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NHS
WALES**

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Report Date	23rd January 2024	Agenda Item	
Report Title	Integrated Performance Report		
Report Author	Charlotte Angell, Health Board Performance Support Officer		
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 (December 2023) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in June 2023, and the measures have been updated accordingly in line with current data availability.</p> <p>The report format has been altered to align with key areas of focus within the Performance and Finance Committee.</p> <p>Key high level issues to highlight this month are as follows:</p> <p>-</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 remains stable at 214 cases in December 2023. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Performance against the 4-hour access is marginally below profile at 74.74% in December 2023 a reduction of 0.6% from the previous month. - Performance against the 12-hour wait has deteriorated in December 2023 to 994 from 969. - In December 2023, there were 762 ambulance to hospital handovers taking over 1 hour; this is an increase of 38 compared with 724 in November 2023. 		

	<u>Planned Care</u> <ul style="list-style-type: none"> - Op waits remain under the 52 week Ministerial target level in December 2023, a position sustained since October 2023. - In December 2023, there were 2,969 patients waiting over 104 weeks for treatment, which is a 14% reduction from November 2023. - In December 2023 there were 73 patients waiting over 14 weeks for specified Therapies. <ul style="list-style-type: none"> o 28 for Speech & Language Therapy o 45 for Dietetics - In December 2023, there was a slight increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,429 in November 2023 to 5,616 in December 2023. 			
	<u>Cancer</u> <ul style="list-style-type: none"> - The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in November 2023 was 53%, which is slightly higher than the figure reported in October 2023. Performance is below the submitted trajectory (72%). - Backlog figures have seen a reduction in recent weeks following a modest rise in the latter part of December 2023. The current backlog is 302 against a profile of 272. 			
	<u>Mental Health</u> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in November 2023. - In November 2023, 75.9% 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> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% in November 2023. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remains static at 30% in November 2023. - Note S-CAMHS now included with P-CAMHS measure 			
	Specific Action Required	Information	Discussion	Assurance
		✓		✓
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. 			

INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

In recent years, performance management against the Performance Framework targets has been undertaken by reviewing the previous months' performance, to reduce the reporting function during the COVID-19 pandemic. Welsh Government have now deemed it appropriate to move away from reporting performance against the 'Quadrants of Harm' and focus will return to providing comprehensive performance updates in line with the All-Wales Performance Management Framework 2023/24.

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION:

Members are asked to:

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

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

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

- **Integration** – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015.
- **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Service Groups as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.
- **Involvement** – Corporate and Service 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 October 2023. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report



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Appendix 1- Integrated Performance Report January 2024



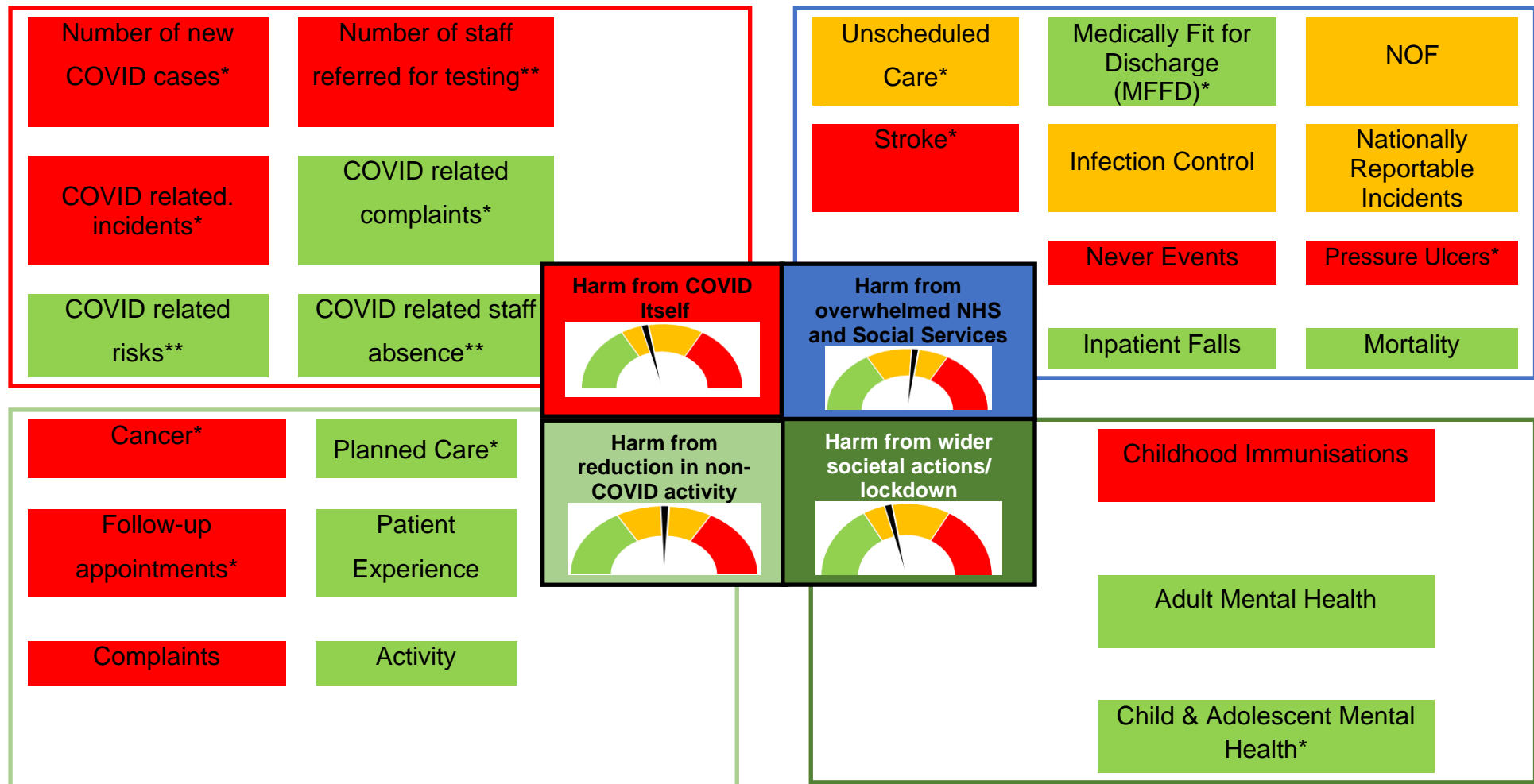
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1. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

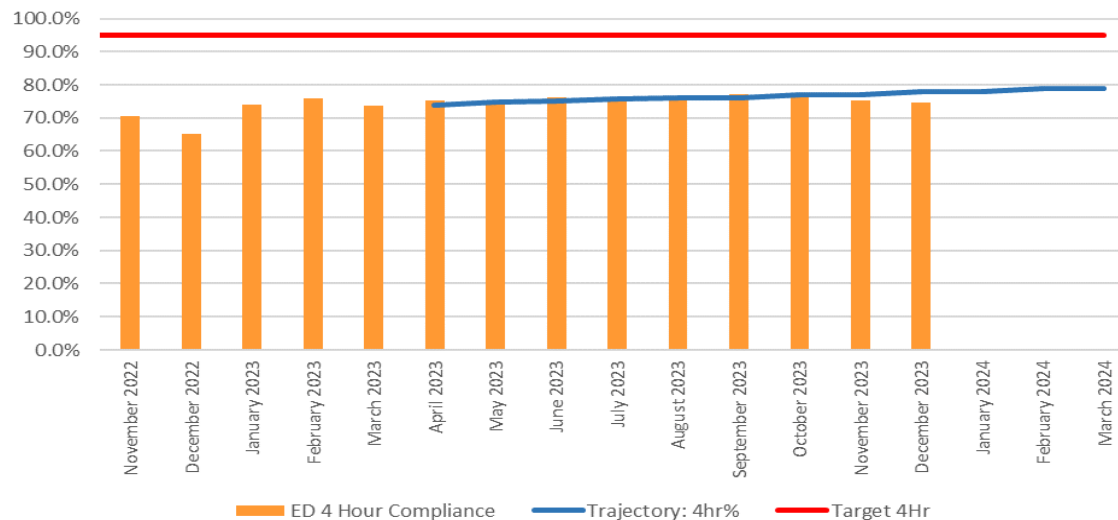
** Data not available

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

2. ESCALATED SERVICE UPDATE TRAJECTORIES

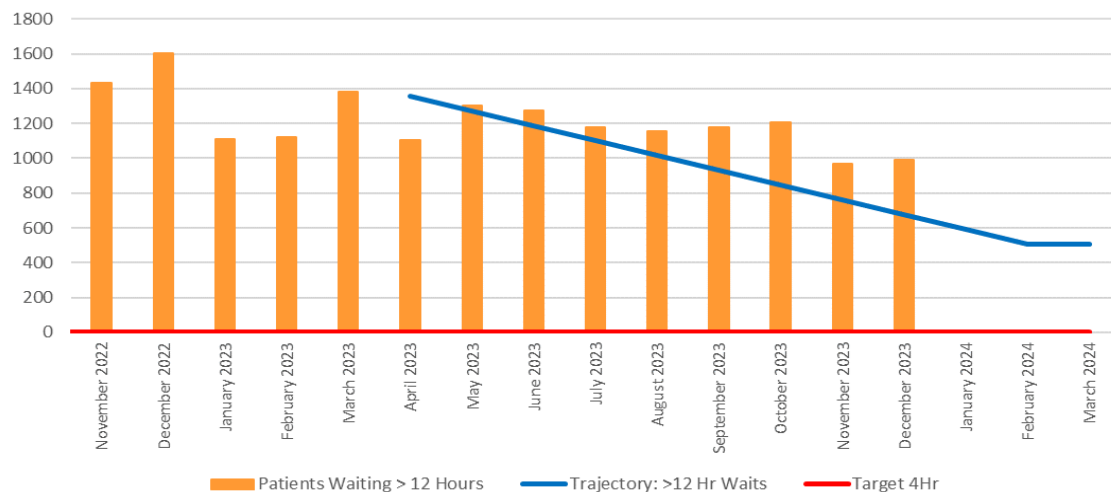
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4-hour access is currently slightly below the outlined trajectory in December 2023. ED 4-hour performance has deteriorated slightly by 0.6% in December 2023 to 74.74% from 75.32% in November 2023.

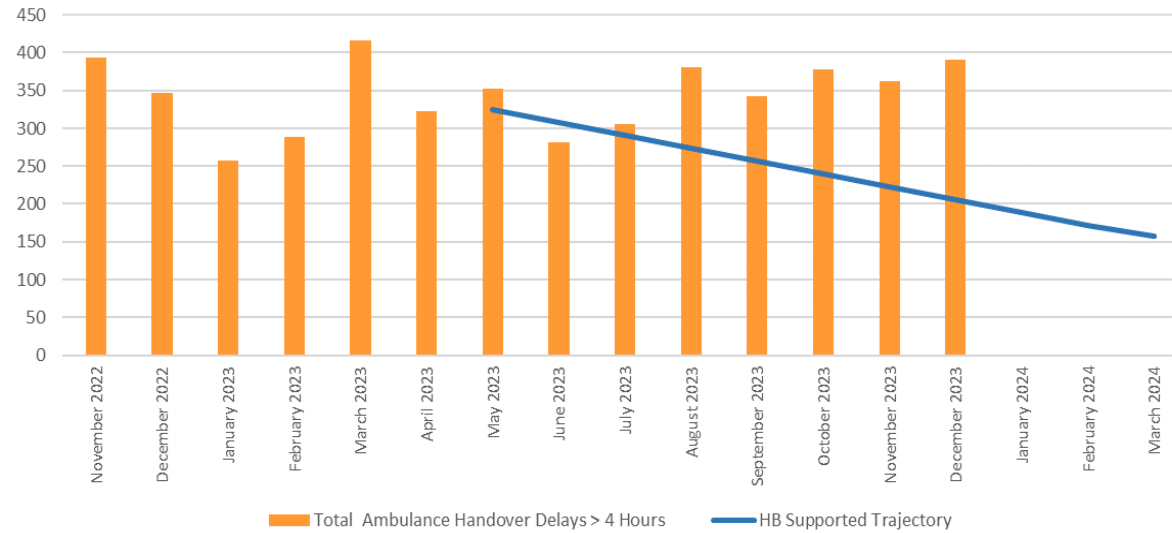
2. Submitted recovery trajectory for A&E12-hour performance



2. Performance against the 12-hour wait has slightly deteriorated in-month and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 994 in December 2023 from 969 in November.

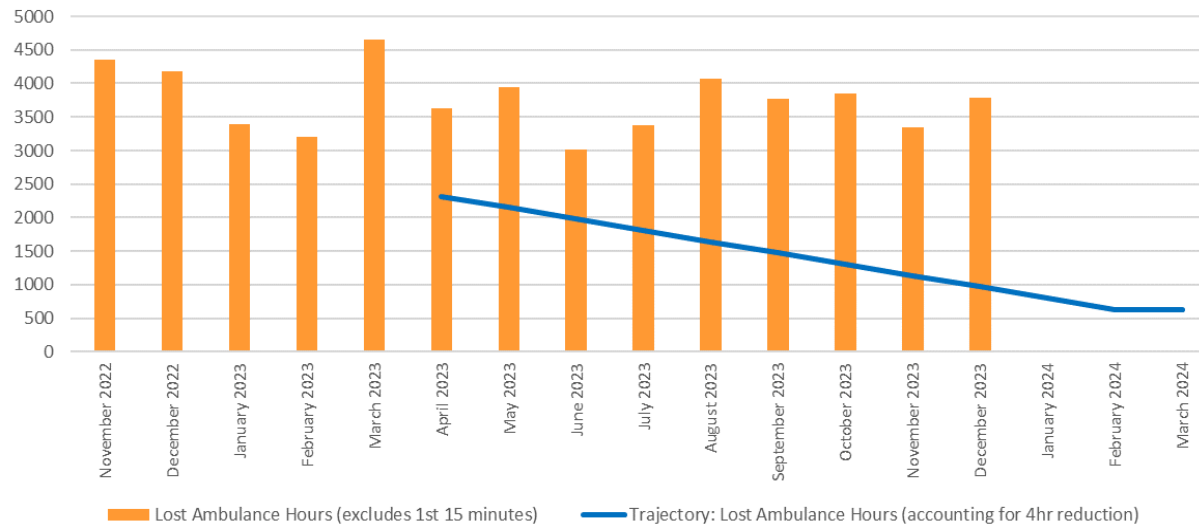
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours have increased in December 2023. The handover times over four hours increased to 391 in December 2023 from 363 in November 2023. The figures are above the outlined trajectory for December 2023 which was 0.

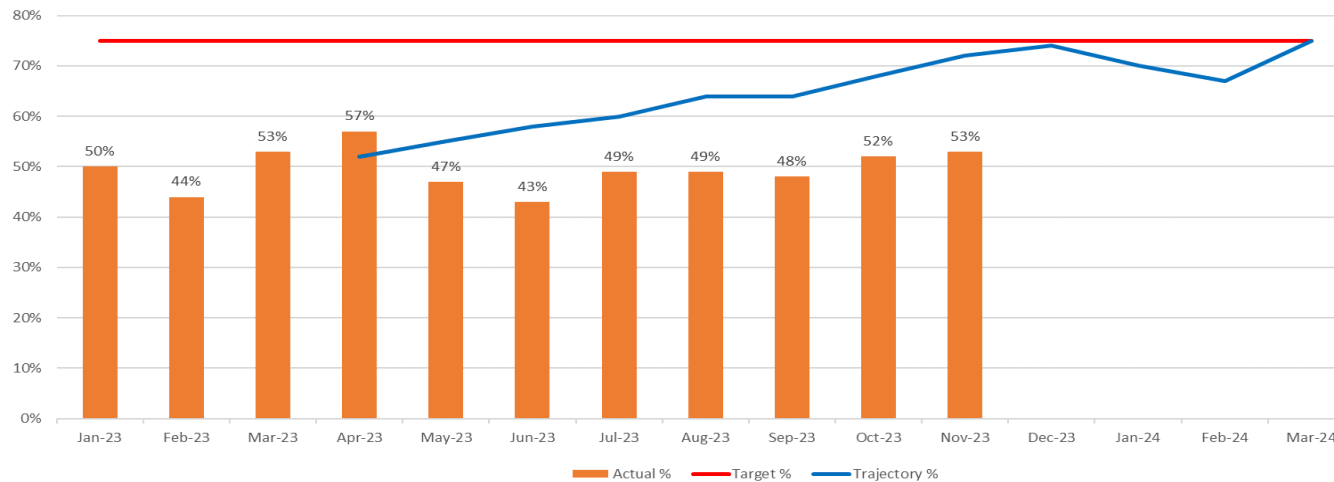
4. Ambulance Handover Lost Hours



4. The ambulance handover lost hours rate has seen an increase in December 2023. The ambulance handover lost hours increased from 3,343 in December 2023 to 3,787 in December 2023, which is above the outlined trajectory for December 2023 (968).

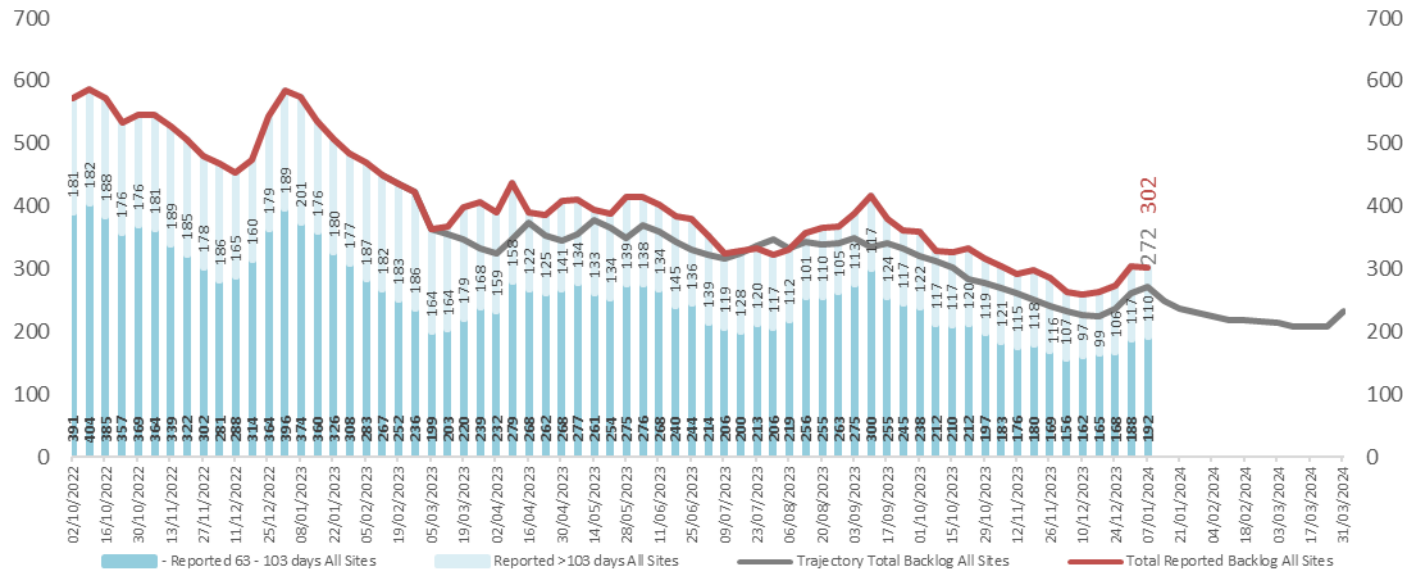
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



1. The final SCP performance for November 2023 was 53%, which is slightly higher than the figure reported in October 2023. Performance is below the submitted trajectory (72%).

2. Proposed backlog improvements to support SCP performance



2. Backlog figures have increased slightly in recent weeks. The total backlog at 07/01/2024 was 302.

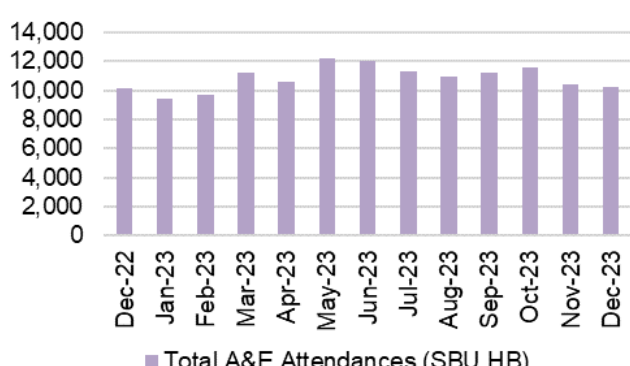
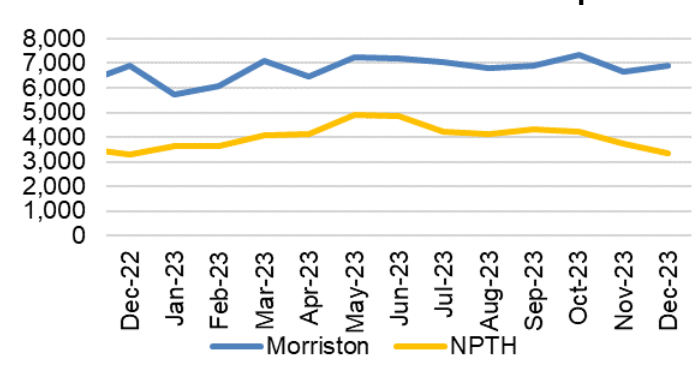
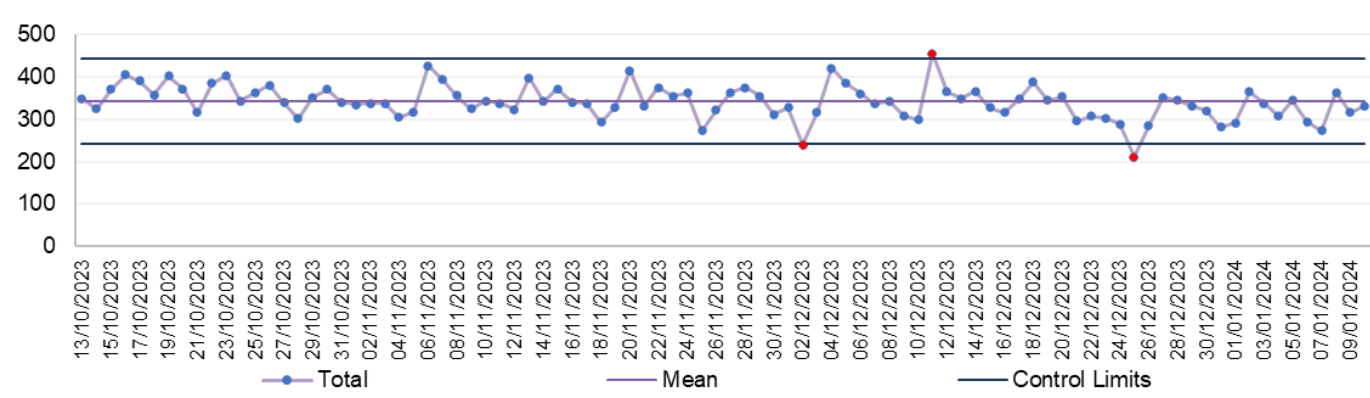
3. UPDATES ON KEY SERVICE AREAS

COVID Data		
Description	Current Performance	Trend
1. Number of new COVID19 cases in Swansea Bay population area	<p>Number of new COVID cases</p> <p>In December 2023, there were an additional 214 positive cases recorded bringing the cumulative total to 121,226 in Swansea Bay since March 2020.</p>	<p>Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
2. Number of staff referred for Antigen testing	<p>Staff referred for Antigen testing</p> <p>The cumulative number of staff referred for COVID testing between March 2020 and March 2023 is 18,230 of which 19% have been positive (Cumulative total).</p> <p>*WG have now ceased data collection for staff testing centres*</p>	<p>Outcome of staff referred for Antigen testing</p> <p>■ Positive ▨ Negative ▤ In Progress □ Unknown/blank</p>

COVID RELATED STAFF ABSENCE																																																																																																	
Description	Current Performance	Trend																																																																																															
Staff absence due to COVID19 1. Number of staff self-isolating (asymptomatic) 2. Number of staff self-isolating (symptomatic)	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government. 1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between May 2023 and June 2023, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) decreased from 27 to 7. In June 2023, the “other” staff group had the largest number of self-isolating staff who were symptomatic. *WG have now ceased data collection*	1. Number of staff self isolating (asymptomatic) 																																																																																															
		2. Number of staff self isolating (symptomatic) 																																																																																															
3. % staff sickness	% Staff sickness The percentage of staff sickness absence due to COVID19 in June 2023 has reduced to 0.1% from 0.2% in May 2023. *WG have now ceased data collection*	% staff sickness <table> <tr> <th></th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th><th>Mar-23</th><th>Apr-23</th><th>May-23</th><th>Jun-23</th></tr> <tr> <td>Medical</td><td>3.5%</td><td>4.9%</td><td>1.8%</td><td>0.2%</td><td>1.1%</td><td>0.7%</td><td>1.2%</td><td>0.5%</td><td>0.3%</td><td>0.1%</td><td>0.1%</td><td>0.1%</td><td>0.0%</td></tr> <tr> <td>Nursing Reg</td><td>2.8%</td><td>2.4%</td><td>1.3%</td><td>1.1%</td><td>1.2%</td><td>0.9%</td><td>1.1%</td><td>0.7%</td><td>0.6%</td><td>0.7%</td><td>0.4%</td><td>0.4%</td><td>0.1%</td></tr> <tr> <td>Nursing Non Reg</td><td>2.7%</td><td>2.7%</td><td>1.2%</td><td>1.1%</td><td>1.3%</td><td>1.6%</td><td>1.5%</td><td>0.6%</td><td>0.6%</td><td>0.5%</td><td>0.7%</td><td>0.2%</td><td>0.0%</td></tr> <tr> <td>Other</td><td>1.8%</td><td>1.6%</td><td>0.5%</td><td>0.6%</td><td>0.6%</td><td>0.7%</td><td>0.9%</td><td>0.4%</td><td>0.4%</td><td>0.2%</td><td>0.2%</td><td>0.1%</td><td>0.1%</td></tr> <tr> <td>All</td><td>2.4%</td><td>2.2%</td><td>1.0%</td><td>0.8%</td><td>0.9%</td><td>0.9%</td><td>1.1%</td><td>0.5%</td><td>0.5%</td><td>0.4%</td><td>0.3%</td><td>0.2%</td><td>0.1%</td></tr> </table>													Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Medical	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%	0.1%	0.0%	Nursing Reg	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	0.4%	0.4%	0.1%	Nursing Non Reg	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%	0.2%	0.0%	Other	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	0.1%	0.1%	All	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%
	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23																																																																																				
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All	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%																																																																																				

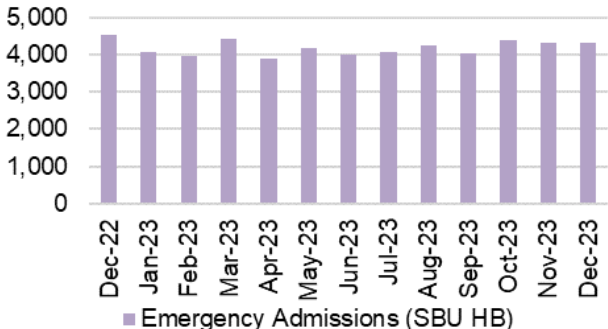
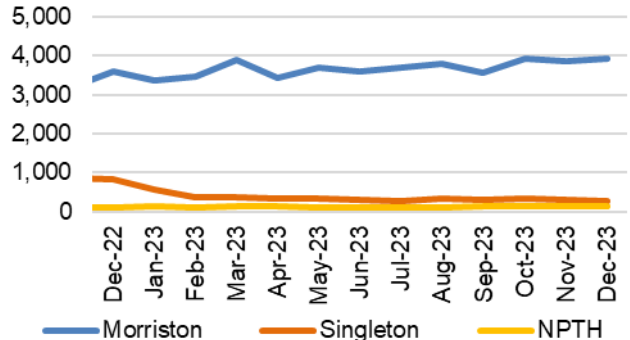
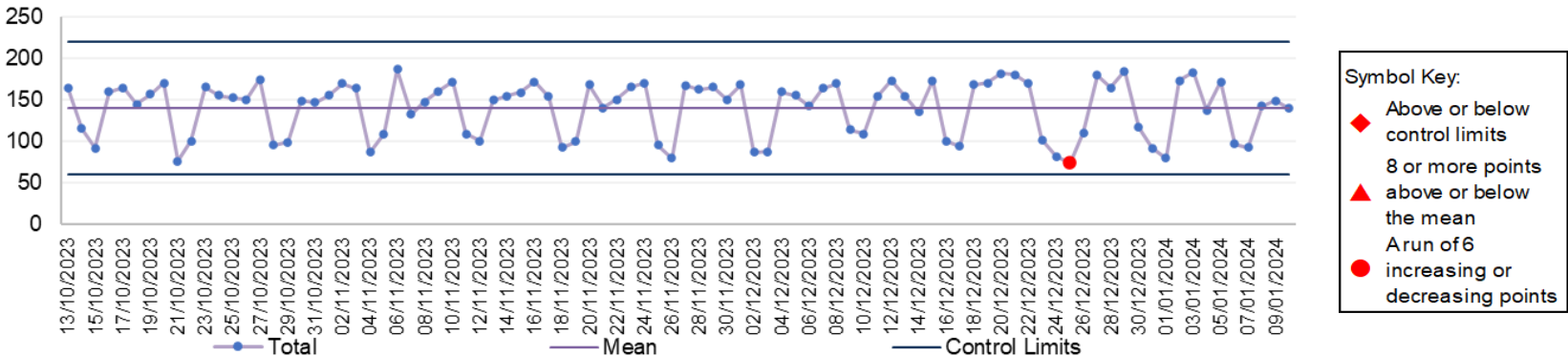
UNSCHEDULED CARE																																																																																																																																																																																																																																													
Description	Current Performance	Actions of Improvement																																																																																																																																																																																																																																											
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 December 2023, the number of red calls responded to within 8 minutes deteriorated to 47.3% from 51.5% in November 2023. In December 2023, the number of green calls increased by 9%, amber calls increased by 12%, and red calls increased by 28% compared with November 2023.	Ambulance response rates have seen a deterioration in performance in December 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.																																																																																																																																																																																																																																											
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	<div><div>1. % of red calls responded to within 8 minutes <table><caption>1. % of red calls responded to within 8 minutes</caption><thead><tr><th>Month</th><th>% of red calls responded to within 8 minutes (SBU HB)</th><th>Target</th></tr></thead><tbody><tr><td>Dec-22</td><td>40%</td><td>65%</td></tr><tr><td>Jan-23</td><td>50%</td><td>65%</td></tr><tr><td>Feb-23</td><td>50%</td><td>65%</td></tr><tr><td>Mar-23</td><td>48%</td><td>65%</td></tr><tr><td>Apr-23</td><td>48%</td><td>65%</td></tr><tr><td>May-23</td><td>55%</td><td>65%</td></tr><tr><td>Jun-23</td><td>62%</td><td>65%</td></tr><tr><td>Jul-23</td><td>55%</td><td>65%</td></tr><tr><td>Aug-23</td><td>55%</td><td>65%</td></tr><tr><td>Sep-23</td><td>48%</td><td>65%</td></tr><tr><td>Oct-23</td><td>45%</td><td>65%</td></tr><tr><td>Nov-23</td><td>50%</td><td>65%</td></tr><tr><td>Dec-23</td><td>47%</td><td>65%</td></tr></tbody></table></div><div>2. Number of ambulance call responses <table><caption>2. Number of ambulance call responses</caption><thead><tr><th>Month</th><th>Red calls</th><th>Amber calls</th><th>Green calls</th></tr></thead><tbody><tr><td>Dec-22</td><td>800</td><td>3200</td><td>800</td></tr><tr><td>Jan-23</td><td>600</td><td>2800</td><td>600</td></tr><tr><td>Feb-23</td><td>600</td><td>2500</td><td>600</td></tr><tr><td>Mar-23</td><td>700</td><td>3000</td><td>700</td></tr><tr><td>Apr-23</td><td>600</td><td>3000</td><td>600</td></tr><tr><td>May-23</td><td>700</td><td>3000</td><td>700</td></tr><tr><td>Jun-23</td><td>600</td><td>2800</td><td>600</td></tr><tr><td>Jul-23</td><td>600</td><td>3000</td><td>600</td></tr><tr><td>Aug-23</td><td>600</td><td>2800</td><td>600</td></tr><tr><td>Sep-23</td><td>700</td><td>3000</td><td>700</td></tr><tr><td>Oct-23</td><td>700</td><td>3000</td><td>700</td></tr><tr><td>Nov-23</td><td>700</td><td>2800</td><td>700</td></tr><tr><td>Dec-23</td><td>800</td><td>3200</td><td>800</td></tr></tbody></table></div></div> <div>3. % of red calls responded to within 8 minutes – HB total last 90 days <table><caption>3. % of red calls responded to within 8 minutes – HB total last 90 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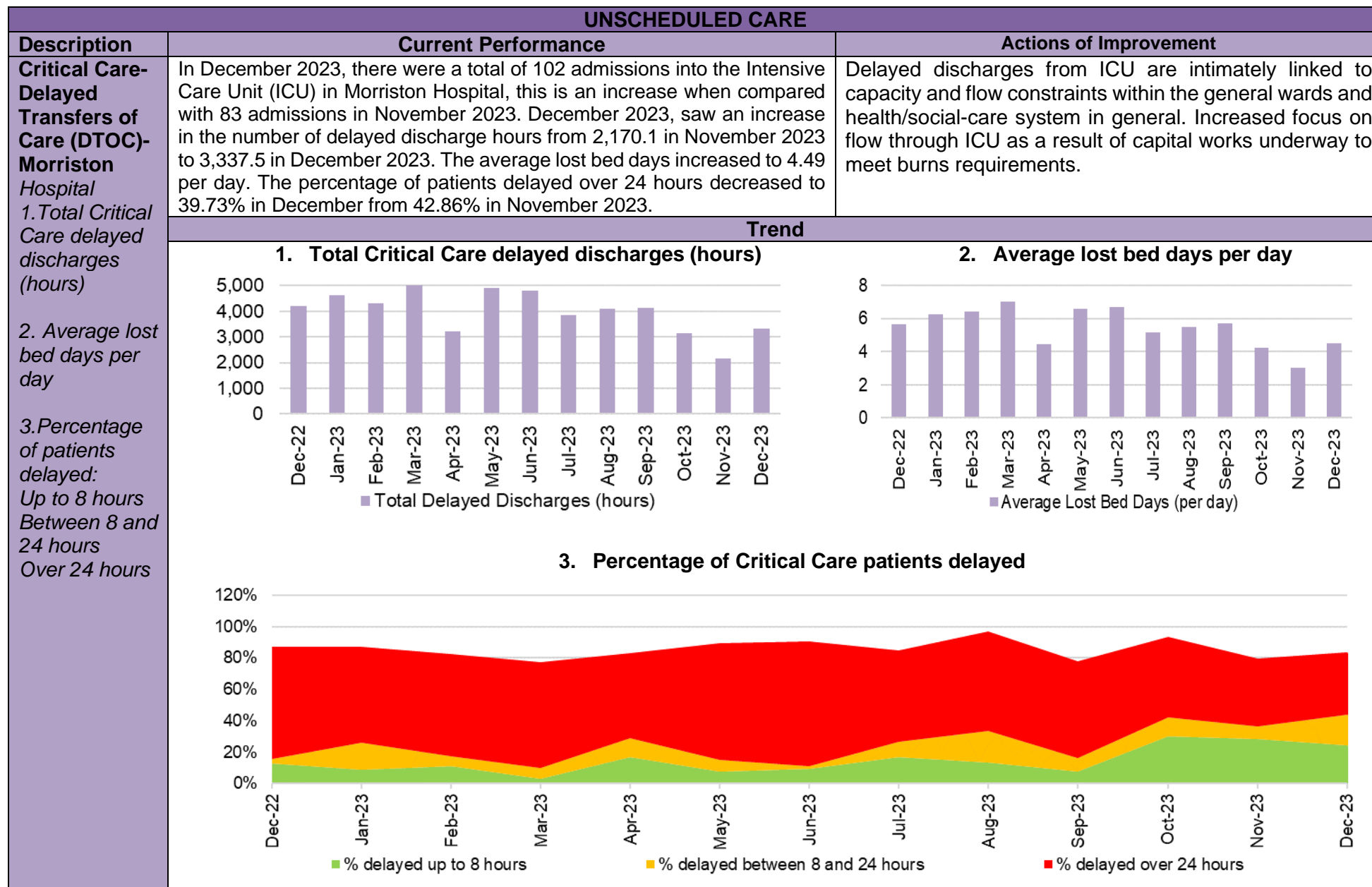
UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<p>Ambulance handovers</p> <p>1.The number of ambulance handovers over one hour</p> <p>2. The number of ambulance handovers over one hour- Hospital level</p> <p>3.The number of ambulance handovers over one hour (last 90 days)</p>	<p>In December 2023, there were 762 ambulance to hospital handovers taking over 1 hour; this is an increase of 38 compared with 724 in November 2023. In December 2023, all handovers over 1 hour were attributed to Morriston Hospital.</p> <p>The number of handover hours lost over 15 minutes have increased from 3,343 in November 2023 to 3,787 in December 2023.</p>	<p>Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction.</p>
	Trend	
	<div> <div> <p>1. Number of ambulance handovers- HB total</p> <p>Handovers > 1 hr (SBU HB) Trajectory</p> </div> <div> <p>2. Number of ambulance handovers over 1 hour- Hospital level</p> <p>Morriston Singleton</p> </div> <div> <p>3. Number of ambulance handovers- HB total last 90 days</p> <p>Total Mean Control Limits</p> <div> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits 8 or more points ▲ above or below the mean Arun of 6 ● increasing or decreasing points </div> </div> </div>	

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 December 2023, there were 10,260 A&E attendances, this is 1% lower than November 2023.	There is currently a medical SDEC model in place consisting of medics, GP's, therapies, plus co-location of OPAS, ACT, virtual wards, paramedics (WAST stack review and direct access) – pull & push model from ED.
	Trend	
	<p>1. Number of A&E attendances- HB total</p>  <p>■ Total A&E Attendances (SBU HB)</p>	<p>2. Number of A&E attendances- Hospital level</p>  <p>— Morriston — NPTH</p>
	<p>3. Number of A&E attendances -HB total last 90 days</p>  <p>● Total — Mean — Control Limits</p> <p>Symbol Key: ♦ Above or below control limits 8 or more points above or below the mean Arund of 6 ● increasing or decreasing points</p>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E waiting times <i>1.% of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i> <i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i> <i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i>	<p>The Health Board's performance against the 4-hour measure deteriorated slightly from 75.32% in November 2023 to 74.74% in December 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 99.17% in December 2023. Morriston Hospital's performance improved between November and December 2023, achieving 62.82% against the target.</p>	<p>The continuous flow model was introduced in October 2023 to support reduced occupancy and to improve flow throughout the day. Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with WAST colleagues to implement further pathways.</p>
	Trend	
	<div> <div> 1. % Patients waiting under 4 hours in A&E- HB total <p>A&E % < 4 hours (SB UHB) Trajectory</p> </div> <div> 2. % Patients waiting under 4 hours in A&E- Hospital level <p>Morriston NPTH</p> </div> <div> 3. % Patients waiting under 4 hours in A&E- HB total last 90 days <p>Total Mean Control Limits</p> <div> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean ● Arun of 6 ● increasing or decreasing points </div> </div> </div>	

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 December 2023, performance against the 12-hour measure slightly deteriorated when compared with November 2023, increasing from 969 to 994. This is an increase of 25 compared to November 2023. All 994 patients waiting over 12 hours in December 2023 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	
	<div><div><div>1. Number of patients waiting over 12 hours in A&E- HB total</div><div><div>A&E > 12 hours (SB UHB)</div><div>Trajectory</div></div></div><div><div>2. Number of patients waiting over 12 hours in A&E- Hospital level</div><div><div>Morriston</div><div>NPTH</div></div></div><div><div>3. Number of patients waiting over 12 hours in A&E – HB total last 90 days</div><div><div>Total</div><div>Mean</div><div>Control Limits</div></div><div><div>Symbol Key:</div><div><div>◆ Above or below control limits</div><div>8 or more points</div><div>▲ above or below the mean</div><div>● Arun of 6</div><div>● increasing or decreasing points</div></div></div></div></div>	

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

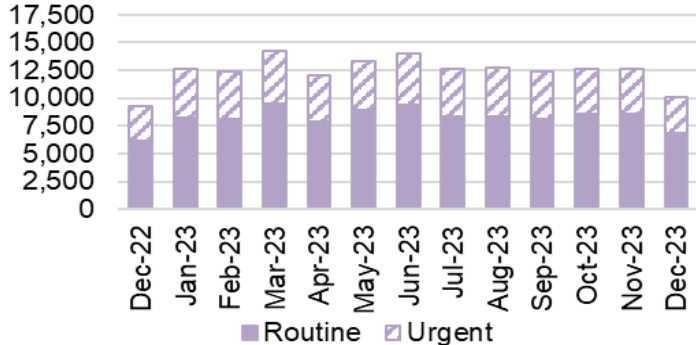
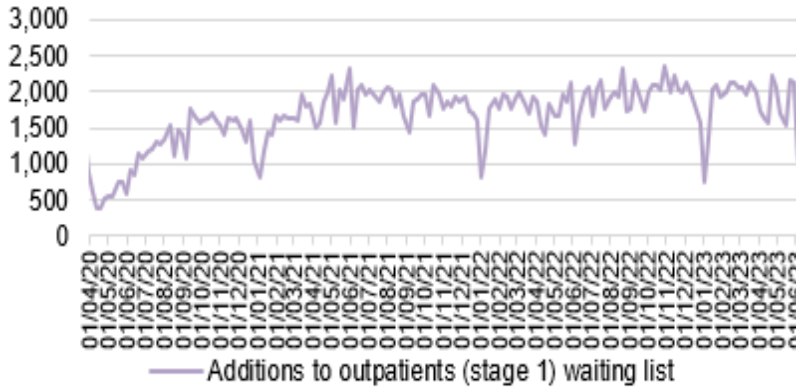
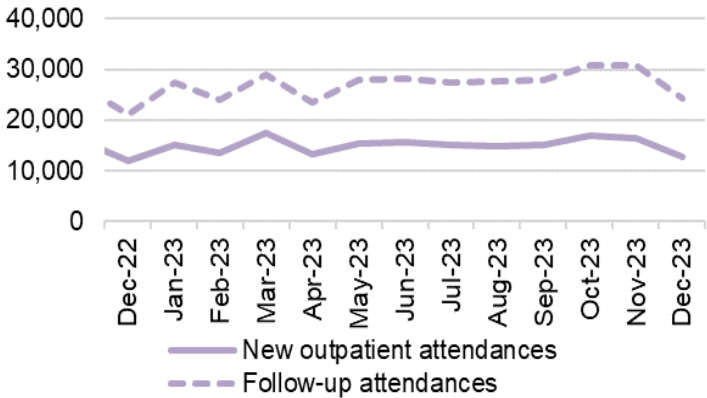
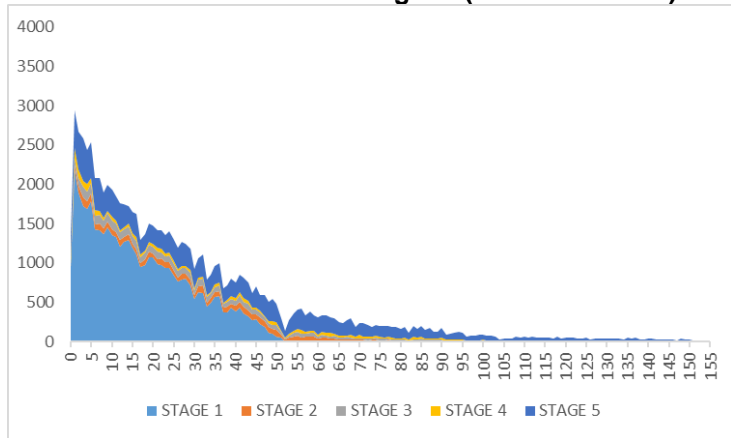


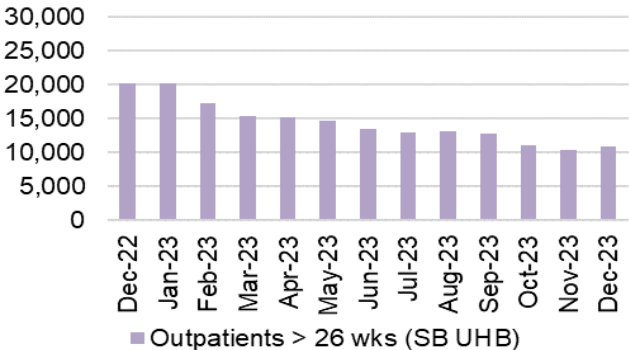
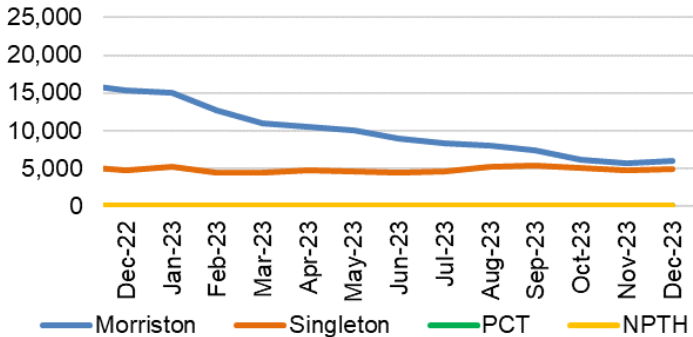
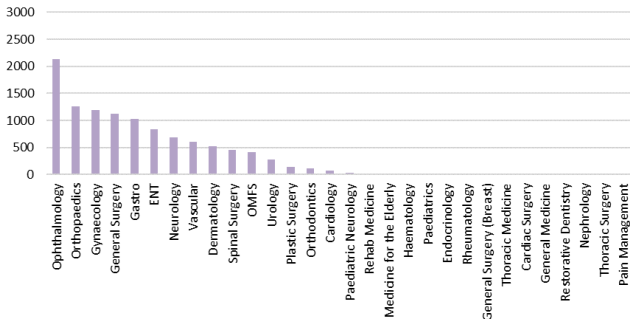
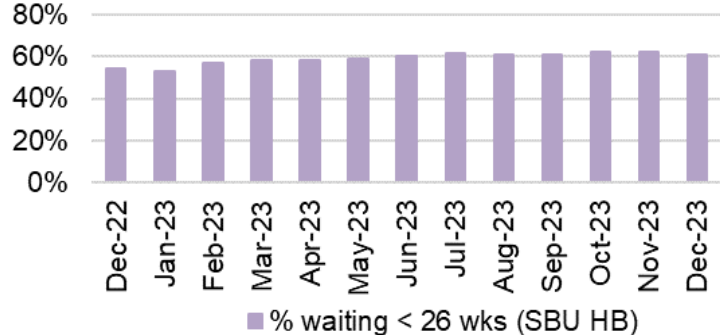
UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In December 2023, there were on average 260 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals.</p> <p>In December 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 151, followed by Neath Port Talbot Hospital with 80.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital.</p>	<p>The number of clinically optimised patients by site</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Dec-22</td><td>105</td><td>60</td><td>85</td><td>10</td></tr><tr><td>Jan-23</td><td>120</td><td>70</td><td>85</td><td>10</td></tr><tr><td>Feb-23</td><td>100</td><td>100</td><td>85</td><td>10</td></tr><tr><td>Mar-23</td><td>110</td><td>90</td><td>80</td><td>10</td></tr><tr><td>Apr-23</td><td>110</td><td>75</td><td>80</td><td>20</td></tr><tr><td>May-23</td><td>115</td><td>70</td><td>80</td><td>15</td></tr><tr><td>Jun-23</td><td>120</td><td>55</td><td>80</td><td>20</td></tr><tr><td>Jul-23</td><td>115</td><td>30</td><td>75</td><td>15</td></tr><tr><td>Aug-23</td><td>155</td><td>20</td><td>80</td><td>20</td></tr><tr><td>Sep-23</td><td>145</td><td>10</td><td>95</td><td>10</td></tr><tr><td>Oct-23</td><td>175</td><td>5</td><td>90</td><td>15</td></tr><tr><td>Nov-23</td><td>180</td><td>5</td><td>95</td><td>20</td></tr><tr><td>Dec-23</td><td>150</td><td>5</td><td>80</td><td>20</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Dec-22	105	60	85	10	Jan-23	120	70	85	10	Feb-23	100	100	85	10	Mar-23	110	90	80	10	Apr-23	110	75	80	20	May-23	115	70	80	15	Jun-23	120	55	80	20	Jul-23	115	30	75	15	Aug-23	155	20	80	20	Sep-23	145	10	95	10	Oct-23	175	5	90	15	Nov-23	180	5	95	20	Dec-23	150	5	80	20
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Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In December 2023, there were 10 elective procedures cancelled due to lack of beds on the day of surgery. This is 11 less cancellations than those seen in November 2023.</p> <p>Of the cancelled procedures, 9 were attributed to Morriston Hospital and 1 was attributed to Singleton Hospital in December 2023.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Dec-22</td><td>25</td><td>0</td><td>5</td></tr><tr><td>Jan-23</td><td>70</td><td>0</td><td>15</td></tr><tr><td>Feb-23</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Mar-23</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Apr-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>May-23</td><td>28</td><td>0</td><td>5</td></tr><tr><td>Jun-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Jul-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Aug-23</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Sep-23</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Oct-23</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Nov-23</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Dec-23</td><td>10</td><td>1</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Dec-22	25	0	5	Jan-23	70	0	15	Feb-23	35	0	0	Mar-23	25	0	0	Apr-23	10	0	0	May-23	28	0	5	Jun-23	10	0	0	Jul-23	10	0	0	Aug-23	5	0	0	Sep-23	15	0	0	Oct-23	15	0	0	Nov-23	20	0	0	Dec-23	10	1	0														
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Dec-23	10	1	0																																																																					

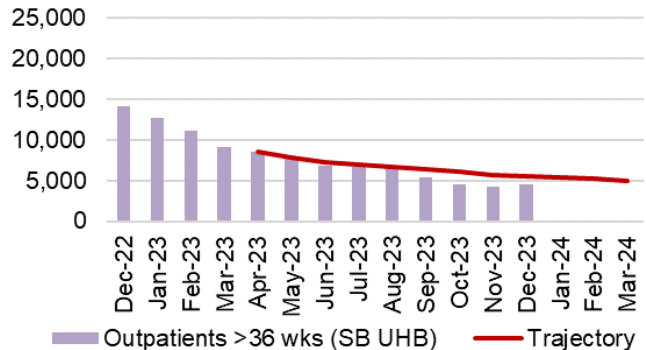
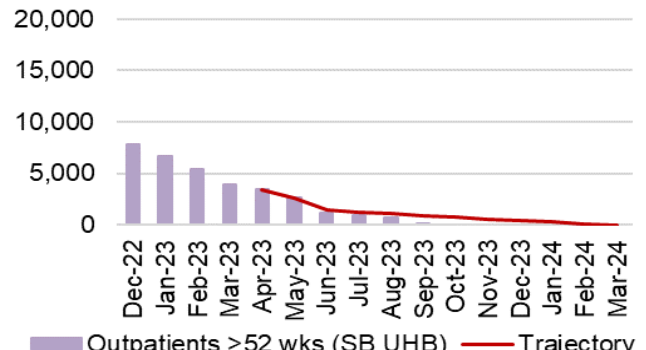
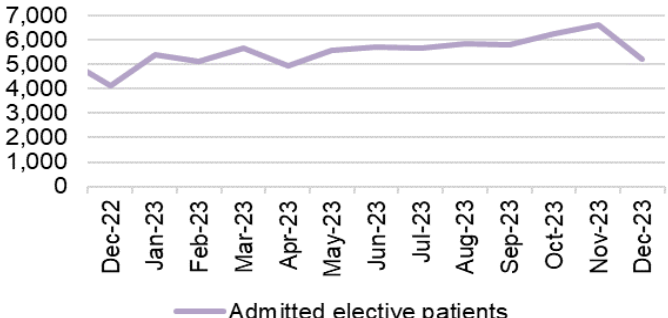
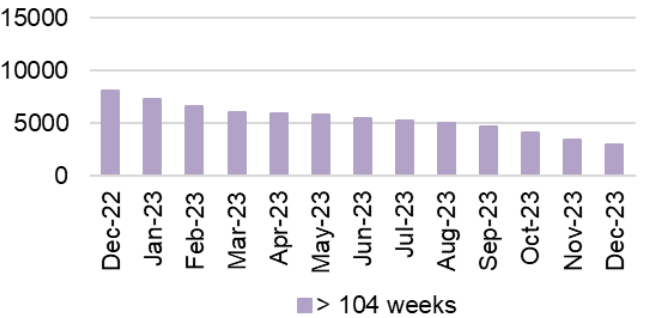
HEALTHCARE ACQUIRED INFECTIONS																																																					
Description	Current Performance	Trend																																																			
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 12 cases of <i>E. coli</i> bacteraemia were identified in December 2023, of which 6 were hospital acquired and 6 were community acquired. The Health Board total is currently below the Welsh Government Profile target of 21 cases for December 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number E. Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-22</td><td>22</td><td></td></tr> <tr><td>Jan-23</td><td>20</td><td></td></tr> <tr><td>Feb-23</td><td>18</td><td></td></tr> <tr><td>Mar-23</td><td>19</td><td></td></tr> <tr><td>Apr-23</td><td>25</td><td>20</td></tr> <tr><td>May-23</td><td>22</td><td>19</td></tr> <tr><td>Jun-23</td><td>25</td><td>20</td></tr> <tr><td>Jul-23</td><td>25</td><td>20</td></tr> <tr><td>Aug-23</td><td>27</td><td>19</td></tr> <tr><td>Sep-23</td><td>23</td><td>19</td></tr> <tr><td>Oct-23</td><td>11</td><td>19</td></tr> <tr><td>Nov-23</td><td>32</td><td>21</td></tr> <tr><td>Dec-23</td><td>12</td><td>21</td></tr> <tr><td>Jan-24</td><td></td><td>19</td></tr> <tr><td>Feb-24</td><td></td><td>19</td></tr> <tr><td>Mar-24</td><td></td><td>19</td></tr> </tbody> </table>	Month	Number E. Coli cases (SBU)	Trajectory	Dec-22	22		Jan-23	20		Feb-23	18		Mar-23	19		Apr-23	25	20	May-23	22	19	Jun-23	25	20	Jul-23	25	20	Aug-23	27	19	Sep-23	23	19	Oct-23	11	19	Nov-23	32	21	Dec-23	12	21	Jan-24		19	Feb-24		19	Mar-24		19
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Jan-24		19																																																			
Feb-24		19																																																			
Mar-24		19																																																			
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none"> There were 17 cases of <i>Staph. aureus</i> bacteraemia in December 2023, of which 9 were hospital acquired and 8 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for December 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-22</td><td>13</td><td></td></tr> <tr><td>Jan-23</td><td>10</td><td></td></tr> <tr><td>Feb-23</td><td>11</td><td></td></tr> <tr><td>Mar-23</td><td>10</td><td></td></tr> <tr><td>Apr-23</td><td>16</td><td>8</td></tr> <tr><td>May-23</td><td>10</td><td>6</td></tr> <tr><td>Jun-23</td><td>13</td><td>6</td></tr> <tr><td>Jul-23</td><td>14</td><td>6</td></tr> <tr><td>Aug-23</td><td>10</td><td>6</td></tr> <tr><td>Sep-23</td><td>10</td><td>6</td></tr> <tr><td>Oct-23</td><td>10</td><td>6</td></tr> <tr><td>Nov-23</td><td>14</td><td>6</td></tr> <tr><td>Dec-23</td><td>17</td><td>6</td></tr> <tr><td>Jan-24</td><td></td><td>5</td></tr> <tr><td>Feb-24</td><td></td><td>5</td></tr> <tr><td>Mar-24</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Dec-22	13		Jan-23	10		Feb-23	11		Mar-23	10		Apr-23	16	8	May-23	10	6	Jun-23	13	6	Jul-23	14	6	Aug-23	10	6	Sep-23	10	6	Oct-23	10	6	Nov-23	14	6	Dec-23	17	6	Jan-24		5	Feb-24		5	Mar-24		5
Month	Number of S.Aureus cases (SBU)	Trajectory																																																			
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HEALTHCARE ACQUIRED INFECTIONS																																				
Description	Current Performance	Trend																																		
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 21 <i>Clostridium difficile</i> toxin positive cases in December 2023, of which 13 were hospital acquired and 8 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 7 cases for December 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired C.difficile cases</p> <table><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Dec-22</td><td>14</td></tr><tr><td>Jan-23</td><td>22</td></tr><tr><td>Feb-23</td><td>12</td></tr><tr><td>Mar-23</td><td>19</td></tr><tr><td>Apr-23</td><td>18</td></tr><tr><td>May-23</td><td>14</td></tr><tr><td>Jun-23</td><td>20</td></tr><tr><td>Jul-23</td><td>18</td></tr><tr><td>Aug-23</td><td>17</td></tr><tr><td>Sep-23</td><td>27</td></tr><tr><td>Oct-23</td><td>18</td></tr><tr><td>Nov-23</td><td>33</td></tr><tr><td>Dec-23</td><td>21</td></tr><tr><td>Jan-24</td><td>0</td></tr><tr><td>Feb-24</td><td>0</td></tr><tr><td>Mar-24</td><td>0</td></tr></tbody></table> <p>Number of C.diff cases (SBU) Trajectory</p>	Month	Number of C.diff cases (SBU)	Dec-22	14	Jan-23	22	Feb-23	12	Mar-23	19	Apr-23	18	May-23	14	Jun-23	20	Jul-23	18	Aug-23	17	Sep-23	27	Oct-23	18	Nov-23	33	Dec-23	21	Jan-24	0	Feb-24	0	Mar-24	0
Month	Number of C.diff cases (SBU)																																			
Dec-22	14																																			
Jan-23	22																																			
Feb-23	12																																			
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Dec-23	21																																			
Jan-24	0																																			
Feb-24	0																																			
Mar-24	0																																			
Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none">There were 6 cases of Klebsiella sp in December 2023, of which 1 was hospital acquired and 5 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 5 cases for December 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Klebsiella cases</p> <table><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Dec-22</td><td>8</td></tr><tr><td>Jan-23</td><td>11</td></tr><tr><td>Feb-23</td><td>8</td></tr><tr><td>Mar-23</td><td>11</td></tr><tr><td>Apr-23</td><td>8</td></tr><tr><td>May-23</td><td>10</td></tr><tr><td>Jun-23</td><td>6</td></tr><tr><td>Jul-23</td><td>3</td></tr><tr><td>Aug-23</td><td>10</td></tr><tr><td>Sep-23</td><td>12</td></tr><tr><td>Oct-23</td><td>6</td></tr><tr><td>Nov-23</td><td>8</td></tr><tr><td>Dec-23</td><td>6</td></tr><tr><td>Jan-24</td><td>0</td></tr><tr><td>Feb-24</td><td>0</td></tr><tr><td>Mar-24</td><td>0</td></tr></tbody></table> <p>Number of Klebsiella cases (SBU) Trajectory</p>	Month	Number of Klebsiella cases (SBU)	Dec-22	8	Jan-23	11	Feb-23	8	Mar-23	11	Apr-23	8	May-23	10	Jun-23	6	Jul-23	3	Aug-23	10	Sep-23	12	Oct-23	6	Nov-23	8	Dec-23	6	Jan-24	0	Feb-24	0	Mar-24	0
Month	Number of Klebsiella cases (SBU)																																			
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HEALTHCARE ACQUIRED INFECTIONS																																																					
Description	Current Performance	Trend																																																			
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There were 3 cases of <i>P.Aeruginosa</i> in December 2023, all of which were hospital acquired. The Health Board total is currently in line with the Welsh Government Profile target of 3 cases for December 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <caption>Number of healthcare acquired Pseudomonas cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-22</td><td>3</td><td>3.0</td></tr> <tr><td>Jan-23</td><td>4</td><td>3.0</td></tr> <tr><td>Feb-23</td><td>2</td><td>3.0</td></tr> <tr><td>Mar-23</td><td>4</td><td>3.0</td></tr> <tr><td>Apr-23</td><td>2</td><td>3.0</td></tr> <tr><td>May-23</td><td>1</td><td>2.0</td></tr> <tr><td>Jun-23</td><td>4</td><td>2.0</td></tr> <tr><td>Jul-23</td><td>2</td><td>2.0</td></tr> <tr><td>Aug-23</td><td>1</td><td>2.0</td></tr> <tr><td>Sep-23</td><td>2</td><td>2.0</td></tr> <tr><td>Oct-23</td><td>2</td><td>2.0</td></tr> <tr><td>Nov-23</td><td>2</td><td>1.0</td></tr> <tr><td>Dec-23</td><td>3</td><td>3.0</td></tr> <tr><td>Jan-24</td><td>2</td><td>2.0</td></tr> <tr><td>Feb-24</td><td>2</td><td>2.0</td></tr> <tr><td>Mar-24</td><td>1</td><td>1.0</td></tr> </tbody> </table> <p>■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Dec-22	3	3.0	Jan-23	4	3.0	Feb-23	2	3.0	Mar-23	4	3.0	Apr-23	2	3.0	May-23	1	2.0	Jun-23	4	2.0	Jul-23	2	2.0	Aug-23	1	2.0	Sep-23	2	2.0	Oct-23	2	2.0	Nov-23	2	1.0	Dec-23	3	3.0	Jan-24	2	2.0	Feb-24	2	2.0	Mar-24	1	1.0
Month	Number of Pseudomonas cases (SBU)	Trajectory																																																			
Dec-22	3	3.0																																																			
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Mar-23	4	3.0																																																			
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Feb-24	2	2.0																																																			
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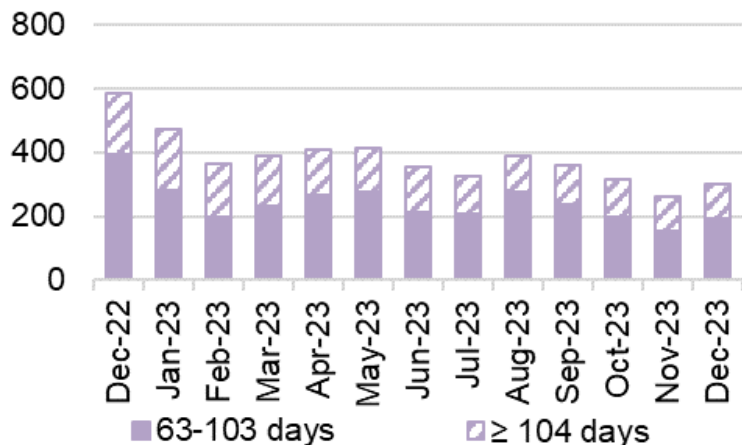
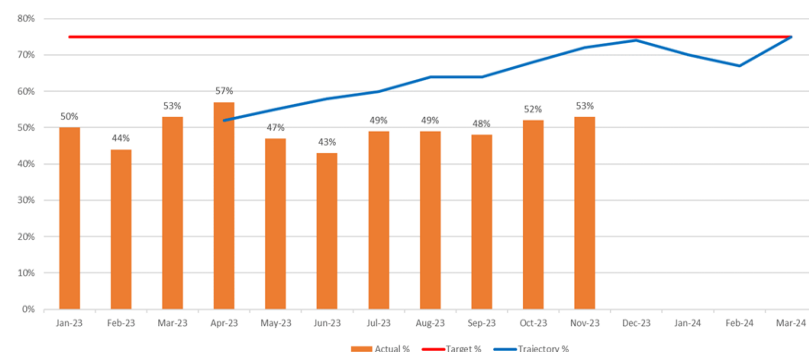
PLANNED CARE		
Description	Current Performance	Actions of Improvement
Referrals and shape of the waiting list 1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Outpatient activity undertaken <i>Total number of patients seen each month</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at October 2023</i>	<p>December 2023 has seen a decrease in referral figures compared with November 2023 (12,622). Referral rates have continued to rise slowly since December 2021, with 10,102 received in December 2023. Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.</p> <p>Trend</p> <p>1. Number of GP referrals received by SBU Health Board</p>  <p>2. Number of stage 1 additions per week</p>  <p>3. Outpatient activity undertaken</p>  <p>4. Total size of the waiting list (December 2023)</p> 	<p>The number of referrals received has remained steady in recent months and is now showing a consistent pattern of demand.</p>

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. Percentage of patients waiting less than 26 weeks	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. December 2023 saw an in-month increase of 4% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 10,425 in November 2023. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Orthopaedics and Gynaecology. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has decreased to 61.0%.</p>	<p>Administrative validation is currently taking place to further cleanse the waiting list position and reduce the number of patients on the waiting list inappropriately. Service Group specific recovery trajectories have been developed to further support recovery.</p>
	Trend <div> <div> 1. Number of stage 1 over 26 weeks- HB total  <p>■ Outpatients > 26 wks (SB UHB)</p> </div> <div> 2. Number of stage 1 over 26 weeks- Hospital level  <p>— Morriston — Singleton — PCT — NPTH</p> </div> <div> 3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at December 2023  </div> <div> 4. Percentage of patient waiting less than 26 weeks  <p>■ % waiting < 26 wks (SBU HB)</p> </div> </div>	

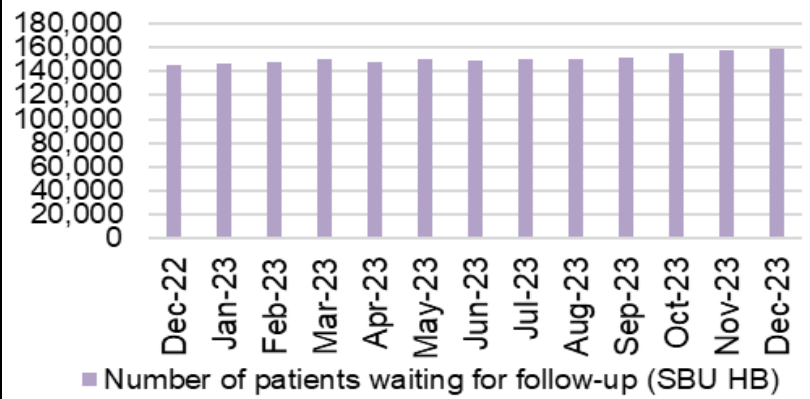
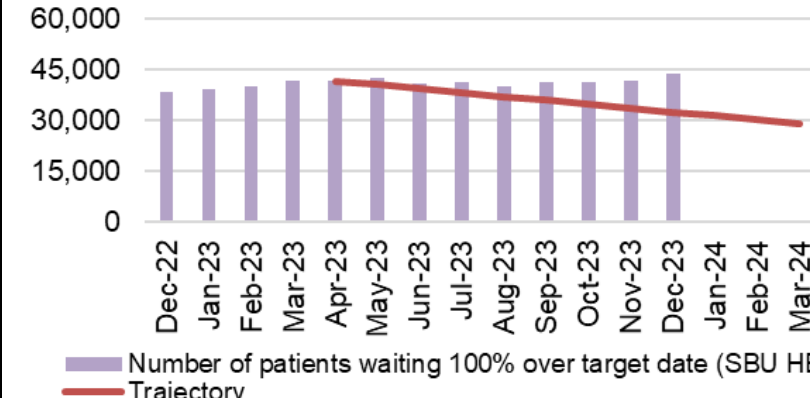
PLANNED CARE		
Description	Current Performance	Actions of Improvement
Patients waiting over 36 weeks for treatment <i>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</i> <i>2. Number of patients waiting more than 52 weeks for treatment at Stage 1</i> <i>3. Number of elective admissions</i> <i>4. Number of patients waiting more than 104 weeks for treatment</i>	<p>In December 2023, there were 4,546 patients waiting over 36 weeks at Stage 1, which is a 6% in-month increase from November 2023. 13,386 patients were waiting over 52 weeks at all stages in December 2023. In December 2023, there were 2,969 patients waiting over 104 weeks for treatment, which is a 14% reduction from November 2023. The Health Board are currently out-performing all submitted recovery trajectories for 2023/24.</p>	<p>The Ministerial target of 0 patients waiting > 52 weeks at Stage 1 has been met in October 2023, and will be maintained. 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.</p>
	Trend	
	<p>1. Number of patients waiting over 36 weeks at Stage 1- HB total</p>  <p>■ Outpatients >36 wks (SB UHB) — Trajectory</p>	<p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p>  <p>■ Outpatients >52 wks (SB UHB) — Trajectory</p>
	<p>3. Number of elective admissions</p>  <p>— Admitted elective patients</p>	<p>4. Number of patients waiting over 104 weeks- HB total</p>  <p>■ > 104 weeks</p>

PLANNED CARE																																																					
Description	Current Performance																																																				
Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i>	<p>In December 2023, there were 735 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in November 2023, which was 843.</p> <p>The figures reported are outperforming the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in December 2023 (800).</p>	<p>Number of referrals into secondary care Ophthalmology service</p> <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Number of referrals</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-22</td><td>750</td><td>850</td></tr> <tr><td>Jan-23</td><td>850</td><td>850</td></tr> <tr><td>Feb-23</td><td>850</td><td>850</td></tr> <tr><td>Mar-23</td><td>950</td><td>850</td></tr> <tr><td>Apr-23</td><td>750</td><td>850</td></tr> <tr><td>May-23</td><td>800</td><td>950</td></tr> <tr><td>Jun-23</td><td>850</td><td>950</td></tr> <tr><td>Jul-23</td><td>800</td><td>850</td></tr> <tr><td>Aug-23</td><td>800</td><td>950</td></tr> <tr><td>Sep-23</td><td>800</td><td>950</td></tr> <tr><td>Oct-23</td><td>850</td><td>950</td></tr> <tr><td>Nov-23</td><td>850</td><td>950</td></tr> <tr><td>Dec-23</td><td>735</td><td>800</td></tr> <tr><td>Jan-24</td><td></td><td>950</td></tr> <tr><td>Feb-24</td><td></td><td>950</td></tr> <tr><td>Mar-24</td><td></td><td>950</td></tr> </tbody> </table>	Month	Number of referrals	Trajectory	Dec-22	750	850	Jan-23	850	850	Feb-23	850	850	Mar-23	950	850	Apr-23	750	850	May-23	800	950	Jun-23	850	950	Jul-23	800	850	Aug-23	800	950	Sep-23	800	950	Oct-23	850	950	Nov-23	850	950	Dec-23	735	800	Jan-24		950	Feb-24		950	Mar-24		950
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Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In December 2023, 64.7% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-22</td><td>65%</td><td>100%</td></tr> <tr><td>Jan-23</td><td>55%</td><td>100%</td></tr> <tr><td>Feb-23</td><td>65%</td><td>100%</td></tr> <tr><td>Mar-23</td><td>60%</td><td>100%</td></tr> <tr><td>Apr-23</td><td>60%</td><td>100%</td></tr> <tr><td>May-23</td><td>60%</td><td>100%</td></tr> <tr><td>Jun-23</td><td>55%</td><td>100%</td></tr> <tr><td>Jul-23</td><td>60%</td><td>100%</td></tr> <tr><td>Aug-23</td><td>55%</td><td>100%</td></tr> <tr><td>Sep-23</td><td>60%</td><td>100%</td></tr> <tr><td>Oct-23</td><td>55%</td><td>100%</td></tr> <tr><td>Nov-23</td><td>55%</td><td>100%</td></tr> <tr><td>Dec-23</td><td>64.7%</td><td>100%</td></tr> </tbody> </table>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.	Target	Dec-22	65%	100%	Jan-23	55%	100%	Feb-23	65%	100%	Mar-23	60%	100%	Apr-23	60%	100%	May-23	60%	100%	Jun-23	55%	100%	Jul-23	60%	100%	Aug-23	55%	100%	Sep-23	60%	100%	Oct-23	55%	100%	Nov-23	55%	100%	Dec-23	64.7%	100%									
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PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In December 2023, there was a slight increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,429 in November 2023 to 5,616 in December 2023.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for December 2023:</p> <ul style="list-style-type: none"> Endoscopy= 3,553 Cardiac tests= 579 Other Diagnostics = 1,484 <p>Actions of Improvement; Detailed demand and capacity work is currently underway to develop a diagnostic recovery trajectory which works towards the ministerial target of 0 by March 2024.</p>	<p>Number of patients waiting longer than 8 weeks for Diagnostics</p> <p>Legend: Other diagnostics (inc. radiology) Endoscopy Cardiac tests</p>
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In December 2023 there were 73 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in December 2023 are:</p> <ul style="list-style-type: none"> Speech & Language Therapy= 28 Dietetics = 45 <p>Actions of Improvement; The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas. Delivery against these trajectories is being monitored routinely.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <p>Legend: Therapies > 14 weeks (SBU HB)</p>

CANCER				
Description	Current Performance		Trend	
Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i>	January 2024 backlog by tumour site:		Number of patients with a wait status of more than 62 days 	
	Tumour Site	63 - 103 days		≥104 days
	Acute Leukaemia	0		0
	Brain/CNS	0		0
	Breast	15		3
	Children's cancer	0		0
	Gynaecological	34		26
	Haematological	7		7
	Head and neck	10		0
	Lower Gastrointestinal	39		13
	Lung	15		10
	Other	2		1
	Sarcoma	6		1
	Skin(c)	12		8
	Upper Gastrointestinal	21		16
	Urological	31		25
	Grand Total	192		110
Single Cancer Pathway backlog-patients waiting over 63 days	December 2023 saw an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;		Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion 	
	<ul style="list-style-type: none">- Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog.- The cancer tracking facility has now been centralised (October 2023) to support focussed tracking with a whole system approach- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority			

CANCER																																																		
Description	Current Performance	Trend																																																
USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early January 2024 figures show total wait volumes for first outpatient appointment have decreased by 32% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 55% have been booked, which is slightly lower than figures seen in the previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early January 2024</p> <table> <tr> <th>FIRST OPA</th><th>31-Dec</th><th>07-Jan</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>0</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>0</td><td>5</td></tr> <tr><td>Gynaecological</td><td>55</td><td>56</td></tr> <tr><td>Haematological</td><td>3</td><td>1</td></tr> <tr><td>Head and Neck</td><td>103</td><td>63</td></tr> <tr><td>Lower GI</td><td>41</td><td>64</td></tr> <tr><td>Lung</td><td>15</td><td>6</td></tr> <tr><td>Other</td><td>300</td><td>185</td></tr> <tr><td>Sarcoma</td><td>0</td><td>0</td></tr> <tr><td>Skin</td><td>194</td><td>81</td></tr> <tr><td>Upper GI</td><td>13</td><td>15</td></tr> <tr><td>Urological</td><td>45</td><td>45</td></tr> <tr><td></td><td>769</td><td>521</td></tr> </table>	FIRST OPA	31-Dec	07-Jan	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	0	0	Children's Cancer	0	5	Gynaecological	55	56	Haematological	3	1	Head and Neck	103	63	Lower GI	41	64	Lung	15	6	Other	300	185	Sarcoma	0	0	Skin	194	81	Upper GI	13	15	Urological	45	45		769	521
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%</p> <table> <tr> <th>Measure</th><th>Target</th><th>Dec-23</th></tr> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>17%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>77%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>39%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>65%</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>97%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>97%</td></tr> </table>	Measure	Target	Dec-23	Scheduled (14 Day Target)	80%	17%	Scheduled (21 Day Target)	100%	77%	Urgent SC (2 Day Target)	80%	39%	Urgent SC (7 Day Target)	100%	65%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	97%	Elective Delay (14 Day Target)	100%	97%	<p>Radiotherapy waiting times</p> <p>Legend:</p> <ul style="list-style-type: none"> Scheduled (14 Day Target) Scheduled (21 Day Target) Urgent SC (2 Day Target) Urgent SC (7 Day Target) Emergency (within 1 day) Emergency (within 2 days) Elective Delay (7 Day Target) Elective Delay (14 Day Target) 																					
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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 December 2023, the overall size of the follow-up waiting list increased by 1,941 patients compared with November 2023 (from 157,285 to 159,226).	1. Total number of patients waiting for a follow-up  <table><caption>1. Total number of patients waiting for follow-up (SBU HB)</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Dec-22</td><td>140,000</td></tr><tr><td>Jan-23</td><td>140,000</td></tr><tr><td>Feb-23</td><td>140,000</td></tr><tr><td>Mar-23</td><td>140,000</td></tr><tr><td>Apr-23</td><td>140,000</td></tr><tr><td>May-23</td><td>140,000</td></tr><tr><td>Jun-23</td><td>140,000</td></tr><tr><td>Jul-23</td><td>140,000</td></tr><tr><td>Aug-23</td><td>140,000</td></tr><tr><td>Sep-23</td><td>140,000</td></tr><tr><td>Oct-23</td><td>140,000</td></tr><tr><td>Nov-23</td><td>140,000</td></tr><tr><td>Dec-23</td><td>140,000</td></tr></tbody></table>	Month	Number of patients	Dec-22	140,000	Jan-23	140,000	Feb-23	140,000	Mar-23	140,000	Apr-23	140,000	May-23	140,000	Jun-23	140,000	Jul-23	140,000	Aug-23	140,000	Sep-23	140,000	Oct-23	140,000	Nov-23	140,000	Dec-23	140,000					
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In December 2023, there was a total of 72,790 patients waiting for a follow-up past their target date. This is an increase of 5.9% in-month (from 68,767 in November 2023 to 72,790).	2. Delayed follow-ups: Number of patients waiting 100% over target  <table><caption>2. Delayed follow-ups: Number of patients waiting 100% over target date (SBU HB)</caption><thead><tr><th>Month</th><th>Number of patients</th></tr></thead><tbody><tr><td>Dec-22</td><td>40,000</td></tr><tr><td>Jan-23</td><td>40,000</td></tr><tr><td>Feb-23</td><td>40,000</td></tr><tr><td>Mar-23</td><td>40,000</td></tr><tr><td>Apr-23</td><td>40,000</td></tr><tr><td>May-23</td><td>40,000</td></tr><tr><td>Jun-23</td><td>40,000</td></tr><tr><td>Jul-23</td><td>40,000</td></tr><tr><td>Aug-23</td><td>40,000</td></tr><tr><td>Sep-23</td><td>40,000</td></tr><tr><td>Oct-23</td><td>40,000</td></tr><tr><td>Nov-23</td><td>40,000</td></tr><tr><td>Dec-23</td><td>40,000</td></tr><tr><td>Jan-24</td><td>30,000</td></tr><tr><td>Feb-24</td><td>30,000</td></tr><tr><td>Mar-24</td><td>30,000</td></tr></tbody></table>	Month	Number of patients	Dec-22	40,000	Jan-23	40,000	Feb-23	40,000	Mar-23	40,000	Apr-23	40,000	May-23	40,000	Jun-23	40,000	Jul-23	40,000	Aug-23	40,000	Sep-23	40,000	Oct-23	40,000	Nov-23	40,000	Dec-23	40,000	Jan-24	30,000	Feb-24	30,000	Mar-24	30,000
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STROKE																														
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Stroke Measures																														
1. % of patients who have a direct admission to an acute stroke unit within 4 hours	1. In December 2023, 11% of patients had a direct admission to an acute stroke unit within 4 hours. This is a deterioration on the performance reported in November 2023.	1. % of patients who have a direct admission to an acute stroke unit within 4 hours <table><caption>% 4 hour admissions (Morr)</caption><thead><tr><th>Month</th><th>% 4 hour admissions (Morr)</th></tr></thead><tbody><tr><td>Dec-22</td><td>5%</td></tr><tr><td>Jan-23</td><td>2%</td></tr><tr><td>Feb-23</td><td>10%</td></tr><tr><td>Mar-23</td><td>12%</td></tr><tr><td>Apr-23</td><td>8%</td></tr><tr><td>May-23</td><td>18%</td></tr><tr><td>Jun-23</td><td>22%</td></tr><tr><td>Jul-23</td><td>25%</td></tr><tr><td>Aug-23</td><td>22%</td></tr><tr><td>Sep-23</td><td>22%</td></tr><tr><td>Oct-23</td><td>35%</td></tr><tr><td>Nov-23</td><td>20%</td></tr><tr><td>Dec-23</td><td>11%</td></tr></tbody></table>	Month	% 4 hour admissions (Morr)	Dec-22	5%	Jan-23	2%	Feb-23	10%	Mar-23	12%	Apr-23	8%	May-23	18%	Jun-23	22%	Jul-23	25%	Aug-23	22%	Sep-23	22%	Oct-23	35%	Nov-23	20%	Dec-23	11%
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2. % of patients who received a CT Scan within 1 hour	2. In December 2023, 53% of patients received a CT scan within 1 hour of being admitted, this is an improvement on the figure reported in November 2023.	2. % of patients who received a CT Scan within 1 hour <table><caption>% 1 hr CT Scan (Morr)</caption><thead><tr><th>Month</th><th>% 1 hr CT Scan (Morr)</th></tr></thead><tbody><tr><td>Dec-22</td><td>30%</td></tr><tr><td>Jan-23</td><td>32%</td></tr><tr><td>Feb-23</td><td>45%</td></tr><tr><td>Mar-23</td><td>42%</td></tr><tr><td>Apr-23</td><td>42%</td></tr><tr><td>May-23</td><td>38%</td></tr><tr><td>Jun-23</td><td>42%</td></tr><tr><td>Jul-23</td><td>52%</td></tr><tr><td>Aug-23</td><td>35%</td></tr><tr><td>Sep-23</td><td>58%</td></tr><tr><td>Oct-23</td><td>25%</td></tr><tr><td>Nov-23</td><td>35%</td></tr><tr><td>Dec-23</td><td>53%</td></tr></tbody></table>	Month	% 1 hr CT Scan (Morr)	Dec-22	30%	Jan-23	32%	Feb-23	45%	Mar-23	42%	Apr-23	42%	May-23	38%	Jun-23	42%	Jul-23	52%	Aug-23	35%	Sep-23	58%	Oct-23	25%	Nov-23	35%	Dec-23	53%
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3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours	3. 86.1% of patients were assessed by a stroke specialist consultant physician within 24 hours in December 2023, which is a deterioration of 5.9% from November 2023.	3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours <table><caption>% assess within 24 hrs (Morr)</caption><thead><tr><th>Month</th><th>% assess within 24 hrs (Morr)</th></tr></thead><tbody><tr><td>Dec-22</td><td>95%</td></tr><tr><td>Jan-23</td><td>95%</td></tr><tr><td>Feb-23</td><td>95%</td></tr><tr><td>Mar-23</td><td>95%</td></tr><tr><td>Apr-23</td><td>95%</td></tr><tr><td>May-23</td><td>90%</td></tr><tr><td>Jun-23</td><td>90%</td></tr><tr><td>Jul-23</td><td>90%</td></tr><tr><td>Aug-23</td><td>95%</td></tr><tr><td>Sep-23</td><td>85%</td></tr><tr><td>Oct-23</td><td>90%</td></tr><tr><td>Nov-23</td><td>90%</td></tr><tr><td>Dec-23</td><td>86.1%</td></tr></tbody></table>	Month	% assess within 24 hrs (Morr)	Dec-22	95%	Jan-23	95%	Feb-23	95%	Mar-23	95%	Apr-23	95%	May-23	90%	Jun-23	90%	Jul-23	90%	Aug-23	95%	Sep-23	85%	Oct-23	90%	Nov-23	90%	Dec-23	86.1%
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4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	4. In December 2023, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes. 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.	4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes <table><caption>45 mins thrombolysis (Morr)</caption><thead><tr><th>Month</th><th>45 mins thrombolysis (Morr)</th></tr></thead><tbody><tr><td>Dec-22</td><td>0%</td></tr><tr><td>Jan-23</td><td>0%</td></tr><tr><td>Feb-23</td><td>0%</td></tr><tr><td>Mar-23</td><td>10%</td></tr><tr><td>Apr-23</td><td>25%</td></tr><tr><td>May-23</td><td>0%</td></tr><tr><td>Jun-23</td><td>15%</td></tr><tr><td>Jul-23</td><td>10%</td></tr><tr><td>Aug-23</td><td>75%</td></tr><tr><td>Sep-23</td><td>0%</td></tr><tr><td>Oct-23</td><td>0%</td></tr><tr><td>Nov-23</td><td>0%</td></tr><tr><td>Dec-23</td><td>0%</td></tr></tbody></table>	Month	45 mins thrombolysis (Morr)	Dec-22	0%	Jan-23	0%	Feb-23	0%	Mar-23	10%	Apr-23	25%	May-23	0%	Jun-23	15%	Jul-23	10%	Aug-23	75%	Sep-23	0%	Oct-23	0%	Nov-23	0%	Dec-23	0%
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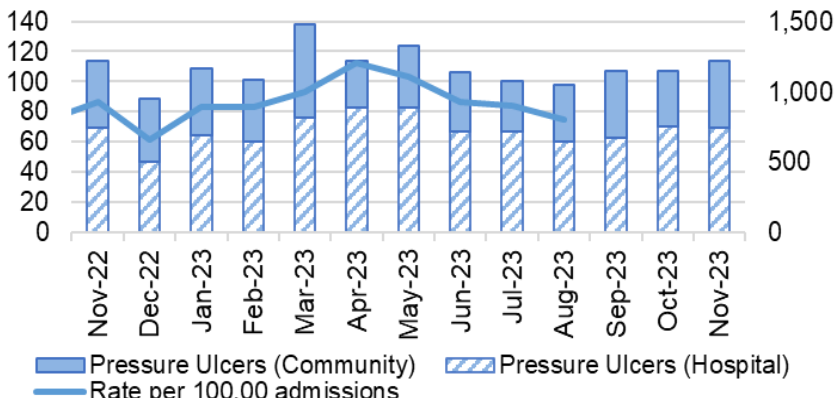
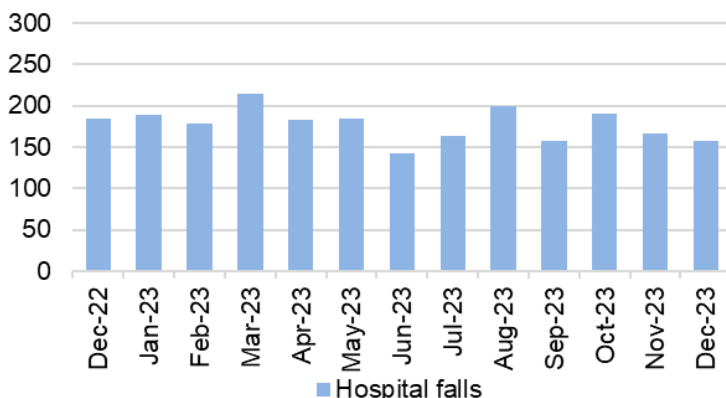
ADULT MENTAL HEALTH																																												
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Adult Mental Health Measures:																																												
1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)	1. In November 2023, 97% of assessments were undertaken within 28 days of referral for patients 18 years and over.	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>Data for Chart 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>100%</td><td>75%</td></tr> <tr><td>Dec-22</td><td>100%</td><td>75%</td></tr> <tr><td>Jan-23</td><td>100%</td><td>75%</td></tr> <tr><td>Feb-23</td><td>100%</td><td>75%</td></tr> <tr><td>Mar-23</td><td>100%</td><td>75%</td></tr> <tr><td>Apr-23</td><td>100%</td><td>75%</td></tr> <tr><td>May-23</td><td>100%</td><td>75%</td></tr> <tr><td>Jun-23</td><td>100%</td><td>75%</td></tr> <tr><td>Jul-23</td><td>100%</td><td>75%</td></tr> <tr><td>Aug-23</td><td>100%</td><td>75%</td></tr> <tr><td>Sep-23</td><td>100%</td><td>75%</td></tr> <tr><td>Oct-23</td><td>100%</td><td>75%</td></tr> <tr><td>Nov-23</td><td>100%</td><td>75%</td></tr> </tbody> </table>	Month	% assessments within 28 days (>18 yrs)	Target	Nov-22	100%	75%	Dec-22	100%	75%	Jan-23	100%	75%	Feb-23	100%	75%	Mar-23	100%	75%	Apr-23	100%	75%	May-23	100%	75%	Jun-23	100%	75%	Jul-23	100%	75%	Aug-23	100%	75%	Sep-23	100%	75%	Oct-23	100%	75%	Nov-23	100%	75%
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2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)	2. In November 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.	<p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <table border="1"> <caption>Data for Chart 2: % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>100%</td><td>75%</td></tr> <tr><td>Dec-22</td><td>100%</td><td>75%</td></tr> <tr><td>Jan-23</td><td>100%</td><td>75%</td></tr> <tr><td>Feb-23</td><td>100%</td><td>75%</td></tr> <tr><td>Mar-23</td><td>100%</td><td>75%</td></tr> <tr><td>Apr-23</td><td>100%</td><td>75%</td></tr> <tr><td>May-23</td><td>100%</td><td>75%</td></tr> <tr><td>Jun-23</td><td>100%</td><td>75%</td></tr> <tr><td>Jul-23</td><td>100%</td><td>75%</td></tr> <tr><td>Aug-23</td><td>100%</td><td>75%</td></tr> <tr><td>Sep-23</td><td>100%</td><td>75%</td></tr> <tr><td>Oct-23</td><td>100%</td><td>75%</td></tr> <tr><td>Nov-23</td><td>100%</td><td>75%</td></tr> </tbody> </table>	Month	% therapeutic interventions started within 28 days (>18 yrs)	Target	Nov-22	100%	75%	Dec-22	100%	75%	Jan-23	100%	75%	Feb-23	100%	75%	Mar-23	100%	75%	Apr-23	100%	75%	May-23	100%	75%	Jun-23	100%	75%	Jul-23	100%	75%	Aug-23	100%	75%	Sep-23	100%	75%	Oct-23	100%	75%	Nov-23	100%	75%
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3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)	3. 90% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in November 2023.	<p>3. % residents with a valid Care and Treatment Plan (CTP)</p> <table border="1"> <caption>Data for Chart 3: % residents with a valid Care and Treatment Plan (CTP)</caption> <thead> <tr> <th>Month</th> <th>% patients with valid CTP (>18 yrs)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>90%</td><td>90%</td></tr> <tr><td>Dec-22</td><td>90%</td><td>90%</td></tr> <tr><td>Jan-23</td><td>90%</td><td>90%</td></tr> <tr><td>Feb-23</td><td>90%</td><td>90%</td></tr> <tr><td>Mar-23</td><td>90%</td><td>90%</td></tr> <tr><td>Apr-23</td><td>90%</td><td>90%</td></tr> <tr><td>May-23</td><td>90%</td><td>90%</td></tr> <tr><td>Jun-23</td><td>90%</td><td>90%</td></tr> <tr><td>Jul-23</td><td>90%</td><td>90%</td></tr> <tr><td>Aug-23</td><td>90%</td><td>90%</td></tr> <tr><td>Sep-23</td><td>90%</td><td>90%</td></tr> <tr><td>Oct-23</td><td>90%</td><td>90%</td></tr> <tr><td>Nov-23</td><td>90%</td><td>90%</td></tr> </tbody> </table>	Month	% patients with valid CTP (>18 yrs)	Profile	Nov-22	90%	90%	Dec-22	90%	90%	Jan-23	90%	90%	Feb-23	90%	90%	Mar-23	90%	90%	Apr-23	90%	90%	May-23	90%	90%	Jun-23	90%	90%	Jul-23	90%	90%	Aug-23	90%	90%	Sep-23	90%	90%	Oct-23	90%	90%	Nov-23	90%	90%
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4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	4. In November 2023, 75.9% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.	<p>4. % waiting less than 26 weeks for Psychology Therapy</p> <table border="1"> <caption>Data for Chart 4: % waiting less than 26 wks for psychological therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>75.9%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>75.9%</td><td>95%</td></tr> <tr><td>Jan-23</td><td>75.9%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>75.9%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>75.9%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>75.9%</td><td>95%</td></tr> <tr><td>May-23</td><td>75.9%</td><td>95%</td></tr> <tr><td>Jun-23</td><td>75.9%</td><td>95%</td></tr> <tr><td>Jul-23</td><td>75.9%</td><td>95%</td></tr> <tr><td>Aug-23</td><td>75.9%</td><td>95%</td></tr> <tr><td>Sep-23</td><td>75.9%</td><td>95%</td></tr> <tr><td>Oct-23</td><td>75.9%</td><td>95%</td></tr> <tr><td>Nov-23</td><td>75.9%</td><td>95%</td></tr> </tbody> </table>	Month	% waiting less than 26 wks for psychological therapy	Target	Nov-22	75.9%	95%	Dec-22	75.9%	95%	Jan-23	75.9%	95%	Feb-23	75.9%	95%	Mar-23	75.9%	95%	Apr-23	75.9%	95%	May-23	75.9%	95%	Jun-23	75.9%	95%	Jul-23	75.9%	95%	Aug-23	75.9%	95%	Sep-23	75.9%	95%	Oct-23	75.9%	95%	Nov-23	75.9%	95%
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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)																																																																										
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1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In November 2023, 100% of CAMHS patients received an assessment within 48 hours.	<div>1. Crisis- assessment within 48 hours</div> <table border="1"><caption>1. Crisis- assessment within 48 hours</caption><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th><th>Target</th></tr></thead><tbody><tr><td>Nov-22</td><td>100%</td><td>100%</td></tr><tr><td>Dec-22</td><td>100%</td><td>100%</td></tr><tr><td>Jan-23</td><td>100%</td><td>100%</td></tr><tr><td>Feb-23</td><td>100%</td><td>100%</td></tr><tr><td>Mar-23</td><td>100%</td><td>100%</td></tr><tr><td>Apr-23</td><td>100%</td><td>100%</td></tr><tr><td>May-23</td><td>100%</td><td>100%</td></tr><tr><td>Jun-23</td><td>100%</td><td>100%</td></tr><tr><td>Jul-23</td><td>100%</td><td>100%</td></tr><tr><td>Aug-23</td><td>100%</td><td>100%</td></tr><tr><td>Sep-23</td><td>100%</td><td>100%</td></tr><tr><td>Oct-23</td><td>100%</td><td>100%</td></tr><tr><td>Nov-23</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	Target	Nov-22	100%	100%	Dec-22	100%	100%	Jan-23	100%	100%	Feb-23	100%	100%	Mar-23	100%	100%	Apr-23	100%	100%	May-23	100%	100%	Jun-23	100%	100%	Jul-23	100%	100%	Aug-23	100%	100%	Sep-23	100%	100%	Oct-23	100%	100%	Nov-23	100%	100%																														
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2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 86% of routine assessments were undertaken within 28 days from referral in November 2023 against a target of 80%.	<div>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</div> <table border="1"><caption>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</caption><thead><tr><th>Month</th><th>% of assess in 28 days</th><th>% interventions in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Nov-22</td><td>60%</td><td>20%</td><td>80%</td></tr><tr><td>Dec-22</td><td>50%</td><td>30%</td><td>80%</td></tr><tr><td>Jan-23</td><td>40%</td><td>20%</td><td>80%</td></tr><tr><td>Feb-23</td><td>60%</td><td>20%</td><td>80%</td></tr><tr><td>Mar-23</td><td>70%</td><td>40%</td><td>80%</td></tr><tr><td>Apr-23</td><td>50%</td><td>20%</td><td>80%</td></tr><tr><td>May-23</td><td>40%</td><td>30%</td><td>80%</td></tr><tr><td>Jun-23</td><td>40%</td><td>20%</td><td>80%</td></tr><tr><td>Jul-23</td><td>30%</td><td>20%</td><td>80%</td></tr><tr><td>Aug-23</td><td>80%</td><td>20%</td><td>80%</td></tr><tr><td>Sep-23</td><td>60%</td><td>80%</td><td>80%</td></tr><tr><td>Oct-23</td><td>80%</td><td>80%</td><td>80%</td></tr><tr><td>Nov-23</td><td>86%</td><td>80%</td><td>80%</td></tr></tbody></table>	Month	% of assess in 28 days	% interventions in 28 days	Target	Nov-22	60%	20%	80%	Dec-22	50%	30%	80%	Jan-23	40%	20%	80%	Feb-23	60%	20%	80%	Mar-23	70%	40%	80%	Apr-23	50%	20%	80%	May-23	40%	30%	80%	Jun-23	40%	20%	80%	Jul-23	30%	20%	80%	Aug-23	80%	20%	80%	Sep-23	60%	80%	80%	Oct-23	80%	80%	80%	Nov-23	86%	80%	80%																
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3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 100% of therapeutic interventions were started within 28 days following assessment by LPMHSS in November 2023.																																																																									
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 30% of NDD patients received a diagnostic assessment within 26 weeks in November 2023 against a target of 80%.	<div>4. NDD- assessment within 26 weeks</div> <table border="1"><caption>4. NDD- assessment within 26 weeks</caption><thead><tr><th>Month</th><th>%NDD within 26 weeks</th><th>Target</th><th>Trajectory</th></tr></thead><tbody><tr><td>Nov-22</td><td>40%</td><td>80%</td><td>30%</td></tr><tr><td>Dec-22</td><td>40%</td><td>80%</td><td>30%</td></tr><tr><td>Jan-23</td><td>30%</td><td>80%</td><td>30%</td></tr><tr><td>Feb-23</td><td>30%</td><td>80%</td><td>30%</td></tr><tr><td>Mar-23</td><td>30%</td><td>80%</td><td>30%</td></tr><tr><td>Apr-23</td><td>30%</td><td>80%</td><td>30%</td></tr><tr><td>May-23</td><td>30%</td><td>80%</td><td>30%</td></tr><tr><td>Jun-23</td><td>30%</td><td>80%</td><td>30%</td></tr><tr><td>Jul-23</td><td>30%</td><td>80%</td><td>30%</td></tr><tr><td>Aug-23</td><td>30%</td><td>80%</td><td>30%</td></tr><tr><td>Sep-23</td><td>30%</td><td>80%</td><td>30%</td></tr><tr><td>Oct-23</td><td>30%</td><td>80%</td><td>35%</td></tr><tr><td>Nov-23</td><td>30%</td><td>80%</td><td>35%</td></tr><tr><td>Dec-23</td><td>40%</td><td>80%</td><td>40%</td></tr><tr><td>Jan-24</td><td>45%</td><td>80%</td><td>45%</td></tr><tr><td>Feb-24</td><td>45%</td><td>80%</td><td>45%</td></tr><tr><td>Mar-24</td><td>45%</td><td>80%</td><td>45%</td></tr></tbody></table>	Month	%NDD within 26 weeks	Target	Trajectory	Nov-22	40%	80%	30%	Dec-22	40%	80%	30%	Jan-23	30%	80%	30%	Feb-23	30%	80%	30%	Mar-23	30%	80%	30%	Apr-23	30%	80%	30%	May-23	30%	80%	30%	Jun-23	30%	80%	30%	Jul-23	30%	80%	30%	Aug-23	30%	80%	30%	Sep-23	30%	80%	30%	Oct-23	30%	80%	35%	Nov-23	30%	80%	35%	Dec-23	40%	80%	40%	Jan-24	45%	80%	45%	Feb-24	45%	80%	45%	Mar-24	45%	80%	45%
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. SCAMHS figures now included in illustration 2 and3 combined. <i>*All routine assessments are now under PCAMHS*</i>																																																																									

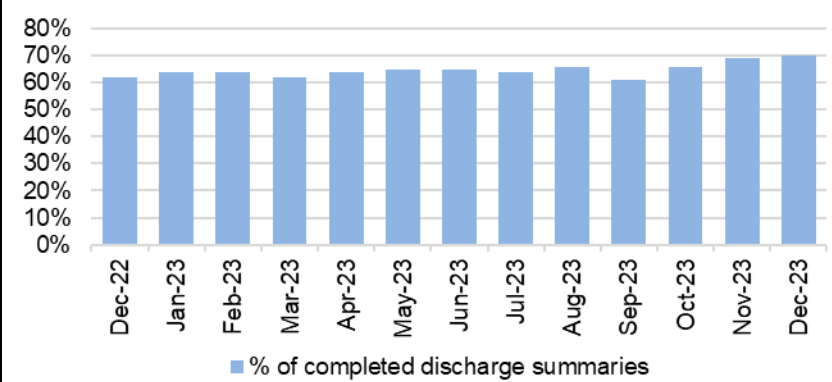
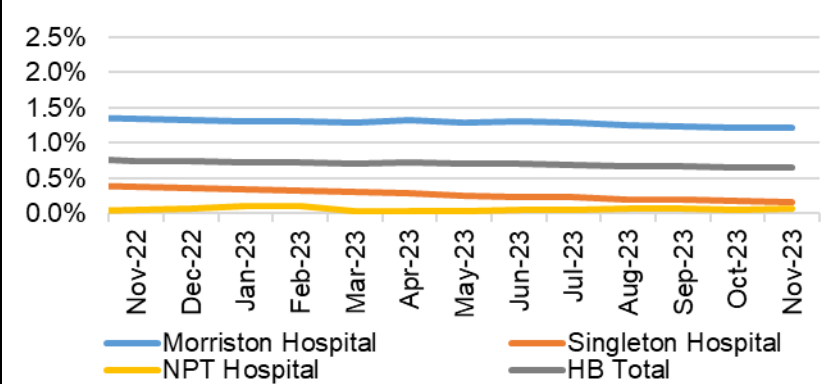
4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES

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 November 2023, 97% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.	1. Prompt orthogeriatric assessment <table><caption>1. Prompt orthogeriatric assessment</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Nov-22</td><td>97%</td><td>70%</td><td>80%</td></tr><tr><td>Dec-22</td><td>97%</td><td>68%</td><td>80%</td></tr><tr><td>Jan-23</td><td>97%</td><td>68%</td><td>80%</td></tr><tr><td>Feb-23</td><td>97%</td><td>68%</td><td>80%</td></tr><tr><td>Mar-23</td><td>97%</td><td>68%</td><td>80%</td></tr><tr><td>Apr-23</td><td>97%</td><td>68%</td><td>80%</td></tr><tr><td>May-23</td><td>97%</td><td>68%</td><td>80%</td></tr><tr><td>Jun-23</td><td>97%</td><td>68%</td><td>80%</td></tr><tr><td>Jul-23</td><td>97%</td><td>68%</td><td>80%</td></tr><tr><td>Aug-23</td><td>97%</td><td>68%</td><td>80%</td></tr><tr><td>Sep-23</td><td>97%</td><td>68%</td><td>80%</td></tr><tr><td>Oct-23</td><td>97%</td><td>68%</td><td>80%</td></tr><tr><td>Nov-23</td><td>97%</td><td>75%</td><td>80%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Nov-22	97%	70%	80%	Dec-22	97%	68%	80%	Jan-23	97%	68%	80%	Feb-23	97%	68%	80%	Mar-23	97%	68%	80%	Apr-23	97%	68%	80%	May-23	97%	68%	80%	Jun-23	97%	68%	80%	Jul-23	97%	68%	80%	Aug-23	97%	68%	80%	Sep-23	97%	68%	80%	Oct-23	97%	68%	80%	Nov-23	97%	75%	80%
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2. Prompt surgery- In November 2023, 30.8% of patients had surgery the day following presentation with a hip fracture. This is a 6.2% improvement from November 2022 which was 24.6%	2. Prompt surgery <table><caption>2. Prompt surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Nov-22</td><td>24.6%</td><td>60%</td><td>60%</td></tr><tr><td>Dec-22</td><td>24.6%</td><td>60%</td><td>60%</td></tr><tr><td>Jan-23</td><td>24.6%</td><td>60%</td><td>60%</td></tr><tr><td>Feb-23</td><td>24.6%</td><td>60%</td><td>60%</td></tr><tr><td>Mar-23</td><td>24.6%</td><td>60%</td><td>60%</td></tr><tr><td>Apr-23</td><td>24.6%</td><td>60%</td><td>60%</td></tr><tr><td>May-23</td><td>24.6%</td><td>60%</td><td>60%</td></tr><tr><td>Jun-23</td><td>24.6%</td><td>60%</td><td>60%</td></tr><tr><td>Jul-23</td><td>24.6%</td><td>60%</td><td>60%</td></tr><tr><td>Aug-23</td><td>24.6%</td><td>60%</td><td>60%</td></tr><tr><td>Sep-23</td><td>24.6%</td><td>60%</td><td>60%</td></tr><tr><td>Oct-23</td><td>24.6%</td><td>60%</td><td>60%</td></tr><tr><td>Nov-23</td><td>30.8%</td><td>60%</td><td>60%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Nov-22	24.6%	60%	60%	Dec-22	24.6%	60%	60%	Jan-23	24.6%	60%	60%	Feb-23	24.6%	60%	60%	Mar-23	24.6%	60%	60%	Apr-23	24.6%	60%	60%	May-23	24.6%	60%	60%	Jun-23	24.6%	60%	60%	Jul-23	24.6%	60%	60%	Aug-23	24.6%	60%	60%	Sep-23	24.6%	60%	60%	Oct-23	24.6%	60%	60%	Nov-23	30.8%	60%	60%	
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3. NICE compliant surgery- 73.4% of operations were consistent with the NICE recommendations in November 2023. This is 0.4% more than in November 2022.	3. NICE compliant Surgery <table><caption>3. NICE compliant Surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Nov-22</td><td>73.4%</td><td>70%</td><td>70%</td></tr><tr><td>Dec-22</td><td>73.4%</td><td>70%</td><td>70%</td></tr><tr><td>Jan-23</td><td>73.4%</td><td>70%</td><td>70%</td></tr><tr><td>Feb-23</td><td>73.4%</td><td>70%</td><td>70%</td></tr><tr><td>Mar-23</td><td>73.4%</td><td>70%</td><td>70%</td></tr><tr><td>Apr-23</td><td>73.4%</td><td>70%</td><td>70%</td></tr><tr><td>May-23</td><td>73.4%</td><td>70%</td><td>70%</td></tr><tr><td>Jun-23</td><td>73.4%</td><td>70%</td><td>70%</td></tr><tr><td>Jul-23</td><td>73.4%</td><td>70%</td><td>70%</td></tr><tr><td>Aug-23</td><td>73.4%</td><td>70%</td><td>70%</td></tr><tr><td>Sep-23</td><td>73.4%</td><td>70%</td><td>70%</td></tr><tr><td>Oct-23</td><td>73.4%</td><td>70%</td><td>70%</td></tr><tr><td>Nov-23</td><td>73.8%</td><td>70%</td><td>70%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	Nov-22	73.4%	70%	70%	Dec-22	73.4%	70%	70%	Jan-23	73.4%	70%	70%	Feb-23	73.4%	70%	70%	Mar-23	73.4%	70%	70%	Apr-23	73.4%	70%	70%	May-23	73.4%	70%	70%	Jun-23	73.4%	70%	70%	Jul-23	73.4%	70%	70%	Aug-23	73.4%	70%	70%	Sep-23	73.4%	70%	70%	Oct-23	73.4%	70%	70%	Nov-23	73.8%	70%	70%	
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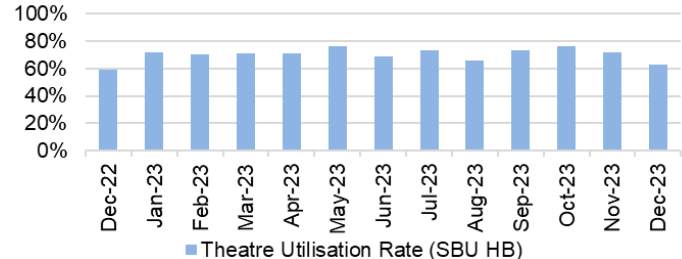
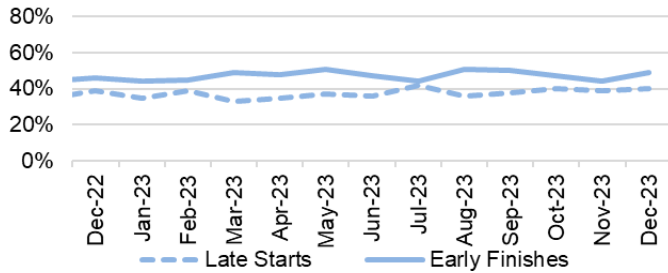
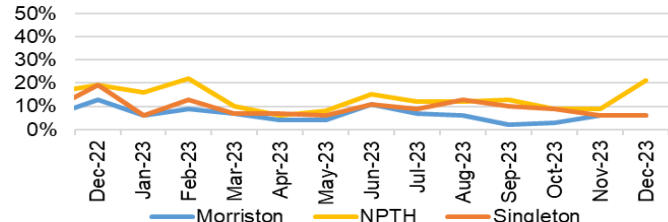
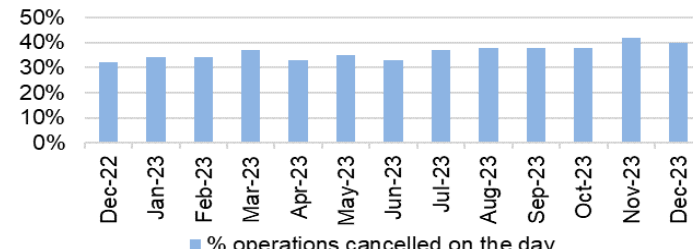
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Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 73.9% of patients were not delirious in the week after their operation in November 2023.	<p>5. Not delirious when tested</p> <table><caption>5. Not delirious when tested (Estimated Data)</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Nov-22</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Dec-22</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Jan-23</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Feb-23</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Mar-23</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Apr-23</td><td>75</td><td>65</td><td>60</td></tr><tr><td>May-23</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Jun-23</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Jul-23</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Aug-23</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Sep-23</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Oct-23</td><td>75</td><td>65</td><td>60</td></tr><tr><td>Nov-23</td><td>74</td><td>65</td><td>60</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Nov-22	75	65	60	Dec-22	75	65	60	Jan-23	75	65	60	Feb-23	75	65	60	Mar-23	75	65	60	Apr-23	75	65	60	May-23	75	65	60	Jun-23	75	65	60	Jul-23	75	65	60	Aug-23	75	65	60	Sep-23	75	65	60	Oct-23	75	65	60	Nov-23	74	65	60
Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)																																																							
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Sep-23	75	65	60																																																							
Oct-23	75	65	60																																																							
Nov-23	74	65	60																																																							
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 72.9% of patients in August 2023 were discharged back to their original residence. This is 6.7% more than in August 2022.	<p>6. Return to original residence</p> <table><caption>6. Return to original residence (Estimated Data)</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Aug-22</td><td>68</td><td>70</td><td>70</td></tr><tr><td>Sep-22</td><td>68</td><td>72</td><td>70</td></tr><tr><td>Oct-22</td><td>68</td><td>72</td><td>70</td></tr><tr><td>Nov-22</td><td>68</td><td>72</td><td>70</td></tr><tr><td>Dec-22</td><td>68</td><td>72</td><td>70</td></tr><tr><td>Jan-23</td><td>68</td><td>72</td><td>70</td></tr><tr><td>Feb-23</td><td>68</td><td>72</td><td>70</td></tr><tr><td>Mar-23</td><td>68</td><td>72</td><td>70</td></tr><tr><td>Apr-23</td><td>68</td><td>72</td><td>70</td></tr><tr><td>May-23</td><td>68</td><td>72</td><td>70</td></tr><tr><td>Jun-23</td><td>68</td><td>72</td><td>70</td></tr><tr><td>Jul-23</td><td>68</td><td>72</td><td>70</td></tr><tr><td>Aug-23</td><td>73</td><td>72</td><td>70</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Aug-22	68	70	70	Sep-22	68	72	70	Oct-22	68	72	70	Nov-22	68	72	70	Dec-22	68	72	70	Jan-23	68	72	70	Feb-23	68	72	70	Mar-23	68	72	70	Apr-23	68	72	70	May-23	68	72	70	Jun-23	68	72	70	Jul-23	68	72	70	Aug-23	73	72	70
Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)																																																							
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Jul-23	68	72	70																																																							
Aug-23	73	72	70																																																							
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p> <table><caption>7. 30 day mortality rate (Estimated Data)</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jan-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Feb-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Mar-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Apr-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>May-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Jun-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Jul-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Aug-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Sep-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Oct-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Nov-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Dec-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Jan-21</td><td>7.5</td><td>6.9</td><td>7.6</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.5	7.0	7.0	Feb-20	8.0	7.0	7.0	Mar-20	8.0	7.0	7.0	Apr-20	8.0	7.0	7.0	May-20	8.0	7.0	7.0	Jun-20	8.0	7.0	7.0	Jul-20	8.0	7.0	7.0	Aug-20	8.0	7.0	7.0	Sep-20	8.0	7.0	7.0	Oct-20	8.0	7.0	7.0	Nov-20	8.0	7.0	7.0	Dec-20	8.0	7.0	7.0	Jan-21	7.5	6.9	7.6
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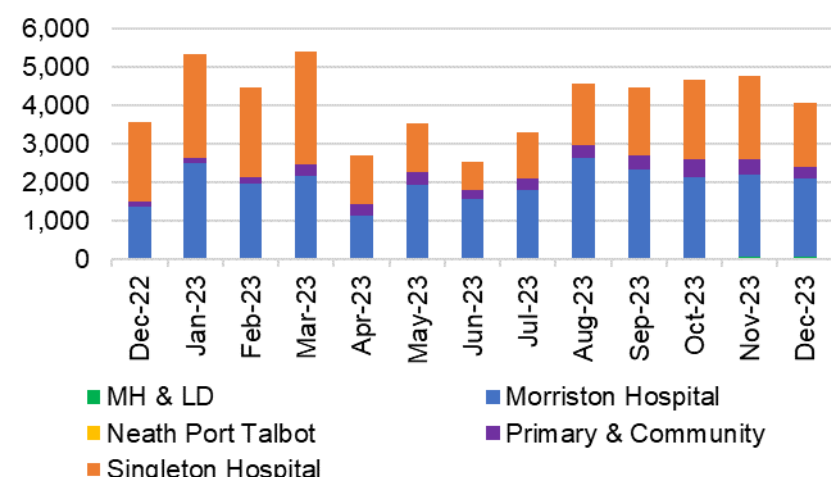
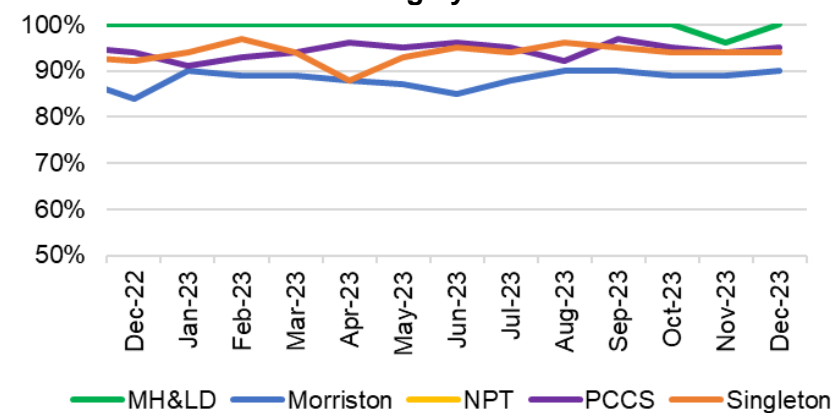
PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admission</i>	<p>1. In November 2023 there were 114 cases of healthcare acquired pressure ulcers, 45 of which were community acquired and 69 were hospital acquired.</p> <p>There were 18 grade 3+ pressure ulcers in November 2023, 13 of which were community acquired and 5 were hospital acquired.</p> <p>2. The rate per 100,000 admissions decreased from 904 in July 2023 to 803 in August 2023.</p>	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p>  <table><thead><tr><th>Month</th><th>Community PUs</th><th>Hospital PUs</th><th>Rate per 100,000</th></tr></thead><tbody><tr><td>Nov-22</td><td>75</td><td>85</td><td>1000</td></tr><tr><td>Dec-22</td><td>65</td><td>75</td><td>850</td></tr><tr><td>Jan-23</td><td>75</td><td>85</td><td>900</td></tr><tr><td>Feb-23</td><td>75</td><td>85</td><td>900</td></tr><tr><td>Mar-23</td><td>85</td><td>95</td><td>950</td></tr><tr><td>Apr-23</td><td>85</td><td>95</td><td>1050</td></tr><tr><td>May-23</td><td>85</td><td>95</td><td>1000</td></tr><tr><td>Jun-23</td><td>75</td><td>85</td><td>900</td></tr><tr><td>Jul-23</td><td>75</td><td>85</td><td>850</td></tr><tr><td>Aug-23</td><td>65</td><td>75</td><td>803</td></tr><tr><td>Sep-23</td><td>75</td><td>85</td><td>850</td></tr><tr><td>Oct-23</td><td>75</td><td>85</td><td>850</td></tr><tr><td>Nov-23</td><td>85</td><td>95</td><td>850</td></tr></tbody></table>	Month	Community PUs	Hospital PUs	Rate per 100,000	Nov-22	75	85	1000	Dec-22	65	75	850	Jan-23	75	85	900	Feb-23	75	85	900	Mar-23	85	95	950	Apr-23	85	95	1050	May-23	85	95	1000	Jun-23	75	85	900	Jul-23	75	85	850	Aug-23	65	75	803	Sep-23	75	85	850	Oct-23	75	85	850	Nov-23	85	95	850
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Nov-23	85	95	850																																																							
INPATIENT FALLS																																																										
Description	Current Performance	Trend																																																								
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 158 in December 2023. This is 5% less than November 2023 where 166 falls were recorded.	<p>Number of inpatient Falls</p>  <table><thead><tr><th>Month</th><th>Hospital falls</th></tr></thead><tbody><tr><td>Dec-22</td><td>185</td></tr><tr><td>Jan-23</td><td>190</td></tr><tr><td>Feb-23</td><td>180</td></tr><tr><td>Mar-23</td><td>215</td></tr><tr><td>Apr-23</td><td>185</td></tr><tr><td>May-23</td><td>185</td></tr><tr><td>Jun-23</td><td>145</td></tr><tr><td>Jul-23</td><td>165</td></tr><tr><td>Aug-23</td><td>200</td></tr><tr><td>Sep-23</td><td>160</td></tr><tr><td>Oct-23</td><td>190</td></tr><tr><td>Nov-23</td><td>166</td></tr><tr><td>Dec-23</td><td>158</td></tr></tbody></table>	Month	Hospital falls	Dec-22	185	Jan-23	190	Feb-23	180	Mar-23	215	Apr-23	185	May-23	185	Jun-23	145	Jul-23	165	Aug-23	200	Sep-23	160	Oct-23	190	Nov-23	166	Dec-23	158																												
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NATIONALLY REPORTABLE INCIDENTS																																												
Description	Current Performance	Trend																																										
Nationally Reportable Incidents (NRI's)- <i>1. The number of Nationally reportable incidents</i> <i>2. The number of Never Events</i> <i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 7 Nationally Reportable Incidents for the month of December 2023 to Welsh Government. The Service Group breakdown is as follows; - NPTS - 4 - Morriston – 2 - PCT – 1	1. and 2. Number of nationally reportable incidents and never events <table><tr><th>Month</th><th>Number of Nationally Reportable Incidents</th><th>Number of never events</th></tr><tr><td>Dec-22</td><td>8</td><td>0</td></tr><tr><td>Jan-23</td><td>10</td><td>0</td></tr><tr><td>Feb-23</td><td>6</td><td>0</td></tr><tr><td>Mar-23</td><td>9</td><td>0</td></tr><tr><td>Apr-23</td><td>6</td><td>0</td></tr><tr><td>May-23</td><td>8</td><td>0</td></tr><tr><td>Jun-23</td><td>4</td><td>0</td></tr><tr><td>Jul-23</td><td>7</td><td>0</td></tr><tr><td>Aug-23</td><td>10</td><td>0</td></tr><tr><td>Sep-23</td><td>5</td><td>0</td></tr><tr><td>Oct-23</td><td>7</td><td>0</td></tr><tr><td>Nov-23</td><td>10</td><td>0</td></tr><tr><td>Dec-23</td><td>8</td><td>0</td></tr></table> <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p>	Month	Number of Nationally Reportable Incidents	Number of never events	Dec-22	8	0	Jan-23	10	0	Feb-23	6	0	Mar-23	9	0	Apr-23	6	0	May-23	8	0	Jun-23	4	0	Jul-23	7	0	Aug-23	10	0	Sep-23	5	0	Oct-23	7	0	Nov-23	10	0	Dec-23	8	0
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Dec-23	8	0																																										
2. There was one new Never Event reported in December 2023.	3. % of nationally reportable incidents closed within the agreed timescales <table><tr><th>Month</th><th>% NRI's assured</th><th>Target</th></tr><tr><td>Dec-22</td><td>85%</td><td>80%</td></tr><tr><td>Jan-23</td><td>65%</td><td>80%</td></tr><tr><td>Feb-23</td><td>65%</td><td>80%</td></tr><tr><td>Mar-23</td><td>85%</td><td>80%</td></tr><tr><td>Apr-23</td><td>80%</td><td>80%</td></tr><tr><td>May-23</td><td>65%</td><td>80%</td></tr><tr><td>Jun-23</td><td>0%</td><td>80%</td></tr><tr><td>Jul-23</td><td>40%</td><td>80%</td></tr><tr><td>Aug-23</td><td>85%</td><td>80%</td></tr><tr><td>Sep-23</td><td>50%</td><td>80%</td></tr><tr><td>Oct-23</td><td>35%</td><td>80%</td></tr><tr><td>Nov-23</td><td>100%</td><td>80%</td></tr><tr><td>Dec-23</td><td>40%</td><td>80%</td></tr></table> <p>■ % NRI's assured — Target</p>	Month	% NRI's assured	Target	Dec-22	85%	80%	Jan-23	65%	80%	Feb-23	65%	80%	Mar-23	85%	80%	Apr-23	80%	80%	May-23	65%	80%	Jun-23	0%	80%	Jul-23	40%	80%	Aug-23	85%	80%	Sep-23	50%	80%	Oct-23	35%	80%	Nov-23	100%	80%	Dec-23	40%	80%	
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3. In December 2023, 40% of the NRI's were closed within the agreed timescale.																																												

DISCHARGE SUMMARIES																																																																								
Description	Current Performance	Trend																																																																						
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	The latest data shows that in December 2023, the percentage of completed discharge summaries was 70%.	% discharge summaries approved and sent  <table><caption>% of completed discharge summaries</caption><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Dec-22</td><td>62%</td></tr><tr><td>Jan-23</td><td>64%</td></tr><tr><td>Feb-23</td><td>64%</td></tr><tr><td>Mar-23</td><td>62%</td></tr><tr><td>Apr-23</td><td>64%</td></tr><tr><td>May-23</td><td>65%</td></tr><tr><td>Jun-23</td><td>65%</td></tr><tr><td>Jul-23</td><td>64%</td></tr><tr><td>Aug-23</td><td>66%</td></tr><tr><td>Sep-23</td><td>61%</td></tr><tr><td>Oct-23</td><td>65%</td></tr><tr><td>Nov-23</td><td>69%</td></tr><tr><td>Dec-23</td><td>70%</td></tr></tbody></table>	Month	% of completed discharge summaries	Dec-22	62%	Jan-23	64%	Feb-23	64%	Mar-23	62%	Apr-23	64%	May-23	65%	Jun-23	65%	Jul-23	64%	Aug-23	66%	Sep-23	61%	Oct-23	65%	Nov-23	69%	Dec-23	70%																																										
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	In December 2023, compliance ranged from 57% in Neath Port Talbot Hospital to 75% in Morriston Hospital.																																																																							
CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	November 2023 reports the crude mortality rate for the Health Board at 0.65%, which is slightly lower than the figure reported in October 2023 (0.66%).	Crude hospital mortality rate by Hospital (74 years of age or less)  <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morriston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Nov-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Dec-22</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Jan-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Feb-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Mar-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Apr-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>May-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Jun-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Jul-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Aug-23</td><td>1.2%</td><td>0.2%</td><td>0.1%</td><td>0.6%</td></tr><tr><td>Sep-23</td><td>1.2%</td><td>0.2%</td><td>0.1%</td><td>0.6%</td></tr><tr><td>Oct-23</td><td>1.2%</td><td>0.2%</td><td>0.1%</td><td>0.6%</td></tr><tr><td>Nov-23</td><td>1.2%</td><td>0.1%</td><td>0.0%</td><td>0.6%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Nov-22	1.3%	0.4%	0.1%	0.7%	Dec-22	1.3%	0.3%	0.1%	0.7%	Jan-23	1.3%	0.3%	0.1%	0.7%	Feb-23	1.3%	0.3%	0.1%	0.7%	Mar-23	1.3%	0.3%	0.1%	0.7%	Apr-23	1.3%	0.3%	0.1%	0.7%	May-23	1.3%	0.3%	0.1%	0.7%	Jun-23	1.3%	0.3%	0.1%	0.7%	Jul-23	1.3%	0.3%	0.1%	0.7%	Aug-23	1.2%	0.2%	0.1%	0.6%	Sep-23	1.2%	0.2%	0.1%	0.6%	Oct-23	1.2%	0.2%	0.1%	0.6%	Nov-23	1.2%	0.1%	0.0%	0.6%
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	A breakdown by Hospital for November 2023: <ul style="list-style-type: none">• Morriston – 1.21%• Singleton – 0.17%• NPT – 0.07%																																																																							

WORKFORCE																																												
Description	Current Performance	Trend																																										
Staff sickness rates- <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none">Our in-month sickness performance deteriorated from 6.99% in October 2023 to 7.11% in November 2023.The 12-month rolling performance deteriorated slightly from 7.05% in October 2023 to 7.09% in November 2023.The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in November 2023.	% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month) <table><caption>Approximate data for Staff Sickness Rates (from graph and text)</caption><thead><tr><th>Month</th><th>% sickness rate (12 month rolling)</th><th>% sickness rate (in-month)</th></tr></thead><tbody><tr><td>Nov-22</td><td>8.0%</td><td>-</td></tr><tr><td>Dec-22</td><td>9.0%</td><td>-</td></tr><tr><td>Jan-23</td><td>8.0%</td><td>-</td></tr><tr><td>Feb-23</td><td>7.5%</td><td>-</td></tr><tr><td>Mar-23</td><td>7.0%</td><td>-</td></tr><tr><td>Apr-23</td><td>6.5%</td><td>-</td></tr><tr><td>May-23</td><td>6.8%</td><td>-</td></tr><tr><td>Jun-23</td><td>6.8%</td><td>-</td></tr><tr><td>Jul-23</td><td>6.8%</td><td>-</td></tr><tr><td>Aug-23</td><td>6.8%</td><td>-</td></tr><tr><td>Sep-23</td><td>6.8%</td><td>-</td></tr><tr><td>Oct-23</td><td>7.05%</td><td>6.99%</td></tr><tr><td>Nov-23</td><td>7.09%</td><td>7.11%</td></tr></tbody></table>	Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Nov-22	8.0%	-	Dec-22	9.0%	-	Jan-23	8.0%	-	Feb-23	7.5%	-	Mar-23	7.0%	-	Apr-23	6.5%	-	May-23	6.8%	-	Jun-23	6.8%	-	Jul-23	6.8%	-	Aug-23	6.8%	-	Sep-23	6.8%	-	Oct-23	7.05%	6.99%	Nov-23	7.09%	7.11%
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Theatre Efficiency <i>1. Theatre Utilisation Rates</i> <i>2. % of theatre sessions starting late</i> <i>3. % of theatre sessions finishing early</i> <i>4. % of theatre sessions cancelled at short notice (<28 days)</i> <i>5. % of operations cancelled on the day</i>	<p>In December 2023 the Theatre Utilisation rate was 63%. This is 9% lower than the figure's reported in November 2023 and are 4% higher than those seen in December 2022 (59%).</p>	<p>1. Theatre Utilisation Rates</p>  <table><caption>Theatre Utilisation Rate (SBU HB)</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>Dec-22</td><td>59</td></tr><tr><td>Jan-23</td><td>70</td></tr><tr><td>Feb-23</td><td>70</td></tr><tr><td>Mar-23</td><td>70</td></tr><tr><td>Apr-23</td><td>70</td></tr><tr><td>May-23</td><td>75</td></tr><tr><td>Jun-23</td><td>68</td></tr><tr><td>Jul-23</td><td>72</td></tr><tr><td>Aug-23</td><td>65</td></tr><tr><td>Sep-23</td><td>72</td></tr><tr><td>Oct-23</td><td>75</td></tr><tr><td>Nov-23</td><td>70</td></tr><tr><td>Dec-23</td><td>63</td></tr></tbody></table>	Month	Rate (%)	Dec-22	59	Jan-23	70	Feb-23	70	Mar-23	70	Apr-23	70	May-23	75	Jun-23	68	Jul-23	72	Aug-23	65	Sep-23	72	Oct-23	75	Nov-23	70	Dec-23	63																											
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<p>40% of theatre sessions started late in December 2023. This is a 1% deterioration on performance seen in November 2023 (39%).</p>	<p>2. And 3. % theatre sessions starting late/finishing</p>  <table><caption>% theatre sessions starting late/finishing</caption><thead><tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr></thead><tbody><tr><td>Dec-22</td><td>40</td><td>45</td></tr><tr><td>Jan-23</td><td>38</td><td>42</td></tr><tr><td>Feb-23</td><td>38</td><td>42</td></tr><tr><td>Mar-23</td><td>35</td><td>48</td></tr><tr><td>Apr-23</td><td>35</td><td>45</td></tr><tr><td>May-23</td><td>38</td><td>50</td></tr><tr><td>Jun-23</td><td>38</td><td>45</td></tr><tr><td>Jul-23</td><td>40</td><td>45</td></tr><tr><td>Aug-23</td><td>38</td><td>50</td></tr><tr><td>Sep-23</td><td>38</td><td>48</td></tr><tr><td>Oct-23</td><td>38</td><td>45</td></tr><tr><td>Nov-23</td><td>39</td><td>48</td></tr><tr><td>Dec-23</td><td>40</td><td>49</td></tr></tbody></table>	Month	Late Starts (%)	Early Finishes (%)	Dec-22	40	45	Jan-23	38	42	Feb-23	38	42	Mar-23	35	48	Apr-23	35	45	May-23	38	50	Jun-23	38	45	Jul-23	40	45	Aug-23	38	50	Sep-23	38	48	Oct-23	38	45	Nov-23	39	48	Dec-23	40	49														
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<p>9% of theatre sessions were cancelled at short notice in December 2023. This is 2% higher than the figure reported in November 2023 and is 7% lower than figures seen in December 2022.</p>	<p>4. % theatre sessions cancelled at short notice (<28 days)</p>  <table><caption>% theatre sessions cancelled at short notice (<28 days)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th><th>Singleton (%)</th></tr></thead><tbody><tr><td>Dec-22</td><td>15</td><td>20</td><td>18</td></tr><tr><td>Jan-23</td><td>10</td><td>15</td><td>12</td></tr><tr><td>Feb-23</td><td>12</td><td>22</td><td>15</td></tr><tr><td>Mar-23</td><td>10</td><td>15</td><td>12</td></tr><tr><td>Apr-23</td><td>10</td><td>12</td><td>10</td></tr><tr><td>May-23</td><td>10</td><td>15</td><td>12</td></tr><tr><td>Jun-23</td><td>12</td><td>18</td><td>15</td></tr><tr><td>Jul-23</td><td>10</td><td>15</td><td>12</td></tr><tr><td>Aug-23</td><td>12</td><td>15</td><td>15</td></tr><tr><td>Sep-23</td><td>10</td><td>15</td><td>12</td></tr><tr><td>Oct-23</td><td>10</td><td>12</td><td>10</td></tr><tr><td>Nov-23</td><td>10</td><td>12</td><td>10</td></tr><tr><td>Dec-23</td><td>9</td><td>22</td><td>10</td></tr></tbody></table>	Month	Morriston (%)	NPTH (%)	Singleton (%)	Dec-22	15	20	18	Jan-23	10	15	12	Feb-23	12	22	15	Mar-23	10	15	12	Apr-23	10	12	10	May-23	10	15	12	Jun-23	12	18	15	Jul-23	10	15	12	Aug-23	12	15	15	Sep-23	10	15	12	Oct-23	10	12	10	Nov-23	10	12	10	Dec-23	9	22	10
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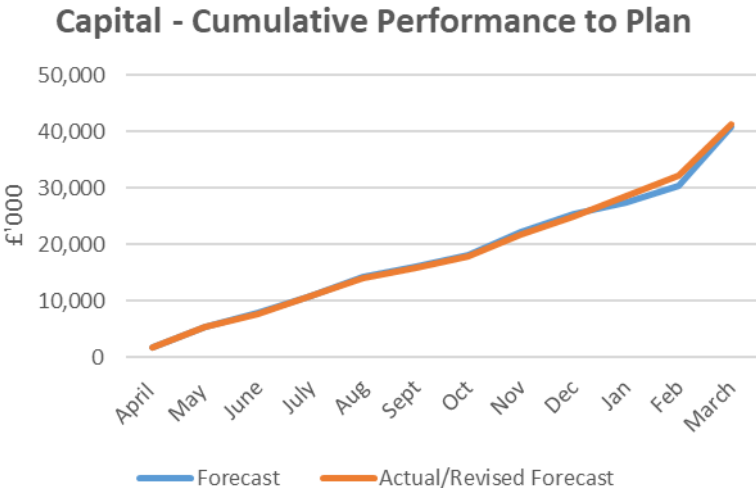
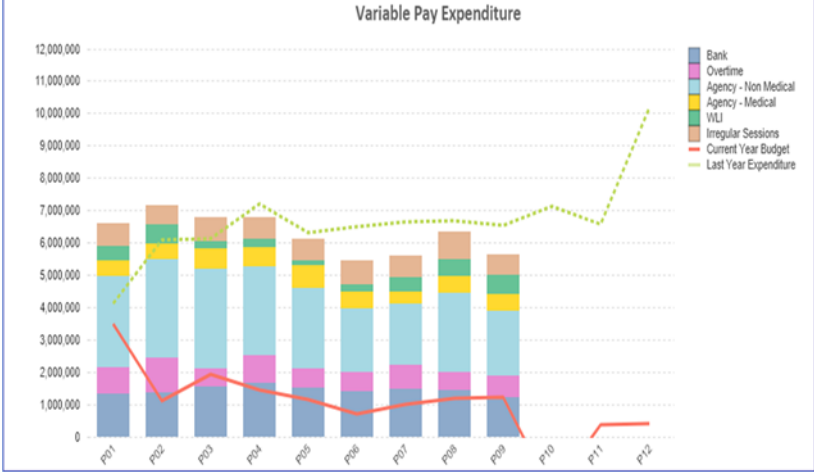
PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in December 2023 was 92% and 4,004 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,671 surveys in December 2023, with a recommended score of 94%. Morrison Hospital completed 2,047 surveys in December 2023, with a recommended score of 90%. Primary & Community Care completed 303 surveys for December 2023, with a recommended score of 95%. The Mental Health Service Group completed 45 surveys for December 2023, with a recommended score of 100%. 	1. Number of friends and family surveys completed  <p>Legend: MH & LD, Neath Port Talbot, Singleton Hospital, Morrison Hospital, Primary & Community</p>
		2. % of patients/ service users who would recommend and highly recommend  <p>Legend: MH&LD, Morrison, NPT, PCCS, Singleton</p>

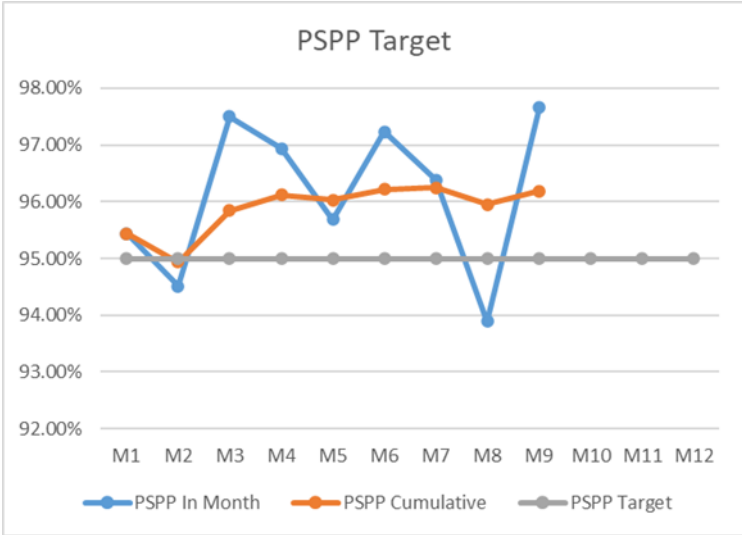
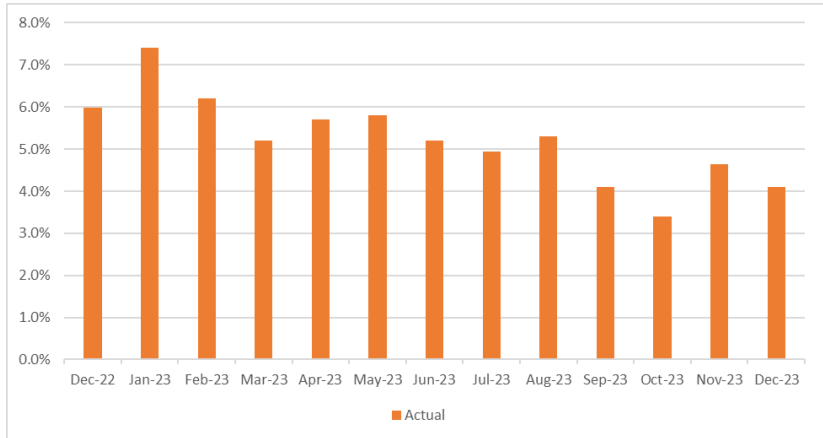
COMPLAINTS		
Description	Current Performance	Trend
Patient concerns <i>1. Number of formal complaints received</i> 		

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	<ul style="list-style-type: none">Planned deficit submitted in March this year was £86.6m.The Welsh Government has now allocated SB an additional £60m but they have also told us that we have to reduce our planned deficit from £86.6m to c£77m. That’s a 10 per cent reduction in our planned deficit – a planned deficit that was already challenging to deliver.Taken together, to hit our new control total, we need to deliver savings of £18.66m. The actual month variance is an underspend of £0.175m and a cumulative overspend position of £41.53m	<p>HEALTH BOARD FINANCIAL PERFORMANCE 2023/24</p> <p>The chart displays monthly financial performance from M1 to M12. The Y-axis represents values in £'000, ranging from -30,000 to 20,000. The X-axis shows months M1 through M12. Blue bars represent the 'Health Board Position', yellow bars represent the 'Required Forecast to Hit Plan Target', and a red line represents the 'Target Profile £17m'.</p> <table><tr><th>Month</th><th>Health Board Position (£'000)</th><th>Required Forecast to Hit Plan Target (£'000)</th><th>Target Profile (£'000)</th></tr><tr><td>M1</td><td>10,861</td><td></td><td></td></tr><tr><td>M2</td><td>13,676</td><td></td><td></td></tr><tr><td>M3</td><td>11,425</td><td></td><td></td></tr><tr><td>M4</td><td>10,404</td><td></td><td></td></tr><tr><td>M5</td><td>10,189</td><td></td><td></td></tr><tr><td>M6</td><td>8,677</td><td></td><td></td></tr><tr><td>M7</td><td>(26,791)</td><td></td><td></td></tr><tr><td>M8</td><td>3,286</td><td></td><td>(176)</td></tr><tr><td>M9</td><td></td><td></td><td>(330)</td></tr><tr><td>M10</td><td></td><td></td><td></td></tr><tr><td>M11</td><td></td><td>(11,531)</td><td></td></tr><tr><td>M12</td><td></td><td>(12,535)</td><td></td></tr></table>	Month	Health Board Position (£'000)	Required Forecast to Hit Plan Target (£'000)	Target Profile (£'000)	M1	10,861			M2	13,676			M3	11,425			M4	10,404			M5	10,189			M6	8,677			M7	(26,791)			M8	3,286		(176)	M9			(330)	M10				M11		(11,531)		M12		(12,535)	
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Description	Current Performance	Trend
Capital Financial Position – expenditure incurred against capital resource limit	<ul style="list-style-type: none"> The forecast outturn capital position for 2023/24 is an overspend of £0.453m. Allocations are anticipated from Welsh Government which will balance this position. Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government. 	<p>Capital - Cumulative Performance to Plan</p> 
Workforce Spend – workforce expenditure profile	<ul style="list-style-type: none"> The pay budgets are overspent by £1.702m in December. Variable pay has decreased in December by circa. £729k. Broken down as follows: Agency – Non Medical was underspent by £418k, Irregular Sessions £219k and Bank £209k, offset slightly by overspend in Overtime of £67k, Agency – Medical of £27k and WLI was overspent by £24k. Further work is required to bring spend down in line with the current year budget. 	<p>Variable Pay Expenditure</p> 

Description	Current Performance	Trend																																																				
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	<ul style="list-style-type: none">The cumulative PSPP compliance has increased this month and remains above target at 96.19%. In December compliance was above target at 97.67% (November – 93.89%).PSPP was not achieved this month, with delays in receipting and Authorising.	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p>  <table border="1"><caption>PSPP Target Data</caption><thead><tr><th>Month</th><th>PSPP In Month (%)</th><th>PSPP Cumulative (%)</th><th>PSPP Target (%)</th></tr></thead><tbody><tr><td>M1</td><td>95.50</td><td>95.50</td><td>95.00</td></tr><tr><td>M2</td><td>94.50</td><td>95.00</td><td>95.00</td></tr><tr><td>M3</td><td>97.50</td><td>95.80</td><td>95.00</td></tr><tr><td>M4</td><td>96.80</td><td>96.10</td><td>95.00</td></tr><tr><td>M5</td><td>95.70</td><td>96.00</td><td>95.00</td></tr><tr><td>M6</td><td>97.20</td><td>96.20</td><td>95.00</td></tr><tr><td>M7</td><td>96.40</td><td>96.30</td><td>95.00</td></tr><tr><td>M8</td><td>93.90</td><td>95.90</td><td>95.00</td></tr><tr><td>M9</td><td>97.70</td><td>96.10</td><td>95.00</td></tr><tr><td>M10</td><td>95.00</td><td>96.10</td><td>95.00</td></tr><tr><td>M11</td><td>95.00</td><td>96.10</td><td>95.00</td></tr><tr><td>M12</td><td>97.67</td><td>96.19</td><td>95.00</td></tr></tbody></table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	95.50	95.50	95.00	M2	94.50	95.00	95.00	M3	97.50	95.80	95.00	M4	96.80	96.10	95.00	M5	95.70	96.00	95.00	M6	97.20	96.20	95.00	M7	96.40	96.30	95.00	M8	93.90	95.90	95.00	M9	97.70	96.10	95.00	M10	95.00	96.10	95.00	M11	95.00	96.10	95.00	M12	97.67	96.19	95.00
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Agency spend as a of the total pay bill	<ul style="list-style-type: none">The agency spend as a percentage of the total pay bill has decreased in December 2023 to 4.1% compared to 4.64% in November 2023.	<p>Agency spend as a percentage of the total pay bill</p>  <table border="1"><caption>Agency spend as a percentage of the total pay bill Data</caption><thead><tr><th>Month</th><th>Actual (%)</th></tr></thead><tbody><tr><td>Dec-22</td><td>6.00</td></tr><tr><td>Jan-23</td><td>7.40</td></tr><tr><td>Feb-23</td><td>6.20</td></tr><tr><td>Mar-23</td><td>5.20</td></tr><tr><td>Apr-23</td><td>5.70</td></tr><tr><td>May-23</td><td>5.80</td></tr><tr><td>Jun-23</td><td>5.20</td></tr><tr><td>Jul-23</td><td>4.90</td></tr><tr><td>Aug-23</td><td>5.30</td></tr><tr><td>Sep-23</td><td>4.10</td></tr><tr><td>Oct-23</td><td>3.40</td></tr><tr><td>Nov-23</td><td>4.64</td></tr><tr><td>Dec-23</td><td>4.10</td></tr></tbody></table>	Month	Actual (%)	Dec-22	6.00	Jan-23	7.40	Feb-23	6.20	Mar-23	5.20	Apr-23	5.70	May-23	5.80	Jun-23	5.20	Jul-23	4.90	Aug-23	5.30	Sep-23	4.10	Oct-23	3.40	Nov-23	4.64	Dec-23	4.10																								
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5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

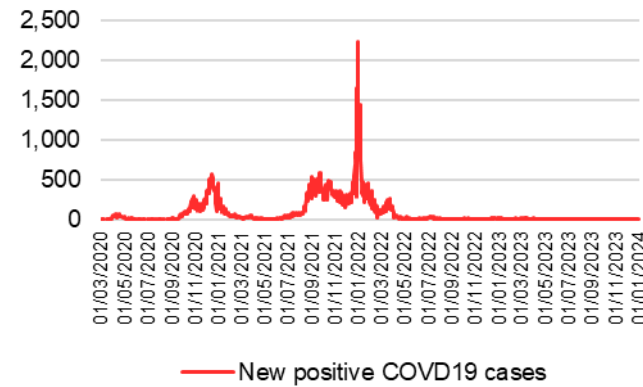


Chart 2: Number of new COVID19 cases (cumulative)

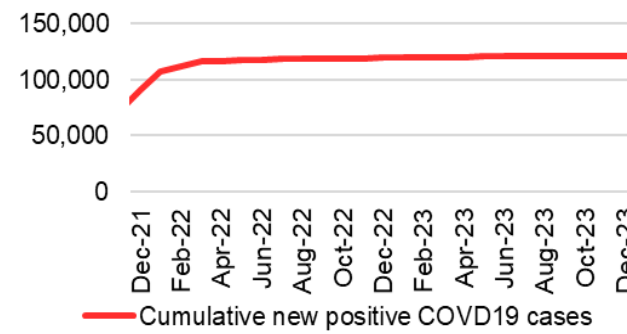


Chart 3: Number of COVID19 tests completed and positivity rate

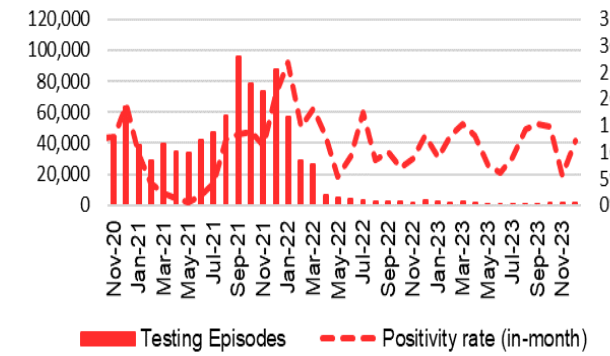


Chart 4: Number of staff referred for Antigen testing

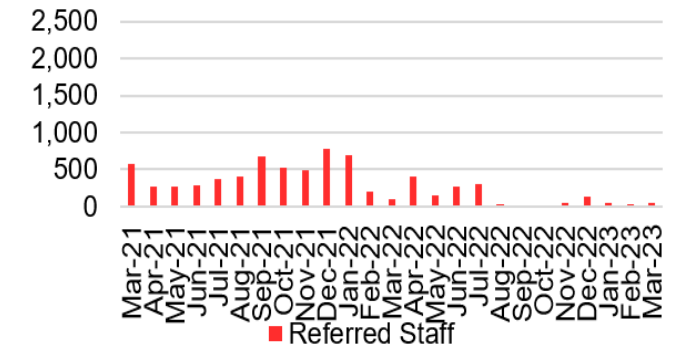


Chart 5: Outcome of staff COVID19/ antigen tests

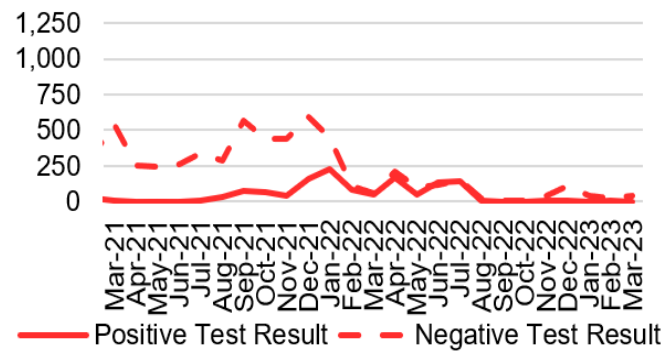


Chart 6: Number of COVID19 related incidents

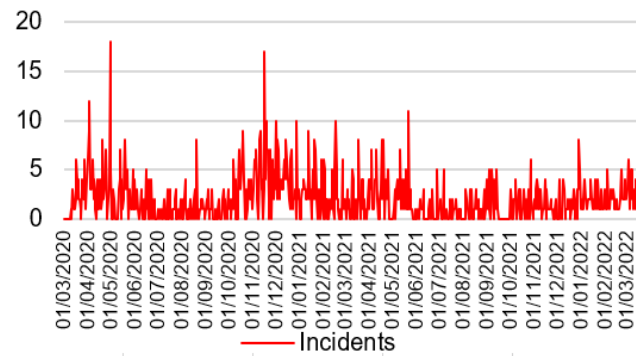


Chart 7: Number of COVID19 related serious incidents

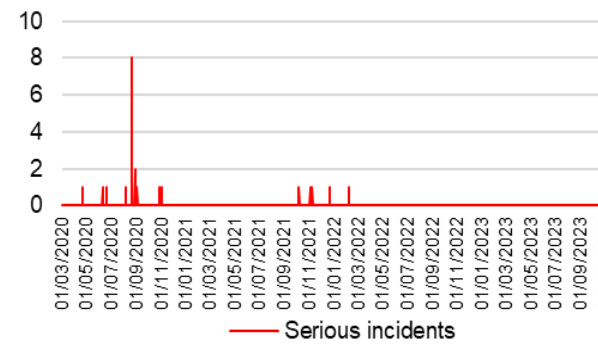


Chart 8: Number of COVID19 related complaints

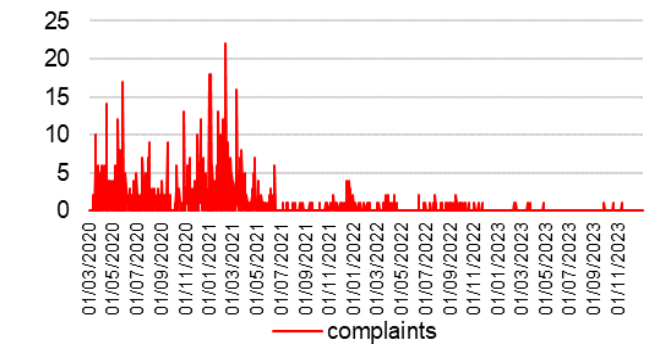


Chart 9: Number of COVID19 related risks

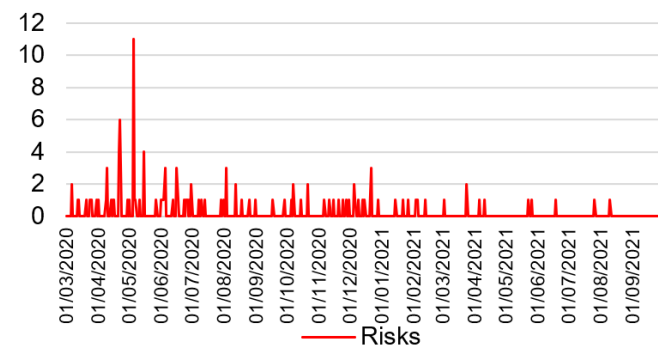


Chart 10: Number of staff self-isolating (asymptomatic)

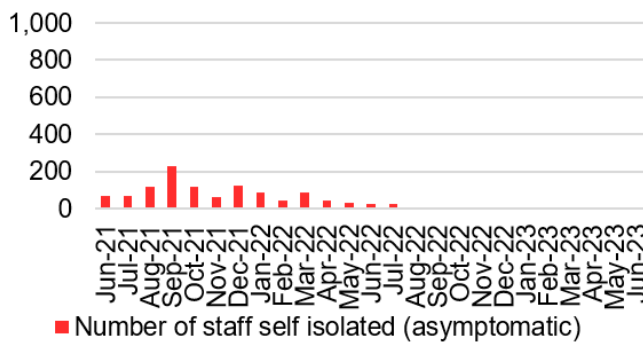


Chart 11: Number of staff self isolating (symptomatic)

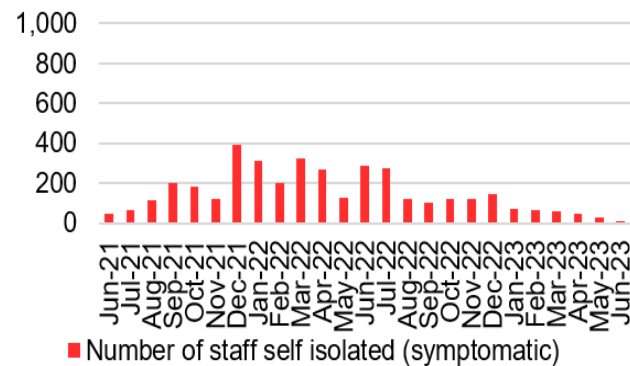


Chart 12: % staff sickness

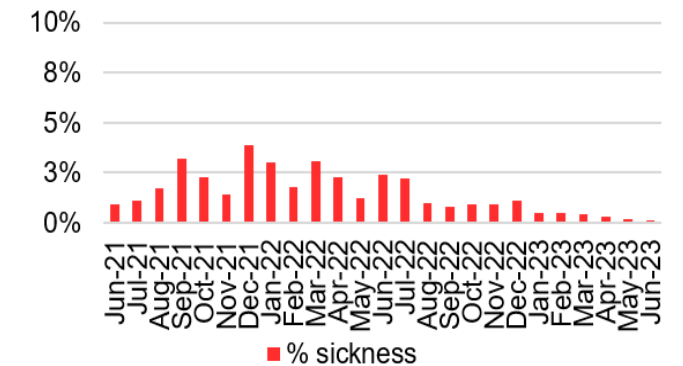


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

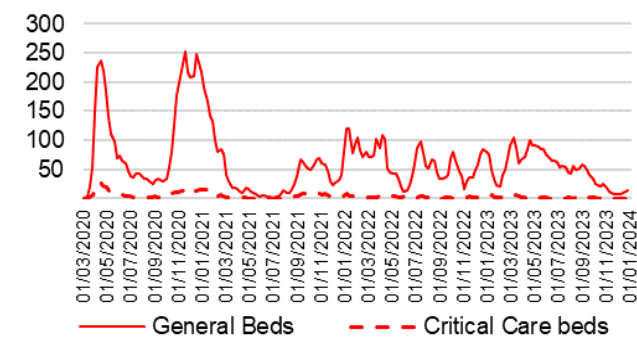


Chart 14: Number of hospital deaths with any mention of COVID19

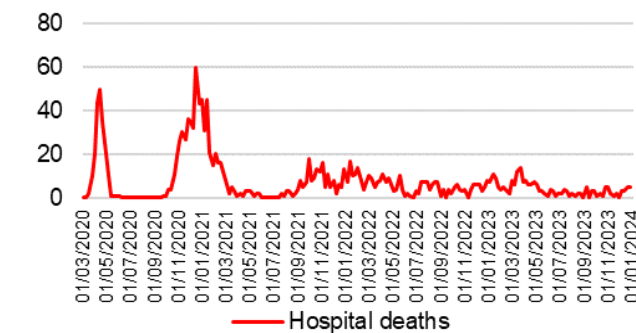


Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

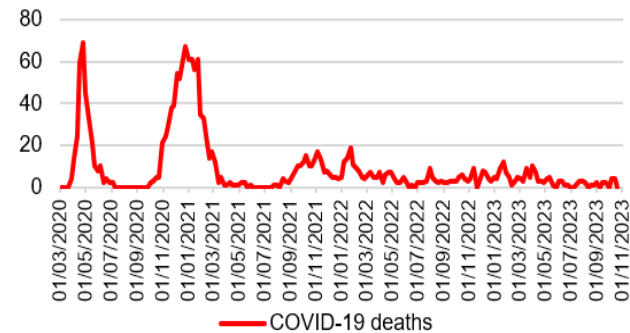
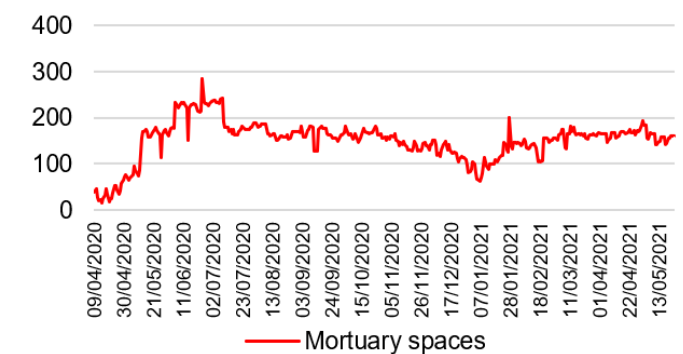


Chart 16: Number of mortuary spaces



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111

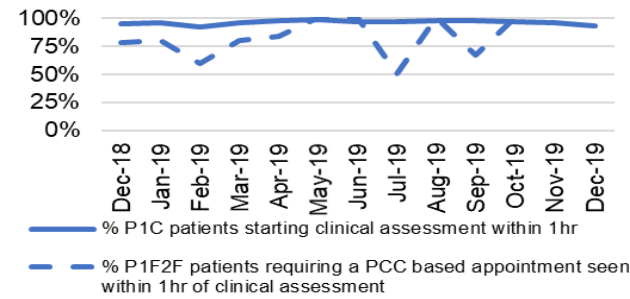


Chart 2: % red calls responded to within 8 minutes

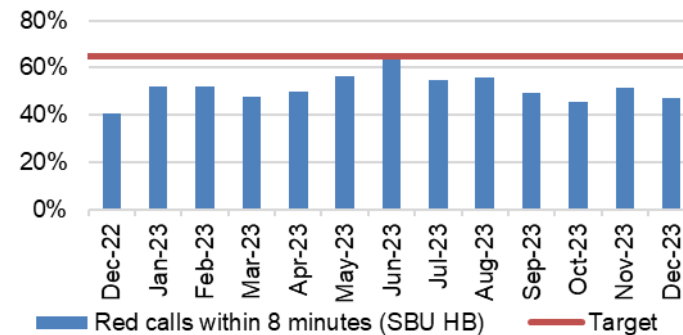


Chart 3: Number of ambulance handovers over 1 hour

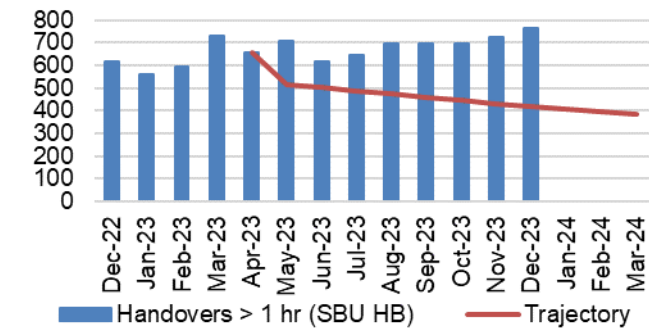


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

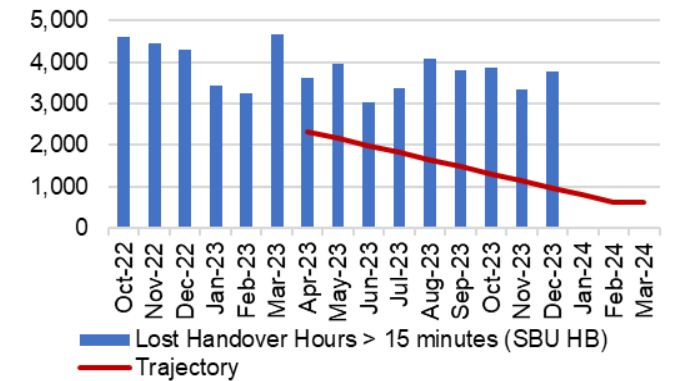


Chart 5: A&E Attendances

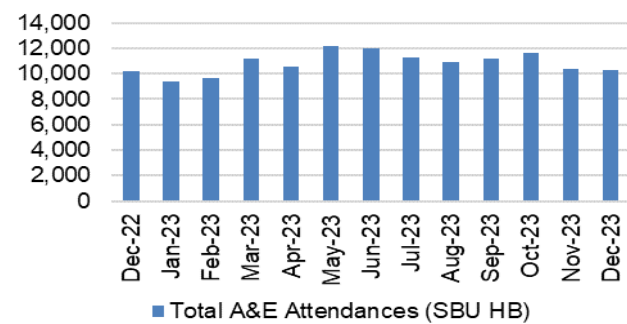


Chart 6: % patients who spend less than 4 hours in A&E

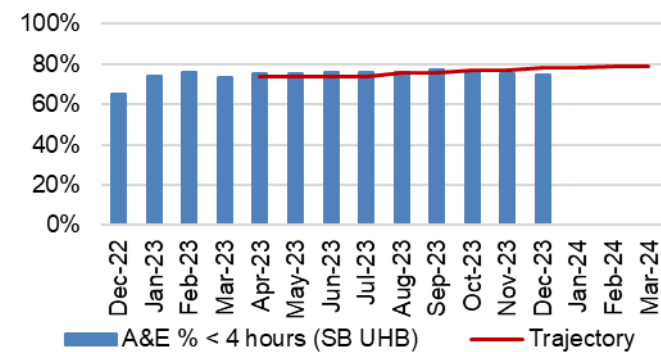


Chart 7: Number of patients waiting over 12 hours in A&E

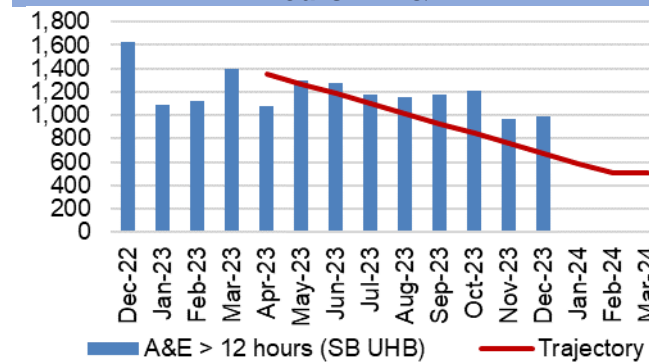


Chart 8: Number of emergency admissions

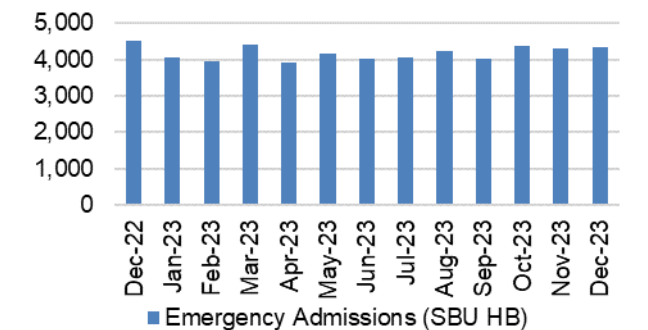


Chart 9: Elective procedures cancelled due to lack of beds

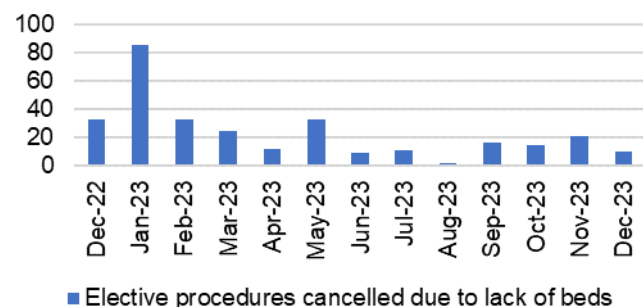


Chart 10: Number of clinically optimised patients

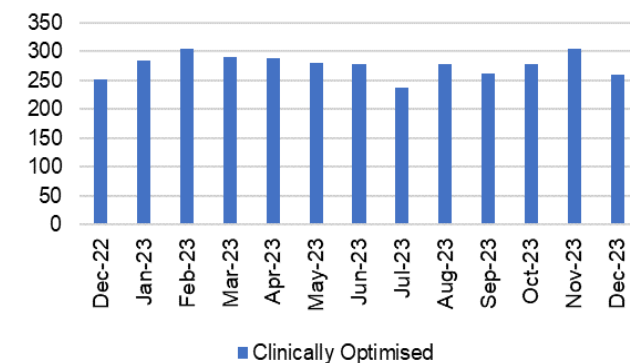


Chart 11: Delay reason for clinically optimised patients

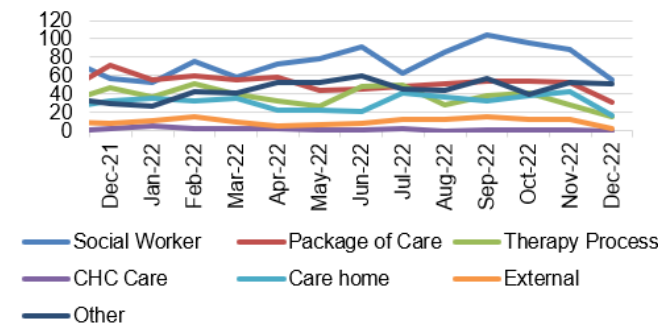


Chart 12: Average lost bed days (per day)

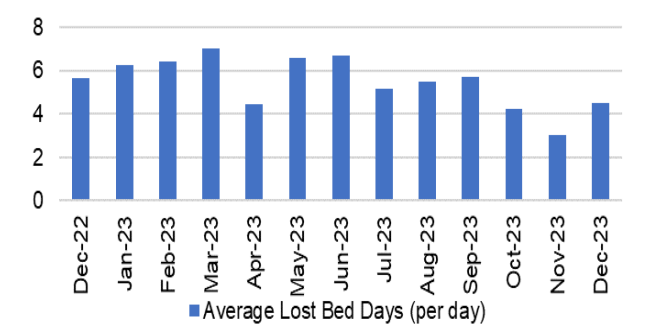


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

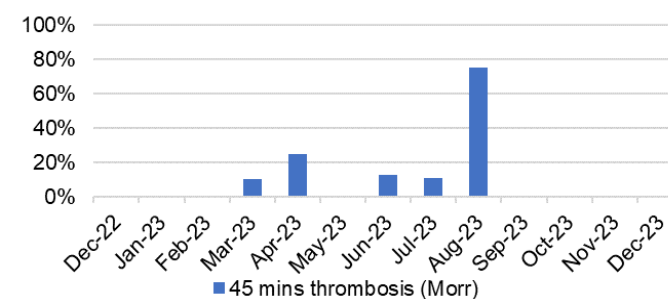


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

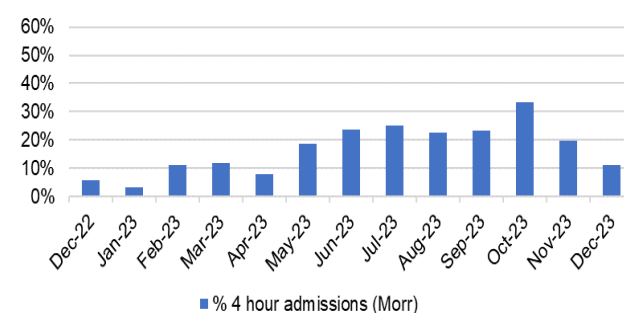


Chart 15: % of stroke patients receiving CT scan with 1 hour

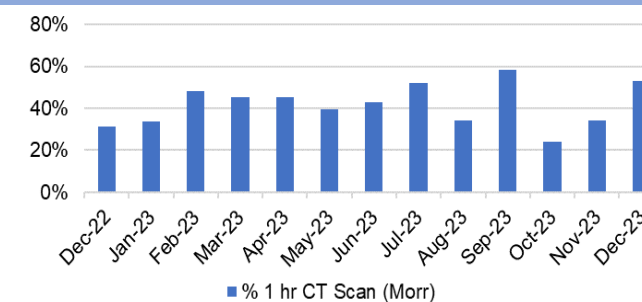
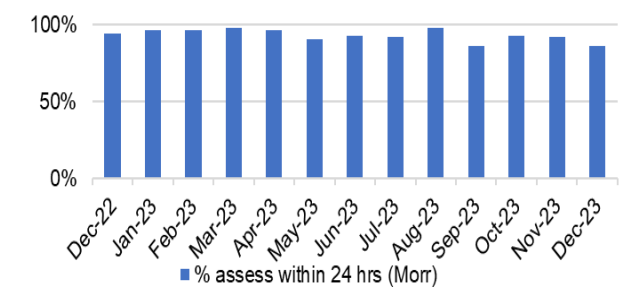


Chart 16: % stroke patients receiving consultant assessment within 24 hours



HARM FROM REDUCTION IN NON-COVID ACTIVITY

Primary and Community Care Overview

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

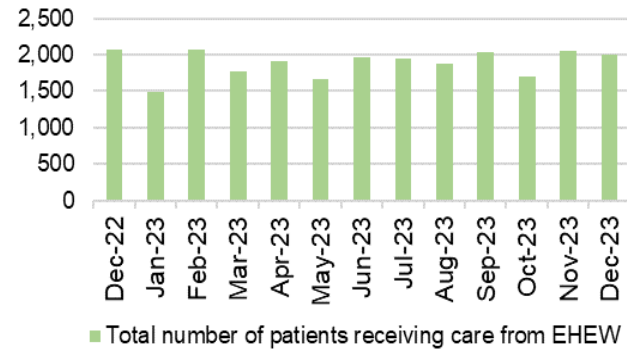


Chart 2: GMS - Escalation Levels

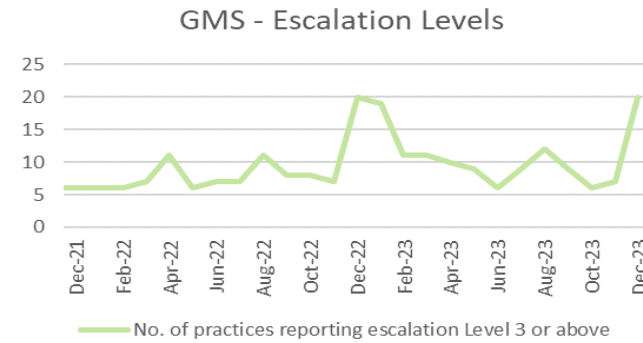


Chart 3: GMS - Sustainability

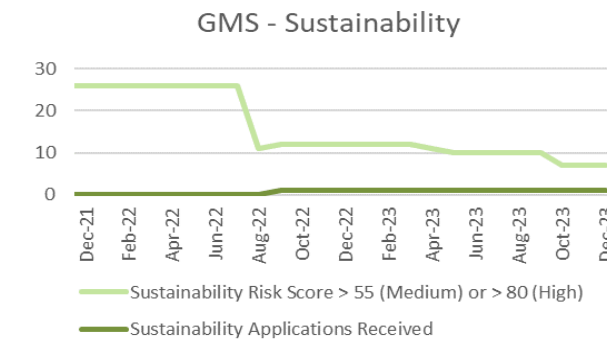


Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months

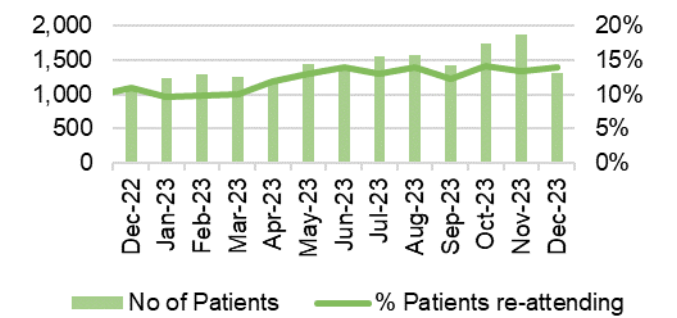


Chart 5: General Dental Services - Activity



Chart 6: General Dental Services - New Patients

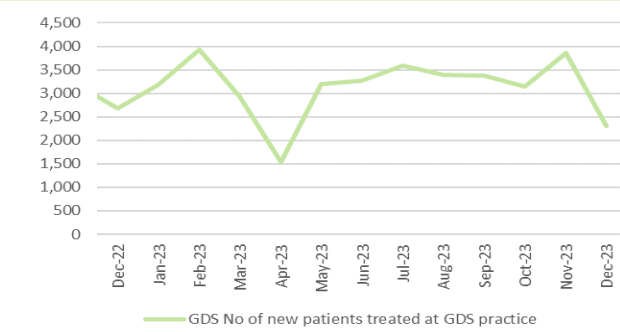


Chart 7: General Dental Services - ACORNs/FV

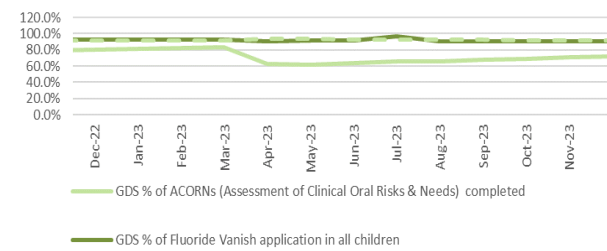


Chart 8: Optometry Activity – sight tests

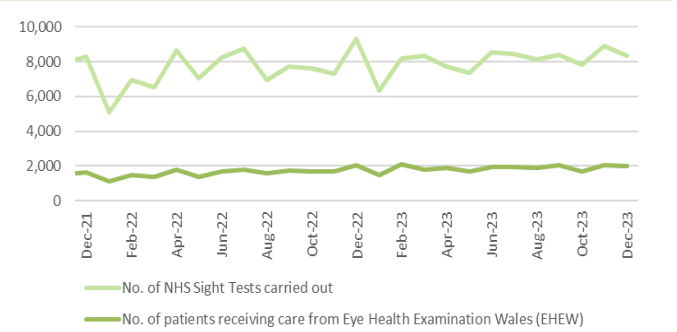


Chart 9: Optometry Activity – low vision care

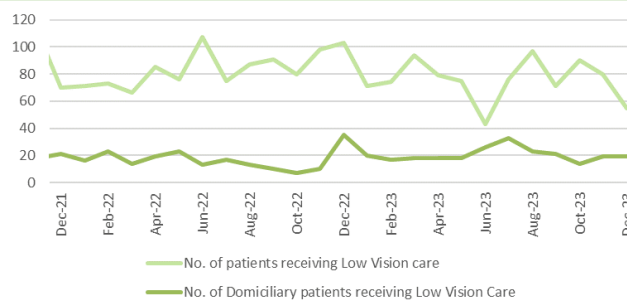


Chart 10: Community Pharmacy – Escalation levels

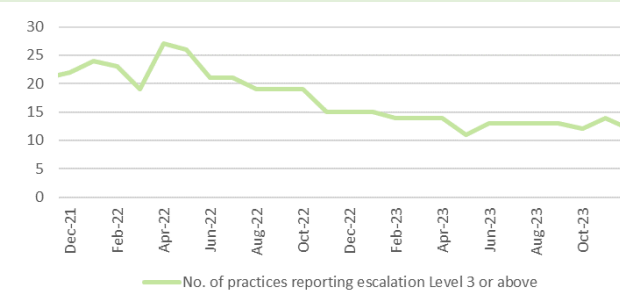


Chart 11: Common Ailment Scheme – No. consultations provided

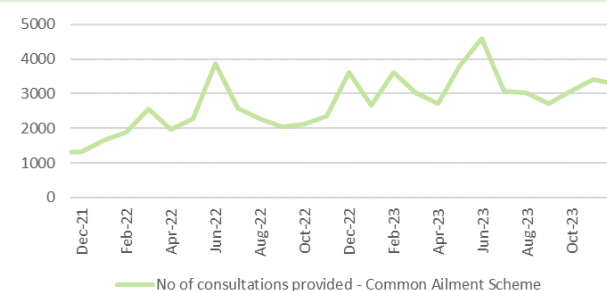


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

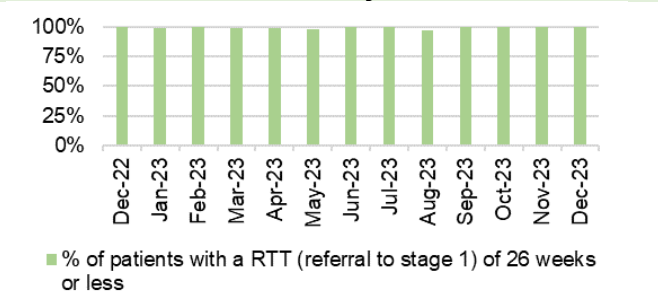


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

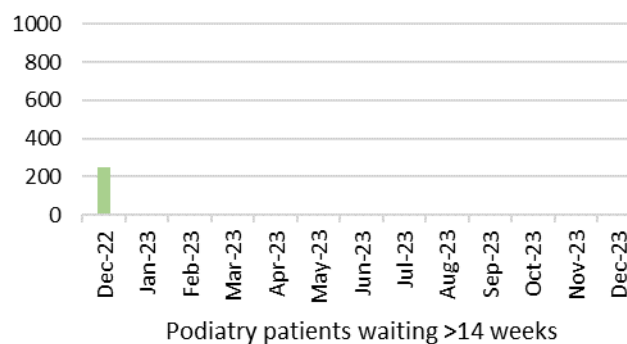


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

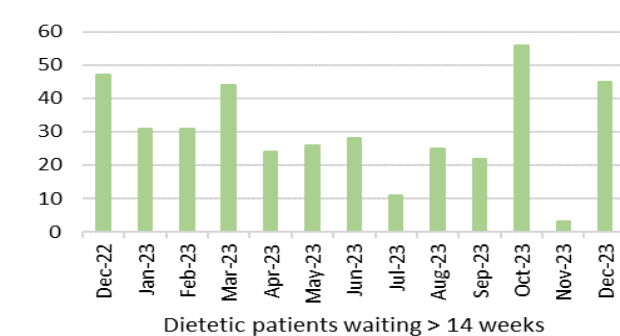


Chart 15: Audiology- Total number of patients waiting > 14 weeks

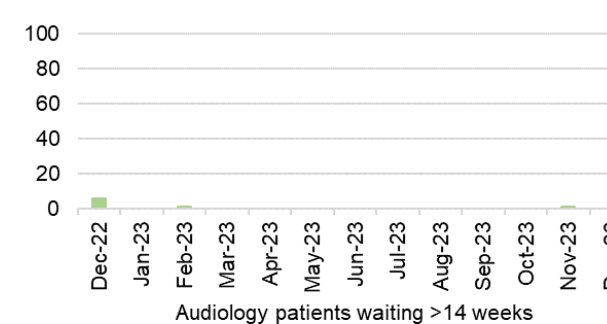
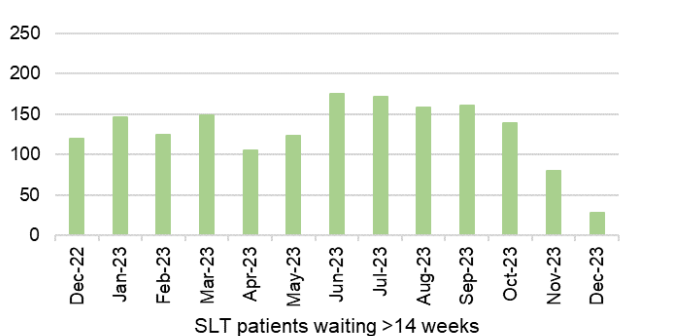


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity

Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

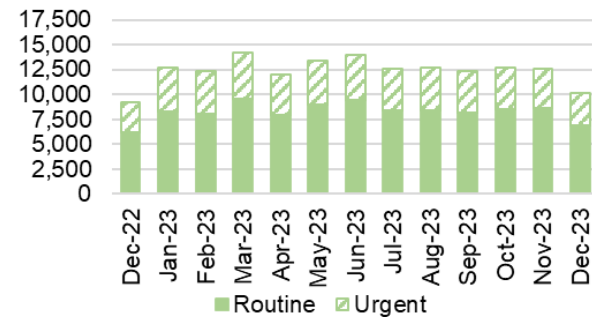


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

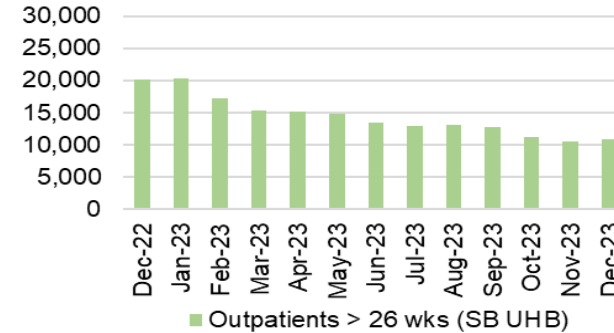


Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1

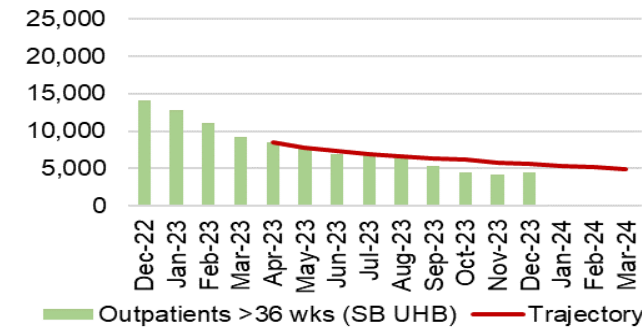


Chart 4: Number of patients waiting over 52 weeks for treatment

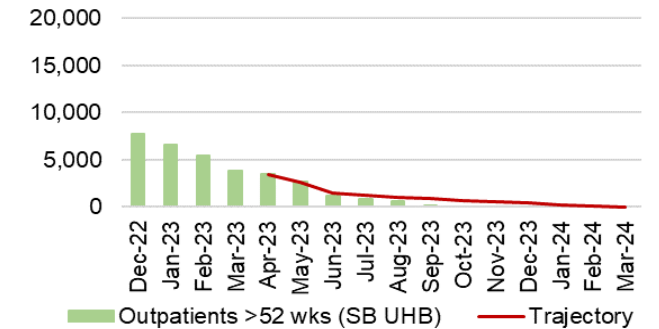


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

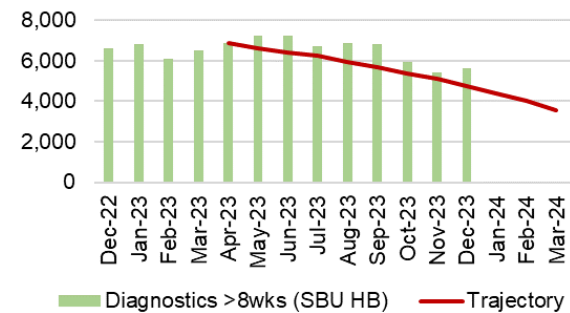


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

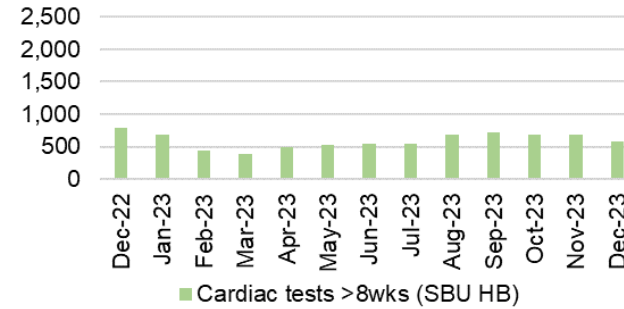


Chart 7: Number of patients waiting more than 14 weeks for Therapies

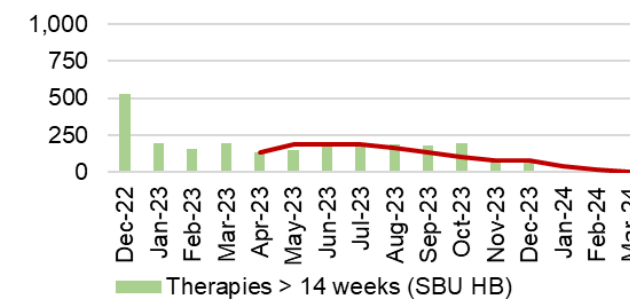


Chart 8: Cancer referrals

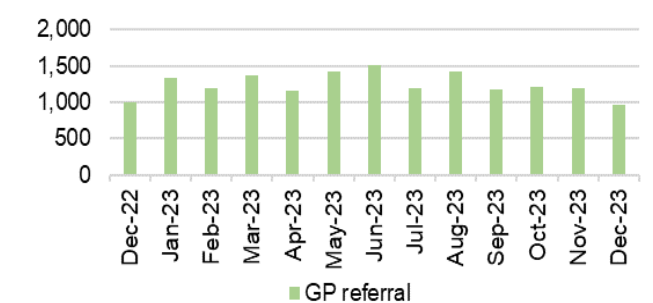


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

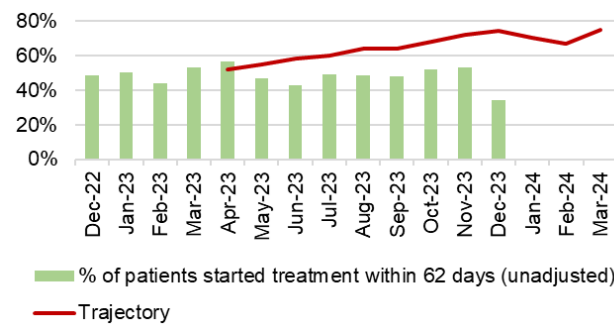


Chart 10: Number of new cancer patients starting definitive treatment

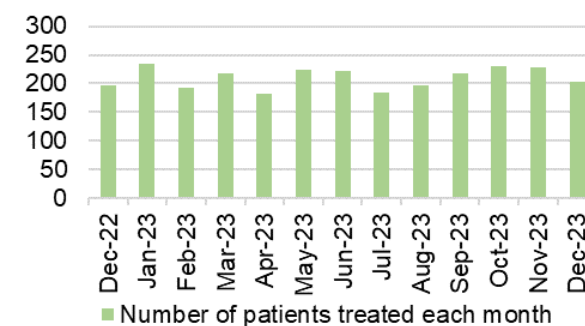


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

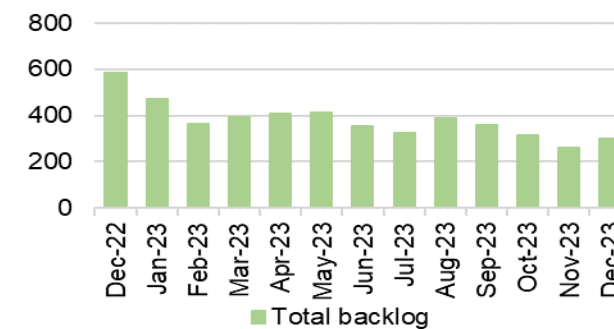


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

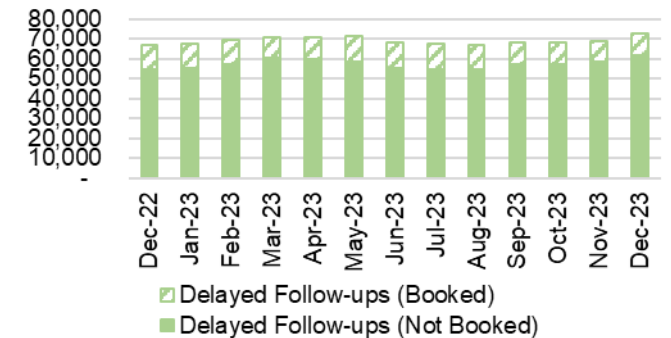


Chart 13: Number of patients without a documented clinical review date

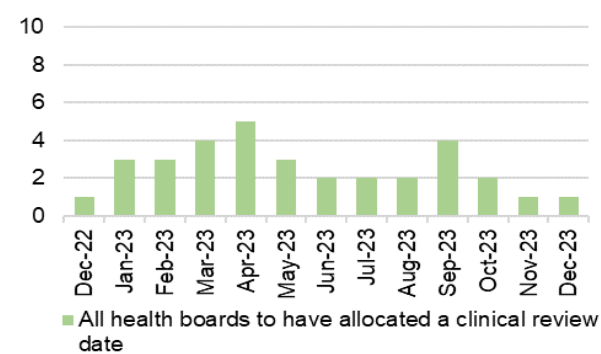


Chart 14: Ophthalmology patients without an allocated health risk factor

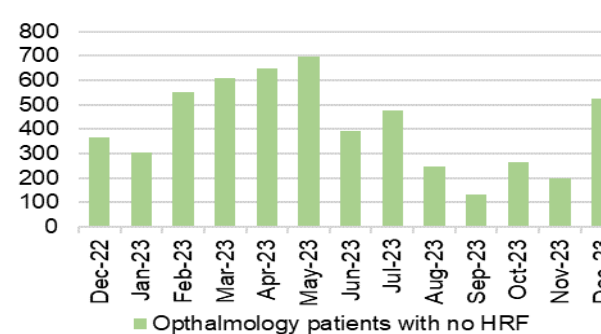


Chart 15: Total number of patients on the follow-up waiting list

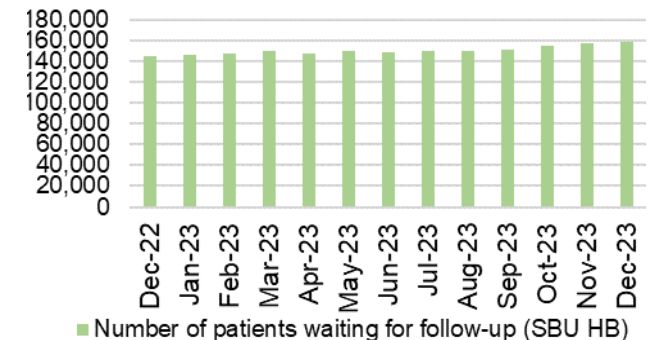
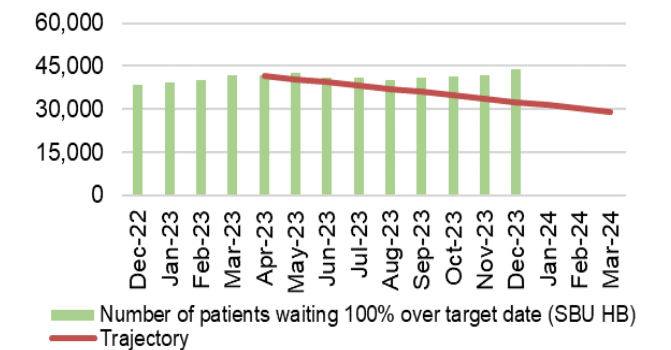


Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

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

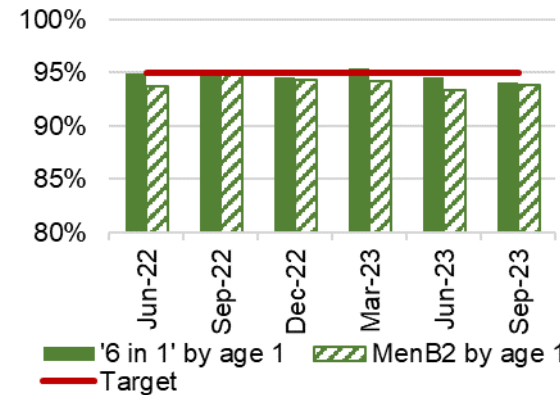


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

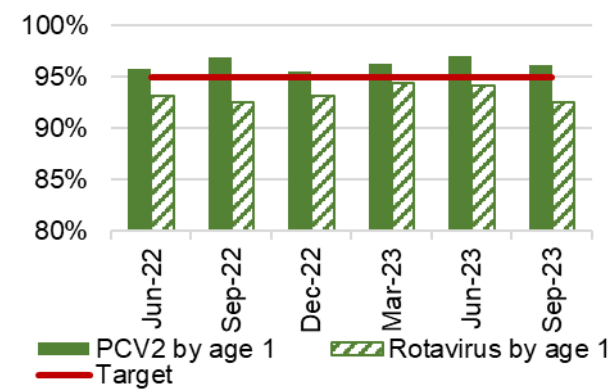


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

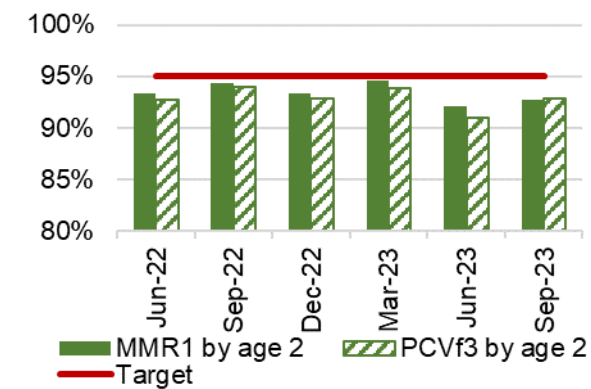


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

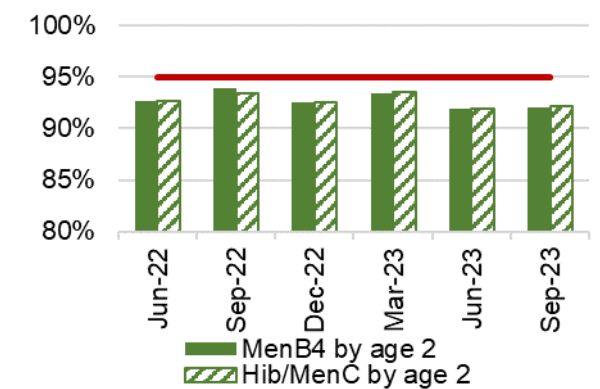


Chart 5: % children who are up to date in schedule by age 4

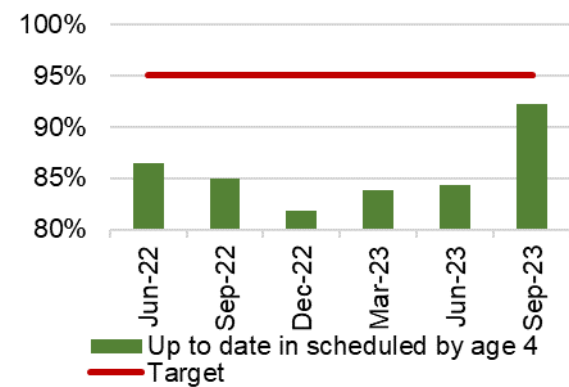


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

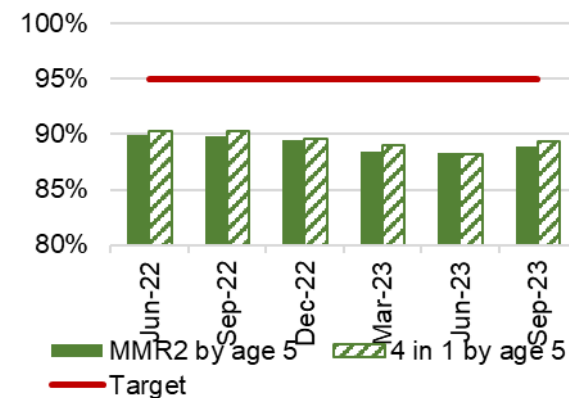


Chart 7: % children who received MMR vaccine and teenage booster by age 16

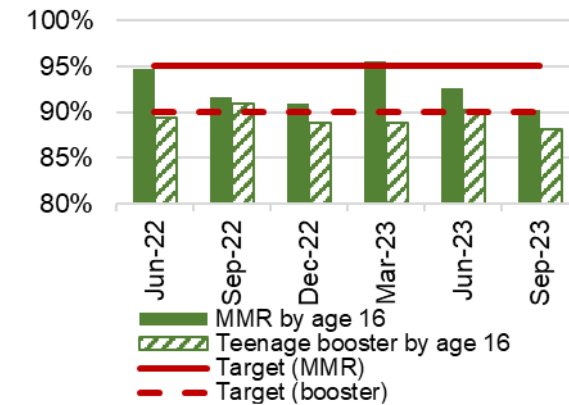


Chart 8: % children who received MenACWY vaccine by age 16

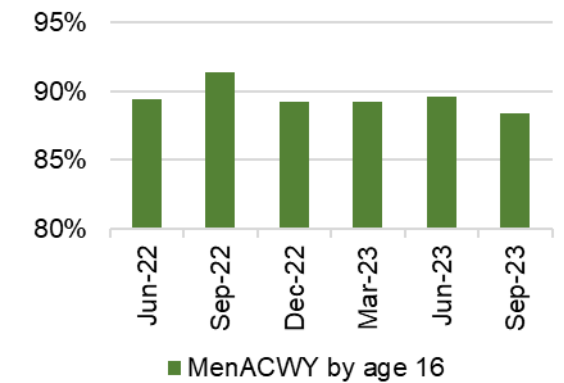
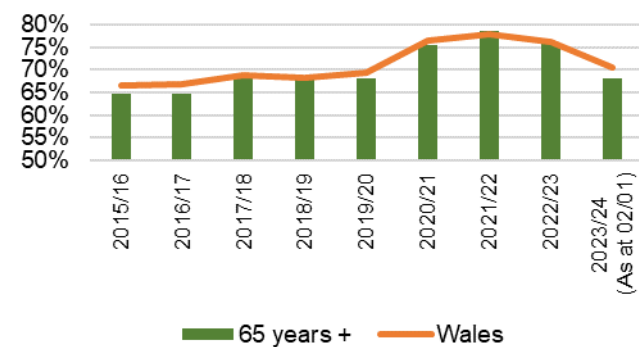
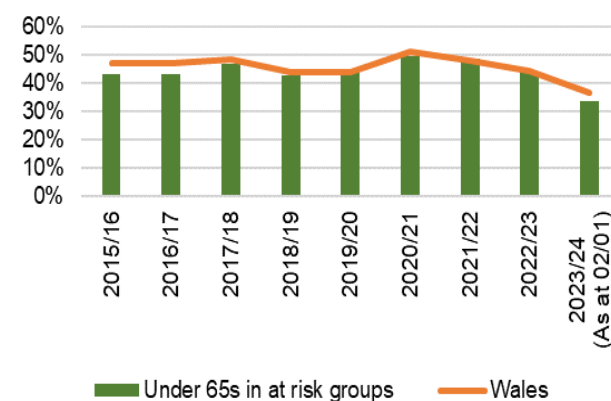


Chart 9: Influenza uptake for amongst 65 year olds and over



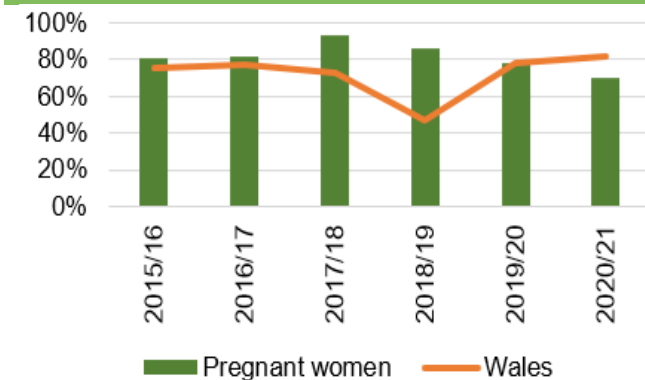
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



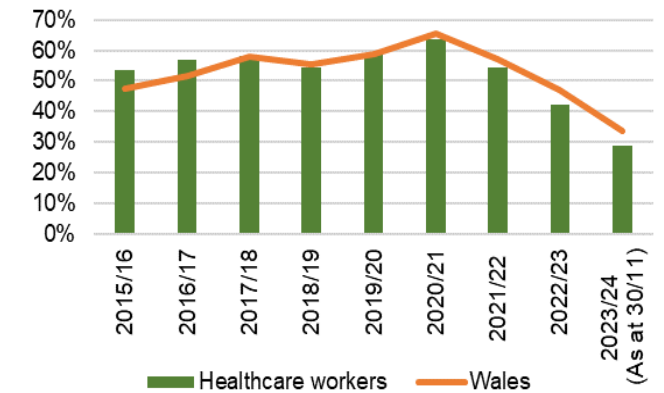
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

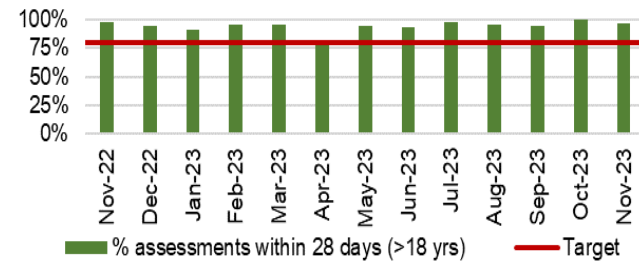


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

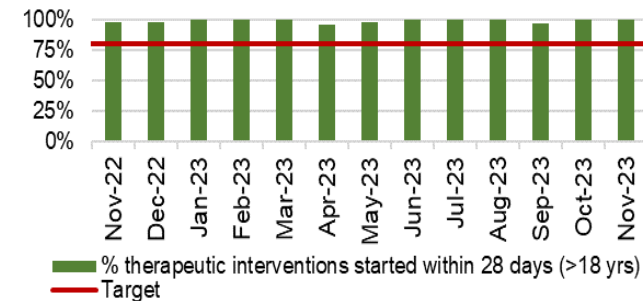


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

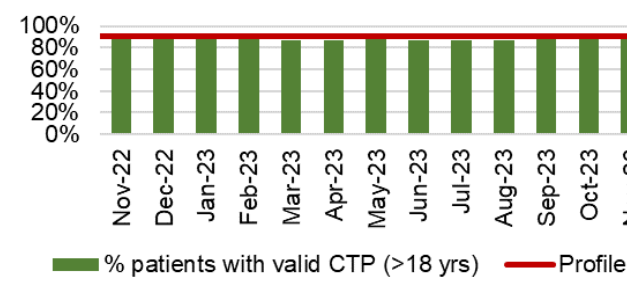


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

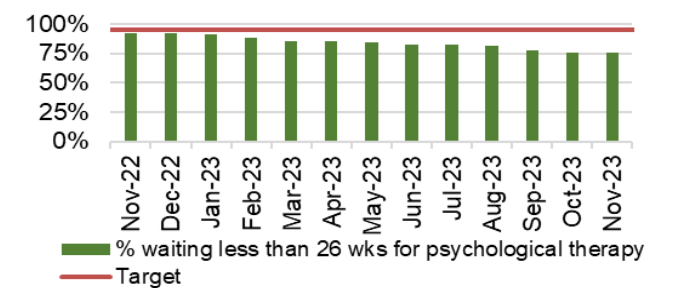


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

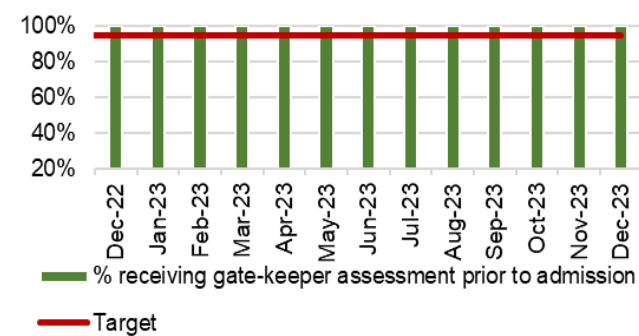


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

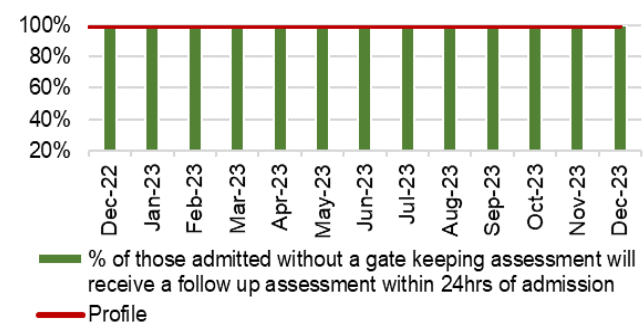


Chart 7: % of patients waiting under 14 weeks for Therapies

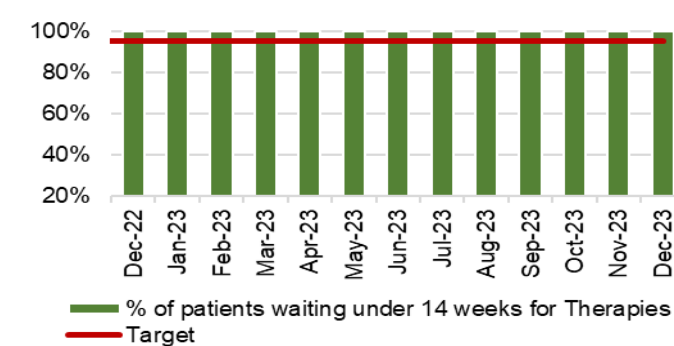


Chart 8: Number of Mental Health Delayed Transfers of Care (DTCs)

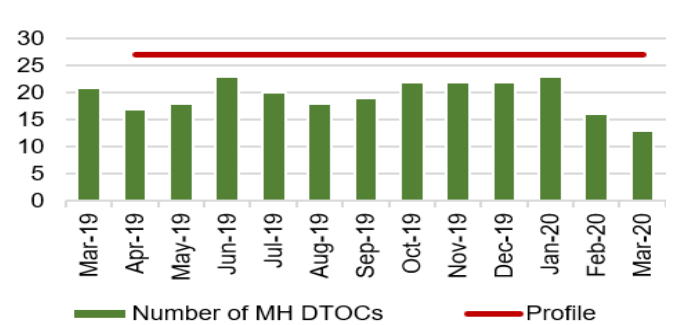


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

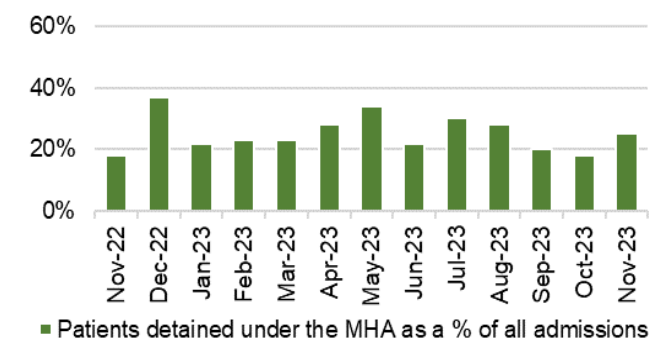


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

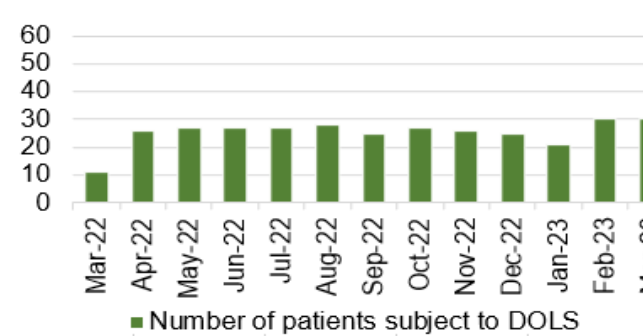


Chart 11: Number of Nationally Reportable Incidents

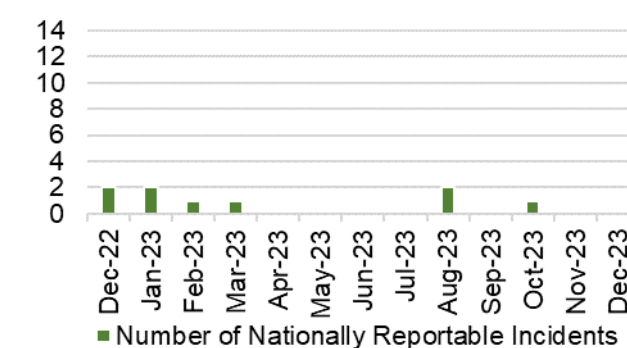
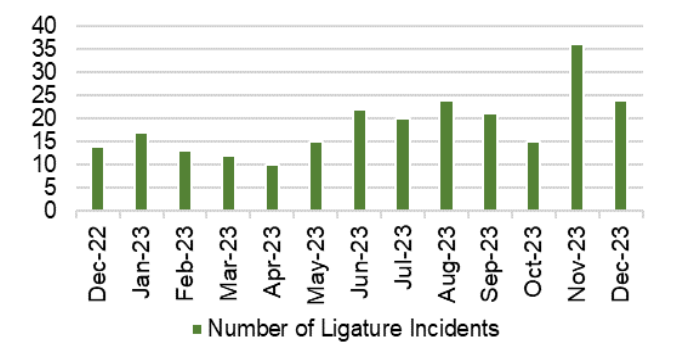


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

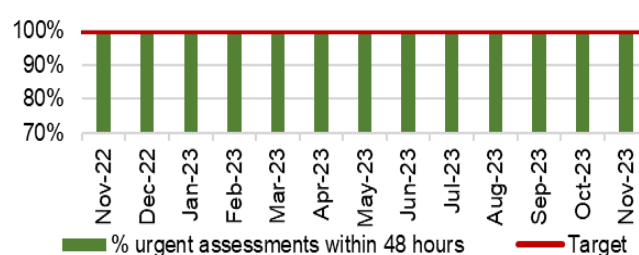


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks



Chart 15: Assessment and intervention within 28 days

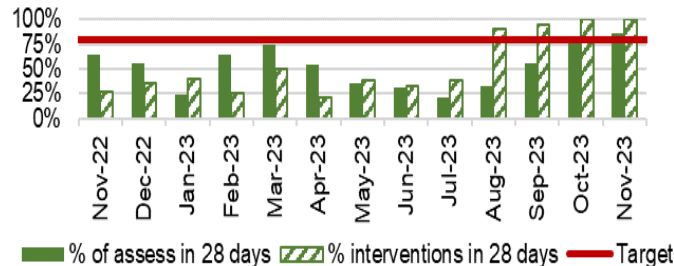
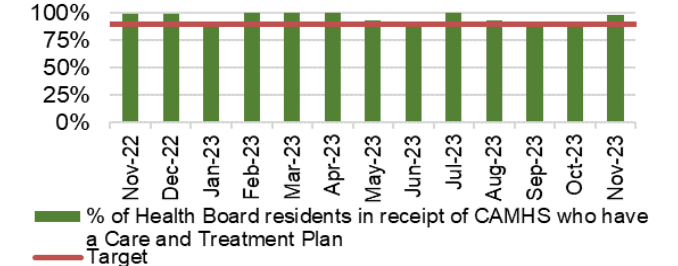


Chart 16: % of residents with a Care and Treatment Plan


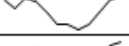
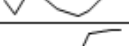
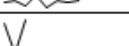
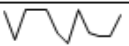

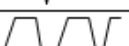
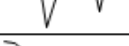
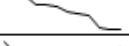
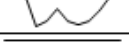


APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

Sub Domain	Measure	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
COVID19 related measures	Number of new COVID19 cases		Reduce					395	230	249	378	153	81	60	84	132	139	175	80	214
	Number of staff referred for Antigen Testing		Reduce					18,108	18,157	18,187	18,230									
	Number of staff awaiting results of COVID19 test		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents		Reduce					61	34	33	57	29	61	90	23	33	37	35	21	43
	Number of COVID19 related serious incidents		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	1
	Number of COVID19 related complaints		Reduce					0	0	2	2	1	0	0	0	0	1	1	1	0
	Number of COVID19 related risks		Reduce																	
	Number of staff self isolated (asymptomatic)		Reduce					0	0	1	0	0	0	0						
	Number of staff self isolated (symptomatic)		Reduce					144	70	63	57	45	27	7						
% sickness		Reduce						1.1%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%						
Primary care system																				
Sub Domain	Measure	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Emergency	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	65%	✗	39.5% (Dec-22)	3rd (Dec-22)		41%	52%	52%	48%	50%	56%	64%	55%	56%	49%	46%	52%	47%
	Number of ambulance handovers over one hour	↑ trajectory	418	✗	6,798 (Dec-22)	1st (Dec-22)		614	561	594	729	658	708	615	643	694	695	696	724	762
	Handover hours lost over 15 minutes							4,289	3,440	3,245	4,659	3,627	3,952	3,018	3,383	4,075	3,807	3,868	3,343	3,787
	% 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	Month on month improvement		✓	63.1% (Dec-22)	4th (Dec-22)		65%	74%	76%	74%	75%	75%	76%	76%	76%	77%	77%	75%	75%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	↑ trajectory	675	✗	12,099 (Dec-22)	4th (Dec-22)		1,632	1,089	1,125	1,395	1,083	1,303	1,274	1,179	1,156	1,180	1,207	969	994
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)							5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%
	CT Scan (<1 hrs) (local)							31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	42.9%	52.1%	34.1%	58.1%	23.8%	34.0%	52.8%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)							94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	92.9%	91.7%	97.7%	86.0%	92.9%	92.0%	86.1%
	Thrombolysis door to needle <= 45 mins							0.0%	0.0%	0.0%	10.0%	25.0%	0.0%	12.5%	11.1%	75.0%	0.0%	0.0%	0.0%	0.0%
	% stroke patients who receive mechanical thrombectomy	10%		✗	2.1% (Nov-22)	4th (Nov-22)		0.0%	0.0%	0.0%	6.5%	2.0%	7.1%	5.0%	3.6%	6.3%	9.1%	0.0%	6.7%	4.5%
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	80%	80%	✗				85%	67%	67%	83%	80%	67%	-	40%	83%	50%	33%	100%	40%
	Number of new Never Events	0	0	✗				0	0	1	0	0	1	0	1	1	0	2	2	1
	Number of risks with a score greater than 20	12 month ↓	137	✗				141	143	148	138	135	143	142	146	152	140	170	146	
	Number of risks with a score greater than 16	12 month ↓	280	✗				290	295	307	296	289	300	303	316	322	304	363	305	
Pressure Ulcers	Number of pressure ulcers acquired in hospital	12 month ↓	47	✗				64	60	76	87	87	67	67	60	67	70	69		
	Number of pressure ulcers developed in the community	12 month ↓	42	✓				45	41	62	31	41	39	37	38	44	37	45		
	Total number of pressure ulcers	12 month ↓	89	✗				109	101	138	114	124	106	100	98	107	107	114		
	Number of grade 3+ pressure ulcers acquired in hospital	12 month ↓	8	✓				4	4	7	5	10	6	1	4	4	6	5		
	Number of grade 3+ pressure ulcers acquired in community	12 month ↓	13	✓				4	3	14	7	3	3	6	7	11	5	13		
	Total number of grade 3+ pressure ulcers	12 month ↓	21	✓				8	13	21	12	19	15	7	11	15	11	18		

		care system																		
Sub Domain	Measure	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	<67		✗	67.80 (Dec-22)	3rd (Dec-22)		69.6	68.7	67.9	67.5	81.1	73.7	75.1	75.2	76.5	75.7	69.6	73.3	69.1
	Number of E.Coli bacteraemia cases (Hospital)	≤ 234 (Cumulative)	8	✓				8	8	9	9	14	12	13	12	18	8	5	21	6
	Number of E.Coli bacteraemia cases (Community)		10	✓				14	12	8	10	12	10	12	13	9	15	6	11	6
	Total number of E.Coli bacteraemia cases		19	✓				22	20	17	19	26	22	25	25	27	23	11	32	12
	Cumulative cases of S.aureus bacteraemias per 100k pop	<20		✗	27.76 (Dec-22)	6th (Dec-22)		39.4	38.4	38.6	38.6	53.1	43.0	42.2	42.2	40.4	38.9	37.6	37.2	38.8
	Number of S.aureus bacteraemias cases (Hospital)	≤ 71 (Cumulative)	4	✗				10	8	9	5	7	8	8	1	6	7	6	8	9
	Number of S.aureus bacteraemias cases (Community)		2	✗				3	2	2	5	9	2	5	13	4	3	4	6	8
	Total number of S.aureus bacteraemias cases		6	✗				13	10	11	10	16	10	13	14	10	10	10	14	17
	Cumulative cases of C.difficile per 100k pop	<25		✗	36.68 (Dec-22)	5th (Dec-22)		49.6	51.3	50.6	51.4	56.2	46.0	51.4	52.2	52.0	57.3	56.9	62.5	62.6
	Number of C.difficile cases (Hospital)	≤ 95 (Cumulative)	5	✗				8	15	10	13	7	10	13	12	14	20	14	15	13
	Number of C.difficile cases (Community)		2	✗				6	7	2	6	8	4	7	6	3	7	4	18	8
	Total number of C.difficile cases		7	✗				14	22	12	19	15	14	20	18	17	27	18	33	21
	Cumulative cases of Klebsiella per 100k pop							26.1	26.9	26.8	27.4	25.0	27.6	24.7	20.7	22.6	25.1	24.1	24.2	23.5
	Number of Klebsiella cases (Hospital)	≤ 71 (Cumulative)	3	✓				5	5	7	4	7	4	1	3	4	7	5	4	1
	Number of Klebsiella cases (Community)		2	✗				3	6	1	7	1	6	5	0	6	5	1	4	5
	Total number of Klebsiella cases		5	✗	63 Total (Dec-22)	2nd (Dec-22)		8	11	8	11	8	10	6	3	10	12	6	8	6
	Cumulative cases of Aeruginosa per 100k pop							11.5	11.6	11.2	11.3	6.2	4.6	7.2	6.1	6.1	6.1	6.1	6.1	6.5
	Number of Aeruginosa cases (Hospital)	≤ 24 (Cumulative)	1	✗				1	2	2	2	1	1	3	2	0	1	2	2	3
	Number of Aeruginosa cases (Community)		1	✓				2	2	0	2	1	0	1	0	1	1	0	0	0
	Total number of Aeruginosa cases		2	✗	8 Total (Dec-22)	4th (Dec-22)		3	4	2	4	2	1	4	2	1	2	2	2	3
	Hand Hygiene Audits- compliance with WHO 5 moments		95%	✓				95%	97%	95%	93%	99%	95%	95%	97%	95%	96%	97%	95%	97%
Inpatient Falls	Number of Inpatient Falls		12 month ↓	✓				184	189	179	214	183	184	143	164	200	157	190	166	158
NEWS	% patients with completed NEWS scores & appropriate responses actioned		98%	✗				97.2%	91.8%	98.3%	85.1%	96.6%	91.9%	81.6%	84.1%	85.2%	82.0%	89.6%	89.9%	85.7%
Coding	% of episodes clinically coded within 1 month of discharge	12 month ↑		✗				78%	71%	76%	67%	55%	55%	68%	71%	61%	69%	76%	66%	
E-TOC	% of completed discharge summaries (total signed and sent)		100%	✗				62%	64%	64%	62%	64%	65%	65%	64%	66%	61%	66%	69%	70%
Workforce	Agency spend as a % of the total pay bill	12 month ↓		✓	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		6.0%	7.4%	6.2%	5.2%	5.7%	5.8%	5.2%	4.9%	5.3%	4.1%	3.4%		4.1%
	% of headcount by organisation who have had a PADI/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		68%	69%	69%	69%	72%	68%	67%	67%	67%	66%	66%	66%	67%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	85%		✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		84%	85%	85%	82%	86%	87%	87%	88%	88%	87%	88%	89%	88%
	% workforce sickness absence (12 month rolling)	12 month ↓		✓	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		8.02%	7.89%	7.78%	7.65%	7.46%	7.37%	7.28%	7.11%	7.08%	7.08%	7.05%	7.09%	

Activity																				
Sub Domain	Measure	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months							10.9%	9.7%	9.9%	9.9%	11.8%	13.0%	13.9%	13.0%	13.9%	12.2%	14.0%	13.3%	13.9%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	↑ trajectory	74%	✗	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		48.3%	50.4%	44.1%	53.2%	56.5%	46.6%	42.8%	49.0%	48.6%	47.9%	51.7%	53.3%	34.2%
Radiotherapy waiting times	Scheduled (14 Day Target)	80%		✗				26%	32%	31%	32%	22%	35%	18%	33%	44%	20%	10%	12%	17%
	Scheduled (21 Day Target)	100%		✗				83%	82%	86%	81%	70%	81%	63%	68%	83%	76%	42%	61%	77%
	Urgent SC (2 Day Target)	80%		✗				37%	31%	19%	30%	22%	50%	24%	42%	27%	33%	53%	31%	39%
	Urgent SC (7 Day Target)	100%		✗				70%	85%	69%	84%	70%	73%	52%	90%	91%	78%	73%	77%	65%
	Emergency (within 1 day)	80%		✓				83%	100%	100%	91%	100%	100%	71%	100%	92%	100%	100%	100%	100%
	Emergency (within 2 days)	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	80%		✓				85%	82%	93%	94%	87%	93%	93%	91%	96%	98%	98%	95%	97%
	Elective Delay (14 Day Target)	100%		✗				100%	98%	100%	100%	93%	100%	95%	100%	100%	100%	100%	100%	97%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy				15,517 (Nov-22)	7th (Nov-22)		4,289	4,372	4,408	4,554	4,677	4,847	4,745	4,505	4,415	4,148	3,737	3,427	3,553
	Number of patients waiting > 8 weeks for a specified diagnostics	↑ trajectory	4,750	✗	42,566 (Nov-22)	4th (Nov-22)		6,607	6,829	6,116	6,514	6,867	7,255	7,221	6,713	6,861	6,800	5,939	5,429	5,616
	Number of patients waiting > 14 weeks for a specified therapy	↑ trajectory	75	✓	9,584 (Nov-22)	2nd (Nov-22)		527	194	157	193	129	149	203	183	183	182	195	84	73
	% of patients waiting < 26 weeks for treatment	95%			56% (Nov-22)	6th (Nov-22)		54.2%	52.8%	56.9%	58.4%	58.2%	58.7%	60.3%	61.6%	61.0%	60.7%	62.0%	62.6%	61.0%
	Number of patients waiting > 26 weeks for first outpatient appointment							20,174	20,288	17,257	15,385	15,184	14,733	13,427	12,937	13,121	12,786	11,169	10,425	10,889
	Number of patients waiting > 36 weeks for first outpatient appointment	↑ trajectory	5,602	✓				14,140	12,767	11,115	9,163	8,561	7,675	6,893	6,729	6,558	5,327	4,508	4,282	4,546
	Number of patients waiting > 52 weeks for first outpatient appointment	↑ trajectory	463	✓	85,301 (Nov-22)	3rd (Nov-22)		7,779	6,630	5,475	3,895	3,456	2,719	1,234	894	665	180	0	0	0
	Number of patients waiting > 52 weeks for treatment	↑ trajectory	15,389	✓				22,634	21,306	19,707	18,181	17,823	16,976	15,446	15,120	14,877	14,417	13,942	13,453	13,386
	Number of patients waiting > 104 weeks for treatment	↑ trajectory	4,943	✓	49,594 (Nov-22)	5th (Nov-22)		8,066	7,331	6,656	6,015	5,952	5,792	5,474	5,299	4,999	4,645	4,097	3,460	2,969
	The number of patients waiting for a follow-up outpatient appointment							144,780	146,632	148,070	150,860	147,864	150,109	149,529	150,416	150,060	152,025	154,704	157,285	159,226
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	↑ trajectory	32,531	✗	224,552 (Nov-22)	5th (Nov-22)		38,252	39,056	40,146	41,710	41,611	42,534	40,807	41,123	39,938	41,048	41,188	41,727	43,784
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		✗	64.9% (Nov-22)	1st (Nov-22)		69.9%	53.1%	64.6%	59.4%	62.7%	62.3%	57.5%	63.8%	60.3%	63.7%	60.2%	61.5%	64.7%
Activity	Number of GP referrals	12 month ↓		✓				9,231	12,658	12,347	14,220	12,012	13,341	13,984	12,623	12,698	12,383	12,644	12,622	10,102
	Number of patients referred from primary care into secondary care Ophthalmology Services	↑ trajectory	800	✓				731	870	841	969	737	803	890	824	812	815	851	843	735
DNAs	% of patients who did not attend a new outpatient appointment	12 month ↓		✗				11.1%	8.9%	9.2%	8.2%	7.9%	10.1%	10.6%	10.0%	9.6%	10.6%	9.7%	10.0%	9.7%
	% of patients who did not attend a follow-up outpatient appointment	12 month ↓		✓				8.7%	7.8%	7.9%	7.9%	8.0%	8.2%	8.4%	8.1%	8.0%	8.1%	7.7%	7.6%	8.0%
Theatre Efficiencies	Theatre Utilisation rates		90%	✗				59%	72%	70%	71%	71%	76%	69%	73%	66%	73%	76%	72%	63%
	% of theatre sessions starting late		<25%	✗				39%	35%	39%	33%	35%	37%	36%	42%	36%	38%	40%	39%	40%
	% of theatre sessions finishing early		<20%	✗				46%	44%	45%	49%	48%	51%	47%	44%	51%	50%	47%	44%	49%
Patient experience	Number of friends and family surveys completed	Month on month improvement		✗				3,569	5,073	4,425	5,358	2,704	3,477	2,503	3,401	5,188	4,084	5,738	5,792	4,004
	% of who would recommend and highly recommend		90%	✓				89%	92%	92%	92%	92%	90%	89%	91%	92%	92%	92%	92%	92%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction		90%	✓				92%	92%	95%	95%	95%	95%	90%	91%	92%	92%	93%	93%	93%
Complaints	Number of new formal complaints received	12 month trend ↓		✗				120	127	135	183	149	182	217	147	155	171	164		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received		80%	✗				73%	78%	67%	72%	77%	71%	71%	64%	71%	62%	74%		
	% of acknowledgements sent within 2 working days		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			

		lockdown																		
Sub Domain	Measure	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)		94.6%			95.4%			94.6%			94.1%			
	% of children who received 2 doses of the MMR vaccine by age 5	95%			90.0% (Q2 22/23)	5th (Q2 22/23)		89.5%			88.4%			88.3%			88.9%			
Influenza	% uptake of influenza among 65 year olds and over	75%			78.0% (Mar-22)	3rd (Mar-22)		74.4%	75.6%	76.0%	75.9%	Data collection restarts October 2023						58.1%		68.0%
	% uptake of influenza among under 65s in risk groups	55%			48.2% (Mar-22)	4th (Mar-22)		40.4%	42.1%	43.4%	43.8%							25.3%		33.5%
	% uptake of influenza among children 2 to 3 years old	50%			47.6% (Mar-22)	5th (Mar-22)		37.9%	39.2%	39.3%	38.8%							22.7%		35.1%
	% uptake of influenza among healthcare workers	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		40.9%	40.9%	42.4%	42.4%							13.8%		28.6%
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	75%		✗				Historical data not available					67.8%	Data collection restarts Apr-24						
	% uptake of the Autumn COVID-19 vaccination for those eligible	75%		✗				Data collection for Autumn booster 23 begins Sep-23									16.1%	38.1%	45.4%	51.9%
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	80%	35%	✗	31.4% (Nov-22)	3rd (Nov-22)		37%	29%	29%	29%	28%	30%	31%	36%	31%	30%	30%	30%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	80%		✓	83.2% (Nov-22)	5th (Nov-22)		79%	62%	82%	74%	55%	31%	31%	21%	33%	56%	77%	86%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	80%		✓	66.8% (Nov-22)	5th (Nov-22)		56%	24%	64%	74%	55%	35%	31%	21%	33%	56%	77%	86%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	80%		✓	34.4% (Nov-22)	4th (Nov-22)		35%	40%	26%	50%	21%	38%	33%	38%	91%	95%	100%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	80%						79%	62%	82%										
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	90%		✓	63.8% (Nov-22)	1st (Nov-22)		99%	91%	100%	100%	100%	93%	90%	100%	93%	92%	92%	98%	
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)	80%		✓	86.9% (Nov-22)	3rd (Nov-22)		94%	91%	95%	96%	78%	94%	93%	98%	96%	94%	100%	97%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	80%		✓	73.1% (Nov-22)	2nd (Nov-22)		98%	100%	100%	100%	96%	98%	100%	100%	100%	97%	100%	100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%		✗	73.9% (Nov-22)	2nd (Nov-22)		92%	91%	88%	85%	85%	84%	82%	82%	81%	77%	76%	76%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	90%		✓	84.2% (Nov-22)	2nd (Nov-22)		90%	89%	89%	87%	87%	88%	87%	87%	87%	88%	89%	90%	
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to	100%		✓	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	100%		✓	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	