



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>22<sup>nd</sup> November 2022</b>	<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>Integrated Performance Report</b>		
<b>Report Author</b>	Meghann Protheroe, Head of Health Board Performance		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance and Performance		
<b>Presented by</b>	Darren Griffiths, Director of Finance and Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	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 (October 2022) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
<b>Key Issues</b>	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in July 2022, and the measures have been updated accordingly in line with current data availability.</p> <p>The report format has been altered to align with key areas of focus within the Performance and Finance Committee</p> <p><b>Key high level issues to highlight this month are as follows:</b></p> <p><b><u>COVID19</u></b></p> <ul style="list-style-type: none"> <li>- The number of new cases of COVID19 has decreased in October 2022, with 171 new cases being reported in-month.</li> </ul> <p><b><u>Unscheduled Care</u></b></p> <ul style="list-style-type: none"> <li>- ED attendances have increased in October 2022 to 11,075 from 10,299 in September 2022.</li> <li>- Performance against the 4-hour access is currently below the outlined trajectory in October 2022. ED 4-hour performance has deteriorated by 2.1% in October 2022 to 70.56% from 72.7% in September 2022.</li> <li>- Performance against the 12-hour wait has deteriorated and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,584 in October from 1,47 in September 2022.</li> </ul>		

- Internal flow activities to support reduced occupancy and to improve flow throughout the day are being put in place, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with WAST colleagues to implement further pathways.
- The number of emergency admissions has increased in October 2022 to 4,274 from 4,051 in September 2022.

#### **Planned Care**

- October 2022 saw a 7% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment.
- Additionally, the number of patients waiting over 36 weeks decreased by 2.6% to 36,121.
- We continue to outperform the trajectory for the number of patients waiting over 104 weeks for treatment, with 10,090 patients waiting at this point in October.
- In October, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 12,352 patients waiting at this stage.
- As a Health Board, we are outperforming the Ministerial Priority recovery trajectory for the number of patients waiting over 36 weeks for treatment and for the percentage of patients waiting less than 26 weeks for treatment.
- Therapy waiting times have improved slightly, there are 707 patients waiting over 14 weeks in October 2022 compared with 755 in September 2022.
- The number of patients waiting over 8 weeks for an Endoscopy has slightly reduced in October 2022 to 4,163 from 4,202 in September 2022.

#### **Cancer**

- September 2022 saw 57% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears).
- The average backlog of patients waiting over 63 days has increased in reduced 2022 to 545 from 572 in September 2022.

#### **Mental Health**

- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in September 2022.
- Psychological therapies within 26 weeks continue to be maintained at 95.6%.

	<b>Child and Adolescent Mental Health Services (CAMHS)</b> <ul style="list-style-type: none"> <li>- Access times for crisis performance has been maintained at 100% September 2022.</li> <li>- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has been deteriorated slightly to 36% in September 2022 against a target of 80%.</li> </ul>			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Health Board performance against key measures and targets.</li> <li>• <b>NOTE</b> the inclusion of updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework.</li> <li>• <b>ACTION:</b> the review of admission avoidance and length of stay reduction plans and the impact on future Emergency Department performance</li> <li>• <b>ACTION:</b> the implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery</li> <li>• <b>NOTE</b> the inclusion of the submitted Ministerial Priority performance trajectories</li> <li>• <b>NOTE</b> the actions being taken to improve performance: - <ul style="list-style-type: none"> <li>○ Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach, this has recently commenced (October 2022).</li> <li>○ Focussed work is currently being placed on Treat in Turn rates.</li> <li>○ Currently in the process of reviewing and redesigning the outpatient booking system to support efficiency and reduce the prevalence of DNA’s</li> <li>○ As part of the plan to increase Orthopaedics activity, additional Physiotherapy resource will be put into Neath Port Talbot clinics to increase the templates from November 2022 onwards.</li> <li>○ An additional 20 clinic rooms have been opened at Neath Port Talbot Hospital following the refurbishment of Ward G</li> <li>○ Long-term recruitment plans are currently being implemented by the Health Board to support the sustainability of the Endoscopy service</li> <li>○ Work is ongoing to commission additional theatre sessions in the new financial year (2022-23)</li> <li>○ Both UEC and cancer performance remain under escalation as part of the Health Board’s performance escalation framework.</li> </ul> </li> </ul>			

# INTEGRATED PERFORMANCE REPORT

## 1. INTRODUCTION

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

## 2. BACKGROUND

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

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

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

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

## 3. GOVERNANCE AND RISK ISSUES

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

#### 4. FINANCIAL IMPLICATIONS

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

#### 5. RECOMMENDATION:

Members are asked to:

- **NOTE** the Health Board performance against key measures and targets.
- **NOTE** the inclusion of updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework.
- **ACTION:** the review of admission avoidance and length of stay reduction plans and the impact on future Emergency Department performance
- **ACTION:** the implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery
- **NOTE** the inclusion of the submitted Ministerial Priority performance trajectories
- **NOTE** the actions being taken to improve performance: -
  - Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach, this has recently commenced (October 2022).
  - Focussed work is currently being placed on Treat in Turn rates.
  - Currently in the process of reviewing and redesigning the outpatient booking system to support efficiency and reduce the prevalence of DNA's
  - As part of the plan to increase Orthopaedics activity, additional Physiotherapy resource will be put into Neath Port Talbot clinics to increase the templates from November 2022 onwards.
  - An additional 20 clinic rooms have been opened at Neath Port Talbot Hospital following the refurbishment of Ward G
  - Long-term recruitment plans are currently being implemented by the Health Board to support the sustainability of the Endoscopy service
  - Work is ongoing to commission additional theatre sessions in the new financial year (2022-23)
  - Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<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"> <li>• <b>Long term</b> – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.</li> <li>• <b>Prevention</b> – the NHS Wales Delivery framework provides a measurable mechanism to evidence how the NHS is positively influencing the health and well-being of the</li> </ul>		

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.

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



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# Appendix 1- Integrated Performance Report November 2022





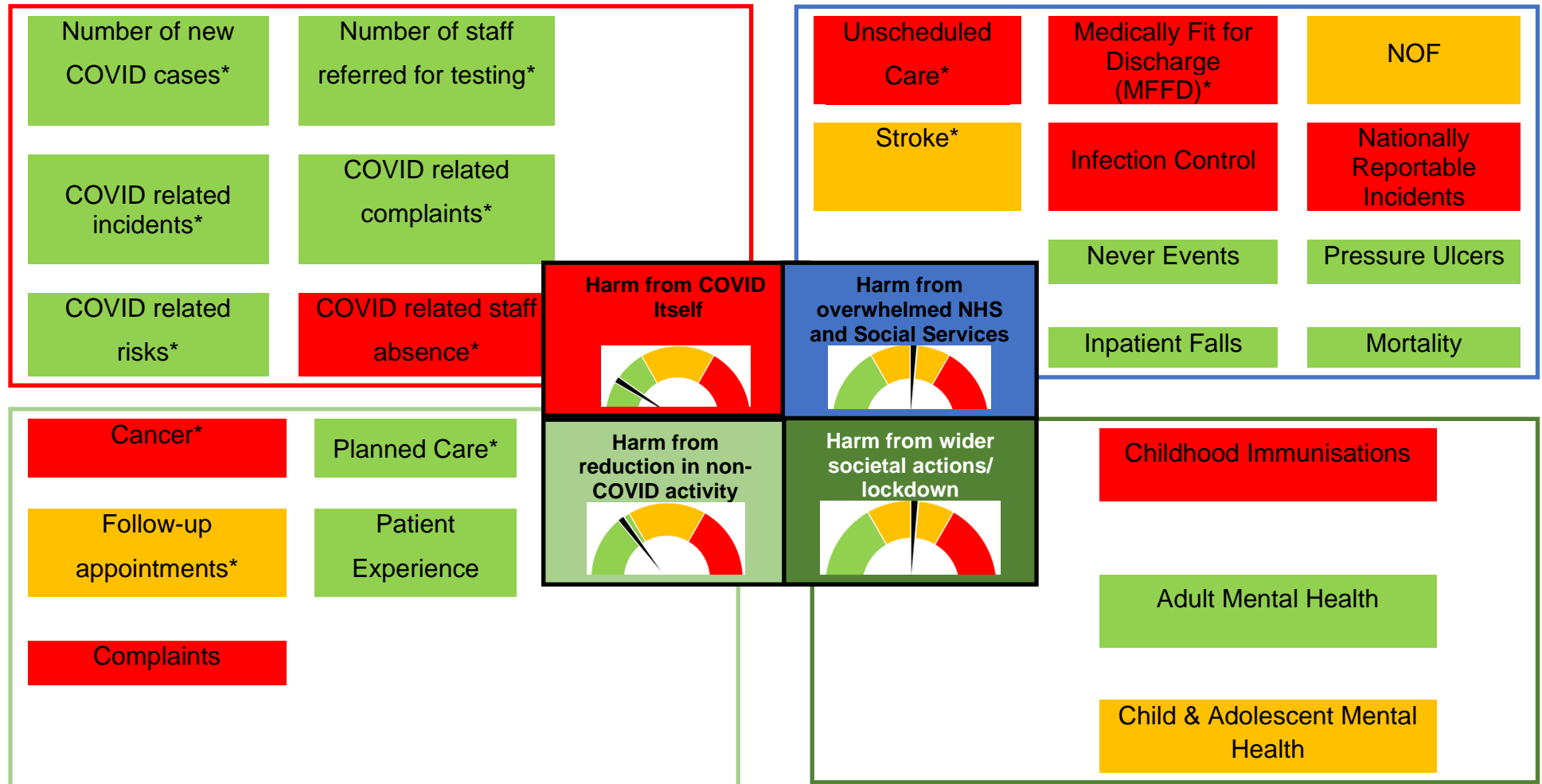
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## 1. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

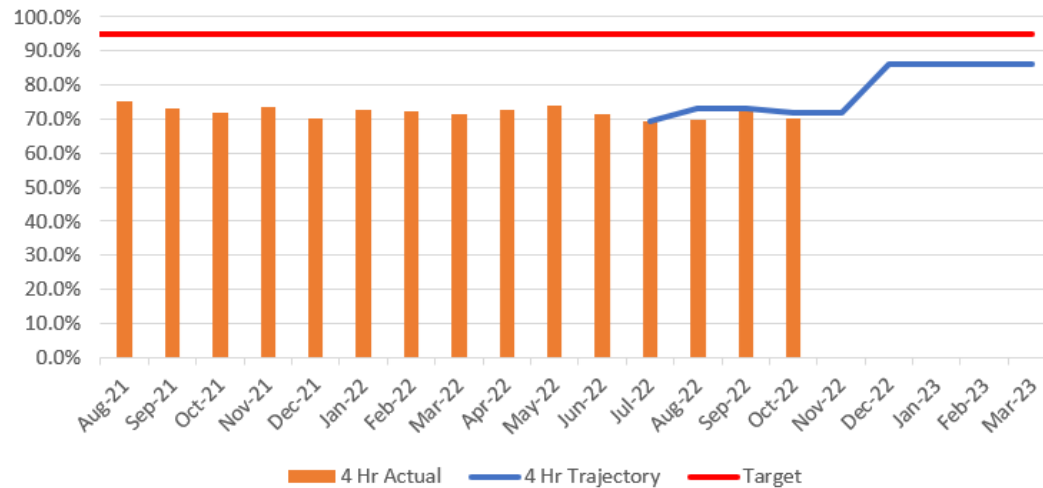
\*\* Data not available

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

## **2. ESCALATED SERVICE UPDATE TRAJECTORIES**

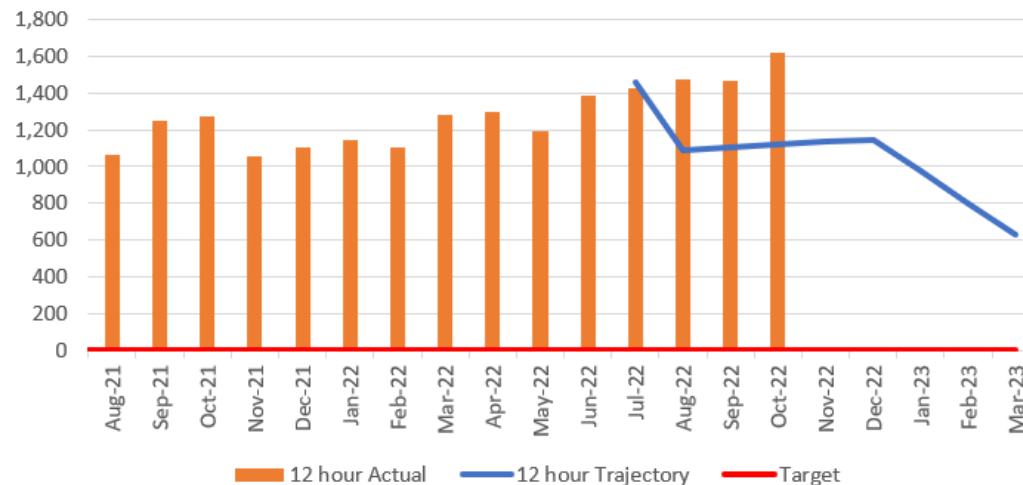
## UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4-hour access is currently on target for October 2022. ED 4-hour performance has decreased by 2.37% in October 2022 to 70.33% from 72.7% in September 2022.

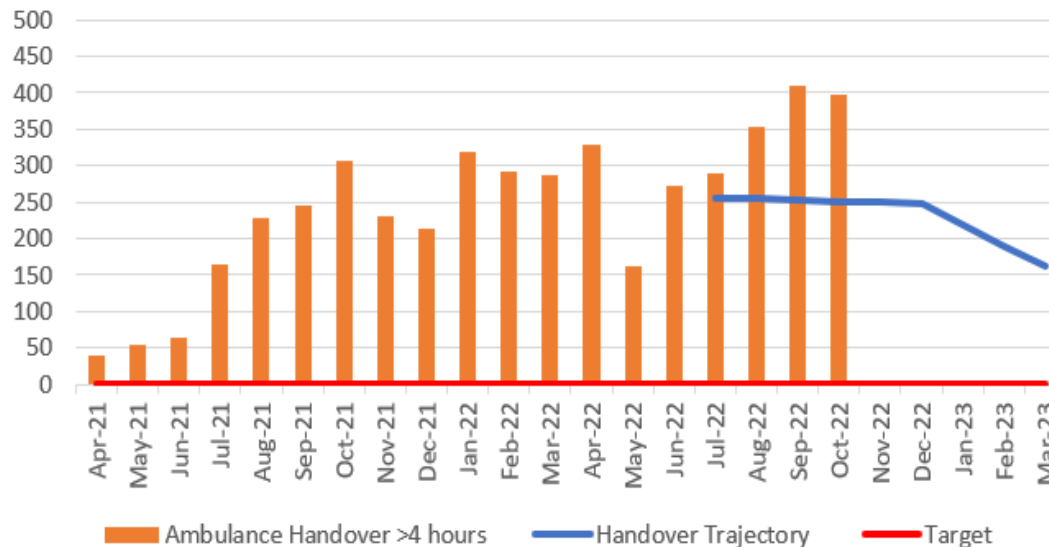
### 2. Submitted recovery trajectory for A&E 12-hour performance



2. Performance against the 12-hour wait has declined further and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,622 in October 2022 from 1,470 in September 2022.

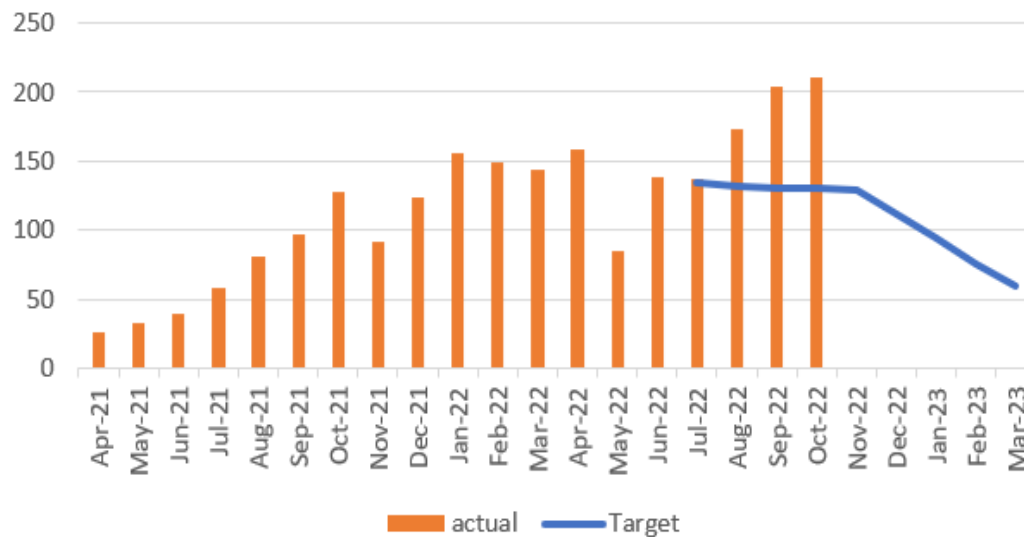
## UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

### 3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has seen a continued deterioration since May 2022, with the handover times over four hours reducing slightly to 397 in October 2022 from 410 in September 2022. The figures remain above the outlined trajectory for October 2022 which was 251.

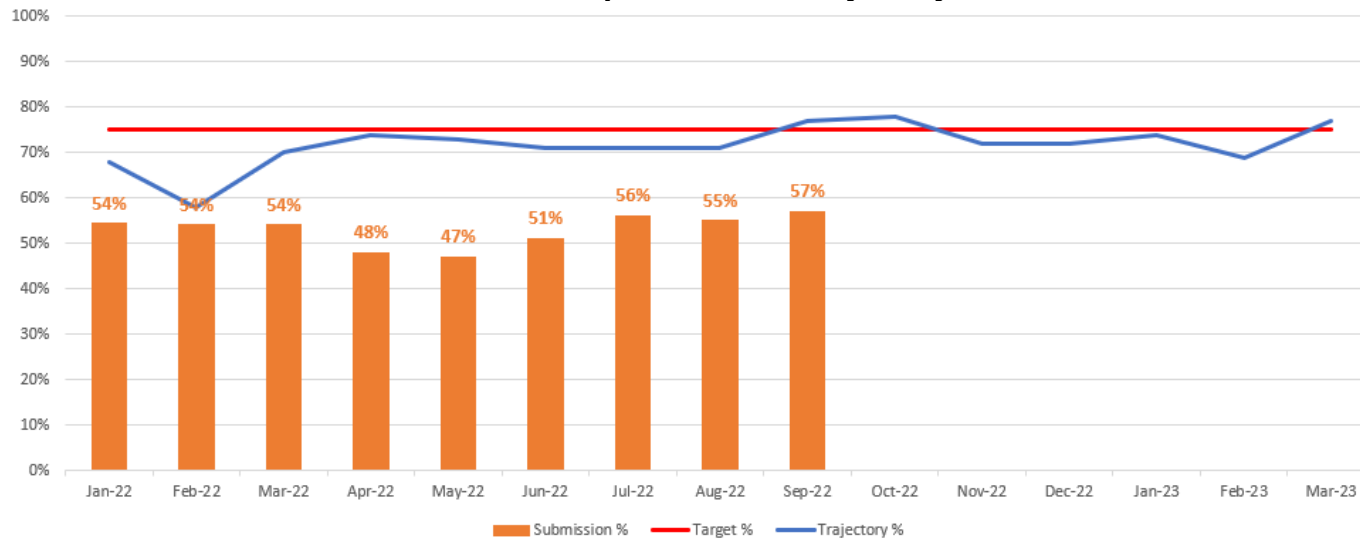
### 4. Average Ambulance Handover Rate



4. The average ambulance handover rate has seen a further deterioration in October 2022. The average handover rate increased from 204 in September 2022 to 211 in October 2022, which is above the outlined trajectory for October 2022 (130).

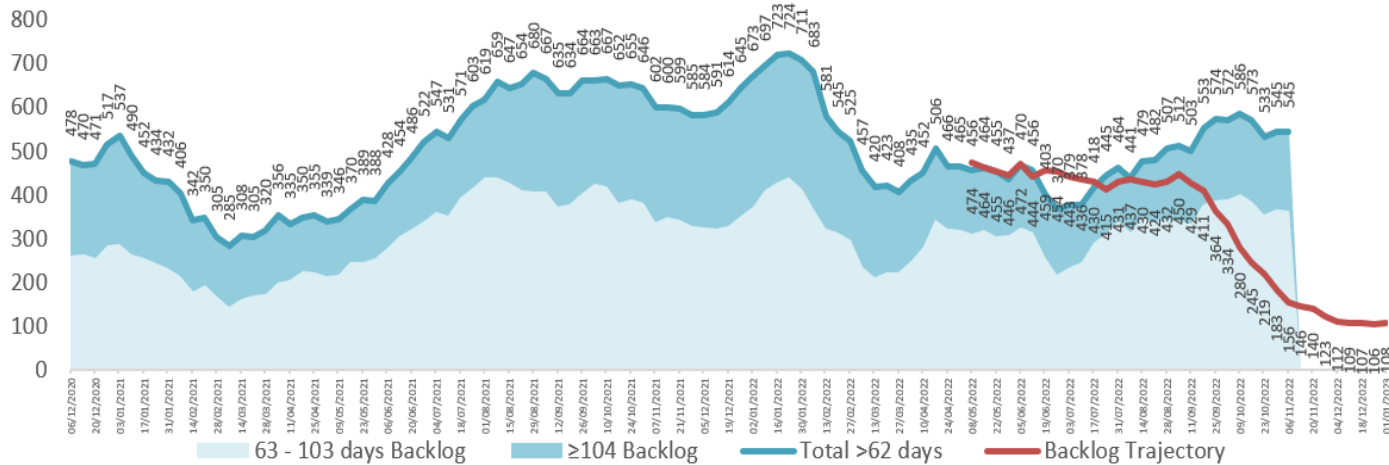
## CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

### 1. SCP performance trajectory



1. The final SCP performance for September 2022 was 57%, which continues to stay below the submitted trajectory (77%). However, this is an improvement on the previous months' performance.

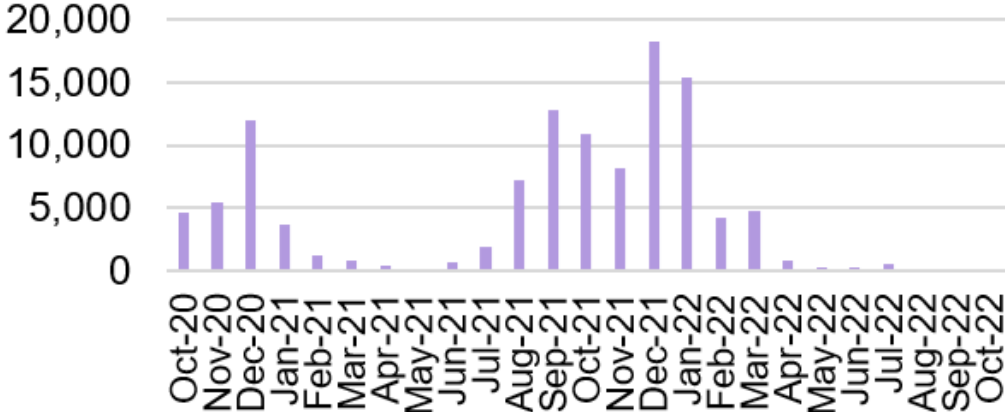
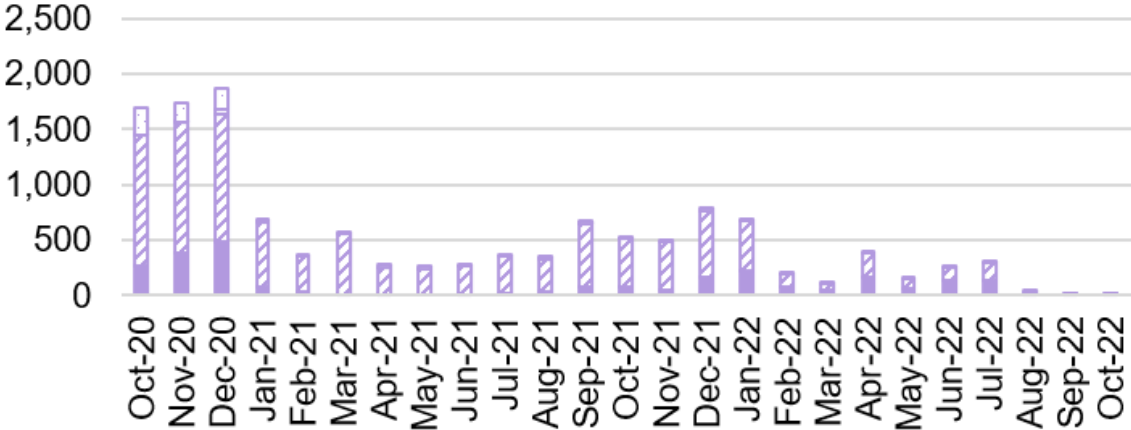
### 2. Proposed backlog improvements to support SCP performance



2. Backlog figures have seen a continued increase in recent weeks and currently remain above the submitted recovery trajectory. The total backlog at 9/11/2022 was 545.

### **3. UPDATES ON KEY SERVICE AREAS**



COVID Data		
Description	Current Performance	Trend
1. Number of new COVID19 cases in Swansea Bay population area	<p><b>Number of new COVID cases</b></p> <p>In October 2022, there were an additional 171 positive cases recorded bringing the cumulative total to 118,634 in Swansea Bay since March 2020.</p>	<p><b>Number of new COVID19 cases for Swansea Bay population</b></p>  <p>■ New positive COVID19 cases</p>
2. Number of staff referred for Antigen testing	<p><b>Staff referred for Antigen testing</b></p> <p>The cumulative number of staff referred for COVID testing between March 2020 and October 2022 is 17,934 of which 19% have been positive (Cumulative total).</p>	<p><b>Outcome of staff referred for Antigen testing</b></p>  <p>■ Positive    ▨ Negative    ▤ In Progress    □ Unknown/blank</p>

COVID RELATED STAFF ABSENCE																																																																																																	
Description	Current Performance	Trend																																																																																															
<b>Staff absence due to COVID19</b>  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.  <b>1. &amp; 2. Number of staff self-isolating (asymptomatic and symptomatic)</b> Between September and October 2022, the number of staff self-isolating (asymptomatic) reduced from 5 to 1 and the number of staff self-isolating (symptomatic) increased from 100 to 121. In October 2022, the “other” staff group had the largest number of self-isolating staff who were asymptomatic and the Registered Nursing staff had the largest number who were symptomatic.	<b>1. Number of staff self isolating (asymptomatic)</b>  ■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other																																																																																															
		<b>2. Number of staff self isolating (symptomatic)</b>  ■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other																																																																																															
3. % staff sickness	<b>% Staff sickness</b> The percentage of staff sickness absence due to COVID19 has slightly increased from 0.8% in September 2022 to 0.9% in October 2022.	<b>% staff sickness</b> <table border="1"> <thead> <tr> <th></th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th></tr> </thead> <tbody> <tr> <td>Medical</td><td>2.4%</td><td>1.2%</td><td>0.3%</td><td>3.0%</td><td>1.5%</td><td>4.6%</td><td>4.1%</td><td>1.8%</td><td>3.5%</td><td>4.9%</td><td>1.8%</td><td>0.2%</td><td>1.1%</td></tr> <tr> <td>Nursing Reg</td><td>2.2%</td><td>1.3%</td><td>5.3%</td><td>3.4%</td><td>2.0%</td><td>3.1%</td><td>2.4%</td><td>1.1%</td><td>2.8%</td><td>2.4%</td><td>1.3%</td><td>1.1%</td><td>1.2%</td></tr> <tr> <td>Nursing Non Reg</td><td>3.1%</td><td>1.6%</td><td>6.5%</td><td>4.5%</td><td>3.1%</td><td>3.7%</td><td>3.2%</td><td>2.1%</td><td>2.7%</td><td>2.7%</td><td>1.2%</td><td>1.1%</td><td>1.3%</td></tr> <tr> <td>Other</td><td>2.0%</td><td>1.4%</td><td>2.7%</td><td>2.2%</td><td>1.4%</td><td>2.6%</td><td>1.8%</td><td>0.8%</td><td>1.8%</td><td>1.6%</td><td>0.5%</td><td>0.6%</td><td>0.6%</td></tr> <tr> <td>All</td><td>2.3%</td><td>1.4%</td><td>3.9%</td><td>3.0%</td><td>1.8%</td><td>3.1%</td><td>2.3%</td><td>1.2%</td><td>2.4%</td><td>2.2%</td><td>1.0%</td><td>0.8%</td><td>0.9%</td></tr> </tbody> </table>													Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Medical	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	Nursing Reg	2.2%	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	Nursing Non Reg	3.1%	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	Other	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	All	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22																																																																																				
Medical	2.4%	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%																																																																																				
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Other	2.0%	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%																																																																																				
All	2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%																																																																																				

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<b>Ambulance responses</b> 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 October 2022, the number of red calls responded to within 8 minutes saw a slight in-month increase to 50.3%. In October 2022, the number of green calls increased by 15%, amber calls increased by 6%, and red calls increased by 25% compared with September 2022.	Ambulance response rates have seen a slight improvement in performance in October 2022. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.
	Trend	
	<p><b>1. % of red calls responded to within 8 minutes</b></p> <p>■ Red calls within 8 minutes (SBU HB) — Target</p>	<p><b>2. Number of ambulance call responses</b></p> <p>— Red calls — Amber calls — Green calls</p>
	<p><b>3. % of red calls responded to within 8 minutes – HB total last 90 days</b></p> <p>● Total — Mean — Control Limits</p> <div> <p>Symbol Key:</p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>— 8 or more points above or below the mean</li> <li>● Arun of 6</li> <li>● increasing or decreasing points</li> </ul> </div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
Ambulance handovers 1.The number of ambulance handovers over one hour  2. The number of ambulance handovers over one hour- Hospital level  3.The number of ambulance handovers over one hour (last 90 days)	<p>In October 2022, there were 739 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 739 in September 2022. In October 2022, 722 handovers over 1 hour were attributed to Morriston Hospital and 17 were attributed to Singleton Hospital.</p> <p>The number of handover hours lost over 15 minutes have increased from 4,378 in September 2022 to 4,599 in October 2022.</p>	<p>Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction. Two dedicated ambulance co-ordinator roles are currently being recruited to, along with the expansion of the older persons assessment service – all of which has been implemented to support the pressure within the system.</p>
	Trend	
	<p><b>1. Number of ambulance handovers- HB total</b></p> <p>■ Handovers &gt; 1 hr (SBU HB)</p>	<p><b>2. Number of ambulance handovers over 1 hour- Hospital level</b></p> <p>— Morriston handovers &gt; 1 hour — Singleton handovers &gt; 1 hour</p>
	<p><b>3. Number of ambulance handovers- HB total last 90 days</b></p> <p>— Total — Mean — Control Limits</p> <div data-bbox="1832 1086 2085 1374"> <p>Symbol Key:</p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>▲ 8 or more points above or below the mean</li> <li>● Arun of 6</li> <li>● increasing or decreasing points</li> </ul> </div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<b>A&amp;E Attendances</b> 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 October 2022, there were 11,075 A&E attendances, this is 8% higher than September 2022.	There are several admission avoidance schemes in place in order to reduce the number of patients presenting at the A&E department which include; Rapid response therapies 7 day working, the WAST stack review and home first in-reach.
	Trend	
	<div> <div> <b>1. Number of A&amp;E attendances- HB total</b> </div> <div> <b>2. Number of A&amp;E attendances- Hospital level</b> </div> </div> <div> <b>3. Number of A&amp;E attendances -HB total last 90 days</b> </div>	



UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<b>A&amp;E waiting times</b>  <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&amp;E- Hospital level</i>  <i>3. % of patients who spend less than 4 hours in A&amp;E (last 90 days)</i>	<p>The Health Board's performance against the 4-hour measure deteriorated from 72.7% in September 2022 to 70.56% in October 2022</p> <p>Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 96.84% in October 2022. Morriston Hospital's performance improved between September 2022 and October 2022 achieving 53.55% against the target.</p>	<p>Internal flow activities to support reduced occupancy and to improve flow throughout the day are being put in place, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with WAST colleagues to implement further pathways.</p>
	<b>Trend</b>	
	<div> <div> <b>1. % Patients waiting under 4 hours in A&amp;E- HB total</b> <p>Legend: A&amp;E % &lt; 4 hours (SB UHB) (purple bars), Trajectory (red line)</p> </div> <div> <b>2. % Patients waiting under 4 hours in A&amp;E- Hospital level</b> <p>Legend: Morriston (blue line), NPTH (yellow line)</p> </div> <div> <b>3. % Patients waiting under 4 hours in A&amp;E- HB total last 90 days</b> <p>Legend: Total (blue dots), Mean (purple line), Control Limits (blue lines)</p> <p>Symbol Key:        ◆ Above or below control limits        ▲ 8 or more points above or below the mean        Arun of 6        ● increasing or decreasing points     </p> </div> </div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<b>A&amp;E waiting times</b>  <i>1.Number of patients who spend 12 hours or more in A&amp;E</i>  <i>2.Number of patients who spend 12 hours or more in A&amp;E- Hospital level</i>  <i>3.Number of patients who spend 12 hours or more in A&amp;E (last 90 days)</i>	<p>In October 2022, performance against the 12-hour measure deteriorated slightly compared with September 2022, decreasing from 1,470 to 1,584. This is an increase of 308 compared to October 2021.</p> <p>1,583 patients waiting over 12 hours in September 2022 were in Morriston Hospital, with 1 patient waiting over 12 hours in Neath Port Talbot Hospital.</p>	<p>An additional four virtual wards were established in September 2022, therefore the full 8 now fully operational and the benefits of these are expected to be seen in the near future. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.</p>
	<b>Trend</b>	
	<p><b>1. Number of patients waiting over 12 hours in A&amp;E- HB total</b></p> <p><b>2. Number of patients waiting over 12 hours in A&amp;E- Hospital level</b></p> <p><b>3. Number of patients waiting over 12 hours in A&amp;E – HB total last 90 days</b></p> <p><b>Symbol Key:</b></p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>▲ 8 or more points above or below the mean</li> <li>● Arun of 6</li> <li>● increasing or decreasing points</li> </ul>	

UNSCHEDULED CARE		
Description		Actions of Improvement
<b>Emergency admissions</b>  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 October 2022, there were 4,274 emergency admissions across the Health Board, which is an increase of 223 from September 2022.</p> <p>Singleton Hospital saw an in-month reduction, with 149 less admissions (from 1,038 in September 2022), Morriston Hospital saw an in-month increase from 2,896 admissions in September 2022 to 3,254 admissions in October 2022.</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> <b>1. Number of emergency admissions- HB total</b> <p>■ Emergency Admissions (SBU HB)</p> </div> <div> <b>2. Number of emergency admissions- Hospital level</b> <p>— Morriston — Singleton — NPTH</p> </div> <div> <b>3. Number of emergency admissions- HB total last 90 days</b> <p>● Total — Mean — Control Limits</p> <div> <p>Symbol Key:</p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>▲ 8 or more points above or below the mean</li> <li>● Arun of 6</li> <li>● increasing or decreasing points</li> </ul> </div> </div> </div>	



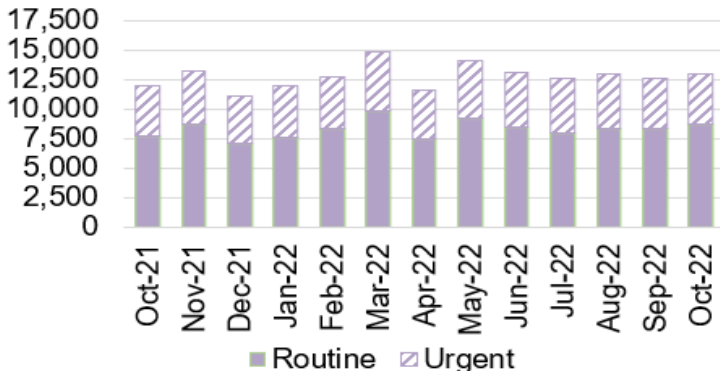
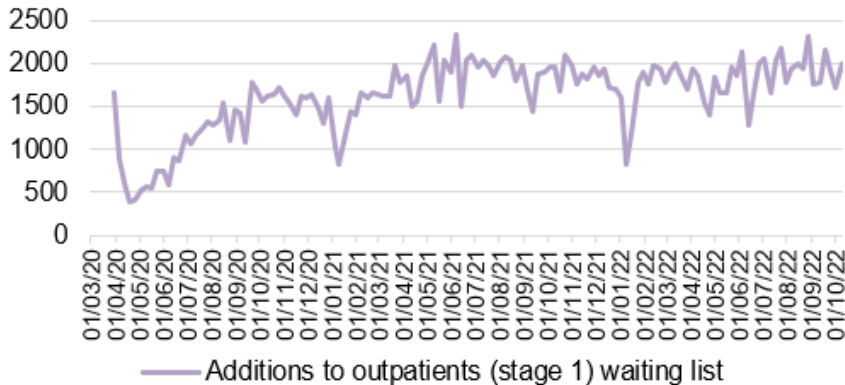
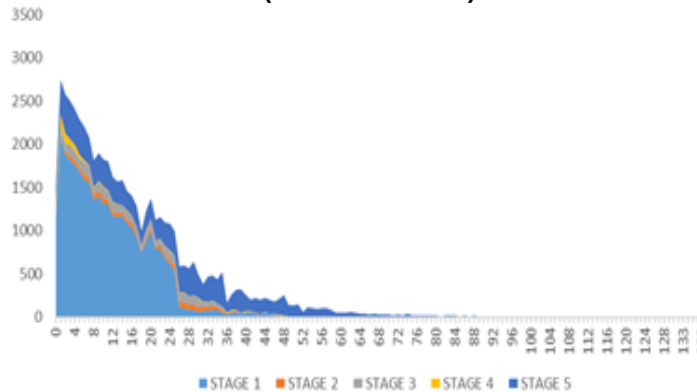
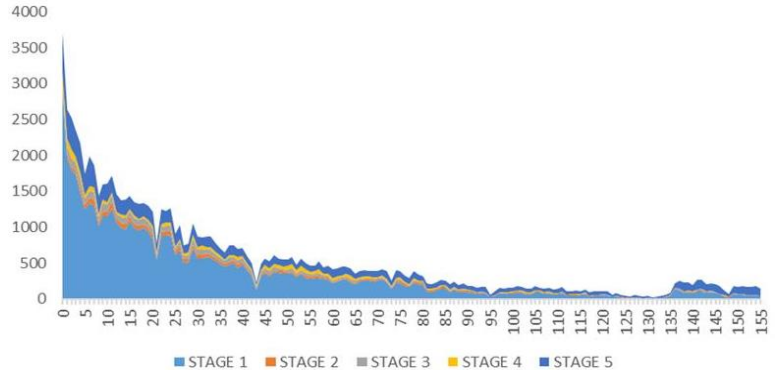
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<b>Critical Care-Delayed Transfers of Care (DTCO)-Morrison Hospital</b> <i>1.Total Critical Care delayed discharges (hours)</i>  <i>2. Average lost bed days per day</i>  <i>3.Percentage of patients delayed: Up to 8 hours Between 8 and 24 hours Over 24 hours</i>	In October 2022, there were a total of 77 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is a reduction when compared with 93 admissions in September 2022. October 2022, saw a reduction in the number of delayed discharge hours from 4223.45 in September 2022 to 3899.2 in November 2022. However, the average lost bed days reduced to 5.24 per day. The percentage of patients delayed over 24 hours increased from 57.53% in September 2022 to 68.52% in October 2022.	Delayed discharges from ICU are intimately linked to capacity and flow constraints within the general wards and health/social-care system in general. A minor reduction in the current pressures within ED are having a direct impact on discharges from ICU.																																																																																																															
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	<div><div><b>1. Total Critical Care delayed discharges (hours)</b> <table><caption>1. Total Critical Care delayed discharges (hours)</caption><thead><tr><th>Month</th><th>Total Delayed Discharges (hours)</th></tr></thead><tbody><tr><td>Oct-21</td><td>1,800</td></tr><tr><td>Nov-21</td><td>1,800</td></tr><tr><td>Dec-21</td><td>3,500</td></tr><tr><td>Jan-22</td><td>2,500</td></tr><tr><td>Feb-22</td><td>4,500</td></tr><tr><td>Mar-22</td><td>3,800</td></tr><tr><td>Apr-22</td><td>4,800</td></tr><tr><td>May-22</td><td>3,800</td></tr><tr><td>Jun-22</td><td>3,800</td></tr><tr><td>Jul-22</td><td>4,000</td></tr><tr><td>Aug-22</td><td>4,300</td></tr><tr><td>Sep-22</td><td>4,200</td></tr><tr><td>Oct-22</td><td>3,900</td></tr></tbody></table></div><div><b>2. Average lost bed days per day</b> <table><caption>2. Average lost bed days per day</caption><thead><tr><th>Month</th><th>Average Lost Bed Days (per day)</th></tr></thead><tbody><tr><td>Oct-21</td><td>2.5</td></tr><tr><td>Nov-21</td><td>2.5</td></tr><tr><td>Dec-21</td><td>4.5</td></tr><tr><td>Jan-22</td><td>3.5</td></tr><tr><td>Feb-22</td><td>6.5</td></tr><tr><td>Mar-22</td><td>5.0</td></tr><tr><td>Apr-22</td><td>7.0</td></tr><tr><td>May-22</td><td>5.0</td></tr><tr><td>Jun-22</td><td>5.5</td></tr><tr><td>Jul-22</td><td>5.5</td></tr><tr><td>Aug-22</td><td>6.0</td></tr><tr><td>Sep-22</td><td>6.0</td></tr><tr><td>Oct-22</td><td>5.2</td></tr></tbody></table></div><div><b>3. Percentage of Critical Care patients delayed</b> <table><caption>3. Percentage of Critical Care patients delayed</caption><thead><tr><th>Month</th><th>% delayed up to 8 hours</th><th>% delayed between 8 and 24 hours</th><th>% delayed over 24 hours</th></tr></thead><tbody><tr><td>Oct-21</td><td>25%</td><td>10%</td><td>65%</td></tr><tr><td>Nov-21</td><td>15%</td><td>10%</td><td>75%</td></tr><tr><td>Dec-21</td><td>20%</td><td>10%</td><td>70%</td></tr><tr><td>Jan-22</td><td>15%</td><td>10%</td><td>75%</td></tr><tr><td>Feb-22</td><td>15%</td><td>10%</td><td>75%</td></tr><tr><td>Mar-22</td><td>15%</td><td>10%</td><td>75%</td></tr><tr><td>Apr-22</td><td>10%</td><td>10%</td><td>80%</td></tr><tr><td>May-22</td><td>20%</td><td>20%</td><td>60%</td></tr><tr><td>Jun-22</td><td>10%</td><td>10%</td><td>80%</td></tr><tr><td>Jul-22</td><td>10%</td><td>10%</td><td>80%</td></tr><tr><td>Aug-22</td><td>5%</td><td>10%</td><td>85%</td></tr><tr><td>Sep-22</td><td>20%</td><td>10%</td><td>70%</td></tr><tr><td>Oct-22</td><td>20%</td><td>10%</td><td>70%</td></tr></tbody></table></div></div>		Month	Total Delayed Discharges (hours)	Oct-21	1,800	Nov-21	1,800	Dec-21	3,500	Jan-22	2,500	Feb-22	4,500	Mar-22	3,800	Apr-22	4,800	May-22	3,800	Jun-22	3,800	Jul-22	4,000	Aug-22	4,300	Sep-22	4,200	Oct-22	3,900	Month	Average Lost Bed Days (per day)	Oct-21	2.5	Nov-21	2.5	Dec-21	4.5	Jan-22	3.5	Feb-22	6.5	Mar-22	5.0	Apr-22	7.0	May-22	5.0	Jun-22	5.5	Jul-22	5.5	Aug-22	6.0	Sep-22	6.0	Oct-22	5.2	Month	% delayed up to 8 hours	% delayed between 8 and 24 hours	% delayed over 24 hours	Oct-21	25%	10%	65%	Nov-21	15%	10%	75%	Dec-21	20%	10%	70%	Jan-22	15%	10%	75%	Feb-22	15%	10%	75%	Mar-22	15%	10%	75%	Apr-22	10%	10%	80%	May-22	20%	20%	60%	Jun-22	10%	10%	80%	Jul-22	10%	10%	80%	Aug-22	5%	10%	85%	Sep-22	20%	10%	70%	Oct-22	20%	10%
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<b>Clinically Optimised</b> <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In October 2022, there were on average 306 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In October 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 109, closely followed by Neath Port Talbot Hospital with 101.</p> <p><b>Actions of Improvement;</b> Detailed work is currently being undertaken by the Deputy Chief Operating Officer to explore opportunities to reduce the number of Clinically Optimised Patients in the Hospital by implementing new pathways.</p>	<p><b>The number of clinically optimised patients by site</b></p> <table border="1"><caption>Estimated data for Clinically Optimised Patients</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseion</th></tr></thead><tbody><tr><td>Oct-21</td><td>100</td><td>60</td><td>85</td><td>15</td></tr><tr><td>Nov-21</td><td>110</td><td>60</td><td>85</td><td>15</td></tr><tr><td>Dec-21</td><td>110</td><td>60</td><td>85</td><td>15</td></tr><tr><td>Jan-22</td><td>115</td><td>70</td><td>80</td><td>20</td></tr><tr><td>Feb-22</td><td>125</td><td>70</td><td>90</td><td>15</td></tr><tr><td>Mar-22</td><td>100</td><td>60</td><td>90</td><td>25</td></tr><tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>25</td></tr><tr><td>May-22</td><td>115</td><td>70</td><td>90</td><td>15</td></tr><tr><td>Jun-22</td><td>145</td><td>65</td><td>90</td><td>20</td></tr><tr><td>Jul-22</td><td>115</td><td>65</td><td>95</td><td>15</td></tr><tr><td>Aug-22</td><td>120</td><td>75</td><td>105</td><td>15</td></tr><tr><td>Sep-22</td><td>120</td><td>90</td><td>95</td><td>20</td></tr><tr><td>Oct-22</td><td>110</td><td>75</td><td>105</td><td>25</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseion	Oct-21	100	60	85	15	Nov-21	110	60	85	15	Dec-21	110	60	85	15	Jan-22	115	70	80	20	Feb-22	125	70	90	15	Mar-22	100	60	90	25	Apr-22	100	65	85	25	May-22	115	70	90	15	Jun-22	145	65	90	20	Jul-22	115	65	95	15	Aug-22	120	75	105	15	Sep-22	120	90	95	20	Oct-22	110	75	105	25
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<b>Elective procedures cancelled due to lack of beds</b> The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds	<p>In October 2022, there were 39 elective procedures cancelled due to lack of beds on the day of surgery. This is 15 less cancellations than those seen in October 2021.</p> <p>Of the cancelled procedures, 35 of the cancellations were attributed to Morriston Hospital, 3 were attributed to Singleton Hospital and 1 was attributed to Neath Port Talbot Hospital in October 2022.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p> <table border="1"><caption>Estimated data for Elective Procedures Cancelled</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Oct-21</td><td>40</td><td>2</td><td>1</td></tr><tr><td>Nov-21</td><td>60</td><td>2</td><td>1</td></tr><tr><td>Dec-21</td><td>35</td><td>2</td><td>1</td></tr><tr><td>Jan-22</td><td>18</td><td>2</td><td>1</td></tr><tr><td>Feb-22</td><td>25</td><td>5</td><td>1</td></tr><tr><td>Mar-22</td><td>35</td><td>2</td><td>1</td></tr><tr><td>Apr-22</td><td>35</td><td>2</td><td>1</td></tr><tr><td>May-22</td><td>55</td><td>2</td><td>1</td></tr><tr><td>Jun-22</td><td>35</td><td>2</td><td>1</td></tr><tr><td>Jul-22</td><td>30</td><td>2</td><td>1</td></tr><tr><td>Aug-22</td><td>12</td><td>2</td><td>1</td></tr><tr><td>Sep-22</td><td>25</td><td>2</td><td>1</td></tr><tr><td>Oct-22</td><td>35</td><td>3</td><td>1</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Oct-21	40	2	1	Nov-21	60	2	1	Dec-21	35	2	1	Jan-22	18	2	1	Feb-22	25	5	1	Mar-22	35	2	1	Apr-22	35	2	1	May-22	55	2	1	Jun-22	35	2	1	Jul-22	30	2	1	Aug-22	12	2	1	Sep-22	25	2	1	Oct-22	35	3	1														
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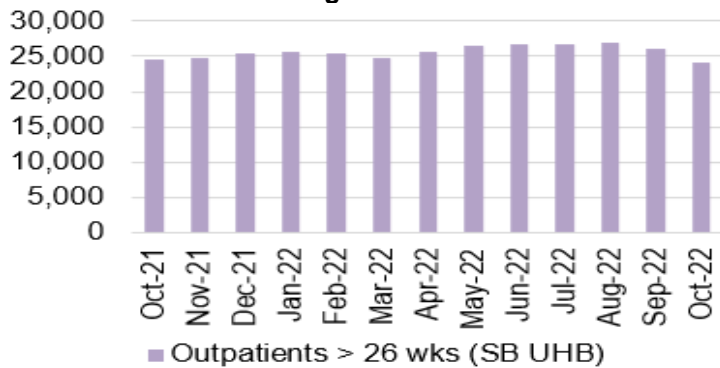
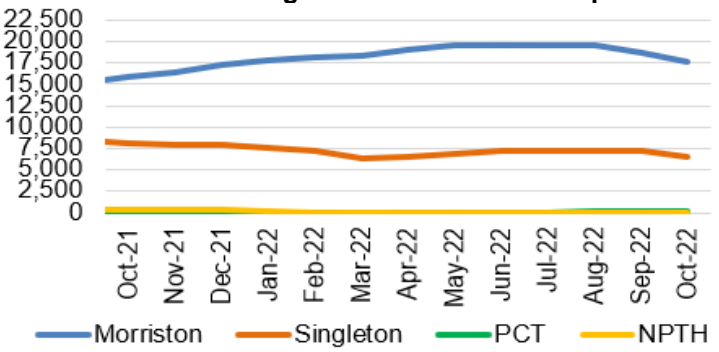
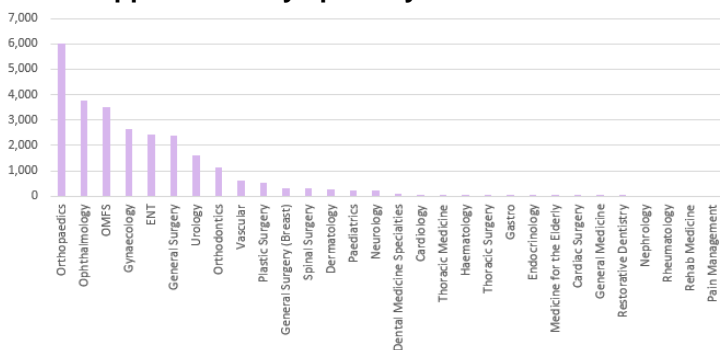
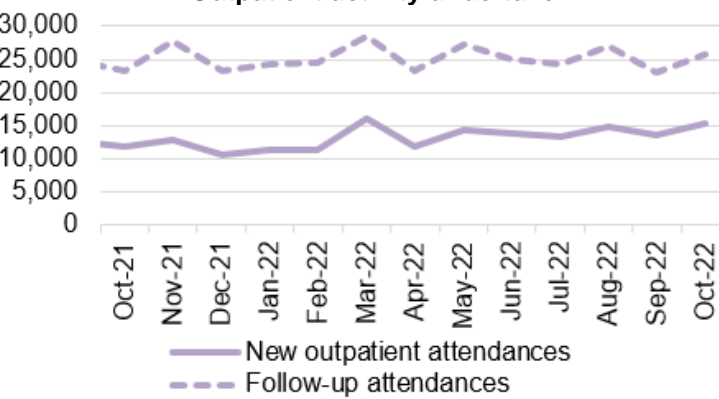
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<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> <li>22 cases of <i>E. coli</i> bacteraemia were identified in October 2022, of which 12 were hospital acquired and 10 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 21 cases for September 2022.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-21</td><td>19</td><td>21</td></tr> <tr><td>Nov-21</td><td>22</td><td>21</td></tr> <tr><td>Dec-21</td><td>17</td><td>21</td></tr> <tr><td>Jan-22</td><td>15</td><td>21</td></tr> <tr><td>Feb-22</td><td>26</td><td>21</td></tr> <tr><td>Mar-22</td><td>21</td><td>21</td></tr> <tr><td>Apr-22</td><td>31</td><td>21</td></tr> <tr><td>May-22</td><td>21</td><td>21</td></tr> <tr><td>Jun-22</td><td>17</td><td>21</td></tr> <tr><td>Jul-22</td><td>21</td><td>21</td></tr> <tr><td>Aug-22</td><td>32</td><td>21</td></tr> <tr><td>Sep-22</td><td>15</td><td>21</td></tr> <tr><td>Oct-22</td><td>22</td><td>21</td></tr> <tr><td>Nov-22</td><td></td><td>21</td></tr> <tr><td>Dec-22</td><td></td><td>21</td></tr> <tr><td>Jan-23</td><td></td><td>21</td></tr> <tr><td>Feb-23</td><td></td><td>20</td></tr> <tr><td>Mar-23</td><td></td><td>20</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Oct-21	19	21	Nov-21	22	21	Dec-21	17	21	Jan-22	15	21	Feb-22	26	21	Mar-22	21	21	Apr-22	31	21	May-22	21	21	Jun-22	17	21	Jul-22	21	21	Aug-22	32	21	Sep-22	15	21	Oct-22	22	21	Nov-22		21	Dec-22		21	Jan-23		21	Feb-23		20	Mar-23		20
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<b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i>	<ul style="list-style-type: none"> <li>There were 17 cases of Staph. aureus bacteraemia in October 2022, of which 13 were hospital acquired and 4 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 6 cases for October 2022.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired S.aureus bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-21</td><td>18</td><td>8</td></tr> <tr><td>Nov-21</td><td>4</td><td>8</td></tr> <tr><td>Dec-21</td><td>9</td><td>7</td></tr> <tr><td>Jan-22</td><td>13</td><td>7</td></tr> <tr><td>Feb-22</td><td>10</td><td>7</td></tr> <tr><td>Mar-22</td><td>11</td><td>7</td></tr> <tr><td>Apr-22</td><td>13</td><td>7</td></tr> <tr><td>May-22</td><td>18</td><td>6</td></tr> <tr><td>Jun-22</td><td>9</td><td>6</td></tr> <tr><td>Jul-22</td><td>12</td><td>6</td></tr> <tr><td>Aug-22</td><td>11</td><td>6</td></tr> <tr><td>Sep-22</td><td>13</td><td>6</td></tr> <tr><td>Oct-22</td><td>17</td><td>6</td></tr> <tr><td>Nov-22</td><td></td><td>6</td></tr> <tr><td>Dec-22</td><td></td><td>5</td></tr> <tr><td>Jan-23</td><td></td><td>5</td></tr> <tr><td>Feb-23</td><td></td><td>5</td></tr> <tr><td>Mar-23</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Oct-21	18	8	Nov-21	4	8	Dec-21	9	7	Jan-22	13	7	Feb-22	10	7	Mar-22	11	7	Apr-22	13	7	May-22	18	6	Jun-22	9	6	Jul-22	12	6	Aug-22	11	6	Sep-22	13	6	Oct-22	17	6	Nov-22		6	Dec-22		5	Jan-23		5	Feb-23		5	Mar-23		5
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<b>Healthcare Acquired Infections (HCAI)- C.difficile-</b> <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"> <li>There were 20 <i>Clostridium difficile</i> toxin positive cases in October 2022, of which 15 were hospital acquired and 5 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 8 cases for October 2022.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired C.difficile cases</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-21</td><td>15</td><td></td></tr> <tr><td>Nov-21</td><td>20</td><td></td></tr> <tr><td>Dec-21</td><td>12</td><td></td></tr> <tr><td>Jan-22</td><td>14</td><td></td></tr> <tr><td>Feb-22</td><td>13</td><td></td></tr> <tr><td>Mar-22</td><td>18</td><td></td></tr> <tr><td>Apr-22</td><td>13</td><td>7</td></tr> <tr><td>May-22</td><td>11</td><td>8</td></tr> <tr><td>Jun-22</td><td>16</td><td>9</td></tr> <tr><td>Jul-22</td><td>16</td><td>8</td></tr> <tr><td>Aug-22</td><td>22</td><td>8</td></tr> <tr><td>Sep-22</td><td>14</td><td>9</td></tr> <tr><td>Oct-22</td><td>20</td><td>8</td></tr> <tr><td>Nov-22</td><td></td><td>7</td></tr> <tr><td>Dec-22</td><td></td><td>8</td></tr> <tr><td>Jan-23</td><td></td><td>8</td></tr> <tr><td>Feb-23</td><td></td><td>8</td></tr> <tr><td>Mar-23</td><td></td><td>7</td></tr> </tbody> </table> <p>Number of C.diff cases (SBU) Trajectory</p>	Month	Number of C.diff cases (SBU)	Trajectory	Oct-21	15		Nov-21	20		Dec-21	12		Jan-22	14		Feb-22	13		Mar-22	18		Apr-22	13	7	May-22	11	8	Jun-22	16	9	Jul-22	16	8	Aug-22	22	8	Sep-22	14	9	Oct-22	20	8	Nov-22		7	Dec-22		8	Jan-23		8	Feb-23		8	Mar-23		7
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<b>Healthcare Acquired Infections (HCAI)- Klebsiella sp-</b> <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"> <li>There were 7 cases of Klebsiella sp in October 2022, of which 3 were hospital acquired and 4 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 6 cases for October 2022.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired Klebsiella cases</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-21</td><td>13</td><td></td></tr> <tr><td>Nov-21</td><td>7</td><td></td></tr> <tr><td>Dec-21</td><td>9</td><td></td></tr> <tr><td>Jan-22</td><td>5</td><td></td></tr> <tr><td>Feb-22</td><td>4</td><td></td></tr> <tr><td>Mar-22</td><td>7</td><td></td></tr> <tr><td>Apr-22</td><td>6</td><td>7</td></tr> <tr><td>May-22</td><td>8</td><td>6</td></tr> <tr><td>Jun-22</td><td>8</td><td>6</td></tr> <tr><td>Jul-22</td><td>11</td><td>6</td></tr> <tr><td>Aug-22</td><td>8</td><td>6</td></tr> <tr><td>Sep-22</td><td>10</td><td>6</td></tr> <tr><td>Oct-22</td><td>7</td><td>6</td></tr> <tr><td>Nov-22</td><td></td><td>6</td></tr> <tr><td>Dec-22</td><td></td><td>6</td></tr> <tr><td>Jan-23</td><td></td><td>6</td></tr> <tr><td>Feb-23</td><td></td><td>5</td></tr> <tr><td>Mar-23</td><td></td><td>5</td></tr> </tbody> </table> <p>Number of Klebsiella cases (SBU) Trajectory</p>	Month	Number of Klebsiella cases (SBU)	Trajectory	Oct-21	13		Nov-21	7		Dec-21	9		Jan-22	5		Feb-22	4		Mar-22	7		Apr-22	6	7	May-22	8	6	Jun-22	8	6	Jul-22	11	6	Aug-22	8	6	Sep-22	10	6	Oct-22	7	6	Nov-22		6	Dec-22		6	Jan-23		6	Feb-23		5	Mar-23		5
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<b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> <li>There were 6 cases of <i>P.Aeruginosa</i> in October 2022, 3 of which were hospital acquired, and 3 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 1 cumulative case for October 2022.</li> </ul> <p><b>Actions of Improvement;</b>  Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired Pseudomonas cases</b></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>Oct-21</td><td>0</td><td></td></tr> <tr><td>Nov-21</td><td>3</td><td></td></tr> <tr><td>Dec-21</td><td>4</td><td></td></tr> <tr><td>Jan-22</td><td>1</td><td></td></tr> <tr><td>Feb-22</td><td>3</td><td></td></tr> <tr><td>Mar-22</td><td>2</td><td></td></tr> <tr><td>Apr-22</td><td>2</td><td>2</td></tr> <tr><td>May-22</td><td>2</td><td>2</td></tr> <tr><td>Jun-22</td><td>4</td><td>2</td></tr> <tr><td>Jul-22</td><td>4</td><td>2</td></tr> <tr><td>Aug-22</td><td>3</td><td>2</td></tr> <tr><td>Sep-22</td><td>5</td><td>2</td></tr> <tr><td>Oct-22</td><td>6</td><td>1</td></tr> <tr><td>Nov-22</td><td>0</td><td>1</td></tr> <tr><td>Dec-22</td><td>0</td><td>2</td></tr> <tr><td>Jan-23</td><td>0</td><td>2</td></tr> <tr><td>Feb-23</td><td>0</td><td>2</td></tr> <tr><td>Mar-23</td><td>0</td><td>1</td></tr> </tbody> </table> <p>■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Oct-21	0		Nov-21	3		Dec-21	4		Jan-22	1		Feb-22	3		Mar-22	2		Apr-22	2	2	May-22	2	2	Jun-22	4	2	Jul-22	4	2	Aug-22	3	2	Sep-22	5	2	Oct-22	6	1	Nov-22	0	1	Dec-22	0	2	Jan-23	0	2	Feb-23	0	2	Mar-23	0	1
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PLANNED CARE		
Description	Current Performance	Actions of Improvement
<b>Referrals and shape of the waiting list</b>  <b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>  <b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>  <b>3. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at December 2019</i>  <b>4. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at October 2022</i>	<p>October 2022 has seen an increase in referral figures compared with September 2022 (12,572). Referral rates have continued to rise slowly since December 2021, with 13,014 received in October 2022. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.</p> <div><div><p><b>1. Number of GP referrals received by SBU Health Board</b></p></div><div><p><b>2. Number of stage 1 additions per week</b></p><p>— Additions to outpatients (stage 1) waiting list</p></div><div><p><b>3. Total size of the waiting list and movement (December 2019)</b></p></div><div><p><b>4. Total size of the waiting list and movement (October 2022)</b></p></div></div>	<p>The number of referrals received has remained steady in recent months, and is now showing a consistent pattern of demand.</p>



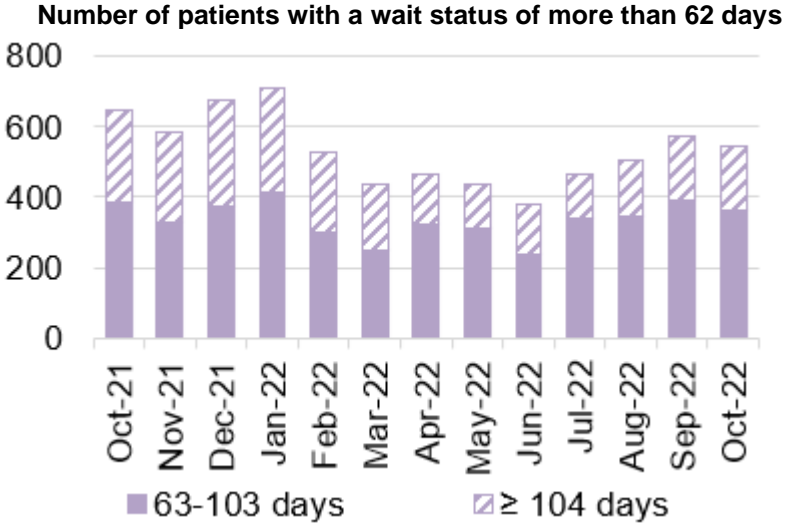
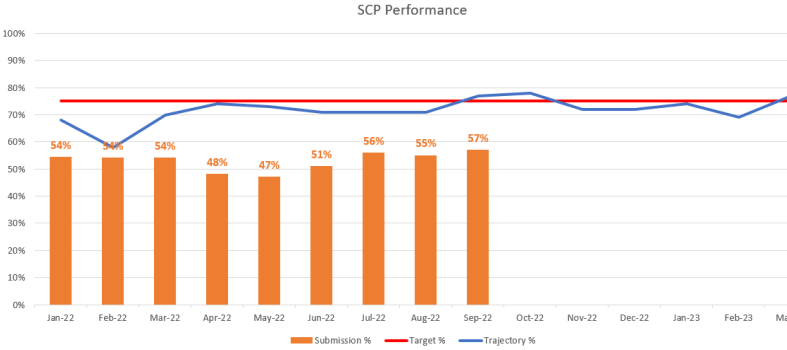
PLANNED CARE		
Description	Current Performance	Actions of Improvement
<b>Outpatient waiting times</b>  1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total  2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level  3. Patients waiting over 26 weeks for an outpatient appointment by specialty  4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. October 2022 saw an in-month reduction of 7% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 26,065 in September 2022 to 24,112 in October 2022. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and ENT. Chart 4 shows that the number of attendances has remained steady in recent months despite the impact of the recent Covid wave.</p>	<p>Administrative validation is currently taking place to further cleanse the waiting list position and reduce the number of patients on the waiting list inappropriately.</p> <p>Service Group specific recovery trajectories have been developed to further support recovery</p>
	Trend	
	<div><div><p>1. Number of stage 1 over 26 weeks- HB total</p><p>■ Outpatients &gt; 26 wks (SB UHB)</p></div><div><p>2. Number of stage 1 over 26 weeks- Hospital level</p><p>— Morriston — Singleton — PCT — NPTH</p></div><div><p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at October 2022</p></div><div><p>4. Outpatient activity undertaken</p><p>— New outpatient attendances - - - Follow-up attendances</p></div></div>	

PLANNED CARE		
Description	Current Performance	Actions of Improvement
<b>Patients waiting over 36 weeks for treatment</b>  1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total  2. Number of patients waiting more than 52 weeks for treatment at Stage 1  3. Number of elective admissions  4. Number of patients waiting more than 104 weeks for treatment	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In October 2022, there were 36,121 patients waiting over 36 weeks which is a 2.6% in-month reduction from September 2022. 26,147 of the 36,121 were waiting over 52 weeks in October 2022. In October 2022, there were 10,090 patients waiting over 104 weeks for treatment, which is a 5% reduction from September 2022.</p>	<p>Detailed demand and capacity work is ongoing to support the reduction of Stage 1 patients waiting for an outpatient appointment. Currently implementing planned care efficiency measures which include; over-booking clinics, improving treatment turn rates, increasing capacity, validation of pathways and internal administrative and clinical validation</p>
	<b>Trend</b>	
	<p><b>1. Number of patients waiting over 36 weeks- HB total</b></p> <p>Ministerial Target = 0 by 2026</p>	<p><b>2. Number of patients waiting over 52 weeks at Stage 1- HB total</b></p> <p>Ministerial Target = 0 by December 2022</p>
	<p><b>3. Number of elective admissions</b></p> <p>Admitted elective patients</p>	<p><b>4. Number of patients waiting over 104 weeks- Hospital level</b></p> <p>Ministerial Target = 0 by 2024</p>

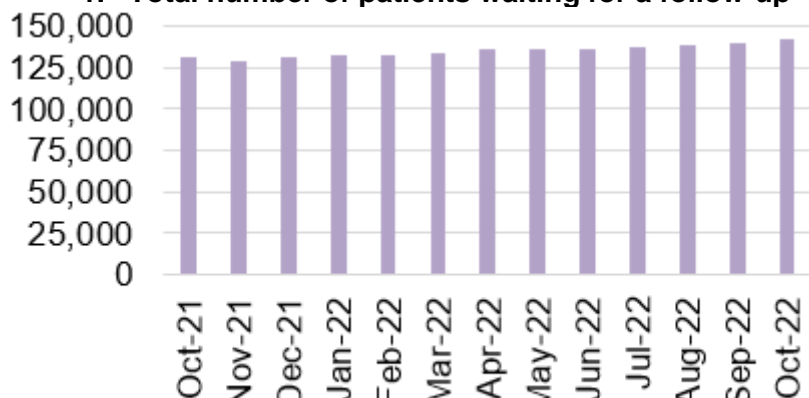



PLANNED CARE		
Description	Current Performance	
<b>Total waiting times</b> <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In October 2022, 53.5% of patients were waiting under 26 weeks from referral to treatment, which is 1.4% more than those seen in September 2022.</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p> <p>Ministerial Target = 95% by 2026</p>
<b>Ophthalmology waiting times</b> <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 October 2022, 65.2% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22.</p> <p><b>Actions of Improvement;</b>  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><b>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</b></p>

PLANNED CARE		
Description	Current Performance	Trend
<b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In October 2022, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It reduced from 6,177 in September 2022 to 5,833 in October 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for October 2022:</p> <ul style="list-style-type: none"> <li>Endoscopy= 4,170</li> <li>Cardiac tests= 716</li> <li>Other Diagnostics = 947</li> </ul> <p><b>Actions of Improvement;</b>  Endoscopy waits have reduced slightly this month and the figures are slightly above the submitted trajectory. The Endoscopy team have implemented several actions to support future improvement, which include increasing list capacity, increasing insourcing and outsourcing sessions, along with an ongoing clinical validation project.</p>	<p><b>Number of patients waiting longer than 8 weeks for Endoscopy</b></p> <p>Ministerial Target = Endoscopy waits &gt; 8 Weeks will be 0 by Spring 2024</p>
<b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In October 2022 there were 707 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for the breaches in October 2022 are:</p> <ul style="list-style-type: none"> <li>Podiatry = 490</li> <li>Speech &amp; Language Therapy= 128 ^</li> <li>Dietetics = 10</li> </ul> <p><b>Actions of Improvement;</b>  The Service Group have already identified the declining position in both Dietetics and Podiatry and have developed detailed recovery trajectories in both areas. Podiatry have developed a revised recovery trajectory for Q4, with Dietetics working through their deadline for recovery</p>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p>

CANCER					
Description	Current Performance		Trend		
<b>Single Cancer Pathway backlog</b> <i>The number of patients with an active wait status of more than 63 days</i>	October 2022 backlog by tumour site:		<b>Number of patients with a wait status of more than 62 days</b> 		
	<b>Tumour Site</b>	<b>63 - 103 days</b>		<b>≥104 days</b>	
	Acute Leukaemia	0		0	
	Brain/CNS	1		0	
	Breast	17		5	
	Children's cancer	0		0	
	Gynaecological	55		16	
	Haematological	10		15	
	Head and neck	15		5	
	Lower Gastrointestinal	106		62	
	Lung	17		9	
	Other	7		2	
	Sarcoma	6		3	
	Skin(c)	27		5	
	Upper Gastrointestinal	49		29	
	Urological	54		30	
	<b>Grand Total</b>	<b>364</b>		<b>181</b>	
	<b>Single Cancer Pathway backlog-patients waiting over 63 days</b>	October 2022 has seen a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;		<b>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</b> 	
		<ul style="list-style-type: none"><li>- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast.</li><li>- Focussed work is being undertaken with the Endoscopy service to develop a sustainable Endoscopy plan</li><li>- Targeted work is being undertaken to focus on reducing the number of patients waiting &gt;104 days as a priority</li><li>- Increased USC activity in Radiology has improved access and reduced waiting times</li><li>- Tracking capacity was increased earlier this year to support data quality</li></ul>			

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<b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early November 2022 figures show total wait volumes for first outpatient appointment have decreased by 5% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 44% have been booked, which is an improvement on previous months' performance.</p>	<p><b>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early November 2022</b></p> <table><tr><th>FIRST OPA</th><th>30-Oct</th><th>06-Nov</th></tr><tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr><tr><td>Brain/CNS</td><td>2</td><td>0</td></tr><tr><td>Breast</td><td>0</td><td>0</td></tr><tr><td>Children's Cancer</td><td>1</td><td>4</td></tr><tr><td>Gynaecological</td><td>125</td><td>73</td></tr><tr><td>Haematological</td><td>2</td><td>1</td></tr><tr><td>Head and Neck</td><td>101</td><td>97</td></tr><tr><td>Lower GI</td><td>125</td><td>133</td></tr><tr><td>Lung</td><td>7</td><td>8</td></tr><tr><td>Other</td><td>95</td><td>59</td></tr><tr><td>Sarcoma</td><td>0</td><td>1</td></tr><tr><td>Skin</td><td>216</td><td>235</td></tr><tr><td>Upper GI</td><td>57</td><td>67</td></tr><tr><td>Urological</td><td>18</td><td>31</td></tr><tr><td></td><td><b>749</b></td><td><b>709</b></td></tr></table>	FIRST OPA	30-Oct	06-Nov	Acute Leukaemia	0	0	Brain/CNS	2	0	Breast	0	0	Children's Cancer	1	4	Gynaecological	125	73	Haematological	2	1	Head and Neck	101	97	Lower GI	125	133	Lung	7	8	Other	95	59	Sarcoma	0	1	Skin	216	235	Upper GI	57	67	Urological	18	31		<b>749</b>	<b>709</b>																																																																																																									
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<b>Radiotherapy waiting times</b>  <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>Oct-22</th></tr><tr><td>Scheduled (21 Day Target)</td><td>80%</td><td>18%</td></tr><tr><td>Scheduled (28 Day Target)</td><td>100%</td><td>65%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>80%</td><td>32%</td></tr><tr><td>Urgent SC (14 Day Target)</td><td>100%</td><td>68%</td></tr><tr><td>Emergency (within 1 day)</td><td>80%</td><td>70%</td></tr><tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr><tr><td>Elective Delay (21 Day Target)</td><td>80%</td><td>81%</td></tr><tr><td>Elective Delay (28 Day Target)</td><td>100%</td><td>90%</td></tr></table>	Measure	Target	Oct-22	Scheduled (21 Day Target)	80%	18%	Scheduled (28 Day Target)	100%	65%	Urgent SC (7 Day Target)	80%	32%	Urgent SC (14 Day Target)	100%	68%	Emergency (within 1 day)	80%	70%	Emergency (within 2 days)	100%	100%	Elective Delay (21 Day Target)	80%	81%	Elective Delay (28 Day Target)	100%	90%	<p><b>Radiotherapy waiting times</b></p> <table><caption>Radiotherapy Waiting Times Data (Estimated from Chart)</caption><thead><tr><th>Measure</th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th></tr></thead><tbody><tr><td>Scheduled (21 Day Target)</td><td>45%</td><td>30%</td><td>35%</td><td>45%</td><td>50%</td><td>65%</td><td>60%</td><td>35%</td><td>45%</td><td>30%</td><td>35%</td><td>35%</td><td>18%</td></tr><tr><td>Scheduled (28 Day Target)</td><td>85%</td><td>60%</td><td>75%</td><td>80%</td><td>90%</td><td>95%</td><td>90%</td><td>95%</td><td>90%</td><td>95%</td><td>95%</td><td>90%</td><td>65%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>25%</td><td>60%</td><td>35%</td><td>55%</td><td>60%</td><td>55%</td><td>60%</td><td>45%</td><td>45%</td><td>65%</td><td>45%</td><td>55%</td><td>32%</td></tr><tr><td>Urgent SC (14 Day Target)</td><td>85%</td><td>95%</td><td>90%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>68%</td></tr><tr><td>Emergency (within 1 day)</td><td>85%</td><td>80%</td><td>90%</td><td>95%</td><td>95%</td><td>85%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>70%</td></tr><tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td></tr><tr><td>Elective Delay (21 Day Target)</td><td>85%</td><td>80%</td><td>90%</td><td>95%</td><td>95%</td><td>85%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>81%</td></tr><tr><td>Elective Delay (28 Day Target)</td><td>95%</td><td>90%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>90%</td></tr></tbody></table>	Measure	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Scheduled (21 Day Target)	45%	30%	35%	45%	50%	65%	60%	35%	45%	30%	35%	35%	18%	Scheduled (28 Day Target)	85%	60%	75%	80%	90%	95%	90%	95%	90%	95%	95%	90%	65%	Urgent SC (7 Day Target)	25%	60%	35%	55%	60%	55%	60%	45%	45%	65%	45%	55%	32%	Urgent SC (14 Day Target)	85%	95%	90%	95%	95%	95%	95%	95%	95%	95%	95%	95%	68%	Emergency (within 1 day)	85%	80%	90%	95%	95%	85%	95%	95%	95%	95%	95%	95%	70%	Emergency (within 2 days)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Elective Delay (21 Day Target)	85%	80%	90%	95%	95%	85%	95%	95%	95%	95%	95%	95%	81%	Elective Delay (28 Day Target)	95%	90%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	90%
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FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
<b>Follow-up appointments</b>  1. The total number of patients on the follow-up waiting list  2. The number of patients waiting 100% over target for a follow-up appointment	<p>In October 2022, the overall size of the follow-up waiting list increased by 1,654 patients compared with September 2022 (from 139,989 to 141,643).</p> <p>In October 2022, there was a total of 61,772 patients waiting for a follow-up past their target date. This is a slight in-month reduction of 1.1% (from 62,461 in September 2022 to 61,772 in October 2022).</p> <p>Of the 61,772 delayed follow-ups in October 2022, 11,684 had appointment dates and 50,088 were still waiting for an appointment.</p> <p>In addition, 35,968 patients were waiting 100%+ over target date in October 2022. This is a 0.5% reduction when compared with September 2022.</p> <p><b>Actions of Improvement;</b>            Recently a new internal SBUHB validation team has been created and they have recently started validation work. Alongside this, Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach.</p>	<p><b>1. Total number of patients waiting for a follow-up</b></p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p>  <p>■ Number of patients waiting 100% over target date (SBU HB)            — Trajectory</p>

STROKE																														
Description	Current Performance	Trend																												
Stroke Measures																														
1. % of patients who have a direct admission to an acute stroke unit within 4 hours	1. In October 2022, 6% of patients had a direct admission to an acute stroke unit within 4 hours. This is a deterioration on the performance in September 2022 (8%).	<p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <table><caption>% 4 hour admissions (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Oct-21</td><td>0%</td></tr><tr><td>Nov-21</td><td>10%</td></tr><tr><td>Dec-21</td><td>15%</td></tr><tr><td>Jan-22</td><td>10%</td></tr><tr><td>Feb-22</td><td>40%</td></tr><tr><td>Mar-22</td><td>15%</td></tr><tr><td>Apr-22</td><td>10%</td></tr><tr><td>May-22</td><td>20%</td></tr><tr><td>Jun-22</td><td>5%</td></tr><tr><td>Jul-22</td><td>5%</td></tr><tr><td>Aug-22</td><td>5%</td></tr><tr><td>Sep-22</td><td>8%</td></tr><tr><td>Oct-22</td><td>6%</td></tr></tbody></table>	Month	%	Oct-21	0%	Nov-21	10%	Dec-21	15%	Jan-22	10%	Feb-22	40%	Mar-22	15%	Apr-22	10%	May-22	20%	Jun-22	5%	Jul-22	5%	Aug-22	5%	Sep-22	8%	Oct-22	6%
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2. % of patients who received a CT Scan within 1 hour	2. In October 2022, 32% of patients received a CT scan within 1 hour of being admitted, this is 22.7% lower than September 2022	<p>2. % of patients who received a CT Scan within 1 hour</p> <table><caption>% 1 hr CT Scan (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Oct-21</td><td>15%</td></tr><tr><td>Nov-21</td><td>40%</td></tr><tr><td>Dec-21</td><td>35%</td></tr><tr><td>Jan-22</td><td>40%</td></tr><tr><td>Feb-22</td><td>60%</td></tr><tr><td>Mar-22</td><td>45%</td></tr><tr><td>Apr-22</td><td>35%</td></tr><tr><td>May-22</td><td>40%</td></tr><tr><td>Jun-22</td><td>40%</td></tr><tr><td>Jul-22</td><td>35%</td></tr><tr><td>Aug-22</td><td>40%</td></tr><tr><td>Sep-22</td><td>55%</td></tr><tr><td>Oct-22</td><td>32%</td></tr></tbody></table>	Month	%	Oct-21	15%	Nov-21	40%	Dec-21	35%	Jan-22	40%	Feb-22	60%	Mar-22	45%	Apr-22	35%	May-22	40%	Jun-22	40%	Jul-22	35%	Aug-22	40%	Sep-22	55%	Oct-22	32%
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3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours	3. 92% of patients who are assessed by a stroke specialist consultant physician within 24 hours in October 2022, which is 0.25% lower than figures in September 2022	<p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <table><caption>% assess within 24 hrs (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Oct-21</td><td>100%</td></tr><tr><td>Nov-21</td><td>95%</td></tr><tr><td>Dec-21</td><td>95%</td></tr><tr><td>Jan-22</td><td>95%</td></tr><tr><td>Feb-22</td><td>95%</td></tr><tr><td>Mar-22</td><td>95%</td></tr><tr><td>Apr-22</td><td>95%</td></tr><tr><td>May-22</td><td>90%</td></tr><tr><td>Jun-22</td><td>95%</td></tr><tr><td>Jul-22</td><td>95%</td></tr><tr><td>Aug-22</td><td>95%</td></tr><tr><td>Sep-22</td><td>95%</td></tr><tr><td>Oct-22</td><td>92%</td></tr></tbody></table>	Month	%	Oct-21	100%	Nov-21	95%	Dec-21	95%	Jan-22	95%	Feb-22	95%	Mar-22	95%	Apr-22	95%	May-22	90%	Jun-22	95%	Jul-22	95%	Aug-22	95%	Sep-22	95%	Oct-22	92%
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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 October 2022, 10% of patients were thrombolysed in a time of less than or equal to 45 minutes.  <b>Actions of Improvement;</b> The lack of ring fenced beds on all wards across the hospital sites is challenging as bed capacity is limited by the pressures of unscheduled care demand. The lack of dedicated stroke beds is directly impacting the stroke related performance measures. Work is underway to focus on future stroke performance improvement.	<p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p> <table><caption>% 45 mins thrombolysis (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Oct-21</td><td>0%</td></tr><tr><td>Nov-21</td><td>5%</td></tr><tr><td>Dec-21</td><td>5%</td></tr><tr><td>Jan-22</td><td>0%</td></tr><tr><td>Feb-22</td><td>0%</td></tr><tr><td>Mar-22</td><td>0%</td></tr><tr><td>Apr-22</td><td>10%</td></tr><tr><td>May-22</td><td>10%</td></tr><tr><td>Jun-22</td><td>0%</td></tr><tr><td>Jul-22</td><td>0%</td></tr><tr><td>Aug-22</td><td>0%</td></tr><tr><td>Sep-22</td><td>40%</td></tr><tr><td>Oct-22</td><td>10%</td></tr></tbody></table>	Month	%	Oct-21	0%	Nov-21	5%	Dec-21	5%	Jan-22	0%	Feb-22	0%	Mar-22	0%	Apr-22	10%	May-22	10%	Jun-22	0%	Jul-22	0%	Aug-22	0%	Sep-22	40%	Oct-22	10%
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<p>Adult Mental Health Measures:</p> <p>1. <i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i></p> <p>2. <i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i></p> <p>3. <i>% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</i></p> <p>4. <i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i></p>	<p>1. In September 2022, 93% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In September 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 98%.</p> <p>3. 89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in September 2022.</p> <p>4. In September 2022, 95.6% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.</p>	<p><b>1. % Mental Health assessments undertaken within 28 days from receipt of referral</b></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 (&gt; 18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Sep-21</td><td>93%</td><td>95%</td></tr> <tr><td>Oct-21</td><td>93%</td><td>95%</td></tr> <tr><td>Nov-21</td><td>93%</td><td>95%</td></tr> <tr><td>Dec-21</td><td>93%</td><td>95%</td></tr> <tr><td>Jan-22</td><td>93%</td><td>95%</td></tr> <tr><td>Feb-22</td><td>93%</td><td>95%</td></tr> <tr><td>Mar-22</td><td>93%</td><td>95%</td></tr> <tr><td>Apr-22</td><td>93%</td><td>95%</td></tr> <tr><td>May-22</td><td>93%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>93%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>93%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>93%</td><td>95%</td></tr> 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therapy	Target	Sep-21	95.6%	95%	Oct-21	95.6%	95%	Nov-21	95.6%	95%	Dec-21	95.6%	95%	Jan-22	95.6%	95%	Feb-22	95.6%	95%	Mar-22	95.6%	95%	Apr-22	95.6%	95%	May-22	95.6%	95%	Jun-22	95.6%	95%	Jul-22	95.6%	95%	Aug-22	95.6%	95%	Sep-22	95.6%	95%
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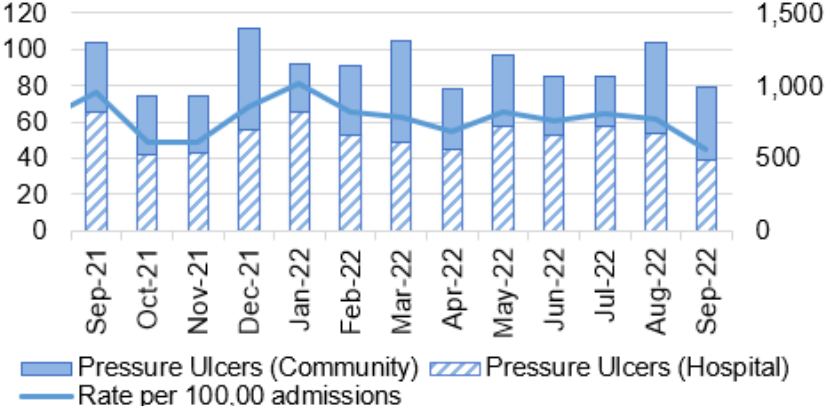
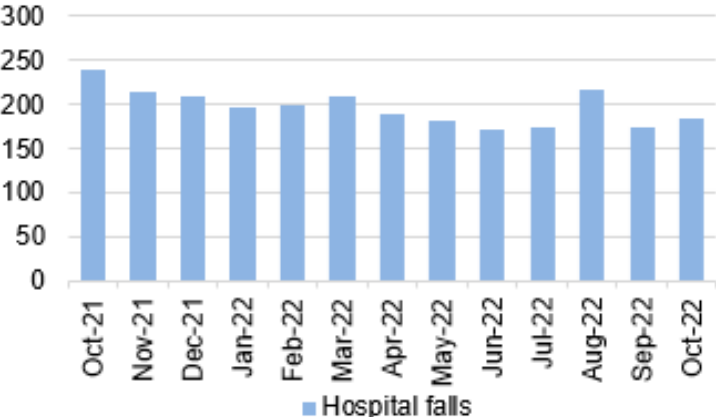
CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)																																																										
Description	Current Performance	Trend																																																								
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In September 2022, 100% of CAMHS patients received an assessment within 48 hours.	<p><b>1. Crisis- assessment within 48 hours</b></p> <table><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th><th>Target</th></tr></thead><tbody><tr><td>Sep-21</td><td>100%</td><td>100%</td></tr><tr><td>Oct-21</td><td>100%</td><td>100%</td></tr><tr><td>Nov-21</td><td>100%</td><td>100%</td></tr><tr><td>Dec-21</td><td>100%</td><td>100%</td></tr><tr><td>Jan-22</td><td>100%</td><td>100%</td></tr><tr><td>Feb-22</td><td>100%</td><td>100%</td></tr><tr><td>Mar-22</td><td>100%</td><td>100%</td></tr><tr><td>Apr-22</td><td>100%</td><td>100%</td></tr><tr><td>May-22</td><td>100%</td><td>100%</td></tr><tr><td>Jun-22</td><td>100%</td><td>100%</td></tr><tr><td>Jul-22</td><td>100%</td><td>100%</td></tr><tr><td>Aug-22</td><td>100%</td><td>100%</td></tr><tr><td>Sep-22</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	Target	Sep-21	100%	100%	Oct-21	100%	100%	Nov-21	100%	100%	Dec-21	100%	100%	Jan-22	100%	100%	Feb-22	100%	100%	Mar-22	100%	100%	Apr-22	100%	100%	May-22	100%	100%	Jun-22	100%	100%	Jul-22	100%	100%	Aug-22	100%	100%	Sep-22	100%	100%														
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2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 91% of routine assessments were undertaken within 28 days from referral in September 2022 against a target of 80%.	<p><b>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</b></p> <table><thead><tr><th>Month</th><th>% of assess in 28 days</th><th>% interventions in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Sep-21</td><td>85%</td><td>35%</td><td>80%</td></tr><tr><td>Oct-21</td><td>65%</td><td>45%</td><td>80%</td></tr><tr><td>Nov-21</td><td>45%</td><td>65%</td><td>80%</td></tr><tr><td>Dec-21</td><td>55%</td><td>55%</td><td>80%</td></tr><tr><td>Jan-22</td><td>45%</td><td>45%</td><td>80%</td></tr><tr><td>Feb-22</td><td>45%</td><td>65%</td><td>80%</td></tr><tr><td>Mar-22</td><td>55%</td><td>75%</td><td>80%</td></tr><tr><td>Apr-22</td><td>45%</td><td>55%</td><td>80%</td></tr><tr><td>May-22</td><td>45%</td><td>55%</td><td>80%</td></tr><tr><td>Jun-22</td><td>45%</td><td>45%</td><td>80%</td></tr><tr><td>Jul-22</td><td>55%</td><td>65%</td><td>80%</td></tr><tr><td>Aug-22</td><td>45%</td><td>45%</td><td>80%</td></tr><tr><td>Sep-22</td><td>55%</td><td>45%</td><td>80%</td></tr></tbody></table>	Month	% of assess in 28 days	% interventions in 28 days	Target	Sep-21	85%	35%	80%	Oct-21	65%	45%	80%	Nov-21	45%	65%	80%	Dec-21	55%	55%	80%	Jan-22	45%	45%	80%	Feb-22	45%	65%	80%	Mar-22	55%	75%	80%	Apr-22	45%	55%	80%	May-22	45%	55%	80%	Jun-22	45%	45%	80%	Jul-22	55%	65%	80%	Aug-22	45%	45%	80%	Sep-22	55%	45%	80%
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3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 43% of therapeutic interventions were started within 28 days following assessment by LPMHSS in September 2022.																																																									
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 36% of NDD patients received a diagnostic assessment within 26 weeks in September 2022 against a target of 80%.	<p><b>4. NDD- assessment within 26 weeks</b></p> <table><thead><tr><th>Month</th><th>%NDD within 26 weeks</th><th>Target</th></tr></thead><tbody><tr><td>Sep-21</td><td>30%</td><td>80%</td></tr><tr><td>Oct-21</td><td>30%</td><td>80%</td></tr><tr><td>Nov-21</td><td>35%</td><td>80%</td></tr><tr><td>Dec-21</td><td>35%</td><td>80%</td></tr><tr><td>Jan-22</td><td>30%</td><td>80%</td></tr><tr><td>Feb-22</td><td>30%</td><td>80%</td></tr><tr><td>Mar-22</td><td>35%</td><td>80%</td></tr><tr><td>Apr-22</td><td>35%</td><td>80%</td></tr><tr><td>May-22</td><td>35%</td><td>80%</td></tr><tr><td>Jun-22</td><td>45%</td><td>80%</td></tr><tr><td>Jul-22</td><td>40%</td><td>80%</td></tr><tr><td>Aug-22</td><td>40%</td><td>80%</td></tr><tr><td>Sep-22</td><td>35%</td><td>80%</td></tr></tbody></table>	Month	%NDD within 26 weeks	Target	Sep-21	30%	80%	Oct-21	30%	80%	Nov-21	35%	80%	Dec-21	35%	80%	Jan-22	30%	80%	Feb-22	30%	80%	Mar-22	35%	80%	Apr-22	35%	80%	May-22	35%	80%	Jun-22	45%	80%	Jul-22	40%	80%	Aug-22	40%	80%	Sep-22	35%	80%														
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 91% of routine assessments by SCAMHS were undertaken within 28 days in September 2022.	<p><b>5. S-CAMHS % assessments within 28 days</b></p> <table><thead><tr><th>Month</th><th>% S-CAMHS assessments in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Sep-21</td><td>40%</td><td>80%</td></tr><tr><td>Oct-21</td><td>0%</td><td>80%</td></tr><tr><td>Nov-21</td><td>5%</td><td>80%</td></tr><tr><td>Dec-21</td><td>0%</td><td>80%</td></tr><tr><td>Jan-22</td><td>25%</td><td>80%</td></tr><tr><td>Feb-22</td><td>25%</td><td>80%</td></tr><tr><td>Mar-22</td><td>25%</td><td>80%</td></tr><tr><td>Apr-22</td><td>15%</td><td>80%</td></tr><tr><td>May-22</td><td>40%</td><td>80%</td></tr><tr><td>Jun-22</td><td>40%</td><td>80%</td></tr><tr><td>Jul-22</td><td>35%</td><td>80%</td></tr><tr><td>Aug-22</td><td>30%</td><td>80%</td></tr><tr><td>Sep-22</td><td>91%</td><td>80%</td></tr></tbody></table>	Month	% S-CAMHS assessments in 28 days	Target	Sep-21	40%	80%	Oct-21	0%	80%	Nov-21	5%	80%	Dec-21	0%	80%	Jan-22	25%	80%	Feb-22	25%	80%	Mar-22	25%	80%	Apr-22	15%	80%	May-22	40%	80%	Jun-22	40%	80%	Jul-22	35%	80%	Aug-22	30%	80%	Sep-22	91%	80%														
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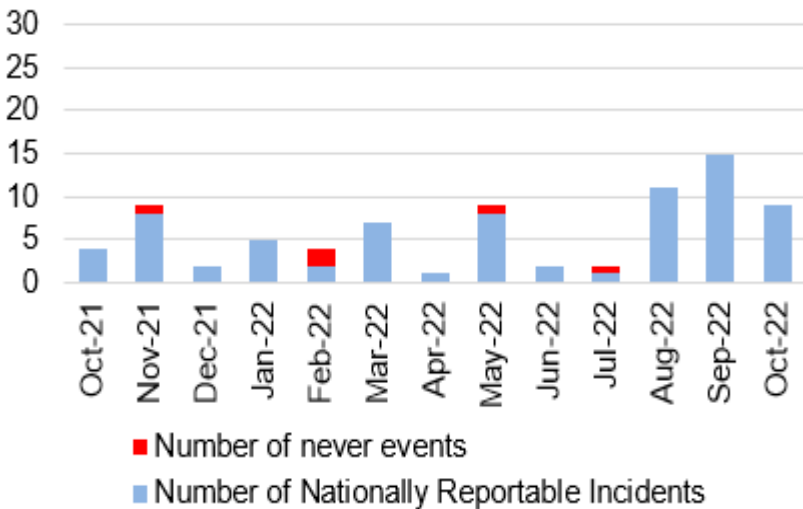
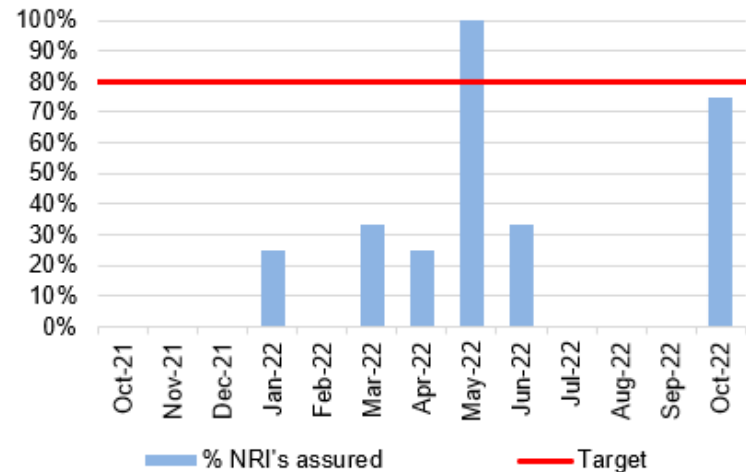


## **4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES**

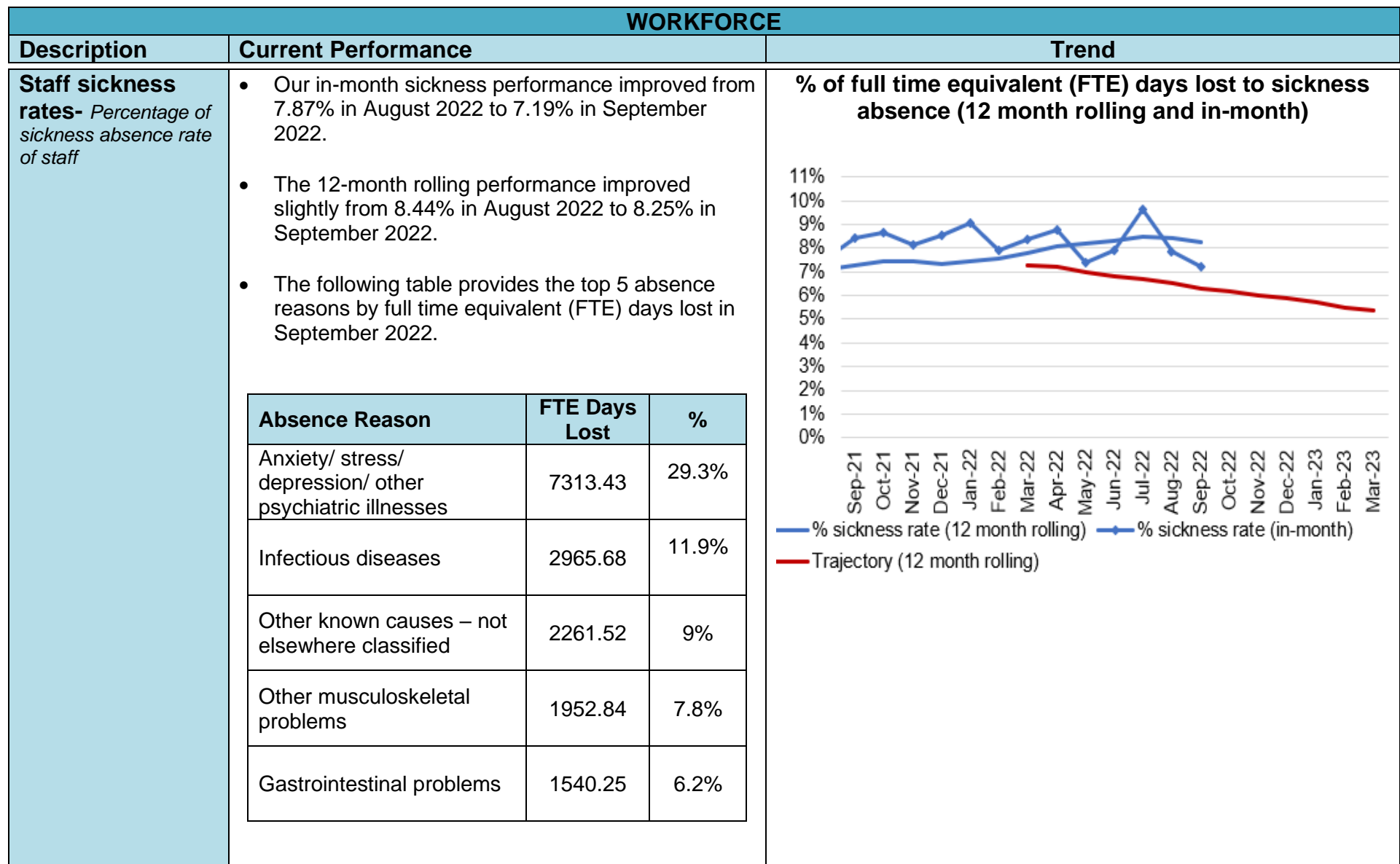
FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
<b>Fractured Neck of Femur (#NOF)</b> 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation  2. Prompt surgery - % patients undergoing surgery the day following 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	<b>1. Prompt orthogeriatric assessment-</b> In September 2022, 93.1% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.	<b>1. Prompt orthogeriatric assessment</b> 
	<b>2. Prompt surgery-</b> In September 2022, 26.4% of patients had surgery the day following presentation with a hip fracture. This is a 32% deterioration from September 2021 which was 58.4%	<b>2. Prompt surgery</b> 
	<b>3. NICE compliant surgery-</b> 71.2% of operations were consistent with the NICE recommendations in September 2022. This is 1.8% more than in September 2021. In September 2022, Morriston was slightly above the all-Wales average of 71.1%.	<b>3. NICE compliant Surgery</b> 
	<b>4. Prompt mobilisation-</b> In September 2022, 72.4% of patients were out of bed the day after surgery. This is 0.2% less than in September 2021.	<b>4. Prompt mobilisation</b> 

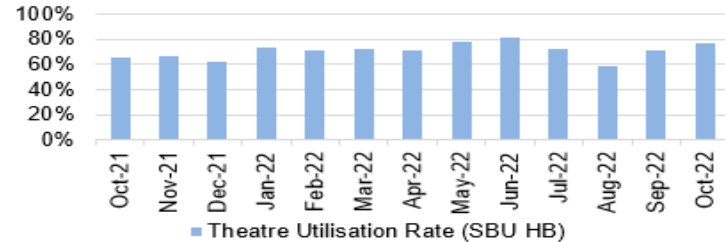
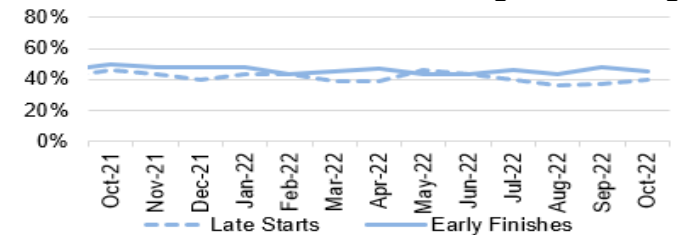
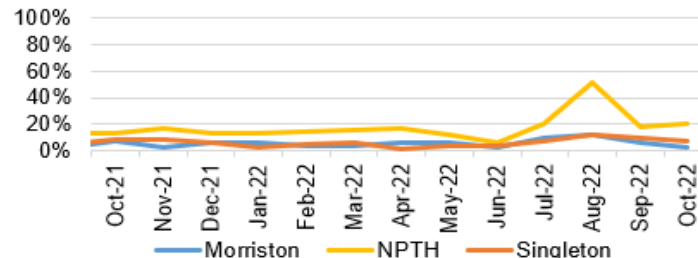
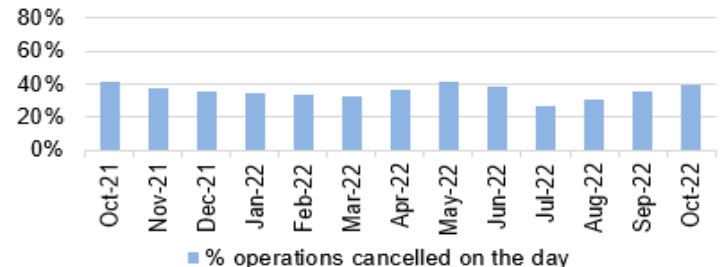
FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i>	5. <b>Not delirious when tested-</b> 77.1% of patients were not delirious in the week after their operation in September 2022. This is a reduction of 1% compared with September 2021.	<p><b>5. Not delirious when tested</b></p> <table><caption>5. Not delirious when tested (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Sep-21</td><td>78.0</td><td>60.0</td><td>60.0</td></tr><tr><td>Oct-21</td><td>78.0</td><td>60.0</td><td>60.0</td></tr><tr><td>Nov-21</td><td>78.0</td><td>60.0</td><td>60.0</td></tr><tr><td>Dec-21</td><td>78.0</td><td>60.0</td><td>60.0</td></tr><tr><td>Jan-22</td><td>78.0</td><td>60.0</td><td>60.0</td></tr><tr><td>Feb-22</td><td>78.0</td><td>60.0</td><td>60.0</td></tr><tr><td>Mar-22</td><td>78.0</td><td>60.0</td><td>60.0</td></tr><tr><td>Apr-22</td><td>78.0</td><td>60.0</td><td>60.0</td></tr><tr><td>May-22</td><td>78.0</td><td>60.0</td><td>60.0</td></tr><tr><td>Jun-22</td><td>78.0</td><td>60.0</td><td>60.0</td></tr><tr><td>Jul-22</td><td>78.0</td><td>60.0</td><td>60.0</td></tr><tr><td>Aug-22</td><td>78.0</td><td>60.0</td><td>60.0</td></tr><tr><td>Sep-22</td><td>77.1</td><td>60.0</td><td>60.0</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Sep-21	78.0	60.0	60.0	Oct-21	78.0	60.0	60.0	Nov-21	78.0	60.0	60.0	Dec-21	78.0	60.0	60.0	Jan-22	78.0	60.0	60.0	Feb-22	78.0	60.0	60.0	Mar-22	78.0	60.0	60.0	Apr-22	78.0	60.0	60.0	May-22	78.0	60.0	60.0	Jun-22	78.0	60.0	60.0	Jul-22	78.0	60.0	60.0	Aug-22	78.0	60.0	60.0	Sep-22	77.1	60.0	60.0
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Sep-22	77.1	60.0	60.0																																																							
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. <b>Return to original residence-</b> 71.6% of patients in September 2022 were discharged back to their original residence. This is 5.5% less than in September 2021.	<p><b>6. Return to original residence</b></p> <table><caption>6. Return to original residence (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; N. Ire (%)</th></tr></thead><tbody><tr><td>Sep-21</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>Oct-21</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>Nov-21</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>Dec-21</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>Jan-22</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>Feb-22</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>Mar-22</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>Apr-22</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>May-22</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>Jun-22</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>Jul-22</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>Aug-22</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>Sep-22</td><td>71.6</td><td>75.0</td><td>75.0</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Sep-21	75.0	75.0	75.0	Oct-21	75.0	75.0	75.0	Nov-21	75.0	75.0	75.0	Dec-21	75.0	75.0	75.0	Jan-22	75.0	75.0	75.0	Feb-22	75.0	75.0	75.0	Mar-22	75.0	75.0	75.0	Apr-22	75.0	75.0	75.0	May-22	75.0	75.0	75.0	Jun-22	75.0	75.0	75.0	Jul-22	75.0	75.0	75.0	Aug-22	75.0	75.0	75.0	Sep-22	71.6	75.0	75.0
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Sep-22	71.6	75.0	75.0																																																							
7. <i>30 day mortality rate</i>	7. <b>30 day mortality rate-</b> In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.  * Updated data is currently not available, but is being reviewed.	<p><b>7. 30 day mortality rate</b></p> <table><caption>7. 30 day mortality rate (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal &amp; 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>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Mar-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Apr-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>May-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Jun-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Jul-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Aug-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Sep-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Oct-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Nov-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Dec-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Jan-21</td><td>7.0</td><td>7.0</td><td>7.0</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.5	7.0	7.0	Feb-20	7.5	7.0	7.0	Mar-20	7.5	7.0	7.0	Apr-20	7.5	7.0	7.0	May-20	7.5	7.0	7.0	Jun-20	7.5	7.0	7.0	Jul-20	7.5	7.0	7.0	Aug-20	7.5	7.0	7.0	Sep-20	7.5	7.0	7.0	Oct-20	7.5	7.0	7.0	Nov-20	7.5	7.0	7.0	Dec-20	7.5	7.0	7.0	Jan-21	7.0	7.0	7.0
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Dec-20	7.5	7.0	7.0																																																							
Jan-21	7.0	7.0	7.0																																																							

PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
<b>Number of pressure ulcers</b> <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 September 2022 there were 79 cases of healthcare acquired pressure ulcers, 40 of which were community acquired and 39 were hospital acquired.</p> <p>There were 6 grade 3+ pressure ulcers in September 2022, al of which were community acquired and 3 were hospital acquired.</p>	<p><b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b></p>  <table><caption>Data for Pressure Ulcers Trend Chart</caption><thead><tr><th>Month</th><th>Community PU</th><th>Hospital PU</th><th>Rate per 100,000</th></tr></thead><tbody><tr><td>Sep-21</td><td>105</td><td>75</td><td>750</td></tr><tr><td>Oct-21</td><td>75</td><td>45</td><td>550</td></tr><tr><td>Nov-21</td><td>75</td><td>45</td><td>550</td></tr><tr><td>Dec-21</td><td>110</td><td>55</td><td>700</td></tr><tr><td>Jan-22</td><td>90</td><td>65</td><td>800</td></tr><tr><td>Feb-22</td><td>90</td><td>55</td><td>650</td></tr><tr><td>Mar-22</td><td>105</td><td>50</td><td>600</td></tr><tr><td>Apr-22</td><td>75</td><td>45</td><td>550</td></tr><tr><td>May-22</td><td>95</td><td>55</td><td>650</td></tr><tr><td>Jun-22</td><td>85</td><td>55</td><td>600</td></tr><tr><td>Jul-22</td><td>85</td><td>55</td><td>650</td></tr><tr><td>Aug-22</td><td>105</td><td>55</td><td>767</td></tr><tr><td>Sep-22</td><td>75</td><td>40</td><td>556</td></tr></tbody></table> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>	Month	Community PU	Hospital PU	Rate per 100,000	Sep-21	105	75	750	Oct-21	75	45	550	Nov-21	75	45	550	Dec-21	110	55	700	Jan-22	90	65	800	Feb-22	90	55	650	Mar-22	105	50	600	Apr-22	75	45	550	May-22	95	55	650	Jun-22	85	55	600	Jul-22	85	55	650	Aug-22	105	55	767	Sep-22	75	40	556
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	<p>2. The rate per 100,000 admissions increased from 767 in August 2022 to 556 in September 2022.</p>																																																									
INPATIENT FALLS																																																										
Description	Current Performance	Trend																																																								
<b>Inpatient Falls</b> <i>The total number of inpatient falls</i>	<ul style="list-style-type: none"><li>The number of Falls reported via Datix web for Swansea Bay UHB was 184 in October 2022. This is 23% less than October 2021 where 240 falls were recorded.</li></ul>	<p><b>Number of inpatient Falls</b></p>  <table><caption>Data for Inpatient Falls Trend Chart</caption><thead><tr><th>Month</th><th>Hospital falls</th></tr></thead><tbody><tr><td>Oct-21</td><td>240</td></tr><tr><td>Nov-21</td><td>215</td></tr><tr><td>Dec-21</td><td>210</td></tr><tr><td>Jan-22</td><td>195</td></tr><tr><td>Feb-22</td><td>200</td></tr><tr><td>Mar-22</td><td>210</td></tr><tr><td>Apr-22</td><td>190</td></tr><tr><td>May-22</td><td>185</td></tr><tr><td>Jun-22</td><td>175</td></tr><tr><td>Jul-22</td><td>175</td></tr><tr><td>Aug-22</td><td>215</td></tr><tr><td>Sep-22</td><td>175</td></tr><tr><td>Oct-22</td><td>184</td></tr></tbody></table> <p>■ Hospital falls</p>	Month	Hospital falls	Oct-21	240	Nov-21	215	Dec-21	210	Jan-22	195	Feb-22	200	Mar-22	210	Apr-22	190	May-22	185	Jun-22	175	Jul-22	175	Aug-22	215	Sep-22	175	Oct-22	184																												
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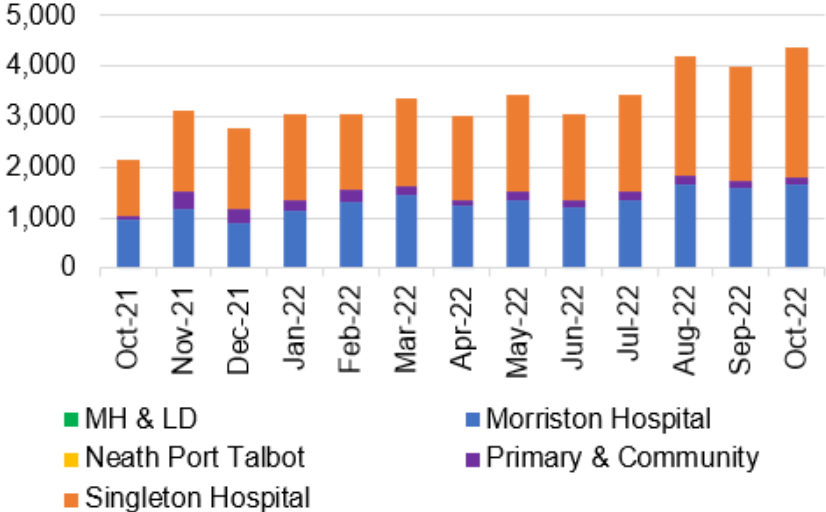
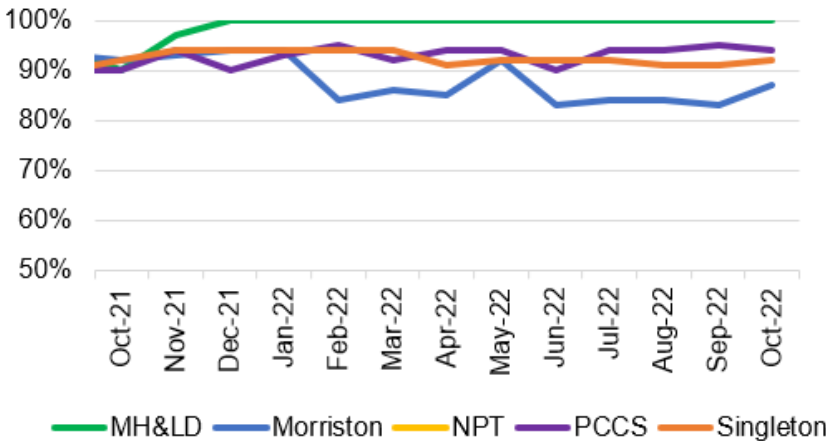
NATIONALLY REPORTABLE INCIDENTS																																												
Description	Current Performance	Trend																																										
<b>Nationally Reportable Incidents (NRI's)-</b> <i>1. The number of Nationally reportable incidents</i>  <i>2. The number of Never Events</i>  <i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 9 Nationally Reportable Incidents for the month of October 2022 to Welsh Government. The Service Group breakdown is as follows; <ul style="list-style-type: none"><li>- Morriston – 2</li><li>- Singleton &amp; NPT – 2</li><li>- Primary Care - 3</li><li>- Mental Health &amp; LD - 2</li></ul>	<b>1. and 2. Number of nationally reportable incidents and never events</b>  <table><thead><tr><th>Month</th><th>Number of nationally reportable incidents</th><th>Number of never events</th></tr></thead><tbody><tr><td>Oct-21</td><td>4</td><td>0</td></tr><tr><td>Nov-21</td><td>8</td><td>1</td></tr><tr><td>Dec-21</td><td>2</td><td>0</td></tr><tr><td>Jan-22</td><td>5</td><td>0</td></tr><tr><td>Feb-22</td><td>3</td><td>1</td></tr><tr><td>Mar-22</td><td>7</td><td>0</td></tr><tr><td>Apr-22</td><td>1</td><td>0</td></tr><tr><td>May-22</td><td>8</td><td>1</td></tr><tr><td>Jun-22</td><td>2</td><td>0</td></tr><tr><td>Jul-22</td><td>1</td><td>1</td></tr><tr><td>Aug-22</td><td>11</td><td>0</td></tr><tr><td>Sep-22</td><td>15</td><td>0</td></tr><tr><td>Oct-22</td><td>9</td><td>0</td></tr></tbody></table> <ul style="list-style-type: none"><li>■ Number of never events</li><li>■ Number of Nationally Reportable Incidents</li></ul>	Month	Number of nationally reportable incidents	Number of never events	Oct-21	4	0	Nov-21	8	1	Dec-21	2	0	Jan-22	5	0	Feb-22	3	1	Mar-22	7	0	Apr-22	1	0	May-22	8	1	Jun-22	2	0	Jul-22	1	1	Aug-22	11	0	Sep-22	15	0	Oct-22	9	0
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2. There were no new Never Event reported in October 2022																																												
3. In October 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 75%.	<b>3. % of nationally reportable incidents closed within the agreed timescales</b>  <table><thead><tr><th>Month</th><th>% NRI's assured</th><th>Target</th></tr></thead><tbody><tr><td>Oct-21</td><td>0%</td><td>80%</td></tr><tr><td>Nov-21</td><td>0%</td><td>80%</td></tr><tr><td>Dec-21</td><td>0%</td><td>80%</td></tr><tr><td>Jan-22</td><td>25%</td><td>80%</td></tr><tr><td>Feb-22</td><td>0%</td><td>80%</td></tr><tr><td>Mar-22</td><td>33%</td><td>80%</td></tr><tr><td>Apr-22</td><td>25%</td><td>80%</td></tr><tr><td>May-22</td><td>100%</td><td>80%</td></tr><tr><td>Jun-22</td><td>33%</td><td>80%</td></tr><tr><td>Jul-22</td><td>0%</td><td>80%</td></tr><tr><td>Aug-22</td><td>0%</td><td>80%</td></tr><tr><td>Sep-22</td><td>0%</td><td>80%</td></tr><tr><td>Oct-22</td><td>75%</td><td>80%</td></tr></tbody></table> <ul style="list-style-type: none"><li>■ % NRI's assured</li><li>■ Target</li></ul>	Month	% NRI's assured	Target	Oct-21	0%	80%	Nov-21	0%	80%	Dec-21	0%	80%	Jan-22	25%	80%	Feb-22	0%	80%	Mar-22	33%	80%	Apr-22	25%	80%	May-22	100%	80%	Jun-22	33%	80%	Jul-22	0%	80%	Aug-22	0%	80%	Sep-22	0%	80%	Oct-22	75%	80%	
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DISCHARGE SUMMARIES																																																																								
Description	Current Performance	Trend																																																																						
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	The latest data shows that in October 2022, the percentage of completed discharge summaries was 66%.	<b>% discharge summaries approved and sent</b> <table><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Oct-21</td><td>60%</td></tr><tr><td>Nov-21</td><td>62%</td></tr><tr><td>Dec-21</td><td>61%</td></tr><tr><td>Jan-22</td><td>60%</td></tr><tr><td>Feb-22</td><td>64%</td></tr><tr><td>Mar-22</td><td>62%</td></tr><tr><td>Apr-22</td><td>59%</td></tr><tr><td>May-22</td><td>65%</td></tr><tr><td>Jun-22</td><td>63%</td></tr><tr><td>Jul-22</td><td>62%</td></tr><tr><td>Aug-22</td><td>68%</td></tr><tr><td>Sep-22</td><td>69%</td></tr><tr><td>Oct-22</td><td>66%</td></tr></tbody></table>	Month	% of completed discharge summaries	Oct-21	60%	Nov-21	62%	Dec-21	61%	Jan-22	60%	Feb-22	64%	Mar-22	62%	Apr-22	59%	May-22	65%	Jun-22	63%	Jul-22	62%	Aug-22	68%	Sep-22	69%	Oct-22	66%																																										
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<b>Crude Mortality Rate</b>	September 2022 reports the crude mortality rate for the Health Board at 0.81%, which is the lower than the figure reported in August 2022.	<b>Crude hospital mortality rate by Hospital (74 years of age or less)</b> <table><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>Sep-21</td><td>1.75%</td><td>0.50%</td><td>0.05%</td><td>1.00%</td></tr><tr><td>Oct-21</td><td>1.70%</td><td>0.45%</td><td>0.05%</td><td>0.95%</td></tr><tr><td>Nov-21</td><td>1.75%</td><td>0.45%</td><td>0.05%</td><td>0.95%</td></tr><tr><td>Dec-21</td><td>1.55%</td><td>0.45%</td><td>0.05%</td><td>0.90%</td></tr><tr><td>Jan-22</td><td>1.50%</td><td>0.55%</td><td>0.05%</td><td>0.90%</td></tr><tr><td>Feb-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Mar-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Apr-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>May-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Jun-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Jul-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Aug-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Sep-22</td><td>1.42%</td><td>0.42%</td><td>0.05%</td><td>0.81%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Sep-21	1.75%	0.50%	0.05%	1.00%	Oct-21	1.70%	0.45%	0.05%	0.95%	Nov-21	1.75%	0.45%	0.05%	0.95%	Dec-21	1.55%	0.45%	0.05%	0.90%	Jan-22	1.50%	0.55%	0.05%	0.90%	Feb-22	1.45%	0.45%	0.05%	0.85%	Mar-22	1.45%	0.45%	0.05%	0.85%	Apr-22	1.45%	0.45%	0.05%	0.85%	May-22	1.45%	0.45%	0.05%	0.85%	Jun-22	1.45%	0.45%	0.05%	0.85%	Jul-22	1.45%	0.45%	0.05%	0.85%	Aug-22	1.45%	0.45%	0.05%	0.85%	Sep-22	1.42%	0.42%	0.05%	0.81%
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	A breakdown by Hospital for September 2022: <ul style="list-style-type: none"><li>• Morriston – 1.42%</li><li>• Singleton – 0.42%</li><li>• NPT – 0.05%</li></ul>																																																																							



THEATRE EFFICIENCY		
Description	Current Performance	Trend
<b>Theatre Efficiency</b> <b>1. Theatre Utilisation Rates</b>  <b>2. % of theatre sessions starting late</b>  <b>3. % of theatre sessions finishing early</b>  <b>4. % of theatre sessions cancelled at short notice (&lt;28 days)</b>  <b>5. % of operations cancelled on the day</b>	<p>In October 2022 the Theatre Utilisation rate was 77%. This is an in-month improvement of 6% and are lower rates than those seen in October 2021.</p> <p>40% of theatre sessions started late in October 2022. This is a 3% deterioration on performance seen in September 2022 (37%).</p> <p>In October 2022, 45% of theatre sessions finished early. This is 3% lower than figures seen in September 2022 and 5% lower than those seen in October 2021</p> <p>8% of theatre sessions were cancelled at short notice in October 2022. This is 1% lower than figures reported in September 2022 and is 1% lower than figures seen in October 2021.</p> <p>Of the operations cancelled in October 2022, 40% of them were cancelled on the day. This is a deterioration from 36% in October 2022.</p>	<p><b>1. Theatre Utilisation Rates</b></p>  <p><b>2. And 3. % theatre sessions starting late/finishing</b></p>  <p><b>4. % theatre sessions cancelled at short notice (&lt;28 days)</b></p>  <p><b>5. % of operations cancelled on the day</b></p> 



PATIENT EXPERIENCE		
Description	Current Performance	Trend
<b>Patient experience</b>  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"> <li>Health Board Friends &amp; Family patient satisfaction level in October 2022 was 90% and 4,358 surveys were completed.               <ul style="list-style-type: none"> <li>Singleton/ Neath Port Talbot Hospitals Service Group completed 2,552 surveys in October 2022, with a recommended score of 92%.</li> <li>Morrison Hospital completed 1,642 surveys in October 2022, with a recommended score of 87%.</li> <li>Primary &amp; Community Care completed 163 surveys for October 2022, with a recommended score of 94%.</li> <li>The Mental Health Service Group completed 11 surveys for October 2022, with a recommended score of 100%.</li> </ul> </li> </ul>	<b>1. Number of friends and family surveys completed</b>  
		<b>2. % of patients/ service users who would recommend and highly recommend</b>  

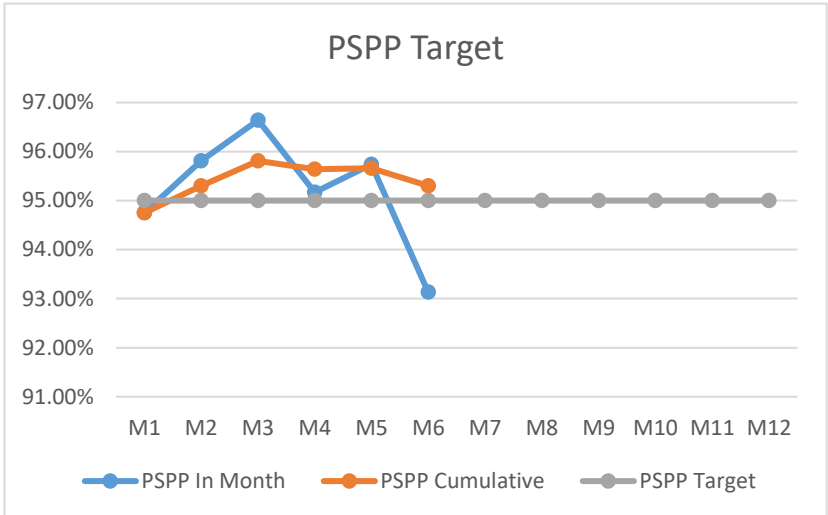
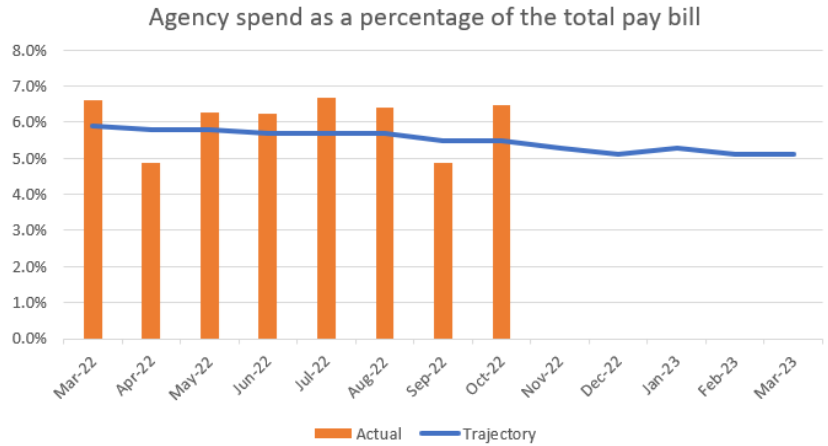
COMPLAINTS		
Description	Current Performance	Trend
<b>Patient concerns</b>  <i>1. Number of formal complaints received</i>  <		

## FINANCE UPDATES

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

Description	Current Performance	Trend																																							
<b>Revenue Financial Position –</b> expenditure incurred against revenue resource limit	<ul style="list-style-type: none"> <li>The Health Board now has a balanced annual plan with a forecast breakeven position for 2022/23, following receipt of the previously detailed £24.4m deficit. This comprised of the following assumptions:</li> <li>Underlying Deficit b/f of £42.1m</li> <li>Increased WG Funding 22/23 of £22.1m</li> <li>Savings Requirement of £27m</li> <li>Recognised growth &amp; investment of £31.4m</li> <li>Covid transition funding and extraordinary pressures (utilities, real living wage &amp; National insurance) will be fully funded by WG.</li> <li>The actual month variance is an overspend in month of £0.512m and a cumulative overspend position of £3.696m.</li> </ul>	<p><b>HEALTH BOARD FINANCIAL PERFORMANCE 2022/23</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Health Board Position (£'000)</th> <th>Forecast Position (£'000)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>2,247</td><td></td></tr> <tr><td>M2</td><td>2,387</td><td></td></tr> <tr><td>M3</td><td>2,573</td><td></td></tr> <tr><td>M4</td><td>-5,376</td><td></td></tr> <tr><td>M5</td><td>661</td><td></td></tr> <tr><td>M6</td><td>692</td><td></td></tr> <tr><td>M7</td><td>512</td><td></td></tr> <tr><td>M8</td><td></td><td>-739</td></tr> <tr><td>M9</td><td></td><td>-739</td></tr> <tr><td>M10</td><td></td><td>-739</td></tr> <tr><td>M11</td><td></td><td>-739</td></tr> <tr><td>M12</td><td></td><td>-739</td></tr> </tbody> </table> <p>Legend: Health Board Position (Blue), Forecast Position (Yellow), Target Overspend (Red line at 0)</p>	Month	Health Board Position (£'000)	Forecast Position (£'000)	M1	2,247		M2	2,387		M3	2,573		M4	-5,376		M5	661		M6	692		M7	512		M8		-739	M9		-739	M10		-739	M11		-739	M12		-739
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<b>Capital Financial Position – expenditure incurred against capital resource limit</b>	<ul style="list-style-type: none"> <li>The forecast outturn capital position for 2022/23 is an overspend of £1.800m. Allocations are anticipated from Welsh Government which will balance this position.</li> <li>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.</li> </ul>	<p><b>Capital - Cumulative Performance to Plan</b></p> <p>£'000</p> <p>Forecast Actual/Revised Forecast</p>
<b>Workforce Spend – workforce expenditure profile</b>	<ul style="list-style-type: none"> <li>The pay budgets are overspent by £109k in October.</li> <li>Funding has been allocated to : <ul style="list-style-type: none"> <li>support additional transition and recovery costs associated with COVID,</li> </ul> </li> <li>Variable pay has increased slightly in month 7, with the biggest component of the increase attributable to non medical Agency spend, with a decrease in bank costs during the month. Non medical agency continues to be the main factor of variable pay expenditure - this reflects operational pressures, increasing sickness levels and recovery actions.</li> </ul>	<p><b>Variable Pay Expenditure</b></p> <p>Bank Overtime Agency - Non Medical Agency - Medical WLU Irregular Sessions Current Year Budget Last Year 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"><li>The PSPP compliance has fallen below target cumulatively at 94.66%. In October the compliance stands at 91.14%.</li><li>The primary reason for the in-month below target position was due to delays in nursebank.</li></ul>	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p>  <table><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>95.00</td><td>94.66</td><td>95.00</td></tr><tr><td>M2</td><td>95.83</td><td>95.00</td><td>95.00</td></tr><tr><td>M3</td><td>96.66</td><td>95.33</td><td>95.00</td></tr><tr><td>M4</td><td>95.56</td><td>95.56</td><td>95.00</td></tr><tr><td>M5</td><td>95.83</td><td>95.56</td><td>95.00</td></tr><tr><td>M6</td><td>91.14</td><td>94.66</td><td>95.00</td></tr><tr><td>M7</td><td></td><td></td><td>95.00</td></tr><tr><td>M8</td><td></td><td></td><td>95.00</td></tr><tr><td>M9</td><td></td><td></td><td>95.00</td></tr><tr><td>M10</td><td></td><td></td><td>95.00</td></tr><tr><td>M11</td><td></td><td></td><td>95.00</td></tr><tr><td>M12</td><td></td><td></td><td>95.00</td></tr></tbody></table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	95.00	94.66	95.00	M2	95.83	95.00	95.00	M3	96.66	95.33	95.00	M4	95.56	95.56	95.00	M5	95.83	95.56	95.00	M6	91.14	94.66	95.00	M7			95.00	M8			95.00	M9			95.00	M10			95.00	M11			95.00	M12			95.00
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Agency spend as a of the total pay bill	<ul style="list-style-type: none"><li>The agency spend as a percentage of the total pay bill is currently above the outlined ministerial priority trajectory with 6.48% of the total pay bill being attributed to agency spend in October 2022.</li></ul>	<p>Agency spend as a percentage of the total pay bill</p>  <table><caption>Agency spend as a percentage of the total pay bill Data</caption><thead><tr><th>Month</th><th>Actual (%)</th><th>Trajectory (%)</th></tr></thead><tbody><tr><td>Mar-22</td><td>6.6</td><td>5.8</td></tr><tr><td>Apr-22</td><td>4.8</td><td>5.7</td></tr><tr><td>May-22</td><td>6.2</td><td>5.6</td></tr><tr><td>Jun-22</td><td>6.2</td><td>5.5</td></tr><tr><td>Jul-22</td><td>6.6</td><td>5.4</td></tr><tr><td>Aug-22</td><td>6.4</td><td>5.3</td></tr><tr><td>Sep-22</td><td>4.8</td><td>5.2</td></tr><tr><td>Oct-22</td><td>6.5</td><td>5.1</td></tr><tr><td>Nov-22</td><td></td><td>5.0</td></tr><tr><td>Dec-22</td><td></td><td>5.1</td></tr><tr><td>Jan-23</td><td></td><td>5.2</td></tr><tr><td>Feb-23</td><td></td><td>5.1</td></tr><tr><td>Mar-23</td><td></td><td>5.1</td></tr></tbody></table>	Month	Actual (%)	Trajectory (%)	Mar-22	6.6	5.8	Apr-22	4.8	5.7	May-22	6.2	5.6	Jun-22	6.2	5.5	Jul-22	6.6	5.4	Aug-22	6.4	5.3	Sep-22	4.8	5.2	Oct-22	6.5	5.1	Nov-22		5.0	Dec-22		5.1	Jan-23		5.2	Feb-23		5.1	Mar-23		5.1										
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May-22	6.2	5.6																																																				
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Jul-22	6.6	5.4																																																				
Aug-22	6.4	5.3																																																				
Sep-22	4.8	5.2																																																				
Oct-22	6.5	5.1																																																				
Nov-22		5.0																																																				
Dec-22		5.1																																																				
Jan-23		5.2																																																				
Feb-23		5.1																																																				
Mar-23		5.1																																																				

## 5. TABLE OF ALL MEASURES

## HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

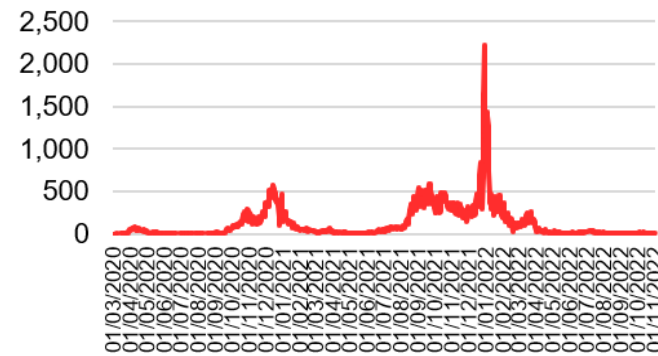


Chart 2: Number of new COVID19 cases (cumulative)

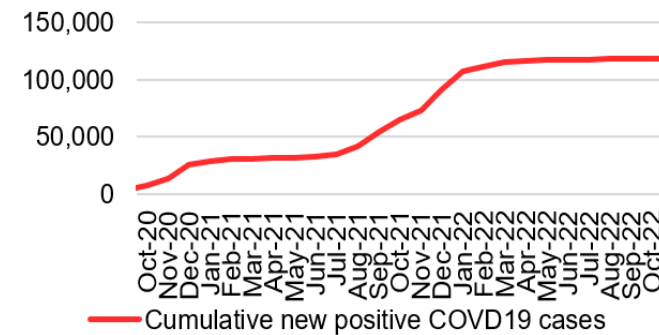


Chart 3: Number of COVID19 tests completed and positivity rate

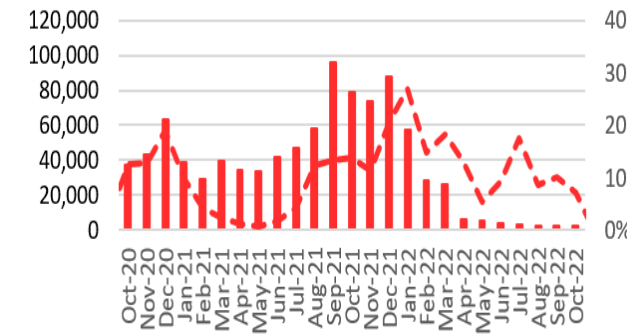


Chart 4: Number of staff referred for Antigen testing

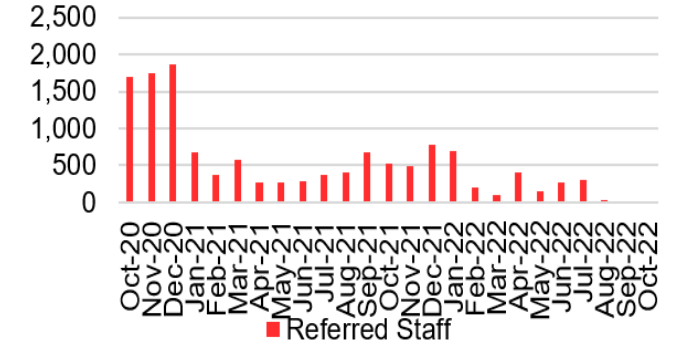


Chart 5: Outcome of staff COVID19/ antigen tests

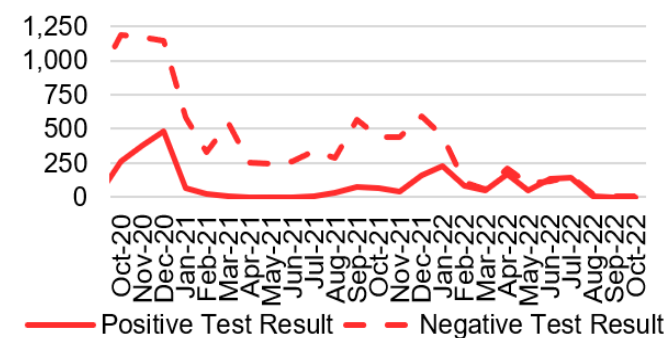


Chart 6: Number of COVID19 related incidents

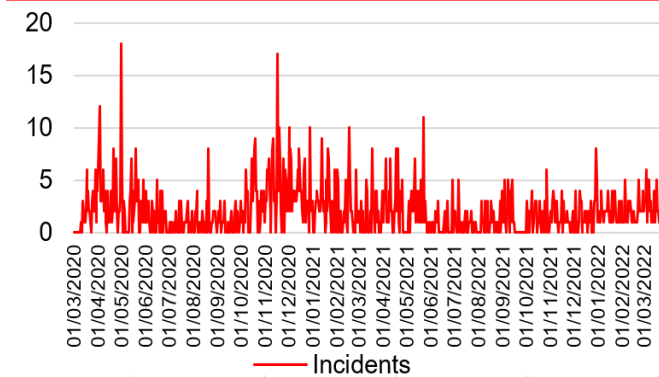


Chart 7: Number of COVID19 related serious incidents

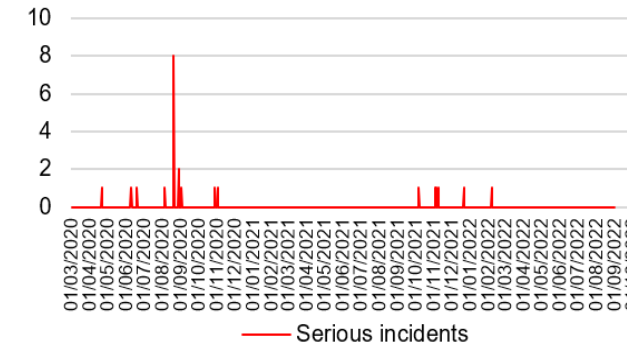


Chart 8: Number of COVID19 related complaints

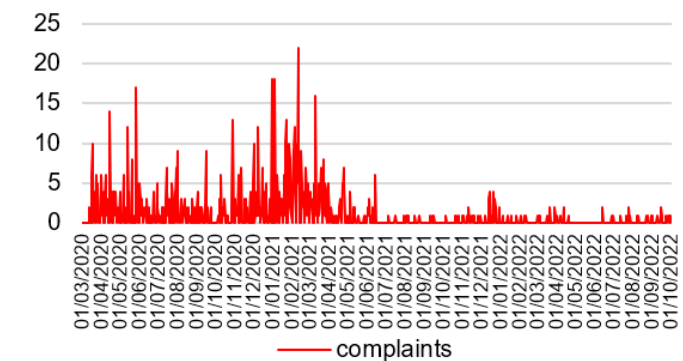


Chart 9: Number of COVID19 related risks

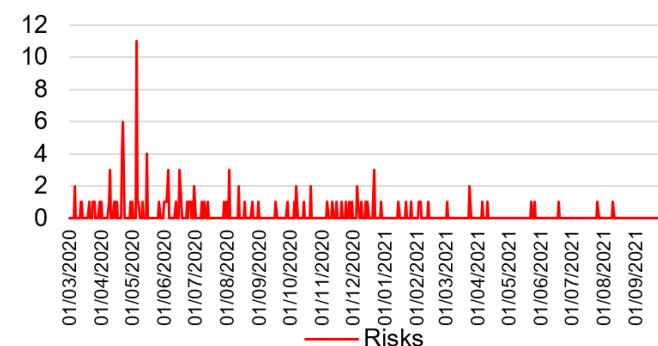


Chart 10: Number of staff self-isolating (asymptomatic)

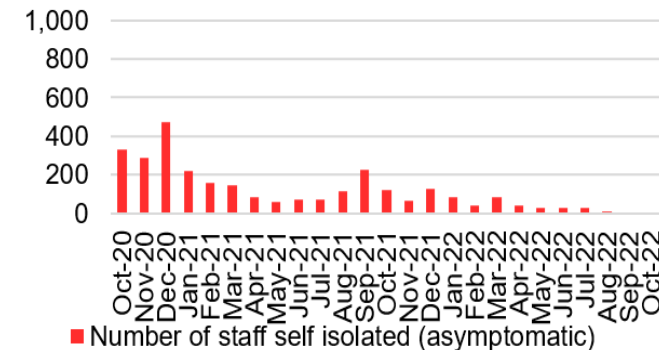


Chart 11: Number of staff self isolating (symptomatic)

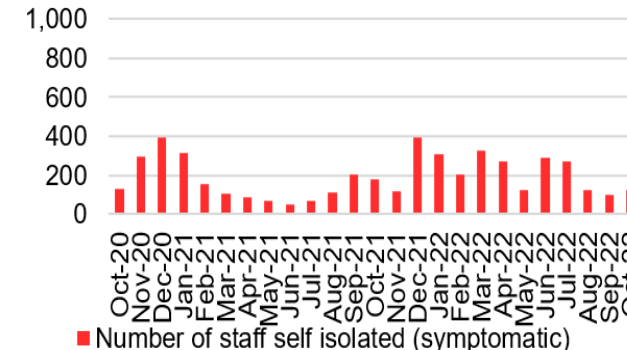


Chart 12: % staff sickness

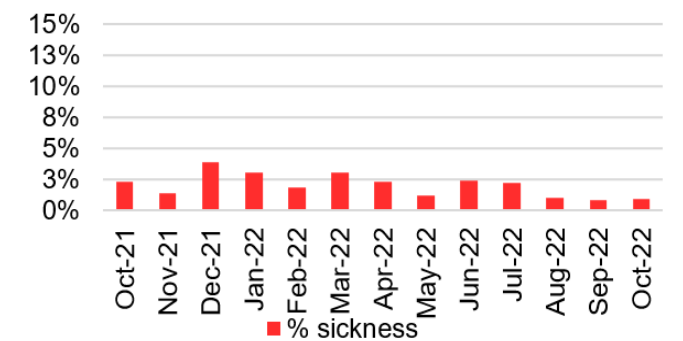


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

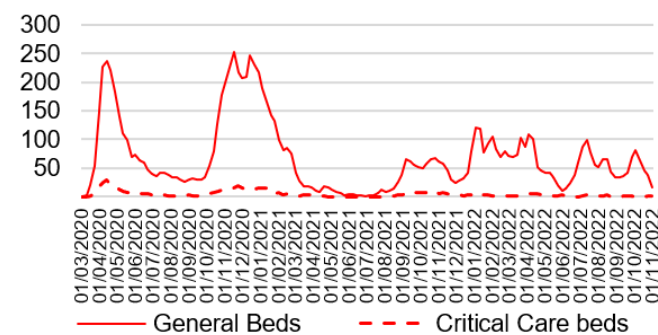


Chart 14: Number of hospital deaths with any mention of COVID19

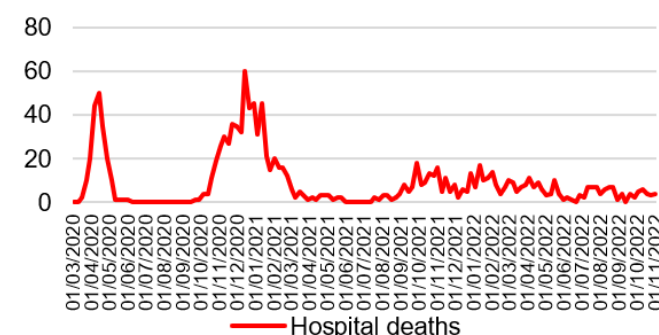


Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

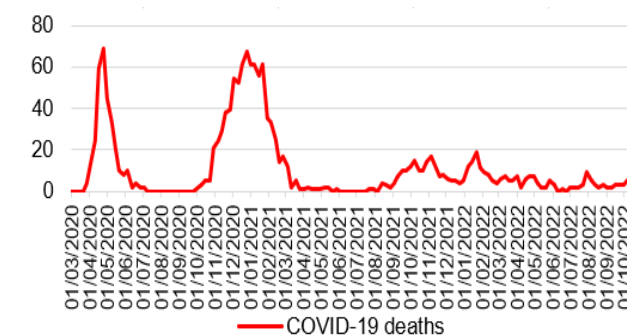
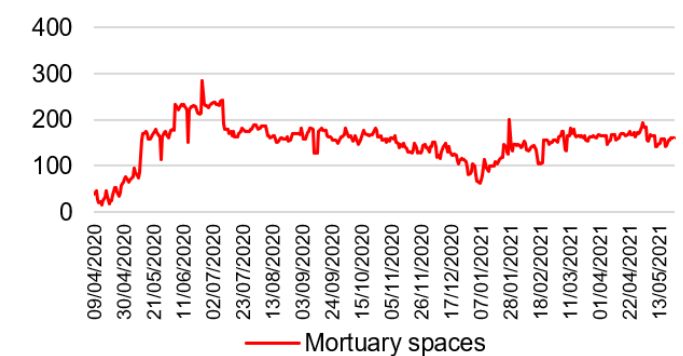


Chart 16: Number of mortuary spaces

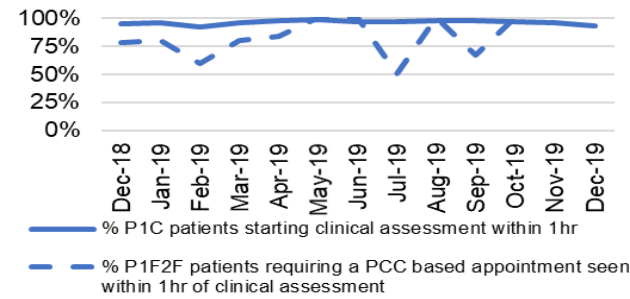




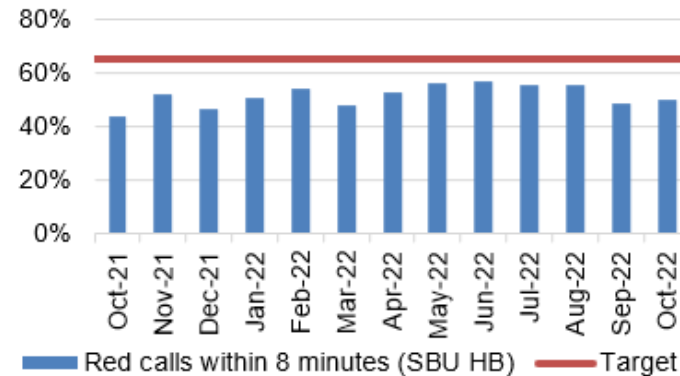
## HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

### Unscheduled Care- Overview

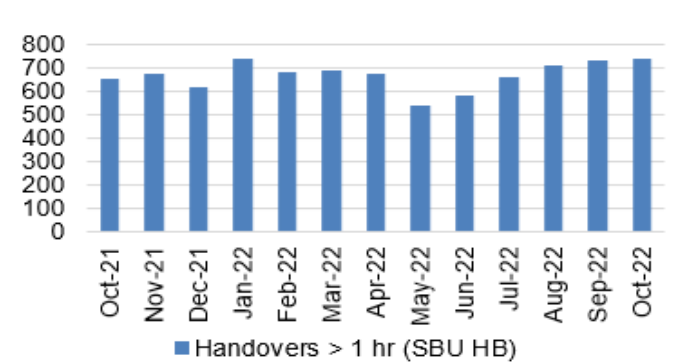
**Chart 1: GP Out of Hours/ 111**



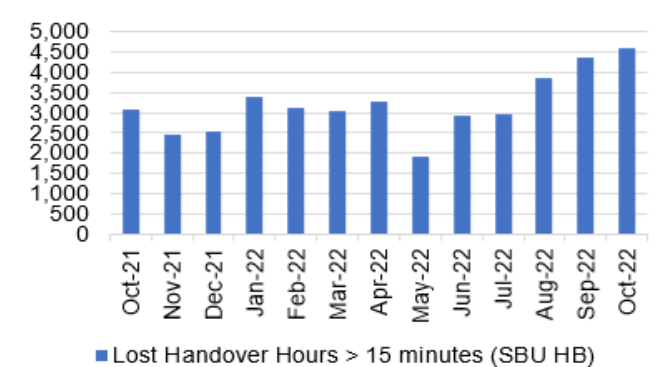
**Chart 2: % red calls responded to within 8 minutes**



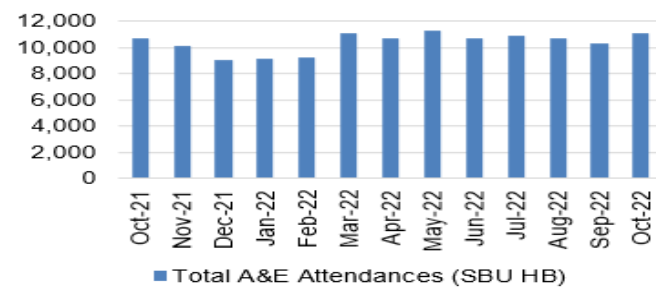
**Chart 3: Number of ambulance handovers over 1 hour**



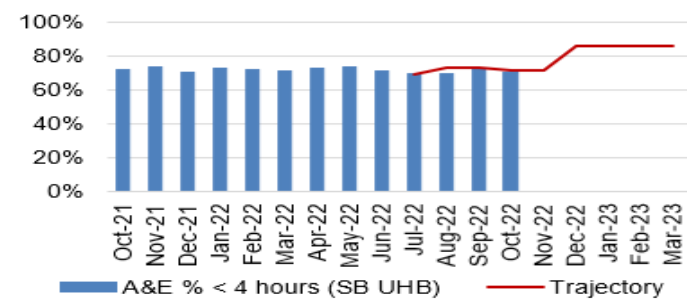
**Chart 4: Lost hours- notification to ambulance handover over 15 minutes**



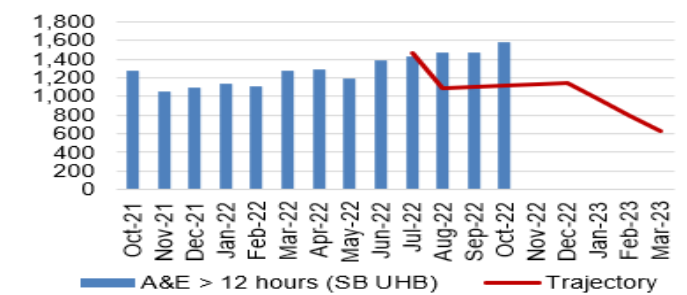
**Chart 5: A&E Attendances**



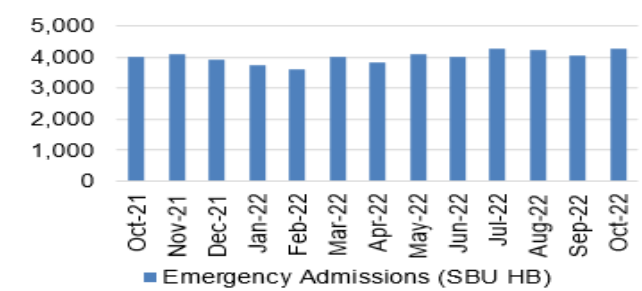
**Chart 6: % patients who spend less than 4 hours in A&E**



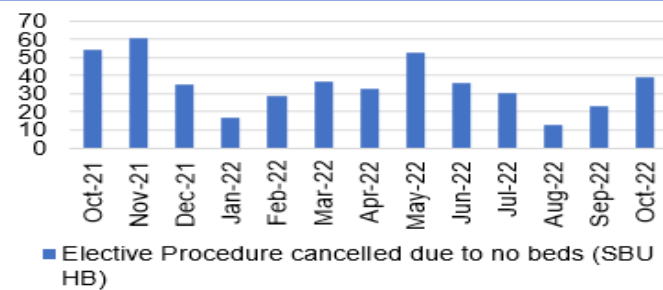
**Chart 7: Number of patients waiting over 12 hours in A&E**



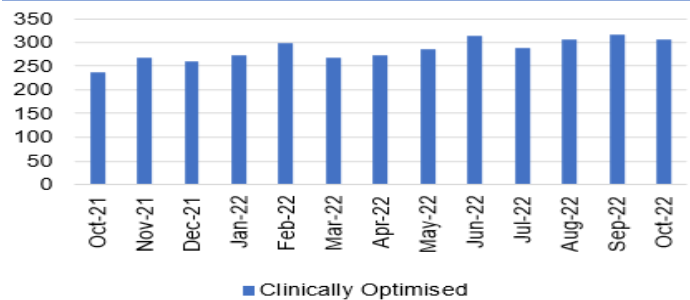
**Chart 8: Number of emergency admissions**



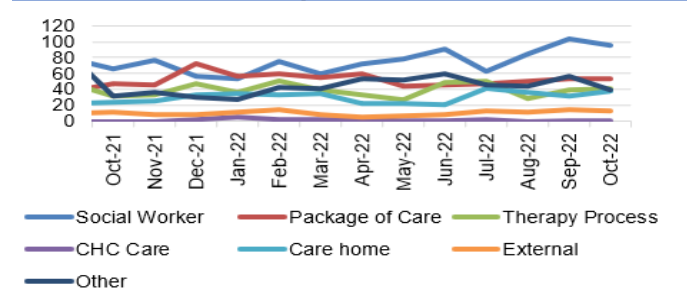
**Chart 9: Elective procedures cancelled due to lack of beds**



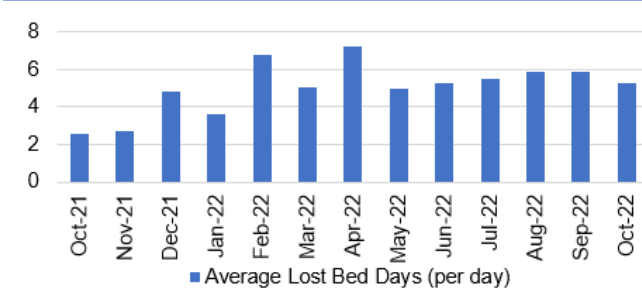
**Chart 10: Number of clinically optimised patients**



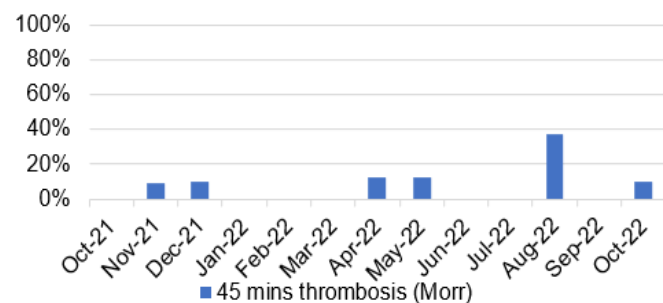
**Chart 11: Delay reason for clinically optimised patients**



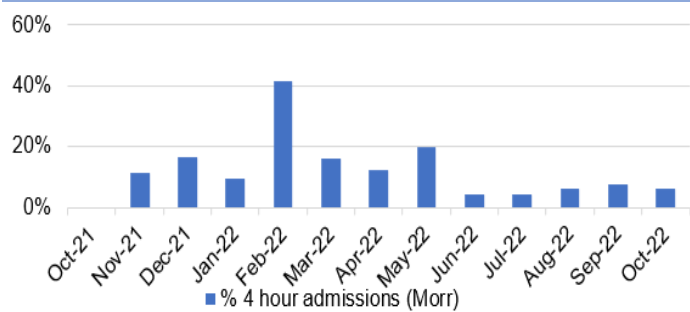
**Chart 12: Average lost bed days (per day)**



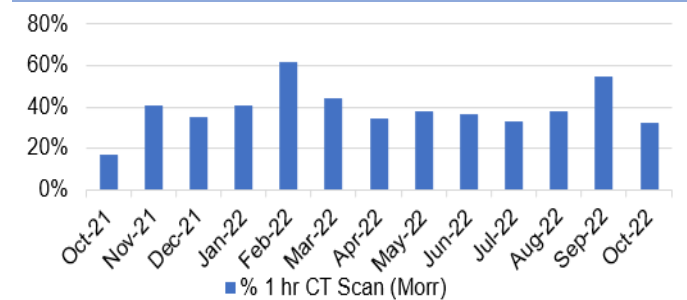
**Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes**



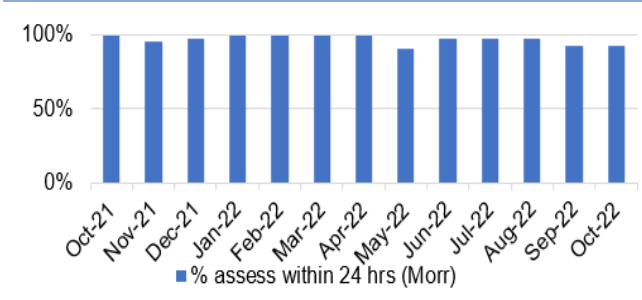
**Chart 14: Direct admission to Acute Stroke Unit within 4 hours**



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



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

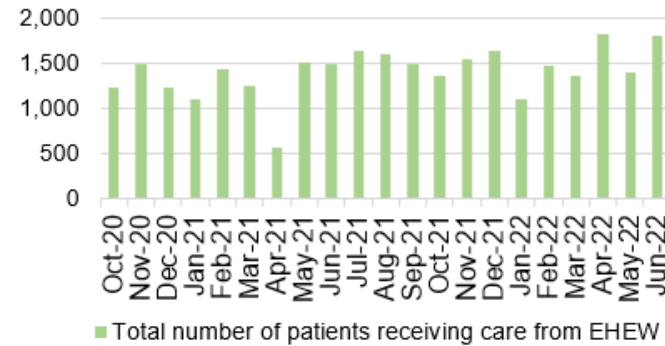




## HARM FROM REDUCTION IN NON-COVID ACTIVITY

### Primary and Community Care Overview

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



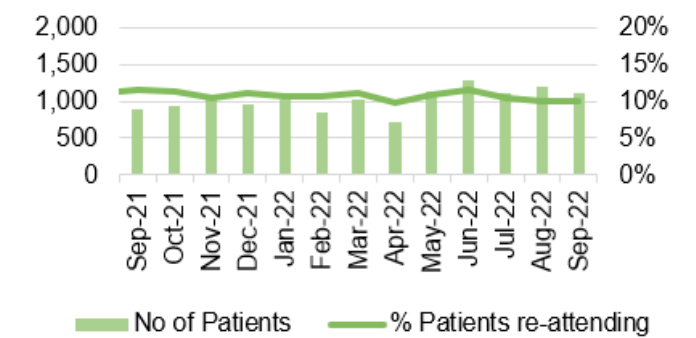
**Chart 2: GMS - Escalation Levels**



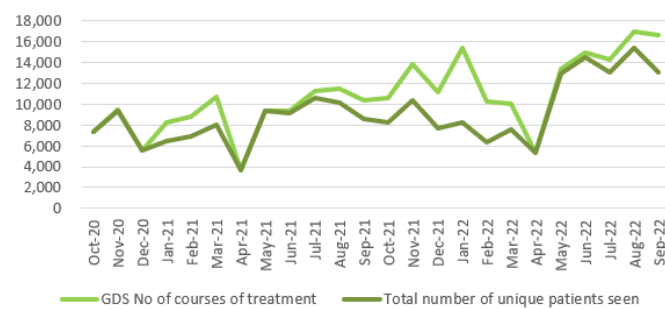
**Chart 3: GMS - Sustainability**



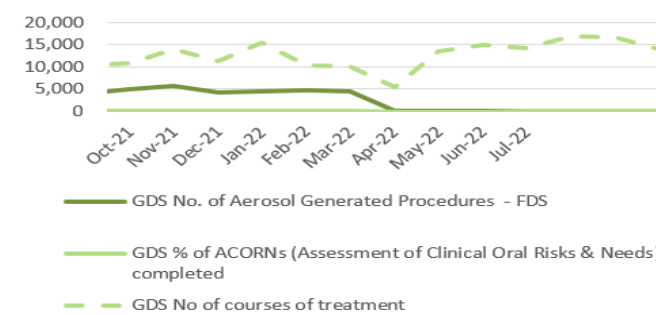
**Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months**



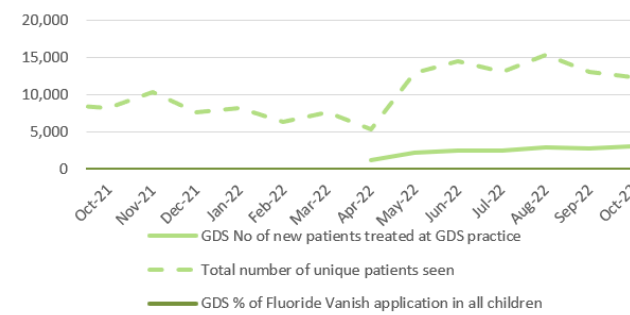
**Chart 5: General Dental Services - Activity**



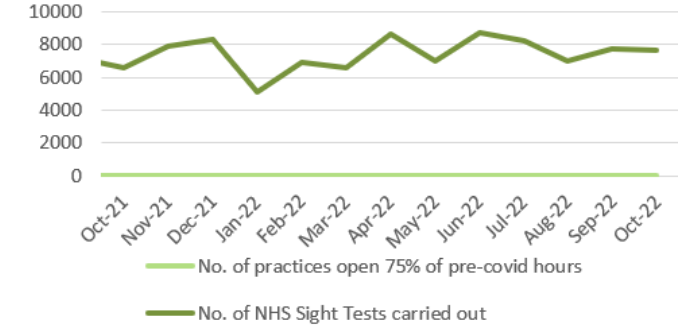
**Chart 6: General Dental Services - New Patients**



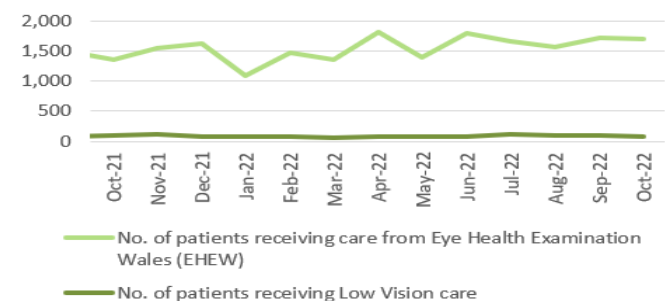
**Chart 7: General Dental Services - ACORNs/FV**



**Chart 8: Optometry Activity – sight tests**



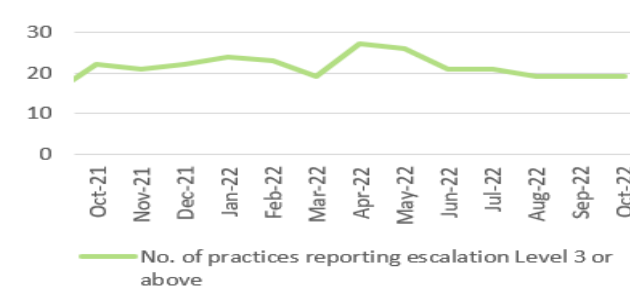
**Chart 9: Optometry Activity – low vision care**



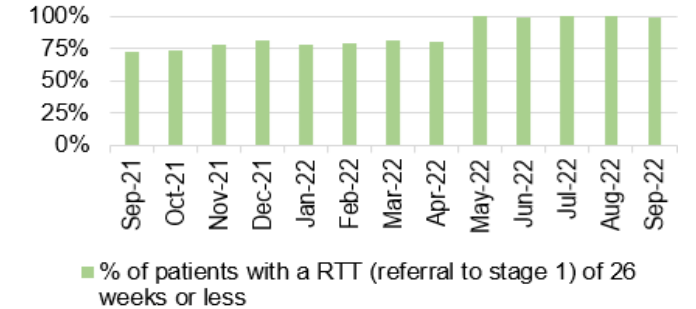
**Chart 10: Community Pharmacy – Escalation levels**



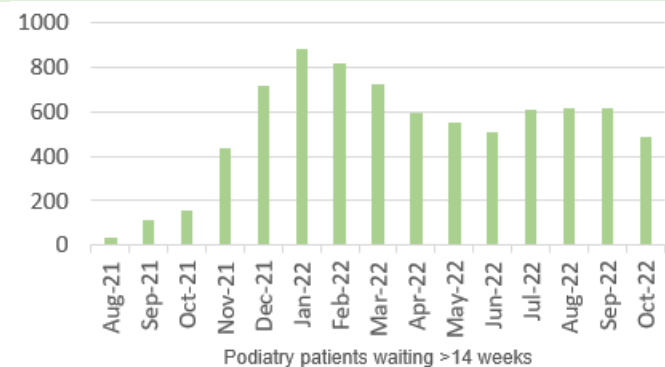
**Chart 11: Community Pharmacy – Common Ailment Scheme**



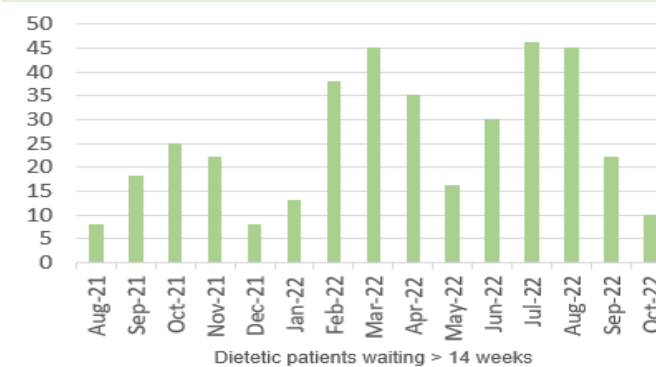
**Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



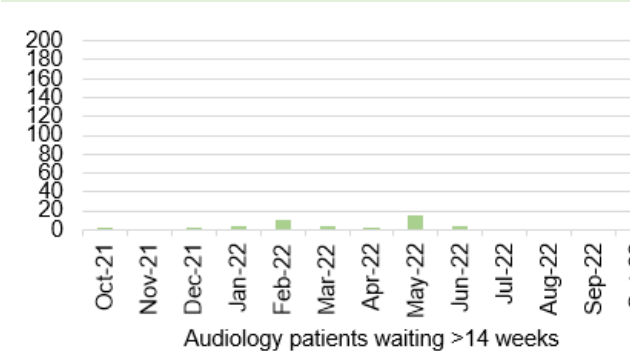
**Chart 13: Podiatry - Total number of patients waiting > 14 weeks**



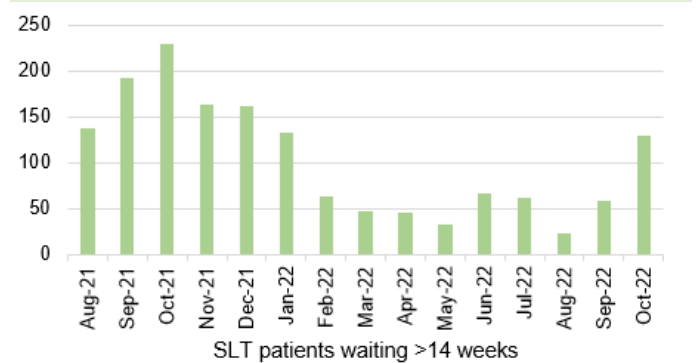
**Chart 14: Dietetics - Total number of patients waiting > 14 weeks**



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



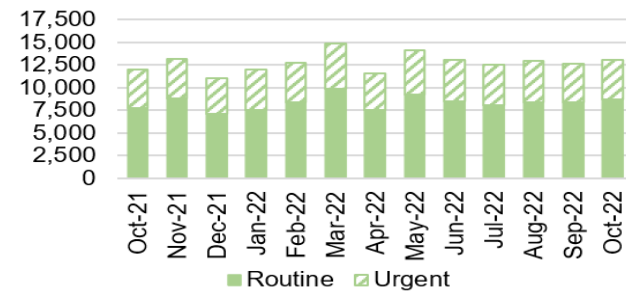
**Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks**



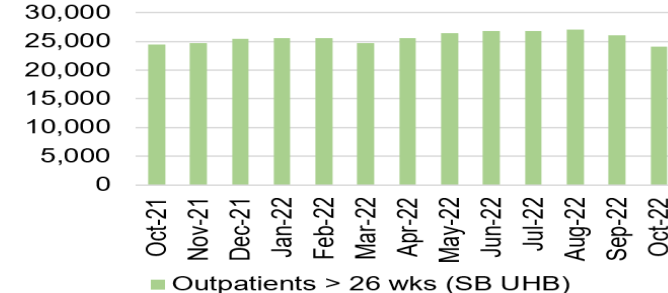
## Harm from reduction in non-Covid activity

### Planned Care Overview

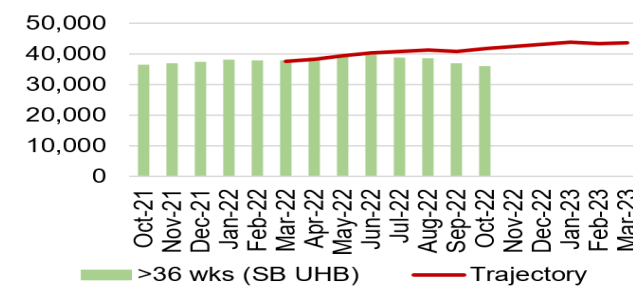
**Chart 1: Number of GP Referrals into secondary care**



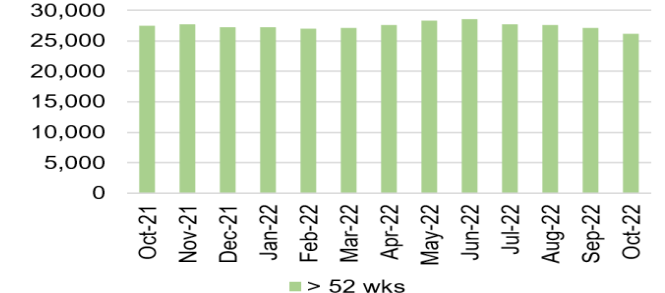
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



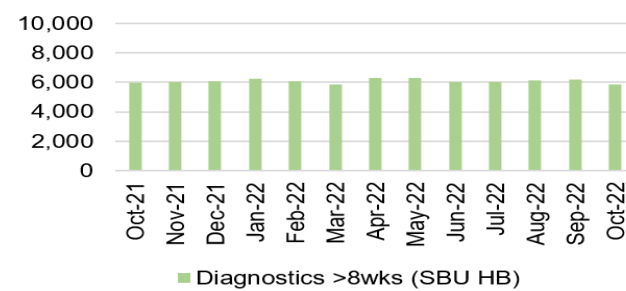
**Chart 3: Number of patients waiting over 36 weeks for treatment**



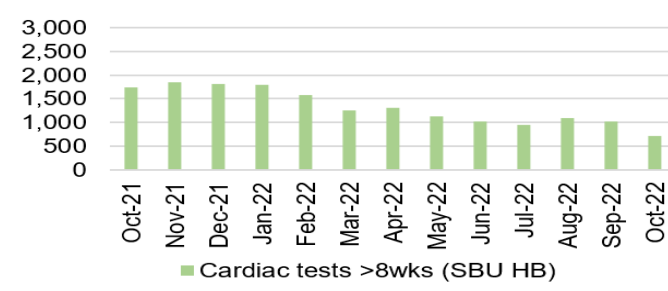
**Chart 4: Number of patients waiting over 52 weeks for treatment**



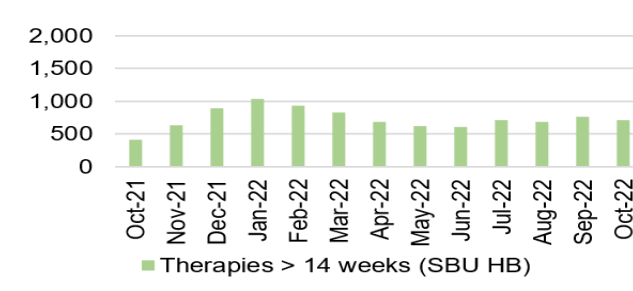
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



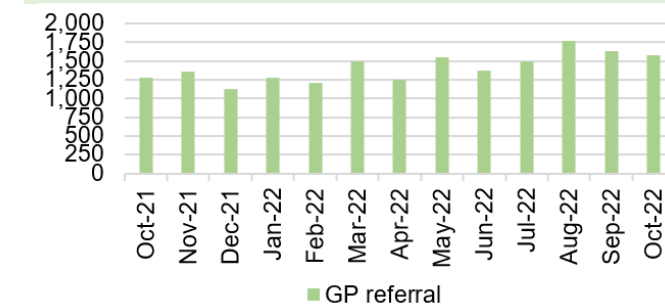
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



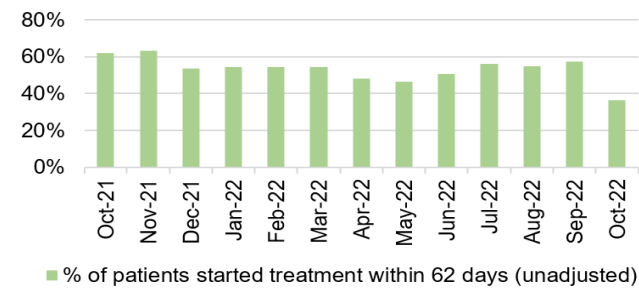
**Chart 7: Number of patients waiting more than 14 weeks for Therapies**



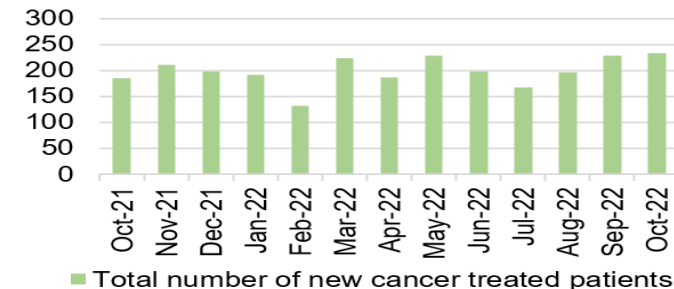
**Chart 8: Cancer referrals**



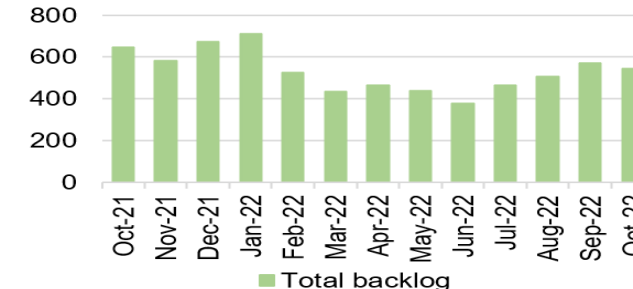
**Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion**



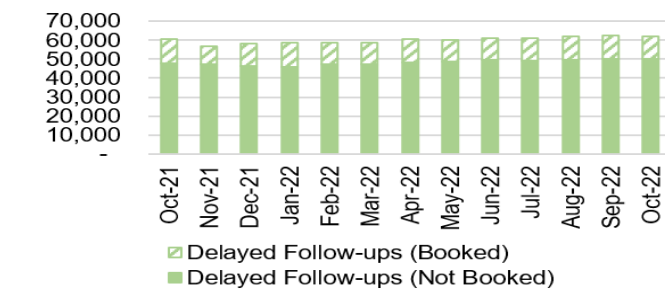
**Chart 10: Number of new cancer patients starting definitive treatment**



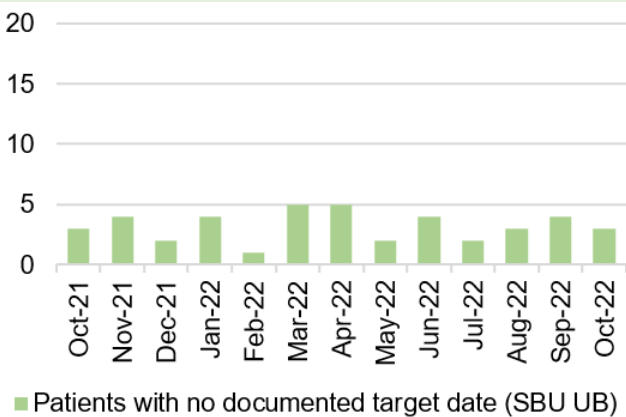
**Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days**



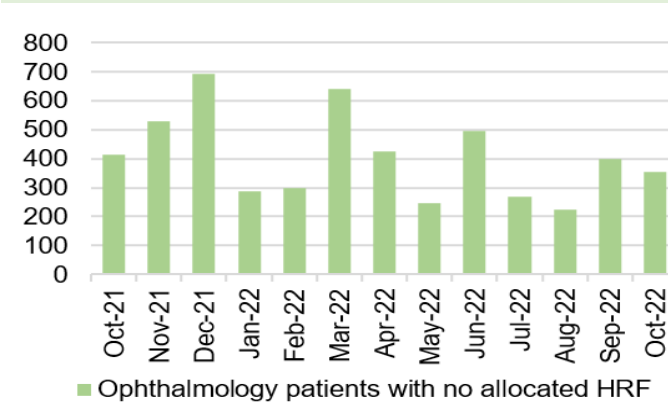
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date**



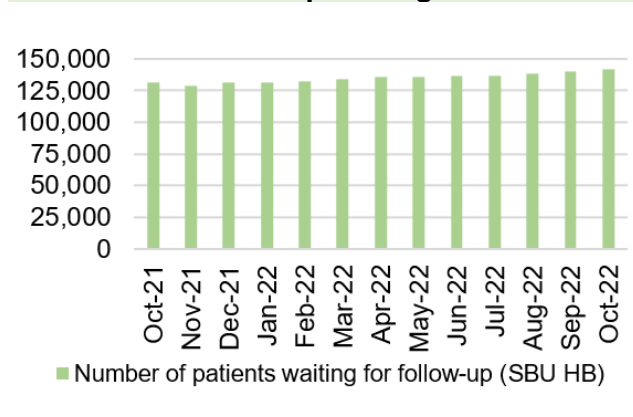
**Chart 13: Number of patients without a documented clinical review date**



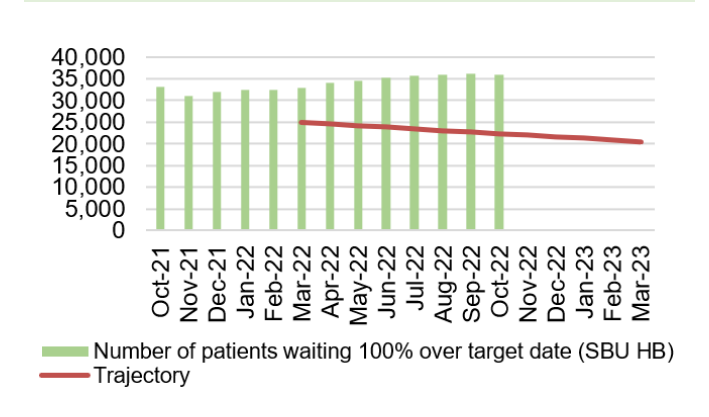
**Chart 14: Ophthalmology patients without an allocated health risk factor**



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



**Chart 16: Number of patients delayed by over 100%**



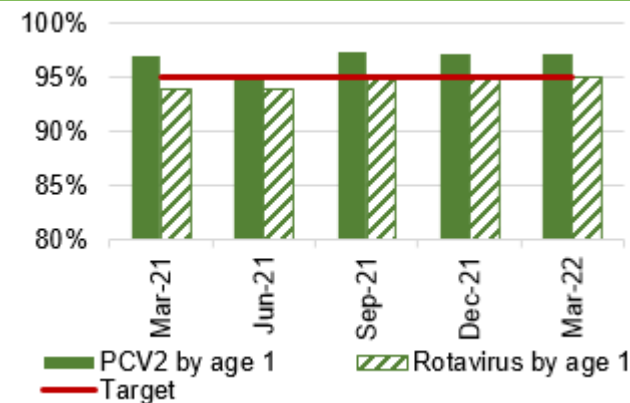
## HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

### Vaccinations and Immunisations

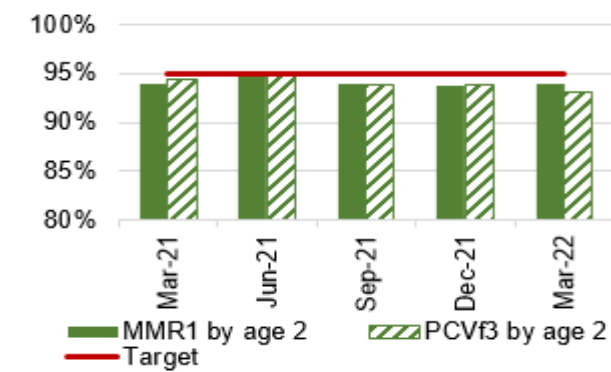
**Chart 1: % children who received 3 doses of the hexavalent '6 in 1' vaccine and MenB2 vaccine by age 1**



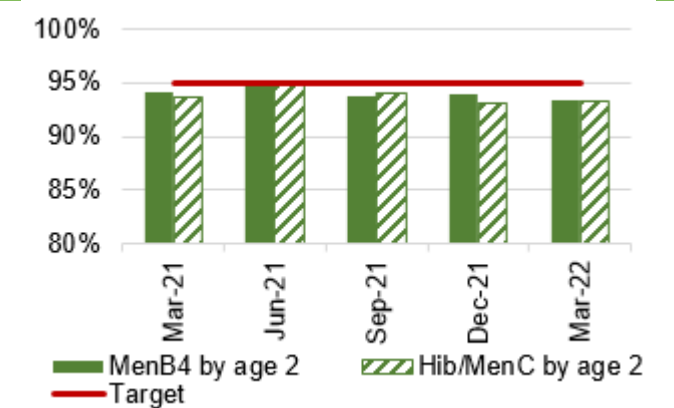
**Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1**



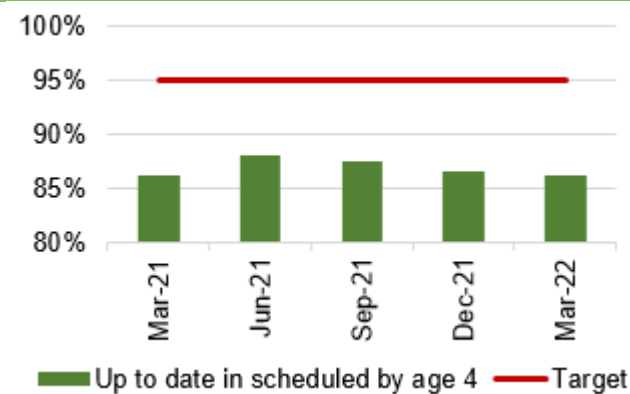
**Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2**



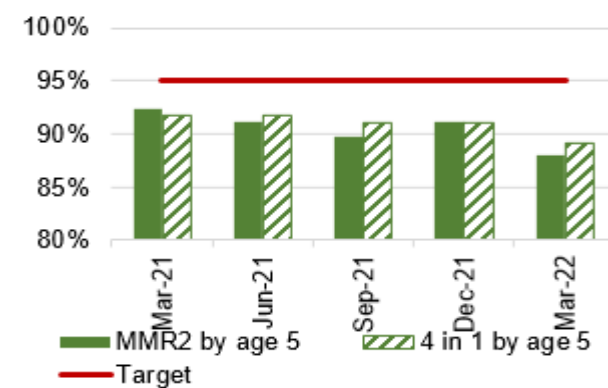
**Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2**



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



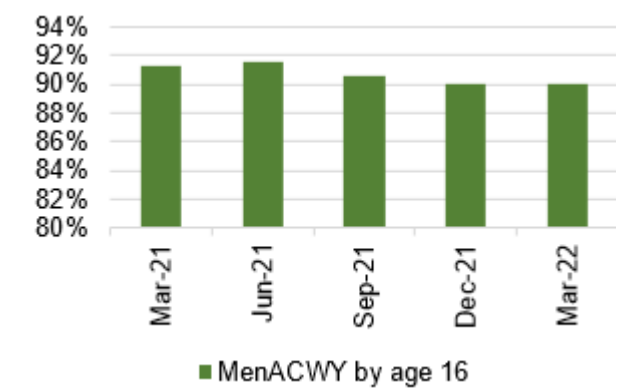
**Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5**



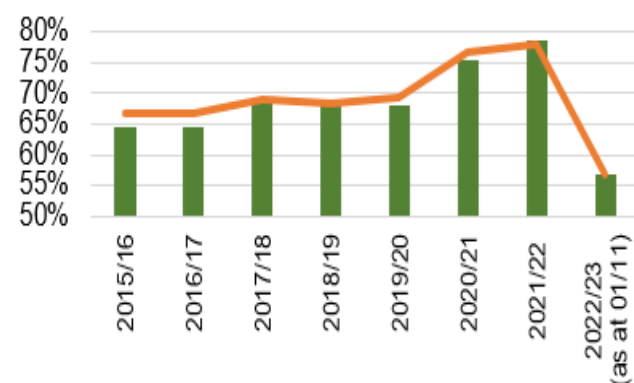
**Chart 7: % children who received MMR vaccine and teenage booster by age 16**



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

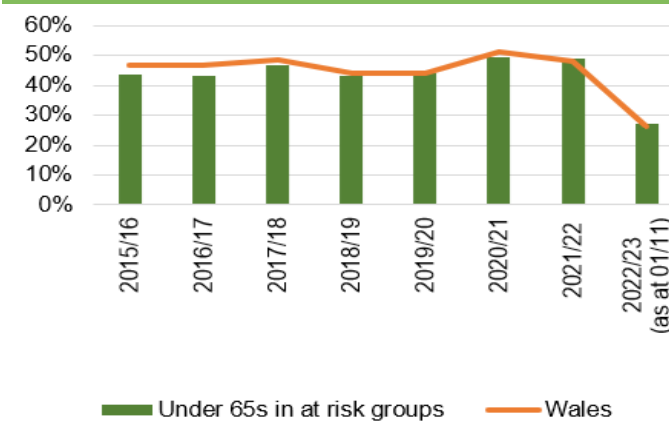


**Chart 9: Influenza uptake for amongst 65 year olds and over**



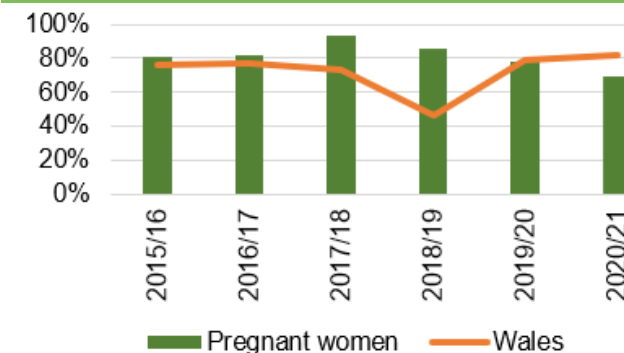
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



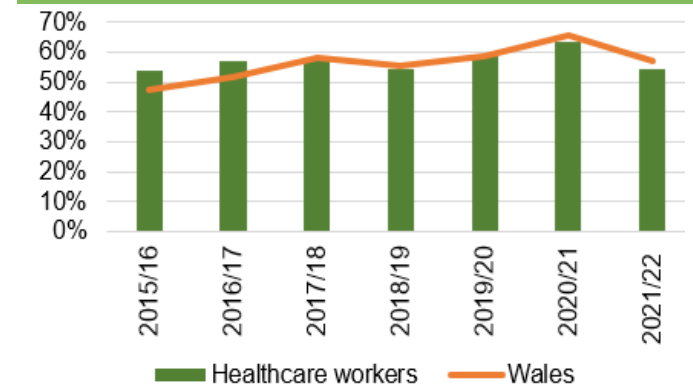
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

**Chart 11: Influenza uptake for amongst pregnant women**



Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board. 2020/21 data not available

**Chart 12: Influenza uptake for amongst healthcare workers**



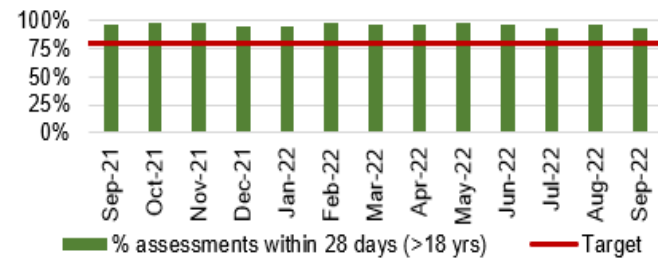
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board. 2020/21 all-Wales data not yet available



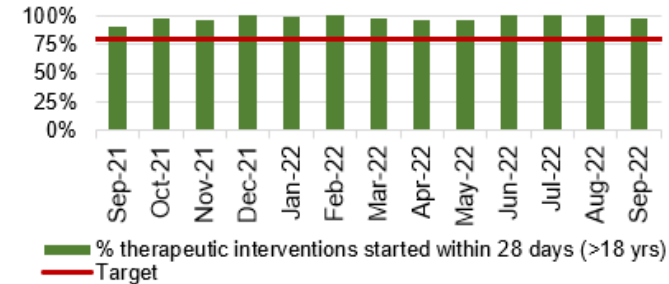
## HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

### Mental Health Overview

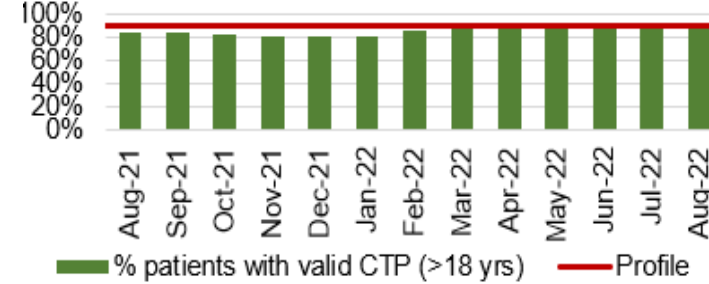
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



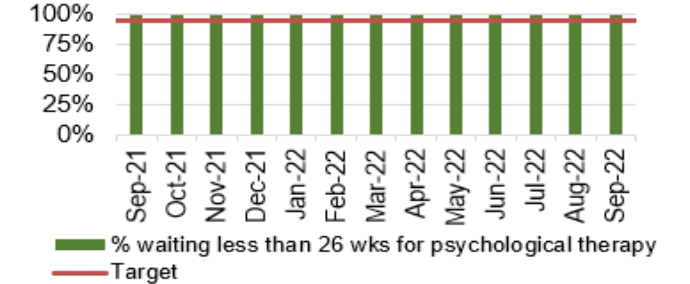
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



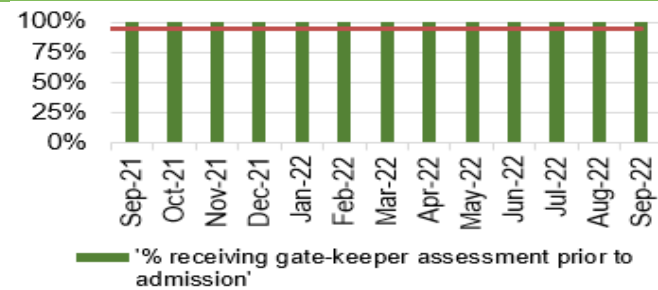
**Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan**



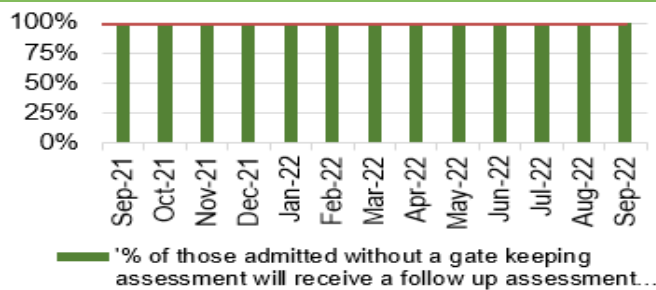
**Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**



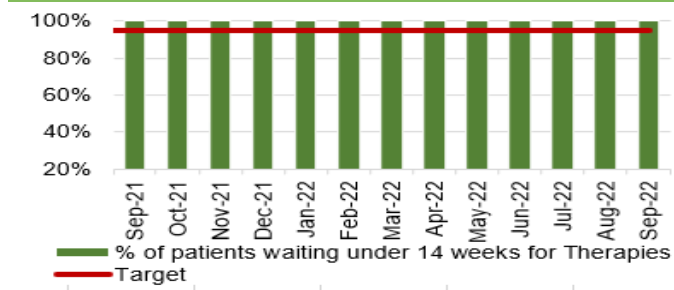
**Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission**



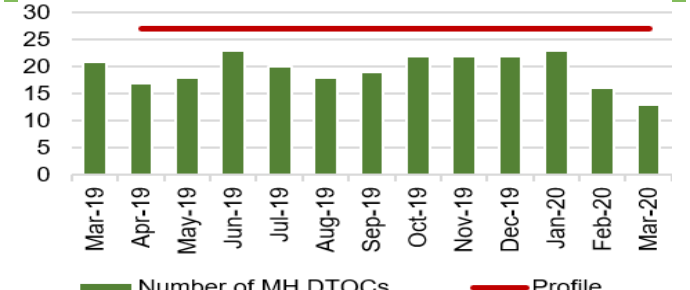
**Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



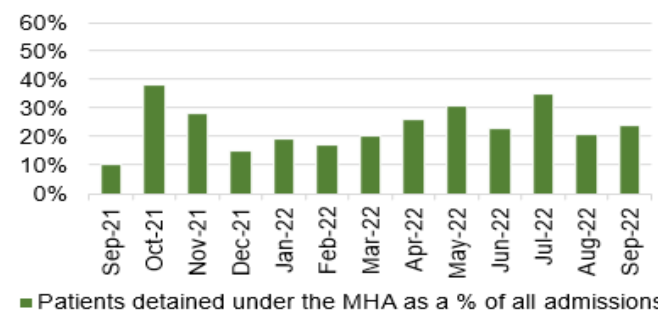
**Chart 7: % of patients waiting under 14 weeks for Therapies**



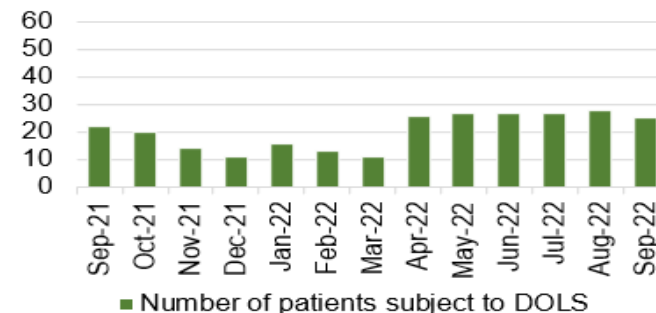
**Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)**



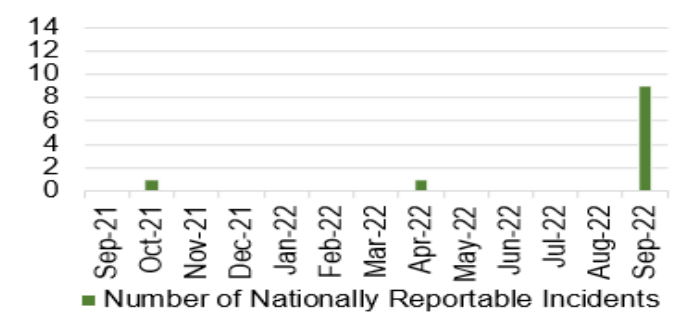
**Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions**



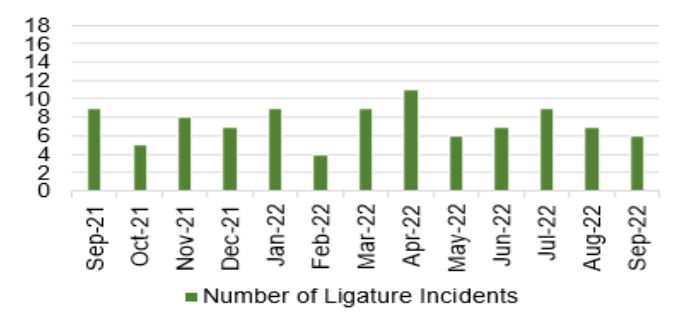
**Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)**



**Chart 11: Number of Nationally Reportable Incidents**

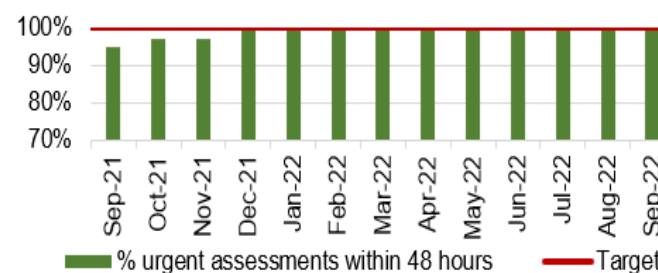


**Chart 12: Number of ligature incidents**

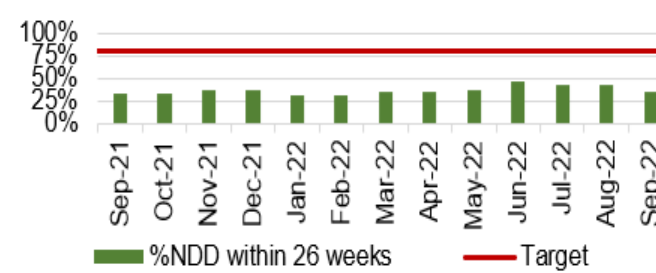


### Child & Adolescent Mental Health Services (CAMHS)

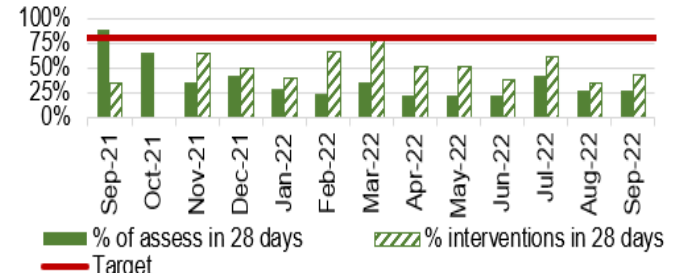
**Chart 13: Urgent assessments undertaken within 48 hours from receipt of referral**



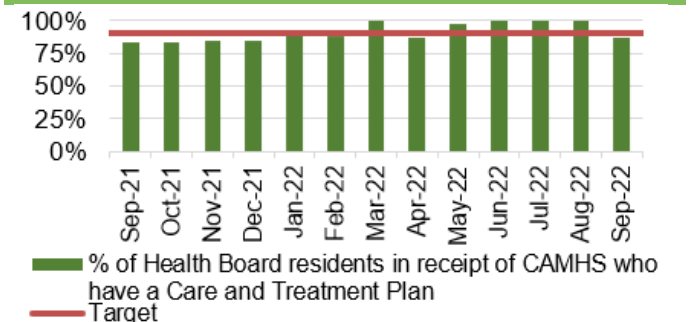
**Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks**



**Chart 15: Assessment and intervention within 28 days**



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



## APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
COVID19 related measures	Number of new COVID19 cases	Local	Oct-22	171		Reduce					10,918	8,247	18,167	15,433	4,209	4,749	835	286	372	600	217	218	171	
	Number of staff referred for Antigen Testing	Local	Oct-22	17,934		Reduce					14,475	14,969	15,756	16,447	16,647	16,756	17,158	17,315	17,579	17,878	17,916	17,926	17,934	
	Number of staff awaiting results of COVID19 test	Local	Oct-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of COVID19 related incidents	Local	Oct-22	61		Reduce					47	53	54	59	55	57	83	39	52	91	46	84	61	
	Number of COVID19 related serious incidents	Local	Oct-22	0		Reduce					1	3	1	0	1	0	0	0	0	0	0	1	0	
	Number of COVID19 related complaints	Local	Oct-22	3		Reduce					4	14	20	4	4	10	6	0	4	5	6	11	3	
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					0													
	Number of staff self isolated (asymptomatic)	Local	Oct-22	1		Reduce					120	65	126	87	43	87	42	29	28	26	8	5	1	
	Number of staff self isolated (symptomatic)	Local	Oct-22	121		Reduce					180	120	393	309	204	326	270	125	287	272	121	100	121	
% sickness	Local	Oct-22	0.9%		Reduce					2.3%	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%		
Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Oct-22	50%	65%	65%	✗	50.0% (Sep-22)	4th (Sep-22)		44%	52%	46%	51%	54%	48%	53%	56%	57%	56%	55%	49%	50%	
	Number of ambulance handovers over one hour	National	Oct-22	739	0			6,360 (Sep-22)	1st (Sep-22)		648	670	612	735	678	687	671	538	578	659	705	732	739	
	Handover hours lost over 15 minutes	Local	Oct-22	4599							3,093	2,461	2,527	3,390	3,110	3,023	3,286	1,892	2,920	2,976	3,870	4,378	4,599	
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Oct-22	71%	95%			67.8% (Sep-22)	3rd (Sep-22)		72%	73%	70%	73%	72%	71%	73%	74%	72%	69%	70%	73%	71%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Oct-22	1584	0			10,230 (Sep-22)	5th (Sep-22)		1,276	1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						77.8%	52.4%	68.8%	52.9%	81.4%									
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Jun-22	89.0%	12 month ↑			69% (Jun-22)	2nd (Jun-22)		88.0%	89.0%	88.0%	89.0%	89.0%	89.0%	89.0%	90.0%	89.0%					
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Sep-22	8%	54.0%						0.0%	11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%		
	CT Scan (<1 hrs) (local)	Local	Sep-22	55%							16.7%	40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%		
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Sep-22	93%							100.0%	95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%		
	Thrombolysis door to needle <= 45 mins	Local	Sep-22	0%							0.0%	9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%		
	% stroke patients who receive mechanical thrombectomy	National	Sep-22	0%	10%			0.3% (Aug-22)	Joint 2nd (Aug-22)		2.6%	4.2%	0.0%	1.9%	0.0%	1.7%	1.8%	0.0%	4.7%	0.0%	0.0%	0.0%		
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Sep-22	35%	12 month ↑			48.8% (Aug-22)	6th (Aug-22)		64.6%	54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%		
DTOCs	Number of mental health HB DToCs	National	Mar-20	13	12 month ↓	27	✓				DTOC reporting temporarily suspended													
	Number of non-mental health HB DToCs	National	Mar-20	60	12 month ↓	50	✗				DTOC reporting temporarily suspended													
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Sep-22	-	90%	80%					0%	0%	0%	25%	0%	33%	25%	100%	33%	-	0%	-		
	Number of new Never Events	National	Sep-22	0	0	0	✓				0	1	0	0	2	0	0	1	0	1	0	0		
	Number of risks with a score greater than 20	Local			118	121	122	129	127	140	140	134	132	128	131	133								
	Number of risks with a score greater than 16	Local			235	238	241	249	253	271	276	266	264	259	269	270								

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Sep-22	70.4	<67		✗	68.97 (Sep-22)	3rd (Sep-22)		82.2	80.5	77.1	73.8	74.6	73.7	96.5	79.6	70.8	68.9	74.5	70.4	
	Number of E.Coli bacteraemia cases (Hospital)		Sep-22	7							7	5	5	7	9	4	13	8	5	3	11	7	
	Number of E.Coli bacteraemia cases (Community)			8							12	17	12	8	17	17	18	13	12	18	21	8	
	Total number of E.Coli bacteraemia cases			15							19	22	17	15	26	21	31	21	17	21	32	15	
	Cumulative cases of S.aureus bacteraemias per 100k pop		Sep-22	39.3	<20		✗	27.81 (Sep-22)	6th (Sep-22)		40.6	37.2	36.0	36.3	35.8	35.6	43.6	50.5	41.0	39.8	38.4	39.3	
	Number of S.aureus bacteraemias cases (Hospital)		Sep-22	8							11	1	5	2	7	7	6	9	7	6	5	8	
	Number of S.aureus bacteraemias cases (Community)			5							7	3	4	11	3	4	7	9	2	6	6	5	
	Total number of S.aureus bacteraemias cases			13							18	4	9	13	10	11	13	18	9	12	11	13	
	Cumulative cases of C.difficile per 100k pop		Sep-22	46.9	<25		✗	37.95 (Sep-22)	5th (Sep-22)		52.9	53.3	51.3	50.3	49.8	50.1	40.5	36.7	41.0	42.9	47.6	46.9	
	Number of C.difficile cases (Hospital)		Sep-22	11							10	10	11	11	8	12	11	7	7	10	16	11	
	Number of C.difficile cases (Community)			3							5	10	1	3	5	6	2	4	9	6	6	3	
	Total number of C.difficile cases			14							15	20	12	14	13	18	13	11	16	16	22	14	
	Cumulative cases of Klebsiella per 100k pop		Sep-22	25.5							27.1	26.5	26.5	25.3	24.3	24.0	18.7	21.4	22.6	24.5	25.0	25.5	
	Number of Klebsiella cases (Hospital)		Sep-22	1							8	2	6	5	3	4	4	7	6	4	4	1	
	Number of Klebsiella cases (Community)			9							5	5	3	0	1	3	2	1	2	7	4	9	
	Total number of Klebsiella cases			10				73 Total (Sep-22)	3rd (Sep-22)		13	7	9	5	4	7	6	8	8	11	8	10	
	Cumulative cases of Aeruginosa per 100k pop		Sep-22	10.2							4.8	5.4	6.1	5.8	6.2	6.1	6.2	6.1	8.2	9.2	9.2	10.2	
	Number of Aeruginosa cases (Hospital)		Sep-22	4							0	3	3	1	2	0	1	1	3	2	3	4	
	Number of Aeruginosa cases (Community)			1							0	0	1	0	1	2	1	1	1	2	0	1	
	Total number of Aeruginosa cases			5				14 Total (Sep-22)	6th (Sep-22)		0	3	4	1	3	2	2	2	4	4	3	5	
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Sep-22	96.6%		95%	✓				97%	92%	96%	95%	96%	93%	96%	96%	98%	96%	90%	97%	
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Aug-22	54		12 month ↓	✗				42	43	56	65	53	49	45	58	53	58	54		
	Number of pressure ulcers developed in the community		Aug-22	50		12 month ↓	✗				32	31	55	27	38	56	33	39	32	27	50		
	Total number of pressure ulcers			104		12 month ↓	✗				74	74	111	92	91	105	78	97	85	85	104		
	Number of grade 3+ pressure ulcers acquired in hospital			3		12 month ↓	✗				1	2	4	9	6	5	3	2	3	5	3		
	Number of grade 3+ pressure ulcers acquired in community		Aug-22	11		12 month ↓	✗				7	8	14	1	15	11	2	10	12	2	11		
	Total number of grade 3+ pressure ulcers		Aug-22	14		12 month ↓	✗				8	10	18	10	21	16	5	12	15	7	14		
Inpatient Falls	Number of Inpatient Falls	Local	Sep-22	175		12 month ↓	✓				240	213	208	196	199	209	190	182	172	174	216	175	
Mortality	% of universal mortality reviews (UMRs) undertaken within 28 days of a death	Local	Feb-22	97%	95%	95%	✓				96.8%	98.5%	96.1%	96.1%	97.2%								
	Stage 2 mortality reviews required	Local	Feb-22	7							16	10	6	7	7								
	% stage 2 mortality reviews completed	Local	Nov-21	50.00%		100%	✗				75.0%	50.0%											
	Crude hospital mortality rate (74 years of age or less)	National	Jul-22	0.83%	12 month ↓						1.03%	0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	0.83%			
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Sep-22	88%		98%	✗				93.8%	92.2%	89.1%	93.4%	92.3%	96.9%	95.7%	93.9%	93.7%	90.5%	86.2%	87.6%	
Coding	% of episodes clinically coded within 1 month of discharge	Local	Aug-22	77%	95%	95%	✗				92%	76%	84%	86%	95%	81%	44%	68%	81%	82%	77%		
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Sep-22	70%		100%	✗				61%	63%	62%	61%	65%	63%	60%	66%	64%	63%	69%	70%	
Workforce	Agency spend as a % of the total pay bill	National	Aug-22	6.41%	12 month ↓			8.5% (Mar-22)	7th out of 10 organisations (Mar-22)		5.5%	5.9%	5.7%	5.7%	6.2%	6.6%	4.9%	6.3%	6.2%	6.7%	6.4%		
	Overall staff engagement score - scale score method	National	2020	75%	Improvement			75% (2020)	6th out of 10 organisations (2020)														
	% of headcount by organisation who have had a PADRI medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Sep-22	64%	85%	85%	✗	56.4% (Apr-22)	8th out of 10 organisations (Apr-22)		56%	55%	57%	56%	56%	56%	56%	56%	55%	58%	61%	64%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Sep-22	82%	85%	85%	✗	79.5% (Apr-22)	7th out of 10 organisations (Apr-22)		80%	80%	80%	80%	80%	80%	80%	80%	80%	81%	81%	82%	



Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Sep-22	10.0%	4 quarter ↓						11.4%	10.5%	11.1%	10.8%	10.7%	11.1%	9.8%	10.9%	11.5%	10.4%	10.0%	10.0%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Sep-22	57.3%	12 month ↑			52.5% (Aug-22)	2nd out of 6 organisations (Aug-22)		61.9%	63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	
Radiotherapy waiting times	Scheduled (21 Day Target)	Local	Sep-22	34%	80%		✗				37%	30%	37%	48%	51%	70%	63%	36%	51%	29%	35%	34%	
	Scheduled (28 Day Target)	Local	Sep-22	85%	100%		✗				84%	61%	78%	82%	91%	95%	94%	88%	93%	98%	91%	85%	
	Urgent SC (7 Day Target)	Local	Sep-22	54%	80%		✗				30%	60%	37%	57%	60%	57%	62%	44%	43%	64%	48%	54%	
	Urgent SC (14 Day Target)	Local	Sep-22	89%	100%		✗				90%	100%	87%	97%	100%	100%	96%	94%	100%	97%	85%	89%	
	Emergency (within 1 day)	Local	Sep-22	100%	80%		✓				100%	100%	100%	100%	100%	85%	100%	100%	88%	92%	90%	100%	
	Emergency (within 2 days)	Local	Sep-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Elective Delay (21 Day Target)	Local	Sep-22	91%	80%		✓				89%	79%	92%	90%	94%	90%	93%	95%	91%	75%	98%	91%	
	Elective Delay (28 Day Target)	Local	Sep-22	97%	100%		✗				94%	86%	100%	94%	100%	100%	96%	98%	97%	92%	100%	97%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Sep-22	4,205	0%			16,284 (Aug-22)	7th (Aug-22)		2,619	2,791	3,144	3,543	3,898	4,191	4,398	4,564	4,449	4,407	4,257	4,205	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Sep-22	6,177	0			44,489 (Aug-22)	4th (Aug-22)		5,939	6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	
	Number of patients waiting > 14 weeks for a specified therapy	National	Sep-22	755	0			12,356 (Aug-22)	3rd (Aug-22)		414	629	885	1,028	926	820	679	614	609	714	682	755	
	% of patients waiting < 26 weeks for treatment	National	Sep-22	52%	95%			54.8% (Aug-22)	6th (Aug-22)		51.6%	51.3%	50.5%	50.4%	50.1%	50.7%	50.4%	50.4%	50.8%	51.8%	52.0%	52.1%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Sep-22	26,065	0						24,483	24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	
	Number of patients waiting > 52 weeks for outpatient appointment	National	Sep-22	13,980	0			102,662 (Aug-22)	4th (Aug-22)		12,581	12,692	12,406	12,391	12,337	12,593	13,275	14,071	14,951	15,232	15,122	13,980	
	Number of patients waiting > 36 weeks for treatment	National	Sep-22	37,095	0			271,165 (Aug-22)	4th (Aug-22)		36,420	37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	
	Number of patients waiting > 104 weeks for treatment	National	Sep-22	10,623	0			59,350 (Aug-22)	5th (Aug-22)		8,200	9,749	10,669	11,859	13,104	13,587	13,083	12,670	12,064	11,400	10,960	10,623	
	The number of patients waiting for a follow-up outpatient appointment	National	Sep-22	139,989	HB target TBC						131,554	129,255	131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Sep-22	36,144				213,845 (Aug-22)	5th (Aug-22)		33,121	30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Sep-22	60%	95%			63.2% (Aug-22)	4th (Aug-22)		58.9%	62.1%	61.2%	59.8%	58.5%	59.4%	60.8%	63.3%	63.7%	65.6%	62.4%	60.3%	65.2%
DN/Ae	% of patients who did not attend a new outpatient appointment	Local	Sep-22	7.8%	12 month ↓						7.6%	7.4%	6.8%	7.0%	6.4%	6.8%	7.8%	7.5%	8.2%	8.2%	8.0%	7.8%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Sep-22	7.8%	12 month ↓						7.5%	6.7%	6.3%	6.4%	6.2%	6.2%	7.8%	7.3%	7.8%	7.7%	7.6%	7.8%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Sep-22	71.0%		90%	✗				66%	67%	62%	74%	71%	72%	71%	78%	81%	72%	59%	71%	
	% of theatre sessions starting late	Local	Sep-22	37.0%		<25%	✗				46%	43%	40%	43%	43%	39%	39%	46%	43%	40%	36%	37%	
	% of theatre sessions finishing early	Local	Sep-22	48.0%		<20%	✗				50%	48%	48%	48%	43%	45%	47%	43%	43%	46%	43%	48%	
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200																			
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMSC appraisals	National	Q3 21/22	99.1%	100%	100%	✗	98.8% (Q3 21/22)	3rd out of 6 organisations (Q3 21/22)														
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q4 21/22	279.2	4 quarter ↓			259.4 (Q4 21/22)	6th (Q4 21/22)								279.2						
	Patients aged 65 years or over prescribed an antipsychotic	National	Q4 21/22	1,451	Quarter on quarter ↓			10,262 (Q4 21/22)	5th (Q4 21/22)								1,451						
	Opioid average daily quantities per 1,000 patients	National	Q4 21/22	4,261	4 quarter ↓			4,329.4 (Q4 21/22)	3rd (Q4 21/22)								4,261						
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)														
	Number of friends and family surveys completed	Local	Sep-22	3,914		12 month ↑	✓				2,733	3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	
	% of who would recommend and highly recommend	Local	Sep-22	88%		90%	✗				92%	94%	93%	92%	90%	90%	89%	90%	88%	89%	89%	88%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Sep-22	92%		90%	✓				93%	93%	96%	93%	91%	91%	89%	91%	91%	90%	93%	92%	
Complaints	Number of new formal complaints received	Local	Jul-22	153		12 month trend ↓	✗				134	159	115	124	139	156	123	176	118	153			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Jul-22	64%	75%	80%	✗	67.2% (Q4 20/21)	3rd (Q4 20/21)		67%	69%	68%	63%	64%	65%	76%	69%	65%	64%			
	% of acknowledgements sent within 2 working days	Local	Jul-22	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			



Harm from wider societal actions/lockdown																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2021/22	31.9%	Annual ↑			36.7% (2021/22)	5th (2021/22)		31.9%												
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 21/22	95.9%	95%			94.9% (Q4 21/22)	2nd (Q4 21/22)					96.1%			95.9%						
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 21/22	88.0%	95%			90.8% (Q4 21/22)	6th (Q4 21/22)					91.2%			88.0%						
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q4 21/22	352.2	4 quarter ↓			373.9 (Q4 21/22)	2nd (Q4 21/22)					313.3			352.2						
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q1 22/23	43.6%	4 quarter ↑			67.2 (Q1 22/23)	6th (Q1 22/23)					63.6%			66.7%			43.6%			
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-22	78.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		58.7%	74.8%	76.9%	78.2%	78.5%	78.5%	Data collection restarts October 2022						78.5%
	% uptake of influenza among under 65s in risk groups	National	Mar-22	48.8%	55%			48.2% (Mar-22)	4th (Mar-22)		26.0%	40.8%	44.9%	47.3%	48.6%	48.8%							48.7%
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)		Data not available												
	% uptake of influenza among children 2 to 3 years old	Local	Mar-22	44.6%	50%			47.6% (Mar-22)	5th (Mar-22)		22.0%	37.7%	41.5%	43.2%	44.8%	44.6%							44.8%
	% uptake of influenza among healthcare workers	National	Mar-22	53.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		48.6%	50.8%	52.7%	52.7%	53.6%	53.6%							53.6%
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Aug-22	100%		100%	✔				97%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Aug-22	44%	80%	80%	✘	36.5% (Aug-22)	3rd (Aug-22)		34%	37%	37%	33%	33%	35%	35%	36%	47%	44%	44%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Aug-22	34%	80%	80%	✘	61.6% (Aug-22)	Joint 1st (Aug-22)		40%	34%	22%	28%	27%	29%	18%	40%	33%	38%	34%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Aug-22	27%		80%	✘	54.0% (Aug-22)	6th (Aug-22)		65%	36%	43%	28%	24%	36%	23%	23%	22%	42%	27%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Aug-22	35%		80%	✘	38.7% (Aug-22)	4th (Aug-22)		0%	64%	50%	39%	67%	78%	51%	51%	38%	61%	35%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Aug-22	34%		80%	✘				3%	3%	2%	27%	26%	30%	19%	41%	41%	38%	34%		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Aug-22	100%		90%	✔	4.9% (Aug-22)	Joint 1st (Aug-22)		84%	84%	84%	89%	88%	100%	87%	97%	100%	100%	100%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Aug-22	97%	80%	80%	✔	90.0% (Aug-22)	2nd (Aug-22)		98%	98%	95%	95%	99%	96%	97%	98%	96%	94%	97%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Aug-22	100%	80%	80%	✔	72.1% (Aug-22)	1st (Aug-22)		98%	96%	100%	99%	100%	98%	96%	97%	100%	100%	100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Aug-22	100%	95%	95%	✔	73.4% (Aug-22)	1st (Aug-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Aug-22	90%	90%	90%	✔	86.0% (Aug-22)	3rd (Aug-22)		83%	81%	80%	81%	85%	89%	88%	89%	89%	89%	90%		
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)														
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)														

