



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26th January 2023	Agenda Item	5.1
Report Title	Integrated Performance Report		
Report Author	Meghann Protheroe, Head of Health Board Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (December 2022) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in July 2022, and the measures have been updated accordingly in line with current data availability.</p> <p>The report format has been altered to align with key areas of focus within the Performance and Finance Committee</p> <p>Key high level issues to highlight this month are as follows:</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 increased in December 2022 to 395, compared with 171 in November 2022. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Emergency Department (ED) attendances have increased in December 2022 to 10,167 from 9,753 in November 2022. - Performance against the 4-hour access is currently below the outlined trajectory in December 2022. ED 4-hour performance has deteriorated by 7.6% in December 2022 to 62.78% from 70.41% in November 2022. - Performance against the 12-hour wait has deteriorated in-month and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in 		

ED decreased to 1,632 in December from 1,456 in November.

- Internal flow activities to support reduced occupancy and to improve flow throughout the day are being implemented, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with Welsh Ambulance Service NHS Trust (WAST) colleagues to implement further pathways.
- The number of emergency admissions has increased in December 2022 to 4,529 from 4,200 in November 2022.

Planned Care

- December 2022 saw an 6% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment.
- Additionally, the number of patients waiting over 36 weeks decreased by 2.6% to 33,321.
- We continue to outperform the trajectory for the number of patients waiting over 104 weeks for treatment, with 8,066 patients waiting at this point in December 2022.
- In December, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 7,779 patients waiting at this stage.
- As a Health Board, we are outperforming the Ministerial Priority recovery trajectory for the number of patients waiting over 36 weeks for treatment and for the percentage of patients waiting less than 26 weeks for treatment.
- Therapy waiting times have deteriorated, there are 527 patients waiting over 14 weeks in December 2022 compared with 441 in November 2022.
- The number of patients waiting over 8 weeks for an Endoscopy has slightly increased in December 2022 to 4,289 from 4,136 in November 2022.

Cancer

- November 2022 saw 53% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears).
- The average backlog of patients waiting over 63 days has increased in December 2022 to 585 from 467 in November 2022.

Mental Health

- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in November 2022.

	<p>- In November 2022, 93% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.</p> <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% November 2022. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has improved slightly to 39% in November 2022 against a target of 80%. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. • NOTE the inclusion of updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework. • NOTE the implementation of the Acute Medical Service Redesign programme in December 2022. • NOTE: production of updated planned care recovery trajectories (>104 weeks and Stage 1 >52 weeks) to be produced in January 2023 to align with the Welsh Government updated timelines • NOTE: the review of admission avoidance and length of stay reduction plans and the impact on future Emergency Department performance • NOTE: the implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery • NOTE the inclusion of the submitted Ministerial Priority performance trajectories • NOTE the actions being taken to improve performance: - <ul style="list-style-type: none"> ○ A detailed review has been undertaken of the Cancer Performance reporting function, with a specific focus on the impact of previously implemented action plans ○ HBSUK have started their focussed validation work, liaising specifically with services who have the longest waits. ○ A new outpatient dashboard is currently being developed to monitor planned care progress at specialty level ○ Focussed work is currently being placed on Treat in Turn rates. ○ Colleagues from Swansea Bay University Health Board are currently liaising with colleagues in Hywel Dda to develop a regional Endoscopy plan 			

	<ul style="list-style-type: none">○ As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity.○ Long-term recruitment plans are currently being implemented by the Health Board to support the sustainability of the Endoscopy service.○ Work is ongoing to commission additional theatre sessions in the new financial year (2022-23)○ Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.
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INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION:

Members are asked to:

- **NOTE** the Health Board performance against key measures and targets.
- **NOTE** the inclusion of updated recovery trajectories from both Emergency Unscheduled care and Cancer Services in line with the Escalation framework.
- **NOTE** the implementation of the Acute Medical Service Redesign programme in December 2022.
- **NOTE:** production of updated planned care recovery trajectories (>104 weeks and Stage 1 >52 weeks) to be produced in January 2023 to align with the Welsh Government updated timelines
- **NOTE:** the review of admission avoidance and length of stay reduction plans and the impact on future Emergency Department performance
- **NOTE:** the implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery
- **NOTE** the inclusion of the submitted Ministerial Priority performance trajectories
- **NOTE** the actions being taken to improve performance: -
 - A detailed review has been undertaken of the Cancer Performance reporting function, with a specific focus on the impact of previously implemented action plans
 - HBSUK have started their focussed validation work, liaising specifically with services who have the longest waits.
 - A new outpatient dashboard is currently being developed to monitor planned care progress at specialty level
 - Focussed work is currently being placed on Treat in Turn rates.
 - Colleagues from Swansea Bay University Health Board are currently liaising with colleagues in Hywel Dda to develop a regional Endoscopy plan
 - As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity.
 - Long-term recruitment plans are currently being implemented by the Health Board to support the sustainability of the Endoscopy service.
 - Work is ongoing to commission additional theatre sessions in the new financial year (2022-23)
 - Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.

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

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

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

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



Appendix 1- Integrated Performance Report January 2023



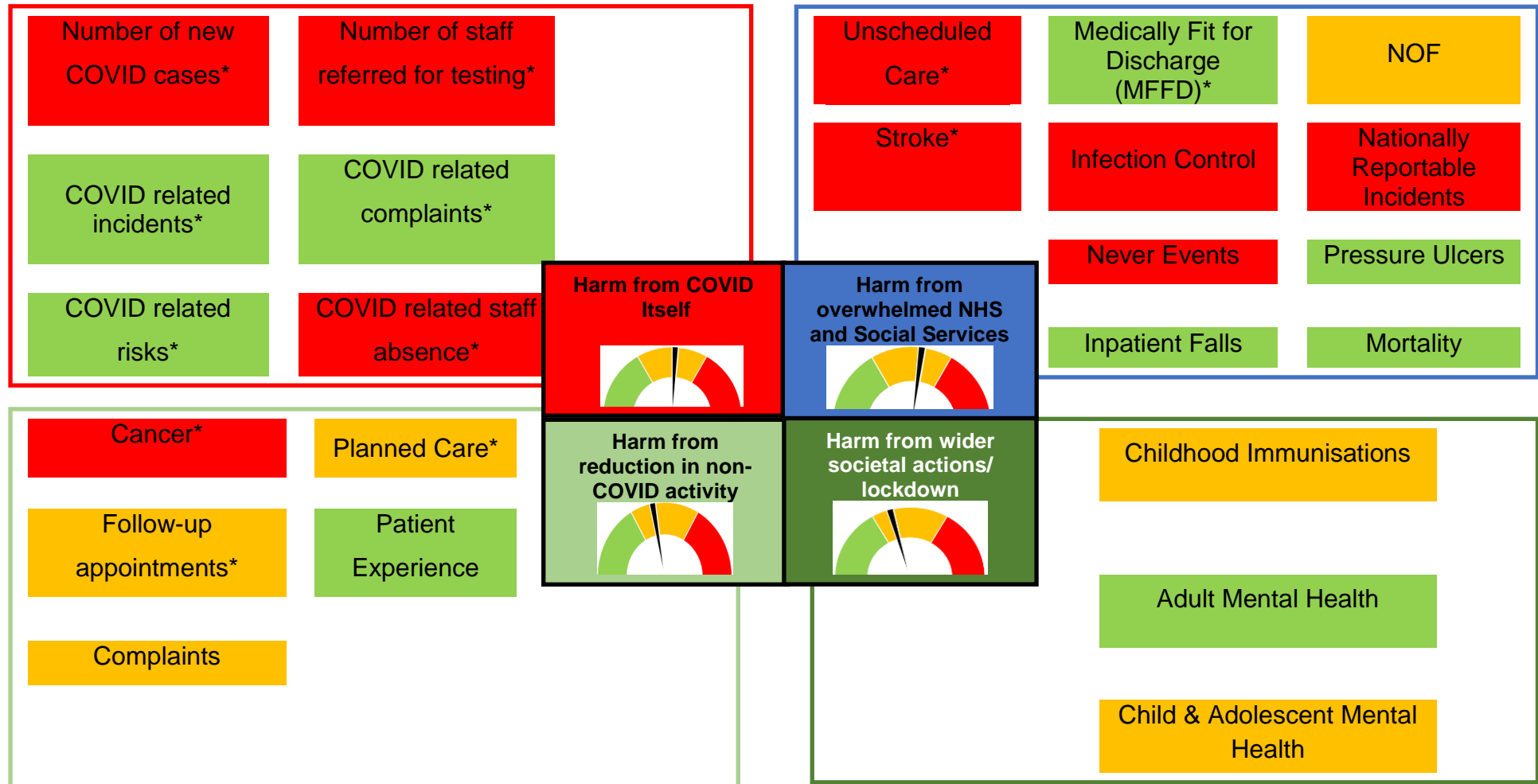
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1. QUADRANTS OF HARM SUMMARY

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



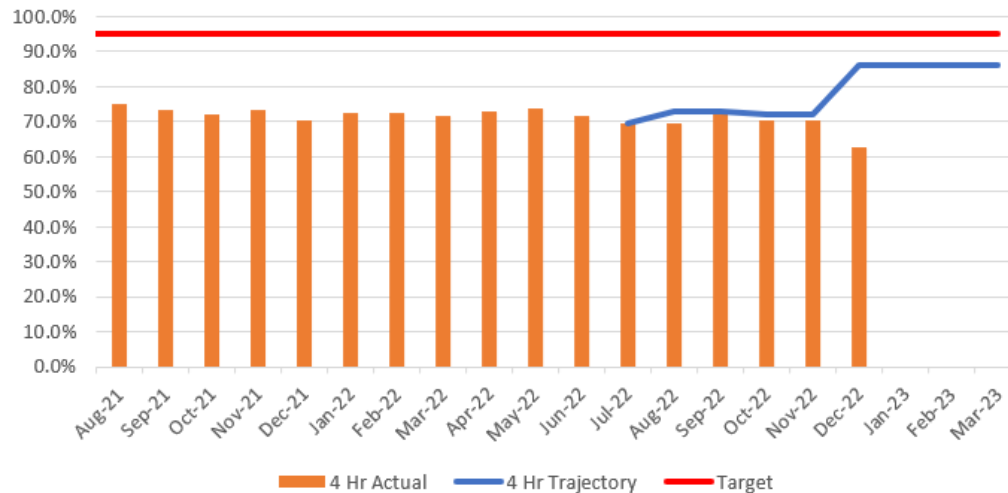
NB- RAG status is against national or local target
 ** Data not available

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

2. ESCALATED SERVICE UPDATE TRAJECTORIES

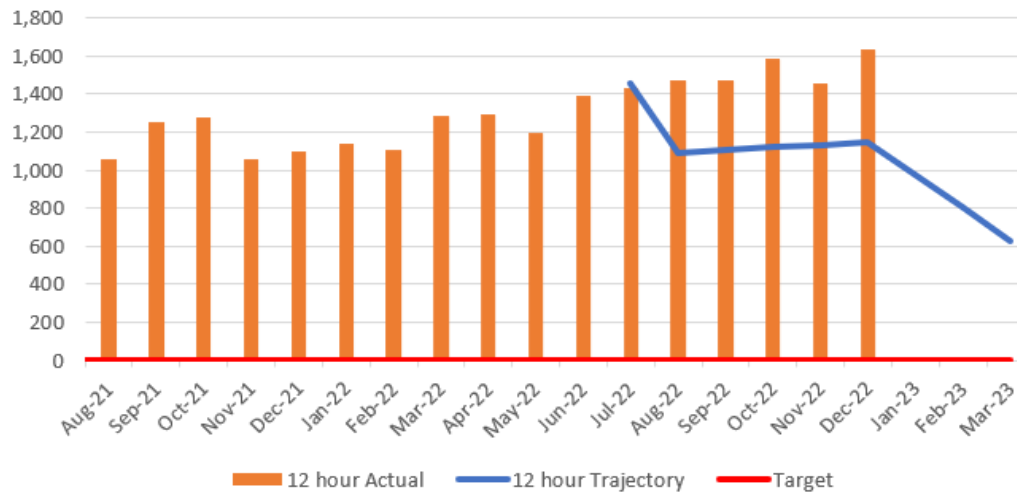
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4-hour access is slightly below target for December 2022. Emergency Department (ED) 4-hour performance has decreased by 8.98% in December 2022 to 61.43% from 70.41% in November 2022.

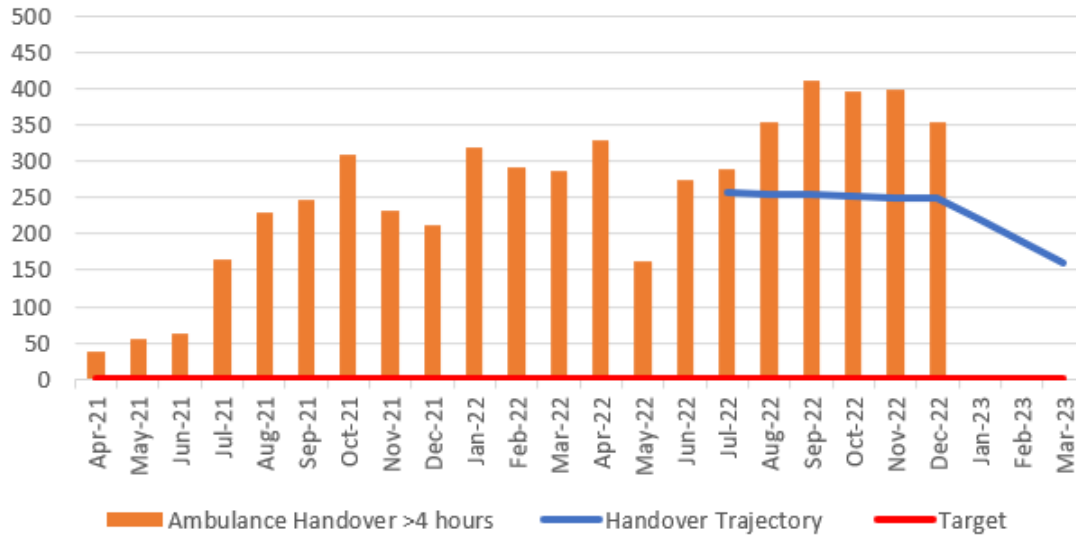
2. Submitted recovery trajectory for A&E 12-hour performance



2. Performance against the 12-hour wait has deteriorated in November but is still currently performing above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,636 in December 2022 from 1,456 in November 2022.

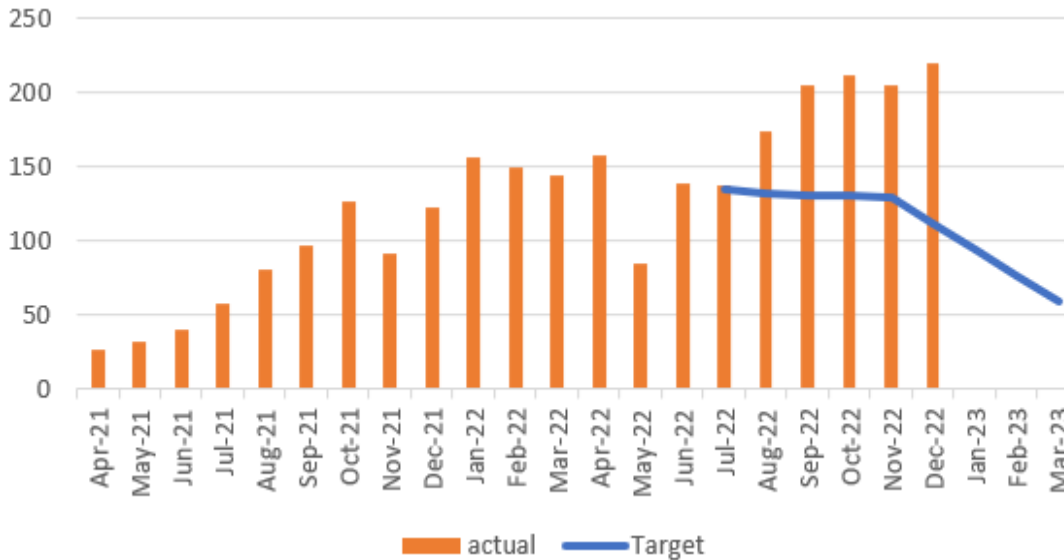
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has seen a continued deterioration since May 2022. However, the handover times over four hours reduced to 353 in December 2022 from 399 in November 2022. The figures remain above the outlined trajectory for December 2022 which was 248.

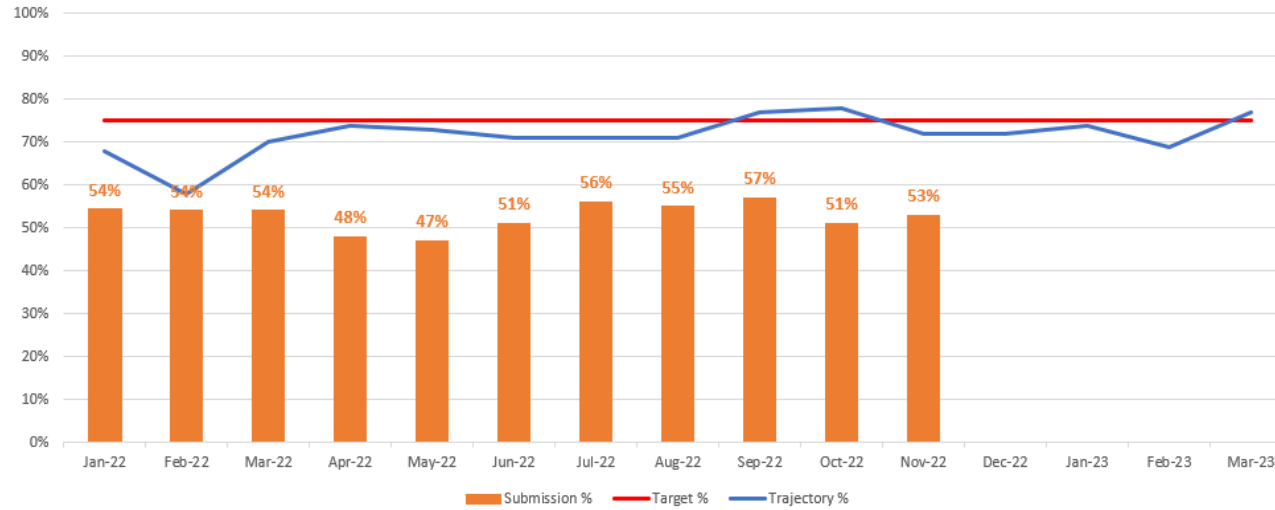
4. Average Ambulance Handover Rate



4. The average ambulance handover rate has seen a deterioration in December 2022. The average handover rate increased from 204 in November 2022 to 220 in December 2022, which is above the outlined trajectory for December 2022 (111).

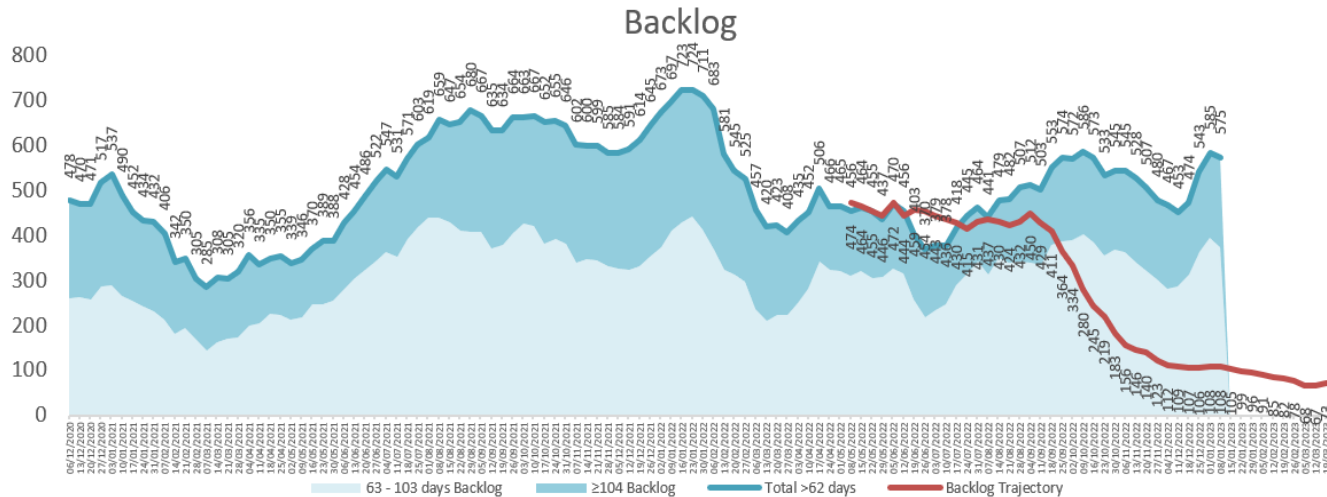
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



1. The final SCP performance for November 2022 was 53%, which is higher than the performance reported in October 2022. Performance continues to stay below the submitted trajectory (72%).

2. Proposed backlog improvements to support SCP performance

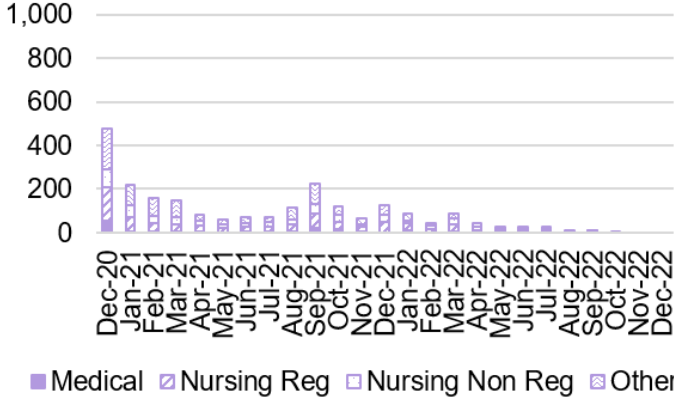
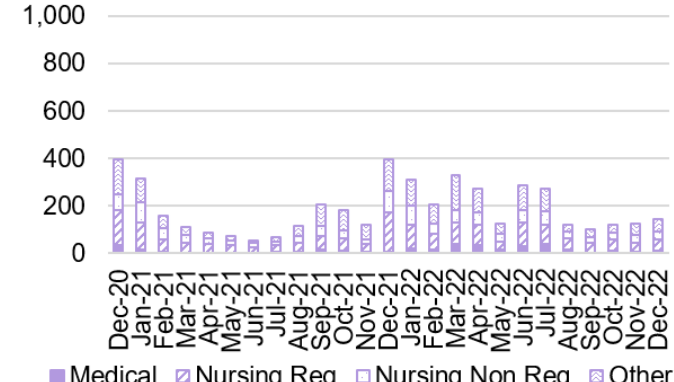


2. Backlog figures have seen an increase in recent weeks and figures currently remain above the submitted recovery trajectory. The total backlog at 11/01/2023 was 575.

3. UPDATES ON KEY SERVICE AREAS

COVID Data		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>Number of new COVID cases In December 2022, there were an additional 395 positive cases recorded bringing the cumulative total to 119,249 in Swansea Bay since March 2020.</p>	<p>Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
<p>2. Number of staff referred for Antigen testing</p>	<p>Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and December 2022 is 18,108 of which 19% have been positive (Cumulative total).</p>	<p>Outcome of staff referred for Antigen testing</p> <p>■ Positive ▨ Negative ▤ In Progress □ Unknown/blank</p>

COVID RELATED STAFF ABSENCE

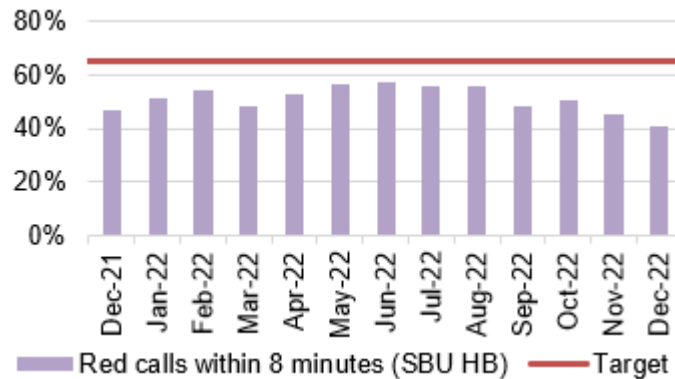
Description	Current Performance	Trend																																																																																				
<p>Staff absence due to COVID19</p> <p>1. Number of staff self-isolating (asymptomatic)</p> <p>2. Number of staff self-isolating (symptomatic)</p>	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.</p> <p>1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between November and December 2022, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) increased from 124 to 144. In December 2022, the “other” staff group had the largest number of self-isolating staff who were symptomatic.</p>	<p>1. Number of staff self isolating (asymptomatic)</p>  <p>2. Number of staff self isolating (symptomatic)</p> 																																																																																				
<p>3. % staff sickness</p>	<p>% Staff sickness The percentage of staff sickness absence due to COVID19 in December has increased from 0.9% in November to 1.1% in December 2022</p>	<p align="center">% staff sickness</p> <table border="1"> <thead> <tr> <th></th> <th>Dec-21</th> <th>Jan-22</th> <th>Feb-22</th> <th>Mar-22</th> <th>Apr-22</th> <th>May-22</th> <th>Jun-22</th> <th>Jul-22</th> <th>Aug-22</th> <th>Sep-22</th> <th>Oct-22</th> <th>Nov-22</th> <th>Dec-22</th> </tr> </thead> <tbody> <tr> <td>Medical</td> <td>0.3%</td> <td>3.0%</td> <td>1.5%</td> <td>4.6%</td> <td>4.1%</td> <td>1.8%</td> <td>3.5%</td> <td>4.9%</td> <td>1.8%</td> <td>0.2%</td> <td>1.1%</td> <td>0.7%</td> <td>1.2%</td> </tr> <tr> <td>Nursing Reg</td> <td>5.3%</td> <td>3.4%</td> <td>2.0%</td> <td>3.1%</td> <td>2.4%</td> <td>1.1%</td> <td>2.8%</td> <td>2.4%</td> <td>1.3%</td> <td>1.1%</td> <td>1.2%</td> <td>0.9%</td> <td>1.1%</td> </tr> <tr> <td>Nursing Non Reg</td> <td>6.5%</td> <td>4.5%</td> <td>3.1%</td> <td>3.7%</td> <td>3.2%</td> <td>2.1%</td> <td>2.7%</td> <td>2.7%</td> <td>1.2%</td> <td>1.1%</td> <td>1.3%</td> <td>1.6%</td> <td>1.5%</td> </tr> <tr> <td>Other</td> <td>2.7%</td> <td>2.2%</td> <td>1.4%</td> <td>2.6%</td> <td>1.8%</td> <td>0.8%</td> <td>1.8%</td> <td>1.6%</td> <td>0.5%</td> <td>0.6%</td> <td>0.6%</td> <td>0.7%</td> <td>0.9%</td> </tr> <tr> <td>All</td> <td>3.9%</td> <td>3.0%</td> <td>1.8%</td> <td>3.1%</td> <td>2.3%</td> <td>1.2%</td> <td>2.4%</td> <td>2.2%</td> <td>1.0%</td> <td>0.8%</td> <td>0.9%</td> <td>0.9%</td> <td>1.1%</td> </tr> </tbody> </table>		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Medical	0.3%	3.0%	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	Nursing Reg	5.3%	3.4%	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	Nursing Non Reg	6.5%	4.5%	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	Other	2.7%	2.2%	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	All	3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%
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UNSCHEDULED CARE

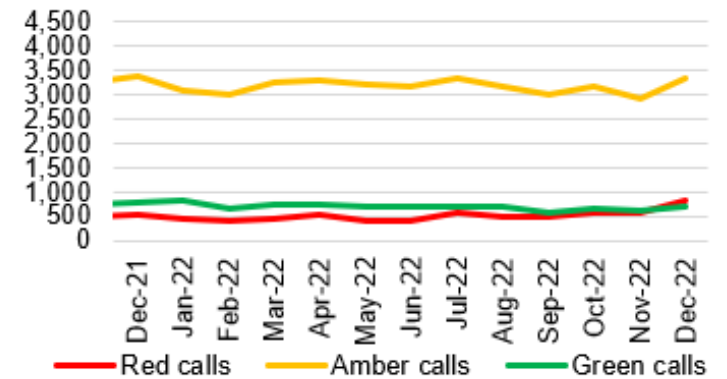
Description	Current Performance	Actions of Improvement
Ambulance responses 1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. 2. The number of ambulance calls by category. 3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)	In December 2022, the number of red calls responded to within 8 minutes decreased to 40.6%, from 45.5% in November 2022. In December 2022, the number of green calls increased by 13%, amber calls increased by 14%, and red calls increased by 38% compared with November 2022.	Ambulance response rates have seen a deterioration in performance in November 2022. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.

Trend

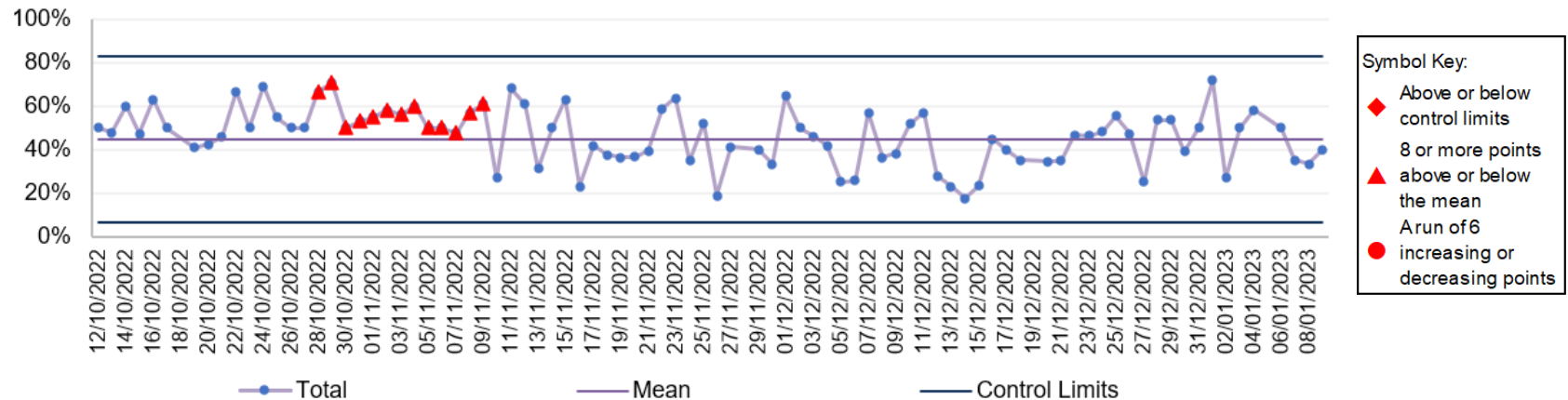
1. % of red calls responded to within 8 minutes



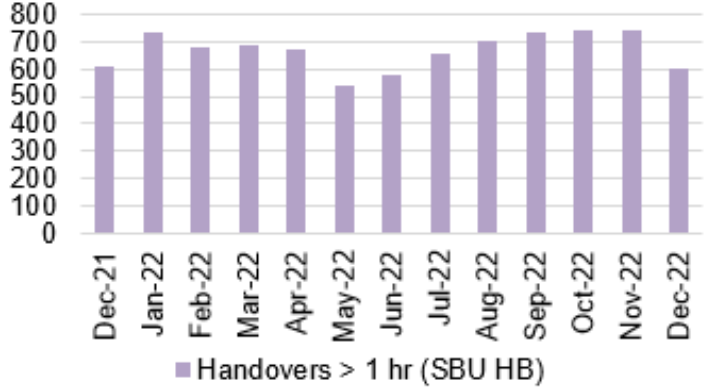
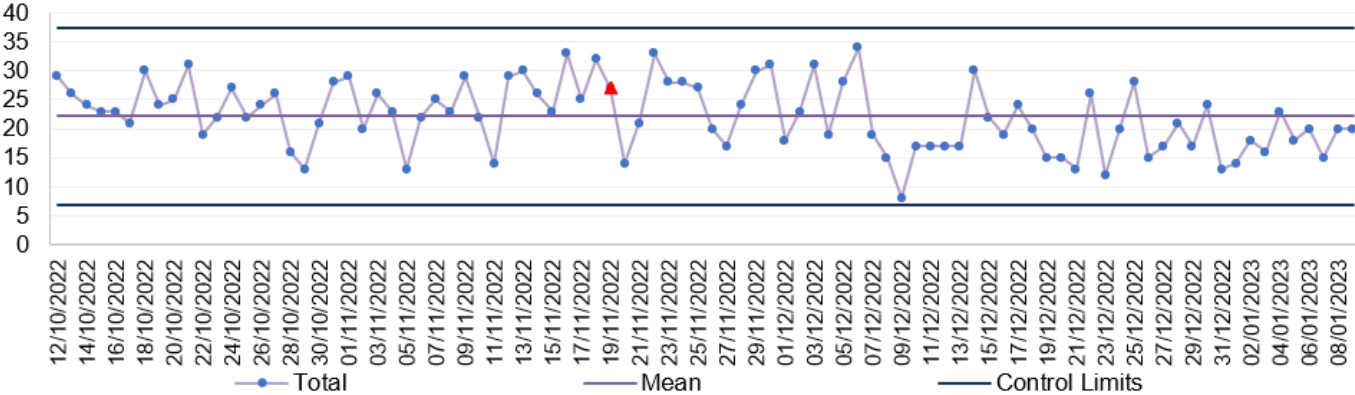
2. Number of ambulance call responses



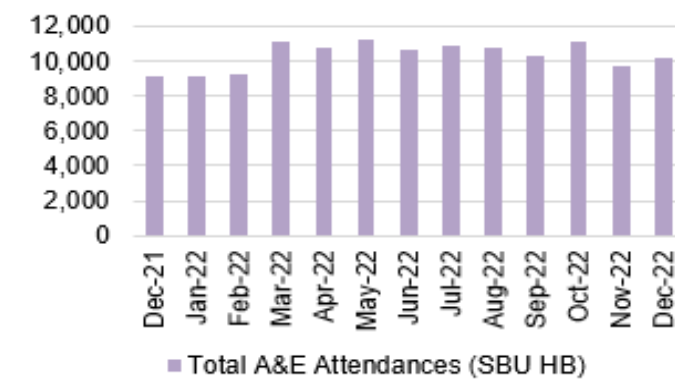
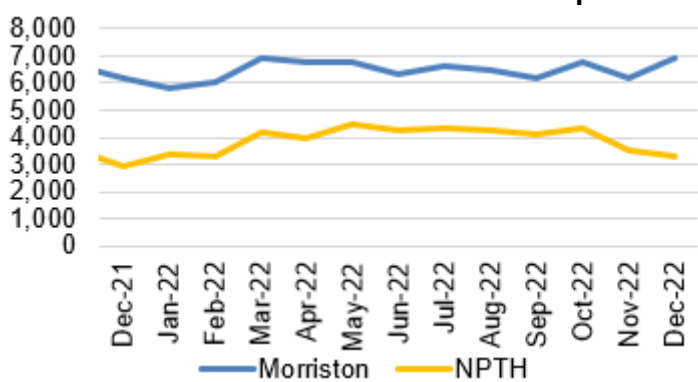
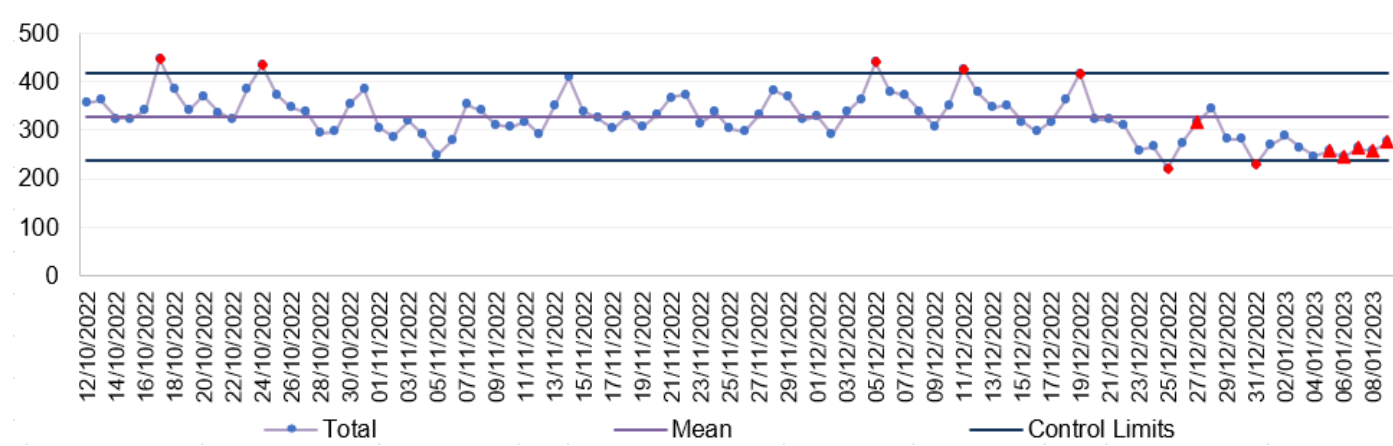
3. % of red calls responded to within 8 minutes – HB total last 90 days



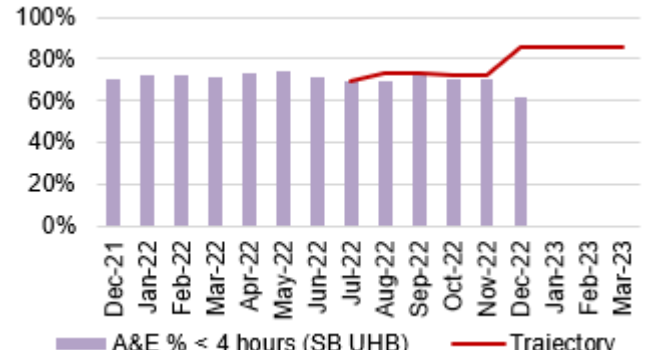
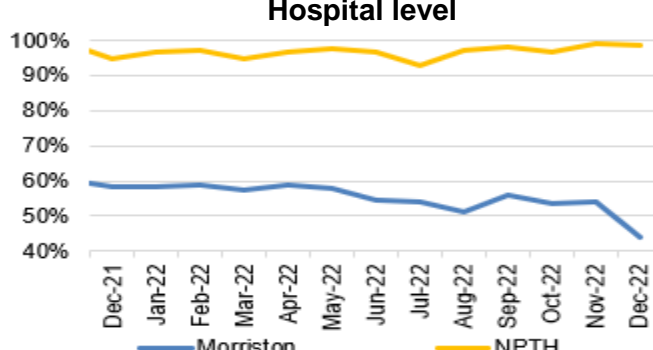
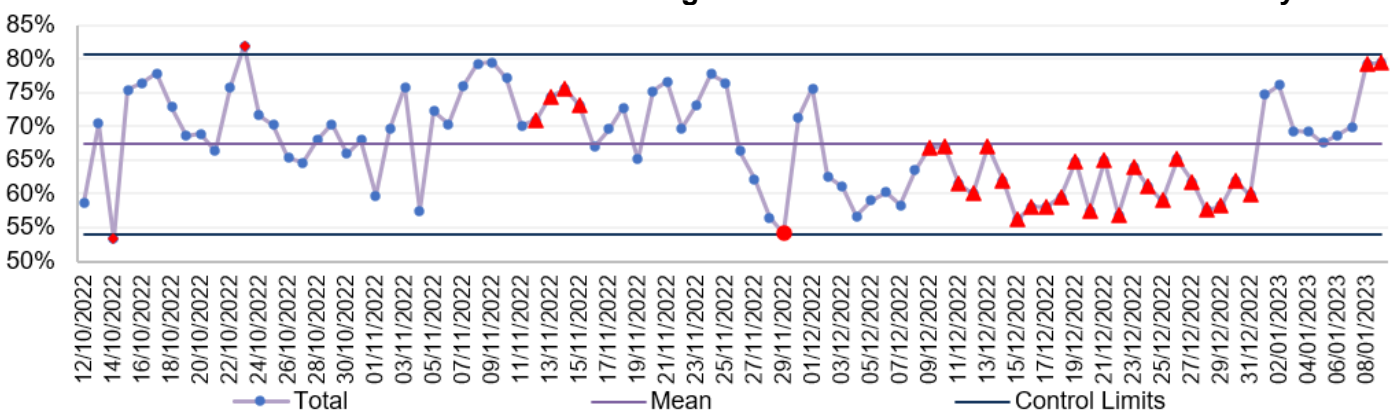
UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement
Ambulance handovers 1.The number of ambulance handovers over one hour 2. The number of ambulance handovers over one hour- Hospital level 3.The number of ambulance handovers over one hour (last 90 days)	In December 2022, there were 614 ambulance to hospital handovers taking over 1 hour; this is a reduction in figures compared with 744 in November 2022. In December 2022, 592 handovers over 1 hour were attributed to Morriston Hospital and 22 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have decreased from 4,456 in November 2022 to 4,289 in December 2022.	Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction. Two dedicated ambulance co-ordinator roles are currently being recruited to, along with the expansion of the older persons assessment service – all of which has been implemented to support the pressure within the system.
	Trend	
	<div style="display: flex; justify-content: space-around;"> <div data-bbox="591 517 1234 544"> 1. Number of ambulance handovers- HB total </div> <div data-bbox="1420 517 2123 584"> 2. Number of ambulance handovers over 1 hour- Hospital level </div> </div>  <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div data-bbox="920 986 1671 1013"> 3. Number of ambulance handovers- HB total last 90 days </div> </div>  <div data-bbox="1839 1098 2085 1385" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Symbol Key: ◆ Above or below control limits ● 8 or more points ▲ above or below the mean ● Arun of 6 ● increasing or decreasing points </div>	

UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement
<p>A&E Attendances</p> <p>1. The number of attendances at emergency departments in the Health Board</p> <p>2. The number of attendances at emergency departments in the Health Board – Hospital level</p> <p>3. The number of attendances at emergency departments in the Health Board (last 90 days)</p>	<p>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 2022, there were 10,167 A&E attendances, this is 4% higher than November 2022.</p>	<p>There are several admission avoidance schemes in place in order to reduce the number of patients presenting at the A&E department which include; Rapid response therapies 7 day working, the WAST stack review and home first in-reach.</p>
	Trend	
	<p>1. Number of A&E attendances- HB total</p>  <p>■ Total A&E Attendances (SBU HB)</p>	<p>2. Number of A&E attendances- Hospital level</p>  <p>— Morriston — NPTH</p>
<p>3. Number of A&E attendances -HB total last 90 days</p>  <p>● Total — Mean — Control Limits</p> <div data-bbox="1836 1037 2083 1324" style="border: 1px solid black; padding: 5px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean ● Arun of 6 ● increasing or decreasing points </div>		

UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement
<p>A&E waiting times</p> <p><i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i></p> <p><i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i></p> <p><i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i></p>	<p>The Health Board's performance against the 4-hour measure deteriorated from 70.41% in November 2022 to 62.78% in December 2022. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 98.75% in December 2022. Morriston Hospital's performance deteriorated between November 2022 and December 2022 achieving 43.74% against the target.</p>	<p>Internal flow activities to support reduced occupancy and to improve flow throughout the day are being put in place, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with WAST colleagues to implement further pathways.</p>
	Trend	
	<p>1. % Patients waiting under 4 hours in A&E- HB total</p>  <p>2. % Patients waiting under 4 hours in A&E- Hospital level</p>  <p>3. % Patients waiting under 4 hours in A&E- HB total last 90 days</p> 	

UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement
<p>A&E waiting times</p> <p>1. Number of patients who spend 12 hours or more in A&E</p>	<p>In December 2022, performance against the 12-hour measure deteriorated compared with November 2022, increasing from 1,456 to 1,632. This is an increase of 531 compared to December 2021. All patients waiting over 12 hours in December 2022 were attributed to Morriston Hospital.</p>	<p>An additional four virtual wards were established in September 2022, therefore the full 8 now fully operational and the benefits of these are expected to be seen in the near future. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.</p>
<p>2. Number of patients who spend 12 hours or more in A&E- Hospital level</p> <p>3. Number of patients who spend 12 hours or more in A&E (last 90 days)</p>	Trend	
	<div style="display: flex; justify-content: space-around;"> <div data-bbox="481 550 1332 582"> <p>1. Number of patients waiting over 12 hours in A&E- HB total</p> </div> <div data-bbox="1433 550 2094 582"> <p>2. Number of patients waiting over 12 hours in A&E- Hospital level</p> </div> </div> <div style="margin-top: 20px;"> <p>3. Number of patients waiting over 12 hours in A&E – HB total last 90 days</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ● 8 or more points above or below the mean ● Arun of 6 ● increasing or decreasing points </div> </div>	

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Emergency admissions 1. The number of emergency inpatient admissions 2. The number of emergency inpatient admissions- Hospital level 3. The number of emergency inpatient admissions (last 90 days)	<p>In December 2022, there were 4,529 emergency admissions across the Health Board, which is 329 higher than November 2022. Singleton Hospital saw an in-month reduction, with 45 less admissions (from 875 in November 2022), Morriston Hospital saw an in-month increase from 3,207 admissions in November 2022 to 3,598 admissions in December 2022.</p>	<p>The increased number of emergency admissions is directly linked to the pressure within the system and the reduced flow from ED – this will be addressed by the previously referenced occupancy actions</p>																																																																																			
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Description	Current Performance	Actions of Improvement																																																																																																														
<p>Critical Care-Delayed Transfers of Care (DIOC)-Morrison Hospital</p> <p>1. Total Critical Care delayed discharges (hours)</p> <p>2. Average lost bed days per day</p> <p>3. Percentage of patients delayed: Up to 8 hours Between 8 and 24 hours Over 24 hours</p>	<p>In December 2022, there were a total of 80 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is a reduction when compared with 93 admissions in November 2022. December 2022, saw an increase in the number of delayed discharge hours from 3760.4 in November 2022 to 4218.55 in December 2022. The average lost bed days increased to 5.67 per day. The percentage of patients delayed over 24 hours increased from 60.56% in November 2022 to 71.43% in December 2022.</p>	<p>Delayed discharges from ICU are intimately linked to capacity and flow constraints within the general wards and health/social-care system in general. A minor increase in the current pressures within ED are having a direct impact on discharges from ICU.</p>																																																																																																														
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UNSCHEDULED CARE

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<p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In December 2022, there were on average 251 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In December 2022, Morriston Hospital had the largest proportion of clinically optimised patients with 102, followed by Neath Port Talbot Hospital with 80.</p> <p>Actions of Improvement; Continued work is underway by the Deputy Chief Operating Officer to explore opportunities to reduce the number of Clinically Optimised Patients in the Hospital by implementing new pathways. Consistent improvement in figures have been seen in recent months.</p>	<p>The number of clinically optimised patients by site</p> <table border="1"> <caption>Estimated data for Clinically Optimised Patients</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>110</td><td>60</td><td>80</td><td>15</td></tr> <tr><td>Jan-22</td><td>115</td><td>70</td><td>70</td><td>18</td></tr> <tr><td>Feb-22</td><td>125</td><td>70</td><td>90</td><td>15</td></tr> <tr><td>Mar-22</td><td>100</td><td>55</td><td>95</td><td>22</td></tr> <tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>22</td></tr> <tr><td>May-22</td><td>120</td><td>68</td><td>88</td><td>12</td></tr> <tr><td>Jun-22</td><td>145</td><td>65</td><td>90</td><td>18</td></tr> <tr><td>Jul-22</td><td>115</td><td>65</td><td>95</td><td>15</td></tr> <tr><td>Aug-22</td><td>120</td><td>70</td><td>100</td><td>12</td></tr> <tr><td>Sep-22</td><td>120</td><td>85</td><td>95</td><td>20</td></tr> <tr><td>Oct-22</td><td>110</td><td>75</td><td>100</td><td>15</td></tr> <tr><td>Nov-22</td><td>105</td><td>65</td><td>85</td><td>10</td></tr> <tr><td>Dec-22</td><td>102</td><td>60</td><td>80</td><td>10</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Dec-21	110	60	80	15	Jan-22	115	70	70	18	Feb-22	125	70	90	15	Mar-22	100	55	95	22	Apr-22	100	65	85	22	May-22	120	68	88	12	Jun-22	145	65	90	18	Jul-22	115	65	95	15	Aug-22	120	70	100	12	Sep-22	120	85	95	20	Oct-22	110	75	100	15	Nov-22	105	65	85	10	Dec-22	102	60	80	10
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<p>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</p>	<p>In December 2022, there were 33 elective procedures cancelled due to lack of beds on the day of surgery. This is 2 less cancellations than those seen in December 2021.</p> <p>Of the cancelled procedures, 26 of the cancellations were attributed to Morriston Hospital 6 were attributed to Neath Port Talbot Hospital and 1 was attributed to Singleton Hospital in December 2022.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Estimated data for Elective Procedures Cancelled</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>45</td><td>2</td><td>1</td></tr> <tr><td>Jan-22</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Feb-22</td><td>25</td><td>5</td><td>0</td></tr> <tr><td>Mar-22</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Apr-22</td><td>32</td><td>0</td><td>0</td></tr> <tr><td>May-22</td><td>55</td><td>0</td><td>0</td></tr> <tr><td>Jun-22</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Jul-22</td><td>28</td><td>0</td><td>0</td></tr> <tr><td>Aug-22</td><td>12</td><td>0</td><td>0</td></tr> <tr><td>Sep-22</td><td>30</td><td>0</td><td>0</td></tr> <tr><td>Oct-22</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Nov-22</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Dec-22</td><td>25</td><td>1</td><td>7</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Dec-21	45	2	1	Jan-22	15	0	0	Feb-22	25	5	0	Mar-22	35	0	0	Apr-22	32	0	0	May-22	55	0	0	Jun-22	35	0	0	Jul-22	28	0	0	Aug-22	12	0	0	Sep-22	30	0	0	Oct-22	35	0	0	Nov-22	25	0	0	Dec-22	25	1	7														
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HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																																			
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 22 cases of <i>E. coli</i> bacteraemia were identified in December 2022, of which 8 were hospital acquired and 14 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 21 cases for December 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>17</td><td>22</td></tr> <tr><td>Jan-22</td><td>15</td><td>22</td></tr> <tr><td>Feb-22</td><td>26</td><td>22</td></tr> <tr><td>Mar-22</td><td>21</td><td>22</td></tr> <tr><td>Apr-22</td><td>31</td><td>22</td></tr> <tr><td>May-22</td><td>21</td><td>22</td></tr> <tr><td>Jun-22</td><td>17</td><td>22</td></tr> <tr><td>Jul-22</td><td>21</td><td>22</td></tr> <tr><td>Aug-22</td><td>32</td><td>22</td></tr> <tr><td>Sep-22</td><td>15</td><td>22</td></tr> <tr><td>Oct-22</td><td>22</td><td>22</td></tr> <tr><td>Nov-22</td><td>23</td><td>22</td></tr> <tr><td>Dec-22</td><td>22</td><td>22</td></tr> <tr><td>Jan-23</td><td></td><td>21</td></tr> <tr><td>Feb-23</td><td></td><td>20</td></tr> <tr><td>Mar-23</td><td></td><td>20</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Dec-21	17	22	Jan-22	15	22	Feb-22	26	22	Mar-22	21	22	Apr-22	31	22	May-22	21	22	Jun-22	17	22	Jul-22	21	22	Aug-22	32	22	Sep-22	15	22	Oct-22	22	22	Nov-22	23	22	Dec-22	22	22	Jan-23		21	Feb-23		20	Mar-23		20
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Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none"> There were 13 cases of <i>Staph. aureus</i> bacteraemia in December 2022, of which 10 were hospital acquired and 3 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 5 cases for December 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>9</td><td>8</td></tr> <tr><td>Jan-22</td><td>13</td><td>8</td></tr> <tr><td>Feb-22</td><td>10</td><td>8</td></tr> <tr><td>Mar-22</td><td>11</td><td>8</td></tr> <tr><td>Apr-22</td><td>13</td><td>8</td></tr> <tr><td>May-22</td><td>18</td><td>7</td></tr> <tr><td>Jun-22</td><td>9</td><td>6</td></tr> <tr><td>Jul-22</td><td>12</td><td>6</td></tr> <tr><td>Aug-22</td><td>11</td><td>6</td></tr> <tr><td>Sep-22</td><td>13</td><td>6</td></tr> <tr><td>Oct-22</td><td>17</td><td>6</td></tr> <tr><td>Nov-22</td><td>8</td><td>6</td></tr> <tr><td>Dec-22</td><td>13</td><td>5</td></tr> <tr><td>Jan-23</td><td></td><td>5</td></tr> <tr><td>Feb-23</td><td></td><td>5</td></tr> <tr><td>Mar-23</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Dec-21	9	8	Jan-22	13	8	Feb-22	10	8	Mar-22	11	8	Apr-22	13	8	May-22	18	7	Jun-22	9	6	Jul-22	12	6	Aug-22	11	6	Sep-22	13	6	Oct-22	17	6	Nov-22	8	6	Dec-22	13	5	Jan-23		5	Feb-23		5	Mar-23		5
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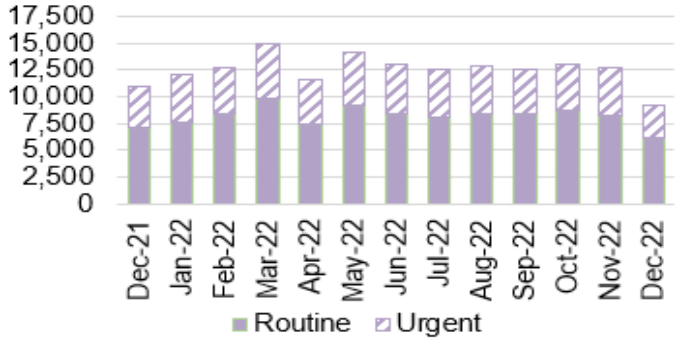
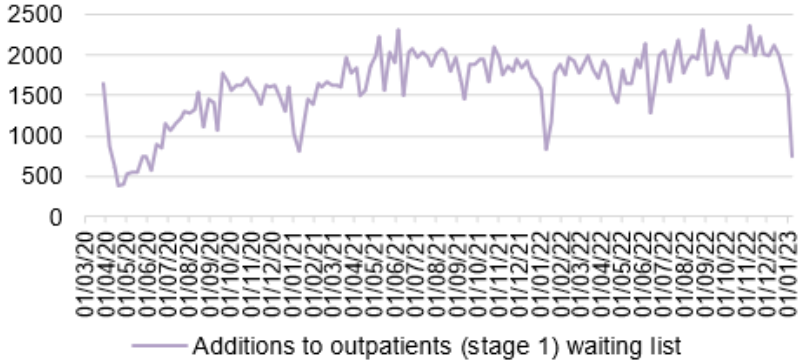
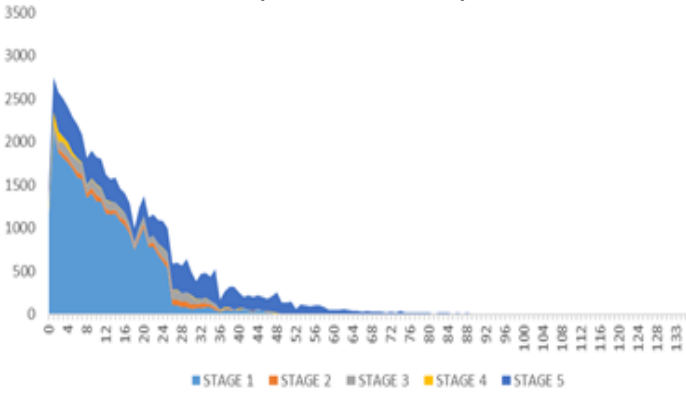
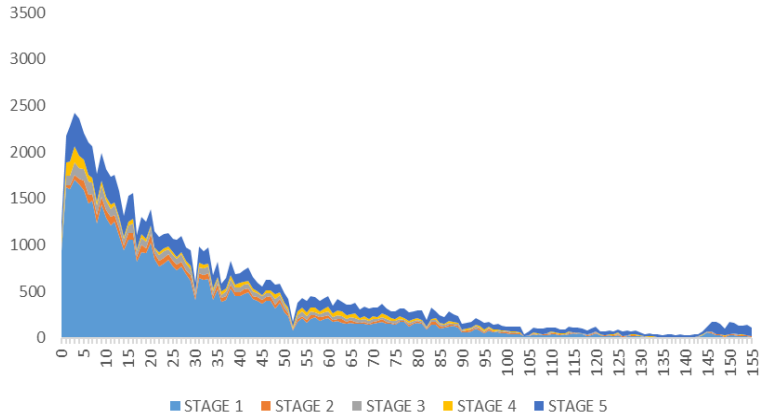
HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																		
<p>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i> Number of laboratory confirmed <i>C.difficile</i> cases</p>	<ul style="list-style-type: none"> There were 14 <i>Clostridium difficile</i> toxin positive cases in December 2022, of which 8 were hospital acquired and 6 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 8 cases for December 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired <i>C.difficile</i> cases</p> <table border="1" style="display: none;"> <caption>Number of healthcare acquired <i>C.difficile</i> cases</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>12</td></tr> <tr><td>Jan-22</td><td>14</td></tr> <tr><td>Feb-22</td><td>13</td></tr> <tr><td>Mar-22</td><td>18</td></tr> <tr><td>Apr-22</td><td>13</td></tr> <tr><td>May-22</td><td>11</td></tr> <tr><td>Jun-22</td><td>16</td></tr> <tr><td>Jul-22</td><td>16</td></tr> <tr><td>Aug-22</td><td>22</td></tr> <tr><td>Sep-22</td><td>14</td></tr> <tr><td>Oct-22</td><td>20</td></tr> <tr><td>Nov-22</td><td>21</td></tr> <tr><td>Dec-22</td><td>14</td></tr> <tr><td>Jan-23</td><td>8</td></tr> <tr><td>Feb-23</td><td>8</td></tr> <tr><td>Mar-23</td><td>7</td></tr> </tbody> </table> <p style="text-align: center;"> ■ Number of C.diff cases (SBU) — Trajectory </p>	Month	Number of C.diff cases (SBU)	Dec-21	12	Jan-22	14	Feb-22	13	Mar-22	18	Apr-22	13	May-22	11	Jun-22	16	Jul-22	16	Aug-22	22	Sep-22	14	Oct-22	20	Nov-22	21	Dec-22	14	Jan-23	8	Feb-23	8	Mar-23	7
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Feb-23	8																																			
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<p>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i> Number of laboratory confirmed <i>Klebsiella sp</i> cases</p>	<ul style="list-style-type: none"> There were 8 cases of <i>Klebsiella sp</i> in December 2022, of which 5 were hospital acquired and 3 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for December 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired <i>Klebsiella</i> cases</p> <table border="1" style="display: none;"> <caption>Number of healthcare acquired <i>Klebsiella</i> cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>9</td></tr> <tr><td>Jan-22</td><td>5</td></tr> <tr><td>Feb-22</td><td>4</td></tr> <tr><td>Mar-22</td><td>7</td></tr> <tr><td>Apr-22</td><td>6</td></tr> <tr><td>May-22</td><td>8</td></tr> <tr><td>Jun-22</td><td>8</td></tr> <tr><td>Jul-22</td><td>11</td></tr> <tr><td>Aug-22</td><td>8</td></tr> <tr><td>Sep-22</td><td>10</td></tr> <tr><td>Oct-22</td><td>7</td></tr> <tr><td>Nov-22</td><td>11</td></tr> <tr><td>Dec-22</td><td>8</td></tr> <tr><td>Jan-23</td><td>6</td></tr> <tr><td>Feb-23</td><td>5</td></tr> <tr><td>Mar-23</td><td>5</td></tr> </tbody> </table> <p style="text-align: center;"> ■ Number of Klebsiella cases (SBU) — Trajectory </p>	Month	Number of Klebsiella cases (SBU)	Dec-21	9	Jan-22	5	Feb-22	4	Mar-22	7	Apr-22	6	May-22	8	Jun-22	8	Jul-22	11	Aug-22	8	Sep-22	10	Oct-22	7	Nov-22	11	Dec-22	8	Jan-23	6	Feb-23	5	Mar-23	5
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HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																																			
<p>Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> There were 3 cases of <i>P.Aeruginosa</i> in December 2022, of which 1 was hospital acquired and two were community acquired. The Health Board total is currently above the Welsh Government Profile target of 2 cumulative case for December 2022. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <table border="1" style="margin-top: 10px;"> <caption>Data for Healthcare Acquired Pseudomonas Cases</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>4</td><td>2</td></tr> <tr><td>Jan-22</td><td>1</td><td>2</td></tr> <tr><td>Feb-22</td><td>3</td><td>2</td></tr> <tr><td>Mar-22</td><td>2</td><td>2</td></tr> <tr><td>Apr-22</td><td>2</td><td>2</td></tr> <tr><td>May-22</td><td>2</td><td>2</td></tr> <tr><td>Jun-22</td><td>4</td><td>2</td></tr> <tr><td>Jul-22</td><td>4</td><td>2</td></tr> <tr><td>Aug-22</td><td>3</td><td>2</td></tr> <tr><td>Sep-22</td><td>5</td><td>2</td></tr> <tr><td>Oct-22</td><td>6</td><td>1</td></tr> <tr><td>Nov-22</td><td>5</td><td>2</td></tr> <tr><td>Dec-22</td><td>3</td><td>2</td></tr> <tr><td>Jan-23</td><td>0</td><td>2</td></tr> <tr><td>Feb-23</td><td>0</td><td>2</td></tr> <tr><td>Mar-23</td><td>0</td><td>1</td></tr> </tbody> </table> <p>Legend: ■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Dec-21	4	2	Jan-22	1	2	Feb-22	3	2	Mar-22	2	2	Apr-22	2	2	May-22	2	2	Jun-22	4	2	Jul-22	4	2	Aug-22	3	2	Sep-22	5	2	Oct-22	6	1	Nov-22	5	2	Dec-22	3	2	Jan-23	0	2	Feb-23	0	2	Mar-23	0	1
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PLANNED CARE

Description	Current Performance	Actions of Improvement
<p>Referrals and shape of the waiting list</p> <p>1. GP Referrals <i>The number of Stage 1 additions per week</i></p> <p>2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i></p> <p>3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i></p> <p>4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2022</i></p>	<p>December 2022 has seen a reduction in referral figures compared with November 2022 (12,663). Referral rates have continued to rise slowly since December 2021, with 9,231 received in December 2022. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.</p>	<p>The number of referrals received has remained steady in recent months, and is now showing a consistent pattern of demand. Figures saw a predicted seasonal reduction for December 2022</p>
	Trend	
	<p>1. Number of GP referrals received by SBU Health Board</p> 	<p>2. Number of stage 1 additions per week</p> 
<p>3. Total size of the waiting list and movement (December 2019)</p> 	<p>4. Total size of the waiting list and movement (December 2022)</p> 	

PLANNED CARE		
Description	Current Performance	Actions of Improvement
Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, December 2022 saw an in-month reduction of 6% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 21,400 in November 2022 to 20,174 in December 2022. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by OMFS and Ophthalmology. Chart 4 shows that the number of attendances has remained steady in recent months</p>	<p>Administrative validation is currently taking place to further cleanse the waiting list position and reduce the number of patients on the waiting list inappropriately. Service Group specific recovery trajectories have been developed to further support recovery</p>
	Trend	
	<p>1. Number of stage 1 over 26 weeks- HB total</p> <p>■ Outpatients > 26 wks (SB UHB)</p>	<p>2. Number of stage 1 over 26 weeks- Hospital level</p> <p>— Morriston — Singleton — PCT — NPTH</p>
	<p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at December 2022</p>	<p>4. Outpatient activity undertaken</p> <p>— New outpatient attendances - - - Follow-up attendances</p>

PLANNED CARE		
Description	Current Performance	Actions of Improvement
<p>Patients waiting over 36 weeks for treatment</p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 52 weeks for treatment at Stage 1</p> <p>3. Number of elective admissions</p> <p>4. Number of patients waiting more than 104 weeks for treatment</p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In December 2022, there were 33,321 patients waiting over 36 weeks which is a 2.6% in-month reduction from November 2022. 22,634 of the 33,321 were waiting over 52 weeks in December 2022. In December 2022, there were 8,066 patients waiting over 104 weeks for treatment, which is a 11% reduction from November 2022.</p>	<p>Detailed demand and capacity work is ongoing to support the reduction of Stage 1 patients waiting for an outpatient appointment. Currently implementing planned care efficiency measures which include; over-booking clinics, improving treatment rates, increasing capacity, validation of pathways and internal administrative and clinical validation</p>
	Trend	
	<p>1. Number of patients waiting over 36 weeks- HB total</p> <p>Ministerial Target = 0 by 2026</p>	<p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p> <p>Ministerial Target = 0 by June 2023</p>
	<p>3. Number of elective admissions</p> <p>Admitted elective patients</p>	<p>4. Number of patients waiting over 104 weeks- HB total</p> <p>Ministerial Target = 0 by 2024</p>

PLANNED CARE

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<p>Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i></p>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In December 2022, 54.2% of patients were waiting under 26 weeks from referral to treatment, which is 0.2% less than those seen in December 2022.</p>	<p align="center">Percentage of patient waiting less than 26 weeks</p> <table border="1"> <caption>Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>% waiting < 26 wks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>50%</td></tr> <tr><td>Jan-22</td><td>50%</td></tr> <tr><td>Feb-22</td><td>50%</td></tr> <tr><td>Mar-22</td><td>50%</td></tr> <tr><td>Apr-22</td><td>50%</td></tr> <tr><td>May-22</td><td>50%</td></tr> <tr><td>Jun-22</td><td>50%</td></tr> <tr><td>Jul-22</td><td>50%</td></tr> <tr><td>Aug-22</td><td>50%</td></tr> <tr><td>Sep-22</td><td>50%</td></tr> <tr><td>Oct-22</td><td>50%</td></tr> <tr><td>Nov-22</td><td>50%</td></tr> <tr><td>Dec-22</td><td>54.2%</td></tr> <tr><td>Jan-23</td><td>50%</td></tr> <tr><td>Feb-23</td><td>50%</td></tr> <tr><td>Mar-23</td><td>50%</td></tr> </tbody> </table> <p align="center">Ministerial Target = 95% by 2026</p>	Month	% waiting < 26 wks (SBU HB)	Dec-21	50%	Jan-22	50%	Feb-22	50%	Mar-22	50%	Apr-22	50%	May-22	50%	Jun-22	50%	Jul-22	50%	Aug-22	50%	Sep-22	50%	Oct-22	50%	Nov-22	50%	Dec-22	54.2%	Jan-23	50%	Feb-23	50%	Mar-23	50%
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<p>Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i></p>	<p>In December 2022, 69.9% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2022/23.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p align="center">Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 appointments attended within their clinical target date or within 25% beyond their clinical target date</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>60%</td></tr> <tr><td>Jan-22</td><td>60%</td></tr> <tr><td>Feb-22</td><td>60%</td></tr> <tr><td>Mar-22</td><td>60%</td></tr> <tr><td>Apr-22</td><td>60%</td></tr> <tr><td>May-22</td><td>60%</td></tr> <tr><td>Jun-22</td><td>60%</td></tr> <tr><td>Jul-22</td><td>60%</td></tr> <tr><td>Aug-22</td><td>60%</td></tr> <tr><td>Sep-22</td><td>60%</td></tr> <tr><td>Oct-22</td><td>60%</td></tr> <tr><td>Nov-22</td><td>60%</td></tr> <tr><td>Dec-22</td><td>69.9%</td></tr> </tbody> </table> <p align="center">Target = 100%</p>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Dec-21	60%	Jan-22	60%	Feb-22	60%	Mar-22	60%	Apr-22	60%	May-22	60%	Jun-22	60%	Jul-22	60%	Aug-22	60%	Sep-22	60%	Oct-22	60%	Nov-22	60%	Dec-22	69.9%						
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<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In December 2022, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,627 in November 2022 to 6,607 in December 2022.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for December 2022:</p> <ul style="list-style-type: none"> • Endoscopy= 4,289 ^ • Cardiac tests= 784^ • Other Diagnostics = 1,534^ <p>Actions of Improvement; Endoscopy waits have increased slightly this month and the figures remain above the submitted trajectory. The Endoscopy team have implemented several actions to support future improvement, and are currently in the process of reviewing their regional Endoscopy plan</p>	<p>Number of patients waiting longer than 8 weeks for Endoscopy</p> <p>Ministerial Target = Endoscopy waits > 8 Weeks will be 0 by Spring 2024</p>
<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In December 2022 there were 527 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in December 2022 are:</p> <ul style="list-style-type: none"> • Podiatry = 249 • Speech & Language Therapy= 120^ • Dietetics = 47^ • Physiotherapy = 105^ <p>Actions of Improvement; The Service Group have already identified the previous declining position in both Dietetics and Podiatry and have developed detailed recovery trajectories in both areas. Podiatry have developed a revised recovery trajectory for Q4, with Dietetics working through their deadline for recovery. SLT are also working through recovery solutions to implement in the coming months.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p>

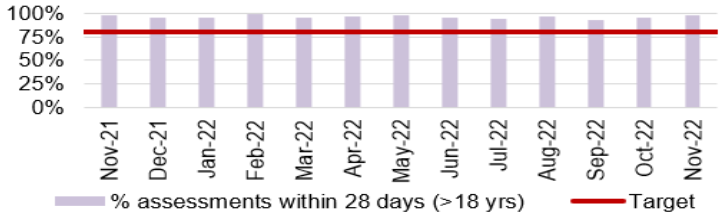
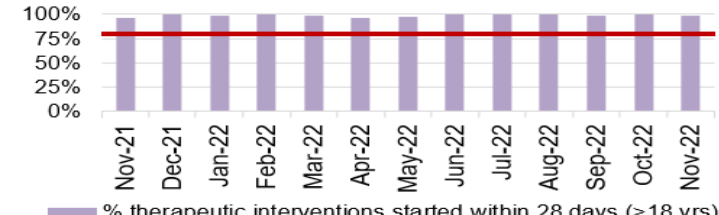

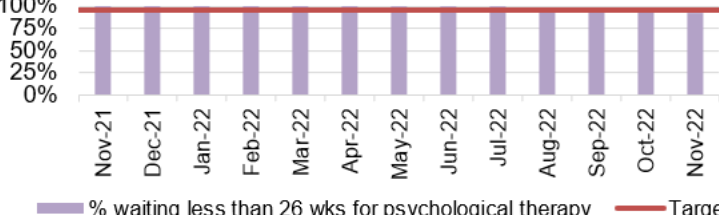
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Single Cancer Pathway backlog- patients waiting over 63 days	November 2022 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction; <ul style="list-style-type: none"> - Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast. - Focussed work is being undertaken with the Endoscopy service to develop a sustainable Endoscopy plan - Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority - Increased USC activity in Radiology has improved access and reduced waiting times - Tracking capacity was increased earlier this year to support data quality 	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion 																																																

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<p>USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>To date, early January 2023 figures show total wait volumes for first outpatient appointment have decreased by 25% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 72% have been booked, which is an improvement on previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early January 2023</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th> <th>01-Jan</th> <th>08-Jan</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>2</td><td>0</td></tr> <tr><td>Breast</td><td>1</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>0</td><td>0</td></tr> <tr><td>Gynaecological</td><td>154</td><td>76</td></tr> <tr><td>Haematological</td><td>12</td><td>2</td></tr> <tr><td>Head and Neck</td><td>97</td><td>81</td></tr> <tr><td>Lower GI</td><td>52</td><td>57</td></tr> <tr><td>Lung</td><td>14</td><td>8</td></tr> <tr><td>Other</td><td>44</td><td>61</td></tr> <tr><td>Sarcoma</td><td>0</td><td>0</td></tr> <tr><td>Skin</td><td>136</td><td>88</td></tr> <tr><td>Upper GI</td><td>44</td><td>41</td></tr> <tr><td>Urological</td><td>17</td><td>17</td></tr> <tr><td></td><td>573</td><td>431</td></tr> </tbody> </table>	FIRST OPA	01-Jan	08-Jan	Acute Leukaemia	0	0	Brain/CNS	2	0	Breast	1	0	Children's Cancer	0	0	Gynaecological	154	76	Haematological	12	2	Head and Neck	97	81	Lower GI	52	57	Lung	14	8	Other	44	61	Sarcoma	0	0	Skin	136	88	Upper GI	44	41	Urological	17	17		573	431
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<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In December 2022, the overall size of the follow-up waiting list increased marginally by 19 patients compared with November 2022 (from 143,899 to 143,916).</p> <p>In December 2022, there was a total of 62,504 patients waiting for a follow-up past their target date. This is a slight in-month reduction of 0.01% (from 62,512 in November 2022 to 62,504).</p> <p>Of the 62,504 delayed follow-ups in December 2022, 10,259 had appointment dates and 52,245 were still waiting for an appointment.</p> <p>In addition, 36,761 patients were waiting 100%+ over target date in December 2022. This is a 0.02% reduction when compared with November 2022.</p> <p>Actions of Improvement; An internal SBUHB validation is in place to support validation work. Alongside this, Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach. This work has begun and is focussing on services with the longest waits</p>	<p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>Data for Chart 1: Total number of patients waiting for a follow-up</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>143,899</td></tr> <tr><td>Jan-22</td><td>143,899</td></tr> <tr><td>Feb-22</td><td>143,899</td></tr> <tr><td>Mar-22</td><td>143,899</td></tr> <tr><td>Apr-22</td><td>143,899</td></tr> <tr><td>May-22</td><td>143,899</td></tr> <tr><td>Jun-22</td><td>143,899</td></tr> <tr><td>Jul-22</td><td>143,899</td></tr> <tr><td>Aug-22</td><td>143,899</td></tr> <tr><td>Sep-22</td><td>143,899</td></tr> <tr><td>Oct-22</td><td>143,899</td></tr> <tr><td>Nov-22</td><td>143,899</td></tr> <tr><td>Dec-22</td><td>143,916</td></tr> </tbody> </table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>Data for Chart 2: Delayed follow-ups: Number of patients waiting 100% over target</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>36,761</td></tr> <tr><td>Jan-22</td><td>36,761</td></tr> <tr><td>Feb-22</td><td>36,761</td></tr> <tr><td>Mar-22</td><td>36,761</td></tr> <tr><td>Apr-22</td><td>36,761</td></tr> <tr><td>May-22</td><td>36,761</td></tr> <tr><td>Jun-22</td><td>36,761</td></tr> <tr><td>Jul-22</td><td>36,761</td></tr> <tr><td>Aug-22</td><td>36,761</td></tr> <tr><td>Sep-22</td><td>36,761</td></tr> <tr><td>Oct-22</td><td>36,761</td></tr> <tr><td>Nov-22</td><td>36,761</td></tr> <tr><td>Dec-22</td><td>36,761</td></tr> <tr><td>Jan-23</td><td>36,761</td></tr> <tr><td>Feb-23</td><td>36,761</td></tr> <tr><td>Mar-23</td><td>36,761</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>	Month	Number of patients	Dec-21	143,899	Jan-22	143,899	Feb-22	143,899	Mar-22	143,899	Apr-22	143,899	May-22	143,899	Jun-22	143,899	Jul-22	143,899	Aug-22	143,899	Sep-22	143,899	Oct-22	143,899	Nov-22	143,899	Dec-22	143,916	Month	Number of patients	Dec-21	36,761	Jan-22	36,761	Feb-22	36,761	Mar-22	36,761	Apr-22	36,761	May-22	36,761	Jun-22	36,761	Jul-22	36,761	Aug-22	36,761	Sep-22	36,761	Oct-22	36,761	Nov-22	36,761	Dec-22	36,761	Jan-23	36,761	Feb-23	36,761	Mar-23	36,761
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STROKE		
Description	Current Performance	Trend
<p>Stroke Measures</p> <p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <p>2. % of patients who received a CT Scan within 1 hour</p> <p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p>	<p>1. In December 2022, 6% of patients had a direct admission to an acute stroke unit within 4 hours. This is an deterioration on the performance in November 2022 (14%).</p> <p>2. In December 2022, 31% of patients received a CT scan within 1 hour of being admitted, this is 6% lower than November 2022</p> <p>3. 94% of patients were assessed by a stroke specialist consultant physician within 24 hours in December 2022, which is a slight improvement of 1.9% from November 2022.</p> <p>4. In December 2022, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes.</p> <p>Actions of Improvement; The lack of ring fenced beds on all wards across the hospital sites is challenging as bed capacity is limited by the pressures of unscheduled care demand. The lack of dedicated stroke beds is directly impacting the stroke related performance measures. Work is underway to focus on future stroke performance improvement.</p>	<p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <p>2. % of patients who received a CT Scan within 1 hour</p> <p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p>

ADULT MENTAL HEALTH

Description	Current Performance	Trend
<p>Adult Mental Health Measures:</p> <ol style="list-style-type: none"> <i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i> <i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i> <i>% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</i> <i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i> 	<ol style="list-style-type: none"> In November 2022, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over. In November 2022, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 98%. 91% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in November 2022. In November 2022, 93% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%. 	<ol style="list-style-type: none"> % Mental Health assessments undertaken within 28 days from receipt of referral  % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment  % residents with a valid Care and Treatment Plan (CTP)  % waiting less than 26 weeks for Psychology Therapy 

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In November 2022, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 89% of routine assessments were undertaken within 28 days from referral in November 2022 against a target of 80%.</p> <p>3. 27% of therapeutic interventions were started within 28 days following assessment by LPMHSS in November 2022.</p> <p>4. 39% of NDD patients received a diagnostic assessment within 26 weeks in November 2022 against a target of 80%.</p> <p>5. 89% of routine assessments by SCAMHS were undertaken within 28 days in November 2022.</p>	<p align="center">1. Crisis- assessment within 48 hours</p> <p align="center">2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p align="center">4. NDD- assessment within 26 weeks</p> <p align="center">5. S-CAMHS % assessments within 28 days</p>

4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES

FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend
<p>Fractured Neck of Femur (#NOF)</p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p>1. Prompt orthogeriatric assessment- In November 2022, 94% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In November 2022, 24.6% of patients had surgery the day following presentation with a hip fracture. This is a 32.5% deterioration from November 2021 which was 57.1%</p> <p>3. NICE compliant surgery- 73% of operations were consistent with the NICE recommendations in November 2022. This is 2.7% more than in November 2021.</p> <p>4. Prompt mobilisation- In November 2022, 75.5% of patients were out of bed the day after surgery. This is 4.3% more than in November 2021.</p>	<p align="center">1. Prompt orthogeriatric assessment</p> <p align="center">2. Prompt surgery</p> <p align="center">3. NICE compliant Surgery</p> <p align="center">4. Prompt mobilisation</p>

FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend																																																								
<p>5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i></p>	<p>5. Not delirious when tested- 76.2% of patients were not delirious in the week after their operation in November 2022.</p>	<p align="center">5. Not delirious when tested</p> <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Dec-21</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Jan-22</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Feb-22</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Mar-22</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Apr-22</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>May-22</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Jun-22</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Jul-22</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Aug-22</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Sep-22</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Oct-22</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Nov-22</td><td>76.2</td><td>60</td><td>60</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Nov-21	75	60	60	Dec-21	75	60	60	Jan-22	75	60	60	Feb-22	75	60	60	Mar-22	75	60	60	Apr-22	75	60	60	May-22	75	60	60	Jun-22	75	60	60	Jul-22	75	60	60	Aug-22	75	60	60	Sep-22	75	60	60	Oct-22	75	60	60	Nov-22	76.2	60	60
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<p>6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i></p>	<p>6. Return to original residence- 69.9% of patients in November 2022 were discharged back to their original residence. This is 0.8% less than in November 2021.</p>	<p align="center">6. Return to original residence</p> <table border="1"> <caption>6. Return to original residence - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>75</td><td>75</td><td>75</td></tr> <tr><td>Dec-21</td><td>75</td><td>75</td><td>75</td></tr> <tr><td>Jan-22</td><td>75</td><td>75</td><td>75</td></tr> <tr><td>Feb-22</td><td>75</td><td>75</td><td>75</td></tr> <tr><td>Mar-22</td><td>75</td><td>75</td><td>75</td></tr> <tr><td>Apr-22</td><td>75</td><td>75</td><td>75</td></tr> <tr><td>May-22</td><td>75</td><td>75</td><td>75</td></tr> <tr><td>Jun-22</td><td>75</td><td>75</td><td>75</td></tr> <tr><td>Jul-22</td><td>75</td><td>75</td><td>75</td></tr> <tr><td>Aug-22</td><td>75</td><td>75</td><td>75</td></tr> <tr><td>Sep-22</td><td>75</td><td>75</td><td>75</td></tr> <tr><td>Oct-22</td><td>75</td><td>75</td><td>75</td></tr> <tr><td>Nov-22</td><td>69.9</td><td>75</td><td>75</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Nov-21	75	75	75	Dec-21	75	75	75	Jan-22	75	75	75	Feb-22	75	75	75	Mar-22	75	75	75	Apr-22	75	75	75	May-22	75	75	75	Jun-22	75	75	75	Jul-22	75	75	75	Aug-22	75	75	75	Sep-22	75	75	75	Oct-22	75	75	75	Nov-22	69.9	75	75
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<p>7. <i>30 day mortality rate</i></p>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p align="center">7. 30 day mortality rate</p> <table border="1"> <caption>7. 30 day mortality rate - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jan-20</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Feb-20</td><td>8.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Mar-20</td><td>8.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Apr-20</td><td>8.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>May-20</td><td>8.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Jun-20</td><td>8.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Jul-20</td><td>8.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Aug-20</td><td>8.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Sep-20</td><td>8.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Oct-20</td><td>8.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Nov-20</td><td>8.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Dec-20</td><td>8.5</td><td>6.9</td><td>7.6</td></tr> <tr><td>Jan-21</td><td>7.5</td><td>6.9</td><td>7.6</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.5	6.9	7.6	Feb-20	8.5	6.9	7.6	Mar-20	8.5	6.9	7.6	Apr-20	8.5	6.9	7.6	May-20	8.5	6.9	7.6	Jun-20	8.5	6.9	7.6	Jul-20	8.5	6.9	7.6	Aug-20	8.5	6.9	7.6	Sep-20	8.5	6.9	7.6	Oct-20	8.5	6.9	7.6	Nov-20	8.5	6.9	7.6	Dec-20	8.5	6.9	7.6	Jan-21	7.5	6.9	7.6
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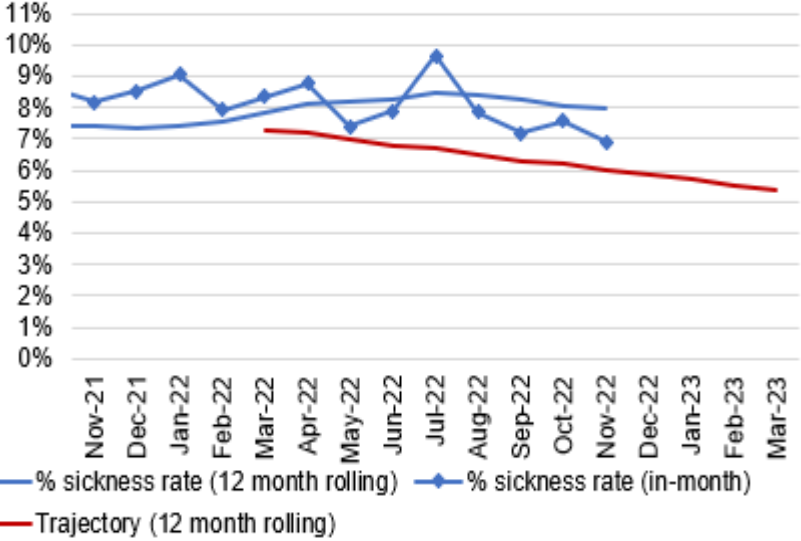
PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
<p>Number of pressure ulcers</p> <p>1. Total number of pressure ulcers developed in hospital and in the community</p> <p>2. Rate of pressure ulcers per 100,000 admission</p>	<p>1. In November 2022 there were 114 cases of healthcare acquired pressure ulcers, 45 of which were community acquired and 69 were hospital acquired.</p> <p>There were 14 grade 3+ pressure ulcers in November 2022, 7 of which were community acquired and 7 were hospital acquired.</p> <p>2. The rate per 100,000 admissions increased from 556 in September 2022 to 797 in October 2022.</p>	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table border="1"> <caption>Data for Pressure Ulcers Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Pressure Ulcers (Community)</th> <th>Pressure Ulcers (Hospital)</th> <th>Rate per 100,000 admissions</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>30</td><td>40</td><td>500</td></tr> <tr><td>Dec-21</td><td>55</td><td>60</td><td>700</td></tr> <tr><td>Jan-22</td><td>30</td><td>35</td><td>800</td></tr> <tr><td>Feb-22</td><td>40</td><td>50</td><td>600</td></tr> <tr><td>Mar-22</td><td>50</td><td>50</td><td>600</td></tr> <tr><td>Apr-22</td><td>30</td><td>45</td><td>550</td></tr> <tr><td>May-22</td><td>35</td><td>55</td><td>650</td></tr> <tr><td>Jun-22</td><td>30</td><td>50</td><td>600</td></tr> <tr><td>Jul-22</td><td>30</td><td>50</td><td>600</td></tr> <tr><td>Aug-22</td><td>50</td><td>55</td><td>600</td></tr> <tr><td>Sep-22</td><td>40</td><td>40</td><td>550</td></tr> <tr><td>Oct-22</td><td>40</td><td>60</td><td>797</td></tr> <tr><td>Nov-22</td><td>45</td><td>69</td><td>797</td></tr> </tbody> </table>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,000 admissions	Nov-21	30	40	500	Dec-21	55	60	700	Jan-22	30	35	800	Feb-22	40	50	600	Mar-22	50	50	600	Apr-22	30	45	550	May-22	35	55	650	Jun-22	30	50	600	Jul-22	30	50	600	Aug-22	50	55	600	Sep-22	40	40	550	Oct-22	40	60	797	Nov-22	45	69	797
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<p>Inpatient Falls</p> <p>The total number of inpatient falls</p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 184 in December 2022. This is 12% less than December 2021 where 208 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Data for Inpatient Falls Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Hospital falls</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>208</td></tr> <tr><td>Jan-22</td><td>195</td></tr> <tr><td>Feb-22</td><td>195</td></tr> <tr><td>Mar-22</td><td>205</td></tr> <tr><td>Apr-22</td><td>185</td></tr> <tr><td>May-22</td><td>175</td></tr> <tr><td>Jun-22</td><td>165</td></tr> <tr><td>Jul-22</td><td>165</td></tr> <tr><td>Aug-22</td><td>210</td></tr> <tr><td>Sep-22</td><td>170</td></tr> <tr><td>Oct-22</td><td>175</td></tr> <tr><td>Nov-22</td><td>175</td></tr> <tr><td>Dec-22</td><td>184</td></tr> </tbody> </table>	Month	Hospital falls	Dec-21	208	Jan-22	195	Feb-22	195	Mar-22	205	Apr-22	185	May-22	175	Jun-22	165	Jul-22	165	Aug-22	210	Sep-22	170	Oct-22	175	Nov-22	175	Dec-22	184																												
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NATIONALLY REPORTABLE INCIDENTS

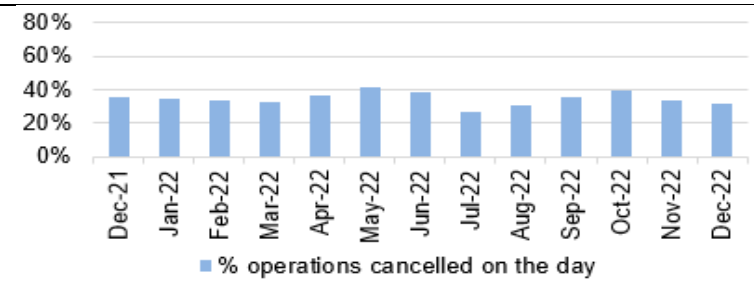
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<p>Nationally Reportable Incidents (NRI's)-</p> <p>1. <i>The number of Nationally reportable incidents</i></p> <p>2. <i>The number of Never Events</i></p> <p>3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 8 Nationally Reportable Incidents for the month of December 2022 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - Morriston – 2 - Primary Care – 4 - MH&LD - 2 <p>2. There were no new Never Event reported in December 2022.</p> <p>3. In December 2022, performance against the 80% target of submitting closure forms to WG within agreed timescales was 85%.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p> <table border="1"> <caption>Number of nationally reportable incidents and never events</caption> <thead> <tr> <th>Month</th> <th>Number of Nationally Reportable Incidents</th> <th>Number of never events</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>2</td><td>0</td></tr> <tr><td>Jan-22</td><td>5</td><td>0</td></tr> <tr><td>Feb-22</td><td>3</td><td>1</td></tr> <tr><td>Mar-22</td><td>7</td><td>0</td></tr> <tr><td>Apr-22</td><td>1</td><td>0</td></tr> <tr><td>May-22</td><td>7</td><td>2</td></tr> <tr><td>Jun-22</td><td>2</td><td>0</td></tr> <tr><td>Jul-22</td><td>1</td><td>1</td></tr> <tr><td>Aug-22</td><td>11</td><td>0</td></tr> <tr><td>Sep-22</td><td>15</td><td>0</td></tr> <tr><td>Oct-22</td><td>9</td><td>0</td></tr> <tr><td>Nov-22</td><td>10</td><td>2</td></tr> <tr><td>Dec-22</td><td>8</td><td>0</td></tr> </tbody> </table> <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p> <p>3. % of nationally reportable incidents closed within the agreed timescales</p> <table border="1"> <caption>% of nationally reportable incidents closed within the agreed timescales</caption> <thead> <tr> <th>Month</th> <th>% NRI's assured</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>0%</td><td>80%</td></tr> <tr><td>Jan-22</td><td>25%</td><td>80%</td></tr> <tr><td>Feb-22</td><td>0%</td><td>80%</td></tr> <tr><td>Mar-22</td><td>32%</td><td>80%</td></tr> <tr><td>Apr-22</td><td>25%</td><td>80%</td></tr> <tr><td>May-22</td><td>100%</td><td>80%</td></tr> <tr><td>Jun-22</td><td>32%</td><td>80%</td></tr> <tr><td>Jul-22</td><td>0%</td><td>80%</td></tr> <tr><td>Aug-22</td><td>0%</td><td>80%</td></tr> <tr><td>Sep-22</td><td>0%</td><td>80%</td></tr> <tr><td>Oct-22</td><td>75%</td><td>80%</td></tr> <tr><td>Nov-22</td><td>72%</td><td>80%</td></tr> <tr><td>Dec-22</td><td>85%</td><td>80%</td></tr> </tbody> </table> <p>■ % NRI's assured — Target</p>	Month	Number of Nationally Reportable Incidents	Number of never events	Dec-21	2	0	Jan-22	5	0	Feb-22	3	1	Mar-22	7	0	Apr-22	1	0	May-22	7	2	Jun-22	2	0	Jul-22	1	1	Aug-22	11	0	Sep-22	15	0	Oct-22	9	0	Nov-22	10	2	Dec-22	8	0	Month	% NRI's assured	Target	Dec-21	0%	80%	Jan-22	25%	80%	Feb-22	0%	80%	Mar-22	32%	80%	Apr-22	25%	80%	May-22	100%	80%	Jun-22	32%	80%	Jul-22	0%	80%	Aug-22	0%	80%	Sep-22	0%	80%	Oct-22	75%	80%	Nov-22	72%	80%	Dec-22	85%	80%
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WORKFORCE

Description	Current Performance	Trend																		
<p>Staff sickness rates- <i>Percentage of sickness absence rate of staff</i></p>	<ul style="list-style-type: none"> Our in-month sickness performance improved from 7.57% in October 2022 to 6.92% in November 2022. The 12-month rolling performance improved slightly from 8.08% in October 2022 to 7.99% in November 2022. The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in 2022. <table border="1" data-bbox="517 703 1200 1361"> <thead> <tr> <th>Absence Reason</th> <th>FTE Days Lost</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Anxiety/ stress/ depression/ other psychiatric illnesses</td> <td>7528.15</td> <td>30.5%</td> </tr> <tr> <td>Other known causes – not elsewhere classified</td> <td>2099.21</td> <td>8.5%</td> </tr> <tr> <td>Other musculoskeletal problems</td> <td>2098.49</td> <td>8.5%</td> </tr> <tr> <td>Infectious diseases</td> <td>2035.07</td> <td>8.2%</td> </tr> <tr> <td>Gastrointestinal problems</td> <td>1587.19</td> <td>6.4%</td> </tr> </tbody> </table>	Absence Reason	FTE Days Lost	%	Anxiety/ stress/ depression/ other psychiatric illnesses	7528.15	30.5%	Other known causes – not elsewhere classified	2099.21	8.5%	Other musculoskeletal problems	2098.49	8.5%	Infectious diseases	2035.07	8.2%	Gastrointestinal problems	1587.19	6.4%	<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)</p>  <p>Legend: —◆— % sickness rate (12 month rolling) —■— % sickness rate (in-month) — Trajectory (12 month rolling)</p>
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This is 7% higher than the figure reported in November 2022 and is 9% higher than figures seen in December 2021.</p> <p>Of the operations cancelled in December 2022, 32% of them were cancelled on the day. This is a improvement from 34% in November 2022.</p>	<p>1. Theatre Utilisation Rates</p> <table border="1"> <caption>1. Theatre Utilisation Rates (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>62%</td></tr> <tr><td>Jan-22</td><td>70%</td></tr> <tr><td>Feb-22</td><td>68%</td></tr> <tr><td>Mar-22</td><td>68%</td></tr> <tr><td>Apr-22</td><td>68%</td></tr> <tr><td>May-22</td><td>75%</td></tr> <tr><td>Jun-22</td><td>80%</td></tr> <tr><td>Jul-22</td><td>70%</td></tr> <tr><td>Aug-22</td><td>59%</td></tr> <tr><td>Sep-22</td><td>68%</td></tr> <tr><td>Oct-22</td><td>75%</td></tr> <tr><td>Nov-22</td><td>70%</td></tr> <tr><td>Dec-22</td><td>59%</td></tr> </tbody> </table> <p>2. 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PATIENT EXPERIENCE

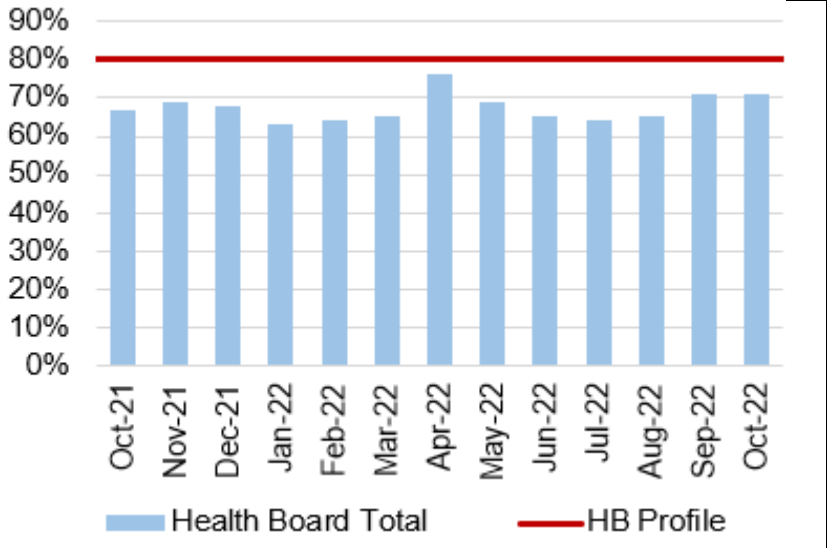
Description	Current Performance	Trend
<p>Patient experience</p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p>	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in December 2022 was 89% and 3,569 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 2,071 surveys in December 2022, with a recommended score of 92%. Morrison Hospital completed 1,355 surveys in December 2022, with a recommended score of 84%. Primary & Community Care completed 143 surveys for December 2022, with a recommended score of 94%. The Mental Health Service Group completed 14 surveys for December 2022, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p>

COMPLAINTS		
Description	Current Performance	Trend
<p>Patient concerns</p> <p><i>1. Number of formal complaints received</i></p> <p><i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days</i></p>	<p>1. In October 2022, the Health Board received 140 formal complaints; this is a 4% increase on the number seen in September 2022.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 71% in October 2022, against the Welsh Government target of 75% and Health Board target of 80%.</p>	<p>1. Number of formal complaints received</p> <p>2. Response rate for concerns within 30 days</p>

from the date the concern was first received by the organisation

Below is a breakdown of performance against the 30-day response target:

	30 day response rate
Neath Port Talbot Hospital	33%
Morrison Hospital	83%
Mental Health & Learning Disabilities	50%
Primary, Community and Therapies	67%
Singleton Hospital	67%



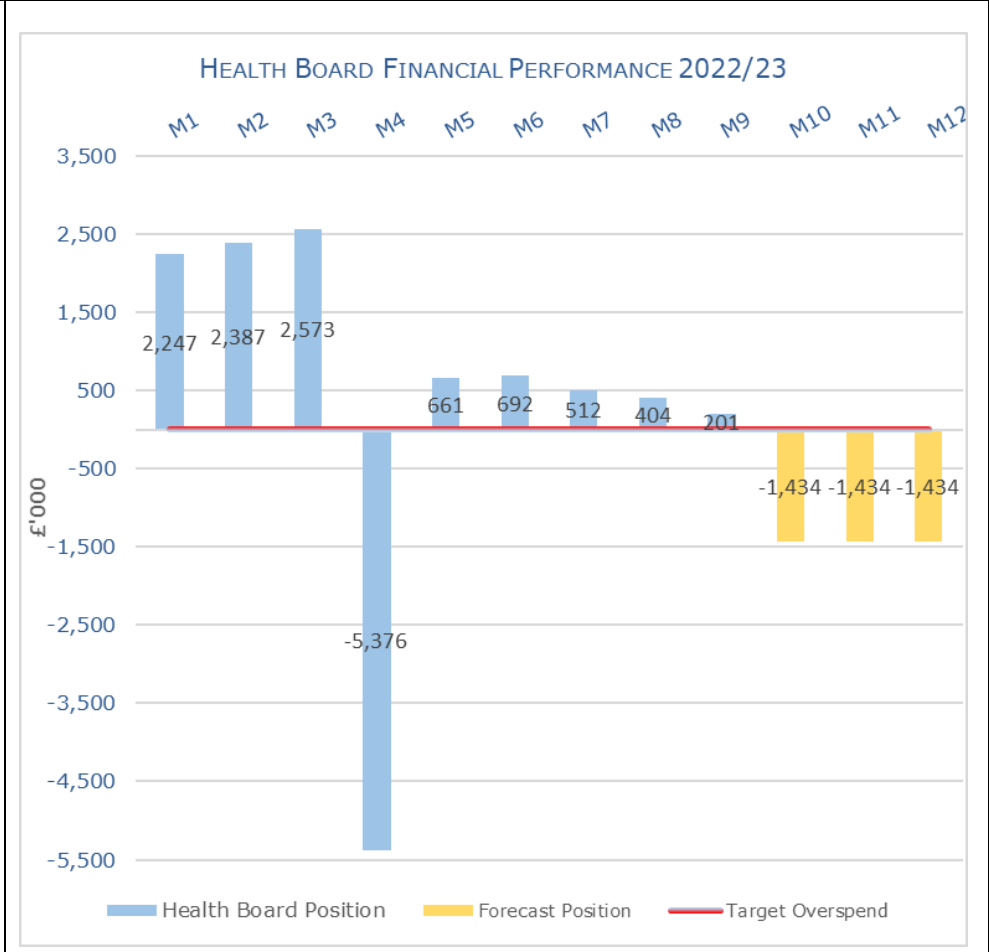
FINANCE UPDATES

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

Description	Current Performance	Trend
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Revenue Financial Position –
expenditure incurred against revenue resource limit

- The Health Board now has a balanced annual plan with a forecast breakeven position for 2022/23, following receipt of the previously detailed £24.4m deficit. This comprised of the following assumptions:
- Underlying Deficit b/f of £42.1m
- Increased WG Funding 22/23 of £22.1m
- Savings Requirement of £27m
- Recognised growth & investment of £31.4m
- Covid transition funding and extraordinary pressures (utilities, real living wage & National insurance) will be fully funded by WG.
- The actual month variance is an overspend in month of £0.201m and a cumulative overspend position of £4.301m.

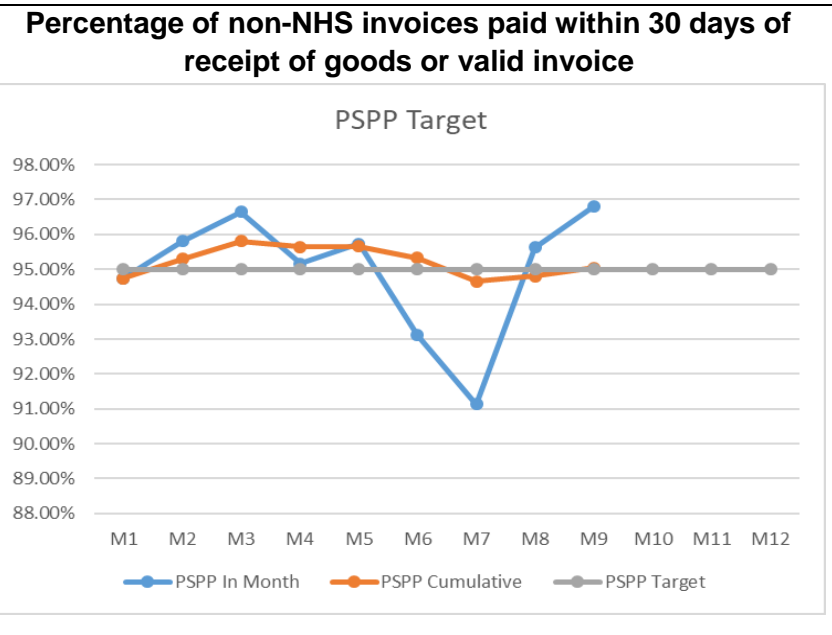


Description	Current Performance	Trend
-------------	---------------------	-------

<p>Capital Financial Position – expenditure incurred against capital resource limit</p>	<ul style="list-style-type: none"> The forecast outturn capital position for 2022/23 is an overspend of £1.018m. Allocations are anticipated from Welsh Government which will balance this position. Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government. 	<p>Capital - Cumulative Performance to Plan</p>
<p>Workforce Spend – workforce expenditure profile</p>	<ul style="list-style-type: none"> The pay budgets are overspent by £398k in December. Funding has been allocated to: <ul style="list-style-type: none"> support additional transition and recovery costs associated with COVID. Variable pay has decreased in month 9, There was a reduction in Agency costs associated with Non Medial Roles and Bank but increases in WLI's and irregular/additional hours for medical staff. 	<p>Variable Pay Expenditure</p>
<p>Description</p>	<p>Current Performance</p>	<p>Trend</p>

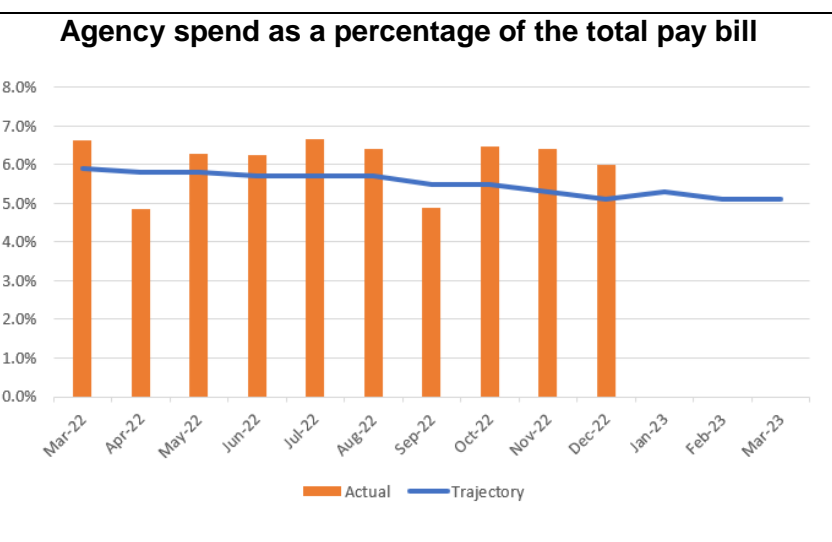
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice

- The cumulative PSPP compliance has increased this month and is now just above target at 95.05%. In December the compliance stands at 96.81%.
- Although the PSPP was achieved this month, there were still delays in receipting and nurse bank.



Agency spend as a of the total pay bill

- The agency spend as a percentage of the total pay bill is currently above the outlined ministerial priority trajectory with 5.99% of the total pay bill being attributed to agency spend in December 2022.



5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

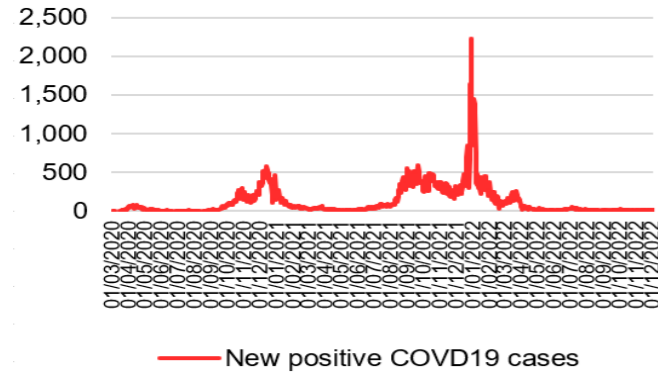


Chart 2: Number of new COVID19 cases (cumulative)

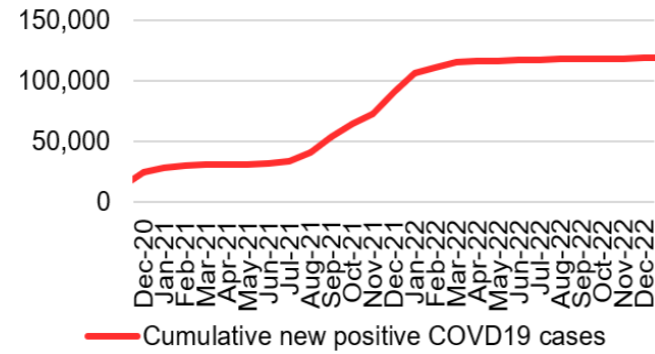


Chart 3: Number of COVID19 tests completed and positivity rate

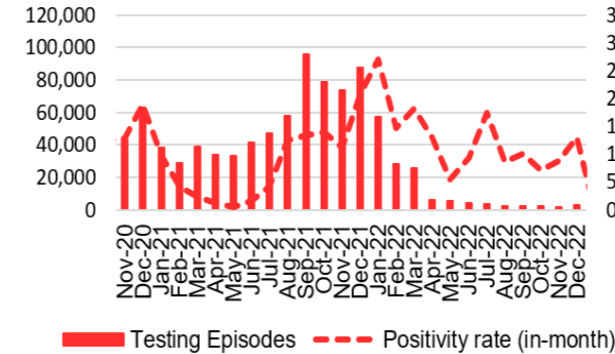


Chart 4: Number of staff referred for Antigen testing

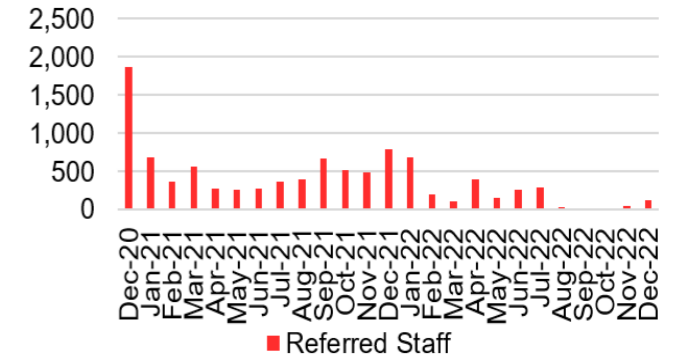


Chart 5: Outcome of staff COVID19/ antigen tests

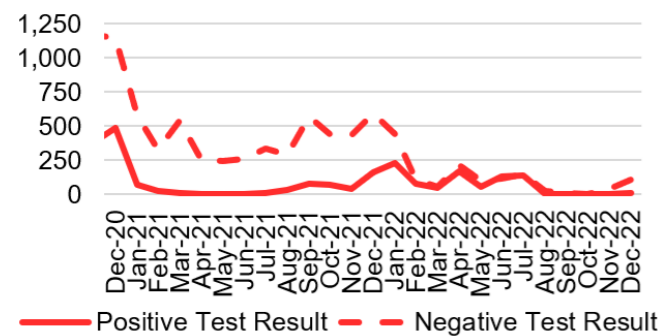


Chart 6: Number of COVID19 related incidents

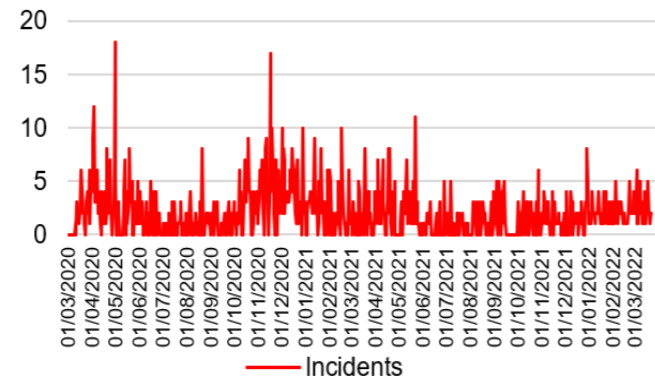


Chart 7: Number of COVID19 related serious incidents

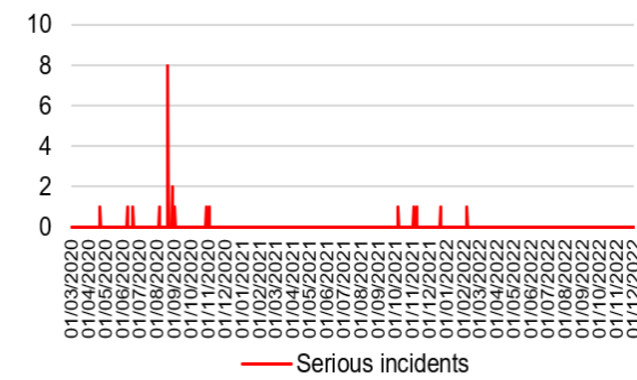


Chart 8: Number of COVID19 related complaints

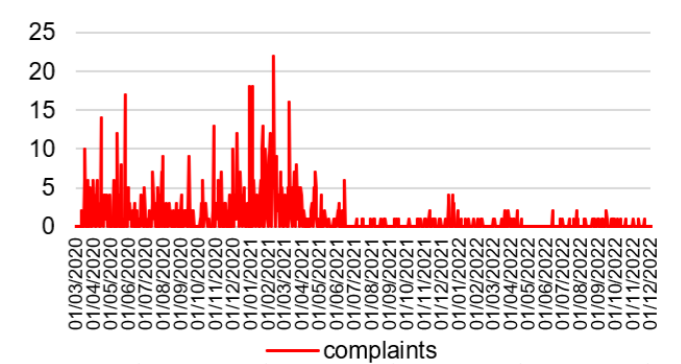


Chart 9: Number of COVID19 related risks

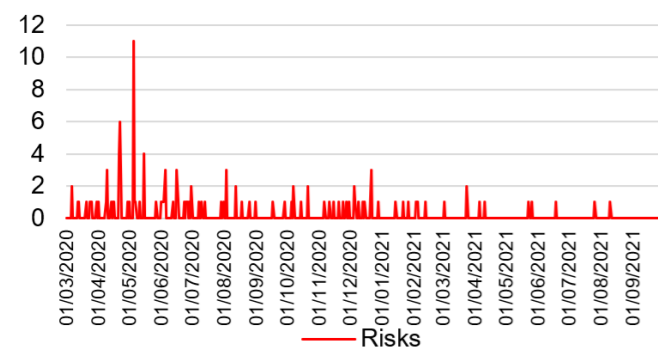


Chart 10: Number of staff self-isolating (asymptomatic)

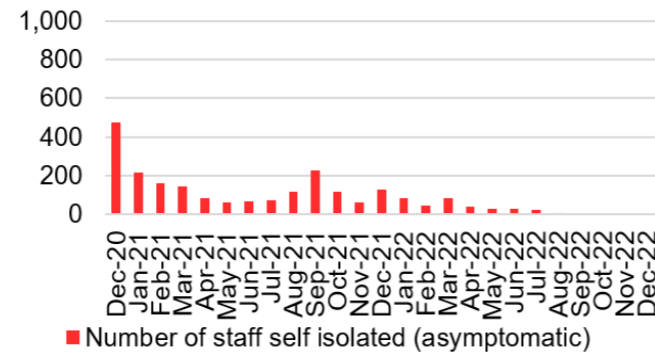


Chart 11: Number of staff self isolating (symptomatic)

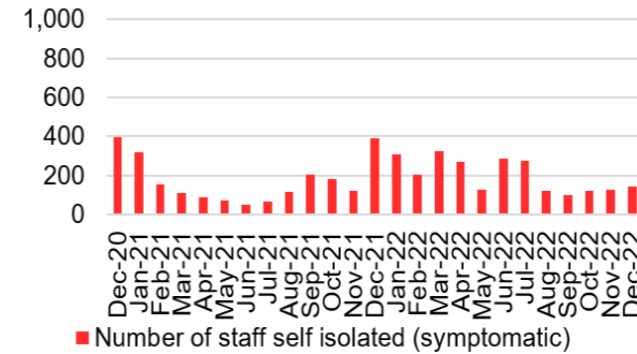


Chart 12: % staff sickness

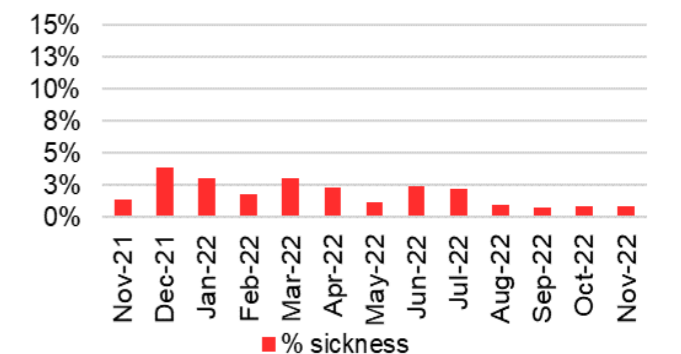


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

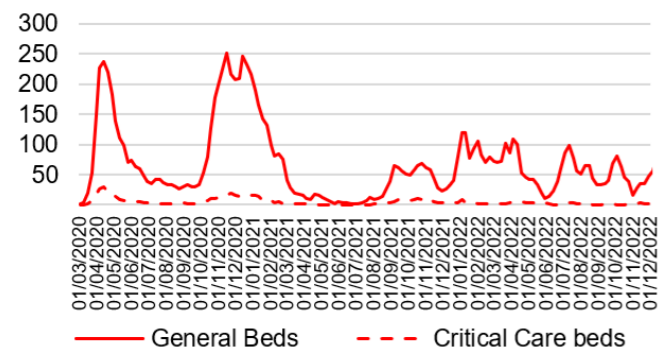


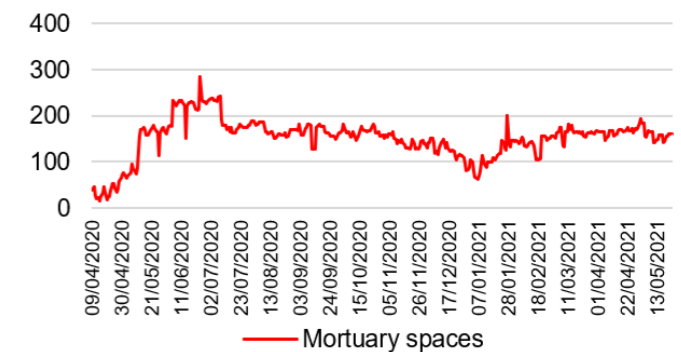
Chart 14: Number of hospital deaths with any mention of COVID19



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



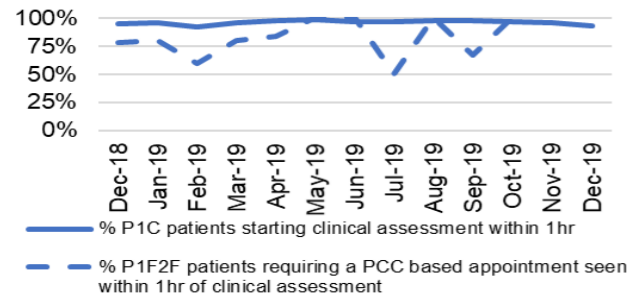
Chart 16: Number of mortuary spaces



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111



Service continues to experience issues with data reporting. It is anticipated that up to date accurate data will be available shortly.

Chart 2: % red calls responded to within 8 minutes

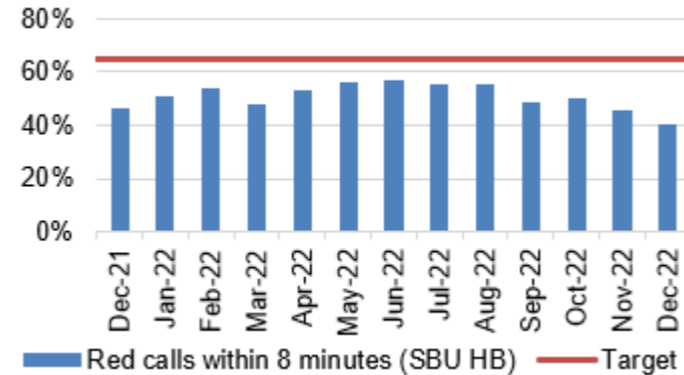


Chart 3: Number of ambulance handovers over 1 hour

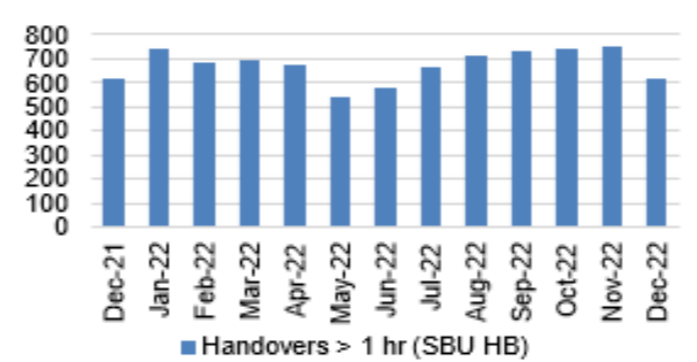


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

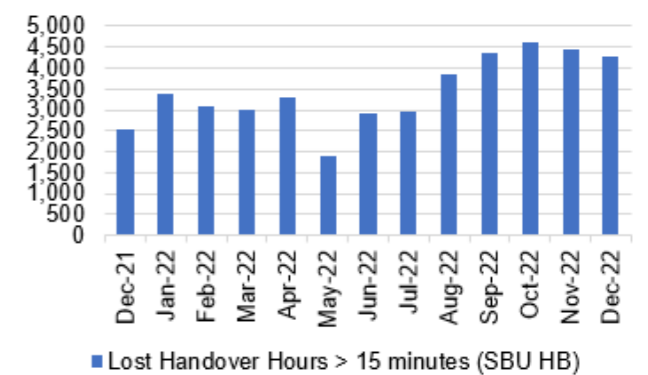


Chart 5: A&E Attendances

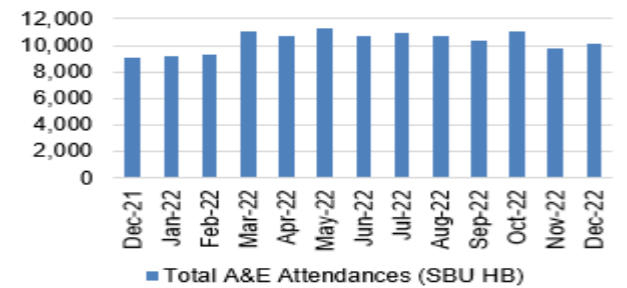


Chart 6: % patients who spend less than 4 hours in A&E

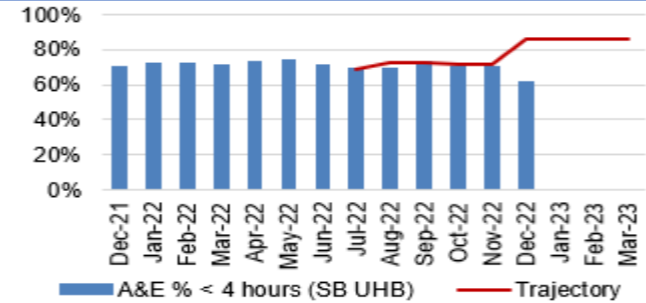


Chart 7: Number of patients waiting over 12 hours in A&E

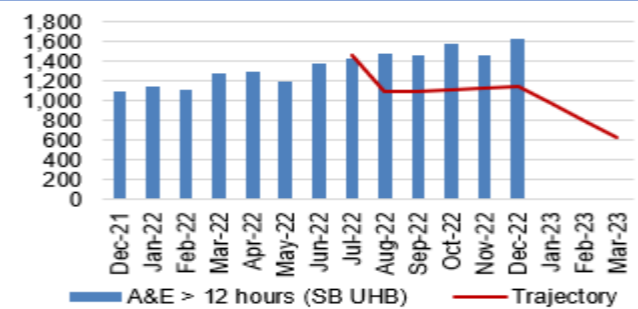


Chart 8: Number of emergency admissions

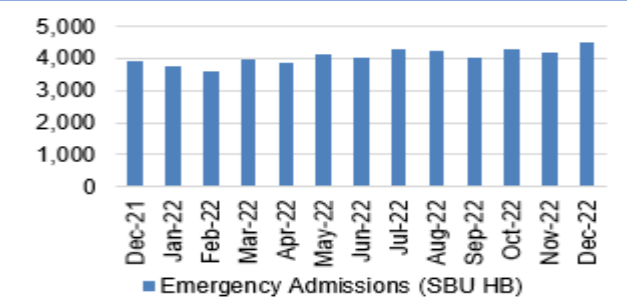


Chart 9: Elective procedures cancelled due to lack of beds

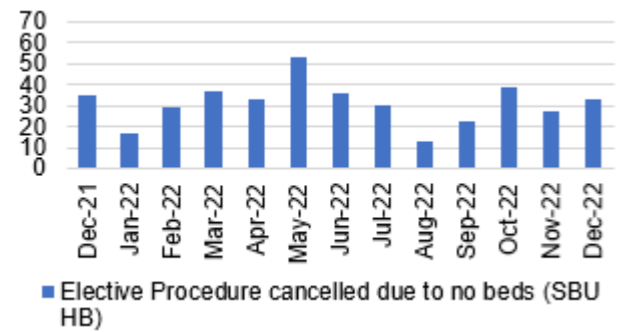


Chart 10: Number of clinically optimised patients

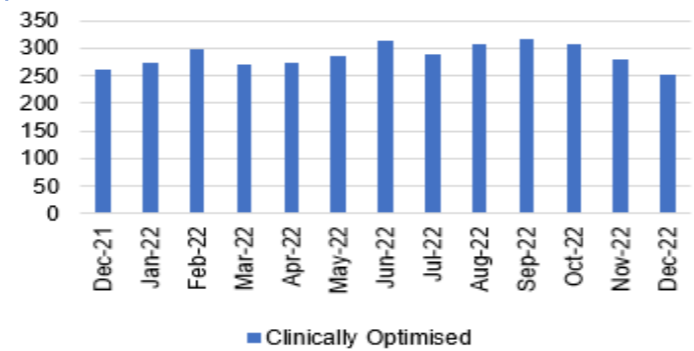


Chart 11: Delay reason for clinically optimised patients

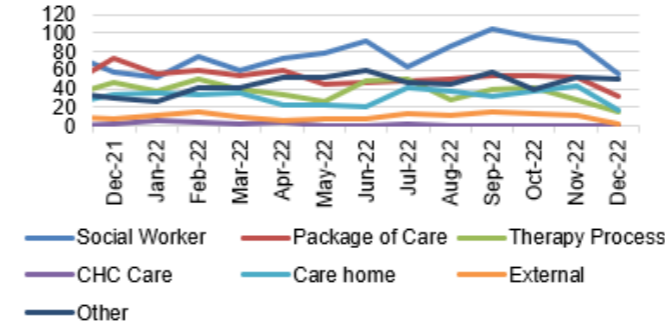


Chart 12: Average lost bed days (per day)

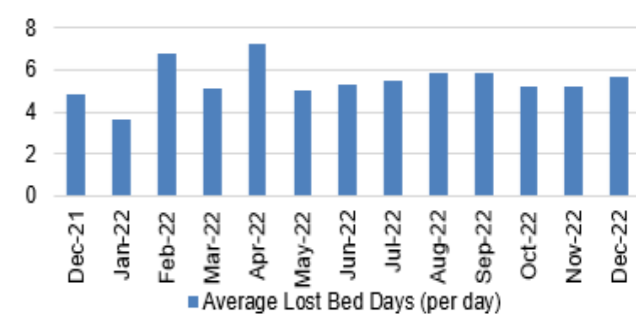


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

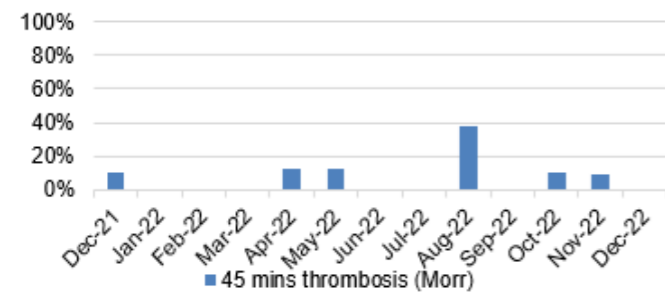


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

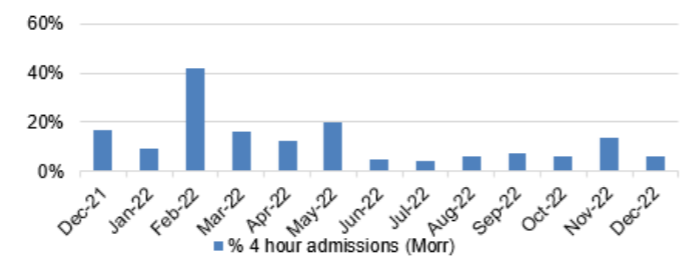


Chart 15: % of stroke patients receiving CT scan with 1 hour

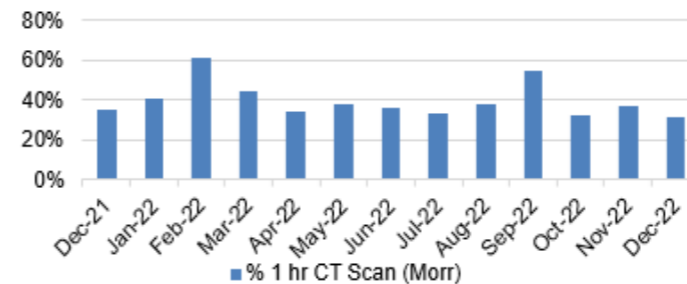
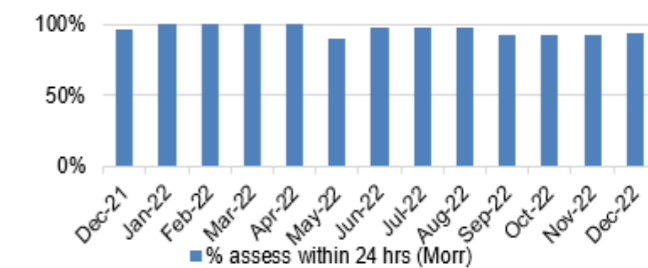


Chart 16: % stroke patients receiving consultant assessment within 24 hours



HARM FROM REDUCTION IN NON-COVID ACTIVITY

Primary and Community Care Overview

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

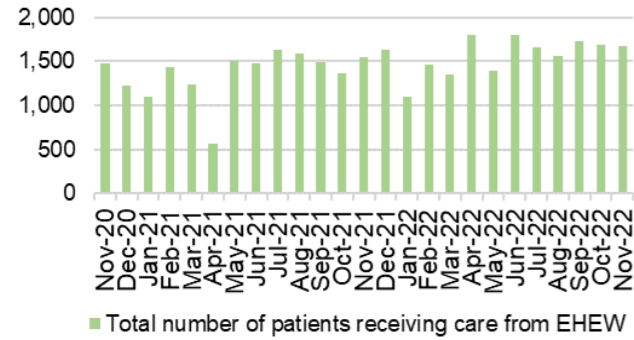


Chart 2: GMS - Escalation Levels



Chart 3: GMS - Sustainability



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

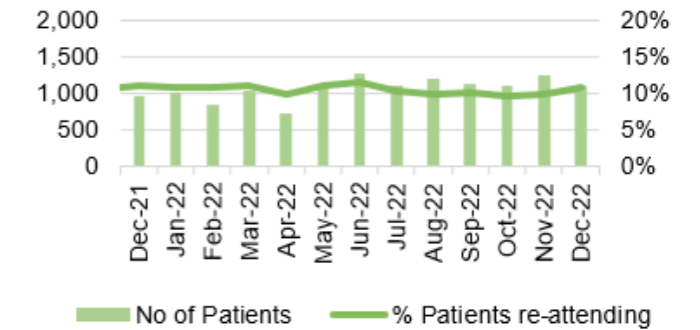


Chart 5: General Dental Services - Activity

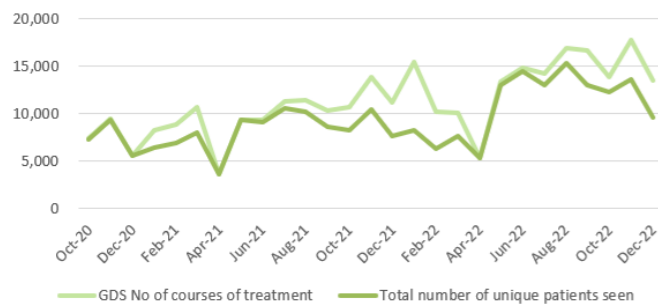


Chart 6: General Dental Services - New Patients

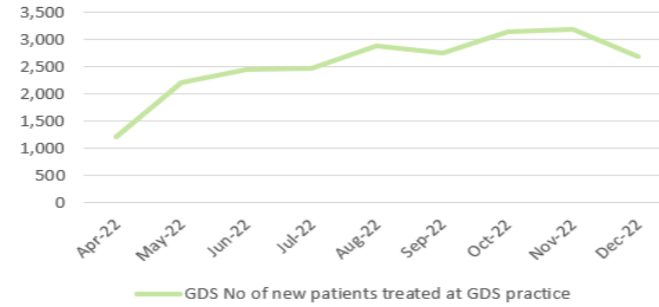


Chart 7: General Dental Services - ACORNs/FV

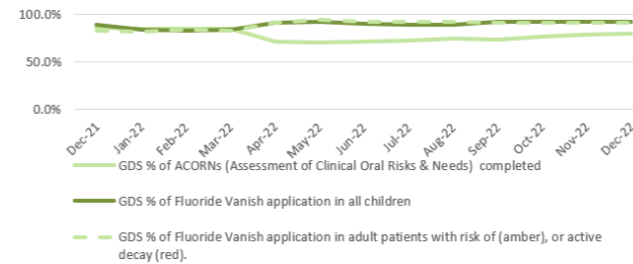


Chart 8: Optometry Activity – sight tests

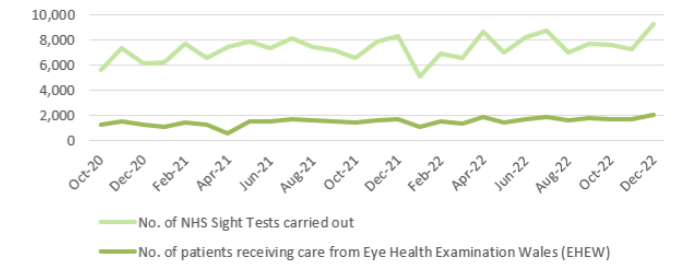


Chart 9: Optometry Activity – low vision care

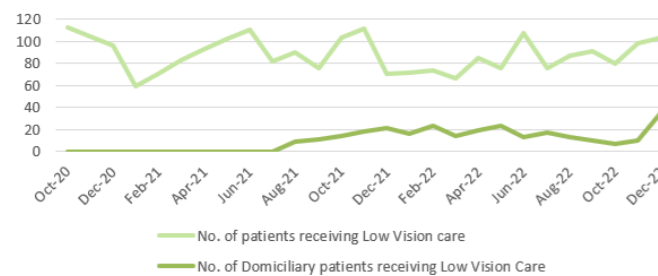


Chart 10: Community Pharmacy – Escalation levels

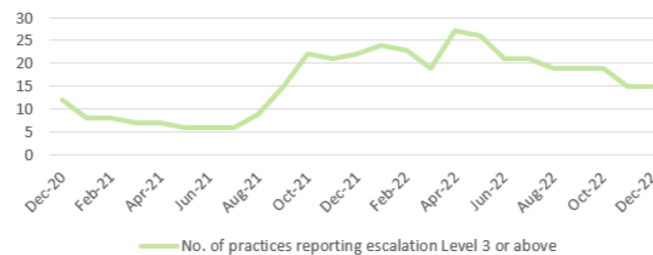


Chart 11: Common Ailment Scheme – No. consultations provided

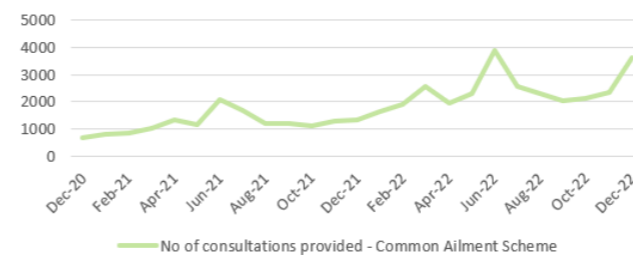


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

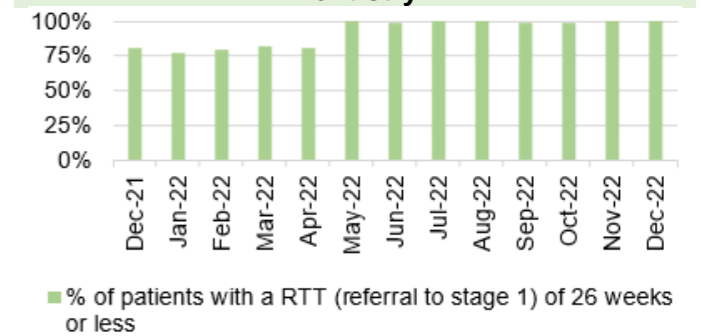


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

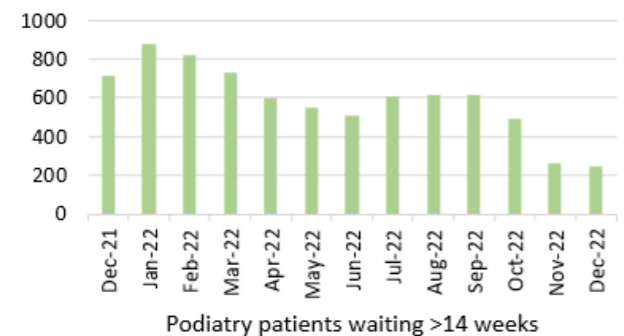


Chart 14: Dietetics - Total number of patients waiting > 14 weeks



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

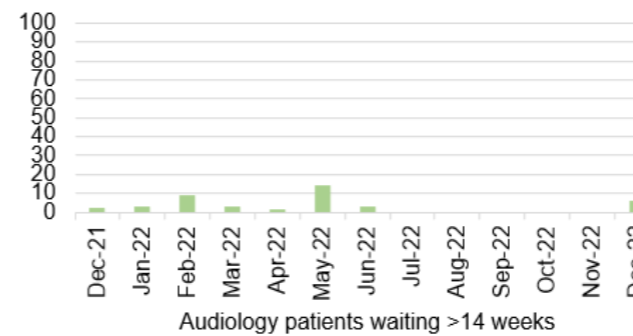
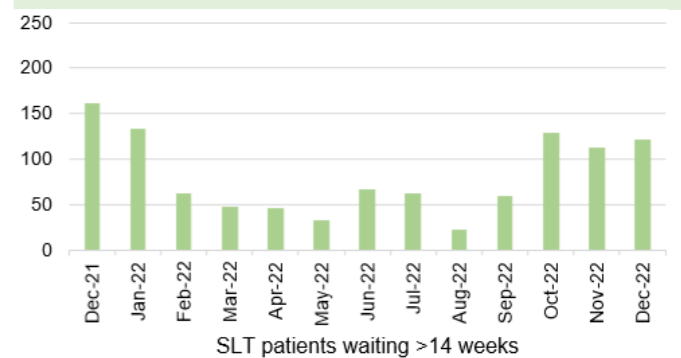


Chart 16: Speech & Language Therapy– Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

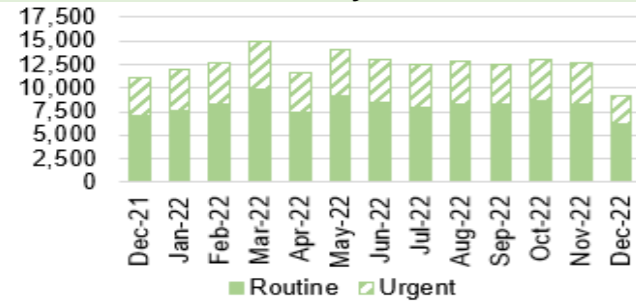


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

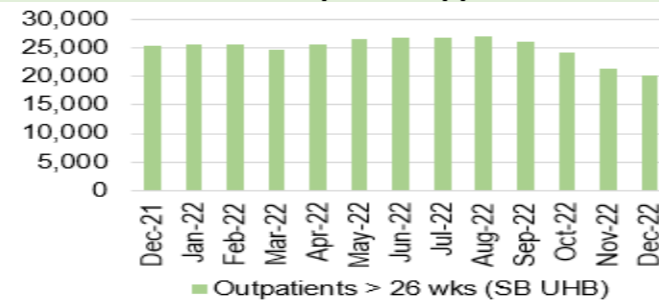


Chart 3: Number of patients waiting over 36 weeks for treatment

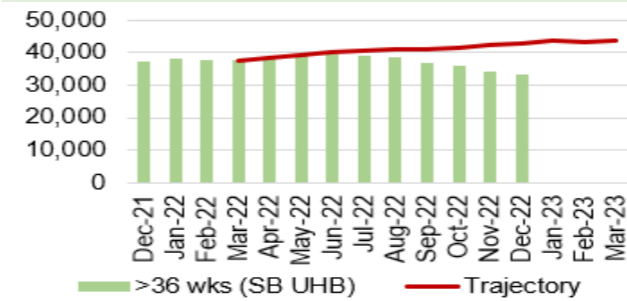


Chart 4: Number of patients waiting over 52 weeks for treatment

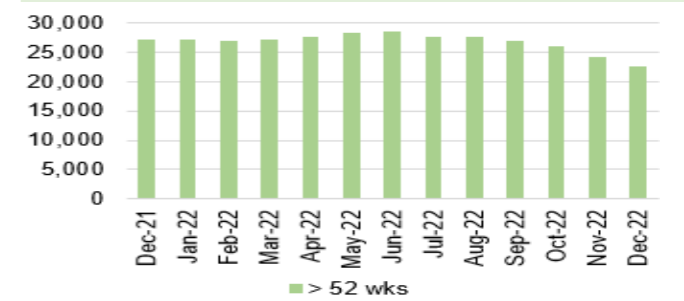


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

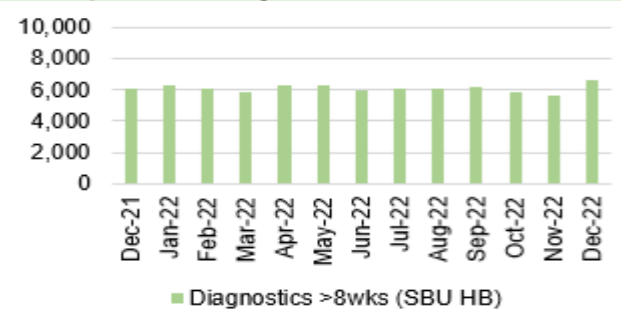


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

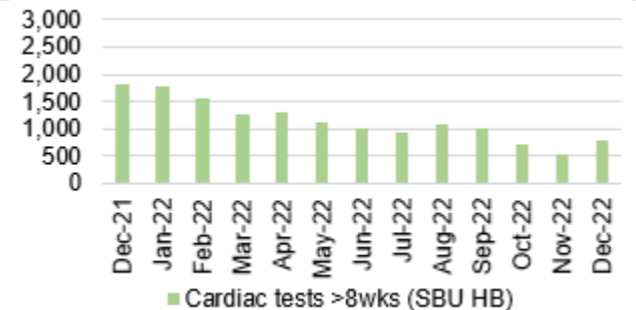


Chart 7: Number of patients waiting more than 14 weeks for Therapies

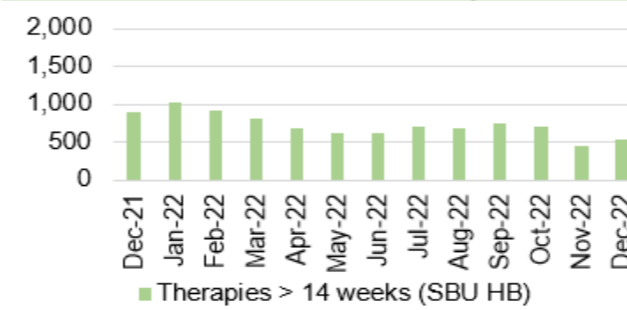


Chart 8: Cancer referrals

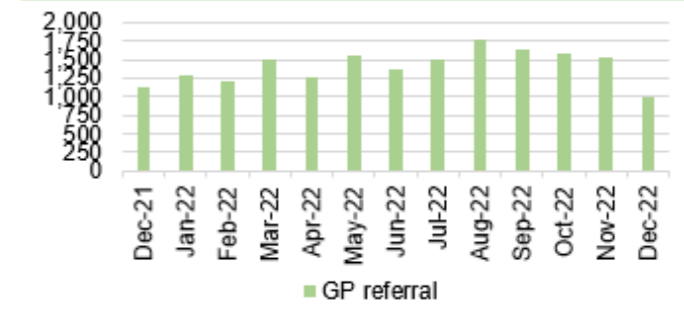


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

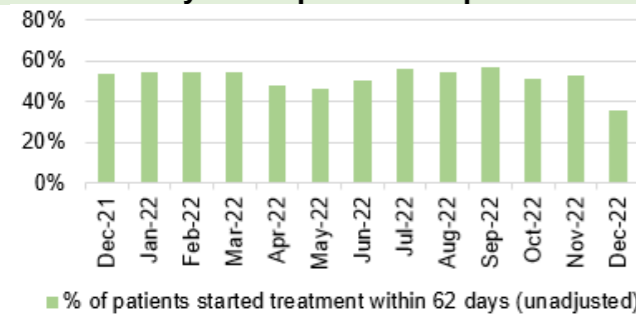


Chart 10: Number of new cancer patients starting definitive treatment

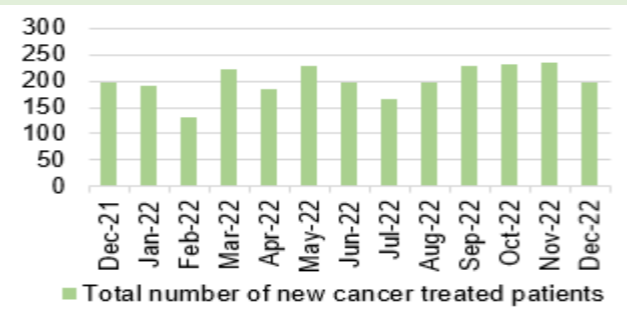


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

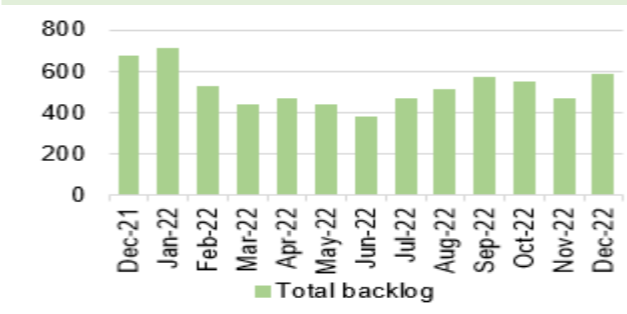


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

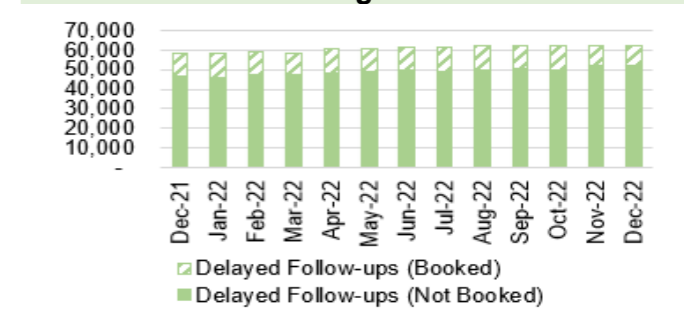


Chart 13: Number of patients without a documented clinical review date

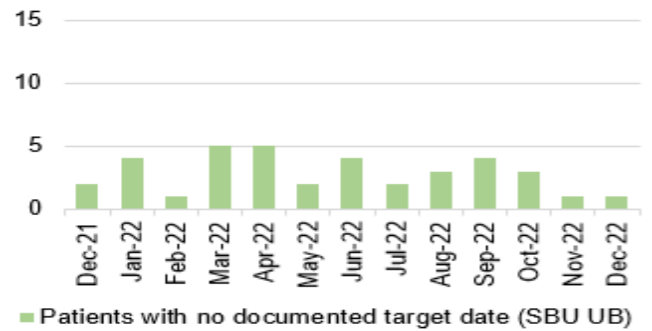


Chart 14: Ophthalmology patients without an allocated health risk factor

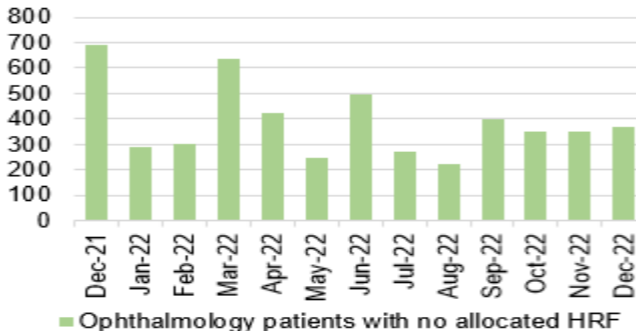
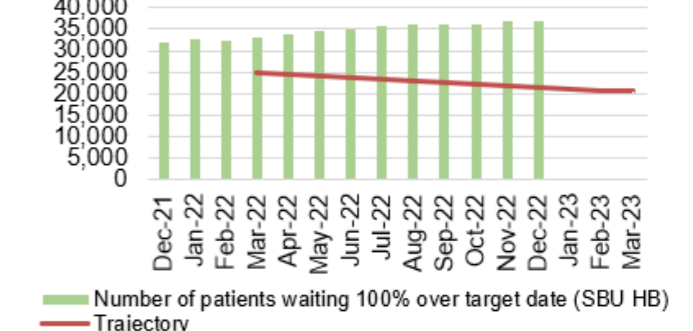


Chart 15: Total number of patients on the follow-up waiting list



Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

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

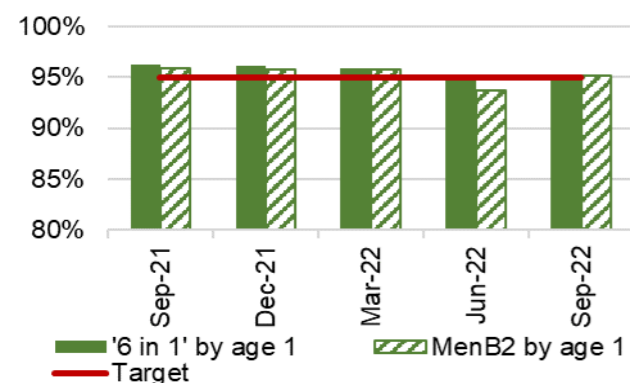


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

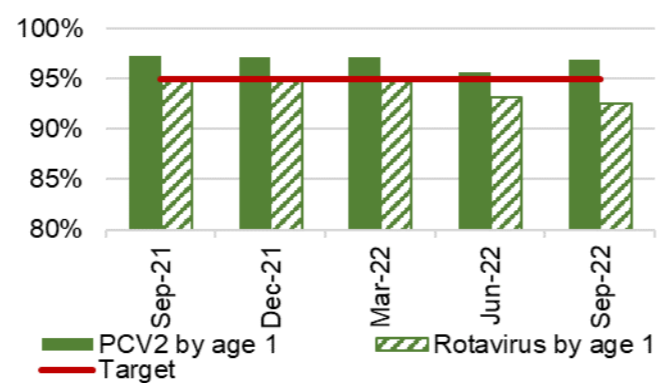


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

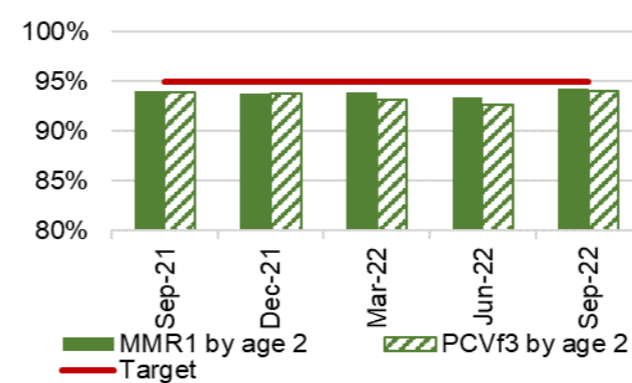


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

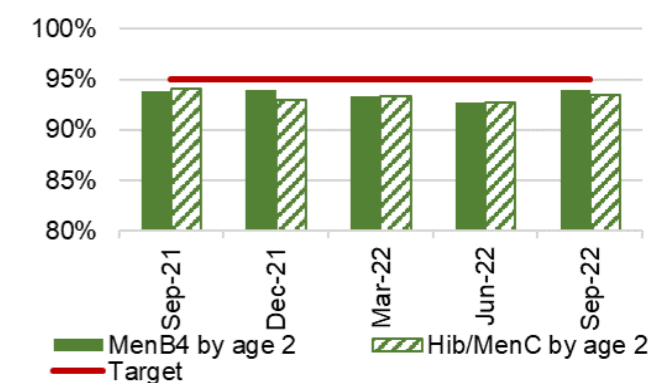


Chart 5: % children who are up to date in schedule by age 4

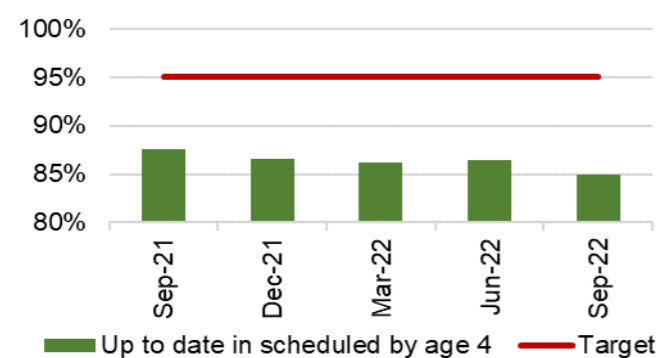


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

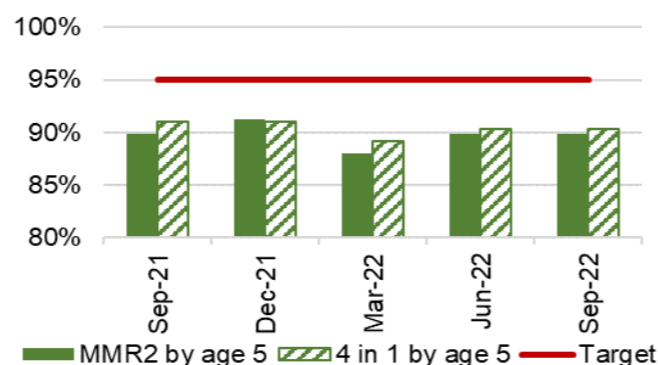


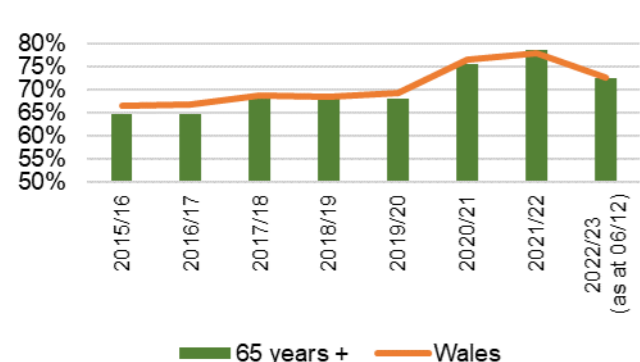
Chart 7: % children who received MMR vaccine and teenage booster by age 16



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



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



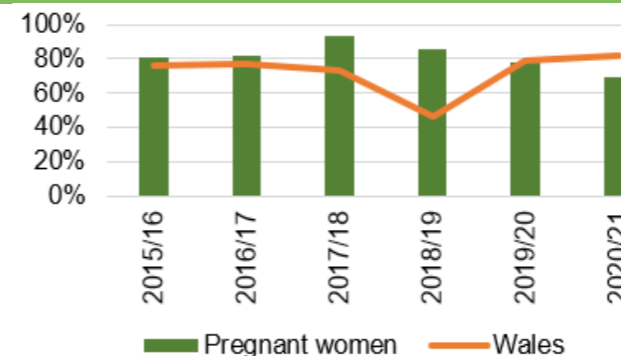
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



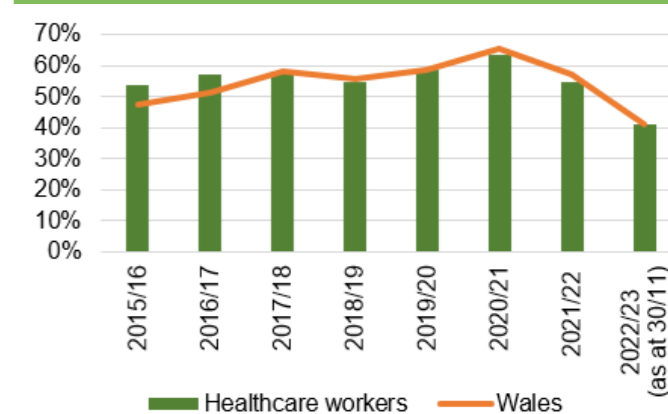
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

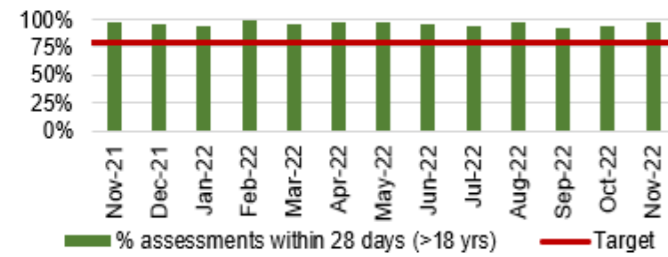


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

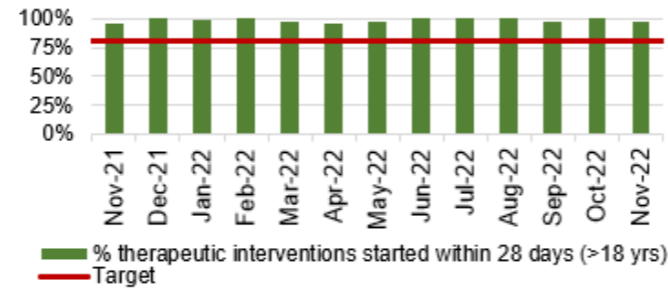


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

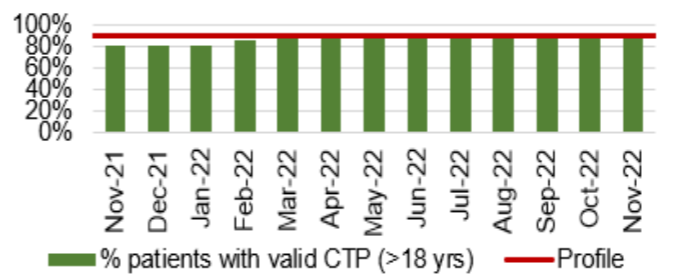


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

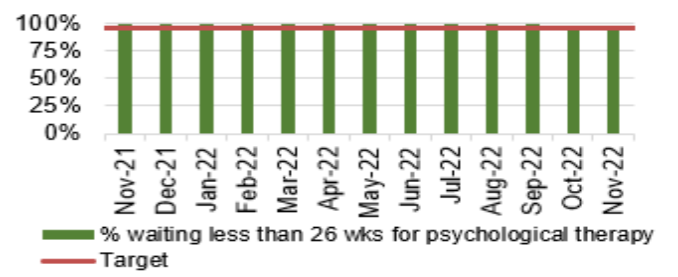


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

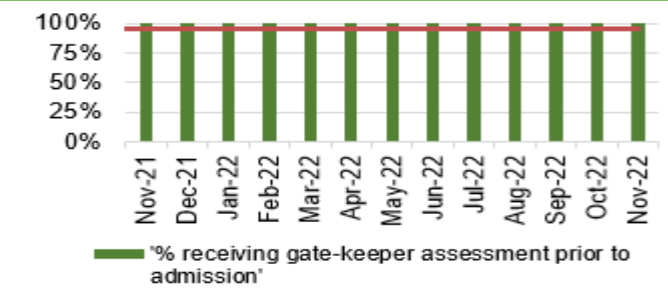


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

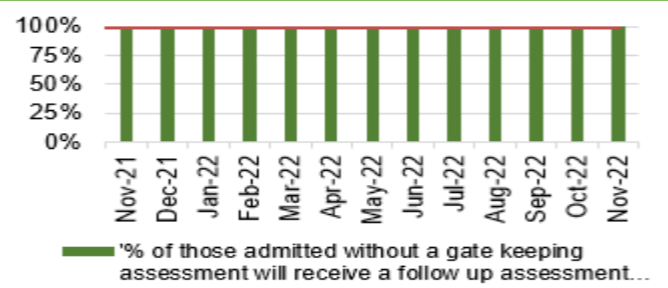


Chart 7: % of patients waiting under 14 weeks for Therapies

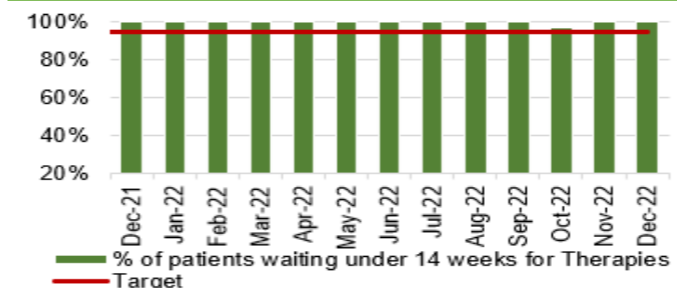


Chart 8: Number of Mental Health Delayed Transfers of Care (DTCOs)

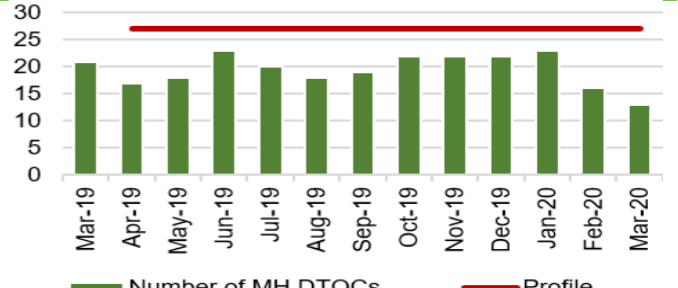


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

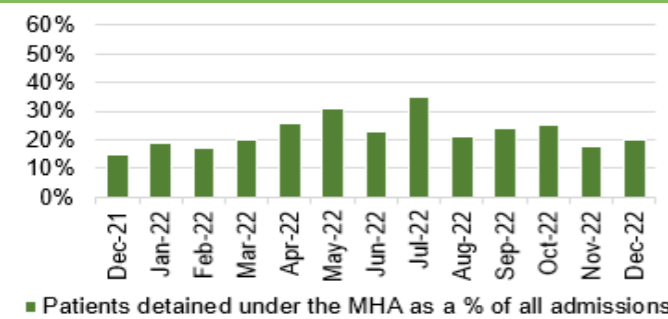


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

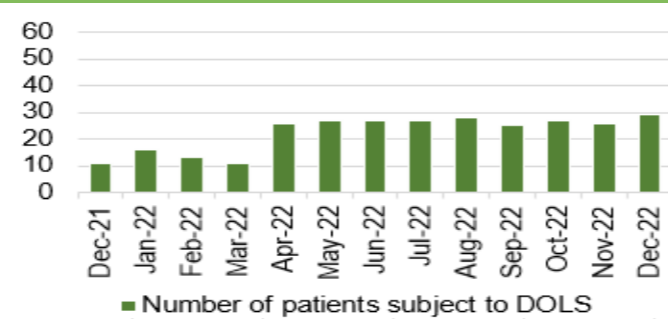


Chart 11: Number of Nationally Reportable Incidents

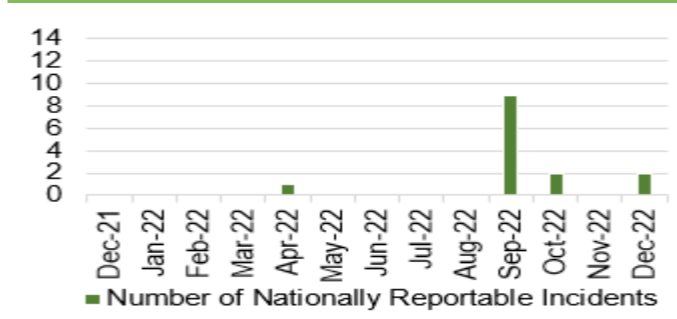
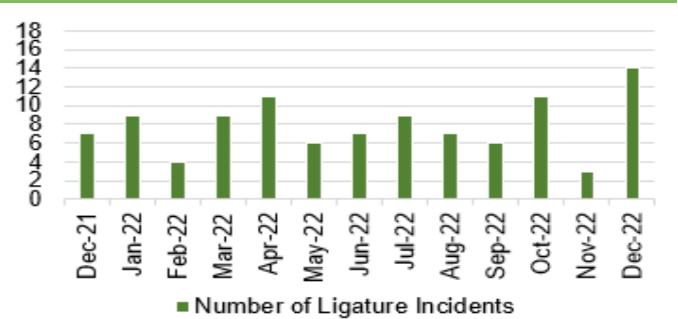


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

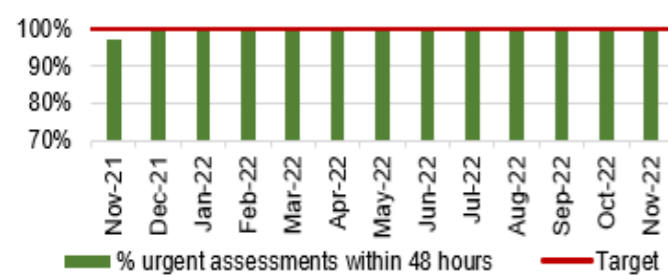


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

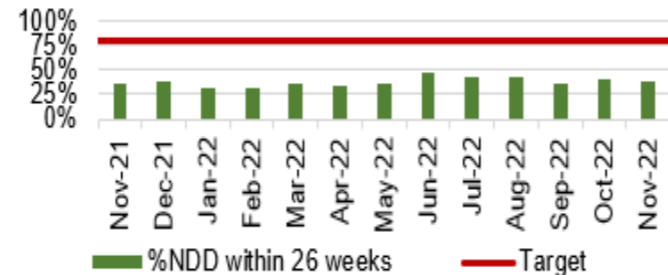


Chart 15: Assessment and intervention within 28 days

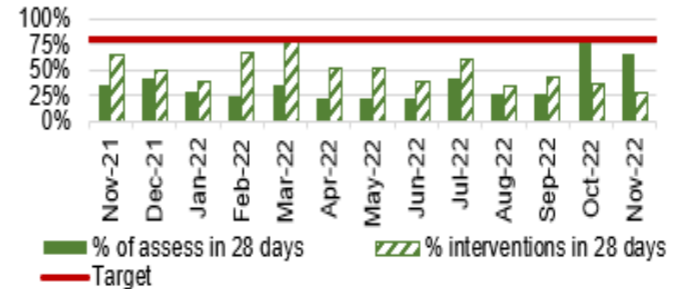
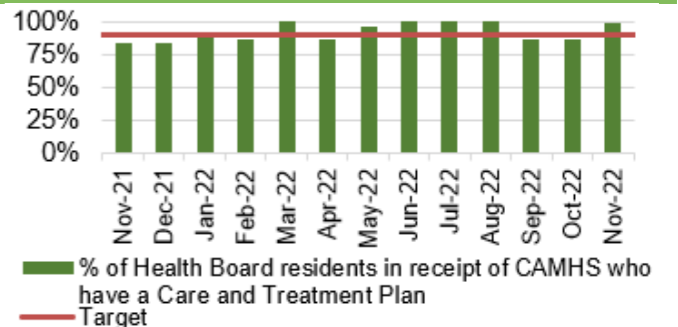


Chart 16: % of residents with a Care and Treatment Plan



APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
COVID19 related measures	Number of new COVID19 cases	Local	Dec-22	395		Reduce					18,167	15,433	4,209	4,749	835	286	372	600	217	218	171	171	395	
	Number of staff referred for Antigen Testing	Local	Dec-22	18,108		Reduce					15,756	16,447	16,647	16,756	17,158	17,315	17,579	17,878	17,916	17,926	17,934	17,981	18,108	
	Number of staff awaiting results of COVID19 test	Local	Dec-22	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Dec-22	61		Reduce					54	59	55	57	83	39	52	91	46	84	61	51	61	
	Number of COVID19 related serious incidents	Local	Dec-22	0		Reduce					1	0	1	0	0	0	0	0	0	0	1	0	0	0
	Number of COVID19 related complaints	Local	Dec-22	0		Reduce					20	4	4	10	6	0	4	5	6	11	3	3	0	
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Dec-22	0		Reduce					126	87	43	87	42	29	28	26	8	5	1	0	0	
	Number of staff self isolated (symptomatic)	Local	Dec-22	144		Reduce					393	309	204	326	270	125	287	272	121	100	121	124	144	
% sickness	Local	Dec-22	1.1%		Reduce					3.9%	3.0%	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%		
Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Dec-22	41%	65%	65%	✘	48.0% (Nov-22)	3rd (Nov-22)		46%	51%	54%	48%	53%	56%	57%	56%	55%	49%	50%	46%	41%	
	Number of ambulance handovers over one hour	National	Dec-22	614	0			6,447 (Nov-22)	2nd (Nov-22)		612	735	678	687	671	538	578	659	705	732	739	744	614	
	Handover hours lost over 15 minutes	Local	Dec-22	4289							2,527	3,390	3,110	3,023	3,286	1,892	2,920	2,976	3,870	4,378	4,599	4,456	4,289	
	% 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	Dec-22	63%	95%			66.6% (Nov-22)	3rd (Nov-22)		70%	73%	72%	71%	73%	74%	72%	69%	70%	73%	71%	70%	63%	
	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	Dec-22	1632	0			11,030 (Nov-22)	4th (Nov-22)		1,101	1,142	1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632	
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						68.8%	52.9%	81.4%											
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Sep-22	93.0%	12 month ↑			69% (Sep-22)	1st (Sep-22)		88.0%	89.0%	89.0%	89.0%	89.0%	90.0%	89.0%	91.0%	93.0%	93.0%				
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Dec-22	6%	54.0%						16.7%	9.5%	41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	
	CT Scan (<1 hrs) (local)	Local	Dec-22	31%							35.1%	40.5%	61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Dec-22	94%							97.3%	100.0%	100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	
	Thrombolysis door to needle <= 45 mins	Local	Dec-22	0%							10.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	
	% stroke patients who receive mechanical thrombectomy	National	Dec-22	0%	10%			1.4% (Oct-22)	4th (Oct-22)		0.0%	1.9%	0.0%	1.7%	1.8%	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	
% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Dec-22	34%	12 month ↑			45.2% (Oct-22)	4th (Oct-22)		45.6%	42.5%	41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%		
DTOCs	Number of mental health HB DToCs	National	Mar-20	13	12 month ↓	27	✔				DTOC reporting temporarily suspended													
	Number of non-mental health HB DToCs	National	Mar-20	60	12 month ↓	50	✘				DTOC reporting temporarily suspended													
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Dec-22	85.0%	90%	80%					0%	25%	0%	33%	25%	100%	33%	-	0%	-	75%	73%	85%	
	Number of new Never Events	National		0	0	0	✔				0	0	2	0	0	1	0	1	0	0	0	1	0	
	Number of risks with a score greater than 20	Local	Dec-22	137		12 month ↓	✘				122	129	127	140	140	134	132	128	131	133	134	136	137	
	Number of risks with a score greater than 16	Local	Dec-22	280		12 month ↓	✘				241	249	253	271	276	266	264	259	269	270	268	278	280	

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Dec-22	69.6	<67		✘	69.42 (Nov-22)	3rd (Nov-22)		77.1	73.8	74.6	73.7	96.5	79.6	70.8	68.9	74.5	70.4	69.4	70.0	69.6		
	Number of E.Coli bacteraemia cases (Hospital)		Dec-22	8								5	7	9	4	13	8	5	3	11	7	12	11	8	
	Number of E.Coli bacteraemia cases (Community)		Dec-22	14									12	8	17	17	18	13	18	21	8	10	12	14	
	Total number of E.Coli bacteraemia cases		Dec-22	22									17	15	26	21	31	21	17	21	32	15	22	23	22
	Cumulative cases of S. aureus bacteraemias per 100k pop		Dec-22	39.4	<20		✘	27.80 (Nov-22)	6th (Nov-22)			36.0	36.3	35.8	35.6	43.6	50.5	41.0	39.8	38.4	39.3	41.0	39.0	39.4	
	Number of S.aureus bacteraemias cases (Hospital)		Dec-22	10									5	2	7	7	6	9	7	6	5	8	13	3	10
	Number of S.aureus bacteraemias cases (Community)		Dec-22	3									4	11	3	4	7	9	2	6	6	5	4	5	3
	Total number of S.aureus bacteraemias cases		Dec-22	13									9	13	10	11	13	18	9	12	11	13	17	8	13
	Cumulative cases of C. difficile per 100k pop		Dec-22	49.6	<25		✘	37.52 (Nov-22)	5th (Nov-22)			51.3	50.3	49.8	50.1	40.5	36.7	41.0	42.9	47.6	46.9	48.9	50.9	49.6	
	Number of C.difficile cases (Hospital)		Dec-22	8									11	11	8	12	11	7	7	10	16	11	15	10	8
	Number of C.difficile cases (Community)		Dec-22	6									1	3	5	6	2	4	9	6	6	3	5	11	6
	Total number of C.difficile cases		Dec-22	14									12	14	13	18	13	11	16	16	22	14	20	21	14
	Cumulative cases of Klebsiella per 100k pop		Dec-22	26.1									26.5	25.3	24.3	24.0	18.7	21.4	22.6	24.5	25.0	25.5	24.9	26.0	26.1
	Number of Klebsiella cases (Hospital)		Dec-22	5									6	5	3	4	4	7	6	4	4	7	3	6	5
	Number of Klebsiella cases (Community)		Dec-22	3									3	0	1	3	2	1	2	7	4	9	4	5	3
	Total number of Klebsiella cases		Dec-22	8						70 Total (Nov-22)	Joint 1st (Nov-22)		9	5	4	7	6	8	8	11	8	10	7	11	8
	Cumulative cases of Aeruginosa per 100k pop		Dec-22	11.5									6.1	5.8	6.2	6.1	6.2	6.1	8.2	9.2	9.2	10.2	11.3	11.9	11.5
	Number of Aeruginosa cases (Hospital)		Dec-22	1									3	1	2	0	1	1	3	2	3	4	3	5	1
Number of Aeruginosa cases (Community)	Dec-22	2									1	0	1	2	1	1	1	2	0	1	3	0	2		
Total number of Aeruginosa cases	Dec-22	3						20 Total (Nov-22)	4th (Nov-22)		4	1	3	2	2	2	4	4	3	5	6	5	3		
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Dec-22	95.2%	95%		✓					96%	95%	96%	93%	96%	96%	98%	96%	90%	97%	96%	96%	95%		
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Nov-22	69		12 month ↓	✘				56	65	53	49	45	58	53	58	54	39	59	69			
	Number of pressure ulcers developed in the community		Nov-22	45		12 month ↓	✘					55	27	38	56	33	39	32	27	50	40	44	45		
	Total number of pressure ulcers		Nov-22	114		12 month ↓	✘					111	92	91	105	78	97	85	85	104	79	103	114		
	Number of grade 3+ pressure ulcers acquired in hospital		Nov-22	7		12 month ↓	✓					4	9	6	5	3	2	3	5	3	0	1	7		
	Number of grade 3+ pressure ulcers acquired in community		Nov-22	7		12 month ↓	✓					14	1	15	11	2	10	12	2	11	6	2	7		
	Total number of grade 3+ pressure ulcers		Nov-22	14		12 month ↓	✓					18	10	21	16	5	12	15	7	14	6	3	14		
Inpatient Falls	Local	Dec-22	184		12 month ↓	✓					208	196	199	209	190	182	172	174	216	175	184	178	184		
Mortality	Crude hospital mortality rate (74 years of age or less)	National	Nov-22	0.75%		12 month ↓					0.95%	0.92%	0.89%	0.88%	0.87%	0.86%	0.85%	0.83%	0.83%	0.81%	0.78%	0.75%			
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Dec-22	97%			✘				89.1%	93.4%	92.3%	96.9%	95.7%	93.9%	93.7%	90.5%	86.2%	87.6%	87.5%	88.2%	97.2%		
Coding	% of episodes clinically coded within 1 month of discharge	Local	Nov-22	67%	95%	95%	✘				84%	86%	95%	81%	44%	68%	81%	82%	77%	81%	84%	67%			
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Dec-22	62%		100%	✘				62%	61%	65%	63%	60%	66%	64%	63%	69%	70%	66%	71%	62%		
Workforce	Agency spend as a % of the total pay bill	National	Jan-22	6.41%		12 month ↓		5.4% (Aug-22)	8th out of 12 organisations (Aug-22)		5.7%	5.7%	6.2%	6.6%	4.9%	6.3%	6.2%	6.7%	6.4%	4.9%	6.5%	6.4%			
	% of headcount by organisation who have had a PADRI medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Dec-22	68%	85%	85%	✘	60.7% (Aug-22)	9th out of 12 organisations (Aug-22)		57%	56%	56%	56%	56%	56%	55%	58%	61%	64%	67%	68%	68%		
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Dec-22	84%	85%	85%	✘	81.2% (Aug-22)	9th out of 12 organisations (Aug-22)		80%	80%	80%	80%	80%	80%	80%	81%	81%	82%	83%	84%	84%		
	% workforce sickness absence (12 month rolling)	National	Nov-22	7.99%		12 month ↓		7.22% (Aug-22)	11th out of 12 organisations (Aug-22)		7.33%	7.43%	7.58%	7.82%	8.11%	8.20%	8.29%	8.46%	8.44%	8.25%	8.08%	7.99%			

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	National	Dec-22	10.9%	4 quarter ↓						11.1%	10.8%	10.7%	11.1%	9.8%	10.9%	11.5%	10.4%	10.0%	10.0%	9.6%	9.9%	10.9%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Dec-22	35.5%	12 month ↑			52.2% (Oct-22)	4th out of 6 organisations (Oct-22)		53.6%	54.4%	54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	35.5%
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Dec-22	26%	80%		✘				12%	5%	14%	13%	14%	5%	18%	2%	10%	5%	18%	19%	26%
	Scheduled (21 Day Target)	Local	Dec-22	83%	100%		✘				37%	48%	51%	70%	63%	36%	51%	29%	35%	34%	65%	82%	83%
	Urgent SC (2 Day Target)	Local	Dec-22	37%	80%		✘				12%	23%	27%	9%	27%	13%	22%	18%	11%	31%	33%	17%	37%
	Urgent SC (7 Day Target)	Local	Dec-22	70%	100%		✘				37%	57%	60%	57%	62%	44%	43%	64%	48%	54%	70%	77%	70%
	Emergency (within 1 day)	Local	Dec-22	83%	80%		✔				67%	60%	92%	62%	83%	83%	82%	58%	65%	100%	70%	100%	83%
	Emergency (within 2 days)	Local	Dec-22	100%	100%		✔				100%	100%	100%	85%	100%	100%	88%	92%	90%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Dec-22	85%	80%		✔				72%	66%	73%	66%	82%	80%	68%	66%	91%	70%	81%	91%	85%
	Elective Delay (14 Day Target)	Local	Dec-22	100%	100%		✔				92%	78%	80%	71%	93%	91%	79%	70%	98%	79%	91%	100%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Dec-22	4,289	0%			15,746 (Oct-22)	7th (Oct-22)		3,144	3,543	3,898	4,191	4,398	4,564	4,449	4,407	4,257	4,205	4,170	4,136	4,289
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Dec-22	6,607	0			42,829 (Aug-22)	4th (Oct-22)		6,071	6,267	6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607
	Number of patients waiting > 14 weeks for a specified therapy	National	Dec-22	527	0			11,152 (Oct-22)	3rd (Oct-22)		885	1,028	926	820	679	614	609	714	682	755	707	441	527
	% of patients waiting < 26 weeks for treatment	National	Dec-22	54%	95%			55.6% (Oct-22)	6th (Oct-22)		50.5%	50.4%	50.1%	50.7%	50.4%	50.4%	50.8%	51.8%	52.0%	52.1%	53.5%	54.4%	54.2%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Dec-22	20,174	0						25,452	25,588	25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174
	Number of patients waiting > 52 weeks for outpatient appointment	National	Dec-22	7,779	0			102,662 (Aug-22)	4th (Aug-22)		12,406	12,391	12,337	12,593	13,275	14,071	14,951	15,232	15,122	13,980	12,352	9,774	7,779
	Number of patients waiting > 36 weeks for treatment	National	Dec-22	33,321	0			259,988 (Oct-22)	4th (Oct-22)		37,504	38,117	37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321
	Number of patients waiting > 104 weeks for treatment	National	Dec-22	8,066	0			54,491 (Oct-22)	5th (Oct-22)		10,669	11,859	13,104	13,587	13,083	12,670	12,064	11,400	10,960	10,623	10,090	9,048	8,066
	The number of patients waiting for a follow-up outpatient appointment	National	Dec-22	143,916	HB target TBC						131,403	131,848	132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899	143,916
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Dec-22	36,761				214,884 (Oct-22)	5th (Oct-22)		31,912	32,521	32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	36,761
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Dec-22	70%	95%			63.7% (Oct-22)	3rd (Oct-22)		61.2%	59.8%	58.5%	59.4%	60.8%	63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	67.1%	69.9%	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Dec-22	11.1%	12 month ↓						6.8%	7.0%	6.4%	6.8%	7.8%	7.5%	8.2%	8.2%	8.0%	7.8%	8.3%	9.5%	11.1%
	% of patients who did not attend a follow-up outpatient appointment	Local	Dec-22	8.7%	12 month ↓						6.3%	6.4%	6.2%	6.2%	7.8%	7.3%	7.8%	7.7%	7.6%	7.8%	7.7%	8.5%	8.7%
Theatre Efficiencies	Theatre Utilisation rates	Local	Dec-22	59.0%		90%	✘				62%	74%	71%	72%	71%	78%	81%	72%	59%	71%	77%	74%	59%
	% of theatre sessions starting late	Local	Dec-22	39.0%		<25%	✘				40%	43%	43%	39%	39%	46%	43%	40%	36%	37%	40%	35%	39%
	% of theatre sessions finishing early	Local	Dec-22	46.0%		<20%	✘				48%	48%	43%	45%	47%	43%	43%	46%	43%	48%	45%	44%	46%
Treatment Fund	All new medicines must be made available no later than 2 months after NICE and AwMSG appraisals	National	Q3 21/22	99.1%	100%	100%	✘	98.8% (Q3 21/22)	3rd out of 6 organisations (Q3 21/22)		99.1%												
Prescribing	Total antibacterial items per 1,000 STAR-PUs	National	Q1 22/23	280.1	4 quarter ↓			26.9 (Q1 22/23)	6th (Q1 22/23)		324.7			279.2			280.1						
	Patients aged 65 years or over prescribed an antipsychotic	National	Q1 22/23	1,439	Quarter on quarter ↓			10,201 (Q1 22/23)	5th (Q4 21/22)		1,466			1,451			1,439						
	Opioid average daily quantities per 1,000 patients	National	Q1 22/23	4,289	4 quarter ↓			4348.2 (Q1 22/23)	3rd (Q1 22/23)		4,472			4,261			4,289						
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)		82.1%												
Patient experience	Number of friends and family surveys completed	Local	Dec-22	3,569		12 month ↑	✔				2,776	3,395	3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569
	% of who would recommend and highly recommend	Local	Dec-22	89%		90%	✘				93%	92%	90%	90%	89%	90%	88%	89%	89%	88%	90%	91%	89%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Dec-22	92%		90%	✔				96%	93%	91%	91%	89%	91%	91%	90%	93%	92%	93%	91%	92%
Complaints	Number of new formal complaints received	Local	Oct-22	140		12 month trend ↓	✔				115	124	139	156	123	176	118	153	124	120	140		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	National	Oct-22	71%	75%	80%	✘	67.2% (Q4 20/21)	3rd (Q4 20/21)		68%	63%	64%	65%	76%	69%	65%	64%	65%	71%	71%		
	% of acknowledgements sent within 2 working days	Local	Oct-22	100%		100%	✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%		

Harm from wider societal actions/lockdown																										
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Mag-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22			
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2021/22	31.9%	Annual ↑			36.7% (2021/22)	5th (2021/22)		31.9%															
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 22/23	94.9%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)		96.1%			95.9%					94.9%		94.9%					
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 22/23	89.8%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)		91.2%			88.0%					89.9%		89.8%					
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q1 22/23	33.5	4 quarter ↓			383.9 (Q1 22/23)	3rd (Q1 22/23)		313.3			352.2					333.5							
	% of people who have been referred to health board services who have completed treatment for alcohol	National	Q2 22/23	61.9%	4 quarter ↑			68.6% (Q2 22/23)	6th (Q2 22/23)		63.6%			66.7%					43.6%		61.9%					
Influenza	% uptake of influenza among 65 year olds and over	National	Dec-22	74.4%	75%			78.0% (Mar-22)	3rd (Mar-22)		76.9%	78.2%	78.5%	78.5%	Data collection restarts October 2022						62.2%	72.4%	74.4%			
	% uptake of influenza among under 65s in risk groups	National	Dec-22	40.4%	55%			48.2% (Mar-22)	4th (Mar-22)		44.9%	47.3%	48.6%	48.8%							30.2%	37.7%	40.4%			
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)		Data not available															
	% uptake of influenza among children 2 to 3 years old	Local	Dec-22	37.9%	50%			47.6% (Mar-22)	5th (Mar-22)		41.5%	43.2%	44.8%	44.6%							23.6%	34.6%	37.9%			
	% uptake of influenza among healthcare workers	National	Dec-22	40.9%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		52.7%	52.7%	53.6%	53.6%								34.4%	40.9%			
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Nov-22	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Nov-22	39%	80%	80%	✗	33.4% (Oct-22)	3rd (Oct-22)		37%	33%	33%	35%	35%	36%	47%	44%	44%	36%	40%	39%				
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Nov-22	89%	80%	80%	✓	91.7% (Oct-22)	4th (Oct-22)		22%	28%	27%	29%	18%	40%	33%	38%	34%	91%	91%	89%				
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Nov-22	65%	80%	80%	✓	72.2% (Oct-22)	4th (Oct-22)		43%	28%	24%	36%	23%	23%	22%	42%	27%	27%	83%	65%				
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Nov-22	27%	80%	80%	✗	42.0% (Oct-22)	5th (Oct-22)		50%	39%	67%	78%	51%	51%	38%	61%	35%	43%	36%	27%				
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Nov-22	89%	80%	80%	✓				2%	27%	26%	30%	19%	41%	41%	38%	34%	91%	90%	89%				
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Nov-22	99%	90%	90%		64.3% (Oct-22)	4th (Oct-22)		84%	89%	88%	100%	87%	97%	100%	100%	100%	87%	87%	99%				
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Nov-22	98%	80%	80%	✓	88.2% (Oct-22)	2nd (Oct-22)		95%	95%	99%	96%	97%	98%	96%	94%	97%	93%	95%	98%				
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Nov-22	98%	80%	80%	✓	73.6% (Oct-22)	1st (Oct-22)		100%	99%	100%	98%	96%	97%	100%	100%	100%	98%	100%	98%				
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Nov-22	93%	95%	95%	✗	74.6% (Oct-22)	2nd (Oct-22)		100%	100%	100%	100%	100%	100%	100%	100%	97%	96%	93%	93%				
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Nov-22	91%	90%	90%	✓	83.8% (Oct-22)	2nd (Oct-22)		80%	81%	85%	89%	88%	89%	89%	89%	90%	89%	90%	91%				
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2020/21	2.96	Annual ↓			3.54 (2020/21)	3rd (2020/21)																	
Dementia	% of people with dementia in Wales age 65 years or over who are diagnosed (registered on a GP QOF register)	National	2019/20	56.3%	Annual ↑			53.1% (2019/20)	2nd (2019/20)																	