



<b>Meeting Date</b>	<b>15 May 2025</b>	<b>Agenda Item</b>	<b>6.2</b>
<b>Report Title</b>	<b>Quality &amp; Safety Performance Report</b>		
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<b>Report Sponsor</b>	Darren Griffiths, Director of Finance and Performance		
<b>Presented by</b>	Darren Griffiths, Director of Finance and Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (March 2025) in delivering key local performance measures as well as the national measures outlined in the 2024/25 NHS Wales Performance Framework.		
<b>Key Issues</b>	<p>The Quality and Safety 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><b>Key high level issues to highlight this month are as follows: -</b></p> <p><b><u>Unscheduled Care</u></b></p> <ul style="list-style-type: none"> <li>• Performance against the 4-hour access has deteriorated to 67.37% in March from 72.67% in February 2025.</li> <li>• Performance against the 12-hour wait has deteriorated in March to 1,391 from 1,237 in February 2025.</li> <li>• In March 2025, there were 555 ambulance to hospital handovers taking over 1 hour; this is a slight increase of 1 compared with the previous month.</li> <li>• There was a reduction in the average number of patients who were deemed clinically optimised in March 2025 (Pathway of care delays). The average number of clinically optimised patients decreased from 268 in the previous month to 231. The newly appointed Pathways of care delays lead is currently undertaking considerable work to reduce the Clinically Optimised Patient (COP) figures.</li> </ul> <p><b><u>Planned Care</u></b></p> <ul style="list-style-type: none"> <li>• There were no patients waiting over 52 weeks for a first outpatient appointment in March 2025.</li> <li>• At the end of March 2025, there were 0 patients waiting over 104 weeks for treatment, which is an improvement of 291 from the previous month.</li> </ul>		



- In March 2025, 100% of patients were waiting less than 14 weeks for therapy services; this is an improvement when compared with the figure reported in February 2025. There are 0 patients waiting over 14 weeks for Therapy services.
- In March 2025, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. The position improved from 2,447 to 2,254. The breakdown is as follows: -
  - Endoscopy= 2,020
  - Cardiac tests= 221
  - Other Diagnostics = 13

### **Cancer**

- The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in February 2025 was 56%, which is higher than the figure reported in January 2025 (this measure is always reported a month in arrears due to data validation).
- 207 patients were waiting in excess of 63 days as of 13/04/2025.

### **Mental Health**

- Performance against the Mental Health Measures continues to be maintained at above target levels in March 2025 with the exception of psychological therapies.
- In March 2025, 51% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

### **Child and Adolescent Mental Health Services (CAMHS)**

- Access times for crisis performance has been maintained at 100% in December 2024.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, performance improved to 34% in the month of March 2025.
- Access to assessment has improved in March 2025 to 75% which is now slightly below target levels.

### **Nationally Reportable Incidents**

- In March 2025, there were 10 Nationally Reportable Incidents reported.
- There were no new Never Events reported in March 2025.



	<b><u>Patient Experience</u></b>			
	<ul style="list-style-type: none"> <li>March 2025 data is included in this report showing 93% satisfaction through 4,127 surveys.</li> </ul>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendation</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>DISCUSS</b> the Health Board performance against key measures and targets.</li> </ul>			



## 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.



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Health Board



Un Bae Ar y Cyd  
One Bay Way

## 5. RECOMMENDATION

Members are asked to:

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



<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives (please choose)</b>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>
<b>Health and Care Standards</b>		
<b>(please choose)</b>	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"/>
<b>Quality, Safety and Patient Experience</b>		
<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>		
<b>Financial Implications</b>		
<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>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.</p>		
<b>Staffing Implications</b>		



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

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

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

- **Long term** – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.
- **Prevention** – the NHS Wales Delivery framework provides a measurable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people’s physical and mental well-being.
- **Integration** – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015.
- **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Service Groups as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.
- **Involvement** – Corporate and Service Groups leads are key in identifying performance issues and identifying actions to take forward.

**Report History**

The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in February 2025. This is a routine bi-monthly report.

**Appendices**

Appendix 1: Quality & Safety performance report



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Swansea Bay University  
Health Board



# Appendix 1- Quality & Safety Performance Report

## April 2025



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# 1. HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

## 1.1 Overview

Measure	Locality	National/ Local	HB	Trend	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
					Unscheduled Care												
Number of ambulance handovers over one hour	Morrison	30% reduction by Dec 24	400		638	623	694	589	574	670	591	636	632	616	593	554	555
	Singleton			0	2	1	1	4	0	0	2	0	1	1	0	0	
	<b>Total</b>			<b>638</b>	<b>625</b>	<b>695</b>	<b>590</b>	<b>578</b>	<b>670</b>	<b>591</b>	<b>638</b>	<b>632</b>	<b>617</b>	<b>594</b>	<b>554</b>	<b>555</b>	
% 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%	62.9%	64.4%	64.0%	67.4%	61.8%	65.4%	60.8%	59.8%	58.7%	62.9%	55.9%	47.1%
	NPTH			98.4%	97.8%	97.9%	97.1%	97.8%	99.0%	98.4%	99.1%	98.3%	98.2%	98.1%	98.3%	95.8%	
	<b>Total</b>			<b>75.7%</b>	<b>77.3%</b>	<b>78.1%</b>	<b>77.6%</b>	<b>79.1%</b>	<b>76.6%</b>	<b>78.7%</b>	<b>75.7%</b>	<b>74.0%</b>	<b>71.8%</b>	<b>76.4%</b>	<b>72.7%</b>	<b>67.4%</b>	
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	720		1,132	990	1,114	978	1,012	1,166	1,128	1,234	1,296	1,388	1,089	1,237	1,390
	NPTH			0	4	1	2	1	1	1	0	1	3	1	0	1	
	<b>Total</b>			<b>1,132</b>	<b>994</b>	<b>1,115</b>	<b>980</b>	<b>1,013</b>	<b>1,167</b>	<b>1,129</b>	<b>1,234</b>	<b>1,297</b>	<b>1,391</b>	<b>1,090</b>	<b>1,237</b>	<b>1,391</b>	
<b>Stroke</b>																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			38.5%	26.9%	34.5%	18.4%	5.9%	20.0%	39.2%						
	<b>Total</b>	(UK SNAP average)		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%			42.9%	50.0%	53.6%	46.2%	51.4%	29.3%	51.8%						
	<b>Total</b>	(UK SNAP average)		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%			92.9%	94.4%	87.5%	84.6%	81.1%	84.5%	89.3%						
	<b>Total</b>	(UK SNAP average)		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%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%						
	<b>Total</b>	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			31.3%	41.5%	45.7%	40.4%	23.8%	38.4%	41.6%						
<b>Fractured Neck of Femur (NOF)</b>																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			97.2%	97.8%	97.6%	97.6%	97.5%	97.1%	97.3%	97.3%	97.2%	97.5%	97.2%	97.3%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			34.1%	33.9%	33.1%	31.9%	30.7%	32.4%	32.1%	33.8%	33.4%	33.2%	32.8%	31.3%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			69.4%	69.8%	70.6%	70.8%	70.0%	68.3%	69.1%	70.2%	69.6%	69.9%	69.5%	68.5%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			83.5%	84.6%	85.0%	84.9%	85.4%	86.4%	85.7%	85.6%	85.5%	84.9%	84.2%	84.2%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			75.5%	76.1%	75.4%	76.1%	76.2%	77.0%	76.5%	76.3%	75.3%	75.2%	75.2%	76.2%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			74.0%	74.0%	72.6%	71.5%	71.5%	71.9%	72.0%	71.0%	71.0%				
30 day mortality rate - Casemix Adjusted	Morrison	Monitor					5.6%			5.3%			5.6%				

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
<b>Healthcare Acquired Infections</b>																		
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	9		11	7	10	9	9	17	14	12	8	8	12	7	8	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	1	0
	MH&LD		0		0	0	1	0	0	0	0	0	0	0	1	0	0	0
	Morrison		6		4	5	4	5	3	6	4	8	4	5	6	6	4	4
	NPTH		0		0	3	0	0	1	2	0	0	1	1	0	1	0	0
	Singleton		2		0	4	1	3	1	3	1	2	1	1	3	1	2	0
	<b>Total</b>		17		19	19	16	18	14	29	21	22	15	16	21	18	15	
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		3	4	3	3	4	5	3	8	5	4	3	2	5	
	PCCS Hospital		0		0	0	0	1	0	0	0	0	1	0	0	0		
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0		
	Morrison		3		3	4	3	2	7	7	4	4	5	3	4	6	7	
	NPTH		0		0	0	0	0	0	0	0	0	0	0	1	0	0	
	Singleton		0		1	5	1	1	0	2	0	2	2	4	1	2	1	
	<b>Total</b>		5		8	13	7	7	12	14	7	14	12	12	11	12	13	
Number of C.difficile cases	PCCS Community	12 month reduction trend	1		3	6	9	5	4	5	7	9	6	3	8	2	7	
	PCCS Hospital		0		1	1	0	0	0	1	0	1	0	2	0	0		
	MH&LD		0		0	0	0	0	0	0	0	0	1	0	1	0	1	
	Morrison		4		14	9	6	11	7	23	9	16	13	13	16	9	14	
	NPTH		0		0	1	1	2	1	2	3	0	0	1	2	3	0	
	Singleton		1		2	2	1	4	2	4	3	3	2	4	4	2	0	
	<b>Total</b>		6		22	20	19	22	14	35	22	29	22	23	31	17	22	
Number of Klebsiella cases	PCCS Community	12 month reduction trend	2		2	5	5	5	3	3	1	2	1	4	1	7	4	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	1	
	MH&LD		0		0	0	1	0	0	0	0	0	0	0	0	0	0	
	Morrison		2		2	3	3	3	5	7	3	7	1	7	5	3	3	
	NPTH		0		0	0	0	3	0	0	0	0	1	0	2	0	0	
	Singleton		0		0	2	1	2	0	1	2	3	3	1	1	0	2	
	<b>Total</b>		4		5	10	11	13	8	12	6	12	6	12	9	10	11	
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		0	0	0	0	0	1	0	0	0	2	1	1	1	
	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		0	0	1	0	1	2	1	0	0	2	1	1	0	
	NPTH		0		0	0	0	0	1	0	0	0	0	0	0	0	0	
	Singleton		1		0	0	0	0	0	0	0	1	0	1	0	0	0	
	<b>Total</b>		3		0	0	1	0	2	3	1	1	0	5	2	2	1	
Compliance with hand hygiene audits	PCCS	95%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	-	-	-	-	-		
	MH&LD			97.5%	100.0%	95.8%	96.7%	98.0%	83.9%	83.2%	98.2%	98.7%	100.0%	95.8%	97.3%	90.6%		
	Morrison			81.8%	79.5%	81.4%	78.2%	80.4%	97.9%	95.9%	87.2%	100.0%	100.0%	100.0%	100.0%	-		
	NPTH			90.0%	100.0%	71.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	Singleton			100.0%	100.0%	97.8%	97.0%	98.0%	98.2%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%		
<b>Total</b>		88.2%	90.1%	91.0%	85.9%	90.8%	93.9%	94.0%	91.1%	97.1%	100.0%	97.4%	98.0%	93.4%				

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
<b>Serious Incidents &amp; Risks</b>																	
Number of Nationally Reportable Incidents	PCCS	Monitor			2	0	2	2	1	1	1	1	2	1	1	2	
	MH&LD			2	2	0	1	0	0	0	0	0	1	0	1	3	
	Morrison			3	2	0	1	1	4	1	3	1	1	5	3	0	
	NPTH			1	1	0	0	2	0	0	0	1	0	0	0	1	
	Singleton			0	2	0	0	1	2	6	6	7	5	4	1	4	
<b>Total</b>				8	7	2	4	5	7	8	10	11	8	10	6	10	
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	<b>Total</b>	80%			66%	64%	33%	89%	50%	70%	25%	25%	100%	33%	25%	33%	56%
Number of Never Events	PCCS	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		
	Morrison			0	0	0	0	0	0	0	0	0	0	0	0		
	NPTH			0	0	0	0	1	0	0	0	0	0	0	0		
	Singleton			0	0	0	0	0	0	0	2	0	1	0	0		
<b>Total</b>				0	0	0	0	1	0	0	2	0	1	0	0		
<b>Pressure Ulcers</b>																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend				49	41	49	44	47	44	38	38	42	61	51	
	PCCS Hospital			0	0	0	0	4	1	2	0	3	2	5			
	MH&LD			1	0	0	0	0	0	0	0	3	3	0			
	Morrison			34	54	45	29	40	44	59	65	69	65	54			
	NPTH			3	7	6	7	7	3	2	3	7	5	6			
	Singleton			4	5	5	4	1	1	3	5	0	2	4			
	<b>Total</b>			91	107	105	84	99	93	104	111	124	138	120			
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			9	9	11	8	11	11	4	7	7	11	12		
	PCCS Hospital			0	0	0	0	0	0	1	0	0	1	1			
	MH&LD			0	0	0	0	0	0	0	0	0	2	0			
	Morrison			3	3	0	3	4	2	2	4	5	5	5			
	NPTH			0	1	2	3	0	0	0	0	0	1	0			
	Singleton			0	0	0	0	0	0	0	0	0	0	0			
<b>Total</b>	12	13	13	14	15	13	7	11	12	20	18						
Pressure Ulcer (Hosp) patients per 100,000 admissions	<b>Total</b>	12 month reduction trend			709	1,105	1,012	625	884	836	1,063	1,189	1,375	1,289	1,244		
Total number of Inpatient Falls	PCCS	12 month reduction trend			8	5	10	13	13	9	11	9	6	13	12	16	
	MH&LD			47	34	30	26	42	48	30	47	42	25	36	33	44	
	Morrison			95	65	71	84	81	83	86	101	95	92	97	108	101	
	NPTH			33	24	27	24	28	21	31	32	34	34	29	26	31	
	Singleton			18	18	17	11	12	12	5	9	11	10	14	12	14	
<b>Total</b>	201	146	155	158	176	173	163	198	188	174	188	195	196				
Inpatient Falls per 1,000 beddays	<b>HB Total</b>	Between 3.0 & 5.0			5.01	3.86	4.01	4.21	4.55	4.49	4.30	4.91	4.71	4.31	4.50	5.05	4.77
<b>Mortality</b>																	
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.20%	1.18%	1.17%	1.17%	1.21%	1.21%	1.25%	1.17%	1.19%	1.21%	1.21%	1.21%	
	Singleton			0.16%	0.16%	0.17%	0.16%	0.15%	0.16%	0.17%	0.16%	0.19%	0.20%	0.20%	0.20%		
	NPTH			0.09%	0.09%	0.05%	0.08%	0.07%	0.07%	0.04%	0.08%	0.08%	0.04%	0.03%	0.03%		
	<b>Total (SBU)</b>			0.66%	0.66%	0.64%	0.64%	0.64%	0.66%	0.66%	0.65%	0.67%	0.68%	0.69%	0.68%		

## 1.2 Updates on key measures

UNSCHEDULED CARE	
Description	Current Performance
<p><b>Ambulance responses</b></p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In March 2025, the number of red calls responded to within 8 minutes deteriorated to 47.6% from 50.1% in February 2025. In March 2025, the number of green calls increased by 14%, amber calls increased by 11%, and red calls increased by 4% compared with February 2025.</p>
	Trend
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;"><b>1. % of red calls responded to within 8 minutes</b></p> <p style="text-align: center;">■ Red calls within 8 minutes (SBU HB)    — Target</p> </div> <div style="width: 48%;"> <p style="text-align: center;"><b>2. Number of ambulance call responses</b></p> <p style="text-align: center;">— Red calls    — Amber calls    — Green calls</p> </div> </div> <div style="margin-top: 20px;"> <p style="text-align: center;"><b>3. % of red calls responded to within 8 minutes – HB total last 90 days</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Symbol Key:</b></p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>8 or more points</li> <li>▲ above or below the mean</li> <li>Arun of 6</li> <li>● increasing or decreasing points</li> </ul> </div> <p style="text-align: center;">— Total    — Mean    — Control Limits</p> </div>

## UNSCHEDULED CARE

### Description

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

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

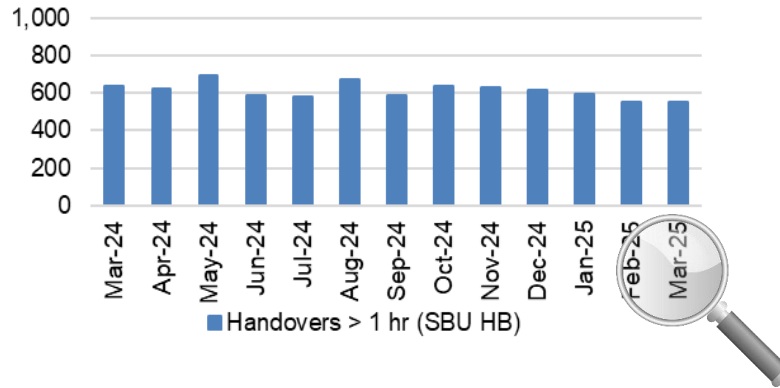
3. The number of ambulance handovers over one hour (last 90 days)

### Current Performance

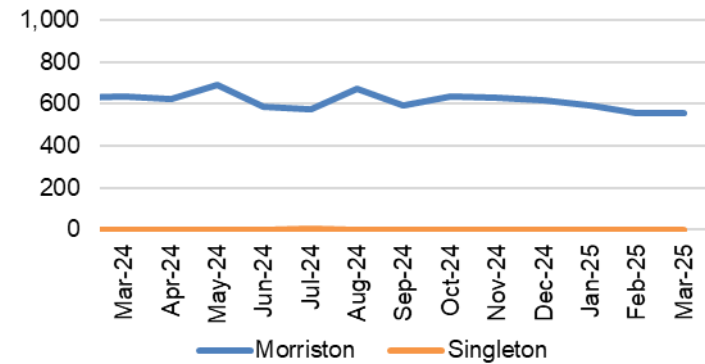
In March 2025, there were 555 ambulance to hospital handovers taking over 1 hour; this is a slight increase of 1 compared with 554 in February 2025. In March 2025, all handovers over 1 hour were attributed to Morriston Hospital. Additional work is currently underway to incorporate the Acute Medical Unit data in the ambulance handover figures.

### Trend

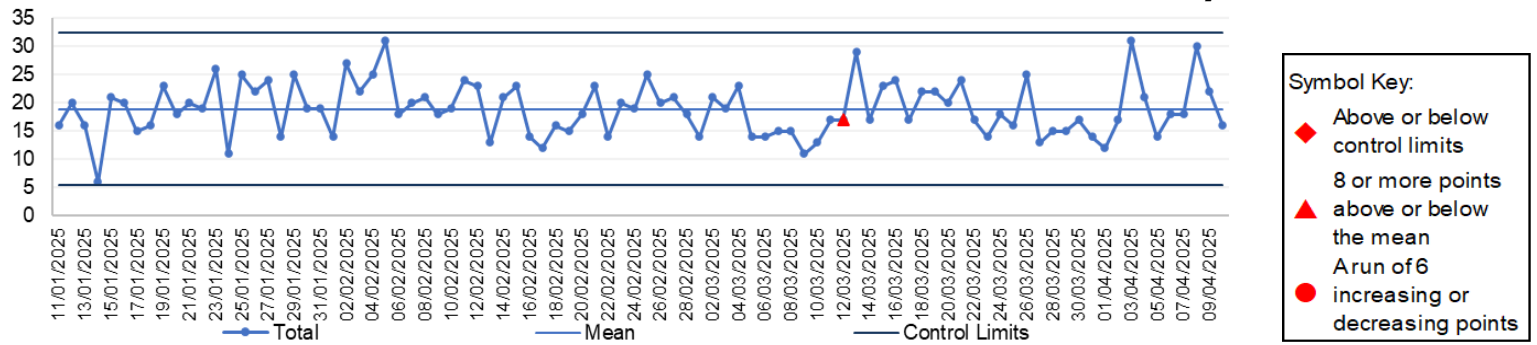
**1. Number of ambulance handovers- HB total**



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



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



**UNSCHEDULED CARE**

**Description**

**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

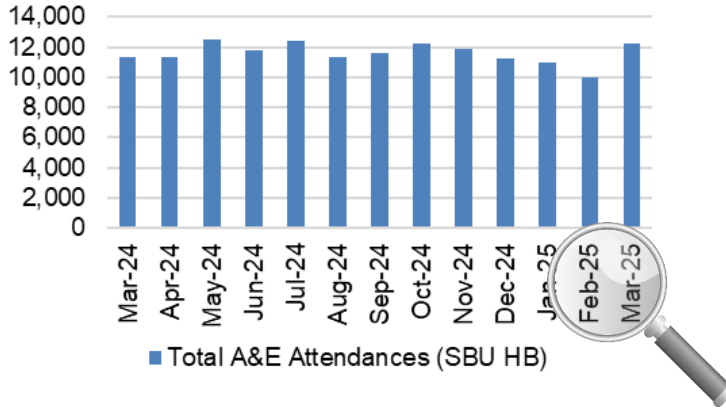
3. The number of attendances at emergency departments in the Health Board (last 90 days)

**Current Performance**

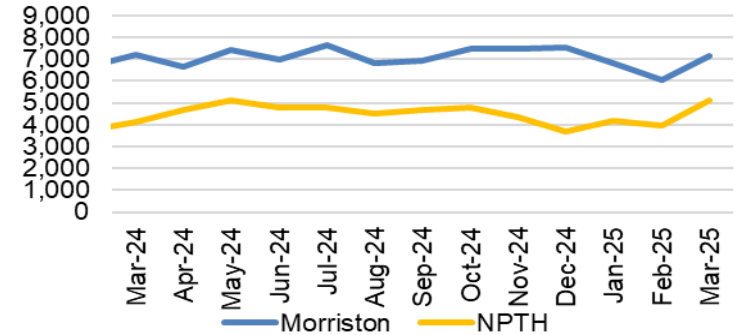
In March 2025, there were 12,270 A&E attendances, which is an increase of 2,301 when compared to February 2025. There were 7,164 attendances to Accident & Emergency (A&E) at Morriston hospital and 5,106 attendances to Minor Injury Unit at Neath Port Talbot hospital.

**Trend**

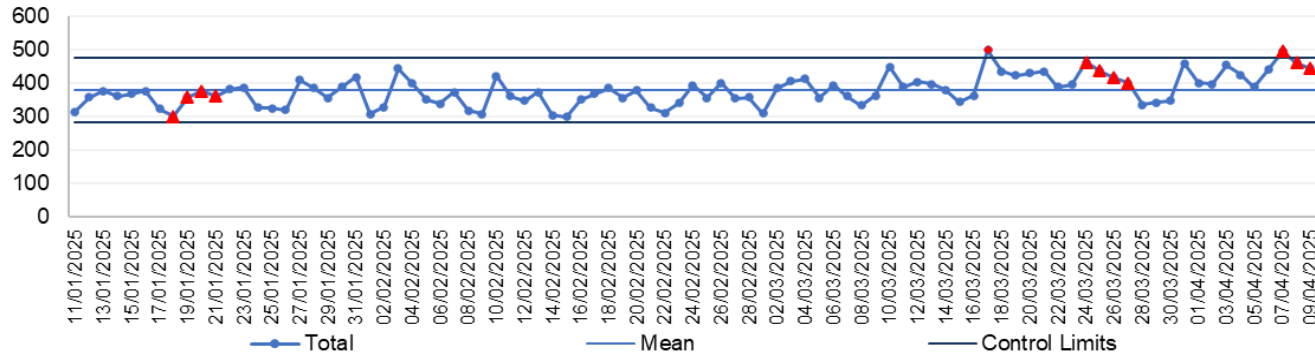
**1. Number of A&E attendances- HB total**



**2. Number of A&E attendances- Hospital level**



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



**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

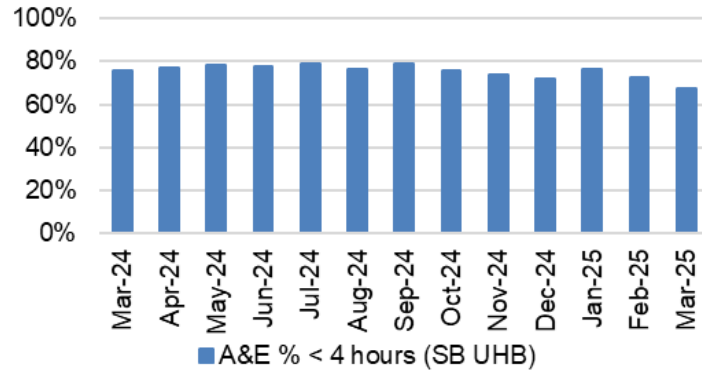
- 1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge
- 2. % of patients who spend less than 4 hours in A&E- Hospital level
- 3. % of patients who spend less than 4 hours in A&E (last 90 days)

### Current Performance

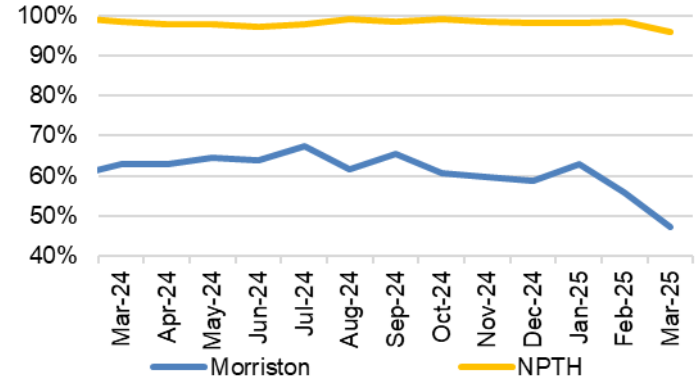
The Health Board's performance against the 4-hour measure deteriorated to 67.37% in March 2025 from 72.67% in February 2025. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 95.83% in March 2025. Morriston Hospital's performance deteriorated between February 2025 and March 2025, achieving 47.14% against the target.

### Trend

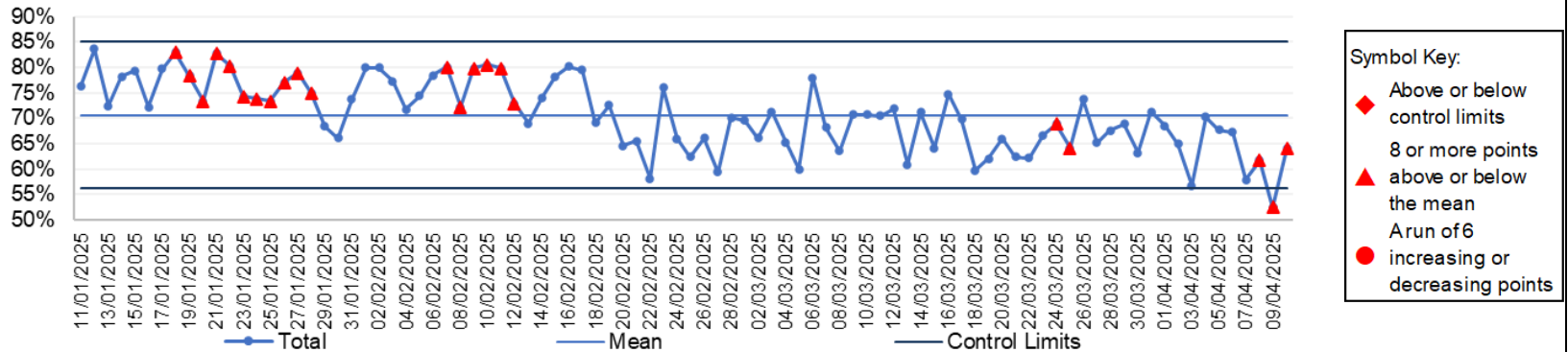
**1. % Patients waiting under 4 hours in A&E- HB total**



**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**



## 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

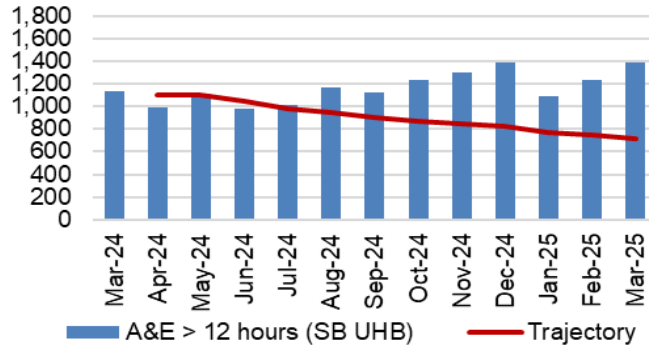
3. Number of patients who spend 12 hours or more in A&E (last 90 days)

### Current Performance

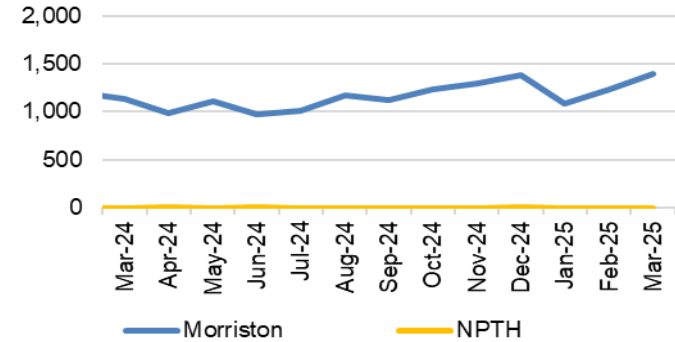
In March 2025, performance against the 12-hour measure deteriorated when compared with February 2024, decreasing from 1,237 to 1,391. This is an increase of 154 compared to February 2025. All of the patients waiting over 12 hours in March 2025 were attributed to Morriston Hospital apart from one which was attributed to Neath Port Talbot Hospital.

### Trend

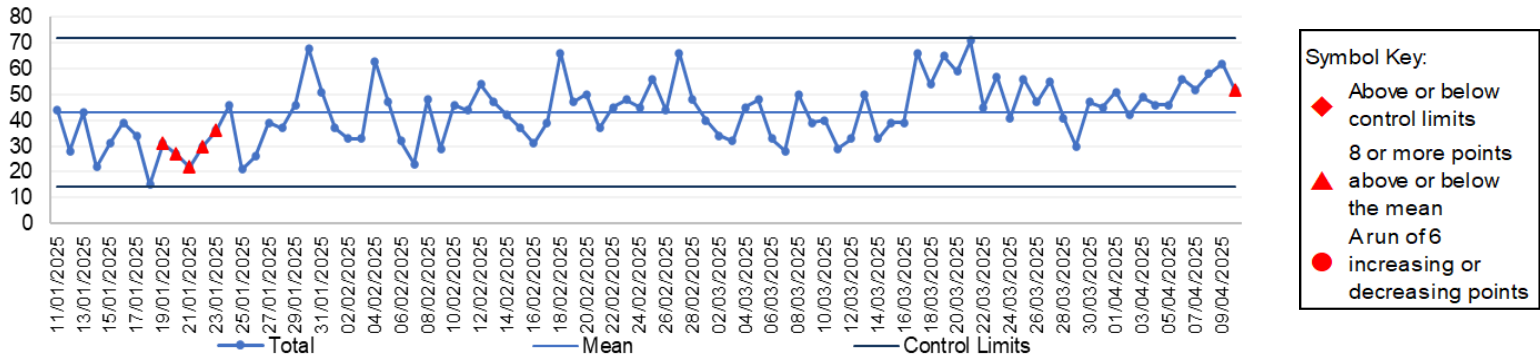
**1. Number of patients waiting over 12 hours in A&E- HB total**



**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

### Critical Care-Delayed Transfers of Care (DTC)-Morrison Hospital

1. Total Critical Care delayed discharges (hours)

2. Average lost bed days per day

3. Percentage of patients delayed:

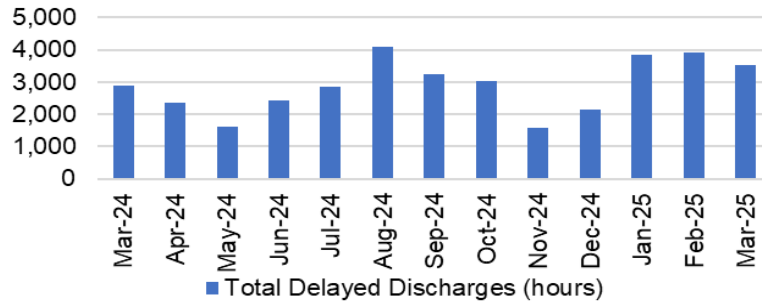
- Up to 8 hours
- Between 8 and 24 hours
- Over 24 hours

### Current Performance

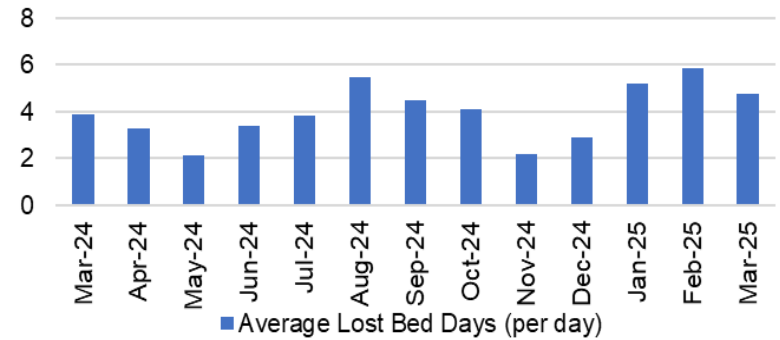
In March 2025, there were a total of 92 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is an increase when compared with 86 admissions in February 2025. March 2025, saw a reduction in the number of delayed discharge hours from 3930.15 in February 2025 to 3544.15 in March 2025. The average lost bed days decreased to 4.76 per day. The percentage of patients delayed over 24 hours decreased to 53.95% in March from 61.90% in February 2025.

### Trend

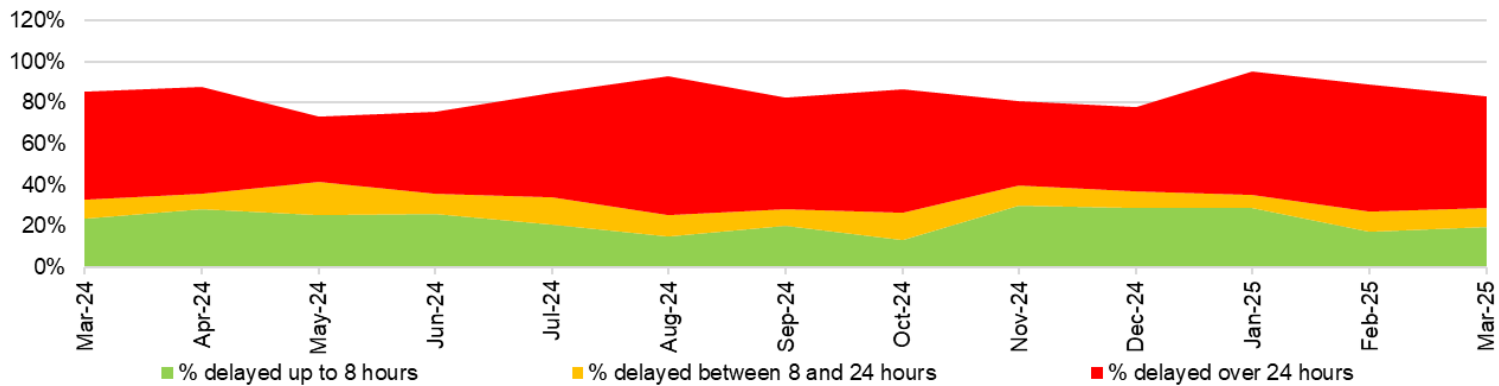
**1. Total Critical Care delayed discharges (hours)**



**2. Average lost bed days per day**



**3. Percentage of Critical Care patients delayed**



**UNSCHEDULED CARE**

Description	Current Performance	Trend																																																																						
<p><b>Clinically Optimised</b>  <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In March 2025, there were on average 231 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals.                      In March, Morriston Hospital had the largest proportion of clinically optimised patients with 157, followed by Neath Port Talbot Hospital with 49.</p> <p><b>Actions of Improvement;</b>                      The new pathways of care delays lead has undertaken considerable work since January to establish weekly deep dives into delays and launched new internal standards. Updated guidance has been provided by Welsh Government, clearly defining COP and CST (Clinically safe for Transfer), which has recently been reflected in coding.</p>	<p><b>The number of clinically optimised patients by site</b></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>Mar-24</td><td>140</td><td>50</td><td>50</td><td>20</td></tr> <tr><td>Apr-24</td><td>110</td><td>40</td><td>40</td><td>20</td></tr> <tr><td>May-24</td><td>150</td><td>20</td><td>40</td><td>20</td></tr> <tr><td>Jun-24</td><td>130</td><td>20</td><td>50</td><td>20</td></tr> <tr><td>Jul-24</td><td>130</td><td>10</td><td>50</td><td>20</td></tr> <tr><td>Aug-24</td><td>130</td><td>10</td><td>60</td><td>20</td></tr> <tr><td>Sep-24</td><td>130</td><td>10</td><td>50</td><td>20</td></tr> <tr><td>Oct-24</td><td>130</td><td>30</td><td>50</td><td>20</td></tr> <tr><td>Nov-24</td><td>110</td><td>40</td><td>60</td><td>20</td></tr> <tr><td>Dec-24</td><td>130</td><td>40</td><td>50</td><td>20</td></tr> <tr><td>Jan-25</td><td>150</td><td>20</td><td>40</td><td>20</td></tr> <tr><td>Feb-25</td><td>170</td><td>20</td><td>50</td><td>20</td></tr> <tr><td>Mar-25</td><td>150</td><td>10</td><td>40</td><td>20</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Mar-24	140	50	50	20	Apr-24	110	40	40	20	May-24	150	20	40	20	Jun-24	130	20	50	20	Jul-24	130	10	50	20	Aug-24	130	10	60	20	Sep-24	130	10	50	20	Oct-24	130	30	50	20	Nov-24	110	40	60	20	Dec-24	130	40	50	20	Jan-25	150	20	40	20	Feb-25	170	20	50	20	Mar-25	150	10	40	20
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<p><b>Elective procedures cancelled due to lack of beds</b>  <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p>	<p>In March 2025, there were 20 elective procedures cancelled due to lack of beds on the day of surgery. This is 3 less cancellations than those seen in February 2025.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></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>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>0</td><td>0</td></tr> <tr><td>Jan-25</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Feb-25</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Mar-25</td><td>18</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	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	0	0	Jan-25	25	0	0	Feb-25	20	0	0	Mar-25	18	0	0														
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## FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend
<p><b>Fractured Neck of Femur (#NOF)</b></p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p><b>1. Prompt orthogeriatric assessment-</b> In February 2025, 97.3% of patients in Morryston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p><b>2. Prompt surgery-</b> In February 2025, 31.3% of patients had surgery the day following presentation with a hip fracture. This is a 3.7% deterioration from February 2024 which was 35%.</p> <p><b>3. NICE compliant surgery-</b> 68.5% of operations were consistent with the NICE recommendations in February 2025. This is 1.6% higher than in February 2024.</p> <p><b>4. Prompt mobilisation-</b> In February 2025, 84.2% of patients were out of bed the day after surgery. This is 0.6% more than in February 2024.</p>	<p style="text-align: center;"><b>Trend</b></p> <p><b>1. Prompt orthogeriatric assessment</b></p> <p><b>2. Prompt surgery</b></p> <p><b>3. NICE compliant Surgery</b></p> <p><b>4. Prompt mobilisation</b></p>

## FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend																																																												
5. Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	<p><b>5. Not delirious when tested-</b> 76.2% of patients were not delirious in the week after their operation in February 2025.</p>	<p style="text-align: center;"><b>5. Not delirious when tested</b></p> <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Feb-24</td><td>76.2</td><td>60</td><td>65</td></tr> <tr><td>Mar-24</td><td>76.2</td><td>60</td><td>65</td></tr> <tr><td>Apr-24</td><td>76.2</td><td>60</td><td>65</td></tr> <tr><td>May-24</td><td>76.2</td><td>60</td><td>65</td></tr> <tr><td>Jun-24</td><td>76.2</td><td>60</td><td>65</td></tr> <tr><td>Jul-24</td><td>76.2</td><td>60</td><td>65</td></tr> <tr><td>Aug-24</td><td>76.2</td><td>60</td><td>65</td></tr> <tr><td>Sep-24</td><td>76.2</td><td>60</td><td>65</td></tr> <tr><td>Oct-24</td><td>76.2</td><td>60</td><td>65</td></tr> <tr><td>Nov-24</td><td>76.2</td><td>60</td><td>65</td></tr> <tr><td>Dec-24</td><td>76.2</td><td>60</td><td>65</td></tr> <tr><td>Jan-25</td><td>76.2</td><td>60</td><td>65</td></tr> <tr><td>Feb-25</td><td>76.2</td><td>60</td><td>65</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Feb-24	76.2	60	65	Mar-24	76.2	60	65	Apr-24	76.2	60	65	May-24	76.2	60	65	Jun-24	76.2	60	65	Jul-24	76.2	60	65	Aug-24	76.2	60	65	Sep-24	76.2	60	65	Oct-24	76.2	60	65	Nov-24	76.2	60	65	Dec-24	76.2	60	65	Jan-25	76.2	60	65	Feb-25	76.2	60	65				
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6. Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	<p><b>6. Return to original residence-</b> 71.0% of patients in November 2025 were discharged back to their original residence. This is 1.9% less than was reported in November 2024.</p>	<p style="text-align: center;"><b>6. Return to original residence</b></p> <table border="1"> <caption>6. Return to original residence - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>71.0</td><td>70</td><td>75</td></tr> <tr><td>Dec-23</td><td>71.0</td><td>70</td><td>75</td></tr> <tr><td>Jan-24</td><td>71.0</td><td>70</td><td>75</td></tr> <tr><td>Feb-24</td><td>71.0</td><td>70</td><td>75</td></tr> <tr><td>Mar-24</td><td>71.0</td><td>70</td><td>75</td></tr> <tr><td>Apr-24</td><td>71.0</td><td>70</td><td>75</td></tr> <tr><td>May-24</td><td>71.0</td><td>70</td><td>75</td></tr> <tr><td>Jun-24</td><td>71.0</td><td>70</td><td>75</td></tr> <tr><td>Jul-24</td><td>71.0</td><td>70</td><td>75</td></tr> <tr><td>Aug-24</td><td>71.0</td><td>70</td><td>75</td></tr> <tr><td>Sep-24</td><td>71.0</td><td>70</td><td>75</td></tr> <tr><td>Oct-24</td><td>71.0</td><td>70</td><td>75</td></tr> <tr><td>Nov-24</td><td>71.0</td><td>70</td><td>75</td></tr> <tr><td>Nov-25</td><td>71.0</td><td>70</td><td>75</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Nov-23	71.0	70	75	Dec-23	71.0	70	75	Jan-24	71.0	70	75	Feb-24	71.0	70	75	Mar-24	71.0	70	75	Apr-24	71.0	70	75	May-24	71.0	70	75	Jun-24	71.0	70	75	Jul-24	71.0	70	75	Aug-24	71.0	70	75	Sep-24	71.0	70	75	Oct-24	71.0	70	75	Nov-24	71.0	70	75	Nov-25	71.0	70	75
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7. 30 day mortality rate (Casemix adjusted)	<p><b>7. 30 day mortality rate-</b> 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>	<p style="text-align: center;"><b>7. 30 day mortality rate</b></p> <table border="1"> <caption>7. 30 day mortality rate - Trend Data</caption> <thead> <tr> <th>Quarter</th> <th>Morryston (Casemix Adjusted) (%)</th> <th>National Average (%)</th> </tr> </thead> <tbody> <tr><td>Q1 21-22</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q2 21-22</td><td>6.5</td><td>7.5</td></tr> <tr><td>Q3 21-22</td><td>6.8</td><td>7.2</td></tr> <tr><td>Q4 21-22</td><td>6.5</td><td>7.0</td></tr> <tr><td>Q1 22-23</td><td>6.2</td><td>6.8</td></tr> <tr><td>Q2 22-23</td><td>5.8</td><td>6.5</td></tr> <tr><td>Q3 22-23</td><td>5.8</td><td>6.2</td></tr> <tr><td>Q4 22-23</td><td>5.8</td><td>6.0</td></tr> <tr><td>Q1 23-24</td><td>5.5</td><td>5.8</td></tr> <tr><td>Q2 23-24</td><td>6.5</td><td>5.5</td></tr> <tr><td>Q3 23-24</td><td>5.8</td><td>5.2</td></tr> <tr><td>Q4 23-24</td><td>4.8</td><td>5.0</td></tr> <tr><td>Q1 24-25</td><td>5.5</td><td>4.8</td></tr> <tr><td>Q2 24-25</td><td>5.5</td><td>4.8</td></tr> <tr><td>Q3 24-25</td><td>5.6</td><td>4.8</td></tr> </tbody> </table>	Quarter	Morryston (Casemix Adjusted) (%)	National Average (%)	Q1 21-22	7.0	8.0	Q2 21-22	6.5	7.5	Q3 21-22	6.8	7.2	Q4 21-22	6.5	7.0	Q1 22-23	6.2	6.8	Q2 22-23	5.8	6.5	Q3 22-23	5.8	6.2	Q4 22-23	5.8	6.0	Q1 23-24	5.5	5.8	Q2 23-24	6.5	5.5	Q3 23-24	5.8	5.2	Q4 23-24	4.8	5.0	Q1 24-25	5.5	4.8	Q2 24-25	5.5	4.8	Q3 24-25	5.6	4.8												
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**HEALTHCARE ACQUIRED INFECTIONS**

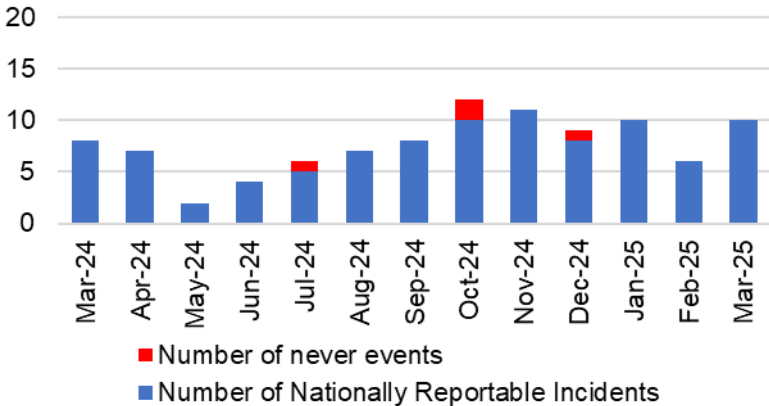
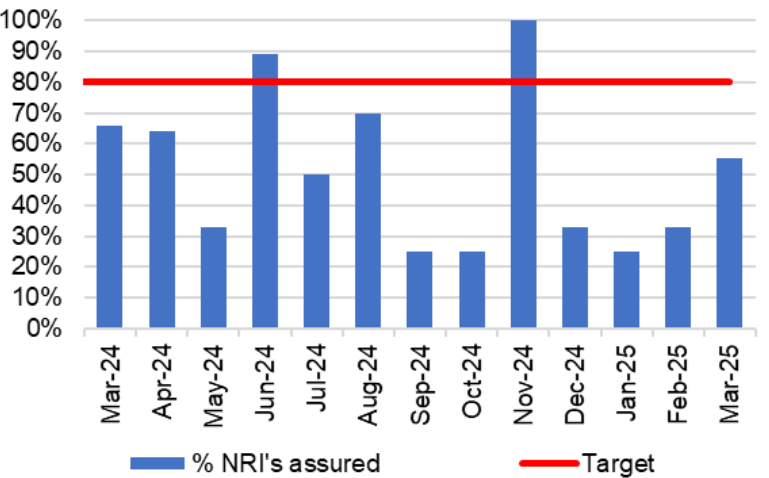
Description	Current Performance	Trend																																										
<p><b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b>  <i>Number of laboratory confirmed E.coli bacteraemia cases</i></p>	<ul style="list-style-type: none"> <li>• 15 cases of <i>E. coli</i> bacteraemia were identified in March 2025, of which 7 were hospital acquired and 8 were community acquired.</li> <li>• The Health Board total is currently below the Welsh Government Profile target of 17 cases for March 2025.</li> <li>• The Health Board is currently in-line with the Welsh Government <u>Targeted Intervention</u> target of 4, with 4 hospital onset cases reported in March 2025</li> </ul>	<p align="center"><b>Number of healthcare acquired <i>E. coli</i> bacteraemia cases</b></p> <table border="1"> <caption>Data for E. coli HCAI Trend Chart</caption> <thead> <tr> <th>Month</th> <th>HCAI Cases</th> <th>Hospital Onset Cases</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>18</td><td>8</td></tr> <tr><td>Apr-24</td><td>18</td><td>8</td></tr> <tr><td>May-24</td><td>15</td><td>1</td></tr> <tr><td>Jun-24</td><td>18</td><td>5</td></tr> <tr><td>Jul-24</td><td>14</td><td>3</td></tr> <tr><td>Aug-24</td><td>28</td><td>8</td></tr> <tr><td>Sep-24</td><td>20</td><td>2</td></tr> <tr><td>Oct-24</td><td>22</td><td>6</td></tr> <tr><td>Nov-24</td><td>15</td><td>4</td></tr> <tr><td>Dec-24</td><td>16</td><td>5</td></tr> <tr><td>Jan-25</td><td>20</td><td>9</td></tr> <tr><td>Feb-25</td><td>18</td><td>8</td></tr> <tr><td>Mar-25</td><td>15</td><td>4</td></tr> </tbody> </table>	Month	HCAI Cases	Hospital Onset Cases	Mar-24	18	8	Apr-24	18	8	May-24	15	1	Jun-24	18	5	Jul-24	14	3	Aug-24	28	8	Sep-24	20	2	Oct-24	22	6	Nov-24	15	4	Dec-24	16	5	Jan-25	20	9	Feb-25	18	8	Mar-25	15	4
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<p><b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b>  <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i></p>	<ul style="list-style-type: none"> <li>• There were 13 cases of <i>Staph. aureus</i> bacteraemia in March 2025, of which 8 were hospital acquired and 5 were community acquired.</li> <li>• The Health Board total is currently above the Welsh Government Profile target of 5 cases for March 2025</li> <li>• The Health Board is currently in-line with the Welsh Government <u>Targeted Intervention</u> target of 3, with 3 hospital onset cases reported in March 2025</li> </ul>	<p align="center"><b>Number of healthcare acquired <i>S.aureus</i> bacteraemia cases</b></p> <table border="1"> <caption>Data for S. aureus HCAI Trend Chart</caption> <thead> <tr> <th>Month</th> <th>HCAI Cases</th> <th>Hospital Onset Cases</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>8</td><td>3</td></tr> <tr><td>Apr-24</td><td>13</td><td>6</td></tr> <tr><td>May-24</td><td>7</td><td>2</td></tr> <tr><td>Jun-24</td><td>7</td><td>4</td></tr> <tr><td>Jul-24</td><td>12</td><td>4</td></tr> <tr><td>Aug-24</td><td>14</td><td>8</td></tr> <tr><td>Sep-24</td><td>7</td><td>1</td></tr> <tr><td>Oct-24</td><td>14</td><td>4</td></tr> <tr><td>Nov-24</td><td>12</td><td>6</td></tr> <tr><td>Dec-24</td><td>12</td><td>4</td></tr> <tr><td>Jan-25</td><td>11</td><td>4</td></tr> <tr><td>Feb-25</td><td>12</td><td>5</td></tr> <tr><td>Mar-25</td><td>13</td><td>3</td></tr> </tbody> </table>	Month	HCAI Cases	Hospital Onset Cases	Mar-24	8	3	Apr-24	13	6	May-24	7	2	Jun-24	7	4	Jul-24	12	4	Aug-24	14	8	Sep-24	7	1	Oct-24	14	4	Nov-24	12	6	Dec-24	12	4	Jan-25	11	4	Feb-25	12	5	Mar-25	13	3
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## HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																										
<b>Healthcare Acquired Infections (HCAI)- C.difficile-</b> <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"> <li>• There were 22 <i>Clostridium difficile</i> toxin positive cases in March 2025, of which 15 were hospital acquired and 7 were community acquired.</li> <li>• The Health Board total is currently above the Welsh Government Profile target of 6 cases for March 2025.</li> <li>• The Health Board is currently above the Welsh Government <u>Targeted Intervention</u> target of 6, with 15 hospital onset cases reported in March 2025</li> </ul>	<b>Number of healthcare acquired C.difficile cases</b> <table border="1"> <caption>Number of healthcare acquired C.difficile cases</caption> <thead> <tr> <th>Month</th> <th>HCAI Cases</th> <th>Hospital Onset Cases</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>22</td><td>15</td></tr> <tr><td>Apr-24</td><td>20</td><td>7</td></tr> <tr><td>May-24</td><td>19</td><td>4</td></tr> <tr><td>Jun-24</td><td>22</td><td>8</td></tr> <tr><td>Jul-24</td><td>14</td><td>5</td></tr> <tr><td>Aug-24</td><td>35</td><td>18</td></tr> <tr><td>Sep-24</td><td>22</td><td>11</td></tr> <tr><td>Oct-24</td><td>29</td><td>19</td></tr> <tr><td>Nov-24</td><td>22</td><td>11</td></tr> <tr><td>Dec-24</td><td>23</td><td>11</td></tr> <tr><td>Jan-25</td><td>31</td><td>19</td></tr> <tr><td>Feb-25</td><td>17</td><td>11</td></tr> <tr><td>Mar-25</td><td>22</td><td>15</td></tr> </tbody> </table>	Month	HCAI Cases	Hospital Onset Cases	Mar-24	22	15	Apr-24	20	7	May-24	19	4	Jun-24	22	8	Jul-24	14	5	Aug-24	35	18	Sep-24	22	11	Oct-24	29	19	Nov-24	22	11	Dec-24	23	11	Jan-25	31	19	Feb-25	17	11	Mar-25	22	15
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<b>Healthcare Acquired Infections (HCAI)- Klebsiella sp-</b> <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"> <li>• There were 11 cases of Klebsiella sp in March 2025, of which 7 were hospital acquired and 4 were community acquired.</li> <li>• The Health Board total is currently above the Welsh Government Profile target of 4 cases for March 2025.</li> <li>• The Health Board is currently above the Welsh Government <u>Targeted Intervention</u> target of 4, with 5 hospital onset cases reported in March 2025</li> </ul>	<b>Number of healthcare acquired Klebsiella cases</b> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases</caption> <thead> <tr> <th>Month</th> <th>HCAI Cases</th> <th>Hospital Onset Cases</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>5</td><td>3</td></tr> <tr><td>Apr-24</td><td>10</td><td>3</td></tr> <tr><td>May-24</td><td>11</td><td>3</td></tr> <tr><td>Jun-24</td><td>13</td><td>6</td></tr> <tr><td>Jul-24</td><td>8</td><td>4</td></tr> <tr><td>Aug-24</td><td>12</td><td>6</td></tr> <tr><td>Sep-24</td><td>6</td><td>4</td></tr> <tr><td>Oct-24</td><td>12</td><td>5</td></tr> <tr><td>Nov-24</td><td>6</td><td>3</td></tr> <tr><td>Dec-24</td><td>12</td><td>7</td></tr> <tr><td>Jan-25</td><td>9</td><td>8</td></tr> <tr><td>Feb-25</td><td>10</td><td>3</td></tr> <tr><td>Mar-25</td><td>11</td><td>5</td></tr> </tbody> </table>	Month	HCAI Cases	Hospital Onset Cases	Mar-24	5	3	Apr-24	10	3	May-24	11	3	Jun-24	13	6	Jul-24	8	4	Aug-24	12	6	Sep-24	6	4	Oct-24	12	5	Nov-24	6	3	Dec-24	12	7	Jan-25	9	8	Feb-25	10	3	Mar-25	11	5
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<p><b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> Number of laboratory confirmed Aeruginosa cases</p>	<ul style="list-style-type: none"> <li>There was 1 case of <i>P.Aeruginosa</i> reported in March 2025.</li> <li>The Health Board total is currently below the Welsh Government Profile target of 3 cases for March 2025.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired Pseudomonas cases</b></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>Mar-24</td><td>0</td><td>3</td></tr> <tr><td>Apr-24</td><td>0</td><td>0</td></tr> <tr><td>May-24</td><td>1</td><td>0</td></tr> <tr><td>Jun-24</td><td>2</td><td>2</td></tr> <tr><td>Jul-24</td><td>1</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>2</td><td>1</td></tr> <tr><td>Feb-25</td><td>2</td><td>2</td></tr> <tr><td>Mar-25</td><td>1</td><td>3</td></tr> </tbody> </table>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Mar-24	0	3	Apr-24	0	0	May-24	1	0	Jun-24	2	2	Jul-24	1	1	Aug-24	3	2	Sep-24	1	2	Oct-24	1	2	Nov-24	0	2	Dec-24	5	1	Jan-25	2	1	Feb-25	2	2	Mar-25	1	3														
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<p><b>Number of pressure ulcers</b> 1. Total number of pressure ulcers developed in hospital and in the community</p> <p>2. Rate of pressure ulcers per 100,000 admissions</p>	<ul style="list-style-type: none"> <li>In February 2025 there were 120 cases of healthcare acquired pressure ulcers, 51 of which were community acquired and 69 were hospital acquired.</li> </ul> <p>There were 18 grade 3+ pressure ulcers in February 2025, 12 of which were community acquired and 6 were hospital acquired.</p> <ul style="list-style-type: none"> <li>The rate per 100,000 admissions was 1244 in February 2025.</li> </ul>	<p><b>Total number of hospital and community acquired Pressure Ulcers (PU)</b></p> <table border="1"> <caption>Total number of hospital and community acquired Pressure Ulcers (PU)</caption> <thead> <tr> <th>Month</th> <th>Pressure Ulcers (Community)</th> <th>Pressure Ulcers (Hospital)</th> <th>Rate per 100,000 admissions</th> </tr> </thead> <tbody> <tr><td>Feb-24</td><td>40</td><td>50</td><td>1,200</td></tr> <tr><td>Mar-24</td><td>0</td><td>0</td><td>1,000</td></tr> <tr><td>Apr-24</td><td>40</td><td>50</td><td>800</td></tr> <tr><td>May-24</td><td>60</td><td>45</td><td>1,100</td></tr> <tr><td>Jun-24</td><td>55</td><td>50</td><td>1,000</td></tr> <tr><td>Jul-24</td><td>40</td><td>45</td><td>700</td></tr> <tr><td>Aug-24</td><td>50</td><td>50</td><td>800</td></tr> <tr><td>Sep-24</td><td>45</td><td>45</td><td>800</td></tr> <tr><td>Oct-24</td><td>60</td><td>45</td><td>1,000</td></tr> <tr><td>Nov-24</td><td>70</td><td>45</td><td>1,100</td></tr> <tr><td>Dec-24</td><td>80</td><td>55</td><td>1,200</td></tr> <tr><td>Jan-25</td><td>75</td><td>60</td><td>1,300</td></tr> <tr><td>Feb-25</td><td>51</td><td>69</td><td>1,244</td></tr> </tbody> </table>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,000 admissions	Feb-24	40	50	1,200	Mar-24	0	0	1,000	Apr-24	40	50	800	May-24	60	45	1,100	Jun-24	55	50	1,000	Jul-24	40	45	700	Aug-24	50	50	800	Sep-24	45	45	800	Oct-24	60	45	1,000	Nov-24	70	45	1,100	Dec-24	80	55	1,200	Jan-25	75	60	1,300	Feb-25	51	69	1,244
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**NATIONALLY REPORTABLE INCIDENTS**

Description	Current Performance	Trend																																																																																				
<p><b>Nationally Reportable Incidents (NRI's)-</b></p> <p><i>1. The number of Nationally reportable incidents</i></p> <p><i>2. The number of Never Events</i></p> <p><i>3. 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 10 Nationally Reportable Incidents for the month of March 2025 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> <li>- MH&amp;LD - 3</li> <li>- NPTH - 1</li> <li>- PCT - 2</li> <li>- Singleton - 4</li> </ul> <p>2. There were no new Never Events reported in March 2025.</p> <p>3. In March 2025, 56% of the NRI's were closed within the agreed timescale.</p>	<p><b>1. and 2. Number of nationally reportable incidents and never events</b></p>  <table border="1"> <caption>Data for Chart 1: Number of nationally reportable incidents and never events</caption> <thead> <tr> <th>Month</th> <th>Number of Nationally Reportable Incidents</th> <th>Number of never events</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>8</td><td>0</td></tr> <tr><td>Apr-24</td><td>7</td><td>0</td></tr> <tr><td>May-24</td><td>2</td><td>0</td></tr> <tr><td>Jun-24</td><td>4</td><td>0</td></tr> <tr><td>Jul-24</td><td>5</td><td>1</td></tr> <tr><td>Aug-24</td><td>7</td><td>0</td></tr> <tr><td>Sep-24</td><td>8</td><td>0</td></tr> <tr><td>Oct-24</td><td>10</td><td>2</td></tr> <tr><td>Nov-24</td><td>11</td><td>0</td></tr> <tr><td>Dec-24</td><td>8</td><td>1</td></tr> <tr><td>Jan-25</td><td>10</td><td>0</td></tr> <tr><td>Feb-25</td><td>6</td><td>0</td></tr> <tr><td>Mar-25</td><td>10</td><td>0</td></tr> </tbody> </table> <p><b>3. % of nationally reportable incidents closed within the agreed timescales</b></p>  <table border="1"> <caption>Data for Chart 3: % of nationally reportable incidents closed within the agreed timescales</caption> <thead> <tr> <th>Month</th> <th>% NRI's assured</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>65%</td><td>80%</td></tr> <tr><td>Apr-24</td><td>65%</td><td>80%</td></tr> <tr><td>May-24</td><td>35%</td><td>80%</td></tr> <tr><td>Jun-24</td><td>90%</td><td>80%</td></tr> <tr><td>Jul-24</td><td>50%</td><td>80%</td></tr> <tr><td>Aug-24</td><td>70%</td><td>80%</td></tr> <tr><td>Sep-24</td><td>25%</td><td>80%</td></tr> <tr><td>Oct-24</td><td>25%</td><td>80%</td></tr> <tr><td>Nov-24</td><td>100%</td><td>80%</td></tr> <tr><td>Dec-24</td><td>35%</td><td>80%</td></tr> <tr><td>Jan-25</td><td>25%</td><td>80%</td></tr> <tr><td>Feb-25</td><td>35%</td><td>80%</td></tr> <tr><td>Mar-25</td><td>56%</td><td>80%</td></tr> </tbody> </table>	Month	Number of Nationally Reportable Incidents	Number of never events	Mar-24	8	0	Apr-24	7	0	May-24	2	0	Jun-24	4	0	Jul-24	5	1	Aug-24	7	0	Sep-24	8	0	Oct-24	10	2	Nov-24	11	0	Dec-24	8	1	Jan-25	10	0	Feb-25	6	0	Mar-25	10	0	Month	% NRI's assured	Target	Mar-24	65%	80%	Apr-24	65%	80%	May-24	35%	80%	Jun-24	90%	80%	Jul-24	50%	80%	Aug-24	70%	80%	Sep-24	25%	80%	Oct-24	25%	80%	Nov-24	100%	80%	Dec-24	35%	80%	Jan-25	25%	80%	Feb-25	35%	80%	Mar-25	56%	80%
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Description	Current Performance	Trend																												
<p><b>Inpatient Falls</b> <i>The total number of inpatient falls</i></p>	<ul style="list-style-type: none"> <li>The number of Falls reported via Datix web for Swansea Bay UHB was 196 in March 2025. This is 0.5% more than February 2025 where 195 falls were recorded.</li> </ul>	<p><b>Number of inpatient Falls</b></p> <table border="1"> <caption>Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Hospital Falls</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>200</td></tr> <tr><td>Apr-24</td><td>145</td></tr> <tr><td>May-24</td><td>155</td></tr> <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> <tr><td>Jan-25</td><td>185</td></tr> <tr><td>Feb-25</td><td>195</td></tr> <tr><td>Mar-25</td><td>196</td></tr> </tbody> </table>	Month	Hospital Falls	Mar-24	200	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	Jan-25	185	Feb-25	195	Mar-25	196
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Description	Current Performance	Trend																												
<p><b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i></p>	<p>The latest data shows that in March 2025, the percentage of completed discharge summaries was 72%.</p> <p>In March 2025, compliance ranged from 83% in Morriston Hospital to 56% in Singleton Hospital.</p>	<p><b>% discharge summaries approved and sent</b></p> <table border="1"> <caption>% discharge summaries approved and sent</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>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>77%</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>74%</td></tr> <tr><td>Jan-25</td><td>76%</td></tr> <tr><td>Feb-25</td><td>75%</td></tr> <tr><td>Mar-25</td><td>72%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	Mar-24	68%	Apr-24	75%	May-24	75%	Jun-24	75%	Jul-24	75%	Aug-24	78%	Sep-24	77%	Oct-24	75%	Nov-24	75%	Dec-24	74%	Jan-25	76%	Feb-25	75%	Mar-25	72%
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<b>Crude Mortality Rate</b>	<p>February 2025 reports the crude mortality rate for the Health Board at 0.68%, which is 0.01% lower than the figure reported in January 2025.</p> <p>A breakdown by Hospital for February 2025</p> <ul style="list-style-type: none"> <li>• Morriston – 1.21%</li> <li>• Singleton – 0.20%</li> <li>• NPT – 0.03%</li> </ul>	<p><b>Crude hospital mortality rate by Hospital (74 years of age or less)</b></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>Feb-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.68%</td></tr> <tr><td>Mar-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.68%</td></tr> <tr><td>Apr-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.68%</td></tr> <tr><td>May-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.68%</td></tr> <tr><td>Jun-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.68%</td></tr> <tr><td>Jul-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.68%</td></tr> <tr><td>Aug-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.68%</td></tr> <tr><td>Sep-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.68%</td></tr> <tr><td>Oct-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.68%</td></tr> <tr><td>Nov-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.68%</td></tr> <tr><td>Dec-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.68%</td></tr> <tr><td>Jan-25</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.68%</td></tr> <tr><td>Feb-25</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.68%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Feb-24	1.21%	0.20%	0.03%	0.68%	Mar-24	1.21%	0.20%	0.03%	0.68%	Apr-24	1.21%	0.20%	0.03%	0.68%	May-24	1.21%	0.20%	0.03%	0.68%	Jun-24	1.21%	0.20%	0.03%	0.68%	Jul-24	1.21%	0.20%	0.03%	0.68%	Aug-24	1.21%	0.20%	0.03%	0.68%	Sep-24	1.21%	0.20%	0.03%	0.68%	Oct-24	1.21%	0.20%	0.03%	0.68%	Nov-24	1.21%	0.20%	0.03%	0.68%	Dec-24	1.21%	0.20%	0.03%	0.68%	Jan-25	1.21%	0.20%	0.03%	0.68%	Feb-25	1.21%	0.20%	0.03%	0.68%
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<b>Readmission Rates</b>	<p>In March 2025, 9.16% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 1.38% higher than the figure reported in February 2025.</p>	<p><b>Emergencies readmitted within 28 days of previous discharge</b></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>Mar-24</td><td>8.5%</td></tr> <tr><td>Apr-24</td><td>8.0%</td></tr> <tr><td>May-24</td><td>8.1%</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>8.6%</td></tr> <tr><td>Sep-24</td><td>8.0%</td></tr> <tr><td>Oct-24</td><td>8.2%</td></tr> <tr><td>Nov-24</td><td>7.6%</td></tr> <tr><td>Dec-24</td><td>9.1%</td></tr> <tr><td>Jan-25</td><td>7.6%</td></tr> <tr><td>Feb-25</td><td>7.8%</td></tr> <tr><td>Mar-25</td><td>9.2%</td></tr> </tbody> </table>	Month	28 day readmission rate (SBUHB)	Mar-24	8.5%	Apr-24	8.0%	May-24	8.1%	Jun-24	8.1%	Jul-24	9.2%	Aug-24	8.6%	Sep-24	8.0%	Oct-24	8.2%	Nov-24	7.6%	Dec-24	9.1%	Jan-25	7.6%	Feb-25	7.8%	Mar-25	9.2%																																										
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## 2 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

### 2.1 Overview

Harm from reduction in non-Covid																	
Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
<b>Cancer</b>																	
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	<b>Total</b>	Improvement Trajectory towards 80% by Mar 26	68.0%		55.8%	56.4%	57.0%	57.9%	58.6%	55.7%	57.0%	56.0%	66.0%	63.0%	51.5%	55.9%	
<b>Planned Care</b>																	
Number of patients waiting > 26 weeks for first outpatient appointment*	Morrison	0			6,565	5,247	5,958	5,948	6,171	6,869	6,716	6,573	6,371	6,804	6,795	6,632	6,500
	NPTH			92	2,002	2,240	2,278	2,341	2,602	2,588	2,579	2,607	2,736	2,775	2,803	2,810	
	Singleton			5,438	5,795	6,007	6,036	5,880	6,274	6,135	6,139	6,302	6,448	6,608	6,047	4,371	
	PC&CS			0	1	0	0	0	0	3	1	0	0	0	25	0	
	<b>Total</b>			<b>12,095</b>	<b>13,045</b>	<b>14,205</b>	<b>14,262</b>	<b>14,392</b>	<b>15,745</b>	<b>15,442</b>	<b>15,292</b>	<b>15,280</b>	<b>15,988</b>	<b>16,178</b>	<b>15,507</b>	<b>13,681</b>	
Number of patients waiting > 36 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0			2,294	1,959	2,514	2,809	3,096	3,424	3,068	3,113	3,206	3,340	3,378	3,343	3,242
	NPTH			2	761	920	1,042	1,164	1,330	1,204	1,166	1,271	1,233	1,248	1,325	1,429	
	Singleton			2,443	2,855	2,986	3,098	3,064	3,261	2,777	2,870	3,140	3,237	3,488	2,998	1,688	
	PC&CS			0	0	0	0	0	0	2	1	0	0	0	10	0	
	<b>Total</b>			<b>4,739</b>	<b>5,575</b>	<b>6,420</b>	<b>6,949</b>	<b>7,324</b>	<b>8,015</b>	<b>7,051</b>	<b>7,150</b>	<b>7,617</b>	<b>7,810</b>	<b>8,114</b>	<b>7,676</b>	<b>6,359</b>	
Number of patients waiting > 52 weeks for first outpatient appointment	Morrison	Improvement Trajectory towards target of 0	0		0	0	0	0	0	0	2	0	1	0	0	0	
	NPTH			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		
	PC&CS			0	0	0	0	0	0	0	0	0	0	0	0		
	<b>Total</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>		
Number of patients waiting > 52 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			8,962	4,236	4,191	4,103	4,177	4,256	4,302	4,418	4,410	4,256	4,015	3,993	3,999
	NPTH			0	4,229	4,286	4,404	4,351	4,485	4,564	4,590	4,494	4,376	4,248	4,191	4,124	
	Singleton			4,219	4,433	4,782	5,116	5,094	5,164	5,134	5,439	5,337	5,274	5,157	5,074	5,004	
	PC&CS			0	0	0	0	0	0	0	0	0	0	0	0		
	<b>Total</b>			<b>13,181</b>	<b>12,898</b>	<b>13,259</b>	<b>13,623</b>	<b>13,622</b>	<b>13,905</b>	<b>14,000</b>	<b>14,447</b>	<b>14,241</b>	<b>13,906</b>	<b>13,420</b>	<b>13,258</b>	<b>13,127</b>	
Number of patients waiting > 104 weeks for treatment	Morrison	Improvement Trajectory towards target of 0	0		1,299	490	424	387	353	365	386	431	408	344	240	121	0
	NPTH			0	696	641	607	554	563	523	520	419	350	246	88	0	
	Singleton			532	539	514	483	377	350	332	334	318	287	211	82	0	
	PC&CS			0	0	0	0	0	0	0	0	0	0	0	0		
	<b>Total</b>			<b>1,831</b>	<b>1,725</b>	<b>1,579</b>	<b>1,477</b>	<b>1,284</b>	<b>1,278</b>	<b>1,241</b>	<b>1,285</b>	<b>1,145</b>	<b>981</b>	<b>697</b>	<b>291</b>	<b>0</b>	
Number of patients waiting > 8 weeks for a specified diagnostics	Morrison	Improvement Trajectory towards 0 by Mar 24	2,048		3,687	3,746	3,576	3,493	3,490	3,425	3,296	3,156	3,017	2,969	2,839	2,447	2,254
	<b>Total</b>			<b>3,687</b>	<b>3,746</b>	<b>3,576</b>	<b>3,493</b>	<b>3,490</b>	<b>3,425</b>	<b>3,296</b>	<b>3,156</b>	<b>3,017</b>	<b>2,969</b>	<b>2,839</b>	<b>2,447</b>	<b>2,254</b>	
Number of patients waiting > 14 weeks for a specified therapy*	PC&CS	Improvement Trajectory towards 0 by Mar 24			1	1	0	4	5	17	130	147	297	407	248	113	0
	<b>Total</b>			<b>1</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>5</b>	<b>17</b>	<b>130</b>	<b>147</b>	<b>297</b>	<b>407</b>	<b>248</b>	<b>113</b>	<b>0</b>	

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Planned Care																		
Total number of patients waiting for a follow-up outpatient appointment *	Total	12 month reduction trend			166,438	169,049	170,254	171,913	172,898	147,509	148,525	149,220	149,380	150,165	150,255	150,598	151,798	
Number of patients delayed by over 100% past their target date	Total	Improvement Trajectory towards target of 0			48,969	49,837	50,646	49,585	49,591	39,908	39,502	39,137	38,437	39,141	38,895	38,841	39,297	
Number of patients delayed past their agreed target date (booked and not booked) *	Total	12 month reduction trend			80,190	80,656	80,503	78,946	78,579	67,051	66,422	65,359	64,671	66,629	66,102	66,407	67,252	
Number of Ophthalmology patients without an allocated health risk factor	Total	0			343	270	155	203	94	152	182	126	135	98	139	173	65	
Number of patients without a documented clinical review date	Total	0			5	2	2	4	1	0	2	5	3	1	6	3	3	
Activity																		
Number of GP referrals	Total	12 month reduction trend			12,269	13,687	13,540	12,365	14,282	12,326	12,826	14,244	12,759	10,766	13,759	12,514	13,252	
Number of patients referred from primary care into secondary care Ophthalmology services	Total	Improvement Trajectory towards reduction by Mar 24			936	932	783	794	838	785	714	865	757	590	843	803	801	
Patient Experience/ Feedback																		
Number of friends and family surveys completed	PCCS	12 month improvement trend			430	398	401	625	648	518	590	680	681	561	719	783	614	
	MH&LD				66	36	49	71	84	83	91	112	109	82	110	99	86	
	Morrison				2,606	2,776	2,584	2,716	2,879	2,445	2,885	3,081	2,923	2,461	2,807	2,651	2,026	
	NPTH																	
	Singleton				2,118	2,234	2,081	2,193	2,326	1,945	2,077	2,402	2,465	1,725	2,266	2,018	1,487	
<b>Total</b>					<b>5,427</b>	<b>5,579</b>	<b>5,344</b>	<b>5,535</b>	<b>5,853</b>	<b>4,913</b>	<b>5,556</b>	<b>6,208</b>	<b>5,766</b>	<b>4,747</b>	<b>5,794</b>	<b>5,456</b>	<b>4,127</b>	
% of patients who would recommend and highly recommend	PCCS	90%			95%	96%	97%	96%	96%	95%	95%	95%	95%	95%	96%	95%	96%	
	MH&LD				97%	100%	96%	92%	100%	89%	91%	98%	100%	95%	93%	98%	94%	
	Morrison				90%	90%	90%	90%	90%	90%	89%	91%	91%	89%	91%	91%	90%	
	NPTH																	
	Singleton				95%	95%	94%	95%	95%	95%	95%	96%	96%	95%	95%	94%	95%	
<b>Total</b>					<b>92%</b>	<b>93%</b>	<b>92%</b>	<b>93%</b>	<b>93%</b>	<b>93%</b>	<b>92%</b>	<b>93%</b>	<b>93%</b>	<b>92%</b>	<b>94%</b>	<b>93%</b>	<b>93%</b>	
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%			96%	96%	94%	96%	95%	94%	94%	95%	94%	94%	93%	95%	95%	
	MH&LD																	
	Morrison				91%	92%	92%	92%	93%	92%	92%	92%	92%	92%	91%	92%	92%	91%
	NPTH																	
	Singleton				93%	95%	94%	94%	94%	95%	94%	95%	94%	94%	95%	94%	94%	
<b>Total</b>					<b>92%</b>	<b>93%</b>	<b>93%</b>	<b>93%</b>	<b>94%</b>	<b>93%</b>	<b>93%</b>	<b>93%</b>	<b>92%</b>	<b>93%</b>	<b>93%</b>	<b>93%</b>		
Number of new complaints received	PCCS	12 month reduction trend			36	24	20	15	19	22	13	13	29	17	35			
	MH&LD				22	17	14	22	27	24	29	29	28	16	23			
	Morrison				46	51	53	38	61	59	55	51	49	57	60			
	NPTH																	
	Singleton				59	45	50	47	39	31	31	40	39	25	41			
<b>Total</b>					<b>167</b>	<b>140</b>	<b>145</b>	<b>130</b>	<b>152</b>	<b>142</b>	<b>130</b>	<b>141</b>	<b>154</b>	<b>119</b>	<b>166</b>			
% 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%			81%	79%	85%	80%	74%	50%	69%	92%	72%	76%	77%			
	MH&LD				68%	82%	79%	64%	78%	54%	52%	69%	61%	88%	43%			
	Morrison				87%	76%	83%	66%	72%	68%	67%	78%	63%	75%	67%			
	NPTH																	
	Singleton				54%	62%	50%	72%	49%	58%	58%	55%	64%	56%	56%			
<b>Total</b>					<b>71%</b>	<b>74%</b>	<b>73%</b>	<b>70%</b>	<b>66%</b>	<b>61%</b>	<b>62%</b>	<b>70%</b>	<b>64%</b>	<b>72%</b>	<b>63%</b>			

## 2.2 Updates on key measures

PLANNED CARE																																																																																														
Description	Current Performance																																																																																													
<p><b>Outpatient waiting times</b></p> <p><i>1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total</i></p> <p><i>2. Total number of patients on the Waiting list (including Diagnostics &amp; Therapies)</i></p> <p><i>3. Total waiting list by stage in March 2025</i></p> <p><i>4. Percentage of patients waiting less than 26 weeks</i></p>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. March 2025 saw a minor in-month reduction of the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 15,507 in February 2025 to 13,681 in March 2025. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, followed by Orthopaedics and ENT. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has improved slightly to 61.4%.</p>																																																																																													
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	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p style="text-align: center;"><b>1. Number of stage 1 over 26 weeks- HB total</b></p> <table border="1"> <caption>1. Number of stage 1 over 26 weeks- HB total</caption> <thead> <tr> <th>Month</th> <th>Outpatients &gt; 26 wks (SB UHB)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>11,500</td></tr> <tr><td>Apr-24</td><td>12,500</td></tr> <tr><td>May-24</td><td>13,500</td></tr> <tr><td>Jun-24</td><td>13,500</td></tr> <tr><td>Jul-24</td><td>13,500</td></tr> <tr><td>Aug-24</td><td>15,000</td></tr> <tr><td>Sep-24</td><td>14,500</td></tr> <tr><td>Oct-24</td><td>14,500</td></tr> <tr><td>Nov-24</td><td>14,500</td></tr> <tr><td>Dec-24</td><td>15,500</td></tr> <tr><td>Jan-25</td><td>15,500</td></tr> <tr><td>Feb-25</td><td>14,500</td></tr> <tr><td>Mar-25</td><td>13,681</td></tr> </tbody> </table> </div> <div style="width: 45%;"> <p style="text-align: center;"><b>2. Total number of patients on Waiting List</b></p> <table border="1"> <caption>2. Total number of patients on Waiting List</caption> <thead> <tr> <th>Month</th> <th>Total number of patients on the waiting list (SB UHB Total)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>90,000</td></tr> <tr><td>Apr-24</td><td>92,000</td></tr> <tr><td>May-24</td><td>93,000</td></tr> <tr><td>Jun-24</td><td>94,000</td></tr> <tr><td>Jul-24</td><td>95,000</td></tr> <tr><td>Aug-24</td><td>95,000</td></tr> <tr><td>Sep-24</td><td>94,000</td></tr> <tr><td>Oct-24</td><td>95,000</td></tr> <tr><td>Nov-24</td><td>95,000</td></tr> <tr><td>Dec-24</td><td>94,000</td></tr> <tr><td>Jan-25</td><td>94,000</td></tr> <tr><td>Feb-25</td><td>94,000</td></tr> <tr><td>Mar-25</td><td>94,000</td></tr> </tbody> </table> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;"><b>3. Total waiting list by stage in March 2025</b></p> <table border="1"> <caption>3. Total waiting list by stage in March 2025</caption> <thead> <tr> <th>Stage</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr><td>Stage 1</td><td>45,000</td></tr> <tr><td>Stage 2</td><td>5,000</td></tr> <tr><td>Stage 3</td><td>5,000</td></tr> <tr><td>Stage 4</td><td>25,000</td></tr> </tbody> </table> </div> <div style="width: 45%;"> <p style="text-align: center;"><b>4. Percentage of patient waiting less than 26 weeks</b></p> <table border="1"> <caption>4. Percentage of patient waiting less than 26 weeks</caption> <thead> <tr> <th>Month</th> <th>% waiting &lt; 26 wks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>60%</td></tr> <tr><td>Apr-24</td><td>60%</td></tr> <tr><td>May-24</td><td>60%</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>60%</td></tr> <tr><td>Sep-24</td><td>60%</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>60%</td></tr> <tr><td>Jan-25</td><td>60%</td></tr> <tr><td>Feb-25</td><td>60%</td></tr> <tr><td>Mar-25</td><td>61.4%</td></tr> </tbody> </table> </div> </div>	Month	Outpatients > 26 wks (SB UHB)	Mar-24	11,500	Apr-24	12,500	May-24	13,500	Jun-24	13,500	Jul-24	13,500	Aug-24	15,000	Sep-24	14,500	Oct-24	14,500	Nov-24	14,500	Dec-24	15,500	Jan-25	15,500	Feb-25	14,500	Mar-25	13,681	Month	Total number of patients on the waiting list (SB UHB Total)	Mar-24	90,000	Apr-24	92,000	May-24	93,000	Jun-24	94,000	Jul-24	95,000	Aug-24	95,000	Sep-24	94,000	Oct-24	95,000	Nov-24	95,000	Dec-24	94,000	Jan-25	94,000	Feb-25	94,000	Mar-25	94,000	Stage	Number of Patients	Stage 1	45,000	Stage 2	5,000	Stage 3	5,000	Stage 4	25,000	Month	% waiting < 26 wks (SBU HB)	Mar-24	60%	Apr-24	60%	May-24	60%	Jun-24	60%	Jul-24	60%	Aug-24	60%	Sep-24	60%	Oct-24	60%	Nov-24	60%	Dec-24	60%	Jan-25	60%	Feb-25	60%	Mar-25
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PLANNED CARE																														
Description	Current Performance																													
<p><b>Ophthalmology Referrals</b>  <i>Number of patients referred into secondary care</i>  <i>Ophthalmology services</i></p>	<p>In March 2025, there were 801 patients referred from Primary Care into secondary care ophthalmology services. This is a slight reduction on the number of patients referred in February 2024, which was 803.</p>	<p><b>Number of referrals into secondary care Ophthalmology service</b></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>Mar-24</td><td>930</td></tr> <tr><td>Apr-24</td><td>920</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>780</td></tr> <tr><td>Sep-24</td><td>700</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>580</td></tr> <tr><td>Jan-25</td><td>830</td></tr> <tr><td>Feb-25</td><td>790</td></tr> <tr><td>Mar-25</td><td>790</td></tr> </tbody> </table> <p>■ Number of referrals</p>	Month	Number of referrals	Mar-24	930	Apr-24	920	May-24	780	Jun-24	790	Jul-24	830	Aug-24	780	Sep-24	700	Oct-24	850	Nov-24	750	Dec-24	580	Jan-25	830	Feb-25	790	Mar-25	790
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<p><b>Ophthalmology waiting times</b>  <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 March 2025, 60.6% of Ophthalmology R1 appointments attended were within their clinical target date or within 25% of the target date.</p> <p><b>Actions of Improvement;</b>  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><b>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target date</b></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>Mar-24</td><td>56%</td></tr> <tr><td>Apr-24</td><td>53%</td></tr> <tr><td>May-24</td><td>56%</td></tr> <tr><td>Jun-24</td><td>59%</td></tr> <tr><td>Jul-24</td><td>58%</td></tr> <tr><td>Aug-24</td><td>56%</td></tr> <tr><td>Sep-24</td><td>56%</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%</td></tr> <tr><td>Jan-25</td><td>55%</td></tr> <tr><td>Feb-25</td><td>58%</td></tr> <tr><td>Mar-25</td><td>61%</td></tr> </tbody> </table> <p>■ % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.  — Target</p>	Month	% of appointments	Mar-24	56%	Apr-24	53%	May-24	56%	Jun-24	59%	Jul-24	58%	Aug-24	56%	Sep-24	56%	Oct-24	60%	Nov-24	60%	Dec-24	62%	Jan-25	55%	Feb-25	58%	Mar-25	61%
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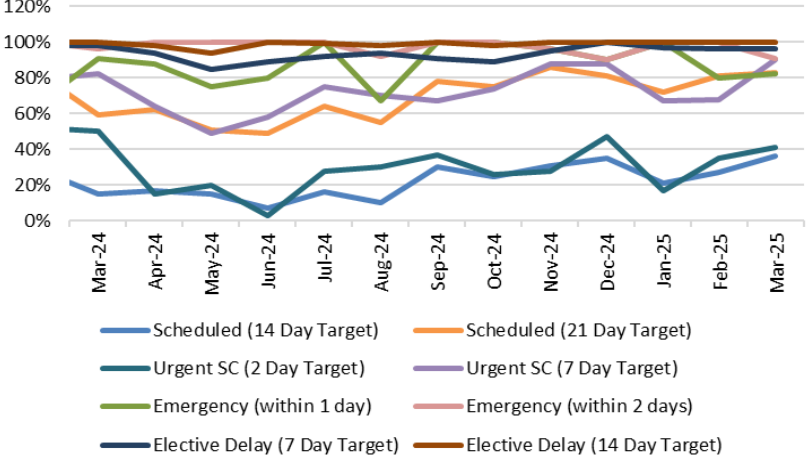
## THEATRE EFFICIENCY

Description	Current Performance	Trend																																																																																																																																																										
<p><b>Theatre Efficiency</b></p> <p><i>1. Theatre Utilisation Rates</i></p> <p><i>2. % of theatre sessions starting late</i></p> <p><i>3. % of theatre sessions finishing early</i></p> <p><i>4. % of theatre sessions cancelled at short notice (&lt;28 days)</i></p> <p><i>5. % of operations cancelled on the day</i></p>	<p>In March 2025 the Theatre Utilisation rate was 53%. This is 2% lower than the figure reported in February 2025 and is 4% higher than the figure reported in March 2024 (49%).</p> <p>39% of theatre sessions started late in March 2025. This is 4% lower than the figure reported in February 2025.</p> <p>In March 2025, 34% of theatre sessions finished early. This is 1% higher than the figure seen in February 2025 and 5% higher than those seen in March 2024.</p> <p>12% of theatre sessions were cancelled at short notice in March 2025. This is 1% higher than the figures reported in February 2025.</p> <p>Of the operations cancelled in March 2025, 33% of them were cancelled on the day.</p>	<p style="text-align: center;"><b>1. Theatre Utilisation Rates</b></p> <table border="1"> <caption>1. Theatre Utilisation Rates (SBU HB)</caption> <thead> <tr><th>Month</th><th>Utilisation Rate (%)</th></tr> </thead> <tbody> <tr><td>Mar-24</td><td>49</td></tr> <tr><td>Apr-24</td><td>55</td></tr> <tr><td>May-24</td><td>50</td></tr> <tr><td>Jun-24</td><td>50</td></tr> <tr><td>Jul-24</td><td>52</td></tr> <tr><td>Aug-24</td><td>50</td></tr> <tr><td>Sep-24</td><td>52</td></tr> <tr><td>Oct-24</td><td>52</td></tr> <tr><td>Nov-24</td><td>52</td></tr> <tr><td>Dec-24</td><td>48</td></tr> <tr><td>Jan-25</td><td>50</td></tr> <tr><td>Feb-25</td><td>52</td></tr> <tr><td>Mar-25</td><td>53</td></tr> </tbody> </table> <p style="text-align: center;"><b>2. and 3. % theatre sessions starting late/finishing</b></p> <table border="1"> <caption>2. and 3. % theatre sessions starting late/finishing</caption> <thead> <tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr> </thead> <tbody> <tr><td>Mar-24</td><td>38</td><td>28</td></tr> <tr><td>Apr-24</td><td>40</td><td>30</td></tr> <tr><td>May-24</td><td>40</td><td>30</td></tr> <tr><td>Jun-24</td><td>38</td><td>30</td></tr> <tr><td>Jul-24</td><td>38</td><td>30</td></tr> <tr><td>Aug-24</td><td>38</td><td>30</td></tr> <tr><td>Sep-24</td><td>40</td><td>30</td></tr> <tr><td>Oct-24</td><td>38</td><td>30</td></tr> <tr><td>Nov-24</td><td>38</td><td>30</td></tr> <tr><td>Dec-24</td><td>35</td><td>28</td></tr> <tr><td>Jan-25</td><td>38</td><td>30</td></tr> <tr><td>Feb-25</td><td>38</td><td>30</td></tr> <tr><td>Mar-25</td><td>35</td><td>34</td></tr> </tbody> </table> <p style="text-align: center;"><b>4. % theatre sessions cancelled at short notice (&lt;28 days)</b></p> <table border="1"> <caption>4. % theatre sessions cancelled at short notice (&lt;28 days)</caption> <thead> <tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th><th>Singleton (%)</th></tr> </thead> <tbody> <tr><td>Mar-24</td><td>12</td><td>32</td><td>15</td></tr> <tr><td>Apr-24</td><td>10</td><td>22</td><td>10</td></tr> <tr><td>May-24</td><td>12</td><td>22</td><td>10</td></tr> <tr><td>Jun-24</td><td>12</td><td>25</td><td>10</td></tr> <tr><td>Jul-24</td><td>12</td><td>25</td><td>10</td></tr> <tr><td>Aug-24</td><td>10</td><td>22</td><td>10</td></tr> <tr><td>Sep-24</td><td>10</td><td>20</td><td>10</td></tr> <tr><td>Oct-24</td><td>12</td><td>15</td><td>10</td></tr> <tr><td>Nov-24</td><td>12</td><td>20</td><td>10</td></tr> <tr><td>Dec-24</td><td>12</td><td>28</td><td>10</td></tr> <tr><td>Jan-25</td><td>10</td><td>30</td><td>10</td></tr> <tr><td>Feb-25</td><td>12</td><td>15</td><td>10</td></tr> <tr><td>Mar-25</td><td>12</td><td>20</td><td>10</td></tr> </tbody> </table> <p style="text-align: center;"><b>5. % of operations cancelled on the day</b></p> <table border="1"> <caption>5. % of operations cancelled on the day</caption> <thead> <tr><th>Month</th><th>% operations cancelled on the day (%)</th></tr> </thead> <tbody> <tr><td>Mar-24</td><td>35</td></tr> <tr><td>Apr-24</td><td>35</td></tr> <tr><td>May-24</td><td>35</td></tr> <tr><td>Jun-24</td><td>38</td></tr> <tr><td>Jul-24</td><td>35</td></tr> <tr><td>Aug-24</td><td>35</td></tr> <tr><td>Sep-24</td><td>38</td></tr> <tr><td>Oct-24</td><td>38</td></tr> <tr><td>Nov-24</td><td>35</td></tr> <tr><td>Dec-24</td><td>35</td></tr> <tr><td>Jan-25</td><td>30</td></tr> <tr><td>Feb-25</td><td>35</td></tr> <tr><td>Mar-25</td><td>33</td></tr> </tbody> </table>	Month	Utilisation Rate (%)	Mar-24	49	Apr-24	55	May-24	50	Jun-24	50	Jul-24	52	Aug-24	50	Sep-24	52	Oct-24	52	Nov-24	52	Dec-24	48	Jan-25	50	Feb-25	52	Mar-25	53	Month	Late Starts (%)	Early Finishes (%)	Mar-24	38	28	Apr-24	40	30	May-24	40	30	Jun-24	38	30	Jul-24	38	30	Aug-24	38	30	Sep-24	40	30	Oct-24	38	30	Nov-24	38	30	Dec-24	35	28	Jan-25	38	30	Feb-25	38	30	Mar-25	35	34	Month	Morriston (%)	NPTH (%)	Singleton (%)	Mar-24	12	32	15	Apr-24	10	22	10	May-24	12	22	10	Jun-24	12	25	10	Jul-24	12	25	10	Aug-24	10	22	10	Sep-24	10	20	10	Oct-24	12	15	10	Nov-24	12	20	10	Dec-24	12	28	10	Jan-25	10	30	10	Feb-25	12	15	10	Mar-25	12	20	10	Month	% operations cancelled on the day (%)	Mar-24	35	Apr-24	35	May-24	35	Jun-24	38	Jul-24	35	Aug-24	35	Sep-24	38	Oct-24	38	Nov-24	35	Dec-24	35	Jan-25	30	Feb-25	35	Mar-25	33
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<p><b>Diagnostics waiting times</b> <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In March 2025 there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 2,447 in February 2025 to 2,254 in March 2025.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for March 2025:</p> <ul style="list-style-type: none"> <li>• Endoscopy= 2,020</li> <li>• Cardiac tests= 221</li> <li>• Other Diagnostics = 13</li> </ul> <p><b>Actions of Improvement;</b> Demand and capacity work has enabled significant improvement in access times for non-endoscopic diagnostics. Detailed demand and capacity model for endoscopy has been commissioned to ensure sustained improvement across all aspects of endoscopic diagnostics.</p>	<p><b>Number of patients waiting longer than 8 weeks for Diagnostics</b></p> <table border="1"> <caption>Number of patients waiting longer than 8 weeks for Diagnostics</caption> <thead> <tr> <th>Month</th> <th>Cardiac tests</th> <th>Endoscopy</th> <th>Other diagnostics (inc. radiology)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>221</td><td>3,379</td><td>20</td></tr> <tr><td>Apr-24</td><td>221</td><td>3,379</td><td>20</td></tr> <tr><td>May-24</td><td>221</td><td>3,379</td><td>20</td></tr> <tr><td>Jun-24</td><td>221</td><td>3,379</td><td>20</td></tr> <tr><td>Jul-24</td><td>221</td><td>3,379</td><td>20</td></tr> <tr><td>Aug-24</td><td>221</td><td>3,379</td><td>20</td></tr> <tr><td>Sep-24</td><td>221</td><td>3,379</td><td>20</td></tr> <tr><td>Oct-24</td><td>221</td><td>3,379</td><td>20</td></tr> <tr><td>Nov-24</td><td>221</td><td>3,379</td><td>20</td></tr> <tr><td>Dec-24</td><td>221</td><td>3,379</td><td>20</td></tr> <tr><td>Jan-25</td><td>221</td><td>3,379</td><td>20</td></tr> <tr><td>Feb-25</td><td>221</td><td>3,379</td><td>20</td></tr> <tr><td>Mar-25</td><td>221</td><td>2,020</td><td>13</td></tr> </tbody> </table> <p>Legend: ■ Other diagnostics (inc. radiology) ■ Endoscopy ■ Cardiac tests</p>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Mar-24	221	3,379	20	Apr-24	221	3,379	20	May-24	221	3,379	20	Jun-24	221	3,379	20	Jul-24	221	3,379	20	Aug-24	221	3,379	20	Sep-24	221	3,379	20	Oct-24	221	3,379	20	Nov-24	221	3,379	20	Dec-24	221	3,379	20	Jan-25	221	3,379	20	Feb-25	221	3,379	20	Mar-25	221	2,020	13
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<p><b>Therapy waiting times</b> <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In March 2025, there were 0 patients waiting over 14 weeks for specified Therapies, which is 113 less than seen in February 2025.</p>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <table border="1"> <caption>Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Therapies &gt; 14 weeks (SBU HB)</th> </tr> </thead> <tbody> <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>0</td></tr> <tr><td>Sep-24</td><td>113</td></tr> <tr><td>Oct-24</td><td>113</td></tr> <tr><td>Nov-24</td><td>290</td></tr> <tr><td>Dec-24</td><td>400</td></tr> <tr><td>Jan-25</td><td>240</td></tr> <tr><td>Feb-25</td><td>113</td></tr> <tr><td>Mar-25</td><td>0</td></tr> </tbody> </table> <p>Legend: ■ Therapies &gt; 14 weeks (SBU HB)</p>	Month	Therapies > 14 weeks (SBU HB)	Mar-24	0	Apr-24	0	May-24	0	Jun-24	0	Jul-24	0	Aug-24	0	Sep-24	113	Oct-24	113	Nov-24	290	Dec-24	400	Jan-25	240	Feb-25	113	Mar-25	0																												
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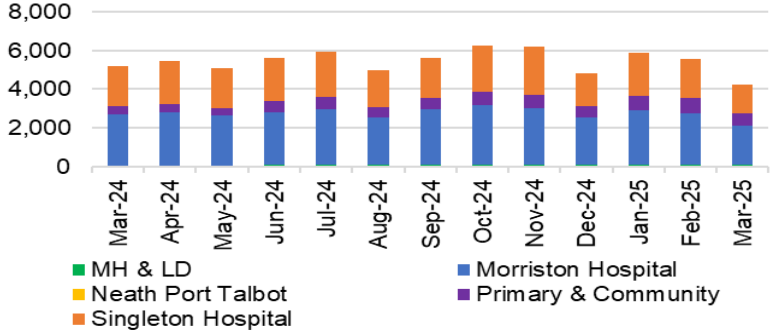
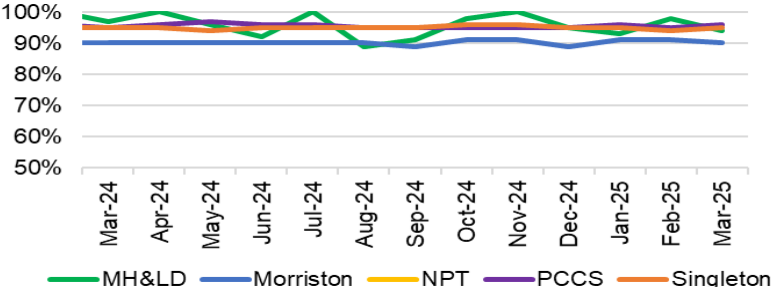
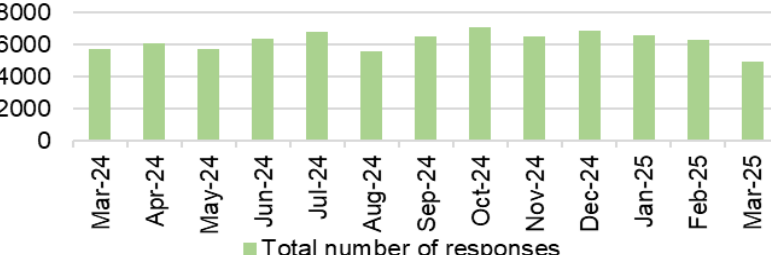
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<p>Cancer demand and shape of the waiting list</p> <p><b>Single Cancer Pathway</b> Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p>Single Cancer Pathway backlog- patients waiting over 63 days</p>	<p>Early April 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>0</td><td>1</td></tr> <tr><td>Breast</td><td>4</td><td>2</td></tr> <tr><td>Children's cancer</td><td>0</td><td>0</td></tr> <tr><td>Gynaecological</td><td>10</td><td>5</td></tr> <tr><td>Haematological</td><td>5</td><td>5</td></tr> <tr><td>Head and neck</td><td>9</td><td>1</td></tr> <tr><td>Lower GI (Exl. BSW)</td><td>22</td><td>13</td></tr> <tr><td>BSW</td><td>16</td><td>6</td></tr> <tr><td>Lung</td><td>14</td><td>5</td></tr> <tr><td>Other</td><td>0</td><td>1</td></tr> <tr><td>Sarcoma</td><td>3</td><td>0</td></tr> <tr><td>Skin(c)</td><td>25</td><td>8</td></tr> <tr><td>Upper Gastrointestinal</td><td>7</td><td>7</td></tr> <tr><td>Urological</td><td>28</td><td>10</td></tr> <tr><td><b>Grand Total</b></td><td><b>143</b></td><td><b>64</b></td></tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	0	Brain/CNS	0	1	Breast	4	2	Children's cancer	0	0	Gynaecological	10	5	Haematological	5	5	Head and neck	9	1	Lower GI (Exl. BSW)	22	13	BSW	16	6	Lung	14	5	Other	0	1	Sarcoma	3	0	Skin(c)	25	8	Upper Gastrointestinal	7	7	Urological	28	10	<b>Grand Total</b>	<b>143</b>	<b>64</b>	<p><b>Number of patients with a wait status of more than 62 days</b></p>
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	<p>The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none"> <li>- Continued focus on cellular pathology, HCSE team working with the service and workforce gaps going through vacancy control process.</li> <li>- Weekly performance reviews with all tumour site leads, chaired by the Deputy Chief Operating Officer and/or Cancer Performance and Information Manager.</li> <li>- Identify additional surgical (Upper GI in particular), robotic (urology) and chemotherapy capacity; business case for an additional 2 chairs agreed.</li> </ul>	<p><b>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</b></p> <p>SCP Performance</p>																																																			

**CANCER**

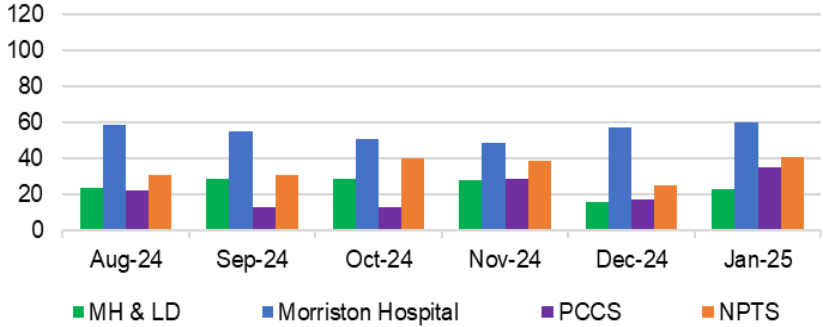
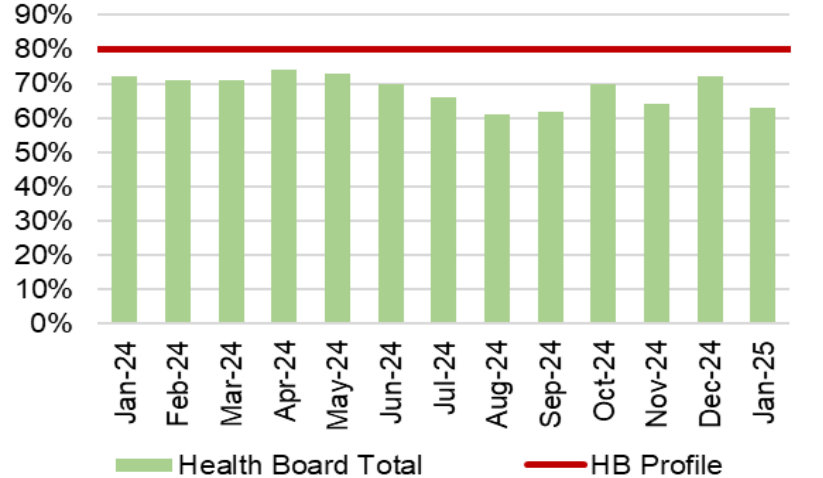
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<p><b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>Early April 2025 figures show total wait volumes for first outpatient appointment remain low.</p> <p>Of the total number of patients waiting within the backlog, the majority of patients are waiting for diagnostic results, closely followed by treatment.</p>	<p align="center"><b>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early April 2025</b></p> <table border="1" data-bbox="1496 387 1827 842"> <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>0</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>1</td></tr> <tr><td>Upper Gastrointestinal</td><td>1</td></tr> <tr><td>Urological</td><td>0</td></tr> <tr><td><b>Grand Total</b></td><td><b>2</b></td></tr> </tbody> </table>		First OPA	Acute Leukaemia	0	Brain/CNS	0	Breast	0	Children's Cancer	0	Gynaecological	0	Haematological	0	Head and Neck	0	Lower Gastrointestinal	0	Lung	0	Other	0	Sarcoma	0	Skin	1	Upper Gastrointestinal	1	Urological	0	<b>Grand Total</b>	<b>2</b>
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<p><b>Radiotherapy waiting times</b> <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 March 2025.</p> <table border="1" data-bbox="533 991 1211 1380"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>March-25</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>36%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>83%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>41%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>90%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>82%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>91%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>96%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	March-25	Scheduled (14 Day Target)	80%	36%	Scheduled (21 Day Target)	100%	83%	Urgent SC (2 Day Target)	80%	41%	Urgent SC (7 Day Target)	100%	90%	Emergency (within 1 day)	80%	82%	Emergency (within 2 days)	100%	91%	Elective Delay (7 Day Target)	80%	96%	Elective Delay (14 Day Target)	100%	100%	<p align="center"><b>Radiotherapy waiting times</b></p> 					
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<p><b>Follow-up appointments</b></p> <p><i>1. The total number of patients on the follow-up waiting list</i></p> <p><i>2. The number of patients waiting 100% over target for a follow-up appointment</i></p>	<p>In March 2025, there was a total of 151,798 patients waiting for a follow up outpatient appointment.</p> <p>There was a total of 67,252 patients waiting for a follow-up past their target date in March 2025.</p> <p>Of the 67,252 delayed follow-ups in March 2025, 12,770 had appointment dates and 54,482 were still waiting for an appointment.</p> <p>In addition, 39,297 patients were waiting 100%+ over target date in March 2025.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<p><b>1. Total number of patients waiting for a follow-up</b></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>Mar-24</td><td>165,000</td></tr> <tr><td>Apr-24</td><td>168,000</td></tr> <tr><td>May-24</td><td>168,000</td></tr> <tr><td>Jun-24</td><td>170,000</td></tr> <tr><td>Jul-24</td><td>172,000</td></tr> <tr><td>Aug-24</td><td>145,000</td></tr> <tr><td>Sep-24</td><td>148,000</td></tr> <tr><td>Oct-24</td><td>148,000</td></tr> <tr><td>Nov-24</td><td>148,000</td></tr> <tr><td>Dec-24</td><td>148,000</td></tr> <tr><td>Jan-25</td><td>148,000</td></tr> <tr><td>Feb-25</td><td>148,000</td></tr> <tr><td>Mar-25</td><td>148,000</td></tr> </tbody> </table> <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></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>Mar-24</td><td>48,000</td></tr> <tr><td>Apr-24</td><td>48,000</td></tr> <tr><td>May-24</td><td>48,000</td></tr> <tr><td>Jun-24</td><td>48,000</td></tr> <tr><td>Jul-24</td><td>48,000</td></tr> <tr><td>Aug-24</td><td>38,000</td></tr> <tr><td>Sep-24</td><td>38,000</td></tr> <tr><td>Oct-24</td><td>38,000</td></tr> <tr><td>Nov-24</td><td>38,000</td></tr> <tr><td>Dec-24</td><td>38,000</td></tr> <tr><td>Jan-25</td><td>38,000</td></tr> <tr><td>Feb-25</td><td>38,000</td></tr> <tr><td>Mar-25</td><td>38,000</td></tr> </tbody> </table>	Month	Number of patients	Mar-24	165,000	Apr-24	168,000	May-24	168,000	Jun-24	170,000	Jul-24	172,000	Aug-24	145,000	Sep-24	148,000	Oct-24	148,000	Nov-24	148,000	Dec-24	148,000	Jan-25	148,000	Feb-25	148,000	Mar-25	148,000	Month	Number of patients	Mar-24	48,000	Apr-24	48,000	May-24	48,000	Jun-24	48,000	Jul-24	48,000	Aug-24	38,000	Sep-24	38,000	Oct-24	38,000	Nov-24	38,000	Dec-24	38,000	Jan-25	38,000	Feb-25	38,000	Mar-25	38,000
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**PATIENT EXPERIENCE**

Description	Current Performance	Trend
<p><b>Patient experience</b></p> <p><i>1. Number of friends and family surveys completed</i></p> <p><i>2. Percentage of patients/ service users who would recommend and highly recommend</i></p> <p><i>3. Number of Service User feedback experience responses completed and recorded on CIVICA</i></p>	<p>Health Board Friends &amp; Family patient satisfaction level in March 2025 was 93% and 4,127 surveys were completed.</p> <ul style="list-style-type: none"> <li>➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 1,487 surveys in March 2025, with a recommended score of 95%.</li> <li>➢ Morriston Hospital completed 2,026 surveys in March 2025, with a recommended score of 90%.</li> <li>➢ Primary &amp; Community Care completed 614 surveys for March 2025, with a recommended score of 96%.</li> <li>➢ The Mental Health Service Group completed 86 surveys for March 2025, with a recommended score of 94%.</li> </ul> <p>There were 4,921 feedback experience responses completed and recorded on CIVICA in March 2025. This is 1,332 less than the figure reported in February 2025. Of the responses recorded, 3,676 were targeted and 1,245 were passive.</p>	<p><b>1. Number of friends and family surveys completed</b></p>  <p><b>2. % of patients/ service users who would recommend and highly recommend</b></p>  <p><b>3. Number of feedback experience responses</b></p> 

**COMPLAINTS**

Description	Current Performance	Trend																																																																																							
<p><b>Patient concerns</b></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 January 2025, the Health Board received 166 formal complaints; this is a deterioration of 8% when compared with January 2024 figures (181).</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 72% in January 2025, 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="510 946 1218 1276"> <thead> <tr> <th></th> <th><b>30 day response rate</b></th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot and Singleton Hospital(s)</td> <td>56%</td> </tr> <tr> <td>Morrison Hospital</td> <td>67%</td> </tr> <tr> <td>Mental Health &amp; Learning Disabilities</td> <td>43%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td>77%</td> </tr> </tbody> </table>		<b>30 day response rate</b>	Neath Port Talbot and Singleton Hospital(s)	56%	Morrison Hospital	67%	Mental Health & Learning Disabilities	43%	Primary, Community and Therapies	77%	<p><b>1. Number of formal complaints received</b></p>  <table border="1" data-bbox="1249 323 2069 651"> <caption>Number of formal complaints received</caption> <thead> <tr> <th>Month</th> <th>MH &amp; LD</th> <th>Morrison Hospital</th> <th>PCCS</th> <th>NPTS</th> </tr> </thead> <tbody> <tr> <td>Aug-24</td> <td>22</td> <td>58</td> <td>20</td> <td>30</td> </tr> <tr> <td>Sep-24</td> <td>28</td> <td>55</td> <td>12</td> <td>30</td> </tr> <tr> <td>Oct-24</td> <td>28</td> <td>50</td> <td>12</td> <td>40</td> </tr> <tr> <td>Nov-24</td> <td>28</td> <td>48</td> <td>28</td> <td>38</td> </tr> <tr> <td>Dec-24</td> <td>15</td> <td>58</td> <td>15</td> <td>25</td> </tr> <tr> <td>Jan-25</td> <td>22</td> <td>60</td> <td>35</td> <td>40</td> </tr> </tbody> </table> <p><b>2. Response rate for concerns within 30 days</b></p>  <table border="1" data-bbox="1249 730 2069 1209"> <caption>Response rate for concerns within 30 days</caption> <thead> <tr> <th>Month</th> <th>Health Board Total (%)</th> <th>HB Profile (%)</th> </tr> </thead> <tbody> <tr> <td>Jan-24</td> <td>72</td> <td>80</td> </tr> <tr> <td>Feb-24</td> <td>70</td> <td>80</td> </tr> <tr> <td>Mar-24</td> <td>70</td> <td>80</td> </tr> <tr> <td>Apr-24</td> <td>73</td> <td>80</td> </tr> <tr> <td>May-24</td> <td>72</td> <td>80</td> </tr> <tr> <td>Jun-24</td> <td>69</td> <td>80</td> </tr> <tr> <td>Jul-24</td> <td>66</td> <td>80</td> </tr> <tr> <td>Aug-24</td> <td>61</td> <td>80</td> </tr> <tr> <td>Sep-24</td> <td>62</td> <td>80</td> </tr> <tr> <td>Oct-24</td> <td>69</td> <td>80</td> </tr> <tr> <td>Nov-24</td> <td>64</td> <td>80</td> </tr> <tr> <td>Dec-24</td> <td>71</td> <td>80</td> </tr> <tr> <td>Jan-25</td> <td>63</td> <td>80</td> </tr> </tbody> </table>	Month	MH & LD	Morrison Hospital	PCCS	NPTS	Aug-24	22	58	20	30	Sep-24	28	55	12	30	Oct-24	28	50	12	40	Nov-24	28	48	28	38	Dec-24	15	58	15	25	Jan-25	22	60	35	40	Month	Health Board Total (%)	HB Profile (%)	Jan-24	72	80	Feb-24	70	80	Mar-24	70	80	Apr-24	73	80	May-24	72	80	Jun-24	69	80	Jul-24	66	80	Aug-24	61	80	Sep-24	62	80	Oct-24	69	80	Nov-24	64	80	Dec-24	71	80	Jan-25	63	80
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### 3. Overview

Harm from wider societal actions/lockdown																
Measure	Locality	National/ Local Target	Internal Profile	Trend	SBU											
					Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
<b>Childhood immunisations</b>																
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%			93.6%		92.5%		93.5%						
	Swansea				95.1%		94.7%		95.9%							
	<b>HB Total</b>				<b>94.6%</b>		<b>93.8%</b>		95.0%							
% children who received MenB2 vaccine by age 1	NPT	95%	90%			93.9%		91.8%		93.8%						
	Swansea				94.0%		95.0%		95.3%							
	<b>HB Total</b>				<b>94.0%</b>		<b>93.8%</b>		94.8%							
% children who received PCV2 vaccine by age 1	NPT	95%	90%			96.0%		95.3%		96.4%						
	Swansea				96.3%		97.1%		97.0%							
	<b>HB Total</b>				<b>96.2%</b>		<b>96.4%</b>		96.8%							
% children who received Rotavirus vaccine by age 1	NPT	95%	90%			92.0%		91.8%		92.2%						
	Swansea				92.7%		90.3%		93.4%							
	<b>HB Total</b>				<b>92.5%</b>		<b>90.9%</b>		93.0%							
% children who received MMR1 vaccine by age 2	NPT	95%	90%			89.1%		92.0%		93.3%						
	Swansea				96.0%		92.3%		93.7%							
	<b>HB Total</b>				<b>93.3%</b>		<b>92.2%</b>		93.6%							
% children who received PCV3 vaccine by age 2	NPT	95%	90%			89.1%		92.0%		93.6%						
	Swansea				96.0%		91.5%		93.2%							
	<b>HB Total</b>				<b>93.3%</b>		<b>91.7%</b>		93.3%							
% children who received MenB4 vaccine by age 2	NPT	95%	90%			88.5%		92.9%		92.5%						
	Swansea				94.9%		91.5%		93.2%							
	<b>HB Total</b>				<b>92.4%</b>		<b>92.1%</b>		92.9%							
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%			88.5%		92.3%		93.0%						
	Swansea				94.3%		91.3%		93.5%							
	<b>HB Total</b>				<b>92.0%</b>		<b>91.7%</b>		93.3%							
% children who are up to date in schedule by age 4	NPT	95%	90%			85.1%		83.0%		81.2%						
	Swansea				85.9%		87.6%		88.2%							
	<b>HB Total</b>				<b>85.6%</b>		<b>85.9%</b>		85.6%							
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%			88.3%		91.0%		88.2%						
	Swansea				91.3%		91.1%		90.1%							
	<b>HB Total</b>				<b>90.2%</b>		<b>91.1%</b>		89.4%							
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%			87.7%		90.7%		87.5%						
	Swansea				92.1%		90.4%		90.4%							
	<b>HB Total</b>				<b>90.5%</b>		<b>90.5%</b>		89.4%							
% children who received MMR vaccination by age 16	NPT	95%	90%			94.9%		95.0%		96.4%						
	Swansea				94.8%		91.5%		94.2%							
	<b>HB Total</b>				<b>94.8%</b>		<b>92.9%</b>		95.0%							
% children who received teenage booster by age 16	NPT	90%	85%			83.7%		84.4%		83.0%						
	Swansea				86.7%		84.9%		83.8%							
	<b>HB Total</b>				<b>85.7%</b>		<b>84.7%</b>		83.5%							
% children who received MenACWY vaccine by age 16	NPT	Improve				84.0%		84.0%		83.0%						
	Swansea				86.7%		84.9%		84.6%							
	<b>HB Total</b>				<b>85.8%</b>		<b>84.6%</b>		84.0%							

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU														
					Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		
<b>COVID-19 Boosters</b>																			
% uptake of the Spring COVID-19 vaccination for those eligible	NPT	75%			Reporting begins Apr-24	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 those eligible	NPT	75%			49.7%	Reporting begins Oct-24							26.3%	35.6%	37.7%	38.6%	38.7%	Restarts Sep-25	
	Swansea				51.0%								28.2%	39.5%	42.5%	43.0%	42.2%		
	HB Total				50.5%								27.5%	38.0%	40.7%	41.3%	40.9%		
<b>Mental Health Services</b>																			
% 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%					
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			40%	23%	41%	64%	75%	84%	91%	89%	80%	77%	42%	74%	75%		
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			40%	23%	41%	64%	75%	84%	91%	89%	80%	77%	42%	74%	75%		
% 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%			95%	95%	90%	99%	93%	95%	97%	98%	97%	99%	95%	100%	98%		
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%	90%		100%	97%	98%	100%	100%	100%	100%	98%	97%	94%	100%	100%	100%		
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%	100%		99%	100%	100%	98%	100%	100%	95%	100%	100%	99%	94%	99%	100%		
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	80%			69%	66%	64%	63%	61%	59%	57%	57%	55%	54%	52%	53%	51%		
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			26%	25%	29%	29%	33%	30%	31%	31%	29%	27%	22%	26%	34%		
% 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%			97%	94%	97%	94%	95%	95%	100%	100%	100%	98%	98%	98%	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%			89%	88%	87%	90%	92%	92%	93%	91%	91%	92%	94%	92%	94%		

### 3.2 Updates on key measures

ADULT MENTAL HEALTH		
Description	Current Performance	Trend
<p>Adult Mental Health Measures:</p> <ol style="list-style-type: none"> <li><i>% of MH assessments undertaken within 28 days from the date of receipt of referral</i></li> <li><i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS</i></li> <li><i>% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP)</i></li> <li><i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i></li> </ol>	<ol style="list-style-type: none"> <li>In March 2025, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over.</li> <li>In March 2025, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</li> <li>94% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in March 2025.</li> <li>In February 2025, 51% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</li> </ol>	<p><b>1. % Mental Health assessments undertaken within 28 days from receipt of referral</b></p> <p><b>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</b></p> <p><b>3. % residents with a valid Care and Treatment Plan (CTP)</b></p> <p><b>4. % waiting less than 26 weeks for Psychology Therapy</b></p>

## CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

Description	Current Performance	Trend																																																																																																																																																										
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral 2. Primary CAMHS % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral 3. Primary CAMHS % Therapeutic interventions started within 28 days following assessment by LPMHSS 4. % NDD patients receiving a Diagnostic Assessment within 26 weeks 5. Specialist CAMHS - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	1. In December 2024, 100% of CAMHS patients received an assessment within 48 hours.  2. 75% of routine assessments were undertaken within 28 days from referral in March 2025 against a target of 80%.  3. 100% of therapeutic interventions were started within 28 days following assessment by Local Primary Mental Health Support Service in March 2025.  4. 34% of NDD patients received a diagnostic assessment within 26 weeks in March 2025 against a target of 80%.  5. SCAMHS figures now included in illustration 2 and 3 combined.	<div style="margin-bottom: 20px;"> <h3>1. Crisis- assessment within 48 hours</h3> <table border="1"> <caption>1. Crisis- assessment within 48 hours</caption> <thead> <tr> <th>Month</th> <th>% urgent assessments within 48 hours</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>100%</td><td>100%</td></tr> <tr><td>Jan-24</td><td>100%</td><td>100%</td></tr> <tr><td>Feb-24</td><td>100%</td><td>100%</td></tr> <tr><td>Mar-24</td><td>100%</td><td>100%</td></tr> <tr><td>Apr-24</td><td>100%</td><td>100%</td></tr> <tr><td>May-24</td><td>100%</td><td>100%</td></tr> <tr><td>Jun-24</td><td>100%</td><td>100%</td></tr> <tr><td>Jul-24</td><td>100%</td><td>100%</td></tr> <tr><td>Aug-24</td><td>100%</td><td>100%</td></tr> <tr><td>Sep-24</td><td>100%</td><td>100%</td></tr> <tr><td>Oct-24</td><td>100%</td><td>100%</td></tr> <tr><td>Nov-24</td><td>100%</td><td>100%</td></tr> <tr><td>Dec-24</td><td>100%</td><td>100%</td></tr> </tbody> </table> </div> <div style="margin-bottom: 20px;"> <h3>2. and 3. 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Month	% of assess in 28 days	% interventions in 28 days	Target	Trajectory (Interventions)																																																																																																																																																								
Mar-24	40%	100%	80%	95%																																																																																																																																																								
Apr-24	25%	100%	80%	90%																																																																																																																																																								
May-24	40%	100%	80%	85%																																																																																																																																																								
Jun-24	65%	100%	80%	80%																																																																																																																																																								
Jul-24	75%	100%	80%	75%																																																																																																																																																								
Aug-24	80%	100%	80%	70%																																																																																																																																																								
Sep-24	85%	100%	80%	65%																																																																																																																																																								
Oct-24	90%	100%	80%	60%																																																																																																																																																								
Nov-24	80%	100%	80%	55%																																																																																																																																																								
Dec-24	75%	100%	80%	50%																																																																																																																																																								
Jan-25	45%	100%	80%	45%																																																																																																																																																								
Feb-25	75%	100%	80%	40%																																																																																																																																																								
Mar-25	75%	100%	80%	35%																																																																																																																																																								
Month	%NDD within 26 weeks	Target																																																																																																																																																										
Mar-24	25%	80%																																																																																																																																																										
Apr-24	25%	80%																																																																																																																																																										
May-24	25%	80%																																																																																																																																																										
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Dec-24	25%	80%																																																																																																																																																										
Jan-25	20%	80%																																																																																																																																																										
Feb-25	25%	80%																																																																																																																																																										
Mar-25	34%	80%																																																																																																																																																										

**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 relat	Number of new COVID19 cases*	Local			Mar-25						47
	Number of staff referred for Antigen Testing*	Local			Feb-23						43
	Number of staff awaiting results of COVID19 test*	Local			Mar-25						0
	Number of COVID19 related incidents*	Local			Mar-25						2
	Number of COVID19 related serious incidents*	Local			Feb-25						0
	Number of COVID19 related complaints*	Local			Feb-25						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	400	Mar-25	555		0			555
	% 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		Mar-25	47.1%	95.8%				67%
	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	720	Mar-25	1,390	1				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	17	Mar-25	4	0	2	8	0	15
	Number of S.aureus bacteraemia cases	National	Reduction	5	Mar-25	7	0	1	5	0	13
	Number of C.difficile cases	National	Reduction	6	Mar-25	14	0	0	7	1	22
	Number of Klebsiella cases	National	Reduction	4	Mar-25	3	0	2	5	0	11
	Number of Aeruginosa cases	National	Reduction	3	Mar-25	0	0	0	1	0	1
	Compliance with hand hygiene audits	Local	95%		Mar-25	-	100%	100%	-	91%	93%
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		Mar-25	0	1	4	2	3	10
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	80%		Mar-25						56%
	Number of Never Events	Local	0		Mar-25	0	0	0	0	0	0

\* 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%		Feb-25	97.3%					97.3%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Feb-25	31.3%					31.3%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Feb-25	68.5%					68.5%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Feb-25	84.2%					84.2%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Feb-25	76.2%					76.2%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Nov-24	71.9%					71.9%
	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		Feb-25	54	6	4	56	0	120
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Feb-25	5	0	0	13	0	18
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Feb-25						1,244
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Mar-25	101	31	14	6	44	196
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Mar-25						4.77
Mortality	Crude hospital mortality rate by Delivery Unit (74 years)	Local	12 month reduction trend		Feb-25	1.21%	0.03%	0.20%			0.68%

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

Harm quadrant- Harm from reduction in non-Covid activity												
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total	
	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	Improvement Trajectory towards 80% by Mar 26	68.0%	Jan-25						52%	
Planned Care	Number of patients waiting > 26 weeks for first outpatient appointment	Local	0		Mar-25	6,500	2,810	4,371	0		13,681	
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		Mar-25	3,242	1,429	1,688	0		6,359	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		Mar-25	0	0	0	0		0	
	Number of patients waiting > 52 weeks for treatment	National	Improvement Trajectory towards target of 0	0	Mar-25	3,999	4,124	5,004	0		13,127	
	Number of patients waiting > 104 weeks for treatment	National	Improvement Trajectory towards target of 0	0	Mar-25	0	0	0	0		0	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Improvement Trajectory towards 0 by Mar 24	2,048	Mar-25	2,254					2,254	
	Number of patients waiting > 14 weeks for a specified therapy	National	Improvement Trajectory towards 0 by Mar 24		Mar-25				0		0	
	Total number of patients waiting for a follow-up outpatient appointment	Local	0		Mar-25						151,798	
	Number of patients delayed by over 100% past their target date	National	Improvement Trajectory towards target of 0		Mar-25						39,297	
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Mar-25						67,252	
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Mar-25						65	
	Number of patients without a documented clinical review date	Local	0		Mar-25						3	
	Activity	Number of GP referrals	Local	12 month reduction trend		Mar-25						13,252
Number of patients referred from primary care into secondary care Ophthalmology services		National	Improvement Trajectory towards reduction by Mar 24		Mar-25						801	
Patient Experience/ Feedback	Number of friends and family surveys completed	National	12 month improvement trend		Mar-25	2,026			1,487	614	86	4,127
	% of patients who would recommend and highly recommend	Local	90%		Mar-25	90%			95%	96%	94%	93%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%		Mar-25	91%			94%	95%		93%
	Number of new complaints received	Local	12 month reduction trend		Jan-25	60			41	35	23	166
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	Local	80%		Jan-25	67%			56%	77%	43%	63%

\* 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%	Q3 2024/25						95.0%
	% children who received MenB2 vaccine by age 1		95%	90%	Q3 2024/25						94.8%
	% children who received PCV2 vaccine by age 1		95%	90%	Q3 2024/25						96.8%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q3 2024/25						93.0%
	% children who received MMR1 vaccine by age 2		95%	90%	Q3 2024/25						93.6%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q3 2024/25						93.3%
	% children who received MenB4 vaccine by age 2		95%	90%	Q3 2024/25						92.9%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q3 2024/25						93.3%
	% children who are up to date in schedule by age 4		95%	90%	Q3 2024/25						85.6%
	% of children who received 2 doses of the MMR vaccine by age 5		95%	90%	Q3 2024/25						89.4%
	% children who received 4 in 1 vaccine by age 5		95%	90%	Q3 2024/25						89.4%
	% children who received MMR vaccination by age 16		95%	90%	Q3 2024/25						95.0%
	% children who received teenage booster by age 16		90%	85%	Q3 2024/25						83.5%
	% children who received MenACWY vaccine by age 16		Improve		Q3 2024/25						84.0%
	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%		Feb-25						40.9%
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%		Mar-25						75%
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Mar-25						75%
	% 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%		Mar-25					98%	98%
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%	90%	Mar-25						100%
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%	100%	Mar-25					100%	100%
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	80%		Mar-25					51%	51%
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Mar-25						34%
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Mar-25						98%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Mar-25					94%	94%	

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

**APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD**

Sub Domain	Measure	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
COVID19 related measures	Number of new COVID19 cases		Reduce					45	51	64	70	73	47	61	72	19	16	21	25	47	
	Number of staff referred for Antigen Testing		Reduce																		
	Number of staff awaiting results of COVID19 test		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of COVID19 related incidents		Reduce					17	28	24	25	6	5	4	7	3	3	2	1	2	
	Number of COVID19 related serious incidents		Reduce					1	0	0	0	0	0	0	0	0	0	0	0		
	Number of COVID19 related complaints		Reduce					0	0	0	0	0	0	0	0	0	1	0	0	0	
	Number of COVID19 related risks		Reduce																		
	Number of staff self isolated (asymptomatic)		Reduce																		
	Number of staff self isolated (symptomatic)		Reduce																		
	% sickness		Reduce																		
care system																					
Sub Domain	Measure	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		50%	46%	46%	50%	47%	45%	48%	52%	46%	48%	46%	50%	48%	
	Number of ambulance handovers over one hour	↑ trajectory	400	✘	6,798 (Dec-22)	1st (Dec-22)		638	625	695	590	578	670	591	638	632	617	594	554	555	
	Handover hours lost over 15 minutes							3,573	2,905	3,158	2,890	2,678	3,147	2,609	3,140	3,028	3,112	3,014	2,687	2,597	
	% 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	Month on month improvement			✘	63.1% (Dec-22)	4th (Dec-22)		76%	77%	78%	78%	79%	77%	79%	76%	74%	72%	76%	73%	67%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	↑ trajectory	720		✘	12,099 (Dec-22)	4th (Dec-22)		1,132	994	1,115	980	1,013	1,167	1,129	1,234	1,297	1,391	1,090	1,237	1,391
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)							38.5%	26.9%	34.5%	18.4%	5.9%	20.0%	39.2%							
	CT Scan (<1 hrs) (local)							42.9%	50.0%	53.6%	46.2%	51.4%	29.3%	51.8%							
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)							92.9%	94.4%	87.5%	84.6%	81.1%	84.5%	89.3%							
	Thrombolysis door to needle <= 45 mins							0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%							
	% stroke patients who receive mechanical thrombectomy	10%		✘	2.1% (Nov-22)	4th (Nov-22)		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	12 month ↑			✘	50.7% (Nov-22)	4th (Nov-22)		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		80%	✘				66%	64%	33%	89%	50%	70%	25%	25%	100%	33%	25%	33%	56%	
	Number of new Never Events		0	✔				0	0	0	0	1	0	0	2	0	1	0	0	0	
	Number of risks with a score greater than 20		12 month ↓	✔				149	152	153	154	153	149	143	140	145	136	139	141	134	
	Number of risks with a score greater than 16		12 month ↓	✔				318	316	311	309	320	320	301	306	313	311	315	315	309	

I care system																					
Sub Domain	Measure	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	<67		✓	67.80 (Dec-22)	3rd (Dec-22)		67.0	60.3	54.6	54.4	52.3	59.7	60.9	61.8	60.1	58.9	59.4	59.0	58.4	
	Number of E.Coli bacteraemia cases (Hospital)	≤ 234 (Cumulative)	8	✓				8	12	6	9	5	12	7	10	7	8	9	11	7	
	Number of E.Coli bacteraemia cases (Community)		9	✓					11	7	10	9	9	17	14	12	8	8	12	7	8
	Total number of E.Coli bacteraemia cases		17	✓					19	19	16	18	14	29	21	22	15	16	21	18	15
	Cumulative cases of S.aureus bacteraemias per 100k pop	<20		✗	27.76 (Dec-22)	6th (Dec-22)		36.8	38.1	29.7	27.2	29.7	32.4	30.7	32.5	33.2	33.6	33.6	33.3	33.6	34.2
	Number of S.aureus bacteraemias cases (Hospital)	≤ 71 (Cumulative)	3	✗					5	9	4	4	8	9	4	6	7	8	8	10	8
	Number of S.aureus bacteraemias cases (Community)		2	✗					3	4	3	3	4	5	3	8	5	4	3	2	5
	Total number of S.aureus bacteraemias cases		5	✗					8	13	7	7	12	14	7	14	12	12	11	12	13
	Cumulative cases of C.difficile per 100k pop	<25		✗	36.68 (Dec-22)	5th (Dec-22)		65.2	63.5	60.9	63.8	58.5	68.4	68.7	71.2	71.0	70.7	73.4	72.1	71.7	
	Number of C.difficile cases (Hospital)	≤ 95 (Cumulative)	5	✗					19	14	10	17	10	30	15	20	16	20	23	15	15
	Number of C.difficile cases (Community)		7	✗					3	6	9	5	4	5	7	9	6	3	8	2	7
	Total number of C.difficile cases		6	✗					22	20	19	22	14	35	22	29	22	23	31	17	22
	Cumulative cases of Klebsiella per 100k pop								24.5	31.7	32.8	35.6	32.8	33.0	31.2	32.0	30.4	31.2	30.8	31.1	31.6
	Number of Klebsiella cases (Hospital)	≤ 71 (Cumulative)	2	✗					3	5	6	8	5	9	5	10	5	8	8	3	7
	Number of Klebsiella cases (Community)		2	✗					2	5	5	5	3	3	1	2	1	4	1	7	4
	Total number of Klebsiella cases		4	✗	63 Total (Dec-22)	2nd (Dec-22)			5	10	11	13	8	12	6	12	6	12	9	10	11
Cumulative cases of Aeruginosa per 100k pop								5.2	0.0	1.6	1.1	2.3	3.7	3.6	3.6	3.1	4.5	4.7	4.9	3.1	
Number of Aeruginosa cases (Hospital)	≤ 21 (Cumulative)	2	✓					0	0	1	0	2	2	1	1	0	3	1	1	0	
Number of Aeruginosa cases (Community)		1	✓					0	0	0	0	0	1	0	0	0	2	1	1	1	
Total number of Aeruginosa cases		3	✓	8 Total (Dec-22)	4th (Dec-22)			0	0	1	0	2	3	1	1	0	5	2	2	1	
Hand Hygiene Audits- compliance with WHO 5 moments			95%	✓				88%	90%	91%	86%	91%	94%	94%	91%	97%	100%	97%	98%	93%	
Pressure Ulcers	Number of pressure ulcers acquired in hospital		12 month ↓	✗					42	66	56	40	52	49	66	73	82	77	69		
	Number of pressure ulcers developed in the community		12 month ↓	✗					49	41	49	44	47	44	38	38	42	61	51		
	Total number of pressure ulcers		12 month ↓	✗					91	107	105	84	99	93	104	111	124	138	120		
	Number of grade 3+ pressure ulcers acquired in hospital		12 month ↓	✗					3	4	2	6	4	2	3	4	5	9	6		
	Number of grade 3+ pressure ulcers acquired in community		12 month ↓	✗					9	9	11	8	11	11	4	7	7	11	12		
Total number of grade 3+ pressure ulcers		12 month ↓	✗					12	13	13	14	15	13	7	11	12	20	18			
Inpatient Falls	Number of Inpatient Falls		12 month ↓	✗				201	146	155	158	176	173	163	198	188	174	188	195	196	
NEWS	% patients with completed NEWS scores & appropriate responses actioned		98%	✓				93.5%	81.6%	90.3%	87.3%	82.0%	81.7%	87.0%	75.2%	89.0%	89.6%	88.2%	100.0%	100.0%	
Coding	% of episodes clinically coded within 1 month of discharge	12 month ↑		✗				64%	48%	59%	70%	69%	75%	79%	67%	59%	66%	50%	67%		
E-TOC	% of completed discharge summaries (total signed and sent)		100%	✗				69%	76%	76%	76%	76%	79%	78%	76%	76%	75%	78%	76%	72%	
Workforce	Agency spend as a % of the total pay bill	12 month ↓		✓	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		3.8%	2.9%	3.5%	2.9%	2.4%	2.3%	2.0%	2.6%		2.8%	2.1%	2.1%		
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		70%	73%	73%	72%	73%	74%	75%	72%	74%	74%	73%	72%	74%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	85%		✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		87%	90%	90%	90%	90%	89%	89%	89%	89%	89%	89%	85%	89%	
	% workforce sickness absence (12 month rolling)	12 month ↓		✗	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		6.96%	7.00%	7.05%	7.09%	7.27%	7.07%	7.07%	7.05%	7.24%	7.06%	7.08%	7.08%	7.07%	

activity																					
Sub Domain	Measure	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months							13.9%	13.9%	15.0%	14.0%	13.9%	15.0%	13.6%	14.0%	12.2%	12.4%	12.1%	12.5%	11.6%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	↑ trajectory	68%	✘	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		55.8%	56.4%	57.0%	57.9%	58.6%	55.7%	57.0%	56.0%	66.0%	63.0%	51.5%	55.3%		
Radiotherapy waiting times	Scheduled (14 Day Target)	80%		✘				15%	17%	15%	7%	16%	10%	30%	25%	31%	35%	21%	27%	36%	
	Scheduled (21 Day Target)	100%		✘				59%	62%	51%	49%	64%	55%	78%	75%	86%	81%	72%	81%	83%	
	Urgent SC (2 Day Target)	80%		✘				50%	15%	20%	3%	28%	30%	37%	26%	28%	47%	17%	35%	41%	
	Urgent SC (7 Day Target)	100%		✘				82%	64%	49%	58%	75%	70%	67%	74%	88%	88%	67%	68%	90%	
	Emergency (within 1 day)	80%		✔				91%	88%	75%	80%	100%	67%	100%	100%	96%	90%	100%	80%	82%	
	Emergency (within 2 days)	100%		✘				96%	100%	100%	100%	100%	92%	100%	100%	96%	90%	100%	100%	91%	
	Elective Delay (7 Day Target)	80%		✔				98%	94%	85%	89%	92%	94%	91%	89%	95%	100%	97%	96%	96%	
	Elective Delay (14 Day Target)	100%		✔				100%	98%	94%	100%	99%	98%	100%	98%	100%	100%	100%	100%	100%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy				15,517 (Nov-22)	7th (Nov-22)		3,238	3,281	3,066	2,963	2,865	2,756	2,604	2,488	2,376	2,328	2,276	2,084	2,020	
	Number of patients waiting > 8 weeks for a specified diagnostics	↑ trajectory	2,048	✘	42,566 (Nov-22)	4th (Nov-22)		3,687	3,746	3,576	3,493	3,490	3,425	3,296	3,156	3,017	2,969	2,839	2,447	2,254	
	Number of patients waiting > 14 weeks for a specified therapy	↑ trajectory			9,584 (Nov-22)	2nd (Nov-22)		1	1	0	4	5	17	130	147	297	407	248	113	0	
	% of patients waiting < 26 weeks for treatment	95%			56% (Nov-22)	6th (Nov-22)		60.6%	60.3%	59.9%	60.3%	60.9%	59.5%	59.5%	59.2%	60.0%	58.7%	59.0%	60.1%	61.4%	
	Number of patients waiting > 26 weeks for first outpatient appointment							12,095	13,045	14,205	14,262	14,392	15,745	15,442	15,292	15,280	15,988	16,178	15,507	13,681	
	Number of patients waiting > 36 weeks for first outpatient appointment	↑ trajectory						4,739	5,575	6,420	6,949	7,324	8,015	7,051	7,150	7,617	7,810	8,114	7,676	6,359	
	Number of patients waiting > 52 weeks for first outpatient appointment	↑ trajectory	0	✔	85,301 (Nov-22)	3rd (Nov-22)		0	0	0	0	0	0	2	0	1	0	0	0	0	
	Number of patients waiting > 52 weeks for treatment	↑ trajectory						13,181	12,898	13,259	13,623	13,622	13,905	14,000	14,447	14,241	13,906	13,420	13,258	13,127	
	Number of patients waiting > 104 weeks for treatment	↑ trajectory	0	✔	49,594 (Nov-22)	5th (Nov-22)		1,831	1,725	1,579	1,477	1,284	1,278	1,241	1,285	1,145	981	697	291	0	
	The number of patients waiting for a follow-up outpatient appointment							166,438	169,049	170,254	171,913	172,898	147,509	148,525	149,220	149,380	150,165	150,255	150,598	151,798	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	↑ trajectory				224,552 (Nov-22)	5th (Nov-22)		48,969	49,837	50,646	49,585	49,591	39,908	39,502	39,137	38,437	39,141	38,895	38,841	39,297
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%			✘	64.9% (Nov-22)	1st (Nov-22)		57.3%	54.6%	56.7%	61.3%	59.1%	56.8%	57.3%	61.8%	62.0%	62.5%	56.5%	58.8%	60.6%
Activity	Number of GP referrals	12 month ↓		✘				12,269	13,687	13,540	12,365	14,282	12,326	12,826	14,244	12,759	10,766	13,759	12,514	13,252	
	Number of patients referred from primary care into secondary care Ophthalmology Services	↑ trajectory						936	932	783	794	838	785	714	865	757	590	843	803	801	
DNAs	% of patients who did not attend a new outpatient appointment	12 month ↓		✔				9.5%	8.9%	8.7%	8.5%	7.8%	8.7%	8.6%	8.4%	8.5%	9.4%	9.1%	8.0%	8.0%	
	% of patients who did not attend a follow-up outpatient appointment	12 month ↓		✔				7.3%	7.3%	7.9%	7.4%	7.1%	7.6%	7.3%	6.7%	6.6%	7.0%	6.5%	6.3%	6.0%	
Theatre Efficiencies	Theatre Utilisation rates		90%	✘				49%	55%	52%	52%	54%	52%	55%	55%	55%	49%	53%	55%	53%	
	% of theatre sessions starting late		<25%	✘				38%	41%	41%	40%	41%	38%	44%	43%	41%	39%	42%	43%	39%	
	% of theatre sessions finishing early		<20%	✘				29%	33%	32%	34%	32%	32%	33%	33%	36%	30%	38%	33%	34%	
Patient experience	Number of friends and family surveys completed	↑ trajectory		✘				5,427	5,579	5,344	5,535	5,853	4,913	5,556	6,208	5,766	4,747	5,794	5,456	4,127	
	% of who would recommend and highly recommend		90%	✔				92%	93%	92%	93%	93%	93%	92%	93%	93%	92%	94%	93%	93%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction		90%	✔				92%	93%	93%	93%	94%	93%	93%	93%	93%	92%	93%	93%	93%	
Complaints	Number of new formal complaints received		12 month trend ↓	✔				167	140	145	130	152	142	130	141	154	119	166			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received		80%	✘				71%	74%	73%	70%	66%	61%	62%	70%	64%	72%	63%			
	% of acknowledgements sent within 2 working days		100%	✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			

		lockdown																			
Sub Domain	Measure	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)		95.0%			94.6%			93.8%			95.0%				
	% of children who received 2 doses of the MMR vaccine by age 5	95%			90.0% (Q2 22/23)	5th (Q2 22/23)		89.5%			90.2%			91.1%			89.4%				
Influenza	% uptake of influenza among 65 year olds and over	75%			78.0% (Mar-22)	3rd (Mar-22)		69.5%	Data collection restarts October 2024							53.4%	63.5%	66.6%	69.5%	68.3%	68.5%
	% uptake of influenza among under 65s in risk groups	55%			48.2% (Mar-22)	4th (Mar-22)	35.5%	21.0%								27.7%	30.6%	34.2%	33.7%	33.7%	
	% uptake of influenza among children 2 to 3 years old	50%			47.6% (Mar-22)	5th (Mar-22)	38.0%	26.6%								32.9%	35.3%	37.9%	36.6%	37.0%	
	% uptake of influenza among healthcare workers	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)	52.7%	17.4%								26.3%	26.3%	32.9%	32.9%		
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	75%		✘				Data collection restarts	43.2%	57.1%	59.9%	Available Apr-2025									
	% uptake of the Autumn COVID-19 vaccination for those eligible	75%		✘				50.5%	Data collection restarts October 2024							27.5%	38.0%	40.7%	40.7%	40.9%	Restarts Sep-25
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	80%		✘	31.4% (Nov-22)	3rd (Nov-22)		26%	25%	29%	29%	33%	30%	31%	31%	29%	27%	22%	26%	34%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	80%		✘	83.2% (Nov-22)	5th (Nov-22)		40%	23%	41%	64%	75%	84%	91%	89%	80%	77%	42%	74%	75%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	80%		✘	66.8% (Nov-22)	5th (Nov-22)		40%	23%	41%	64%	75%	84%	91%	89%	80%	77%	42%	74%	75%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	80%	90%	✔	34.4% (Nov-22)	4th (Nov-22)		100%	97%	98%	100%	100%	100%	100%	98%	97%	94%	100%	100%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	80%																			
Mental Health	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	90%		✔	63.8% (Nov-22)	1st (Nov-22)		97%	94%	97%	94%	95%	95%	100%	100%	100%	98%	98%	98%	98%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		95%	95%	90%	99%	93%	95%	97%	98%	97%	99%	95%	100%	98%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	80%	100%	✔	73.1% (Nov-22)	2nd (Nov-22)		99%	100%	100%	98%	100%	100%	95%	100%	100%	99%	94%	99%	100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%		✘	73.9% (Nov-22)	2nd (Nov-22)		69%	66%	64%	63%	61%	59%	57%	57%	55%	54%	52%	53%	51%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	90%		✔	84.2% (Nov-22)	2nd (Nov-22)		89%	88%	87%	90%	92%	92%	93%	91%	91%	92%	94%	92%	94%	
	% 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	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	100%		✔	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			