



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



	25 th April 2023	Agenda Item	2.1
Report Title	Integrated Performance Report		
Report Author	Meghann Protheroe, Head of Health Board Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (March 2023) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in July 2022, and the measures have been updated accordingly in line with current data availability.</p> <p>The report format has been altered to align with key areas of focus within the Performance and Finance Committee</p> <p>Key high level issues to highlight this month are as follows:</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 has saw a slight increase in March 2023 to 378, compared with 249 in February 2023. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Emergency Department (ED) attendances have increased in March 2023 to 11,211 from 9,699 in February 2023. - Performance against the 4-hour access is currently below the outlined trajectory in March 2023. ED 4-hour performance has decreased by 2.31% in March 2023 to 73.72% from 76.03% in February 2023. - Performance against the 12-hour wait has deteriorated in-month and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in 		

ED increased to 1,395 in March 2023 from 1,125 in February 2023.

- Internal flow activities to support reduced occupancy and to improve flow throughout the day are being implemented, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with Welsh Ambulance Service NHS Trust (WAST) colleagues to implement further pathways.
- The number of emergency admissions has increased in March 2023 to 4,408 from 3,954 in February 2023.

Planned Care

- March 2023 saw a 11% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment.
- Additionally, the number of patients waiting over 36 weeks decreased by 5.5% to 28,353.
- We continue to outperform the trajectory for the number of patients waiting over 104 weeks for treatment, with 6,015 patients waiting at this point in March 2023.
- In March, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 3,895 patients waiting at this stage.
- As a Health Board, we are outperforming the Ministerial Priority recovery trajectory for the number of patients waiting over 36 weeks for treatment and for the percentage of patients waiting less than 26 weeks for treatment.
- Therapy waiting times have deteriorated, there are 193 patients waiting over 14 weeks in March 2023 compared with 157 in February 2023.
- The number of patients waiting over 8 weeks for an Endoscopy has slightly increased in March 2023 to 4,546 from 4,387 in February 2023.

Cancer

- February 2023 saw 44% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears).
- The total backlog at 09/04/2023 was 437. The updated approved backlog trajectory has been included for 2023/24.

Mental Health

- Performance against the Mental Health Measures continues to be maintained. All but one Welsh Government target were achieved in February 2023.

	<p>- In February 2023, 88.1% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.</p> <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% February 2023. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has deteriorated slightly to 29% in February 2023 against a target of 80%. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. • NOTE: production of updated planned care recovery trajectories (>104 weeks and Stage 1 >52 weeks) to be produced in April 2023 to align with the Welsh Government updated timelines • NOTE: the review of admission avoidance and length of stay reduction plans and the impact on future Emergency Department performance • NOTE: the development and implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery • NOTE the inclusion of the submitted Ministerial Priority performance trajectories • NOTE the actions being taken to improve performance: - <ul style="list-style-type: none"> ○ A detailed review has been undertaken of the Cancer Performance reporting function, with a specific focus on the impact of previously implemented action plans ○ 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 ○ COO to work with relevant service group directors to agree plans for improved 4-hour ED performance and reduced 12 hour waits to produce new trajectories for 2023/24 ○ A new outpatient dashboard has recently been developed which provides the ability to monitor planned care progress at specialty level, with specific focus on all Ministerial priority areas ○ Focussed work is currently being placed on Treat in Turn rates. 			

	<ul style="list-style-type: none">○ As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity.○ Plans currently being developed to inform revised trajectories for 2023/24 and will be produced in April 2023 for: -<ul style="list-style-type: none">○ Cancer○ UEC○ Planned care○ Endoscopy○ Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.
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INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION:

Members are asked to:

- **NOTE** the Health Board performance against key measures and targets.
- **NOTE:** production of updated planned care recovery trajectories (>104 weeks and Stage 1 >52 weeks) to be produced in April 2023 to align with the Welsh Government updated timelines
- **NOTE:** the review of admission avoidance and length of stay reduction plans and the impact on future Emergency Department performance
- **NOTE:** the development and implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery
- **NOTE** the inclusion of the submitted Ministerial Priority performance trajectories
- **NOTE** the actions being taken to improve performance: -
 - A detailed review has been undertaken of the Cancer Performance reporting function, with a specific focus on the impact of previously implemented action plans
 - Detailed plans being developed to maximise the productivity and efficiency of planned care capacity to maintain improvements in planned care access
 - The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity
 - COO to work with relevant service group directors to agree plans for improved 4-hour ED performance and reduced 12 hour waits to produce new trajectories for 2023/24
 - A new outpatient dashboard has recently been developed which provides the ability to monitor planned care progress at specialty level, with specific focus on all Ministerial priority areas
 - Focussed work is currently being placed on Treat in Turn rates.
 - As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity.
 - Plans currently being developed to inform revised trajectories for 2023/24 and will be produced in April 2023 for: -
 - Cancer
 - UEC
 - Planned care
 - Endoscopy
 - Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.

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

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

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

Report History	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in March 2023. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report



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Appendix 1- Integrated Performance Report April 2023



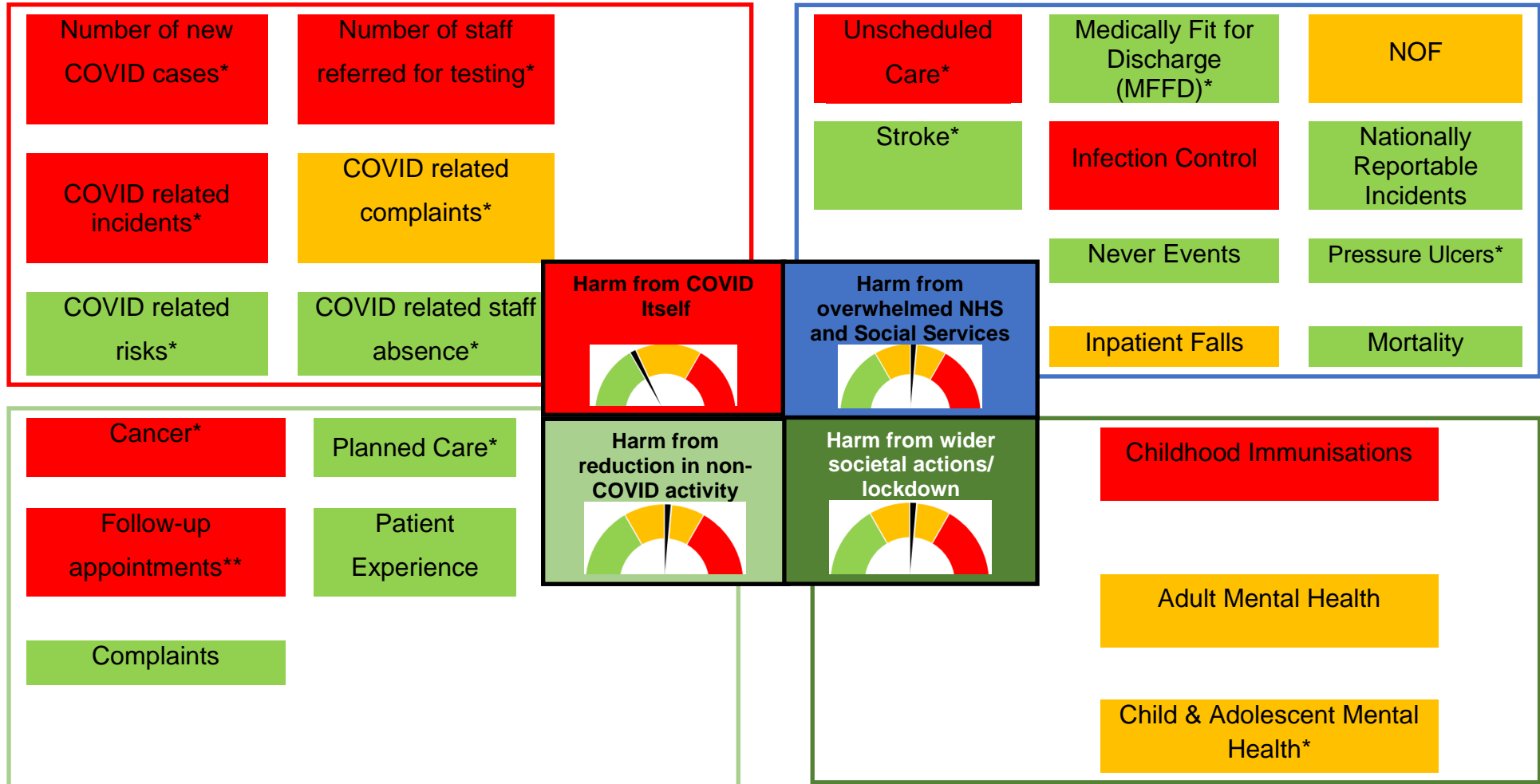
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1. QUADRANTS OF HARM SUMMARY

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



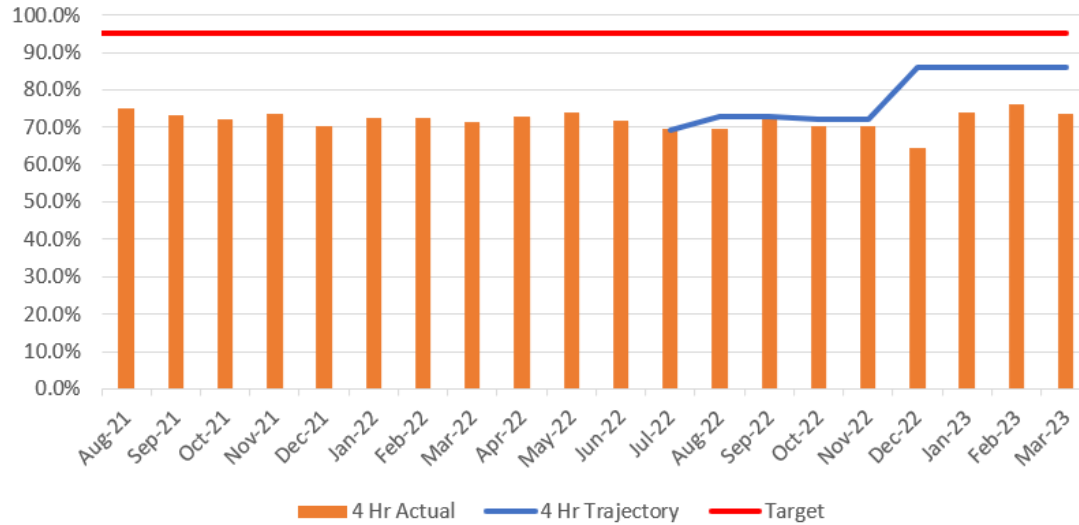
NB- RAG status is against national or local target
 ** Data not available

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

2. ESCALATED SERVICE UPDATE TRAJECTORIES

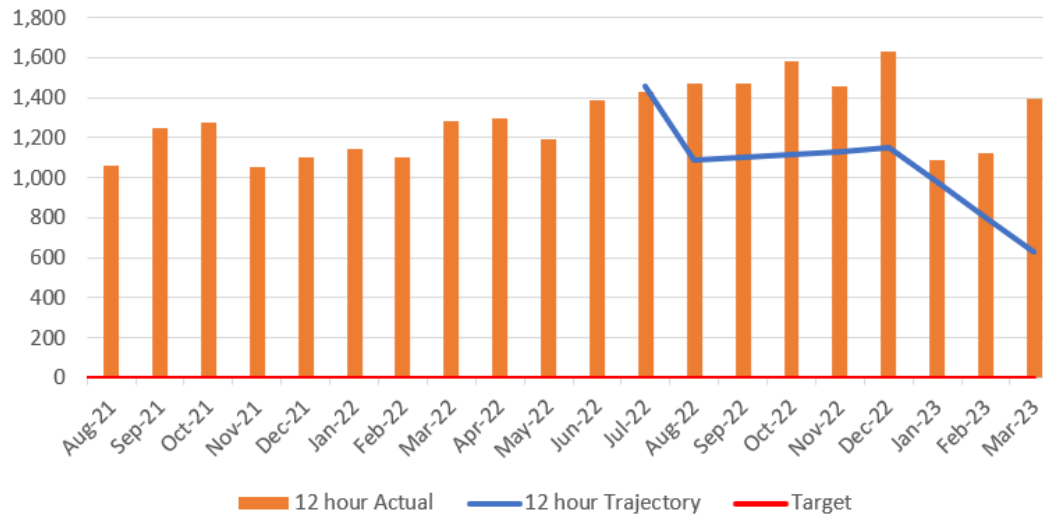
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4-hour access is below the target for March 2023. Emergency Department (ED) 4-hour performance decreased by 2.31% in March 2023 to 73.72% from 76.03% in February 2023.

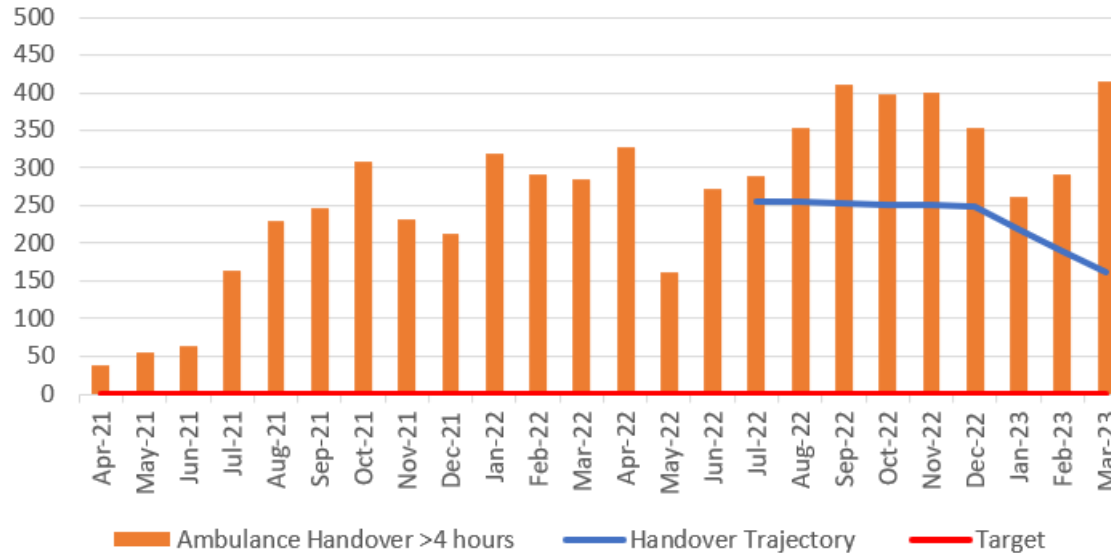
2. Submitted recovery trajectory for A&E 12-hour performance



2. Performance against the 12-hour wait deteriorated in March and is still currently above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,395 in March 2023 from 1,125 in February 2023.

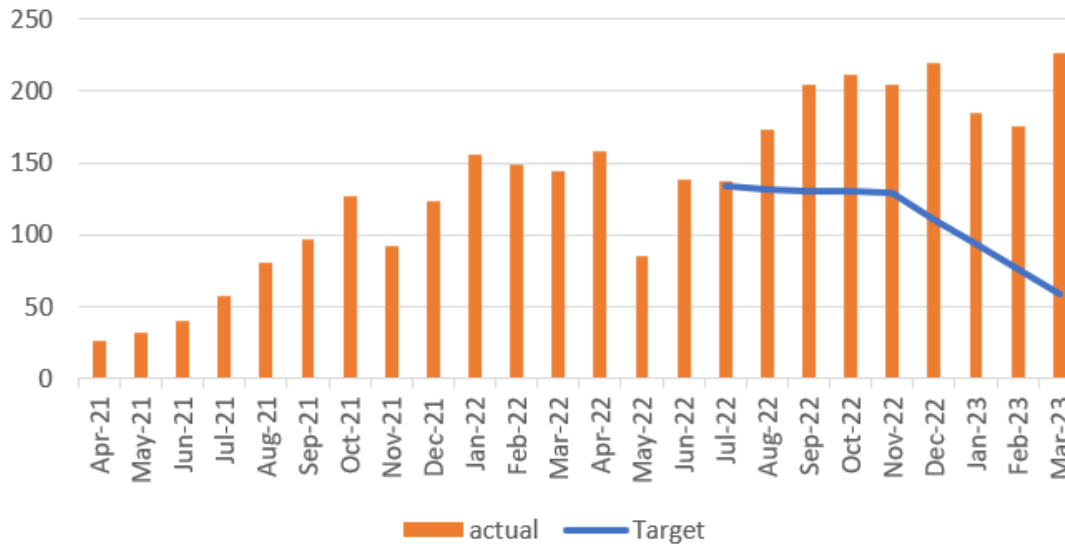
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours has seen a continued deterioration since January 2023. The handover times over four hours increased to 416 in March 2023 from 292 in February 2023. The figures remain above the outlined trajectory for March 2023 which was 161.

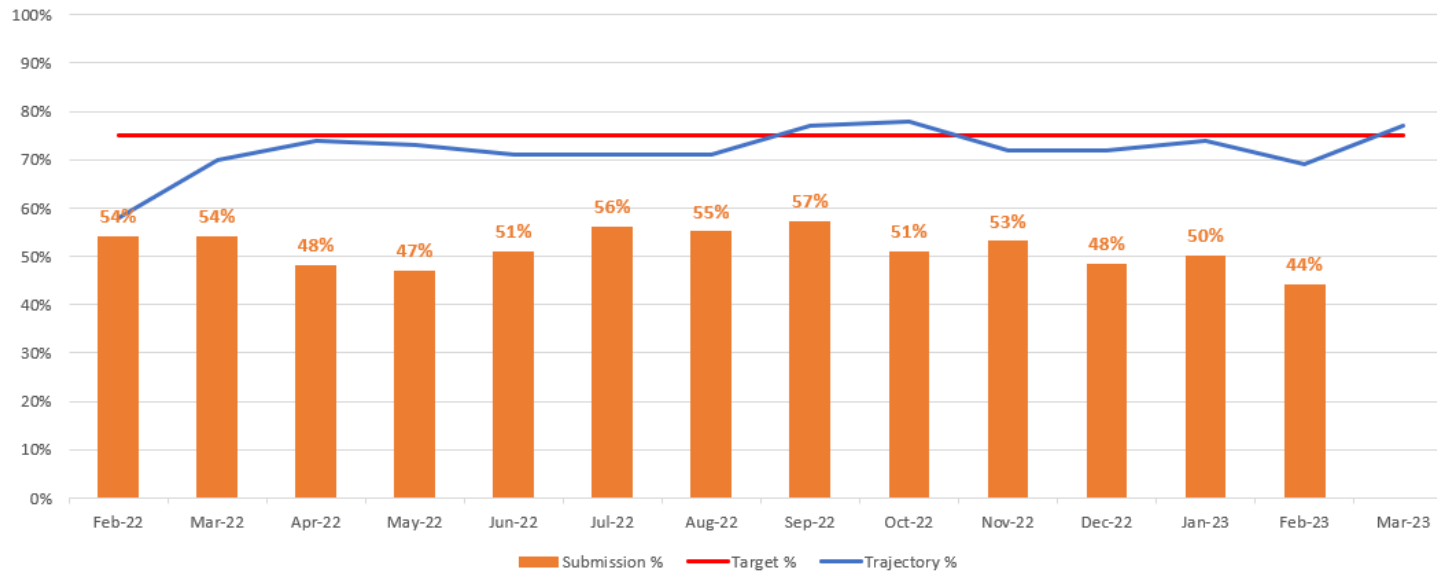
4. Average Ambulance Handover Rate



4. The average ambulance handover rate has seen a deterioration in March 2023. The average handover rate increased from 175 in February 2023 to 226 in March 2023, which is above the outlined trajectory for March 2023 (59).

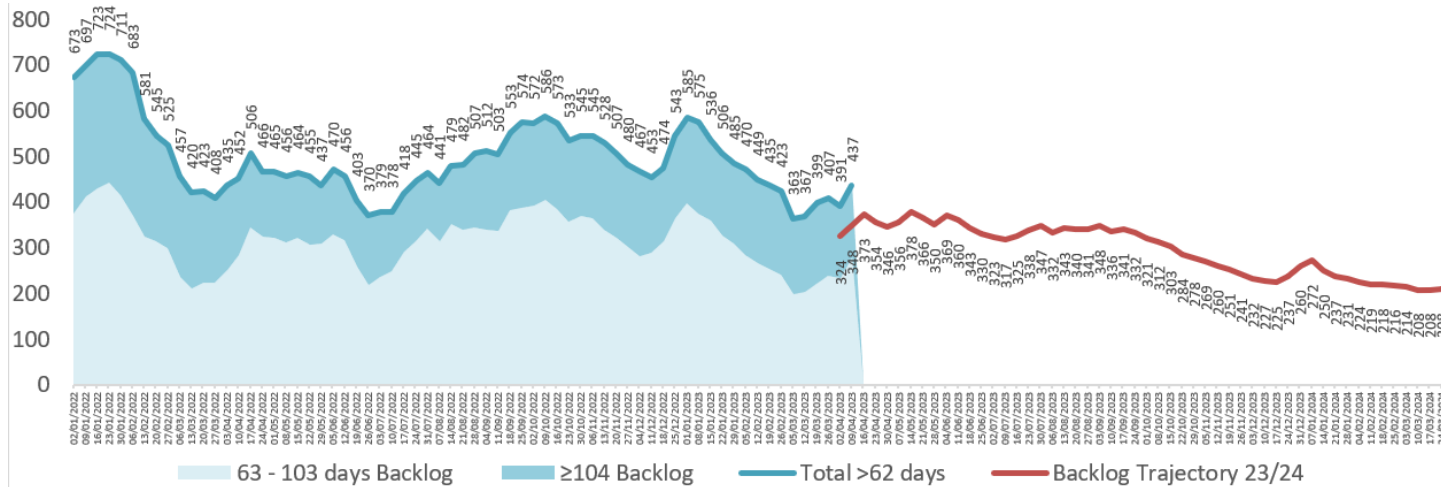
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



1. The final SCP performance for February 2023 was 44%, which is a deterioration on the performance reported in January 2023. Performance continues to stay below the submitted trajectory (69%).

2. Proposed backlog improvements to support SCP performance



2. Backlog figures have seen a consistent reduction in recent weeks, however a slight increase have recently been notes. The total backlog at 09/04/2023 was 437.

Please note, the updated approved backlog trajectory has been included for 2023/24.

3. UPDATES ON KEY SERVICE AREAS

COVID Data		
Description	Current Performance	Trend
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>Number of new COVID cases In March 2023, there were an additional 378 positive cases recorded bringing the cumulative total to 120,106 in Swansea Bay since March 2020.</p>	<p>Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
<p>2. Number of staff referred for Antigen testing</p>	<p>Staff referred for Antigen testing The cumulative number of staff referred for COVID testing between March 2020 and March 2023 is 18,230 of which 19% have been positive (Cumulative total).</p>	<p>Outcome of staff referred for Antigen testing</p> <p>■ Positive ▨ Negative ▤ In Progress □ Unknown/blank</p>

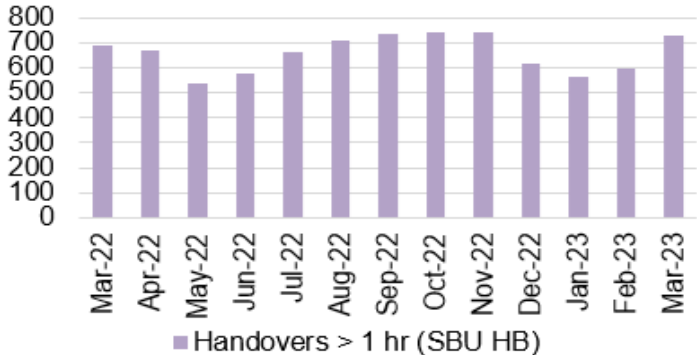
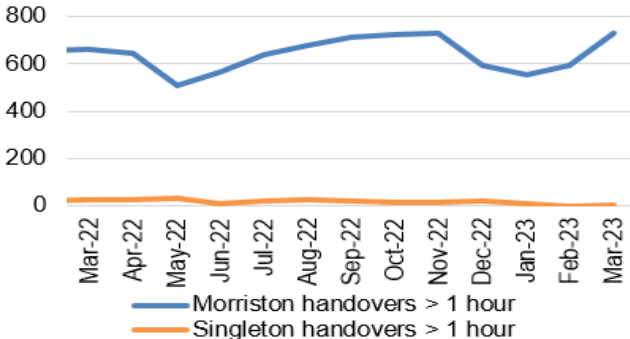
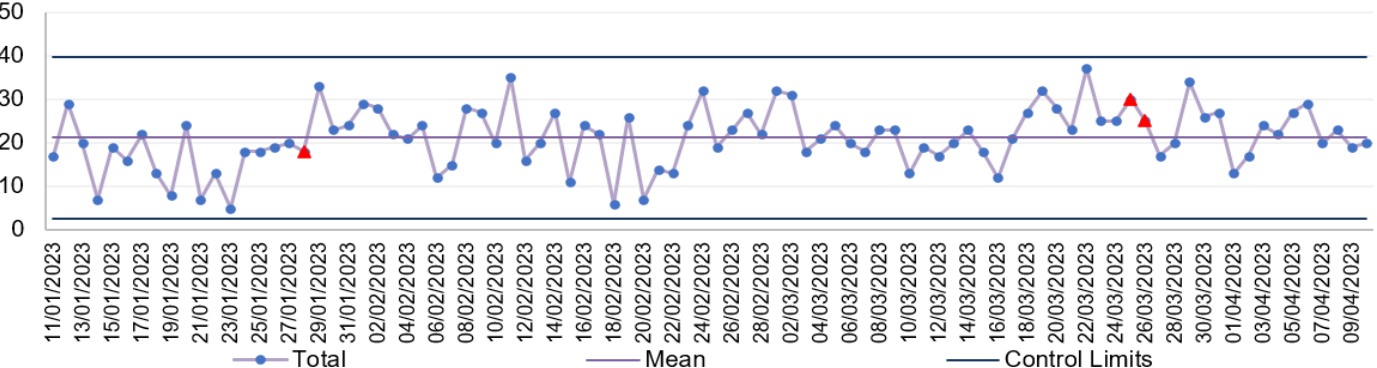
COVID RELATED STAFF ABSENCE

Description	Current Performance	Trend																																																																																				
<p>Staff absence due to COVID19</p> <p>1. Number of staff self-isolating (asymptomatic)</p> <p>2. Number of staff self-isolating (symptomatic)</p>	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.</p> <p>1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between February 2023 and March 2023, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) decreased from 63 to 57. In March 2023, the registered nursing staff group had the largest number of self-isolating staff who were symptomatic.</p>	<p align="center">1. Number of staff self isolating (asymptomatic)</p> <p align="center">2. Number of staff self isolating (symptomatic)</p>																																																																																				
<p>3. % staff sickness</p>	<p>% Staff sickness The percentage of staff sickness absence due to COVID19 in March 2023 has reduced to 0.4% from 0.5% in February 2023.</p>	<p align="center">% staff sickness</p> <table border="1"> <thead> <tr> <th></th> <th>Mar-22</th> <th>Apr-22</th> <th>May-22</th> <th>Jun-22</th> <th>Jul-22</th> <th>Aug-22</th> <th>Sep-22</th> <th>Oct-22</th> <th>Nov-22</th> <th>Dec-22</th> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> </tr> </thead> <tbody> <tr> <td>Medical</td> <td>4.6%</td> <td>4.1%</td> <td>1.8%</td> <td>3.5%</td> <td>4.9%</td> <td>1.8%</td> <td>0.2%</td> <td>1.1%</td> <td>0.7%</td> <td>1.2%</td> <td>0.5%</td> <td>0.3%</td> <td>0.1%</td> </tr> <tr> <td>Nursing Reg</td> <td>3.1%</td> <td>2.4%</td> <td>1.1%</td> <td>2.8%</td> <td>2.4%</td> <td>1.3%</td> <td>1.1%</td> <td>1.2%</td> <td>0.9%</td> <td>1.1%</td> <td>0.7%</td> <td>0.6%</td> <td>0.7%</td> </tr> <tr> <td>Nursing Non Reg</td> <td>3.7%</td> <td>3.2%</td> <td>2.1%</td> <td>2.7%</td> <td>2.7%</td> <td>1.2%</td> <td>1.1%</td> <td>1.3%</td> <td>1.6%</td> <td>1.5%</td> <td>0.6%</td> <td>0.6%</td> <td>0.5%</td> </tr> <tr> <td>Other</td> <td>2.6%</td> <td>1.8%</td> <td>0.8%</td> <td>1.8%</td> <td>1.6%</td> <td>0.5%</td> <td>0.6%</td> <td>0.6%</td> <td>0.7%</td> <td>0.9%</td> <td>0.4%</td> <td>0.4%</td> <td>0.2%</td> </tr> <tr> <td>All</td> <td>3.1%</td> <td>2.3%</td> <td>1.2%</td> <td>2.4%</td> <td>2.2%</td> <td>1.0%</td> <td>0.8%</td> <td>0.9%</td> <td>0.9%</td> <td>1.1%</td> <td>0.5%</td> <td>0.5%</td> <td>0.4%</td> </tr> </tbody> </table>		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Medical	4.6%	4.1%	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	Nursing Reg	3.1%	2.4%	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	Nursing Non Reg	3.7%	3.2%	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	Other	2.6%	1.8%	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	All	3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%
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UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement																																																																																																																																								
<p>Ambulance responses</p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In March 2023, the number of red calls responded to within 8 minutes decreased to 47.5%, from 51.8% in February 2023. In March 2023, the number of green calls increased by 23%, amber calls increased by 20%, and red calls increased by 7% compared with February 2023.</p>	<p>Ambulance response rates have seen a minor deterioration in performance in March 2023. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.</p>																																																																																																																																								
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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 March 2023, there were 729 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 594 in February 2023. In March 2023, 728 handovers over 1 hour were attributed to Morriston Hospital, with 1 being attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have increased from 3,245 in February 2023 to 4,659 in March 2023.	Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction. Two dedicated ambulance co-ordinator roles are currently being recruited to, along with the expansion of the older persons assessment service – all of which has been implemented to support the pressure within the system.																																																																																																																																								
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UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement
<p>A&E waiting times</p> <p><i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i></p> <p><i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i></p> <p><i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i></p>	<p>The Health Board's performance against the 4-hour measure deteriorated 76.03% in February 2023 to 73.72% in March 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 97.78% in March 2023. Morriston Hospital's performance deteriorated between February 2023 and March, achieving 59.30% against the target.</p>	<p>Internal flow activities to support reduced occupancy and to improve flow throughout the day are being put in place, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with WAST colleagues to implement further pathways.</p>
	Trend	
	<p>1. % Patients waiting under 4 hours in A&E- HB total</p>	<p>2. % Patients waiting under 4 hours in A&E- Hospital level</p>
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<p>A&E waiting times</p> <p><i>1. Number of patients who spend 12 hours or more in A&E</i></p> <p><i>2. Number of patients who spend 12 hours or more in A&E- Hospital level</i></p> <p><i>3. Number of patients waiting over 12 hours in A&E (last 90 days)</i></p>	<p>In March 2023, performance against the 12-hour measure deteriorated when compared with February 2023, increasing from 1,125 to 1,395. This is an increase of 270 compared to February 2023. All of the patients waiting over 12 hours in March 2023 were attributed to Morriston Hospital.</p>	<p>A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.</p>																																																																					
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Emergency admissions 1. The number of emergency inpatient admissions 2. The number of emergency inpatient admissions- Hospital level 3. The number of emergency inpatient admissions (last 90 days)	<p>In March 2023, there were 4,408 emergency admissions across the Health Board, which is 454 higher than February 2023. Singleton Hospital saw an in-month reduction, with 10 less admissions (from 382 in February 2023), Morriston Hospital saw an in-month increase from 3480 admissions in February 2023 to 3,895 admissions in March 2023.</p>	<p>The increased number of emergency admissions is directly linked to the pressure within the system and the reduced flow from ED – this will be addressed by the previously referenced occupancy actions</p>																																																																																			
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UNSCHEDULED CARE

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<p>Critical Care-Delayed Transfers of Care (DIOC)-Morrison Hospital</p> <p>1. Total Critical Care delayed discharges (hours)</p> <p>2. Average lost bed days per day</p> <p>3. Percentage of patients delayed: Up to 8 hours Between 8 and 24 hours Over 24 hours</p>	<p>In March 2023, there were a total of 89 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is an increase when compared with 84 admissions in February 2023. March 2023, saw an increase in the number of delayed discharge hours from 4305.3 in February 2023 to 5209.15 in March 2023. The average lost bed days increased to 7 per day. The percentage of patients delayed over 24 hours increased to 67.14% in March from 64.52% in February 2023.</p>	<p>Delayed discharges from ICU are intimately linked to capacity and flow constraints within the general wards and health/social-care system in general. A minor increase in the current pressures within ED are having a direct impact on discharges from ICU.</p>																																																																																																														
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<p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In March 2023, there were on average 291 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In March 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 110, closely followed by Singleton Hospital with 94.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital, recent implementing of the AMSR programme will also encourage a reduction in the figures.</p>	<p>The number of clinically optimised patients by site</p> <table border="1"> <caption>Estimated data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>110</td><td>60</td><td>90</td><td>20</td></tr> <tr><td>Apr-22</td><td>100</td><td>65</td><td>85</td><td>22</td></tr> <tr><td>May-22</td><td>120</td><td>68</td><td>88</td><td>15</td></tr> <tr><td>Jun-22</td><td>145</td><td>62</td><td>90</td><td>18</td></tr> <tr><td>Jul-22</td><td>115</td><td>65</td><td>92</td><td>15</td></tr> <tr><td>Aug-22</td><td>120</td><td>70</td><td>100</td><td>15</td></tr> <tr><td>Sep-22</td><td>120</td><td>85</td><td>100</td><td>15</td></tr> <tr><td>Oct-22</td><td>110</td><td>75</td><td>100</td><td>20</td></tr> <tr><td>Nov-22</td><td>110</td><td>65</td><td>90</td><td>15</td></tr> <tr><td>Dec-22</td><td>100</td><td>60</td><td>80</td><td>10</td></tr> <tr><td>Jan-23</td><td>120</td><td>70</td><td>85</td><td>12</td></tr> <tr><td>Feb-23</td><td>100</td><td>95</td><td>85</td><td>15</td></tr> <tr><td>Mar-23</td><td>110</td><td>94</td><td>75</td><td>10</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Mar-22	110	60	90	20	Apr-22	100	65	85	22	May-22	120	68	88	15	Jun-22	145	62	90	18	Jul-22	115	65	92	15	Aug-22	120	70	100	15	Sep-22	120	85	100	15	Oct-22	110	75	100	20	Nov-22	110	65	90	15	Dec-22	100	60	80	10	Jan-23	120	70	85	12	Feb-23	100	95	85	15	Mar-23	110	94	75	10
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<p>Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p>	<p>In March 2023, there were 25 elective procedures cancelled due to lack of beds on the day of surgery. This is 12 less cancellations than those seen in February 2023.</p> <p>Of the cancelled procedures, all were attributed to Morriston Hospital in March 2023.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Estimated data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>30</td><td>2</td><td>0</td></tr> <tr><td>Apr-22</td><td>35</td><td>2</td><td>0</td></tr> <tr><td>May-22</td><td>55</td><td>2</td><td>0</td></tr> <tr><td>Jun-22</td><td>35</td><td>2</td><td>0</td></tr> <tr><td>Jul-22</td><td>28</td><td>2</td><td>0</td></tr> <tr><td>Aug-22</td><td>12</td><td>2</td><td>0</td></tr> <tr><td>Sep-22</td><td>25</td><td>2</td><td>0</td></tr> <tr><td>Oct-22</td><td>35</td><td>2</td><td>0</td></tr> <tr><td>Nov-22</td><td>25</td><td>2</td><td>0</td></tr> <tr><td>Dec-22</td><td>25</td><td>2</td><td>0</td></tr> <tr><td>Jan-23</td><td>70</td><td>2</td><td>15</td></tr> <tr><td>Feb-23</td><td>32</td><td>2</td><td>0</td></tr> <tr><td>Mar-23</td><td>25</td><td>2</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Mar-22	30	2	0	Apr-22	35	2	0	May-22	55	2	0	Jun-22	35	2	0	Jul-22	28	2	0	Aug-22	12	2	0	Sep-22	25	2	0	Oct-22	35	2	0	Nov-22	25	2	0	Dec-22	25	2	0	Jan-23	70	2	15	Feb-23	32	2	0	Mar-23	25	2	0														
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HEALTHCARE ACQUIRED INFECTIONS

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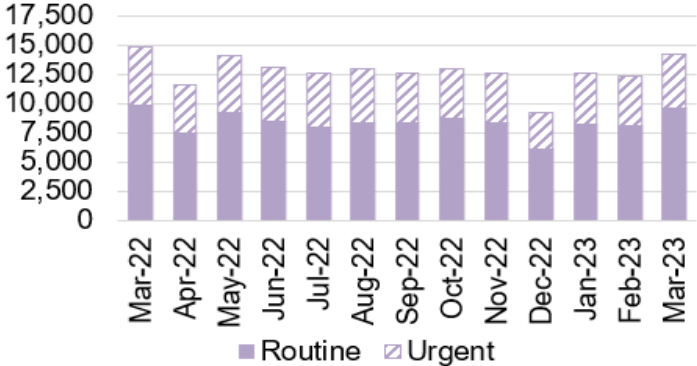
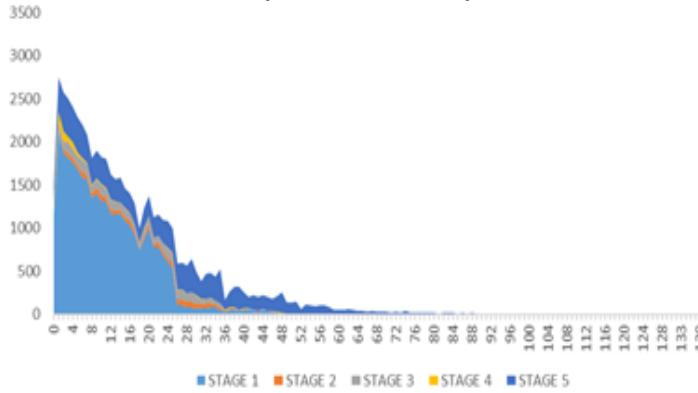
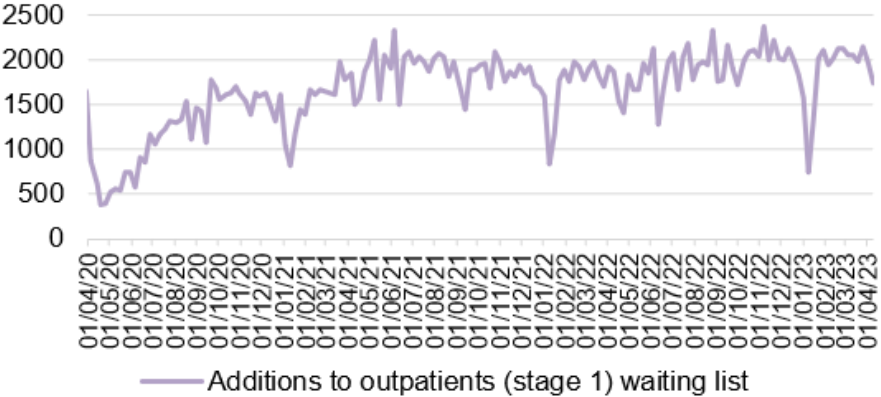
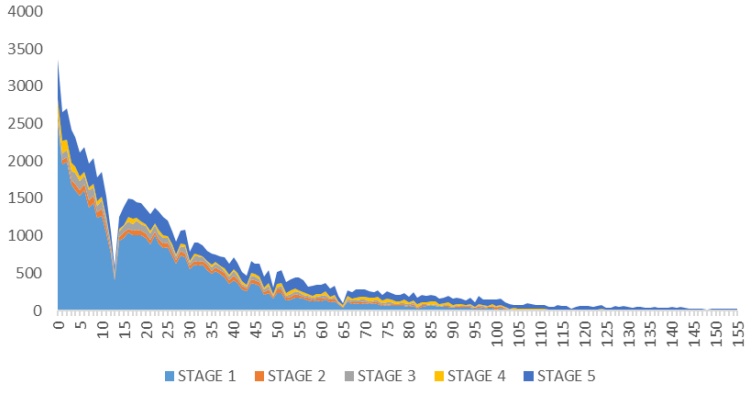
HEALTHCARE ACQUIRED INFECTIONS

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<p>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i> <i>Number of laboratory confirmed C.difficile cases</i></p>	<ul style="list-style-type: none"> There were 19 <i>Clostridium difficile</i> toxin positive cases in March 2023, of which 13 were hospital acquired and 6 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 7 cases for March 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases</caption> <thead> <tr> <th>Month</th> <th>Number of C. diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>18</td><td>18</td></tr> <tr><td>Apr-22</td><td>13</td><td>7</td></tr> <tr><td>May-22</td><td>11</td><td>9</td></tr> <tr><td>Jun-22</td><td>16</td><td>9</td></tr> <tr><td>Jul-22</td><td>16</td><td>8</td></tr> <tr><td>Aug-22</td><td>22</td><td>8</td></tr> <tr><td>Sep-22</td><td>14</td><td>9</td></tr> <tr><td>Oct-22</td><td>21</td><td>8</td></tr> <tr><td>Nov-22</td><td>21</td><td>7</td></tr> <tr><td>Dec-22</td><td>14</td><td>8</td></tr> <tr><td>Jan-23</td><td>22</td><td>8</td></tr> <tr><td>Feb-23</td><td>12</td><td>8</td></tr> <tr><td>Mar-23</td><td>19</td><td>7</td></tr> </tbody> </table>	Month	Number of C. diff cases (SBU)	Trajectory	Mar-22	18	18	Apr-22	13	7	May-22	11	9	Jun-22	16	9	Jul-22	16	8	Aug-22	22	8	Sep-22	14	9	Oct-22	21	8	Nov-22	21	7	Dec-22	14	8	Jan-23	22	8	Feb-23	12	8	Mar-23	19	7
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<p>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i> <i>Number of laboratory confirmed Klebsiella sp cases</i></p>	<ul style="list-style-type: none"> There were 11 cases of <i>Klebsiella sp</i> in March 2023, of which 4 were hospital acquired and 7 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 5 cases for March 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>7</td><td>7</td></tr> <tr><td>Apr-22</td><td>6</td><td>7</td></tr> <tr><td>May-22</td><td>8</td><td>6</td></tr> <tr><td>Jun-22</td><td>8</td><td>6</td></tr> <tr><td>Jul-22</td><td>11</td><td>6</td></tr> <tr><td>Aug-22</td><td>8</td><td>6</td></tr> <tr><td>Sep-22</td><td>10</td><td>6</td></tr> <tr><td>Oct-22</td><td>7</td><td>6</td></tr> <tr><td>Nov-22</td><td>11</td><td>6</td></tr> <tr><td>Dec-22</td><td>8</td><td>6</td></tr> <tr><td>Jan-23</td><td>11</td><td>6</td></tr> <tr><td>Feb-23</td><td>8</td><td>5</td></tr> <tr><td>Mar-23</td><td>11</td><td>5</td></tr> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	Trajectory	Mar-22	7	7	Apr-22	6	7	May-22	8	6	Jun-22	8	6	Jul-22	11	6	Aug-22	8	6	Sep-22	10	6	Oct-22	7	6	Nov-22	11	6	Dec-22	8	6	Jan-23	11	6	Feb-23	8	5	Mar-23	11	5
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<p>Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> There were 4 cases of <i>P.Aeruginosa</i> in March 2023, both of which 2 were hospital acquired and 2 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 1 cumulative case for March 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <caption>Number of healthcare acquired Pseudomonas cases</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>2</td><td>2</td></tr> <tr><td>Apr-22</td><td>2</td><td>2</td></tr> <tr><td>May-22</td><td>2</td><td>2</td></tr> <tr><td>Jun-22</td><td>4</td><td>2</td></tr> <tr><td>Jul-22</td><td>4</td><td>2</td></tr> <tr><td>Aug-22</td><td>3</td><td>2</td></tr> <tr><td>Sep-22</td><td>5</td><td>2</td></tr> <tr><td>Oct-22</td><td>6</td><td>1</td></tr> <tr><td>Nov-22</td><td>5</td><td>1</td></tr> <tr><td>Dec-22</td><td>3</td><td>2</td></tr> <tr><td>Jan-23</td><td>4</td><td>2</td></tr> <tr><td>Feb-23</td><td>2</td><td>2</td></tr> <tr><td>Mar-23</td><td>4</td><td>1</td></tr> </tbody> </table>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Mar-22	2	2	Apr-22	2	2	May-22	2	2	Jun-22	4	2	Jul-22	4	2	Aug-22	3	2	Sep-22	5	2	Oct-22	6	1	Nov-22	5	1	Dec-22	3	2	Jan-23	4	2	Feb-23	2	2	Mar-23	4	1
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PLANNED CARE

Description	Current Performance	Actions of Improvement
<p>Referrals and shape of the waiting list</p> <p>1. GP Referrals <i>The number of Stage 1 additions per week</i></p> <p>2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i></p> <p>3. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 2019</i></p> <p>4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at March 2023</i></p>	<p>March 2023 has seen an increase in referral figures compared with February 2023 (12,347). Referral rates have continued to rise slowly since December 2021, with 14,220 received in March 2023. Chart 4 shows the shape of the current waiting list. Chart 3 shows the waiting list as at December 2019 as this reflects a typical monthly snapshot of the waiting list prior to the COVID19 pandemic.</p> <p align="center">Trend</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. Number of GP referrals received by SBU Health Board</p>  <p>3. Total size of the waiting list and movement (December 2019)</p>  </div> <div style="width: 48%;"> <p>2. Number of stage 1 additions per week</p>  <p>4. Total size of the waiting list and movement (March 2023)</p>  </div> </div>	<p>The number of referrals received has remained steady in recent months, and is now showing a consistent pattern of demand.</p>

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Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Outpatient activity undertaken	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, March 2023 saw an in-month reduction of 11% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 17,257 in February 2023 to 15,385 in March 2023. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and OMFS. Chart 4 shows that the number of attendances has remained steady in recent months</p>	<p>Administrative validation is currently taking place to further cleanse the waiting list position and reduce the number of patients on the waiting list inappropriately. Service Group specific recovery trajectories have been developed to further support recovery</p>																																																																																																								
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PLANNED CARE		
Description	Current Performance	Actions of Improvement
<p>Patients waiting over 36 weeks for treatment</p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 52 weeks for treatment at Stage 1</p> <p>3. Number of elective admissions</p> <p>4. Number of patients waiting more than 104 weeks for treatment</p>	<p>The number of patients waiting longer than 36 weeks from referral to treatment has increased every month since the first wave of COVID19 in March 2020. In March 2023, there were 28,353 patients waiting over 36 weeks which is a 5.5% in-month reduction from February 2023. 18,181 of the 28,353 were waiting over 52 weeks in March 2023. In March 2023, there were 6,015 patients waiting over 104 weeks for treatment, which is a 10% reduction from February 2023.</p>	<p>Detailed demand and capacity work is ongoing to support the reduction of Stage 1 patients waiting for an outpatient appointment. Currently implementing planned care efficiency measures which include; over-booking clinics, improving treatment rates, increasing capacity, validation of pathways and internal administrative and clinical validation</p>
	Trend	
	<p>1. Number of patients waiting over 36 weeks- HB total</p> <p>Ministerial Target = 0 by 2026</p>	<p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p> <p>Ministerial Target = 0 by June 2023</p>
	<p>3. Number of elective admissions</p> <p>Admitted elective patients</p>	<p>4. Number of patients waiting over 104 weeks- HB total</p> <p>Ministerial Target = 0 by 2024</p>

PLANNED CARE

Description	Current Performance																															
<p>Total waiting times <i>Percentage of patients waiting less than 26 weeks from referral to treatment</i></p>	<p>Throughout 2019/20 the overall percentage of patients waiting less than 26 weeks from referral to treatment ranged between 80% and 88%. Whereas, throughout the Covid19 pandemic in 2020/21 the percentage ranged between 41% and 72%.</p> <p>In March 2023, 58.4% of patients were waiting under 26 weeks from referral to treatment, which is 1.5% more than those seen in February 2023.</p>	<p align="center">Percentage of patient waiting less than 26 weeks</p> <table border="1"> <caption>Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>% waiting < 26 wks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>48%</td></tr> <tr><td>Mar-22</td><td>48%</td></tr> <tr><td>Apr-22</td><td>48%</td></tr> <tr><td>May-22</td><td>48%</td></tr> <tr><td>Jun-22</td><td>48%</td></tr> <tr><td>Jul-22</td><td>48%</td></tr> <tr><td>Aug-22</td><td>48%</td></tr> <tr><td>Sep-22</td><td>48%</td></tr> <tr><td>Oct-22</td><td>48%</td></tr> <tr><td>Nov-22</td><td>48%</td></tr> <tr><td>Dec-22</td><td>48%</td></tr> <tr><td>Jan-23</td><td>48%</td></tr> <tr><td>Feb-23</td><td>56.9%</td></tr> <tr><td>Mar-23</td><td>58.4%</td></tr> </tbody> </table> <p align="center">Ministerial Target = 95% by 2026</p>	Month	% waiting < 26 wks (SBU HB)	Feb-22	48%	Mar-22	48%	Apr-22	48%	May-22	48%	Jun-22	48%	Jul-22	48%	Aug-22	48%	Sep-22	48%	Oct-22	48%	Nov-22	48%	Dec-22	48%	Jan-23	48%	Feb-23	56.9%	Mar-23	58.4%
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<p>Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i></p>	<p>In March 2023, 59.4% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p align="center">Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>59%</td></tr> <tr><td>Apr-22</td><td>59%</td></tr> <tr><td>May-22</td><td>59%</td></tr> <tr><td>Jun-22</td><td>59%</td></tr> <tr><td>Jul-22</td><td>59%</td></tr> <tr><td>Aug-22</td><td>59%</td></tr> <tr><td>Sep-22</td><td>59%</td></tr> <tr><td>Oct-22</td><td>59%</td></tr> <tr><td>Nov-22</td><td>59%</td></tr> <tr><td>Dec-22</td><td>59%</td></tr> <tr><td>Jan-23</td><td>59%</td></tr> <tr><td>Feb-23</td><td>59%</td></tr> <tr><td>Mar-23</td><td>59.4%</td></tr> </tbody> </table> <p align="center">Target = 100%</p>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Mar-22	59%	Apr-22	59%	May-22	59%	Jun-22	59%	Jul-22	59%	Aug-22	59%	Sep-22	59%	Oct-22	59%	Nov-22	59%	Dec-22	59%	Jan-23	59%	Feb-23	59%	Mar-23	59.4%		
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PLANNED CARE

Description	Current Performance	Trend
<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In March 2023, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,116 in February 2023 to 6,514.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for March 2023:</p> <ul style="list-style-type: none"> • Endoscopy= 4,56 ^ • Cardiac tests= 392 • Other Diagnostics = 1,568 ^ <p>Actions of Improvement; Endoscopy waits have increased slightly this month and the figures remain above the submitted trajectory. The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity</p>	<p align="center">Number of patients waiting longer than 8 weeks for Endoscopy</p> <p align="center"> ■ Endoscopy >8wks (SBU HB) — Trajectory <i>Ministerial Target = Endoscopy waits > 8 Weeks will be 0 by Spring 2024</i> </p>
<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In March 2023 there were 193 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in March 2023 are:</p> <ul style="list-style-type: none"> • Speech & Language Therapy= 148 ^ • Dietetics = 44 ^ • Physiotherapy = 1 ^ <p>Actions of Improvement; The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas.</p>	<p align="center">Number of patients waiting longer than 14 weeks for therapies</p> <p align="center"> ■ Occ Therapy/ LD (MH) ■ Dietetics ■ Occ Therapy (exc. MH) ■ Phsyio ■ Audiology ■ Podiatry ■ Speech & Language </p>

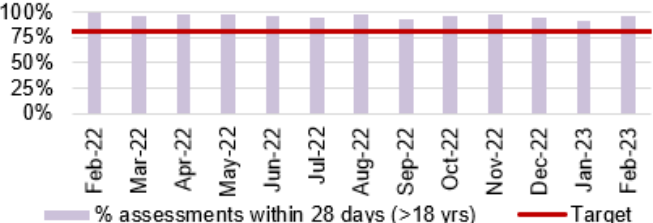
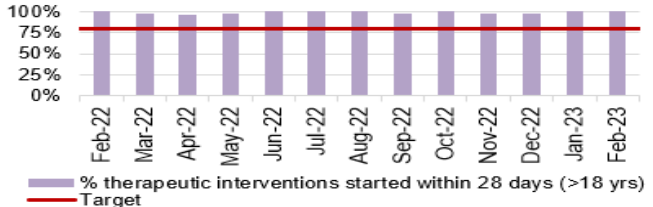
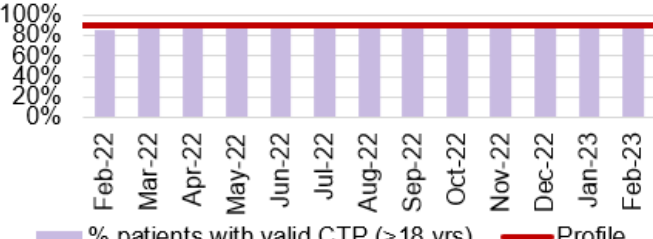
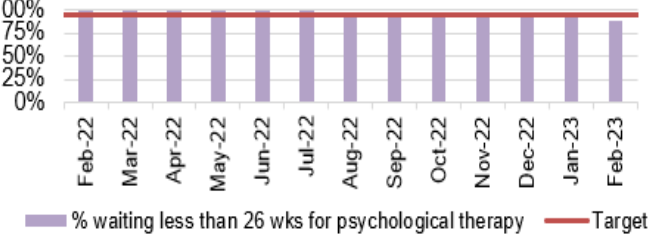
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>March-23</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>32%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>81%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>30%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>84%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>91%</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>94%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	March-23	Scheduled (14 Day Target)	80%	32%	Scheduled (21 Day Target)	100%	81%	Urgent SC (2 Day Target)	80%	30%	Urgent SC (7 Day Target)	100%	84%	Emergency (within 1 day)	80%	91%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	94%	Elective Delay (14 Day Target)	100%	100%	<p>Radiotherapy waiting times</p>																					
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<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In February 2023, the overall size of the follow-up waiting list increased by 1,438 patients compared with January 2023 (from 146,632 to 148,070).</p> <p>In February 2023, there was a total of 69,333 patients waiting for a follow-up past their target date. This is a slight in-month increase of 3.3% (from 67,125 in January 2023 to 69,333).</p> <p>Of the 69,333 delayed follow-ups in February 2023, 12,381 had appointment dates and 56,952 were still waiting for an appointment.</p> <p>In addition, 40,146 patients were waiting 100%+ over target date in February 2023. This is a 2.8% increase when compared with January 2023.</p> <p>Actions of Improvement; An internal SBUHB validation is in place to support validation work. Alongside this, Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach. This work has begun and is focussing on services with the longest waits</p> <p><i>*Final data not available at the time of publishing*</i></p>	<p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>Data for Chart 1: Total number of patients waiting for a follow-up</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>130,000</td></tr> <tr><td>Mar-22</td><td>130,000</td></tr> <tr><td>Apr-22</td><td>130,000</td></tr> <tr><td>May-22</td><td>130,000</td></tr> <tr><td>Jun-22</td><td>130,000</td></tr> <tr><td>Jul-22</td><td>130,000</td></tr> <tr><td>Aug-22</td><td>130,000</td></tr> <tr><td>Sep-22</td><td>130,000</td></tr> <tr><td>Oct-22</td><td>130,000</td></tr> <tr><td>Nov-22</td><td>130,000</td></tr> <tr><td>Dec-22</td><td>130,000</td></tr> <tr><td>Jan-23</td><td>130,000</td></tr> <tr><td>Feb-23</td><td>140,000</td></tr> </tbody> </table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>Data for Chart 2: Delayed follow-ups: Number of patients waiting 100% over target</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>25,000</td></tr> <tr><td>Mar-22</td><td>25,000</td></tr> <tr><td>Apr-22</td><td>25,000</td></tr> <tr><td>May-22</td><td>25,000</td></tr> <tr><td>Jun-22</td><td>25,000</td></tr> <tr><td>Jul-22</td><td>25,000</td></tr> <tr><td>Aug-22</td><td>25,000</td></tr> <tr><td>Sep-22</td><td>25,000</td></tr> <tr><td>Oct-22</td><td>25,000</td></tr> <tr><td>Nov-22</td><td>25,000</td></tr> <tr><td>Dec-22</td><td>25,000</td></tr> <tr><td>Jan-23</td><td>25,000</td></tr> <tr><td>Feb-23</td><td>25,000</td></tr> <tr><td>Mar-23</td><td>20,000</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>	Month	Number of patients	Feb-22	130,000	Mar-22	130,000	Apr-22	130,000	May-22	130,000	Jun-22	130,000	Jul-22	130,000	Aug-22	130,000	Sep-22	130,000	Oct-22	130,000	Nov-22	130,000	Dec-22	130,000	Jan-23	130,000	Feb-23	140,000	Month	Number of patients	Feb-22	25,000	Mar-22	25,000	Apr-22	25,000	May-22	25,000	Jun-22	25,000	Jul-22	25,000	Aug-22	25,000	Sep-22	25,000	Oct-22	25,000	Nov-22	25,000	Dec-22	25,000	Jan-23	25,000	Feb-23	25,000	Mar-23	20,000
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<p>Stroke Measures</p> <p>1. <i>% of patients who have a direct admission to an acute stroke unit within 4 hours</i></p> <p>2. <i>% of patients who received a CT Scan within 1 hour</i></p> <p>3. <i>% of patients who are assessed by a stroke specialist consultant physician within 24 hours</i></p> <p>4. <i>% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</i></p>	<p>1. In March 2023, 12% of patients had a direct admission to an acute stroke unit within 4 hours. This is an improvement on the performance in February 2023 (11%).</p> <p>2. In March 2023, 45% of patients received a CT scan within 1 hour of being admitted, this is 3% lower than February 2023</p> <p>3. 98% of patients were assessed by a stroke specialist consultant physician within 24 hours in March 2023, which is a slight improvement of 1.3% from February 2023.</p> <p>4. In March 2023, 10% of patients were thrombolysed in a time of less than or equal to 45 minutes.</p> <p>Actions of Improvement; The lack of ring fenced beds on all wards across the hospital sites is challenging as bed capacity is limited by the pressures of unscheduled care demand. The lack of dedicated stroke beds is directly impacting the stroke related performance measures. Work is underway to focus on future stroke performance improvement.</p>	<p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <table border="1"> <caption>% of patients who have a direct admission to an acute stroke unit within 4 hours</caption> <thead> <tr> <th>Month</th> <th>% 4 hour admissions (Morr)</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>15%</td></tr> <tr><td>Apr-22</td><td>12%</td></tr> <tr><td>May-22</td><td>20%</td></tr> <tr><td>Jun-22</td><td>5%</td></tr> <tr><td>Jul-22</td><td>5%</td></tr> <tr><td>Aug-22</td><td>8%</td></tr> <tr><td>Sep-22</td><td>8%</td></tr> <tr><td>Oct-22</td><td>5%</td></tr> <tr><td>Nov-22</td><td>12%</td></tr> <tr><td>Dec-22</td><td>5%</td></tr> <tr><td>Jan-23</td><td>2%</td></tr> <tr><td>Feb-23</td><td>11%</td></tr> <tr><td>Mar-23</td><td>12%</td></tr> </tbody> </table> <p>2. % of patients who received a CT Scan within 1 hour</p> <table border="1"> <caption>% of patients who received a CT Scan within 1 hour</caption> <thead> <tr> <th>Month</th> <th>% 1 hr CT Scan (Morr)</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>45%</td></tr> <tr><td>Apr-22</td><td>35%</td></tr> <tr><td>May-22</td><td>40%</td></tr> <tr><td>Jun-22</td><td>38%</td></tr> <tr><td>Jul-22</td><td>35%</td></tr> <tr><td>Aug-22</td><td>40%</td></tr> <tr><td>Sep-22</td><td>55%</td></tr> <tr><td>Oct-22</td><td>35%</td></tr> <tr><td>Nov-22</td><td>40%</td></tr> <tr><td>Dec-22</td><td>35%</td></tr> <tr><td>Jan-23</td><td>35%</td></tr> <tr><td>Feb-23</td><td>48%</td></tr> <tr><td>Mar-23</td><td>45%</td></tr> </tbody> </table> <p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <table border="1"> <caption>% of patients who are assessed by a stroke specialist consultant physician within 24 hours</caption> <thead> <tr> <th>Month</th> <th>% assess within 24 hrs (Morr)</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>100%</td></tr> <tr><td>Apr-22</td><td>100%</td></tr> <tr><td>May-22</td><td>95%</td></tr> <tr><td>Jun-22</td><td>100%</td></tr> <tr><td>Jul-22</td><td>100%</td></tr> <tr><td>Aug-22</td><td>100%</td></tr> <tr><td>Sep-22</td><td>95%</td></tr> <tr><td>Oct-22</td><td>95%</td></tr> <tr><td>Nov-22</td><td>95%</td></tr> <tr><td>Dec-22</td><td>95%</td></tr> <tr><td>Jan-23</td><td>98%</td></tr> <tr><td>Feb-23</td><td>98%</td></tr> <tr><td>Mar-23</td><td>98%</td></tr> </tbody> </table> <p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p> <table border="1"> <caption>% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</caption> <thead> <tr> <th>Month</th> <th>% 45 mins thrombosis (Morr)</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>0%</td></tr> <tr><td>Apr-22</td><td>10%</td></tr> <tr><td>May-22</td><td>10%</td></tr> <tr><td>Jun-22</td><td>0%</td></tr> <tr><td>Jul-22</td><td>0%</td></tr> <tr><td>Aug-22</td><td>40%</td></tr> <tr><td>Sep-22</td><td>0%</td></tr> <tr><td>Oct-22</td><td>10%</td></tr> <tr><td>Nov-22</td><td>10%</td></tr> <tr><td>Dec-22</td><td>0%</td></tr> <tr><td>Jan-23</td><td>0%</td></tr> <tr><td>Feb-23</td><td>0%</td></tr> <tr><td>Mar-23</td><td>10%</td></tr> </tbody> </table>	Month	% 4 hour admissions (Morr)	Mar-22	15%	Apr-22	12%	May-22	20%	Jun-22	5%	Jul-22	5%	Aug-22	8%	Sep-22	8%	Oct-22	5%	Nov-22	12%	Dec-22	5%	Jan-23	2%	Feb-23	11%	Mar-23	12%	Month	% 1 hr CT Scan (Morr)	Mar-22	45%	Apr-22	35%	May-22	40%	Jun-22	38%	Jul-22	35%	Aug-22	40%	Sep-22	55%	Oct-22	35%	Nov-22	40%	Dec-22	35%	Jan-23	35%	Feb-23	48%	Mar-23	45%	Month	% assess within 24 hrs (Morr)	Mar-22	100%	Apr-22	100%	May-22	95%	Jun-22	100%	Jul-22	100%	Aug-22	100%	Sep-22	95%	Oct-22	95%	Nov-22	95%	Dec-22	95%	Jan-23	98%	Feb-23	98%	Mar-23	98%	Month	% 45 mins thrombosis (Morr)	Mar-22	0%	Apr-22	10%	May-22	10%	Jun-22	0%	Jul-22	0%	Aug-22	40%	Sep-22	0%	Oct-22	10%	Nov-22	10%	Dec-22	0%	Jan-23	0%	Feb-23	0%	Mar-23	10%
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ADULT MENTAL HEALTH

Description	Current Performance	Trend
<p>Adult Mental Health Measures:</p> <ol style="list-style-type: none"> <i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i> <i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i> <i>% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</i> <i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i> 	<ol style="list-style-type: none"> In February 2023, 95% of assessments were undertaken within 28 days of referral for patients 18 years and over. In February 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%. 89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in February 2023. In February 2023, 88.1% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%. 	<ol style="list-style-type: none"> % Mental Health assessments undertaken within 28 days from receipt of referral  % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment  % residents with a valid Care and Treatment Plan (CTP)  % waiting less than 26 weeks for Psychology Therapy 

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In February 2023, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 64% of routine assessments were undertaken within 28 days from referral in February 2023 against a target of 80%.</p> <p>3. 26% of therapeutic interventions were started within 28 days following assessment by LPMHSS in February 2023.</p> <p>4. 29% of NDD patients received a diagnostic assessment within 26 weeks in February 2023 against a target of 80%.</p> <p>5. 82% of routine assessments by SCAMHS were undertaken within 28 days in February 2023.</p>	<p align="center">1. Crisis- assessment within 48 hours</p> <p align="center">2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p align="center">4. NDD- assessment within 26 weeks</p> <p align="center">5. S-CAMHS % assessments within 28 days</p>

4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES

FRACTURED NECK OF FEMUR (#NOF)

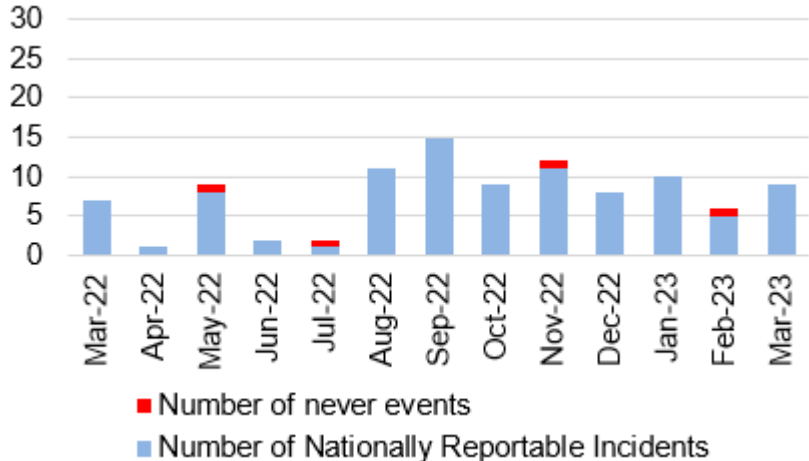
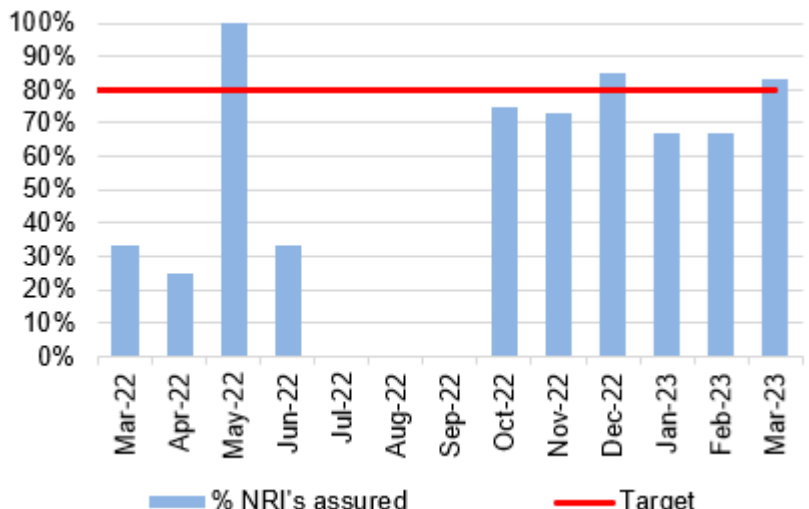
Description	Current Performance	Trend
<p>Fractured Neck of Femur (#NOF)</p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p>1. Prompt orthogeriatric assessment- In February 2023, 94.9% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In February 2023, 21.9% of patients had surgery the day following presentation with a hip fracture. This is a 26.7% deterioration from February 2022 which was 48.6%</p> <p>3. NICE compliant surgery- 73% of operations were consistent with the NICE recommendations in February 2023. This is 3.2% more than in February 2022.</p> <p>4. Prompt mobilisation- In February 2023, 77.8% of patients were out of bed the day after surgery. This is 7% more than in February 2022.</p>	<p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p>

FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend
<p>5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i></p>	<p>5. Not delirious when tested- 74.8% of patients were not delirious in the week after their operation in February 2023.</p>	<p>5. Not delirious when tested</p>
<p>6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i></p>	<p>6. Return to original residence- 68.8% of patients in February 2023 were discharged back to their original residence. This is 1.5% less than in January 2023.</p>	<p>6. Return to original residence</p>
<p>7. <i>30 day mortality rate</i></p>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p>

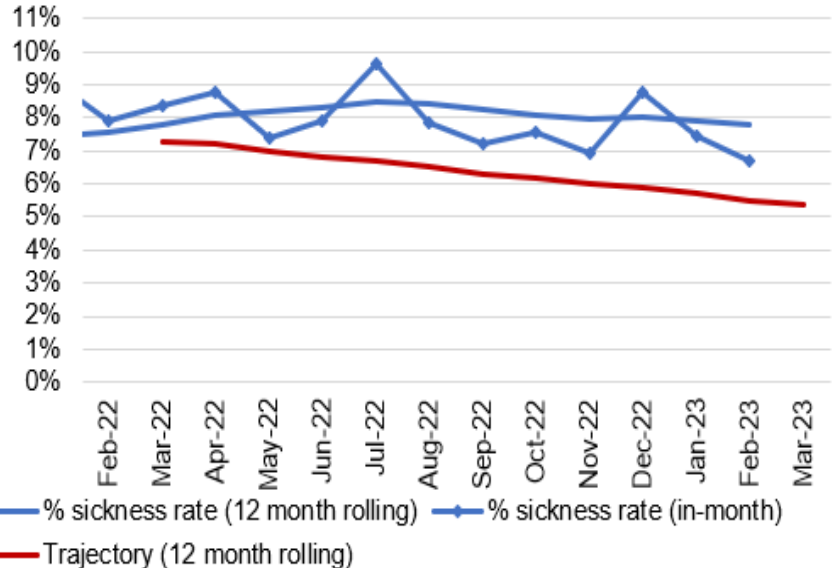
PRESSURE ULCERS																																																										
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<p>Number of pressure ulcers</p> <p>1. Total number of pressure ulcers developed in hospital and in the community</p> <p>2. Rate of pressure ulcers per 100,000 admission</p>	<p>1. In February 2023 there were 101 cases of healthcare acquired pressure ulcers, 41 of which were community acquired and 60 were hospital acquired.</p> <p>There were 13 grade 3+ pressure ulcers in February 2023, 9 of which were community acquired and 4 were hospital acquired.</p> <p>2. The rate per 100,000 admissions decreased from 924 in November 2022 to 660 in December 2022.</p>	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table border="1"> <caption>Data for Pressure Ulcers Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Community PU</th> <th>Hospital PU</th> <th>Rate per 100,000 admissions</th> </tr> </thead> <tbody> <tr><td>Jan-22</td><td>28</td><td>38</td><td>1,000</td></tr> <tr><td>Feb-22</td><td>18</td><td>32</td><td>800</td></tr> <tr><td>Mar-22</td><td>55</td><td>48</td><td>700</td></tr> <tr><td>Apr-22</td><td>35</td><td>45</td><td>600</td></tr> <tr><td>May-22</td><td>15</td><td>48</td><td>700</td></tr> <tr><td>Jun-22</td><td>32</td><td>48</td><td>650</td></tr> <tr><td>Jul-22</td><td>25</td><td>55</td><td>650</td></tr> <tr><td>Aug-22</td><td>52</td><td>50</td><td>650</td></tr> <tr><td>Sep-22</td><td>35</td><td>45</td><td>500</td></tr> <tr><td>Oct-22</td><td>55</td><td>48</td><td>700</td></tr> <tr><td>Nov-22</td><td>40</td><td>70</td><td>924</td></tr> <tr><td>Dec-22</td><td>45</td><td>45</td><td>660</td></tr> <tr><td>Jan-23</td><td>45</td><td>56</td><td>700</td></tr> </tbody> </table>	Month	Community PU	Hospital PU	Rate per 100,000 admissions	Jan-22	28	38	1,000	Feb-22	18	32	800	Mar-22	55	48	700	Apr-22	35	45	600	May-22	15	48	700	Jun-22	32	48	650	Jul-22	25	55	650	Aug-22	52	50	650	Sep-22	35	45	500	Oct-22	55	48	700	Nov-22	40	70	924	Dec-22	45	45	660	Jan-23	45	56	700
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<p>Inpatient Falls</p> <p>The total number of inpatient falls</p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 214 in March 2023. This is 2% more than March 2022 where 209 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Data for Inpatient Falls Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Hospital falls</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>209</td></tr> <tr><td>Apr-22</td><td>185</td></tr> <tr><td>May-22</td><td>175</td></tr> <tr><td>Jun-22</td><td>165</td></tr> <tr><td>Jul-22</td><td>165</td></tr> <tr><td>Aug-22</td><td>210</td></tr> <tr><td>Sep-22</td><td>170</td></tr> <tr><td>Oct-22</td><td>180</td></tr> <tr><td>Nov-22</td><td>170</td></tr> <tr><td>Dec-22</td><td>180</td></tr> <tr><td>Jan-23</td><td>185</td></tr> <tr><td>Feb-23</td><td>170</td></tr> <tr><td>Mar-23</td><td>214</td></tr> </tbody> </table>	Month	Hospital falls	Mar-22	209	Apr-22	185	May-22	175	Jun-22	165	Jul-22	165	Aug-22	210	Sep-22	170	Oct-22	180	Nov-22	170	Dec-22	180	Jan-23	185	Feb-23	170	Mar-23	214																												
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NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend																																																																																				
<p>Nationally Reportable Incidents (NRI's)- 1. <i>The number of Nationally reportable incidents</i></p> <p>2. <i>The number of Never Events</i></p> <p>3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 9 Nationally Reportable Incidents for the month of March 2023 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - Morryston – 6 - MH&LD – 1 - Singleton – 1 - Primary Care - 1 <p>2. There were no new Never Events reported in March 2023.</p> <p>3. In March 2023, performance against the 80% target of submitting closure forms to WG within agreed timescales was 83%. There were 6 NRI's due for closure in March 2023, five of which were closed within the required target date.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p>  <table border="1"> <caption>Data for Chart 1: Number of nationally reportable incidents and never events</caption> <thead> <tr> <th>Month</th> <th>Number of NRI's</th> <th>Number of Never Events</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>7</td><td>0</td></tr> <tr><td>Apr-22</td><td>1</td><td>0</td></tr> <tr><td>May-22</td><td>8</td><td>1</td></tr> <tr><td>Jun-22</td><td>2</td><td>0</td></tr> <tr><td>Jul-22</td><td>1</td><td>1</td></tr> <tr><td>Aug-22</td><td>11</td><td>0</td></tr> <tr><td>Sep-22</td><td>15</td><td>0</td></tr> <tr><td>Oct-22</td><td>9</td><td>0</td></tr> <tr><td>Nov-22</td><td>11</td><td>1</td></tr> <tr><td>Dec-22</td><td>8</td><td>0</td></tr> <tr><td>Jan-23</td><td>10</td><td>0</td></tr> <tr><td>Feb-23</td><td>5</td><td>1</td></tr> <tr><td>Mar-23</td><td>9</td><td>0</td></tr> </tbody> </table> <p>3. % of nationally reportable incidents closed within the agreed timescales</p>  <table border="1"> <caption>Data for Chart 3: % of nationally reportable incidents closed within the agreed timescales</caption> <thead> <tr> <th>Month</th> <th>% NRI's assured</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>33%</td><td>80%</td></tr> <tr><td>Apr-22</td><td>25%</td><td>80%</td></tr> <tr><td>May-22</td><td>100%</td><td>80%</td></tr> <tr><td>Jun-22</td><td>33%</td><td>80%</td></tr> <tr><td>Jul-22</td><td>0%</td><td>80%</td></tr> <tr><td>Aug-22</td><td>0%</td><td>80%</td></tr> <tr><td>Sep-22</td><td>0%</td><td>80%</td></tr> <tr><td>Oct-22</td><td>73%</td><td>80%</td></tr> <tr><td>Nov-22</td><td>70%</td><td>80%</td></tr> <tr><td>Dec-22</td><td>83%</td><td>80%</td></tr> <tr><td>Jan-23</td><td>65%</td><td>80%</td></tr> <tr><td>Feb-23</td><td>65%</td><td>80%</td></tr> <tr><td>Mar-23</td><td>83%</td><td>80%</td></tr> </tbody> </table>	Month	Number of NRI's	Number of Never Events	Mar-22	7	0	Apr-22	1	0	May-22	8	1	Jun-22	2	0	Jul-22	1	1	Aug-22	11	0	Sep-22	15	0	Oct-22	9	0	Nov-22	11	1	Dec-22	8	0	Jan-23	10	0	Feb-23	5	1	Mar-23	9	0	Month	% NRI's assured	Target	Mar-22	33%	80%	Apr-22	25%	80%	May-22	100%	80%	Jun-22	33%	80%	Jul-22	0%	80%	Aug-22	0%	80%	Sep-22	0%	80%	Oct-22	73%	80%	Nov-22	70%	80%	Dec-22	83%	80%	Jan-23	65%	80%	Feb-23	65%	80%	Mar-23	83%	80%
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DISCHARGE SUMMARIES																																																																								
Description	Current Performance	Trend																																																																						
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in March 2023, the percentage of completed discharge summaries was 62%.</p> <p>In March 2023, compliance ranged from 43% in Singleton Hospital to 71% in Morriston Hospital.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% of completed discharge summaries</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>62%</td></tr> <tr><td>Apr-22</td><td>60%</td></tr> <tr><td>May-22</td><td>65%</td></tr> <tr><td>Jun-22</td><td>63%</td></tr> <tr><td>Jul-22</td><td>62%</td></tr> <tr><td>Aug-22</td><td>68%</td></tr> <tr><td>Sep-22</td><td>69%</td></tr> <tr><td>Oct-22</td><td>65%</td></tr> <tr><td>Nov-22</td><td>70%</td></tr> <tr><td>Dec-22</td><td>62%</td></tr> <tr><td>Jan-23</td><td>63%</td></tr> <tr><td>Feb-23</td><td>63%</td></tr> <tr><td>Mar-23</td><td>62%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	Mar-22	62%	Apr-22	60%	May-22	65%	Jun-22	63%	Jul-22	62%	Aug-22	68%	Sep-22	69%	Oct-22	65%	Nov-22	70%	Dec-22	62%	Jan-23	63%	Feb-23	63%	Mar-23	62%																																										
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Crude Mortality Rate	<p>February 2023 reports the crude mortality rate for the Health Board at 0.73%, which is the same figure reported January 2023.</p> <p>A breakdown by Hospital for February 2023:</p> <ul style="list-style-type: none"> • Morriston – 1.31% • Singleton – 0.44% • NPT – 0.11% 	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>1.5%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Mar-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Apr-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>May-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Jun-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Jul-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Aug-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Sep-22</td><td>1.4%</td><td>0.5%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Oct-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Nov-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Dec-22</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Jan-23</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Feb-23</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.7%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Feb-22	1.5%	0.5%	0.1%	0.8%	Mar-22	1.4%	0.5%	0.1%	0.8%	Apr-22	1.4%	0.5%	0.1%	0.8%	May-22	1.4%	0.5%	0.1%	0.8%	Jun-22	1.4%	0.5%	0.1%	0.8%	Jul-22	1.4%	0.5%	0.1%	0.8%	Aug-22	1.4%	0.5%	0.1%	0.8%	Sep-22	1.4%	0.5%	0.1%	0.8%	Oct-22	1.3%	0.4%	0.1%	0.7%	Nov-22	1.3%	0.4%	0.1%	0.7%	Dec-22	1.3%	0.4%	0.1%	0.7%	Jan-23	1.3%	0.4%	0.1%	0.7%	Feb-23	1.3%	0.4%	0.1%	0.7%
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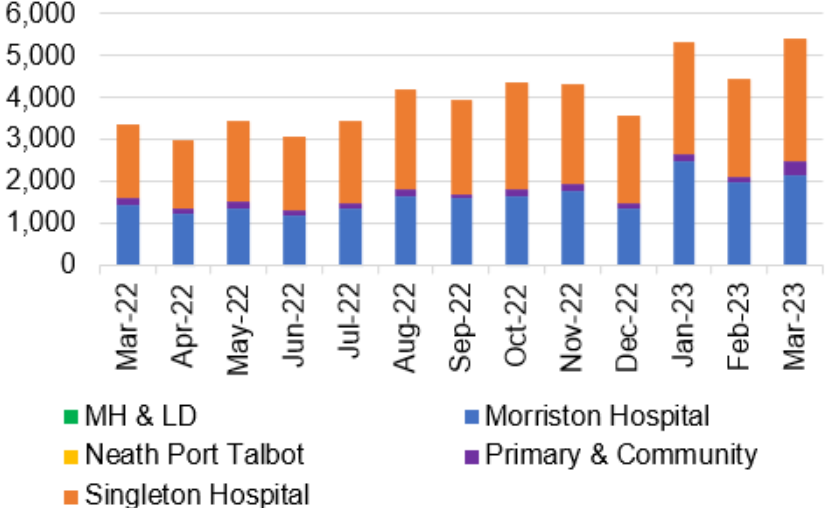
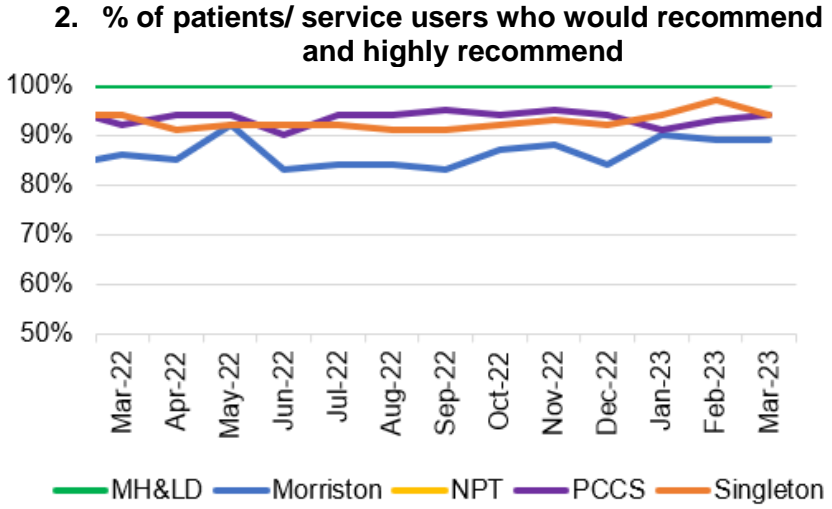
WORKFORCE

Description	Current Performance	Trend																		
<p>Staff sickness rates- <i>Percentage of sickness absence rate of staff</i></p>	<ul style="list-style-type: none"> Our in-month sickness performance improved from 7.46% in January 2023 to 6.69% in February 2023. The 12-month rolling performance improved slightly from 7.89% in January 2023 to 7.78% in February 2023. The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in February 2023. <table border="1" data-bbox="517 703 1200 1326"> <thead> <tr> <th>Absence Reason</th> <th>FTE Days Lost</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Anxiety/ stress/ depression/ other psychiatric illnesses</td> <td>6620.61</td> <td>29.2%</td> </tr> <tr> <td>Other musculoskeletal problems</td> <td>1968.94</td> <td>8.7%</td> </tr> <tr> <td>Other known causes – not elsewhere classified</td> <td>1882.87</td> <td>8.3%</td> </tr> <tr> <td>Infectious diseases</td> <td>1597.82</td> <td>7.1%</td> </tr> <tr> <td>Gastrointestinal problems</td> <td>1527.57</td> <td>6.7%</td> </tr> </tbody> </table>	Absence Reason	FTE Days Lost	%	Anxiety/ stress/ depression/ other psychiatric illnesses	6620.61	29.2%	Other musculoskeletal problems	1968.94	8.7%	Other known causes – not elsewhere classified	1882.87	8.3%	Infectious diseases	1597.82	7.1%	Gastrointestinal problems	1527.57	6.7%	<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)</p> 
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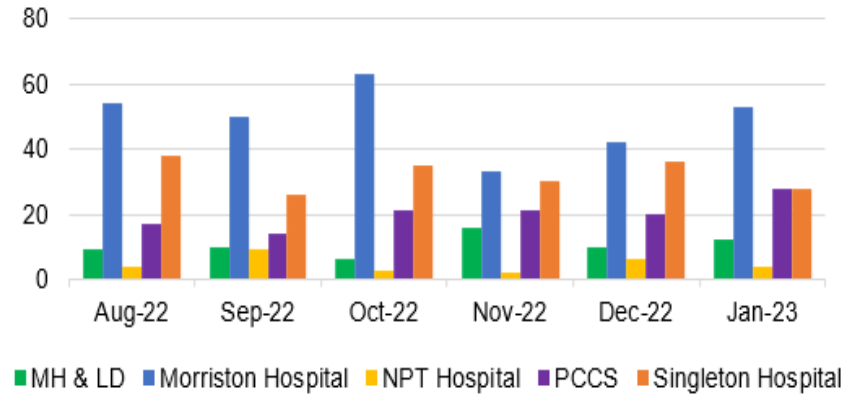
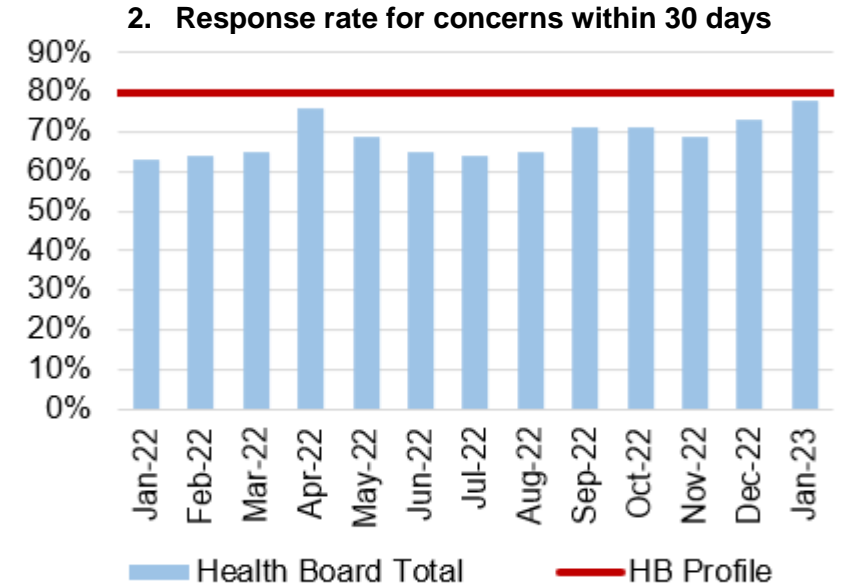
THEATRE EFFICIENCY

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<p>Theatre Efficiency</p> <p><i>1. Theatre Utilisation Rates</i></p> <p><i>2. % of theatre sessions starting late</i></p> <p><i>3. % of theatre sessions finishing early</i></p> <p><i>4. % of theatre sessions cancelled at short notice (<28 days)</i></p> <p><i>5. % of operations cancelled on the day</i></p>	<p>In March 2023 the Theatre Utilisation rate was 71%. This is an in-month improvement of 1% and are similar to the rates seen in March 2022 (72%).</p> <p>33% of theatre sessions started late in March 2023. This is a 6% improvement on performance seen in February 2023 (39%).</p> <p>In March 2023, 49% of theatre sessions finished early. This is 4% higher than figures seen in February 2023 and 4% higher than those seen in March 2022</p> <p>8% of theatre sessions were cancelled at short notice in March 2023. This is 4% lower than the figure reported in February 2023 and is 1% higher than figures seen in March 2022.</p> <p>Of the operations cancelled in March 2023, 37% of them were cancelled on the day. This is the same 3% higher than figures reported in February 2023.</p>	<p style="text-align: center;">1. Theatre Utilisation Rates</p> <table border="1"> <caption>1. Theatre Utilisation Rates (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>72</td></tr> <tr><td>Apr-22</td><td>70</td></tr> <tr><td>May-22</td><td>75</td></tr> <tr><td>Jun-22</td><td>78</td></tr> <tr><td>Jul-22</td><td>70</td></tr> <tr><td>Aug-22</td><td>60</td></tr> <tr><td>Sep-22</td><td>70</td></tr> <tr><td>Oct-22</td><td>75</td></tr> <tr><td>Nov-22</td><td>72</td></tr> <tr><td>Dec-22</td><td>60</td></tr> <tr><td>Jan-23</td><td>70</td></tr> <tr><td>Feb-23</td><td>70</td></tr> <tr><td>Mar-23</td><td>71</td></tr> </tbody> </table> <p style="text-align: center;">2. And 3. % theatre sessions starting late/finishing</p> <table border="1"> <caption>2. 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PATIENT EXPERIENCE

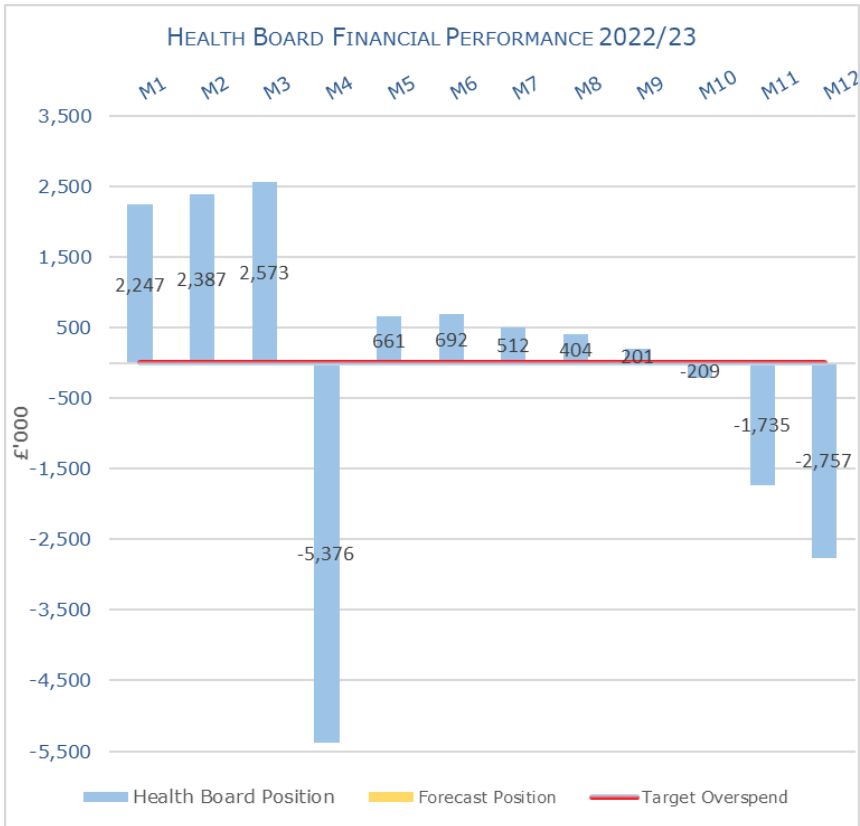
Description	Current Performance	Trend
<p>Patient experience</p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p>	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in March 2023 was 92% and 5,358 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 2,913 surveys in March 2023, with a recommended score of 94%. Morrison Hospital completed 2,129 surveys in March 2023, with a recommended score of 89%. Primary & Community Care completed 316 surveys for March 2023, with a recommended score of 94%. The Mental Health Service Group completed 34 surveys for March 2023, with a recommended score of 100%. 	<p>1. Number of friends and family surveys completed</p>  <p>2. % of patients/ service users who would recommend and highly recommend</p> 

COMPLAINTS

Description	Current Performance	Trend												
<p>Patient concerns</p> <p>1. Number of formal complaints received</p> <p>7</p> <p>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</p>	<p>1. In January 2023, the Health Board received 127 formal complaints; this is a 2% increase on the number seen in December 2022.</p> <p>Since the COVID19 outbreak began in March 2020, the monthly number of complaints received has been significantly low. The numbers have gradually increased each month and numbers are now consistent with those seen pre-Covid.</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 78% in January 2023, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1" data-bbox="506 957 1227 1268"> <thead> <tr> <th></th> <th>30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td>100%</td> </tr> <tr> <td>Morrison Hospital</td> <td>75%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td>58%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td>96%</td> </tr> <tr> <td>Singleton Hospital</td> <td>71%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	100%	Morrison Hospital	75%	Mental Health & Learning Disabilities	58%	Primary, Community and Therapies	96%	Singleton Hospital	71%	<p>1. Number of formal complaints received</p>  <p>2. Response rate for concerns within 30 days</p> 
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FINANCE UPDATES

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

Description	Current Performance	Trend																																																				
<p>Revenue Financial Position – expenditure incurred against revenue resource limit</p>	<ul style="list-style-type: none"> The Health Board now has a balanced annual plan with a forecast breakeven position for 2022/23, following receipt of the previously detailed £24.4m deficit. This comprised of the following assumptions: <ul style="list-style-type: none"> Underlying Deficit b/f of £42.1m Increased WG Funding 22/23 of £22.1m Savings Requirement of £27m Recognised growth & investment of £31.4m Covid transition funding and extraordinary pressures (utilities, real living wage & National insurance) will be fully funded by WG. The Health Board will finish the financial year approximately £400k underspent (please note the ledger has not closed at the point of writing this report and the figure will be also subject to audit scrutiny). 	 <p>HEALTH BOARD FINANCIAL PERFORMANCE 2022/23</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Health Board Position (£'000)</th> <th>Forecast Position (£'000)</th> <th>Target Overspend (£'000)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>2,247</td><td>0</td><td>-1,000</td></tr> <tr><td>M2</td><td>2,387</td><td>0</td><td>-1,000</td></tr> <tr><td>M3</td><td>2,573</td><td>0</td><td>-1,000</td></tr> <tr><td>M4</td><td>-5,376</td><td>0</td><td>-1,000</td></tr> <tr><td>M5</td><td>661</td><td>0</td><td>-1,000</td></tr> <tr><td>M6</td><td>692</td><td>0</td><td>-1,000</td></tr> <tr><td>M7</td><td>512</td><td>0</td><td>-1,000</td></tr> <tr><td>M8</td><td>404</td><td>0</td><td>-1,000</td></tr> <tr><td>M9</td><td>201</td><td>0</td><td>-1,000</td></tr> <tr><td>M10</td><td>-209</td><td>0</td><td>-1,000</td></tr> <tr><td>M11</td><td>-1,735</td><td>0</td><td>-1,000</td></tr> <tr><td>M12</td><td>-2,757</td><td>0</td><td>-1,000</td></tr> </tbody> </table>	Month	Health Board Position (£'000)	Forecast Position (£'000)	Target Overspend (£'000)	M1	2,247	0	-1,000	M2	2,387	0	-1,000	M3	2,573	0	-1,000	M4	-5,376	0	-1,000	M5	661	0	-1,000	M6	692	0	-1,000	M7	512	0	-1,000	M8	404	0	-1,000	M9	201	0	-1,000	M10	-209	0	-1,000	M11	-1,735	0	-1,000	M12	-2,757	0	-1,000
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Capital Financial Position – expenditure incurred against capital resource limit	<ul style="list-style-type: none"> The outturn capital position for 2022/23 is a small closing underspend of £0.039m. 	<p style="text-align: center;">Capital - Cumulative Performance to Plan</p> <table border="1"> <caption>Capital - Cumulative Performance to Plan (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Forecast (£'000)</th> <th>Actual/Revised Forecast (£'000)</th> </tr> </thead> <tbody> <tr><td>April</td><td>4,000</td><td>4,000</td></tr> <tr><td>May</td><td>5,000</td><td>5,000</td></tr> <tr><td>June</td><td>6,000</td><td>6,000</td></tr> <tr><td>July</td><td>8,000</td><td>7,500</td></tr> <tr><td>Aug</td><td>10,000</td><td>9,500</td></tr> <tr><td>Sept</td><td>12,000</td><td>11,000</td></tr> <tr><td>Oct</td><td>14,000</td><td>13,000</td></tr> <tr><td>Nov</td><td>17,000</td><td>15,000</td></tr> <tr><td>Dec</td><td>20,000</td><td>18,000</td></tr> <tr><td>Jan</td><td>24,000</td><td>22,000</td></tr> <tr><td>Feb</td><td>28,000</td><td>26,000</td></tr> <tr><td>March</td><td>35,000</td><td>34,000</td></tr> </tbody> </table>	Month	Forecast (£'000)	Actual/Revised Forecast (£'000)	April	4,000	4,000	May	5,000	5,000	June	6,000	6,000	July	8,000	7,500	Aug	10,000	9,500	Sept	12,000	11,000	Oct	14,000	13,000	Nov	17,000	15,000	Dec	20,000	18,000	Jan	24,000	22,000	Feb	28,000	26,000	March	35,000	34,000													
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PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	<ul style="list-style-type: none"> The cumulative PSPP compliance has decreased slightly this month and is now just below target at 94.69%, meaning we didn't hit our target of 95% for the year. In March the compliance decreased and now stands below target at 93.90% (Feb – 95.95%). There remains issues with delays in receipting and nurse bank. 	<p style="text-align: center;">Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p> <p style="text-align: center;">PSPP Target</p> <table border="1"> <caption>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>PSPP In Month (%)</th> <th>PSPP Cumulative (%)</th> <th>PSPP Target (%)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>95.00</td><td>95.00</td><td>95.00</td></tr> <tr><td>M2</td><td>96.00</td><td>95.50</td><td>95.00</td></tr> <tr><td>M3</td><td>96.80</td><td>95.80</td><td>95.00</td></tr> <tr><td>M4</td><td>95.50</td><td>95.70</td><td>95.00</td></tr> <tr><td>M5</td><td>95.00</td><td>95.80</td><td>95.00</td></tr> <tr><td>M6</td><td>93.00</td><td>95.20</td><td>95.00</td></tr> <tr><td>M7</td><td>91.00</td><td>94.80</td><td>95.00</td></tr> <tr><td>M8</td><td>95.50</td><td>94.80</td><td>95.00</td></tr> <tr><td>M9</td><td>96.80</td><td>95.00</td><td>95.00</td></tr> <tr><td>M10</td><td>91.00</td><td>94.80</td><td>95.00</td></tr> <tr><td>M11</td><td>95.95</td><td>94.80</td><td>95.00</td></tr> <tr><td>M12</td><td>93.90</td><td>94.69</td><td>95.00</td></tr> </tbody> </table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	95.00	95.00	95.00	M2	96.00	95.50	95.00	M3	96.80	95.80	95.00	M4	95.50	95.70	95.00	M5	95.00	95.80	95.00	M6	93.00	95.20	95.00	M7	91.00	94.80	95.00	M8	95.50	94.80	95.00	M9	96.80	95.00	95.00	M10	91.00	94.80	95.00	M11	95.95	94.80	95.00	M12	93.90	94.69	95.00
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Agency spend as a of the total pay bill	<ul style="list-style-type: none"> The agency spend as a percentage of the total pay bill is slightly above the outlined ministerial priority trajectory with 5.2% of the total pay bill being attributed to agency spend in March 2023. 	<p>Agency spend as a percentage of the total pay bill</p> <table border="1"> <caption>Agency spend as a percentage of the total pay bill</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Trajectory (%)</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>6.5</td><td>5.8</td></tr> <tr><td>Apr-22</td><td>4.8</td><td>5.7</td></tr> <tr><td>May-22</td><td>6.2</td><td>5.6</td></tr> <tr><td>Jun-22</td><td>6.1</td><td>5.5</td></tr> <tr><td>Jul-22</td><td>6.6</td><td>5.4</td></tr> <tr><td>Aug-22</td><td>6.3</td><td>5.3</td></tr> <tr><td>Sep-22</td><td>4.8</td><td>5.2</td></tr> <tr><td>Oct-22</td><td>6.4</td><td>5.1</td></tr> <tr><td>Nov-22</td><td>6.3</td><td>5.0</td></tr> <tr><td>Dec-22</td><td>5.9</td><td>5.0</td></tr> <tr><td>Jan-23</td><td>7.3</td><td>5.1</td></tr> <tr><td>Feb-23</td><td>6.1</td><td>5.0</td></tr> <tr><td>Mar-23</td><td>5.2</td><td>5.0</td></tr> </tbody> </table>	Month	Actual (%)	Trajectory (%)	Mar-22	6.5	5.8	Apr-22	4.8	5.7	May-22	6.2	5.6	Jun-22	6.1	5.5	Jul-22	6.6	5.4	Aug-22	6.3	5.3	Sep-22	4.8	5.2	Oct-22	6.4	5.1	Nov-22	6.3	5.0	Dec-22	5.9	5.0	Jan-23	7.3	5.1	Feb-23	6.1	5.0	Mar-23	5.2	5.0
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Feb-23	6.1	5.0																																										
Mar-23	5.2	5.0																																										

5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

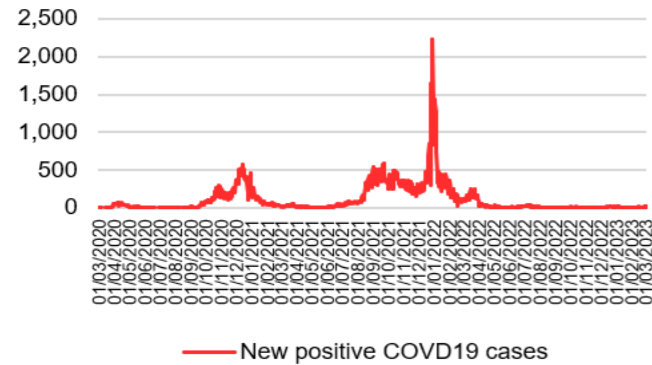


Chart 2: Number of new COVID19 cases (cumulative)

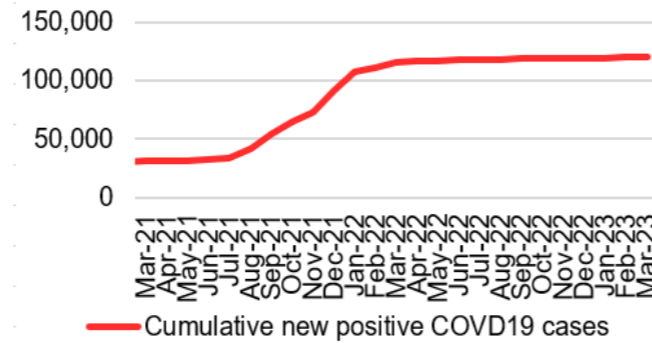


Chart 3: Number of COVID19 tests completed and positivity rate

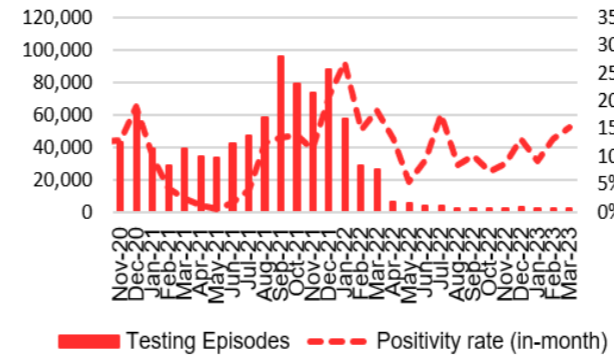


Chart 4: Number of staff referred for Antigen testing

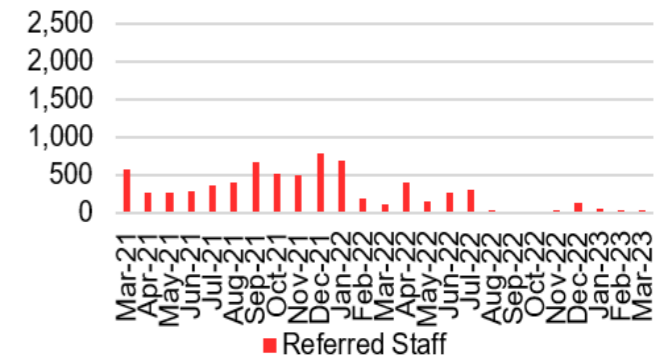


Chart 5: Outcome of staff COVID19/ antigen tests

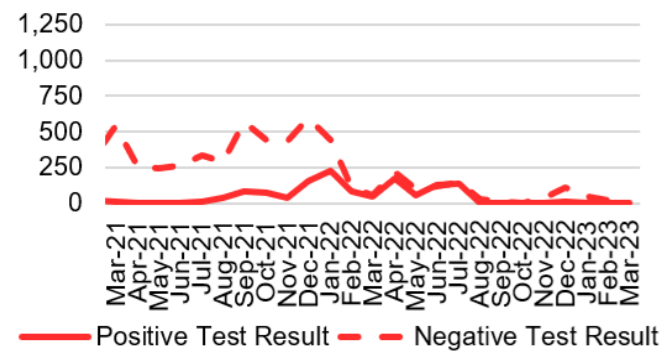


Chart 6: Number of COVID19 related incidents

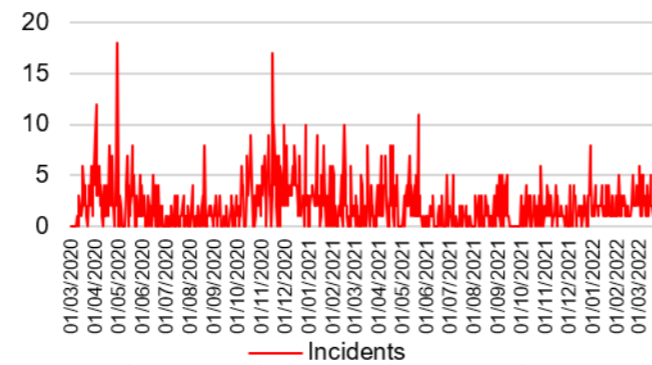


Chart 7: Number of COVID19 related serious incidents

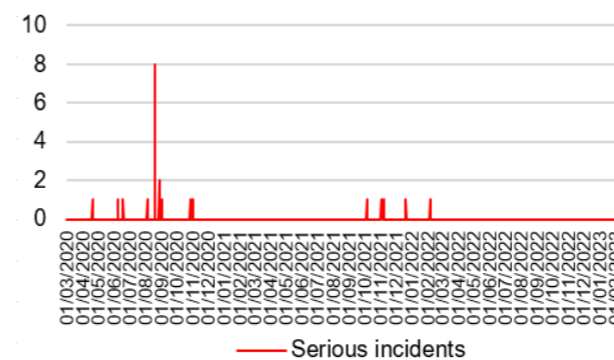


Chart 8: Number of COVID19 related complaints

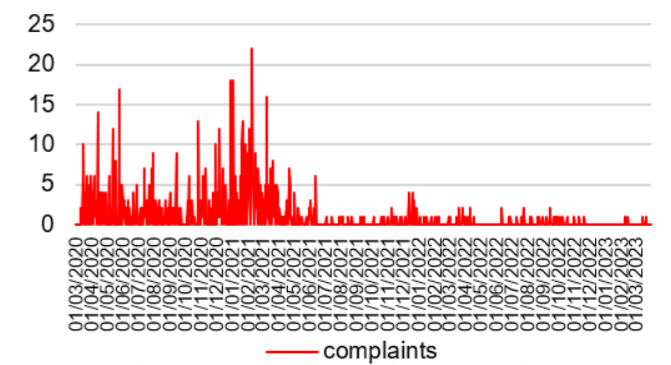


Chart 9: Number of COVID19 related risks

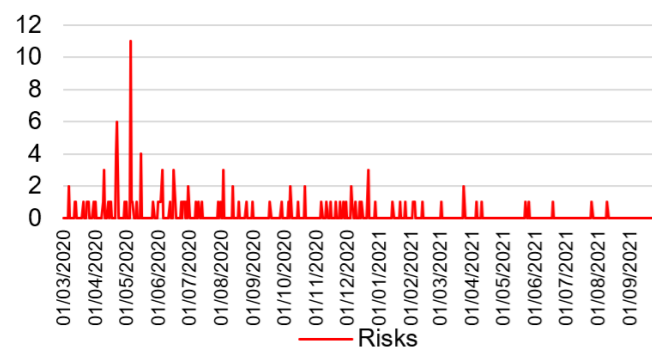


Chart 10: Number of staff self-isolating (asymptomatic)

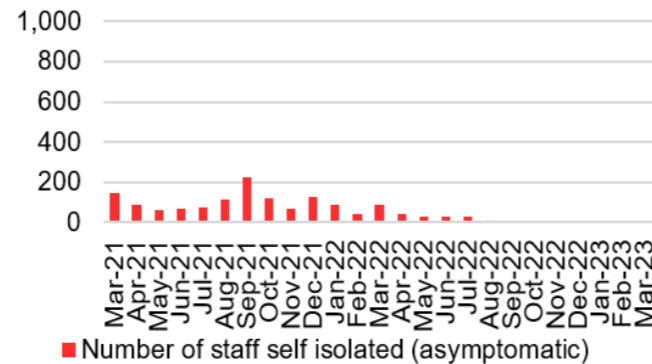


Chart 11: Number of staff self isolating (symptomatic)

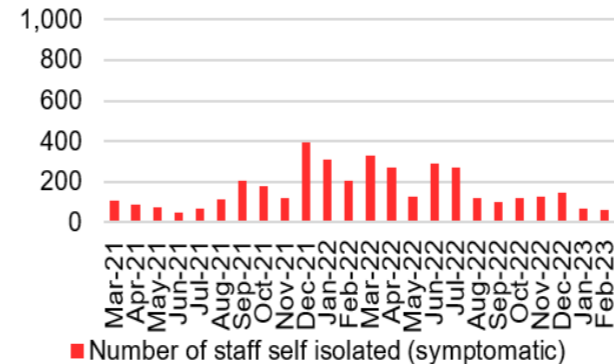


Chart 12: % staff sickness

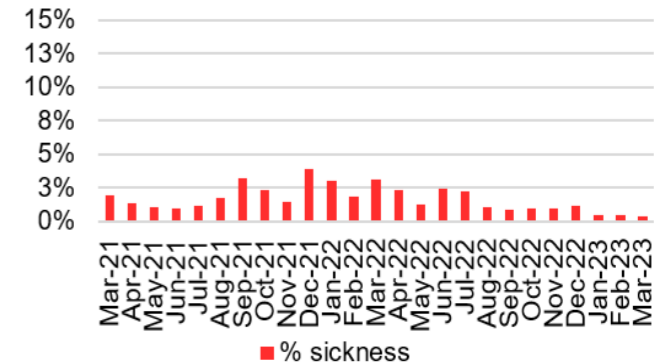


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

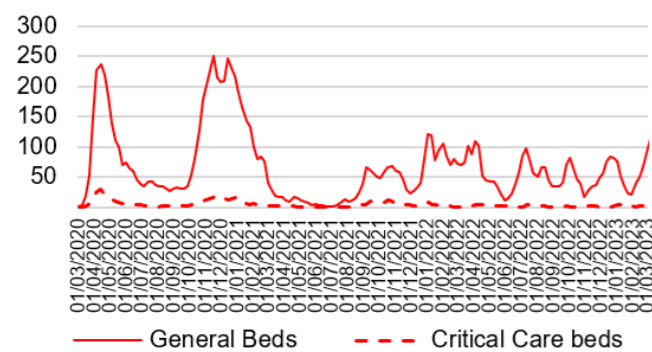


Chart 14: Number of hospital deaths with any mention of COVID19



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

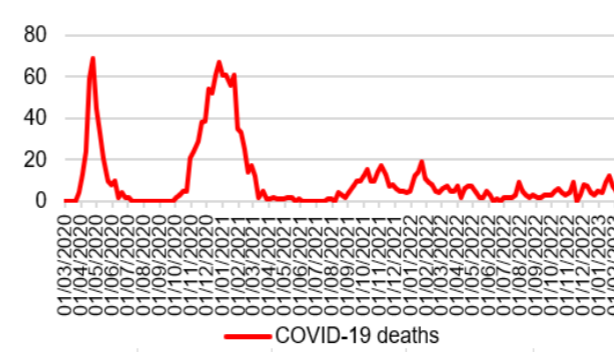
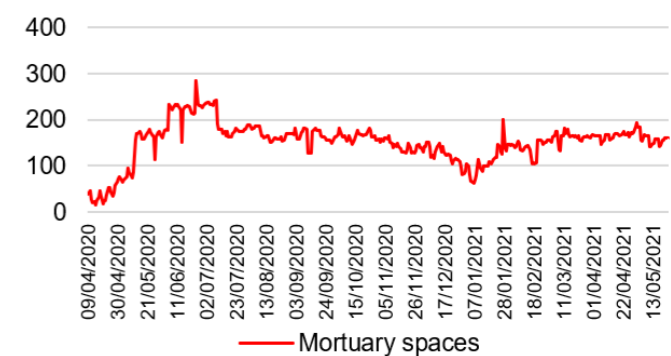


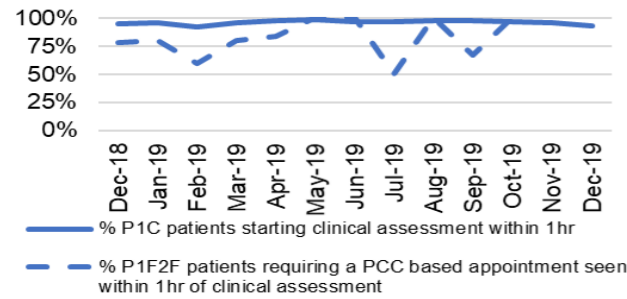
Chart 16: Number of mortuary spaces



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111



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

Chart 2: % red calls responded to within 8 minutes

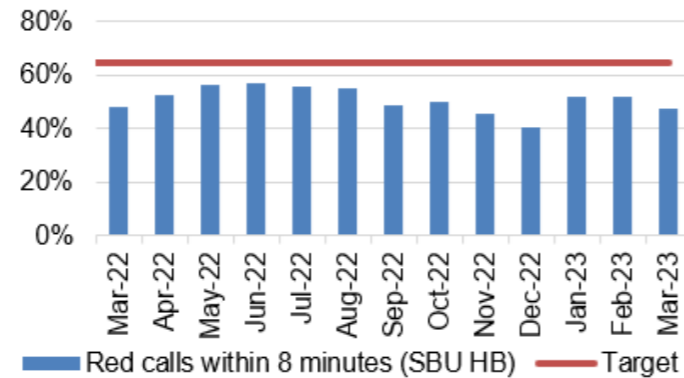


Chart 3: Number of ambulance handovers over 1 hour

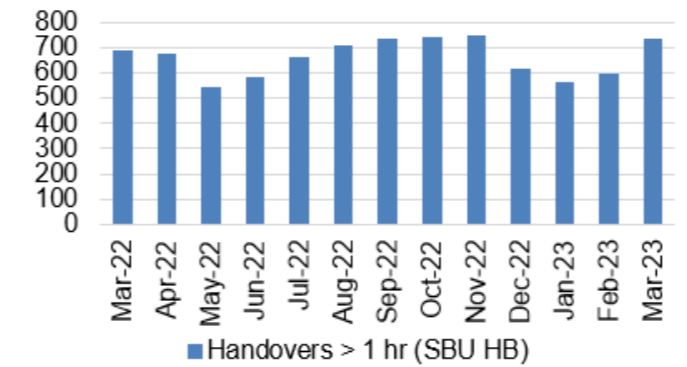


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

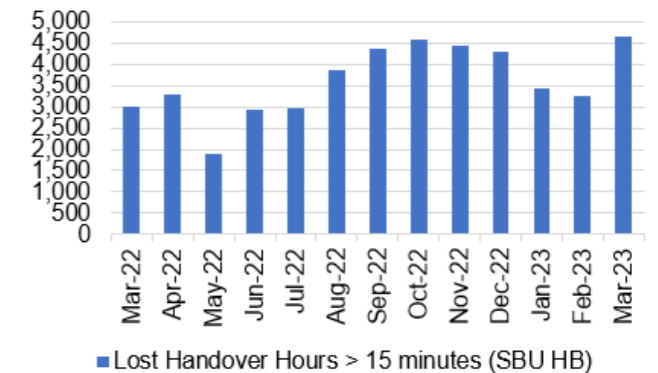


Chart 5: A&E Attendances

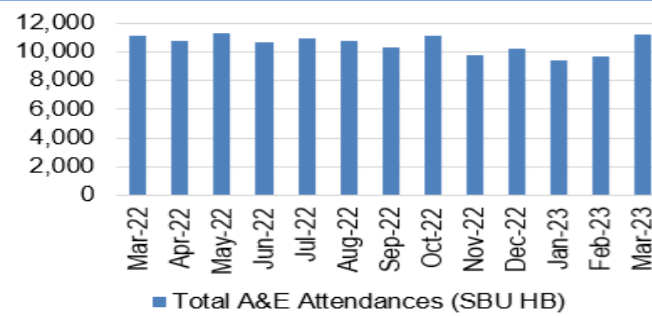


Chart 6: % patients who spend less than 4 hours in A&E

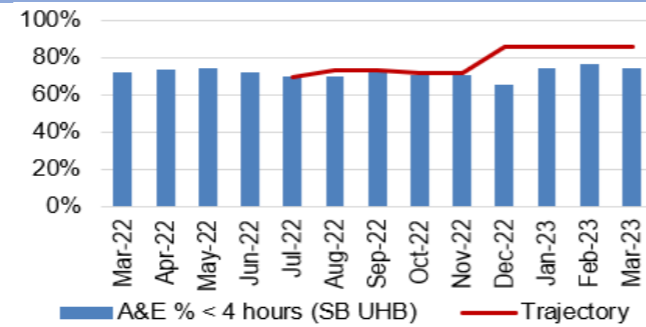


Chart 7: Number of patients waiting over 12 hours in A&E

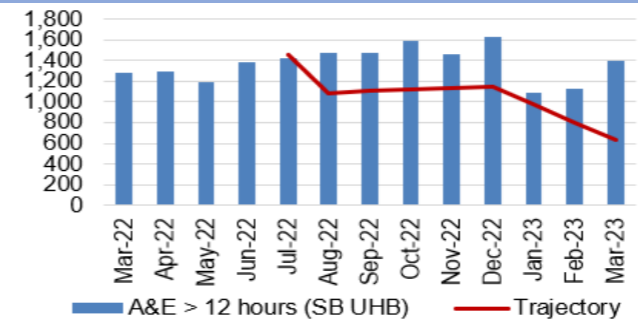


Chart 8: Number of emergency admissions

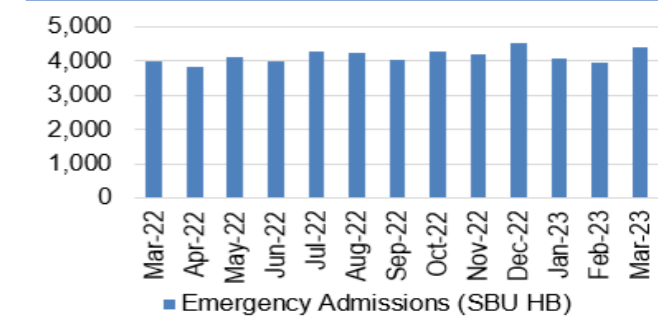


Chart 9: Elective procedures cancelled due to lack of beds

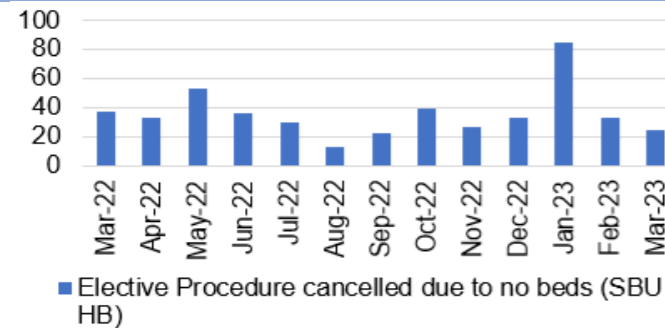


Chart 10: Number of clinically optimised patients

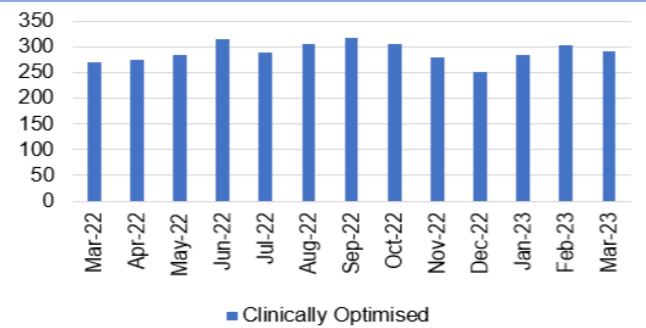


Chart 11: Delay reason for clinically optimised patients

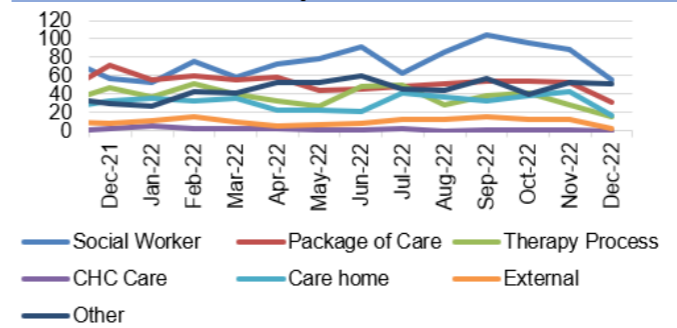


Chart 12: Average lost bed days (per day)

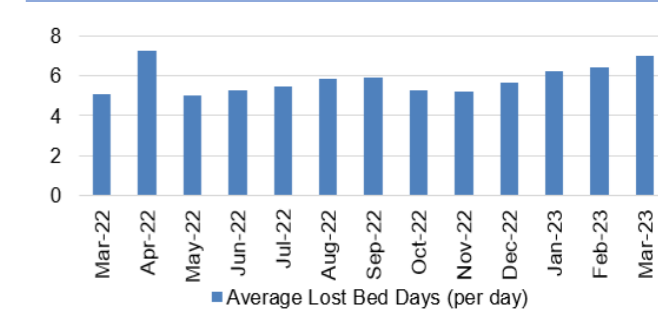


Chart 13; % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

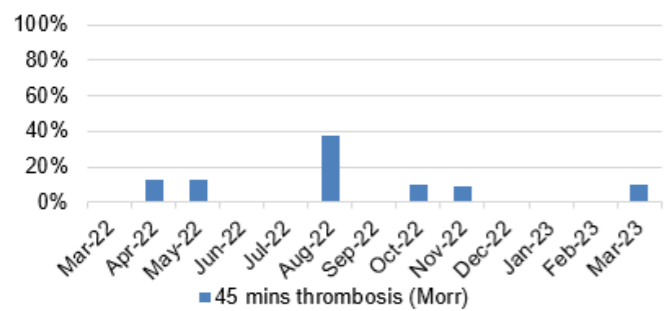


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

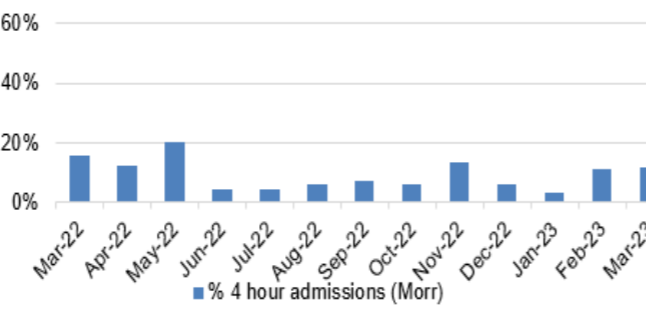


Chart 15: % of stroke patients receiving CT scan with 1 hour

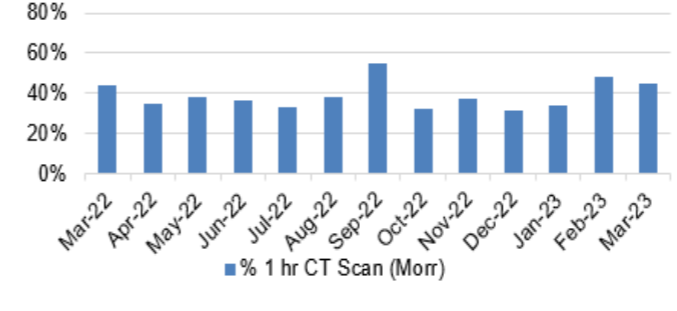
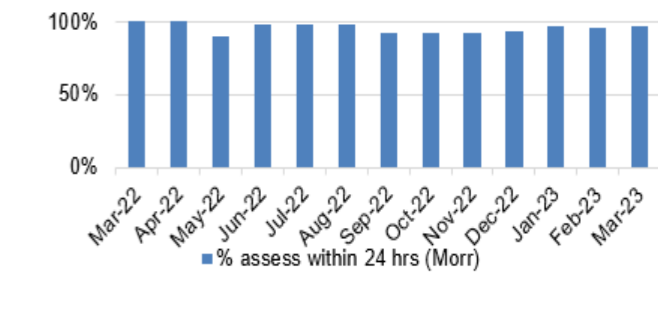


Chart 16: % stroke patients receiving consultant assessment within 24 hours



HARM FROM REDUCTION IN NON-COVID ACTIVITY

Primary and Community Care Overview

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

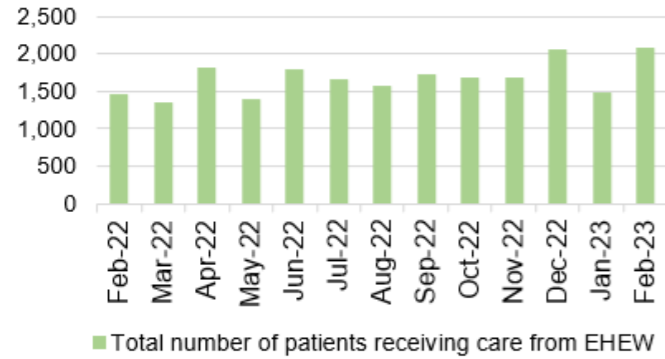


Chart 2: GMS - Escalation Levels



Chart 3: GMS - Sustainability



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

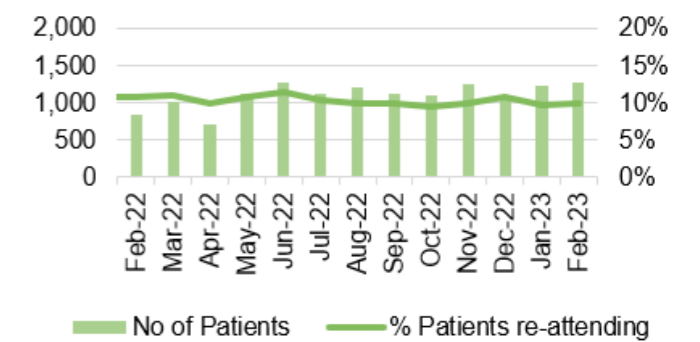


Chart 5: General Dental Services - Activity

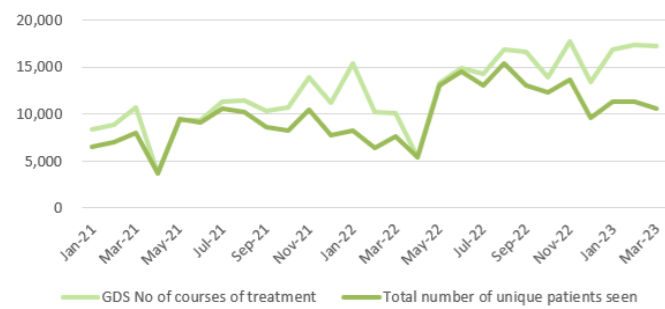


Chart 6: General Dental Services - New Patients

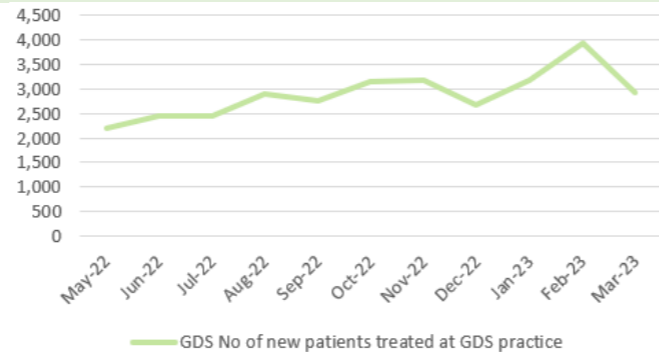


Chart 7: General Dental Services - ACORNs/FV

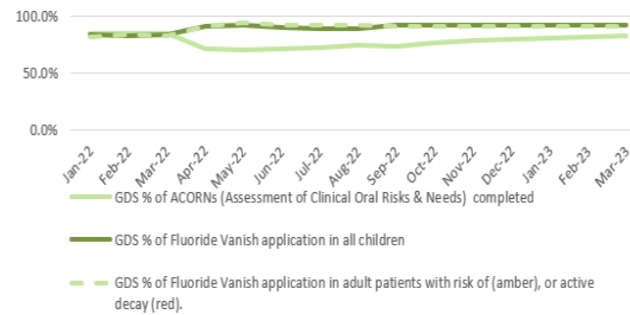


Chart 8: Optometry Activity – sight tests

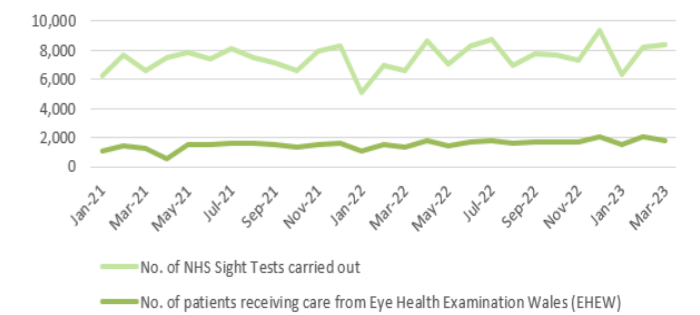


Chart 9: Optometry Activity – low vision care

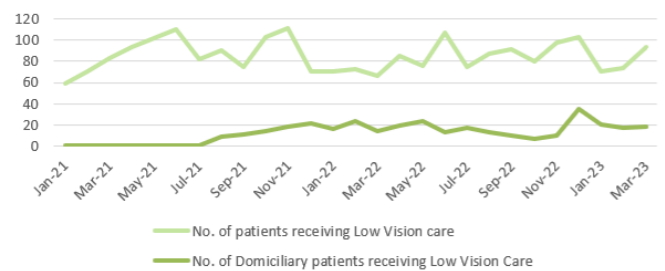


Chart 10: Community Pharmacy – Escalation levels



Chart 11: Common Ailment Scheme – No. consultations provided

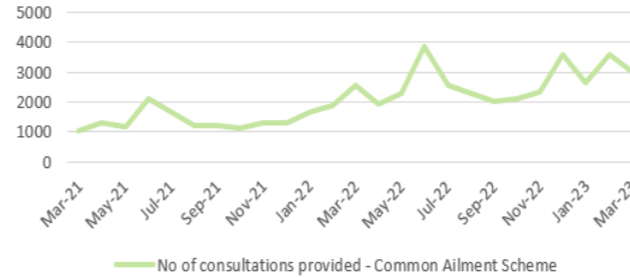


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

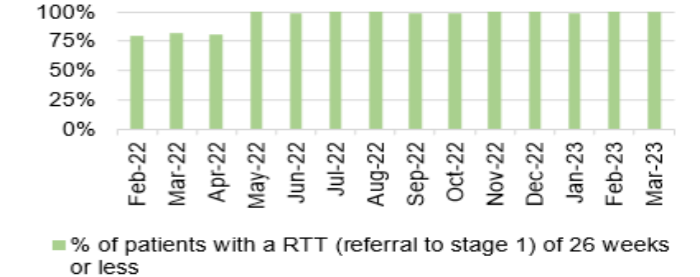


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

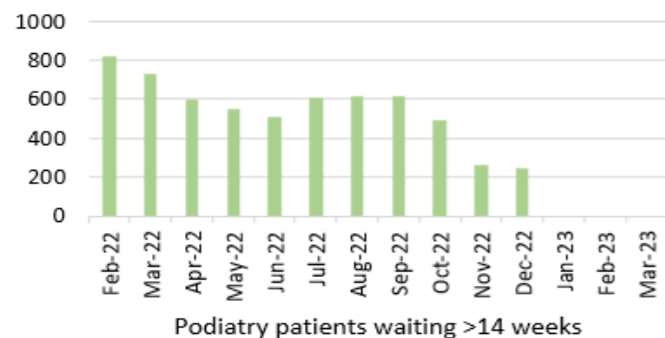


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

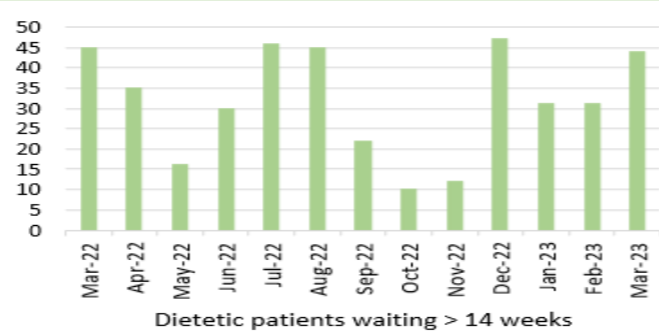


Chart 15: Audiology- Total number of patients waiting > 14 weeks

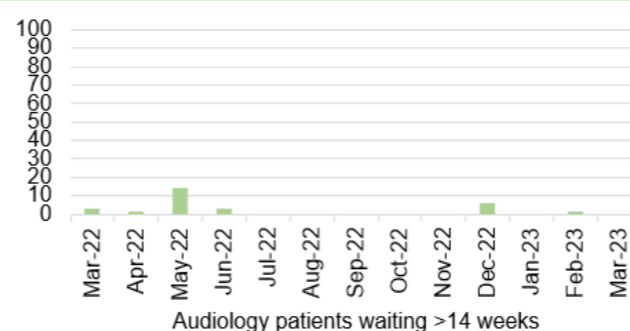
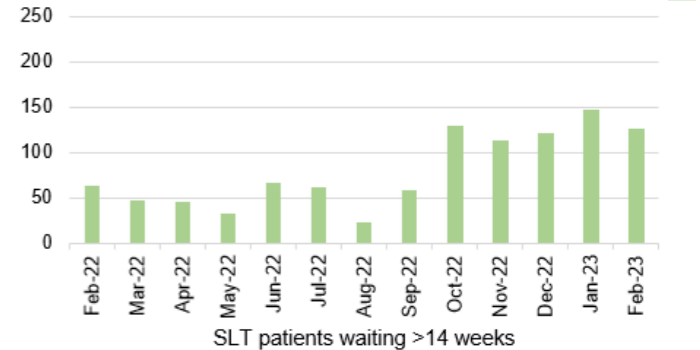


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

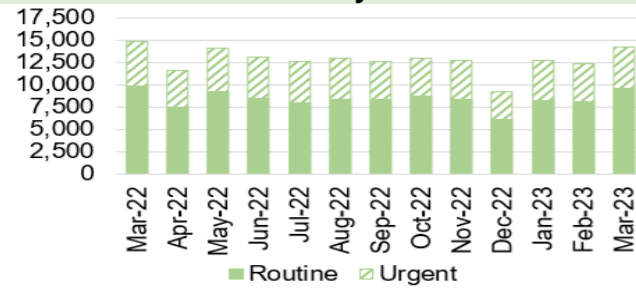


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

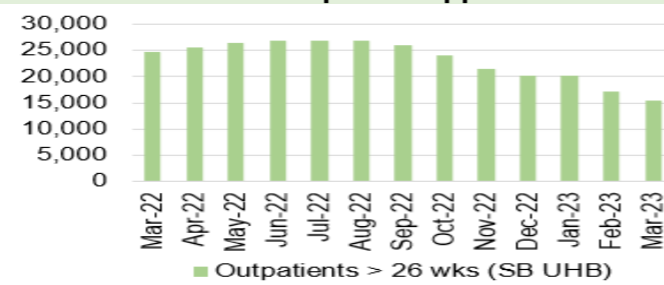


Chart 3: Number of patients waiting over 36 weeks for treatment

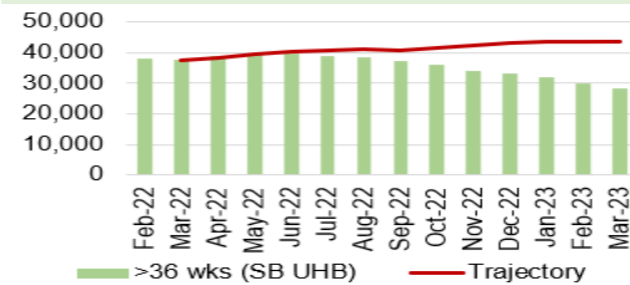


Chart 4: Number of patients waiting over 52 weeks for treatment

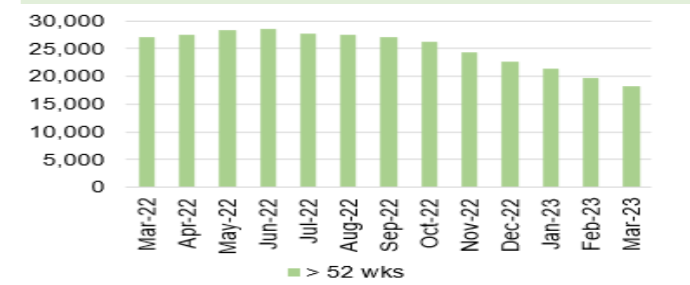


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

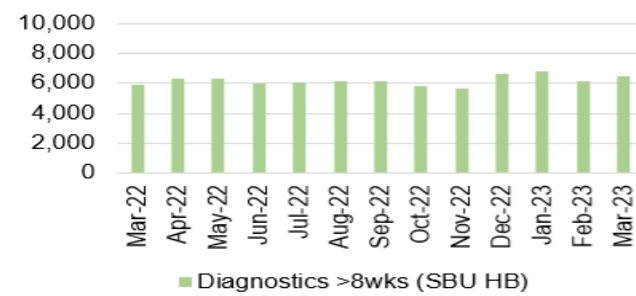


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

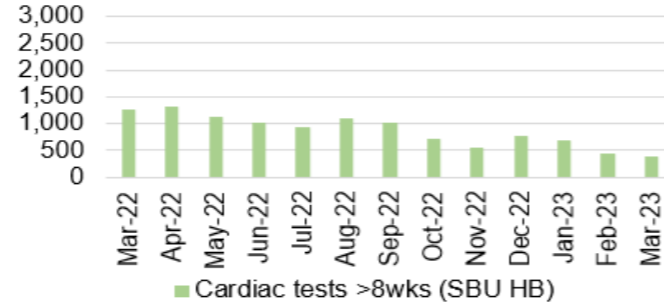


Chart 7: Number of patients waiting more than 14 weeks for Therapies

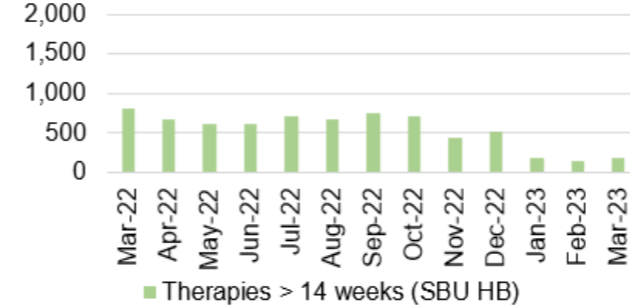


Chart 8: Cancer referrals

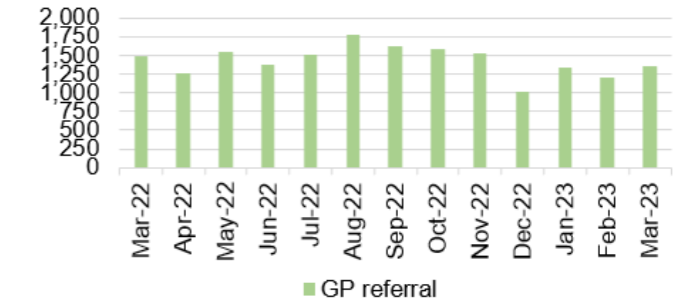


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

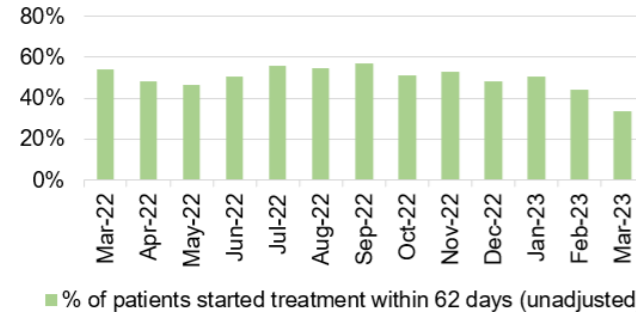


Chart 10: Number of new cancer patients starting definitive treatment

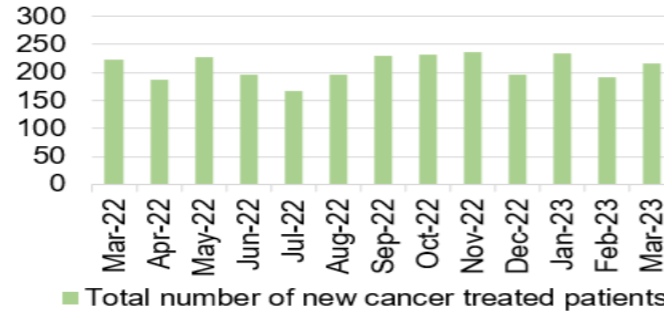


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

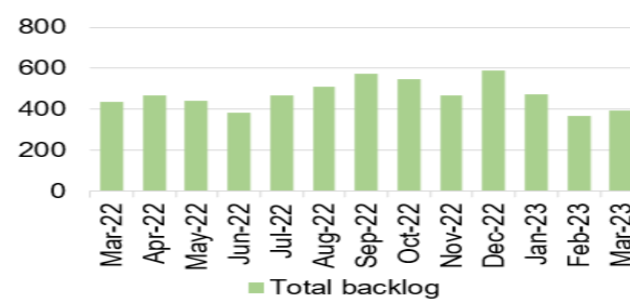


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

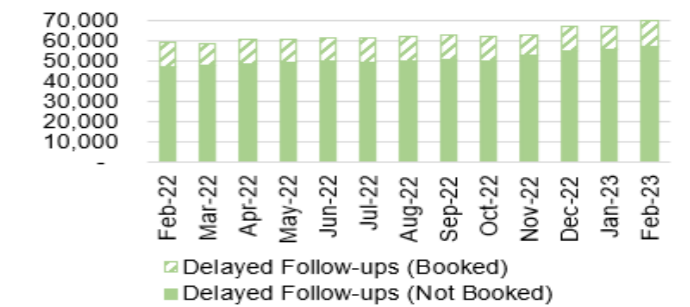


Chart 13: Number of patients without a documented clinical review date

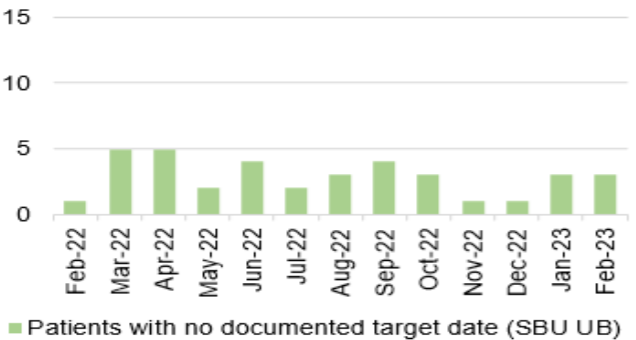


Chart 14: Ophthalmology patients without an allocated health risk factor



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

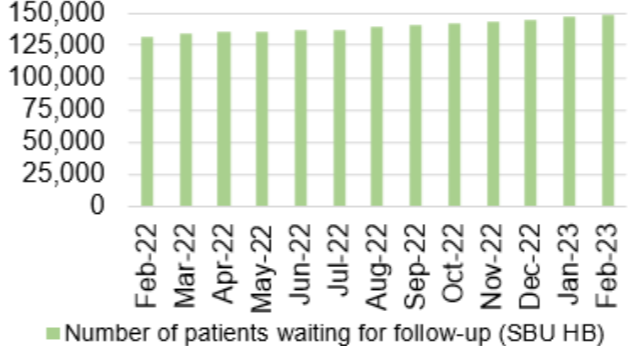
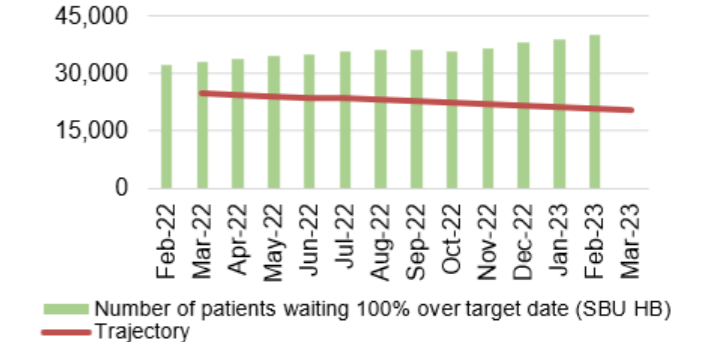


Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

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

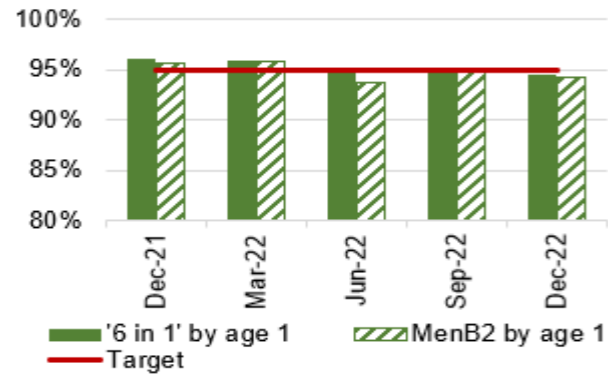


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

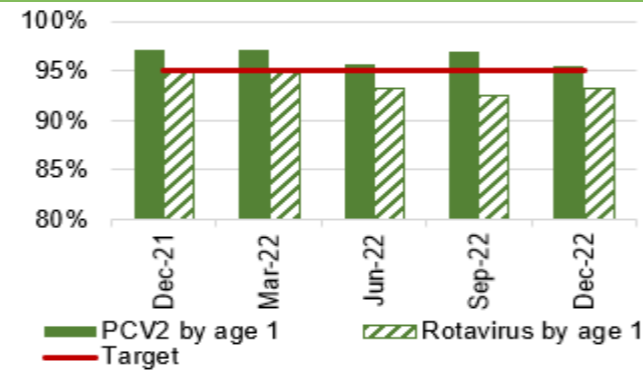


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

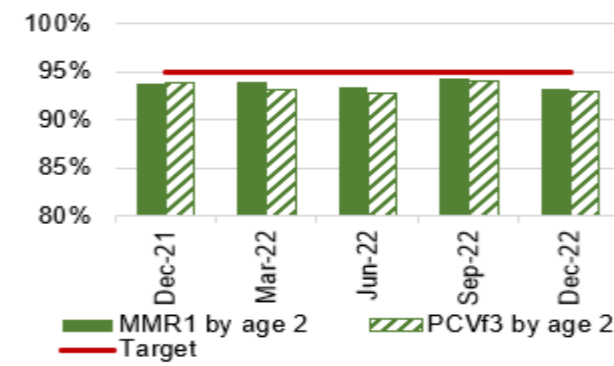


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

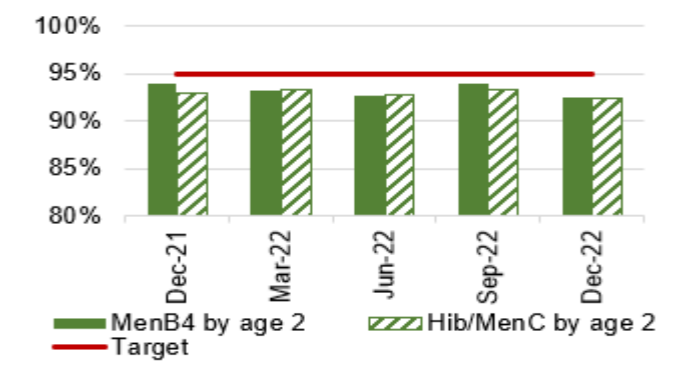


Chart 5: % children who are up to date in schedule by age 4

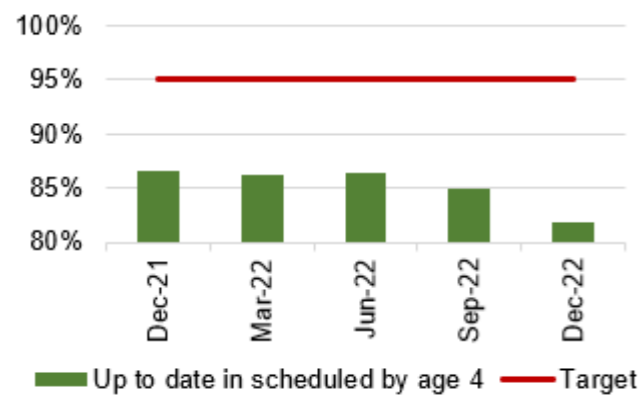


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

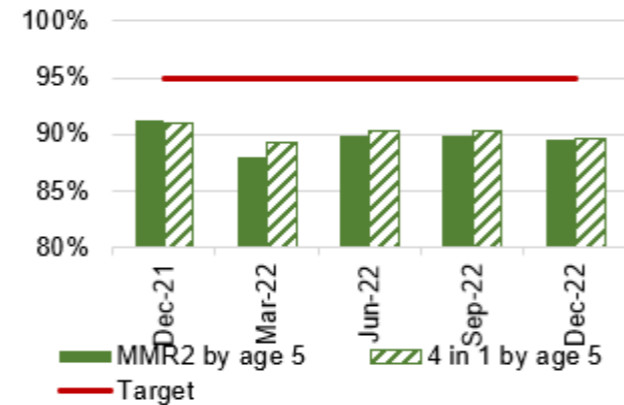


Chart 7: % children who received MMR vaccine and teenage booster by age 16

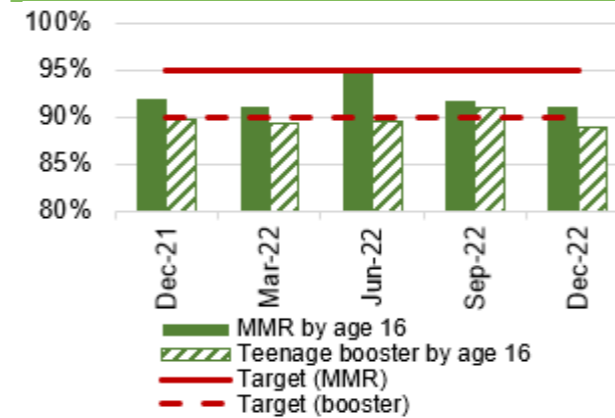


Chart 8: % children who received MenACWY vaccine by age 16

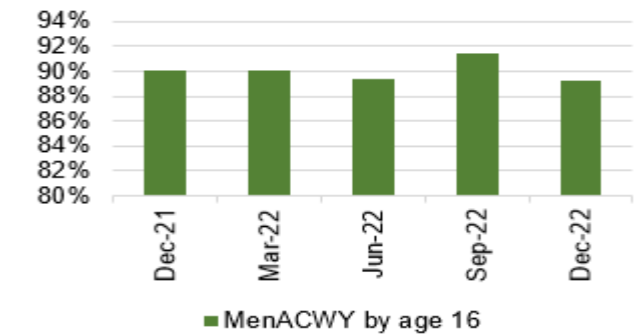
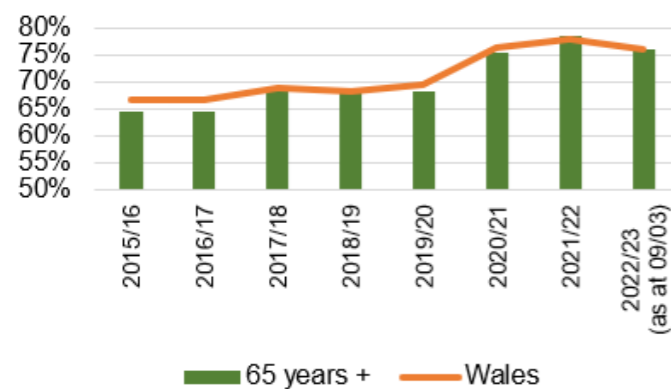
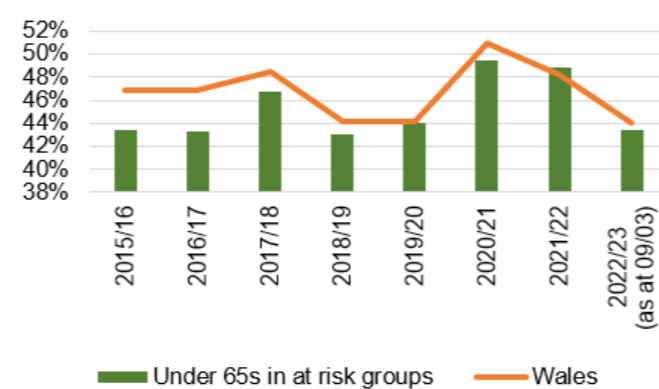


Chart 9: Influenza uptake for amongst 65 year olds and over



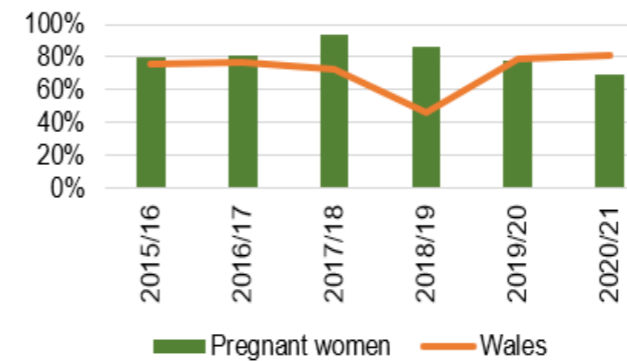
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



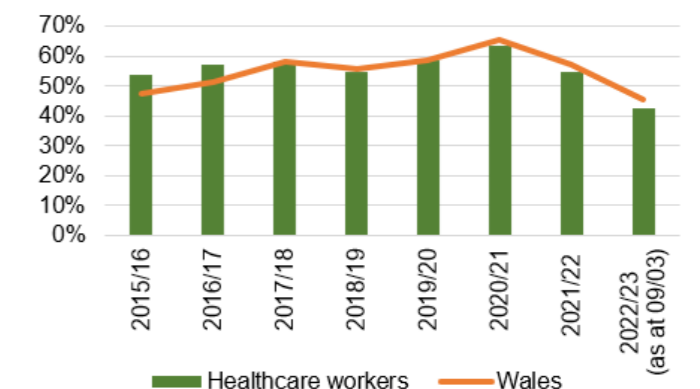
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

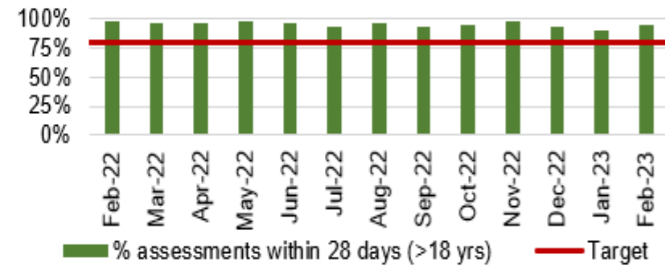


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

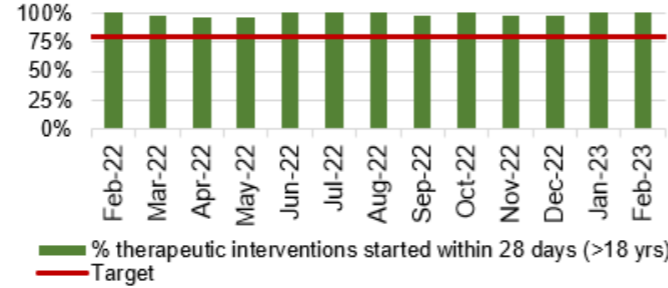


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

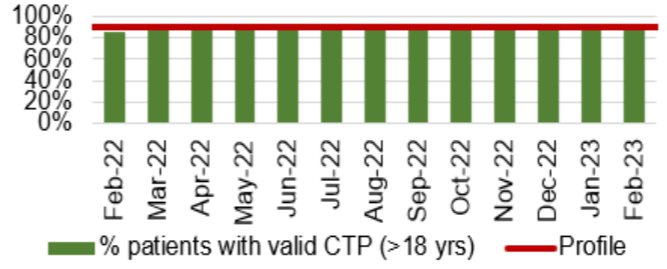


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

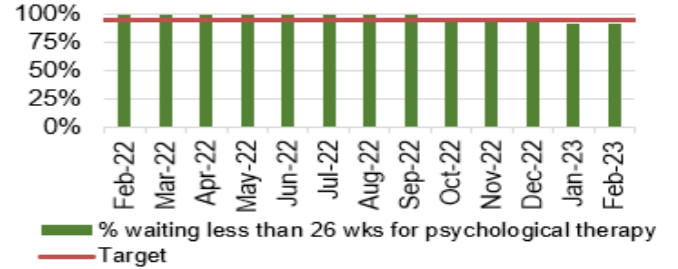


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

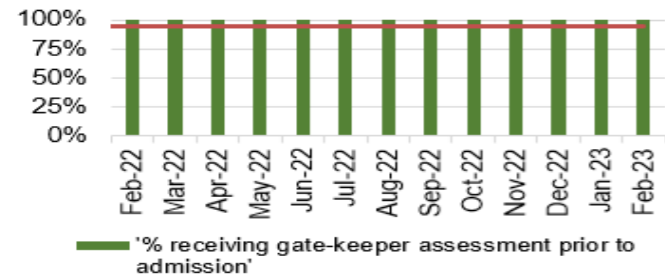


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

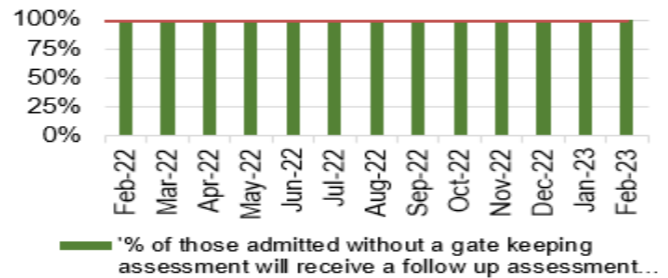


Chart 7: % of patients waiting under 14 weeks for Therapies

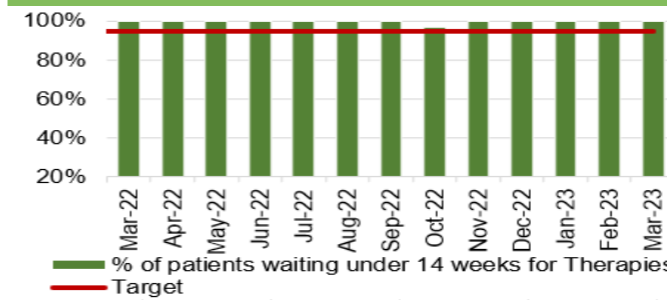


Chart 8: Number of Mental Health Delayed Transfers of Care (DTCOs)

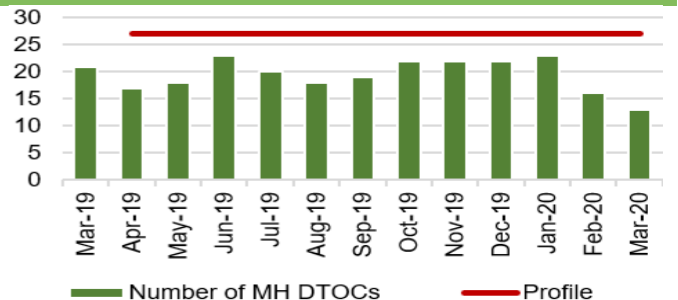


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

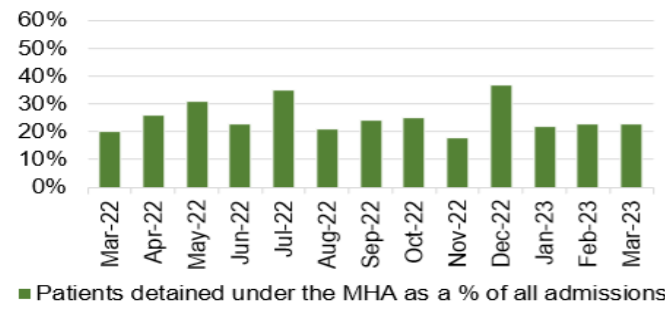


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

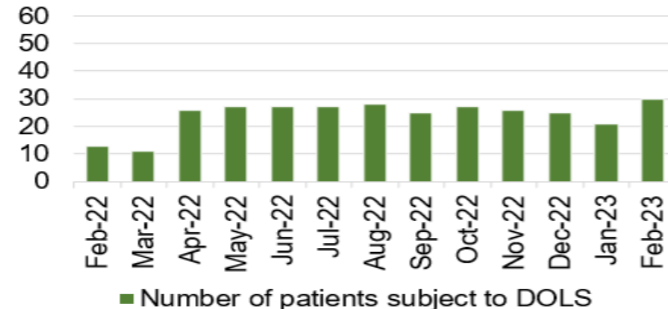


Chart 11: Number of Nationally Reportable Incidents

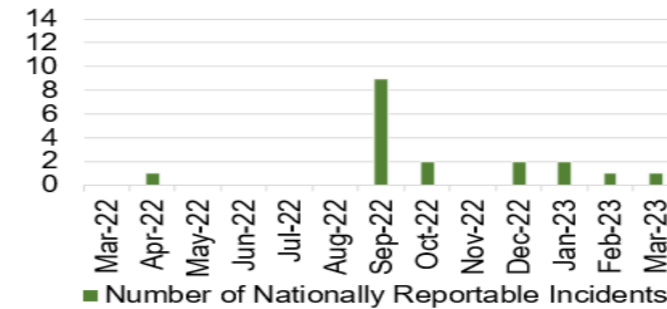
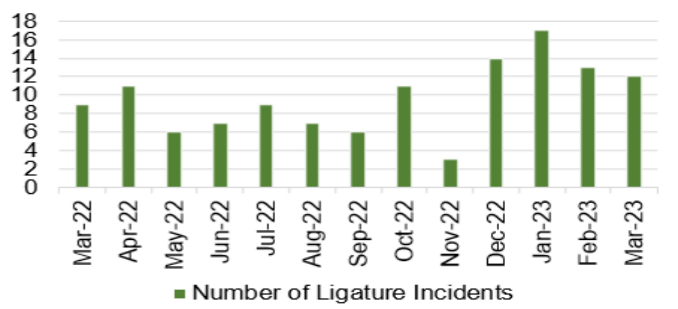


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

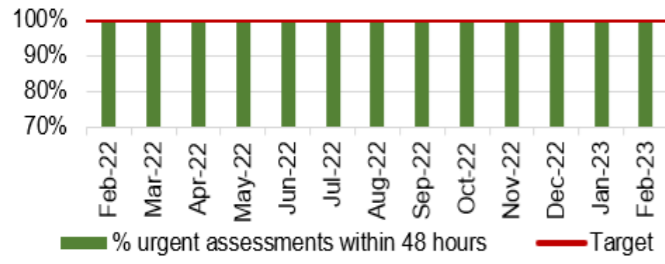


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

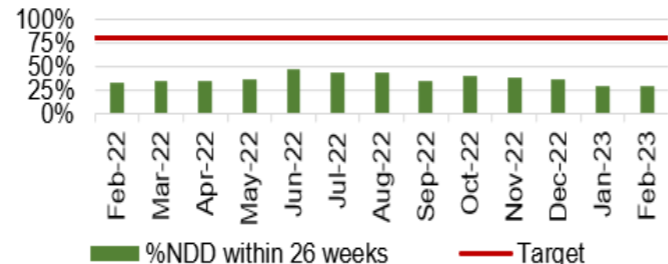


Chart 15: Assessment and intervention within 28 days

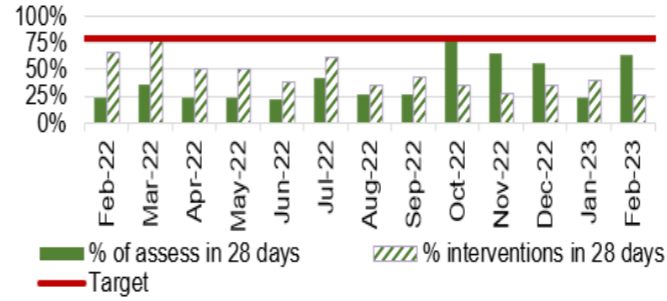
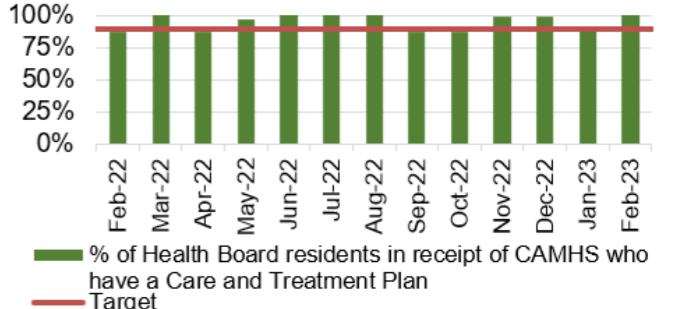


Chart 16: % of residents with a Care and Treatment Plan



APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
COVID19 related measures	Number of new COVID19 cases	Local	Mar-23	378		Reduce					4,749	835	286	372	600	217	218	171	171	395	230	249	378	
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce					16,756	17,158	17,315	17,579	17,878	17,916	17,926	17,934	17,981	18,108	18,157	18,187	18,230	
	Number of staff awaiting results of COVID19 test	Local	Mar-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Mar-23	57		Reduce					57	83	39	52	91	46	84	61	51	61	34	33	57	
	Number of COVID19 related serious incidents	Local	Mar-23	0		Reduce					0	0	0	0	0	0	1	0	0	0	0	0	0	
	Number of COVID19 related complaints	Local	Mar-23	2		Reduce					10	6	0	4	5	6	11	3	3	0	0	0	2	2
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Mar-23	0		Reduce					87	42	29	28	26	8	5	1	0	0	0	0	1	0
	Number of staff self isolated (symptomatic)	Local	Mar-23	57		Reduce					326	270	125	287	272	121	100	121	124	124	144	70	63	57
% sickness	Local	Mar-23	0.4%		Reduce					3.1%	2.3%	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%		
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	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Mar-23	48%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		48%	53%	56%	57%	56%	55%	49%	50%	46%	41%	52%	52%	48%	
	Number of ambulance handovers over one hour	National	Mar-23	729	0			6,798 (Dec-22)	1st (Dec-22)		687	671	538	578	659	705	732	739	744	614	561	594	729	
	Handover hours lost over 15 minutes	Local	Mar-23	4659							3,023	3,286	1,892	2,920	2,976	3,870	4,378	4,599	4,456	4,289	3,440	3,245	4,659	
	% 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	Mar-23	0%	95%			63.1% (Dec-22)	4th (Dec-22)		71%	73%	74%	72%	69%	70%	73%	71%	70%	65%	74%	76%	74%	
	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	Mar-23	0	0			12,099 (Dec-22)	4th (Dec-22)		1,282	1,294	1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125	1,395	
NOF	% of survival within 30 days of emergency admission for a hip fracture	National	Feb-22	81.4%	12 month ↑																			
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Sep-22	93.0%	12 month ↑			70% (Oct-22)	1st (Oct-22)		89.0%	89.0%	90.0%	89.0%	91.0%	93.0%	93.0%							
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Mar-23	11%	54.0%						16.0%	12.1%	20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	
	CT Scan (<1 hrs) (local)	Local	Mar-23	45%							44.0%	34.5%	38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Mar-23	98%							100.0%	100.0%	90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	
	Thrombolysis door to needle <= 45 mins	Local	Mar-23	10%							0.0%	12.5%	12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	
	% stroke patients who receive mechanical thrombectomy	National	Mar-23	7%	10%			2.1% (Nov-22)	4th (Nov-22)		1.7%	1.8%	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	6.5%
% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	Mar-23	64%	12 month ↑			50.7% (Nov-22)	4th (Nov-22)		44.3%	40.9%	34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%		
DTCs	Number of mental health HB DTCs	National	Mar-20	13	12 month ↓	27	✔				DTC reporting temporarily suspended													
	Number of non-mental health HB DTCs	National	Mar-20	60	12 month ↓	50	✘				DTC reporting temporarily suspended													
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Mar-23	83.0%	90%	80%					33%	25%	100%	33%	-	0%	-	75%	73%	85%	67%	67%	83%	
	Number of new Never Events	Local	Mar-23	0		0	✔				0	0	1	0	1	0	0	0	1	0	0	1	0	
	Number of risks with a score greater than 20	Local		148		12 month ↓	✘				140	140	134	132	128	131	133	134	136	137	141	143	148	
	Number of risks with a score greater than 16	Local		307		12 month ↓	✘				271	276	266	264	259	269	270	268	278	280	290	295	307	

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	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Mar-23	67.5	<67		✘	67.80 (Dec-22)	3rd (Dec-22)		73.7	96.5	79.6	70.8	68.9	74.5	70.4	69.4	70.0	69.6	68.7	67.9	67.5		
	Number of E.Coli bacteraemia cases (Hospital)		9								4	13	8	5	3	11	7	12	11	8	8	9	9		
	Number of E.Coli bacteraemia cases (Community)		10								17	18	13	12	18	21	8	10	12	14	12	14	12	8	10
	Total number of E.Coli bacteraemia cases		19								21	31	21	17	21	32	15	22	23	22	20	17	19		
	Cumulative cases of S.aureus bacteraemias per 100k pop		Mar-23	38.6	<20		✘	27.76 (Dec-22)	6th (Dec-22)		35.6	43.6	50.5	41.0	39.8	38.4	39.3	41.0	39.0	39.4	38.4	38.6	38.6		
	Number of S.aureus bacteraemias cases (Hospital)		5								7	6	9	7	6	6	8	13	3	10	8	9	5		
	Number of S.aureus bacteraemias cases (Community)		5								4	7	9	2	6	6	6	6	4	5	3	2	2	5	
	Total number of S.aureus bacteraemias cases		10								11	13	18	9	12	12	14	17	8	13	10	11	10		
	Cumulative cases of C.difficile per 100k pop		Mar-23	51.4	<25		✘	36.68 (Dec-22)	5th (Dec-22)		50.1	40.5	36.7	41.0	42.9	47.6	46.9	48.9	50.9	49.6	51.3	50.6	51.4		
	Number of C.difficile cases (Hospital)		13								12	11	7	7	10	16	11	15	10	8	15	10	13		
	Number of C.difficile cases (Community)		6								6	2	4	9	6	6	3	6	11	6	7	2	6		
	Total number of C.difficile cases		19								18	13	11	16	16	22	14	21	21	14	22	12	19		
	Cumulative cases of Klebsiella per 100k pop		Mar-23	27.4								24.0	18.7	21.4	22.6	24.5	25.0	24.9	26.0	26.1	26.9	26.8	27.4		
	Number of Klebsiella cases (Hospital)		4									4	4	7	6	4	4	1	3	6	5	5	7	4	
	Number of Klebsiella cases (Community)		7									3	2	1	2	7	4	9	4	5	3	6	1	7	
	Total number of Klebsiella cases		11							63 Total (Dec-22)	2nd (Dec-22)	7	6	8	8	11	8	10	7	11	8	11	8	11	
	Cumulative cases of Aeruginosa per 100k pop		Mar-23	11.3								6.1	6.2	6.1	8.2	9.2	9.2	10.2	11.3	11.9	11.5	11.6	11.2	11.3	
	Number of Aeruginosa cases (Hospital)		2									0	1	1	3	2	3	4	3	5	1	2	2	2	
	Number of Aeruginosa cases (Community)		2									2	1	1	1	2	0	1	3	0	2	2	0	2	
	Total number of Aeruginosa cases		4							8 Total (Dec-22)	4th (Dec-22)	2	2	2	4	4	3	5	6	5	3	4	2	4	
Hand Hygiene Audits- compliance with WHO 5 moments		Local	Mar-23	92.9%		95%	✘				93%	96%	96%	98%	96%	90%	97%	96%	96%	95%	97%	95%	93%		
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Feb-23	60		12 month ↓	✘				49	45	58	53	58	54	39	59	69	47	64	60			
	Number of pressure ulcers developed in the community		41		12 month ↓	✘					56	33	39	32	27	50	40	44	45	42	45	41			
	Total number of pressure ulcers		101		12 month ↓	✘					105	78	97	85	85	104	79	103	114	89	109	101			
	Number of grade 3+ pressure ulcers acquired in hospital		4		12 month ↓	✘					5	3	2	3	5	3	0	1	7	8	4	4			
	Number of grade 3+ pressure ulcers acquired in community		9		12 month ↓	✔					11	2	10	12	2	11	6	2	7	13	4	9			
	Total number of grade 3+ pressure ulcers		13		12 month ↓	✔					16	5	12	15	7	14	6	3	14	21	8	13			
Inpatient Falls	Number of Inpatient Falls	Local	Mar-23	179		12 month ↓	✔				209	190	182	172	174	216	175	184	178	184	189	179	214		
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Feb-23	85%		98%	✘				96.9%	95.7%	93.9%	93.7%	90.5%	86.2%	87.6%	87.5%	88.2%	97.2%	91.8%	98.3%	85.1%		
Coding	% of episodes clinically coded within 1 month of discharge	Local	Feb-23	76%	95%	95%	✘				81%	44%	68%	81%	82%	77%	81%	84%	67%	78%	71%	76%			
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Mar-23	62%		100%	✘				63%	60%	66%	64%	63%	69%	70%	66%	71%	62%	64%	64%	62%		
Work force	Agency spend as a % of the total pay bill	National	Feb-23	6.20%		12 month ↓		5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		6.6%	4.9%	6.3%	6.2%	6.7%	6.4%	4.9%	6.5%	6.4%	6.0%	7.4%	6.2%			
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Mar-23	69%	85%	85%	✘	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		56%	56%	56%	55%	58%	61%	64%	67%	68%	68%	69%	69%	69%		
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	Mar-23	82%	85%	85%	✘	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		80%	80%	80%	80%	81%	81%	82%	83%	84%	84%	85%	85%	82%		
	% workforce sickness absence (12 month rolling)	National	Feb-23	7.78%		12 month ↓		7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.82%	8.11%	8.20%	8.29%	8.46%	8.44%	8.25%	8.08%	7.99%	8.02%	7.89%	7.78%			

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	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Feb-23	9.9%							11.1%	9.8%	10.9%	11.5%	10.4%	10.0%	10.0%	9.6%	9.9%	10.9%	9.7%	9.9%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Mar-23	33.6%	12 month ↑			53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		54.3%	48.1%	46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	33.6%
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Mar-23	32%	80%		✘				13%	14%	5%	18%	2%	10%	5%	18%	19%	26%	32%	31%	32%
	Scheduled (21 Day Target)	Local	Mar-23	81%	100%		✘				70%	63%	36%	51%	29%	35%	34%	65%	82%	83%	82%	86%	81%
	Urgent SC (2 Day Target)	Local	Mar-23	30%	80%		✘				9%	27%	13%	22%	18%	11%	31%	33%	17%	37%	31%	19%	30%
	Urgent SC (7 Day Target)	Local	Mar-23	84%	100%		✘				57%	62%	44%	43%	64%	48%	54%	70%	77%	70%	85%	69%	84%
	Emergency (within 1 day)	Local	Mar-23	91%	80%		✔				62%	83%	83%	82%	58%	65%	100%	70%	100%	83%	100%	100%	91%
	Emergency (within 2 days)	Local	Mar-23	100%	100%		✔				85%	100%	100%	88%	92%	90%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Mar-23	94%	80%		✔				66%	82%	80%	68%	66%	91%	70%	81%	91%	85%	82%	93%	94%
	Elective Delay (14 Day Target)	Local	Mar-23	100%	100%		✔				71%	93%	91%	79%	70%	98%	79%	91%	100%	100%	98%	100%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	Mar-23	4,546	0%			15,517 (Nov-22)	7th (Nov-22)		4,191	4,398	4,564	4,449	4,407	4,257	4,205	4,170	4,136	4,289	4,372	4,408	4,546
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Mar-23	6,514	0			42,566 (Nov-22)	4th (Nov-22)		5,863	6,308	6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116	6,514
	Number of patients waiting > 14 weeks for a specified therapy	National	Mar-23	193	0			9,584 (Nov-22)	2nd (Nov-22)		820	679	614	609	714	682	755	707	441	527	194	157	193
	% of patients waiting < 26 weeks for treatment	National	Mar-23	58%	95%			56% (Nov-22)	6th (Nov-22)		50.7%	50.4%	50.4%	50.8%	51.8%	52.0%	52.1%	53.5%	54.4%	54.2%	52.8%	56.9%	58.0%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	Mar-23	15,385	0						24,728	25,601	26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257	15,385
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Mar-23	3,895	0			85,301 (Nov-22)	3rd (Nov-22)		12,593	13,275	14,071	14,951	15,232	15,122	13,980	12,352	9,774	7,779	6,630	5,475	3,895
	Number of patients waiting > 36 weeks for treatment	National	Mar-23	28,353	0			252,779 (Nov-22)	3rd (Nov-22)		37,820	38,799	39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031	30,017	28,353
	Number of patients waiting > 104 weeks for treatment	National	Mar-23	6,015	0			49,594 (Nov-22)	5th (Nov-22)		13,587	13,083	12,670	12,064	11,400	10,960	10,623	10,090	9,048	8,066	7,331	6,656	6,015
	The number of patients waiting for a follow-up outpatient appointment	Local	Mar-23	148,070	HB target							133,772	135,471	135,879	136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070
	The number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	National	Mar-23	40,146	TBC			224,552 (Nov-22)	5th (Nov-22)		32,936	34,003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Mar-23	59%	95%			64.9% (Nov-22)	1st (Nov-22)		59.4%	60.8%	63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	67.1%	69.9%	53.1%	64.6%	59.4%	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Mar-23	8.2%	12 month ↓						6.8%	7.8%	7.5%	8.2%	8.2%	8.0%	7.8%	8.3%	9.5%	11.1%	8.9%	9.2%	8.2%
	% of patients who did not attend a follow-up outpatient appointment	Local	Mar-23	7.9%	12 month ↓						6.2%	7.8%	7.3%	7.8%	7.7%	7.6%	7.8%	7.7%	8.5%	8.7%	7.8%	7.9%	7.9%
Theatre Efficiencies	Theatre Utilisation rates	Local	Mar-23	71.0%		90%	✘				72%	71%	78%	81%	72%	59%	71%	77%	74%	59%	72%	70%	71%
	% of theatre sessions starting late	Local	Mar-23	33.0%		<25%	✘				39%	39%	46%	43%	40%	36%	37%	40%	35%	39%	35%	39%	33%
	% of theatre sessions finishing early	Local	Mar-23	49.0%		<20%	✘				45%	47%	43%	43%	46%	43%	48%	45%	44%	46%	44%	45%	49%
Patient Experience	Biosimilar medicines prescribed as % of total 'reference' product plus biosimilar	National	Q3 21/22	82.1%	Quarter on quarter ↑			83.8% (Q3 21/22)	5th (Q3 21/22)														
	Number of friends and family surveys completed	Local	Mar-23	5,358	12 month ↑	✔					3,353	3,133	3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073	4,425	5,358
	% of who would recommend and highly recommend	Local	Mar-23	92%	90%	✔					90%	89%	90%	88%	89%	89%	88%	90%	91%	89%	92%	92%	92%
% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Mar-23	95%	90%	✔					91%	89%	91%	91%	90%	93%	92%	93%	91%	92%	92%	95%	95%	
Complaints	Number of new formal complaints received	Local	Jan-23	127	12 month trend ↓	✔					156	123	176	118	153	124	120	140	113	120	127		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Jan-23	78%	80%	✔					65%	76%	69%	65%	64%	65%	71%	71%	69%	73%	78%		
	% of acknowledgements sent within 2 working days	Local	Jan-23	100%	100%	✔					100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%		

Harm from wider societal actions/lockdown																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2021/22	31.9%	Annual ↑			36.7% (2021/22)	5th (2021/22)		31.9%													
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q3 22/23	94.6%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)		95.9%			94.9%			94.9%			94.6%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q3 22/23	89.5%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)		88.0%			89.9%			89.8%			89.5%				
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q1 22/23	33.5	4 quarter ↓			383.9 (Q1 22/23)	3rd (Q1 22/23)		352.2			333.5										
	% of people who have been referred to health board services who have completed treatment for alcohol	National	Q2 22/23	61.9%	4 quarter ↑			68.6% (Q2 22/23)	8th (Q2 22/23)		66.7%			43.6%			61.9%							
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-23	75.9%	75%			78.0% (Mar-22)	3rd (Mar-22)		78.5%							62.2%	72.4%	74.4%	75.6%	76.0%	75.9%	
	% uptake of influenza among under 65s in risk groups	National	Mar-23	43.8%	55%			48.2% (Mar-22)	4th (Mar-22)		48.8%							30.2%	37.7%	40.4%	42.1%	43.4%	43.8%	
	% uptake of influenza among pregnant women	National	2020/21	69.8%	75%			81.5% (2020/21)	7th out of 10 organisations (2020/21)		ta not availa							Data collection restarts October 2022						
	% uptake of influenza among children 2 to 3 years old	Local	Mar-23	38.8%	50%			47.6% (Mar-22)	5th (Mar-22)		44.6%								23.6%	34.6%	37.9%	39.2%	39.3%	38.8%
	% uptake of influenza among healthcare workers	National	Mar-23	42.4%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		53.6%									34.4%	40.9%	40.9%	42.4%	42.4%
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	01/02/	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Feb-23	29%	80%	80%	✗	31.4% (Nov-22)	3rd (Nov-22)		35%	35%	36%	47%	44%	44%	36%	40%	39%	37%	29%	29%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Feb-23	82%	80%	80%	✓	83.2% (Nov-22)	5th (Nov-22)		29%	18%	40%	33%	38%	34%	91%	91%	89%	79%	62%	82%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Feb-23	64%		80%	✗	66.8% (Nov-22)	5th (Nov-22)		36%	23%	23%	22%	42%	27%	27%	83%	65%	56%	24%	64%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Feb-23	26%		80%	✗	34.4% (Nov-22)	4th (Nov-22)		78%	51%	51%	38%	61%	35%	43%	36%	27%	35%	40%	26%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%		80%	✓				30%	19%	41%	41%	38%	34%	91%	90%	89%	79%	62%	82%		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Feb-23	100%		90%	✓	63.8% (Nov-22)	1st (Nov-22)		100%	87%	97%	100%	100%	100%	87%	87%	99%	99%	91%	100%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Feb-23	95%	80%	80%	✓	86.9% (Nov-22)	3rd (Nov-22)		96%	97%	98%	96%	94%	97%	93%	95%	98%	94%	91%	95%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Feb-23	100%	80%	80%	✓	73.1% (Nov-22)	2nd (Nov-22)		98%	96%	97%	100%	100%	100%	98%	100%	98%	98%	100%	100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Feb-23	88%	95%	95%	✗	73.9% (Nov-22)	2nd (Nov-22)		100%	100%	100%	100%	100%	97%	96%	93%	92%	92%	91%	88%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Feb-23	89%	90%	90%	✗	84.2% (Nov-22)	2nd (Nov-22)		89%	88%	89%	89%	89%	90%	89%	90%	90%	90%	90%	89%	89%	
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTservice prior to	National	Feb-23	95%				95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of	National	Feb-23	100%				90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	