Report Date	**23rd April 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 (March 2024) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework. To note, year end validation processes are ongoing and some figures may be subject to modest change.		
Key Issues	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. The focus of the report will be 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. A discussion is scheduled with the NHS Wales Chief Executive and the Health Board Executive Team which will finally establish the precise metrics for inclusion in the escalation framework. **Key high level issues to highlight this month are as follows: -** **<u>COVID19</u>** - The number of new cases of COVID19 remains minimal with 45 new cases reported in march 2024. **<u>Unscheduled Care</u>** - Performance against the 4-hour access has improved by 1.4% to 75.7% In March 2024. - Performance against the 12-hour wait has improved in March 2024 to 1,132 from 1,197.		

- In March 2024, there were 638 ambulance to hospital handovers taking over 1 hour; this is an increase of 9 compared with the previous month.
- In March 2024, 3,573 ambulance hours were lost in handover delays compared to 3,344 in the previous month.

Planned Care

- OP waits remain under the 52 week Ministerial target level in March 2024, a position sustained since October 2023.
- At the end of March 2024, there were 1,831 patients waiting over 104 weeks for treatment, which is a 12% reduction from the previous month.
- In March 2024 there was 1 patient waiting over 14 weeks for specified Therapies.
    - 1 for Speech & Language Therapy
- In March 2024, there was a decrease in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 3,870 to 3,687. The breakdown is as follows: -
- Endoscopy= 3,238
- Cardiac tests= 429
- Other Diagnostics = 20

Cancer

- The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in February 2024 was 50%, which is 2% higher than the figure reported in January 2024.
- Backlog figures have seen a reduction in recent weeks to 209 at the date of reporting.

Mental Health

- Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in December 2023.
- In February 2024, 716% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

Child and Adolescent Mental Health Services (CAMHS)

- Access times for crisis performance has been maintained at 100% in February 2024.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remains static at 28% in February 2024.
- Note: S-CAMHS now included with P-CAMHS measure and performance substantially improved.

	Work has commenced with colleagues in Primary and Community Care services to enhance performance reporting in this important area for the Health Board.			
Specific Action Required	**Information**	**Discussion**	**Assurance**	**Approval**
	✓		✓	
Recommendations	Members are asked to: • **NOTE** the Health Board performance against key measures and targets. • **NOTE** that the report will be updated once TI measures are known. • **NOTE** that work has commenced to develop and add key reporting measures for Primary and Community Care Services			

INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION:

Members are asked to:

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

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒

Quality, Safety and Patient Experience

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.

There are no directly related Equality and Diversity implications as a result of this report.

Financial Implications

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

Legal Implications (including equality and diversity assessment)

A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.

Staffing Implications

A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

The '5 Ways of Working' are demonstrated in the report as follows:

- **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
April 2024

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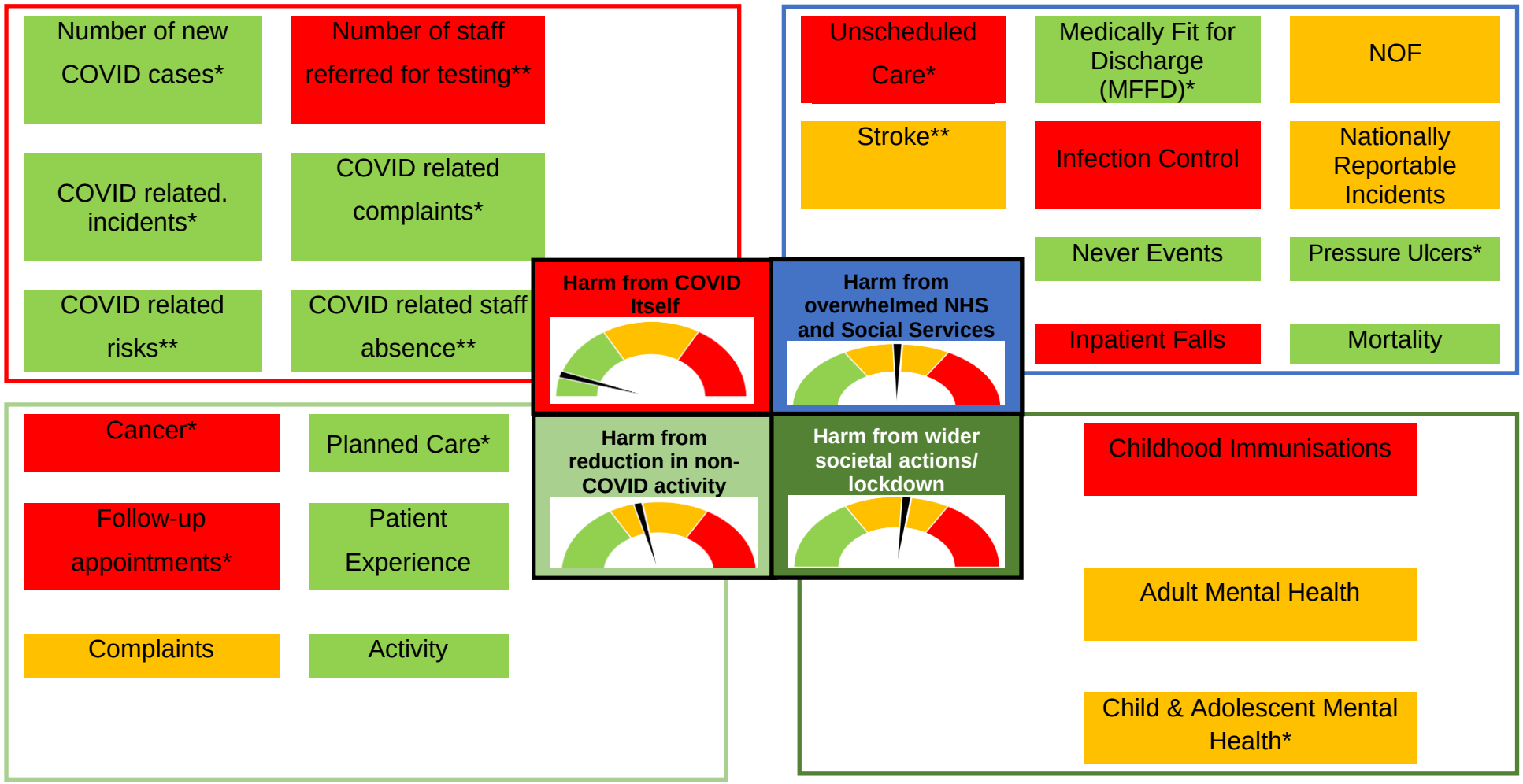
1. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

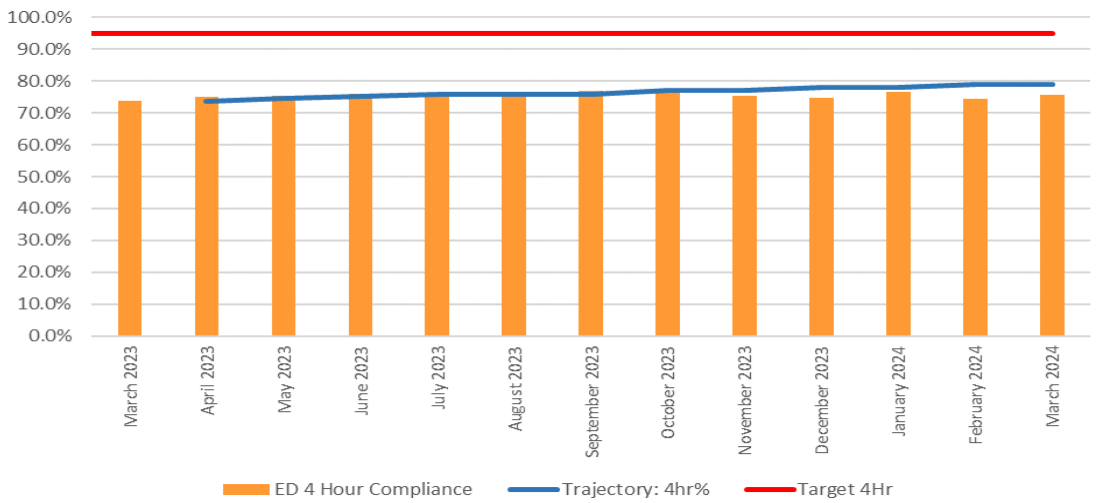
** Data not available

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

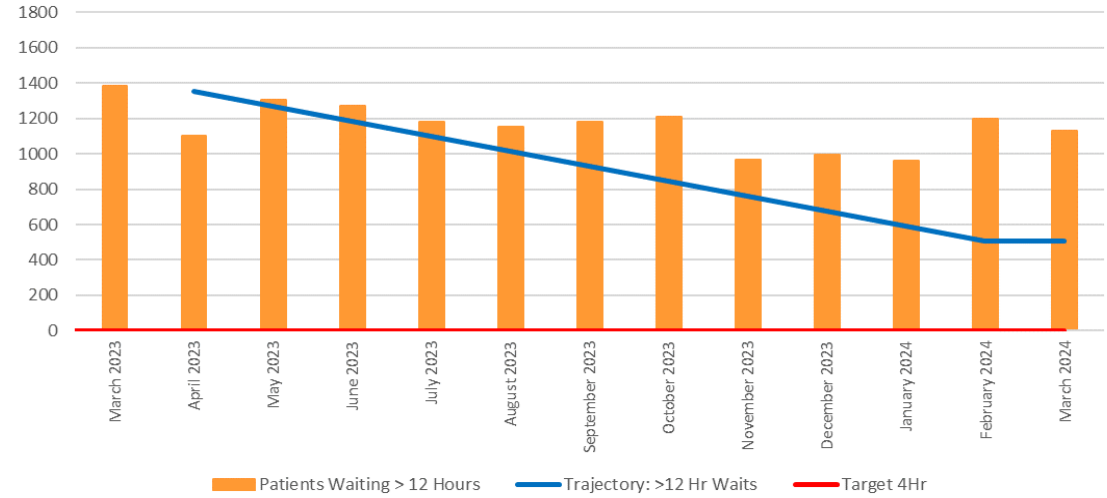
2. ESCALATED SERVICE UPDATE TRAJECTORIES

UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



2. Submitted recovery trajectory for A&E12-hour performance

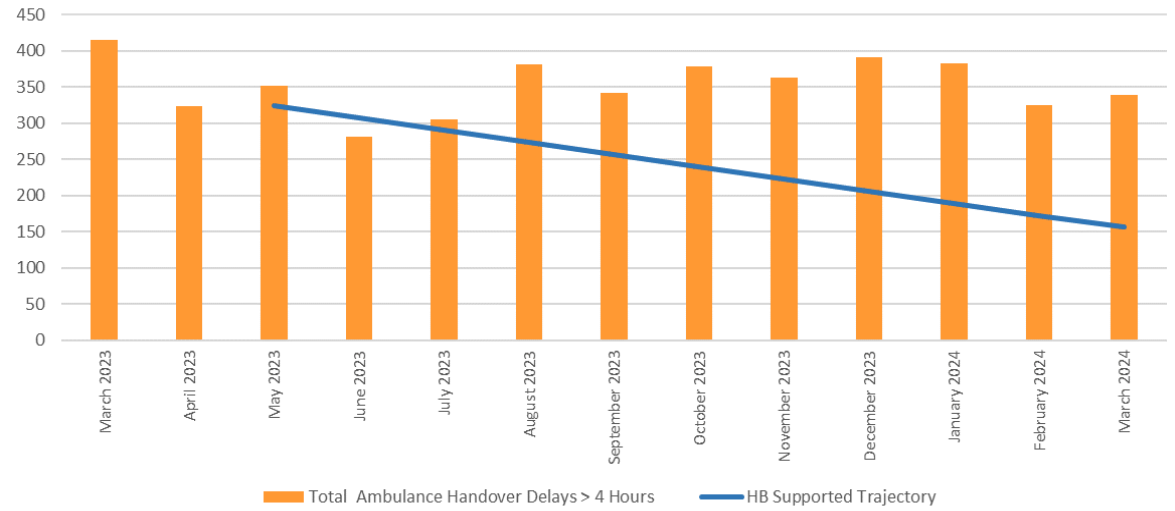


1. Performance against the 4-hour access is currently below the outlined trajectory in March 2024. ED 4-hour performance has improved by 1.4% in March 2024 to 75.72% from 74.29% in February 2024.

2. Performance against the 12-hour wait has improved in-month and is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department decreased to 1,132 in March 2024 from 1197 in February.

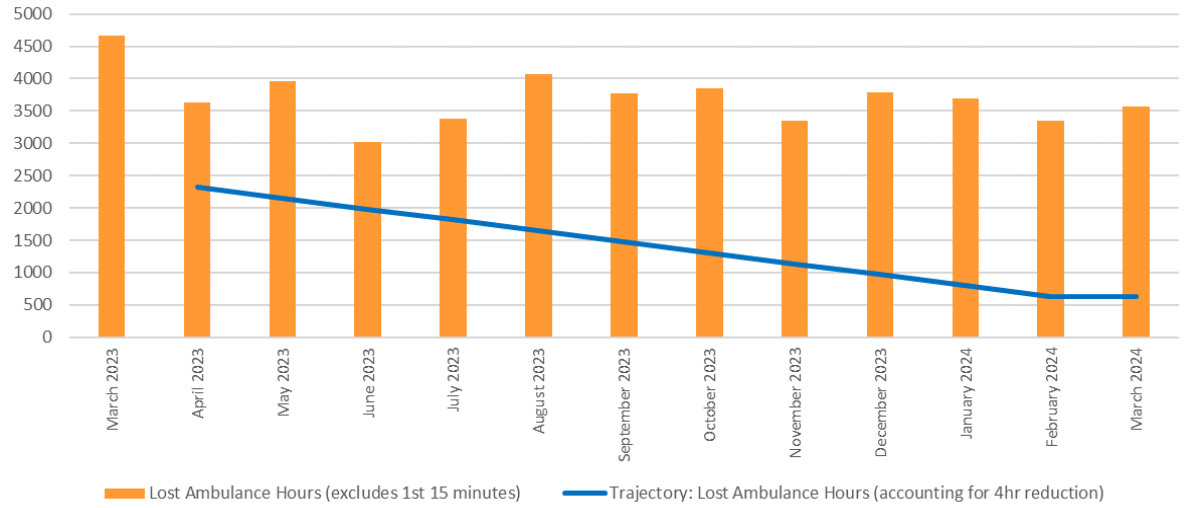
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The number of Ambulance handovers over 4 hours have increased slightly in March 2024. The handover times over four hours increased to 339 in March 2024 from 325 in February 2024. The figures are above the outlined trajectory for March 2024 which was 0.

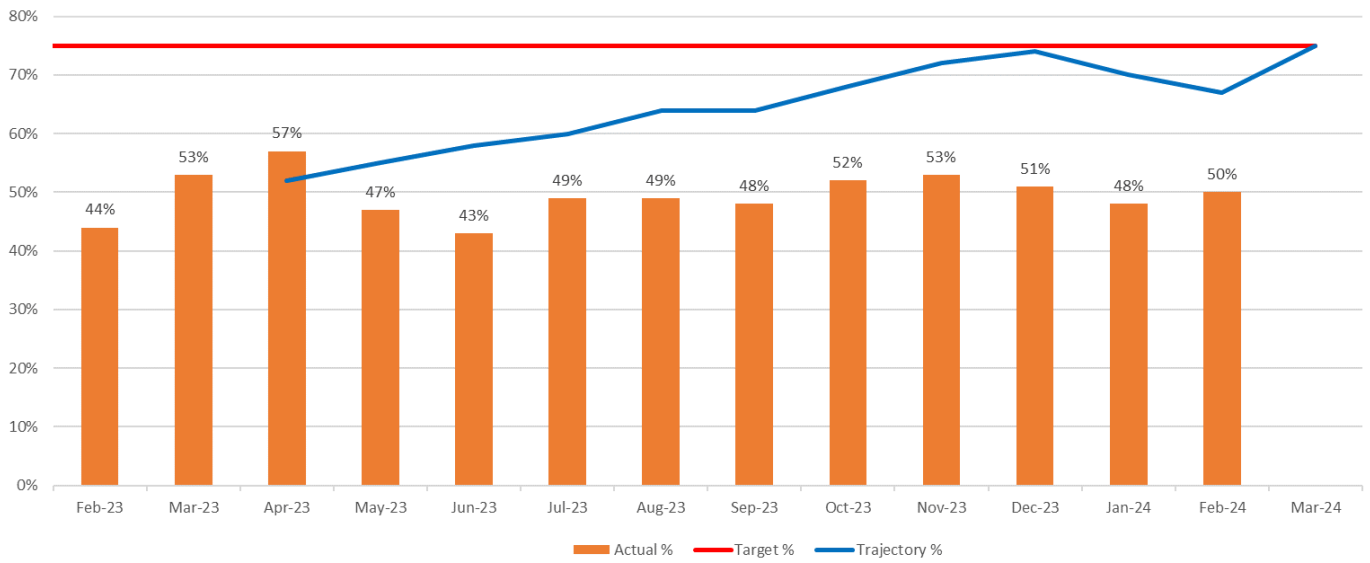
4. Ambulance Handover Lost Hours



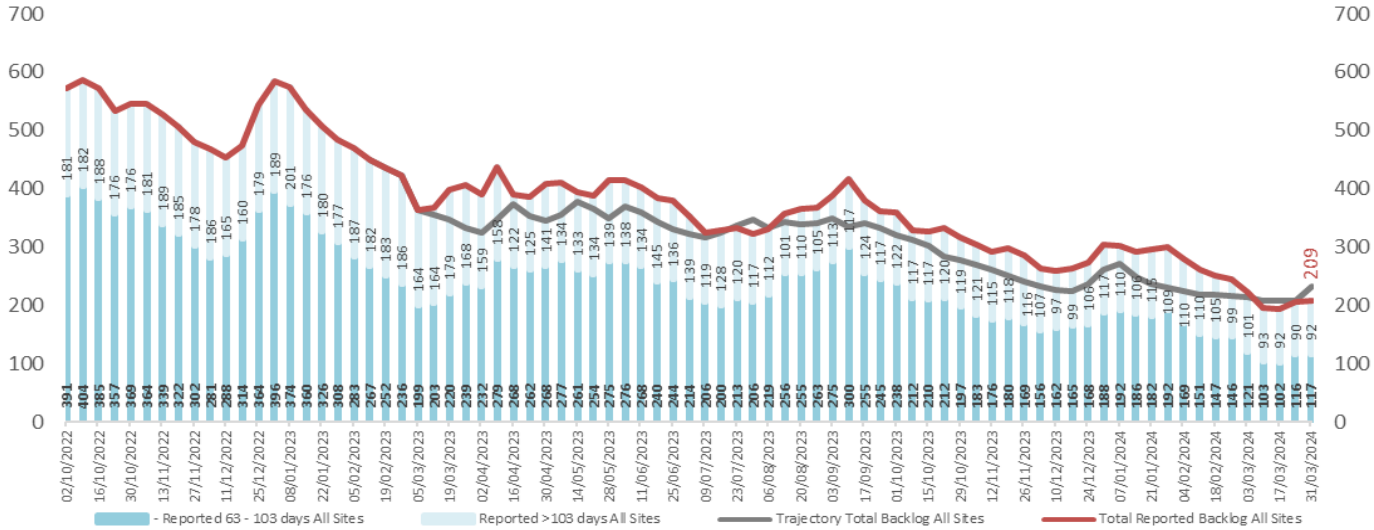
4. The ambulance handover lost hours rate has seen an increase in March 2024. The ambulance handover lost hours increased from 3,344 in February 2024 to 3,573 in March 2024. This is above the outlined trajectory for March 2024 (628).

CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



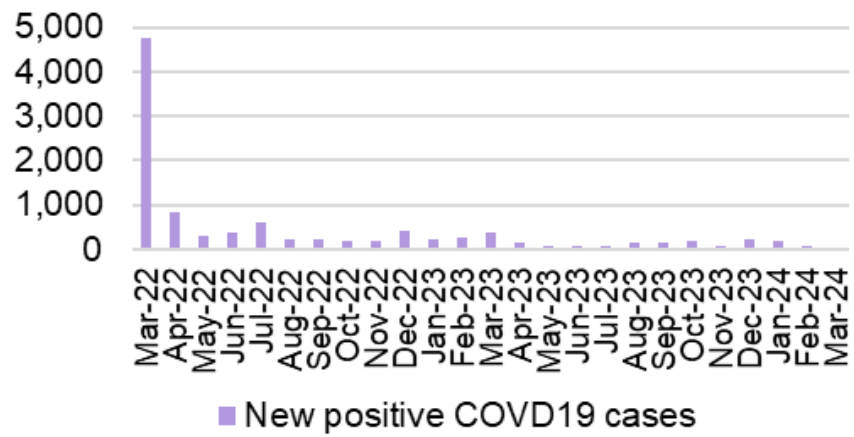
2. Proposed backlog improvements to support SCP performance



1. The final SCP performance for February 2024 was 50%, which is higher than the figure reported in January 2024. Performance is below the submitted trajectory (67%).

2. Backlog figures have seen a reduction in recent weeks and are below the submitted trajectory. The total backlog at 31/03/2024 was 209.

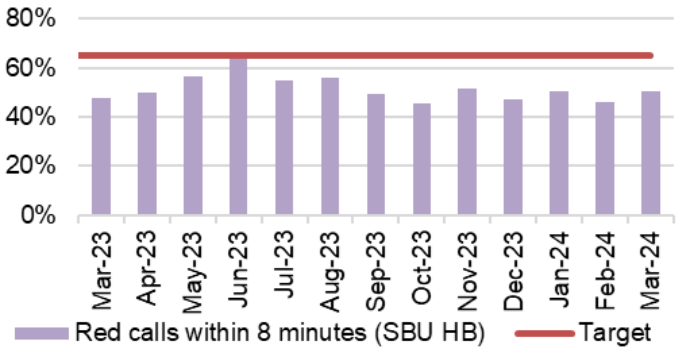
3. UPDATES ON KEY SERVICE AREAS

COVID Data		
Description	**Current Performance**	**Trend**
1. Number of new COVID19 cases in Swansea Bay population area	**Number of new COVID cases** In March 2024, there were an additional 45 positive cases recorded bringing the cumulative total to 121,515 in Swansea Bay since March 2020.	**Number of new COVID19 cases for Swansea Bay population** 

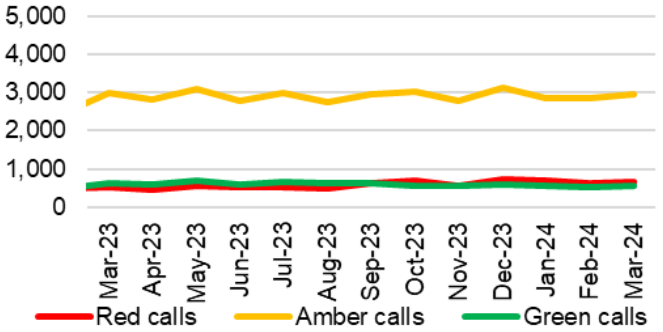
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
Ambulance responses *1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.* *2. The number of ambulance calls by category.* *3.The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)*	In March 2024, the number of red calls responded to within 8 minutes improved to 50.3% from 46.0% in February 2024. In March 2024, the number of green calls increased by 3%, amber calls increased by 4%, and red calls increased by 8% compared with February 2024.	Ambulance response rates have seen an improvement in performance in March 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.

Trend

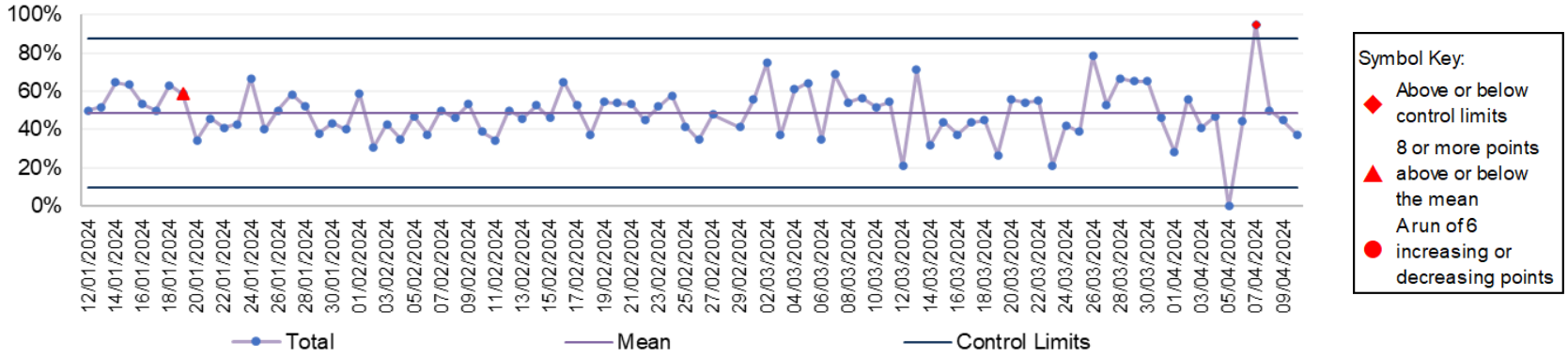
1. % of red calls responded to within 8 minutes



2. Number of ambulance call responses



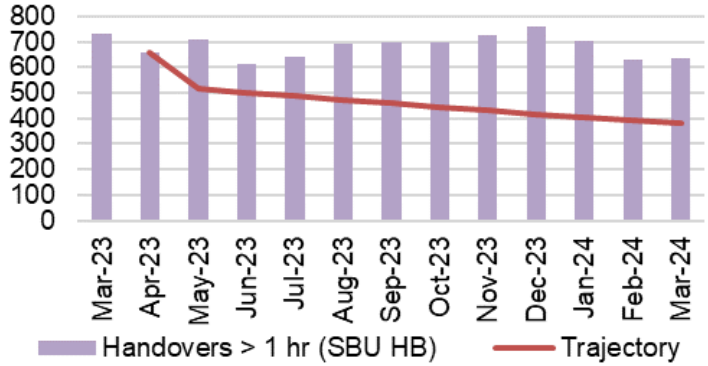
3. % of red calls responded to within 8 minutes – HB total last 90 days



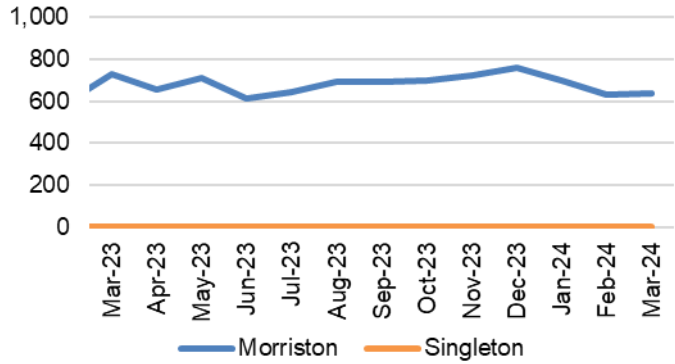
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
Ambulance handovers 1.The number of ambulance handovers over one hour 2. The number of ambulance handovers over one hour- Hospital level 3.The number of ambulance handovers over one hour (last 90 days)	In March 2024, there were 638 ambulance to hospital handovers taking over 1 hour; this is an increase of 9 compared with 629 in February 2024. In March 2024, all 638 handovers over 1 hour were attributed to Morriston Hospital. The number of handover hours lost over 15 minutes have increased from 3,344 in February 2024 to 3,573 in March 2024.	Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction. Changes to medical staff rotas are being worked through and a frailty model has been agreed to improve flow and develop new pathways of care to prevent conveyance and admission where appropriate

Trend

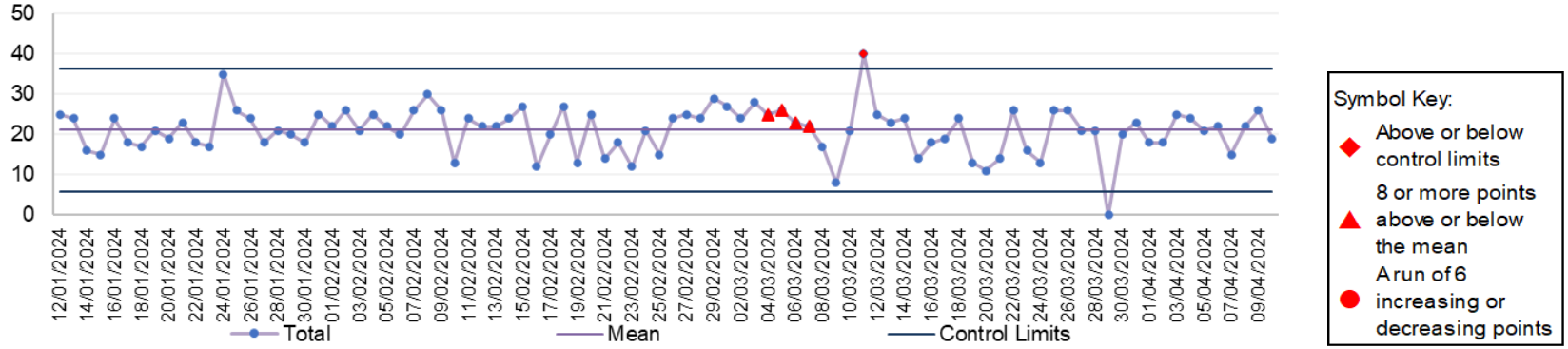
1. Number of ambulance handovers- HB total



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



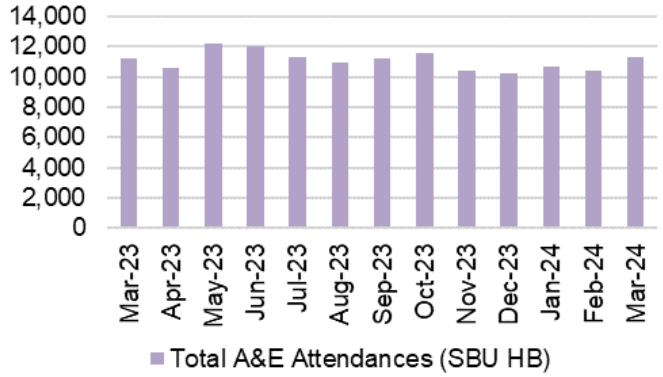
3. Number of ambulance handovers- HB total last 90 days



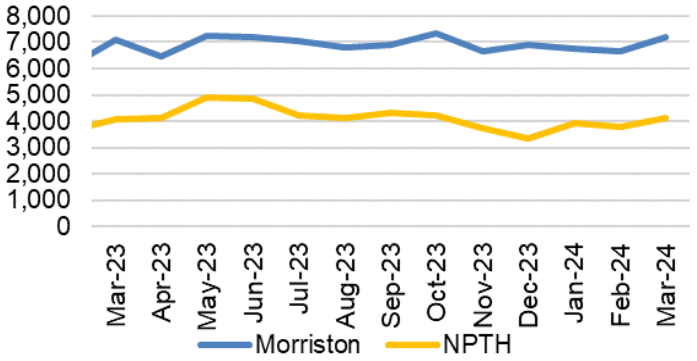
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
A&E Attendances *1.The number of attendances at emergency departments in the Health Board* *2.The number of attendances at emergency departments in the Health Board – Hospital level* *3.The number of attendances at emergency departments in the Health Board (last 90 days)*	In March 2024, there were 11,312 A&E attendances, which is an increase of 891 when compared to February 2024. There were 7,210 attendances to A&E at Morriston hospital and 4,102 attendances to MIU at Neath Port Talbot hospital.	There is currently a medical SDEC model in place consisting of medics, GP's, therapies, plus co-location of OPAS, ACT, virtual wards, paramedics (WAST stack review and direct access) – pull & push model from ED.

Trend

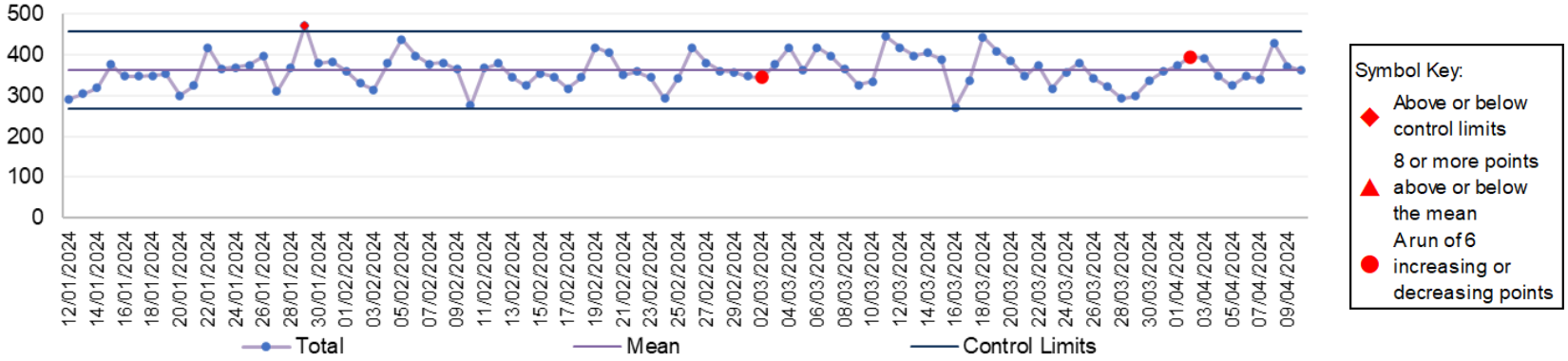
1. Number of A&E attendances- HB total



2. Number of A&E attendances- Hospital level



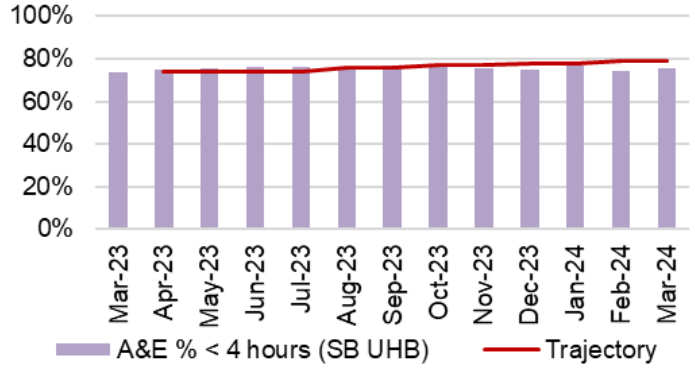
3. Number of A&E attendances -HB total last 90 days



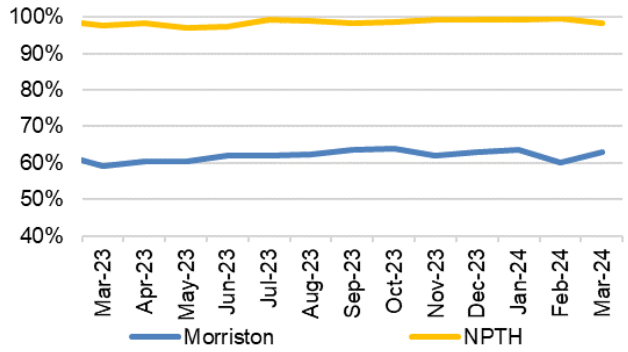
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
A&E waiting times *1.% of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge* *2. % of patients who spend less than 4 hours in A&E- Hospital level* *3. % of patients who spend less than 4 hours in A&E (last 90 days)*	The Health Board's performance against the 4-hour measure improved from 74.29% in February 2024 to 75.72% in March 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 98.42% in March 2024. Morriston Hospital's performance improved between February 2024 and March 2024, achieving 62.82% against the target.	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.

Trend

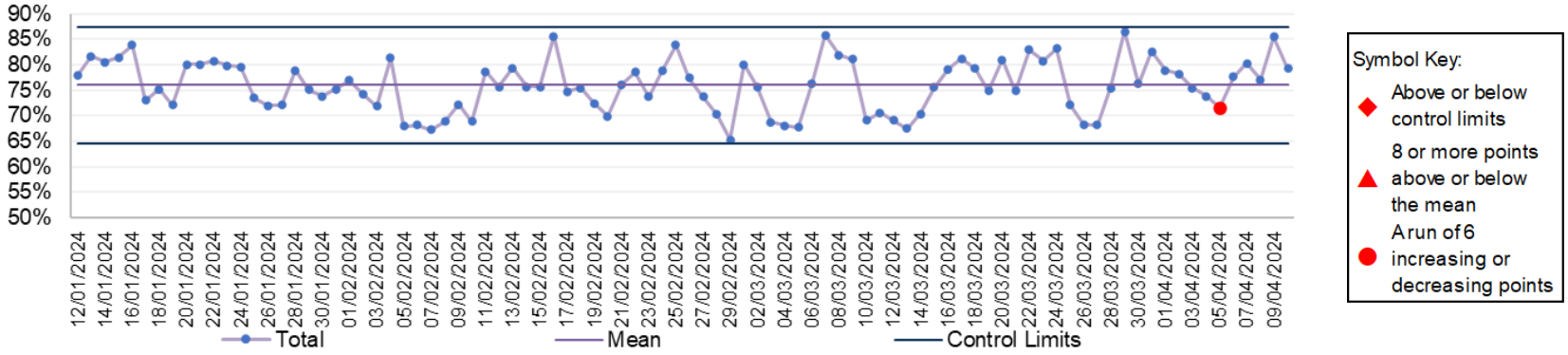
1. % Patients waiting under 4 hours in A&E- HB total



2. % Patients waiting under 4 hours in A&E- Hospital level



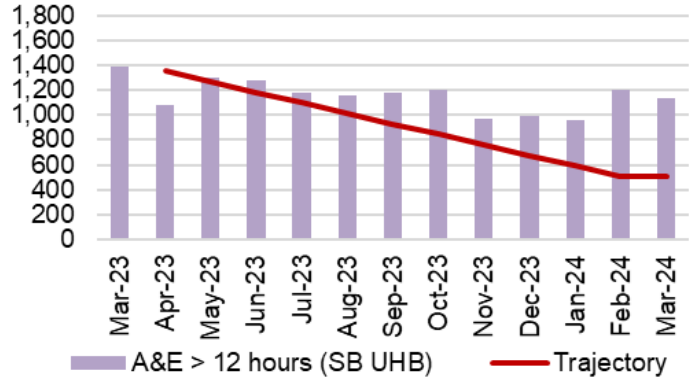
3. % Patients waiting under 4 hours in A&E- HB total last 90 days



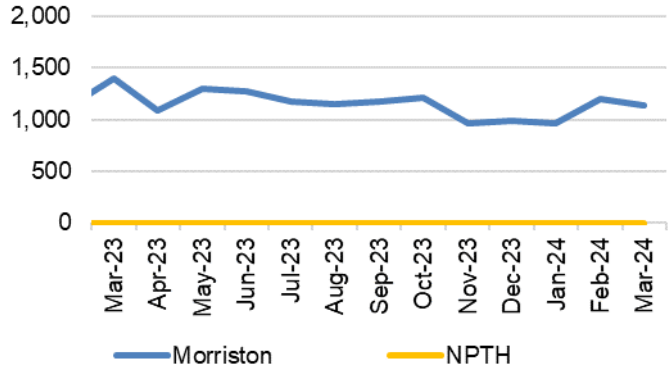
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
A&E waiting times *1.Number of patients who spend 12 hours or more in A&E* *2.Number of patients who spend 12 hours or more in A&E- Hospital level* *3.Number of patients who spend 12 hours or more in A&E (last 90 days)*	In March 2024, performance against the 12-hour measure improved when compared with February 2024, decreasing from 1,197 to 1,132. This is a reduction of 65 compared to February 2024. All 1,132 patients waiting over 12 hours in March 2024 were attributed to Morriston Hospital.	A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.

Trend

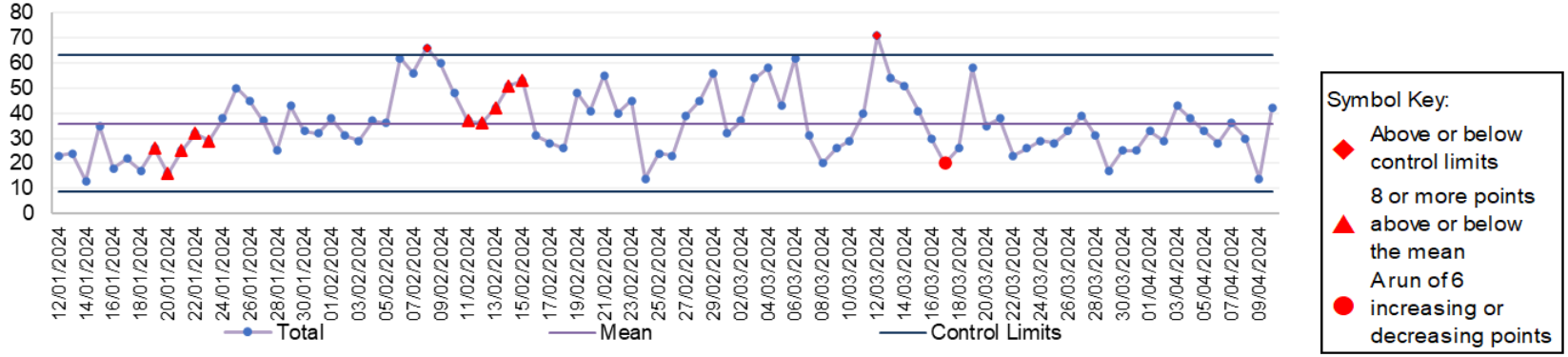
1. Number of patients waiting over 12 hours in A&E- HB total



2. Number of patients waiting over 12 hours in A&E- Hospital level



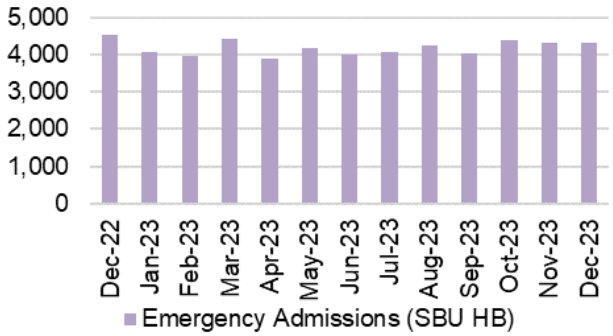
3. Number of patients waiting over 12 hours in A&E – HB total last 90 days



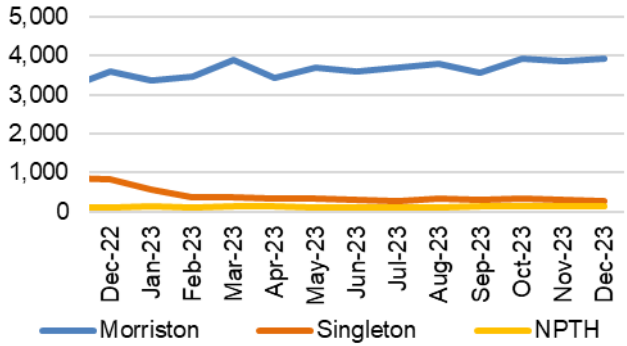
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
Emergency admissions *1. The number of emergency inpatient admissions* *2. The number of emergency inpatient admissions- Hospital level* *3. The number of emergency inpatient admissions (last 90 days)*	In December 2023, 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.	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

Trend

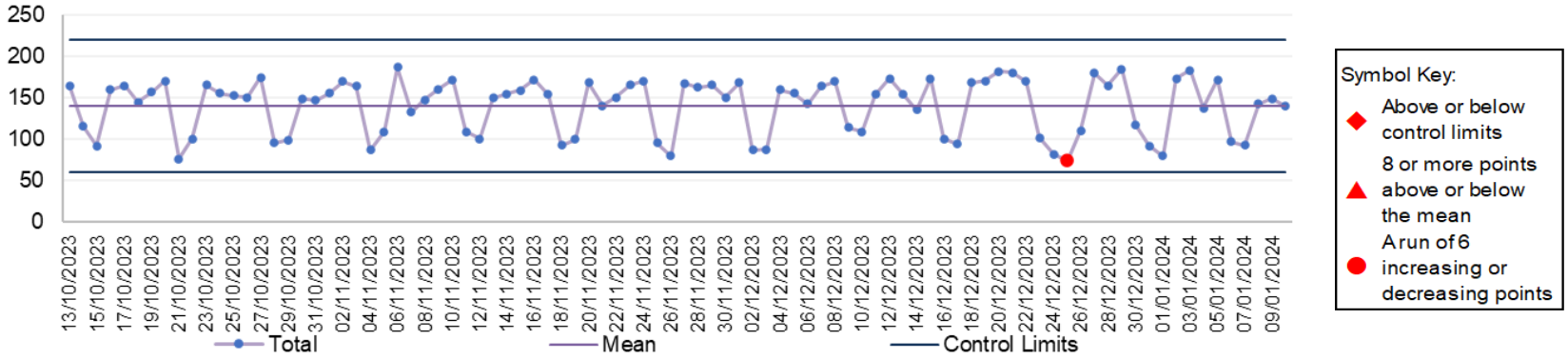
1. Number of emergency admissions- HB total



2.Number of emergency admissions- Hospital level



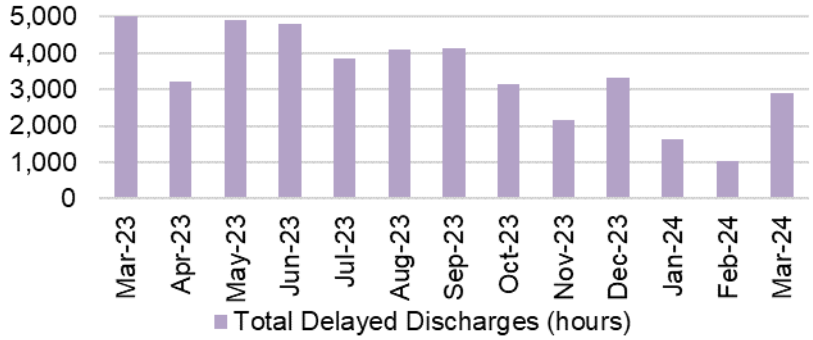
3.Number of emergency admissions- HB total last 90 days



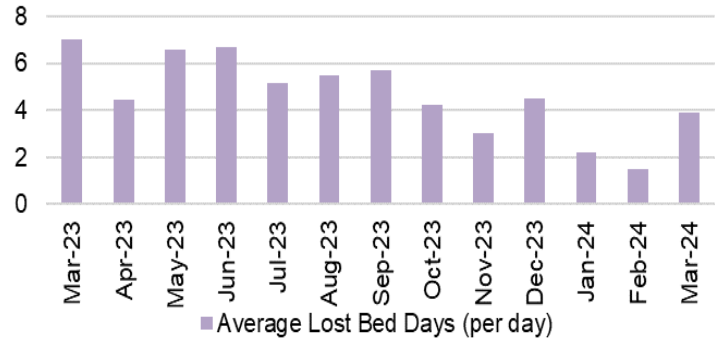
UNSCHEDULED CARE		
Description	**Current Performance**	**Actions of Improvement**
Critical Care-Delayed Transfers of Care (DTOC)-Morriston *Hospital* *1.Total Critical Care delayed discharges (hours)* *2. Average lost bed days per day* *3.Percentage of patients delayed:* *Up to 8 hours* *Between 8 and 24 hours* *Over 24 hours*	In March 2024, there were a total of 76 admissions into the Intensive Care Unit (ICU) in Morriston 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.	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.

Trend

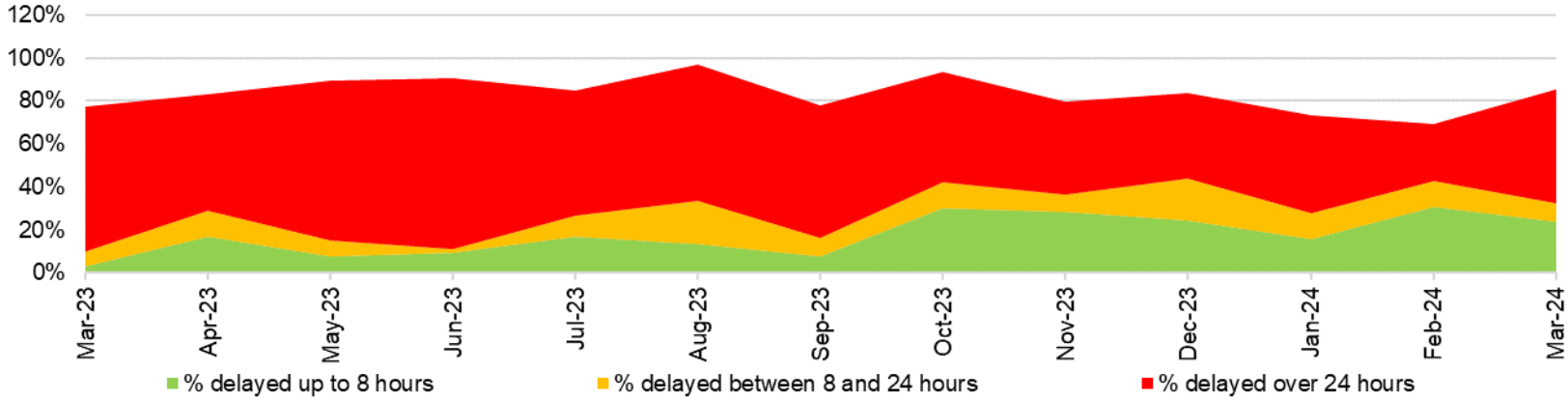
1. Total Critical Care delayed discharges (hours)

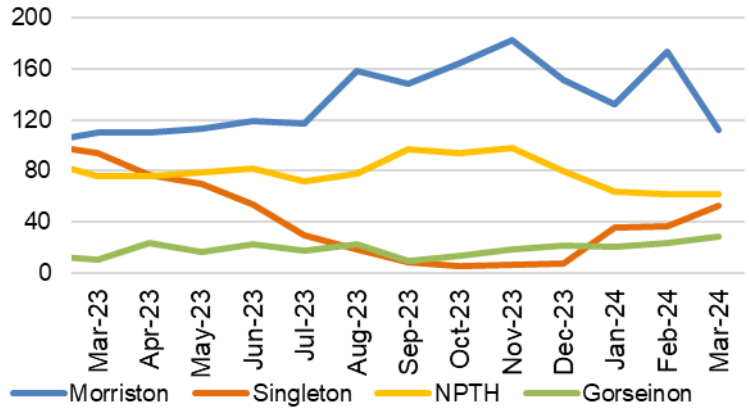
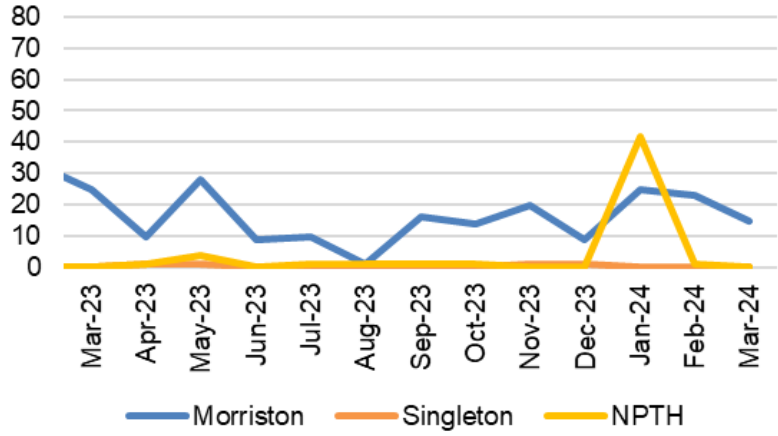


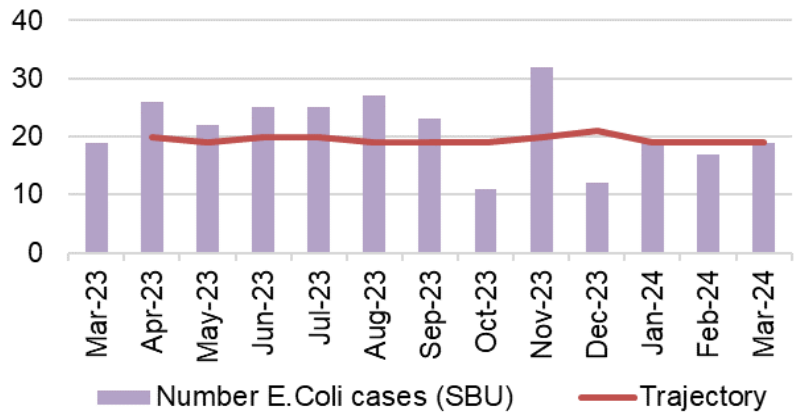
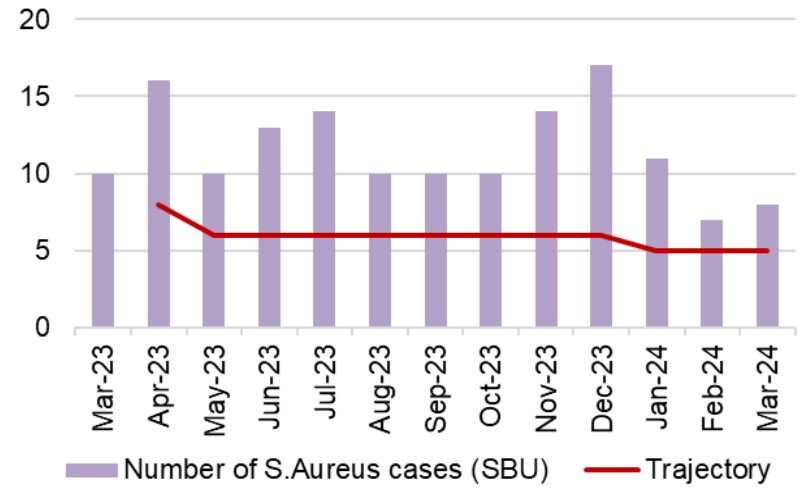
2. Average lost bed days per day

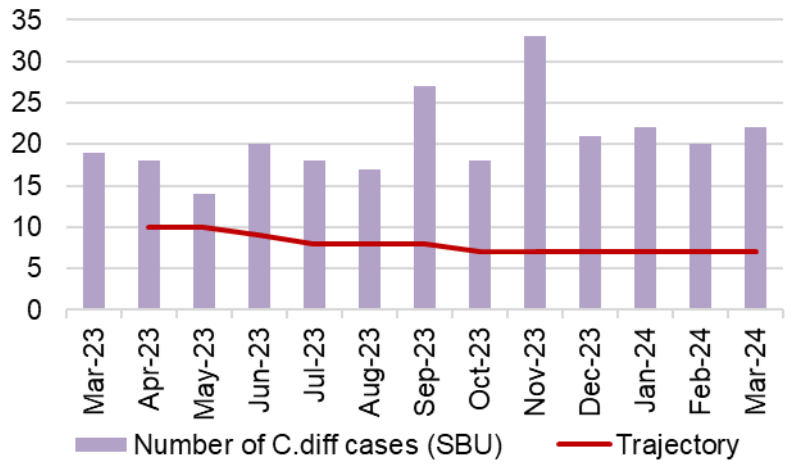
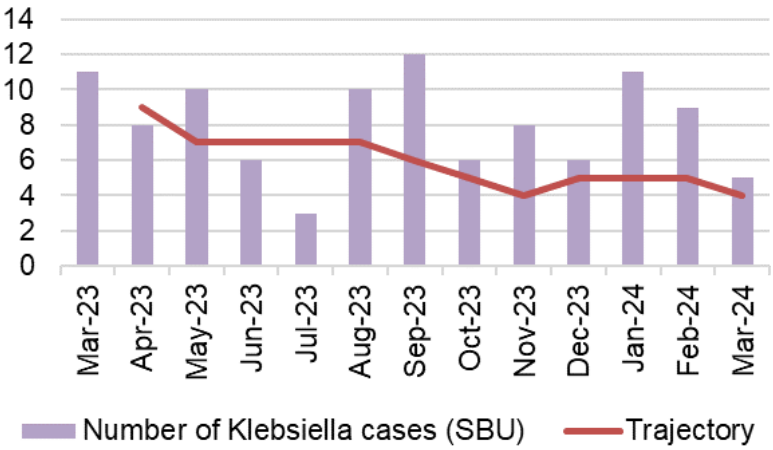


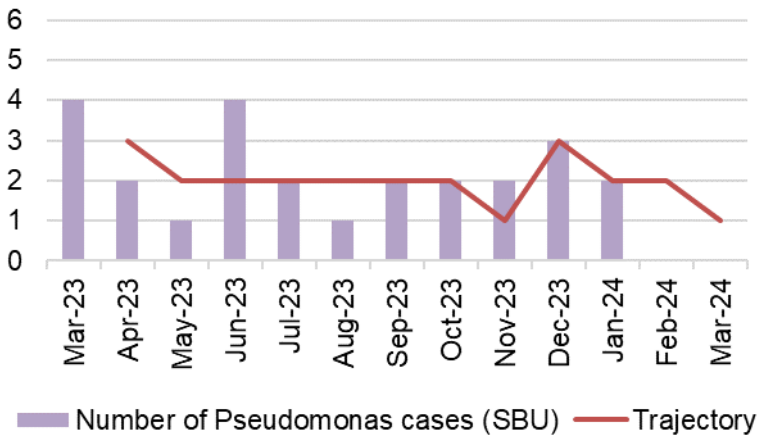
3. Percentage of Critical Care patients delayed



UNSCHEDULED CARE		
Description	**Current Performance**	**Trend**
Clinically Optimised *The number of patients waiting at each site in the Health Board that are clinically optimised*	In March 2024, there were on average 256 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. In March, Morriston Hospital had the largest proportion of clinically optimised patients with 112, followed by Neath Port Talbot Hospital with 62. **Actions of Improvement;** Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital.	**The number of clinically optimised patients by site** 
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	In March 2024, there were 15 elective procedures cancelled due to lack of beds on the day of surgery. This is 9 less cancellations than those seen in February 2024. All 15 of the cancelled procedures were attributed to Morriston Hospital.	**Total number of elective procedures cancelled due to lack of beds** 

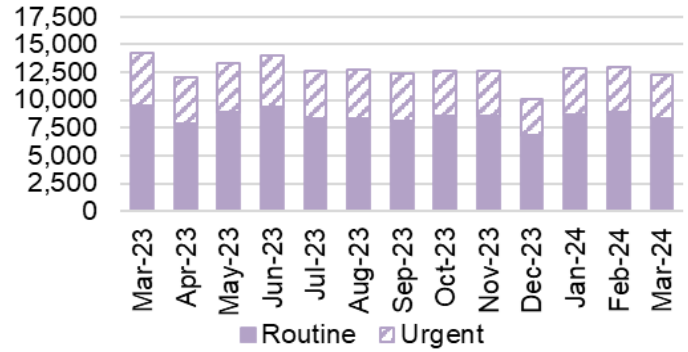
HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- *Number of laboratory confirmed E.coli bacteraemia cases*	• 19 cases of *E.* coli bacteraemia were identified in March 2024, of which 8 were hospital acquired and 11 were community acquired. • The Health Board total is currently in line with the Welsh Government Profile target of 19 cases for March 2024. **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	**Number of *healthcare acquired E.coli* bacteraemia cases** 
Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- *Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases*	• There were 8 cases of Staph. aureus bacteraemia in March 2024, of which 5 were hospital acquired and 3 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 5 cases for March 2024 **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	**Number of healthcare acquired S.aureus bacteraemia cases** 

HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- C.*difficile*- *Number of laboratory confirmed C.difficile cases*	• There were 22 *Clostridium difficile* toxin positive cases in March 2024, of which 19 were hospital acquired and 3 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 7 cases for March 2024. **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	**Number of healthcare acquired C.difficile cases** 
Healthcare Acquired Infections (HCAI)- Klebsiella sp- *Number of laboratory confirmed Klebsiella sp cases*	• There were 5 cases of Klebsiella sp in March 2024, of which 3 were hospital acquired and 2 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 4 cases for March 2024. **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	**Number of healthcare acquired Klebsiella cases** 

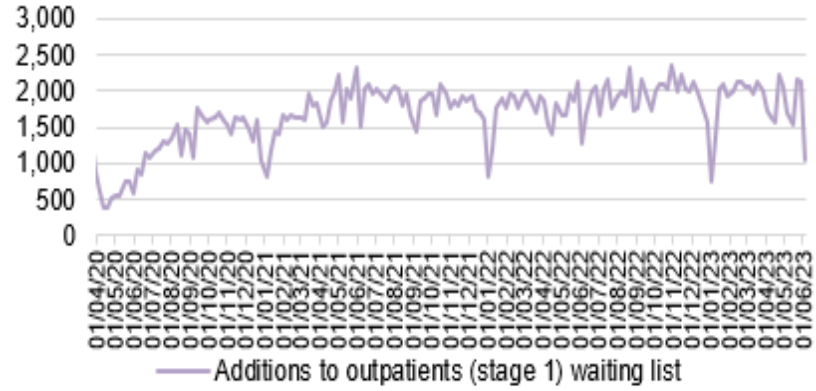
HEALTHCARE ACQUIRED INFECTIONS		
Description	**Current Performance**	**Trend**
Healthcare Acquired Infections (HCAI)- Aeruginosa- *Number of laboratory confirmed Aeruginosa cases*	• There were no cases of *P.Aerginosa* reported in March 2024. • The Health Board total is currently below the Welsh Government Profile target of 1 case for March 2024. **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	**Number of healthcare acquired Pseudomonas cases** 

PLANNED CARE		
Description	**Current Performance**	**Actions of Improvement**
Referrals and shape of the waiting list **1. GP Referrals** *The number of Stage 1 additions per week* **2. Stage 1 additions** *The number of new patients that have been added to the outpatient waiting list* **3. Outpatient activity undertaken** *Total number of patients seen each month* **4. Size of the waiting list** *Total number of patients on the waiting list by stage as at October 2023*	In March 2024, there were 12,269 referrals received. This is lower than the number that was received in February 2024 (12,976). 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
	Trend	

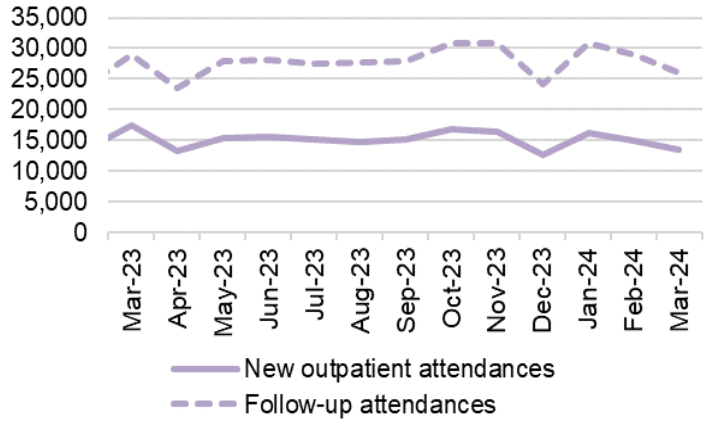
1. Number of GP referrals received by SBU Health Board



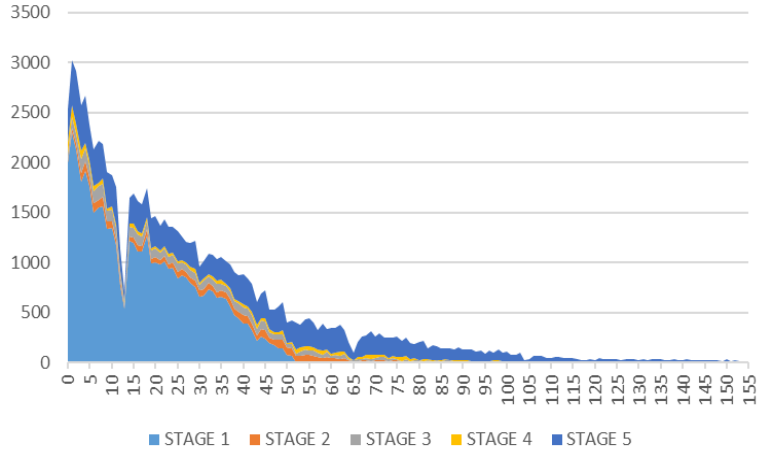
2. Number of stage 1 additions per week



3. Outpatient activity undertaken



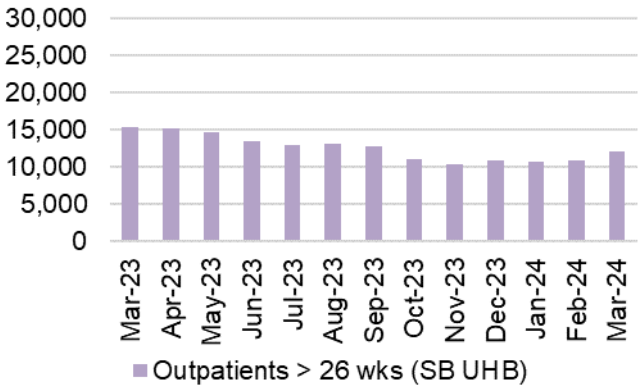
4. Total size of the waiting list (March 2024)



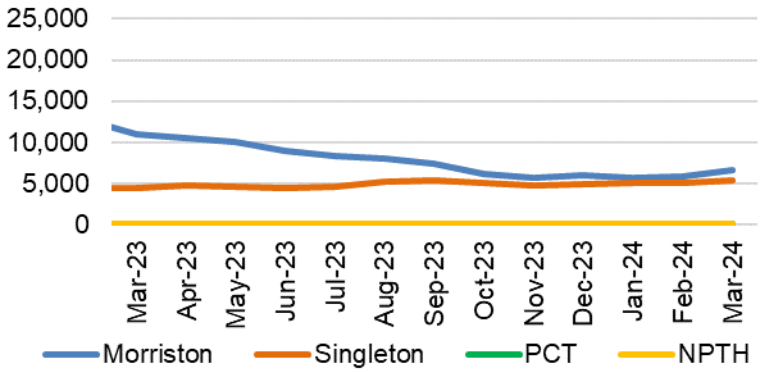
PLANNED CARE		
Description	**Current Performance**	**Actions of Improvement**
Outpatient waiting times *1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total* *2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level* *3. Patients waiting over 26 weeks for an outpatient appointment by specialty* *4. Percentage of patients waiting less than 26 weeks*	The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. March 2024 saw an in-month increase of 11% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 10,938 in February 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 60.6%.	Administrative validation is currently taking place to further cleanse the waiting list position and reduce the number of patients on the waiting list inappropriately. Service Group specific recovery trajectories have been developed to further support recovery.

Trend

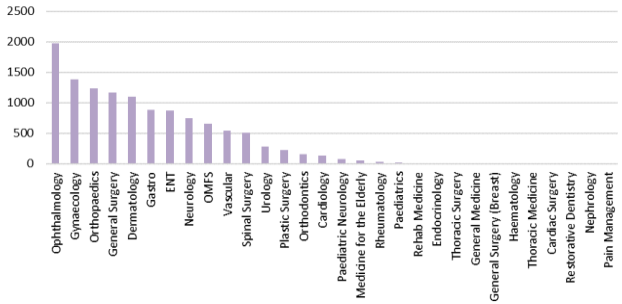
1. Number of stage 1 over 26 weeks- HB total



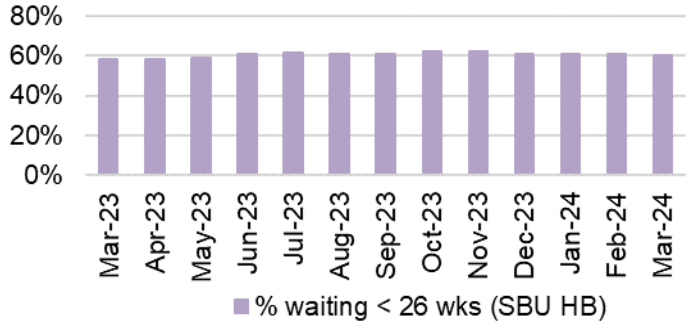
2. Number of stage 1 over 26 weeks- Hospital level



3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at March 2024

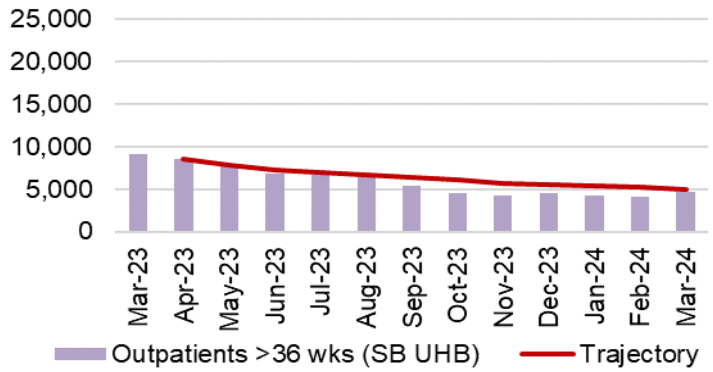


4. Percentage of patient waiting less than 26 weeks

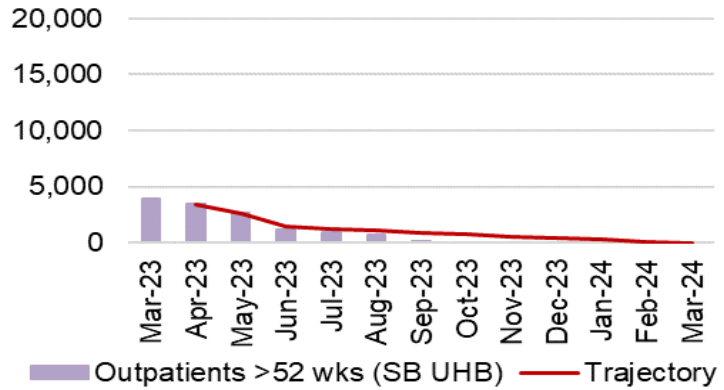


PLANNED CARE		
Description	**Current Performance**	**Actions of Improvement**
Patients waiting over 36 weeks for treatment *1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total* *2. Number of patients waiting more than 52 weeks for treatment at Stage 1* *3. Number of elective admissions* *4. Number of patients waiting more than 104 weeks for treatment*	In March 2024, there were 4,739 patients waiting over 36 weeks at Stage 1, which is a 16% in-month increase from February 2024. 13,181 patients were waiting over 52 weeks at all stages in March 2024. In March 2024, there were 1,831 patients waiting over 104 weeks for treatment, which is a 16% reduction from February 2024. The Health Board has out performed all submitted recovery trajectories for 2023/24.	Focus is now on reducing the numbers of longest waiting patients. All 5 year and 4 year waits will be resolved in year and the majority of 3 year waits also being addressed Maximum of 231 predicted by year end). Further improvement will be driven through the rest of quarter 4 to reduce the total number of patients waiting over 104 weeks further
	Trend	

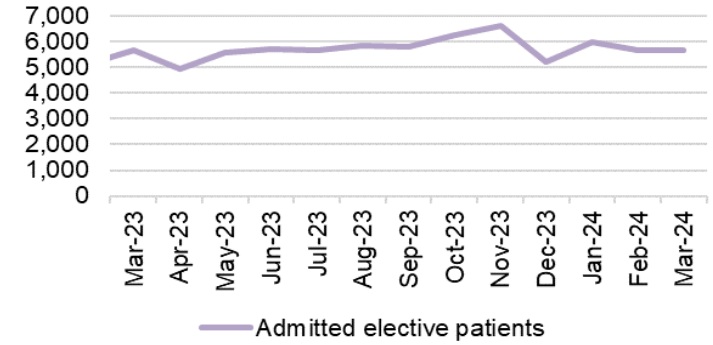
1. Number of patients waiting over 36 weeks at Stage 1- HB total



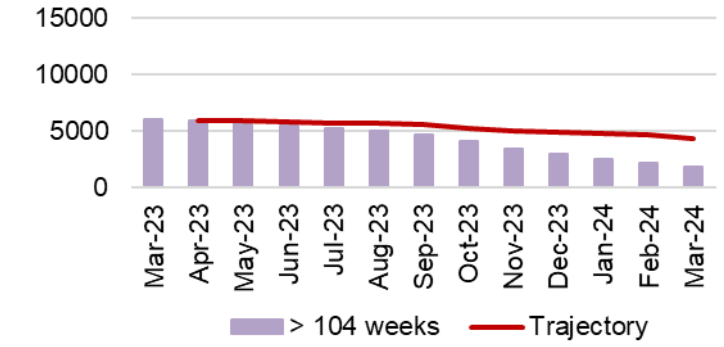
2. Number of patients waiting over 52 weeks at Stage 1- HB total

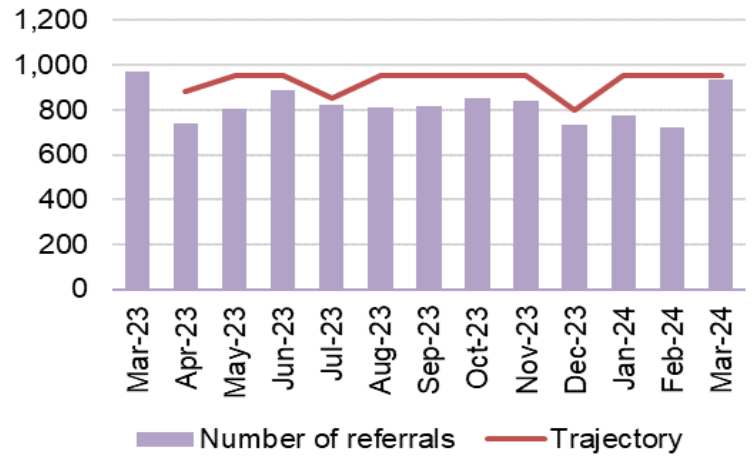
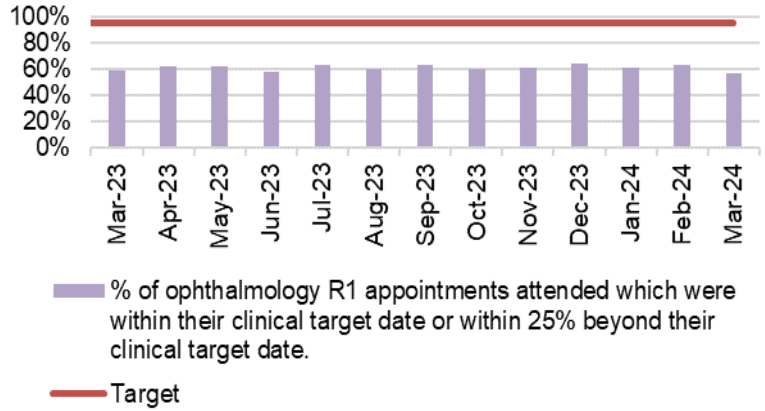


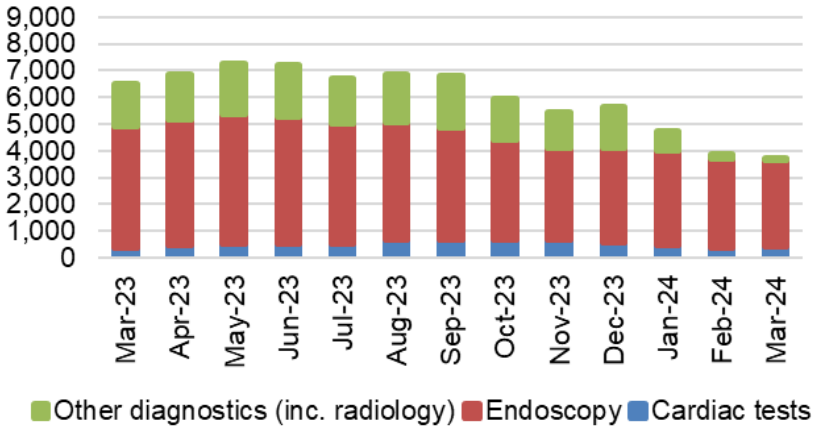
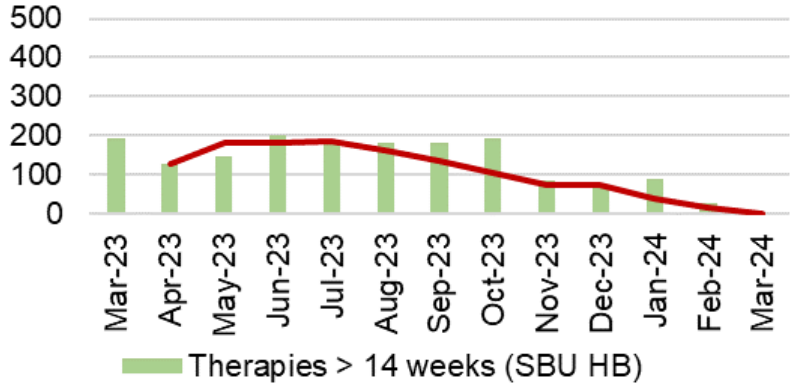
3. Number of elective admissions

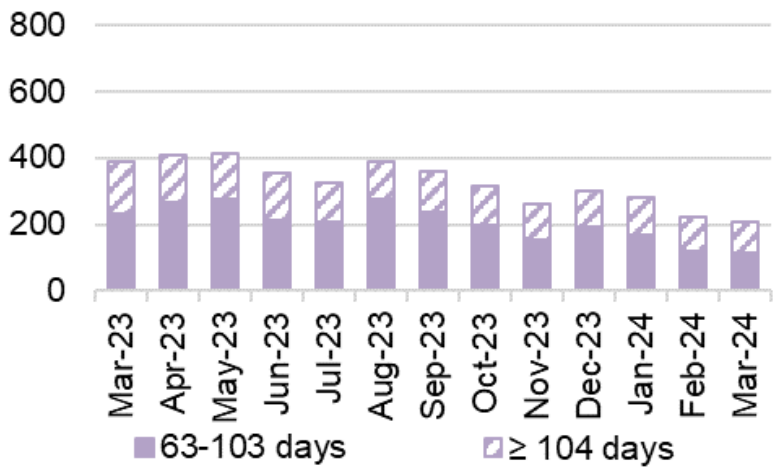


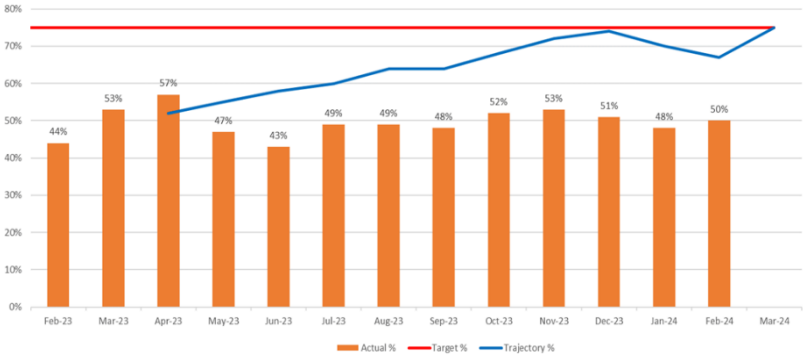
4. Number of patients waiting over 104 weeks- HB total



PLANNED CARE		
Description	**Current Performance**	
Ophthalmology Referrals *Number of patients referred into secondary care Ophthalmology services*	In March 2024, there were 936 patients referred from Primary Care into secondary care ophthalmology services. This is an increase on the number of patients referred in February 2024, which was 721. The figures reported are outperforming the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in March 2024 (950).	**Number of referrals into secondary care Ophthalmology service** 
Ophthalmology waiting times *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*	In March 2024, 57.3% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date. **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	**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** 

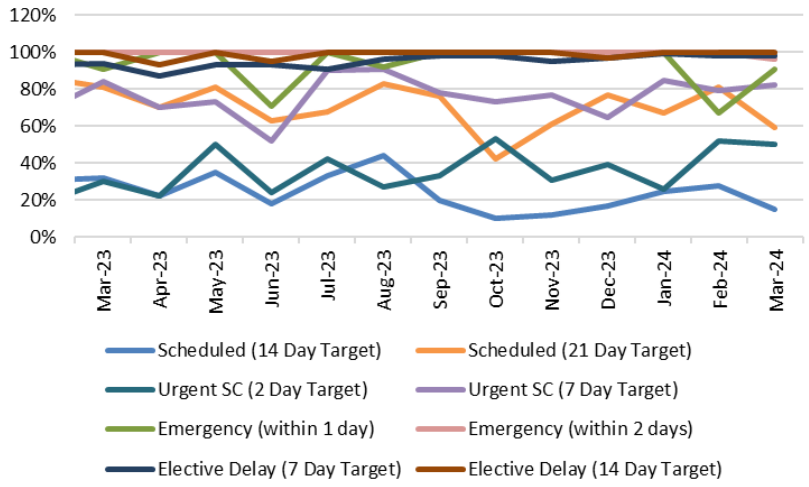
PLANNED CARE		
Description	**Current Performance**	**Trend**
Diagnostics waiting times *The number of patients waiting more than 8 weeks for specified diagnostics*	In March there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 3,870 in February 2024 to 3,687 in March 2024. The following is a breakdown for the 8-week breaches by diagnostic test for March 2024: • Endoscopy= 3,238 • Cardiac tests= 429 • Other Diagnostics = 20 **Actions of Improvement**; Demand and capacity work has enabled significant improvement in access times for non-endoscopic diagnostics. Detailed demand and capacity model for endoscopy has been commissioned to ensure sustained improvement across all aspects of endoscopic diagnostics.	**Number of patients waiting longer than 8 weeks for Diagnostics** 
Therapy waiting times *The number of patients waiting more than 14 weeks for specified therapies*	In March 2024 there was 1 patient waiting over 14 weeks for specified Therapies. This was attributed to Speech & Language Therapy. **Actions of Improvement;** The Service Group have already identified the previous declining position in Dietetics and SLT and has developed detailed recovery trajectories in both areas. Delivery against these trajectories is being monitored routinely and this will continue as demand for therapy services appears to be steadily growing and more service redesign is likely to be required.	**Number of patients waiting longer than 14 weeks for therapies** 

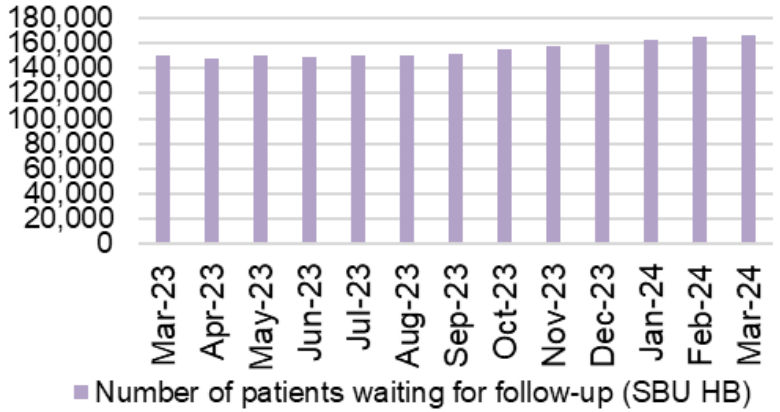
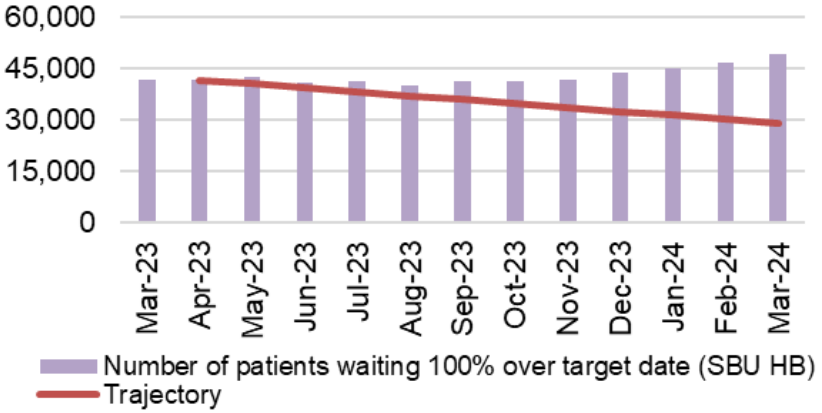
<table>
<tr><th colspan="3">CANCER</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>Single Cancer Pathway backlog
The number of patients with an active wait status of more than 63 days</td><td>March 2024 backlog by tumour site:
<table>
<tr><th>Tumour Site</th><th>63 - 103 days</th><th>≥104 days</th></tr>
<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>11</td><td>5</td></tr>
<tr><td>Children's cancer</td><td>0</td><td>0</td></tr>
<tr><td>Gynaecological</td><td>20</td><td>10</td></tr>
<tr><td>Haematological</td><td>4</td><td>4</td></tr>
<tr><td>Head and neck</td><td>5</td><td>3</td></tr>
<tr><td>Lower Gastrointestinal</td><td>20</td><td>21</td></tr>
<tr><td>Lung</td><td>8</td><td>10</td></tr>
<tr><td>Other</td><td>0</td><td>0</td></tr>
<tr><td>Sarcoma</td><td>0</td><td>2</td></tr>
<tr><td>Skin(c)</td><td>12</td><td>7</td></tr>
<tr><td>Upper Gastrointestinal</td><td>12</td><td>9</td></tr>
<tr><td>Urological</td><td>25</td><td>21</td></tr>
<tr><td>Grand Total</td><td>117</td><td>92</td></tr>
</table></td><td>Number of patients with a wait status of more than 62 days
 
</td></tr>
<tr><td>Single Cancer Pathway backlog- patients waiting over 63 days</td><td>February 2024 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;

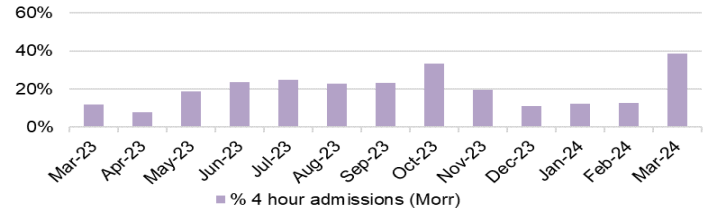
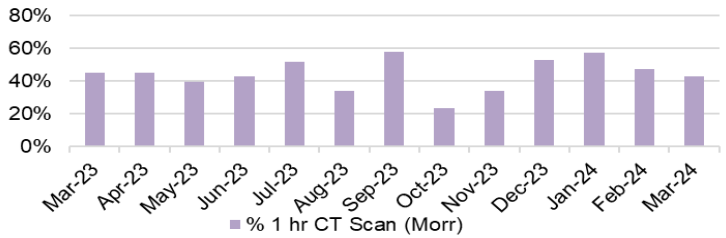
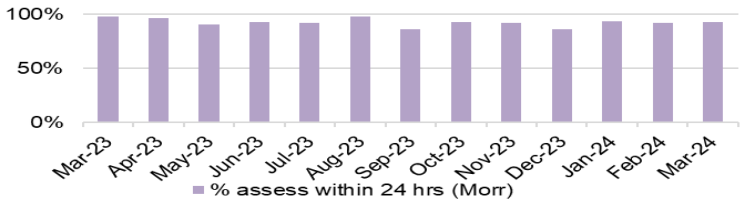
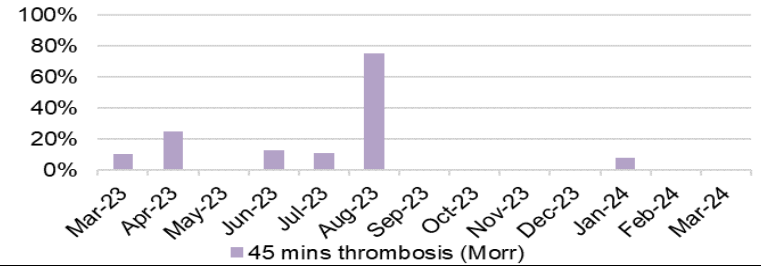
- Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog.
- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority
- Milestone targets for OP access and Decision to Treat times have also been set to reduce overall pathway waits.
- Tumour site specific plans have been developed and will be enacted through TI governance.
-</td><td>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion
 
</td></tr>
</table>

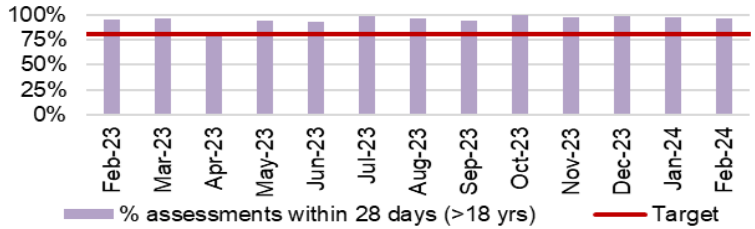
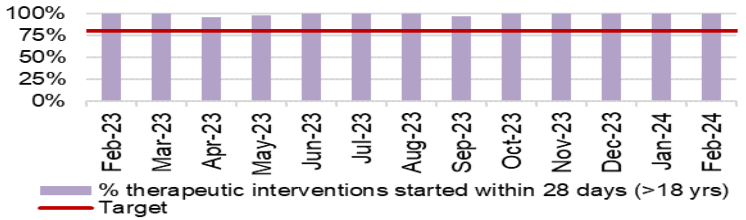
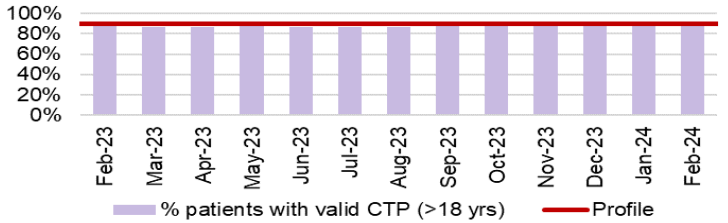
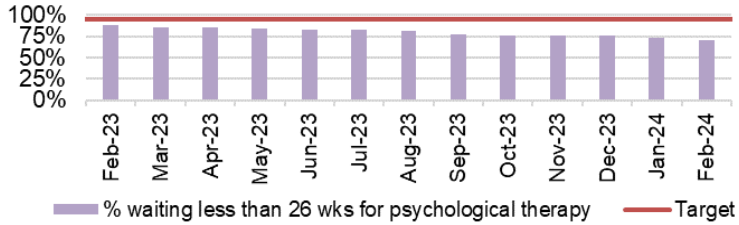
<table>
<tr><th colspan="3">CANCER</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>USC First Outpatient Appointments
The number of patients at first outpatient appointment stage by days waiting</td><td>March 2024 figures show total wait volumes for first outpatient appointment have increased by 9% when compared with the previous week.

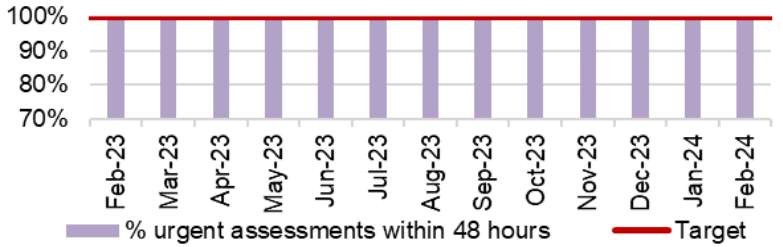
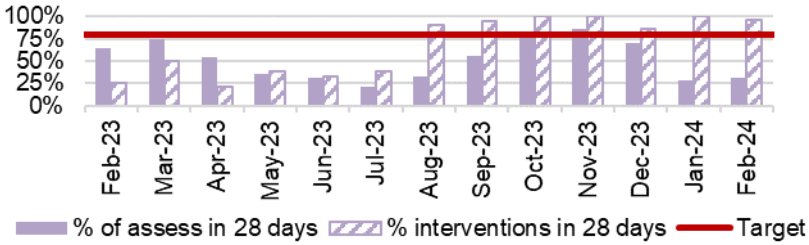
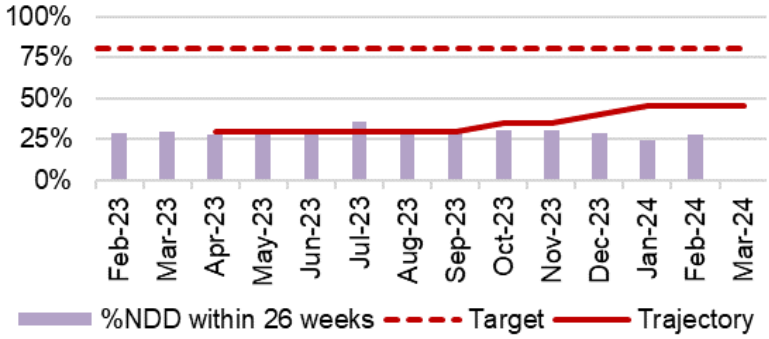
Of the total number of patients awaiting a first outpatient appointment, 46% have been booked, which is lower than figures seen in the previous months' performance.</td><td>The number of patients waiting for a first outpatient appointment (by total days waiting) – March 2024
<table>
<tr><th>FIRST OPA</th><th>24-Mar</th><th>31-Mar</th></tr>
<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>12</td><td>15</td></tr>
<tr><td>Children's Cancer</td><td>1</td><td>3</td></tr>
<tr><td>Gynaecological</td><td>48</td><td>57</td></tr>
<tr><td>Haematological</td><td>5</td><td>8</td></tr>
<tr><td>Head and Neck</td><td>96</td><td>124</td></tr>
<tr><td>Lower GI</td><td>64</td><td>53</td></tr>
<tr><td>Lung</td><td>14</td><td>11</td></tr>
<tr><td>Other</td><td>244</td><td>219</td></tr>
<tr><td>Sarcoma</td><td>0</td><td>16</td></tr>
<tr><td>Skin</td><td>225</td><td>260</td></tr>
<tr><td>Upper GI</td><td>22</td><td>29</td></tr>
<tr><td>Urological</td><td>43</td><td>49</td></tr>
<tr><td></td><td>774</td><td>844</td></tr>
</table></td></tr>
<tr><td>Radiotherapy waiting times

The percentage of patients receiving radiotherapy treatment</td><td>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 day has hit the 80% target.
<table>
<tr><th>Measure</th><th>Target</th><th>Mar-24</th></tr>
<tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>15%</td></tr>
<tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>59%</td></tr>
<tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>50%</td></tr>
<tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>82%</td></tr>
<tr><td>Emergency (within 1 day)</td><td>80%</td><td>91%</td></tr>
<tr><td>Emergency (within 2 days)</td><td>100%</td><td>96%</td></tr>
<tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>98%</td></tr>
<tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr>
</table></td><td>Radiotherapy waiting times
 
</td></tr>
</table>

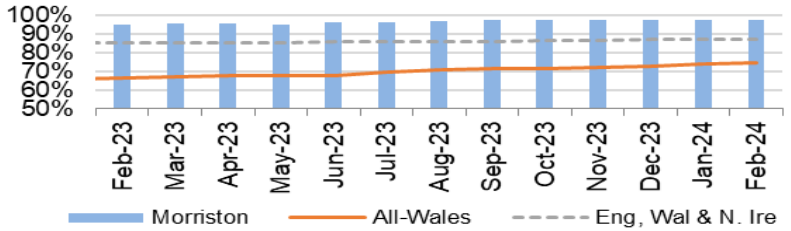
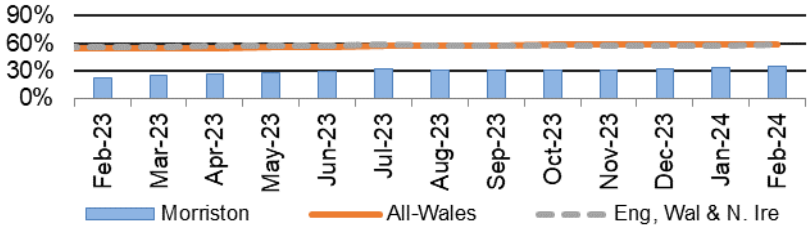
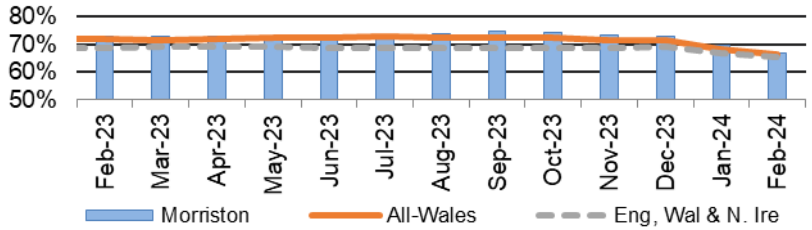
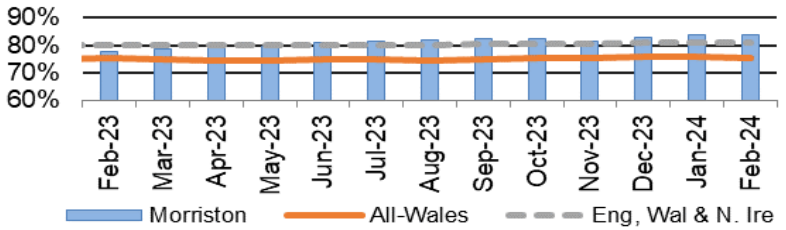
FOLLOW-UP APPOINTMENTS		
Description	**Current Performance**	**Trend**
Follow-up appointments *1. The total number of patients on the follow-up waiting list* *2. The number of patients waiting 100% over target for a follow-up appointment*	In March 2024, the overall size of the follow-up waiting list increased by 1,857 patients compared with February 2024 (from 164,581 to 166,438). In March 2024, there was a total of 80,190 patients waiting for a follow-up past their target date. This is an increase of 4.4% in-month (from 76,796 in February 2024). Of the 80,190 delayed follow-ups in March 2024, 12,532 had appointment dates and 67,658 were still waiting for an appointment. In addition, 48,969 patients were waiting 100%+ over target date in March 2024. This is a 5.4% increase when compared with February 2024.	**1. Total number of patients waiting for a follow-up**  **2. Delayed follow-ups: Number of patients waiting 100% over target** 

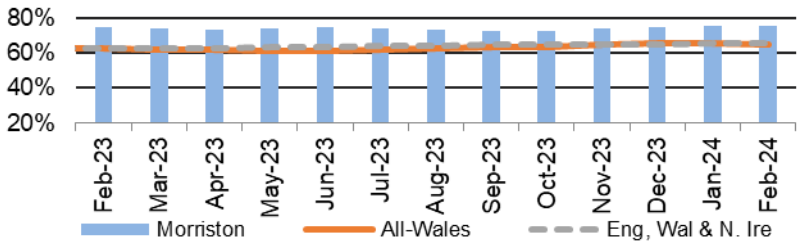
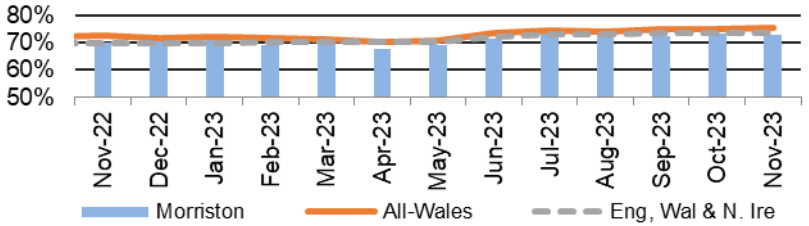
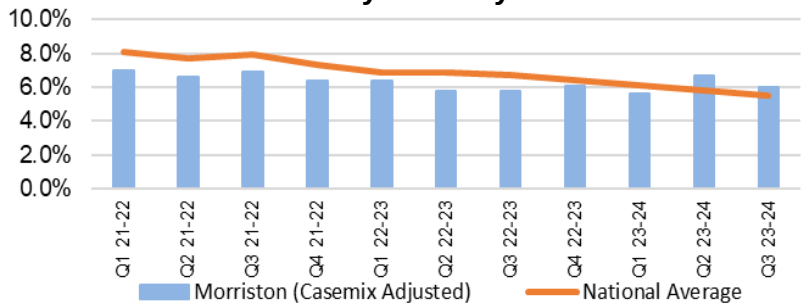
STROKE		
Description	**Current Performance**	**Trend**
Stroke Measures 1. *% of patients who have a direct admission to an acute stroke unit within 4 hours* 2. *% of patients who received a CT Scan within 1 hour* 3. *% of patients who are assessed by a stroke specialist consultant physician within 24 hours* 4. *% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	1. In March 2024, 39% of patients had a direct admission to an acute stroke unit within 4 hours. This is an improvement on the performance reported in February 2024. 2. In March 2024, 43% of patients received a CT scan within 1 hour of being admitted, this is a deterioration on the figure reported in February 2024. 3. 92.9% of patients were assessed by a stroke specialist consultant physician within 24 hours in March 2024, which is an improvement of 1.4% from February 2024. 4. In March 2024, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes. **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.	**1. % of patients who have a direct admission to an acute stroke unit within 4 hours**  **2. % of patients who received a CT Scan within 1 hour**  **3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours**  4. **% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes** 

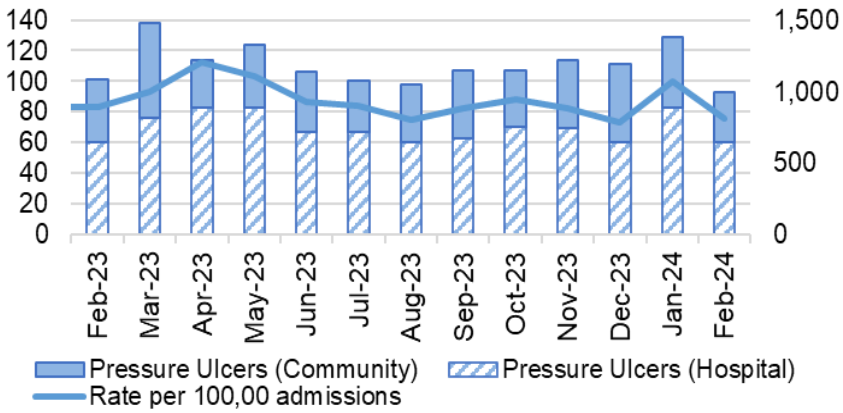
ADULT MENTAL HEALTH		
Description	**Current Performance**	**Trend**
Adult Mental Health Measures: 1. *% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)* 2. *% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)* 3. *% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)* 4. *% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health*	1. In February 2024, 96% of assessments were undertaken within 28 days of referral for patients 18 years and over. 2. In February 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%. 3. 89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in February 2024. 4. In February 2024, 71.0% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.	**1. % Mental Health assessments undertaken within 28 days from receipt of referral**  **2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment**  **3. % residents with a valid Care and Treatment Plan (CTP)**  **4. % waiting less than 26 weeks for Psychology Therapy** 

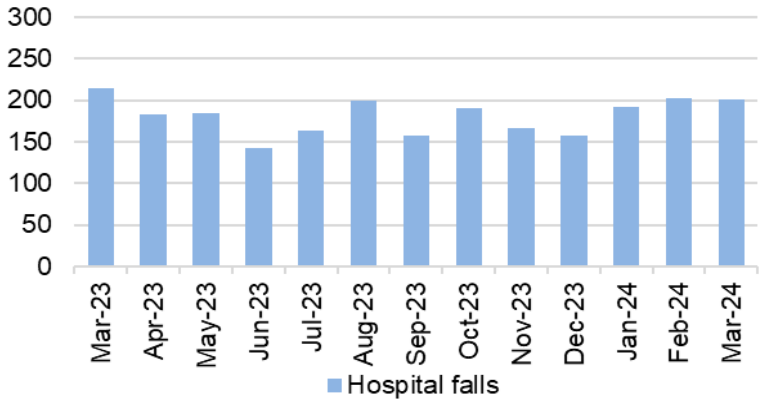
CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	**Current Performance**	**Trend**
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral 2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral 3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS 4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks 5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	1. In February 2024, 100% of CAMHS patients received an assessment within 48 hours. 2. 31% of routine assessments were undertaken within 28 days from referral in February 2024 against a target of 80%. 3. 96% of therapeutic interventions were started within 28 days following assessment by LPMHSS in February 2024. 4. 28% of NDD patients received a diagnostic assessment within 26 weeks in February 2024 against a target of 80%. 5. SCAMHS figures now included in illustration 2 and 3 combined. **All routine assessments are now under PCAMHS**	**1. Crisis- assessment within 48 hours**  **2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days**  **4. NDD- assessment within 26 weeks** 

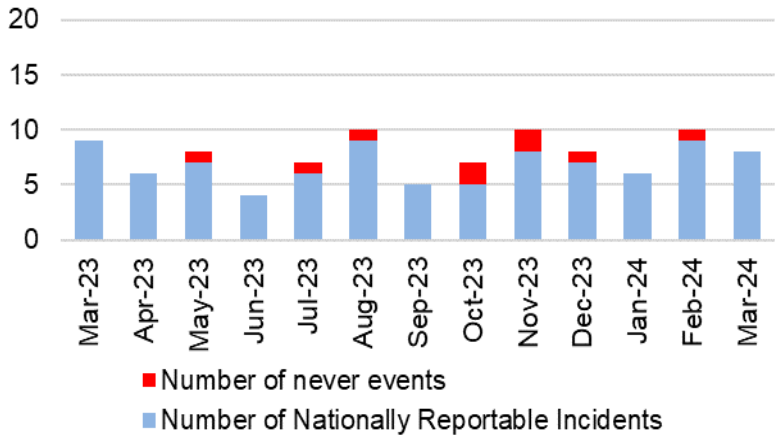
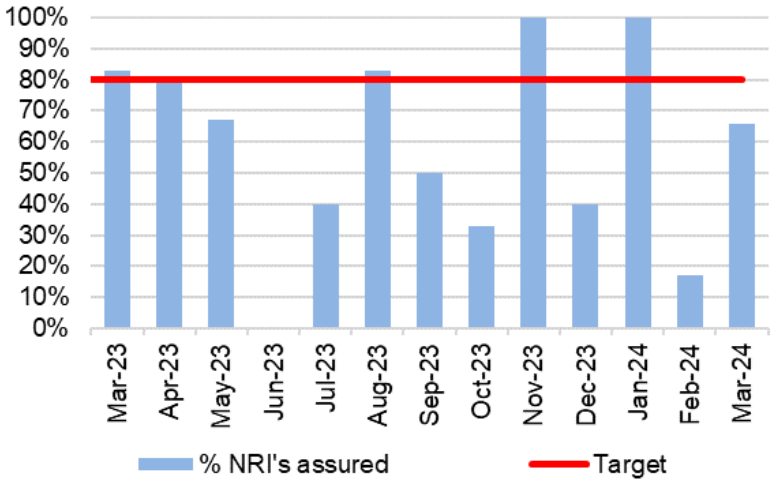
4. NHS DELIVERY FRAMEWORK MEASURES
&
MINISTERIAL PRIORITY TRAJECTORIES

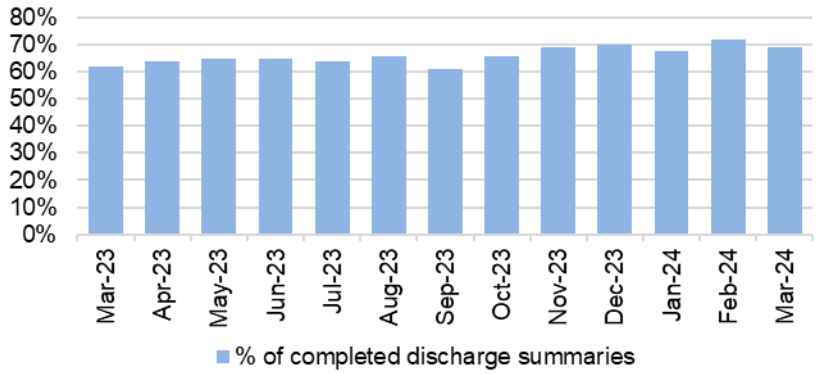
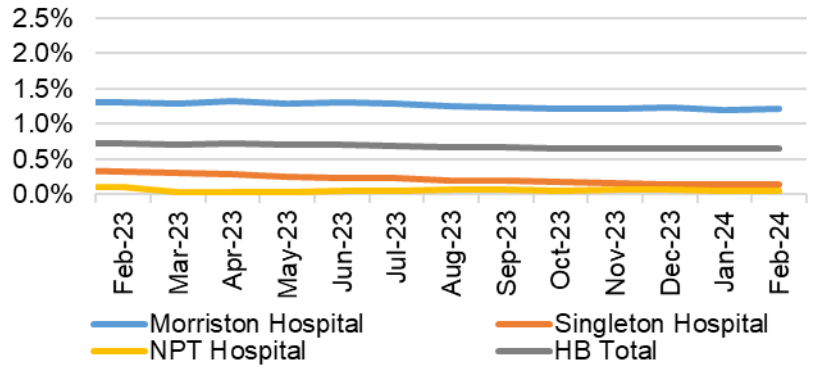
FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
Fractured Neck of Femur (#NOF) *1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation* *2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture* *3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124* *4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation*	1. **Prompt orthogeriatric assessment-** In February 2024, 97.4% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. 2. **Prompt surgery-** In February 2024, 35.0% of patients had surgery the day following presentation with a hip fracture. This is an 13.1% improvement from February 2023 which was 21.9%. 3. **NICE compliant surgery**- 66.9% of operations were consistent with the NICE recommendations in February 2024. This is 6.1% less than in February 2023. 4. **Prompt mobilisation**- In February 2024, 83.6% of patients were out of bed the day after surgery. This is 5.8% more than in February 2023.	**1. Prompt orthogeriatric assessment**  **2. Prompt surgery**  **3. NICE compliant Surgery**  **4. Prompt mobilisation** 

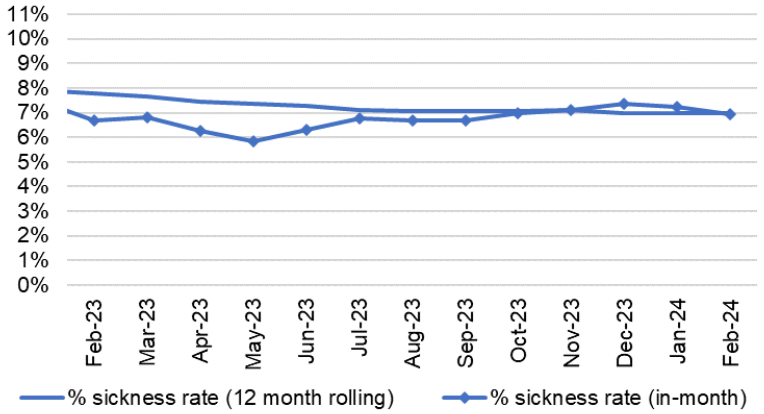
FRACTURED NECK OF FEMUR (#NOF)		
Description	**Current Performance**	**Trend**
5. *Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation*	**5. Not delirious when tested**- 75.2% of patients were not delirious in the week after their operation in February 2024.	**5. Not delirious when tested** 
6. *Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up*	**6. Return to original residence**- 72.9% of patients in November 2023 were discharged back to their original residence. This is 3.0% more than in November 2022.	**6. Return to original residence** 
7. *30 day mortality rate (Case mix Adjusted)*	**7. 30 day mortality rate**- In Q3 23-24 the mortality rate for Morriston Hospital was 6.0%, which is 0.2% higher than the same period in the previous year and is 0.5% higher than the national average for the quarter.	**7. 30 day mortality rate** 

PRESSURE ULCERS		
Description	**Current Performance**	**Trend**
Number of pressure ulcers *1. Total number of pressure ulcers developed in hospital and in the community* *2. Rate of pressure ulcers per 100,000 admission*	1. In February 2024 there were 93 cases of healthcare acquired pressure ulcers, 33 of which were community acquired and 60 were hospital acquired. There were 8 grade 3+ pressure ulcers in February 2024, 7 of which were community acquired and 1 was hospital acquired. 2. The rate per 100,000 admissions decreased from 1068 in January 2024 to 810 in February 2024.	**Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions** 

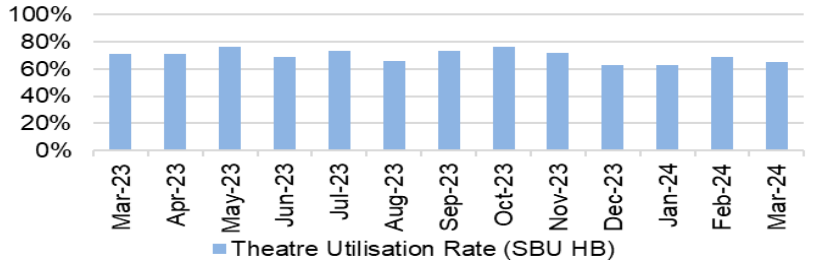
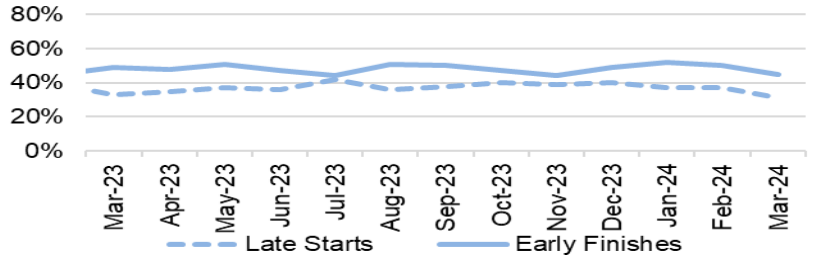
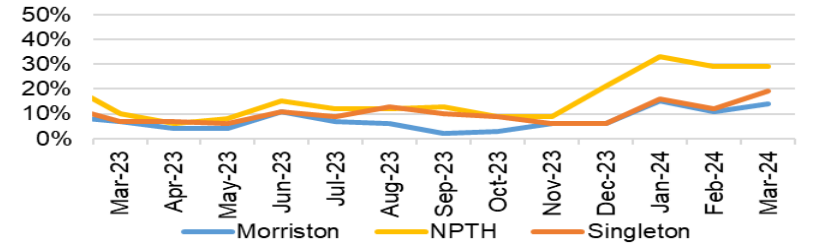
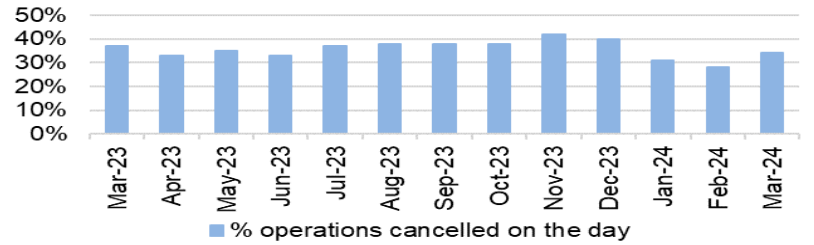
INPATIENT FALLS		
Description	**Current Performance**	**Trend**
Inpatient Falls *The total number of inpatient falls*	• The number of Falls reported via Datix web for Swansea Bay UHB was 201 in March 2024. This is 1% less than February 2024 where 203 falls were recorded.	**Number of inpatient Falls** 

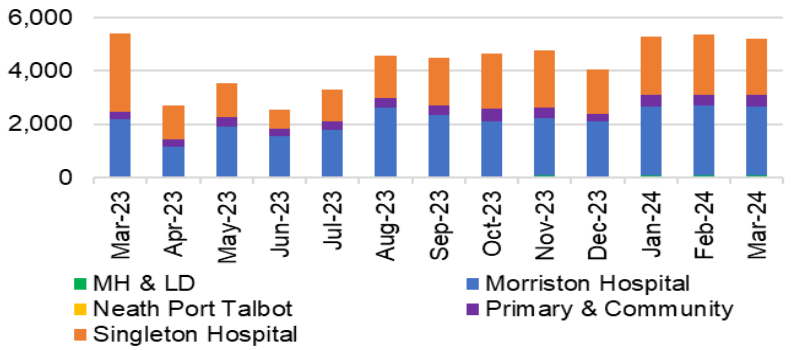
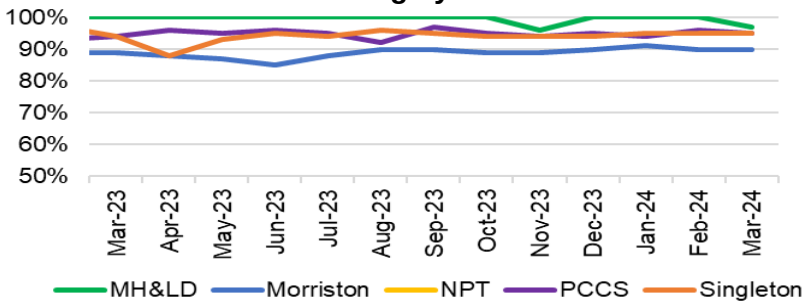
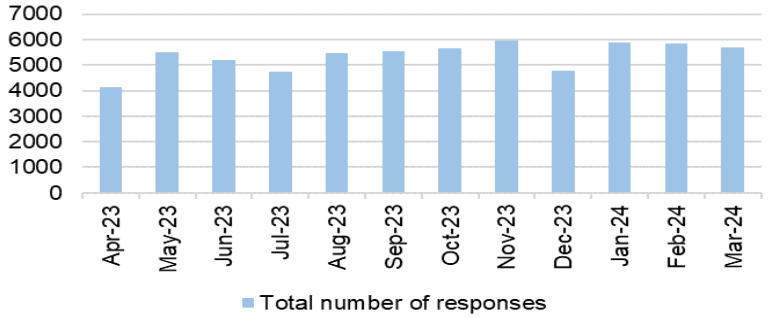
NATIONALLY REPORTABLE INCIDENTS		
Description	**Current Performance**	**Trend**
Nationally Reportable Incidents (NRI's)- *1. The number of Nationally reportable incidents*	1. The Health Board reported 8 Nationally Reportable Incidents for the month of March 2024 to Welsh Government. The Service Group breakdown is as follows; - Morriston - 3 - PCT - 2 - MH&LD – 2 - NPTS - 1	**1. and 2. Number of nationally reportable incidents and never events** 
2. The number of Never Events	2. There were no new Never Events reported in March 2024.	
3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales	3. In March 2024, 66% of the NRI's were closed within the agreed timescale.	**3. % of nationally reportable incidents closed within the agreed timescales** 

DISCHARGE SUMMARIES		
Description	**Current Performance**	**Trend**
Discharge Summaries *Percentage of discharge summaries approved and sent to patients' doctor following discharge*	The latest data shows that in March 2024, the percentage of completed discharge summaries was 69%. In March 2024, compliance ranged from 75% in Morriston Hospital to 69% in MH&LD.	**% discharge summaries approved and sent** 
CRUDE MORTALITY		
Description	**Current Performance**	**Trend**
Crude Mortality Rate	February 2024 reports the crude mortality rate for the Health Board at 0.65%, which is 0.01% lower than the figure reported in January 2024. A breakdown by Hospital for February 2024: • Morriston – 1.21% • Singleton – 0.15% • NPT – 0.06%	**Crude hospital mortality rate by Hospital (74 years of age or less)** 

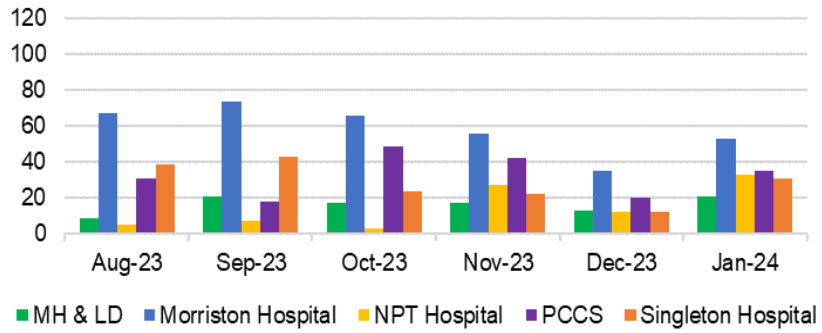
WORKFORCE		
Description	**Current Performance**	**Trend**
Staff sickness rates- *Percentage of sickness absence rate of staff*	Our in-month sickness performance improved from 7.24% in January 2024 to 6.95% in February 2024. The 12-month rolling performance figure reported in February 2024 was 6.99%, which is 0.03% higher than the figures reported in January 2024.. The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in February 2024.	**% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)** 

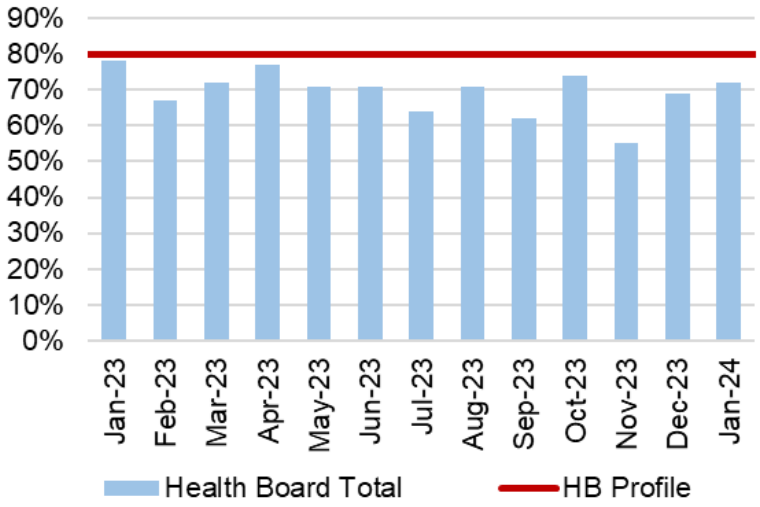
Absence Reason	FTE Days Lost	%
Anxiety/ stress/ depression/ other psychiatric illnesses	8,624.10	33.9%
Other musculoskeletal problems	2,582.56	10.1%
Cold, Cough, Flu - Influenza	2,483.19	9.8%
Other known causes - not elsewhere classified	1,600.27	6.3%
Gastrointestinal problems	1,395.66	5.5%

THEATRE EFFICIENCY		
Description	**Current Performance**	**Trend**
Theatre Efficiency *1. Theatre Utilisation Rates*	In March 2024 the Theatre Utilisation rate was 65%. This is 4% lower than February 2024 and is 6% lower than the figure reported in March 2023 (70%).	**1. Theatre Utilisation Rates** 
2. % of theatre sessions starting late	31% of theatre sessions started late in March 2024. This is 6% less than the figure reported for in February 2024.	
3. % of theatre sessions finishing early	In March 2024, 45% of theatre sessions finished early. This is 5% lower than figure seen in February 2024 and 4% lower than those seen in March 2023.	**2. And 3. % theatre sessions starting late/finishing** 
4. % of theatre sessions cancelled at short notice (<28 days)	19% of theatre sessions were cancelled at short notice in March 2024. This is 4% higher than the figure reported in February 2024 and is 11% higher than figures seen in March 2023.	**4. % theatre sessions cancelled at short notice (<28 days)** 
5. % of operations cancelled on the day	Of the operations cancelled in March 2024, 34% of them were cancelled on the day. This is 6% higher than the figure reported in February 2024 (28%).	**5. % of operations cancelled on the day** 

PATIENT EXPERIENCE		
Description	**Current Performance**	**Trend**
Patient experience *1. Number of friends and family surveys completed* *2. Percentage of patients/ service users who would recommend and highly recommend* *3. Number of Service User feedback experience responses completed and recorded on CIVICA*	Health Board Friends & Family patient satisfaction level in March 2024 was 92% and 5,427 surveys were completed. ➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 2,118 surveys in March 2024, with a recommended score of 95%. ➢ Morriston Hospital completed 2,606 surveys in March 2024, with a recommended score of 90%. ➢ Primary & Community Care completed 430 surveys for March 2024, with a recommended score of 95%. ➢ The Mental Health Service Group completed 66 surveys for March 2024, with a recommended score of 97%. 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.	**1. Number of friends and family surveys completed**  **2. % of patients/ service users who would recommend and highly recommend**  **3. Number of Service User experience responses** 

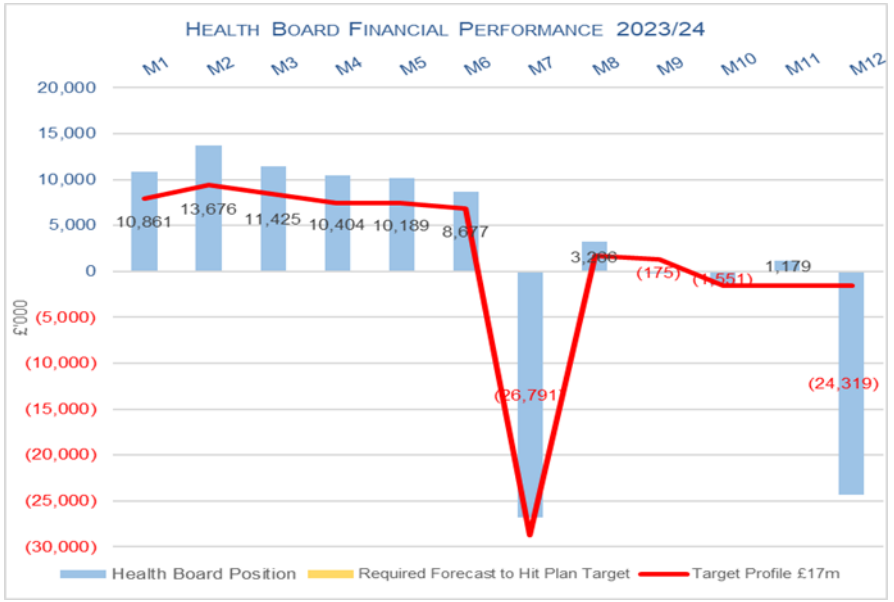
<table>
<tr><th colspan="3">COMPLAINTS</th></tr>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th></tr>
<tr><td>Patient concerns

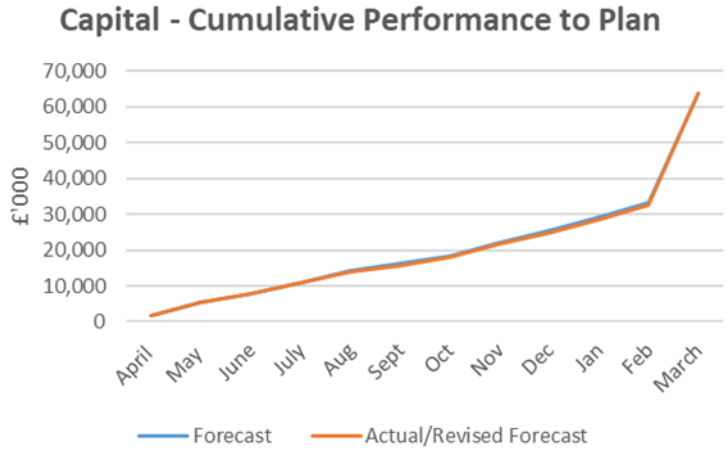
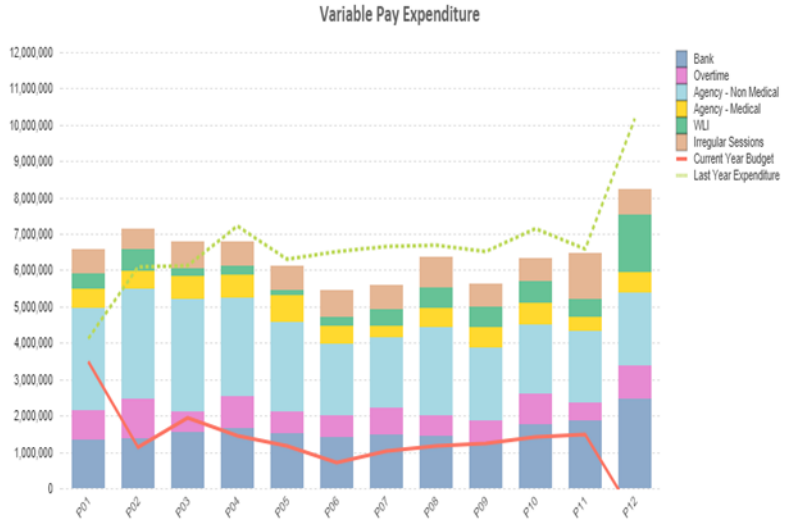
1. Number of formal complaints received</td><td>1. In January 2024, the Health Board received 181 formal complaints; this is an increase of 43% when compared with December 2023 figures (108).</td><td>1. Number of formal complaints received
 
</td></tr>
<tr><td>2. Percentage of concerns that have received 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</td><td>2. The overall Health Board rate for responding to concerns within 30 working days was 72% in January 2024, against the Welsh Government target of 75% and Health Board target of 80%.

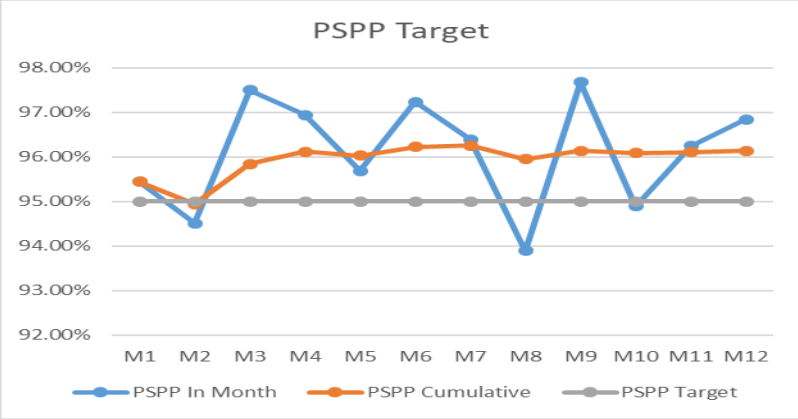
Below is a breakdown of performance against the 30-day response target:
<table>
<tr><th></th><th>30 day response rate</th></tr>
<tr><td>Neath Port Talbot Hospital</td><td>82%</td></tr>
<tr><td>Morriston Hospital</td><td>72%</td></tr>
<tr><td>Mental Health & Learning Disabilities</td><td>57%</td></tr>
<tr><td>Primary, Community and Therapies</td><td>89%</td></tr>
<tr><td>Singleton Hospital</td><td>52%</td></tr>
</table></td><td>2. Response rate for concerns within 30 days
 
</td></tr>
</table>

FINANCE UPDATES

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

Description	Current Performance	Trend
Revenue Financial Position – expenditure incurred against revenue resource limit	• Planned deficit submitted in March 2023 for 2023/24 was **£86.6m**. • The Welsh Government has now allocated SB an additional **£60m** but they have also told us that we have to reduce our planned deficit from £86.6m to c£77m. That's a 10 per cent reduction in our planned deficit – a planned deficit that was already challenging to deliver. • Taken together, to hit the control total, the Health Board needed to deliver additional savings of **£18.66m** and achieve a Year-End Control Total of **£17.1m**. • In interim draft position is currently reporting a Year End variance **of £16.8m**.	

Description	Current Performance	Trend
Capital Financial Position – expenditure incurred against capital resource limit	• The interim draft position for the Capital Resource Limit (CRL) is circa £56k surplus on an allocation of £63.8m.	
Workforce Spend – workforce expenditure profile	• The pay budgets are currently reporting an underspent of £12.4m in March. This reflects the industrial action costs and also the release of annual leave and study leave accruals. • Variable pay has increased in March by circa. £1,785k. Broken down as follows: WLI were overspent by £1,101k, Bank £598k, Overtime £423k, Agency – Medical £202k, and Agency - Non-Medical £6k, offset by underspend in Irregular Sessions £545k.	

Description	Current Performance	Trend
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	• The cumulative PSPP compliance has improved this month and remains above target at 96.14%. In March compliance was above target at 96.84% (February – 96.24%).	**Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice** 

5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1 Number of new COVID19 cases

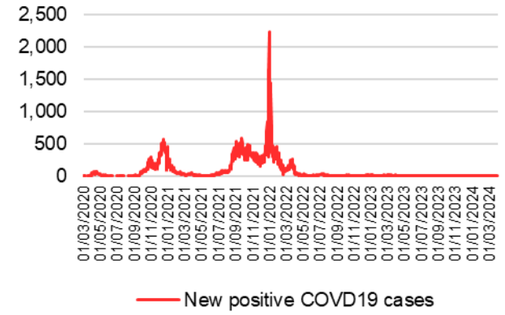


Chart 2: Number of new COVID19 cases (cumulative)

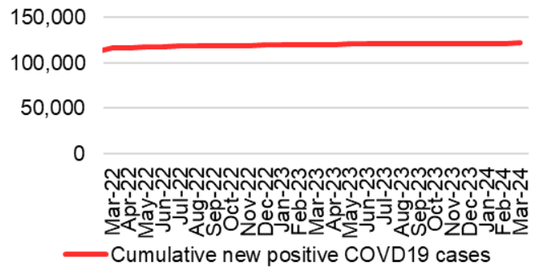


Chart 3: Number of COVID19 tests completed and positivity rate

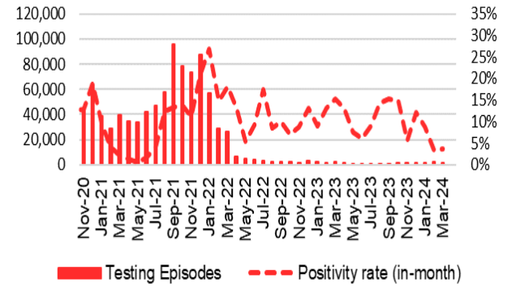


Chart 4: Number of staff referred for Antigen testing

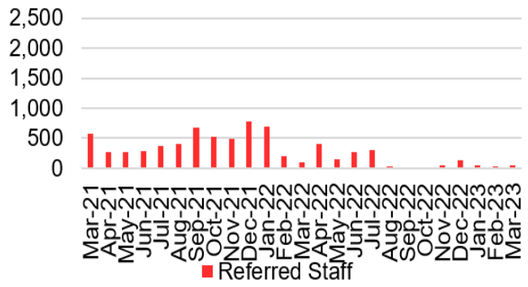


Chart 5: Outcome of staff COVID19/ antigen tests

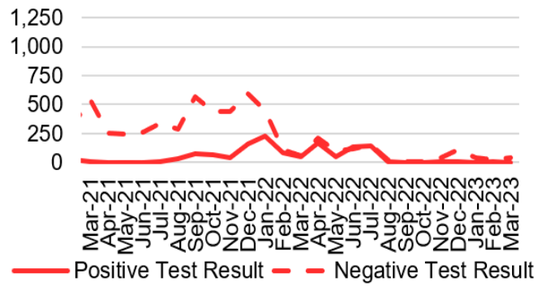


Chart 6: Number of COVID19 related incidents

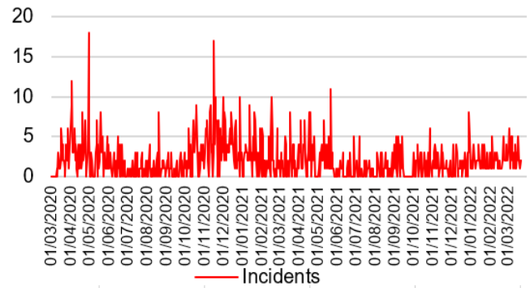


Chart 7: Number of COVID19 related serious incidents

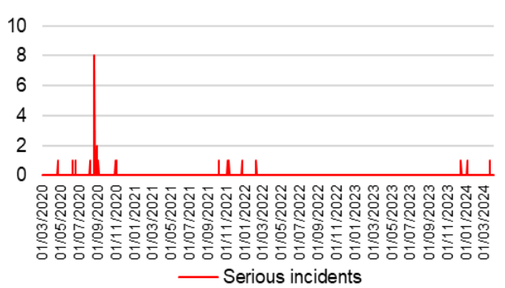


Chart 8: Number of COVID19 related complaints

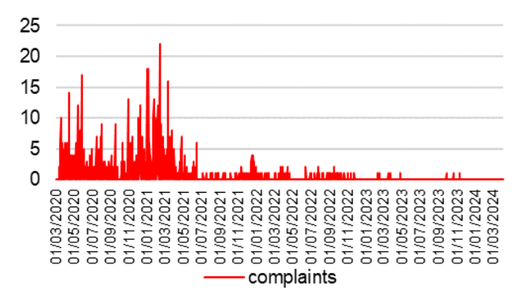


Chart 9: Number of COVID19 related risks

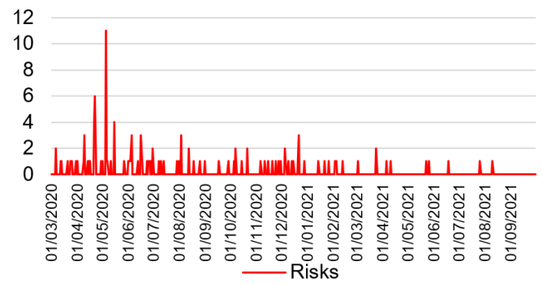


Chart 10: Number of staff self-isolating (asymptomatic)

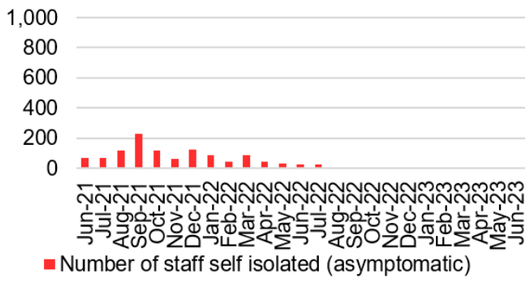


Chart 11: Number of staff self isolating (symptomatic)

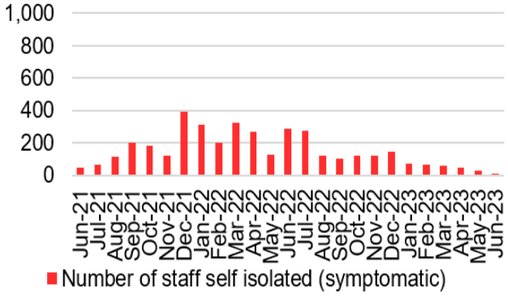


Chart 12: % staff sickness

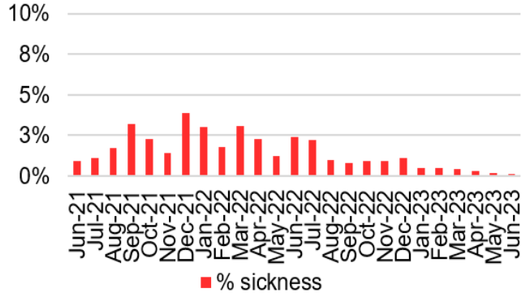


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

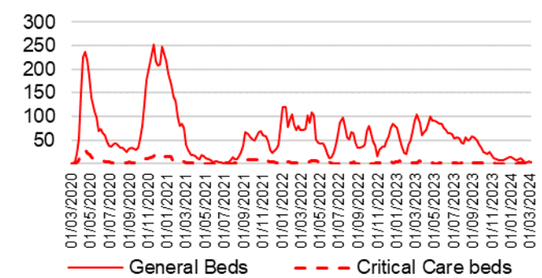


Chart 14: Number of hospital deaths with any mention of COVID19

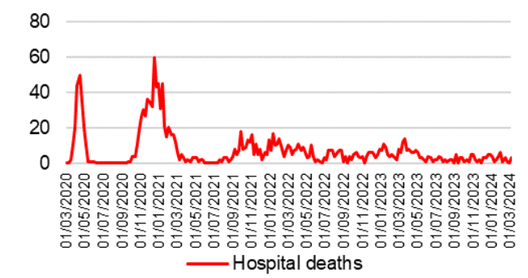


Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

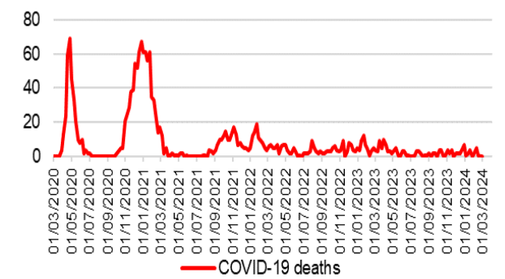
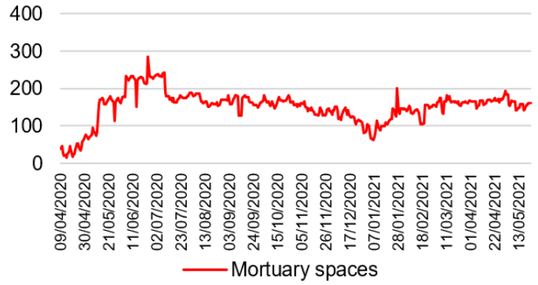
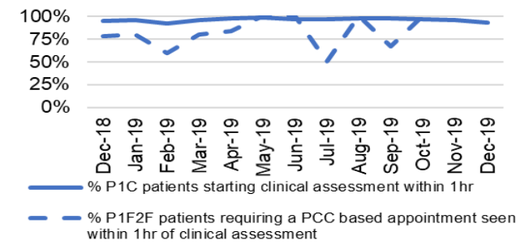


Chart 16: Number of mortuary spaces



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM
Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111



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

Chart 2: % red calls responded to within 8 minutes

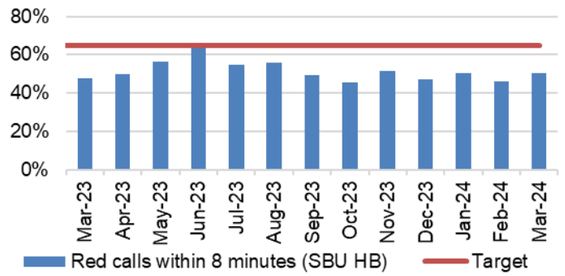


Chart 3: Number of ambulance handovers over 1 hour

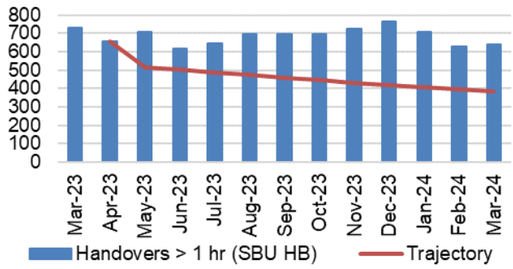


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

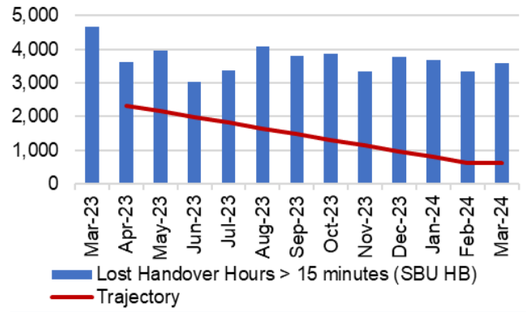


Chart 5: A&E Attendances

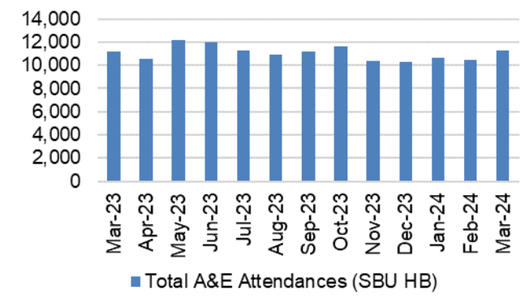


Chart 6: % patients who spend less than 4 hours in A&E

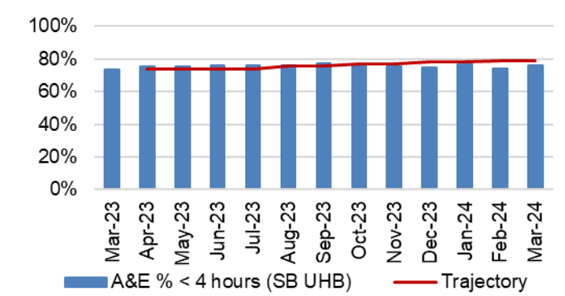


Chart 7: Number of patients waiting over 12 hours in A&E

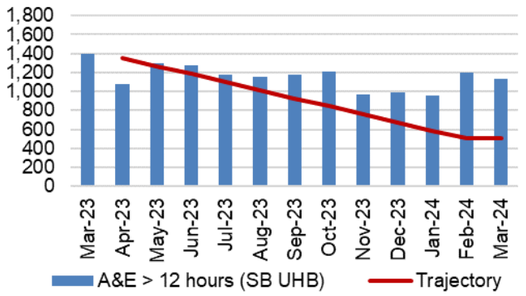


Chart 8: Number of emergency admissions

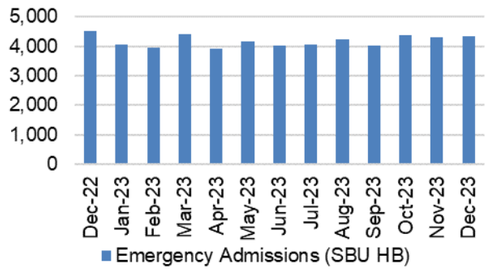


Chart 9: Elective procedures cancelled due to lack of beds

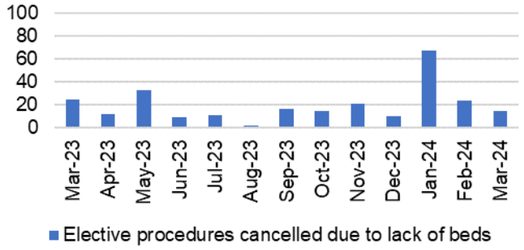


Chart 10: Number of clinically optimised patients

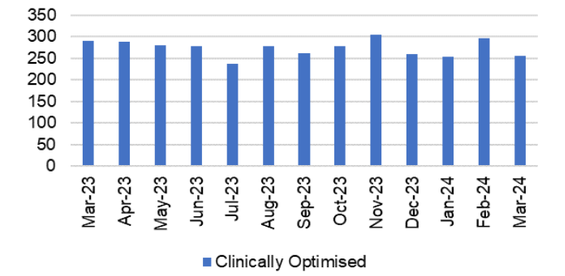


Chart 11: Delay reason for clinically optimised patients

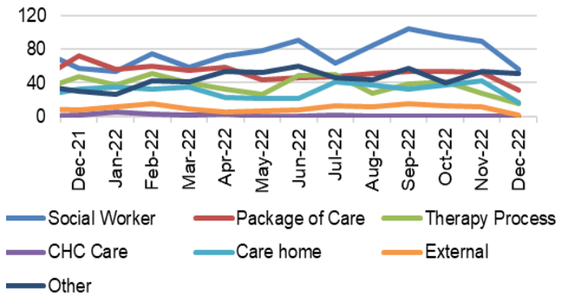


Chart 12: Average lost bed days (per day)

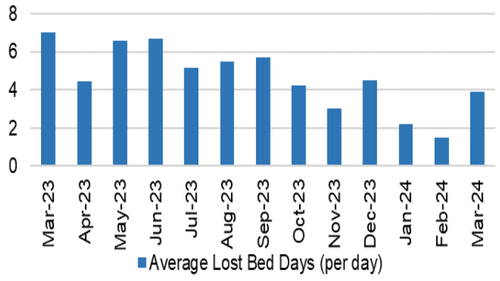


Chart 13; % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

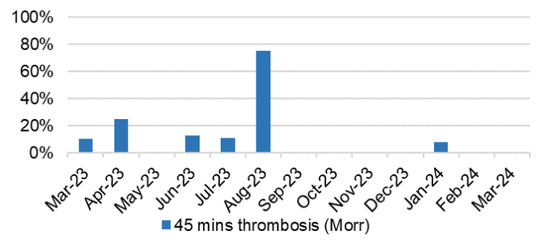


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

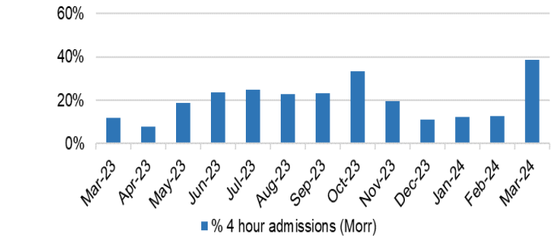


Chart 15: % of stroke patients receiving CT scan with 1 hour

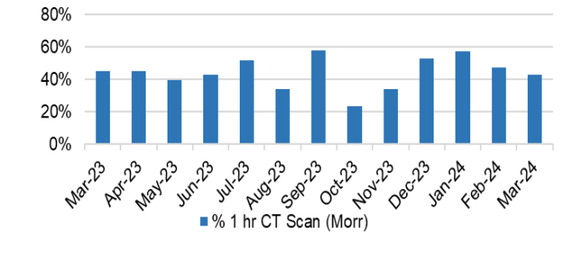
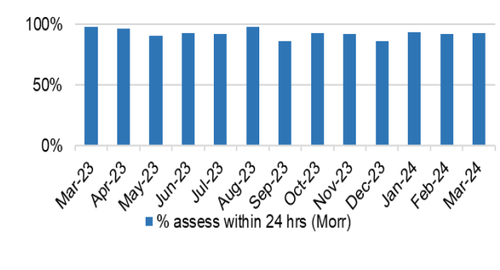


Chart 16: % stroke patients receiving consultant assessment within 24 hours



HARM FROM REDUCTION IN NON-COVID ACTIVITY
Primary and Community Care Overview

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

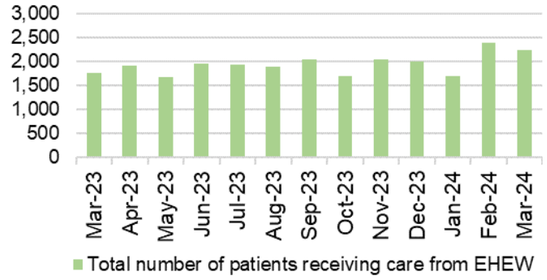


Chart 2: GMS - Escalation Levels

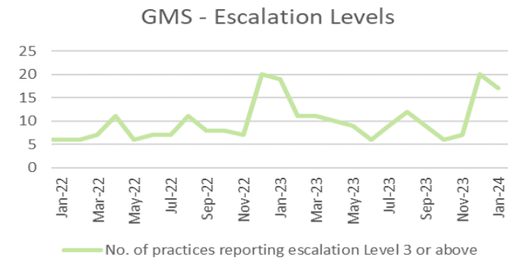


Chart 3: GMS - Sustainability

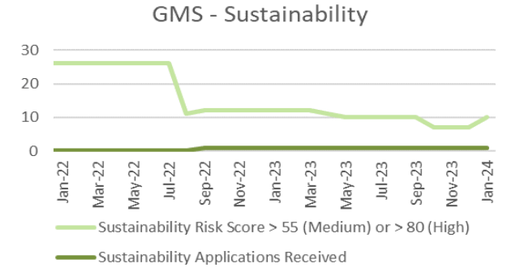


Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months

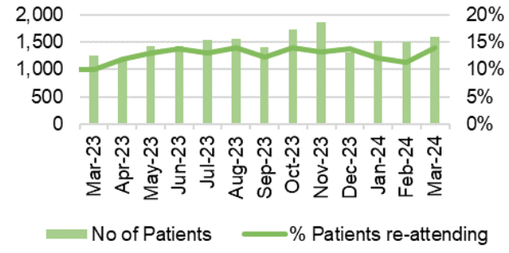


Chart 5: General Dental Services - Activity

Chart 6: General Dental Services - New Patients

Chart 7: General Dental Services - ACORNS/FV

Chart 8: Optometry Activity – sight tests

Chart 9: Optometry Activity – low vision care

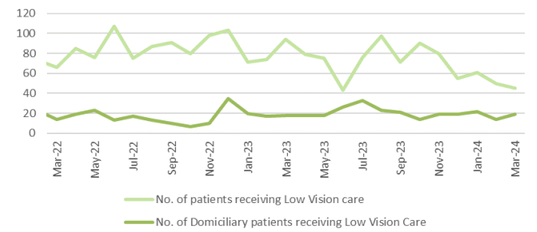


Chart 10: Community Pharmacy – Escalation levels

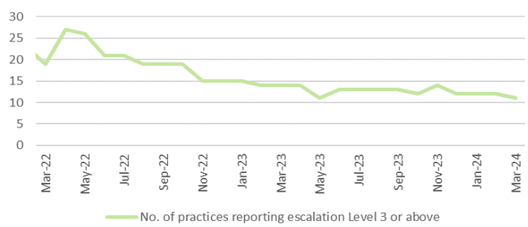


Chart 11: Common Ailment Scheme – No. consultations provided

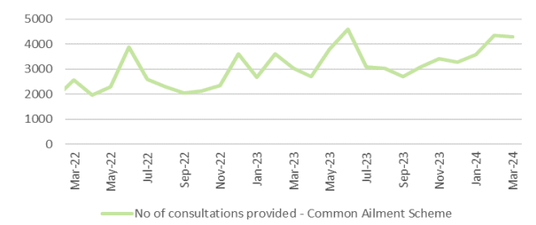


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

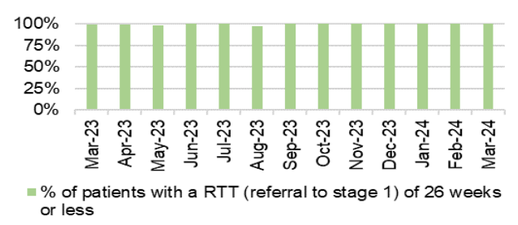


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

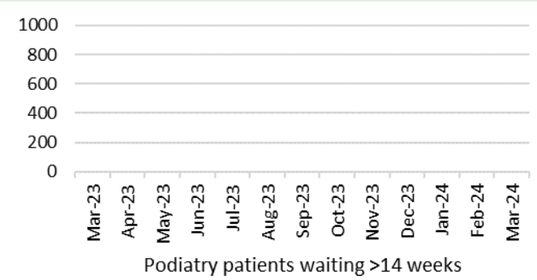


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

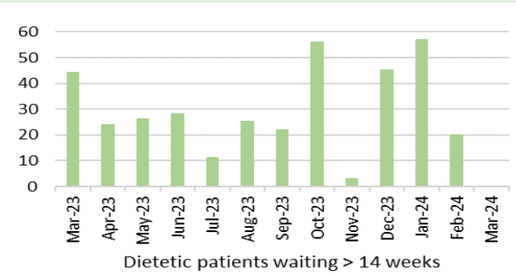


Chart 15: Audiology- Total number of patients waiting > 14 weeks

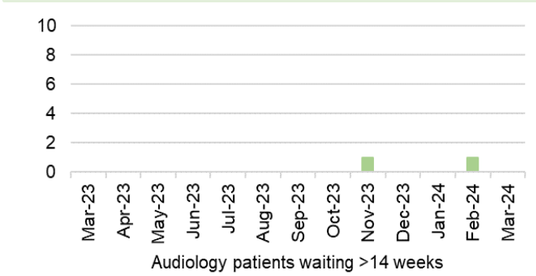
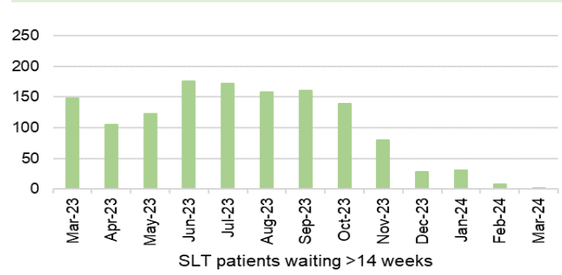


Chart 16: Speech & Language Therapy– Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity
Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

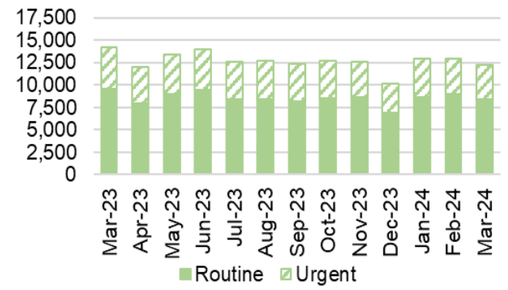


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

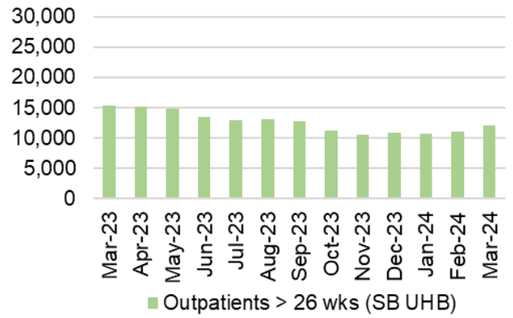


Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1

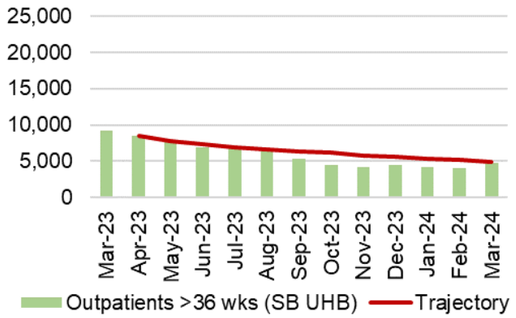


Chart 4: Number of patients waiting over 52 weeks for treatment

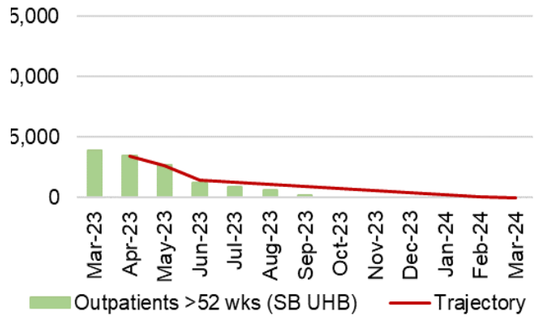


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

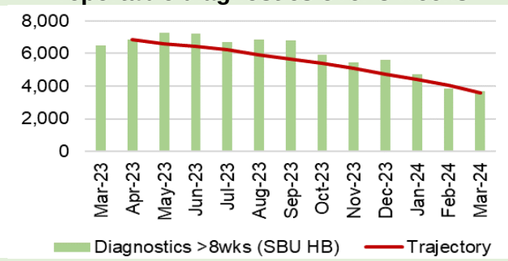


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

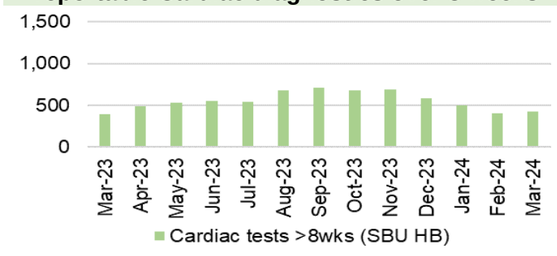


Chart 7: Number of patients waiting more than 14 weeks for Therapies

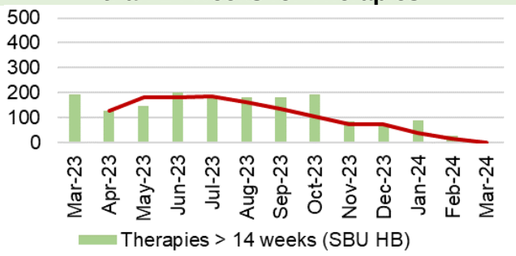


Chart 8: Cancer referrals

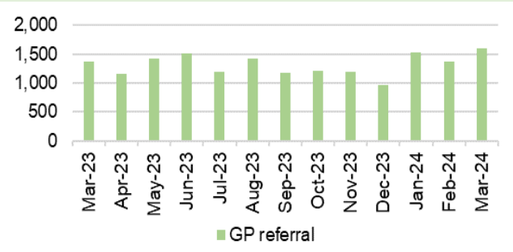


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

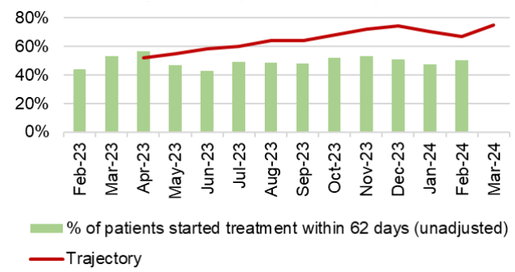


Chart 10: Number of new cancer patients starting definitive treatment

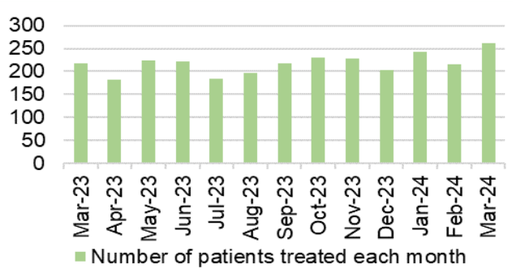


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

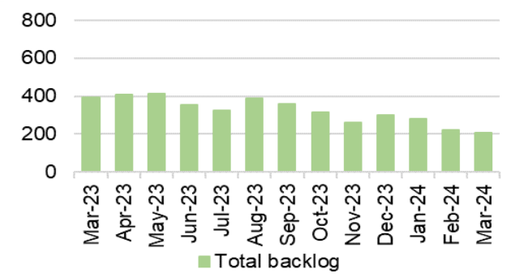


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

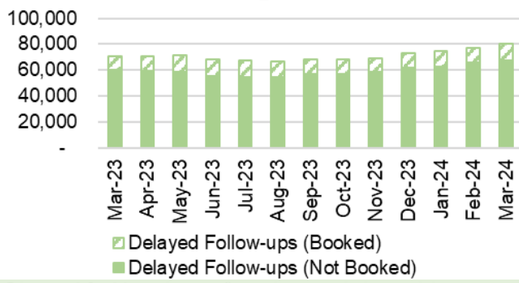


Chart 13: Number of patients without a documented clinical review date

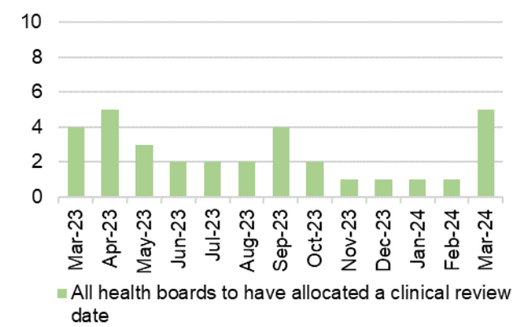


Chart 14: Ophthalmology patients without an allocated health risk factor

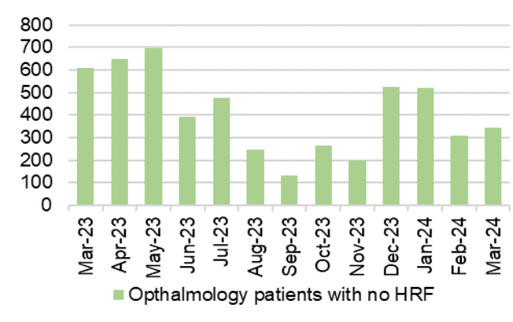


Chart 15: Total number of patients on the follow-up waiting list

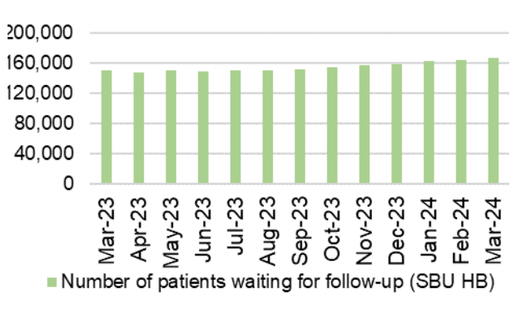
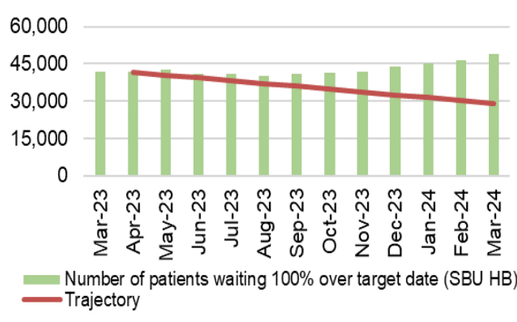


Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

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

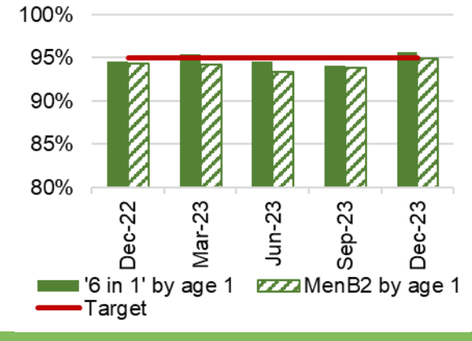


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

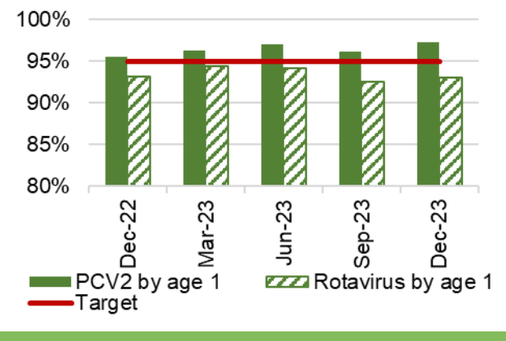


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

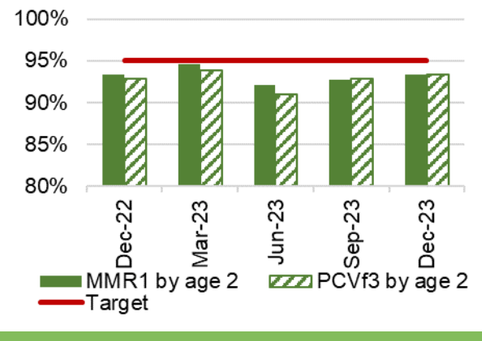


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

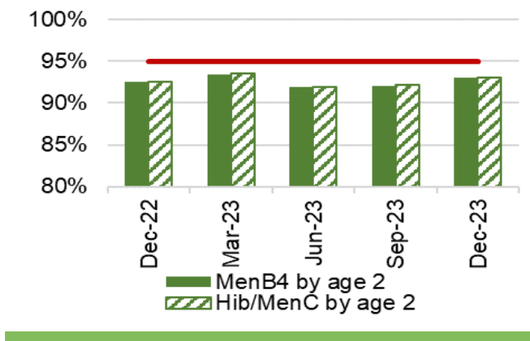


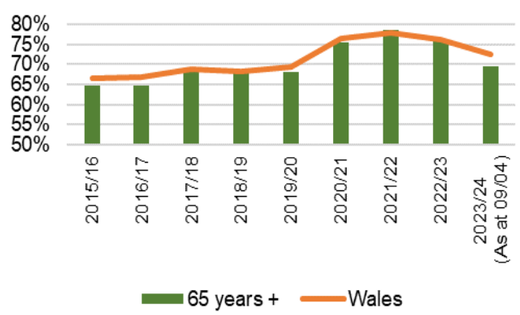
Chart 5: % children who are up to date in schedule by age 4

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

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

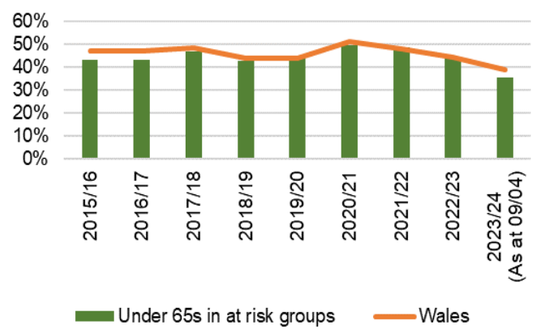
Chart 8: % children who received MenACWY vaccine by age 16

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



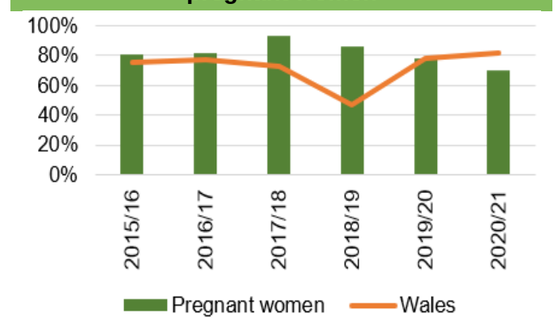
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



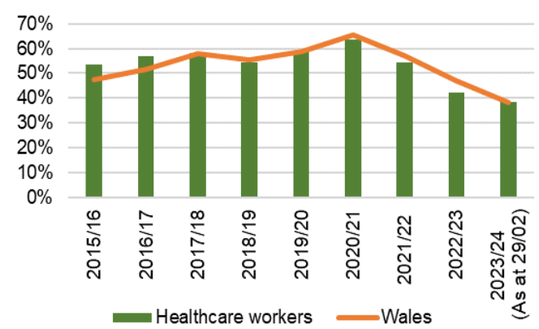
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

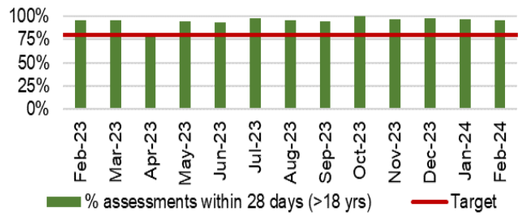


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

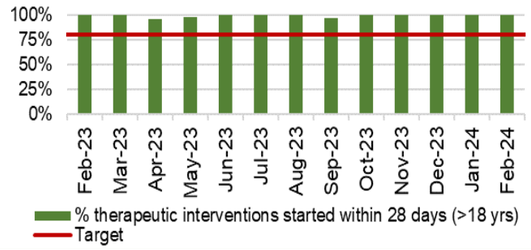


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

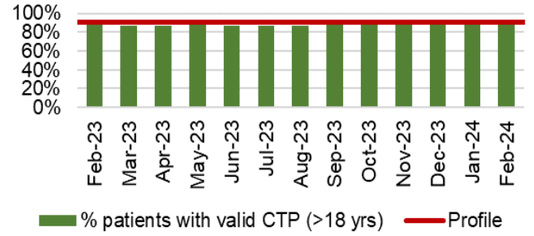


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

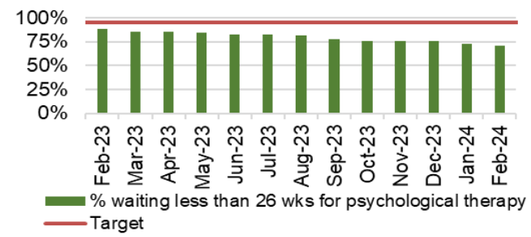


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

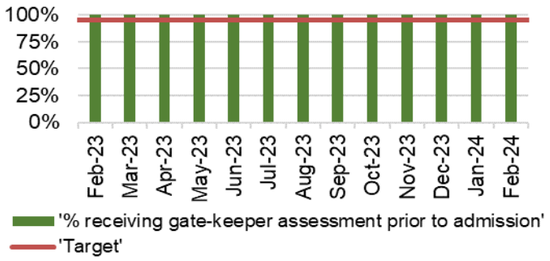


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

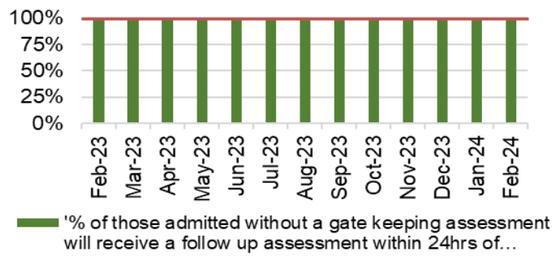


Chart 7: % of patients waiting under 14 weeks for Therapies

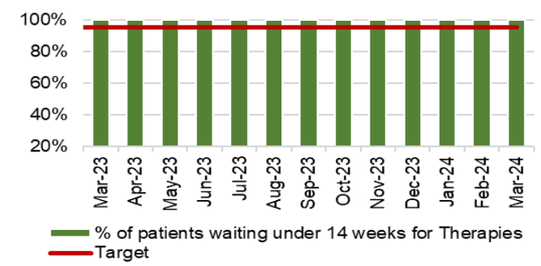


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

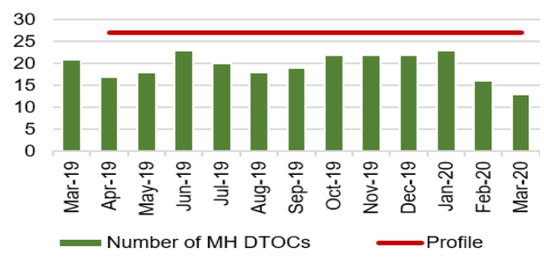


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

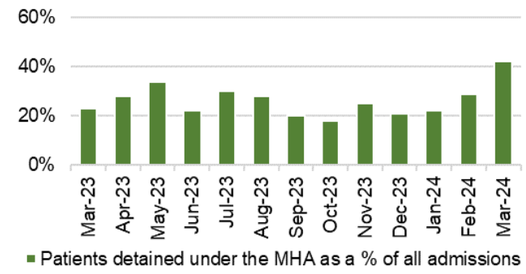


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

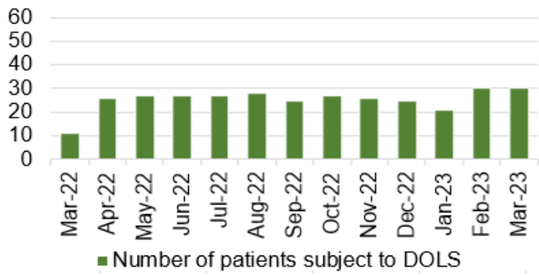


Chart 11: Number of Nationally Reportable Incidents

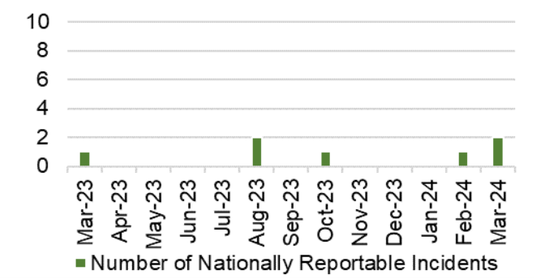
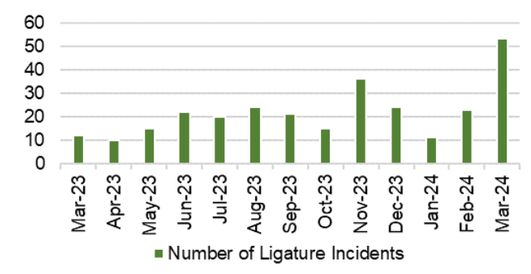


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

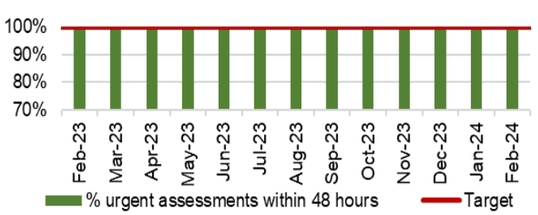


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

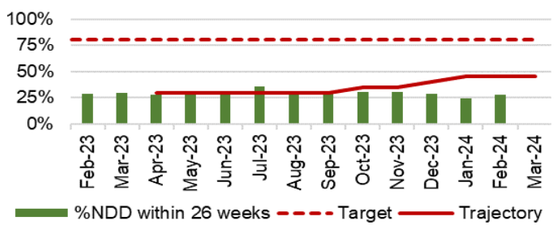


Chart 15: Assessment and intervention within 28 days

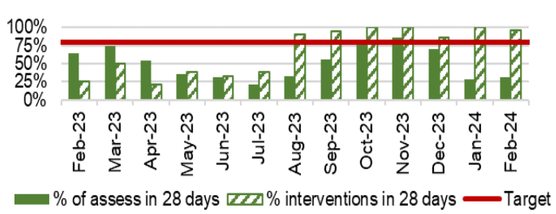
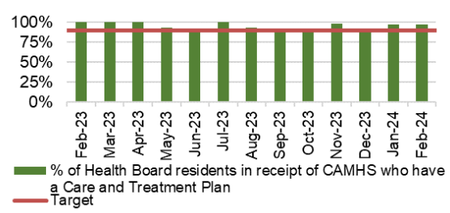


Chart 16: % of residents with a Care and Treatment Plan



APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

		Harm from Covid itself																					
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
COVID19 related measures	Number of new COVID19 cases	Local	Mar-24	45		Reduce					378	153	81	60	84	132	139	175	80	214	174	70	45
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce					18,230												
	Number of staff awaiting results of COVID19 test	Local	Mar-24	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Mar-24	17		Reduce					57	29	61	90	23	33	37	35	21	43	35	21	17
	Number of COVID19 related serious incidents	Local	Mar-24	1		Reduce					0	0	0	0	0	0	0	0	0	1	0	0	1
	Number of COVID19 related complaints	Local	Mar-24	0		Reduce					2	1	0	0	0	0	1	1	1	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	0									
	Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce					57	45	27	7									
	% sickness	Local	Jun-23	0.1%		Reduce					0.4%	0.3%	0.2%	0.1%									
		Harm from overwhelmed NHS and social care system																					
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Mar-24	50%	65%	65%	✖	39.5% (Dec-22)	3rd (Dec-22)		48%	50%	56%	64%	55%	56%	49%	46%	52%	47%	50%	46%	50%
	Number of ambulance handovers over one hour	National	Mar-24	638	↑ trajectory	382	✖	6,798 (Dec-22)	1st (Dec-22)		729	658	708	615	643	694	695	696	724	762	704	629	638
	Handover hours lost over 15 minutes	Local	Mar-24	3573							4,659	3,627	3,952	3,018	3,383	4,075	3,807	3,868	3,343	3,787	3,693	3,344	3,573
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Mar-24	76%	Month on month improvement		✖	63.1% (Dec-22)	4th (Dec-22)		74%	75%	75%	76%	76%	76%	77%	77%	75%	75%	77%	74%	76%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Mar-24	1132	↑ trajectory	505	✖	12,099 (Dec-22)	4th (Dec-22)		1,395	1,083	1,303	1,274	1,179	1,156	1,180	1,207	969	994	959	1,197	1,132
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Mar-24	38.5%							11.9%	7.8%	18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%	12.3%	12.5%	38.5%
	CT Scan (<1hrs) (local	Local	Mar-24	42.9%							45.2%	45.1%	39.5%	42.9%	52.1%	34.1%	58.1%	23.8%	34.0%	52.8%	57.6%	47.5%	42.9%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Mar-24	92.9%							97.6%	96.1%	90.7%	92.9%	91.7%	97.7%	86.0%	92.9%	92.0%	86.1%	93.2%	91.5%	92.9%
	Thrombolysis door to needle <= 45 mins	Local	Mar-24	0.0%							10.0%	25.0%	0.0%	12.5%	11.1%	75.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%
	% stroke patients who receive mechanical thrombectomy	Local	Mar-24	0.0%	10%		✖	2.1% (Nov-22)	4th (Nov-22)		6.5%	2.0%	7.1%	5.0%	3.6%	6.3%	9.1%	0.0%	6.7%	4.5%	0.0%	0.0%	0.0%
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	Local	Mar-24	31.3%	12 month ↑		✖	50.7% (Nov-22)	4th (Nov-22)		64.3%	68.6%	62.9%	66.7%	65.1%	47.3%	72.0%	71.6%	69.5%	57.0%	49.4%	35.2%	31.3%
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Mar-24	66.0%		80%	✖				83%	80%	67%	-	40%	83%	50%	33%	100%	40%	100%	17%	66%
	Number of new Never Events	Local	Mar-24	0		0	✔				0	0	1	0	1	1	0	2	2	1	0	1	0
	Number of risks with a score greater than 20	Local		149		12 month ↓	✖				148	138	135	143	142	146	152	140	170	146	141	147	149
	Number of risks with a score greater than 16	Local		318		12 month ↓	✖				307	296	289	300	303	316	322	304	363	305	296	310	318
Pressure Ulcers	*Number of pressure ulcers acquired in hospital*	Local	Feb-24	60		*12 month ↓*	✔				*76*	*83*	*83*	*67*	*67*	*60*	*63*	*70*	*69*	*60*	*83*	*60*	
	Number of pressure ulcers developed in the community		Feb-24	33		*12 month ↓*	✔				*62*	*31*	*41*	*39*	*33*	*38*	*44*	*37*	*45*	*51*	*46*	*33*	
	Total number of pressure ulcers			93		12 month ↓	✔				138	114	124	106	100	98	107	107	114	111	129	93	
	Number of grade 3+ pressure ulcers acquired in hospital			1		*12 month ↓*	✔				*7*	*5*	*10*	*6*	*1*	*4*	*4*	*6*	*5*	*5*	*2*	*1*	
	Number of grade 3+ pressure ulcers acquired in community		Feb-24	7		*12 month ↓*	✔				*14*	*7*	*9*	*9*	*6*	*7*	*11*	*5*	*13*	*10*	*3*	*7*	
	Total number of grade 3+ pressure ulcers		Feb-24	8		12 month ↓	✔				21	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	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Mar-24	67.0	<67		✓	67.80 (Dec-22)	3rd (Dec-22)		67.5	81.1	73.7	75.1	75.2	76.5	75.7	69.6	73.3	69.1	69.3	68.1	67.0
	Number of E.Coli bacteraemia cases (Hospital)		Mar-24	*8*	≤234 (Cumulative)	*9*	✓				*9*	*14*	*12*	*13*	*12*	*18*	*8*	*5*	*21*	*6*	*9*	*7*	*8*
	Number of E.Coli bacteraemia cases (Community)			*11*		*10*	✗				*10*	*12*	*10*	*12*	*13*	*9*	*15*	*6*	*11*	*6*	*10*	*10*	*11*
	Total number of E.Coli bacteraemia cases			19		19	✓				19	26	22	25	25	27	23	11	32	12	19	17	19
	Cumulative cases of S.aureus bacteraemias per 100k pop		Mar-24	36.8	<20		✗	27.76 (Dec-22)	6th (Dec-22)		38.6	53.1	43.0	42.2	42.2	40.4	38.9	37.6	37.2	38.8	39.0	37.9	36.8
	Number of S.aureus bacteraemias cases (Hospital)		Mar-24	*5*	≤71 (Cumulative)	*3*	✗				*5*	*7*	*8*	*8*	*1*	*6*	*7*	*6*	*8*	*9*	*7*	*5*	*5*
	Number of S.aureus bacteraemias cases (Community)			*3*		*2*	✗				*5*	*9*	*2*	*5*	*13*	*4*	*3*	*4*	*6*	*8*	*4*	*2*	*3*
	Total number of S.aureus bacteraemias cases			8		5	✗				10	16	10	13	14	10	10	10	14	17	11	7	8
	Cumulative cases of C.difficile per 100k pop		Mar-24	65.2	<25		✗	36.68 (Dec-22)	5th (Dec-22)		51.4	56.2	46.0	51.4	52.2	52.0	57.3	56.9	62.5	62.6	64.3	64.7	65.2
	Number of C.difficile cases (Hospital)		Mar-24	*19*	≤95 (Cumulative)	*5*	✗				*13*	*7*	*10*	*13*	*12*	*14*	*20*	*14*	*15*	*13*	*15*	*15*	*19*
	Number of C.difficile cases (Community)			*3*		*2*	✗				*6*	*8*	*4*	*7*	*6*	*3*	*7*	*4*	*18*	*8*	*7*	*5*	*3*
	Total number of C.difficile cases			22		7	✗				19	15	14	20	18	17	27	18	33	21	22	20	22
	Cumulative cases of Klebsiella per 100k pop		Mar-24	24.5							27.4	25.0	27.6	24.7	20.7	22.6	25.1	24.1	24.2	23.5	25.0	25.4	24.5
	Number of Klebsiella cases (Hospital)		Mar-24	*3*	≤71 (Cumulative)	*2*	✗				*4*	*7*	*4*	*1*	*3*	*4*	*7*	*5*	*4*	*1*	*6*	*2*	*3*
	Number of Klebsiella cases (Community)			*2*		*2*	✓				*7*	*1*	*6*	*5*	*0*	*6*	*5*	*1*	*4*	*5*	*5*	*7*	*2*
	Total number of Klebsiella cases			5		4	✗	63 Total (Dec-22)	2nd (Dec-22)		11	8	10	6	3	10	12	6	8	6	11	9	5
	Cumulative cases of Aeruginosa per 100k pop		Mar-24	5.2							11.3	6.2	4.6	7.2	6.1	6.1	6.1	6.1	6.1	6.5	6.2	5.7	5.2
	Number of Aeruginosa cases (Hospital)		Mar-24	*0*	≤24 (Cumulative)	*1*	✓				*2*	*1*	*1*	*3*	*2*	*0*	*1*	*2*	*2*	*3*	*2*	*0*	*0*
	Number of Aeruginosa cases (Community)			*0*		*0*	✓				*2*	*1*	*0*	*1*	*0*	*1*	*1*	*0*	*0*	*0*	*0*	*0*	*0*
	Total number of Aeruginosa cases			0		1	✓	8 Total (Dec-22)	4th (Dec-22)		4	2	1	4	2	1	2	2	2	3	2	0	0
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Mar-24	88.2%		95%	✗				93%	99%	95%	95%	97%	95%	96%	97%	95%	97%	98%	97%	88%
Inpatient Falls	Number of Inpatient Falls	Local	Mar-24	201		12 month ↓	✗				214	183	184	143	164	200	157	190	166	158	192	203	201
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Mar-24	93%		98%	✗				85.1%	96.6%	91.9%	81.6%	84.1%	85.2%	82.0%	89.6%	89.9%	85.7%	91.6%	85.5%	93.5%
Coding	% of episodes clinically coded within 1 month of discharge	National	Feb-24	70%	12 month ↑		✓				67%	55%	55%	68%	71%	61%	69%	76%	66%	76%	78%	70%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Mar-24	69%		100%	✗				62%	64%	65%	65%	64%	66%	61%	66%	69%	70%	68%	72%	69%
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)		5.2%	5.7%	5.8%	5.2%	4.9%	5.3%	4.1%	3.4%	4.6%	4.1%	3.9%	3.7%	
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Mar-24	70%	85%		✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		69%	72%	68%	67%	67%	67%	66%	66%	66%	67%	69%	69%	70%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Mar-24	87%	85%		✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		82%	86%	87%	87%	88%	88%	87%	88%	89%	88%	86%	90%	87%
	% workforce sickness absence (12 month rolling)	National	Feb-24	6.99%	12 month ↓		✓	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.65%	7.46%	7.37%	7.28%	7.11%	7.08%	7.08%	7.05%	7.09%	6.96%	6.96%	6.99%	

Harm from reduction in non-Covid activity																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Mar-24	11.4%							9.9%	11.8%	13.0%	13.9%	13.0%	13.9%	12.2%	14.0%	13.3%	13.9%	12.2%	11.4%	13.9%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Feb-24	50.4%	↑ trajectory	67%	✗	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		53.2%	56.5%	46.6%	42.8%	49.0%	48.6%	47.9%	51.7%	53.3%	51.0%	47.5%	50.4%	
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Mar-24	15%	80%		✗				32%	22%	35%	18%	33%	44%	20%	10%	12%	17%	25%	28%	15%
	Scheduled (21 Day Target)	Local	Mar-24	59%	100%		✗				81%	70%	81%	63%	68%	83%	76%	42%	61%	77%	67%	81%	59%
	Urgent SC (2 Day Target)	Local	Mar-24	50%	80%		✗				30%	22%	50%	24%	42%	27%	33%	53%	31%	39%	26%	52%	50%
	Urgent SC (7 Day Target)	Local	Mar-24	82%	100%		✗				84%	70%	73%	52%	90%	91%	78%	73%	77%	65%	85%	79%	82%
	Emergency (within 1 day)	Local	Mar-24	91%	80%		✗				91%	100%	100%	71%	100%	92%	100%	100%	100%	100%	100%	67%	91%
	Emergency (within 2 days)	Local	Mar-24	96%	100%		✗				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%
	Elective Delay (7 Day Target)	Local	Mar-24	98%	80%		✓				94%	87%	93%	93%	91%	96%	98%	98%	95%	97%	99%	98%	98%
	Elective Delay (14 Day Target)	Local	Mar-24	100%	100%		✓				100%	93%	100%	95%	100%	100%	100%	100%	100%	97%	100%	100%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Mar-24	3,238				15,517 (Nov-22)	7th (Nov-22)		4,554	4,677	4,847	4,745	4,505	4,415	4,148	3,737	3,427	3,553	3,509	3,311	3,238
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Mar-24	3,687	↑ trajectory	4,313	✓	42,566 (Nov-22)	4th (Nov-22)		6,514	6,867	7,255	7,221	6,713	6,861	6,800	5,939	5,429	5,616	4,705	3,870	3,687
	Number of patients waiting > 14 weeks for a specified therapy	National	Mar-24	1	↑ trajectory	0	✗	9,584 (Nov-22)	2nd (Nov-22)		193	129	149	203	183	183	182	195	84	73	88	29	1
	% of patients waiting < 26 weeks for treatment	Local	Mar-24	60.62%	95%			56% (Nov-22)	6th (Nov-22)		58.4%	58.3%	58.8%	60.9%	61.7%	61.0%	60.7%	62.0%	62.6%	61.0%	60.8%	61.3%	60.6%
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Mar-24	12,095							15,385	15,184	14,733	13,427	12,937	13,121	12,786	11,169	10,425	10,889	10,722	10,938	12,095
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Mar-24	4,739	↑ trajectory	4,893	✓				9,163	8,561	7,675	6,893	6,729	6,558	5,327	4,508	4,282	4,546	4,184	4,102	4,739
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Mar-24	0	↑ trajectory	0	✓	85,301 (Nov-22)	3rd (Nov-22)		3,895	3,456	2,719	1,234	894	665	180	0	0	0	0	0	0
	Number of patients waiting > 52 weeks for treatment	National	Mar-24	13,181	↑ trajectory	14,785	✓				18,181	17,823	16,976	15,446	15,120	14,877	14,417	13,942	13,453	13,386	13,318	13,211	13,181
	Number of patients waiting > 104 weeks for treatment	National	Mar-24	1,831	↑ trajectory	4,313	✓	49,594 (Nov-22)	5th (Nov-22)		6,015	5,952	5,792	5,474	5,299	4,999	4,645	4,097	3,460	2,969	2,566	2,175	1,831
	The number of patients waiting for a follow-up outpatient appointment	Local	Mar-24	166,438							150,860	147,864	150,109	149,529	150,416	150,060	152,025	154,704	157,285	159,226	162,964	164,581	166,438
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Mar-24	48,969	↑ trajectory	29,126	✗	224,552 (Nov-22)	5th (Nov-22)		41,710	41,611	42,534	40,807	41,123	39,938	41,048	41,188	41,727	43,784	44,376	46,482	48,969
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Mar-24	57%	95%		✗	64.9% (Nov-22)	1st (Nov-22)		59.4%	62.7%	62.3%	57.5%	63.8%	60.3%	63.7%	60.2%	61.5%	64.7%	61.3%	62.9%	57.3%
Activity	Number of GP referrals	Local	Mar-24	12,269	12 month ↓		✗				14,220	12,012	13,341	13,984	12,623	12,698	12,383	12,644	12,622	10,102	12,876	12,976	12,269
	Number of patients referred from primary care into secondary care Ophthalmology Servies	National	Mar-24	936	↑ trajectory	950	✓				969	737	803	890	824	812	815	851	843	735	775	721	936
DNAs	% of patients who did not attend a new outpatient appointment	Local	Mar-24	9%	12 month ↓		✗				8.2%	7.9%	10.1%	10.6%	10.0%	9.6%	10.6%	9.7%	10.0%	9.7%	9.3%	8.9%	9.5%
	% of patients who did not attend a follow-up outpatient appointment	Local	Mar-24	7%	12 month ↓		✗				7.9%	8.0%	8.2%	8.4%	8.1%	8.0%	8.1%	7.7%	7.6%	8.0%	8.2%	7.2%	7.3%
Theatre Efficiencies	Theatre Utilisation rates	Local	Mar-24	65%		90%	✗				71%	71%	76%	69%	73%	66%	73%	76%	72%	63%	63%	69%	65%
	% of theatre sessions starting late	Local	Mar-24	31%		<25%	✗				33%	35%	37%	36%	42%	36%	38%	40%	39%	40%	37%	37%	31%
	% of theatre sessions finishing early	Local	Mar-24	45%		<20%	✗				49%	48%	51%	47%	44%	51%	50%	47%	44%	49%	52%	50%	45%
Patient experience	Number of friends and family surveys completed	National	Mar-24	5,427	Month on month improvement		✓				5,358	2,704	3,477	2,503	3,401	5,188	4,084	5,738	5,792	4,004	5,211	5,232	5,427
	% of who would recommend and highly recommend	Local	Mar-24	92%		90%	✓				92%	92%	90%	89%	91%	92%	92%	92%	92%	92%	93%	92%	92%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Mar-24	92%		90%	✓				95%	95%	95%	90%	91%	92%	92%	93%	93%	93%	93%	93%	92%
Complaints	Number of new formal complaints received	Local	Jan-24	181		12 month trend ↓	✓				183	149	182	217	147	155	171	164	171	108	181		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Jan-24	72%		80%	✗				72%	77%	71%	71%	64%	71%	62%	74%	55%	69%	72%		
	% of acknowledgements sent within 2 working days	Local	Jan-24	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

		Harm from wider societal actions/lockdown																					
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	% 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)		95.4%			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)		88.4%			88.3%			88.9%			87.6%			
Influenza	% uptake of influenza among 65 year olds and over	National	Feb-24	69.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		75.9%	*Data collection restarts October 2023*						58.1%		68.0%	69.1%	69.4%	69.5%
	% uptake of influenza among under 65s in risk groups	Local	Feb-24	35.5%	55%			48.2% (Mar-22)	4th (Mar-22)		43.8%							25.3%		33.5%	34.8%	35.4%	35.5%
	% uptake of influenza among children 2 to 3 years old	Local	Feb-24	38.1%	50%			47.6% (Mar-22)	5th (Mar-22)		38.8%							22.7%		35.1%	38.9%	38.0%	38.1%
	% uptake of influenza among healthcare workers	Local	Feb-24	38.6%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		42.4%							13.8%		38.6%	38.6%	38.6%	38.6%
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-23	67.8%	75%		✖				*Historical data not available*			67.8%	*Data collection restarts Apr-24*								
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	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%
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Feb-24	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Feb-24	28%	80%	45%	✖	31.4% (Nov-22)	3rd (Nov-22)		29%	28%	30%	31%	36%	31%	30%	30%	30%	29%	24%	28%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Feb-24	31%	80%		✖	83.2% (Nov-22)	5th (Nov-22)		74%	55%	31%	31%	21%	33%	56%	77%	86%	70%	29%	31%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Feb-24	31%	80%		✖	66.8% (Nov-22)	5th (Nov-22)		74%	55%	35%	31%	21%	33%	56%	77%	86%	70%	29%	31%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Feb-24	96%	80%		✔	34.4% Nov-22)	4th (Nov-22)		50%	21%	38%	33%	38%	91%	95%	100%	100%	86%	100%	96%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%																		
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Feb-24	97%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		100%	100%	93%	90%	100%	93%	92%	92%	98%	92%	97%	97%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Feb-24	96%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		96%	78%	94%	93%	98%	96%	94%	100%	97%	98%	97%	96%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Feb-24	100%	80%		✔	73.1% (Nov-22)	2nd (Nov-22)		100%	96%	98%	100%	100%	100%	97%	100%	100%	100%	100%	100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Feb-24	71%	80%		✖	73.9% (Nov-22)	2nd (Nov-22)		85%	85%	84%	82%	82%	81%	77%	76%	76%	76%	73%	71%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Feb-24	89%	90%		✖	84.2% (Nov-22)	2nd (Nov-22)		87%	87%	88%	87%	87%	87%	88%	89%	90%	88%	88%	89%	
	% Service Users admitted to a pyschiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTservice prior to	Local	Feb-24	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% service users admitted to a pyschiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hous of admission	Local	Feb-24	100%	100%		✔	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	