Meeting Date	**23rd January 2024**	**Agenda Item**	
Report Title	**Quality & Safety Performance Report**		
Report Author	Charlotte Angell, Health Board Performance Support Officer Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance, Acting Deputy Chief Executive		
Presented by	Darren Griffiths, Director of Finance and Performance, Acting Deputy Chief Executive		
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 (end of December 2023 primarily) in delivering key local performance measures as well as the national measures outlined in the 2023/24 NHS Wales Performance Framework.		
Key Issues	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. The Performance Delivery Framework 2022/23 was published in June 2023, and the measures have been updated accordingly in line with current data availability. **Key high level issues to highlight this month are as follows: -** **<u>COVID19</u>** - The number of new cases of COVID19 remains stable at 214 cases in December 2023. **<u>Unscheduled Care</u>** - Performance against the 4-hour access is marginally below profile at 74.74% in December 2023 a reduction of 0.6% from the previous month. - Performance against the 12-hour wait has deteriorated in December 2023 to 994 from 969. - In December 2023, there were 762 ambulance to hospital handovers taking over 1 hour; this is an increase of 38 compared with 724 in November 2023.		

	Planned Care
	- Op waits remain under the 52 week Ministerial target level in December 2023, a position sustained since October 2023.
	- In December 2023, there were 2,969 patients waiting over 104 weeks for treatment, which is a 14% reduction from November 2023.
	- In December 2023 there were 73 patients waiting over 14 weeks for specified Therapies.
	  o 28 for Speech & Language Therapy
	  o 45 for Dietetics
	- In December 2023, there was a slight increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,429 in November 2023 to 5,616 in December 2023.
	
	Cancer
	- The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in November 2023 was 53%, which is slightly higher than the figure reported in October 2023. Performance is below the submitted trajectory (72%).
	- Backlog figures have seen a reduction in recent weeks following a modest rise in the latter part of December 2023. The current backlog is 302 against a profile of 272.
	
	Mental Health
	- Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in November 2023.
	- In November 2023, 75.9% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.
	
	Child and Adolescent Mental Health Services (CAMHS)
	- Access times for crisis performance has been maintained at 100% in November 2023.
	- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remains static at 30% in November 2023.
	- Note S-CAMHS now included with P-CAMHS measure:
	
	Nationally Reportable Incidents
	- In December 2023, there were 7 Nationally Reportable Incidents reported.
	- There was one new Never Events reported in December 2023
	
	Patient Experience
	- December 2023 data is included in this report showing 92% satisfaction through 4,004.

Specific Action Required	**Information**	**Discussion**	**Assurance**	**Approval**
	✓		✓	
Recommendations	Members are asked to: • **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

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

- **NOTE**- 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	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒

Quality, Safety and Patient Experience

The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.

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

Financial Implications

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

Legal Implications (including equality and diversity assessment)

A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.

Staffing Implications

A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

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

- **Long term** – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.

- **Prevention** – the NHS Wales Delivery framework provides a measurable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being.
- **Integration** – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015.
- **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Service Groups as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.
- **Involvement** – Corporate and Service 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 October 2023. This is a routine monthly report.
Appendices	Appendix 1: Quality & Safety performance report

Appendix 1- Quality & Safety Performance Report

January 2024

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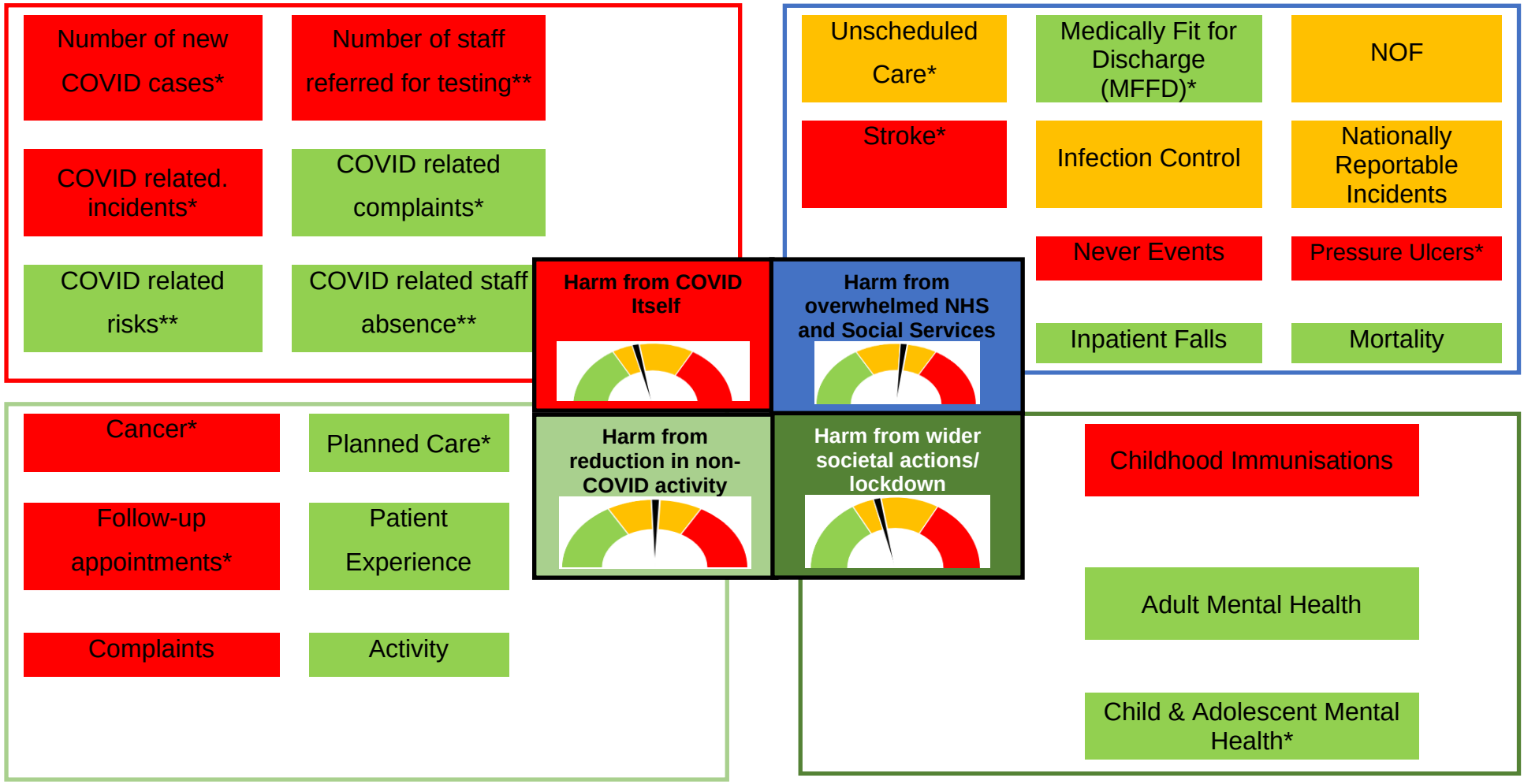
1. QUADRANTS OF HARM SUMMARY

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



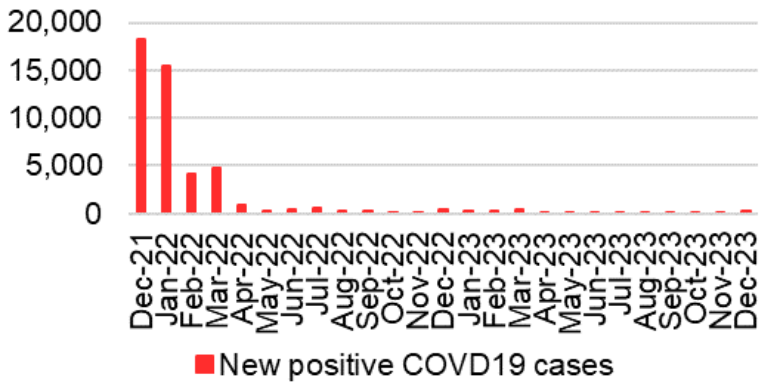
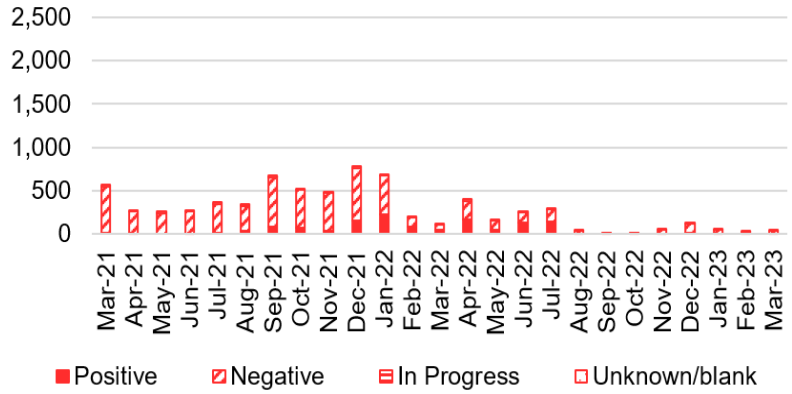
NB- RAG status is against national or local target

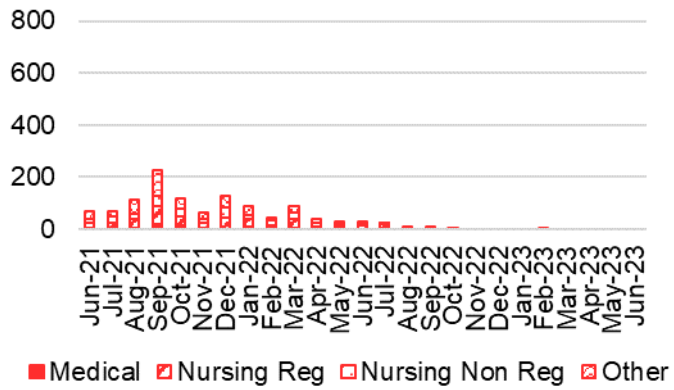
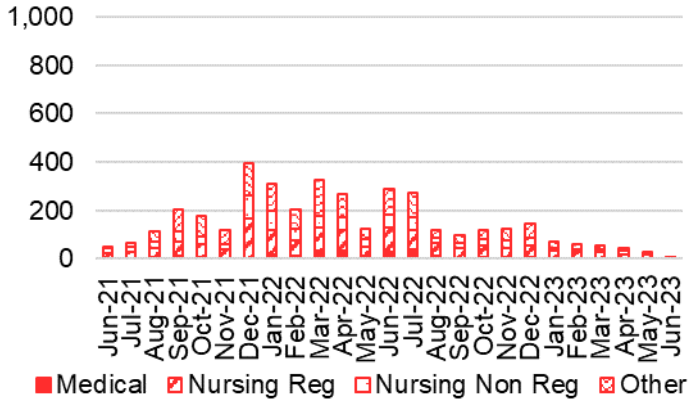
*RAG status based on in-month movement in the absence of local profiles

** Data not available

Harm quadrant- Harm from Covid itself																		
Measure	Locality	National/ Local Target	HB Trajectory	Trend	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Number of new COVID19 cases*	HB Total				395	230	249	378	153	81	60	84	132	139	175	80	214
Number of staff referred for Antigen Testing	HB Total				127	49	30	43									
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				61	34	33	57	29	61	90	23	33	37	35	21	43
Number of COVID19 related serious incidents*	HB Total				0	0	0	0	0	0	0	0	0	0	0	0	1
Number of COVID19 related complaints*	HB Total				0	0	2	2	1	0	0	0	0	1	1	1	0
Number of COVID19 related risks*	HB Total																
Number of staff self isolated (asymptomatic)*	Medical				0	0	0	0	0	0	0						
	Nursing Registered				0	0	1	0	0	0	0						
	Nursing Non Registered				0	0	0	0	0	0	0						
	Other				0	0	0	0	0	0	0						
Number of staff self isolated (symptomatic)*	Medical				10	4	3	1	1	1	0						
	Nursing Registered				46	29	25	29	18	15	3						
	Nursing Non Registered				32	12	12	11	14	4	0						
	Other				56	25	23	16	12	7	4						
% sickness*	Medical				1.2%	0.5%	0.3%	0.1%	0.1%	0.1%	0.0%						
	Nursing Registered				1.1%	0.7%	0.6%	0.7%	0.4%	0.4%	0.1%						
	Nursing Non Registered				1.5%	0.6%	0.6%	0.5%	0.7%	0.2%	0.0%						
	Other				0.9%	0.4%	0.4%	0.2%	0.2%	0.1%	0.1%						
	All				1.1%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%						

3.1 Updates on key measures

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

COVID RELATED STAFF ABSENCE		
Description	**Current Performance**	**Trend**
Staff absence due to COVID19 *1.Number of staff self-isolating (asymptomatic)* *2.Number of staff self isolating (symptomatic)* *3.% staff sickness*	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government. **1. & 2. Number of staff self-isolating (asymptomatic and symptomatic)** Between May 2023 and June 2023, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) decreased from 27 to 7. In June 2023, the "other" staff group had the largest number of self-isolating staff who were symptomatic. *WG have now ceased data collection* **3. % Staff sickness** The percentage of staff sickness absence due to COVID19 in June 2023 has reduced to 0.1% from 0.2% in May 2023. *WG have now ceased data collection*.	**1.Number of staff self isolating (asymptomatic)**  **2.Number of staff self isolating (symptomatic)**  **3.% staff sickness** See table below

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Medical	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%	0.1%	0.0%
Nursing Reg	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	0.4%	0.4%	0.1%
Nursing Non Reg	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%	0.2%	0.0%
Other	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	0.1%	0.1%
All	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%

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

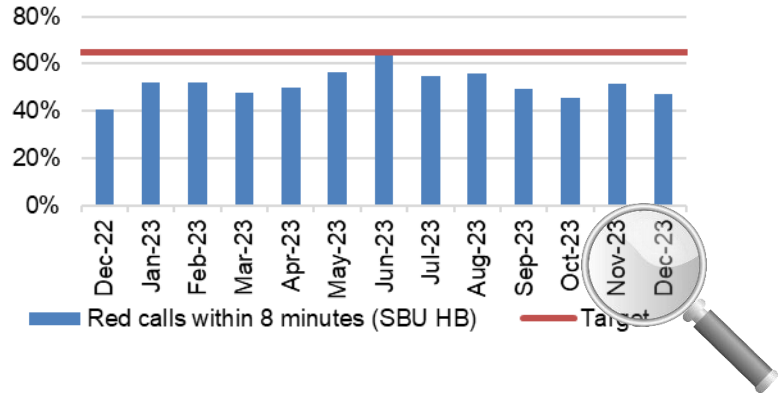
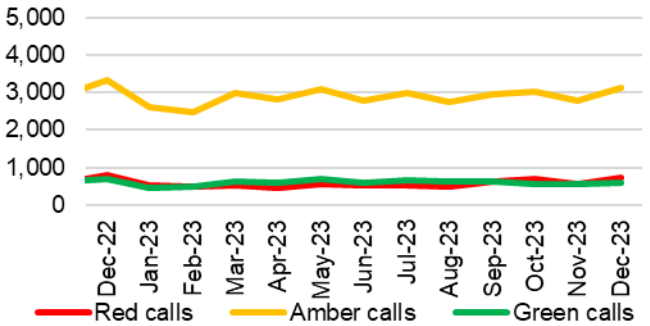
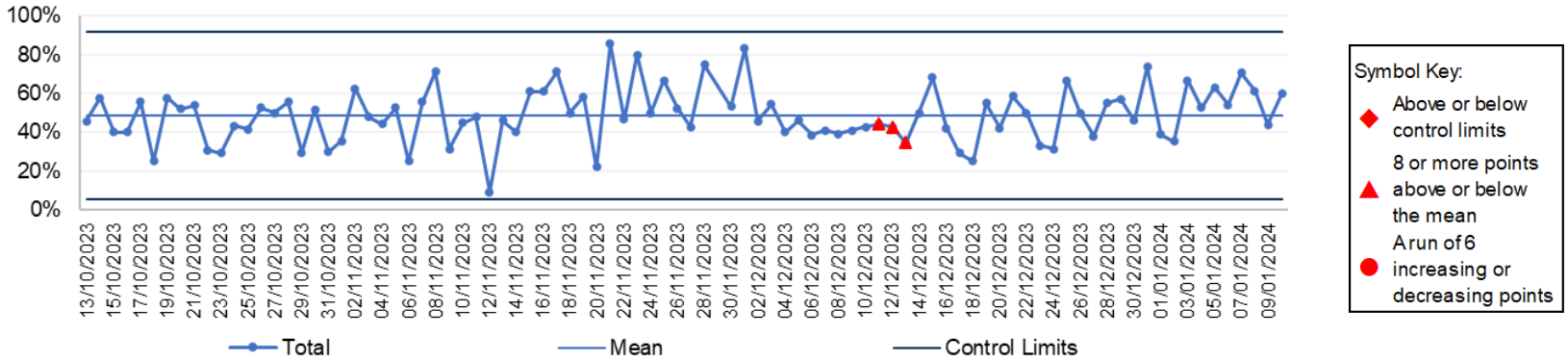
4.1 Overview

Measure	Locality	National/ Local Target	HB	Trend	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Unscheduled Care																	
Number of ambulance handovers over one hour	Morriston	Improvement trajectory towards 0 by Mar 24			592	554	594	728	658	708	615	643	693	695	696	723	762
	Singleton				22	7	0	1	0	0	0	0	1	0	0	1	0
	Total		418		**614**	**561**	**594**	**729**	**658**	**708**	**615**	**643**	**694**	**695**	**696**	**724**	**762**
% 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	Morriston	Improvement compared to same month in 22/23			49.3%	58.3%	62.5%	59.3%	60.5%	60.5%	62.0%	62.0%	62.3%	63.8%	63.9%	62.0%	62.8%
	NPTH				98.8%	98.7%	98.9%	97.8%	98.2%	97.1%	97.2%	99.3%	99.0%	98.3%	98.8%	99.1%	99.2%
	Total				**65.2%**	**74.0%**	**76.0%**	**73.7%**	**75.2%**	**75.3%**	**76.1%**	**76.0%**	**76.2%**	**77.0%**	**76.6%**	**75.3%**	**74.7%**
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Morriston	Improvement trajectory towards 0 by Mar 24			1,632	1,089	1,123	1,395	1,083	1,303	1,274	1,175	1,154	1,177	1,206	969	994
	NPTH				0	0	2	0	0	0	0	4	2	3	1	0	0
	Total		675		**1,632**	**1,089**	**1,125**	**1,395**	**1,083**	**1,303**	**1,274**	**1,179**	**1,156**	**1,180**	**1,207**	**969**	**994**
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morriston	59.8% (UK SNAP average)			5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%
	Total				5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%
% of patients who receive a CT scan within 1 hour*	Morriston	54.5% (UK SNAP average)			31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	42.9%	52.1%	34.1%	58.1%	23.8%	34.0%	52.8%
	Total				31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	42.9%	52.1%	34.1%	58.1%	23.8%	34.0%	52.8%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morriston	84.2% (UK SNAP average)			94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	92.9%	91.7%	97.7%	86.0%	92.9%	92.0%	86.1%
	Total				94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	92.9%	91.7%	97.7%	86.0%	92.9%	92.0%	86.1%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morriston	12 month improvement trend			0.0%	0.0%	0.0%	10.0%	25.0%	0.0%	12.5%	11.1%	75.0%	0.0%	0.0%	0.0%	0.0%
	Total				0.0%	0.0%	0.0%	10.0%	25.0%	0.0%	12.5%	11.1%	75.0%	0.0%	0.0%	0.0%	0.0%
% of patients receiving the required minutes for speech and language therapy	Morriston	12 month improvement trend			34.1%	43.9%	48.0%	64.3%	68.6%	62.9%	66.7%	65.1%	47.3%	72.0%	71.6%	69.5%	57.0%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morriston	75%			94.5%	95.0%	94.9%	95.2%	95.5%	95.0%	95.9%	95.9%	96.8%	97.0%	97.0%	97.0%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morriston	75%			22.1%	22.8%	21.9%	24.5%	26.9%	27.8%	28.9%	31.6%	31.3%	31.1%	30.6%	30.8%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morriston	75%			73.2%	73.1%	73.0%	72.9%	72.8%	72.1%	72.5%	72.9%	73.7%	74.6%	74.2%	73.4%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morriston	75%			76.9%	76.7%	77.8%	78.6%	78.9%	79.7%	81.1%	81.4%	81.8%	82.2%	82.4%	81.6%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morriston	75%			76.3%	75.0%	74.8%	74.1%	73.3%	74.2%	74.3%	74.2%	73.4%	72.7%	72.5%	73.9%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morriston	75%			70.3%	70.9%	68.8%	70.7%	67.8%	68.9%	71.5%						
30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months	Morriston	12 month improvement trend															
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend															

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Healthcare Acquired Infections																	
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	10		14	12	8	10	12	10	12	13	9	15	6	11	6
	PCCS Hospital		0		0	0	1	0	0	0	0	1	1	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		6		2	5	4	7	12	8	7	6	11	6	3	11	5
	NPTH		0		0	0	0	0	0	1	2	0	2	0	0	1	0
	Singleton		3		6	3	4	2	2	3	2	4	2	2	2	9	1
	Total	≤ 234 (Cumulative)	21		**22**	**20**	**17**	**19**	**26**	**22**	**25**	**25**	**27**	**23**	**11**	**32**	**12**
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		3	2	2	5	9	2	5	13	4	3	4	6	8
	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
	Morriston		3		8	2	8	4	4	4	6	0	3	4	4	5	3
	NPTH		0		0	0	0	0	0	0	1	0	0	0	0	0	1
	Singleton		1		2	6	1	1	3	4	1	1	2	3	2	3	4
	Total	≤ 71 (Cumulative)	6		**13**	**10**	**11**	**10**	**16**	**10**	**13**	**14**	**10**	**10**	**10**	**14**	**17**
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		6	7	2	6	8	4	7	6	3	7	4	18	8
	PCCS Hospital		0		0	0	0	0	0	0	0	0	1	0	1	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Morriston		4		6	11	7	9	6	6	10	10	11	16	12	11	10
	NPTH		0		0	2	0	0	0	1	0	0	0	1	0	2	1
	Singleton		1		2	2	3	4	1	2	3	2	2	3	1	2	2
	Total	≤ 95 (Cumulative)	7		**14**	**22**	**12**	**19**	**18**	**14**	**20**	**18**	**17**	**27**	**18**	**33**	**21**
Number of Klebsiella cases	PCCS Community	12 month reduction trend	2		3	6	1	7	1	6	5	0	6	5	1	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
	Morriston		2		3	4	5	4	6	2	0	3	2	7	4	1	1
	NPTH		0		0	0	0	0	0	1	1	0	0	0	0	0	0
	Singleton		1		2	1	2	0	1	1	0	0	2	0	1	3	0
	Total	≤ 71 (Cumulative)	5		**8**	**11**	**8**	**11**	**8**	**10**	**6**	**3**	**10**	**12**	**6**	**8**	**6**
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		2	2	0	2	1	0	1	0	1	1	0	0	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
	Morriston		1		0	1	2	2	1	1	1	2	0	1	0	1	2
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton		1		1	1	0	0	0	0	1	0	0	0	2	1	1
	Total	≤ 24 (Cumulative)	3		**3**	**4**	**2**	**4**	**2**	**1**	**4**	**2**	**1**	**2**	**2**	**2**	**3**
Compliance with hand hygiene audits	PCCS	95%			100.0%	100.0%	-	-	100.0%	-	-	100.0%	100.0%	-	100.0%	90.0%	100.0%
	MH&LD				94.8%	99.0%	95.6%	95.3%	98.0%	99.6%	98.5%	99.3%	99.0%	100.0%	99.5%	96.8%	97.4%
	Morriston				100.0%	99.3%	92.1%	86.9%	93.7%	95.2%	96.7%	93.6%	97.2%	94.0%	96.2%	92.6%	95.7%
	NPTH				95.2%	96.8%	100.0%	93.6%	100.0%	89.2%	90.0%	100.0%	95.2%	100.0%	77.3%	93.9%	80.0%
	Singleton				92.2%	91.6%	99.2%	100.0%	91.3%	89.0%	85.7%	100.0%	88.4%	91.9%	96.8%	98.7%	97.3%
	Total				95.2%	97.2%	94.8%	92.9%	98.8%	95.2%	94.8%	96.8%	95.5%	96.0%	96.6%	95.3%	96.8%

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Serious Incidents & Risks																	
Number of Nationally Reportable Incidents	PCCS	Monitor			4	0	2	1	0	0	1	2	4	1	0	3	1
	MH&LD				2	2	1	1	0	0	0	0	2	0	1	0	0
	Morriston				2	3	1	6	5	4	2	3	1	3	2	4	2
	NPTH				0	0	0	0	0	1	0	0	0	0	2	0	0
	Singleton				0	5	1	1	1	2	1	1	2	1	0	1	4
	Total				**8**	**10**	**5**	**9**	**6**	**7**	**4**	**6**	**9**	**5**	**5**	**8**	**7**
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	**Total**	80%			85%	67%	67%	83%	80%	67%	-	40%	83%	50%	33%	100%	40%
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	0
	Morriston				0	0	0	0	0	1	0	1	0	0	2	1	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	1
	Singleton				0	0	1	0	0	0	0	0	1	0	0	1	0
	Total				**0**	**0**	**1**	**0**	**0**	**1**	**0**	**1**	**1**	**0**	**2**	**2**	**1**
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			42	45	41	62	31	41	39	33	38	44	37	45	
	PCCS Hospital				0	0	1	0	0	0	1	1	1	0	2	0	
	MH&LD				0	0	0	1	1	0	0	0	0	2	0	1	
	Morriston				41	53	48	64	73	69	58	55	52	52	59	59	
	NPTH				0	0	1	3	2	3	4	6	2	6	4	3	
	Singleton				6	11	10	8	7	11	4	5	5	3	5	6	
	Total				**89**	**109**	**101**	**138**	**114**	**124**	**106**	**100**	**98**	**107**	**107**	**114**	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			13	4	9	14	7	9	9	6	7	11	5	13	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	1	0	0	0	0	0	1	0	1	
	Morriston				7	3	1	6	4	8	4	0	3	2	5	4	
	NPTH				0	0	1	0	0	0	1	1	0	1	1	0	
	Singleton				1	1	2	0	1	2	1	0	1	0	0	0	
	Total				**21**	**8**	**13**	**21**	**12**	**19**	**15**	**7**	**11**	**15**	**11**	**18**	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			660	895	891	999	1,204	1,105	923	904	803				
Total number of Inpatient Falls	PCCS	12 month reduction trend			6	11	8	8	10	12	10	6	4	6	10	5	7
	MH&LD				22	29	37	24	36	25	23	30	29	28	30	23	21
	Morriston				94	99	91	131	92	93	79	97	132	94	117	109	89
	NPTH				22	20	21	27	17	23	16	15	21	11	20	21	27
	Singleton				40	30	19	24	28	31	15	16	14	18	13	8	14
	Total				**184**	**189**	**179**	**214**	**183**	**184**	**143**	**164**	**200**	**157**	**190**	**166**	**158**
Inpatient Falls per 1,000 beddays	**HB Total**	Between 3.0 & 5.0			4.32	4.46	4.81	5.19	4.55	4.46	3.57	4.07	5.14	4.16			
Mortality																	
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morriston	12 month reduction trend			1.32%	1.31%	1.31%	1.29%	1.32%	1.29%	1.31%	1.29%	1.26%	1.23%	1.22%	1.21%	
	Singleton				0.37%	0.34%	0.33%	0.30%	0.29%	0.26%	0.24%	0.23%	0.20%	0.20%	0.18%	0.17%	
	NPTH				0.07%	0.11%	0.11%	0.03%	0.04%	0.04%	0.05%	0.06%	0.07%	0.07%	0.05%	0.07%	
	Total (SBU)				**0.74%**	**0.73%**	**0.73%**	**0.71%**	**0.72%**	**0.70%**	**0.70%**	**0.69%**	**0.67%**	**0.68%**	**0.66%**	**0.65%**	

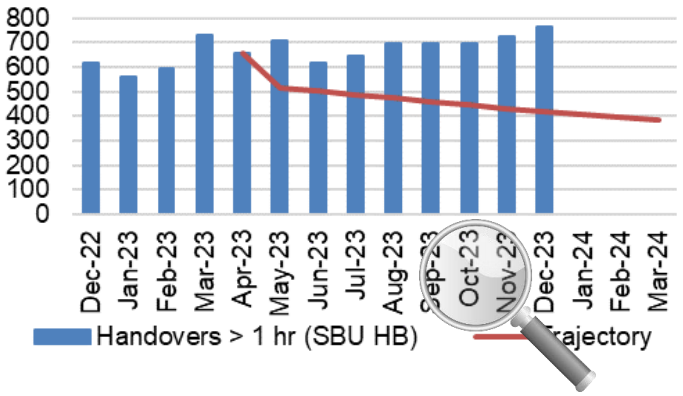
4.2 Updates on key measures

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)*	In December 2023, the number of red calls responded to within 8 minutes deteriorated to 47.3% from 51.5% in November 2023. In December 2023, the number of green calls increased by 9%, amber calls increased by 12%, and red calls increased by 28% compared with November 2023. **Trend** **1. % of red calls responded to within 8 minutes**  **2. Number of ambulance call responses**  **3. % of red calls responded to within 8 minutes – HB total last 90 days** 

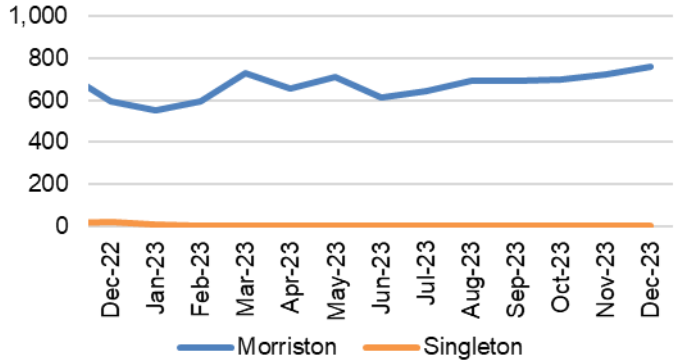
UNSCHEDULED CARE	
Description	**Current Performance**
Ambulance handovers *1.The number of ambulance handovers over one hour* *2. The number of ambulance handovers over one hour- Hospital level* *3.The number of ambulance handovers over one hour (last 90 days)*	In December 2023, there were 762 ambulance to hospital handovers taking over 1 hour; this is an increase of 38 compared with 724 in November 2023. In December 2023, all handovers over 1 hour were attributed to Morriston Hospital. The number of handover hours lost over 15 minutes have increased from 3,343 in November 2023 to 3,787 in December 2023

Trend

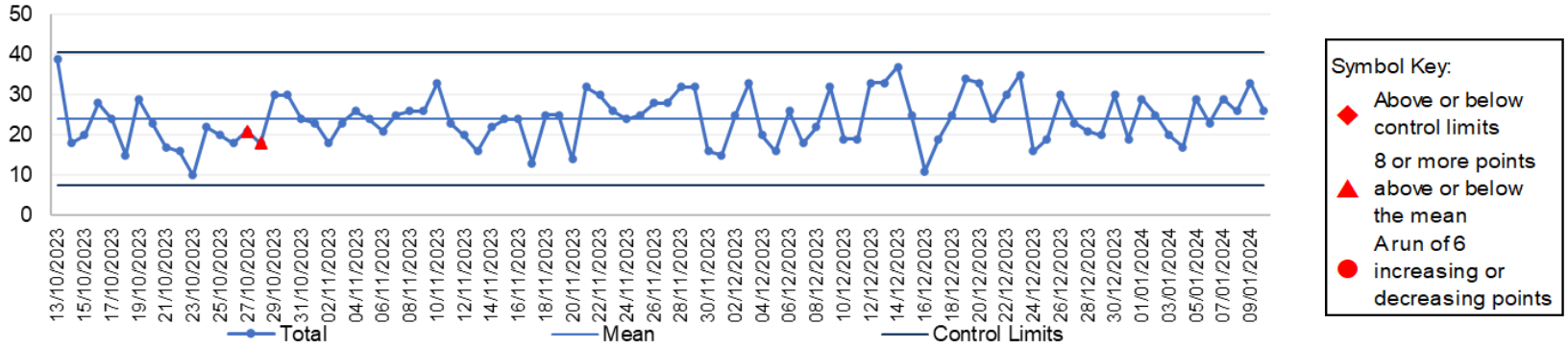
1. Number of ambulance handovers- HB total

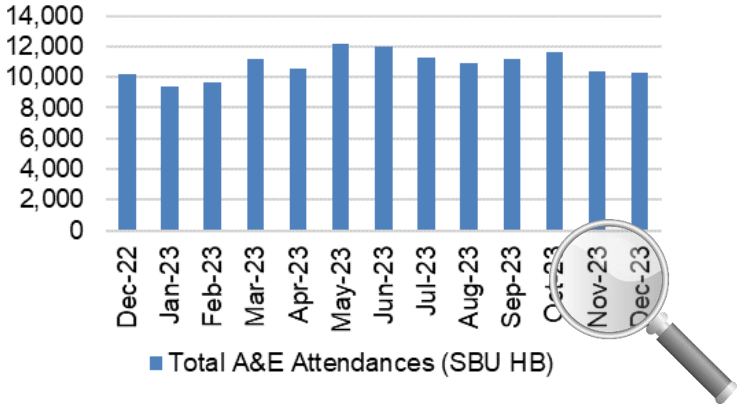
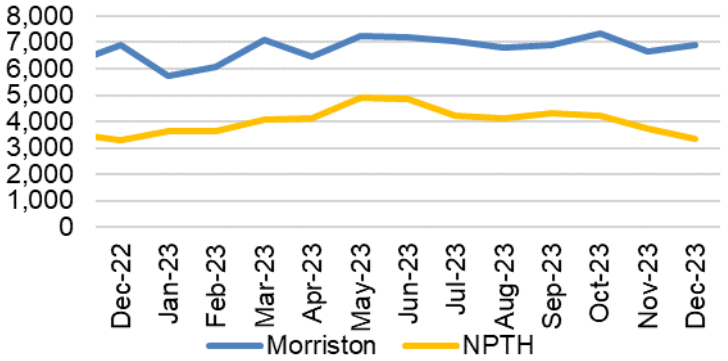
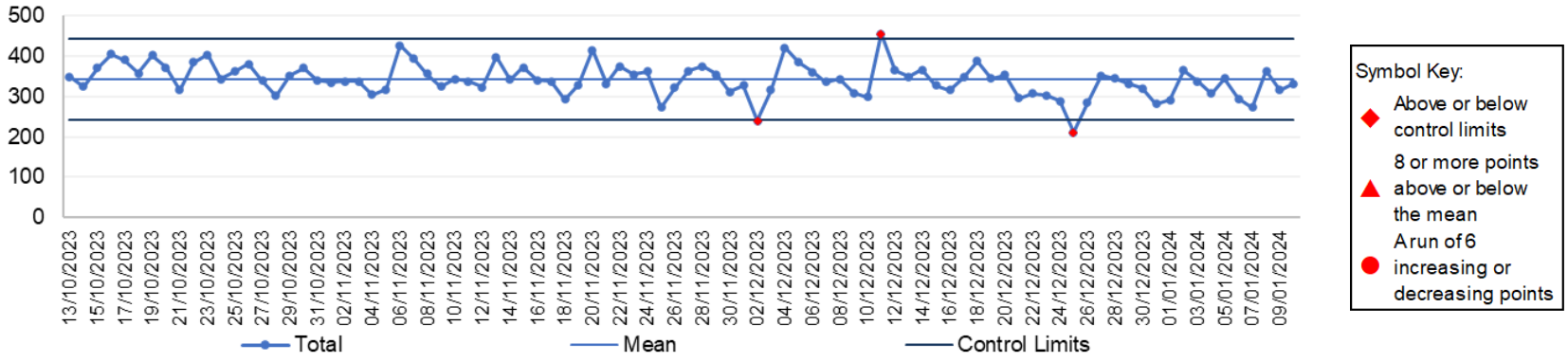


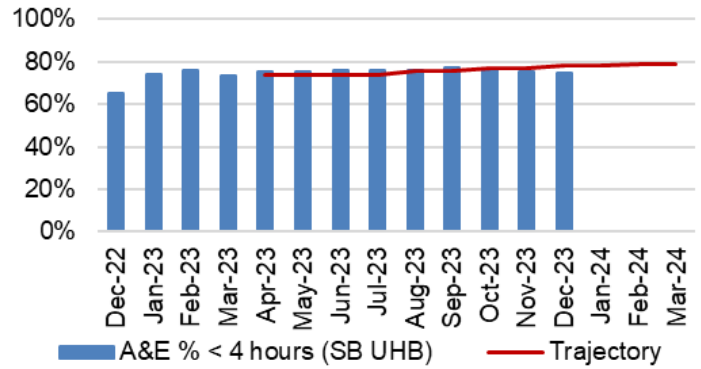
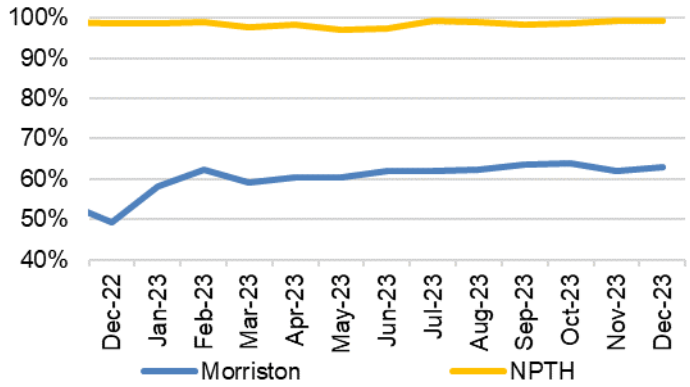
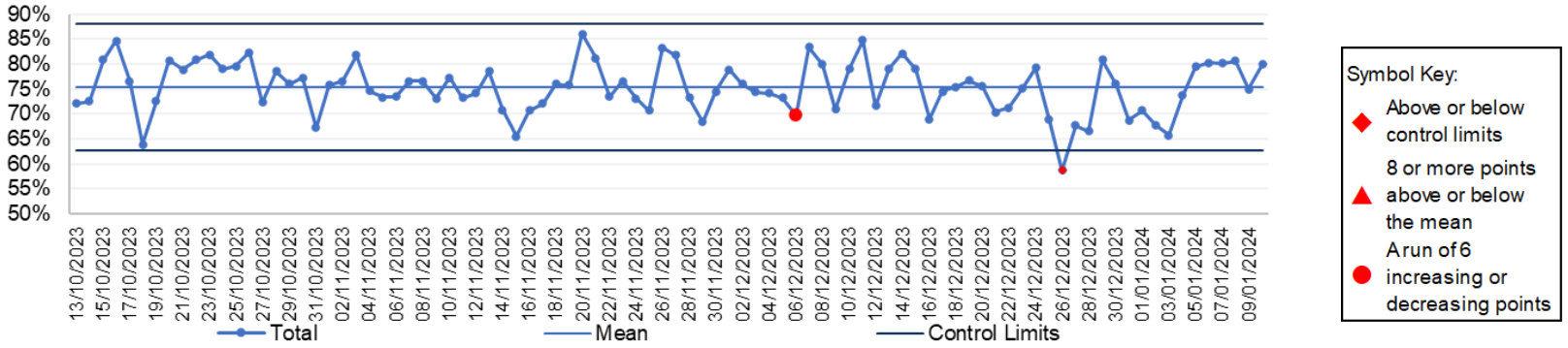
2. Number of ambulance handovers over 1 hour- Hospital level

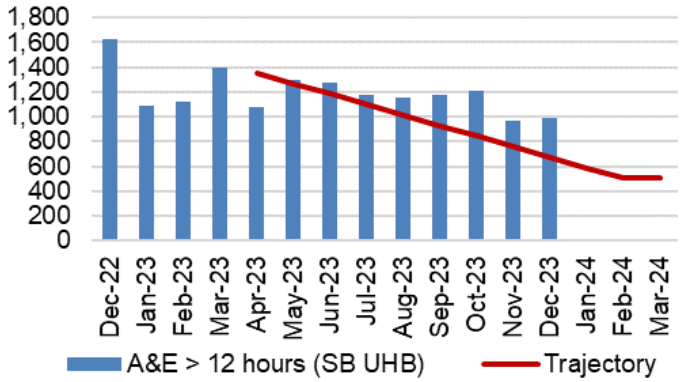
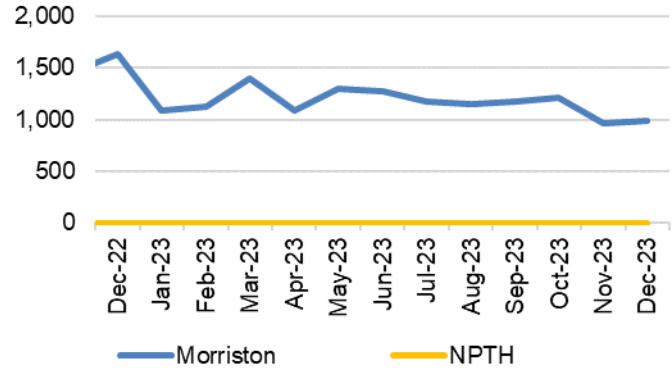
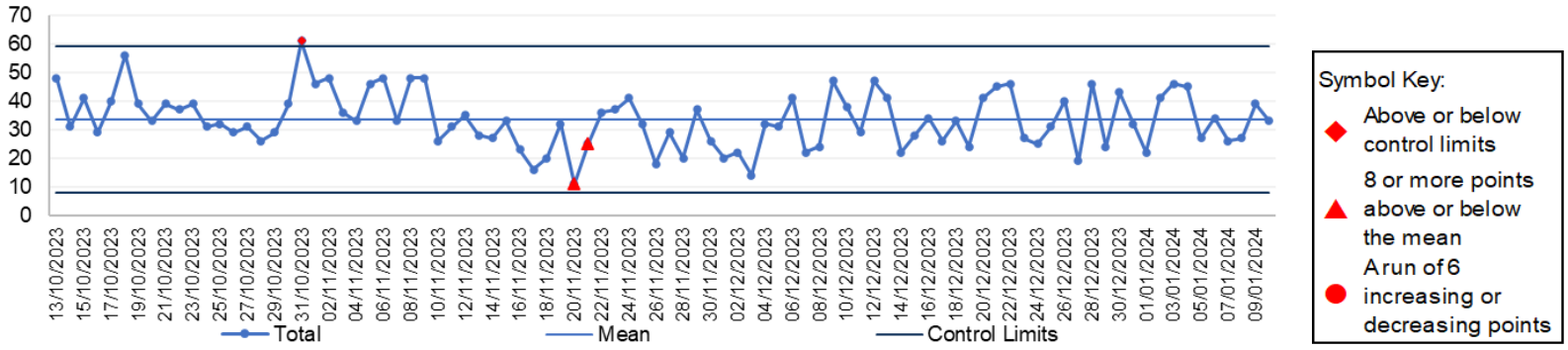


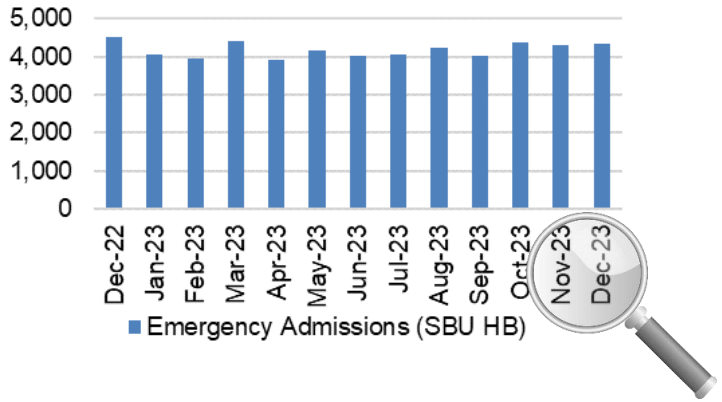
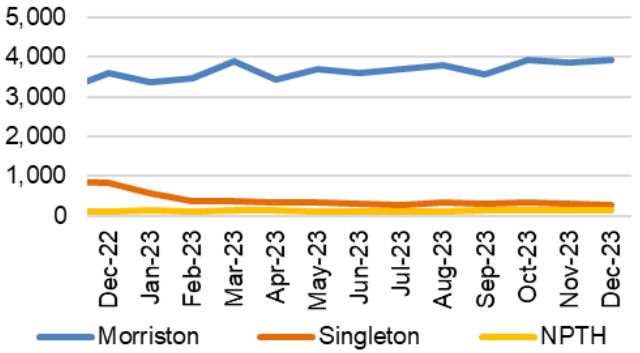
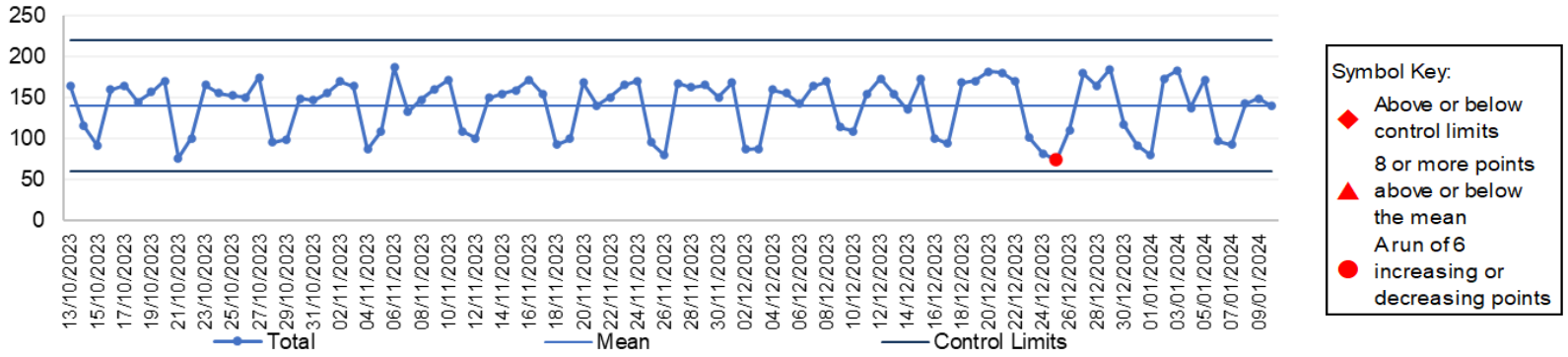
3. Number of ambulance handovers- HB total last 90 days



UNSCHEDULED CARE	
Description	**Current Performance**
A&E Attendances *1.The number of attendances at emergency departments in the Health Board* *2.The number of attendances at emergency departments in the Health Board – Hospital level* *3.The number of attendances at emergency departments in the Health Board (last 90 days)*	ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In December 2023, there were 10,260 A&E attendances, this is 1% lower than November 2023. **Trend** **1. Number of A&E attendances- HB total**  **2. Number of A&E attendances- Hospital level**  **3. Number of A&E attendances -HB total last 90 days** 

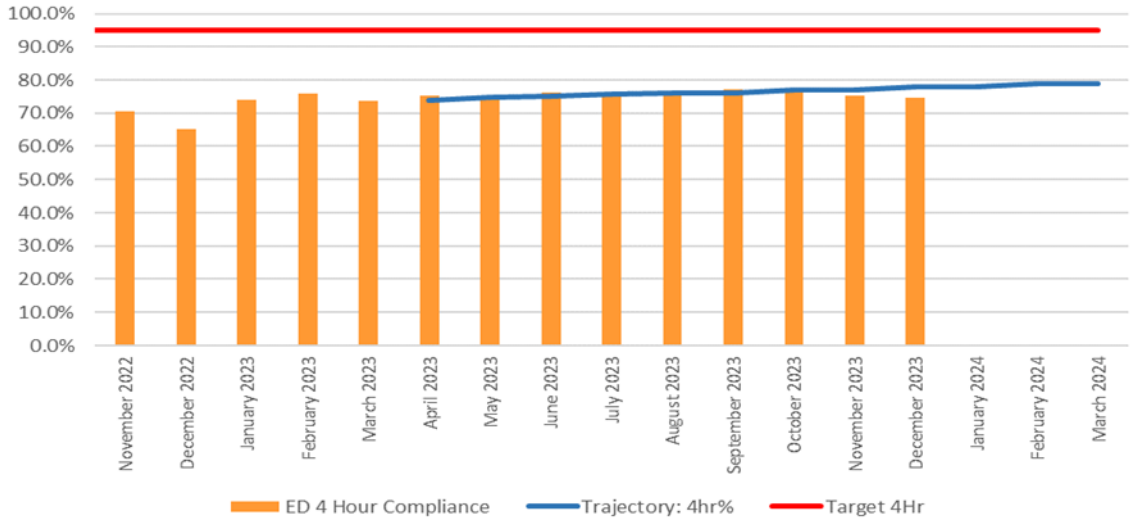
UNSCHEDULED CARE	
Description	**Current Performance**
A&E waiting times *1.% of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge* *2. % of patients who spend less than 4 hours in A&E- Hospital level* *3. % of patients who spend less than 4 hours in A&E (last 90 days)*	The Health Board's performance against the 4-hour measure deteriorated slightly from 75.32% in November 2023 to 74.74% in December 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 99.17% in December 2023. Morriston Hospital's performance improved between November and December 2023, achieving 62.82% against the target. **Trend** **1. % Patients waiting under 4 hours in A&E- HB total**  **2. % Patients waiting under 4 hours in A&E- Hospital level**  **3. % Patients waiting under 4 hours in A&E- HB total last 90 days** 

UNSCHEDULED CARE	
Description	**Current Performance**
A&E waiting times *1.Number of patients who spend 12 hours or more in A&E* *2.Number of patients who spend 12 hours or more in A&E- Hospital level* *3.Number of patients who spend 12 hours or more in A&E (last 90 days)*	In December 2023, performance against the 12-hour measure slightly deteriorated when compared with November 2023, increasing from 969 to 994. This is an increase of 25 compared to November 2023. All 994 patients waiting over 12 hours in December 2023 were attributed to Morriston Hospital. **Trend** **1. Number of patients waiting over 12 hours in A&E- HB total**  **2. Number of patients waiting over 12 hours in A&E- Hospital level**  **3. Number of patients waiting over 12 hours in A&E – HB total last 90 days** 

UNSCHEDULED CARE	
Description	**Current Performance**
Emergency admissions *1. The number of emergency inpatient admissions* *2. The number of emergency inpatient admissions- Hospital level* *3. The number of emergency inpatient admissions (last 90 days)*	In December 2023, there were 4,328 emergency admissions across the Health Board, which is 26 higher than November 2023. Singleton Hospital saw an in-month reduction, with 33 less admissions (from 308 in November 2023), Morriston Hospital saw an in-month increase from 3,871 admissions in November 2023 to 3,923 admissions in December 2023. **Trend** **1. Number of emergency admissions- HB total**  **2. Number of emergency admissions- Hospital level**  **3. Number of emergency admissions- HB total last 90 days** 

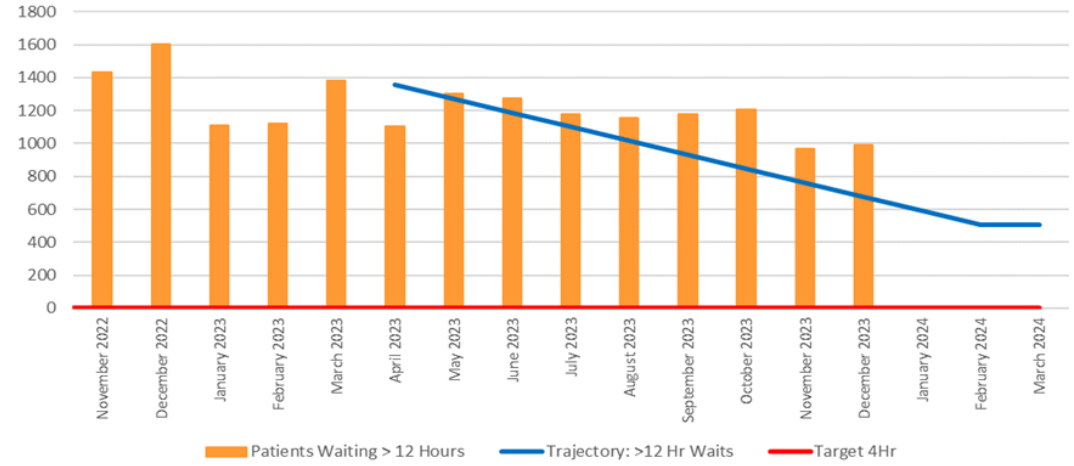
Updates on UNSCHEDULED CARE – Performance Escalation updates

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



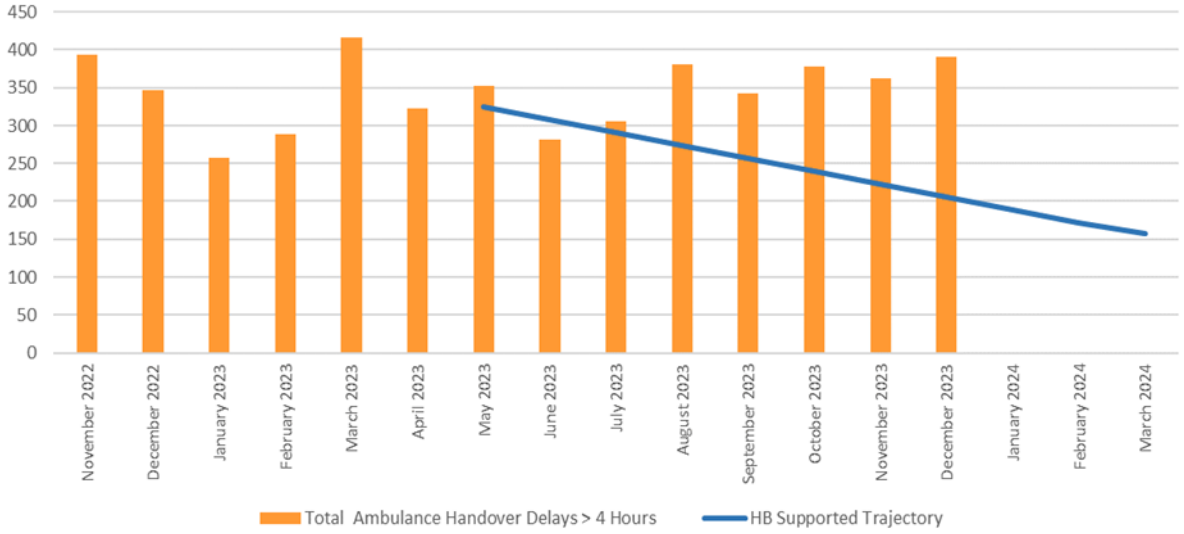
1. Performance against the 4-hour access is currently slightly below the outlined trajectory in December 2023. ED 4-hour performance has deteriorated slightly by 0.6% in December 2023 to 74.74% from 75.32% in November 2023.

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



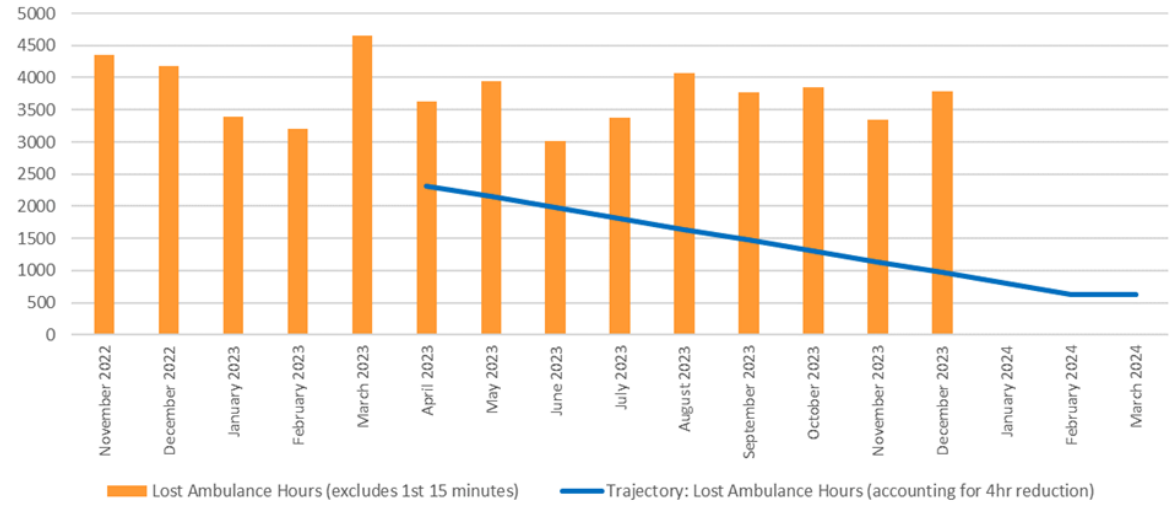
2. Performance against the 12-hour wait has slightly deteriorated in-month and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 994 in December 2023 from 969 in November.

3. Ambulance Handover over 4 hours

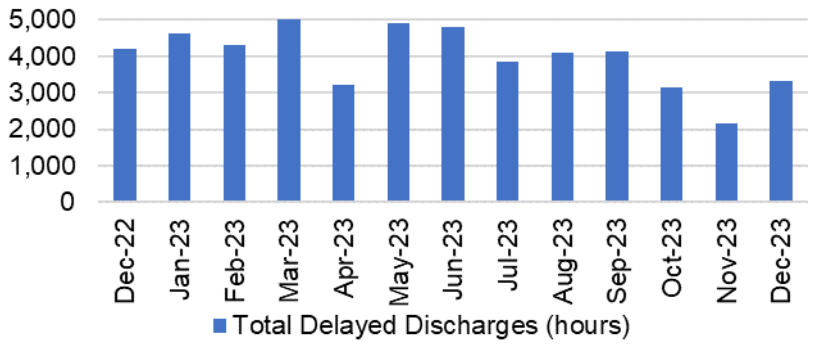
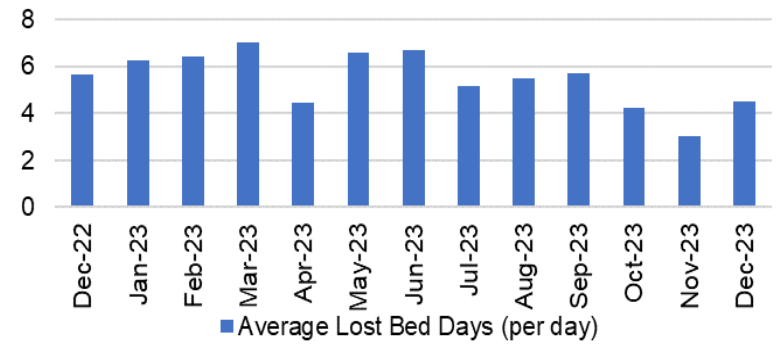
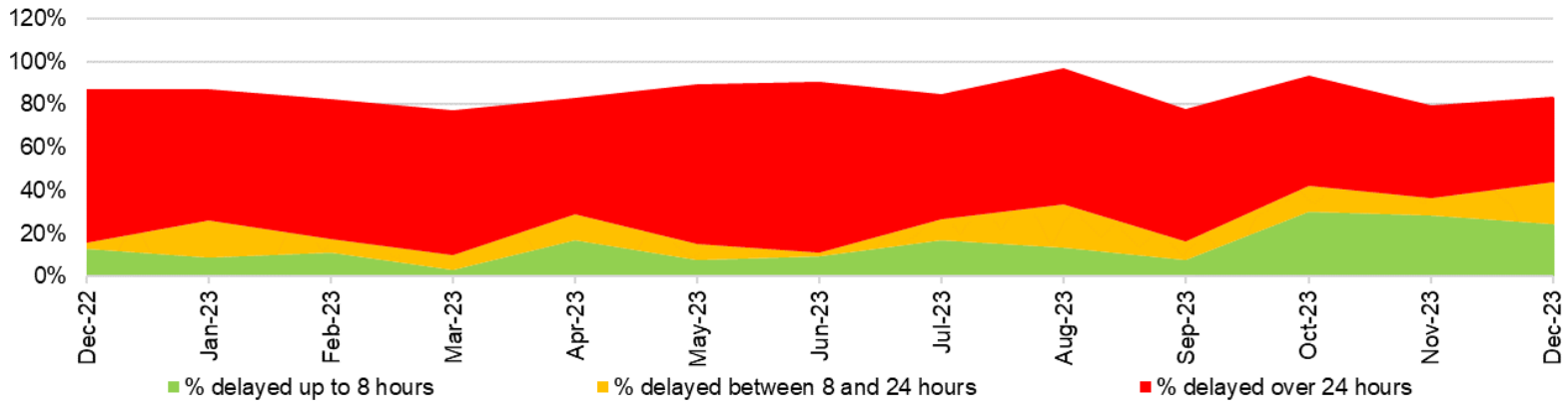


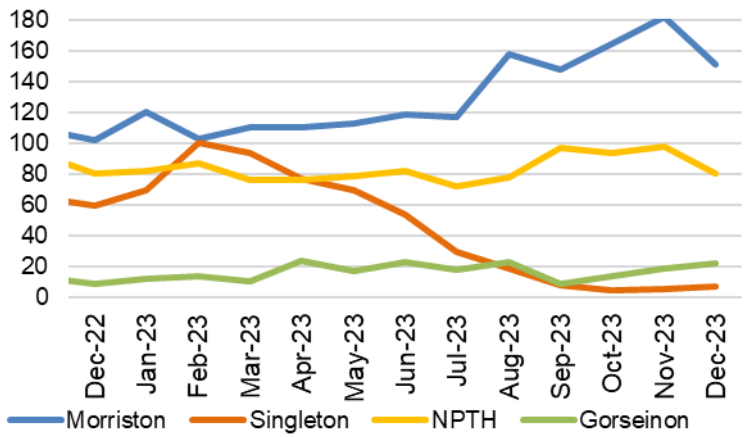
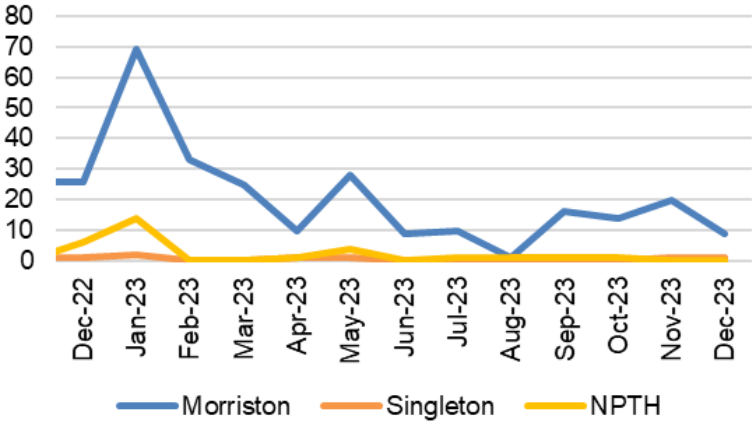
3. The Ambulance handover rate over 4 hours have increased in December 2023. The handover times over four hours increased to 391 in December 2023 from 363 in November 2023. The figures are above the outlined trajectory for December 2023 which was 0.

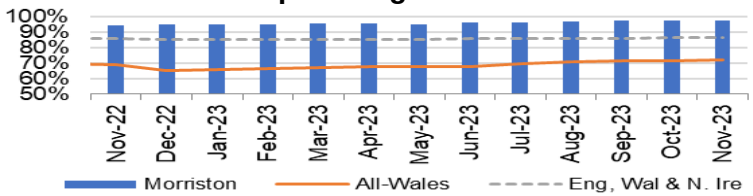
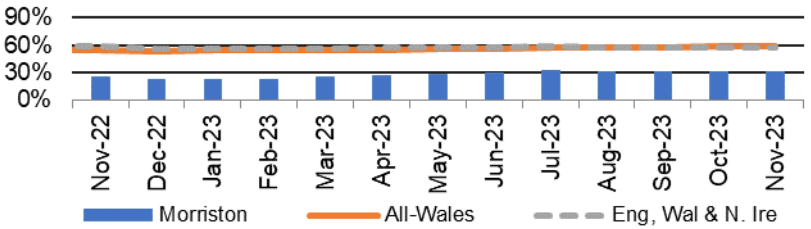
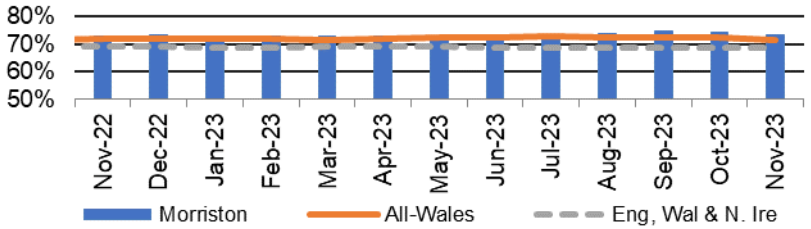
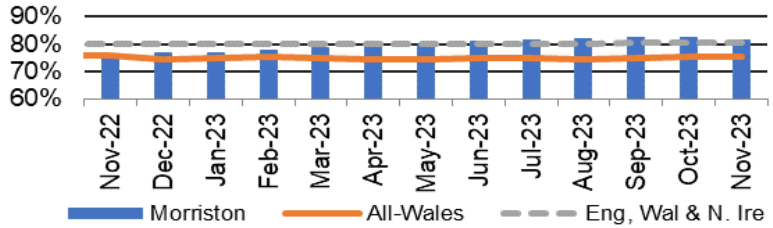
4. Average Ambulance Handover Rate

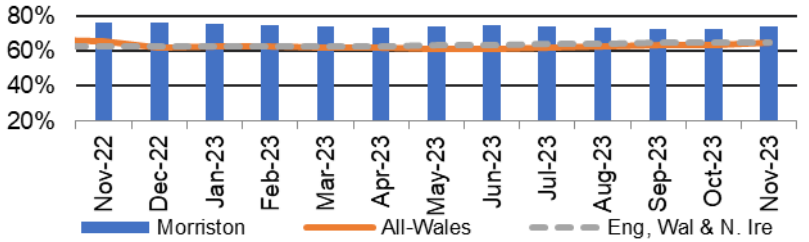
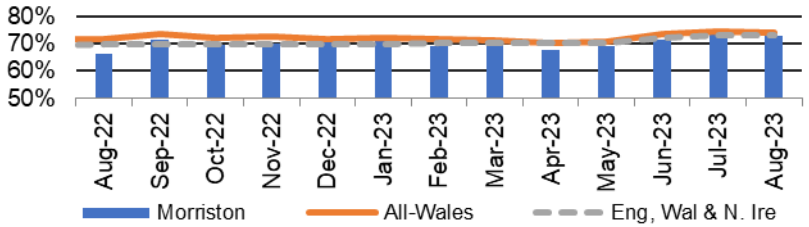
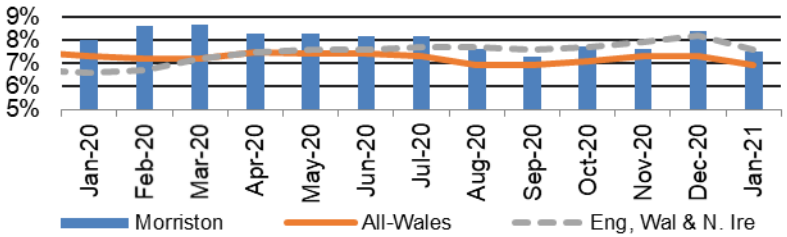


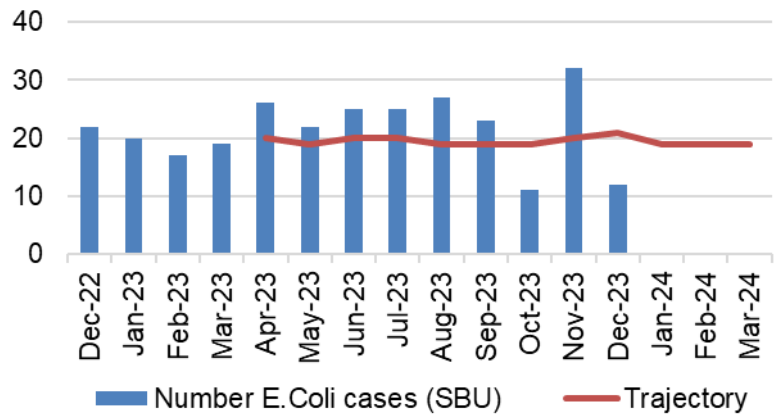
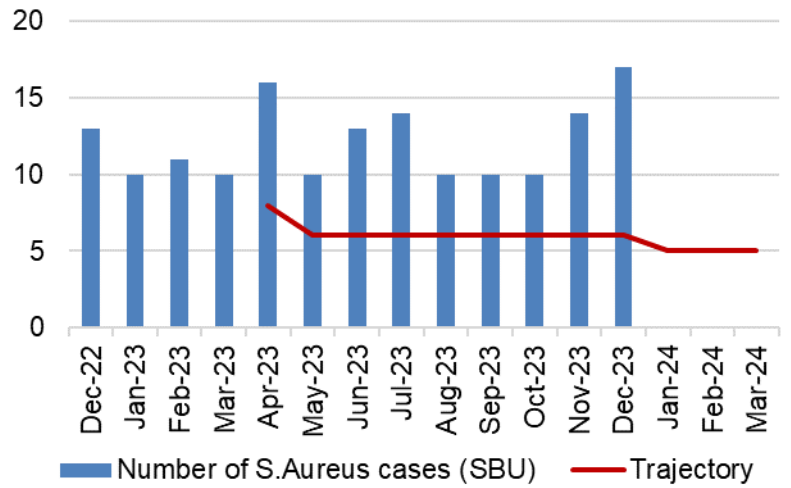
4. The ambulance handover lost hours rate has seen an increase in December 2023. The ambulance handover lost hours increased from 3,343 in December 2023 to 3,787 in December 2023, which is above the outlined trajectory for December 2023 (968).

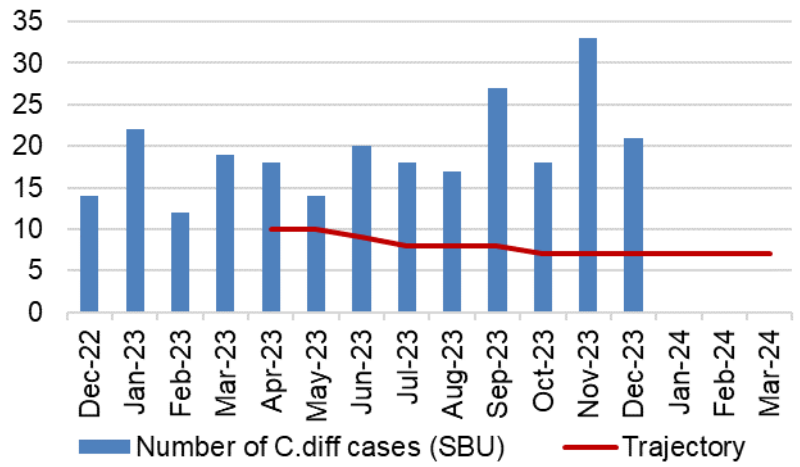
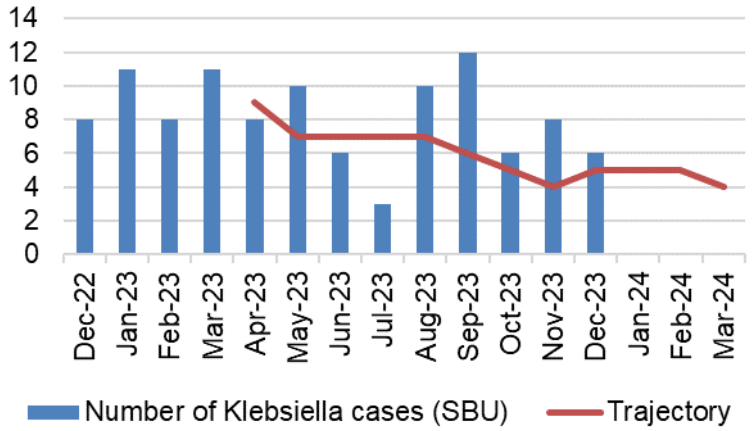
UNSCHEDULED CARE	
Description	**Current Performance**
Critical Care- Delayed Transfers of Care (DTOC)- Morriston Hospital *1.Total Critical Care delayed discharges (hours)* *2. Average lost bed days per day* *3.Percentage of patients delayed:* • *Up to 8 hours* • *Between 8 and 24 hours* • *Over 24 hours*	In December 2023, there were a total of 102 admissions into the Intensive Care Unit (ICU) in Morriston Hospital, this is an increase when compared with 83 admissions in November 2023. December 2023, saw an increase in the number of delayed discharge hours from 2,170.1 in November 2023 to 3,337.5 in December 2023. The average lost bed days increased to 4.49 per day. The percentage of patients delayed over 24 hours decreased to 39.73% in December from 42.86% in November 2023. **Trend** **1. Total Critical Care delayed discharges (hours)**  **2. Average lost bed days per day**  **3. Percentage of Critical Care patients delayed** 

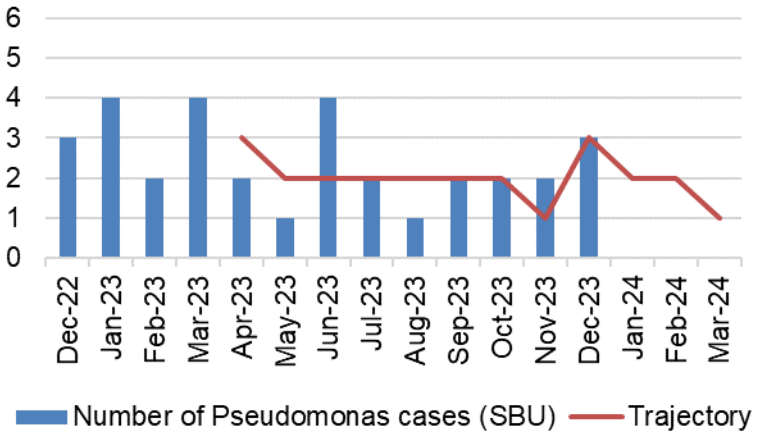
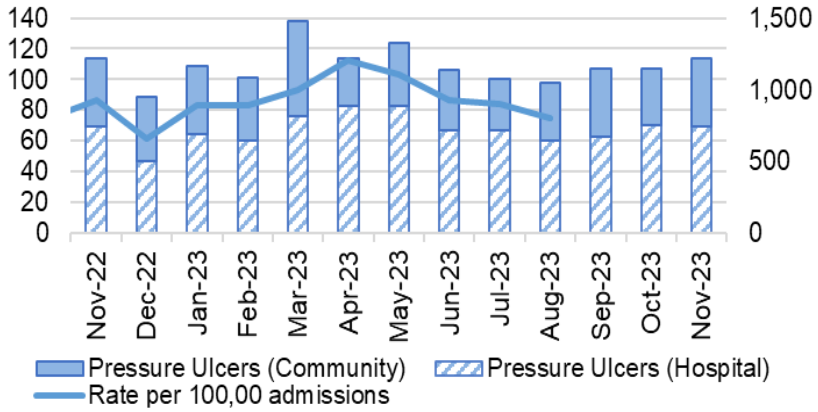
UNSCHEDULED CARE		
Description	**Current Performance**	**Trend**
Clinically Optimised *The number of patients waiting at each site in the Health Board that are clinically optimised*	In December 2023, there were on average 260 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. In December 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 151, followed by Neath Port Talbot Hospital with 80. **Actions of Improvement;** Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital. Work is also underway to review the definitions of Clinically Optimised Patients within the Health Board, this work is expected to lead to improvements in the reported figures.	**The number of clinically optimised patients by site** 
Elective procedures cancelled due to lack of beds *The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds*	In December 2023, there were 10 elective procedures cancelled due to lack of beds on the day of surgery. This is 11 less cancellations than those seen in November 2023. Of the cancelled procedures, 9 were attributed to Morriston Hospital and 1 was attributed to Singleton Hospital in December 2023.	**Total number of elective procedures cancelled due to lack of beds** 

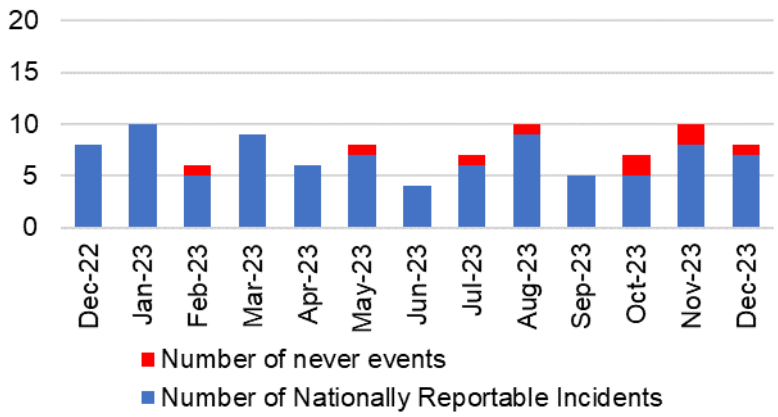
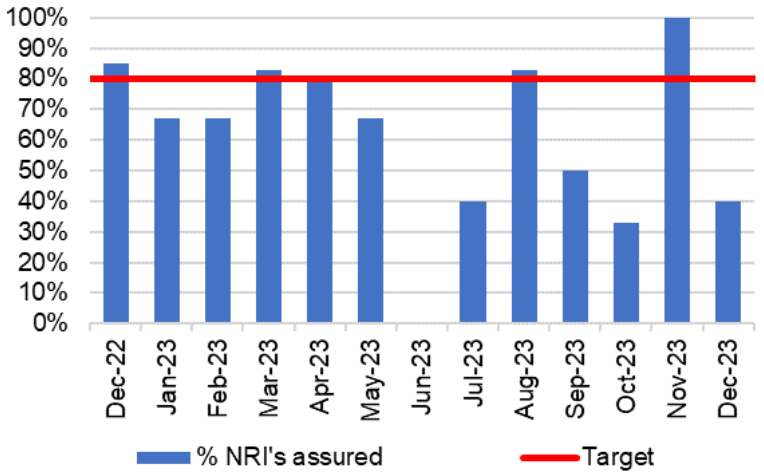
FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
Fractured Neck of Femur (#NOF) *1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation* *2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture* *3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124* *4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation*	1. **Prompt orthogeriatric assessment-** In November 2023, 97% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. 2. **Prompt surgery-** In November 2023, 30.8% of patients had surgery the day following presentation with a hip fracture. This is a 6.2% improvement from November 2022 which was 24.6% 3. **NICE compliant surgery**- 73.4% of operations were consistent with the NICE recommendations in November 2023. This is 0.4% more than in November 2022. 4. **Prompt mobilisation**- In November 2023, 81.6% of patients were out of bed the day after surgery. This is 6.1% more than in November 2022.	**1. Prompt orthogeriatric assessment**  **2. Prompt surgery**  **3. NICE compliant Surgery**  **4. Prompt mobilisation** 

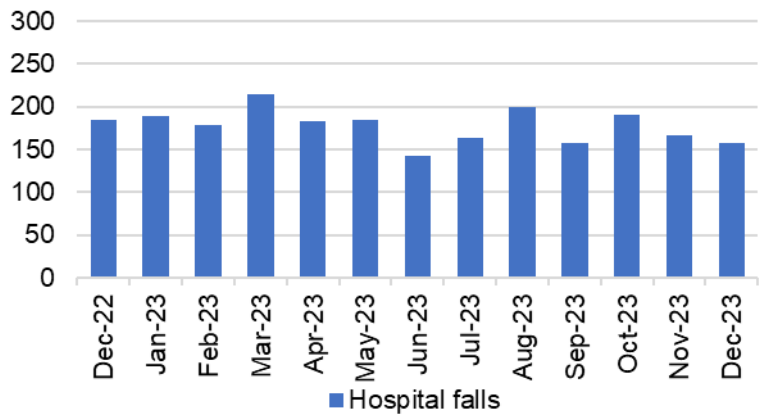
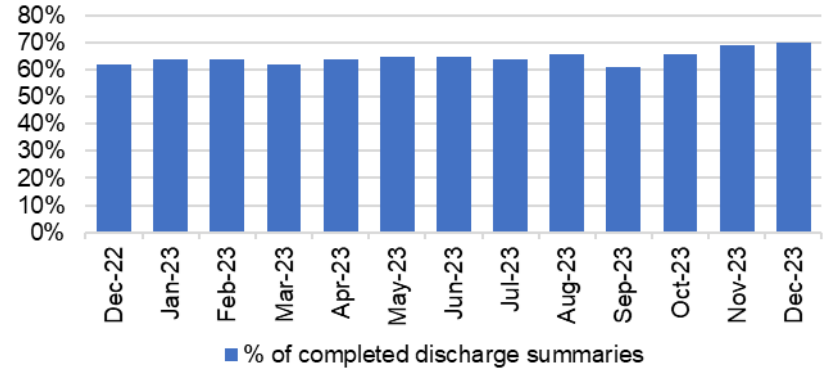
FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
5. *Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation*	1. **Not delirious when tested**- 73.9% of patients were not delirious in the week after their operation in November 2023.	**5. Not delirious when tested** 
6. *Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up*	2. **Return to original residence**- 72.9% of patients in August 2023 were discharged back to their original residence. This is 6.7% more than in August 2022.	**6. Return to original residence** 
7. *30 day mortality rate*	3. **30 day mortality rate**- In January 2021 the morality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%. * Updated data is currently not available, but is being reviewed.	**7. 30 day mortality rate** 

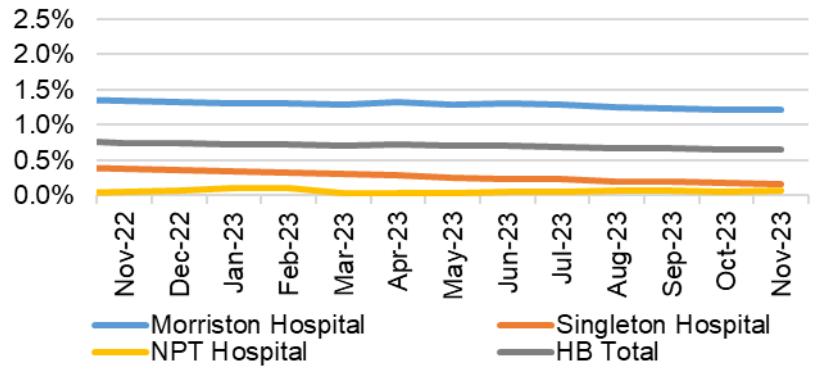
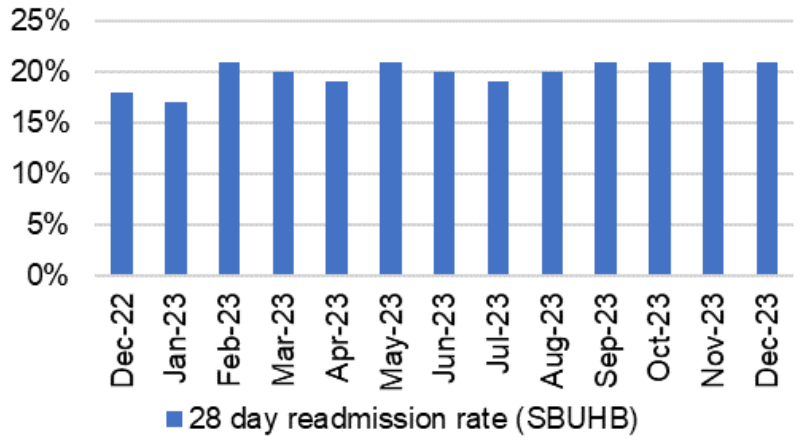
HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- *Number of laboratory confirmed E.coli bacteraemia cases*	• 12 cases of *E.* coli bacteraemia were identified in December 2023, of which 6 were hospital acquired and 6 were community acquired. • The Health Board total is currently below the Welsh Government Profile target of 21 cases for December 2023. **Actions of Improvement;** Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates	**Number of *healthcare acquired E.coli* bacteraemia cases** 
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- *Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases*	• There were 17 cases of Staph. aureus bacteraemia in December 2023, of which 9 were hospital acquired and 8 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 6 cases for December 2023. **Actions of Improvement;** Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates	**Number of healthcare acquired S.aureus bacteraemia cases** 

HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- C.*difficile*- *Number of laboratory confirmed C.difficile cases*	• There were 21 *Clostridium difficile* toxin positive cases in December 2023, of which 13 were hospital acquired and 8 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 7 cases for December 2023. **Actions of Improvement;** Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates	**Number of healthcare acquired C.difficile cases** 
Healthcare Acquired Infections (HCAI)- Klebsiella sp- *Number of laboratory confirmed Klebsiella sp cases*	• There were 6 cases of Klebsiella sp in December 2023, of which 1 was hospital acquired and 5 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 5 cases for December 2023. **Actions of Improvement;** Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates	**Number of healthcare acquired Klebsiella cases** 

HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- Aeruginosa- *Number of laboratory confirmed Aeruginosa cases*	• There were 3 cases of *P.Aerginosa* in December 2023, all of which were hospital acquired. • The Health Board total is currently in line with the Welsh Government Profile target of 3 cases for December 2023. **Actions of Improvement;** Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates	**Number of healthcare acquired Pseudomonas cases** 
PRESSURE ULCERS		
Description	**Current Performance**	**Trend**
Number of pressure ulcers *1. Total number of pressure ulcers developed in hospital and in the community* *2. Rate of pressure ulcers per 100,000 admissions*	• In November 2023 there were 114 cases of healthcare acquired pressure ulcers, 45 of which were community acquired and 69 were hospital acquired. There were 18 grade 3+ pressure ulcers in November 2023, 13 of which were community acquired and 5 were hospital acquired. • The rate per 100,000 admissions decreased from 904 in July 2023 to 803 in August 2023	**Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions** 

NATIONALLY REPORTABLE INCIDENTS		
Description	**Current Performance**	**Trend**
Nationally Reportable Incidents (NRI's)- *1. The number of Nationally reportable incidents* *2. The number of Never Events* *3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales*	1. The Health Board reported 7 Nationally Reportable Incidents for the month of December 2023 to Welsh Government. The Service Group breakdown is as follows; - NPTS - 4 - Morriston – 2 - PCT – 1 2. There was one new Never Event reported in December 2023. 3. In December 2023, 40% of the NRI's were closed within the agreed timescale.	**1. and 2. Number of nationally reportable incidents and never events**  **3. % of nationally reportable incidents closed within the agreed timescales** 

INPATIENT FALLS		
Description	**Current Performance**	**Trend**
Inpatient Falls *The total number of inpatient falls*	• The number of Falls reported via Datix web for Swansea Bay UHB was 158 in December 2023. This is 5% less than November 2023 where 166 falls were recorded.	**Number of inpatient Falls** 
DISCHARGE SUMMARIES		
Description	**Current Performance**	**Trend**
Discharge Summaries *Percentage of discharge summaries approved and sent to patients' doctor following discharge*	The latest data shows that in December 2023, the percentage of completed discharge summaries was 70%. In December 2023, compliance ranged from 57% in Neath Port Talbot Hospital to 75% in Morriston Hospital.	**% discharge summaries approved and sent** 

CRUDE MORTALITY		
Description	**Current Performance**	**Trend**
Crude Mortality Rate	November 2023 reports the crude mortality rate for the Health Board at 0.65%, which is slightly lower than the figure reported in October 2023 (0.66%). A breakdown by Hospital for November 2023: • Morriston – 1.21% • Singleton – 0.17% • NPT – 0.07%	**Crude hospital mortality rate by Hospital (74 years of age or less)** 
READMISSION RATES		
Description	**Current Performance**	**Trend**
Readmission Rates	In December 2023, 21% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is the same as those figures reported in November 2023.	**Emergencies readmitted within 28 days of previous discharge** 

5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

Harm from reduction in non-Covid

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Cancer																	
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	Improvement Trajectory towards 80% by Mar 26	74.0%		48.3%	50.4%	44.1%	53.2%	56.5%	46.6%	42.8%	49.0%	48.6%	47.9%	51.7%	53.3%	34.2%
Planned Care																	
Number of patients waiting > 26 weeks for first outpatient appointment*	Morriston	0			15,379	15,048	12,754	10,956	10,446	10,114	8,969	8,313	7,958	7,459	6,165	5,735	5,968
	NPTH				1	23	25	7	6	5	4	1	1	7	32	16	15
	Singleton				4,793	5,215	4,478	4,421	4,731	4,610	4,454	4,623	5,156	5,320	4,972	4,674	4,906
	PC&CS				1	2	0	1	1	4	0	0	6	0	0	0	0
	Total				**20,174**	**20,288**	**17,257**	**15,385**	**15,184**	**14,733**	**13,427**	**12,937**	**13,121**	**12,786**	**11,169**	**10,425**	**10,889**
Number of patients waiting > 36 weeks for first outpatient appointment*	Morriston	Improvement Trajectory towards target of 0			11,444	10,252	8,846	6,954	6,253	5,641	4,867	4,446	3,876	2,837	2,088	2,034	2,245
	NPTH				0	0	0	0	0	1	0	0	0	0	0	1	3
	Singleton				2,696	2,514	2,269	2,209	2,308	2,031	2,026	2,283	2,682	2,490	2,420	2,247	2,298
	PC&CS				0	1	0	0	0	2	0	0	0	0	0	0	0
	Total		5602		**14,140**	**12,767**	**11,115**	**9,163**	**8,561**	**7,675**	**6,893**	**6,729**	**6,558**	**5,327**	**4,508**	**4,282**	**4,546**
Number of patients waiting > 52 weeks for first outpatient appointment*	Morriston	Improvement Trajectory towards target of 0			7,136	6,136	5,067	3,594	3,167	2,447	1,234	892	663	163	0	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				643	493	408	301	289	271	0	2	2	17	0	0	0
	PC&CS				0	1	0	0	0	1	0	0	0	0	0	0	0
	Total		463		**7,779**	**6,630**	**5,475**	**3,895**	**3,456**	**2,719**	**1,234**	**894**	**665**	**180**	**0**	**0**	**0**
Number of patients waiting > 52 weeks for treatment*	Morriston	Improvement Trajectory towards target of 0			17,127	16,280	15,185	13,993	13,627	12,795	11,620	11,561	11,418	10,911	10,464	9,881	9,588
	NPTH				0	0	0	0	0	1	0	0	0	0	0	0	0
	Singleton				5,507	5,025	4,522	4,187	4,196	4,179	3,826	3,559	3,459	3,506	3,478	3,572	3,798
	PC&CS				0	1	0	1	0	1	0	0	0	0	0	0	0
	Total		15,389		**22,634**	**21,306**	**19,707**	**18,181**	**17,823**	**16,976**	**15,446**	**15,120**	**14,877**	**14,417**	**13,942**	**13,453**	**13,386**
Number of patients waiting > 104 weeks for treatment*	Morriston	Improvement Trajectory towards target of 0			6,740	6,139	5,634	5,017	4,926	4,772	4,470	4,409	4,121	3,826	3,341	2,772	2,311
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0
	Singleton				1,326	1,191	1,022	998	1,026	1,020	1,004	890	878	819	756	688	658
	PC&CS				0	1	0	0	0	0	0	0	0	0	0	0	0
	Total		4,943		**8,066**	**7,331**	**6,656**	**6,015**	**5,952**	**5,792**	**5,474**	**5,299**	**4,999**	**4,645**	**4,097**	**3,460**	**2,969**
Number of patients waiting > 8 weeks for a specified diagnostics*	Morriston	Improvement Trajectory towards 0 by Mar 24			2,366	2,505	1,729	1,968	2,204	2,429	2,484	2,214	2,451	2,676	2,218	2,017	2,087
	Singleton				4,241	4,324	4,387	4,546	4,663	4,826	4,737	4,499	4,410	4,124	3,721	3,412	3,529
	Total		4,750		**6,607**	**6,829**	**6,116**	**6,514**	**6,867**	**7,255**	**7,221**	**6,713**	**6,861**	**6,800**	**5,939**	**5,429**	**5,616**
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	Improvement Trajectory towards 0 by Mar 24			0	0	0	0	0	0	0	0	0	0	0	0	0
	NPTH				152	48	31	45	0	0	0	0	0	0	0	0	0
	PC&CS				375	146	126	148	129	149	203	183	183	182	195	84	73
	Total		75		**527**	**194**	**157**	**193**	**129**	**149**	**203**	**183**	**183**	**182**	**195**	**84**	**73**

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	12 month reduction trend			144,780	146,632	148,070	150,860	147,864	150,109	149,529	150,416	150,060	152,025	154,704	157,285	159,226
Number of patients delayed by over 100% past their target date	Total	Improvement Trajectory towards target of 0	32,531		38,252	39,056	40,146	41,710	41,611	42,534	40,807	41,123	39,938	41,048	41,188	41,727	43,784
Number of patients delayed past their agreed target date (booked and not booked) *	Total	12 month reduction trend			66,500	67,125	69,333	70,512	70,891	71,519	68,286	67,748	66,683	68,292	67,996	68,767	72,790
Number of Ophthalmology patients without an allocated health risk factor	Total	0			368	305	553	610	647	698	395	475	248	133	265	200	527
Number of patients without a documented clinical review date	Total	0			1	3	3	4	5	3	2	2	2	4	2	1	1
Activity																	
Number of GP referrals	Total	12 month reduction trend			9,231	12,658	12,347	14,220	12,012	13,341	13,984	12,623	12,698	12,383	12,644	12,622	10,102
Number of patients referred from primary care into secondary care Ophthalmology services	Total	Improvement Trajectory towards reduction by Mar 24	800		731	870	841	969	737	803	890	824	812	815	851	843	735
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	Month on month improvement			143	137	147	316	303	360	255	321	361	379	475	390	303
	MH&LD				14	35	31	34	7	44	44	39	38	28	34	56	45
	Morriston				1,355	2,470	1,951	2,129	1,121	1,873	1,512	1,755	2,580	2,303	2,085	2,157	2,047
	NPTH																
	Singleton				2,071	2,691	2,327	2,913	1,280	1,243	731	1,171	1,583	1,763	2,063	2,158	1,671
	Total				**3,569**	**5,073**	**4,425**	**5,358**	**2,704**	**3,477**	**2,503**	**3,401**	**5,188**	**4,084**	**5,738**	**5,792**	**4,004**
% of patients who would recommend and highly recommend	PCCS	90%			94%	91%	93%	94%	96%	95%	96%	95%	92%	97%	95%	94%	95%
	MH&LD				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	100%
	Morriston				84%	90%	89%	89%	88%	87%	85%	88%	90%	90%	89%	89%	90%
	NPTH																
	Singleton				92%	94%	97%	94%	88%	93%	95%	94%	96%	95%	94%	94%	94%
	Total				89%	92%	92%	92%	92%	90%	89%	91%	92%	92%	92%	92%	92%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%			97%	94%	97%	98%	98%	97%	95%	93%	95%	98%	98%	98%	93%
	MH&LD																
	Morriston				88%	94%	93%	93%	92%	92%	89%	90%	93%	94%	94%	92%	92%
	NPTH																
	Singleton				95%	97%	93%	97%	97%	96%	92%	92%	98%	97%	97%	97%	93%
	Total				**92%**	**92%**	**95%**	**95%**	**95%**	**95%**	**90%**	**91%**	**92%**	**92%**	**93%**	**93%**	**93%**
Number of new complaints received	PCCS	12 month reduction trend			20	28	31	30	33	36	46	33	31	18	49		
	MH&LD				10	12	12	12	11	18	18	21	9	21	17		
	Morriston				42	53	69	74	63	72	101	62	67	74	66		
	NPTH				6	4	5	14	8	7	10	3	5	7	3		
	Singleton				36	28	29	46	29	42	33	23	39	43	24		
	Total				**120**	**127**	**135**	**183**	**149**	**182**	**217**	**147**	**155**	**171**	**164**		
% 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	80%			70%	96%	96%	93%	91%	97%	91%	76%	90%	83%	86%		
	MH&LD				30%	58%	67%	83%	73%	61%	69%	67%	56%	52%	53%		
	Morriston				81%	75%	64%	70%	71%	78%	71%	73%	67%	58%	77%		
	NPTH				50%	100%	60%	50%	50%	29%	50%	33%	100%	67%	67%		
	Singleton				81%	71%	42%	63%	83%	52%	67%	22%	59%	56%	50%		
	Total				73%	78%	67%	72%	77%	71%	71%	64%	71%	62%	74%		

5.3 Updates on key measures

<table>
<tr><th colspan="2">PLANNED CARE</th></tr>
<tr><th>Description</th><th>Current Performance</th></tr>
<tr><td>Referrals and shape of the waiting list

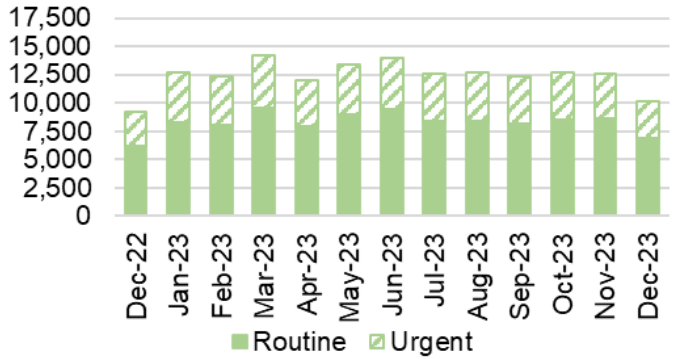
1. GP Referrals
The number of Stage 1 additions per week

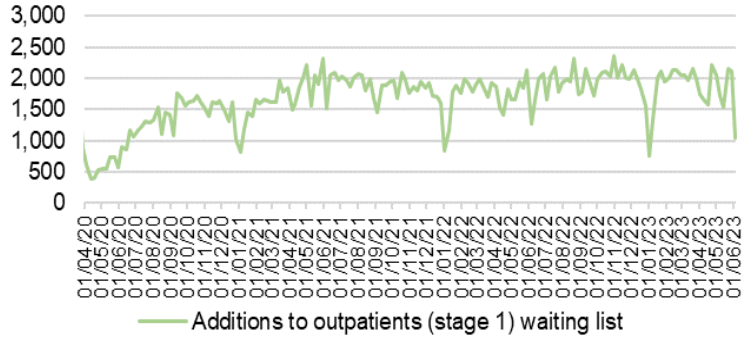
2. Stage 1 additions
The number of new patients that have been added to the outpatient waiting list

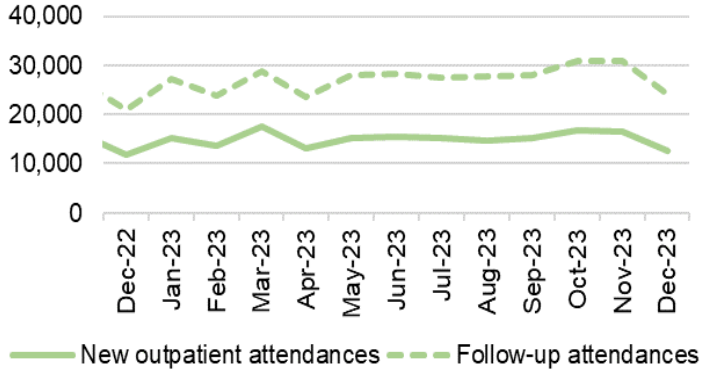
3. Outpatient activity undertaken
Total number of patients seen each month

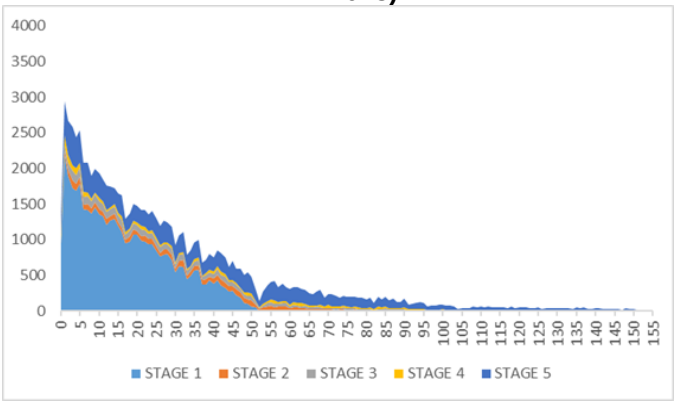
4. Size of the waiting list
Total number of patients on the waiting list by stage as at October 2023</td><td>December 2023 has seen a decrease in referral figures compared with November 2023 (12,622). Referral rates have continued to rise slowly since December 2021, with 10,102 received in December 2023. Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.

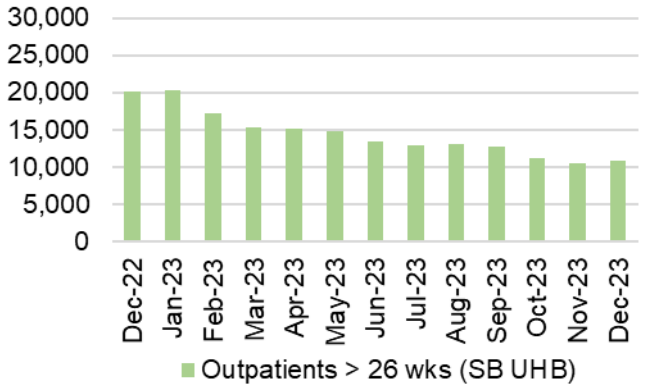
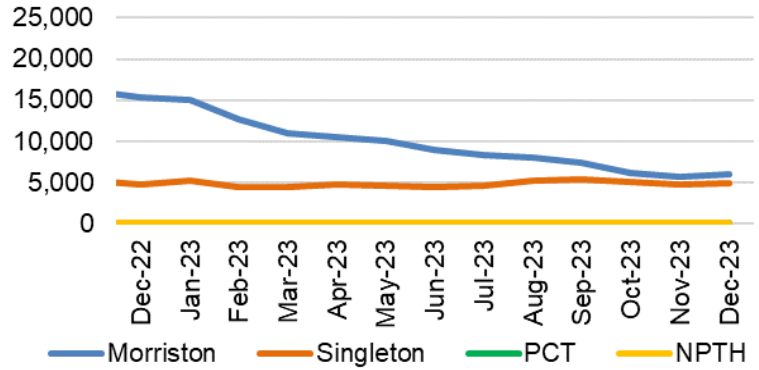
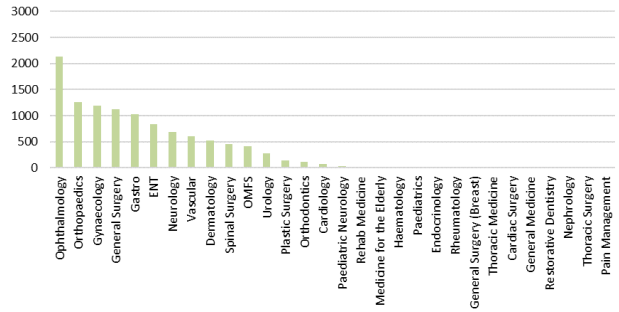
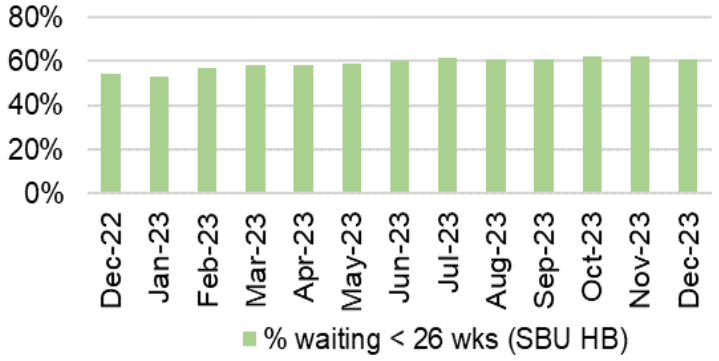
Trend

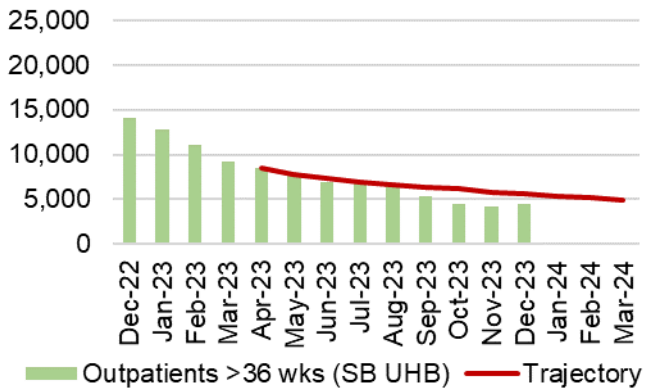
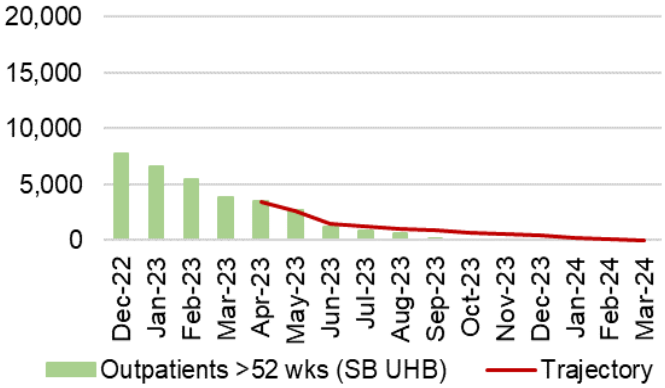
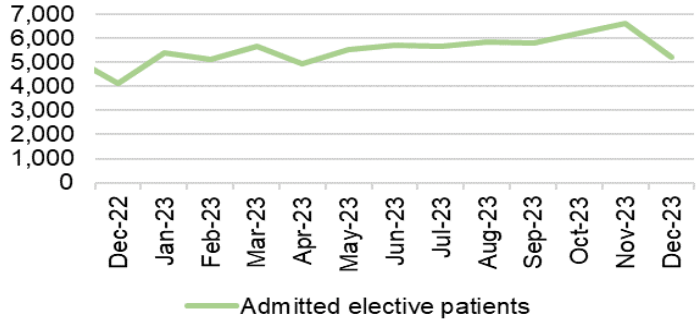
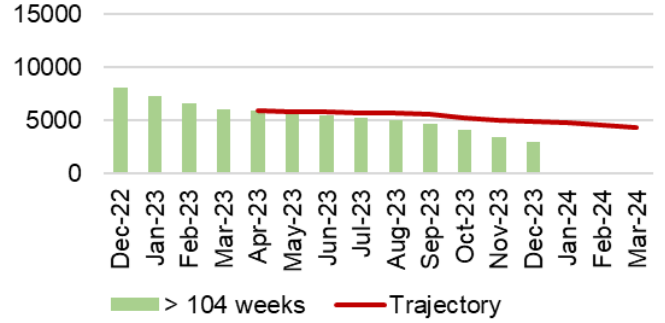
1. Number of GP referrals received by SBU Health Board
 

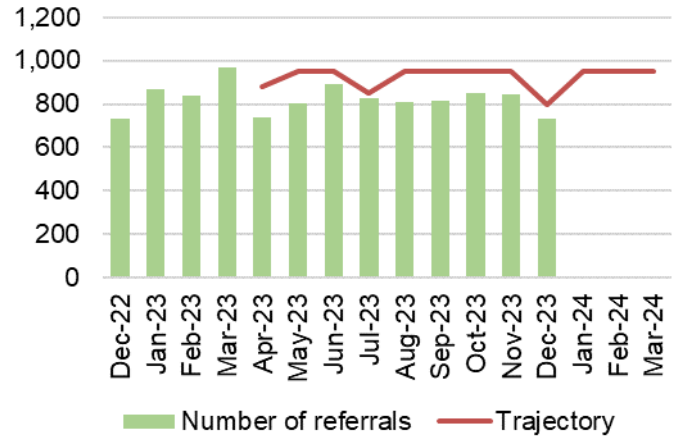
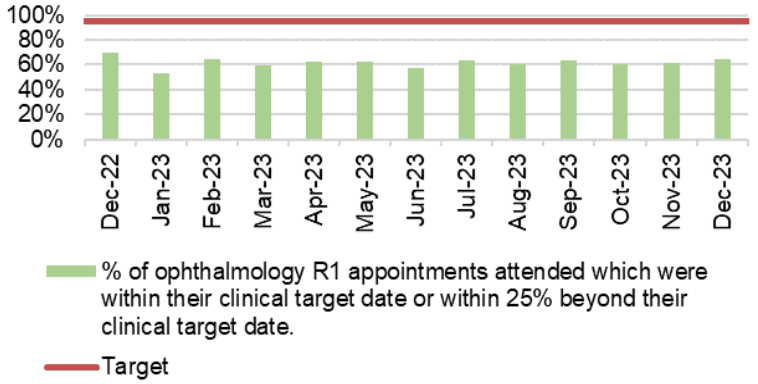
2. Number of stage 1 additions per week
 

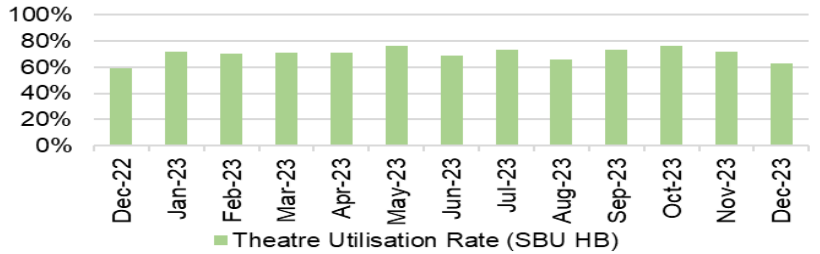
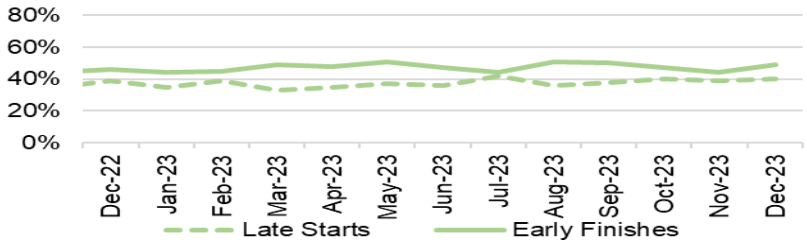
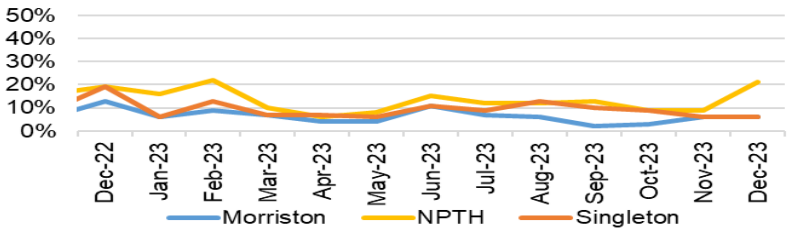
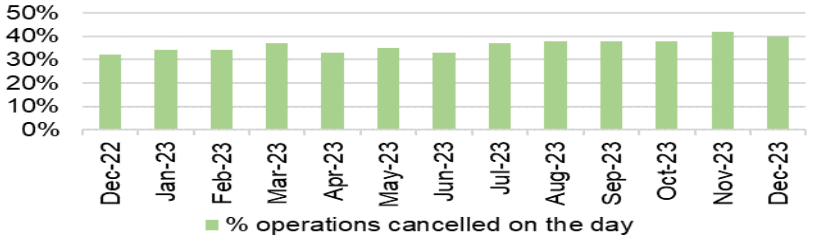
3. Outpatient activity undertaken
 

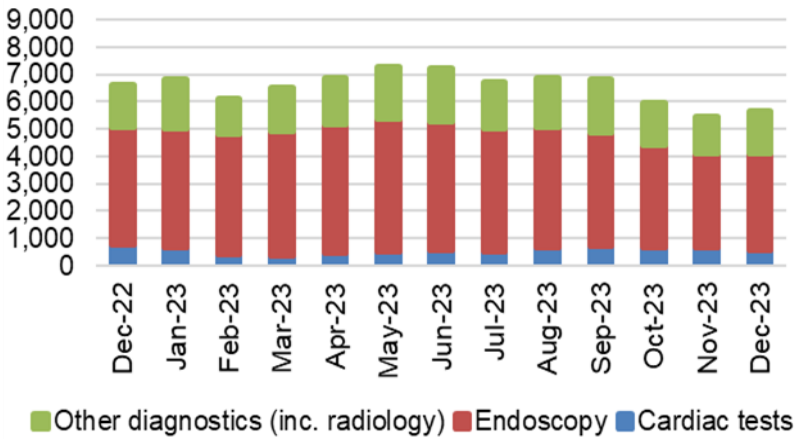
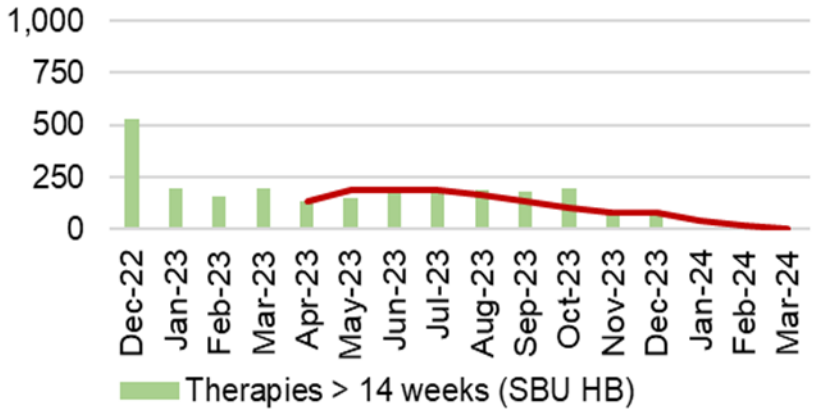
4. Total size of the waiting list and movement (December 2023)
 
</td></tr>
</table>

PLANNED CARE	
Description	**Current Performance**
Outpatient waiting times *1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total* *2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level* *3. Patients waiting over 26 weeks for an outpatient appointment by specialty* *4. Percentage of patients waiting less than 26 weeks*	The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. December 2023 saw an in-month increase of 4% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 10,425 in November 2023. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Orthopaedics and Gynaecology. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has decreased to 61.0%. **Trend** **1. Number of stage 1 over 26 weeks- HB total**  **2. Number of stage 1 over 26 weeks- Hospital level**  **3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at December 2023**  **4. Percentage of patient waiting less than 26 weeks** 

PLANNED CARE	
Description	**Current Performance**
Patients waiting over 36 weeks for treatment *1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total* *2. Number of patients waiting more than 36 weeks for treatment* *3. Number of elective admissions* *4. Number of patients waiting more than 104 weeks for treatment*	In December 2023, there were 4,546 patients waiting over 36 weeks at Stage 1, which is a 6% in-month increase from November 2023. 13,386 patients were waiting over 52 weeks at all stages in December 2023. In December 2023, there were 2,969 patients waiting over 104 weeks for treatment, which is a 14% reduction from November 2023. The Health Board are currently out-performing all submitted recovery trajectories for 2023/24. **Trend** **1. Number of patients waiting over 36 weeks at Stage 1**  **2. Number of patients waiting over 52 weeks at Stage 1- HB total**  **3. Number of elective admissions**  **4.Number of patients waiting over 104 weeks- HB total** 

PLANNED CARE		
Description	**Current Performance**	
Ophthalmology Referrals *Number of patients referred into secondary care Ophthalmology services*	In December 2023, there were 735 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in November 2023, which was 843. The figures reported are outperforming the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in December 2023 (800).	**Number of referrals into secondary care Ophthalmology service** 
Ophthalmology waiting times *Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments*	In December 2023, 64.7% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date. **Actions of Improvement;** A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity	**Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments** 

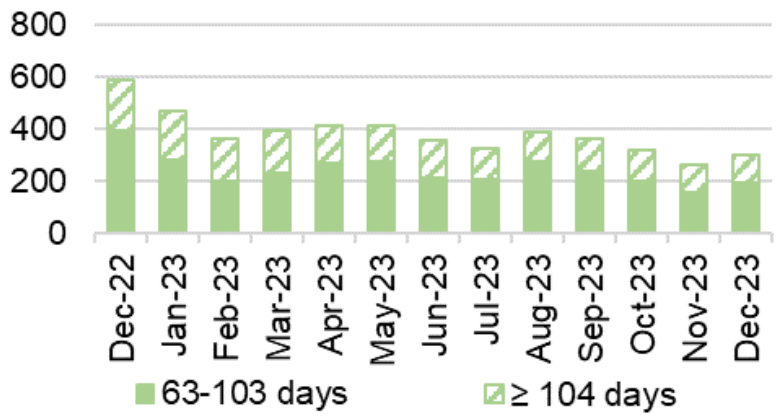
THEATRE EFFICIENCY		
Description	**Current Performance**	**Trend**
Theatre Efficiency *1. Theatre Utilisation Rates*	In December 2023 the Theatre Utilisation rate was 63%. This is 9% lower than the figure's reported in November 2023 and are 4% higher than those seen in December 2022 (59%).	**1. Theatre Utilisation Rates** 
2. % of theatre sessions starting late	40% of theatre sessions started late in December 2023. This is a 1% deterioration on performance seen in November 2023 (39%).	
3. % of theatre sessions finishing early	In December 2023, 49% of theatre sessions finished early. This is 5% higher than figures seen in November 2023 and 3% higher than those seen in December 2022	**2. and 3. % theatre sessions starting late/finishing** 
4. % of theatre sessions cancelled at short notice (<28 days)	9% of theatre sessions were cancelled at short notice in December 2023. This is 2% higher than the figure reported in November 2023 and is 7% lower than figures seen in December 2022.	**4.% theatre sessions cancelled at short notice (<28 days)** 
5. % of operations cancelled on the day	Of the operations cancelled in December 2023, 40% of them were cancelled on the day. This is 2% lower than the figure reported in November 2023 (42%). .	**5. % of operations cancelled on the day** 

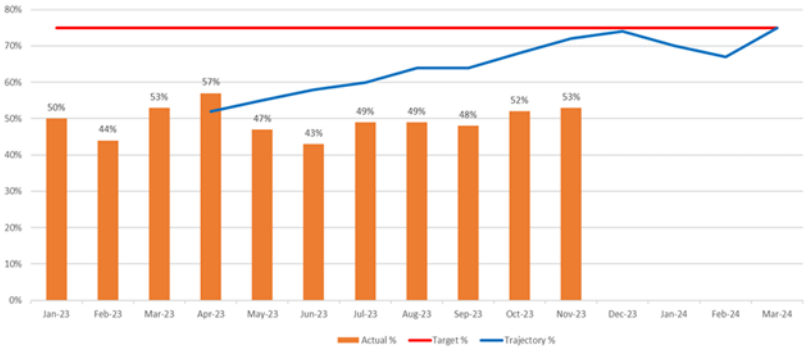
PLANNED CARE		
Description	**Current Performance**	**Trend**
Diagnostics waiting times *The number of patients waiting more than 8 weeks for specified diagnostics*	In December 2023, there was a slight increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,429 in November 2023 to 5,616 in December 2023. The following is a breakdown for the 8-week breaches by diagnostic test for December 2023: • Endoscopy= 3,553 • Cardiac tests= 579 • Other Diagnostics = 1,484 **Actions of Improvement**; Detailed demand and capacity work is currently underway to develop a diagnostic recovery trajectory which works towards the ministerial target of 0 by March 2024.	**Number of patients waiting longer than 8 weeks for Diagnostics** 
Therapy waiting times *The number of patients waiting more than 14 weeks for specified therapies*	In December 2023 there were 73 patients waiting over 14 weeks for specified Therapies. The breakdown for breaches in December 2023 are: • Speech & Language Therapy= 28 • Dietetics = 45 **Actions of Improvement;** The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas. Delivery against these trajectories is being monitored routinely.	**Number of patients waiting longer than 14 weeks for therapies** 

CANCER

Description	Current Performance	Trend
Cancer demand and shape of the waiting list **Single Cancer Pathway** *Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)*	January 2024 backlog by tumour site:	**Number of patients with a wait status of more than 62 days**
Single Cancer Pathway backlog- patients waiting over 63 days	December 2023 saw an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction; - Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog. - The cancer tracking facility has now been centralised (October 2023) to support focussed tracking with a whole system approach - Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority	**Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion**

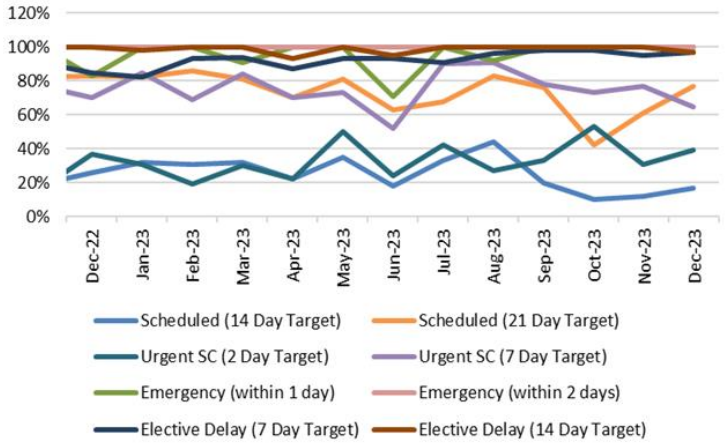
Tumour Site	63 - 103 days	≥104 days
Acute Leukaemia	0	0
Brain/CNS	0	0
Breast	15	3
Children's cancer	0	0
Gynaecological	34	26
Haematological	7	7
Head and neck	10	0
Lower Gastrointestinal	39	13
Lung	15	10
Other	2	1
Sarcoma	6	1
Skin(c)	12	8
Upper Gastrointestinal	21	16
Urological	31	25
Grand Total	**192**	**110**





<table>
<tr><th colspan="3">CANCER</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>USC First Outpatient Appointments
The number of patients at first outpatient appointment stage by days waiting</td><td>To date, early January 2024 figures show total wait volumes for first outpatient appointment have decreased by 32% when compared with the previous week.

Of the total number of patients awaiting a first outpatient appointment, 55% have been booked, which is slightly lower than figures seen in the previous months' performance.</td><td>The number of patients waiting for a first outpatient appointment (by total days waiting) – January 2024
<table>
<tr><th>FIRST OPA</th><th>31-Dec</th><th>07-Jan</th></tr>
<tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr>
<tr><td>Brain/CNS</td><td>0</td><td>0</td></tr>
<tr><td>Breast</td><td>0</td><td>0</td></tr>
<tr><td>Children's Cancer</td><td>0</td><td>5</td></tr>
<tr><td>Gynaecological</td><td>55</td><td>56</td></tr>
<tr><td>Haematological</td><td>3</td><td>1</td></tr>
<tr><td>Head and Neck</td><td>103</td><td>63</td></tr>
<tr><td>Lower GI</td><td>41</td><td>64</td></tr>
<tr><td>Lung</td><td>15</td><td>6</td></tr>
<tr><td>Other</td><td>300</td><td>185</td></tr>
<tr><td>Sarcoma</td><td>0</td><td>0</td></tr>
<tr><td>Skin</td><td>194</td><td>81</td></tr>
<tr><td>Upper GI</td><td>13</td><td>15</td></tr>
<tr><td>Urological</td><td>45</td><td>45</td></tr>
<tr><td></td><td>769</td><td>521</td></tr>
</table></td></tr>
<tr><td>Radiotherapy waiting times

The percentage of patients receiving radiotherapy treatment</td><td>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%
<table>
<tr><th>Measure</th><th>Target</th><th>Dec-23</th></tr>
<tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>17%</td></tr>
<tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>77%</td></tr>
<tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>39%</td></tr>
<tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>65%</td></tr>
<tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr>
<tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr>
<tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>97%</td></tr>
<tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>97%</td></tr>
</table></td><td>Radiotherapy waiting times
 
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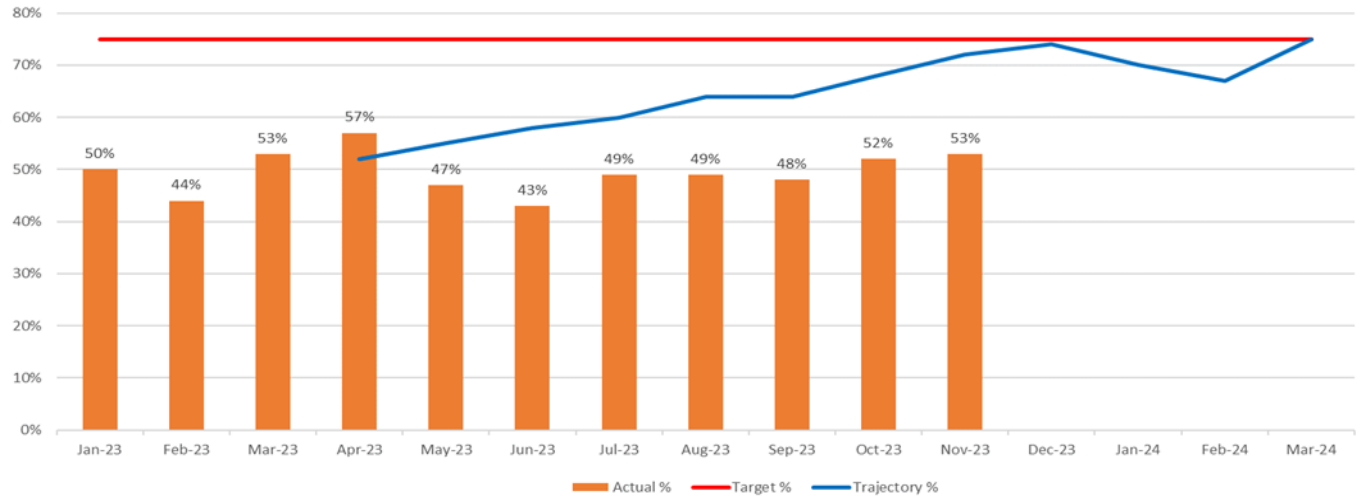
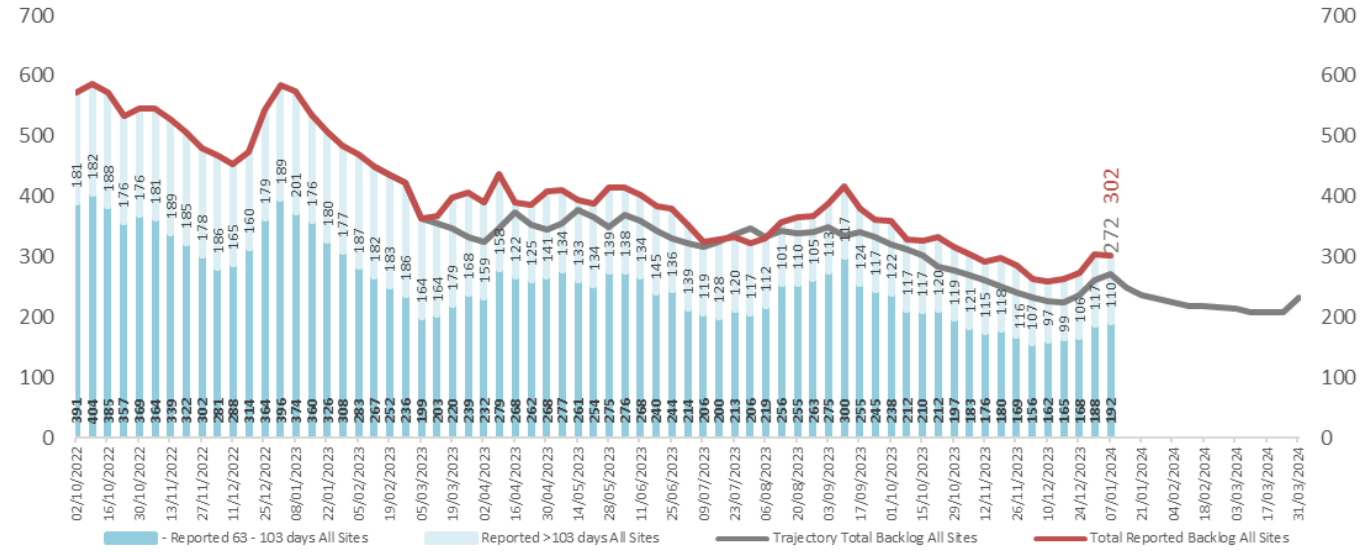
Cancer Services – Performance Escalation Updates

1.SCP performance trajectory

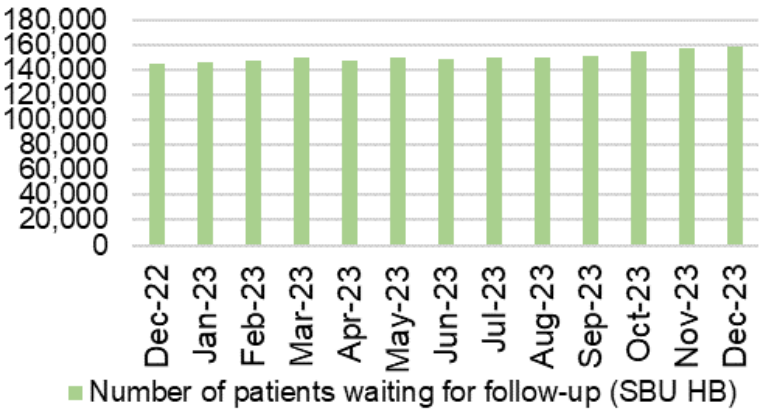
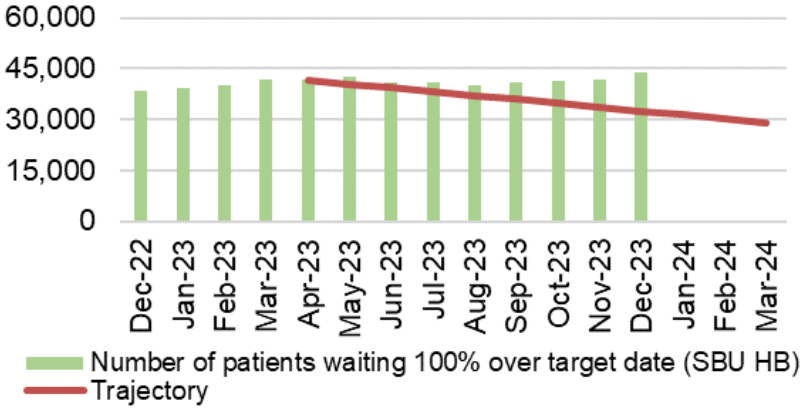


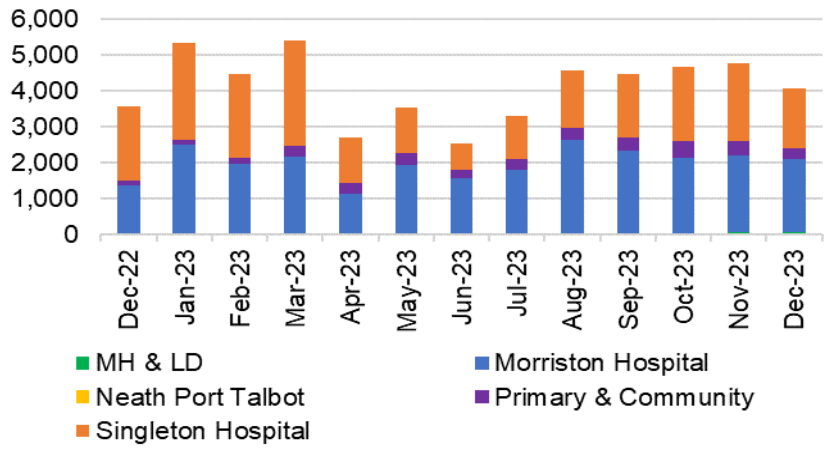
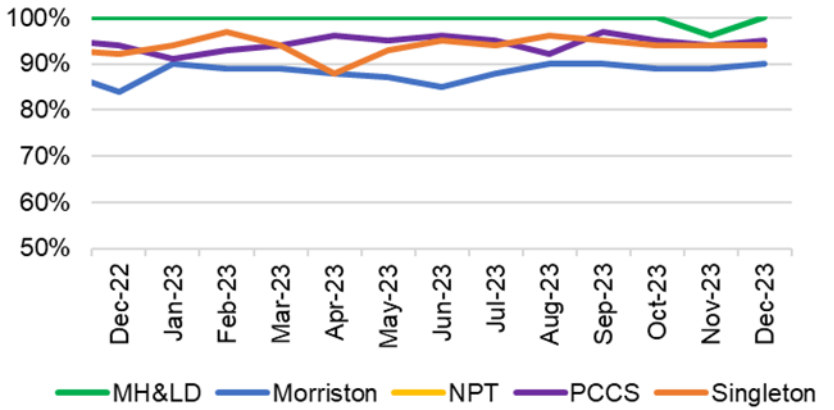
Proposed backlog improvements to support SCP performance



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

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

FOLLOW-UP APPOINTMENTS		
Description	**Current Performance**	**Trend**
Follow-up appointments *1. The total number of patients on the follow-up waiting list* *2. The number of patients waiting 100% over target for a follow-up appointment*	In December 2023, the overall size of the follow-up waiting list increased by 1,941 patients compared with November 2023 (from 157,285 to 159,226). In December 2023, there was a total of 72,790 patients waiting for a follow-up past their target date. This is an increase of 5.9% in-month (from 68,767 in November 2023 to 72,790). Of the 72,790 delayed follow-ups in December 2023, 11,196 had appointment dates and 61,594 were still waiting for an appointment. In addition, 43,784 patients were waiting 100%+ over target date in December 2023. This is a 4.9% increase when compared with November 2023. .	**1. Total number of patients waiting for a follow-up**  **2. Delayed follow-ups: Number of patients waiting 100% over target** 

PATIENT EXPERIENCE		
Description	**Current Performance**	**Trend**
Patient experience *1. Number of friends and family surveys completed* *2. Percentage of patients/ service users who would recommend and highly recommend*	• Health Board Friends & Family patient satisfaction level in December 2023 was 92% and 4,004 surveys were completed. ➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 1,671 surveys in December 2023, with a recommended score of 94%. ➢ Morriston Hospital completed 2,047 surveys in December 2023, with a recommended score of 90%. ➢ Primary & Community Care completed 303 surveys for December 2023, with a recommended score of 95%. ➢ The Mental Health Service Group completed 45 surveys for December 2023, with a recommended score of 100%.	**1. Number of friends and family surveys completed**  **2. % of patients/ service users who would recommend and highly recommend** 

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

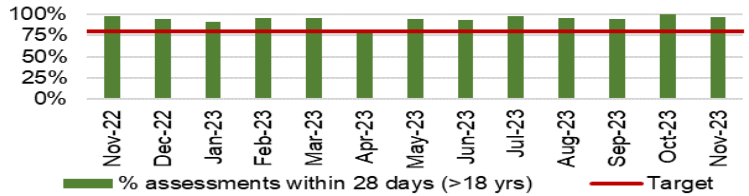
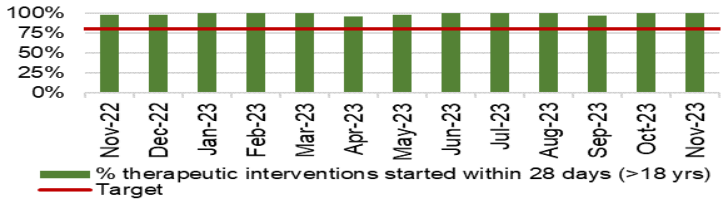
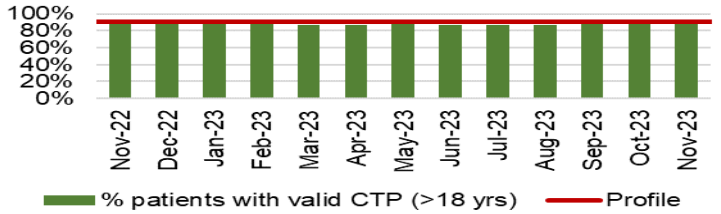
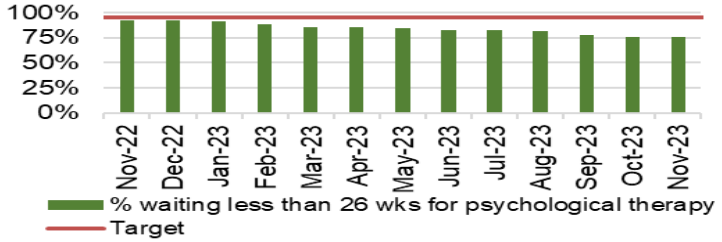
1. Number of formal complaints received

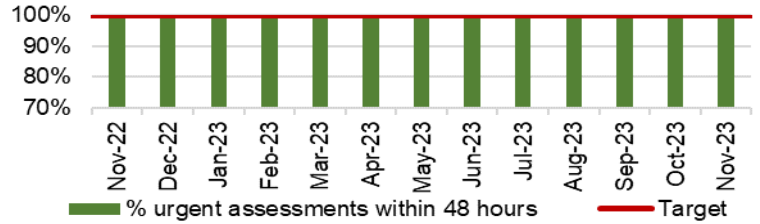
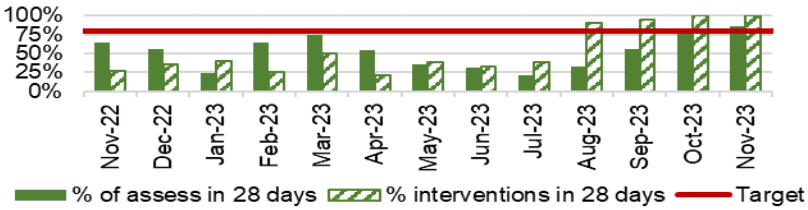
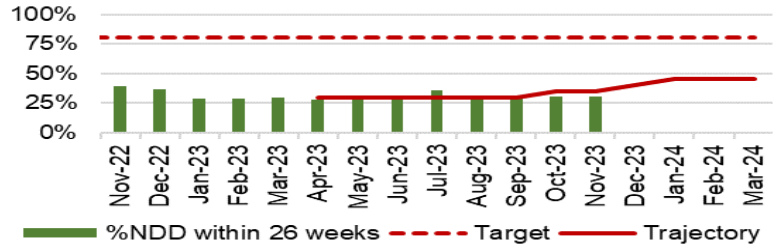
6.1 Overview

Harm from wider societal actions/lockdown																	
Measure	Locality	National/ Local Target	Internal Profile	Trend	SBU												
					Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Childhood immunisations																	
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		95.3%	95.1%			90.9%			94.9%					
	Swansea				94.1%	95.6%			97.0%			93.6%					
	HB Total				**94.6%**	**95.4%**			**94.6%**			**94.1%**					
% children who received MenB2 vaccine by age 1	NPT	95%	90%		95.9%	95.1%			90.9%			95.2%					
	Swansea				93.3%	93.5%			95.1%			92.9%					
	HB Total				**94.3%**	**94.2%**			**93.4%**			**93.8%**					
% children who received PCV2 vaccine by age 1	NPT	95%	90%		97.4%	96.3%			95.5%			97.3%					
	Swansea				94.3%	96.2%			98.1%			95.4%					
	HB Total				**95.5%**	**96.2%**			**97.0%**			**96.1%**					
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		95.3%	94.8%			91.6%			92.8%					
	Swansea				91.8%	94.1%			95.9%			92.3%					
	HB Total				**93.2%**	**94.4%**			**94.2%**			**92.5%**					
% children who received MMR1 vaccine by age 2	NPT	95%	90%		92.5%	95.6%			90.9%			93.6%					
	Swansea				93.8%	93.9%			92.8%			92.2%					
	HB Total				**93.3%**	**94.6%**			**92.1%**			**92.7%**					
% children who received PCVf3 vaccine by age 2	NPT	95%	90%		91.9%	95.2%			90.6%			94.6%					
	Swansea				93.4%	93.1%			91.0%			92.0%					
	HB Total				**92.9%**	**93.9%**			**91.0%**			**92.9%**					
% children who received MenB4 vaccine by age 2	NPT	95%	90%		92.5%	95.2%			91.6%			93.6%					
	Swansea				92.5%	92.3%			92.1%			91.3%					
	HB Total				**92.5%**	**93.4%**			**91.9%**			**92.1%**					
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		92.2%	94.9%			91.6%			93.6%					
	Swansea				92.7%	92.7%			92.1%			91.5%					
	HB Total				**92.5%**	**93.6%**			**91.9%**			**92.2%**					
% children who are up to date in schedule by age 4	NPT	95%	90%		81.3%	87.5%			84.0%			93.6%					
	Swansea				82.1%	81.6%			84.5%			91.5%					
	HB Total				**81.8%**	**83.8%**			**84.3%**			**92.2%**					
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		89.0%	90.4%			87.0%			89.1%					
	Swansea				89.8%	87.2%			89.0%			88.8%					
	HB Total				**89.5%**	**88.4%**			**88.3%**			**88.9%**					
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		90.0%	91.2%			87.3%			89.9%					
	Swansea				89.4%	87.7%			88.7%			89.1%					
	HB Total				**89.6%**	**89.0%**			**88.2%**			**89.3%**					
% children who received MMR vaccination by age 16	NPT	95%	90%		92.4%	97.5%			94.4%			93.7%					
	Swansea				90.2%	94.5%			91.6%			88.3%					
	HB Total				**91.0%**	**95.6%**			**92.6%**			**90.3%**					
% children who received teenage booster by age 16	NPT	90%	85%		87.3%	86.8%			89.9%			89.2%					
	Swansea				89.6%	90.2%			90.4%			87.4%					
	HB Total				**88.8%**	**88.9%**			**90.2%**			**88.1%**					
% children who received MenACWY vaccine by age 16	NPT	Improve			87.5%	87.1%			89.9%			89.2%					
	Swansea				90.2%	90.5%			89.4%			87.9%					
	HB Total				**89.2%**	**89.2%**			**89.6%**			**88.4%**					

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
COVID-19 Boosters																	
% uptake of the Spring COVID-19 vaccination for those eligible	NPT	75%									66.3%	*Reporting begins Apr-24 for Spring 24 booster*					
	Swansea										68.6%						
	HB Total										67.8%						
% uptake of the Autumn COVID-19 vaccination for those eligible	NPT	75%			*Reporting begins Sep-23 for Autumn 23 booster*									17.9%	40.6%	40.6%	40.6%
	Swansea													15.1%	36.7%	36.7%	36.7%
	HB Total													16.1%	38.1%	38.1%	38.1%
Measure	**Locality**	**National/ Local Target**	**HB Trajectory**	**Trend**	**SBU**												
					Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Mental Health Services																	
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	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%			79%	62%	82%	74%	55%	31%	31%	21%	33%	56%	77%	86%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			56%	24%	64%	74%	55%	35%	31%	21%	33%	56%	77%	86%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			79%	62%	82%										
% 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%			94%	91%	95%	96%	78%	94%	93%	98%	96%	94%	100%	97%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%			35%	40%	26%	50%	21%	38%	33%	38%	91%	95%	100%	100%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%			98%	100%	100%	100%	96%	98%	100%	100%	100%	97%	100%	100%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	80%			92%	91%	88%	85%	85%	84%	82%	82%	81%	77%	76%	76%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%	35%		37%	29%	29%	29%	28%	30%	31%	36%	31%	30%	30%	30%	
% 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%			99%	91%	100%	100%	100%	93%	90%	100%	93%	92%	92%	98%	
% 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%			90%	89%	89%	87%	87%	88%	87%	87%	87%	88%	89%	90%	

6.3 Updates on key measures

ADULT MENTAL HEALTH		
Description	**Current Performance**	**Trend**
Adult Mental Health Measures: 1. *% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)* 2. *% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)* 3. *% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)* 4. *% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health*	1. In November 2023, 97% of assessments were undertaken within 28 days of referral for patients 18 years and over. 2. In November 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%. 3. 90% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in November 2023. 4. In November 2023, 75.9% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.	**1. % Mental Health assessments undertaken within 28 days from receipt of referral**  **2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment**  **3. % residents with a valid Care and Treatment Plan (CTP)**  **4. % waiting less than 26 weeks for Psychology Therapy** 

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	**Current Performance**	**Trend**
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral 2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral 3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS 4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks 5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	1. In November 2023, 100% of CAMHS patients received an assessment within 48 hours. 2. 86% of routine assessments were undertaken within 28 days from referral in November 2023 against a target of 80%. 3. 100% of therapeutic interventions were started within 28 days following assessment by LPMHSS in November 2023. 4. 30% of NDD patients received a diagnostic assessment within 26 weeks in November 2023 against a target of 80%. 5. SCAMHS figures now included in illustration 2 and3 combined. **All routine assessments are now under PCAMHS**	**1. Crisis- assessment within 48 hours**  **2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days**  **4. NDD- assessment within 26 weeks** 

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**	**HB Trajectory**	**Reporting period**	**Morriston**	**NPTH**	**Singleton**	**Primary & Community**	**MH & LD**	**HB Total**
COVID19 relat	Number of new COVID19 cases*	Local			Dec-23						214
	Number of staff referred for Antigen Testing*	Local			Mar-23						43
	Number of staff awaiting results of COVID19 test*	Local			Dec-23						0
	Number of COVID19 related incidents*	Local			Dec-23						43
	Number of COVID19 related serious incidents*	Local			Dec-23						1
	Number of COVID19 related complaints*	Local			Dec-23						0
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Jun-23						0
	Number of staff self isolated (symptomatic)*	Local			Jun-23						7
	% sickness*	Local			Jun-23						0.1%

	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	HB Trajectory	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour	National	Improvement trajectory towards 0 by Mar 24	418	Dec-23	762		0			762
	% 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	Improvement compared to same month in 22/23		Dec-23	62.8%	99.2%				75%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Improvement trajectory towards 0 by Mar 24	675	Dec-23	994	0				994
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	Local	59.8% (UK SNAP average)		Dec-23	11%					11%
	% of patients who receive a CT scan within 1 hour*	Local	54.5% (UK SNAP average)		Dec-23	53%					53%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Local	84.2% (UK SNAP average)		Dec-23	86%					86%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	Local	12 month improvement trend		Dec-23	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	Local	12 month improvement trend		Dec-23	57%					57%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	≤ 234 (Cumulative)	21	Dec-23	5	0	1	6	0	12
	Number of S.aureus bacteraemia cases	National	≤ 71 (Cumulative)	6	Dec-23	3	1	4	8	0	17
	Number of C.difficile cases	National	≤ 95 (Cumulative)	7	Dec-23	10	1	2	8	0	21
	Number of Klebsiella cases	National	≤ 71 (Cumulative)	5	Dec-23	1	0	0	5	0	6
	Number of Aeruginosa cases	National	≤ 24 (Cumulative)	3	Dec-23	2	0	1	0	0	3
	Compliance with hand hygiene audits	Local	95%		Dec-23	96%	80%	97%	100%	97%	97%
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		Dec-23	2	0	4	1	0	7
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	80%		Dec-23						40%
	Number of Never Events	Local	0		Dec-23	0	1	0	0	0	1
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Nov-23	59	3	6	45	1	114
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Nov-23	4	0	0	13	1	18
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Sep-23						803

* 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	HB Trajectory	Reporting period	Morriston	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%		Nov-23	97.0%					97.0%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Nov-23	30.8%					30.8%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Nov-23	73.4%					73.4%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Nov-23	81.6%					81.6%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Nov-23	73.9%					73.9%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Jun-23	71.5%					71.5%
	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%
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Dec-23	89	27	14	7	21	158
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Sep-23						4.16
Mortality	Crude hospital mortality rate by Delivery Unit (74 years	Local	12 month reduction trend		Nov-23	1.23%	0.07%	0.20%			0.68%

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

Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	Improvement Trajectory towards 80% by Mar 26	74.0%	Dec-23 (Draft)						*34%*
Planned Care	Number of patients waiting > 26 weeks for first outpatient appointment	Local	0		Dec-23	5,968	15	4,906	0		10,889
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0	5,602	Dec-23	2,245	3	2,298	0		4,546
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0	463	Dec-23	0	0	0	0		0
	Number of patients waiting > 52 weeks for treatment	National	Improvement Trajectory towards target of 0	15,389	Dec-23	9,588	0	3,798	0		13,386
	Number of patients waiting > 104 weeks for treatment	National	Improvement Trajectory towards target of 0	4,943	Dec-23	2,311	0	658	0		2,969
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Improvement Trajectory towards 0 by Mar 24	4,750	Dec-23	2,087		3,529			5,616
	Number of patients waiting > 14 weeks for a specified therapy	National	Improvement Trajectory towards 0 by Mar 24	75	Dec-23				73	0	73
	Total number of patients waiting for a follow-up outpatient appointment	Local	0		Dec-23						159,226
	Number of patients delayed by over 100% past their target date	National	Improvement Trajectory towards target of 0	32,531	Dec-23						43,784
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Dec-23						72,790
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Dec-23						527
	Number of patients without a documented clinical review date	Local	0		Dec-23						1
Activity	Number of GP referrals	Local	12 month reduction trend		Dec-23						10,102
	Number of patients referred from primary care into secondary care Ophthalmology services	National	Improvement Trajectory towards reduction by Mar 24	800	Dec-23						735
Patient Experience/ Feedback	Number of friends and family surveys completed	National	Month on month improvement		Dec-23	2,047	Now reported under Singleton	1,671	303	45	4,004
	% of patients who would recommend and highly recommend	Local	90%		Dec-23	90%		94%	95%	100%	92%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%		Dec-23	92%		93%	93%		93%
	Number of new complaints received	Local	12 month reduction trend		Oct-23	66	3	24	49	17	164
	% 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	Local	80%		Oct-23	77%	67%	50%	86%	53%	74%

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

Harm Quadrant- Harm from wider societal actions/lockdown											
Category	Measure	Target Type	Target	HB Profile	Reporting period	Morriston	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	Local	95%	90%	Q2 2023/24						94.1%
	% children who received MenB2 vaccine by age 1		95%	90%	Q2 2023/24						93.8%
	% children who received PCV2 vaccine by age 1		95%	90%	Q2 2023/24						96.1%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q2 2023/24						92.5%
	% children who received MMR1 vaccine by age 2		95%	90%	Q2 2023/24						92.7%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q2 2023/24						92.9%
	% children who received MenB4 vaccine by age 2		95%	90%	Q2 2023/24						92.1%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q2 2023/24						92.2%
	% children who are up to date in schedule by age 4		95%	90%	Q2 2023/24						92.2%
	% of children who received 2 doses of the MMR vaccine by age 5		95%	90%	Q2 2023/24						88.9%
	% children who received 4 in 1 vaccine by age 5		95%	90%	Q2 2023/24						89.3%
	% children who received MMR vaccination by age 16		95%	90%	Q2 2023/24						90.3%
	% children who received teenage booster by age 16		90%	85%	Q2 2023/24						88.1%
	% children who received MenACWY vaccine by age 16		Improve		Q2 2023/24						88.4%
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	75%		Jun-23						67.8%
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	75%		Dec-23						38.1%
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Nov-23						100%
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Nov-23						86%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Nov-23						86%
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Feb-23						82%
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Nov-23					97%	97%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Nov-23						100%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Nov-23					100%	100%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	80%		Nov-23					76%	76%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18	National	80%	35%	Nov-23						30%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Nov-23						98%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Nov-23					90%	90%

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

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Sub Domain	Measure	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
COVID19 related measures	Number of new COVID19 cases		Reduce					395	230	249	378	153	81	60	84	132	139	175	80	214
	Number of staff referred for Antigen Testing		Reduce					18,108	18,157	18,187	18,230									
	Number of staff awaiting results of COVID19 test		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents		Reduce					61	34	33	57	29	61	90	23	33	37	35	21	43
	Number of COVID19 related serious incidents		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	1
	Number of COVID19 related complaints		Reduce					0	0	2	2	1	0	0	0	0	1	1	1	0
	Number of COVID19 related risks		Reduce																	
	Number of staff self isolated (asymptomatic)		Reduce					0	0	1	0	0	0	0						
	Number of staff self isolated (symptomatic)		Reduce					144	70	63	57	45	27	7						
	% sickness		Reduce					1.1%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%						
l care system																				
Sub Domain	**Measure**	**National Target**	**Annual Plan/ Local Profile**	**Profile Status**	**Welsh Average/ Total**	**SBU's all-Wales rank**	**Performance Trend**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	65%	✖	39.5% (Dec-22)	3rd (Dec-22)		41%	52%	52%	48%	50%	56%	64%	55%	56%	49%	46%	52%	47%
	Number of ambulance handovers over one hour	↑ trajectory	418	✖	6,798 (Dec-22)	1st (Dec-22)		614	561	594	729	658	708	615	643	694	695	696	724	762
	Handover hours lost over 15 minutes							4,289	3,440	3,245	4,659	3,627	3,952	3,018	3,383	4,075	3,807	3,868	3,343	3,787
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Month on month improvement		✔	63.1% (Dec-22)	4th (Dec-22)		65%	74%	76%	74%	75%	75%	76%	76%	76%	77%	77%	75%	75%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	↑ trajectory	675	✖	12,099 (Dec-22)	4th (Dec-22)		1,632	1,089	1,125	1,395	1,083	1,303	1,274	1,179	1,156	1,180	1,207	969	994
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)							5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%
	CT Scan (<1 hrs) (local							31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	42.9%	52.1%	34.1%	58.1%	23.8%	34.0%	52.8%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)							94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	92.9%	91.7%	97.7%	86.0%	92.9%	92.0%	86.1%
	Thrombolysis door to needle <= 45 mins							0.0%	0.0%	0.0%	10.0%	25.0%	0.0%	12.5%	11.1%	75.0%	0.0%	0.0%	0.0%	0.0%
	% stroke patients who receive mechanical thrombectomy	10%		✖	2.1% (Nov-22)	4th (Nov-22)		0.0%	0.0%	0.0%	6.5%	2.0%	7.1%	5.0%	3.6%	6.3%	9.1%	0.0%	6.7%	4.5%
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales		80%	✖				85%	67%	67%	83%	80%	67%	-	40%	83%	50%	33%	100%	40%
	Number of new Never Events		0	✖				0	0	1	0	0	1	0	1	1	0	2	2	1
	Number of risks with a score greater than 20		12 month ↓	✖				137	141	143	148	138	135	143	142	146	152	140	170	146
	Number of risks with a score greater than 16		12 month ↓	✖				280	290	295	307	296	289	300	303	316	322	304	363	305
Pressure Ulcers	*Number of pressure ulcers acquired in hospital*		*12 month ↓*	✖				*47*	*64*	*60*	*76*	*63*	*63*	*67*	*67*	*60*	*63*	*70*	*69*	
	Number of pressure ulcers developed in the community		*12 month ↓*	✔				*42*	*45*	*41*	*62*	*31*	*41*	*39*	*33*	*38*	*44*	*37*	*45*	
	Total number of pressure ulcers		12 month ↓	✖				89	109	101	138	114	124	106	100	98	107	107	114	
	Number of grade 3+ pressure ulcers acquired in hospital		*12 month ↓*	✔				*8*	*4*	*4*	*7*	*5*	*10*	*6*	*1*	*4*	*4*	*6*	*5*	
	Number of grade 3+ pressure ulcers acquired in community		*12 month ↓*	✔				*13*	*4*	*9*	*14*	*7*	*9*	*9*	*6*	*7*	*11*	*5*	*13*	
	Total number of grade 3+ pressure ulcers		12 month ↓	✔				21	8	13	21	12	19	15	7	11	15	11	18	

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

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

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