

Report Date	21st May 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 (April 2024) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The report has been adjusted for May 2024 reporting to give clear focus on the measures to be monitored as part of Targeted Intervention (TI) escalation for performance and outcomes. This section will be further enhanced to show recovery trajectories and de-escalation criteria over coming months.</p> <p>Key high level issues to highlight this month are as follows:</p> <p>-</p> <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Performance against the 4-hour access has improved by 1.5% to 77.3% in April 2024. - Performance against the 12-hour wait has improved in April 2024 to 994 from 1,132. - In April 2024, there were 625 ambulance to hospital handovers taking over 1 hour; this is a decrease of 13 compared with the previous month. - In April 2024, 2,905 ambulance hours were lost in handover delays compared to 3,573 in the previous month. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> - OP waits remain under the 52 week Ministerial target level in April 2024, a position sustained since October 2023. 		

	<ul style="list-style-type: none"> - At the end of April 2024, there were 1,725 patients waiting over 104 weeks for treatment, which is a 6% reduction from the previous month. - In April 2024 there was 1 patient waiting over 14 weeks for a therapy service and that was in dietetics with Speech & Language Therapy now clear of the 14 week target. - In April 2024, there was a slight increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 3,687 to 3,746. The breakdown is as follows: - <ul style="list-style-type: none"> - Endoscopy= 3,281 - Cardiac tests= 434 - Other Diagnostics = 31 <p><u>Cancer</u></p> <ul style="list-style-type: none"> - The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in March 2024 was 56%, which is 6% higher than the figure reported in February 2024. - Backlog figures have seen a reduction in recent weeks to 202 at the date of reporting. <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 December 2023. - In March 2024, 69% 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 26% in March 2024. - Note: S-CAMHS now included with P-CAMHS measure and performance substantially improved. <p>Work has commenced with colleagues in Primary and Community Care services to enhance performance reporting in this important area for the Health Board.</p>			
Specific Action Required	Information	Discussion	Assurance	Approval
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. 			

- | | |
|--|---|
| | <ul style="list-style-type: none">• 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 |
|--|---|

INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION:

Members are asked to:

- **NOTE** the Health Board performance against key measures and targets.
- **NOTE** that the report will 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		
<p>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.</p>		
Legal Implications (including equality and diversity assessment)		
<p>A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.</p>		
Staffing Implications		
<p>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.</p>		
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 May 2024



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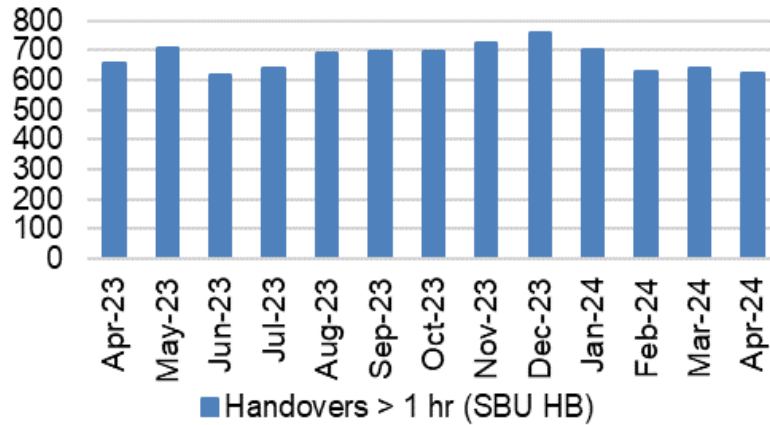
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1. TARGETED INTERVENTION METRICS PERFORMANCE

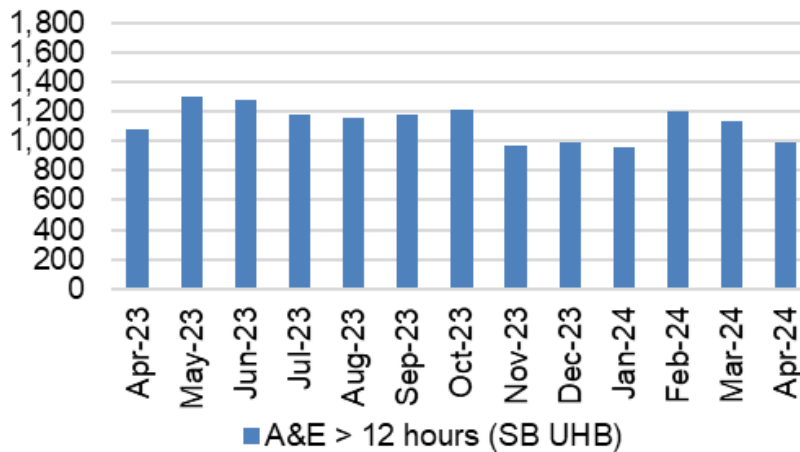
URGENT AND EMERGENCY CARE

1. Ambulance handovers over 1 hour



1. The number ambulance handovers over 1 hour has seen a slight reduction in April 2024. The number of handovers over 1 hour decreased from 638 in March 2024 to 625 in April 2024.

2. A&E waits over 12 hours



2. Performance against the 12-hour wait has improved in-month. The number of patients waiting over 12-hours in the Emergency Department decreased to 994 in April 2024 from 1,132 in March 2024.

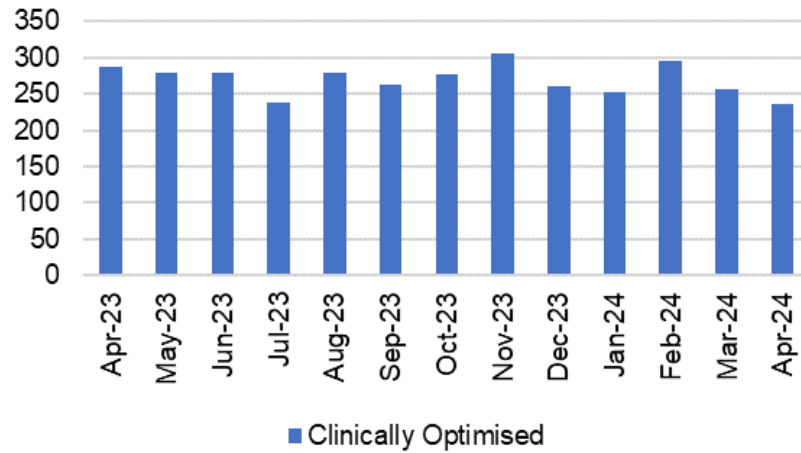
3. Median time from arrival to assessment within 60 mins

3. Narrative to be developed once measure in place

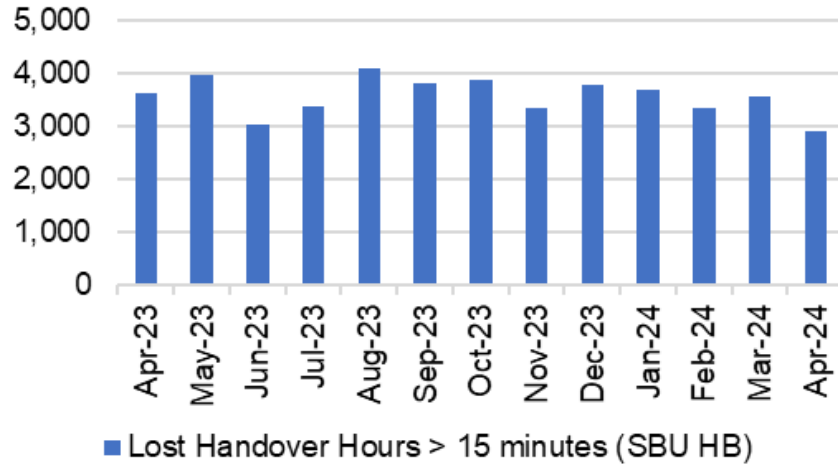
UNDER DEVELOPMENT

4. Continuing reduction in pathway of care delays

4. There was a reduction in the average number of patients who were deemed clinically optimised in April 2024. The average number of clinically optimised patients decreased from 256 in March 2024 to 235 in April 2024.



5. Lost Ambulance Hours Total



5. The ambulance handover lost hours rate has seen a reduction in April 2024. The ambulance handover lost hours decreased from 3,573 in March 2024 to 2,905 in April 2024.

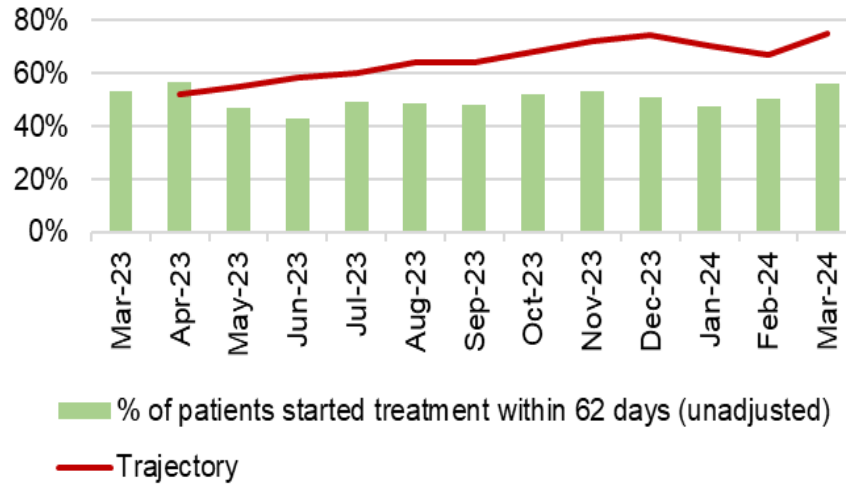
6. Lost Ambulance Hours over 1 hour

UNDER DEVELOPMENT

6. Narrative to be developed once measure in place

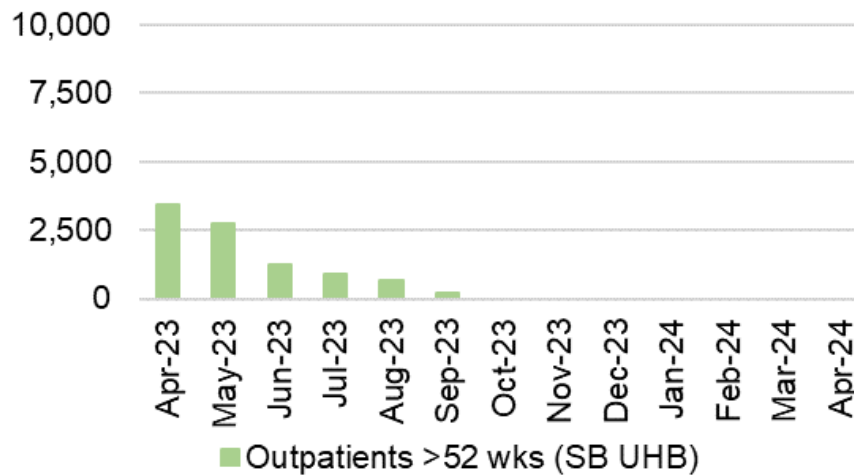
PLANNED CARE & CANCER

1. Single Cancer Pathway



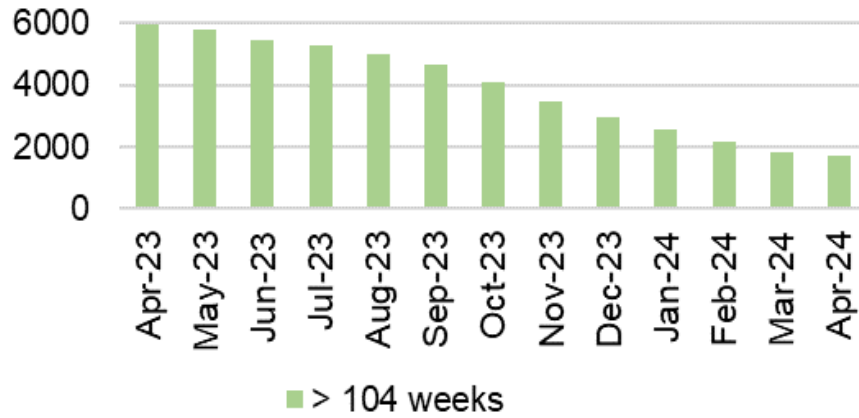
1. The final SCP performance for March 2024 was 56%, which is higher than the figure reported in February 2024. Performance is below the submitted trajectory (75%).

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 April 2024. This position has been sustained since October 2023.

3. 104 week waits – all pathways



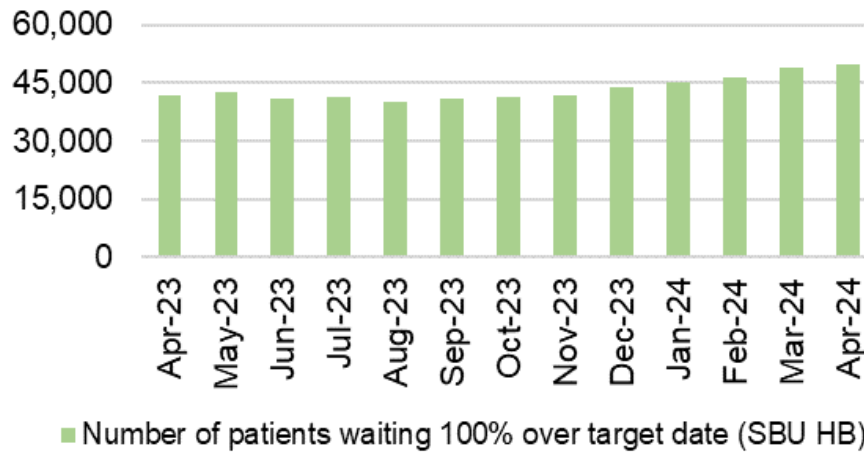
3. April 2024 saw an in-month reduction of 6% in the number of patients waiting over 104 weeks for treatment. The number decreased from 1,831 in March 2024 to 1,725 in April 2024.

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

UNDER DEVELOPMENT

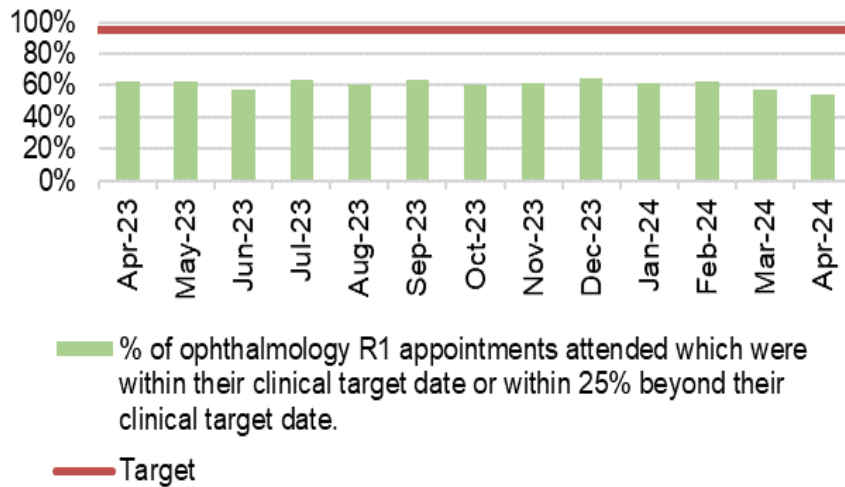
Narrative to be developed once measure in place

5. Delayed follow ups over 100%



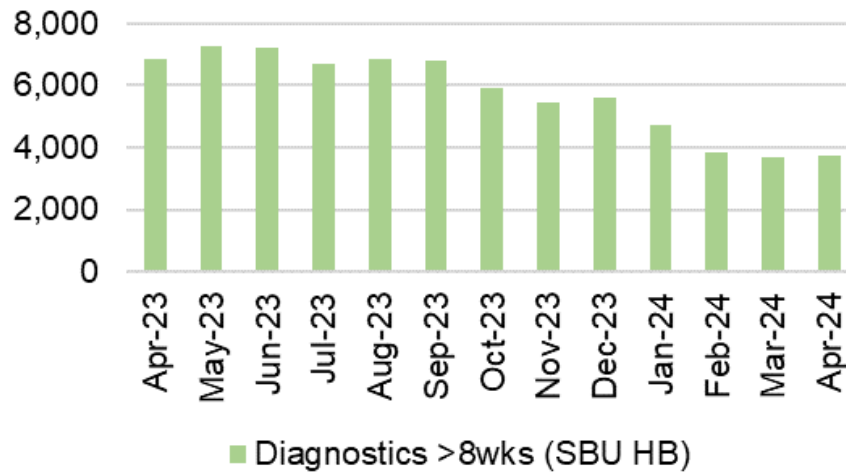
5. The number of patients waiting 100% over target for a follow-up appointment increased in April 2024. There were 49,837 patients waiting 100% over their target date in April, an increase of 868 when compared to March 2024 (48,969).

6. R1 Ophthalmology



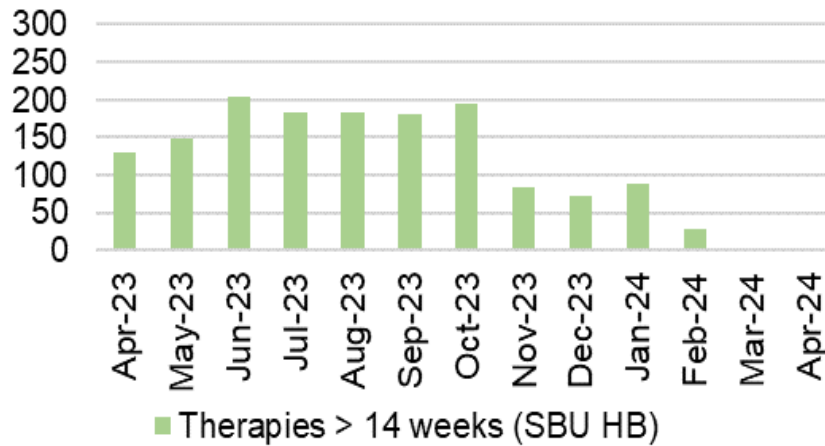
6. In April 2024 54.6% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of their target date. This is a 2.6% reduction on the figure reported in March 2024.

7. Patients waiting 8 weeks for a diagnostic test



7. In April there was a slight increase in the number of patients waiting over 8 weeks for a diagnostic test. It increased from 3,687 in March 2024 to 3,746 in April 2024.

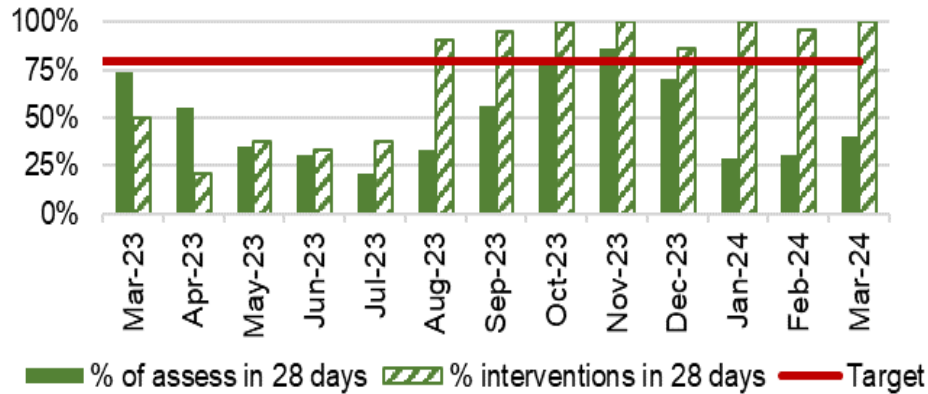
8. Patients waiting 14 weeks for therapy services



8. There was one patient waiting over 14 weeks for specified therapies (dietetics) in April 2024. This is the same figure are reported in March 2024.

CAMHS

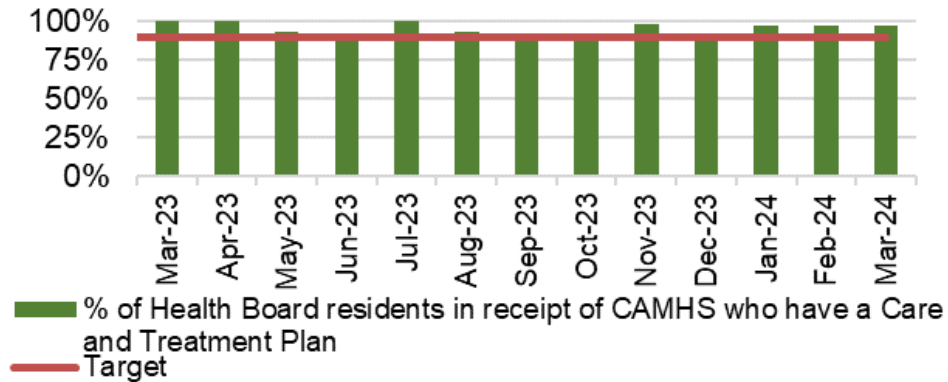
1. LPMHSS assessments with 28 days and therapeutic assessment within 28 days



1. The percentage of routine assessments undertaken within 28 days increased to 40% in March 2024 from 31% in February 2024.

In March 2024, 100% of therapeutic assessments were undertaken within 28 days.

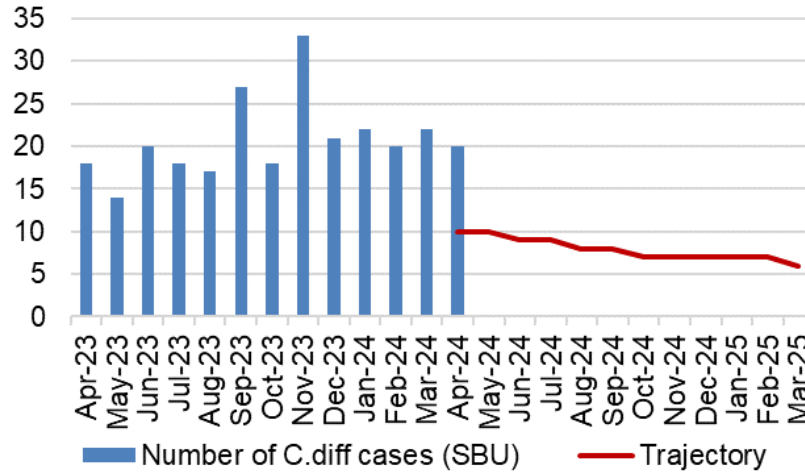
2. Residents in receipt of a valid care and treatment plan



2. The percentage of residents in receipt of a valid care and treatment plan remained above the 80% target, achieving 97% in April 2024.

HEALTHCARE ACQUIRED INFECTIONS

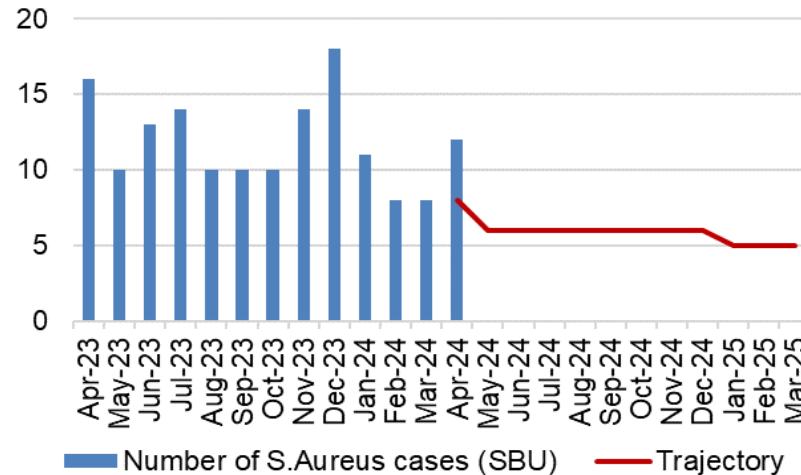
1. C. Difficile



1. There were 20 cases of C.Difficile reported in April 2024. This is 2 less than reported in March 2024 and is above the trajectory of 10 cases for the month.

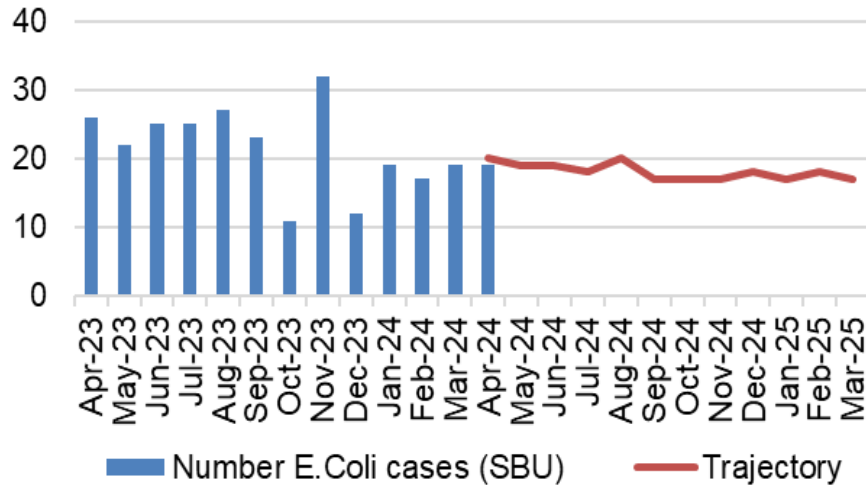
NOTE: de-escalation is related to hospital acquired only and the measure will be developed to report this in coming months.

2. Staph aureus



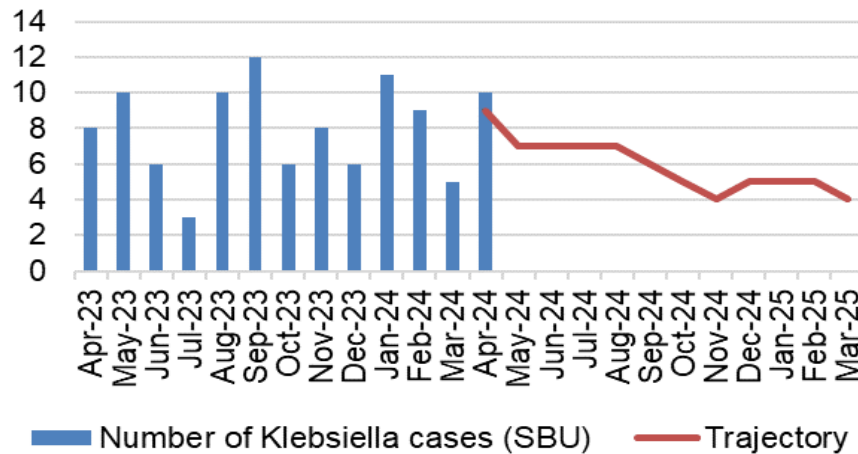
2. There was an increase in the number of cases of Staph aureus reported in April 2024. The number of cases reported increased to 12 in April 2024 compared to 8 in March 2024. This is above the trajectory of 8 cases for the month.

3. E-coli



3. There were 19 cases of E.Coli reported in April 2024. This is the same number as reported in March 2024 and is below the trajectory of 20 cases for the month.

4. Klebsiella



4. The number of cases of Klebsiella reported increased to 10 in April 2024 from 5 in March 2024. This is above the trajectory of 9 cases for April 2024.

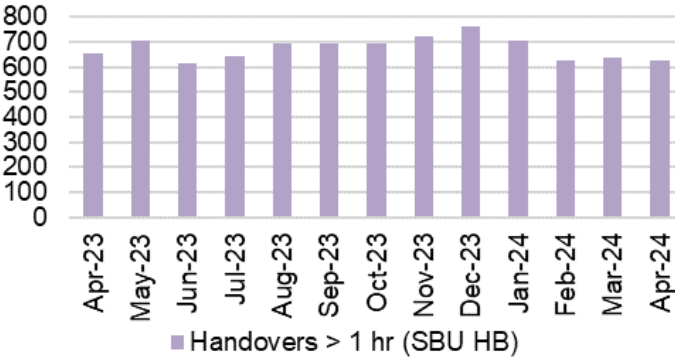
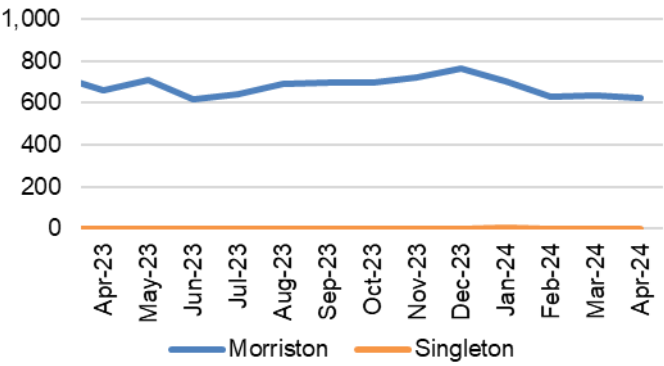
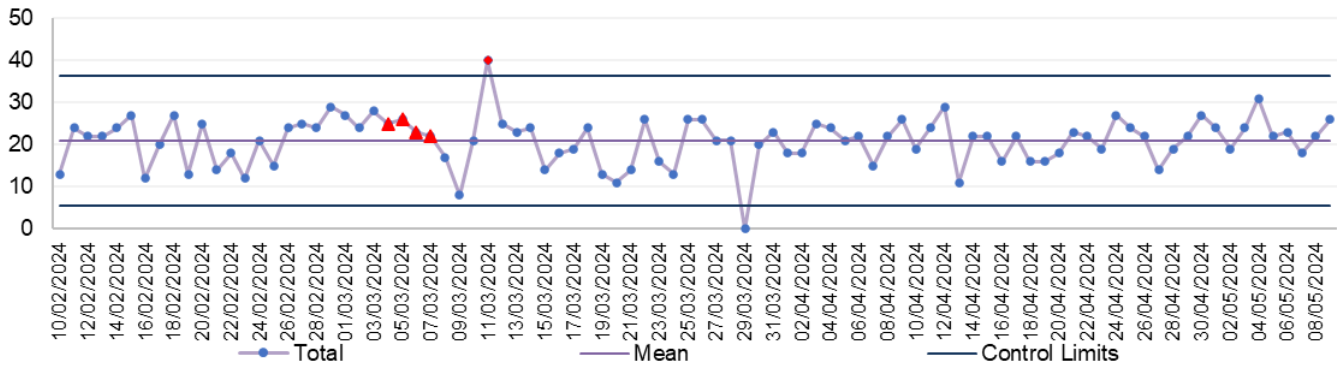
2. UPDATES ON KEY SERVICE AREAS

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 April 2024, there were an additional 51 positive cases recorded bringing the cumulative total to 121,566 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 cases</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>850</td></tr> <tr><td>May-22</td><td>300</td></tr> <tr><td>Jun-22</td><td>380</td></tr> <tr><td>Jul-22</td><td>600</td></tr> <tr><td>Aug-22</td><td>220</td></tr> <tr><td>Sep-22</td><td>200</td></tr> <tr><td>Oct-22</td><td>180</td></tr> <tr><td>Nov-22</td><td>180</td></tr> <tr><td>Dec-22</td><td>400</td></tr> <tr><td>Jan-23</td><td>220</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>80</td></tr> <tr><td>Jun-23</td><td>60</td></tr> <tr><td>Jul-23</td><td>100</td></tr> <tr><td>Aug-23</td><td>120</td></tr> <tr><td>Sep-23</td><td>120</td></tr> <tr><td>Oct-23</td><td>180</td></tr> <tr><td>Nov-23</td><td>200</td></tr> <tr><td>Dec-23</td><td>180</td></tr> <tr><td>Jan-24</td><td>180</td></tr> <tr><td>Feb-24</td><td>80</td></tr> <tr><td>Mar-24</td><td>60</td></tr> <tr><td>Apr-24</td><td>51</td></tr> </tbody> </table> <p>■ New positive COVID19 cases</p>	Month	Number of cases	Apr-22	850	May-22	300	Jun-22	380	Jul-22	600	Aug-22	220	Sep-22	200	Oct-22	180	Nov-22	180	Dec-22	400	Jan-23	220	Feb-23	250	Mar-23	380	Apr-23	150	May-23	80	Jun-23	60	Jul-23	100	Aug-23	120	Sep-23	120	Oct-23	180	Nov-23	200	Dec-23	180	Jan-24	180	Feb-24	80	Mar-24	60	Apr-24	51
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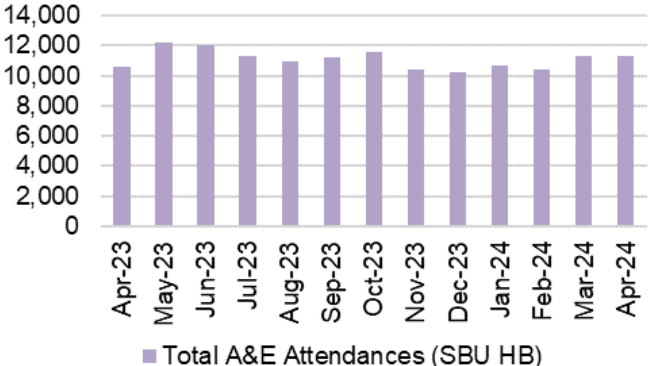
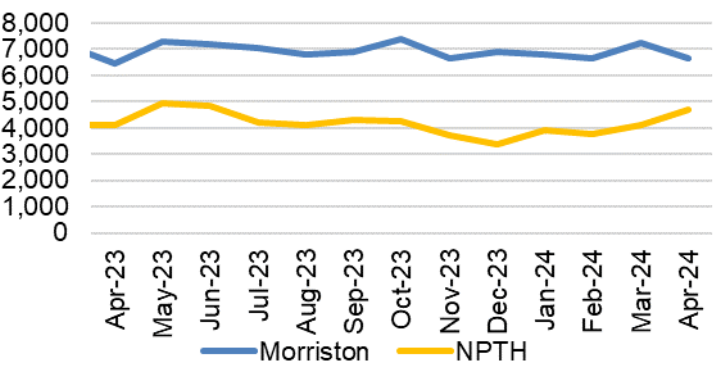
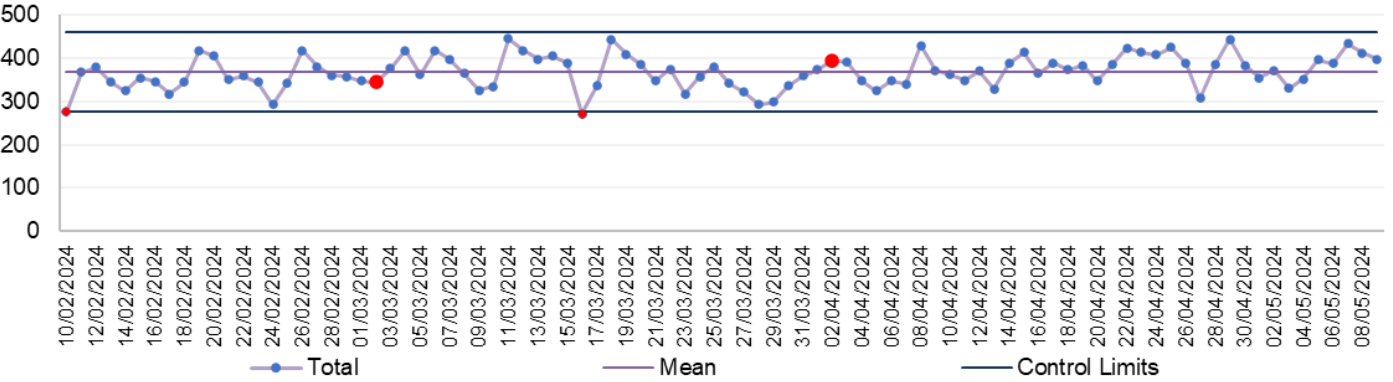
UNSCHEDULED CARE

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 April 2024, the number of red calls responded to within 8 minutes deteriorated to 46.3% from 50.3% in March 2024. In April 2024, the number of green calls decreased by 14%, amber calls decreased by 12%, and red calls decreased by 5% compared with March 2024.</p>	<p>Ambulance response rates have seen a small deterioration in performance in April 2024. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.</p>																																																																																																																																								
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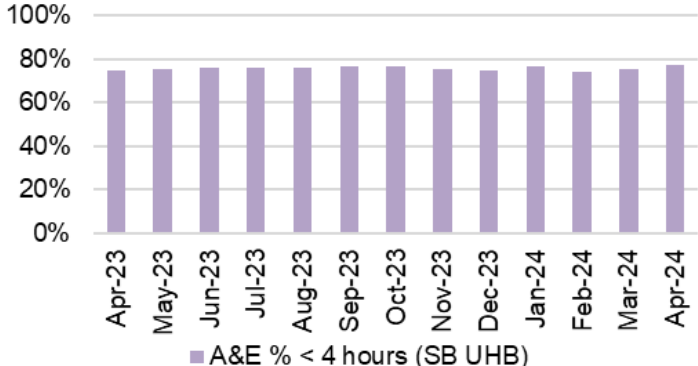
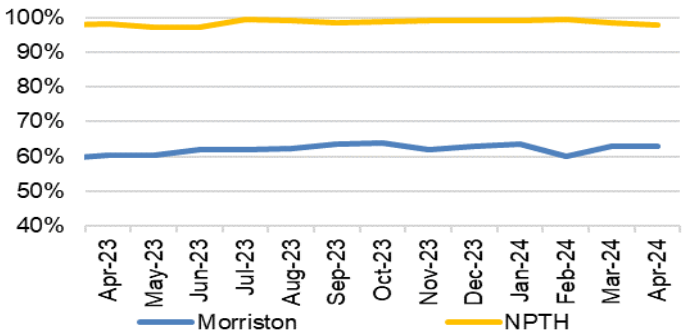
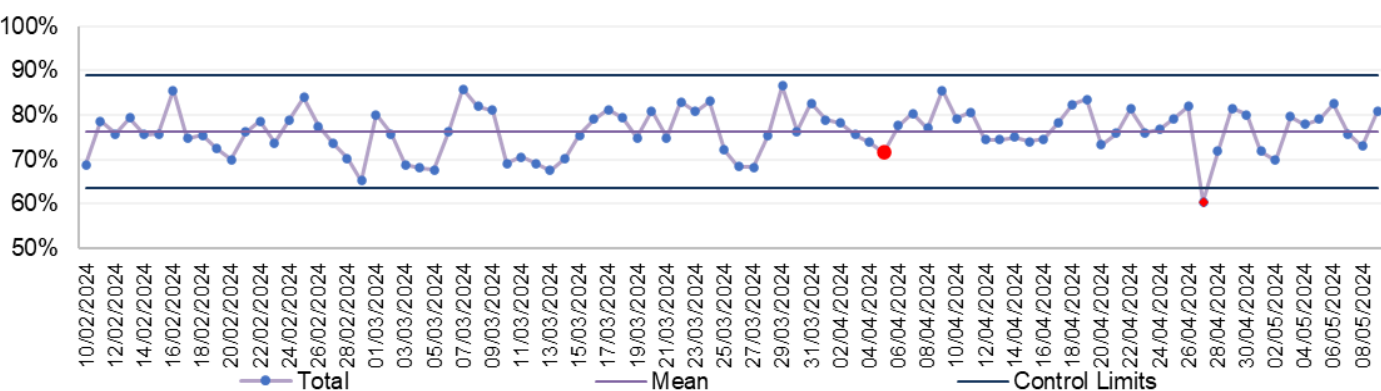
UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement																																																																					
Ambulance handovers 1.The number of ambulance handovers over one hour 2. The number of ambulance handovers over one hour- Hospital level 3.The number of ambulance handovers over one hour (last 90 days)	In April 2024, there were 625 ambulance to hospital handovers taking over 1 hour; this is a reduction of 13 compared with 638 in March 2024. In April 2024, 623 handovers over 1 hour were attributed to Morriston Hospital and 2 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have reduced from 3,573 in March 2024 to 32,905 in April 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																																																																					
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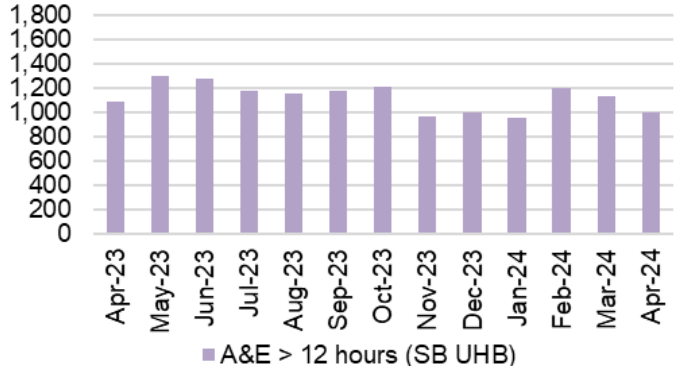
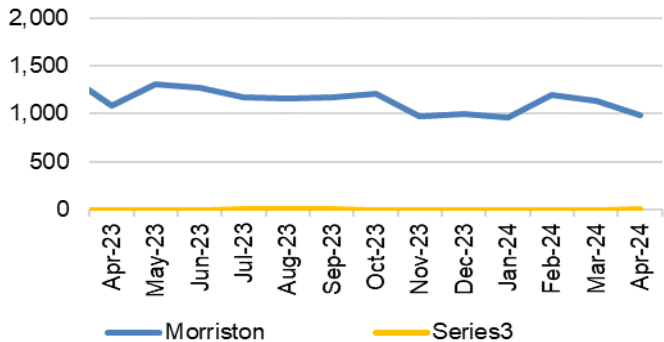
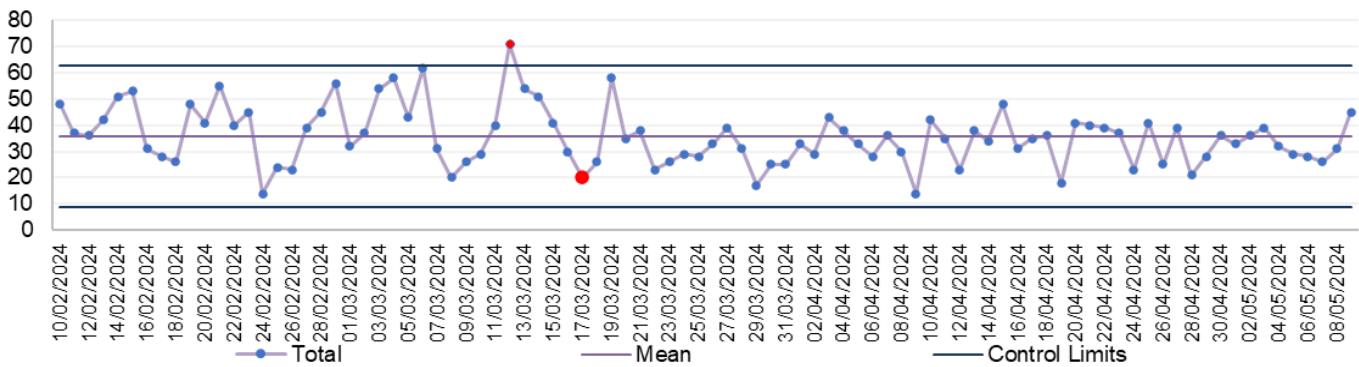
UNSCHEDULED CARE

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<p>A&E Attendances</p> <p>1. The number of attendances at emergency departments in the Health Board</p> <p>2. The number of attendances at emergency departments in the Health Board – Hospital level</p> <p>3. The number of attendances at emergency departments in the Health Board (last 90 days)</p>	<p>In April 2024, there were 11,345 A&E attendances, which is an increase of 33 when compared to March 2024. There were 6,667 attendances to A&E at Morryston hospital and 4,678 attendances to MIU at Neath Port Talbot hospital.</p>	<p>There is currently a medical SDEC model in place consisting of medics, GP’s, therapies, plus co-location of OPAS, ACT, virtual wards, paramedics (WAST stack review and direct access) – pull & push model from ED.</p>																																																																					
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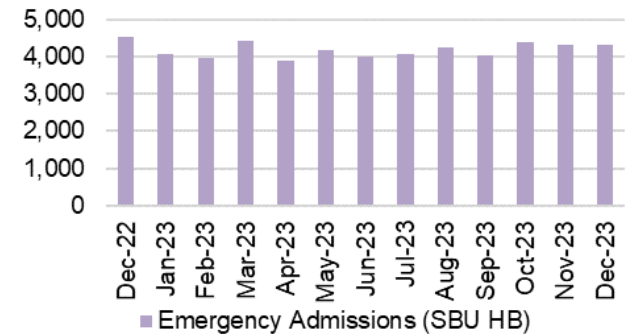
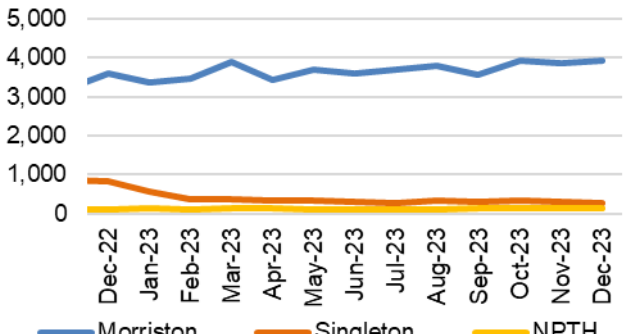
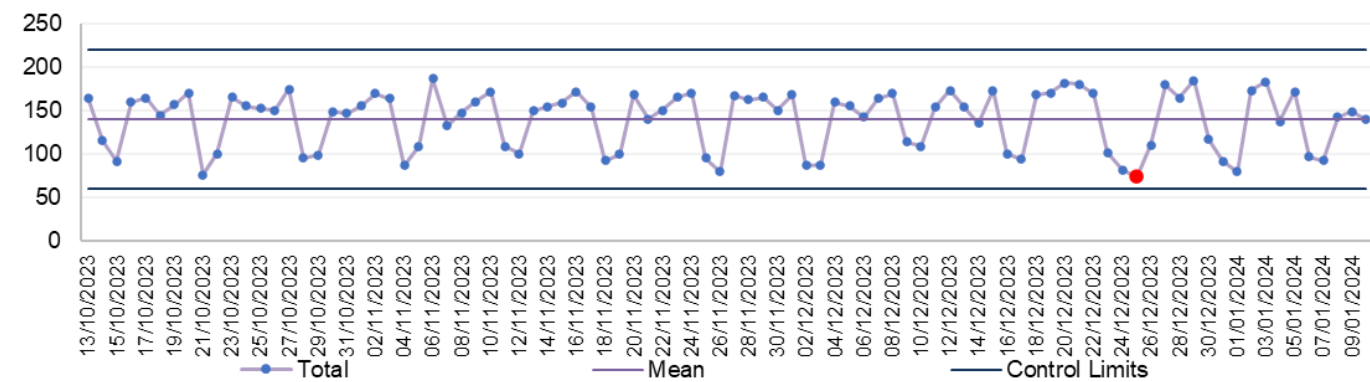
UNSCHEDULED CARE

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 75.72% in March 2024 to 77.25% in April 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 97.76% in April 2024. Morriston Hospital's performance improved slightly between March 2024 and April 2024, achieving 62.86% against the target.</p>	<p>The continuous flow model was introduced in October 2023 to support reduced occupancy and to improve flow throughout the day. Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with WAST colleagues to implement further pathways.</p>
	Trend	
	<p>1. % Patients waiting under 4 hours in A&E- HB total</p> 	<p>2. % Patients waiting under 4 hours in A&E- Hospital level</p> 
<p>3. % Patients waiting under 4 hours in A&E- HB total last 90 days</p>  <div data-bbox="1877 1094 2101 1374" style="border: 1px solid black; padding: 5px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits 8 or more points above or below the mean ▲ Arun of 6 ● increasing or decreasing points </div>		

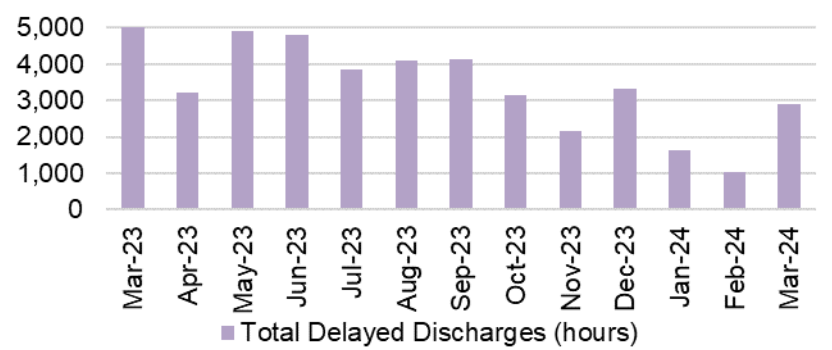
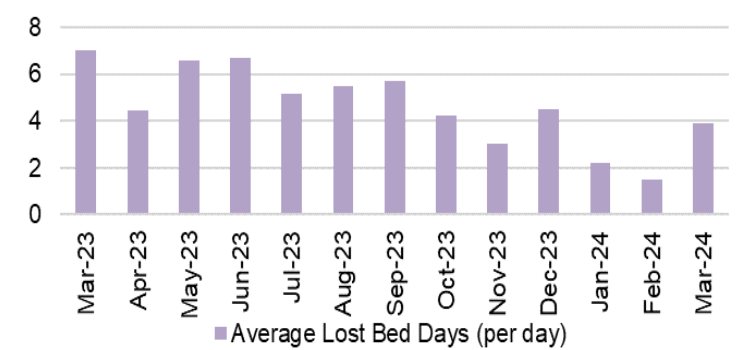
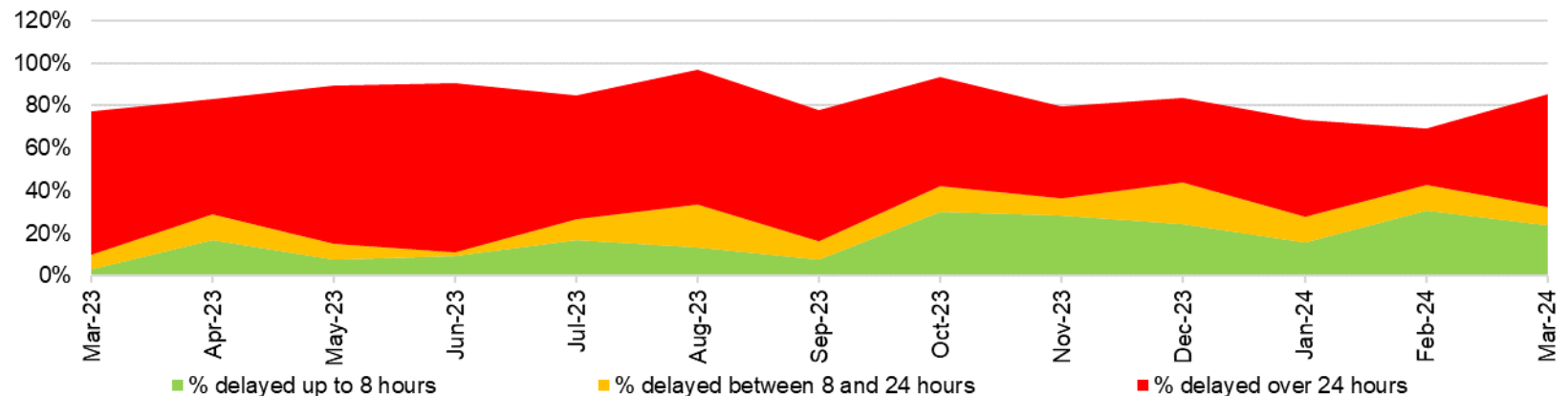
UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement
<p>A&E waiting times</p> <p>1. Number of patients who spend 12 hours or more in A&E</p> <p>2. Number of patients who spend 12 hours or more in A&E- Hospital level</p> <p>3. Number of patients who spend 12 hours or more in A&E (last 90 days)</p>	<p>In April 2024, performance against the 12-hour measure improved when compared with March 2024, decreasing from 1,132 to 994. This is a reduction of 138 compared to March 2024. 990 patients waiting over 12 hours in April 2024 were attributed to Morriston Hospital and 4 were attributed to Neath Port Talbot Hospital.</p>	<p>A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.</p>
	Trend	
	<p>1. Number of patients waiting over 12 hours in A&E- HB total</p> 	<p>2. Number of patients waiting over 12 hours in A&E- Hospital level</p> 
<p>3. Number of patients waiting over 12 hours in A&E – HB total last 90 days</p>  <div data-bbox="1848 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 ▲ above or below the mean — Arun of 6 ● increasing or decreasing points </div>		

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>  <div data-bbox="1859 1029 2105 1308" style="border: 1px solid black; padding: 5px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean ○ Arun of 6 ● increasing or decreasing points </div> <p>● Total — Mean — Control Limits</p>		

UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement																																																																																																															
<p>Critical Care-Delayed Transfers of Care (DIOC)-Morrison Hospital</p> <p>1.Total Critical Care delayed discharges (hours)</p> <p>2. Average lost bed days per day</p> <p>3.Percentage of patients delayed: Up to 8 hours Between 8 and 24 hours Over 24 hours</p>	<p>In 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 April 2024, there were on average 235 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals.</p> <p>In April, Morriston Hospital had the largest proportion of clinically optimised patients with 119, followed by Neath Port Talbot Hospital with 50.</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>Apr-23</td><td>110</td><td>80</td><td>75</td><td>20</td></tr> <tr><td>May-23</td><td>115</td><td>70</td><td>80</td><td>15</td></tr> <tr><td>Jun-23</td><td>120</td><td>50</td><td>85</td><td>20</td></tr> <tr><td>Jul-23</td><td>115</td><td>30</td><td>75</td><td>15</td></tr> <tr><td>Aug-23</td><td>155</td><td>20</td><td>80</td><td>20</td></tr> <tr><td>Sep-23</td><td>145</td><td>10</td><td>95</td><td>10</td></tr> <tr><td>Oct-23</td><td>160</td><td>10</td><td>95</td><td>15</td></tr> <tr><td>Nov-23</td><td>180</td><td>10</td><td>95</td><td>20</td></tr> <tr><td>Dec-23</td><td>150</td><td>10</td><td>75</td><td>20</td></tr> <tr><td>Jan-24</td><td>130</td><td>40</td><td>65</td><td>20</td></tr> <tr><td>Feb-24</td><td>170</td><td>40</td><td>60</td><td>25</td></tr> <tr><td>Mar-24</td><td>110</td><td>50</td><td>60</td><td>30</td></tr> <tr><td>Apr-24</td><td>119</td><td>45</td><td>50</td><td>25</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Apr-23	110	80	75	20	May-23	115	70	80	15	Jun-23	120	50	85	20	Jul-23	115	30	75	15	Aug-23	155	20	80	20	Sep-23	145	10	95	10	Oct-23	160	10	95	15	Nov-23	180	10	95	20	Dec-23	150	10	75	20	Jan-24	130	40	65	20	Feb-24	170	40	60	25	Mar-24	110	50	60	30	Apr-24	119	45	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 April 2024, there were 19 elective procedures cancelled due to lack of beds on the day of surgery. This is 4 more cancellations than those seen in March 2024.</p> <p>All 19 of the cancelled procedures were attributed to Morriston 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>Apr-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>May-23</td><td>28</td><td>0</td><td>5</td></tr> <tr><td>Jun-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Jul-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Aug-23</td><td>5</td><td>0</td><td>0</td></tr> <tr><td>Sep-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Oct-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Nov-23</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Dec-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Jan-24</td><td>25</td><td>0</td><td>42</td></tr> <tr><td>Feb-24</td><td>22</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>19</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Apr-23	15	0	0	May-23	28	0	5	Jun-23	10	0	0	Jul-23	10	0	0	Aug-23	5	0	0	Sep-23	15	0	0	Oct-23	15	0	0	Nov-23	20	0	0	Dec-23	10	0	0	Jan-24	25	0	42	Feb-24	22	0	0	Mar-24	15	0	0	Apr-24	19	0	0														
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HEALTHCARE ACQUIRED INFECTIONS

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Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 19 cases of <i>E. coli</i> bacteraemia were identified in April 2024, of which 12 were hospital acquired and 7 were community acquired. The Health Board total is currently below the Welsh Government Profile target of 20 cases for April 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>Apr-23</td><td>26</td><td>20</td></tr> <tr><td>May-23</td><td>22</td><td>20</td></tr> <tr><td>Jun-23</td><td>25</td><td>20</td></tr> <tr><td>Jul-23</td><td>25</td><td>20</td></tr> <tr><td>Aug-23</td><td>27</td><td>20</td></tr> <tr><td>Sep-23</td><td>23</td><td>20</td></tr> <tr><td>Oct-23</td><td>11</td><td>20</td></tr> <tr><td>Nov-23</td><td>32</td><td>20</td></tr> <tr><td>Dec-23</td><td>12</td><td>20</td></tr> <tr><td>Jan-24</td><td>19</td><td>20</td></tr> <tr><td>Feb-24</td><td>17</td><td>20</td></tr> <tr><td>Mar-24</td><td>18</td><td>20</td></tr> <tr><td>Apr-24</td><td>19</td><td>20</td></tr> <tr><td>May-24</td><td>19</td><td>19</td></tr> <tr><td>Jun-24</td><td>19</td><td>19</td></tr> <tr><td>Jul-24</td><td>18</td><td>18</td></tr> <tr><td>Aug-24</td><td>20</td><td>19</td></tr> <tr><td>Sep-24</td><td>17</td><td>17</td></tr> <tr><td>Oct-24</td><td>17</td><td>17</td></tr> <tr><td>Nov-24</td><td>17</td><td>17</td></tr> <tr><td>Dec-24</td><td>18</td><td>17</td></tr> <tr><td>Jan-25</td><td>17</td><td>17</td></tr> <tr><td>Feb-25</td><td>18</td><td>17</td></tr> <tr><td>Mar-25</td><td>17</td><td>17</td></tr> </tbody> </table>	Month	Number E. Coli cases (SBU)	Trajectory	Apr-23	26	20	May-23	22	20	Jun-23	25	20	Jul-23	25	20	Aug-23	27	20	Sep-23	23	20	Oct-23	11	20	Nov-23	32	20	Dec-23	12	20	Jan-24	19	20	Feb-24	17	20	Mar-24	18	20	Apr-24	19	20	May-24	19	19	Jun-24	19	19	Jul-24	18	18	Aug-24	20	19	Sep-24	17	17	Oct-24	17	17	Nov-24	17	17	Dec-24	18	17	Jan-25	17	17	Feb-25	18	17	Mar-25	17	17
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Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none"> There were 12 cases of <i>Staph. aureus</i> bacteraemia in April 2024, of which 8 were hospital acquired and 4 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 8 cases for April 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>Apr-23</td><td>16</td><td>8</td></tr> <tr><td>May-23</td><td>10</td><td>8</td></tr> <tr><td>Jun-23</td><td>13</td><td>8</td></tr> <tr><td>Jul-23</td><td>14</td><td>8</td></tr> <tr><td>Aug-23</td><td>10</td><td>8</td></tr> <tr><td>Sep-23</td><td>10</td><td>8</td></tr> <tr><td>Oct-23</td><td>10</td><td>8</td></tr> <tr><td>Nov-23</td><td>14</td><td>8</td></tr> <tr><td>Dec-23</td><td>18</td><td>8</td></tr> <tr><td>Jan-24</td><td>11</td><td>8</td></tr> <tr><td>Feb-24</td><td>8</td><td>8</td></tr> <tr><td>Mar-24</td><td>8</td><td>8</td></tr> <tr><td>Apr-24</td><td>12</td><td>8</td></tr> <tr><td>May-24</td><td>6</td><td>6</td></tr> <tr><td>Jun-24</td><td>6</td><td>6</td></tr> <tr><td>Jul-24</td><td>6</td><td>6</td></tr> <tr><td>Aug-24</td><td>6</td><td>6</td></tr> <tr><td>Sep-24</td><td>6</td><td>6</td></tr> <tr><td>Oct-24</td><td>6</td><td>6</td></tr> <tr><td>Nov-24</td><td>6</td><td>6</td></tr> <tr><td>Dec-24</td><td>6</td><td>6</td></tr> <tr><td>Jan-25</td><td>5</td><td>5</td></tr> <tr><td>Feb-25</td><td>5</td><td>5</td></tr> <tr><td>Mar-25</td><td>5</td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Apr-23	16	8	May-23	10	8	Jun-23	13	8	Jul-23	14	8	Aug-23	10	8	Sep-23	10	8	Oct-23	10	8	Nov-23	14	8	Dec-23	18	8	Jan-24	11	8	Feb-24	8	8	Mar-24	8	8	Apr-24	12	8	May-24	6	6	Jun-24	6	6	Jul-24	6	6	Aug-24	6	6	Sep-24	6	6	Oct-24	6	6	Nov-24	6	6	Dec-24	6	6	Jan-25	5	5	Feb-25	5	5	Mar-25	5	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 20 <i>Clostridium difficile</i> toxin positive cases in April 2024, of which 14 were hospital acquired and 6 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 10 cases for April 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired <i>C.difficile</i> cases</p> <table border="1"> <caption>Number of healthcare acquired <i>C.difficile</i> cases</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>18</td><td></td></tr> <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></td><td>9</td></tr> <tr><td>Jun-24</td><td></td><td>9</td></tr> <tr><td>Jul-24</td><td></td><td>8</td></tr> <tr><td>Aug-24</td><td></td><td>8</td></tr> <tr><td>Sep-24</td><td></td><td>7</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>6</td></tr> <tr><td>Mar-25</td><td></td><td>6</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	Apr-23	18		May-23	14		Jun-23	20		Jul-23	18		Aug-23	17		Sep-23	27		Oct-23	18		Nov-23	33		Dec-23	21		Jan-24	22		Feb-24	20		Mar-24	22		Apr-24	20	10	May-24		9	Jun-24		9	Jul-24		8	Aug-24		8	Sep-24		7	Oct-24		7	Nov-24		7	Dec-24		7	Jan-25		7	Feb-25		6	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 10 cases of <i>Klebsiella sp</i> in April 2024, of which 5 were hospital acquired and 5 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 9 cases for April 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired <i>Klebsiella</i> cases</p> <table border="1"> <caption>Number of healthcare acquired <i>Klebsiella</i> cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>8</td><td></td></tr> <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></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>5</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	Apr-23	8		May-23	10		Jun-23	6		Jul-23	3		Aug-23	10		Sep-23	12		Oct-23	6		Nov-23	8		Dec-23	6		Jan-24	11		Feb-24	9		Mar-24	5		Apr-24	10	9	May-24		7	Jun-24		7	Jul-24		7	Aug-24		7	Sep-24		6	Oct-24		5	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 were no cases of <i>P.Aeruginosa</i> reported in April 2024. The Health Board total is currently below the Welsh Government Profile target of 3 cases for April 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>Apr-23</td><td>2</td><td>2</td></tr> <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>0</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>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Apr-23	2	2	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	0	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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May-23	1	1																																																																											
Jun-23	4	4																																																																											
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PLANNED CARE

Description	Current Performance	Actions of Improvement
Referrals and shape of the waiting list	In April 2024, there were 13,687 referrals received. This is higher than the number that was received in March 2024 (12,269). Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.	The number of referrals received has remained steady in recent months and is now showing a consistent pattern of demand. December is always seasonally low
1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Outpatient activity undertaken <i>Total number of patients seen each month</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at October 2023</i>	<p style="text-align: center;">Trend</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. Number of GP referrals received by SBU Health Board</p> </div> <div style="width: 48%;"> <p>2. Number of stage 1 additions per week</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 48%;"> <p>3. Outpatient activity undertaken</p> </div> <div style="width: 48%;"> <p>4. Total size of the waiting list (April 2024)</p> </div> </div>	

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<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. April 2024 saw an in-month increase of 8% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 12,095 in March 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 60.3%.</p>	<p>Administrative validation is currently taking place to further cleanse the waiting list position and reduce the number of patients on the waiting list inappropriately.</p> <p>Service Group specific recovery trajectories have been developed to further support recovery.</p>																																																																																																	
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PLANNED CARE

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Apr-24	1,725																																																																																																																	

PLANNED CARE																														
Description	Current Performance																													
<p>Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In April 2024, there were 932 patients referred from Primary Care into secondary care ophthalmology services. This is a slight reduction on the number of patients referred in March 2024, which was 936.</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>Apr-23</td><td>720</td></tr> <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>780</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>900</td></tr> </tbody> </table> <p>■ Number of referrals</p>	Month	Number of referrals	Apr-23	720	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	780	Feb-24	700	Mar-24	920	Apr-24	900
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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 April 2024, 54.6% 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>Apr-23</td><td>60%</td></tr> <tr><td>May-23</td><td>60%</td></tr> <tr><td>Jun-23</td><td>55%</td></tr> <tr><td>Jul-23</td><td>60%</td></tr> <tr><td>Aug-23</td><td>55%</td></tr> <tr><td>Sep-23</td><td>60%</td></tr> <tr><td>Oct-23</td><td>55%</td></tr> <tr><td>Nov-23</td><td>55%</td></tr> <tr><td>Dec-23</td><td>60%</td></tr> <tr><td>Jan-24</td><td>55%</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>54.6%</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. — Target</p>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Apr-23	60%	May-23	60%	Jun-23	55%	Jul-23	60%	Aug-23	55%	Sep-23	60%	Oct-23	55%	Nov-23	55%	Dec-23	60%	Jan-24	55%	Feb-24	60%	Mar-24	55%	Apr-24	54.6%
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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 April there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 3,687 in March 2024 to 3,746 in April 2024.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for April 2024:</p> <ul style="list-style-type: none"> • Endoscopy= 3,281 • Cardiac tests= 434 • Other Diagnostics = 31 <p>Actions of Improvement; Demand and capacity work has enabled significant improvement in access times for non-endoscopic diagnostics.</p> <p>Detailed demand and capacity model for endoscopy has been commissioned to ensure sustained improvement across all aspects of endoscopic diagnostics.</p>	<p align="center">Number of patients waiting longer than 8 weeks for Diagnostics</p> <table border="1"> <caption>Number of patients waiting longer than 8 weeks for Diagnostics</caption> <thead> <tr> <th>Month</th> <th>Other diagnostics (inc. radiology)</th> <th>Endoscopy</th> <th>Cardiac tests</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>1,800</td><td>4,800</td><td>200</td></tr> <tr><td>May-23</td><td>2,000</td><td>4,800</td><td>200</td></tr> <tr><td>Jun-23</td><td>2,000</td><td>4,800</td><td>200</td></tr> <tr><td>Jul-23</td><td>1,800</td><td>4,800</td><td>200</td></tr> <tr><td>Aug-23</td><td>1,800</td><td>4,800</td><td>200</td></tr> <tr><td>Sep-23</td><td>1,800</td><td>4,800</td><td>200</td></tr> <tr><td>Oct-23</td><td>1,500</td><td>4,000</td><td>200</td></tr> <tr><td>Nov-23</td><td>1,200</td><td>3,800</td><td>200</td></tr> <tr><td>Dec-23</td><td>1,500</td><td>4,000</td><td>200</td></tr> <tr><td>Jan-24</td><td>1,000</td><td>3,800</td><td>200</td></tr> <tr><td>Feb-24</td><td>500</td><td>3,500</td><td>200</td></tr> <tr><td>Mar-24</td><td>500</td><td>3,500</td><td>200</td></tr> <tr><td>Apr-24</td><td>500</td><td>3,500</td><td>200</td></tr> </tbody> </table> <p align="center"> ■ Other diagnostics (inc. radiology) ■ Endoscopy ■ Cardiac tests </p>	Month	Other diagnostics (inc. radiology)	Endoscopy	Cardiac tests	Apr-23	1,800	4,800	200	May-23	2,000	4,800	200	Jun-23	2,000	4,800	200	Jul-23	1,800	4,800	200	Aug-23	1,800	4,800	200	Sep-23	1,800	4,800	200	Oct-23	1,500	4,000	200	Nov-23	1,200	3,800	200	Dec-23	1,500	4,000	200	Jan-24	1,000	3,800	200	Feb-24	500	3,500	200	Mar-24	500	3,500	200	Apr-24	500	3,500	200
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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 April 2024 there was 1 patient waiting over 14 weeks for specified Therapies.</p> <p>This was attributed to Dietetics.</p>	<p align="center">Number of patients waiting longer than 14 weeks for therapies</p> <table border="1"> <caption>Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Therapies > 14 weeks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>130</td></tr> <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>90</td></tr> <tr><td>Feb-24</td><td>1</td></tr> <tr><td>Mar-24</td><td>0</td></tr> <tr><td>Apr-24</td><td>0</td></tr> </tbody> </table> <p align="center"> ■ Therapies > 14 weeks (SBU HB) </p>	Month	Therapies > 14 weeks (SBU HB)	Apr-23	130	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	90	Feb-24	1	Mar-24	0	Apr-24	0																												
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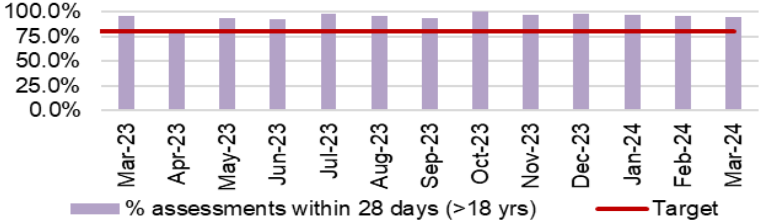
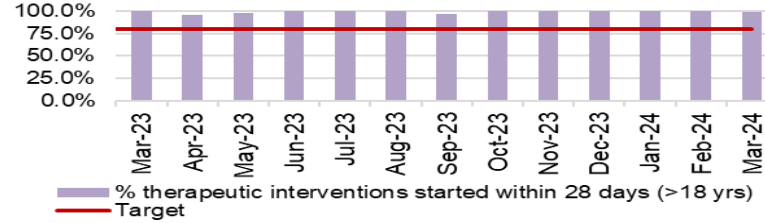
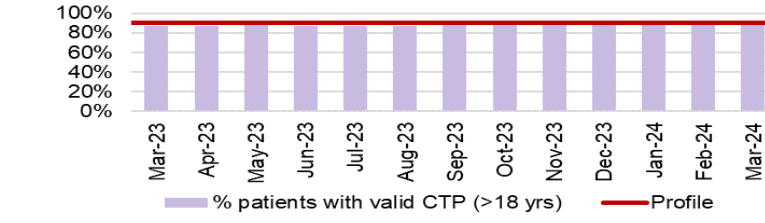
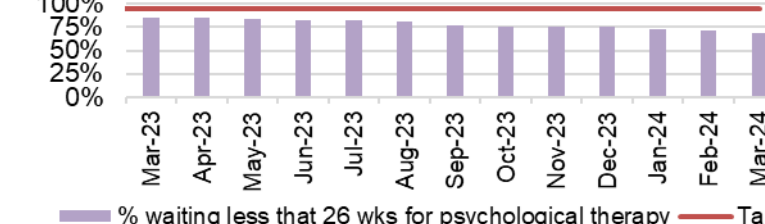
CANCER																																																										
Description	Current Performance	Trend																																																								
Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i>	April 2024 backlog by tumour site:																																																									
	Tumour Site	63 - 103 days	≥104 days																																																							
	Acute Leukaemia	0	1																																																							
	Brain/CNS	0	0																																																							
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	Gynaecological	31	9																																																							
	Haematological	4	3																																																							
	Head and neck	9	3																																																							
	Lower Gastrointestinal	21	9																																																							
	Lung	13	8																																																							
	Other	1	0																																																							
	Sarcoma	1	0																																																							
	Skin(c)	17	3																																																							
	Upper Gastrointestinal	13	11																																																							
Urological	17	19																																																								
Grand Total	136	66																																																								
Single Cancer Pathway backlog-patients waiting over 63 days	<p>March 2024 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</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 being undertaken to focus on reducing the number of patients waiting >104 days as a priority - 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>Number of patients with a wait status of more than 62 days</p> <table border="1"> <caption>Data for Number of patients with a wait status of more than 62 days</caption> <thead> <tr> <th>Month</th> <th>63-103 days</th> <th>≥ 104 days</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>280</td><td>120</td></tr> <tr><td>May-23</td><td>280</td><td>120</td></tr> <tr><td>Jun-23</td><td>220</td><td>100</td></tr> <tr><td>Jul-23</td><td>200</td><td>100</td></tr> <tr><td>Aug-23</td><td>280</td><td>100</td></tr> <tr><td>Sep-23</td><td>250</td><td>100</td></tr> <tr><td>Oct-23</td><td>200</td><td>100</td></tr> <tr><td>Nov-23</td><td>150</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>120</td><td>100</td></tr> <tr><td>Mar-24</td><td>100</td><td>100</td></tr> <tr><td>Apr-24</td><td>100</td><td>100</td></tr> </tbody> </table>	Month	63-103 days	≥ 104 days	Apr-23	280	120	May-23	280	120	Jun-23	220	100	Jul-23	200	100	Aug-23	280	100	Sep-23	250	100	Oct-23	200	100	Nov-23	150	100	Dec-23	200	100	Jan-24	180	100	Feb-24	120	100	Mar-24	100	100	Apr-24	100	100														
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>April 2024 figures show total wait volumes for first outpatient appointment have decreased by 36% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 60% have been booked, which is higher than figures seen in the previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – April 2024</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th> <th>21-Apr</th> <th>28-Apr</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>23</td><td>20</td></tr> <tr><td>Children's Cancer</td><td>1</td><td>2</td></tr> <tr><td>Gynaecological</td><td>63</td><td>61</td></tr> <tr><td>Haematological</td><td>9</td><td>2</td></tr> <tr><td>Head and Neck</td><td>103</td><td>76</td></tr> <tr><td>Lower GI</td><td>58</td><td>60</td></tr> <tr><td>Lung</td><td>11</td><td>2</td></tr> <tr><td>Other</td><td>180</td><td>144</td></tr> <tr><td>Sarcoma</td><td>0</td><td>4</td></tr> <tr><td>Skin</td><td>261</td><td>47</td></tr> <tr><td>Upper GI</td><td>23</td><td>25</td></tr> <tr><td>Urological</td><td>34</td><td>48</td></tr> <tr><td></td><td>766</td><td>491</td></tr> </tbody> </table>	FIRST OPA	21-Apr	28-Apr	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	23	20	Children's Cancer	1	2	Gynaecological	63	61	Haematological	9	2	Head and Neck	103	76	Lower GI	58	60	Lung	11	2	Other	180	144	Sarcoma	0	4	Skin	261	47	Upper GI	23	25	Urological	34	48		766	491
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days have both hit their target.</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>Apr-24</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>17%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>62%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>15%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>64%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>88%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>94%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>98%</td></tr> </tbody> </table>	Measure	Target	Apr-24	Scheduled (14 Day Target)	80%	17%	Scheduled (21 Day Target)	100%	62%	Urgent SC (2 Day Target)	80%	15%	Urgent SC (7 Day Target)	100%	64%	Emergency (within 1 day)	80%	88%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	94%	Elective Delay (14 Day Target)	100%	98%	<p>Radiotherapy waiting times</p>																					
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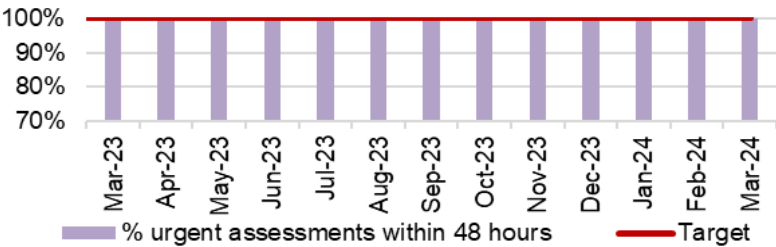
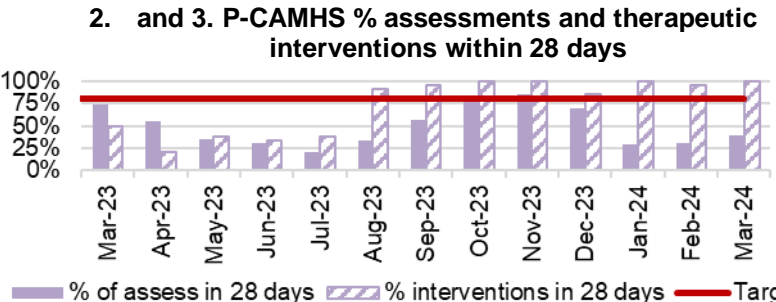
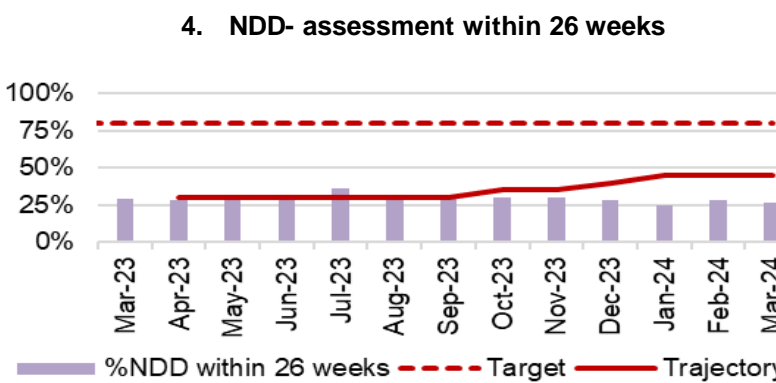
FOLLOW-UP APPOINTMENTS																																																										
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<p>Follow-up appointments</p> <p><i>1. The total number of patients on the follow-up waiting list</i></p> <p><i>2. The number of patients waiting 100% over target for a follow-up appointment</i></p>	<p>In April 2024, the overall size of the follow-up waiting list increased by 2,611 patients compared with March 2024 (from 166,438 to 169,049).</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>Apr-23</td><td>160,000</td></tr> <tr><td>May-23</td><td>165,000</td></tr> <tr><td>Jun-23</td><td>160,000</td></tr> <tr><td>Jul-23</td><td>165,000</td></tr> <tr><td>Aug-23</td><td>165,000</td></tr> <tr><td>Sep-23</td><td>165,000</td></tr> <tr><td>Oct-23</td><td>165,000</td></tr> <tr><td>Nov-23</td><td>165,000</td></tr> <tr><td>Dec-23</td><td>165,000</td></tr> <tr><td>Jan-24</td><td>165,000</td></tr> <tr><td>Feb-24</td><td>165,000</td></tr> <tr><td>Mar-24</td><td>165,000</td></tr> <tr><td>Apr-24</td><td>169,049</td></tr> </tbody> </table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>40,000</td></tr> <tr><td>May-23</td><td>42,000</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>38,000</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>42,000</td></tr> <tr><td>Jan-24</td><td>45,000</td></tr> <tr><td>Feb-24</td><td>45,000</td></tr> <tr><td>Mar-24</td><td>48,000</td></tr> <tr><td>Apr-24</td><td>50,000</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB)</p>	Month	Number of patients	Apr-23	160,000	May-23	165,000	Jun-23	160,000	Jul-23	165,000	Aug-23	165,000	Sep-23	165,000	Oct-23	165,000	Nov-23	165,000	Dec-23	165,000	Jan-24	165,000	Feb-24	165,000	Mar-24	165,000	Apr-24	169,049	Month	Number of patients	Apr-23	40,000	May-23	42,000	Jun-23	40,000	Jul-23	40,000	Aug-23	38,000	Sep-23	40,000	Oct-23	40,000	Nov-23	40,000	Dec-23	42,000	Jan-24	45,000	Feb-24	45,000	Mar-24	48,000	Apr-24	50,000
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	<p>Of the 80,656 delayed follow-ups in April 2024, 13,703 had appointment dates and 66,953 were still waiting for an appointment.</p>																																																									
	<p>In addition, 49,837 patients were waiting 100%+ over target date in April 2024. This is a 1.8% increase when compared with March 2024.</p>																																																									

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<p>Stroke Measures</p> <p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <p>2. % of patients who received a CT Scan within 1 hour</p> <p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p>	<p>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> <p>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> <p>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> <p>4. In April 2024, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes.</p> <p>Actions of Improvement; The lack of ring fenced beds on all wards across the hospital sites is challenging as bed capacity is limited by the pressures of unscheduled care demand. The lack of dedicated stroke beds is directly impacting the stroke related performance measures. Work is underway to focus on future stroke performance improvement.</p>	<p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p> <table border="1"> <caption>% of patients who have a direct admission to an acute stroke unit within 4 hours</caption> <thead> <tr> <th>Month</th> <th>% 4 hour admissions (Morr)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>10</td></tr> <tr><td>May-23</td><td>20</td></tr> <tr><td>Jun-23</td><td>25</td></tr> <tr><td>Jul-23</td><td>28</td></tr> <tr><td>Aug-23</td><td>25</td></tr> <tr><td>Sep-23</td><td>25</td></tr> <tr><td>Oct-23</td><td>35</td></tr> <tr><td>Nov-23</td><td>20</td></tr> <tr><td>Dec-23</td><td>15</td></tr> <tr><td>Jan-24</td><td>15</td></tr> <tr><td>Feb-24</td><td>15</td></tr> <tr><td>Mar-24</td><td>40</td></tr> <tr><td>Apr-24</td><td>30</td></tr> </tbody> </table> <p>2. % of patients who received a CT Scan within 1 hour</p> <table border="1"> <caption>% of patients who received a CT Scan within 1 hour</caption> <thead> <tr> <th>Month</th> <th>% 1 hr CT Scan (Morr)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>45</td></tr> <tr><td>May-23</td><td>40</td></tr> <tr><td>Jun-23</td><td>45</td></tr> <tr><td>Jul-23</td><td>55</td></tr> <tr><td>Aug-23</td><td>35</td></tr> <tr><td>Sep-23</td><td>60</td></tr> <tr><td>Oct-23</td><td>25</td></tr> <tr><td>Nov-23</td><td>35</td></tr> <tr><td>Dec-23</td><td>55</td></tr> <tr><td>Jan-24</td><td>60</td></tr> <tr><td>Feb-24</td><td>45</td></tr> <tr><td>Mar-24</td><td>45</td></tr> <tr><td>Apr-24</td><td>50</td></tr> </tbody> </table> <p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p> <table border="1"> <caption>% of patients who are assessed by a stroke specialist consultant physician within 24 hours</caption> <thead> <tr> <th>Month</th> <th>% assess within 24 hrs (Morr)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>95</td></tr> <tr><td>May-23</td><td>90</td></tr> <tr><td>Jun-23</td><td>95</td></tr> <tr><td>Jul-23</td><td>95</td></tr> <tr><td>Aug-23</td><td>95</td></tr> <tr><td>Sep-23</td><td>90</td></tr> <tr><td>Oct-23</td><td>95</td></tr> <tr><td>Nov-23</td><td>95</td></tr> <tr><td>Dec-23</td><td>90</td></tr> <tr><td>Jan-24</td><td>95</td></tr> <tr><td>Feb-24</td><td>95</td></tr> <tr><td>Mar-24</td><td>95</td></tr> <tr><td>Apr-24</td><td>95</td></tr> </tbody> </table> <p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p> <table border="1"> <caption>% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</caption> <thead> <tr> <th>Month</th> <th>% 45 mins thrombosis (Morr)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>25</td></tr> <tr><td>May-23</td><td>0</td></tr> <tr><td>Jun-23</td><td>10</td></tr> <tr><td>Jul-23</td><td>10</td></tr> <tr><td>Aug-23</td><td>75</td></tr> <tr><td>Sep-23</td><td>0</td></tr> <tr><td>Oct-23</td><td>0</td></tr> <tr><td>Nov-23</td><td>0</td></tr> <tr><td>Dec-23</td><td>0</td></tr> <tr><td>Jan-24</td><td>0</td></tr> <tr><td>Feb-24</td><td>5</td></tr> <tr><td>Mar-24</td><td>0</td></tr> <tr><td>Apr-24</td><td>0</td></tr> </tbody> </table>	Month	% 4 hour admissions (Morr)	Apr-23	10	May-23	20	Jun-23	25	Jul-23	28	Aug-23	25	Sep-23	25	Oct-23	35	Nov-23	20	Dec-23	15	Jan-24	15	Feb-24	15	Mar-24	40	Apr-24	30	Month	% 1 hr CT Scan (Morr)	Apr-23	45	May-23	40	Jun-23	45	Jul-23	55	Aug-23	35	Sep-23	60	Oct-23	25	Nov-23	35	Dec-23	55	Jan-24	60	Feb-24	45	Mar-24	45	Apr-24	50	Month	% assess within 24 hrs (Morr)	Apr-23	95	May-23	90	Jun-23	95	Jul-23	95	Aug-23	95	Sep-23	90	Oct-23	95	Nov-23	95	Dec-23	90	Jan-24	95	Feb-24	95	Mar-24	95	Apr-24	95	Month	% 45 mins thrombosis (Morr)	Apr-23	25	May-23	0	Jun-23	10	Jul-23	10	Aug-23	75	Sep-23	0	Oct-23	0	Nov-23	0	Dec-23	0	Jan-24	0	Feb-24	5	Mar-24	0	Apr-24	0
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ADULT MENTAL HEALTH

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<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 March 2024, 95% of assessments were undertaken within 28 days of referral for patients 18 years and over. In March 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 99%. 89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in March 2024. In March 2024, 69.0% 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  <table border="1"> <caption>Data for Chart 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr><th>Month</th><th>% assessments within 28 days (> 18 yrs)</th><th>Target</th></tr> </thead> <tbody> <tr><td>Mar-23</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>95%</td><td>95%</td></tr> <tr><td>May-23</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-23</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-23</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-23</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-23</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-23</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-23</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-23</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-24</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-24</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-24</td><td>95%</td><td>95%</td></tr> </tbody> </table> % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment  <table border="1"> <caption>Data for Chart 2: % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption> <thead> <tr><th>Month</th><th>% therapeutic interventions started within 28 days (> 18 yrs)</th><th>Target</th></tr> </thead> <tbody> <tr><td>Mar-23</td><td>99%</td><td>99%</td></tr> <tr><td>Apr-23</td><td>99%</td><td>99%</td></tr> <tr><td>May-23</td><td>99%</td><td>99%</td></tr> <tr><td>Jun-23</td><td>99%</td><td>99%</td></tr> <tr><td>Jul-23</td><td>99%</td><td>99%</td></tr> <tr><td>Aug-23</td><td>99%</td><td>99%</td></tr> <tr><td>Sep-23</td><td>99%</td><td>99%</td></tr> <tr><td>Oct-23</td><td>99%</td><td>99%</td></tr> <tr><td>Nov-23</td><td>99%</td><td>99%</td></tr> <tr><td>Dec-23</td><td>99%</td><td>99%</td></tr> <tr><td>Jan-24</td><td>99%</td><td>99%</td></tr> <tr><td>Feb-24</td><td>99%</td><td>99%</td></tr> <tr><td>Mar-24</td><td>99%</td><td>99%</td></tr> </tbody> </table> % residents with a valid Care and Treatment Plan (CTP)  <table border="1"> <caption>Data for Chart 3: % residents with a valid Care and Treatment Plan (CTP)</caption> <thead> <tr><th>Month</th><th>% patients with valid CTP (>18 yrs)</th><th>Profile</th></tr> </thead> <tbody> <tr><td>Mar-23</td><td>89%</td><td>89%</td></tr> <tr><td>Apr-23</td><td>89%</td><td>89%</td></tr> <tr><td>May-23</td><td>89%</td><td>89%</td></tr> <tr><td>Jun-23</td><td>89%</td><td>89%</td></tr> <tr><td>Jul-23</td><td>89%</td><td>89%</td></tr> <tr><td>Aug-23</td><td>89%</td><td>89%</td></tr> <tr><td>Sep-23</td><td>89%</td><td>89%</td></tr> <tr><td>Oct-23</td><td>89%</td><td>89%</td></tr> <tr><td>Nov-23</td><td>89%</td><td>89%</td></tr> <tr><td>Dec-23</td><td>89%</td><td>89%</td></tr> <tr><td>Jan-24</td><td>89%</td><td>89%</td></tr> <tr><td>Feb-24</td><td>89%</td><td>89%</td></tr> <tr><td>Mar-24</td><td>89%</td><td>89%</td></tr> </tbody> </table> % waiting less than 26 weeks for Psychology Therapy  <table border="1"> <caption>Data for Chart 4: % waiting less than 26 weeks for Psychology Therapy</caption> <thead> <tr><th>Month</th><th>% waiting less than 26 wks for psychological therapy</th><th>Target</th></tr> </thead> <tbody> <tr><td>Mar-23</td><td>69%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>69%</td><td>95%</td></tr> <tr><td>May-23</td><td>69%</td><td>95%</td></tr> <tr><td>Jun-23</td><td>69%</td><td>95%</td></tr> <tr><td>Jul-23</td><td>69%</td><td>95%</td></tr> <tr><td>Aug-23</td><td>69%</td><td>95%</td></tr> <tr><td>Sep-23</td><td>69%</td><td>95%</td></tr> <tr><td>Oct-23</td><td>69%</td><td>95%</td></tr> <tr><td>Nov-23</td><td>69%</td><td>95%</td></tr> <tr><td>Dec-23</td><td>69%</td><td>95%</td></tr> <tr><td>Jan-24</td><td>69%</td><td>95%</td></tr> <tr><td>Feb-24</td><td>69%</td><td>95%</td></tr> <tr><td>Mar-24</td><td>69%</td><td>95%</td></tr> </tbody> </table> 	Month	% assessments within 28 days (> 18 yrs)	Target	Mar-23	95%	95%	Apr-23	95%	95%	May-23	95%	95%	Jun-23	95%	95%	Jul-23	95%	95%	Aug-23	95%	95%	Sep-23	95%	95%	Oct-23	95%	95%	Nov-23	95%	95%	Dec-23	95%	95%	Jan-24	95%	95%	Feb-24	95%	95%	Mar-24	95%	95%	Month	% therapeutic interventions started within 28 days (> 18 yrs)	Target	Mar-23	99%	99%	Apr-23	99%	99%	May-23	99%	99%	Jun-23	99%	99%	Jul-23	99%	99%	Aug-23	99%	99%	Sep-23	99%	99%	Oct-23	99%	99%	Nov-23	99%	99%	Dec-23	99%	99%	Jan-24	99%	99%	Feb-24	99%	99%	Mar-24	99%	99%	Month	% patients with valid CTP (>18 yrs)	Profile	Mar-23	89%	89%	Apr-23	89%	89%	May-23	89%	89%	Jun-23	89%	89%	Jul-23	89%	89%	Aug-23	89%	89%	Sep-23	89%	89%	Oct-23	89%	89%	Nov-23	89%	89%	Dec-23	89%	89%	Jan-24	89%	89%	Feb-24	89%	89%	Mar-24	89%	89%	Month	% waiting less than 26 wks for psychological therapy	Target	Mar-23	69%	95%	Apr-23	69%	95%	May-23	69%	95%	Jun-23	69%	95%	Jul-23	69%	95%	Aug-23	69%	95%	Sep-23	69%	95%	Oct-23	69%	95%	Nov-23	69%	95%	Dec-23	69%	95%	Jan-24	69%	95%	Feb-24	69%	95%	Mar-24	69%	95%
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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

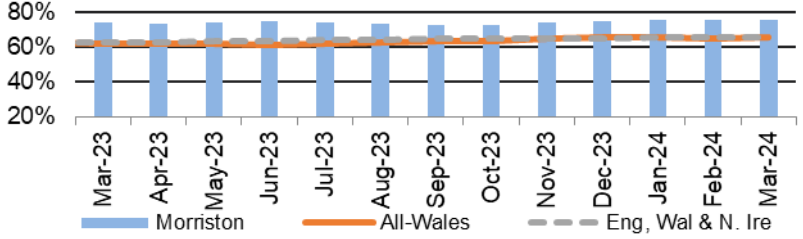

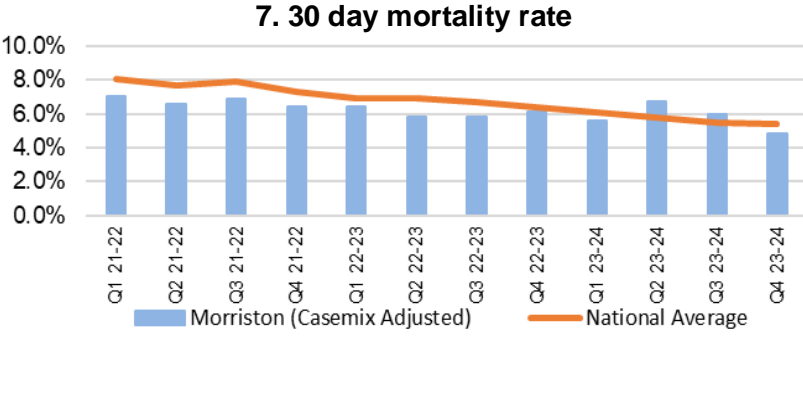
Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic 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 March 2024, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 40% of routine assessments were undertaken within 28 days from referral in March 2024 against a target of 80%.</p> <p>3. 100% of therapeutic interventions were started within 28 days following assessment by LPMHSS in March 2024.</p> <p>4. 26% of NDD patients received a diagnostic assessment within 26 weeks in March 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 March 2024, 97.2% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In March 2024, 34.1.0% of patients had surgery the day following presentation with a hip fracture. This is a 9.6% improvement from March 2023 which was 24.5%.</p> <p>3. NICE compliant surgery- 69.4% of operations were consistent with the NICE recommendations in March 2024. This is 3.5% less than in March 2023.</p> <p>4. Prompt mobilisation- In March 2024, 83.5% of patients were out of bed the day after surgery. This is 4.9% more than in March 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- 75.5% of patients were not delirious in the week after their operation in March 2024.</p>	<p>5. Not delirious when tested</p>  <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>75.5</td><td>60</td><td>60</td></tr> <tr><td>Apr-23</td><td>75.5</td><td>60</td><td>60</td></tr> <tr><td>May-23</td><td>75.5</td><td>60</td><td>60</td></tr> <tr><td>Jun-23</td><td>75.5</td><td>60</td><td>60</td></tr> <tr><td>Jul-23</td><td>75.5</td><td>60</td><td>60</td></tr> <tr><td>Aug-23</td><td>75.5</td><td>60</td><td>60</td></tr> <tr><td>Sep-23</td><td>75.5</td><td>60</td><td>60</td></tr> <tr><td>Oct-23</td><td>75.5</td><td>60</td><td>60</td></tr> <tr><td>Nov-23</td><td>75.5</td><td>60</td><td>60</td></tr> <tr><td>Dec-23</td><td>75.5</td><td>60</td><td>60</td></tr> <tr><td>Jan-24</td><td>75.5</td><td>60</td><td>60</td></tr> <tr><td>Feb-24</td><td>75.5</td><td>60</td><td>60</td></tr> <tr><td>Mar-24</td><td>75.5</td><td>60</td><td>60</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Mar-23	75.5	60	60	Apr-23	75.5	60	60	May-23	75.5	60	60	Jun-23	75.5	60	60	Jul-23	75.5	60	60	Aug-23	75.5	60	60	Sep-23	75.5	60	60	Oct-23	75.5	60	60	Nov-23	75.5	60	60	Dec-23	75.5	60	60	Jan-24	75.5	60	60	Feb-24	75.5	60	60	Mar-24	75.5	60	60
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<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- 73.2% of patients in December 2023 were discharged back to their original residence. This is 2.9% more than in December 2022.</p>	<p>6. Return to original residence</p>  <table border="1"> <caption>6. Return to original residence - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Dec-22</td><td>73.2</td><td>70</td><td>70</td></tr> <tr><td>Jan-23</td><td>73.2</td><td>70</td><td>70</td></tr> <tr><td>Feb-23</td><td>73.2</td><td>70</td><td>70</td></tr> <tr><td>Mar-23</td><td>73.2</td><td>70</td><td>70</td></tr> <tr><td>Apr-23</td><td>73.2</td><td>70</td><td>70</td></tr> <tr><td>May-23</td><td>73.2</td><td>70</td><td>70</td></tr> <tr><td>Jun-23</td><td>73.2</td><td>70</td><td>70</td></tr> <tr><td>Jul-23</td><td>73.2</td><td>70</td><td>70</td></tr> <tr><td>Aug-23</td><td>73.2</td><td>70</td><td>70</td></tr> <tr><td>Sep-23</td><td>73.2</td><td>70</td><td>70</td></tr> <tr><td>Oct-23</td><td>73.2</td><td>70</td><td>70</td></tr> <tr><td>Nov-23</td><td>73.2</td><td>70</td><td>70</td></tr> <tr><td>Dec-23</td><td>73.2</td><td>70</td><td>70</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Dec-22	73.2	70	70	Jan-23	73.2	70	70	Feb-23	73.2	70	70	Mar-23	73.2	70	70	Apr-23	73.2	70	70	May-23	73.2	70	70	Jun-23	73.2	70	70	Jul-23	73.2	70	70	Aug-23	73.2	70	70	Sep-23	73.2	70	70	Oct-23	73.2	70	70	Nov-23	73.2	70	70	Dec-23	73.2	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 Morryston 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>7. 30 day mortality rate</p>  <table border="1"> <caption>7. 30 day mortality rate - Trend Data</caption> <thead> <tr> <th>Quarter</th> <th>Morryston (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>7.5</td></tr> <tr><td>Q4 21-22</td><td>6.5</td><td>7.2</td></tr> <tr><td>Q1 22-23</td><td>6.5</td><td>7.0</td></tr> <tr><td>Q2 22-23</td><td>6.0</td><td>6.8</td></tr> <tr><td>Q3 22-23</td><td>6.0</td><td>6.5</td></tr> <tr><td>Q4 22-23</td><td>6.0</td><td>6.2</td></tr> <tr><td>Q1 23-24</td><td>5.5</td><td>6.0</td></tr> <tr><td>Q2 23-24</td><td>6.5</td><td>5.8</td></tr> <tr><td>Q3 23-24</td><td>6.0</td><td>5.5</td></tr> <tr><td>Q4 23-24</td><td>4.8</td><td>5.4</td></tr> </tbody> </table>	Quarter	Morryston (Casemix Adjusted) (%)	National Average (%)	Q1 21-22	7.0	8.0	Q2 21-22	6.5	7.8	Q3 21-22	6.8	7.5	Q4 21-22	6.5	7.2	Q1 22-23	6.5	7.0	Q2 22-23	6.0	6.8	Q3 22-23	6.0	6.5	Q4 22-23	6.0	6.2	Q1 23-24	5.5	6.0	Q2 23-24	6.5	5.8	Q3 23-24	6.0	5.5	Q4 23-24	4.8	5.4																	
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PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
<p>Number of pressure ulcers 1. Total number of pressure ulcers developed in hospital and in the community</p> <p>2. Rate of pressure ulcers per 100,000 admission</p>	<p>1. In February 2024 there were 93 cases of healthcare acquired pressure ulcers, 33 of which were community acquired and 60 were hospital acquired.</p> <p>There were 8 grade 3+ pressure ulcers in February 2024, 7 of which were community acquired and 1 was hospital acquired.</p> <p>2. The rate per 100,000 admissions decreased from 1068 in January 2024 to 810 in February 2024.</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 and Rate per 100,000 Admissions</caption> <thead> <tr> <th>Month</th> <th>Pressure Ulcers (Community)</th> <th>Pressure Ulcers (Hospital)</th> <th>Rate per 100,000 Admissions</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>40</td><td>60</td><td>900</td></tr> <tr><td>Mar-23</td><td>60</td><td>80</td><td>1000</td></tr> <tr><td>Apr-23</td><td>30</td><td>50</td><td>1100</td></tr> <tr><td>May-23</td><td>40</td><td>80</td><td>1000</td></tr> <tr><td>Jun-23</td><td>20</td><td>40</td><td>900</td></tr> <tr><td>Jul-23</td><td>30</td><td>70</td><td>850</td></tr> <tr><td>Aug-23</td><td>20</td><td>40</td><td>800</td></tr> <tr><td>Sep-23</td><td>40</td><td>60</td><td>900</td></tr> <tr><td>Oct-23</td><td>30</td><td>40</td><td>900</td></tr> <tr><td>Nov-23</td><td>40</td><td>70</td><td>1000</td></tr> <tr><td>Dec-23</td><td>50</td><td>60</td><td>900</td></tr> <tr><td>Jan-24</td><td>40</td><td>80</td><td>1068</td></tr> <tr><td>Feb-24</td><td>30</td><td>60</td><td>810</td></tr> </tbody> </table>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,000 Admissions	Feb-23	40	60	900	Mar-23	60	80	1000	Apr-23	30	50	1100	May-23	40	80	1000	Jun-23	20	40	900	Jul-23	30	70	850	Aug-23	20	40	800	Sep-23	40	60	900	Oct-23	30	40	900	Nov-23	40	70	1000	Dec-23	50	60	900	Jan-24	40	80	1068	Feb-24	30	60	810
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Description	Current Performance	Trend																																																								
<p>Inpatient Falls 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 146 in April 2024. This is 27.4% less than March 2024 where 201 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Data for Number of Inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Hospital Falls</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>180</td></tr> <tr><td>May-23</td><td>180</td></tr> <tr><td>Jun-23</td><td>140</td></tr> <tr><td>Jul-23</td><td>160</td></tr> <tr><td>Aug-23</td><td>200</td></tr> <tr><td>Sep-23</td><td>150</td></tr> <tr><td>Oct-23</td><td>180</td></tr> <tr><td>Nov-23</td><td>160</td></tr> <tr><td>Dec-23</td><td>150</td></tr> <tr><td>Jan-24</td><td>180</td></tr> <tr><td>Feb-24</td><td>200</td></tr> <tr><td>Mar-24</td><td>200</td></tr> <tr><td>Apr-24</td><td>146</td></tr> </tbody> </table>	Month	Hospital Falls	Apr-23	180	May-23	180	Jun-23	140	Jul-23	160	Aug-23	200	Sep-23	150	Oct-23	180	Nov-23	160	Dec-23	150	Jan-24	180	Feb-24	200	Mar-24	200	Apr-24	146																												
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NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p>Nationally Reportable Incidents (NRI's)-</p> <p>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 7 Nationally Reportable Incidents for the month of April 2024 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - NPTS - 3 - Morryston - 2 - MH&LD – 2 <p>2. There were no new Never Events reported in April 2024.</p> <p>3. In April 2024, 64% of the NRI's were closed within the agreed timescale.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p> <p>3. % of nationally reportable incidents closed within the agreed timescales</p>

DISCHARGE SUMMARIES																																																																								
Description	Current Performance	Trend																																																																						
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in April 2024, the percentage of completed discharge summaries was 76%.</p> <p>In April 2024, compliance ranged from 83% in Morriston Hospital to 63% in MH&LD and NPTS.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% of completed discharge summaries</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>63%</td></tr> <tr><td>May-23</td><td>65%</td></tr> <tr><td>Jun-23</td><td>65%</td></tr> <tr><td>Jul-23</td><td>63%</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>70%</td></tr> <tr><td>Jan-24</td><td>68%</td></tr> <tr><td>Feb-24</td><td>72%</td></tr> <tr><td>Mar-24</td><td>68%</td></tr> <tr><td>Apr-24</td><td>76%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	Apr-23	63%	May-23	65%	Jun-23	65%	Jul-23	63%	Aug-23	65%	Sep-23	60%	Oct-23	65%	Nov-23	68%	Dec-23	70%	Jan-24	68%	Feb-24	72%	Mar-24	68%	Apr-24	76%																																										
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Description	Current Performance	Trend																																																																						
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>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</td></tr> <tr><td>Apr-23</td><td>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</td></tr> <tr><td>May-23</td><td>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</td></tr> <tr><td>Jun-23</td><td>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</td></tr> <tr><td>Jul-23</td><td>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</td></tr> <tr><td>Aug-23</td><td>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</td></tr> <tr><td>Sep-23</td><td>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</td></tr> <tr><td>Oct-23</td><td>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</td></tr> <tr><td>Nov-23</td><td>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</td></tr> <tr><td>Dec-23</td><td>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</td></tr> <tr><td>Jan-24</td><td>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</td></tr> <tr><td>Feb-24</td><td>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</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	1.20%	0.16%	0.09%	0.66%	Apr-23	1.20%	0.16%	0.09%	0.66%	May-23	1.20%	0.16%	0.09%	0.66%	Jun-23	1.20%	0.16%	0.09%	0.66%	Jul-23	1.20%	0.16%	0.09%	0.66%	Aug-23	1.20%	0.16%	0.09%	0.66%	Sep-23	1.20%	0.16%	0.09%	0.66%	Oct-23	1.20%	0.16%	0.09%	0.66%	Nov-23	1.20%	0.16%	0.09%	0.66%	Dec-23	1.20%	0.16%	0.09%	0.66%	Jan-24	1.20%	0.16%	0.09%	0.66%	Feb-24	1.20%	0.16%	0.09%	0.66%	Mar-24	1.20%	0.16%	0.09%	0.66%
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WORKFORCE

Description	Current Performance	Trend
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Staff sickness rates- *Percentage of sickness absence rate of staff*

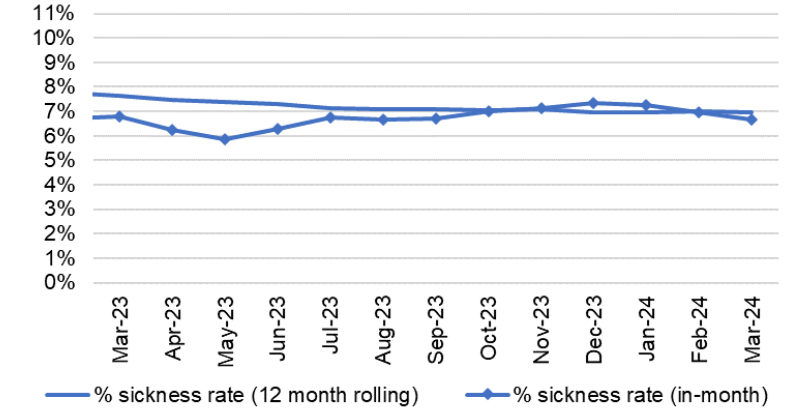
Our in-month sickness performance improved from 6.95% in February 2024 to 6.67% in March 2024.

The 12-month rolling performance figure reported in March 2024 was 6.96%, which is 0.03% lower than the figures reported in February 2024..

The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in March 2024.

Absence Reason	FTE Days Lost	%
Anxiety/ stress/ depression/ other psychiatric illnesses	8,889.42	33.7%
Other musculoskeletal problems	2,667.94	10.1%
Cold, Cough, Flu - Influenza	2,257.55	8.6%
Other known causes - not elsewhere classified	1,809.79	6.9%
Gastrointestinal problems	1,721.51	6.5%

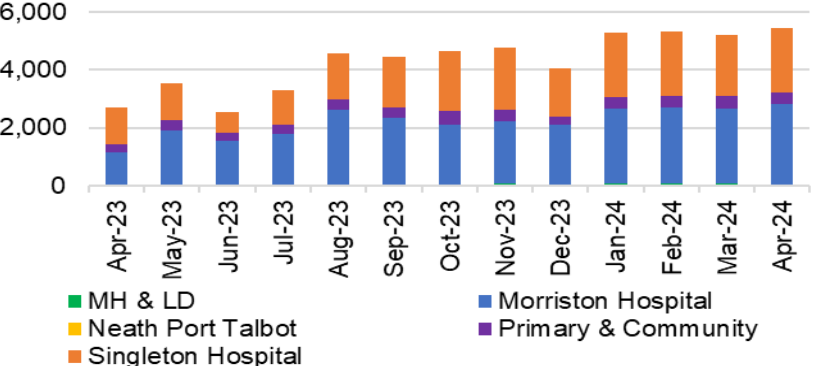
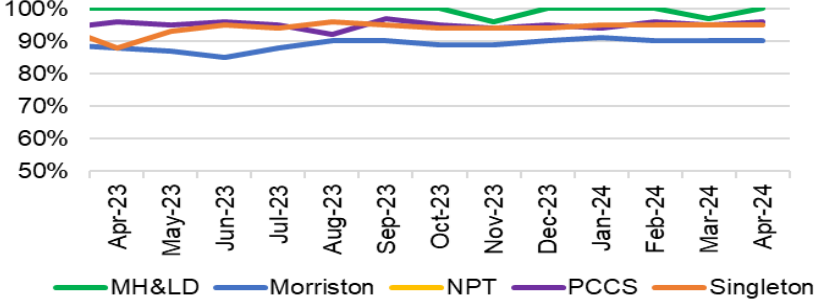
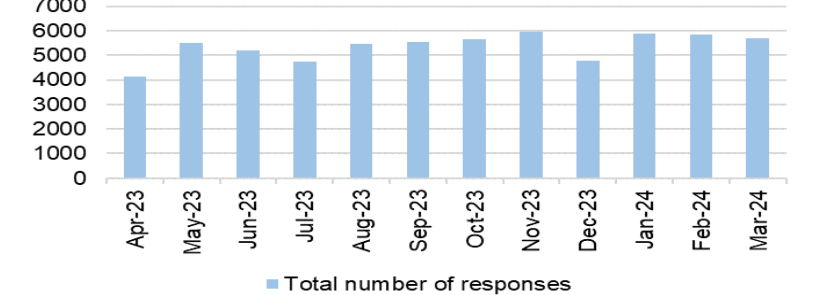
% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)



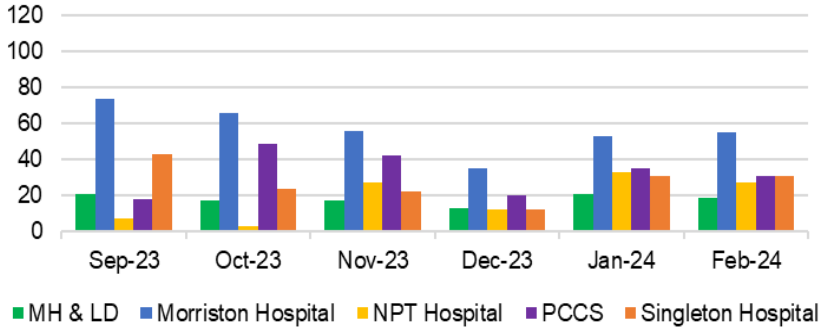
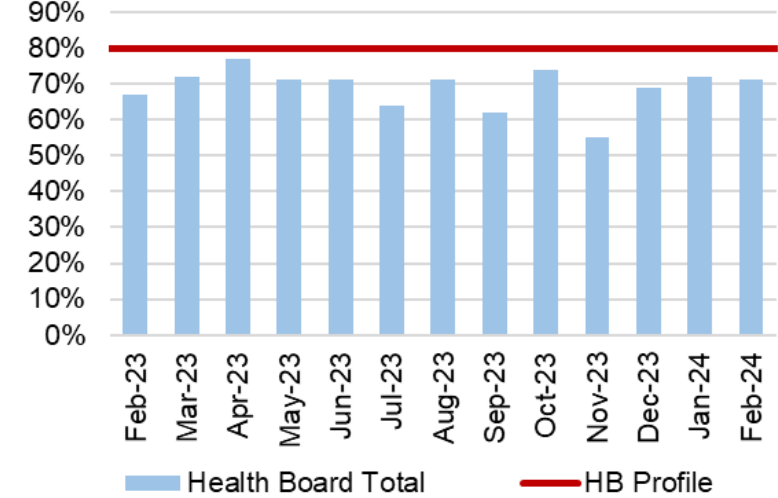
THEATRE EFFICIENCY

Description	Current Performance	Trend																																																																																																																																																										
<p>Theatre Efficiency</p> <p>1. Theatre Utilisation Rates</p> <p>2. % of theatre sessions starting late</p> <p>3. % of theatre sessions finishing early</p> <p>4. % of theatre sessions cancelled at short notice (<28 days)</p> <p>5. % of operations cancelled on the day</p>	<p>In April 2024 the Theatre Utilisation rate was 78%. This is 13% higher than March 2024 and is 7% higher than the figure reported in April 2023 (71%).</p> <p>35% of theatre sessions started late in April 2024. This is 4% higher than the figure reported for in March 2024.</p> <p>In April 2024, 47% of theatre sessions finished early. This is 2% higher than figure seen in March 2024 and 1% lower than those seen in April 2023.</p> <p>8% of theatre sessions were cancelled at short notice in April 2024. This is 11% lower than the figure reported in March 2024 and is 2% higher than figures seen in April 2023.</p> <p>Of the operations cancelled in April 2024, 35% of them were cancelled on the day. This is 1% higher than the figure reported in March 2024 (34%).</p>	<p style="text-align: center;">1. Theatre Utilisation Rates</p> <table border="1"> <caption>1. Theatre Utilisation Rates (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>71</td></tr> <tr><td>May-23</td><td>75</td></tr> <tr><td>Jun-23</td><td>68</td></tr> <tr><td>Jul-23</td><td>72</td></tr> <tr><td>Aug-23</td><td>65</td></tr> <tr><td>Sep-23</td><td>73</td></tr> <tr><td>Oct-23</td><td>76</td></tr> <tr><td>Nov-23</td><td>70</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>68</td></tr> <tr><td>Mar-24</td><td>65</td></tr> <tr><td>Apr-24</td><td>78</td></tr> </tbody> </table> <p style="text-align: center;">2. And 3. % theatre sessions starting late/finishing</p> <table border="1"> <caption>2. 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PATIENT EXPERIENCE

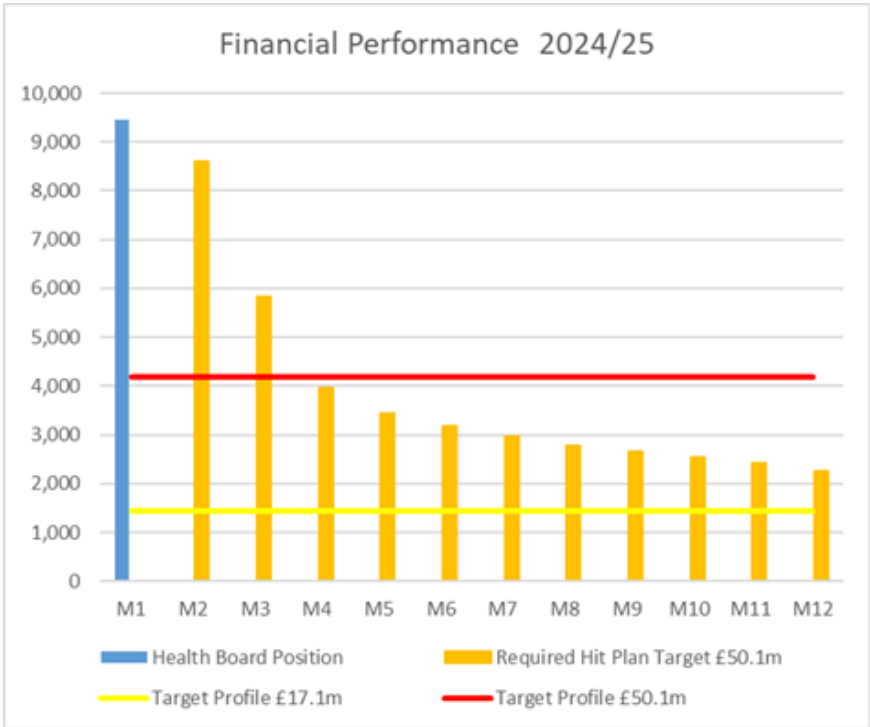
Description	Current Performance	Trend
<p>Patient experience</p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p> <p>3. Number of Service User feedback experience responses completed and recorded on CIVICA</p>	<p>Health Board Friends & Family patient satisfaction level in April 2024 was 93% and 5,579 surveys were completed.</p> <ul style="list-style-type: none"> ➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 2,234 surveys in April 2024, with a recommended score of 95%. ➢ Morriston Hospital completed 2,776 surveys in April 2024, with a recommended score of 90%. ➢ Primary & Community Care completed 398 surveys for April 2024, with a recommended score of 96%. ➢ The Mental Health Service Group completed 36 surveys for April 2024, with a recommended score of 100%. <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> 

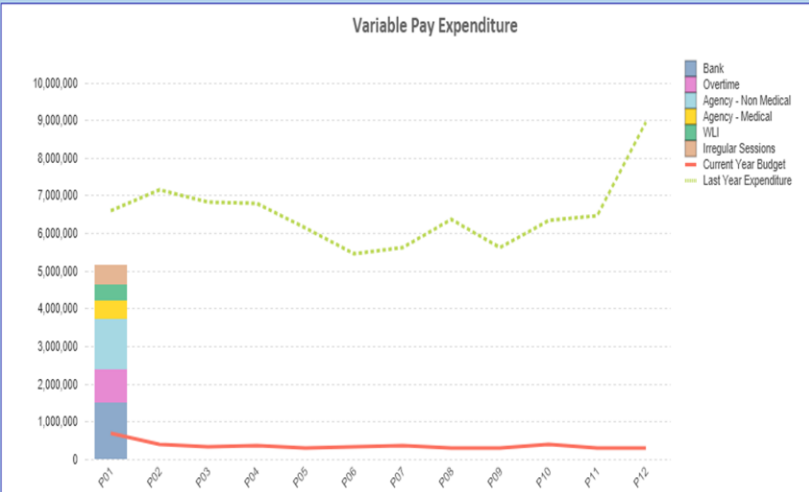
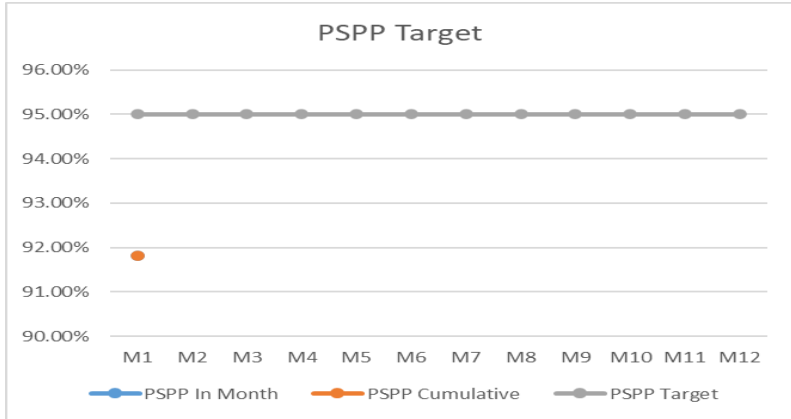
COMPLAINTS

Description	Current Performance	Trend												
<p>Patient concerns</p> <p><i>1. Number of formal complaints received</i></p> <p><i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p>	<p>1. In February 2024, the Health Board received 168 formal complaints; this is an increase of 24% when compared with February 2023 figures (135).</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 71% in February 2024, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1" data-bbox="510 954 1216 1270"> <thead> <tr> <th></th> <th>30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td>81%</td> </tr> <tr> <td>Morrison Hospital</td> <td>85%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td>53%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td>74%</td> </tr> <tr> <td>Singleton Hospital</td> <td>39%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	81%	Morrison Hospital	85%	Mental Health & Learning Disabilities	53%	Primary, Community and Therapies	74%	Singleton Hospital	39%	<p>1. Number of formal complaints received</p>  <p>2. Response rate for concerns within 30 days</p> 
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FINANCE UPDATES

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

Description	Current Performance	Trend																																																																	
<p>Revenue Financial Position – expenditure incurred against revenue resource limit</p>	<ul style="list-style-type: none"> The Health board (HB) submitted a deficit plan to Welsh Government (WG) on 29th March of £50.1m. This has not been approved by WG who have requested as a minimum the HB reduces its deficit to £17m; work and discussions are underway. In order to meet the £50.1m deficit plan; savings totalling £26.1m need to be achieved and all Service areas are required to breakeven to their delegated budget. This will require the need for a significant reduction to the HB’s run rate of expenditure. The month 1 position is an overspend of £9.457m. This is £5.2m above the planned deficit of £4.175m for the month. Savings delivered in month total £0.547m, this is a shortfall in month of £1.628m against the monthly target of £2.175m. In response to the in-month financial position, the interim CEO has written to senior leaders across the HB to request urgent actions to address the run rate. 	 <p>The chart displays monthly expenditure 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. A blue bar for M1 shows a value of approximately 9,457. Yellow bars for M2 through M12 represent the required hit plan target of £50.1m, with values decreasing from about 8,500 in M2 to 2,200 in M12. Two horizontal lines represent target profiles: a yellow line at £17.1m and a red line at £50.1m.</p> <table border="1"> <caption>Financial Performance 2024/25 Data</caption> <thead> <tr> <th>Month</th> <th>Health Board Position (M1)</th> <th>Required Hit Plan Target £50.1m (M2-M12)</th> <th>Target Profile £17.1m</th> <th>Target Profile £50.1m</th> </tr> </thead> <tbody> <tr> <td>M1</td> <td>9,457</td> <td>-</td> <td>17,100</td> <td>50,100</td> </tr> <tr> <td>M2</td> <td>-</td> <td>8,500</td> <td>17,100</td> <td>50,100</td> </tr> <tr> <td>M3</td> <td>-</td> <td>5,800</td> <td>17,100</td> <td>50,100</td> </tr> <tr> <td>M4</td> <td>-</td> <td>4,000</td> <td>17,100</td> <td>50,100</td> </tr> <tr> <td>M5</td> <td>-</td> <td>3,400</td> <td>17,100</td> <td>50,100</td> </tr> <tr> <td>M6</td> <td>-</td> <td>3,200</td> <td>17,100</td> <td>50,100</td> </tr> <tr> <td>M7</td> <td>-</td> <td>3,000</td> <td>17,100</td> <td>50,100</td> </tr> <tr> <td>M8</td> <td>-</td> <td>2,800</td> <td>17,100</td> <td>50,100</td> </tr> <tr> <td>M9</td> <td>-</td> <td>2,700</td> <td>17,100</td> <td>50,100</td> </tr> <tr> <td>M10</td> <td>-</td> <td>2,600</td> <td>17,100</td> <td>50,100</td> </tr> <tr> <td>M11</td> <td>-</td> <td>2,500</td> <td>17,100</td> <td>50,100</td> </tr> <tr> <td>M12</td> <td>-</td> <td>2,200</td> <td>17,100</td> <td>50,100</td> </tr> </tbody> </table>	Month	Health Board Position (M1)	Required Hit Plan Target £50.1m (M2-M12)	Target Profile £17.1m	Target Profile £50.1m	M1	9,457	-	17,100	50,100	M2	-	8,500	17,100	50,100	M3	-	5,800	17,100	50,100	M4	-	4,000	17,100	50,100	M5	-	3,400	17,100	50,100	M6	-	3,200	17,100	50,100	M7	-	3,000	17,100	50,100	M8	-	2,800	17,100	50,100	M9	-	2,700	17,100	50,100	M10	-	2,600	17,100	50,100	M11	-	2,500	17,100	50,100	M12	-	2,200	17,100	50,100
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Description	Current Performance	Trend
<p>Workforce Spend – workforce expenditure profile</p>	<ul style="list-style-type: none"> The pay budgets are overspent by £2.780m in April. Variable pay is considerably lower in April 2024 when compared to the same period last year. The biggest spends are attributable to Bank and Agency – Non Medical. Work is needed to bring spend down in line with the current year budget. 	<p>Trend</p>  <p>Variable Pay Expenditure</p> <p>Legend: Bank, Overtime, Agency - Non Medical, Agency - Medical, WLI, Irregular Sessions, Current Year Budget, Last Year Expenditure</p>
<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"> PSPP was not achieved in April '24 at 91.81% vs a target of 95%. (March '24 96.84%). The figures are low due to a large number of invoices that were taken off the run in the last week of March due to lack of cash. They could then not be paid until after the bank holiday weekend. 	<p>Trend</p> <p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p>  <p>PSPP Target</p> <p>Legend: PSPP In Month, PSPP Cumulative, PSPP Target</p>

5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

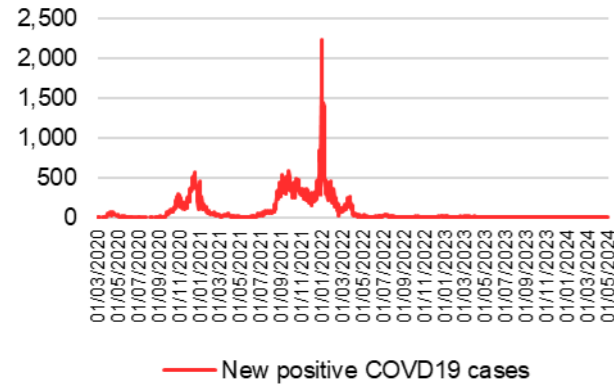


Chart 2: Number of new COVID19 cases (cumulative)

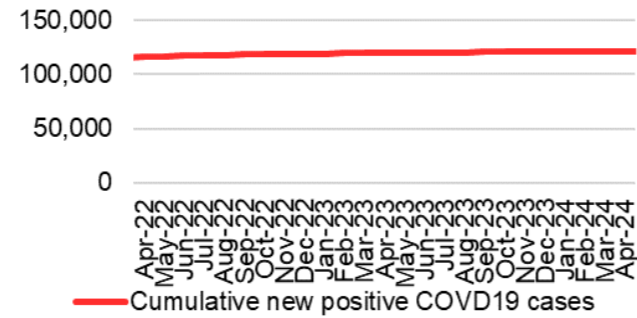


Chart 3: Number of COVID19 tests completed and positivity rate

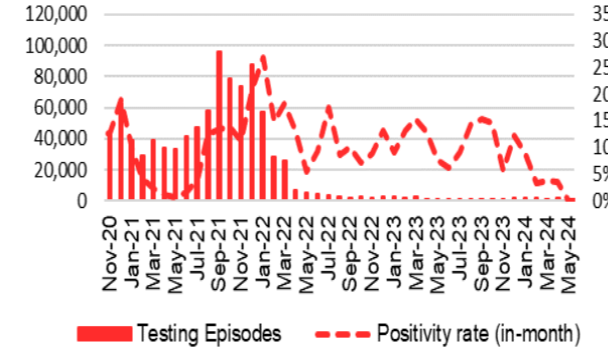


Chart 4: Number of staff referred for Antigen testing

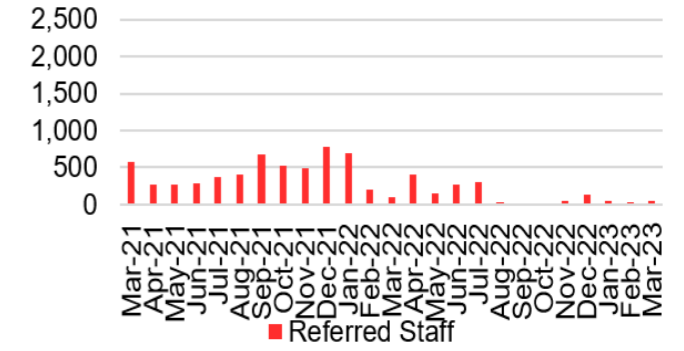


Chart 5: Outcome of staff COVID19/ antigen tests

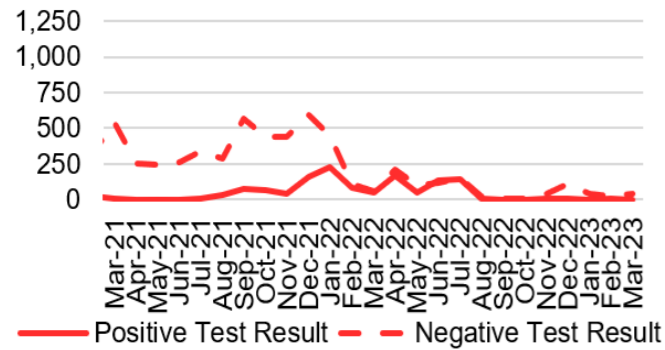


Chart 6: Number of COVID19 related incidents

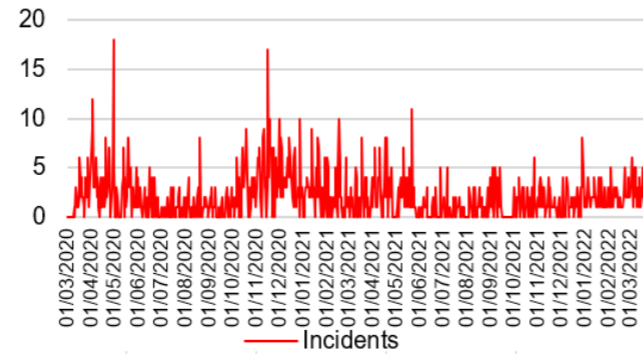


Chart 7: Number of COVID19 related serious incidents

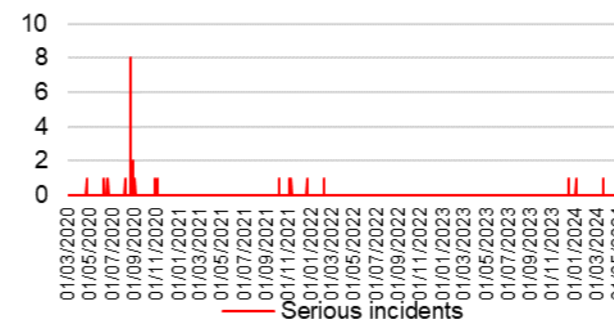


Chart 8: Number of COVID19 related complaints

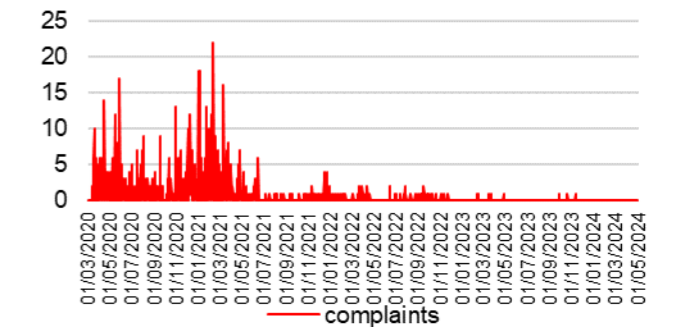


Chart 9: Number of COVID19 related risks

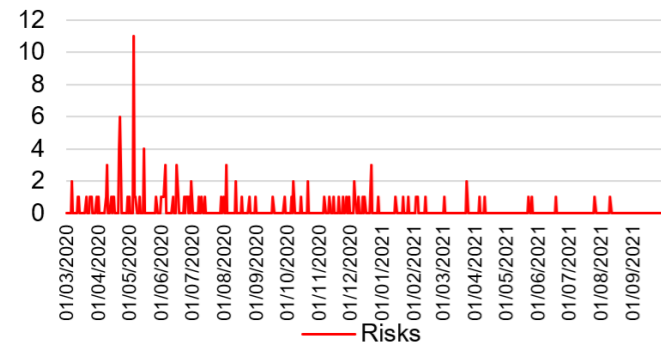


Chart 10: Number of staff self-isolating (asymptomatic)

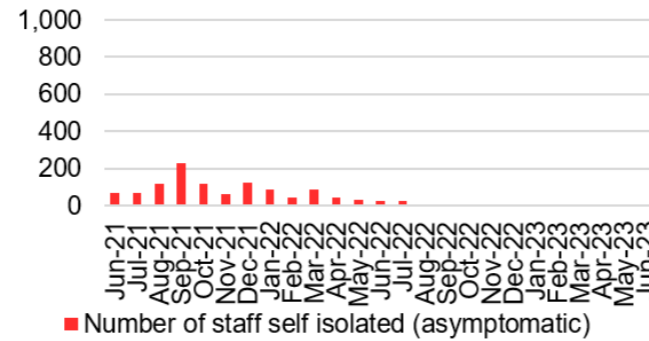


Chart 11: Number of staff self isolating (symptomatic)

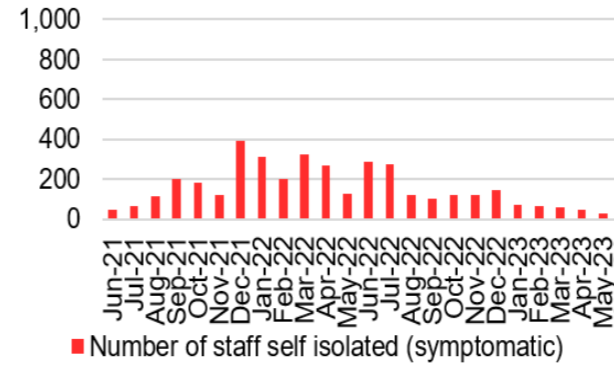


Chart 12: % staff sickness

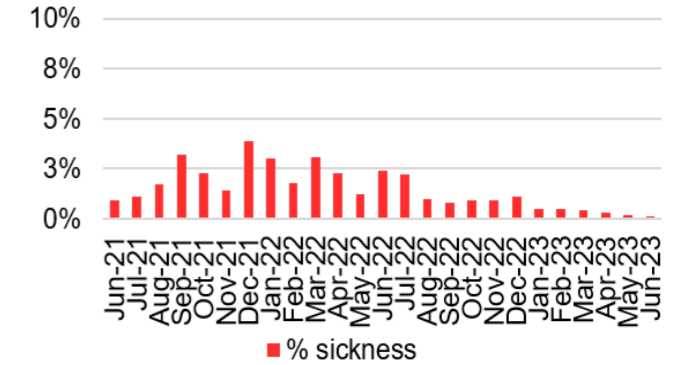


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

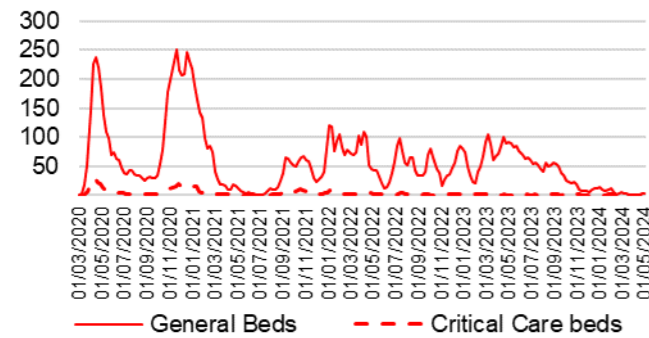


Chart 14: Number of hospital deaths with any mention of COVID19



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

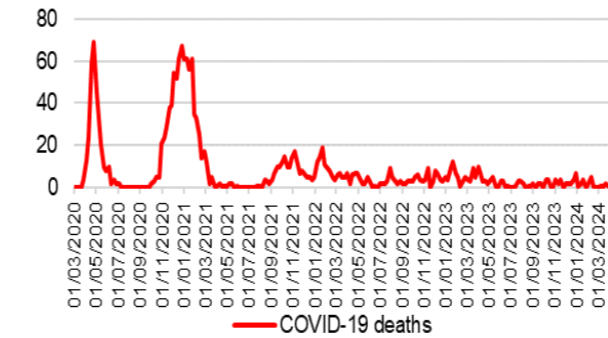
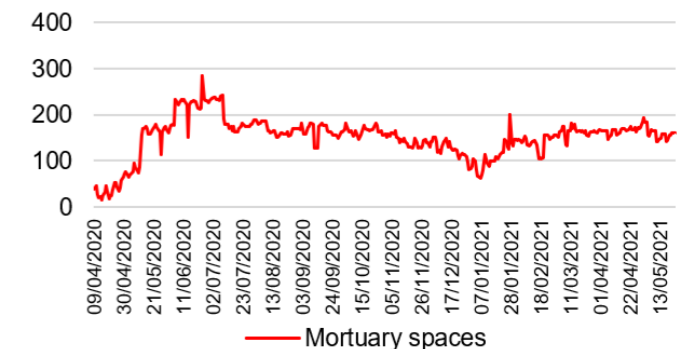


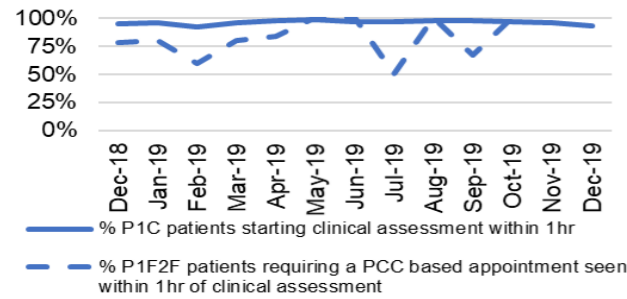
Chart 16: Number of mortuary spaces



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

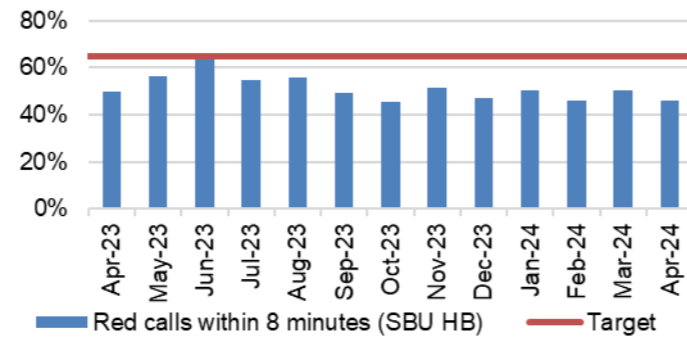


Chart 3: Number of ambulance handovers over 1 hour

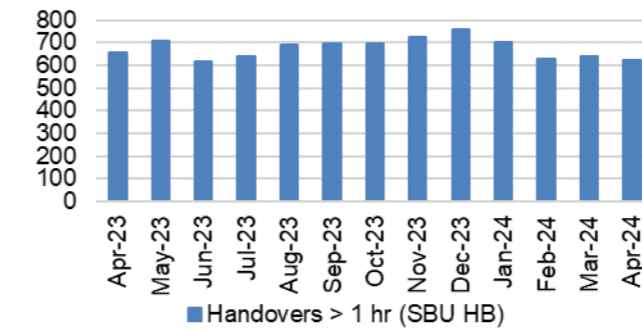


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

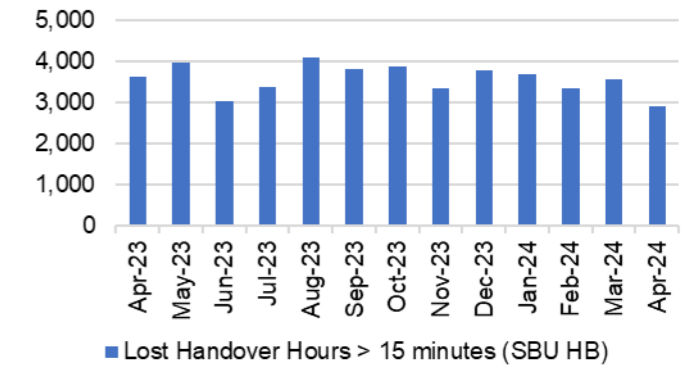


Chart 5: A&E Attendances

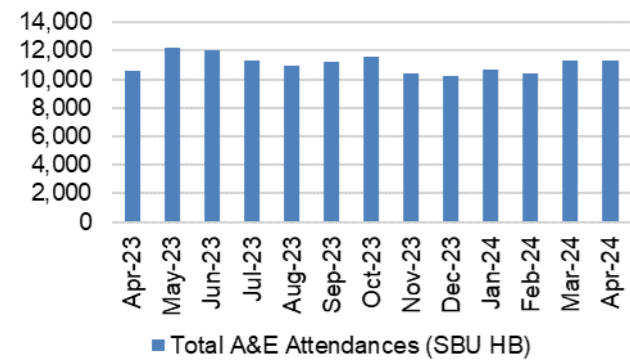


Chart 6: % patients who spend less than 4 hours in A&E

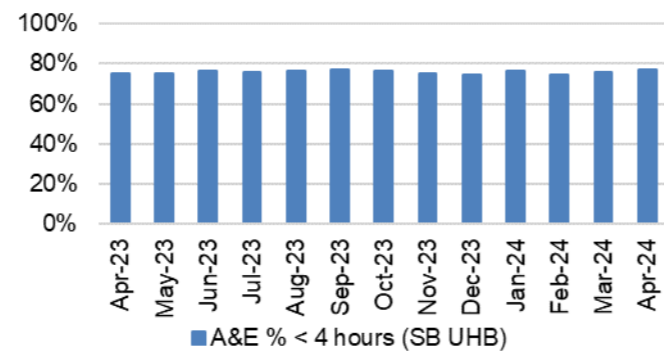


Chart 7: Number of patients waiting over 12 hours in A&E

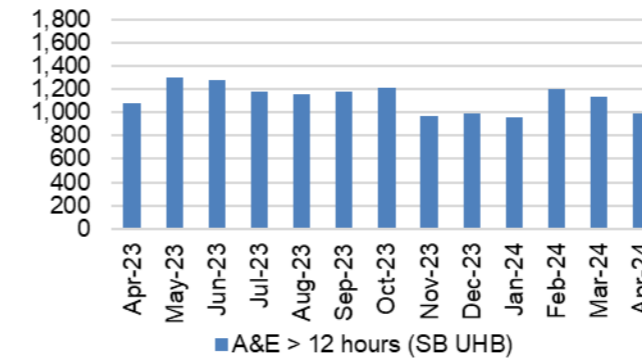


Chart 8: Number of emergency admissions

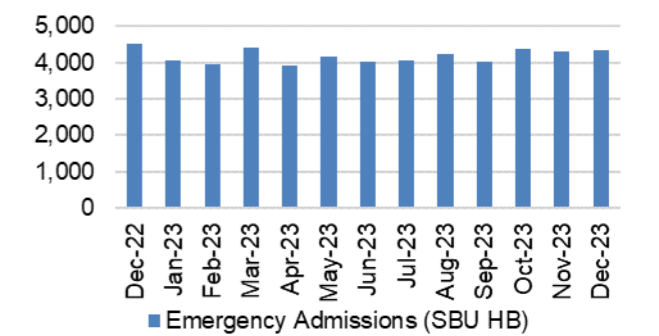


Chart 9: Elective procedures cancelled due to lack of beds

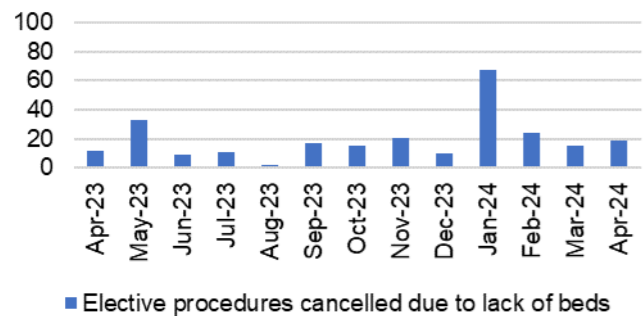


Chart 10: Number of clinically optimised patients

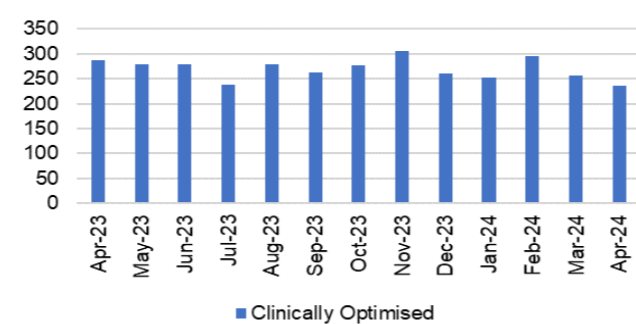


Chart 11: Delay reason for clinically optimised patients

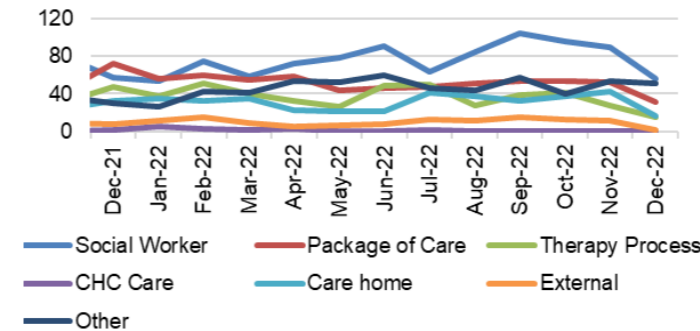


Chart 12: Average lost bed days (per day)

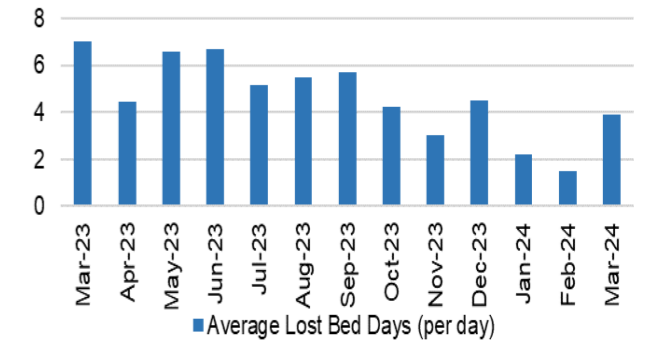


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

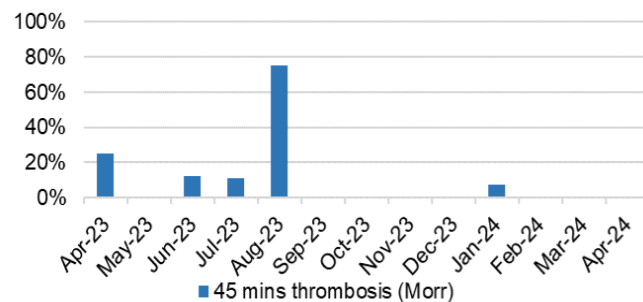


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

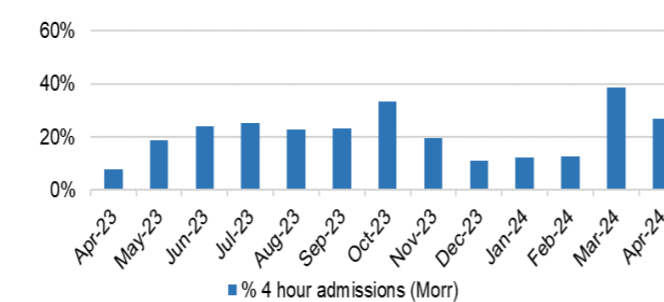


Chart 15: % of stroke patients receiving CT scan with 1 hour

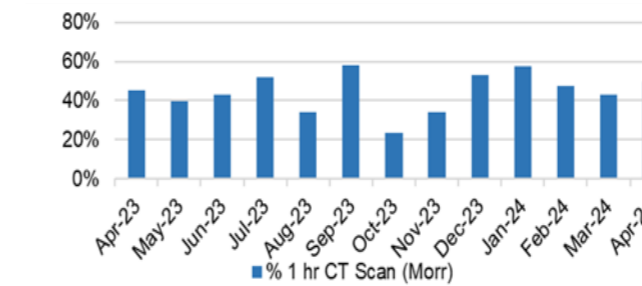
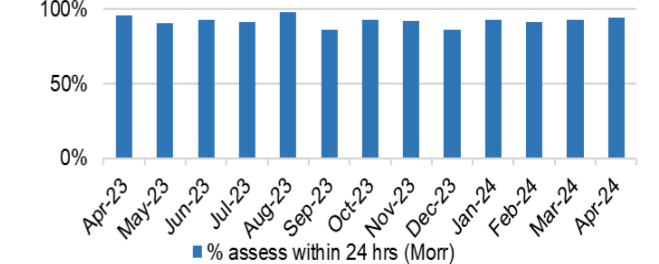


Chart 16: % stroke patients receiving consultant assessment within 24 hours



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)

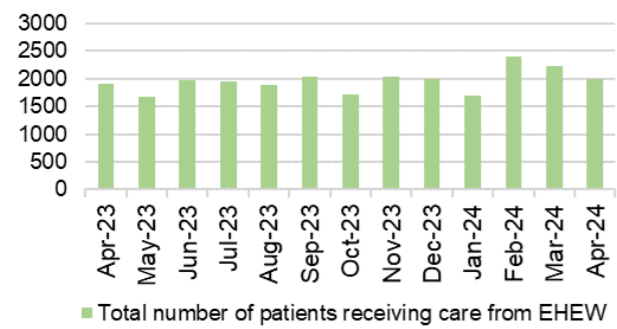


Chart 2: GMS - Escalation Levels

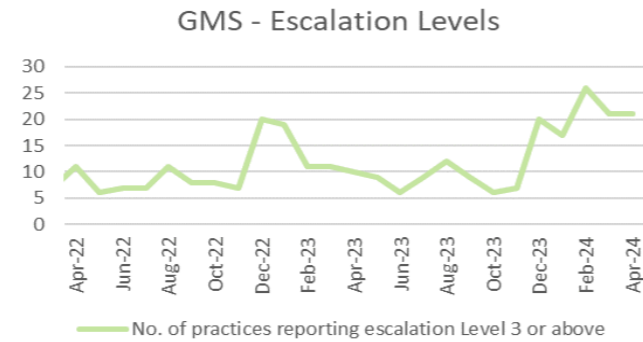


Chart 3: GMS - Sustainability

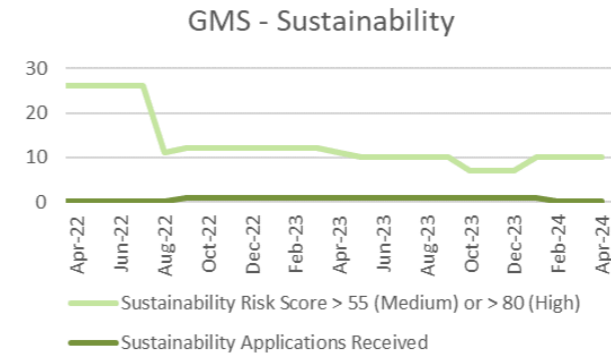


Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months

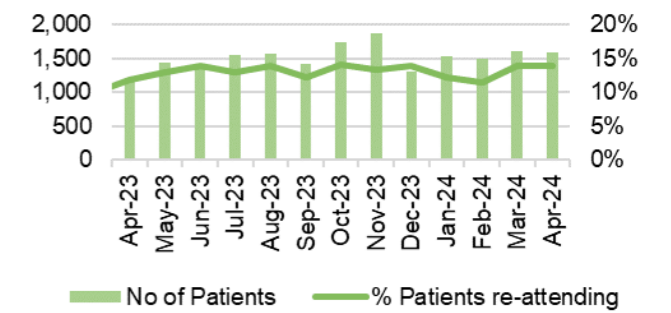


Chart 5: General Dental Services - Activity

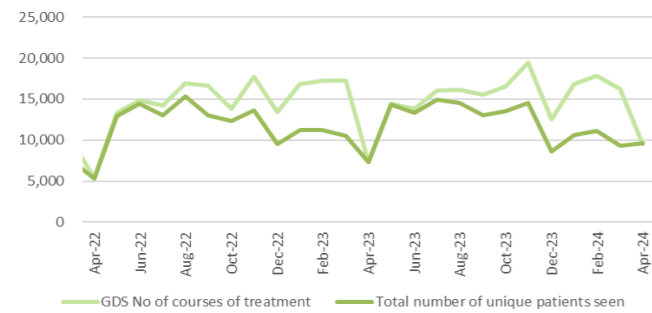


Chart 6: General Dental Services - New Patients

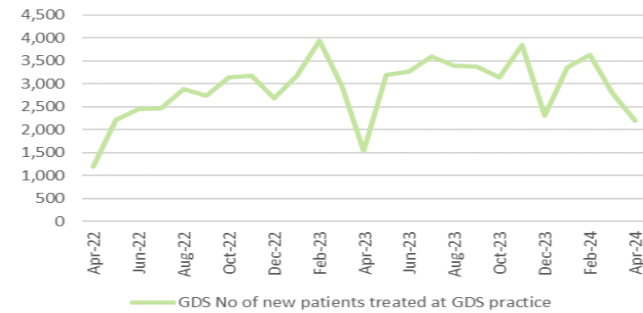


Chart 7: General Dental Services - ACORNs/FV

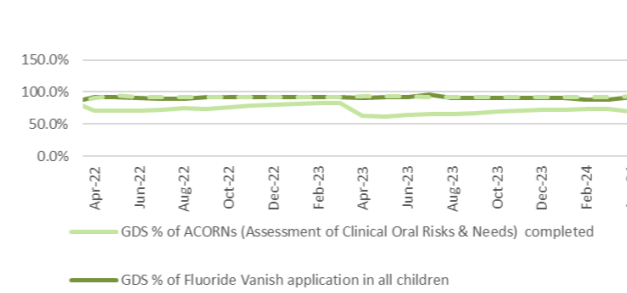


Chart 8: Optometry Activity – sight tests

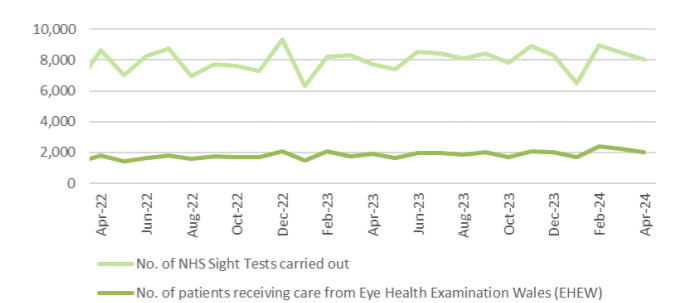


Chart 9: Optometry Activity – low vision care

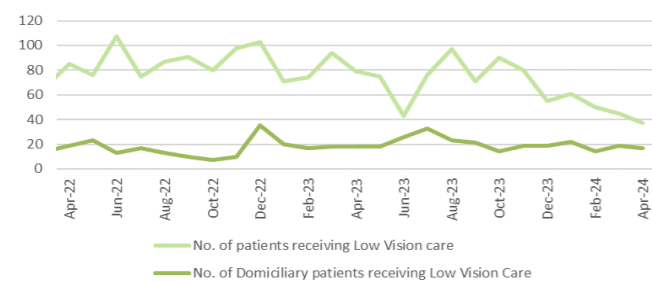


Chart 10: Community Pharmacy – Escalation levels

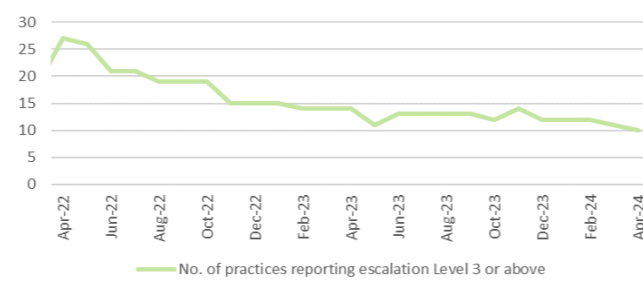


Chart 11: Common Ailment Scheme – No. consultations provided

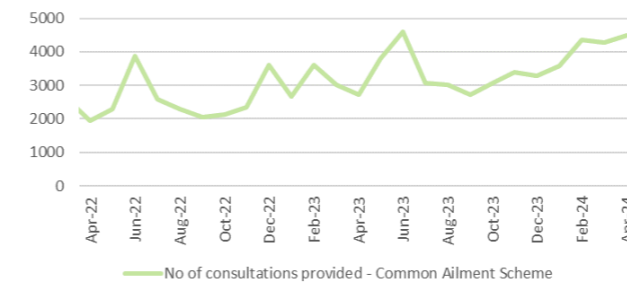


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

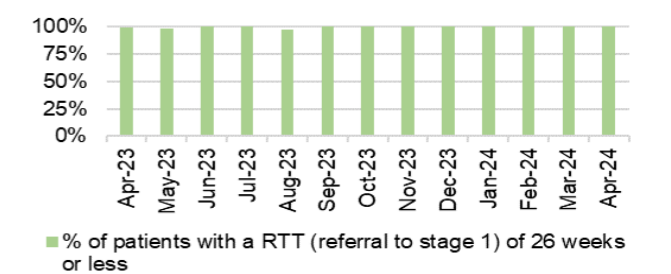


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

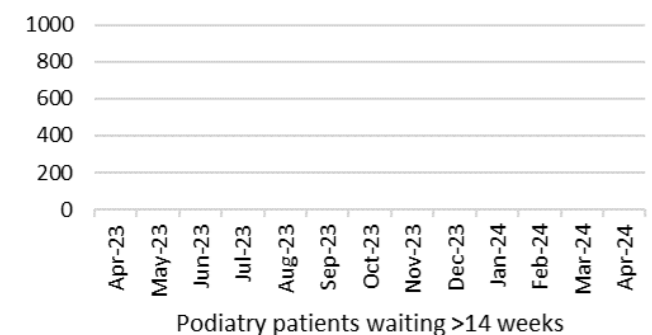


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

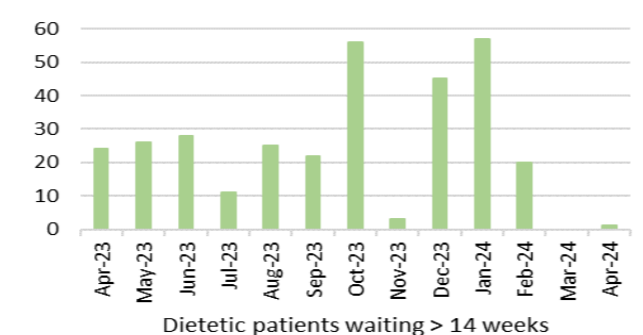


Chart 15: Audiology- Total number of patients waiting > 14 weeks

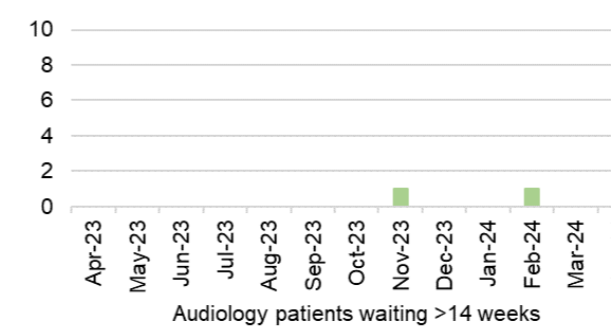
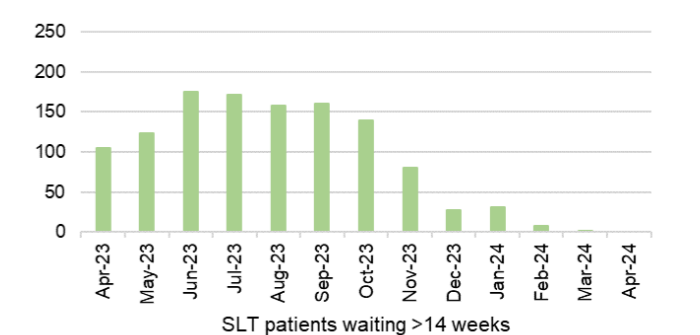


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

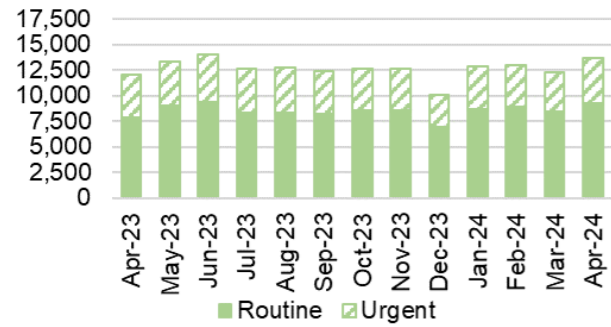


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

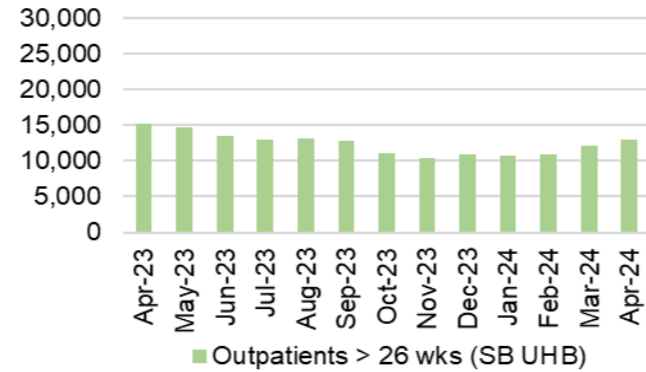


Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1

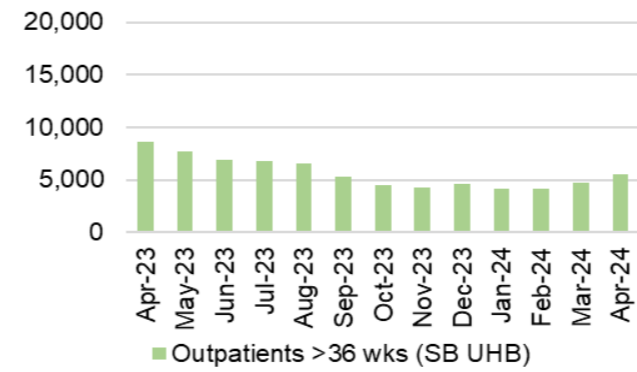


Chart 4: Number of patients waiting over 52 weeks for treatment

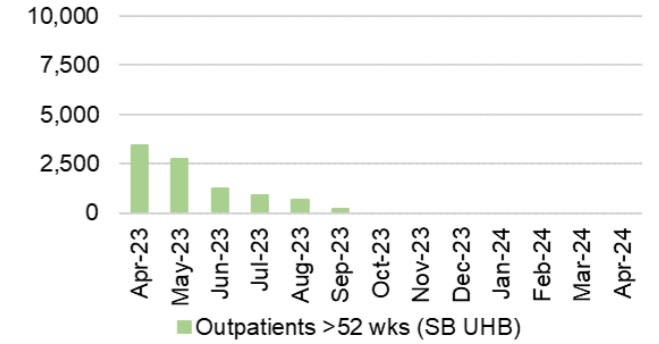


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

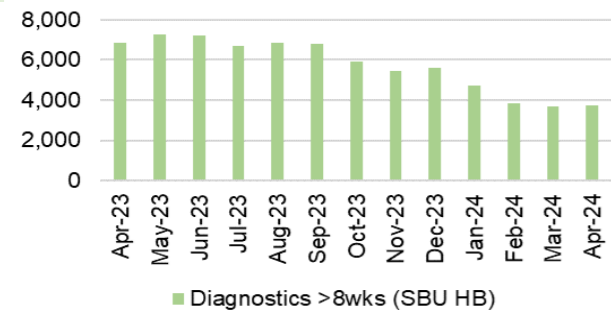


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

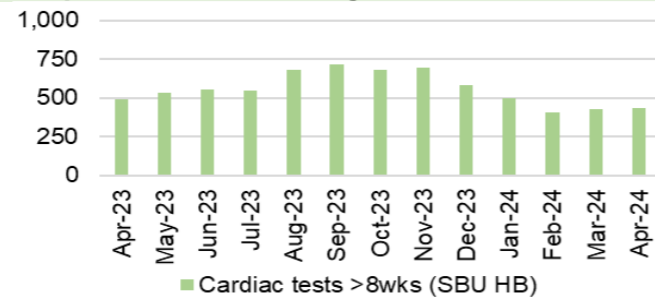


Chart 7: Number of patients waiting more than 14 weeks for Therapies

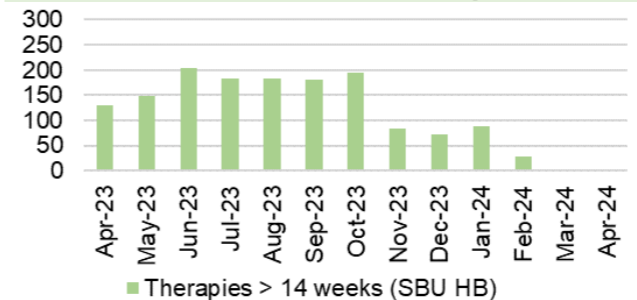


Chart 8: Cancer referrals

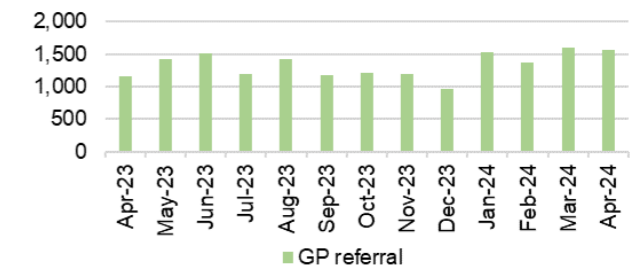


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

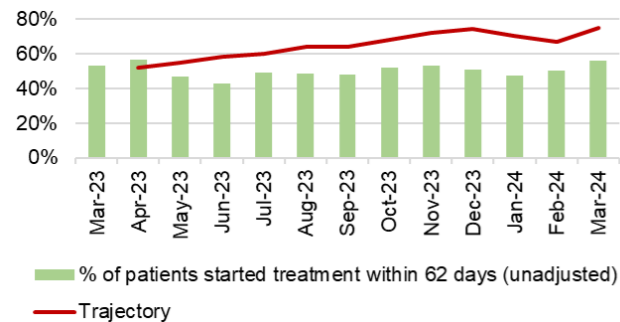


Chart 10: Number of new cancer patients starting definitive treatment



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

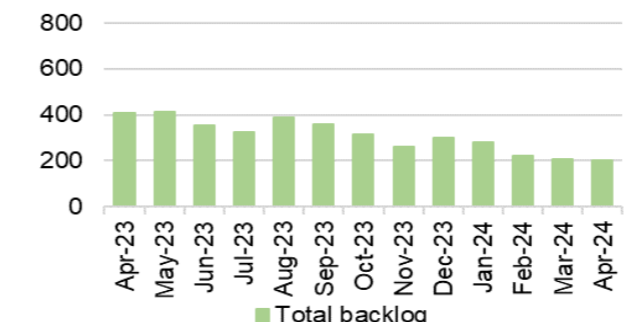


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

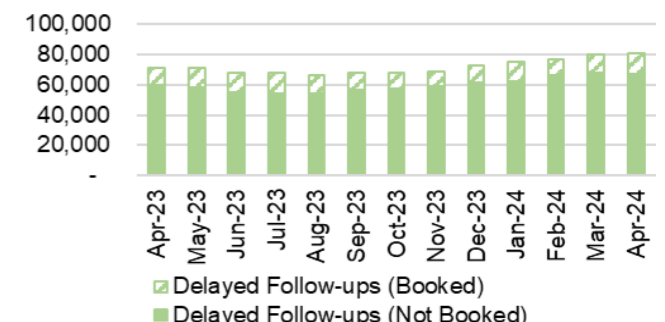


Chart 13: Number of patients without a documented clinical review date

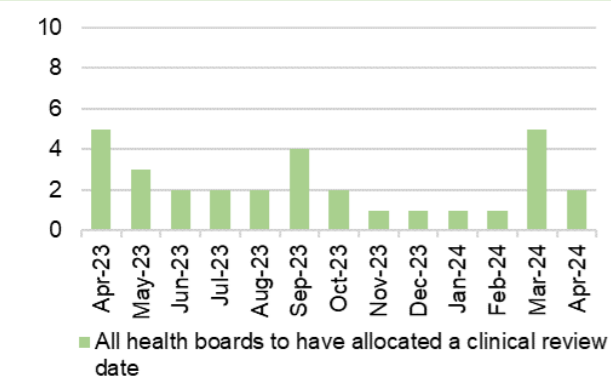


Chart 14: Ophthalmology patients without an allocated health risk factor

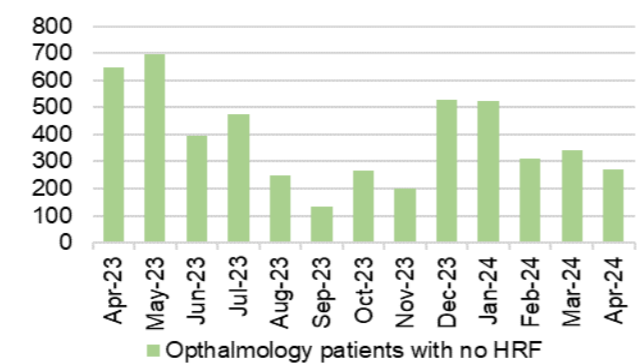


Chart 15: Total number of patients on the follow-up waiting list

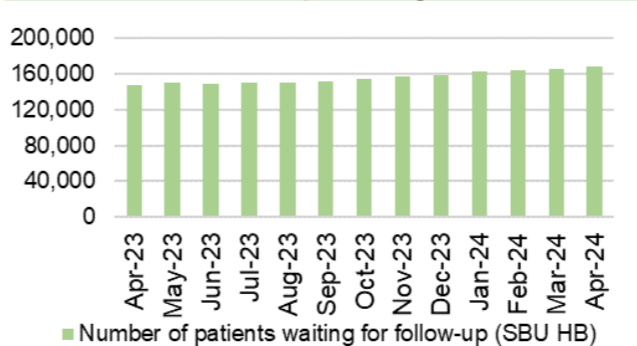
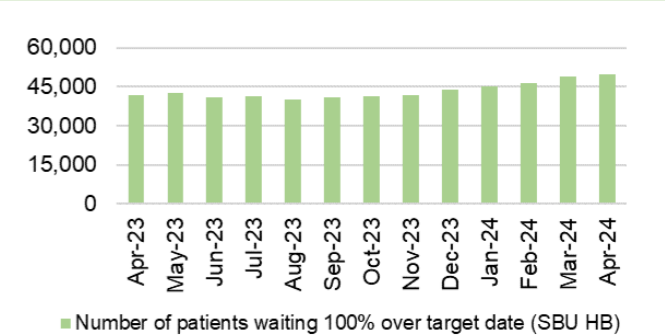


Chart 16: Number of patients delayed by over 100%



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

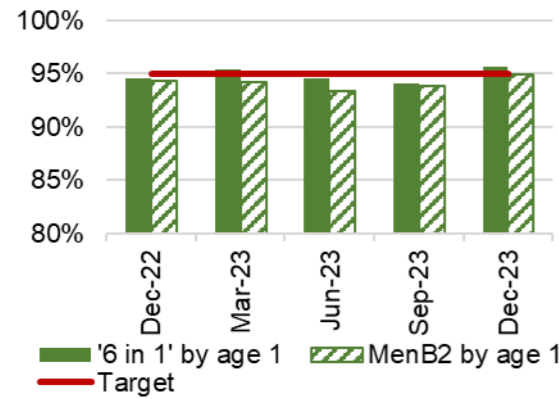


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

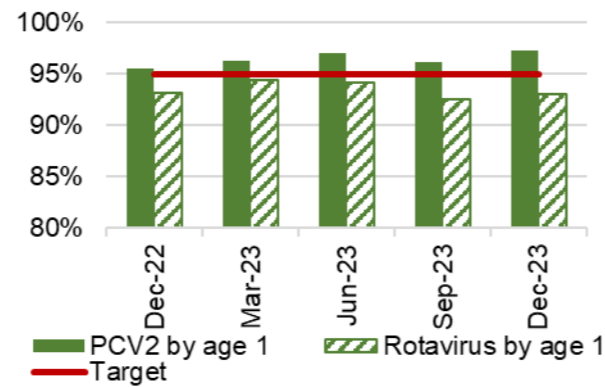


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

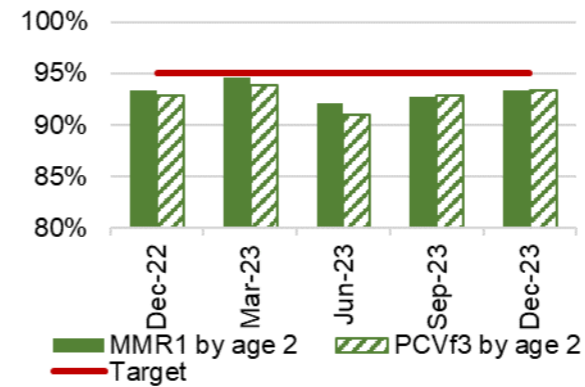


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

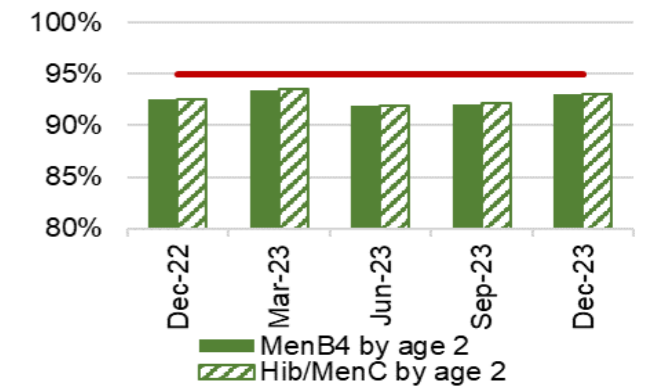


Chart 5: % children who are up to date in schedule by age 4

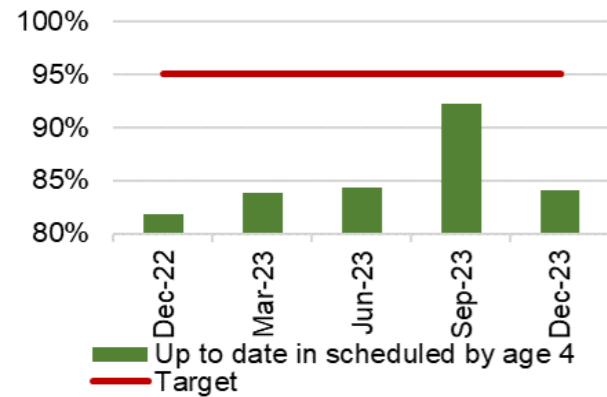


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

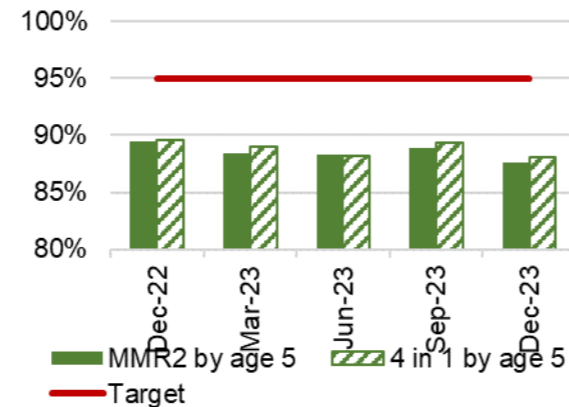


Chart 7: % children who received MMR vaccine and teenage booster by age 16

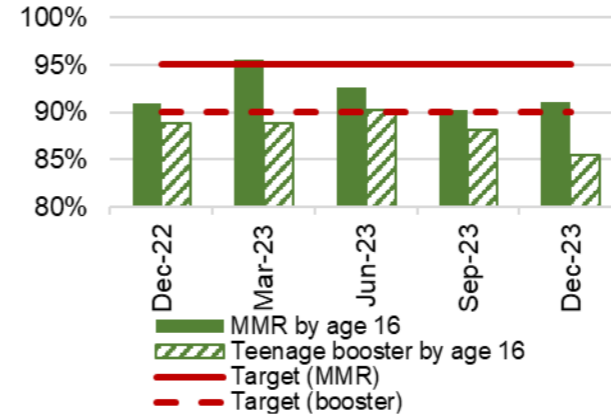


Chart 8: % children who received MenACWY vaccine by age 16

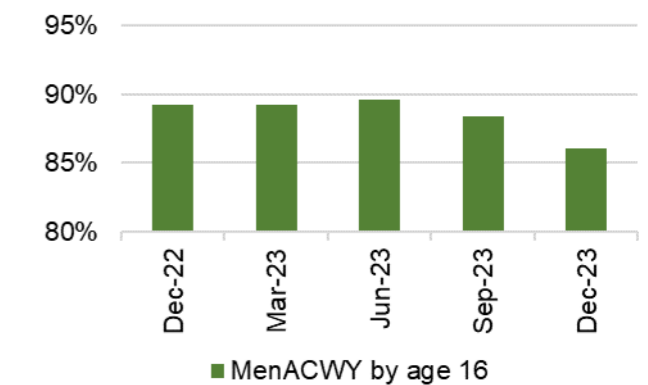
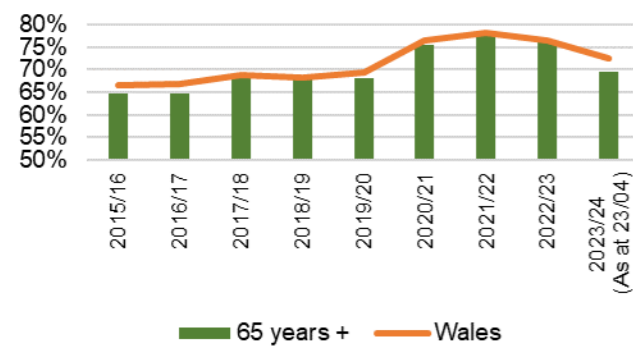
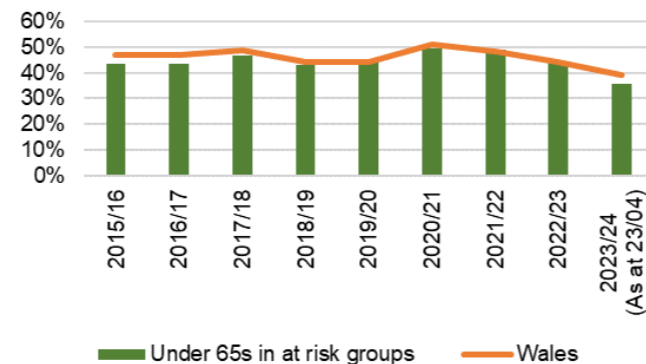


Chart 9: Influenza uptake for amongst 65 year olds and over



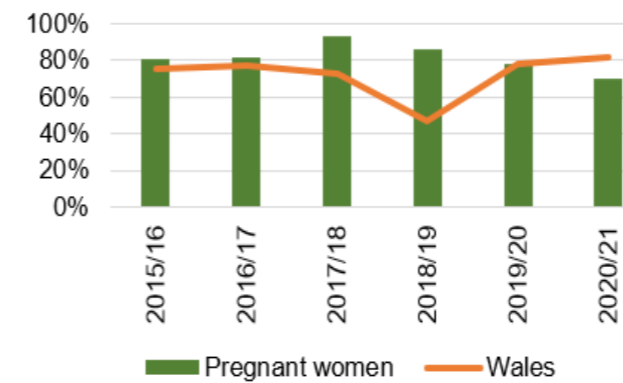
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



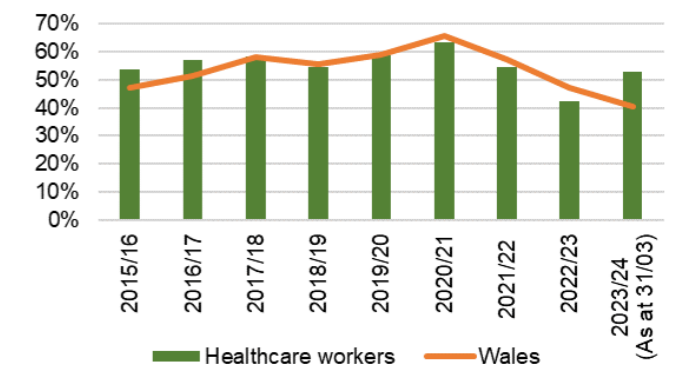
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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

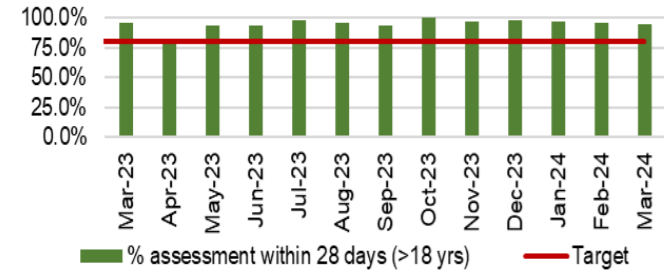


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

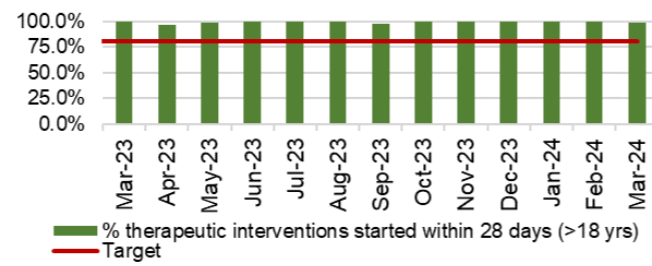


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

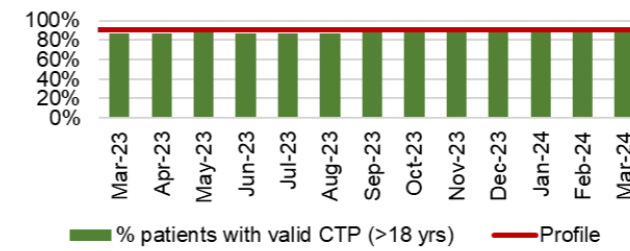


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

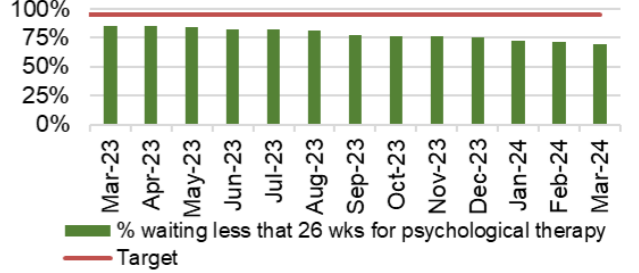


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

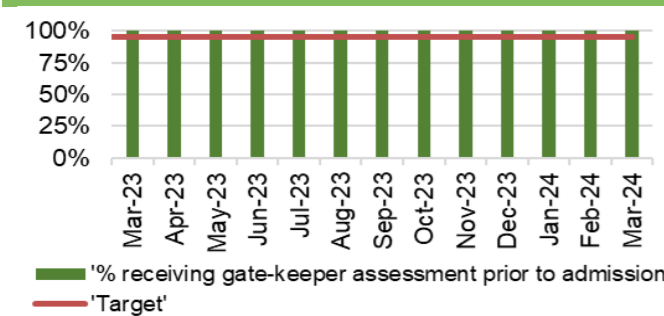


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

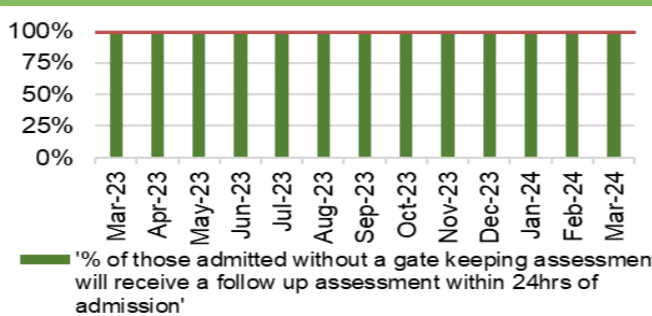


Chart 7: % of patients waiting under 14 weeks for Therapies

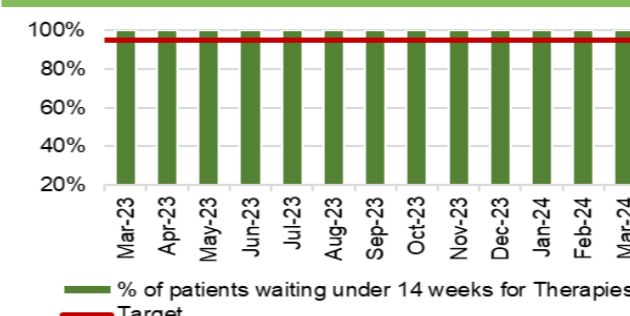


Chart 8: Number of Mental Health Delayed Transfers of Care (DTCs)

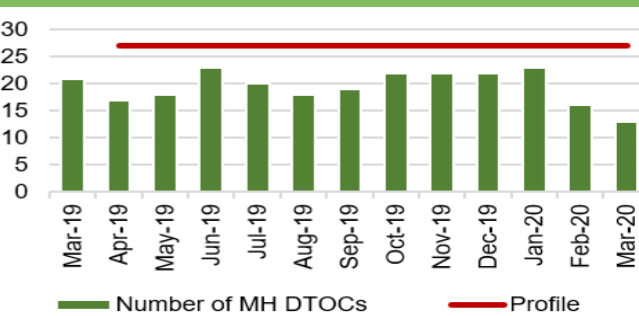


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

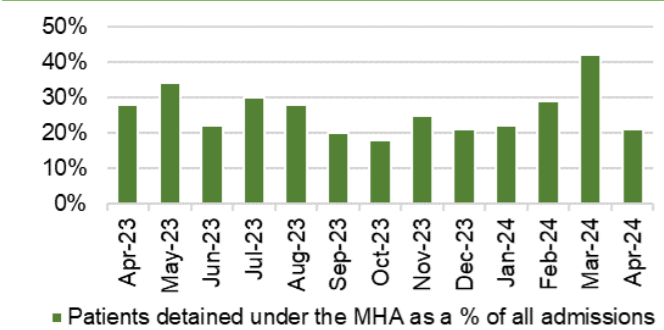


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

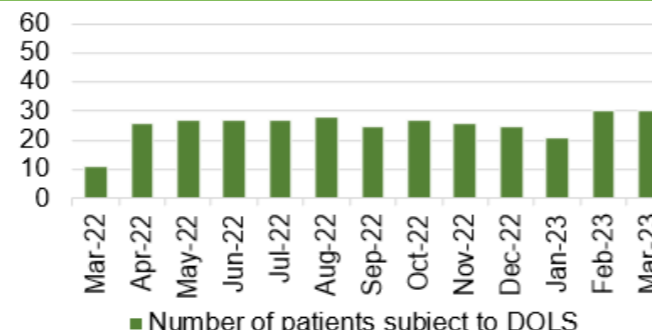


Chart 11: Number of Nationally Reportable Incidents

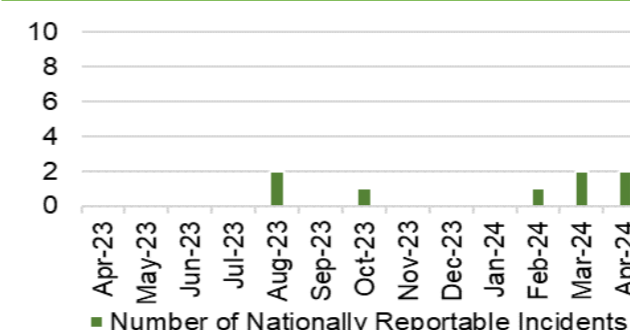
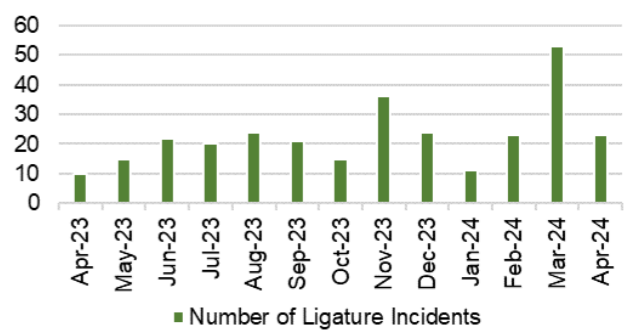


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

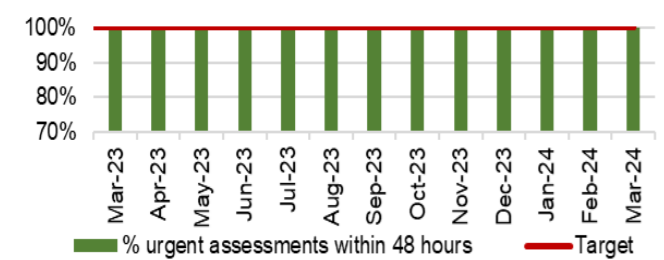


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

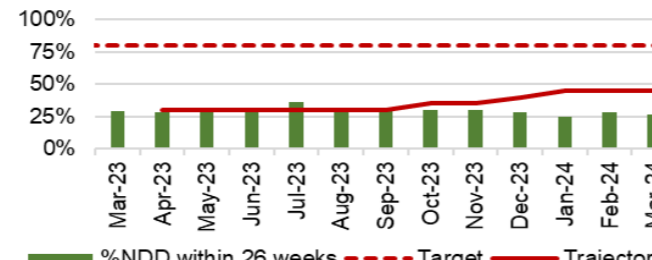


Chart 15: Assessment and intervention within 28 days

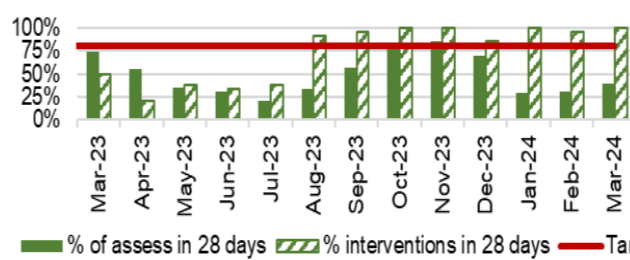
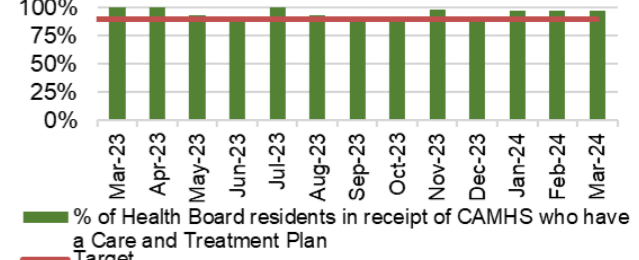


Chart 16: % of residents with a Care and Treatment Plan



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	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	
COVID-19 related measures	Number of new COVID19 cases	Local	Apr-24	51		Reduce					153	81	60	84	132	139	175	80	214	174	70	45	51	
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce																		
	Number of staff awaiting results of COVID19 test	Local	Apr-24	0		Reduce						0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Apr-24	28		Reduce						29	61	90	23	33	37	35	21	43	35	21	17	28
	Number of COVID19 related serious incidents	Local	Apr-24	0		Reduce						0	0	0	0	0	0	0	0	1	1	0	1	0
	Number of COVID19 related complaints	Local	Apr-24	0		Reduce						1	0	0	0	0	1	1	1	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	0										
Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce						45	27	7											
% sickness	Local	Jun-23	0.1%		Reduce						0.3%	0.2%	0.1%											
Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Apr-24	46%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		50%	56%	64%	55%	56%	49%	46%	52%	47%	50%	46%	50%	46%	
	Number of ambulance handovers over one hour	National	Apr-24	625	↑ trajectory			6,798 (Dec-22)	1st (Dec-22)		658	708	615	643	694	695	696	724	762	704	629	638	625	
	Handover hours lost over 15 minutes	Local	Apr-24	2905							3,627	3,952	3,018	3,383	4,075	3,807	3,868	3,343	3,787	3,693	3,344	3,573	2,905	
	% 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	Apr-24	77%	Month on month improvement		✓	63.1% (Dec-22)	4th (Dec-22)		75%	75%	76%	76%	76%	77%	77%	75%	75%	77%	74%	76%	77%	
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	Apr-24	994	↑ trajectory			12,099 (Dec-22)	4th (Dec-22)		1,083	1,303	1,274	1,179	1,156	1,180	1,207	969	994	959	1,197	1,132	994		
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Apr-24	26.9%							7.8%	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 (<1 hrs) (local)	Local	Apr-24	50.0%							45.1%	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%							96.1%	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%							25.0%	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	Mar-24	2.0%	10%		✘	2.1% (Nov-22)	4th (Nov-22)		2.0%	7.1%	5.0%	3.6%	6.3%	9.1%	0.0%	6.7%	4.5%	0.0%	0.0%	2.0%		
% 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)		68.6%	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	Apr-24	64.0%		80%	✘				80%	67%	-	40%	83%	50%	33%	100%	40%	100%	17%	66%	64%	
	Number of new Never Events	Local		0		0	✓				0	1	0	1	1	0	2	2	1	0	1	0	0	
	Number of risks with a score greater than 20	Local	Apr-24	152	12 month ↓	12 month ↓	✘				138	135	143	142	146	152	140	170	146	141	147	149	152	
Pressure Ulcers	Number of risks with a score greater than 16	Local		316	12 month ↓	12 month ↓	✘				296	289	300	303	316	322	304	363	305	296	310	318	316	
	Number of pressure ulcers acquired in hospital	Local	Feb-24	60	12 month ↓	12 month ↓	✓				63	63	67	67	68	63	70	69	69	63	69			
	Number of pressure ulcers developed in the community	Local	Feb-24	33	12 month ↓	12 month ↓	✓				37	41	39	37	38	44	37	45	51	46	37			
	Total number of pressure ulcers	Local	Feb-24	93	12 month ↓	12 month ↓	✓				114	124	106	100	98	107	107	114	111	129	93			
	Number of grade 3+ pressure ulcers acquired in hospital	Local	Feb-24	1	12 month ↓	12 month ↓	✓				5	10	6	1	4	4	6	5	5	2	1			
	Number of grade 3+ pressure ulcers acquired in community	Local	Feb-24	7	12 month ↓	12 month ↓	✓				7	9	9	6	7	11	5	12	10	3	7			
Total number of grade 3+ pressure ulcers	Local	Feb-24	8	12 month ↓	12 month ↓	✓				12	19	15	7	11	15	11	18	15	5	8				

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	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24		
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Apr-24	60.3	<67		✓	67.80 (Dec-22)	3rd (Dec-22)		81.1	73.7	75.1	75.2	76.5	75.7	69.6	73.3	69.1	69.3	68.1	67.0	60.3		
	Number of E.Coli bacteraemia cases (Hospital)		12		11	✗					14	12	13	12	18	8	5	21	6	9	7	8	12		
	Number of E.Coli bacteraemia cases (Community)		7	≤ 234 (Cumulative)	9	✓					12	10	12	13	9	15	6	11	6	10	10	11	7		
	Total number of E.Coli bacteraemia cases		19		20	✓					26	22	25	25	27	23	11	32	12	19	17	19	19		
	Cumulative cases of S.aureus bacteraemias per 100k pop		Apr-24	38.1	<20		✗	27.76 (Dec-22)	6th (Dec-22)		53.1	43.0	42.2	42.2	40.4	38.9	37.6	37.2	38.8	39.0	37.9	36.8	38.1		
	Number of S.aureus bacteraemias cases (Hospital)		8		6	✗					7	8	8	1	6	7	6	8	9	7	5	5	8		
	Number of S.aureus bacteraemias cases (Community)		4	≤ 71 (Cumulative)	2	✗					9	2	5	13	4	3	4	6	8	4	2	3	4		
	Total number of S.aureus bacteraemias cases		12		8	✗					16	10	13	14	10	10	10	14	17	11	7	8	12		
	Cumulative cases of C.difficile per 100k pop		Apr-24	63.5	<25		✗	36.68 (Dec-22)	5th (Dec-22)		56.2	46.0	51.4	52.2	52.0	57.3	56.9	62.5	62.6	64.3	64.7	65.2	63.5		
	Number of C.difficile cases (Hospital)		14		7	✗					7	10	13	12	14	20	14	15	13	15	15	19	14		
	Number of C.difficile cases (Community)		6	≤ 95 (Cumulative)	3	✗					8	4	7	6	3	7	4	18	8	7	5	3	6		
	Total number of C.difficile cases		20		10	✗					15	14	20	18	17	27	18	33	21	22	20	22	20		
	Cumulative cases of Klebsiella per 100k pop		Apr-24	31.7								25.0	27.6	24.7	20.7	22.6	25.1	24.1	24.2	23.5	25.0	25.4	24.5	31.7	
	Number of Klebsiella cases (Hospital)		5		5	✓					7	4	1	3	4	7	5	4	1	6	2	3	5		
	Number of Klebsiella cases (Community)		5	≤ 71 (Cumulative)	4	✓					1	6	5	0	6	5	1	4	5	5	7	2	5		
	Total number of Klebsiella cases		10		9	✓			63 Total (Dec-22)	2nd (Dec-22)		8	10	6	3	10	12	6	8	6	11	9	5	10	
	Cumulative cases of Aeruginosa per 100k pop		Apr-24	0.0								6.2	4.6	7.2	6.1	6.1	6.1	6.1	6.1	6.5	6.2	5.7	5.2	0.0	
	Number of Aeruginosa cases (Hospital)		0		2	✓					1	1	3	2	0	1	2	2	3	2	0	0	0		
	Number of Aeruginosa cases (Community)		0	≤ 21 (Cumulative)	1	✓					1	0	1	0	1	1	0	0	0	0	0	0	0		
	Total number of Aeruginosa cases		0		3	✓			8 Total (Dec-22)	4th (Dec-22)		2	1	4	2	1	2	2	2	3	2	0	0	0	
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Apr-24	90.1%		95%	✗					99%	95%	95%	97%	95%	96%	97%	95%	97%	98%	97%	88%	90%		
Inpatient Falls	Local	Apr-24	146		12 month ↓	✗					183	184	143	164	200	157	190	166	158	192	203	201	146		
NEWS	Local	Apr-24	82%		98%	✗					96.6%	91.9%	81.6%	84.1%	85.2%	82.0%	89.6%	89.9%	85.7%	91.6%	85.5%	93.5%	81.6%		
Coding	National	Mar-24	64%		12 month ↑	✓					55%	55%	68%	71%	61%	69%	76%	66%	76%	78%	70%	64%			
E-TOC	Local	Apr-24	76%		100%	✗					64%	65%	65%	64%	66%	61%	66%	69%	70%	68%	72%	69%	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)		5.7%	5.8%	5.2%	4.9%	5.3%	4.1%	3.4%	4.6%	4.1%	3.9%	3.7%				
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Apr-24	73%	85%	✗		63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		72%	68%	67%	67%	67%	66%	66%	66%	67%	69%	69%	70%	73%		
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Apr-24	90%	85%	✓		81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		86%	87%	87%	88%	88%	87%	88%	89%	88%	86%	90%	87%	90%		
	% workforce sickness absence (12 month rolling)	National	Mar-24	6.96%	12 month ↓	✓		7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.46%	7.37%	7.28%	7.11%	7.08%	7.08%	7.05%	7.09%	6.96%	6.96%	6.99%	6.96%			

Harm from reduction in non-Covid activity																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Apr-24	13.9%							11.8%	13.0%	13.9%	13.0%	13.9%	12.2%	14.0%	13.3%	13.9%	12.2%	11.4%	13.9%	13.9%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Feb-24	55.8%	↑ trajectory			53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		56.5%	46.6%	42.8%	49.0%	48.6%	47.9%	51.7%	53.3%	51.0%	47.5%	50.4%	55.8%		
Ratification waiting times	Scheduled (14 Day Target)	Local	Apr-24	17%	80%		✘				22%	35%	18%	33%	44%	20%	10%	12%	17%	25%	28%	15%	17%	
	Scheduled (21 Day Target)	Local	Apr-24	62%	100%		✘				70%	81%	63%	68%	83%	76%	42%	61%	77%	67%	81%	59%	62%	
	Urgent SC (2 Day Target)	Local	Apr-24	15%	80%		✘				22%	50%	24%	42%	27%	33%	53%	31%	38%	26%	52%	50%	15%	
	Urgent SC (7 Day Target)	Local	Apr-24	64%	100%		✘				70%	73%	52%	90%	91%	78%	73%	77%	65%	85%	79%	82%	64%	
	Emergency (within 1 day)	Local	Apr-24	88%	80%		✔				100%	100%	71%	100%	92%	100%	100%	100%	100%	100%	100%	67%	91%	88%
	Emergency (within 2 days)	Local	Apr-24	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	100%
	Elective Delay (7 Day Target)	Local	Apr-24	94%	80%		✔				87%	93%	93%	91%	96%	98%	98%	95%	97%	99%	98%	98%	98%	94%
	Elective Delay (14 Day Target)	Local	Apr-24	98%	100%		✘				93%	100%	95%	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	98%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Apr-24	3,281				15,517 (Nov-22)	7th (Nov-22)		4,677	4,847	4,745	4,505	4,415	4,148	3,737	3,427	3,553	3,509	3,311	3,238	3,281	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Apr-24	3,746	↑ trajectory			42,566 (Nov-22)	4th (Nov-22)		6,867	7,255	7,221	6,713	6,861	6,800	5,939	5,429	5,616	4,705	3,870	3,687	3,746	
	Number of patients waiting > 14 weeks for a specified therapy	National	Apr-24	1	↑ trajectory			9,584 (Nov-22)	2nd (Nov-22)		129	149	203	183	183	182	195	84	73	88	29	1	1	
	% of patients waiting < 26 weeks for treatment	Local	Apr-24	60.29%	95%			56% (Nov-22)	6th (Nov-22)		58.3%	58.8%	60.9%	61.7%	61.0%	60.7%	62.0%	62.6%	61.0%	60.8%	61.3%	60.6%	60.3%	
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Apr-24	13,045							15,184	14,733	13,427	12,937	13,121	12,786	11,169	10,425	10,889	10,722	10,938	12,095	13,045	
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Apr-24	5,575	↑ trajectory						8,561	7,675	6,893	6,729	6,558	5,327	4,508	4,282	4,546	4,184	4,102	4,739	5,575	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Apr-24	0	↑ trajectory			85,301 (Nov-22)	3rd (Nov-22)		3,456	2,719	1,234	894	665	180	0	0	0	0	0	0	0	0
	Number of patients waiting > 52 weeks for treatment	National	Apr-24	12,898	↑ trajectory						17,823	16,976	15,446	15,120	14,877	14,417	13,942	13,453	13,386	13,318	13,211	13,181	12,898	
	Number of patients waiting > 104 weeks for treatment	National	Apr-24	1,725	↑ trajectory			49,594 (Nov-22)	5th (Nov-22)		5,952	5,792	5,474	5,299	4,999	4,645	4,097	3,460	2,969	2,566	2,175	1,831	1,725	
	The number of patients waiting for a follow-up outpatient appointment	Local	Apr-24	169,049							147,864	150,109	149,529	150,416	150,060	152,025	154,704	157,285	159,226	162,964	164,581	166,438	169,049	
The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Apr-24	49,837	↑ trajectory			224,552 (Nov-22)	5th (Nov-22)		41,611	42,534	40,807	41,123	39,938	41,048	41,188	41,727	43,784	44,976	46,482	48,969	49,837		
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Apr-24	55%	95%		✘	64.9% (Nov-22)	1st (Nov-22)		62.7%	62.3%	57.5%	63.8%	60.3%	63.7%	60.2%	61.5%	64.7%	61.3%	62.9%	57.3%	54.6%		
Activity	Number of GP referrals	Local	Apr-24	13,687	12 month ↓		✔				12,012	13,341	13,984	12,623	12,698	12,383	12,644	12,622	10,102	12,876	12,976	12,269	13,687	
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Apr-24	932	↑ trajectory						737	803	890	824	812	815	851	843	735	775	721	936	932	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Apr-24	9%	12 month ↓		✘				7.9%	10.1%	10.6%	10.0%	9.6%	10.6%	9.7%	10.0%	9.7%	9.3%	8.9%	9.5%	8.9%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Apr-24	7%	12 month ↓		✘				8.0%	8.2%	8.4%	8.1%	8.0%	8.1%	7.7%	7.6%	8.0%	8.2%	7.2%	7.3%	7.3%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Apr-24	78%		90%	✘				71%	76%	69%	73%	66%	73%	76%	72%	63%	63%	69%	65%	78%	
	% of theatre sessions starting late	Local	Apr-24	35%		<25%	✘				35%	37%	36%	42%	36%	38%	40%	39%	40%	37%	37%	31%	35%	
	% of theatre sessions finishing early	Local	Apr-24	47%		<20%	✘				48%	51%	47%	44%	51%	50%	47%	44%	49%	52%	50%	45%	47%	
Patient experience	Number of friends and family surveys completed	National	Apr-24	5,579	Month on month improvement		✔				2,704	3,477	2,503	3,401	5,188	4,084	5,738	5,792	4,004	5,211	5,232	5,427	5,579	
	% of who would recommend and highly recommend	Local	Apr-24	93%		90%	✔				92%	90%	89%	91%	92%	92%	92%	92%	92%	93%	92%	92%	93%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Apr-24	93%		90%	✔				95%	95%	90%	91%	92%	92%	93%	93%	93%	93%	93%	92%	93%	
Complaints	Number of new formal complaints received	Local	Feb-24	168		12 month trend ↓	✔				149	182	217	147	155	171	164	171	108	181	168			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Feb-24	71%		80%	✘				77%	71%	71%	64%	71%	62%	74%	55%	69%	72%	71%			
	% of acknowledgements sent within 2 working days	Local	Feb-24	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	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-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%			88.9%			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	Apr-24	43.2%	75%		✘				Historical data not available		61.8%	Data collection restarts Apr-24										43.2%								
	% 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	Mar-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	Mar-24	26%	80%		✘	31.4% (Nov-22)	3rd (Nov-22)		28%	30%	31%	36%	31%	30%	30%	30%	29%	24%	28%	26%										
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Mar-24	40%	80%		✘	83.2% (Nov-22)	5th (Nov-22)		55%	31%	31%	21%	33%	56%	77%	86%	70%	29%	31%	40%										
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Mar-24	40%	80%		✘	66.8% (Nov-22)	5th (Nov-22)		55%	35%	31%	21%	33%	56%	77%	86%	70%	29%	31%	40%										
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Mar-24	100%	80%		✔	34.4% (Nov-22)	4th (Nov-22)		21%	38%	33%	38%	91%	95%	100%	100%	86%	100%	96%	100%										
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%																											
Mental Health	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Mar-24	97%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		100%	93%	90%	100%	93%	92%	92%	98%	92%	97%	97%	97%										
	% 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	Mar-24	95%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		78%	94%	93%	98%	96%	94%	100%	97%	98%	97%	96%	95%										
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Mar-24	99%	80%		✔	73.1% (Nov-22)	2nd (Nov-22)		96%	98%	100%	100%	100%	97%	100%	100%	100%	100%	100%	99%										
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Mar-24	69%	80%		✘	73.9% (Nov-22)	2nd (Nov-22)		85%	84%	82%	82%	81%	77%	76%	76%	76%	73%	71%	69%										
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Mar-24	89%	90%		✘	84.2% (Nov-22)	2nd (Nov-22)		87%	88%	87%	87%	87%	88%	89%	90%	88%	88%	89%	89%										
	% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CHRHTS within 24 hours of admission	Local	Mar-24	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%									