patients waiting over 104 weeks for treatment, which is a 9% reduction from December 2022.	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 treat in turn rates, increasing capacity, validation of pathways and internal administrative and clinical validation

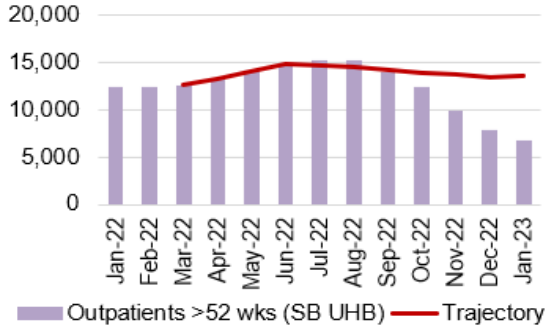
Trend

1. Number of patients waiting over 36 weeks- HB total



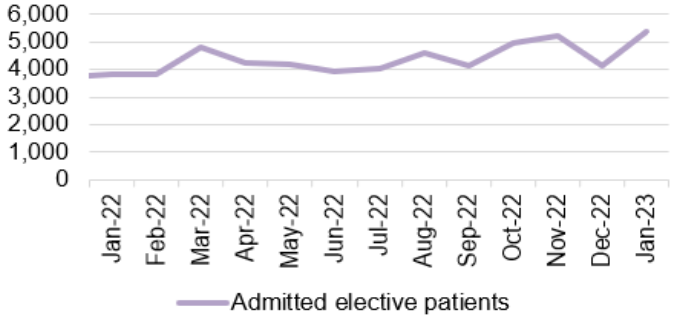
Ministerial Target = 0 by 2026

2. Number of patients waiting over 52 weeks at Stage 1- HB total

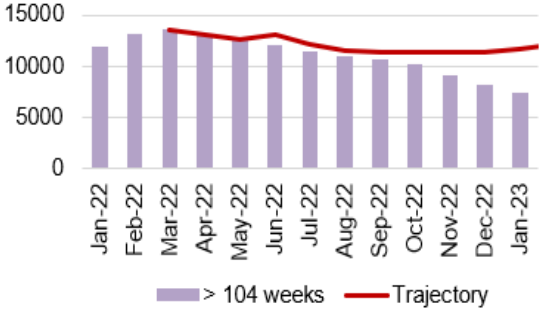


Ministerial Target = 0 by June 2023

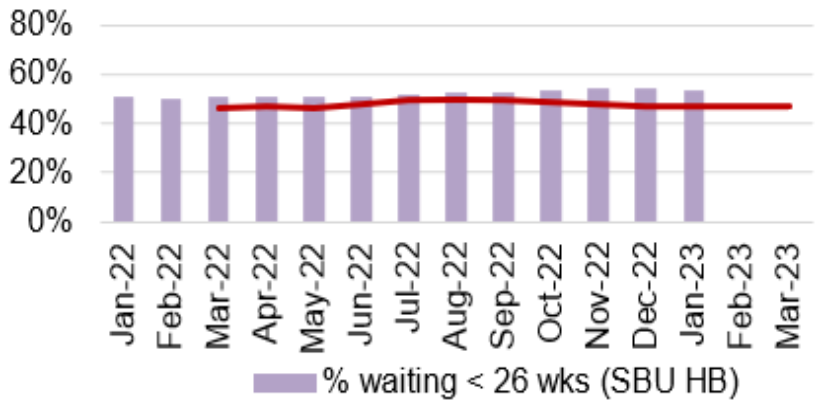
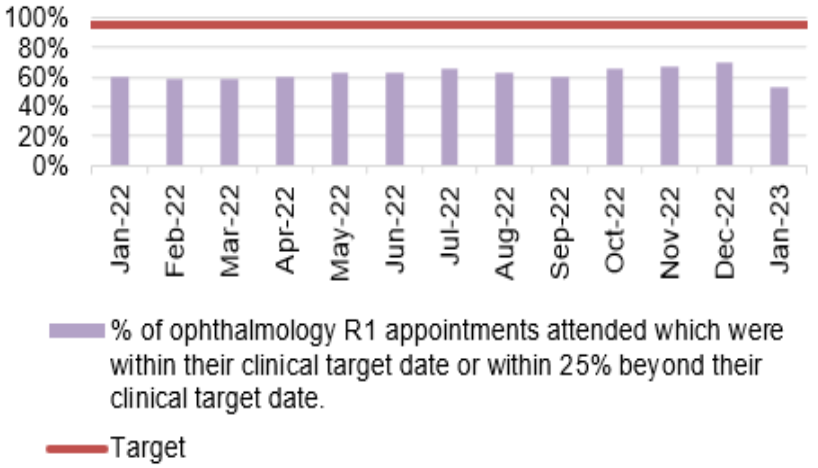
3. Number of elective admissions

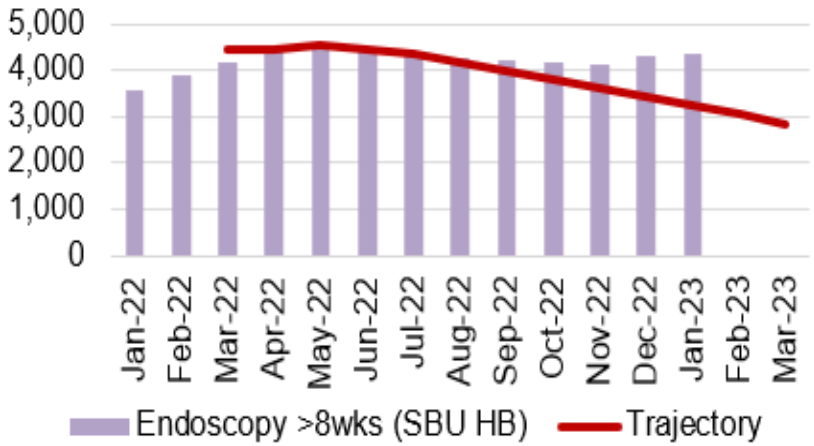
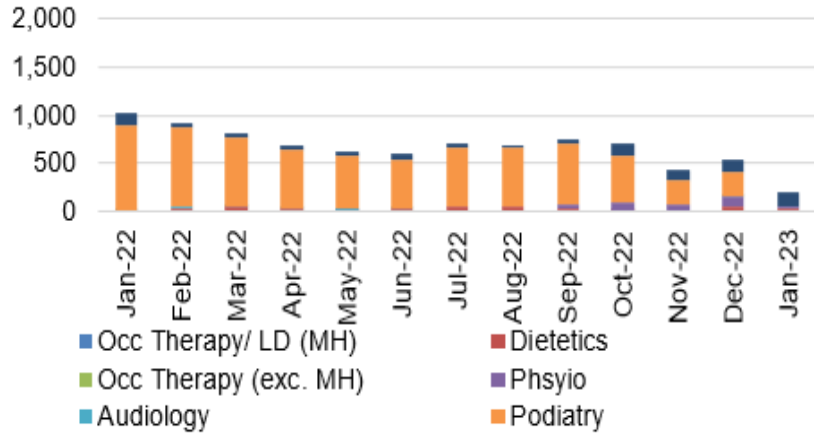


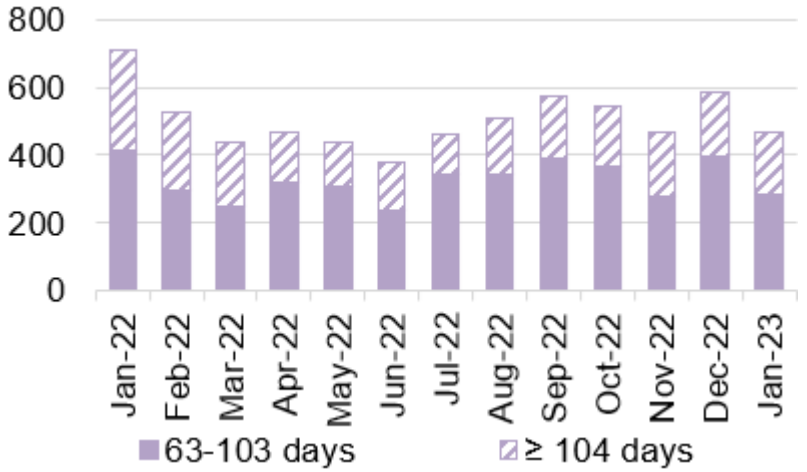
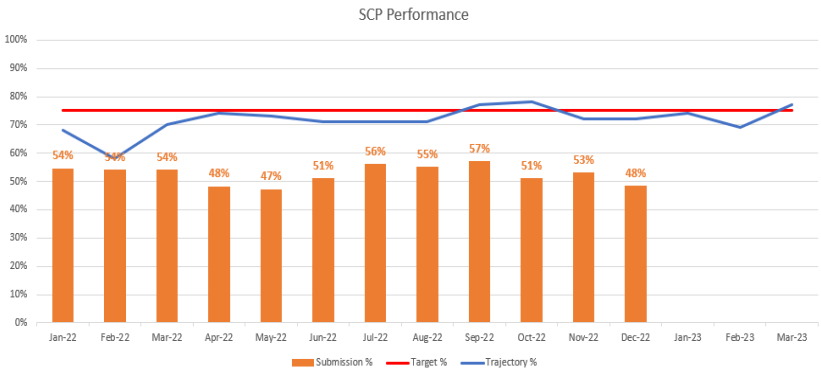
4. Number of patients waiting over 104 weeks- HB total



Ministerial Target = 0 by 2024

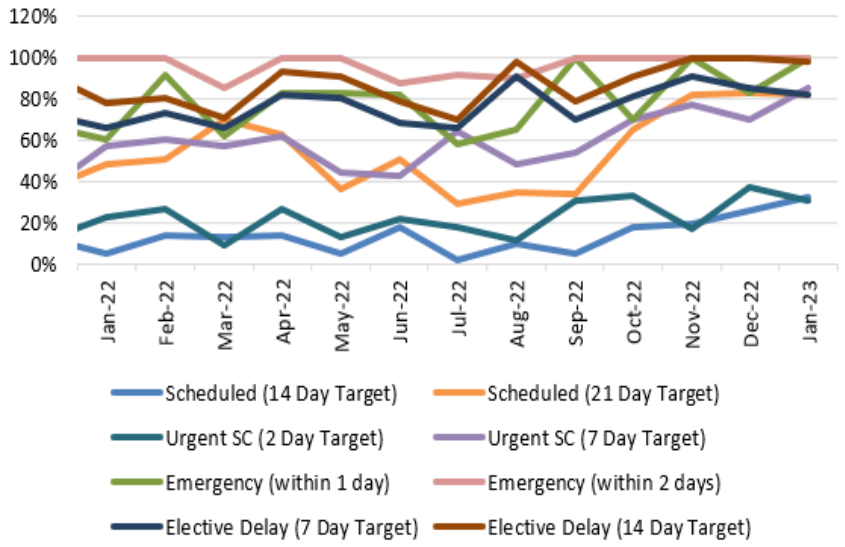
PLANNED CARE		
Description	**Current Performance**	
Total waiting times *Percentage of patients waiting less than 26 weeks from referral to treatment*	Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%. In January 2023, 52.8% of patients were waiting under 26 weeks from referral to treatment, which is 1.4% less than those seen in December 2022.	**Percentage of patient waiting less than 26 weeks**  ***Ministerial Target = 95% by 2026***
Ophthalmology waiting times *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*	In January 2023, 53.1% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date. There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2022/23. **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	**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** 

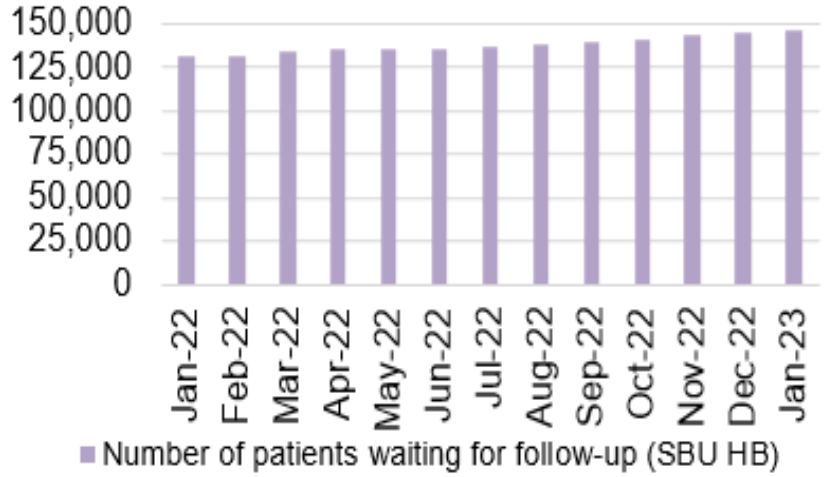
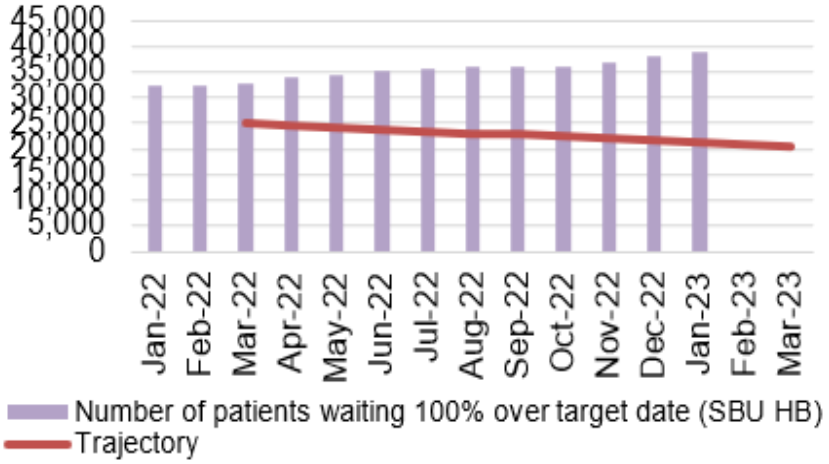
PLANNED CARE		
Description	**Current Performance**	**Trend**
Diagnostics waiting times *The number of patients waiting more than 8 weeks for specified diagnostics*	In January 2023, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,607 in December 2022 to 6,829. The following is a breakdown for the 8-week breaches by diagnostic test for January 2023: • Endoscopy= 4,372 ^ • Cardiac tests= 679 • Other Diagnostics = 1,778^ **Actions of Improvement**; Endoscopy waits have increased slightly this month and the figures remain above the submitted trajectory. The Endoscopy team have implemented several actions to support future improvement, and are currently in the process of reviewing their regional Endoscopy plan	**Number of patients waiting longer than 8 weeks for Endoscopy**  ***Ministerial Target = Endoscopy waits > 8 Weeks will be 0 by Spring 2024***
Therapy waiting times *The number of patients waiting more than 14 weeks for specified therapies*	In January 2023 there were 194 patients waiting over 14 weeks for specified Therapies. The breakdown for breaches in January 2023 are: • Speech & Language Therapy= 146^ • Dietetics = 31 • Physiotherapy = 17 **Actions of Improvement;** The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas.	**Number of patients waiting longer than 14 weeks for therapies** 

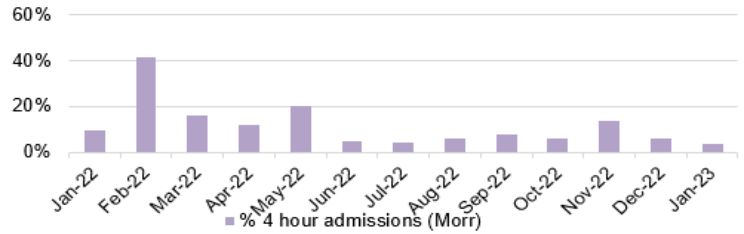
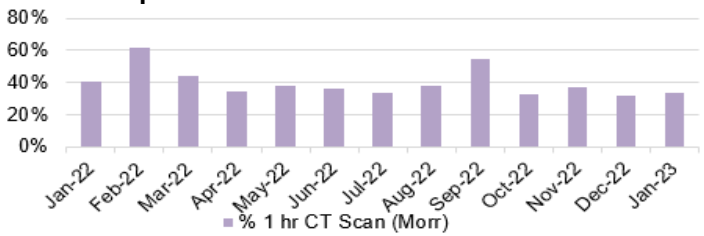
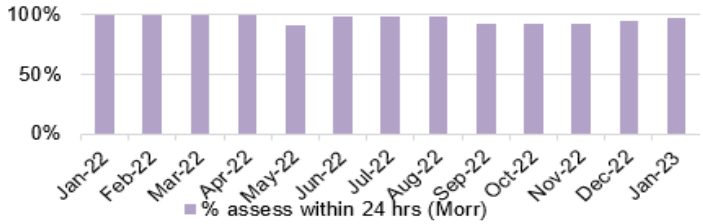
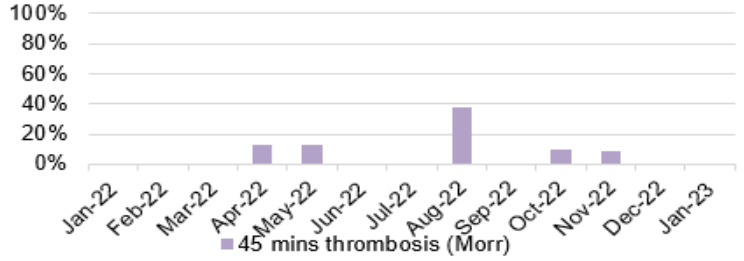
<table>
<tr><th colspan="3">CANCER</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>Single Cancer Pathway backlog
The number of patients with an active wait status of more than 63 days</td><td>January 2023 backlog by tumour site:
<table>
<tr><th>Tumour Site</th><th>63 - 103 days</th><th>≥104 days</th></tr>
<tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr>
<tr><td>Brain/CNS</td><td>0</td><td>0</td></tr>
<tr><td>Breast</td><td>15</td><td>6</td></tr>
<tr><td>Children's cancer</td><td>0</td><td>1</td></tr>
<tr><td>Gynaecological</td><td>64</td><td>30</td></tr>
<tr><td>Haematological</td><td>8</td><td>11</td></tr>
<tr><td>Head and neck</td><td>18</td><td>9</td></tr>
<tr><td>Lower Gastrointestinal</td><td>51</td><td>45</td></tr>
<tr><td>Lung</td><td>15</td><td>12</td></tr>
<tr><td>Other</td><td>8</td><td>2</td></tr>
<tr><td>Sarcoma</td><td>5</td><td>6</td></tr>
<tr><td>Skin(c)</td><td>27</td><td>9</td></tr>
<tr><td>Upper Gastrointestinal</td><td>25</td><td>34</td></tr>
<tr><td>Urological</td><td>47</td><td>22</td></tr>
<tr><td>Grand Total</td><td>283</td><td>187</td></tr>
</table></td><td>Number of patients with a wait status of more than 62 days
 
</td></tr>
<tr><td>Single Cancer Pathway backlog- patients waiting over 63 days</td><td>December 2022 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;
- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast.
- Focussed work is being undertaken with the Endoscopy service to develop a sustainable Endoscopy plan
- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority
- Increased USC activity in Radiology has improved access and reduced waiting times
- Tracking capacity was increased last year to support data quality</td><td>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion
 
</td></tr>
</table>

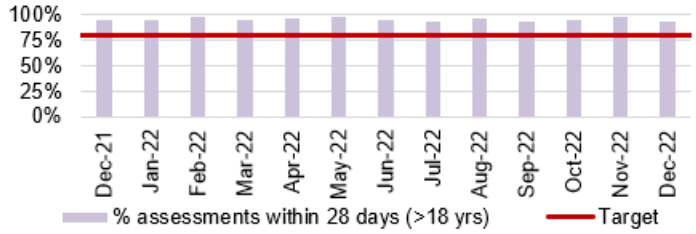
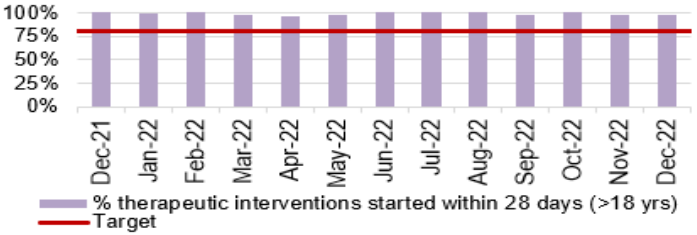
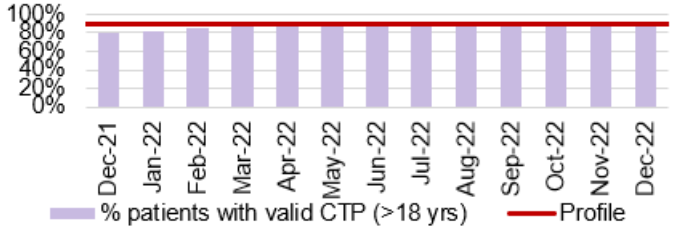
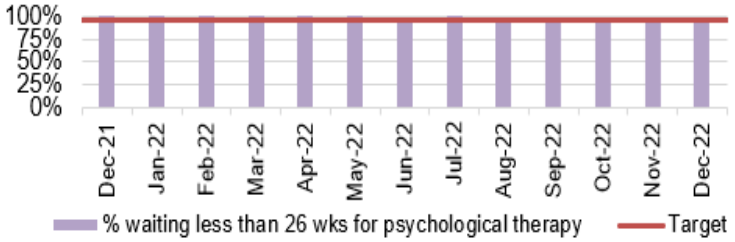
<table>
<tr><th colspan="3">CANCER</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>USC First Outpatient Appointments
The number of patients at first outpatient appointment stage by days waiting</td><td>To date, early February 2023 figures show total wait volumes for first outpatient appointment have decreased by 14% when compared with the previous week.

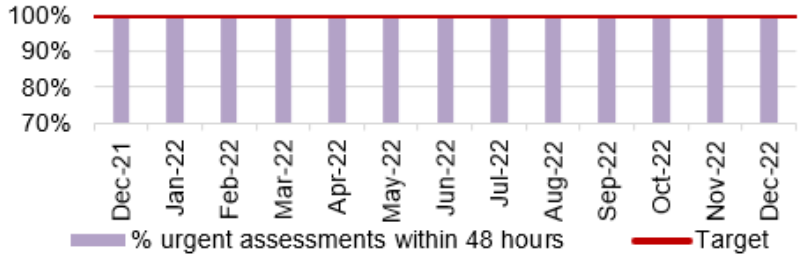
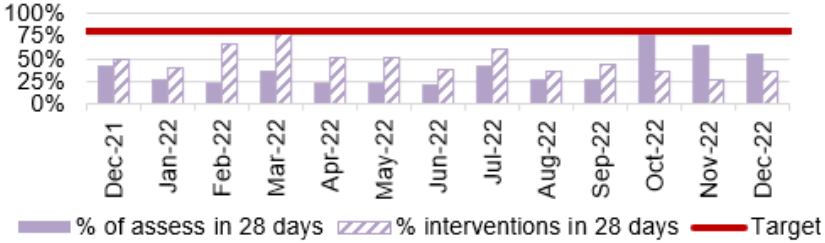
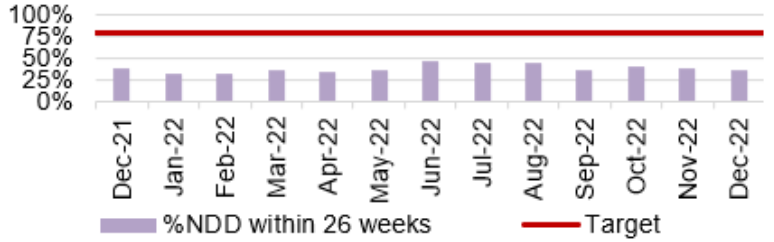
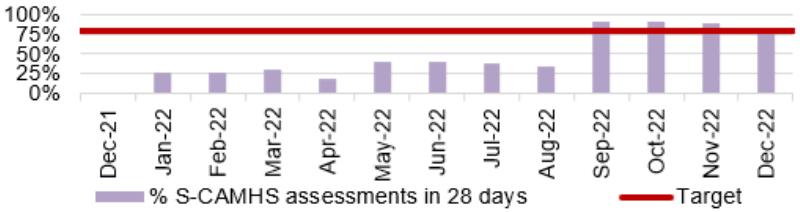
Of the total number of patients awaiting a first outpatient appointment, 69% have been booked, which is slightly lower than previous months' performance.</td><td>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early February 2023
<table>
<tr><th>FIRST OPA</th><th>29-Jan</th><th>05-Feb</th></tr>
<tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr>
<tr><td>Brain/CNS</td><td>1</td><td>1</td></tr>
<tr><td>Breast</td><td>0</td><td>0</td></tr>
<tr><td>Children's Cancer</td><td>1</td><td>0</td></tr>
<tr><td>Gynaecological</td><td>121</td><td>139</td></tr>
<tr><td>Haematological</td><td>3</td><td>6</td></tr>
<tr><td>Head and Neck</td><td>100</td><td>120</td></tr>
<tr><td>Lower GI</td><td>77</td><td>83</td></tr>
<tr><td>Lung</td><td>7</td><td>9</td></tr>
<tr><td>Other</td><td>153</td><td>79</td></tr>
<tr><td>Sarcoma</td><td>1</td><td>0</td></tr>
<tr><td>Skin</td><td>122</td><td>91</td></tr>
<tr><td>Upper GI</td><td>39</td><td>51</td></tr>
<tr><td>Urological</td><td>17</td><td>22</td></tr>
<tr><td></td><td>642</td><td>601</td></tr>
</table></td></tr>
<tr><td>Radiotherapy waiting times

The percentage of patients receiving radiotherapy treatment</td><td>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%
<table>
<tr><th>Measure</th><th>Target</th><th>Jan-23</th></tr>
<tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>32%</td></tr>
<tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>82%</td></tr>
<tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>31%</td></tr>
<tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>85%</td></tr>
<tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr>
<tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr>
<tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>82%</td></tr>
<tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>98%</td></tr>
</table></td><td>Radiotherapy waiting times
 
</td></tr>
</table>

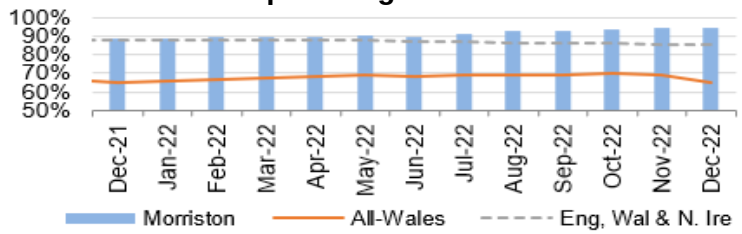
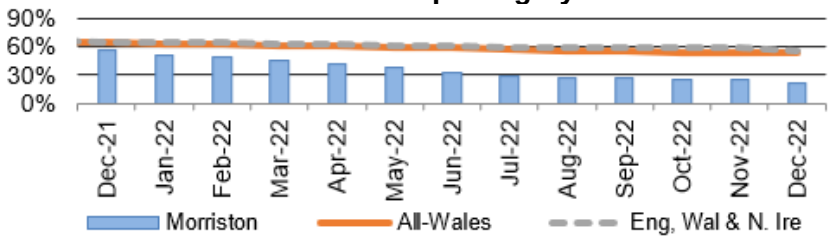
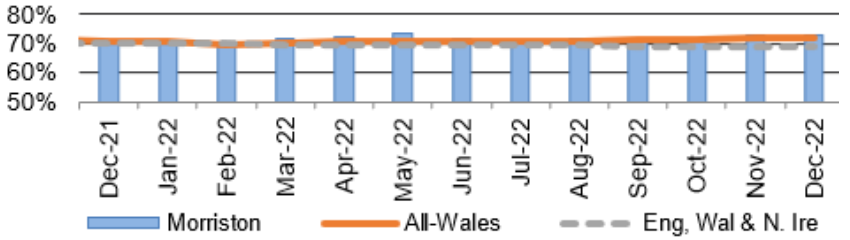
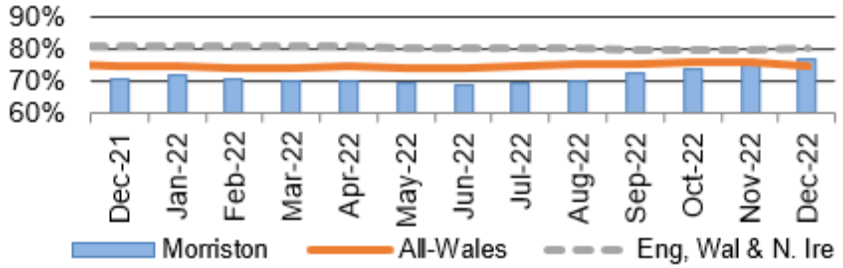
FOLLOW-UP APPOINTMENTS		
Description	**Current Performance**	**Trend**
Follow-up appointments *1. The total number of patients on the follow-up waiting list* *2. The number of patients waiting 100% over target for a follow-up appointment*	In January 2023, the overall size of the follow-up waiting list increased by 1,852 patients compared with December 2022 (from 144,780 to 146,632). In January 2023, there was a total of 67,1255 patients waiting for a follow-up past their target date. This is a slight in-month increase of 0.9% (from 66,500 in December 2022 to 67,125). Of the 67,125 delayed follow-ups in January 2023, 11,713 had appointment dates and 55,412 were still waiting for an appointment. In addition, 39,056 patients were waiting 100%+ over target date in January 2023. This is a 2.1% increase when compared with December 2022. **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	**1. Total number of patients waiting for a follow-up**  **2. Delayed follow-ups: Number of patients waiting 100% over target** 

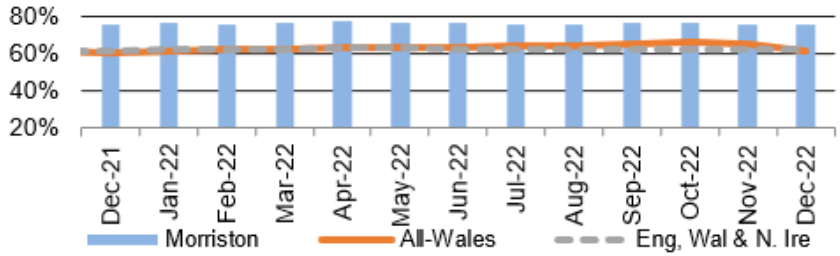
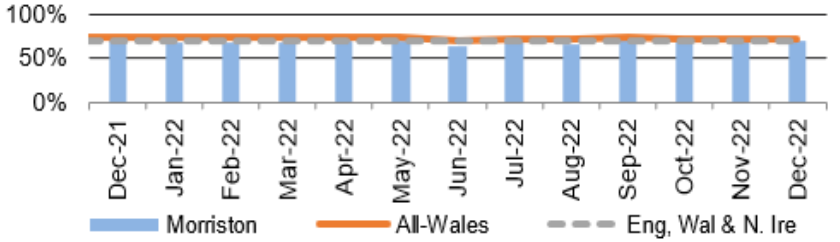
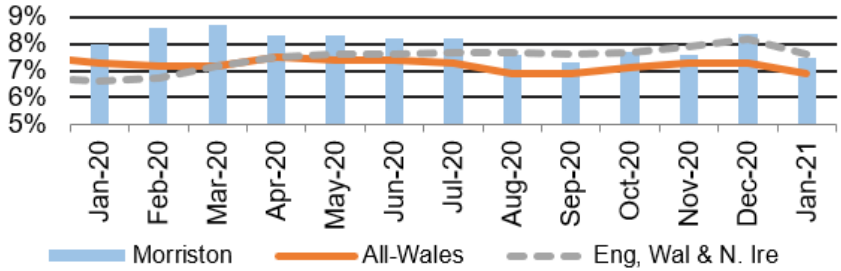
STROKE		
Description	**Current Performance**	**Trend**
Stroke Measures 1. *% of patients who have a direct admission to an acute stroke unit within 4 hours* 2. *% of patients who received a CT Scan within 1 hour* 3. *% of patients who are assessed by a stroke specialist consultant physician within 24 hours* 4. *% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	1. In January 2023, 3% of patients had a direct admission to an acute stroke unit within 4 hours. This is a deterioration on the performance in December 2022 (6%). 2. In January 2023, 34% of patients received a CT scan within 1 hour of being admitted, this is 3% higher than December 2022 3. 97% of patients were assessed by a stroke specialist consultant physician within 24 hours in January 2023, which is a slight improvement of 2.5% from December 2022. 4. In January 2023, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes. **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.	**1. % of patients who have a direct admission to an acute stroke unit within 4 hours**  **2. % of patients who received a CT Scan within 1 hour**  **3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours**  4. **% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes** 

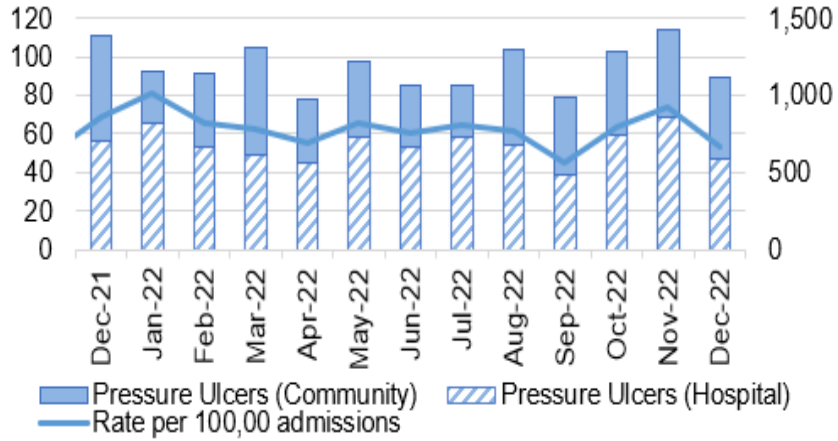
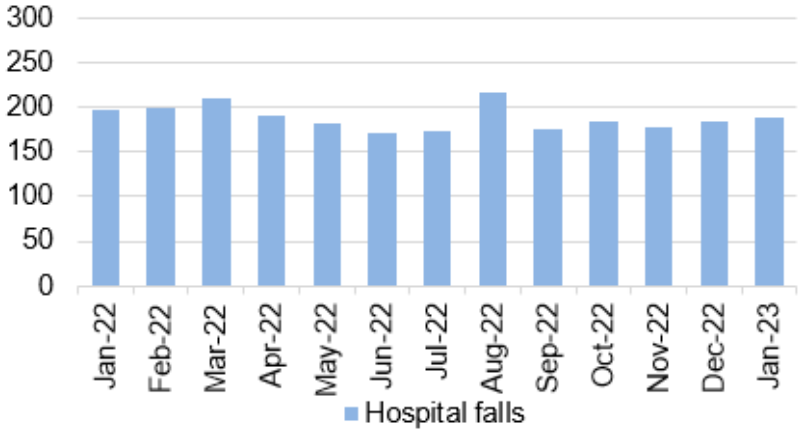
ADULT MENTAL HEALTH		
Description	**Current Performance**	**Trend**
Adult Mental Health Measures: 1. *% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)* 2. *% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)* 3. *% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)* 4. *% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health*	1. In December 2022, 94% of assessments were undertaken within 28 days of referral for patients 18 years and over. 2. In December 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 98%. 3. 90% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in December 2022. 4. In December 2022, 92.3% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.	**1. % Mental Health assessments undertaken within 28 days from receipt of referral**  **2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment**  **3. % residents with a valid Care and Treatment Plan (CTP)**  **4. % waiting less than 26 weeks for Psychology Therapy** 

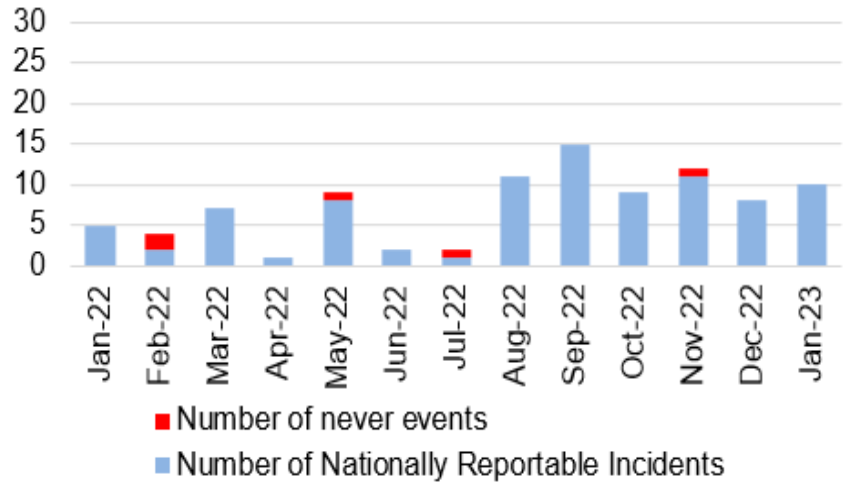
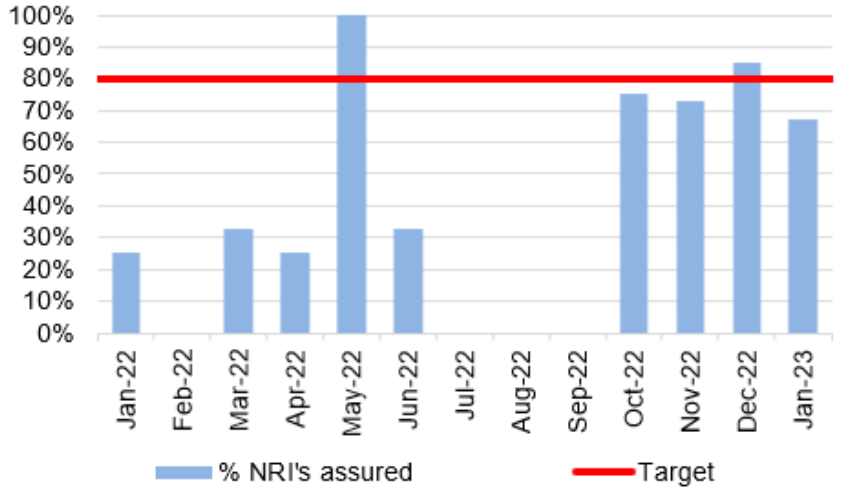
CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	**Current Performance**	**Trend**
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral 2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral 3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS 4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks 5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	1. In December 2022, 100% of CAMHS patients received an assessment within 48 hours. 2. 79% of routine assessments were undertaken within 28 days from referral in December 2022 against a target of 80%. 3. 35% of therapeutic interventions were started within 28 days following assessment by LPMHSS in December 2022. 4. 37% of NDD patients received a diagnostic assessment within 26 weeks in December 2022 against a target of 80%. 5. 79% of routine assessments by SCAMHS were undertaken within 28 days in December 2022.	**1. Crisis- assessment within 48 hours**  **2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days**  **4. NDD- assessment within 26 weeks**  **5. S-CAMHS % assessments within 28 days** 

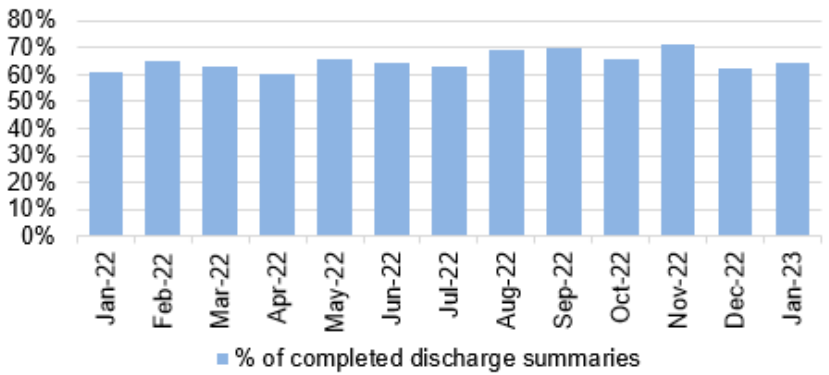
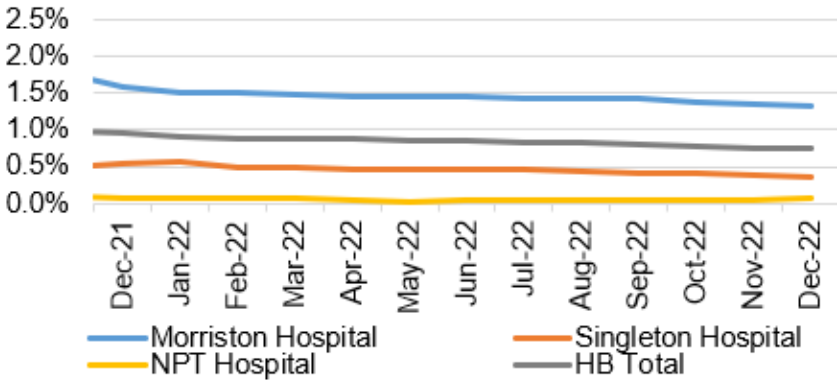
4. NHS DELIVERY FRAMEWORK MEASURES
&
MINISTERIAL PRIORITY TRAJECTORIES

FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
Fractured Neck of Femur (#NOF) *1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation* *2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture* *3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124* *4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation*	1. **Prompt orthogeriatric assessment-** In December 2022, 94.5% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. 2. **Prompt surgery-** In December 2022, 22.1% of patients had surgery the day following presentation with a hip fracture. This is a 34.4% deterioration from December 2021 which was 56.5% 3. **NICE compliant surgery**- 73.2% of operations were consistent with the NICE recommendations in December 2022. This is 3.1% more than in December 2021. 4. **Prompt mobilisation**- In December 2022, 76.9% of patients were out of bed the day after surgery. This is 6.2% more than in December 2021.	**1. Prompt orthogeriatric assessment**  **2. Prompt surgery**  **3. NICE compliant Surgery**  **4. Prompt mobilisation** 

FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
5. Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	**5. Not delirious when tested**- 76.3% of patients were not delirious in the week after their operation in December 2022.	**5. Not delirious when tested** 
6. Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	**6. Return to original residence**- 70.3% of patients in December 2022 were discharged back to their original residence. This is 0.7% less than in December 2021.	**6. Return to original residence** 
7. 30 day mortality rate	**7. 30 day mortality rate**- In January 2021 the morality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%. * Updated data is currently not available, but is being reviewed.	**7. 30 day mortality rate** 

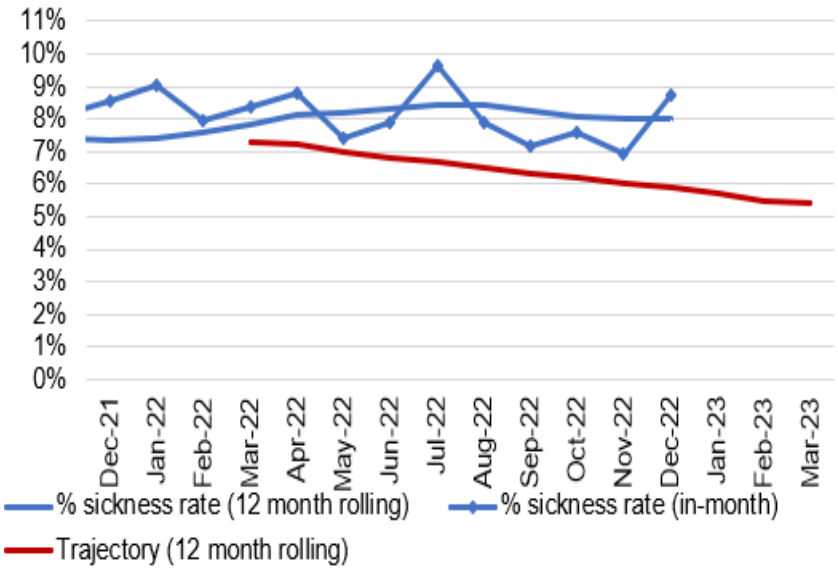
PRESSURE ULCERS		
Description	**Current Performance**	**Trend**
Number of pressure ulcers *1. Total number of pressure ulcers developed in hospital and in the community* *2. Rate of pressure ulcers per 100,000 admission*	1. In December 2022 there were 89 cases of healthcare acquired pressure ulcers, 42 of which were community acquired and 47 were hospital acquired. There were 21 grade 3+ pressure ulcers in December 2022, 13 of which were community acquired and 8 were hospital acquired. 2. The rate per 100,000 admissions decreased from 924 in November 2022 to 660 in December 2022.	**Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions** 
INPATIENT FALLS		
Description	**Current Performance**	**Trend**
Inpatient Falls *The total number of inpatient falls*	• The number of Falls reported via Datix web for Swansea Bay UHB was 189 in January 2023. This is 4% less than January 2022 where 196 falls were recorded.	**Number of inpatient Falls** 

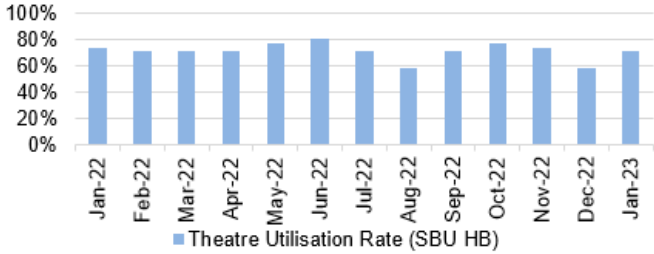
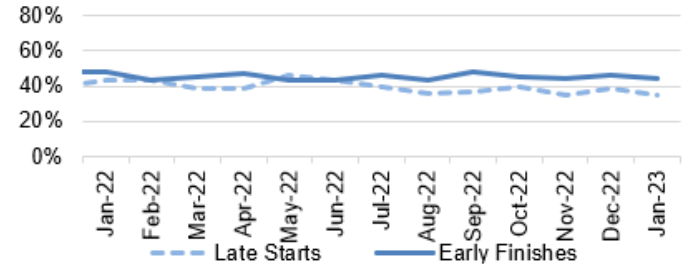
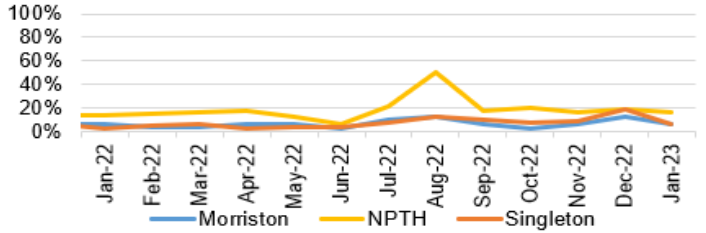
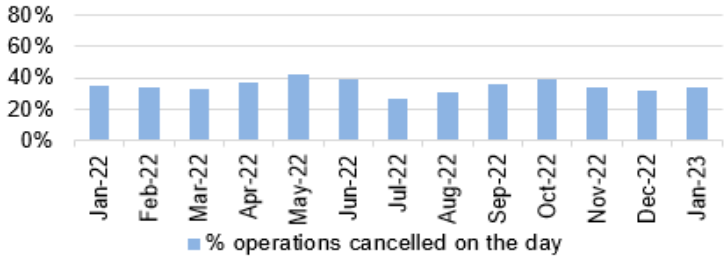
NATIONALLY REPORTABLE INCIDENTS		
Description	**Current Performance**	**Trend**
Nationally Reportable Incidents (NRI's)- *1. The number of Nationally reportable incidents*	1. The Health Board reported 10 Nationally Reportable Incidents for the month of January 2023 to Welsh Government. The Service Group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

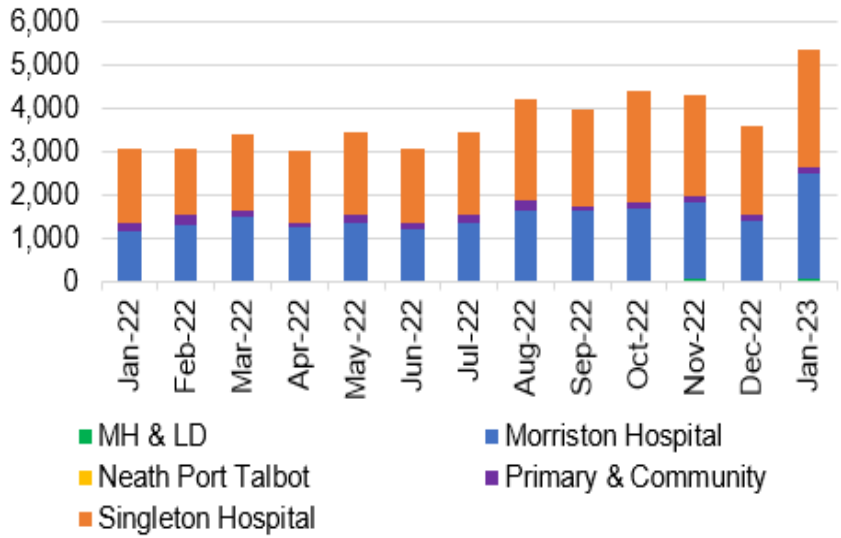
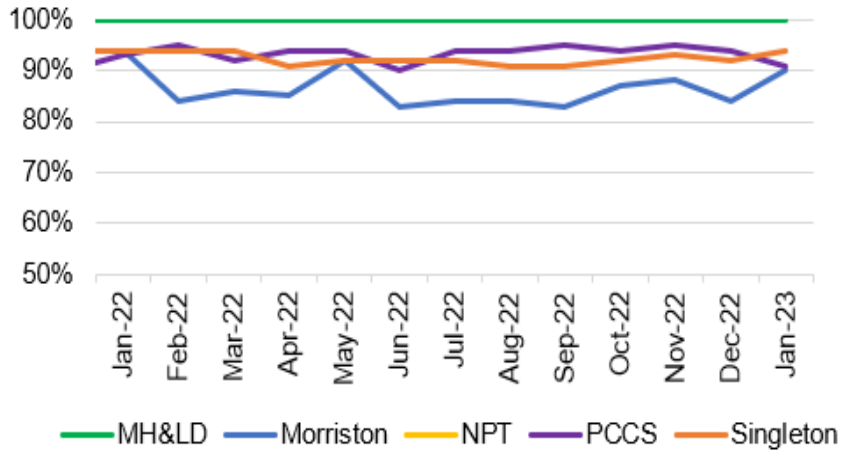
DISCHARGE SUMMARIES		
Description	**Current Performance**	**Trend**
Discharge Summaries *Percentage of discharge summaries approved and sent to patients' doctor following discharge*	The latest data shows that in January 2023, the percentage of completed discharge summaries was 64%. In January 2023, compliance ranged from 55% in Singleton Hospital to 92% in Mental Health & Learning Disabilities.	**% discharge summaries approved and sent** 
CRUDE MORTALITY		
Description	**Current Performance**	**Trend**
Crude Mortality Rate	December 2022 reports the crude mortality rate for the Health Board at 0.74%, which is the lower than the figure reported in November 2022. A breakdown by Hospital for December 2022: • Morriston – 1.32% • Singleton – 0.37% • NPT – 0.07%	**Crude hospital mortality rate by Hospital (74 years of age or less)** 

WORKFORCE		
Description	**Current Performance**	**Trend**
Staff sickness rates- *Percentage of sickness absence rate of staff*	• Our in-month sickness performance improved from 6.92% in November 2022 to 8.75% in December 2022. • The 12-month rolling performance improved slightly from 7.99% in November 2022 to 8.02% in December 2022. • The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in 2022.	**% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)**

Absence Reason	FTE Days Lost	%
Anxiety/ stress/ depression/ other psychiatric illnesses	8131.03	25.2%
Other known causes – not elsewhere classified	4866.07	15.1%
Other musculoskeletal problems	3630.1	11.2%
Infectious diseases	2514.97	7.8%
Gastrointestinal problems	2235.13	6.9%



THEATRE EFFICIENCY		
Description	**Current Performance**	**Trend**
Theatre Efficiency *1. Theatre Utilisation Rates*	In January 2023 the Theatre Utilisation rate was 72%. This is an in-month improvement of 13% and are similar to the rates seen in January 2022 (74%).	**1. Theatre Utilisation Rates** 
2. % of theatre sessions starting late	35% of theatre sessions started late in January 2023. This is a 4% improvement on performance seen in December 2022 (39%).	**2. And 3. % theatre sessions starting late/finishing** 
3. % of theatre sessions finishing early	In January 2023, 44% of theatre sessions finished early. This is 2% lower than figures seen in December 2022 and 4% lower than those seen in January 2022	
4. % of theatre sessions cancelled at short notice (<28 days)	8% of theatre sessions were cancelled at short notice in January 2023. This is 8% lower than the figure reported in December 2022 and is 2% higher than figures seen in January 2022.	**4. % theatre sessions cancelled at short notice (<28 days)** 
5. % of operations cancelled on the day	Of the operations cancelled in January 2023, 34% of them were cancelled on the day. This is an deterioration from 32% in December 2022.	**5. % of operations cancelled on the day** 

PATIENT EXPERIENCE		
Description	**Current Performance**	**Trend**
Patient experience *1. Number of friends and family surveys completed* *2. Percentage of patients/ service users who would recommend and highly recommend*	• Health Board Friends & Family patient satisfaction level in January 2023 was 92% and 5,073 surveys were completed. ➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 2,691 surveys in January 2023, with a recommended score of 94%. ➢ Morriston Hospital completed 2,470 surveys in January 2023, with a recommended score of 90%. ➢ Primary & Community Care completed 137 surveys for January 2023, with a recommended score of 91%. ➢ The Mental Health Service Group completed 35 surveys for January 2023, with a recommended score of 100%.	**1. Number of friends and family surveys completed**  **2. % of patients/ service users who would recommend and highly recommend** 

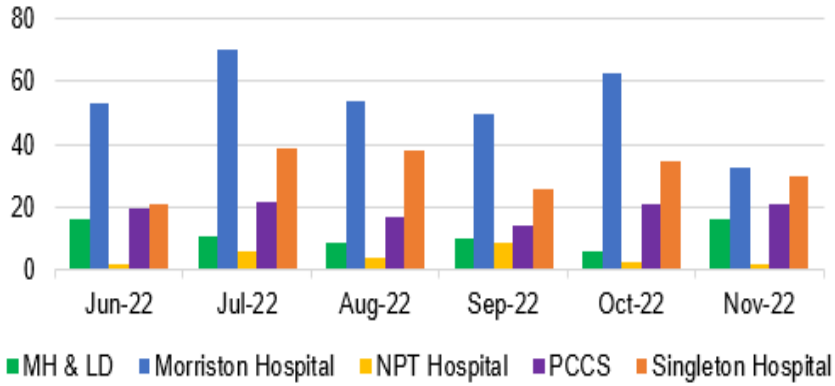
<table>
<tr><th colspan="3">COMPLAINTS</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>Patient concerns

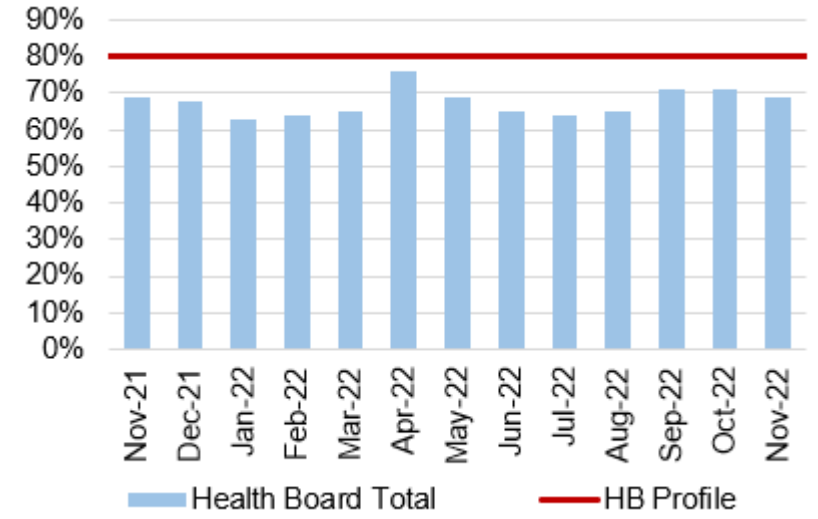
1. Number of formal complaints received

2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</td><td>1. In November 2022, the Health Board received 113 formal complaints; this is a 29% reduction on the number seen in October 2022.

Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.

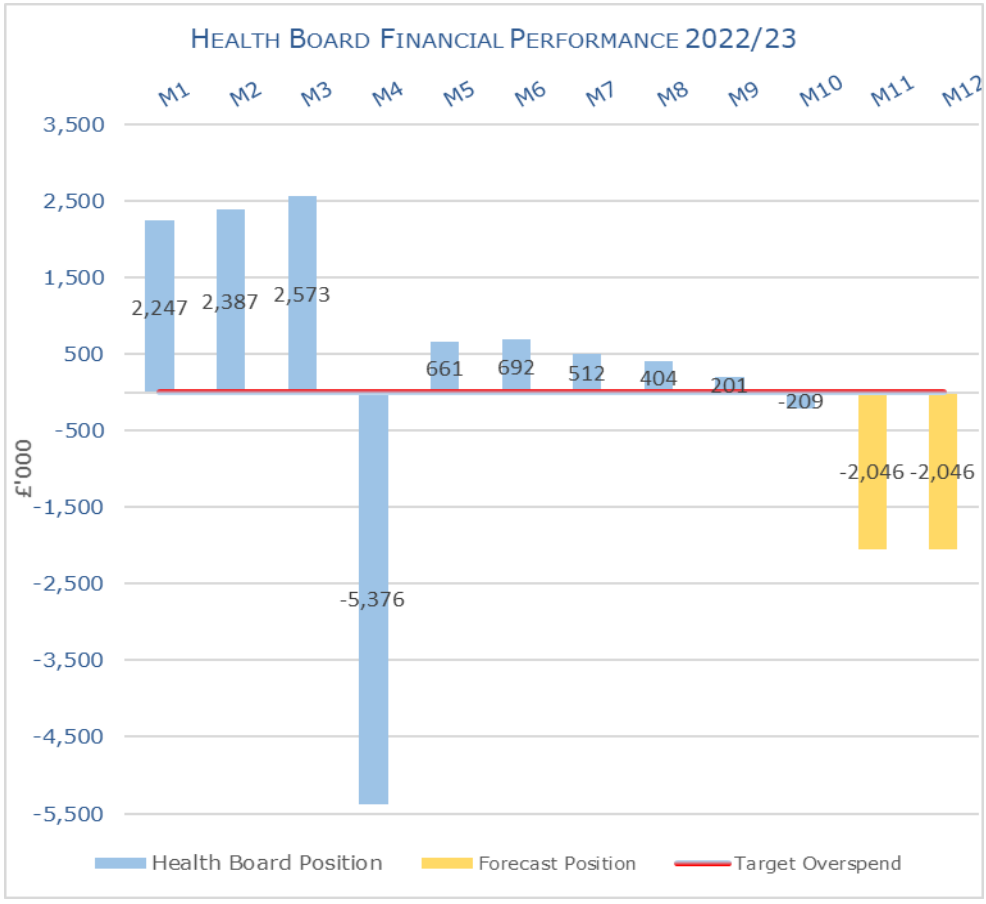
2. The overall Health Board rate for responding to concerns within 30 working days was 69% in November 2022, against the Welsh Government target of 75% and Health Board target of 80%.

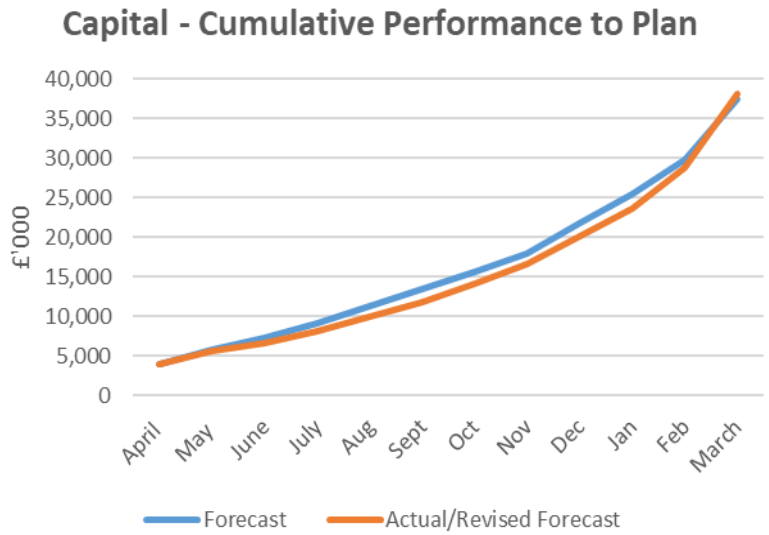
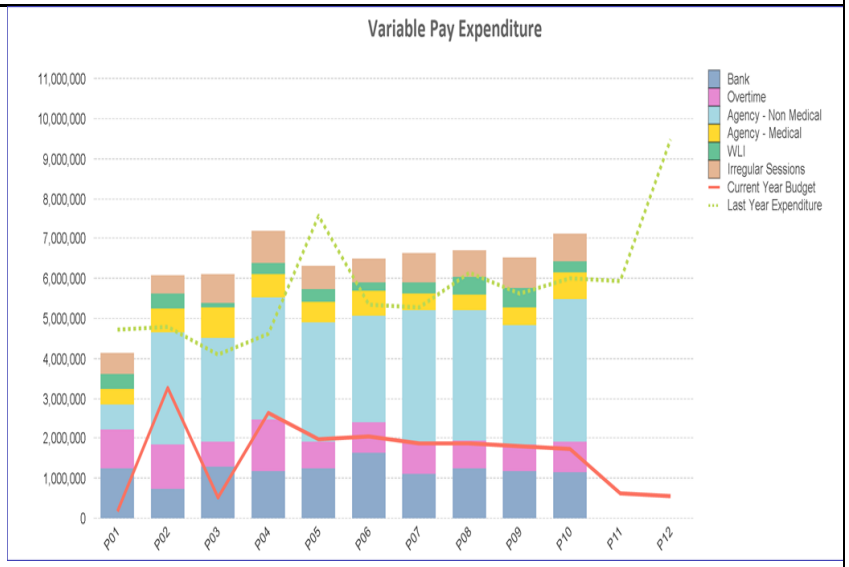
Below is a breakdown of performance against the 30-day response target:
<table><tr><th></th><th>30 day response rate</th></tr><tr><td>Neath Port Talbot Hospital</td><td>50%</td></tr><tr><td>Morriston Hospital</td><td>67%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>56%</td></tr><tr><td>Primary, Community and Therapies</td><td>90%</td></tr><tr><td>Singleton Hospital</td><td>57%</td></tr></table></td><td>1. Number of formal complaints received
 

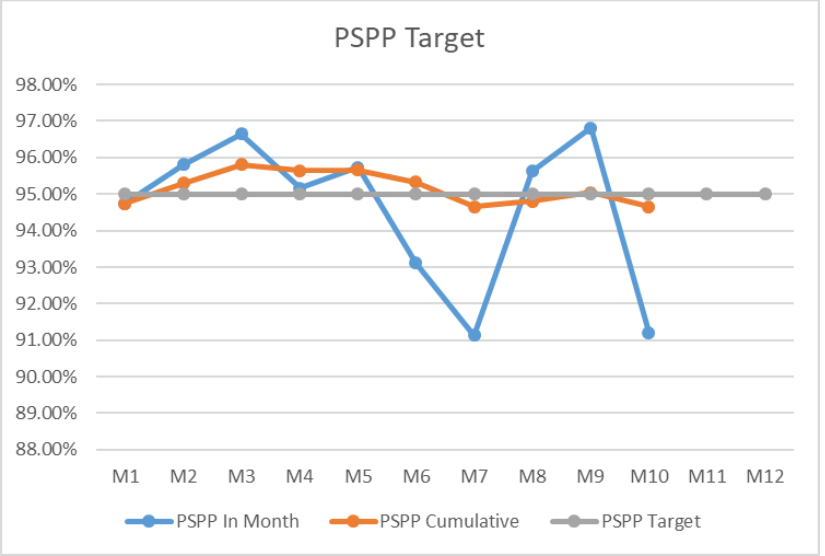
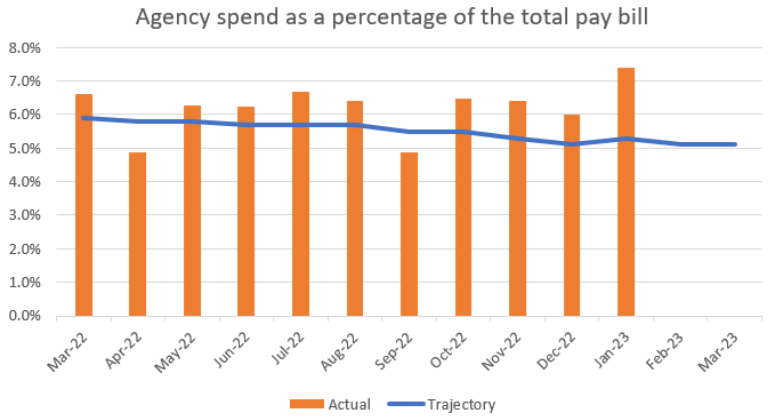
2. Response rate for concerns within 30 days
 
</td></tr>
</table>

FINANCE UPDATES

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

Description	Current Performance	Trend
Revenue Financial Position – expenditure incurred against revenue resource limit	• 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: • 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 underspend in month of £0.209m and a cumulative overspend position of £4.092m.	

Description	Current Performance	Trend
Capital Financial Position – expenditure incurred against capital resource limit	• The forecast outturn capital position for 2022/23 is an overspend of £0.600m. 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.	
Workforce Spend – workforce expenditure profile	• The pay budgets are overspent by £688k in January. • Funding has been allocated to: ○ support additional transition and recovery costs associated with COVID. • Variable pay has increased in month 10. With the biggest component of the increase attributable to both medical and non-medical Agency spend during the month, this reflects operational pressures, increasing sickness levels and recovery actions. Overtime has also increased during the month. WLI's and irregular hours for medical staff have decreased.	

Description	Current Performance	Trend
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	• The cumulative PSPP compliance has decreased this month and is now just below target at 94.65%. In January the compliance has reduced dramatically and now stands at 91.21% compared with last month's 96.81%. • The main reason for PSPP failing to achieve target this month was due to the Finance team chasing down and clearing receipting holds prior to year-end, there were still delays in nurse bank.	**Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice** 
Agency spend as a of the total pay bill	• The agency spend as a percentage of the total pay bill is currently above the outlined ministerial priority trajectory with 7.4% of the total pay bill being attributed to agency spend in January 2023.	**Agency spend as a percentage of the total pay bill** 

5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1 Number of new COVID19 cases

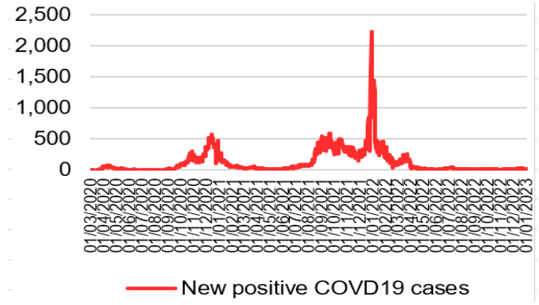


Chart 2: Number of new COVID19 cases (cumulative)

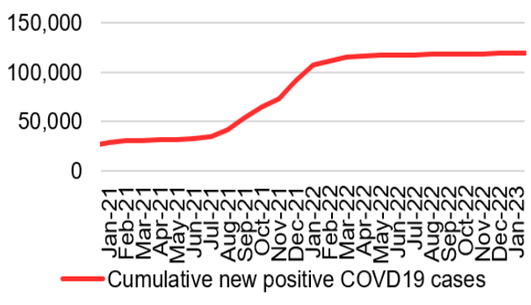


Chart 3: Number of COVID19 tests completed and positivity rate

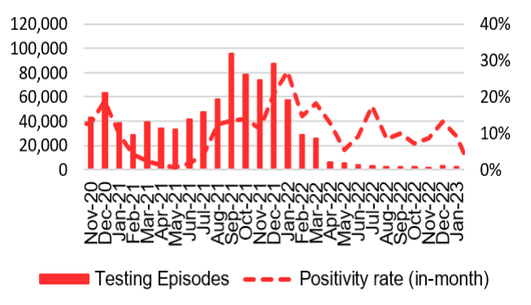


Chart 4: Number of staff referred for Antigen testing

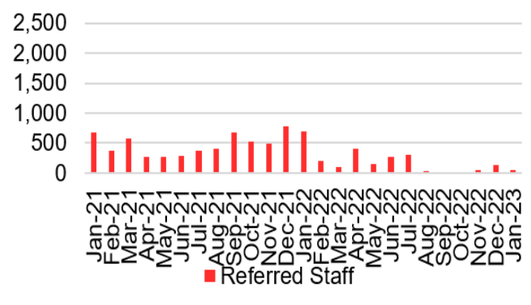


Chart 5: Outcome of staff COVID19/ antigen tests

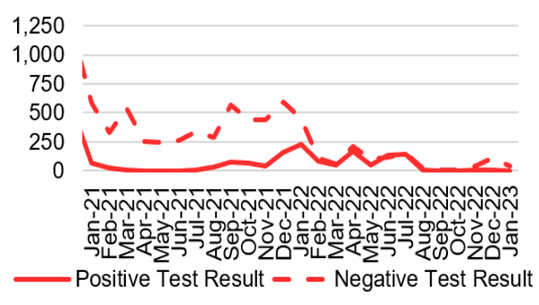


Chart 6: Number of COVID19 related incidents

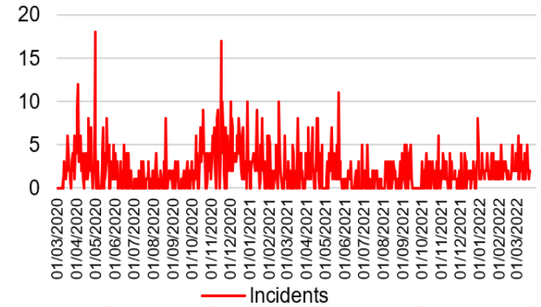


Chart 7: Number of COVID19 related serious incidents

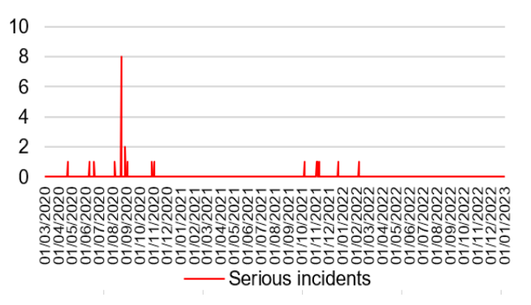


Chart 8: Number of COVID19 related complaints

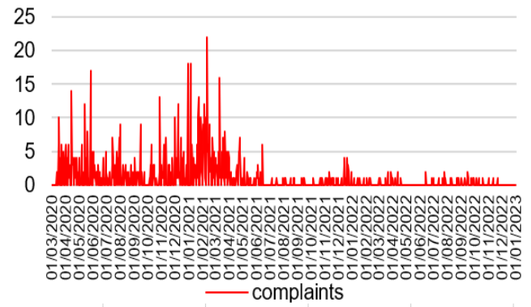


Chart 9: Number of COVID19 related risks

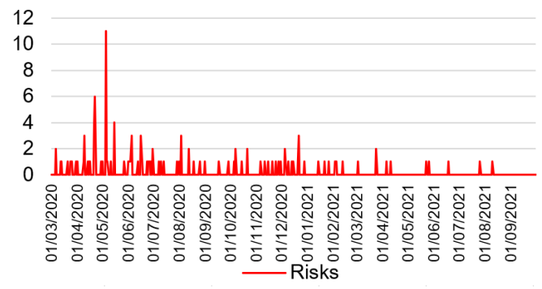


Chart 10: Number of staff self-isolating (asymptomatic)

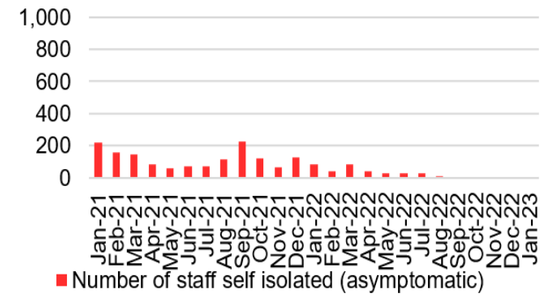


Chart 11: Number of staff self isolating (symptomatic)

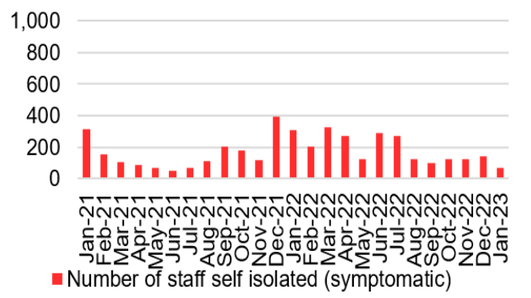


Chart 12: % staff sickness

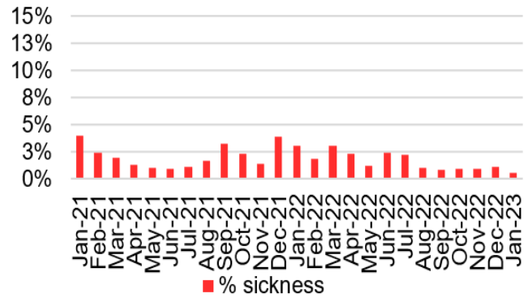


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

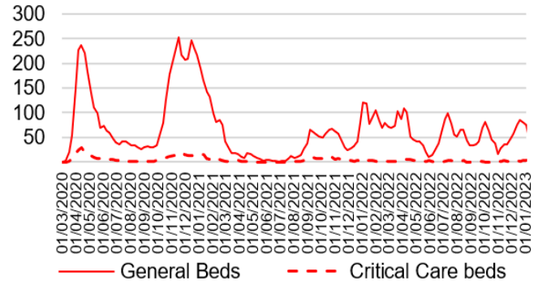


Chart 14: Number of hospital deaths with any mention of COVID19

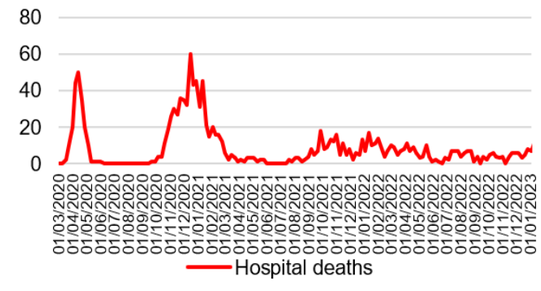


Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

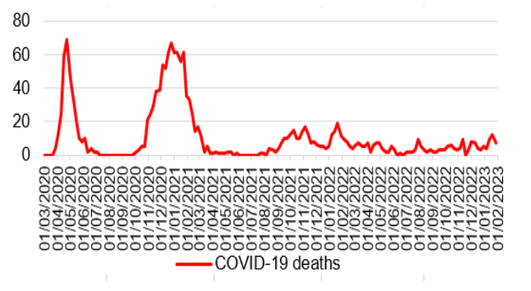
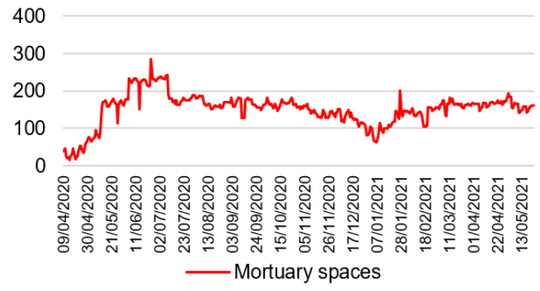
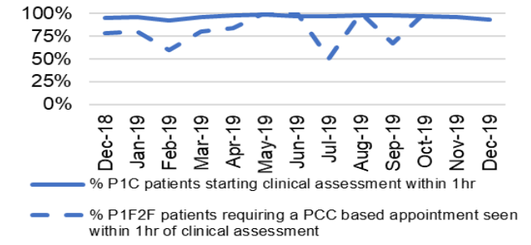


Chart 16: Number of mortuary spaces



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

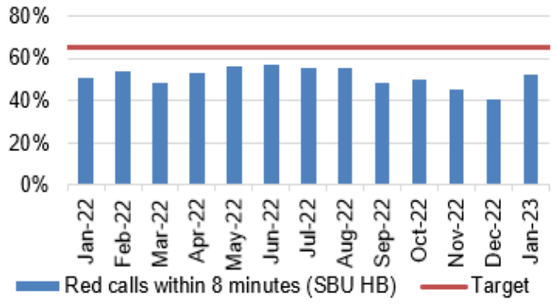


Chart 3: Number of ambulance handovers over 1 hour

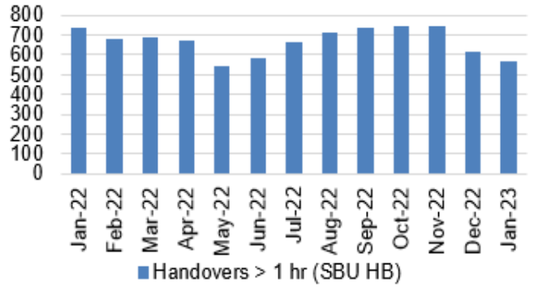


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

Chart 5: A&E Attendances

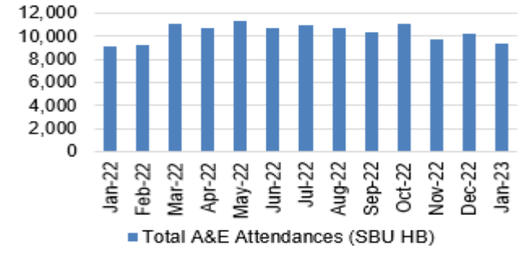


Chart 6: % patients who spend less than 4 hours in A&E

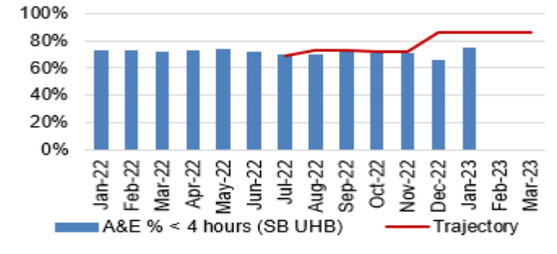


Chart 7: Number of patients waiting over 12 hours in A&E

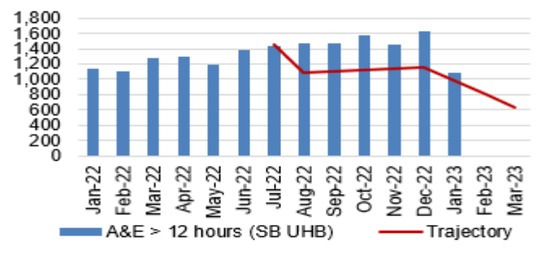


Chart 8: Number of emergency admissions

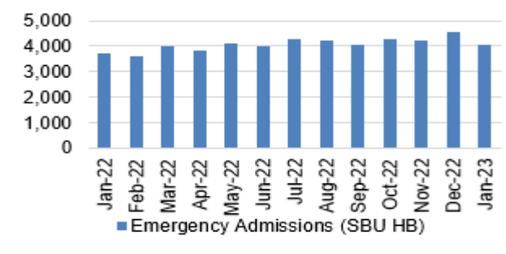


Chart 9: Elective procedures cancelled due to lack of beds

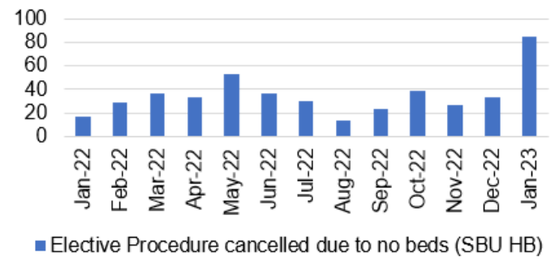


Chart 10: Number of clinically optimised patients

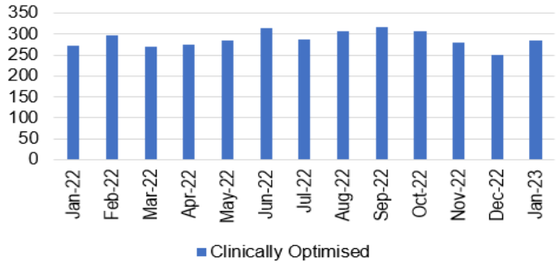


Chart 11: Delay reason for clinically optimised patients

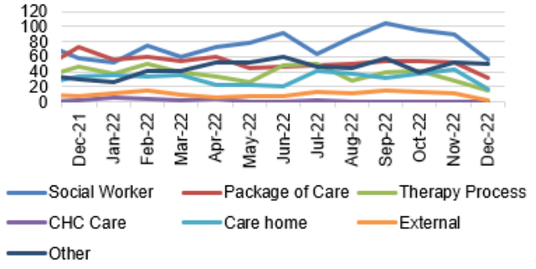


Chart 12: Average lost bed days (per day)

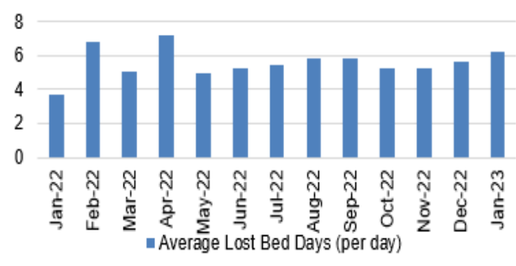


Chart 13; % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

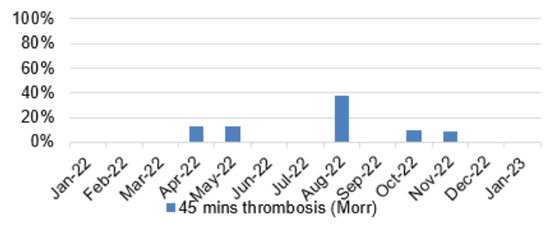


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

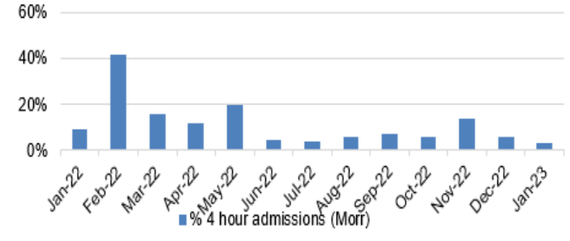


Chart 15: % of stroke patients receiving CT scan with 1 hour

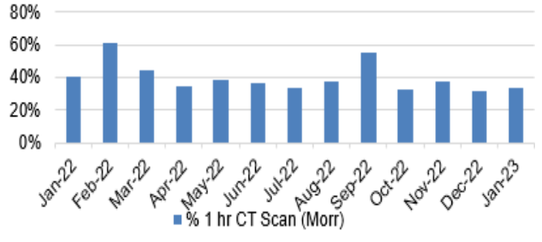
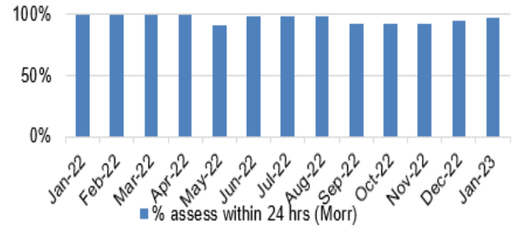


Chart 16: % stroke patients receiving consultant assessment within 24 hours



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)

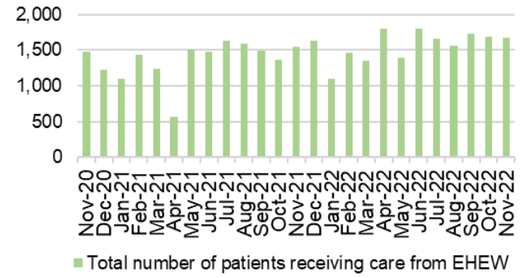


Chart 2: GMS - Escalation Levels

Chart 3: GMS - Sustainability

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

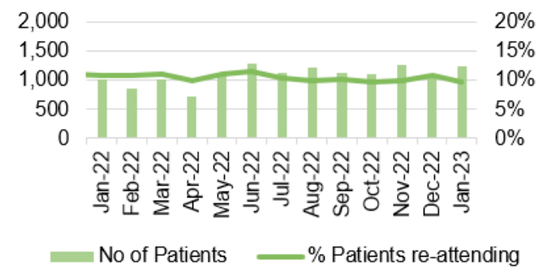


Chart 5: General Dental Services - Activity

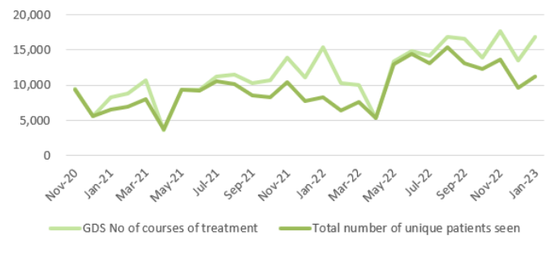


Chart 6: General Dental Services - New Patients

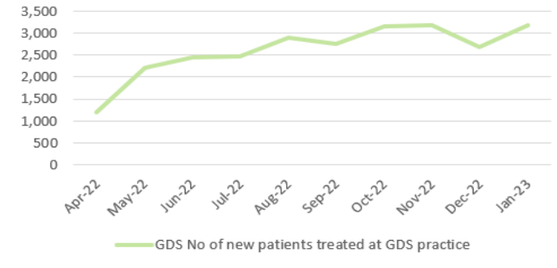


Chart 7: General Dental Services - ACORNS/FV

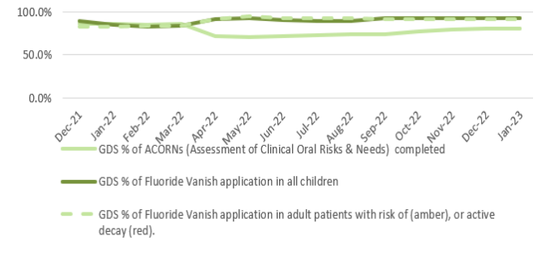


Chart 8: Optometry Activity – sight tests

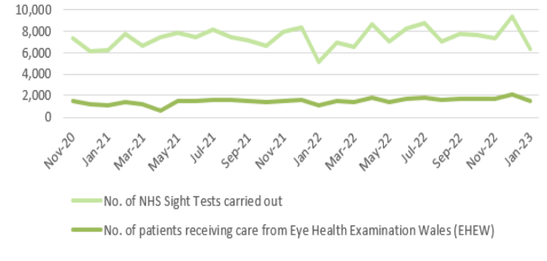


Chart 9: Optometry Activity – low vision care

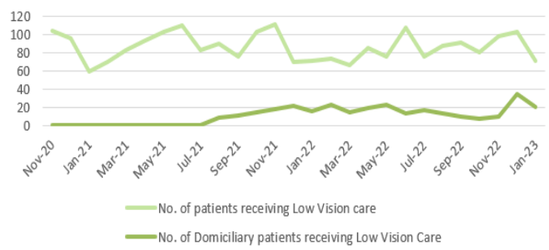


Chart 10: Community Pharmacy – Escalation levels

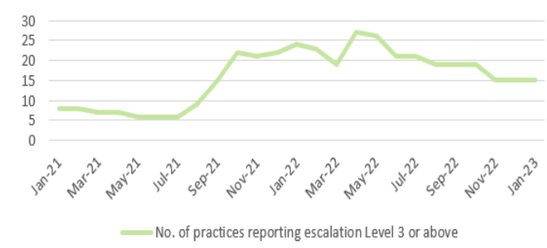


Chart 11: Common Ailment Scheme – No. consultations provided

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

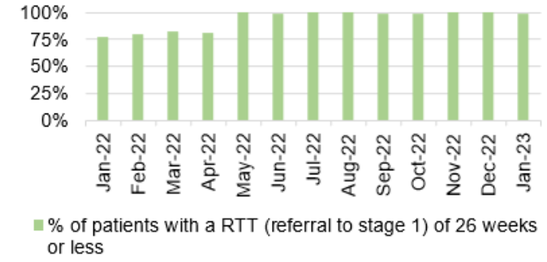


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

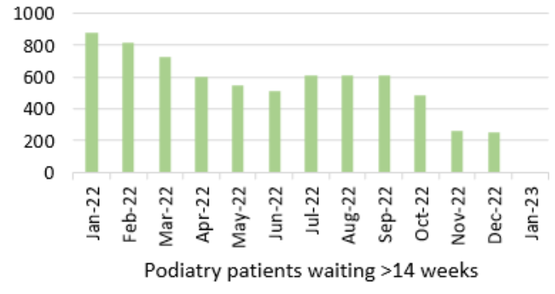


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

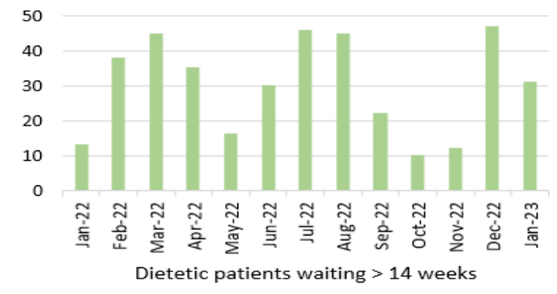


Chart 15: Audiology- Total number of patients waiting > 14 weeks

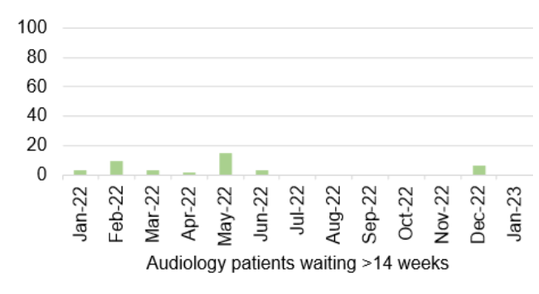
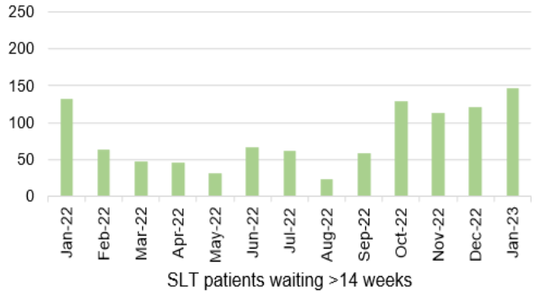


Chart 16: Speech & Language Therapy– Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity
Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

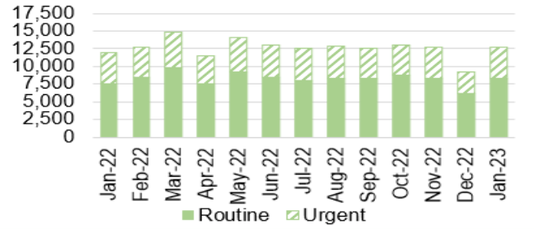


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

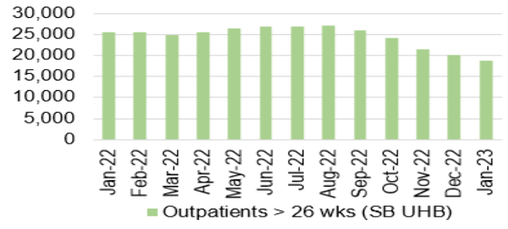


Chart 3: Number of patients waiting over 36 weeks for treatment

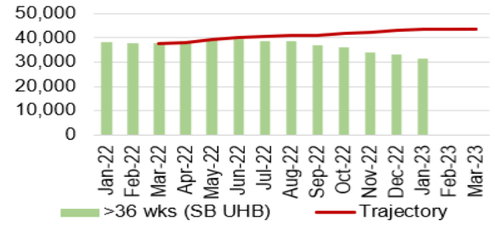


Chart 4: Number of patients waiting over 52 weeks for treatment

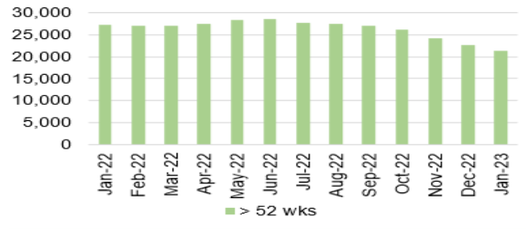


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

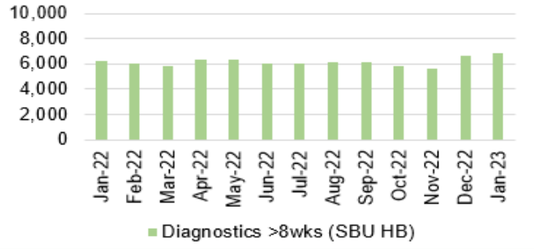


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

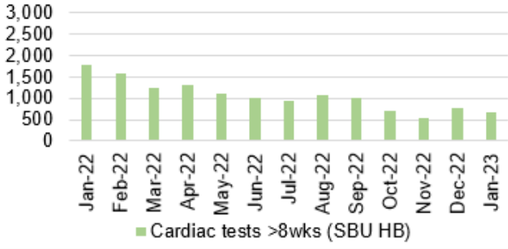


Chart 7: Number of patients waiting more than 14 weeks for Therapies

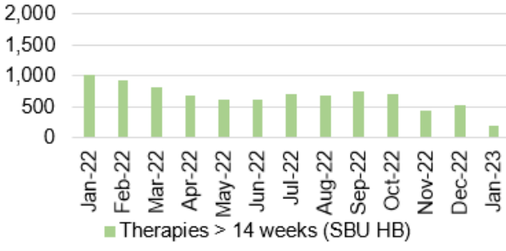


Chart 8: Cancer referrals

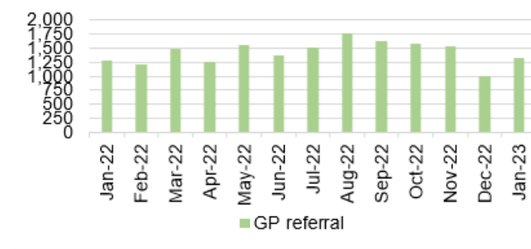


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

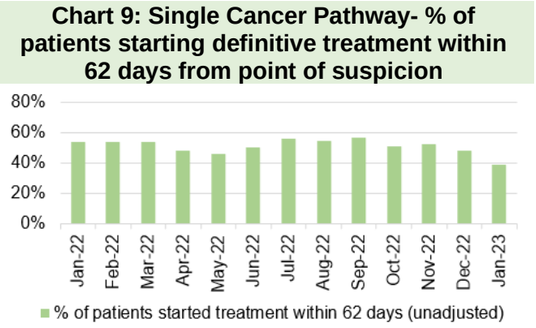


Chart 10: Number of new cancer patients starting definitive treatment

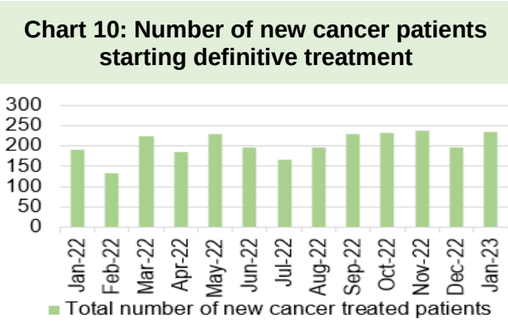


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

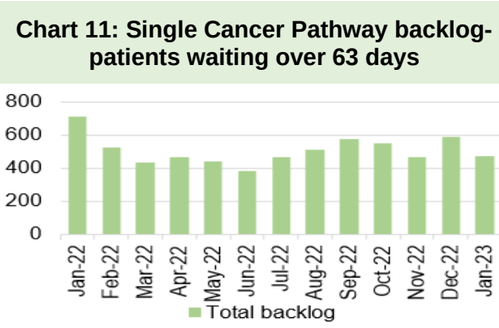


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

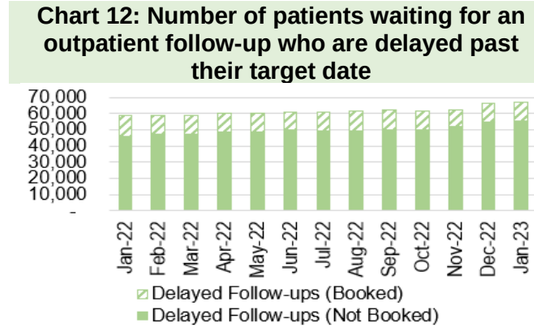


Chart 13: Number of patients without a documented clinical review date

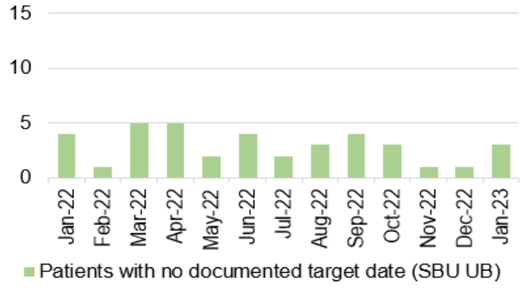


Chart 14: Ophthalmology patients without an allocated health risk factor

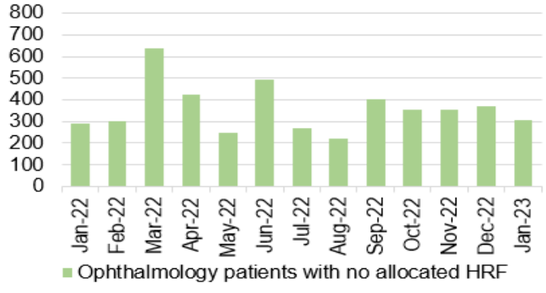


Chart 15: Total number of patients on the follow-up waiting list

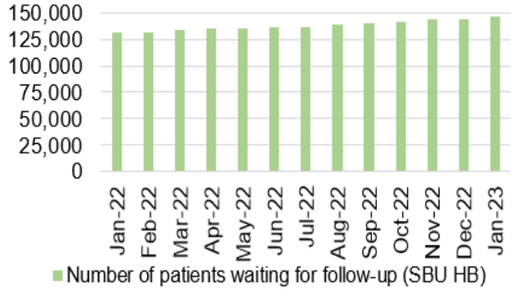
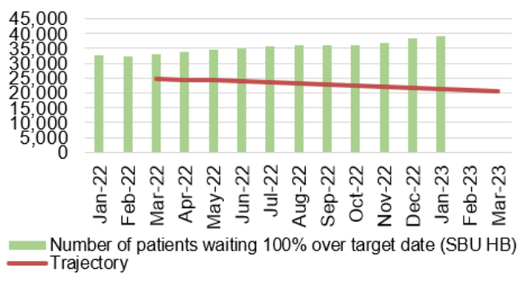


Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

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

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

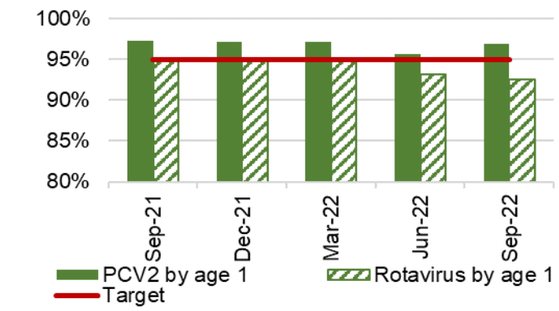


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

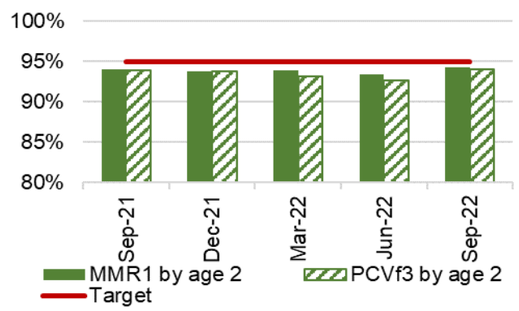


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

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

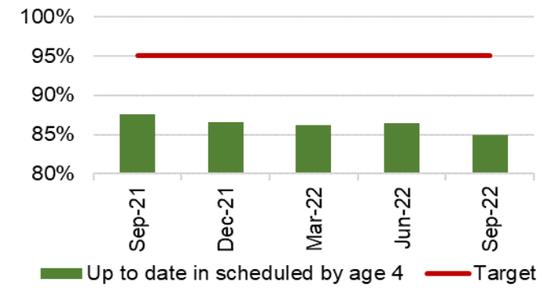


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

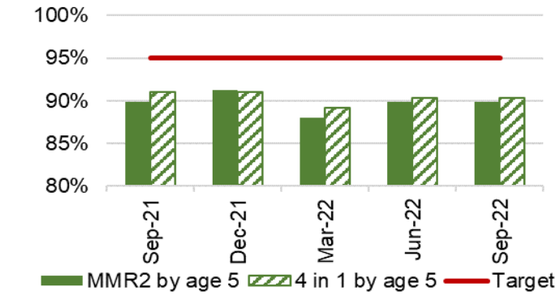


Chart 7: % children who received MMR vaccine and teenage booster by age 16

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

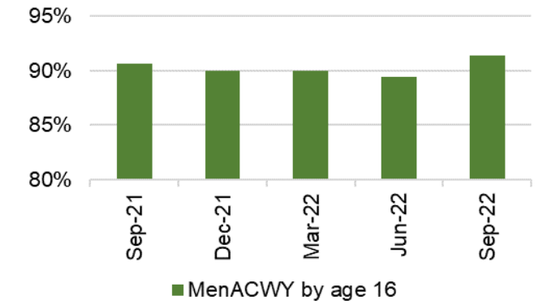
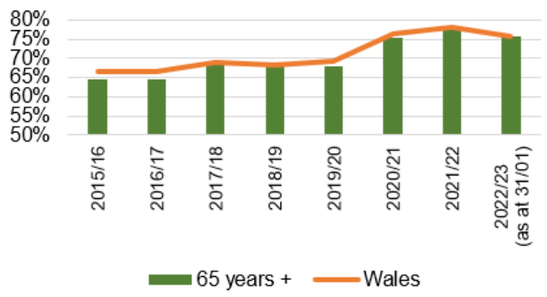


Chart 9: Influenza uptake for amongst 65 year olds and over

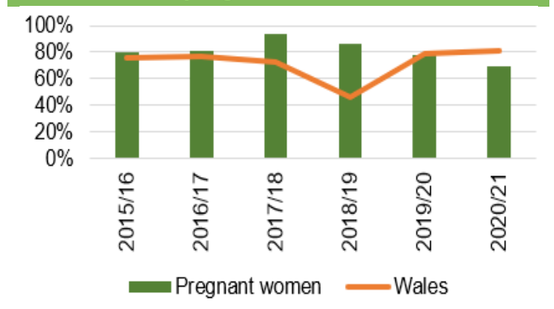


Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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

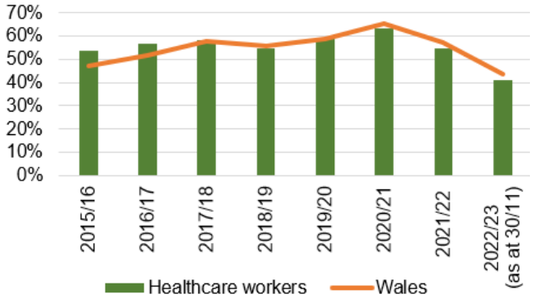
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

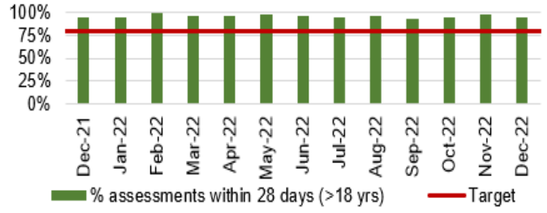


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

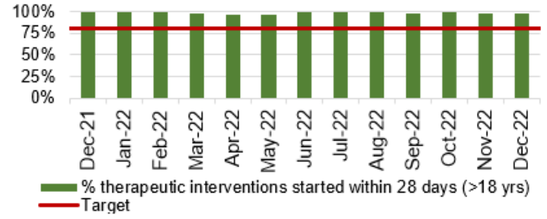


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

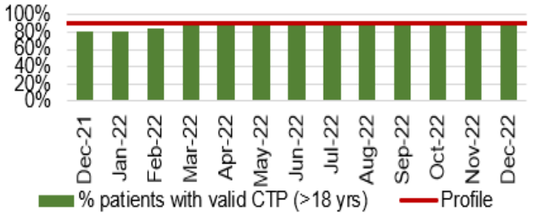


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

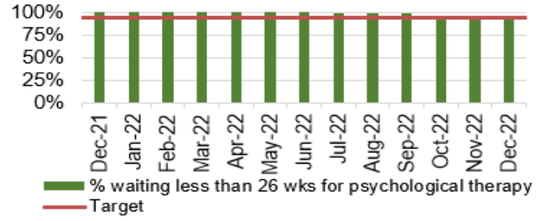


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

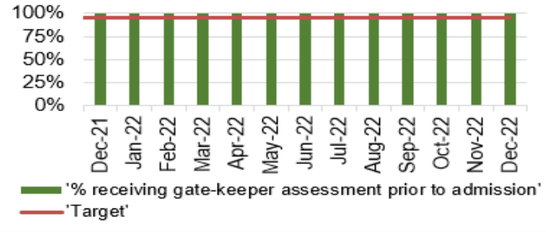


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

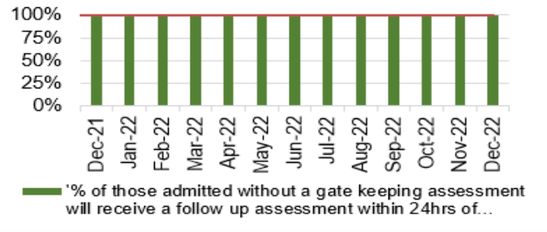


Chart 7: % of patients waiting under 14 weeks for Therapies

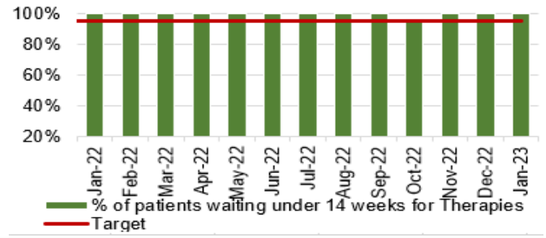


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

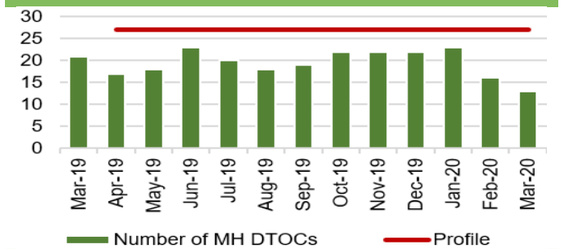


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

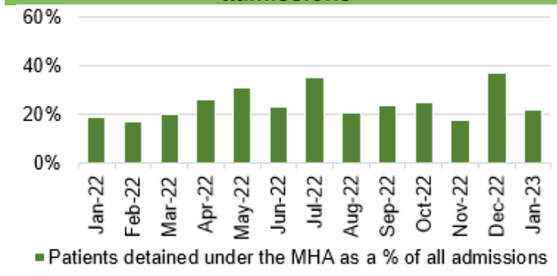


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

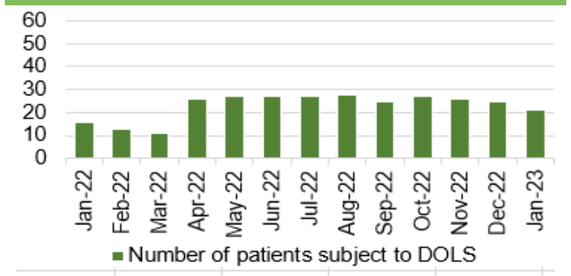


Chart 11: Number of Nationally Reportable Incidents

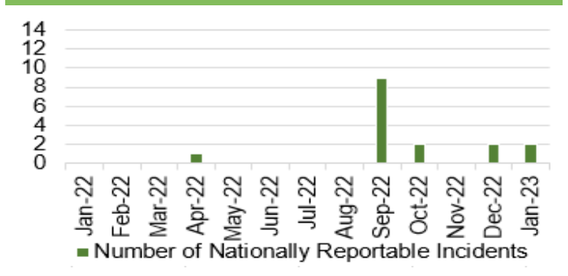
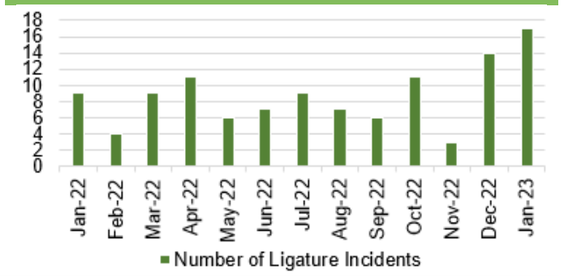


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

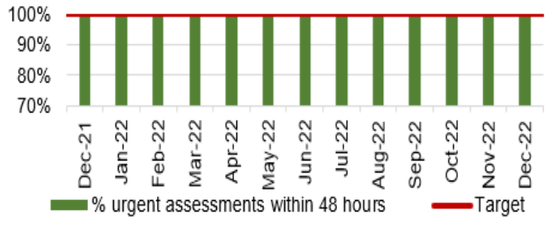


Chart 14:Neuro-developmental disorder assessment and intervention received within 26 weeks

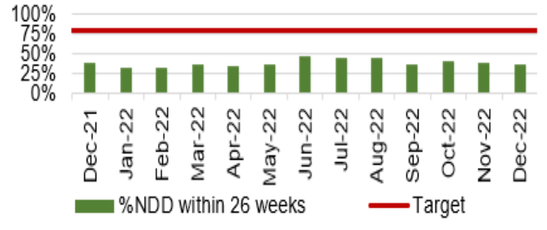


Chart 15: Assessment and intervention within 28 days

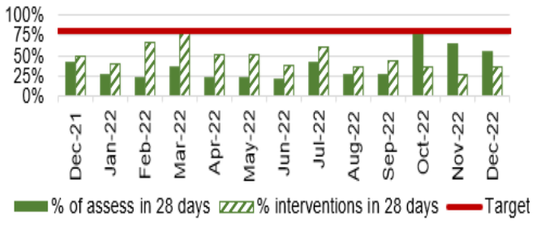
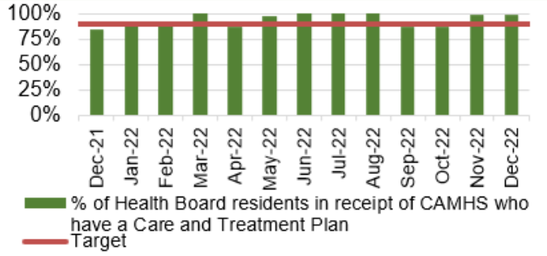


Chart 16: % of residents with a Care and Treatment Plan



APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

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

Saved to Z: Drive

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

Harm from reduction in non-Covid activity																								
Sub Domain	**Measure**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**SBU's all-Wales rank**	**Performance Trend**	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Dec-22	10.9%							10.8%	10.7%	11.1%	9.8%	10.9%	11.5%	10.4%	10.0%	10.0%	9.6%	9.9%	10.9%	9.7%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jan-23	48.3%	12 month ↑			53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	*38.7%*
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Jan-23	32%	80%		✗				5%	14%	13%	14%	5%	18%	2%	10%	5%	18%	19%	26%	32%
	Scheduled (21 Day Target)	Local	Jan-23	82%	100%		✗				48%	51%	70%	63%	36%	51%	29%	35%	34%	65%	82%	83%	82%
	Urgent SC (2 Day Target)	Local	Jan-23	31%	80%		✗				23%	27%	9%	27%	13%	22%	18%	11%	31%	33%	17%	37%	31%
	Urgent SC (7 Day Target)	Local	Jan-23	85%	100%		✗				57%	60%	57%	62%	44%	43%	64%	48%	54%	70%	77%	70%	85%
	Emergency (within 1 day)	Local	Jan-23	100%	80%		✓				60%	92%	62%	83%	83%	82%	58%	65%	100%	70%	100%	83%	100%
	Emergency (within 2 days)	Local	Jan-23	100%	100%		✓				100%	100%	85%	100%	100%	88%	92%	90%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Jan-23	82%	80%		✓				66%	73%	66%	82%	80%	68%	66%	91%	70%	81%	91%	85%	82%
	Elective Delay (14 Day Target)	Local	Jan-23	98%	100%		✗				78%	80%	71%	93%	91%	79%	70%	98%	79%	91%	100%	100%	98%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Jan-23	4,372	0%			15,517 (Nov-22)	7th (Nov-22)		3,543	3,898	4,191	4,398	4,564	4,449	4,407	4,257	4,205	4,170	4,136	4,289	4,372
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jan-23	6,829	0			42,566 (Nov-22)	4th (Nov-22)		6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829
	Number of patients waiting > 14 weeks for a specified therapy	National	Jan-23	194	0			9,584 (Nov-22)	2nd (Nov-22)		1,028	926	820	679	614	609	714	682	755	707	441	527	194
	% of patients waiting < 26 weeks for treatment	National	Jan-23	53%	95%			56% (Nov-22)	6th (Nov-22)		50.4%	50.1%	50.7%	50.4%	50.4%	50.8%	51.8%	52.0%	52.1%	53.5%	54.4%	54.2%	52.8%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Jan-23	20,288	0						25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Jan-23	6,630	0			85,301 (Nov-22)	3rd (Nov-22)		12,391	12,337	12,593	13,275	14,071	14,951	15,232	15,122	13,980	12,352	9,774	7,779	6,630
	Number of patients waiting > 36 weeks for treatment	National	Jan-23	32,031	0			252,779 (Nov-22)	3rd (Nov-22)		38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031
	Number of patients waiting > 104 weeks for treatment	National	Jan-23	7,331	0			49,594 (Nov-22)	5th (Nov-22)		11,859	13,104	13,587	13,083	12,670	12,064	11,400	10,960	10,623	10,090	9,048	8,066	7,331
	The number of patients waiting for a follow-up outpatient appointment	Local	Jan-23	146,632	HB target TBC						131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jan-23	39,056				224,552 (Nov-22)	5th (Nov-22)		32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Jan-23	53%	95%			64.9% (Nov-22)	1st (Nov-22)		59.8%	58.5%	59.4%	60.8%	63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	67.1%	69.9%	53.1%
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jan-23	8.9%	12 month ↓						7.0%	6.4%	6.8%	7.8%	7.5%	8.2%	8.2%	8.0%	7.8%	8.3%	9.5%	11.1%	8.9%
	% of patients who did not attend a follow-up outpatient appointment	Local	Jan-23	7.8%	12 month ↓						6.4%	6.2%	6.2%	7.8%	7.3%	7.8%	7.7%	7.6%	7.8%	7.7%	8.5%	8.7%	7.8%
Theatre Efficiencies	Theatre Utilisation rates	Local	Jan-23	72.0%		90%	✗				74%	71%	72%	71%	78%	81%	72%	59%	71%	77%	74%	59%	72%
	% of theatre sessions starting late	Local	Jan-23	35.0%		<25%	✗				43%	43%	39%	39%	46%	43%	40%	36%	37%	40%	35%	39%	35%
	% of theatre sessions finishing early	Local	Jan-23	44.0%		<20%	✗				48%	43%	45%	47%	43%	43%	46%	43%	48%	45%	44%	46%	44%
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q122/23	280.1	4 quarter ↓			26.9 (Q122/23)	6th (Q122/23)				279.2			280.1							
	Patients aged 65 years or over prescribed an antipsychotic	National	Q122/23	1,439	Quarter on quarter ↓			10,201 (Q122/23)	5th (Q4 21/22)				1,451			1,439							
	Opioid average daily quantities per 1,000 patients	National	Q122/23	4,289	4 quarter ↓			4348.2 (Q122/23)	3rd (Q122/23)				4,261			4,289							
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)														
Patient experience	Number of friends and family surveys completed	Local	Jan-23	5,073		12 month ↑	✓				3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073
	% of who would recommend and highly recommend	Local	Jan-23	92%		90%	✓				92%	90%	90%	89%	90%	88%	89%	89%	88%	90%	91%	89%	92%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jan-23	92%		90%	✓				93%	91%	91%	89%	91%	91%	90%	93%	92%	93%	91%	92%	92%
Complaints	Number of new formal complaints received	Local	Nov-22	113		12 month trend ↓	✓				124	139	156	123	176	118	153	124	120	140	113		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Nov-22	69%	75%	80%	✗				63%	64%	65%	76%	69%	65%	64%	65%	71%	71%	69%		
	% of acknowledgements sent within 2 working days	Local	Nov-22	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%		

Harm from wider societal actions/lockdown																								
Sub Domain	**Measure**	**National or Local Target**	**Report Period**	**Current Performance**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**SBU's all-Wales rank**	**Performance Trend**	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2021/22	31.9%	Annual ↑			36.7% (2021/22)	5th (2021/22)		31.9%												
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 22/23	94.9%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)				95.9%			94.9%			94.9%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 22/23	89.8%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)				88.0%			89.9%			89.8%				
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q1 22/23	33.5	4 quarter ↓			383.9 (Q1 22/23)	3rd (Q1 22/23)				352.2			333.5							
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q2 22/23	61.9%	4 quarter ↑			68.6% (Q2 22/23)	6th (Q2 22/23)				66.7%			43.6%			61.9%				
Influenza	% uptake of influenza among 65 year olds and over	National	Jan-23	75.6%	75%			78.0% (Mar-22)	3rd (Mar-22)		78.2%	78.5%	78.5%	Data collection restarts October 2022						62.2%	72.4%	74.4%	75.6%
	% uptake of influenza among under 65s in risk groups	National	Jan-23	42.1%	55%			48.2% (Mar-22)	4th (Mar-22)		47.3%	48.6%	48.8%							30.2%	37.7%	40.4%	42.1%
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)		Data not available												
	% uptake of influenza among children 2 to 3 years old	Local	Jan-23	39.2%	50%			47.6% (Mar-22)	5th (Mar-22)		43.2%	44.8%	44.6%							23.6%	34.6%	37.9%	39.2%
	% uptake of influenza among healthcare workers	National	Jan-23	40.9%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		52.7%	53.6%	53.6%								34.4%	40.9%	40.9%
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Dec-22	100%		100%	✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Dec-22	37%	80%	80%	✖	31.4% (Nov-22)	3rd (Nov-22)		33%	33%	35%	35%	36%	47%	44%	44%	36%	40%	39%	37%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Dec-22	79%	80%	80%	✖	83.2% (Nov-22)	5th (Nov-22)		28%	27%	29%	18%	40%	33%	38%	34%	91%	91%	89%	79%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Dec-22	56%		80%	✖	66.8% (Nov-22)	5th (Nov-22)		28%	24%	36%	23%	23%	22%	42%	27%	27%	83%	65%	56%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Dec-22	35%		80%	✖	34.4% Nov-22)	4th (Nov-22)		39%	67%	78%	51%	51%	38%	61%	35%	43%	36%	27%	35%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Dec-22	79%		80%	✖				27%	26%	30%	19%	41%	41%	38%	34%	91%	90%	89%	79%	
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Dec-22	99%		90%	✖	63.8% (Nov-22)	1st (Nov-22)		89%	88%	100%	87%	97%	100%	100%	100%	87%	87%	99%	99%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Dec-22	94%	80%	80%	✔	86.9% (Nov-22)	3rd (Nov-22)		95%	99%	96%	97%	98%	96%	94%	97%	93%	95%	98%	94%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Dec-22	98%	80%	80%	✔	73.1% (Nov-22)	2nd (Nov-22)		99%	100%	98%	96%	97%	100%	100%	100%	98%	100%	98%	98%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Dec-22	92%	95%	95%	✖	73.9% (Nov-22)	2nd (Nov-22)		100%	100%	100%	100%	100%	100%	100%	97%	96%	93%	92%	92%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Dec-22	90%	90%	90%	✔	84.2% (Nov-22)	2nd (Nov-22)		81%	85%	89%	88%	89%	89%	89%	90%	89%	90%	90%	90%	
	% Service Users admitted to a pyschiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	National	Dec-22	95%				95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% service users admitted to a pyschiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hous of admission	National	Dec-22	100%				90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2021/22	3.56	Annual ↓			3.95 (2021/22)	4th (2021/22)		2021/22 - 3.56												