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WALES** | Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



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|-------------------------------|--|--------------------|--|
| Meeting Date | 26th March 2024 | Agenda Item | |
| Report Title | Quality & Safety Performance Report | | |
| Report Author | Charlotte Angell, Health Board Performance Support Officer Performance | | |
| Report Sponsor | Darren Griffiths, Director of Finance and Performance, Acting Deputy Chief Executive | | |
| Presented by | Darren Griffiths, 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 window (end of February 2024 primarily) in delivering key local performance measures as well as the national measures outlined in the 2023/24 NHS Wales Performance Framework. | | |
| Key Issues | <p>The Quality and Safety Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The focus of the report will be adjusted for April 2024 reporting to give clear focus on the measures to be monitored as part of Targeted Intervention (TI) escalation for performance and outcomes. A discussion was held with Welsh Government on 11th March 2024 and discussions are ongoing to establish the precise metrics for inclusion in the escalation framework.</p> <p>Key high level issues to highlight this month are as follows: -</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 remains minimal with 70 new cases reported in February 2024. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Performance against the 4-hour access is marginally below profile at 74.3% in February 2024 a deterioration of 2.1% from the previous month. - Performance against the 12-hour wait has deteriorated in February 2024 to 1,197 from 959. - In February 2024, there were 629 ambulance to hospital handovers taking over 1 hour; this is a decrease of 75 compared with the previous month. | | |

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

Planned Care

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

Cancer

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

Mental Health

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

Child and Adolescent Mental Health Services (CAMHS)

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

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

| | | | | |
|---------------------------------|---|-------------------|------------------|-----------------|
| | <p><u>Nationally Reportable Incidents</u></p> <ul style="list-style-type: none"> - In February 2024, there were 9 Nationally Reportable Incidents reported. - There was one new Never Events reported in February 2024 relating to a retained guide wire. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> - February 2024 data is included in this report showing 92% satisfaction through 5,232 surveys. <p>Work has commenced with colleagues in Primary and Community Care services to enhance performance reporting in this important area for the Health Board.</p> | | | |
| Specific Action Required | Information | Discussion | Assurance | Approval |
| | ✓ | | ✓ | |
| Recommendations | <p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. • 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 | | | |

QUALITY & SAFETY 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 | <input checked="" type="checkbox"/> |
| | Co-Production and Health Literacy | <input checked="" type="checkbox"/> |
| | Digitally Enabled Health and Wellbeing | <input checked="" type="checkbox"/> |
| | Deliver better care through excellent health and care services achieving the outcomes that matter most to people | |
| | Best Value Outcomes and High Quality Care | <input checked="" type="checkbox"/> |
| | Partnerships for Care | <input checked="" type="checkbox"/> |
| | Excellent Staff | <input checked="" type="checkbox"/> |
| | Digitally Enabled Care | <input checked="" type="checkbox"/> |
| | Outstanding Research, Innovation, Education and Learning | <input checked="" type="checkbox"/> |
| Health and Care Standards | | |
| (please choose) | Staying Healthy | <input checked="" type="checkbox"/> |
| | Safe Care | <input checked="" type="checkbox"/> |
| | Effective Care | <input checked="" type="checkbox"/> |
| | Dignified Care | <input checked="" type="checkbox"/> |
| | Timely Care | <input checked="" type="checkbox"/> |
| | Individual Care | <input checked="" type="checkbox"/> |
| | Staff and Resources | <input checked="" type="checkbox"/> |
| Quality, Safety and Patient Experience | | |
| <p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p> | | |
| Financial Implications | | |
| At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein. | | |
| Legal Implications (including equality and diversity assessment) | | |
| A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure. | | |
| Staffing Implications | | |
| A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report. | | |
| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) | | |
| 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 Groups leads are key in identifying performance issues and identifying actions to take forward.

| | |
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| Report History | The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in October 2023. This is a routine monthly report. |
| Appendices | Appendix 1: Quality & Safety performance report |



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Health Board



Appendix 1- Quality & Safety Performance Report

March 2024



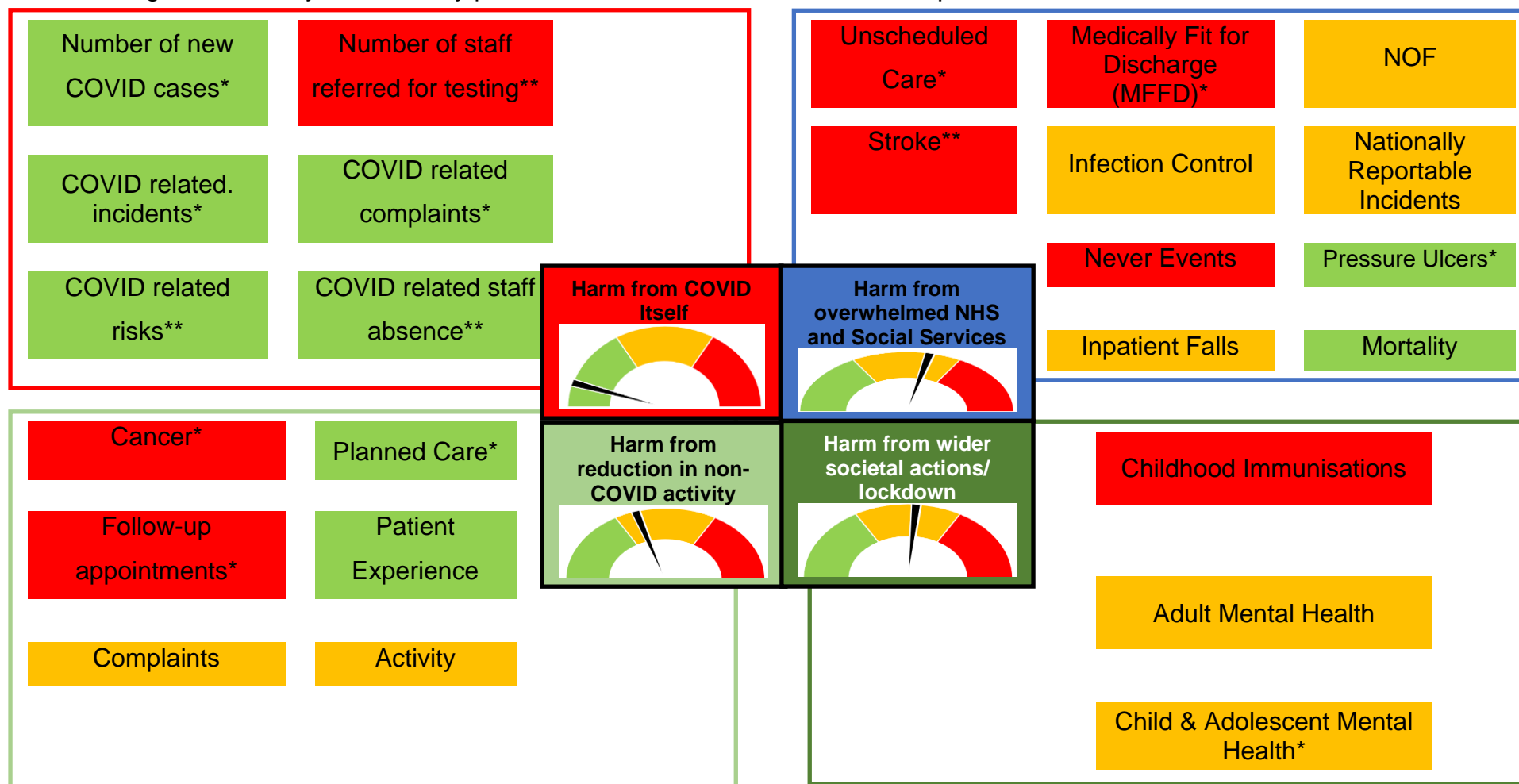
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1. QUADRANTS OF HARM SUMMARY

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



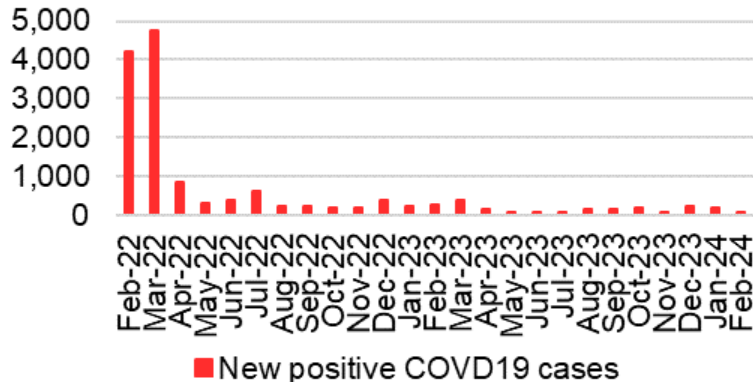
NB- RAG status is against national or local target

** Data not available

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

| Harm quadrant- Harm from Covid itself | | | | | | | | | | | | | | | | | |
|---|------------------------|------------------------|---------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Measure | Locality | National/ Local Target | HB Trajectory | Trend | | | | | | | | | | | | | |
| | | | | | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
| Number of new COVID19 cases* | HB Total | | | | 249 | 378 | 153 | 81 | 60 | 84 | 132 | 139 | 175 | 80 | 214 | 174 | 70 |
| Number of staff referred for Antigen Testing | HB Total | | | | 30 | 43 | | | | | | | | | | | |
| Number of staff awaiting results of COVID19 test* | HB Total | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of COVID19 related incidents* | HB Total | | | | 33 | 57 | 29 | 61 | 90 | 23 | 33 | 37 | 35 | 21 | 43 | 35 | 21 |
| Number of COVID19 related serious incidents* | HB Total | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Number of COVID19 related complaints* | HB Total | | | | 2 | 2 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| Number of COVID19 related risks* | HB Total | | | | | | | | | | | | | | | | |
| Number of staff self isolated (asymptomatic)* | Medical | | | | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| | Nursing Registered | | | | 1 | 0 | 0 | 0 | 0 | | | | | | | | |
| | Nursing Non Registered | | | | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| | Other | | | | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| Number of staff self isolated (symptomatic)* | Medical | | | | 3 | 1 | 1 | 1 | 0 | | | | | | | | |
| | Nursing Registered | | | | 25 | 29 | 18 | 15 | 3 | | | | | | | | |
| | Nursing Non Registered | | | | 12 | 11 | 14 | 4 | 0 | | | | | | | | |
| | Other | | | | 23 | 16 | 12 | 7 | 4 | | | | | | | | |
| % sickness* | Medical | | | | 0.3% | 0.1% | 0.1% | 0.1% | 0.0% | | | | | | | | |
| | Nursing Registered | | | | 0.6% | 0.7% | 0.4% | 0.4% | 0.1% | | | | | | | | |
| | Nursing Non Registered | | | | 0.6% | 0.5% | 0.7% | 0.2% | 0.0% | | | | | | | | |
| | Other | | | | 0.4% | 0.2% | 0.2% | 0.1% | 0.1% | | | | | | | | |
| | All | | | | 0.5% | 0.4% | 0.3% | 0.2% | 0.1% | | | | | | | | |

3.1 Updates on key measures

| COVID TESTING | | |
|---|--|---|
| Description | Current Performance | Trend |
| 1. Number of new COVID19 cases in Swansea Bay population area | 1. Number of new COVID cases In February 2024, there were an additional 70 positive cases recorded bringing the cumulative total to 121,470 in Swansea Bay since March 2020. | 1. Number of new COVID19 cases for Swansea Bay population  <p>■ New positive COVID19 cases</p> |

4. HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

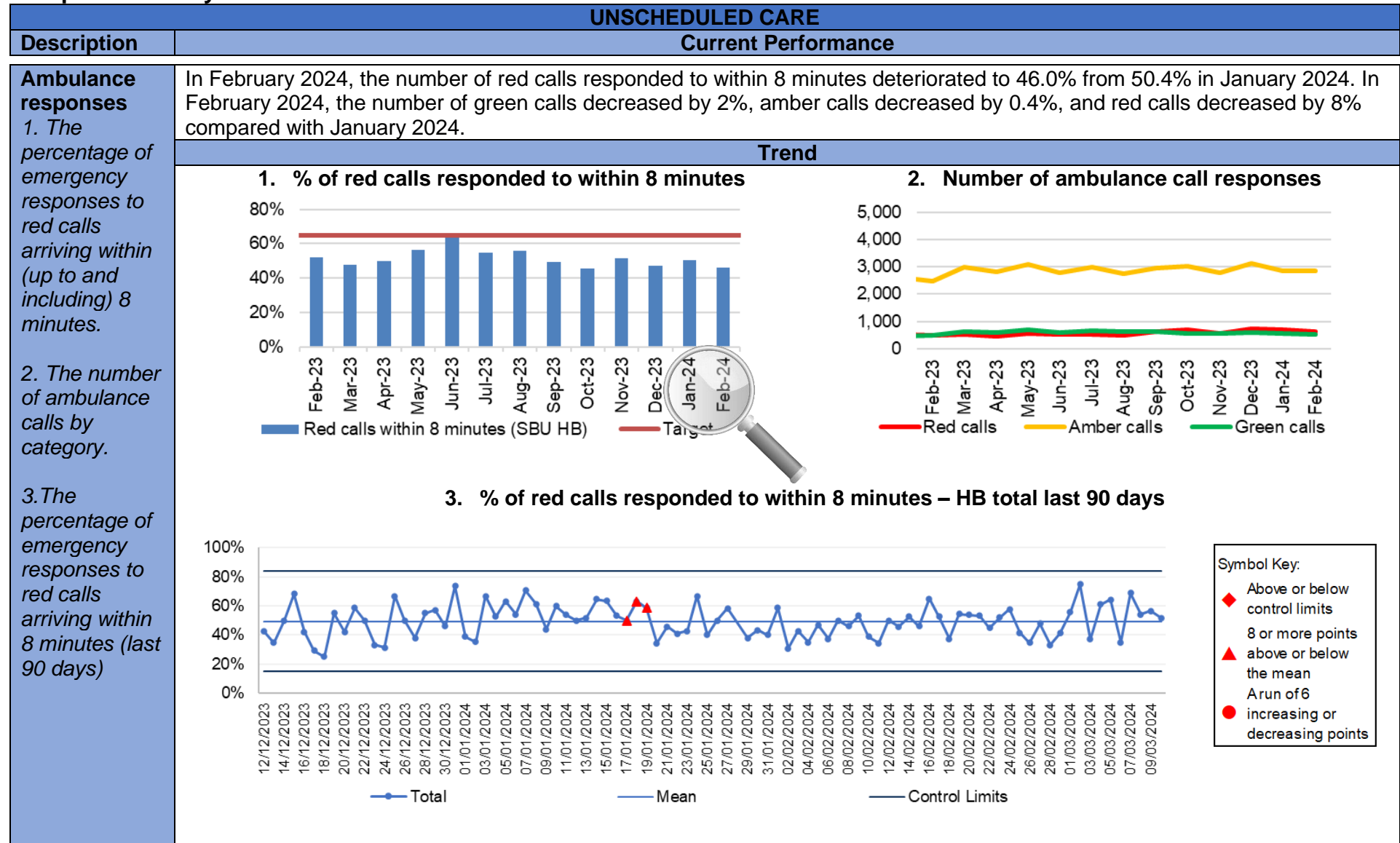
4.1 Overview

| Measure | Locality | National/ Local Target | HB | Trend | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
|---|-----------|---|-----|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Unscheduled Care | | | | | | | | | | | | | | | | | |
| Number of ambulance handovers over one hour | Morrison | Improvement trajectory towards 0 by Mar 24 | | | 594 | 728 | 658 | 708 | 615 | 643 | 693 | 695 | 696 | 723 | 762 | 701 | 629 |
| | Singleton | | | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 3 | 0 | |
| | Total | | 393 | 594 | 729 | 658 | 708 | 615 | 643 | 694 | 695 | 696 | 724 | 762 | 704 | 629 | |
| % 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 | Morrison | Improvement compared to same month in 22/23 | | | 62.5% | 59.3% | 60.5% | 60.5% | 62.0% | 62.0% | 62.3% | 63.8% | 63.9% | 62.0% | 62.8% | 63.5% | 60.1% |
| | NPTH | | | 98.9% | 97.8% | 98.2% | 97.1% | 97.2% | 99.3% | 99.0% | 98.3% | 98.8% | 99.1% | 99.2% | 99.2% | 99.4% | |
| | Total | | | 76.0% | 73.7% | 75.2% | 75.3% | 76.1% | 76.0% | 76.2% | 77.0% | 76.6% | 75.3% | 74.7% | 76.6% | 74.3% | |
| Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge | Morrison | Improvement trajectory towards 0 by Mar 24 | | | 1,123 | 1,395 | 1,083 | 1,303 | 1,274 | 1,175 | 1,154 | 1,177 | 1,206 | 969 | 994 | 959 | 1,197 |
| | NPTH | | | 2 | 0 | 0 | 0 | 0 | 4 | 2 | 3 | 1 | 0 | 0 | 0 | 0 | |
| | Total | | 505 | 1,125 | 1,395 | 1,083 | 1,303 | 1,274 | 1,179 | 1,156 | 1,180 | 1,207 | 969 | 994 | 959 | 1,197 | |
| Stroke | | | | | | | | | | | | | | | | | |
| % of patients who have a direct admission to an acute stroke unit within 4 hours* | Morrison | 59.8% | | | 11.1% | 11.9% | 7.8% | 18.6% | 23.8% | 25.0% | 22.7% | 23.3% | 33.3% | 19.6% | 11.1% | | |
| | Total | (UK SNAP average) | | | 11.1% | 11.9% | 7.8% | 18.6% | 23.8% | 25.0% | 22.7% | 23.3% | 33.3% | 19.6% | 11.1% | | |
| % of patients who receive a CT scan within 1 hour* | Morrison | 54.5% | | | 48.1% | 45.2% | 45.1% | 39.5% | 42.9% | 52.1% | 34.1% | 58.1% | 23.8% | 34.0% | 52.8% | | |
| | Total | (UK SNAP average) | | | 48.1% | 45.2% | 45.1% | 39.5% | 42.9% | 52.1% | 34.1% | 58.1% | 23.8% | 34.0% | 52.8% | | |
| % of patients who are assessed by a stroke specialist consultant physician within 24 hours* | Morrison | 84.2% | | | 96.3% | 97.6% | 96.1% | 90.7% | 92.9% | 91.7% | 97.7% | 86.0% | 92.9% | 92.0% | 86.1% | | |
| | Total | (UK SNAP average) | | | 96.3% | 97.6% | 96.1% | 90.7% | 92.9% | 91.7% | 97.7% | 86.0% | 92.9% | 92.0% | 86.1% | | |
| % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes | Morrison | 12 month improvement trend | | | 0.0% | 10.0% | 25.0% | 0.0% | 12.5% | 11.1% | 75.0% | 0.0% | 0.0% | 0.0% | 0.0% | | |
| | Total | | | | 0.0% | 10.0% | 25.0% | 0.0% | 12.5% | 11.1% | 75.0% | 0.0% | 0.0% | 0.0% | 0.0% | | |
| % of patients receiving the required minutes for speech and language therapy | Morrison | 12 month improvement trend | | | 48.0% | 64.3% | 68.6% | 62.9% | 66.7% | 65.1% | 47.3% | 72.0% | 71.6% | 69.5% | 57.0% | | |
| Fractured Neck of Femur (NOF) | | | | | | | | | | | | | | | | | |
| Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation | Morrison | 75% | | | 94.9% | 95.2% | 95.5% | 95.0% | 95.9% | 95.9% | 96.8% | 97.0% | 97.0% | 97.0% | 97.0% | 97.0% | |
| Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture | Morrison | 75% | | | 21.9% | 24.5% | 26.9% | 27.8% | 28.9% | 31.6% | 31.3% | 31.1% | 30.6% | 30.8% | 32.4% | 33.8% | |
| NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 | Morrison | 75% | | | 73.0% | 72.9% | 72.8% | 72.1% | 72.5% | 72.9% | 73.7% | 74.6% | 74.2% | 73.4% | 72.9% | 69.7% | |
| Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation | Morrison | 75% | | | 77.8% | 78.6% | 78.9% | 79.7% | 81.1% | 81.4% | 81.8% | 82.2% | 82.4% | 81.6% | 83.0% | 83.9% | |
| Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation | Morrison | 75% | | | 74.8% | 74.1% | 73.3% | 74.2% | 74.3% | 74.2% | 73.4% | 72.7% | 72.5% | 73.9% | 74.8% | 75.4% | |
| Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up | Morrison | 75% | | | 68.8% | 70.7% | 67.8% | 68.9% | 71.5% | 73.1% | 72.9% | 72.5% | | | | | |
| 30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months | Morrison | 12 month improvement trend | | | | | | | | | | | | | | | |
| % of survival within 30 days of emergency admission for a hip fracture | HB Total | 12 month improvement trend | | | | | | | | | | | | | | | |

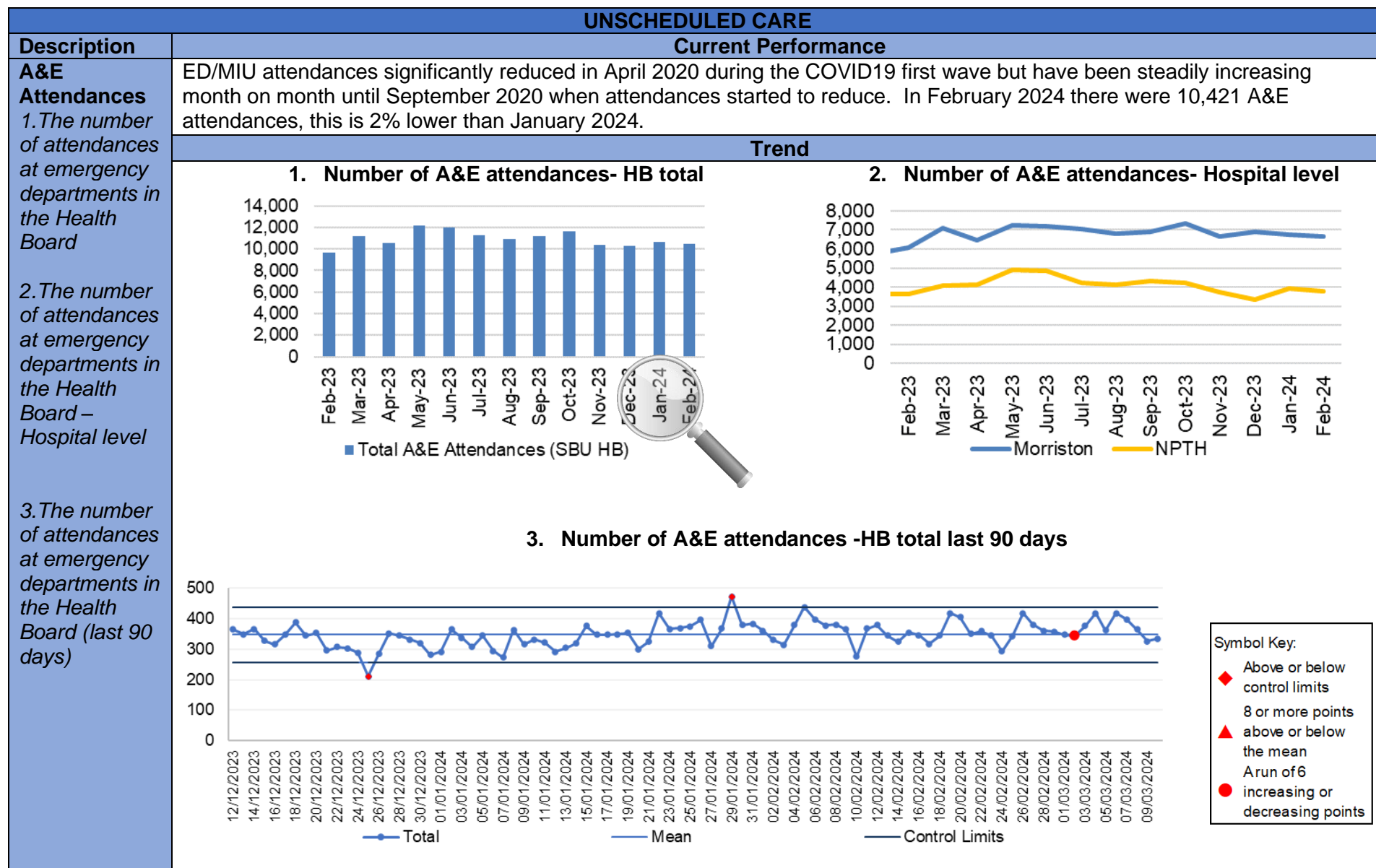
| Measure | Locality | National/ Local Target | HB Trajectory | Trend | SBU | | | | | | | | | | | | | |
|--------------------------------------|----------------|--------------------------|------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---|
| | | | | | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | |
| Healthcare Acquired Infections | | | | | | | | | | | | | | | | | | |
| Number of E.Coli bacteraemia cases | PCCS Community | 12 month reduction trend | 10 | | 8 | 10 | 12 | 10 | 12 | 13 | 9 | 15 | 6 | 11 | 6 | 10 | 10 | |
| | PCCS Hospital | | 0 | | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | MH&LD | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Morrison | | 6 | | 4 | 7 | 12 | 8 | 7 | 6 | 11 | 6 | 3 | 11 | 5 | 6 | 2 | |
| | NPTH | | 0 | | 0 | 0 | 0 | 1 | 2 | 0 | 2 | 0 | 0 | 1 | 0 | 1 | 1 | |
| | Singleton | | 3 | | 4 | 2 | 2 | 3 | 2 | 4 | 2 | 2 | 2 | 9 | 1 | 1 | 2 | |
| | Total | ≤ 234 (Cumulative) | 19 | | 17 | 19 | 26 | 22 | 25 | 25 | 27 | 23 | 11 | 32 | 12 | 19 | 17 | |
| Number of S.aureus bacteraemia cases | PCCS Community | 12 month reduction trend | 2 | | 2 | 5 | 9 | 2 | 5 | 13 | 4 | 3 | 4 | 6 | 8 | 4 | 2 | |
| | PCCS Hospital | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | MH&LD | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Morrison | | 3 | | 8 | 4 | 4 | 4 | 4 | 6 | 0 | 3 | 4 | 4 | 5 | 3 | 4 | 3 |
| | NPTH | | 0 | | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
| | Singleton | | 0 | | 1 | 1 | 3 | 4 | 1 | 1 | 2 | 3 | 2 | 3 | 4 | 2 | 1 | 1 |
| | Total | ≤ 71 (Cumulative) | 5 | | 11 | 10 | 16 | 10 | 13 | 14 | 10 | 10 | 10 | 14 | 17 | 11 | 7 | |
| Number of C.difficile cases | PCCS Community | 12 month reduction trend | 2 | | 2 | 6 | 8 | 4 | 7 | 6 | 3 | 7 | 4 | 18 | 8 | 7 | 5 | |
| | PCCS Hospital | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | |
| | MH&LD | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| | Morrison | | 4 | | 7 | 9 | 6 | 6 | 10 | 10 | 11 | 16 | 12 | 11 | 10 | 13 | 12 | |
| | NPTH | | 0 | | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 2 | 1 | 1 | 0 | |
| | Singleton | | 1 | | 3 | 4 | 1 | 2 | 3 | 2 | 2 | 3 | 1 | 2 | 2 | 1 | 2 | |
| | Total | ≤ 95 (Cumulative) | 7 | | 12 | 19 | 18 | 14 | 20 | 18 | 17 | 27 | 18 | 33 | 21 | 22 | 20 | |
| Number of Klebsiella cases | PCCS Community | 12 month reduction trend | 2 | | 1 | 7 | 1 | 6 | 5 | 0 | 6 | 5 | 1 | 4 | 5 | 5 | 7 | |
| | PCCS Hospital | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | |
| | MH&LD | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Morrison | | 2 | | 5 | 4 | 6 | 2 | 0 | 3 | 2 | 7 | 4 | 1 | 1 | 4 | 2 | |
| | NPTH | | 0 | | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | |
| | Singleton | | 1 | | 2 | 0 | 1 | 1 | 0 | 0 | 2 | 0 | 1 | 3 | 0 | 0 | 0 | |
| | Total | ≤ 71 (Cumulative) | 5 | | 8 | 11 | 8 | 10 | 6 | 3 | 10 | 12 | 6 | 8 | 6 | 11 | 9 | |
| Number of Aeruginosa cases | PCCS Community | 12 month reduction trend | 1 | | 0 | 2 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | |
| | PCCS Hospital | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | MH&LD | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Morrison | | 1 | | 2 | 2 | 1 | 1 | 1 | 2 | 0 | 1 | 0 | 1 | 2 | 1 | 0 | |
| | NPTH | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Singleton | | 0 | | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 0 | |
| | Total | ≤ 24 (Cumulative) | 2 | | 2 | 4 | 2 | 1 | 4 | 2 | 1 | 2 | 2 | 2 | 3 | 2 | 0 | |
| Compliance with hand hygiene audits | PCCS | 95% | | | - | - | 100.0% | - | - | 100.0% | 100.0% | - | 100.0% | 90.0% | 100.0% | 100.0% | 100.0% | |
| | MH&LD | | | | 95.6% | 95.3% | 98.0% | 99.6% | 98.5% | 99.3% | 99.0% | 100.0% | 99.5% | 96.8% | 97.4% | 98.2% | 94.3% | |
| | Morrison | | | | 92.1% | 86.9% | 93.7% | 95.2% | 96.7% | 93.6% | 97.2% | 94.0% | 96.2% | 92.6% | 95.7% | 96.0% | 96.6% | |
| | NPTH | | | | 100.0% | 93.6% | 100.0% | 89.2% | 90.0% | 100.0% | 95.2% | 100.0% | 77.3% | 93.9% | 80.0% | | 100.0% | |
| | Singleton | | | | 99.2% | 100.0% | 91.3% | 89.0% | 85.7% | 100.0% | 88.4% | 91.9% | 96.8% | 98.7% | 97.3% | 100.0% | 96.6% | |
| | Total | | | | 94.8% | 92.9% | 98.8% | 95.2% | 94.8% | 96.8% | 95.5% | 96.0% | 96.6% | 95.3% | 96.8% | 97.6% | 96.7% | |

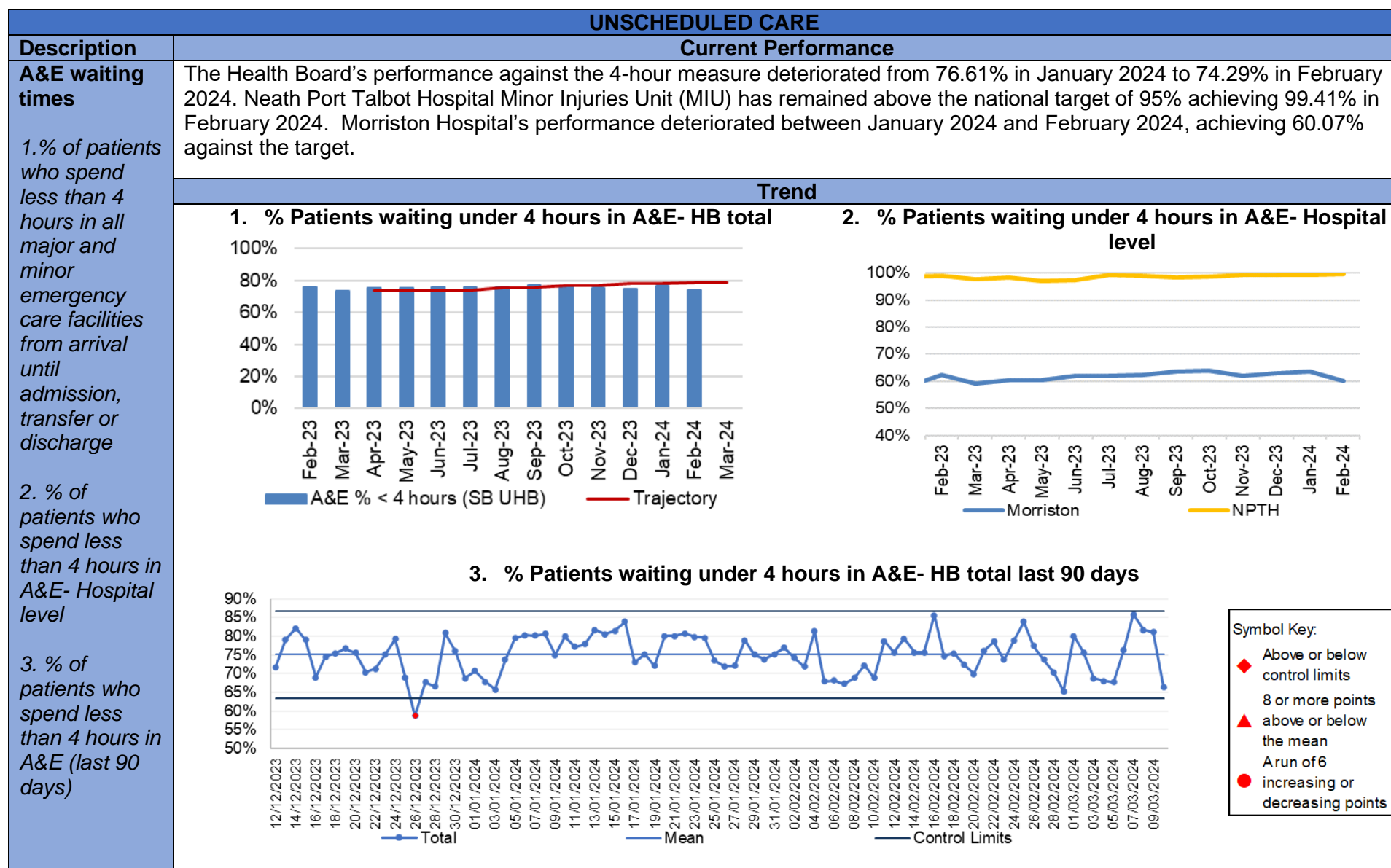
| Measure | Locality | National/ Local Target | HB Trajectory | Trend | SBU | | | | | | | | | | | | |
|---|----------------|--------------------------|---------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | | | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
| Serious Incidents & Risks | | | | | | | | | | | | | | | | | |
| Number of Nationally Reportable Incidents | PCCS | Monitor | | | 2 | 1 | 0 | 0 | 1 | 2 | 4 | 1 | 0 | 3 | 1 | 0 | 0 |
| | MH&LD | | | | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 1 |
| | Morrison | | | | 1 | 6 | 5 | 4 | 2 | 3 | 1 | 3 | 2 | 4 | 2 | 4 | 1 |
| | NPTH | | | | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 1 |
| | Singleton | | | | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 0 | 1 | 3 | 2 | 6 |
| | Total | | | | 5 | 9 | 6 | 7 | 4 | 6 | 9 | 5 | 5 | 8 | 7 | 6 | 9 |
| Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales | Total | 80% | | | 67% | 83% | 80% | 67% | - | 40% | 83% | 50% | 33% | 100% | 40% | 100% | 17% |
| Number of Never Events | PCCS | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | MH&LD | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Morrison | | | | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 1 | 0 | 0 | 1 |
| | NPTH | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| | Singleton | | | | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| | Total | | | | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 2 | 2 | 1 | 0 | 1 |
| Pressure Ulcers | | | | | | | | | | | | | | | | | |
| Total number of Pressure Ulcers | PCCS Community | 12 month reduction trend | | | 41 | 62 | 31 | 41 | 39 | 33 | 38 | 44 | 37 | 45 | 51 | 46 | |
| | PCCS Hospital | | | | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 2 | 0 | 0 | 2 | |
| | MH&LD | | | | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | |
| | Morrison | | | | 48 | 64 | 73 | 69 | 58 | 55 | 52 | 52 | 59 | 59 | 47 | 74 | |
| | NPTH | | | | 1 | 3 | 2 | 3 | 4 | 6 | 2 | 6 | 4 | 3 | 9 | 4 | |
| | Singleton | | | | 10 | 8 | 7 | 11 | 4 | 5 | 5 | 3 | 5 | 6 | 4 | 3 | |
| | Total | | | | 101 | 138 | 114 | 124 | 106 | 100 | 98 | 107 | 107 | 114 | 111 | 129 | |
| Total number of Grade 3+ Pressure Ulcers | PCCS Community | 12 month reduction trend | | | 9 | 14 | 7 | 9 | 9 | 6 | 7 | 11 | 5 | 13 | 10 | 3 | |
| | PCCS Hospital | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | MH&LD | | | | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | |
| | Morrison | | | | 1 | 6 | 4 | 8 | 4 | 0 | 3 | 2 | 5 | 4 | 1 | 2 | |
| | NPTH | | | | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 3 | 0 | |
| | Singleton | | | | 2 | 0 | 1 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | |
| | Total | | | | 13 | 21 | 12 | 19 | 15 | 7 | 11 | 15 | 11 | 18 | 15 | 5 | |
| Pressure Ulcer (Hosp) patients per 100,000 admissions | Total | 12 month reduction trend | | | 891 | 999 | 1,204 | 1,105 | 923 | 904 | 803 | 880 | 942 | 881 | 788 | | |
| Total number of Inpatient Falls | PCCS | 12 month reduction trend | | | 8 | 8 | 10 | 12 | 10 | 6 | 4 | 6 | 10 | 5 | 7 | 3 | 6 |
| | MH&LD | | | | 37 | 24 | 36 | 25 | 23 | 30 | 29 | 28 | 30 | 23 | 21 | 31 | 60 |
| | Morrison | | | | 91 | 131 | 92 | 93 | 79 | 97 | 132 | 94 | 117 | 109 | 89 | 114 | 99 |
| | NPTH | | | | 21 | 27 | 17 | 23 | 16 | 15 | 21 | 11 | 20 | 21 | 27 | 32 | 30 |
| | Singleton | | | | 19 | 24 | 28 | 31 | 15 | 16 | 14 | 18 | 13 | 8 | 14 | 12 | 8 |
| Inpatient Falls per 1,000 beddays | HB Total | Between 3.0 & 5.0 | | | 4.81 | 5.19 | 4.55 | 4.46 | 3.57 | 4.07 | 5.14 | 4.16 | 4.78 | 4.22 | 4.01 | 4.77 | 9.41 |
| Mortality | | | | | | | | | | | | | | | | | |
| Crude hospital mortality rate by Delivery Unit (74 years of age or less) | Morrison | 12 month reduction trend | | | 1.31% | 1.29% | 1.32% | 1.29% | 1.31% | 1.29% | 1.26% | 1.23% | 1.22% | 1.21% | 1.23% | 1.23% | |
| | Singleton | | | | 0.33% | 0.30% | 0.29% | 0.26% | 0.24% | 0.23% | 0.20% | 0.20% | 0.18% | 0.17% | 0.14% | 0.14% | |
| | NPTH | | | | 0.11% | 0.03% | 0.04% | 0.04% | 0.05% | 0.06% | 0.07% | 0.07% | 0.05% | 0.07% | 0.07% | 0.06% | |
| | Total (SBU) | | | | 0.73% | 0.71% | 0.72% | 0.70% | 0.70% | 0.69% | 0.67% | 0.68% | 0.66% | 0.65% | 0.65% | 0.66% | |

4.2 Updates on key measures

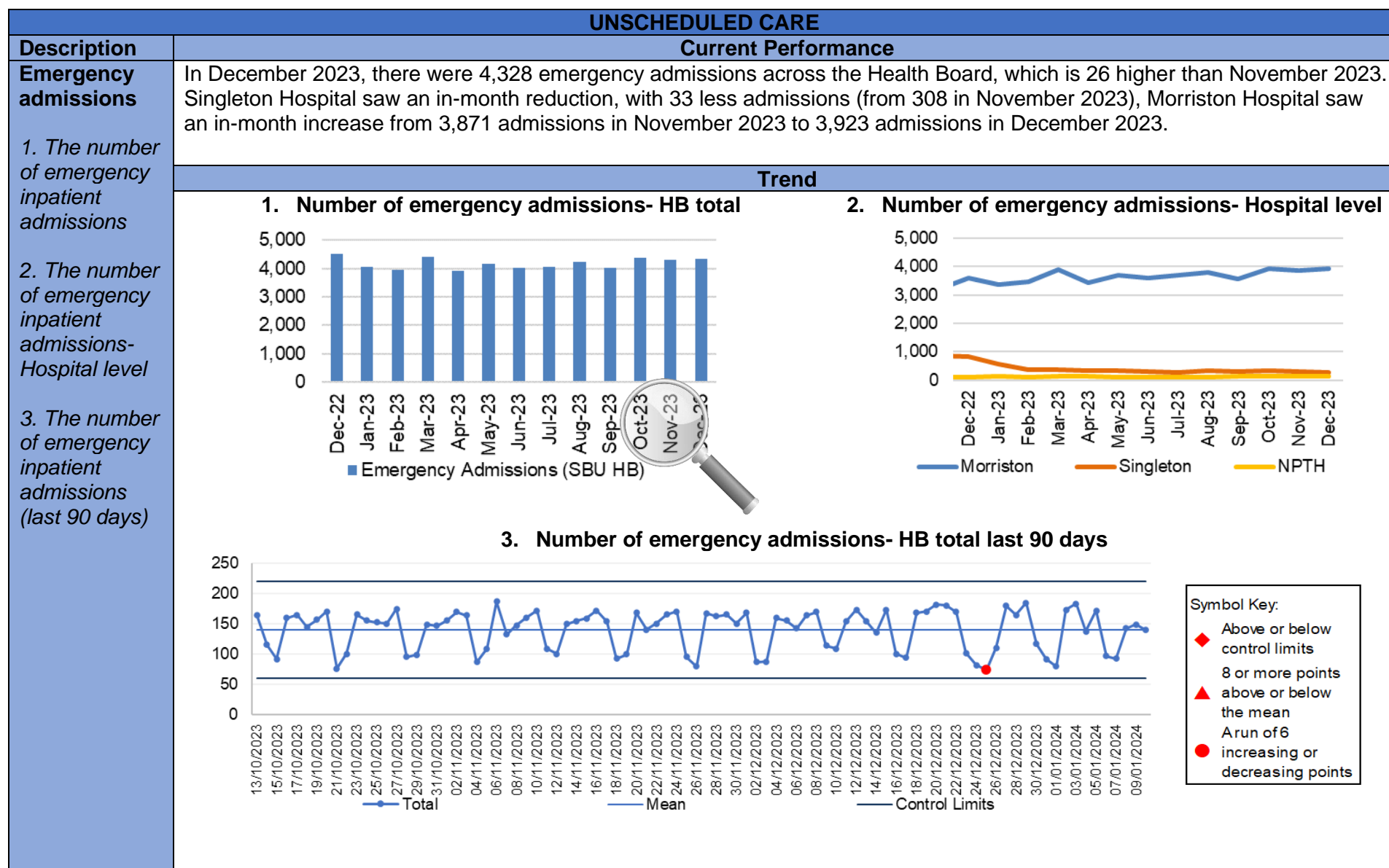


| UNSCHEDULED CARE | |
|---|---|
| Description | Current Performance |
| Ambulance handovers 1. The number of ambulance handovers over one hour 2. The number of ambulance handovers over one hour- Hospital level 3. The number of ambulance handovers over one hour (last 90 days) | <p>In February 2024, there were 629 ambulance to hospital handovers taking over 1 hour; this is a reduction of 75 compared with 704 in January 2024. In February 2024, all 629 handovers over 1 hour were attributed to Morriston Hospital. The number of handover hours lost over 15 minutes have decreased from 3,693 in January 2024 to 3,344 in February 2024.</p> |
| | <p>Trend</p> <div> <div> <p>1. Number of ambulance handovers- HB total</p> <p>■ Handovers > 1 hr (SBU HB) — Trajectory</p> </div> <div> <p>2. Number of ambulance handovers over 1 hour- Hospital level</p> <p>— Morriston — Singleton</p> </div> </div> |
| | <p>3. Number of ambulance handovers- HB total last 90 days</p> <p>— Total — Mean — Control Limits</p> <div> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits 8 or more points above or below the mean ▲ above or below the mean Ar un of 6 ● increasing or decreasing points </div> |



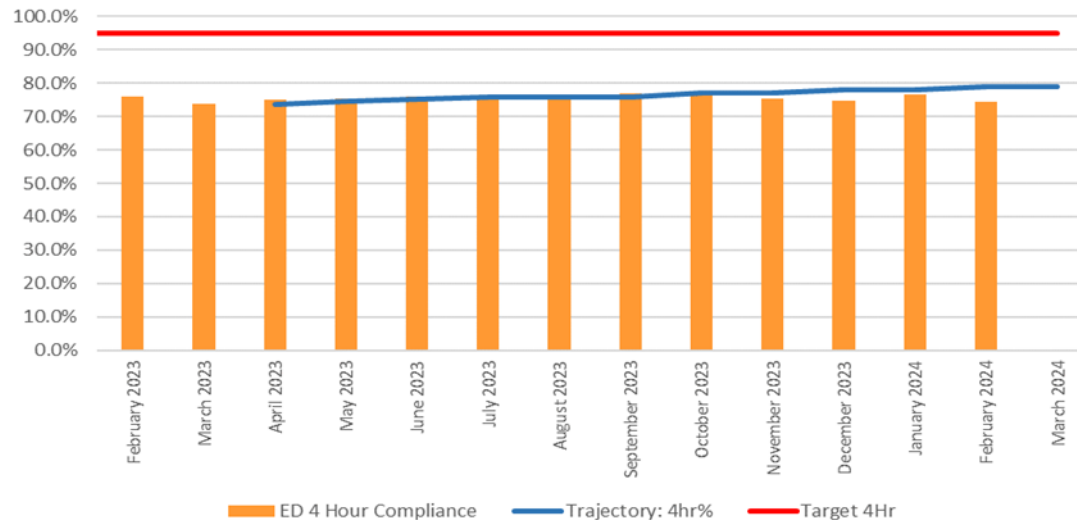


| UNSCHEDULED CARE | |
|---|---|
| Description | Current Performance |
| A&E waiting times | In February 2024, performance against the 12-hour measure deteriorated when compared with January 2024, increasing from 959 to 1197. This is an increase of 238 compared to January 2024. All 1,197 patients waiting over 12 hours in February 2024 were attributed to Morriston Hospital. |
| 1. Number of patients who spend 12 hours or more in A&E | <div>Trend</div> <div>1. Number of patients waiting over 12 hours in A&E- HB total</div> <div>2. Number of patients waiting over 12 hours in A&E- Hospital level</div> <div>3. Number of patients waiting over 12 hours in A&E – HB total last 90 days</div> <div>Symbol Key:</div> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean ● Arun of 6 ● increasing or decreasing points |
| 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) | |



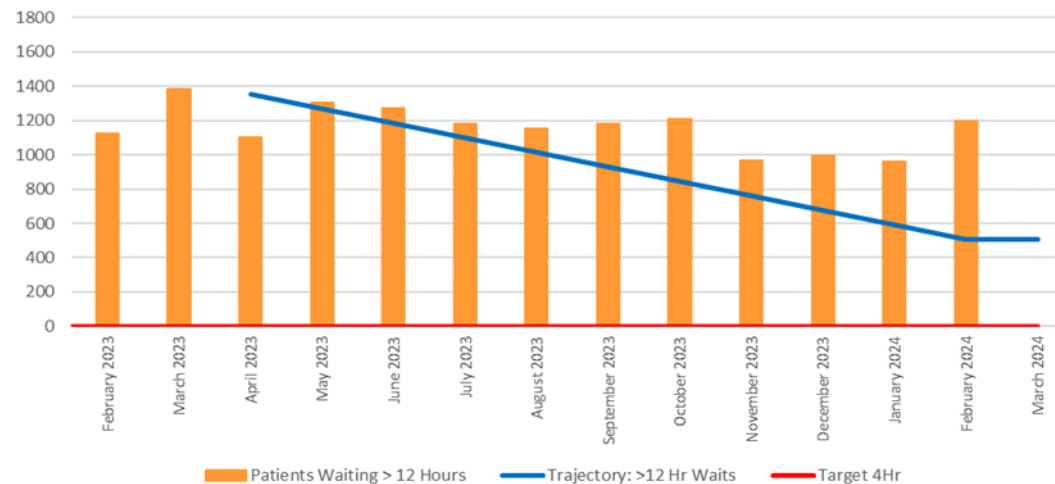
Updates on UNSCHEDULED CARE – Performance Escalation updates

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



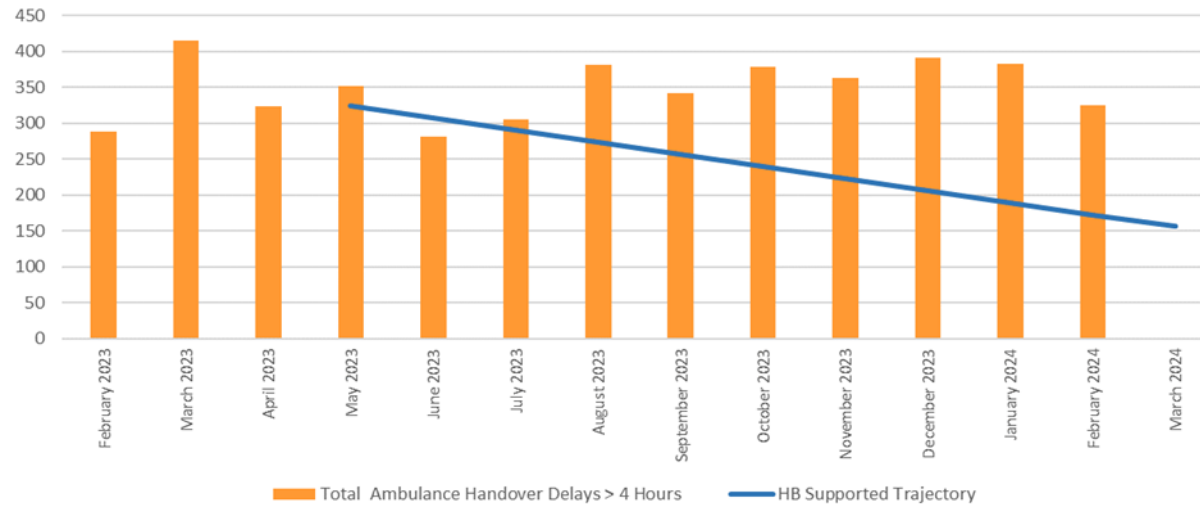
1. Performance against the 4-hour access is currently below the outlined trajectory in February 2024. ED 4-hour performance has deteriorated by 2.3% in February 2024 to 74.29% from 76.61% in January 2024.

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



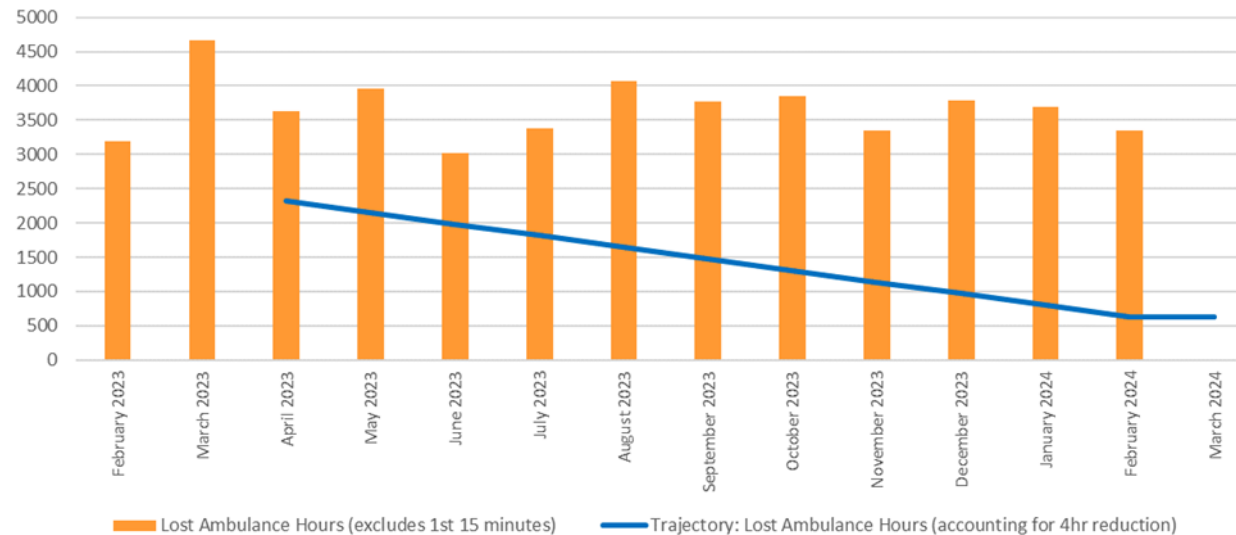
2. Performance against the 12-hour wait has deteriorated in-month and is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 1,197 in February 2024 from 959 in January.

3. Ambulance Handover over 4 hours

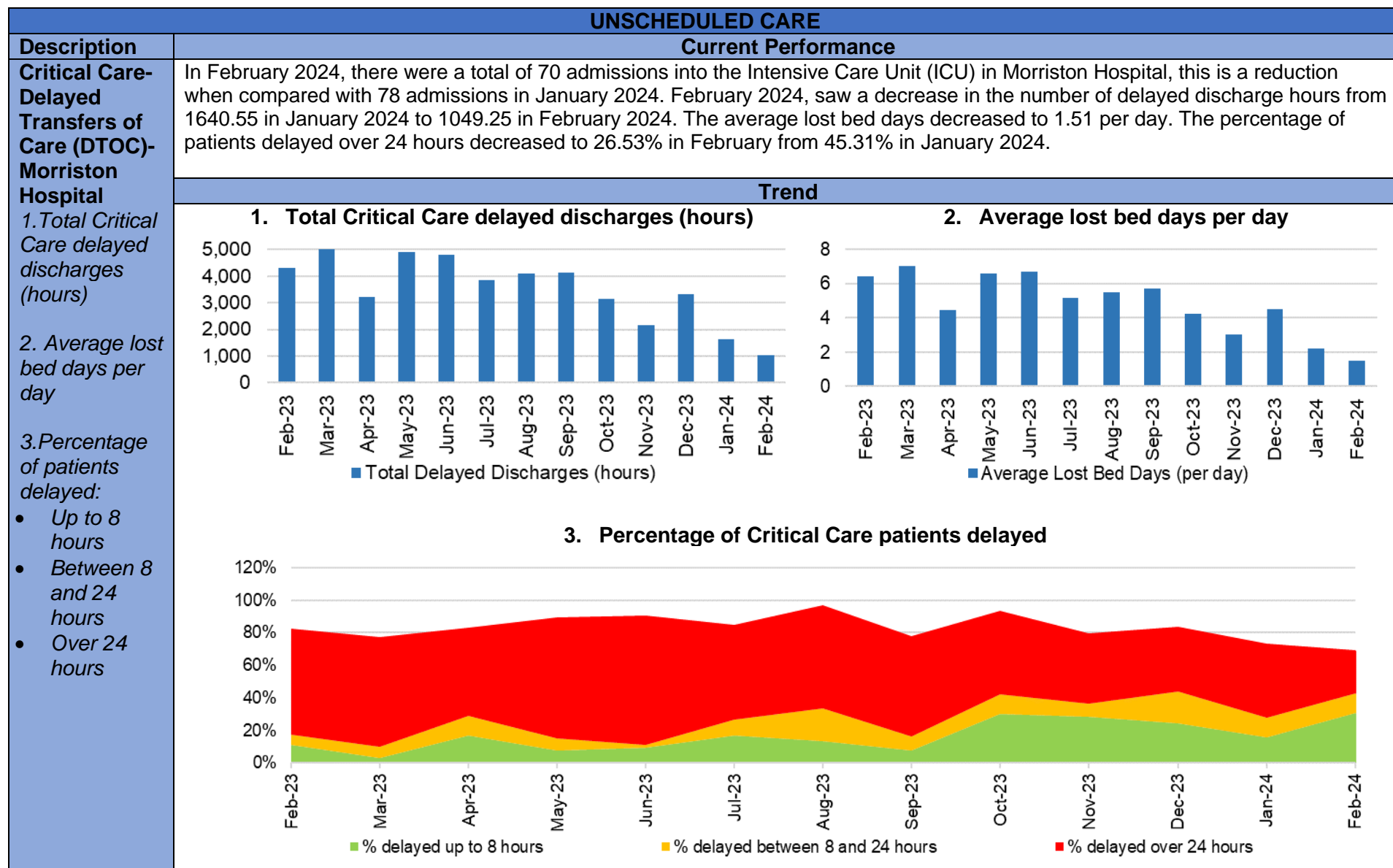


3. The number of Ambulance handovers over 4 hours have decreased in February 2024. The handover times over four hours decreased to 325 in February 2024 from 383 in January 2024. The figures are above the outlined trajectory for February 2024 which was 0.

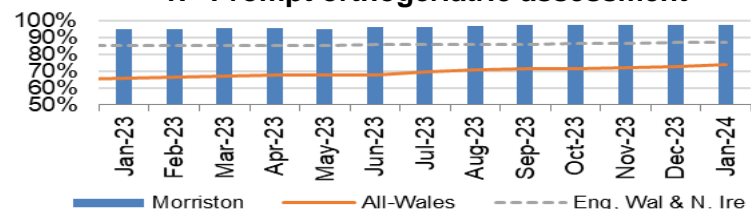
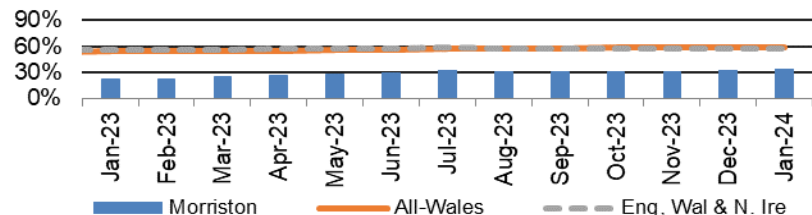
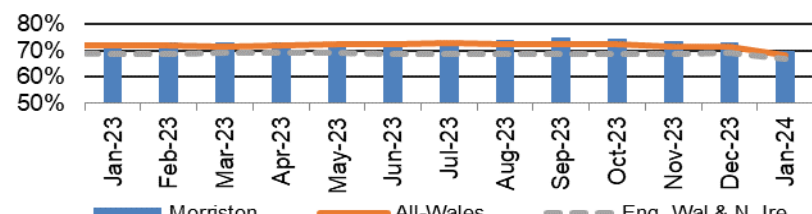
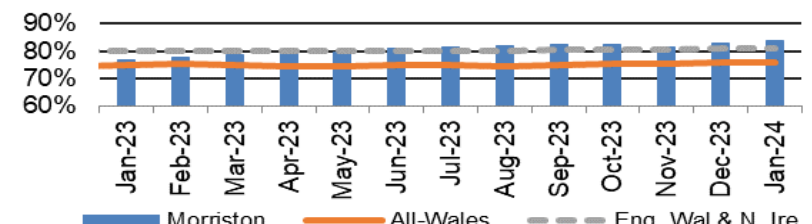
4. Average Ambulance Handover Rate



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



| UNSCHEDULED CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-----------|-----------|-----------|------|-----------|--------|-----|----|--------|----|--------|-----|--------|----|----|--------|--------|----|----|----|--------|-----|----|----|--------|--------|-----|----|--------|----|--------|-----|--------|----|----|--------|--------|----|----|----|--------|-----|----|-----|--------|--------|-----|----|--------|----|--------|-----|--------|----|----|--------|-----|----|----|----|--------|-----|----|----|----|--------|-----|----|----|----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i> | <p>In February 2024, there were on average 296 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In February, Morriston Hospital had the largest proportion of clinically optimised patients with 173, followed by Neath Port Talbot Hospital with 62.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital.</p> <p>Work is also underway to review the definitions of Clinically Optimised Patients within the Health Board, this work is expected to lead to improvements in the reported figures.</p> | <p>The number of clinically optimised patients by site</p> <table><caption>Estimated data for Clinically Optimised Patients</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Feb-23</td><td>110</td><td>90</td><td>80</td><td>10</td></tr><tr><td>Mar-23</td><td>110</td><td>90</td><td>70</td><td>10</td></tr><tr><td>Apr-23</td><td>110</td><td>80</td><td>70</td><td>20</td></tr><tr><td>May-23</td><td>110</td><td>70</td><td>70</td><td>15</td></tr><tr><td>Jun-23</td><td>120</td><td>60</td><td>70</td><td>15</td></tr><tr><td>Jul-23</td><td>110</td><td>30</td><td>60</td><td>15</td></tr><tr><td>Aug-23</td><td>160</td><td>20</td><td>70</td><td>10</td></tr><tr><td>Sep-23</td><td>140</td><td>10</td><td>100</td><td>10</td></tr><tr><td>Oct-23</td><td>170</td><td>10</td><td>90</td><td>15</td></tr><tr><td>Nov-23</td><td>180</td><td>10</td><td>90</td><td>15</td></tr><tr><td>Dec-23</td><td>150</td><td>10</td><td>70</td><td>15</td></tr><tr><td>Jan-24</td><td>130</td><td>30</td><td>50</td><td>15</td></tr><tr><td>Feb-24</td><td>170</td><td>30</td><td>50</td><td>15</td></tr></tbody></table> | Month | Morriston | Singleton | NPTH | Gorseinon | Feb-23 | 110 | 90 | 80 | 10 | Mar-23 | 110 | 90 | 70 | 10 | Apr-23 | 110 | 80 | 70 | 20 | May-23 | 110 | 70 | 70 | 15 | Jun-23 | 120 | 60 | 70 | 15 | Jul-23 | 110 | 30 | 60 | 15 | Aug-23 | 160 | 20 | 70 | 10 | Sep-23 | 140 | 10 | 100 | 10 | Oct-23 | 170 | 10 | 90 | 15 | Nov-23 | 180 | 10 | 90 | 15 | Dec-23 | 150 | 10 | 70 | 15 | Jan-24 | 130 | 30 | 50 | 15 | Feb-24 | 170 | 30 | 50 | 15 |
| | Month | Morriston | Singleton | NPTH | Gorseinon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 110 | 90 | 80 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 110 | 90 | 70 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 110 | 80 | 70 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 110 | 70 | 70 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 120 | 60 | 70 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 110 | 30 | 60 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 160 | 20 | 70 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 140 | 10 | 100 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 170 | 10 | 90 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 180 | 10 | 90 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 150 | 10 | 70 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 130 | 30 | 50 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 170 | 30 | 50 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i> | <p>In February 2024, there were 24 elective procedures cancelled due to lack of beds on the day of surgery. This is 43 less cancellations than those seen in January 2024.</p> <p>Of the cancelled procedures, 23 were attributed to Morriston Hospital and 1 was attributed to Neath Port Talbot Hospital in February 2024.</p> | <p>Total number of elective procedures cancelled due to lack of beds</p> <table><caption>Estimated data for Elective Procedures Cancelled</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-23</td><td>50</td><td>0</td><td>0</td></tr><tr><td>Mar-23</td><td>30</td><td>0</td><td>0</td></tr><tr><td>Apr-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>May-23</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Jun-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Jul-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Aug-23</td><td>5</td><td>0</td><td>0</td></tr><tr><td>Sep-23</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Oct-23</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Nov-23</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Dec-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Jan-24</td><td>25</td><td>0</td><td>43</td></tr><tr><td>Feb-24</td><td>24</td><td>0</td><td>1</td></tr></tbody></table> | Month | Morriston | Singleton | NPTH | Feb-23 | 50 | 0 | 0 | Mar-23 | 30 | 0 | 0 | Apr-23 | 10 | 0 | 0 | May-23 | 25 | 0 | 0 | Jun-23 | 10 | 0 | 0 | Jul-23 | 10 | 0 | 0 | Aug-23 | 5 | 0 | 0 | Sep-23 | 15 | 0 | 0 | Oct-23 | 15 | 0 | 0 | Nov-23 | 20 | 0 | 0 | Dec-23 | 10 | 0 | 0 | Jan-24 | 25 | 0 | 43 | Feb-24 | 24 | 0 | 1 | | | | | | | | | | | | | | |
| Month | Morriston | Singleton | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 50 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 30 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 10 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 25 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 10 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 10 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 5 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 15 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 15 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 20 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 10 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 25 | 0 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 24 | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 January 2024, 97% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours. | 1. Prompt orthogeriatric assessment  <table><caption>1. Prompt orthogeriatric assessment</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Jan-23</td><td>100%</td><td>70%</td><td>75%</td></tr><tr><td>Feb-23</td><td>100%</td><td>70%</td><td>75%</td></tr><tr><td>Mar-23</td><td>100%</td><td>70%</td><td>75%</td></tr><tr><td>Apr-23</td><td>100%</td><td>70%</td><td>75%</td></tr><tr><td>May-23</td><td>100%</td><td>70%</td><td>75%</td></tr><tr><td>Jun-23</td><td>100%</td><td>70%</td><td>75%</td></tr><tr><td>Jul-23</td><td>100%</td><td>70%</td><td>75%</td></tr><tr><td>Aug-23</td><td>100%</td><td>70%</td><td>75%</td></tr><tr><td>Sep-23</td><td>100%</td><td>70%</td><td>75%</td></tr><tr><td>Oct-23</td><td>100%</td><td>70%</td><td>75%</td></tr><tr><td>Nov-23</td><td>100%</td><td>70%</td><td>75%</td></tr><tr><td>Dec-23</td><td>100%</td><td>70%</td><td>75%</td></tr><tr><td>Jan-24</td><td>100%</td><td>70%</td><td>75%</td></tr></tbody></table> | Month | Morriston | All-Wales | Eng, Wal & N. Ire | Jan-23 | 100% | 70% | 75% | Feb-23 | 100% | 70% | 75% | Mar-23 | 100% | 70% | 75% | Apr-23 | 100% | 70% | 75% | May-23 | 100% | 70% | 75% | Jun-23 | 100% | 70% | 75% | Jul-23 | 100% | 70% | 75% | Aug-23 | 100% | 70% | 75% | Sep-23 | 100% | 70% | 75% | Oct-23 | 100% | 70% | 75% | Nov-23 | 100% | 70% | 75% | Dec-23 | 100% | 70% | 75% | Jan-24 | 100% | 70% | 75% |
| | Month | Morriston | All-Wales | Eng, Wal & N. Ire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jan-23 | 100% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Feb-23 | 100% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 100% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 100% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 100% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 100% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 100% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 100% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 100% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 100% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 100% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 100% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 100% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Prompt surgery- In January 2024, 33.8% of patients had surgery the day following presentation with a hip fracture. This is an 11% improvement from January 2023 which was 22.8%. | 2. Prompt surgery  <table><caption>2. Prompt surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Jan-23</td><td>22.8%</td><td>60%</td><td>65%</td></tr><tr><td>Feb-23</td><td>25%</td><td>60%</td><td>65%</td></tr><tr><td>Mar-23</td><td>25%</td><td>60%</td><td>65%</td></tr><tr><td>Apr-23</td><td>25%</td><td>60%</td><td>65%</td></tr><tr><td>May-23</td><td>25%</td><td>60%</td><td>65%</td></tr><tr><td>Jun-23</td><td>25%</td><td>60%</td><td>65%</td></tr><tr><td>Jul-23</td><td>25%</td><td>60%</td><td>65%</td></tr><tr><td>Aug-23</td><td>25%</td><td>60%</td><td>65%</td></tr><tr><td>Sep-23</td><td>25%</td><td>60%</td><td>65%</td></tr><tr><td>Oct-23</td><td>25%</td><td>60%</td><td>65%</td></tr><tr><td>Nov-23</td><td>25%</td><td>60%</td><td>65%</td></tr><tr><td>Dec-23</td><td>25%</td><td>60%</td><td>65%</td></tr><tr><td>Jan-24</td><td>33.8%</td><td>60%</td><td>65%</td></tr></tbody></table> | Month | Morriston | All-Wales | Eng, Wal & N. Ire | Jan-23 | 22.8% | 60% | 65% | Feb-23 | 25% | 60% | 65% | Mar-23 | 25% | 60% | 65% | Apr-23 | 25% | 60% | 65% | May-23 | 25% | 60% | 65% | Jun-23 | 25% | 60% | 65% | Jul-23 | 25% | 60% | 65% | Aug-23 | 25% | 60% | 65% | Sep-23 | 25% | 60% | 65% | Oct-23 | 25% | 60% | 65% | Nov-23 | 25% | 60% | 65% | Dec-23 | 25% | 60% | 65% | Jan-24 | 33.8% | 60% | 65% | |
| Month | Morriston | All-Wales | Eng, Wal & N. Ire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 22.8% | 60% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 25% | 60% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 25% | 60% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 25% | 60% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 25% | 60% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 25% | 60% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 25% | 60% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 25% | 60% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 25% | 60% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 25% | 60% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 25% | 60% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 25% | 60% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 33.8% | 60% | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. NICE compliant surgery- 69.7% of operations were consistent with the NICE recommendations in January 2024. This is 3.4% less than in January 2023. | 3. NICE compliant Surgery  <table><caption>3. NICE compliant Surgery</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Jan-23</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Feb-23</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Mar-23</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Apr-23</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>May-23</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Jun-23</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Jul-23</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Aug-23</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Sep-23</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Oct-23</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Nov-23</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Dec-23</td><td>70%</td><td>70%</td><td>75%</td></tr><tr><td>Jan-24</td><td>69.7%</td><td>70%</td><td>75%</td></tr></tbody></table> | Month | Morriston | All-Wales | Eng, Wal & N. Ire | Jan-23 | 70% | 70% | 75% | Feb-23 | 70% | 70% | 75% | Mar-23 | 70% | 70% | 75% | Apr-23 | 70% | 70% | 75% | May-23 | 70% | 70% | 75% | Jun-23 | 70% | 70% | 75% | Jul-23 | 70% | 70% | 75% | Aug-23 | 70% | 70% | 75% | Sep-23 | 70% | 70% | 75% | Oct-23 | 70% | 70% | 75% | Nov-23 | 70% | 70% | 75% | Dec-23 | 70% | 70% | 75% | Jan-24 | 69.7% | 70% | 75% | |
| Month | Morriston | All-Wales | Eng, Wal & N. Ire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 70% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 70% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 70% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 70% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 70% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 70% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 70% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 70% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 70% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 70% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 70% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 70% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 69.7% | 70% | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Prompt mobilisation- In January 2024, 83.9% of patients were out of bed the day after surgery. This is 7.2% more than in January 2023. | 4. Prompt mobilisation  <table><caption>4. Prompt mobilisation</caption><thead><tr><th>Month</th><th>Morriston</th><th>All-Wales</th><th>Eng, Wal & N. Ire</th></tr></thead><tbody><tr><td>Jan-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Feb-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Mar-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Apr-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>May-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Jun-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Jul-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Aug-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Sep-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Oct-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Nov-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Dec-23</td><td>80%</td><td>75%</td><td>80%</td></tr><tr><td>Jan-24</td><td>83.9%</td><td>75%</td><td>80%</td></tr></tbody></table> | Month | Morriston | All-Wales | Eng, Wal & N. Ire | Jan-23 | 80% | 75% | 80% | Feb-23 | 80% | 75% | 80% | Mar-23 | 80% | 75% | 80% | Apr-23 | 80% | 75% | 80% | May-23 | 80% | 75% | 80% | Jun-23 | 80% | 75% | 80% | Jul-23 | 80% | 75% | 80% | Aug-23 | 80% | 75% | 80% | Sep-23 | 80% | 75% | 80% | Oct-23 | 80% | 75% | 80% | Nov-23 | 80% | 75% | 80% | Dec-23 | 80% | 75% | 80% | Jan-24 | 83.9% | 75% | 80% | |
| Month | Morriston | All-Wales | Eng, Wal & N. Ire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 80% | 75% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 80% | 75% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 80% | 75% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 80% | 75% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 80% | 75% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 80% | 75% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 80% | 75% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 80% | 75% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 80% | 75% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 80% | 75% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 80% | 75% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 80% | 75% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 83.9% | 75% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

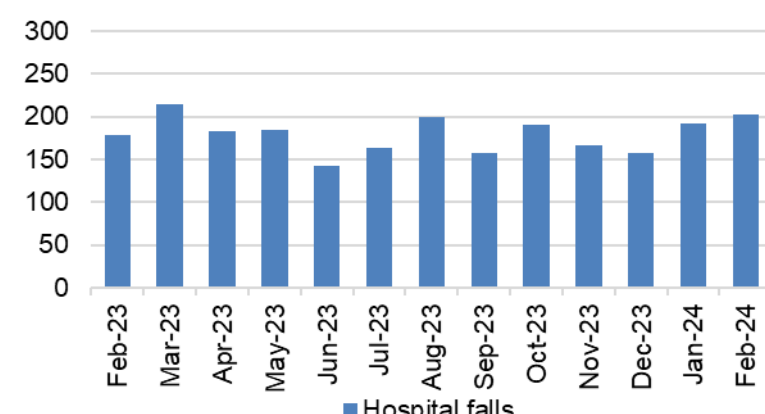
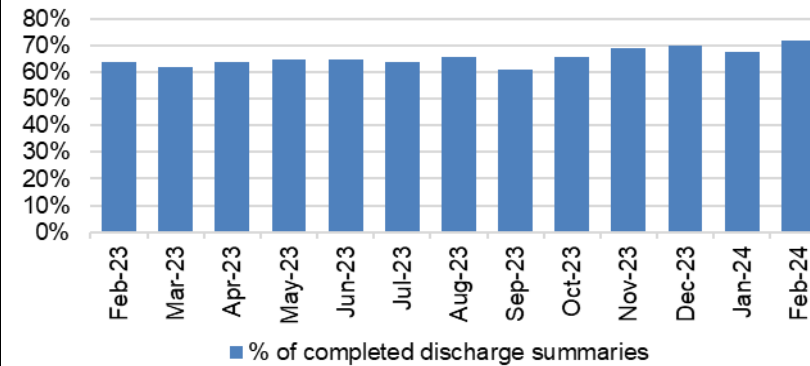
| FRACTURED NECK OF FEMUR (#NOF) | | |
|---|--|--|
| Description | Current Performance | Trend |
| 5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i> | 1. Not delirious when tested- 75.4% of patients were not delirious in the week after their operation in January 2024. | <p>5. Not delirious when tested</p> <p>Morryston All-Wales Eng, Wal & N. Ire</p> |
| 6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i> | 5. Return to original residence- 73.1% of patients in October 2023 were discharged back to their original residence. This is 3.7% more than in October 2022. | <p>6. Return to original residence</p> <p>Morryston All-Wales Eng, Wal & N. Ire</p> |
| 7. <i>30 day mortality rate</i> | <p>1. 30 day mortality rate- In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p> | <p>7. 30 day mortality rate</p> <p>Morryston All-Wales Eng, Wal & N. Ire</p> |

| HEALTHCARE ACQUIRED INFECTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------|--------------------------------|------------|--------|----|--|--------|----|--|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|--|----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i> | <ul style="list-style-type: none"> 17 cases of <i>E. coli</i> bacteraemia were identified in February 2024, of which 7 were hospital acquired and 10 were community acquired. The Health Board total is currently below the Welsh Government Profile target of 19 cases for February 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p> | <p>Number of healthcare acquired <i>E.coli</i> bacteraemia cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>17</td><td></td></tr> <tr><td>Mar-23</td><td>19</td><td></td></tr> <tr><td>Apr-23</td><td>26</td><td>20</td></tr> <tr><td>May-23</td><td>21</td><td>19</td></tr> <tr><td>Jun-23</td><td>25</td><td>20</td></tr> <tr><td>Jul-23</td><td>25</td><td>20</td></tr> <tr><td>Aug-23</td><td>27</td><td>19</td></tr> <tr><td>Sep-23</td><td>23</td><td>19</td></tr> <tr><td>Oct-23</td><td>11</td><td>19</td></tr> <tr><td>Nov-23</td><td>32</td><td>21</td></tr> <tr><td>Dec-23</td><td>12</td><td>21</td></tr> <tr><td>Jan-24</td><td>19</td><td>19</td></tr> <tr><td>Feb-24</td><td>17</td><td>19</td></tr> <tr><td>Mar-24</td><td></td><td>19</td></tr> </tbody> </table> | Month | Number E.Coli cases (SBU) | Trajectory | Feb-23 | 17 | | Mar-23 | 19 | | Apr-23 | 26 | 20 | May-23 | 21 | 19 | Jun-23 | 25 | 20 | Jul-23 | 25 | 20 | Aug-23 | 27 | 19 | Sep-23 | 23 | 19 | Oct-23 | 11 | 19 | Nov-23 | 32 | 21 | Dec-23 | 12 | 21 | Jan-24 | 19 | 19 | Feb-24 | 17 | 19 | Mar-24 | | 19 |
| Month | Number E.Coli cases (SBU) | Trajectory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 26 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 21 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 25 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 25 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 27 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 23 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 11 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 32 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 12 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 19 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 17 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-24 | | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i> | <ul style="list-style-type: none"> There were 7 cases of <i>Staph. aureus</i> bacteraemia in February 2024, of which 5 were hospital acquired and 2 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 5 cases for February 2024 <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p> | <p>Number of healthcare acquired <i>S.aureus</i> bacteraemia cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>11</td><td></td></tr> <tr><td>Mar-23</td><td>10</td><td></td></tr> <tr><td>Apr-23</td><td>16</td><td>8</td></tr> <tr><td>May-23</td><td>10</td><td>6</td></tr> <tr><td>Jun-23</td><td>13</td><td>6</td></tr> <tr><td>Jul-23</td><td>14</td><td>6</td></tr> <tr><td>Aug-23</td><td>10</td><td>6</td></tr> <tr><td>Sep-23</td><td>10</td><td>6</td></tr> <tr><td>Oct-23</td><td>10</td><td>6</td></tr> <tr><td>Nov-23</td><td>14</td><td>6</td></tr> <tr><td>Dec-23</td><td>17</td><td>6</td></tr> <tr><td>Jan-24</td><td>11</td><td>5</td></tr> <tr><td>Feb-24</td><td>7</td><td>5</td></tr> <tr><td>Mar-24</td><td></td><td>5</td></tr> </tbody> </table> | Month | Number of S.Aureus cases (SBU) | Trajectory | Feb-23 | 11 | | Mar-23 | 10 | | Apr-23 | 16 | 8 | May-23 | 10 | 6 | Jun-23 | 13 | 6 | Jul-23 | 14 | 6 | Aug-23 | 10 | 6 | Sep-23 | 10 | 6 | Oct-23 | 10 | 6 | Nov-23 | 14 | 6 | Dec-23 | 17 | 6 | Jan-24 | 11 | 5 | Feb-24 | 7 | 5 | Mar-24 | | 5 |
| Month | Number of S.Aureus cases (SBU) | Trajectory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 10 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 13 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 14 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 10 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 10 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 10 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 14 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 17 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 11 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 7 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-24 | | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| HEALTHCARE ACQUIRED INFECTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------|----------------------------------|------------|--------|----|--|--------|----|--|--------|----|----|--------|----|----|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|--|---|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i> | <ul style="list-style-type: none"> There were 20 <i>Clostridium difficile</i> toxin positive cases in February 2024, of which 15 were hospital acquired and 5 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 7 cases for February 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p> | <p>Number of healthcare acquired C.difficile cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>12</td><td></td></tr> <tr><td>Mar-23</td><td>19</td><td></td></tr> <tr><td>Apr-23</td><td>18</td><td>10</td></tr> <tr><td>May-23</td><td>14</td><td>10</td></tr> <tr><td>Jun-23</td><td>20</td><td>9</td></tr> <tr><td>Jul-23</td><td>18</td><td>8</td></tr> <tr><td>Aug-23</td><td>17</td><td>8</td></tr> <tr><td>Sep-23</td><td>27</td><td>8</td></tr> <tr><td>Oct-23</td><td>18</td><td>7</td></tr> <tr><td>Nov-23</td><td>33</td><td>7</td></tr> <tr><td>Dec-23</td><td>21</td><td>7</td></tr> <tr><td>Jan-24</td><td>22</td><td>7</td></tr> <tr><td>Feb-24</td><td>20</td><td>7</td></tr> <tr><td>Mar-24</td><td></td><td>7</td></tr> </tbody> </table> <p>■ Number of C.diff cases (SBU) — Trajectory</p> | Month | Number of C.diff cases (SBU) | Trajectory | Feb-23 | 12 | | Mar-23 | 19 | | Apr-23 | 18 | 10 | May-23 | 14 | 10 | Jun-23 | 20 | 9 | Jul-23 | 18 | 8 | Aug-23 | 17 | 8 | Sep-23 | 27 | 8 | Oct-23 | 18 | 7 | Nov-23 | 33 | 7 | Dec-23 | 21 | 7 | Jan-24 | 22 | 7 | Feb-24 | 20 | 7 | Mar-24 | | 7 |
| Month | Number of C.diff cases (SBU) | Trajectory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 18 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 14 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 20 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 18 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 17 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 27 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 18 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 33 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 21 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 22 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 20 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-24 | | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i> | <ul style="list-style-type: none"> There were 9 cases of Klebsiella sp in February 2024, of which 2 were hospital acquired and 7 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 5 cases for February 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p> | <p>Number of healthcare acquired Klebsiella cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>8</td><td></td></tr> <tr><td>Mar-23</td><td>11</td><td></td></tr> <tr><td>Apr-23</td><td>8</td><td>9</td></tr> <tr><td>May-23</td><td>10</td><td>7</td></tr> <tr><td>Jun-23</td><td>6</td><td>7</td></tr> <tr><td>Jul-23</td><td>3</td><td>7</td></tr> <tr><td>Aug-23</td><td>10</td><td>7</td></tr> <tr><td>Sep-23</td><td>12</td><td>6</td></tr> <tr><td>Oct-23</td><td>6</td><td>5</td></tr> <tr><td>Nov-23</td><td>8</td><td>4</td></tr> <tr><td>Dec-23</td><td>6</td><td>5</td></tr> <tr><td>Jan-24</td><td>11</td><td>5</td></tr> <tr><td>Feb-24</td><td>9</td><td>5</td></tr> <tr><td>Mar-24</td><td></td><td>4</td></tr> </tbody> </table> <p>■ Number of Klebsiella cases (SBU) — Trajectory</p> | Month | Number of Klebsiella cases (SBU) | Trajectory | Feb-23 | 8 | | Mar-23 | 11 | | Apr-23 | 8 | 9 | May-23 | 10 | 7 | Jun-23 | 6 | 7 | Jul-23 | 3 | 7 | Aug-23 | 10 | 7 | Sep-23 | 12 | 6 | Oct-23 | 6 | 5 | Nov-23 | 8 | 4 | Dec-23 | 6 | 5 | Jan-24 | 11 | 5 | Feb-24 | 9 | 5 | Mar-24 | | 4 |
| Month | Number of Klebsiella cases (SBU) | Trajectory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 10 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 3 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 10 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 12 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 6 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 8 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 6 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 11 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 9 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-24 | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| HEALTHCARE ACQUIRED INFECTIONS | | |
|--|---|---|
| Description | Current Performance | Trend |
| Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i> | <ul style="list-style-type: none"> There were no cases of <i>P.Aeruginosa</i> reported in February 2024. The Health Board total is currently below the Welsh Government Profile target of 2 cases for February 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p> | <p>Number of healthcare acquired Pseudomonas cases</p> <p>■ Number of Pseudomonas cases (SBU) — Trajectory</p> |
| PRESSURE ULCERS | | |
| Description | Current Performance | Trend |
| Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admissions</i> | <ul style="list-style-type: none"> In January 2024 there were 129 cases of healthcare acquired pressure ulcers, 46 of which were community acquired and 83 were hospital acquired. There were 5 grade 3+ pressure ulcers in January 2024, 3 of which were community acquired and 2 were hospital acquired The rate per 100,000 admissions decreased from 881 in November 2023 to 788 in December 2023. | <p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p> |

| NATIONALLY REPORTABLE INCIDENTS | | |
|--|---|--|
| Description | Current Performance | Trend |
| Nationally Reportable Incidents (NRI's)- <i>1. The number of Nationally reportable incidents</i> <i>2. The number of Never Events</i> <i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i> | 1. The Health Board reported 9 Nationally Reportable Incidents for the month of February 2024 to Welsh Government. The Service Group breakdown is as follows; - NPTS - 7 - Morriston – 1 - MH&LD - 1 | 1. and 2. Number of nationally reportable incidents and never events <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p> |
| | 2. There was 1 new Never Event reported in February 2024. | 3. % of nationally reportable incidents closed within the agreed timescales <p>■ % NRI's assured — Target</p> |
| | 3. In February 2024, 17% of the NRI's were closed within the agreed timescale. | |

| INPATIENT FALLS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------|------------------------------------|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inpatient Falls <i>The total number of inpatient falls</i> | <ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 203 in February 2024. This is 5.7% more than January 2024 where 192 falls were recorded. | <p>Number of inpatient Falls</p>  <table><caption>Number of inpatient Falls (Estimated Data)</caption><thead><tr><th>Month</th><th>Hospital falls</th></tr></thead><tbody><tr><td>Feb-23</td><td>180</td></tr><tr><td>Mar-23</td><td>215</td></tr><tr><td>Apr-23</td><td>185</td></tr><tr><td>May-23</td><td>185</td></tr><tr><td>Jun-23</td><td>145</td></tr><tr><td>Jul-23</td><td>165</td></tr><tr><td>Aug-23</td><td>200</td></tr><tr><td>Sep-23</td><td>160</td></tr><tr><td>Oct-23</td><td>190</td></tr><tr><td>Nov-23</td><td>170</td></tr><tr><td>Dec-23</td><td>160</td></tr><tr><td>Jan-24</td><td>192</td></tr><tr><td>Feb-24</td><td>203</td></tr></tbody></table> | Month | Hospital falls | Feb-23 | 180 | Mar-23 | 215 | Apr-23 | 185 | May-23 | 185 | Jun-23 | 145 | Jul-23 | 165 | Aug-23 | 200 | Sep-23 | 160 | Oct-23 | 190 | Nov-23 | 170 | Dec-23 | 160 | Jan-24 | 192 | Feb-24 | 203 |
| Month | Hospital falls | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 215 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 185 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 185 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 145 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 165 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 190 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 192 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 203 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISCHARGE SUMMARIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i> | <p>The latest data shows that in February 2024, the percentage of completed discharge summaries was 72%.</p> <p>In February 2024, compliance ranged from 54% in MH&LD to 77% in Morriston Hospital.</p> | <p>% discharge summaries approved and sent</p>  <table><caption>% discharge summaries approved and sent (Estimated Data)</caption><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Feb-23</td><td>65%</td></tr><tr><td>Mar-23</td><td>62%</td></tr><tr><td>Apr-23</td><td>65%</td></tr><tr><td>May-23</td><td>65%</td></tr><tr><td>Jun-23</td><td>65%</td></tr><tr><td>Jul-23</td><td>65%</td></tr><tr><td>Aug-23</td><td>68%</td></tr><tr><td>Sep-23</td><td>60%</td></tr><tr><td>Oct-23</td><td>65%</td></tr><tr><td>Nov-23</td><td>68%</td></tr><tr><td>Dec-23</td><td>70%</td></tr><tr><td>Jan-24</td><td>68%</td></tr><tr><td>Feb-24</td><td>72%</td></tr></tbody></table> | Month | % of completed discharge summaries | Feb-23 | 65% | Mar-23 | 62% | Apr-23 | 65% | May-23 | 65% | Jun-23 | 65% | Jul-23 | 65% | Aug-23 | 68% | Sep-23 | 60% | Oct-23 | 65% | Nov-23 | 68% | Dec-23 | 70% | Jan-24 | 68% | Feb-24 | 72% |
| Month | % of completed discharge summaries | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 62% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 68% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 68% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 68% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 72% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CRUDE MORTALITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|---|---|---------------------------------|---------------------------------|--------------------|--------------|----------|--------|--------|------|--------|------|--------|------|--------|------|--------|--------|--------|------|--------|------|--------|------|--------|------|--------|--------|--------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|--------|------|------|------|------|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crude Mortality Rate | January 2024 reports the crude mortality rate for the Health Board at 0.66%, which is 0.01% higher than the figure reported in December 2023. | Crude hospital mortality rate by Hospital (74 years of age or less) <table><caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption><thead><tr><th>Month</th><th>Morrison Hospital</th><th>Singleton Hospital</th><th>NPT Hospital</th><th>HB Total</th></tr></thead><tbody><tr><td>Jan-23</td><td>1.3%</td><td>0.4%</td><td>0.1%</td><td>0.8%</td></tr><tr><td>Feb-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>Mar-23</td><td>1.3%</td><td>0.2%</td><td>0.1%</td><td>0.6%</td></tr><tr><td>Apr-23</td><td>1.3%</td><td>0.3%</td><td>0.1%</td><td>0.7%</td></tr><tr><td>May-23</td><td>1.3%</td><td>0.2%</td><td>0.1%</td><td>0.6%</td></tr><tr><td>Jun-23</td><td>1.3%</td><td>0.2%</td><td>0.1%</td><td>0.6%</td></tr><tr><td>Jul-23</td><td>1.3%</td><td>0.2%</td><td>0.1%</td><td>0.6%</td></tr><tr><td>Aug-23</td><td>1.2%</td><td>0.2%</td><td>0.1%</td><td>0.5%</td></tr><tr><td>Sep-23</td><td>1.2%</td><td>0.2%</td><td>0.1%</td><td>0.5%</td></tr><tr><td>Oct-23</td><td>1.2%</td><td>0.2%</td><td>0.1%</td><td>0.5%</td></tr><tr><td>Nov-23</td><td>1.2%</td><td>0.2%</td><td>0.1%</td><td>0.5%</td></tr><tr><td>Dec-23</td><td>1.2%</td><td>0.2%</td><td>0.1%</td><td>0.5%</td></tr><tr><td>Jan-24</td><td>1.2%</td><td>0.1%</td><td>0.0%</td><td>0.7%</td></tr></tbody></table> | Month | Morrison Hospital | Singleton Hospital | NPT Hospital | HB Total | Jan-23 | 1.3% | 0.4% | 0.1% | 0.8% | Feb-23 | 1.3% | 0.3% | 0.1% | 0.7% | Mar-23 | 1.3% | 0.2% | 0.1% | 0.6% | Apr-23 | 1.3% | 0.3% | 0.1% | 0.7% | May-23 | 1.3% | 0.2% | 0.1% | 0.6% | Jun-23 | 1.3% | 0.2% | 0.1% | 0.6% | Jul-23 | 1.3% | 0.2% | 0.1% | 0.6% | Aug-23 | 1.2% | 0.2% | 0.1% | 0.5% | Sep-23 | 1.2% | 0.2% | 0.1% | 0.5% | Oct-23 | 1.2% | 0.2% | 0.1% | 0.5% | Nov-23 | 1.2% | 0.2% | 0.1% | 0.5% | Dec-23 | 1.2% | 0.2% | 0.1% | 0.5% | Jan-24 | 1.2% | 0.1% | 0.0% | 0.7% |
| | Month | | Morrison Hospital | Singleton Hospital | NPT Hospital | HB Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 1.3% | 0.4% | 0.1% | 0.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 1.3% | 0.3% | 0.1% | 0.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 1.3% | 0.2% | 0.1% | 0.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 1.3% | 0.3% | 0.1% | 0.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 1.3% | 0.2% | 0.1% | 0.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 1.3% | 0.2% | 0.1% | 0.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 1.3% | 0.2% | 0.1% | 0.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 1.2% | 0.2% | 0.1% | 0.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 1.2% | 0.2% | 0.1% | 0.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 1.2% | 0.2% | 0.1% | 0.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 1.2% | 0.2% | 0.1% | 0.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 1.2% | 0.2% | 0.1% | 0.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 1.2% | 0.1% | 0.0% | 0.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A breakdown by Hospital for January 2024: <ul style="list-style-type: none">Morrison – 1.23%Singleton – 0.14%NPT – 0.06% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| READMISSION RATES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Readmission Rates | In February 2024, 8.2% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 0.6% higher than the figure reported in January 2024. | Emergencies readmitted within 28 days of previous discharge <table><caption>28 day readmission rate (SBUHB)</caption><thead><tr><th>Month</th><th>28 day readmission rate (SBUHB)</th></tr></thead><tbody><tr><td>Feb-23</td><td>8.4%</td></tr><tr><td>Mar-23</td><td>8.0%</td></tr><tr><td>Apr-23</td><td>7.8%</td></tr><tr><td>May-23</td><td>8.1%</td></tr><tr><td>Jun-23</td><td>7.5%</td></tr><tr><td>Jul-23</td><td>7.4%</td></tr><tr><td>Aug-23</td><td>7.7%</td></tr><tr><td>Sep-23</td><td>7.9%</td></tr><tr><td>Oct-23</td><td>8.2%</td></tr><tr><td>Nov-23</td><td>7.8%</td></tr><tr><td>Dec-23</td><td>8.8%</td></tr><tr><td>Jan-24</td><td>7.6%</td></tr><tr><td>Feb-24</td><td>8.2%</td></tr></tbody></table> | Month | 28 day readmission rate (SBUHB) | Feb-23 | 8.4% | Mar-23 | 8.0% | Apr-23 | 7.8% | May-23 | 8.1% | Jun-23 | 7.5% | Jul-23 | 7.4% | Aug-23 | 7.7% | Sep-23 | 7.9% | Oct-23 | 8.2% | Nov-23 | 7.8% | Dec-23 | 8.8% | Jan-24 | 7.6% | Feb-24 | 8.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Month | | 28 day readmission rate (SBUHB) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 8.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 8.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 7.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 8.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 7.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 7.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 7.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 7.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 8.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 7.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 8.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 7.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 8.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

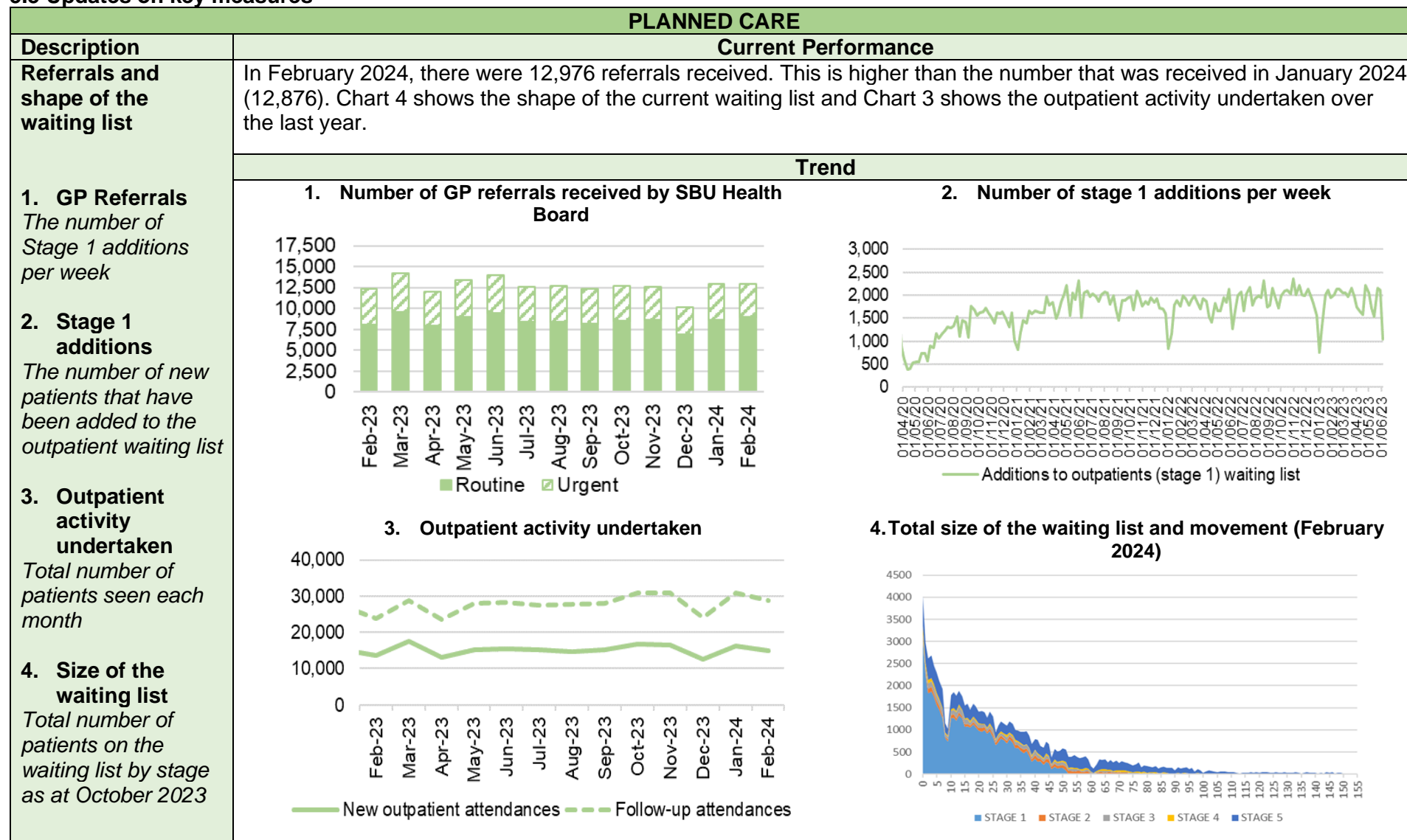
5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

| Harm from reduction in non-Covid | | | | | | | | | | | | | | | | | | |
|---|-----------|--|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| Measure | Locality | National/ Local Target | HB Trajectory | Trend | SBU | | | | | | | | | | | | | |
| | | | | | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | |
| Cancer | | | | | | | | | | | | | | | | | | |
| Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions) | Total | Improvement Trajectory towards 80% by Mar 26 | 70.0% | | 44.1% | 53.2% | 56.5% | 46.6% | 42.8% | 49.0% | 48.6% | 47.9% | 51.7% | 53.3% | 51.0% | 47.5% | | |
| Planned Care | | | | | | | | | | | | | | | | | | |
| Number of patients waiting > 26 weeks for first outpatient appointment* | Morrison | 0 | | | 12,754 | 10,956 | 10,446 | 10,114 | 8,969 | 8,313 | 7,958 | 7,459 | 6,165 | 5,735 | 5,968 | 5,703 | 5,806 | |
| | NPTH | | | | 25 | 7 | 6 | 5 | 4 | 1 | 1 | 7 | 32 | 16 | 15 | 30 | 45 | |
| | Singleton | | | | 4,478 | 4,421 | 4,731 | 4,610 | 4,454 | 4,623 | 5,156 | 5,320 | 4,972 | 4,674 | 4,906 | 4,989 | 5,087 | |
| | PC&CS | | | | 0 | 1 | 1 | 4 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Total | | | | 17,257 | 15,385 | 15,184 | 14,733 | 13,427 | 12,937 | 13,121 | 12,786 | 11,169 | 10,425 | 10,889 | 10,722 | 10,938 | |
| Number of patients waiting > 36 weeks for first outpatient appointment* | Morrison | Improvement Trajectory towards target of 0 | | | 8,846 | 6,954 | 6,253 | 5,641 | 4,867 | 4,446 | 3,876 | 2,837 | 2,088 | 2,034 | 2,245 | 2,001 | 1,986 | |
| | NPTH | | | | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 1 | 4 | |
| | Singleton | | | | 2,269 | 2,209 | 2,308 | 2,031 | 2,026 | 2,283 | 2,682 | 2,490 | 2,420 | 2,247 | 2,298 | 2,182 | 2,112 | |
| | PC&CS | | | | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Total | | | 5189 | 11,115 | 9,163 | 8,561 | 7,675 | 6,893 | 6,729 | 6,558 | 5,327 | 4,508 | 4,282 | 4,546 | 4,184 | 4,102 | |
| Number of patients waiting > 52 weeks for first outpatient appointment* | Morrison | Improvement Trajectory towards target of 0 | | | 5,067 | 3,594 | 3,167 | 2,447 | 1,234 | 892 | 663 | 163 | 0 | 0 | 0 | 0 | 0 | |
| | NPTH | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Singleton | | | | 408 | 301 | 289 | 271 | 0 | 2 | 2 | 17 | 0 | 0 | 0 | 0 | 0 | |
| | PC&CS | | | | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Total | | | 103 | 5,475 | 3,895 | 3,456 | 2,719 | 1,234 | 894 | 665 | 180 | 0 | 0 | 0 | 0 | 0 | |
| Number of patients waiting > 52 weeks for treatment* | Morrison | Improvement Trajectory towards target of 0 | | | 15,185 | 13,993 | 13,627 | 12,795 | 11,620 | 11,561 | 11,418 | 10,911 | 10,464 | 9,881 | 9,588 | 9,423 | 9,159 | |
| | NPTH | | | | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Singleton | | | | 4,522 | 4,187 | 4,196 | 4,179 | 3,826 | 3,559 | 3,459 | 3,506 | 3,478 | 3,572 | 3,798 | 3,895 | 4,052 | |
| | PC&CS | | | | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Total | | | 15,003 | 19,707 | 18,181 | 17,823 | 16,976 | 15,446 | 15,120 | 14,877 | 14,417 | 13,942 | 13,453 | 13,386 | 13,318 | 13,211 | |
| Number of patients waiting > 104 weeks for treatment* | Morrison | Improvement Trajectory towards target of 0 | | | 5,634 | 5,017 | 4,926 | 4,772 | 4,470 | 4,409 | 4,121 | 3,826 | 3,341 | 2,772 | 2,311 | 1,923 | 1,579 | |
| | NPTH | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Singleton | | | | 1,022 | 998 | 1,026 | 1,020 | 1,004 | 890 | 878 | 819 | 756 | 688 | 658 | 643 | 596 | |
| | PC&CS | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Total | | | 4,629 | 6,656 | 6,015 | 5,952 | 5,792 | 5,474 | 5,299 | 4,999 | 4,645 | 4,097 | 3,460 | 2,969 | 2,566 | 2,175 | |
| Number of patients waiting > 8 weeks for a specified diagnostics* | Morrison | Improvement Trajectory towards 0 by Mar 24 | | | 1,729 | 1,968 | 2,204 | 2,429 | 2,484 | 2,214 | 2,451 | 2,676 | 2,218 | 2,017 | 2,087 | 1,229 | 592 | |
| | Singleton | | | | 4,387 | 4,546 | 4,663 | 4,826 | 4,737 | 4,499 | 4,410 | 4,124 | 3,721 | 3,412 | 3,529 | 3,476 | 3,278 | |
| | Total | | | 4,031 | 6,116 | 6,514 | 6,867 | 7,255 | 7,221 | 6,713 | 6,861 | 6,800 | 5,939 | 5,429 | 5,616 | 4,705 | 3,870 | |
| Number of patients waiting > 14 weeks for a specified therapy* | MH&LD | Improvement Trajectory towards 0 by Mar 24 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | NPTH | | | | 31 | 45 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | PC&CS | | | | 126 | 148 | 129 | 149 | 203 | 183 | 183 | 182 | 195 | 84 | 73 | 88 | 29 | |
| | Total | | | 15 | 157 | 193 | 129 | 149 | 203 | 183 | 183 | 182 | 195 | 84 | 73 | 88 | 29 | |

| Measure | Locality | National/ Local Target | HB Trajector | Trend | SBU | | | | | | | | | | | | |
|---|-----------|--|--------------|-------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | | | | | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
| Planned Care | | | | | | | | | | | | | | | | | |
| Total number of patients waiting for a follow-up outpatient appointment * | Total | 12 month reduction trend | | | 148,070 | 150,860 | 147,864 | 150,109 | 149,529 | 150,416 | 150,060 | 152,025 | 154,704 | 157,285 | 159,226 | 162,964 | 164,581 |
| Number of patients delayed by over 100% past their target date | Total | Improvement Trajectory towards target of 0 | 30,261 | | 40,146 | 41,710 | 41,611 | 42,534 | 40,807 | 41,123 | 39,938 | 41,048 | 41,188 | 41,727 | 43,784 | 44,976 | 46,482 |
| Number of patients delayed past their agreed target date (booked and not booked) * | Total | 12 month reduction trend | | | 69,333 | 70,512 | 70,891 | 71,519 | 68,286 | 67,748 | 66,683 | 68,292 | 67,996 | 68,767 | 72,790 | 74,878 | 76,796 |
| Number of Ophthalmology patients without an allocated health risk factor | Total | 0 | | | 553 | 610 | 647 | 698 | 395 | 475 | 248 | 133 | 265 | 200 | 527 | 522 | 309 |
| Number of patients without a documented clinical review date | Total | 0 | | | 3 | 4 | 5 | 3 | 2 | 2 | 2 | 4 | 2 | 1 | 1 | 1 | 1 |
| Activity | | | | | | | | | | | | | | | | | |
| Number of GP referrals | Total | 12 month reduction trend | | | 12,347 | 14,220 | 12,012 | 13,341 | 13,984 | 12,623 | 12,698 | 12,383 | 12,644 | 12,622 | 10,102 | 12,876 | 12,976 |
| Number of patients referred from primary care into secondary care Ophthalmology services | Total | Improvement Trajectory towards reduction by Mar 24 | 950 | | 841 | 969 | 737 | 803 | 890 | 824 | 812 | 815 | 851 | 843 | 735 | 775 | 721 |
| Patient Experience/ Feedback | | | | | | | | | | | | | | | | | |
| Number of friends and family surveys completed | PCCS | Month on month improvement | | | 147 | 316 | 303 | 360 | 255 | 321 | 361 | 379 | 475 | 390 | 303 | 418 | 406 |
| | MH&LD | | | | 31 | 34 | 7 | 44 | 44 | 39 | 38 | 28 | 34 | 56 | 45 | 60 | 63 |
| | Morrison | | | | 1,951 | 2,129 | 1,121 | 1,873 | 1,512 | 1,755 | 2,580 | 2,303 | 2,085 | 2,157 | 2,047 | 2,600 | 2,644 |
| | NPTH | | | | | | | | | | | | | | | | |
| | Singleton | | | | 2,327 | 2,913 | 1,280 | 1,243 | 731 | 1,171 | 1,583 | 1,763 | 2,063 | 2,158 | 1,671 | 2,229 | 2,237 |
| | Total | | | | 4,425 | 5,358 | 2,704 | 3,477 | 2,503 | 3,401 | 5,188 | 4,084 | 5,738 | 5,792 | 4,004 | 5,211 | 5,232 |
| % of patients who would recommend and highly recommend | PCCS | 90% | | | 93% | 94% | 96% | 95% | 96% | 95% | 92% | 97% | 95% | 94% | 95% | 94% | 96% |
| | MH&LD | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 96% | 100% | 100% | 100% |
| | Morrison | | | | 89% | 89% | 88% | 87% | 85% | 88% | 90% | 90% | 89% | 89% | 90% | 91% | 90% |
| | NPTH | | | | | | | | | | | | | | | | |
| | Singleton | | | | 97% | 94% | 88% | 93% | 95% | 94% | 96% | 95% | 94% | 94% | 94% | 95% | 95% |
| | Total | | | | 92% | 92% | 92% | 90% | 89% | 91% | 92% | 92% | 92% | 92% | 92% | 93% | 92% |
| % of all-Wales surveys scoring 9 or 10 on overall satisfaction | PCCS | 90% | | | 97% | 98% | 98% | 97% | 95% | 93% | 95% | 98% | 98% | 98% | 93% | 91% | 96% |
| | MH&LD | | | | | | | | | | | | | | | | |
| | Morrison | | | | 93% | 93% | 92% | 92% | 89% | 90% | 93% | 94% | 94% | 92% | 92% | 92% | 92% |
| | NPTH | | | | | | | | | | | | | | | | |
| | Singleton | | | | 93% | 97% | 97% | 96% | 92% | 92% | 98% | 97% | 97% | 97% | 93% | 93% | 94% |
| | Total | | | | 95% | 95% | 95% | 95% | 90% | 91% | 92% | 92% | 93% | 93% | 93% | 93% | 93% |
| Number of new complaints received | PCCS | 12 month reduction trend | | | 31 | 30 | 33 | 36 | 46 | 33 | 31 | 18 | 49 | 42 | 20 | | |
| | MH&LD | | | | 12 | 12 | 11 | 18 | 18 | 21 | 9 | 21 | 17 | 17 | 13 | | |
| | Morrison | | | | 69 | 74 | 63 | 72 | 101 | 62 | 67 | 74 | 66 | 56 | 35 | | |
| | NPTH | | | | 5 | 14 | 8 | 7 | 10 | 3 | 5 | 7 | 3 | 27 | 12 | | |
| | Singleton | | | | 29 | 46 | 29 | 42 | 33 | 23 | 39 | 43 | 24 | 22 | 12 | | |
| | Total | | | | 135 | 183 | 149 | 182 | 217 | 147 | 155 | 171 | 164 | 171 | 108 | | |
| % of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation | PCCS | 80% | | | 96% | 93% | 91% | 97% | 91% | 76% | 90% | 83% | 86% | 64% | 95% | | |
| | MH&LD | | | | 67% | 83% | 73% | 61% | 69% | 67% | 56% | 52% | 53% | 76% | 69% | | |
| | Morrison | | | | 64% | 70% | 71% | 78% | 71% | 73% | 67% | 58% | 77% | 46% | 66% | | |
| | NPTH | | | | 60% | 50% | 50% | 29% | 50% | 33% | 100% | 67% | 67% | 44% | 75% | | |
| | Singleton | | | | 42% | 63% | 83% | 52% | 67% | 22% | 59% | 56% | 50% | 50% | 45% | | |
| | Total | | | | 67% | 72% | 77% | 71% | 71% | 64% | 71% | 62% | 74% | 55% | 69% | | |

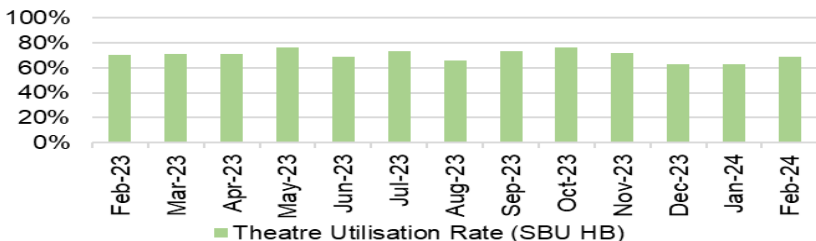
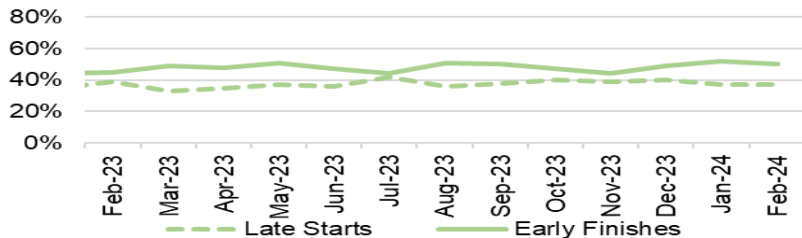
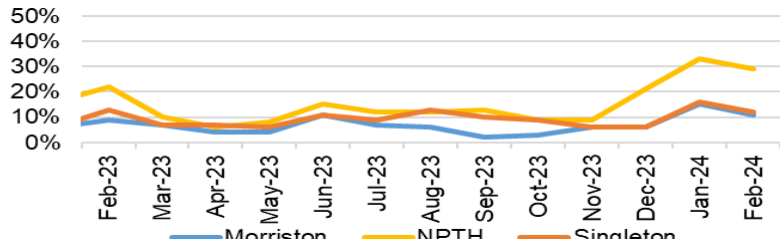
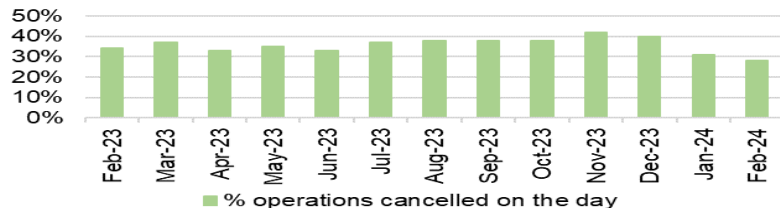
5.3 Updates on key measures



| PLANNED CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------|-------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-----------|-----------|-----|------|--------|--------|-------|---|---|--------|--------|-------|---|---|--------|--------|-------|---|---|--------|--------|-------|---|---|--------|-------|-------|---|---|--------|-------|-------|---|---|--------|-------|-------|---|---|--------|-------|-------|---|---|--------|-------|-------|---|---|--------|-------|-------|---|---|--------|-------|-------|---|---|--------|-------|-------|---|---|--------|-------|-------|---|---|-----------|---------------------------|---------------|-------|-------------|-------|-----------------|-------|--------------|-------|--------|-----|-------------|-----|-----------|-----|-----|-----|----------|-----|------|-----|----------------|-----|---------|-----|-----------------|-----|--------------|-----|------------|----|----------------------|----|--------------------------|----|--------------|----|-------------|----|---------------|----|----------------|----|--------------------------|----|------------------|----|-------------|----|-------------------|----|-----------------|----|------------------|----|-----------------------|----|------------|----|-----------------|----|-------|-----------------------------|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-------|
| Description | Current Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Percentage of patients waiting less than 26 weeks | <p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. February 2024 saw an in-month increase of 2% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 10,722 in January 2024. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, followed by Gynaecology and General Surgery. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has increased to 61.3%.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <div><div><p>1. Number of stage 1 over 26 weeks- HB total</p><table><caption>1. Number of stage 1 over 26 weeks- HB total</caption><thead><tr><th>Month</th><th>Outpatients > 26 wks (SB UHB)</th></tr></thead><tbody><tr><td>Feb-23</td><td>17,500</td></tr><tr><td>Mar-23</td><td>15,000</td></tr><tr><td>Apr-23</td><td>15,000</td></tr><tr><td>May-23</td><td>14,500</td></tr><tr><td>Jun-23</td><td>13,500</td></tr><tr><td>Jul-23</td><td>13,000</td></tr><tr><td>Aug-23</td><td>13,000</td></tr><tr><td>Sep-23</td><td>13,000</td></tr><tr><td>Oct-23</td><td>11,500</td></tr><tr><td>Nov-23</td><td>10,500</td></tr><tr><td>Dec-23</td><td>11,000</td></tr><tr><td>Jan-24</td><td>11,000</td></tr><tr><td>Feb-24</td><td>11,000</td></tr></tbody></table></div><div><p>2. Number of stage 1 over 26 weeks- Hospital level</p><table><caption>2. Number of stage 1 over 26 weeks- Hospital level</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>PCT</th><th>NPTH</th></tr></thead><tbody><tr><td>Feb-23</td><td>14,000</td><td>4,000</td><td>0</td><td>0</td></tr><tr><td>Mar-23</td><td>11,000</td><td>4,000</td><td>0</td><td>0</td></tr><tr><td>Apr-23</td><td>10,500</td><td>4,000</td><td>0</td><td>0</td></tr><tr><td>May-23</td><td>10,000</td><td>4,000</td><td>0</td><td>0</td></tr><tr><td>Jun-23</td><td>9,000</td><td>4,000</td><td>0</td><td>0</td></tr><tr><td>Jul-23</td><td>8,500</td><td>4,000</td><td>0</td><td>0</td></tr><tr><td>Aug-23</td><td>8,000</td><td>4,000</td><td>0</td><td>0</td></tr><tr><td>Sep-23</td><td>7,500</td><td>4,000</td><td>0</td><td>0</td></tr><tr><td>Oct-23</td><td>6,500</td><td>4,000</td><td>0</td><td>0</td></tr><tr><td>Nov-23</td><td>6,000</td><td>4,000</td><td>0</td><td>0</td></tr><tr><td>Dec-23</td><td>6,000</td><td>4,000</td><td>0</td><td>0</td></tr><tr><td>Jan-24</td><td>6,000</td><td>4,000</td><td>0</td><td>0</td></tr><tr><td>Feb-24</td><td>6,000</td><td>4,000</td><td>0</td><td>0</td></tr></tbody></table></div><div><p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at February 2024</p><table><caption>3. 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Percentage of patient waiting less than 26 weeks</p><table><caption>4. Percentage of patient waiting less than 26 weeks</caption><thead><tr><th>Month</th><th>% waiting < 26 wks (SBU HB)</th></tr></thead><tbody><tr><td>Feb-23</td><td>58%</td></tr><tr><td>Mar-23</td><td>58%</td></tr><tr><td>Apr-23</td><td>58%</td></tr><tr><td>May-23</td><td>58%</td></tr><tr><td>Jun-23</td><td>58%</td></tr><tr><td>Jul-23</td><td>58%</td></tr><tr><td>Aug-23</td><td>58%</td></tr><tr><td>Sep-23</td><td>58%</td></tr><tr><td>Oct-23</td><td>58%</td></tr><tr><td>Nov-23</td><td>58%</td></tr><tr><td>Dec-23</td><td>58%</td></tr><tr><td>Jan-24</td><td>58%</td></tr><tr><td>Feb-24</td><td>61.3%</td></tr></tbody></table></div></div> | Month | Outpatients > 26 wks (SB UHB) | Feb-23 | 17,500 | Mar-23 | 15,000 | Apr-23 | 15,000 | May-23 | 14,500 | Jun-23 | 13,500 | Jul-23 | 13,000 | Aug-23 | 13,000 | Sep-23 | 13,000 | Oct-23 | 11,500 | Nov-23 | 10,500 | Dec-23 | 11,000 | Jan-24 | 11,000 | Feb-24 | 11,000 | Month | Morriston | Singleton | PCT | NPTH | Feb-23 | 14,000 | 4,000 | 0 | 0 | Mar-23 | 11,000 | 4,000 | 0 | 0 | Apr-23 | 10,500 | 4,000 | 0 | 0 | May-23 | 10,000 | 4,000 | 0 | 0 | Jun-23 | 9,000 | 4,000 | 0 | 0 | Jul-23 | 8,500 | 4,000 | 0 | 0 | Aug-23 | 8,000 | 4,000 | 0 | 0 | Sep-23 | 7,500 | 4,000 | 0 | 0 | Oct-23 | 6,500 | 4,000 | 0 | 0 | Nov-23 | 6,000 | 4,000 | 0 | 0 | Dec-23 | 6,000 | 4,000 | 0 | 0 | Jan-24 | 6,000 | 4,000 | 0 | 0 | Feb-24 | 6,000 | 4,000 | 0 | 0 | Specialty | Patients waiting > 26 wks | Ophthalmology | 2,000 | Gynaecology | 1,200 | General Surgery | 1,100 | Orthopaedics | 1,000 | Gastro | 900 | Dermatology | 800 | Neurology | 700 | ENT | 600 | Vascular | 500 | OMFS | 400 | Spinal Surgery | 300 | Urology | 200 | Plastic Surgery | 150 | Orthodontics | 100 | Cardiology | 50 | Paediatric Neurology | 50 | Medicine for the Elderly | 50 | Rheumatology | 50 | Paediatrics | 50 | Endocrinology | 50 | Rehab Medicine | 50 | General Surgery (Breast) | 50 | Thoracic Surgery | 50 | Haematology | 50 | Thoracic Medicine | 50 | Cardiac Surgery | 50 | General Medicine | 50 | Restorative Dentistry | 50 | Nephrology | 50 | Pain Management | 50 | Month | % waiting < 26 wks (SBU HB) | Feb-23 | 58% | Mar-23 | 58% | Apr-23 | 58% | May-23 | 58% | Jun-23 | 58% | Jul-23 | 58% | Aug-23 | 58% | Sep-23 | 58% | Oct-23 | 58% | Nov-23 | 58% | Dec-23 | 58% | Jan-24 | 58% | Feb-24 | 61.3% |
| | Month | Outpatients > 26 wks (SB UHB) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 17,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 14,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 13,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Oct-23 | 11,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Jan-24 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Month | Morriston | Singleton | PCT | NPTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 14,000 | 4,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 11,000 | 4,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Aug-23 | 8,000 | 4,000 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Specialty | Patients waiting > 26 wks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Spinal Surgery | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urology | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plastic Surgery | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthodontics | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiology | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paediatric Neurology | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicine for the Elderly | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rheumatology | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paediatrics | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Endocrinology | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rehab Medicine | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Surgery (Breast) | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thoracic Surgery | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haematology | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thoracic Medicine | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiac Surgery | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Medicine | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Restorative Dentistry | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nephrology | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pain Management | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | % waiting < 26 wks (SBU HB) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 61.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PLANNED CARE | |
|---|--|
| Description | Current Performance |
| 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 36 weeks for treatment 3. Number of elective admissions 4. Number of patients waiting more than 104 weeks for treatment | <p>In February 2024, there were 4,102 patients waiting over 36 weeks at Stage 1, which is a 2% in-month reduction from January 2024. 13,211 patients were waiting over 52 weeks at all stages in February 2024. In February 2024, there were 2,175 patients waiting over 104 weeks for treatment, which is a 15% reduction from January 2024. The Health Board are currently out-performing all submitted recovery trajectories for 2023/24.</p> <p>Trend</p> <div> <div> <p>1. Number of patients waiting over 36 weeks at Stage 1</p> <p>Outpatients >36 wks (SB UHB) Trajectory</p> </div> <div> <p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p> <p>Outpatients >52 wks (SB UHB) Trajectory</p> </div> <div> <p>3. Number of elective admissions</p> <p>Admitted elective patients</p> </div> <div> <p>4. Number of patients waiting over 104 weeks- HB total</p> <p>> 104 weeks Trajectory</p> </div> </div> |

| PLANNED CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------|---|------------|--------|-------|------|--------|-------|------|--------|-------|------|--------|-------|------|--------|-------|------|--------|-------|------|--------|-------|------|--------|-------|------|--------|-------|------|--------|-------|------|--------|-------|------|--------|-------|------|--------|-------|------|--------|--|-----|
| Description | Current Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i> | <p>In February 2024, there were 721 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in January 2024, which was 775.</p> <p>The figures reported are outperforming the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in February 2024 (950).</p> | <p>Number of referrals into secondary care Ophthalmology service</p> <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Number of referrals</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>850</td><td>850</td></tr> <tr><td>Mar-23</td><td>950</td><td>950</td></tr> <tr><td>Apr-23</td><td>750</td><td>850</td></tr> <tr><td>May-23</td><td>800</td><td>950</td></tr> <tr><td>Jun-23</td><td>850</td><td>950</td></tr> <tr><td>Jul-23</td><td>800</td><td>850</td></tr> <tr><td>Aug-23</td><td>800</td><td>950</td></tr> <tr><td>Sep-23</td><td>800</td><td>950</td></tr> <tr><td>Oct-23</td><td>850</td><td>950</td></tr> <tr><td>Nov-23</td><td>850</td><td>950</td></tr> <tr><td>Dec-23</td><td>750</td><td>850</td></tr> <tr><td>Jan-24</td><td>750</td><td>950</td></tr> <tr><td>Feb-24</td><td>721</td><td>950</td></tr> <tr><td>Mar-24</td><td></td><td>950</td></tr> </tbody> </table> | Month | Number of referrals | Trajectory | Feb-23 | 850 | 850 | Mar-23 | 950 | 950 | Apr-23 | 750 | 850 | May-23 | 800 | 950 | Jun-23 | 850 | 950 | Jul-23 | 800 | 850 | Aug-23 | 800 | 950 | Sep-23 | 800 | 950 | Oct-23 | 850 | 950 | Nov-23 | 850 | 950 | Dec-23 | 750 | 850 | Jan-24 | 750 | 950 | Feb-24 | 721 | 950 | Mar-24 | | 950 |
| Month | Number of referrals | Trajectory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 850 | 850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 950 | 950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 750 | 850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 800 | 950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 850 | 950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 800 | 850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 800 | 950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 800 | 950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 850 | 950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 850 | 950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 750 | 850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 750 | 950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 721 | 950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-24 | | 950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i> | <p>In February 2024, 62.9% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p> | <p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>62.9%</td><td>100%</td></tr> <tr><td>Mar-23</td><td>62.9%</td><td>100%</td></tr> <tr><td>Apr-23</td><td>62.9%</td><td>100%</td></tr> <tr><td>May-23</td><td>62.9%</td><td>100%</td></tr> <tr><td>Jun-23</td><td>62.9%</td><td>100%</td></tr> <tr><td>Jul-23</td><td>62.9%</td><td>100%</td></tr> <tr><td>Aug-23</td><td>62.9%</td><td>100%</td></tr> <tr><td>Sep-23</td><td>62.9%</td><td>100%</td></tr> <tr><td>Oct-23</td><td>62.9%</td><td>100%</td></tr> <tr><td>Nov-23</td><td>62.9%</td><td>100%</td></tr> <tr><td>Dec-23</td><td>62.9%</td><td>100%</td></tr> <tr><td>Jan-24</td><td>62.9%</td><td>100%</td></tr> <tr><td>Feb-24</td><td>62.9%</td><td>100%</td></tr> </tbody> </table> | Month | % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date. | Target | Feb-23 | 62.9% | 100% | Mar-23 | 62.9% | 100% | Apr-23 | 62.9% | 100% | May-23 | 62.9% | 100% | Jun-23 | 62.9% | 100% | Jul-23 | 62.9% | 100% | Aug-23 | 62.9% | 100% | Sep-23 | 62.9% | 100% | Oct-23 | 62.9% | 100% | Nov-23 | 62.9% | 100% | Dec-23 | 62.9% | 100% | Jan-24 | 62.9% | 100% | Feb-24 | 62.9% | 100% | | | |
| Month | % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date. | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 62.9% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 62.9% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 62.9% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 62.9% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 62.9% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 62.9% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 62.9% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 62.9% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 62.9% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 62.9% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 62.9% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 62.9% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 62.9% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| THEATRE EFFICIENCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-----------------|--------------------|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----|--------|----|--------|--------|----|----|--------|----|----|--------|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Theatre Efficiency <i>1. Theatre Utilisation Rates</i> <i>2. % of theatre sessions starting late</i> <i>3. % of theatre sessions finishing early</i> <i>4. % of theatre sessions cancelled at short notice (<28 days)</i> <i>5. % of operations cancelled on the day</i> | In February 2024 the Theatre Utilisation rate was 69%. This is 6% higher than January 2023 and is 1% lower than the figure reported in February 2023 (70%). | 1. Theatre Utilisation Rates  <table><caption>Theatre Utilisation Rate (SBU HB)</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>Feb-23</td><td>70</td></tr><tr><td>Mar-23</td><td>70</td></tr><tr><td>Apr-23</td><td>70</td></tr><tr><td>May-23</td><td>75</td></tr><tr><td>Jun-23</td><td>70</td></tr><tr><td>Jul-23</td><td>70</td></tr><tr><td>Aug-23</td><td>65</td></tr><tr><td>Sep-23</td><td>70</td></tr><tr><td>Oct-23</td><td>75</td></tr><tr><td>Nov-23</td><td>70</td></tr><tr><td>Dec-23</td><td>65</td></tr><tr><td>Jan-24</td><td>65</td></tr><tr><td>Feb-24</td><td>69</td></tr></tbody></table> | Month | Rate (%) | Feb-23 | 70 | Mar-23 | 70 | Apr-23 | 70 | May-23 | 75 | Jun-23 | 70 | Jul-23 | 70 | Aug-23 | 65 | Sep-23 | 70 | Oct-23 | 75 | Nov-23 | 70 | Dec-23 | 65 | Jan-24 | 65 | Feb-24 | 69 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Month | Rate (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Feb-23 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mar-23 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Apr-23 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 69 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37% of theatre sessions started late in February 2024. This is the same figure reported for in January 2024. | 2. and 3. % theatre sessions starting late/finishing  <table><caption>% theatre sessions starting late/finishing</caption><thead><tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr></thead><tbody><tr><td>Feb-23</td><td>40</td><td>40</td></tr><tr><td>Mar-23</td><td>45</td><td>45</td></tr><tr><td>Apr-23</td><td>45</td><td>45</td></tr><tr><td>May-23</td><td>45</td><td>45</td></tr><tr><td>Jun-23</td><td>45</td><td>45</td></tr><tr><td>Jul-23</td><td>45</td><td>45</td></tr><tr><td>Aug-23</td><td>45</td><td>45</td></tr><tr><td>Sep-23</td><td>45</td><td>45</td></tr><tr><td>Oct-23</td><td>45</td><td>45</td></tr><tr><td>Nov-23</td><td>45</td><td>45</td></tr><tr><td>Dec-23</td><td>45</td><td>45</td></tr><tr><td>Jan-24</td><td>45</td><td>45</td></tr><tr><td>Feb-24</td><td>45</td><td>45</td></tr></tbody></table> | Month | Late Starts (%) | Early Finishes (%) | Feb-23 | 40 | 40 | Mar-23 | 45 | 45 | Apr-23 | 45 | 45 | May-23 | 45 | 45 | Jun-23 | 45 | 45 | Jul-23 | 45 | 45 | Aug-23 | 45 | 45 | Sep-23 | 45 | 45 | Oct-23 | 45 | 45 | Nov-23 | 45 | 45 | Dec-23 | 45 | 45 | Jan-24 | 45 | 45 | Feb-24 | 45 | 45 | | | | | | | | | | | | | | |
| Month | Late Starts (%) | Early Finishes (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 40 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 45 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 45 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 45 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 45 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 45 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 45 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 45 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 45 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 45 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 45 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 45 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 45 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In February 2024, 50% of theatre sessions finished early. This is 2% lower than figure seen in January 2024 and 5% higher than those seen in February 2023. | 4. % theatre sessions cancelled at short notice (<28 days)  <table><caption>% theatre sessions cancelled at short notice (<28 days)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th><th>Singleton (%)</th></tr></thead><tbody><tr><td>Feb-23</td><td>10</td><td>20</td><td>10</td></tr><tr><td>Mar-23</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Apr-23</td><td>10</td><td>10</td><td>10</td></tr><tr><td>May-23</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jun-23</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jul-23</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Aug-23</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Sep-23</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Oct-23</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Nov-23</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Dec-23</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jan-24</td><td>10</td><td>30</td><td>10</td></tr><tr><td>Feb-24</td><td>10</td><td>25</td><td>10</td></tr></tbody></table> | Month | Morriston (%) | NPTH (%) | Singleton (%) | Feb-23 | 10 | 20 | 10 | Mar-23 | 10 | 10 | 10 | Apr-23 | 10 | 10 | 10 | May-23 | 10 | 10 | 10 | Jun-23 | 10 | 10 | 10 | Jul-23 | 10 | 10 | 10 | Aug-23 | 10 | 10 | 10 | Sep-23 | 10 | 10 | 10 | Oct-23 | 10 | 10 | 10 | Nov-23 | 10 | 10 | 10 | Dec-23 | 10 | 10 | 10 | Jan-24 | 10 | 30 | 10 | Feb-24 | 10 | 25 | 10 |
| Month | Morriston (%) | NPTH (%) | Singleton (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 10 | 20 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 10 | 30 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 10 | 25 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15% of theatre sessions were cancelled at short notice in February 2024. This is 4% lower than the figure reported in January 2024 and is 3% higher than figures seen in February 2023. | 5. % of operations cancelled on the day  <table><caption>% of operations cancelled on the day</caption><thead><tr><th>Month</th><th>Rate (%)</th></tr></thead><tbody><tr><td>Feb-23</td><td>35</td></tr><tr><td>Mar-23</td><td>35</td></tr><tr><td>Apr-23</td><td>30</td></tr><tr><td>May-23</td><td>35</td></tr><tr><td>Jun-23</td><td>30</td></tr><tr><td>Jul-23</td><td>35</td></tr><tr><td>Aug-23</td><td>35</td></tr><tr><td>Sep-23</td><td>35</td></tr><tr><td>Oct-23</td><td>35</td></tr><tr><td>Nov-23</td><td>40</td></tr><tr><td>Dec-23</td><td>35</td></tr><tr><td>Jan-24</td><td>30</td></tr><tr><td>Feb-24</td><td>28</td></tr></tbody></table> | Month | Rate (%) | Feb-23 | 35 | Mar-23 | 35 | Apr-23 | 30 | May-23 | 35 | Jun-23 | 30 | Jul-23 | 35 | Aug-23 | 35 | Sep-23 | 35 | Oct-23 | 35 | Nov-23 | 40 | Dec-23 | 35 | Jan-24 | 30 | Feb-24 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Rate (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of the operations cancelled in February 2024, 28% of them were cancelled on the day. This is 3% lower than the figure reported in January 2024 (31%). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

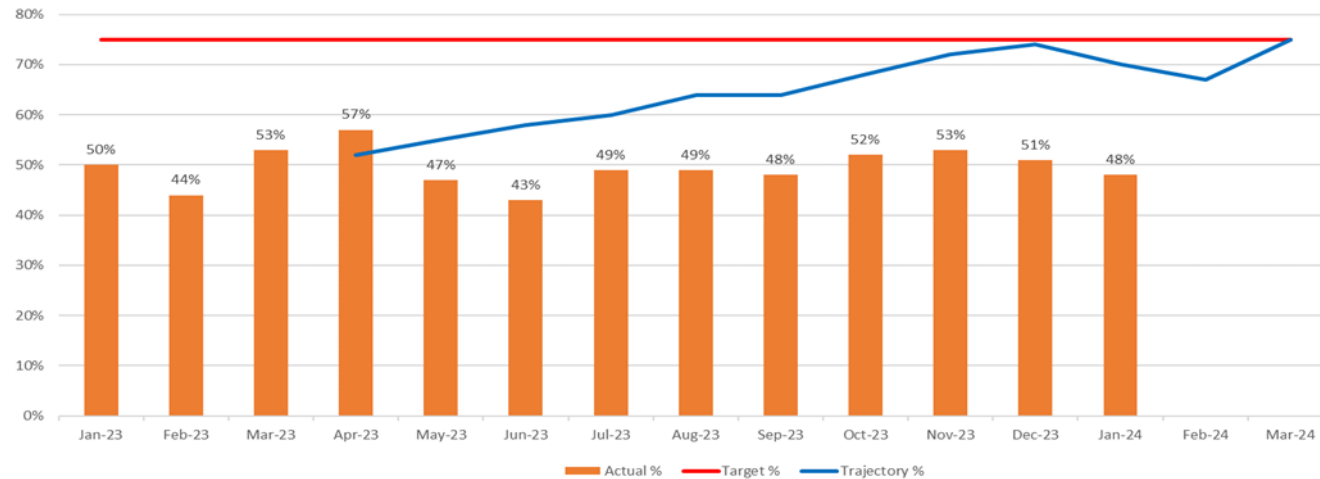
| PLANNED CARE | | |
|---|--|--|
| Description | Current Performance | Trend |
| Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i> | <p>In February, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 4,705 in January 2024 to 3,870 in February 2024.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for February 2024:</p> <ul style="list-style-type: none"> Endoscopy= 3,311 Cardiac tests= 408 Other Diagnostics = 151 <p>Actions of Improvement; Detailed demand and capacity work is currently underway to develop a diagnostic recovery trajectory which works towards the ministerial target of 0 by March 2024.</p> | <p>Number of patients waiting longer than 8 weeks for Diagnostics</p> <p>Legend: Other diagnostics (inc. radiology) Endoscopy Cardiac tests</p> |
| Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i> | <p>In February 2024 there were 29 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in February 2024 are:</p> <ul style="list-style-type: none"> Dietetics = 20 Speech & Language Therapy= 8 Audiology= 1 <p>Actions of Improvement; The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas. Delivery against these trajectories is being monitored routinely.</p> | <p>Number of patients waiting longer than 14 weeks for therapies</p> <p>Legend: Therapies > 14 weeks (SBU HB)</p> |

| CANCER | | | | |
|--|--|---------------|---|-----------|
| Description | Current Performance | | Trend | |
| <p>Cancer demand and shape of the waiting list</p> <p>Single Cancer Pathway <i>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</i></p> | March 2024 backlog by tumour site: | | <p>Number of patients with a wait status of more than 62 days</p> <p>■ 63-103 days ▨ ≥ 104 days</p> | |
| | Tumour Site | 63 - 103 days | | ≥104 days |
| | Acute Leukaemia | 0 | | 1 |
| | Brain/CNS | 0 | | 0 |
| | Breast | 7 | | 10 |
| | Children's cancer | 1 | | 0 |
| | Gynaecological | 21 | | 13 |
| | Haematological | 3 | | 4 |
| | Head and neck | 5 | | 5 |
| | Lower Gastrointestinal | 21 | | 19 |
| | Lung | 10 | | 10 |
| | Other | 3 | | 0 |
| | Sarcoma | 3 | | 2 |
| | Skin(c) | 9 | | 3 |
| | Upper Gastrointestinal | 13 | | 8 |
| Urological | 25 | 26 | | |
| Grand Total | 121 | 101 | | |
| <p>Single Cancer Pathway backlog- patients waiting over 63 days</p> <ul style="list-style-type: none">- Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog.- The cancer tracking facility has now been centralised (October 2023) to support focussed tracking with a whole system approach- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority- Milestone targets for OP access and Decision to Treat times have also been set to reduce overall pathway waits. | February 2024 saw an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction; | | <p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p> <p>■ Actual % — Target % — Trajectory %</p> | |
| | February 2024 saw an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction; | | | |
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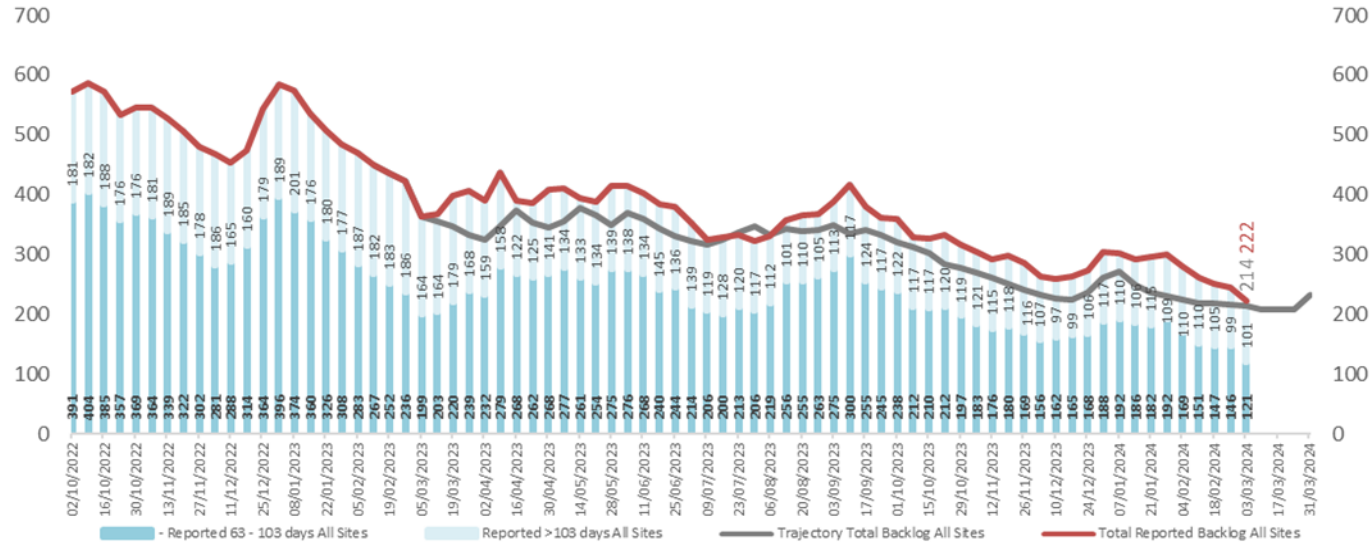
| CANCER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------|--------|---------------------------|-----------------|-----|---------------------------|-----------|-----|--------------------------|--------|-----|--------------------------|-------------------|-----|--------------------------|----------------|-----|---------------------------|----------------|------|-------------------------------|---------------|-----|--------------------------------|----------|------|--|------|----|----|-------|-----|-----|---------|---|---|------|-----|-----|----------|----|----|------------|----|----|--|-----|-----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i> | <p>To date, early March 2024 figures show total wait volumes for first outpatient appointment have increased by 3% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 50% have been booked, which is lower than figures seen in the previous months' performance.</p> | <p>The number of patients waiting for a first outpatient appointment (by total days waiting) – March 2024</p> <table> <tr> <th>FIRST OPA</th><th>25-Feb</th><th>03-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>31</td><td>8</td></tr> <tr><td>Children's Cancer</td><td>2</td><td>4</td></tr> <tr><td>Gynaecological</td><td>66</td><td>100</td></tr> <tr><td>Haematological</td><td>10</td><td>9</td></tr> <tr><td>Head and Neck</td><td>109</td><td>97</td></tr> <tr><td>Lower GI</td><td>90</td><td>75</td></tr> <tr><td>Lung</td><td>16</td><td>17</td></tr> <tr><td>Other</td><td>206</td><td>215</td></tr> <tr><td>Sarcoma</td><td>0</td><td>1</td></tr> <tr><td>Skin</td><td>136</td><td>162</td></tr> <tr><td>Upper GI</td><td>28</td><td>16</td></tr> <tr><td>Urological</td><td>44</td><td>54</td></tr> <tr><td></td><td>738</td><td>758</td></tr> </table> | FIRST OPA | 25-Feb | 03-Mar | Acute Leukaemia | 0 | 0 | Brain/CNS | 0 | 0 | Breast | 31 | 8 | Children's Cancer | 2 | 4 | Gynaecological | 66 | 100 | Haematological | 10 | 9 | Head and Neck | 109 | 97 | Lower GI | 90 | 75 | Lung | 16 | 17 | Other | 206 | 215 | Sarcoma | 0 | 1 | Skin | 136 | 162 | Upper GI | 28 | 16 | Urological | 44 | 54 | | 738 | 758 |
| FIRST OPA | 25-Feb | 03-Mar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute Leukaemia | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brain/CNS | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breast | 31 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children's Cancer | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gynaecological | 66 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haematological | 10 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Head and Neck | 109 | 97 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lower GI | 90 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lung | 16 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 206 | 215 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sarcoma | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin | 136 | 162 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Upper GI | 28 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urological | 44 | 54 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 738 | 758 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i> | <p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 2 days has been maintained at 100%</p> <table> <tr> <th>Measure</th><th>Target</th><th>Feb-24</th></tr> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>28%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>81%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>52%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>79%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>67%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>98%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr> </table> | Measure | Target | Feb-24 | Scheduled (14 Day Target) | 80% | 28% | Scheduled (21 Day Target) | 100% | 81% | Urgent SC (2 Day Target) | 80% | 52% | Urgent SC (7 Day Target) | 100% | 79% | Emergency (within 1 day) | 80% | 67% | Emergency (within 2 days) | 100% | 100% | Elective Delay (7 Day Target) | 80% | 98% | Elective Delay (14 Day Target) | 100% | 100% | <p>Radiotherapy waiting times</p> | | | | | | | | | | | | | | | | | | | | | |
| Measure | Target | Feb-24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scheduled (14 Day Target) | 80% | 28% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scheduled (21 Day Target) | 100% | 81% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urgent SC (2 Day Target) | 80% | 52% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urgent SC (7 Day Target) | 100% | 79% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency (within 1 day) | 80% | 67% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency (within 2 days) | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elective Delay (7 Day Target) | 80% | 98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elective Delay (14 Day Target) | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Cancer Services – Performance Escalation Updates

1.SCP performance trajectory

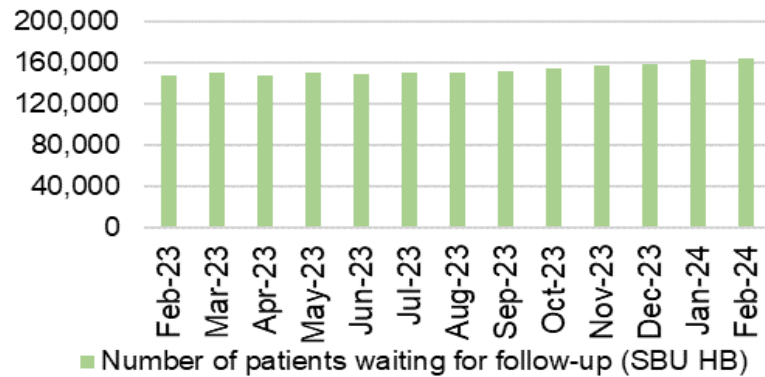
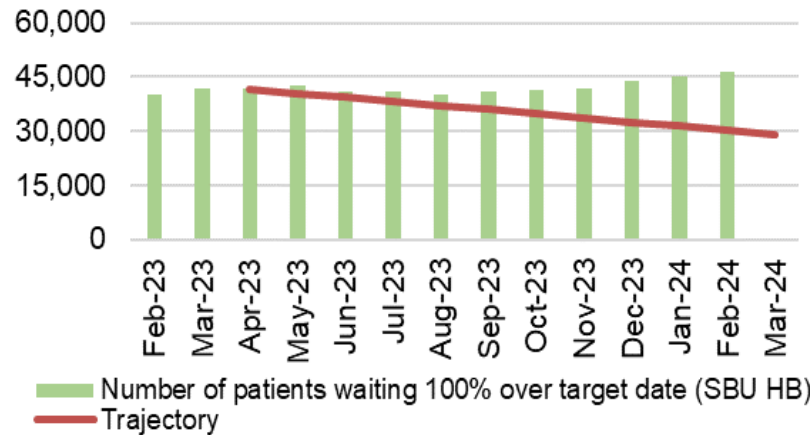


Proposed backlog improvements to support SCP performance



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

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

| FOLLOW-UP APPOINTMENTS | | |
|--|---|--|
| Description | Current Performance | Trend |
| Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment | <p>In February 2024, the overall size of the follow-up waiting list increased by 1,617 patients compared with January 2024 (from 162,964 to 164,581).</p> <p>In February 2024, there was a total of 76,796 patients waiting for a follow-up past their target date. This is an increase of 2.6% in-month (from 74,878 in January 2024).</p> <p>Of the 76,796 delayed follow-ups in February 2024, 10,760 had appointment dates and 66,036 were still waiting for an appointment.</p> <p>In addition, 46,482 patients were waiting 100%+ over target date in February 2024. This is a 2.3% increase when compared with January 2024.</p> | <p>1. Total number of patients waiting for a follow-up</p>  <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p>  <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p> |

| PATIENT EXPERIENCE | | |
|---|---|--|
| Description | Current Performance | Trend |
| Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend | <ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in February 2024 was 92% and 5,232 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 2,237 surveys in February 2024, with a recommended score of 95%. Morrison Hospital completed 2,644 surveys in February 2024, with a recommended score of 90%. Primary & Community Care completed 406 surveys for February 2024, with a recommended score of 96%. The Mental Health Service Group completed 63 surveys for February 2024, with a recommended score of 100%. | <p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p> |

| COMPLAINTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|----------------------|----------------------------|--------------------|--------------------|------|---------------------------------------|--------|----------------------------------|-----|--------------------|-----|--|--------|--------------------|------------|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient concerns | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Number of formal complaints received | 1. In December 2023, the Health Board received 108 formal complaints; this is a reduction of 10% when compared with November 2023 figures (171). | <div>1. Number of formal complaints received</div> <table border="1"><caption>1. Number of formal complaints received</caption><thead><tr><th>Month</th><th>MH & LD</th><th>Morriston Hospital</th><th>NPT Hospital</th><th>PCCS</th><th>Singleton Hospital</th></tr></thead><tbody><tr><td>Jul-23</td><td>20</td><td>60</td><td>5</td><td>30</td><td>20</td></tr><tr><td>Aug-23</td><td>10</td><td>65</td><td>5</td><td>30</td><td>35</td></tr><tr><td>Sep-23</td><td>20</td><td>70</td><td>5</td><td>15</td><td>40</td></tr><tr><td>Oct-23</td><td>15</td><td>65</td><td>5</td><td>45</td><td>20</td></tr><tr><td>Nov-23</td><td>15</td><td>55</td><td>25</td><td>40</td><td>20</td></tr><tr><td>Dec-23</td><td>10</td><td>35</td><td>10</td><td>20</td><td>10</td></tr></tbody></table> | Month | MH & LD | Morriston Hospital | NPT Hospital | PCCS | Singleton Hospital | Jul-23 | 20 | 60 | 5 | 30 | 20 | Aug-23 | 10 | 65 | 5 | 30 | 35 | Sep-23 | 20 | 70 | 5 | 15 | 40 | Oct-23 | 15 | 65 | 5 | 45 | 20 | Nov-23 | 15 | 55 | 25 | 40 | 20 | Dec-23 | 10 | 35 | 10 | 20 | 10 | | | | | | | | | | | | |
| Month | MH & LD | Morriston Hospital | NPT Hospital | PCCS | Singleton Hospital | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 20 | 60 | 5 | 30 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 10 | 65 | 5 | 30 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 20 | 70 | 5 | 15 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 15 | 65 | 5 | 45 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 15 | 55 | 25 | 40 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 10 | 35 | 10 | 20 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | <div>2. The overall Health Board rate for responding to concerns within 30 working days was 69% in December 2023, against the Welsh Government target of 75% and Health Board target of 80%.</div> <div>Below is a breakdown of performance against the 30-day response target:</div> <table><tr><th></th><th>30 day response rate</th></tr><tr><td>Neath Port Talbot Hospital</td><td>75%</td></tr><tr><td>Morriston Hospital</td><td>66%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>69%</td></tr><tr><td>Primary, Community and Therapies</td><td>95%</td></tr><tr><td>Singleton Hospital</td><td>45%</td></tr></table> | | 30 day response rate | Neath Port Talbot Hospital | 75% | Morriston Hospital | 66% | Mental Health & Learning Disabilities | 69% | Primary, Community and Therapies | 95% | Singleton Hospital | 45% | <div>2. Response rate for concerns within 30 days</div> <table border="1"><caption>2. Response rate for concerns within 30 days</caption><thead><tr><th>Month</th><th>Health Board Total</th><th>HB Profile</th></tr></thead><tbody><tr><td>Dec-22</td><td>72%</td><td>80%</td></tr><tr><td>Jan-23</td><td>78%</td><td>80%</td></tr><tr><td>Feb-23</td><td>68%</td><td>80%</td></tr><tr><td>Mar-23</td><td>72%</td><td>80%</td></tr><tr><td>Apr-23</td><td>78%</td><td>80%</td></tr><tr><td>May-23</td><td>70%</td><td>80%</td></tr><tr><td>Jun-23</td><td>70%</td><td>80%</td></tr><tr><td>Jul-23</td><td>65%</td><td>80%</td></tr><tr><td>Aug-23</td><td>70%</td><td>80%</td></tr><tr><td>Sep-23</td><td>62%</td><td>80%</td></tr><tr><td>Oct-23</td><td>72%</td><td>80%</td></tr><tr><td>Nov-23</td><td>55%</td><td>80%</td></tr><tr><td>Dec-23</td><td>69%</td><td>80%</td></tr></tbody></table> | Month | Health Board Total | HB Profile | Dec-22 | 72% | 80% | Jan-23 | 78% | 80% | Feb-23 | 68% | 80% | Mar-23 | 72% | 80% | Apr-23 | 78% | 80% | May-23 | 70% | 80% | Jun-23 | 70% | 80% | Jul-23 | 65% | 80% | Aug-23 | 70% | 80% | Sep-23 | 62% | 80% | Oct-23 | 72% | 80% | Nov-23 | 55% | 80% | Dec-23 | 69% | 80% |
| | 30 day response rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neath Port Talbot Hospital | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Morriston Hospital | 66% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health & Learning Disabilities | 69% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary, Community and Therapies | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Singleton Hospital | 45% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Health Board Total | HB Profile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 72% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 78% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 68% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 72% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 78% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 70% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 70% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 65% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 70% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 62% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 72% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 55% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 69% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

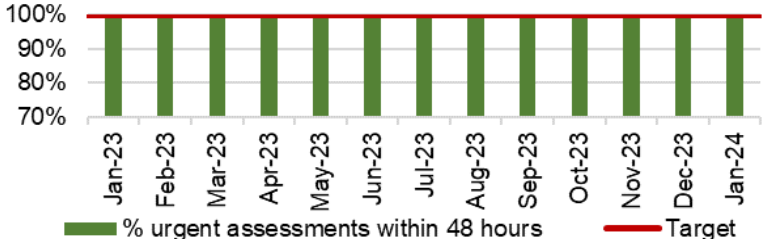
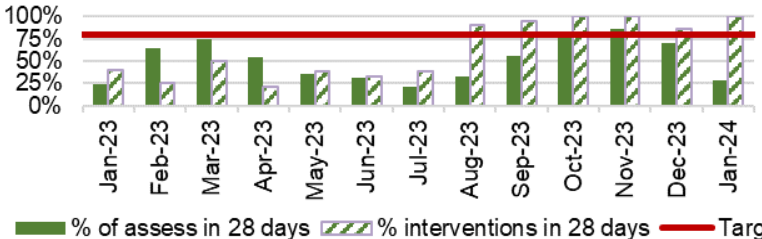
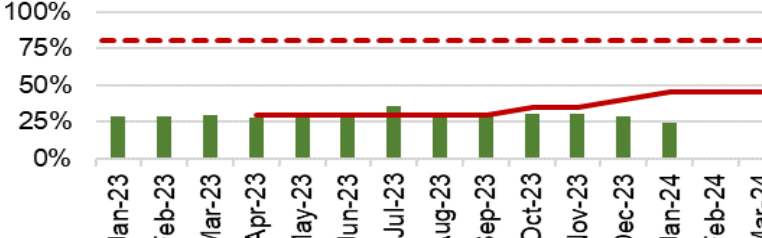
6.1 Overview

| Harm from wider societal actions/lockdown | | | | | | | | | | | | | | | | |
|---|----------|------------------------|------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Measure | Locality | National/ Local Target | Internal Profile | Trend | SBU | | | | | | | | | | | |
| | | | | | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 |
| Childhood immunisations | | | | | | | | | | | | | | | | |
| % children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | NPT | 95% | 90% | | 95.1% | | 90.9% | | 94.9% | | | | | | | |
| | Swansea | | | | 95.6% | | 97.0% | | 93.6% | | | | | | | |
| | HB Total | | | | 95.4% | | 94.6% | | 94.1% | | | | | | | |
| % children who received MenB2 vaccine by age 1 | NPT | 95% | 90% | | 95.1% | | 90.9% | | 95.2% | | | | | | | |
| | Swansea | | | | 93.5% | | 95.1% | | 92.9% | | | | | | | |
| | HB Total | | | | 94.2% | | 93.4% | | 93.8% | | | | | | | |
| % children who received PCV2 vaccine by age 1 | NPT | 95% | 90% | | 96.3% | | 95.5% | | 97.3% | | | | | | | |
| | Swansea | | | | 96.2% | | 98.1% | | 95.4% | | | | | | | |
| | HB Total | | | | 96.2% | | 97.0% | | 96.1% | | | | | | | |
| % children who received Rotavirus vaccine by age 1 | NPT | 95% | 90% | | 94.8% | | 91.6% | | 92.8% | | | | | | | |
| | Swansea | | | | 94.1% | | 95.9% | | 92.3% | | | | | | | |
| | HB Total | | | | 94.4% | | 94.2% | | 92.5% | | | | | | | |
| % children who received MMR1 vaccine by age 2 | NPT | 95% | 90% | | 95.6% | | 90.9% | | 93.6% | | | | | | | |
| | Swansea | | | | 93.9% | | 92.8% | | 92.2% | | | | | | | |
| | HB Total | | | | 94.6% | | 92.1% | | 92.7% | | | | | | | |
| % children who received PCVf3 vaccine by age 2 | NPT | 95% | 90% | | 95.2% | | 90.6% | | 94.6% | | | | | | | |
| | Swansea | | | | 93.1% | | 91.0% | | 92.0% | | | | | | | |
| | HB Total | | | | 93.9% | | 91.0% | | 92.9% | | | | | | | |
| % children who received MenB4 vaccine by age 2 | NPT | 95% | 90% | | 95.2% | | 91.6% | | 93.6% | | | | | | | |
| | Swansea | | | | 92.3% | | 92.1% | | 91.3% | | | | | | | |
| | HB Total | | | | 93.4% | | 91.9% | | 92.1% | | | | | | | |
| % children who received Hib/MenC vaccine by age 2 | NPT | 95% | 90% | | 94.9% | | 91.6% | | 93.6% | | | | | | | |
| | Swansea | | | | 92.7% | | 92.1% | | 91.5% | | | | | | | |
| | HB Total | | | | 93.6% | | 91.9% | | 92.2% | | | | | | | |
| % children who are up to date in schedule by age 4 | NPT | 95% | 90% | | 87.5% | | 84.0% | | 93.6% | | | | | | | |
| | Swansea | | | | 81.6% | | 84.5% | | 91.5% | | | | | | | |
| | HB Total | | | | 83.8% | | 84.3% | | 92.2% | | | | | | | |
| % of children who received 2 doses of the MMR vaccine by age 5 | NPT | 95% | 90% | | 90.4% | | 87.0% | | 89.1% | | | | | | | |
| | Swansea | | | | 87.2% | | 89.0% | | 88.8% | | | | | | | |
| | HB Total | | | | 88.4% | | 88.3% | | 88.9% | | | | | | | |
| % children who received 4 in 1 vaccine by age 5 | NPT | 95% | 90% | | 91.2% | | 87.3% | | 89.9% | | | | | | | |
| | Swansea | | | | 87.7% | | 88.7% | | 89.1% | | | | | | | |
| | HB Total | | | | 89.0% | | 88.2% | | 89.3% | | | | | | | |
| % children who received MMR vaccination by age 16 | NPT | 95% | 90% | | 97.5% | | 94.4% | | 93.7% | | | | | | | |
| | Swansea | | | | 94.5% | | 91.6% | | 88.3% | | | | | | | |
| | HB Total | | | | 95.6% | | 92.6% | | 90.3% | | | | | | | |
| % children who received teenage booster by age 16 | NPT | 90% | 85% | | 86.8% | | 89.9% | | 89.2% | | | | | | | |
| | Swansea | | | | 90.2% | | 90.4% | | 87.4% | | | | | | | |
| | HB Total | | | | 88.9% | | 90.2% | | 88.1% | | | | | | | |
| % children who received MenACWY vaccine by age 16 | NPT | Improve | | | 87.1% | | 89.9% | | 89.2% | | | | | | | |
| | Swansea | | | | 90.5% | | 89.4% | | 87.9% | | | | | | | |
| | HB Total | | | | 89.2% | | 89.6% | | 88.4% | | | | | | | |

| Measure | Locality | National/ Local Target | HB Trajector | Trend | SBU | | | | | | | | | | | | | | | | |
|---|------------------------|------------------------|--------------|-------|---|--------|--------|--------|--------|---|--------|--------|--------|--------|--------|--------|--------|-------|-------|-------|-------|
| | | | | | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | | | | |
| COVID-19 Boosters | | | | | | | | | | | | | | | | | | | | | |
| % uptake of the Spring COVID-19 vaccination for those eligible | NPT | 75% | | | | | | | 66.3% | Reporting begins Apr-24 for Spring 24 booster | | | | | | | | | | | |
| | Swansea | | | | | | | 68.6% | | | | | | | | | | | | | |
| | HB Total | | | | | | | 67.8% | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| % uptake of the Autumn COVID-19 vaccination for those eligible | NPT | 75% | | | Reporting begins Sep-23 for Autumn 23 booster | | | | | | | 17.9% | 40.6% | 46.6% | 49.0% | 49.8% | 49.7% | | | | |
| | Swansea | | | | | | | | | | | | | | | 15.1% | 36.7% | 45.3% | 50.5% | 51.2% | 51.0% |
| | HB Total | | | | | | | | | | | | | | | | 16.1% | 38.1% | 45.8% | 50.0% | 50.6% |
| Measure | Locality | National/ Local Target | HB Trajector | Trend | SBU | | | | | | | | | | | | | | | | |
| | | | | | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | | | | |
| Mental Health Services | | | | | | | | | | | | | | | | | | | | | |
| % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs) | < 18 years old (CAMHS) | 100% | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | | | | |
| % of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 82% | 74% | 55% | 31% | 31% | 21% | 33% | 56% | 77% | 86% | 70% | 29% | | | | | |
| % of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 64% | 74% | 55% | 35% | 31% | 21% | 33% | 56% | 77% | 86% | 70% | 29% | | | | | |
| % of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 82% | | | | | | | | | | | | | | | | |
| % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs) | > 18 years old | 80% | | | 95% | 96% | 78% | 94% | 93% | 98% | 96% | 94% | 100% | 97% | 98% | 97% | | | | | |
| % of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs) | < 18 years old (CAMHS) | 80% | | | 26% | 50% | 21% | 38% | 33% | 38% | 91% | 95% | 100% | 100% | 86% | 100% | | | | | |
| % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs) | > 18 years old | 80% | | | 100% | 100% | 96% | 98% | 100% | 100% | 100% | 97% | 100% | 100% | 100% | 100% | | | | | |
| % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs) | > 18 years old | 80% | | | 88% | 85% | 85% | 84% | 82% | 82% | 81% | 77% | 76% | 76% | 76% | 73% | | | | | |
| % of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs) | < 18 years old (CAMHS) | 80% | 45% | | 29% | 29% | 28% | 30% | 31% | 36% | 31% | 30% | 30% | 30% | 29% | 24% | | | | | |
| % residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs) | < 18 years old (CAMHS) | 90% | | | 100% | 100% | 100% | 93% | 90% | 100% | 93% | 92% | 92% | 98% | 92% | 97% | | | | | |
| % residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs) | > 18 years old | 90% | | | 89% | 87% | 87% | 88% | 87% | 87% | 87% | 88% | 89% | 90% | 88% | 88% | | | | | |

6.3 Updates on key measures

| ADULT MENTAL HEALTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------|--|--------|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|-------|--|--------|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|--------|------|-----|-------|-------------------------------------|---------|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|--------|-----|-----|-------|--|--------|--------|-------|-----|--------|-------|-----|--------|-------|-----|--------|-------|-----|--------|-------|-----|--------|-------|-----|--------|-------|-----|--------|-------|-----|--------|-------|-----|--------|-------|-----|--------|-------|-----|--------|-------|-----|--------|-------|-----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p> | <p>1. In January 2024, 97% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In January 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 88% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in January 2024.</p> <p>4. In January 2024, 72.6% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p> | <p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>97%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>97%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>97%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>97%</td><td>95%</td></tr> <tr><td>May-23</td><td>97%</td><td>95%</td></tr> <tr><td>Jun-23</td><td>97%</td><td>95%</td></tr> <tr><td>Jul-23</td><td>97%</td><td>95%</td></tr> <tr><td>Aug-23</td><td>97%</td><td>95%</td></tr> <tr><td>Sep-23</td><td>97%</td><td>95%</td></tr> <tr><td>Oct-23</td><td>97%</td><td>95%</td></tr> <tr><td>Nov-23</td><td>97%</td><td>95%</td></tr> <tr><td>Dec-23</td><td>97%</td><td>95%</td></tr> <tr><td>Jan-24</td><td>97%</td><td>95%</td></tr> </tbody> </table> <p>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</p> <table border="1"> <caption>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>100%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>100%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>100%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>100%</td><td>95%</td></tr> <tr><td>May-23</td><td>100%</td><td>95%</td></tr> <tr><td>Jun-23</td><td>100%</td><td>95%</td></tr> <tr><td>Jul-23</td><td>100%</td><td>95%</td></tr> <tr><td>Aug-23</td><td>100%</td><td>95%</td></tr> <tr><td>Sep-23</td><td>100%</td><td>95%</td></tr> <tr><td>Oct-23</td><td>100%</td><td>95%</td></tr> <tr><td>Nov-23</td><td>100%</td><td>95%</td></tr> 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<tr><td>Jan-24</td><td>72.6%</td><td>95%</td></tr> </tbody> </table> | Month | % assessments within 28 days (>18 yrs) | Target | Jan-23 | 97% | 95% | Feb-23 | 97% | 95% | Mar-23 | 97% | 95% | Apr-23 | 97% | 95% | May-23 | 97% | 95% | Jun-23 | 97% | 95% | Jul-23 | 97% | 95% | Aug-23 | 97% | 95% | Sep-23 | 97% | 95% | Oct-23 | 97% | 95% | Nov-23 | 97% | 95% | Dec-23 | 97% | 95% | Jan-24 | 97% | 95% | Month | % therapeutic interventions started within 28 days (>18 yrs) | Target | Jan-23 | 100% | 95% | Feb-23 | 100% | 95% | Mar-23 | 100% | 95% | Apr-23 | 100% | 95% | May-23 | 100% | 95% | Jun-23 | 100% | 95% | Jul-23 | 100% | 95% | Aug-23 | 100% | 95% | Sep-23 | 100% | 95% | Oct-23 | 100% | 95% | Nov-23 | 100% | 95% | Dec-23 | 100% | 95% | Jan-24 | 100% | 95% | Month | % patients with valid CTP (>18 yrs) | Profile | Jan-23 | 88% | 88% | Feb-23 | 88% | 88% | Mar-23 | 88% | 88% | Apr-23 | 88% | 88% | May-23 | 88% | 88% | Jun-23 | 88% | 88% | Jul-23 | 88% | 88% | Aug-23 | 88% | 88% | Sep-23 | 88% | 88% | Oct-23 | 88% | 88% | Nov-23 | 88% | 88% | Dec-23 | 88% | 88% | Jan-24 | 88% | 88% | Month | % waiting less than 26 wks for psychological therapy | Target | Jan-23 | 72.6% | 95% | Feb-23 | 72.6% | 95% | Mar-23 | 72.6% | 95% | Apr-23 | 72.6% | 95% | May-23 | 72.6% | 95% | Jun-23 | 72.6% | 95% | Jul-23 | 72.6% | 95% | Aug-23 | 72.6% | 95% | Sep-23 | 72.6% | 95% | Oct-23 | 72.6% | 95% | Nov-23 | 72.6% | 95% | Dec-23 | 72.6% | 95% | Jan-24 | 72.6% | 95% |
| Month | % assessments within 28 days (>18 yrs) | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Month | % therapeutic interventions started within 28 days (>18 yrs) | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Month | % patients with valid CTP (>18 yrs) | Profile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nov-23 | 88% | 88% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 88% | 88% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 88% | 88% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | % waiting less than 26 wks for psychological therapy | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 72.6% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 72.6% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 72.6% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 72.6% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 72.6% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 72.6% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 72.6% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 72.6% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 72.6% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 72.6% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 72.6% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 72.6% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 72.6% | 95% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CHILD & ADOLESCENT MENTAL HEALTH (CAMHS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----------------------------|--------------------------------------|----------------------------|------------|--------|------|--------|------|--------|--------|------|------|--------|------|------|--------|--------|------|--------|------|--------|--------|------|------|--------|------|------|--------|--------|------|--------|------|--------|--------|------|------|--------|------|------|--------|--------|------|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|-----|-----|-----|--------|--|-----|-----|--------|--|-----|-----|
| Description | Current Performance | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral | 1. In January 2024, 100% of CAMHS patients received an assessment within 48 hours. | <div>1. Crisis- assessment within 48 hours</div>  <table border="1"><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th><th>Target</th></tr></thead><tbody><tr><td>Jan-23</td><td>100%</td><td>100%</td></tr><tr><td>Feb-23</td><td>100%</td><td>100%</td></tr><tr><td>Mar-23</td><td>100%</td><td>100%</td></tr><tr><td>Apr-23</td><td>100%</td><td>100%</td></tr><tr><td>May-23</td><td>100%</td><td>100%</td></tr><tr><td>Jun-23</td><td>100%</td><td>100%</td></tr><tr><td>Jul-23</td><td>100%</td><td>100%</td></tr><tr><td>Aug-23</td><td>100%</td><td>100%</td></tr><tr><td>Sep-23</td><td>100%</td><td>100%</td></tr><tr><td>Oct-23</td><td>100%</td><td>100%</td></tr><tr><td>Nov-23</td><td>100%</td><td>100%</td></tr><tr><td>Dec-23</td><td>100%</td><td>100%</td></tr><tr><td>Jan-24</td><td>100%</td><td>100%</td></tr></tbody></table> | Month | % urgent assessments within 48 hours | Target | Jan-23 | 100% | 100% | Feb-23 | 100% | 100% | Mar-23 | 100% | 100% | Apr-23 | 100% | 100% | May-23 | 100% | 100% | Jun-23 | 100% | 100% | Jul-23 | 100% | 100% | Aug-23 | 100% | 100% | Sep-23 | 100% | 100% | Oct-23 | 100% | 100% | Nov-23 | 100% | 100% | Dec-23 | 100% | 100% | Jan-24 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | |
| Month | % urgent assessments within 48 hours | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral | 2. 29% of routine assessments were undertaken within 28 days from referral in January 2024 against a target of 80%. | <div>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</div>  <table border="1"><thead><tr><th>Month</th><th>% of assess in 28 days</th><th>% interventions in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Jan-23</td><td>25%</td><td>40%</td><td>80%</td></tr><tr><td>Feb-23</td><td>60%</td><td>30%</td><td>80%</td></tr><tr><td>Mar-23</td><td>75%</td><td>50%</td><td>80%</td></tr><tr><td>Apr-23</td><td>50%</td><td>20%</td><td>80%</td></tr><tr><td>May-23</td><td>40%</td><td>30%</td><td>80%</td></tr><tr><td>Jun-23</td><td>30%</td><td>30%</td><td>80%</td></tr><tr><td>Jul-23</td><td>20%</td><td>40%</td><td>80%</td></tr><tr><td>Aug-23</td><td>30%</td><td>80%</td><td>80%</td></tr><tr><td>Sep-23</td><td>50%</td><td>90%</td><td>80%</td></tr><tr><td>Oct-23</td><td>75%</td><td>90%</td><td>80%</td></tr><tr><td>Nov-23</td><td>80%</td><td>90%</td><td>80%</td></tr><tr><td>Dec-23</td><td>60%</td><td>80%</td><td>80%</td></tr><tr><td>Jan-24</td><td>25%</td><td>90%</td><td>80%</td></tr></tbody></table> | Month | % of assess in 28 days | % interventions in 28 days | Target | Jan-23 | 25% | 40% | 80% | Feb-23 | 60% | 30% | 80% | Mar-23 | 75% | 50% | 80% | Apr-23 | 50% | 20% | 80% | May-23 | 40% | 30% | 80% | Jun-23 | 30% | 30% | 80% | Jul-23 | 20% | 40% | 80% | Aug-23 | 30% | 80% | 80% | Sep-23 | 50% | 90% | 80% | Oct-23 | 75% | 90% | 80% | Nov-23 | 80% | 90% | 80% | Dec-23 | 60% | 80% | 80% | Jan-24 | 25% | 90% | 80% | | | | | | | | |
| Month | % of assess in 28 days | | % interventions in 28 days | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 25% | 40% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 60% | 30% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 75% | 50% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 50% | 20% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 40% | 30% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 30% | 30% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 20% | 40% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 30% | 80% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 50% | 90% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 75% | 90% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 80% | 90% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 60% | 80% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 25% | 90% | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS | 3. 100% of therapeutic interventions were started within 28 days following assessment by LPMHSS in January 2024. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks | 4. 24% of NDD patients received a diagnostic assessment within 26 weeks in January 2024 against a target of 80%. | <div>4. NDD- assessment within 26 weeks</div>  <table border="1"><thead><tr><th>Month</th><th>%NDD within 26 weeks</th><th>Target</th><th>Trajectory</th></tr></thead><tbody><tr><td>Jan-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Feb-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Mar-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Apr-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>May-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Jun-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Jul-23</td><td>30%</td><td>80%</td><td>25%</td></tr><tr><td>Aug-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Sep-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Oct-23</td><td>25%</td><td>80%</td><td>25%</td></tr><tr><td>Nov-23</td><td>25%</td><td>80%</td><td>30%</td></tr><tr><td>Dec-23</td><td>25%</td><td>80%</td><td>35%</td></tr><tr><td>Jan-24</td><td>24%</td><td>80%</td><td>40%</td></tr><tr><td>Feb-24</td><td></td><td>80%</td><td>45%</td></tr><tr><td>Mar-24</td><td></td><td>80%</td><td>45%</td></tr></tbody></table> | Month | %NDD within 26 weeks | Target | Trajectory | Jan-23 | 25% | 80% | 25% | Feb-23 | 25% | 80% | 25% | Mar-23 | 25% | 80% | 25% | Apr-23 | 25% | 80% | 25% | May-23 | 25% | 80% | 25% | Jun-23 | 25% | 80% | 25% | Jul-23 | 30% | 80% | 25% | Aug-23 | 25% | 80% | 25% | Sep-23 | 25% | 80% | 25% | Oct-23 | 25% | 80% | 25% | Nov-23 | 25% | 80% | 30% | Dec-23 | 25% | 80% | 35% | Jan-24 | 24% | 80% | 40% | Feb-24 | | 80% | 45% | Mar-24 | | 80% | 45% |
| Month | %NDD within 26 weeks | Target | Trajectory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 25% | 80% | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 25% | 80% | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 25% | 80% | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 25% | 80% | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 25% | 80% | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 25% | 80% | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 30% | 80% | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 25% | 80% | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 25% | 80% | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 25% | 80% | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 25% | 80% | 30% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 25% | 80% | 35% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 24% | 80% | 40% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | | 80% | 45% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-24 | | 80% | 45% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral | 5. SCAMHS figures now included in illustration 2 and 3 combined. *All routine assessments are now under PCAMHS* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

APPENDIX 2: Summary

The following table provides a high level overview of the Health Board's most recent performance against key quality and safety measures by quadrant component measure.

| | | | Harm quadrant- Harm from Covid itself | | | | | | | | |
|-----------------|---|-------------|---------------------------------------|---------------|------------------|----------|------|-----------|---------------------|---------|----------|
| Category | Measure | Target Type | Target | HB Trajectory | Reporting period | Morrison | NPTH | Singleton | Primary & Community | MH & LD | HB Total |
| COVID19 related | Number of new COVID19 cases* | Local | | | Feb-24 | | | | | | 70 |
| | Number of staff referred for Antigen Testing* | Local | | | Feb-23 | | | | | | 43 |
| | Number of staff awaiting results of COVID19 test* | Local | | | Feb-24 | | | | | | 0 |
| | Number of COVID19 related incidents* | Local | | | Feb-24 | | | | | | 21 |
| | Number of COVID19 related serious incidents* | Local | | | Feb-24 | | | | | | 0 |
| | Number of COVID19 related complaints* | Local | | | Feb-24 | | | | | | 0 |
| | Number of COVID19 related risks* | Local | | | Oct-21 | | | | | | 0 |
| | Number of staff self isolated (asymptomatic)* | Local | | | Jun-23 | | | | | | 0 |
| | Number of staff self isolated (symptomatic)* | Local | | | Jun-23 | | | | | | 7 |
| | % sickness* | Local | | | Jun-23 | | | | | | 0.1% |

| | |
|--|--|
| | National or local target achieved |
| | Target not achieved but within tolerance level |
| | Performance outside of profile/ target |

* In the absence of local profiles, RAG is based on in-month movement

| Harm quadrant- Harm from overwhelmed NHS and social care system | | | | | | | | | | | |
|---|---|-------------|---|---------------|------------------|----------|-------|-----------|---------------------|---------|----------|
| Category | Measure | Target Type | Target | HB Trajectory | Reporting period | Morrison | NPTH | Singleton | Primary & Community | MH & LD | HB Total |
| Unscheduled Care | Number of ambulance handovers over one hour | National | Improvement trajectory towards 0 by Mar 24 | 393 | Feb-24 | 629 | | 0 | | | 629 |
| | % 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 | Improvement compared to same month in 22/23 | | Feb-24 | 60.1% | 99.4% | | | | 74% |
| | Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge | National | Improvement trajectory towards 0 by Mar 24 | 505 | Feb-24 | 1,197 | 0 | | | | 1,197 |
| Stroke | % of patients who have a direct admission to an acute stroke unit within 4 hours* | Local | 59.8% (UK SNAP average) | | Dec-23 | 11% | | | | | 11% |
| | % of patients who receive a CT scan within 1 hour* | Local | 54.5% (UK SNAP average) | | Dec-23 | 53% | | | | | 53% |
| | % of patients who are assessed by a stroke specialist consultant physician within 24 hours* | Local | 84.2% (UK SNAP average) | | Dec-23 | 86% | | | | | 86% |
| | % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes* | Local | 12 month improvement trend | | Dec-23 | 0% | | | | | 0% |
| | % of patients receiving the required minutes for speech and language therapy* | Local | 12 month improvement trend | | Dec-23 | 57% | | | | | 57% |
| Healthcare acquired infections | Number of E.Coli bacteraemia cases | National | ≤ 234 (Cumulative) | 19 | Feb-24 | 2 | 1 | 2 | 10 | 0 | 17 |
| | Number of S.aureus bacteraemia cases | National | ≤ 71 (Cumulative) | 5 | Feb-24 | 3 | 1 | 1 | 2 | 0 | 7 |
| | Number of C.difficile cases | National | ≤ 95 (Cumulative) | 7 | Feb-24 | 12 | 0 | 2 | 5 | 1 | 20 |
| | Number of Klebsiella cases | National | ≤ 71 (Cumulative) | 5 | Feb-24 | 2 | 0 | 0 | 7 | 0 | 9 |
| | Number of Aeruginosa cases | National | ≤ 24 (Cumulative) | 2 | Feb-24 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Compliance with hand hygiene audits | Local | 95% | | Feb-24 | 97% | | 97% | 100% | 94% | 97% |

* In the absence of local profiles, RAG is based on in-month movement

| Harm quadrant- Harm from overwhelmed NHS and social care system | | | | | | | | | | | |
|---|---|-------------|----------------------------|---------------|------------------|-----------|------|-----------|---------------------|---------|----------|
| Category | Measure | Target Type | Target | HB Trajectory | Reporting period | Morriston | NPTH | Singleton | Primary & Community | MH & LD | HB Total |
| Fractured Neck of Femur (#NOF) | Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation | Local | 75% | | Jan-24 | 97.0% | | | | | 97.0% |
| | Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture | Local | 75% | | Jan-24 | 33.8% | | | | | 33.8% |
| | NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 | Local | 75% | | Jan-24 | 69.7% | | | | | 69.7% |
| | Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation | Local | 75% | | Jan-24 | 83.9% | | | | | 83.9% |
| | Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation | Local | 75% | | Jan-24 | 75.4% | | | | | 75.4% |
| | Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up | Local | 75% | | Jun-23 | 71.5% | | | | | 71.5% |
| | 30 day mortality - crude and adjusted figures, noting ONS data only correct after around 6 months | Local | 12 month improvement trend | | Jan-21 | 7.5% | | | | | 7.5% |
| | % of survival within 30 days of emergency admission for a hip fracture | Local | 12 month improvement trend | | Feb-22 | 81.4% | | | | | 81.4% |
| Serious incidents | Number of Nationally Reportable Incidents | Local | Monitor | | Feb-24 | 1 | 1 | 6 | 0 | 1 | 9 |
| | Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales | Local | 80% | | Feb-24 | | | | | | 17% |
| | Number of Never Events | Local | 0 | | Feb-24 | 1 | 0 | 0 | 0 | 0 | 1 |
| Pressure Ulcers | Total number of Pressure Ulcers | Local | 12 month reduction trend | | Dec-23 | 74 | 4 | 3 | 48 | 0 | 129 |
| | Total number of Grade 3+ Pressure Ulcers | Local | 12 month reduction trend | | Dec-23 | 2 | 0 | 0 | 3 | 0 | 5 |
| | Pressure Ulcer (Hosp) patients per 100,000 admissions | Local | 12 month reduction trend | | Dec-23 | | | | | | 788 |

* In the absence of local profiles, RAG is based on in-month movement

| Harm quadrant- Harm from reduction in non-Covid activity | | | | | | | | | | | |
|--|---|-------------|--|---------------|------------------|-----------|------------------------------|-----------|---------------------|---------|----------|
| Category | Measure | Target Type | Target | HB Trajectory | Reporting period | Morriston | NPTH | Singleton | Primary & Community | MH & LD | HB Total |
| | Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)* | National | Improvement Trajectory towards 80% by Mar 26 | 70.0% | Jan-24 | | | | | | 48% |
| Planned Care | Number of patients waiting > 26 weeks for first outpatient appointment | Local | 0 | | Feb-24 | 5,806 | 45 | 5,087 | 0 | | 10,938 |
| | Number of patients waiting > 36 weeks for first outpatient appointment | National | Improvement Trajectory towards target of 0 | 5,189 | Feb-24 | 1,986 | 4 | 2,112 | 0 | | 4,102 |
| | Number of patients waiting > 52 weeks for first outpatient appointment | National | Improvement Trajectory towards target of 0 | 103 | Feb-24 | 0 | 0 | 0 | 0 | | 0 |
| | Number of patients waiting > 52 weeks for treatment | National | Improvement Trajectory towards target of 0 | 15,003 | Feb-24 | 9,159 | 0 | 4,052 | 0 | | 13,211 |
| | Number of patients waiting > 104 weeks for treatment | National | Improvement Trajectory towards target of 0 | 4,629 | Feb-24 | 1,579 | 0 | 596 | 0 | | 2,175 |
| | Number of patients waiting > 8 weeks for a specified diagnostics | National | Improvement Trajectory towards 0 by Mar 24 | 4,031 | Feb-24 | 592 | | 3,278 | | | 3,870 |
| | Number of patients waiting > 14 weeks for a specified therapy | National | Improvement Trajectory towards 0 by Mar 24 | 15 | Feb-24 | | | | 29 | 0 | 29 |
| | Total number of patients waiting for a follow-up outpatient appointment | Local | 0 | | Feb-24 | | | | | | 164,581 |
| | Number of patients delayed by over 100% past their target date | National | Improvement Trajectory towards target of 0 | 30,261 | Feb-24 | | | | | | 46,482 |
| | Number of patients delayed past their agreed target date (booked and not booked) | Local | 0 | | Feb-24 | | | | | | 76,796 |
| | Number of Ophthalmology patients without an allocated health risk factor | Local | 0 | | Feb-24 | | | | | | 309 |
| | Number of patients without a documented clinical review date | Local | 0 | | Feb-24 | | | | | | 1 |
| Activity | Number of GP referrals | Local | 12 month reduction trend | | Feb-24 | | | | | | 12,976 |
| | Number of patients referred from primary care into secondary care Ophthalmology services | National | Improvement Trajectory towards reduction by Mar 24 | 950 | Feb-24 | | | | | | 721 |
| Patient Experience/ Feedback | Number of friends and family surveys completed | National | Month on month improvement | | Feb-24 | 2,644 | Now reported under Singleton | 2,237 | 406 | 63 | 5,232 |
| | % of patients who would recommend and highly recommend | Local | 90% | | Feb-24 | 90% | | 95% | 96% | 100% | 92% |
| | % of all-Wales surveys scoring 9 or 10 on overall satisfaction | Local | 90% | | Feb-24 | 92% | | 94% | 96% | | 93% |
| | Number of new complaints received | Local | 12 month reduction trend | | Dec-23 | 35 | 12 | 12 | 20 | 13 | 108 |
| | % of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation | Local | 80% | | Dec-23 | 66% | 75% | 45% | 95% | 69% | 69% |

* In the absence of local profiles, RAG is based on in-month movement

| Harm Quadrant- Harm from wider societal actions/lockdown | | | | | | | | | | | |
|--|---|-------------|---------|------------|------------------|-----------|------|-----------|---------------------|---------|----------|
| Category | Measure | Target Type | Target | HB Profile | Reporting period | Morriston | NPTH | Singleton | Primary & Community | MH & LD | HB Total |
| Childhood immunisations | % children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | Local | 95% | 90% | Q2 2023/24 | | | | | | 94.1% |
| | % children who received MenB2 vaccine by age 1 | | 95% | 90% | Q2 2023/24 | | | | | | 93.8% |
| | % children who received PCV2 vaccine by age 1 | | 95% | 90% | Q2 2023/24 | | | | | | 96.1% |
| | % children who received Rotavirus vaccine by age 1 | | 95% | 90% | Q2 2023/24 | | | | | | 92.5% |
| | % children who received MMR1 vaccine by age 2 | | 95% | 90% | Q2 2023/24 | | | | | | 92.7% |
| | % children who received PCVf3 vaccine by age 2 | | 95% | 90% | Q2 2023/24 | | | | | | 92.9% |
| | % children who received MenB4 vaccine by age 2 | | 95% | 90% | Q2 2023/24 | | | | | | 92.1% |
| | % children who received Hib/MenC vaccine by age 2 | | 95% | 90% | Q2 2023/24 | | | | | | 92.2% |
| | % children who are up to date in schedule by age 4 | | 95% | 90% | Q2 2023/24 | | | | | | 92.2% |
| | % of children who received 2 doses of the MMR vaccine by age 5 | | 95% | 90% | Q2 2023/24 | | | | | | 88.9% |
| | % children who received 4 in 1 vaccine by age 5 | | 95% | 90% | Q2 2023/24 | | | | | | 89.3% |
| | % children who received MMR vaccination by age 16 | | 95% | 90% | Q2 2023/24 | | | | | | 90.3% |
| | % children who received teenage booster by age 16 | | 90% | 85% | Q2 2023/24 | | | | | | 88.1% |
| | % children who received MenACWY vaccine by age 16 | | Improve | | Q2 2023/24 | | | | | | 88.4% |
| | | | | | | | | | | | |
| Covid Booster | % uptake of the Spring COVID-19 vaccination for those eligible | National | 75% | | Jun-23 | | | | | | 67.8% |
| | % uptake of the Autumn COVID-19 vaccination for those eligible | National | 75% | | Feb-24 | | | | | | 50.5% |
| Mental Health (Adult and Children) | % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs) | Local | 100% | | Jan-24 | | | | | | 100% |
| | % of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs) | National | 80% | | Jan-24 | | | | | | 29% |
| | % of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs) | National | 80% | | Jan-24 | | | | | | 29% |
| | % of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs) | Local | 80% | | Feb-23 | | | | | | 82% |
| | % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs) | National | 80% | | Jan-24 | | | | | 97% | 97% |
| | % of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs) | National | 80% | | Jan-24 | | | | | | 100% |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs) | National | 80% | | Jan-24 | | | | | 100% | 100% |
| | % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs) | National | 80% | | Jan-24 | | | | | 73% | 73% |
| | % of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs) | National | 80% | 45% | Jan-24 | | | | | | 24% |
| | % residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs) | National | 90% | | Jan-24 | | | | | | 97% |
| | % residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs) | National | 90% | | Jan-24 | | | | | 88% | 88% |



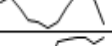
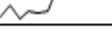
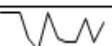


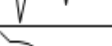
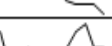
* In the absence of local profiles, RAG is based on in-month movement

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

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

| Harm from overwhelmed NHS and social care system | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|---------------|---------------------|--------------------|----------------------------|----------------|----------------------|---------------------------------------|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | SBU's all-Wales rank | Performance Trend | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
| infection control | Cumulative cases of E.coli bacteraemias per 100k pop | National | Feb-24 | 68.1 | <67 | | ✗ | 67.80 (Dec-22) | 3rd (Dec-22) | | 67.9 | 67.5 | 81.1 | 73.7 | 75.1 | 75.2 | 76.5 | 75.7 | 69.6 | 73.3 | 69.1 | 69.3 | 68.1 |
| | Number of E.Coli bacteraemia cases (Hospital) | | Feb-24 | 7 | ≤ 234 (Cumulative) | 9 | ✓ | | | | 9 | 9 | 14 | 12 | 13 | 12 | 18 | 8 | 5 | 21 | 6 | 9 | 7 |
| | Number of E.Coli bacteraemia cases (Community) | | | 10 | | 10 | ✓ | | | | 8 | 10 | 12 | 10 | 12 | 13 | 9 | 15 | 6 | 11 | 6 | 10 | 10 |
| | Total number of E.Coli bacteraemia cases | | | 17 | | 19 | ✓ | | | | 17 | 19 | 26 | 22 | 25 | 25 | 27 | 23 | 11 | 32 | 12 | 19 | 17 |
| | Cumulative cases of S.aureus bacteraemias per 100k pop | | Feb-24 | 37.9 | <20 | | ✗ | 27.76 (Dec-22) | 6th (Dec-22) | | 38.6 | 38.6 | 53.1 | 43.0 | 42.2 | 42.2 | 40.4 | 38.9 | 37.6 | 37.2 | 38.8 | 39.0 | 37.9 |
| | Number of S.aureus bacteraemias cases (Hospital) | | Feb-24 | 5 | ≤ 71 (Cumulative) | 3 | ✗ | | | | 9 | 5 | 7 | 8 | 8 | 1 | 6 | 7 | 6 | 8 | 9 | 7 | 5 |
| | Number of S.aureus bacteraemias cases (Community) | | | 2 | | 2 | ✓ | | | | 2 | 5 | 9 | 2 | 5 | 13 | 4 | 3 | 4 | 6 | 8 | 4 | 2 |
| | Total number of S.aureus bacteraemias cases | | | 7 | | 5 | ✗ | | | | 11 | 10 | 16 | 10 | 13 | 14 | 10 | 10 | 10 | 14 | 17 | 11 | 7 |
| | Cumulative cases of C.difficile per 100k pop | | Feb-24 | 64.7 | <25 | | ✗ | 36.68 (Dec-22) | 5th (Dec-22) | | 50.6 | 51.4 | 56.2 | 46.0 | 51.4 | 52.2 | 52.0 | 57.3 | 56.9 | 62.5 | 62.6 | 64.3 | 64.7 |
| | Number of C.difficile cases (Hospital) | | Feb-24 | 15 | ≤ 95 (Cumulative) | 5 | ✗ | | | | 10 | 13 | 7 | 10 | 13 | 12 | 14 | 20 | 14 | 15 | 13 | 15 | 15 |
| | Number of C.difficile cases (Community) | | | 5 | | 2 | ✗ | | | | 2 | 6 | 8 | 4 | 7 | 6 | 3 | 7 | 4 | 18 | 8 | 7 | 5 |
| | Total number of C.difficile cases | | | 20 | | 7 | ✗ | | | | 12 | 19 | 15 | 14 | 20 | 18 | 17 | 27 | 18 | 33 | 21 | 22 | 20 |
| | Cumulative cases of Klebsiella per 100k pop | | Feb-24 | 25.4 | | | | | | | 26.8 | 27.4 | 25.0 | 27.6 | 24.7 | 20.7 | 22.6 | 25.1 | 24.1 | 24.2 | 23.5 | 25.0 | 25.4 |
| | Number of Klebsiella cases (Hospital) | | Feb-24 | 2 | ≤ 71 (Cumulative) | 3 | ✓ | | | | 7 | 4 | 7 | 4 | 1 | 3 | 4 | 7 | 5 | 4 | 1 | 6 | 2 |
| | Number of Klebsiella cases (Community) | | | 7 | | 2 | ✗ | | | | 1 | 7 | 1 | 6 | 5 | 0 | 6 | 5 | 1 | 4 | 5 | 5 | 7 |
| | Total number of Klebsiella cases | | | 9 | | 5 | ✗ | 63 Total (Dec-22) | 2nd (Dec-22) | | 8 | 11 | 8 | 10 | 6 | 3 | 10 | 12 | 6 | 8 | 6 | 11 | 9 |
| | Cumulative cases of Aeruginosa per 100k pop | | Feb-24 | 5.7 | | | | | | | 11.2 | 11.3 | 6.2 | 4.6 | 7.2 | 6.1 | 6.1 | 6.1 | 6.1 | 6.1 | 6.5 | 6.2 | 5.7 |
| | Number of Aeruginosa cases (Hospital) | | Feb-24 | 0 | ≤ 24 (Cumulative) | 1 | ✓ | | | | 2 | 2 | 1 | 1 | 3 | 2 | 0 | 1 | 2 | 2 | 3 | 2 | 0 |
| | Number of Aeruginosa cases (Community) | | | 0 | | 1 | ✓ | | | | 0 | 2 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| | Total number of Aeruginosa cases | | | 0 | | 2 | ✓ | 8 Total (Dec-22) | 4th (Dec-22) | | 2 | 4 | 2 | 1 | 4 | 2 | 1 | 2 | 2 | 2 | 3 | 2 | 0 |
| | Hand Hygiene Audits- compliance with WHO 5 moments | Local | Feb-24 | 96.7% | | 95% | ✓ | | | | 95% | 93% | 93% | 95% | 95% | 97% | 95% | 96% | 97% | 95% | 97% | 98% | 97% |
| Inpatient Falls | Number of Inpatient Falls | Local | Feb-24 | 203 | | 12 month ↓ | ✓ | | | | 179 | 214 | 183 | 184 | 143 | 164 | 200 | 157 | 190 | 166 | 158 | 192 | 203 |
| NEWS | % patients with completed NEWS scores & appropriate responses actioned | Local | Feb-24 | 85% | | 98% | ✗ | | | | 98.3% | 85.1% | 96.6% | 91.9% | 81.6% | 84.1% | 85.2% | 82.0% | 89.6% | 89.3% | 85.7% | 91.6% | 85.5% |
| Coding | % of episodes clinically coded within 1 month of discharge | National | Jan-24 | 78% | 12 month ↑ | | ✓ | | | | 76% | 67% | 55% | 55% | 68% | 71% | 61% | 69% | 76% | 66% | 76% | 78% | |
| E-TOC | % of completed discharge summaries (total signed and sent) | Local | Feb-24 | 72% | | 100% | ✗ | | | | 64% | 62% | 64% | 65% | 65% | 64% | 66% | 61% | 66% | 69% | 70% | 68% | 72% |
| Workforce | Agency spend as a % of the total pay bill | Local | Feb-24 | 3.7% | 12 month ↓ | | ✓ | 5.9% (Sep-22) | 7th out of 12 organisations (Sep-22) | | 6.2% | 5.2% | 5.7% | 5.8% | 5.2% | 4.9% | 5.3% | 4.1% | 3.4% | 4.6% | 4.1% | 3.9% | 3.7% |
| | % of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training) | National | Feb-24 | 69% | 85% | | ✗ | 63.3% (Sep-22) | 9th out of 12 organisations (Sep-22) | | 69% | 69% | 72% | 68% | 67% | 67% | 67% | 66% | 66% | 66% | 67% | 69% | 69% |
| | % compliance for all completed Level 1 competency with the Core Skills and Training Framework | Local | Feb-24 | 90% | 85% | | ✓ | 81.8% (Sep-22) | 8th out of 12 organisations (Sep-22) | | 85% | 82% | 86% | 87% | 87% | 88% | 88% | 87% | 88% | 89% | 88% | 86% | 90% |
| | % workforce sickness absence (12 month rolling) | National | Jan-24 | 6.96% | 12 month ↓ | | ✓ | 7.11% (Sep-22) | 11th out of 12 organisations (Sep-22) | | 7.78% | 7.65% | 7.46% | 7.37% | 7.28% | 7.11% | 7.08% | 7.08% | 7.05% | 7.09% | 6.96% | 6.96% | |

| Harm from reduction in non-Covid activity | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------|---------------------|----------------------------|----------------------------|----------------|----------------------|-------------------------------------|-------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | SBU's all-Wales rank | Performance Trend | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
| Primary Care | % adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months | Local | Feb-24 | 11.4% | | | | | | | 9.9% | 9.9% | 11.8% | 13.0% | 13.9% | 13.0% | 13.9% | 12.2% | 14.0% | 13.3% | 13.9% | 12.2% | 11.4% |
| Cancer | % of patients starting definitive treatment within 62 days from point of suspicion (without adjustments) | National | Jan-24 | 47.5% | ↑ trajectory | 70% | ✗ | 53.9% (Nov-22) | 4th out of 6 organisations (Nov-22) | | 44.1% | 53.2% | 56.5% | 46.6% | 42.8% | 49.0% | 48.6% | 47.9% | 51.7% | 53.3% | 51.0% | 47.5% | |
| Radiotherapy waiting times | Scheduled (14 Day Target) | Local | Feb-24 | 28% | 80% | | ✗ | | | | 31% | 32% | 22% | 35% | 18% | 33% | 44% | 20% | 10% | 12% | 17% | 25% | 28% |
| | Scheduled (21 Day Target) | Local | Feb-24 | 81% | 100% | | ✗ | | | | 86% | 81% | 70% | 81% | 63% | 68% | 83% | 76% | 42% | 61% | 77% | 67% | 81% |
| | Urgent SC (2 Day Target) | Local | Feb-24 | 52% | 80% | | ✗ | | | | 19% | 30% | 22% | 50% | 24% | 42% | 27% | 33% | 53% | 31% | 39% | 26% | 52% |
| | Urgent SC (7 Day Target) | Local | Feb-24 | 79% | 100% | | ✗ | | | | 69% | 84% | 70% | 73% | 52% | 90% | 91% | 78% | 73% | 77% | 65% | 85% | 79% |
| | Emergency (within 1 day) | Local | Feb-24 | 67% | 80% | | ✗ | | | | 100% | 91% | 100% | 100% | 71% | 100% | 92% | 100% | 100% | 100% | 100% | 100% | 67% |
| | Emergency (within 2 days) | Local | Feb-24 | 100% | 100% | | ✓ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | Elective Delay (7 Day Target) | Local | Feb-24 | 98% | 80% | | ✓ | | | | 93% | 94% | 87% | 93% | 93% | 91% | 96% | 96% | 98% | 95% | 97% | 99% | 98% |
| | Elective Delay (14 Day Target) | Local | Feb-24 | 100% | 100% | | ✓ | | | | 100% | 100% | 93% | 100% | 95% | 100% | 100% | 100% | 100% | 100% | 97% | 100% | 100% |
| Planned Care | Number of patients waiting > 8 weeks for a diagnostic endoscopy | Local | Feb-24 | 3,311 | | | | 15,517 (Nov-22) | 7th (Nov-22) | | 4,408 | 4,554 | 4,677 | 4,847 | 4,745 | 4,505 | 4,415 | 4,148 | 3,737 | 3,427 | 3,553 | 3,509 | 3,311 |
| | Number of patients waiting > 8 weeks for a specified diagnostics | National | Feb-24 | 3,870 | ↑ trajectory | 4,031 | ✓ | 42,566 (Nov-22) | 4th (Nov-22) | | 6,116 | 6,514 | 6,867 | 7,255 | 7,221 | 6,713 | 6,861 | 6,800 | 5,939 | 5,429 | 5,616 | 4,705 | 3,870 |
| | Number of patients waiting > 14 weeks for a specified therapy | National | Feb-24 | 29 | ↑ trajectory | 15 | ✗ | 9,584 (Nov-22) | 2nd (Nov-22) | | 157 | 193 | 129 | 149 | 203 | 183 | 183 | 182 | 195 | 84 | 73 | 88 | 29 |
| | % of patients waiting < 26 weeks for treatment | Local | Feb-24 | 61.27% | 95% | | | 56% (Nov-22) | 6th (Nov-22) | | 56.9% | 58.4% | 58.3% | 58.8% | 60.9% | 61.7% | 61.0% | 60.7% | 62.0% | 62.6% | 61.0% | 60.8% | 61.3% |
| | Number of patients waiting > 26 weeks for first outpatient appointment | Local | Feb-24 | 10,938 | | | | | | | 17,257 | 15,385 | 15,184 | 14,733 | 13,427 | 12,937 | 13,121 | 12,786 | 11,169 | 10,425 | 10,889 | 10,722 | 10,938 |
| | Number of patients waiting > 36 weeks for first outpatient appointment | National | Feb-24 | 4,102 | ↑ trajectory | 5,189 | ✓ | | | | 11,115 | 9,163 | 8,561 | 7,675 | 6,893 | 6,729 | 6,558 | 5,327 | 4,508 | 4,282 | 4,546 | 4,184 | 4,102 |
| | Number of patients waiting > 52 weeks for first outpatient appointment | National | Feb-24 | 0 | ↑ trajectory | 103 | ✓ | 85,301 (Nov-22) | 3rd (Nov-22) | | 5,475 | 3,895 | 3,456 | 2,719 | 1,234 | 894 | 665 | 180 | 0 | 0 | 0 | 0 | 0 |
| | Number of patients waiting > 52 weeks for treatment | National | Feb-24 | 13,211 | ↑ trajectory | 15,003 | ✓ | | | | 19,707 | 18,181 | 17,823 | 16,976 | 15,446 | 15,120 | 14,877 | 14,417 | 13,942 | 13,453 | 13,386 | 13,318 | 13,211 |
| | Number of patients waiting > 104 weeks for treatment | National | Feb-24 | 2,175 | ↑ trajectory | 4,629 | ✓ | 49,594 (Nov-22) | 5th (Nov-22) | | 6,656 | 6,015 | 5,952 | 5,792 | 5,474 | 5,299 | 4,999 | 4,645 | 4,097 | 3,460 | 2,969 | 2,566 | 2,175 |
| | The number of patients waiting for a follow-up outpatient appointment | Local | Feb-24 | 164,581 | | | | | | | 148,070 | 150,860 | 147,864 | 150,109 | 149,529 | 150,416 | 150,060 | 152,025 | 154,704 | 157,285 | 159,226 | 162,964 | 164,581 |
| | The number of patients waiting for a follow-up outpatients appointment who are delayed over 100% | National | Feb-24 | 46,482 | ↑ trajectory | 30,261 | ✗ | 224,552 (Nov-22) | 5th (Nov-22) | | 40,146 | 41,710 | 41,611 | 42,534 | 40,807 | 41,123 | 39,938 | 41,048 | 41,188 | 41,727 | 43,784 | 44,976 | 46,482 |
| Activity | % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date | National | Feb-24 | 63% | 95% | | ✗ | 64.9% (Nov-22) | 1st (Nov-22) | | 64.6% | 59.4% | 62.7% | 62.3% | 57.5% | 63.8% | 60.3% | 63.7% | 60.2% | 61.5% | 64.7% | 61.3% | 62.9% |
| | Number of GP referrals | Local | Feb-24 | 12,976 | 12 month ↓ | | ✗ | | | | 12,347 | 14,220 | 12,012 | 13,341 | 13,984 | 12,623 | 12,698 | 12,383 | 12,644 | 12,622 | 10,102 | 12,876 | 12,976 |
| | Number of patients referred from primary care into secondary care Ophthalmology Services | National | Feb-24 | 721 | ↑ trajectory | 950 | ✓ | | | | 841 | 969 | 737 | 803 | 890 | 824 | 812 | 815 | 851 | 843 | 735 | 775 | 721 |
| DNAs | % of patients who did not attend a new outpatient appointment | Local | Feb-24 | 9% | 12 month ↓ | | ✗ | | | | 9.2% | 8.2% | 7.9% | 10.1% | 10.6% | 10.0% | 9.6% | 10.6% | 9.7% | 10.0% | 9.7% | 9.3% | 8.9% |
| | % of patients who did not attend a follow-up outpatient appointment | Local | Feb-24 | 7% | 12 month ↓ | | ✗ | | | | 7.9% | 7.9% | 8.0% | 8.2% | 8.4% | 8.1% | 8.0% | 8.1% | 7.7% | 7.6% | 8.0% | 8.2% | 7.2% |
| Theatre Efficiencies | Theatre Utilisation rates | Local | Feb-24 | 69% | | 90% | ✗ | | | | 70% | 71% | 71% | 76% | 69% | 73% | 66% | 73% | 76% | 72% | 63% | 63% | 69% |
| | % of theatre sessions starting late | Local | Feb-24 | 37% | | <25% | ✗ | | | | 39% | 33% | 35% | 37% | 36% | 42% | 36% | 38% | 40% | 39% | 40% | 37% | 37% |
| | % of theatre sessions finishing early | Local | Feb-24 | 50% | | <20% | ✗ | | | | 45% | 49% | 48% | 51% | 47% | 44% | 51% | 50% | 47% | 44% | 49% | 52% | 50% |
| Patient experience | Number of friends and family surveys completed | National | Feb-24 | 5,232 | Month on month improvement | | ✓ | | | | 4,425 | 5,358 | 2,704 | 3,477 | 2,503 | 3,401 | 5,188 | 4,084 | 5,738 | 5,792 | 4,004 | 5,211 | 5,232 |
| | % of who would recommend and highly recommend | Local | Feb-24 | 92% | | 90% | ✓ | | | | 92% | 92% | 92% | 90% | 89% | 91% | 92% | 92% | 92% | 92% | 92% | 93% | 92% |
| | % of all-Wales surveys scoring 9 out 10 on overall satisfaction | Local | Feb-24 | 93% | | 90% | ✓ | | | | 95% | 95% | 95% | 95% | 90% | 91% | 92% | 92% | 93% | 93% | 93% | 93% | 93% |
| Complaints | Number of new formal complaints received | Local | Dec-23 | 108 | | 12 month trend ↓ | ✓ | | | | 135 | 183 | 149 | 182 | 217 | 147 | 155 | 171 | 164 | 171 | 108 | | |
| | % concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received | Local | Dec-23 | 69% | | 80% | ✗ | | | | 67% | 72% | 77% | 71% | 71% | 64% | 71% | 62% | 74% | 55% | 69% | | |
| | % of acknowledgements sent within 2 working days | Local | Dec-23 | 100% | | 100% | ✓ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | |

| | | Harm from wider societal actions/lockdown | | | | | | | | | | | | | | | | | | | | | |
|---------------|---|---|---------------|---------------------|-----------------|----------------------------|----------------|----------------------|---------------------------------------|---|---|--------|---------------------------------------|--------|--------|---------------------------------|--------|--------|--------|--------|--------|--------|--------|
| Sub Domain | Measure | National or Local Target | Report Period | Current Performance | National Target | Annual Plan/ Local Profile | Profile Status | Welsh Average/ Total | SBU's all-Wales rank | Performance Trend | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
| | % children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | National | Q2 23/24 | 94.1% | 95% | | | 94.7% (Q2 22/23) | 2nd (Q2 22/23) | | | 95.4% | | | 94.6% | | | 94.1% | | | | | |
| | % of children who received 2 doses of the MMR vaccine by age 5 | National | Q2 23/24 | 88.9% | 95% | | | 90.0% (Q2 22/23) | 5th (Q2 22/23) | | | 88.4% | | | 88.3% | | | 88.9% | | | | | |
| Influenza | % uptake of influenza among 65 year olds and over | National | Feb-24 | 69.4% | 75% | | | 78.0% (Mar-22) | 3rd (Mar-22) | | 76.0% | 75.9% | Data collection restarts October 2023 | | | | | | 58.1% | | 68.0% | 69.1% | 69.4% |
| | % uptake of influenza among under 65s in risk groups | Local | Feb-24 | 35.4% | 55% | | | 48.2% (Mar-22) | 4th (Mar-22) | | 43.4% | 43.8% | | | | | | | 25.3% | | 33.5% | 34.8% | 35.4% |
| | % uptake of influenza among children 2 to 3 years old | Local | Feb-24 | 38.0% | 50% | | | 47.6% (Mar-22) | 5th (Mar-22) | | 39.3% | 38.8% | | | | | | | 22.7% | | 35.1% | 38.9% | 38.0% |
| | % uptake of influenza among healthcare workers | Local | Feb-24 | 28.6% | 60% | | | 65.6% (2020/21) | 6th out of 10 organisations (2020/21) | | 42.4% | 42.4% | | | | | | | 13.8% | | 28.6% | 28.6% | 28.6% |
| Covid Booster | % uptake of the Spring COVID-19 vaccination for those eligible | National | Jun-23 | 67.8% | 75% | | ✗ | | | | Historical data not available | | | | 67.8% | Data collection restarts Apr-24 | | | | | | | |
| | % uptake of the Autumn COVID-19 vaccination for those eligible | National | Feb-24 | 50.5% | 75% | | ✗ | | | | Data collection for Autumn booster 23 begins Sep-23 | | | | | | | 16.1% | 38.1% | 45.8% | 50.0% | 50.6% | 50.5% |
| CAMHS | % of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) | Local | Jan-24 | 100% | 100% | | ✓ | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| | % Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks | National | Jan-24 | 24% | 80% | 45% | ✗ | 31.4% (Nov-22) | 3rd (Nov-22) |  | 29% | 29% | 28% | 30% | 31% | 36% | 31% | 30% | 30% | 30% | 29% | 24% | |
| | % Patients waiting less than 28 days for a first outpatient appointment for CAMHS | National | Jan-24 | 29% | 80% | | ✗ | 83.2% (Nov-22) | 5th (Nov-22) |  | 82% | 74% | 55% | 31% | 31% | 21% | 33% | 56% | 77% | 86% | 70% | 29% | |
| | P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral | National | Jan-24 | 29% | 80% | | ✗ | 68.8% (Nov-22) | 5th (Nov-22) |  | 64% | 74% | 55% | 35% | 31% | 21% | 33% | 56% | 77% | 86% | 70% | 29% | |
| | P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS | National | Jan-24 | 100% | 80% | | ✓ | 34.4% (Nov-22) | 4th (Nov-22) |  | 26% | 50% | 21% | 38% | 33% | 38% | 91% | 95% | 100% | 100% | 86% | 100% | |
| | S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral | Local | Feb-23 | 82% | 80% | | | | | | 82% | | | | | | | | | | | | |
| | % residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP) | National | Jan-24 | 97% | 90% | | ✓ | 63.8% (Nov-22) | 1st (Nov-22) |  | 100% | 100% | 100% | 93% | 90% | 100% | 93% | 92% | 92% | 98% | 92% | 97% | |
| Mental Health | % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age) | National | Jan-24 | 97% | 80% | | ✓ | 86.9% (Nov-22) | 3rd (Nov-22) |  | 95% | 96% | 78% | 94% | 93% | 98% | 96% | 94% | 100% | 97% | 98% | 97% | |
| | % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age) | National | Jan-24 | 100% | 80% | | ✓ | 73.1% (Nov-22) | 2nd (Nov-22) |  | 100% | 100% | 96% | 98% | 100% | 100% | 100% | 97% | 100% | 100% | 100% | 100% | |
| | % patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health | National | Jan-24 | 73% | 80% | | ✗ | 73.9% (Nov-22) | 2nd (Nov-22) |  | 88% | 85% | 85% | 84% | 82% | 82% | 81% | 77% | 76% | 76% | 76% | 73% | |
| | % residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP) | National | Jan-24 | 88% | 90% | | ✗ | 84.2% (Nov-22) | 2nd (Nov-22) |  | 89% | 87% | 87% | 88% | 87% | 87% | 87% | 88% | 89% | 90% | 88% | 88% | |
| | % Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to | Local | Jan-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 psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission | Local | Jan-24 | 100% | 100% | | ✓ | 90.9% (Nov-22) | 1st (Nov-22) | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |