



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Report Date	23rd May 2023	Agenda Item	2.1
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 (April 2023) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in 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 has saw a reduction in April 2023 to 153, compared with 378 in March 2023. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Emergency Department (ED) attendances have decreased in April 2023 to 10,577 from 11,211 in March 2023. - Performance against the 4-hour access is currently above the outlined trajectory in April 2023. ED 4-hour performance has increased by 1.5% in April 2023 to 75.22% from 73.72% in March 2023. - Performance against the 12-hour wait has improved in-month and it is currently performing below the outlined trajectory. The number of patients waiting over 12-hours in 		

ED decreased to 1,083 in April 2023 from 1,395 in March 2023.

- 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 decreased in April 2023 to 3,900 from 4,408 in March 2023.

Planned Care

- April 2023 saw a 1% 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 0.9% to 28,087.
- The number of patients waiting over 104 weeks for treatment decreased, with 5,952 patients waiting at this point in April 2023.
- In April, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 3,456 patients waiting at this stage.
- As a Health Board, we are currently developing updated ministerial priority trajectories for the 2023/24 planned care position.
- Therapy waiting times have improved, there are 129 patients waiting over 14 weeks in April 2023 compared with 193 in March 2023.
- The number of patients waiting over 8 weeks for an Endoscopy has slightly increased in April 2023 to 4,677 from 4,554 in March 2023.

Cancer

- March 2023 saw 53.2% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears).
- Backlog figures have seen a reduction in recent weeks. The total backlog at 14/05/2023 was 394.

Mental Health

- Performance against the Mental Health Measures continues to be maintained. All but one Welsh Government target were achieved in March 2023.
- In February 2023, 85% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

	<p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% February 2023. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has deteriorated slightly to 29% in February 2023 against a target of 80%. - Updated CAMHS data is currently not available as a result of the transfer from Cwm Taf. 			
<p>Specific Action Required</p>	<p>Information</p>	<p>Discussion</p>	<p>Assurance</p>	<p>Approval</p>
	<p>✓</p>		<p>✓</p>	
<p>Recommendations</p>	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. • ACTION: production of updated planned care recovery trajectories (>104 weeks and Stage 1 >52 weeks) to be produced in May 2023 to align with the Welsh Government updated timelines • NOTE: Inclusion of updated UEC 2023/24 Trajectories • NOTE: the review of admission avoidance and length of stay reduction plans and the impact on future Emergency Department performance • NOTE: the development and implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery • NOTE the actions being taken to improve performance: - <ul style="list-style-type: none"> ○ Updated tumour site specific action plans have been developed to support the SCP performance ○ Detailed plans being developed to maximise the productivity and efficiency of planned care capacity to maintain improvements in planned care access ○ The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity ○ A new outpatient dashboard has recently been developed which provides the ability to monitor planned care progress at specialty level, with specific focus on all Ministerial priority areas ○ Focussed work is currently being placed on Treat in Turn rates. ○ As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity. ○ Plans currently being developed to inform revised trajectories for 2023/24 and will be produced in May 2023 for: - <ul style="list-style-type: none"> ○ Planned care 			

	<ul style="list-style-type: none">○ Diagnostics○ 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.
- **ACTION:** production of updated planned care recovery trajectories (>104 weeks and Stage 1 >52 weeks) to be produced in May 2023 to align with the Welsh Government updated timelines
- **NOTE:** Inclusion of updated UEC 2023/24 Trajectories
- **NOTE:** the review of admission avoidance and length of stay reduction plans and the impact on future Emergency Department performance
- **NOTE:** the development and implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery
- **NOTE** the actions being taken to improve performance: -
 - Updated tumour site specific action plans have been developed to support the SCP performance
 - Detailed plans being developed to maximise the productivity and efficiency of planned care capacity to maintain improvements in planned care access
 - The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity
 - A new outpatient dashboard has recently been developed which provides the ability to monitor planned care progress at specialty level, with specific focus on all Ministerial priority areas
 - Focussed work is currently being placed on Treat in Turn rates.
 - As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity.
 - Plans currently being developed to inform revised trajectories for 2023/24 and will be produced in May 2023 for: -
 - Planned care
 - Diagnostics
 - 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 April 2023. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report



GIG
CYMRU
NHS
WALES

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Health Board



Appendix 1- Integrated Performance Report May 2023



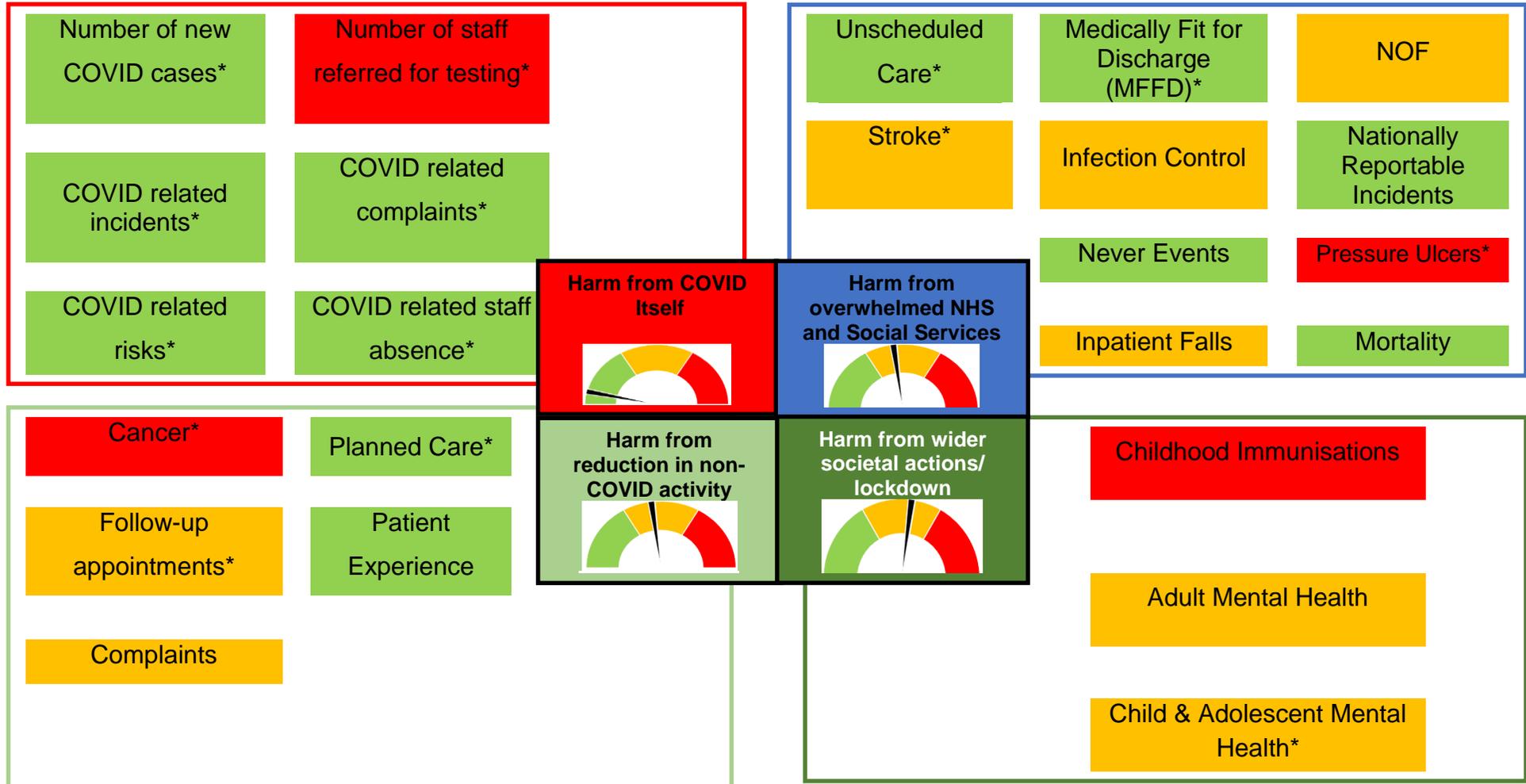
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1. QUADRANTS OF HARM SUMMARY

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



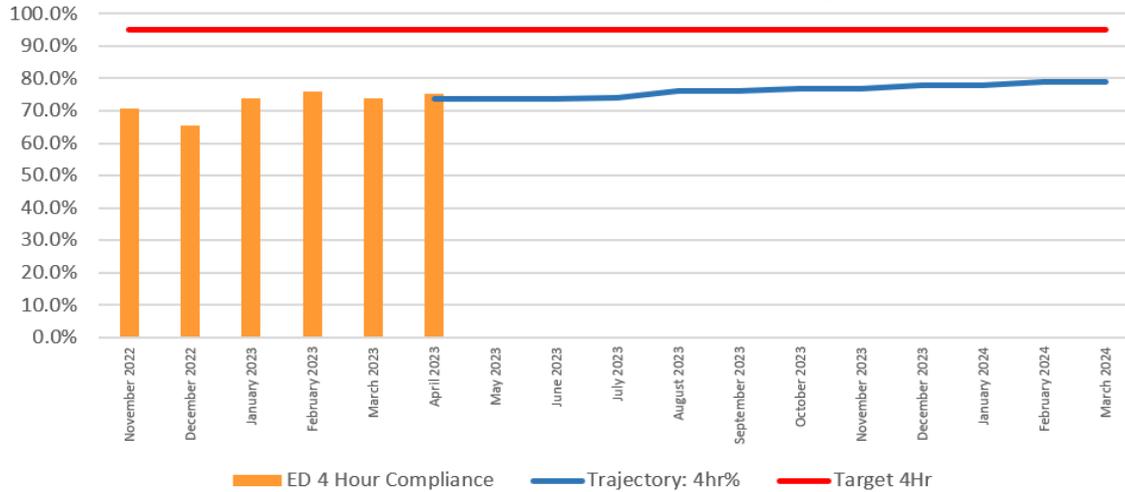
NB- RAG status is against national or local target
 ** Data not available

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

2. ESCALATED SERVICE UPDATE TRAJECTORIES

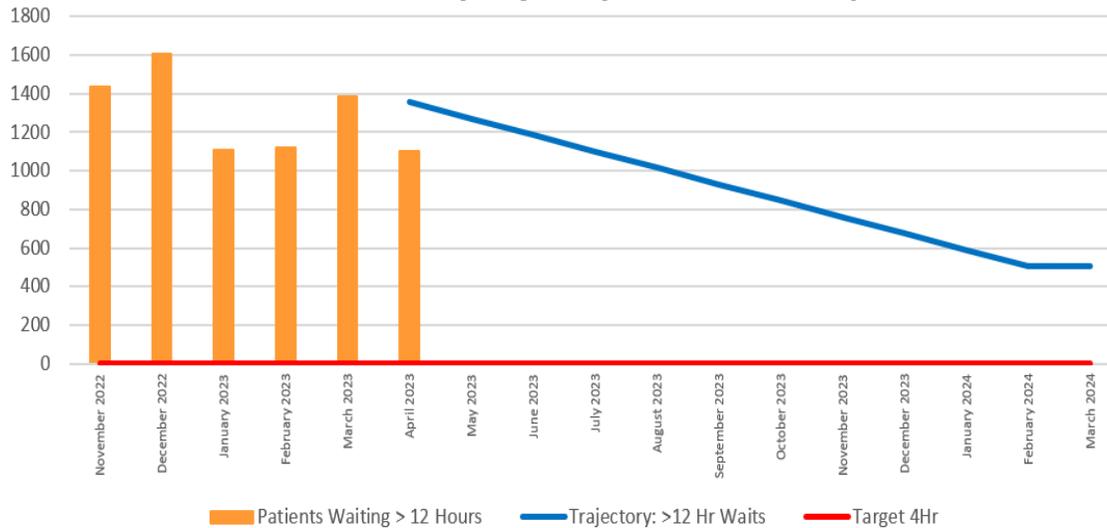
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4-hour access is above the target for April 2023. Emergency Department (ED) 4-hour performance increased by 1.5% in April 2023 to 75.22% from 73.72% in March 2023.

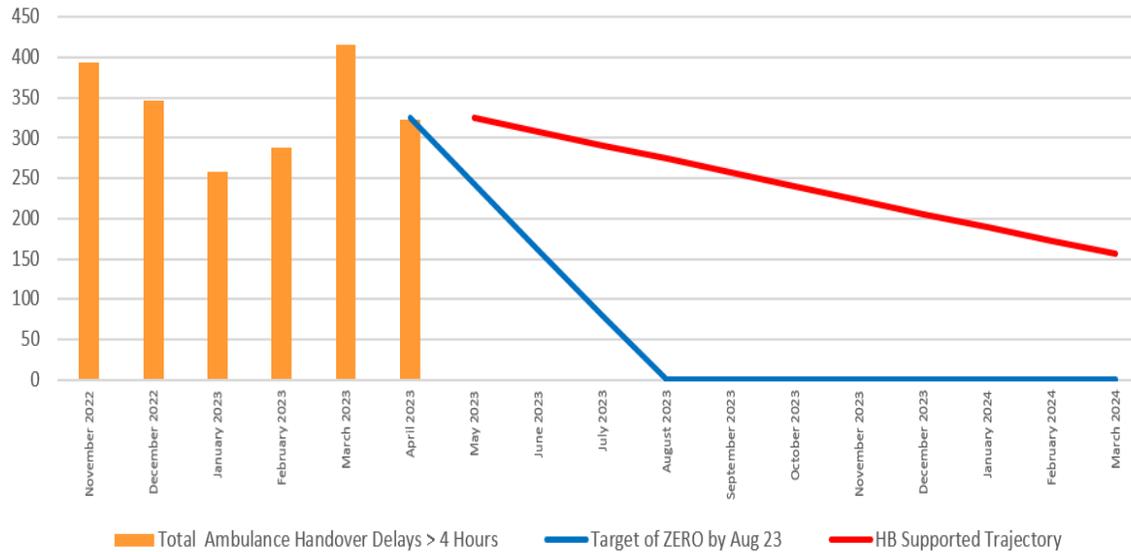
2. Submitted recovery trajectory for A&E 12-hour performance



2. Performance against the 12-hour wait improved in April and is currently below the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,083 in April 2023 from 1,395 in March 2023.

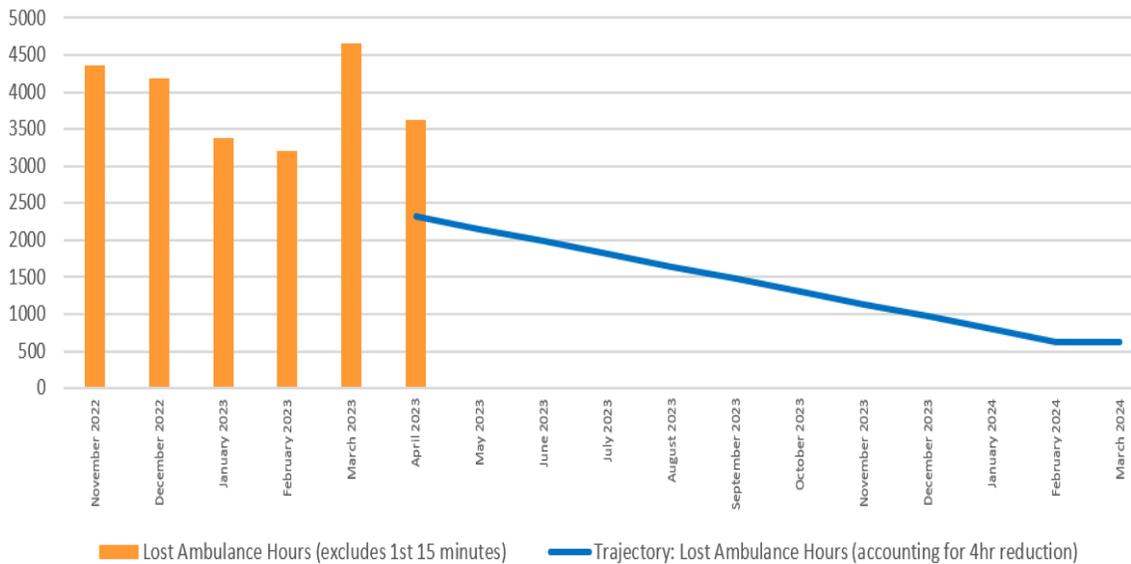
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has improved in April 2023. The handover times over four hours decreased to 323 in April 2023 from 416 in March 2023. The figures are below the outlined trajectory for April 2023 which was 325.

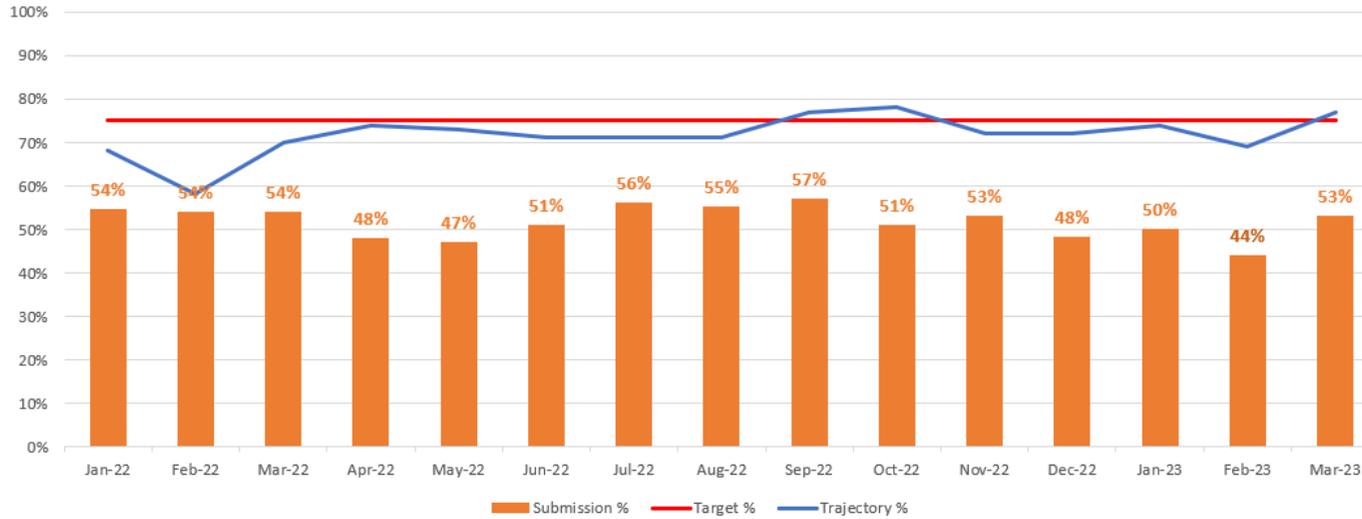
4. Ambulance Handover Lost Hours



4. The ambulance handover lost hours rate has seen a reduction in April 2023. The ambulance handover lost hours decreased from 4,657 in March 2023 to 3,627 in April 2023, which is above the outlined trajectory for April 2023 (2,320).

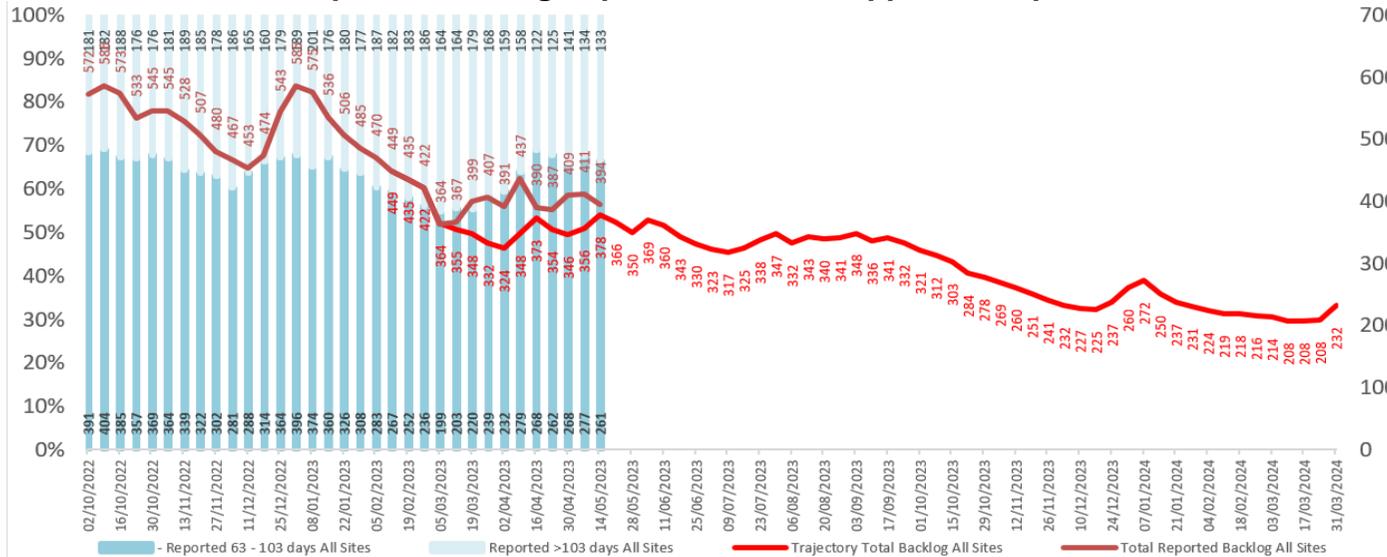
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



1. The final SCP performance for March 2023 was 53%, which is an improvement on the performance reported in February 2023. Performance continues to stay below the submitted trajectory (70%).

2. Proposed backlog improvements to support SCP performance



2. Backlog figures have seen a reduction in recent weeks. The total backlog at 14/05/2023 was 394.

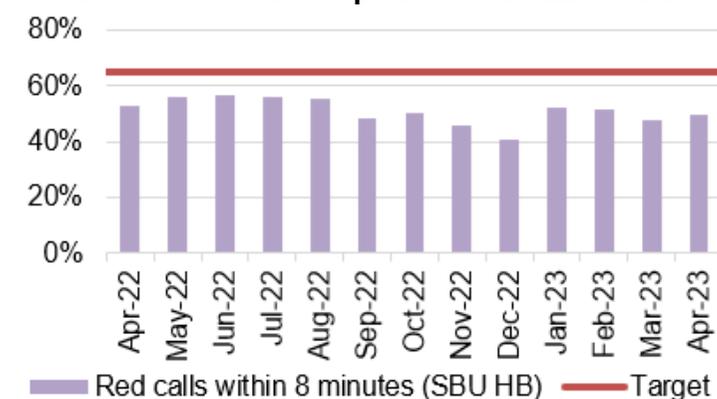
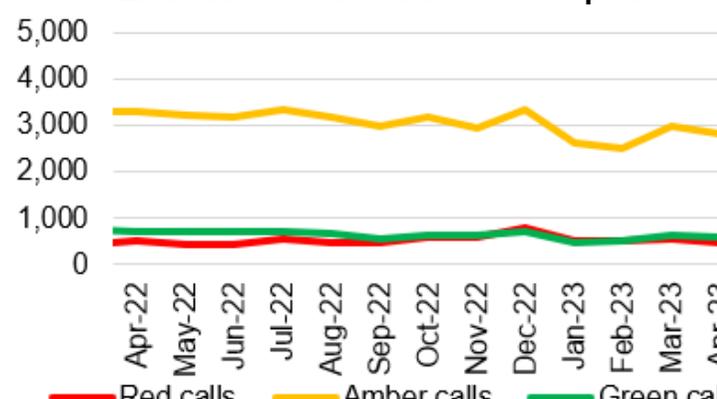
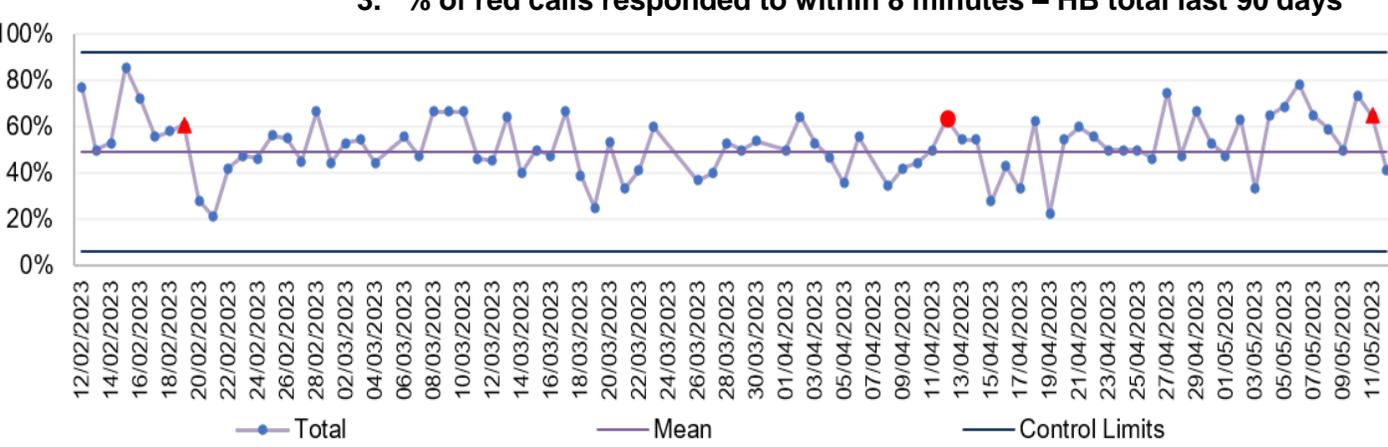
3. UPDATES ON KEY SERVICE AREAS

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 April 2023, there were an additional 153 positive cases recorded bringing the cumulative total to 120,259 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 March 2023 is 18,230 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 March 2023 and April 2023, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) decreased from 57 to 45. In April 2023, the registered nursing staff group had the largest number of self-isolating staff who were symptomatic.</p>	<p align="center">1. Number of staff self isolating (asymptomatic)</p> <p align="center">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 April 2023 has reduced to 0.3% from 0.4% in March 2023.</p>	<p align="center">% staff sickness</p> <table border="1"> <thead> <tr> <th></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> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> </tr> </thead> <tbody> <tr> <td>Medical</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> <td>0.5%</td> <td>0.3%</td> <td>0.1%</td> <td>0.1%</td> </tr> <tr> <td>Nursing Reg</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> <td>0.7%</td> <td>0.6%</td> <td>0.7%</td> <td>0.4%</td> </tr> <tr> <td>Nursing Non Reg</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> <td>0.6%</td> <td>0.6%</td> <td>0.5%</td> <td>0.7%</td> </tr> <tr> <td>Other</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> <td>0.4%</td> <td>0.4%</td> <td>0.2%</td> <td>0.2%</td> </tr> <tr> <td>All</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> <td>0.5%</td> <td>0.5%</td> <td>0.4%</td> <td>0.3%</td> </tr> </tbody> </table>		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Medical	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%	Nursing Reg	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	0.4%	Nursing Non Reg	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%	Other	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	All	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%
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UNSCHEDULED CARE

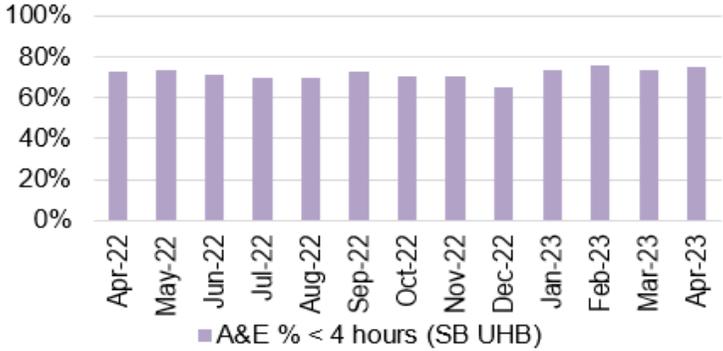
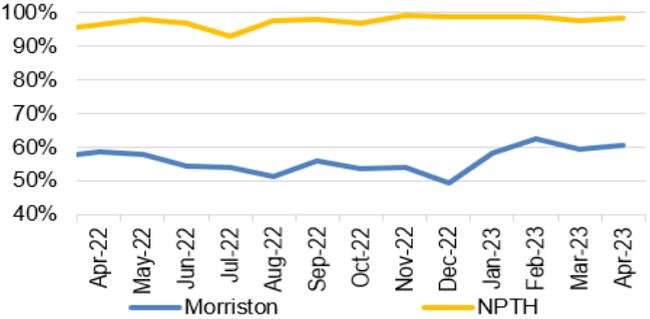
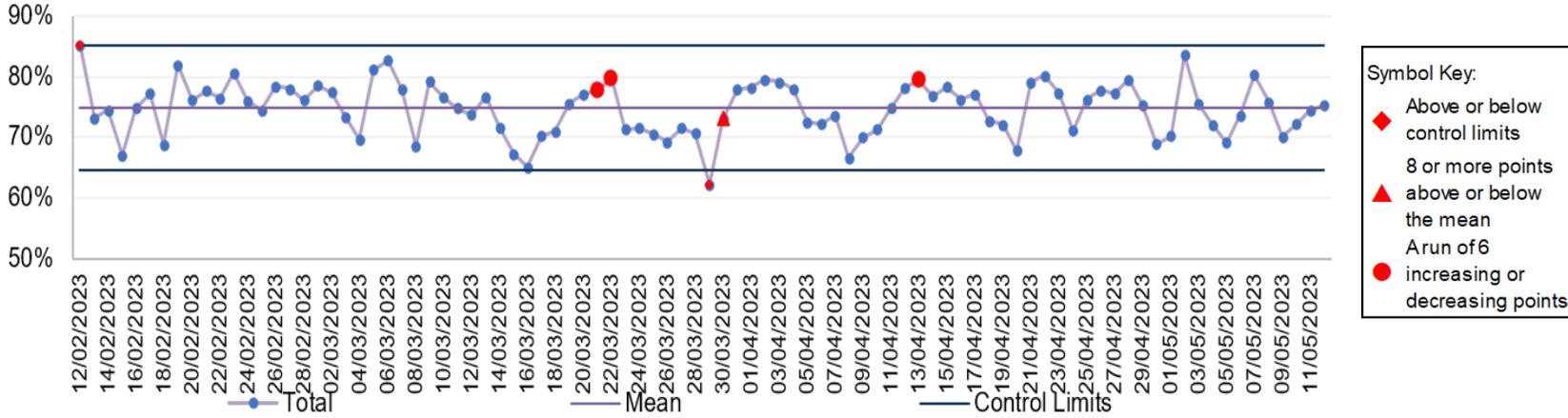
Description	Current Performance	Actions of Improvement
<p>Ambulance responses</p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In April 2023, the number of red calls responded to within 8 minutes increased to 49.7%, from 47.5% in March 2023. In April 2023, the number of green calls decreased by 5%, amber calls decreased by 5%, and red calls decreased by 13% compared with March 2023.</p>	<p>Ambulance response rates have seen a minor improvement in performance in April 2023. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.</p>
	Trend	
	<p>1. % of red calls responded to within 8 minutes</p> 	<p>2. Number of ambulance call responses</p> 
<p>3. % of red calls responded to within 8 minutes – HB total last 90 days</p>  <div data-bbox="1859 1037 2105 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																																																																					
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 April 2023, there were 658 ambulance to hospital handovers taking over 1 hour; this is a reduction in figures compared with 729 in March 2023. In April 2023, all handovers over 1 hour were attributed to Morriston Hospital. The number of handover hours lost over 15 minutes have decreased from 4,659 in March 2023 to 3,627 in April 2023.	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.																																																																					
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UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E Attendances 1. The number of attendances at emergency departments in the Health Board 2. The number of attendances at emergency departments in the Health Board – Hospital level 3. The number of attendances at emergency departments in the Health Board (last 90 days)	ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In April 2023, there were 10,577 A&E attendances, this is 6% lower than March 2023.	There are several admission avoidance schemes in place in order to reduce the number of patients presenting at the A&E department which include; Rapid response therapies 7 day working, the WAST stack review and home first in-reach.
	Trend	
	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>1. Number of A&E attendances- HB total</p> <p>■ Total A&E Attendances (SBU HB)</p> </div> <div style="width: 45%;"> <p>2. Number of A&E attendances- Hospital level</p> <p>— Morriston — NPTH</p> </div> </div>	
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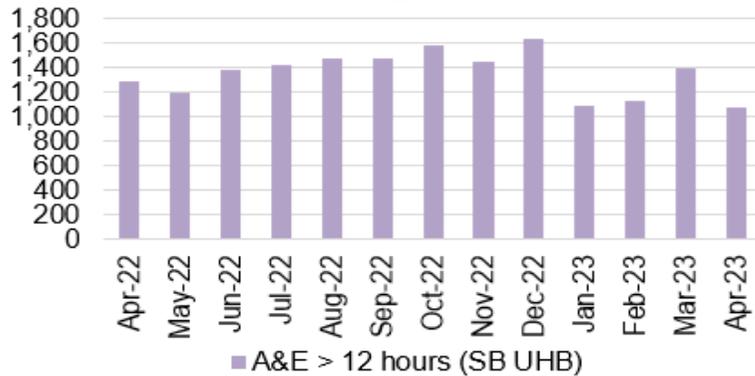
Description	Current Performance	Actions of Improvement
<p>A&E waiting times</p> <p><i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i></p> <p><i>2. % of patients who spend less than 4 hours in A&E- Hospital 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 improved from 73.72% in March 2023 to 75.22% in April 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 98.23% in April 2023. Morriston Hospital's performance improved between March and April 2023, achieving 60.46% 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> 		

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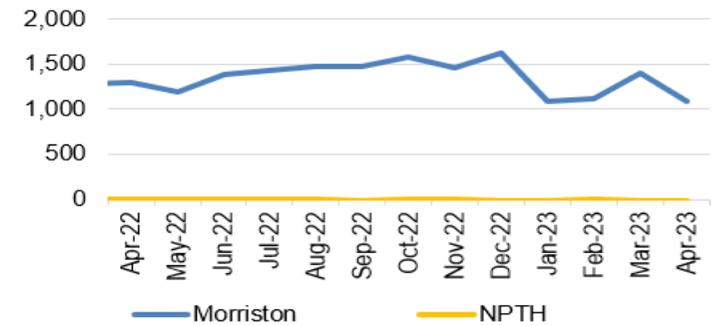
Description	Current Performance	Actions of Improvement
A&E waiting times 1. Number of patients who spend 12 hours or more in A&E 2. Number of patients who spend 12 hours or more in A&E- Hospital level 3. Number of patients who spend 12 hours or more in A&E (last 90 days)	In April 2023, performance against the 12-hour measure improved when compared with March 2023, decreasing from 1,395 to 1,083. This is a reduction of 312 compared to March 2023. All of the patients waiting over 12 hours in April 2023 were attributed to Morriston Hospital.	A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.

Trend

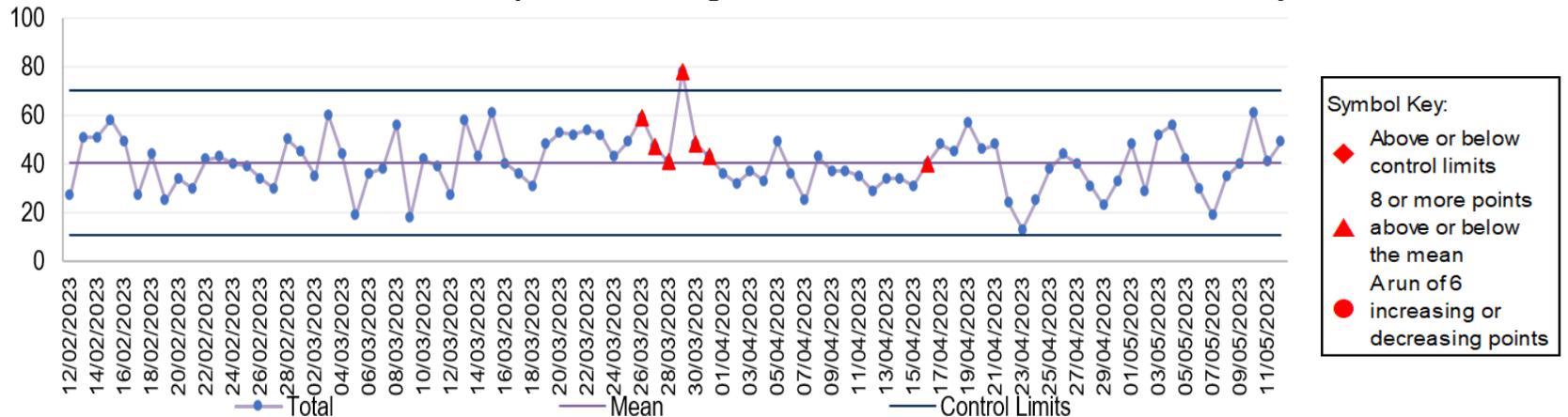
1. Number of patients waiting over 12 hours in A&E- HB total



2. Number of patients waiting over 12 hours in A&E- Hospital level



3. Number of patients waiting over 12 hours in A&E – HB total last 90 days



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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)	In April 2023, there were 3,900 emergency admissions across the Health Board, which is 508 lower than March 2023. Singleton Hospital saw an in-month reduction, with 23 less admissions (from 372 in March 2023), Morriston Hospital saw an in-month reduction from 3,895 admissions in March 2023 to 3,423 admissions in April 2023.	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																																																																																			
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<p>Critical Care-Delayed Transfers of Care (DTC)-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 April 2023, there were a total of 77 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is a reduction when compared with 89 admissions in March 2023. April 2023, saw a reduction in the number of delayed discharge hours from 5209.15 in March 2023 to 3211.35 in April 2023. The average lost bed days decreased to 4.46 per day. The percentage of patients delayed over 24 hours decreased to 54.24% in April from 67.14% in March 2023.</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 April 2023, there were on average 287 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In April 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 110, closely followed by Singleton Hospital with 77.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital, recent implementing of the AMSR programme will also encourage a reduction in the figures.</p>	<p>The number of clinically optimised patients by site</p> <table border="1"> <caption>Estimated data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>100</td><td>60</td><td>85</td><td>25</td></tr> <tr><td>May-22</td><td>120</td><td>65</td><td>85</td><td>15</td></tr> <tr><td>Jun-22</td><td>145</td><td>60</td><td>85</td><td>20</td></tr> <tr><td>Jul-22</td><td>115</td><td>65</td><td>90</td><td>15</td></tr> <tr><td>Aug-22</td><td>120</td><td>70</td><td>100</td><td>15</td></tr> <tr><td>Sep-22</td><td>120</td><td>85</td><td>100</td><td>20</td></tr> <tr><td>Oct-22</td><td>110</td><td>70</td><td>100</td><td>20</td></tr> <tr><td>Nov-22</td><td>110</td><td>65</td><td>90</td><td>15</td></tr> <tr><td>Dec-22</td><td>100</td><td>60</td><td>80</td><td>10</td></tr> <tr><td>Jan-23</td><td>120</td><td>70</td><td>80</td><td>15</td></tr> <tr><td>Feb-23</td><td>100</td><td>95</td><td>85</td><td>15</td></tr> <tr><td>Mar-23</td><td>110</td><td>90</td><td>75</td><td>15</td></tr> <tr><td>Apr-23</td><td>110</td><td>77</td><td>75</td><td>25</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Apr-22	100	60	85	25	May-22	120	65	85	15	Jun-22	145	60	85	20	Jul-22	115	65	90	15	Aug-22	120	70	100	15	Sep-22	120	85	100	20	Oct-22	110	70	100	20	Nov-22	110	65	90	15	Dec-22	100	60	80	10	Jan-23	120	70	80	15	Feb-23	100	95	85	15	Mar-23	110	90	75	15	Apr-23	110	77	75	25
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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 March 2023, there were 25 elective procedures cancelled due to lack of beds on the day of surgery. This is 12 less cancellations than those seen in February 2023.</p> <p>Of the cancelled procedures, all were attributed to Morriston Hospital in March 2023.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Estimated data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>30</td><td>2</td><td>0</td></tr> <tr><td>Apr-22</td><td>35</td><td>2</td><td>0</td></tr> <tr><td>May-22</td><td>55</td><td>2</td><td>0</td></tr> <tr><td>Jun-22</td><td>35</td><td>2</td><td>0</td></tr> <tr><td>Jul-22</td><td>30</td><td>2</td><td>0</td></tr> <tr><td>Aug-22</td><td>10</td><td>2</td><td>0</td></tr> <tr><td>Sep-22</td><td>25</td><td>2</td><td>0</td></tr> <tr><td>Oct-22</td><td>35</td><td>2</td><td>0</td></tr> <tr><td>Nov-22</td><td>25</td><td>2</td><td>0</td></tr> <tr><td>Dec-22</td><td>25</td><td>2</td><td>0</td></tr> <tr><td>Jan-23</td><td>70</td><td>2</td><td>15</td></tr> <tr><td>Feb-23</td><td>35</td><td>2</td><td>0</td></tr> <tr><td>Mar-23</td><td>25</td><td>2</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Mar-22	30	2	0	Apr-22	35	2	0	May-22	55	2	0	Jun-22	35	2	0	Jul-22	30	2	0	Aug-22	10	2	0	Sep-22	25	2	0	Oct-22	35	2	0	Nov-22	25	2	0	Dec-22	25	2	0	Jan-23	70	2	15	Feb-23	35	2	0	Mar-23	25	2	0														
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HEALTHCARE ACQUIRED INFECTIONS

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Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 26 cases of <i>E. coli</i> bacteraemia were identified in April 2023, of which 14 were hospital acquired and 12 were community acquired. The Health Board total is currently below the Welsh Government Profile target of 20 cases for April 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <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>Apr-22</td><td>31</td><td>20</td></tr> <tr><td>May-22</td><td>21</td><td>20</td></tr> <tr><td>Jun-22</td><td>17</td><td>20</td></tr> <tr><td>Jul-22</td><td>21</td><td>20</td></tr> <tr><td>Aug-22</td><td>32</td><td>20</td></tr> <tr><td>Sep-22</td><td>15</td><td>20</td></tr> <tr><td>Oct-22</td><td>22</td><td>20</td></tr> <tr><td>Nov-22</td><td>23</td><td>20</td></tr> <tr><td>Dec-22</td><td>22</td><td>20</td></tr> <tr><td>Jan-23</td><td>20</td><td>20</td></tr> <tr><td>Feb-23</td><td>17</td><td>20</td></tr> <tr><td>Mar-23</td><td>19</td><td>20</td></tr> <tr><td>Apr-23</td><td>26</td><td>20</td></tr> <tr><td>May-23</td><td>19</td><td>20</td></tr> <tr><td>Jun-23</td><td>20</td><td>20</td></tr> <tr><td>Jul-23</td><td>19</td><td>20</td></tr> <tr><td>Aug-23</td><td>19</td><td>20</td></tr> <tr><td>Sep-23</td><td>19</td><td>20</td></tr> <tr><td>Oct-23</td><td>19</td><td>20</td></tr> <tr><td>Nov-23</td><td>21</td><td>20</td></tr> <tr><td>Dec-23</td><td>19</td><td>20</td></tr> <tr><td>Jan-24</td><td>19</td><td>20</td></tr> <tr><td>Feb-24</td><td>19</td><td>20</td></tr> <tr><td>Mar-24</td><td>19</td><td>20</td></tr> </tbody> </table>	Month	Number E. Coli cases (SBU)	Trajectory	Apr-22	31	20	May-22	21	20	Jun-22	17	20	Jul-22	21	20	Aug-22	32	20	Sep-22	15	20	Oct-22	22	20	Nov-22	23	20	Dec-22	22	20	Jan-23	20	20	Feb-23	17	20	Mar-23	19	20	Apr-23	26	20	May-23	19	20	Jun-23	20	20	Jul-23	19	20	Aug-23	19	20	Sep-23	19	20	Oct-23	19	20	Nov-23	21	20	Dec-23	19	20	Jan-24	19	20	Feb-24	19	20	Mar-24	19	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 16 cases of Staph. aureus bacteraemia in April 2023, of which 7 were hospital acquired and 9 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 8 cases for April 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <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>Apr-22</td><td>13</td><td>8</td></tr> <tr><td>May-22</td><td>18</td><td>8</td></tr> <tr><td>Jun-22</td><td>9</td><td>8</td></tr> <tr><td>Jul-22</td><td>12</td><td>8</td></tr> <tr><td>Aug-22</td><td>12</td><td>8</td></tr> <tr><td>Sep-22</td><td>14</td><td>8</td></tr> <tr><td>Oct-22</td><td>17</td><td>8</td></tr> <tr><td>Nov-22</td><td>8</td><td>8</td></tr> <tr><td>Dec-22</td><td>13</td><td>8</td></tr> <tr><td>Jan-23</td><td>10</td><td>8</td></tr> <tr><td>Feb-23</td><td>11</td><td>8</td></tr> <tr><td>Mar-23</td><td>10</td><td>8</td></tr> <tr><td>Apr-23</td><td>16</td><td>8</td></tr> <tr><td>May-23</td><td>6</td><td>6</td></tr> <tr><td>Jun-23</td><td>6</td><td>6</td></tr> <tr><td>Jul-23</td><td>6</td><td>6</td></tr> <tr><td>Aug-23</td><td>6</td><td>6</td></tr> <tr><td>Sep-23</td><td>6</td><td>6</td></tr> <tr><td>Oct-23</td><td>6</td><td>6</td></tr> <tr><td>Nov-23</td><td>6</td><td>6</td></tr> <tr><td>Dec-23</td><td>6</td><td>6</td></tr> <tr><td>Jan-24</td><td>5</td><td>5</td></tr> <tr><td>Feb-24</td><td>5</td><td>5</td></tr> <tr><td>Mar-24</td><td>5</td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Apr-22	13	8	May-22	18	8	Jun-22	9	8	Jul-22	12	8	Aug-22	12	8	Sep-22	14	8	Oct-22	17	8	Nov-22	8	8	Dec-22	13	8	Jan-23	10	8	Feb-23	11	8	Mar-23	10	8	Apr-23	16	8	May-23	6	6	Jun-23	6	6	Jul-23	6	6	Aug-23	6	6	Sep-23	6	6	Oct-23	6	6	Nov-23	6	6	Dec-23	6	6	Jan-24	5	5	Feb-24	5	5	Mar-24	5	5
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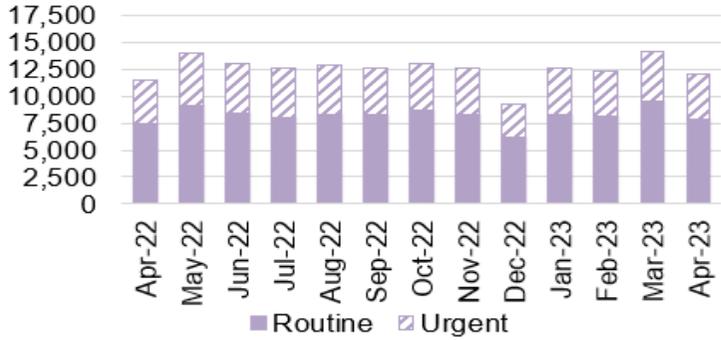
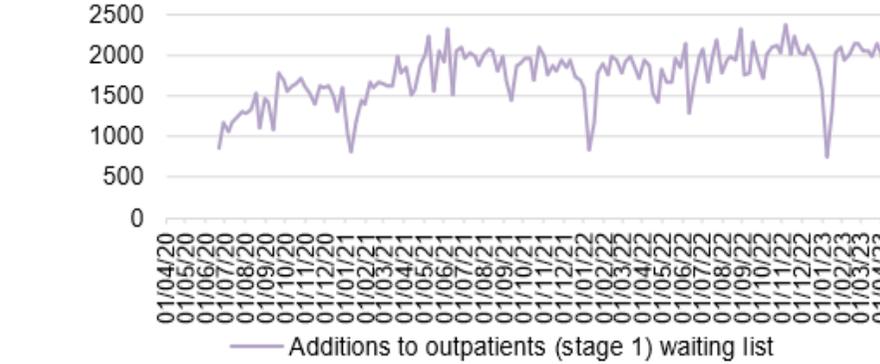
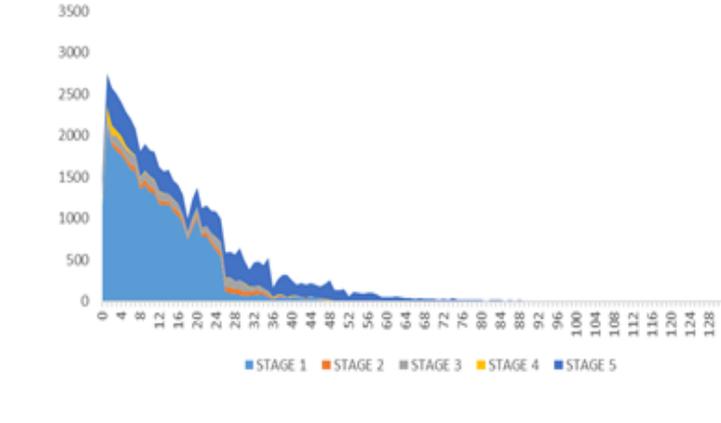
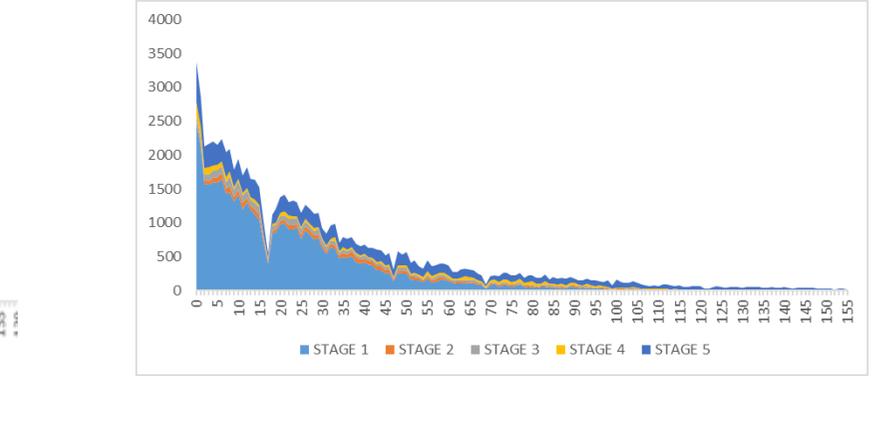
HEALTHCARE ACQUIRED INFECTIONS

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<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 18 <i>Clostridium difficile</i> toxin positive cases in April 2023, of which 7 were hospital acquired, 8 were community acquired and 3 were identified from other hospitals. The Health Board total is currently above the Welsh Government Profile target of 10 cases for April 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of C. diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>13</td><td></td></tr> <tr><td>May-22</td><td>11</td><td></td></tr> <tr><td>Jun-22</td><td>16</td><td></td></tr> <tr><td>Jul-22</td><td>16</td><td></td></tr> <tr><td>Aug-22</td><td>22</td><td></td></tr> <tr><td>Sep-22</td><td>14</td><td></td></tr> <tr><td>Oct-22</td><td>21</td><td></td></tr> <tr><td>Nov-22</td><td>21</td><td></td></tr> <tr><td>Dec-22</td><td>14</td><td></td></tr> <tr><td>Jan-23</td><td>22</td><td></td></tr> <tr><td>Feb-23</td><td>12</td><td></td></tr> <tr><td>Mar-23</td><td>19</td><td></td></tr> <tr><td>Apr-23</td><td>18</td><td>10</td></tr> <tr><td>May-23</td><td></td><td>10</td></tr> <tr><td>Jun-23</td><td></td><td>8</td></tr> <tr><td>Jul-23</td><td></td><td>8</td></tr> <tr><td>Aug-23</td><td></td><td>8</td></tr> <tr><td>Sep-23</td><td></td><td>7</td></tr> <tr><td>Oct-23</td><td></td><td>7</td></tr> <tr><td>Nov-23</td><td></td><td>7</td></tr> <tr><td>Dec-23</td><td></td><td>7</td></tr> <tr><td>Jan-24</td><td></td><td>7</td></tr> <tr><td>Feb-24</td><td></td><td>7</td></tr> <tr><td>Mar-24</td><td></td><td>7</td></tr> </tbody> </table>	Month	Number of C. diff cases (SBU)	Trajectory	Apr-22	13		May-22	11		Jun-22	16		Jul-22	16		Aug-22	22		Sep-22	14		Oct-22	21		Nov-22	21		Dec-22	14		Jan-23	22		Feb-23	12		Mar-23	19		Apr-23	18	10	May-23		10	Jun-23		8	Jul-23		8	Aug-23		8	Sep-23		7	Oct-23		7	Nov-23		7	Dec-23		7	Jan-24		7	Feb-24		7	Mar-24		7
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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 April 2023, of which 7 were hospital acquired and 1 was community acquired. The Health Board total is currently above the Welsh Government Profile target of 9 cases for April 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>6</td><td></td></tr> <tr><td>May-22</td><td>8</td><td></td></tr> <tr><td>Jun-22</td><td>8</td><td></td></tr> <tr><td>Jul-22</td><td>11</td><td></td></tr> <tr><td>Aug-22</td><td>8</td><td></td></tr> <tr><td>Sep-22</td><td>10</td><td></td></tr> <tr><td>Oct-22</td><td>7</td><td></td></tr> <tr><td>Nov-22</td><td>11</td><td></td></tr> <tr><td>Dec-22</td><td>8</td><td></td></tr> <tr><td>Jan-23</td><td>11</td><td></td></tr> <tr><td>Feb-23</td><td>8</td><td></td></tr> <tr><td>Mar-23</td><td>11</td><td></td></tr> <tr><td>Apr-23</td><td>8</td><td>9</td></tr> <tr><td>May-23</td><td></td><td>7</td></tr> <tr><td>Jun-23</td><td></td><td>7</td></tr> <tr><td>Jul-23</td><td></td><td>7</td></tr> <tr><td>Aug-23</td><td></td><td>7</td></tr> <tr><td>Sep-23</td><td></td><td>6</td></tr> <tr><td>Oct-23</td><td></td><td>4</td></tr> <tr><td>Nov-23</td><td></td><td>5</td></tr> <tr><td>Dec-23</td><td></td><td>5</td></tr> <tr><td>Jan-24</td><td></td><td>5</td></tr> <tr><td>Feb-24</td><td></td><td>5</td></tr> <tr><td>Mar-24</td><td></td><td>4</td></tr> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	Trajectory	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	11		Feb-23	8		Mar-23	11		Apr-23	8	9	May-23		7	Jun-23		7	Jul-23		7	Aug-23		7	Sep-23		6	Oct-23		4	Nov-23		5	Dec-23		5	Jan-24		5	Feb-24		5	Mar-24		4
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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 2 cases of <i>P.Aeruginosa</i> in April 2023, both of which 1 was hospital acquired and 1 was community acquired. • The Health Board total is currently below the Welsh Government Profile target of 3 cumulative cases for April 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <caption>Number of healthcare acquired Pseudomonas cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>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>4</td></tr> <tr><td>Jul-22</td><td>4</td><td>4</td></tr> <tr><td>Aug-22</td><td>3</td><td>3</td></tr> <tr><td>Sep-22</td><td>5</td><td>5</td></tr> <tr><td>Oct-22</td><td>6</td><td>6</td></tr> <tr><td>Nov-22</td><td>5</td><td>5</td></tr> <tr><td>Dec-22</td><td>3</td><td>3</td></tr> <tr><td>Jan-23</td><td>4</td><td>4</td></tr> <tr><td>Feb-23</td><td>2</td><td>2</td></tr> <tr><td>Mar-23</td><td>4</td><td>4</td></tr> <tr><td>Apr-23</td><td>2</td><td>3</td></tr> <tr><td>May-23</td><td>0</td><td>2</td></tr> <tr><td>Jun-23</td><td>0</td><td>2</td></tr> <tr><td>Jul-23</td><td>0</td><td>2</td></tr> <tr><td>Aug-23</td><td>0</td><td>2</td></tr> <tr><td>Sep-23</td><td>0</td><td>2</td></tr> <tr><td>Oct-23</td><td>0</td><td>1</td></tr> <tr><td>Nov-23</td><td>0</td><td>3</td></tr> <tr><td>Dec-23</td><td>0</td><td>2</td></tr> <tr><td>Jan-24</td><td>0</td><td>2</td></tr> <tr><td>Feb-24</td><td>0</td><td>1</td></tr> <tr><td>Mar-24</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	Apr-22	2	2	May-22	2	2	Jun-22	4	4	Jul-22	4	4	Aug-22	3	3	Sep-22	5	5	Oct-22	6	6	Nov-22	5	5	Dec-22	3	3	Jan-23	4	4	Feb-23	2	2	Mar-23	4	4	Apr-23	2	3	May-23	0	2	Jun-23	0	2	Jul-23	0	2	Aug-23	0	2	Sep-23	0	2	Oct-23	0	1	Nov-23	0	3	Dec-23	0	2	Jan-24	0	2	Feb-24	0	1	Mar-24	0	1
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PLANNED CARE

Description	Current Performance	Actions of Improvement
Referrals and shape of the waiting list	April 2023 has seen a reduction in referral figures compared with March 2023 (14,220). Referral rates have continued to rise slowly since December 2021, with 12,012 received in April 2023. 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.	The number of referrals received has remained steady in recent months, and is now showing a consistent pattern of demand.
1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at April 2023</i>	Trend	
	1. Number of GP referrals received by SBU Health Board 	2. Number of stage 1 additions per week 
	3. Total size of the waiting list and movement (December 2019) 	4. Total size of the waiting list and movement (April 2023) 

PLANNED CARE		
Description	Current Performance	Actions of Improvement
<p>Outpatient waiting times</p> <p>1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total</p> <p>2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level</p> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty</p> <p>4. Outpatient activity undertaken</p>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, April 2023 saw an in-month reduction of 1% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 15,385 in March 2023 to 15,184 in April 2023. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and OMFS. 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.</p> <p>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 April 2023</p>	<p>4. Outpatient activity undertaken</p> <p>— New outpatient attendances - - - Follow-up attendances</p>

PLANNED CARE																																																										
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<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 April 2023, there were 28,087 patients waiting over 36 weeks which is a 0.9% in-month reduction from March 2023. 17,823 of the 28,087 were waiting over 52 weeks in April 2023. In April 2023, there were 5,952 patients waiting over 104 weeks for treatment, which is a 1% reduction from March 2023.</p>	<p>Detailed demand and capacity work is ongoing to support the reduction of Stage 1 patients waiting for an outpatient appointment. Currently implementing planned care efficiency measures which include; over-booking clinics, improving treatment turn rates, increasing capacity, validation of pathways and internal administrative and clinical validation</p>																																																								
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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 April 2023, 58.2% of patients were waiting under 26 weeks from referral to treatment, which is 0.2% less than those seen in March 2023.</p>	<p>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>Apr-22</td><td>48%</td></tr> <tr><td>May-22</td><td>48%</td></tr> <tr><td>Jun-22</td><td>48%</td></tr> <tr><td>Jul-22</td><td>48%</td></tr> <tr><td>Aug-22</td><td>48%</td></tr> <tr><td>Sep-22</td><td>48%</td></tr> <tr><td>Oct-22</td><td>48%</td></tr> <tr><td>Nov-22</td><td>48%</td></tr> <tr><td>Dec-22</td><td>48%</td></tr> <tr><td>Jan-23</td><td>48%</td></tr> <tr><td>Feb-23</td><td>48%</td></tr> <tr><td>Mar-23</td><td>48%</td></tr> <tr><td>Apr-23</td><td>48%</td></tr> </tbody> </table>	Month	% waiting < 26 wks (SBU HB)	Apr-22	48%	May-22	48%	Jun-22	48%	Jul-22	48%	Aug-22	48%	Sep-22	48%	Oct-22	48%	Nov-22	48%	Dec-22	48%	Jan-23	48%	Feb-23	48%	Mar-23	48%	Apr-23	48%
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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 April 2023, 62.7% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 appointments attended which were 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>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>60%</td></tr> <tr><td>Jan-23</td><td>60%</td></tr> <tr><td>Feb-23</td><td>60%</td></tr> <tr><td>Mar-23</td><td>60%</td></tr> <tr><td>Apr-23</td><td>60%</td></tr> </tbody> </table>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	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	60%	Jan-23	60%	Feb-23	60%	Mar-23	60%	Apr-23	60%
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PLANNED CARE

Description	Current Performance	Trend
<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In April 2023, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,514 in March 2023 to 6,867.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for April 2023:</p> <ul style="list-style-type: none"> • Endoscopy= 4,663 ^ • Cardiac tests= 487^ • Other Diagnostics = 1,703 ^ <p>Actions of Improvement; Endoscopy waits have increased slightly this month. The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity. Updated trajectories are currently in development for 2023/24</p>	<p>Number of patients waiting longer than 8 weeks for Endoscopy</p> <p>■ Endoscopy >8wks (SBU HB)</p> <p><i>Ministerial Target = Endoscopy waits > 8 Weeks will be 0 by Spring 2024</i></p>
<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In April 2023 there were 129 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in April 2023 are:</p> <ul style="list-style-type: none"> • Speech & Language Therapy= 105 • Dietetics = 24 <p>Actions of Improvement; The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <p>■ Occ Therapy/ LD (MH) ■ Dietetics ■ Occ Therapy (exc. MH) ■ Phsyio ■ Audiology ■ Podiatry</p>

CANCER

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<p>Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i></p>	<p>April 2023 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>63 - 103 days</th> <th>≥104 days</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>1</td><td>1</td></tr> <tr><td>Breast</td><td>17</td><td>2</td></tr> <tr><td>Children's cancer</td><td>0</td><td>0</td></tr> <tr><td>Gynaecological</td><td>72</td><td>43</td></tr> <tr><td>Haematological</td><td>10</td><td>9</td></tr> <tr><td>Head and neck</td><td>10</td><td>6</td></tr> <tr><td>Lower Gastrointestinal</td><td>48</td><td>21</td></tr> <tr><td>Lung</td><td>28</td><td>9</td></tr> <tr><td>Other</td><td>4</td><td>1</td></tr> <tr><td>Sarcoma</td><td>1</td><td>1</td></tr> <tr><td>Skin(c)</td><td>13</td><td>3</td></tr> <tr><td>Upper Gastrointestinal</td><td>22</td><td>18</td></tr> <tr><td>Urological</td><td>35</td><td>19</td></tr> <tr><td>Grand Total</td><td>261</td><td>133</td></tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	0	Brain/CNS	1	1	Breast	17	2	Children's cancer	0	0	Gynaecological	72	43	Haematological	10	9	Head and neck	10	6	Lower Gastrointestinal	48	21	Lung	28	9	Other	4	1	Sarcoma	1	1	Skin(c)	13	3	Upper Gastrointestinal	22	18	Urological	35	19	Grand Total	261	133	<p>Number of patients with a wait status of more than 62 days</p>
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<p>Single Cancer Pathway backlog-patients waiting over 63 days</p>	<p>April 2023 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none"> - Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog - 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 - An updated backlog trajectory has been developed ready for the new financial year (2023/24) 	<p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p>																																																

CANCER

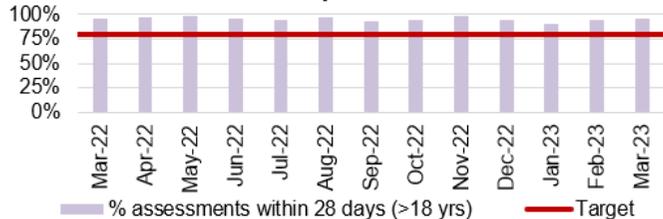
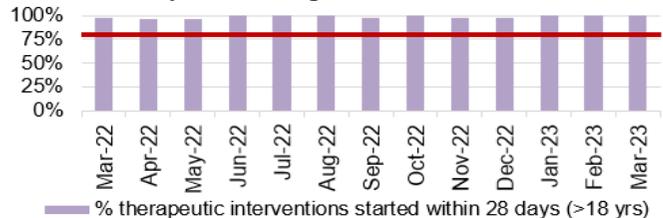
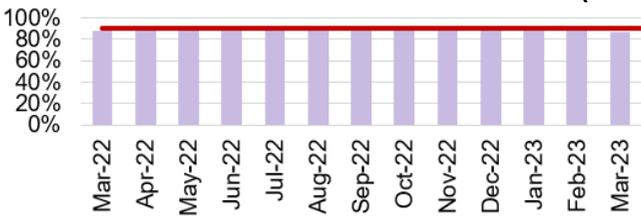
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<p>USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>To date, early May 2023 figures show total wait volumes for first outpatient appointment have decreased by 5% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 52% have been booked, which is slightly higher than figures seen in the previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early May 2023</p> <table border="1" data-bbox="1429 316 1899 842"> <thead> <tr> <th>FIRST OPA</th> <th>7-May</th> <th>14-May</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>2</td><td>3</td></tr> <tr><td>Children's Cancer</td><td>1</td><td>0</td></tr> <tr><td>Gynaecological</td><td>77</td><td>67</td></tr> <tr><td>Haematological</td><td>1</td><td>6</td></tr> <tr><td>Head and Neck</td><td>90</td><td>63</td></tr> <tr><td>Lower GI</td><td>87</td><td>99</td></tr> <tr><td>Lung</td><td>11</td><td>4</td></tr> <tr><td>Other</td><td>246</td><td>248</td></tr> <tr><td>Sarcoma</td><td>2</td><td>1</td></tr> <tr><td>Skin</td><td>75</td><td>78</td></tr> <tr><td>Upper GI</td><td>40</td><td>53</td></tr> <tr><td>Urological</td><td>80</td><td>57</td></tr> <tr><td></td><td>712</td><td>679</td></tr> </tbody> </table>	FIRST OPA	7-May	14-May	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	2	3	Children's Cancer	1	0	Gynaecological	77	67	Haematological	1	6	Head and Neck	90	63	Lower GI	87	99	Lung	11	4	Other	246	248	Sarcoma	2	1	Skin	75	78	Upper GI	40	53	Urological	80	57		712	679
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<p>Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i></p>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%</p> <table border="1" data-bbox="548 986 1193 1385"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>March-23</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>22%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>70%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>22%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>70%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>87%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>93%</td></tr> </tbody> </table>	Measure	Target	March-23	Scheduled (14 Day Target)	80%	22%	Scheduled (21 Day Target)	100%	70%	Urgent SC (2 Day Target)	80%	22%	Urgent SC (7 Day Target)	100%	70%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	87%	Elective Delay (14 Day Target)	100%	93%	<p>Radiotherapy waiting times</p>																					
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Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	<p>In April 2023, the overall size of the follow-up waiting list decreased by 2,996 patients compared with January 2023 (from 150,860 to 147,864).</p>	<p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>135,000</td></tr> <tr><td>May-22</td><td>135,000</td></tr> <tr><td>Jun-22</td><td>135,000</td></tr> <tr><td>Jul-22</td><td>135,000</td></tr> <tr><td>Aug-22</td><td>135,000</td></tr> <tr><td>Sep-22</td><td>135,000</td></tr> <tr><td>Oct-22</td><td>135,000</td></tr> <tr><td>Nov-22</td><td>135,000</td></tr> <tr><td>Dec-22</td><td>135,000</td></tr> <tr><td>Jan-23</td><td>135,000</td></tr> <tr><td>Feb-23</td><td>135,000</td></tr> <tr><td>Mar-23</td><td>135,000</td></tr> <tr><td>Apr-23</td><td>135,000</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>2. Delayed follow-ups: Number of patients waiting 100% over target (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>30,000</td></tr> <tr><td>May-22</td><td>30,000</td></tr> <tr><td>Jun-22</td><td>30,000</td></tr> <tr><td>Jul-22</td><td>30,000</td></tr> <tr><td>Aug-22</td><td>30,000</td></tr> <tr><td>Sep-22</td><td>30,000</td></tr> <tr><td>Oct-22</td><td>30,000</td></tr> <tr><td>Nov-22</td><td>30,000</td></tr> <tr><td>Dec-22</td><td>30,000</td></tr> <tr><td>Jan-23</td><td>30,000</td></tr> <tr><td>Feb-23</td><td>30,000</td></tr> <tr><td>Mar-23</td><td>30,000</td></tr> <tr><td>Apr-23</td><td>30,000</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB)</p>	Month	Number of patients	Apr-22	135,000	May-22	135,000	Jun-22	135,000	Jul-22	135,000	Aug-22	135,000	Sep-22	135,000	Oct-22	135,000	Nov-22	135,000	Dec-22	135,000	Jan-23	135,000	Feb-23	135,000	Mar-23	135,000	Apr-23	135,000	Month	Number of patients	Apr-22	30,000	May-22	30,000	Jun-22	30,000	Jul-22	30,000	Aug-22	30,000	Sep-22	30,000	Oct-22	30,000	Nov-22	30,000	Dec-22	30,000	Jan-23	30,000	Feb-23	30,000	Mar-23	30,000	Apr-23	30,000
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	<p>In April 2023, there was a total of 70,891 patients waiting for a follow-up past their target date. This is a slight in-month increase of 0.5% (from 70,512 in March 2023 to 70,891).</p> <p>Of the 70,891 delayed follow-ups in April 2023, 11,323 had appointment dates and 59,568 were still waiting for an appointment.</p> <p>In addition, 41,611 patients were waiting 100%+ over target date in April 2023. This is a 0.2% reduction when compared with March 2023.</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>																																																									

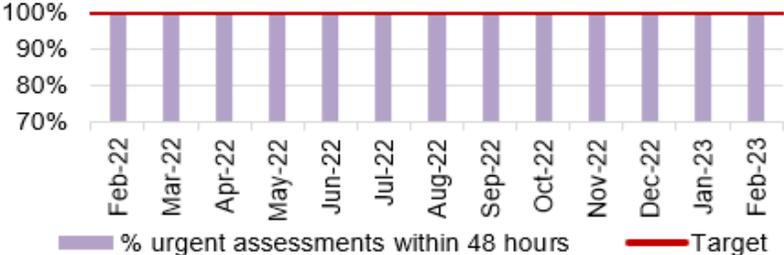
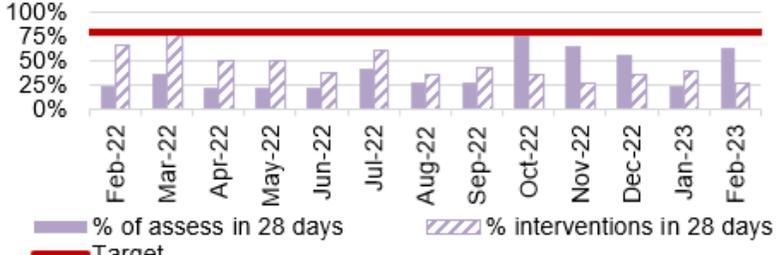
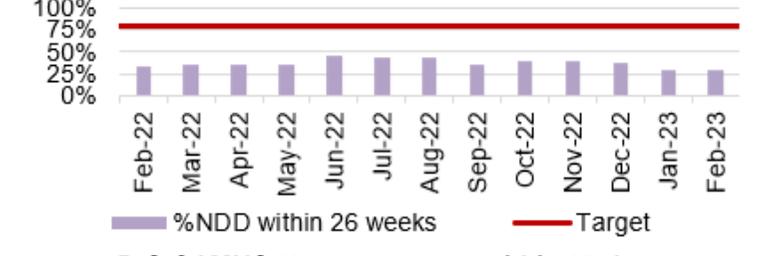
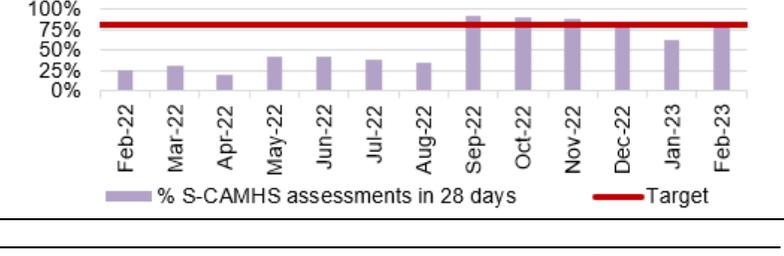
STROKE

Description	Current Performance	Trend
<p>Stroke Measures</p> <p>1. <i>% of patients who have a direct admission to an acute stroke unit within 4 hours</i></p> <p>2. <i>% of patients who received a CT Scan within 1 hour</i></p> <p>3. <i>% of patients who are assessed by a stroke specialist consultant physician within 24 hours</i></p> <p>4. <i>% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</i></p>	<p>1. In April 2023, 8% of patients had a direct admission to an acute stroke unit within 4 hours. This is a deterioration on the performance in March 2023 (12%).</p> <p>2. In April 2023, 45% of patients received a CT scan within 1 hour of being admitted, this is the same figure reported in March 2023</p> <p>3. 96.1% of patients were assessed by a stroke specialist consultant physician within 24 hours in April 2023, which is a slight deterioration of 1.5% from March 2023.</p> <p>4. In April 2023, 25% 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

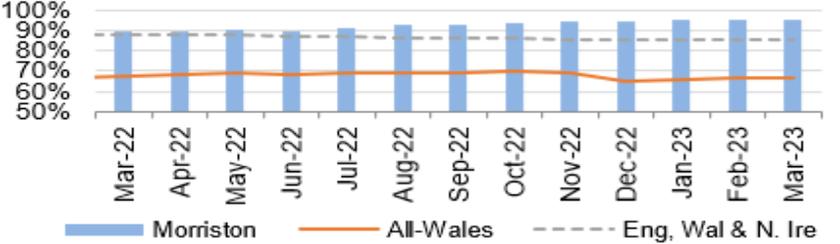
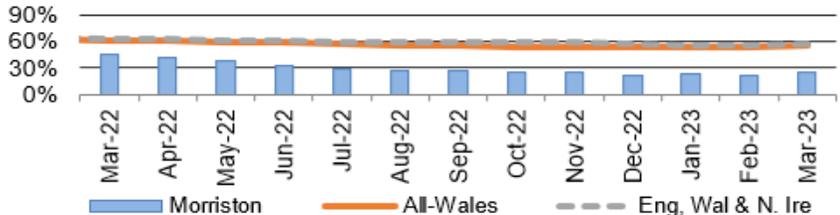
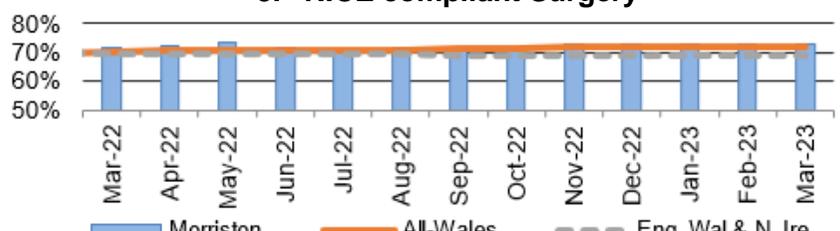
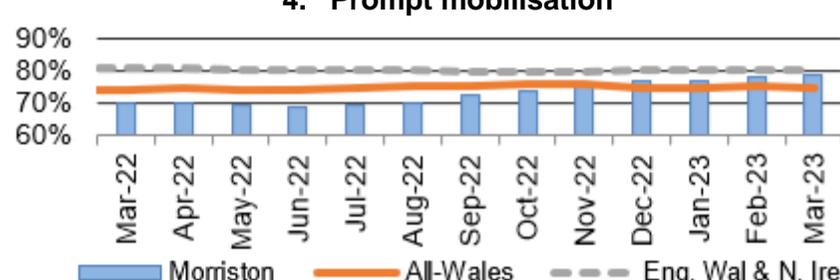
Description	Current Performance	Trend
<p>Adult Mental Health Measures:</p> <ol style="list-style-type: none"> <i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i> <i>% of therapeutic interventions started within 28 days following an assessment 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 March 2023, 96% of assessments were undertaken within 28 days of referral for patients 18 years and over. In March 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%. 87% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in March 2023. In March 2023, 85% 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 February 2023, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 64% of routine assessments were undertaken within 28 days from referral in February 2023 against a target of 80%.</p> <p>3. 26% of therapeutic interventions were started within 28 days following assessment by LPMHSS in February 2023.</p> <p>4. 29% of NDD patients received a diagnostic assessment within 26 weeks in February 2023 against a target of 80%.</p> <p>5. 82% of routine assessments by SCAMHS were undertaken within 28 days in February 2023.</p> <p><i>*Updated CAMHS data is currently unavailable as a result of the Cwm Taf transfer*</i></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)

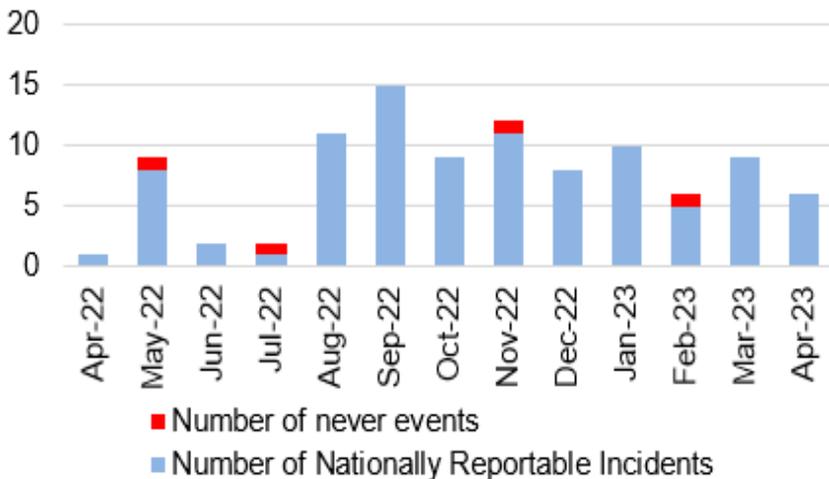
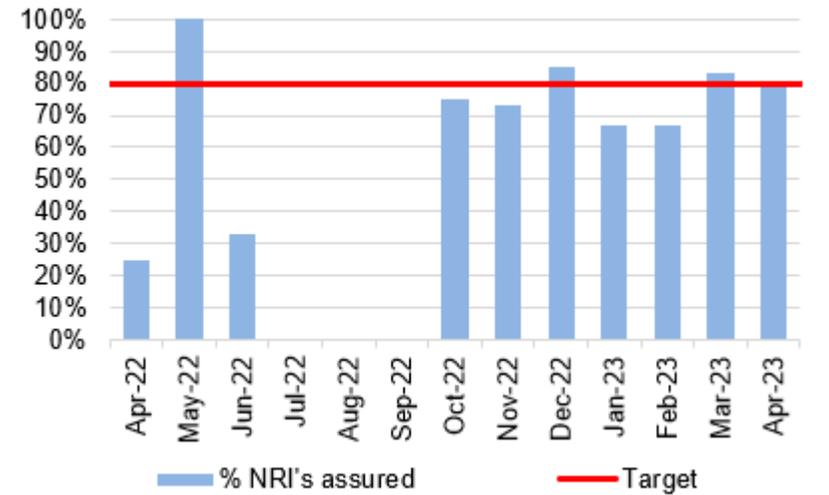
Description	Current Performance	Trend
<p>Fractured Neck of Femur (#NOF)</p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with 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 March 2023, 95.2% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In March 2023, 24.5% of patients had surgery the day following presentation with a hip fracture. This is a 21.5% deterioration from March 2022 which was 46%</p> <p>3. NICE compliant surgery- 72.9% of operations were consistent with the NICE recommendations in March 2023. This is 1.5% more than in March 2022.</p> <p>4. Prompt mobilisation- In March 2023, 78.6% of patients were out of bed the day after surgery. This is 8.4% more than in March 2022.</p>	<p>1. Prompt orthogeriatric assessment</p>  <p>2. Prompt surgery</p>  <p>3. NICE compliant Surgery</p>  <p>4. Prompt mobilisation</p> 

FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend
<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- 74.1% of patients were not delirious in the week after their operation in March 2023.</p>	<p align="center">5. Not delirious when tested</p>
<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- 70.7% of patients in March 2023 were discharged back to their original residence. This is 2.8% less than in March 2022.</p>	<p align="center">6. Return to original residence</p>
<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>

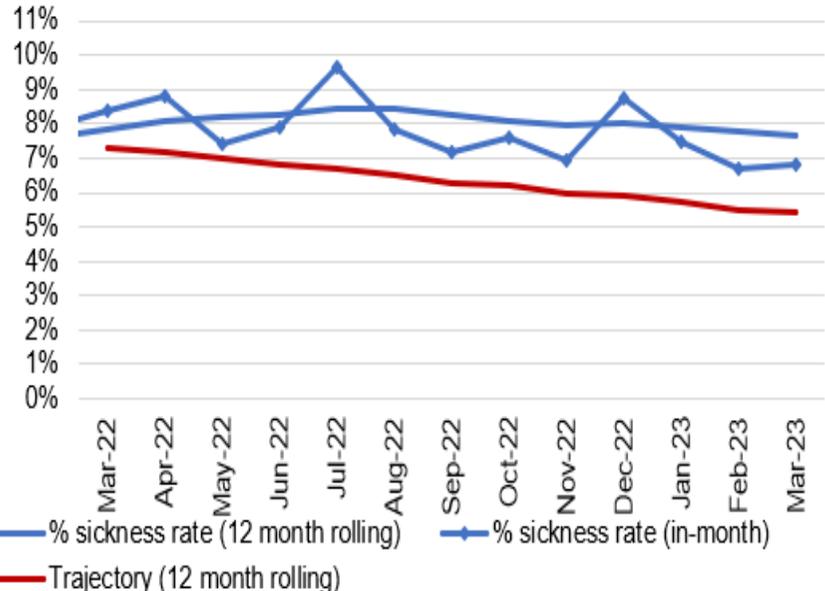
PRESSURE ULCERS																																																										
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<p>Number of pressure ulcers</p> <p>1. Total number of pressure ulcers developed in hospital and in the community</p> <p>2. Rate of pressure ulcers per 100,000 admission</p>	<p>1. In March 2023 there were 138 cases of healthcare acquired pressure ulcers, 62 of which were community acquired and 76 were hospital acquired.</p> <p>There were 21 grade 3+ pressure ulcers in March 2023, 14 of which were community acquired and 7 were hospital acquired.</p> <p>2. The rate per 100,000 admissions increased from 891 in February to 999 in March 2023.</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>Community PU</th> <th>Hospital PU</th> <th>Rate per 100,000 admissions</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>55</td><td>45</td><td>850</td></tr> <tr><td>Apr-22</td><td>30</td><td>45</td><td>750</td></tr> <tr><td>May-22</td><td>40</td><td>55</td><td>850</td></tr> <tr><td>Jun-22</td><td>35</td><td>45</td><td>800</td></tr> <tr><td>Jul-22</td><td>30</td><td>50</td><td>800</td></tr> <tr><td>Aug-22</td><td>50</td><td>50</td><td>750</td></tr> <tr><td>Sep-22</td><td>35</td><td>40</td><td>650</td></tr> <tr><td>Oct-22</td><td>45</td><td>55</td><td>850</td></tr> <tr><td>Nov-22</td><td>40</td><td>70</td><td>950</td></tr> <tr><td>Dec-22</td><td>40</td><td>45</td><td>750</td></tr> <tr><td>Jan-23</td><td>45</td><td>60</td><td>850</td></tr> <tr><td>Feb-23</td><td>45</td><td>55</td><td>891</td></tr> <tr><td>Mar-23</td><td>62</td><td>76</td><td>999</td></tr> </tbody> </table>	Month	Community PU	Hospital PU	Rate per 100,000 admissions	Mar-22	55	45	850	Apr-22	30	45	750	May-22	40	55	850	Jun-22	35	45	800	Jul-22	30	50	800	Aug-22	50	50	750	Sep-22	35	40	650	Oct-22	45	55	850	Nov-22	40	70	950	Dec-22	40	45	750	Jan-23	45	60	850	Feb-23	45	55	891	Mar-23	62	76	999
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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 183 in April 2023. This is 4% less than April 2022 where 190 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>Apr-22</td><td>190</td></tr> <tr><td>May-22</td><td>180</td></tr> <tr><td>Jun-22</td><td>170</td></tr> <tr><td>Jul-22</td><td>175</td></tr> <tr><td>Aug-22</td><td>215</td></tr> <tr><td>Sep-22</td><td>175</td></tr> <tr><td>Oct-22</td><td>185</td></tr> <tr><td>Nov-22</td><td>180</td></tr> <tr><td>Dec-22</td><td>185</td></tr> <tr><td>Jan-23</td><td>190</td></tr> <tr><td>Feb-23</td><td>180</td></tr> <tr><td>Mar-23</td><td>215</td></tr> <tr><td>Apr-23</td><td>183</td></tr> </tbody> </table>	Month	Hospital falls	Apr-22	190	May-22	180	Jun-22	170	Jul-22	175	Aug-22	215	Sep-22	175	Oct-22	185	Nov-22	180	Dec-22	185	Jan-23	190	Feb-23	180	Mar-23	215	Apr-23	183																												
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NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p>Nationally Reportable Incidents (NRI's)- 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 1 Nationally Reportable Incidents for the month of April 2023 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - Morryston – 5 - Singleton - 1 <p>2. There were no new Never Events reported in April 2023.</p> <p>3. In April 2023, performance against the 80% target of submitting closure forms to WG within agreed timescales was 80%. There were 5 NRI's due for closure in April 2023, four of which were closed within the required target date.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p>  <p>3. % of nationally reportable incidents closed within the agreed timescales</p> 

DISCHARGE SUMMARIES																																																																								
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Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in April 2023, the percentage of completed discharge summaries was 64%.</p> <p>In April 2023, compliance ranged from 44% in Singleton Hospital to 75% in Morriston Hospital.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% of completed discharge summaries</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>60%</td></tr> <tr><td>May-22</td><td>65%</td></tr> <tr><td>Jun-22</td><td>63%</td></tr> <tr><td>Jul-22</td><td>62%</td></tr> <tr><td>Aug-22</td><td>68%</td></tr> <tr><td>Sep-22</td><td>70%</td></tr> <tr><td>Oct-22</td><td>65%</td></tr> <tr><td>Nov-22</td><td>70%</td></tr> <tr><td>Dec-22</td><td>62%</td></tr> <tr><td>Jan-23</td><td>63%</td></tr> <tr><td>Feb-23</td><td>63%</td></tr> <tr><td>Mar-23</td><td>62%</td></tr> <tr><td>Apr-23</td><td>64%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	Apr-22	60%	May-22	65%	Jun-22	63%	Jul-22	62%	Aug-22	68%	Sep-22	70%	Oct-22	65%	Nov-22	70%	Dec-22	62%	Jan-23	63%	Feb-23	63%	Mar-23	62%	Apr-23	64%																																										
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Crude Mortality Rate	<p>February 2023 reports the crude mortality rate for the Health Board at 0.73%, which is the same figure reported January 2023.</p> <p>A breakdown by Hospital for February 2023:</p> <ul style="list-style-type: none"> • Morriston – 1.31% • Singleton – 0.44% • NPT – 0.11% 	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Mar-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Apr-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>May-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Jun-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Jul-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Aug-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Sep-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Oct-22</td><td>1.2%</td><td>0.3%</td><td>0.1%</td><td>0.6%</td></tr> <tr><td>Nov-22</td><td>1.2%</td><td>0.3%</td><td>0.1%</td><td>0.6%</td></tr> <tr><td>Dec-22</td><td>1.2%</td><td>0.3%</td><td>0.1%</td><td>0.6%</td></tr> <tr><td>Jan-23</td><td>1.2%</td><td>0.3%</td><td>0.1%</td><td>0.6%</td></tr> <tr><td>Feb-23</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Feb-22	1.5%	0.5%	0.1%	0.8%	Mar-22	1.4%	0.5%	0.1%	0.8%	Apr-22	1.4%	0.4%	0.1%	0.7%	May-22	1.4%	0.4%	0.1%	0.7%	Jun-22	1.4%	0.4%	0.1%	0.7%	Jul-22	1.3%	0.4%	0.1%	0.7%	Aug-22	1.3%	0.4%	0.1%	0.7%	Sep-22	1.3%	0.4%	0.1%	0.7%	Oct-22	1.2%	0.3%	0.1%	0.6%	Nov-22	1.2%	0.3%	0.1%	0.6%	Dec-22	1.2%	0.3%	0.1%	0.6%	Jan-23	1.2%	0.3%	0.1%	0.6%	Feb-23	1.3%	0.4%	0.1%	0.7%
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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 deteriorated slightly from 6.69% in February 2023 to 6.79% in March 2023. The 12-month rolling performance improved slightly from 7.78% in February 2023 to 7.65% in March 2023. The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in March 2023. <table border="1" data-bbox="517 703 1200 1326"> <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>7517.58</td> <td>29.6%</td> </tr> <tr> <td>Infectious diseases</td> <td>2556.24</td> <td>10.1%</td> </tr> <tr> <td>Other musculoskeletal problems</td> <td>2153.44</td> <td>8.5%</td> </tr> <tr> <td>Other known causes – not elsewhere classified</td> <td>1860.7</td> <td>7.3%</td> </tr> <tr> <td>Gastrointestinal problems</td> <td>1692.3</td> <td>6.7%</td> </tr> </tbody> </table>	Absence Reason	FTE Days Lost	%	Anxiety/ stress/ depression/ other psychiatric illnesses	7517.58	29.6%	Infectious diseases	2556.24	10.1%	Other musculoskeletal problems	2153.44	8.5%	Other known causes – not elsewhere classified	1860.7	7.3%	Gastrointestinal problems	1692.3	6.7%	<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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<p>Theatre Efficiency</p> <p>1. Theatre Utilisation Rates</p> <p>2. % of theatre sessions starting late</p> <p>3. % of theatre sessions finishing early</p> <p>4. % of theatre sessions cancelled at short notice (<28 days)</p> <p>5. % of operations cancelled on the day</p>	<p>In April 2023 the Theatre Utilisation rate was 71%. This is the same figure reported in March 2023 and are the same rates seen in April 2022 (71%).</p> <p>35% of theatre sessions started late in April 2023. This is a 2% deterioration on performance seen in March 2023 (33%).</p> <p>In April 2023, 48% of theatre sessions finished early. This is 1% lower than figures seen in March 2023 and 1% lower than those seen in April 2023</p> <p>6% of theatre sessions were cancelled at short notice in April 2023. This is 2% lower than the figure reported in March 2023 and is 1% lower than figures seen in April 2022.</p> <p>Of the operations cancelled in April 2023, 33% of them were cancelled on the day. This is the same 4% lower than figures reported in March 2023.</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>Apr-22</td><td>71</td></tr> <tr><td>May-22</td><td>75</td></tr> <tr><td>Jun-22</td><td>78</td></tr> <tr><td>Jul-22</td><td>70</td></tr> <tr><td>Aug-22</td><td>60</td></tr> <tr><td>Sep-22</td><td>70</td></tr> <tr><td>Oct-22</td><td>75</td></tr> <tr><td>Nov-22</td><td>72</td></tr> <tr><td>Dec-22</td><td>60</td></tr> <tr><td>Jan-23</td><td>70</td></tr> <tr><td>Feb-23</td><td>70</td></tr> <tr><td>Mar-23</td><td>71</td></tr> <tr><td>Apr-23</td><td>71</td></tr> </tbody> </table> <p>2. And 3. % theatre sessions starting late/finishing</p> <table border="1"> <caption>2. 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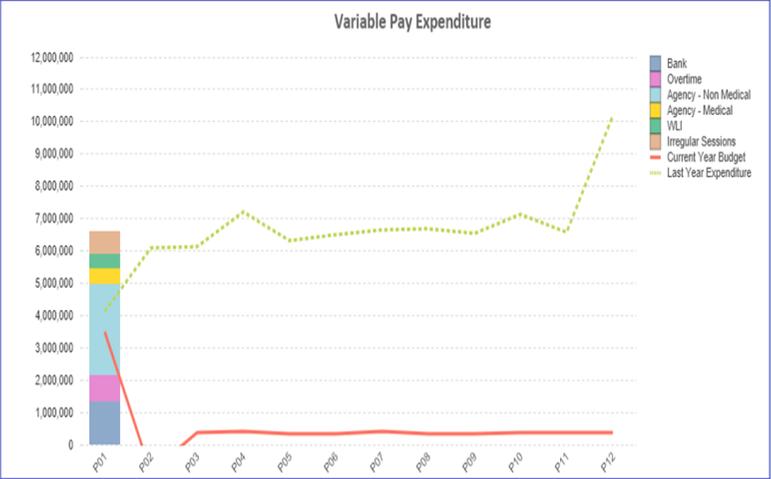
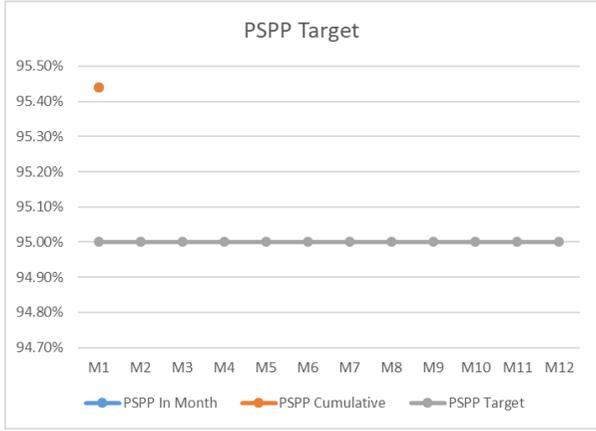
PATIENT EXPERIENCE		
Description	Current Performance	Trend
<p>Patient experience</p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p>	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in April 2023 was 92% and 2,704 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,280 surveys in April 2023, with a recommended score of 88%. Morrison Hospital completed 1,121 surveys in April 2023, with a recommended score of 88%. Primary & Community Care completed 303 surveys for April 2023, with a recommended score of 96%. The Mental Health Service Group completed 7 surveys for April 2023, 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 from the date the concern was first received by the organisation</i></p>	<p>1. In February 2023, the Health Board received 135 formal complaints; this is a 3% increase on the number seen in February 2022.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p>	<p>1. Number of formal complaints received</p> <table border="1"> <caption>1. Number of formal complaints received</caption> <thead> <tr> <th>Month</th> <th>MH & LD</th> <th>Morriston Hospital</th> <th>NPT Hospital</th> <th>PCCS</th> <th>Singleton Hospital</th> </tr> </thead> <tbody> <tr> <td>Sep-22</td> <td>10</td> <td>50</td> <td>10</td> <td>15</td> <td>25</td> </tr> <tr> <td>Oct-22</td> <td>5</td> <td>65</td> <td>5</td> <td>20</td> <td>35</td> </tr> <tr> <td>Nov-22</td> <td>15</td> <td>35</td> <td>5</td> <td>20</td> <td>30</td> </tr> <tr> <td>Dec-22</td> <td>10</td> <td>40</td> <td>5</td> <td>20</td> <td>35</td> </tr> <tr> <td>Jan-23</td> <td>10</td> <td>55</td> <td>5</td> <td>25</td> <td>25</td> </tr> <tr> <td>Feb-23</td> <td>10</td> <td>70</td> <td>5</td> <td>30</td> <td>30</td> </tr> </tbody> </table>	Month	MH & LD	Morriston Hospital	NPT Hospital	PCCS	Singleton Hospital	Sep-22	10	50	10	15	25	Oct-22	5	65	5	20	35	Nov-22	15	35	5	20	30	Dec-22	10	40	5	20	35	Jan-23	10	55	5	25	25	Feb-23	10	70	5	30	30
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<p>2. The overall Health Board rate for responding to concerns within 30 working days was 67% in February 2023, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1"> <thead> <tr> <th></th> <th>30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td>60%</td> </tr> <tr> <td>Morriston Hospital</td> <td>64%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td>67%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td>96%</td> </tr> <tr> <td>Singleton Hospital</td> <td>42%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	60%	Morriston Hospital	64%	Mental Health & Learning Disabilities	67%	Primary, Community and Therapies	96%	Singleton Hospital	42%	<p>2. Response rate for concerns within 30 days</p> <table border="1"> <caption>2. Response rate for concerns within 30 days</caption> <thead> <tr> <th>Month</th> <th>Health Board Total</th> </tr> </thead> <tbody> <tr> <td>Feb-22</td> <td>65%</td> </tr> <tr> <td>Mar-22</td> <td>65%</td> </tr> <tr> <td>Apr-22</td> <td>75%</td> </tr> <tr> <td>May-22</td> <td>70%</td> </tr> <tr> <td>Jun-22</td> <td>65%</td> </tr> <tr> <td>Jul-22</td> <td>65%</td> </tr> <tr> <td>Aug-22</td> <td>65%</td> </tr> <tr> <td>Sep-22</td> <td>70%</td> </tr> <tr> <td>Oct-22</td> <td>70%</td> </tr> <tr> <td>Nov-22</td> <td>68%</td> </tr> <tr> <td>Dec-22</td> <td>72%</td> </tr> <tr> <td>Jan-23</td> <td>78%</td> </tr> <tr> <td>Feb-23</td> <td>67%</td> </tr> </tbody> </table>	Month	Health Board Total	Feb-22	65%	Mar-22	65%	Apr-22	75%	May-22	70%	Jun-22	65%	Jul-22	65%	Aug-22	65%	Sep-22	70%	Oct-22	70%	Nov-22	68%	Dec-22	72%	Jan-23	78%	Feb-23	67%			
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FINANCE UPDATES

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

Description	Current Performance	Trend																																																				
<p>Revenue Financial Position – expenditure incurred against revenue resource limit</p>	<p>Key assumptions underpinning the plan:</p> <ul style="list-style-type: none"> No unmet b/f savings from 2022/23 = £0m Run rate to remain within the envelope provided = £11m Savings requirement = £22.2m Anticipated that COVID transition funding provided by WG = £21.2m <p>NOTE – Post Ledger Closedown adjustment requested by WG to remove the £21.2m of COVID funding. This has been transacted through an updated MMR and will be discussed at the Board meeting on 25th May 2023.</p> <ul style="list-style-type: none"> The month 1 position was £10.861m overspent, which was significantly above the required plan. 	<table border="1"> <caption>HEALTH BOARD FINANCIAL PERFORMANCE 2023/24</caption> <thead> <tr> <th>Month</th> <th>Health Board Position</th> <th>Required Forecast to Hit Plan Target</th> <th>Original Planned Profile</th> </tr> </thead> <tbody> <tr> <td>M1</td> <td>10,861</td> <td>-</td> <td>8,000</td> </tr> <tr> <td>M2</td> <td>-</td> <td>7,905</td> <td>8,000</td> </tr> <tr> <td>M3</td> <td>-</td> <td>6,905</td> <td>7,000</td> </tr> <tr> <td>M4</td> <td>-</td> <td>5,576</td> <td>6,000</td> </tr> <tr> <td>M5</td> <td>-</td> <td>5,576</td> <td>6,000</td> </tr> <tr> <td>M6</td> <td>-</td> <td>4,976</td> <td>5,500</td> </tr> <tr> <td>M7</td> <td>-</td> <td>4,876</td> <td>5,200</td> </tr> <tr> <td>M8</td> <td>-</td> <td>4,876</td> <td>5,100</td> </tr> <tr> <td>M9</td> <td>-</td> <td>4,576</td> <td>4,900</td> </tr> <tr> <td>M10</td> <td>-</td> <td>4,576</td> <td>4,800</td> </tr> <tr> <td>M11</td> <td>-</td> <td>4,576</td> <td>4,700</td> </tr> <tr> <td>M12</td> <td>-</td> <td>4,576</td> <td>4,600</td> </tr> </tbody> </table>	Month	Health Board Position	Required Forecast to Hit Plan Target	Original Planned Profile	M1	10,861	-	8,000	M2	-	7,905	8,000	M3	-	6,905	7,000	M4	-	5,576	6,000	M5	-	5,576	6,000	M6	-	4,976	5,500	M7	-	4,876	5,200	M8	-	4,876	5,100	M9	-	4,576	4,900	M10	-	4,576	4,800	M11	-	4,576	4,700	M12	-	4,576	4,600
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<p>Workforce Spend – workforce expenditure profile</p>	<ul style="list-style-type: none"> The pay budgets are overspent by £1.367m in April. Variable pay is significantly higher in April when compared to the same period last year. With the biggest spend attributable to Agency – Non Medical and Bank spend. Further work is needed to bring spend down in line with the current year budget. 	<p style="text-align: center;">Variable Pay Expenditure</p>  <p>The chart displays monthly variable pay expenditure from P01 to P12. The y-axis ranges from 0 to 12,000,000. A red line represents the 'Current Year Budget', which remains relatively flat around 500,000. A green dotted line represents 'Last Year Expenditure', which fluctuates between 6,000,000 and 7,000,000. A blue stacked bar for P12 shows a massive spike in expenditure, reaching approximately 10,000,000. The legend includes: Bank (blue), Overtime (pink), Agency - Non Medical (light blue), Agency - Medical (yellow), WLU (green), Irregular Sessions (orange), Current Year Budget (red), and Last Year Expenditure (green dotted).</p>
<p>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> PSPP was achieved during April 23 at 95.44% Although the PSPP was achieved this month, there were still delays in receipting and nurse bank. 	<p style="text-align: center;">Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p>  <p>The chart shows the PSPP target and performance from M1 to M12. The y-axis represents the percentage, ranging from 94.70% to 95.50%. A grey line with dots represents the 'PSPP Target', which is constant at 95.00%. An orange dot at M12 represents the 'PSPP Cumulative' performance, which is 95.44%. A blue line with dots represents the 'PSPP In Month' performance, which is constant at 95.00%.</p>

Description	Current Performance	Trend																														
Agency spend as a of the total pay bill	<ul style="list-style-type: none"> The agency spend as a percentage of the total pay bill has increased in April 2023 to 5.7% compared to 5.2% in March 2023. 	<p style="text-align: center;">Agency spend as a percentage of the total pay bill</p> <table border="1"> <caption>Agency spend as a percentage of the total pay bill</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>6.5%</td></tr> <tr><td>Apr-22</td><td>4.8%</td></tr> <tr><td>May-22</td><td>6.2%</td></tr> <tr><td>Jun-22</td><td>6.1%</td></tr> <tr><td>Jul-22</td><td>6.6%</td></tr> <tr><td>Aug-22</td><td>6.3%</td></tr> <tr><td>Sep-22</td><td>4.8%</td></tr> <tr><td>Oct-22</td><td>6.4%</td></tr> <tr><td>Nov-22</td><td>6.3%</td></tr> <tr><td>Dec-22</td><td>5.9%</td></tr> <tr><td>Jan-23</td><td>7.3%</td></tr> <tr><td>Feb-23</td><td>6.1%</td></tr> <tr><td>Mar-23</td><td>5.2%</td></tr> <tr><td>Apr-23</td><td>5.7%</td></tr> </tbody> </table>	Month	Percentage	Mar-22	6.5%	Apr-22	4.8%	May-22	6.2%	Jun-22	6.1%	Jul-22	6.6%	Aug-22	6.3%	Sep-22	4.8%	Oct-22	6.4%	Nov-22	6.3%	Dec-22	5.9%	Jan-23	7.3%	Feb-23	6.1%	Mar-23	5.2%	Apr-23	5.7%
Month	Percentage																															
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Mar-23	5.2%																															
Apr-23	5.7%																															

5. TABLE OF ALL MEASURES

HARM FROM COVID

Chart 1: Number of new COVID19 cases

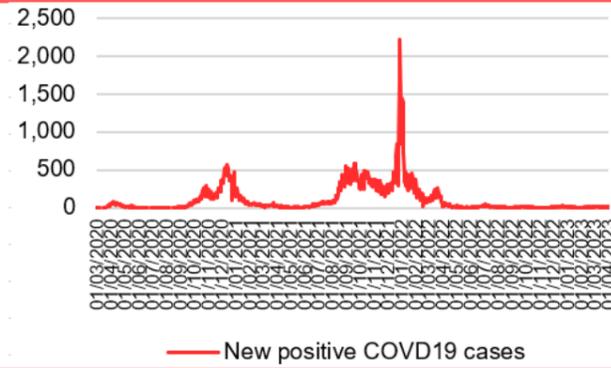


Chart 2: Number of new COVID19 cases (cumulative)

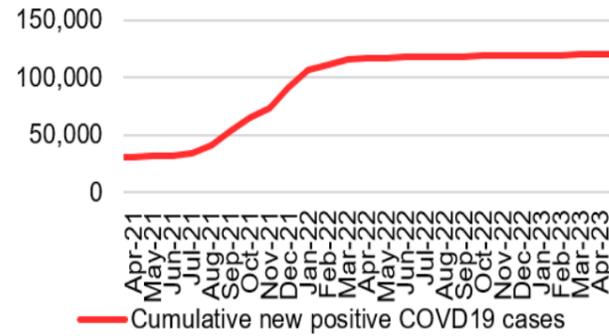


Chart 3: Number of COVID19 tests completed and positivity rate

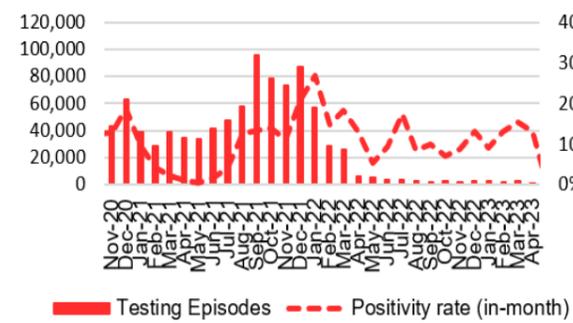


Chart 4: Number of staff referred for Antigen testing

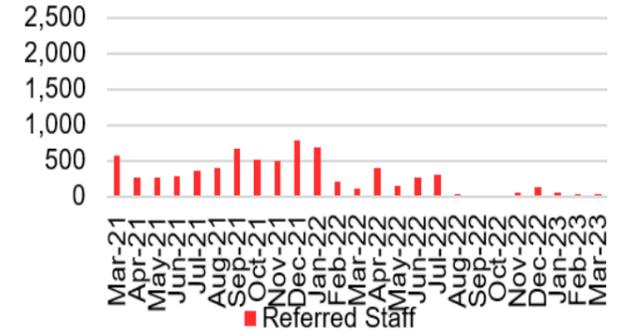


Chart 5: Outcome of staff COVID19/ antigen tests

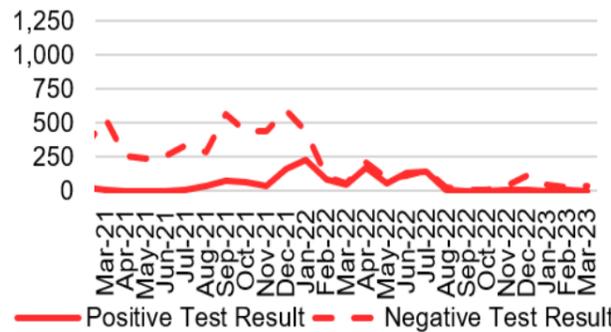


Chart 6: Number of COVID19 related incidents

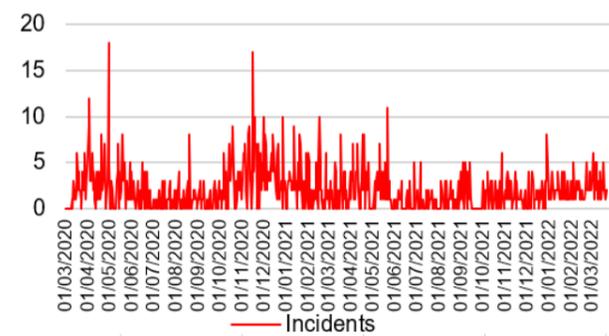


Chart 7: Number of COVID19 related serious incidents

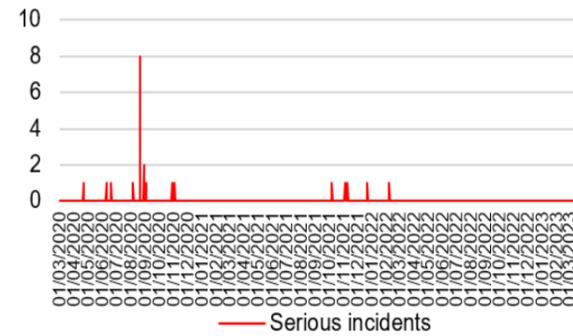


Chart 8: Number of COVID19 related complaints

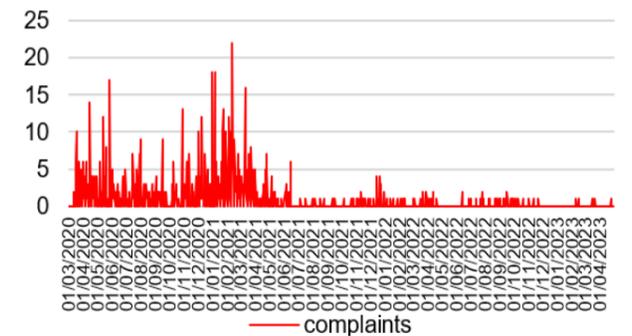


Chart 9: Number of COVID19 related risks

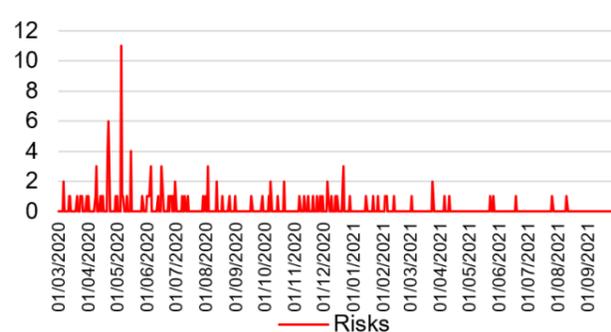


Chart 10: Number of staff self-isolating (asymptomatic)

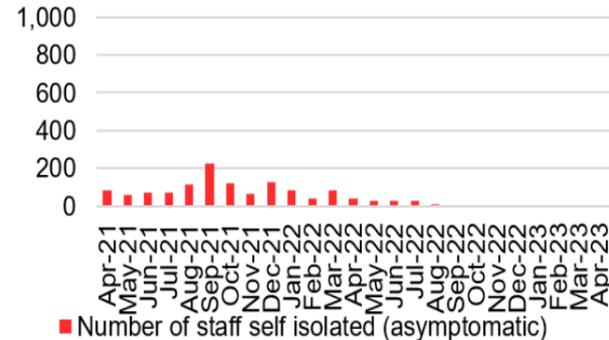


Chart 11: Number of staff self isolating (symptomatic)

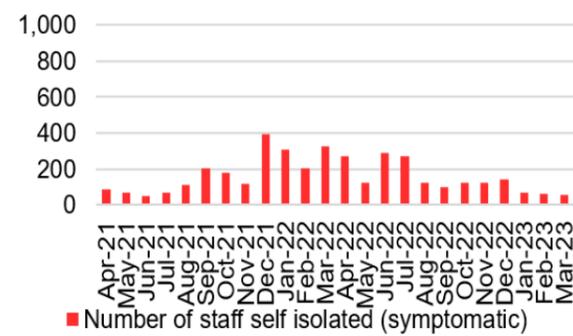


Chart 12: % staff sickness

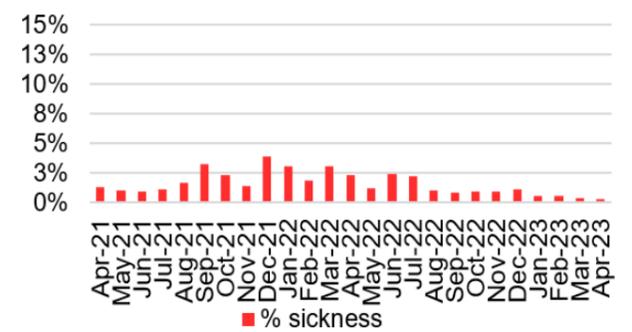


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

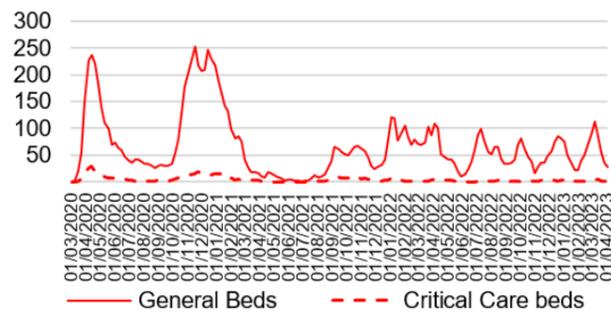


Chart 14: Number of hospital deaths with any mention of COVID19



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

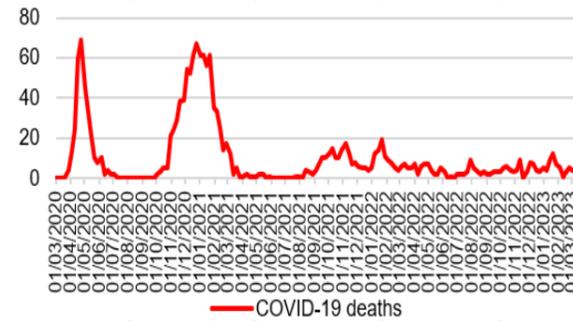


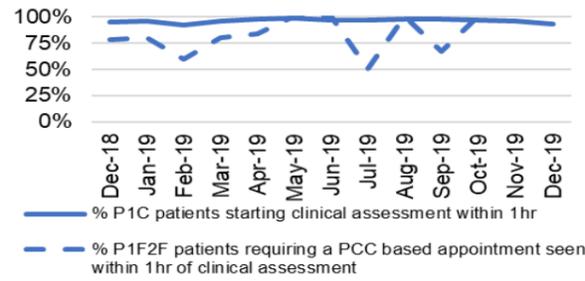
Chart 16: Number of mortuary spaces



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

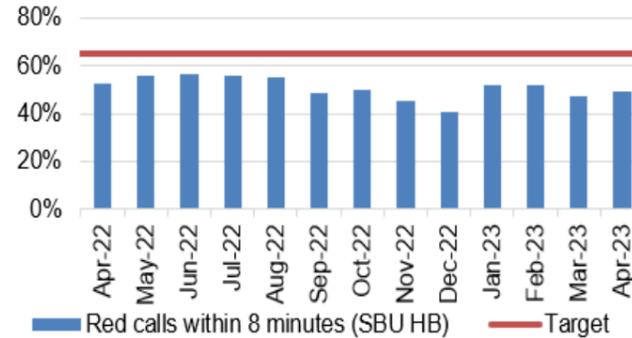


Chart 3: Number of ambulance handovers over 1 hour

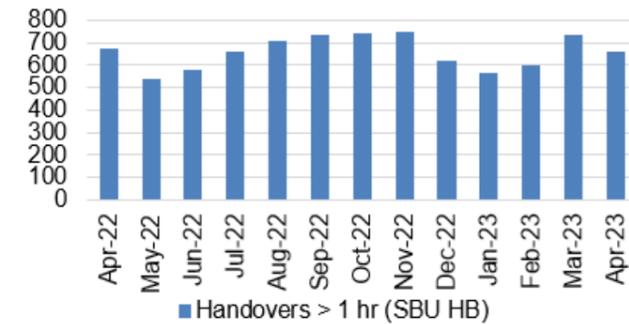


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

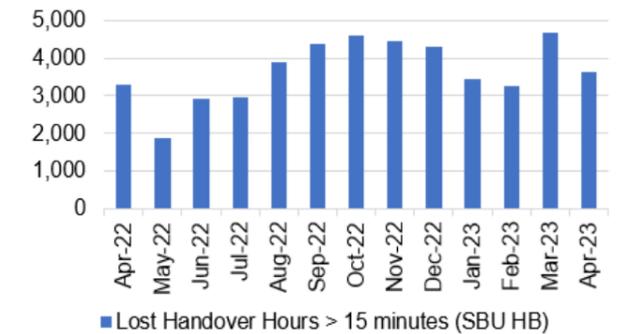


Chart 5: A&E Attendances

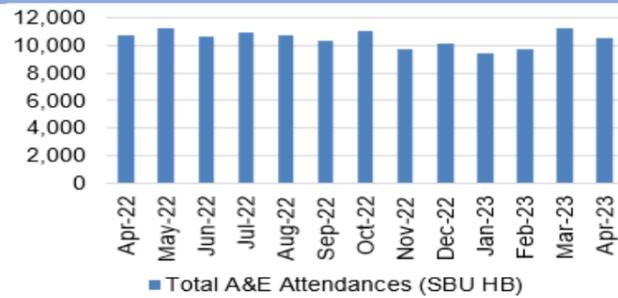


Chart 6: % patients who spend less than 4 hours in A&E

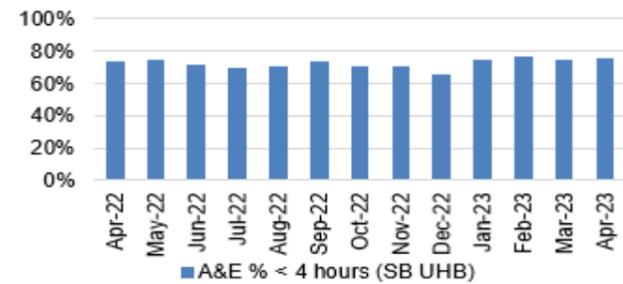


Chart 7: Number of patients waiting over 12 hours in A&E

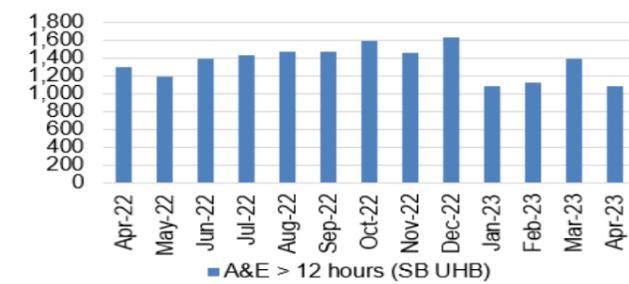


Chart 8: Number of emergency admissions

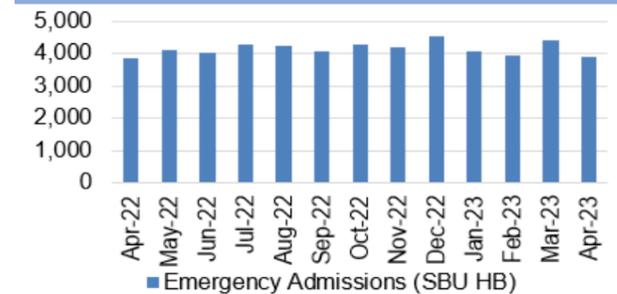


Chart 9: Elective procedures cancelled due to lack of beds

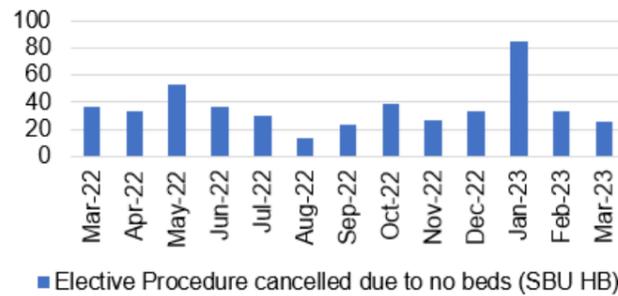


Chart 10: Number of clinically optimised patients

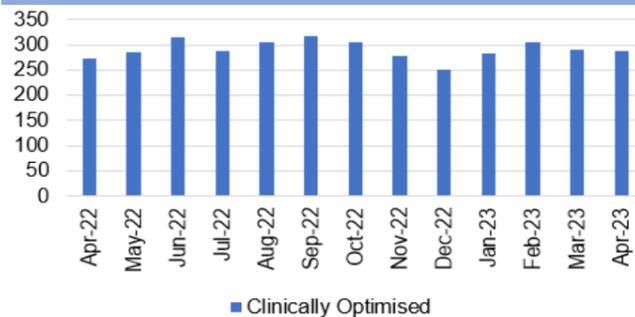


Chart 11: Delay reason for clinically optimised patients

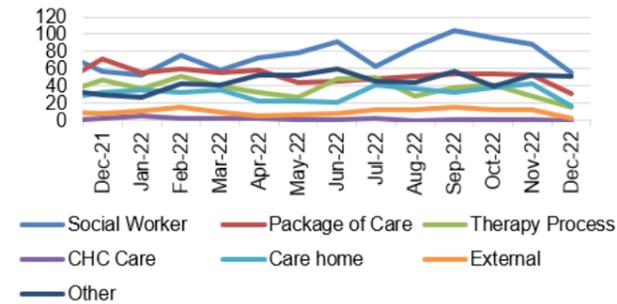


Chart 12: Average lost bed days (per day)

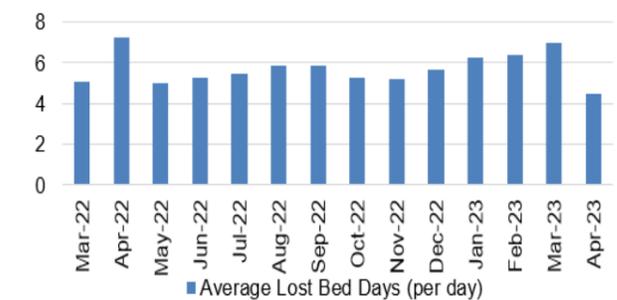


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

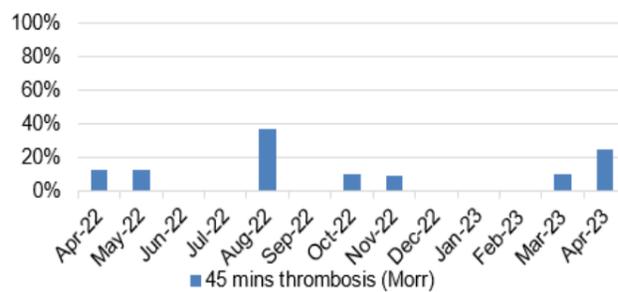


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

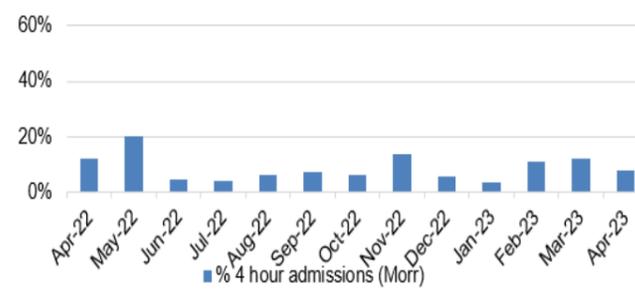


Chart 15: % of stroke patients receiving CT scan with 1 hour

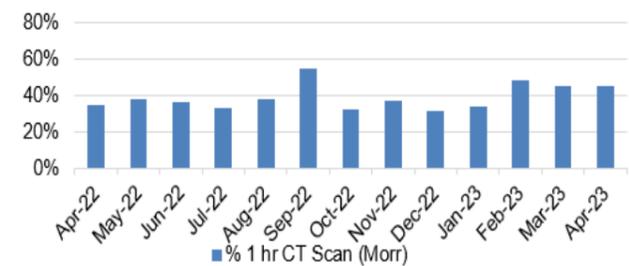
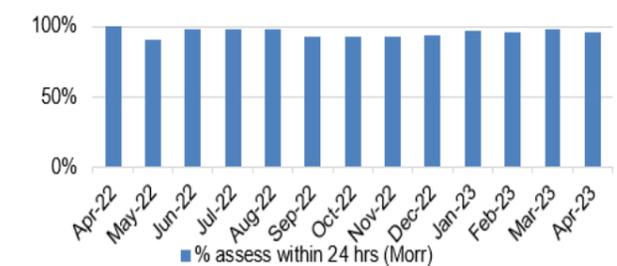


Chart 16: % stroke patients receiving consultant assessment within 24 hours



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)

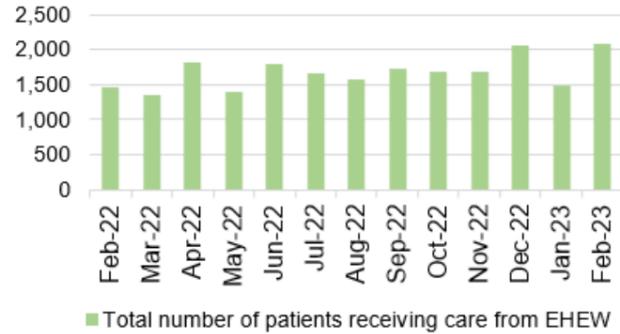


Chart 2: GMS - Escalation Levels



Chart 3: GMS - Sustainability



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

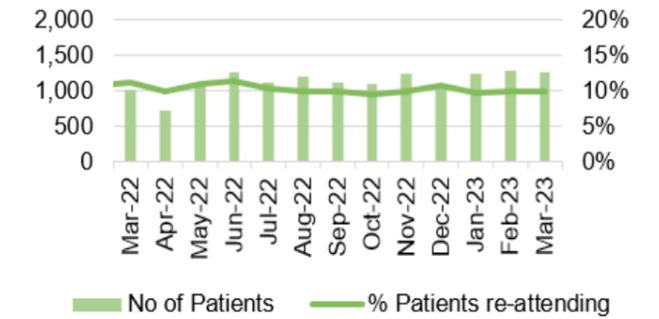


Chart 5: General Dental Services - Activity

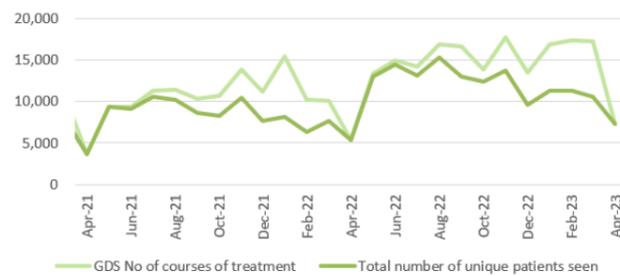


Chart 6: General Dental Services - New Patients

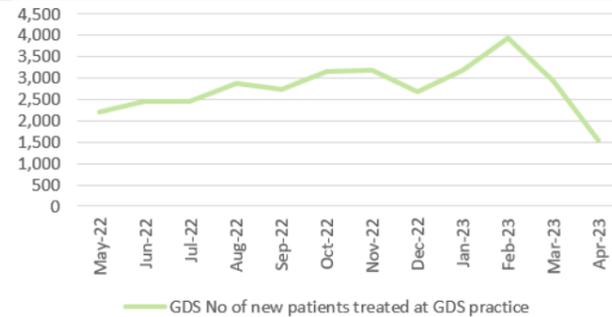


Chart 7: General Dental Services - ACORNs/FV

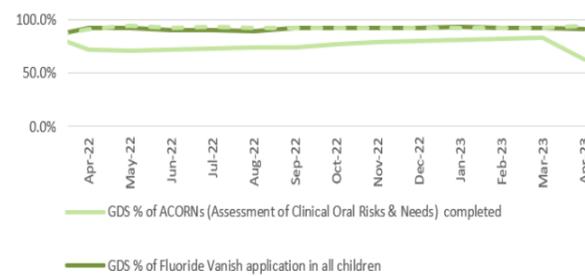


Chart 8: Optometry Activity – sight tests



Chart 9: Optometry Activity – low vision care

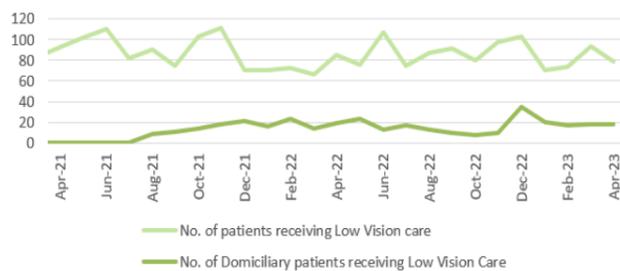


Chart 10: Community Pharmacy – Escalation levels



Chart 11: Common Ailment Scheme – No. consultations provided

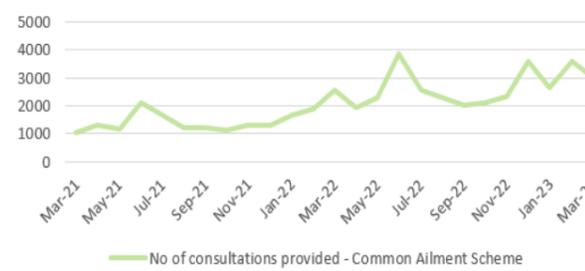


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

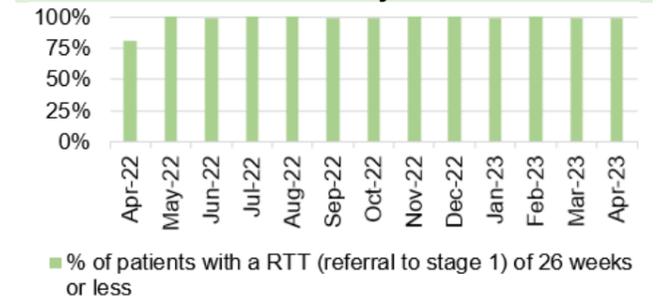


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

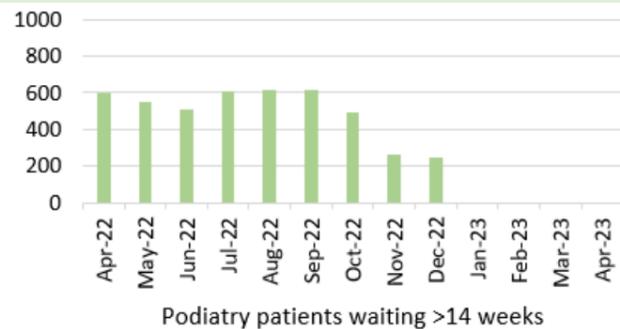


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

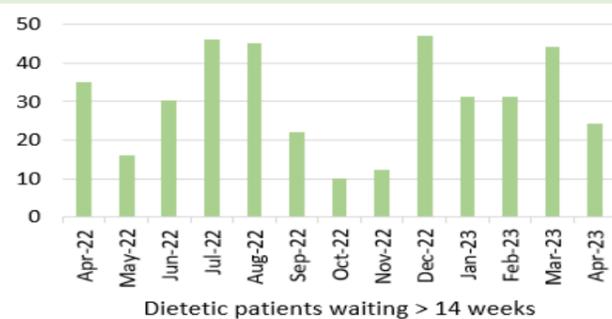


Chart 15: Audiology- Total number of patients waiting > 14 weeks

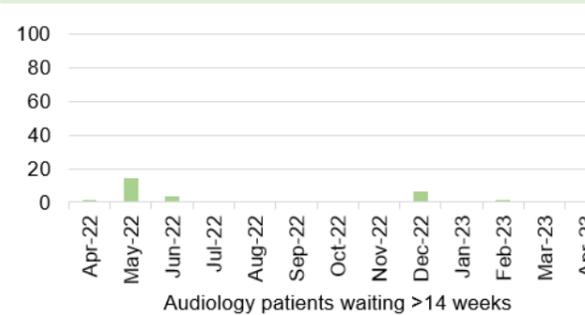


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

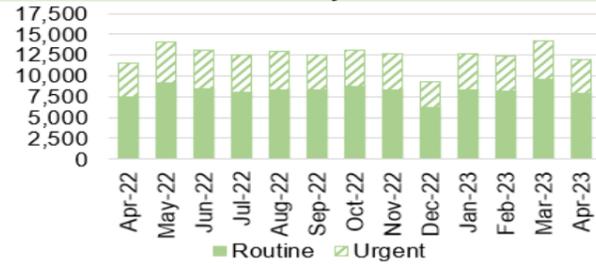


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

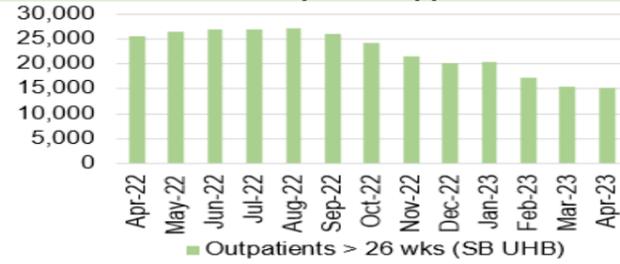


Chart 3: Number of patients waiting over 36 weeks for treatment

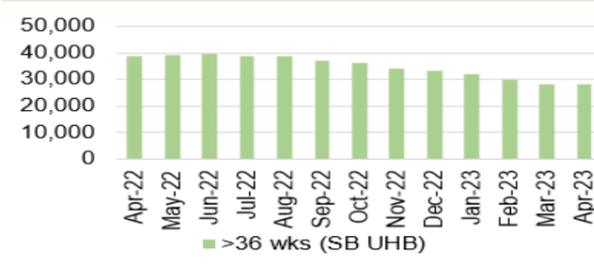


Chart 4: Number of patients waiting over 52 weeks for treatment



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

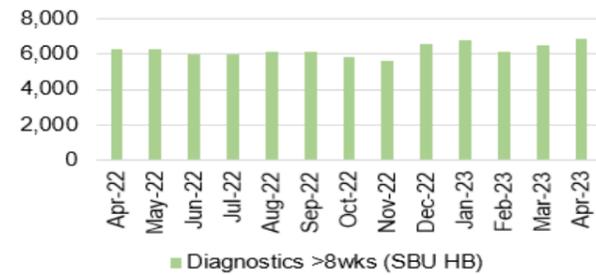


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

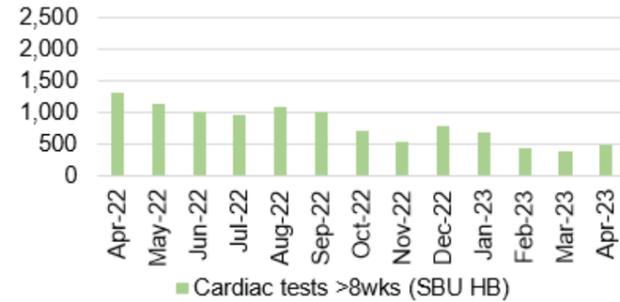


Chart 7: Number of patients waiting more than 14 weeks for Therapies



Chart 8: Cancer referrals

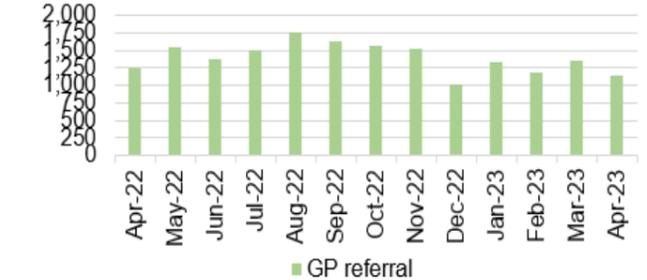


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

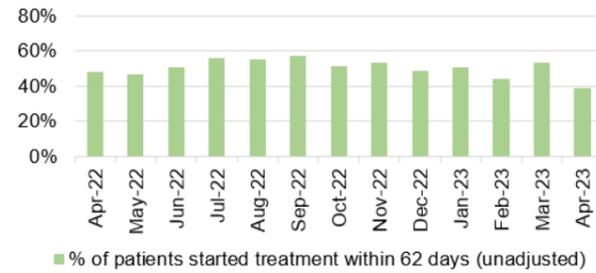


Chart 10: Number of new cancer patients starting definitive treatment

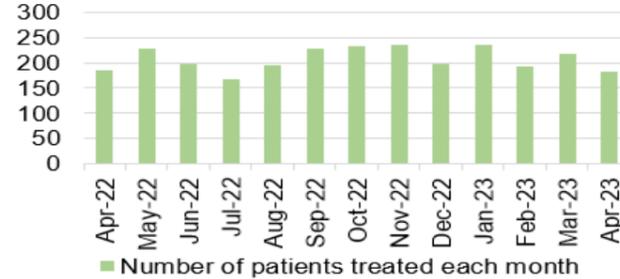


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

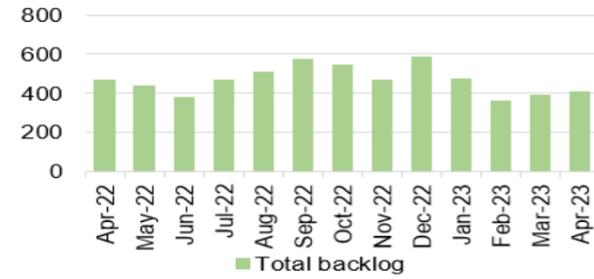


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

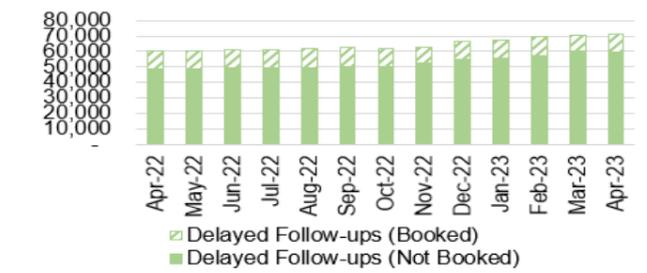


Chart 13: Number of patients without a documented clinical review date

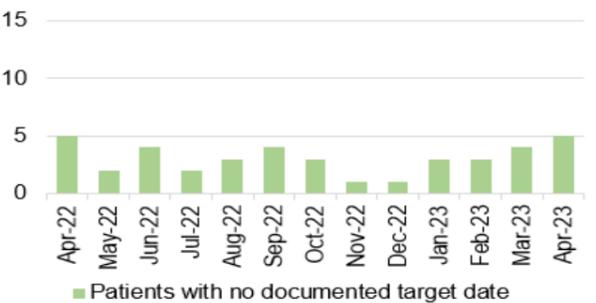


Chart 14: Ophthalmology patients without an allocated health risk factor

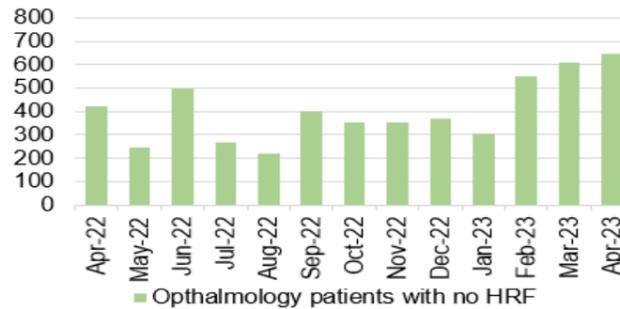


Chart 15: Total number of patients on the follow-up waiting list

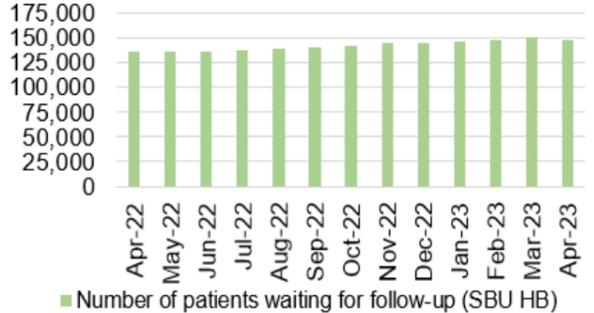
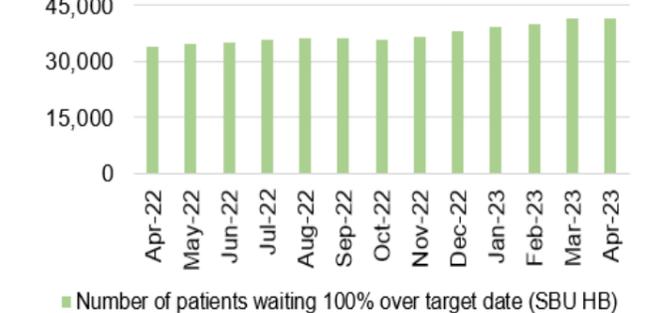


Chart 16: Number of patients delayed by over 100%



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

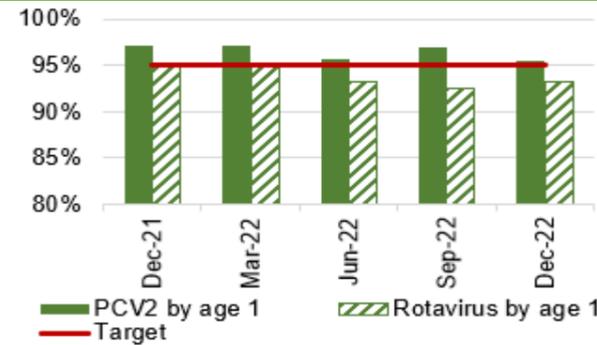


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

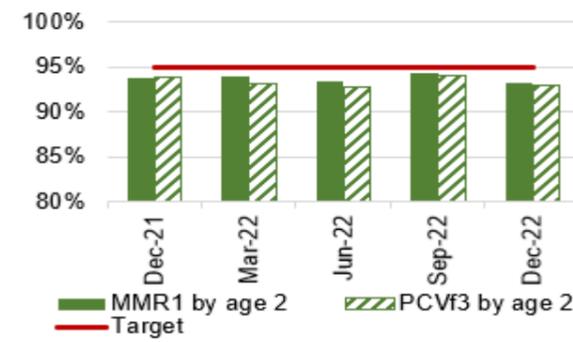


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

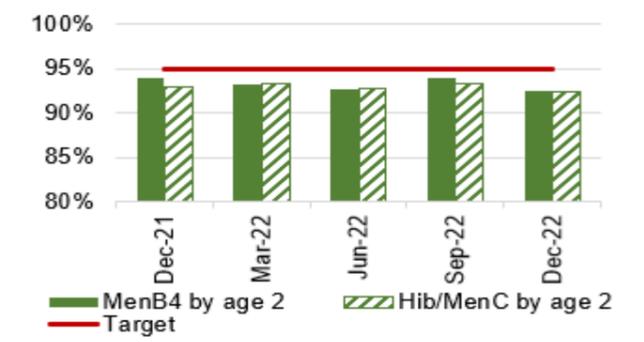


Chart 5: % children who are up to date in schedule by age 4



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

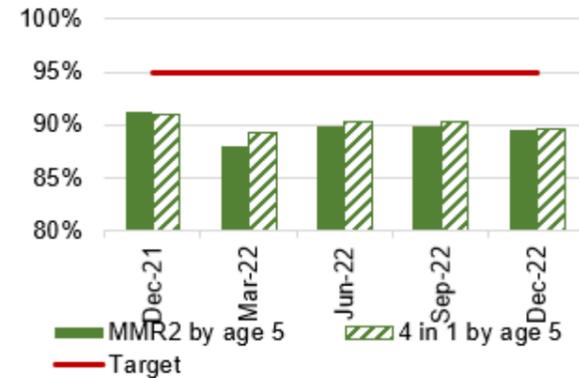


Chart 7: % children who received MMR vaccine and teenage booster by age 16

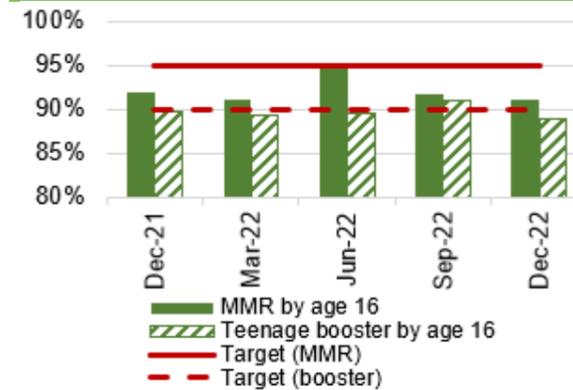


Chart 8: % children who received MenACWY vaccine by age 16

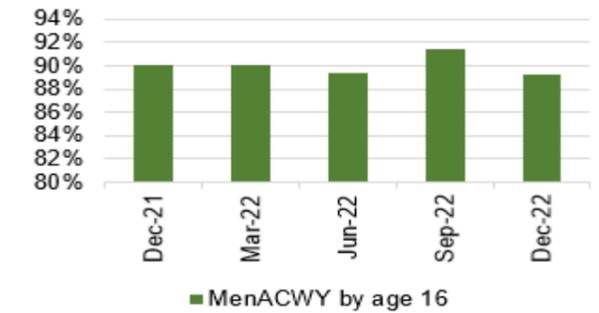
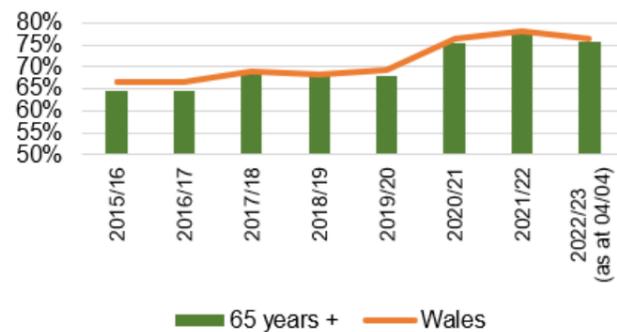


Chart 9: Influenza uptake for amongst 65 year olds and over



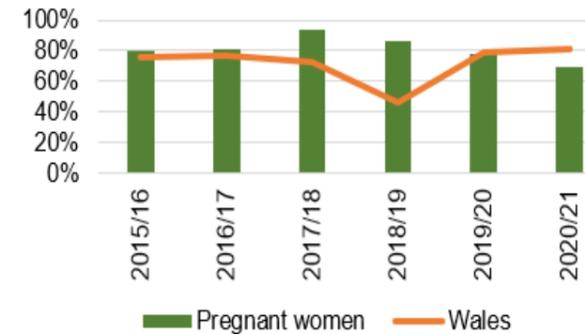
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



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

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

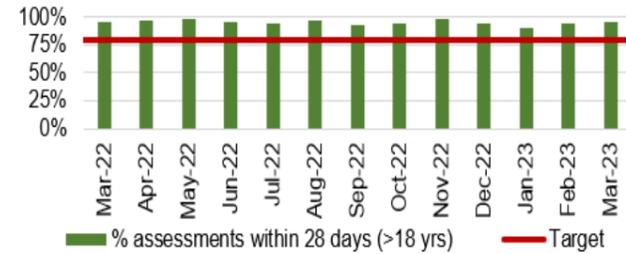


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

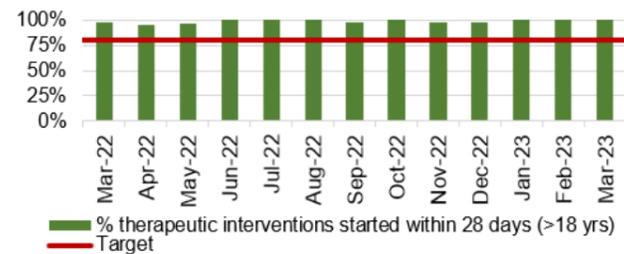


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

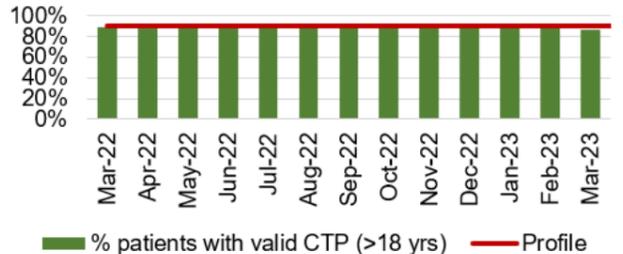


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

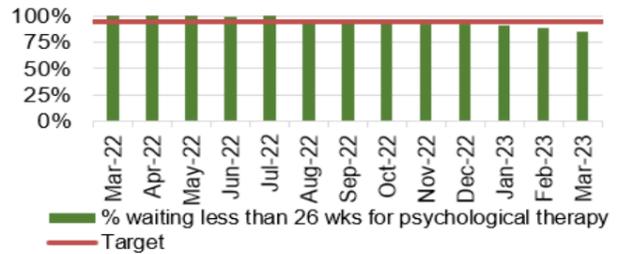


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

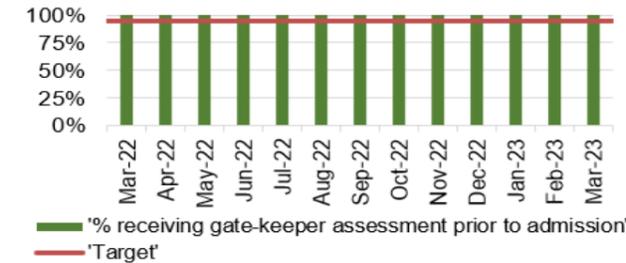


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

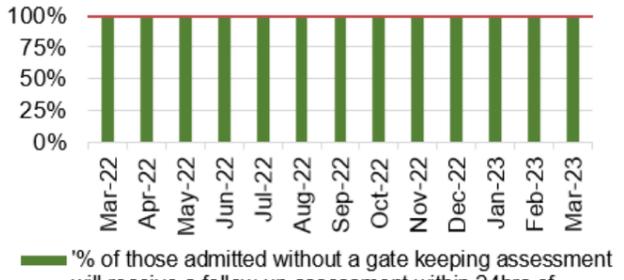


Chart 7: % of patients waiting under 14 weeks for Therapies

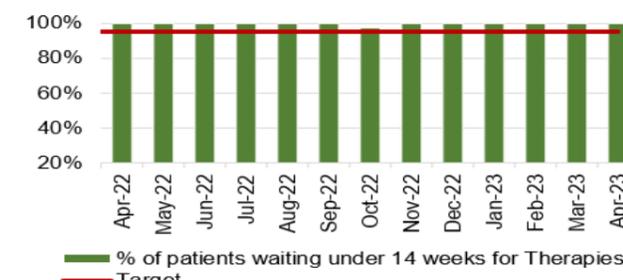


Chart 8: Number of Mental Health Delayed Transfers of Care (DTCs)

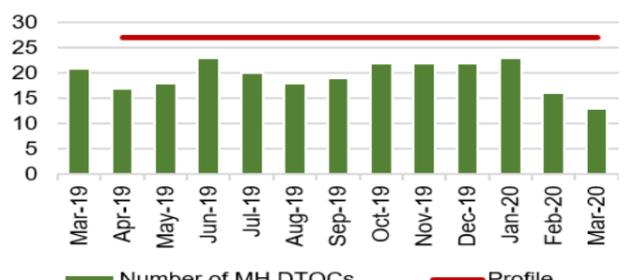


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions



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

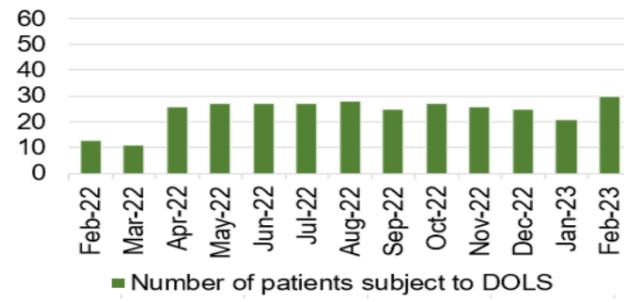


Chart 11: Number of Nationally Reportable Incidents

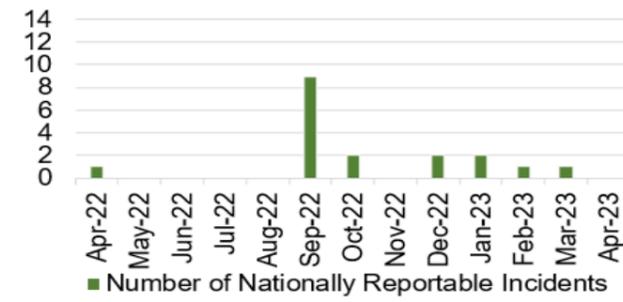
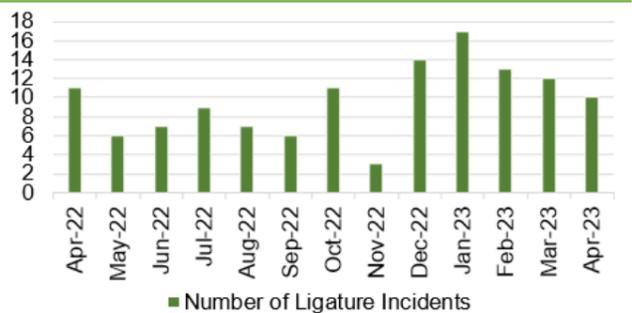


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

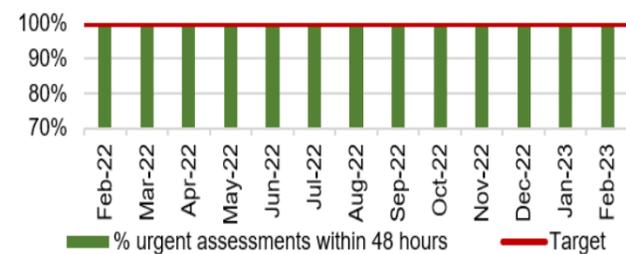


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

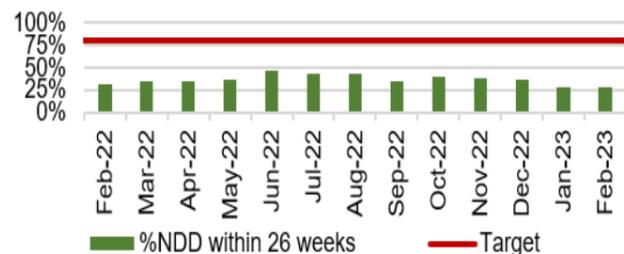
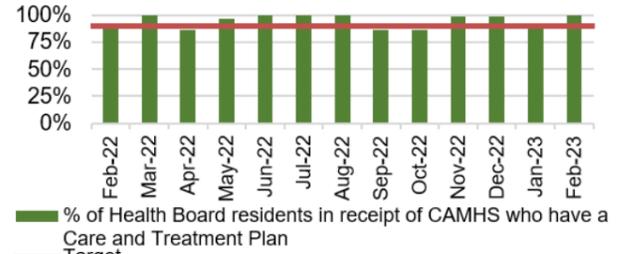


Chart 15: Assessment and intervention within 28 days



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



APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

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	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	
COVID19 related measures	Number of new COVID19 cases	Local	Apr-23	153		Reduce					835	286	372	600	217	218	171	171	395	230	249	378	153	
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce					17,158	17,315	17,579	17,878	17,916	17,926	17,934	17,981	18,108	18,157	18,187	18,230		
	Number of staff awaiting results of COVID19 test	Local	Apr-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Apr-23	29		Reduce					83	39	52	91	46	84	61	51	61	34	33	57	29	
	Number of COVID19 related serious incidents	Local	Apr-23	0		Reduce					0	0	0	0	0	1	0	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Apr-23	1		Reduce					6	0	4	5	6	11	3	3	0	0	0	2	2	1
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Apr-23	0		Reduce					42	29	28	26	8	5	1	0	0	0	0	1	0	0
	Number of staff self isolated (symptomatic)	Local	Apr-23	45		Reduce					270	125	287	272	121	100	121	124	144	70	63	57	45	
% sickness	Local	Apr-23	0.3%		Reduce					2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%		
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	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Apr-23	50%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		53%	56%	57%	56%	55%	49%	50%	46%	41%	52%	52%	48%	50%	
	Number of ambulance handovers over one hour	National	Apr-23	658	0			6,798 (Dec-22)	1st (Dec-22)		671	538	578	659	705	732	739	744	614	561	594	729	658	
	Handover hours lost over 15 minutes	Local	Apr-23	3627							3,286	1,892	2,920	2,976	3,870	4,378	4,599	4,456	4,289	3,440	3,245	4,659	3,627	
	% 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	Apr-23	75%	95%			63.1% (Dec-22)	4th (Dec-22)		73%	74%	72%	69%	70%	73%	71%	70%	65%	74%	76%	74%	75%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Apr-23	1083	0			12,099 (Dec-22)	4th (Dec-22)		1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125	1,395	1,083	
NOF	% 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 ↑			70% (Oct-22)	1st (Oct-22)		89.0%	90.0%	89.0%	91.0%	93.0%	93.0%								
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Apr-23	7.8%	54.0%						12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	
	CT Scan (<1 hrs) (local)	Local	Apr-23	45.1%							34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Apr-23	96.1%							100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	
	Thrombolysis door to needle <= 45 mins	Local	Apr-23	25.0%							12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	0.0%	10.0%	25.0%
	% stroke patients who receive mechanical thrombectomy	National	Apr-23	2.0%	10%			2.1% (Nov-22)	4th (Nov-22)		1.8%	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	6.5%	2.0%
% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Apr-23	68.6%	12 month ↑			50.7% (Nov-22)	4th (Nov-22)		40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%	68.6%		
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													
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Mar-23	76		12 month ↓	✘				45	58	53	58	54	39	59	69	47	64	60	76		
	Number of pressure ulcers developed in the community		Mar-23	62		12 month ↓	✘				33	39	32	27	50	40	44	45	42	45	41	62		
	Total number of pressure ulcers		Mar-23	138		12 month ↓	✘				78	97	85	85	104	79	103	114	89	109	101	138		
	Number of grade 3+ pressure ulcers acquired in hospital		Mar-23	7		12 month ↓	✘				3	2	3	5	3	0	1	7	8	4	4	7		
	Number of grade 3+ pressure ulcers acquired in community		Mar-23	14		12 month ↓	✘				2	10	12	2	11	6	2	7	13	4	9	14		
	Total number of grade 3+ pressure ulcers		Mar-23	21		12 month ↓	✘				5	12	15	7	14	6	3	14	21	8	13	21		
Inpatient Falls	Number of Inpatient Falls	Local	Apr-23	183		12 month ↓	✘				190	182	172	174	216	175	184	178	184	189	179	214	183	

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	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23			
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Mar-23	67.5	<67		✘	67.80 (Dec-22)	3rd (Dec-22)		96.5	79.6	70.8	68.9	74.5	70.4	69.4	70.0	69.6	68.7	67.9	67.5				
	Number of E.Coli bacteraemia cases (Hospital)				14							13	8	5	3	11	7	12	11	8	8	9	9	14		
	Number of E.Coli bacteraemia cases (Community)			Apr-23	12							18	13	12	18	21	8	10	12	14	12	8	10	12		
	Total number of E.Coli bacteraemia cases				26							31	21	17	21	32	15	22	23	22	20	17	19	26		
	Cumulative cases of S.aureus bacteraemias per 100k pop			Mar-23	38.6	<20		✘	27.76 (Dec-22)	6th (Dec-22)		43.6	50.5	41.0	39.8	38.4	39.3	41.0	39.0	39.4	38.4	38.6	38.6			
	Number of S.aureus bacteraemias cases (Hospital)					7							6	9	7	6	6	8	13	3	10	8	9	5	7	
	Number of S.aureus bacteraemias cases (Community)			Apr-23	9								7	9	2	6	6	6	4	5	3	2	2	5	9	
	Total number of S.aureus bacteraemias cases					16							13	18	9	12	12	14	17	8	13	10	11	10	16	
	Cumulative cases of C.difficile per 100k pop			Mar-23	51.4	<25		✘	36.68 (Dec-22)	5th (Dec-22)		40.5	36.7	41.0	42.9	47.6	46.9	48.9	50.9	49.6	51.3	50.6	51.4			
	Number of C.difficile cases (Hospital)					7							11	7	7	10	16	11	15	10	8	15	10	13	7	
	Number of C.difficile cases (Community)			Apr-23	8								2	4	9	6	6	3	6	11	6	7	2	6	8	
	Total number of C.difficile cases					15							13	11	16	16	22	14	21	21	14	22	12	19	15	
	Cumulative cases of Klebsiella per 100k pop			Mar-23	27.4								18.7	21.4	22.6	24.5	25.0	25.5	24.9	26.0	26.1	26.9	26.8	27.4		
	Number of Klebsiella cases (Hospital)					7							4	7	6	4	4	1	3	6	5	5	7	4	7	
	Number of Klebsiella cases (Community)			Apr-23	1								2	1	2	7	4	9	4	5	3	6	1	7	1	
	Total number of Klebsiella cases					8				63 Total (Dec-22)	2nd (Dec-22)		6	8	8	11	8	10	7	11	8	11	8	11	8	
	Cumulative cases of Aeruginosa per 100k pop			Mar-23	11.3								6.2	6.1	8.2	9.2	9.2	10.2	11.3	11.9	11.5	11.6	11.2	11.3		
	Number of Aeruginosa cases (Hospital)					1							1	1	3	2	3	4	3	5	1	2	2	2	1	
	Number of Aeruginosa cases (Community)			Apr-23	1								1	1	1	2	0	1	3	0	2	2	0	2	1	
	Total number of Aeruginosa cases					2				8 Total (Dec-22)	4th (Dec-22)		2	2	4	4	3	5	6	5	3	4	2	4	2	
Hand Hygiene Audits- compliance with WHO 5 moments		Local	Apr-23	98.8%		95%	✔				96%	96%	98%	96%	90%	97%	96%	96%	95%	97%	95%	93%	99%			
Antimicrobial Audits	% indication for antibiotic documented on medication chart	Local	Jul-21	0		95%	✘																			
	% stop or review date documented on medication chart				0.0		95%	✘																		
	% of antibiotics prescribed on stickers				0		95%	✘																		
	% appropriate antibiotic prescriptions choice			Jul-21	0.0		95%	✘																		
	% of patients receiving antibiotics for >7 days				0		<20%	✘																		
	% of patients receiving surgical prophylaxis for > 24			Jul-21	0.0		<20%	✘																		
	% of patients receiving IV antibiotics > 72 hours				0		<30%	✘																		
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Mar-23	83.0%	90%	80%					25%	100%	33%	-	0%	-	75%	73%	85%	67%	67%	83%				
	Number of new Never Events	Local		0		0	✔				0	1	0	1	0	0	0	1	0	0	1	0				
	Number of risks with a score greater than 20	Local	Mar-23	148		12 month ↓	✘				140	134	132	128	131	133	134	136	137	141	143	148				
	Number of risks with a score greater than 16	Local		307		12 month ↓	✘				276	266	264	259	269	270	268	278	280	290	295	307				
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Apr-23	97%		98%	✘				95.7%	93.9%	93.7%	90.5%	86.2%	87.6%	87.5%	88.2%	97.2%	91.8%	98.3%	85.1%	96.6%			
Coding	% of episodes clinically coded within 1 month of discharge	Local	Mar-23	67%	95%	95%	✘				44%	68%	81%	82%	77%	81%	84%	67%	78%	71%	76%	67%				
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Apr-23	64%		100%	✘				60%	66%	64%	63%	69%	70%	66%	71%	62%	64%	64%	62%	64%			
Work force	Agency spend as a % of the total pay bill	National	Mar-23	5.20%	12 month ↓			5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		4.9%	6.3%	6.2%	6.7%	6.4%	4.9%	6.5%	6.4%	6.0%	7.4%	6.2%	5.2%				
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Apr-23	72%	85%	85%	✘	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		56%	56%	55%	58%	61%	64%	67%	68%	68%	69%	69%	69%	72%			
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Apr-23	86%	85%	85%	✔	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		80%	80%	80%	81%	81%	82%	83%	84%	84%	85%	85%	82%	86%			
	% workforce sickness absence (12 month rolling)	National	Mar-23	7.65%	12 month ↓			7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		8.11%	8.20%	8.29%	8.46%	8.44%	8.25%	8.08%	7.99%	8.02%	7.89%	7.78%	7.65%				

Harm from reduction in non-Covid activity																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Feb-23	9.9%							9.8%	10.9%	11.5%	10.4%	10.0%	10.0%	9.6%	9.9%	10.9%	9.7%	9.9%			
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Apr-23	38.5%	12 month ↑			53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	53.2%	38.5%	
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Apr-23	22%	80%		✘				14%	5%	18%	2%	10%	5%	18%	19%	26%	32%	31%	32%	22%	
	Scheduled (21 Day Target)	Local	Apr-23	70%	100%		✘				63%	36%	51%	29%	35%	34%	65%	82%	83%	82%	86%	81%	70%	
	Urgent SC (2 Day Target)	Local	Apr-23	22%	80%		✘				27%	13%	22%	18%	11%	31%	33%	17%	37%	31%	19%	30%	22%	
	Urgent SC (7 Day Target)	Local	Apr-23	70%	100%		✘				62%	44%	43%	64%	48%	54%	70%	77%	70%	85%	69%	84%	70%	
	Emergency (within 1 day)	Local	Apr-23	100%	80%		✔				83%	83%	82%	58%	65%	100%	70%	100%	83%	100%	100%	91%	100%	
	Emergency (within 2 days)	Local	Apr-23	100%	100%		✔				100%	100%	88%	92%	90%	100%	100%	100%	100%	100%	100%	100%	100%	
	Elective Delay (7 Day Target)	Local	Apr-23	87%	80%		✔				82%	80%	68%	66%	91%	70%	81%	91%	85%	82%	93%	94%	87%	
	Elective Delay (14 Day Target)	Local	Apr-23	93%	100%		✘				93%	91%	79%	70%	98%	79%	91%	100%	100%	98%	100%	100%	93%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Apr-23	4,677	0%			15,517 (Nov-22)	7th (Nov-22)		4,398	4,564	4,449	4,407	4,257	4,205	4,170	4,136	4,289	4,372	4,408	4,554	4,677	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Apr-23	6,867	0			42,566 (Nov-22)	4th (Nov-22)		6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116	6,514	6,867	
	Number of patients waiting > 14 weeks for a specified therapy	National	Apr-23	129	0			9,584 (Nov-22)	2nd (Nov-22)		679	614	609	714	682	755	707	441	527	194	157	193	129	
	% of patients waiting < 26 weeks for treatment	National	Apr-23	1	95%			56% (Nov-22)	6th (Nov-22)		50.4%	50.4%	50.8%	51.8%	52.0%	52.1%	53.5%	54.4%	54.2%	52.8%	56.9%	58.4%	58.2%	
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Apr-23	15,184	0						25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257	15,385	15,184	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Apr-23	3,456	0			85,301 (Nov-22)	3rd (Nov-22)		13,275	14,071	14,951	15,232	15,122	13,980	12,352	9,774	7,779	6,630	5,475	3,895	3,456	
	Number of patients waiting > 36 weeks for treatment	National	Apr-23	28,087	0			252,779 (Nov-22)	3rd (Nov-22)		38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031	30,017	28,353	28,087	
	Number of patients waiting > 104 weeks for treatment	National	Apr-23	5,952	0			49,594 (Nov-22)	5th (Nov-22)		13,083	12,670	12,064	11,400	10,960	10,623	10,090	9,048	8,066	7,331	6,656	6,015	5,952	
	The number of patients waiting for a follow-up outpatient appointment	Local	Apr-23	147,864	HB target							135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070	150,860	147,864
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Apr-23	41,611	TBC			224,552 (Nov-22)	5th (Nov-22)		34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	41,710	41,611	
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Apr-23	62.7%	95%			64.9% (Nov-22)	1st (Nov-22)		60.8%	63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	67.1%	69.9%	53.1%	64.6%	59.4%	62.7%		
DNAs	% of patients who did not attend a new outpatient appointment	Local	Apr-23	7.9%	12 month ↓						7.8%	7.5%	8.2%	8.2%	8.0%	7.8%	8.3%	9.5%	11.1%	8.9%	9.2%	8.2%	7.9%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Apr-23	8.0%	12 month ↓						7.8%	7.3%	7.8%	7.7%	7.6%	7.8%	7.7%	8.5%	8.7%	7.8%	7.9%	7.9%	8.0%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Apr-23	71.0%		90%	✘				71%	78%	81%	72%	59%	71%	77%	74%	59%	72%	70%	71%	71%	
	% of theatre sessions starting late	Local	Apr-23	35.0%		<25%	✘				39%	46%	43%	40%	36%	37%	40%	35%	39%	35%	39%	33%	35%	
	% of theatre sessions finishing early	Local	Apr-23	48.0%		<20%	✘				47%	43%	43%	46%	43%	48%	45%	44%	46%	44%	45%	49%	48%	
Patient experience	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)															
	Number of friends and family surveys completed	Local	Apr-23	2,704	12 month ↑		✔				3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073	4,425	5,358	2,704	
	% of who would recommend and highly recommend	Local	Apr-23	92%	90%		✔				89%	90%	88%	89%	89%	88%	90%	91%	89%	92%	92%	92%	92%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Apr-23	95%	90%		✔				89%	91%	91%	90%	93%	92%	93%	91%	92%	92%	95%	95%	95%	
Complaints	Number of new formal complaints received	Local	Feb-23	135	12 month trend ↓		✔				123	176	118	153	124	120	140	113	120	127	135			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Feb-23	67%	80%		✘				76%	69%	65%	64%	65%	71%	71%	69%	73%	78%	67%			
	% of acknowledgements sent within 2 working days	Local	Feb-23	100%	100%		✔				100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%			

Harm from wider societal actions/lockdown																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	
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)		Latest data available = 2021/22 31.9%													
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q3 22/23	94.6%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)				94.9%			94.9%			94.6%					
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q3 22/23	89.5%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)					89.9%			89.8%			89.5%				
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)				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)				43.6%			61.9%								
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-23	75.9%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2022						62.2%	72.4%	74.4%	75.6%	76.0%	75.9%	Data collection restarts October 2023	
	% uptake of influenza among under 65s in risk groups	National	Mar-23	43.8%	55%			48.2% (Mar-22)	4th (Mar-22)		Data collection restarts October 2022						30.2%	37.7%	40.4%	42.1%	43.4%	43.8%		
	% uptake of influenza among children 2 to 3 years old	Local	Mar-23	38.8%	50%			47.6% (Mar-22)	5th (Mar-22)		Data collection restarts October 2022						23.6%	34.6%	37.9%	39.2%	39.3%	38.8%		
	% uptake of influenza among healthcare workers	National	Mar-23	42.4%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		Data collection restarts October 2022							34.4%	40.9%	40.9%	42.4%	42.4%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	01/02/	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	Feb-23	29%	80%	80%	✗	31.4% (Nov-22)	3rd (Nov-22)		35%	36%	47%	44%	44%	36%	40%	39%	37%	29%	29%			
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Feb-23	82%	80%	80%	✓	83.2% (Nov-22)	5th (Nov-22)		18%	40%	33%	38%	34%	91%	91%	89%	79%	62%	82%			
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Feb-23	64%	80%	80%	✗	66.8% (Nov-22)	5th (Nov-22)		23%	23%	22%	42%	27%	27%	83%	65%	56%	24%	64%			
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Feb-23	26%	80%	80%	✗	34.4% (Nov-22)	4th (Nov-22)		51%	51%	38%	61%	35%	43%	36%	27%	35%	40%	26%			
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%	80%	✓				19%	41%	41%	38%	34%	91%	90%	89%	79%	62%	82%			
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Feb-23	100%	90%	90%	✓	63.8% (Nov-22)	1st (Nov-22)		87%	97%	100%	100%	100%	87%	87%	99%	99%	91%	100%			
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Mar-23	96%	80%	80%	✓	86.9% (Nov-22)	3rd (Nov-22)		97%	98%	96%	94%	97%	93%	95%	98%	94%	91%	95%	96%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Mar-23	100%	80%	80%	✓	73.1% (Nov-22)	2nd (Nov-22)		96%	97%	100%	100%	100%	98%	100%	98%	98%	100%	100%	100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Mar-23	85%	95%	95%	✗	73.9% (Nov-22)	2nd (Nov-22)		100%	100%	100%	100%	97%	96%	93%	92%	92%	91%	88%	85%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Mar-23	87%	90%	90%	✗	84.2% (Nov-22)	2nd (Nov-22)		88%	89%	89%	89%	90%	89%	90%	90%	90%	89%	89%	87%		
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to	National	Mar-23	100%				95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	National	Mar-23	100%				90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
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	2021/22	3.56	Annual ↓			3.95 (2021/22)	4th (2021/22)		Latest data available = 2021/22 3.56													