

Report Date	25th June 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 (May 2024) in delivering key local performance measures as well as the national measures outlined in the 2024/25 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>Following revision in May 2024 reporting to give focus on the measures to be monitored as part of Targeted Intervention (TI) escalation for performance and outcomes additional charts have been added where previously indicated.</p> <p>Key high level issues to highlight this month are as follows:</p> <p>-</p> <p>Unscheduled Care</p> <ul style="list-style-type: none"> - Performance against the 4-hour access has improved by 0.8% to 78.1% in May 2024. - Performance against the 12-hour wait has declined in May 2024 to 1,115 from 994. - In May 2024, there were 695 ambulance to hospital handovers taking over 1 hour; this is an increase of 70 compared with the previous month. - In May 2024, 3,158 ambulance hours were lost in handover delays compared to 2,905 in the previous month. - There was an increase in the average number of patients who were deemed clinically optimised in May 2024. The average number of clinically optimised patients increased from 235 in April 2024 to 252 in May 2024. 		

	<p><u>Planned Care</u></p> <ul style="list-style-type: none"> - OP waits remain under the 52 week Ministerial target level in May 2024, a position sustained since October 2023. - At the end of May 2024, there were 1,579 patients waiting over 104 weeks for treatment an improvement of 146 from the previous month. - In May there were no patients waiting over 14 weeks for a therapy service. - In May 2024, there was a decrease in the number of patients waiting over 8 weeks for specified diagnostics. The position improved from 3,746 to 3,576. The breakdown is as follows: - <ul style="list-style-type: none"> - Endoscopy= 3,066 - Cardiac tests= 441 - Other Diagnostics = 69 <p><u>Cancer</u></p> <ul style="list-style-type: none"> - The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in April 2024 was 57%, which is 1% higher than the figure reported in March 2024. - Backlog figures have increased in the reporting period due to a new requirement for all Health Boards to report Bowel Screening Wales patients in their SCP reporting. 242 patients were waiting in excess of 63 days at the end of May 2024. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in April 2024. - In April 2024, 66.1% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%. <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% in March 2024. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remains static at 25% in April 2024. - Note: S-CAMHS now included with P-CAMHS measure. Access to therapeutic interventions remains strong at 97% within 28 days, however access to assessment remains a challenge at 23% (within 28 days) in month. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	Members are asked to:			

	<ul style="list-style-type: none">• NOTE the Health Board performance against key measures and targets.• NOTE that the report will evolve to include more information on the Targeted Intervention section.• NOTE that work has commenced to develop and add key reporting measures for Primary and Community Care Services
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INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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 2024/25.

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 evolve to include more information on the Targeted Intervention section.
- **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 <i>(please choose)</i>	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		
<i>(please choose)</i>	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



Appendix 1- Integrated Performance Report June 2024



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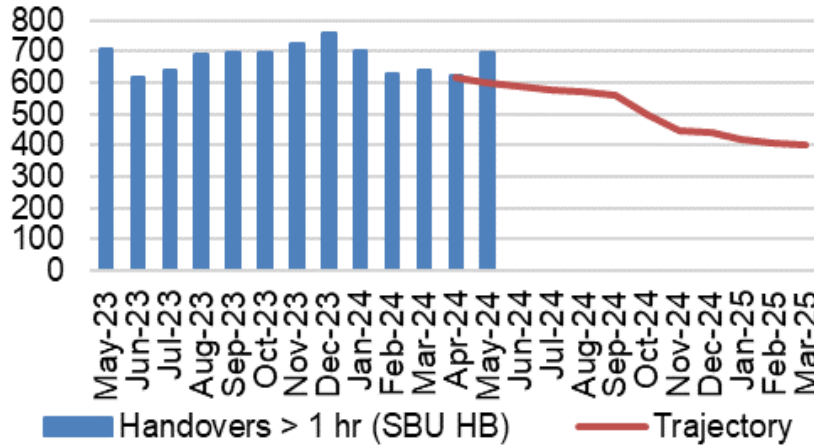
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1. TARGETED INTERVENTION METRICS PERFORMANCE

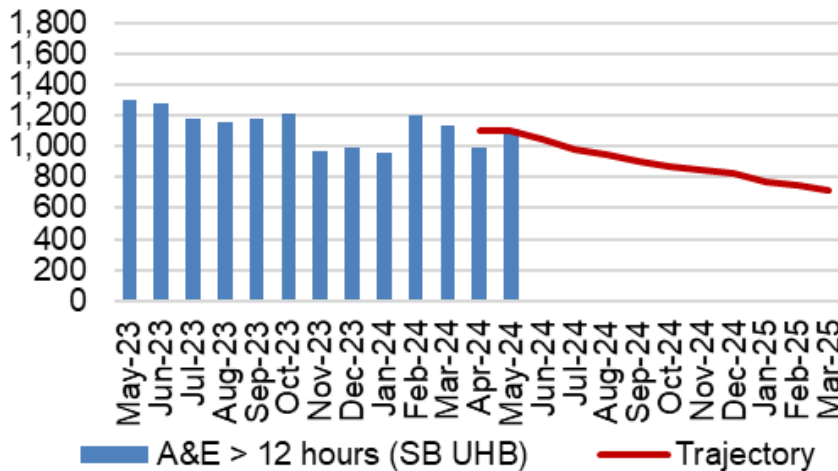
URGENT AND EMERGENCY CARE

1. Ambulance handovers over 1 hour



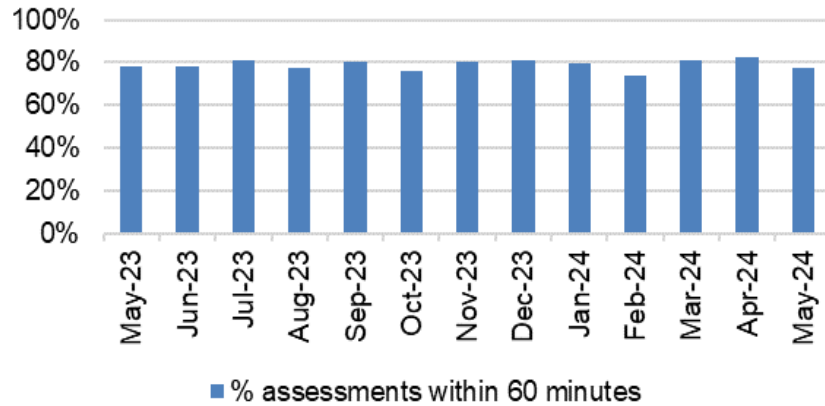
1. The number ambulance handovers over 1 hour has seen an increase in May 2024. The number of handovers over 1 hour increased from 625 in April 2024 to 695 in May 2024, which is above the outlined trajectory of 600.

2. A&E waits over 12 hours



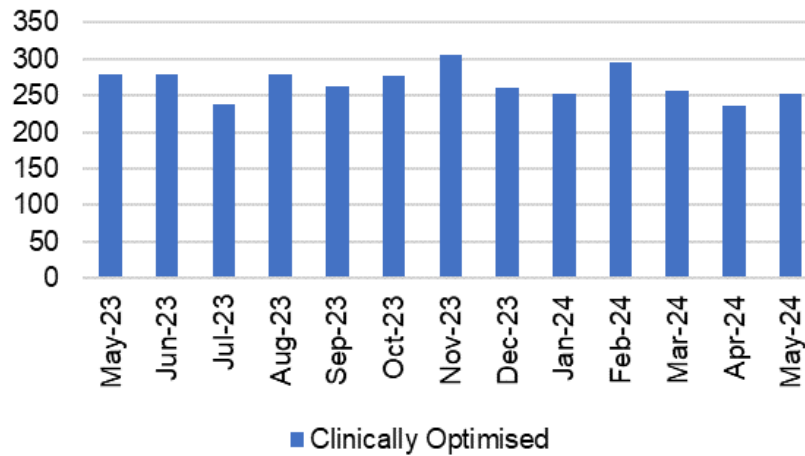
2. Performance against the 12-hour wait has deteriorated in-month and is currently performing slightly above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 1,115 in May 2024 from 994 in April 2024.

3. Median time from arrival to assessment within 60 mins



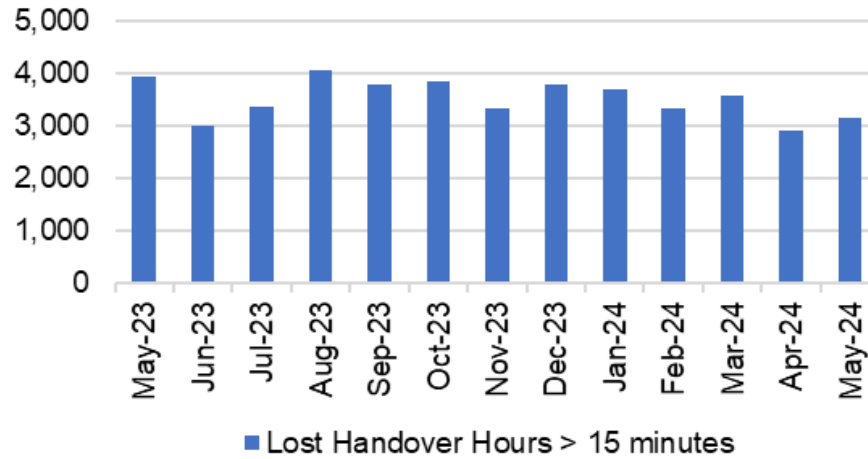
3. In May 2024 77.53% of patients received their first assessment within 60 minutes of their arrival at the Emergency Department. This is a 4.8% reduction on the figure reported in April 2024 (77.53%).

4. Continuing reduction in pathway of care delays



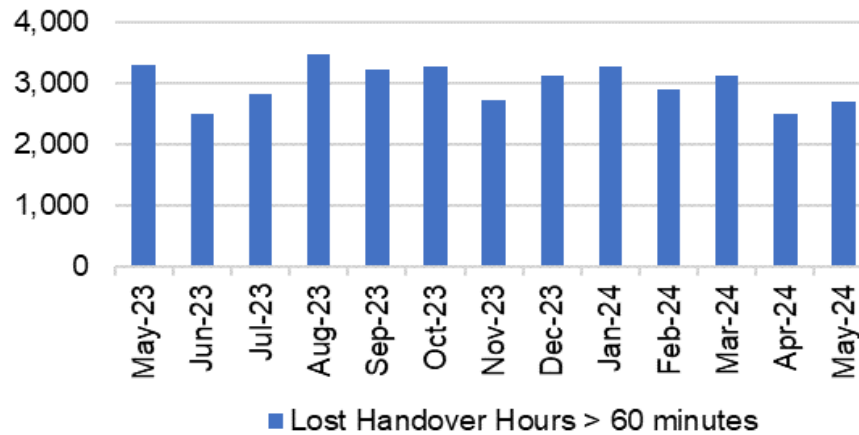
4. There was an increase in the average number of patients who were deemed clinically optimised in May 2024. The average number of clinically optimised patients increased from 235 in April 2024 to 252 in May 2024.

5. Lost Ambulance Hours Total



5. The ambulance handover lost hours rate has seen an increase in May 2024. The ambulance handover lost hours increased from 2,905 in April 2024 to 3,158 in May 2024.

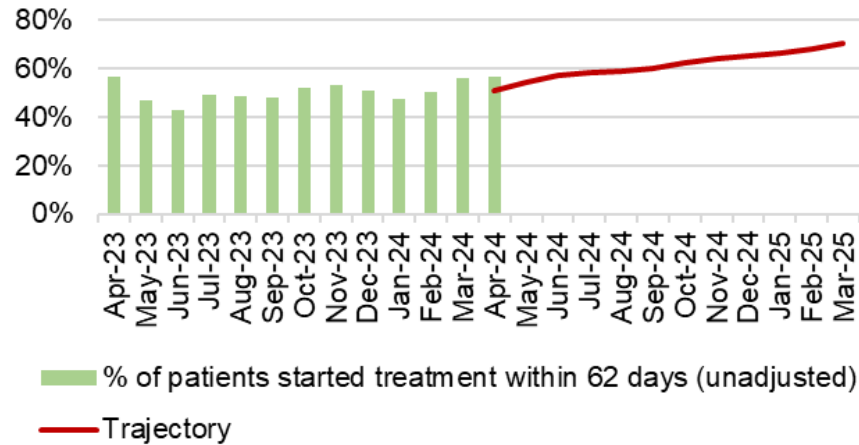
6. Lost Ambulance Hours over 1 hour



6. There has been an increase in the number of lost ambulance hours over 1 hour in May 2024. There were 2694 lost hours over 1 hour in May 2024 which is an increase of 204 compared with 2490 in April 2024.

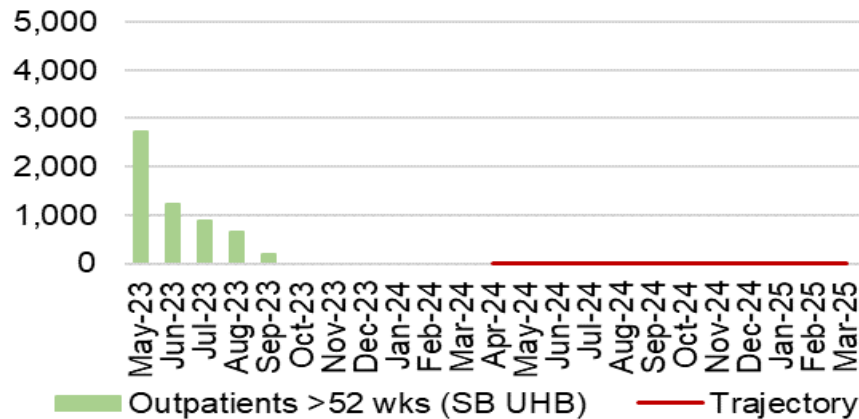
PLANNED CARE & CANCER

1. Single Cancer Pathway



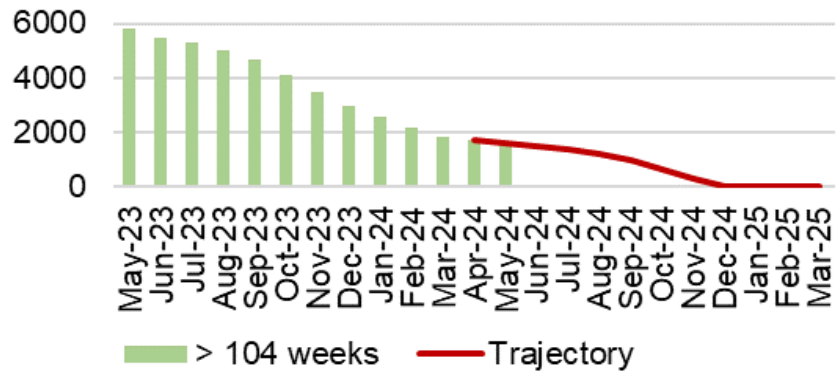
1. The final SCP performance for April 2024 was 57%, which is higher than the figure reported in March 2024. Performance is currently above the submitted trajectory (51%).

2. Outpatients waiting over 52 weeks



2. The number of patients waiting over 52 weeks for a first outpatient appointment remained below the Ministerial target level of 0 in May 2024. This position has been sustained since October 2023.

3. 104 week waits – all pathways



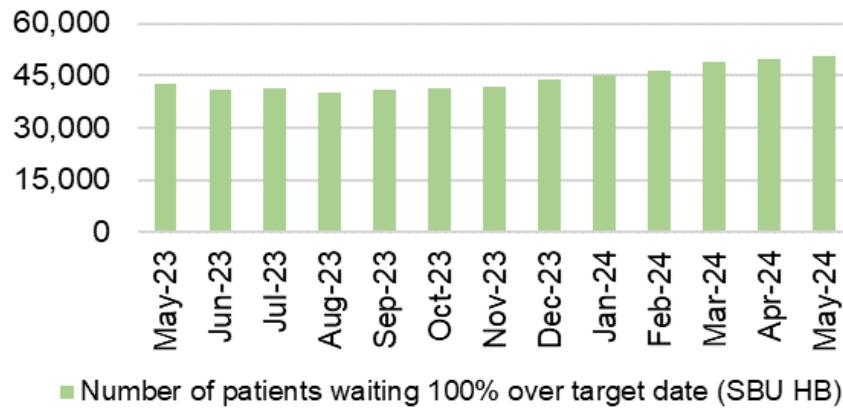
3. May 2024 saw an in-month reduction of 8% in the number of patients waiting over 104 weeks for treatment. The number decreased from 1,725 in April 2024 to 1,579 in May 2024.

4. % of patients waiting under 52 weeks (all pathways)

UNDER DEVELOPMENT

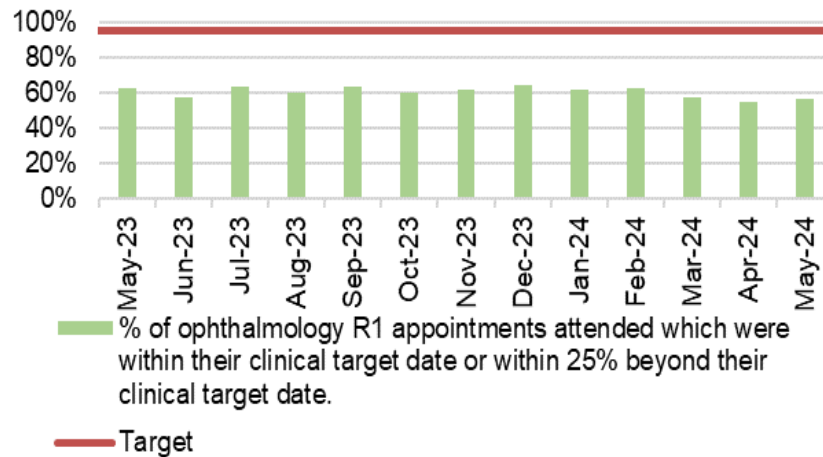
Narrative to be developed once measure in place

5. Delayed follow ups over 100%



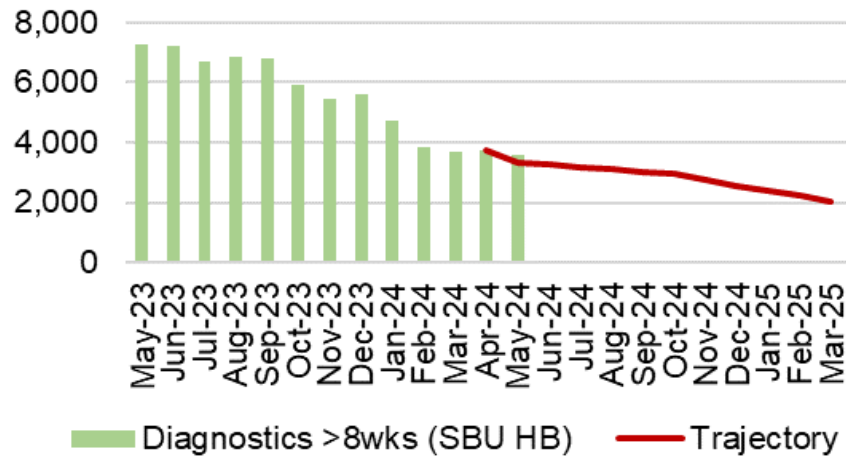
5. The number of patients waiting 100% over target for a follow-up appointment increased in May 2024. There were 50,646 patients waiting 100% over their target date in May, an increase of 809 when compared to April 2024 (49,837).

6. R1 Ophthalmology



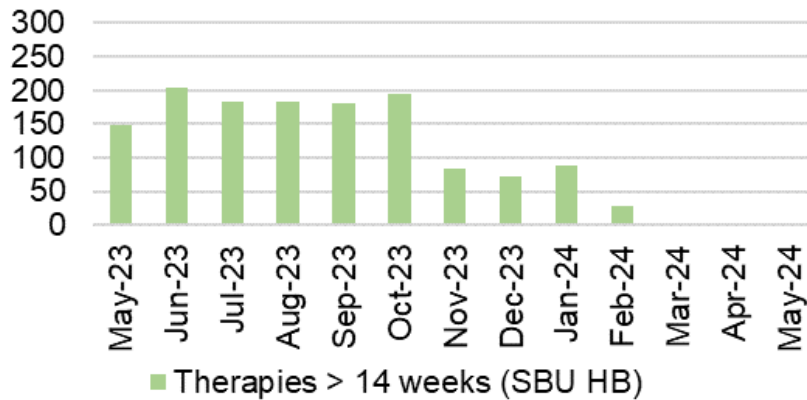
6. In May 2024 56.7% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of their target date. This is a 2.1% increase on the figure reported in April 2024.

7. Patients waiting 8 weeks for a diagnostic test



7. In May 2024, there was a reduction in the number of patients waiting over 8 weeks for a diagnostic test. It decreased from 3,746 in April 2024 to 3,576 in May 2024. This is above the outlined trajectory of 3,343.

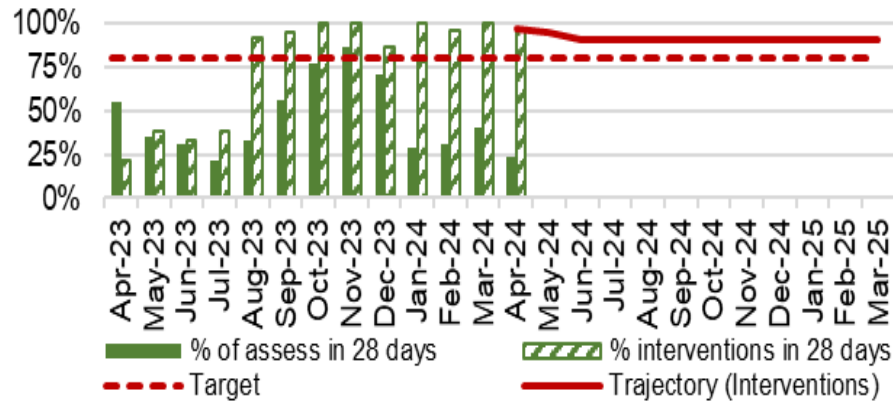
8. Patients waiting 14 weeks for therapy services



8. In May 2024, there were 0 patients waiting over 14 weeks for therapy services; this is a reduction of 1 when compared with April 2024.

CAMHS

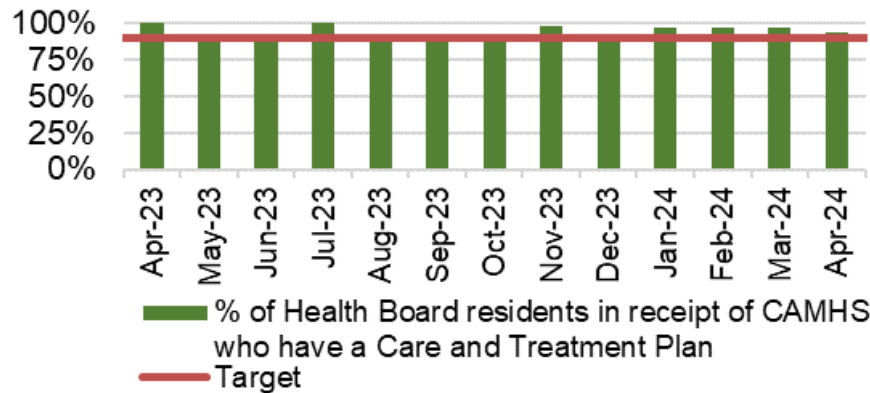
1. LPMHSS assessments with 28 days and therapeutic assessment within 28 days



1. The percentage of routine assessments undertaken within 28 days decreased to 23% in April 2024 from 40% in March 2024.

In April 2024, 97% of therapeutic assessments were undertaken within 28 days. This is in line with the trajectory for April 2024.

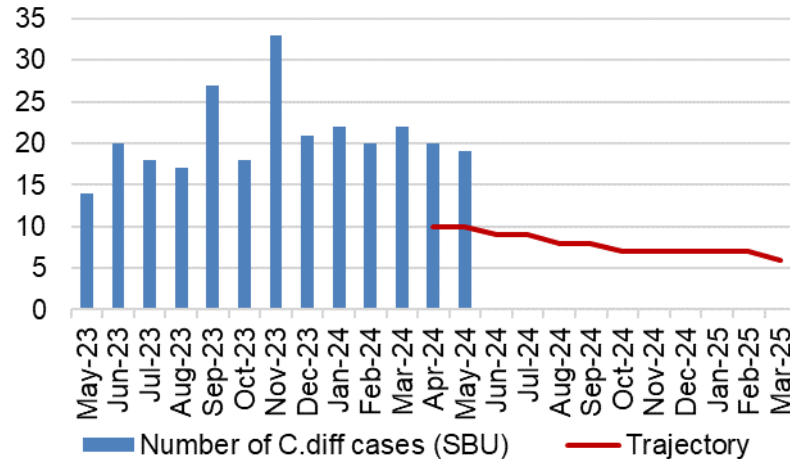
2. Residents in receipt of a valid care and treatment plan



2. The percentage of residents in receipt of a valid care and treatment plan remained above the 80% target, achieving 94% in April 2024.

HEALTHCARE ACQUIRED INFECTIONS

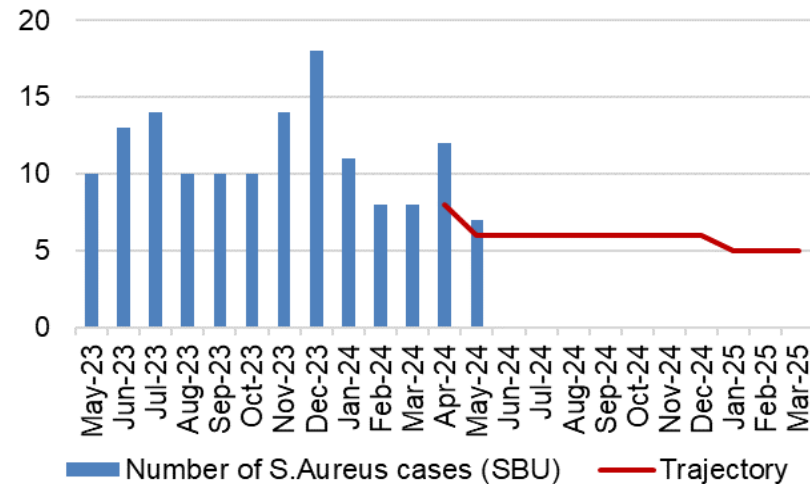
1. C. Difficile



1. There were 19 cases of C. Difficile reported in May 2024. This is 1 less than reported in April 2024 and is above the trajectory of 10 cases for the month.

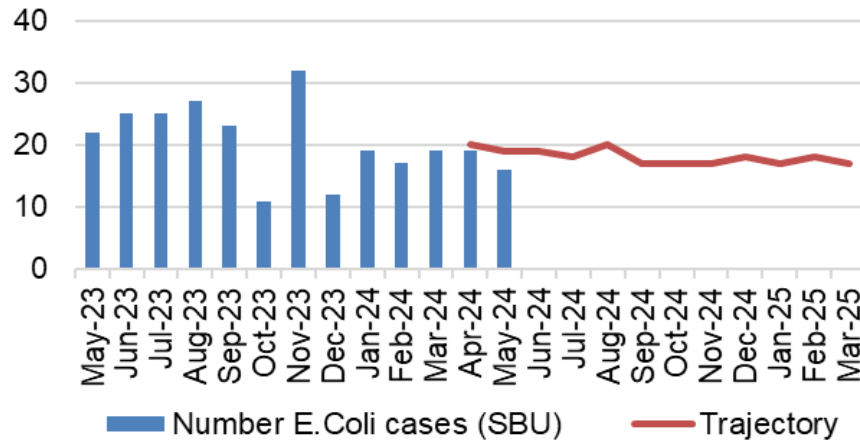
NOTE: de-escalation is related to hospital acquired only and the measure will be developed to report this in coming months.

2. Staph aureus



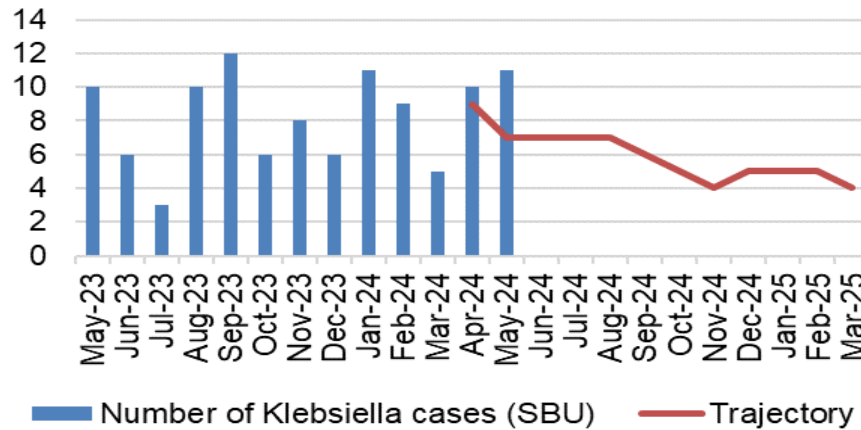
2. There was a reduction in the number of cases of Staph aureus reported in May 2024. The number of cases reported decreased to 7 in May 2024 compared to 12 in April 2024. This is above the trajectory of 6 cases for the month.

3. E-coli



3. There were 16 cases of E.Coli reported in May 2024. This is 3 less than the figure reported in April 2024 (19) and is below the trajectory of 19 cases for the month.

4. Klebsiella



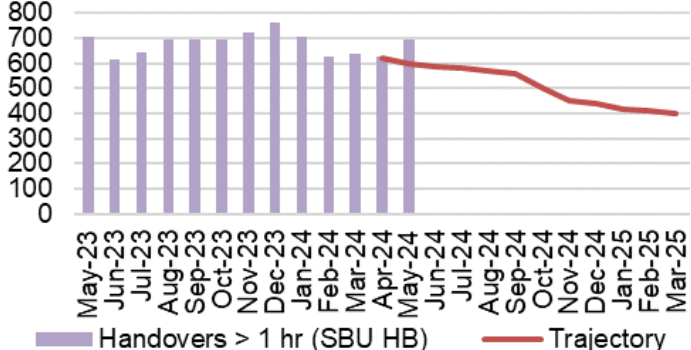
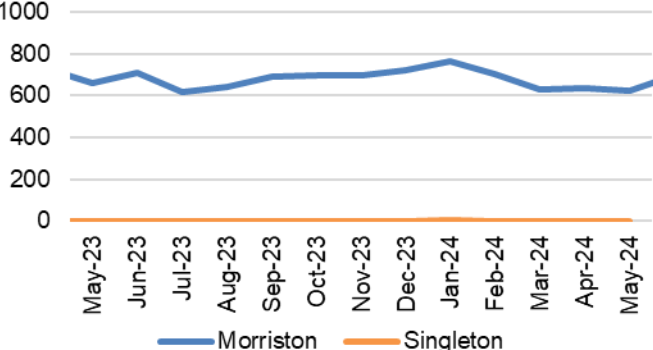
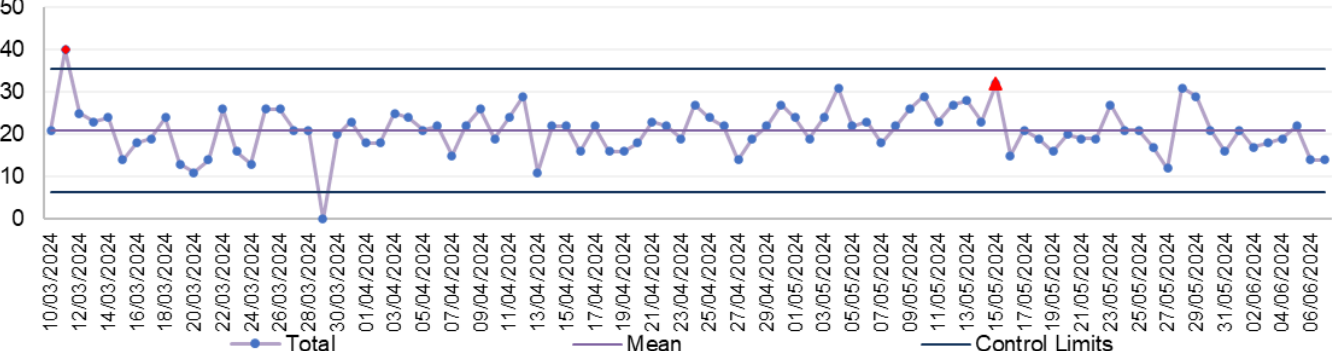
4. The number of cases of Klebsiella reported increased to 11 in May 2024 from 10 in April 2024. This is above the trajectory of 7 cases for May 2024.

2. UPDATES ON KEY SERVICE AREAS

COVID Data																																																						
Description	Current Performance	Trend																																																				
1. Number of new COVID19 cases in Swansea Bay population area	<p>Number of new COVID cases</p> <p>In May 2024, there were an additional 64 positive cases recorded bringing the cumulative total to 121,630 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: Number of new positive COVID19 cases</caption> <thead> <tr> <th>Month</th> <th>Number of new positive COVID19 cases</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>300</td></tr> <tr><td>Jun-22</td><td>350</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>150</td></tr> <tr><td>Nov-22</td><td>150</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>250</td></tr> <tr><td>Mar-23</td><td>380</td></tr> <tr><td>Apr-23</td><td>150</td></tr> <tr><td>May-23</td><td>50</td></tr> <tr><td>Jun-23</td><td>50</td></tr> <tr><td>Jul-23</td><td>100</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>50</td></tr> <tr><td>Dec-23</td><td>200</td></tr> <tr><td>Jan-24</td><td>150</td></tr> <tr><td>Feb-24</td><td>50</td></tr> <tr><td>Mar-24</td><td>50</td></tr> <tr><td>Apr-24</td><td>50</td></tr> <tr><td>May-24</td><td>64</td></tr> </tbody> </table> <p>■ New positive COVID19 cases</p>	Month	Number of new positive COVID19 cases	May-22	300	Jun-22	350	Jul-22	600	Aug-22	200	Sep-22	200	Oct-22	150	Nov-22	150	Dec-22	400	Jan-23	200	Feb-23	250	Mar-23	380	Apr-23	150	May-23	50	Jun-23	50	Jul-23	100	Aug-23	150	Sep-23	150	Oct-23	150	Nov-23	50	Dec-23	200	Jan-24	150	Feb-24	50	Mar-24	50	Apr-24	50	May-24	64
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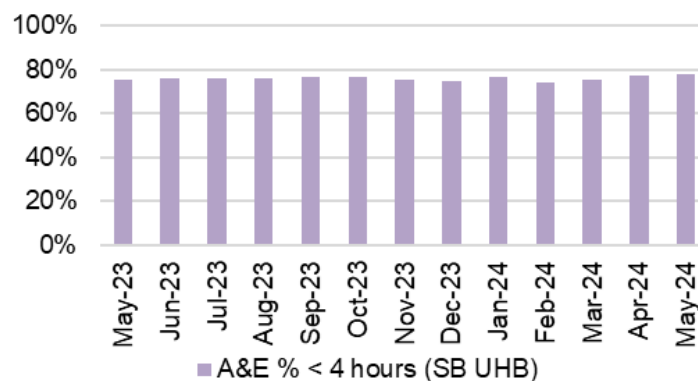
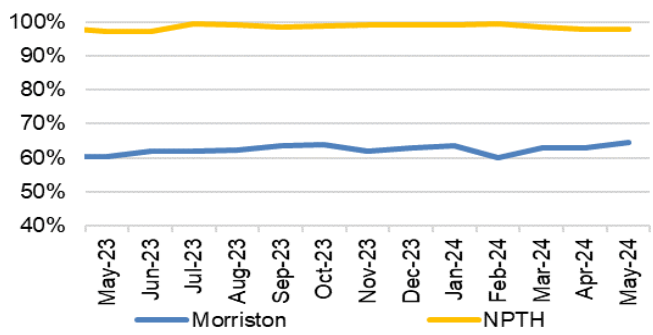
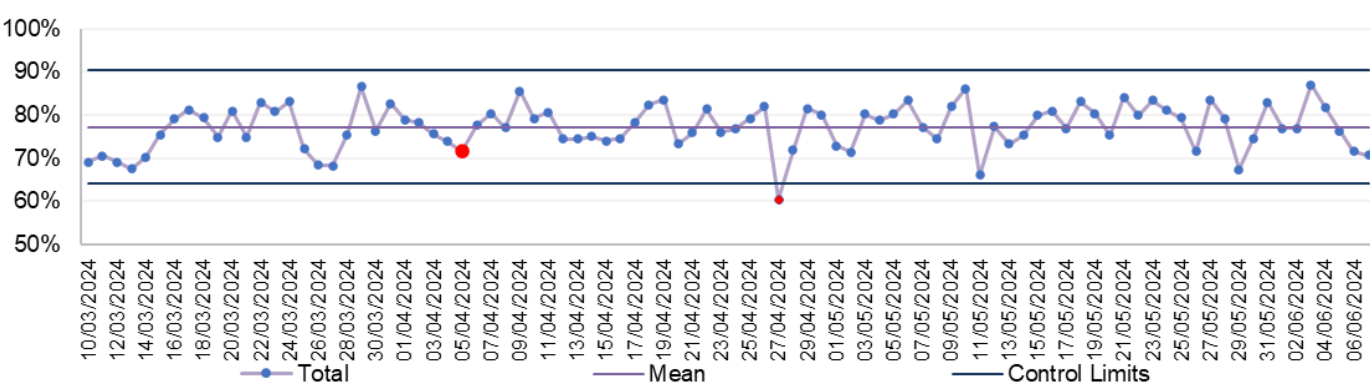
UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<p>Ambulance responses</p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In May 2024, the number of red calls responded to within 8 minutes deteriorated to 45.5% from 46.3% in April 2024. In May 2024, the number of green calls increased by 20%, amber calls increased by 16%, and red calls increased by 11% compared with April 2024.</p>	<p>Ambulance response rates have seen a small deterioration in performance in May 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>
	Trend	
	<p>1. % of red calls responded to within 8 minutes</p>	<p>2. Number of ambulance call responses</p>
<p>3. % of red calls responded to within 8 minutes – HB total last 90 days</p>	<p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits 8 or more points above or below the mean ▲ above or below the mean ● Arun of 6 ● increasing or decreasing points 	

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 May 2024, there were 695 ambulance to hospital handovers taking over 1 hour; this is an increase of 70 compared with 625 in April 2024. In May 2024, 694 handovers over 1 hour were attributed to Morriston Hospital and 1 was attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have increased from 2,905 in April 2024 to 3,158 in May 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	
	<p>1. Number of ambulance handovers- HB total</p>  <p>2. Number of ambulance handovers over 1 hour- Hospital level</p>  <p>3. Number of ambulance handovers- HB total last 90 days</p>  <div data-bbox="1836 1069 2094 1364" 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>	

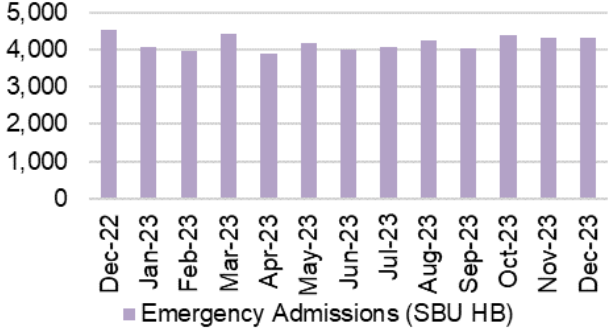
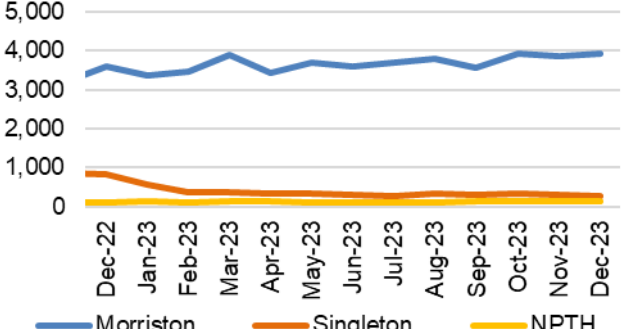
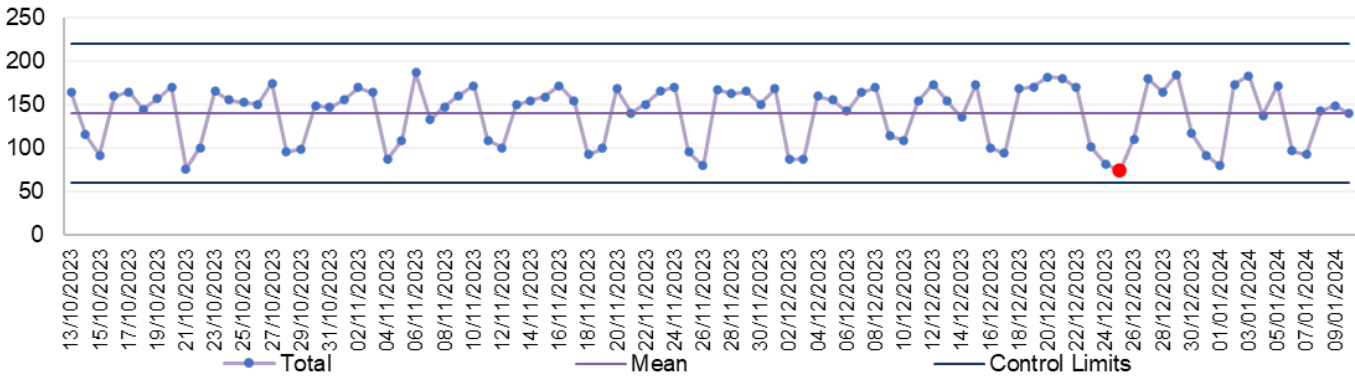
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A&E Attendances 1. The number of attendances at emergency departments in the Health Board 2. The number of attendances at emergency departments in the Health Board – Hospital level 3. The number of attendances at emergency departments in the Health Board (last 90 days)	In May 2024, there were 12,518 A&E attendances, which is an increase of 1173 when compared to April 2024. There were 7,397 attendances to A&E at Morrision hospital and 5,121 attendances to MIU at Neath Port Talbot hospital.	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.																																																																					
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UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement
<p>A&E waiting times</p> <p><i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i></p> <p><i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i></p> <p><i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i></p>	<p>The Health Board’s performance against the 4-hour measure improved from 77.25% in April 2024 to 78.10% in May 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 97.93% in May 2024. Morriston Hospital’s performance improved between April 2024 and May 2024, achieving 64.43% 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. A frailty model design has been completed which anticipates a reduction in attendances and improved length of stay; this will be implemented in September 2024.</p>
	Trend	
	<p>1. % Patients waiting under 4 hours in A&E- HB total</p>  <p>■ A&E % < 4 hours (SB UHB)</p>	<p>2. % Patients waiting under 4 hours in A&E- Hospital level</p>  <p>— Morriston — NPTH</p> <p>3. % Patients waiting under 4 hours in A&E- HB total last 90 days</p>  <div data-bbox="1859 1085 2105 1372" 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
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 May 2024, performance against the 12-hour measure deteriorated when compared with April 2024, increasing from 994 to 1,115. This is an increase of 121 compared to April 2024. 1,114 patients waiting over 12 hours in May 2024 were attributed to Morriston Hospital and 1 was attributed to Neath Port Talbot Hospital.	A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.
	Trend	
	1. Number of patients waiting over 12 hours in A&E- HB total 	2. Number of patients waiting over 12 hours in A&E- Hospital level
3. Number of patients waiting over 12 hours in A&E – HB total last 90 days 		

UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement
<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>■ Emergency Admissions (SBU HB)</p>	<p>2. Number of emergency admissions- Hospital level</p>  <p>— Morriston — Singleton — NPTH</p>
<p>3. Number of emergency admissions- HB total last 90 days</p>  <p>● Total — Mean — Control Limits</p> <div data-bbox="1861 1034 2101 1310" 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>		

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<p>Critical Care-Delayed Transfers of Care (DIOC)-Morrison Hospital</p> <p>1. Total Critical Care delayed discharges (hours)</p> <p>2. Average lost bed days per day</p> <p>3. Percentage of patients delayed: Up to 8 hours Between 8 and 24 hours Over 24 hours</p>	<p>In March 2024, there were a total of 76 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is an increase when compared with 70 admissions in February 2024. March 2024, saw an increase in the number of delayed discharge hours from 1049.25 in February 2024 to 2903.1 in March 2024. The average lost bed days increased to 3.9 per day. The percentage of patients delayed over 24 hours increased to 52.73% in March from 26.53% in February 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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<p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In May 2024, there were on average 252 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals.</p> <p>In May, Morriston Hospital had the largest proportion of clinically optimised patients with 155, followed by Neath Port Talbot Hospital with 51.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital. The implementation of the frailty model with further increase opportunities for reductions in delays.</p>	<p align="center">The number of clinically optimised patients by site</p> <table border="1"> <caption>Estimated data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>100</td><td>70</td><td>75</td><td>20</td></tr> <tr><td>Jun-23</td><td>110</td><td>60</td><td>80</td><td>25</td></tr> <tr><td>Jul-23</td><td>110</td><td>40</td><td>70</td><td>20</td></tr> <tr><td>Aug-23</td><td>150</td><td>20</td><td>75</td><td>25</td></tr> <tr><td>Sep-23</td><td>140</td><td>10</td><td>95</td><td>15</td></tr> <tr><td>Oct-23</td><td>170</td><td>10</td><td>90</td><td>20</td></tr> <tr><td>Nov-23</td><td>180</td><td>10</td><td>95</td><td>25</td></tr> <tr><td>Dec-23</td><td>140</td><td>10</td><td>70</td><td>25</td></tr> <tr><td>Jan-24</td><td>130</td><td>40</td><td>60</td><td>25</td></tr> <tr><td>Feb-24</td><td>170</td><td>40</td><td>60</td><td>30</td></tr> <tr><td>Mar-24</td><td>100</td><td>50</td><td>55</td><td>30</td></tr> <tr><td>Apr-24</td><td>110</td><td>40</td><td>50</td><td>25</td></tr> <tr><td>May-24</td><td>150</td><td>20</td><td>50</td><td>25</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	May-23	100	70	75	20	Jun-23	110	60	80	25	Jul-23	110	40	70	20	Aug-23	150	20	75	25	Sep-23	140	10	95	15	Oct-23	170	10	90	20	Nov-23	180	10	95	25	Dec-23	140	10	70	25	Jan-24	130	40	60	25	Feb-24	170	40	60	30	Mar-24	100	50	55	30	Apr-24	110	40	50	25	May-24	150	20	50	25
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<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 May 2024, there were 21 elective procedures cancelled due to lack of beds on the day of surgery. This is 2 more cancellations than those seen in April 2024.</p> <p>Of the 20 cancelled procedures, 16 were attributed to Morriston Hospital and 5 to Neath Port Talbot Hospital.</p>	<p align="center">Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Estimated data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>25</td><td>0</td><td>2</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>0</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>12</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>15</td></tr> <tr><td>Feb-24</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Mar-24</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Apr-24</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>May-24</td><td>16</td><td>0</td><td>5</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	May-23	25	0	2	Jun-23	10	0	0	Jul-23	10	0	0	Aug-23	0	0	0	Sep-23	15	0	0	Oct-23	12	0	0	Nov-23	20	0	0	Dec-23	10	0	0	Jan-24	25	0	15	Feb-24	20	0	0	Mar-24	15	0	0	Apr-24	18	0	0	May-24	16	0	5														
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HEALTHCARE ACQUIRED INFECTIONS

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<p>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i></p>	<ul style="list-style-type: none"> 16 cases of <i>E. coli</i> bacteraemia were identified in May 2024, of which 6 were hospital acquired and 7 were community acquired. The Health Board total is currently below the Welsh Government Profile target of 19 cases for May 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>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>19</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> <tr><td>Apr-24</td><td>19</td><td>19</td></tr> <tr><td>May-24</td><td>16</td><td>19</td></tr> <tr><td>Jun-24</td><td></td><td>18</td></tr> <tr><td>Jul-24</td><td></td><td>17</td></tr> <tr><td>Aug-24</td><td></td><td>20</td></tr> <tr><td>Sep-24</td><td></td><td>17</td></tr> <tr><td>Oct-24</td><td></td><td>17</td></tr> <tr><td>Nov-24</td><td></td><td>17</td></tr> <tr><td>Dec-24</td><td></td><td>18</td></tr> <tr><td>Jan-25</td><td></td><td>17</td></tr> <tr><td>Feb-25</td><td></td><td>18</td></tr> <tr><td>Mar-25</td><td></td><td>17</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	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	19	Jan-24	19	19	Feb-24	17	19	Mar-24	19	19	Apr-24	19	19	May-24	16	19	Jun-24		18	Jul-24		17	Aug-24		20	Sep-24		17	Oct-24		17	Nov-24		17	Dec-24		18	Jan-25		17	Feb-25		18	Mar-25		17
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<p>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i></p>	<ul style="list-style-type: none"> There were 7 cases of <i>Staph. aureus</i> bacteraemia in May 2024, of which 4 were hospital acquired and 3 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for May 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>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>18</td><td>6</td></tr> <tr><td>Jan-24</td><td>11</td><td>6</td></tr> <tr><td>Feb-24</td><td>8</td><td>6</td></tr> <tr><td>Mar-24</td><td>8</td><td>6</td></tr> <tr><td>Apr-24</td><td>12</td><td>8</td></tr> <tr><td>May-24</td><td>7</td><td>6</td></tr> <tr><td>Jun-24</td><td></td><td>6</td></tr> <tr><td>Jul-24</td><td></td><td>6</td></tr> <tr><td>Aug-24</td><td></td><td>6</td></tr> <tr><td>Sep-24</td><td></td><td>6</td></tr> <tr><td>Oct-24</td><td></td><td>6</td></tr> <tr><td>Nov-24</td><td></td><td>6</td></tr> <tr><td>Dec-24</td><td></td><td>6</td></tr> <tr><td>Jan-25</td><td></td><td>5</td></tr> <tr><td>Feb-25</td><td></td><td>5</td></tr> <tr><td>Mar-25</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	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	18	6	Jan-24	11	6	Feb-24	8	6	Mar-24	8	6	Apr-24	12	8	May-24	7	6	Jun-24		6	Jul-24		6	Aug-24		6	Sep-24		6	Oct-24		6	Nov-24		6	Dec-24		6	Jan-25		5	Feb-25		5	Mar-25		5
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<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 19 <i>Clostridium difficile</i> toxin positive cases in May 2024, of which 10 were hospital acquired and 9 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 10 cases for May 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 C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>14</td><td></td></tr> <tr><td>Jun-23</td><td>20</td><td></td></tr> <tr><td>Jul-23</td><td>18</td><td></td></tr> <tr><td>Aug-23</td><td>17</td><td></td></tr> <tr><td>Sep-23</td><td>27</td><td></td></tr> <tr><td>Oct-23</td><td>18</td><td></td></tr> <tr><td>Nov-23</td><td>33</td><td></td></tr> <tr><td>Dec-23</td><td>21</td><td></td></tr> <tr><td>Jan-24</td><td>22</td><td></td></tr> <tr><td>Feb-24</td><td>20</td><td></td></tr> <tr><td>Mar-24</td><td>22</td><td></td></tr> <tr><td>Apr-24</td><td>20</td><td>10</td></tr> <tr><td>May-24</td><td>19</td><td>9</td></tr> <tr><td>Jun-24</td><td></td><td>9</td></tr> <tr><td>Jul-24</td><td></td><td>9</td></tr> <tr><td>Aug-24</td><td></td><td>8</td></tr> <tr><td>Sep-24</td><td></td><td>8</td></tr> <tr><td>Oct-24</td><td></td><td>7</td></tr> <tr><td>Nov-24</td><td></td><td>7</td></tr> <tr><td>Dec-24</td><td></td><td>7</td></tr> <tr><td>Jan-25</td><td></td><td>7</td></tr> <tr><td>Feb-25</td><td></td><td>7</td></tr> <tr><td>Mar-25</td><td></td><td>6</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	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	22		Apr-24	20	10	May-24	19	9	Jun-24		9	Jul-24		9	Aug-24		8	Sep-24		8	Oct-24		7	Nov-24		7	Dec-24		7	Jan-25		7	Feb-25		7	Mar-25		6
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<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 11 cases of <i>Klebsiella sp</i> in May 2024, of which 6 were hospital acquired and 5 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 7 cases for May 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 Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>10</td><td></td></tr> <tr><td>Jun-23</td><td>6</td><td></td></tr> <tr><td>Jul-23</td><td>3</td><td></td></tr> <tr><td>Aug-23</td><td>10</td><td></td></tr> <tr><td>Sep-23</td><td>12</td><td></td></tr> <tr><td>Oct-23</td><td>6</td><td></td></tr> <tr><td>Nov-23</td><td>8</td><td></td></tr> <tr><td>Dec-23</td><td>6</td><td></td></tr> <tr><td>Jan-24</td><td>11</td><td></td></tr> <tr><td>Feb-24</td><td>9</td><td></td></tr> <tr><td>Mar-24</td><td>5</td><td></td></tr> <tr><td>Apr-24</td><td>10</td><td>9</td></tr> <tr><td>May-24</td><td>11</td><td>7</td></tr> <tr><td>Jun-24</td><td></td><td>7</td></tr> <tr><td>Jul-24</td><td></td><td>7</td></tr> <tr><td>Aug-24</td><td></td><td>7</td></tr> <tr><td>Sep-24</td><td></td><td>6</td></tr> <tr><td>Oct-24</td><td></td><td>4</td></tr> <tr><td>Nov-24</td><td></td><td>4</td></tr> <tr><td>Dec-24</td><td></td><td>5</td></tr> <tr><td>Jan-25</td><td></td><td>5</td></tr> <tr><td>Feb-25</td><td></td><td>5</td></tr> <tr><td>Mar-25</td><td></td><td>4</td></tr> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	Trajectory	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	5		Apr-24	10	9	May-24	11	7	Jun-24		7	Jul-24		7	Aug-24		7	Sep-24		6	Oct-24		4	Nov-24		4	Dec-24		5	Jan-25		5	Feb-25		5	Mar-25		4
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<p>Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> There was 1 case of <i>P.Aeruginosa</i> reported in May 2024. The Health Board total is currently above the Welsh Government Profile target of 0 cases for May 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"> <caption>Number of healthcare acquired Pseudomonas cases (SBU) and Trajectory</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>1</td><td>1</td></tr> <tr><td>Jun-23</td><td>4</td><td>4</td></tr> <tr><td>Jul-23</td><td>2</td><td>2</td></tr> <tr><td>Aug-23</td><td>1</td><td>1</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>2</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>0</td></tr> <tr><td>Mar-24</td><td>0</td><td>0</td></tr> <tr><td>Apr-24</td><td>0</td><td>3</td></tr> <tr><td>May-24</td><td>1</td><td>0</td></tr> <tr><td>Jun-24</td><td>0</td><td>2</td></tr> <tr><td>Jul-24</td><td>0</td><td>1</td></tr> <tr><td>Aug-24</td><td>0</td><td>2</td></tr> <tr><td>Sep-24</td><td>0</td><td>2</td></tr> <tr><td>Oct-24</td><td>0</td><td>2</td></tr> <tr><td>Nov-24</td><td>0</td><td>2</td></tr> <tr><td>Dec-24</td><td>0</td><td>1</td></tr> <tr><td>Jan-25</td><td>0</td><td>1</td></tr> <tr><td>Feb-25</td><td>0</td><td>2</td></tr> <tr><td>Mar-25</td><td>0</td><td>3</td></tr> </tbody> </table> <p>Legend: ■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	May-23	1	1	Jun-23	4	4	Jul-23	2	2	Aug-23	1	1	Sep-23	2	2	Oct-23	2	2	Nov-23	2	2	Dec-23	3	3	Jan-24	2	2	Feb-24	0	0	Mar-24	0	0	Apr-24	0	3	May-24	1	0	Jun-24	0	2	Jul-24	0	1	Aug-24	0	2	Sep-24	0	2	Oct-24	0	2	Nov-24	0	2	Dec-24	0	1	Jan-25	0	1	Feb-25	0	2	Mar-25	0	3
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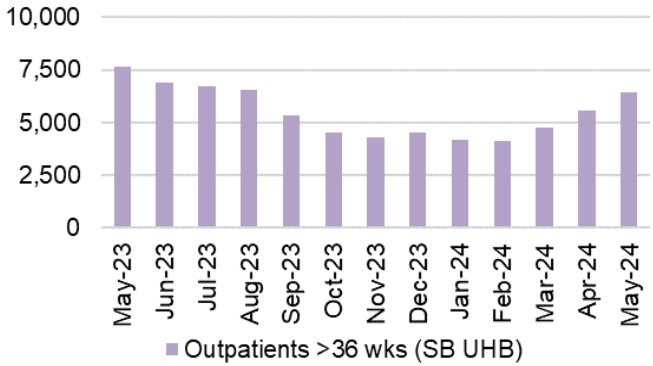
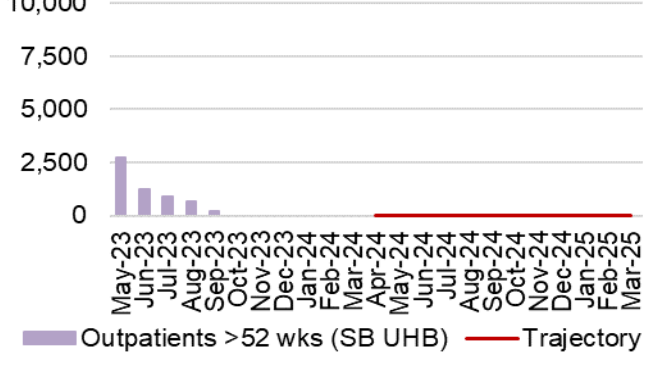
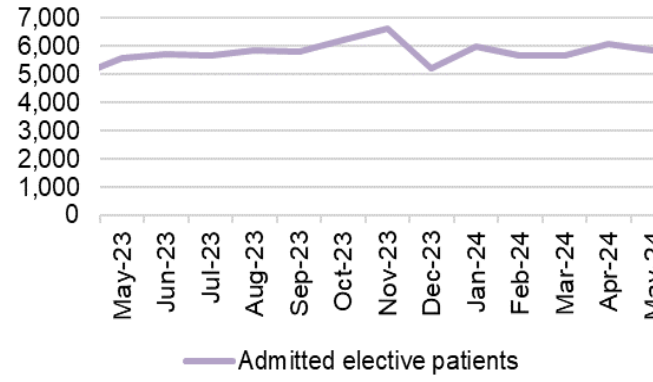
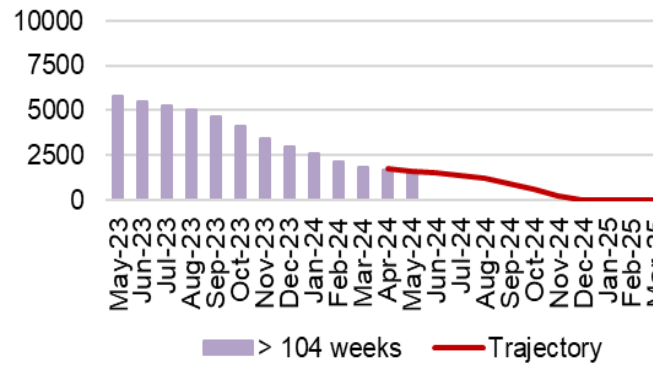
PLANNED CARE

Description	Current Performance	Actions of Improvement
Referrals and shape of the waiting list	<p>In May 2024, there were 13,540 referrals received. This is lower than the number that was received in April 2024 (13,687). Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.</p>	<p>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</p>
<p>1. GP Referrals <i>The number of Stage 1 additions per week</i></p> <p>2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i></p> <p>3. Outpatient activity undertaken <i>Total number of patients seen each month</i></p> <p>4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at May 2024.</i></p>	Trend	
	<p>1. Number of GP referrals received by SBU Health Board</p>	<p>2. Number of stage 1 additions per week</p>
	<p>3. Outpatient activity undertaken</p>	<p>4. Total size of the waiting list (May 2024)</p>

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. May 2024 saw an in-month increase of 9% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 13,045 in May 2024. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, followed by Gynaecology and Orthopaedics. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has decreased to 59.9%.</p> <p style="text-align: center;">Trend</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="495 552 1146 584"> <p>1. Number of stage 1 over 26 weeks- HB total</p> </div> <div data-bbox="1357 552 2031 584"> <p>2. Number of stage 1 over 26 weeks- Hospital level</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div data-bbox="495 995 1167 1054"> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at May 2024</p> </div> <div data-bbox="1357 995 2031 1027"> <p>4. Percentage of patient waiting less than 26 weeks</p> </div> </div>	<p>Service Group specific recovery trajectories have been developed to further support recovery and these are currently being scrutinised by the Chief Operating Officer to ensure core capacity maximisation.</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 May 2024, there were 6,420 patients waiting over 36 weeks at Stage 1, which is a 15% in-month increase from April 2024. 13,259 patients were waiting over 52 weeks at all stages in May 2024. In May 2024, there were 1,579 patients waiting over 104 weeks for treatment, which is a 8% reduction from April 2024.</p>	<p>Focus is now on reducing the numbers of longest waiting patients and improving the productivity and efficiency of existing theatres to increase capacity within existing resources. There will be zero 4 year breaches and > 3 year breach numbers are reducing in line with plan.</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> 	

PLANNED CARE																														
Description	Current Performance																													
<p>Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In May 2024, there were 783 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in April 2024, which was 932.</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> </tr> </thead> <tbody> <tr><td>May-23</td><td>800</td></tr> <tr><td>Jun-23</td><td>880</td></tr> <tr><td>Jul-23</td><td>820</td></tr> <tr><td>Aug-23</td><td>800</td></tr> <tr><td>Sep-23</td><td>800</td></tr> <tr><td>Oct-23</td><td>850</td></tr> <tr><td>Nov-23</td><td>850</td></tr> <tr><td>Dec-23</td><td>720</td></tr> <tr><td>Jan-24</td><td>750</td></tr> <tr><td>Feb-24</td><td>700</td></tr> <tr><td>Mar-24</td><td>920</td></tr> <tr><td>Apr-24</td><td>930</td></tr> <tr><td>May-24</td><td>780</td></tr> </tbody> </table> <p>■ Number of referrals</p>	Month	Number of referrals	May-23	800	Jun-23	880	Jul-23	820	Aug-23	800	Sep-23	800	Oct-23	850	Nov-23	850	Dec-23	720	Jan-24	750	Feb-24	700	Mar-24	920	Apr-24	930	May-24	780
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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 May 2024, 56.7% 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 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>60%</td></tr> <tr><td>Jun-23</td><td>55%</td></tr> <tr><td>Jul-23</td><td>62%</td></tr> <tr><td>Aug-23</td><td>58%</td></tr> <tr><td>Sep-23</td><td>62%</td></tr> <tr><td>Oct-23</td><td>58%</td></tr> <tr><td>Nov-23</td><td>60%</td></tr> <tr><td>Dec-23</td><td>62%</td></tr> <tr><td>Jan-24</td><td>60%</td></tr> <tr><td>Feb-24</td><td>60%</td></tr> <tr><td>Mar-24</td><td>55%</td></tr> <tr><td>Apr-24</td><td>52%</td></tr> <tr><td>May-24</td><td>57%</td></tr> </tbody> </table> <p>■ % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.</p> <p>— Target</p>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	May-23	60%	Jun-23	55%	Jul-23	62%	Aug-23	58%	Sep-23	62%	Oct-23	58%	Nov-23	60%	Dec-23	62%	Jan-24	60%	Feb-24	60%	Mar-24	55%	Apr-24	52%	May-24	57%
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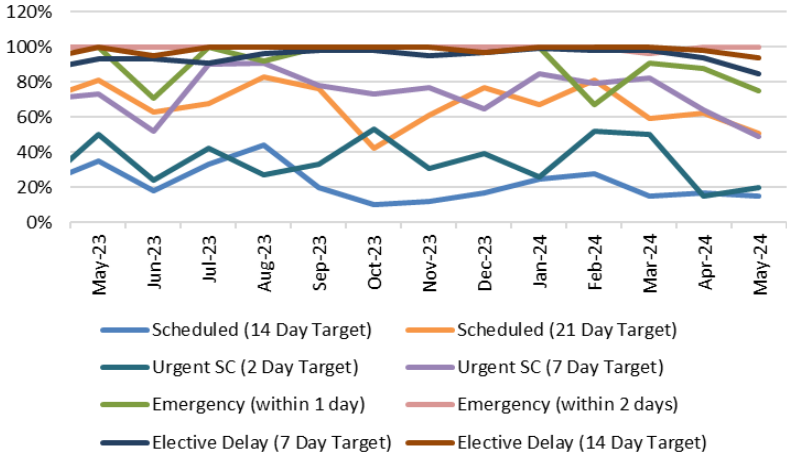
PLANNED CARE

Description	Current Performance	Trend																																																								
<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In May there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 3,746 in April 2024 to 3,576 in May 2024.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for May 2024:</p> <ul style="list-style-type: none"> • Endoscopy= 3,066 • Cardiac tests= 441 • Other Diagnostics = 69 <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>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>May-23</td><td>400</td><td>4,800</td><td>2,300</td></tr> <tr><td>Jun-23</td><td>400</td><td>4,800</td><td>2,100</td></tr> <tr><td>Jul-23</td><td>400</td><td>4,500</td><td>1,800</td></tr> <tr><td>Aug-23</td><td>400</td><td>4,500</td><td>1,800</td></tr> <tr><td>Sep-23</td><td>400</td><td>4,500</td><td>1,800</td></tr> <tr><td>Oct-23</td><td>400</td><td>4,000</td><td>1,500</td></tr> <tr><td>Nov-23</td><td>400</td><td>3,800</td><td>1,300</td></tr> <tr><td>Dec-23</td><td>400</td><td>3,800</td><td>1,300</td></tr> <tr><td>Jan-24</td><td>400</td><td>3,500</td><td>1,100</td></tr> <tr><td>Feb-24</td><td>400</td><td>3,200</td><td>1,000</td></tr> <tr><td>Mar-24</td><td>400</td><td>3,200</td><td>1,000</td></tr> <tr><td>Apr-24</td><td>400</td><td>3,300</td><td>1,000</td></tr> <tr><td>May-24</td><td>441</td><td>3,066</td><td>69</td></tr> </tbody> </table>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	May-23	400	4,800	2,300	Jun-23	400	4,800	2,100	Jul-23	400	4,500	1,800	Aug-23	400	4,500	1,800	Sep-23	400	4,500	1,800	Oct-23	400	4,000	1,500	Nov-23	400	3,800	1,300	Dec-23	400	3,800	1,300	Jan-24	400	3,500	1,100	Feb-24	400	3,200	1,000	Mar-24	400	3,200	1,000	Apr-24	400	3,300	1,000	May-24	441	3,066	69
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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 May 2024, there were no patients waiting over 14 weeks for specified Therapies, which is 1 less than seen in April 2024.</p>	<p>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>May-23</td><td>150</td></tr> <tr><td>Jun-23</td><td>200</td></tr> <tr><td>Jul-23</td><td>180</td></tr> <tr><td>Aug-23</td><td>180</td></tr> <tr><td>Sep-23</td><td>180</td></tr> <tr><td>Oct-23</td><td>190</td></tr> <tr><td>Nov-23</td><td>80</td></tr> <tr><td>Dec-23</td><td>70</td></tr> <tr><td>Jan-24</td><td>80</td></tr> <tr><td>Feb-24</td><td>30</td></tr> <tr><td>Mar-24</td><td>0</td></tr> <tr><td>Apr-24</td><td>0</td></tr> <tr><td>May-24</td><td>0</td></tr> </tbody> </table>	Month	Therapies > 14 weeks (SBU HB)	May-23	150	Jun-23	200	Jul-23	180	Aug-23	180	Sep-23	180	Oct-23	190	Nov-23	80	Dec-23	70	Jan-24	80	Feb-24	30	Mar-24	0	Apr-24	0	May-24	0																												
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CANCER

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<p>Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i></p>	<p>Early June 2024 backlog by tumour site:</p> <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>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>15</td><td>2</td></tr> <tr><td>Children's cancer</td><td>0</td><td>0</td></tr> <tr><td>Gynaecological</td><td>25</td><td>17</td></tr> <tr><td>Haematological</td><td>3</td><td>3</td></tr> <tr><td>Head and neck</td><td>8</td><td>3</td></tr> <tr><td>Lower GI (Exl. BSW)</td><td>19</td><td>12</td></tr> <tr><td>BSW</td><td>19</td><td>7</td></tr> <tr><td>Lung</td><td>11</td><td>8</td></tr> <tr><td>Other</td><td>2</td><td>1</td></tr> <tr><td>Sarcoma</td><td>3</td><td>3</td></tr> <tr><td>Skin(c)</td><td>12</td><td>5</td></tr> <tr><td>Upper Gastrointestinal</td><td>9</td><td>5</td></tr> <tr><td>Urological</td><td>28</td><td>20</td></tr> <tr><td>Grand Total</td><td>154</td><td>86</td></tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	15	2	Children's cancer	0	0	Gynaecological	25	17	Haematological	3	3	Head and neck	8	3	Lower GI (Exl. BSW)	19	12	BSW	19	7	Lung	11	8	Other	2	1	Sarcoma	3	3	Skin(c)	12	5	Upper Gastrointestinal	9	5	Urological	28	20	Grand Total	154	86	<p>Number of patients with a wait status of more than 62 days</p> <table border="1"> <caption>Data for Wait Status Trend Chart</caption> <thead> <tr> <th>Month</th> <th>63-103 days</th> <th>≥ 104 days</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>280</td><td>120</td></tr> <tr><td>Jun-23</td><td>220</td><td>130</td></tr> <tr><td>Jul-23</td><td>210</td><td>110</td></tr> <tr><td>Aug-23</td><td>280</td><td>110</td></tr> <tr><td>Sep-23</td><td>250</td><td>110</td></tr> <tr><td>Oct-23</td><td>200</td><td>110</td></tr> <tr><td>Nov-23</td><td>160</td><td>100</td></tr> <tr><td>Dec-23</td><td>200</td><td>100</td></tr> <tr><td>Jan-24</td><td>180</td><td>100</td></tr> <tr><td>Feb-24</td><td>150</td><td>70</td></tr> <tr><td>Mar-24</td><td>140</td><td>70</td></tr> <tr><td>Apr-24</td><td>140</td><td>70</td></tr> <tr><td>May-24</td><td>160</td><td>70</td></tr> </tbody> </table>	Month	63-103 days	≥ 104 days	May-23	280	120	Jun-23	220	130	Jul-23	210	110	Aug-23	280	110	Sep-23	250	110	Oct-23	200	110	Nov-23	160	100	Dec-23	200	100	Jan-24	180	100	Feb-24	150	70	Mar-24	140	70	Apr-24	140	70	May-24	160	70							
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<p>Single Cancer Pathway backlog-patients waiting over 63 days</p> <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. - Targeted work is underway to prioritise patients waiting >104 days - Milestone targets for OP access (10 days) and Decision to Treat (31 days) have also been set to reduce overall pathway waits. - Tumour site specific plans have been developed and will be enacted through TI governance. <p>Note: backlog increased in May 2024 to reflect new reporting requirements for Bowel Screening Wales patients</p>		<p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p> <table border="1"> <caption>Data for Treatment Start Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> <th>Trajectory %</th> </tr> </thead> <tbody> <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>50%</td><td>75%</td><td>50%</td></tr> <tr><td>Mar-24</td><td>56%</td><td>75%</td><td>50%</td></tr> <tr><td>Apr-24</td><td>56%</td><td>75%</td><td>50%</td></tr> <tr><td>May-24</td><td>-</td><td>75%</td><td>55%</td></tr> <tr><td>Jun-24</td><td>-</td><td>75%</td><td>58%</td></tr> <tr><td>Jul-24</td><td>-</td><td>75%</td><td>60%</td></tr> <tr><td>Aug-24</td><td>-</td><td>75%</td><td>62%</td></tr> <tr><td>Sep-24</td><td>-</td><td>75%</td><td>63%</td></tr> <tr><td>Oct-24</td><td>-</td><td>75%</td><td>64%</td></tr> <tr><td>Nov-24</td><td>-</td><td>75%</td><td>65%</td></tr> <tr><td>Dec-24</td><td>-</td><td>75%</td><td>66%</td></tr> <tr><td>Jan-25</td><td>-</td><td>75%</td><td>66%</td></tr> <tr><td>Feb-25</td><td>-</td><td>75%</td><td>67%</td></tr> <tr><td>Mar-25</td><td>-</td><td>75%</td><td>66%</td></tr> </tbody> </table>	Month	Actual %	Target %	Trajectory %	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	50%	75%	50%	Mar-24	56%	75%	50%	Apr-24	56%	75%	50%	May-24	-	75%	55%	Jun-24	-	75%	58%	Jul-24	-	75%	60%	Aug-24	-	75%	62%	Sep-24	-	75%	63%	Oct-24	-	75%	64%	Nov-24	-	75%	65%	Dec-24	-	75%	66%	Jan-25	-	75%	66%	Feb-25	-	75%	67%	Mar-25	-	75%	66%
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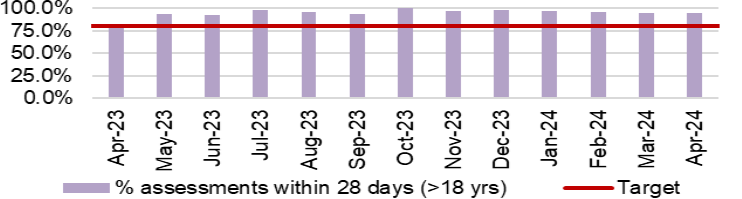
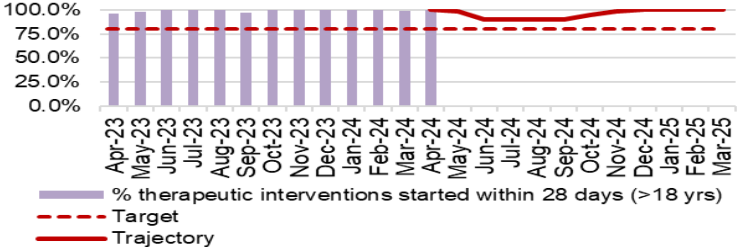
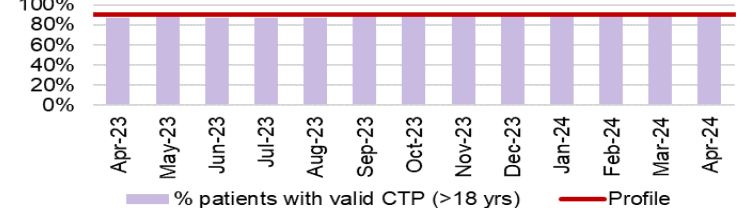
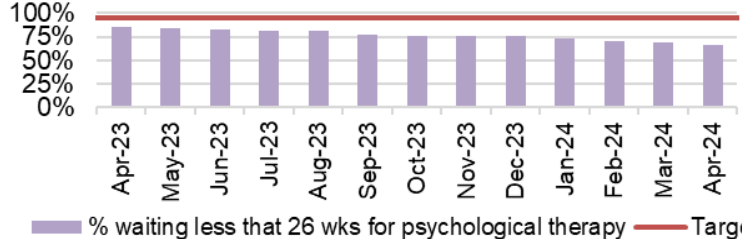
CANCER

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>Early June 2024 figures show total wait volumes for first outpatient appointment have decreased by 2% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 41% have been booked, which is lower than figures seen in the previous months' performance.</p>	<p align="center">The number of patients waiting for a first outpatient appointment (by total days waiting) – Early June 2024</p> <table border="1" data-bbox="1406 316 1912 858"> <thead> <tr> <th>FIRST OPA</th> <th>02-June</th> <th>09-June</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>1</td><td>0</td></tr> <tr><td>Breast</td><td>36</td><td>16</td></tr> <tr><td>Children's Cancer</td><td>2</td><td>3</td></tr> <tr><td>Gynaecological</td><td>44</td><td>44</td></tr> <tr><td>Haematological</td><td>3</td><td>3</td></tr> <tr><td>Head and Neck</td><td>112</td><td>55</td></tr> <tr><td>Lower GI</td><td>41</td><td>55</td></tr> <tr><td>Lung</td><td>4</td><td>3</td></tr> <tr><td>Other</td><td>194</td><td>289</td></tr> <tr><td>Sarcoma</td><td>6</td><td>1</td></tr> <tr><td>Skin</td><td>393</td><td>336</td></tr> <tr><td>Upper GI</td><td>26</td><td>23</td></tr> <tr><td>Urological</td><td>29</td><td>41</td></tr> <tr><td>Total</td><td>891</td><td>869</td></tr> </tbody> </table>	FIRST OPA	02-June	09-June	Acute Leukaemia	0	0	Brain/CNS	1	0	Breast	36	16	Children's Cancer	2	3	Gynaecological	44	44	Haematological	3	3	Head and Neck	112	55	Lower GI	41	55	Lung	4	3	Other	194	289	Sarcoma	6	1	Skin	393	336	Upper GI	26	23	Urological	29	41	Total	891	869
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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 hit its target.</p> <table border="1" data-bbox="546 999 1193 1398"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>May-24</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>15%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>51%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>20%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>49%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>75%</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>85%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>94%</td></tr> </tbody> </table>	Measure	Target	May-24	Scheduled (14 Day Target)	80%	15%	Scheduled (21 Day Target)	100%	51%	Urgent SC (2 Day Target)	80%	20%	Urgent SC (7 Day Target)	100%	49%	Emergency (within 1 day)	80%	75%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	85%	Elective Delay (14 Day Target)	100%	94%	<p align="center">Radiotherapy waiting times</p> 																					
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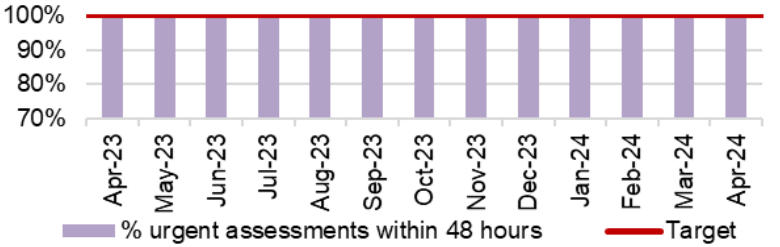
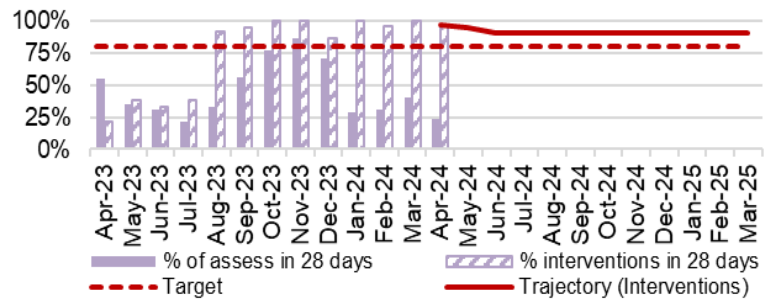
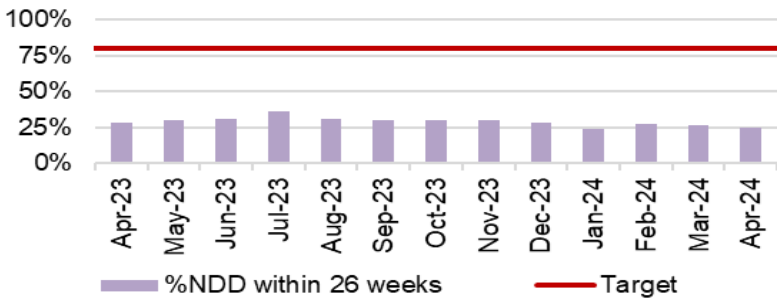
FOLLOW-UP APPOINTMENTS																														
Description	Current Performance	Trend																												
<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In May 2024, the overall size of the follow-up waiting list increased by 1,205 patients compared with March April (from 169,049 to 170,254).</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 (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>160,000</td></tr> <tr><td>Jun-23</td><td>160,000</td></tr> <tr><td>Jul-23</td><td>160,000</td></tr> <tr><td>Aug-23</td><td>160,000</td></tr> <tr><td>Sep-23</td><td>160,000</td></tr> <tr><td>Oct-23</td><td>160,000</td></tr> <tr><td>Nov-23</td><td>160,000</td></tr> <tr><td>Dec-23</td><td>160,000</td></tr> <tr><td>Jan-24</td><td>160,000</td></tr> <tr><td>Feb-24</td><td>160,000</td></tr> <tr><td>Mar-24</td><td>160,000</td></tr> <tr><td>Apr-24</td><td>160,000</td></tr> <tr><td>May-24</td><td>170,254</td></tr> </tbody> </table>	Month	Number of patients	May-23	160,000	Jun-23	160,000	Jul-23	160,000	Aug-23	160,000	Sep-23	160,000	Oct-23	160,000	Nov-23	160,000	Dec-23	160,000	Jan-24	160,000	Feb-24	160,000	Mar-24	160,000	Apr-24	160,000	May-24	170,254
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<p>In May 2024, there was a total of 80,503 patients waiting for a follow-up past their target date. This is a reduction of 0.2% in-month (from 80,656 in April 2024).</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 date (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>40,000</td></tr> <tr><td>Jun-23</td><td>40,000</td></tr> <tr><td>Jul-23</td><td>40,000</td></tr> <tr><td>Aug-23</td><td>40,000</td></tr> <tr><td>Sep-23</td><td>40,000</td></tr> <tr><td>Oct-23</td><td>40,000</td></tr> <tr><td>Nov-23</td><td>40,000</td></tr> <tr><td>Dec-23</td><td>40,000</td></tr> <tr><td>Jan-24</td><td>40,000</td></tr> <tr><td>Feb-24</td><td>40,000</td></tr> <tr><td>Mar-24</td><td>40,000</td></tr> <tr><td>Apr-24</td><td>40,000</td></tr> <tr><td>May-24</td><td>45,000</td></tr> </tbody> </table>	Month	Number of patients	May-23	40,000	Jun-23	40,000	Jul-23	40,000	Aug-23	40,000	Sep-23	40,000	Oct-23	40,000	Nov-23	40,000	Dec-23	40,000	Jan-24	40,000	Feb-24	40,000	Mar-24	40,000	Apr-24	40,000	May-24	45,000	
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<p>Of the 80,503 delayed follow-ups in May 2024, 13,111 had appointment dates and 67,392 were still waiting for an appointment.</p>																														
<p>In addition, 50,646 patients were waiting 100%+ over target date in May 2024. This is a 1.6% increase when compared with April 2024.</p>																														

STROKE		
Description	Current Performance	Trend
Stroke Measures		
1. % of patients who have a direct admission to an acute stroke unit within 4 hours	1. In April 2024, 27% of patients had a direct admission to an acute stroke unit within 4 hours. This is a deterioration on the performance reported in March 2024.	<p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p>
2. % of patients who received a CT Scan within 1 hour	2. In April 2024, 50% of patients received a CT scan within 1 hour of being admitted, this is an improvement on the figure reported in March 2024.	<p>2. % of patients who received a CT Scan within 1 hour</p>
3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours	3. 94.4% of patients were assessed by a stroke specialist consultant physician within 24 hours in April 2024, which is an improvement of 1.5% from March 2024.	<p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p>
4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	4. In April 2024, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes.	<p>4. % of thrombolysed stroke patients with a door to door needle 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>	

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 April 2024, 95% of assessments were undertaken within 28 days of referral for patients 18 years and over. In April 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%. 90% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in April 2024. In April 2024, 66.1% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%. 	<ol style="list-style-type: none"> % Mental Health assessments undertaken within 28 days from receipt of referral  % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment  % residents with a valid Care and Treatment Plan (CTP)  % waiting less than 26 weeks for Psychology Therapy 

CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In April 2024, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 23% of routine assessments were undertaken within 28 days from referral in April 2024 against a target of 80%.</p> <p>3. 97% of therapeutic interventions were started within 28 days following assessment by LPMHSS in April 2024.</p> <p>4. 25% of NDD patients received a diagnostic assessment within 26 weeks in April 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)

Description	Current Performance	Trend
<p>Fractured Neck of Femur (#NOF)</p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p>1. Prompt orthogeriatric assessment- In April 2024, 97.8% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In April 2024, 33.9% of patients had surgery the day following presentation with a hip fracture. This is a 7% improvement from April 2023 which was 26.9%.</p> <p>3. NICE compliant surgery- 69.8% of operations were consistent with the NICE recommendations in April 2024. This is 3% less than in April 2023.</p> <p>4. Prompt mobilisation- In April 2024, 84.6% of patients were out of bed the day after surgery. This is 5.7% more than in April 2023.</p>	<div style="text-align: center;"> <p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p> </div>

FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend																																																								
<p>5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i></p>	<p>5. Not delirious when tested- 76.1% of patients were not delirious in the week after their operation in April 2024.</p>	<p align="center">5. Not delirious when tested</p> <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>May-23</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Jun-23</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Jul-23</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Aug-23</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Sep-23</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Oct-23</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Nov-23</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Dec-23</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Jan-24</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Feb-24</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Mar-24</td><td>75</td><td>60</td><td>60</td></tr> <tr><td>Apr-24</td><td>76.1</td><td>60</td><td>60</td></tr> </tbody> </table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Apr-23	75	60	60	May-23	75	60	60	Jun-23	75	60	60	Jul-23	75	60	60	Aug-23	75	60	60	Sep-23	75	60	60	Oct-23	75	60	60	Nov-23	75	60	60	Dec-23	75	60	60	Jan-24	75	60	60	Feb-24	75	60	60	Mar-24	75	60	60	Apr-24	76.1	60	60
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Apr-24	76.1	60	60																																																							
<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- 73.6% of patients in January 2024 were discharged back to their original residence. This is 2.7% more than in January 2023.</p>	<p align="center">6. Return to original residence</p> <table border="1"> <caption>6. Return to original residence - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Feb-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Mar-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Apr-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>May-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Jun-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Jul-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Aug-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Sep-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Oct-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Nov-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Dec-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Jan-24</td><td>73.6</td><td>70</td><td>70</td></tr> </tbody> </table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-23	68	70	70	Feb-23	68	70	70	Mar-23	68	70	70	Apr-23	68	70	70	May-23	68	70	70	Jun-23	68	70	70	Jul-23	68	70	70	Aug-23	68	70	70	Sep-23	68	70	70	Oct-23	68	70	70	Nov-23	68	70	70	Dec-23	68	70	70	Jan-24	73.6	70	70
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<p>7. <i>30 day mortality rate (Case mix Adjusted)</i></p>	<p>7. 30 day mortality rate- In Q4 23-24 the mortality rate for Morriston Hospital was 4.8%, which is 1.3% lower than the same period in the previous year and is 0.6% lower than the national average for the quarter.</p>	<p align="center">7. 30 day mortality rate</p> <table border="1"> <caption>7. 30 day mortality rate - Trend Data</caption> <thead> <tr> <th>Quarter</th> <th>Morriston (Casemix Adjusted) (%)</th> <th>National Average (%)</th> </tr> </thead> <tbody> <tr><td>Q1 21-22</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q2 21-22</td><td>6.5</td><td>7.8</td></tr> <tr><td>Q3 21-22</td><td>6.8</td><td>7.6</td></tr> <tr><td>Q4 21-22</td><td>6.5</td><td>7.4</td></tr> <tr><td>Q1 22-23</td><td>6.5</td><td>7.2</td></tr> <tr><td>Q2 22-23</td><td>6.0</td><td>7.0</td></tr> <tr><td>Q3 22-23</td><td>6.0</td><td>6.8</td></tr> <tr><td>Q4 22-23</td><td>6.0</td><td>6.6</td></tr> <tr><td>Q1 23-24</td><td>5.5</td><td>6.4</td></tr> <tr><td>Q2 23-24</td><td>6.5</td><td>6.2</td></tr> <tr><td>Q3 23-24</td><td>6.0</td><td>6.0</td></tr> <tr><td>Q4 23-24</td><td>4.8</td><td>5.4</td></tr> </tbody> </table>	Quarter	Morriston (Casemix Adjusted) (%)	National Average (%)	Q1 21-22	7.0	8.0	Q2 21-22	6.5	7.8	Q3 21-22	6.8	7.6	Q4 21-22	6.5	7.4	Q1 22-23	6.5	7.2	Q2 22-23	6.0	7.0	Q3 22-23	6.0	6.8	Q4 22-23	6.0	6.6	Q1 23-24	5.5	6.4	Q2 23-24	6.5	6.2	Q3 23-24	6.0	6.0	Q4 23-24	4.8	5.4																	
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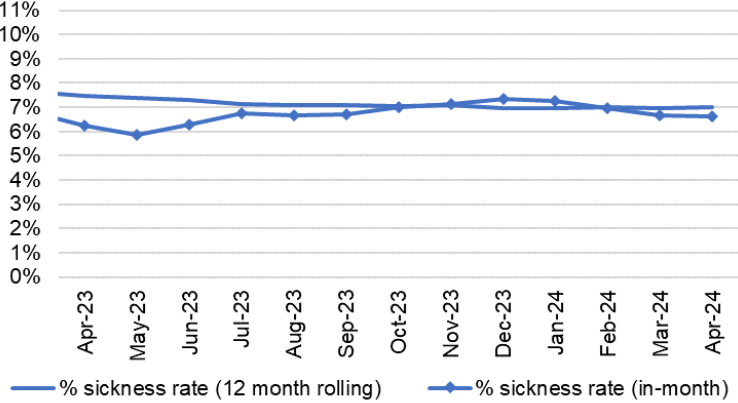
PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
<p>Number of pressure ulcers</p> <p>1. Total number of pressure ulcers developed in hospital and in the community</p> <p>2. Rate of pressure ulcers per 100,000 admission</p>	<p>1. In April 2024 there were 91 cases of healthcare acquired pressure ulcers, 49 of which were community acquired and 42 were hospital acquired.</p> <p>There were 12 grade 3+ pressure ulcers in April 2024, 9 of which were community acquired and 3 were hospital acquired.</p> <p>2. The rate per 100,000 admissions was 553 in April 2024.</p> <p><i>*March 24 data not available at the time of writing this report</i></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</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>40</td><td>70</td><td>1100</td></tr> <tr><td>May-23</td><td>45</td><td>75</td><td>1000</td></tr> <tr><td>Jun-23</td><td>40</td><td>65</td><td>900</td></tr> <tr><td>Jul-23</td><td>40</td><td>60</td><td>850</td></tr> <tr><td>Aug-23</td><td>35</td><td>60</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>40</td><td>65</td><td>850</td></tr> <tr><td>Nov-23</td><td>45</td><td>70</td><td>800</td></tr> <tr><td>Dec-23</td><td>40</td><td>65</td><td>750</td></tr> <tr><td>Jan-24</td><td>50</td><td>80</td><td>1100</td></tr> <tr><td>Feb-24</td><td>40</td><td>55</td><td>900</td></tr> <tr><td>Mar-24</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Apr-24</td><td>50</td><td>40</td><td>1000</td></tr> </tbody> </table>	Month	Community PU	Hospital PU	Rate per 100,000	Apr-23	40	70	1100	May-23	45	75	1000	Jun-23	40	65	900	Jul-23	40	60	850	Aug-23	35	60	800	Sep-23	40	65	850	Oct-23	40	65	850	Nov-23	45	70	800	Dec-23	40	65	750	Jan-24	50	80	1100	Feb-24	40	55	900	Mar-24	0	0	0	Apr-24	50	40	1000
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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 155 in May 2024. This is 6.2% more than April 2024 where 146 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>May-23</td><td>185</td></tr> <tr><td>Jun-23</td><td>140</td></tr> <tr><td>Jul-23</td><td>165</td></tr> <tr><td>Aug-23</td><td>200</td></tr> <tr><td>Sep-23</td><td>155</td></tr> <tr><td>Oct-23</td><td>190</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>190</td></tr> <tr><td>Feb-24</td><td>205</td></tr> <tr><td>Mar-24</td><td>200</td></tr> <tr><td>Apr-24</td><td>145</td></tr> <tr><td>May-24</td><td>155</td></tr> </tbody> </table>	Month	Hospital Falls	May-23	185	Jun-23	140	Jul-23	165	Aug-23	200	Sep-23	155	Oct-23	190	Nov-23	165	Dec-23	155	Jan-24	190	Feb-24	205	Mar-24	200	Apr-24	145	May-24	155																												
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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 2 Nationally Reportable Incidents for the month of May 2024 to Welsh Government. The Service Group breakdown is as follows; - PCT - 2</p> <p>2. There were no new Never Events reported in May 2024.</p> <p>3. In May 2024, 33% of the NRI's were closed within the agreed timescale.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p> <table border="1"> <caption>Number of nationally reportable incidents and never events</caption> <thead> <tr> <th>Month</th> <th>Number of Nationally Reportable Incidents</th> <th>Number of never events</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>7</td><td>1</td></tr> <tr><td>Jun-23</td><td>4</td><td>0</td></tr> <tr><td>Jul-23</td><td>6</td><td>1</td></tr> <tr><td>Aug-23</td><td>9</td><td>1</td></tr> <tr><td>Sep-23</td><td>5</td><td>0</td></tr> <tr><td>Oct-23</td><td>6</td><td>1</td></tr> <tr><td>Nov-23</td><td>8</td><td>2</td></tr> <tr><td>Dec-23</td><td>7</td><td>1</td></tr> <tr><td>Jan-24</td><td>6</td><td>0</td></tr> <tr><td>Feb-24</td><td>9</td><td>1</td></tr> <tr><td>Mar-24</td><td>8</td><td>0</td></tr> <tr><td>Apr-24</td><td>7</td><td>0</td></tr> <tr><td>May-24</td><td>2</td><td>0</td></tr> </tbody> </table> <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p> <p>3. % of nationally reportable incidents closed within the agreed timescales</p> <table border="1"> <caption>% of nationally reportable incidents closed within the agreed timescales</caption> <thead> <tr> <th>Month</th> <th>% NRI's assured</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>65%</td><td>80%</td></tr> <tr><td>Jun-23</td><td>0%</td><td>80%</td></tr> <tr><td>Jul-23</td><td>40%</td><td>80%</td></tr> <tr><td>Aug-23</td><td>85%</td><td>80%</td></tr> <tr><td>Sep-23</td><td>50%</td><td>80%</td></tr> <tr><td>Oct-23</td><td>35%</td><td>80%</td></tr> <tr><td>Nov-23</td><td>100%</td><td>80%</td></tr> <tr><td>Dec-23</td><td>40%</td><td>80%</td></tr> <tr><td>Jan-24</td><td>100%</td><td>80%</td></tr> <tr><td>Feb-24</td><td>15%</td><td>80%</td></tr> <tr><td>Mar-24</td><td>65%</td><td>80%</td></tr> <tr><td>Apr-24</td><td>65%</td><td>80%</td></tr> <tr><td>May-24</td><td>33%</td><td>80%</td></tr> </tbody> </table> <p>■ % NRI's assured — Target</p>	Month	Number of Nationally Reportable Incidents	Number of never events	May-23	7	1	Jun-23	4	0	Jul-23	6	1	Aug-23	9	1	Sep-23	5	0	Oct-23	6	1	Nov-23	8	2	Dec-23	7	1	Jan-24	6	0	Feb-24	9	1	Mar-24	8	0	Apr-24	7	0	May-24	2	0	Month	% NRI's assured	Target	May-23	65%	80%	Jun-23	0%	80%	Jul-23	40%	80%	Aug-23	85%	80%	Sep-23	50%	80%	Oct-23	35%	80%	Nov-23	100%	80%	Dec-23	40%	80%	Jan-24	100%	80%	Feb-24	15%	80%	Mar-24	65%	80%	Apr-24	65%	80%	May-24	33%	80%
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Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in May 2024, the percentage of completed discharge summaries was 76%.</p> <p>In May 2024, compliance ranged from 83% in Morriston Hospital to 61% in Singleton Hospital.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% discharge summaries approved and sent</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <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>65%</td></tr> <tr><td>Sep-23</td><td>60%</td></tr> <tr><td>Oct-23</td><td>65%</td></tr> <tr><td>Nov-23</td><td>68%</td></tr> <tr><td>Dec-23</td><td>69%</td></tr> <tr><td>Jan-24</td><td>67%</td></tr> <tr><td>Feb-24</td><td>71%</td></tr> <tr><td>Mar-24</td><td>68%</td></tr> <tr><td>Apr-24</td><td>74%</td></tr> <tr><td>May-24</td><td>76%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	May-23	65%	Jun-23	65%	Jul-23	64%	Aug-23	65%	Sep-23	60%	Oct-23	65%	Nov-23	68%	Dec-23	69%	Jan-24	67%	Feb-24	71%	Mar-24	68%	Apr-24	74%	May-24	76%																																										
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Crude Mortality Rate	<p>March 2024 reports the crude mortality rate for the Health Board at 0.66%, which is 0.01% higher than the figure reported in February 2024.</p> <p>A breakdown by Hospital for March 2024:</p> <ul style="list-style-type: none"> • Morriston – 1.20% • Singleton – 0.16% • NPT – 0.09% 	<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>Mar-23</td><td>1.30%</td><td>0.30%</td><td>0.05%</td><td>0.70%</td></tr> <tr><td>Apr-23</td><td>1.30%</td><td>0.30%</td><td>0.05%</td><td>0.70%</td></tr> <tr><td>May-23</td><td>1.30%</td><td>0.30%</td><td>0.05%</td><td>0.70%</td></tr> <tr><td>Jun-23</td><td>1.30%</td><td>0.30%</td><td>0.05%</td><td>0.70%</td></tr> <tr><td>Jul-23</td><td>1.25%</td><td>0.25%</td><td>0.05%</td><td>0.65%</td></tr> <tr><td>Aug-23</td><td>1.20%</td><td>0.25%</td><td>0.05%</td><td>0.60%</td></tr> <tr><td>Sep-23</td><td>1.20%</td><td>0.25%</td><td>0.05%</td><td>0.60%</td></tr> <tr><td>Oct-23</td><td>1.20%</td><td>0.25%</td><td>0.05%</td><td>0.60%</td></tr> <tr><td>Nov-23</td><td>1.20%</td><td>0.25%</td><td>0.05%</td><td>0.60%</td></tr> <tr><td>Dec-23</td><td>1.20%</td><td>0.25%</td><td>0.05%</td><td>0.60%</td></tr> <tr><td>Jan-24</td><td>1.20%</td><td>0.25%</td><td>0.05%</td><td>0.60%</td></tr> <tr><td>Feb-24</td><td>1.20%</td><td>0.25%</td><td>0.05%</td><td>0.60%</td></tr> <tr><td>Mar-24</td><td>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Mar-23	1.30%	0.30%	0.05%	0.70%	Apr-23	1.30%	0.30%	0.05%	0.70%	May-23	1.30%	0.30%	0.05%	0.70%	Jun-23	1.30%	0.30%	0.05%	0.70%	Jul-23	1.25%	0.25%	0.05%	0.65%	Aug-23	1.20%	0.25%	0.05%	0.60%	Sep-23	1.20%	0.25%	0.05%	0.60%	Oct-23	1.20%	0.25%	0.05%	0.60%	Nov-23	1.20%	0.25%	0.05%	0.60%	Dec-23	1.20%	0.25%	0.05%	0.60%	Jan-24	1.20%	0.25%	0.05%	0.60%	Feb-24	1.20%	0.25%	0.05%	0.60%	Mar-24	1.20%	0.16%	0.09%	0.66%
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WORKFORCE

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<p>Staff sickness rates- <i>Percentage of sickness absence rate of staff</i></p>	<p>Our in-month sickness performance improved from 6.67% in March 2024 to 6.61% in April 2024.</p> <p>The 12-month rolling performance figure reported in April 2024 was 7%, which is 0.04% higher than the figures reported in 2024.</p> <p>The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in March 2024.</p> <table border="1" data-bbox="517 671 1200 1294"> <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>10,210.53</td> <td>34.2%</td> </tr> <tr> <td>Other musculoskeletal problems</td> <td>3,283.10</td> <td>11.0%</td> </tr> <tr> <td>Cold, Cough, Flu - Influenza</td> <td>2,777.00</td> <td>7.6%</td> </tr> <tr> <td>Gastrointestinal problems</td> <td>1,938.50</td> <td>6.5%</td> </tr> <tr> <td>Other known causes - not elsewhere classified</td> <td>1,838.00</td> <td>6.2%</td> </tr> </tbody> </table>	Absence Reason	FTE Days Lost	%	Anxiety/ stress/ depression/ other psychiatric illnesses	10,210.53	34.2%	Other musculoskeletal problems	3,283.10	11.0%	Cold, Cough, Flu - Influenza	2,777.00	7.6%	Gastrointestinal problems	1,938.50	6.5%	Other known causes - not elsewhere classified	1,838.00	6.2%	<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)</p>  <table border="1" data-bbox="1294 371 2029 775"> <caption>Approximate data from the line 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>Apr-23</td><td>7.5%</td><td>6.5%</td></tr> <tr><td>May-23</td><td>7.2%</td><td>6.0%</td></tr> <tr><td>Jun-23</td><td>7.0%</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>7.0%</td><td>6.8%</td></tr> <tr><td>Jan-24</td><td>7.0%</td><td>6.8%</td></tr> <tr><td>Feb-24</td><td>6.8%</td><td>6.8%</td></tr> <tr><td>Mar-24</td><td>6.8%</td><td>6.7%</td></tr> <tr><td>Apr-24</td><td>7.0%</td><td>6.6%</td></tr> </tbody> </table>	Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Apr-23	7.5%	6.5%	May-23	7.2%	6.0%	Jun-23	7.0%	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	7.0%	6.8%	Jan-24	7.0%	6.8%	Feb-24	6.8%	6.8%	Mar-24	6.8%	6.7%	Apr-24	7.0%	6.6%
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THEATRE EFFICIENCY

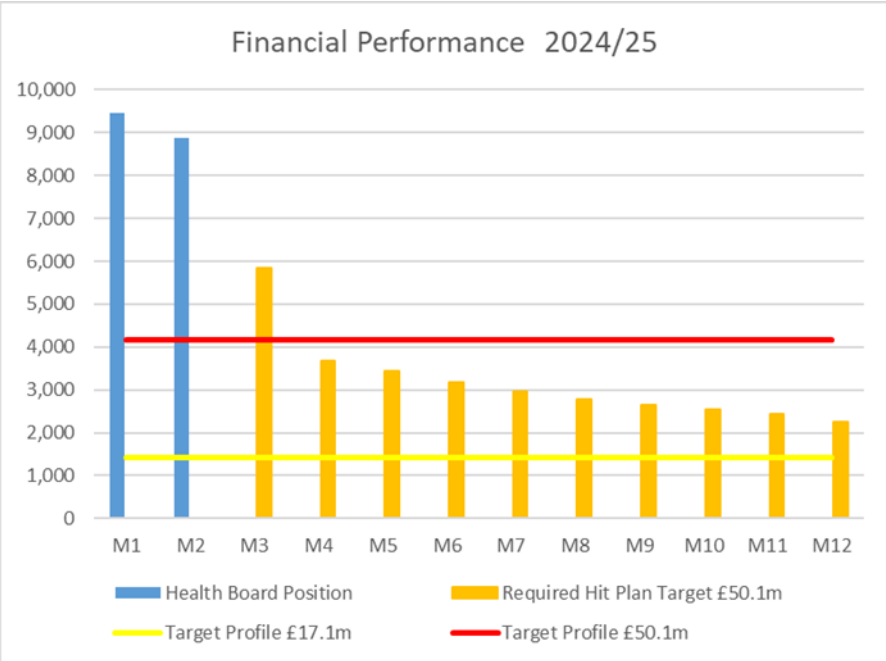
Description	Current Performance	Trend
<p>Theatre Efficiency 1. Theatre Utilisation Rates</p>	<p>In May 2024 the Theatre Utilisation rate was 73%. This is 5% lower than April 2024 and is 3% lower than the figure reported in May 2023 (76%).</p>	<div style="text-align: center;"> <p>1. Theatre Utilisation 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>33% of theatre sessions started late in May 2024. This is 2% lower than the figure reported for in April 2024.</p>	
<p>3. % of theatre sessions finishing early</p>	<p>In May 2024, 49% of theatre sessions finished early. this is 2% higher than figure seen in April 2024 and 2% lower than those seen in May 2023.</p>	
<p>4. % of theatre sessions cancelled at short notice (<28 days)</p>	<p>10% of theatre sessions were cancelled at short notice in May 2024. This is 2% higher than the figure reported in April 2024 and is 5% higher than figures seen in May 2023.</p>	
<p>5. % of operations cancelled on the day</p>	<p>Of the operations cancelled in May 2024, 34% of them were cancelled on the day. This is 1% lower than the figure reported in April 2024 (35%).</p>	

PATIENT EXPERIENCE

Description	Current Performance	Trend
<p>Patient experience</p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p> <p>3. Number of Service User feedback experience responses completed and recorded on CIVICA</p>	<p>Health Board Friends & Family patient satisfaction level in May 2024 was 92% and 5,344 surveys were completed.</p> <ul style="list-style-type: none"> ➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 2,081 surveys in May 2024, with a recommended score of 94%. ➢ Morriston Hospital completed 2,584 surveys in May 2024, with a recommended score of 90%. ➢ Primary & Community Care completed 401 surveys for May 2024, with a recommended score of 97%. ➢ The Mental Health Service Group completed 49 surveys for May 2024, with a recommended score of 96%. <p>There were 5,700 feedback experience responses completed and recorded on CIVICA in March 2024. This is 143 less than the figure reported in February 2024. Of the responses recorded, 4,375 were targeted and 1,325 were passive.</p>	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p> <p>3. Number of Service User experience responses</p>

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"> Health Board Plan submitted at end March 2024 reported a £50.1m planned deficit but control total set by Welsh Government is £17.1m. In Month 2 there is an in-month overspend of £8.9m (Month 1 £9.5m). YTD at Month 2 is an overspend of £18.3m. Overall the Health Board YTD position is £10m off the delivery of the £50.1m deficit plan. In the graph the orange bars illustrate the potential financial change required to be able to deliver the £50.1m. The yellow line depicted the level required if the HB were to achieve the £17.1m control total. Savings: improved from £2.0m shortfall in Mth 1 to £0.7m shortfall in Mth 2. But overall there remains shortfall in delivery of the £26.1m targets for Mth 1 and 2. Also some of the savings declared in Mth 2 were to recognise delivery from Mth 1 as well as Mth 2, which may reduce delivery performance in Mth 3. Operational Run Rate: overall deterioration of £0.5m on total Variable Pay as the actual increased from £5.1m in Mth 1 to £5.6m in Mth 2. 	 <p>The chart displays monthly performance from M1 to M12. The y-axis represents expenditure in millions of pounds, ranging from 0 to 10,000. The x-axis lists months M1 through M12. Blue bars represent the Health Board Position, which starts at approximately 9,500 in M1 and drops to 8,900 in M2. Orange bars represent the Required Hit Plan Target for £50.1m, starting at 5,800 in M3 and decreasing to 2,200 in M12. A yellow horizontal line at 1,700 represents the Target Profile for £17.1m, and a red horizontal line at 4,200 represents the Target Profile for £50.1m.</p> <table border="1"> <caption>Financial Performance 2024/25 Data</caption> <thead> <tr> <th>Month</th> <th>Health Board Position</th> <th>Required Hit Plan Target £50.1m</th> <th>Target Profile £17.1m</th> <th>Target Profile £50.1m</th> </tr> </thead> <tbody> <tr><td>M1</td><td>9,500</td><td></td><td>1,700</td><td>4,200</td></tr> <tr><td>M2</td><td>8,900</td><td></td><td>1,700</td><td>4,200</td></tr> <tr><td>M3</td><td></td><td>5,800</td><td>1,700</td><td>4,200</td></tr> <tr><td>M4</td><td></td><td>3,600</td><td>1,700</td><td>4,200</td></tr> <tr><td>M5</td><td></td><td>3,400</td><td>1,700</td><td>4,200</td></tr> <tr><td>M6</td><td></td><td>3,200</td><td>1,700</td><td>4,200</td></tr> <tr><td>M7</td><td></td><td>3,000</td><td>1,700</td><td>4,200</td></tr> <tr><td>M8</td><td></td><td>2,800</td><td>1,700</td><td>4,200</td></tr> <tr><td>M9</td><td></td><td>2,600</td><td>1,700</td><td>4,200</td></tr> <tr><td>M10</td><td></td><td>2,400</td><td>1,700</td><td>4,200</td></tr> <tr><td>M11</td><td></td><td>2,200</td><td>1,700</td><td>4,200</td></tr> <tr><td>M12</td><td></td><td>2,200</td><td>1,700</td><td>4,200</td></tr> </tbody> </table>	Month	Health Board Position	Required Hit Plan Target £50.1m	Target Profile £17.1m	Target Profile £50.1m	M1	9,500		1,700	4,200	M2	8,900		1,700	4,200	M3		5,800	1,700	4,200	M4		3,600	1,700	4,200	M5		3,400	1,700	4,200	M6		3,200	1,700	4,200	M7		3,000	1,700	4,200	M8		2,800	1,700	4,200	M9		2,600	1,700	4,200	M10		2,400	1,700	4,200	M11		2,200	1,700	4,200	M12		2,200	1,700	4,200
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Capital Financial Position – expenditure incurred against capital resource limit	<ul style="list-style-type: none"> The forecast outturn capital position for 2024/25 is an overspend of £2.199m. 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 style="text-align: center;">Capital - Cumulative Performance to Plan</p> <table border="1"> <caption>Capital - Cumulative Performance to Plan (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Forecast (£'000)</th> <th>Actual/Revised Forecast (£'000)</th> </tr> </thead> <tbody> <tr><td>April</td><td>2,000</td><td>2,000</td></tr> <tr><td>May</td><td>3,000</td><td>3,000</td></tr> <tr><td>June</td><td>5,000</td><td>5,000</td></tr> <tr><td>July</td><td>7,000</td><td>7,000</td></tr> <tr><td>Aug</td><td>10,000</td><td>10,000</td></tr> <tr><td>Sept</td><td>15,000</td><td>16,000</td></tr> <tr><td>Oct</td><td>18,000</td><td>19,000</td></tr> <tr><td>Nov</td><td>20,000</td><td>21,000</td></tr> <tr><td>Dec</td><td>22,000</td><td>23,000</td></tr> <tr><td>Jan</td><td>24,000</td><td>25,000</td></tr> <tr><td>Feb</td><td>26,000</td><td>27,000</td></tr> <tr><td>March</td><td>28,000</td><td>29,000</td></tr> </tbody> </table>	Month	Forecast (£'000)	Actual/Revised Forecast (£'000)	April	2,000	2,000	May	3,000	3,000	June	5,000	5,000	July	7,000	7,000	Aug	10,000	10,000	Sept	15,000	16,000	Oct	18,000	19,000	Nov	20,000	21,000	Dec	22,000	23,000	Jan	24,000	25,000	Feb	26,000	27,000	March	28,000	29,000
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Workforce Spend – workforce expenditure profile	<ul style="list-style-type: none"> The pay budgets are overspent by £2.258m in May. Variable pay has increased in May by circa. £532k. Broken down as follows: Bank were overspent by £556k, Agency – Medical £249k, WLI £68k, & Agency - Non-Medical £10k, offset by underspend in Overtime £176k & Irregular Sessions £175k. Work is required to bring spend down in line with the current year budget. 	<p style="text-align: center;">Variable Pay Expenditure</p> <table border="1"> <caption>Variable Pay Expenditure (Estimated Data)</caption> <thead> <tr> <th>Period</th> <th>Bank</th> <th>Overtime</th> <th>Agency - Non Medical</th> <th>Agency - Medical</th> <th>WLI</th> <th>Current Year Budget</th> <th>Last Year Expenditure</th> </tr> </thead> <tbody> <tr><td>P11</td><td>1,500,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>1,000,000</td><td>5,000,000</td><td>6,500,000</td></tr> <tr><td>P12</td><td>2,000,000</td><td>1,500,000</td><td>1,500,000</td><td>1,500,000</td><td>1,500,000</td><td>5,000,000</td><td>9,000,000</td></tr> </tbody> </table>	Period	Bank	Overtime	Agency - Non Medical	Agency - Medical	WLI	Current Year Budget	Last Year Expenditure	P11	1,500,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000	6,500,000	P12	2,000,000	1,500,000	1,500,000	1,500,000	1,500,000	5,000,000	9,000,000															
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P12	2,000,000	1,500,000	1,500,000	1,500,000	1,500,000	5,000,000	9,000,000																																		

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 but remains below target at 94.87%. In May compliance was above target at 98.07% (April – 91.81%). Although the PSPP was achieved this month, there were still delays in receipting and authorisation. 	<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>92.00</td><td>92.00</td><td>95.00</td></tr> <tr><td>M2</td><td>98.07</td><td>95.00</td><td>95.00</td></tr> <tr><td>M3</td><td>95.00</td><td>95.00</td><td>95.00</td></tr> <tr><td>M4</td><td>95.00</td><td>95.00</td><td>95.00</td></tr> <tr><td>M5</td><td>95.00</td><td>95.00</td><td>95.00</td></tr> <tr><td>M6</td><td>95.00</td><td>95.00</td><td>95.00</td></tr> <tr><td>M7</td><td>95.00</td><td>95.00</td><td>95.00</td></tr> <tr><td>M8</td><td>95.00</td><td>95.00</td><td>95.00</td></tr> <tr><td>M9</td><td>95.00</td><td>95.00</td><td>95.00</td></tr> <tr><td>M10</td><td>95.00</td><td>95.00</td><td>95.00</td></tr> <tr><td>M11</td><td>95.00</td><td>95.00</td><td>95.00</td></tr> <tr><td>M12</td><td>95.00</td><td>95.00</td><td>95.00</td></tr> </tbody> </table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	92.00	92.00	95.00	M2	98.07	95.00	95.00	M3	95.00	95.00	95.00	M4	95.00	95.00	95.00	M5	95.00	95.00	95.00	M6	95.00	95.00	95.00	M7	95.00	95.00	95.00	M8	95.00	95.00	95.00	M9	95.00	95.00	95.00	M10	95.00	95.00	95.00	M11	95.00	95.00	95.00	M12	95.00	95.00	95.00
Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)																																																			
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M10	95.00	95.00	95.00																																																			
M11	95.00	95.00	95.00																																																			
M12	95.00	95.00	95.00																																																			

5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

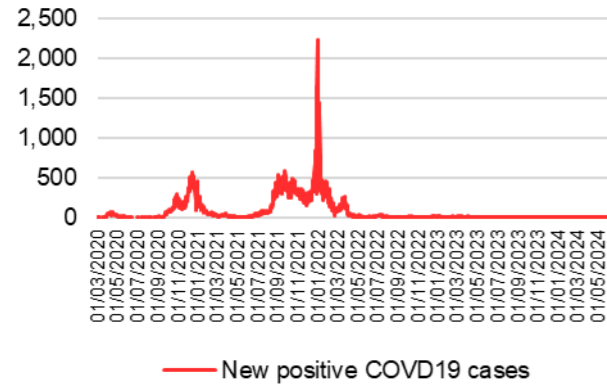


Chart 2: Number of new COVID19 cases (cumulative)

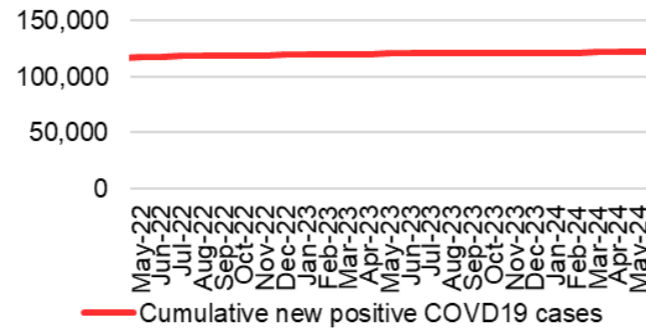


Chart 3: Number of COVID19 tests completed and positivity rate

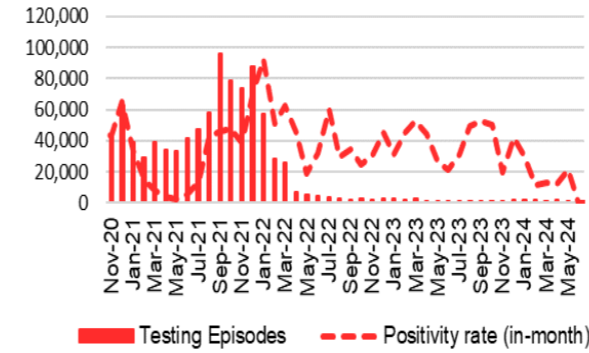


Chart 4: Number of staff referred for Antigen testing

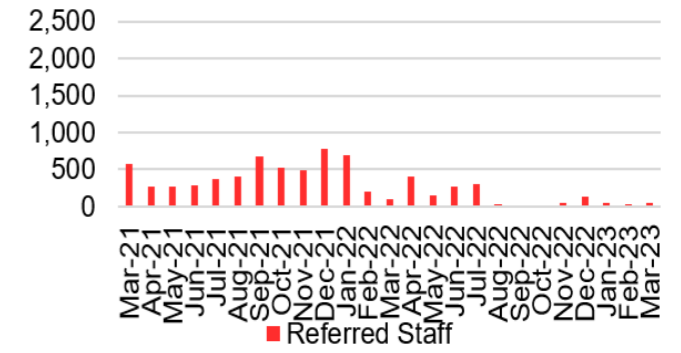


Chart 5: Outcome of staff COVID19/ antigen tests

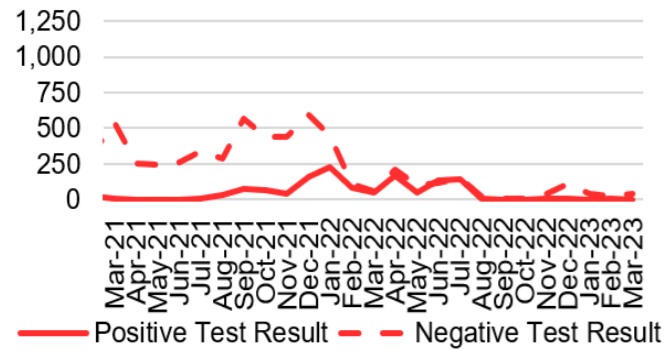


Chart 6: Number of COVID19 related incidents

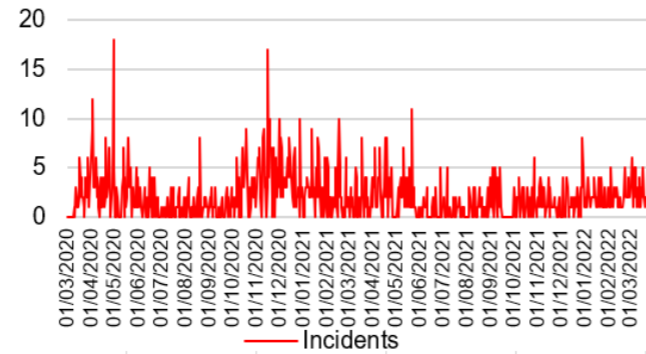


Chart 7: Number of COVID19 related serious incidents



Chart 8: Number of COVID19 related complaints

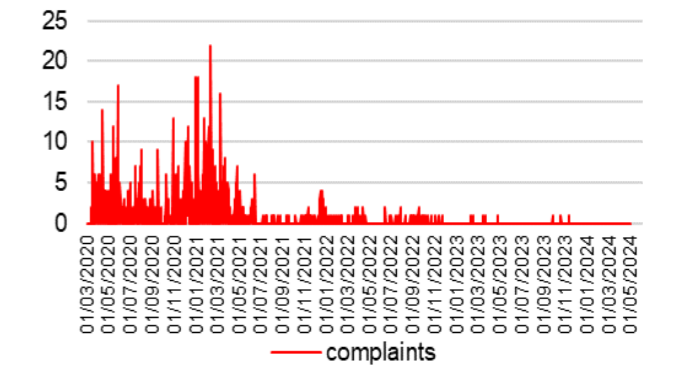


Chart 9: Number of COVID19 related risks

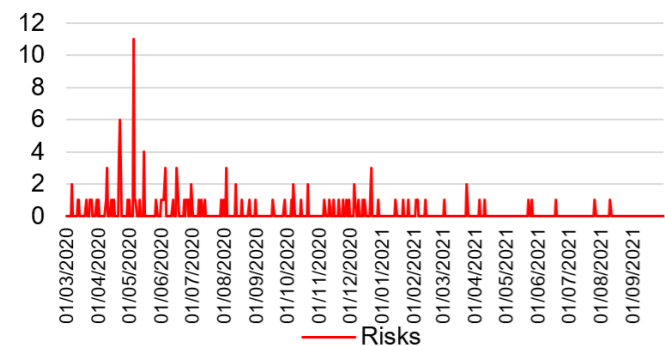


Chart 10: Number of staff self-isolating (asymptomatic)

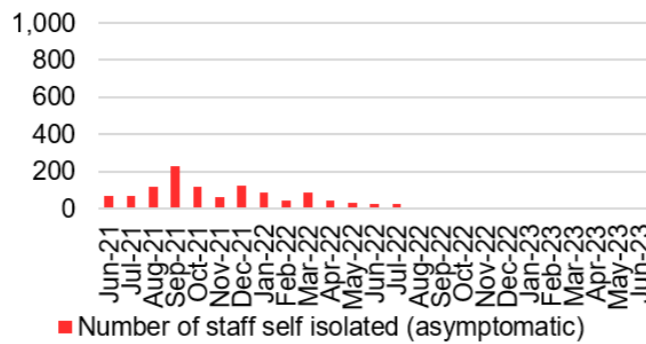


Chart 11: Number of staff self isolating (symptomatic)

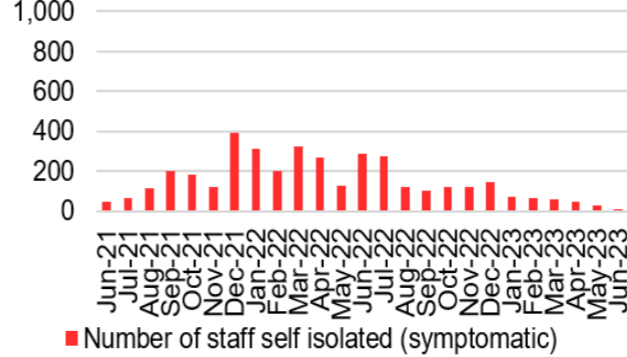


Chart 12: % staff sickness

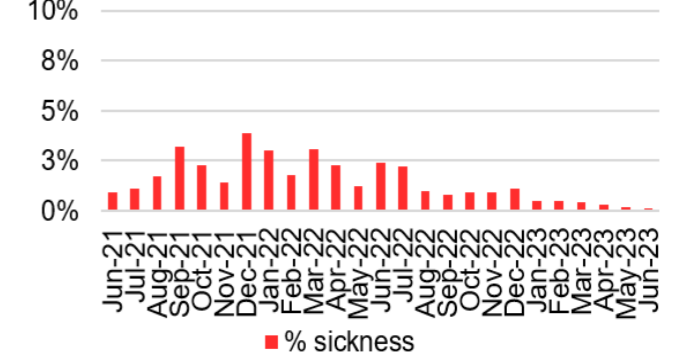


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

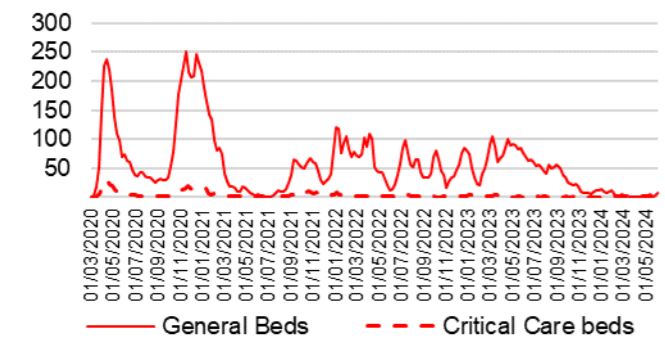


Chart 14: Number of hospital deaths with any mention of COVID19

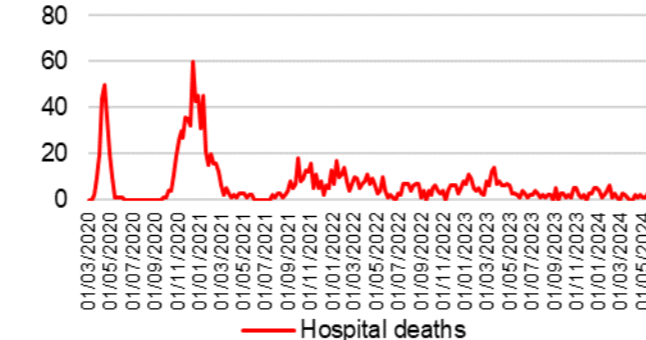


Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

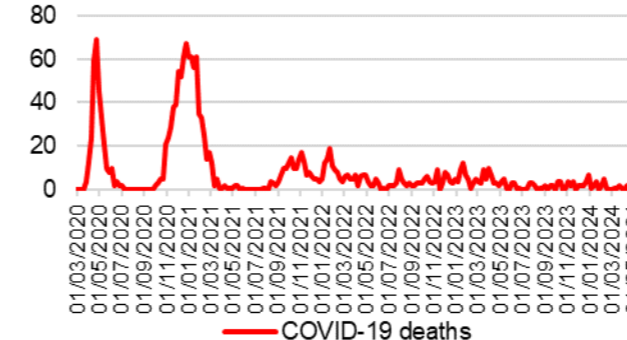
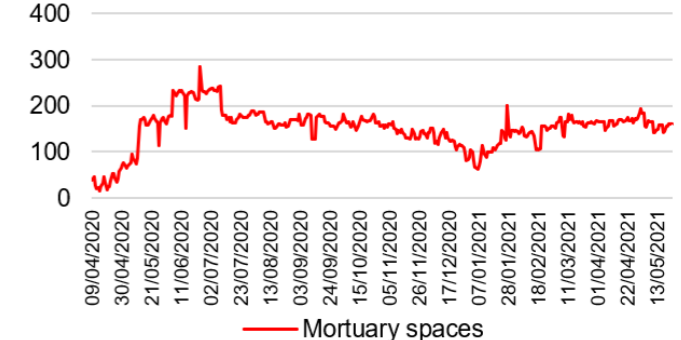


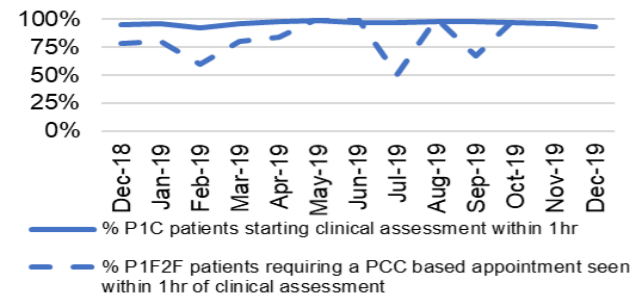
Chart 16: Number of mortuary spaces



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

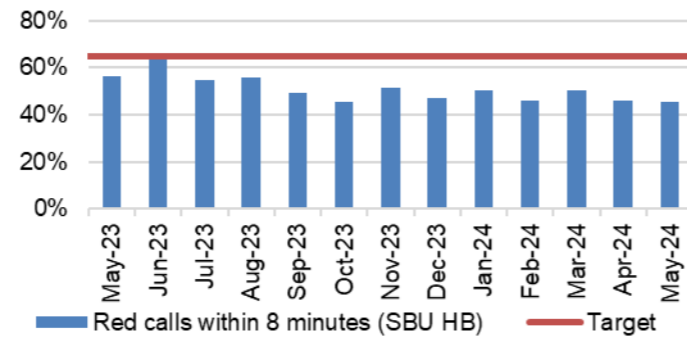


Chart 3: Number of ambulance handovers over 1 hour

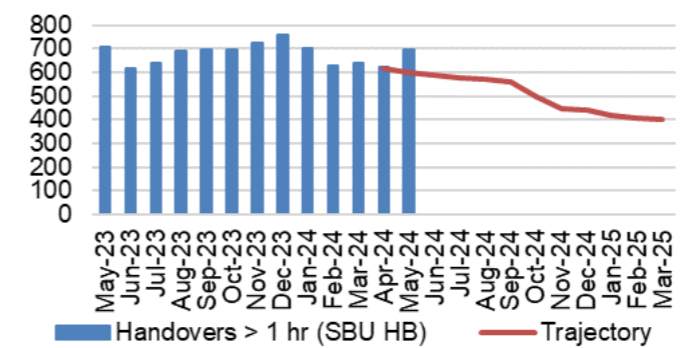


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

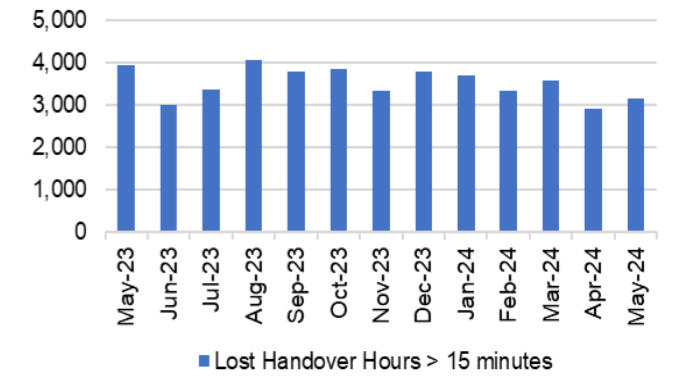


Chart 5: A&E Attendances

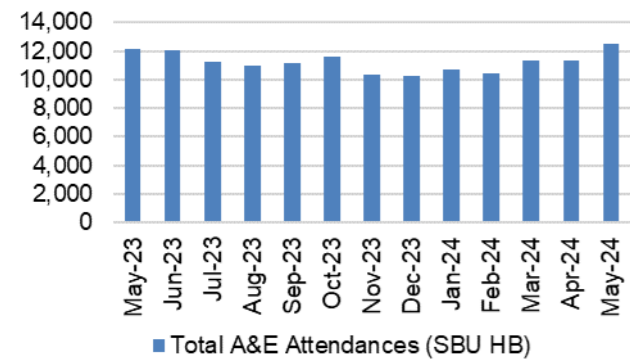


Chart 6: % patients who spend less than 4 hours in A&E

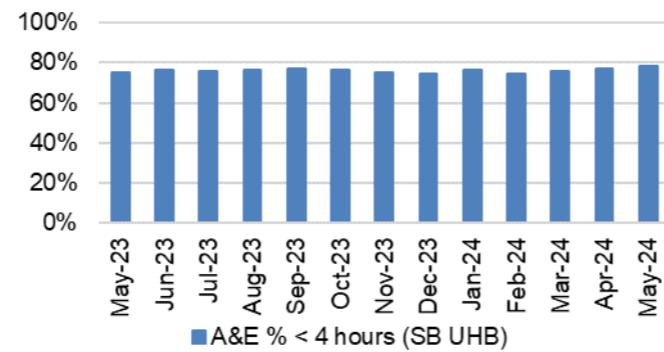


Chart 7: Number of patients waiting over 12 hours in A&E

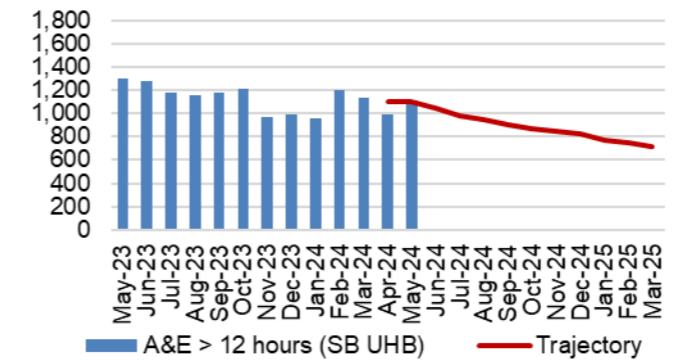


Chart 8: Number of emergency admissions

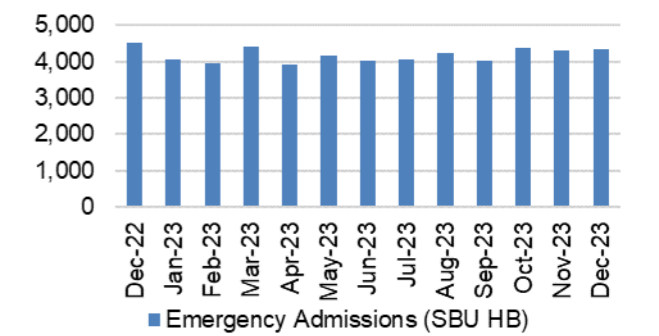


Chart 9: Elective procedures cancelled due to lack of beds

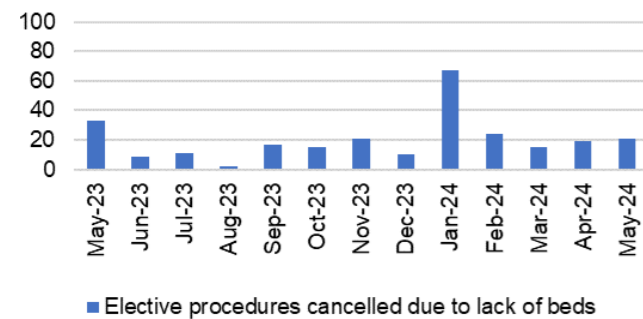


Chart 10: Number of clinically optimised patients

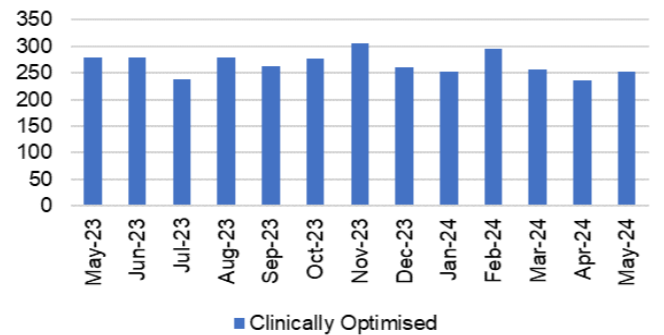


Chart 11: Delay reason for clinically optimised patients

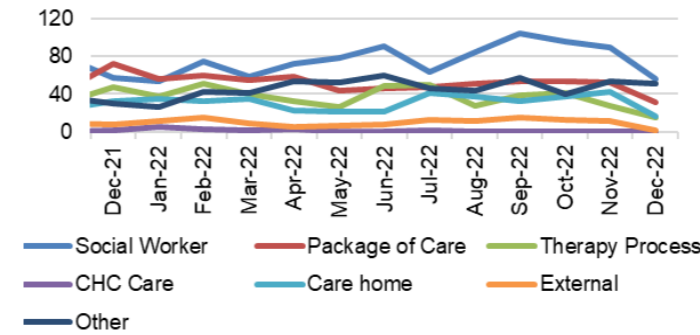


Chart 12: Average lost bed days (per day)

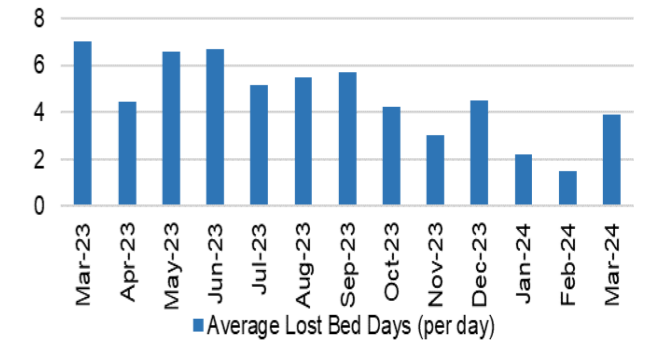


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

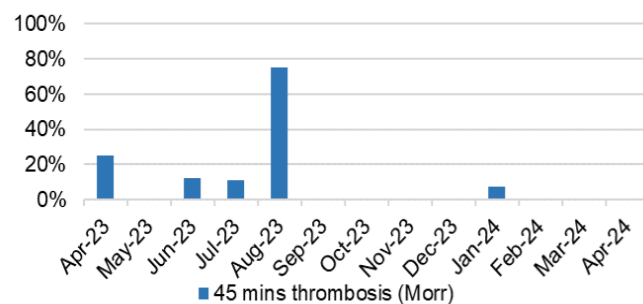


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

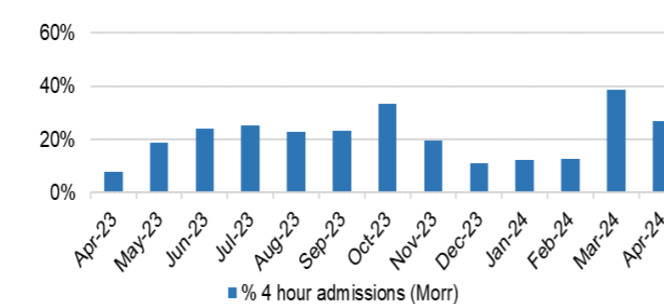


Chart 15: % of stroke patients receiving CT scan with 1 hour

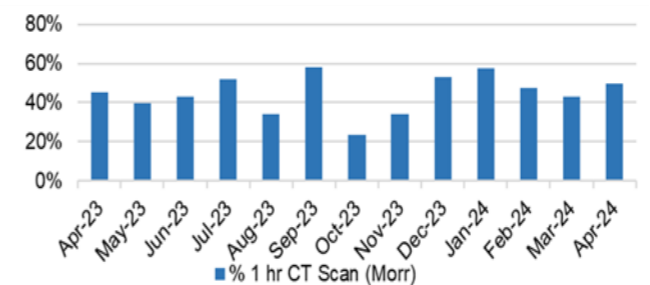
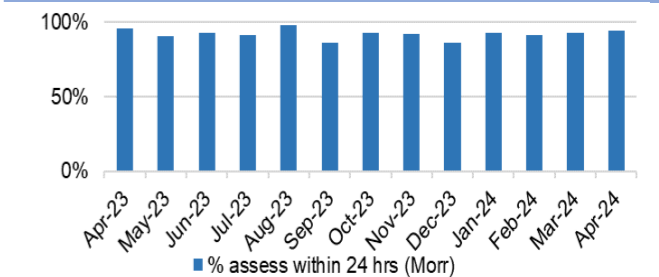


Chart 16: % stroke patients receiving consultant assessment within 24 hours



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)

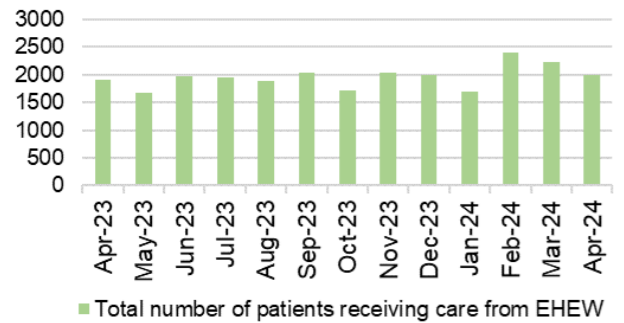


Chart 2: GMS - Escalation Levels

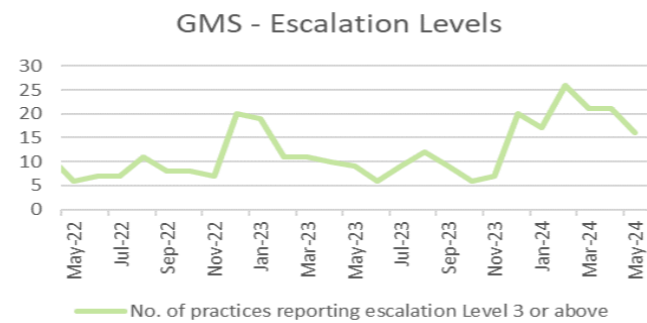


Chart 3: GMS - Sustainability



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

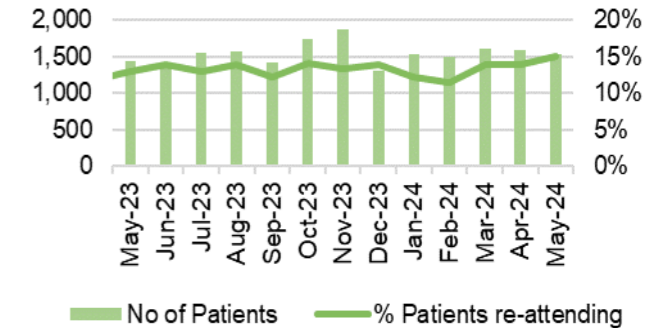


Chart 5: General Dental Services - Activity

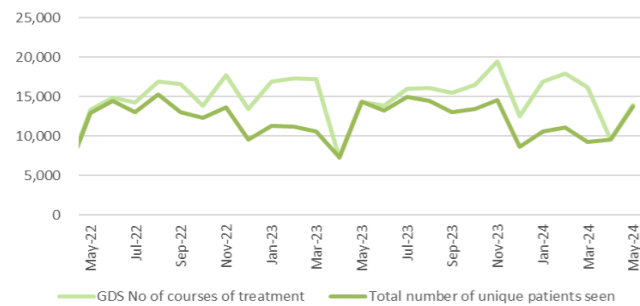


Chart 6: General Dental Services - New Patients

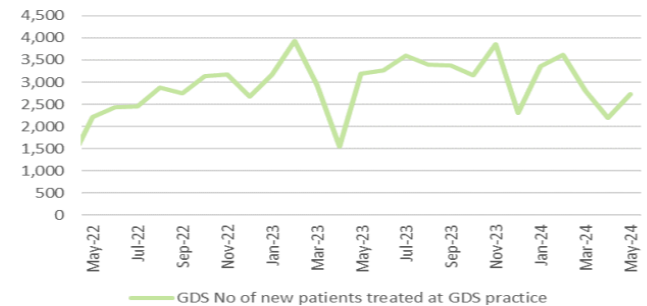


Chart 7: General Dental Services - ACORNs/FV

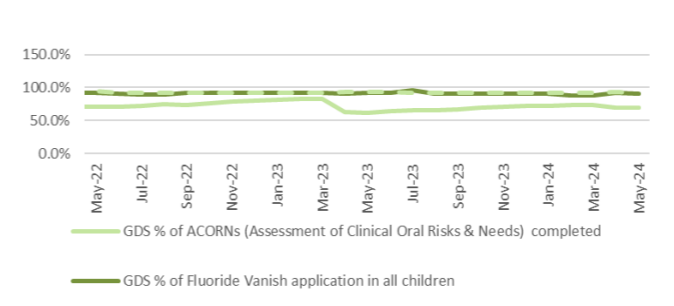


Chart 8: Optometry Activity – sight tests

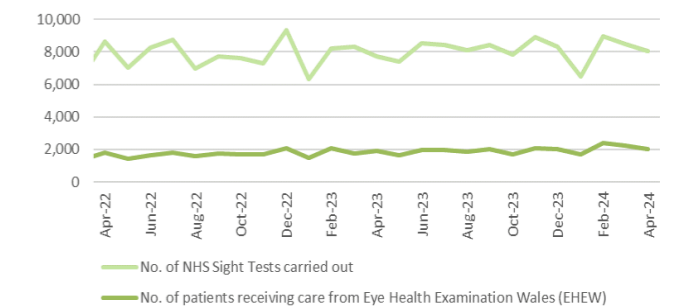


Chart 9: Optometry Activity – low vision care

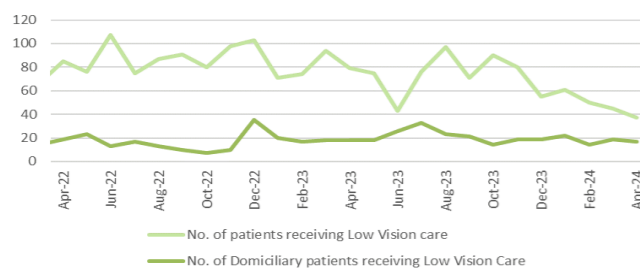


Chart 10: Community Pharmacy – Escalation levels

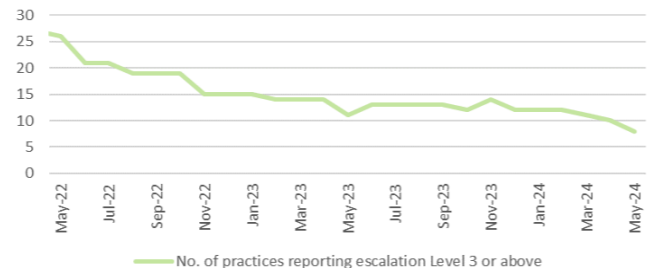


Chart 11: Common Ailment Scheme – No. consultations provided

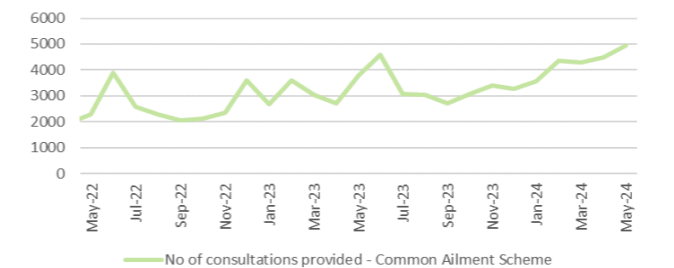


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

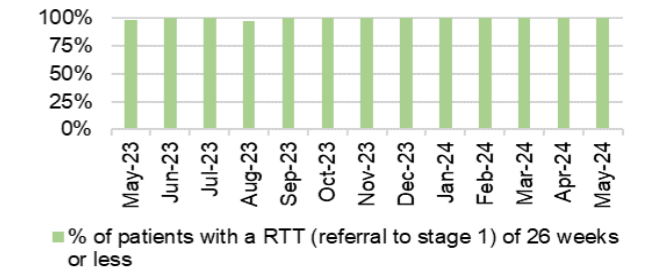


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

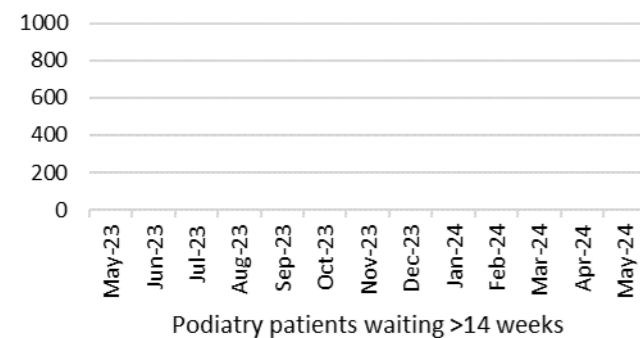


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

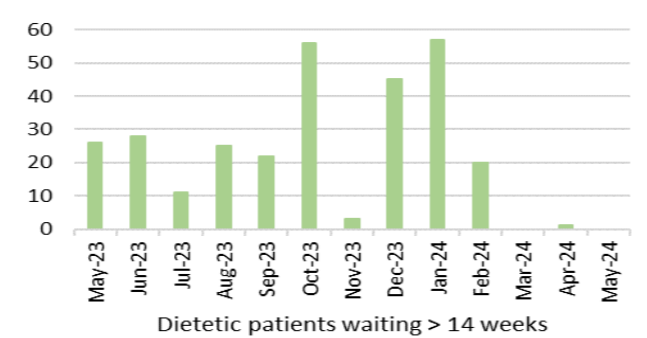


Chart 15: Audiology- Total number of patients waiting > 14 weeks

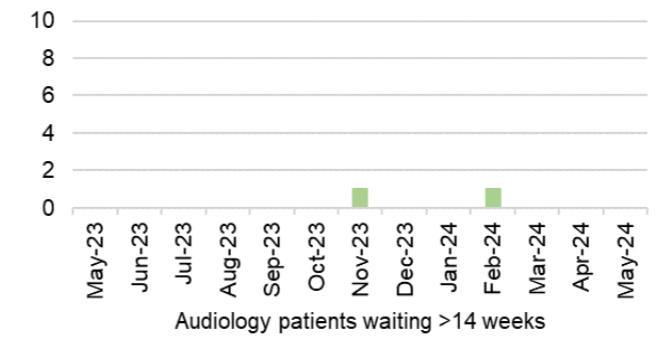
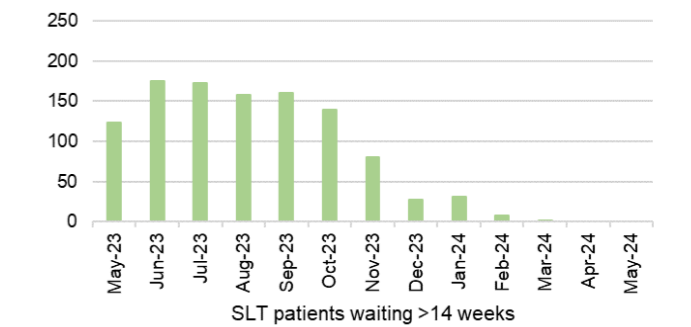


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

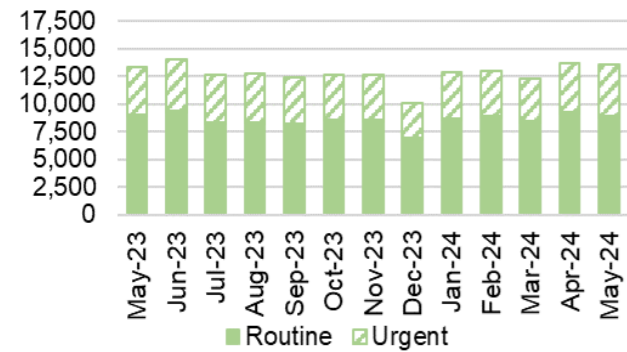


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

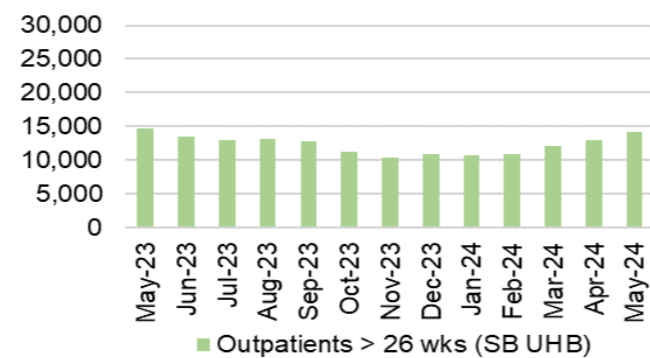


Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1

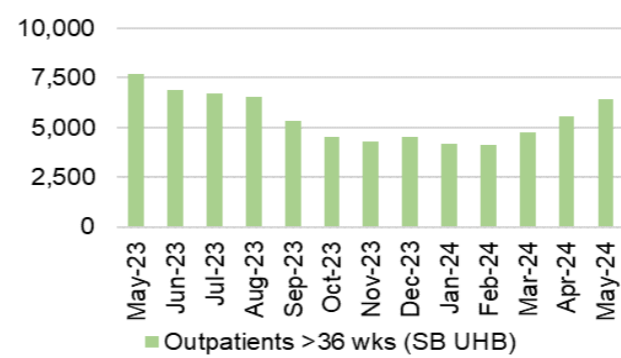


Chart 4: Number of patients waiting over 52 weeks for treatment

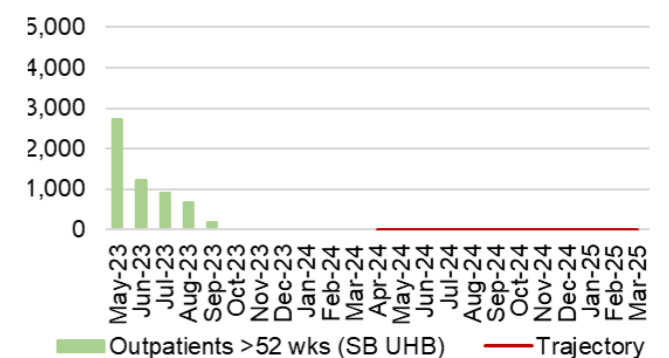


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

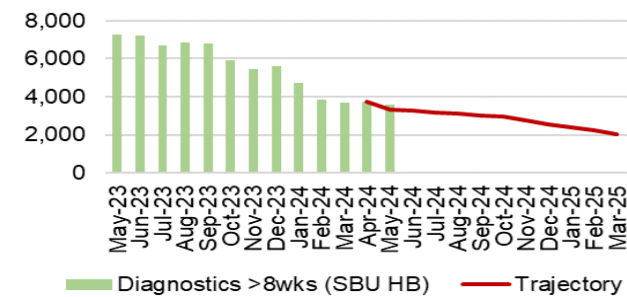


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

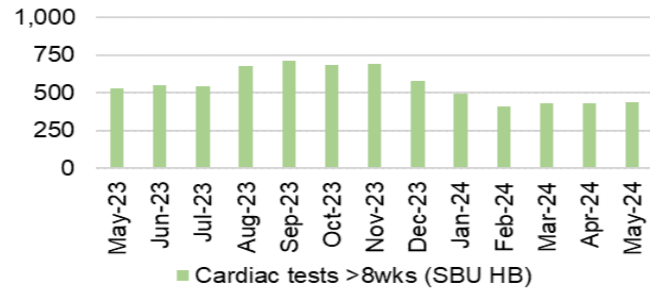


Chart 7: Number of patients waiting more than 14 weeks for Therapies

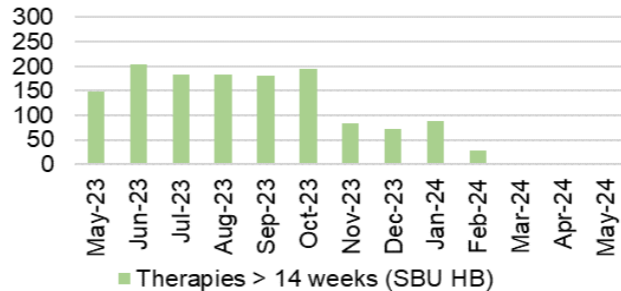


Chart 8: Cancer referrals

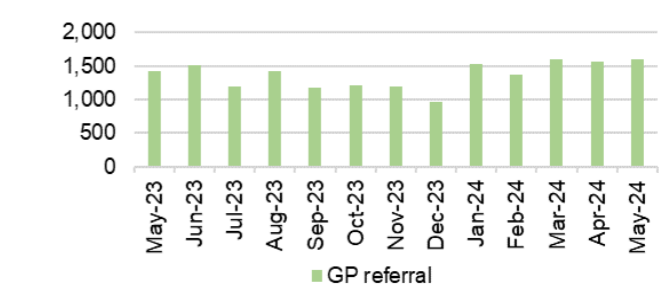


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

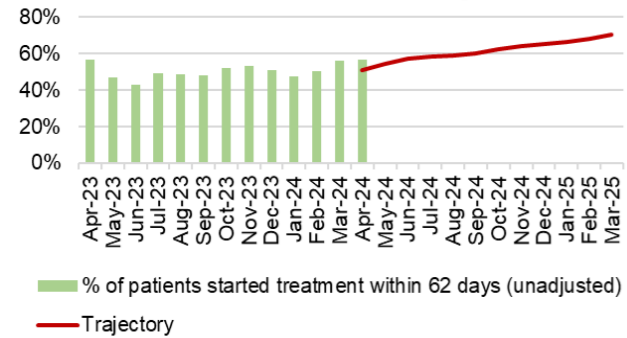


Chart 10: Number of new cancer patients starting definitive treatment

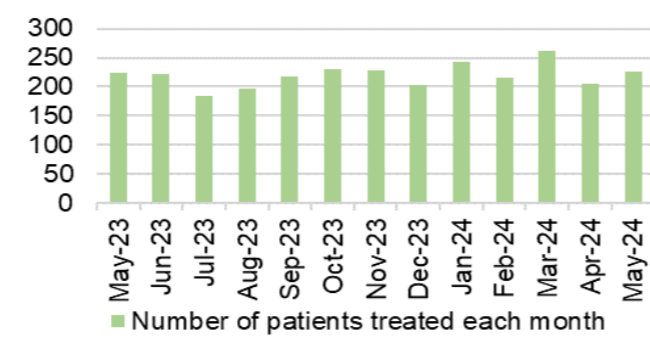


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

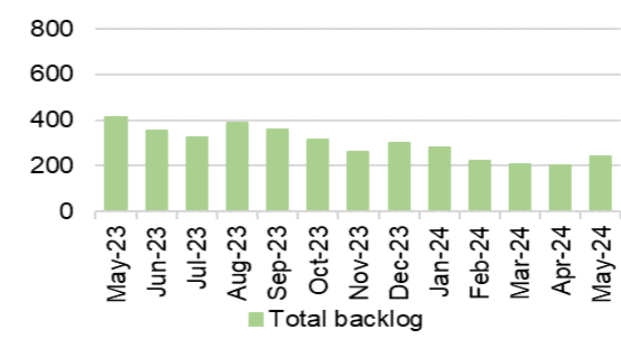


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

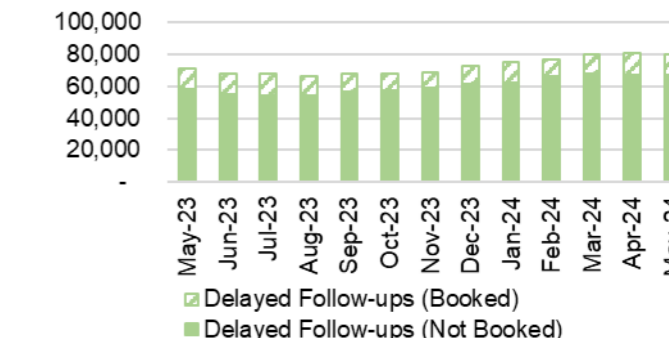


Chart 13: Number of patients without a documented clinical review date

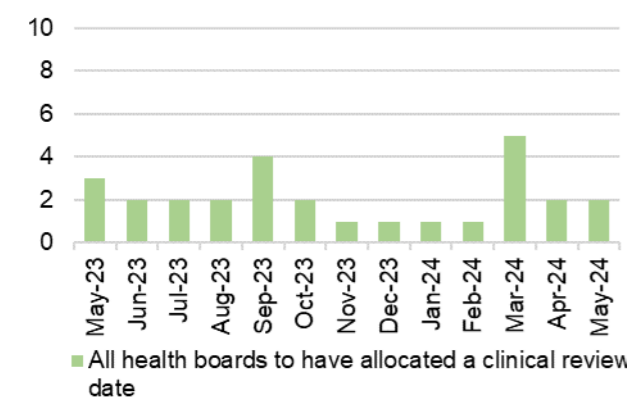


Chart 14: Ophthalmology patients without an allocated health risk factor

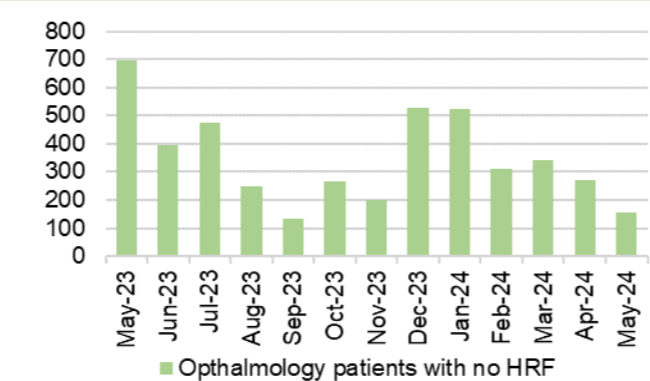


Chart 15: Total number of patients on the follow-up waiting list

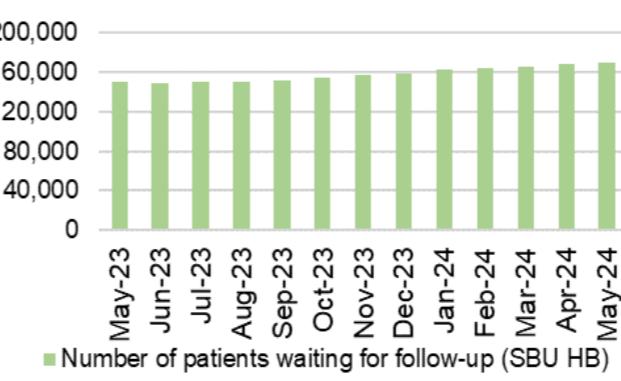
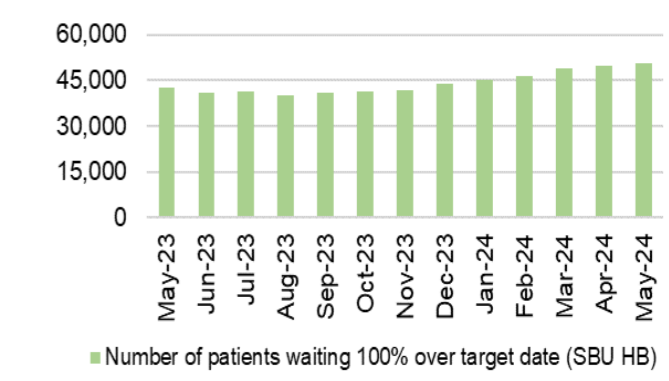


Chart 16: Number of patients delayed by over 100%



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

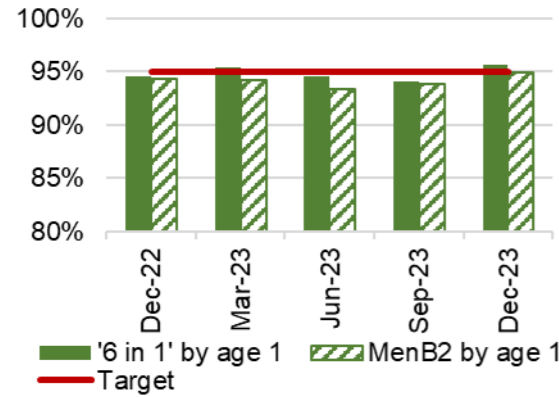


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

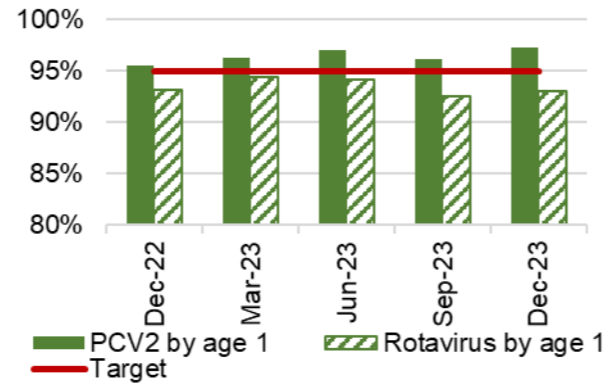


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

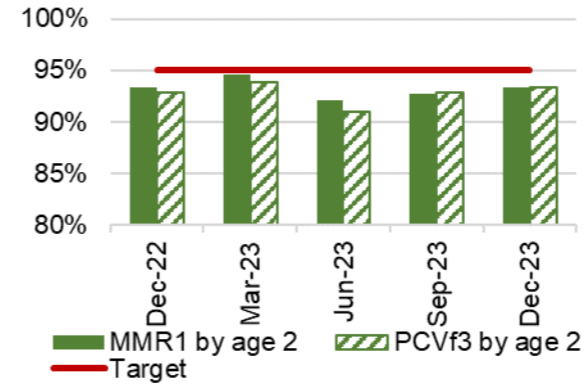


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

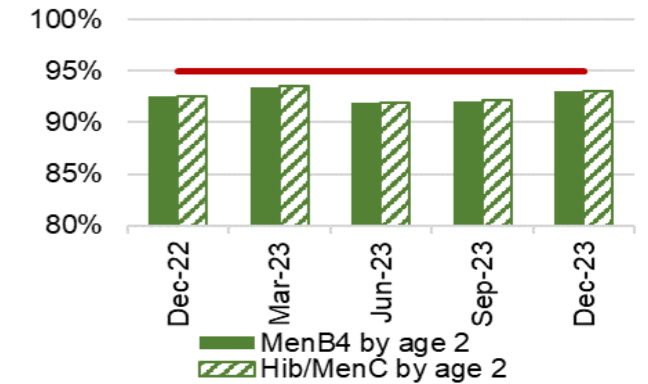


Chart 5: % children who are up to date in schedule by age 4

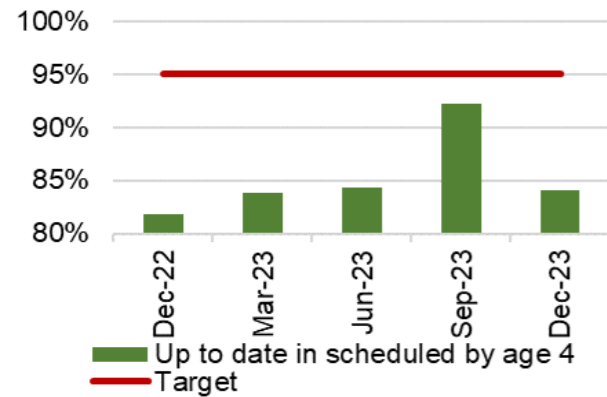


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

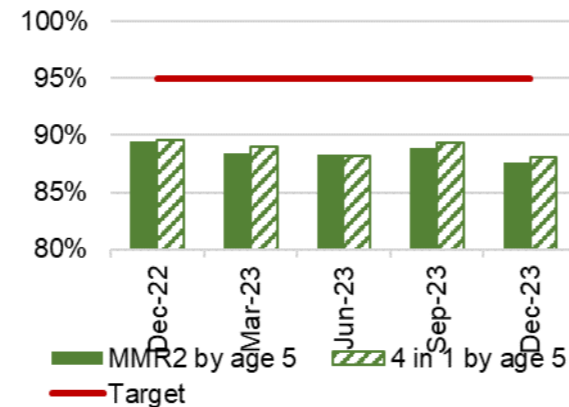


Chart 7: % children who received MMR vaccine and teenage booster by age 16

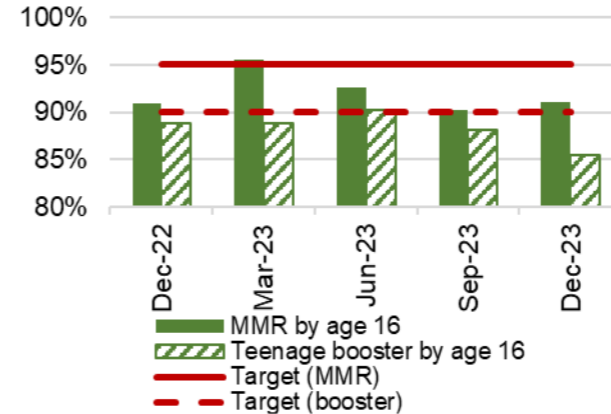


Chart 8: % children who received MenACWY vaccine by age 16

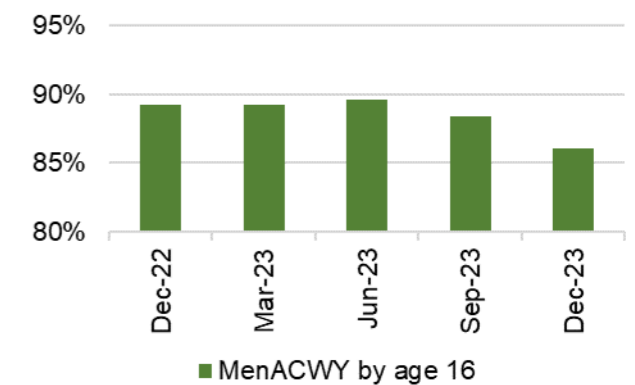
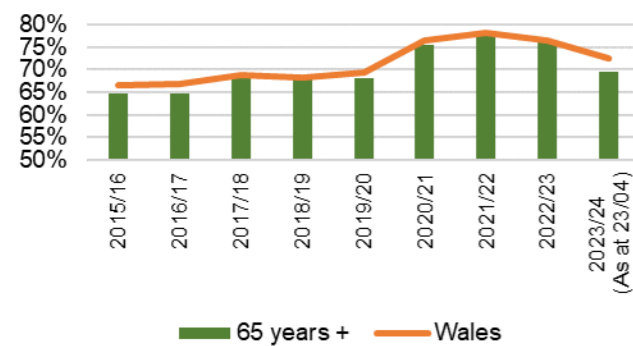
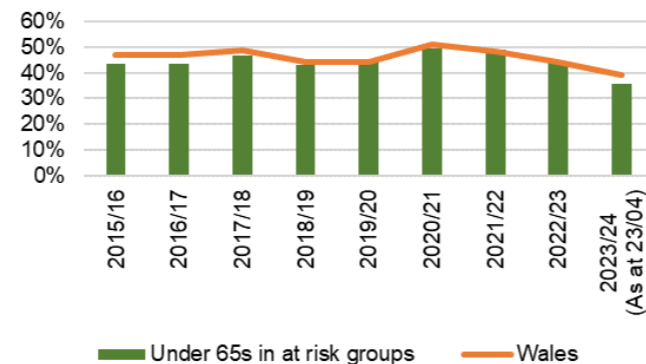


Chart 9: Influenza uptake for amongst 65 year olds and over



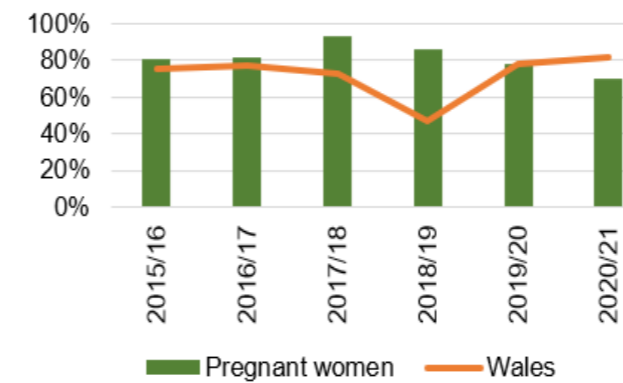
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



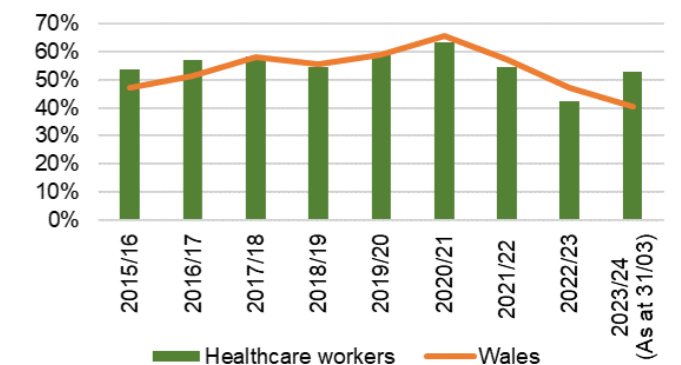
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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

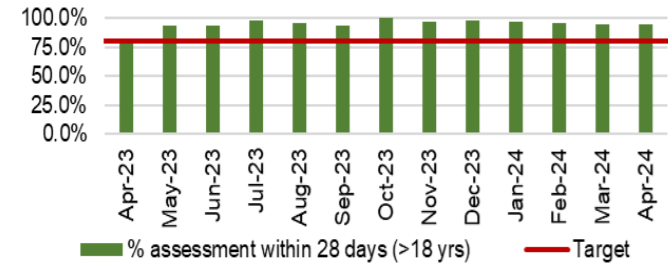


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

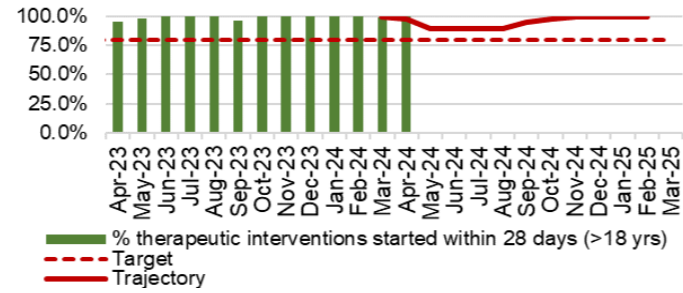


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

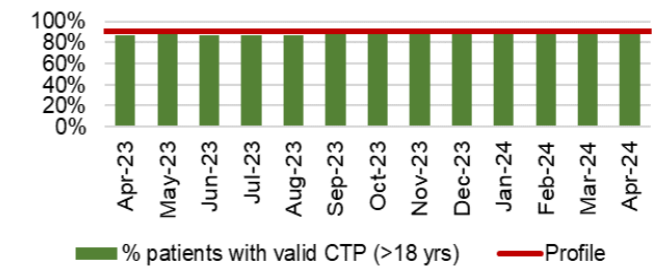


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

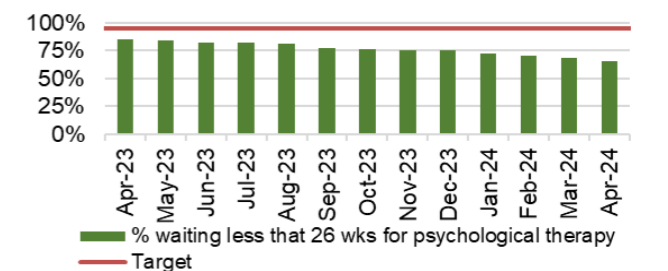


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

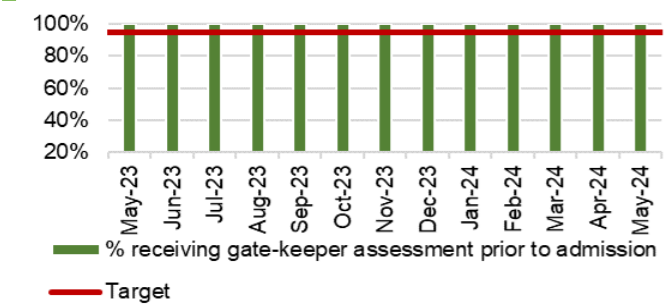


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

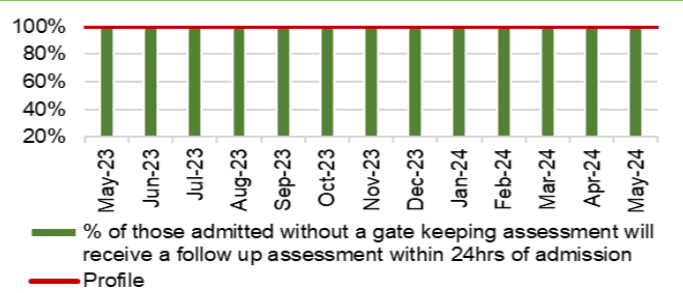


Chart 7: % of patients waiting under 14 weeks for Therapies

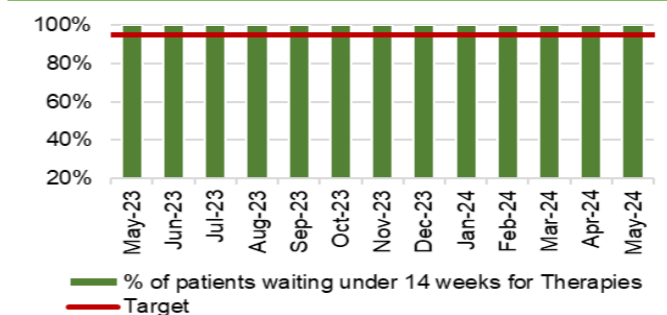


Chart 8: Number of Mental Health Delayed Transfers of Care (DTCs)

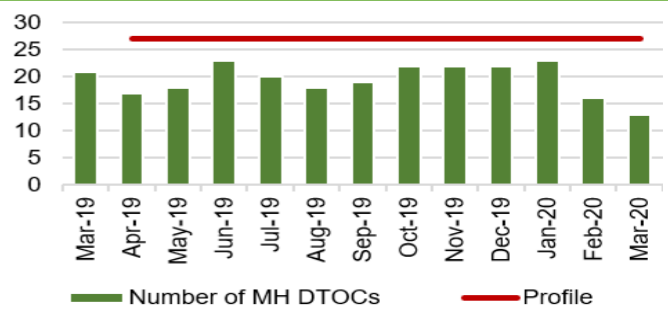


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

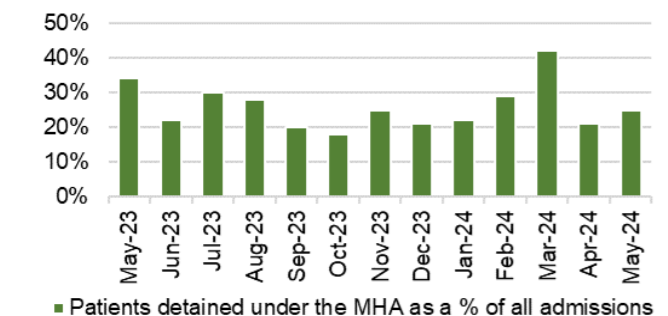


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

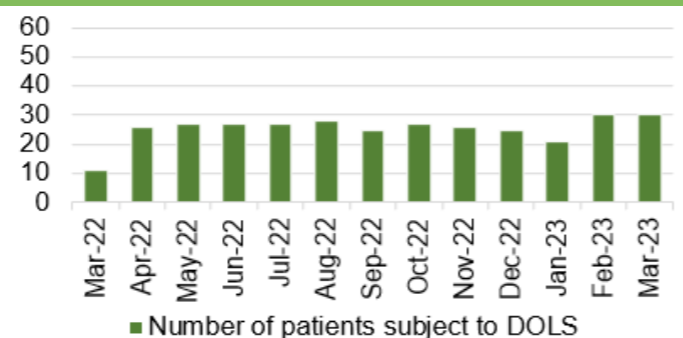


Chart 11: Number of Nationally Reportable Incidents

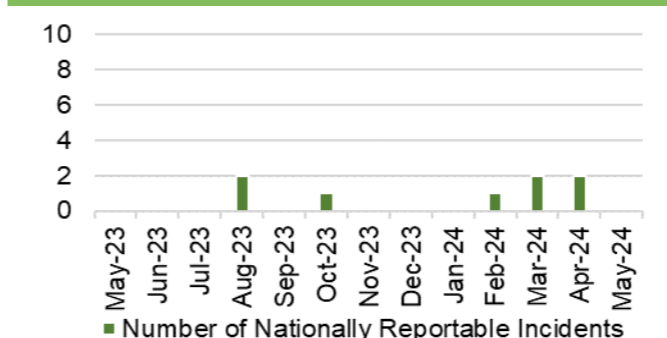
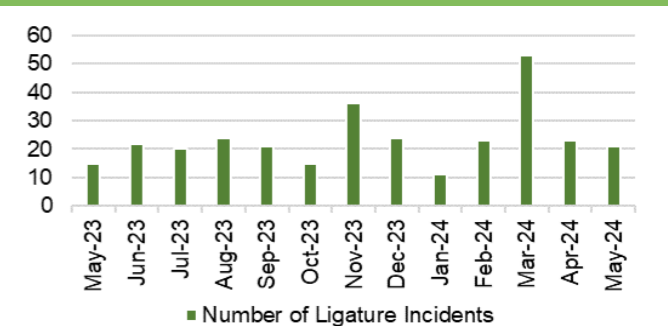


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

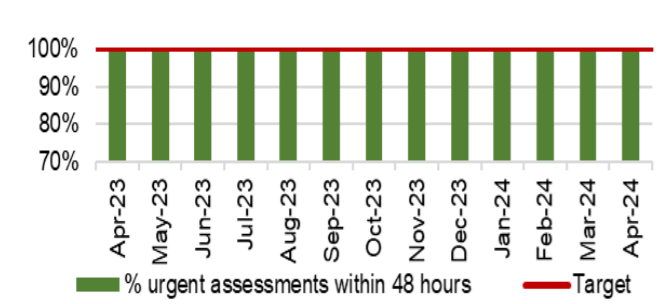


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

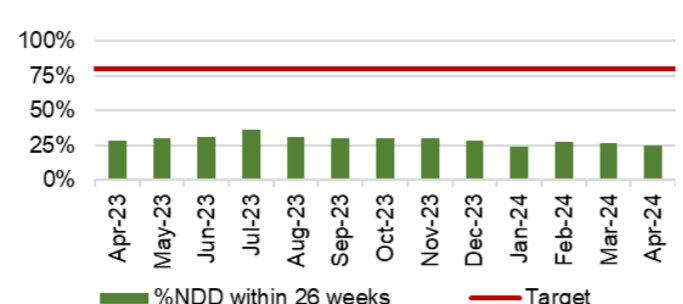


Chart 15: Assessment and intervention within 28 days

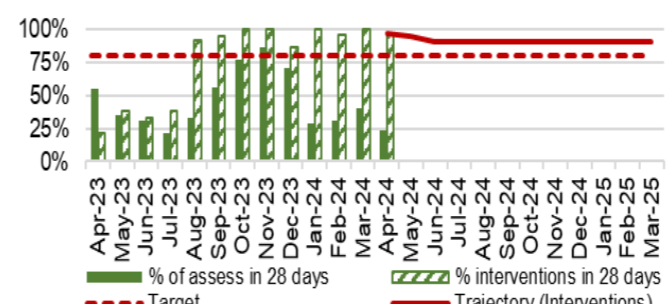
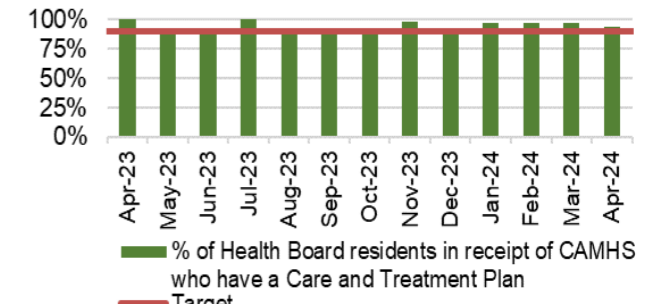


Chart 16: % of residents with a Care and Treatment Plan



APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/Local Profile	Profile Status	Welsh Average/Total	SBU's all-Wales rank	Performance Trend	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	
COVID-19 related measures	Number of new COVID19 cases	Local	May-24	64		Reduce					81	60	84	132	139	175	80	214	174	70	45	51	64	
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce																		
	Number of staff awaiting results of COVID19 test	Local	May-24	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	May-24	24		Reduce					61	90	23	33	37	35	21	43	35	21	17	28	24	
	Number of COVID19 related serious incidents	Local	May-24	0		Reduce					0	0	0	0	0	0	0	1	1	0	1	0	0	
	Number of COVID19 related complaints	Local	May-24	0		Reduce					0	0	0	0	1	1	1	0	0	0	0	0	0	
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Jun-23	0		Reduce					0	0												
Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce					27	7													
% sickness	Local	Jun-23	0.1%		Reduce					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	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	May-24	46%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		56%	64%	55%	56%	49%	46%	52%	47%	50%	46%	50%	46%	46%	
	Number of ambulance handovers over one hour	National	May-24	695	↑ trajectory	600	✘	6,798 (Dec-22)	1st (Dec-22)		708	615	643	694	695	696	724	762	704	629	638	625	695	
	Handover hours lost over 15 minutes	Local	May-24	3158							3,952	3,018	3,383	4,075	3,807	3,868	3,343	3,787	3,693	3,344	3,573	2,905	3,158	
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	May-24	78%	Month on month improvement		✓	63.1% (Dec-22)	4th (Dec-22)		75%	76%	76%	76%	77%	77%	75%	75%	77%	74%	76%	77%	78%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	May-24	1115	↑ trajectory	1100	✘	12,099 (Dec-22)	4th (Dec-22)		1,303	1,274	1,179	1,156	1,180	1,207	969	994	959	1,197	1,132	994	1,115	
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Apr-24	26.9%							18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%		
	CT Scan (<1hrs) (local)	Local	Apr-24	50.0%							39.5%	42.9%	52.1%	34.1%	58.1%	23.8%	34.0%	52.8%	57.6%	47.5%	42.9%	50.0%		
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Apr-24	94.4%							90.7%	92.9%	91.7%	97.7%	86.0%	92.9%	92.0%	86.1%	93.2%	91.5%	92.9%	94.4%		
	Thrombolysis door to needle <= 45 mins	Local	Apr-24	0.0%							0.0%	12.5%	11.1%	75.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	
	% stroke patients who receive mechanical thrombectomy	Local	Apr-24	11.0%	10%		✓	2.1% (Nov-22)	4th (Nov-22)		7.1%	5.0%	3.6%	6.3%	9.1%	0.0%	6.7%	4.5%	0.0%	0.0%	2.0%	11.0%		
% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	Local	Apr-24	41.5%	12 month ↑		✘	50.7% (Nov-22)	4th (Nov-22)		62.9%	66.7%	65.1%	47.3%	72.0%	71.6%	69.5%	57.0%	49.4%	35.2%	31.3%	41.5%			
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	May-24	33.0%		80%	✘				67%	-	40%	83%	50%	33%	100%	40%	100%	17%	66%	64%	33%	
	Number of new Never Events	Local		0		0	✓				1	0	1	1	0	2	2	1	0	1	0	0	0	
	Number of risks with a score greater than 20	Local	May-24	153		12 month ↓	✘				135	143	142	146	152	140	170	146	141	147	149	152	153	
Pressure Ulcers	Number of risks with a score greater than 16	Local		311		12 month ↓	✘				289	300	303	316	322	304	363	305	296	310	318	316	311	
	Number of pressure ulcers acquired in hospital	Local	Apr-24	42		12 month ↓	✓				83	67	67	60	63	70	69	60	63	60		42		
	Number of pressure ulcers developed in the community		Apr-24	49		12 month ↓	✓				41	39	33	38	44	37	45	51	46	33		49		
	Total number of pressure ulcers		Apr-24	91		12 month ↓	✓				124	106	100	98	107	107	114	111	129	93		91		
	Number of grade 3+ pressure ulcers acquired in hospital		Apr-24	3		12 month ↓	✓				10	6	7	4	4	6	5	5	2	1		3		
	Number of grade 3+ pressure ulcers acquired in community		Apr-24	9		12 month ↓	✓				9	9	6	7	11	5	13	10	3	7		9		
Total number of grade 3+ pressure ulcers	Apr-24		12		12 month ↓	✓				19	15	7	11	15	11	18	15	5	8		12			

Harm from overwhelmed NHS and social care system																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24		
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	May-24	54.6	<67		✓	67.80 (Dec-22)	3rd (Dec-22)		73.7	75.1	75.2	76.5	75.7	69.6	73.3	69.1	69.3	68.1	67.0	60.3	54.6		
	Number of E.Coli bacteraemia cases (Hospital)		6	≤ 234	10	✓						12	13	12	19	8	5	21	6	9	7	8	12	6	
	Number of E.Coli bacteraemia cases (Community)		10	(Cumulative)	9	✗							10	12	13	9	15	6	11	6	10	10	11	7	10
	Total number of E.Coli bacteraemia cases		16		19	✓							22	25	25	27	23	11	32	12	19	17	19	19	16
	Cumulative cases of S. aureus bacteraemias per 100k pop		May-24	29.7	<20		✗	27.76 (Dec-22)	6th (Dec-22)			43.0	42.2	42.2	40.4	38.9	37.6	37.2	37.2	38.8	39.0	37.9	36.8	38.1	29.7
	Number of S.aureus bacteraemias cases (Hospital)		4	≤ 71	4	✓							8	8	1	6	7	8	8	9	7	5	5	8	4
	Number of S.aureus bacteraemias cases (Community)		3	(Cumulative)	2	✗							2	5	13	4	3	4	6	8	4	2	3	4	3
	Total number of S.aureus bacteraemias cases		7		6	✗							10	13	14	10	10	14	17	11	7	8	8	12	7
	Cumulative cases of C. difficile per 100k pop		May-24	60.9	<25		✗	36.68 (Dec-22)	5th (Dec-22)			46.0	51.4	52.2	52.0	57.3	56.9	62.5	62.6	64.3	64.7	65.2	63.5	60.9	
	Number of C.difficile cases (Hospital)		10	≤ 95	8	✗							10	13	12	14	20	14	15	13	15	15	19	14	10
	Number of C.difficile cases (Community)		9	(Cumulative)	3	✗							4	7	6	3	7	4	18	8	7	5	3	6	9
	Total number of C.difficile cases		19		10	✗							14	20	18	17	27	18	33	21	22	20	22	20	19
	Cumulative cases of Klebsiella per 100k pop		May-24	32.8									27.6	24.7	20.7	22.6	25.1	24.1	24.2	23.5	25.0	25.4	24.5	31.7	32.8
	Number of Klebsiella cases (Hospital)		6	≤ 71	4	✗							4	1	3	4	7	5	4	1	6	2	3	5	6
	Number of Klebsiella cases (Community)		5	(Cumulative)	3	✗							6	5	0	6	5	1	4	5	5	7	2	5	5
	Total number of Klebsiella cases		11		4	✗	63 Total (Dec-22)	2nd (Dec-22)					10	6	3	10	12	6	8	6	11	9	5	10	11
	Cumulative cases of Aeruginosa per 100k pop		May-24	1.6									4.6	7.2	6.1	6.1	6.1	6.1	6.1	6.5	6.2	5.7	5.2	0.0	1.6
	Number of Aeruginosa cases (Hospital)		1	≤ 21	0	✗							1	3	2	0	1	2	2	3	2	0	0	0	1
Number of Aeruginosa cases (Community)	0	(Cumulative)	0	✓	8 Total (Dec-22)	4th (Dec-22)					0	1	0	1	1	0	0	0	0	0	0	0	0		
Total number of Aeruginosa cases	1		0	✗							1	4	2	1	2	2	2	3	2	0	0	0	1		
Hand Hygiene Audits- compliance with WHO 5 moments	Local		May-24	91.0%		95%	✗				95%	95%	97%	95%	96%	97%	95%	97%	98%	97%	88%	90%	91%		
Inpatient Falls	Local		May-24	155		12 month ↓	✗				184	143	164	200	157	190	166	158	192	203	201	146	155		
NEWS	Local		May-24	90%		98%	✗				91.9%	81.6%	84.1%	85.2%	82.0%	89.6%	89.9%	85.7%	91.6%	85.5%	93.5%	81.6%	90.3%		
Coding	National		Apr-24	48%		12 month ↑	✓				55%	68%	71%	61%	69%	76%	66%	76%	78%	70%	64%	48%			
E-TOC	Local		May-24	76%		100%	✗				65%	65%	64%	66%	61%	66%	69%	70%	68%	72%	69%	76%	76%		
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)		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 PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	May-24	73%		85%	✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		68%	67%	67%	67%	66%	66%	66%	67%	69%	69%	70%	73%	73%		
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	May-24	90%		85%	✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		87%	87%	88%	88%	87%	88%	89%	88%	86%	90%	87%	90%	90%		
	% workforce sickness absence (12 month rolling)	National	Apr-24	7.00%		12 month ↓	✓	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.37%	7.28%	7.11%	7.08%	7.08%	7.05%	7.09%	6.96%	6.96%	6.99%	6.96%	7.00%			

Harm from reduction in non-Covid activity																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	May-24	15.0%							13.0%	13.9%	13.0%	13.9%	12.2%	14.0%	13.3%	13.9%	12.2%	11.4%	13.9%	13.9%	15.0%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Apr-24	56.4%	↑ trajectory	51%	✓	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		46.6%	42.8%	49.0%	48.6%	47.9%	51.7%	53.3%	51.0%	47.5%	50.4%	55.8%	56.4%		
Randomly waiting times	Scheduled (14 Day Target)	Local	May-24	15%	80%		✗				35%	18%	33%	44%	20%	10%	12%	17%	25%	28%	15%	17%	15%	
	Scheduled (21 Day Target)	Local	May-24	51%	100%		✗				81%	63%	68%	83%	76%	42%	61%	77%	67%	81%	59%	62%	51%	
	Urgent SC (2 Day Target)	Local	May-24	20%	80%		✗				50%	24%	42%	27%	33%	53%	31%	39%	26%	52%	50%	15%	20%	
	Urgent SC (7 Day Target)	Local	May-24	49%	100%		✗				73%	52%	90%	91%	78%	73%	77%	65%	85%	79%	82%	64%	49%	
	Emergency (within 1 day)	Local	May-24	75%	80%		✗				100%	71%	100%	92%	100%	100%	100%	100%	100%	100%	67%	91%	88%	75%
	Emergency (within 2 days)	Local	May-24	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	100%	100%
	Elective Delay (7 Day Target)	Local	May-24	85%	80%		✓				93%	93%	91%	96%	98%	98%	95%	97%	99%	98%	98%	94%	85%	
	Elective Delay (14 Day Target)	Local	May-24	94%	100%		✗				100%	95%	100%	100%	100%	100%	100%	97%	100%	100%	100%	98%	94%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	May-24	3,066				15,517 (Nov-22)	7th (Nov-22)		4,847	4,745	4,505	4,415	4,148	3,737	3,427	3,553	3,509	3,311	3,238	3,281	3,066	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	May-24	3,576	↑ trajectory	3,343	✗	42,566 (Nov-22)	4th (Nov-22)		7,255	7,221	6,713	6,861	6,800	5,939	5,429	5,616	4,705	3,870	3,687	3,746	3,576	
	Number of patients waiting > 14 weeks for a specified therapy	National	May-24	0	↑ trajectory			9,584 (Nov-22)	2nd (Nov-22)		149	203	183	183	182	195	84	73	88	29	1	1	0	
	% of patients waiting < 26 weeks for treatment	Local	May-24	59.85%	95%			56% (Nov-22)	6th (Nov-22)		58.8%	60.9%	61.7%	61.0%	60.7%	62.0%	62.6%	61.0%	60.8%	61.3%	60.6%	60.3%	59.9%	
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	May-24	14,205							14,733	13,427	12,937	13,121	12,786	11,669	10,425	10,889	10,722	10,938	12,095	13,045	14,205	
	Number of patients waiting > 36 weeks for first outpatient appointment	National	May-24	6,420	↑ trajectory						7,675	6,893	6,729	6,558	5,327	4,508	4,282	4,546	4,184	4,102	4,739	5,575	6,420	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	May-24	0	↑ trajectory	0	✓	85,301 (Nov-22)	3rd (Nov-22)		2,719	1,234	894	665	180	0	0	0	0	0	0	0	0	0
	Number of patients waiting > 52 weeks for treatment	National	May-24	13,259	↑ trajectory						16,976	15,446	15,120	14,877	14,417	13,942	13,453	13,386	13,318	13,211	13,181	12,898	13,259	
	Number of patients waiting > 104 weeks for treatment	National	May-24	1,579	↑ trajectory	1,612	✓	49,594 (Nov-22)	5th (Nov-22)		5,792	5,474	5,299	4,999	4,645	4,097	3,460	2,969	2,566	2,175	1,831	1,725	1,579	
	The number of patients waiting for a follow-up outpatient appointment	Local	May-24	170,254							150,109	149,529	150,416	150,060	152,025	154,704	157,285	159,226	162,964	164,581	166,438	169,049	170,254	
The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	May-24	50,646	↑ trajectory			224,552 (Nov-22)	5th (Nov-22)		42,534	40,807	41,123	39,938	41,048	41,188	41,727	43,784	44,376	46,482	48,969	49,837	50,646		
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	May-24	57%	95%		✗	64.9% (Nov-22)	1st (Nov-22)		62.3%	57.5%	63.8%	60.3%	63.7%	60.2%	61.5%	64.7%	61.3%	62.9%	57.3%	54.6%	56.7%		
Activity	Number of GP referrals	Local	May-24	13,540	12 month ↓		✓				13,341	13,984	12,623	12,698	12,383	12,644	12,622	10,102	12,876	12,976	12,269	13,687	13,540	
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	May-24	783	↑ trajectory						803	890	824	812	815	851	843	735	775	721	936	932	783	
DNAs	% of patients who did not attend a new outpatient appointment	Local	May-24	9%	12 month ↓		✓				10.1%	10.6%	10.0%	9.6%	10.6%	9.7%	10.0%	9.7%	9.3%	8.9%	9.5%	8.9%	8.7%	
	% of patients who did not attend a follow-up outpatient appointment	Local	May-24	8%	12 month ↓		✓				8.2%	8.4%	8.1%	8.0%	8.1%	7.7%	7.6%	8.0%	8.2%	7.2%	7.3%	7.3%	7.9%	
Theatre Efficiencies	Theatre Utilisation rates	Local	May-24	73%		90%	✗				76%	69%	73%	66%	73%	76%	72%	63%	63%	69%	65%	78%	73%	
	% of theatre sessions starting late	Local	May-24	33%		<25%	✗				37%	36%	42%	36%	38%	40%	39%	40%	37%	37%	31%	35%	33%	
	% of theatre sessions finishing early	Local	May-24	49%		<20%	✗				51%	47%	44%	51%	50%	47%	44%	49%	52%	50%	45%	47%	49%	
Patient experience	Number of friends and family surveys completed	National	May-24	5,344	Month on month improvement		✗				3,477	2,503	3,401	5,188	4,084	5,738	5,792	4,004	5,211	5,232	5,427	5,579	5,344	
	% of who would recommend and highly recommend	Local	May-24	92%		90%	✓				90%	89%	91%	92%	92%	92%	92%	93%	92%	92%	92%	93%	92%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	May-24	93%		90%	✓				95%	90%	91%	92%	92%	93%	93%	93%	93%	93%	92%	93%	93%	
Complaints	Number of new formal complaints received	Local	Mar-24	167		12 month trend ↓	✓				182	217	147	155	171	164	171	108	181	168	167			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Mar-24	71%		80%	✗				71%	71%	64%	71%	62%	74%	55%	69%	72%	71%	71%			
	% of acknowledgements sent within 2 working days	Local	Mar-24	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	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24				
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q3 23/24	95.6%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)			94.6%			94.1%			95.6%									
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q3 23/24	68.0%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)			88.3%			88.3%			87.6%									
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-24	69.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2023										58.1%		68.0%	69.1%	69.4%	69.5%	Data collection restarts October 2024
	% uptake of influenza among under 65s in risk groups	Local	Mar-24	35.5%	55%			48.2% (Mar-22)	4th (Mar-22)									25.3%		33.5%	34.8%	35.4%	35.5%				
	% uptake of influenza among children 2 to 3 years old	Local	Mar-24	38.0%	50%			47.6% (Mar-22)	5th (Mar-22)										22.7%		35.1%	38.9%	38.0%	38.0%			
	% uptake of influenza among healthcare workers	Local	Mar-24	52.7%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)										13.8%		38.6%	38.6%	38.6%	52.7%			
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	May-24	57.1%	75%		✘				Historical data not available	67.8%	Data collection restarts Apr-24										43.2%	57.1%			
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	Mar-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%	50.5%	Available Sep-24				
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Apr-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	Apr-24	25%	80%		✘	31.4% (Nov-22)	3rd (Nov-22)		30%	31%	36%	31%	30%	30%	30%	29%	24%	28%	26%	25%					
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Apr-24	23%	80%		✘	83.2% (Nov-22)	5th (Nov-22)		31%	31%	21%	33%	56%	77%	86%	70%	29%	31%	40%	23%					
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Apr-24	23%	80%		✘	66.8% (Nov-22)	5th (Nov-22)		35%	31%	21%	33%	56%	77%	86%	70%	29%	31%	40%	23%					
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Apr-24	97%	80%	97%	✔	34.4% (Nov-22)	4th (Nov-22)		38%	33%	38%	91%	95%	100%	100%	86%	100%	96%	100%	97%					
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%																						
% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Apr-24	94%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		93%	90%	100%	93%	92%	92%	98%	92%	97%	97%	97%	97%	94%					
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Apr-24	95%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		94%	93%	98%	96%	94%	100%	97%	98%	97%	96%	95%	95%					
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Apr-24	100%	80%	100%	✔	73.1% (Nov-22)	2nd (Nov-22)		98%	100%	100%	100%	97%	100%	100%	100%	100%	100%	99%	100%					
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Apr-24	66%	80%		✘	73.9% (Nov-22)	2nd (Nov-22)		84%	82%	82%	81%	77%	76%	76%	76%	73%	71%	69%	66%					
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Apr-24	90%	90%		✔	84.2% (Nov-22)	2nd (Nov-22)		88%	87%	87%	87%	88%	89%	90%	88%	88%	89%	89%	90%					
	% 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 CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Local	Apr-24	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
		Local	Apr-24	100%	100%		✔	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				