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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Report Date	27th June 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 (May 2023) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in July 2022, and the measures have been updated accordingly in line with current data availability.</p> <p>The report format has been altered to align with key areas of focus within the Performance and Finance Committee</p> <p>Key high level issues to highlight this month are as follows:</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 has saw a reduction in May 2023 to 81, compared with 153 in April 2023. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Emergency Department (ED) attendances have increased in May 2023 to 12,186 from 10,577 in April 2023. - Performance against the 4-hour access is currently above the outlined trajectory in May 2023. ED 4-hour performance has improved by 0.08% in May 2023 to 75.30% from 75.22% in April 2023. - Performance against the 12-hour wait has improved in-month and it is currently performing below the outlined trajectory. The number of patients waiting over 12-hours in 		

	<p>ED increased to 1,303 in May 2023 from 1,083 in April 2023.</p> <ul style="list-style-type: none"> - 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 May 2023 to 4,171 from 3,900 in April 2023. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> - May 2023 saw a 3% 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 3.2% to 27,189. - The number of patients waiting over 104 weeks for treatment decreased, with 5,792 patients waiting at this point in May 2023. - In May, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 2,719 patients waiting at this stage. - As a Health Board, updated ministerial priority trajectories for the 2023/24 planned care position have been developed and submitted to Welsh Government and are awaiting feedback. - Therapy waiting times have deteriorated, there are 149 patients waiting over 14 weeks in May 2023 compared with 129 in April 2023. - The number of patients waiting over 8 weeks for an Endoscopy has increased in May 2023 to 4,847 from 4,677 in April 2023. <p><u>Cancer</u></p> <ul style="list-style-type: none"> - April 2023 saw 56.5% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). - Backlog figures have seen a reduction in recent weeks. The total backlog at 11/06/2023 was 402. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. However Welsh Government targets were not achieved in April 2023. - In April 2023, 85% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.
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	Child and Adolescent Mental Health Services (CAMHS) <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% April 2023. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has deteriorated slightly to 28% in April 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: inclusion of updated national 2023/24 recovery trajectories recently submitted to Welsh Government • NOTE: Inclusion of updated UEC 2023/24 Trajectories • NOTE: the development and implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery • NOTE the actions being taken to improve performance: - <ul style="list-style-type: none"> ○ Updated tumour site specific action plans have been developed to support the SCP performance ○ Detailed plans being developed to maximise the productivity and efficiency of planned care capacity to maintain improvements in planned care access ○ The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity ○ A new outpatient dashboard has recently been developed which provides the ability to monitor planned care progress at specialty level, with specific focus on all Ministerial priority areas ○ Focussed work is currently being placed on Treat in Turn rates. ○ As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity. ○ Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework. 			

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:** inclusion of updated national 2023/24 recovery trajectories recently submitted to Welsh Government
- **NOTE:** Inclusion of updated UEC 2023/24 Trajectories
- **NOTE:** the development and implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery
- **NOTE** the actions being taken to improve performance: -
 - Updated tumour site specific action plans have been developed to support the SCP performance
 - Detailed plans being developed to maximise the productivity and efficiency of planned care capacity to maintain improvements in planned care access
 - The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity
 - A new outpatient dashboard has recently been developed which provides the ability to monitor planned care progress at specialty level, with specific focus on all Ministerial priority areas
 - Focussed work is currently being placed on Treat in Turn rates.
 - As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity.
 - 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	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
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 May 2023. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report



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Appendix 1- Integrated Performance Report June 2023



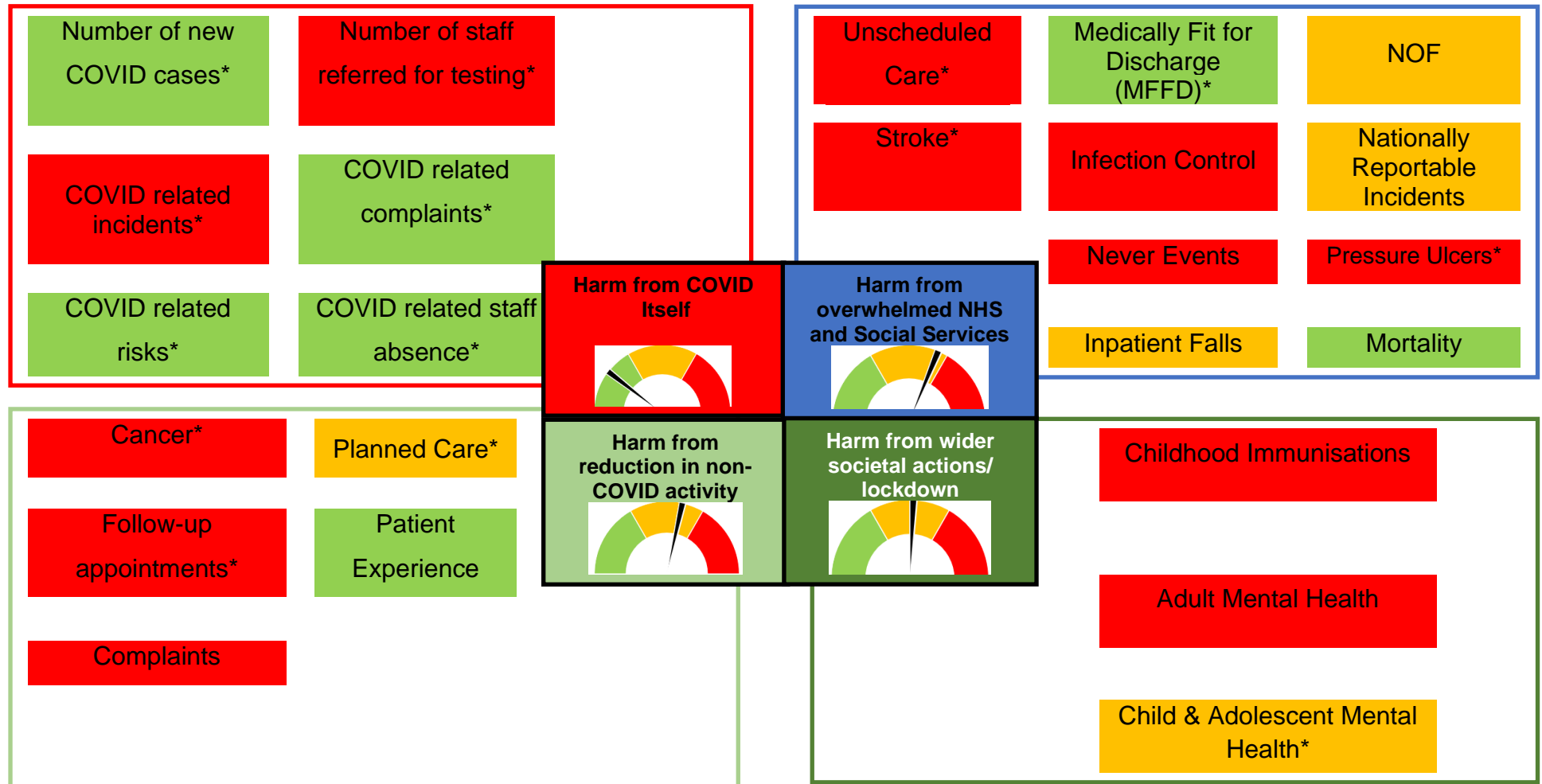
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1. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

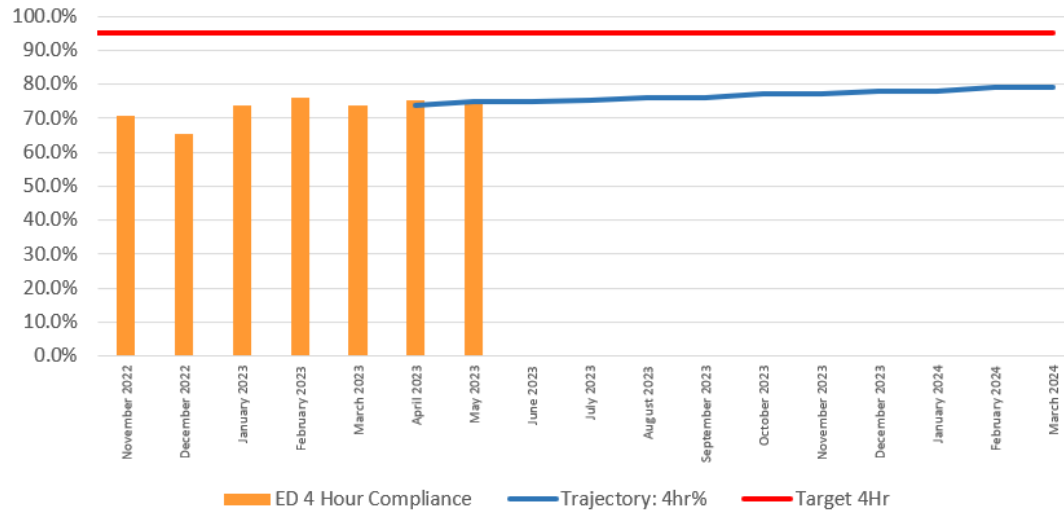
** Data not available

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

2. ESCALATED SERVICE UPDATE TRAJECTORIES

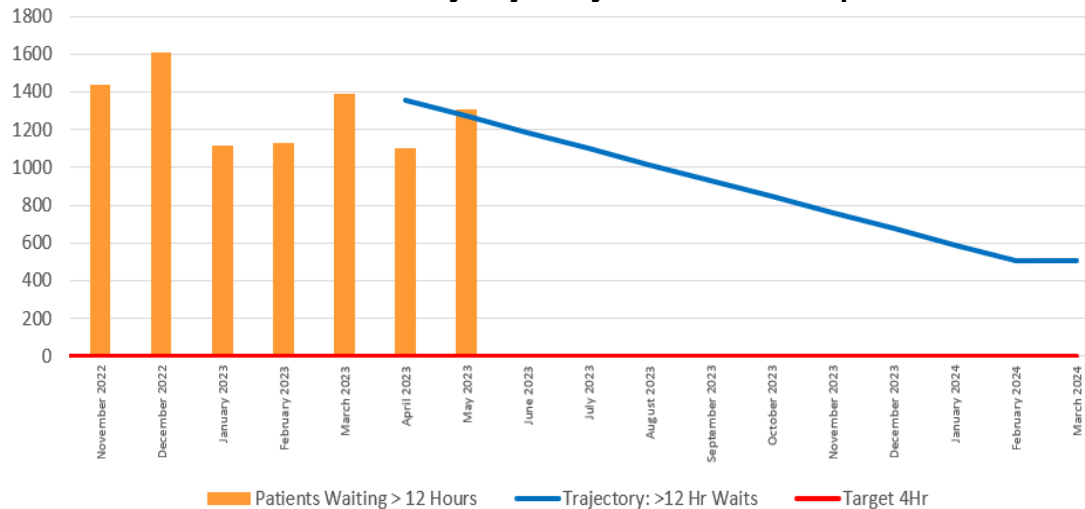
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4-hour access is above the target for May 2023. Emergency Department (ED) 4-hour performance increased by 0.08% in May 2023 to 75.3% from 75.22% in April 2023.

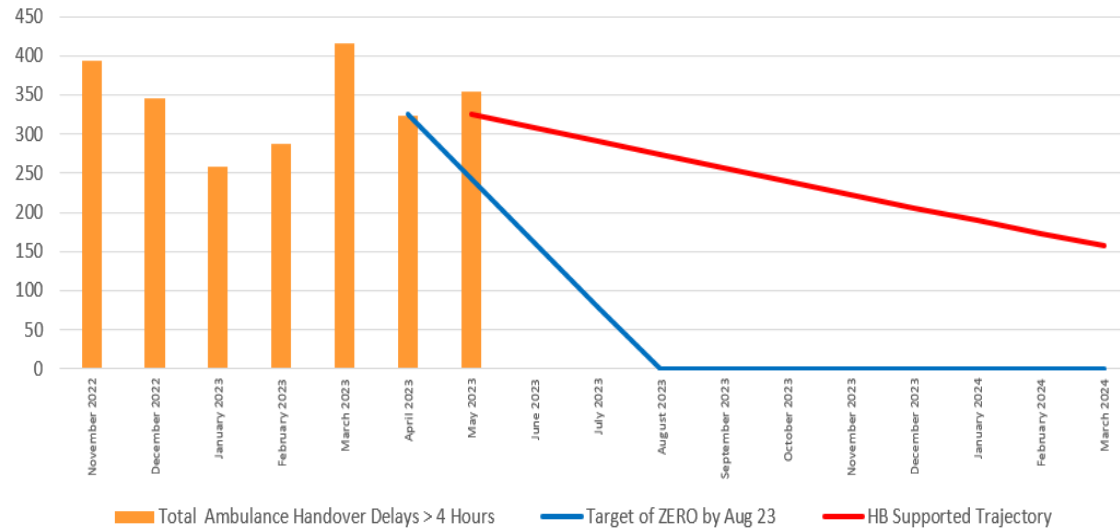
2. Submitted recovery trajectory for A&E 12-hour performance



2. Performance against the 12-hour wait deteriorated in May and is currently slightly above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,303 in May 2023 from 1,083 in April 2023.

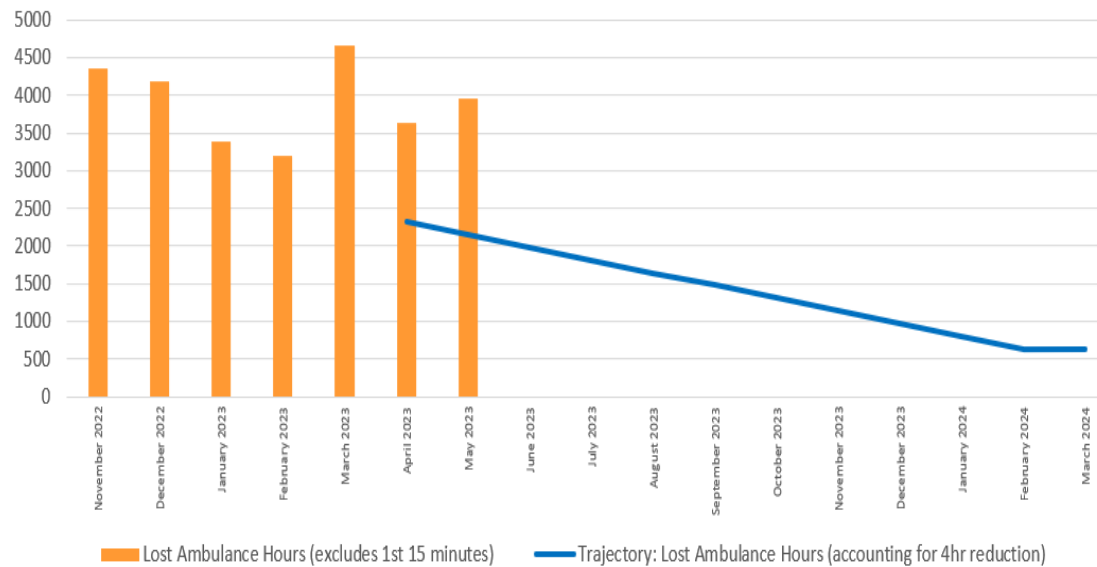
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours have increased in May 2023. The handover times over four hours increased to 354 in May 2023 from 323 in April 2023. The figures are above the outlined trajectory for May 2023 which was 243.

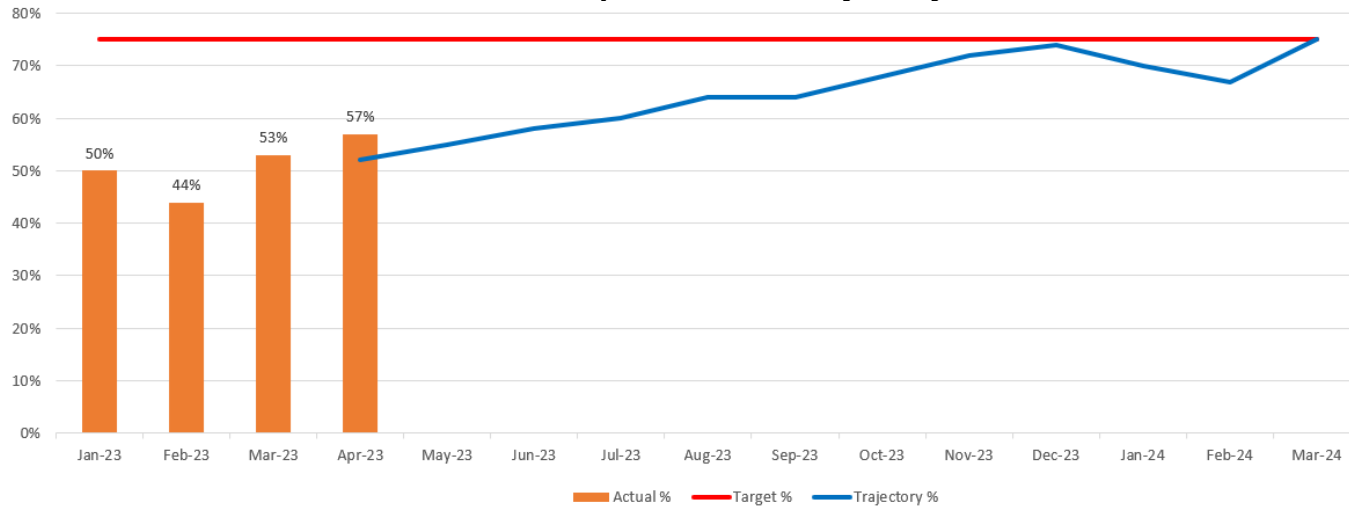
4. Ambulance Handover Lost Hours



4. The ambulance handover lost hours rate has seen an increase in May 2023. The ambulance handover lost hours increased from 3,627 in April to 3,952 in May 2023, which is above the outlined trajectory for May 2023 (2,151).

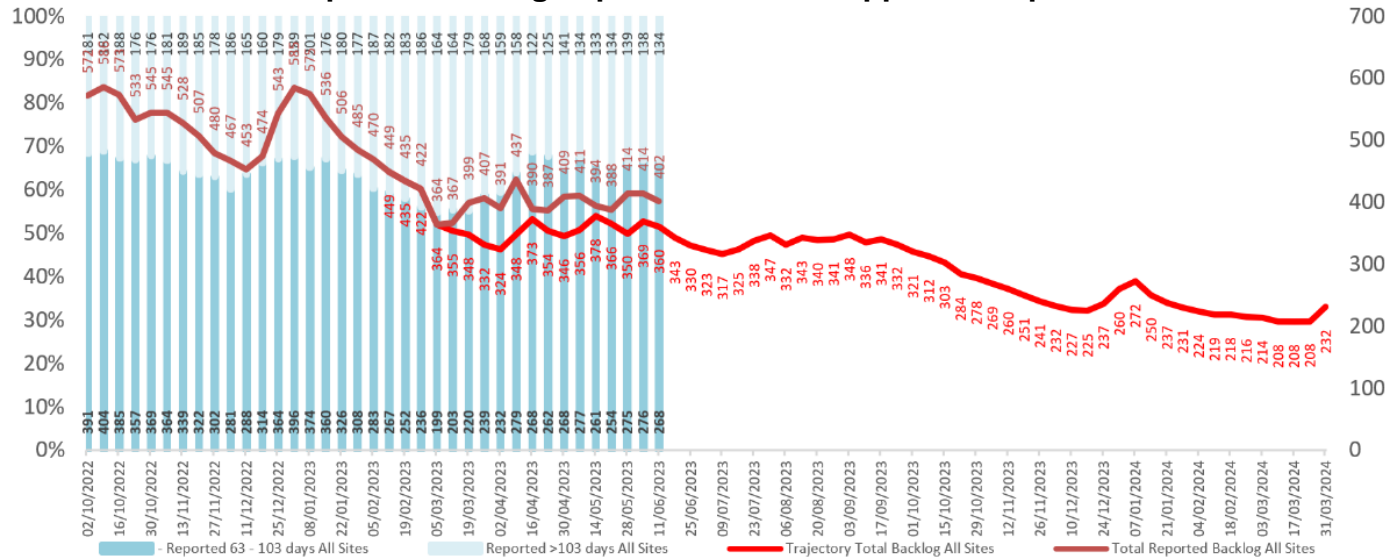
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



1. The final SCP performance for April 2023 was 57%, which is an improvement on the performance reported in March 2023. Performance is above the submitted trajectory (52%).

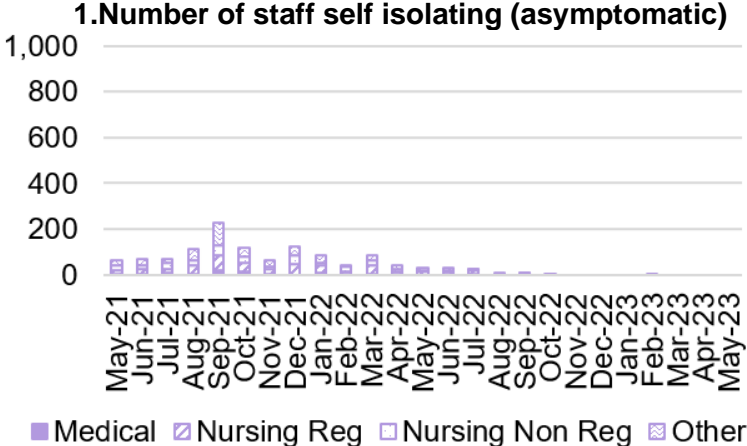
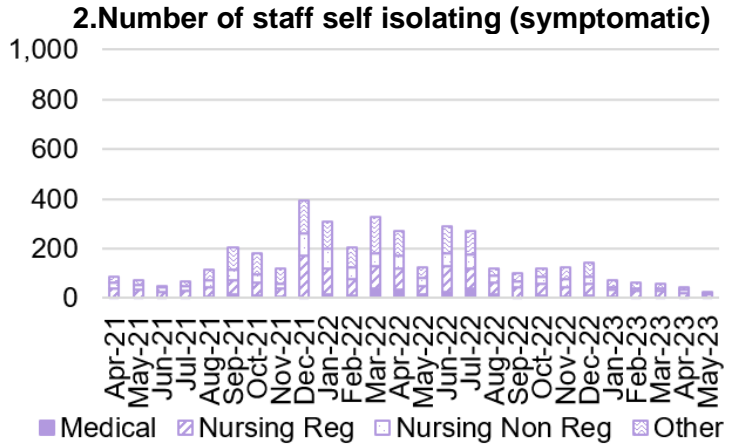
2. Proposed backlog improvements to support SCP performance



2. Backlog figures have seen a reduction in recent weeks. The total backlog at 11/06/2023 was 402.

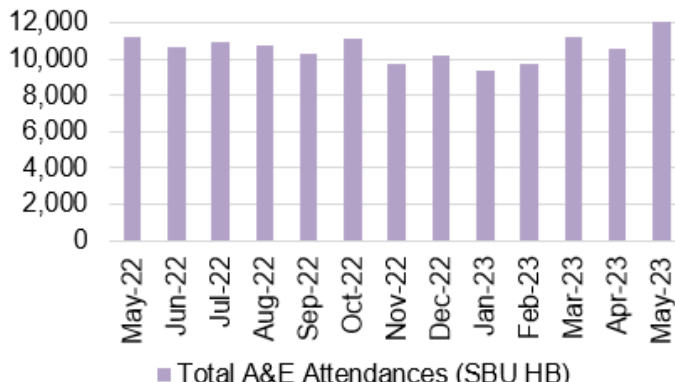
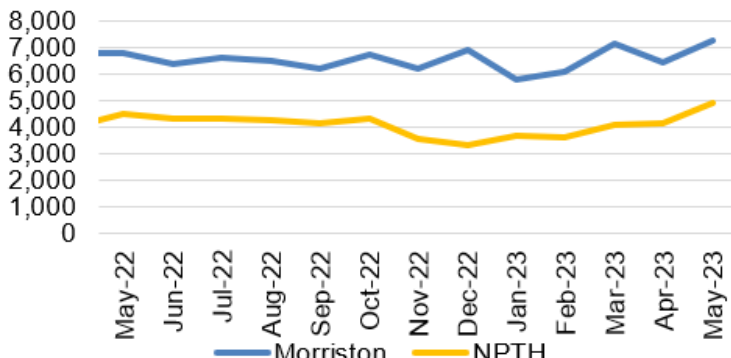
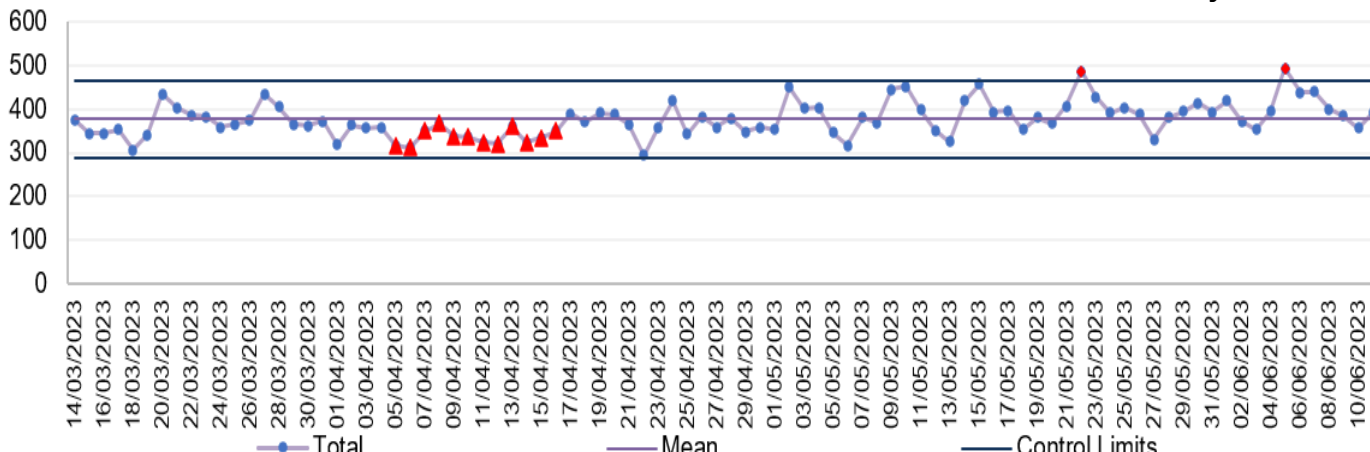
3. UPDATES ON KEY SERVICE AREAS

COVID Data		
Description	Current Performance	Trend
1. Number of new COVID19 cases in Swansea Bay population area	<p>Number of new COVID cases</p> <p>In May 2023, there were an additional 81 positive cases recorded bringing the cumulative total to 120,342 in Swansea Bay since March 2020.</p>	<p>Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
2. Number of staff referred for Antigen testing	<p>Staff referred for Antigen testing</p> <p>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>

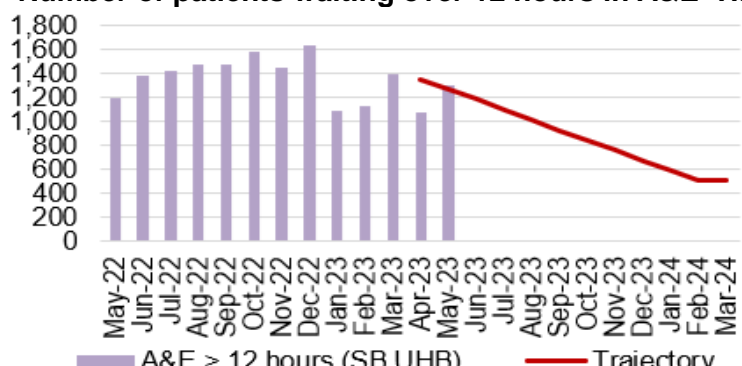
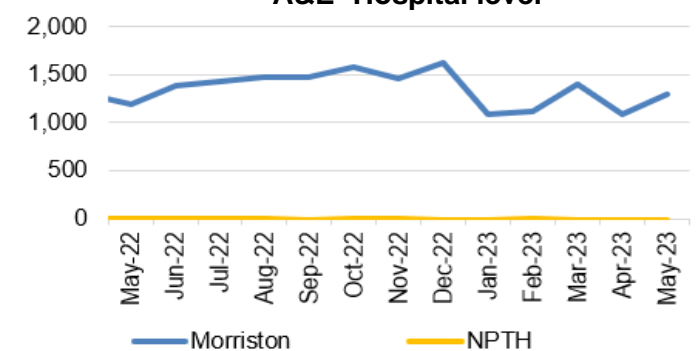
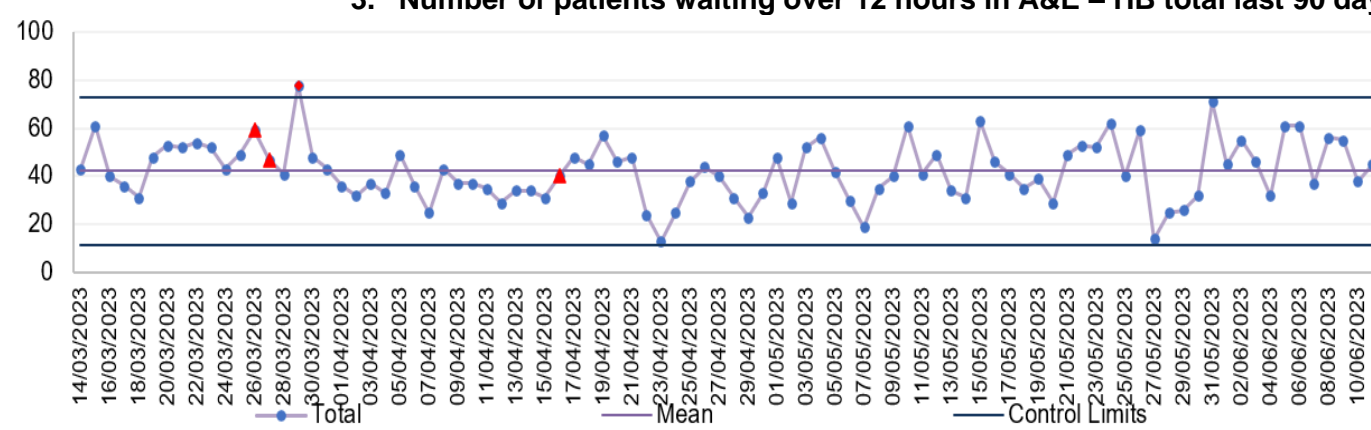
COVID RELATED STAFF ABSENCE																																																																																																	
Description	Current Performance	Trend																																																																																															
Staff absence due to COVID19 1.Number of staff self-isolating (asymptomatic) 2.Number of staff self isolating (symptomatic)	The following data is based on the mid-month position and broken down into the categories requested by Welsh Government. 1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between April 2023 and May 2023, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) decreased from 45 to 27. In May 2023, the registered nursing staff group had the largest number of self-isolating staff who were symptomatic.	1.Number of staff self isolating (asymptomatic)  <p>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</p>																																																																																															
		2.Number of staff self isolating (symptomatic)  <p>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</p>																																																																																															
3.% staff sickness	% Staff sickness The percentage of staff sickness absence due to COVID19 in May 2023 has reduced to 0.2% from 0.3% in April 2023.	% staff sickness <table border="1"> <thead> <tr> <th></th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th><th>Mar-23</th><th>Apr-23</th><th>May-23</th></tr> </thead> <tbody> <tr> <td>Medical</td><td>1.8%</td><td>3.5%</td><td>4.9%</td><td>1.8%</td><td>0.2%</td><td>1.1%</td><td>0.7%</td><td>1.2%</td><td>0.5%</td><td>0.3%</td><td>0.1%</td><td>0.1%</td><td>0.1%</td></tr> <tr> <td>Nursing Reg</td><td>1.1%</td><td>2.8%</td><td>2.4%</td><td>1.3%</td><td>1.1%</td><td>1.2%</td><td>0.9%</td><td>1.1%</td><td>0.7%</td><td>0.6%</td><td>0.7%</td><td>0.4%</td><td>0.4%</td></tr> <tr> <td>Nursing Non Reg</td><td>2.1%</td><td>2.7%</td><td>2.7%</td><td>1.2%</td><td>1.1%</td><td>1.3%</td><td>1.6%</td><td>1.5%</td><td>0.6%</td><td>0.6%</td><td>0.5%</td><td>0.7%</td><td>0.2%</td></tr> <tr> <td>Other</td><td>0.8%</td><td>1.8%</td><td>1.6%</td><td>0.5%</td><td>0.6%</td><td>0.6%</td><td>0.7%</td><td>0.9%</td><td>0.4%</td><td>0.4%</td><td>0.2%</td><td>0.2%</td><td>0.1%</td></tr> <tr> <td>All</td><td>1.2%</td><td>2.4%</td><td>2.2%</td><td>1.0%</td><td>0.8%</td><td>0.9%</td><td>0.9%</td><td>1.1%</td><td>0.5%</td><td>0.5%</td><td>0.4%</td><td>0.3%</td><td>0.2%</td></tr> </tbody> </table>													May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Medical	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%	0.1%	Nursing Reg	1.1%	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	0.4%	0.4%	Nursing Non Reg	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%	0.2%	Other	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	0.1%	All	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%
	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23																																																																																				
Medical	1.8%	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%	0.1%																																																																																				
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Nursing Non Reg	2.1%	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%	0.2%																																																																																				
Other	0.8%	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	0.1%																																																																																				
All	1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%																																																																																				

UNSCHEDULED CARE																																																																																																		
Description	Current Performance	Actions of Improvement																																																																																																
Ambulance responses 1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. 2. The number of ambulance calls by category. 3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)	In May 2023, the number of red calls responded to within 8 minutes increased to 56.3%, from 49.7% in April 2023. In May 2023, the number of green calls increased by 19%, amber calls increased by 9%, and red calls increased by 23% compared with April 2023.	Ambulance response rates have seen a minor improvement in performance in May 2023. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.																																																																																																
	Trend																																																																																																	
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UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<p>Ambulance handovers</p> <p>1.The number of ambulance handovers over one hour</p> <p>2. The number of ambulance handovers over one hour- Hospital level</p> <p>3.The number of ambulance handovers over one hour (last 90 days)</p>	<p>In May 2023, there were 708 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 658 in April 2023. In May 2023, all handovers over 1 hour were attributed to Morriston Hospital.</p> <p>The number of handover hours lost over 15 minutes have increased from 3,627 in April 2023 to 3,951.58 in May 2023.</p>	<p>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.</p>
	Trend	
	<div> <div> <p>1. Number of ambulance handovers- HB total</p> <p>Handovers > 1 hr (SBU HB) Trajectory</p> </div> <div> <p>2. Number of ambulance handovers over 1 hour- Hospital level</p> <p>Morriston Singleton</p> </div> <div> <p>3. Number of ambulance handovers- HB total last 90 days</p> <p>Total Mean Control Limits</p> <div> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits 8 or more points above or below the mean ▲ Arun of 6 ● increasing or decreasing points </div> </div> </div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E Attendances <i>1.The number of attendances at emergency departments in the Health Board</i> <i>2.The number of attendances at emergency departments in the Health Board – Hospital level</i> <i>3.The number of attendances at emergency departments in the Health Board (last 90 days)</i>	ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In May 2023, there were 12,186 A&E attendances, this is 15% higher than April 2023.	There are several admission avoidance schemes in place in order to reduce the number of patients presenting at the A&E department which include Rapid response therapies 7 day working, the WAST stack review and home first in-reach.
	Trend	
	<div><div><div>1. Number of A&E attendances- HB total</div><p>■ Total A&E Attendances (SBU HB)</p></div><div><div>2. Number of A&E attendances- Hospital level</div><p>— Morriston — NPTH</p></div><div><div>3. Number of A&E attendances -HB total last 90 days</div><p>● Total — Mean — Control Limits</p><div>Symbol Key: ◆ Above or below control limits ▲ above or below the mean ● Arun of 6 ● increasing or decreasing points</div></div></div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E waiting times <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> <i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i> <i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i>	<p>The Health Board's performance against the 4-hour measure improved from 75.22% in April 2023 to 75.30% in May 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 97.13% in May 2023. Morriston Hospital's performance improved between April and May 2023, achieving 60.51% 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	
	<div> <div> 1. % Patients waiting under 4 hours in A&E- HB total </div> <div> 2. % Patients waiting under 4 hours in A&E- Hospital level </div> <div> 3. % Patients waiting under 4 hours in A&E- HB total last 90 days </div> </div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E waiting times <i>1.Number of patients who spend 12 hours or more in A&E</i> <i>2.Number of patients who spend 12 hours or more in A&E- Hospital level</i> <i>3.Number of patients who spend 12 hours or more in A&E (last 90 days)</i>	<p>In May 2023, performance against the 12-hour measure deteriorated when compared with April 2023, increasing from 1,083 to 1,303. This is an increase of 220 compared to April 2023. All of the patients waiting over 12 hours in April 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>
	Trend	
	<div> <div> 1. Number of patients waiting over 12 hours in A&E- HB total  </div> <div> 2. Number of patients waiting over 12 hours in A&E- Hospital level  </div> </div> <div> 3. Number of patients waiting over 12 hours in A&E – HB total last 90 days  </div>	

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Emergency admissions 1. The number of emergency inpatient admissions 2. The number of emergency inpatient admissions- Hospital level 3. The number of emergency inpatient admissions (last 90 days)	In May 2023, there were 4,171 emergency admissions across the Health Board, which is 271 higher than April 2023. Singleton Hospital saw an in-month reduction, with 7 less admissions (from 349 in April 2023), Morriston Hospital saw an in-month increase from 3,423 admissions in April 2023 to 3,710 admissions in May 2023.	The increased number of emergency admissions is directly linked to the pressure within the system and the reduced flow from ED – this will be addressed by the previously referenced occupancy actions																																																																																			
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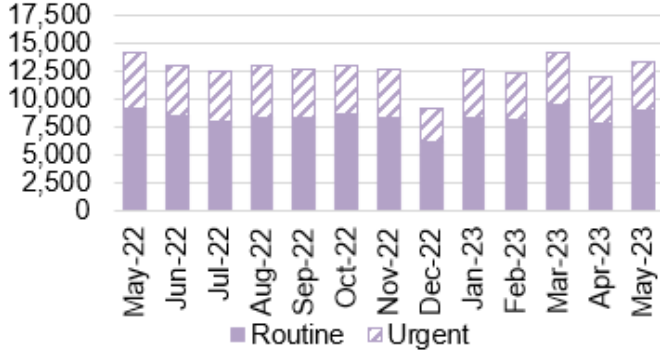
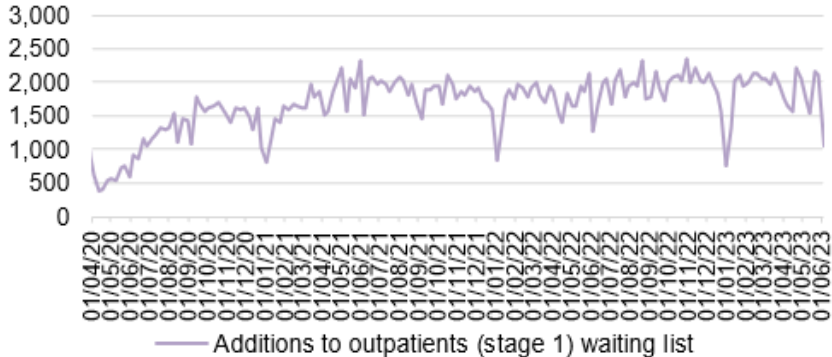
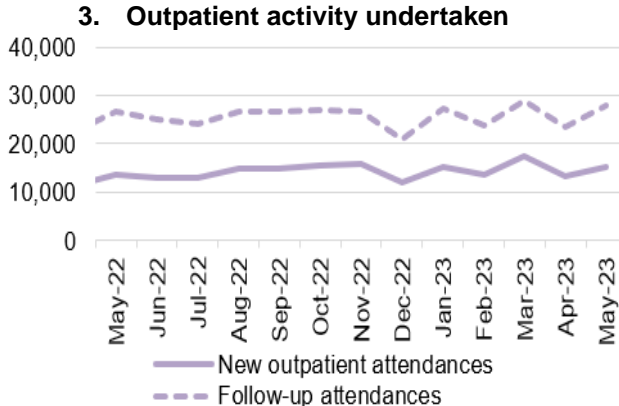
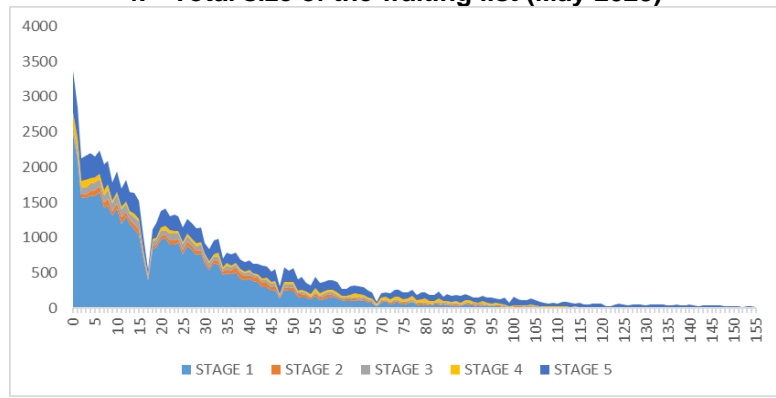
UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
Critical Care-Delayed Transfers of Care (DTC)-Morrison Hospital 1.Total Critical Care delayed discharges (hours) 2. Average lost bed days per day 3.Percentage of patients delayed: Up to 8 hours Between 8 and 24 hours Over 24 hours	<p>In May 2023, there were a total of 91 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is an increase when compared with 77 admissions in April 2023. May 2023, saw an increase in the number of delayed discharge hours from 3211.35 in April 2023 to 4,903.25 in May 2023. The average lost bed days increased to 6.59 per day. The percentage of patients delayed over 24 hours increased to 74.63% in May from 54.24% in April 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>
	Trend	
	<div> <div> 1. Total Critical Care delayed discharges (hours) </div> <div> 2. Average lost bed days per day </div> <div> 3. Percentage of Critical Care patients delayed </div> </div>	

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Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In May 2023, there were on average 279 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In May 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 113, closely followed by Neath Port Talbot Hospital with 79.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital, 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><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>May-22</td><td>110</td><td>65</td><td>85</td><td>15</td></tr><tr><td>Jun-22</td><td>145</td><td>60</td><td>85</td><td>18</td></tr><tr><td>Jul-22</td><td>115</td><td>60</td><td>90</td><td>18</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>90</td><td>100</td><td>18</td></tr><tr><td>Oct-22</td><td>110</td><td>70</td><td>100</td><td>20</td></tr><tr><td>Nov-22</td><td>110</td><td>60</td><td>90</td><td>15</td></tr><tr><td>Dec-22</td><td>100</td><td>60</td><td>80</td><td>10</td></tr><tr><td>Jan-23</td><td>120</td><td>70</td><td>80</td><td>15</td></tr><tr><td>Feb-23</td><td>100</td><td>100</td><td>85</td><td>15</td></tr><tr><td>Mar-23</td><td>110</td><td>90</td><td>75</td><td>10</td></tr><tr><td>Apr-23</td><td>110</td><td>75</td><td>75</td><td>20</td></tr><tr><td>May-23</td><td>113</td><td>70</td><td>79</td><td>15</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	May-22	110	65	85	15	Jun-22	145	60	85	18	Jul-22	115	60	90	18	Aug-22	120	70	100	15	Sep-22	120	90	100	18	Oct-22	110	70	100	20	Nov-22	110	60	90	15	Dec-22	100	60	80	10	Jan-23	120	70	80	15	Feb-23	100	100	85	15	Mar-23	110	90	75	10	Apr-23	110	75	75	20	May-23	113	70	79	15
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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>In May 2023, there were 33 elective procedures cancelled due to lack of beds on the day of surgery. This is 21 more cancellations than those seen in April 2023.</p> <p>Of the cancelled procedures, 28 were attributed to Morriston Hospital, 4 were attributed to Neath Port Talbot Hospital and 1 was attributed to Singleton Hospital in May 2023.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>May-22</td><td>45</td><td>0</td><td>0</td></tr><tr><td>Jun-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Jul-22</td><td>30</td><td>0</td><td>0</td></tr><tr><td>Aug-22</td><td>12</td><td>0</td><td>0</td></tr><tr><td>Sep-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Oct-22</td><td>35</td><td>0</td><td>0</td></tr><tr><td>Nov-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Dec-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Jan-23</td><td>68</td><td>0</td><td>15</td></tr><tr><td>Feb-23</td><td>32</td><td>0</td><td>0</td></tr><tr><td>Mar-23</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Apr-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>May-23</td><td>33</td><td>1</td><td>4</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	May-22	45	0	0	Jun-22	35	0	0	Jul-22	30	0	0	Aug-22	12	0	0	Sep-22	25	0	0	Oct-22	35	0	0	Nov-22	25	0	0	Dec-22	25	0	0	Jan-23	68	0	15	Feb-23	32	0	0	Mar-23	25	0	0	Apr-23	10	0	0	May-23	33	1	4														
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HEALTHCARE ACQUIRED INFECTIONS																																																		
Description	Current Performance	Trend																																																
<div>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i></div>	<div><ul style="list-style-type: none">22 cases of <i>E. coli</i> bacteraemia were identified in May 2023, of which 12 were hospital acquired and 10 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 19 cases for May 2023.</div> <div>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</div>	<div>Number of <i>healthcare acquired E.coli</i> bacteraemia cases</div> <div><table><thead><tr><th>Month</th><th>Number E.Coli cases (SBU)</th></tr></thead><tbody><tr><td>May-22</td><td>21</td></tr><tr><td>Jun-22</td><td>17</td></tr><tr><td>Jul-22</td><td>21</td></tr><tr><td>Aug-22</td><td>32</td></tr><tr><td>Sep-22</td><td>15</td></tr><tr><td>Oct-22</td><td>22</td></tr><tr><td>Nov-22</td><td>23</td></tr><tr><td>Dec-22</td><td>22</td></tr><tr><td>Jan-23</td><td>20</td></tr><tr><td>Feb-23</td><td>17</td></tr><tr><td>Mar-23</td><td>19</td></tr><tr><td>Apr-23</td><td>26</td></tr><tr><td>May-23</td><td>22</td></tr><tr><td>Jun-23</td><td>20</td></tr><tr><td>Jul-23</td><td>20</td></tr><tr><td>Aug-23</td><td>19</td></tr><tr><td>Sep-23</td><td>19</td></tr><tr><td>Oct-23</td><td>19</td></tr><tr><td>Nov-23</td><td>21</td></tr><tr><td>Dec-23</td><td>19</td></tr><tr><td>Jan-24</td><td>19</td></tr><tr><td>Feb-24</td><td>19</td></tr><tr><td>Mar-24</td><td>19</td></tr></tbody></table><div>Number E.Coli cases (SBU) Trajectory</div></div>	Month	Number E.Coli cases (SBU)	May-22	21	Jun-22	17	Jul-22	21	Aug-22	32	Sep-22	15	Oct-22	22	Nov-22	23	Dec-22	22	Jan-23	20	Feb-23	17	Mar-23	19	Apr-23	26	May-23	22	Jun-23	20	Jul-23	20	Aug-23	19	Sep-23	19	Oct-23	19	Nov-23	21	Dec-23	19	Jan-24	19	Feb-24	19	Mar-24	19
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<div>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i></div>	<div><ul style="list-style-type: none">There were 10 cases of <i>Staph. aureus</i> bacteraemia in May 2023, of which 8 were hospital acquired and 2 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 6 cases for May 2023.</div> <div>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</div>	<div>Number of <i>healthcare acquired S.aureus</i> bacteraemia cases</div> <div><table><thead><tr><th>Month</th><th>Number of S.Aureus cases (SBU)</th></tr></thead><tbody><tr><td>May-22</td><td>18</td></tr><tr><td>Jun-22</td><td>9</td></tr><tr><td>Jul-22</td><td>12</td></tr><tr><td>Aug-22</td><td>12</td></tr><tr><td>Sep-22</td><td>14</td></tr><tr><td>Oct-22</td><td>17</td></tr><tr><td>Nov-22</td><td>8</td></tr><tr><td>Dec-22</td><td>13</td></tr><tr><td>Jan-23</td><td>10</td></tr><tr><td>Feb-23</td><td>11</td></tr><tr><td>Mar-23</td><td>10</td></tr><tr><td>Apr-23</td><td>16</td></tr><tr><td>May-23</td><td>10</td></tr><tr><td>Jun-23</td><td>6</td></tr><tr><td>Jul-23</td><td>6</td></tr><tr><td>Aug-23</td><td>6</td></tr><tr><td>Sep-23</td><td>6</td></tr><tr><td>Oct-23</td><td>6</td></tr><tr><td>Nov-23</td><td>6</td></tr><tr><td>Dec-23</td><td>6</td></tr><tr><td>Jan-24</td><td>5</td></tr><tr><td>Feb-24</td><td>5</td></tr><tr><td>Mar-24</td><td>5</td></tr></tbody></table><div>Number of S.Aureus cases (SBU) Trajectory</div></div>	Month	Number of S.Aureus cases (SBU)	May-22	18	Jun-22	9	Jul-22	12	Aug-22	12	Sep-22	14	Oct-22	17	Nov-22	8	Dec-22	13	Jan-23	10	Feb-23	11	Mar-23	10	Apr-23	16	May-23	10	Jun-23	6	Jul-23	6	Aug-23	6	Sep-23	6	Oct-23	6	Nov-23	6	Dec-23	6	Jan-24	5	Feb-24	5	Mar-24	5
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Description	Current Performance	Trend																																																
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 12 <i>Clostridium difficile</i> toxin positive cases in May 2023, of which 8 were hospital acquired, 4 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 10 cases for May 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 C.difficile cases</p> <table><caption>Number of healthcare acquired C.difficile cases (SBU)</caption><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>May-22</td><td>11</td></tr><tr><td>Jun-22</td><td>16</td></tr><tr><td>Jul-22</td><td>16</td></tr><tr><td>Aug-22</td><td>22</td></tr><tr><td>Sep-22</td><td>14</td></tr><tr><td>Oct-22</td><td>21</td></tr><tr><td>Nov-22</td><td>21</td></tr><tr><td>Dec-22</td><td>14</td></tr><tr><td>Jan-23</td><td>22</td></tr><tr><td>Feb-23</td><td>12</td></tr><tr><td>Mar-23</td><td>19</td></tr><tr><td>Apr-23</td><td>18</td></tr><tr><td>May-23</td><td>12</td></tr><tr><td>Jun-23</td><td>10</td></tr><tr><td>Jul-23</td><td>8</td></tr><tr><td>Aug-23</td><td>8</td></tr><tr><td>Sep-23</td><td>8</td></tr><tr><td>Oct-23</td><td>7</td></tr><tr><td>Nov-23</td><td>7</td></tr><tr><td>Dec-23</td><td>7</td></tr><tr><td>Jan-24</td><td>7</td></tr><tr><td>Feb-24</td><td>7</td></tr><tr><td>Mar-24</td><td>7</td></tr></tbody></table> <p>Number of C.diff cases (SBU) Trajectory</p>	Month	Number of C.diff cases (SBU)	May-22	11	Jun-22	16	Jul-22	16	Aug-22	22	Sep-22	14	Oct-22	21	Nov-22	21	Dec-22	14	Jan-23	22	Feb-23	12	Mar-23	19	Apr-23	18	May-23	12	Jun-23	10	Jul-23	8	Aug-23	8	Sep-23	8	Oct-23	7	Nov-23	7	Dec-23	7	Jan-24	7	Feb-24	7	Mar-24	7
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Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none">There were 10 cases of Klebsiella sp in May 2023, of which 4 were hospital acquired and 6 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 7 cases for May 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 Klebsiella cases</p> <table><caption>Number of healthcare acquired Klebsiella cases (SBU)</caption><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>May-22</td><td>8</td></tr><tr><td>Jun-22</td><td>8</td></tr><tr><td>Jul-22</td><td>11</td></tr><tr><td>Aug-22</td><td>8</td></tr><tr><td>Sep-22</td><td>10</td></tr><tr><td>Oct-22</td><td>7</td></tr><tr><td>Nov-22</td><td>11</td></tr><tr><td>Dec-22</td><td>8</td></tr><tr><td>Jan-23</td><td>11</td></tr><tr><td>Feb-23</td><td>8</td></tr><tr><td>Mar-23</td><td>11</td></tr><tr><td>Apr-23</td><td>8</td></tr><tr><td>May-23</td><td>10</td></tr><tr><td>Jun-23</td><td>7</td></tr><tr><td>Jul-23</td><td>7</td></tr><tr><td>Aug-23</td><td>7</td></tr><tr><td>Sep-23</td><td>6</td></tr><tr><td>Oct-23</td><td>4</td></tr><tr><td>Nov-23</td><td>5</td></tr><tr><td>Dec-23</td><td>5</td></tr><tr><td>Jan-24</td><td>5</td></tr><tr><td>Feb-24</td><td>5</td></tr><tr><td>Mar-24</td><td>4</td></tr></tbody></table> <p>Number of Klebsiella cases (SBU) Trajectory</p>	Month	Number of Klebsiella cases (SBU)	May-22	8	Jun-22	8	Jul-22	11	Aug-22	8	Sep-22	10	Oct-22	7	Nov-22	11	Dec-22	8	Jan-23	11	Feb-23	8	Mar-23	11	Apr-23	8	May-23	10	Jun-23	7	Jul-23	7	Aug-23	7	Sep-23	6	Oct-23	4	Nov-23	5	Dec-23	5	Jan-24	5	Feb-24	5	Mar-24	4
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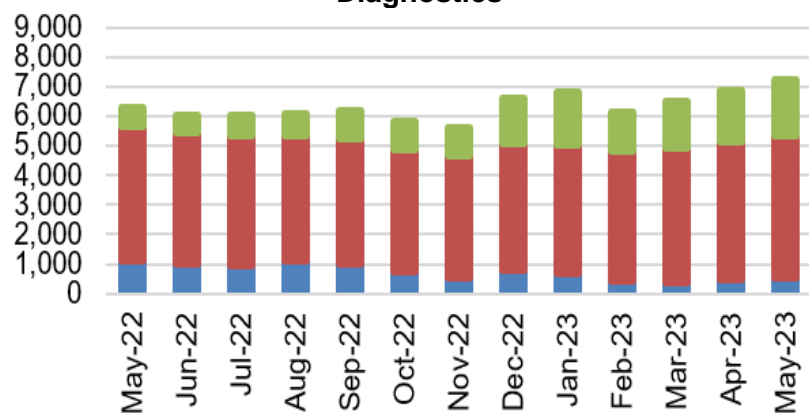
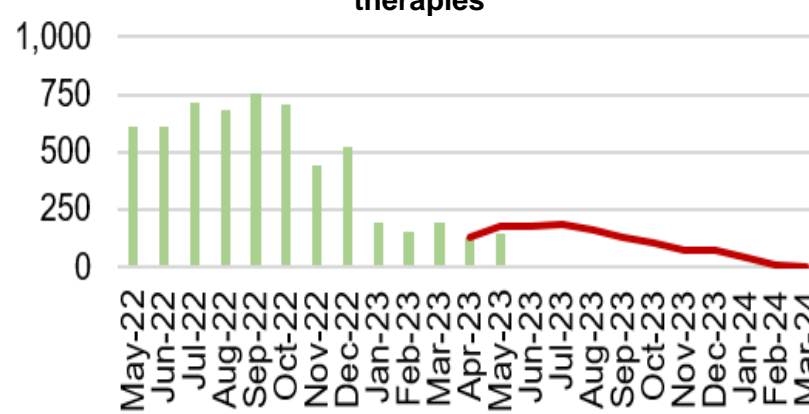
HEALTHCARE ACQUIRED INFECTIONS																																																																										
Description	Current Performance	Trend																																																																								
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There was 1 case of <i>P.Aeruginosa</i> in May 2023 which was hospital acquired. The Health Board total is currently below the Welsh Government Profile target of 2 cases for May 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <caption>Number of healthcare acquired Pseudomonas cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>2</td><td>2.0</td></tr> <tr><td>Jun-22</td><td>4</td><td>4.0</td></tr> <tr><td>Jul-22</td><td>4</td><td>4.0</td></tr> <tr><td>Aug-22</td><td>3</td><td>3.0</td></tr> <tr><td>Sep-22</td><td>5</td><td>5.0</td></tr> <tr><td>Oct-22</td><td>6</td><td>6.0</td></tr> <tr><td>Nov-22</td><td>5</td><td>5.0</td></tr> <tr><td>Dec-22</td><td>3</td><td>3.0</td></tr> <tr><td>Jan-23</td><td>4</td><td>4.0</td></tr> <tr><td>Feb-23</td><td>2</td><td>2.0</td></tr> <tr><td>Mar-23</td><td>4</td><td>4.0</td></tr> <tr><td>Apr-23</td><td>2</td><td>3.0</td></tr> <tr><td>May-23</td><td>1</td><td>2.0</td></tr> <tr><td>Jun-23</td><td>0</td><td>2.0</td></tr> <tr><td>Jul-23</td><td>0</td><td>2.0</td></tr> <tr><td>Aug-23</td><td>0</td><td>2.0</td></tr> <tr><td>Sep-23</td><td>0</td><td>2.0</td></tr> <tr><td>Oct-23</td><td>0</td><td>1.0</td></tr> <tr><td>Nov-23</td><td>0</td><td>3.0</td></tr> <tr><td>Dec-23</td><td>0</td><td>2.0</td></tr> <tr><td>Jan-24</td><td>0</td><td>2.0</td></tr> <tr><td>Feb-24</td><td>0</td><td>1.0</td></tr> <tr><td>Mar-24</td><td>0</td><td>1.0</td></tr> </tbody> </table> <p> ■ Number of Pseudomonas cases (SBU) — Trajectory </p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	May-22	2	2.0	Jun-22	4	4.0	Jul-22	4	4.0	Aug-22	3	3.0	Sep-22	5	5.0	Oct-22	6	6.0	Nov-22	5	5.0	Dec-22	3	3.0	Jan-23	4	4.0	Feb-23	2	2.0	Mar-23	4	4.0	Apr-23	2	3.0	May-23	1	2.0	Jun-23	0	2.0	Jul-23	0	2.0	Aug-23	0	2.0	Sep-23	0	2.0	Oct-23	0	1.0	Nov-23	0	3.0	Dec-23	0	2.0	Jan-24	0	2.0	Feb-24	0	1.0	Mar-24	0	1.0
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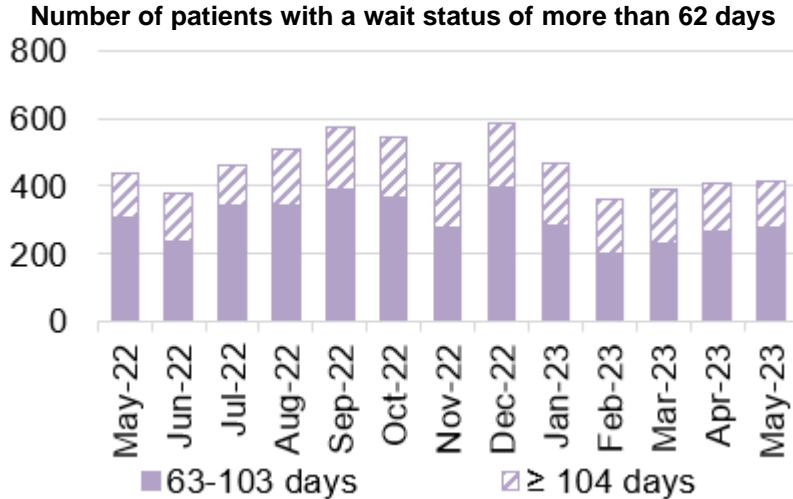
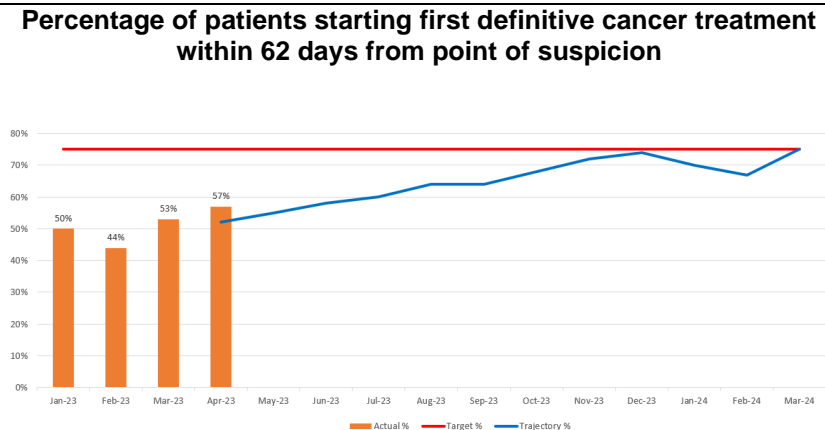
PLANNED CARE		
Description	Current Performance	Actions of Improvement
Referrals and shape of the waiting list 1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Outpatient activity undertaken <i>Total number of patients seen each month</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at April 2023</i>	<p>May 2023 has seen an increase in referral figures compared with April 2023 (12,012). Referral rates have continued to rise slowly since December 2021, with 13,341 received in May 2023. Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.</p> <p>Trend</p> <p>1. Number of GP referrals received by SBU Health Board</p>  <p>2. Number of stage 1 additions per week</p>  <p>3. Outpatient activity undertaken</p>  <p>4. Total size of the waiting list (May 2023)</p> 	<p>The number of referrals received has remained steady in recent months, and is now showing a consistent pattern of demand.</p>

PLANNED CARE		
Description	Current Performance	Actions of Improvement
Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Percentage of patients waiting less than 26 weeks	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, May 2023 saw an in-month reduction of 3% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 15,184 in April 2023 to 14,733 in May 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 patients waiting less than 26 weeks for an outpatient appointment, this figure has improved to 58.7%.</p>	<p>Administrative validation is currently taking place to further cleanse the waiting list position and reduce the number of patients on the waiting list inappropriately.</p> <p>Service Group specific recovery trajectories have been developed to further support recovery</p>
	Trend	
	<p>1. Number of stage 1 over 26 weeks- HB total</p> <p>■ Outpatients > 26 wks (SB UHB)</p> <p>2. Number of stage 1 over 26 weeks- Hospital level</p> <p>— Morriston — Singleton — PCT — NPTH</p> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at May 23</p> <p>4. Percentage of patient waiting less than 26 weeks</p> <p>■ % waiting < 26 wks (SBU HB)</p>	

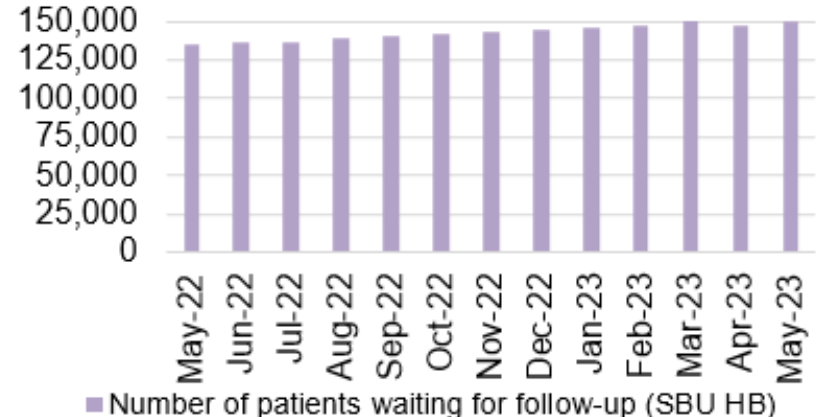
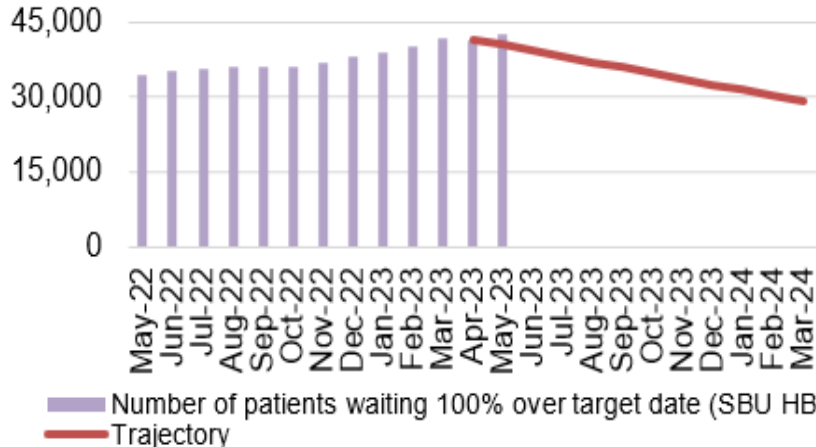
PLANNED CARE		
Description	Current Performance	Actions of Improvement
Patients waiting over 36 weeks for treatment 1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total 2. Number of patients waiting more than 52 weeks for treatment at Stage 1 3. Number of elective admissions 4. Number of patients waiting more than 104 weeks for treatment	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 May 2023, there were 27,189 patients waiting over 36 weeks which is a 3.2% in-month reduction from April 2023. 16,976 of the 27,189 were waiting over 52 weeks in May 2023. In May 2023, there were 5,792 patients waiting over 104 weeks for treatment, which is a 3% reduction from April 2023.	Updated national recovery trajectories have been submitted to Welsh Government for 2023/24 and are under review. Currently implementing planned care efficiency measures which include; over-booking clinics, improving treat in turn rates, increasing capacity, validation of pathways and internal administrative and clinical validation.
	Trend	
	<p>1. Number of patients waiting over 36 weeks- HB total</p> <p>■ > 36 wks (SB UHB)</p>	<p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p> <p>■ Outpatients > 52 wks (SB UHB) — Trajectory</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>■ > 104 weeks</p>

PLANNED CARE																																																														
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Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i>	<p>In May 2023, there were 1,006 patients referred from Primary Care into secondary care ophthalmology services. This is an increase on the number of patients referred in April 2023, which was 897.</p> <p>The figures reported were also above the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in May 2023.</p>	<p>Number of referrals into secondary care Ophthalmology service</p> <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-22</td><td>1050</td><td>1050</td></tr> <tr><td>Oct-22</td><td>1020</td><td>1020</td></tr> <tr><td>Nov-22</td><td>1050</td><td>1050</td></tr> <tr><td>Dec-22</td><td>920</td><td>920</td></tr> <tr><td>Jan-23</td><td>1020</td><td>1020</td></tr> <tr><td>Feb-23</td><td>1020</td><td>1020</td></tr> <tr><td>Mar-23</td><td>1180</td><td>1180</td></tr> <tr><td>Apr-23</td><td>897</td><td>897</td></tr> <tr><td>May-23</td><td>1006</td><td>950</td></tr> <tr><td>Jun-23</td><td>950</td><td>950</td></tr> <tr><td>Jul-23</td><td>850</td><td>850</td></tr> <tr><td>Aug-23</td><td>950</td><td>950</td></tr> <tr><td>Sep-23</td><td>950</td><td>950</td></tr> <tr><td>Oct-23</td><td>950</td><td>950</td></tr> <tr><td>Nov-23</td><td>950</td><td>950</td></tr> <tr><td>Dec-23</td><td>800</td><td>800</td></tr> <tr><td>Jan-24</td><td>950</td><td>950</td></tr> <tr><td>Feb-24</td><td>950</td><td>950</td></tr> <tr><td>Mar-24</td><td>950</td><td>950</td></tr> </tbody> </table>	Month	Actual	Trajectory	Sep-22	1050	1050	Oct-22	1020	1020	Nov-22	1050	1050	Dec-22	920	920	Jan-23	1020	1020	Feb-23	1020	1020	Mar-23	1180	1180	Apr-23	897	897	May-23	1006	950	Jun-23	950	950	Jul-23	850	850	Aug-23	950	950	Sep-23	950	950	Oct-23	950	950	Nov-23	950	950	Dec-23	800	800	Jan-24	950	950	Feb-24	950	950	Mar-24	950	950
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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>In May 2023, 62.3% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</caption> <thead> <tr> <th>Month</th> <th>% of appointments</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>60%</td><td>100%</td></tr> <tr><td>Jun-22</td><td>60%</td><td>100%</td></tr> <tr><td>Jul-22</td><td>60%</td><td>100%</td></tr> <tr><td>Aug-22</td><td>60%</td><td>100%</td></tr> <tr><td>Sep-22</td><td>60%</td><td>100%</td></tr> <tr><td>Oct-22</td><td>60%</td><td>100%</td></tr> <tr><td>Nov-22</td><td>60%</td><td>100%</td></tr> <tr><td>Dec-22</td><td>60%</td><td>100%</td></tr> <tr><td>Jan-23</td><td>50%</td><td>100%</td></tr> <tr><td>Feb-23</td><td>60%</td><td>100%</td></tr> <tr><td>Mar-23</td><td>60%</td><td>100%</td></tr> <tr><td>Apr-23</td><td>60%</td><td>100%</td></tr> <tr><td>May-23</td><td>62.3%</td><td>100%</td></tr> </tbody> </table>	Month	% of appointments	Target	May-22	60%	100%	Jun-22	60%	100%	Jul-22	60%	100%	Aug-22	60%	100%	Sep-22	60%	100%	Oct-22	60%	100%	Nov-22	60%	100%	Dec-22	60%	100%	Jan-23	50%	100%	Feb-23	60%	100%	Mar-23	60%	100%	Apr-23	60%	100%	May-23	62.3%	100%																		
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PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In May 2023, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,867 in April 2023 to 7,255.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for May 2023:</p> <ul style="list-style-type: none"> Endoscopy= 4,826 ^ Cardiac tests= 531^ Other Diagnostics = 1,877 ^ <p>Actions of Improvement; Detailed demand and capacity work is currently underway to develop a diagnostic recovery trajectory which works towards the ministerial target of 0 by March 2024.</p>	<p>Number of patients waiting longer than 8 weeks for Diagnostics</p>  <p>■ Other diagnostics (inc. radiology) ■ Endoscopy ■ Cardiac tests</p>
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In May 2023 there were 149 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in May 2023 are:</p> <ul style="list-style-type: none"> Speech & Language Therapy= 149 ^ Dietetics = 26 ^ <p>Actions of Improvement; The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p>  <p>■ Therapies > 14 weeks (SBU HB) — Trajectory</p>

CANCER				
Description	Current Performance		Trend	
Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i>	May 2023 backlog by tumour site:		Number of patients with a wait status of more than 62 days 	
	Tumour Site	63 - 103 days		≥104 days
	Acute Leukaemia	0		0
	Brain/CNS	1		1
	Breast	17		2
	Children's cancer	0		0
	Gynaecological	69		32
	Haematological	9		5
	Head and neck	13		4
	Lower Gastrointestinal	46		27
	Lung	25		22
	Other	4		2
	Sarcoma	3		1
	Skin(c)	15		4
	Upper Gastrointestinal	34		10
	Urological	32		24
	Grand Total	268		134
Single Cancer Pathway backlog-patients waiting over 63 days	May 2023 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;		Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion 	
	<ul style="list-style-type: none">- Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog- Focussed work is being undertaken with the Endoscopy service to develop a sustainable Endoscopy plan- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority- Focussed validation work is being undertaken each month to support the end of month position being as up to date as possible.			

CANCER																																																		
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	To date, early May 2023 figures show total wait volumes for first outpatient appointment have increased by 18% when compared with the previous week.	The number of patients waiting for a first outpatient appointment (by total days waiting) – Early June 2023 <table><tr><th>FIRST OPA</th><th>04-Jun</th><th>11-Jun</th></tr><tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr><tr><td>Brain/CNS</td><td>0</td><td>1</td></tr><tr><td>Breast</td><td>2</td><td>2</td></tr><tr><td>Children's Cancer</td><td>2</td><td>1</td></tr><tr><td>Gynaecological</td><td>68</td><td>92</td></tr><tr><td>Haematological</td><td>2</td><td>0</td></tr><tr><td>Head and Neck</td><td>87</td><td>85</td></tr><tr><td>Lower GI</td><td>62</td><td>69</td></tr><tr><td>Lung</td><td>10</td><td>9</td></tr><tr><td>Other</td><td>198</td><td>184</td></tr><tr><td>Sarcoma</td><td>0</td><td>0</td></tr><tr><td>Skin</td><td>167</td><td>272</td></tr><tr><td>Upper GI</td><td>25</td><td>26</td></tr><tr><td>Urological</td><td>40</td><td>39</td></tr><tr><td></td><td>663</td><td>780</td></tr></table>	FIRST OPA	04-Jun	11-Jun	Acute Leukaemia	0	0	Brain/CNS	0	1	Breast	2	2	Children's Cancer	2	1	Gynaecological	68	92	Haematological	2	0	Head and Neck	87	85	Lower GI	62	69	Lung	10	9	Other	198	184	Sarcoma	0	0	Skin	167	272	Upper GI	25	26	Urological	40	39		663	780
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	Of the total number of patients awaiting a first outpatient appointment, 55% have been booked, which is slightly higher than figures seen in the previous months' performance.																																																	
Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%	Radiotherapy waiting times <table><thead><tr><th>Measure</th><th>Target</th><th>May-23</th></tr></thead><tbody><tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>35%</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>50%</td></tr><tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>73%</td></tr><tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr><tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr><tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>93%</td></tr><tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr></tbody></table>	Measure	Target	May-23	Scheduled (14 Day Target)	80%	35%	Scheduled (21 Day Target)	100%	81%	Urgent SC (2 Day Target)	80%	50%	Urgent SC (7 Day Target)	100%	73%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	93%	Elective Delay (14 Day Target)	100%	100%																					
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FOLLOW-UP APPOINTMENTS		
Description	Current Performance	Trend
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	<p>In May 2023, the overall size of the follow-up waiting list increased by 2,245 patients compared with April 2023 (from 147,864 to 150,109).</p>	<p>1. Total number of patients waiting for a follow-up</p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p>  <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>
	<p>In May 2023, there was a total of 71,519 patients waiting for a follow-up past their target date. This is a slight in-month increase of 0.9% (from 70,891 in April 2023 to 71,519).</p>	
	<p>Of the 71,519 delayed follow-ups in May 2023, 13,211 had appointment dates and 58,308 were still waiting for an appointment.</p>	
	<p>In addition, 42,534 patients were waiting 100%+ over target date in May 2023. This is a 2.2% increase when compared with April 2023.</p>	
<p>Actions of Improvement; An internal SBUHB validation is in place to support validation work. Alongside this, Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach. This work has begun and is focussing on services with the longest waits</p>		

STROKE																														
Description	Current Performance	Trend																												
Stroke Measures																														
1. % of patients who have a direct admission to an acute stroke unit within 4 hours	1. In May 2023, 19% of patients had a direct admission to an acute stroke unit within 4 hours. This is an improvement on the performance in April 2023 (8%).	<div>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</div> <table><caption>% 4 hour admissions (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>May-22</td><td>18%</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>5%</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>5%</td></tr><tr><td>Feb-23</td><td>10%</td></tr><tr><td>Mar-23</td><td>10%</td></tr><tr><td>Apr-23</td><td>8%</td></tr><tr><td>May-23</td><td>19%</td></tr></tbody></table>	Month	%	May-22	18%	Jun-22	5%	Jul-22	5%	Aug-22	5%	Sep-22	8%	Oct-22	5%	Nov-22	12%	Dec-22	5%	Jan-23	5%	Feb-23	10%	Mar-23	10%	Apr-23	8%	May-23	19%
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2. % of patients who received a CT Scan within 1 hour	2. In May 2023, 40% of patients received a CT scan within 1 hour of being admitted, this is a deterioration on the figure reported in April 2023	<div>2. % of patients who received a CT Scan within 1 hour</div> <table><caption>% 1 hr CT Scan (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>May-22</td><td>38%</td></tr><tr><td>Jun-22</td><td>35%</td></tr><tr><td>Jul-22</td><td>32%</td></tr><tr><td>Aug-22</td><td>38%</td></tr><tr><td>Sep-22</td><td>55%</td></tr><tr><td>Oct-22</td><td>32%</td></tr><tr><td>Nov-22</td><td>38%</td></tr><tr><td>Dec-22</td><td>32%</td></tr><tr><td>Jan-23</td><td>32%</td></tr><tr><td>Feb-23</td><td>48%</td></tr><tr><td>Mar-23</td><td>45%</td></tr><tr><td>Apr-23</td><td>45%</td></tr><tr><td>May-23</td><td>40%</td></tr></tbody></table>	Month	%	May-22	38%	Jun-22	35%	Jul-22	32%	Aug-22	38%	Sep-22	55%	Oct-22	32%	Nov-22	38%	Dec-22	32%	Jan-23	32%	Feb-23	48%	Mar-23	45%	Apr-23	45%	May-23	40%
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3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours	3. 90.7% of patients were assessed by a stroke specialist consultant physician within 24 hours in May 2023, which is a deterioration of 5.4% from April 2023.	<div>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</div> <table><caption>% assess within 24 hrs (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>May-22</td><td>95%</td></tr><tr><td>Jun-22</td><td>98%</td></tr><tr><td>Jul-22</td><td>98%</td></tr><tr><td>Aug-22</td><td>98%</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><tr><td>Apr-23</td><td>98%</td></tr><tr><td>May-23</td><td>90.7%</td></tr></tbody></table>	Month	%	May-22	95%	Jun-22	98%	Jul-22	98%	Aug-22	98%	Sep-22	95%	Oct-22	95%	Nov-22	95%	Dec-22	95%	Jan-23	98%	Feb-23	98%	Mar-23	98%	Apr-23	98%	May-23	90.7%
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4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	<div>4. In May 2023, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes.</div> <div>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.</div>	<div>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</div> <table><caption>45 mins thrombolysis (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><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>38%</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><tr><td>Apr-23</td><td>25%</td></tr><tr><td>May-23</td><td>0%</td></tr></tbody></table>	Month	%	May-22	10%	Jun-22	0%	Jul-22	0%	Aug-22	38%	Sep-22	0%	Oct-22	10%	Nov-22	10%	Dec-22	0%	Jan-23	0%	Feb-23	0%	Mar-23	10%	Apr-23	25%	May-23	0%
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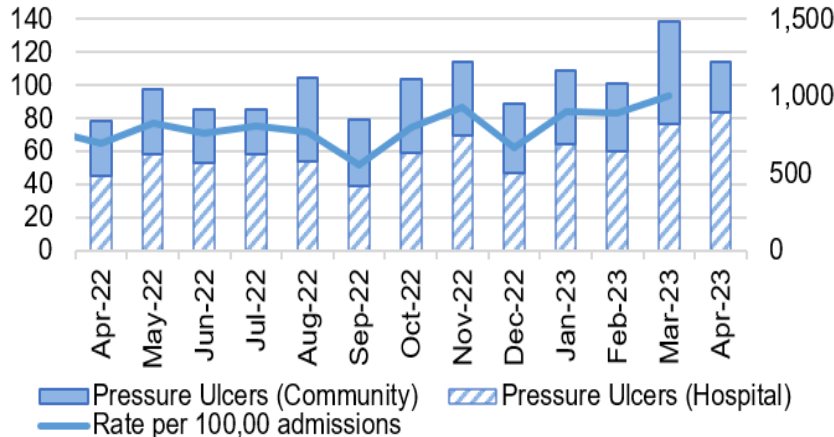
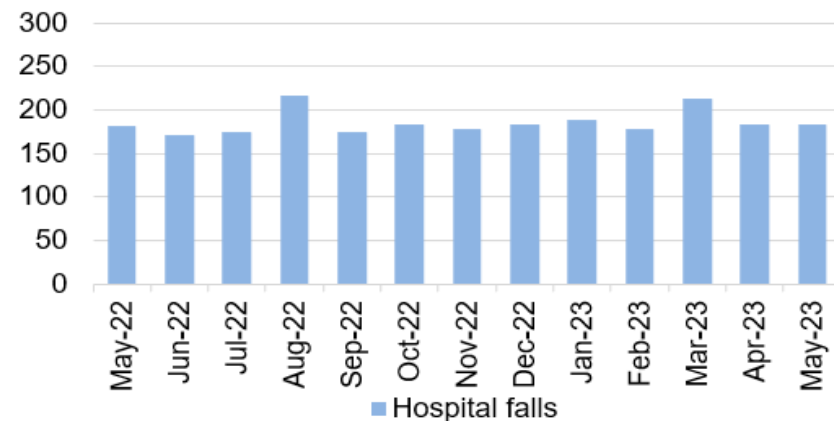
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Description	Current Performance	Trend																																																																																																																																																																								
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In April 2023, 78% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In April 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 96%.</p> <p>3. 87% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in April 2023.</p> <p>4. In April 2023, 85% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>Data for Chart 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>95%</td><td>75%</td></tr> <tr><td>May-22</td><td>95%</td><td>75%</td></tr> <tr><td>Jun-22</td><td>95%</td><td>75%</td></tr> <tr><td>Jul-22</td><td>95%</td><td>75%</td></tr> <tr><td>Aug-22</td><td>95%</td><td>75%</td></tr> <tr><td>Sep-22</td><td>95%</td><td>75%</td></tr> <tr><td>Oct-22</td><td>95%</td><td>75%</td></tr> <tr><td>Nov-22</td><td>95%</td><td>75%</td></tr> <tr><td>Dec-22</td><td>95%</td><td>75%</td></tr> <tr><td>Jan-23</td><td>95%</td><td>75%</td></tr> <tr><td>Feb-23</td><td>95%</td><td>75%</td></tr> <tr><td>Mar-23</td><td>95%</td><td>75%</td></tr> <tr><td>Apr-23</td><td>78%</td><td>75%</td></tr> </tbody> </table> <p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <table border="1"> <caption>Data for Chart 2: % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>95%</td><td>95%</td></tr> <tr><td>May-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-23</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>96%</td><td>95%</td></tr> </tbody> </table> <p>3. % residents with a valid Care and Treatment Plan (CTP)</p> <table border="1"> <caption>Data for Chart 3: % residents with a valid Care and Treatment Plan (CTP)</caption> <thead> <tr> <th>Month</th> <th>% patients with valid CTP (>18 yrs)</th> <th>Profile</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>87%</td><td>87%</td></tr> <tr><td>May-22</td><td>87%</td><td>87%</td></tr> <tr><td>Jun-22</td><td>87%</td><td>87%</td></tr> <tr><td>Jul-22</td><td>87%</td><td>87%</td></tr> <tr><td>Aug-22</td><td>87%</td><td>87%</td></tr> <tr><td>Sep-22</td><td>87%</td><td>87%</td></tr> <tr><td>Oct-22</td><td>87%</td><td>87%</td></tr> <tr><td>Nov-22</td><td>87%</td><td>87%</td></tr> <tr><td>Dec-22</td><td>87%</td><td>87%</td></tr> <tr><td>Jan-23</td><td>87%</td><td>87%</td></tr> <tr><td>Feb-23</td><td>87%</td><td>87%</td></tr> <tr><td>Mar-23</td><td>87%</td><td>87%</td></tr> <tr><td>Apr-23</td><td>87%</td><td>87%</td></tr> </tbody> </table> <p>4. % waiting less than 26 weeks for Psychology Therapy</p> <table border="1"> <caption>Data for Chart 4: % waiting less than 26 weeks for Psychology Therapy</caption> <thead> <tr> <th>Month</th> <th>% waiting less than 26 wks for psychological therapy</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>85%</td><td>95%</td></tr> <tr><td>May-22</td><td>85%</td><td>95%</td></tr> <tr><td>Jun-22</td><td>85%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>85%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>85%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>85%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>85%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>85%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>85%</td><td>95%</td></tr> <tr><td>Jan-23</td><td>85%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>85%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>85%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>85%</td><td>95%</td></tr> </tbody> </table>	Month	% assessments within 28 days (>18 yrs)	Target	Apr-22	95%	75%	May-22	95%	75%	Jun-22	95%	75%	Jul-22	95%	75%	Aug-22	95%	75%	Sep-22	95%	75%	Oct-22	95%	75%	Nov-22	95%	75%	Dec-22	95%	75%	Jan-23	95%	75%	Feb-23	95%	75%	Mar-23	95%	75%	Apr-23	78%	75%	Month	% assessments within 28 days (>18 yrs)	Target	Apr-22	95%	95%	May-22	95%	95%	Jun-22	95%	95%	Jul-22	95%	95%	Aug-22	95%	95%	Sep-22	95%	95%	Oct-22	95%	95%	Nov-22	95%	95%	Dec-22	95%	95%	Jan-23	95%	95%	Feb-23	95%	95%	Mar-23	95%	95%	Apr-23	96%	95%	Month	% patients with valid CTP (>18 yrs)	Profile	Apr-22	87%	87%	May-22	87%	87%	Jun-22	87%	87%	Jul-22	87%	87%	Aug-22	87%	87%	Sep-22	87%	87%	Oct-22	87%	87%	Nov-22	87%	87%	Dec-22	87%	87%	Jan-23	87%	87%	Feb-23	87%	87%	Mar-23	87%	87%	Apr-23	87%	87%	Month	% waiting less than 26 wks for psychological therapy	Target	Apr-22	85%	95%	May-22	85%	95%	Jun-22	85%	95%	Jul-22	85%	95%	Aug-22	85%	95%	Sep-22	85%	95%	Oct-22	85%	95%	Nov-22	85%	95%	Dec-22	85%	95%	Jan-23	85%	95%	Feb-23	85%	95%	Mar-23	85%	95%	Apr-23	85%	95%
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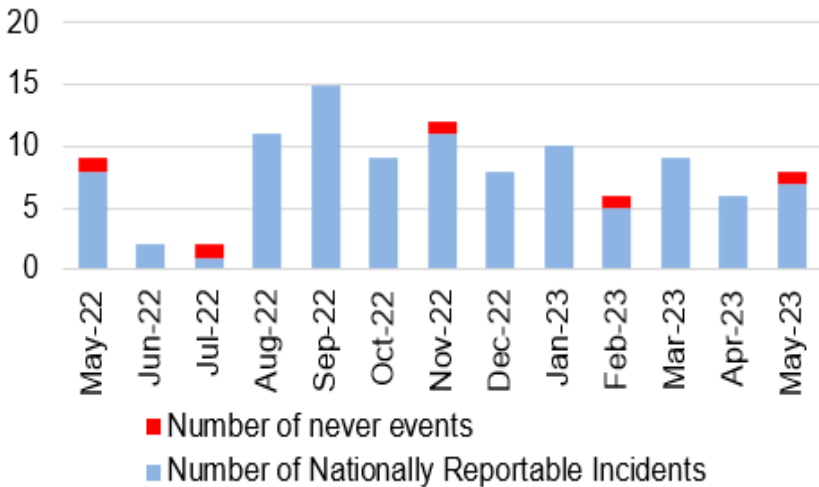
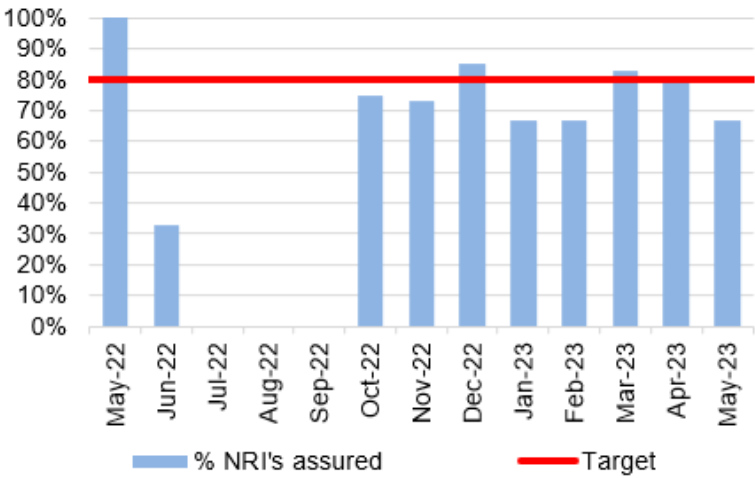
CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	Current Performance	Trend
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In April 2023, 100% of CAMHS patients received an assessment within 48 hours.	<p>1. Crisis- assessment within 48 hours</p> <p>100% 90% 80% 70%</p> <p>Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23</p> <p>% urgent assessments within 48 hours Target</p>
2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 55% of routine assessments were undertaken within 28 days from referral in April 2023 against a target of 80%.	<p>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p>100% 75% 50% 25% 0%</p> <p>Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23</p> <p>% of assess in 28 days % interventions in 28 days Target</p>
3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 21% of therapeutic interventions were started within 28 days following assessment by LPMHSS in April 2023.	
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 28% of NDD patients received a diagnostic assessment within 26 weeks in April 2023 against a target of 80%.	<p>4. NDD- assessment within 26 weeks</p> <p>100% 75% 50% 25% 0%</p> <p>Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24</p> <p>%NDD within 26 weeks Target Trajectory</p>
5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 82% of routine assessments by SCAMHS were undertaken within 28 days in February 2023. <i>*Updated data is not currently available to report*</i>	<p>5. S-CAMHS % assessments within 28 days</p> <p>100% 75% 50% 25% 0%</p> <p>Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23</p> <p>% S-CAMHS assessments in 28 days Target</p>

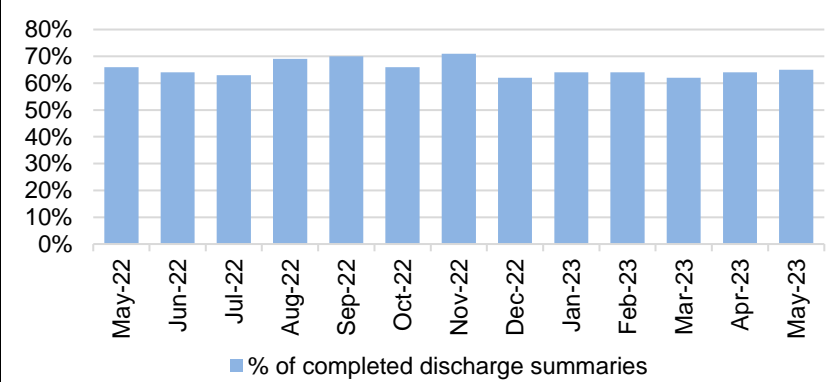
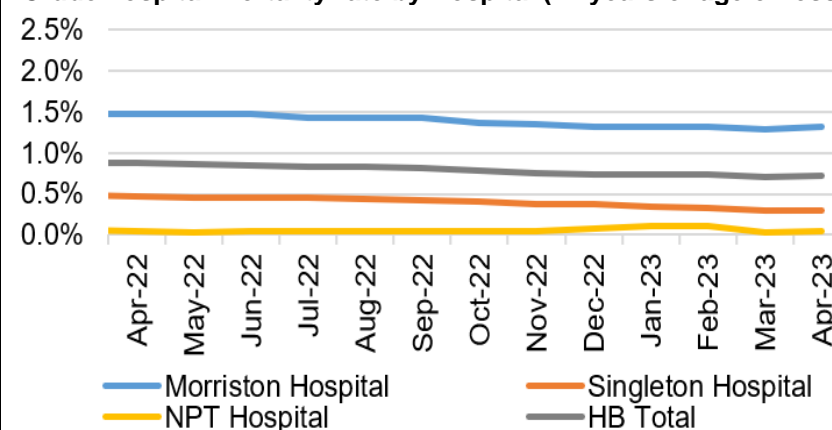
4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	1. Prompt orthogeriatric assessment- In April 2023, 95.5% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.	1. Prompt orthogeriatric assessment
	2. Prompt surgery- In April 2023, 26.9% of patients had surgery the day following presentation with a hip fracture. This is a 15.3% deterioration from April 2022 which was 42.2%	2. Prompt surgery
	3. NICE compliant surgery- 72.8% of operations were consistent with the NICE recommendations in April 2023. This is 0.4% more than in April 2022.	3. NICE compliant Surgery
	4. Prompt mobilisation- In April 2023, 78.9% of patients were out of bed the day after surgery. This is 8.7% more than in April 2022.	4. Prompt mobilisation

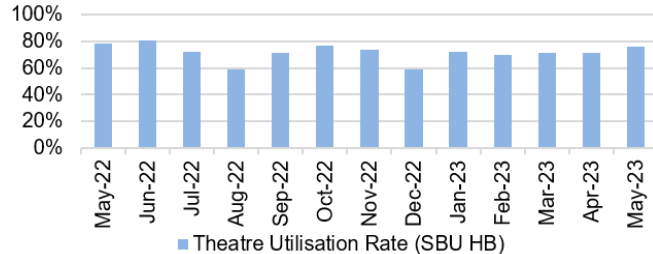
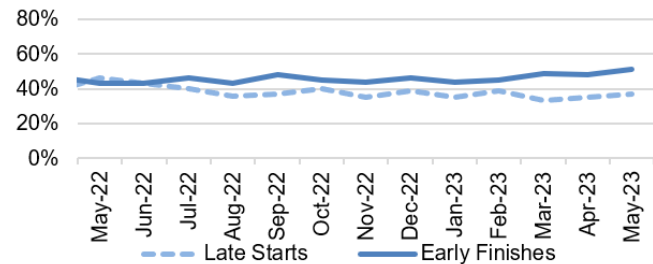
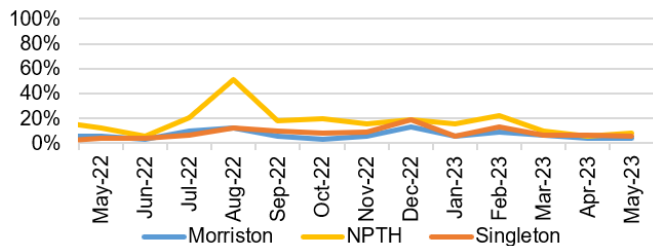
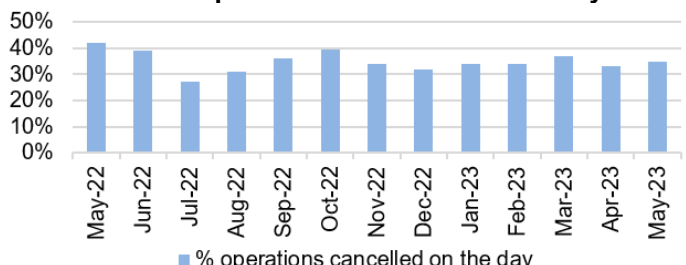
FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 73.3% of patients were not delirious in the week after their operation in April 2023.	<p>5. Not delirious when tested</p> <p>80% 60% 40% 20%</p> <p>Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23</p> <p>Morryston All-Wales Eng, Wal & N. Ire</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 67.8% of patients in April 2023 were discharged back to their original residence. This is 3.1% less than in April 2022.	<p>6. Return to original residence</p> <p>80% 70% 60% 50%</p> <p>Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23</p> <p>Morryston All-Wales Eng, Wal & N. Ire</p>
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p> <p>9% 8% 7% 6% 5%</p> <p>Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21</p> <p>Morryston All-Wales Eng, Wal & N. Ire</p>

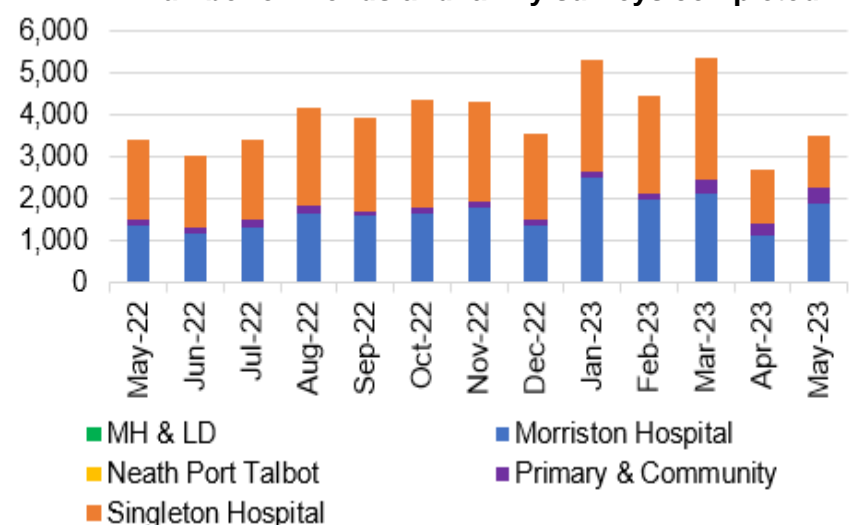
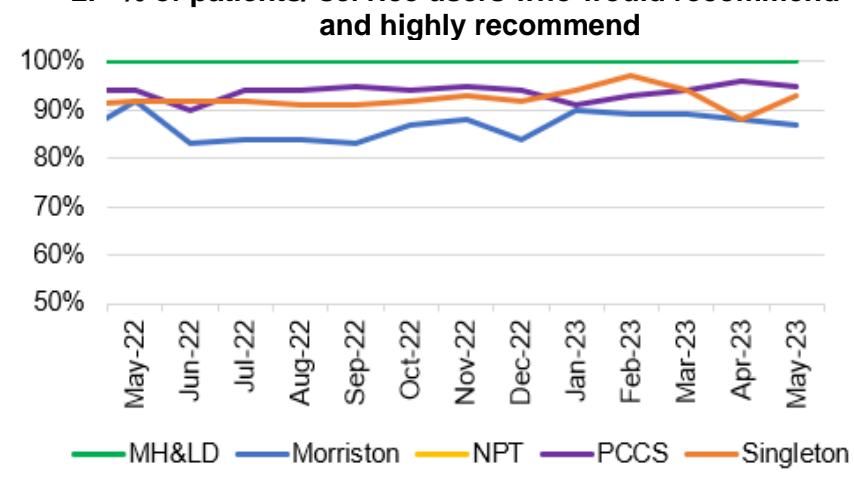
PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admission</i>	<p>1. In April 2023 there were 114 cases of healthcare acquired pressure ulcers, 31 of which were community acquired and 83 were hospital acquired.</p> <p>There were 12 grade 3+ pressure ulcers in April 2023, 7 of which were community acquired and 5 were hospital acquired.</p>	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p>  <table><thead><tr><th>Month</th><th>Community PUs</th><th>Hospital PUs</th><th>Rate per 100,000 admissions</th></tr></thead><tbody><tr><td>Apr-22</td><td>30</td><td>40</td><td>891</td></tr><tr><td>May-22</td><td>40</td><td>50</td><td>900</td></tr><tr><td>Jun-22</td><td>30</td><td>50</td><td>891</td></tr><tr><td>Jul-22</td><td>30</td><td>50</td><td>900</td></tr><tr><td>Aug-22</td><td>50</td><td>50</td><td>900</td></tr><tr><td>Sep-22</td><td>40</td><td>40</td><td>891</td></tr><tr><td>Oct-22</td><td>50</td><td>50</td><td>900</td></tr><tr><td>Nov-22</td><td>40</td><td>70</td><td>900</td></tr><tr><td>Dec-22</td><td>40</td><td>50</td><td>891</td></tr><tr><td>Jan-23</td><td>40</td><td>60</td><td>900</td></tr><tr><td>Feb-23</td><td>40</td><td>60</td><td>891</td></tr><tr><td>Mar-23</td><td>80</td><td>40</td><td>999</td></tr><tr><td>Apr-23</td><td>30</td><td>80</td><td>900</td></tr></tbody></table> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>	Month	Community PUs	Hospital PUs	Rate per 100,000 admissions	Apr-22	30	40	891	May-22	40	50	900	Jun-22	30	50	891	Jul-22	30	50	900	Aug-22	50	50	900	Sep-22	40	40	891	Oct-22	50	50	900	Nov-22	40	70	900	Dec-22	40	50	891	Jan-23	40	60	900	Feb-23	40	60	891	Mar-23	80	40	999	Apr-23	30	80	900
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	<p>2. The rate per 100,000 admissions increased from 891 in February to 999 in March 2023.</p>																																																									
INPATIENT FALLS																																																										
Description	Current Performance	Trend																																																								
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 184 in May 2023. This is 1% More than May 2022 where 182 falls were recorded.	<p>Number of inpatient Falls</p>  <table><thead><tr><th>Month</th><th>Hospital falls</th></tr></thead><tbody><tr><td>May-22</td><td>182</td></tr><tr><td>Jun-22</td><td>170</td></tr><tr><td>Jul-22</td><td>175</td></tr><tr><td>Aug-22</td><td>215</td></tr><tr><td>Sep-22</td><td>175</td></tr><tr><td>Oct-22</td><td>180</td></tr><tr><td>Nov-22</td><td>175</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>175</td></tr><tr><td>Mar-23</td><td>210</td></tr><tr><td>Apr-23</td><td>180</td></tr><tr><td>May-23</td><td>184</td></tr></tbody></table> <p>■ Hospital falls</p>	Month	Hospital falls	May-22	182	Jun-22	170	Jul-22	175	Aug-22	215	Sep-22	175	Oct-22	180	Nov-22	175	Dec-22	180	Jan-23	185	Feb-23	175	Mar-23	210	Apr-23	180	May-23	184																												
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NATIONALLY REPORTABLE INCIDENTS		
Description	Current Performance	Trend
Nationally Reportable Incidents (NRI's)- 1. <i>The number of Nationally reportable incidents</i> 2. <i>The number of Never Events</i> 3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 7 Nationally Reportable Incidents for the month of May 2023 to Welsh Government. The Service Group breakdown is as follows; - Morriston – 4 - Singleton – 2 - Neath Port Talbot - 1	1. and 2. Number of nationally reportable incidents and never events  <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p>
	2. There was one new Never Event reported in May 2023 which was reported by Plastics.	3. % of nationally reportable incidents closed within the agreed timescales  <p>■ % NRI's assured — Target</p>
	3. In May 2023, performance against the 80% target of submitting closure forms to WG within agreed timescales was 67%. There were 12 NRI's due for closure in May 2023, eight of which were closed within the required target date.	

DISCHARGE SUMMARIES																																																																								
Description	Current Performance	Trend																																																																						
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	The latest data shows that in May 2023, the percentage of completed discharge summaries was 65%.	<div>% discharge summaries approved and sent</div>  <table><caption>% discharge summaries approved and sent</caption><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>May-22</td><td>65%</td></tr><tr><td>Jun-22</td><td>63%</td></tr><tr><td>Jul-22</td><td>62%</td></tr><tr><td>Aug-22</td><td>68%</td></tr><tr><td>Sep-22</td><td>70%</td></tr><tr><td>Oct-22</td><td>65%</td></tr><tr><td>Nov-22</td><td>70%</td></tr><tr><td>Dec-22</td><td>62%</td></tr><tr><td>Jan-23</td><td>63%</td></tr><tr><td>Feb-23</td><td>63%</td></tr><tr><td>Mar-23</td><td>62%</td></tr><tr><td>Apr-23</td><td>63%</td></tr><tr><td>May-23</td><td>65%</td></tr></tbody></table>	Month	% of completed discharge summaries	May-22	65%	Jun-22	63%	Jul-22	62%	Aug-22	68%	Sep-22	70%	Oct-22	65%	Nov-22	70%	Dec-22	62%	Jan-23	63%	Feb-23	63%	Mar-23	62%	Apr-23	63%	May-23	65%																																										
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	In May 2023, compliance ranged from 49% in Singleton Hospital to 72% in Morriston Hospital.																																																																							
CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	April 2023 reports the crude mortality rate for the Health Board at 0.72%, which is the slightly higher than those reported March 2023.	<div>Crude hospital mortality rate by Hospital (74 years of age or less)</div>  <table><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>Apr-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.95%</td></tr><tr><td>May-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.95%</td></tr><tr><td>Jun-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.95%</td></tr><tr><td>Jul-22</td><td>1.40%</td><td>0.45%</td><td>0.05%</td><td>0.90%</td></tr><tr><td>Aug-22</td><td>1.40%</td><td>0.45%</td><td>0.05%</td><td>0.90%</td></tr><tr><td>Sep-22</td><td>1.40%</td><td>0.45%</td><td>0.05%</td><td>0.90%</td></tr><tr><td>Oct-22</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Nov-22</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Dec-22</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Jan-23</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Feb-23</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Mar-23</td><td>1.35%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Apr-23</td><td>1.32%</td><td>0.29%</td><td>0.04%</td><td>0.72%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Apr-22	1.45%	0.45%	0.05%	0.95%	May-22	1.45%	0.45%	0.05%	0.95%	Jun-22	1.45%	0.45%	0.05%	0.95%	Jul-22	1.40%	0.45%	0.05%	0.90%	Aug-22	1.40%	0.45%	0.05%	0.90%	Sep-22	1.40%	0.45%	0.05%	0.90%	Oct-22	1.35%	0.45%	0.05%	0.85%	Nov-22	1.35%	0.45%	0.05%	0.85%	Dec-22	1.35%	0.45%	0.05%	0.85%	Jan-23	1.35%	0.45%	0.05%	0.85%	Feb-23	1.35%	0.45%	0.05%	0.85%	Mar-23	1.35%	0.45%	0.05%	0.85%	Apr-23	1.32%	0.29%	0.04%	0.72%
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WORKFORCE																																												
Description	Current Performance	Trend																																										
Staff sickness rates- <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none">Our in-month sickness performance improved from 6.79% in March 2023 to 6.24% in April.The 12-month rolling performance improved slightly from 7.65% in March 2023 to 7.46% in April 2023.The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in April 2023.	% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month) <table><caption>Sickness Rate Data (Estimated from Graph)</caption><thead><tr><th>Month</th><th>% sickness rate (12 month rolling)</th><th>% sickness rate (in-month)</th></tr></thead><tbody><tr><td>Apr-22</td><td>8.2%</td><td>8.2%</td></tr><tr><td>May-22</td><td>8.2%</td><td>7.4%</td></tr><tr><td>Jun-22</td><td>8.2%</td><td>8.0%</td></tr><tr><td>Jul-22</td><td>8.2%</td><td>9.6%</td></tr><tr><td>Aug-22</td><td>8.2%</td><td>7.8%</td></tr><tr><td>Sep-22</td><td>8.2%</td><td>7.1%</td></tr><tr><td>Oct-22</td><td>8.2%</td><td>7.6%</td></tr><tr><td>Nov-22</td><td>8.2%</td><td>6.9%</td></tr><tr><td>Dec-22</td><td>8.2%</td><td>8.8%</td></tr><tr><td>Jan-23</td><td>8.2%</td><td>7.4%</td></tr><tr><td>Feb-23</td><td>8.2%</td><td>6.7%</td></tr><tr><td>Mar-23</td><td>7.65%</td><td>6.79%</td></tr><tr><td>Apr-23</td><td>7.46%</td><td>6.24%</td></tr></tbody></table>	Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Apr-22	8.2%	8.2%	May-22	8.2%	7.4%	Jun-22	8.2%	8.0%	Jul-22	8.2%	9.6%	Aug-22	8.2%	7.8%	Sep-22	8.2%	7.1%	Oct-22	8.2%	7.6%	Nov-22	8.2%	6.9%	Dec-22	8.2%	8.8%	Jan-23	8.2%	7.4%	Feb-23	8.2%	6.7%	Mar-23	7.65%	6.79%	Apr-23	7.46%	6.24%
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THEATRE EFFICIENCY																																																									
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Theatre Efficiency <i>1. Theatre Utilisation Rates</i> <i>2. % of theatre sessions starting late</i> <i>3. % of theatre sessions finishing early</i> <i>4. % of theatre sessions cancelled at short notice (<28 days)</i> <i>5. % of operations cancelled on the day</i>	<p>In May 2023 the Theatre Utilisation rate was 76%. This is 5% higher than the figure's reported in April 2023 and are 2% lower than those seen in May 2022 (78%).</p>	<p>1. Theatre Utilisation Rates</p>  <table border="1"><caption>Theatre Utilisation Rate (SBU HB)</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>May-22</td><td>78</td></tr><tr><td>Jun-22</td><td>80</td></tr><tr><td>Jul-22</td><td>75</td></tr><tr><td>Aug-22</td><td>60</td></tr><tr><td>Sep-22</td><td>75</td></tr><tr><td>Oct-22</td><td>78</td></tr><tr><td>Nov-22</td><td>75</td></tr><tr><td>Dec-22</td><td>60</td></tr><tr><td>Jan-23</td><td>75</td></tr><tr><td>Feb-23</td><td>72</td></tr><tr><td>Mar-23</td><td>75</td></tr><tr><td>Apr-23</td><td>75</td></tr><tr><td>May-23</td><td>76</td></tr></tbody></table>	Month	Rate (%)	May-22	78	Jun-22	80	Jul-22	75	Aug-22	60	Sep-22	75	Oct-22	78	Nov-22	75	Dec-22	60	Jan-23	75	Feb-23	72	Mar-23	75	Apr-23	75	May-23	76																											
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<p>37% of theatre sessions started late in May 2023. This is a 2% deterioration on performance seen in April 2023 (35%).</p>	<p>2. And 3. % theatre sessions starting late/finishing</p>  <table border="1"><caption>% theatre sessions starting late/finishing</caption><thead><tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr></thead><tbody><tr><td>May-22</td><td>40</td><td>45</td></tr><tr><td>Jun-22</td><td>40</td><td>45</td></tr><tr><td>Jul-22</td><td>40</td><td>45</td></tr><tr><td>Aug-22</td><td>35</td><td>45</td></tr><tr><td>Sep-22</td><td>40</td><td>45</td></tr><tr><td>Oct-22</td><td>40</td><td>45</td></tr><tr><td>Nov-22</td><td>35</td><td>45</td></tr><tr><td>Dec-22</td><td>35</td><td>45</td></tr><tr><td>Jan-23</td><td>35</td><td>45</td></tr><tr><td>Feb-23</td><td>35</td><td>45</td></tr><tr><td>Mar-23</td><td>35</td><td>45</td></tr><tr><td>Apr-23</td><td>35</td><td>45</td></tr><tr><td>May-23</td><td>35</td><td>45</td></tr></tbody></table>	Month	Late Starts (%)	Early Finishes (%)	May-22	40	45	Jun-22	40	45	Jul-22	40	45	Aug-22	35	45	Sep-22	40	45	Oct-22	40	45	Nov-22	35	45	Dec-22	35	45	Jan-23	35	45	Feb-23	35	45	Mar-23	35	45	Apr-23	35	45	May-23	35	45														
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<p>5% of theatre sessions were cancelled at short notice in May 2023. This is 1% lower than the figure reported in April 2023 and is 1% lower than figures seen in May 2022.</p>	<p>4. % theatre sessions cancelled at short notice (<28 days)</p>  <table border="1"><caption>% theatre sessions cancelled at short notice (<28 days)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th><th>Singleton (%)</th></tr></thead><tbody><tr><td>May-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Jun-22</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jul-22</td><td>10</td><td>20</td><td>10</td></tr><tr><td>Aug-22</td><td>10</td><td>50</td><td>10</td></tr><tr><td>Sep-22</td><td>10</td><td>20</td><td>10</td></tr><tr><td>Oct-22</td><td>10</td><td>20</td><td>10</td></tr><tr><td>Nov-22</td><td>10</td><td>20</td><td>10</td></tr><tr><td>Dec-22</td><td>10</td><td>20</td><td>10</td></tr><tr><td>Jan-23</td><td>10</td><td>20</td><td>10</td></tr><tr><td>Feb-23</td><td>10</td><td>20</td><td>10</td></tr><tr><td>Mar-23</td><td>10</td><td>20</td><td>10</td></tr><tr><td>Apr-23</td><td>10</td><td>20</td><td>10</td></tr><tr><td>May-23</td><td>10</td><td>20</td><td>10</td></tr></tbody></table>	Month	Morriston (%)	NPTH (%)	Singleton (%)	May-22	10	15	10	Jun-22	10	10	10	Jul-22	10	20	10	Aug-22	10	50	10	Sep-22	10	20	10	Oct-22	10	20	10	Nov-22	10	20	10	Dec-22	10	20	10	Jan-23	10	20	10	Feb-23	10	20	10	Mar-23	10	20	10	Apr-23	10	20	10	May-23	10	20	10
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<p>Of the operations cancelled in May 2023, 35% of them were cancelled on the day. This is the 2% higher than figures reported in April 2023.</p>	<p>5. % of operations cancelled on the day</p>  <table border="1"><caption>% of operations cancelled on the day</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>May-22</td><td>40</td></tr><tr><td>Jun-22</td><td>38</td></tr><tr><td>Jul-22</td><td>25</td></tr><tr><td>Aug-22</td><td>30</td></tr><tr><td>Sep-22</td><td>35</td></tr><tr><td>Oct-22</td><td>38</td></tr><tr><td>Nov-22</td><td>32</td></tr><tr><td>Dec-22</td><td>30</td></tr><tr><td>Jan-23</td><td>32</td></tr><tr><td>Feb-23</td><td>32</td></tr><tr><td>Mar-23</td><td>35</td></tr><tr><td>Apr-23</td><td>32</td></tr><tr><td>May-23</td><td>32</td></tr></tbody></table>	Month	Rate (%)	May-22	40	Jun-22	38	Jul-22	25	Aug-22	30	Sep-22	35	Oct-22	38	Nov-22	32	Dec-22	30	Jan-23	32	Feb-23	32	Mar-23	35	Apr-23	32	May-23	32																												
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PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in May 2023 was 90% and 3,477 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,243 surveys in May 2023, with a recommended score of 93%. Morrison Hospital completed 1,873 surveys in May 2023, with a recommended score of 87%. Primary & Community Care completed 360 surveys for May 2023, with a recommended score of 95%. The Mental Health Service Group completed 44 surveys for May 2023, with a recommended score of 100%. 	1. Number of friends and family surveys completed  <p>Legend: MH & LD, Neath Port Talbot, Singleton Hospital, Morrison Hospital, Primary & Community</p>
		2. % of patients/ service users who would recommend and highly recommend  <p>Legend: MH&LD, Morrison, NPT, PCCS, Singleton</p>

COMPLAINTS													
Description	Current Performance												
Patient concerns 1. <i>Number of formal complaints received</i> 2. <i>Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In March 2023, the Health Board received 183 formal complaints; this is a 17% increase on the number seen in March 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 72% in March 2023, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1"> <thead> <tr> <th></th> <th>30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td>50%</td> </tr> <tr> <td>Morriston Hospital</td> <td>70%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td>83%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td>93%</td> </tr> <tr> <td>Singleton Hospital</td> <td>63%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	50%	Morriston Hospital	70%	Mental Health & Learning Disabilities	83%	Primary, Community and Therapies	93%	Singleton Hospital	63%
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Singleton Hospital	63%												

Trend

1. Number of formal complaints received

Month	MH & LD	Morriston Hospital	NPT Hospital	PCCS	Singleton Hospital
Oct-22	5	65	2	20	35
Nov-22	15	30	2	20	30
Dec-22	10	40	5	20	35
Jan-23	12	50	3	28	28
Feb-23	12	68	4	30	28
Mar-23	12	75	12	30	45

2. Response rate for concerns within 30 days

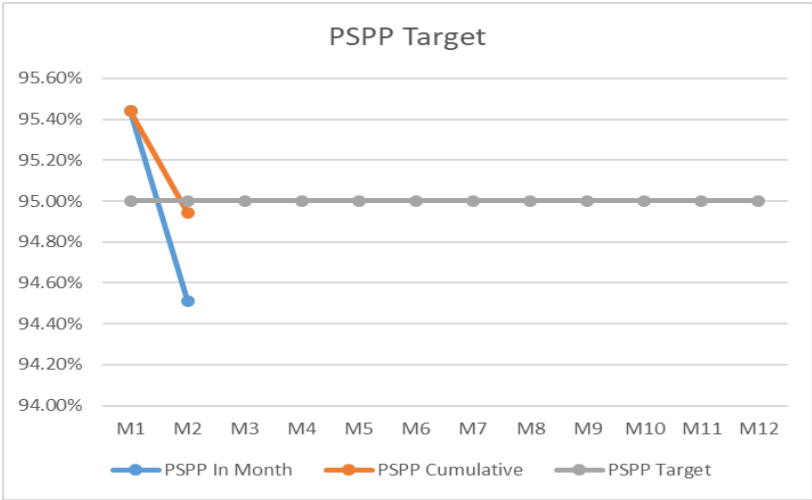
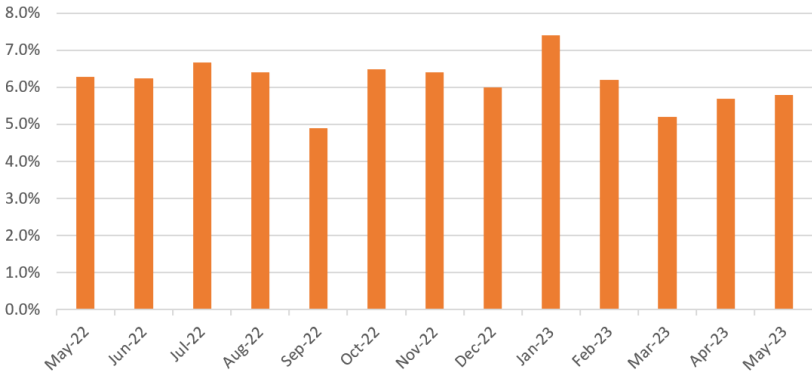
Month	Health Board Total	HB Profile
Mar-22	65%	80%
Apr-22	75%	80%
May-22	68%	80%
Jun-22	65%	80%
Jul-22	63%	80%
Aug-22	65%	80%
Sep-22	70%	80%
Oct-22	70%	80%
Nov-22	68%	80%
Dec-22	72%	80%
Jan-23	78%	80%
Feb-23	68%	80%
Mar-23	72%	80%

FINANCE UPDATES

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

Description	Current Performance	Trend																																																				
Revenue Financial Position – expenditure incurred against revenue resource limit	Key assumptions underpinning the plan: <ul style="list-style-type: none">No unmet b/f savings from 2022/23 = £0mRun rate to remain within the envelope provided = £11mSavings requirement = £22.2m <ul style="list-style-type: none">The actual month variance is an overspend in month of £13.676m and a cumulative overspend position of £24.537m.	<div><p>HEALTH BOARD FINANCIAL PERFORMANCE 2023/24</p><table border="1"><thead><tr><th>Month</th><th>Health Board Position (£'000)</th><th>Required Forecast to Hit Plan Target (£'000)</th><th>Original Planned Profile (£'000)</th></tr></thead><tbody><tr><td>M1</td><td>10,861</td><td>-</td><td>7,800</td></tr><tr><td>M2</td><td>13,676</td><td>-</td><td>9,400</td></tr><tr><td>M3</td><td>7,706</td><td>7,706</td><td>8,000</td></tr><tr><td>M4</td><td>6,706</td><td>6,706</td><td>7,400</td></tr><tr><td>M5</td><td>6,706</td><td>6,706</td><td>7,400</td></tr><tr><td>M6</td><td>6,106</td><td>6,106</td><td>6,900</td></tr><tr><td>M7</td><td>6,006</td><td>6,006</td><td>6,800</td></tr><tr><td>M8</td><td>6,006</td><td>6,006</td><td>6,800</td></tr><tr><td>M9</td><td>5,706</td><td>5,706</td><td>6,500</td></tr><tr><td>M10</td><td>5,706</td><td>5,706</td><td>6,500</td></tr><tr><td>M11</td><td>5,706</td><td>5,706</td><td>6,500</td></tr><tr><td>M12</td><td>5,701</td><td>5,701</td><td>6,500</td></tr></tbody></table></div>	Month	Health Board Position (£'000)	Required Forecast to Hit Plan Target (£'000)	Original Planned Profile (£'000)	M1	10,861	-	7,800	M2	13,676	-	9,400	M3	7,706	7,706	8,000	M4	6,706	6,706	7,400	M5	6,706	6,706	7,400	M6	6,106	6,106	6,900	M7	6,006	6,006	6,800	M8	6,006	6,006	6,800	M9	5,706	5,706	6,500	M10	5,706	5,706	6,500	M11	5,706	5,706	6,500	M12	5,701	5,701	6,500
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Description	Current Performance	Trend
Capital Financial Position – expenditure incurred against capital resource limit	<ul style="list-style-type: none"> The forecast outturn capital position for 2023/24 is an overspend of £3.072m. Allocations are anticipated from Welsh Government, which will balance this position. Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government. 	<p>Capital - Cumulative Performance to Plan</p> <p>£'000</p> <p>Forecast Actual/Revised Forecast</p>
Workforce Spend – workforce expenditure profile	<ul style="list-style-type: none"> The pay budgets are overspent by £2.319m in May. Variable pay has increased in May by circa. £559k. With the biggest spend attributable to Agency – Non Medical and Overtime spend. Further work is needed to bring spend down in line with the current year budget. 	<p>Variable Pay Expenditure</p> <p>Bank Overtime Agency - Non Medical Agency - Medical WLI Irregular Sessions Current Year Budget Last Year Expenditure</p>

Description	Current Performance	Trend																																																				
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 94.94%. In May the compliance also decreased and now stands below target at 94.51% (Apr - 95.44%).Although the PSPP was achieved this month, there were still delays in nurse bank and receipting.	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p>  <table><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>95.44</td><td>95.44</td><td>95.00</td></tr><tr><td>M2</td><td>94.51</td><td>94.94</td><td>95.00</td></tr><tr><td>M3</td><td>95.00</td><td>94.94</td><td>95.00</td></tr><tr><td>M4</td><td>95.00</td><td>94.94</td><td>95.00</td></tr><tr><td>M5</td><td>95.00</td><td>94.94</td><td>95.00</td></tr><tr><td>M6</td><td>95.00</td><td>94.94</td><td>95.00</td></tr><tr><td>M7</td><td>95.00</td><td>94.94</td><td>95.00</td></tr><tr><td>M8</td><td>95.00</td><td>94.94</td><td>95.00</td></tr><tr><td>M9</td><td>95.00</td><td>94.94</td><td>95.00</td></tr><tr><td>M10</td><td>95.00</td><td>94.94</td><td>95.00</td></tr><tr><td>M11</td><td>95.00</td><td>94.94</td><td>95.00</td></tr><tr><td>M12</td><td>94.51</td><td>94.94</td><td>95.00</td></tr></tbody></table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	95.44	95.44	95.00	M2	94.51	94.94	95.00	M3	95.00	94.94	95.00	M4	95.00	94.94	95.00	M5	95.00	94.94	95.00	M6	95.00	94.94	95.00	M7	95.00	94.94	95.00	M8	95.00	94.94	95.00	M9	95.00	94.94	95.00	M10	95.00	94.94	95.00	M11	95.00	94.94	95.00	M12	94.51	94.94	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 has increased slightly in May 2023 to 5.8% compared to 5.7% in April 2023.	<p>Agency spend as a percentage of the total pay bill</p>  <table><thead><tr><th>Month</th><th>Agency spend (%)</th></tr></thead><tbody><tr><td>May-22</td><td>6.2</td></tr><tr><td>Jun-22</td><td>6.1</td></tr><tr><td>Jul-22</td><td>6.6</td></tr><tr><td>Aug-22</td><td>6.3</td></tr><tr><td>Sep-22</td><td>4.8</td></tr><tr><td>Oct-22</td><td>6.4</td></tr><tr><td>Nov-22</td><td>6.3</td></tr><tr><td>Dec-22</td><td>5.9</td></tr><tr><td>Jan-23</td><td>7.3</td></tr><tr><td>Feb-23</td><td>6.1</td></tr><tr><td>Mar-23</td><td>5.1</td></tr><tr><td>Apr-23</td><td>5.7</td></tr><tr><td>May-23</td><td>5.8</td></tr></tbody></table>	Month	Agency spend (%)	May-22	6.2	Jun-22	6.1	Jul-22	6.6	Aug-22	6.3	Sep-22	4.8	Oct-22	6.4	Nov-22	6.3	Dec-22	5.9	Jan-23	7.3	Feb-23	6.1	Mar-23	5.1	Apr-23	5.7	May-23	5.8																								
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5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

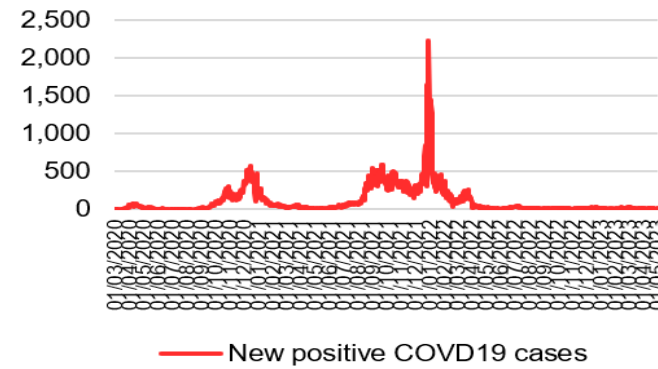


Chart 2: Number of new COVID19 cases (cumulative)

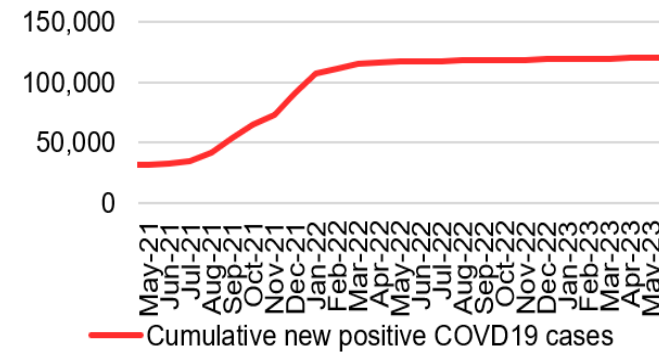


Chart 3: Number of COVID19 tests completed and positivity rate

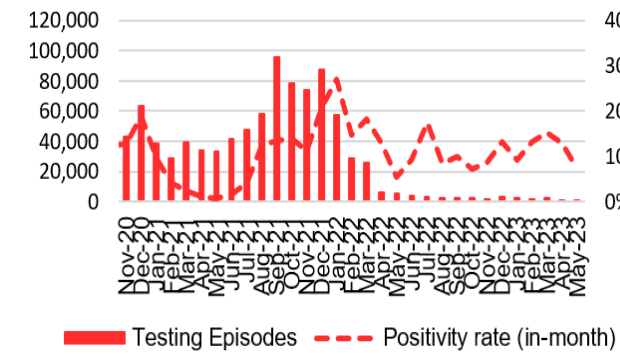


Chart 4: Number of staff referred for Antigen testing

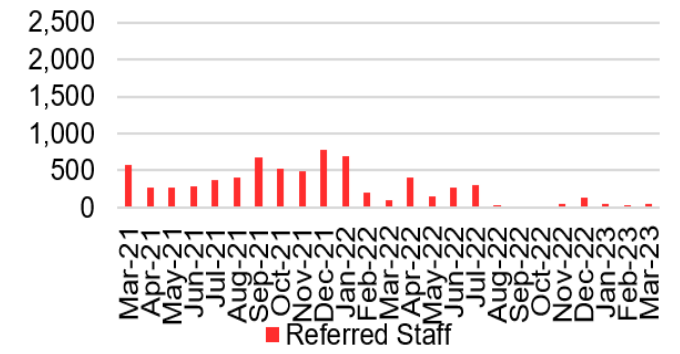


Chart 5: Outcome of staff COVID19/ antigen tests

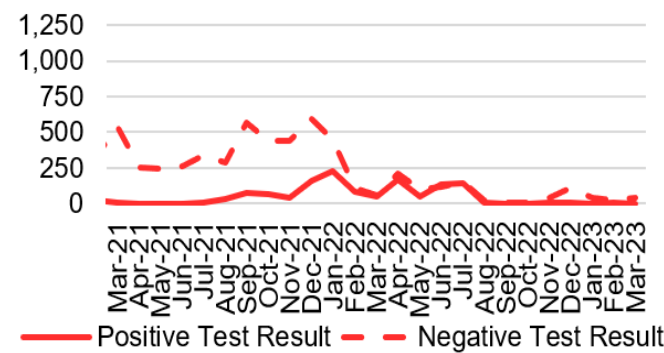


Chart 6: Number of COVID19 related incidents

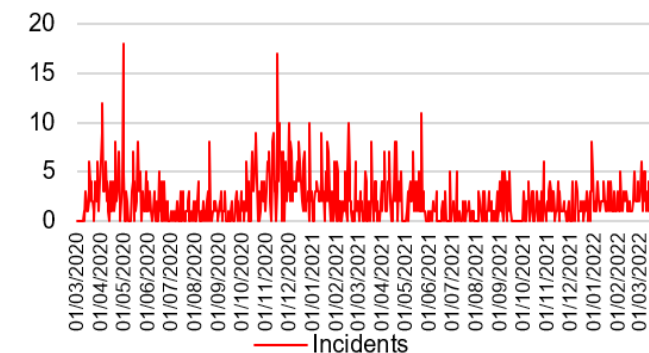


Chart 7: Number of COVID19 related serious incidents

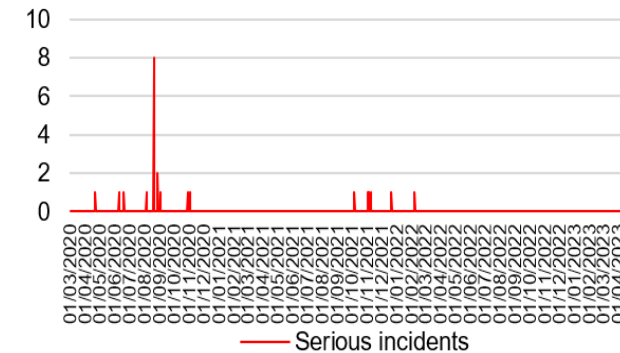


Chart 8: Number of COVID19 related complaints

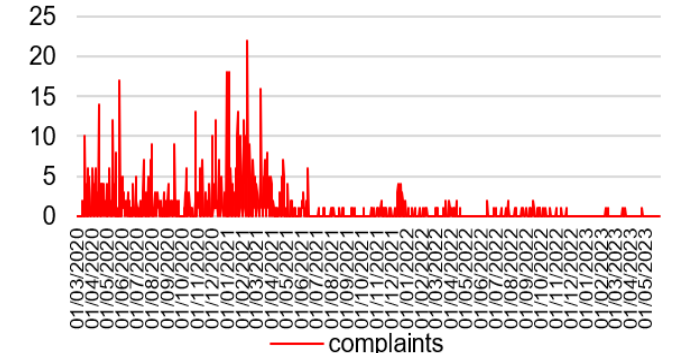


Chart 9: Number of COVID19 related risks

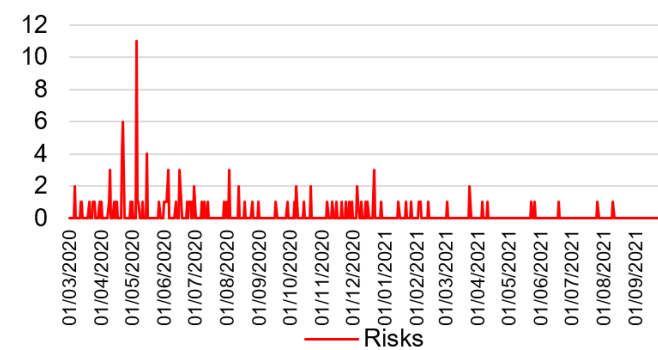


Chart 10: Number of staff self-isolating (asymptomatic)

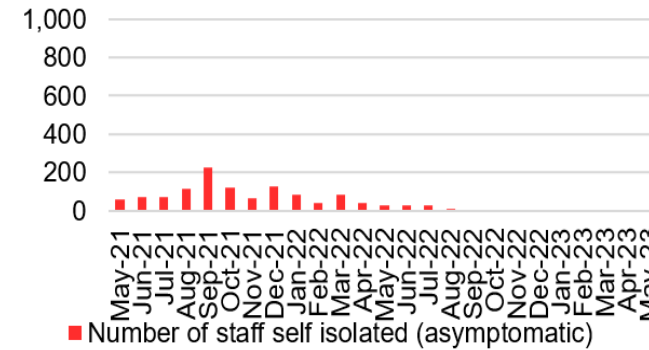


Chart 11: Number of staff self isolating (symptomatic)

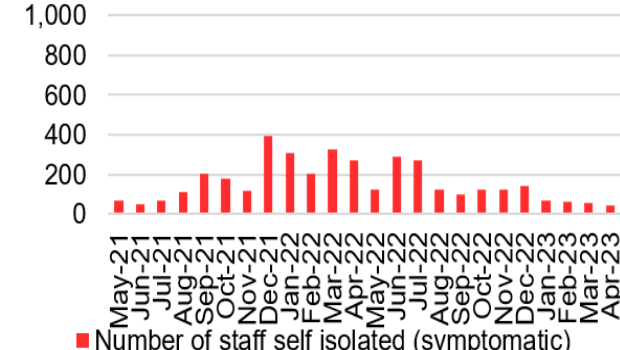


Chart 12: % staff sickness

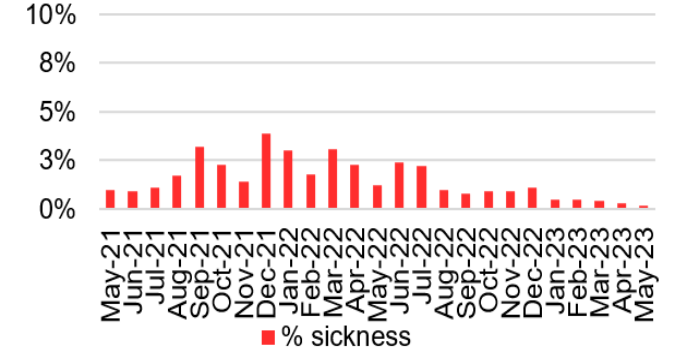


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

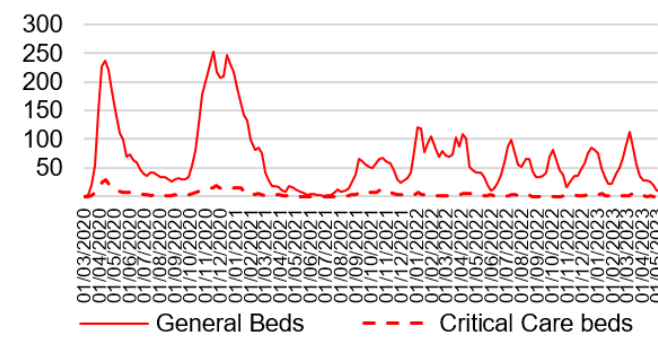


Chart 14: Number of hospital deaths with any mention of COVID19



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

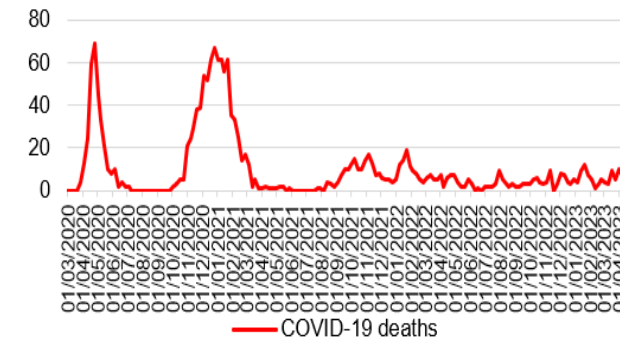
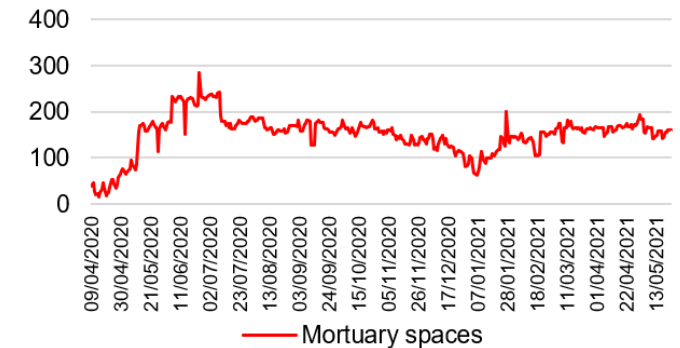


Chart 16: Number of mortuary spaces



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111

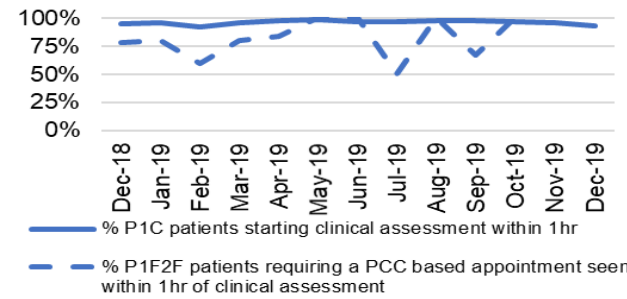


Chart 2: % red calls responded to within 8 minutes

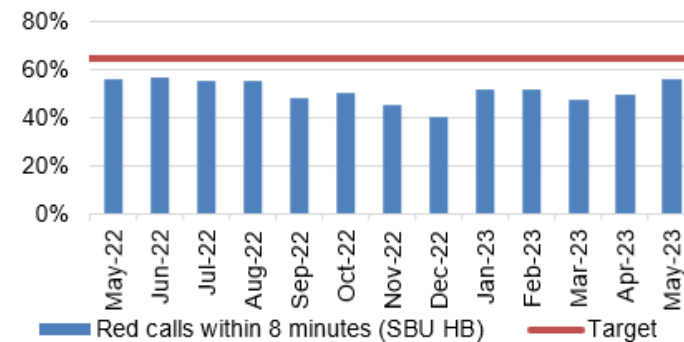


Chart 3: Number of ambulance handovers over 1 hour

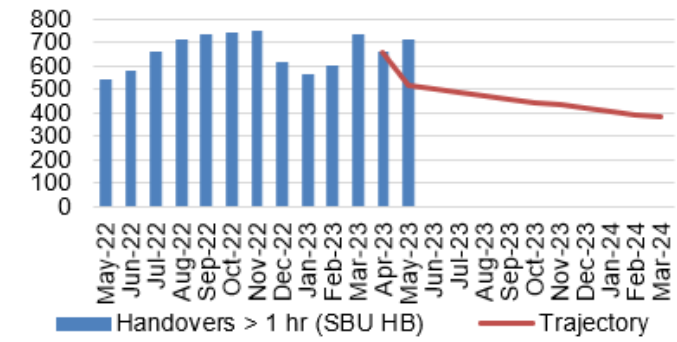


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

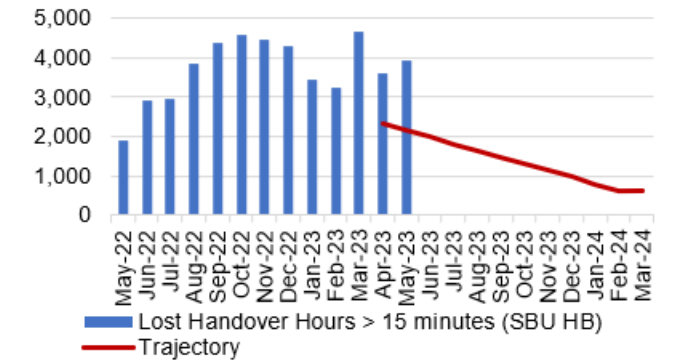


Chart 5: A&E Attendances

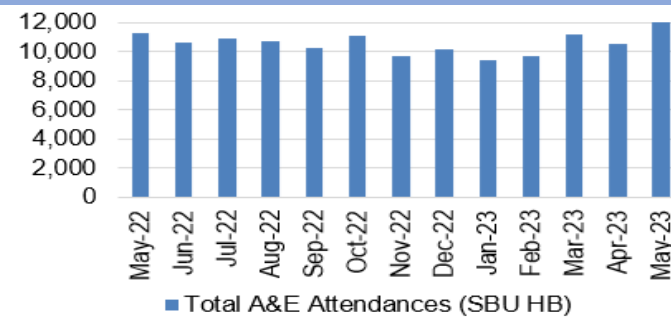


Chart 6: % patients who spend less than 4 hours in A&E

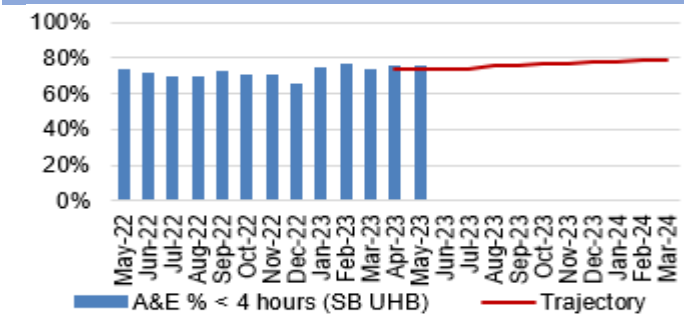


Chart 7: Number of patients waiting over 12 hours in A&E

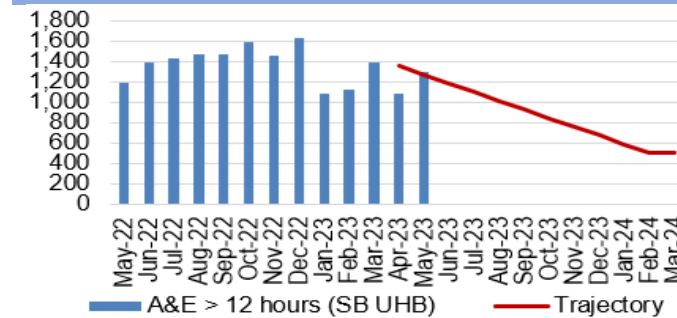


Chart 8: Number of emergency admissions

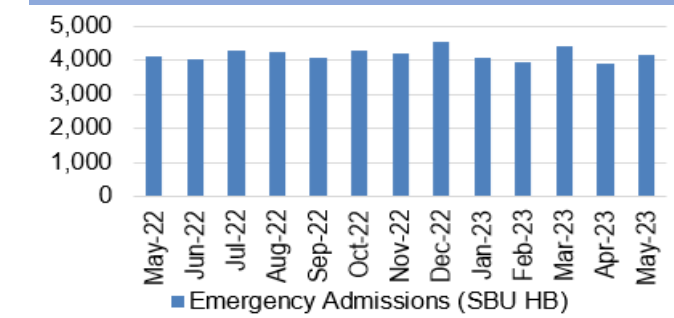


Chart 9: Elective procedures cancelled due to lack of beds

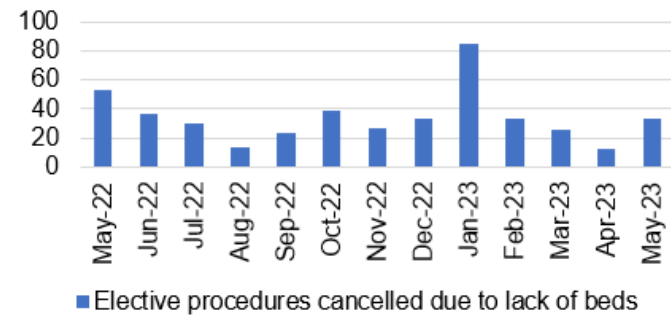


Chart 10: Number of clinically optimised patients

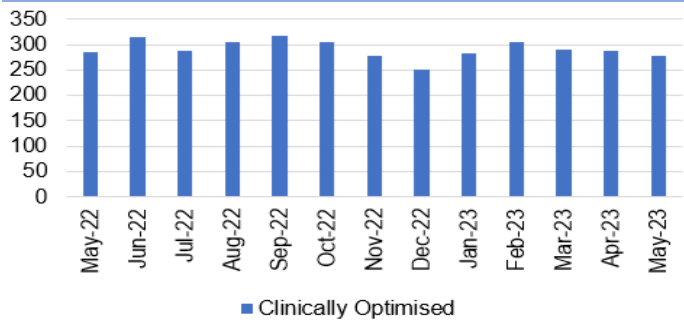


Chart 11: Delay reason for clinically optimised patients

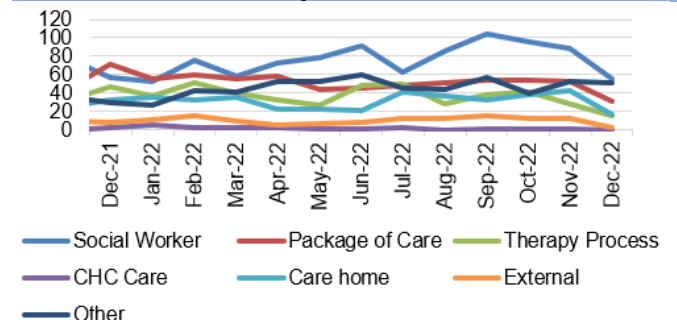


Chart 12: Average lost bed days (per day)

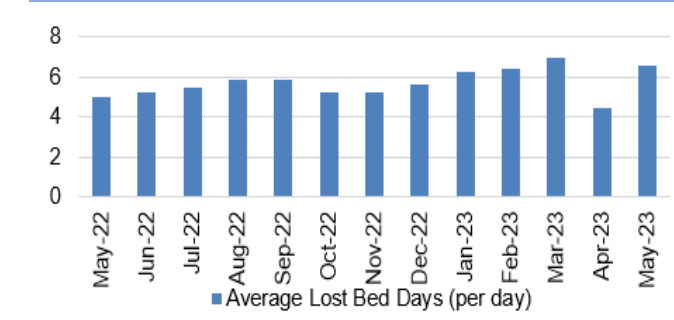


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

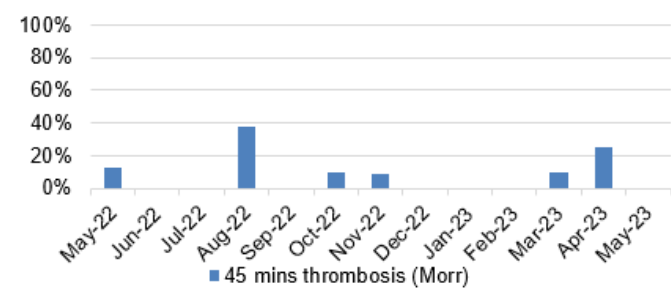


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

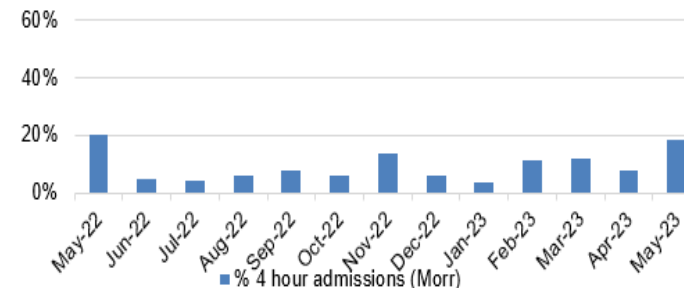


Chart 15: % of stroke patients receiving CT scan with 1 hour

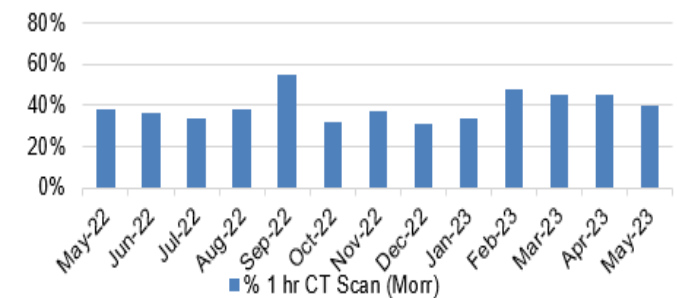
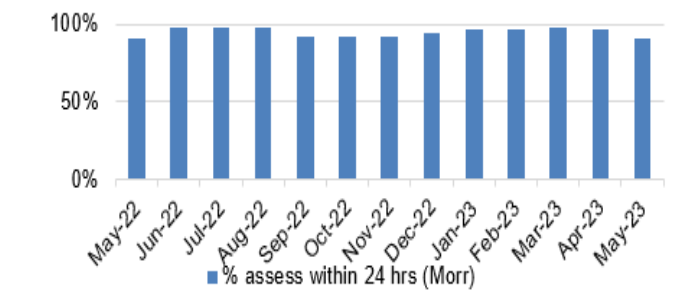


Chart 16: % stroke patients receiving consultant assessment within 24 hours



HARM FROM REDUCTION IN NON-COVID ACTIVITY

Primary and Community Care Overview

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

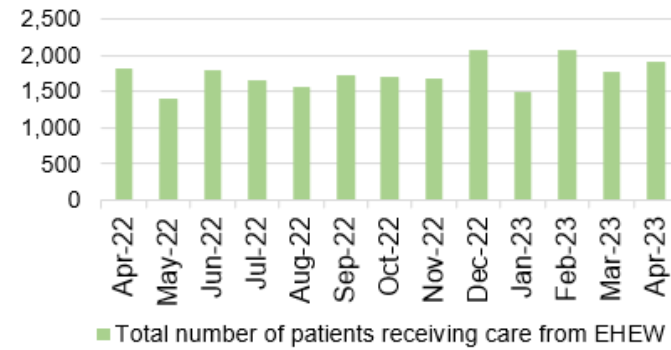


Chart 2: GMS - Escalation Levels



Chart 3: GMS - Sustainability



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

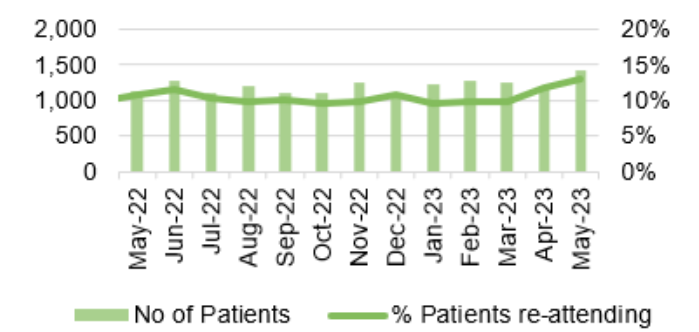


Chart 5: General Dental Services - Activity

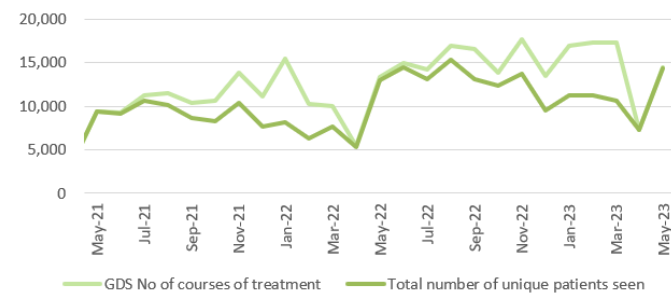


Chart 6: General Dental Services - New Patients

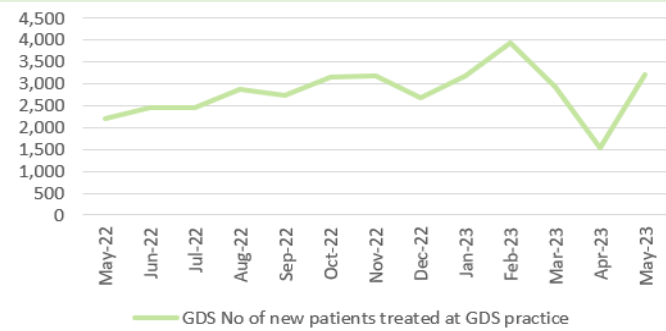


Chart 7: General Dental Services - ACORNs/FV

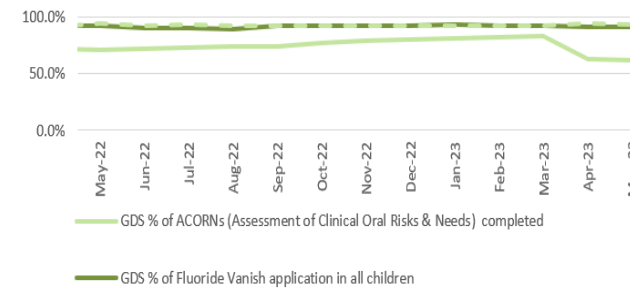


Chart 8: Optometry Activity – sight tests

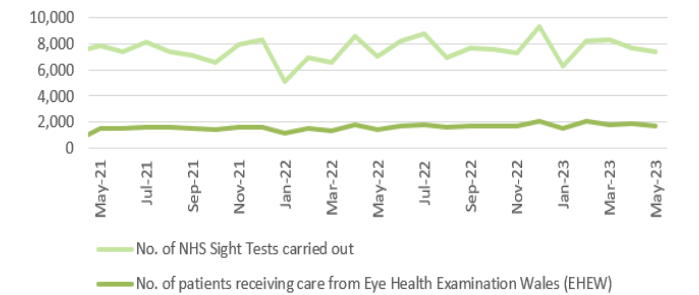


Chart 9: Optometry Activity – low vision care

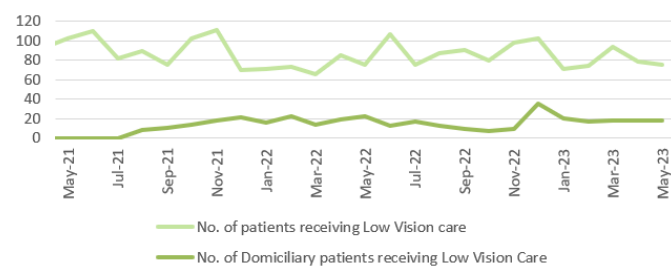


Chart 10: Community Pharmacy – Escalation levels

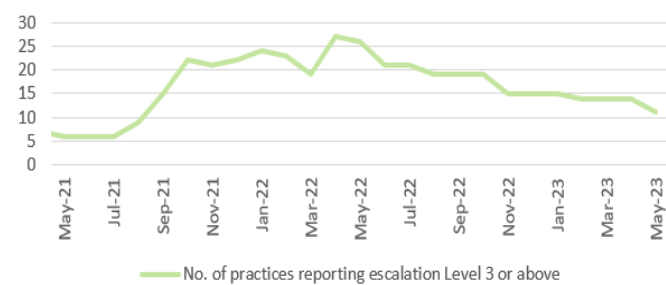


Chart 11: Common Ailment Scheme – No. consultations provided

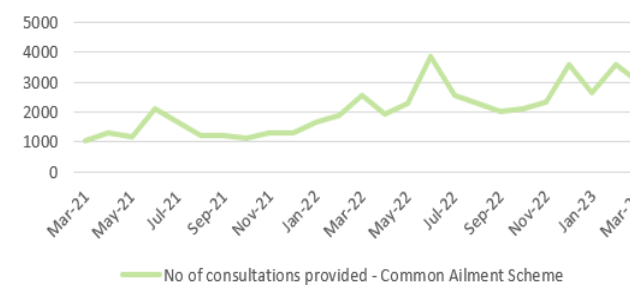


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

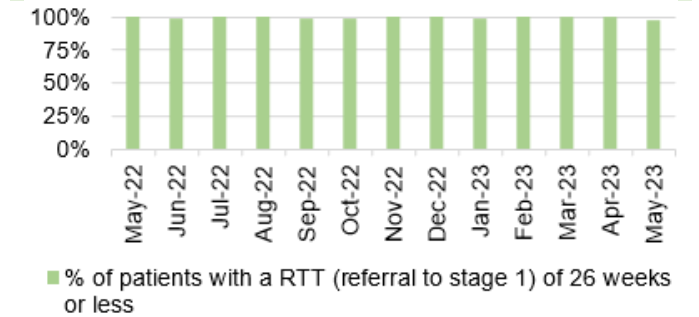


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

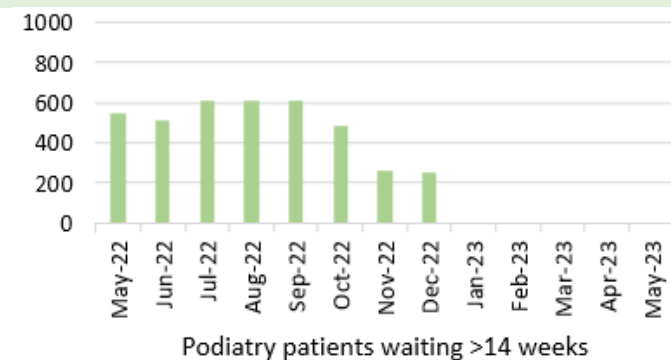


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

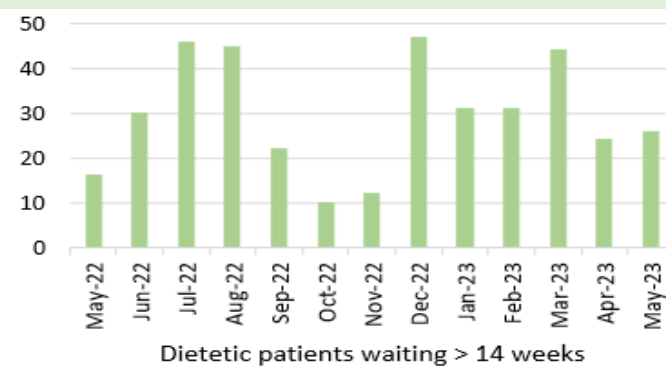


Chart 15: Audiology- Total number of patients waiting > 14 weeks

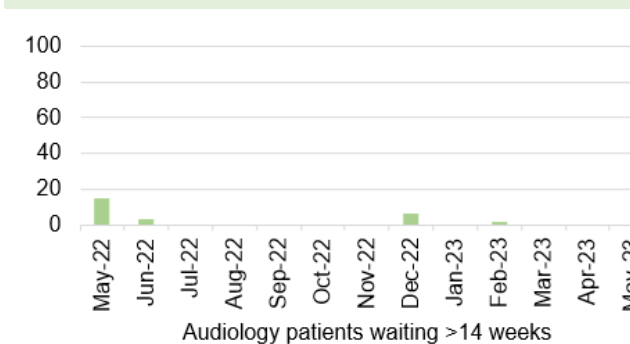
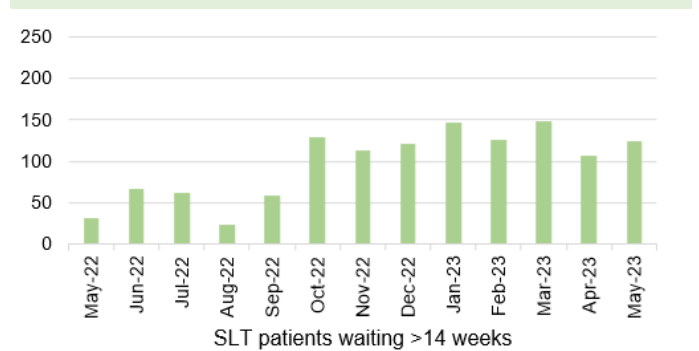


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity

Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

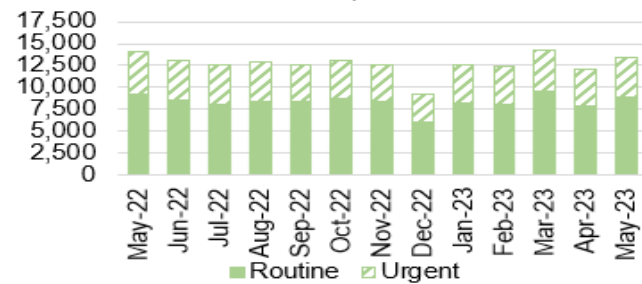


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

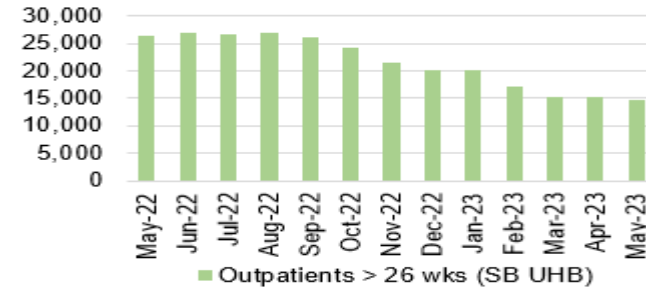


Chart 3: Number of patients waiting over 36 weeks for treatment

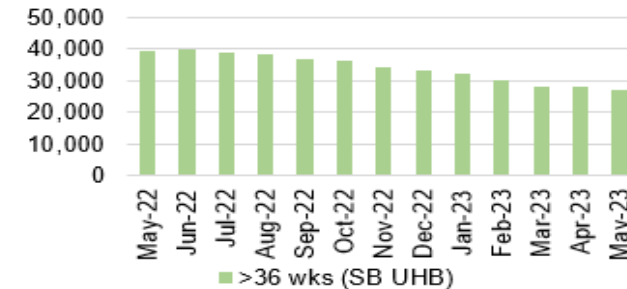


Chart 4: Number of patients waiting over 52 weeks for treatment

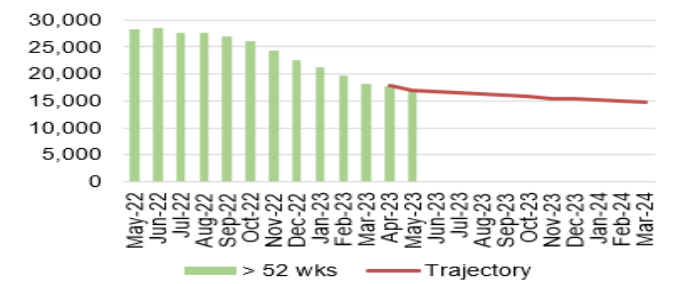


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

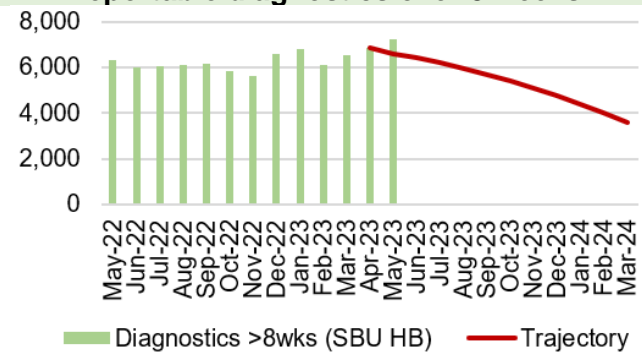


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

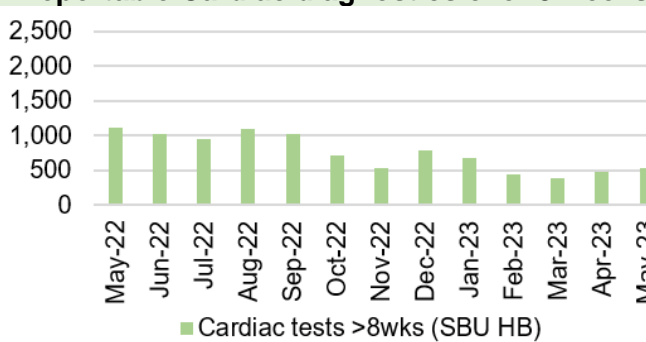


Chart 7: Number of patients waiting more than 14 weeks for Therapies

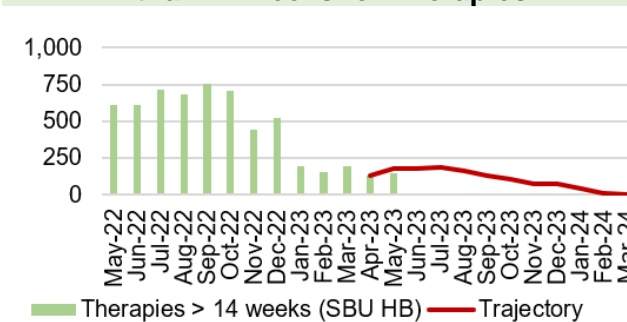


Chart 8: Cancer referrals

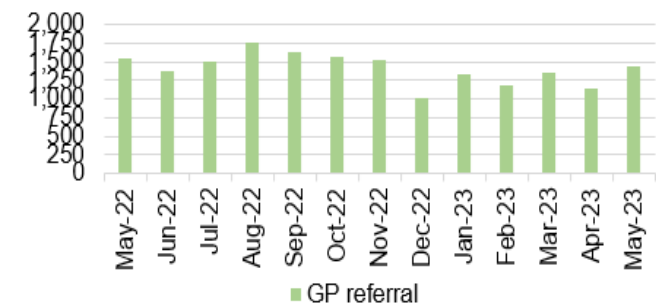


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

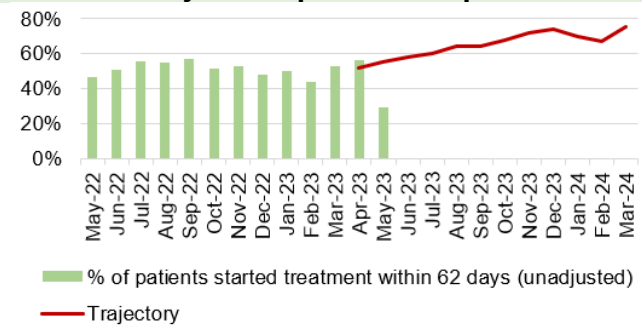


Chart 10: Number of new cancer patients starting definitive treatment

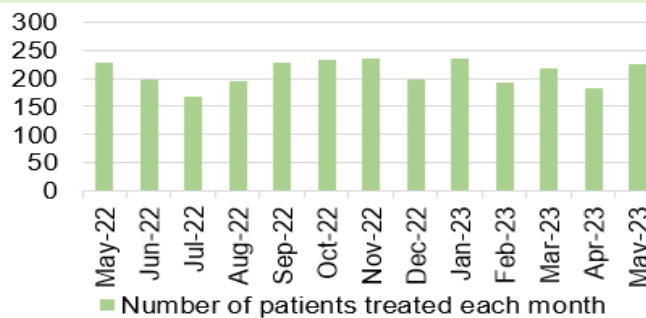


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

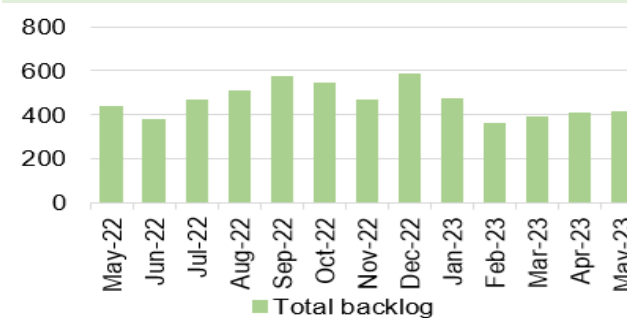


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

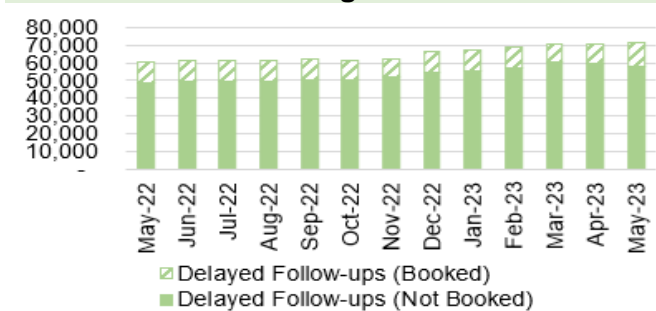


Chart 13: Number of patients without a documented clinical review date

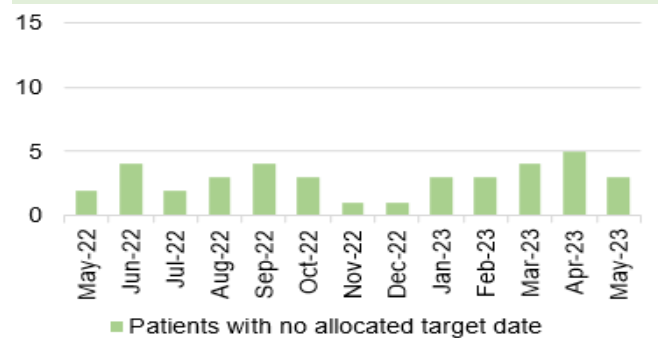


Chart 14: Ophthalmology patients without an allocated health risk factor

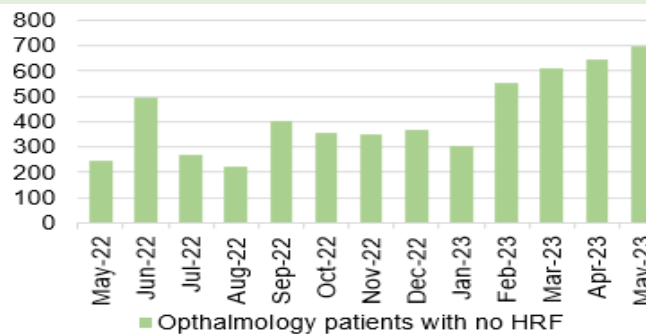


Chart 15: Total number of patients on the follow-up waiting list

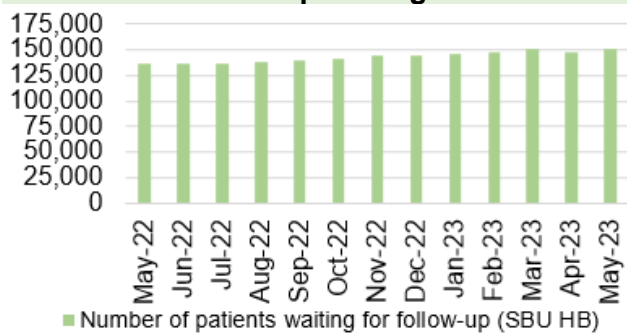
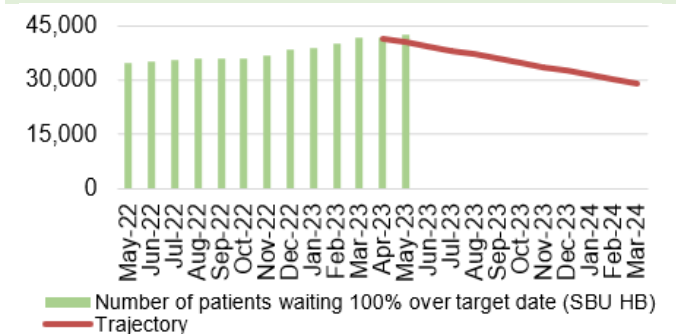


Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

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

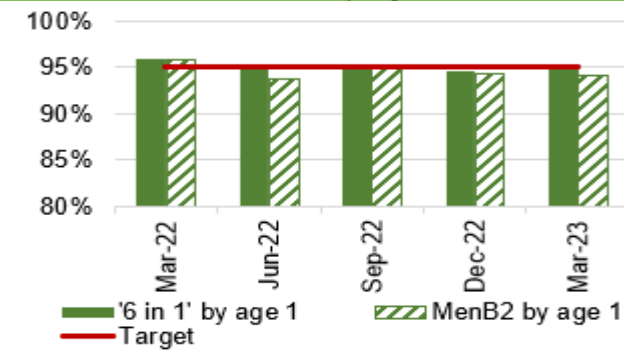


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

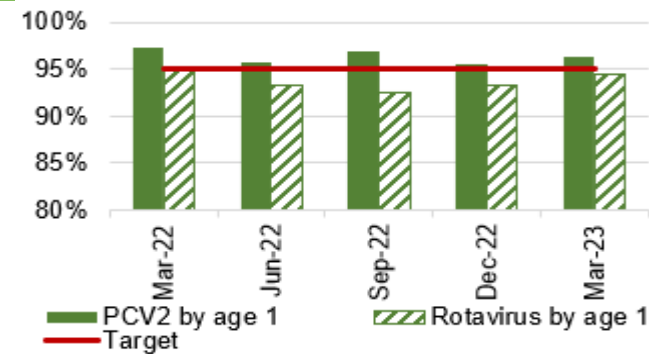


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

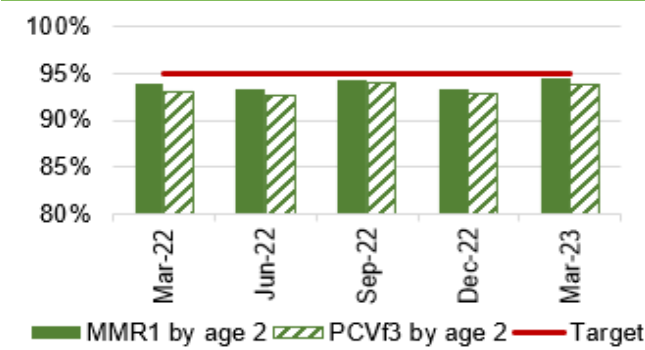


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

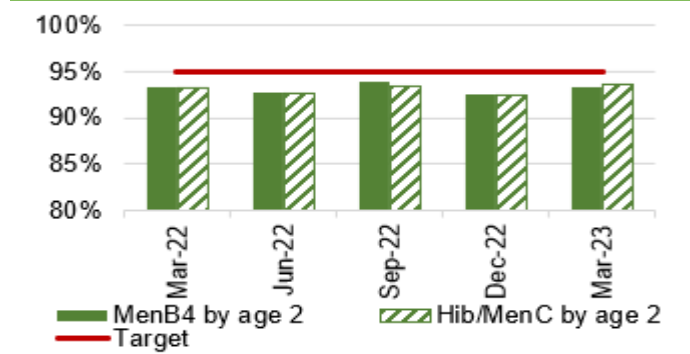


Chart 5: % children who are up to date in schedule by age 4

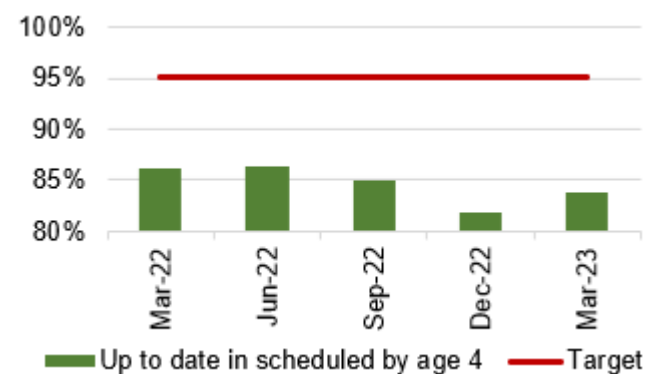


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

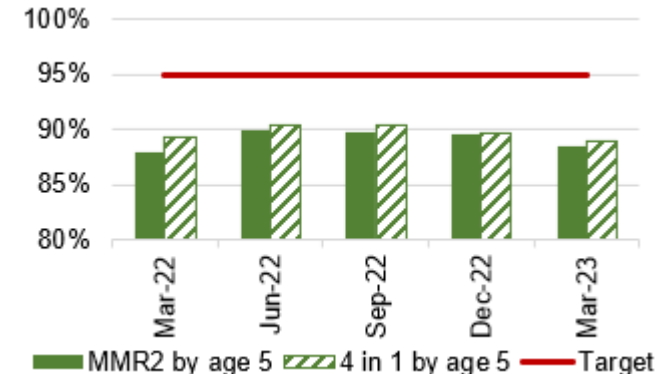


Chart 7: % children who received MMR vaccine and teenage booster by age 16

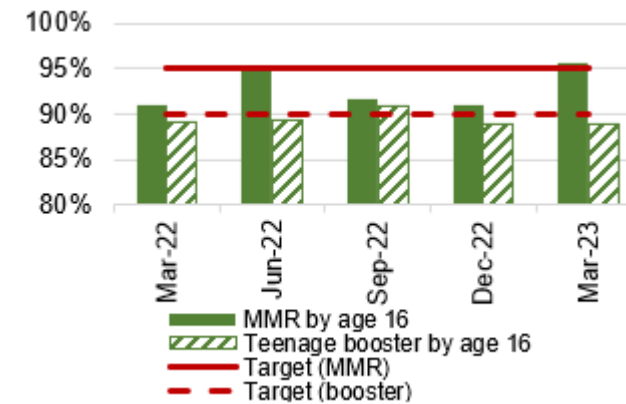


Chart 8: % children who received MenACWY vaccine by age 16

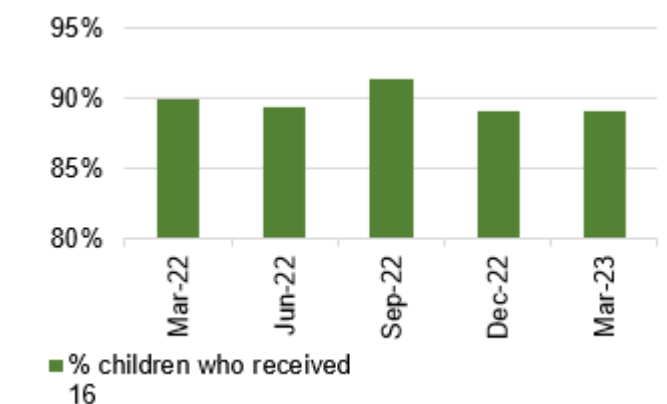
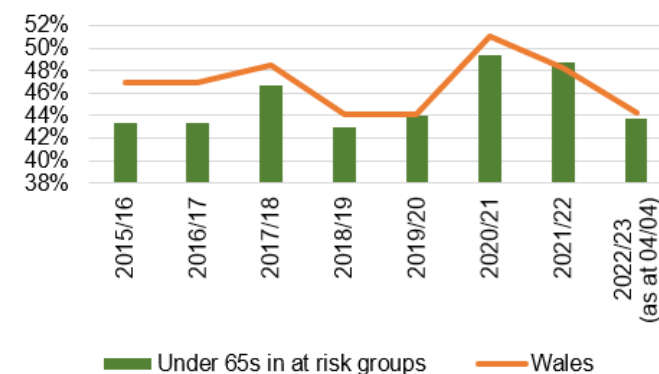


Chart 9: Influenza uptake for amongst 65 year olds and over



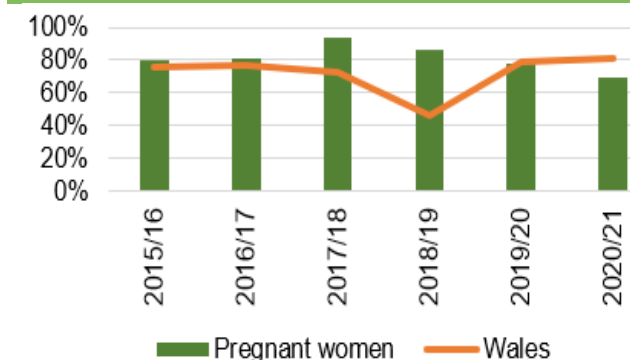
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



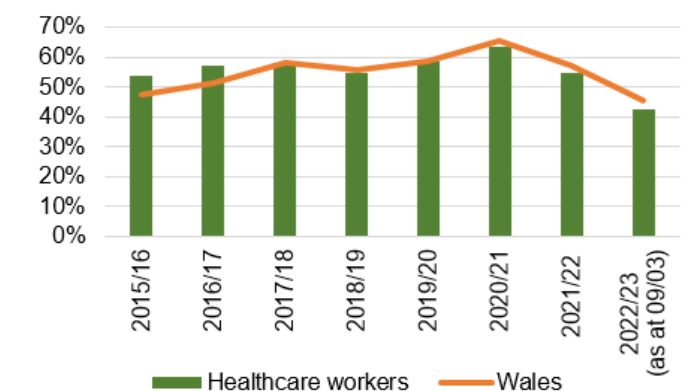
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

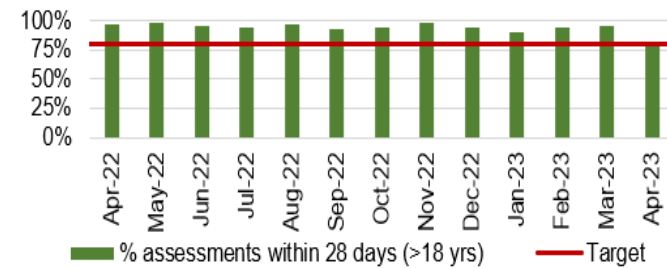


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

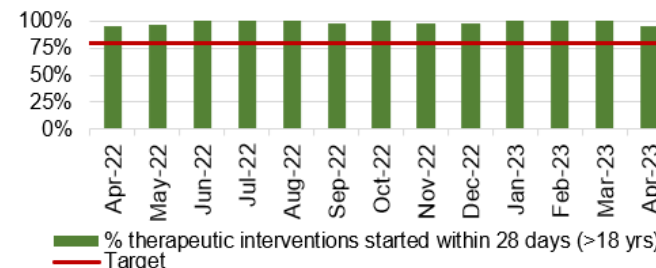


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

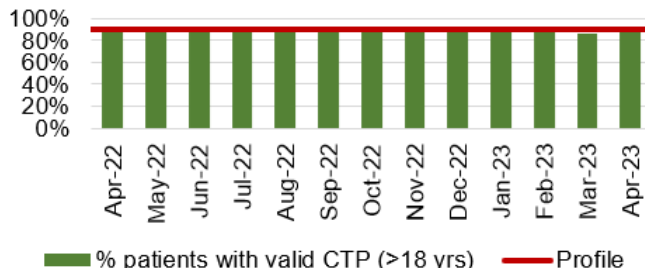


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

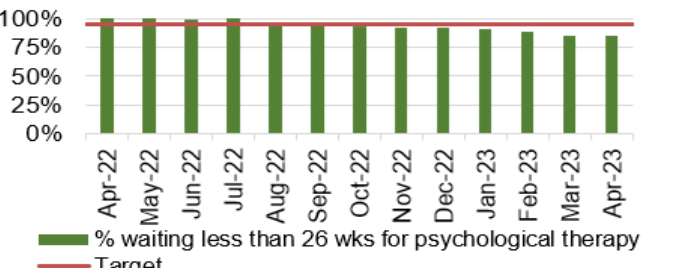


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

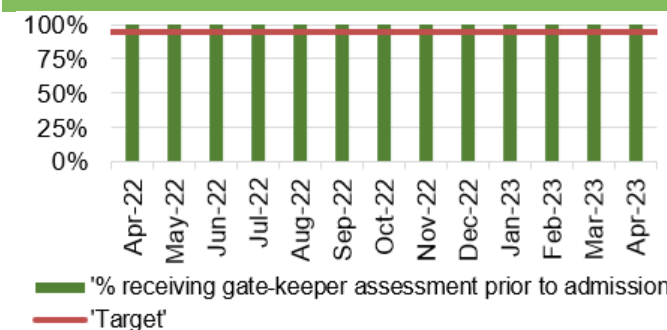


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

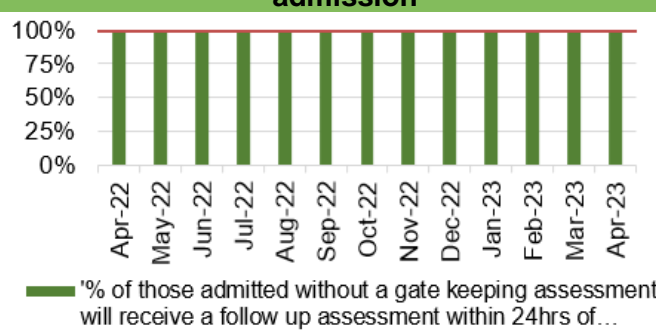


Chart 7: % of patients waiting under 14 weeks for Therapies

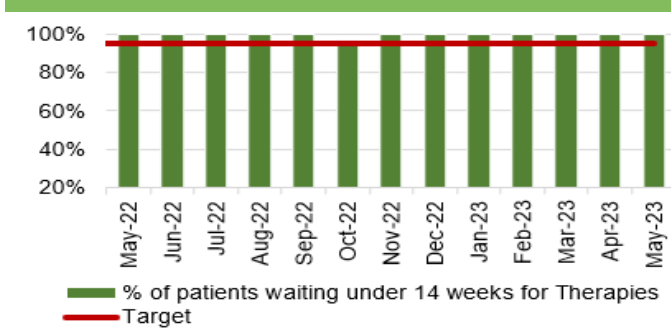


Chart 8: Number of Mental Health Delayed Transfers of Care (DTCs)

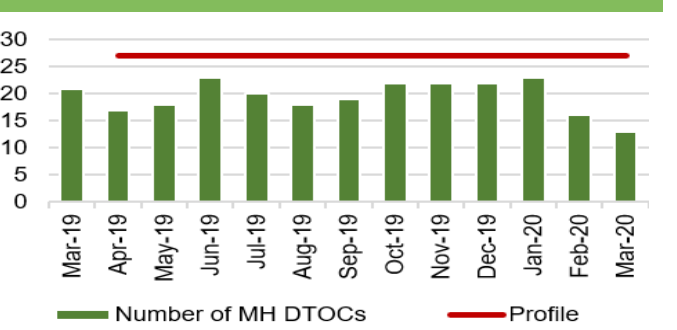


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

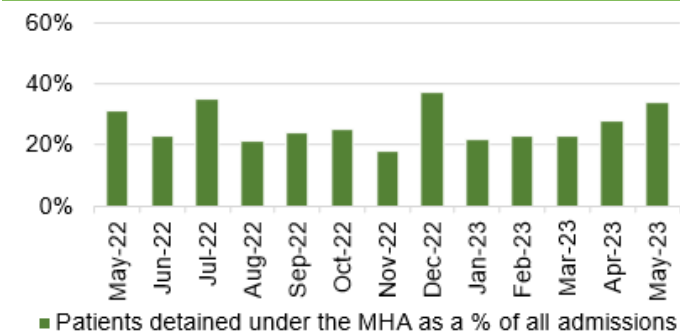


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

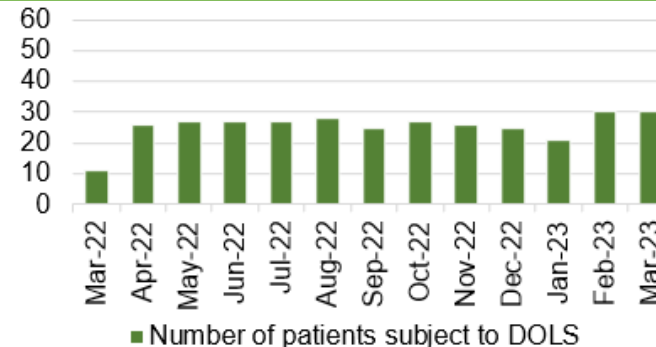


Chart 11: Number of Nationally Reportable Incidents

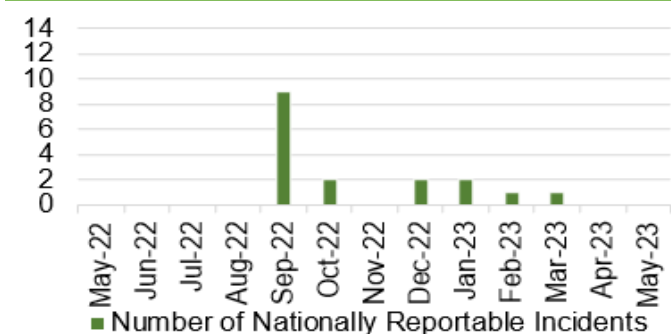
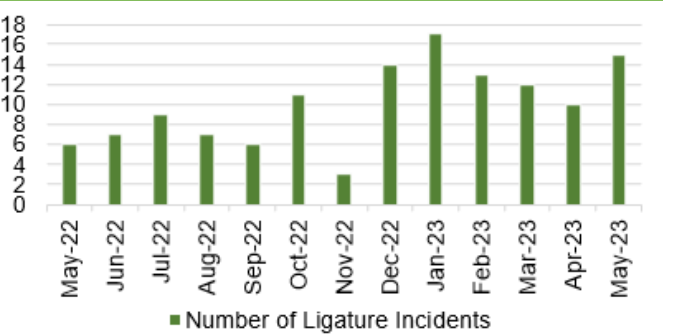


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

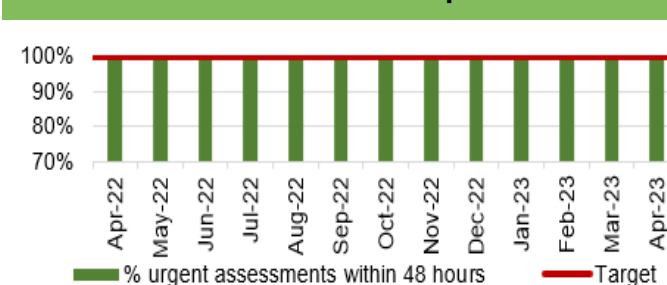


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks



Chart 15: Assessment and intervention within 28 days

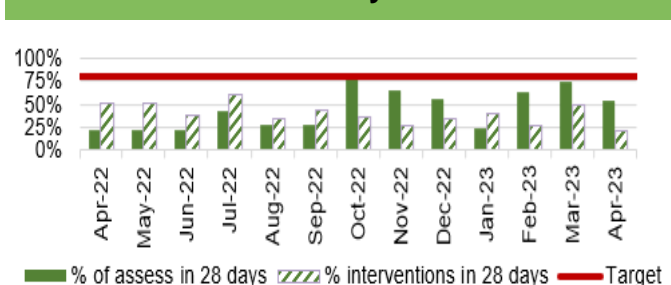
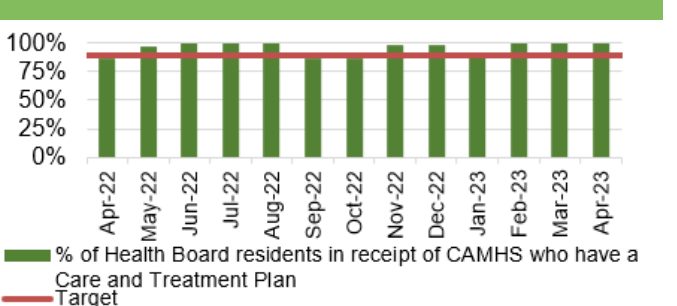


Chart 16: % of residents with a Care and Treatment Plan













APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
COVID19 related measures	Number of new COVID19 cases	Local	May-23	81		Reduce					286	372	600	217	218	171	171	395	230	249	378	153	81
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce					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	May-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	May-23	61		Reduce					39	52	91	46	84	61	51	61	34	33	57	29	61
	Number of COVID19 related serious incidents	Local	May-23	0		Reduce					0	0	0	0	1	0	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	May-23	0		Reduce					0	4	5	6	11	3	3	0	0	2	2	1	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																	
	Number of staff self isolated (asymptomatic)	Local	May-23	0		Reduce						29	28	26	8	5	1	0	0	0	1	0	0
	Number of staff self isolated (symptomatic)	Local	May-23	27		Reduce						125	287	272	121	100	121	124	144	70	63	57	45
% sickness	Local	May-23	0.2%		Reduce						1.2%	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%
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	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	May-23	56%	65%	65%	✗	39.5% (Dec-22)	3rd (Dec-22)		56%	57%	56%	55%	49%	50%	46%	41%	52%	52%	48%	50%	56%
	Number of ambulance handovers over one hour	National	May-23	708	0			6,798 (Dec-22)	1st (Dec-22)		538	578	659	705	732	739	744	614	561	594	729	658	708
	Handover hours lost over 15 minutes	Local	May-23	3952							1,892	2,920	2,976	3,870	4,378	4,599	4,456	4,289	3,440	3,245	4,659	3,627	3,952
	% 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	May-23	75%	95%			63.1% (Dec-22)	4th (Dec-22)		74%	72%	69%	70%	73%	71%	70%	65%	74%	76%	74%	75%	75%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	May-23	1303	0			12,099 (Dec-22)	4th (Dec-22)		1,195	1,388	1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125	1,395	1,083	1,303
NOF	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	National	Sep-22	93.0%	12 month ↑			70% (Oct-22)	1st (Oct-22)		90.0%	89.0%	91.0%	93.0%	93.0%								
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	May-23	18.6%	54.0%						20.0%	4.5%	4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	18.6%
	CT Scan (<1 hrs) (local)	Local	May-23	39.5%							38.1%	36.4%	33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	39.5%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	May-23	90.7%							90.5%	97.7%	97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	90.7%
	Thrombolysis door to needle <= 45 mins	Local	May-23	0.0%							12.5%	0.0%	0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%	0.0%
	% stroke patients who receive mechanical thrombectomy	National	May-23	7.1%	10%			2.1% (Nov-22)	4th (Nov-22)		0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	6.5%	2.0%	7.1%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	National	May-23	62.9%	12 month ↑			50.7% (Nov-22)	4th (Nov-22)		34.8%	29.5%	29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%	68.6%	62.9%
DTOCs	Number of mental health HB DTOCs	National	Mar-20	13	12 month ↓	27	✓				DTOC reporting temporarily suspended												
	Number of non-mental health HB DTOCs	National	Mar-20	60	12 month ↓	50	✗				DTOC reporting temporarily suspended												
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Apr-23	83		12 month ↓	✗				58	53	58	54	39	59	69	47	64	60	76	83	
	Number of pressure ulcers developed in the community			31		12 month ↓	✗				39	32	27	50	40	44	45	42	45	41	62	31	
	Total number of pressure ulcers		Apr-23	114		12 month ↓	✗				97	85	85	104	79	103	114	89	109	101	138	114	
	Number of grade 3+ pressure ulcers acquired in hospital			5		12 month ↓	✗				2	3	5	3	0	1	7	8	4	4	7	5	
	Number of grade 3+ pressure ulcers acquired in community		Apr-23	7		12 month ↓	✗				10	12	2	11	6	2	7	13	4	9	14	7	
	Total number of grade 3+ pressure ulcers		Apr-23	12		12 month ↓	✗				12	15	7	14	6	3	14	21	8	13	21	12	

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	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Apr-23	81.1	<67		✗	67.80 (Dec-22)	3rd (Dec-22)		79.6	70.8	68.9	74.5	70.4	69.4	70.0	69.6	68.7	67.9	67.5	81.1	
	Number of E.Coli bacteraemia cases (Hospital)		May-23	12							8	5	3	11	7	12	11	8	8	9	9	14	12
	Number of E.Coli bacteraemia cases (Community)			10							13	12	18	21	8	10	12	14	12	8	10	12	10
	Total number of E.Coli bacteraemia cases			22							21	17	21	32	15	22	23	22	20	17	19	26	22
	Cumulative cases of S.aureus bacteraemias per 100k pop		Apr-23	53.1	<20		✗	27.76 (Dec-22)	6th (Dec-22)		50.5	41.0	39.8	38.4	39.3	41.0	39.0	39.4	38.4	38.6	38.6	53.1	
	Number of S.aureus bacteraemias cases (Hospital)		May-23	8							9	7	6	6	8	13	3	10	8	9	5	7	8
	Number of S.aureus bacteraemias cases (Community)			2							9	2	6	6	6	4	5	3	2	2	5	9	2
	Total number of S.aureus bacteraemias cases			10							18	9	12	12	14	17	8	13	10	11	10	16	10
	Cumulative cases of C.difficile per 100k pop		Apr-23	56.2	<25		✗	36.68 (Dec-22)	5th (Dec-22)		36.7	41.0	42.9	47.6	46.9	48.9	50.9	49.6	51.3	50.6	51.4	56.2	
	Number of C.difficile cases (Hospital)		May-23	8							7	7	10	16	11	15	10	8	15	10	13	7	8
	Number of C.difficile cases (Community)			4							4	9	6	6	3	6	11	6	7	2	6	8	4
	Total number of C.difficile cases			12							11	16	16	22	14	21	21	14	22	12	19	15	12
	Cumulative cases of Klebsiella per 100k pop		Apr-23	25.0							21.4	22.6	24.5	25.0	25.5	24.9	26.0	26.1	26.9	26.8	27.4	25.0	
	Number of Klebsiella cases (Hospital)		May-23	4							7	6	4	4	1	3	6	5	5	7	4	7	4
	Number of Klebsiella cases (Community)			6							1	2	7	4	9	4	5	3	6	1	7	1	6
	Total number of Klebsiella cases			10				63 Total (Dec-22)	2nd (Dec-22)		8	8	11	8	10	7	11	8	11	8	11	8	10
	Cumulative cases of Aeruginosa per 100k pop		Apr-23	6.2							6.1	8.2	9.2	9.2	10.2	11.3	11.9	11.5	11.6	11.2	11.3	6.2	
	Number of Aeruginosa cases (Hospital)		May-23	1							1	3	2	3	4	3	5	1	2	2	2	1	1
	Number of Aeruginosa cases (Community)			0							1	1	2	0	1	3	0	2	2	0	2	1	0
	Total number of Aeruginosa cases			1				8 Total (Dec-22)	4th (Dec-22)		2	4	4	3	5	6	5	3	4	2	4	2	1
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	May-23	95.2%		95%	✓				96%	98%	96%	90%	97%	96%	96%	95%	97%	95%	93%	99%	95%
Inpatient Falls	Number of Inpatient Falls	Local	May-23	184		12 month ↓	✗				182	172	174	216	175	184	178	184	189	179	214	183	184
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	May-23	92%		98%	✗				93.9%	93.7%	90.5%	86.2%	87.6%	87.5%	88.2%	97.2%	91.8%	98.3%	85.1%	96.6%	91.9%
Coding	% of episodes clinically coded within 1 month of discharge	Local	Apr-23	55%	95%	95%	✗				68%	81%	82%	77%	81%	84%	67%	78%	71%	76%	67%	55%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	May-23	65%		100%	✗				66%	64%	63%	69%	70%	66%	71%	62%	64%	64%	62%	64%	65%
Workforce	Agency spend as a % of the total pay bill	National	May-23	5.80%	12 month ↓			5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		6.3%	6.2%	6.7%	6.4%	4.9%	6.5%	6.4%	6.0%	7.4%	6.2%	5.2%	5.7%	5.8%
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	May-23	68%	85%	85%	✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		56%	55%	58%	61%	64%	67%	68%	68%	69%	69%	69%	72%	68%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	National	May-23	87%	85%	85%	✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		80%	80%	81%	81%	82%	83%	84%	84%	85%	85%	82%	86%	87%
	% workforce sickness absence (12 month rolling)	National	Apr-23	7.46%	12 month ↓			7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		8.20%	8.29%	8.46%	8.44%	8.25%	8.08%	7.99%	8.02%	7.89%	7.78%	7.65%	7.46%	

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	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	May-23	13.0%							10.9%	11.5%	10.4%	10.0%	10.0%	9.6%	9.9%	10.9%	9.7%	9.9%	9.9%	11.8%	13.0%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	May-23	29.0%	12 month ↑			53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		46.5%	50.6%	55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	53.2%	56.5%	29.0%
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	May-23	35%	80%		✗				5%	18%	2%	10%	5%	18%	19%	26%	32%	31%	32%	22%	35%
	Scheduled (21 Day Target)	Local	May-23	81%	100%		✗				36%	51%	29%	35%	34%	65%	82%	83%	82%	86%	81%	70%	81%
	Urgent SC (2 Day Target)	Local	May-23	50%	80%		✗				13%	22%	18%	11%	31%	33%	17%	37%	31%	19%	30%	22%	50%
	Urgent SC (7 Day Target)	Local	May-23	73%	100%		✗				44%	43%	64%	48%	54%	70%	77%	70%	85%	69%	84%	70%	73%
	Emergency (within 1 day)	Local	May-23	100%	80%		✓				83%	82%	58%	65%	100%	70%	100%	83%	100%	100%	91%	100%	100%
	Emergency (within 2 days)	Local	May-23	100%	100%		✓				100%	88%	92%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	May-23	93%	80%		✓				80%	68%	66%	91%	70%	81%	91%	85%	82%	93%	94%	87%	93%
	Elective Delay (14 Day Target)	Local	May-23	100%	100%		✓				91%	79%	70%	98%	79%	91%	100%	100%	98%	100%	100%	93%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	National	May-23	4,847	0%			15,517 (Nov-22)	7th (Nov-22)		4,564	4,449	4,407	4,257	4,205	4,170	4,136	4,289	4,372	4,408	4,554	4,677	4,847
	Number of patients waiting > 8 weeks for a specified diagnostics	National	May-23	7,255	0			42,566 (Nov-22)	4th (Nov-22)		6,306	6,012	6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116	6,514	6,867	7,255
	Number of patients waiting > 14 weeks for a specified therapy	National	May-23	149	0			9,584 (Nov-22)	2nd (Nov-22)		614	609	714	682	755	707	441	527	194	157	193	129	149
	% of patients waiting < 26 weeks for treatment	National	May-23	59%	95%			56% (Nov-22)	6th (Nov-22)		50.4%	50.8%	51.8%	52.0%	52.1%	53.5%	54.4%	54.2%	52.8%	56.9%	58.4%	58.2%	58.7%
	Number of patients waiting > 26 weeks for outpatient appointment	Local	May-23	14,733	0						26,459	26,826	26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257	15,385	15,184	14,733
	Number of patients waiting > 52 weeks for first outpatient appointment	National	May-23	2,719	0			85,301 (Nov-22)	3rd (Nov-22)		14,071	14,951	15,232	15,122	13,980	12,352	9,774	7,779	6,630	5,475	3,895	3,456	2,719
	Number of patients waiting > 36 weeks for treatment	National	May-23	27,189	0			252,779 (Nov-22)	3rd (Nov-22)		39,403	39,760	38,888	38,583	37,095	36,121	34,207	33,321	32,031	30,017	28,353	28,087	27,189
	Number of patients waiting > 104 weeks for treatment	National	May-23	5,792	0			49,594 (Nov-22)	5th (Nov-22)		12,670	12,064	11,400	10,960	10,623	10,090	9,048	8,066	7,331	6,656	6,015	5,952	5,792
	The number of patients waiting for a follow-up outpatient appointment	Local	May-23	150,109							135,879	136,435	136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070	150,860	147,864	150,109
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	May-23	42,534	Reduction			224,552 (Nov-22)	5th (Nov-22)		34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	41,710	41,611	42,534
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	May-23	62%	95%			64.9% (Nov-22)	1st (Nov-22)		63.3%	63.7%	65.6%	62.4%	60.3%	65.2%	67.1%	69.9%	53.1%	64.6%	59.4%	62.7%	62.3%
DNAs	% of patients who did not attend a new outpatient appointment	Local	May-23	10%	12 month ↓						7.5%	8.2%	8.2%	8.0%	7.8%	8.3%	9.5%	11.1%	8.9%	9.2%	8.2%	7.9%	10.1%
	% of patients who did not attend a follow-up outpatient appointment	Local	May-23	8%	12 month ↓						7.3%	7.8%	7.7%	7.6%	7.8%	7.7%	8.5%	8.7%	7.8%	7.9%	7.9%	8.0%	8.2%
Theatre Efficiencies	Theatre Utilisation rates	Local	May-23	76%		90%	✗				78%	81%	72%	59%	71%	77%	74%	59%	72%	70%	71%	71%	76%
	% of theatre sessions starting late	Local	May-23	37%		<25%	✗				46%	43%	40%	36%	37%	40%	35%	39%	35%	39%	33%	35%	37%
	% of theatre sessions finishing early	Local	May-23	51%		<20%	✗				43%	43%	46%	43%	48%	45%	44%	46%	44%	45%	49%	48%	51%
Patient experience	Number of friends and family surveys completed	Local	May-23	3,477		12 month ↑	✓				3,550	3,292	3,391	3,950	3,914	4,358	4,287	3,569	5,073	4,425	5,358	2,704	3,477
	% of who would recommend and highly recommend	Local	May-23	90%		90%	✓				90%	88%	89%	89%	88%	90%	91%	89%	92%	92%	92%	92%	90%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	May-23	95%		90%	✓				91%	91%	90%	93%	92%	93%	91%	92%	92%	95%	95%	95%	95%
Complaints	Number of new formal complaints received	Local	Mar-23	183		12 month ↓ trend	✗				176	118	153	124	120	140	113	120	127	135	183		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Mar-23	72%	75%	80%	✗				69%	65%	64%	65%	71%	71%	69%	73%	78%	67%	72%		
	% of acknowledgements sent within 2 working days	Local	Mar-23	100%		100%	✓				100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%		

Harm from wider societal actions/lockdown																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	
Early years measures	% of babies who are exclusively breastfed at 10 days old	National	2021/22	31.9%	Annual ↑			36.7% (2021/22)	5th (2021/22)		Latest data available = 2021/22 31.9%													
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 22/23	95.4%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)			94.9%			94.9%			94.6%			95.4%			
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 22/23	88.4%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)			89.9%			89.8%			89.5%			88.4%			
Alcohol	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	National	Q1 22/23	33.5	4 quarter ↓			383.9 (Q1 22/23)	3rd (Q1 22/23)			333.5												
	% of people who have been referred to health board services who have completed treatment for alcohol	National	Q2 22/23	61.9%	4 quarter ↑			68.6% (Q2 22/23)	6th (Q2 22/23)			43.6%			61.9%									
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-23	75.9%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2022					62.2%	72.4%	74.4%	75.6%	76.0%	75.9%	Data collection restarts October 2023		
	% uptake of influenza among under 65s in risk groups	National	Mar-23	43.8%	55%			48.2% (Mar-22)	4th (Mar-22)							30.2%	37.7%	40.4%	42.1%	43.4%	43.8%			
	% uptake of influenza among children 2 to 3 years old	Local	Mar-23	38.8%	50%			47.6% (Mar-22)	5th (Mar-22)							23.6%	34.6%	37.9%	39.2%	39.3%	38.8%			
	% uptake of influenza among healthcare workers	National	Mar-23	42.4%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)								34.4%	40.9%	40.9%	42.4%	42.4%			
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Apr-23	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Apr-23	28%	80%	80%	✗	31.4% (Nov-22)	3rd (Nov-22)		36%	47%	44%	44%	36%	40%	39%	37%	29%	29%	29%	28%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Apr-23	55%	80%	80%	✗	83.2% (Nov-22)	5th (Nov-22)		40%	33%	38%	34%	91%	91%	89%	79%	62%	82%	74%	55%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Apr-23	55%		80%	✗	66.8% (Nov-22)	5th (Nov-22)		23%	22%	42%	27%	27%	83%	65%	56%	24%	64%	74%	55%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Apr-23	21%		80%	✗	34.4% (Nov-22)	4th (Nov-22)		51%	38%	61%	35%	43%	36%	27%	35%	40%	26%	50%	21%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%		80%	✓				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	Apr-23	100%		90%	✓	63.8% (Nov-22)	1st (Nov-22)		97%	100%	100%	100%	87%	87%	99%	99%	91%	100%	100%	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	Apr-23	78%	80%	80%	✗	86.9% (Nov-22)	3rd (Nov-22)		98%	96%	94%	97%	93%	95%	98%	94%	91%	95%	96%	78%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Apr-23	96%	80%	80%	✓	73.1% (Nov-22)	2nd (Nov-22)		97%	100%	100%	100%	98%	100%	98%	98%	100%	100%	100%	96%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Apr-23	85%	95%	95%	✗	73.9% (Nov-22)	2nd (Nov-22)		100%	100%	100%	97%	96%	93%	92%	92%	91%	88%	85%	85%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Apr-23	87%	90%	90%	✗	84.2% (Nov-22)	2nd (Nov-22)		89%	89%	89%	90%	89%	90%	90%	90%	89%	89%	87%	87%		
	% 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	Apr-23	100%				95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CHRHTS within 24 hours of admission	National	Apr-23	100%				90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Self harm	Rate of hospital admissions with any mention of intentional self-harm of children and young people (aged 10-24 years) per 1,000 population	National	2021/22	3.56	Annual ↓			3.95 (2021/22)	4th (2021/22)		Latest data available = 2021/22 3.56													