Report Date	**28th September 2023**	**Agenda Item**	**2.6**
Report Title	**Integrated Performance Report**		
Report Author	Meghann Protheroe, Head of Health Board Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (August 2023) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	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. The Performance Delivery Framework 2022/23 was published in June 2023, and the measures have been updated accordingly in line with current data availability. The report format has been altered to align with key areas of focus within the Performance and Finance Committee **Key high level issues to highlight this month are as follows:** **<u>COVID19</u>** - The number of new cases of COVID19 has saw a further increase in August 2023 to 132 cases, compared with 84 reported in July 2023. **<u>Unscheduled Care</u>** - Emergency Department (ED) attendances have decreased in August 2023 to 10,947 from 11,278 in July 2023. - Performance against the 4-hour access is currently above the outlined trajectory in August 2023. ED 4-hour performance has improved slightly by 0.16% in August 2023 to 76.19% from 76.03% in July 2023. - Performance against the 12-hour wait has improved in-month, however it is currently performing above the outlined trajectory. The number of patients waiting over 12-		

	hours in ED decreased to 1,156 in August 2023 from 1,179 in July 2023. - Unscheduled care performance has seen an improvement throughout Quarter 1 as a result of developing and implementing a new on-boarding/escalation operational policy to support more timely ambulance handovers. - The number of emergency admissions has increased slightly in August 2023 to 4,236 from 4,070 in July 2023. **Planned Care** - August 2023 saw a 1% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment. - Additionally, the number of patients waiting over 36 weeks at stage 1 decreased by 3% to 6,558. - The number of patients waiting over 104 weeks for treatment decreased, with 4,999 patients waiting at this point in August 2023. - In August, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 665 patients waiting at this stage. - As a Health Board, updated ministerial priority trajectories for the 2023/24 planned care position have been developed and submitted to Welsh Government and are awaiting feedback. - Therapy waiting times have remained the same, there are 183 patients waiting over 14 weeks in August 2023, which is above the outlined trajectory. - The number of patients waiting over 8 weeks for an Endoscopy has decreased in August 2023 to 4,415 from 4,505 in July 2023. The Endoscopy team also continue to maintain their compliance for all cancer waits. **Cancer** - July 2023 saw 49% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). - Backlog figures have seen an increase in recent weeks and are slightly above the submitted trajectory. The total backlog at 10/09/2023 was 417. **Mental Health** - Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in July 2023. - In July 2023, 82% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

<table>
<tr><td></td><td colspan="4"><u>Child and Adolescent Mental Health Services (CAMHS)</u>
- Access times for crisis performance has been maintained at 100% July 2023.
- Updated CAMHS performance trajectories have recently been submitted to Welsh Government which show a more realistic delivery position for 2023/24.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has improved to 36% in July 2023 against a target of 80%.</td></tr>
<tr><td rowspan="2">Specific Action Required</td><td>Information</td><td>Discussion</td><td>Assurance</td><td>Approval</td></tr>
<tr><td>✓</td><td></td><td>✓</td><td></td></tr>
<tr><td>Recommendations</td><td colspan="4">Members are asked to:
• NOTE the Health Board performance against key measures and targets.
• NOTE: the inclusion of updated NHS Wales Performance Framework 2023/24 measures
• NOTE: inclusion of updated national 2023/24 recovery trajectories recently submitted to Welsh Government
• NOTE: Inclusion of updated UEC 2023/24 Trajectories
• NOTE: the development and implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery
• NOTE: Updated CAMHS performance trajectories were submitted to Welsh Government in September 2023 which reflect an achievable position in 2023/24.
• NOTE the actions being taken to improve performance: -
- Updated tumour site specific action plans have been developed to support the SCP performance.
- The cancer tracking facility will be centralised from October 2023 to support focussed tracking with a whole system approach.
- Detailed plans being developed to maximise the productivity and efficiency of planned care capacity to maintain improvements in planned care access.
- The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity.
- A planned care operational performance team have recently been appointed in order to support planned care performance improvement.
- As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity.
- Both UEC and cancer performance remain under escalation as part of the Health Board’s performance escalation framework.</td></tr>
</table>

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

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION:

Members are asked to:

- **NOTE** the Health Board performance against key measures and targets.

- **NOTE:** the inclusion of updated NHS Wales Performance Framework 2023/24 measures
- **NOTE:** inclusion of updated national 2023/24 recovery trajectories recently submitted to Welsh Government
- **NOTE**: Inclusion of updated UEC 2023/24 Trajectories
- **NOTE:** the development and implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery
- **NOTE:** Updated CAMHS performance trajectories were submitted to Welsh Government in September 2023 which reflect an achievable position in 2023/24.
- **NOTE** the actions being taken to improve performance: -
  - Updated tumour site specific action plans have been developed to support the SCP performance.
  - The cancer tracking facility will be centralised from October 2023 to support focussed tracking with a whole system approach.
  - Detailed plans being developed to maximise the productivity and efficiency of planned care capacity to maintain improvements in planned care access.
  - The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity.
  - A planned care operational performance team have recently been appointed in order to support planned care performance improvement.
  - As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity.
  - Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒

Quality, Safety and Patient Experience

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

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

Financial Implications

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

Legal Implications (including equality and diversity assessment)

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

Staffing Implications

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

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

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

- **Long term** – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.
- **Prevention** – the NHS Wales Delivery framework provides a measurable mechanism to evidence how the NHS is positively influencing the health and well-being of the

citizens of Wales with a particular focus upon maximising people's physical and mental well-being. • **Integration** – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015. • **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Service Groups as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards. • **Involvement** – Corporate and Service Group leads are key in identifying performance issues and identifying actions to take forward.	
Report History	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in August 2023. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report

Appendix 1- Integrated Performance Report September 2023

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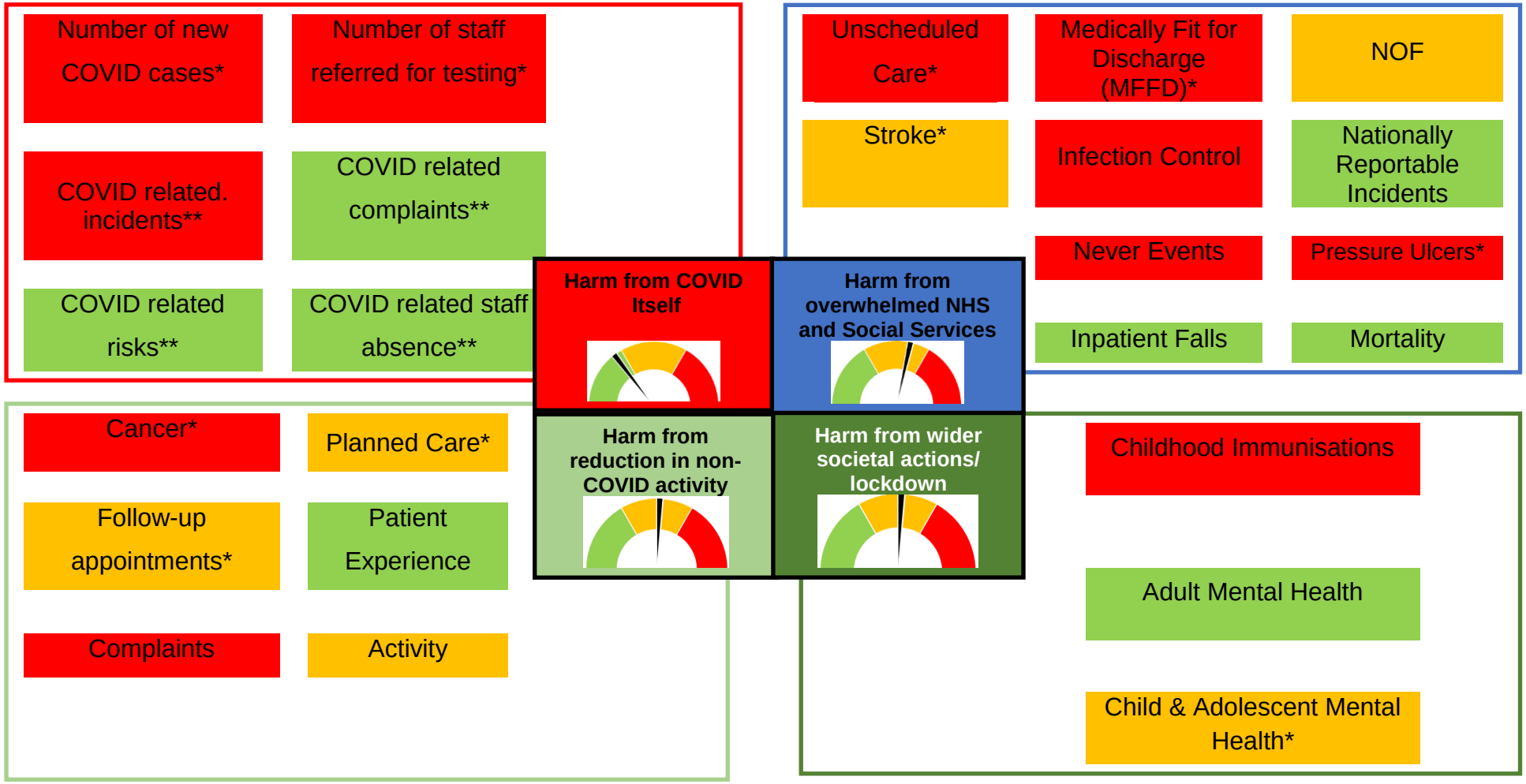
1. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

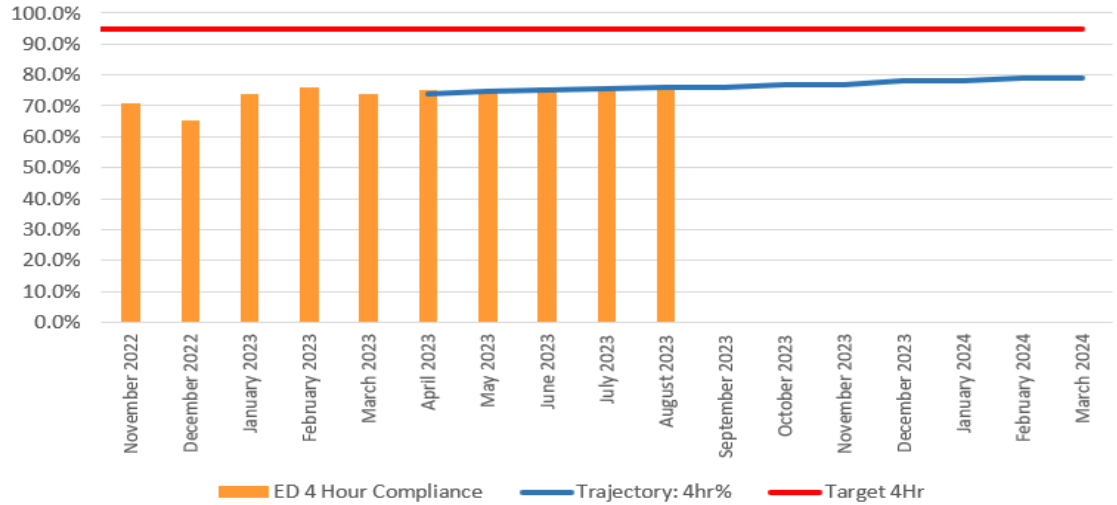
** Data not available

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

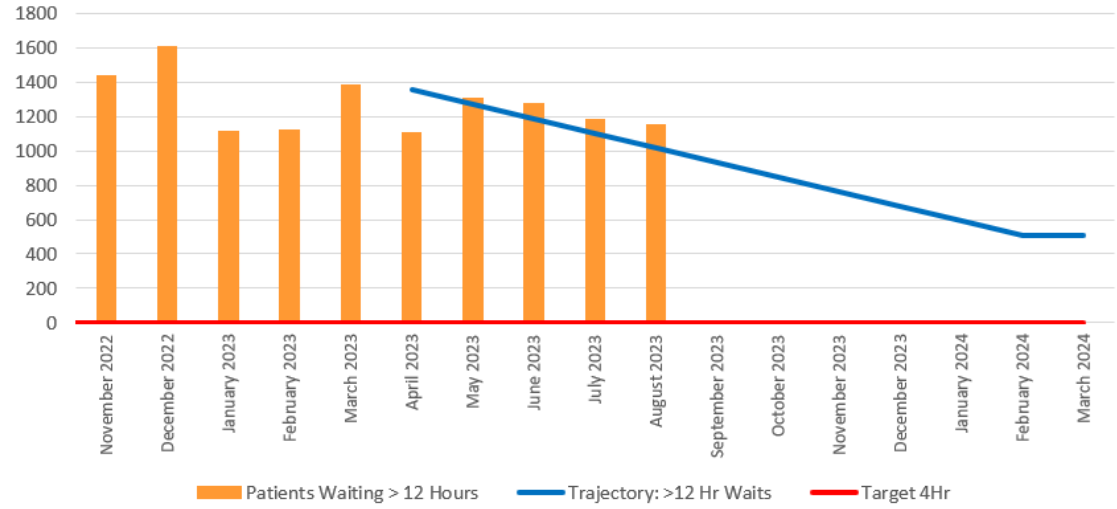
2. ESCALATED SERVICE UPDATE TRAJECTORIES

UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



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

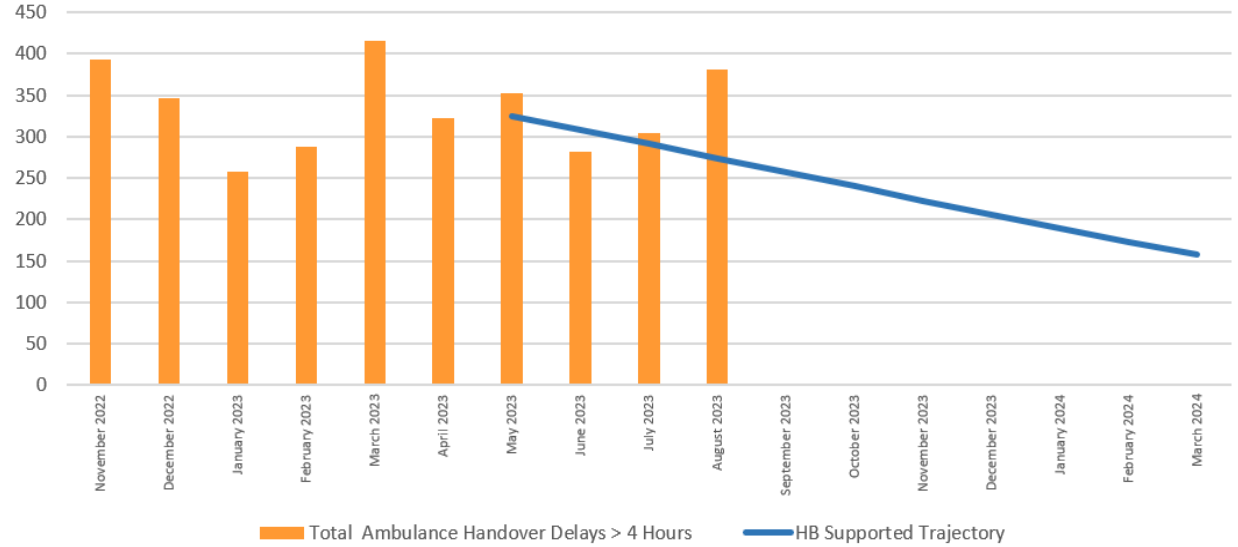


1. Performance against the 4-hour access is currently slightly outperforming the Health Board trajectory in August 2023. Emergency Department 4-hour performance has seen a minor improvement of 0.16% in August 2023 to 76.19% from 76.03% in July 2023.

2. Performance against the 12-hour wait has improved in-month and it is currently performing slightly above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department decreased to 1,156 in August 2023 from 1,179 in July.

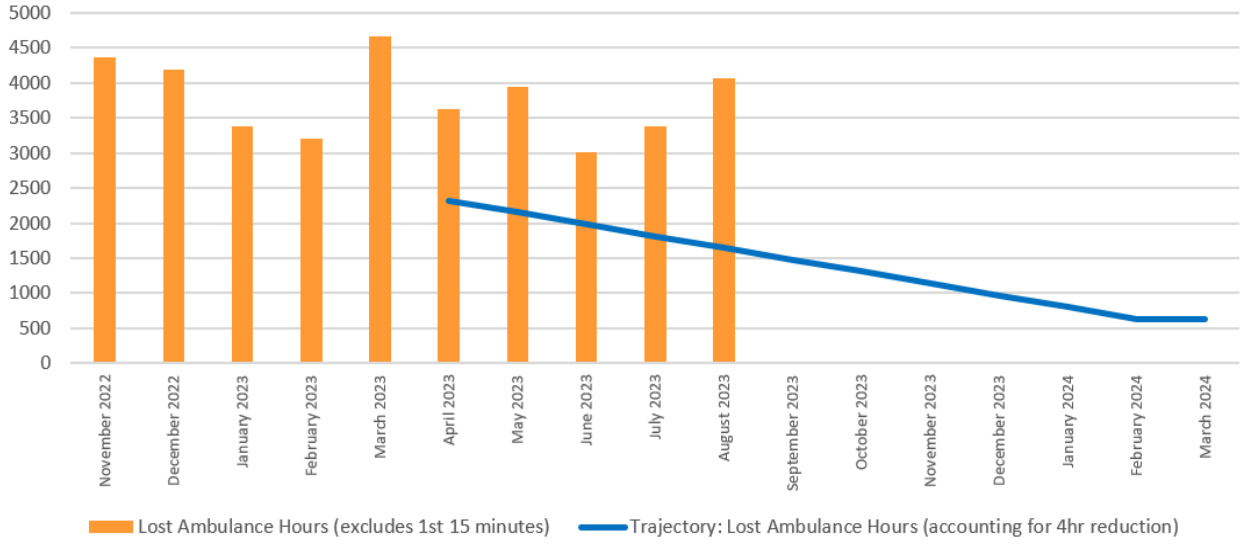
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours have increased in August 2023. The handover times over four hours increased to 381 in August 2023 from 305 in July 2023. The figures are above the outlined trajectory for August 2023 which was 0.

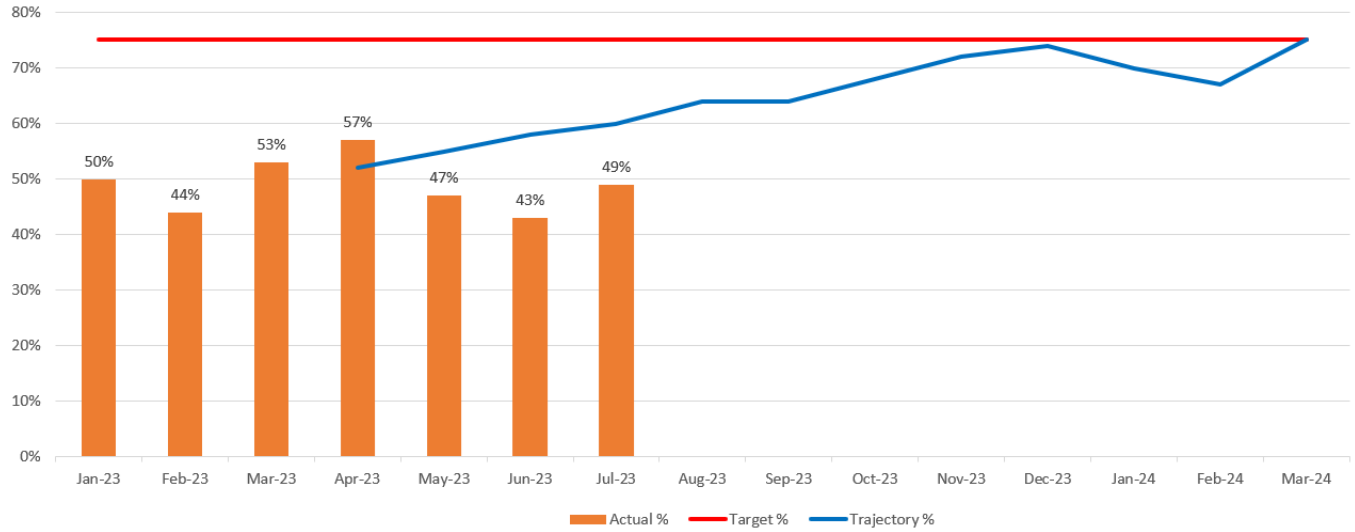
4. Ambulance Handover Lost Hours



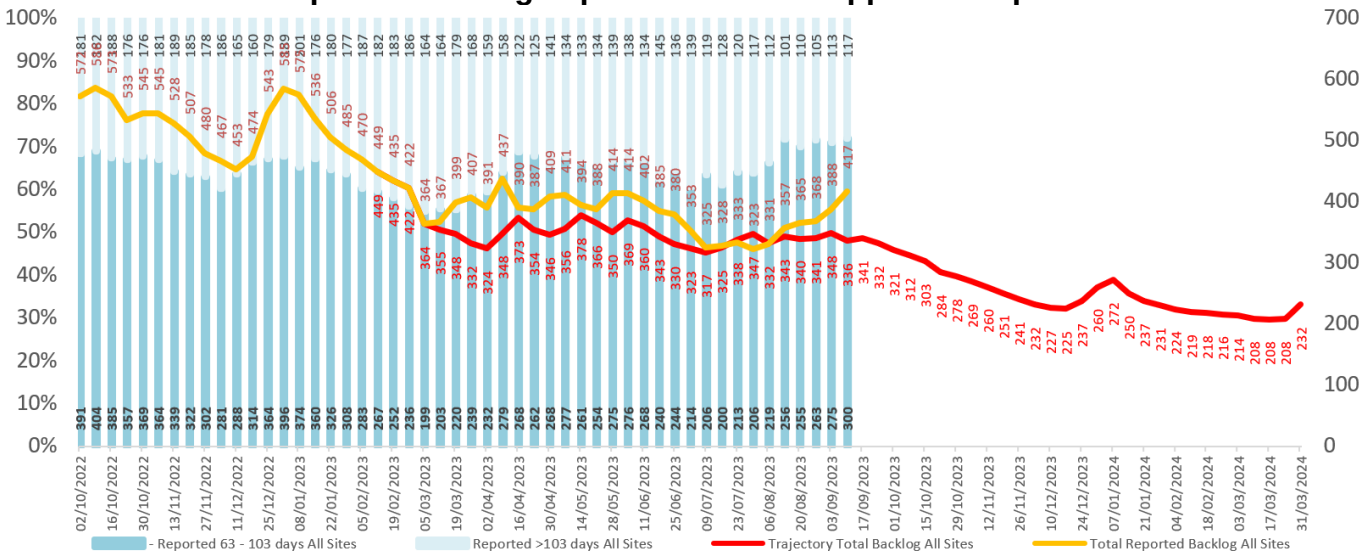
4. The ambulance handover lost hours rate has seen an increase in August 2023. The ambulance handover lost hours increased from 3,383 in July 2023 to 4,075 in August 2023, which is above the outlined trajectory for August 2023 (1,644).

CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



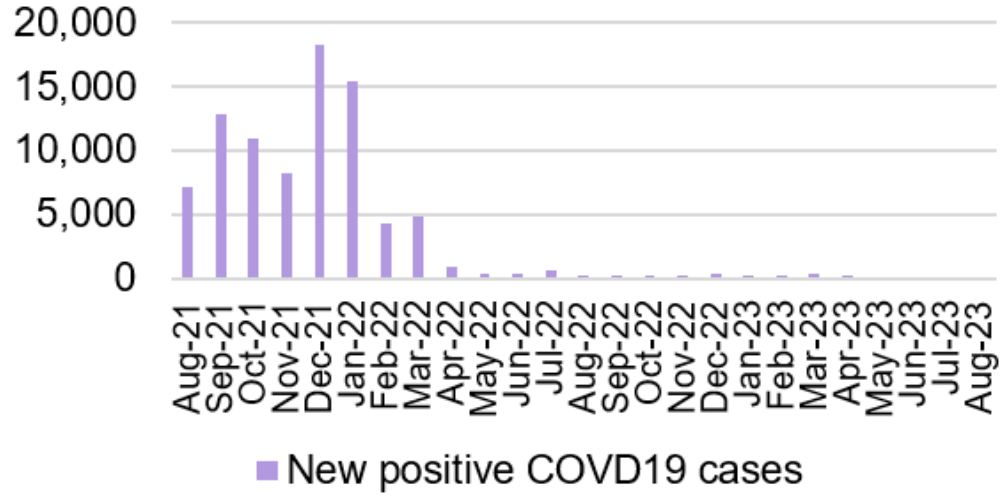
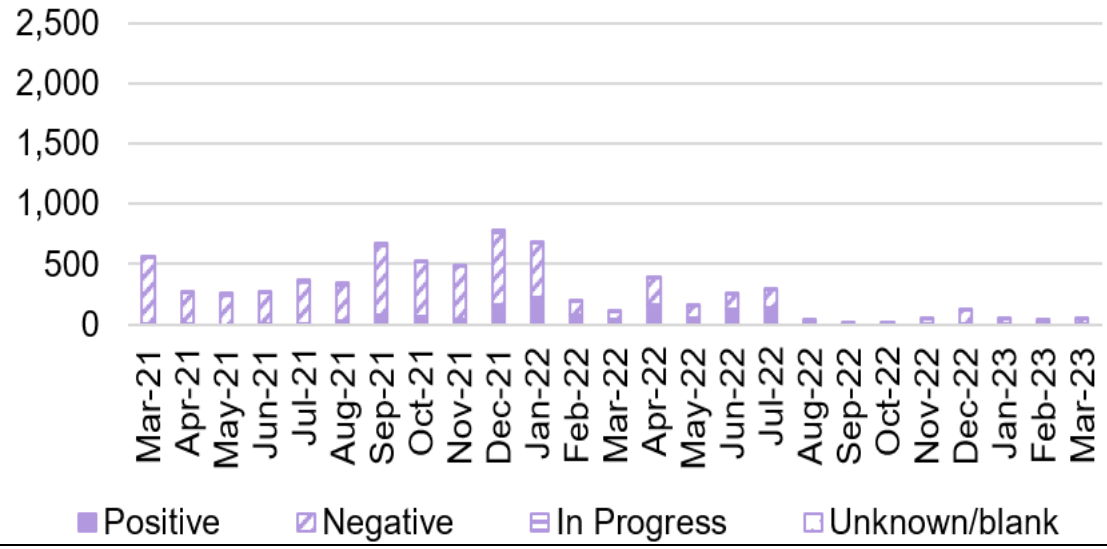
2. Proposed backlog improvements to support SCP performance



1. The final SCP performance for July 2023 was 49%, which is an improvement on the performance reported in June 2023. Performance is below the submitted trajectory (60%).

2. Backlog figures have seen an increase in recent weeks and are slightly above the submitted trajectory. The total backlog at 10/09/2023 was 417.

3. UPDATES ON KEY SERVICE AREAS

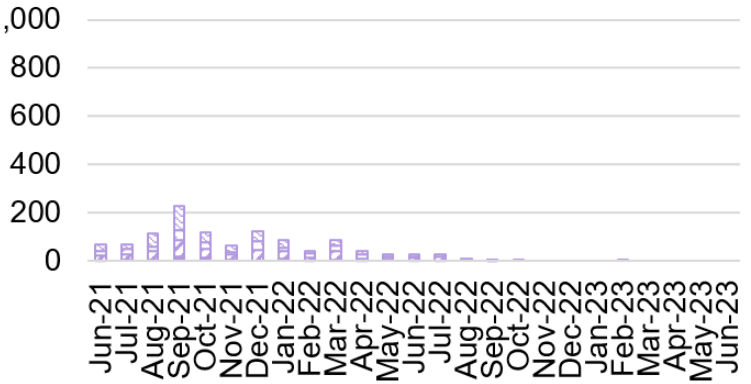
COVID Data		
Description	**Current Performance**	**Trend**
1. Number of new COVID19 cases in Swansea Bay population area	**Number of new COVID cases** In August 2023, there were an additional 132 positive cases recorded bringing the cumulative total to 120,618 in Swansea Bay since March 2020.	**Number of new COVID19 cases for Swansea Bay population** 
2. Number of staff referred for Antigen testing	**Staff referred for Antigen testing** The cumulative number of staff referred for COVID testing between March 2020 and March 2023 is 18,230 of which 19% have been positive (Cumulative total). *WG have now ceased data collection for staff testing centres*	**Outcome of staff referred for Antigen testing** 

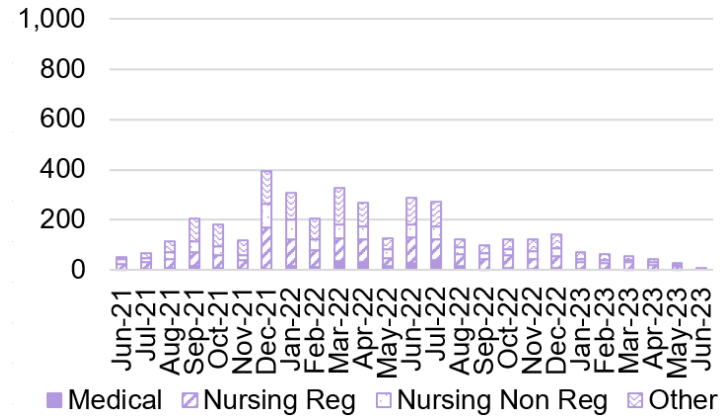
<table>
<tr><th colspan="3">COVID RELATED STAFF ABSENCE</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>Staff absence due to COVID19

1.Number of staff self-isolating (asymptomatic)

2.Number of staff self isolating (symptomatic)</td><td>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.

<u>1. & 2. Number of staff self-isolating (asymptomatic and symptomatic)</u>
Between May 2023 and June 2023, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) decreased from 27 to 7. In June 2023, the “other” staff group had the largest number of self-isolating staff who were symptomatic.

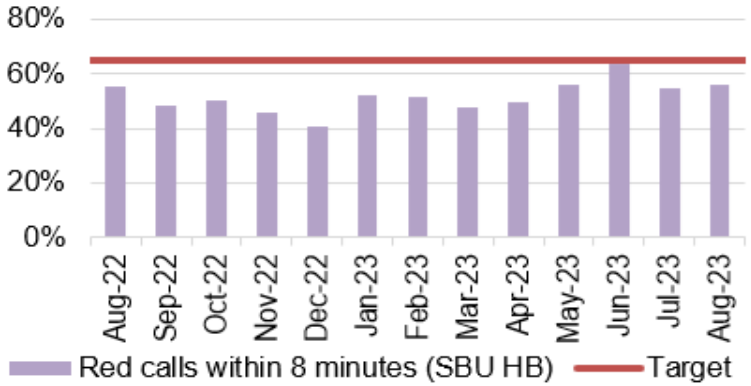
WG have now ceased data collection</td><td>1.Number of staff self isolating (asymptomatic)
 

2.Number of staff self isolating (symptomatic)
 
</td></tr>
<tr><td>3.% staff sickness</td><td><u>% Staff sickness</u>
The percentage of staff sickness absence due to COVID19 in June 2023 has reduced to 0.1% from 0.2% in May 2023. *WG have now ceased data collection*</td><td>% staff sickness
<table>
<tr><th></th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th><th>Mar-23</th><th>Apr-23</th><th>May-23</th><th>Jun-23</th></tr>
<tr><td>Medical</td><td>3.5%</td><td>4.9%</td><td>1.8%</td><td>0.2%</td><td>1.1%</td><td>0.7%</td><td>1.2%</td><td>0.5%</td><td>0.3%</td><td>0.1%</td><td>0.1%</td><td>0.1%</td><td>0.0%</td></tr>
<tr><td>Nursing Reg</td><td>2.8%</td><td>2.4%</td><td>1.3%</td><td>1.1%</td><td>1.2%</td><td>0.9%</td><td>1.1%</td><td>0.7%</td><td>0.6%</td><td>0.7%</td><td>0.4%</td><td>0.4%</td><td>0.1%</td></tr>
<tr><td>Nursing Non Reg</td><td>2.7%</td><td>2.7%</td><td>1.2%</td><td>1.1%</td><td>1.3%</td><td>1.6%</td><td>1.5%</td><td>0.6%</td><td>0.6%</td><td>0.5%</td><td>0.7%</td><td>0.2%</td><td>0.0%</td></tr>
<tr><td>Other</td><td>1.8%</td><td>1.6%</td><td>0.5%</td><td>0.6%</td><td>0.6%</td><td>0.7%</td><td>0.9%</td><td>0.4%</td><td>0.4%</td><td>0.2%</td><td>0.2%</td><td>0.1%</td><td>0.1%</td></tr>
<tr><td>All</td><td>2.4%</td><td>2.2%</td><td>1.0%</td><td>0.8%</td><td>0.9%</td><td>0.9%</td><td>1.1%</td><td>0.5%</td><td>0.5%</td><td>0.4%</td><td>0.3%</td><td>0.2%</td><td>0.1%</td></tr>
</table></td></tr>
</table>

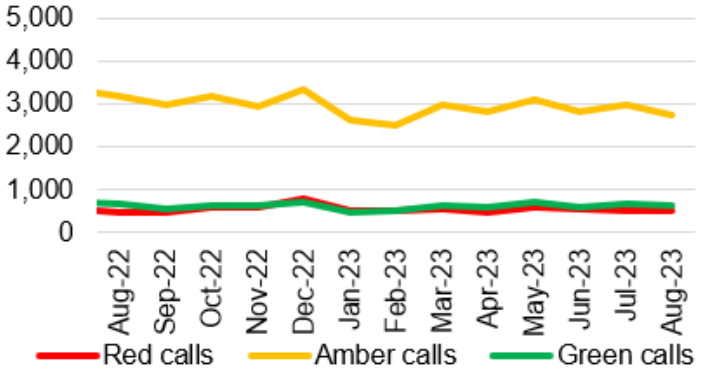
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
Ambulance responses *1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.* *2. The number of ambulance calls by category.* *3.The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)*	In August 2023, the number of red calls responded to within 8 minutes increased to 55.7%, from 54.9% in July 2023. In August 2023, the number of green calls decreased by 6%, amber calls decreased by 8%, and red calls decreased by 3% compared with July 2023.	Ambulance response rates have seen an improvement in performance in August 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.

Trend

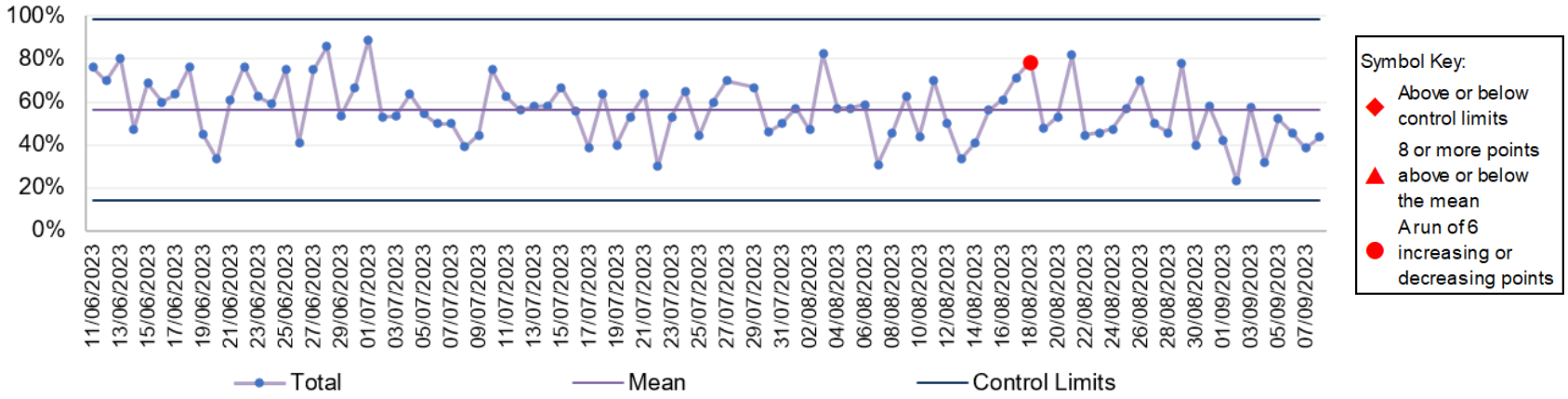
1. % of red calls responded to within 8 minutes



2. Number of ambulance call responses



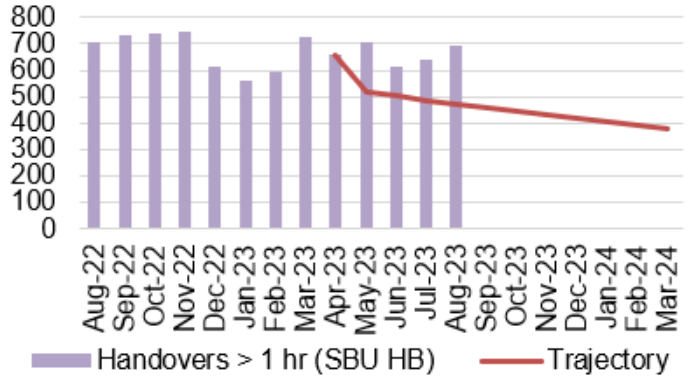
3. % of red calls responded to within 8 minutes – HB total last 90 days



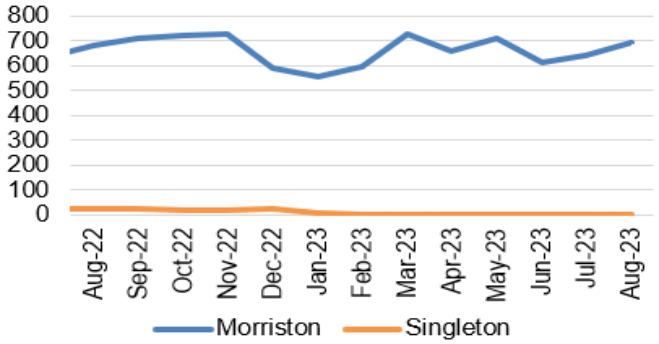
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
Ambulance handovers 1.The number of ambulance handovers over one hour 2. The number of ambulance handovers over one hour- Hospital level 3.The number of ambulance handovers over one hour (last 90 days)	In August 2023, there were 694 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 643 in July 2023. In July 2023, 693 handovers over 1 hour were attributed to Morriston Hospital, with 1 attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have increased from 3,383 in July 2023 to 4,075 in August 2023.	Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction.

Trend

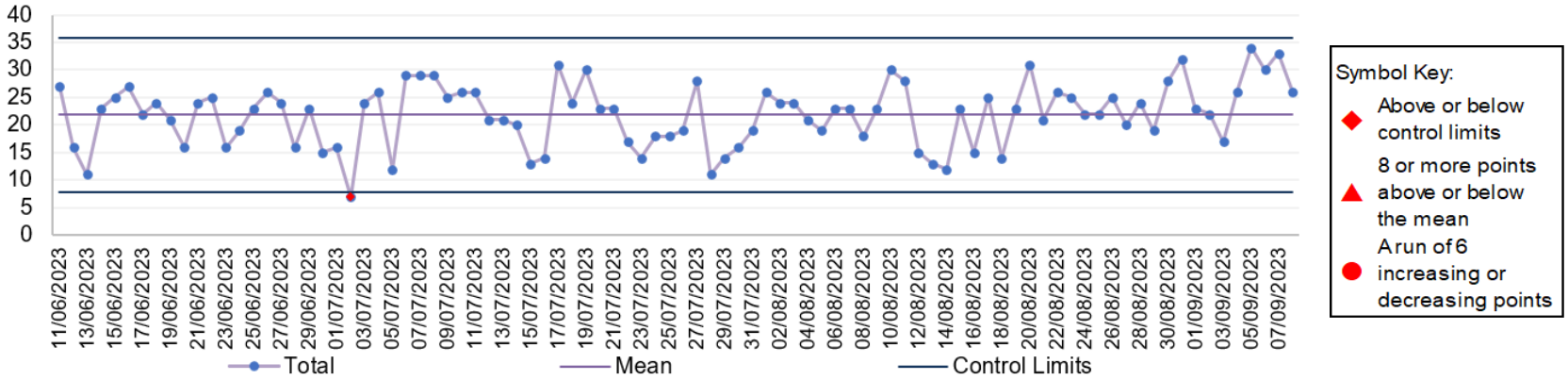
1. Number of ambulance handovers- HB total



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



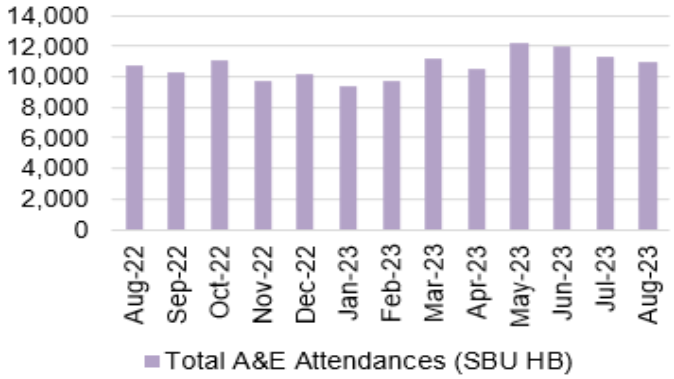
3. Number of ambulance handovers- HB total last 90 days



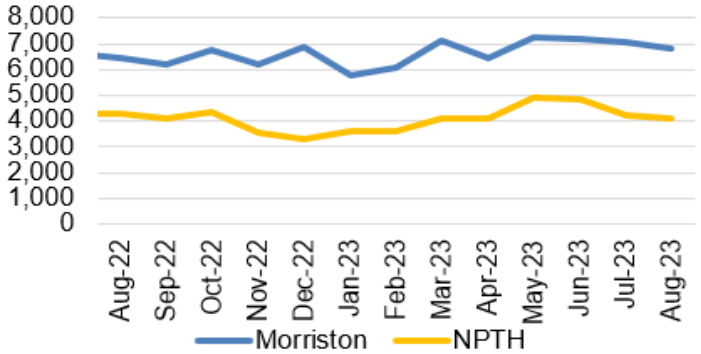
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
A&E Attendances *1.The number of attendances at emergency departments in the Health Board* *2.The number of attendances at emergency departments in the Health Board – Hospital level* *3.The number of attendances at emergency departments in the Health Board (last 90 days)*	ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In August 2023, there were 10,947 A&E attendances, this is 3% lower than July 2023.	There is currently a medical SDEC model in place consisting of medics, GP's, therapies, plus co-location of OPAS, ACT, virtual wards, paramedics (WAST stack review and direct access) – pull & push model from ED.

Trend

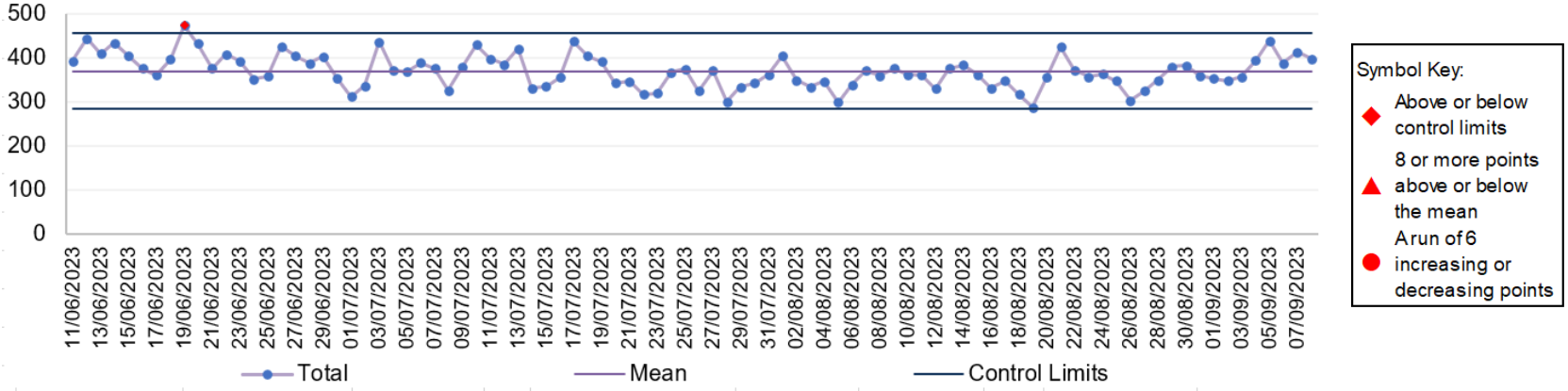
1. Number of A&E attendances- HB total



2. Number of A&E attendances- Hospital level



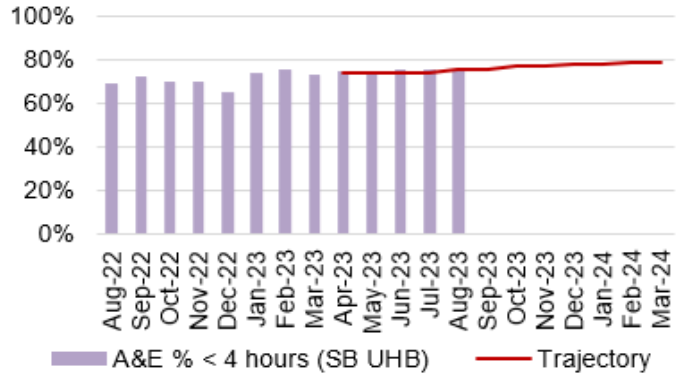
3. Number of A&E attendances -HB total last 90 days



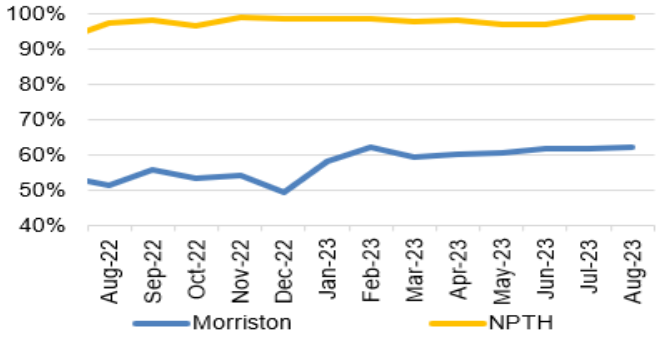
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
A&E waiting times *1.% of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge* *2. % of patients who spend less than 4 hours in A&E- Hospital level* *3. % of patients who spend less than 4 hours in A&E (last 90 days)*	The Health Board's performance against the 4-hour measure improved slightly from 76.03% in July 2023 to 76.19% in August 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 99.03% in August 2023. Morriston Hospital's performance improved between July and August 2023, achieving 62.32% against the target.	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.

Trend

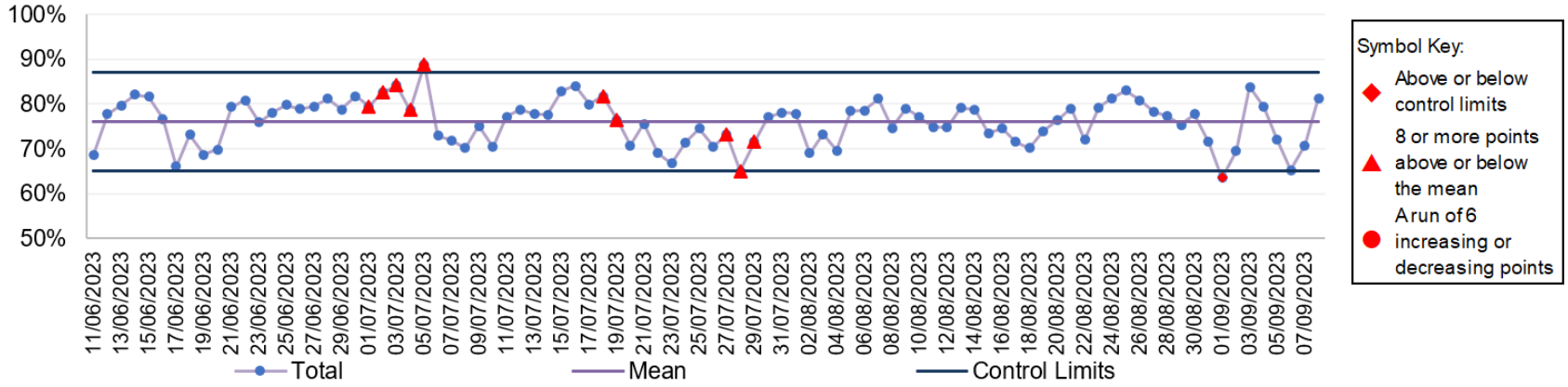
1. % Patients waiting under 4 hours in A&E- HB total



2. % Patients waiting under 4 hours in A&E- Hospital level



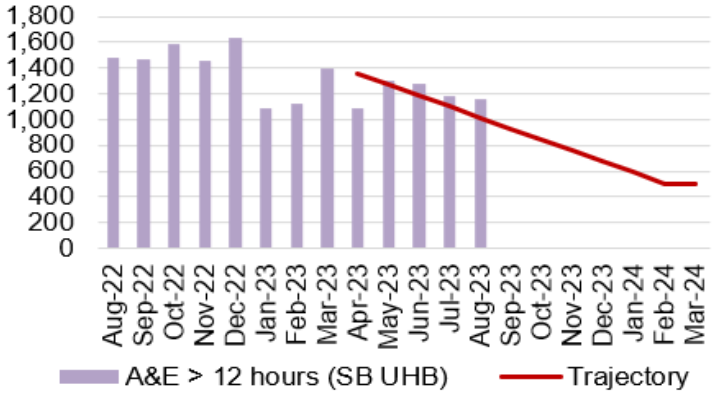
3. % Patients waiting under 4 hours in A&E- HB total last 90 days



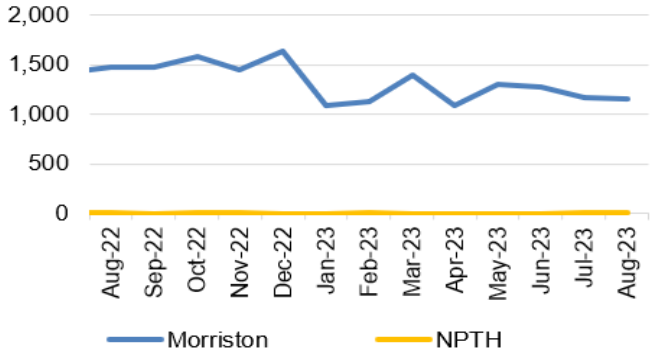
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
A&E waiting times *1.Number of patients who spend 12 hours or more in A&E* *2.Number of patients who spend 12 hours or more in A&E- Hospital level* *3.Number of patients who spend 12 hours or more in A&E (last 90 days)*	In August 2023, performance against the 12-hour measure improved when compared with July 2023, decreasing from 1,179 to 1,156. This is a reduction of 23 compared to July 2023. 1,154 patients waiting over 12 hours in July 2023 were attributed to Morriston Hospital, with 2 attributed to Neath Port Talbot Hospital.	A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.

Trend

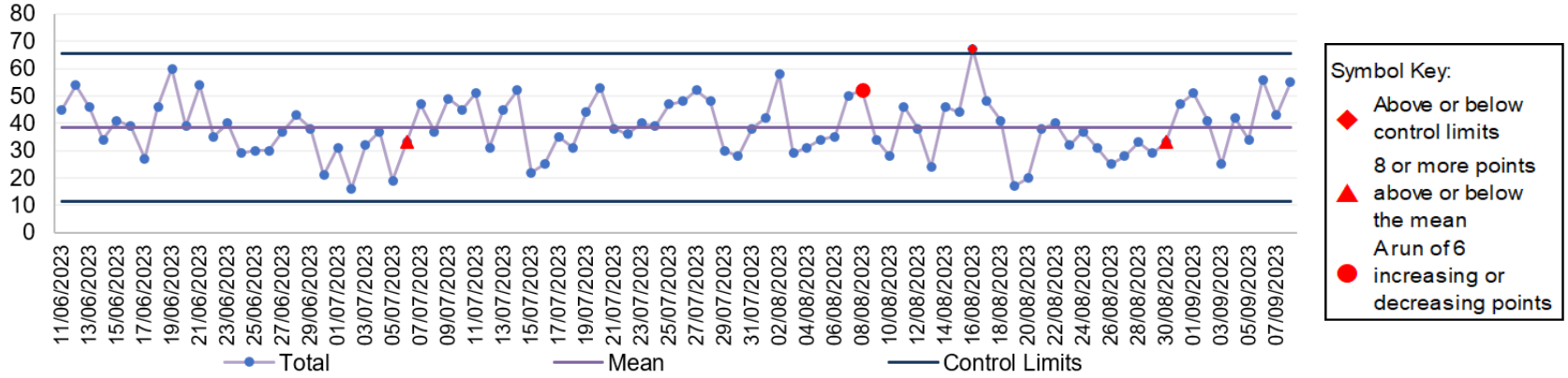
1. Number of patients waiting over 12 hours in A&E- HB total



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



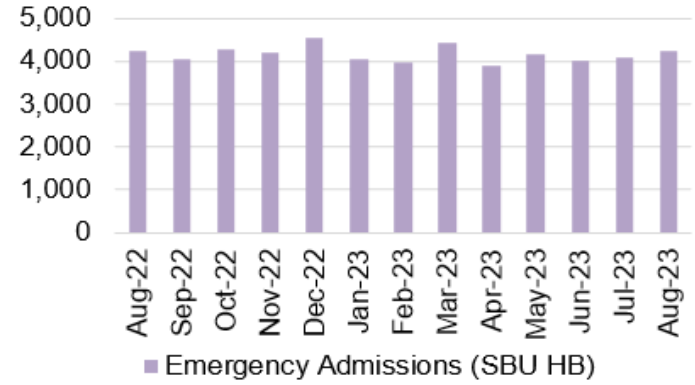
3. Number of patients waiting over 12 hours in A&E – HB total last 90 days



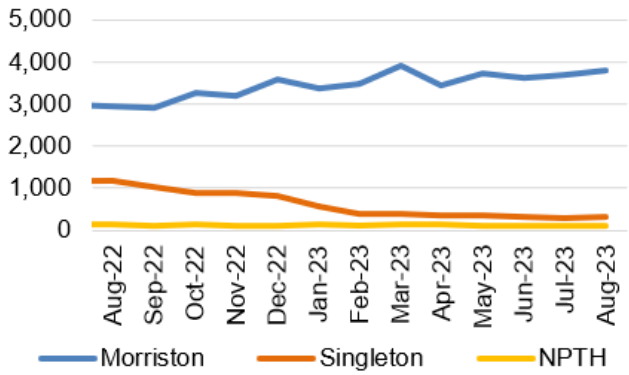
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
Emergency admissions *1. The number of emergency inpatient admissions* *2. The number of emergency inpatient admissions- Hospital level* *3. The number of emergency inpatient admissions (last 90 days)*	In August 2023, there were 4,236 emergency admissions across the Health Board, which is 166 higher than July 2023. Singleton Hospital saw an in-month increase, with 40 more admissions (from 283 in July 2023), Morriston Hospital saw an in-month increase from 3,681 admissions in July 2023 to 3,797 admissions in August 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

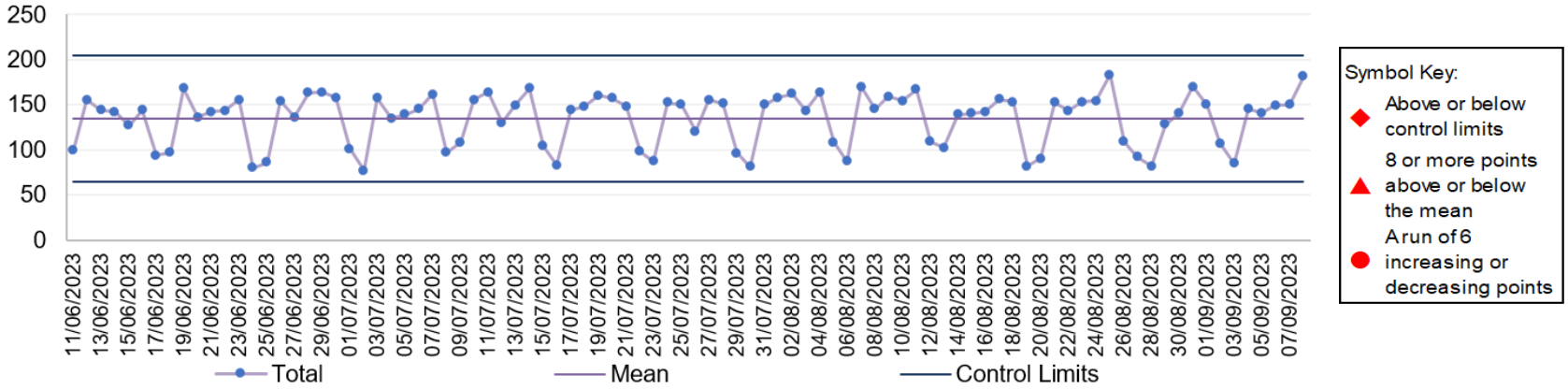
1. Number of emergency admissions- HB total



2.Number of emergency admissions- Hospital level

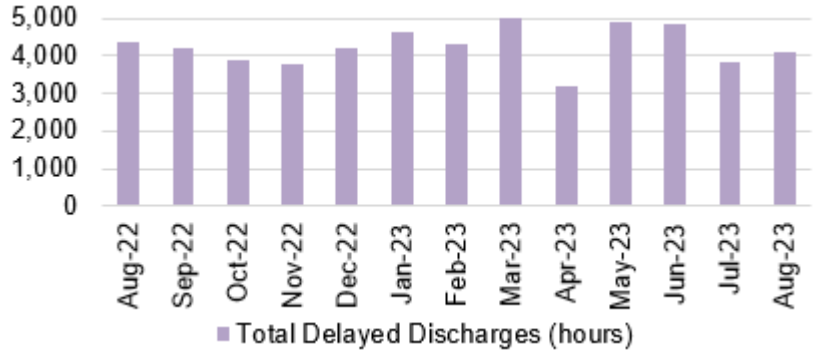


3.Number of emergency admissions- HB total last 90 days

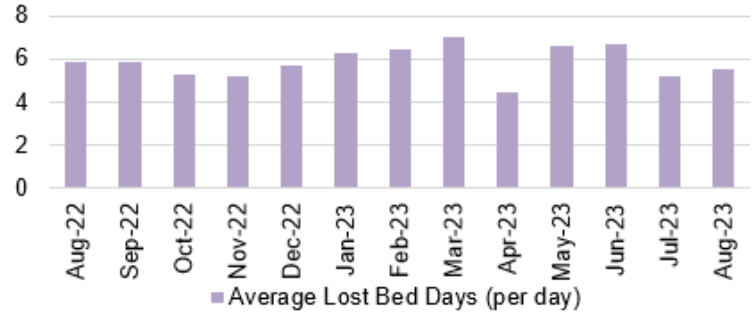


UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
Critical Care-Delayed Transfers of Care (DTOC)-Morriston *Hospital* *1.Total Critical Care delayed discharges (hours)* *2. Average lost bed days per day* *3.Percentage of patients delayed:* *Up to 8 hours* *Between 8 and 24 hours* *Over 24 hours*	In August 2023, there were a total of 85 admissions into the Intensive Care Unit (ICU) in Morriston Hospital, this is a reduction when compared with 88 admissions in July 2023. August 2023, saw an increase in the number of delayed discharge hours from 3,842.05 in July 2023 to 4,097.05 in August 2023. The average lost bed days increased to 5.51 per day. The percentage of patients delayed over 24 hours increased to 63.64% in August from 57.75% in July 2023.	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 improvement the current pressures within ED are having a direct impact on discharges from ICU.
Trend		

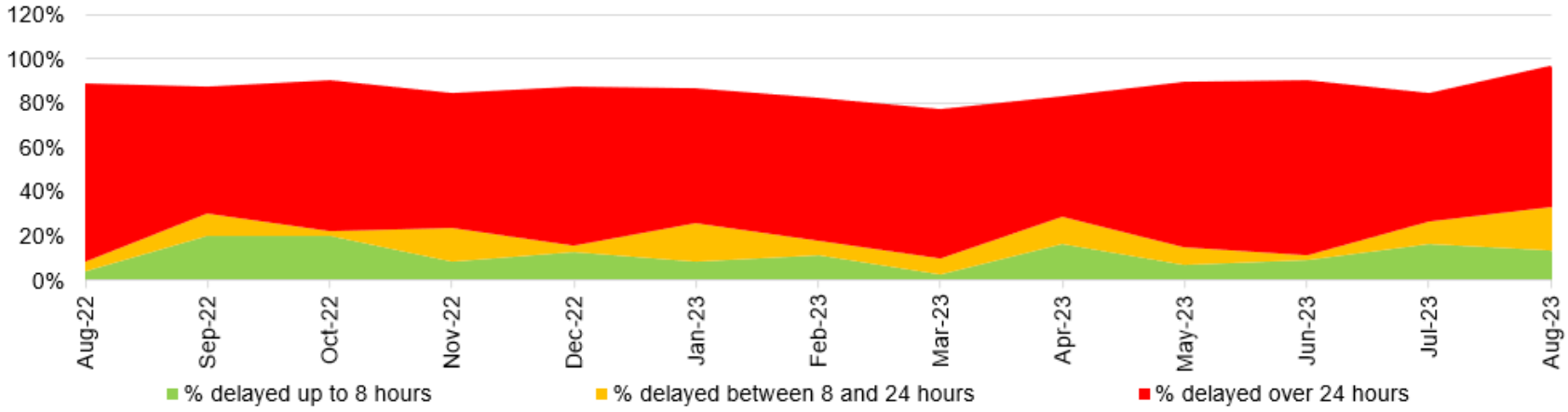
1. Total Critical Care delayed discharges (hours)

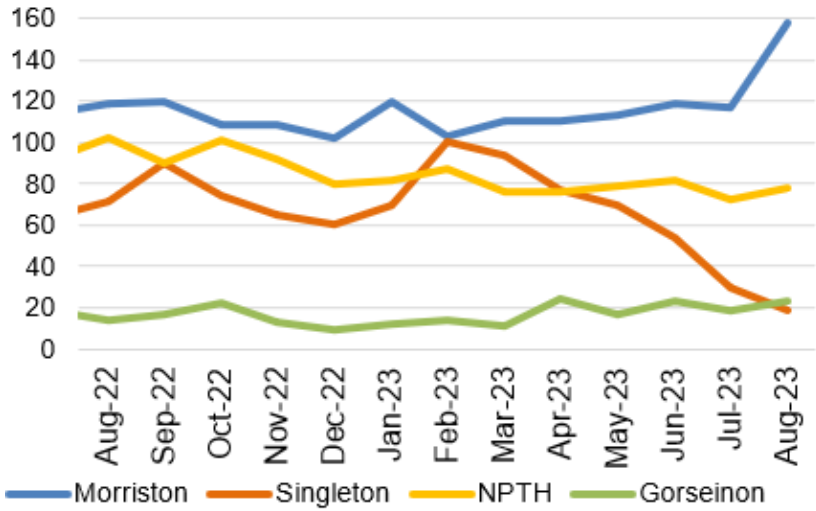
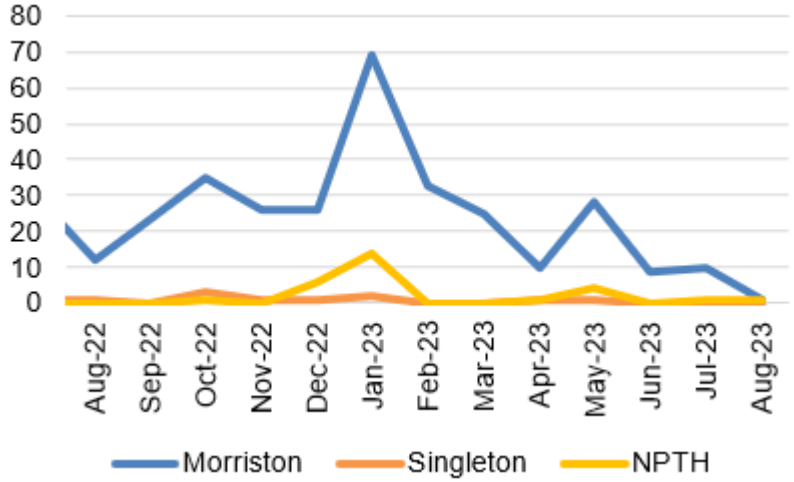


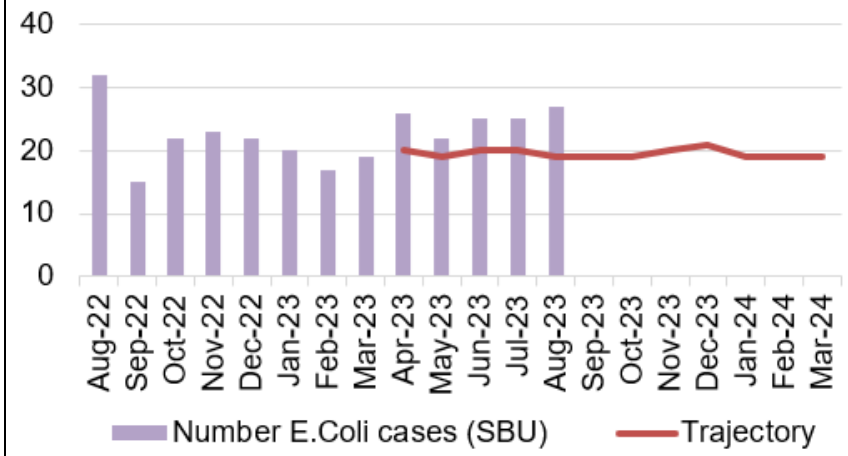
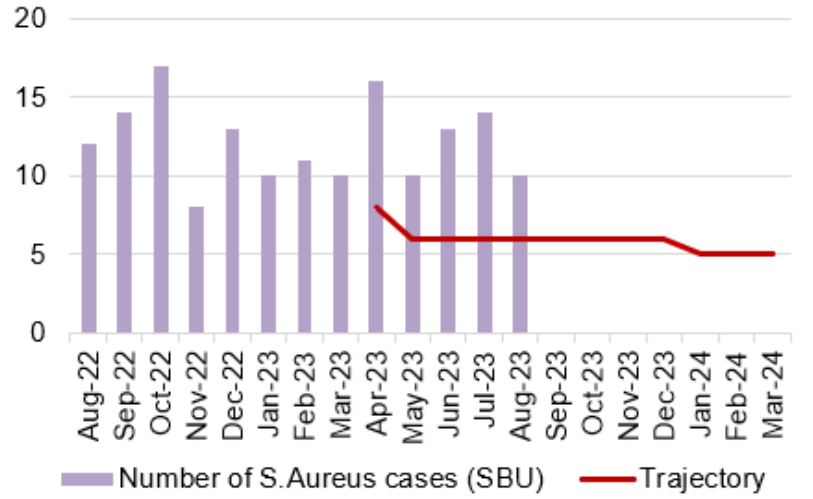
2. Average lost bed days per day

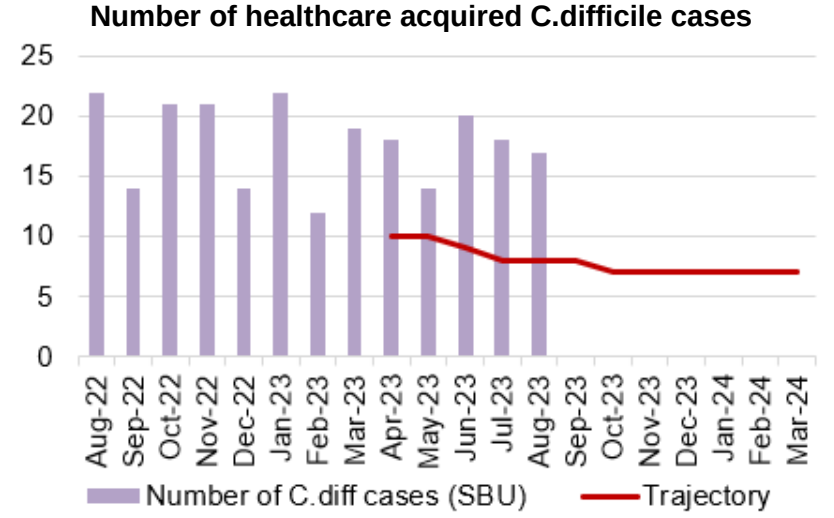
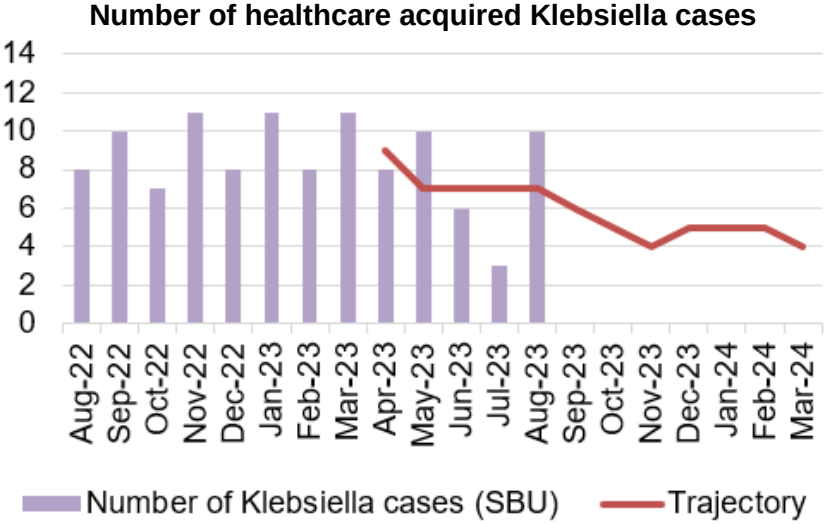


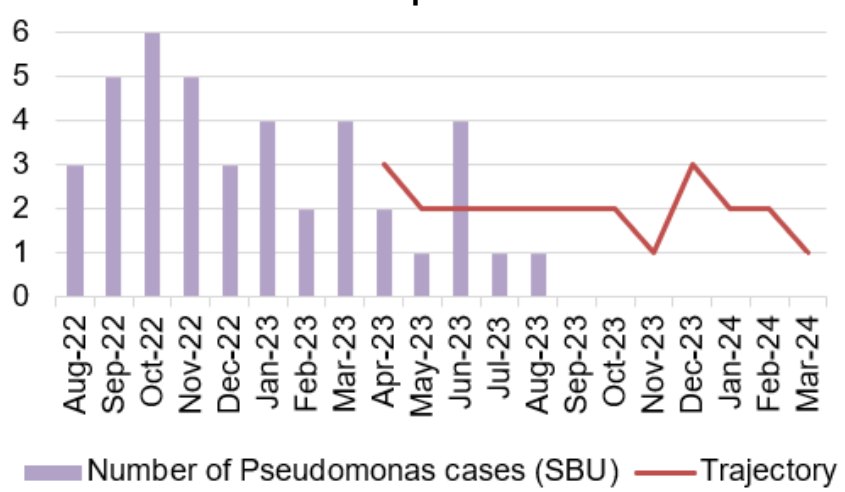
3. Percentage of Critical Care patients delayed



UNSCHEDULED CARE		
Description	**Current Performance**	**Trend**
Clinically Optimised *The number of patients waiting at each site in the Health Board that are clinically optimised*	In August 2023, there were on average 278 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. In August 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 158, closely followed by Neath Port Talbot Hospital with 78. **Actions of Improvement;** Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital. Work is also underway to review the definitions of Clinically Optimised Patients within the Health Board, this work is expected to lead to improvements in the reported figures.	**The number of clinically optimised patients by site** 
Elective procedures cancelled due to lack of beds The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds	In August 2023, there were 2 elective procedures cancelled due to lack of beds on the day of surgery. This is 9 less cancellations than those seen in July 2023. Of the cancelled procedures, 1 was attributed to Morriston Hospital and 1 was attributed to Neath Port Talbot Hospital in August 2023.	**Total number of elective procedures cancelled due to lack of beds** 

HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- *Number of laboratory confirmed E.coli bacteraemia cases*	• 27 cases of *E.* coli bacteraemia were identified in August 2023, of which 18 were hospital acquired and 9 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 19 cases for August 2023. **Actions of Improvement;** Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates	**Number of *healthcare acquired E.coli* bacteraemia cases** 
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- *Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases*	• There were 10 cases of Staph. aureus bacteraemia in August 2023, of which 6 were hospital acquired and 4 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 6 cases for August 2023. **Actions of Improvement;** Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates	**Number of healthcare acquired S.aureus bacteraemia cases** 

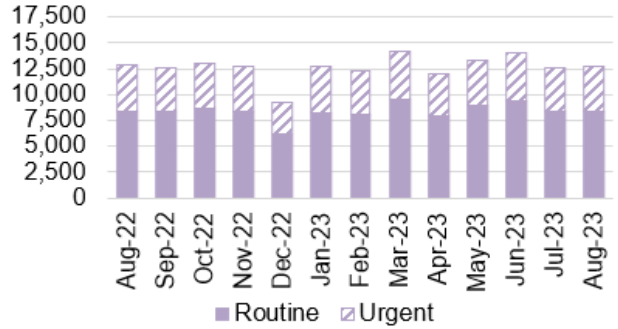
HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- C.*difficile*- *Number of laboratory confirmed C.difficile cases*	• There were 17 *Clostridium difficile* toxin positive cases in August 2023, of which 14 were hospital acquired and 3 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 8 cases for August 2023. **Actions of Improvement;** Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates	
Healthcare Acquired Infections (HCAI)- Klebsiella sp- *Number of laboratory confirmed Klebsiella sp cases*	• There were 10 cases of Klebsiella sp in August 2023, all of which were hospital acquired. • The Health Board total is currently above the Welsh Government Profile target of 7 cases for August 2023. **Actions of Improvement;** Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates	

HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- Aeruginosa- *Number of laboratory confirmed Aeruginosa cases*	• There was 1 case of *P.Aerginosa* in August 2023, all of which were community acquired. • The Health Board total is currently below the Welsh Government Profile target of 2 cases for Augut 2023. **Actions of Improvement;** Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates	

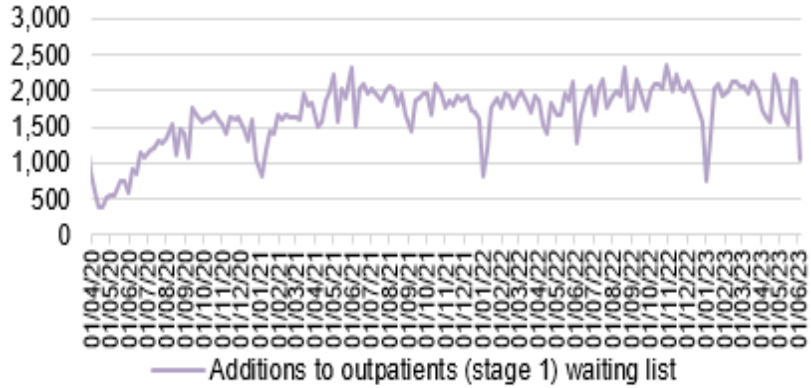
PLANNED CARE		
Description	**Current Performance**	**Actions of Improvement**
Referrals and shape of the waiting list **1. GP Referrals** *The number of Stage 1 additions per week* **2. Stage 1 additions** *The number of new patients that have been added to the outpatient waiting list* **3. Outpatient activity undertaken** *Total number of patients seen each month* **4. Size of the waiting list** *Total number of patients on the waiting list by stage as at August 2023*	August 2023 has seen a minor increase in referral figures compared with July 2023 (12,623). Referral rates have continued to rise slowly since December 2021, with 12,698 received in August 2023. Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.	The number of referrals received has remained steady in recent months and is now showing a consistent pattern of demand.

Trend

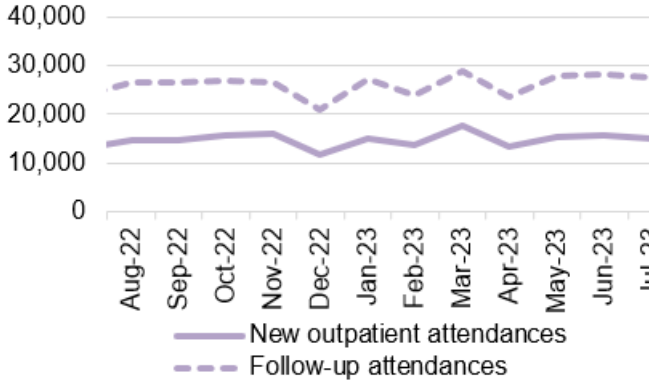
1. Number of GP referrals received by SBU Health Board



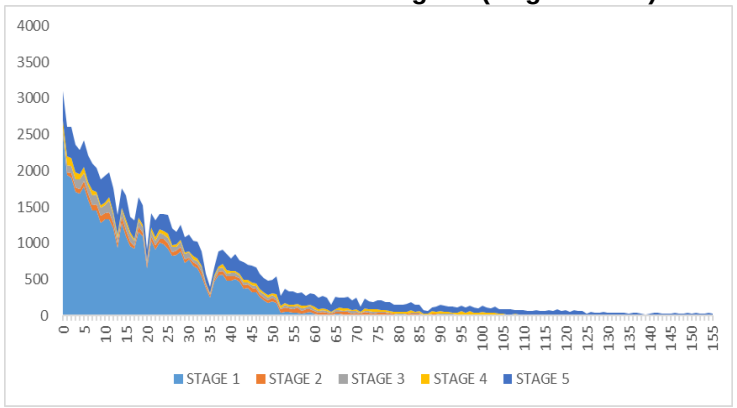
2. Number of stage 1 additions per week



3. Outpatient activity undertaken

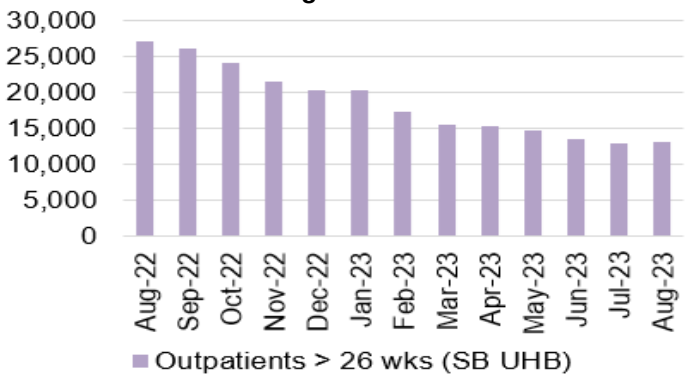


4. Total size of the waiting list (August 2023)

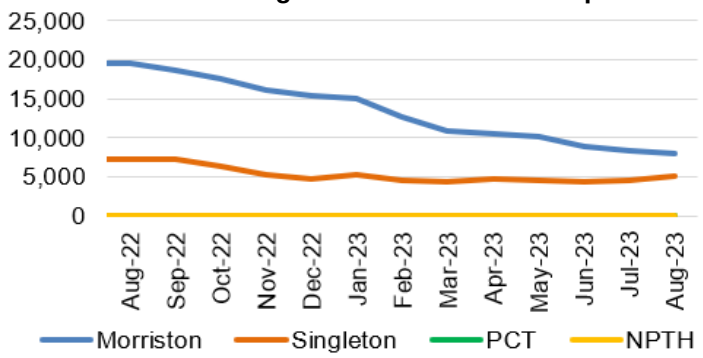


PLANNED CARE		
Description	**Current Performance**	**Actions of Improvement**
Outpatient waiting times *1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total* *2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level* *3. Patients waiting over 26 weeks for an outpatient appointment by specialty* *4. Percentage of patients waiting less than 26 weeks*	The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. August 2023 saw an in-month increase of 1% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 12,937 in July 2023 to 13,121 in August 2023. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and Gynaecology. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has slightly deteriorated to 61%.	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
	Trend	

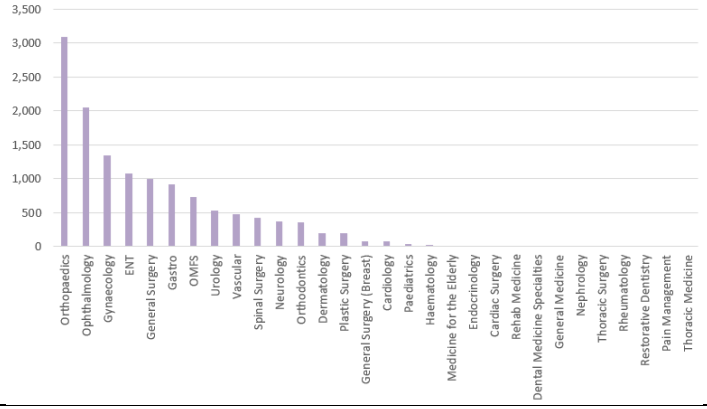
1. Number of stage 1 over 26 weeks- HB total



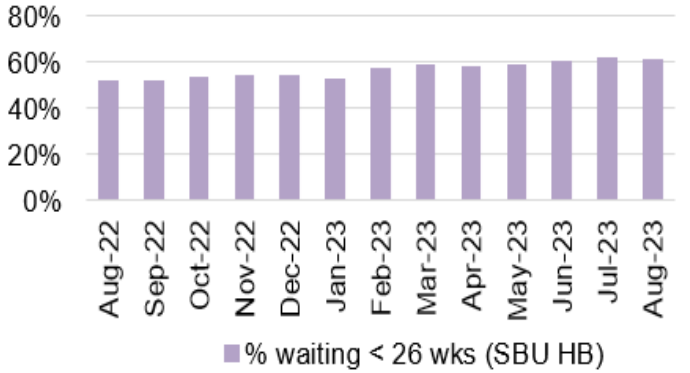
2. Number of stage 1 over 26 weeks- Hospital level



3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at August 2023



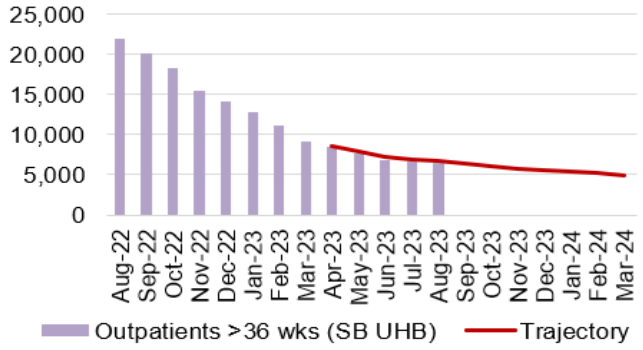
4. Percentage of patient waiting less than 26 weeks



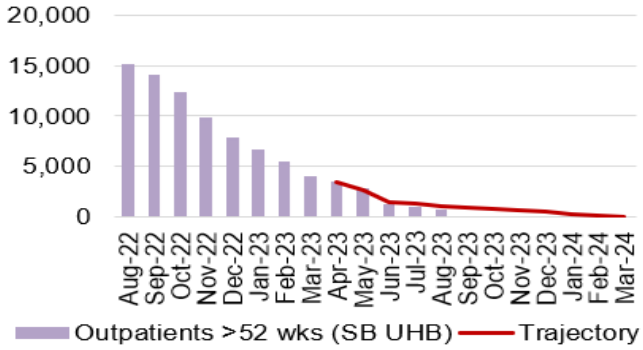
PLANNED CARE		
Description	**Current Performance**	**Actions of Improvement**
Patients waiting over 36 weeks for treatment *1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total* *2. Number of patients waiting more than 52 weeks for treatment at Stage 1* *3. Number of elective admissions* *4. Number of patients waiting more than 104 weeks for treatment*	In August 2023, there were 6,558 patients waiting over 36 weeks at Stage 1, which is a 3% in-month reduction from July 2023. 14,877 patients were waiting over 52 weeks at all stages in August 2023. In August 2023, there were 4,999 patients waiting over 104 weeks for treatment, which is a 6% reduction from July 2023. The Health Board are currently out-performing all submitted recovery trajectories for 2023/24.	An updated 104-week trajectory is currently being developed for finalisation in September 2023. Currently implementing planned care efficiency measures which include; over-booking clinics, improving treat in turn rates, increasing capacity, validation of pathways and internal administrative and clinical validation.

Trend

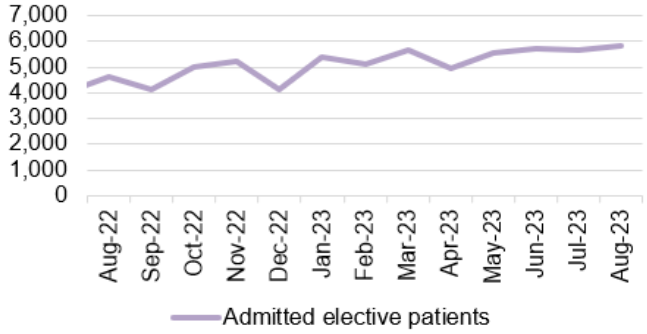
1. Number of patients waiting over 36 weeks at Stage 1- HB total



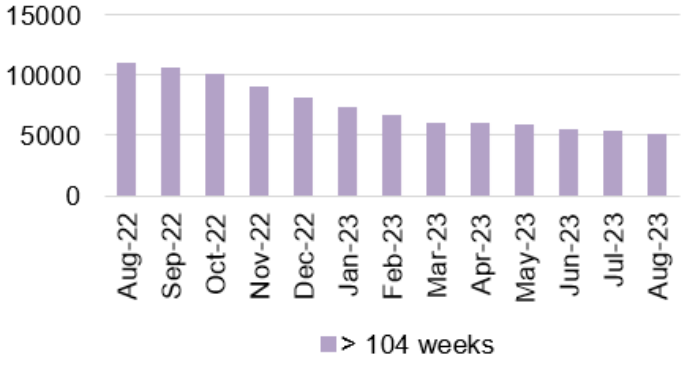
2. Number of patients waiting over 52 weeks at Stage 1- HB total

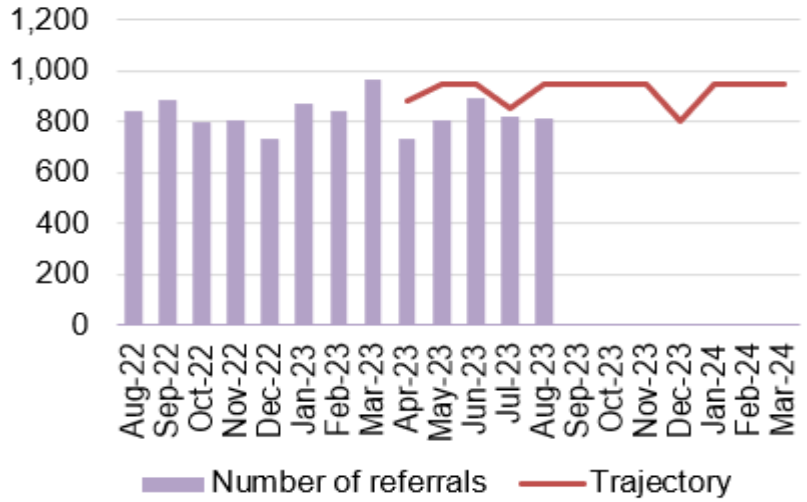
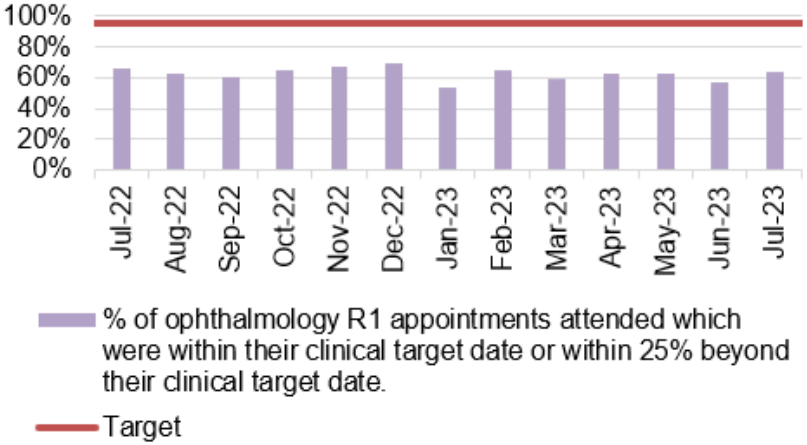


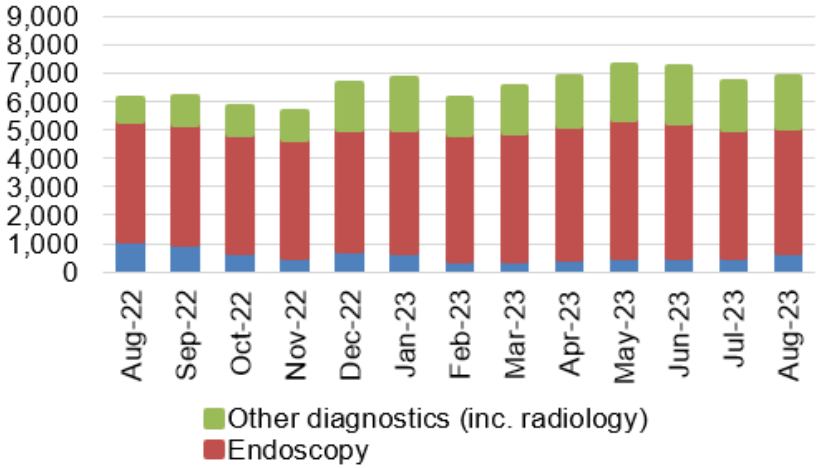
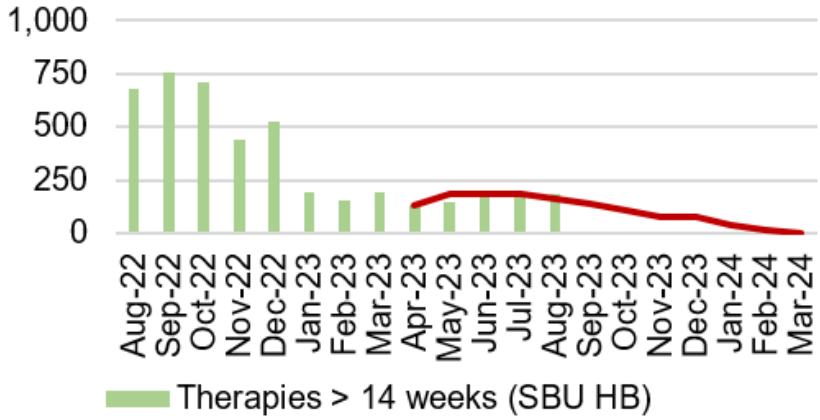
3. Number of elective admissions



4. Number of patients waiting over 104 weeks- HB total



PLANNED CARE		
Description	**Current Performance**	
Ophthalmology Referrals *Number of patients referred into secondary care Ophthalmology services*	In August 2023, there were 812 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in July 2023, which was 824. The figures reported are outperforming the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in August 2023 (950).	**Number of referrals into secondary care Ophthalmology service** 
Ophthalmology waiting times *Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments*	In July 2023, 63.8% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date. **Actions of Improvement;** A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity	**Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments** 

PLANNED CARE		
Description	**Current Performance**	**Trend**
Diagnostics waiting times *The number of patients waiting more than 8 weeks for specified diagnostics*	In August 2023, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,713 in July 2023 to 6,861 in August 2023. The following is a breakdown for the 8-week breaches by diagnostic test for August 2023: • Endoscopy= 4,415 • Cardiac tests= 680^ • Other Diagnostics = 1,766^ **Actions of Improvement**; Detailed demand and capacity work is currently underway to develop a diagnostic recovery trajectory which works towards the ministerial target of 0 by March 2024.	**Number of patients waiting longer than 8 weeks for Diagnostics** 
Therapy waiting times *The number of patients waiting more than 14 weeks for specified therapies*	In August 2023 there were 183 patients waiting over 14 weeks for specified Therapies. The breakdown for breaches in August 2023 are: • Speech & Language Therapy= 158 • Dietetics = 25^ **Actions of Improvement;** The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas.	**Number of patients waiting longer than 14 weeks for therapies** 

CANCER

Description

Single Cancer Pathway backlog
The number of patients with an active wait status of more than 63 days

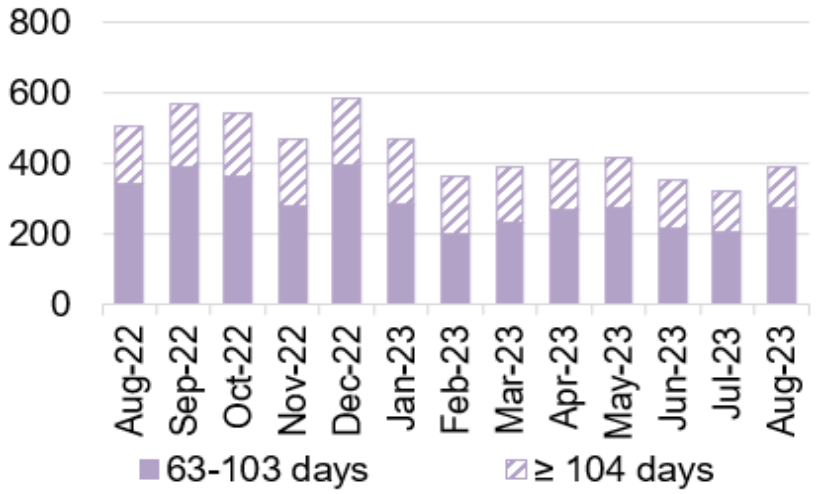
Current Performance

September 2023 backlog by tumour site:

Tumour Site	63 - 103 days	≥104 days
Acute Leukaemia	0	0
Brain/CNS	0	1
Breast	19	1
Children's cancer	1	0
Gynaecological	78	27
Haematological	4	6
Head and neck	25	7
Lower Gastrointestinal	54	23
Lung	14	10
Other	4	0
Sarcoma	4	1
Skin(c)	28	8
Upper Gastrointestinal	33	12
Urological	36	21
Grand Total	**300**	**117**

Trend

Number of patients with a wait status of more than 62 days

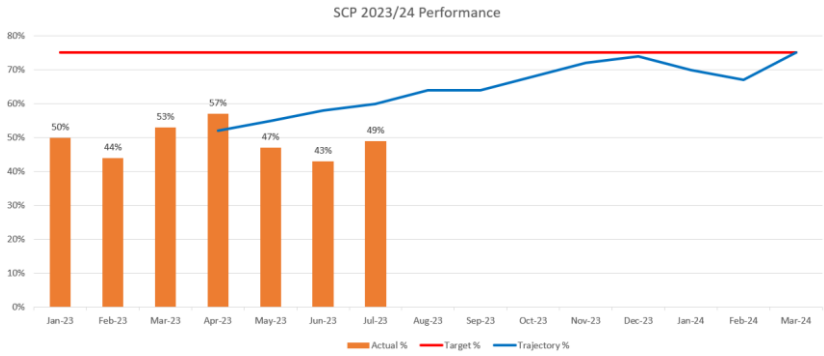


Single Cancer Pathway backlog- patients waiting over 63 days

August 2023 saw an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;

- Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog
- The cancer tracking facility will be centralised from October 2023 to support focussed tracking with a whole system approach
- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority

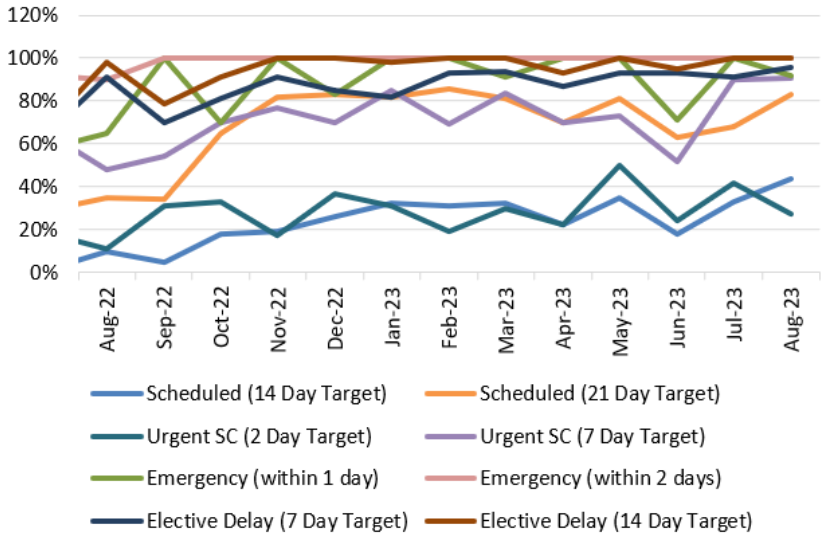
Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion

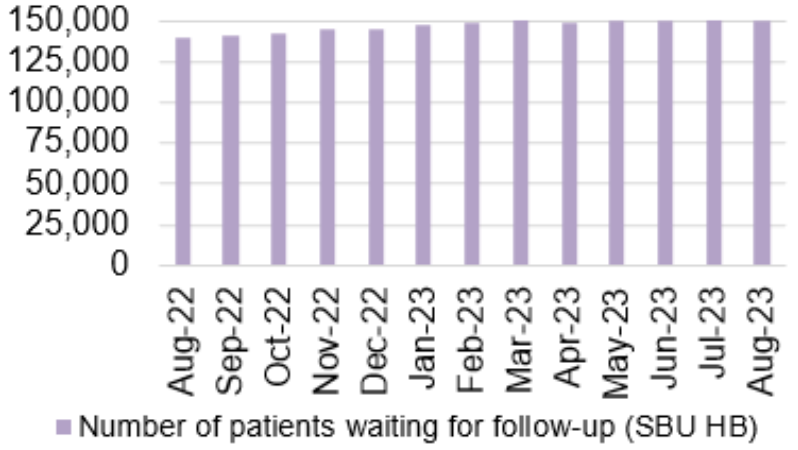
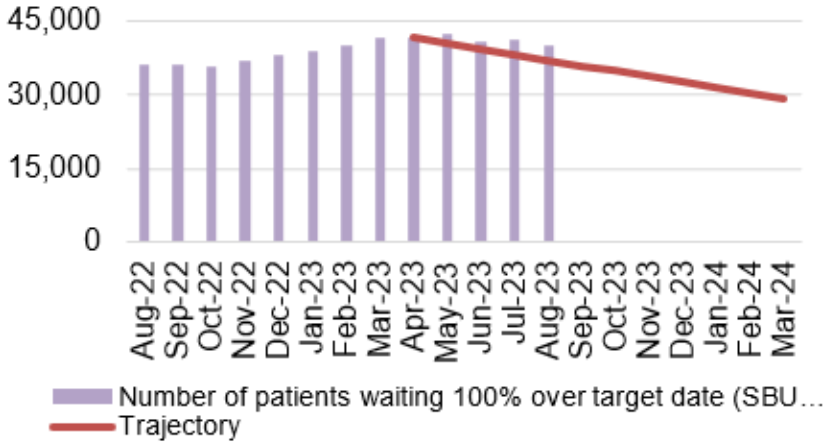


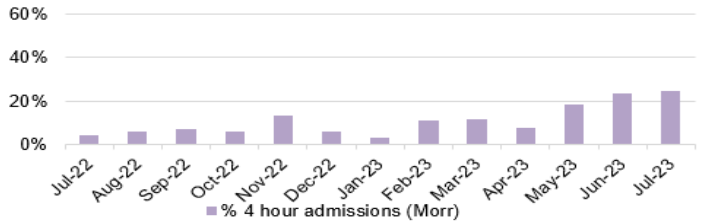
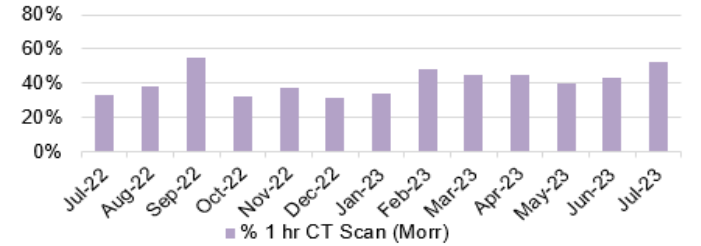
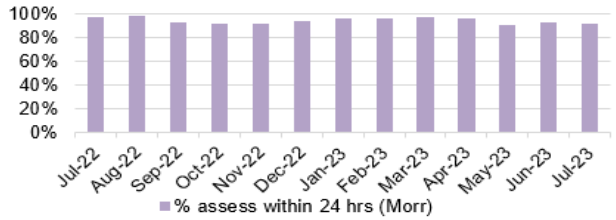
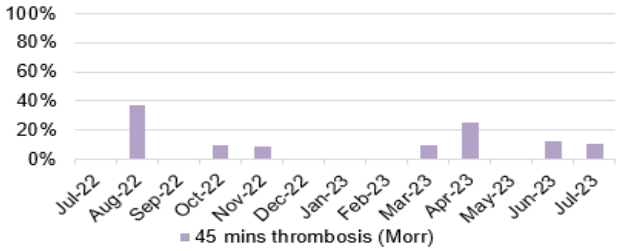
<table>
<tr><th colspan="3">CANCER</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>USC First Outpatient Appointments
The number of patients at first outpatient appointment stage by days waiting</td><td>To date, early September 2023 figures show total wait volumes for first outpatient appointment have increased by 3% when compared with the previous week.

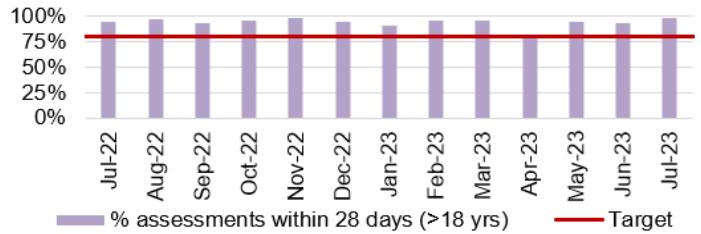
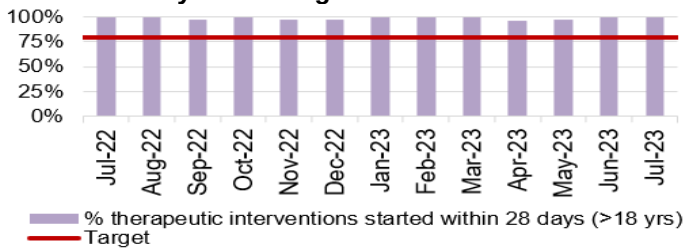
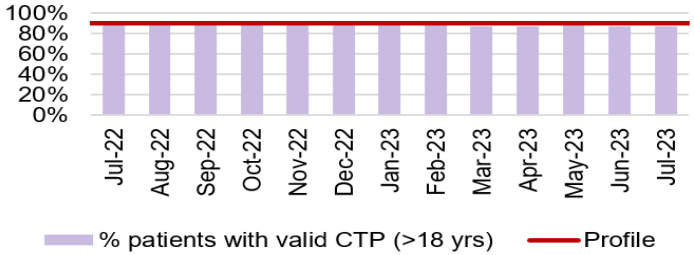
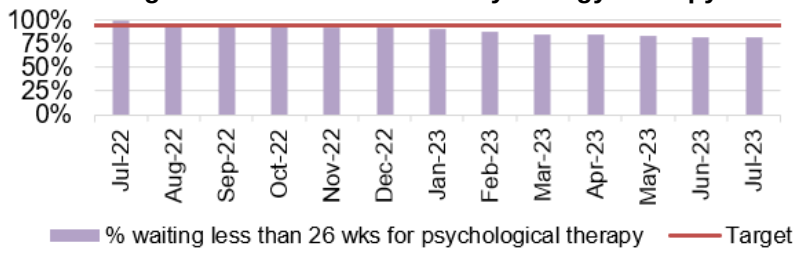
Of the total number of patients awaiting a first outpatient appointment, 42% have been booked, which is higher than figures seen in the previous months' performance.</td><td>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early September 2023
<table>
<tr><th>FIRST OPA</th><th>03-Sep</th><th>10-Sep</th></tr>
<tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr>
<tr><td>Brain/CNS</td><td>0</td><td>0</td></tr>
<tr><td>Breast</td><td>79</td><td>7</td></tr>
<tr><td>Children's Cancer</td><td>8</td><td>9</td></tr>
<tr><td>Gynaecological</td><td>65</td><td>79</td></tr>
<tr><td>Haematological</td><td>2</td><td>4</td></tr>
<tr><td>Head and Neck</td><td>89</td><td>113</td></tr>
<tr><td>Lower GI</td><td>57</td><td>50</td></tr>
<tr><td>Lung</td><td>11</td><td>8</td></tr>
<tr><td>Other</td><td>145</td><td>124</td></tr>
<tr><td>Sarcoma</td><td>0</td><td>0</td></tr>
<tr><td>Skin</td><td>526</td><td>605</td></tr>
<tr><td>Upper GI</td><td>41</td><td>35</td></tr>
<tr><td>Urological</td><td>36</td><td>53</td></tr>
<tr><td></td><td>1059</td><td>1087</td></tr>
</table></td></tr>
<tr><td>Radiotherapy waiting times

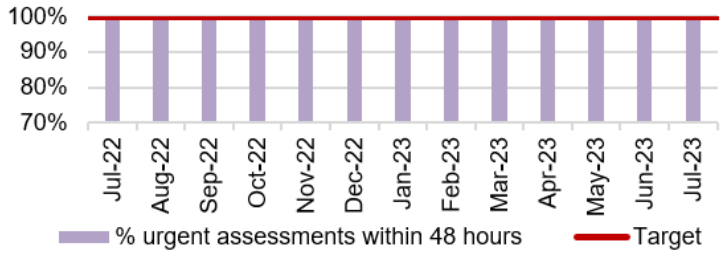
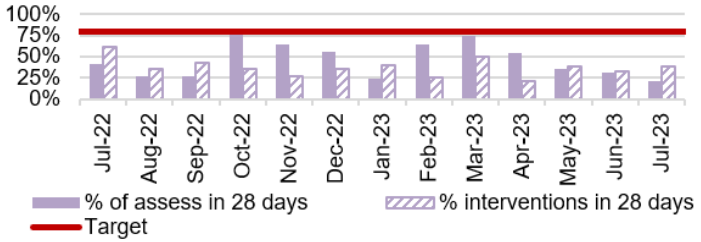
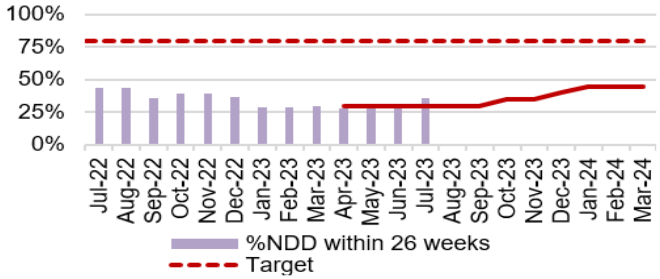
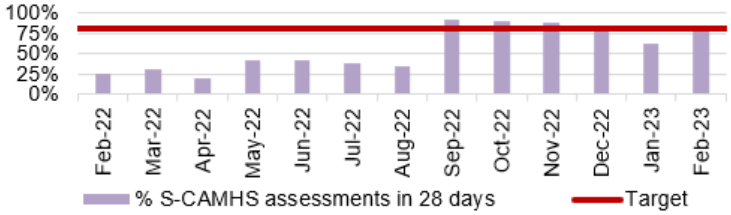
The percentage of patients receiving radiotherapy treatment</td><td>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%

<table>
<tr><th>Measure</th><th>Target</th><th>Aug-23</th></tr>
<tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>44%</td></tr>
<tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>83%</td></tr>
<tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>27%</td></tr>
<tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>91%</td></tr>
<tr><td>Emergency (within 1 day)</td><td>80%</td><td>92%</td></tr>
<tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr>
<tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>96%</td></tr>
<tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr>
</table></td><td>Radiotherapy waiting times
 
</td></tr>
</table>

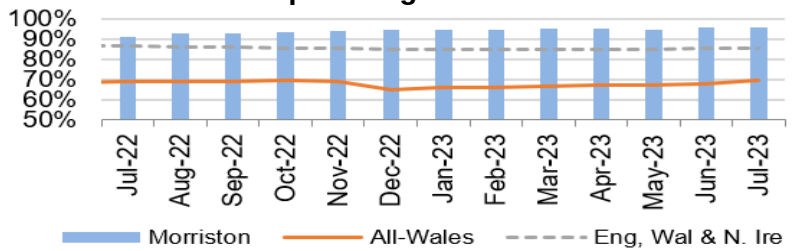
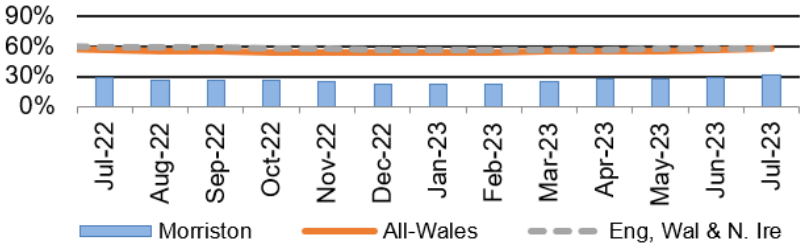
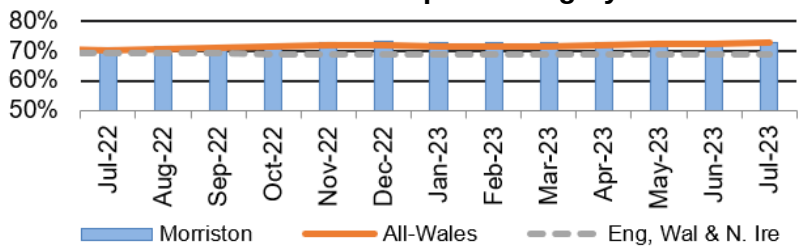
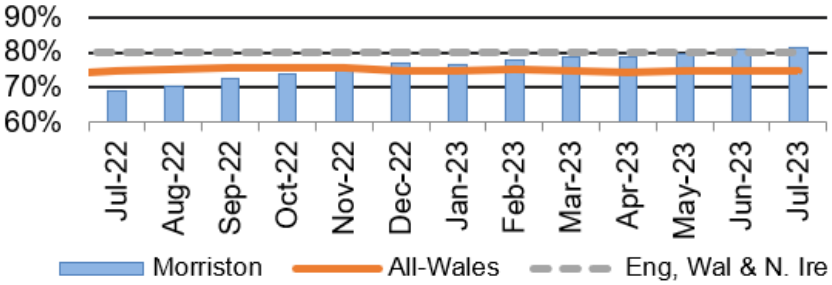
FOLLOW-UP APPOINTMENTS		
Description	**Current Performance**	**Trend**
Follow-up appointments *1. The total number of patients on the follow-up waiting list* *2. The number of patients waiting 100% over target for a follow-up appointment*	In August 2023, the overall size of the follow-up waiting list decreased by 356 patients compared with July 2023 (from 150,416 to 150,060). In August 2023, there was a total of 66,683 patients waiting for a follow-up past their target date. This is a slight in-month reduction of 1.6% (from 67,748 in July 2023 to 66,683). Of the 66,683 delayed follow-ups in August 2023, 12,441 had appointment dates and 54,242 were still waiting for an appointment. In addition, 39,938 patients were waiting 100%+ over target date in August 2023. This is a 2.9% reduction when compared with July 2023.	**1. Total number of patients waiting for a follow-up**  **2. Delayed follow-ups: Number of patients waiting 100% over target** 

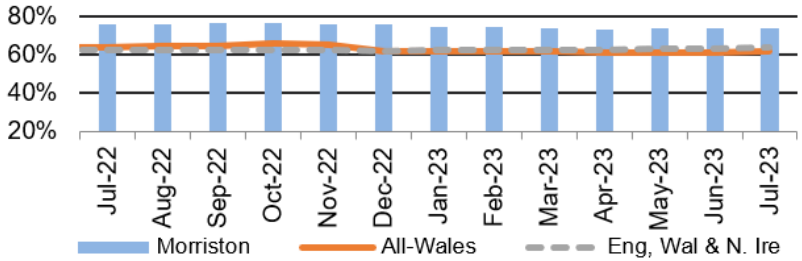
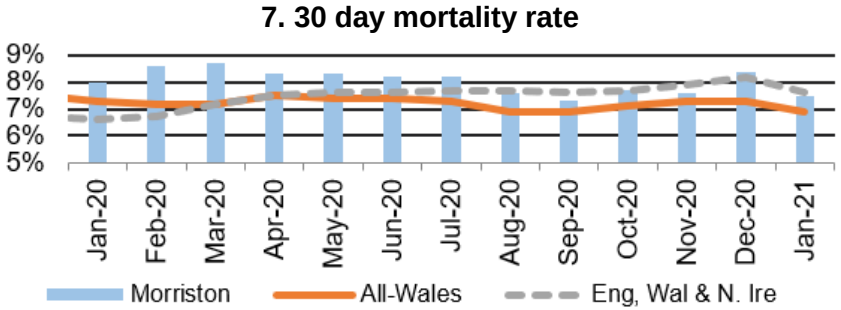
STROKE		
Description	**Current Performance**	**Trend**
Stroke Measures 1. *% of patients who have a direct admission to an acute stroke unit within 4 hours* 2. *% of patients who received a CT Scan within 1 hour* 3. *% of patients who are assessed by a stroke specialist consultant physician within 24 hours* 4. *% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	1. In July 2023, 25% of patients had a direct admission to an acute stroke unit within 4 hours. This is an improvement on the performance in June 2023 (24%). 2. In July 2023, 52% of patients received a CT scan within 1 hour of being admitted, this is an improvement on the figure reported in June 2023 3. 91.7% of patients were assessed by a stroke specialist consultant physician within 24 hours in July 2023, which is a deterioration of 1.2% from June 2023. 4. In July 2023, 11% of patients were thrombolysed in a time of less than or equal to 45 minutes. **Actions of Improvement;** The lack of ring fenced beds on all wards across the hospital sites is challenging as bed capacity is limited by the pressures of unscheduled care demand. The lack of dedicated stroke beds is directly impacting the stroke related performance measures. Work is underway to focus on future stroke performance improvement.	**1. % of patients who have a direct admission to an acute stroke unit within 4 hours**  **2. % of patients who received a CT Scan within 1 hour**  **3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours**  4. **% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes** 

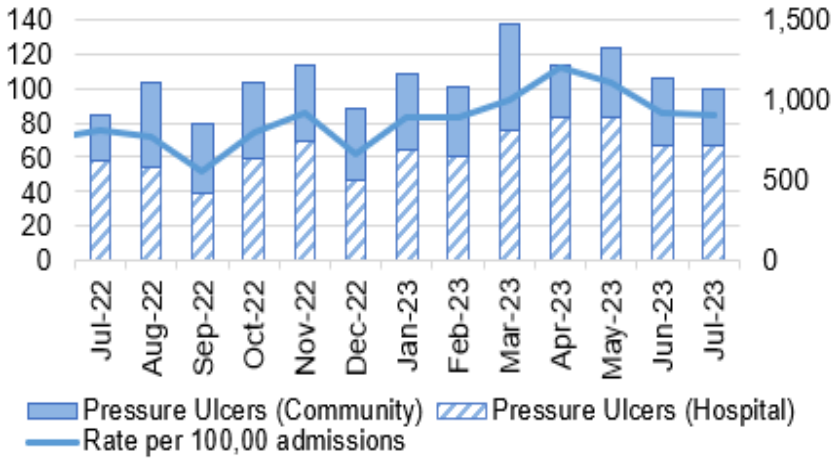
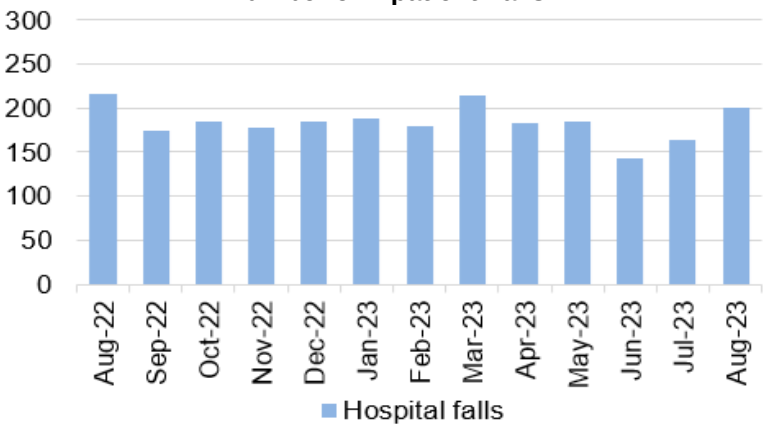
ADULT MENTAL HEALTH		
Description	**Current Performance**	**Trend**
Adult Mental Health Measures: 1. *% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)* 2. *% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)* 3. *% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)* 4. *% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health*	1. In July 2023, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over. 2. In July 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%. 3. 87% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in July 2023. 4. In July 2023, 82% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.	**1. % Mental Health assessments undertaken within 28 days from receipt of referral**  **2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment**  **3. % residents with a valid Care and Treatment Plan (CTP)**  **4. % waiting less than 26 weeks for Psychology Therapy** 

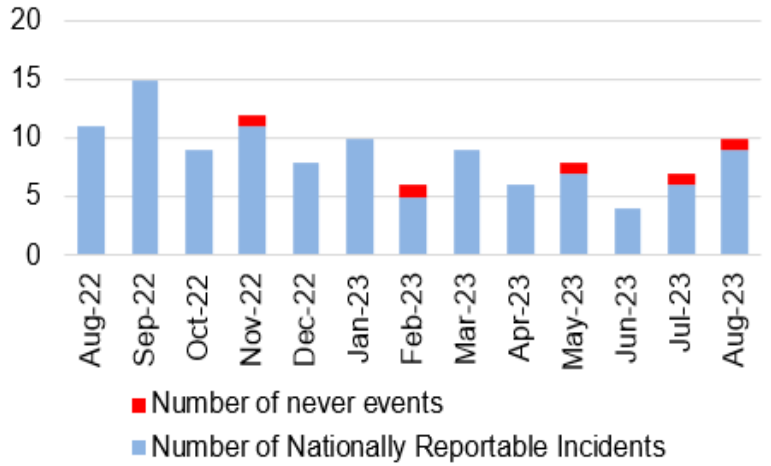
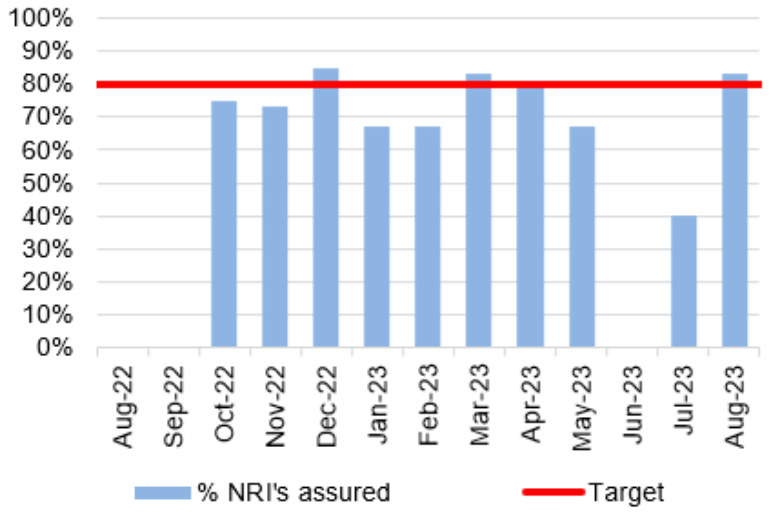
CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	**Current Performance**	**Trend**
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral 2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral 3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS 4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks 5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	1. In July 2023, 100% of CAMHS patients received an assessment within 48 hours. 2. 21% of routine assessments were undertaken within 28 days from referral in July 2023 against a target of 80%. 3. 38% of therapeutic interventions were started within 28 days following assessment by LPMHSS in July 2023. 4. 36% of NDD patients received a diagnostic assessment within 26 weeks in July 2023 against a target of 80%. 5. 82% of routine assessments by SCAMHS were undertaken within 28 days in February 2023. **Updated data is not currently available to report**	**1. Crisis- assessment within 48 hours**  **2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days**  **4. NDD- assessment within 26 weeks**  **5. S-CAMHS % assessments within 28 days** 

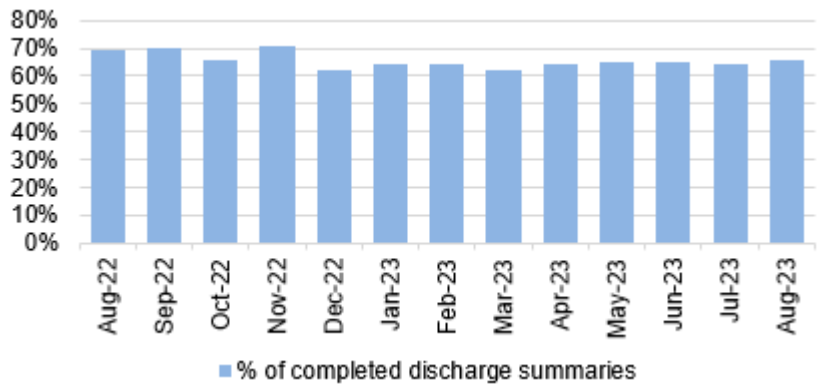
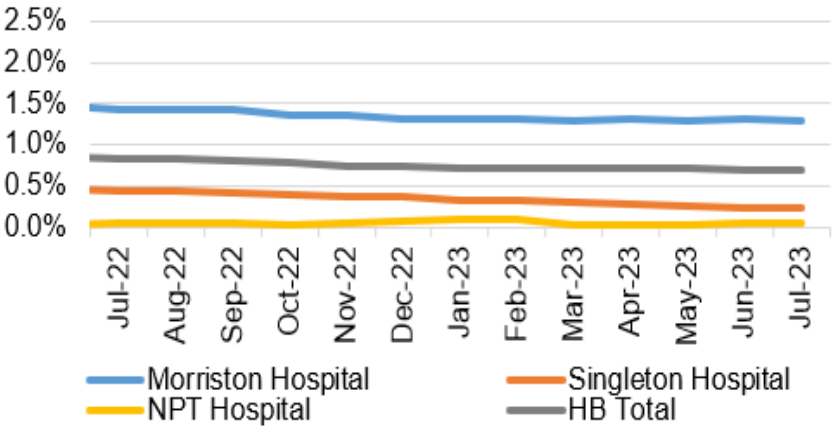
4. NHS DELIVERY FRAMEWORK MEASURES
&
MINISTERIAL PRIORITY TRAJECTORIES

FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
Fractured Neck of Femur (#NOF) *1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation* *2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture* *3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124* *4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation*	1. **Prompt orthogeriatric assessment-** In July 2023, 95.9% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. 2. **Prompt surgery-** In July 2023, 31.6% of patients had surgery the day following presentation with a hip fracture. This is a 2.4% deterioration from July 2022 which was 29.2% 3. **NICE compliant surgery**- 72.9% of operations were consistent with the NICE recommendations in July 2023. This is 1.9% less than in July 2022. 4. **Prompt mobilisation**- In July 2023, 81.4% of patients were out of bed the day after surgery. This is 12.2% more than in July 2022.	**1. Prompt orthogeriatric assessment**  **2. Prompt surgery**  **3. NICE compliant Surgery**  **4. Prompt mobilisation** 

FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
5. *Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation*	**5. Not delirious when tested**- 74.2% of patients were not delirious in the week after their operation in July 2023.	**5. Not delirious when tested** 
6. *Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up*	**6. Return to original residence**- 68.9% of patients in May 2023 were discharged back to their original residence. This is 1% less than in May 2022.	**6. Return to original residence**
7. *30 day mortality rate*	**7. 30 day mortality rate**- In January 2021 the morality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%. * Updated data is currently not available, but is being reviewed.	**7. 30 day mortality rate** 

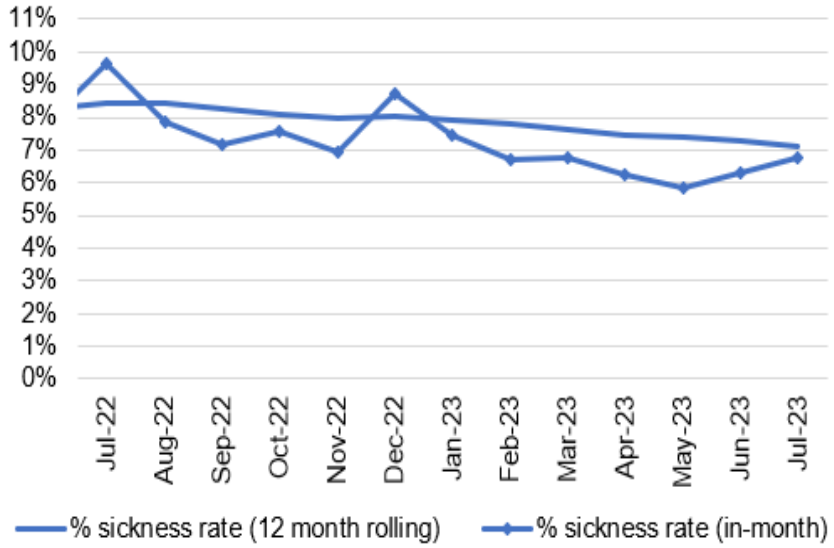
PRESSURE ULCERS		
Description	**Current Performance**	**Trend**
Number of pressure ulcers *1. Total number of pressure ulcers developed in hospital and in the community* *2. Rate of pressure ulcers per 100,000 admission*	1. In July 2023 there were 100 cases of healthcare acquired pressure ulcers, 33 of which were community acquired and 67 were hospital acquired. There were 7 grade 3+ pressure ulcers in July 2023, 6 of which were community acquired and 1 was hospital acquired. 2. The rate per 100,000 admissions decreased from 923 in June 2023 to 904 in July 2023.	**Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions** 
INPATIENT FALLS		
Description	**Current Performance**	**Trend**
Inpatient Falls *The total number of inpatient falls*	• The number of Falls reported via Datix web for Swansea Bay UHB was 200 in August 2023. This is 18% more than July 2023 where 164 falls were recorded.	**Number of inpatient Falls** 

NATIONALLY REPORTABLE INCIDENTS		
Description	**Current Performance**	**Trend**
Nationally Reportable Incidents (NRI's)- *1. The number of Nationally reportable incidents*	1. The Health Board reported 9 Nationally Reportable Incidents for the month of August 2023 to Welsh Government. The Service Group breakdown is as follows; - Morriston – 1 - Singleton – 2 - Primary Care – 4 - MH&LD - 2	**1. and 2. Number of nationally reportable incidents and never events** 
2. The number of Never Events	2. There was one new Never Event reported in August 2023.	
3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales	3. In August 2023, 83% of the NRI's were closed within the agreed timescale.	**3. % of nationally reportable incidents closed within the agreed timescales** 

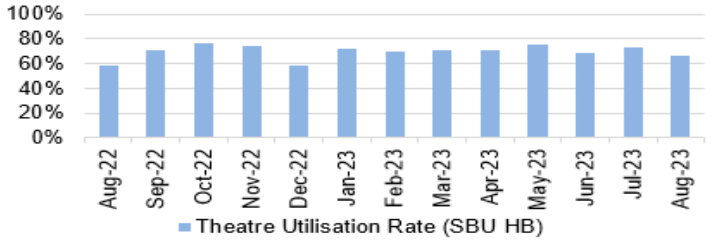
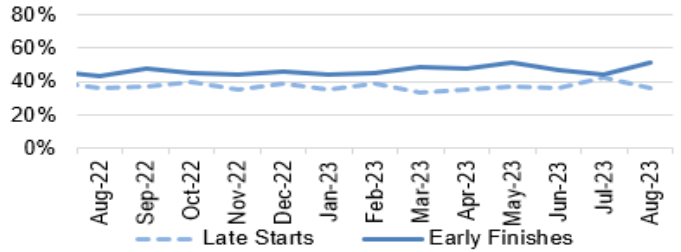
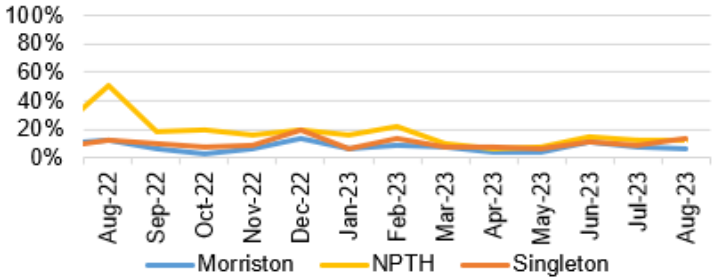
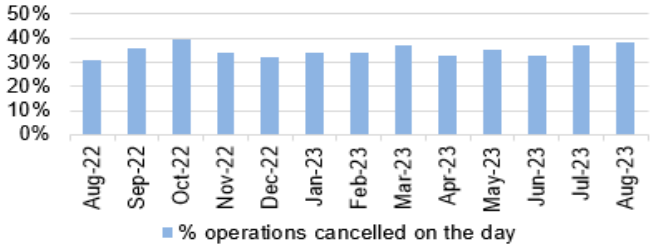
DISCHARGE SUMMARIES		
Description	**Current Performance**	**Trend**
Discharge Summaries *Percentage of discharge summaries approved and sent to patients' doctor following discharge*	The latest data shows that in August 2023, the percentage of completed discharge summaries was 66%. In August 2023, compliance ranged from 52% in Singleton Hospital to 71% in Morriston Hospital.	**% discharge summaries approved and sent** 
CRUDE MORTALITY		
Description	**Current Performance**	**Trend**
Crude Mortality Rate	July 2023 reports the crude mortality rate for the Health Board at 0.70%, which is the same figure reported in June 2023. A breakdown by Hospital for July 2023: • Morriston – 1.29% • Singleton – 0.23% • NPT – 0.06%	**Crude hospital mortality rate by Hospital (74 years of age or less)** 

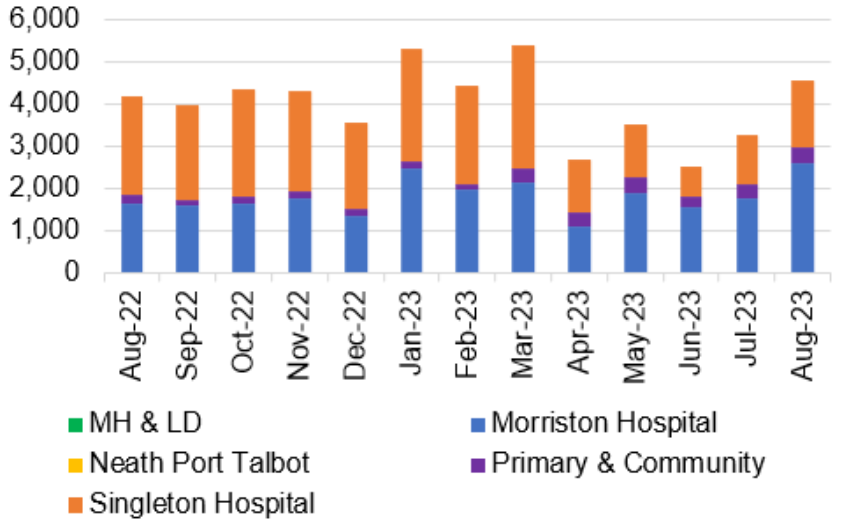
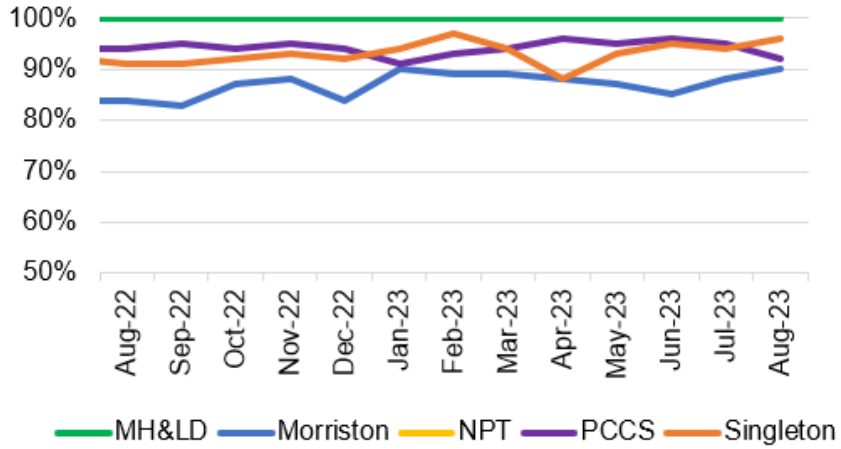
<table>
<tr><th colspan="3">WORKFORCE</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr>
<td>Staff sickness rates- Percentage of sickness absence rate of staff</td>
<td>

Our in-month sickness performance deteriorated from 6.3% in June 2023 to 6.76% in July 2023.
The 12-month rolling performance improved slightly from 7.28% in June 2023 to 7.11% in July 2023.
The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in July 2023.

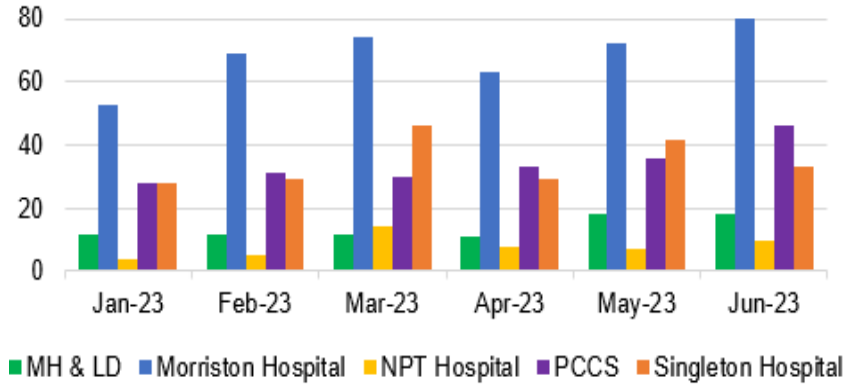
<table>
<tr><th>Absence Reason</th><th>FTE Days Lost</th><th>%</th></tr>
<tr><td>Anxiety/ stress/ depression/ other psychiatric illnesses</td><td>9,530.89</td><td>37.3%</td></tr>
<tr><td>Other musculoskeletal problems</td><td>2,778.12</td><td>10.9%</td></tr>
<tr><td>Other known causes – not elsewhere classified</td><td>2,076.55</td><td>8.1%</td></tr>
<tr><td>Gastrointestinal problems</td><td>1,787.79</td><td>7%</td></tr>
<tr><td>Injury, Fracture</td><td>1,230.53</td><td>4.8%</td></tr>
</table>
</td>
<td>
% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)


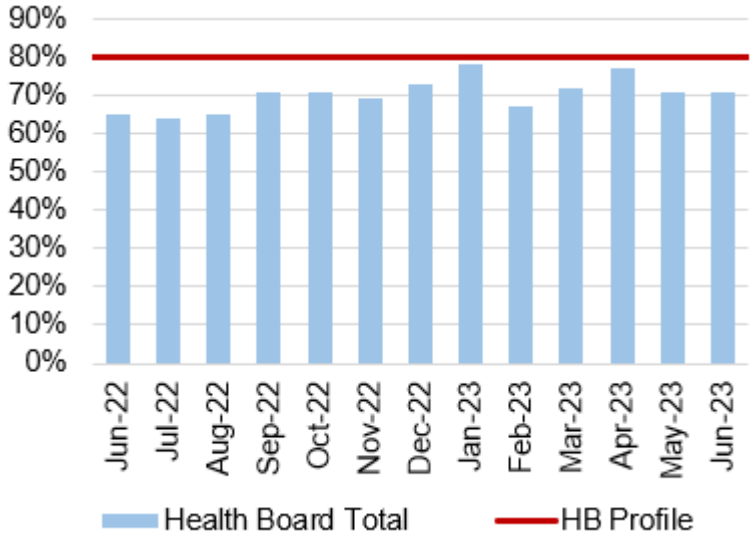
</td>
</tr>
</table>

THEATRE EFFICIENCY		
Description	**Current Performance**	**Trend**
Theatre Efficiency *1. Theatre Utilisation Rates*	In August 2023 the Theatre Utilisation rate was 66%. This is 7% lower than the figure's reported in July 2023 and are 7% higher than those seen in August 2022 (59%).	**1. Theatre Utilisation Rates** 
2. % of theatre sessions starting late	36% of theatre sessions started late in August 2023. This is a 6% improvement on performance seen in July 2023 (42%).	**2. And 3. % theatre sessions starting late/finishing** 
3. % of theatre sessions finishing early	In August 2023, 51% of theatre sessions finished early. This is 7% higher than figures seen in July 2023 and 8% higher than those seen in August 2022	
4. % of theatre sessions cancelled at short notice (<28 days)	10% of theatre sessions were cancelled at short notice in August 2023. This is 1% higher than the figure reported in July 2023 and is 9% lower than figures seen in August 2022.	**4. % theatre sessions cancelled at short notice (<28 days)** 
5. % of operations cancelled on the day	Of the operations cancelled in August 2023, 38% of them were cancelled on the day. This is the 1% higher than figures reported in July 2023.	**5. % of operations cancelled on the day** 

PATIENT EXPERIENCE		
Description	**Current Performance**	**Trend**
Patient experience *1. Number of friends and family surveys completed* *2. Percentage of patients/ service users who would recommend and highly recommend*	• Health Board Friends & Family patient satisfaction level in August 2023 was 92% and 5,188 surveys were completed. ➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 1,583 surveys in August 2023, with a recommended score of 96%. ➢ Morriston Hospital completed 2,580 surveys in August 2023, with a recommended score of 90%. ➢ Primary & Community Care completed 361 surveys for August 2023, with a recommended score of 92%. ➢ The Mental Health Service Group completed 38 surveys for August 2023, with a recommended score of 100%.	**1. Number of friends and family surveys completed**  **2. % of patients/ service users who would recommend and highly recommend** 

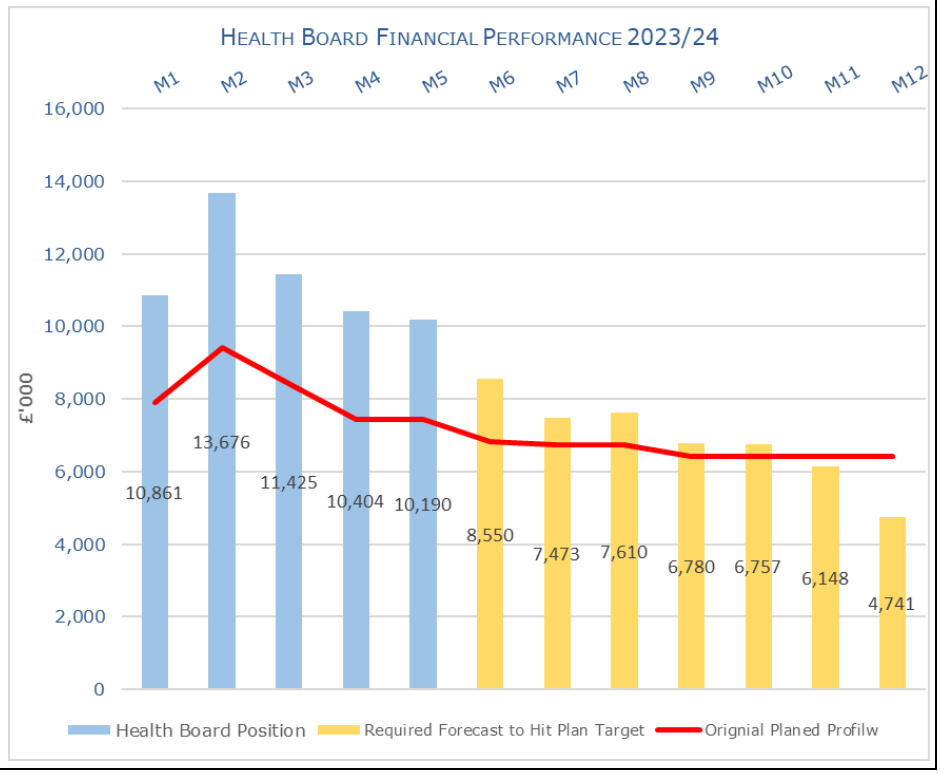
<table>
<tr><th colspan="3">COMPLAINTS</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>Patient concerns

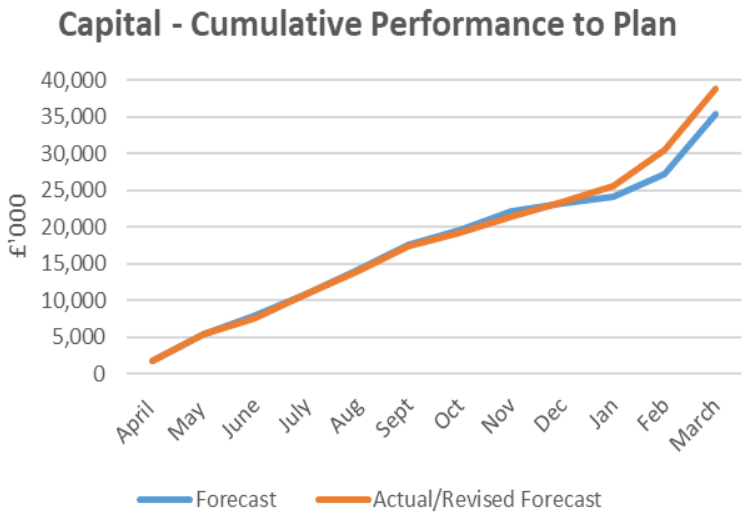
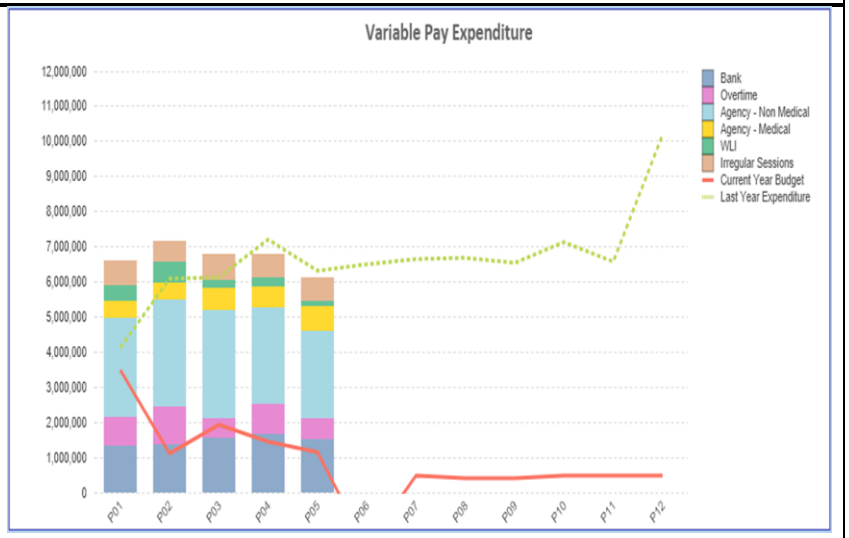
1. Number of formal complaints received</td><td>1. In June 2023, the Health Board received 217 formal complaints; this is an increase when compared with May 2023 figures (182) and this is a 84% increase on the number seen in June 2022.</td><td>1. Number of formal complaints received
 
</td></tr>
<tr><td>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</td><td>2. The overall Health Board rate for responding to concerns within 30 working days was 71% in June 2023, against the Welsh Government target of 75% and Health Board target of 80%.

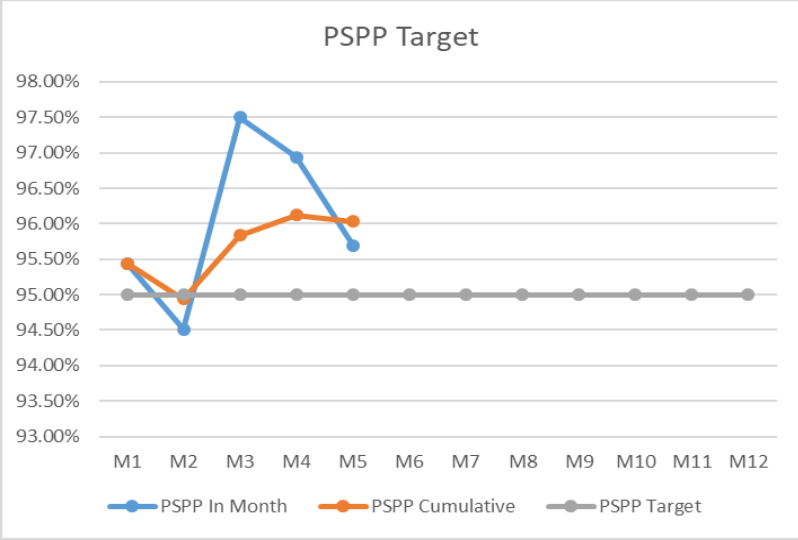
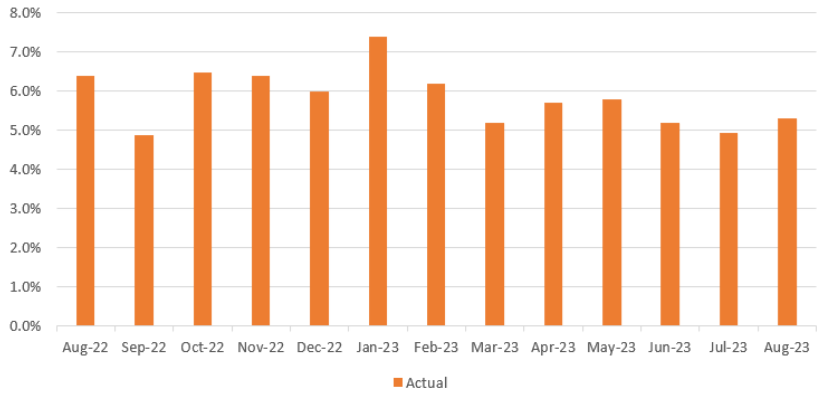
Below is a breakdown of performance against the 30-day response target:
<table>
<tr><th></th><th>30 day response rate</th></tr>
<tr><td>Neath Port Talbot Hospital</td><td>50%</td></tr>
<tr><td>Morriston Hospital</td><td>71%</td></tr>
<tr><td>Mental Health & Learning Disabilities</td><td>69%</td></tr>
<tr><td>Primary, Community and Therapies</td><td>91%</td></tr>
<tr><td>Singleton Hospital</td><td>67%</td></tr>
</table></td><td>2. Response rate for concerns within 30 days
 
</td></tr>
</table>

FINANCE UPDATES

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

Description	Current Performance	Trend
Revenue Financial Position – expenditure incurred against revenue resource limit	Key assumptions underpinning the plan: • No unmet b/f savings from 2022/23 = **£0m** • Run rate to remain within the envelope provided = **£11m** • Savings requirement = **£22.2m** • The actual month variance is an overspend in month of £10.190m and a cumulative overspend position of £56.554m.	

Description	Current Performance	Trend
Capital Financial Position – expenditure incurred against capital resource limit	• The forecast outturn capital position for 2023/24 is an overspend of £3.507m. Allocations are anticipated from Welsh Government which will balance this position. • Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government.	
Workforce Spend – workforce expenditure profile	• The pay budgets are overspent by £1.343m in August. • Variable pay has decreased in August by circa. £659k. Agency – Medical was overspent by £118k, this was offset by underspends in Overtime of £288k, Agency – Non Medical of £256k and WLI of £127k. Whilst variable pay continues to fall, further work is required to bring spend down in line with the current year budget.	

Description	Current Performance	Trend
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	• The cumulative PSPP compliance has decreased this month however remains above target at 96.03%. In August the compliance decreased again and now stands above target at 95.69% (July - 96.94%). • Although the PSPP was achieved this month, there were still delays in receipting and processing.	**Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice** 
Agency spend as a of the total pay bill	• The agency spend as a percentage of the total pay bill has increased in August 2023 to 5.3% compared to 4.9% in July 2023.	**Agency spend as a percentage of the total pay bill** 

5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1 Number of new COVID19 cases

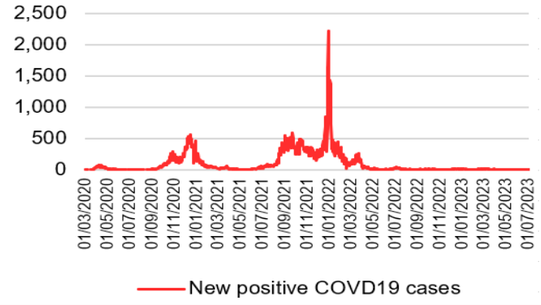


Chart 2: Number of new COVID19 cases (cumulative)

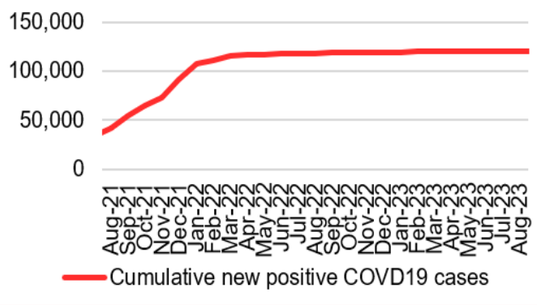


Chart 3: Number of COVID19 tests completed and positivity rate

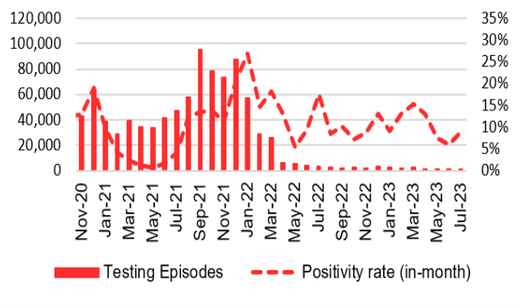


Chart 4: Number of staff referred for Antigen testing

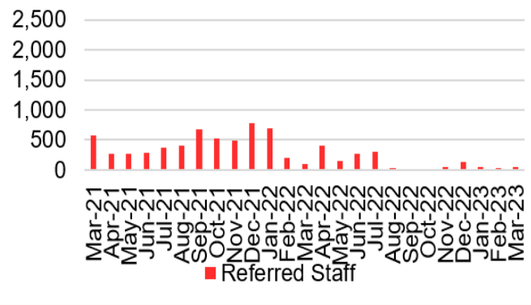


Chart 5: Outcome of staff COVID19/ antigen tests

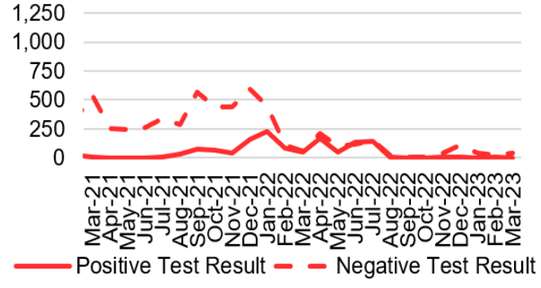


Chart 6: Number of COVID19 related incidents

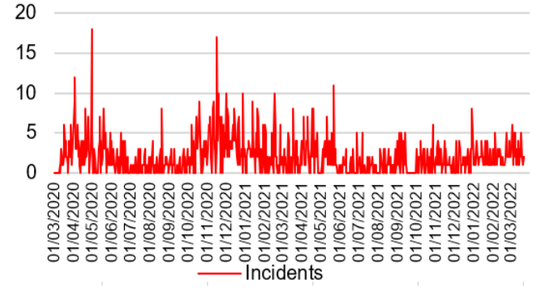


Chart 7: Number of COVID19 related serious incidents

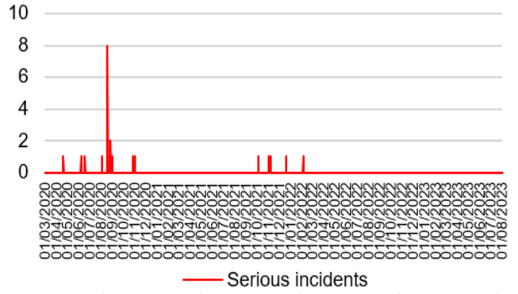


Chart 8: Number of COVID19 related complaints

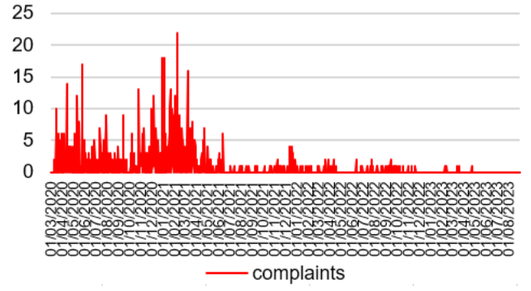


Chart 9: Number of COVID19 related risks

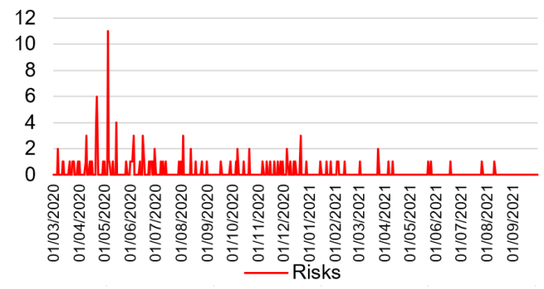


Chart 10: Number of staff self-isolating (asymptomatic)

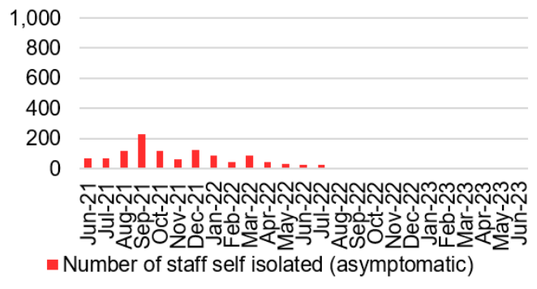


Chart 11: Number of staff self isolating (symptomatic)

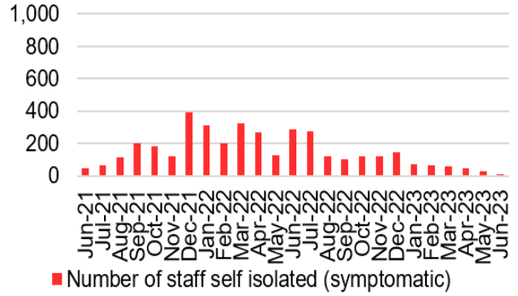


Chart 12: % staff sickness

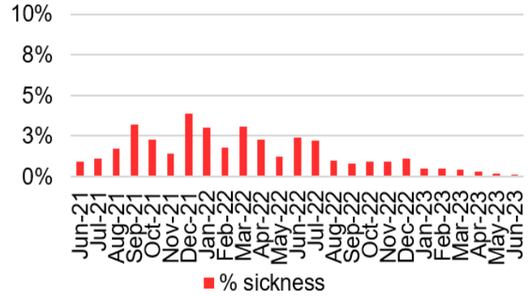


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

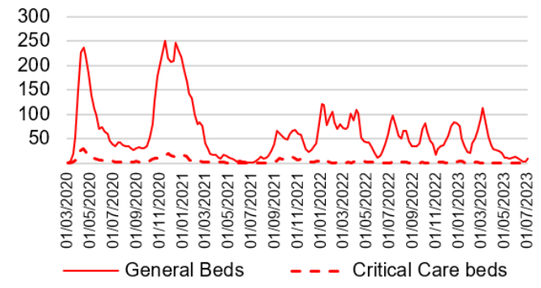


Chart 14: Number of hospital deaths with any mention of COVID19

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

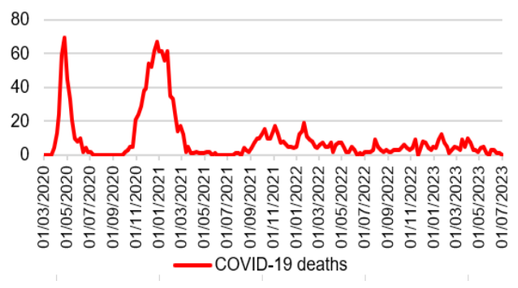
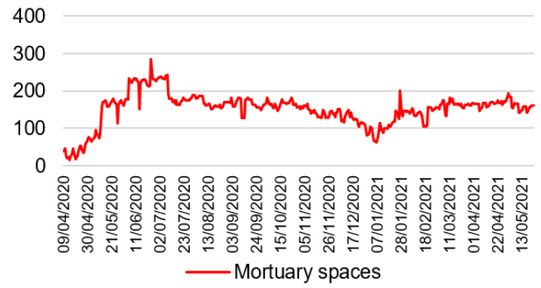
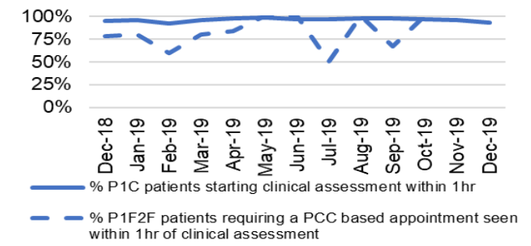


Chart 16: Number of mortuary spaces



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

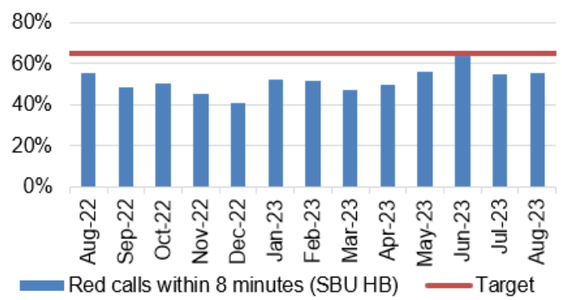


Chart 3: Number of ambulance handovers over 1 hour

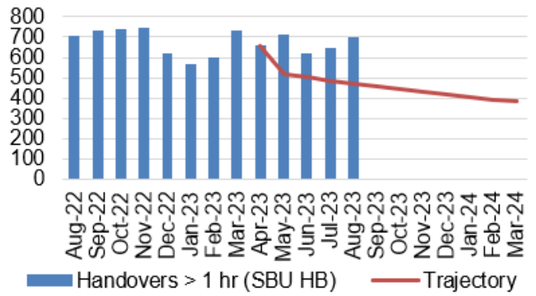


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

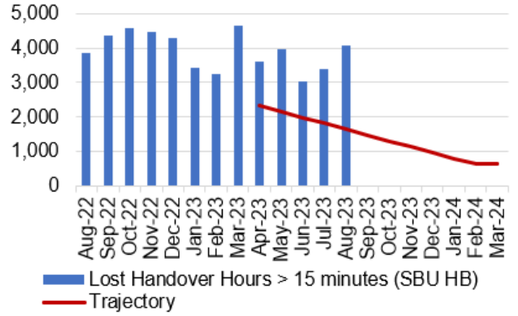


Chart 5: A&E Attendances

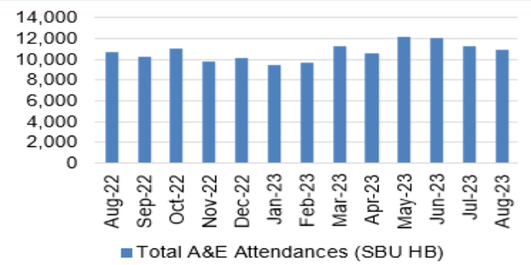


Chart 6: % patients who spend less than 4 hours in A&E

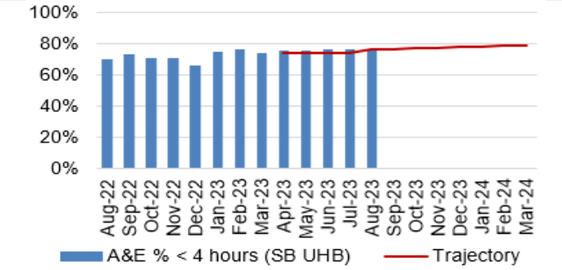


Chart 7: Number of patients waiting over 12 hours in A&E

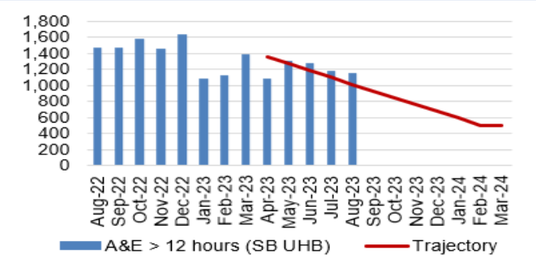


Chart 8: Number of emergency admissions

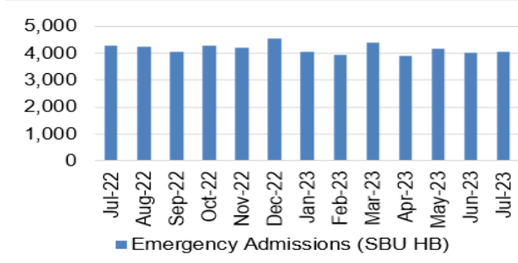


Chart 9: Elective procedures cancelled due to lack of beds

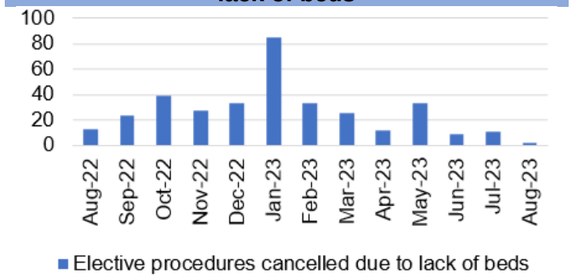


Chart 10: Number of clinically optimised patients

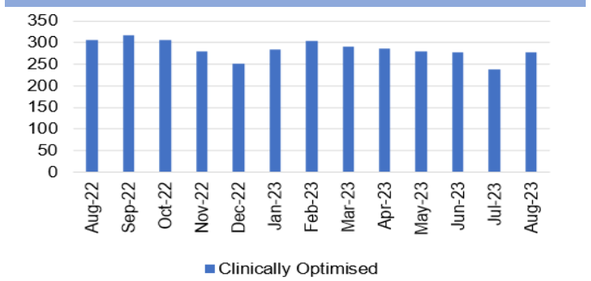


Chart 11: Delay reason for clinically optimised patients

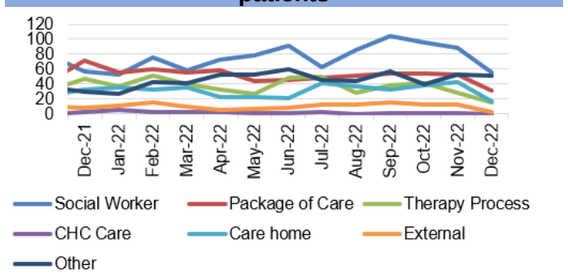


Chart 12: Average lost bed days (per day)

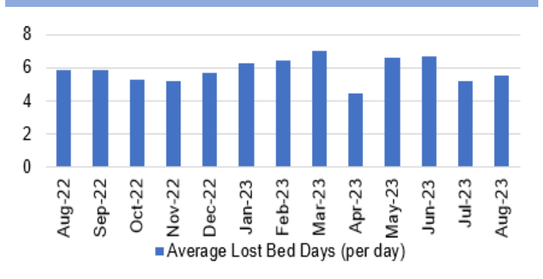


Chart 13; % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

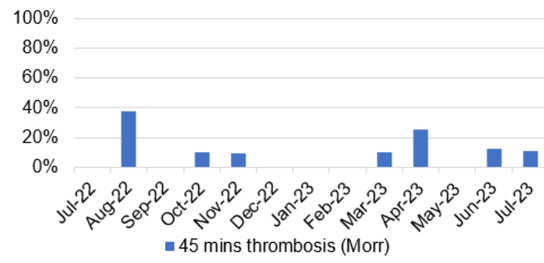


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

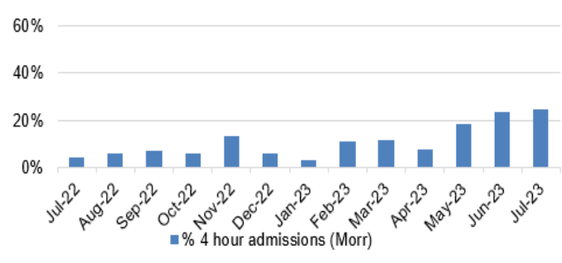


Chart 15: % of stroke patients receiving CT scan with 1 hour

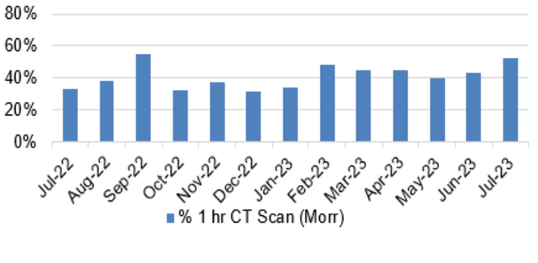
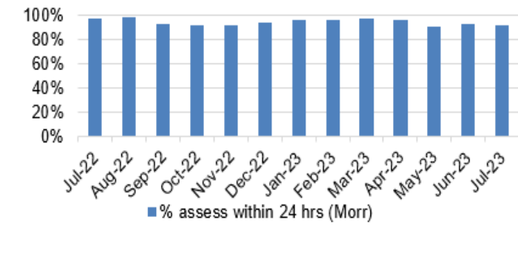


Chart 16: % stroke patients receiving consultant assessment within 24 hours



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)

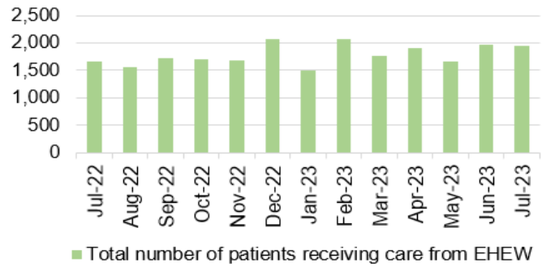


Chart 2: GMS - Escalation Levels

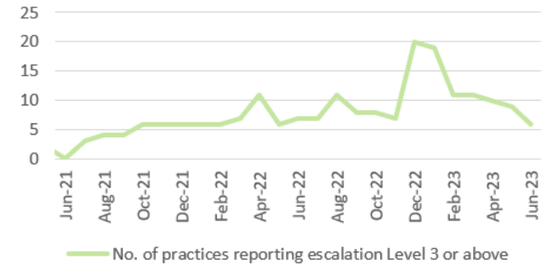


Chart 3: GMS - Sustainability

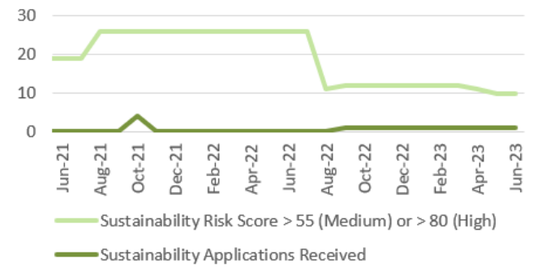


Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months

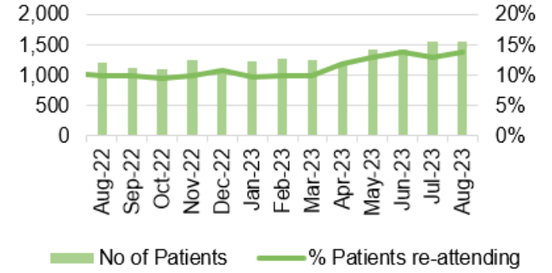


Chart 5: General Dental Services - Activity

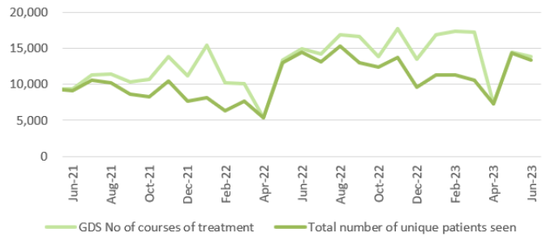


Chart 6: General Dental Services - New Patients

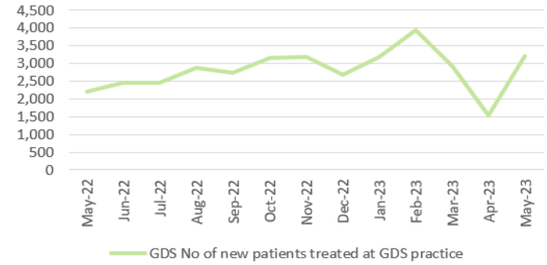


Chart 7: General Dental Services - ACORNS/FV

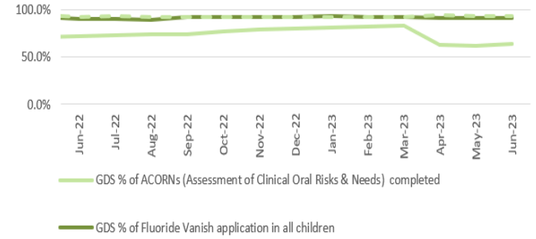


Chart 8: Optometry Activity – sight tests

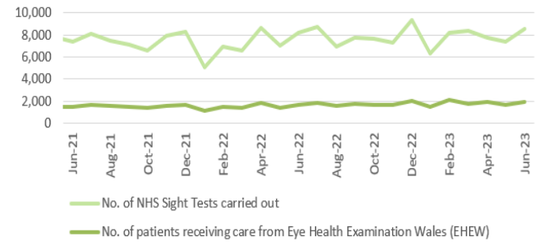


Chart 9: Optometry Activity – low vision care

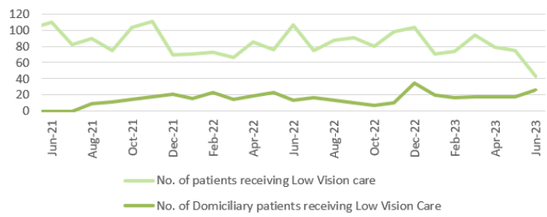


Chart 10: Community Pharmacy – Escalation levels

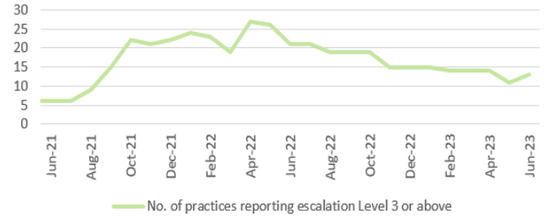


Chart 11: Common Ailment Scheme – No. consultations provided

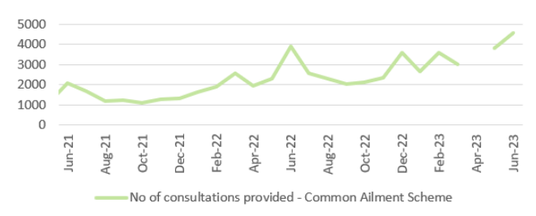


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

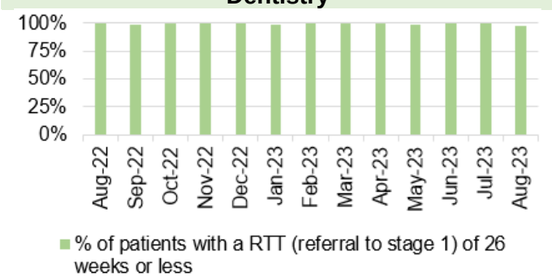


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

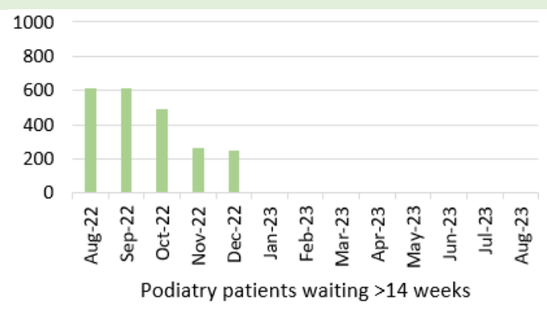


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

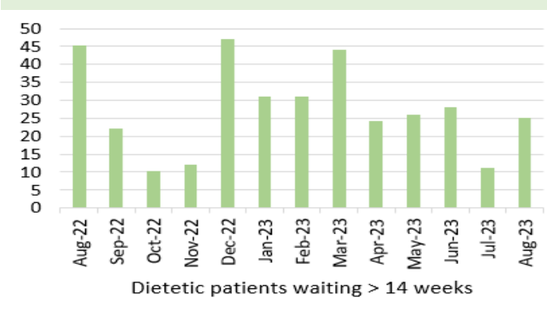


Chart 15: Audiology- Total number of patients waiting > 14 weeks

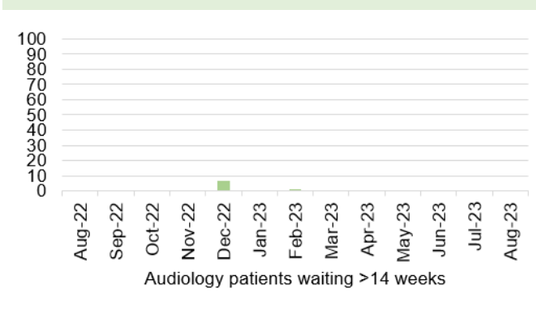
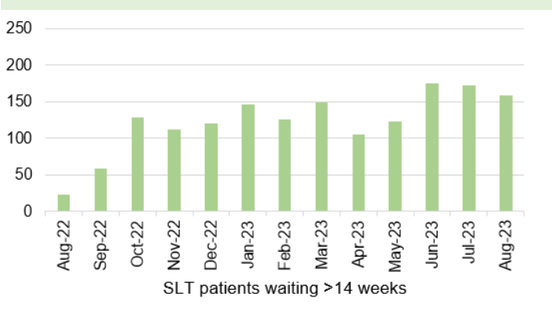


Chart 16: Speech & Language Therapy– Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity
Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

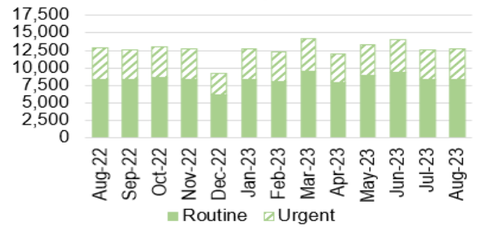


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

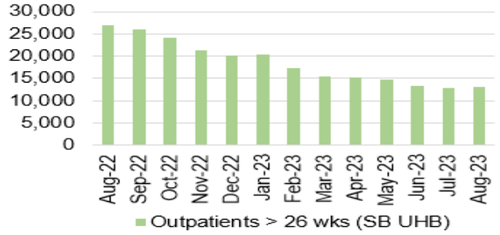


Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1

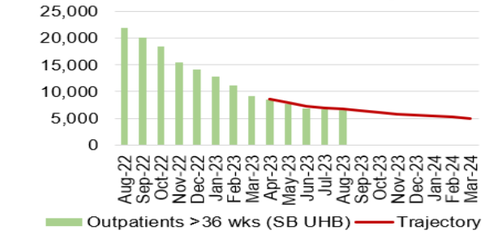


Chart 4: Number of patients waiting over 52 weeks for treatment

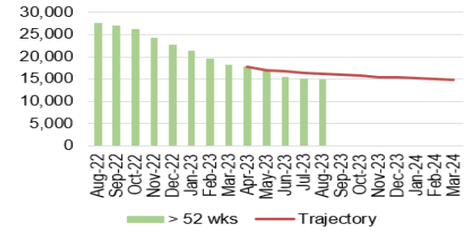


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

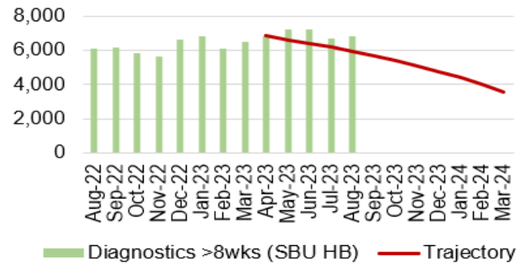


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

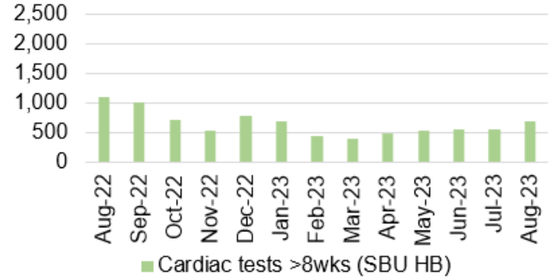


Chart 7: Number of patients waiting more than 14 weeks for Therapies

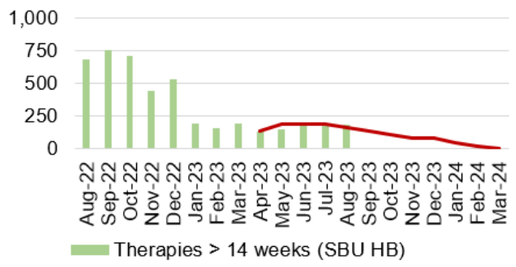


Chart 8: Cancer referrals

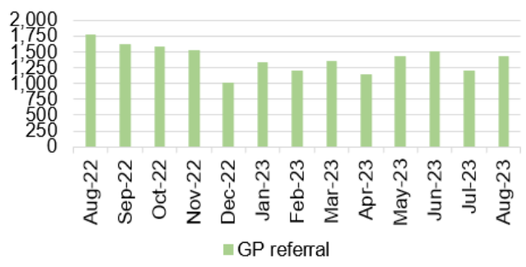


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

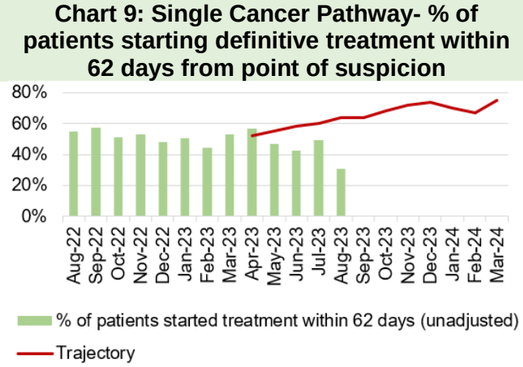


Chart 10: Number of new cancer patients starting definitive treatment

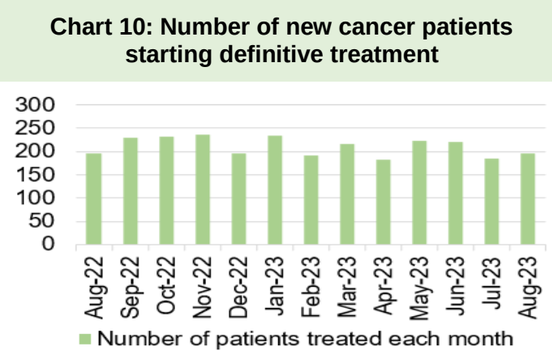


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

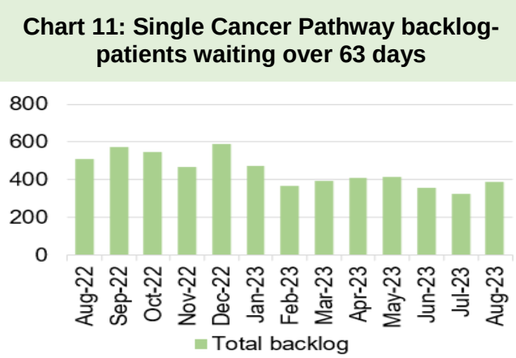


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

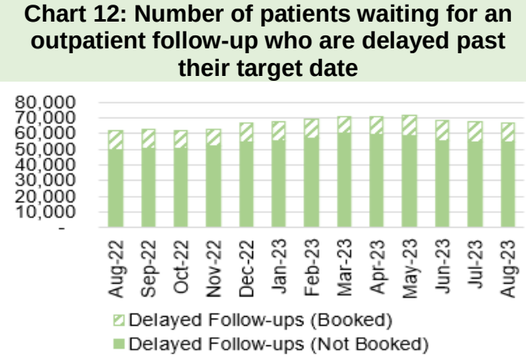


Chart 13: Number of patients without a documented clinical review date

Chart 14: Ophthalmology patients without an allocated health risk factor

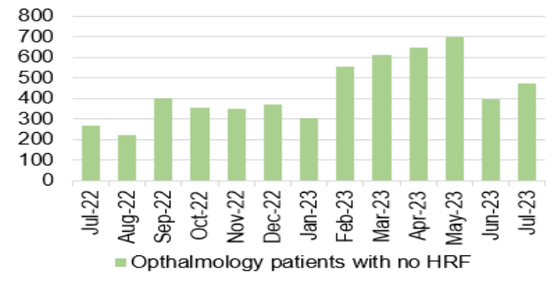


Chart 15: Total number of patients on the follow-up waiting list

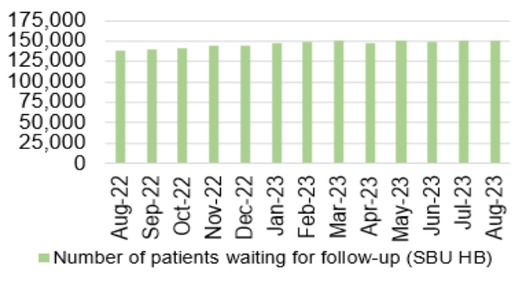
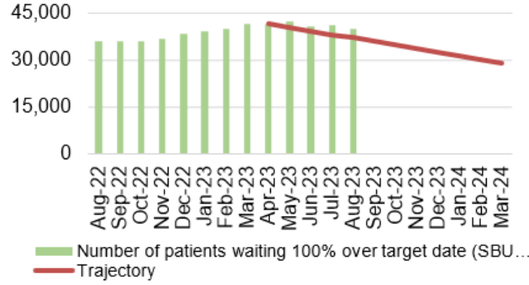


Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

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

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

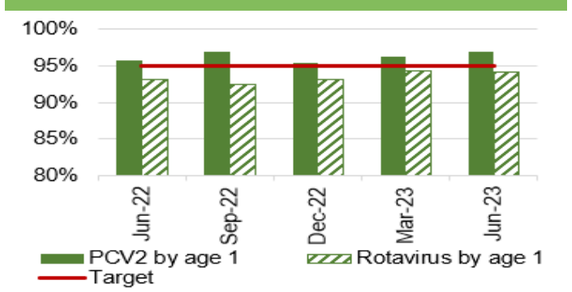


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

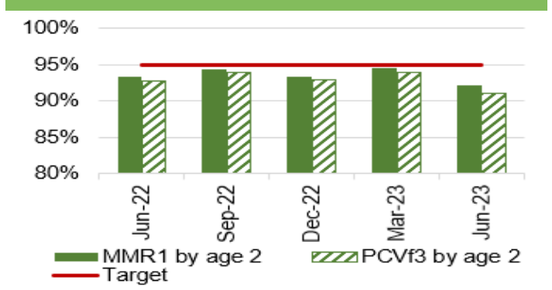


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

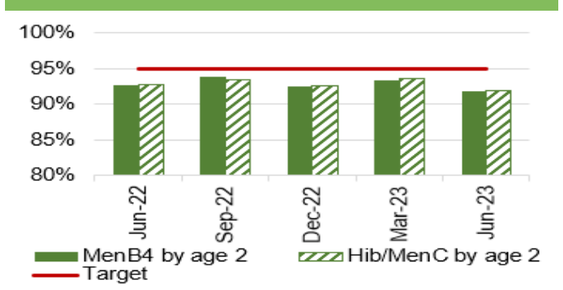


Chart 5: % children who are up to date in schedule by age 4

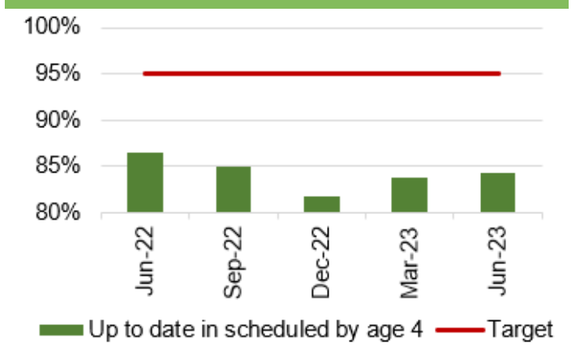


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

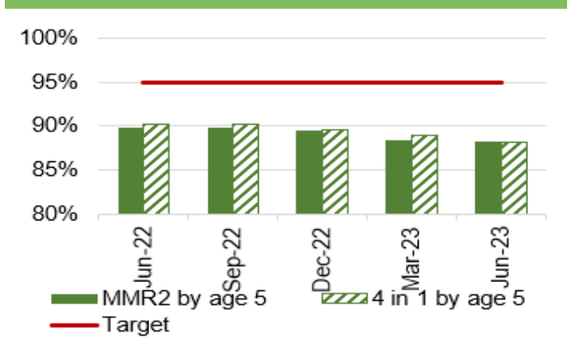


Chart 7: % children who received MMR vaccine and teenage booster by age 16

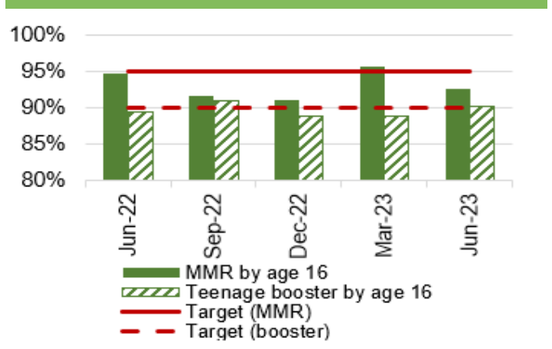


Chart 8: % children who received MenACWY vaccine by age 16

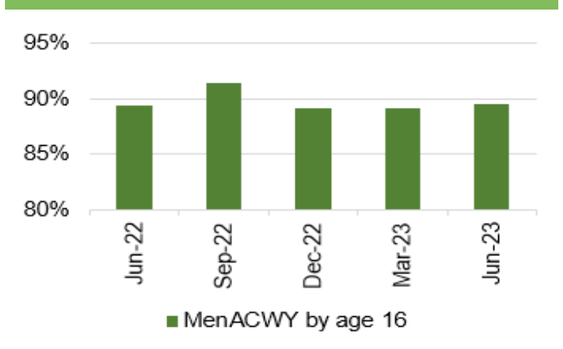
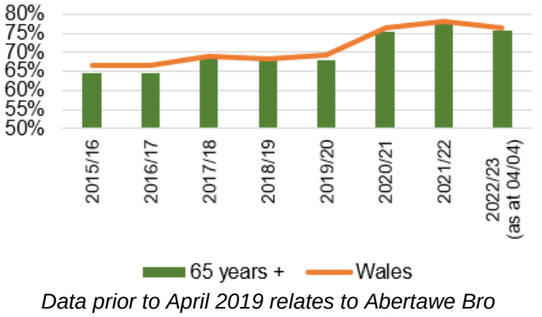


Chart 9: Influenza uptake for amongst 65 year olds and over

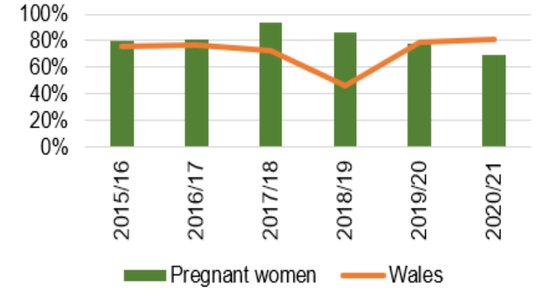


Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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

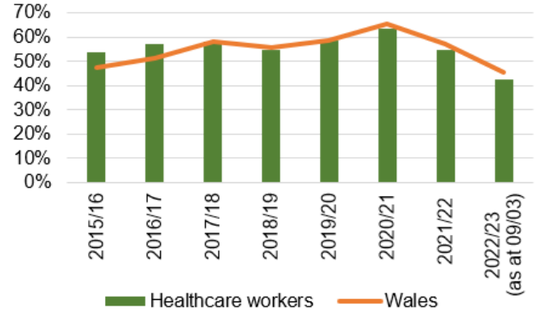
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

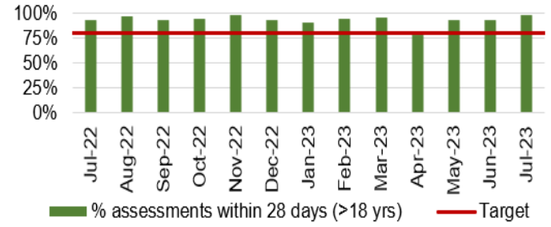


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

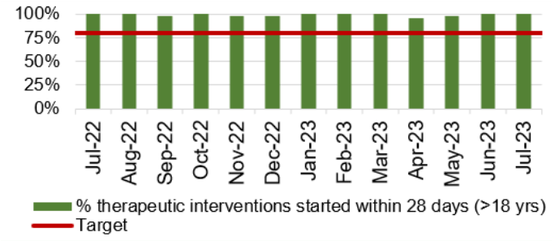


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

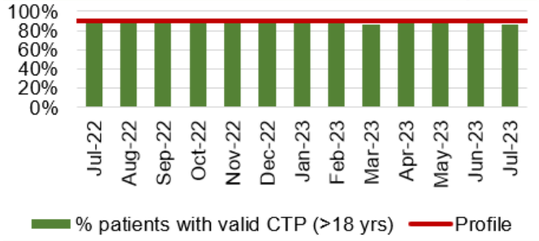


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

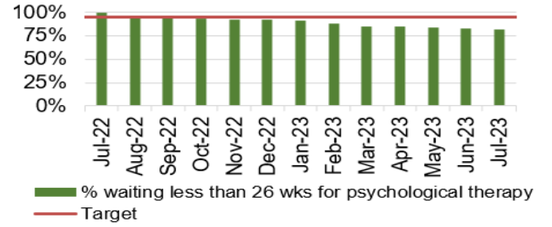


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

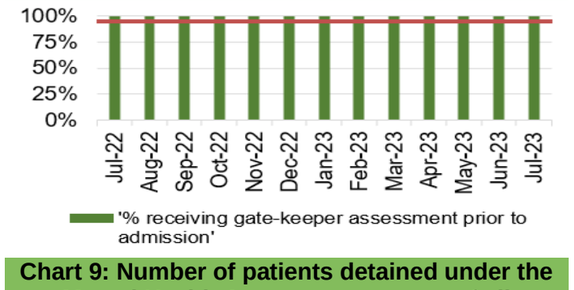


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

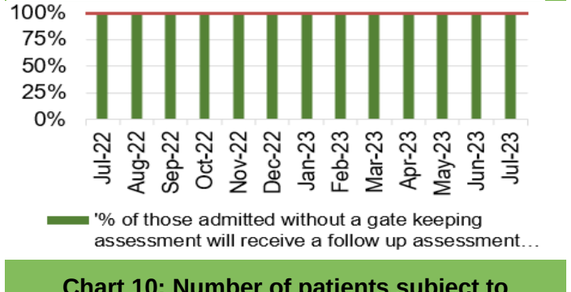


Chart 7: % of patients waiting under 14 weeks for Therapies

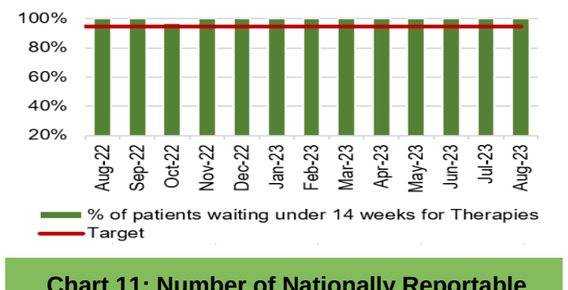


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

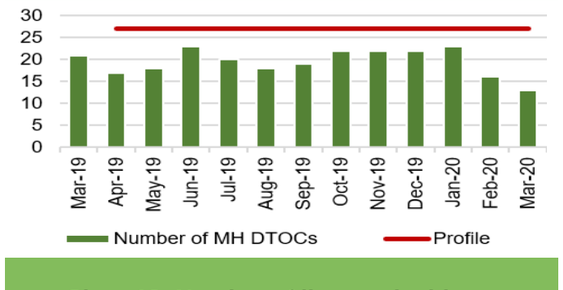


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

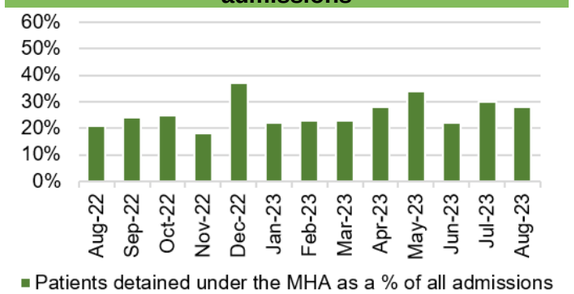


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

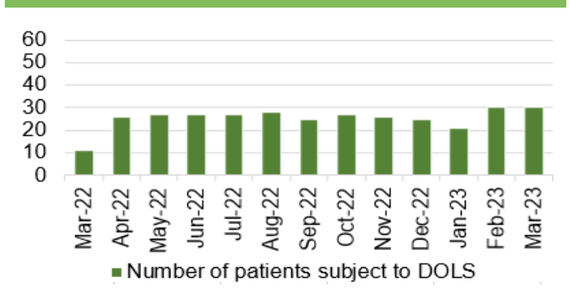


Chart 11: Number of Nationally Reportable Incidents

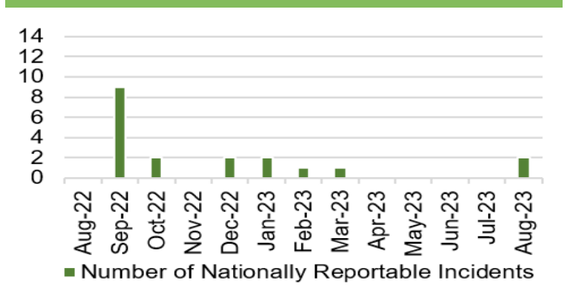
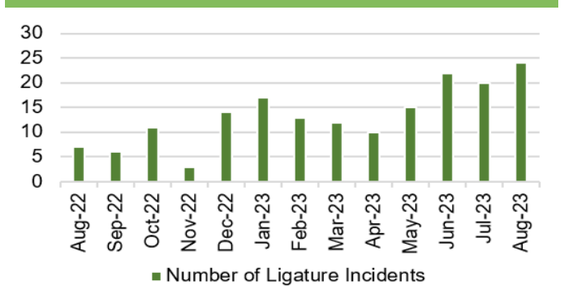


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

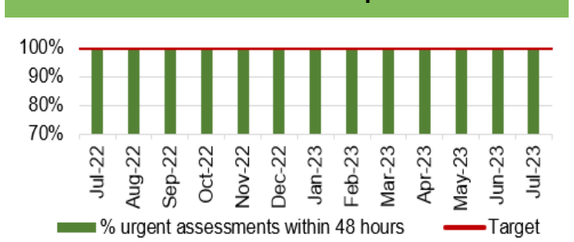


Chart 14:Neuro-developmental disorder assessment and intervention received within 26 weeks

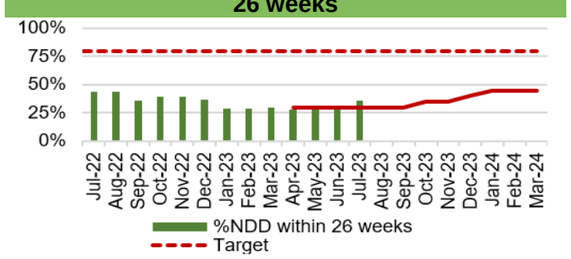


Chart 15: Assessment and intervention within 28 days

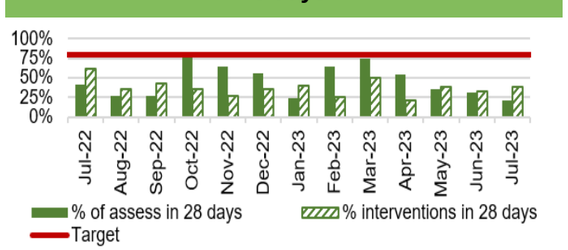
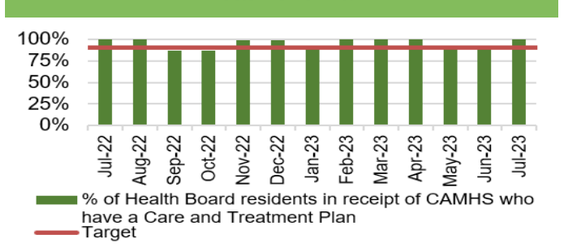


Chart 16: % of residents with a Care and Treatment Plan



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	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
COVID19 related measures	Number of new COVID19 cases	Local	Aug-23	132		Reduce					217	218	171	171	395	230	249	378	153	81	60	84	132
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce					17,916	17,926	17,934	17,981	18,108	18,157	18,187	18,230					
	Number of staff awaiting results of COVID19 test	Local	Aug-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Aug-23	33		Reduce					46	84	61	51	61	34	33	57	29	61	90	23	33
	Number of COVID19 related serious incidents	Local	Aug-23	0		Reduce					0	1	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Aug-23	0		Reduce					6	11	3	3	0	0	2	2	1	0	0	0	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																	
	Number of staff self isolated (asymptomatic)	Local	Jun-23	0		Reduce					8	5	1	0	0	0	1	0	0	0	0		
	Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce					121	100	121	124	144	70	63	57	45	27	7		
	% sickness	Local	Jun-23	0.1%		Reduce					1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%		
	Harm from overwhelmed NHS and social care system																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Aug-23	56%	65%	65%	✖	39.5% (Dec-22)	3rd (Dec-22)		55%	49%	50%	46%	41%	52%	52%	48%	50%	56%	64%	55%	56%
	Number of ambulance handovers over one hour	National	Aug-23	694	↑ trajectory	472	✖	6,798 (Dec-22)	1st (Dec-22)		705	732	739	744	614	561	594	729	658	708	615	643	694
	Handover hours lost over 15 minutes	Local	Aug-23	4075							3,870	4,378	4,599	4,456	4,289	3,440	3,245	4,659	3,627	3,952	3,018	3,383	4,075
	% 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	Aug-23	76%	Month on month improvement		✔	63.1% (Dec-22)	4th (Dec-22)		70%	73%	71%	70%	65%	74%	76%	74%	75%	75%	76%	76%	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	Aug-23	1156	↑ trajectory	1015	✖	12,099 (Dec-22)	4th (Dec-22)		1,474	1,470	1,584	1,456	1,632	1,089	1,125	1,395	1,083	1,303	1,274	1,179	1,156
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Jul-23	25.0%							6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	23.8%	25.0%	
	CT Scan (<1 hrs) (local	Local	Jul-23	52.1%							38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	42.9%	52.1%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Jul-23	91.7%							98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	92.9%	91.7%	
	Thrombolysis door to needle <= 45 mins	Local	Jul-23	11.1%							37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%	0.0%	12.5%	11.1%	
	% stroke patients who receive mechanical thrombectomy	Local	Jun-23	5.0%	10%		✖	2.1% (Nov-22)	4th (Nov-22)		0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	6.5%	2.0%	7.1%	5.0%		
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	Local	Jul-23	65.1%	12 month ↑		✔	50.7% (Nov-22)	4th (Nov-22)		30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%	68.6%	62.9%	66.7%	65.1%	
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the	National	Aug-23	83.0%		80%	✔				0%	-	75%	73%	85%	67%	67%	83%	80%	67%	-	40%	83%
	Number of new Never Events	Local	Aug-23	1		0	✖				0	0	0	1	0	0	1	0	0	1	0	1	1
	Number of risks with a score greater than 20	Local		146		12 month ↓	✖				131	133	134	136	137	141	143	148	138	135	143	142	146
	Number of risks with a score greater than 16	Local		316		12 month ↓	✖				269	270	268	278	280	290	295	307	296	289	300	303	316
Pressure Ulcers	*Number of pressure ulcers acquired in hospital*	Local	Aug-23	67		*12 month ↓*	✖				*54*	*39*	*59*	*69*	*47*	*64*	*60*	*76*	*83*	*83*	*67*	*67*	
	Number of pressure ulcers developed in the		Aug-23	33		*12 month ↓*	✔				*50*	*40*	*44*	*45*	*42*	*45*	*41*	*62*	*31*	*41*	*39*	*33*	
	Total number of pressure ulcers			100		12 month ↓	✖				104	79	103	114	89	109	101	138	114	124	106	100	
	Number of grade 3+ pressure ulcers acquired in hospital			1		*12 month ↓*	✖				*3*	*0*	*1*	*7*	*8*	*4*	*4*	*7*	*5*	*10*	*6*	*1*	
	Number of grade 3+ pressure ulcers acquired in community		Aug-23	6		*12 month ↓*	✖				*11*	*6*	*2*	*7*	*13*	*4*	*9*	*14*	*7*	*9*	*9*	*6*	
	Total number of grade 3+ pressure ulcers		Aug-23	7		12 month ↓	✖				14	6	3	14	21	8	13	21	12	19	15	7	
Inpatient Falls	Number of Inpatient Falls	Local	Aug-23	200		12 month ↓	✔				216	175	184	178	184	189	179	214	183	184	143	164	200

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	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Aug-23	76.5	<67		✗	67.80 (Dec-22)	3rd (Dec-22)		74.5	70.4	69.4	70.0	69.6	68.7	67.9	67.5	81.1	73.7	75.1	75.2	76.5
	Number of E.Coli bacteraemia cases (Hospital)			*18*	≤ 234 (Cumulative)	*10*	✗				*11*	*7*	*12*	*11*	*8*	*8*	*9*	*9*	*14*	*12*	*13*	*12*	*18*
	Number of E.Coli bacteraemia cases (Community)			9		*10*	✓				*21*	*8*	*10*	*12*	*14*	*12*	*8*	*10*	*12*	*10*	*12*	*13*	9
	Total number of E.Coli bacteraemia cases			27		20	✗				32	15	22	23	22	20	17	19	26	22	25	25	27
	Cumulative cases of S.aureus bacteraemias per 100k pop		Aug-23	40.4	<20		✗	27.76 (Dec-22)	6th (Dec-22)		38.4	39.3	41.0	39.0	39.4	38.4	38.6	38.6	53.1	43.0	42.2	42.2	40.4
	Number of S.aureus bacteraemias cases (Hospital)			*6*	≤ 71 (Cumulative)	*4*	✗				*6*	*8*	*13*	*3*	*10*	*8*	*9*	*5*	*7*	*8*	*8*	*1*	*6*
	Number of S.aureus bacteraemias cases			*4*		*2*	✗				*6*	*6*	*4*	*5*	*3*	*2*	*2*	*5*	*9*	*2*	*5*	*13*	*4*
	Total number of S.aureus bacteraemias cases			10		6	✗				12	14	17	8	13	10	11	10	16	10	13	14	10
	Cumulative cases of C.difficile per 100k pop		Aug-23	52.0	<25		✗	36.68 (Dec-22)	5th (Dec-22)		47.6	46.9	48.9	50.9	49.6	51.3	50.6	51.4	56.2	46.0	51.4	52.2	52.0
	Number of C.difficile cases (Hospital)			*14*	≤ 95 (Cumulative)	*5*	✗				*16*	*11*	*15*	*10*	*8*	*15*	*10*	*13*	*7*	*10*	*13*	*12*	*14*
	Number of C.difficile cases (Community)			*3*		*3*	✓				*6*	*3*	*6*	*11*	*6*	*7*	*2*	*6*	*8*	*4*	*7*	*6*	*3*
	Total number of C.difficile cases			17		8	✗				22	14	21	21	14	22	12	19	15	14	20	18	17
	Cumulative cases of Klebsiella per 100k pop		Aug-23	22.6							25.0	25.5	24.9	26.0	26.1	26.9	26.8	27.4	25.0	27.6	24.7	20.7	22.6
	Number of Klebsiella cases (Hospital)			*4*	≤ 71 (Cumulative)	4	✓				*4*	*1*	*3*	*6*	*5*	*5*	*7*	*4*	*7*	*4*	*1*	*3*	*4*
	Number of Klebsiella cases (Community)			*6*		3	✗				*4*	*9*	*4*	*5*	*3*	*6*	*1*	*7*	*1*	*6*	*5*	*0*	*6*
	Total number of Klebsiella cases			10		7	✗	63 Total (Dec-22)	2nd (Dec-22)		8	10	7	11	8	11	8	11	8	10	6	3	10
	Cumulative cases of Aeruginosa per 100k pop		Aug-23	6.1							9.2	10.2	11.3	11.9	11.5	11.6	11.2	11.3	6.2	4.6	7.2	6.1	6.1
	Number of Aeruginosa cases (Hospital)			*0*	≤ 24 (Cumulative)	1	✓				*3*	*4*	*3*	*5*	*1*	*2*	*2*	*2*	*1*	*1*	*3*	*1*	*0*
	Number of Aeruginosa cases (Community)			*1*		1	✓				*0*	*1*	*3*	*0*	*2*	*2*	*0*	*2*	*1*	*0*	*1*	*0*	*1*
	Total number of Aeruginosa cases			1		2	✓	8 Total (Dec-22)	4th (Dec-22)		3	5	6	5	3	4	2	4	2	1	4	1	1
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Aug-23	95.5%		95%	✓				90%	97%	96%	96%	95%	97%	95%	93%	99%	95%	95%	97%	95%
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Aug-23	85%		98%	✗				86.2%	87.6%	87.5%	88.2%	97.2%	91.8%	98.3%	85.1%	96.6%	91.9%	81.6%	84.1%	85.2%
Coding	% of episodes clinically coded within 1 month of discharge	National	Jul-23	71%	12 month ↓		✗				77%	81%	84%	67%	78%	71%	76%	67%	55%	55%	68%	71%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Aug-23	66%		100%	✗				69%	70%	66%	71%	62%	64%	64%	62%	64%	65%	65%	64%	66%
Workforce	Agency spend as a % of the total pay bill	Local	Jul-23	4.94%	12 month ↓		✓	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		6.4%	4.9%	6.5%	6.4%	6.0%	7.4%	6.2%	5.2%	5.7%	5.8%	5.2%	4.9%	
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Aug-23	67%	85%		✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		61%	64%	67%	68%	68%	69%	69%	69%	72%	68%	67%	67%	67%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Aug-23	88%	85%		✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		81%	82%	83%	84%	84%	85%	85%	82%	86%	87%	87%	88%	88%
	% workforce sickness absence (12 month rolling)	National	Jul-23	7.11%	12 month ↓		✓	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		8.44%	8.25%	8.08%	7.99%	8.02%	7.89%	7.78%	7.65%	7.46%	7.37%	7.28%	7.11%	

		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	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Aug-23	13.9%							10.0%	10.0%	9.6%	9.9%	10.9%	9.7%	9.9%	9.9%	11.8%	13.0%	13.9%	13.0%	13.9%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Aug-23	31.0%	↑ trajectory	60%	✗	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	53.2%	56.5%	46.6%	42.8%	49.0%	*31.0%*
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Aug-23	44%	80%		✗				10%	5%	18%	19%	26%	32%	31%	32%	22%	35%	18%	33%	44%
	Scheduled (21 Day Target)	Local	Aug-23	83%	100%		✗				35%	34%	65%	82%	83%	82%	86%	81%	70%	81%	63%	68%	83%
	Urgent SC (2 Day Target)	Local	Aug-23	27%	80%		✗				11%	31%	33%	17%	37%	31%	19%	30%	22%	50%	24%	42%	27%
	Urgent SC (7 Day Target)	Local	Aug-23	91%	100%		✗				48%	54%	70%	77%	70%	85%	69%	84%	70%	73%	52%	90%	91%
	Emergency (within 1 day)	Local	Aug-23	92%	80%		✓				65%	100%	70%	100%	83%	100%	100%	91%	100%	100%	71%	100%	92%
	Emergency (within 2 days)	Local	Aug-23	100%	100%		✓				90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Aug-23	96%	80%		✓				91%	70%	81%	91%	85%	82%	93%	94%	87%	93%	93%	91%	96%
	Elective Delay (14 Day Target)	Local	Aug-23	100%	100%		✓				98%	79%	91%	100%	100%	98%	100%	100%	93%	100%	95%	100%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Aug-23	4,415				15,517 (Nov-22)	7th (Nov-22)		4,257	4,205	4,170	4,136	4,289	4,372	4,408	4,554	4,677	4,847	4,745	4,505	4,415
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Aug-23	6,861	↑ trajectory	5,939	✗	42,566 (Nov-22)	4th (Nov-22)		6,108	6,177	5,833	5,627	6,607	6,829	6,116	6,514	6,867	7,255	7,221	6,713	6,861
	Number of patients waiting > 14 weeks for a specified therapy	National	Aug-23	183	↑ trajectory	162	✗	9,584 (Nov-22)	2nd (Nov-22)		682	755	707	441	527	194	157	193	129	149	203	183	183
	% of patients waiting < 26 weeks for treatment	Local	Aug-23	1	95%			56% (Nov-22)	6th (Nov-22)		52.0%	52.1%	53.5%	54.4%	54.2%	52.8%	56.9%	58.4%	58.2%	58.7%	60.3%	61.6%	61.0%
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Aug-23	13,121							27,019	26,065	24,112	21,400	20,174	20,288	17,257	15,385	15,184	14,733	13,427	12,937	13,121
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Aug-23	6,558	↑ trajectory	6,681	✗				21,940	20,151	18,379	15,537	14,140	12,767	11,115	9,163	8,561	7,675	6,893	6,729	6,558
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Aug-23	665	↑ trajectory	1,086	✓	85,301 (Nov-22)	3rd (Nov-22)		15,122	13,980	12,352	9,774	7,779	6,630	5,475	3,895	3,456	2,719	1,234	894	665
	Number of patients waiting > 52 weeks for treatment	National	Aug-23	14,877	↑ trajectory	16,276	✓				27,570	27,077	26,147	24,308	22,634	21,306	19,707	18,181	17,823	16,976	15,446	15,120	14,877
	Number of patients waiting > 104 weeks for treatment	National	Aug-23	4,999	↑ trajectory	5,713	✓	49,594 (Nov-22)	5th (Nov-22)		10,960	10,623	10,090	9,048	8,066	7,331	6,656	6,015	5,952	5,792	5,474	5,299	4,999
	The number of patients waiting for a follow-up outpatient appointment	Local	Aug-23	150,417							138,736	139,989	141,643	143,899	144,780	146,632	148,070	150,860	147,864	150,109	149,529	150,416	150,417
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Aug-23	39,938	↑ trajectory	37,071	✗	224,552 (Nov-22)	5th (Nov-22)		36,037	36,144	35,968	36,769	38,252	39,056	40,146	41,710	41,611	42,534	40,807	41,123	39,938
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Jul-23	64%	95%		✗	64.9% (Nov-22)	1st (Nov-22)		62.4%	60.3%	65.2%	67.1%	69.9%	53.1%	64.6%	59.4%	62.7%	62.3%	57.5%	63.8%	
Activity	Number of GP referrals	Local	Aug-23	12,698	12 month ↓		✗				12,930	12,572	13,014	12,663	9,231	12,658	12,347	14,220	12,012	13,341	13,984	12,623	12,698
	Number of patients referred from primary care into secondary care Ophthalmology Servies	National	Aug-23	812	↑ trajectory	850	✓				844	886	799	807	731	870	841	969	737	803	890	824	812
DNAs	% of patients who did not attend a new outpatient appointment	Local	Aug-23	10%	12 month ↓		✗				8.0%	7.8%	8.3%	9.5%	11.1%	8.9%	9.2%	8.2%	7.9%	10.1%	10.6%	10.0%	9.6%
	% of patients who did not attend a follow-up outpatient appointment	Local	Aug-23	8%	12 month ↓		✗				7.6%	7.8%	7.7%	8.5%	8.7%	7.8%	7.9%	7.9%	8.0%	8.2%	8.4%	8.1%	8.0%
Theatre Efficiencies	Theatre Utilisation rates	Local	Aug-23	66%		90%	✗				59%	71%	77%	74%	59%	72%	70%	71%	71%	76%	69%	73%	66%
	% of theatre sessions starting late	Local	Aug-23	36%		<25%	✗				36%	37%	40%	35%	39%	35%	39%	33%	35%	37%	36%	42%	36%
	% of theatre sessions finishing early	Local	Aug-23	51%		<20%	✗				43%	48%	45%	44%	46%	44%	45%	49%	48%	51%	47%	44%	51%
Patient experience	Number of friends and family surveys completed	National	Aug-23	5,188	Month on month improvement		✓				3,950	3,914	4,358	4,287	3,569	5,073	4,425	5,358	2,704	3,477	2,503	3,401	5,188
	% of who would recommend and highly recommend	Local	Aug-23	92%		90%	✓				89%	88%	90%	91%	89%	92%	92%	92%	92%	90%	89%	91%	92%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Aug-23	92%		90%	✓				93%	92%	93%	91%	92%	92%	95%	95%	95%	95%	90%	91%	92%

		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	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q1 23/24	94.6%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)			94.9%			94.6%			95.4%			94.6%		
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q1 23/24	88.3%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)			89.8%			89.5%			88.4%			88.3%		
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-23	75.9%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2022		62.2%	72.4%	74.4%	75.6%	76.0%	75.9%	Data collection restarts October 2023				
	% uptake of influenza among under 65s in risk groups	Local	Mar-23	43.8%	55%			48.2% (Mar-22)	4th (Mar-22)				30.2%	37.7%	40.4%	42.1%	43.4%	43.8%					
	% uptake of influenza among children 2 to 3 years old	Local	Mar-23	38.8%	50%			47.6% (Mar-22)	5th (Mar-22)				23.6%	34.6%	37.9%	39.2%	39.3%	38.8%					
	% uptake of influenza among healthcare workers	Local	Mar-23	42.4%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)					34.4%	40.9%	40.9%	42.4%	42.4%					
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-23	67.8%	75%		✖				Historical data not available										67.8%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jul-23	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jul-23	36%	80%	30%	✔	31.4% (Nov-22)	3rd (Nov-22)		44%	36%	40%	39%	37%	29%	29%	29%	28%	30%	31%	36%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Jul-23	21%	80%		✖	83.2% (Nov-22)	5th (Nov-22)		34%	91%	91%	89%	79%	62%	82%	74%	55%	31%	31%	21%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Jul-23	21%	80%		✖	66.8% (Nov-22)	5th (Nov-22)		27%	27%	83%	65%	56%	24%	64%	74%	55%	35%	31%	21%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Jul-23	38%	80%		✖	34.4% Nov-22)	4th (Nov-22)		35%	43%	36%	27%	35%	40%	26%	50%	21%	38%	33%	38%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%						34%	91%	90%	89%	79%	62%	82%						
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Jul-23	100%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		100%	87%	87%	99%	99%	91%	100%	100%	100%	93%	90%	100%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Jul-23	98%	80%		✖	86.9% (Nov-22)	3rd (Nov-22)		97%	93%	95%	98%	94%	91%	95%	96%	78%	94%	93%	98%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jul-23	100%	80%		✔	73.1% (Nov-22)	2nd (Nov-22)		100%	98%	100%	98%	98%	100%	100%	100%	96%	98%	100%	100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jul-23	82%	80%		✔	73.9% (Nov-22)	2nd (Nov-22)		97%	96%	93%	92%	92%	91%	88%	85%	85%	84%	82%	82%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jul-23	87%	90%		✖	84.2% (Nov-22)	2nd (Nov-22)		90%	89%	90%	90%	90%	89%	89%	87%	87%	88%	87%	87%	
	% Service Users admitted to a pyschiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTservice prior to	Local	Jul-23	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% service users admitted to a pyschiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hous of admission	Local	Jul-23	100%	100%		✔	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	