



Meeting Date	28th January 2025	Agenda Item	
Report Title	Quality & Safety Performance Report		
Report Author	Meghann Protheroe, Head of Health Board Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (December 2024) in delivering key local performance measures as well as the national measures outlined in the 2024/25 NHS Wales Performance Framework.		
Key Issues	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>Key high level issues to highlight this month are as follows:</p> <p>-</p> <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> • Performance against the 4-hour access has deteriorated from 73.95% in November 2024 to 71.78% in December 2024. • Performance against the 12-hour wait has deteriorated in December to 1,391 from 1,297 in November 2024. • In December 2024, there were 616 ambulance to hospital handovers taking over 1 hour; this is a reduction of 16 compared with the previous month. • There was a slight increase in the average number of patients who were deemed clinically optimised in December 2024 (Pathway of care delays). The average number of clinically optimised patients increased from 246 in the previous month to 257. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> • There were no patients waiting over 52 weeks for a first outpatient appointment in December 2024. • At the end of December 2024, there were 981 patients waiting over 104 weeks for treatment, which is an improvement of 164 from the previous month. • In December 2024, 92.40% of patients were waiting less than 14 weeks for therapy services; this is a deterioration when compared with the figure reported in November 2024. There are 407 patients waiting over 14 weeks, all of which are in podiatry. • In December 2024, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. 		



	<p>The position improved from 3,017 to 2,969. The breakdown is as follows: -</p> <ul style="list-style-type: none"> • Endoscopy= 2,328 • Cardiac tests= 636 • Other Diagnostics = 5 <p><u>Cancer</u></p> <ul style="list-style-type: none"> • The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in November 2024 was 66%, which is 10% higher than the figure reported in October 2024 (this measure is always reported a month in arrears due to data validation). • 336 patients were waiting in excess of 63 days as of 15/01/2025. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> • Performance against the Mental Health Measures continues to be maintained at above target levels in December 2024 with the exception of psychological therapies. • In December 2024, 54.1% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%. <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> • Access times for crisis performance has been maintained at 100% in November 2024. • Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, performance deteriorated to 27% in the month of December 2024. • Note: S-CAMHS now included with P-CAMHS measure. Access to therapeutic interventions remains strong at 94% within 28 days. Access to assessment has deteriorated in December 2024 to 77% which is now below target levels. <p><u>Nationally Reportable Incidents</u></p> <ul style="list-style-type: none"> • In December 2024, there were 7 Nationally Reportable Incidents reported. • There was one new Never Event reported in December 2024. <p><u>Patient Experience</u></p> <ul style="list-style-type: none"> • December 2024 data is included in this report showing 92% satisfaction through 4,747 surveys. 			
Specific Action Required	Information ✓	Discussion	Assurance ✓	Approval
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. 			



	<ul style="list-style-type: none">• NOTE that the report will evolve to include more information on the Target Intervention section.• NOTE that work has commenced to develop and add key reporting measures for Primary and Community Care Services
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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 2024/25.

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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



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Un Bae Ar y Cyd
One Bay Way

- **NOTE** that the report will evolve to include more information on the Targeted Intervention section.
- **NOTE** that work has commenced to develop and add key reporting measures for Primary and Community Care Services



Governance and Assurance		
Link to Enabling Objectives (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		
<p>At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein.</p>		
Legal Implications (including equality and diversity assessment)		
<p>A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.</p>		
Staffing Implications		
<p>A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.</p>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p>		



- **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.

Report History	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in October 2024. This is a routine bi-monthly report.
Appendices	Appendix 1: Quality & Safety performance report



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Appendix 1- Quality & Safety Performance Report January 2025



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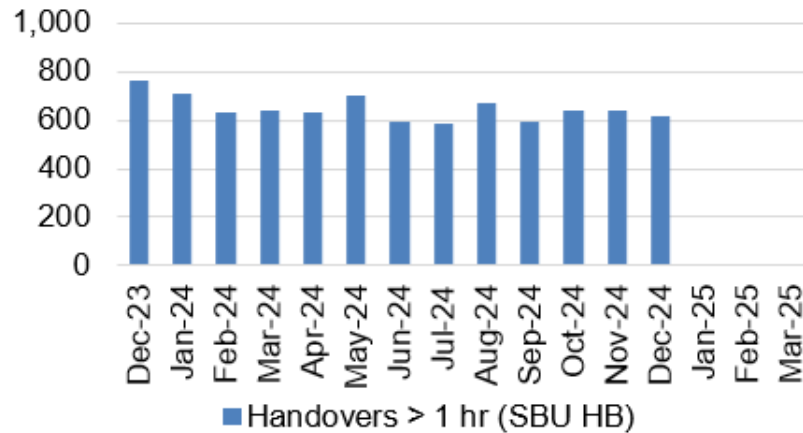
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1. TARGETED INTERVENTION METRICS PERFORMANCE

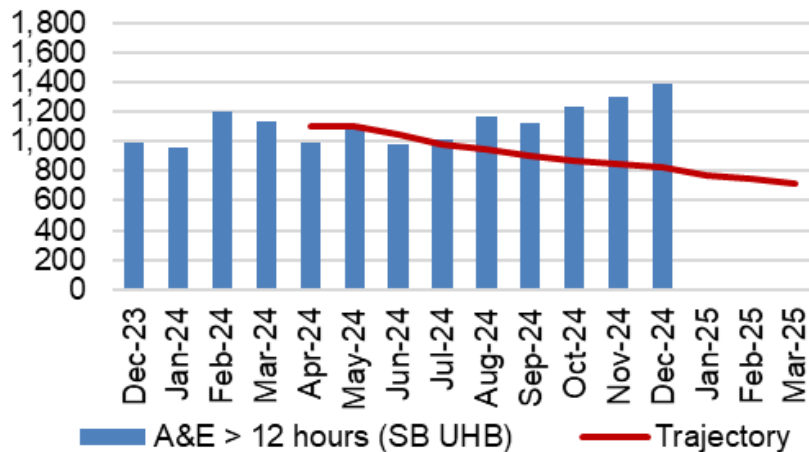
URGENT AND EMERGENCY CARE

1. Ambulance handovers over 1 hour



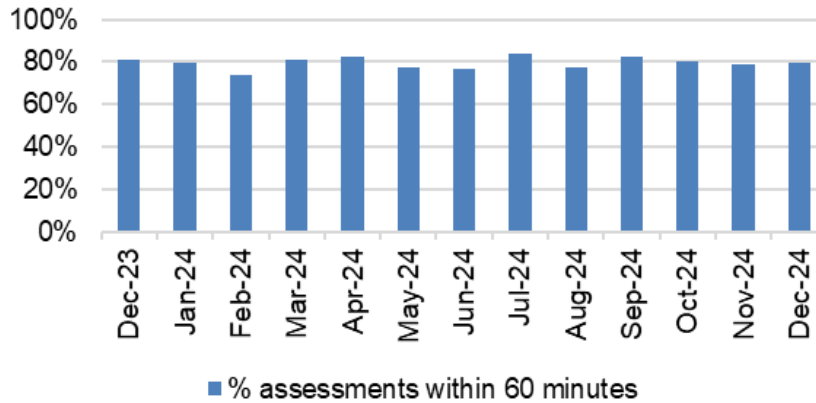
1. The number of ambulance handovers over 1 hour has reduced slightly in December 2024. The number of handovers over 1 hour decreased from 632 in November 2024 to 616 in December 2024, which is above the outlined trajectory.

2. A&E waits over 12 hours



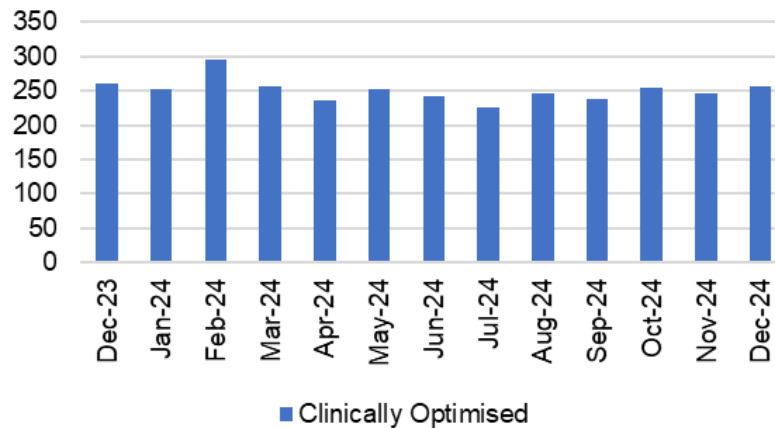
2. Performance against the 12-hour wait has deteriorated in-month, and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 1,391 in December 2024 from 1,297 in November 2024.

3. Median time from arrival to assessment within 60 mins



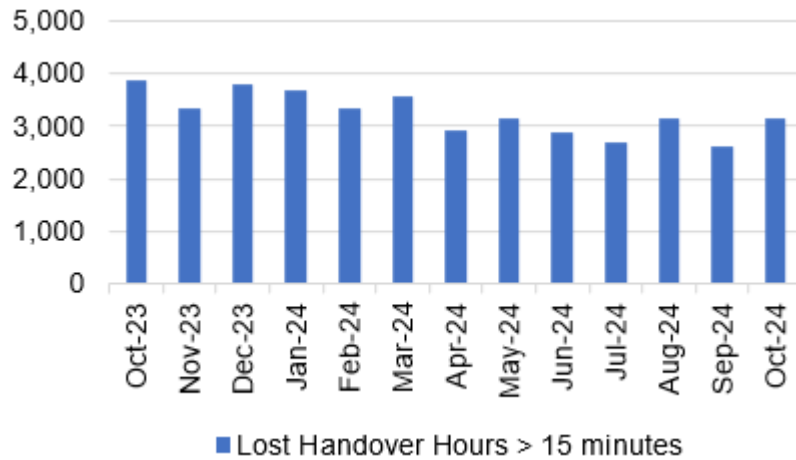
3. In December 2024 79.75% of patients received their first assessment within 60 minutes of their arrival at the Emergency Department. This is an increase of 1.0% on the figure reported in November 2024 (78.72%).

4. Continuing reduction in pathway of care delays



4. There was an increase in the average number of patients who were deemed clinically optimised in December 2024. The average number of clinically optimised patients increased slightly from 246 in November 2024 to 257 in December 2024.

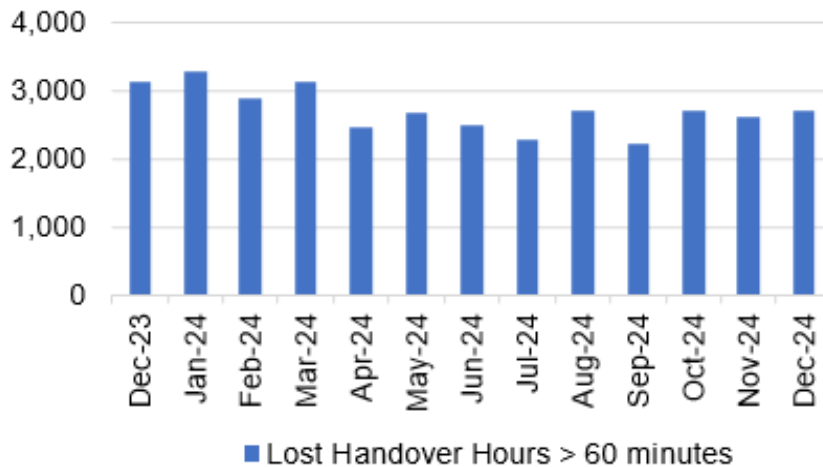
5. Lost Ambulance Hours Total



5. The ambulance handover lost hours rate has seen an increase in October 2024. The ambulance handover lost hours increased from 2,609 in September 2024 to 3,140 in October 2024.

Data not updated for November 2024

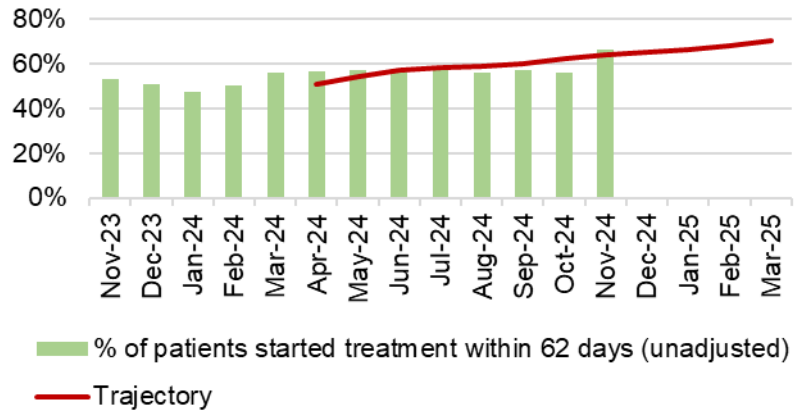
6. Lost Ambulance Hours over 1 hour



6. There has been an increase in the number of lost ambulance hours over 1 hour in December 2024. There were 2,697 lost hours over 1 hour in December 2024 which is an increase of 92 compared with 2,605 in November 2024.

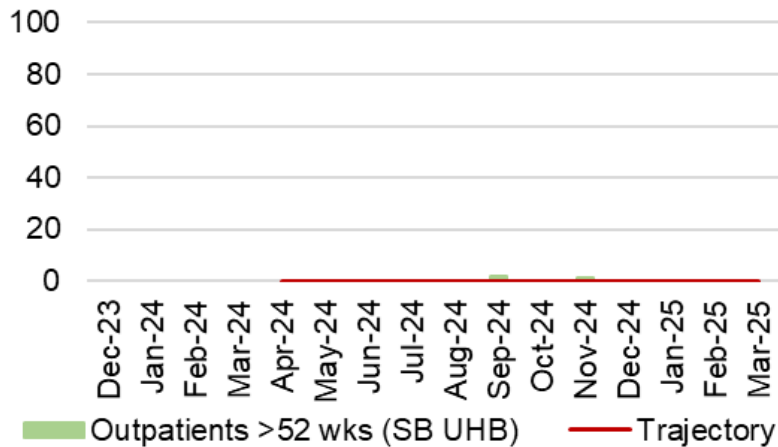
PLANNED CARE & CANCER

1. Single Cancer Pathway



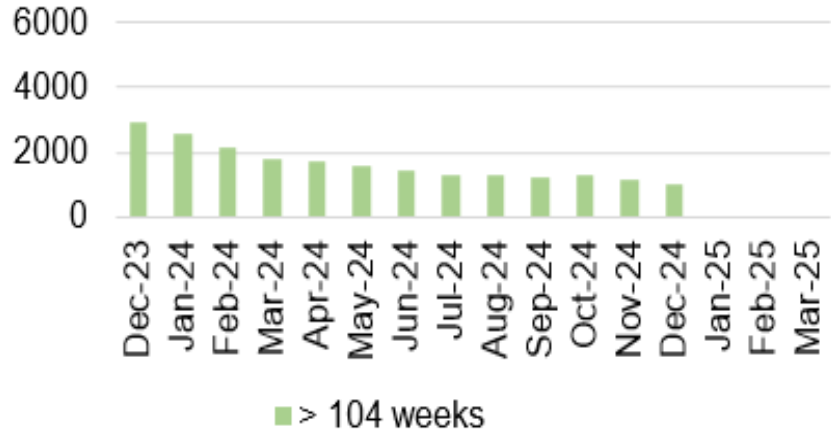
1. The final SCP performance for November 2024 was 66%, which is above the figure reported in October 2024. Performance is currently above the submitted trajectory (64%).

2. Outpatients waiting over 52 weeks



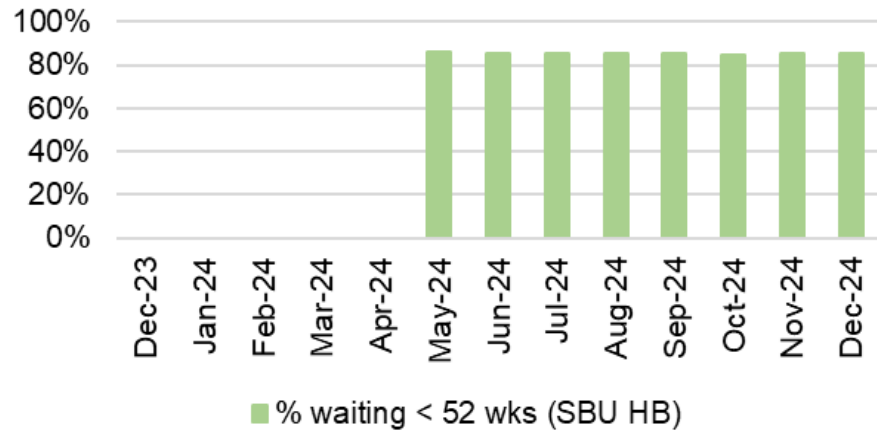
2. There were no patients waiting over 52 weeks for a first outpatient appointment in December 2024.

3. 104 week waits – all pathways



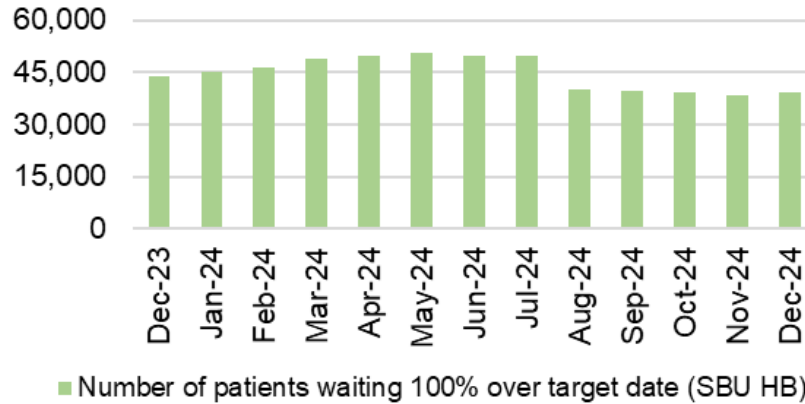
3. December 2024 saw an in-month reduction of 14% in the number of patients waiting over 104 weeks for treatment. The number decreased from 1,145 in November 2024 to 981 in December 2024.

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



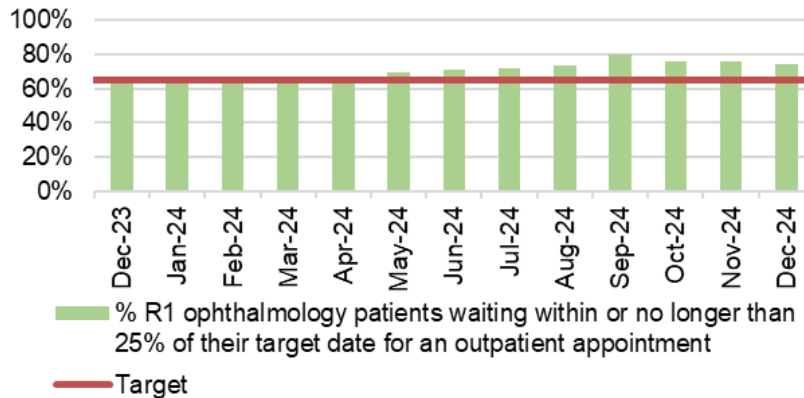
4. The percentage of patients waiting under 52 weeks for treatment increased slightly in-month. In December, 85.2% of patients were waiting under 52 weeks, compared with 85.1% in November 2024.

5. Delayed follow ups over 100%



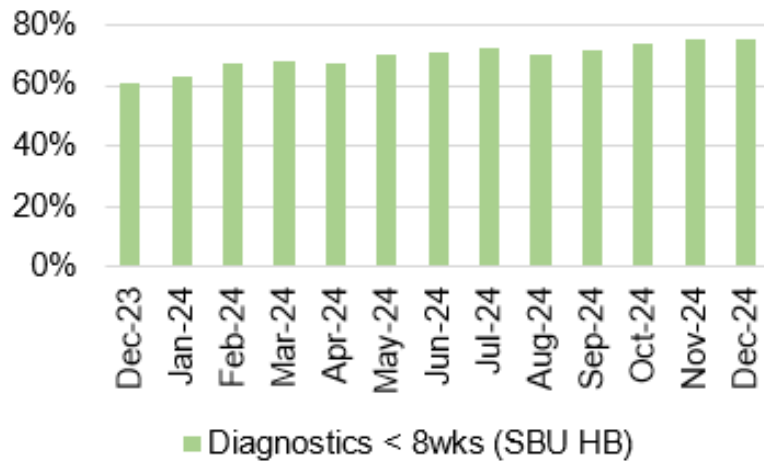
5. There were 39,141 patients waiting 100% over their target date in December 2024 which is a reduction when compared with November 2024. A significant improvement was seen in August 2024 due to a change in reporting requirements – all future trends will be built from August 2024.

6. R1 Ophthalmology



6. In December 2024 74.4% of Ophthalmology RI patients were waiting within their clinical target date or within 25% of their target date. This is a 1.5% reduction on the figure reported in November 2024.

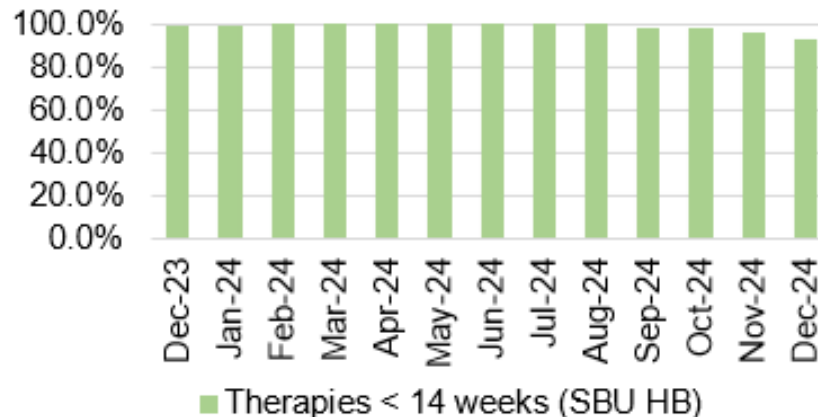
7. Percentage of Patients waiting 8 weeks for a diagnostic test



7. In December 2024, there was an increase in the percentage of patients waiting less than 8 weeks for a diagnostic test. It was maintained at 75%.

More detail on the breakdown of patients waiting by diagnostic test is provided later in this report.

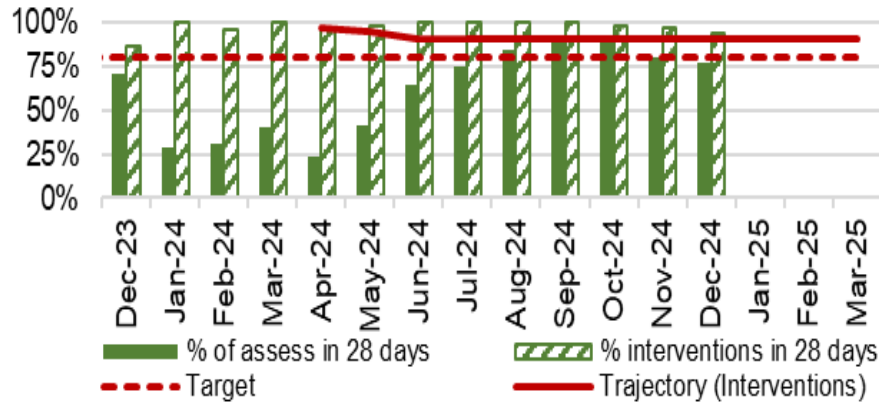
8. Patients waiting 14 weeks for therapy services



8. In December 2024, 92.40% of patients were waiting less than 14 weeks for therapy services; this is a deterioration when compared with the figure reported in November 2024. All of the breaches were within Podiatry – the team are currently working through a recovery plan.

CAMHS

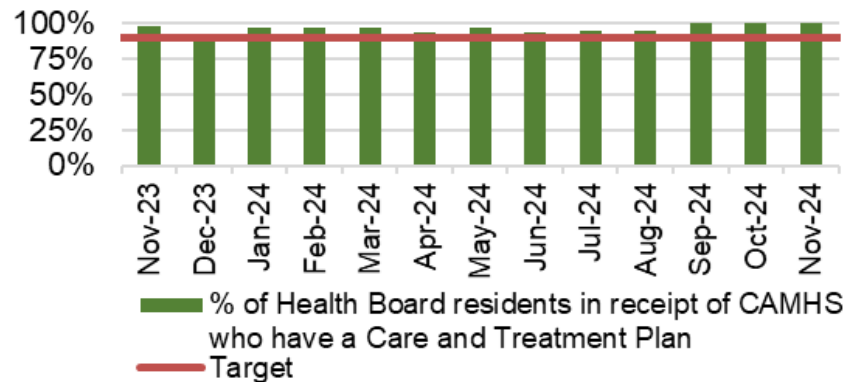
1. LPMHSS assessments with 28 days and therapeutic assessment within 28 days



1. The percentage of routine assessments undertaken within 28 days decreased to 77% in December 2024 from 80% in November 2024.

In December 2024, 94% of therapeutic assessments were undertaken within 28 days. This is above the outlined trajectory for December 2024.

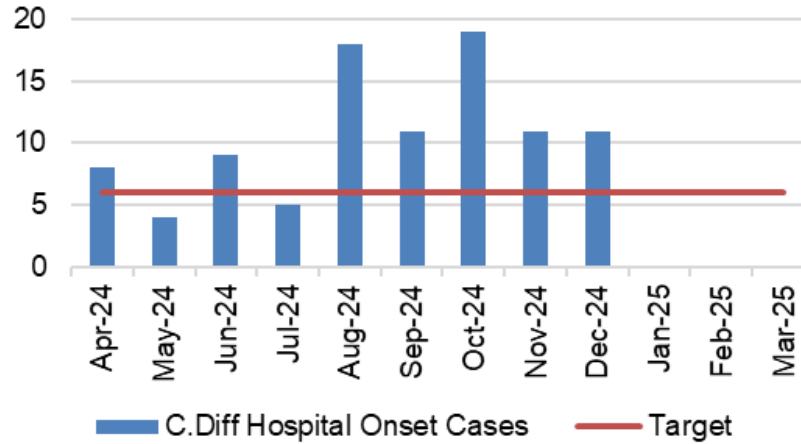
2. Residents in receipt of a valid care and treatment plan



2. The percentage of residents in receipt of a valid care and treatment plan remained above the 90% target, achieving 91% in December 2024.

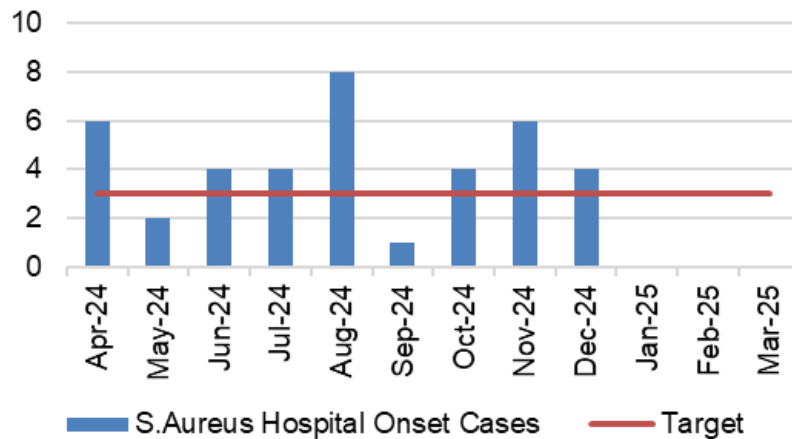
HEALTHCARE ACQUIRED INFECTIONS (HOSPITAL ONSET)

1. C. Difficile



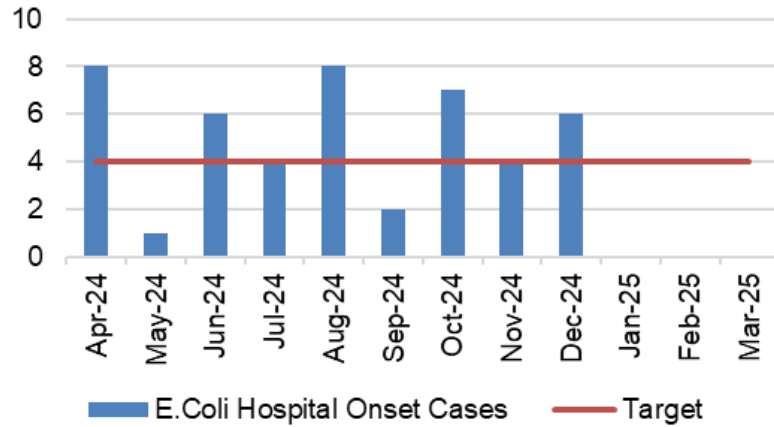
1. There were 11 hospital onset cases of C.Difficile reported in December 2024. This is the same figure reported in November 2024 and is above the target of a maximum of 6 cases per month.

2. Staph aureus



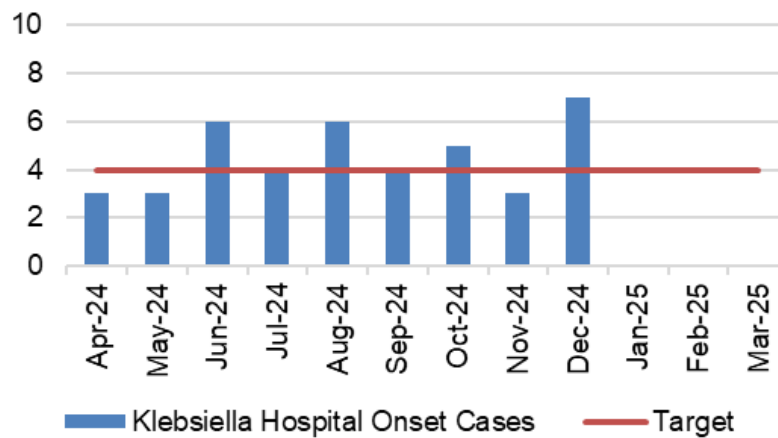
2. There were 4 hospital onset cases of Staph aureus reported in December 2024. This is the 2 less than reported in November 2024 and is above the target of a maximum of 3 cases per month.

3. E-coli



3. There were 6 hospital onset cases of E.Coli reported in December 2024. This is 2 more than the figure reported in November 2024 and is above the target of a maximum of 4 cases per month.

4. Klebsiella



4. The number of hospital onset cases of Klebsiella reported increased to 7 in December 2024 from 3 in November 2024. This is above the target of a maximum of 4 cases per month.

Harm quadrant- Harm from Covid itself																		
Measure	Locality	National/ Local Target	HB Trajectory	Trend	Dec-23												Jan-24	
					Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
Number of new COVID19 cases*	HB Total				214	174	70	45	51	64	70	73	47	61	72	19	16	
Number of staff referred for Antigen Testing	HB Total																	
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				43	35	21	17	28	24	25	6	5	4	7	3	3	
Number of COVID19 related serious incidents*	HB Total				1	1	0	1	0	0	0	0	0	0	0	0	0	
Number of COVID19 related complaints*	HB Total				0	0	0	0	0	0	0	0	0	0	0	1	0	
Number of COVID19 related risks*	HB Total																	
Number of staff self isolated (asymptomatic)*	Medical																	
	Nursing Registered																	
	Nursing Non Registered																	
	Other																	
Number of staff self isolated (symptomatic)*	Medical																	
	Nursing Registered																	
	Nursing Non Registered																	
	Other																	
% sickness*	Medical																	
	Nursing Registered																	
	Nursing Non Registered																	
	Other																	
	All																	

3.1 Updates on key measures

COVID TESTING																																																						
Description	Current Performance	Trend																																																				
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>1. Number of new COVID cases In December 2024, there were an additional 16 positive cases recorded bringing the cumulative total to 121,938 in Swansea Bay since March 2020.</p>	<p>1. Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p> <table border="1"> <caption>Estimated data for New positive COVID19 cases in Swansea Bay</caption> <thead> <tr> <th>Month</th> <th>New positive COVID19 cases</th> </tr> </thead> <tbody> <tr><td>Dec-22</td><td>400</td></tr> <tr><td>Jan-23</td><td>200</td></tr> <tr><td>Feb-23</td><td>250</td></tr> <tr><td>Mar-23</td><td>350</td></tr> <tr><td>Apr-23</td><td>150</td></tr> <tr><td>May-23</td><td>100</td></tr> <tr><td>Jun-23</td><td>100</td></tr> <tr><td>Jul-23</td><td>100</td></tr> <tr><td>Aug-23</td><td>150</td></tr> <tr><td>Sep-23</td><td>150</td></tr> <tr><td>Oct-23</td><td>150</td></tr> <tr><td>Nov-23</td><td>100</td></tr> <tr><td>Dec-23</td><td>200</td></tr> <tr><td>Jan-24</td><td>150</td></tr> <tr><td>Feb-24</td><td>100</td></tr> <tr><td>Mar-24</td><td>100</td></tr> <tr><td>Apr-24</td><td>100</td></tr> <tr><td>May-24</td><td>100</td></tr> <tr><td>Jun-24</td><td>100</td></tr> <tr><td>Jul-24</td><td>100</td></tr> <tr><td>Aug-24</td><td>100</td></tr> <tr><td>Sep-24</td><td>100</td></tr> <tr><td>Oct-24</td><td>100</td></tr> <tr><td>Nov-24</td><td>100</td></tr> <tr><td>Dec-24</td><td>16</td></tr> </tbody> </table>	Month	New positive COVID19 cases	Dec-22	400	Jan-23	200	Feb-23	250	Mar-23	350	Apr-23	150	May-23	100	Jun-23	100	Jul-23	100	Aug-23	150	Sep-23	150	Oct-23	150	Nov-23	100	Dec-23	200	Jan-24	150	Feb-24	100	Mar-24	100	Apr-24	100	May-24	100	Jun-24	100	Jul-24	100	Aug-24	100	Sep-24	100	Oct-24	100	Nov-24	100	Dec-24	16
Month	New positive COVID19 cases																																																					
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Nov-24	100																																																					
Dec-24	16																																																					

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

4.1 Overview

Measure	Locality	National/ Local	HB	Trend	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
					Unscheduled Care												
Number of ambulance handovers over one hour	Morrison	30% reduction by Dec 24	441		762	701	629	638	623	694	589	574	670	591	636	632	616
	Singleton				0	3	0	0	2	1	1	4	0	0	2	0	0
	Total				762	704	629	638	625	695	590	578	670	591	638	632	616
% 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 23/24			62.8%	63.5%	60.1%	62.8%	62.9%	64.4%	64.0%	67.4%	61.8%	65.4%	60.8%	69.8%	58.7%
	NPTH				99.2%	99.2%	99.4%	98.4%	97.8%	97.9%	97.1%	97.8%	99.0%	98.4%	99.1%	98.3%	98.2%
	Total				74.7%	76.6%	74.3%	75.7%	77.3%	78.1%	77.6%	79.1%	76.6%	78.7%	75.7%	74.0%	71.8%
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	20% reduction by Sep 24	825		994	959	1,197	1,132	990	1,114	978	1,012	1,166	1,128	1,234	1,296	1,388
	NPTH				0	0	0	0	4	1	2	1	1	0	1	3	
	Total				994	959	1,197	1,132	994	1,115	980	1,013	1,167	1,129	1,234	1,297	1,391
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			11.1%	12.3%	12.5%	38.5%	26.9%	34.5%	18.4%	5.9%	20.0%	39.2%			
	Total	(UK SNAP average)			11.1%	12.3%	12.5%	38.5%	26.9%	34.5%	18.4%	5.9%	20.0%	39.2%			
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			52.8%	57.6%	47.5%	42.9%	50.0%	53.6%	46.2%	51.4%	29.3%	51.8%			
	Total	(UK SNAP average)			52.8%	57.6%	47.5%	42.9%	50.0%	53.6%	46.2%	51.4%	29.3%	51.8%			
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			86.1%	93.2%	91.5%	92.9%	94.4%	87.5%	84.6%	81.1%	84.5%	89.3%			
	Total	(UK SNAP average)			86.1%	93.2%	91.5%	92.9%	94.4%	87.5%	84.6%	81.1%	84.5%	89.3%			
% 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%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%			
	Total			0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%			
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			57.0%	49.4%	35.2%	31.3%	41.5%	45.7%	40.4%	23.8%	38.4%	41.6%			
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			97.0%	97.0%	97.4%	97.2%	97.8%	97.6%	97.6%	97.5%	97.1%	97.3%	97.3%	97.2%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			32.4%	33.8%	35.0%	34.1%	33.9%	33.1%	31.9%	30.7%	32.4%	32.1%	33.8%	33.4%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			72.9%	69.7%	66.9%	69.4%	69.8%	70.6%	70.8%	70.0%	68.3%	69.1%	70.2%	69.6%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			83.0%	83.9%	83.6%	83.5%	84.6%	85.0%	84.9%	85.4%	86.4%	85.7%	85.6%	85.5%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			74.8%	75.4%	75.2%	75.5%	76.1%	75.4%	76.1%	76.2%	77.0%	76.5%	76.3%	75.3%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			73.2%	73.6%	73.4%	74.0%	74.0%	72.6%	71.5%	71.5%	71.9%				
30 day mortality rate - Casemix Adjusted	Morrison	Monitor			6.0%	4.8%		5.6%			5.3%			5.6%			

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
Healthcare Acquired Infections																		
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	9		6	10	10	11	7	10	9	9	17	14	12	8	8	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	1	0	0	0	0	0	0	0	1
	Morrison		6		5	6	2	4	5	4	5	3	6	4	8	4	5	
	NPTH		0		0	1	1	0	3	0	0	1	2	0	0	1	1	
	Singleton		3		1	1	2	0	4	1	3	1	3	1	2	1	1	
	Total		18		12	19	17	19	19	16	18	14	29	21	22	15	16	
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		8	4	2	3	4	3	3	4	5	3	8	5	4	
	PCCS Hospital		0		0	0	0	0	0	1	0	0	0	0	0	0	1	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		3		3	4	3	3	4	3	2	7	7	4	4	5	3	
	NPTH		0		1	1	1	0	0	0	0	0	0	0	0	0	0	
	Singleton		1		4	2	1	1	5	1	1	0	2	0	2	2	4	
	Total		6		17	11	7	8	13	7	7	12	14	7	14	12	12	
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		8	7	5	3	6	9	5	4	5	7	9	6	3	
	PCCS Hospital		0		0	0	0	1	1	0	0	0	1	0	1	0	2	
	MH&LD		0		0	0	1	0	0	0	0	0	0	0	0	1	0	
	Morrison		4		10	13	12	14	9	6	11	7	23	9	16	13	13	
	NPTH		0		1	1	0	0	1	1	2	1	2	3	0	0	1	
	Singleton		1		2	1	2	2	2	1	4	2	4	3	3	2	4	
	Total		7		21	22	20	22	20	19	22	14	35	22	29	22	23	
Number of Klebsiella cases	PCCS Community	12 month reduction trend	2		5	5	7	2	5	5	5	3	3	1	2	1	4	
	PCCS Hospital		0		0	1	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	1	0	0	0	0	0	0	0	
	Morrison		2		1	4	2	2	3	3	3	5	7	3	7	1	7	
	NPTH		0		0	1	0	0	0	0	3	0	0	0	0	1	0	
	Singleton		1		0	0	0	0	2	1	2	0	1	2	3	3	1	
	Total		5		6	11	9	5	10	11	13	8	12	6	12	6	12	
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	0		0	0	0	0	0	0	0	0	1	0	0	0	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		1		2	1	0	0	0	1	0	1	2	1	0	0	2	
	NPTH		0		0	0	0	0	0	0	0	1	0	0	0	0	0	
	Singleton		0		1	0	0	0	0	0	0	0	0	0	1	0	1	
	Total		1		3	2	0	0	0	1	0	2	3	1	1	0	5	
Compliance with hand hygiene audits	PCCS	95%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	-	-	
	MH&LD			97.4%	98.2%	94.3%	97.5%	100.0%	95.8%	96.7%	98.0%	83.9%	83.2%	98.2%	98.7%	100.0%		
	Morrison			95.7%	96.0%	96.6%	81.8%	79.5%	81.4%	78.2%	80.4%	97.9%	95.9%	87.2%	100.0%	100.0%		
	NPTH			80.0%	-	100.0%	90.0%	100.0%	71.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	Singleton			97.3%	100.0%	96.6%	100.0%	100.0%	97.8%	97.0%	98.0%	98.2%	100.0%	100.0%	100.0%	97.5%	100.0%	
	Total			96.8%	97.6%	96.7%	88.2%	90.1%	91.0%	85.9%	90.8%	93.9%	94.0%	91.1%	97.1%	100.0%		

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Serious Incidents & Risks																	
Number of Nationally Reportable Incidents	PCCS	Monitor			1	0	0	2	0	2	2	1	1	1	2	1	
	MH&LD				0	0	1	2	2	0	1	0	0	0	0	0	1
	Morrison				2	4	1	3	2	0	1	1	4	1	3	1	1
	NPTH				1	0	0	1	1	0	0	2	0	0	0	1	0
	Singleton				3	2	7	0	2	0	0	1	2	6	6	7	5
	Total				7	6	9	8	7	2	4	5	7	8	10	11	8
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	80%			40%	100%	17%	66%	64%	33%	89%	50%	70%	25%	25%	100%	33%
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	1	0	0	0	0	0	0	0	0	0	0
	NPTH				1	0	0	0	0	0	0	1	0	0	0	0	0
	Singleton				0	0	0	0	0	0	0	0	0	0	2	0	1
	Total				1	0	1	0	0	0	0	1	0	0	2	0	1
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			51	46	33		49	41	49	44	47	44	38	38	
	PCCS Hospital				0	2	1		0	0	0	0	4	1	2	0	
	MH&LD				0	0	1		1	0	0	0	0	0	0	0	
	Morrison				47	74	50		34	54	45	29	40	44	59	65	
	NPTH				9	4	5		3	7	6	7	7	3	2	3	
	Total				111	129	93		91	107	105	84	99	93	104	111	
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			10	3	7		9	9	11	8	11	11	4	7	
	PCCS Hospital				0	0	0		0	0	0	0	0	0	1	0	
	MH&LD				0	0	1		0	0	0	0	0	0	0	0	
	Morrison				1	2	0		3	3	0	3	4	2	2	4	
	NPTH				3	0	0		0	1	2	3	0	0	0	0	
	Total				15	5	8		12	13	13	14	15	13	7	11	
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			1,002	1,388	1,072		709	1,105	1,012	625	884	836	1,063	1,189	
Total number of Inpatient Falls	PCCS	12 month reduction trend			7	3	6	8	5	10	13	13	9	11	9	6	13
	MH&LD				21	31	60	47	34	30	26	42	48	30	47	42	25
	Morrison				89	114	99	95	65	71	84	81	83	86	101	95	92
	NPTH				27	32	30	33	24	27	24	28	21	31	32	34	34
	Singleton				14	12	8	18	18	17	11	12	12	5	9	11	10
	Total				158	192	203	201	146	155	158	176	173	163	198	188	174
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			4.01	4.77	9.41	5.01	3.86	4.01	4.21	4.55	4.49	4.30	4.91	4.71	4.31
Mortality																	
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.23%	1.20%	1.21%	1.20%	1.18%	1.17%	1.17%	1.21%	1.21%	1.25%	1.17%	1.19%	
	Singleton				0.14%	0.14%	0.15%	0.16%	0.16%	0.17%	0.16%	0.15%	0.16%	0.17%	0.16%	0.19%	
	NPTH				0.07%	0.06%	0.06%	0.09%	0.09%	0.05%	0.08%	0.07%	0.07%	0.04%	0.08%	0.08%	
	Total (SBU)				0.65%	0.66%	0.65%	0.66%	0.66%	0.64%	0.64%	0.64%	0.66%	0.66%	0.65%	0.67%	

4.2 Updates on key measures

UNSCHEDULED CARE																																																																																																		
Description	Current Performance																																																																																																	
Ambulance responses 1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. 2. The number of ambulance calls by category. 3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)	In December 2024, the number of red calls responded to within 8 minutes improved to 47.6% from 46.1% in November 2024. In December 2024, the number of green calls decreased by 4%, amber calls increased by 6%, and red calls increased by 15% compared with November 2024.																																																																																																	
	Trend																																																																																																	
	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p style="text-align: center;">1. % of red calls responded to within 8 minutes</p> <table border="1"> <caption>1. % of red calls responded to within 8 minutes</caption> <thead> <tr> <th>Month</th> <th>Red calls within 8 minutes (SBU HB)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>46.1%</td><td>65%</td></tr> <tr><td>Jan-24</td><td>48.0%</td><td>65%</td></tr> <tr><td>Feb-24</td><td>45.0%</td><td>65%</td></tr> <tr><td>Mar-24</td><td>48.0%</td><td>65%</td></tr> <tr><td>Apr-24</td><td>45.0%</td><td>65%</td></tr> <tr><td>May-24</td><td>45.0%</td><td>65%</td></tr> <tr><td>Jun-24</td><td>48.0%</td><td>65%</td></tr> <tr><td>Jul-24</td><td>45.0%</td><td>65%</td></tr> <tr><td>Aug-24</td><td>45.0%</td><td>65%</td></tr> <tr><td>Sep-24</td><td>47.0%</td><td>65%</td></tr> <tr><td>Oct-24</td><td>48.0%</td><td>65%</td></tr> <tr><td>Nov-24</td><td>46.1%</td><td>65%</td></tr> <tr><td>Dec-24</td><td>47.6%</td><td>65%</td></tr> </tbody> </table> </div> <div style="width: 45%;"> <p style="text-align: center;">2. Number of ambulance call responses</p> <table border="1"> <caption>2. Number of ambulance call responses</caption> <thead> <tr> <th>Month</th> <th>Red calls</th> <th>Amber calls</th> <th>Green calls</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>~600</td><td>~3000</td><td>~500</td></tr> <tr><td>Jan-24</td><td>~600</td><td>~2800</td><td>~500</td></tr> <tr><td>Feb-24</td><td>~600</td><td>~2800</td><td>~500</td></tr> <tr><td>Mar-24</td><td>~600</td><td>~2800</td><td>~500</td></tr> <tr><td>Apr-24</td><td>~600</td><td>~2600</td><td>~500</td></tr> <tr><td>May-24</td><td>~600</td><td>~2800</td><td>~500</td></tr> <tr><td>Jun-24</td><td>~600</td><td>~2800</td><td>~500</td></tr> <tr><td>Jul-24</td><td>~600</td><td>~2800</td><td>~500</td></tr> <tr><td>Aug-24</td><td>~600</td><td>~2800</td><td>~500</td></tr> <tr><td>Sep-24</td><td>~600</td><td>~2800</td><td>~500</td></tr> <tr><td>Oct-24</td><td>~600</td><td>~2800</td><td>~500</td></tr> <tr><td>Nov-24</td><td>~600</td><td>~2800</td><td>~500</td></tr> <tr><td>Dec-24</td><td>~900</td><td>~3000</td><td>~400</td></tr> </tbody> </table> </div> </div>	Month	Red calls within 8 minutes (SBU HB)	Target	Dec-23	46.1%	65%	Jan-24	48.0%	65%	Feb-24	45.0%	65%	Mar-24	48.0%	65%	Apr-24	45.0%	65%	May-24	45.0%	65%	Jun-24	48.0%	65%	Jul-24	45.0%	65%	Aug-24	45.0%	65%	Sep-24	47.0%	65%	Oct-24	48.0%	65%	Nov-24	46.1%	65%	Dec-24	47.6%	65%	Month	Red calls	Amber calls	Green calls	Dec-23	~600	~3000	~500	Jan-24	~600	~2800	~500	Feb-24	~600	~2800	~500	Mar-24	~600	~2800	~500	Apr-24	~600	~2600	~500	May-24	~600	~2800	~500	Jun-24	~600	~2800	~500	Jul-24	~600	~2800	~500	Aug-24	~600	~2800	~500	Sep-24	~600	~2800	~500	Oct-24	~600	~2800	~500	Nov-24	~600	~2800	~500	Dec-24	~900	~3000
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<p style="text-align: center;">3. % of red calls responded to within 8 minutes – HB total last 90 days</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits 8 or more points ▲ above or below the mean Arun of 6 ● increasing or decreasing points </div>																																																																																																		

UNSCHEDULED CARE

Description

Current Performance

Ambulance handovers
 1. The number of ambulance handovers over one hour

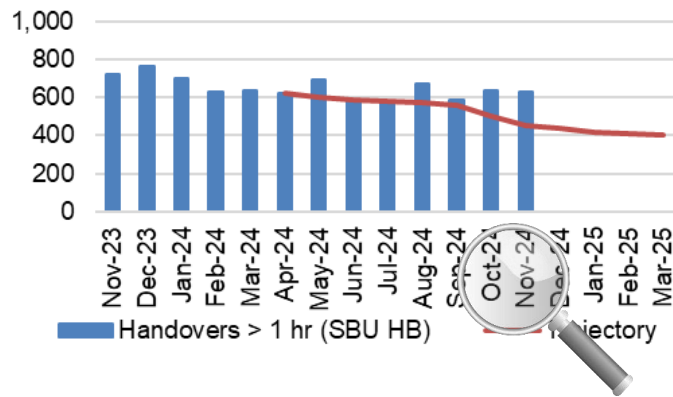
In November 2024, there were 632 ambulance to hospital handovers taking over 1 hour; this is a reduction of 6 compared with 638 in October 2024. In November 2024, all handovers over 1 hour were attributed to Morriston Hospital. Additional work is currently underway to incorporate the AMU data in the ambulance handover figures.

2. The number of ambulance handovers over one hour- Hospital level

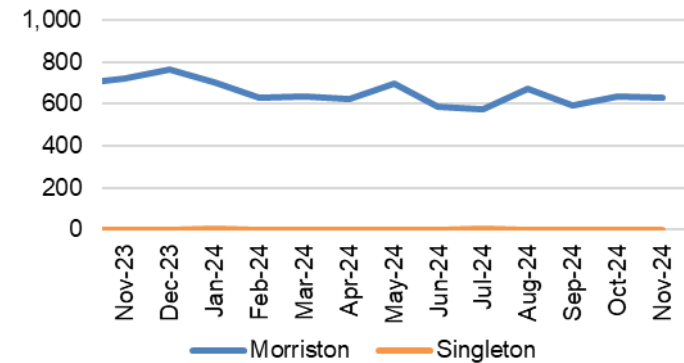
3. The number of ambulance handovers over one hour (last 90 days)

Trend

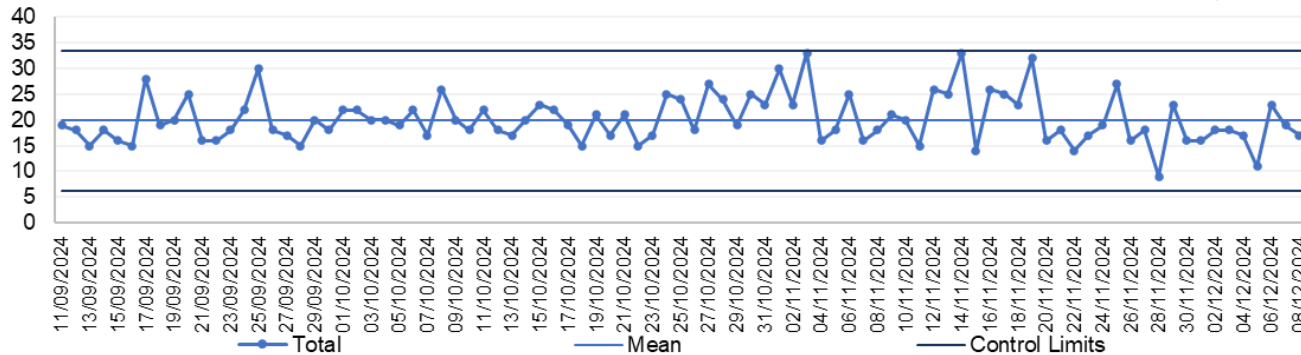
1. Number of ambulance handovers- HB total



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



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



Symbol Key:

- ◆ Above or below control limits
- ▲ 8 or more points above or below the mean
- Arun of 6
- increasing or decreasing points

UNSCHEDULED CARE

Description

A&E Attendances

1. The number of attendances at emergency departments in the Health Board

2. The number of attendances at emergency departments in the Health Board – Hospital level

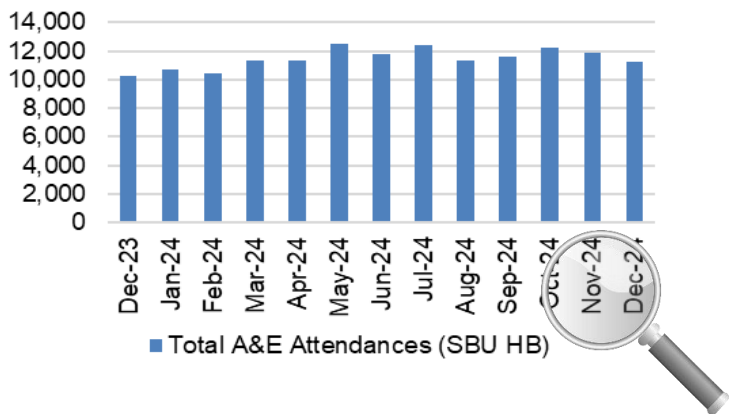
3. The number of attendances at emergency departments in the Health Board (last 90 days)

Current Performance

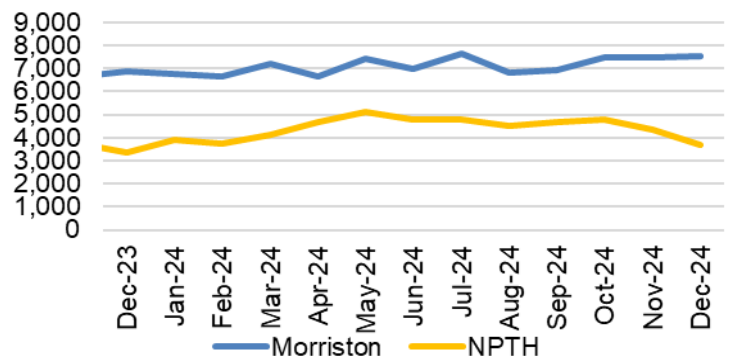
In December 2024, there were 11,221 A&E attendances, which is a reduction of 644 when compared to November 2024. There were 7,507 attendances to A&E at Morriston hospital and 3,714 attendances to MIU at Neath Port Talbot hospital.

Trend

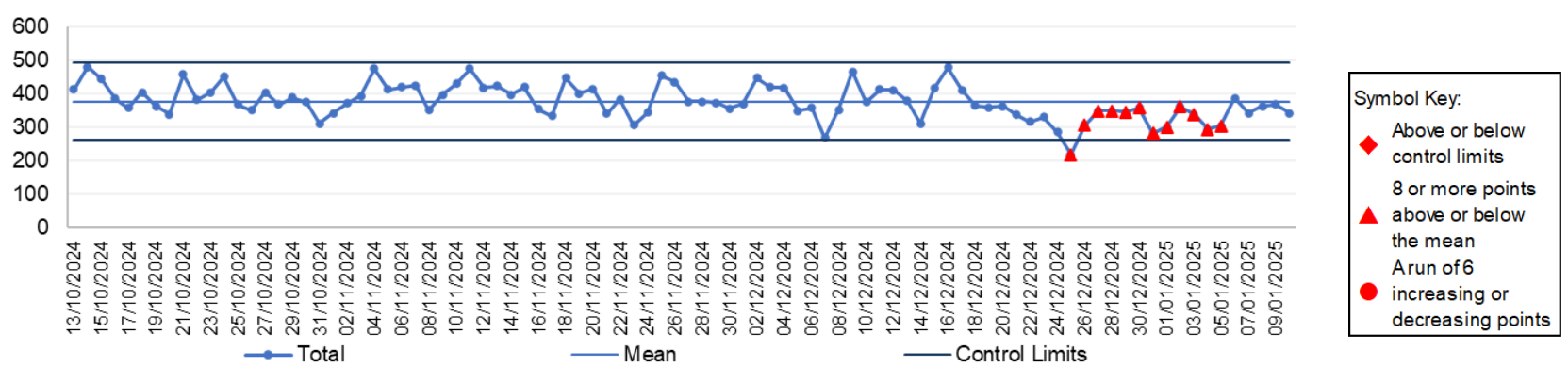
1. Number of A&E attendances- HB total



2. Number of A&E attendances- Hospital level



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



UNSCHEDULED CARE

Description

A&E waiting times

1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge

2. % of patients who spend less than 4 hours in A&E- Hospital level

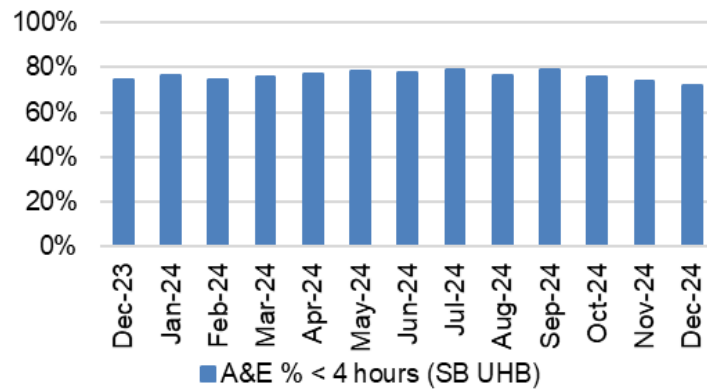
3. % of patients who spend less than 4 hours in A&E (last 90 days)

Current Performance

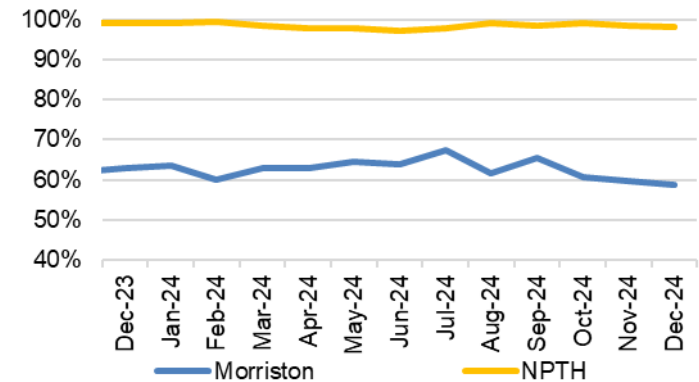
The Health Board's performance against the 4-hour measure deteriorated from 73.95% in November 2024 to 71.78% in December 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 98.20% in December 2024. Morriston Hospital's performance deteriorated between November and December 2024, achieving 58.74% against the target.

Trend

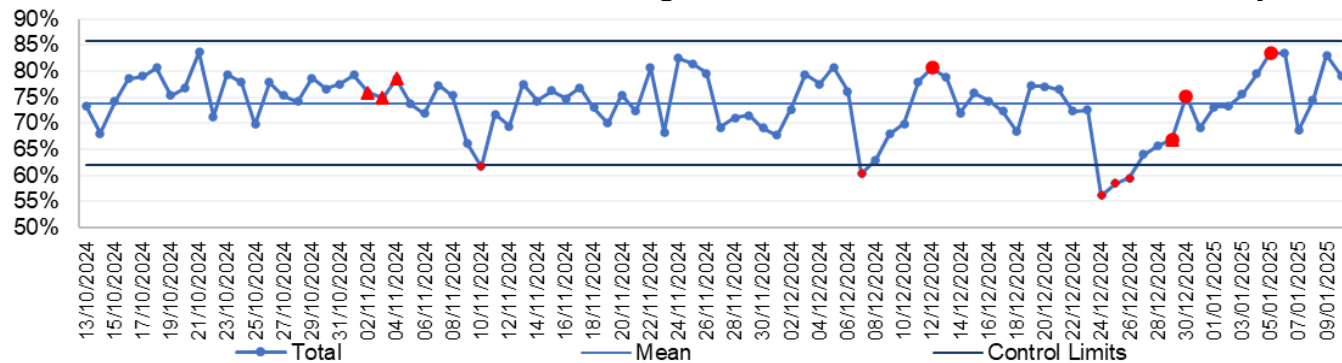
1. % Patients waiting under 4 hours in A&E- HB total



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



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



Symbol Key:

- ◆ Above or below control limits
- ▲ 8 or more points above or below the mean
- Arun of 6
- increasing or decreasing points

UNSCHEDULED CARE

Description

A&E waiting times

1. Number of patients who spend 12 hours or more in A&E

2. Number of patients who spend 12 hours or more in A&E- Hospital level

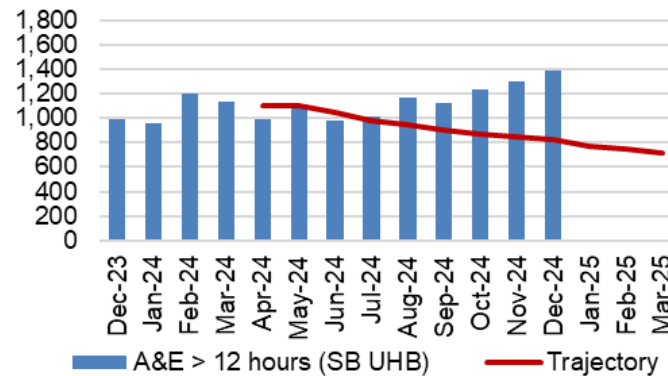
3. Number of patients who spend 12 hours or more in A&E (last 90 days)

Current Performance

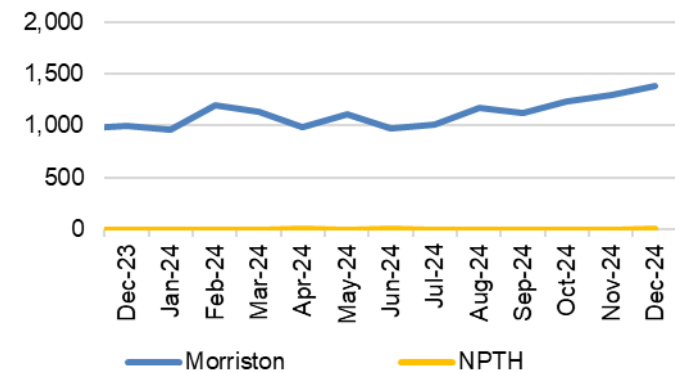
In December 2024, performance against the 12-hour measure deteriorated when compared with November 2024, increasing from 1,297 to 1,391. This is an increase of 94 compared to November 2024. All of the patients waiting over 12 hours in December 2024 were attributed to Morrision Hospital, apart from three which were in Neath Port Talbot Hospital.

Trend

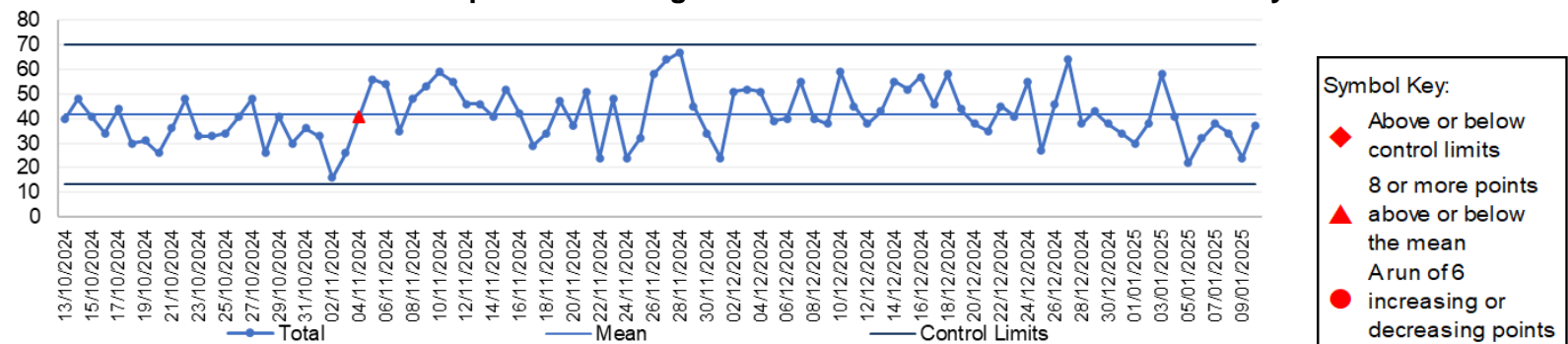
1. Number of patients waiting over 12 hours in A&E- HB total



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



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



UNSCHEDULED CARE

Description

Current Performance

Emergency admissions

In December 2023, there were 4,328 emergency admissions across the Health Board, which is 26 higher than November 2023. Singleton Hospital saw an in-month reduction, with 33 less admissions (from 308 in November 2023), Morrision Hospital saw an in-month increase from 3,871 admissions in November 2023 to 3,923 admissions in December 2023.

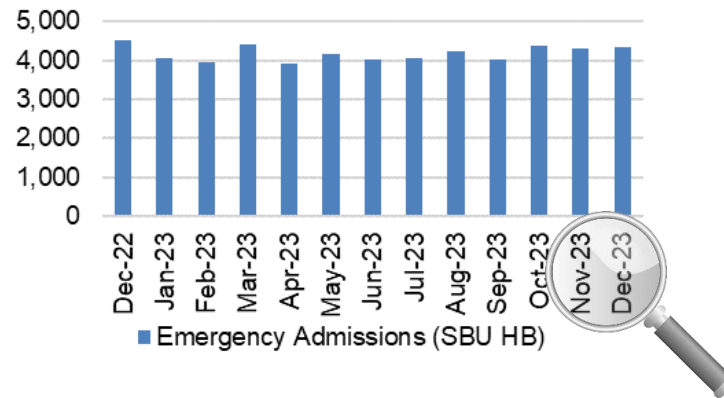
1. The number of emergency inpatient admissions

2. The number of emergency inpatient admissions- Hospital level

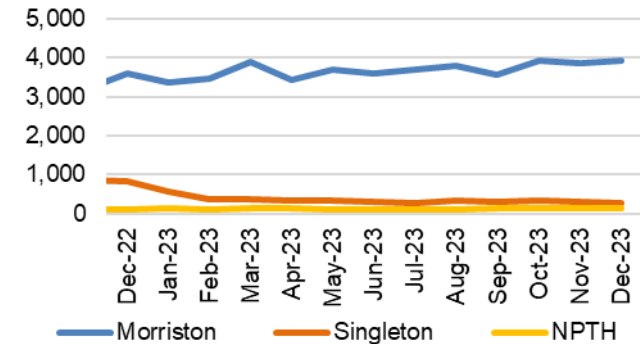
3. The number of emergency inpatient admissions (last 90 days)

Trend

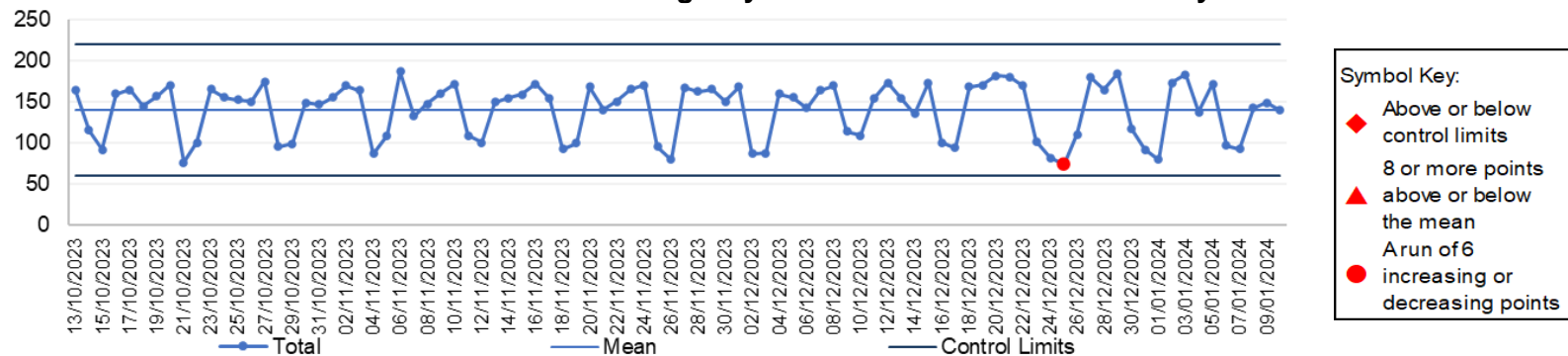
1. Number of emergency admissions- HB total



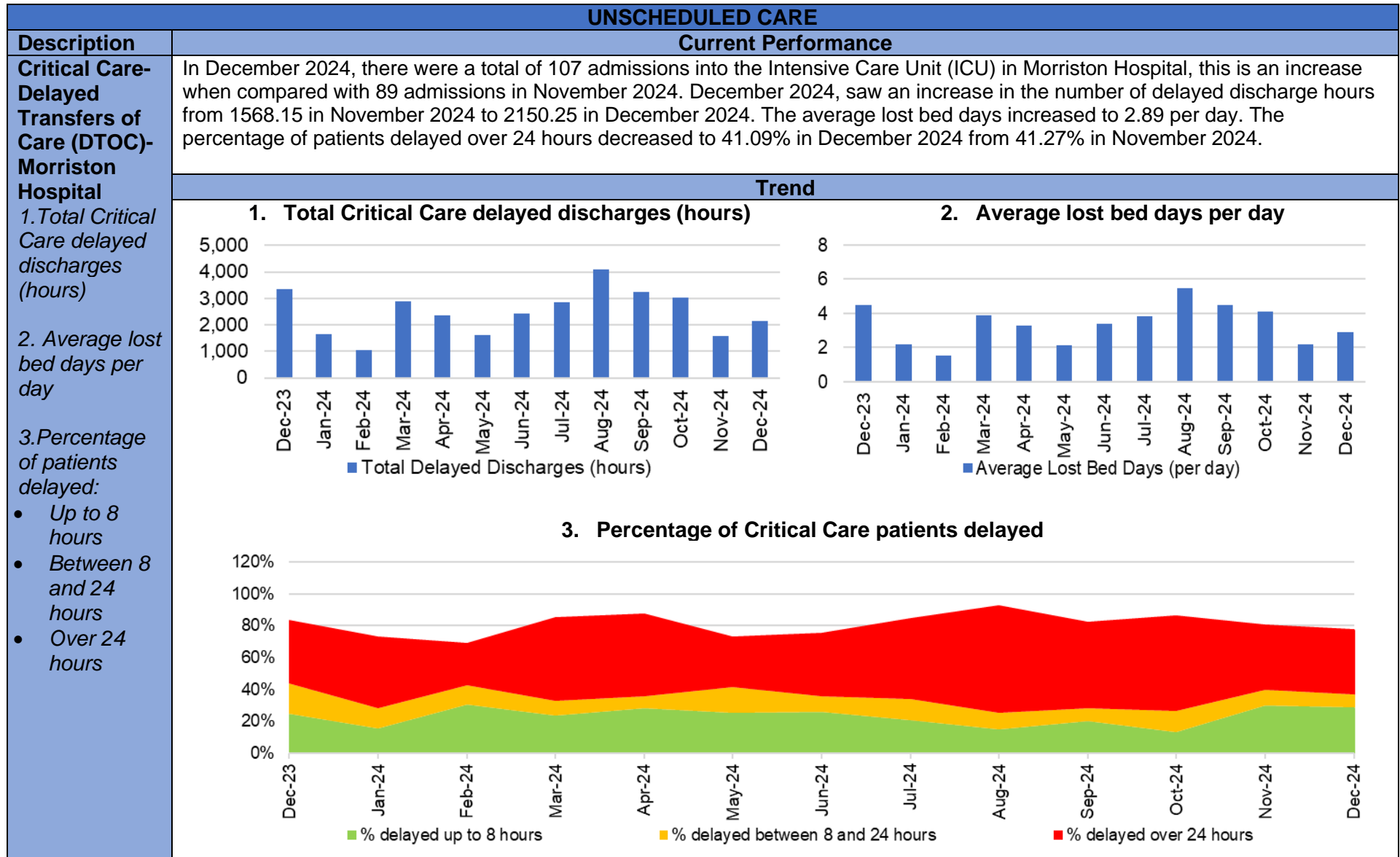
2. Number of emergency admissions- Hospital level



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



Symbol Key:
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UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
<p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In December 2024, there were on average 257 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In December, Morriston Hospital had the largest proportion of clinically optimised patients with 127, 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. The implementation of the frailty model with further increase opportunities for reductions in delays.</p>	<p>The number of clinically optimised patients by site</p> <table border="1"> <caption>Estimated data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>165</td><td>10</td><td>90</td><td>20</td></tr> <tr><td>Jan-24</td><td>130</td><td>35</td><td>60</td><td>15</td></tr> <tr><td>Feb-24</td><td>170</td><td>40</td><td>60</td><td>25</td></tr> <tr><td>Mar-24</td><td>110</td><td>50</td><td>55</td><td>25</td></tr> <tr><td>Apr-24</td><td>115</td><td>35</td><td>50</td><td>20</td></tr> <tr><td>May-24</td><td>150</td><td>25</td><td>50</td><td>20</td></tr> <tr><td>Jun-24</td><td>135</td><td>25</td><td>55</td><td>20</td></tr> <tr><td>Jul-24</td><td>135</td><td>10</td><td>60</td><td>20</td></tr> <tr><td>Aug-24</td><td>135</td><td>15</td><td>65</td><td>25</td></tr> <tr><td>Sep-24</td><td>135</td><td>15</td><td>55</td><td>25</td></tr> <tr><td>Oct-24</td><td>130</td><td>35</td><td>65</td><td>20</td></tr> <tr><td>Nov-24</td><td>110</td><td>40</td><td>65</td><td>20</td></tr> <tr><td>Dec-24</td><td>125</td><td>40</td><td>60</td><td>20</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Dec-23	165	10	90	20	Jan-24	130	35	60	15	Feb-24	170	40	60	25	Mar-24	110	50	55	25	Apr-24	115	35	50	20	May-24	150	25	50	20	Jun-24	135	25	55	20	Jul-24	135	10	60	20	Aug-24	135	15	65	25	Sep-24	135	15	55	25	Oct-24	130	35	65	20	Nov-24	110	40	65	20	Dec-24	125	40	60	20
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<p>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>	<p>In December 2024, there were 35 elective procedures cancelled due to lack of beds on the day of surgery. This is 19 more cancellations than those seen in November 2024.</p> <p>Of the 35 cancelled procedures, 32 were attributed to Morriston Hospital, 2 were attributed to Neath Port Talbot Hospital and 1 was attributed to Singleton Hospital.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Estimated data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Jan-24</td><td>25</td><td>0</td><td>40</td></tr> <tr><td>Feb-24</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Mar-24</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Apr-24</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>May-24</td><td>15</td><td>0</td><td>5</td></tr> <tr><td>Jun-24</td><td>28</td><td>0</td><td>0</td></tr> <tr><td>Jul-24</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Aug-24</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>Sep-24</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Oct-24</td><td>30</td><td>0</td><td>0</td></tr> <tr><td>Nov-24</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Dec-24</td><td>32</td><td>1</td><td>2</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Dec-23	15	0	0	Jan-24	25	0	40	Feb-24	20	0	0	Mar-24	15	0	0	Apr-24	18	0	0	May-24	15	0	5	Jun-24	28	0	0	Jul-24	15	0	0	Aug-24	18	0	0	Sep-24	20	0	0	Oct-24	30	0	0	Nov-24	15	0	0	Dec-24	32	1	2														
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<p>2. Prompt surgery- In November 2024, 33.4% of patients had surgery the day following presentation with a hip fracture. This is a 2.6% improvement from November 2023 which was 30.8%.</p>	<p>2. Prompt surgery</p> <table border="1"> <caption>2. Prompt surgery - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>30.8</td><td>60</td><td>60</td></tr> <tr><td>Dec-23</td><td>30.8</td><td>60</td><td>60</td></tr> <tr><td>Jan-24</td><td>30.8</td><td>60</td><td>60</td></tr> <tr><td>Feb-24</td><td>30.8</td><td>60</td><td>60</td></tr> <tr><td>Mar-24</td><td>30.8</td><td>60</td><td>60</td></tr> <tr><td>Apr-24</td><td>30.8</td><td>60</td><td>60</td></tr> <tr><td>May-24</td><td>30.8</td><td>60</td><td>60</td></tr> <tr><td>Jun-24</td><td>30.8</td><td>60</td><td>60</td></tr> <tr><td>Jul-24</td><td>30.8</td><td>60</td><td>60</td></tr> <tr><td>Aug-24</td><td>30.8</td><td>60</td><td>60</td></tr> <tr><td>Sep-24</td><td>30.8</td><td>60</td><td>60</td></tr> <tr><td>Oct-24</td><td>30.8</td><td>60</td><td>60</td></tr> <tr><td>Nov-24</td><td>33.4</td><td>60</td><td>60</td></tr> </tbody> </table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Nov-23	30.8	60	60	Dec-23	30.8	60	60	Jan-24	30.8	60	60	Feb-24	30.8	60	60	Mar-24	30.8	60	60	Apr-24	30.8	60	60	May-24	30.8	60	60	Jun-24	30.8	60	60	Jul-24	30.8	60	60	Aug-24	30.8	60	60	Sep-24	30.8	60	60	Oct-24	30.8	60	60	Nov-24	33.4	60	60	
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<p>4. Prompt mobilisation- In November 2024, 85.5% of patients were out of bed the day after surgery. This is 3.9% more than in November 2023.</p>	<p>4. Prompt mobilisation</p> <table border="1"> <caption>4. Prompt mobilisation - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>81.6</td><td>75</td><td>80</td></tr> <tr><td>Dec-23</td><td>81.6</td><td>75</td><td>80</td></tr> <tr><td>Jan-24</td><td>81.6</td><td>75</td><td>80</td></tr> <tr><td>Feb-24</td><td>81.6</td><td>75</td><td>80</td></tr> <tr><td>Mar-24</td><td>81.6</td><td>75</td><td>80</td></tr> <tr><td>Apr-24</td><td>81.6</td><td>75</td><td>80</td></tr> <tr><td>May-24</td><td>81.6</td><td>75</td><td>80</td></tr> <tr><td>Jun-24</td><td>81.6</td><td>75</td><td>80</td></tr> <tr><td>Jul-24</td><td>81.6</td><td>75</td><td>80</td></tr> <tr><td>Aug-24</td><td>81.6</td><td>75</td><td>80</td></tr> <tr><td>Sep-24</td><td>81.6</td><td>75</td><td>80</td></tr> <tr><td>Oct-24</td><td>81.6</td><td>75</td><td>80</td></tr> <tr><td>Nov-24</td><td>85.5</td><td>75</td><td>80</td></tr> </tbody> </table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Nov-23	81.6	75	80	Dec-23	81.6	75	80	Jan-24	81.6	75	80	Feb-24	81.6	75	80	Mar-24	81.6	75	80	Apr-24	81.6	75	80	May-24	81.6	75	80	Jun-24	81.6	75	80	Jul-24	81.6	75	80	Aug-24	81.6	75	80	Sep-24	81.6	75	80	Oct-24	81.6	75	80	Nov-24	85.5	75	80	
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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>	5. Not delirious when tested- 75.3% of patients were not delirious in the week after their operation in November 2024.	<p>5. Not delirious when tested</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence- 71.9% of patients in August 2024 were discharged back to their original residence. This is 1.0% less than was reported in August 2023.	<p>6. Return to original residence</p>
7. <i>30 day mortality rate (Casemix adjusted)</i>	7. 30 day mortality rate- In Q3 24-25 the mortality rate for Morryston Hospital was 5.6%, which is 0.4% lower than the figure reported in the same period in the previous year and is 0.3% above the national average for the quarter.	<p>7. 30 day mortality rate</p>

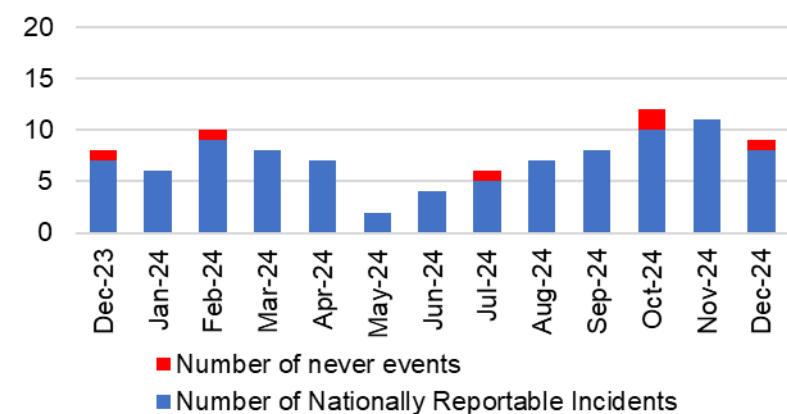
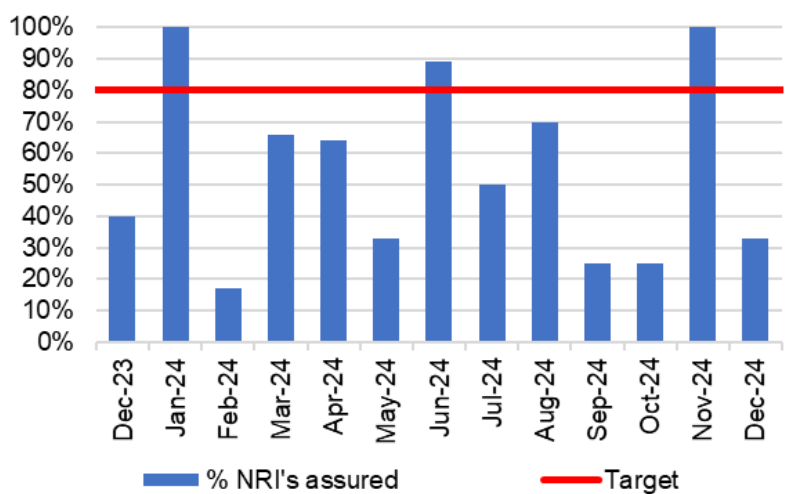
HEALTHCARE ACQUIRED INFECTIONS																																																					
Description	Current Performance	Trend																																																			
<p>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- Number of laboratory confirmed E.coli bacteraemia cases</p>	<ul style="list-style-type: none"> 16 cases of E. coli bacteraemia were identified in December 2024, of which 8 were hospital acquired and 8 were community acquired. The Health Board total is currently below the Welsh Government Profile target of 18 cases for December 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E. coli bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E. coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E. Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>12</td><td>18</td></tr> <tr><td>Jan-24</td><td>19</td><td>18</td></tr> <tr><td>Feb-24</td><td>17</td><td>18</td></tr> <tr><td>Mar-24</td><td>19</td><td>18</td></tr> <tr><td>Apr-24</td><td>19</td><td>18</td></tr> <tr><td>May-24</td><td>16</td><td>18</td></tr> <tr><td>Jun-24</td><td>18</td><td>18</td></tr> <tr><td>Jul-24</td><td>14</td><td>18</td></tr> <tr><td>Aug-24</td><td>29</td><td>18</td></tr> <tr><td>Sep-24</td><td>21</td><td>18</td></tr> <tr><td>Oct-24</td><td>22</td><td>18</td></tr> <tr><td>Nov-24</td><td>15</td><td>18</td></tr> <tr><td>Dec-24</td><td>16</td><td>18</td></tr> <tr><td>Jan-25</td><td></td><td>18</td></tr> <tr><td>Feb-25</td><td></td><td>18</td></tr> <tr><td>Mar-25</td><td></td><td>18</td></tr> </tbody> </table>	Month	Number E. Coli cases (SBU)	Trajectory	Dec-23	12	18	Jan-24	19	18	Feb-24	17	18	Mar-24	19	18	Apr-24	19	18	May-24	16	18	Jun-24	18	18	Jul-24	14	18	Aug-24	29	18	Sep-24	21	18	Oct-24	22	18	Nov-24	15	18	Dec-24	16	18	Jan-25		18	Feb-25		18	Mar-25		18
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<p>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</p>	<ul style="list-style-type: none"> There were 12 cases of Staph. aureus bacteraemia in December 2024, of which 8 were hospital acquired and 4 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for December 2024 <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>18</td><td>8</td></tr> <tr><td>Jan-24</td><td>11</td><td>8</td></tr> <tr><td>Feb-24</td><td>8</td><td>8</td></tr> <tr><td>Mar-24</td><td>8</td><td>8</td></tr> <tr><td>Apr-24</td><td>13</td><td>8</td></tr> <tr><td>May-24</td><td>7</td><td>8</td></tr> <tr><td>Jun-24</td><td>7</td><td>8</td></tr> <tr><td>Jul-24</td><td>12</td><td>8</td></tr> <tr><td>Aug-24</td><td>14</td><td>8</td></tr> <tr><td>Sep-24</td><td>7</td><td>8</td></tr> <tr><td>Oct-24</td><td>14</td><td>8</td></tr> <tr><td>Nov-24</td><td>12</td><td>8</td></tr> <tr><td>Dec-24</td><td>12</td><td>8</td></tr> <tr><td>Jan-25</td><td></td><td>6</td></tr> <tr><td>Feb-25</td><td></td><td>6</td></tr> <tr><td>Mar-25</td><td></td><td>6</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Dec-23	18	8	Jan-24	11	8	Feb-24	8	8	Mar-24	8	8	Apr-24	13	8	May-24	7	8	Jun-24	7	8	Jul-24	12	8	Aug-24	14	8	Sep-24	7	8	Oct-24	14	8	Nov-24	12	8	Dec-24	12	8	Jan-25		6	Feb-25		6	Mar-25		6
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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 23 <i>Clostridium difficile</i> toxin positive cases in December 2024, of which 20 were hospital acquired and 3 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 7 cases for December 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>21</td><td>10</td></tr> <tr><td>Jan-24</td><td>22</td><td>10</td></tr> <tr><td>Feb-24</td><td>20</td><td>10</td></tr> <tr><td>Mar-24</td><td>22</td><td>10</td></tr> <tr><td>Apr-24</td><td>20</td><td>10</td></tr> <tr><td>May-24</td><td>19</td><td>9</td></tr> <tr><td>Jun-24</td><td>22</td><td>9</td></tr> <tr><td>Jul-24</td><td>14</td><td>8</td></tr> <tr><td>Aug-24</td><td>35</td><td>8</td></tr> <tr><td>Sep-24</td><td>22</td><td>7</td></tr> <tr><td>Oct-24</td><td>29</td><td>7</td></tr> <tr><td>Nov-24</td><td>22</td><td>7</td></tr> <tr><td>Dec-24</td><td>23</td><td>7</td></tr> <tr><td>Jan-25</td><td></td><td>7</td></tr> <tr><td>Feb-25</td><td></td><td>7</td></tr> <tr><td>Mar-25</td><td></td><td>6</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	Dec-23	21	10	Jan-24	22	10	Feb-24	20	10	Mar-24	22	10	Apr-24	20	10	May-24	19	9	Jun-24	22	9	Jul-24	14	8	Aug-24	35	8	Sep-24	22	7	Oct-24	29	7	Nov-24	22	7	Dec-24	23	7	Jan-25		7	Feb-25		7	Mar-25		6
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Mar-25		6																																																			
Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"> There were 12 cases of Klebsiella sp in December 2024, of which 8 were hospital acquired and 4 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 5 cases for December 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>6</td><td>9</td></tr> <tr><td>Jan-24</td><td>11</td><td>9</td></tr> <tr><td>Feb-24</td><td>9</td><td>9</td></tr> <tr><td>Mar-24</td><td>5</td><td>9</td></tr> <tr><td>Apr-24</td><td>10</td><td>9</td></tr> <tr><td>May-24</td><td>11</td><td>7</td></tr> <tr><td>Jun-24</td><td>13</td><td>7</td></tr> <tr><td>Jul-24</td><td>8</td><td>7</td></tr> <tr><td>Aug-24</td><td>12</td><td>7</td></tr> <tr><td>Sep-24</td><td>6</td><td>6</td></tr> <tr><td>Oct-24</td><td>12</td><td>5</td></tr> <tr><td>Nov-24</td><td>6</td><td>4</td></tr> <tr><td>Dec-24</td><td>12</td><td>5</td></tr> <tr><td>Jan-25</td><td></td><td>5</td></tr> <tr><td>Feb-25</td><td></td><td>5</td></tr> <tr><td>Mar-25</td><td></td><td>4</td></tr> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	Trajectory	Dec-23	6	9	Jan-24	11	9	Feb-24	9	9	Mar-24	5	9	Apr-24	10	9	May-24	11	7	Jun-24	13	7	Jul-24	8	7	Aug-24	12	7	Sep-24	6	6	Oct-24	12	5	Nov-24	6	4	Dec-24	12	5	Jan-25		5	Feb-25		5	Mar-25		4
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HEALTHCARE ACQUIRED INFECTIONS																																																										
Description	Current Performance	Trend																																																								
<p>Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> There were 5 cases of <i>P.Aeruginosa</i> reported in December 2024. The Health Board total is currently above the Welsh Government Profile target of 1 case for December 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <caption>Number of healthcare acquired Pseudomonas cases</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>3</td><td>3</td></tr> <tr><td>Jan-24</td><td>2</td><td>2</td></tr> <tr><td>Feb-24</td><td>0</td><td>0</td></tr> <tr><td>Mar-24</td><td>0</td><td>0</td></tr> <tr><td>Apr-24</td><td>0</td><td>3</td></tr> <tr><td>May-24</td><td>1</td><td>0</td></tr> <tr><td>Jun-24</td><td>0</td><td>2</td></tr> <tr><td>Jul-24</td><td>2</td><td>1</td></tr> <tr><td>Aug-24</td><td>3</td><td>2</td></tr> <tr><td>Sep-24</td><td>1</td><td>2</td></tr> <tr><td>Oct-24</td><td>1</td><td>2</td></tr> <tr><td>Nov-24</td><td>0</td><td>2</td></tr> <tr><td>Dec-24</td><td>5</td><td>1</td></tr> <tr><td>Jan-25</td><td>0</td><td>1</td></tr> <tr><td>Feb-25</td><td>0</td><td>2</td></tr> <tr><td>Mar-25</td><td>0</td><td>3</td></tr> </tbody> </table>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Dec-23	3	3	Jan-24	2	2	Feb-24	0	0	Mar-24	0	0	Apr-24	0	3	May-24	1	0	Jun-24	0	2	Jul-24	2	1	Aug-24	3	2	Sep-24	1	2	Oct-24	1	2	Nov-24	0	2	Dec-24	5	1	Jan-25	0	1	Feb-25	0	2	Mar-25	0	3					
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PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
<p>Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i></p> <p><i>2. Rate of pressure ulcers per 100,000 admissions</i></p>	<ul style="list-style-type: none"> In November 2024 there were 111 cases of healthcare acquired pressure ulcers, 38 of which were community acquired and 73 were hospital acquired. There were 11 grade 3+ pressure ulcers in November 2024, 7 of which were community acquired and 4 were hospital acquired. The rate per 100,000 admissions was 1189 in November 2024. 	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table border="1"> <caption>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</caption> <thead> <tr> <th>Month</th> <th>Pressure Ulcers (Community)</th> <th>Pressure Ulcers (Hospital)</th> <th>Rate per 100,00 admissions</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>40</td><td>70</td><td>1100</td></tr> <tr><td>Dec-23</td><td>50</td><td>60</td><td>1000</td></tr> <tr><td>Jan-24</td><td>80</td><td>50</td><td>1300</td></tr> <tr><td>Feb-24</td><td>40</td><td>60</td><td>1100</td></tr> <tr><td>Mar-24</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Apr-24</td><td>40</td><td>50</td><td>1000</td></tr> <tr><td>May-24</td><td>60</td><td>50</td><td>1100</td></tr> <tr><td>Jun-24</td><td>50</td><td>60</td><td>1000</td></tr> <tr><td>Jul-24</td><td>40</td><td>40</td><td>700</td></tr> <tr><td>Aug-24</td><td>50</td><td>50</td><td>1000</td></tr> <tr><td>Sep-24</td><td>40</td><td>50</td><td>900</td></tr> <tr><td>Oct-24</td><td>60</td><td>50</td><td>1100</td></tr> <tr><td>Nov-24</td><td>40</td><td>70</td><td>1189</td></tr> </tbody> </table>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,00 admissions	Nov-23	40	70	1100	Dec-23	50	60	1000	Jan-24	80	50	1300	Feb-24	40	60	1100	Mar-24	0	0	0	Apr-24	40	50	1000	May-24	60	50	1100	Jun-24	50	60	1000	Jul-24	40	40	700	Aug-24	50	50	1000	Sep-24	40	50	900	Oct-24	60	50	1100	Nov-24	40	70	1189
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NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p>Nationally Reportable Incidents (NRI's)- 1. <i>The number of Nationally reportable incidents</i></p> <p>2. <i>The number of Never Events</i></p> <p>3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 7 Nationally Reportable Incidents for the month of December 2024 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - Morryston – 1 - PCT -1 - Singleton - 5 <p>2. There was one new Never Events reported in December 2024.</p> <p>3. In December 2024, 33% of the NRI's were closed within the agreed timescale.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p>  <p>3. % of nationally reportable incidents closed within the agreed timescales</p> 

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 174 in December 2024. This is 7.4% less than November 2024 where 188 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Number of Falls</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>155</td></tr> <tr><td>Jan-24</td><td>190</td></tr> <tr><td>Feb-24</td><td>200</td></tr> <tr><td>Mar-24</td><td>195</td></tr> <tr><td>Apr-24</td><td>145</td></tr> <tr><td>May-24</td><td>155</td></tr> <tr><td>Jun-24</td><td>155</td></tr> <tr><td>Jul-24</td><td>175</td></tr> <tr><td>Aug-24</td><td>170</td></tr> <tr><td>Sep-24</td><td>160</td></tr> <tr><td>Oct-24</td><td>195</td></tr> <tr><td>Nov-24</td><td>185</td></tr> <tr><td>Dec-24</td><td>170</td></tr> </tbody> </table> <p>■ Hospital Falls</p>	Month	Number of Falls	Dec-23	155	Jan-24	190	Feb-24	200	Mar-24	195	Apr-24	145	May-24	155	Jun-24	155	Jul-24	175	Aug-24	170	Sep-24	160	Oct-24	195	Nov-24	185	Dec-24	170
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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 December 2024, the percentage of completed discharge summaries was 75%.</p> <p>In December 2024, compliance ranged from 81% in Morriston Hospital to 65% in Neath Port Talbot Hospital.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% discharge summaries approved and sent</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>68%</td></tr> <tr><td>Jan-24</td><td>65%</td></tr> <tr><td>Feb-24</td><td>70%</td></tr> <tr><td>Mar-24</td><td>68%</td></tr> <tr><td>Apr-24</td><td>75%</td></tr> <tr><td>May-24</td><td>75%</td></tr> <tr><td>Jun-24</td><td>75%</td></tr> <tr><td>Jul-24</td><td>75%</td></tr> <tr><td>Aug-24</td><td>78%</td></tr> <tr><td>Sep-24</td><td>78%</td></tr> <tr><td>Oct-24</td><td>75%</td></tr> <tr><td>Nov-24</td><td>75%</td></tr> <tr><td>Dec-24</td><td>75%</td></tr> </tbody> </table> <p>■ % of completed discharge summaries</p>	Month	Percentage	Dec-23	68%	Jan-24	65%	Feb-24	70%	Mar-24	68%	Apr-24	75%	May-24	75%	Jun-24	75%	Jul-24	75%	Aug-24	78%	Sep-24	78%	Oct-24	75%	Nov-24	75%	Dec-24	75%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	<p>November 2024 reports the crude mortality rate for the Health Board at 0.67%, which is 0.02% higher than the figure reported in October 2024.</p> <p>A breakdown by Hospital for November 2024:</p> <ul style="list-style-type: none"> • Morriston – 1.19% • Singleton – 0.19% • NPT – 0.08% 	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Dec-23</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Jan-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Feb-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Mar-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Apr-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>May-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Jun-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Jul-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Aug-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Sep-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Oct-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Nov-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Nov-23	1.19%	0.19%	0.08%	0.67%	Dec-23	1.19%	0.19%	0.08%	0.67%	Jan-24	1.19%	0.19%	0.08%	0.67%	Feb-24	1.19%	0.19%	0.08%	0.67%	Mar-24	1.19%	0.19%	0.08%	0.67%	Apr-24	1.19%	0.19%	0.08%	0.67%	May-24	1.19%	0.19%	0.08%	0.67%	Jun-24	1.19%	0.19%	0.08%	0.67%	Jul-24	1.19%	0.19%	0.08%	0.67%	Aug-24	1.19%	0.19%	0.08%	0.67%	Sep-24	1.19%	0.19%	0.08%	0.67%	Oct-24	1.19%	0.19%	0.08%	0.67%	Nov-24	1.19%	0.19%	0.08%	0.67%
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Readmission Rates	<p>In December 2024, 9.17% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 1.48% higher than the figure reported in November 2024.</p>	<p>Emergencies readmitted within 28 days of previous discharge</p> <table border="1"> <caption>Emergencies readmitted within 28 days of previous discharge</caption> <thead> <tr> <th>Month</th> <th>28 day readmission rate (SBUHB)</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>9.17%</td></tr> <tr><td>Jan-24</td><td>7.5%</td></tr> <tr><td>Feb-24</td><td>8.2%</td></tr> <tr><td>Mar-24</td><td>8.6%</td></tr> <tr><td>Apr-24</td><td>8.1%</td></tr> <tr><td>May-24</td><td>8.3%</td></tr> <tr><td>Jun-24</td><td>8.1%</td></tr> <tr><td>Jul-24</td><td>9.2%</td></tr> <tr><td>Aug-24</td><td>8.7%</td></tr> <tr><td>Sep-24</td><td>8.1%</td></tr> <tr><td>Oct-24</td><td>8.3%</td></tr> <tr><td>Nov-24</td><td>7.7%</td></tr> <tr><td>Dec-24</td><td>9.17%</td></tr> </tbody> </table>	Month	28 day readmission rate (SBUHB)	Dec-23	9.17%	Jan-24	7.5%	Feb-24	8.2%	Mar-24	8.6%	Apr-24	8.1%	May-24	8.3%	Jun-24	8.1%	Jul-24	9.2%	Aug-24	8.7%	Sep-24	8.1%	Oct-24	8.3%	Nov-24	7.7%	Dec-24	9.17%																																										
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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												
					Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Cancer																	
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	Improvement Trajectory towards 80% by Mar 26	64.0%		51.0%	47.5%	50.4%	55.8%	56.4%	57.0%	57.9%	58.6%	55.7%	57.0%	56.0%	66.0%	
Planned Care																	
Number of patients waiting > 26 weeks for first outpatient appointment*	Morrison	0			5,968	5,703	5,806	6,565	5,247	5,958	5,948	6,171	6,869	6,716	6,573	6,371	6,804
	NPTH			15	30	45	92	2,002	2,240	2,278	2,341	2,602	2,588	2,579	2,607	2,736	
	Singleton			4,906	4,989	5,087	5,438	5,795	6,007	6,036	5,880	6,274	6,135	6,139	6,302	6,448	
	PC&CS			0	0	0	0	1	0	0	0	0	3	1	0	0	
	Total			10,889	10,722	10,938	12,095	13,045	14,205	14,262	14,392	15,745	15,442	15,292	15,280	15,988	
Number of patients waiting > 36 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0			2,245	2,001	1,986	2,294	1,959	2,514	2,809	3,096	3,424	3,068	3,113	3,206	3,340
	NPTH			3	1	4	2	761	920	1,042	1,164	1,330	1,204	1,166	1,271	1,233	
	Singleton			2,298	2,182	2,112	2,443	2,855	2,986	3,098	3,064	3,261	2,777	2,870	3,140	3,237	
	PC&CS			0	0	0	0	0	0	0	0	0	2	1	0	0	
	Total			4,546	4,184	4,102	4,739	5,575	6,420	6,949	7,324	8,015	7,051	7,150	7,617	7,810	
Number of patients waiting > 52 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0	0		0	0	0	0	0	0	0	0	0	2	0	1	0
	NPTH			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton			0	0	0	0	0	0	0	0	0	0	0	0	0	
	PC&CS			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total			0	0	0	0	0	0	0	0	0	2	0	1	0	
Number of patients waiting > 52 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			9,588	9,423	9,159	8,962	4,236	4,191	4,103	4,177	4,256	4,302	4,418	4,410	4,256
	NPTH			0	0	0	0	4,229	4,286	4,404	4,351	4,485	4,564	4,590	4,494	4,376	
	Singleton			3,798	3,895	4,052	4,219	4,433	4,782	5,116	5,094	5,164	5,134	5,439	5,337	5,274	
	PC&CS			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total			13,386	13,318	13,211	13,181	12,898	13,259	13,623	13,622	13,905	14,000	14,447	14,241	13,906	
Number of patients waiting > 104 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0	0		2,311	1,923	1,579	1,299	490	424	387	353	365	386	431	408	344
	NPTH			0	0	0	0	696	641	607	554	563	523	520	419	350	
	Singleton			658	643	596	532	539	514	483	377	350	332	334	318	287	
	PC&CS			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total			2,969	2,566	2,175	1,831	1,725	1,579	1,477	1,284	1,278	1,241	1,285	1,145	981	
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	Improvement Trajectory towards 0 by Mar 24	2,529		5,616	4,705	3,870	3,687	3,746	3,576	3,493	3,490	3,425	3,296	3,156	3,017	2,969
	Total			5,616	4,705	3,870	3,687	3,746	3,576	3,493	3,490	3,425	3,296	3,156	3,017	2,969	
Number of patients waiting > 14 weeks for a specified therapy*	PC&CS	Improvement Trajectory towards 0 by Mar 24			73	88	29	1	1	0	4	5	17	130	147	297	407
	Total			73	88	29	1	1	0	4	5	17	130	147	297	407	

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	12 month reduction trend			159,226	#####	#####	#####	169,049	#####	#####	172,898	#####	#####	#####	#####	
Number of patients delayed by over 100% past their target date	Total	Improvement Trajectory towards target of 0			43,784	44,976	46,482	48,969	49,837	50,646	49,585	49,591	39,908	39,502	39,137	38,437	39,141
Number of patients delayed past their agreed target date (booked and not booked) *	Total	12 month reduction trend			72,790	74,878	76,796	80,190	80,656	80,503	78,946	78,579	67,051	66,422	65,359	64,671	66,629
Number of Ophthalmology patients without an allocated health risk factor	Total	0			527	522	309	343	270	155	203	94	152	182	126	135	98
Number of patients without a documented clinical review date	Total	0			1	1	1	5	2	2	4	1	0	2	5	3	1
Activity																	
Number of GP referrals	Total	12 month reduction trend			10,102	12,876	12,976	12,269	13,687	13,540	12,365	14,282	12,326	12,826	14,244	12,759	10,766
Number of patients referred from primary care into secondary care Ophthalmology services	Total	Improvement Trajectory towards reduction by Mar 24			735	775	721	936	932	783	794	838	785	714	865	757	590
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	12 month improvement trend			303	418	406	430	398	401	625	648	518	590	680	681	561
	MH&LD				45	60	63	66	36	49	71	84	83	91	112	109	82
	Morrison				2,047	2,600	2,644	2,606	2,776	2,584	2,716	2,879	2,445	2,885	3,081	2,923	2,461
	NPTH																
	Singleton				1,671	2,229	2,237	2,118	2,234	2,081	2,193	2,326	1,945	2,077	2,402	2,465	1,725
Total	4,004	5,211	5,232	5,427	5,579	5,344	5,535	5,853	4,913	5,556	6,208	5,766	4,747				
% of patients who would recommend and highly recommend	PCCS	90%			95%	94%	96%	95%	96%	97%	96%	96%	95%	95%	95%	95%	95%
	MH&LD				100%	100%	100%	97%	100%	96%	92%	100%	89%	91%	98%	100%	95%
	Morrison				90%	91%	90%	90%	90%	90%	90%	90%	90%	89%	91%	91%	89%
	NPTH																
	Singleton				94%	95%	95%	95%	95%	94%	95%	95%	95%	95%	95%	96%	96%
Total	92%	93%	92%	92%	93%	92%	93%	93%	93%	92%	92%	92%	93%	93%	92%		
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%			93%	91%	96%	96%	96%	94%	96%	95%	94%	94%	95%	94%	94%
	MH&LD																
	Morrison				92%	92%	92%	91%	92%	92%	92%	93%	92%	92%	92%	92%	91%
	NPTH																
	Singleton				93%	93%	94%	93%	95%	94%	94%	94%	95%	94%	95%	94%	94%
Total	93%	93%	93%	92%	93%	93%	93%	94%	93%	93%	93%	93%	93%	92%			
Number of new complaints received	PCCS	12 month reduction trend			20	35	31	36	24	20	15	19	22	13	13		
	MH&LD				13	21	19	22	17	14	22	27	24	29	29		
	Morrison				35	53	55	46	51	53	38	61	59	55	51		
	NPTH																
	Singleton				35	64	58	59	45	50	47	39	31	31	40		
Total	108	181	168	167	140	145	130	152	142	130	141						
% 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%			95%	89%	74%	81%	79%	85%	80%	74%	50%	69%	92%		
	MH&LD				89%	57%	53%	68%	82%	79%	64%	78%	54%	52%	69%		
	Morrison				66%	72%	85%	87%	78%	83%	66%	72%	68%	67%	78%		
	NPTH																
	Singleton				54%	67%	59%	54%	62%	50%	72%	49%	58%	58%	55%		
Total	69%	72%	71%	71%	74%	73%	70%	66%	61%	62%	70%						

5.3 Updates on key measures

PLANNED CARE																																												
Description	Current Performance																																											
Referrals and shape of the waiting list 1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Outpatient activity undertaken <i>Total number of patients seen each month</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at December 24</i>	<p>In December 2024, there were 10,766 referrals received. This is lower than the number that was received in November 2024 (12,759). Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.</p>																																											
	Trend																																											
	<p>1. Number of GP referrals received by SBU Health Board</p> <table border="1"> <caption>Estimated data for Chart 1: GP Referrals</caption> <thead> <tr> <th>Month</th> <th>Routine</th> <th>Urgent</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>10,000</td><td>7,500</td></tr> <tr><td>Jan-24</td><td>12,500</td><td>8,000</td></tr> <tr><td>Feb-24</td><td>12,000</td><td>8,500</td></tr> <tr><td>Mar-24</td><td>11,500</td><td>8,000</td></tr> <tr><td>Apr-24</td><td>13,000</td><td>8,500</td></tr> <tr><td>May-24</td><td>12,500</td><td>8,000</td></tr> <tr><td>Jun-24</td><td>11,000</td><td>7,500</td></tr> <tr><td>Jul-24</td><td>13,500</td><td>9,000</td></tr> <tr><td>Aug-24</td><td>11,500</td><td>8,000</td></tr> <tr><td>Sep-24</td><td>12,000</td><td>8,500</td></tr> <tr><td>Oct-24</td><td>13,000</td><td>9,000</td></tr> <tr><td>Nov-24</td><td>12,500</td><td>8,500</td></tr> <tr><td>Dec-24</td><td>10,766</td><td>8,000</td></tr> </tbody> </table>	Month	Routine	Urgent	Dec-23	10,000	7,500	Jan-24	12,500	8,000	Feb-24	12,000	8,500	Mar-24	11,500	8,000	Apr-24	13,000	8,500	May-24	12,500	8,000	Jun-24	11,000	7,500	Jul-24	13,500	9,000	Aug-24	11,500	8,000	Sep-24	12,000	8,500	Oct-24	13,000	9,000	Nov-24	12,500	8,500	Dec-24	10,766	8,000	<p>2. Number of stage 1 additions per week</p>
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<p>3. Outpatient activity undertaken</p> <table border="1"> <caption>Estimated data for Chart 3: Outpatient Activity</caption> <thead> <tr> <th>Month</th> <th>New outpatient attendances</th> <th>Follow-up attendances</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>15,000</td><td>25,000</td></tr> <tr><td>Jan-24</td><td>16,000</td><td>30,000</td></tr> <tr><td>Feb-24</td><td>15,000</td><td>28,000</td></tr> <tr><td>Mar-24</td><td>14,000</td><td>25,000</td></tr> <tr><td>Apr-24</td><td>15,000</td><td>30,000</td></tr> <tr><td>May-24</td><td>15,000</td><td>30,000</td></tr> <tr><td>Jun-24</td><td>15,000</td><td>30,000</td></tr> <tr><td>Jul-24</td><td>16,000</td><td>32,000</td></tr> <tr><td>Aug-24</td><td>14,000</td><td>28,000</td></tr> <tr><td>Sep-24</td><td>16,000</td><td>32,000</td></tr> <tr><td>Oct-24</td><td>17,000</td><td>35,000</td></tr> <tr><td>Nov-24</td><td>16,000</td><td>32,000</td></tr> <tr><td>Dec-24</td><td>13,000</td><td>28,000</td></tr> </tbody> </table>	Month	New outpatient attendances	Follow-up attendances	Dec-23	15,000	25,000	Jan-24	16,000	30,000	Feb-24	15,000	28,000	Mar-24	14,000	25,000	Apr-24	15,000	30,000	May-24	15,000	30,000	Jun-24	15,000	30,000	Jul-24	16,000	32,000	Aug-24	14,000	28,000	Sep-24	16,000	32,000	Oct-24	17,000	35,000	Nov-24	16,000	32,000	Dec-24	13,000	28,000	<p>4. Total size of the waiting list and movement (Nov 2024)</p>	
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PLANNED CARE

Description

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

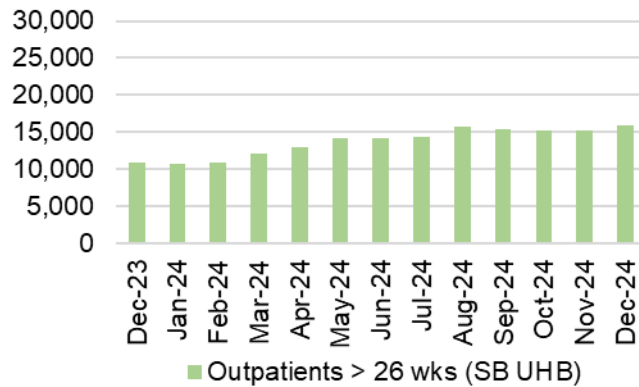
4. Percentage of patients waiting less than 26 weeks

Current Performance

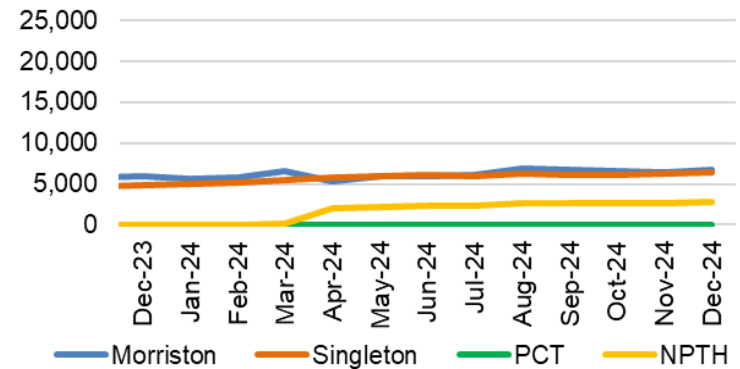
The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. December 2024 saw a minor in-month increase of the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 15,280 in November 2024 to 15,988 in December 2024. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, followed by ENT and Orthopaedics. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has deteriorated slightly to 58.7%.

Trend

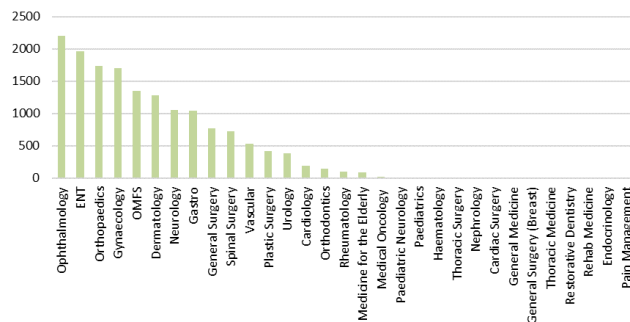
1. Number of stage 1 over 26 weeks- HB total



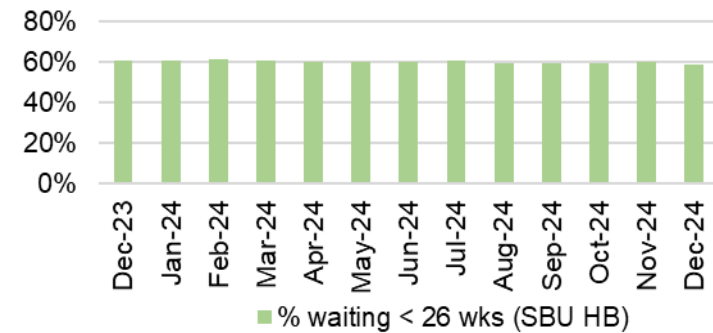
2. Number of stage 1 over 26 weeks- Hospital level



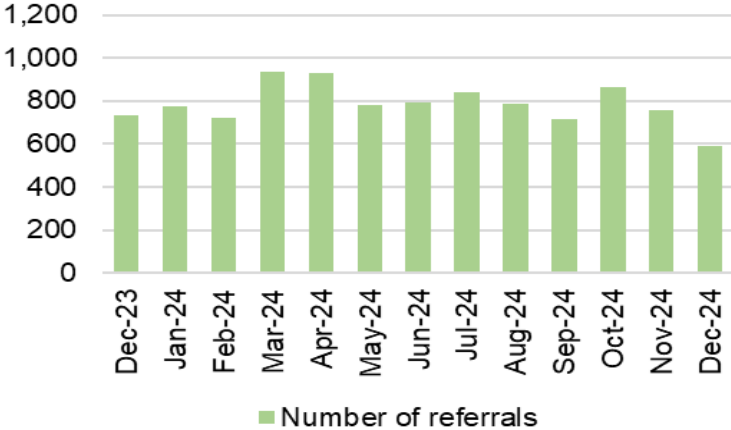
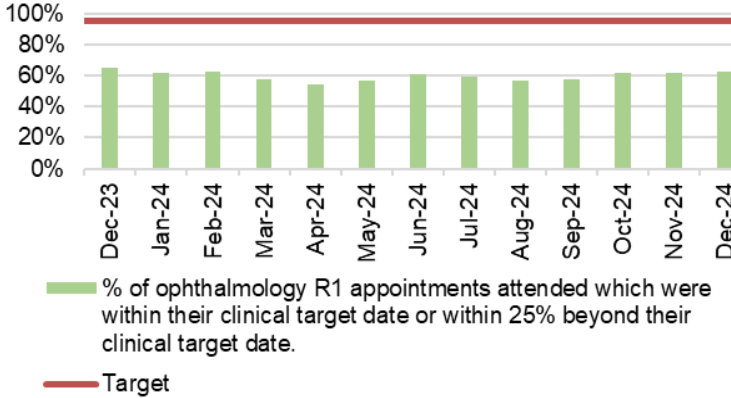
3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at December 2024



4. Percentage of patient waiting less than 26 weeks



PLANNED CARE																																																																																	
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<p>Patients waiting over 36 weeks for treatment</p> <p><i>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</i></p> <p><i>2. Number of patients waiting more than 36 weeks for treatment</i></p> <p><i>3. Number of elective admissions</i></p> <p><i>4. Number of patients waiting more than 104 weeks for treatment</i></p>	<p>In December 2024, there were 7,810 patients waiting over 36 weeks at Stage 1, which is a 3% in-month increase from November 2024. 13,906 patients were waiting over 52 weeks at all stages in December 2024. In December 2024, there were 1,145 patients waiting over 981 weeks for treatment, which is a 14% reduction from November 2024.</p>																																																																																
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<p>Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In December 2024, there were 590 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in November 2024, which was 757.</p>	<p>Number of referrals into secondary care Ophthalmology service</p>  <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Number of referrals</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>720</td></tr> <tr><td>Jan-24</td><td>780</td></tr> <tr><td>Feb-24</td><td>710</td></tr> <tr><td>Mar-24</td><td>920</td></tr> <tr><td>Apr-24</td><td>910</td></tr> <tr><td>May-24</td><td>780</td></tr> <tr><td>Jun-24</td><td>790</td></tr> <tr><td>Jul-24</td><td>830</td></tr> <tr><td>Aug-24</td><td>790</td></tr> <tr><td>Sep-24</td><td>710</td></tr> <tr><td>Oct-24</td><td>850</td></tr> <tr><td>Nov-24</td><td>750</td></tr> <tr><td>Dec-24</td><td>590</td></tr> </tbody> </table>	Month	Number of referrals	Dec-23	720	Jan-24	780	Feb-24	710	Mar-24	920	Apr-24	910	May-24	780	Jun-24	790	Jul-24	830	Aug-24	790	Sep-24	710	Oct-24	850	Nov-24	750	Dec-24	590
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<p>Ophthalmology waiting times <i>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target</i></p>	<p>In December 2024, 62.5% of Ophthalmology R1 appointments attended were 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 appointments attended which were within their clinical target date or within 25% in excess of their clinical target date</p>  <table border="1"> <caption>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target date</caption> <thead> <tr> <th>Month</th> <th>% of appointments</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>65%</td></tr> <tr><td>Jan-24</td><td>60%</td></tr> <tr><td>Feb-24</td><td>62%</td></tr> <tr><td>Mar-24</td><td>58%</td></tr> <tr><td>Apr-24</td><td>55%</td></tr> <tr><td>May-24</td><td>58%</td></tr> <tr><td>Jun-24</td><td>60%</td></tr> <tr><td>Jul-24</td><td>60%</td></tr> <tr><td>Aug-24</td><td>58%</td></tr> <tr><td>Sep-24</td><td>58%</td></tr> <tr><td>Oct-24</td><td>60%</td></tr> <tr><td>Nov-24</td><td>60%</td></tr> <tr><td>Dec-24</td><td>62.5%</td></tr> </tbody> </table>	Month	% of appointments	Dec-23	65%	Jan-24	60%	Feb-24	62%	Mar-24	58%	Apr-24	55%	May-24	58%	Jun-24	60%	Jul-24	60%	Aug-24	58%	Sep-24	58%	Oct-24	60%	Nov-24	60%	Dec-24	62.5%
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<p>Theatre Efficiency</p> <p>1. <i>Theatre Utilisation Rates</i></p> <p>2. <i>% of theatre sessions starting late</i></p> <p>3. <i>% of theatre sessions finishing early</i></p> <p>4. <i>% of theatre sessions cancelled at short notice (<28 days)</i></p> <p>5. <i>% of operations cancelled on the day</i></p>	<p>In December 2024 the Theatre Utilisation rate was 49%. This is 6% lower than the figure reported in November 2024 and is 3% lower than the figure reported in December 2023 (52%).</p> <p>39% of theatre sessions started late in December 2024. This is 2% lower than the figure reported in November 2024.</p> <p>In December 2024, 30% of theatre sessions finished early. This is lower than the figure seen in November 2024 and 2% lower than those seen in December 2023.</p> <p>13% of theatre sessions were cancelled at short notice in December 2024. This is 2% higher than the figures reported in November 2024.</p> <p>Of the operations cancelled in December 2024, 36% of them were cancelled on the day.</p>	<p>1. Theatre Utilisation Rates</p> <table border="1"> <caption>1. 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<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In December there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 3,017 in November 2024 to 2,969 in December 2024.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for December 2024:</p> <ul style="list-style-type: none"> • Endoscopy= 2,317 • Cardiac tests= 636^ • Other Diagnostics = 5 <p>Actions of Improvement; Demand and capacity work has enabled significant improvement in access times for non-endoscopic diagnostics.</p> <p>Detailed demand and capacity model for endoscopy has been commissioned to ensure sustained improvement across all aspects of endoscopic diagnostics.</p>	<p>Number of patients waiting longer than 8 weeks for Diagnostics</p> <table border="1"> <caption>Number of patients waiting longer than 8 weeks for Diagnostics</caption> <thead> <tr> <th>Month</th> <th>Other diagnostics (inc. radiology)</th> <th>Endoscopy</th> <th>Cardiac tests</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>1,500</td><td>3,500</td><td>500</td></tr> <tr><td>Jan-24</td><td>500</td><td>3,500</td><td>500</td></tr> <tr><td>Feb-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>Mar-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>Apr-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>May-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>Jun-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>Jul-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>Aug-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>Sep-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>Oct-24</td><td>500</td><td>2,500</td><td>500</td></tr> <tr><td>Nov-24</td><td>500</td><td>2,500</td><td>500</td></tr> <tr><td>Dec-24</td><td>500</td><td>2,317</td><td>636</td></tr> </tbody> </table> <p>Legend: ■ Other diagnostics (inc. radiology) ■ Endoscopy ■ Cardiac tests</p>	Month	Other diagnostics (inc. radiology)	Endoscopy	Cardiac tests	Dec-23	1,500	3,500	500	Jan-24	500	3,500	500	Feb-24	500	3,000	500	Mar-24	500	3,000	500	Apr-24	500	3,000	500	May-24	500	3,000	500	Jun-24	500	3,000	500	Jul-24	500	3,000	500	Aug-24	500	3,000	500	Sep-24	500	3,000	500	Oct-24	500	2,500	500	Nov-24	500	2,500	500	Dec-24	500	2,317	636
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<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In December 2024, there were 407 patients waiting over 14 weeks for specified Therapies, which is 110 more than seen in November 2024.</p> <ul style="list-style-type: none"> - All of the breaches are currently associated with Podiatry. The service are in the process of finalising a recovery plan to manage the waiting list position. 	<p>Number of patients waiting longer than 14 weeks for therapies</p> <table border="1"> <caption>Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Therapies > 14 weeks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>50</td></tr> <tr><td>Jan-24</td><td>80</td></tr> <tr><td>Feb-24</td><td>20</td></tr> <tr><td>Mar-24</td><td>0</td></tr> <tr><td>Apr-24</td><td>0</td></tr> <tr><td>May-24</td><td>0</td></tr> <tr><td>Jun-24</td><td>0</td></tr> <tr><td>Jul-24</td><td>0</td></tr> <tr><td>Aug-24</td><td>20</td></tr> <tr><td>Sep-24</td><td>120</td></tr> <tr><td>Oct-24</td><td>140</td></tr> <tr><td>Nov-24</td><td>290</td></tr> <tr><td>Dec-24</td><td>407</td></tr> </tbody> </table> <p>Legend: ■ Therapies > 14 weeks (SBU HB)</p>	Month	Therapies > 14 weeks (SBU HB)	Dec-23	50	Jan-24	80	Feb-24	20	Mar-24	0	Apr-24	0	May-24	0	Jun-24	0	Jul-24	0	Aug-24	20	Sep-24	120	Oct-24	140	Nov-24	290	Dec-24	407																												
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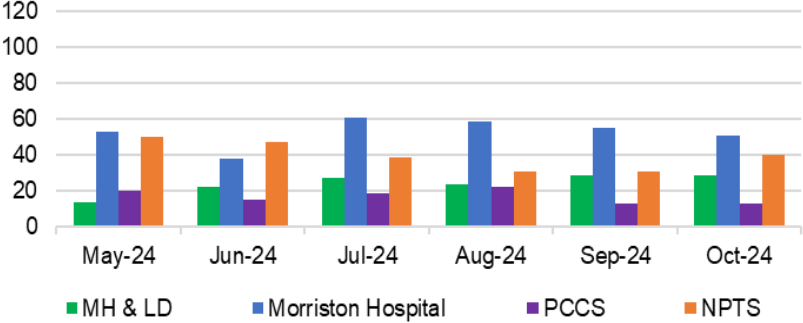
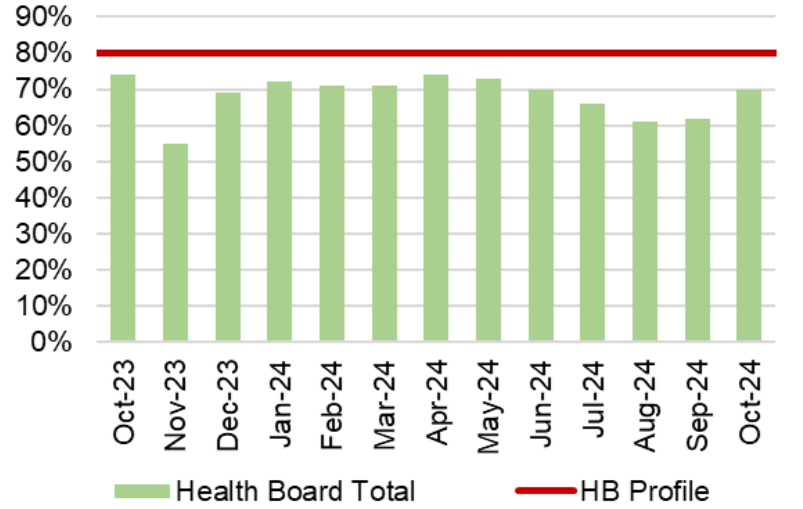
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<p>Cancer demand and shape of the waiting list</p> <p>Single Cancer Pathway Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</p>	<p>Early January 2025 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>63 - 103 days</th> <th>≥104 days</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>1</td><td>0</td></tr> <tr><td>Breast</td><td>4</td><td>0</td></tr> <tr><td>Children's cancer</td><td>0</td><td>1</td></tr> <tr><td>Gynaecological</td><td>17</td><td>10</td></tr> <tr><td>Haematological</td><td>7</td><td>6</td></tr> <tr><td>Head and neck</td><td>11</td><td>1</td></tr> <tr><td>Lower GI (Exl. BSW)</td><td>30</td><td>12</td></tr> <tr><td>BSW</td><td>9</td><td>2</td></tr> <tr><td>Lung</td><td>18</td><td>4</td></tr> <tr><td>Other</td><td>4</td><td>1</td></tr> <tr><td>Sarcoma</td><td>3</td><td>1</td></tr> <tr><td>Skin(c)</td><td>110</td><td>18</td></tr> <tr><td>Upper Gastrointestinal</td><td>12</td><td>13</td></tr> <tr><td>Urological</td><td>29</td><td>12</td></tr> <tr><td>Grand Total</td><td>255</td><td>81</td></tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	0	Brain/CNS	1	0	Breast	4	0	Children's cancer	0	1	Gynaecological	17	10	Haematological	7	6	Head and neck	11	1	Lower GI (Exl. BSW)	30	12	BSW	9	2	Lung	18	4	Other	4	1	Sarcoma	3	1	Skin(c)	110	18	Upper Gastrointestinal	12	13	Urological	29	12	Grand Total	255	81	<p>Number of patients with a wait status of more than 62 days</p> <table border="1"> <caption>Number of patients with a wait status of more than 62 days</caption> <thead> <tr> <th>Month</th> <th>63-103 days</th> <th>≥ 104 days</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>200</td><td>100</td></tr> <tr><td>Jan-24</td><td>200</td><td>100</td></tr> <tr><td>Feb-24</td><td>150</td><td>100</td></tr> <tr><td>Mar-24</td><td>150</td><td>100</td></tr> <tr><td>Apr-24</td><td>150</td><td>100</td></tr> <tr><td>May-24</td><td>200</td><td>100</td></tr> <tr><td>Jun-24</td><td>150</td><td>100</td></tr> <tr><td>Jul-24</td><td>150</td><td>100</td></tr> <tr><td>Aug-24</td><td>200</td><td>100</td></tr> <tr><td>Sep-24</td><td>250</td><td>100</td></tr> <tr><td>Oct-24</td><td>200</td><td>100</td></tr> <tr><td>Nov-24</td><td>150</td><td>100</td></tr> <tr><td>Dec-24</td><td>200</td><td>150</td></tr> </tbody> </table>	Month	63-103 days	≥ 104 days	Dec-23	200	100	Jan-24	200	100	Feb-24	150	100	Mar-24	150	100	Apr-24	150	100	May-24	200	100	Jun-24	150	100	Jul-24	150	100	Aug-24	200	100	Sep-24	250	100	Oct-24	200	100	Nov-24	150	100	Dec-24	200	150
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<p>Single Cancer Pathway backlog- patients waiting over 63 days</p>	<p>November 2024 saw a slight increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none"> - Targeted work is underway to prioritise patients waiting >104 days - Milestone targets for OP access (10 days) and Decision to Treat (31 days) have also been set to reduce overall pathway waits. - Tumour site specific plans have been developed and will be enacted through TI governance. - Continued focus on cellular pathology <p>Note: backlog increased in May 2024 to reflect new reporting requirements for Bowel Screening Wales patients</p>	<p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p> <table border="1"> <caption>SCP Performance</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> <th>Trajectory %</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>56%</td><td>75%</td><td>56%</td></tr> <tr><td>Nov-23</td><td>57%</td><td>75%</td><td>57%</td></tr> <tr><td>Dec-23</td><td>52%</td><td>75%</td><td>52%</td></tr> <tr><td>Jan-24</td><td>50%</td><td>75%</td><td>50%</td></tr> <tr><td>Feb-24</td><td>52%</td><td>75%</td><td>52%</td></tr> <tr><td>Mar-24</td><td>58%</td><td>75%</td><td>58%</td></tr> <tr><td>Apr-24</td><td>60%</td><td>75%</td><td>60%</td></tr> <tr><td>May-24</td><td>60%</td><td>75%</td><td>60%</td></tr> <tr><td>Jun-24</td><td>60%</td><td>75%</td><td>60%</td></tr> <tr><td>Jul-24</td><td>59%</td><td>75%</td><td>59%</td></tr> <tr><td>Aug-24</td><td>56%</td><td>75%</td><td>56%</td></tr> <tr><td>Sep-24</td><td>57%</td><td>75%</td><td>57%</td></tr> <tr><td>Oct-24</td><td>56%</td><td>75%</td><td>56%</td></tr> <tr><td>Nov-24</td><td>66%</td><td>75%</td><td>66%</td></tr> <tr><td>Dec-24</td><td></td><td>75%</td><td></td></tr> <tr><td>Jan-25</td><td></td><td>75%</td><td></td></tr> <tr><td>Feb-25</td><td></td><td>75%</td><td></td></tr> <tr><td>Mar-25</td><td></td><td>75%</td><td></td></tr> </tbody> </table>	Month	Actual %	Target %	Trajectory %	Oct-23	56%	75%	56%	Nov-23	57%	75%	57%	Dec-23	52%	75%	52%	Jan-24	50%	75%	50%	Feb-24	52%	75%	52%	Mar-24	58%	75%	58%	Apr-24	60%	75%	60%	May-24	60%	75%	60%	Jun-24	60%	75%	60%	Jul-24	59%	75%	59%	Aug-24	56%	75%	56%	Sep-24	57%	75%	57%	Oct-24	56%	75%	56%	Nov-24	66%	75%	66%	Dec-24		75%		Jan-25		75%		Feb-25		75%		Mar-25		75%																		
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CANCER																																		
Description	Current Performance	Trend																																
<p>USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>Early December 2024 figures show total wait volumes for first outpatient appointment remain low.</p> <p>Of the total number of patients waiting within the backlog, the majority of patients are waiting for treatment , closely followed by diagnostic results.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early) January 2025</p> <table border="1"> <thead> <tr> <th></th> <th>First OPA</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td></tr> <tr><td>Breast</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>0</td></tr> <tr><td>Gynaecological</td><td>0</td></tr> <tr><td>Haematological</td><td>1</td></tr> <tr><td>Head and Neck</td><td>0</td></tr> <tr><td>Lower Gastrointestinal</td><td>0</td></tr> <tr><td>Lung</td><td>0</td></tr> <tr><td>Other</td><td>0</td></tr> <tr><td>Sarcoma</td><td>0</td></tr> <tr><td>Skin</td><td>0</td></tr> <tr><td>Upper Gastrointestinal</td><td>0</td></tr> <tr><td>Urological</td><td>0</td></tr> <tr><td>Grand Total</td><td>1</td></tr> </tbody> </table>		First OPA	Acute Leukaemia	0	Brain/CNS	0	Breast	0	Children's Cancer	0	Gynaecological	0	Haematological	1	Head and Neck	0	Lower Gastrointestinal	0	Lung	0	Other	0	Sarcoma	0	Skin	0	Upper Gastrointestinal	0	Urological	0	Grand Total	1
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<p>Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i></p>	<p>Radiotherapy waiting times continue to be a challenge, with only the 7 day Elective Delay target being met in December 2024.</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>Dec-24</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>35%</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>47%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>88%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>90%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>90%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>100%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	Dec-24	Scheduled (14 Day Target)	80%	35%	Scheduled (21 Day Target)	100%	81%	Urgent SC (2 Day Target)	80%	47%	Urgent SC (7 Day Target)	100%	88%	Emergency (within 1 day)	80%	90%	Emergency (within 2 days)	100%	90%	Elective Delay (7 Day Target)	80%	100%	Elective Delay (14 Day Target)	100%	100%	<p>Radiotherapy waiting times</p>					
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Description	Current Performance	Trend																																																								
<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In December 2024, there was a total of 150,165 patients waiting for a follow up outpatient appointment.</p> <p>There was a total of 66,629 patients waiting for a follow-up past their target date in December 2024.</p> <p>Of the 66,629 delayed follow-ups in December 2024, 13,880 had appointment dates and 52,749 were still waiting for an appointment.</p> <p>In addition, 39,141 patients were waiting 100%+ over target date in December 2024.</p> <ul style="list-style-type: none"> A significant reduction was noted in August 2024 due to a change in reporting where some specialties are excluded from monitoring going forward. Future trends will be assessed from the August 2024 position. 	<p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>160,000</td></tr> <tr><td>Jan-24</td><td>160,000</td></tr> <tr><td>Feb-24</td><td>160,000</td></tr> <tr><td>Mar-24</td><td>160,000</td></tr> <tr><td>Apr-24</td><td>160,000</td></tr> <tr><td>May-24</td><td>160,000</td></tr> <tr><td>Jun-24</td><td>160,000</td></tr> <tr><td>Jul-24</td><td>160,000</td></tr> <tr><td>Aug-24</td><td>140,000</td></tr> <tr><td>Sep-24</td><td>140,000</td></tr> <tr><td>Oct-24</td><td>140,000</td></tr> <tr><td>Nov-24</td><td>140,000</td></tr> <tr><td>Dec-24</td><td>140,000</td></tr> </tbody> </table> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>45,000</td></tr> <tr><td>Jan-24</td><td>45,000</td></tr> <tr><td>Feb-24</td><td>45,000</td></tr> <tr><td>Mar-24</td><td>45,000</td></tr> <tr><td>Apr-24</td><td>45,000</td></tr> <tr><td>May-24</td><td>45,000</td></tr> <tr><td>Jun-24</td><td>45,000</td></tr> <tr><td>Jul-24</td><td>45,000</td></tr> <tr><td>Aug-24</td><td>35,000</td></tr> <tr><td>Sep-24</td><td>35,000</td></tr> <tr><td>Oct-24</td><td>35,000</td></tr> <tr><td>Nov-24</td><td>35,000</td></tr> <tr><td>Dec-24</td><td>35,000</td></tr> </tbody> </table>	Month	Number of patients	Dec-23	160,000	Jan-24	160,000	Feb-24	160,000	Mar-24	160,000	Apr-24	160,000	May-24	160,000	Jun-24	160,000	Jul-24	160,000	Aug-24	140,000	Sep-24	140,000	Oct-24	140,000	Nov-24	140,000	Dec-24	140,000	Month	Number of patients	Dec-23	45,000	Jan-24	45,000	Feb-24	45,000	Mar-24	45,000	Apr-24	45,000	May-24	45,000	Jun-24	45,000	Jul-24	45,000	Aug-24	35,000	Sep-24	35,000	Oct-24	35,000	Nov-24	35,000	Dec-24	35,000
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PATIENT EXPERIENCE		
Description	Current Performance	Trend
<p>Patient experience</p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p> <p>3. Number of Service User feedback experience responses completed and recorded on CIVICA</p>	<p>Health Board Friends & Family patient satisfaction level in December 2024 was 92% and 4,747 surveys were completed.</p> <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,725 surveys in December 2024, with a recommended score of 95%. Morrison Hospital completed 2,461 surveys in December 2024, with a recommended score of 89%. Primary & Community Care completed 561 surveys for December 2024, with a recommended score of 95%. The Mental Health Service Group completed 82 surveys for December 2024, with a recommended score of 95%. <p>There were 6,876 feedback experience responses completed and recorded on CIVICA in December 2024. This is 385 more than the figure reported in November 2024. Of the responses recorded, 4,182 were targeted and 2,694 were passive.</p>	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p> <p>3. Number of feedback experience responses</p>

COMPLAINTS

Description	Current Performance	Trend												
<p>Patient concerns</p> <p><i>1. Number of formal complaints received</i></p> <p><i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p>	<p>1. In October 2024, the Health Board received 141 formal complaints; this is an improvement of 14% when compared with October 2023 figures (164).</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 70% in October 2024, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1" data-bbox="510 976 1218 1289"> <thead> <tr> <th></th> <th>30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td>55%</td> </tr> <tr> <td>Morrison Hospital</td> <td>78%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td>69%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td>92%</td> </tr> <tr> <td>Singleton Hospital</td> <td>55%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	55%	Morrison Hospital	78%	Mental Health & Learning Disabilities	69%	Primary, Community and Therapies	92%	Singleton Hospital	55%	<p>1. Number of formal complaints received</p>  <p>2. Response rate for concerns within 30 days</p> 
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6.1 Overview

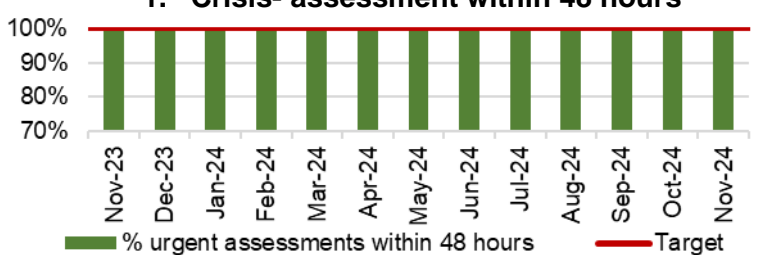
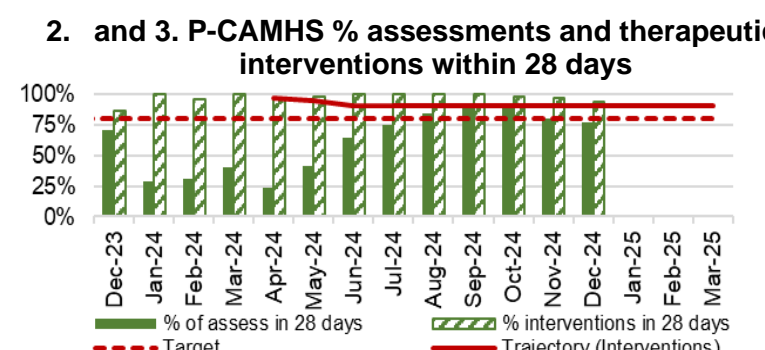
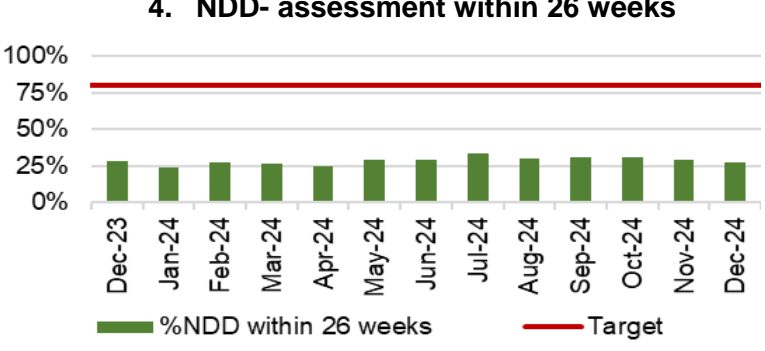
Harm from wider societal actions/lockdown																
Measure	Locality	National/ Local Target	Internal Profile	Trend	SBU											
					Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Childhood immunisations																
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		95.8%	94.5%			93.6%				92.5%			
	Swansea			95.4%	95.3%			95.1%			94.7%					
	HB Total			95.6%	95.0%			94.6%			93.8%					
% children who received MenB2 vaccine by age 1	NPT	95%	90%		95.5%	94.8%			93.9%				91.8%			
	Swansea			94.5%	94.1%			94.0%			95.0%					
	HB Total			94.9%	94.4%			94.0%			93.8%					
% children who received PCV2 vaccine by age 1	NPT	95%	90%		97.6%	97.0%			96.0%				95.3%			
	Swansea			96.9%	96.5%			96.3%			97.1%					
	HB Total			97.2%	96.7%			96.2%			96.4%					
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		93.8%	94.1%			92.0%				91.8%			
	Swansea			92.5%	94.3%			92.7%			90.3%					
	HB Total			93.0%	94.2%			92.5%			90.9%					
% children who received MMR1 vaccine by age 2	NPT	95%	90%		93.8%	92.7%			89.1%				92.0%			
	Swansea			93.0%	93.5%			96.0%			92.3%					
	HB Total			93.3%	93.2%			93.3%			92.2%					
% children who received PCV3 vaccine by age 2	NPT	95%	90%		94.4%	92.4%			89.1%				92.0%			
	Swansea			92.8%	93.3%			96.0%			91.5%					
	HB Total			93.4%	93.0%			93.3%			91.7%					
% children who received MenB4 vaccine by age 2	NPT	95%	90%		94.1%	92.4%			88.5%				92.9%			
	Swansea			92.3%	92.9%			94.9%			91.5%					
	HB Total			93.0%	92.7%			92.4%			92.1%					
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		94.1%	92.4%			88.5%				92.3%			
	Swansea			92.3%	92.9%			94.3%			91.3%					
	HB Total			93.0%	92.7%			92.0%			91.7%					
% children who are up to date in schedule by age 4	NPT	95%	90%		83.0%	81.3%			85.1%				83.0%			
	Swansea			84.6%	83.9%			85.9%			87.6%					
	HB Total			84.1%	82.9%			85.6%			85.9%					
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		88.3%	91.1%			88.3%				91.0%			
	Swansea			87.1%	88.6%			91.3%			91.1%					
	HB Total			87.6%	89.5%			90.2%			91.1%					
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		88.8%	90.5%			87.7%				90.7%			
	Swansea			87.6%	88.1%			92.1%			90.4%					
	HB Total			88.1%	89.0%			90.5%			90.5%					
% children who received MMR vaccination by age 16	NPT	95%	90%		94.7%	95.5%			94.9%				95.0%			
	Swansea			89.1%	91.8%			94.8%			91.5%					
	HB Total			91.1%	93.1%			94.8%			92.9%					
% children who received teenage booster by age 16	NPT	90%	85%		84.6%	86.9%			83.7%				84.4%			
	Swansea			86.0%	85.8%			86.7%			84.9%					
	HB Total			85.5%	86.2%			85.7%			84.7%					
% children who received MenACWY vaccine by age 16	NPT	Improve			85.1%	87.1%			84.0%				84.0%			
	Swansea			86.8%	86.7%			86.7%			84.9%					
	HB Total			86.1%	86.9%			85.8%			84.6%					

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
COVID-19 Boosters																		
% uptake of the Spring COVID-19 vaccination for those eligible	NPT	75%			Reporting begins Apr-24 for Spring 24 booster				39.7%	53.0%	53.0%	Reporting begins Apr-25						
	Swansea								45.2%	59.5%	59.5%							
	HB Total								43.2%	57.1%	57.1%							
% uptake of the Autumn COVID-19 vaccination for	NPT	75%			Reporting begins Oct-24				49.0%	49.8%	49.7%	49.7%	26.3%			35.6%	37.7%	
	Swansea								50.5%	51.2%	51.0%	51.0%				28.2%	39.5%	42.5%
	HB Total								50.0%	50.6%	50.5%	50.5%				27.5%	38.0%	40.7%
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%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	80%	77%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	80%	77%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			Now reported under PCAMHS													
% 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%			98%	97%	96%	95%	95%	90%	99%	93%	95%	97%	98%	97%	99%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%	90%		86%	100%	96%	100%	97%	98%	100%	100%	100%	100%	98%	97%	94%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%	100%		100%	100%	100%	99%	100%	100%	98%	100%	100%	95%	100%	100%	99%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	80%			76%	73%	71%	69%	66%	64%	63%	61%	59%	57%	57%	55%	54%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			29%	24%	28%	26%	25%	29%	29%	33%	30%	31%	31%	29%	27%	
% 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%			92%	97%	97%	97%	94%	97%	94%	95%	95%	100%	100%	100%	98%	
% 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%			88%	88%	89%	89%	90%	87%	90%	92%	92%	93%	91%	91%	92%	

6.3 Updates on key measures

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<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 December 2024, 99% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In December 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 99%.</p> <p>3. 91% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in November 2024.</p> <p>4. In December 2024, 54.1% 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>Data for Measure 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessment within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>99%</td><td>75%</td></tr> <tr><td>Jan-24</td><td>99%</td><td>75%</td></tr> <tr><td>Feb-24</td><td>99%</td><td>75%</td></tr> <tr><td>Mar-24</td><td>99%</td><td>75%</td></tr> <tr><td>Apr-24</td><td>99%</td><td>75%</td></tr> <tr><td>May-24</td><td>99%</td><td>75%</td></tr> <tr><td>Jun-24</td><td>99%</td><td>75%</td></tr> <tr><td>Jul-24</td><td>99%</td><td>75%</td></tr> <tr><td>Aug-24</td><td>99%</td><td>75%</td></tr> <tr><td>Sep-24</td><td>99%</td><td>75%</td></tr> <tr><td>Oct-24</td><td>99%</td><td>75%</td></tr> <tr><td>Nov-24</td><td>99%</td><td>75%</td></tr> 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yrs)	Target	Trajectory	Dec-23	99%	75%	99%	Jan-24	99%	75%	99%	Feb-24	99%	75%	99%	Mar-24	99%	75%	99%	Apr-24	99%	75%	99%	May-24	99%	75%	99%	Jun-24	99%	75%	99%	Jul-24	99%	75%	99%	Aug-24	99%	75%	99%	Sep-24	99%	75%	99%	Oct-24	99%	75%	99%	Nov-24	99%	75%	99%	Dec-24	99%	75%	99%	Jan-25	99%	75%	99%	Feb-25	99%	75%	99%	Mar-25	99%	75%	99%	Month	% patients with valid CTP (>18 yrs)	Profile	Nov-23	91%	91%	Dec-23	91%	91%	Jan-24	91%	91%	Feb-24	91%	91%	Mar-24	91%	91%	Apr-24	91%	91%	May-24	91%	91%	Jun-24	91%	91%	Jul-24	91%	91%	Aug-24	91%	91%	Sep-24	91%	91%	Oct-24	91%	91%	Nov-24	91%	91%	Month	% waiting less than 26 wks for psychological therapy	Target	Dec-23	54.1%	95%	Jan-24	54.1%	95%	Feb-24	54.1%	95%	Mar-24	54.1%	95%	Apr-24	54.1%	95%	May-24	54.1%	95%	Jun-24	54.1%	95%	Jul-24	54.1%	95%	Aug-24	54.1%	95%	Sep-24	54.1%	95%	Oct-24	54.1%	95%	Nov-24	54.1%	95%	Dec-24	54.1%	95%
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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

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<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In November 2024, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 77% of routine assessments were undertaken within 28 days from referral in December 2024 against a target of 80%.</p> <p>3. 94% of therapeutic interventions were started within 28 days following assessment by LPMHSS in November 2024.</p> <p>4. 27% of NDD patients received a diagnostic assessment within 26 weeks in December 2024 against a target of 80%.</p> <p>5. SCAMHS figures now included in illustration 2 and 3 combined.</p> <p><i>*All routine assessments are now under PCAMHS*</i></p>	<p>1. Crisis- assessment within 48 hours</p>  <table border="1"> <caption>1. 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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			Dec-24						16
	Number of staff referred for Antigen Testing*	Local			Feb-23						43
	Number of staff awaiting results of COVID19 test*	Local			Dec-24						0
	Number of COVID19 related incidents*	Local			Dec-24						3
	Number of COVID19 related serious incidents*	Local			Dec-24						0
	Number of COVID19 related complaints*	Local			Dec-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	30% reduction by Dec 24	441	Dec-24	616		0			616
	% 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 23/24		Dec-24	58.7%	98.2%				72%
	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	20% reduction by Sep 24	825	Dec-24	1,388	3				1,391
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	Local	59.8% (UK SNAP average)		Sep-24	39%					39%
	% of patients who receive a CT scan within 1 hour*	Local	54.5% (UK SNAP average)		Sep-24	52%					52%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Local	84.2% (UK SNAP average)		Sep-24	89%					89%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	Local	12 month improvement trend		Sep-24	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	Local	12 month improvement trend		Sep-24	42%					42%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	Reduction	18	Dec-24	5	1	1	8	1	16
	Number of S.aureus bacteraemia cases	National	Reduction	6	Dec-24	3	0	4	5	0	12
	Number of C.difficile cases	National	Reduction	7	Dec-24	13	1	4	5	0	23
	Number of Klebsiella cases	National	Reduction	5	Dec-24	7	0	1	4	0	12
	Number of Aeruginosa cases	National	Reduction	1	Dec-24	2	0	1	2	0	5
	Compliance with hand hygiene audits	Local	95%		Dec-24	100%	100%	100%	-	100%	100%
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		Dec-24	1	0	5	1	1	8
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	80%		Dec-24						33%
	Number of Never Events	Local	0		Dec-24	0	0	1	0	0	1

* 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
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Nov-24	97.2%					97.2%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Nov-24	33.4%					33.4%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Nov-24	69.6%					69.6%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Nov-24	85.5%					85.5%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Nov-24	75.3%					75.3%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Aug-24	71.5%					71.5%
	30 day mortality rate - Casemix adjusted	Local	Monitor		Q3 24/25	5.6%					5.6%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Nov-24	65	3	5	38	0	111
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Nov-24	4	0	0	7	0	11
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Nov-24						1,189
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Dec-24	92	34	10	13	25	174
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Dec-24						4.31
Mortality	Crude hospital mortality rate by Delivery Unit (74 years)	Local	12 month reduction trend		Nov-24	1.19%	0.08%	0.19%			0.67%

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Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	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	64.0%	Nov-24						66%
Planned Care	Number of patients waiting > 26 weeks for first outpatient appointment	Local	0		Dec-24	6,804	2,736	6,448	0		15,988
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		Dec-24	3,340	1,233	3,237	0		7,810
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		Dec-24	0	0	0	0		0
	Number of patients waiting > 52 weeks for treatment	National	Improvement Trajectory towards target of 0	0	Dec-24	4,256	4,376	5,274	0		13,906
	Number of patients waiting > 104 weeks for treatment	National	Improvement Trajectory towards target of 0	0	Dec-24	344	350	287	0		981
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Improvement Trajectory towards 0 by Mar 24	2,529	Dec-24	2,969					2,969
	Number of patients waiting > 14 weeks for a specified therapy	National	Improvement Trajectory towards 0 by Mar 24		Dec-24				407		407
	Total number of patients waiting for a follow-up outpatient appointment	Local	0		Dec-24						150,165
	Number of patients delayed by over 100% past their target date	National	Improvement Trajectory towards target of 0		Dec-24						39,141
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Dec-24						66,629
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Dec-24						98
	Number of patients without a documented clinical review date	Local	0		Dec-24						1
Activity	Number of GP referrals	Local	12 month reduction trend		Dec-24						10,766
	Number of patients referred from primary care into secondary care Ophthalmology services	National	Improvement Trajectory towards reduction by Mar 24		Dec-24						590
Patient Experience/ Feedback	Number of friends and family surveys completed	National	12 month improvement trend		Dec-24	2,461		1,725	561	82	4,747
	% of patients who would recommend and highly recommend	Local	90%		Dec-24	89%		95%	95%	95%	92%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%		Dec-24	91%		94%	94%		92%
	Number of new complaints received	Local	12 month reduction trend		Oct-24	51		40	13	29	141
	% 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	Local	80%		Oct-24	78%		55%	92%	69%	70%

* 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 2024/25						93.8%	
	% children who received MenB2 vaccine by age 1		95%	90%	Q2 2024/25						93.8%	
	% children who received PCV2 vaccine by age 1		95%	90%	Q2 2024/25							96.4%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q2 2024/25							90.9%
	% children who received MMR1 vaccine by age 2		95%	90%	Q2 2024/25							92.2%
	% children who received PCV13 vaccine by age 2		95%	90%	Q2 2024/25							91.7%
	% children who received MenB4 vaccine by age 2		95%	90%	Q2 2024/25							92.1%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q2 2024/25							91.7%
	% children who are up to date in schedule by age 4		95%	90%	Q2 2024/25							85.9%
	% of children who received 2 doses of the MMR vaccine by age 5		95%	90%	Q2 2024/25							91.1%
	% children who received 4 in 1 vaccine by age 5		95%	90%	Q2 2024/25							90.5%
	% children who received MMR vaccination by age 16		95%	90%	Q2 2024/25							92.9%
	% children who received teenage booster by age 16		90%	85%	Q2 2024/25							84.7%
	% children who received MenACWY vaccine by age 16		Improve		Q2 2024/25							84.6%
	Covid Booster		% uptake of the Spring COVID-19 vaccination for those eligible	National	75%		Jun-22					
% uptake of the Autumn COVID-19 vaccination for those eligible		National	75%		Dec-24						40.7%	
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Dec-24						100%	
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Dec-24						77%	
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Dec-24						77%	
	% 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%		Dec-24					99%	99%	
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%	90%	Dec-24						94%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%	100%	Dec-24					99%	99%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	80%		Dec-24					54%	54%	
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Dec-24						27%	
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Dec-24						98%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Dec-24					92%	92%		

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

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Sub Domain	Measure	BU's all-ales rank	Performance Trend	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
COVID19 related measures	Number of new COVID19 cases			214	174	70	45	51	64	70	73	47	61	72	19	16
	Number of staff referred for Antigen Testing															
	Number of staff awaiting results of COVID19 test			0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents			43	35	21	17	28	24	25	6	5	4	7	3	3
	Number of COVID19 related serious incidents			1	1	0	1	0	0	0	0	0	0	0	0	0
	Number of COVID19 related complaints			0	0	0	0	0	0	0	0	0	0	0	1	0
	Number of COVID19 related risks															
	Number of staff self isolated (asymptomatic)															
	Number of staff self isolated (symptomatic)															
	% sickness															
Sub Domain	Measure	BU's all-ales rank	Performance Trend	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	3rd Dec-22)		47%	50%	46%	50%	46%	46%	50%	47%	45%	48%	52%	46%	48%
	Number of ambulance handovers over one hour	1st Dec-22)		762	704	629	638	625	695	590	578	670	591	638	632	616
	Handover hours lost over 15 minutes			3,787	3,693	3,344	3,573	2,905	3,158	2,890	2,678	3,147	2,609	3,140		
	% 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	4th Dec-22)		75%	77%	74%	76%	77%	78%	78%	79%	77%	79%	76%	74%	72%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	4th Dec-22)		994	959	1,197	1,132	994	1,115	980	1,013	1,167	1,129	1,234	1,297	1,391
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)			11.1%	12.3%	12.5%	38.5%	26.9%	34.5%	18.4%	5.9%	20.0%	39.2%			
	CT Scan (<1 hrs) (local)			52.8%	57.6%	47.5%	42.9%	50.0%	53.6%	46.2%	51.4%	29.3%	51.8%			
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)			86.1%	93.2%	91.5%	92.9%	94.4%	87.5%	84.6%	81.1%	84.5%	89.3%			
	Thrombolysis door to needle <= 45 mins			0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%		
	% stroke patients who receive mechanical thrombectomy	4th Nov-22)		4.5%	0.0%	0.0%	2.0%	11.0%	0.0%	2.6%	2.8%	3.6%	3.7%			
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	4th Nov-22)		57.0%	49.4%	35.2%	31.3%	41.5%	45.7%	40.4%	23.8%	38.4%	41.6%			
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales			40%	100%	17%	66%	64%	33%	89%	50%	70%	25%	25%	100%	33%
	Number of new Never Events			1	0	1	0	0	0	0	1	0	0	2	0	1
	Number of risks with a score greater than 20			146	141	147	149	152	153	154	153	149	143	140	145	136
	Number of risks with a score greater than 16			305	296	310	318	316	311	309	320	320	301	306	313	311

H																	
Sub Domain	Measure	BU's all-ales rank	Performance Trend	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	3rd Dec-22		69.1	69.3	68.1	67.0	60.3	54.6	54.4	52.3	59.7	60.9	61.8	60.1	58.9	
	Number of E.Coli bacteraemia cases (Hospital)			6	9	7	8	12	6	9	5	12	7	10	7	8	
	Number of E.Coli bacteraemia cases (Community)			6	10	10	11	7	10	9	9	17	14	12	8	8	
	Total number of E.Coli bacteraemia cases			12	19	17	19	19	16	18	14	29	21	22	15	16	
	Cumulative cases of S.aureus bacteraemias per 100k pop	6th Dec-22		38.8	39.0	37.9	36.8	38.1	29.7	27.2	29.7	32.4	30.7	32.5	33.2	33.6	
	Number of S.aureus bacteraemias cases (Hospital)			9	7	5	5	9	4	4	8	9	4	6	7	8	
	Number of S.aureus bacteraemias cases (Community)			8	4	2	3	4	3	3	3	4	5	3	8	5	4
	Total number of S.aureus bacteraemias cases			17	11	7	8	13	7	7	7	12	14	7	14	12	12
	Cumulative cases of C.difficile per 100k pop	5th Dec-22		62.6	64.3	64.7	65.2	63.5	60.9	63.8	58.5	68.4	68.7	71.2	71.0	70.7	
	Number of C.difficile cases (Hospital)			13	15	15	19	14	10	17	10	30	15	20	16	20	
	Number of C.difficile cases (Community)			8	7	5	3	6	9	5	4	5	7	9	6	3	
	Total number of C.difficile cases			21	22	20	22	20	19	22	14	35	22	29	22	23	
	Cumulative cases of Klebsiella per 100k pop			23.5	25.0	25.4	24.5	31.7	32.8	35.6	32.8	33.0	31.2	32.0	30.4	31.2	
	Number of Klebsiella cases (Hospital)			1	6	2	3	5	6	8	5	9	5	10	5	8	
	Number of Klebsiella cases (Community)			5	5	7	2	5	5	5	3	3	1	2	1	4	
	Total number of Klebsiella cases	2nd Dec-22		6	11	9	5	10	11	13	8	12	6	12	6	12	
	Cumulative cases of Aeruginosa per 100k pop			6.5	6.2	5.7	5.2	0.0	1.6	1.1	2.3	3.7	3.6	3.6	3.1	4.5	
Number of Aeruginosa cases (Hospital)			3	2	0	0	0	1	0	2	2	1	1	0	3		
Number of Aeruginosa cases (Community)			0	0	0	0	0	0	0	0	1	0	0	0	2		
Total number of Aeruginosa cases	4th Dec-22		3	2	0	0	0	1	0	2	3	1	1	0	5		
Hand Hygiene Audits- compliance with WHO 5 moments			97%	98%	97%	88%	90%	91%	86%	91%	94%	94%	91%	97%	100%		
Pressure Ulcers	Number of pressure ulcers acquired in hospital			60	63	60		42	66	56	40	52	49	66	73		
	Number of pressure ulcers developed in the community			51	46	33		49	41	49	44	47	44	38	38		
	Total number of pressure ulcers			111	129	93		91	107	105	84	99	93	104	111		
	Number of grade 3+ pressure ulcers acquired in hospital			5	2	1		3	4	2	6	4	2	3	4		
	Number of grade 3+ pressure ulcers acquired in community			10	3	7		9	9	11	8	11	11	4	7		
	Total number of grade 3+ pressure ulcers			15	5	8		12	13	13	14	15	13	7	11		
Inpatient Falls	Number of Inpatient Falls			158	192	203	201	146	155	158	176	173	163	198	188	174	
NEWS	% patients with completed NEWS scores & appropriate responses actioned			85.7%	91.6%	85.5%	93.5%	81.6%	90.3%	87.3%	82.0%	81.7%	87.0%	75.2%	89.0%	89.6%	
Coding	% of episodes clinically coded within 1 month of discharge			76%	78%	70%	64%	48%	59%	70%	69%	75%	79%	67%	59%		
E-TOC	% of completed discharge summaries (total signed and sent)			70%	68%	72%	69%	76%	76%	76%	76%	79%	78%	76%	76%	75%	
Workforce	Agency spend as a % of the total pay bill	11th out of 12 organisations Sep-22		4.1%	3.9%	3.7%	3.8%	2.9%	3.5%	2.9%	2.4%	2.3%	2.0%	2.6%		2.8%	
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	11th out of 12 organisations Sep-22		67%	69%	69%	70%	73%	73%	72%	73%	74%	75%	72%	74%	74%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	11th out of 12 organisations Sep-22		88%	86%	90%	87%	90%	90%	90%	90%	89%	89%	89%	89%	89%	
	% workforce sickness absence (12 month rolling)	11th out of 12 organisations Sep-22		6.96%	6.96%	6.99%	6.96%	7.00%	7.05%	7.09%	7.27%	7.07%	7.07%	7.05%	7.24%	7.06%	

		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	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Dec-24	12.4%							13.9%	12.2%	11.4%	13.9%	13.9%	15.0%	14.0%	13.9%	15.0%	13.6%	14.0%	12.2%	12.4%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Nov-24	66.0%	↑ trajectory	64%	✓	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		51.0%	47.5%	50.4%	55.8%	56.4%	57.0%	57.9%	58.6%	55.7%	57.0%	56.0%	66.0%		
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Dec-24	35%	80%		✗				17%	25%	28%	15%	17%	15%	7%	16%	10%	30%	25%	31%	35%	
	Scheduled (21 Day Target)	Local	Dec-24	81%	100%		✗				77%	67%	81%	59%	62%	51%	49%	64%	55%	78%	75%	86%	81%	
	Urgent SC (2 Day Target)	Local	Dec-24	47%	80%		✗				39%	26%	52%	50%	15%	20%	3%	28%	30%	37%	26%	28%	47%	
	Urgent SC (7 Day Target)	Local	Dec-24	88%	100%		✗				65%	85%	79%	82%	64%	49%	58%	75%	70%	67%	74%	88%	88%	
	Emergency (within 1 day)	Local	Dec-24	90%	80%		✓				100%	100%	67%	91%	88%	75%	80%	100%	67%	100%	100%	96%	90%	
	Emergency (within 2 days)	Local	Dec-24	90%	100%		✗				100%	100%	100%	96%	100%	100%	100%	100%	92%	100%	100%	96%	90%	
	Elective Delay (7 Day Target)	Local	Dec-24	100%	80%		✓				97%	93%	98%	98%	94%	85%	89%	92%	94%	91%	89%	95%	100%	
	Elective Delay (14 Day Target)	Local	Dec-24	100%	100%		✓				97%	100%	100%	100%	98%	94%	100%	99%	98%	100%	98%	100%	100%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Dec-24	0				15,517 (Nov-22)	7th (Nov-22)		3,553	3,509	3,311	3,238	3,281	3,066	2,963	2,865	2,756	2,604	2,488	2,376		
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Dec-24	0	↑ trajectory	2,529	✗	42,566 (Nov-22)	4th (Nov-22)		5,616	4,705	3,870	3,687	3,746	3,576	3,493	3,490	3,425	3,296	3,156	3,017		
	Number of patients waiting > 14 weeks for a specified therapy	National	Dec-24	0	↑ trajectory			9,584 (Nov-22)	2nd (Nov-22)		73	88	29	1	1	0	4	5	17	130	147	297		
	% of patients waiting < 26 weeks for treatment	Local	Dec-24	58.65%	95%			56% (Nov-22)			61.0%	60.8%	61.3%	60.6%	60.3%	59.9%	60.3%	60.9%	59.5%	59.5%	59.2%	60.0%	58.7%	
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Dec-24	15,988							10,889	10,722	10,938	12,095	13,045	14,205	14,262	14,392	15,745	15,442	15,292	15,280	15,988	
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Dec-24	7,810	↑ trajectory						4,546	4,184	4,102	4,739	5,575	6,420	6,949	7,324	8,015	7,051	7,150	7,617	7,810	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Dec-24	0	↑ trajectory	0	✓	85,301 (Nov-22)	3rd (Nov-22)		0	0	0	0	0	0	0	0	0	0	2	0	1	0
	Number of patients waiting > 52 weeks for treatment	National	Dec-24	13,906	↑ trajectory						13,386	13,318	13,211	13,181	12,898	13,259	13,623	13,622	13,905	14,000	14,447	14,241	13,906	
	Number of patients waiting > 104 weeks for treatment	National	Dec-24	981	↑ trajectory	0	✗	49,594 (Nov-22)			2,969	2,566	2,175	1,831	1,725	1,579	1,477	1,284	1,278	1,241	1,285	1,145	981	
	The number of patients waiting for a follow-up outpatient appointment	Local	Dec-24	150,165							159,226	162,964	164,581	166,438	169,049	170,254	171,913	172,898	147,509	148,525	149,220	149,380	150,165	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Dec-24	39,141	↑ trajectory			224,552 (Nov-22)	5th (Nov-22)		43,784	44,976	46,482	48,969	49,837	50,646	49,585	49,591	39,908	39,502	39,137	38,437	39,141	
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Dec-24	63%	95%		✗	64.9% (Nov-22)	1st (Nov-22)		64.7%	61.3%	62.9%	57.3%	54.6%	56.7%	61.3%	59.1%	56.8%	57.3%	61.8%	62.0%	62.5%	
Activity	Number of GP referrals	Local	Dec-24	10,766	12 month ↓		✓				10,102	12,876	12,976	12,269	13,687	13,540	12,365	14,282	12,326	12,826	14,244	12,759	10,766	
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Dec-24	590	↑ trajectory						735	775	721	936	932	783	794	838	785	714	865	757	590	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Dec-24	9%	12 month ↓		✓				9.7%	9.3%	8.9%	9.5%	8.9%	8.7%	8.5%	7.8%	8.7%	8.6%	8.4%	8.5%	9.4%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Dec-24	7%	12 month ↓		✓				8.0%	8.2%	7.2%	7.3%	7.3%	7.9%	7.4%	7.1%	7.6%	7.3%	6.7%	6.6%	7.0%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Dec-24	49%		90%	✗				52%	49%	53%	49%	55%	52%	52%	54%	52%	55%	55%	55%	49%	
	% of theatre sessions starting late	Local	Dec-24	39%		<25%	✗				41%	39%	41%	38%	41%	41%	40%	41%	38%	44%	43%	41%	39%	
	% of theatre sessions finishing early	Local	Dec-24	30%		<20%	✗				31%	32%	33%	29%	33%	32%	34%	32%	32%	33%	33%	36%	30%	
Patient experience	Number of friends and family surveys completed	National	Dec-24	4,747	↑ trajectory		✓				4,004	5,211	5,232	5,427	5,579	5,344	5,535	5,853	4,913	5,556	6,208	5,766	4,747	
	% of who would recommend and highly recommend	Local	Dec-24	92%		90%	✓				92%	93%	92%	92%	93%	92%	93%	93%	93%	92%	93%	93%	92%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Dec-24	92%		90%	✓				93%	93%	93%	92%	93%	93%	93%	94%	93%	93%	93%	93%	92%	

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	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 24/25	93.8%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)		95.6%			95.0%			94.6%		93.8%					
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 24/25	91.1%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)		87.6%			89.5%			90.2%		91.1%					
Influenza	% uptake of influenza among 65 year olds and over	National	Dec-24	66.6%	75%			78.0% (Mar-22)	3rd (Mar-22)		68.0%	69.1%	69.4%	69.5%	Data collection restarts October 2024						53.4%	63.5%	66.6%	
	% uptake of influenza among under 65s in risk groups	Local	Dec-24	30.6%	55%			48.2% (Mar-22)	4th (Mar-22)		33.5%	34.8%	35.4%	35.5%							21.0%	27.7%	30.6%	
	% uptake of influenza among children 2 to 3 years old	Local	Dec-24	35.3%	50%			47.6% (Mar-22)	5th (Mar-22)		35.1%	38.9%	38.0%	38.0%							26.6%	32.9%	35.3%	
	% uptake of influenza among healthcare workers	Local	Nov-24	26.3%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		38.6%	38.6%	38.6%	52.7%							17.4%	26.3%		
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-24	59.9%	75%		✘				Data collection restarts Apr-24				43.2%	57.1%	59.9%	Available Apr-2025						
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	Dec-24	40.7%	75%		✘				50.0%	50.6%	50.5%	50.5%	Available Oct-24						27.5%	38.0%	40.7%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Nov-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	Dec-24	27%	80%		✘	31.4% (Nov-22)	3rd (Nov-22)		29%	24%	28%	26%	25%	29%	29%	33%	30%	31%	31%	29%	27%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Dec-24	77%	80%		✔	83.2% (Nov-22)	5th (Nov-22)		70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	80%	77%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Dec-24	77%	80%		✔	66.8% (Nov-22)	5th (Nov-22)		70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	80%	77%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Dec-24	94%	80%	90%	✔	34.4% (Nov-22)	4th (Nov-22)		86%	100%	96%	100%	97%	98%	100%	100%	100%	100%	100%	98%	97%	94%
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%																			
Mental Health	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Nov-24	100%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		92%	97%	97%	97%	94%	97%	94%	95%	95%	100%	100%	100%		
	% 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	Dec-24	99%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		98%	97%	96%	95%	95%	90%	99%	93%	95%	97%	98%	97%	99%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Dec-24	99%	80%	100%	✘	73.1% (Nov-22)	2nd (Nov-22)		100%	100%	100%	99%	100%	100%	98%	100%	100%	95%	100%	100%	99%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Dec-24	54%	80%		✘	73.9% (Nov-22)	2nd (Nov-22)		76%	73%	71%	69%	66%	64%	63%	61%	59%	57%	57%	55%	54%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Nov-24	91%	90%		✔	84.2% (Nov-22)	2nd (Nov-22)		88%	88%	89%	89%	90%	87%	90%	92%	92%	93%	91%	91%		
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTservice prior to admission	Local	Dec-24	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	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 CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Local	Dec-24	100%	100%		✔	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	