



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Report Date	26th March 2024	Agenda Item	
Report Title	Integrated Performance Report		
Report Author	Charlotte Angell, Health Board Performance Support Officer		
Report Sponsor	Darren Griffiths, Executive Director of Finance and Performance, Acting Deputy Chief Executive		
Presented by	Darren Griffiths, Executive Director of Finance and Performance, Acting Deputy Chief Executive		
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 (February 2024) 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 focus of the report will be adjusted for April 2024 reporting to give clear focus on the measures to be monitored as part of Targeted Intervention (TI) escalation for performance and outcomes. A discussion was held with Welsh Government on 11th March 2024 and discussions are ongoing to establish the precise metrics for inclusion in the escalation framework.</p> <p>Key high level issues to highlight this month are as follows:</p> <p>-</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 remains minimal with 70 new cases reported in February 2024. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Performance against the 4-hour access is marginally below profile at 74.3% in February 2024 a deterioration of 2.1% from the previous month. - Performance against the 12-hour wait has deteriorated in February 2024 to 1,197 from 959. - In February 2024, there were 629 ambulance to hospital handovers taking over 1 hour; this is a decrease of 75 compared with the previous month. 		

- In February 2024, 3,344 ambulance hours were lost in handover delays compared to 3,693 in the previous month.

Planned Care

- OP waits remain under the 52 week Ministerial target level in February 2024, a position sustained since October 2023.
- In February 2024, there were 2,175 patients waiting over 104 weeks for treatment, which is a 15% reduction from the previous month.
- In February 2024 there were 29 patients waiting over 14 weeks for specified Therapies.
 - o 8 for Speech & Language Therapy
 - o 20 for Dietetics
 - o 1 for Audiology
- In February 2024, there was a decrease in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 4,705 in January 2024 to 3,870 in February 2024, an improvement of 835.

Cancer

- The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in January 2024 was 48%, which is 3% lower than the figure reported in December 2023. Performance is below the submitted trajectory (70%).
- Backlog figures have seen a reduction in recent weeks to 222 at the date of reporting. Mid March this backlog has reduced further to 196 and is now ahead of planned profile.

Mental Health

- Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in December 2023.
- In January 2024, 72.6% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

Child and Adolescent Mental Health Services (CAMHS)

- Access times for crisis performance has been maintained at 100% in January 2024.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remains static at 24% in January 2024.
- Note: S-CAMHS now included with P-CAMHS measure and performance substantially improved.

Work has commenced with colleagues in Primary and Community Care services to enhance performance reporting in this important area for the Health Board.

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 that the report will be updated once TI measures are known. • NOTE that work has commenced to develop and add key reporting measures for Primary and Community Care Services 			

INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION:

Members are asked to:

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

- **NOTE** that the report will be updated once TI measures are known.
- **NOTE** that work has commenced to develop and add key reporting measures for Primary and Community Care Services

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

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

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

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



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Appendix 1- Integrated Performance Report March 2024



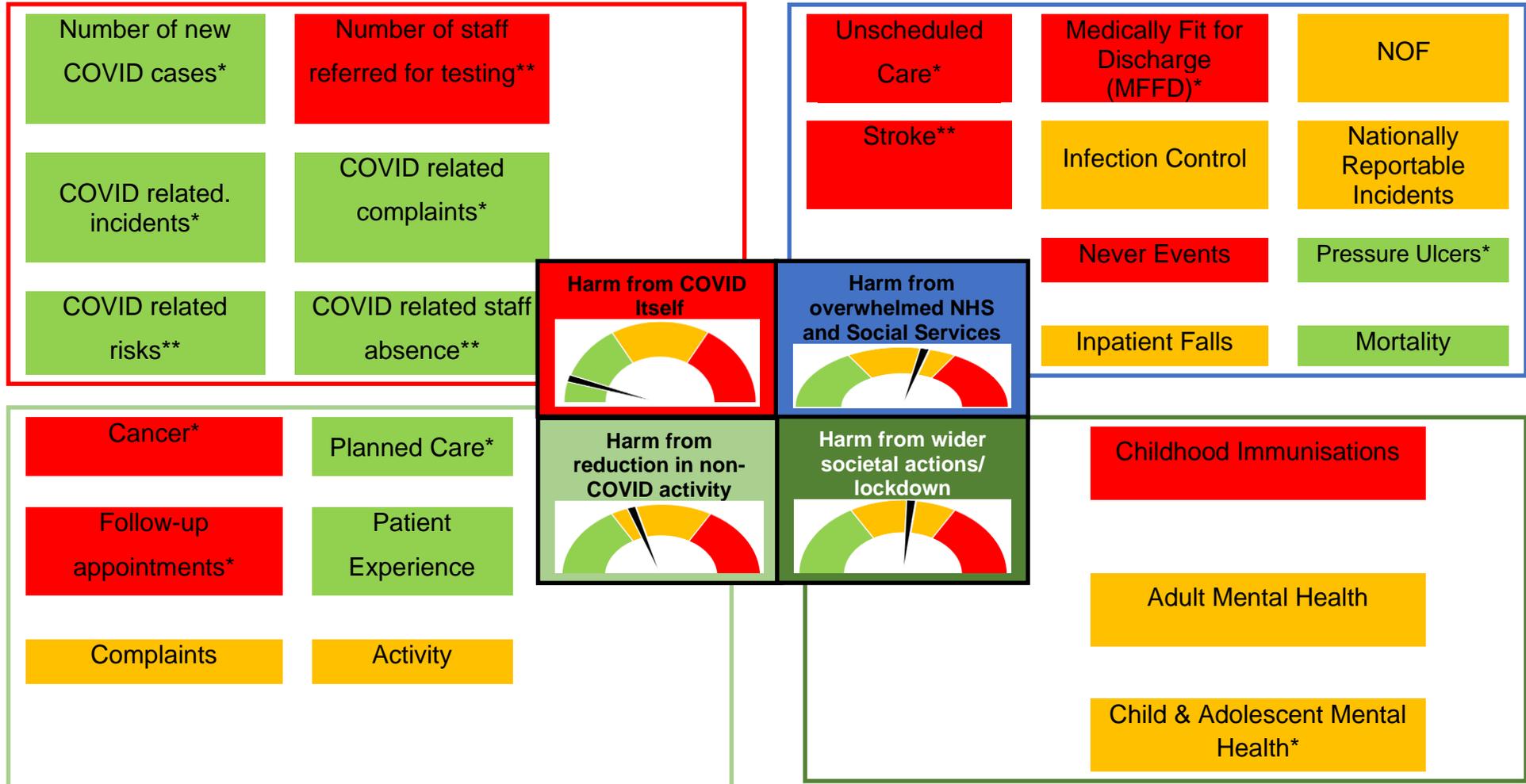
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1. QUADRANTS OF HARM SUMMARY

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



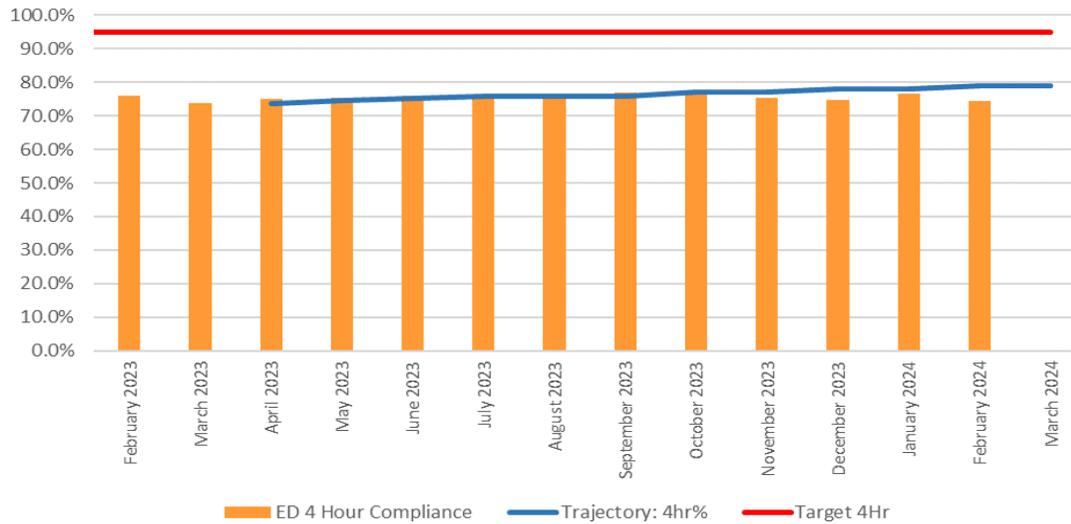
NB- RAG status is against national or local target
 ** Data not available

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

2. ESCALATED SERVICE UPDATE TRAJECTORIES

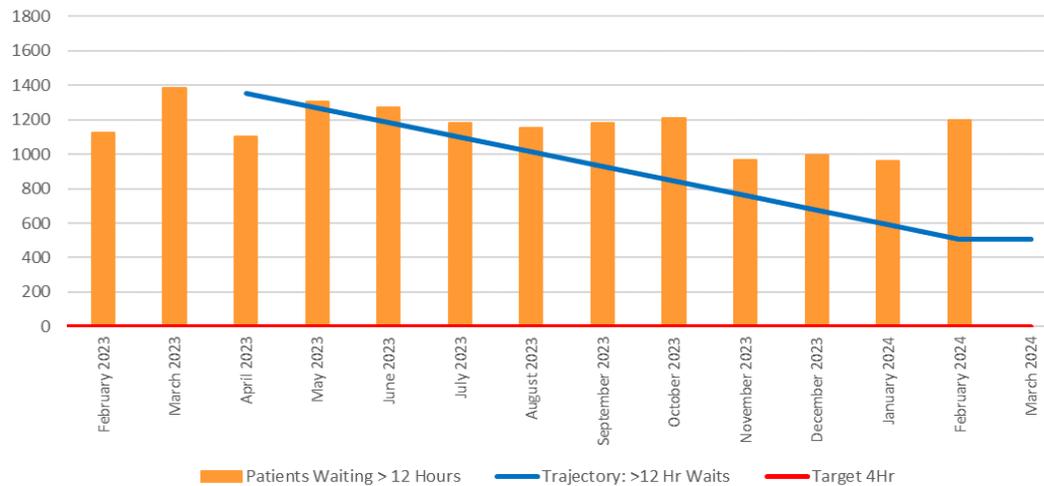
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4-hour access is currently below the outlined trajectory in February 2024. ED 4-hour performance has deteriorated by 2.3% in February 2024 to 74.29% from 76.61% in January 2024.

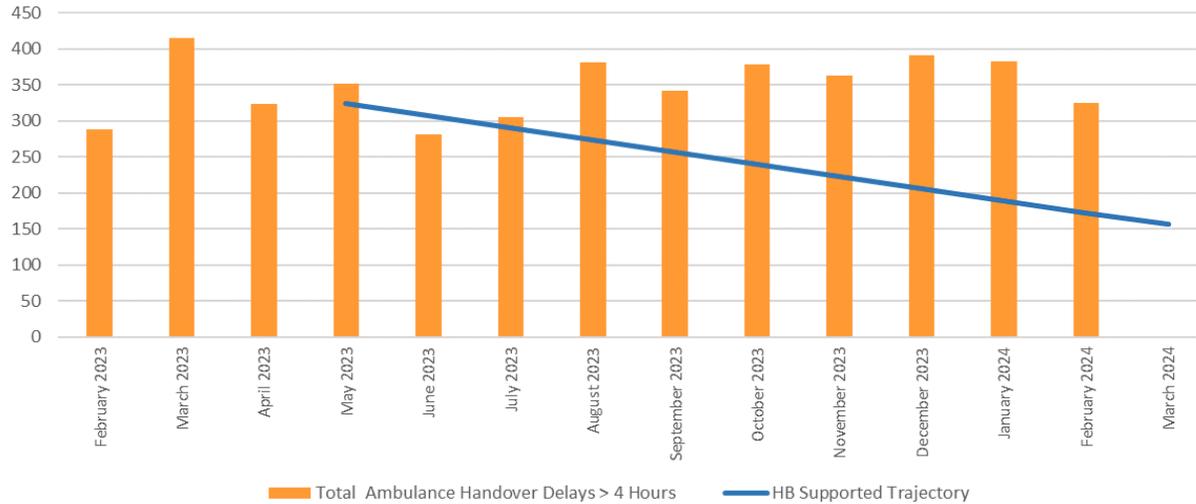
2. Submitted recovery trajectory for A&E 12-hour performance



2. Performance against the 12-hour wait has deteriorated in-month and is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 1,197 in February 2024 from 959 in January.

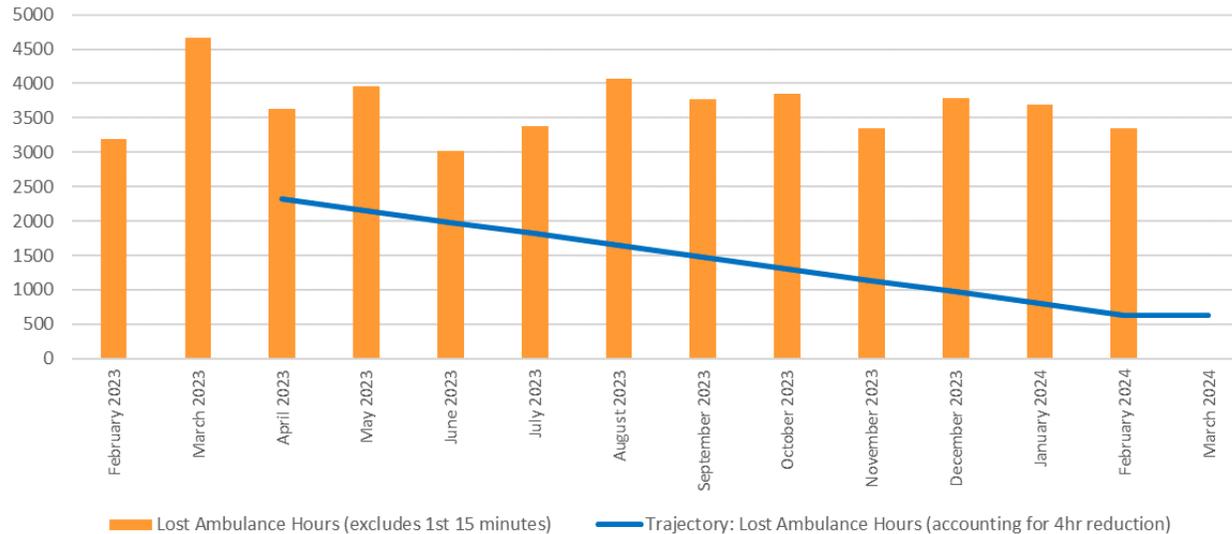
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The number of Ambulance handovers over 4 hours have decreased in February 2024. The handover times over four hours decreased to 325 in February 2024 from 383 in January 2024. The figures are above the outlined trajectory for February 2024 which was 0.

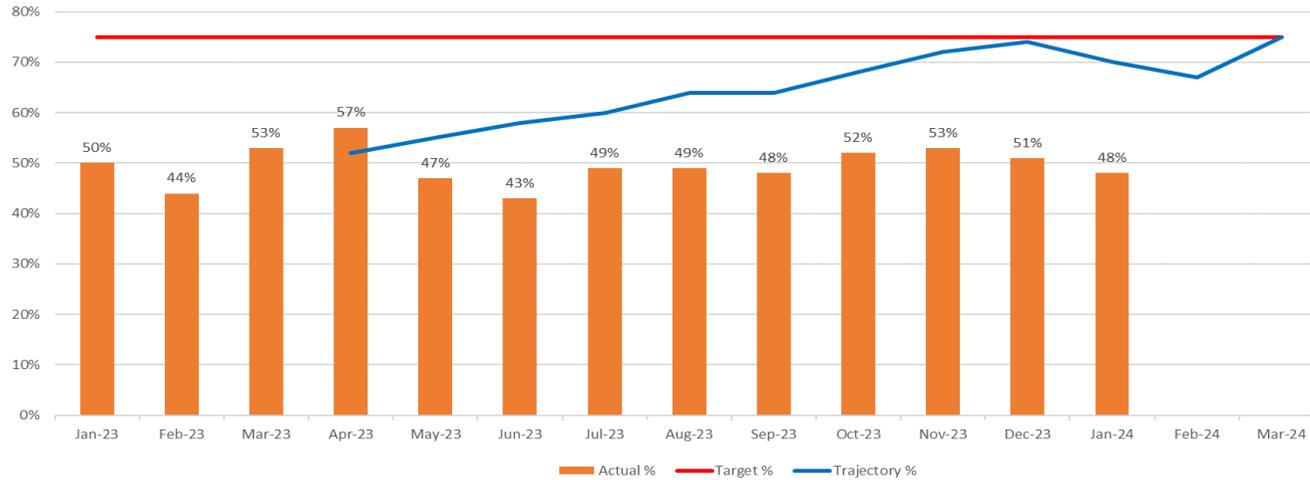
4. Ambulance Handover Lost Hours



4. The ambulance handover lost hours rate has seen a reduction in February 2024. The ambulance handover lost hours decreased from 3,693 in January 2024 to 3,344 in February 2024. This is above the outlined trajectory for February 2024 (630).

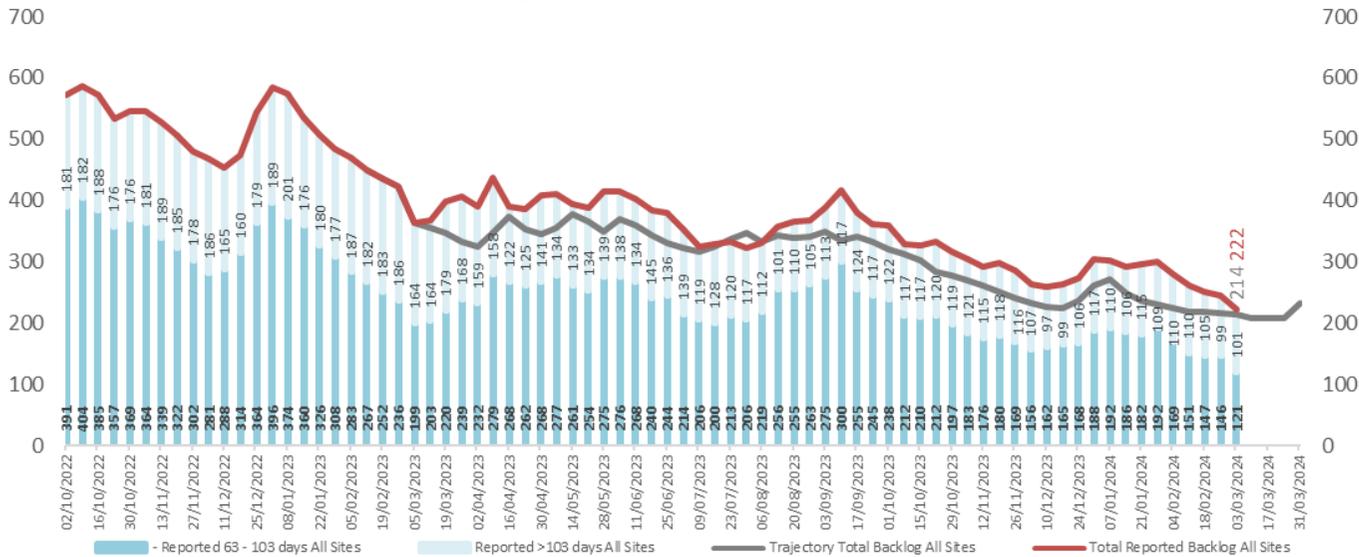
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



1. The final SCP performance for January 2024 was 48%, which is slightly lower than the figure reported in December 2023. Performance is below the submitted trajectory (70%).

2. Proposed backlog improvements to support SCP performance



2. Backlog figures have seen a decrease in recent weeks and are almost back in line with the trajectory. The total backlog at 03/03/2024 was 222.

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 February 2024, there were an additional 70 positive cases recorded bringing the cumulative total to 121,470 in Swansea Bay since March 2020.</p>	<p>Number of new COVID19 cases for Swansea Bay population</p> <table border="1"> <caption>Estimated data for the bar chart</caption> <thead> <tr> <th>Month</th> <th>New positive COVID19 cases</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>4,200</td></tr> <tr><td>Mar-22</td><td>4,800</td></tr> <tr><td>Apr-22</td><td>800</td></tr> <tr><td>May-22</td><td>300</td></tr> <tr><td>Jun-22</td><td>400</td></tr> <tr><td>Jul-22</td><td>600</td></tr> <tr><td>Aug-22</td><td>200</td></tr> <tr><td>Sep-22</td><td>200</td></tr> <tr><td>Oct-22</td><td>200</td></tr> <tr><td>Nov-22</td><td>200</td></tr> <tr><td>Dec-22</td><td>400</td></tr> <tr><td>Jan-23</td><td>200</td></tr> <tr><td>Feb-23</td><td>200</td></tr> <tr><td>Mar-23</td><td>400</td></tr> <tr><td>Apr-23</td><td>200</td></tr> <tr><td>May-23</td><td>200</td></tr> <tr><td>Jun-23</td><td>200</td></tr> <tr><td>Jul-23</td><td>200</td></tr> <tr><td>Aug-23</td><td>200</td></tr> <tr><td>Sep-23</td><td>200</td></tr> <tr><td>Oct-23</td><td>200</td></tr> <tr><td>Nov-23</td><td>200</td></tr> <tr><td>Dec-23</td><td>200</td></tr> <tr><td>Jan-24</td><td>200</td></tr> <tr><td>Feb-24</td><td>70</td></tr> </tbody> </table> <p>■ New positive COVID19 cases</p>	Month	New positive COVID19 cases	Feb-22	4,200	Mar-22	4,800	Apr-22	800	May-22	300	Jun-22	400	Jul-22	600	Aug-22	200	Sep-22	200	Oct-22	200	Nov-22	200	Dec-22	400	Jan-23	200	Feb-23	200	Mar-23	400	Apr-23	200	May-23	200	Jun-23	200	Jul-23	200	Aug-23	200	Sep-23	200	Oct-23	200	Nov-23	200	Dec-23	200	Jan-24	200	Feb-24	70
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UNSCHEDULED CARE

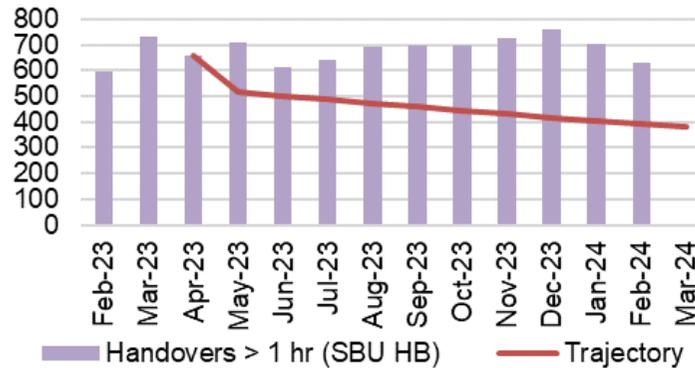
Description	Current Performance	Actions of Improvement																																																																																																																																									
<p>Ambulance responses</p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In February 2024, the number of red calls responded to within 8 minutes deteriorated to 46.0% from 50.4% in January 2024. In February 2024, the number of green calls decreased by 2%, amber calls decreased by 0.4%, and red calls decreased by 8% compared with January 2024.</p>	<p>Ambulance response rates have seen a deterioration in performance in February 2024. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.</p>																																																																																																																																									
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UNSCHEDULED CARE

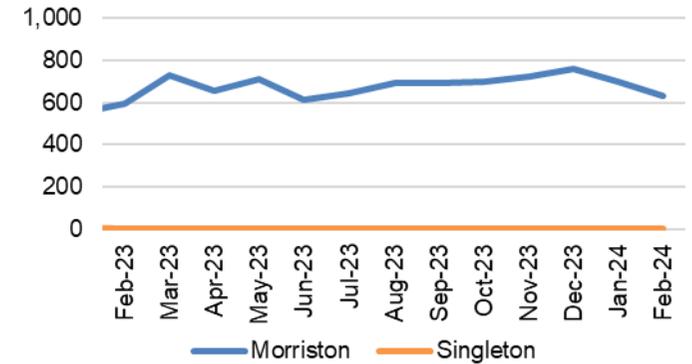
Description	Current Performance	Actions of Improvement
Ambulance handovers 1. The number of ambulance handovers over one hour 2. The number of ambulance handovers over one hour- Hospital level 3. The number of ambulance handovers over one hour (last 90 days)	In February 2024, there were 629 ambulance to hospital handovers taking over 1 hour; this is a reduction of 75 compared with 704 in January 2024. In February 2024, all 629 handovers over 1 hour were attributed to Morriston Hospital. The number of handover hours lost over 15 minutes have decreased from 3,693 in January 2024 to 3,344 in February 2024.	Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction. Changes to medical staff rotas are being worked through and a frailty model has been agreed to improve flow and develop new pathways of care to prevent conveyance and admission where appropriate

Trend

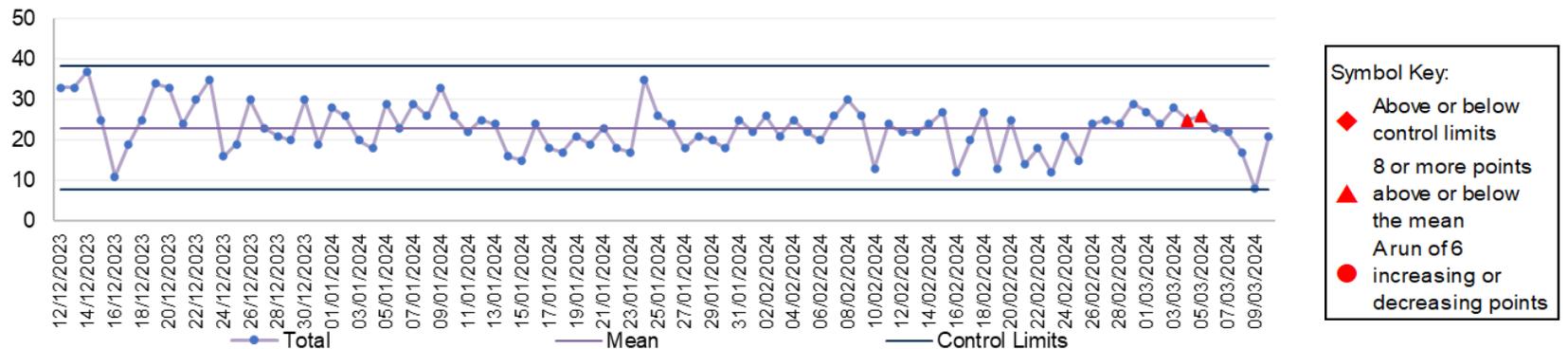
1. Number of ambulance handovers- HB total



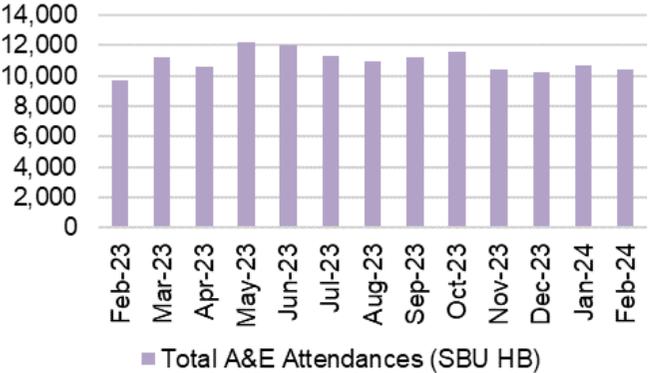
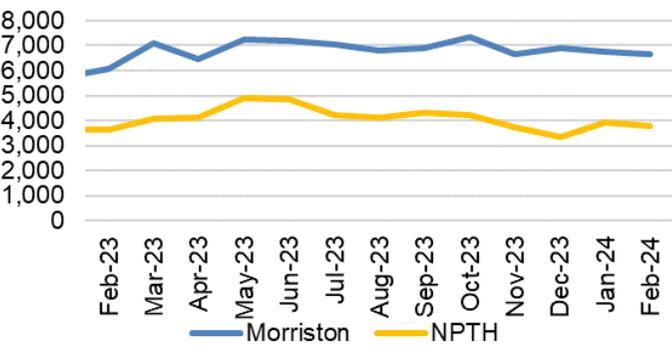
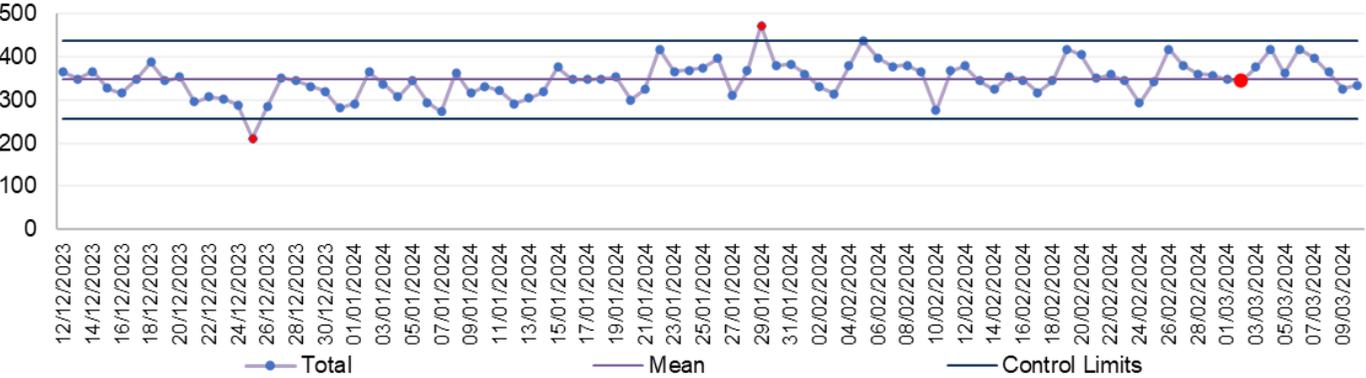
2. Number of ambulance handovers over 1 hour- Hospital level



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



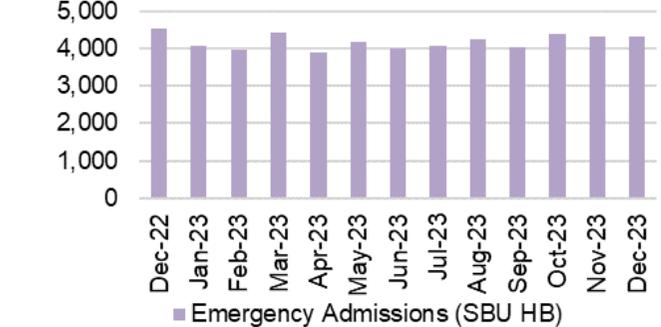
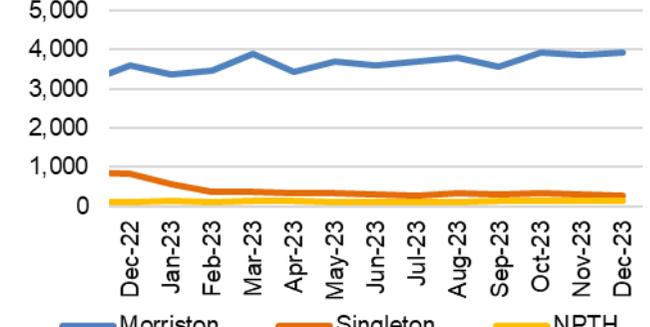
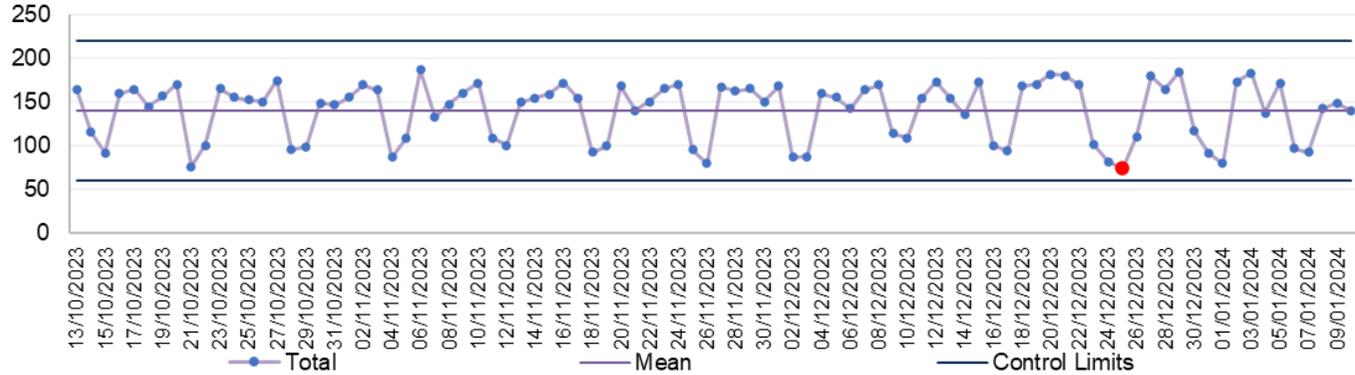
UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement
<p>A&E Attendances</p> <p>1. The number of attendances at emergency departments in the Health Board</p> <p>2. The number of attendances at emergency departments in the Health Board – Hospital level</p> <p>3. The number of attendances at emergency departments in the Health Board (last 90 days)</p>	<p>ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In February 2024 there were 10,421 A&E attendances, this is 2% lower than January 2024.</p>	<p>There is currently a medical SDEC model in place consisting of medics, GP's, therapies, plus co-location of OPAS, ACT, virtual wards, paramedics (WAST stack review and direct access) – pull & push model from ED.</p>
	Trend	
	<p>1. Number of A&E attendances- HB total</p>  <p>■ Total A&E Attendances (SBU HB)</p>	<p>2. Number of A&E attendances- Hospital level</p>  <p>— Morriston — NPTH</p>
<p>3. Number of A&E attendances -HB total last 90 days</p>  <p>● Total — Mean — Control Limits</p> <div data-bbox="1854 1015 2085 1294" style="border: 1px solid black; padding: 5px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ above or below the mean ● Arun of 6 ● increasing or decreasing points </div>		

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<p>A&E waiting times</p> <p><i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i></p> <p><i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i></p> <p><i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i></p>	<p>The Health Board's performance against the 4-hour measure deteriorated from 76.61% in January 2024 to 74.29% in February 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 99.41% in February 2024. Morriston Hospital's performance deteriorated between January 2024 and February 2024, achieving 60.07% against the target.</p>	<p>The continuous flow model was introduced in October 2023 to support reduced occupancy and to improve flow throughout the day. Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with WAST colleagues to implement further pathways.</p>
	Trend	
	<p>1. % Patients waiting under 4 hours in A&E- HB total</p>	<p>2. % Patients waiting under 4 hours in A&E- Hospital level</p>
<p>3. % Patients waiting under 4 hours in A&E- HB total last 90 days</p>		

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E waiting times 1. Number of patients who spend 12 hours or more in A&E 2. Number of patients who spend 12 hours or more in A&E- Hospital level 3. Number of patients who spend 12 hours or more in A&E (last 90 days)	In February 2024, performance against the 12-hour measure deteriorated when compared with January 2024, increasing from 959 to 1197. This is an increase of 238 compared to January 2024. All 1,197 patients waiting over 12 hours in February 2024 were attributed to Morriston Hospital.	A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.
	Trend	
	1. Number of patients waiting over 12 hours in A&E- HB total	2. Number of patients waiting over 12 hours in A&E- Hospital level
3. Number of patients waiting over 12 hours in A&E – HB total last 90 days		
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UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement
<p>Emergency admissions</p> <p>1. The number of emergency inpatient admissions</p> <p>2. The number of emergency inpatient admissions- Hospital level</p> <p>3. The number of emergency inpatient admissions (last 90 days)</p>	<p>In December 2023, there were 4,328 emergency admissions across the Health Board, which is 26 higher than November 2023. Singleton Hospital saw an in-month reduction, with 33 less admissions (from 308 in November 2023), Morriston Hospital saw an in-month increase from 3,871 admissions in November 2023 to 3,923 admissions in December 2023.</p>	<p>The increased number of emergency admissions is directly linked to the pressure within the system and the reduced flow from ED – this will be addressed by the previously referenced occupancy actions</p>
	Trend	
	<p>1. Number of emergency admissions- HB total</p> 	<p>2. Number of emergency admissions- Hospital level</p> 
<p>3. Number of emergency admissions- HB total last 90 days</p>  <div data-bbox="1859 1029 2105 1308" style="border: 1px solid black; padding: 5px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean ○ Arun of 6 ● increasing or decreasing points </div>		

UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement																																																																																																														
<p>Critical Care-Delayed Transfers of Care (DIOC)-Morrison Hospital</p> <p>1. Total Critical Care delayed discharges (hours)</p> <p>2. Average lost bed days per day</p> <p>3. Percentage of patients delayed: Up to 8 hours Between 8 and 24 hours Over 24 hours</p>	<p>In February 2024, there were a total of 70 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is a reduction when compared with 78 admissions in January 2024. February 2024, saw a decrease in the number of delayed discharge hours from 1640.55 in January 2024 to 1049.25 in February 2024. The average lost bed days decreased to 1.51 per day. The percentage of patients delayed over 24 hours decreased to 26.53% in February from 45.31% in January 2024.</p>	<p>Delayed discharges from ICU are linked to capacity and flow constraints within the general wards and health/social-care system in general. Increased focus on flow through ICU as a result of capital works underway to meet burns requirements.</p>																																																																																																														
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Month	% delayed up to 8 hours	% delayed between 8 and 24 hours	% delayed over 24 hours																																																																																																													
Feb-23	15%	10%	75%																																																																																																													
Mar-23	10%	5%	85%																																																																																																													
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UNSCHEDULED CARE

Description	Current Performance	Trend																																																																						
<p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In February 2024, there were on average 296 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals.</p> <p>In February, Morriston Hospital had the largest proportion of clinically optimised patients with 173, followed by Neath Port Talbot Hospital with 62.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital.</p>	<p align="center">The number of clinically optimised patients by site</p> <table border="1"> <caption>Data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>110</td><td>85</td><td>85</td><td>10</td></tr> <tr><td>Mar-23</td><td>110</td><td>95</td><td>75</td><td>10</td></tr> <tr><td>Apr-23</td><td>110</td><td>80</td><td>75</td><td>20</td></tr> <tr><td>May-23</td><td>115</td><td>70</td><td>80</td><td>15</td></tr> <tr><td>Jun-23</td><td>120</td><td>55</td><td>80</td><td>15</td></tr> <tr><td>Jul-23</td><td>115</td><td>35</td><td>70</td><td>15</td></tr> <tr><td>Aug-23</td><td>155</td><td>25</td><td>75</td><td>15</td></tr> <tr><td>Sep-23</td><td>145</td><td>15</td><td>95</td><td>10</td></tr> <tr><td>Oct-23</td><td>175</td><td>10</td><td>95</td><td>15</td></tr> <tr><td>Nov-23</td><td>180</td><td>10</td><td>95</td><td>15</td></tr> <tr><td>Dec-23</td><td>150</td><td>10</td><td>75</td><td>15</td></tr> <tr><td>Jan-24</td><td>130</td><td>35</td><td>65</td><td>15</td></tr> <tr><td>Feb-24</td><td>173</td><td>62</td><td>62</td><td>20</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Feb-23	110	85	85	10	Mar-23	110	95	75	10	Apr-23	110	80	75	20	May-23	115	70	80	15	Jun-23	120	55	80	15	Jul-23	115	35	70	15	Aug-23	155	25	75	15	Sep-23	145	15	95	10	Oct-23	175	10	95	15	Nov-23	180	10	95	15	Dec-23	150	10	75	15	Jan-24	130	35	65	15	Feb-24	173	62	62	20
Month	Morriston	Singleton	NPTH	Gorseinon																																																																				
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Jan-24	130	35	65	15																																																																				
Feb-24	173	62	62	20																																																																				
<p>Elective procedures cancelled due to lack of beds The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</p>	<p>In February 2024, there were 24 elective procedures cancelled due to lack of beds on the day of surgery. This is 43 less cancellations than those seen in January 2024.</p> <p>Of the cancelled procedures, 23 were attributed to Morriston Hospital and 1 was attributed to Neath Port Talbot Hospital in February 2024.</p>	<p align="center">Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Data for Total number of elective procedures cancelled due to lack of beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>50</td><td>0</td><td>0</td></tr> <tr><td>Mar-23</td><td>30</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>25</td><td>0</td><td>5</td></tr> <tr><td>Jun-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Jul-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Aug-23</td><td>5</td><td>0</td><td>0</td></tr> <tr><td>Sep-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Oct-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Nov-23</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Dec-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Jan-24</td><td>25</td><td>0</td><td>40</td></tr> <tr><td>Feb-24</td><td>24</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Feb-23	50	0	0	Mar-23	30	0	0	Apr-23	10	0	0	May-23	25	0	5	Jun-23	10	0	0	Jul-23	10	0	0	Aug-23	5	0	0	Sep-23	15	0	0	Oct-23	15	0	0	Nov-23	20	0	0	Dec-23	10	0	0	Jan-24	25	0	40	Feb-24	24	0	0														
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Jan-24	25	0	40																																																																					
Feb-24	24	0	0																																																																					

HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																													
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 17 cases of <i>E. coli</i> bacteraemia were identified in February 2024, of which 7 were hospital acquired and 10 were community acquired. The Health Board total is currently below the Welsh Government Profile target of 19 cases for February 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E. Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>17</td><td>19</td></tr> <tr><td>Mar-23</td><td>19</td><td>19</td></tr> <tr><td>Apr-23</td><td>26</td><td>19</td></tr> <tr><td>May-23</td><td>22</td><td>19</td></tr> <tr><td>Jun-23</td><td>25</td><td>19</td></tr> <tr><td>Jul-23</td><td>25</td><td>19</td></tr> <tr><td>Aug-23</td><td>27</td><td>19</td></tr> <tr><td>Sep-23</td><td>23</td><td>19</td></tr> <tr><td>Oct-23</td><td>11</td><td>19</td></tr> <tr><td>Nov-23</td><td>32</td><td>19</td></tr> <tr><td>Dec-23</td><td>12</td><td>21</td></tr> <tr><td>Jan-24</td><td>19</td><td>19</td></tr> <tr><td>Feb-24</td><td>17</td><td>19</td></tr> <tr><td>Mar-24</td><td>19</td><td>19</td></tr> </tbody> </table>	Month	Number E. Coli cases (SBU)	Trajectory	Feb-23	17	19	Mar-23	19	19	Apr-23	26	19	May-23	22	19	Jun-23	25	19	Jul-23	25	19	Aug-23	27	19	Sep-23	23	19	Oct-23	11	19	Nov-23	32	19	Dec-23	12	21	Jan-24	19	19	Feb-24	17	19	Mar-24	19	19
Month	Number E. Coli cases (SBU)	Trajectory																																													
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Nov-23	32	19																																													
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Mar-24	19	19																																													
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none"> There were 7 cases of <i>Staph. aureus</i> bacteraemia in February 2024, of which 5 were hospital acquired and 2 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 5 cases for February 2024 <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>11</td><td>8</td></tr> <tr><td>Mar-23</td><td>10</td><td>6</td></tr> <tr><td>Apr-23</td><td>16</td><td>6</td></tr> <tr><td>May-23</td><td>10</td><td>6</td></tr> <tr><td>Jun-23</td><td>13</td><td>6</td></tr> <tr><td>Jul-23</td><td>14</td><td>6</td></tr> <tr><td>Aug-23</td><td>10</td><td>6</td></tr> <tr><td>Sep-23</td><td>10</td><td>6</td></tr> <tr><td>Oct-23</td><td>10</td><td>6</td></tr> <tr><td>Nov-23</td><td>14</td><td>6</td></tr> <tr><td>Dec-23</td><td>17</td><td>6</td></tr> <tr><td>Jan-24</td><td>11</td><td>5</td></tr> <tr><td>Feb-24</td><td>7</td><td>5</td></tr> <tr><td>Mar-24</td><td>5</td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Feb-23	11	8	Mar-23	10	6	Apr-23	16	6	May-23	10	6	Jun-23	13	6	Jul-23	14	6	Aug-23	10	6	Sep-23	10	6	Oct-23	10	6	Nov-23	14	6	Dec-23	17	6	Jan-24	11	5	Feb-24	7	5	Mar-24	5	5
Month	Number of S.Aureus cases (SBU)	Trajectory																																													
Feb-23	11	8																																													
Mar-23	10	6																																													
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Jan-24	11	5																																													
Feb-24	7	5																																													
Mar-24	5	5																																													

HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																														
<p>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i> Number of laboratory confirmed <i>C.difficile</i> cases</p>	<ul style="list-style-type: none"> There were 20 <i>Clostridium difficile</i> toxin positive cases in February 2024, of which 15 were hospital acquired and 5 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 7 cases for February 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired <i>C.difficile</i> cases</p> <table border="1" style="display: none;"> <caption>Number of healthcare acquired <i>C.difficile</i> cases</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> </tr> </thead> <tbody> <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>14</td></tr> <tr><td>Jun-23</td><td>20</td></tr> <tr><td>Jul-23</td><td>18</td></tr> <tr><td>Aug-23</td><td>17</td></tr> <tr><td>Sep-23</td><td>27</td></tr> <tr><td>Oct-23</td><td>18</td></tr> <tr><td>Nov-23</td><td>33</td></tr> <tr><td>Dec-23</td><td>21</td></tr> <tr><td>Jan-24</td><td>22</td></tr> <tr><td>Feb-24</td><td>20</td></tr> <tr><td>Mar-24</td><td>20</td></tr> </tbody> </table> <p style="text-align: center;"> ■ Number of <i>C.diff</i> cases (SBU) — Trajectory </p>	Month	Number of C.diff cases (SBU)	Feb-23	12	Mar-23	19	Apr-23	18	May-23	14	Jun-23	20	Jul-23	18	Aug-23	17	Sep-23	27	Oct-23	18	Nov-23	33	Dec-23	21	Jan-24	22	Feb-24	20	Mar-24	20
Month	Number of C.diff cases (SBU)																															
Feb-23	12																															
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Jan-24	22																															
Feb-24	20																															
Mar-24	20																															
<p>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i> Number of laboratory confirmed <i>Klebsiella sp</i> cases</p>	<ul style="list-style-type: none"> There were 9 cases of <i>Klebsiella sp</i> in February 2024, of which 2 were hospital acquired and 7 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 5 cases for February 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired <i>Klebsiella</i> cases</p> <table border="1" style="display: none;"> <caption>Number of healthcare acquired <i>Klebsiella</i> cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> </tr> </thead> <tbody> <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>6</td></tr> <tr><td>Jul-23</td><td>3</td></tr> <tr><td>Aug-23</td><td>10</td></tr> <tr><td>Sep-23</td><td>12</td></tr> <tr><td>Oct-23</td><td>6</td></tr> <tr><td>Nov-23</td><td>8</td></tr> <tr><td>Dec-23</td><td>6</td></tr> <tr><td>Jan-24</td><td>11</td></tr> <tr><td>Feb-24</td><td>9</td></tr> <tr><td>Mar-24</td><td>9</td></tr> </tbody> </table> <p style="text-align: center;"> ■ Number of <i>Klebsiella</i> cases (SBU) — Trajectory </p>	Month	Number of Klebsiella cases (SBU)	Feb-23	8	Mar-23	11	Apr-23	8	May-23	10	Jun-23	6	Jul-23	3	Aug-23	10	Sep-23	12	Oct-23	6	Nov-23	8	Dec-23	6	Jan-24	11	Feb-24	9	Mar-24	9
Month	Number of Klebsiella cases (SBU)																															
Feb-23	8																															
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Mar-24	9																															

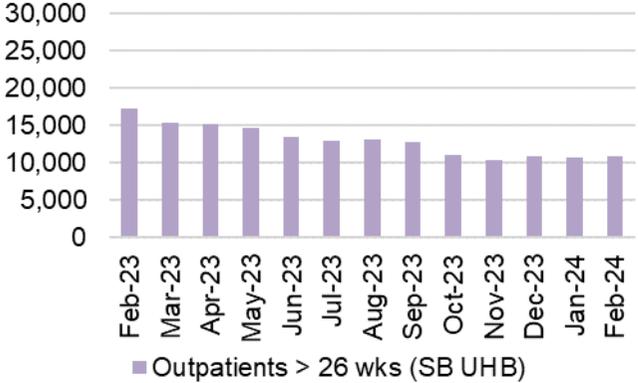
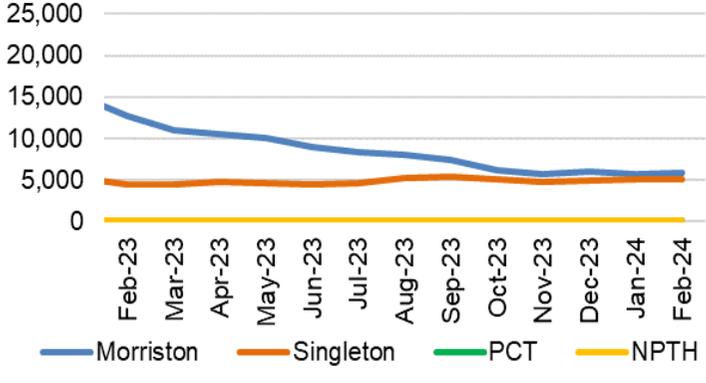
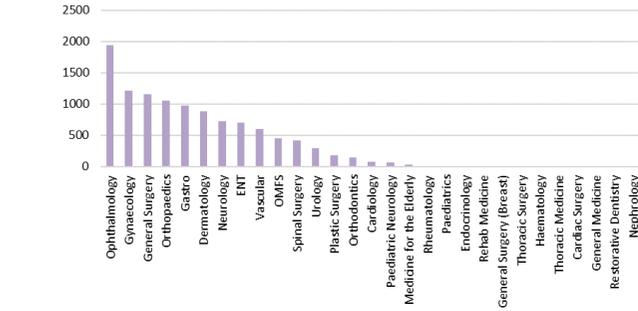
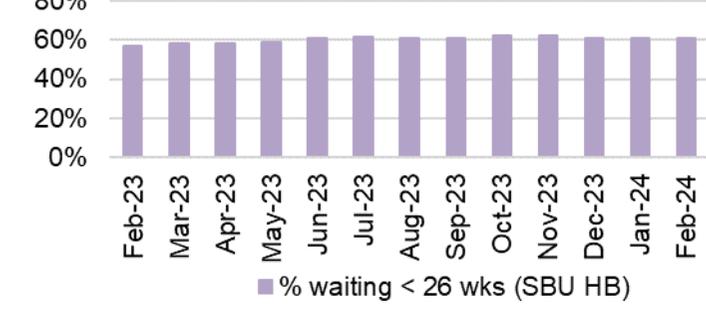
HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																													
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There were no cases of <i>P.Aeruginosa</i> reported in February 2024. The Health Board total is currently below the Welsh Government Profile target of 2 cases for February 2024. <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" style="margin-top: 10px;"> <caption>Data for Healthcare Acquired Pseudomonas Cases</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>2</td><td>2</td></tr> <tr><td>Mar-23</td><td>4</td><td>4</td></tr> <tr><td>Apr-23</td><td>2</td><td>3</td></tr> <tr><td>May-23</td><td>1</td><td>2</td></tr> <tr><td>Jun-23</td><td>4</td><td>2</td></tr> <tr><td>Jul-23</td><td>2</td><td>2</td></tr> <tr><td>Aug-23</td><td>1</td><td>2</td></tr> <tr><td>Sep-23</td><td>2</td><td>2</td></tr> <tr><td>Oct-23</td><td>2</td><td>2</td></tr> <tr><td>Nov-23</td><td>2</td><td>1</td></tr> <tr><td>Dec-23</td><td>3</td><td>3</td></tr> <tr><td>Jan-24</td><td>2</td><td>2</td></tr> <tr><td>Feb-24</td><td>0</td><td>2</td></tr> <tr><td>Mar-24</td><td>0</td><td>1</td></tr> </tbody> </table> <p>Legend: ■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Feb-23	2	2	Mar-23	4	4	Apr-23	2	3	May-23	1	2	Jun-23	4	2	Jul-23	2	2	Aug-23	1	2	Sep-23	2	2	Oct-23	2	2	Nov-23	2	1	Dec-23	3	3	Jan-24	2	2	Feb-24	0	2	Mar-24	0	1
Month	Number of Pseudomonas cases (SBU)	Trajectory																																													
Feb-23	2	2																																													
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Dec-23	3	3																																													
Jan-24	2	2																																													
Feb-24	0	2																																													
Mar-24	0	1																																													

PLANNED CARE

Description	Current Performance	Actions of Improvement
Referrals and shape of the waiting list	In February 2024, there were 12,976 referrals received. This is higher than the number that was received in January 2024 (12,876). Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.	The number of referrals received has remained steady in recent months and is now showing a consistent pattern of demand. December is always seasonally low
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 October 2023</i>	Trend	
	1. Number of GP referrals received by SBU Health Board 	2. Number of stage 1 additions per week
	3. Outpatient activity undertaken 	4. Total size of the waiting list (February 2024)

PLANNED CARE

Description	Current Performance	Actions of Improvement
<p>Outpatient waiting times</p> <p>1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total</p> <p>2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level</p> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty</p> <p>4. Percentage of patients waiting less than 26 weeks</p>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. February 2024 saw an in-month increase of 2% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 10,722 in January 2024. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, followed by Gynaecology and General Surgery. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has increased to 61.3%.</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>2. Number of stage 1 over 26 weeks- Hospital level</p>  <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at February 2024</p>  <p>4. Percentage of patient waiting less than 26 weeks</p> 	<p>1. Morriston 2. Singleton 3. PCT 4. NPTH</p> <p>% waiting < 26 wks (SBU HB)</p>

PLANNED CARE

Description	Current Performance	Actions of Improvement
<p>Patients waiting over 36 weeks for treatment</p> <p><i>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</i></p> <p><i>2. Number of patients waiting more than 52 weeks for treatment at Stage 1</i></p> <p><i>3. Number of elective admissions</i></p> <p><i>4. Number of patients waiting more than 104 weeks for treatment</i></p>	<p>In February 2024, there were 4,102 patients waiting over 36 weeks at Stage 1, which is a 2% in-month reduction from January 2024. 13,211 patients were waiting over 52 weeks at all stages in February 2024. In February 2024, there were 2,175 patients waiting over 104 weeks for treatment, which is a 15% reduction from January 2024. The Health Board are currently out-performing all submitted recovery trajectories for 2023/24.</p>	<p>Focus is now on reducing the numbers of longest waiting patients. All 5 year and 4 year waits will be resolved in year and the majority of 3 year waits also being addressed Maximum of 231 predicted by year end). Further improvement will be driven through the rest of quarter 4 to reduce the total number of patients waiting over 104 weeks further</p>
	Trend	
	<p>1. Number of patients waiting over 36 weeks at Stage 1- HB total</p> <p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p> <p>3. Number of elective admissions</p>	<p>4. Number of patients waiting over 104 weeks- HB total</p>

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<p>Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In February 2024, there were 721 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in January 2024, which was 775.</p> <p>The figures reported are outperforming the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in February 2024 (950).</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>Number of referrals</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>850</td><td>900</td></tr> <tr><td>Mar-23</td><td>950</td><td>900</td></tr> <tr><td>Apr-23</td><td>750</td><td>900</td></tr> <tr><td>May-23</td><td>800</td><td>950</td></tr> <tr><td>Jun-23</td><td>900</td><td>950</td></tr> <tr><td>Jul-23</td><td>850</td><td>900</td></tr> <tr><td>Aug-23</td><td>800</td><td>950</td></tr> <tr><td>Sep-23</td><td>850</td><td>950</td></tr> <tr><td>Oct-23</td><td>850</td><td>950</td></tr> <tr><td>Nov-23</td><td>750</td><td>900</td></tr> <tr><td>Dec-23</td><td>780</td><td>950</td></tr> <tr><td>Jan-24</td><td>720</td><td>950</td></tr> <tr><td>Feb-24</td><td>721</td><td>950</td></tr> <tr><td>Mar-24</td><td>-</td><td>950</td></tr> </tbody> </table>	Month	Number of referrals	Trajectory	Feb-23	850	900	Mar-23	950	900	Apr-23	750	900	May-23	800	950	Jun-23	900	950	Jul-23	850	900	Aug-23	800	950	Sep-23	850	950	Oct-23	850	950	Nov-23	750	900	Dec-23	780	950	Jan-24	720	950	Feb-24	721	950	Mar-24	-	950
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<p>Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i></p>	<p>In February 2024, 62.9% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>65%</td><td>100%</td></tr> <tr><td>Mar-23</td><td>60%</td><td>100%</td></tr> <tr><td>Apr-23</td><td>62%</td><td>100%</td></tr> <tr><td>May-23</td><td>62%</td><td>100%</td></tr> <tr><td>Jun-23</td><td>60%</td><td>100%</td></tr> <tr><td>Jul-23</td><td>62%</td><td>100%</td></tr> <tr><td>Aug-23</td><td>60%</td><td>100%</td></tr> <tr><td>Sep-23</td><td>62%</td><td>100%</td></tr> <tr><td>Oct-23</td><td>60%</td><td>100%</td></tr> <tr><td>Nov-23</td><td>60%</td><td>100%</td></tr> <tr><td>Dec-23</td><td>62%</td><td>100%</td></tr> <tr><td>Jan-24</td><td>60%</td><td>100%</td></tr> <tr><td>Feb-24</td><td>62.9%</td><td>100%</td></tr> </tbody> </table>	Month	% of ophthalmology R1 appointments	Target	Feb-23	65%	100%	Mar-23	60%	100%	Apr-23	62%	100%	May-23	62%	100%	Jun-23	60%	100%	Jul-23	62%	100%	Aug-23	60%	100%	Sep-23	62%	100%	Oct-23	60%	100%	Nov-23	60%	100%	Dec-23	62%	100%	Jan-24	60%	100%	Feb-24	62.9%	100%			
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<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In February, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 4,705 in January 2024 to 3,870 in February 2024.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for February 2024:</p> <ul style="list-style-type: none"> • Endoscopy= 3,311 • Cardiac tests= 408 • Other Diagnostics = 151 <p>Actions of Improvement; Demand and capacity work has enabled significant improvement in access times for non-endoscopic diagnostics.</p> <p>Detailed demand and capacity model for endoscopy has been commissioned to ensure sustained improvement across all aspects of endoscopic diagnostics.</p>	<p align="center">Number of patients waiting longer than 8 weeks for Diagnostics</p> <table border="1"> <caption>Number of patients waiting longer than 8 weeks for Diagnostics</caption> <thead> <tr> <th>Month</th> <th>Cardiac tests</th> <th>Endoscopy</th> <th>Other diagnostics (inc. radiology)</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>~500</td><td>~4,000</td><td>~2,000</td></tr> <tr><td>Mar-23</td><td>~500</td><td>~4,000</td><td>~2,000</td></tr> <tr><td>Apr-23</td><td>~500</td><td>~4,000</td><td>~2,000</td></tr> <tr><td>May-23</td><td>~500</td><td>~4,000</td><td>~2,000</td></tr> <tr><td>Jun-23</td><td>~500</td><td>~4,000</td><td>~2,000</td></tr> <tr><td>Jul-23</td><td>~500</td><td>~4,000</td><td>~2,000</td></tr> <tr><td>Aug-23</td><td>~500</td><td>~4,000</td><td>~2,000</td></tr> <tr><td>Sep-23</td><td>~500</td><td>~4,000</td><td>~2,000</td></tr> <tr><td>Oct-23</td><td>~500</td><td>~4,000</td><td>~2,000</td></tr> <tr><td>Nov-23</td><td>~500</td><td>~4,000</td><td>~2,000</td></tr> <tr><td>Dec-23</td><td>~500</td><td>~4,000</td><td>~2,000</td></tr> <tr><td>Jan-24</td><td>~500</td><td>~4,000</td><td>~2,000</td></tr> <tr><td>Feb-24</td><td>~408</td><td>~3,311</td><td>~151</td></tr> </tbody> </table>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Feb-23	~500	~4,000	~2,000	Mar-23	~500	~4,000	~2,000	Apr-23	~500	~4,000	~2,000	May-23	~500	~4,000	~2,000	Jun-23	~500	~4,000	~2,000	Jul-23	~500	~4,000	~2,000	Aug-23	~500	~4,000	~2,000	Sep-23	~500	~4,000	~2,000	Oct-23	~500	~4,000	~2,000	Nov-23	~500	~4,000	~2,000	Dec-23	~500	~4,000	~2,000	Jan-24	~500	~4,000	~2,000	Feb-24	~408	~3,311	~151
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<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In February 2024 there were 29 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in February 2024 are:</p> <ul style="list-style-type: none"> • Dietetics = 20 • Speech & Language Therapy= 8 • Audiology= 1 <p>Actions of Improvement; The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas. Delivery against these trajectories is being monitored routinely.</p>	<p align="center">Number of patients waiting longer than 14 weeks for therapies</p> <table border="1"> <caption>Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Therapies > 14 weeks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>~150</td></tr> <tr><td>Mar-23</td><td>~180</td></tr> <tr><td>Apr-23</td><td>~120</td></tr> <tr><td>May-23</td><td>~180</td></tr> <tr><td>Jun-23</td><td>~180</td></tr> <tr><td>Jul-23</td><td>~180</td></tr> <tr><td>Aug-23</td><td>~150</td></tr> <tr><td>Sep-23</td><td>~150</td></tr> <tr><td>Oct-23</td><td>~150</td></tr> <tr><td>Nov-23</td><td>~100</td></tr> <tr><td>Dec-23</td><td>~100</td></tr> <tr><td>Jan-24</td><td>~100</td></tr> <tr><td>Feb-24</td><td>~29</td></tr> <tr><td>Mar-24</td><td>~29</td></tr> </tbody> </table>	Month	Therapies > 14 weeks (SBU HB)	Feb-23	~150	Mar-23	~180	Apr-23	~120	May-23	~180	Jun-23	~180	Jul-23	~180	Aug-23	~150	Sep-23	~150	Oct-23	~150	Nov-23	~100	Dec-23	~100	Jan-24	~100	Feb-24	~29	Mar-24	~29																										
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Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i>	March 2024 backlog by tumour site: <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>63 - 103 days</th> <th>≥104 days</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>1</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>7</td><td>10</td></tr> <tr><td>Children's cancer</td><td>1</td><td>0</td></tr> <tr><td>Gynaecological</td><td>21</td><td>13</td></tr> <tr><td>Haematological</td><td>3</td><td>4</td></tr> <tr><td>Head and neck</td><td>5</td><td>5</td></tr> <tr><td>Lower Gastrointestinal</td><td>21</td><td>19</td></tr> <tr><td>Lung</td><td>10</td><td>10</td></tr> <tr><td>Other</td><td>3</td><td>0</td></tr> <tr><td>Sarcoma</td><td>3</td><td>2</td></tr> <tr><td>Skin(c)</td><td>9</td><td>3</td></tr> <tr><td>Upper Gastrointestinal</td><td>13</td><td>8</td></tr> <tr><td>Urological</td><td>25</td><td>26</td></tr> <tr><td>Grand Total</td><td>121</td><td>101</td></tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	1	Brain/CNS	0	0	Breast	7	10	Children's cancer	1	0	Gynaecological	21	13	Haematological	3	4	Head and neck	5	5	Lower Gastrointestinal	21	19	Lung	10	10	Other	3	0	Sarcoma	3	2	Skin(c)	9	3	Upper Gastrointestinal	13	8	Urological	25	26	Grand Total	121	101	Number of patients with a wait status of more than 62 days <table border="1"> <caption>Data for Number of patients with a wait status of more than 62 days</caption> <thead> <tr> <th>Month</th> <th>63-103 days</th> <th>≥ 104 days</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>200</td><td>180</td></tr> <tr><td>Mar-23</td><td>250</td><td>150</td></tr> <tr><td>Apr-23</td><td>280</td><td>120</td></tr> <tr><td>May-23</td><td>300</td><td>100</td></tr> <tr><td>Jun-23</td><td>250</td><td>150</td></tr> <tr><td>Jul-23</td><td>220</td><td>180</td></tr> <tr><td>Aug-23</td><td>300</td><td>100</td></tr> <tr><td>Sep-23</td><td>280</td><td>120</td></tr> <tr><td>Oct-23</td><td>250</td><td>150</td></tr> <tr><td>Nov-23</td><td>200</td><td>180</td></tr> <tr><td>Dec-23</td><td>220</td><td>160</td></tr> <tr><td>Jan-24</td><td>200</td><td>180</td></tr> <tr><td>Feb-24</td><td>150</td><td>200</td></tr> </tbody> </table>	Month	63-103 days	≥ 104 days	Feb-23	200	180	Mar-23	250	150	Apr-23	280	120	May-23	300	100	Jun-23	250	150	Jul-23	220	180	Aug-23	300	100	Sep-23	280	120	Oct-23	250	150	Nov-23	200	180	Dec-23	220	160	Jan-24	200	180	Feb-24	150	200
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Single Cancer Pathway backlog-patients waiting over 63 days	February 2024 saw an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction; <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. - The cancer tracking facility has now been centralised (October 2023) to support focussed tracking with a whole system approach - Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority - Milestone targets for OP access and Decision to Treat times have also been set to reduce overall pathway waits. 	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion <table border="1"> <caption>Data for Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> <th>Trajectory %</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>50%</td><td>75%</td><td>50%</td></tr> <tr><td>Feb-23</td><td>44%</td><td>75%</td><td>50%</td></tr> <tr><td>Mar-23</td><td>53%</td><td>75%</td><td>50%</td></tr> <tr><td>Apr-23</td><td>57%</td><td>75%</td><td>50%</td></tr> <tr><td>May-23</td><td>47%</td><td>75%</td><td>50%</td></tr> <tr><td>Jun-23</td><td>43%</td><td>75%</td><td>50%</td></tr> <tr><td>Jul-23</td><td>49%</td><td>75%</td><td>50%</td></tr> <tr><td>Aug-23</td><td>49%</td><td>75%</td><td>50%</td></tr> <tr><td>Sep-23</td><td>48%</td><td>75%</td><td>50%</td></tr> <tr><td>Oct-23</td><td>52%</td><td>75%</td><td>50%</td></tr> <tr><td>Nov-23</td><td>53%</td><td>75%</td><td>50%</td></tr> <tr><td>Dec-23</td><td>51%</td><td>75%</td><td>50%</td></tr> <tr><td>Jan-24</td><td>48%</td><td>75%</td><td>50%</td></tr> <tr><td>Feb-24</td><td></td><td>75%</td><td>50%</td></tr> <tr><td>Mar-24</td><td></td><td>75%</td><td>50%</td></tr> </tbody> </table>	Month	Actual %	Target %	Trajectory %	Jan-23	50%	75%	50%	Feb-23	44%	75%	50%	Mar-23	53%	75%	50%	Apr-23	57%	75%	50%	May-23	47%	75%	50%	Jun-23	43%	75%	50%	Jul-23	49%	75%	50%	Aug-23	49%	75%	50%	Sep-23	48%	75%	50%	Oct-23	52%	75%	50%	Nov-23	53%	75%	50%	Dec-23	51%	75%	50%	Jan-24	48%	75%	50%	Feb-24		75%	50%	Mar-24		75%	50%																										
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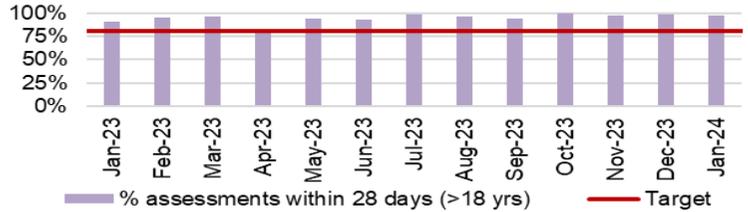
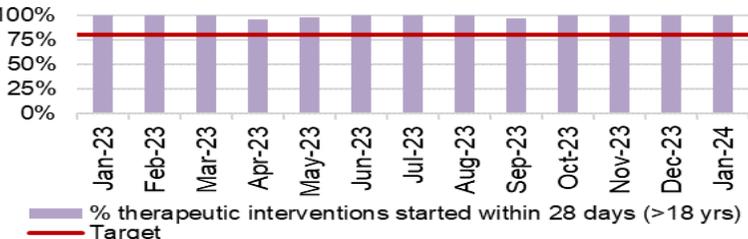
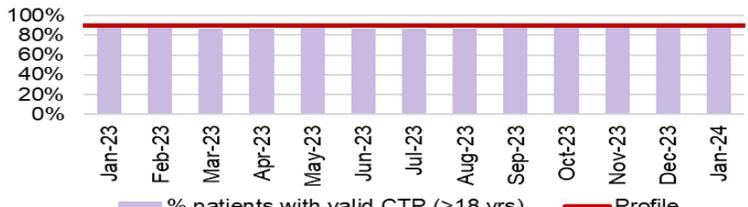
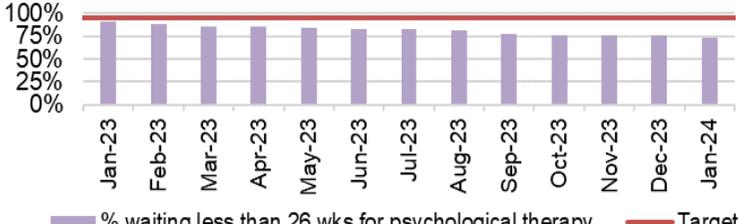
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Description	Current Performance	Trend																																																
<p>USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>To date, early March 2024 figures show total wait volumes for first outpatient appointment have increased by 3% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 50% have been booked, which is lower than figures seen in the previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early March 2024</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th> <th>25-Feb</th> <th>03-Mar</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>31</td><td>8</td></tr> <tr><td>Children's Cancer</td><td>2</td><td>4</td></tr> <tr><td>Gynaecological</td><td>66</td><td>100</td></tr> <tr><td>Haematological</td><td>10</td><td>9</td></tr> <tr><td>Head and Neck</td><td>109</td><td>97</td></tr> <tr><td>Lower GI</td><td>90</td><td>75</td></tr> <tr><td>Lung</td><td>16</td><td>17</td></tr> <tr><td>Other</td><td>206</td><td>215</td></tr> <tr><td>Sarcoma</td><td>0</td><td>1</td></tr> <tr><td>Skin</td><td>136</td><td>162</td></tr> <tr><td>Upper GI</td><td>28</td><td>16</td></tr> <tr><td>Urological</td><td>44</td><td>54</td></tr> <tr><td></td><td>738</td><td>758</td></tr> </tbody> </table>	FIRST OPA	25-Feb	03-Mar	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	31	8	Children's Cancer	2	4	Gynaecological	66	100	Haematological	10	9	Head and Neck	109	97	Lower GI	90	75	Lung	16	17	Other	206	215	Sarcoma	0	1	Skin	136	162	Upper GI	28	16	Urological	44	54		738	758
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<p>Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i></p>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 2 days has been maintained at 100%</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>Feb-24</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>28%</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>52%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>79%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>67%</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>98%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	Feb-24	Scheduled (14 Day Target)	80%	28%	Scheduled (21 Day Target)	100%	81%	Urgent SC (2 Day Target)	80%	52%	Urgent SC (7 Day Target)	100%	79%	Emergency (within 1 day)	80%	67%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	98%	Elective Delay (14 Day Target)	100%	100%	<p>Radiotherapy waiting times</p>																					
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<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In February 2024, the overall size of the follow-up waiting list increased by 1,617 patients compared with January 2024 (from 162,964 to 164,581).</p> <p>In February 2024, there was a total of 76,796 patients waiting for a follow-up past their target date. This is an increase of 2.6% in-month (from 74,878 in January 2024).</p> <p>Of the 76,796 delayed follow-ups in February 2024, 10,760 had appointment dates and 66,036 were still waiting for an appointment.</p> <p>In addition, 46,482 patients were waiting 100%+ over target date in February 2024. This is a 2.3% increase when compared with January 2024.</p>	<p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up</caption> <thead> <tr> <th>Month</th> <th>Number of patients waiting for follow-up (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>150,000</td></tr> <tr><td>Mar-23</td><td>150,000</td></tr> <tr><td>Apr-23</td><td>150,000</td></tr> <tr><td>May-23</td><td>150,000</td></tr> <tr><td>Jun-23</td><td>150,000</td></tr> <tr><td>Jul-23</td><td>150,000</td></tr> <tr><td>Aug-23</td><td>150,000</td></tr> <tr><td>Sep-23</td><td>150,000</td></tr> <tr><td>Oct-23</td><td>150,000</td></tr> <tr><td>Nov-23</td><td>150,000</td></tr> <tr><td>Dec-23</td><td>150,000</td></tr> <tr><td>Jan-24</td><td>150,000</td></tr> <tr><td>Feb-24</td><td>164,581</td></tr> </tbody> </table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target</caption> <thead> <tr> <th>Month</th> <th>Number of patients waiting 100% over target date (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>42,000</td></tr> <tr><td>Mar-23</td><td>42,000</td></tr> <tr><td>Apr-23</td><td>42,000</td></tr> <tr><td>May-23</td><td>42,000</td></tr> <tr><td>Jun-23</td><td>42,000</td></tr> <tr><td>Jul-23</td><td>42,000</td></tr> <tr><td>Aug-23</td><td>42,000</td></tr> <tr><td>Sep-23</td><td>42,000</td></tr> <tr><td>Oct-23</td><td>42,000</td></tr> <tr><td>Nov-23</td><td>42,000</td></tr> <tr><td>Dec-23</td><td>42,000</td></tr> <tr><td>Jan-24</td><td>42,000</td></tr> <tr><td>Feb-24</td><td>46,482</td></tr> <tr><td>Mar-24</td><td>30,000</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>	Month	Number of patients waiting for follow-up (SBU HB)	Feb-23	150,000	Mar-23	150,000	Apr-23	150,000	May-23	150,000	Jun-23	150,000	Jul-23	150,000	Aug-23	150,000	Sep-23	150,000	Oct-23	150,000	Nov-23	150,000	Dec-23	150,000	Jan-24	150,000	Feb-24	164,581	Month	Number of patients waiting 100% over target date (SBU HB)	Feb-23	42,000	Mar-23	42,000	Apr-23	42,000	May-23	42,000	Jun-23	42,000	Jul-23	42,000	Aug-23	42,000	Sep-23	42,000	Oct-23	42,000	Nov-23	42,000	Dec-23	42,000	Jan-24	42,000	Feb-24	46,482	Mar-24	30,000
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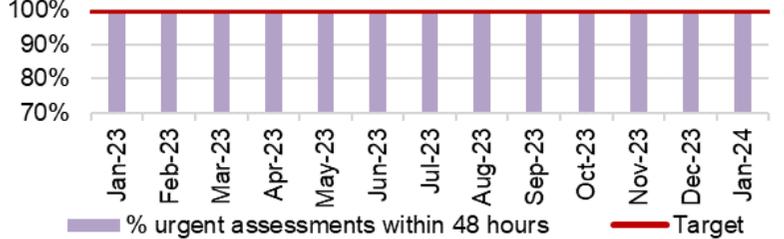
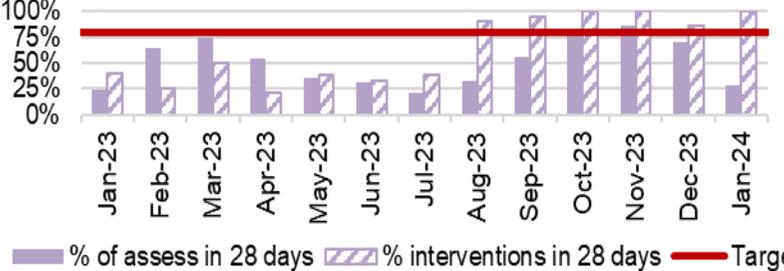
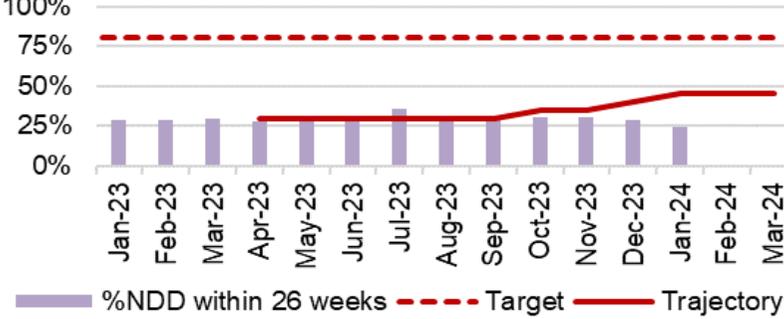
STROKE

Description	Current Performance	Trend																																																																																																																
<p>Stroke Measures</p> <p>1. <i>% of patients who have a direct admission to an acute stroke unit within 4 hours</i></p> <p>2. <i>% of patients who received a CT Scan within 1 hour</i></p> <p>3. <i>% of patients who are assessed by a stroke specialist consultant physician within 24 hours</i></p> <p>4. <i>% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</i></p>	<p>1. In December 2023, 11% of patients had a direct admission to an acute stroke unit within 4 hours. This is a deterioration on the performance reported in November 2023.</p> <p>2. In December 2023, 53% of patients received a CT scan within 1 hour of being admitted, this is an improvement on the figure reported in November 2023.</p> <p>3. 86.1% of patients were assessed by a stroke specialist consultant physician within 24 hours in December 2023, which is a deterioration of 5.9% from November 2023.</p> <p>4. In December 2023, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes.</p> <p>Actions of Improvement; The lack of ring fenced beds on all wards across the hospital sites is challenging as bed capacity is limited by the pressures of unscheduled care demand. The lack of dedicated stroke beds is directly impacting the stroke related performance measures. Work is underway to focus on future stroke performance improvement.</p>	<p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <table border="1"> <caption>% 4 hour admissions (Morr)</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Dec-22</td><td>5</td></tr> <tr><td>Jan-23</td><td>2</td></tr> <tr><td>Feb-23</td><td>10</td></tr> <tr><td>Mar-23</td><td>12</td></tr> <tr><td>Apr-23</td><td>8</td></tr> <tr><td>May-23</td><td>18</td></tr> <tr><td>Jun-23</td><td>22</td></tr> <tr><td>Jul-23</td><td>25</td></tr> <tr><td>Aug-23</td><td>22</td></tr> <tr><td>Sep-23</td><td>22</td></tr> <tr><td>Oct-23</td><td>35</td></tr> <tr><td>Nov-23</td><td>20</td></tr> <tr><td>Dec-23</td><td>11</td></tr> </tbody> </table> <p>2. % of patients who received a CT Scan within 1 hour</p> <table border="1"> <caption>% 1 hr CT Scan (Morr)</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Dec-22</td><td>30</td></tr> <tr><td>Jan-23</td><td>32</td></tr> <tr><td>Feb-23</td><td>45</td></tr> <tr><td>Mar-23</td><td>42</td></tr> <tr><td>Apr-23</td><td>42</td></tr> <tr><td>May-23</td><td>38</td></tr> <tr><td>Jun-23</td><td>42</td></tr> <tr><td>Jul-23</td><td>48</td></tr> <tr><td>Aug-23</td><td>35</td></tr> <tr><td>Sep-23</td><td>55</td></tr> <tr><td>Oct-23</td><td>25</td></tr> <tr><td>Nov-23</td><td>35</td></tr> <tr><td>Dec-23</td><td>53</td></tr> </tbody> </table> <p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <table border="1"> <caption>% assess within 24 hrs (Morr)</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Dec-22</td><td>95</td></tr> <tr><td>Jan-23</td><td>95</td></tr> <tr><td>Feb-23</td><td>95</td></tr> <tr><td>Mar-23</td><td>95</td></tr> <tr><td>Apr-23</td><td>95</td></tr> <tr><td>May-23</td><td>90</td></tr> <tr><td>Jun-23</td><td>90</td></tr> <tr><td>Jul-23</td><td>90</td></tr> <tr><td>Aug-23</td><td>95</td></tr> <tr><td>Sep-23</td><td>85</td></tr> <tr><td>Oct-23</td><td>90</td></tr> <tr><td>Nov-23</td><td>90</td></tr> <tr><td>Dec-23</td><td>86.1</td></tr> </tbody> </table> <p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p> <table border="1"> <caption>45 mins thrombolysis (Morr)</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <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> <tr><td>Jun-23</td><td>10</td></tr> <tr><td>Jul-23</td><td>10</td></tr> <tr><td>Aug-23</td><td>75</td></tr> <tr><td>Sep-23</td><td>0</td></tr> <tr><td>Oct-23</td><td>0</td></tr> <tr><td>Nov-23</td><td>0</td></tr> <tr><td>Dec-23</td><td>0</td></tr> </tbody> </table>	Month	%	Dec-22	5	Jan-23	2	Feb-23	10	Mar-23	12	Apr-23	8	May-23	18	Jun-23	22	Jul-23	25	Aug-23	22	Sep-23	22	Oct-23	35	Nov-23	20	Dec-23	11	Month	%	Dec-22	30	Jan-23	32	Feb-23	45	Mar-23	42	Apr-23	42	May-23	38	Jun-23	42	Jul-23	48	Aug-23	35	Sep-23	55	Oct-23	25	Nov-23	35	Dec-23	53	Month	%	Dec-22	95	Jan-23	95	Feb-23	95	Mar-23	95	Apr-23	95	May-23	90	Jun-23	90	Jul-23	90	Aug-23	95	Sep-23	85	Oct-23	90	Nov-23	90	Dec-23	86.1	Month	%	Dec-22	0	Jan-23	0	Feb-23	0	Mar-23	10	Apr-23	25	May-23	0	Jun-23	10	Jul-23	10	Aug-23	75	Sep-23	0	Oct-23	0	Nov-23	0	Dec-23	0
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ADULT MENTAL HEALTH

Description	Current Performance	Trend
<p>Adult Mental Health Measures:</p> <ol style="list-style-type: none"> <i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i> <i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i> <i>% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</i> <i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i> 	<ol style="list-style-type: none"> In January 2024, 97% of assessments were undertaken within 28 days of referral for patients 18 years and over. In January 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%. 88% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in January 2024. In January 2024, 72.6% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%. 	<ol style="list-style-type: none"> % Mental Health assessments undertaken within 28 days from receipt of referral  % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment  % residents with a valid Care and Treatment Plan (CTP)  % waiting less than 26 weeks for Psychology Therapy 

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In January 2024, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 29% of routine assessments were undertaken within 28 days from referral in January 2024 against a target of 80%.</p> <p>3. 100% of therapeutic interventions were started within 28 days following assessment by LPMHSS in January 2024.</p> <p>4. 24% of NDD patients received a diagnostic assessment within 26 weeks in January 2024 against a target of 80%.</p> <p>5. SCAMHS figures now included in illustration 2 and 3 combined.</p> <p><i>*All routine assessments are now under PCAMHS*</i></p>	<p align="center">1. Crisis- assessment within 48 hours</p>  <p align="center">2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p>  <p align="center">4. NDD- assessment within 26 weeks</p> 

4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES

FRACTURED NECK OF FEMUR (#NOF)

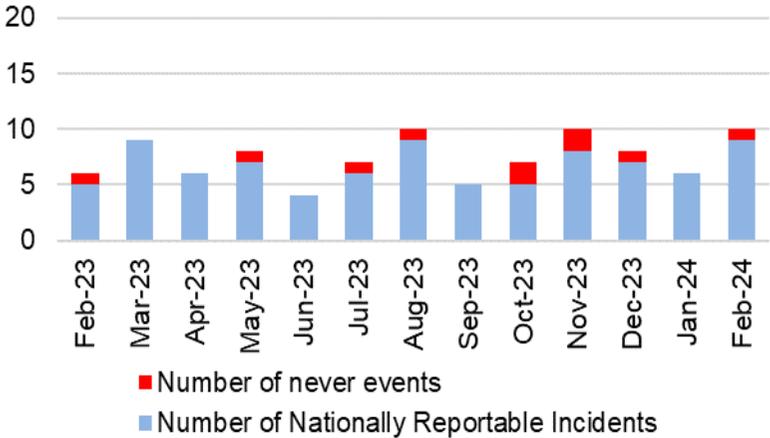
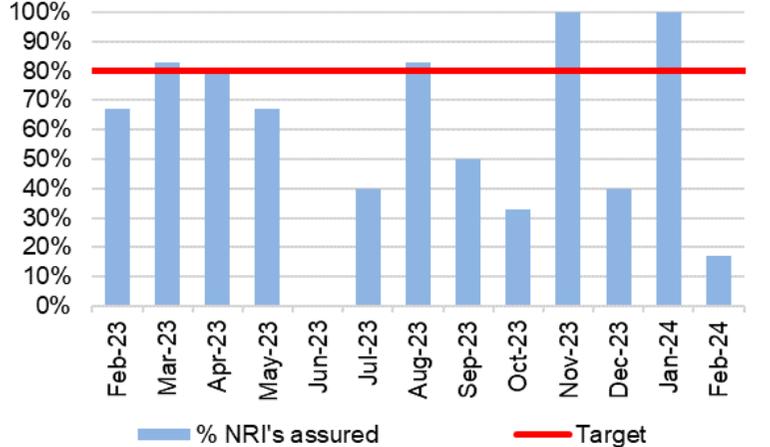
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<p>Fractured Neck of Femur (#NOF)</p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p>1. Prompt orthogeriatric assessment- In January 2024, 97% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In January 2024, 33.8% of patients had surgery the day following presentation with a hip fracture. This is an 11% improvement from January 2023 which was 22.8%.</p> <p>3. NICE compliant surgery- 69.7% of operations were consistent with the NICE recommendations in January 2024. This is 3.4% less than in January 2023.</p> <p>4. Prompt mobilisation- In January 2024, 83.9% of patients were out of bed the day after surgery. This is 7.2% more than in January 2023.</p>	<p style="text-align: center;">1. Prompt orthogeriatric assessment</p> <table border="1"> <caption>1. Prompt orthogeriatric assessment</caption> <thead> <tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. 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<p>5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i></p>	<p>5. Not delirious when tested- 75.4% of patients were not delirious in the week after their operation in January 2024.</p>	<p align="center">5. Not delirious when tested</p>
<p>6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i></p>	<p>6. Return to original residence- 73.1% of patients in October 2023 were discharged back to their original residence. This is 3.7% more than in October 2022.</p>	<p align="center">6. Return to original residence</p>
<p>7. <i>30 day mortality rate</i></p>	<p>7. 30 day mortality rate- In January 2021 the morality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p align="center">7. 30 day mortality rate</p>

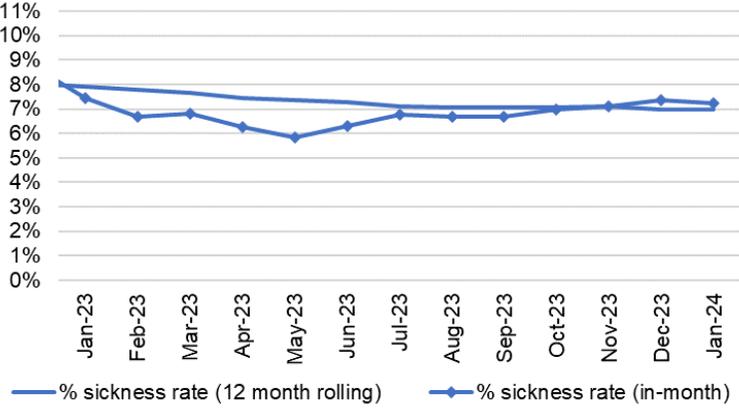
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<p>Number of pressure ulcers</p> <p>1. Total number of pressure ulcers developed in hospital and in the community</p> <p>2. Rate of pressure ulcers per 100,000 admission</p>	<p>1. In January 2024 there were 129 cases of healthcare acquired pressure ulcers, 46 of which were community acquired and 83 were hospital acquired.</p> <p>There were 5 grade 3+ pressure ulcers in January 2024, 3 of which were community acquired and 2 were hospital acquired.</p> <p>2. The rate per 100,000 admissions decreased from 881 in November 2023 to 788 in December 2023.</p>	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table border="1"> <caption>Data for Pressure Ulcers Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Community PU</th> <th>Hospital PU</th> <th>Rate per 100,000 admissions</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>45</td><td>65</td><td>850</td></tr> <tr><td>Feb-23</td><td>40</td><td>60</td><td>850</td></tr> <tr><td>Mar-23</td><td>65</td><td>75</td><td>1000</td></tr> <tr><td>Apr-23</td><td>35</td><td>80</td><td>1100</td></tr> <tr><td>May-23</td><td>40</td><td>80</td><td>1000</td></tr> <tr><td>Jun-23</td><td>35</td><td>70</td><td>850</td></tr> <tr><td>Jul-23</td><td>30</td><td>65</td><td>750</td></tr> <tr><td>Aug-23</td><td>25</td><td>65</td><td>800</td></tr> <tr><td>Sep-23</td><td>40</td><td>65</td><td>850</td></tr> <tr><td>Oct-23</td><td>35</td><td>70</td><td>850</td></tr> <tr><td>Nov-23</td><td>45</td><td>70</td><td>881</td></tr> <tr><td>Dec-23</td><td>40</td><td>75</td><td>788</td></tr> <tr><td>Jan-24</td><td>83</td><td>46</td><td>850</td></tr> </tbody> </table>	Month	Community PU	Hospital PU	Rate per 100,000 admissions	Jan-23	45	65	850	Feb-23	40	60	850	Mar-23	65	75	1000	Apr-23	35	80	1100	May-23	40	80	1000	Jun-23	35	70	850	Jul-23	30	65	750	Aug-23	25	65	800	Sep-23	40	65	850	Oct-23	35	70	850	Nov-23	45	70	881	Dec-23	40	75	788	Jan-24	83	46	850
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<p>Inpatient Falls</p> <p>The total number of inpatient falls</p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 203 in February 2024. This is 5.7% more than January 2024 where 192 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Data for Inpatient Falls Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Hospital falls</th> </tr> </thead> <tbody> <tr><td>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>180</td></tr> <tr><td>Jun-23</td><td>140</td></tr> <tr><td>Jul-23</td><td>160</td></tr> <tr><td>Aug-23</td><td>195</td></tr> <tr><td>Sep-23</td><td>155</td></tr> <tr><td>Oct-23</td><td>185</td></tr> <tr><td>Nov-23</td><td>165</td></tr> <tr><td>Dec-23</td><td>155</td></tr> <tr><td>Jan-24</td><td>192</td></tr> <tr><td>Feb-24</td><td>203</td></tr> </tbody> </table>	Month	Hospital falls	Feb-23	175	Mar-23	210	Apr-23	180	May-23	180	Jun-23	140	Jul-23	160	Aug-23	195	Sep-23	155	Oct-23	185	Nov-23	165	Dec-23	155	Jan-24	192	Feb-24	203																												
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NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p>Nationally Reportable Incidents (NRI's)- 1. <i>The number of Nationally reportable incidents</i></p> <p>2. <i>The number of Never Events</i></p> <p>3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 9 Nationally Reportable Incidents for the month of February 2024 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - NPTS - 7 - Morriston – 1 - MH&LD - 1 <p>2. There was 1 new Never Event reported in February 2024.</p> <p>3. In February 2024, 17% of the NRI's were closed within the agreed timescale.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p>  <p>3. % of nationally reportable incidents closed within the agreed timescales</p> 

DISCHARGE SUMMARIES																																																																								
Description	Current Performance	Trend																																																																						
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in February 2024, the percentage of completed discharge summaries was 72%.</p> <p>In February 2024, compliance ranged from 54% in MH&LD to 77% in Morriston Hospital.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% of completed discharge summaries</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>64%</td></tr> <tr><td>Mar-23</td><td>62%</td></tr> <tr><td>Apr-23</td><td>64%</td></tr> <tr><td>May-23</td><td>65%</td></tr> <tr><td>Jun-23</td><td>65%</td></tr> <tr><td>Jul-23</td><td>64%</td></tr> <tr><td>Aug-23</td><td>66%</td></tr> <tr><td>Sep-23</td><td>61%</td></tr> <tr><td>Oct-23</td><td>66%</td></tr> <tr><td>Nov-23</td><td>69%</td></tr> <tr><td>Dec-23</td><td>70%</td></tr> <tr><td>Jan-24</td><td>68%</td></tr> <tr><td>Feb-24</td><td>72%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	Feb-23	64%	Mar-23	62%	Apr-23	64%	May-23	65%	Jun-23	65%	Jul-23	64%	Aug-23	66%	Sep-23	61%	Oct-23	66%	Nov-23	69%	Dec-23	70%	Jan-24	68%	Feb-24	72%																																										
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Crude Mortality Rate	<p>January 2024 reports the crude mortality rate for the Health Board at 0.66%, which is 0.01% higher than the figure reported in December 2023.</p> <p>A breakdown by Hospital for January 2024:</p> <ul style="list-style-type: none"> • Morriston – 1.23% • Singleton – 0.14% • NPT – 0.06% 	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr> <tr><td>Feb-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Mar-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Apr-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>May-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Jun-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Jul-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Aug-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Sep-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Oct-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Nov-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Dec-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr> <tr><td>Jan-24</td><td>1.23%</td><td>0.14%</td><td>0.06%</td><td>0.66%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jan-23	1.3%	0.4%	0.1%	0.8%	Feb-23	1.3%	0.3%	0.1%	0.7%	Mar-23	1.3%	0.3%	0.1%	0.7%	Apr-23	1.3%	0.3%	0.1%	0.7%	May-23	1.3%	0.3%	0.1%	0.7%	Jun-23	1.3%	0.3%	0.1%	0.7%	Jul-23	1.3%	0.3%	0.1%	0.7%	Aug-23	1.3%	0.3%	0.1%	0.7%	Sep-23	1.3%	0.3%	0.1%	0.7%	Oct-23	1.3%	0.3%	0.1%	0.7%	Nov-23	1.3%	0.3%	0.1%	0.7%	Dec-23	1.3%	0.3%	0.1%	0.7%	Jan-24	1.23%	0.14%	0.06%	0.66%
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WORKFORCE

Description	Current Performance	Trend																																																												
<p>Staff sickness rates- <i>Percentage of sickness absence rate of staff</i></p>	<p>Our in-month sickness performance improved from 7.35% in December 2023 to 7.24% in January 2024.</p> <p>The 12-month rolling performance figure reported in January 2024 was 6.96%, the same as reported in December 2023.</p> <p>The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in January 2024.</p> <table border="1" data-bbox="517 715 1200 1337"> <thead> <tr> <th>Absence Reason</th> <th>FTE Days Lost</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Anxiety/ stress/ depression/ other psychiatric illnesses</td> <td>9,253.80</td> <td>32.8%</td> </tr> <tr> <td>Cold, Cough, Flu -Influenza</td> <td>3,157.78</td> <td>11.2%</td> </tr> <tr> <td>Other musculoskeletal problems</td> <td>2,837.28</td> <td>10.1%</td> </tr> <tr> <td>Other known causes - not elsewhere classified</td> <td>2,299.04</td> <td>8.2%</td> </tr> <tr> <td>Gastrointestinal problems</td> <td>1,688.07</td> <td>6.0%</td> </tr> </tbody> </table>	Absence Reason	FTE Days Lost	%	Anxiety/ stress/ depression/ other psychiatric illnesses	9,253.80	32.8%	Cold, Cough, Flu -Influenza	3,157.78	11.2%	Other musculoskeletal problems	2,837.28	10.1%	Other known causes - not elsewhere classified	2,299.04	8.2%	Gastrointestinal problems	1,688.07	6.0%	<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)</p>  <table border="1" data-bbox="1288 427 2027 837"> <caption>Estimated Sickness Rates from Chart</caption> <thead> <tr> <th>Month</th> <th>% sickness rate (12 month rolling)</th> <th>% sickness rate (in-month)</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>8.0%</td><td>7.35%</td></tr> <tr><td>Feb-23</td><td>7.5%</td><td>6.8%</td></tr> <tr><td>Mar-23</td><td>7.2%</td><td>7.0%</td></tr> <tr><td>Apr-23</td><td>7.0%</td><td>6.5%</td></tr> <tr><td>May-23</td><td>6.0%</td><td>6.0%</td></tr> <tr><td>Jun-23</td><td>6.5%</td><td>6.5%</td></tr> <tr><td>Jul-23</td><td>6.8%</td><td>6.8%</td></tr> <tr><td>Aug-23</td><td>6.8%</td><td>6.8%</td></tr> <tr><td>Sep-23</td><td>6.8%</td><td>6.8%</td></tr> <tr><td>Oct-23</td><td>6.8%</td><td>6.8%</td></tr> <tr><td>Nov-23</td><td>6.8%</td><td>6.8%</td></tr> <tr><td>Dec-23</td><td>6.8%</td><td>7.35%</td></tr> <tr><td>Jan-24</td><td>6.96%</td><td>7.24%</td></tr> </tbody> </table>	Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Jan-23	8.0%	7.35%	Feb-23	7.5%	6.8%	Mar-23	7.2%	7.0%	Apr-23	7.0%	6.5%	May-23	6.0%	6.0%	Jun-23	6.5%	6.5%	Jul-23	6.8%	6.8%	Aug-23	6.8%	6.8%	Sep-23	6.8%	6.8%	Oct-23	6.8%	6.8%	Nov-23	6.8%	6.8%	Dec-23	6.8%	7.35%	Jan-24	6.96%	7.24%
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THEATRE EFFICIENCY

Description	Current Performance	Trend
<p>Theatre Efficiency 1. Theatre Utilisation Rates</p>	<p>In February 2024 the Theatre Utilisation rate was 69%. This is 6% higher than January 2023 and is 1% lower than the figure reported in February 2023 (70%).</p>	<div style="text-align: center;"> <p>1. Theatre Utilisation Rates</p> <p>■ Theatre Utilisation Rate (SBU HB)</p> </div> <div style="text-align: center;"> <p>2. And 3. % theatre sessions starting late/finishing</p> <p>--- Late Starts — Early Finishes</p> </div> <div style="text-align: center;"> <p>4. % theatre sessions cancelled at short notice (<28 days)</p> <p>— Morriston — NPTH — Singleton</p> </div> <div style="text-align: center;"> <p>5. % of operations cancelled on the day</p> <p>■ % operations cancelled on the day</p> </div>
<p>2. % of theatre sessions starting late</p>	<p>37% of theatre sessions started late in February 2024. This is the same figure reported for in January 2024.</p>	
<p>3. % of theatre sessions finishing early</p>	<p>In February 2024, 50% of theatre sessions finished early. This is 2% lower than figure seen in January 2024 and 5% higher than those seen in February 2023.</p>	
<p>4. % of theatre sessions cancelled at short notice (<28 days)</p>	<p>15% of theatre sessions were cancelled at short notice in February 2024. This is 4% lower than the figure reported in January 2024 and is 3% higher than figures seen in February 2023.</p>	
<p>5. % of operations cancelled on the day</p>	<p>Of the operations cancelled in February 2024, 28% of them were cancelled on the day. This is 3% lower than the figure reported in January 2024 (31%).</p>	

PATIENT EXPERIENCE

Description

Current Performance

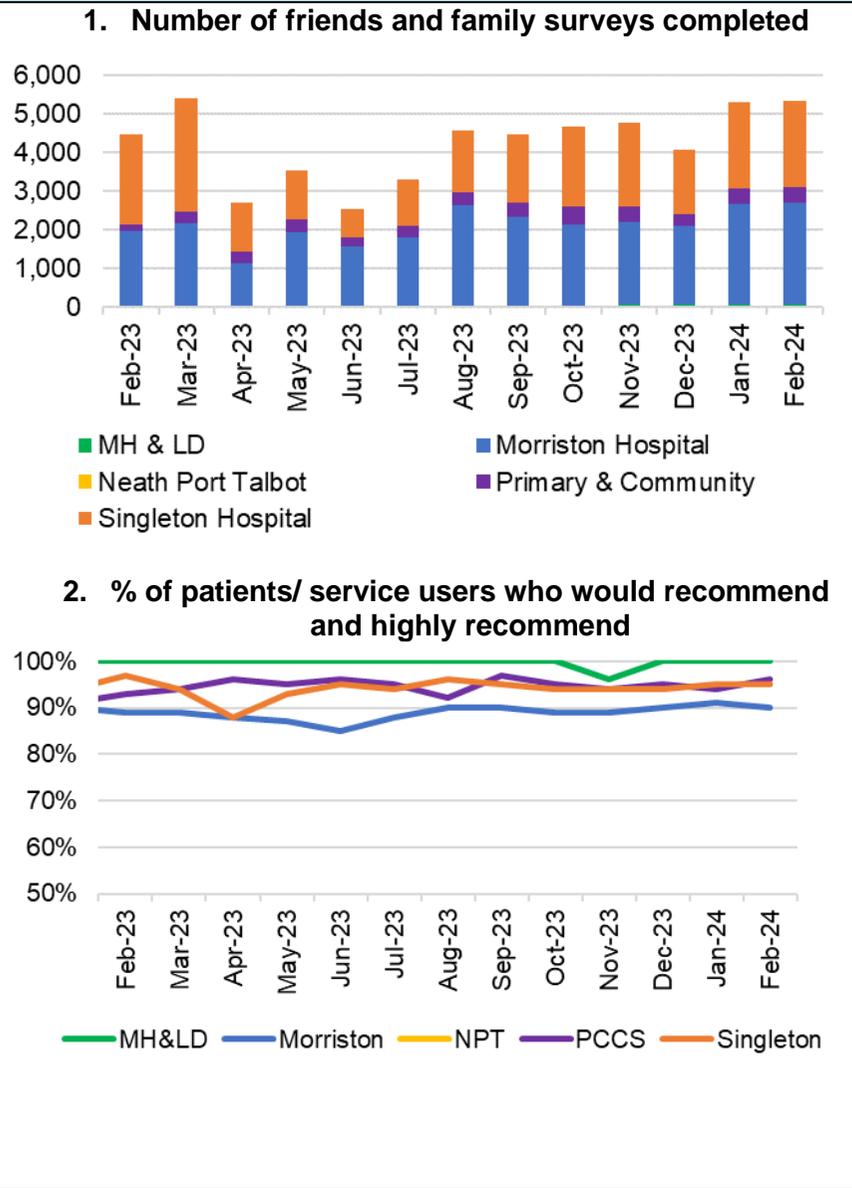
Trend

Patient experience

1. Number of friends and family surveys completed

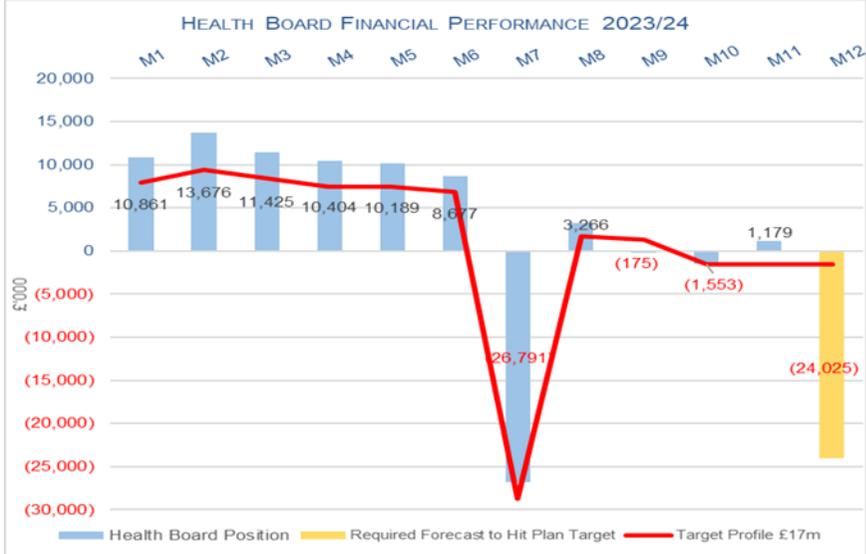
2. Percentage of patients/ service users who would recommend and highly recommend

- Health Board Friends & Family patient satisfaction level in February 2024 was 92% and 5,232 surveys were completed.
 - Singleton/ Neath Port Talbot Hospitals Service Group completed 2,237 surveys in February 2024, with a recommended score of 95%.
 - Morriston Hospital completed 2,644 surveys in February 2024, with a recommended score of 90%.
 - Primary & Community Care completed 406 surveys for February 2024, with a recommended score of 96%.
 - The Mental Health Service Group completed 63 surveys for February 2024, with a recommended score of 100%.

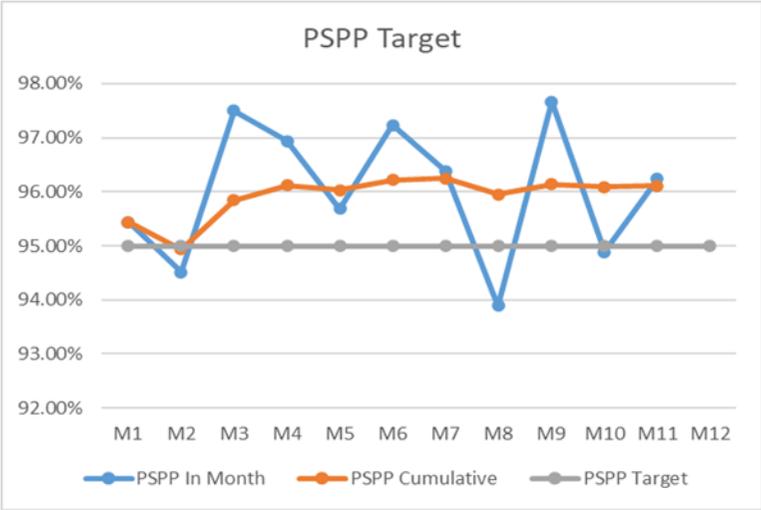
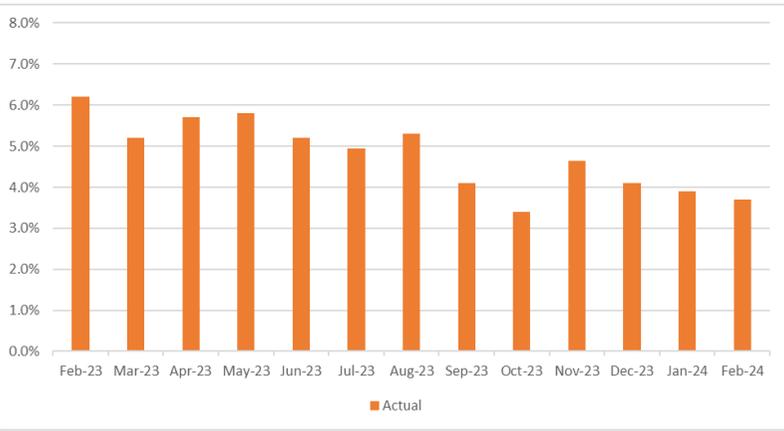


FINANCE UPDATES

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

Description	Current Performance	Trend																																																				
<p>Revenue Financial Position – expenditure incurred against revenue resource limit</p>	<ul style="list-style-type: none"> Planned deficit submitted in March this year was £86.6m. The Welsh Government has now allocated SB an additional £60m but they have also told us that we have to reduce our planned deficit from £86.6m to c£77m. That's a 10 per cent reduction in our planned deficit – a planned deficit that was already challenging to deliver. Taken together, to hit our new control total, we need to deliver savings of £18.66m. The actual month variance is an overspend of £1.18m and a cumulative overspend position of £41.16m. 	 <p>The chart displays the Health Board's financial performance from Month 1 (M1) to Month 12 (M12) for the 2023/24 period. The Y-axis represents the amount in £'000, ranging from -30,000 to 20,000. The X-axis shows months M1 through M12. Blue bars represent the 'Health Board Position' (actual expenditure), and a red line represents the 'Target Profile £17m'. A yellow bar at the end of the chart indicates the 'Required Forecast to Hit Plan Target' for M12. The chart shows a significant overspend in M7, followed by a recovery in M8, but a final large overspend in M12.</p> <table border="1"> <caption>Health Board Financial Performance 2023/24 Data</caption> <thead> <tr> <th>Month</th> <th>Health Board Position (£'000)</th> <th>Target Profile (£'000)</th> <th>Variance (£'000)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>10,861</td><td>8,000</td><td>2,861</td></tr> <tr><td>M2</td><td>13,676</td><td>9,000</td><td>4,676</td></tr> <tr><td>M3</td><td>11,425</td><td>8,000</td><td>3,425</td></tr> <tr><td>M4</td><td>10,404</td><td>7,500</td><td>2,904</td></tr> <tr><td>M5</td><td>10,189</td><td>7,000</td><td>3,189</td></tr> <tr><td>M6</td><td>8,627</td><td>7,000</td><td>1,627</td></tr> <tr><td>M7</td><td>26,791</td><td>7,000</td><td>19,791</td></tr> <tr><td>M8</td><td>3,266</td><td>7,000</td><td>(3,734)</td></tr> <tr><td>M9</td><td>(175)</td><td>7,000</td><td>(7,175)</td></tr> <tr><td>M10</td><td>(1,553)</td><td>7,000</td><td>(8,553)</td></tr> <tr><td>M11</td><td>1,179</td><td>7,000</td><td>(5,821)</td></tr> <tr><td>M12</td><td>(24,025)</td><td>7,000</td><td>(31,025)</td></tr> </tbody> </table>	Month	Health Board Position (£'000)	Target Profile (£'000)	Variance (£'000)	M1	10,861	8,000	2,861	M2	13,676	9,000	4,676	M3	11,425	8,000	3,425	M4	10,404	7,500	2,904	M5	10,189	7,000	3,189	M6	8,627	7,000	1,627	M7	26,791	7,000	19,791	M8	3,266	7,000	(3,734)	M9	(175)	7,000	(7,175)	M10	(1,553)	7,000	(8,553)	M11	1,179	7,000	(5,821)	M12	(24,025)	7,000	(31,025)
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Description	Current Performance	Trend
<p>Capital Financial Position – expenditure incurred against capital resource limit</p>	<ul style="list-style-type: none"> The forecast outturn capital position for 2023/24 is an overspend of £0.195m. 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>Workforce Spend – workforce expenditure profile</p>	<ul style="list-style-type: none"> The pay budgets are overspent by £3.563m in February. Variable pay has increased in February by circa. £132k. Broken down as follows: Irregular Sessions were overspent by £618k, Bank £103k and Agency - Non-Medical £66k, offset slightly by underspend in Overtime £344k, Agency – Medical £184k and WLI £127k. Further work is required to bring spend down in line with the current year budget. 	

Description	Current Performance	Trend																																																				
<p>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> The cumulative PSPP compliance has improved this month and remains above target at 96.11%. In February compliance was above target at 96.24% (January – 94.89%). Although the PSPP was achieved this month, there were still delays in receipting and authorising. 	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p>  <table border="1"> <caption>PSPP Target Data</caption> <thead> <tr> <th>Month</th> <th>PSPP In Month (%)</th> <th>PSPP Cumulative (%)</th> <th>PSPP Target (%)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>95.00</td><td>95.00</td><td>95.00</td></tr> <tr><td>M2</td><td>94.50</td><td>95.00</td><td>95.00</td></tr> <tr><td>M3</td><td>97.50</td><td>95.80</td><td>95.00</td></tr> <tr><td>M4</td><td>96.80</td><td>96.10</td><td>95.00</td></tr> <tr><td>M5</td><td>95.50</td><td>96.00</td><td>95.00</td></tr> <tr><td>M6</td><td>97.20</td><td>96.20</td><td>95.00</td></tr> <tr><td>M7</td><td>96.30</td><td>96.30</td><td>95.00</td></tr> <tr><td>M8</td><td>93.80</td><td>95.90</td><td>95.00</td></tr> <tr><td>M9</td><td>97.60</td><td>96.10</td><td>95.00</td></tr> <tr><td>M10</td><td>94.80</td><td>96.10</td><td>95.00</td></tr> <tr><td>M11</td><td>96.20</td><td>96.10</td><td>95.00</td></tr> <tr><td>M12</td><td>96.20</td><td>96.11</td><td>95.00</td></tr> </tbody> </table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	95.00	95.00	95.00	M2	94.50	95.00	95.00	M3	97.50	95.80	95.00	M4	96.80	96.10	95.00	M5	95.50	96.00	95.00	M6	97.20	96.20	95.00	M7	96.30	96.30	95.00	M8	93.80	95.90	95.00	M9	97.60	96.10	95.00	M10	94.80	96.10	95.00	M11	96.20	96.10	95.00	M12	96.20	96.11	95.00
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<p>Agency spend as a of the total pay bill</p>	<ul style="list-style-type: none"> The agency spend as a percentage of the total pay bill has decreased in February 2024 to 3.69% compared to 3.9% in January 2024. 	<p>Agency spend as a percentage of the total pay bill</p>  <table border="1"> <caption>Agency Spend Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>6.2</td></tr> <tr><td>Mar-23</td><td>5.2</td></tr> <tr><td>Apr-23</td><td>5.7</td></tr> <tr><td>May-23</td><td>5.8</td></tr> <tr><td>Jun-23</td><td>5.2</td></tr> <tr><td>Jul-23</td><td>4.9</td></tr> <tr><td>Aug-23</td><td>5.3</td></tr> <tr><td>Sep-23</td><td>4.1</td></tr> <tr><td>Oct-23</td><td>3.4</td></tr> <tr><td>Nov-23</td><td>4.6</td></tr> <tr><td>Dec-23</td><td>4.1</td></tr> <tr><td>Jan-24</td><td>3.9</td></tr> <tr><td>Feb-24</td><td>3.7</td></tr> </tbody> </table>	Month	Actual (%)	Feb-23	6.2	Mar-23	5.2	Apr-23	5.7	May-23	5.8	Jun-23	5.2	Jul-23	4.9	Aug-23	5.3	Sep-23	4.1	Oct-23	3.4	Nov-23	4.6	Dec-23	4.1	Jan-24	3.9	Feb-24	3.7																								
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5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

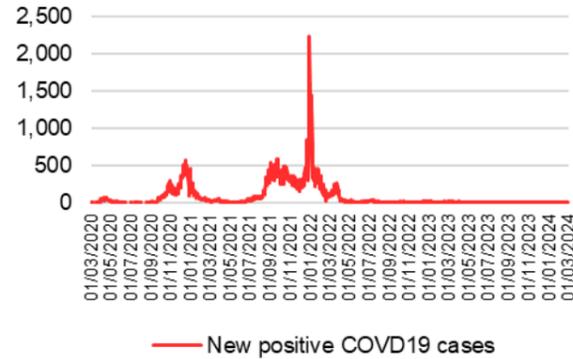


Chart 2: Number of new COVID19 cases (cumulative)

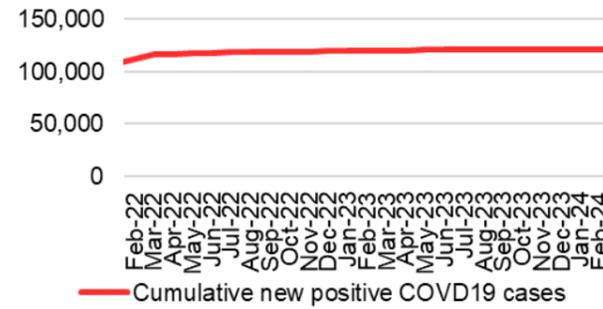


Chart 3: Number of COVID19 tests completed and positivity rate

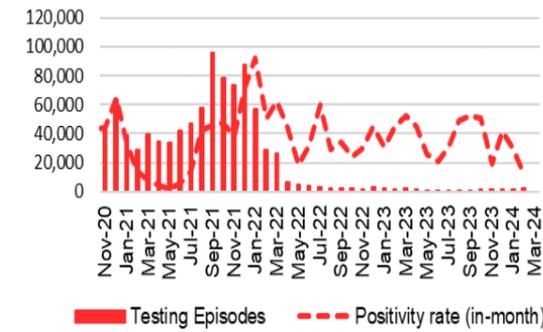


Chart 4: Number of staff referred for Antigen testing

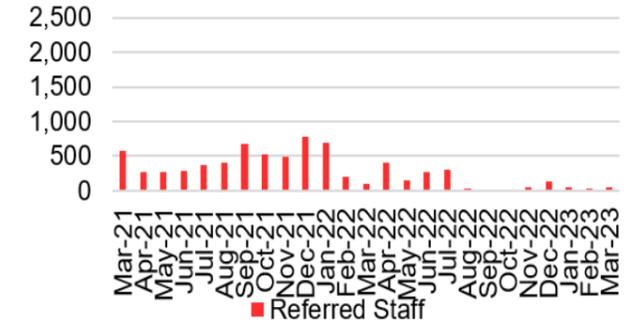


Chart 5: Outcome of staff COVID19/ antigen tests

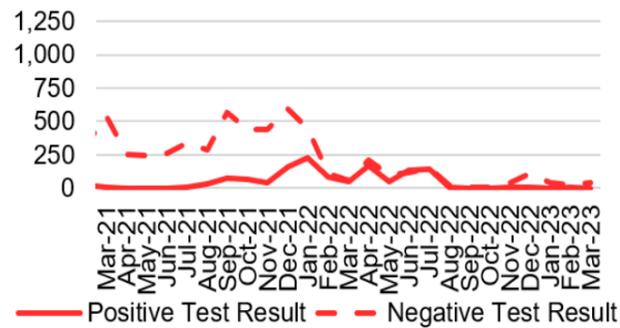


Chart 6: Number of COVID19 related incidents

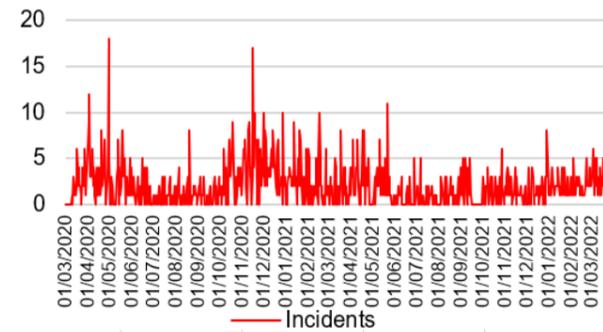


Chart 7: Number of COVID19 related serious incidents

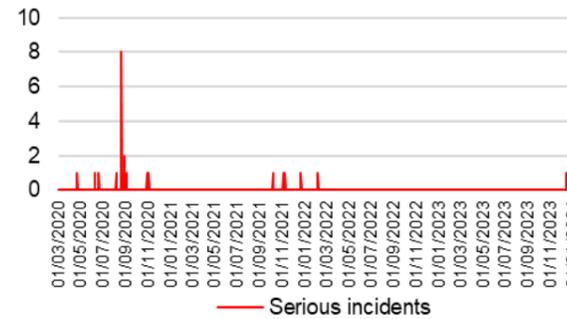


Chart 8: Number of COVID19 related complaints

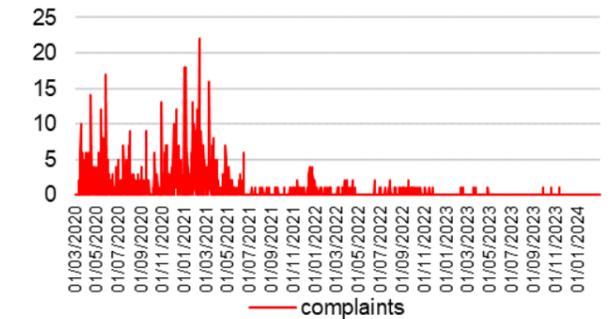


Chart 9: Number of COVID19 related risks

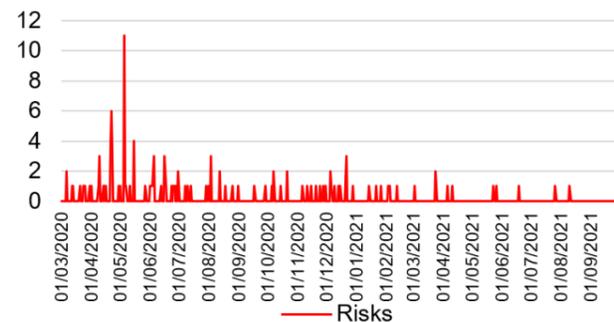


Chart 10: Number of staff self-isolating (asymptomatic)

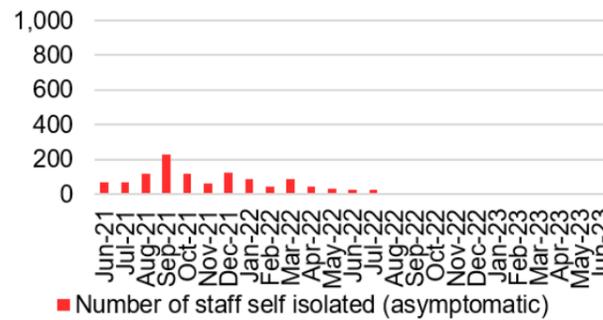


Chart 11: Number of staff self isolating (symptomatic)

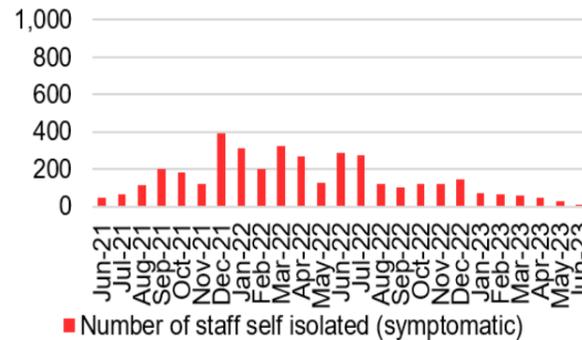


Chart 12: % staff sickness

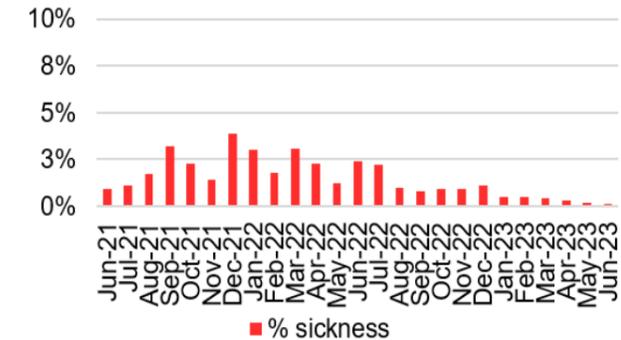


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

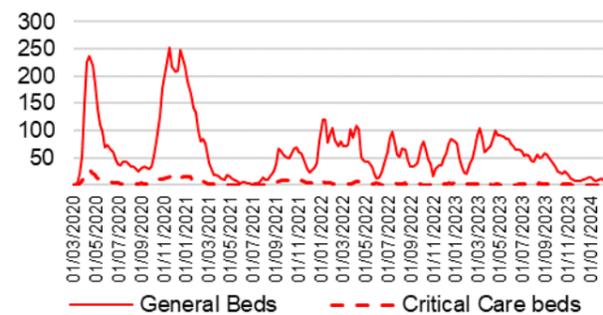


Chart 14: Number of hospital deaths with any mention of COVID19



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

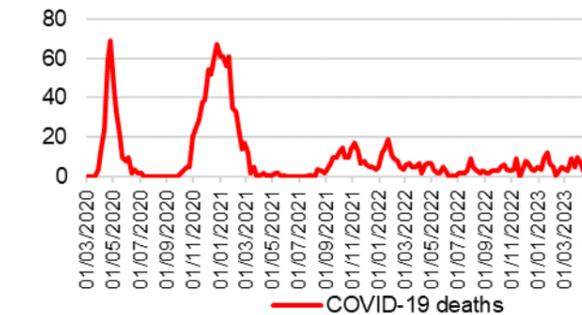
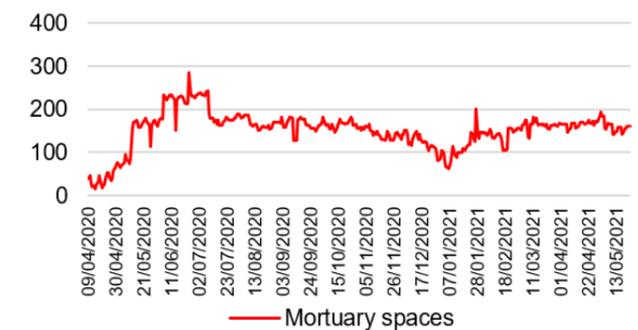


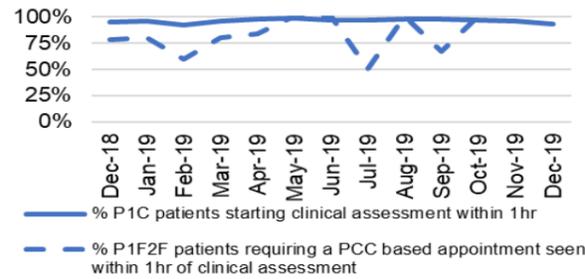
Chart 16: Number of mortuary spaces



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111



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

Chart 2: % red calls responded to within 8 minutes

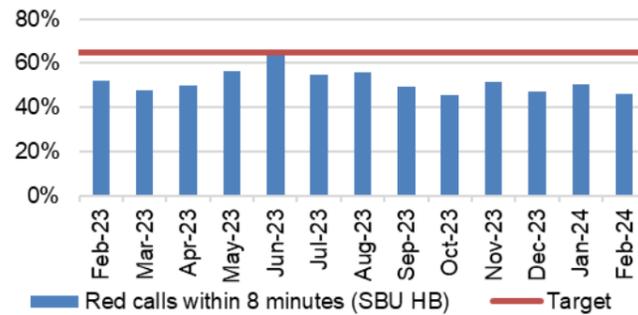


Chart 3: Number of ambulance handovers over 1 hour

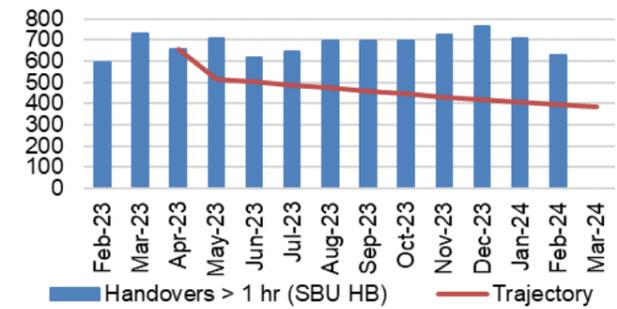


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

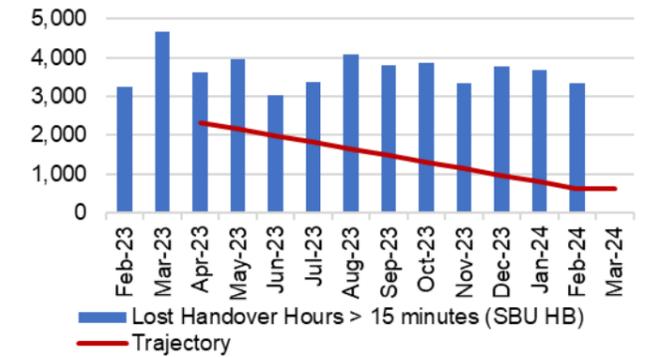


Chart 5: A&E Attendances

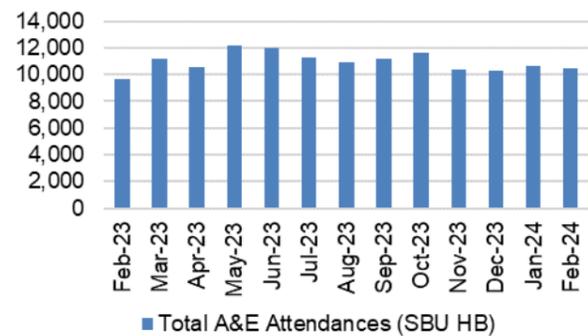


Chart 6: % patients who spend less than 4 hours in A&E

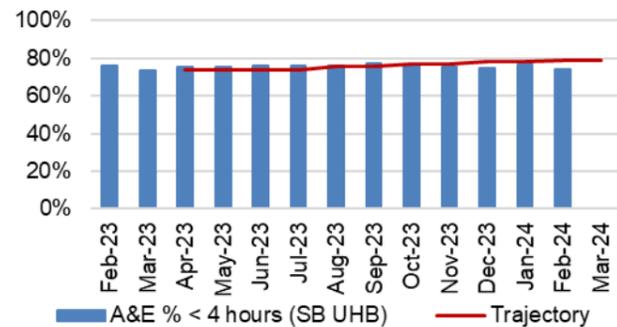


Chart 7: Number of patients waiting over 12 hours in A&E

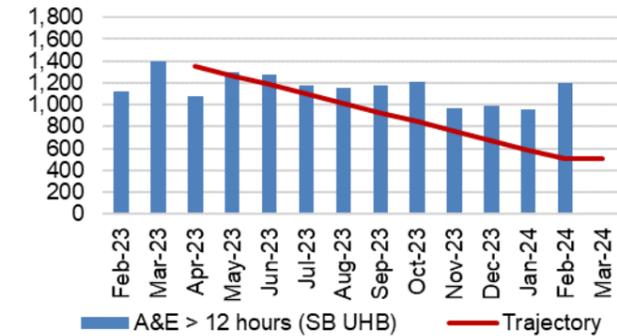


Chart 8: Number of emergency admissions

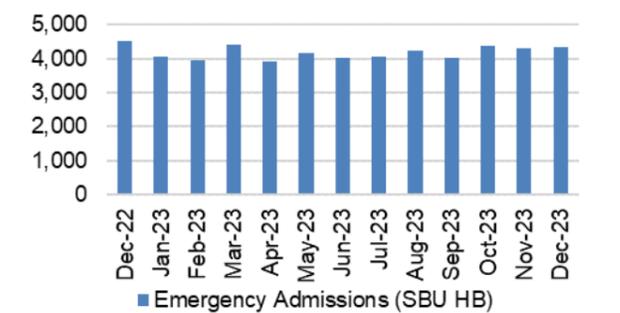


Chart 9: Elective procedures cancelled due to lack of beds

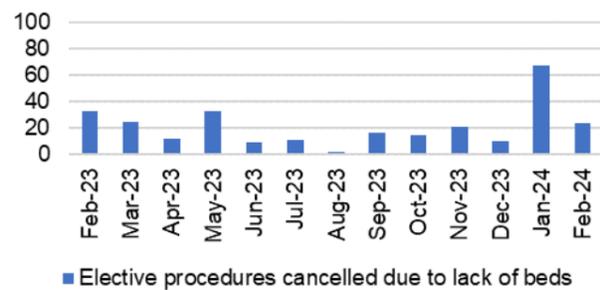


Chart 10: Number of clinically optimised patients

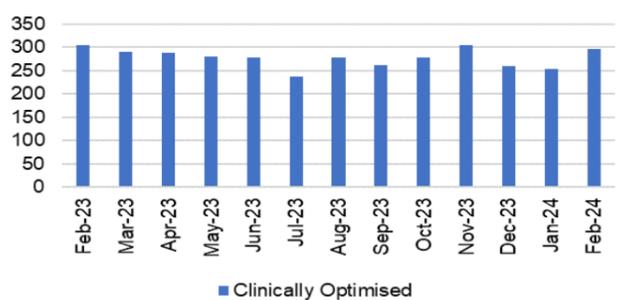


Chart 11: Delay reason for clinically optimised patients

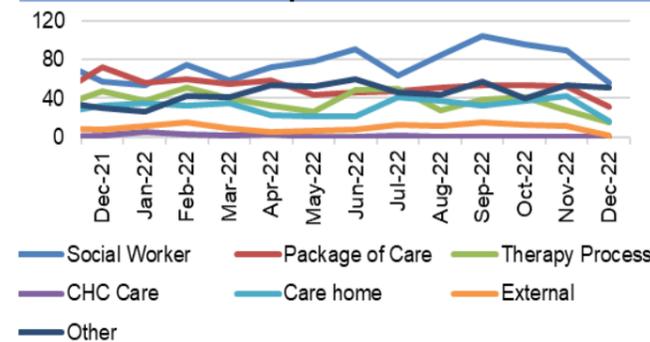


Chart 12: Average lost bed days (per day)

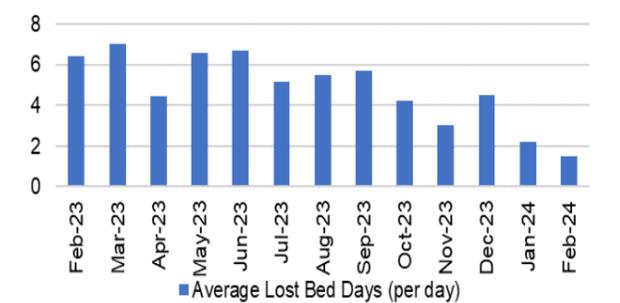


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

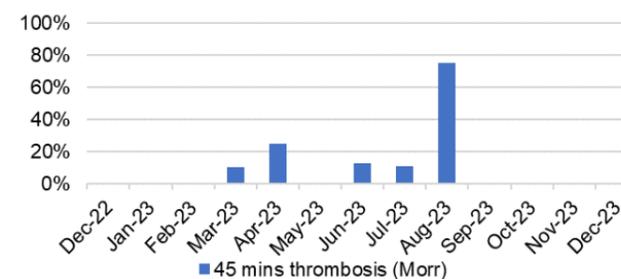


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

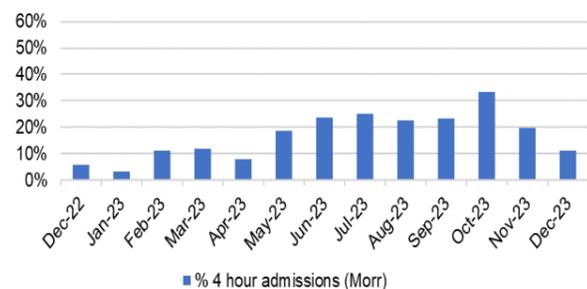


Chart 15: % of stroke patients receiving CT scan with 1 hour

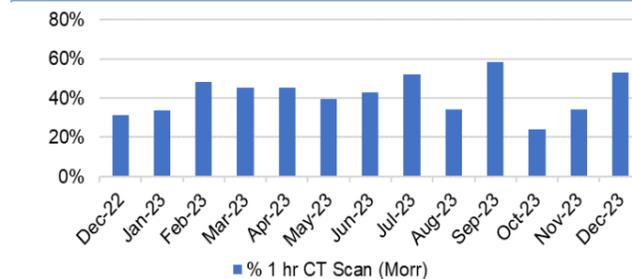
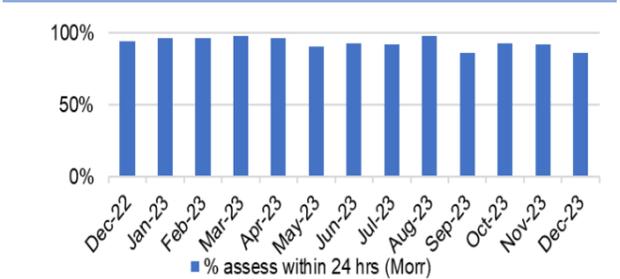


Chart 16: % stroke patients receiving consultant assessment within 24 hours



HARM FROM REDUCTION IN NON-COVID ACTIVITY

Primary and Community Care Overview

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

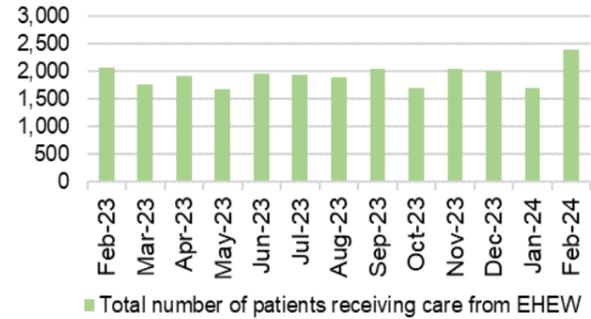


Chart 2: GMS - Escalation Levels

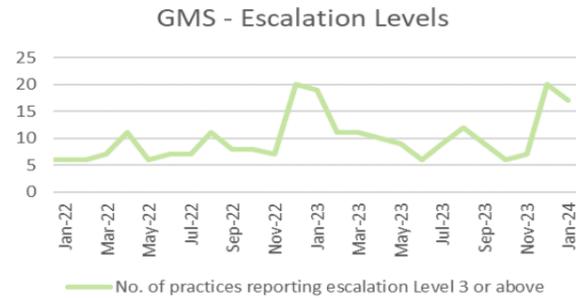


Chart 3: GMS - Sustainability



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

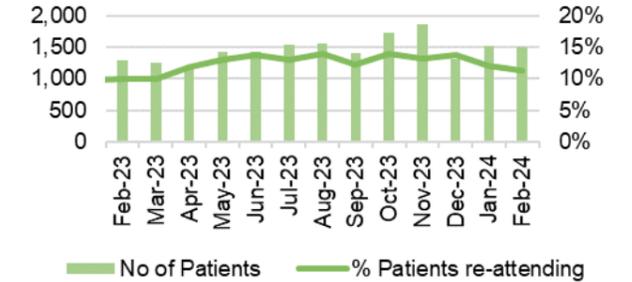


Chart 5: General Dental Services - Activity



Chart 6: General Dental Services - New Patients

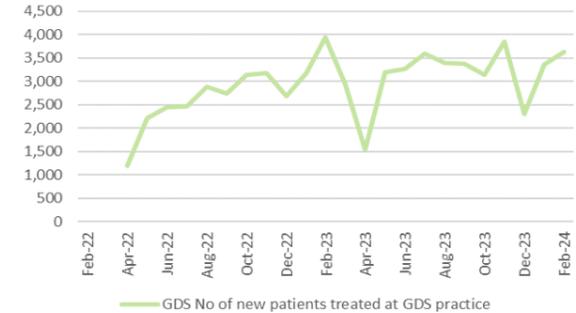


Chart 7: General Dental Services - ACORNs/FV

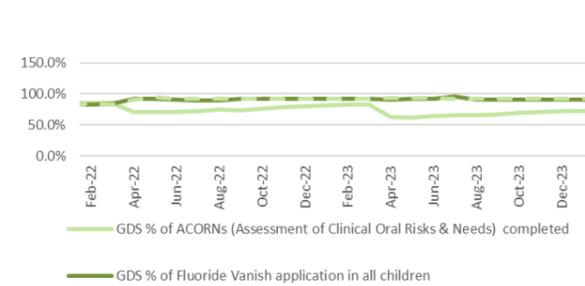


Chart 8: Optometry Activity – sight tests

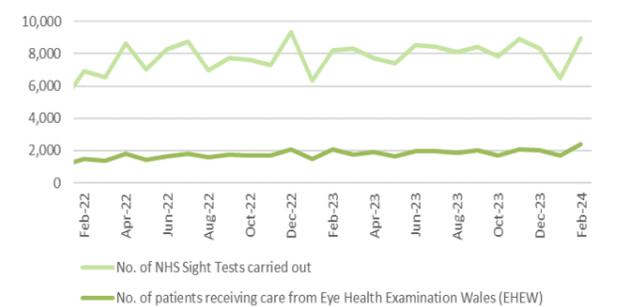


Chart 9: Optometry Activity – low vision care



Chart 10: Community Pharmacy – Escalation levels



Chart 11: Common Ailment Scheme – No. consultations provided



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

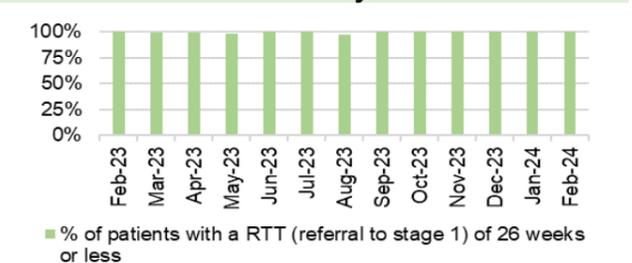


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

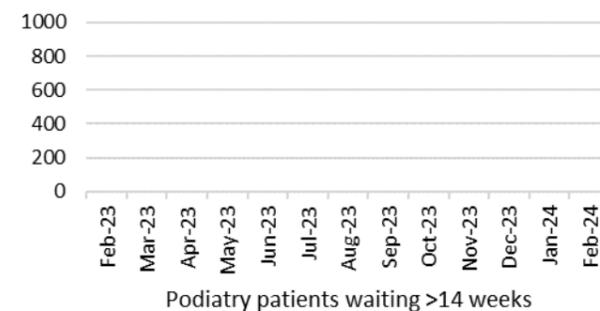


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

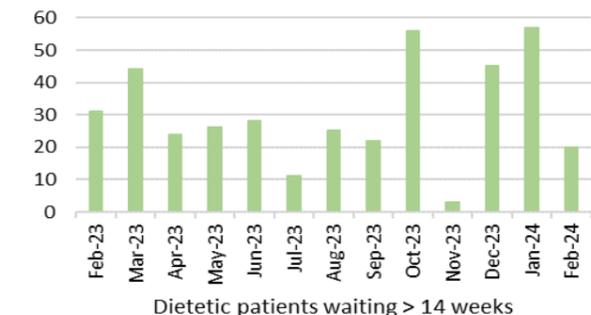


Chart 15: Audiology- Total number of patients waiting > 14 weeks

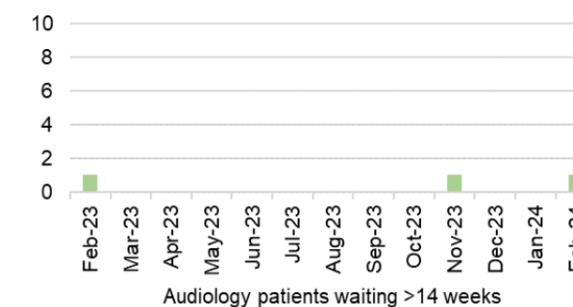
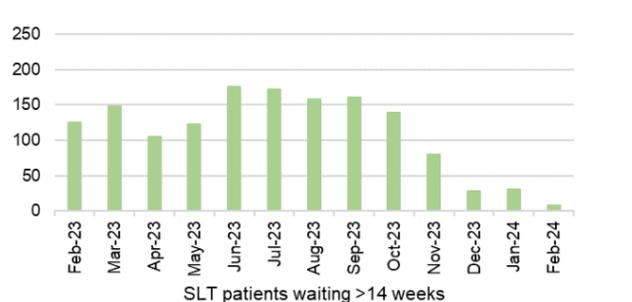


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

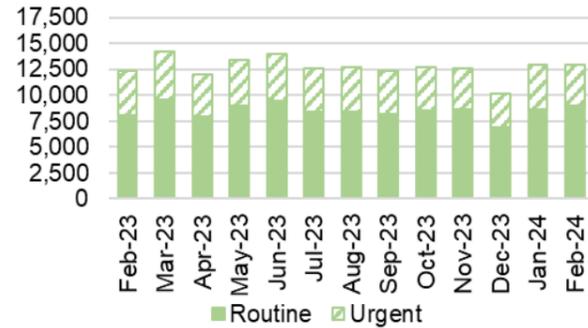


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

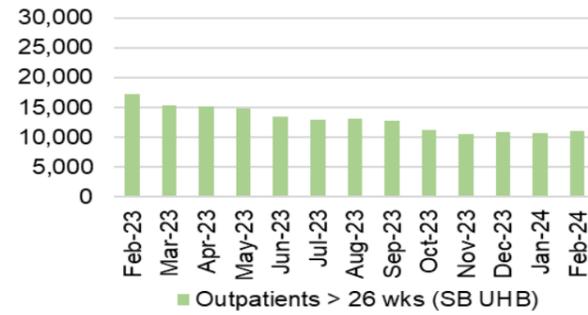


Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1

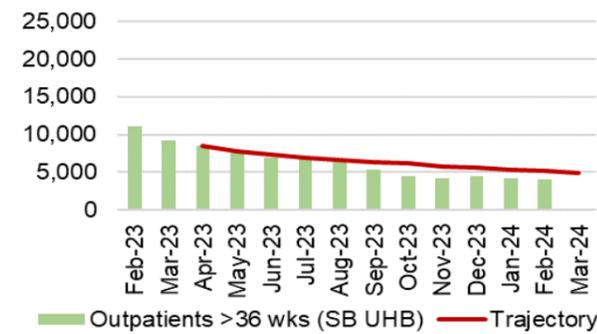


Chart 4: Number of patients waiting over 52 weeks for treatment

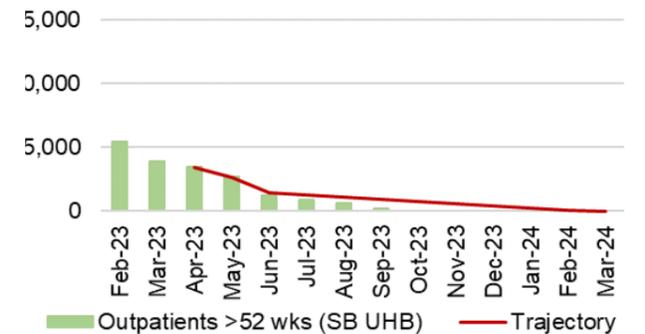


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

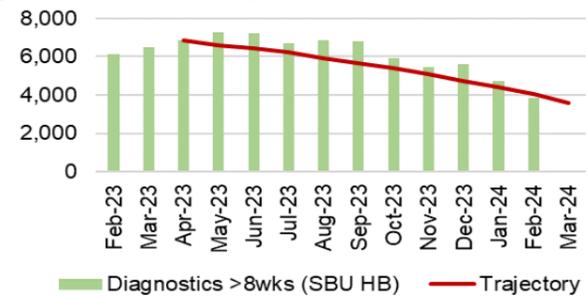


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

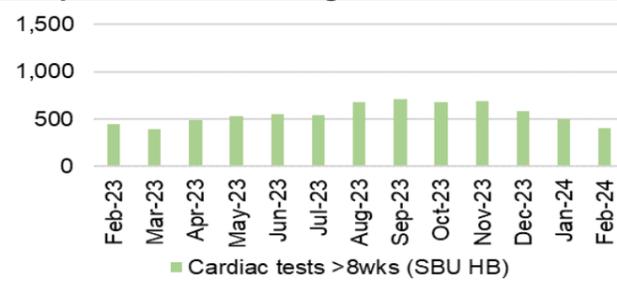


Chart 7: Number of patients waiting more than 14 weeks for Therapies

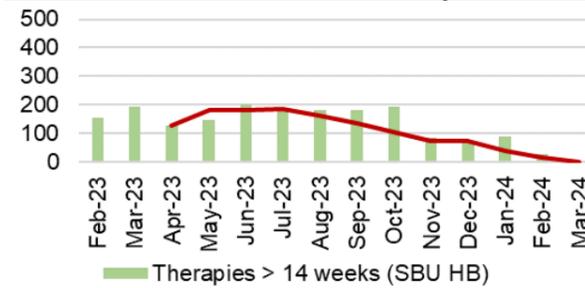


Chart 8: Cancer referrals

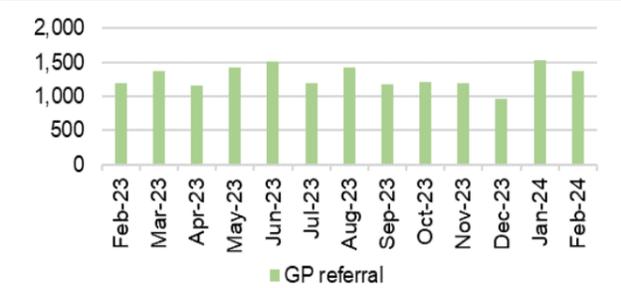


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

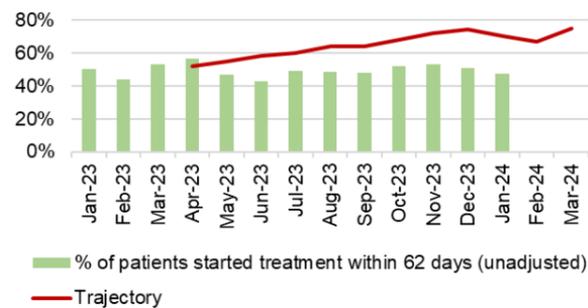


Chart 10: Number of new cancer patients starting definitive treatment

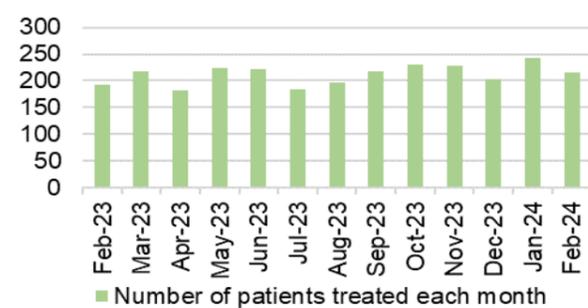


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days



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

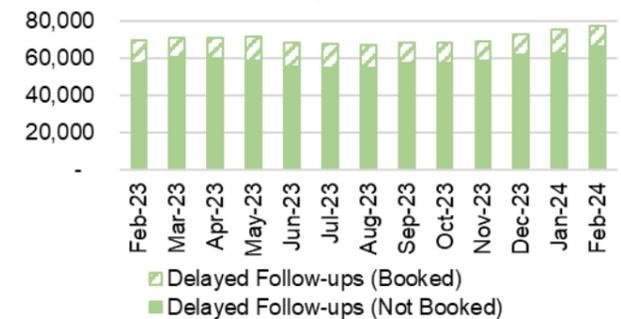


Chart 13: Number of patients without a documented clinical review date

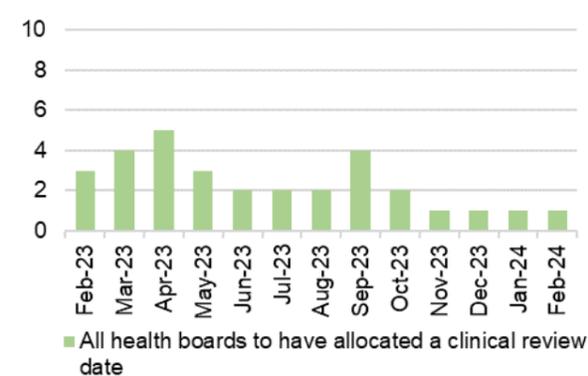


Chart 14: Ophthalmology patients without an allocated health risk factor

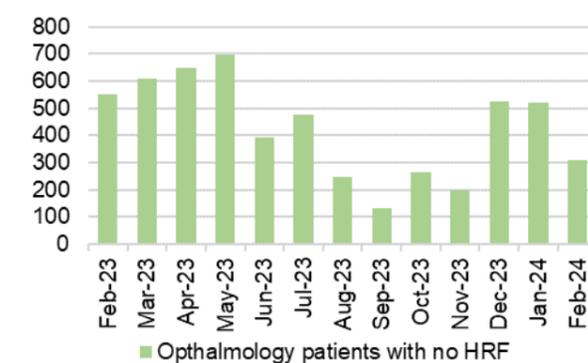


Chart 15: Total number of patients on the follow-up waiting list

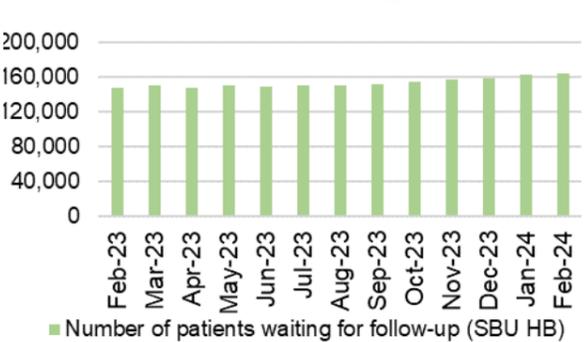
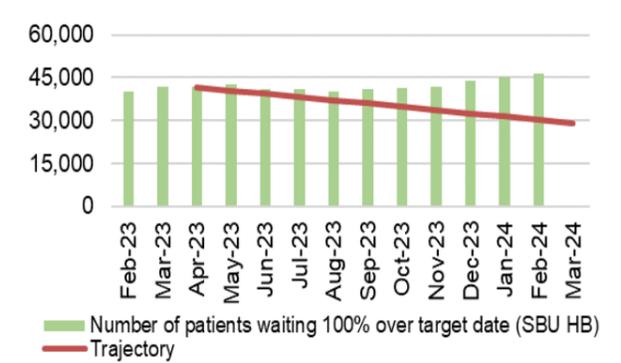


Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

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

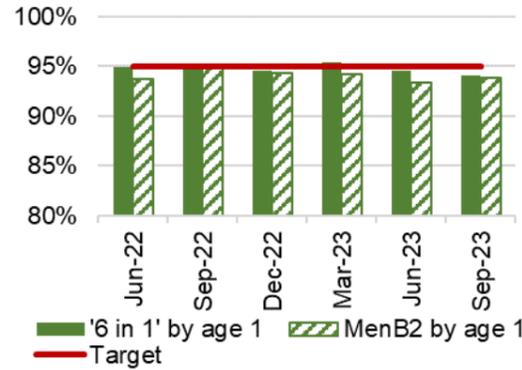


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

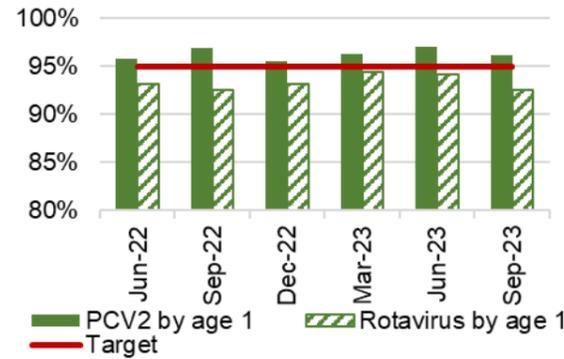


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

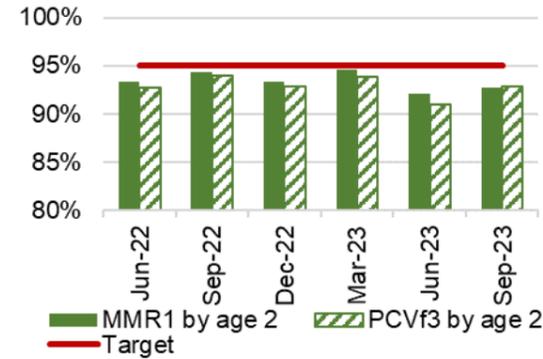


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

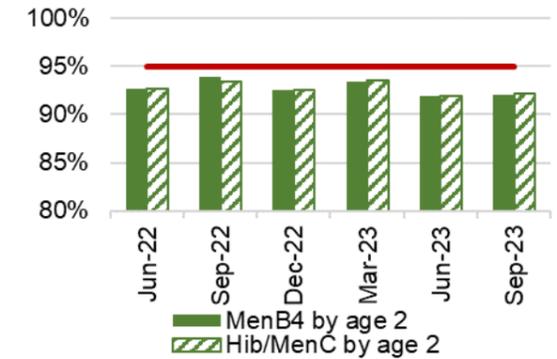


Chart 5: % children who are up to date in schedule by age 4

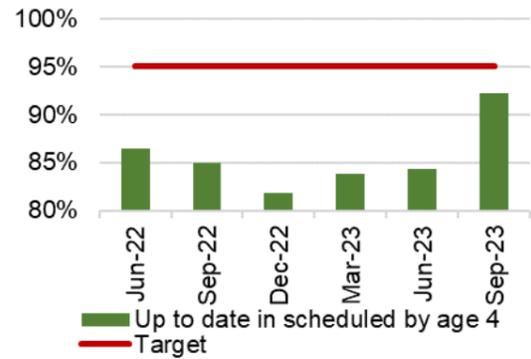


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5



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

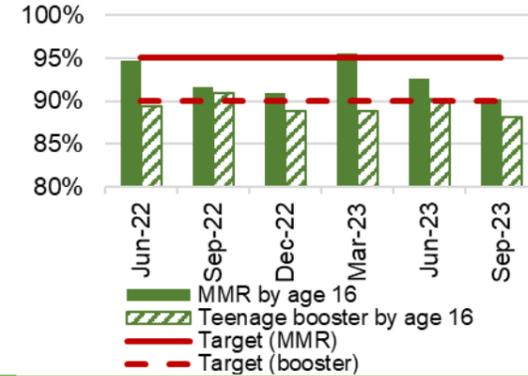


Chart 8: % children who received MenACWY vaccine by age 16

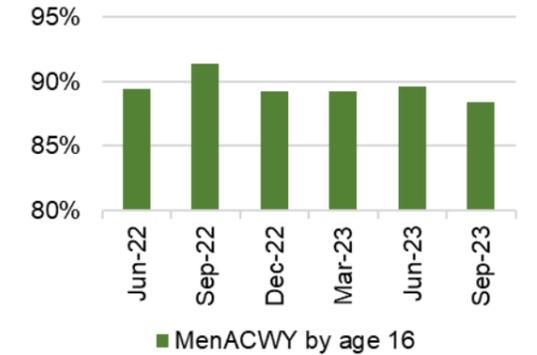
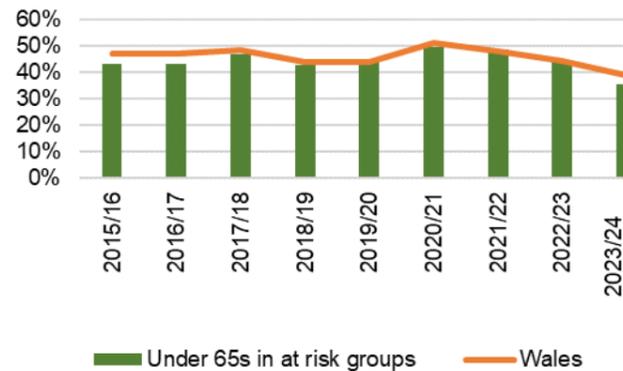


Chart 9: Influenza uptake for amongst 65 year olds and over



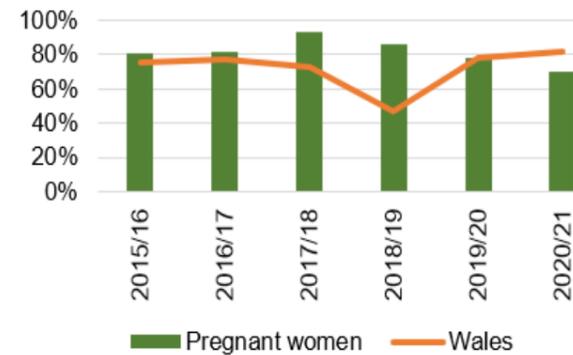
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



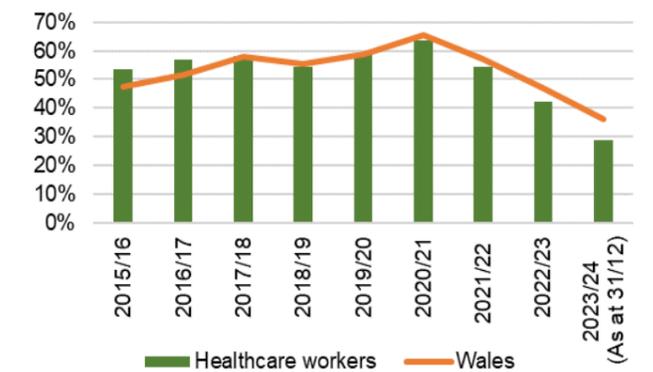
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

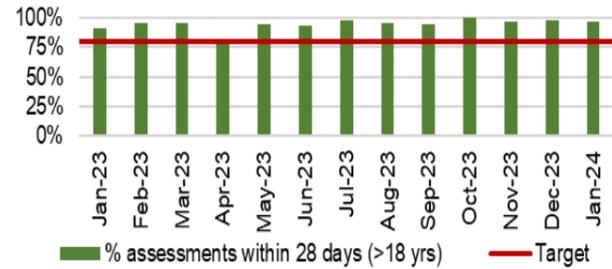


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

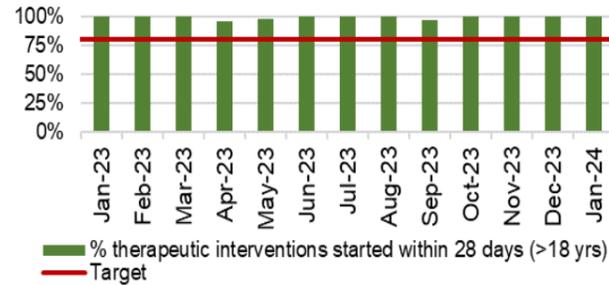


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

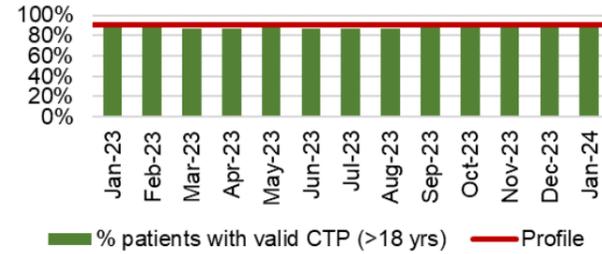


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

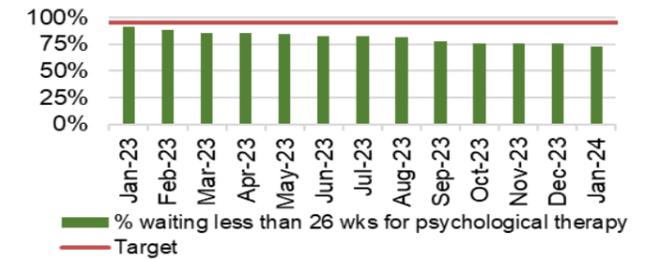


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

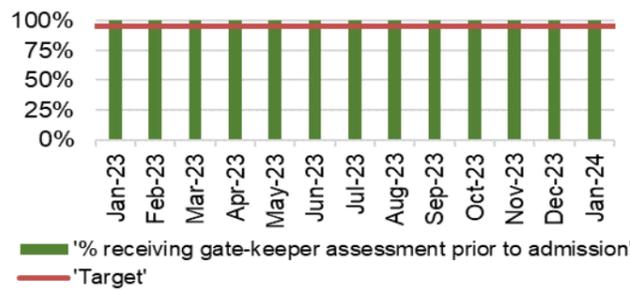


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

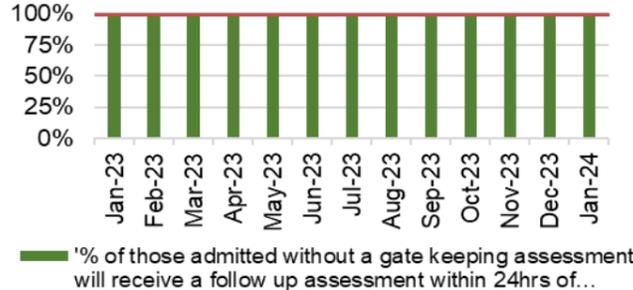


Chart 7: % of patients waiting under 14 weeks for Therapies

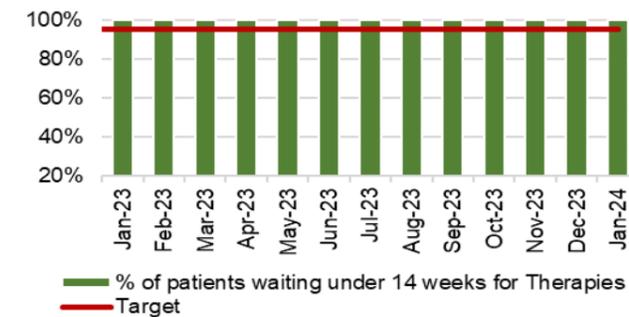


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

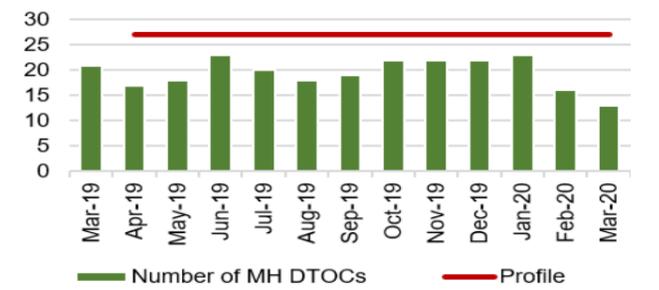


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

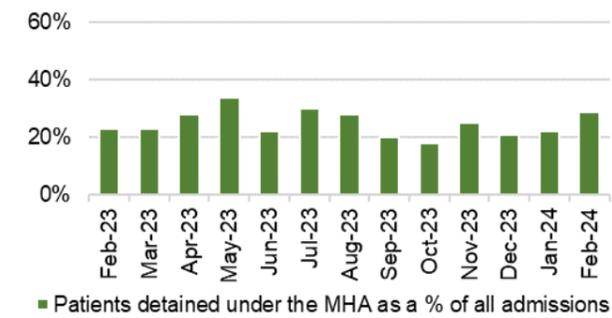


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

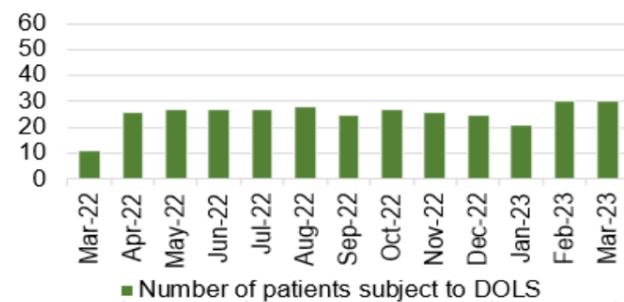


Chart 11: Number of Nationally Reportable Incidents

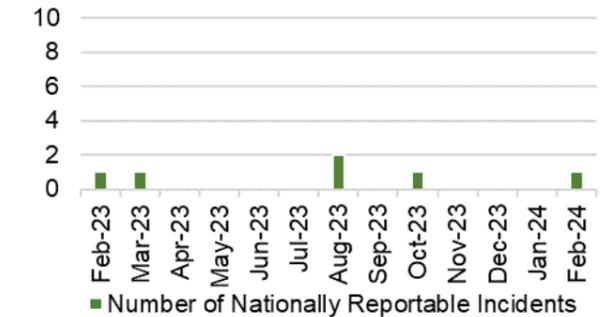
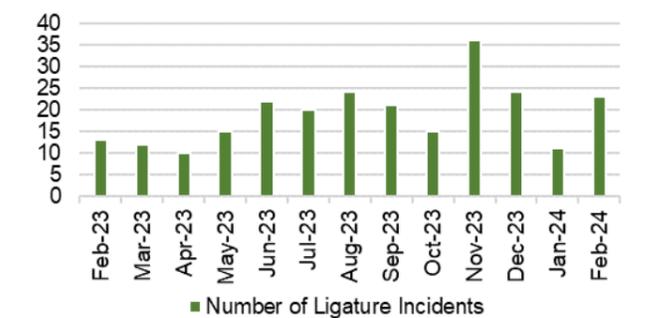


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

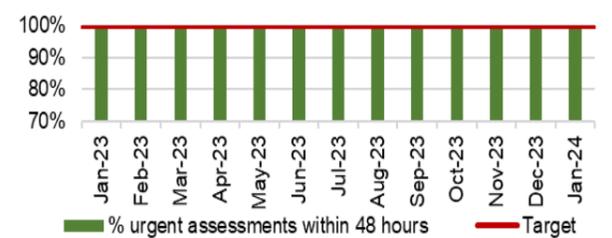


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks



Chart 15: Assessment and intervention within 28 days

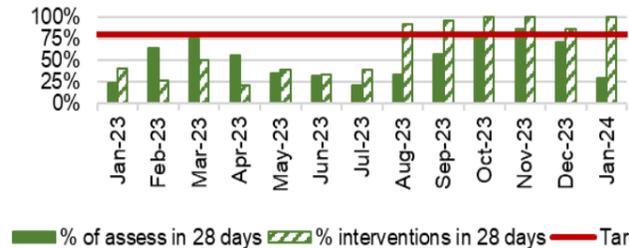
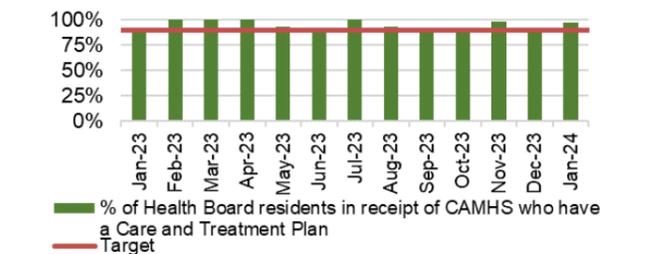


Chart 16: % of residents with a Care and Treatment Plan



APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	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	
COVID19 related measures	Number of new COVID19 cases	Local	Feb-24	70		Reduce					249	378	153	81	60	84	132	139	175	80	214	174	70	
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce					18,187	18,230												
	Number of staff awaiting results of COVID19 test	Local	Feb-24	0		Reduce						0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Feb-24	21		Reduce						33	57	29	61	90	23	33	37	35	21	43	35	21
	Number of COVID19 related serious incidents	Local	Feb-24	0		Reduce						0	0	0	0	0	0	0	0	0	0	1	1	0
	Number of COVID19 related complaints	Local	Feb-24	0		Reduce						2	2	1	0	0	0	0	1	1	1	0	0	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Jun-23	0		Reduce						1	0	0	0	0								
Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce						63	57	45	27	7									
% sickness	Local	Jun-23	0.1%		Reduce						0.5%	0.4%	0.3%	0.2%	0.1%									
Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	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	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Feb-24	46%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		52%	48%	50%	56%	64%	55%	56%	49%	46%	52%	47%	50%	46%	
	Number of ambulance handovers over one hour	National	Feb-24	629	↑ trajectory	393	✘	6,798 (Dec-22)	1st (Dec-22)		594	729	658	708	615	643	694	695	696	724	762	704	629	
	Handover hours lost over 15 minutes	Local	Feb-24	3344							3,245	4,659	3,627	3,952	3,018	3,383	4,075	3,807	3,868	3,343	3,787	3,693	3,344	
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Feb-24	74%	Month on month improvement		✘	63.1% (Dec-22)	4th (Dec-22)		76%	74%	75%	75%	76%	76%	76%	77%	77%	75%	75%	77%	74%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Feb-24	1197	↑ trajectory	505	✘	12,099 (Dec-22)	4th (Dec-22)		1,125	1,395	1,083	1,303	1,274	1,179	1,156	1,180	1,207	969	994	959	1,197	
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Dec-23	11.1%							11.1%	11.9%	7.8%	18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%			
	CT Scan (<1 hrs) (local)	Local	Dec-23	52.8%							48.1%	45.2%	45.1%	39.5%	42.9%	52.1%	34.1%	58.1%	23.8%	34.0%	52.8%			
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Dec-23	86.1%							96.3%	97.6%	96.1%	90.7%	92.9%	91.7%	97.7%	86.0%	92.9%	92.0%	86.1%			
	Thrombolysis door to needle <= 45 mins	Local	Dec-23	0.0%							0.0%	10.0%	25.0%	0.0%	12.5%	11.1%	75.0%	0.0%	0.0%	0.0%	0.0%			
	% stroke patients who receive mechanical thrombectomy	Local	Dec-23	4.5%	10%		✘	2.1% (Nov-22)	4th (Nov-22)		0.0%	6.5%	2.0%	7.1%	5.0%	3.6%	6.3%	9.1%	0.0%	6.7%	4.5%			
% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	Local	Dec-23	57.0%	12 month ↑		✓	50.7% (Nov-22)	4th (Nov-22)		48.0%	64.3%	68.6%	62.9%	66.7%	65.1%	47.3%	72.0%	71.6%	69.5%	57.0%				
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Feb-24	17.0%		80%	✘				67%	83%	80%	67%	-	40%	83%	50%	33%	100%	40%	100%	17%	
	Number of new Never Events	Local	Feb-24	1		0	✘				1	0	0	1	0	1	1	0	2	2	1	0	1	
	Number of risks with a score greater than 20	Local	Feb-24	147		12 month ↓	✘				143	148	138	135	143	142	146	152	140	170	146	141	147	
Pressure Ulcers	Number of risks with a score greater than 16	Local	Feb-24	310		12 month ↓	✘				295	307	296	289	300	303	316	322	304	363	305	296	310	
	Number of pressure ulcers acquired in hospital	Local	Jan-24	83		12 month ↓	✓				60	76	83	83	67	67	60	63	70	69	60	83		
	Number of pressure ulcers developed in the community		Jan-24	46		12 month ↓	✘					41	62	31	41	39	33	38	44	37	45	51	46	
	Total number of pressure ulcers		Jan-24	129		12 month ↓	✓					101	138	114	124	106	100	98	107	107	114	111	129	
	Number of grade 3+ pressure ulcers acquired in hospital		Jan-24	2		12 month ↓	✓					4	7	5	10	6	7	4	4	6	5	5	2	
	Number of grade 3+ pressure ulcers acquired in community		Jan-24	3		12 month ↓	✓					9	14	7	9	9	6	7	11	5	13	10	3	
	Total number of grade 3+ pressure ulcers		Jan-24	5		12 month ↓	✓					13	21	12	19	15	7	11	15	11	18	15	5	

Harm from overwhelmed NHS and social care system																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Feb-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		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Feb-24	68.1	<67		✘	67.80 (Dec-22)	3rd (Dec-22)		67.9	67.5	81.1	73.7	75.1	75.2	76.5	75.7	69.6	73.3	69.1	69.3	68.1		
	Number of E.Coli bacteraemia cases (Hospital)		7	≤ 234	9	✔					9	9	14	12	13	12	18	8	5	21	6	9	7		
	Number of E.Coli bacteraemia cases (Community)		10	(Cumulative)	10	✔					8	10	12	10	12	13	9	15	6	11	6	10	10		
	Total number of E.Coli bacteraemia cases		17		19	✔					17	19	26	22	25	25	27	23	11	32	12	19	17		
	Cumulative cases of S. aureus bacteraemias per 100k pop		Feb-24	37.9	<20		✘	27.76 (Dec-22)	6th (Dec-22)		38.6	38.6	53.1	43.0	42.2	42.2	40.4	38.9	37.6	37.2	38.8	39.0	37.9		
	Number of S.aureus bacteraemias cases (Hospital)		5	≤ 71	3	✘					9	5	7	8	8	1	6	7	6	8	9	7	5		
	Number of S.aureus bacteraemias cases (Community)		2	(Cumulative)	2	✔					2	5	9	2	5	13	4	3	4	6	8	8	4	2	
	Total number of S.aureus bacteraemias cases		7		5	✘					11	10	16	10	13	14	10	10	10	14	17	11	7		
	Cumulative cases of C. difficile per 100k pop		Feb-24	64.7	<25		✘	36.68 (Dec-22)	5th (Dec-22)		50.6	51.4	56.2	46.0	51.4	52.2	52.0	57.3	56.9	62.5	62.6	64.3	64.7		
	Number of C.difficile cases (Hospital)		15	≤ 95	5	✘					10	13	7	10	13	12	14	20	14	15	13	15	15		
	Number of C.difficile cases (Community)		5	(Cumulative)	2	✘					2	6	8	4	7	6	3	7	4	18	8	7	5		
	Total number of C.difficile cases		20		7	✘					12	19	15	14	20	18	17	27	18	33	21	22	20		
	Cumulative cases of Klebsiella per 100k pop		Feb-24	25.4								26.8	27.4	25.0	27.6	24.7	20.7	22.6	25.1	24.1	24.2	23.5	25.0	25.4	
	Number of Klebsiella cases (Hospital)		2	≤ 71	3	✔					7	4	7	4	1	3	4	7	5	4	1	6	2		
	Number of Klebsiella cases (Community)		7	(Cumulative)	2	✘					1	7	1	6	5	0	6	5	1	4	5	5	7		
	Total number of Klebsiella cases		9		5	✘			63 Total (Dec-22)	2nd (Dec-22)		8	11	8	10	6	3	10	12	6	8	6	11	9	
	Cumulative cases of Aeruginosa per 100k pop		Feb-24	5.7								11.2	11.3	6.2	4.6	7.2	6.1	6.1	6.1	6.1	6.1	6.5	6.2	5.7	
	Number of Aeruginosa cases (Hospital)		0	≤ 24	1	✔					2	2	1	1	3	2	0	1	2	2	3	2	0		
	Number of Aeruginosa cases (Community)		0	(Cumulative)	1	✔					0	2	1	0	1	0	1	1	0	0	0	0	0		
	Total number of Aeruginosa cases		0		2	✔			8 Total (Dec-22)	4th (Dec-22)		2	4	2	1	4	2	1	2	2	2	3	2	0	
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Feb-24	96.7%		95%	✔					95%	93%	99%	95%	95%	97%	95%	96%	97%	95%	97%	98%	97%		
Inpatient Falls	Local	Feb-24	203		12 month ↓	✔					179	214	183	184	143	164	200	157	190	166	158	192	203		
NEWS	Local	Feb-24	85%		98%	✘					98.3%	85.1%	96.6%	91.9%	81.6%	84.1%	85.2%	82.0%	89.6%	89.9%	85.7%	91.6%	85.5%		
Coding	National	Jan-24	78%		12 month ↑	✔					76%	67%	55%	55%	68%	71%	61%	63%	76%	66%	76%	78%			
E-TOC	Local	Feb-24	72%		100%	✘					64%	62%	64%	65%	65%	64%	66%	61%	66%	69%	70%	68%	72%		
Workforce	Agency spend as a % of the total pay bill	Local	Feb-24	3.7%		12 month ↓	✔	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		6.2%	5.2%	5.7%	5.8%	5.2%	4.9%	5.3%	4.1%	3.4%	4.6%	4.1%	3.9%	3.7%		
	% of headcount by organisation who have had a PADRI medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Feb-24	69%	85%		✘	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		69%	69%	72%	68%	67%	67%	67%	66%	66%	66%	67%	69%	69%		
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Feb-24	90%	85%		✔	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		85%	82%	86%	87%	87%	88%	88%	87%	88%	89%	88%	86%	90%		
	% workforce sickness absence (12 month rolling)	National	Jan-24	6.96%		12 month ↓	✔	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.78%	7.65%	7.46%	7.37%	7.28%	7.11%	7.08%	7.08%	7.05%	7.09%	6.96%	6.96%			

Harm from reduction in non-Covid activity																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Feb-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	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Feb-24	11.4%							9.9%	9.9%	11.8%	13.0%	13.9%	13.0%	13.9%	12.2%	14.0%	13.3%	13.9%	12.2%	11.4%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jan-24	47.5%	↑ trajectory	70%	✘	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		44.1%	53.2%	56.5%	46.6%	42.8%	49.0%	48.6%	47.9%	51.7%	53.3%	51.0%	47.5%		
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Feb-24	28%	80%		✘				31%	32%	22%	35%	18%	33%	44%	20%	10%	12%	17%	25%	28%	
	Scheduled (21 Day Target)	Local	Feb-24	81%	100%		✘				86%	81%	70%	81%	63%	68%	83%	76%	42%	61%	77%	67%	81%	
	Urgent SC (2 Day Target)	Local	Feb-24	52%	80%		✘				19%	30%	22%	50%	24%	42%	33%	53%	31%	39%	26%	52%		
	Urgent SC (7 Day Target)	Local	Feb-24	79%	100%		✘				69%	84%	70%	73%	52%	90%	91%	78%	73%	77%	65%	85%	79%	
	Emergency (within 1 day)	Local	Feb-24	67%	80%		✘				100%	91%	100%	100%	71%	100%	92%	100%	100%	100%	100%	100%	100%	67%
	Emergency (within 2 days)	Local	Feb-24	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Feb-24	98%	80%		✔				93%	94%	87%	93%	93%	91%	96%	96%	98%	95%	97%	99%	98%	
	Elective Delay (14 Day Target)	Local	Feb-24	100%	100%		✔				100%	100%	93%	100%	95%	100%	100%	100%	100%	100%	100%	97%	100%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Feb-24	3,311				15,517 (Nov-22)	7th (Nov-22)		4,408	4,554	4,677	4,847	4,745	4,505	4,415	4,148	3,737	3,427	3,553	3,509	3,311	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Feb-24	3,870	↑ trajectory	4,031	✔	42,566 (Nov-22)	4th (Nov-22)		6,116	6,514	6,867	7,255	7,221	6,713	6,861	6,800	5,939	5,429	5,616	4,705	3,870	
	Number of patients waiting > 14 weeks for a specified therapy	National	Feb-24	29	↑ trajectory	15	✘	9,584 (Nov-22)	2nd (Nov-22)		157	193	129	149	203	183	183	182	195	84	73	88	29	
	% of patients waiting < 26 weeks for treatment	Local	Feb-24	61.27%	95%			56% (Nov-22)	6th (Nov-22)		56.9%	58.4%	58.3%	58.8%	60.9%	61.7%	61.0%	60.7%	62.0%	62.6%	61.0%	60.8%	61.3%	
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Feb-24	10,938							17,257	15,385	15,184	14,733	13,427	12,937	13,121	12,786	11,169	10,425	10,689	10,722	10,938	
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Feb-24	4,102	↑ trajectory	5,189	✔				11,115	9,163	8,561	7,675	6,893	6,729	6,558	5,327	4,508	4,282	4,546	4,184	4,102	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Feb-24	0	↑ trajectory	103	✔	85,301 (Nov-22)	3rd (Nov-22)		5,475	3,895	3,456	2,719	1,234	894	665	180	0	0	0	0	0	
	Number of patients waiting > 52 weeks for treatment	National	Feb-24	13,211	↑ trajectory	15,003	✔				19,707	18,181	17,823	16,976	15,446	15,120	14,877	14,417	13,942	13,453	13,386	13,318	13,211	
	Number of patients waiting > 104 weeks for treatment	National	Feb-24	2,175	↑ trajectory	4,629	✔	49,594 (Nov-22)	5th (Nov-22)		6,656	6,015	5,952	5,792	5,474	5,299	4,999	4,645	4,097	3,460	2,969	2,566	2,175	
	The number of patients waiting for a follow-up outpatient appointment	Local	Feb-24	164,581							148,070	150,860	147,864	150,109	149,529	150,416	150,060	152,025	154,704	157,285	159,226	162,964	164,581	
The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Feb-24	46,482	↑ trajectory	30,261	✘	224,552 (Nov-22)	5th (Nov-22)		40,146	41,710	41,611	42,534	40,807	41,123	39,938	41,048	41,188	41,727	43,784	44,976	46,482		
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Feb-24	63%	95%		✘	64.9% (Nov-22)	1st (Nov-22)		64.6%	59.4%	62.7%	62.3%	57.5%	63.8%	60.3%	63.7%	60.2%	61.5%	64.7%	61.3%	62.9%		
Activity	Number of GP referrals	Local	Feb-24	12,976	12 month ↓		✘				12,347	14,220	12,012	13,341	13,984	12,623	12,698	12,383	12,644	12,622	10,102	12,876	12,976	
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Feb-24	721	↑ trajectory	950	✔				841	969	737	803	890	824	812	815	851	843	735	775	721	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Feb-24	9%	12 month ↓		✘				9.2%	8.2%	7.9%	10.1%	10.6%	10.0%	9.6%	10.6%	9.7%	10.0%	9.7%	9.3%	8.9%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Feb-24	7%	12 month ↓		✘				7.9%	7.9%	8.0%	8.2%	8.4%	8.1%	8.0%	8.1%	7.7%	7.6%	8.0%	8.2%	7.2%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Feb-24	69%		90%	✘				70%	71%	71%	76%	69%	73%	66%	73%	76%	72%	63%	63%	69%	
	% of theatre sessions starting late	Local	Feb-24	37%		<25%	✘				39%	33%	35%	37%	36%	42%	36%	38%	40%	39%	40%	37%	37%	
	% of theatre sessions finishing early	Local	Feb-24	50%		<20%	✘				45%	49%	48%	51%	47%	44%	51%	50%	47%	44%	49%	52%	50%	
Patient experience	Number of friends and family surveys completed	National	Feb-24	5,232	Month on month improvement		✔				4,425	5,358	2,704	3,477	2,503	3,401	5,188	4,084	5,738	5,792	4,004	5,211	5,232	
	% of who would recommend and highly recommend	Local	Feb-24	92%		90%	✔				92%	92%	92%	90%	89%	91%	92%	92%	92%	92%	92%	93%	92%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Feb-24	93%		90%	✔				95%	95%	95%	95%	90%	91%	92%	92%	93%	93%	93%	93%	93%	
Complaints	Number of new formal complaints received	Local	Dec-23	108		12 month trend ↓	✔				135	183	149	182	217	147	155	171	164	171	108			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Dec-23	69%		80%	✘				67%	72%	77%	71%	71%	64%	71%	62%	74%	55%	69%			
	% of acknowledgements sent within 2 working days	Local	Dec-23	100%		100%	✔				100%	100%	100%	100%	100%	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	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		
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 23/24	94.1%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)			95.4%			94.6%			94.1%							
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 23/24	88.9%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)			88.4%			88.3%			88.9%							
Influenza	% uptake of influenza among 65 year olds and over	National	Feb-24	69.4%	75%			78.0% (Mar-22)	3rd (Mar-22)		76.0%	75.9%	Data collection restarts October 2023							58.1%		68.0%	69.1%	69.4%	
	% uptake of influenza among under 65s in risk groups	Local	Feb-24	35.4%	55%			48.2% (Mar-22)	4th (Mar-22)		43.4%	43.8%								25.3%		33.5%	34.8%	35.4%	
	% uptake of influenza among children 2 to 3 years old	Local	Feb-24	38.0%	50%			47.6% (Mar-22)	5th (Mar-22)		39.3%	38.8%								22.7%		35.1%	38.9%	38.0%	
	% uptake of influenza among healthcare workers	Local	Feb-24	28.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		42.4%	42.4%								13.8%		28.6%	28.6%	28.6%	
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-23	67.8%	75%		✘				Historical data not available				67.8%	Data collection restarts Apr-24									
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	Feb-24	50.5%	75%		✘				Data collection for Autumn booster 23 begins Sep-23							16.1%	38.1%	45.8%	50.0%	50.6%	50.5%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jan-24	100%	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	Jan-24	24%	80%	45%	✘	31.4% (Nov-22)	3rd (Nov-22)		29%	29%	28%	30%	31%	36%	31%	30%	30%	30%	30%	29%	24%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Jan-24	29%	80%		✘	83.2% (Nov-22)	5th (Nov-22)		82%	74%	55%	31%	31%	21%	33%	56%	77%	86%	70%	29%			
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Jan-24	29%	80%		✘	66.8% (Nov-22)	5th (Nov-22)		64%	74%	55%	35%	31%	21%	33%	56%	77%	86%	70%	29%			
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Jan-24	100%	80%		✔	34.4% (Nov-22)	4th (Nov-22)		26%	50%	21%	38%	33%	38%	91%	95%	100%	100%	86%	100%			
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%						82%														
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Jan-24	97%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	93%	90%	100%	93%	92%	92%	98%	92%	97%			
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Jan-24	97%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		95%	96%	78%	94%	93%	98%	96%	94%	100%	97%	98%	97%			
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jan-24	100%	80%		✔	73.1% (Nov-22)	2nd (Nov-22)		100%	100%	96%	98%	100%	100%	100%	97%	100%	100%	100%	100%			
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jan-24	73%	80%		✘	73.3% (Nov-22)	2nd (Nov-22)		88%	85%	85%	84%	82%	82%	81%	77%	76%	76%	76%	73%			
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jan-24	88%	90%		✘	84.2% (Nov-22)	2nd (Nov-22)		89%	87%	87%	88%	87%	87%	87%	88%	89%	90%	88%	88%			
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to % service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Local	Jan-24	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
		Local	Jan-24	100%	100%		✔	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			