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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



	30 <sup>th</sup> March 2023	Agenda Item	6.1
<b>Report Title</b>	<b>Integrated Performance Report</b>		
<b>Report Author</b>	Meghann Protheroe, Head of Health Board Performance		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance and Performance		
<b>Presented by</b>	Darren Griffiths, Director of Finance and Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (February 2023) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
<b>Key Issues</b>	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in July 2022, and the measures have been updated accordingly in line with current data availability.</p> <p>The report format has been altered to align with key areas of focus within the Performance and Finance Committee</p> <p><b>Key high level issues to highlight this month are as follows:</b></p> <p><b><u>COVID19</u></b></p> <ul style="list-style-type: none"> <li>- The number of new cases of COVID19 has saw a slight increase in February 2023 to 249, compared with 230 in January 2023.</li> </ul> <p><b><u>Unscheduled Care</u></b></p> <ul style="list-style-type: none"> <li>- Emergency Department (ED) attendances have increased in February 2023 to 9,699 from 9,394 in January 2023.</li> <li>- Performance against the 4-hour access is currently below the outlined trajectory in February 2023. ED 4-hour performance has improved by 2% in February 2023 to 76.03% from 74% in January 2023.</li> <li>- Performance against the 12-hour wait has deteriorated in-month and it is currently performing slightly above the outlined trajectory. The number of patients waiting over 12-</li> </ul>		

hours in ED increased to 1,125 in February 2023 from 1,089 in January 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 February 2023 to 3,954 from 4,057 in January 2023.

### **Planned Care**

- February 2023 saw a 15% 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 6.3% to 30,017.
- We continue to outperform the trajectory for the number of patients waiting over 104 weeks for treatment, with 6,656 patients waiting at this point in February 2023.
- In February, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 5,475 patients waiting at this stage.
- As a Health Board, we are outperforming the Ministerial Priority recovery trajectory for the number of patients waiting over 36 weeks for treatment and for the percentage of patients waiting less than 26 weeks for treatment.
- Therapy waiting times have improved, there are 157 patients waiting over 14 weeks in February 2023 compared with 194 in January 2023.
- The number of patients waiting over 8 weeks for an Endoscopy has slightly increased in February 2023 to 4,408 from 4,372 in January 2023.

### **Cancer**

- January 2023 saw 50.4% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears).
- The average backlog of patients waiting over 63 days has decreased in February 2023 to 363 from 470 in January 2023.

### **Mental Health**

- Performance against the Mental Health Measures continues to be maintained. All Welsh Government targets were achieved in January 2023.

	<p>- In January 2023, 91.4% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.</p> <p><b><u>Child and Adolescent Mental Health Services (CAMHS)</u></b></p> <ul style="list-style-type: none"> <li>- Access times for crisis performance has been maintained at 100% December 2022.</li> <li>- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has deteriorated slightly to 37% in December 2022 against a target of 80%.</li> </ul>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Health Board performance against key measures and targets.</li> <li>• <b>NOTE:</b> production of updated planned care recovery trajectories (&gt;104 weeks and Stage 1 &gt;52 weeks) to be produced in March 2023 to align with the Welsh Government updated timelines</li> <li>• <b>NOTE:</b> the review of admission avoidance and length of stay reduction plans and the impact on future Emergency Department performance</li> <li>• <b>NOTE:</b> the implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery</li> <li>• <b>NOTE</b> the inclusion of the submitted Ministerial Priority performance trajectories</li> <li>• <b>NOTE</b> the actions being taken to improve performance: - <ul style="list-style-type: none"> <li>○ A detailed review has been undertaken of the Cancer Performance reporting function, with a specific focus on the impact of previously implemented action plans</li> <li>○ Detailed plans being developed to maximise the productivity and efficiency of planned care capacity to maintain improvements in planned care access</li> <li>○ 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</li> <li>○ Interim COO to work with relevant service group directors to agree plans for improved 4 hour ED performance and reduced 12 hour waits to produce new trajectories for 2023/24</li> <li>○ HBSUK have started their focussed validation work, liaising specifically with services who have the longest waits.</li> <li>○ A new outpatient dashboard has recently been developed which provides the ability to monitor planned care progress</li> </ul> </li> </ul>			

	<p>at specialty level, with specific focus on all Ministerial priority areas</p> <ul style="list-style-type: none"><li>○ Focussed work is currently being placed on Treat in Turn rates.</li><li>○ As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity.</li><li>○ Plans currently being developed to inform revised trajectories for 2023/24 for: -<ul style="list-style-type: none"><li>○ Cancer</li><li>○ UEC</li><li>○ Planned care</li><li>○ Endoscopy</li></ul></li><li>○ Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.</li></ul>
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# INTEGRATED PERFORMANCE REPORT

## 1. INTRODUCTION

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

## 2. BACKGROUND

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

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

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

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

## 3. GOVERNANCE AND RISK ISSUES

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

## 4. FINANCIAL IMPLICATIONS

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

## 5. RECOMMENDATION:

Members are asked to:

- **NOTE** the Health Board performance against key measures and targets.
- **NOTE:** production of updated planned care recovery trajectories (>104 weeks and Stage 1 >52 weeks) to be produced in March 2023 to align with the Welsh Government updated timelines
- **NOTE:** the review of admission avoidance and length of stay reduction plans and the impact on future Emergency Department performance
- **NOTE:** the implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery
- **NOTE** the inclusion of the submitted Ministerial Priority performance trajectories
- **NOTE** the actions being taken to improve performance: -
  - A detailed review has been undertaken of the Cancer Performance reporting function, with a specific focus on the impact of previously implemented action plans
  - 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
  - Interim COO to work with relevant service group directors to agree plans for improved 4 hour ED performance and reduced 12 hour waits to produce new trajectories for 2023/24
  - HBSUK have started their focussed validation work, liaising specifically with services who have the longest waits.
  - 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 for: -
    - Cancer
    - UEC
    - Planned care
    - Endoscopy
  - Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.

<b>Governance and Assurance</b>		
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	☒
<b>Health and Care Standards</b>		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
<b>Quality, Safety and Patient Experience</b>		
<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>		
<b>Financial Implications</b>		
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.		
<b>Legal Implications (including equality and diversity assessment)</b>		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		
<b>Staffing Implications</b>		
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.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <ul style="list-style-type: none"> <li>• <b>Long term</b> – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.</li> <li>• <b>Prevention</b> – the NHS Wales Delivery framework provides a measurable mechanism to evidence how the NHS is positively influencing the health and well-being of the</li> </ul>		

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

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

<b>Report History</b>	The last iteration of the Integrated Performance Report was presented to Board in January 2023 and to the Performance & Finance Committee in March 2023 as a routine monthly report.
<b>Appendices</b>	Appendix 1: Integrated Performance Report



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# Appendix 1- Integrated Performance Report March 2023



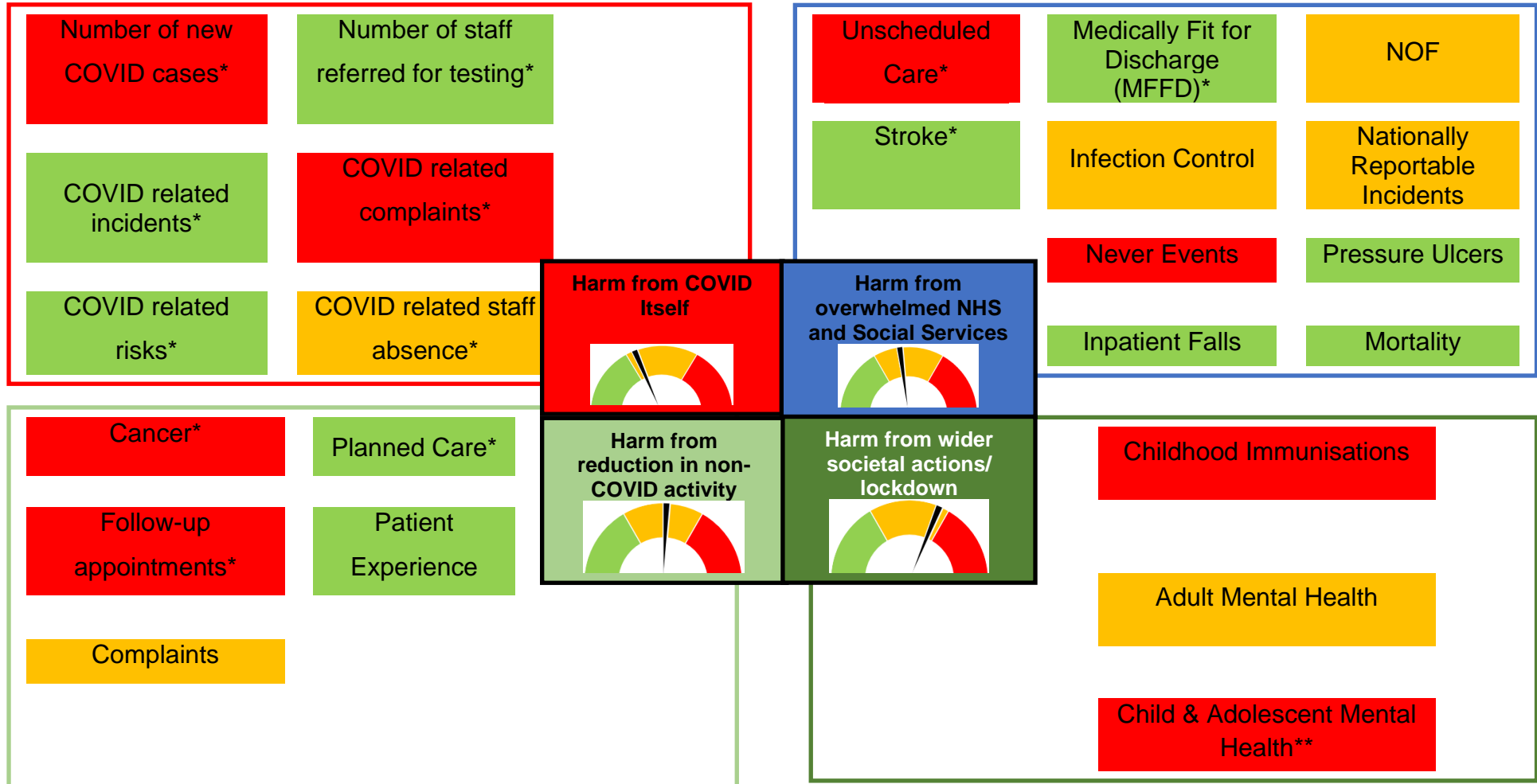
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# 1. QUADRANTS OF HARM SUMMARY

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



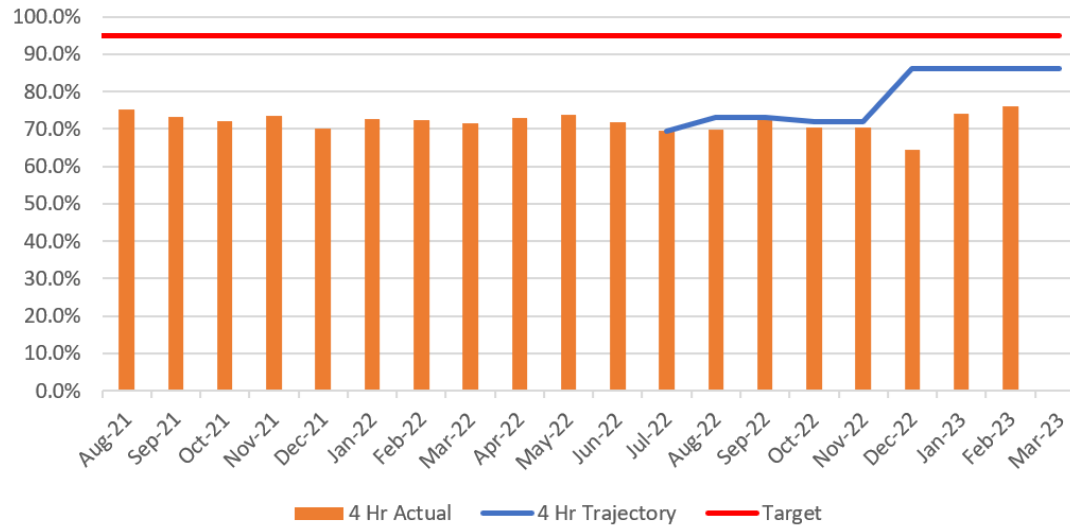
NB- RAG status is against national or local target  
 \*\* Data not available

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

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

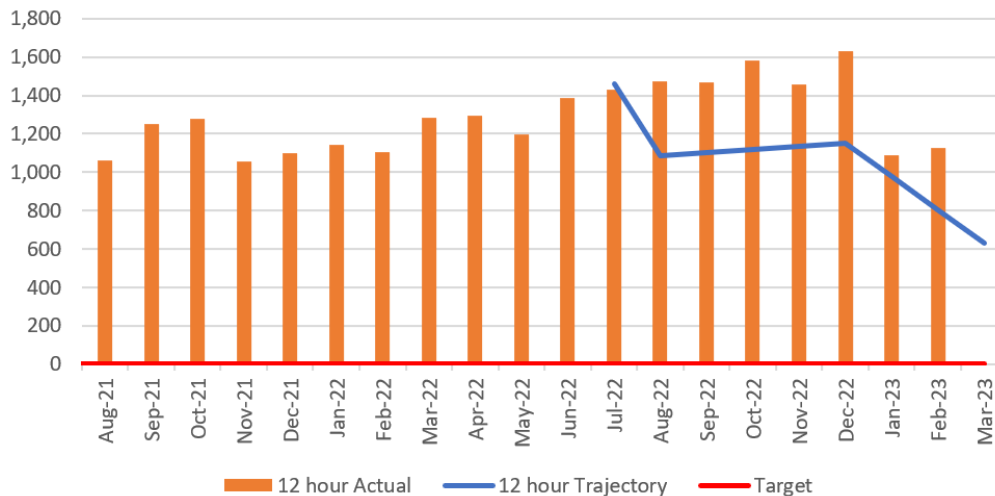
## UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4-hour access is slightly below target for February 2023. Emergency Department (ED) 4-hour performance has increased by 2.03% in February 2023 to 76.03% from 74% in January 2023.

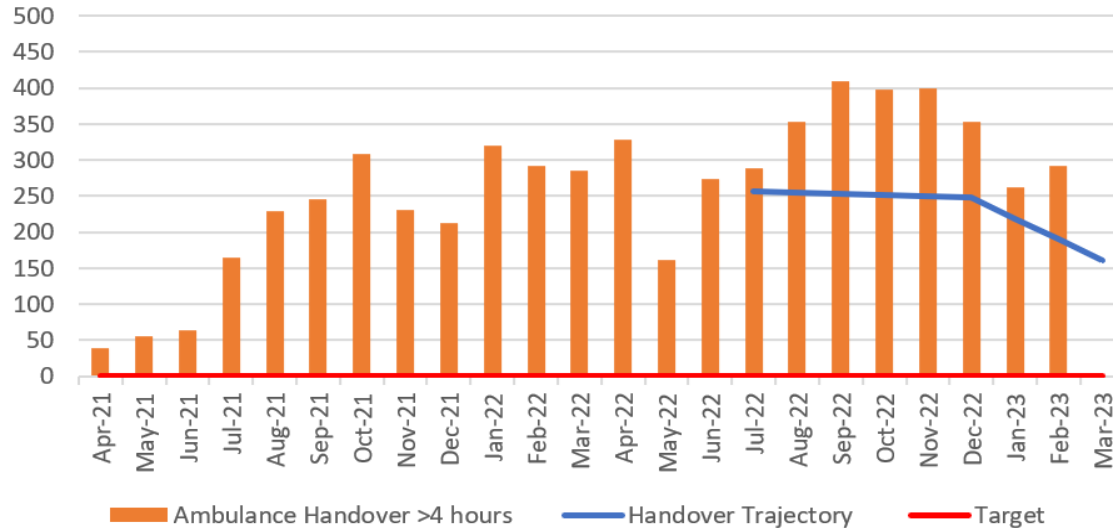
### 2. Submitted recovery trajectory for A&E 12-hour performance



2. Performance against the 12-hour wait deteriorated in February but is still currently performing slightly above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,125 in February 2023 from 1,089 in January 2023.

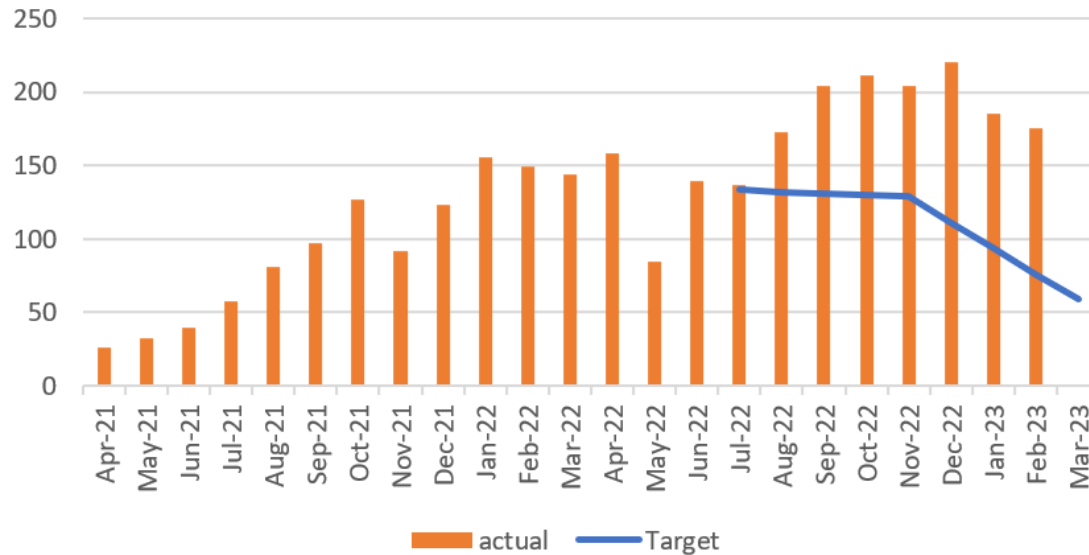
## UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

### 3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has seen a continued deterioration since May 2022. However, the handover times over four hours increased to 292 in February 2023 from 262 in January 2023. The figures remain above the outlined trajectory for February 2023 which was 190.

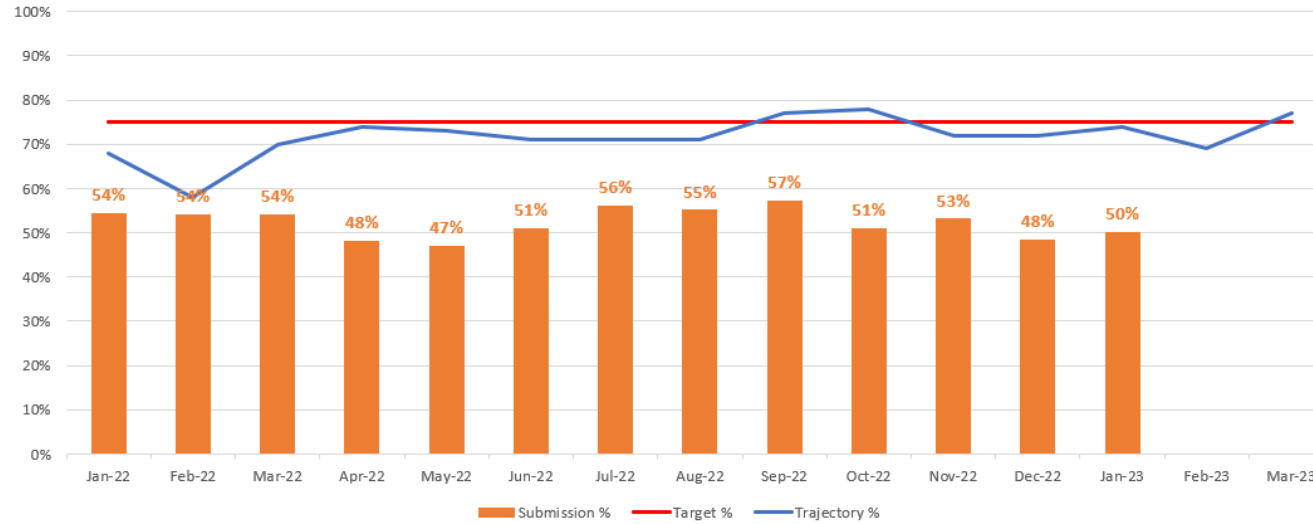
### 4. Average Ambulance Handover Rate



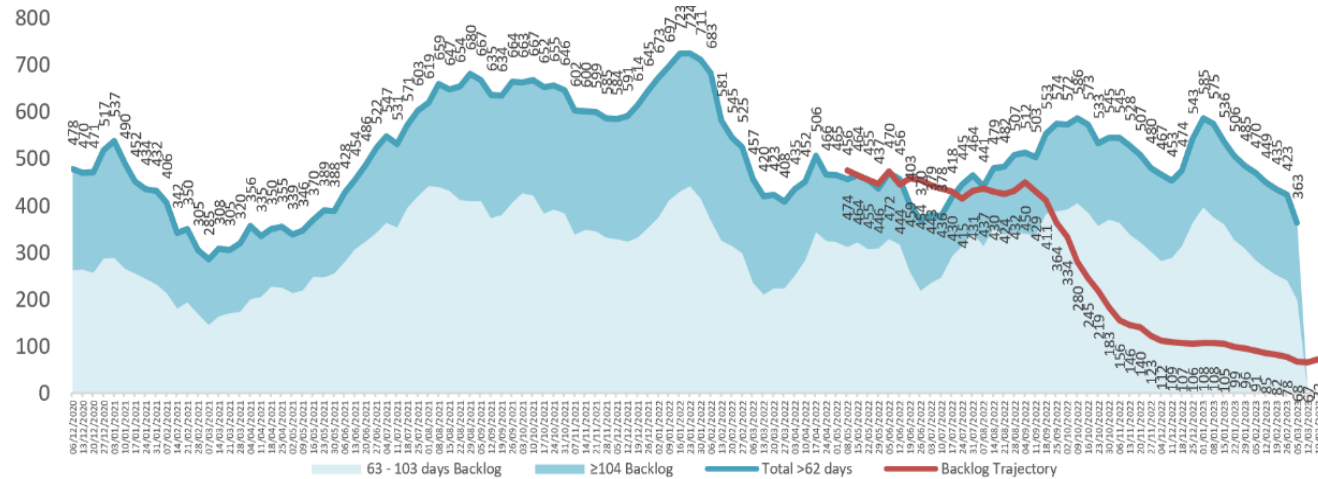
4. The average ambulance handover rate has seen an improvement in February 2023. The average handover rate reduced from 185 in January 2023 to 175 in February 2023, which is above the outlined trajectory for February 2023 (76).

# CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

## 1. SCP performance trajectory



## 2. Proposed backlog improvements to support SCP performance



1. The final SCP performance for January 2023 was 50%, which is an improvement on the performance reported in December 2022. Performance continues to stay below the submitted trajectory (74%).

2. Backlog figures have seen a consistent reduction in recent weeks and figures remain above the submitted recovery trajectory. The total backlog at 05/03/2023 was 363.

### **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><b>Number of new COVID cases</b> In February 2023, there were an additional 249 positive cases recorded bringing the cumulative total to 119,728 in Swansea Bay since March 2020.</p>	<p><b>Number of new COVID19 cases for Swansea Bay population</b></p> <p>■ New positive COVID19 cases</p>
<p>2. Number of staff referred for Antigen testing</p>	<p><b>Staff referred for Antigen testing</b> The cumulative number of staff referred for COVID testing between March 2020 and February 2023 is 18,187 of which 19% have been positive (Cumulative total).</p>	<p><b>Outcome of staff referred for Antigen testing</b></p> <p>■ Positive    ▨ Negative    ▤ In Progress    □ Unknown/blank</p>

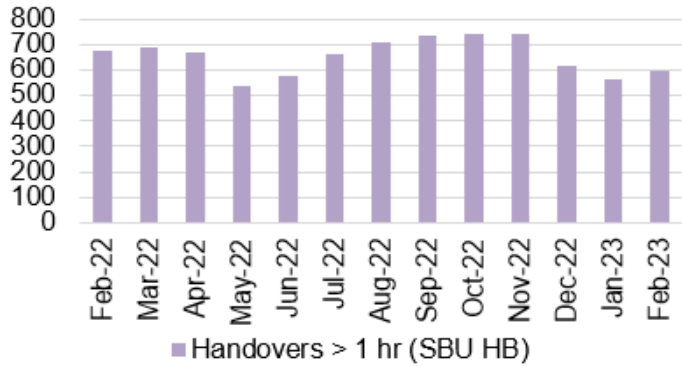
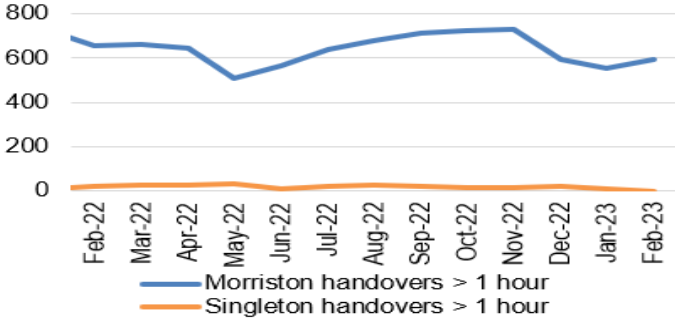
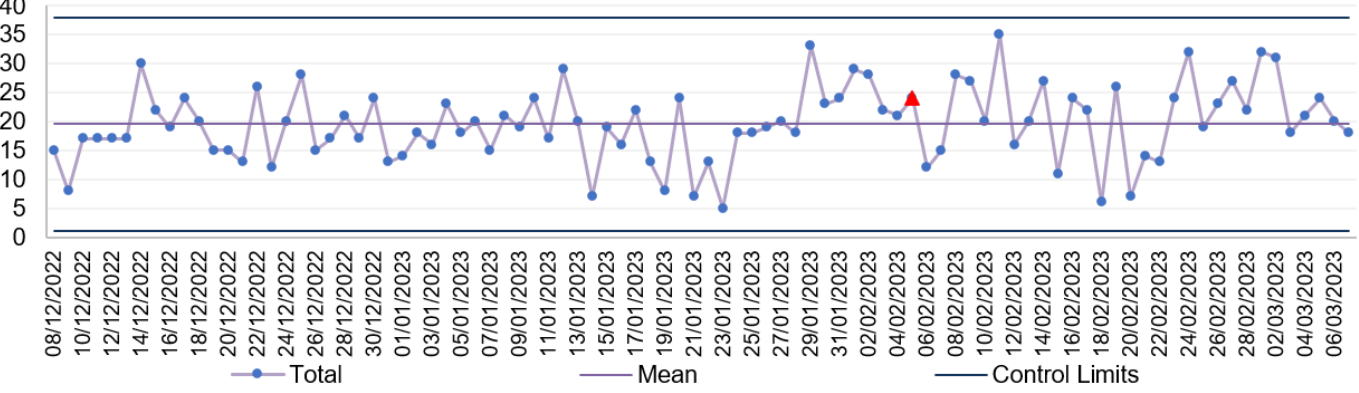
**COVID RELATED STAFF ABSENCE**

Description	Current Performance	Trend																																																																																				
<p><b>Staff absence due to COVID19</b></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><b>1. &amp; 2. Number of staff self-isolating (asymptomatic and symptomatic)</b>                      Between January 2023 and February 2023, the number of staff self-isolating (asymptomatic) increased to 1 and the number of staff self-isolating (symptomatic) decreased from 70 to 63. In February 2023, the registered nursing staff group had the largest number of self-isolating staff who were asymptomatic and symptomatic.</p>	<p align="center"><b>1. Number of staff self isolating (asymptomatic)</b></p> <p align="center"><b>2. Number of staff self isolating (symptomatic)</b></p>																																																																																				
<p>3. % staff sickness</p>	<p><b>% Staff sickness</b>                      The percentage of staff sickness absence due to COVID19 in February 2023 has remained at 0.5%</p>	<p align="center"><b>% staff sickness</b></p> <table border="1"> <thead> <tr> <th></th> <th>Feb-22</th> <th>Mar-22</th> <th>Apr-22</th> <th>May-22</th> <th>Jun-22</th> <th>Jul-22</th> <th>Aug-22</th> <th>Sep-22</th> <th>Oct-22</th> <th>Nov-22</th> <th>Dec-22</th> <th>Jan-23</th> <th>Feb-23</th> </tr> </thead> <tbody> <tr> <td>Medical</td> <td>1.5%</td> <td>4.6%</td> <td>4.1%</td> <td>1.8%</td> <td>3.5%</td> <td>4.9%</td> <td>1.8%</td> <td>0.2%</td> <td>1.1%</td> <td>0.7%</td> <td>1.2%</td> <td>0.5%</td> <td>0.3%</td> </tr> <tr> <td>Nursing Reg</td> <td>2.0%</td> <td>3.1%</td> <td>2.4%</td> <td>1.1%</td> <td>2.8%</td> <td>2.4%</td> <td>1.3%</td> <td>1.1%</td> <td>1.2%</td> <td>0.9%</td> <td>1.1%</td> <td>0.7%</td> <td>0.6%</td> </tr> <tr> <td>Nursing Non Reg</td> <td>3.1%</td> <td>3.7%</td> <td>3.2%</td> <td>2.1%</td> <td>2.7%</td> <td>2.7%</td> <td>1.2%</td> <td>1.1%</td> <td>1.3%</td> <td>1.6%</td> <td>1.5%</td> <td>0.6%</td> <td>0.6%</td> </tr> <tr> <td>Other</td> <td>1.4%</td> <td>2.6%</td> <td>1.8%</td> <td>0.8%</td> <td>1.8%</td> <td>1.6%</td> <td>0.5%</td> <td>0.6%</td> <td>0.6%</td> <td>0.7%</td> <td>0.9%</td> <td>0.4%</td> <td>0.4%</td> </tr> <tr> <td>All</td> <td>1.8%</td> <td>3.1%</td> <td>2.3%</td> <td>1.2%</td> <td>2.4%</td> <td>2.2%</td> <td>1.0%</td> <td>0.8%</td> <td>0.9%</td> <td>0.9%</td> <td>1.1%</td> <td>0.5%</td> <td>0.5%</td> </tr> </tbody> </table>		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Medical	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	Nursing Reg	2.0%	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	Nursing Non Reg	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	Other	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	All	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%
	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23																																																																									
Medical	1.5%	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%																																																																									
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Nursing Non Reg	3.1%	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%																																																																									
Other	1.4%	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%																																																																									
All	1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%																																																																									

**UNSCHEDULED CARE**

Description	Current Performance	Actions of Improvement
<p><b>Ambulance responses</b></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 February 2023, the number of red calls responded to within 8 minutes increased to 51.8%, from 52.1% in January 2023. In February 2023, the number of green calls increased by 7%, amber calls decreased by 5%, and red calls decreased by 3% compared with January 2023.</p>	<p>Ambulance response rates have seen a minor deterioration in performance in February 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>
	<b>Trend</b>	
	<p><b>1. % of red calls responded to within 8 minutes</b></p> <p>Legend: Red calls within 8 minutes (SBU HB) (purple bars), Target (red line)</p>	<p><b>2. Number of ambulance call responses</b></p> <p>Legend: Red calls (red line), Amber calls (yellow line), Green calls (green line)</p>
<p><b>3. % of red calls responded to within 8 minutes – HB total last 90 days</b></p> <p>Legend: Total (blue line with dots), Mean (purple line), Control Limits (horizontal lines)</p> <p>Symbol Key:          ◆ Above or below control limits          ▲ above or below the mean          ● Arun of 6          ● increasing or decreasing points</p>		

**UNSCHEDULED CARE**

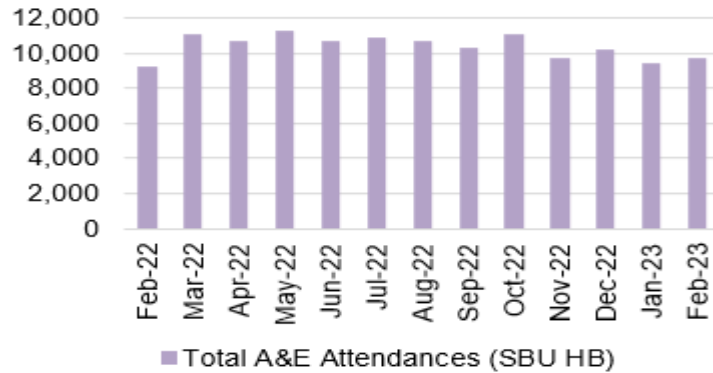
Description	Current Performance	Actions of Improvement
Ambulance handovers 1. The number of ambulance handovers over one hour  2. The number of ambulance handovers over one hour- Hospital level  3. The number of ambulance handovers over one hour (last 90 days)	In February 2023, there were 594 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 561 in January 2023. In February 2023, all handovers over 1 hour were attributed to Morriston Hospital.  The number of handover hours lost over 15 minutes have decreased from 3,440 in January 2023 to 3,245 in February 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.
	<b>Trend</b>	
	<p><b>1. Number of ambulance handovers- HB total</b></p>  <p>■ Handovers &gt; 1 hr (SBU HB)</p>	<p><b>2. Number of ambulance handovers over 1 hour- Hospital level</b></p>  <p>— Morriston handovers &gt; 1 hour — Singleton handovers &gt; 1 hour</p>
<p><b>3. Number of ambulance handovers- HB total last 90 days</b></p>  <p>● Total — Mean — Control Limits</p> <div data-bbox="1839 1070 2085 1361" style="border: 1px solid black; padding: 5px;"> <p><b>Symbol Key:</b></p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>8 or more points</li> <li>▲ above or below the mean</li> <li>Arun of 6</li> <li>● increasing or decreasing points</li> </ul> </div>		

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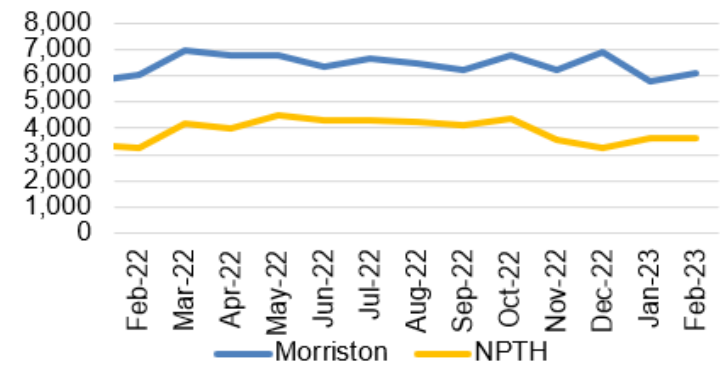
Description	Current Performance	Actions of Improvement
<p><b>A&amp;E Attendances</b></p> <p>1. The number of attendances at emergency departments in the Health Board</p> <p>2. The number of attendances at emergency departments in the Health Board – Hospital level</p> <p>3. The number of attendances at emergency departments in the Health Board (last 90 days)</p>	<p>ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In February 2023, there were 9,699 A&amp;E attendances, this is 3% higher than January 2023.</p>	<p>There are several admission avoidance schemes in place in order to reduce the number of patients presenting at the A&amp;E department which include; Rapid response therapies 7 day working, the WAST stack review and home first in-reach.</p>

**Trend**

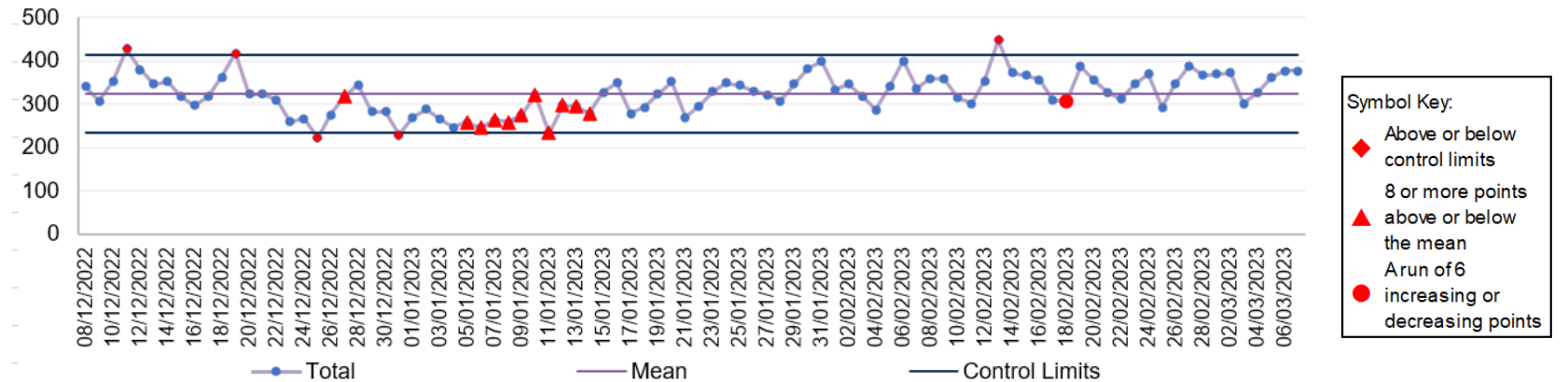
**1. Number of A&E attendances- HB total**



**2. Number of A&E attendances- Hospital level**



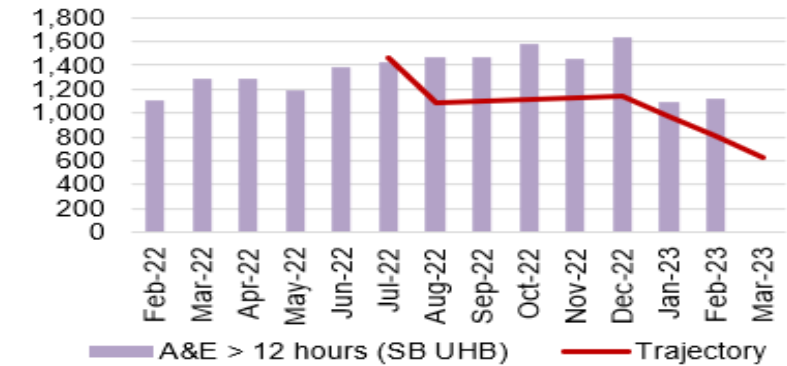
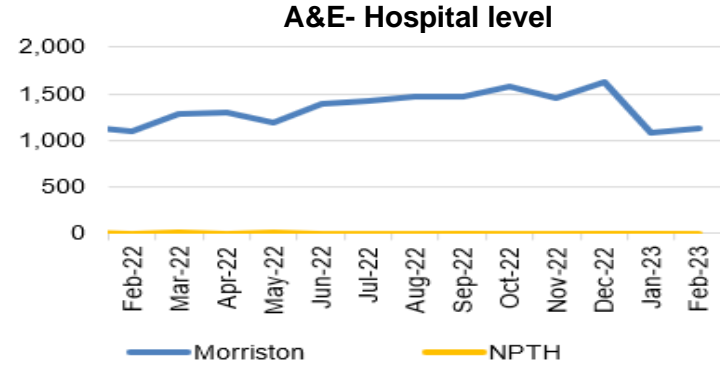
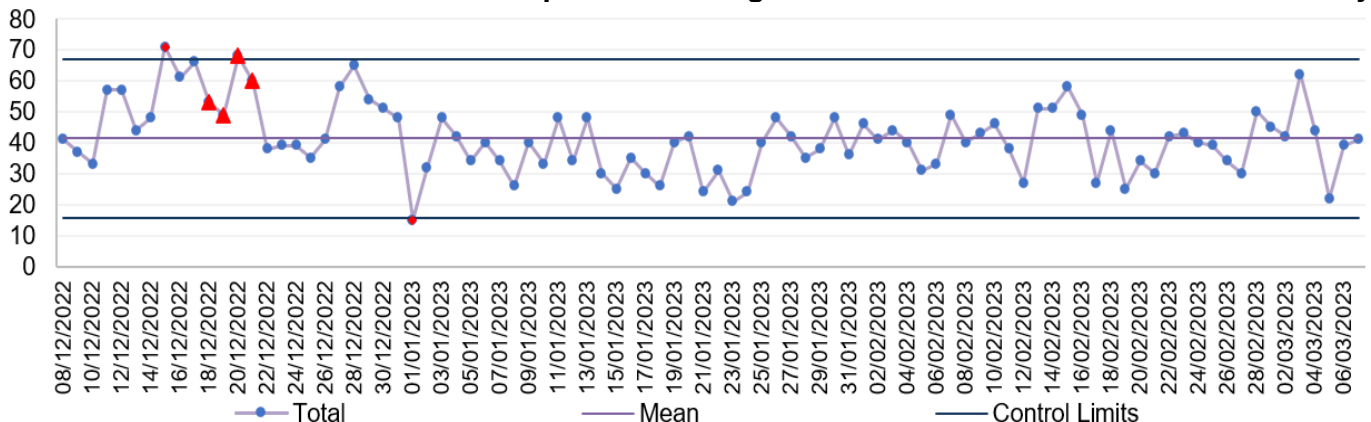
**3. Number of A&E attendances -HB total last 90 days**



**UNSCHEDULED CARE**

Description	Current Performance	Actions of Improvement
<p><b>A&amp;E waiting times</b></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&amp;E- Hospital level</i></p> <p><i>3. % of patients who spend less than 4 hours in A&amp;E (last 90 days)</i></p>	<p>The Health Board's performance against the 4-hour measure improved from 74% in January 2023 to 76.03% in February 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 98.874% in February 2023. Morriston Hospital's performance improved between January 2023 and February 2023, achieving 62.45% against the target.</p>	<p>Internal flow activities to support reduced occupancy and to improve flow throughout the day are being put in place, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with WAST colleagues to implement further pathways.</p>
	<b>Trend</b>	
	<p><b>1. % Patients waiting under 4 hours in A&amp;E- HB total</b></p>	<p><b>2. % Patients waiting under 4 hours in A&amp;E- Hospital level</b></p>
<p><b>3. % Patients waiting under 4 hours in A&amp;E- HB total last 90 days</b></p>		

**UNSCHEDULED CARE**

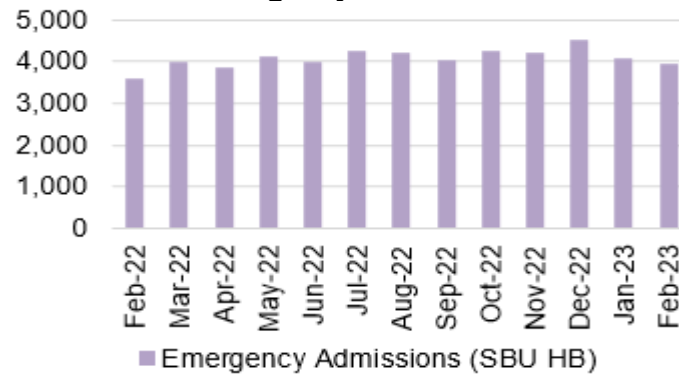
Description	Current Performance	Actions of Improvement
<p><b>A&amp;E waiting times</b></p> <p><i>1. Number of patients who spend 12 hours or more in A&amp;E</i></p> <p><i>2. Number of patients who spend 12 hours or more in A&amp;E- Hospital level</i></p> <p><i>3. Number of patients waiting over 12 hours in A&amp;E (last 90 days)</i></p>	<p>In February 2023, performance against the 12-hour measure deteriorated when compared with January 2023, increasing from 1,089 to 1,125. This is an increase of 36 compared to January 2023. Of the total number of patients waiting over 12 hours in January 2023, 1,123 were attributed to Morriston Hospital and 2 were attributed to Neath Port Talbot hospital.</p> <p align="center"><b>Trend</b></p> <p><b>1. Number of patients waiting over 12 hours in A&amp;E- HB total</b></p>  <p><b>2. Number of patients waiting over 12 hours in A&amp;E- Hospital level</b></p>  <p><b>3. Number of patients waiting over 12 hours in A&amp;E – HB total last 90 days</b></p> 	<p>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.</p>

**UNSCHEDULED CARE**

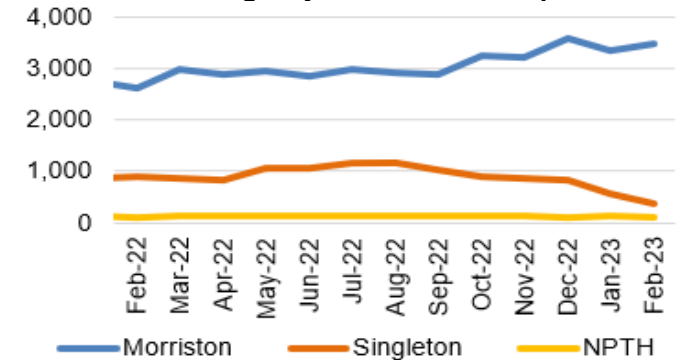
Description	Current Performance	Actions of Improvement
<b>Emergency admissions</b>  1. The number of emergency inpatient admissions  2. The number of emergency inpatient admissions- Hospital level  3. The number of emergency inpatient admissions (last 90 days)	In February 2023, there were 3,954 emergency admissions across the Health Board, which is 103 lower than January 2023. Singleton Hospital saw an in-month reduction, with 191 less admissions (from 573 in January 2023), Morriston Hospital saw an in-month reduction from 3,361 admissions in January 2023 to 3,480 admissions in February 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

**Trend**

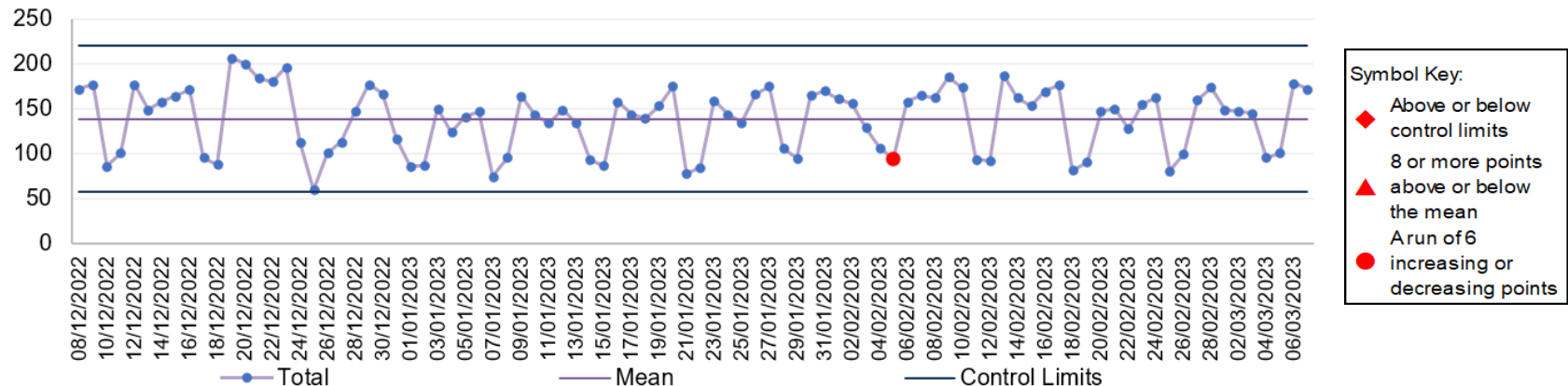
**1. Number of emergency admissions- HB total**



**2. Number of emergency admissions- Hospital level**



**3. Number of emergency admissions- HB total last 90 days**



**UNSCHEDULED CARE**

Description	Current Performance	Actions of Improvement																																																																																																														
<p><b>Critical Care-Delayed Transfers of Care (DIOC)-Morrison Hospital</b></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 February 2023, there were a total of 84 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is a reduction when compared with 94 admissions in January 2023. February 2023, saw a reduction in the number of delayed discharge hours from 4641.5 in January 2023 to 4305.3 in February 2023. The average lost bed days increased to 6.41 per day. The percentage of patients delayed over 24 hours increased to 64.52% in February 2023 from 60.87% in January 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><b>Clinically Optimised</b>  <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In February 2023, there were on average 304 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals.</p> <p>In February 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 103, closely followed by Singleton Hospital with 100.</p> <p><b>Actions of Improvement;</b>                      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 align="center"><b>The number of clinically optimised patients by site</b></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>Feb-22</td><td>120</td><td>70</td><td>85</td><td>15</td></tr> <tr><td>Mar-22</td><td>100</td><td>55</td><td>90</td><td>20</td></tr> <tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>20</td></tr> <tr><td>May-22</td><td>115</td><td>68</td><td>88</td><td>10</td></tr> <tr><td>Jun-22</td><td>145</td><td>65</td><td>90</td><td>15</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>10</td></tr> <tr><td>Sep-22</td><td>120</td><td>85</td><td>95</td><td>15</td></tr> <tr><td>Oct-22</td><td>110</td><td>70</td><td>100</td><td>20</td></tr> <tr><td>Nov-22</td><td>105</td><td>65</td><td>85</td><td>10</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>85</td><td>10</td></tr> <tr><td>Feb-23</td><td>103</td><td>100</td><td>85</td><td>10</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Feb-22	120	70	85	15	Mar-22	100	55	90	20	Apr-22	100	65	85	20	May-22	115	68	88	10	Jun-22	145	65	90	15	Jul-22	115	65	90	15	Aug-22	120	70	100	10	Sep-22	120	85	95	15	Oct-22	110	70	100	20	Nov-22	105	65	85	10	Dec-22	100	60	80	10	Jan-23	120	70	85	10	Feb-23	103	100	85	10
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Feb-23	103	100	85	10																																																																				
<p><b>Elective procedures cancelled due to lack of beds</b>                      The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</p>	<p>In February 2023, there were 33 elective procedures cancelled due to lack of beds on the day of surgery. This is 52 less cancellations than those seen in January 2023.</p> <p>Of the cancelled procedures, 33 of the cancellations were all attributed to Morriston Hospital in February 2023.</p>	<p align="center"><b>Total number of elective procedures cancelled due to lack of beds</b></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>Feb-22</td><td>20</td><td>5</td><td>0</td></tr> <tr><td>Mar-22</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Apr-22</td><td>30</td><td>0</td><td>0</td></tr> <tr><td>May-22</td><td>55</td><td>0</td><td>0</td></tr> <tr><td>Jun-22</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Jul-22</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Aug-22</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Sep-22</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Oct-22</td><td>35</td><td>0</td><td>0</td></tr> <tr><td>Nov-22</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Dec-22</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Jan-23</td><td>70</td><td>0</td><td>15</td></tr> <tr><td>Feb-23</td><td>33</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Feb-22	20	5	0	Mar-22	35	0	0	Apr-22	30	0	0	May-22	55	0	0	Jun-22	35	0	0	Jul-22	25	0	0	Aug-22	10	0	0	Sep-22	25	0	0	Oct-22	35	0	0	Nov-22	25	0	0	Dec-22	25	0	0	Jan-23	70	0	15	Feb-23	33	0	0														
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## HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																													
<p><b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b>  <i>Number of laboratory confirmed E.coli bacteraemia cases</i></p>	<ul style="list-style-type: none"> <li>• 17 cases of <i>E. coli</i> bacteraemia were identified in February 2023, of which 9 were hospital acquired and 8 were community acquired.</li> <li>• The Health Board total is currently below the Welsh Government Profile target of 20 cases for February 2023.</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>25</td><td>22</td></tr> <tr><td>Mar-22</td><td>20</td><td>22</td></tr> <tr><td>Apr-22</td><td>30</td><td>22</td></tr> <tr><td>May-22</td><td>20</td><td>21</td></tr> <tr><td>Jun-22</td><td>15</td><td>21</td></tr> <tr><td>Jul-22</td><td>20</td><td>21</td></tr> <tr><td>Aug-22</td><td>30</td><td>21</td></tr> <tr><td>Sep-22</td><td>15</td><td>21</td></tr> <tr><td>Oct-22</td><td>20</td><td>21</td></tr> <tr><td>Nov-22</td><td>22</td><td>21</td></tr> <tr><td>Dec-22</td><td>20</td><td>21</td></tr> <tr><td>Jan-23</td><td>20</td><td>21</td></tr> <tr><td>Feb-23</td><td>17</td><td>20</td></tr> <tr><td>Mar-23</td><td>17</td><td>20</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Feb-22	25	22	Mar-22	20	22	Apr-22	30	22	May-22	20	21	Jun-22	15	21	Jul-22	20	21	Aug-22	30	21	Sep-22	15	21	Oct-22	20	21	Nov-22	22	21	Dec-22	20	21	Jan-23	20	21	Feb-23	17	20	Mar-23	17	20
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<p><b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b>  <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i></p>	<ul style="list-style-type: none"> <li>• There were 11 cases of <i>Staph. aureus</i> bacteraemia in February 2023, of which 9 were hospital acquired and 2 were community acquired.</li> <li>• The Health Board total is currently above the Welsh Government Profile target of 5 cases for February 2023.</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired S.aureus bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>10</td><td>8</td></tr> <tr><td>Mar-22</td><td>11</td><td>8</td></tr> <tr><td>Apr-22</td><td>13</td><td>8</td></tr> <tr><td>May-22</td><td>18</td><td>7</td></tr> <tr><td>Jun-22</td><td>9</td><td>6</td></tr> <tr><td>Jul-22</td><td>12</td><td>6</td></tr> <tr><td>Aug-22</td><td>11</td><td>6</td></tr> <tr><td>Sep-22</td><td>13</td><td>6</td></tr> <tr><td>Oct-22</td><td>17</td><td>6</td></tr> <tr><td>Nov-22</td><td>8</td><td>6</td></tr> <tr><td>Dec-22</td><td>13</td><td>5</td></tr> <tr><td>Jan-23</td><td>10</td><td>5</td></tr> <tr><td>Feb-23</td><td>11</td><td>5</td></tr> <tr><td>Mar-23</td><td>11</td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Feb-22	10	8	Mar-22	11	8	Apr-22	13	8	May-22	18	7	Jun-22	9	6	Jul-22	12	6	Aug-22	11	6	Sep-22	13	6	Oct-22	17	6	Nov-22	8	6	Dec-22	13	5	Jan-23	10	5	Feb-23	11	5	Mar-23	11	5
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## HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																													
<p><b>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i></b>                      Number of laboratory confirmed <i>C.difficile</i> cases</p>	<ul style="list-style-type: none"> <li>There were 12 <i>Clostridium difficile</i> toxin positive cases in February 2023, of which 10 were hospital acquired and 2 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 8 cases for February 2023.</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;"><b>Number of healthcare acquired <i>C.difficile</i> cases</b></p> <table border="1"> <caption>Number of healthcare acquired <i>C.difficile</i> cases</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>13</td><td>7.5</td></tr> <tr><td>Mar-22</td><td>18</td><td>7.5</td></tr> <tr><td>Apr-22</td><td>13</td><td>7.5</td></tr> <tr><td>May-22</td><td>11</td><td>8.5</td></tr> <tr><td>Jun-22</td><td>16</td><td>9.5</td></tr> <tr><td>Jul-22</td><td>16</td><td>8.5</td></tr> <tr><td>Aug-22</td><td>22</td><td>8.5</td></tr> <tr><td>Sep-22</td><td>14</td><td>9.5</td></tr> <tr><td>Oct-22</td><td>20</td><td>7.5</td></tr> <tr><td>Nov-22</td><td>21</td><td>8.5</td></tr> <tr><td>Dec-22</td><td>14</td><td>8.5</td></tr> <tr><td>Jan-23</td><td>22</td><td>8.5</td></tr> <tr><td>Feb-23</td><td>12</td><td>8.5</td></tr> <tr><td>Mar-23</td><td>12</td><td>7.5</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	Feb-22	13	7.5	Mar-22	18	7.5	Apr-22	13	7.5	May-22	11	8.5	Jun-22	16	9.5	Jul-22	16	8.5	Aug-22	22	8.5	Sep-22	14	9.5	Oct-22	20	7.5	Nov-22	21	8.5	Dec-22	14	8.5	Jan-23	22	8.5	Feb-23	12	8.5	Mar-23	12	7.5
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<p><b>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i></b>                      Number of laboratory confirmed <i>Klebsiella sp</i> cases</p>	<ul style="list-style-type: none"> <li>There were 8 cases of <i>Klebsiella sp</i> in February 2023, of which 7 were hospital acquired and 1 was community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 5 cases for February 2023.</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;"><b>Number of healthcare acquired <i>Klebsiella</i> cases</b></p> <table border="1"> <caption>Number of healthcare acquired <i>Klebsiella</i> cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>4</td><td>7.5</td></tr> <tr><td>Mar-22</td><td>7</td><td>7.5</td></tr> <tr><td>Apr-22</td><td>6</td><td>7.5</td></tr> <tr><td>May-22</td><td>8</td><td>6.5</td></tr> <tr><td>Jun-22</td><td>8</td><td>6.5</td></tr> <tr><td>Jul-22</td><td>11</td><td>6.5</td></tr> <tr><td>Aug-22</td><td>8</td><td>6.5</td></tr> <tr><td>Sep-22</td><td>10</td><td>6.5</td></tr> <tr><td>Oct-22</td><td>7</td><td>6.5</td></tr> <tr><td>Nov-22</td><td>11</td><td>6.5</td></tr> <tr><td>Dec-22</td><td>8</td><td>6.5</td></tr> <tr><td>Jan-23</td><td>11</td><td>6.5</td></tr> <tr><td>Feb-23</td><td>8</td><td>5.5</td></tr> <tr><td>Mar-23</td><td>8</td><td>5.5</td></tr> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	Trajectory	Feb-22	4	7.5	Mar-22	7	7.5	Apr-22	6	7.5	May-22	8	6.5	Jun-22	8	6.5	Jul-22	11	6.5	Aug-22	8	6.5	Sep-22	10	6.5	Oct-22	7	6.5	Nov-22	11	6.5	Dec-22	8	6.5	Jan-23	11	6.5	Feb-23	8	5.5	Mar-23	8	5.5
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## HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																													
<p><b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> <li>There were 2 cases of <i>P.Aeruginosa</i> in February 2023, both of which were hospital acquired.</li> <li>The Health Board total is currently in line with the Welsh Government Profile target of 2 cumulative case for February 2023.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired Pseudomonas cases</b></p> <table border="1" style="display: none;"> <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>Feb-22</td><td>3</td><td>2</td></tr> <tr><td>Mar-22</td><td>2</td><td>2</td></tr> <tr><td>Apr-22</td><td>2</td><td>2</td></tr> <tr><td>May-22</td><td>2</td><td>2</td></tr> <tr><td>Jun-22</td><td>4</td><td>2</td></tr> <tr><td>Jul-22</td><td>4</td><td>2</td></tr> <tr><td>Aug-22</td><td>3</td><td>2</td></tr> <tr><td>Sep-22</td><td>5</td><td>2</td></tr> <tr><td>Oct-22</td><td>6</td><td>1</td></tr> <tr><td>Nov-22</td><td>5</td><td>1</td></tr> <tr><td>Dec-22</td><td>3</td><td>2</td></tr> <tr><td>Jan-23</td><td>4</td><td>2</td></tr> <tr><td>Feb-23</td><td>2</td><td>2</td></tr> <tr><td>Mar-23</td><td>1</td><td>1</td></tr> </tbody> </table> <p>Legend: ■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Feb-22	3	2	Mar-22	2	2	Apr-22	2	2	May-22	2	2	Jun-22	4	2	Jul-22	4	2	Aug-22	3	2	Sep-22	5	2	Oct-22	6	1	Nov-22	5	1	Dec-22	3	2	Jan-23	4	2	Feb-23	2	2	Mar-23	1	1
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**PLANNED CARE**

Description	Current Performance	Actions of Improvement
<p><b>Referrals and shape of the waiting list</b></p> <p><b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i></p> <p><b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i></p> <p><b>3. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at December 2019</i></p> <p><b>4. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at February 2023</i></p>	<p>February 2023 has seen a decrease in referral figures compared with January 2023 (12,658). Referral rates have continued to rise slowly since December 2021, with 12,347 received in February 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.</p> <p style="text-align: center;"><b>Trend</b></p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="488 483 1176 917"> <p><b>1. Number of GP referrals received by SBU Health Board</b></p> <p>This stacked bar chart displays the number of GP referrals received by SBU Health Board from February 2022 to February 2023. The y-axis represents the number of referrals, ranging from 0 to 17,500 in increments of 2,500. The x-axis lists months from Feb-22 to Feb-23. Each bar is divided into two categories: Routine (solid purple) and Urgent (hatched purple). Total referrals show a general downward trend from approximately 14,000 in Feb-22 to around 12,000 in Feb-23.</p> </div> <div data-bbox="1220 483 2105 917"> <p><b>2. Number of stage 1 additions per week</b></p> <p>This line chart tracks the weekly additions to the outpatient waiting list from March 2020 to March 2023. The y-axis shows the number of additions, ranging from 0 to 2,500. The x-axis shows weekly intervals from 01/03/20 to 01/03/23. The data is represented by a purple line that fluctuates significantly, with a notable peak around 2,000 additions in early 2022 and a low point near 500 in early 2020.</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div data-bbox="488 938 1176 1396"> <p><b>3. Total size of the waiting list and movement (December 2019)</b></p> <p>This area chart illustrates the total size of the waiting list and the movement of patients across five stages in December 2019. The y-axis represents the number of patients, from 0 to 3,500. The x-axis represents the number of patients, from 0 to 133. The chart shows a high concentration of patients in Stage 1 (blue), with a sharp decline as the number of patients increases across the other stages.</p> </div> <div data-bbox="1220 938 2105 1396"> <p><b>4. Total size of the waiting list and movement (February 2023)</b></p> <p>This area chart shows the total size of the waiting list and patient movement across five stages in February 2023. The y-axis ranges from 0 to 4,000 patients. The x-axis represents the number of patients, from 0 to 155. Similar to the 2019 chart, Stage 1 (blue) contains the majority of patients, with a significant decrease in numbers for subsequent stages.</p> </div> </div>	<p>The number of referrals received has remained steady in recent months, and is now showing a consistent pattern of demand.</p>

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<b>Outpatient waiting times</b>  1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total  2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level  3. Patients waiting over 26 weeks for an outpatient appointment by specialty  4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, February 2023 saw an in-month reduction of 15% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 20,288 in January 2023 to 17,257 in February 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. Service Group specific recovery trajectories have been developed to further support recovery</p>																																																																																																						
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Description	Current Performance	Actions of Improvement
<p><b>Patients waiting over 36 weeks for treatment</b></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 February 2023, there were 29,311 patients waiting over 36 weeks which is a 8.5% in-month reduction from January 2023. 19,707 of the 29,311 were waiting over 52 weeks in February 2023. In February 2023, there were 6,656 patients waiting over 104 weeks for treatment, which is a 9% reduction from January 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>
	<b>Trend</b>	
	<p><b>1. Number of patients waiting over 36 weeks- HB total</b></p>	<p><b>2. Number of patients waiting over 52 weeks at Stage 1- HB total</b></p>
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**PLANNED CARE**

Description	Current Performance																															
<p><b>Total waiting times</b> <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 February 2023, 53.5% of patients were waiting under 26 weeks from referral to treatment, which is 0.7% more than those seen in January 2023.</p>	<p><b>Percentage of patient waiting less than 26 weeks</b></p> <table border="1"> <caption>Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>% waiting &lt; 26 wks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>48%</td></tr> <tr><td>Mar-22</td><td>48%</td></tr> <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>49%</td></tr> <tr><td>Sep-22</td><td>49%</td></tr> <tr><td>Oct-22</td><td>49%</td></tr> <tr><td>Nov-22</td><td>49%</td></tr> <tr><td>Dec-22</td><td>49%</td></tr> <tr><td>Jan-23</td><td>49%</td></tr> <tr><td>Feb-23</td><td>50%</td></tr> <tr><td>Mar-23</td><td>50%</td></tr> </tbody> </table> <p>Ministerial Target = 95% by 2026</p>	Month	% waiting < 26 wks (SBU HB)	Feb-22	48%	Mar-22	48%	Apr-22	48%	May-22	48%	Jun-22	48%	Jul-22	48%	Aug-22	49%	Sep-22	49%	Oct-22	49%	Nov-22	49%	Dec-22	49%	Jan-23	49%	Feb-23	50%	Mar-23	50%
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<p><b>Ophthalmology waiting times</b> <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i></p>	<p>In February 2023, 64.6% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>There was an upward trend in performance in 2019/20 however, there was a continuous downward trend in performance in 2020/21, however performance seems to be improving slightly in 2022/23.</p> <p><b>Actions of Improvement;</b> A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p><b>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</b></p> <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>Feb-22</td><td>58%</td></tr> <tr><td>Mar-22</td><td>58%</td></tr> <tr><td>Apr-22</td><td>58%</td></tr> <tr><td>May-22</td><td>58%</td></tr> <tr><td>Jun-22</td><td>58%</td></tr> <tr><td>Jul-22</td><td>58%</td></tr> <tr><td>Aug-22</td><td>58%</td></tr> <tr><td>Sep-22</td><td>58%</td></tr> <tr><td>Oct-22</td><td>58%</td></tr> <tr><td>Nov-22</td><td>58%</td></tr> <tr><td>Dec-22</td><td>58%</td></tr> <tr><td>Jan-23</td><td>50%</td></tr> <tr><td>Feb-23</td><td>50%</td></tr> </tbody> </table> <p>Target = 100%</p>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Feb-22	58%	Mar-22	58%	Apr-22	58%	May-22	58%	Jun-22	58%	Jul-22	58%	Aug-22	58%	Sep-22	58%	Oct-22	58%	Nov-22	58%	Dec-22	58%	Jan-23	50%	Feb-23	50%		
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<p><b>Diagnostics waiting times</b>  <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In February 2023, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 6,829 in January 2023 to 6,116.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for February 2023:</p> <ul style="list-style-type: none"> <li>• Endoscopy= 4,408 ^</li> <li>• Cardiac tests= 441</li> <li>• Other Diagnostics = 1,267</li> </ul> <p><b>Actions of Improvement;</b>                      Endoscopy waits have increased slightly this month and the figures remain above the submitted trajectory. The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity</p>	<p align="center"><b>Number of patients waiting longer than 8 weeks for Endoscopy</b></p> <p align="center"> <span style="color: purple;">■</span> Endoscopy &gt;8wks (SBU HB)    <span style="color: red;">—</span> Trajectory  <i>Ministerial Target = Endoscopy waits &gt; 8 Weeks will be 0 by Spring 2024</i> </p>
<p><b>Therapy waiting times</b>  <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In February 2023 there were 157 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in February 2023 are:</p> <ul style="list-style-type: none"> <li>• Speech &amp; Language Therapy= 125</li> <li>• Dietetics = 31</li> <li>• Physiotherapy = 0</li> <li>• Audiology = 1</li> </ul> <p><b>Actions of Improvement;</b>                      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 align="center"><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <p align="center"> <span style="color: blue;">■</span> Occ Therapy/ LD (MH)    <span style="color: red;">■</span> Dietetics  <span style="color: green;">■</span> Occ Therapy (exc. MH)    <span style="color: purple;">■</span> Phsyio  <span style="color: lightblue;">■</span> Audiology    <span style="color: orange;">■</span> Podiatry  <span style="color: darkblue;">■</span> Speech &amp; Language                 </p>

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<b>Single Cancer Pathway backlog</b> <i>The number of patients with an active wait status of more than 63 days</i>	February 2023 backlog by tumour site:	<b>Number of patients with a wait status of more than 62 days</b> 																																																
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<b>Single Cancer Pathway backlog-patients waiting over 63 days</b>	<p>January 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"> <li>- Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI and Gynae.</li> <li>- Focussed work is being undertaken with the Endoscopy service to develop a sustainable Endoscopy plan</li> <li>- Targeted work is being undertaken to focus on reducing the number of patients waiting &gt;104 days as a priority</li> <li>- Increased USC activity in Radiology has improved access and reduced waiting times</li> <li>- Tracking capacity was increased last year to support data quality</li> </ul>	<b>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</b> 																																																

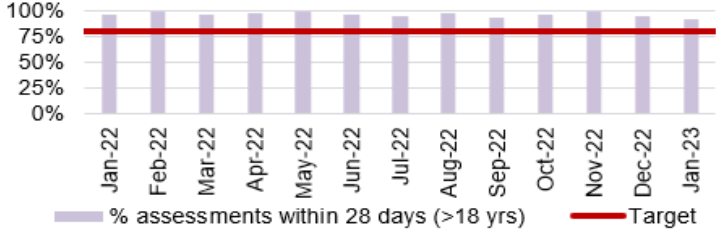
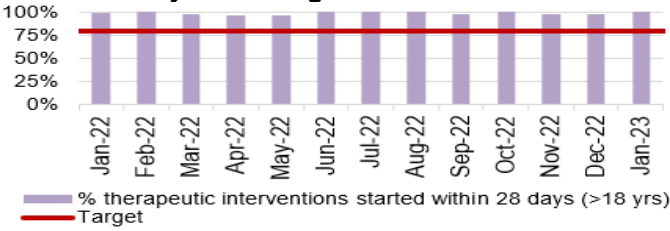
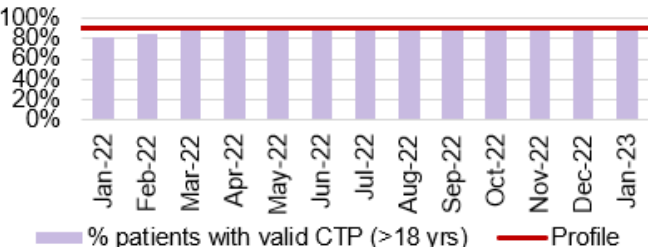
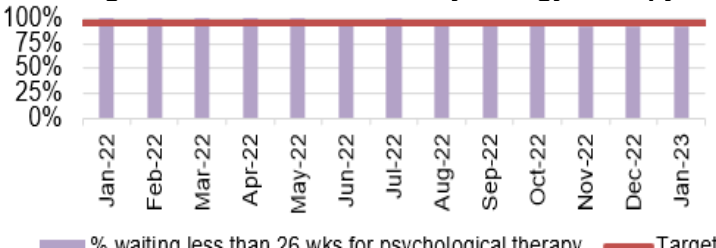
**CANCER**

Description	Current Performance	Trend																																																
<p><b>USC First Outpatient Appointments</b>  <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>To date, early March 2023 figures show total wait volumes for first outpatient appointment have increased by 34% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 68% have been booked, which are the same figures seen in the previous months' performance.</p>	<p align="center"><b>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early March 2023</b></p> <table border="1"> <thead> <tr> <th>FIRST OPA</th> <th>26-Feb</th> <th>05-Mar</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>9</td><td>8</td></tr> <tr><td>Children's Cancer</td><td>0</td><td>0</td></tr> <tr><td>Gynaecological</td><td>103</td><td>99</td></tr> <tr><td>Haematological</td><td>4</td><td>6</td></tr> <tr><td>Head and Neck</td><td>111</td><td>121</td></tr> <tr><td>Lower GI</td><td>54</td><td>78</td></tr> <tr><td>Lung</td><td>10</td><td>10</td></tr> <tr><td>Other</td><td>88</td><td>148</td></tr> <tr><td>Sarcoma</td><td>4</td><td>3</td></tr> <tr><td>Skin</td><td>135</td><td>212</td></tr> <tr><td>Upper GI</td><td>37</td><td>42</td></tr> <tr><td>Urological</td><td>41</td><td>72</td></tr> <tr><td></td><td><b>597</b></td><td><b>800</b></td></tr> </tbody> </table>	FIRST OPA	26-Feb	05-Mar	Acute Leukaemia	0	0	Brain/CNS	1	1	Breast	9	8	Children's Cancer	0	0	Gynaecological	103	99	Haematological	4	6	Head and Neck	111	121	Lower GI	54	78	Lung	10	10	Other	88	148	Sarcoma	4	3	Skin	135	212	Upper GI	37	42	Urological	41	72		<b>597</b>	<b>800</b>
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<p><b>Follow-up appointments</b></p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In February 2023, the overall size of the follow-up waiting list increased by 1,438 patients compared with January 2023 (from 146,632 to 148,070).</p> <p>In February 2023, there was a total of 69,333 patients waiting for a follow-up past their target date. This is a slight in-month increase of 3.3% (from 67,125 in January 2023 to 69,333).</p> <p>Of the 69,333 delayed follow-ups in February 2023, 12,381 had appointment dates and 56,952 were still waiting for an appointment.</p> <p>In addition, 40,146 patients were waiting 100%+ over target date in February 2023. This is a 2.8% increase when compared with January 2023.</p> <p><b>Actions of Improvement;</b> An internal SBUHB validation is in place to support validation work. Alongside this, Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach. This work has begun and is focussing on services with the longest waits</p>	<p><b>1. Total number of patients waiting for a follow-up</b></p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up</caption> <thead> <tr> <th>Month</th> <th>Number of patients waiting for follow-up (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>140,000</td></tr> <tr><td>Mar-22</td><td>140,000</td></tr> <tr><td>Apr-22</td><td>140,000</td></tr> <tr><td>May-22</td><td>140,000</td></tr> <tr><td>Jun-22</td><td>140,000</td></tr> <tr><td>Jul-22</td><td>140,000</td></tr> <tr><td>Aug-22</td><td>140,000</td></tr> <tr><td>Sep-22</td><td>140,000</td></tr> <tr><td>Oct-22</td><td>140,000</td></tr> <tr><td>Nov-22</td><td>140,000</td></tr> <tr><td>Dec-22</td><td>140,000</td></tr> <tr><td>Jan-23</td><td>146,632</td></tr> <tr><td>Feb-23</td><td>148,070</td></tr> </tbody> </table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target</caption> <thead> <tr> <th>Month</th> <th>Number of patients waiting 100% over target date (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>25,000</td></tr> <tr><td>Mar-22</td><td>25,000</td></tr> <tr><td>Apr-22</td><td>25,000</td></tr> <tr><td>May-22</td><td>25,000</td></tr> <tr><td>Jun-22</td><td>25,000</td></tr> <tr><td>Jul-22</td><td>25,000</td></tr> <tr><td>Aug-22</td><td>25,000</td></tr> <tr><td>Sep-22</td><td>25,000</td></tr> <tr><td>Oct-22</td><td>25,000</td></tr> <tr><td>Nov-22</td><td>25,000</td></tr> <tr><td>Dec-22</td><td>25,000</td></tr> <tr><td>Jan-23</td><td>25,000</td></tr> <tr><td>Feb-23</td><td>25,000</td></tr> <tr><td>Mar-23</td><td>20,000</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>	Month	Number of patients waiting for follow-up (SBU HB)	Feb-22	140,000	Mar-22	140,000	Apr-22	140,000	May-22	140,000	Jun-22	140,000	Jul-22	140,000	Aug-22	140,000	Sep-22	140,000	Oct-22	140,000	Nov-22	140,000	Dec-22	140,000	Jan-23	146,632	Feb-23	148,070	Month	Number of patients waiting 100% over target date (SBU HB)	Feb-22	25,000	Mar-22	25,000	Apr-22	25,000	May-22	25,000	Jun-22	25,000	Jul-22	25,000	Aug-22	25,000	Sep-22	25,000	Oct-22	25,000	Nov-22	25,000	Dec-22	25,000	Jan-23	25,000	Feb-23	25,000	Mar-23	20,000
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STROKE		
Description	Current Performance	Trend
<p>Stroke Measures</p> <p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <p>2. % of patients who received a CT Scan within 1 hour</p> <p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p>	<p>1. In February January 2023, 11% of patients had a direct admission to an acute stroke unit within 4 hours. This is an improvement on the performance in January 2023 (3%).</p> <p>2. In February 2023, 48% of patients received a CT scan within 1 hour of being admitted, this is 14% higher than January 2023</p> <p>3. 96% of patients were assessed by a stroke specialist consultant physician within 24 hours in February 2023, which is a slight deterioration of 0.3% from January 2023.</p> <p>4. In February 2023, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes.</p> <p><b>Actions of Improvement;</b> The lack of ring fenced beds on all wards across the hospital sites is challenging as bed capacity is limited by the pressures of unscheduled care demand. The lack of dedicated stroke beds is directly impacting the stroke related performance measures. Work is underway to focus on future stroke performance improvement.</p>	<p><b>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</b></p> <p><b>2. % of patients who received a CT Scan within 1 hour</b></p> <p><b>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</b></p> <p><b>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</b></p>

**ADULT MENTAL HEALTH**

Description	Current Performance	Trend
<p>Adult Mental Health Measures:</p> <ol style="list-style-type: none"> <li><i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i></li> <li><i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i></li> <li><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></li> <li><i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i></li> </ol>	<ol style="list-style-type: none"> <li>In January 2023, 91% of assessments were undertaken within 28 days of referral for patients 18 years and over.</li> <li>In January 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</li> <li>89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in January 2023.</li> <li>In January 2023, 91.4% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</li> </ol>	<ol style="list-style-type: none"> <li><b>% Mental Health assessments undertaken within 28 days from receipt of referral</b>   </li> <li><b>% Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</b>   </li> <li><b>% residents with a valid Care and Treatment Plan (CTP)</b>   </li> <li><b>% waiting less than 26 weeks for Psychology Therapy</b>   </li> </ol>

**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 December 2022, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 79% of routine assessments were undertaken within 28 days from referral in December 2022 against a target of 80%.</p> <p>3. 35% of therapeutic interventions were started within 28 days following assessment by LPMHSS in December 2022.</p> <p>4. 37% of NDD patients received a diagnostic assessment within 26 weeks in December 2022 against a target of 80%.</p> <p>5. 79% of routine assessments by SCAMHS were undertaken within 28 days in December 2022.</p>	<p align="center"><b>1. Crisis- assessment within 48 hours</b></p> <p align="center"><b>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</b></p> <p align="center"><b>4. NDD- assessment within 26 weeks</b></p> <p align="center"><b>5. S-CAMHS % assessments within 28 days</b></p>

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

## FRACTURED NECK OF FEMUR (#NOF)

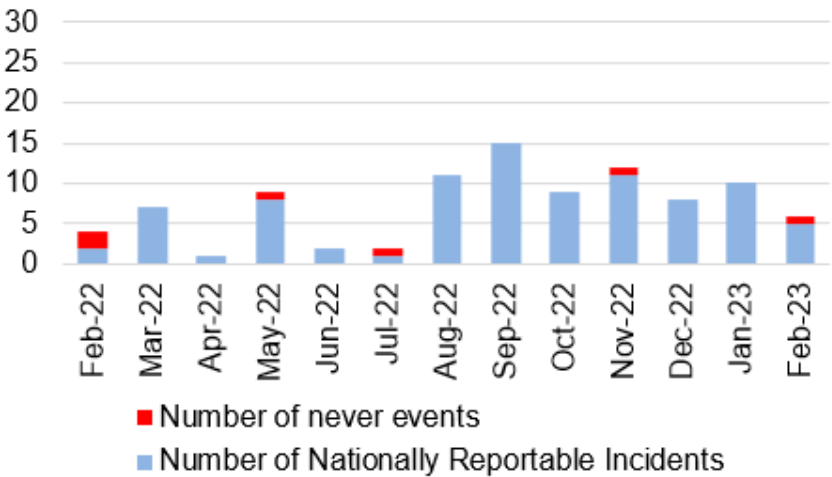
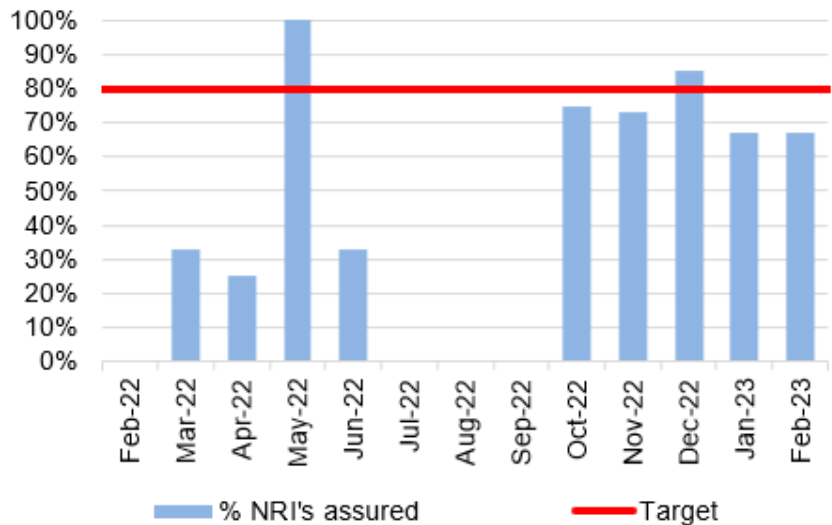
Description	Current Performance	Trend
<p><b>Fractured Neck of Femur (#NOF)</b></p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation 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><b>1. Prompt orthogeriatric assessment-</b> In January 2023, 95% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p><b>2. Prompt surgery-</b> In January 2023, 22.8% of patients had surgery the day following presentation with a hip fracture. This is a 28.2% deterioration from January 2022 which was 51.0%</p> <p><b>3. NICE compliant surgery-</b> 73.1% of operations were consistent with the NICE recommendations in January 2023. This is 3.4% more than in January 2022.</p> <p><b>4. Prompt mobilisation-</b> In January 2022, 76.7% of patients were out of bed the day after surgery. This is 5% more than in January 2023.</p>	<div style="text-align: center;"> <p><b>1. Prompt orthogeriatric assessment</b></p> <p><b>2. Prompt surgery</b></p> <p><b>3. NICE compliant Surgery</b></p> <p><b>4. Prompt mobilisation</b></p> </div>

**FRACTURED NECK OF FEMUR (#NOF)**

Description	Current Performance	Trend
<p>5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i></p>	<p>5. <b>Not delirious when tested-</b> 75% of patients were not delirious in the week after their operation in January 2023.</p>	<p align="center"><b>5. Not delirious when tested</b></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. <b>Return to original residence-</b> 70.9% of patients in January 2023 were discharged back to their original residence. This is 1.4% less than in December 2022.</p>	<p align="center"><b>6. Return to original residence</b></p>
<p>7. <i>30 day mortality rate</i></p>	<p>7. <b>30 day mortality rate-</b> In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p align="center"><b>7. 30 day mortality rate</b></p>

PRESSURE ULCERS		
Description	Current Performance	Trend
<p><b>Number of pressure ulcers</b></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 January 2023 there were 109 cases of healthcare acquired pressure ulcers, 45 of which were community acquired and 64 were hospital acquired.</p> <p>There were 8 grade 3+ pressure ulcers in January 2023, 4 of which were community acquired and 4 were hospital acquired.</p> <p>2. The rate per 100,000 admissions decreased from 924 in November 2022 to 660 in December 2022.</p>	<p><b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b></p> <p>Legend: Pressure Ulcers (Community) (Solid Blue), Pressure Ulcers (Hospital) (Hatched Blue), Rate per 100,00 admissions (Line)</p>
INPATIENT FALLS		
Description	Current Performance	Trend
<p><b>Inpatient Falls</b></p> <p>The total number of inpatient falls</p>	<ul style="list-style-type: none"> <li>The number of Falls reported via Datix web for Swansea Bay UHB was 179 in February 2023. This is 10% less than February 2022 where 199 falls were recorded.</li> </ul>	<p><b>Number of inpatient Falls</b></p> <p>Legend: Hospital falls (Blue)</p>

## NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p><b>Nationally Reportable Incidents (NRI's)-</b></p> <p>1. <i>The number of Nationally reportable incidents</i></p> <p>2. <i>The number of Never Events</i></p> <p>3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 5 Nationally Reportable Incidents for the month of February 2023 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> <li>- Morriston – 1</li> <li>- MH&amp;LD – 1</li> <li>- Singleton – 1</li> <li>- Primary Care - 2</li> </ul> <p>2. There was one new Never Event reported in February 2023.</p> <p>3. In February 2023, performance against the 80% target of submitting closure forms to WG within agreed timescales was 67%. There were 6 NRI's due for closure in January 2023, four of which were closed within the required target date.</p>	<p><b>1. and 2. Number of nationally reportable incidents and never events</b></p>  <p><b>3. % of nationally reportable incidents closed within the agreed timescales</b></p> 

DISCHARGE SUMMARIES																																																																								
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<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in February 2023, the percentage of completed discharge summaries was 64%.</p> <p>In February 2023, compliance ranged from 50% in Singleton Hospital to 76% in Mental Health &amp; Learning Disabilities.</p>	<p><b>% discharge summaries approved and sent</b></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>Feb-22</td><td>64%</td></tr> <tr><td>Mar-22</td><td>62%</td></tr> <tr><td>Apr-22</td><td>58%</td></tr> <tr><td>May-22</td><td>65%</td></tr> <tr><td>Jun-22</td><td>62%</td></tr> <tr><td>Jul-22</td><td>61%</td></tr> <tr><td>Aug-22</td><td>68%</td></tr> <tr><td>Sep-22</td><td>69%</td></tr> <tr><td>Oct-22</td><td>65%</td></tr> <tr><td>Nov-22</td><td>70%</td></tr> <tr><td>Dec-22</td><td>61%</td></tr> <tr><td>Jan-23</td><td>63%</td></tr> <tr><td>Feb-23</td><td>64%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	Feb-22	64%	Mar-22	62%	Apr-22	58%	May-22	65%	Jun-22	62%	Jul-22	61%	Aug-22	68%	Sep-22	69%	Oct-22	65%	Nov-22	70%	Dec-22	61%	Jan-23	63%	Feb-23	64%																																										
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<b>Crude Mortality Rate</b>	<p>January 2023 reports the crude mortality rate for the Health Board at 0.73%, which is the lower than the figure reported in December 2022.</p> <p>A breakdown by Hospital for January 2023:</p> <ul style="list-style-type: none"> <li>• Morriston – 1.48%</li> <li>• Singleton – 0.45%</li> <li>• NPT – 0.11%</li> </ul>	<p><b>Crude hospital mortality rate by Hospital (74 years of age or less)</b></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>Jan-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.9%</td></tr> <tr><td>Feb-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Mar-22</td><td>1.4%</td><td>0.4%</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>0.8%</td></tr> <tr><td>May-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Jun-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Jul-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Aug-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Sep-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Oct-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Nov-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Dec-22</td><td>1.4%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Jan-23</td><td>1.48%</td><td>0.45%</td><td>0.11%</td><td>0.73%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jan-22	1.5%	0.5%	0.1%	0.9%	Feb-22	1.4%	0.4%	0.1%	0.8%	Mar-22	1.4%	0.4%	0.1%	0.8%	Apr-22	1.4%	0.4%	0.1%	0.8%	May-22	1.4%	0.4%	0.1%	0.8%	Jun-22	1.4%	0.4%	0.1%	0.8%	Jul-22	1.4%	0.4%	0.1%	0.8%	Aug-22	1.4%	0.4%	0.1%	0.8%	Sep-22	1.4%	0.4%	0.1%	0.8%	Oct-22	1.4%	0.4%	0.1%	0.8%	Nov-22	1.4%	0.4%	0.1%	0.8%	Dec-22	1.4%	0.4%	0.1%	0.8%	Jan-23	1.48%	0.45%	0.11%	0.73%
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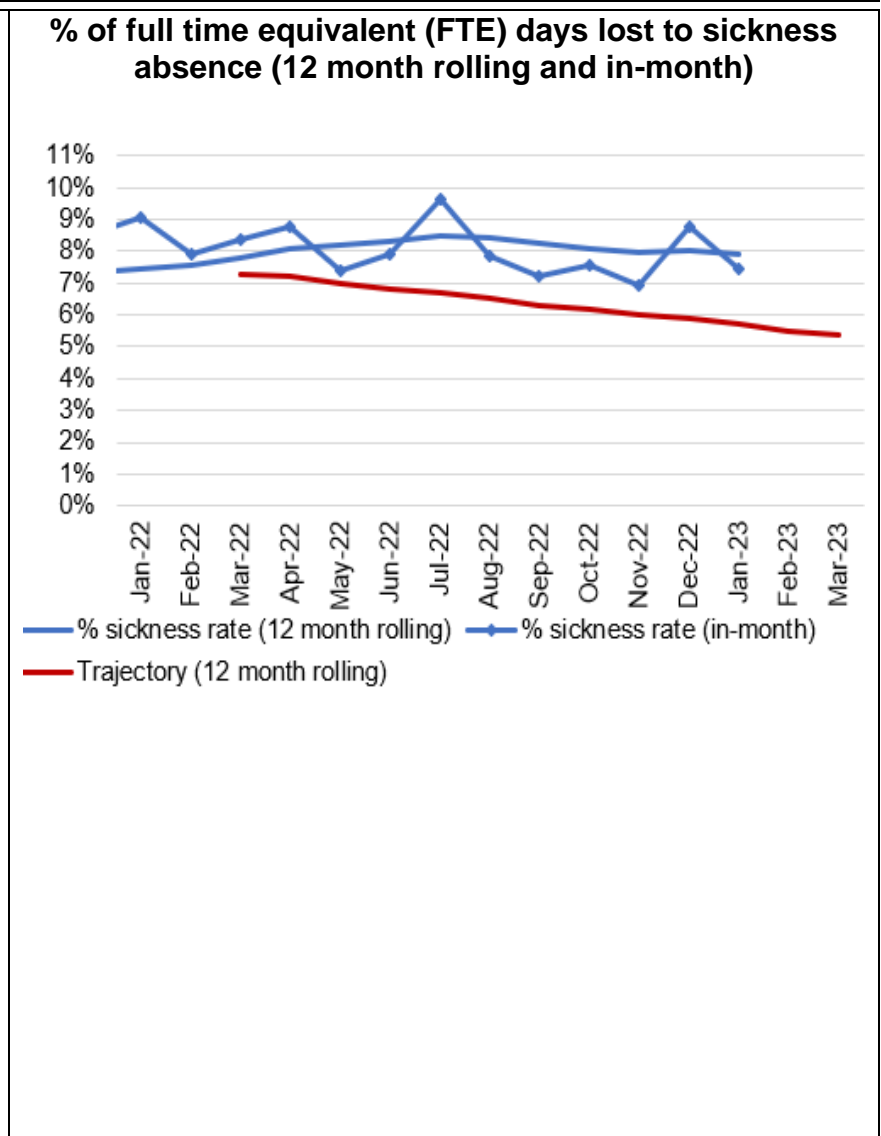
**WORKFORCE**

Description	Current Performance	Trend
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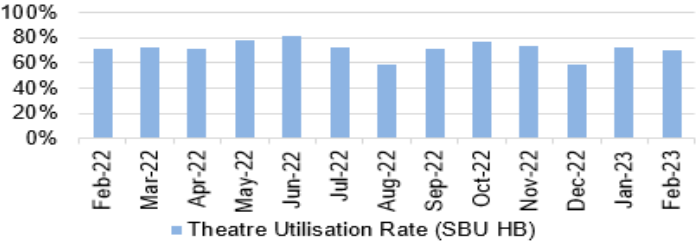
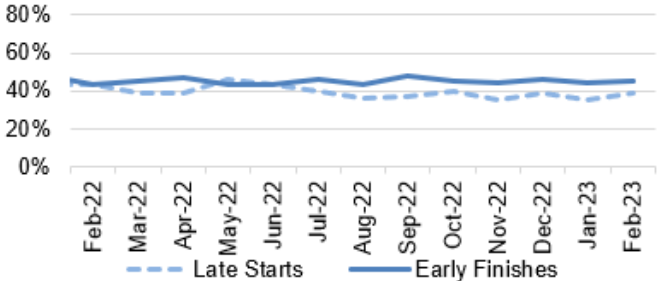
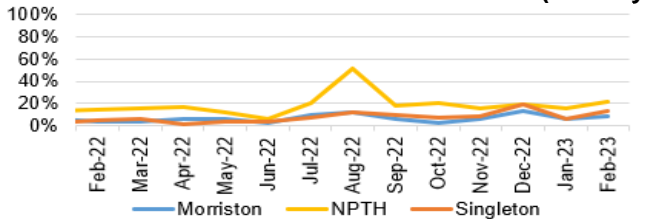
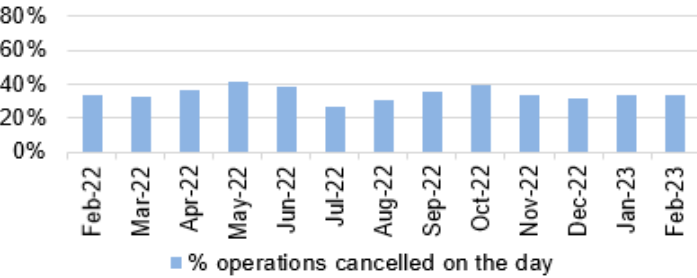
**Staff sickness rates-** *Percentage of sickness absence rate of staff*

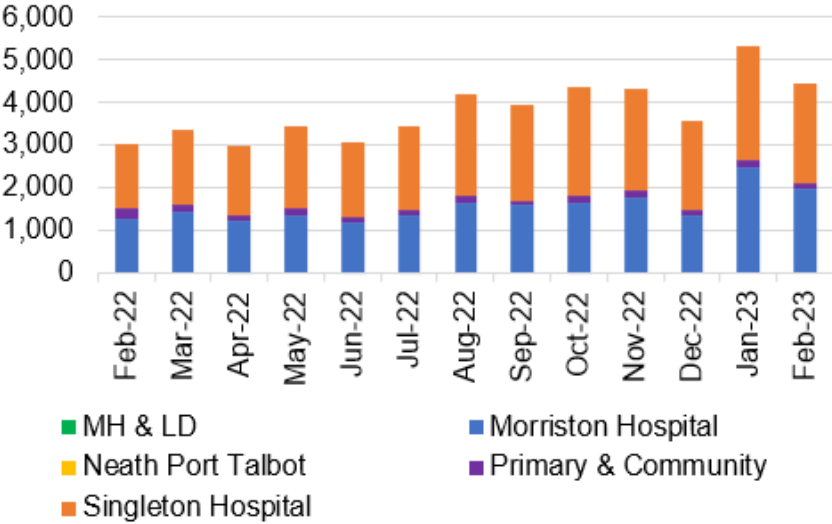
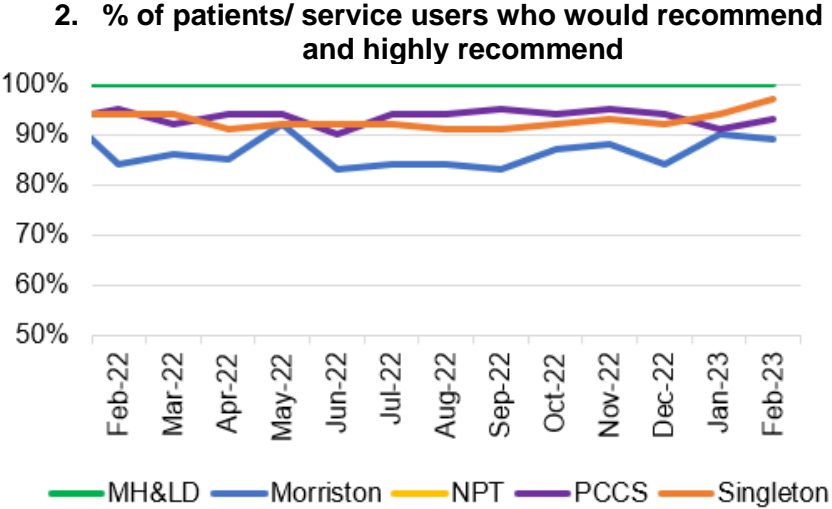
- Our in-month sickness performance improved from 8.75% in December 2022 to 7.46% in January 2023.
- The 12-month rolling performance improved slightly from 8.02% in December 2022 to 7.89% in January 2023.
- The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in January 2023.

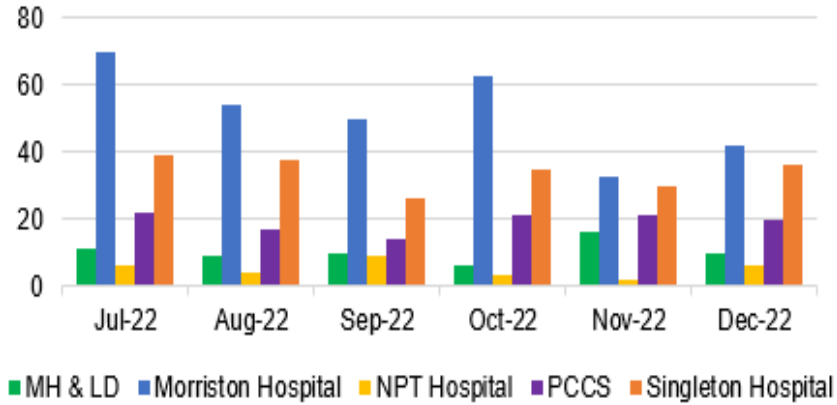
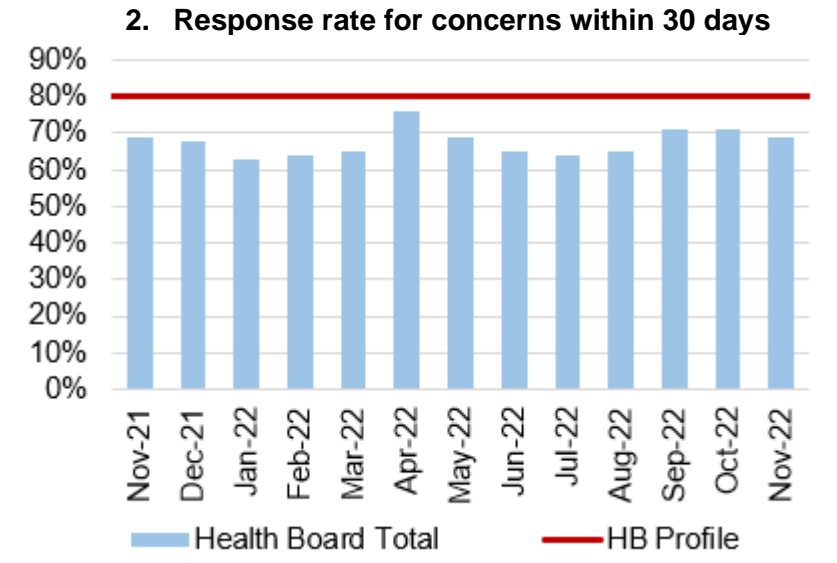
Absence Reason	FTE Days Lost	%
Anxiety/ stress/ depression/ other psychiatric illnesses	7763.12	25.6%
Infectious diseases	6745.36	22.2%
Chest & Respiratory problems	2914.23	9.6%
Other musculoskeletal problems	2237.43	7.4%
Other known causes – not elsewhere classified	1800.43	5.9%



**THEATRE EFFICIENCY**

Description	Current Performance	Trend
<p><b>Theatre Efficiency</b></p> <p><i>1. Theatre Utilisation Rates</i></p> <p><i>2. % of theatre sessions starting late</i></p> <p><i>3. % of theatre sessions finishing early</i></p> <p><i>4. % of theatre sessions cancelled at short notice (&lt;28 days)</i></p> <p><i>5. % of operations cancelled on the day</i></p>	<p>In February 2023 the Theatre Utilisation rate was 70%. This is an in-month deterioration of 2% and are similar to the rates seen in February 2022 (71%).</p> <p>39% of theatre sessions started late in February 2023. This is a 4% deterioration on performance seen in January 2023 (35%).</p> <p>In February 2023, 45% of theatre sessions finished early. This is 1% higher than figures seen in January 2023 and 2% higher than those seen in February 2022</p> <p>12% of theatre sessions were cancelled at short notice in February 2023. This is 4% higher than the figure reported in January 2023 and is 6% higher than figures seen in February 2022.</p> <p>Of the operations cancelled in February 2023, 34% of them were cancelled on the day. This is the same figures seen in January 2023.</p>	<p style="text-align: center;"><b>Trend</b></p> <p><b>1. Theatre Utilisation Rates</b></p>  <p><b>2. And 3. % theatre sessions starting late/finishing</b></p>  <p><b>4. % theatre sessions cancelled at short notice (&lt;28 days)</b></p>  <p><b>5. % of operations cancelled on the day</b></p> 
<b>PATIENT EXPERIENCE</b>		

Description	Current Performance	Trend
<p><b>Patient experience</b></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"> <li>Health Board Friends &amp; Family patient satisfaction level in February 2023 was 92% and 4,425 surveys were completed.               <ul style="list-style-type: none"> <li>Singleton/ Neath Port Talbot Hospitals Service Group completed 2,327 surveys in February 2023, with a recommended score of 97%.</li> <li>Morrison Hospital completed 1,951 surveys in February 2023, with a recommended score of 89%.</li> <li>Primary &amp; Community Care completed 147 surveys for February 2023, with a recommended score of 93%.</li> <li>The Mental Health Service Group completed 31 surveys for February 2023, with a recommended score of 100%.</li> </ul> </li> </ul>	<p><b>1. Number of friends and family surveys completed</b></p>  <p><b>2. % of patients/ service users who would recommend and highly recommend</b></p> 
<b>COMPLAINTS</b>		

Description	Current Performance	Trend												
<p><b>Patient concerns</b></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 December 2022, the Health Board received 120 formal complaints; this is a 4% increase on the number seen in November 2022.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 73% in December 2022, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1" data-bbox="506 919 1216 1233"> <thead> <tr> <th></th> <th>30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td>50%</td> </tr> <tr> <td>Morryston Hospital</td> <td>81%</td> </tr> <tr> <td>Mental Health &amp; Learning Disabilities</td> <td>30%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td>70%</td> </tr> <tr> <td>Singleton Hospital</td> <td>81%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	50%	Morryston Hospital	81%	Mental Health & Learning Disabilities	30%	Primary, Community and Therapies	70%	Singleton Hospital	81%	<p><b>1. Number of formal complaints received</b></p>  <p><b>2. Response rate for concerns within 30 days</b></p> 
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## FINANCE UPDATES

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

Description	Current Performance	Trend																																										
<p><b>Revenue Financial Position</b> – expenditure incurred against revenue resource limit</p>	<ul style="list-style-type: none"> <li>The Health Board now has a balanced annual plan with a forecast breakeven position for 2022/23, following receipt of the previously detailed £24.4m deficit. This comprised of the following assumptions:               <ul style="list-style-type: none"> <li>Underlying Deficit b/f of £42.1m</li> <li>Increased WG Funding 22/23 of £22.1m</li> <li>Savings Requirement of £27m</li> <li>Recognised growth &amp; investment of £31.4m</li> <li>Covid transition funding and extraordinary pressures (utilities, real living wage &amp; National insurance) will be fully funded by WG.</li> </ul> </li> <li>The actual month variance is an underspend in month of £1.735m and a cumulative overspend position of £2.357m.</li> </ul>	<table border="1"> <caption>HEALTH BOARD FINANCIAL PERFORMANCE 2022/23</caption> <thead> <tr> <th>Month</th> <th>Health Board Position (£'000)</th> <th>Forecast Position (£'000)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>2,247</td><td></td></tr> <tr><td>M2</td><td>2,387</td><td></td></tr> <tr><td>M3</td><td>2,573</td><td></td></tr> <tr><td>M4</td><td>-5,376</td><td></td></tr> <tr><td>M5</td><td>661</td><td></td></tr> <tr><td>M6</td><td>692</td><td></td></tr> <tr><td>M7</td><td>512</td><td></td></tr> <tr><td>M8</td><td>404</td><td></td></tr> <tr><td>M9</td><td>201</td><td></td></tr> <tr><td>M10</td><td>-209</td><td></td></tr> <tr><td>M11</td><td>-1,735</td><td></td></tr> <tr><td>M12</td><td>-2,357</td><td></td></tr> <tr><td>Forecast</td><td></td><td>-2,357</td></tr> </tbody> </table>	Month	Health Board Position (£'000)	Forecast Position (£'000)	M1	2,247		M2	2,387		M3	2,573		M4	-5,376		M5	661		M6	692		M7	512		M8	404		M9	201		M10	-209		M11	-1,735		M12	-2,357		Forecast		-2,357
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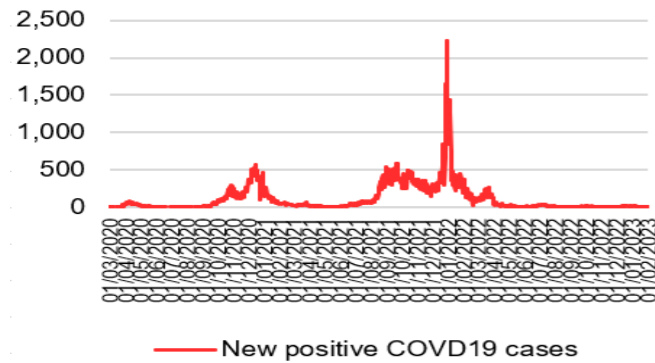
Description	Current Performance	Trend
<p><b>Capital Financial Position – expenditure incurred against capital resource limit</b></p>	<ul style="list-style-type: none"> <li>The forecast outturn capital position for 2022/23 is an overspend of £0.833m. Allocations are anticipated from Welsh Government which will balance this position.</li> <li>Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government.</li> </ul>	<p style="text-align: center;"><b>Capital - Cumulative Performance to Plan</b></p>
<p><b>Workforce Spend – workforce expenditure profile</b></p>	<ul style="list-style-type: none"> <li>The pay budgets are underspent by £50.5k in February.</li> <li>Funding has been allocated to: <ul style="list-style-type: none"> <li>support additional transition and recovery costs associated with COVID.</li> </ul> </li> <li>Variable pay has decreased in month 11. With the biggest component of the decrease attributable to both medical and non-medical Agency spend during the month. Overtime spend is at the lowest level it has been for this financial year. However, WLI's and Bank spend remains high.</li> </ul>	<p style="text-align: center;"><b>Variable Pay Expenditure</b></p>

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<p><b>PSPP</b> – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> <li>The cumulative PSPP compliance has increased slightly this month and is now just below target at 94.78%. In February the compliance increased and now stands above target at 95.95% (Jan - 91.21%).</li> <li>Although the PSPP was achieved this month, there were still delays in receipting and nurse bank.</li> </ul>	<p><b>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</b></p> <table border="1"> <caption>PSPP Target Data</caption> <thead> <tr> <th>Month</th> <th>PSPP In Month (%)</th> <th>PSPP Cumulative (%)</th> <th>PSPP Target (%)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>94.8</td><td>94.8</td><td>95.0</td></tr> <tr><td>M2</td><td>95.8</td><td>95.2</td><td>95.0</td></tr> <tr><td>M3</td><td>96.8</td><td>95.8</td><td>95.0</td></tr> <tr><td>M4</td><td>95.2</td><td>95.6</td><td>95.0</td></tr> <tr><td>M5</td><td>95.8</td><td>95.8</td><td>95.0</td></tr> <tr><td>M6</td><td>93.2</td><td>95.4</td><td>95.0</td></tr> <tr><td>M7</td><td>91.2</td><td>94.8</td><td>95.0</td></tr> <tr><td>M8</td><td>95.8</td><td>94.8</td><td>95.0</td></tr> <tr><td>M9</td><td>96.8</td><td>95.0</td><td>95.0</td></tr> <tr><td>M10</td><td>91.2</td><td>94.8</td><td>95.0</td></tr> <tr><td>M11</td><td>95.0</td><td>95.0</td><td>95.0</td></tr> <tr><td>M12</td><td>95.0</td><td>94.78</td><td>95.0</td></tr> </tbody> </table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	94.8	94.8	95.0	M2	95.8	95.2	95.0	M3	96.8	95.8	95.0	M4	95.2	95.6	95.0	M5	95.8	95.8	95.0	M6	93.2	95.4	95.0	M7	91.2	94.8	95.0	M8	95.8	94.8	95.0	M9	96.8	95.0	95.0	M10	91.2	94.8	95.0	M11	95.0	95.0	95.0	M12	95.0	94.78	95.0
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<p><b>Agency spend as a of the total pay bill</b></p>	<ul style="list-style-type: none"> <li>The agency spend as a percentage of the total pay bill is currently above the outlined ministerial priority trajectory with 6.2% of the total pay bill being attributed to agency spend in February 2023.</li> </ul>	<p><b>Agency spend as a percentage of the total pay bill</b></p> <table border="1"> <caption>Agency Spend Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Trajectory (%)</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>6.5</td><td>5.8</td></tr> <tr><td>Apr-22</td><td>4.8</td><td>5.7</td></tr> <tr><td>May-22</td><td>6.2</td><td>5.6</td></tr> <tr><td>Jun-22</td><td>6.2</td><td>5.6</td></tr> <tr><td>Jul-22</td><td>6.5</td><td>5.6</td></tr> <tr><td>Aug-22</td><td>6.3</td><td>5.6</td></tr> <tr><td>Sep-22</td><td>4.8</td><td>5.4</td></tr> <tr><td>Oct-22</td><td>6.4</td><td>5.4</td></tr> <tr><td>Nov-22</td><td>6.3</td><td>5.2</td></tr> <tr><td>Dec-22</td><td>5.9</td><td>5.1</td></tr> <tr><td>Jan-23</td><td>7.3</td><td>5.2</td></tr> <tr><td>Feb-23</td><td>6.2</td><td>5.1</td></tr> <tr><td>Mar-23</td><td>6.2</td><td>5.1</td></tr> </tbody> </table>	Month	Actual (%)	Trajectory (%)	Mar-22	6.5	5.8	Apr-22	4.8	5.7	May-22	6.2	5.6	Jun-22	6.2	5.6	Jul-22	6.5	5.6	Aug-22	6.3	5.6	Sep-22	4.8	5.4	Oct-22	6.4	5.4	Nov-22	6.3	5.2	Dec-22	5.9	5.1	Jan-23	7.3	5.2	Feb-23	6.2	5.1	Mar-23	6.2	5.1										
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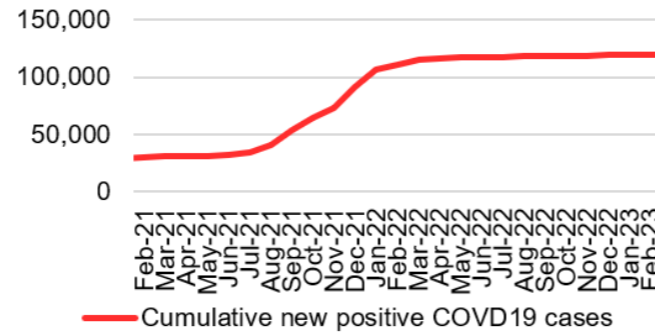
## 5. TABLE OF ALL MEASURES

# HARM FROM COVID ITSELF

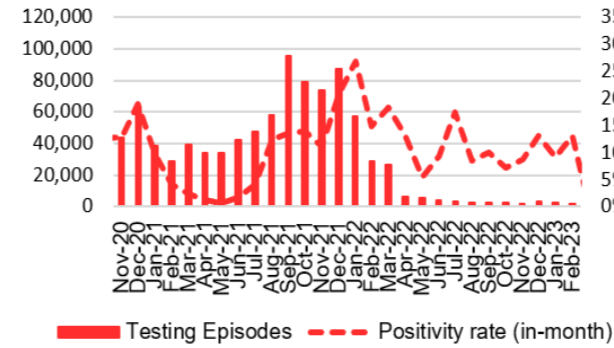
**Chart 1: Number of new COVID19 cases**



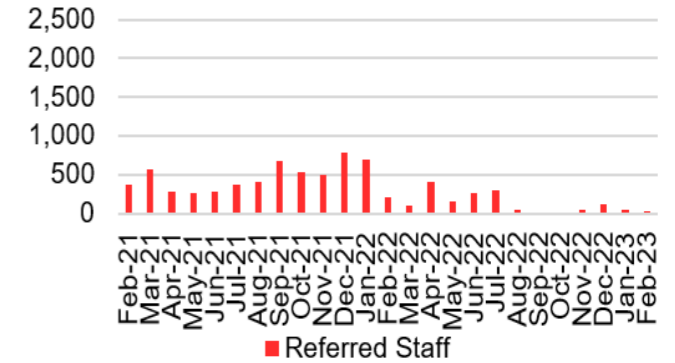
**Chart 2: Number of new COVID19 cases (cumulative)**



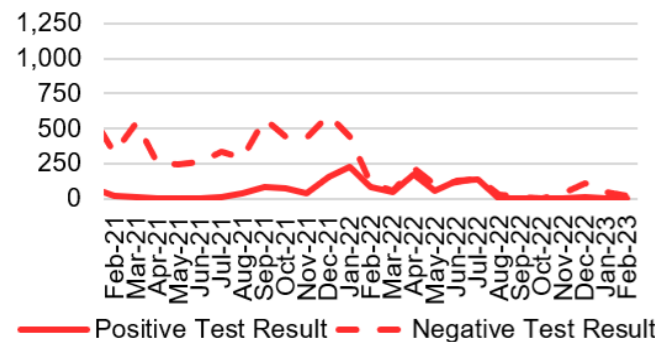
**Chart 3: Number of COVID19 tests completed and positivity rate**



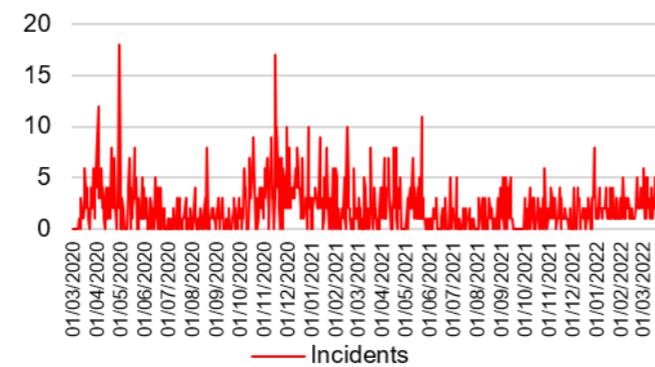
**Chart 4: Number of staff referred for Antigen testing**



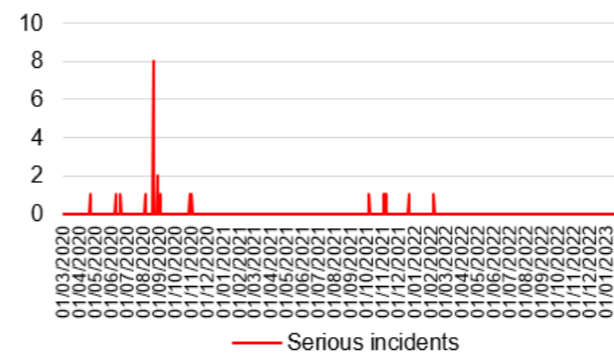
**Chart 5: Outcome of staff COVID19/ antigen tests**



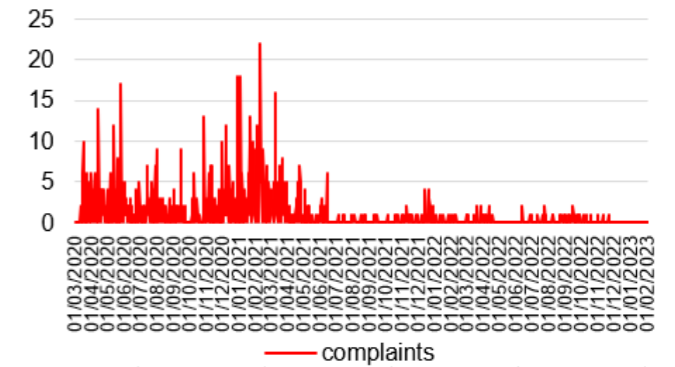
**Chart 6: Number of COVID19 related incidents**



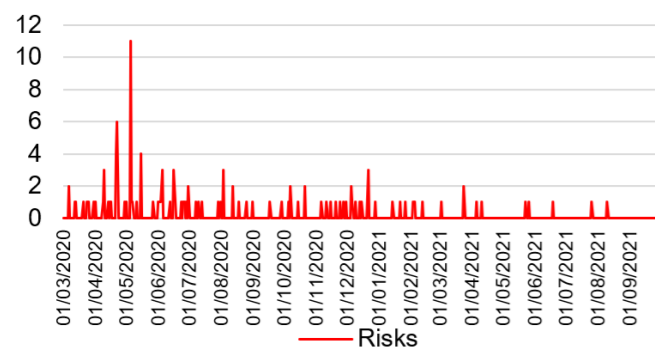
**Chart 7: Number of COVID19 related serious incidents**



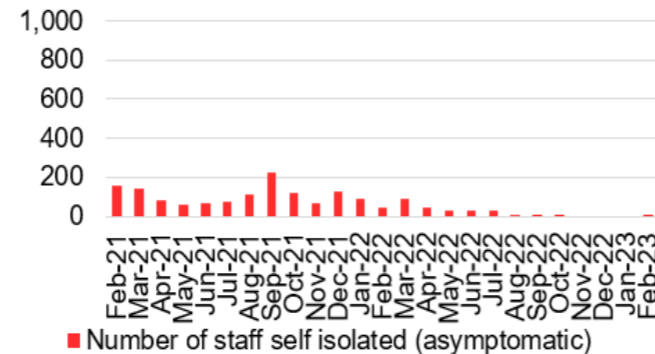
**Chart 8: Number of COVID19 related complaints**



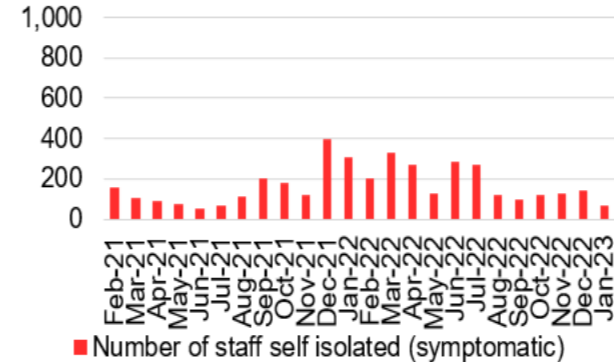
**Chart 9: Number of COVID19 related risks**



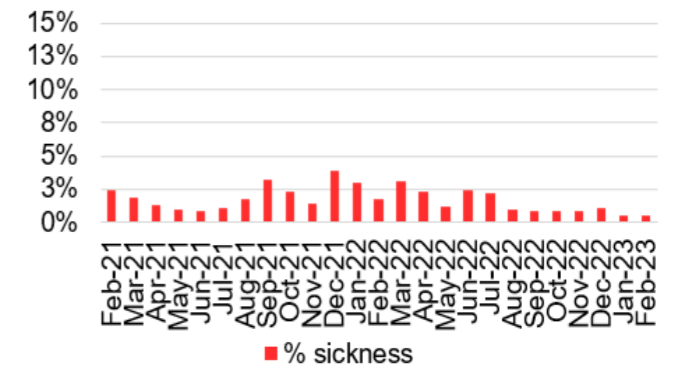
**Chart 10: Number of staff self-isolating (asymptomatic)**



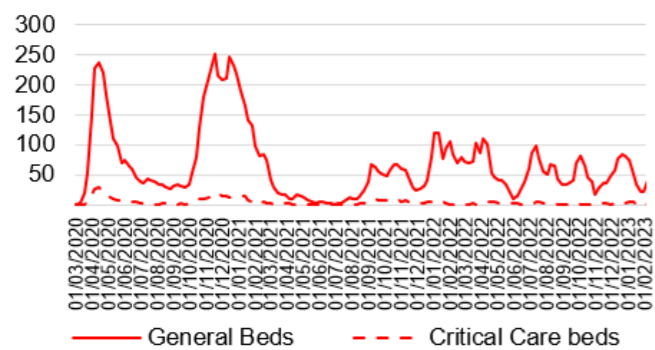
**Chart 11: Number of staff self isolating (symptomatic)**



**Chart 12: % staff sickness**



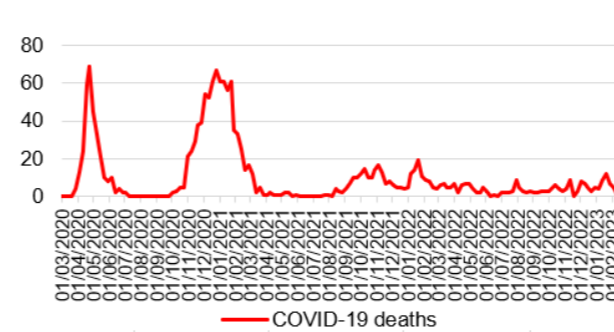
**Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases**



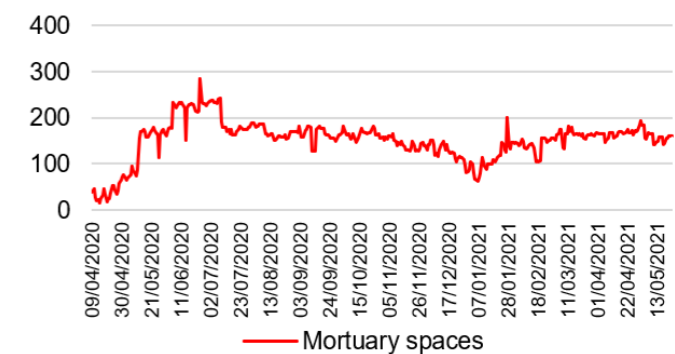
**Chart 14: Number of hospital deaths with any mention of COVID19**



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



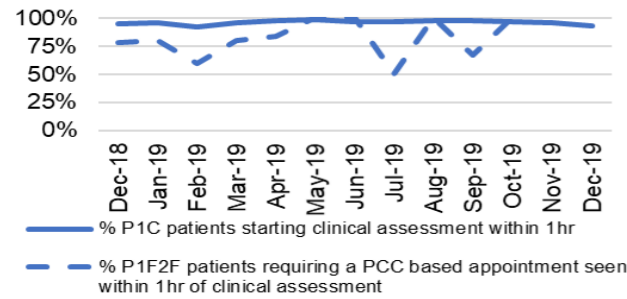
**Chart 16: Number of mortuary spaces**



# HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

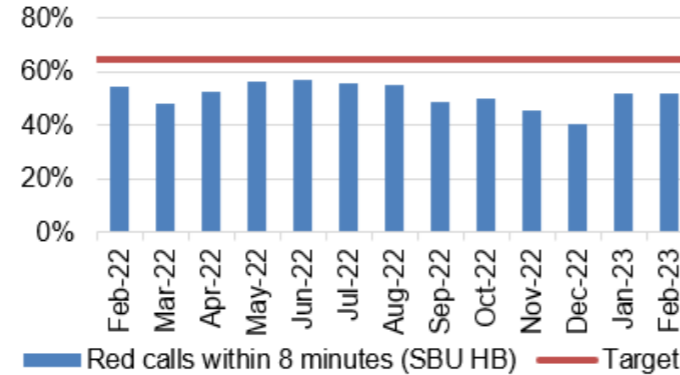
## Unscheduled Care- Overview

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

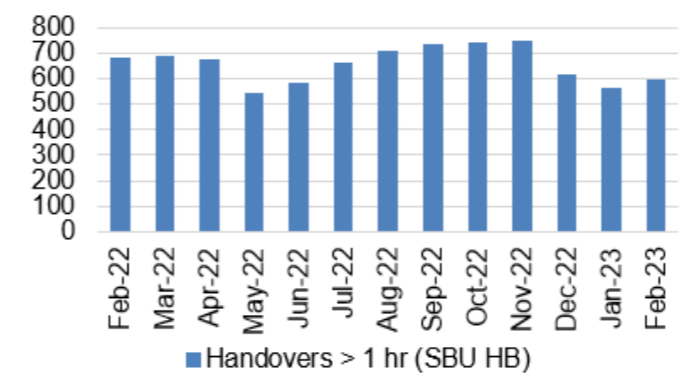


Service continues to experience issues with data reporting. It is anticipated that up to date accurate data will be available shortly.

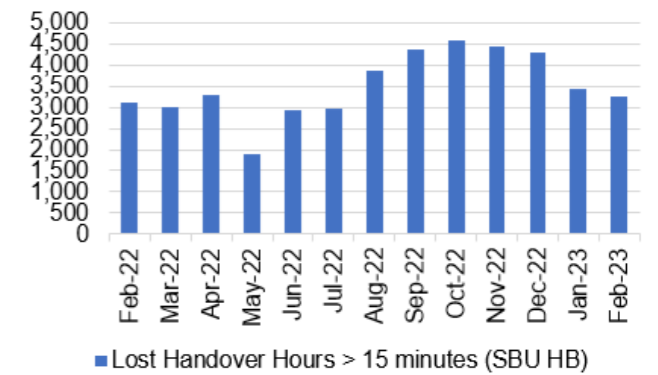
**Chart 2: % red calls responded to within 8 minutes**



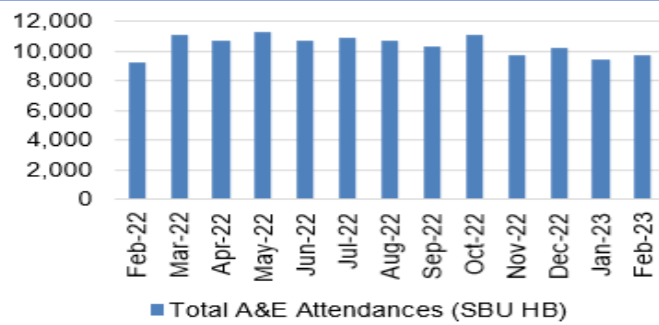
**Chart 3: Number of ambulance handovers over 1 hour**



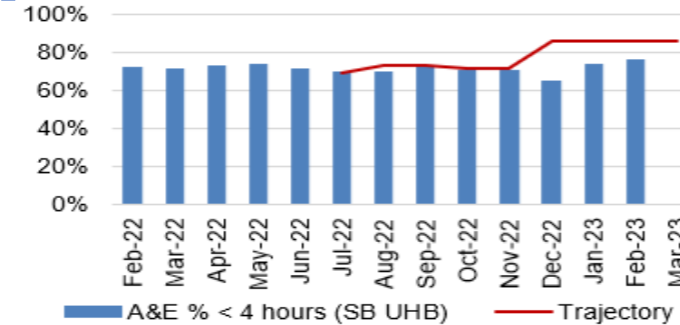
**Chart 4: Lost hours- notification to ambulance handover over 15 minutes**



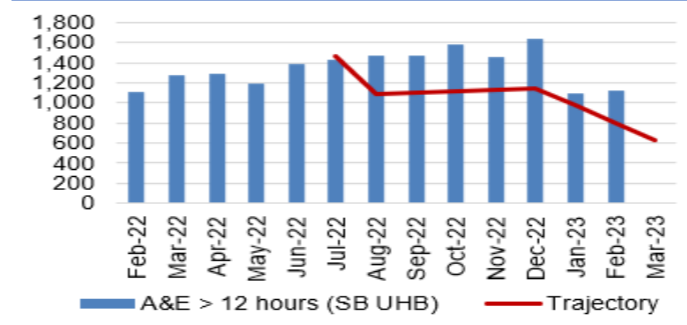
**Chart 5: A&E Attendances**



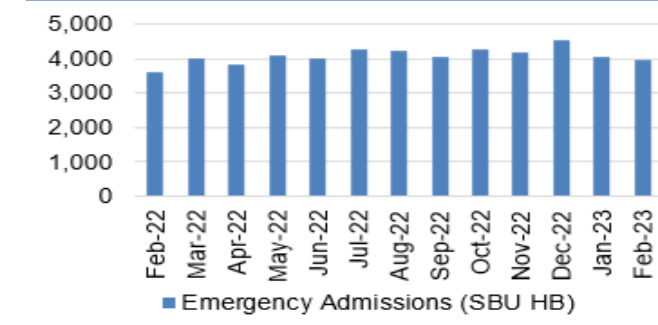
**Chart 6: % patients who spend less than 4 hours in A&E**



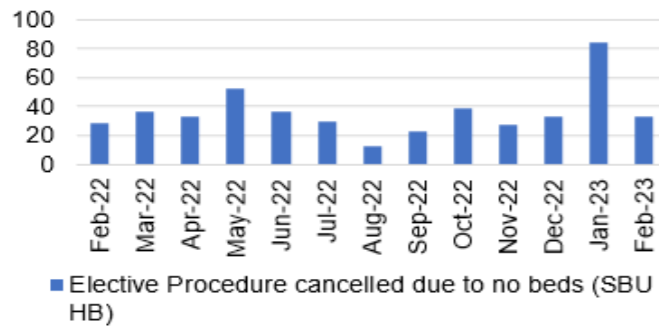
**Chart 7: Number of patients waiting over 12 hours in A&E**



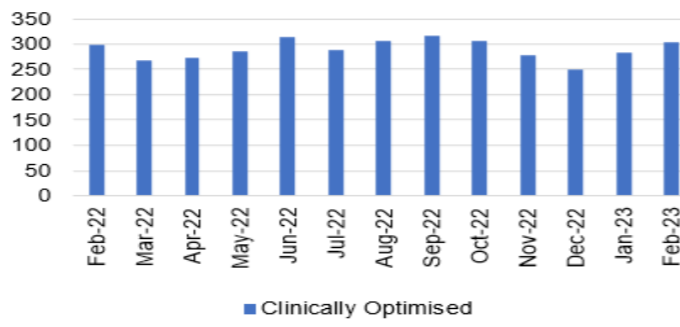
**Chart 8: Number of emergency admissions**



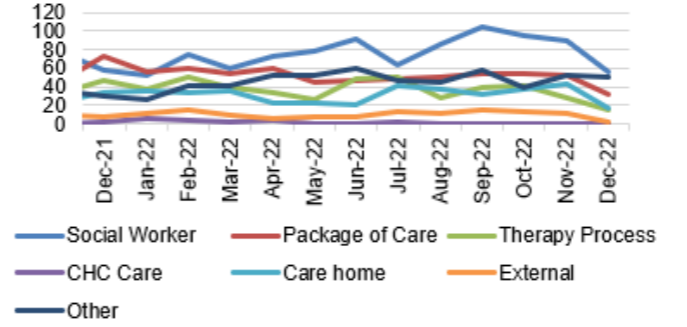
**Chart 9: Elective procedures cancelled due to lack of beds**



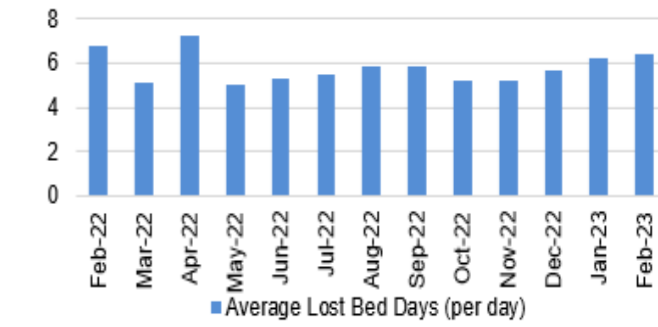
**Chart 10: Number of clinically optimised patients**



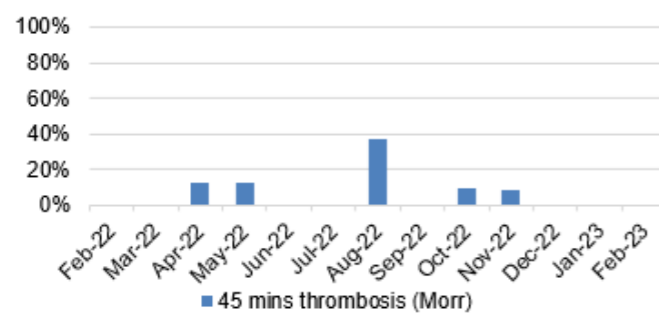
**Chart 11: Delay reason for clinically optimised patients**



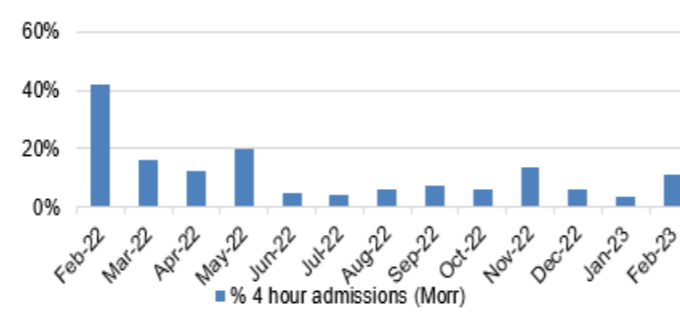
**Chart 12: Average lost bed days (per day)**



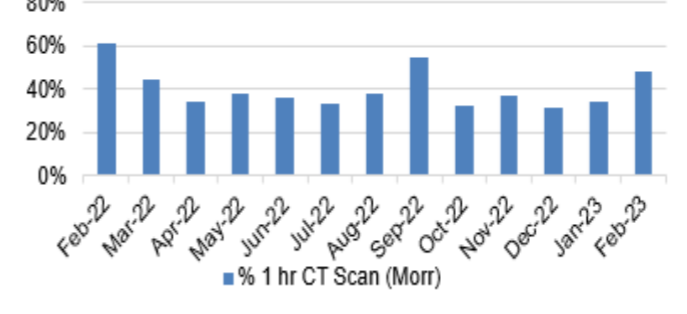
**Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes**



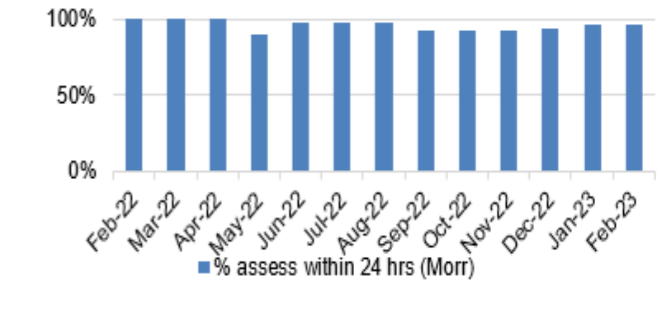
**Chart 14: Direct admission to Acute Stroke Unit within 4 hours**



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



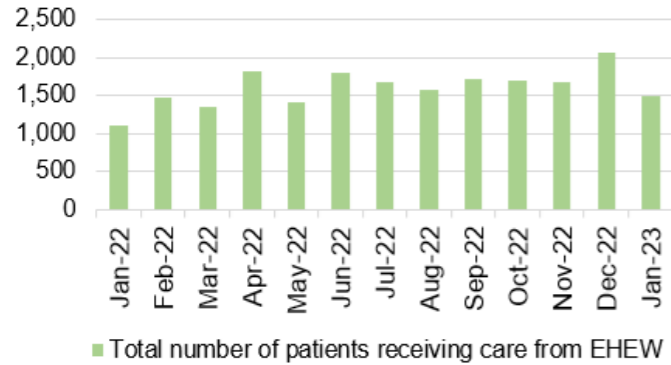
**Chart 16: % stroke patients receiving consultant assessment within 24 hours**



# HARM FROM REDUCTION IN NON-COVID ACTIVITY

## Primary and Community Care Overview

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



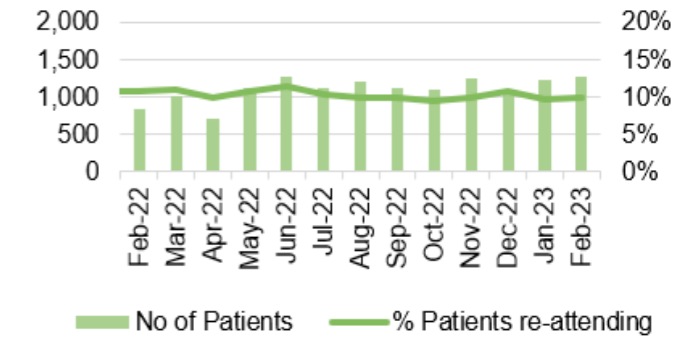
**Chart 2: GMS - Escalation Levels**



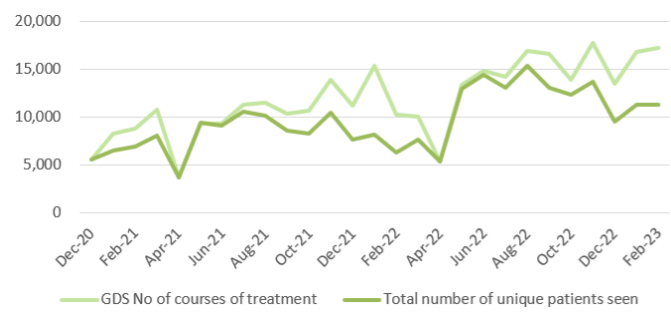
**Chart 3: GMS - Sustainability**



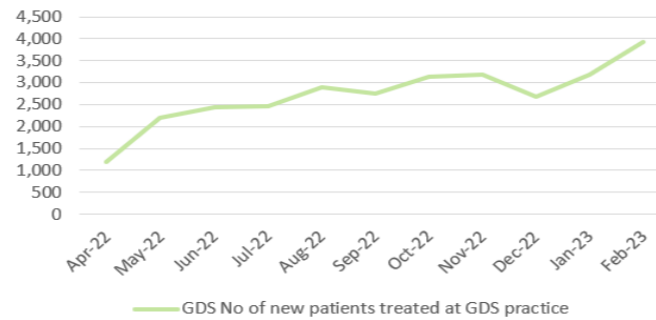
**Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months**



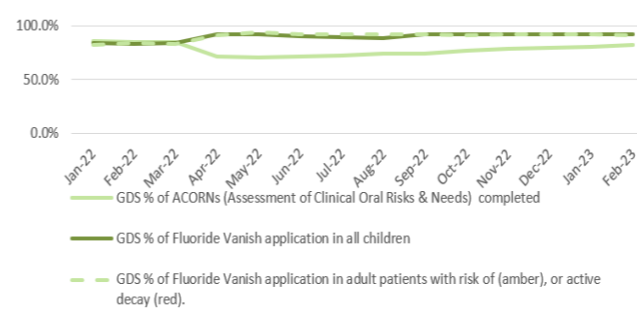
**Chart 5: General Dental Services - Activity**



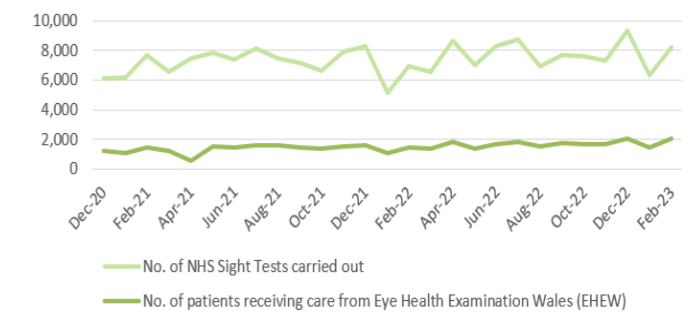
**Chart 6: General Dental Services - New Patients**



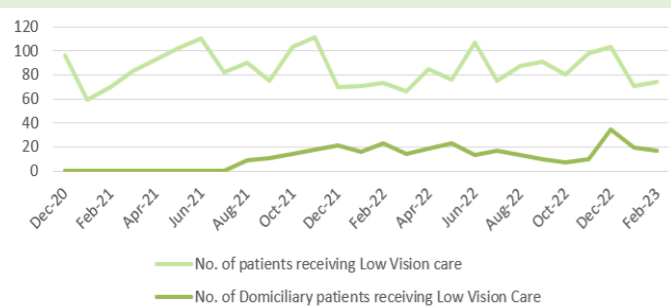
**Chart 7: General Dental Services - ACORNs/FV**



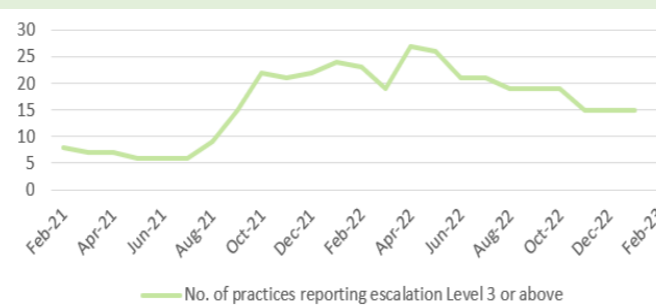
**Chart 8: Optometry Activity – sight tests**



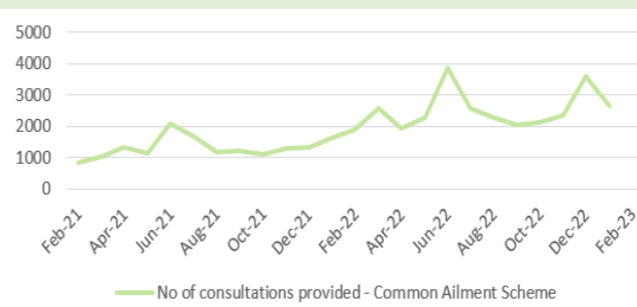
**Chart 9: Optometry Activity – low vision care**



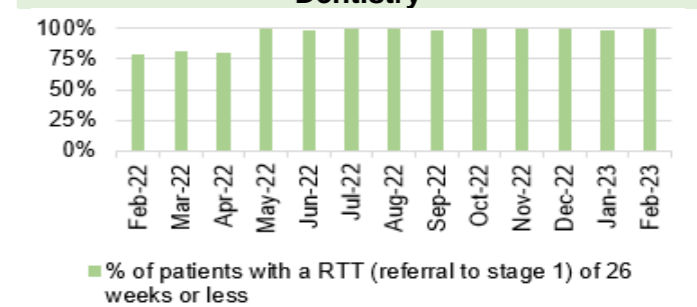
**Chart 10: Community Pharmacy – Escalation levels**



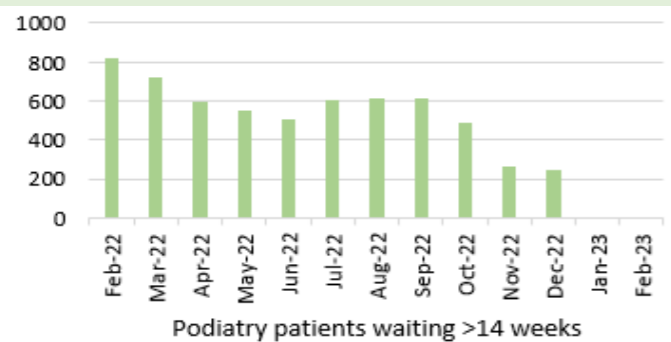
**Chart 11: Common Ailment Scheme – No. consultations provided**



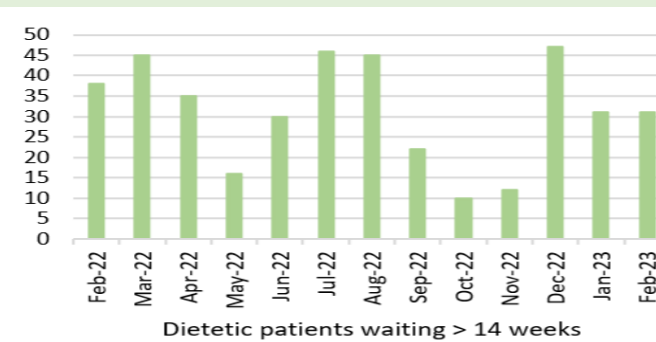
**Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



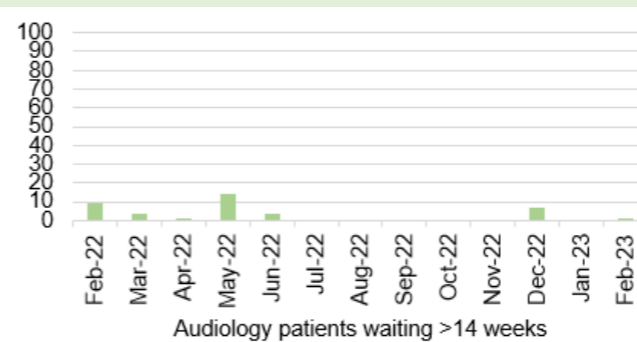
**Chart 13: Podiatry - Total number of patients waiting > 14 weeks**



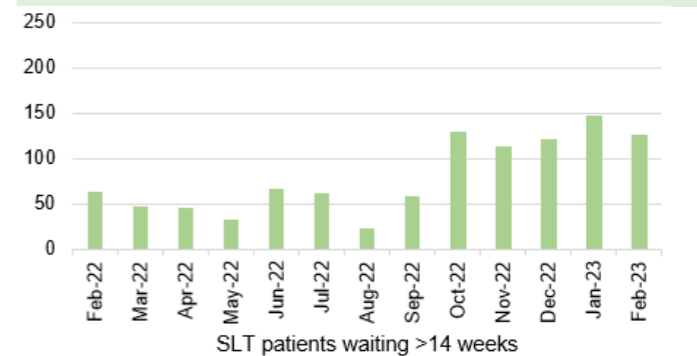
**Chart 14: Dietetics - Total number of patients waiting > 14 weeks**



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

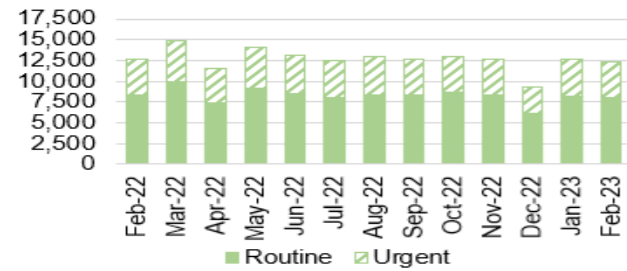


**Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks**

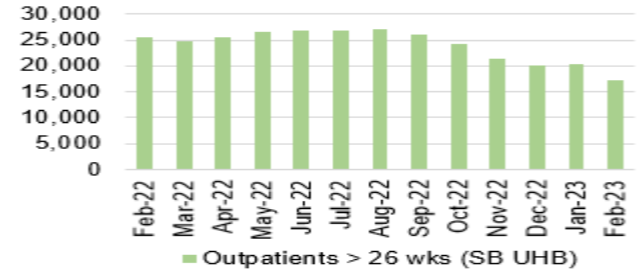


## Harm from reduction in non-Covid activity Planned Care Overview

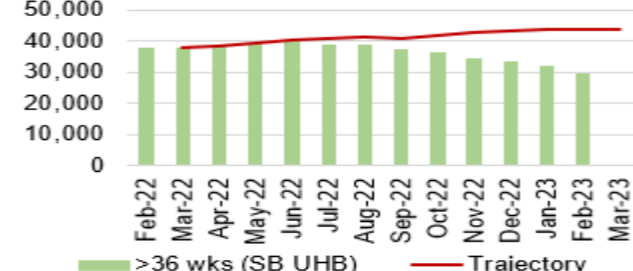
**Chart 1: Number of GP Referrals into secondary care**



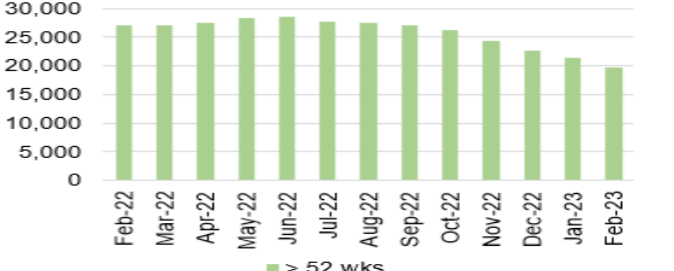
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



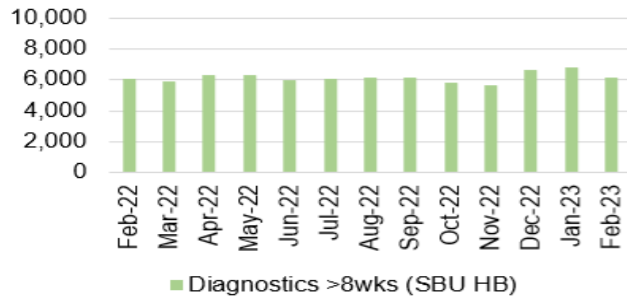
**Chart 3: Number of patients waiting over 36 weeks for treatment**



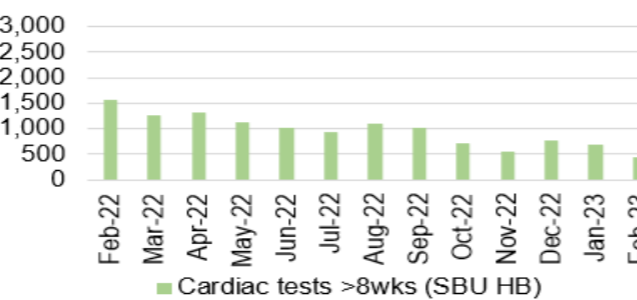
**Chart 4: Number of patients waiting over 52 weeks for treatment**



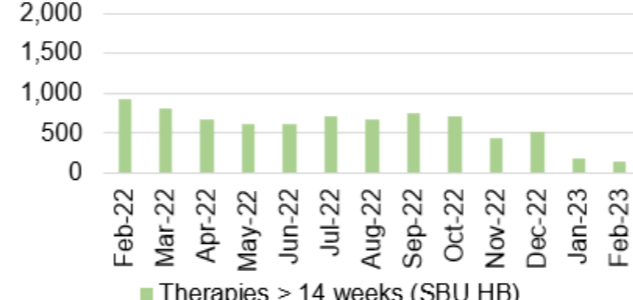
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



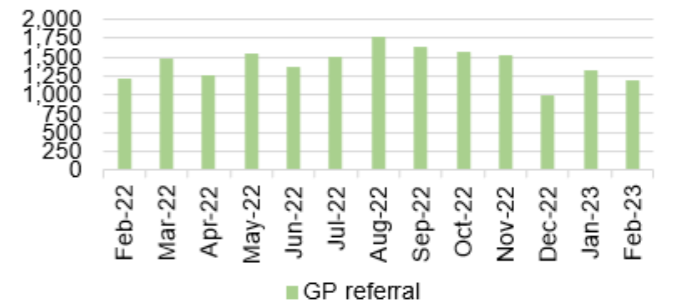
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



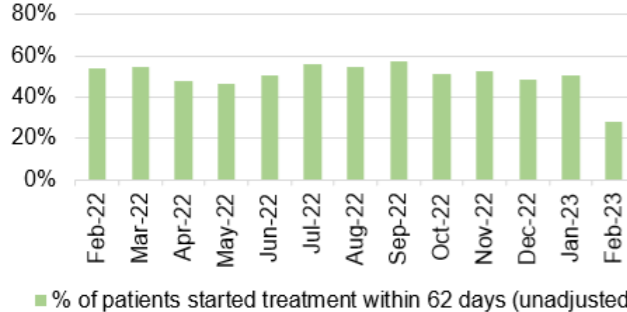
**Chart 7: Number of patients waiting more than 14 weeks for Therapies**



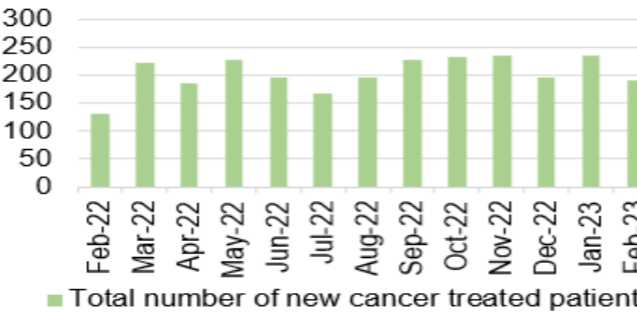
**Chart 8: Cancer referrals**



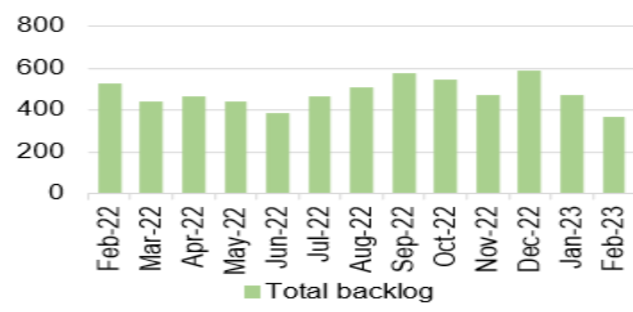
**Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion**



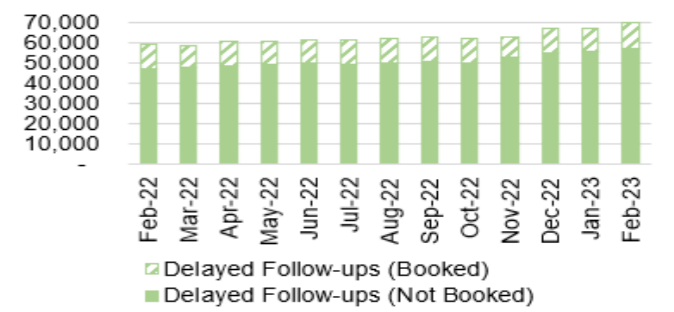
**Chart 10: Number of new cancer patients starting definitive treatment**



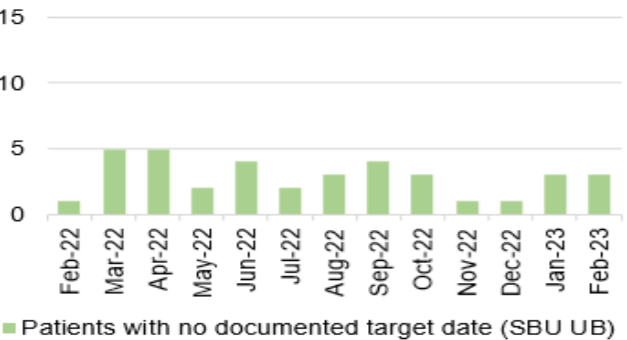
**Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days**



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



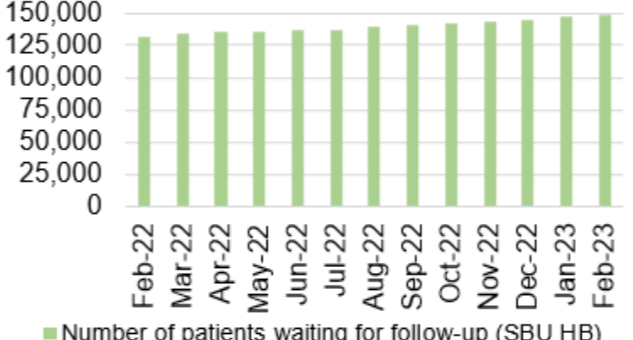
**Chart 13: Number of patients without a documented clinical review date**



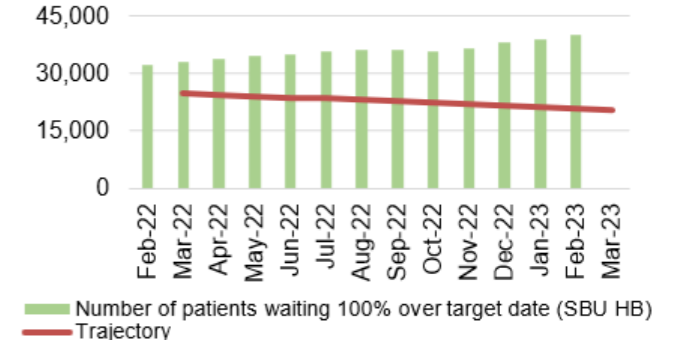
**Chart 14: Ophthalmology patients without an allocated health risk factor**



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



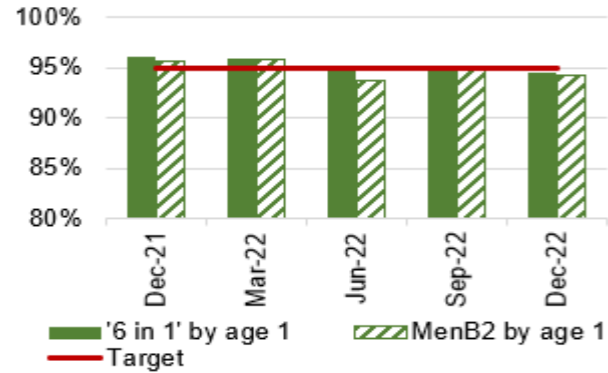
**Chart 16: Number of patients delayed by over 100%**



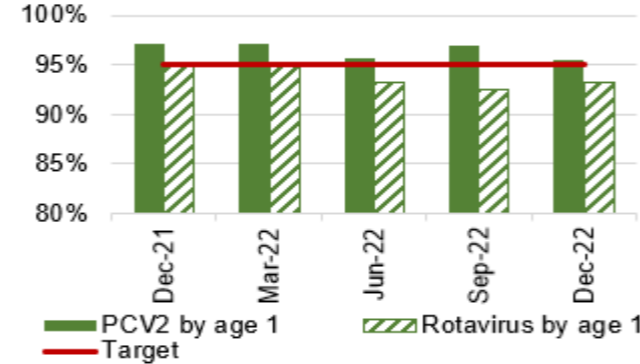
# HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

## Vaccinations and Immunisations

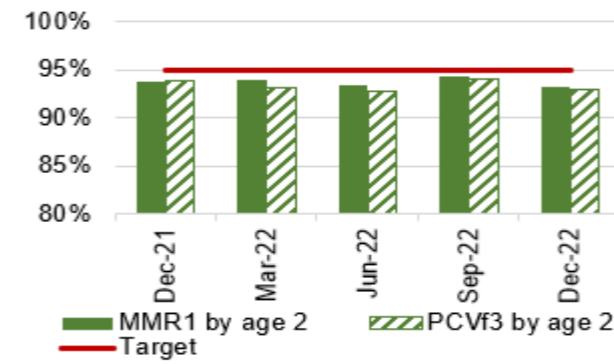
**Chart 1: % children who received 3 doses of the hexavalent '6 in 1' vaccine and MenB2 vaccine by age 1**



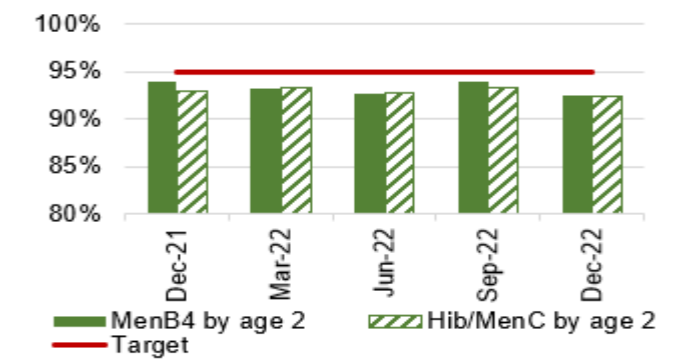
**Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1**



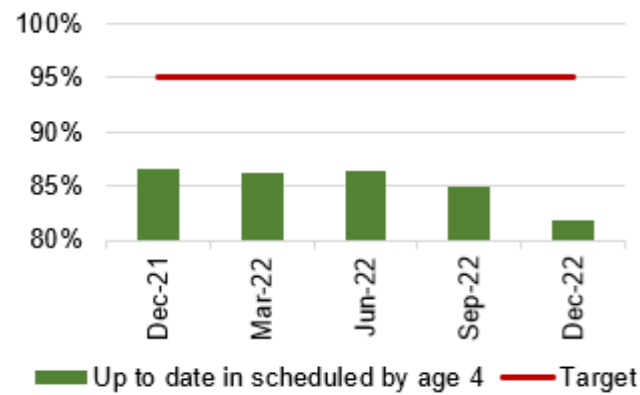
**Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2**



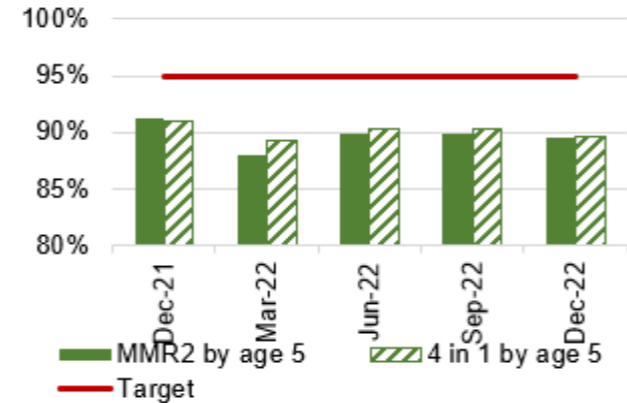
**Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2**



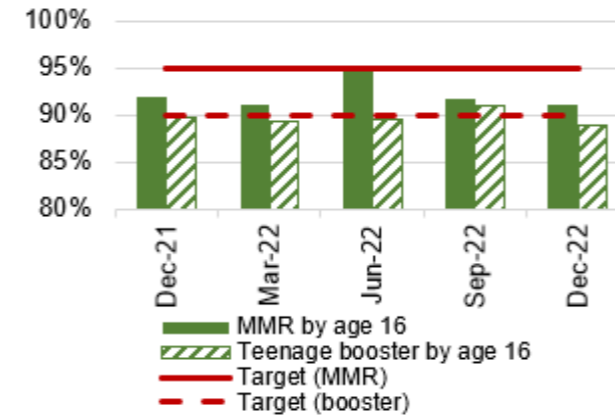
**Chart 5: % children who are up to date in schedule by age 4**



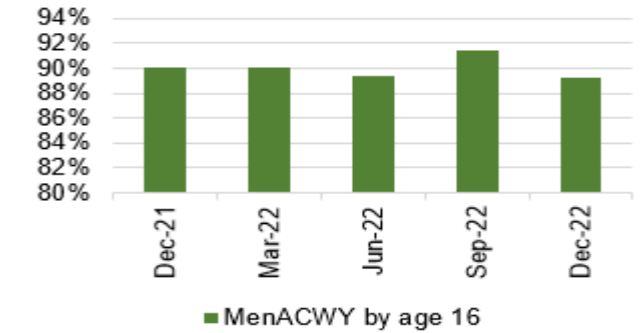
**Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5**



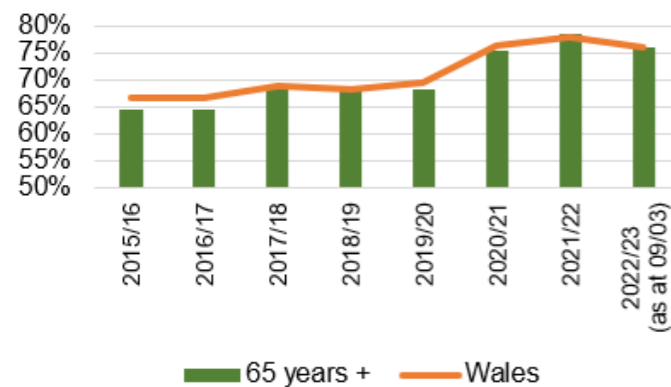
**Chart 7: % children who received MMR vaccine and teenage booster by age 16**



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



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



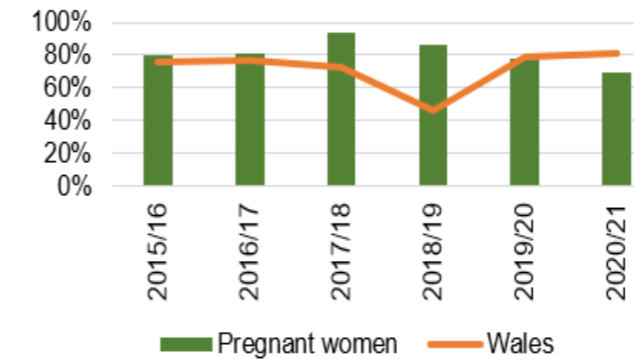
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



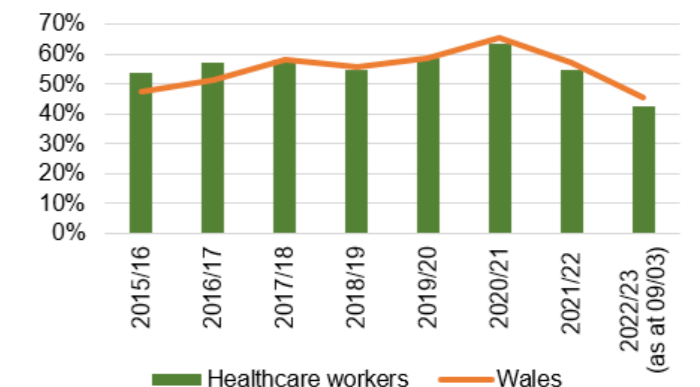
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



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

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

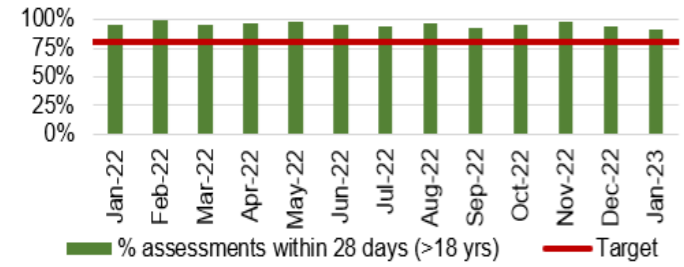


Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board.

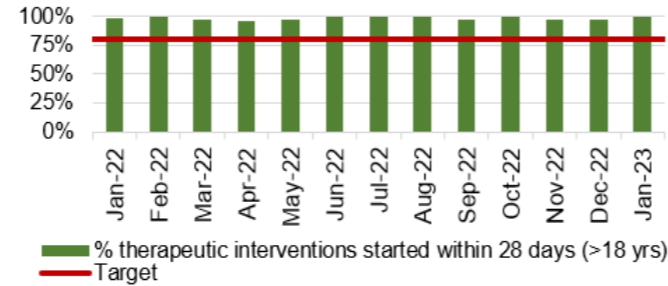
# HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

## Mental Health Overview

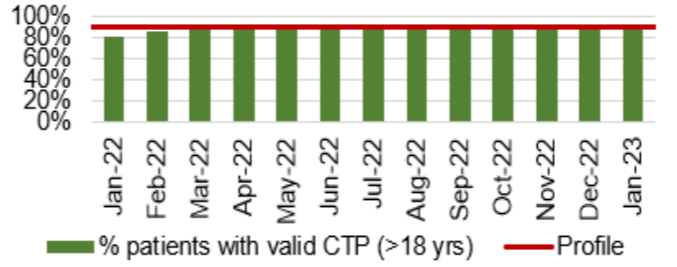
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



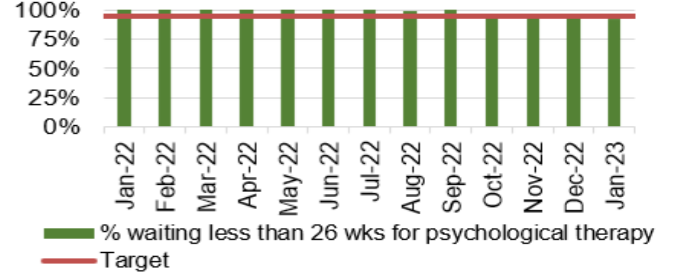
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



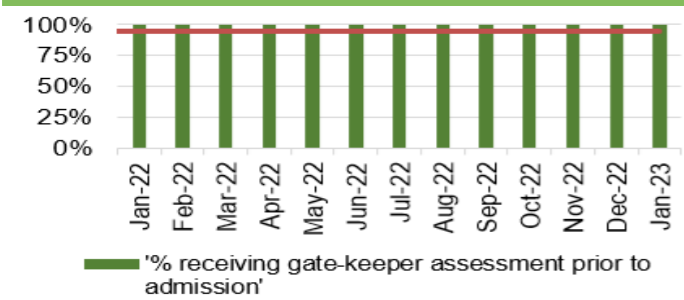
**Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan**



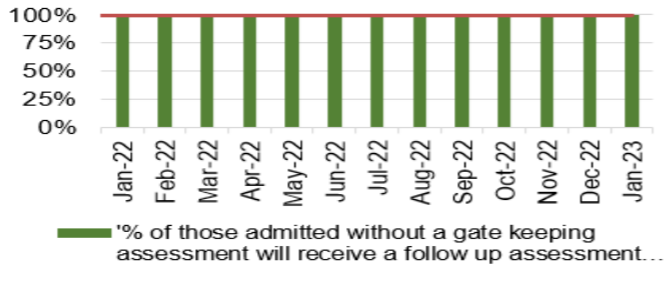
**Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**



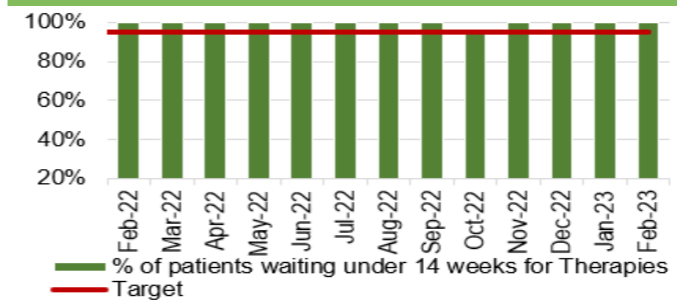
**Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission**



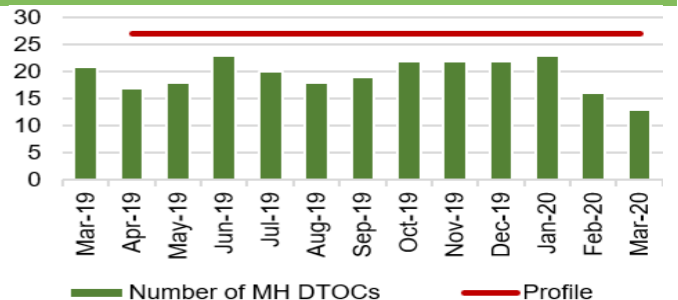
**Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



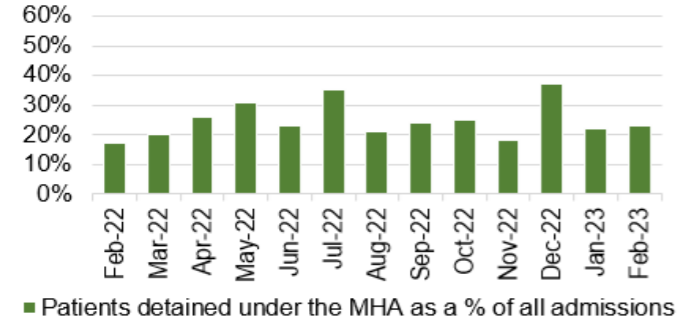
**Chart 7: % of patients waiting under 14 weeks for Therapies**



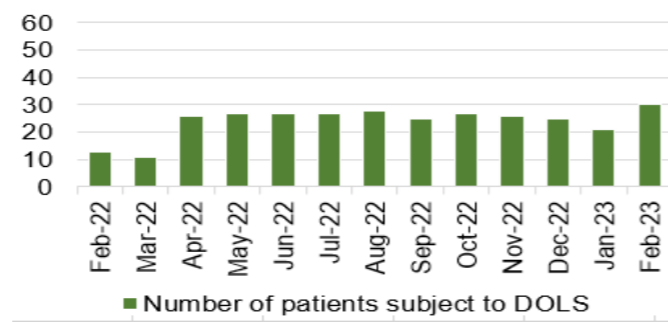
**Chart 8: Number of Mental Health Delayed Transfers of Care (DTCOs)**



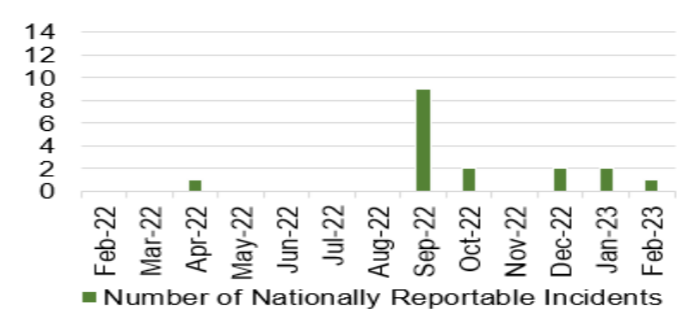
**Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions**



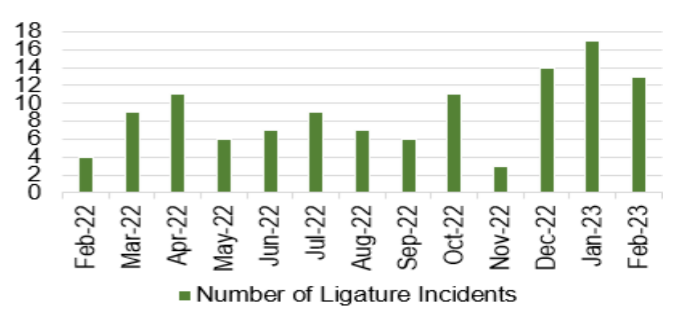
**Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)**



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

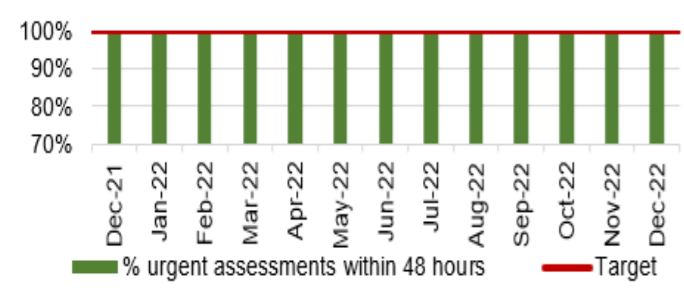


**Chart 12: Number of ligature incidents**

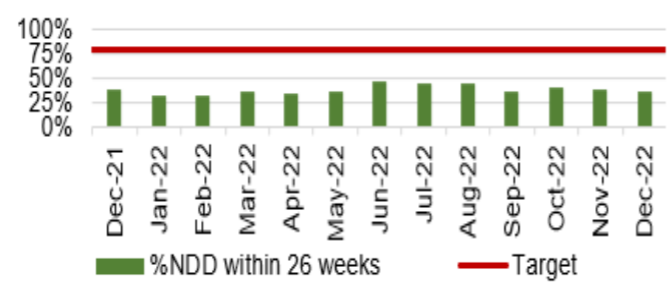


## Child & Adolescent Mental Health Services (CAMHS)

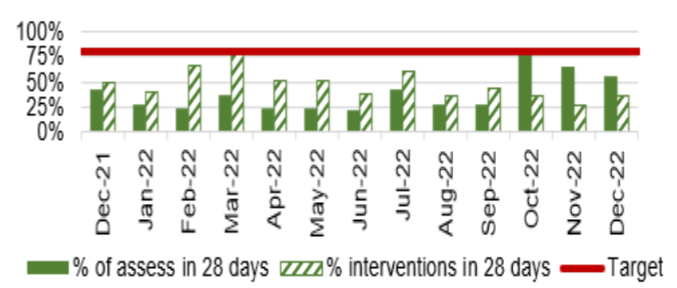
**Chart 13: Urgent assessments undertaken within 48 hours from receipt of referral**



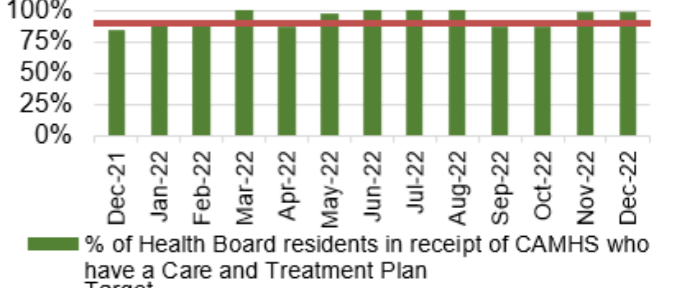
**Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks**



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



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



APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
COVID19 related measures	Number of new COVID19 cases	Local	Feb-23	249		Reduce					4,209	4,749	835	286	372	600	217	218	171	171	395	230	249	
	Number of staff referred for Antigen Testing	Local	Feb-23	18,187		Reduce					16,647	16,756	17,158	17,315	17,579	17,878	17,916	17,926	17,934	17,981	18,108	18,157	18,187	
	Number of staff awaiting results of COVID19 test	Local	Feb-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Feb-23	33		Reduce					55	57	83	39	52	91	46	84	61	51	61	34	33	
	Number of COVID19 related serious incidents	Local	Feb-23	0		Reduce					1	0	0	0	0	0	0	1	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Feb-23	2		Reduce					4	10	6	0	4	5	6	11	3	3	0	0	0	2
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Feb-23	1		Reduce					43	87	42	29	28	26	8	5	1	0	0	0	0	1
Number of staff self isolated (symptomatic)	Local	Feb-23	63		Reduce					204	326	270	125	287	272	121	100	121	124	144	70	63		
% sickness	Local	Feb-23	0.5%		Reduce					1.8%	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%		
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	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Feb-23	52%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		54%	48%	53%	56%	57%	56%	55%	49%	50%	46%	41%	52%	52%	
	Number of ambulance handovers over one hour	National	Feb-23	594	0			6,798 (Dec-22)	1st (Dec-22)		678	687	671	538	578	659	705	732	739	744	614	561	594	
	Handover hours lost over 15 minutes	Local	Feb-23	3245							3,110	3,023	3,286	1,892	2,920	2,976	3,870	4,378	4,599	4,456	4,289	3,440	3,245	
	% 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	Feb-23	0%	95%			63.1% (Dec-22)	4th (Dec-22)		72%	71%	73%	74%	72%	69%	70%	73%	71%	70%	65%	74%	76%	
	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	Feb-23	0	0			12,099 (Dec-22)	4th (Dec-22)		1,105	1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125	
NDF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑						81.4%													
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Sep-22	93.0%	12 month ↑			70% (Oct-22)	1st (Oct-22)		89.0%	89.0%	89.0%	90.0%	89.0%	91.0%	93.0%	93.0%						
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Feb-23	11%	54.0%						41.7%	16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	
	CT Scan (<1hrs) (local)	Local	Feb-23	48%							61.5%	44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Feb-23	96%							100.0%	100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	
	Thrombolysis door to needle <= 45 mins	Local	Feb-23	0%							0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	
	% stroke patients who receive mechanical thrombectomy	National	Jan-23	0%	10%			2.1% (Nov-22)	4th (Nov-22)		0.0%	1.7%	1.8%	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	
% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Feb-23	48%	12 month ↑			50.7% (Nov-22)	4th (Nov-22)		41.5%	44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%		
DTOCs	Number of mental health HB DToCs	National	Mar-20	13	12 month ↓	27	✔				DTOC reporting temporarily suspended													
	Number of non-mental health HB DToCs	National	Mar-20	60	12 month ↓	50	✘				DTOC reporting temporarily suspended													
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Feb-23	67.0%	90%	80%					0%	33%	25%	100%	33%	-	0%	-	75%	73%	85%	67%	67%	
	Number of new Never Events	Local	Jan-23	1		0	✘				2	0	0	1	0	1	0	0	0	1	0	0	1	
	Number of risks with a score greater than 20	Local	Jan-23	143		12 month ↓	✘				127	140	140	134	132	128	131	133	134	136	137	141	143	
Pressure Ulcers	Number of risks with a score greater than 16	Local	Jan-23	295		12 month ↓	✘				253	271	276	266	264	259	269	270	268	278	280	290	295	
	Number of pressure ulcers acquired in hospital	Local	Jan-23	64		12 month ↓	✘				53	49	45	58	53	58	54	39	59	69	47	64		
	Number of pressure ulcers developed in the community		Jan-23	45		12 month ↓	✘				38	56	33	39	32	27	50	40	44	45	42	45		
	Total number of pressure ulcers		Jan-23	109		12 month ↓	✘				91	105	78	97	85	85	104	79	103	114	89	109		
	Number of grade 3+ pressure ulcers acquired in hospital		Jan-23	4		12 month ↓	✘				6	5	3	2	3	5	3	0	1	7	8	4		
	Number of grade 3+ pressure ulcers acquired in community		Jan-23	4		12 month ↓	✔				15	11	2	10	12	2	11	6	2	7	13	4		
Total number of grade 3+ pressure ulcers	Jan-23		8		12 month ↓	✔				21	16	5	12	15	7	14	6	3	14	21	8			

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	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Feb-23	67.9	<67		✘	67.80 (Dec-22)	3rd (Dec-22)		74.6	73.7	96.5	79.6	70.8	68.9	74.5	70.4	69.4	70.0	69.6	68.7	67.9		
	Number of E.Coli bacteraemia cases (Hospital)		9								9	4	13	8	5	3	11	7	12	11	8	8	9		
	Number of E.Coli bacteraemia cases (Community)		8								17	17	18	13	12	18	21	8	10	12	14	12	8		
	Total number of E.Coli bacteraemia cases		17								26	21	31	21	17	21	32	15	22	23	22	20	17		
	Cumulative cases of S.aureus bacteraemias per 100k pop		Feb-23	38.6	<20		✘	27.76 (Dec-22)	6th (Dec-22)		35.8	35.6	43.6	50.5	41.0	39.8	38.4	39.3	41.0	39.0	39.4	38.4	38.6		
	Number of S.aureus bacteraemias cases (Hospital)		9								7	7	6	9	7	6	5	8	13	3	10	8	9		
	Number of S.aureus bacteraemias cases (Community)		2								3	4	7	9	2	6	6	5	4	5	3	2	2		
	Total number of S.aureus bacteraemias cases		11								10	11	13	18	9	12	11	13	17	8	13	10	11		
	Cumulative cases of C.difficile per 100k pop		Feb-23	50.6	<25		✘	36.68 (Dec-22)	5th (Dec-22)		49.8	50.1	40.5	36.7	41.0	42.9	47.6	46.9	48.9	48.9	50.9	49.6	51.3	50.6	
	Number of C.difficile cases (Hospital)		10								8	12	11	7	7	10	16	11	15	10	8	15	10		
	Number of C.difficile cases (Community)		2								5	6	2	4	9	6	6	3	5	11	6	7	2		
	Total number of C.difficile cases		12								13	18	13	11	16	16	22	14	20	21	14	22	12		
	Cumulative cases of Klebsiella per 100k pop		Feb-23	26.8								24.3	24.0	18.7	21.4	22.6	24.5	25.0	25.5	24.9	26.0	26.1	26.9	26.8	
	Number of Klebsiella cases (Hospital)		7									3	4	4	7	6	4	4	1	3	6	5	5	7	
	Number of Klebsiella cases (Community)		1									1	3	2	1	2	7	4	9	4	5	3	6	1	
	Total number of Klebsiella cases		8							63 Total (Dec-22)	2nd (Dec-22)		4	7	6	8	8	11	8	10	7	11	8	11	8
	Cumulative cases of Aeruginosa per 100k pop		Feb-23	11.2								6.2	6.1	6.2	6.1	8.2	9.2	9.2	10.2	11.3	11.9	11.5	11.6	11.2	
	Number of Aeruginosa cases (Hospital)		2									2	0	1	1	3	2	3	4	3	5	1	2	2	
	Number of Aeruginosa cases (Community)		0									1	2	1	1	1	2	0	1	3	0	2	2	0	
	Total number of Aeruginosa cases		2							8 Total (Dec-22)	4th (Dec-22)		3	2	2	2	4	4	3	5	6	5	3	4	2
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Local	Feb-23	94.8%		95%	✘				96%	93%	96%	96%	98%	96%	90%	97%	96%	96%	95%	97%	95%		
Inpatient Falls	Number of Inpatient Falls	Local	Feb-23	179		12 month ↓	✔				199	209	190	182	172	174	216	175	184	178	184	189	179		
Mortality	Crude hospital mortality rate (74 years of age or less)	National	Jan-23	0.73%		12 month ↓					0.89%	0.88%	0.87%	0.86%	0.85%	0.83%	0.83%	0.81%	0.78%	0.75%	0.74%	0.73%			
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Feb-23	98%		98%	✔				92.3%	96.9%	95.7%	93.9%	93.7%	90.5%	86.2%	87.6%	87.5%	88.2%	97.2%	91.8%	98.3%		
Coding	% of episodes clinically coded within 1 month of discharge	Local	Jan-23	71%		95%	✘				95%	81%	44%	68%	81%	82%	77%	81%	84%	67%	78%	71%			
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Feb-23	64%		100%	✘				65%	63%	60%	66%	64%	63%	69%	70%	66%	71%	62%	64%	64%		
Work force	Agency spend as a % of the total pay bill	National	Dec-22	5.99%		12 month ↓		5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		6.2%	6.6%	4.9%	6.3%	6.2%	6.7%	6.4%	4.9%	6.5%	6.4%	6.0%				
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Feb-23	69%		85%	✘	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		56%	56%	56%	56%	55%	58%	61%	64%	67%	68%	68%	69%	69%		
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Feb-23	85%		85%	✔	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		80%	80%	80%	80%	80%	81%	81%	82%	83%	84%	84%	85%	85%		
	% workforce sickness absence (12 month rolling)	National	Jan-23	7.89%		12 month ↓		7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.58%	7.82%	8.11%	8.20%	8.29%	8.46%	8.44%	8.25%	8.08%	7.99%	8.02%	7.89%			

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	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-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%							10.7%	11.1%	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	Feb-23	28.1%	12 month ↑			53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		54.2%	54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	28.1%
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Feb-23	31%	80%		✘				14%	13%	14%	5%	18%	2%	10%	5%	18%	19%	26%	32%	31%
	Scheduled (21 Day Target)	Local	Feb-23	86%	100%		✘				51%	70%	63%	36%	51%	29%	35%	34%	65%	82%	83%	82%	86%
	Urgent SC (2 Day Target)	Local	Feb-23	19%	80%		✘				27%	9%	27%	13%	22%	18%	11%	31%	33%	17%	37%	31%	19%
	Urgent SC (7 Day Target)	Local	Feb-23	69%	100%		✘				60%	57%	62%	44%	43%	64%	48%	54%	70%	77%	70%	85%	69%
	Emergency (within 1 day)	Local	Feb-23	100%	80%		✔				92%	62%	83%	83%	82%	58%	65%	100%	70%	100%	83%	100%	100%
	Emergency (within 2 days)	Local	Feb-23	100%	100%		✔				100%	85%	100%	100%	88%	92%	90%	100%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Feb-23	93%	80%		✔				73%	66%	82%	80%	68%	66%	91%	70%	81%	91%	85%	82%	93%
	Elective Delay (14 Day Target)	Local	Feb-23	100%	100%		✔				80%	71%	93%	91%	79%	70%	98%	79%	91%	100%	98%	100%	98%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Feb-23	4,408	0%			15,517 (Nov-22)	7th (Nov-22)		3,898	4,191	4,398	4,564	4,449	4,407	4,257	4,205	4,170	4,136	4,289	4,372	4,408
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Feb-23	6,116	0			42,566 (Nov-22)	4th (Nov-22)		6,078	5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116
	Number of patients waiting > 14 weeks for a specified therapy	National	Feb-23	157	0			9,584 (Nov-22)	2nd (Nov-22)		926	820	679	614	609	714	682	755	707	441	527	194	157
	% of patients waiting < 26 weeks for treatment	National	Feb-23	57%	95%			56% (Nov-22)	6th (Nov-22)		50.1%	50.7%	50.4%	50.4%	50.8%	51.8%	52.0%	52.1%	53.5%	54.4%	54.2%	52.8%	56.9%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Feb-23	17,257	0						25,522	24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Feb-23	5,475	0			85,301 (Nov-22)	3rd (Nov-22)		12,337	12,593	13,275	14,071	14,951	15,232	15,122	13,980	12,352	9,774	7,779	6,630	5,475
	Number of patients waiting > 36 weeks for treatment	National	Feb-23	30,017	0			252,779 (Nov-22)	3rd (Nov-22)		37,920	37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031	30,017
	Number of patients waiting > 104 weeks for treatment	National	Feb-23	6,656	0			49,594 (Nov-22)	5th (Nov-22)		13,104	13,587	13,083	12,670	12,064	11,400	10,960	10,623	10,090	9,048	8,066	7,331	6,656
	The number of patients waiting for a follow-up outpatient appointment	Local	01/0e2/2023	148,070	HB target						132,036	133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	01/0e2/2023	40,146	HB target			224,552 (Nov-22)	5th (Nov-22)		32,447	32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Feb-23	65%	95%			64.9% (Nov-22)	1st (Nov-22)		58.5%	59.4%	60.8%	63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	67.1%	69.9%	53.1%	64.6%	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Feb-23	9.2%	12 month ↓						6.4%	6.8%	7.8%	7.5%	8.2%	8.2%	8.0%	7.8%	8.3%	9.5%	11.1%	8.9%	9.2%
	% of patients who did not attend a follow-up outpatient appointment	Local	Feb-23	7.9%	12 month ↓						6.2%	6.2%	7.8%	7.3%	7.8%	7.7%	7.6%	7.8%	7.7%	8.5%	8.7%	7.8%	7.9%
Theatre Efficiencies	Theatre Utilisation rates	Local	Feb-23	70.0%		90%	✘				71%	72%	71%	78%	81%	72%	59%	71%	77%	74%	59%	72%	70%
	% of theatre sessions starting late	Local	Feb-23	39.0%		<25%	✘				43%	39%	39%	46%	43%	40%	36%	37%	40%	35%	39%	35%	39%
	% of theatre sessions finishing early	Local	Feb-23	45.0%		<20%	✘				43%	45%	47%	43%	43%	46%	43%	48%	45%	44%	46%	44%	45%
Prescribing	Total antibacterial items per 1,000 STAR-PU's	National	Q1 22/23	280.1	4 quarter ↓			26.9 (Q1 22/23)	6th (Q1 22/23)			279.2			280.1								
	Patients aged 65 years or over prescribed an antipsychotic	National	Q1 22/23	1,439	Quarter on quarter ↓			10,201 (Q1 22/23)	5th (Q4 21/22)			1,451			1,439								
	Opioid average daily quantities per 1,000 patients	National	Q1 22/23	4,289	4 quarter ↓			4,348.2 (Q1 22/23)	3rd (Q1 22/23)			4,261			4,289								
	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)														
Patient experience	Number of friends and family surveys completed	Local	Feb-23	4,425		12 month ↑	✔				3,099	3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073	4,425
	% of who would recommend and highly recommend	Local	Feb-23	92%		90%	✔				90%	90%	89%	90%	88%	89%	89%	88%	90%	91%	89%	92%	92%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Feb-23	95%		90%	✔				91%	91%	89%	91%	91%	90%	93%	92%	93%	91%	92%	92%	95%
Complaints	Number of new formal complaints received	Local	Dec-22	120		12 month trend ↓	✔				139	156	123	176	118	153	124	120	140	113	120		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Dec-22	73%	75%	80%	✘				64%	65%	76%	69%	65%	64%	65%	71%	71%	69%	73%		
	% of acknowledgements sent within 2 working days	Local	Dec-22	100%		100%	✔				100%	100%	100%	100%	100%	100%	100%	99%	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	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-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)		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)			95.9%			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)			88.0%			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)			352.2			333.5																				
	% of people who have been referred to health board services who have completed treatment for alcohol	National	Q2 22/23	61.9%	4 quarter ↑			68.6% (Q2 22/23)	6th (Q2 22/23)			66.7%			43.6%			61.9%																	
Influenza	% uptake of influenza among 65 year olds and over	National	Jan-23	75.6%	75%			78.0% (Mar-22)	3rd (Mar-22)		78.5%	78.5%	Data collection restarts October 2022																						
	% uptake of influenza among under 65s in risk groups	National	Jan-23	42.1%	55%			48.2% (Mar-22)	4th (Mar-22)		48.6%	48.8%																		62.2%	72.4%	74.4%	75.6%	76.0%	
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)		Data not available																								
	% uptake of influenza among children 2 to 3 years old	Local	Jan-23	39.2%	50%			47.6% (Mar-22)	5th (Mar-22)		44.8%	44.6%																			23.6%	34.6%	37.9%	39.2%	39.3%
	% uptake of influenza among healthcare workers	National	Jan-23	40.9%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		53.6%	53.6%																					34.4%	40.9%	40.9%
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Dec-22	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	Dec-22	37%	80%	80%	✘	31.4% (Nov-22)	3rd (Nov-22)		33%	35%	35%	36%	47%	44%	44%	36%	40%	39%	37%														
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Dec-22	79%	80%	80%	✘	83.2% (Nov-22)	5th (Nov-22)		27%	29%	18%	40%	33%	38%	34%	91%	91%	89%	79%														
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Dec-22	56%		80%	✘	66.8% (Nov-22)	5th (Nov-22)		24%	36%	23%	23%	22%	42%	27%	27%	83%	65%	56%														
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Dec-22	35%		80%	✘	34.4% (Nov-22)	4th (Nov-22)		67%	78%	51%	51%	38%	61%	35%	43%	36%	27%	35%														
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Dec-22	79%		80%	✘				26%	30%	19%	41%	41%	38%	34%	91%	90%	89%	79%														
% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Dec-22	99%		90%	✘	63.8% (Nov-22)	1st (Nov-22)		88%	100%	87%	97%	100%	100%	100%	87%	87%	99%	99%															
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Jan-23	91%	80%	80%	✔	86.9% (Nov-22)	3rd (Nov-22)		99%	96%	97%	98%	96%	94%	97%	93%	95%	98%	94%	91%													
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jan-23	100%	80%	80%	✔	73.1% (Nov-22)	2nd (Nov-22)		100%	98%	96%	97%	100%	100%	100%	98%	100%	98%	98%	100%													
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jan-23	91%	95%	95%	✘	73.9% (Nov-22)	2nd (Nov-22)		100%	100%	100%	100%	100%	100%	97%	96%	93%	92%	92%	91%													
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jan-23	89%	90%	90%	✘	84.2% (Nov-22)	2nd (Nov-22)		85%	89%	88%	89%	89%	89%	90%	89%	90%	90%	90%	90%	89%												
	% 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 admission	National	Jan-23	95%				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 CHRHTS within 24 hours of admission	National	Jan-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)		2021/22 - 3.56																								