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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	20th December 2022	Agenda Item	4.1
Report Title	Quality & Safety Performance Report		
Report Author	Meghann Protheroe, Head of Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting window in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	<p>The Quality and Safety Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in July 2022, and the measures have been updated accordingly in line with current data availability.</p> <p>Key high level issues to highlight this month are as follows:</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 was the same as in October 2022, with 171 new cases being reported in-month. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - ED attendances have decreased in November 2022 to 9,753 from 11,075 in October 2022. - Performance against the 4-hour access is currently below the outlined trajectory in November 2022. ED 4-hour performance has deteriorated by 0.2% in November 2022 to 70.41% from 70.56% in October 2022. - Performance against the 12-hour wait has improved in-month but it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,456 in November from 1,584 in October 2022. - Internal flow activities to support reduced occupancy and to improve flow throughout the day are being implemented, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is 		

	<p>currently being undertaken with WAST colleagues to implement further pathways.</p> <ul style="list-style-type: none"> - The number of emergency admissions has decreased in November 2022 to 4,200 from 4,274 in October 2022. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> - November 2022 saw an 11% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment. - Additionally, the number of patients waiting over 36 weeks decreased by 5.3% to 34,207. - We continue to outperform the trajectory for the number of patients waiting over 104 weeks for treatment, with 9,048 patients waiting at this point in November. - In November, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 9,774 patients waiting at this stage. - As a Health Board, we are outperforming the Ministerial Priority recovery trajectory for the number of patients waiting over 36 weeks for treatment and for the percentage of patients waiting less than 26 weeks for treatment. - Therapy waiting times have improved, there are 441 patients waiting over 14 weeks in November 2022 compared with 707 in October 2022. - The number of patients waiting over 8 weeks for an Endoscopy has slightly reduced in November 2022 to 4,113 from 4,163 in October 2022. <p><u>Cancer</u></p> <ul style="list-style-type: none"> - October 2022 saw 51% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). - The average backlog of patients waiting over 63 days has reduced in November 2022 to 467 from 545 in October 2022. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in October 2022. - In October 2022, 93.4% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%. <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% October 2022. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has
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	<p>improved slightly to 40% in October 2022 against a target of 80%.</p> <p><u>Nationally Reportable Incidents</u></p> <ul style="list-style-type: none"> - In November 2022, there were 11 Nationally Reportable Incidents reported. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> - November 2022 data is included in this report showing 91% satisfaction through 4,287 surveys completed. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE- current Health Board performance against key measures and targets. 			

QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

In 2021/22 a Single Outcomes Framework for Health and Social was due to be published but was delayed due to the COVID19 pandemic. Welsh Government has confirmed that during the Single Outcomes Framework will be developed for adoption in 2022/23 and that the 2020/21 measures will be rolled over into 2021/22.

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

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

The Health Board's performance reports have traditionally been structured according to the aims within the NHS Delivery Framework however, the focus for NHS Wales reporting has shifted to harm management as a consequence of the COVID-19 pandemic. In order to improve the Health Board's visibility of measuring and managing harm, the structure of this report has been aligned with the four quadrants of harm as set out in the NHS Wales COVID-19 Operating Framework. The harm quadrants are illustrated in the following diagram.

Harm from Covid itself	Harm from overwhelmed NHS and social care system
Harm from reduction in non-Covid activity	Harm from wider societal actions/lockdown

Appendix 1 provides an overview of the Health Board's latest performance against the Delivery Framework measures along with key local quality and safety measures. A number of local COVID-19 specific measures have been included in this iteration of the performance report.

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

- **NOTE-** current Health Board performance against key measures and targets

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

- **Prevention** – the NHS Wales Delivery framework provides a measurable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people’s physical and mental well-being.
- **Integration** – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015.
- **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Service Groups as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.
- **Involvement** – Corporate and Service Groups leads are key in identifying performance issues and identifying actions to take forward.

Report History	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in November 2022. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report



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Appendix 1- Quality & Safety Performance Report

December 2022



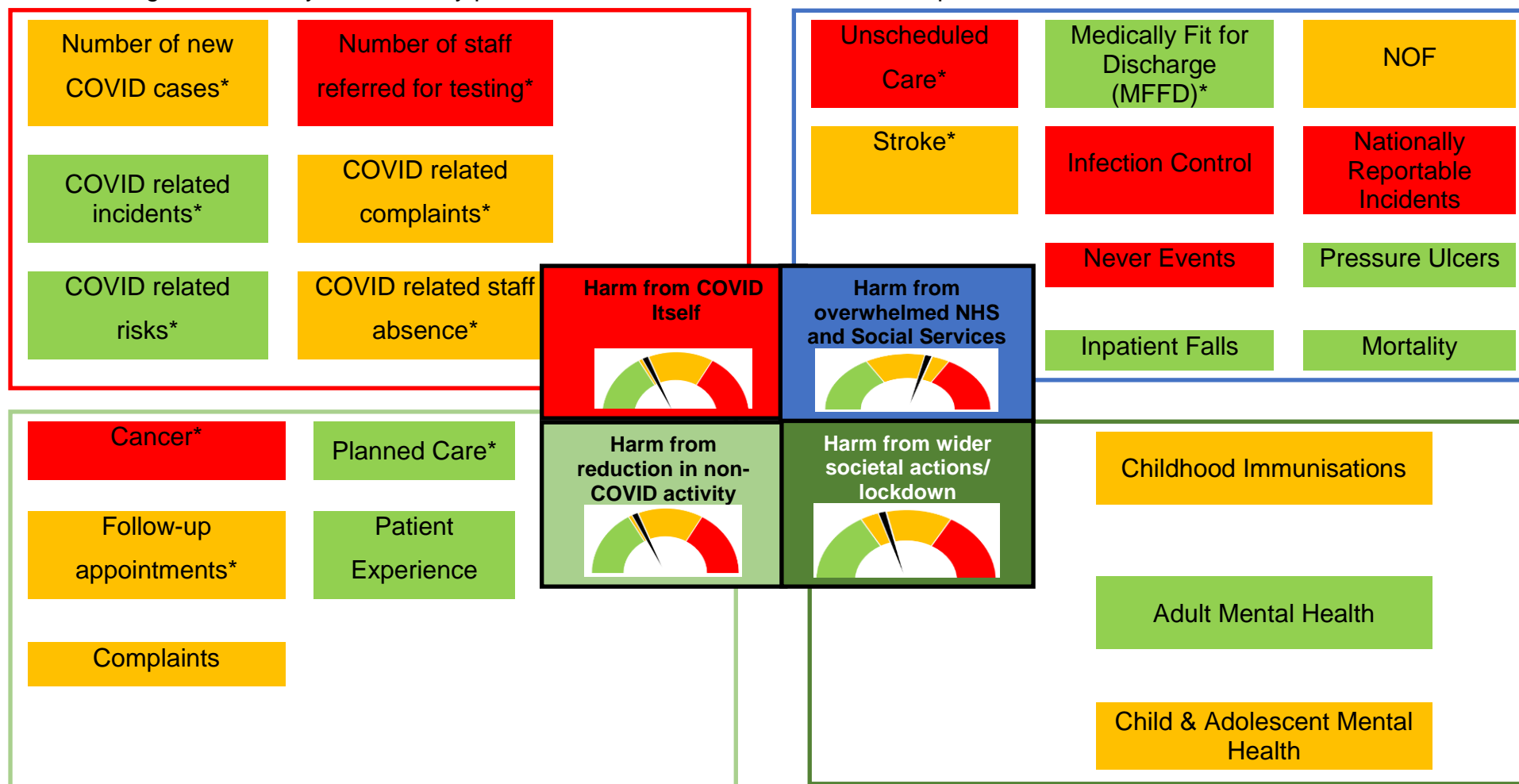
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1. QUADRANTS OF HARM SUMMARY





















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



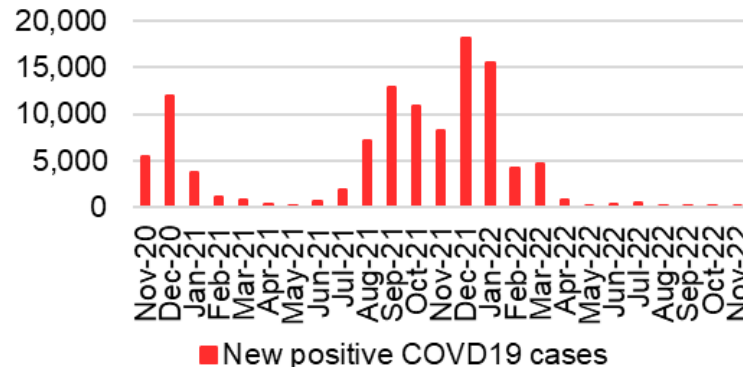
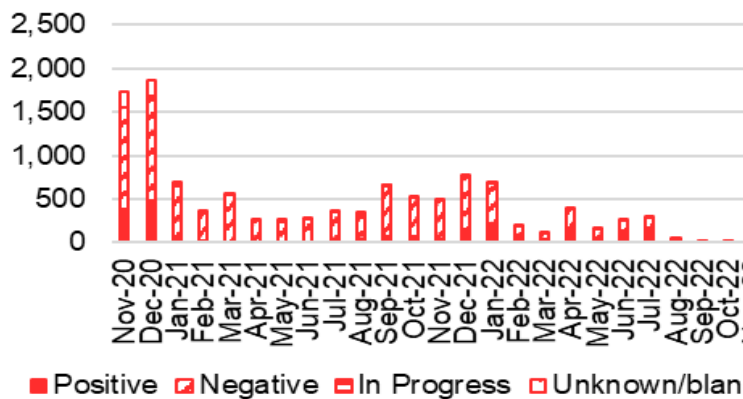
NB- RAG status is against national or local target

** Data not available

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

Harm quadrant- Harm from Covid itself																	
Measure	Locality	National/ Local Target	Internal profile	Trend	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Number of new COVID19 cases*	HB Total				8,247	18,167	15,433	4,209	4,749	835	286	372	600	217	218	171	171
Number of staff referred for Antigen Testing	HB Total				494	787	691	200	109	402	157	264	299	38	10	8	47
Number of staff awaiting results of COVID19 test*	HB Total				0	0	0	0	0	0	0	0	0	0	0	0	0
Number of COVID19 related incidents*	HB Total				53	54	59	55	57	83	39	52	91	46	84	61	51
Number of COVID19 related serious incidents*	HB Total				3	1	0	1	0	0	0	0	0	0	1	0	0
Number of COVID19 related complaints*	HB Total				14	20	4	4	10	6	0	4	5	6	11	3	3
Number of COVID19 related risks*	HB Total																
Number of staff self isolated (asymptomatic)*	Medical				6	0	11	1	5	2	0	2	3	0	0	0	0
	Nursing Registered				20	46	31	15	35	10	12	12	15	4	2	0	0
	Nursing Non Registered				12	37	13	18	25	15	8	6	3	0	1	0	0
	Other				27	43	32	9	22	15	9	8	5	4	2	1	0
Number of staff self isolated (symptomatic)*	Medical				5	3	17	13	37	33	15	27	38	15	2	9	6
	Nursing Registered				34	166	104	66	91	88	33	102	83	49	42	49	37
	Nursing Non Registered				20	94	79	45	52	52	35	52	53	26	22	26	34
	Other				61	130	109	80	146	97	42	106	98	31	34	37	47
% sickness*	Medical				1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%
	Nursing Registered				1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%
	Nursing Non Registered				1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%
	Other				1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%
	All				1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%

3.1 Updates on key measures

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

COVID RELATED STAFF ABSENCE																																																																																																	
Description		Current Performance					Trend																																																																																										
Staff absence due to COVID19	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.																																																																																																
	1.Number of staff self-isolating (asymptomatic)	1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between October and November 2022, the number of staff self-isolating (asymptomatic) reduced from 1 to 0 and the number of staff self-isolating (symptomatic) increased from 121 to 124. In November 2022, the “other” staff group had the largest number of self-isolating staff who were symptomatic.																																																																																															
	2.Number of staff self isolating (symptomatic)																																																																																																
3.% staff sickness	3. % Staff sickness The percentage of staff sickness absence due to COVID19 in November has remained the same as October, at 0.9%																																																																																																
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							<table><tr><th></th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th></tr><tr><td>Medical</td><td>1.2%</td><td>0.3%</td><td>3.0%</td><td>1.5%</td><td>4.6%</td><td>4.1%</td><td>1.8%</td><td>3.5%</td><td>4.9%</td><td>1.8%</td><td>0.2%</td><td>1.1%</td><td>0.7%</td></tr><tr><td>Nursing Reg</td><td>1.3%</td><td>5.3%</td><td>3.4%</td><td>2.0%</td><td>3.1%</td><td>2.4%</td><td>1.1%</td><td>2.8%</td><td>2.4%</td><td>1.3%</td><td>1.1%</td><td>1.2%</td><td>0.9%</td></tr><tr><td>Nursing Non Reg</td><td>1.6%</td><td>6.5%</td><td>4.5%</td><td>3.1%</td><td>3.7%</td><td>3.2%</td><td>2.1%</td><td>2.7%</td><td>2.7%</td><td>1.2%</td><td>1.1%</td><td>1.3%</td><td>1.6%</td></tr><tr><td>Other</td><td>1.4%</td><td>2.7%</td><td>2.2%</td><td>1.4%</td><td>2.6%</td><td>1.8%</td><td>0.8%</td><td>1.8%</td><td>1.6%</td><td>0.5%</td><td>0.6%</td><td>0.6%</td><td>0.7%</td></tr><tr><td>All</td><td>1.4%</td><td>3.9%</td><td>3.0%</td><td>1.8%</td><td>3.1%</td><td>2.3%</td><td>1.2%</td><td>2.4%</td><td>2.2%</td><td>1.0%</td><td>0.8%</td><td>0.9%</td><td>0.9%</td></tr></table>								Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Medical	1.2%	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	Nursing Reg	1.3%	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	Nursing Non Reg	1.6%	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	Other	1.4%	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	All	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22																																																																																				
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All	1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%																																																																																				




















4. HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

4.1 Overview

Measure	Locality	National/ Local Target	Internal profile	Trend													
					Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Unscheduled Care																	
Number of ambulance handovers over one hour*	Morrison	0			655	591	724	657	659	645	507	568	637	681	710	722	727
	Singleton			15	21	11	21	28	26	31	10	22	24	22	17	17	
	Total			670	612	735	678	687	671	538	578	659	705	732	739	744	
% 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*	Morrison	95%			60.0%	58.5%	58.5%	58.8%	57.2%	58.9%	57.8%	54.6%	54.0%	51.4%	55.9%	53.6%	54.1%
	NPTH			99.0%	94.9%	96.8%	97.2%	95.0%	96.7%	97.9%	96.9%	93.1%	97.4%	98.2%	96.8%	99.1%	
	Total			73.5%	70.2%	72.6%	72.3%	71.4%	72.9%	73.8%	71.7%	69.4%	69.7%	72.7%	70.6%	70.4%	
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	Morrison	0			1,054	1,100	1,139	1,104	1,276	1,292	1,192	1,386	1,427	1,472	1,470	1,583	1,454
	NPTH			1	1	3	1	6	2	3	2	2	2	0	1	2	
	Total			1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%
	Total	(UK SNAP average)			11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%
	Total	(UK SNAP average)			40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%
	Total	(UK SNAP average)			95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month			9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%
	Total	improvement trend			9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			88.7%	88.4%	88.8%	89.4%	89.5%	89.5%	90.0%	89.4%	91.2%	92.9%	93.1%	93.5%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			57.1%	56.5%	51.0%	48.6%	46.0%	42.2%	37.2%	33.3%	29.2%	26.5%	26.4%	25.8%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			70.3%	70.1%	69.7%	69.8%	71.4%	72.4%	73.5%	71.5%	71.0%	71.6%	71.2%	71.6%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			71.2%	70.7%	71.7%	70.8%	70.2%	70.2%	69.2%	68.9%	69.2%	70.2%	72.4%	74.0%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			77.0%	76.2%	76.4%	76.3%	76.9%	77.4%	76.5%	76.6%	76.1%	75.9%	77.1%	76.8%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			69.8%	69.6%	68.4%	67.7%	69.0%	70.9%	69.9%	63.8%	69.2%	66.2%	71.6%	69.4%	
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morrison	12 month improvement trend															
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend			52.4%	68.8%	52.9%	81.4%									

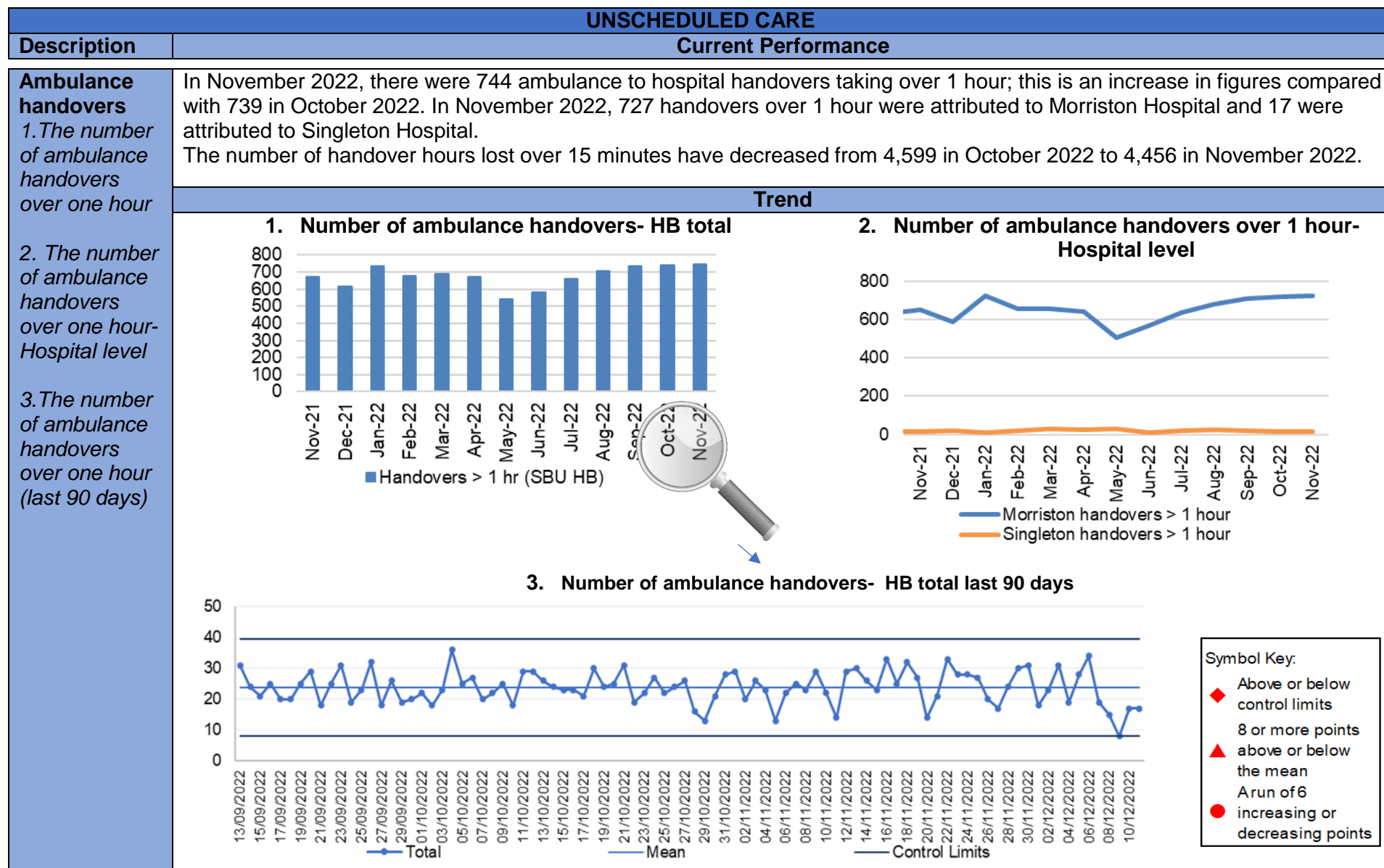
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	14		17	12	8	17	17	18	13	12	18	21	8	10	12
	PCCS Hospital		0		0	0	0	0	0	1	0	0	0	0	1	0	0
	MH&LD		0		0	0	0	0	0	0	1	0	0	0	0	0	0
	Morrison		4		3	2	4	9	2	7	5	3	3	6	0	6	10
	NPTH		1		0	0	1	0	0	0	0	0	0	1	1	0	0
	Singleton		2		2	3	2	0	2	5	2	2	0	4	5	6	1
	Total		21		22	17	15	26	21	31	21	17	21	32	15	22	23
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	3		3	4	11	3	4	7	9	2	6	6	5	4	5
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		2		0	5	2	5	5	3	8	4	4	3	6	10	2
	NPTH		0		0	0	0	1	0	0	0	1	0	1	0	1	0
	Singleton		1		1	0	0	1	2	3	1	2	2	1	2	2	1
	Total		6		4	9	13	10	11	13	18	9	12	11	13	17	8
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		10	1	3	5	6	2	4	9	6	6	3	5	11
	PCCS Hospital		0		0	0	0	1	2	0	1	0	0	0	0	1	0
	MH&LD		0		1	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		4		6	9	8	6	7	8	5	5	7	9	6	12	5
	NPTH		0		0	0	1	0	1	0	1	0	0	1	0	0	0
	Singleton		1		3	2	2	1	2	3	0	2	3	6	5	2	5
	Total		7		20	12	14	13	18	13	11	16	16	22	14	20	21
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		5	3	0	1	3	2	1	2	7	4	9	4	5
	PCCS Hospital		0		0	0	0	0	1	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		2		1	4	2	3	2	2	5	3	3	3	0	2	2
	NPTH		0		0	0	1	0	0	1	0	0	0	0	0	1	0
	Singleton		1		1	2	2	0	1	1	2	3	1	1	1	0	4
	Total		6		7	9	5	4	7	6	8	8	11	8	10	7	11
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	0		0	1	0	1	2	1	1	1	2	0	1	3	0
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		1		2	2	1	2	0	1	1	3	1	2	2	1	3
	NPTH		0		0	1	0	0	0	0	0	0	0	0	0	0	1
	Singleton		0		1	0	0	0	0	0	0	0	1	1	2	2	1
	Total		1		3	4	1	3	2	2	2	4	4	3	5	6	5
Compliance with hand hygiene audits	PCCS	95%			100.0%	95.8%	94.7%	95.8%	93.1%	96.4%	96.2%	97.8%	96.2%	90.3%	96.6%	96.4%	95.5%
	MH&LD				90.3%	94.9%	95.5%	92.3%	92.1%	96.6%	97.7%	98.9%	99.1%	95.0%	96.6%	94.4%	97.7%
	Morrison				95.5%	96.1%	93.4%	100.0%	91.0%	93.0%	95.2%	97.7%	94.8%	91.1%	99.3%	98.3%	93.9%
	NPTH				100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	97.0%	96.4%	96.6%	100.0%	96.7%	96.7%
	Singleton				87.8%	-	-	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%
	Total				92.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

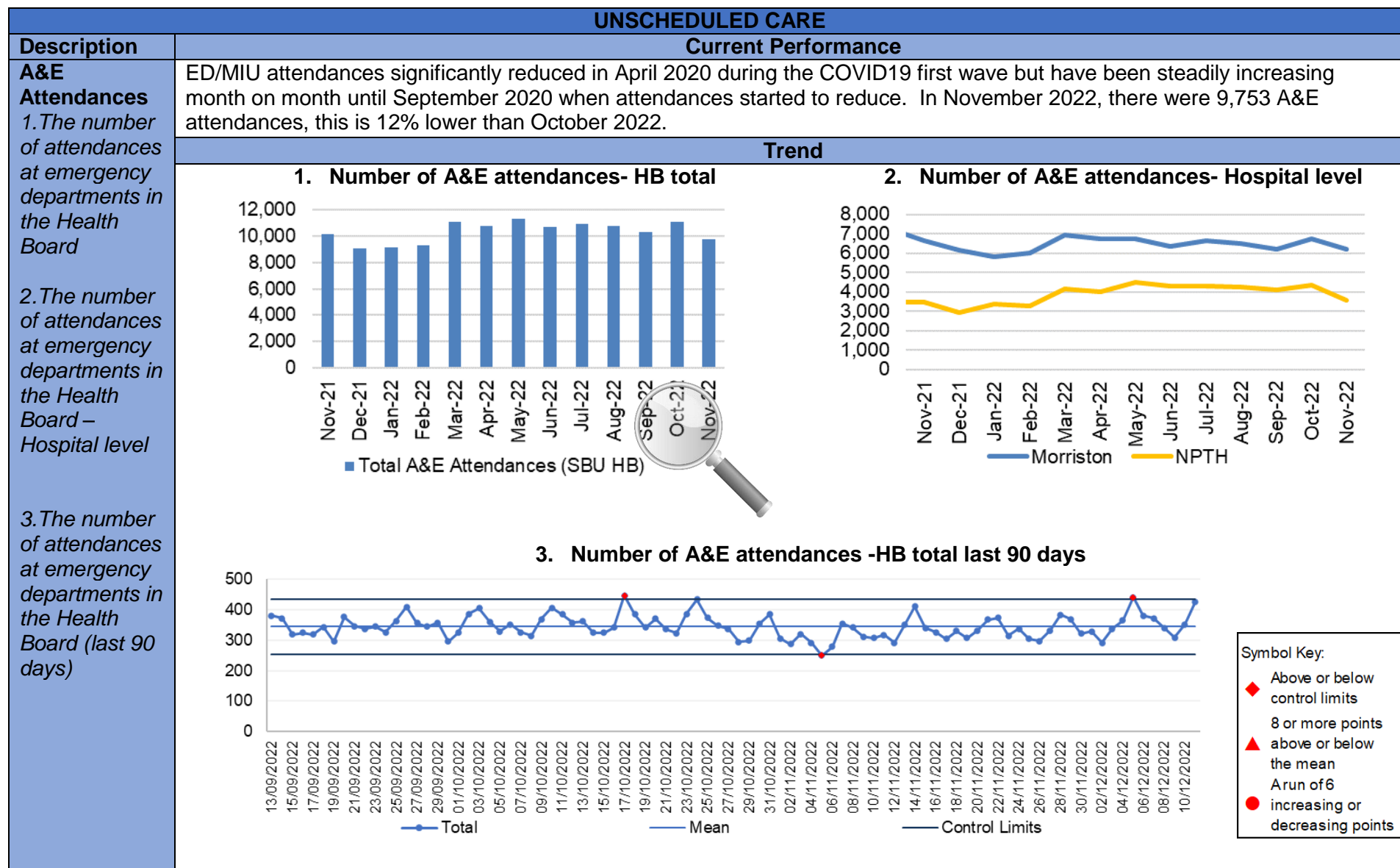
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Serious Incidents & Risks																	
Number of Nationally Reportable Incidents	PCCS	12 month reduction trend		1	0	4	0	2	0	2	2	0	1	0	3	1	
	MH&LD			0	0	0	0	0	1	0	0	0	9	2	0		
	Morrison			6	0	0	2	1	0	3	0	1	5	4	2	7	
	NPTH			0	0	1	0	3	0	1	0	0	3	1	0	0	
	Singleton			1	2	0	0	1	0	2	0	0	2	1	2	3	
	Total			8	2	5	2	7	1	8	2	1	11	15	9	11	
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	90%		0%	0%	25%	0%	33%	25%	100%	33%	-	0%	-	75%	73%	
Number of Never Events	PCCS	0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD			0	0	0	0	0	0	0	0	0	0	0	0		
	Morrison			1	0	0	2	0	0	1	0	1	0	0	0	1	
	NPTH			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total			1	0	0	2	0	0	1	0	1	0	0	0	1	
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend		31	55	27	38	56	33	39	32	27	50	40	44		
	PCCS Hospital			0	0	0	1	1	0	0	0	0	0	3			
	MH&LD			0	1	0	0	2	1	1	1	1	0	0			
	Morrison			27	42	40	36	29	26	30	38	37	34	23	36		
	NPTH			3	0	3	1	1	3	5	1	1	3	2	3		
	Singleton			13	13	22	15	16	15	22	13	19	16	14	17		
	Total			74	111	92	91	105	78	97	85	85	104	79	103		
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend		8	14	1	15	11	2	10	12	2	11	6	2		
	PCCS Hospital			0	0	0	0	0	0	0	0	0	0	0	0		
	MH&LD			0	0	0	0	1	1	0	0	0	0	0	0		
	Morrison			1	2	6	4	2	2	2	1	3	2	0	1		
	NPTH			0	0	0	1	0	0	0	1	1	0	0	0		
	Singleton			1	2	3	1	2	0	0	1	1	1	0	0		
	Total			10	18	10	21	16	5	12	15	7	14	6	3		
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend		616	857	1,018	823	778	689	821	760	805	767	556	797		

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Inpatient Falls																	
Total number of Inpatient Falls	PCCS	12 month reduction trend		6	8	6	4	5	2	10	2	3	6	6	2	3	
	MH&LD				36	37	29	28	22	19	24	14	18	30	24	36	22
	Morrison				91	91	93	86	115	88	71	75	76	105	72	74	81
	NPTH				27	38	26	34	36	37	29	32	39	34	18	25	21
	Singleton				53	33	42	46	31	44	48	49	36	41	55	47	51
	Total				213	208	196	199	209	190	182	172	174	216	175	184	178
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0		5.35	5.28	4.81	5.37	5.13	4.83	4.45	4.29	4.21	5.29	4.29	4.36	4.38	
Mortality																	
Universal Mortality reviews undertaken within 28 days (Stage 1 reviews)	Morrison	95%		99%	96%	96%	98%										
	Singleton																
	NPTH				88%	100%	100%	67%									
	Total				99%	96%	96%	97%									
Stage 2 mortality reviews completed within 60 days	Morrison	95%		56%													
	Singleton				0%												
	NPTH				0%												
	Total				50%												
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend		1.76%	1.59%	1.52%	1.50%	1.48%	1.47%	1.47%	1.47%	1.43%	1.42%	1.42%	1.37%		
	Singleton				0.50%	0.53%	0.58%	0.48%	0.49%	0.47%	0.46%	0.46%	0.45%	0.44%	0.42%	0.40%	
	NPTH				0.09%	0.08%	0.06%	0.07%	0.06%	0.05%	0.03%	0.04%	0.05%	0.05%	0.05%	0.04%	
	Total (SBU)				0.99%	0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	0.83%	0.83%	0.81%	0.78%	

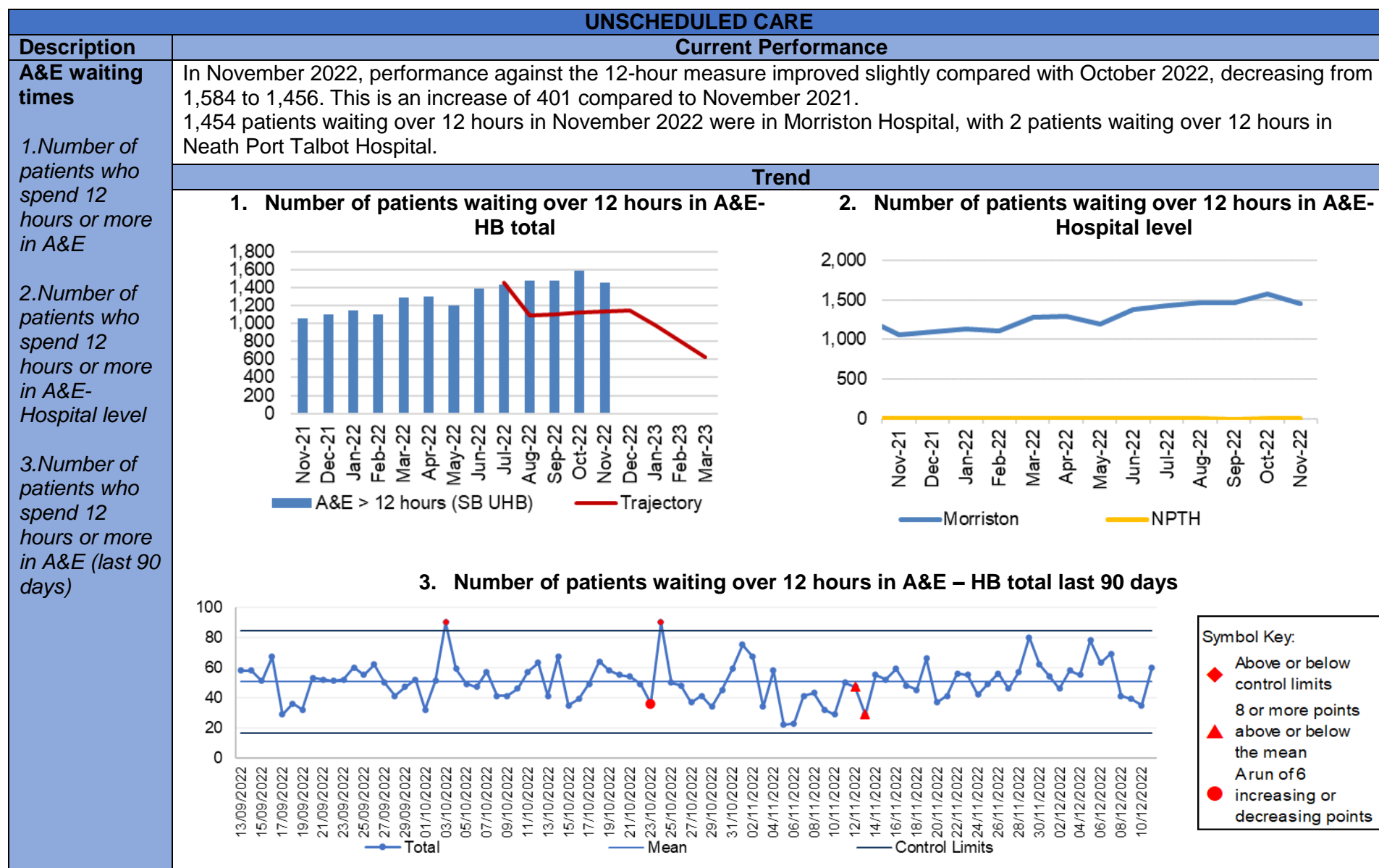
4.2 Updates on key measures

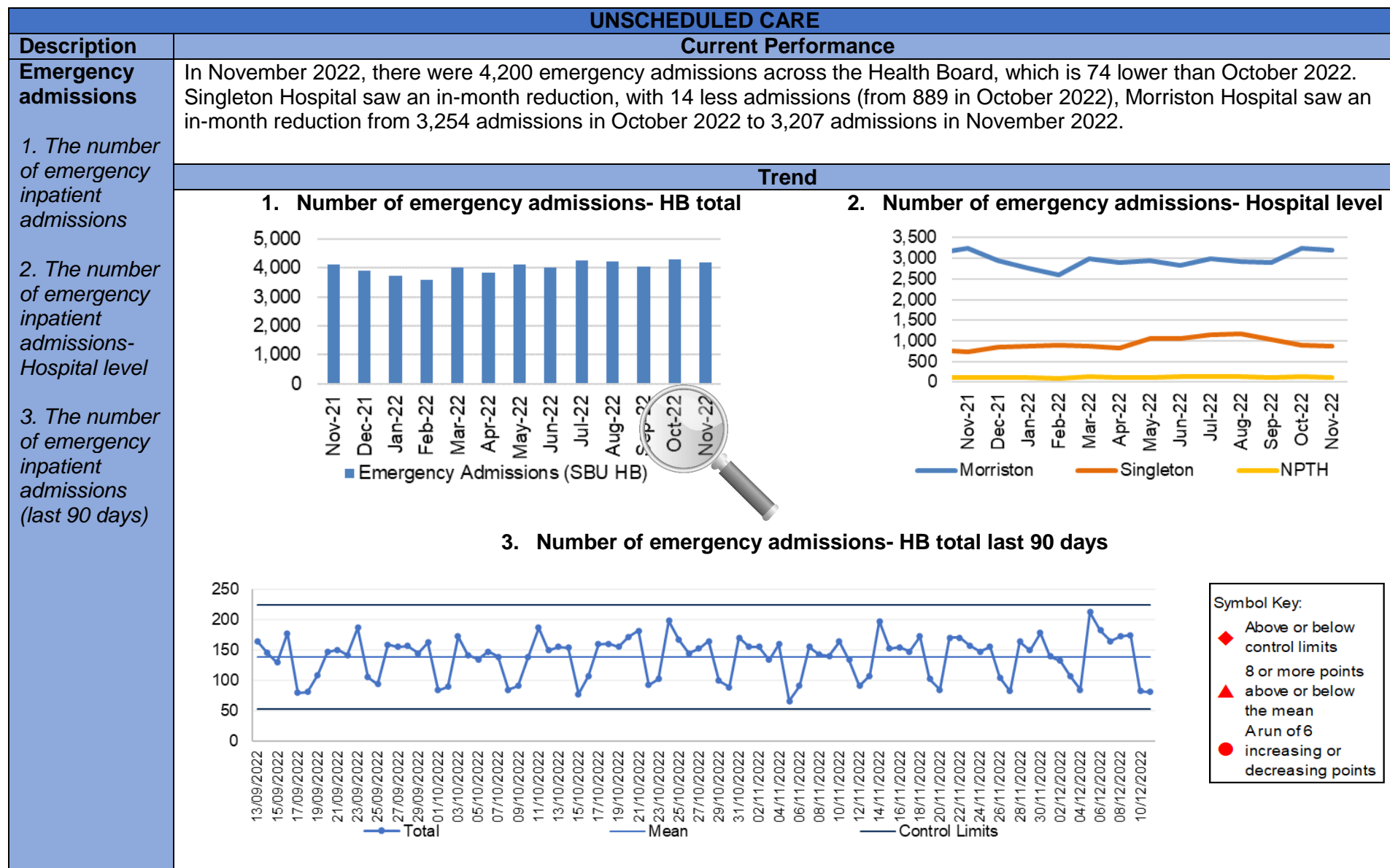
UNSCHEDULED CARE																																																																																																																																																																																																																																																																												
Description	Current Performance																																																																																																																																																																																																																																																																											
Ambulance responses 1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. 2. The number of ambulance calls by category. 3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)	<p>In November 2022, the number of red calls responded to within 8 minutes decreased to 45.5%, from 50.3% in October. In November 2022, the number of green calls decreased by 2%, amber calls decreased by 8%, and red calls marginally increased (by 0.2%) compared with October 2022.</p>																																																																																																																																																																																																																																																																											
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Number of ambulance call responses</caption><thead><tr><th>Month</th><th>Red calls</th><th>Amber calls</th><th>Green calls</th></tr></thead><tbody><tr><td>Nov-21</td><td>500</td><td>3,500</td><td>1,000</td></tr><tr><td>Dec-21</td><td>500</td><td>3,500</td><td>1,000</td></tr><tr><td>Jan-22</td><td>500</td><td>3,500</td><td>1,000</td></tr><tr><td>Feb-22</td><td>500</td><td>3,500</td><td>1,000</td></tr><tr><td>Mar-22</td><td>500</td><td>3,500</td><td>1,000</td></tr><tr><td>Apr-22</td><td>500</td><td>3,500</td><td>1,000</td></tr><tr><td>May-22</td><td>500</td><td>3,500</td><td>1,000</td></tr><tr><td>Jun-22</td><td>500</td><td>3,500</td><td>1,000</td></tr><tr><td>Jul-22</td><td>500</td><td>3,500</td><td>1,000</td></tr><tr><td>Aug-22</td><td>500</td><td>3,500</td><td>1,000</td></tr><tr><td>Sep-22</td><td>500</td><td>3,500</td><td>1,000</td></tr><tr><td>Oct-22</td><td>500</td><td>3,500</td><td>1,000</td></tr><tr><td>Nov-22</td><td>500</td><td>3,500</td><td>1,000</td></tr></tbody></table></div><div>3. % of red calls responded to within 8 minutes – HB total last 90 days <table><caption>3. % of red calls responded to within 8 minutes – HB total last 90 days</caption><thead><tr><th>Date</th><th>Total</th><th>Mean</th><th>Control 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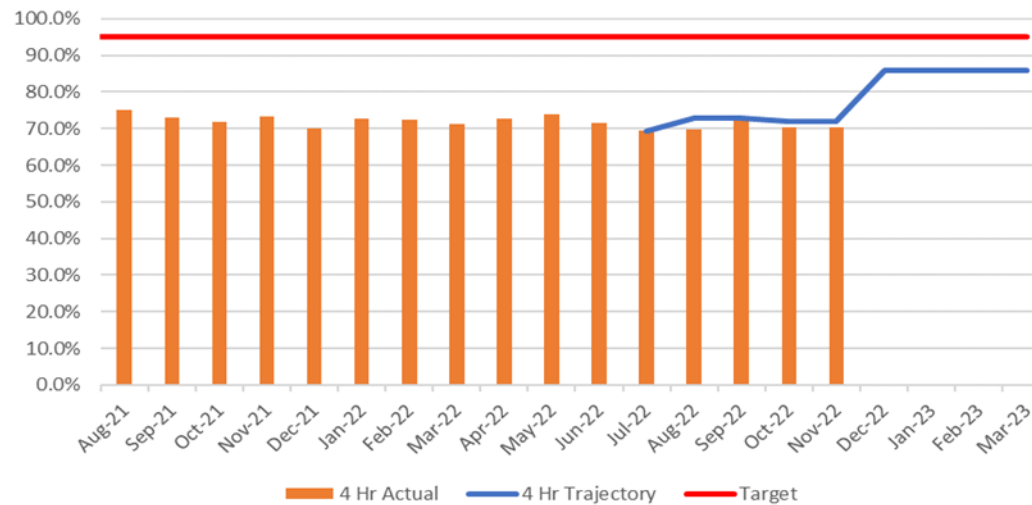
UNSCHEDULED CARE	
Description	Current Performance
A&E waiting times <i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i> <i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i> <i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i>	<p>The Health Board's performance against the 4-hour measure deteriorated from 70.56% in October 2022 to 70.41% in November 2022</p> <p>Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 99.07% in November 2022. Morriston Hospital's performance improved between October 2022 and November 2022 achieving 54.07% against the target.</p>
	Trend
	<div> <div> 1. % Patients waiting under 4 hours in A&E- HB total <p>■ A&E > 12 hours (SB UHB) — Trajectory</p> </div> <div> 2. % Patients waiting under 4 hours in A&E- Hospital level <p>— Morriston — NPTH</p> </div> </div> <div> 3. % Patients waiting under 4 hours in A&E- HB total last 90 days <p>— Total — Mean — Control Limits</p> <div> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean Arund of 6 ● increasing or decreasing points </div> </div>





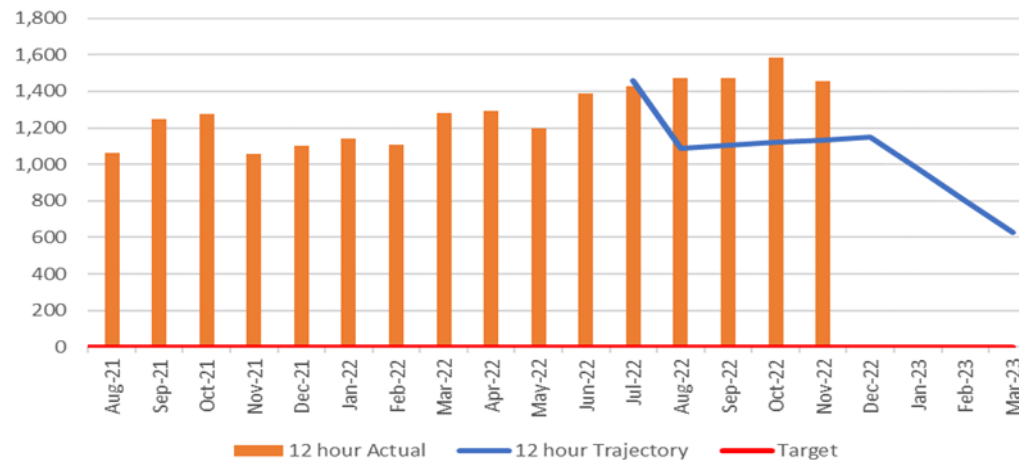
Updates on UNSCHEDULED CARE – Performance Escalation updates

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



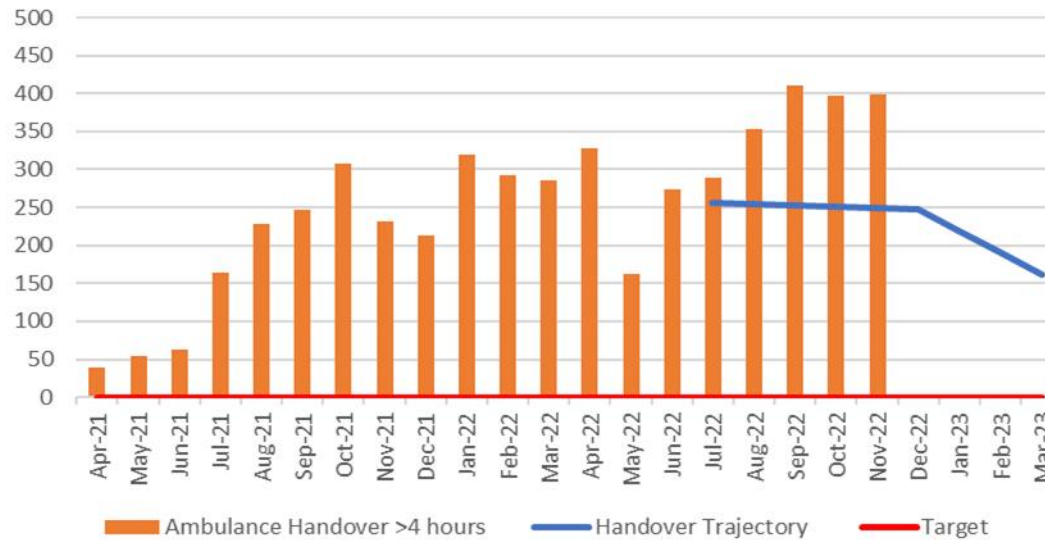
1. Performance against the 4-hour access is slightly below target for November 2022. ED 4-hour performance has decreased by 0.2% in November 2022 to 70.41% from 70.56% in October 2022.

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



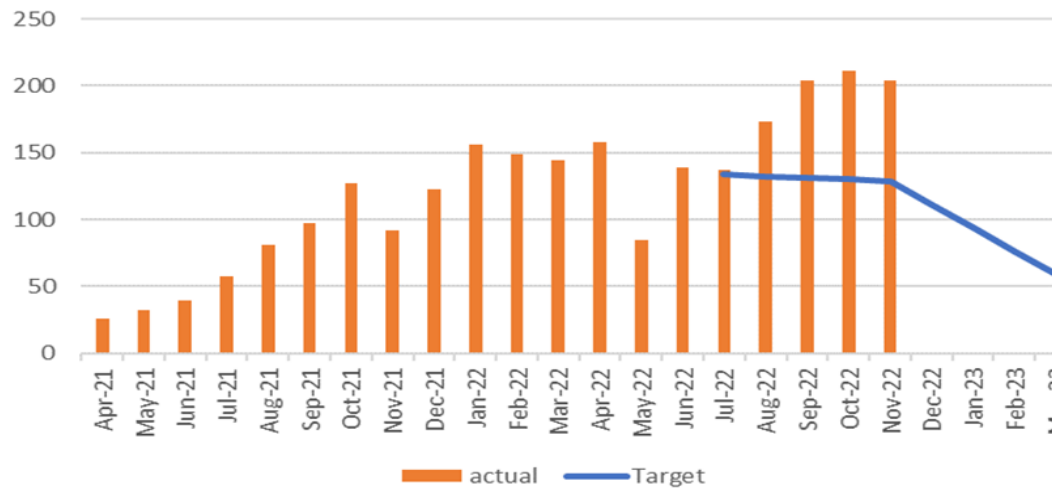
2. Performance against the 12-hour wait has improved in November but is still currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,456 in November 2022 from 1,584 in October 2022.

3. Ambulance Handover over 4 hours

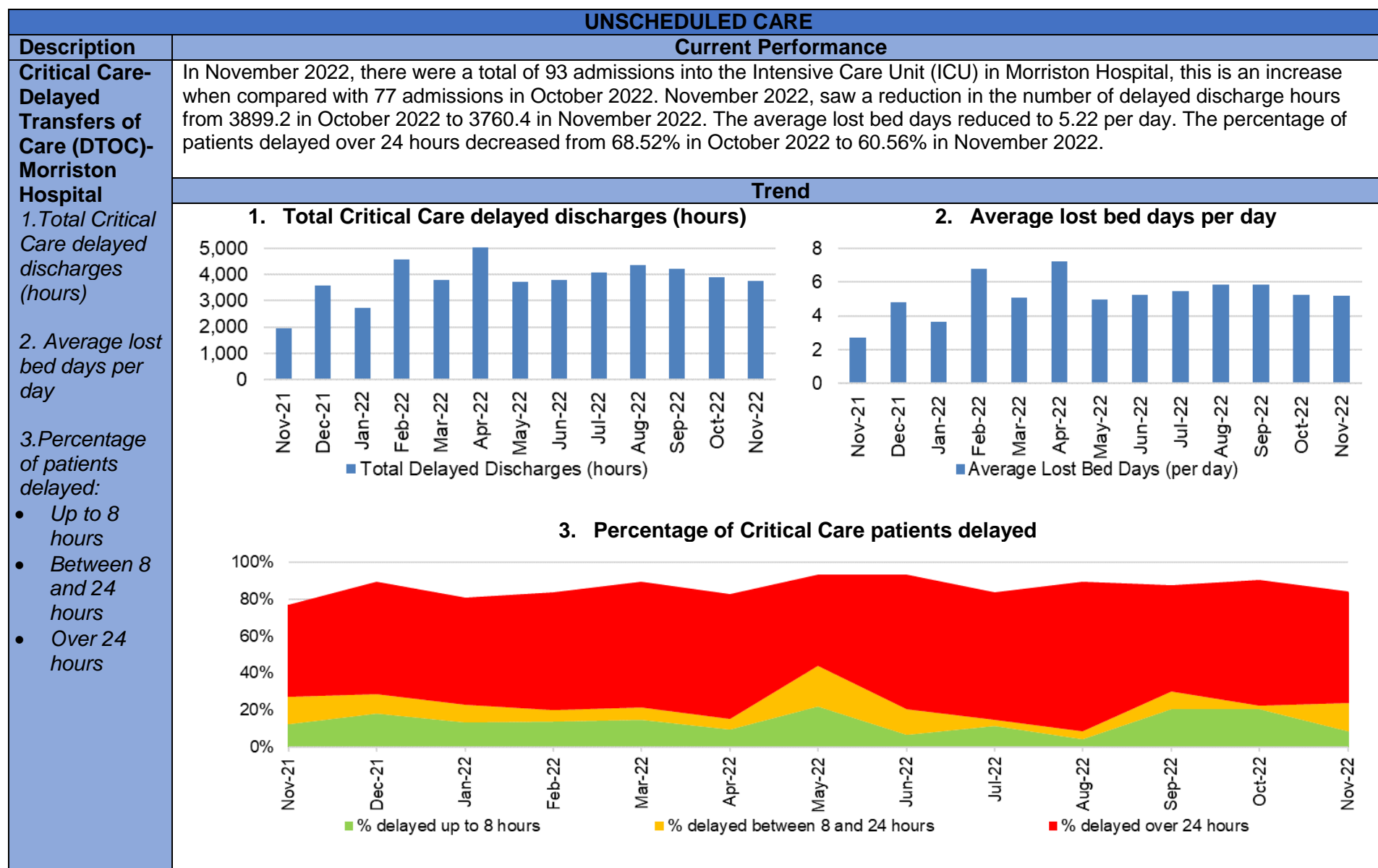


3. The Ambulance handover rate over 4 hours has seen a continued deterioration since May 2022, with the handover times over four hours increasing slightly to 399 in November 2022 from 397 in October 2022. The figures remain above the outlined trajectory for November 2022 which was 250.

4. Average Ambulance Handover Rate



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



UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In November 2022, there were on average 279 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In November 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 109, followed by Neath Port Talbot Hospital with 92.</p> <p>Actions of Improvement; Detailed work is underway by the Deputy Chief Operating Officer to explore opportunities to reduce the number of Clinically Optimised Patients in the Hospital by implementing new pathways.</p>	<p>The number of clinically optimised patients by site</p> <table><caption>Estimated data for Clinically Optimised Patients by Site</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Nov-21</td><td>100</td><td>55</td><td>80</td><td>15</td></tr><tr><td>Dec-21</td><td>105</td><td>55</td><td>75</td><td>15</td></tr><tr><td>Jan-22</td><td>110</td><td>65</td><td>70</td><td>15</td></tr><tr><td>Feb-22</td><td>120</td><td>65</td><td>85</td><td>15</td></tr><tr><td>Mar-22</td><td>100</td><td>55</td><td>90</td><td>20</td></tr><tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>20</td></tr><tr><td>May-22</td><td>115</td><td>65</td><td>85</td><td>15</td></tr><tr><td>Jun-22</td><td>145</td><td>60</td><td>85</td><td>15</td></tr><tr><td>Jul-22</td><td>115</td><td>60</td><td>90</td><td>15</td></tr><tr><td>Aug-22</td><td>120</td><td>70</td><td>100</td><td>15</td></tr><tr><td>Sep-22</td><td>120</td><td>85</td><td>90</td><td>15</td></tr><tr><td>Oct-22</td><td>110</td><td>70</td><td>100</td><td>20</td></tr><tr><td>Nov-22</td><td>105</td><td>60</td><td>90</td><td>15</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Nov-21	100	55	80	15	Dec-21	105	55	75	15	Jan-22	110	65	70	15	Feb-22	120	65	85	15	Mar-22	100	55	90	20	Apr-22	100	65	85	20	May-22	115	65	85	15	Jun-22	145	60	85	15	Jul-22	115	60	90	15	Aug-22	120	70	100	15	Sep-22	120	85	90	15	Oct-22	110	70	100	20	Nov-22	105	60	90	15
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Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	<p>In November 2022, there were 27 elective procedures cancelled due to lack of beds on the day of surgery. This is 34 less cancellations than those seen in November 2021.</p> <p>Of the cancelled procedures, 26 of the cancellations were attributed to Morriston Hospital and 1 was attributed to Singleton Hospital in November 2022.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table><caption>Estimated data for Elective Procedures Cancelled due to Lack of Beds</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Nov-21</td><td>55</td><td>2</td><td>0</td></tr><tr><td>Dec-21</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Jan-22</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Feb-22</td><td>25</td><td>5</td><td>0</td></tr><tr><td>Mar-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Apr-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>May-22</td><td>55</td><td>0</td><td>0</td></tr><tr><td>Jun-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Jul-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Aug-22</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Sep-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Oct-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Nov-22</td><td>25</td><td>1</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Nov-21	55	2	0	Dec-21	35	0	0	Jan-22	15	0	0	Feb-22	25	5	0	Mar-22	35	0	0	Apr-22	35	0	0	May-22	55	0	0	Jun-22	35	0	0	Jul-22	25	0	0	Aug-22	15	0	0	Sep-22	25	0	0	Oct-22	35	0	0	Nov-22	25	1	0														
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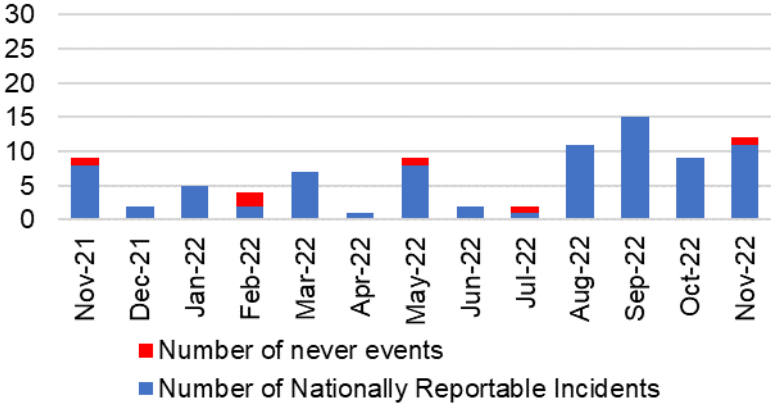
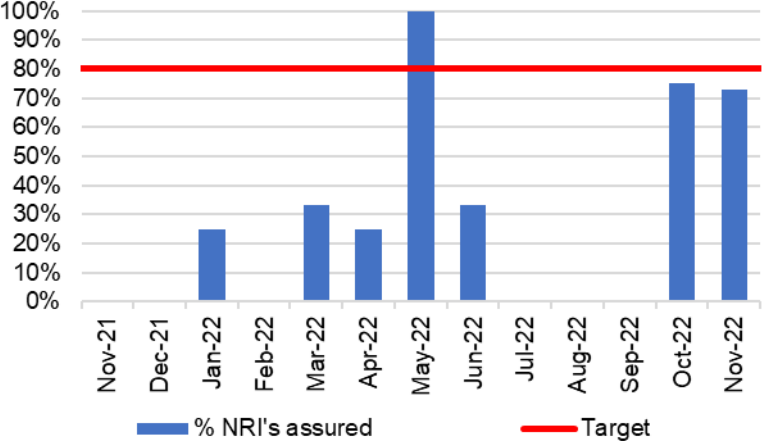
FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	<p>1. Prompt orthogeriatric assessment- In October 2022, 93.5% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In October 2022, 25.8% of patients had surgery the day following presentation with a hip fracture. This is a 31.9% deterioration from October 2021 which was 57.7%</p> <p>3. NICE compliant surgery- 71.6% of operations were consistent with the NICE recommendations in October 2022. This is 1.7% more than in October 2021.</p> <p>4. Prompt mobilisation- In October 2022, 74% of patients were out of bed the day after surgery. This is 2.9% more than in October 2021..</p>	<p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p>

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 76.8% of patients were not delirious in the week after their operation in October 2022.	<p>5. Not delirious when tested</p> <p>80% 60% 40% 20%</p> <p>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</p> <p>Morriston All-Wales Eng, Wal & N. Ire</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 69.4% of patients in October 2022 were discharged back to their original residence. This is 1% less than in October 2021.	<p>6. Return to original residence</p> <p>100% 50% 0%</p> <p>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</p> <p>Morriston All-Wales Eng, Wal & N. Ire</p>
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p> <p>9% 8% 7% 6% 5%</p> <p>Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21</p> <p>Morriston All-Wales Eng, Wal & N. Ire</p>

HEALTHCARE ACQUIRED INFECTIONS																																																								
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Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 23 cases of <i>E. coli</i> bacteraemia were identified in November 2022, of which 11 were hospital acquired and 12 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 21 cases for November 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>22</td><td>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>23</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	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	23	21	Dec-22		21	Jan-23		21	Feb-23		20	Mar-23		20
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Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none"> There were 8 cases of <i>Staph. aureus</i> bacteraemia in November 2022, of which 3 were hospital acquired and 5 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for November 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>4</td><td>8</td></tr> <tr><td>Dec-21</td><td>9</td><td>8</td></tr> <tr><td>Jan-22</td><td>13</td><td>8</td></tr> <tr><td>Feb-22</td><td>10</td><td>8</td></tr> <tr><td>Mar-22</td><td>11</td><td>8</td></tr> <tr><td>Apr-22</td><td>13</td><td>8</td></tr> <tr><td>May-22</td><td>18</td><td>8</td></tr> <tr><td>Jun-22</td><td>9</td><td>6</td></tr> <tr><td>Jul-22</td><td>12</td><td>6</td></tr> <tr><td>Aug-22</td><td>11</td><td>6</td></tr> <tr><td>Sep-22</td><td>13</td><td>6</td></tr> <tr><td>Oct-22</td><td>17</td><td>6</td></tr> <tr><td>Nov-22</td><td>8</td><td>6</td></tr> <tr><td>Dec-22</td><td></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	Nov-21	4	8	Dec-21	9	8	Jan-22	13	8	Feb-22	10	8	Mar-22	11	8	Apr-22	13	8	May-22	18	8	Jun-22	9	6	Jul-22	12	6	Aug-22	11	6	Sep-22	13	6	Oct-22	17	6	Nov-22	8	6	Dec-22		5	Jan-23		5	Feb-23		5	Mar-23		5
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Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"> There were 21 <i>Clostridium difficile</i> toxin positive cases in November 2022, of which 10 were hospital acquired and 11 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 7 cases for November 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired C.difficile cases</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>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>21</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	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	21	7	Dec-22		8	Jan-23		8	Feb-23		8	Mar-23		7
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Mar-23		7																																																						
Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"> There were 11 cases of Klebsiella sp in November 2022, of which 6 were hospital acquired and 5 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for November 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Klebsiella cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>7</td><td></td></tr> <tr><td>Dec-21</td><td>9</td><td></td></tr> <tr><td>Jan-22</td><td>5</td><td></td></tr> <tr><td>Feb-22</td><td>4</td><td></td></tr> <tr><td>Mar-22</td><td>7</td><td></td></tr> <tr><td>Apr-22</td><td>6</td><td>7</td></tr> <tr><td>May-22</td><td>8</td><td>6</td></tr> <tr><td>Jun-22</td><td>8</td><td>6</td></tr> <tr><td>Jul-22</td><td>11</td><td>6</td></tr> <tr><td>Aug-22</td><td>8</td><td>6</td></tr> <tr><td>Sep-22</td><td>10</td><td>6</td></tr> <tr><td>Oct-22</td><td>7</td><td>6</td></tr> <tr><td>Nov-22</td><td>11</td><td>6</td></tr> <tr><td>Dec-22</td><td></td><td>6</td></tr> <tr><td>Jan-23</td><td></td><td>6</td></tr> <tr><td>Feb-23</td><td></td><td>5</td></tr> <tr><td>Mar-23</td><td></td><td>5</td></tr> </tbody> </table> <p>■ Number of Klebsiella cases (SBU) — Trajectory</p>	Month	Number of Klebsiella cases (SBU)	Trajectory	Nov-21	7		Dec-21	9		Jan-22	5		Feb-22	4		Mar-22	7		Apr-22	6	7	May-22	8	6	Jun-22	8	6	Jul-22	11	6	Aug-22	8	6	Sep-22	10	6	Oct-22	7	6	Nov-22	11	6	Dec-22		6	Jan-23		6	Feb-23		5	Mar-23		5
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HEALTHCARE ACQUIRED INFECTIONS																																																										
Description	Current Performance	Trend																																																								
Healthcare Acquired Infections (HCAI)-Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none">There were 5 cases of <i>P.Aeruginosa</i> in November 2022, all of which were hospital acquired.The Health Board total is currently above the Welsh Government Profile target of 1 cumulative case for November 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	Number of healthcare acquired Pseudomonas cases <table><thead><tr><th>Month</th><th>Number of Pseudomonas cases (SBU)</th><th>Trajectory</th></tr></thead><tbody><tr><td>Nov-21</td><td>3</td><td>2</td></tr><tr><td>Dec-21</td><td>4</td><td>2</td></tr><tr><td>Jan-22</td><td>1</td><td>2</td></tr><tr><td>Feb-22</td><td>3</td><td>2</td></tr><tr><td>Mar-22</td><td>2</td><td>2</td></tr><tr><td>Apr-22</td><td>2</td><td>2</td></tr><tr><td>May-22</td><td>2</td><td>2</td></tr><tr><td>Jun-22</td><td>4</td><td>2</td></tr><tr><td>Jul-22</td><td>4</td><td>2</td></tr><tr><td>Aug-22</td><td>3</td><td>2</td></tr><tr><td>Sep-22</td><td>5</td><td>2</td></tr><tr><td>Oct-22</td><td>6</td><td>1</td></tr><tr><td>Nov-22</td><td>5</td><td>1</td></tr><tr><td>Dec-22</td><td>0</td><td>2</td></tr><tr><td>Jan-23</td><td>0</td><td>2</td></tr><tr><td>Feb-23</td><td>0</td><td>2</td></tr><tr><td>Mar-23</td><td>0</td><td>1</td></tr></tbody></table> <p>■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Nov-21	3	2	Dec-21	4	2	Jan-22	1	2	Feb-22	3	2	Mar-22	2	2	Apr-22	2	2	May-22	2	2	Jun-22	4	2	Jul-22	4	2	Aug-22	3	2	Sep-22	5	2	Oct-22	6	1	Nov-22	5	1	Dec-22	0	2	Jan-23	0	2	Feb-23	0	2	Mar-23	0	1		
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PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admissions</i>	<ul style="list-style-type: none">In October 2022 there were 103 cases of healthcare acquired pressure ulcers, 44 of which were community acquired and 59 were hospital acquired. <p>There were 3 grade 3+ pressure ulcers in October 2022, 2 of which were community acquired and 1 was hospital acquired.</p> <p>The rate per 100,000 admissions increased from 556 in September 2022 to 797 in October 2022.</p>	Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions <table><thead><tr><th>Month</th><th>Pressure Ulcers (Community)</th><th>Pressure Ulcers (Hospital)</th><th>Rate per 100,00 admissions</th></tr></thead><tbody><tr><td>Oct-21</td><td>75</td><td>50</td><td>556</td></tr><tr><td>Nov-21</td><td>75</td><td>50</td><td>556</td></tr><tr><td>Dec-21</td><td>110</td><td>50</td><td>797</td></tr><tr><td>Jan-22</td><td>90</td><td>50</td><td>797</td></tr><tr><td>Feb-22</td><td>90</td><td>50</td><td>797</td></tr><tr><td>Mar-22</td><td>110</td><td>50</td><td>797</td></tr><tr><td>Apr-22</td><td>75</td><td>50</td><td>797</td></tr><tr><td>May-22</td><td>90</td><td>50</td><td>797</td></tr><tr><td>Jun-22</td><td>85</td><td>50</td><td>797</td></tr><tr><td>Jul-22</td><td>85</td><td>50</td><td>797</td></tr><tr><td>Aug-22</td><td>110</td><td>50</td><td>797</td></tr><tr><td>Sep-22</td><td>75</td><td>50</td><td>556</td></tr><tr><td>Oct-22</td><td>103</td><td>59</td><td>797</td></tr></tbody></table> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,00 admissions	Oct-21	75	50	556	Nov-21	75	50	556	Dec-21	110	50	797	Jan-22	90	50	797	Feb-22	90	50	797	Mar-22	110	50	797	Apr-22	75	50	797	May-22	90	50	797	Jun-22	85	50	797	Jul-22	85	50	797	Aug-22	110	50	797	Sep-22	75	50	556	Oct-22	103	59	797
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







NATIONALLY REPORTABLE INCIDENTS		
Description	Current Performance	Trend
Nationally Reportable Incidents (NRI's)- 1. <i>The number of Nationally reportable incidents</i> 2. <i>The number of Never Events</i> 3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 11 Nationally Reportable Incidents for the month of November 2022 to Welsh Government. The Service Group breakdown is as follows; - Morriston – 7 - Singleton & NPT – 3 - Primary Care - 1	1. and 2. Number of nationally reportable incidents and never events  <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p>
	2. There was 1 new Never Event reported in November 2022.	3. % of nationally reportable incidents closed within the agreed timescales  <p>■ % NRI's assured — Target</p>
	3. In November 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 73%.	



















INPATIENT FALLS																														
Description	Current Performance	Trend																												
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 178 in November 2022. This is 18% less than November 2021 where 213 falls were recorded.	<p>Number of inpatient Falls</p> <table><thead><tr><th>Month</th><th>Number of Falls</th></tr></thead><tbody><tr><td>Nov-21</td><td>213</td></tr><tr><td>Dec-21</td><td>205</td></tr><tr><td>Jan-22</td><td>195</td></tr><tr><td>Feb-22</td><td>200</td></tr><tr><td>Mar-22</td><td>210</td></tr><tr><td>Apr-22</td><td>190</td></tr><tr><td>May-22</td><td>180</td></tr><tr><td>Jun-22</td><td>170</td></tr><tr><td>Jul-22</td><td>175</td></tr><tr><td>Aug-22</td><td>215</td></tr><tr><td>Sep-22</td><td>175</td></tr><tr><td>Oct-22</td><td>185</td></tr><tr><td>Nov-22</td><td>178</td></tr></tbody></table> <p>■ Hospital falls</p>	Month	Number of Falls	Nov-21	213	Dec-21	205	Jan-22	195	Feb-22	200	Mar-22	210	Apr-22	190	May-22	180	Jun-22	170	Jul-22	175	Aug-22	215	Sep-22	175	Oct-22	185	Nov-22	178
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Sep-22	175																													
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Nov-22	178																													
DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in November 2022, the percentage of completed discharge summaries was 71%.</p> <p>In November 2022, compliance ranged from 53% in NPT Hospital to 79% in Mental Health & Learning Disabilities.</p>	<p>% discharge summaries approved and sent</p> <table><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Nov-21</td><td>62%</td></tr><tr><td>Dec-21</td><td>61%</td></tr><tr><td>Jan-22</td><td>60%</td></tr><tr><td>Feb-22</td><td>64%</td></tr><tr><td>Mar-22</td><td>62%</td></tr><tr><td>Apr-22</td><td>58%</td></tr><tr><td>May-22</td><td>65%</td></tr><tr><td>Jun-22</td><td>63%</td></tr><tr><td>Jul-22</td><td>62%</td></tr><tr><td>Aug-22</td><td>68%</td></tr><tr><td>Sep-22</td><td>70%</td></tr><tr><td>Oct-22</td><td>66%</td></tr><tr><td>Nov-22</td><td>71%</td></tr></tbody></table> <p>■ % of completed discharge summaries</p>	Month	Percentage	Nov-21	62%	Dec-21	61%	Jan-22	60%	Feb-22	64%	Mar-22	62%	Apr-22	58%	May-22	65%	Jun-22	63%	Jul-22	62%	Aug-22	68%	Sep-22	70%	Oct-22	66%	Nov-22	71%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	October 2022 reports the crude mortality rate for the Health Board at 0.78%, which is the lower than the figure reported in September 2022.	Crude hospital mortality rate by Hospital (74 years of age or less) <table><thead><tr><th>Month</th><th>Morryston Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Oct-21</td><td>1.8%</td><td>0.6%</td><td>0.1%</td><td>1.1%</td></tr><tr><td>Nov-21</td><td>1.9%</td><td>0.5%</td><td>0.1%</td><td>1.0%</td></tr><tr><td>Dec-21</td><td>1.7%</td><td>0.6%</td><td>0.1%</td><td>0.9%</td></tr><tr><td>Jan-22</td><td>1.6%</td><td>0.7%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Feb-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Mar-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Apr-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>May-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Jun-22</td><td>1.5%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Jul-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Aug-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Sep-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Oct-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr></tbody></table>	Month	Morryston Hospital	Singleton Hospital	NPT Hospital	HB Total	Oct-21	1.8%	0.6%	0.1%	1.1%	Nov-21	1.9%	0.5%	0.1%	1.0%	Dec-21	1.7%	0.6%	0.1%	0.9%	Jan-22	1.6%	0.7%	0.1%	0.8%	Feb-22	1.5%	0.5%	0.1%	0.7%	Mar-22	1.5%	0.5%	0.1%	0.7%	Apr-22	1.5%	0.4%	0.1%	0.7%	May-22	1.5%	0.4%	0.1%	0.7%	Jun-22	1.5%	0.4%	0.1%	0.7%	Jul-22	1.4%	0.4%	0.1%	0.7%	Aug-22	1.4%	0.4%	0.1%	0.7%	Sep-22	1.4%	0.4%	0.1%	0.7%	Oct-22	1.4%	0.4%	0.1%	0.7%
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READMISSION RATES																																																																								
Description	Current Performance	Trend																																																																						
Readmission Rates	In November 2022, 20% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 2% higher than those figures reported in October 2022.	Emergencies readmitted within 28 days of previous discharge <table><thead><tr><th>Month</th><th>28 Day readmission rate (SBU HB)</th></tr></thead><tbody><tr><td>Nov-21</td><td>18%</td></tr><tr><td>Dec-21</td><td>19%</td></tr><tr><td>Jan-22</td><td>18%</td></tr><tr><td>Feb-22</td><td>19%</td></tr><tr><td>Mar-22</td><td>17%</td></tr><tr><td>Apr-22</td><td>18%</td></tr><tr><td>May-22</td><td>18%</td></tr><tr><td>Jun-22</td><td>19%</td></tr><tr><td>Jul-22</td><td>20%</td></tr><tr><td>Aug-22</td><td>20%</td></tr><tr><td>Sep-22</td><td>20%</td></tr><tr><td>Oct-22</td><td>18%</td></tr><tr><td>Nov-22</td><td>20%</td></tr></tbody></table>	Month	28 Day readmission rate (SBU HB)	Nov-21	18%	Dec-21	19%	Jan-22	18%	Feb-22	19%	Mar-22	17%	Apr-22	18%	May-22	18%	Jun-22	19%	Jul-22	20%	Aug-22	20%	Sep-22	20%	Oct-22	18%	Nov-22	20%																																										
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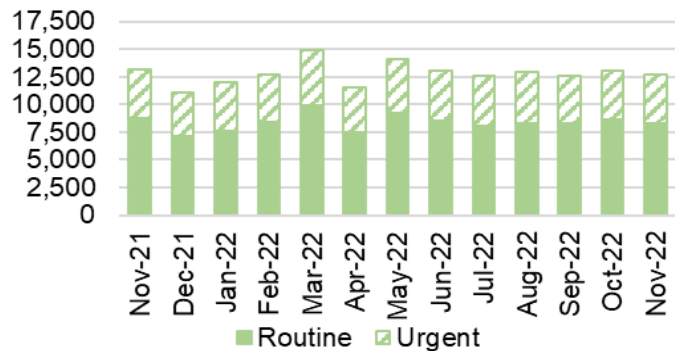
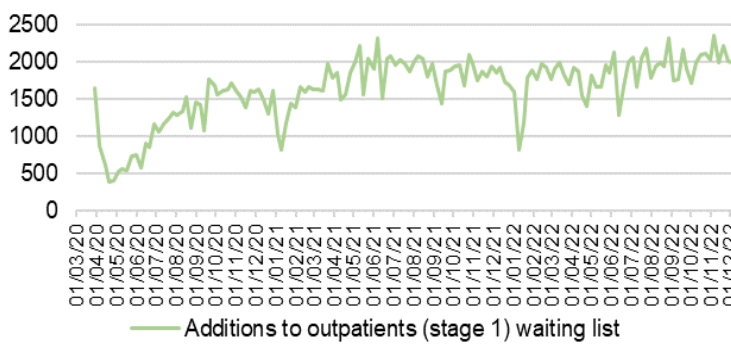
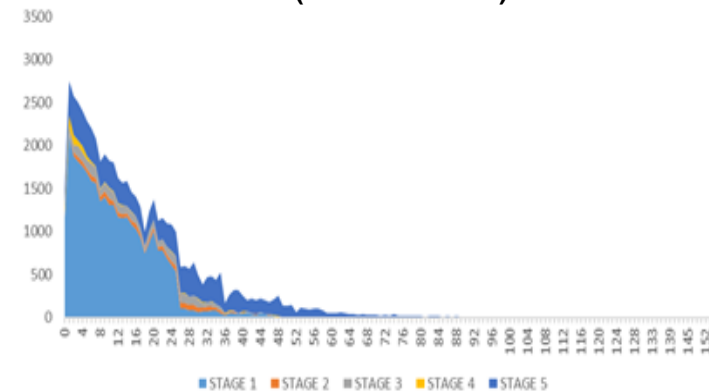
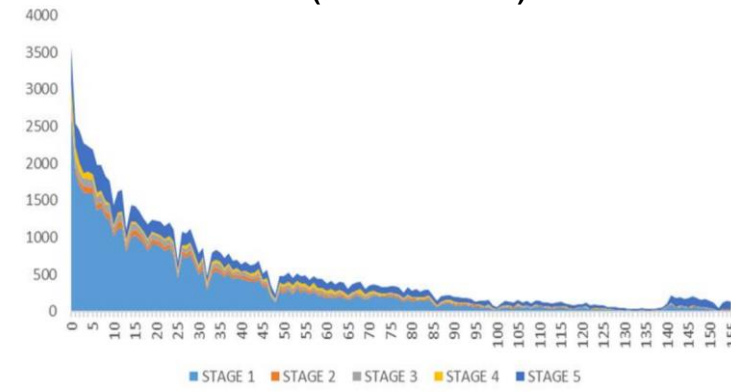
5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

Harm from reduction in non-Covid activity																	
Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Cancer																	
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	75%			63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	40.3%
Planned Care																	
Number of patients waiting > 26 weeks for outpatient appointment*	Morriston	0			16,385	17,204	17,859	18,220	18,351	18,976	19,498	19,662	19,516	19,607	18,748	17,562	16,148
	NPTH			387	342	186	88	0	3	18	4	2	4	1	0	0	
	Singleton			7,955	7,882	7,520	7,192	6,359	6,606	6,943	7,159	7,212	7,314	7,218	6,449	5,252	
	PC&CS			25	24	23	22	18	16	0	1	81	94	98	101	0	
	Total			24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400	
Number of patients waiting > 36 weeks for treatment*	Morriston	0			24,121	24,494	25,203	25,090	25,490	26,036	26,411	26,574	26,832	26,710	25,771	25,292	24,273
	NPTH			198	168	136	136	44	37	5	7	2	0	1	1	3	
	Singleton			12,245	12,376	12,283	12,194	11,749	12,110	12,310	12,438	11,256	11,013	10,557	10,078	9,307	
	PC&CS			25	22	22	22	17	15	0	1	41	117	124	125	0	
	Total (inc. diagnostics > 36 wks)			37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207	
Number of patients waiting > 8 weeks for a specified diagnostics*	Morriston	0			3,217	2,927	2,724	2,180	1,672	1,910	1,753	1,575	1,629	1,853	1,975	1,670	1,514
	Singleton			2,791	3,144	3,543	3,898	4,191	4,398	4,553	4,437	4,403	4,255	4,202	4,163	4,113	
	Total			6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627	
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	0			0	0	0	0	0	0	0	0	0	0	0	2	0
	NPTH			29	8	13	38	45	35	17	30	46	45	82	87	67	
	PC&CS			600	877	1,015	888	775	644	597	579	668	637	673	618	374	
	Total			629	885	1,028	926	820	679	614	609	714	682	755	707	441	

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	HB Target TBC			129,255	131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899
Number of patients delayed by over 100% past their target date *	Total				30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769
Number of patients delayed past their agreed target date (booked and not booked) *	Total				56,618	58,006	58,639	58,804	58,514	60,348	60,314	61,071	61,156	61,778	62,461	61,772	62,512
Number of Ophthalmology patients without an allocated health risk factor	Total	0			528	694	288	299	639	425	246	495	270	222	400	353	352
Number of patients without a documented clinical review date	Total	0			4	2	4	1	5	5	2	4	2	3	4	3	1
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			360	291	191	251	165	106	154	130	162	195	114	163	150
	MH&LD				36	23	17	17	15	8	26	11	11	22	16	11	35
	Morriston				1,131	878	1,130	1,285	1,454	1,245	1,336	1,194	1,341	1,629	1,590	1,642	1,760
	NPTH																
	Singleton				1,602	1,580	1,727	1,485	1,737	1,648	1,932	1,727	1,931	2,343	2,252	2,552	2,374
	Total				3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287
% of patients who would recommend and highly recommend	PCCS	90%	80%		94%	90%	93%	95%	92%	94%	94%	90%	94%	94%	95%	94%	95%
	MH&LD				97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Morriston				93%	94%	94%	84%	86%	85%	92%	83%	84%	84%	83%	87%	88%
	NPTH																
	Singleton				94%	94%	94%	94%	94%	91%	92%	92%	92%	91%	91%	92%	93%
	Total				94%	93%	92%	90%	90%	89%	90%	88%	89%	89%	88%	90%	91%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%	80%		89%	97%	97%	99%	97%	96%	95%	92%	96%	96%	96%	97%	99%
	MH&LD																
	Morriston				93%	96%	97%	89%	91%	89%	89%	82%	89%	90%	88%	93%	92%
	NPTH																
	Singleton				93%	97%	96%	97%	97%	94%	95%	92%	94%	94%	94%	95%	96%
	Total				93%	96%	93%	91%	91%	89%	91%	91%	90%	93%	92%	93%	91%
Number of new complaints received	PCCS	12 month reduction rend			16	9	15	19	23	16	34	20	22	17	14		
	MH&LD				13	9	19	16	15	10	14	16	11	9	10		
	Morriston				66	42	53	49	52	54	69	53	70	54	50		
	NPTH				8	3	7	13	3	6	4	2	6	4	9		
	Singleton				26	20	21	36	51	28	46	21	39	38	26		
	Total				159	115	124	139	156	123	176	118	153	124	120		
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	75%	80%		88%	78%	67%	68%	87%	94%	88%	75%	82%	76%	71%		
	MH&LD				31%	78%	58%	38%	60%	70%	43%	69%	73%	56%	80%		
	Morriston				73%	69%	74%	78%	73%	83%	74%	72%	70%	74%	66%		
	NPTH				75%	67%	29%	62%	67%	83%	50%	100%	67%	50%	67%		
	Singleton				54%	50%	43%	50%	43%	57%	54%	38%	38%	53%	73%		
	Total				69%	68%	63%	64%	65%	76%	69%	65%	64%	65%	71%		

5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	November 2022 has seen a reduction in referral figures compared with October 2022 (13,014). Referral rates have continued to rise slowly since December 2021, with 12,663 received in November 2022. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.
	Trend
1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at August 2022</i>	<div> 1. Number of GP referrals received by SBU Health Board  <p>■ Routine ■ Urgent</p> </div> <div> 2. Number of stage 1 additions per week  <p>— Additions to outpatients (stage 1) waiting list</p> </div> <div> 3. Total size of the waiting list and movement (December 2019)  <p>■ STAGE 1 ■ STAGE 2 ■ STAGE 3 ■ STAGE 4 ■ STAGE 5</p> </div> <div> 4. Total size of the waiting list and movement (November 2022)  <p>■ STAGE 1 ■ STAGE 2 ■ STAGE 3 ■ STAGE 4 ■ STAGE 5</p> </div>

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Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. November 2022 saw an in-month reduction of 11% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 24,112 in October 2022 to 21,400 in November 2022. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by OMFS and Ophthalmology. Chart 4 shows that the number of attendances has remained steady in recent months despite the impact of the recent Covid wave.</p>																																																																																																																																																																																																										
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Nov-22	17,500	7,500	0	0																																																																																																																																																																																																							
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Orthopaedics	5,800																																																																																																																																																																																																										
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Plastic Surgery	800																																																																																																																																																																																																										
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Restorative Dentistry	100																																																																																																																																																																																																										
Pain Management	100																																																																																																																																																																																																										
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Nov-22	15,500	25,000																																																																																																																																																																																																									

PLANNED CARE	
Description	Current Performance
<p>Patients waiting over 36 weeks for treatment</p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 36 weeks for treatment</p> <p>3. Number of elective admissions</p> <p>4. Number of patients waiting more than 104 weeks for treatment</p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In November 2022, there were 34,207 patients waiting over 36 weeks which is a 5.3% in-month reduction from October 2022. 24,308 of the 34,207 were waiting over 52 weeks in November 2022. In November 2022, there were 9,048 patients waiting over 104 weeks for treatment, which is a 10% reduction from October 2022.</p>
	<p>Trend</p> <div> <div> <p>1. Number of patients waiting over 36 weeks- HB total</p> <p>Ministerial Target = 0 by 2026</p> </div> <div> <p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p> <p>Ministerial Target = 0 by December 2022</p> </div> <div> <p>3. Number of elective admissions</p> <p>Admitted elective patients</p> </div> <div> <p>4. Number of patients waiting over 104 weeks- HB total</p> <p>Ministerial Target = 0 by 2024</p> </div> </div>

PLANNED CARE		
Description	Current Performance	
Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In November 2022, 54.4% of patients were waiting under 26 weeks from referral to treatment, which is 0.8% more than those seen in October 2022.</p>	<p>Percentage of patient waiting less than 26 weeks</p> <p>Ministerial Target = 95% by 2026</p>
Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In November 2022, 67.1% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2021/22.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p>

THEATRE EFFICIENCY																																																									
Description	Current Performance	Trend																																																							
Theatre Efficiency <i>1. Theatre Utilisation Rates</i> <i>2. % of theatre sessions starting late</i> <i>3. % of theatre sessions finishing early</i> <i>4. % of theatre sessions cancelled at short notice (<28 days)</i> <i>5. % of operations cancelled on the day</i>	<p>In November 2022 the Theatre Utilisation rate was 74%. This is an in-month deterioration of 3% and are lower rates than those seen in November 2021.</p>	<p>1. Theatre Utilisation Rates</p> <table border="1"><caption>1. Theatre Utilisation Rates (SBU HB)</caption><thead><tr><th>Month</th><th>Utilisation Rate (%)</th></tr></thead><tbody><tr><td>Nov-21</td><td>60</td></tr><tr><td>Dec-21</td><td>60</td></tr><tr><td>Jan-22</td><td>70</td></tr><tr><td>Feb-22</td><td>70</td></tr><tr><td>Mar-22</td><td>70</td></tr><tr><td>Apr-22</td><td>70</td></tr><tr><td>May-22</td><td>75</td></tr><tr><td>Jun-22</td><td>80</td></tr><tr><td>Jul-22</td><td>70</td></tr><tr><td>Aug-22</td><td>60</td></tr><tr><td>Sep-22</td><td>70</td></tr><tr><td>Oct-22</td><td>75</td></tr><tr><td>Nov-22</td><td>74</td></tr></tbody></table>	Month	Utilisation Rate (%)	Nov-21	60	Dec-21	60	Jan-22	70	Feb-22	70	Mar-22	70	Apr-22	70	May-22	75	Jun-22	80	Jul-22	70	Aug-22	60	Sep-22	70	Oct-22	75	Nov-22	74																											
	Month	Utilisation Rate (%)																																																							
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Oct-22	75																																																								
Nov-22	74																																																								
<p>35% of theatre sessions started late in November 2022. This is a 5% improvement on performance seen in October 2022 (40%).</p>	<p>2. and 3. % theatre sessions starting late/finishing</p> <table border="1"><caption>2. and 3. % theatre sessions starting late/finishing</caption><thead><tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr></thead><tbody><tr><td>Nov-21</td><td>45</td><td>45</td></tr><tr><td>Dec-21</td><td>45</td><td>45</td></tr><tr><td>Jan-22</td><td>45</td><td>45</td></tr><tr><td>Feb-22</td><td>45</td><td>45</td></tr><tr><td>Mar-22</td><td>45</td><td>45</td></tr><tr><td>Apr-22</td><td>45</td><td>45</td></tr><tr><td>May-22</td><td>45</td><td>45</td></tr><tr><td>Jun-22</td><td>45</td><td>45</td></tr><tr><td>Jul-22</td><td>45</td><td>45</td></tr><tr><td>Aug-22</td><td>45</td><td>45</td></tr><tr><td>Sep-22</td><td>45</td><td>45</td></tr><tr><td>Oct-22</td><td>45</td><td>45</td></tr><tr><td>Nov-22</td><td>45</td><td>45</td></tr></tbody></table>	Month	Late Starts (%)	Early Finishes (%)	Nov-21	45	45	Dec-21	45	45	Jan-22	45	45	Feb-22	45	45	Mar-22	45	45	Apr-22	45	45	May-22	45	45	Jun-22	45	45	Jul-22	45	45	Aug-22	45	45	Sep-22	45	45	Oct-22	45	45	Nov-22	45	45														
Month	Late Starts (%)	Early Finishes (%)																																																							
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Nov-22	45	45																																																							
<p>In November 2022, 44% of theatre sessions finished early. This is 1% lower than figures seen in October 2022 and 4% lower than those seen in November 2021</p>	<p>4. % theatre sessions cancelled at short notice (<28 days)</p> <table border="1"><caption>4. % theatre sessions cancelled at short notice (<28 days)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th><th>Singleton (%)</th></tr></thead><tbody><tr><td>Nov-21</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Dec-21</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Jan-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Feb-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Mar-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Apr-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>May-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Jun-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Jul-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Aug-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Sep-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Oct-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Nov-22</td><td>10</td><td>15</td><td>10</td></tr></tbody></table>	Month	Morriston (%)	NPTH (%)	Singleton (%)	Nov-21	10	15	10	Dec-21	10	15	10	Jan-22	10	15	10	Feb-22	10	15	10	Mar-22	10	15	10	Apr-22	10	15	10	May-22	10	15	10	Jun-22	10	15	10	Jul-22	10	15	10	Aug-22	10	15	10	Sep-22	10	15	10	Oct-22	10	15	10	Nov-22	10	15	10
Month	Morriston (%)	NPTH (%)	Singleton (%)																																																						
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Nov-22	10	15	10																																																						
<p>9% of theatre sessions were cancelled at short notice in November 2022. This is 1% higher than figures reported in October 2022 and is 2% higher than figures seen in November 2021.</p>	<p>5. % of operations cancelled on the day</p> <table border="1"><caption>5. % of operations cancelled on the day</caption><thead><tr><th>Month</th><th>% operations cancelled on the day (%)</th></tr></thead><tbody><tr><td>Nov-21</td><td>40</td></tr><tr><td>Dec-21</td><td>40</td></tr><tr><td>Jan-22</td><td>35</td></tr><tr><td>Feb-22</td><td>35</td></tr><tr><td>Mar-22</td><td>30</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>25</td></tr><tr><td>Aug-22</td><td>30</td></tr><tr><td>Sep-22</td><td>35</td></tr><tr><td>Oct-22</td><td>40</td></tr><tr><td>Nov-22</td><td>34</td></tr></tbody></table>	Month	% operations cancelled on the day (%)	Nov-21	40	Dec-21	40	Jan-22	35	Feb-22	35	Mar-22	30	Apr-22	35	May-22	40	Jun-22	40	Jul-22	25	Aug-22	30	Sep-22	35	Oct-22	40	Nov-22	34																												
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Aug-22	30																																																								
Sep-22	35																																																								
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Nov-22	34																																																								
<p>Of the operations cancelled in November 2022, 34% of them were cancelled on the day. This is a improvement from 40% in October 2022.</p>																																																									

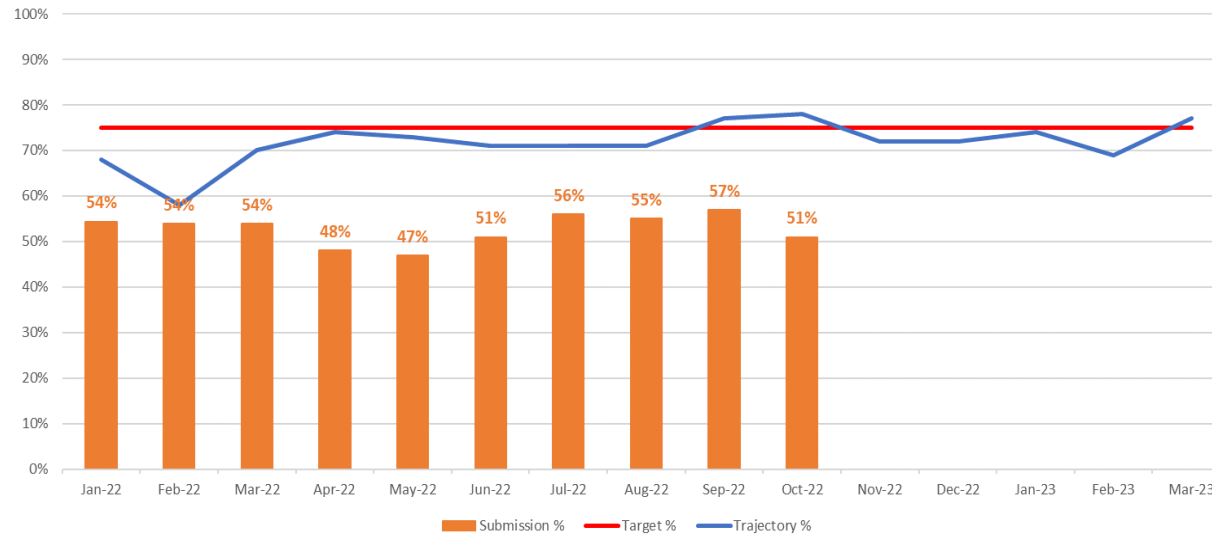
PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In November 2022, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It reduced from 5,833 in October 2022 to 5,627 in November 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for November 2022:</p> <ul style="list-style-type: none"> Endoscopy= 4,136 Cardiac tests= 539 Other Diagnostics = 952 <p>Actions of Improvement; Endoscopy waits have reduced slightly this month and the figures remain above the submitted trajectory. The Endoscopy team have implemented several actions to support future improvement, and are currently in the process of reviewing their regional Endoscopy plan</p>	<p>Number of patients waiting longer than 8 weeks for Endoscopy</p> <p>Ministerial Target = Endoscopy waits > 8 Weeks will be 0 by Spring 2024</p>
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In November 2022 there were 441 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in November 2022 are:</p> <ul style="list-style-type: none"> Podiatry = 262 Speech & Language Therapy= 112 Dietetics = 12 Physiotherapy = 55 <p>Actions of Improvement; The Service Group have already identified the previous declining position in both Dietetics and Podiatry and have developed detailed recovery trajectories in both areas. Podiatry have developed a revised recovery trajectory for Q4, with Dietetics working through their deadline for recovery</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p>

CANCER																																																																			
Description	Current Performance		Trend																																																																
Cancer demand and shape of the waiting list Single Cancer Pathway <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i>	November 2022 backlog by tumour site:		Number of patients with a wait status of more than 62 days <table border="1"><caption>Number of patients with a wait status of more than 62 days</caption><thead><tr><th>Month</th><th>63-103 days</th><th>≥ 104 days</th></tr></thead><tbody><tr><td>Nov-21</td><td>320</td><td>260</td></tr><tr><td>Dec-21</td><td>380</td><td>290</td></tr><tr><td>Jan-22</td><td>420</td><td>310</td></tr><tr><td>Feb-22</td><td>300</td><td>250</td></tr><tr><td>Mar-22</td><td>250</td><td>170</td></tr><tr><td>Apr-22</td><td>320</td><td>120</td></tr><tr><td>May-22</td><td>310</td><td>110</td></tr><tr><td>Jun-22</td><td>240</td><td>140</td></tr><tr><td>Jul-22</td><td>340</td><td>90</td></tr><tr><td>Aug-22</td><td>350</td><td>100</td></tr><tr><td>Sep-22</td><td>400</td><td>180</td></tr><tr><td>Oct-22</td><td>360</td><td>160</td></tr><tr><td>Nov-22</td><td>280</td><td>170</td></tr></tbody></table>	Month	63-103 days	≥ 104 days	Nov-21	320	260	Dec-21	380	290	Jan-22	420	310	Feb-22	300	250	Mar-22	250	170	Apr-22	320	120	May-22	310	110	Jun-22	240	140	Jul-22	340	90	Aug-22	350	100	Sep-22	400	180	Oct-22	360	160	Nov-22	280	170																						
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	Sep-22	400		180																																																															
	Oct-22	360		160																																																															
	Nov-22	280		170																																																															
	Tumour Site	63 - 103 days		≥104 days																																																															
Acute Leukaemia	0	0																																																																	
Brain/CNS	0	0																																																																	
Breast	12	4																																																																	
Children's cancer	1	0																																																																	
Gynaecological	59	22																																																																	
Haematological	1	11																																																																	
Head and neck	18	3																																																																	
Lower Gastrointestinal	78	57																																																																	
Lung	14	4																																																																	
Other	5	6																																																																	
Sarcoma	1	4																																																																	
Skin(c)	18	6																																																																	
Upper Gastrointestinal	42	33																																																																	
Urological	32	36																																																																	
Grand Total	281	186																																																																	
Single Cancer Pathway backlog- patients waiting over 63 days	November 2022 has seen a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;		Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion <table border="1"><caption>SCP Performance</caption><thead><tr><th>Month</th><th>Submission %</th><th>Target %</th><th>Trajectory %</th></tr></thead><tbody><tr><td>Jan-22</td><td>54%</td><td>75%</td><td>65%</td></tr><tr><td>Feb-22</td><td>54%</td><td>75%</td><td>60%</td></tr><tr><td>Mar-22</td><td>54%</td><td>75%</td><td>70%</td></tr><tr><td>Apr-22</td><td>48%</td><td>75%</td><td>75%</td></tr><tr><td>May-22</td><td>47%</td><td>75%</td><td>70%</td></tr><tr><td>Jun-22</td><td>51%</td><td>75%</td><td>70%</td></tr><tr><td>Jul-22</td><td>56%</td><td>75%</td><td>70%</td></tr><tr><td>Aug-22</td><td>55%</td><td>75%</td><td>70%</td></tr><tr><td>Sep-22</td><td>57%</td><td>75%</td><td>75%</td></tr><tr><td>Oct-22</td><td>51%</td><td>75%</td><td>78%</td></tr><tr><td>Nov-22</td><td></td><td>75%</td><td>70%</td></tr><tr><td>Dec-22</td><td></td><td>75%</td><td>70%</td></tr><tr><td>Jan-23</td><td></td><td>75%</td><td>75%</td></tr><tr><td>Feb-23</td><td></td><td>75%</td><td>70%</td></tr><tr><td>Mar-23</td><td></td><td>75%</td><td>75%</td></tr></tbody></table>	Month	Submission %	Target %	Trajectory %	Jan-22	54%	75%	65%	Feb-22	54%	75%	60%	Mar-22	54%	75%	70%	Apr-22	48%	75%	75%	May-22	47%	75%	70%	Jun-22	51%	75%	70%	Jul-22	56%	75%	70%	Aug-22	55%	75%	70%	Sep-22	57%	75%	75%	Oct-22	51%	75%	78%	Nov-22		75%	70%	Dec-22		75%	70%	Jan-23		75%	75%	Feb-23		75%	70%	Mar-23		75%	75%
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- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast.																																																																			
- Focussed work is being undertaken with the Endoscopy service to develop a sustainable Endoscopy plan																																																																			
- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority																																																																			
- Increased USC activity in Radiology has improved access and reduced waiting times																																																																			
Tracking capacity was increased earlier this year to support data quality																																																																			

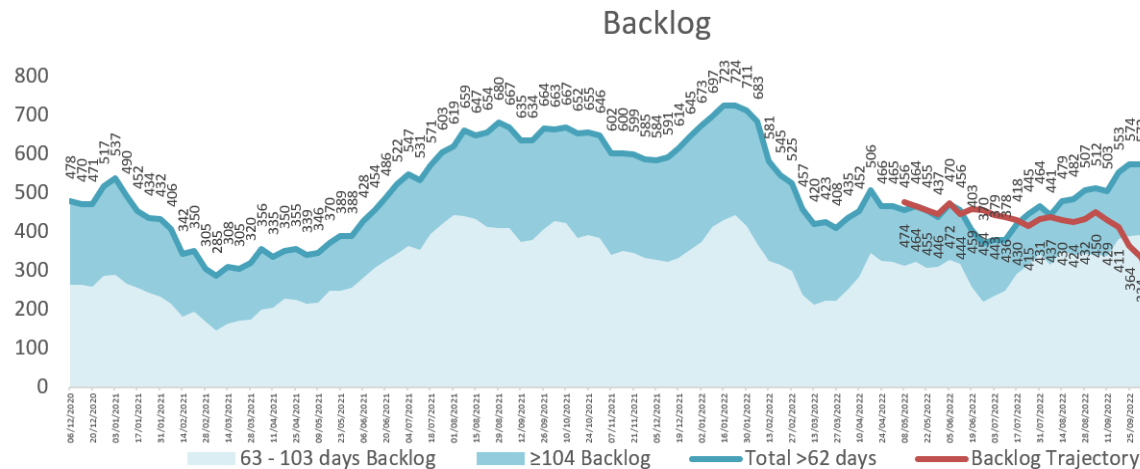
CANCER																																																		
Description	Current Performance	Trend																																																
USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>To date, early December 2022 figures show total wait volumes for first outpatient appointment have decreased by 20% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 52% have been booked, which is an improvement on previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – December 2022</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th><th>27-Nov</th><th>4-Dec</th></tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>0</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>3</td><td>3</td></tr> <tr><td>Gynaecological</td><td>92</td><td>96</td></tr> <tr><td>Haematological</td><td>3</td><td>3</td></tr> <tr><td>Head and Neck</td><td>111</td><td>91</td></tr> <tr><td>Lower GI</td><td>100</td><td>76</td></tr> <tr><td>Lung</td><td>14</td><td>6</td></tr> <tr><td>Other</td><td>90</td><td>66</td></tr> <tr><td>Sarcoma</td><td>1</td><td>2</td></tr> <tr><td>Skin</td><td>186</td><td>140</td></tr> <tr><td>Upper GI</td><td>67</td><td>54</td></tr> <tr><td>Urological</td><td>30</td><td>20</td></tr> <tr><td></td><td>697</td><td>557</td></tr> </tbody> </table>	FIRST OPA	27-Nov	4-Dec	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	0	0	Children's Cancer	3	3	Gynaecological	92	96	Haematological	3	3	Head and Neck	111	91	Lower GI	100	76	Lung	14	6	Other	90	66	Sarcoma	1	2	Skin	186	140	Upper GI	67	54	Urological	30	20		697	557
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID19 outbreak.</p> <table border="1"> <thead> <tr> <th>Measure</th><th>Target</th><th>Nov-22</th></tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>19%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>82%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>17%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>77%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>91%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	Nov-22	Scheduled (14 Day Target)	80%	19%	Scheduled (21 Day Target)	100%	82%	Urgent SC (2 Day Target)	80%	17%	Urgent SC (7 Day Target)	100%	77%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	91%	Elective Delay (14 Day Target)	100%	100%	<p>Radiotherapy waiting times</p>																					
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Cancer Services – Performance Escalation Updates

1.SCP performance trajectory

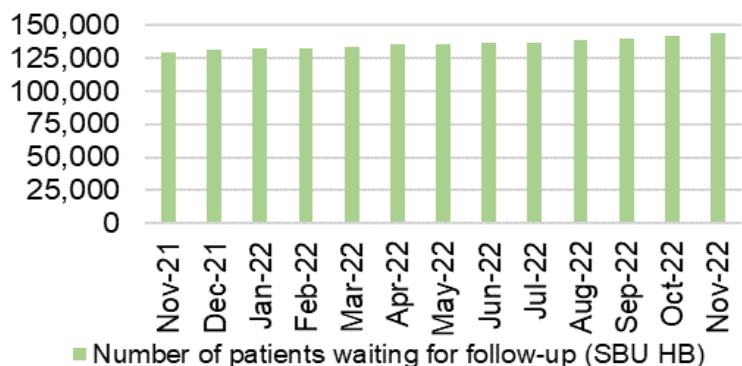
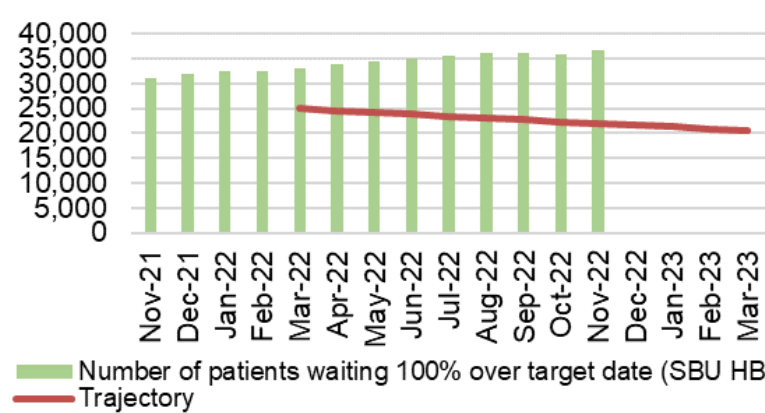


Proposed backlog improvements to support SCP performance



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

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

FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	<p>In November 2022, the overall size of the follow-up waiting list increased by 2,256 patients compared with October 2022 (from 141,643 to 143,899).</p> <p>In November 2022, there was a total of 62,512 patients waiting for a follow-up past their target date. This is a slight in-month increase of 1.2% (from 61,772 in October 2022 to 65,512 in November 2022).</p> <p>Of the 62,512 delayed follow-ups in November 2022, 10,263 had appointment dates and 52,249 were still waiting for an appointment.</p> <p>In addition, 36,769 patients were waiting 100%+ over target date in November 2022. This is a 2.2% increase when compared with October 2022.</p> <p>Actions of Improvement; An internal SBUHB validation is in place to support validation work. Alongside this, Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach. This work has begun and is focussing on services with the longest waits</p>	<p>1. Total number of patients waiting for a follow-up</p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p>  <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>

PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in November 2022 was 91% and 4,287 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 2,374 surveys in November 2022, with a recommended score of 93%. Morrison Hospital completed 1,760 surveys in November 2022, with a recommended score of 88%. Primary & Community Care completed 150 surveys for November 2022, with a recommended score of 95%. The Mental Health Service Group completed 35 surveys for November 2022, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p>

COMPLAINTS													
Description	Current Performance	Trend											
Patient concerns <i>1. Number of formal complaints received</i> <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In September 2022, the Health Board received 120 formal complaints; this is a 3.2% reduction on the number seen in August 2022.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p>	<p>1. Number of formal complaints received</p> <p>■ MH & LD ■ Morriston Hospital ■ NPT Hospital ■ PCCS ■ Singleton Hospital</p>											
	<p>2. The overall Health Board rate for responding to concerns within 30 working days was 71% in September 2022, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table><tr><th></th><th>30 day response rate</th></tr><tr><td>Neath Port Talbot Hospital</td><td>67%</td></tr><tr><td>Morriston Hospital</td><td>66%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>80%</td></tr><tr><td>Primary, Community and Therapies</td><td>71%</td></tr><tr><td>Singleton Hospital</td><td>73%</td></tr></table>		30 day response rate	Neath Port Talbot Hospital	67%	Morriston Hospital	66%	Mental Health & Learning Disabilities	80%	Primary, Community and Therapies	71%	Singleton Hospital	73%
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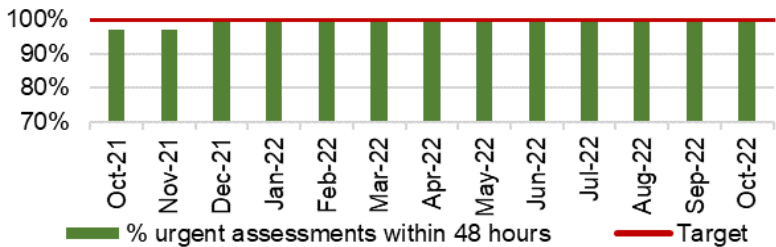
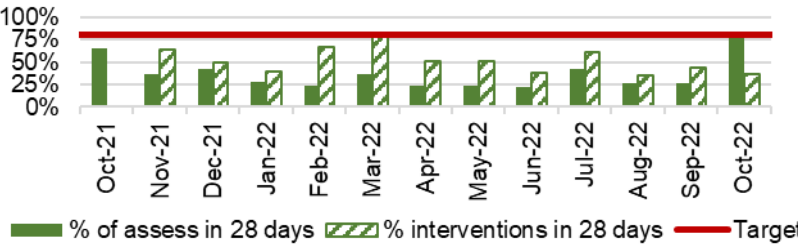
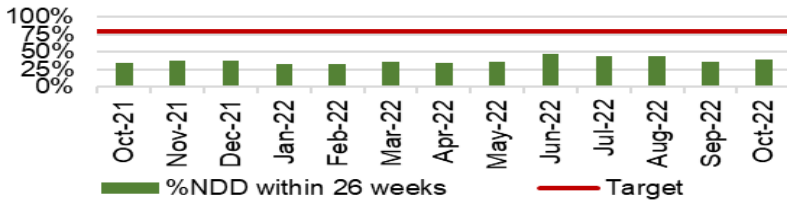
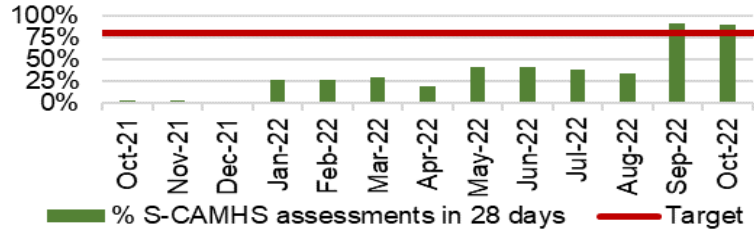
6.1 Overview

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

Measure	Locality	National/ Local Target	Internal profile	Trend	SBU												
					Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
% children who are up to date in schedule by age 4	NPT	95%	90%		82.2%		85.9%			84.3%		85.3%					
	85.6%				86.4%			87.5%		84.8%							
	86.8%				86.2%			86.4%		85.0%							
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		91.6%		88.4%			90.7%		90.7%					
	90.9%				87.8%			89.4%		89.3%							
	91.2%				88.0%			89.9%		89.8%							
% children who received 1st vaccine by age 5	NPT	95%	90%		92.4%		90.1%			90.9%		91.0%					
	90.1%				88.7%			89.9%		89.9%							
	91.0%				89.2%			90.3%		90.3%							
% children who received 2nd MMR vaccination by age 16	NPT	95%	90%		93.3%		92.6%			95.9%		92.3%					
	91.1%				90.1%			94.0%		91.4%							
	92.0%				91.0%			94.7%		91.7%							
% children who received teenage booster by age 16	NPT	90%	85%		87.9%		89.3%			88.6%		91.6%					
	91.0%				89.2%			90.0%		90.5%							
	89.8%				89.2%			89.4%		90.9%							
% children who received MenACWY vaccine by age 16	NPT	Improve		88.1%		89.8%			88.3%		92.1%						
	91.3%			90.1%			90.1%		90.9%								
	90.0%			90.0%			89.4%		91.4%								
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%		97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%		34%	22%	28%	27%	29%	18%	40%	33%	38%	34%	91%	91%		
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%		36%	43%	28%	24%	36%	23%	23%	22%	42%	27%	27%	83%		
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%		3%	2%	27%	26%	30%	19%	41%	41%	38%	34%	91%	90%		
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	> 18 years old	80%		98%	95%	95%	99%	96%	97%	98%	96%	94%	97%	93%	95%		
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%		64%	50%	39%	67%	78%	51%	51%	38%	61%	35%	43%	36%		
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%		96%	100%	99%	100%	98%	96%	97%	100%	100%	100%	98%	100%		
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	95%		100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	96%	93%		
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%		37%	37%	33%	33%	35%	35%	36%	47%	44%	44%	36%	40%		
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%		84%	84%	89%	88%	100%	87%	97%	100%	100%	100%	87%	87%		
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%		81%	80%	81%	85%	89%	88%	89%	89%	89%	90%	89%	90%		

6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																										
Description	Current Performance	Trend																																																																																																																																																																								
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In October 2022, 95% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In October 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 90% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in October 2022.</p> <p>4. In October 2022, 93.4% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>Data for Measure 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (> 18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Oct-21</td><td>95%</td><td>75%</td></tr> <tr><td>Nov-21</td><td>95%</td><td>75%</td></tr> <tr><td>Dec-21</td><td>95%</td><td>75%</td></tr> <tr><td>Jan-22</td><td>95%</td><td>75%</td></tr> <tr><td>Feb-22</td><td>95%</td><td>75%</td></tr> <tr><td>Mar-22</td><td>95%</td><td>75%</td></tr> <tr><td>Apr-22</td><td>95%</td><td>75%</td></tr> <tr><td>May-22</td><td>95%</td><td>75%</td></tr> <tr><td>Jun-22</td><td>95%</td><td>75%</td></tr> <tr><td>Jul-22</td><td>95%</td><td>75%</td></tr> <tr><td>Aug-22</td><td>95%</td><td>75%</td></tr> <tr><td>Sep-22</td><td>95%</td><td>75%</td></tr> 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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 October 2022, 100% of CAMHS patients received an assessment within 48 hours.	1. Crisis- assessment within 48 hours  <p>100% 90% 80% 70%</p> <p>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</p> <p>% urgent assessments within 48 hours Target</p>
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 October 2022 against a target of 80%.	2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days  <p>100% 75% 50% 25% 0%</p> <p>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</p> <p>% of assess in 28 days % interventions in 28 days Target</p>
3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 36% of therapeutic interventions were started within 28 days following assessment by LPMHSS in October 2022.	
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 40% of NDD patients received a diagnostic assessment within 26 weeks in October 2022 against a target of 80%.	4. NDD- assessment within 26 weeks  <p>100% 75% 50% 25% 0%</p> <p>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</p> <p>%NDD within 26 weeks Target</p>
5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 90% of routine assessments by SCAMHS were undertaken within 28 days in October 2022.	5. S-CAMHS % assessments within 28 days  <p>100% 75% 50% 25% 0%</p> <p>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</p> <p>% S-CAMHS assessments in 28 days Target</p>

APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 related	Number of new COVID19 cases*	Local			Nov-22						171
	Number of staff referred for Antigen Testing*	Local			Nov-22						47
	Number of staff awaiting results of COVID19 test*	Local			Nov-22						0
	Number of COVID19 related incidents*	Local			Nov-22						51
	Number of COVID19 related serious incidents*	Local			Nov-22						0
	Number of COVID19 related complaints*	Local			Nov-22						3
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Nov-22						0
	Number of staff self isolated (symptomatic)*	Local			Nov-22						124
	% sickness*	Local			Nov-22						0.9%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour*	National	0		Nov-22	727		17			744
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge*	National	95%		Nov-22	54.1%	99.1%				70%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge*	National	0		Nov-22	1,454	2				1,456
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	National	59.8% (UK SNAP average)		Nov-22	14%					14%
	% of patients who receive a CT scan within 1 hour*	National	54.5% (UK SNAP average)		Nov-22	37%					37%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	National	84.2% (UK SNAP average)		Nov-22	92%					92%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	National	12 month improvement trend		Nov-22	9%					9%
	% of patients receiving the required minutes for speech and language therapy*	National	12 month improvement trend		Nov-22	38%					38%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	12 month reduction trend	21	Nov-22	10	0	1	12	0	23
	Number of S.aureus bacteraemia cases	National		6	Nov-22	2	0	1	5	0	8
	Number of C.difficile cases	National		7	Nov-22	5	0	5	11	0	21
	Number of Klebsiella cases	National		6	Nov-22	2	0	4	5	0	11
	Number of Aeruginosa cases	National		1	Nov-22	3	1	1	0	0	5
	Compliance with hand hygiene audits	Local	95%		Nov-22	94%	97%	100%	96%	98%	95%
Serious incidents	Number of Nationally Reportable Incidents	Local	12 month reduction trend		Nov-22	7	0	3	1	0	11
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	90%		Nov-22						73%
	Number of Never Events	Local	0		Nov-22	1	0	0	0	0	1

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Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Oct-22	93.5%					93.5%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Oct-22	25.8%					25.8%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Oct-22	71.6%					71.6%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Oct-22	74.0%					74.0%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Oct-22	76.8%					76.8%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Oct-22	69.4%					69.4%
	30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Local	12 month improvement trend		Jan-21	7.5%					7.5%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Oct-22	36	3	17	47	0	103
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Oct-22	1	0	0	2	0	3
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Oct-22						797
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Nov-22	81	21	51	3	22	178
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Nov-22						4.38
Mortality	Universal Mortality reviews undertaken within 28 days (Sta	Local	95%		Feb-22	98%	67%				97%
	Stage 2 mortality reviews completed within 60 days	Local	95%		Nov-21	56%	-	0%			50%
	Crude hospital mortality rate by Delivery Unit (74 years of	National	12 month reduction trend		Oct-22	1.37%	0.04%	0.40%			0.78%

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Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Cancer	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	75%		Nov-22 (Draft)						40%
Planned Care	Number of patients waiting > 26 weeks for outpatient appointment	National	0		Nov-22	16,148	0	5,252	0		21,400
	Number of patients waiting > 36 weeks for treatment (inc. Diagnostics > 36 wks)	National	0		Nov-22	24,273	3	9,307	0		34,207
	Number of patients waiting > 8 weeks for a specified diagnostics	National	0		Nov-22	1,514		4,113			5,627
	Number of patients waiting > 14 weeks for a specified therapy	National	0		Nov-22		67		374	0	441
	Total number of patients waiting for a follow-up outpatient appointment	National	0		Nov-22						143,899
	Number of patients delayed by over 100% past their target date	National	0		Nov-22						36,769
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Nov-22						62,512
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Nov-22						352
	Number of patients without a documented clinical review date	Local	0		Nov-22						1
Patient Experience/ Feedback	Number of friends and family surveys completed	Local	12 month improvement trend		Nov-22	1,760	Now reported under Singleton	2,374	150	35	1,760
	% of patients who would recommend and highly recommend	Local	90%	80%	Nov-22	88%		93%	95%	100%	91%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%	80%	Nov-22	92%		96%	99%		91%
	Number of new complaints received	Local	12 month reduction rend		Sep-22	50	9	26	14	10	120
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	National	75%	80%	Sep-22	66%	67%	73%	71%	80%	71%

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Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	Internal HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	95%	90%	Q2 2022/23						94.9%
	% children who received MenB2 vaccine by age 1	Local	95%	90%	Q2 2022/23						95.2%
	% children who received PCV2 vaccine by age 1		95%	90%	Q2 2022/23						96.9%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q2 2022/23						92.5%
	% children who received MMR1 vaccine by age 2		95%	90%	Q2 2022/23						94.3%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q2 2022/23						94.0%
	% children who received MenB4 vaccine by age 2		95%	90%	Q2 2022/23						93.9%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q2 2022/23						93.4%
	% children who are up to date in schedule by age 4		95%	90%	Q2 2022/23						85.0%
	% of children who received 2 doses of the MMR vaccine by age 5	National	95%	90%	Q2 2022/23						89.8%
	% children who received 3 in 1 vaccine by age 5	Local	95%	90%	Q2 2022/23						90.3%
	% children who received MMR vaccination by age 16		95%	90%	Q2 2022/23						91.7%
	% children who received teenage booster by age 16		90%	85%	Q2 2022/23						90.9%
	% children who received MenACWY vaccine by age 16		Improve		Q2 2022/23						91.4%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Oct-22						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Oct-22						91%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Oct-22						83%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Oct-22						90%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Oct-22					95%	95%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Oct-22						36%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Oct-22					100%	100%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	95%		Oct-22					93%	93%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Oct-22						40%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Oct-22						87%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Oct-22					90%	90%

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

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	
COVID19 related measures	Number of new COVID19 cases	Local	Nov-22	171		Reduce					8,247	18,167	15,433	4,209	4,749	835	286	372	600	217	218	171	171	
	Number of staff referred for Antigen Testing	Local	Nov-22	17,981		Reduce					14,969	15,756	16,447	16,647	16,756	17,158	17,315	17,579	17,878	17,916	17,926	17,934	17,981	
	Number of staff awaiting results of COVID19 test	Local	Nov-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of COVID19 related incidents	Local	Nov-22	61		Reduce					53	54	59	55	57	83	39	52	91	46	84	61	51	
	Number of COVID19 related serious incidents	Local	Nov-22	0		Reduce					3	1	0	1	0	0	0	0	0	0	1	0	0	
	Number of COVID19 related complaints	Local	Nov-22	3		Reduce					14	20	4	4	10	6	0	4	5	6	11	3	3	
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Nov-22	0		Reduce					65	126	87	43	87	42	29	28	26	8	5	1	0	
	Number of staff self isolated (symptomatic)	Local	Nov-22	124		Reduce					120	393	309	204	326	270	125	287	272	121	100	121	124	
% sickness	Local	Nov-22	0.9%		Reduce						1.4%	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	
Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Nov-22	46%	65%	65%	✗	50.0% (Sep-22)	4th (Sep-22)		52%	46%	51%	54%	48%	53%	56%	57%	56%	55%	49%	50%	46%	
	Number of ambulance handovers over one hour	National	Nov-22	744	0			6,360 (Sep-22)	1st (Sep-22)		670	612	735	678	687	671	538	578	659	705	732	739	744	
	Handover hours lost over 15 minutes	Local	Nov-22	4456							2,461	2,527	3,390	3,110	3,023	3,286	1,892	2,920	2,976	3,870	4,378	4,599	4,456	
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Nov-22	70%	95%			67.8% (Sep-22)	3rd (Sep-22)		73%	70%	73%	72%	71%	73%	74%	72%	69%	70%	73%	71%	70%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Nov-22	1456	0			10,230 (Sep-22)	5th (Sep-22)		1,055	1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						52.4%	68.8%	52.9%	81.4%										
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Jun-22	89.0%	12 month ↑			69% (Jun-22)	2nd (Jun-22)		89.0%	88.0%	89.0%	89.0%	89.0%	89.0%	90.0%	89.0%						
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Nov-22	14%	54.0%						11.4%	16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	
	CT Scan (<1 hrs) (local)	Local	Nov-22	37%							40.9%	35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Nov-22	92%							95.5%	97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	
	Thrombolysis door to needle <= 45 mins	Local	Nov-22	9%							9.1%	10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	
	% stroke patients who receive mechanical thrombectomy	National	Nov-22	4%	10%			0.3% (Aug-22)	Joint 2nd (Aug-22)		4.2%	0.0%	1.9%	0.0%	1.7%	1.8%	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	4.0%	
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Nov-22	38%	12 month ↑			48.8% (Aug-22)	6th (Aug-22)		54.4%	45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	
DTOCs		Number of mental health HB DTOCs	National	Mar-20	13	12 month ↓	27	✓			DTOC reporting temporarily suspended													
		Number of non-mental health HB DTOCs	National	Mar-20	60	12 month ↓	50	✗			DTOC reporting temporarily suspended													
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Nov-22	73.0%	90%	80%					0%	0%	25%	0%	33%	25%	100%	33%	-	0%	-	75%	73%	
	Number of new Never Events	National	Nov-22	1	0	0	✗				1	0	0	2	0	0	1	0	1	0	0	0	1	
	Number of risks with a score greater than 20	Local		136		12 month ↓	✗				121	122	129	127	140	140	134	132	128	131	133	134	136	
	Number of risks with a score greater than 16	Local		278		12 month ↓	✗				238	241	249	253	271	276	266	264	259	269	270	268	278	

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

Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Nov-22	9.9%	4 quarter ↓						10.5%	11.1%	10.8%	10.7%	11.1%	9.8%	10.9%	11.5%	10.4%	10.0%	10.0%	9.6%	9.9%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Nov-22	40.3%	12 month ↑			52.5% (Aug-22)	2nd out of 6 organisations (Aug-22)		63.4%	53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	40.3%
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Nov-22	19%	80%		✗				12%	12%	5%	14%	13%	14%	5%	18%	2%	10%	5%	18%	19%
	Scheduled (21 Day Target)	Local	Nov-22	82%	100%		✗				30%	37%	48%	51%	70%	63%	36%	51%	29%	35%	34%	65%	82%
	Urgent SC (2 Day Target)	Local	Nov-22	17%	80%		✗				7%	12%	23%	27%	9%	27%	13%	22%	18%	11%	31%	33%	17%
	Urgent SC (7 Day Target)	Local	Nov-22	77%	100%		✗				60%	37%	57%	60%	57%	62%	44%	43%	64%	48%	54%	70%	77%
	Emergency (within 1 day)	Local	Nov-22	100%	80%		✗				100%	67%	60%	92%	62%	83%	83%	82%	58%	65%	100%	70%	100%
	Emergency (within 2 days)	Local	Nov-22	100%	100%		✓				100%	100%	100%	100%	85%	100%	100%	88%	92%	90%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Nov-22	91%	80%		✓				56%	72%	66%	73%	66%	82%	80%	68%	66%	91%	70%	81%	91%
	Elective Delay (14 Day Target)	Local	Nov-22	100%	100%		✗				63%	92%	78%	80%	71%	93%	91%	79%	70%	98%	79%	91%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Nov-22	4,136	0%			16,284 (Aug-22)	7th (Aug-22)		2,791	3,144	3,543	3,898	4,191	4,398	4,564	4,449	4,407	4,257	4,205	4,170	4,136
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Nov-22	5,627	0			44,489 (Aug-22)	4th (Aug-22)		6,008	6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627
	Number of patients waiting > 14 weeks for a specified therapy	National	Nov-22	441	0			12,356 (Aug-22)	3rd (Aug-22)		629	885	1,028	926	820	679	614	609	714	682	755	707	441
	% of patients waiting < 26 weeks for treatment	National	Nov-22	54%	95%			54.8% (Aug-22)	6th (Aug-22)		51.3%	50.5%	50.4%	50.1%	50.7%	50.4%	50.4%	50.8%	51.8%	52.0%	52.1%	53.5%	54.4%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Nov-22	21,400	0						24,752	25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400
	Number of patients waiting > 52 weeks for outpatient appointment	National	Nov-22	9,774	0			102,662 (Aug-22)	4th (Aug-22)		12,692	12,406	12,391	12,337	12,593	13,275	14,071	14,951	15,232	15,122	13,980	12,352	9,774
	Number of patients waiting > 36 weeks for treatment	National	Nov-22	34,207	0			271,165 (Aug-22)	4th (Aug-22)		37,064	37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207
	Number of patients waiting > 104 weeks for treatment	National	Nov-22	9,048	0			59,350 (Aug-22)	5th (Aug-22)		9,749	10,669	11,859	13,104	13,587	13,083	12,670	12,064	11,400	10,960	10,623	10,090	9,048
	The number of patients waiting for a follow-up outpatient appointment	National	Nov-22	143,899	HB target TBC						129,255	131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Nov-22	36,769				213,845 (Aug-22)	5th (Aug-22)		30,946	31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Nov-22	67%	95%			63.2% (Aug-22)	4th (Aug-22)		62.1%	61.2%	59.8%	58.5%	59.4%	60.8%	63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	67.1%
DNAs	% of patients who did not attend a new outpatient appointment	Local	Nov-22	9.5%	12 month ↓						7.4%	6.8%	7.0%	6.4%	6.8%	7.8%	7.5%	8.2%	8.2%	8.0%	7.8%	8.3%	9.5%
	% of patients who did not attend a follow-up outpatient appointment	Local	Nov-22	8.5%	12 month ↓						6.7%	6.3%	6.4%	6.2%	6.2%	7.8%	7.3%	7.8%	7.7%	7.6%	7.8%	7.7%	8.5%
Theatre Efficiencies	Theatre Utilisation rates	Local	Nov-22	74.0%		90%	✗				67%	62%	74%	71%	72%	71%	78%	81%	72%	59%	71%	77%	74%
	% of theatre sessions starting late	Local	Nov-22	35.0%		<25%	✗				43%	40%	43%	43%	39%	39%	46%	43%	40%	36%	37%	40%	35%
	% of theatre sessions finishing early	Local	Nov-22	44.0%		<20%	✗				48%	48%	48%	43%	45%	47%	43%	43%	46%	43%	48%	45%	44%
Postponed operations	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Local	Jan-21	1,200																			
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AWMMSG appraisals	National	Q3 21/22	99.1%	100%	100%	✗	98.8% (Q3 21/22)	3rd out of 6 organisations (Q3 21/22)			99.1%											
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q4 21/22	279.2	4 quarter ↓			259.4 (Q4 21/22)	6th (Q4 21/22)			324.7			279.2								
	Patients aged 65 years or over prescribed an antipsychotic	National	Q4 21/22	1,451	Quarter on quarter ↓			10,262 (Q4 21/22)	5th (Q4 21/22)			1,466			1,451								
	Opioid average daily quantities per 1,000 patients	National	Q4 21/22	4,261	4 quarter ↓			4329.4 (Q4 21/22)	3rd (Q4 21/22)			4,472			4,261								
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)			82.1%											
	Number of friends and family surveys completed	Local	Nov-22	4,287		12 month ↑	✓				3,194	2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287
	% of who would recommend and highly recommend	Local	Nov-22	91%		90%	✓				94%	93%	92%	90%	90%	89%	90%	88%	89%	89%	88%	90%	91%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Nov-22	91%		90%	✓				93%	96%	93%	91%	91%	89%	91%	91%	90%	93%	92%	93%	91%
Complaints	Number of new formal complaints received	Local	Sep-22	120		12 month trend	✓				159	115	124	139	156	123	176	118	153	124	120		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Sep-22	71%	75%	80%	✗	67.2% (Q4 20/21)	3rd (Q4 20/21)		69%	68%	63%	64%	65%	76%	69%	65%	64%	65%	71%		
	% of acknowledgements sent within 2 working days	Local	Sep-22	99%		100%	✗				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%		

Harm from wider societal actions/lockdown																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2021/22	31.9%	Annual ↑			36.7% (2021/22)	5th (2021/22)		31.9%													
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 22/23	94.9%	95%			94.9% (Q4 21/22)	2nd (Q4 21/22)			96.1%				95.9%				94.9%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 22/23	89.8%	95%			90.8% (Q4 21/22)	6th (Q4 21/22)			91.2%				88.0%				89.9%		94.9%		
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q4 21/22	352.2	4 quarter ↓			373.9 (Q4 21/22)	2nd (Q4 21/22)			313.3				352.2								
	% of people who have been referred to health board services who have completed treatment for alcohol abuse	National	Q1 22/23	43.6%	4 quarter ↑			67.2 (Q1 22/23)	6th (Q1 22/23)			63.6%				66.7%				43.6%				
Influenza	% uptake of influenza among 65 year olds and over	National	Nov-22	72.4%	75%			78.0% (Mar-22)	3rd (Mar-22)		74.8%	76.9%	78.2%	78.5%	78.5%	Data collection restarts October 2022						62.2%	72.4%	
	% uptake of influenza among under 65s in risk groups	National	Nov-22	37.7%	55%			48.2% (Mar-22)	4th (Mar-22)		40.8%	44.9%	47.3%	48.6%	48.8%							30.2%	37.7%	
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)		Data not available													
	% uptake of influenza among children 2 to 3 years old	Local	Nov-22	34.6%	50%			47.6% (Mar-22)	5th (Mar-22)		37.7%	41.5%	43.2%	44.8%	44.6%							23.6%	34.6%	
	% uptake of influenza among healthcare workers	National	Nov-22	34.4%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		50.8%	52.7%	52.7%	53.6%	53.6%								34.4%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Oct-22	100%		100%	✓				97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Oct-22	40%	80%	80%	✗	36.5% (Aug-22)	3rd (Aug-22)		37%	37%	33%	33%	35%	35%	36%	47%	44%	44%	36%	40%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Oct-22	91%	80%	80%	✓	61.6% (Aug-22)	Joint 1st (Aug-22)		34%	22%	28%	27%	29%	18%	40%	33%	38%	34%	91%	91%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Oct-22	83%		80%	✓	54.0% (Aug-22)	6th (Aug-22)		36%	43%	28%	24%	36%	23%	23%	22%	42%	27%	27%	83%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Oct-22	36%		80%	✗	38.7% (Aug-22)	4th (Aug-22)		64%	50%	39%	67%	78%	51%	51%	38%	61%	35%	43%	36%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Oct-22	90%		80%	✓				3%	2%	27%	26%	30%	19%	41%	41%	38%	34%	91%	90%		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Oct-22	87%		90%	✗	4.9% (Aug-22)	Joint 1st (Aug-22)		84%	84%	89%	88%	100%	87%	97%	100%	100%	100%	87%	87%		
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	Oct-22	95%	80%	80%	✓	90.0% (Aug-22)	2nd (Aug-22)		98%	95%	95%	99%	96%	97%	98%	96%	94%	97%	93%	95%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Oct-22	100%	80%	80%	✓	72.1% (Aug-22)	1st (Aug-22)		96%	100%	99%	100%	98%	96%	97%	100%	100%	100%	98%	100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Oct-22	93%	95%	95%	✓	73.4% (Aug-22)	1st (Aug-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	96%	93%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Oct-22	90%	90%	90%	✗	86.0% (Aug-22)	3rd (Aug-22)		81%	80%	81%	85%	89%	88%	89%	89%	89%	90%	89%	90%		
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)															