



<b>Report Date</b>	<b>30<sup>th</sup> January 2025</b>	<b>Agenda Item</b>	<b>4.4</b>
<b>Name of Meeting</b>	<b>Health Board Meeting</b>		
<b>Report Title</b>	<b>Integrated Performance Report</b>		
<b>Report Author</b>	Meghann Protheroe, Head of Health Board Performance		
<b>Report Sponsor</b>	Darren Griffiths, Executive Director of Finance and Performance		
<b>Presented by</b>	Darren Griffiths, Executive 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 (December 2024) 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 Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p><b>Key high level issues to highlight this month are as follows:</b></p> <p>-</p> <p><b><u>Unscheduled Care</u></b></p> <ul style="list-style-type: none"> <li>• Performance against the 4-hour access has deteriorated from 73.95% in November 2024 to 71.78% in December 2024.</li> <li>• Performance against the 12-hour wait has deteriorated in December to 1,391 from 1,297 in November 2024.</li> <li>• In December 2024, there were 616 ambulance to hospital handovers taking over 1 hour; this is a reduction of 16 compared with the previous month.</li> <li>• There was a slight increase in the average number of patients who were deemed clinically optimised in December 2024 (Pathway of care delays). The average number of clinically optimised patients increased from 246 in the previous month to 257.</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 December 2024.</li> <li>• At the end of December 2024, there were 981 patients waiting over 104 weeks for treatment, which is an improvement of 164 from the previous month.</li> </ul>		



- In December 2024, 92.40% of patients were waiting less than 14 weeks for therapy services; this is a deterioration when compared with the figure reported in November 2024. There are 407 patients waiting over 14 weeks, all of which are in podiatry.
- In December 2024, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. The position improved from 3,017 to 2,969. The breakdown is as follows: -
  - Endoscopy= 2,328
  - Cardiac tests= 636
  - Other Diagnostics = 5

**Cancer**

- The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in November 2024 was 66%, which is 10% higher than the figure reported in October 2024 (this measure is always reported a month in arrears due to data validation).
- 336 patients were waiting in excess of 63 days as of 15/01/2025.

**Mental Health**

- Performance against the Mental Health Measures continues to be maintained at above target levels in December 2024 with the exception of psychological therapies.
- In December 2024, 54.1% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

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

- Access times for crisis performance has been maintained at 100% in November 2024.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, performance deteriorated to 27% in the month of December 2024.
- Note: S-CAMHS now included with P-CAMHS measure. Access to therapeutic interventions remains strong at 94% within 28 days. Access to assessment has deteriorated in December 2024 to 77% which is now below target levels.

<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>ACKNOWLEDGE</b> and <b>DISCUSS</b> the Health Board performance against key measures and targets.</li> </ul>			



## INTEGRATED PERFORMANCE REPORT

### 1. INTRODUCTION

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

### 2. BACKGROUND

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

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

In recent years, performance management against the Performance Framework targets has been undertaken by reviewing the previous months' performance, to reduce the reporting function during the COVID-19 pandemic. Welsh Government have now deemed it appropriate to move away from reporting performance against the 'Quadrants of Harm' and focus will return to providing comprehensive performance updates in line with the All-Wales Performance Management Framework 2024/25.

### 3. GOVERNANCE AND RISK ISSUES

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

### 4. FINANCIAL IMPLICATIONS

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

### 5. RECOMMENDATION:

Members are asked to:



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



<b>Governance and Assurance</b>		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
<b>Health and Care Standards</b>		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
<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>		
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.		
<b>Legal Implications (including equality and diversity assessment)</b>		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		
<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.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <ul style="list-style-type: none"> <li>• <b>Long term</b> – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.</li> </ul>		



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

<b>Report History</b>	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in December 2024. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Integrated Performance Report



# Appendix 1- Integrated Performance Report January 2025



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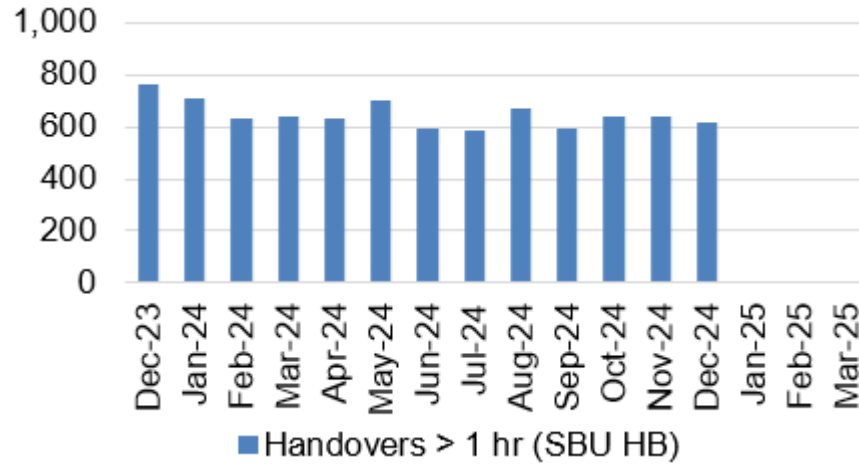
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## **1. TARGETED INTERVENTION METRICS PERFORMANCE**

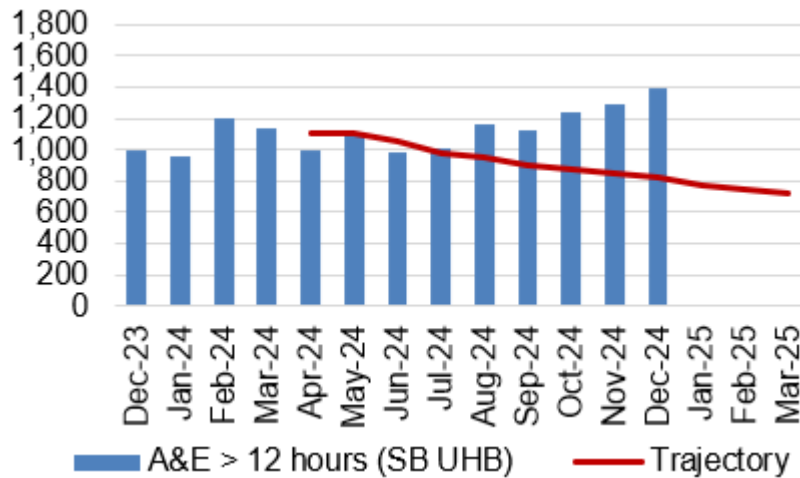
## URGENT AND EMERGENCY CARE

### 1. Ambulance handovers over 1 hour



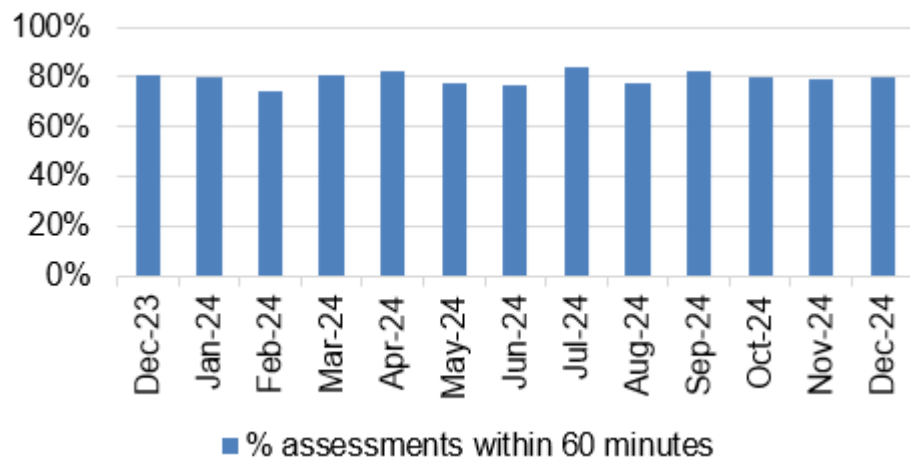
1. The number of ambulance handovers over 1 hour has reduced slightly in December 2024. The number of handovers over 1 hour decreased from 632 in November 2024 to 616 in December 2024, which is above the outlined trajectory.

### 2. A&E waits over 12 hours



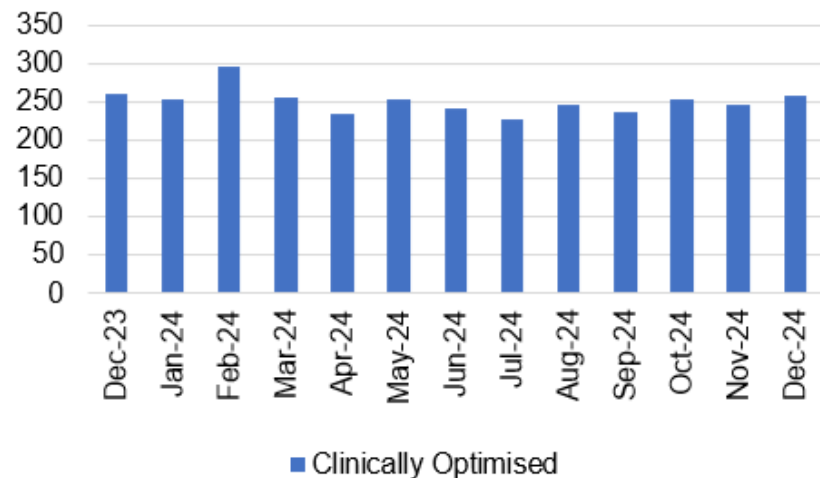
2. Performance against the 12-hour wait has deteriorated in-month, and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 1,391 in December 2024 from 1,297 in November 2024.

**3. Median time from arrival to assessment within 60 mins**



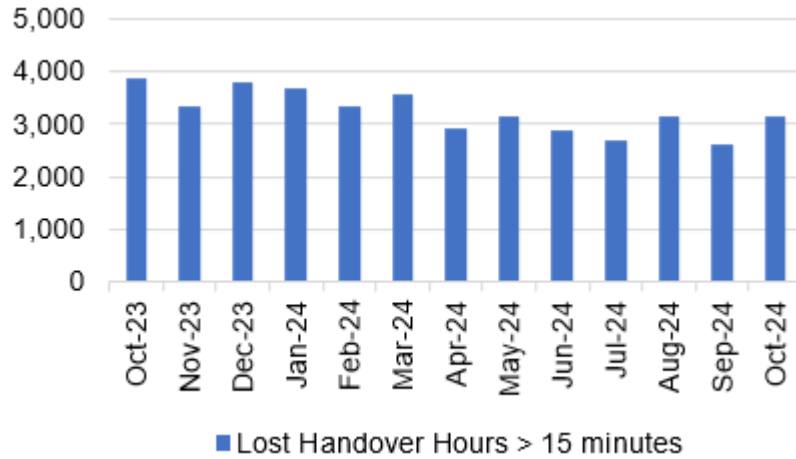
3. In December 2024 79.75% of patients received their first assessment within 60 minutes of their arrival at the Emergency Department. This is an increase of 1.0% on the figure reported in November 2024 (78.72%).

**4. Continuing reduction in pathway of care delays**



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

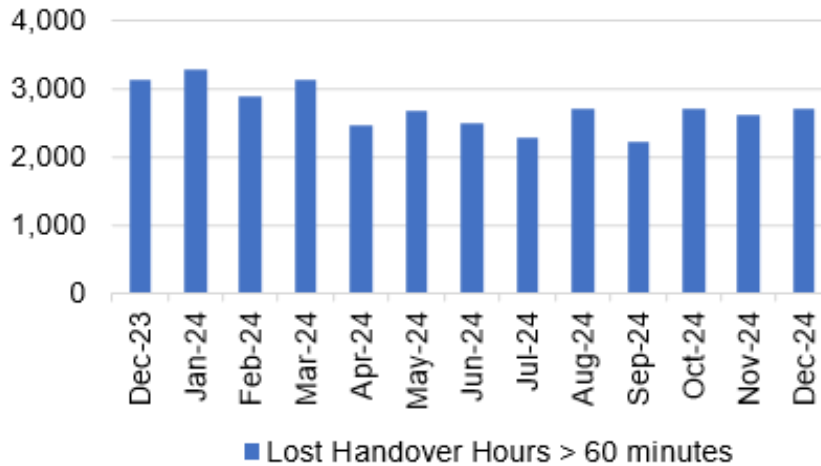
**5. Lost Ambulance Hours Total**



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

\*Data not updated for November & December 2024\*

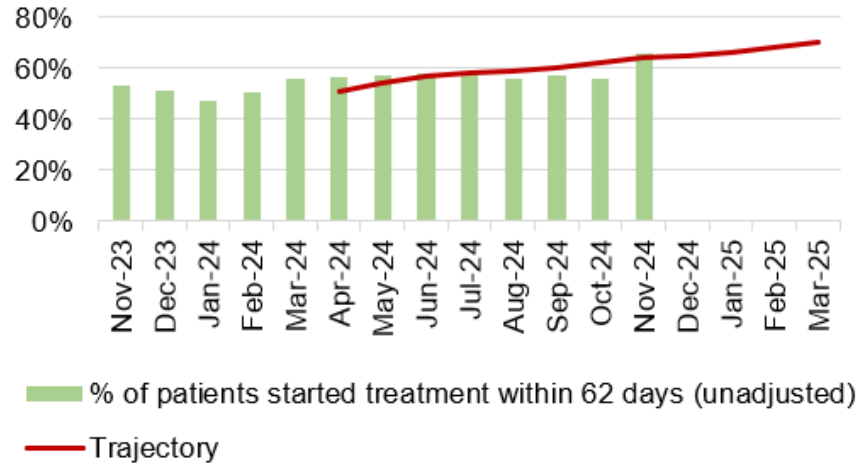
**6. Lost Ambulance Hours over 1 hour**



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

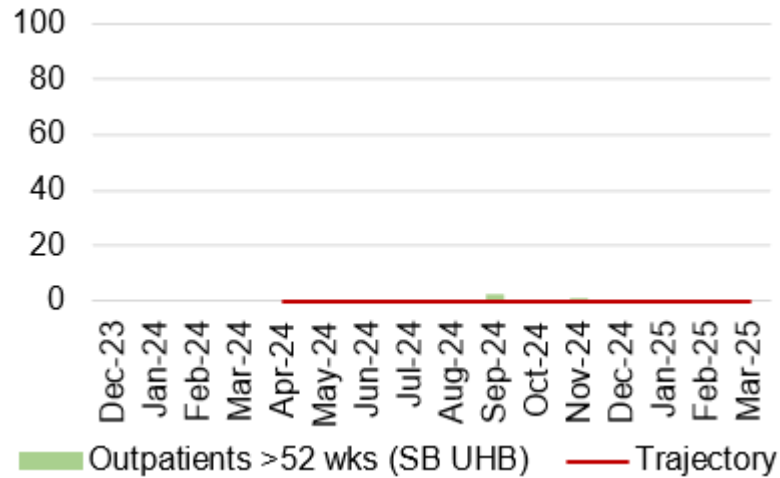
## PLANNED CARE & CANCER

### 1. Single Cancer Pathway



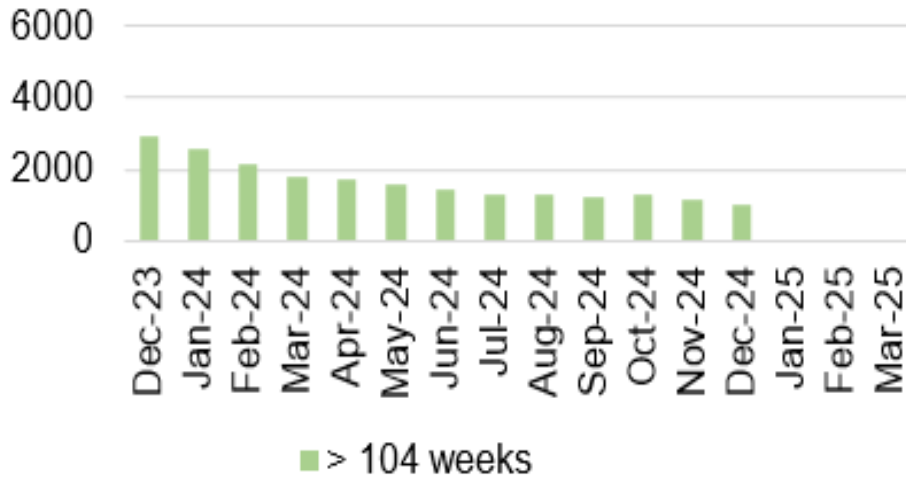
1. The final SCP performance for November 2024 was 66%, which is above the figure reported in October 2024. Performance is currently above the submitted trajectory (64%).

### 2. Outpatients waiting over 52 weeks



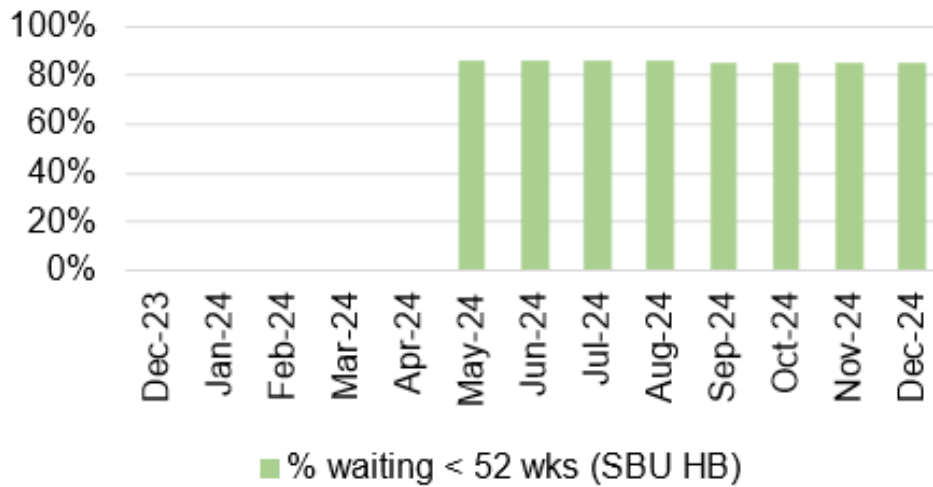
2. There were no patients waiting over 52 weeks for a first outpatient appointment in December 2024.

**3. 104 week waits – all pathways**



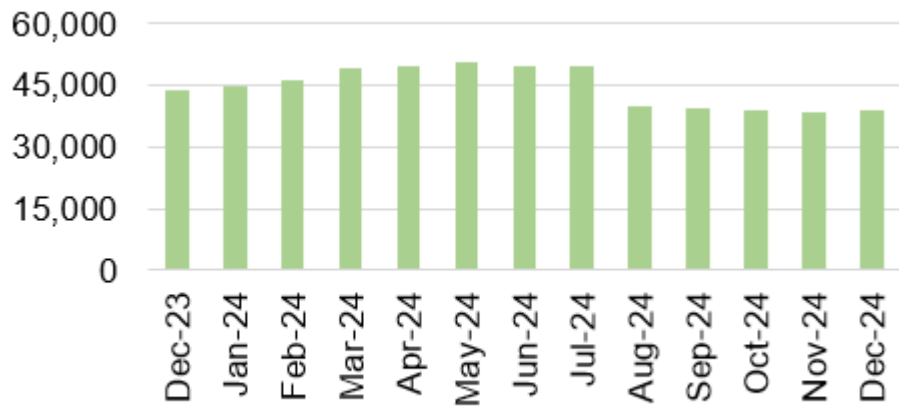
3. December 2024 saw an in-month reduction of 14% in the number of patients waiting over 104 weeks for treatment. The number decreased from 1,145 in November 2024 to 981 in December 2024.

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



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

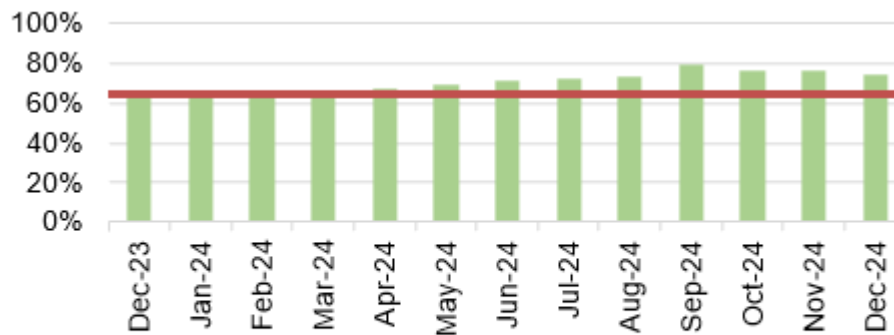
**5. Delayed follow ups over 100%**



■ Number of patients waiting 100% over target date (SBU HB)

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

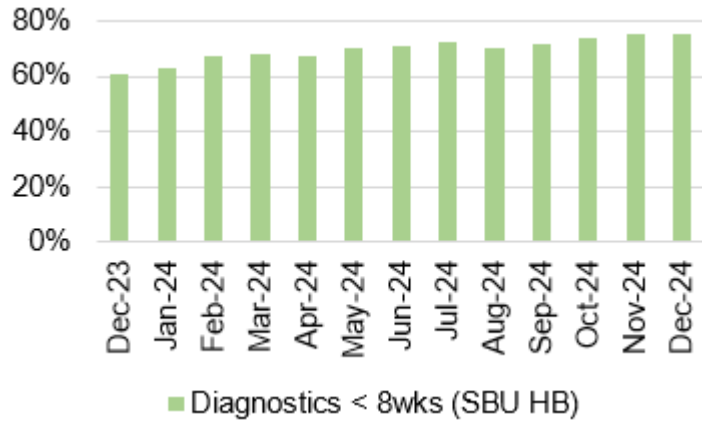
**6. R1 Ophthalmology**



■ % R1 ophthalmology patients waiting within or no longer than 25% of their target date for an outpatient appointment  
 — Target

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

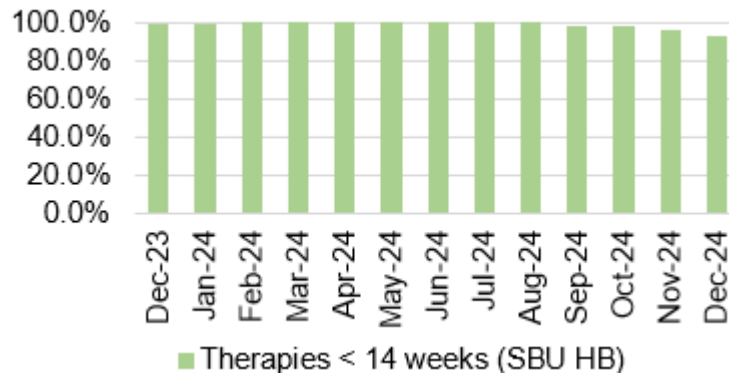
**7. Percentage of Patients waiting 8 weeks for a diagnostic test**



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

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

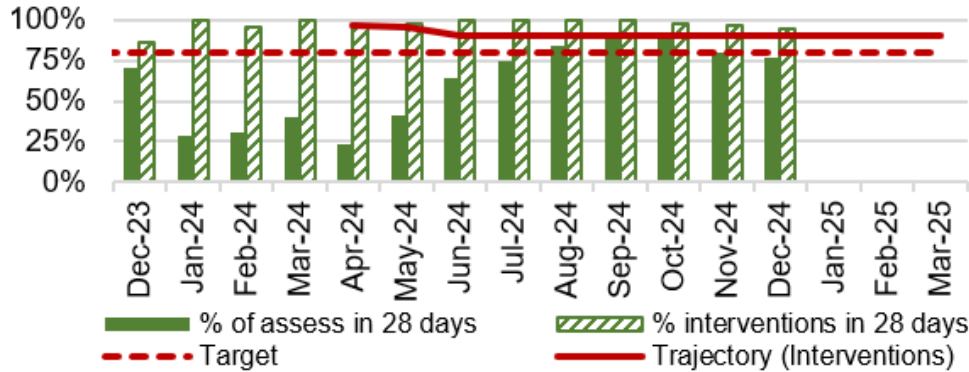
**8. Patients waiting 14 weeks for therapy services**



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

## CAMHS

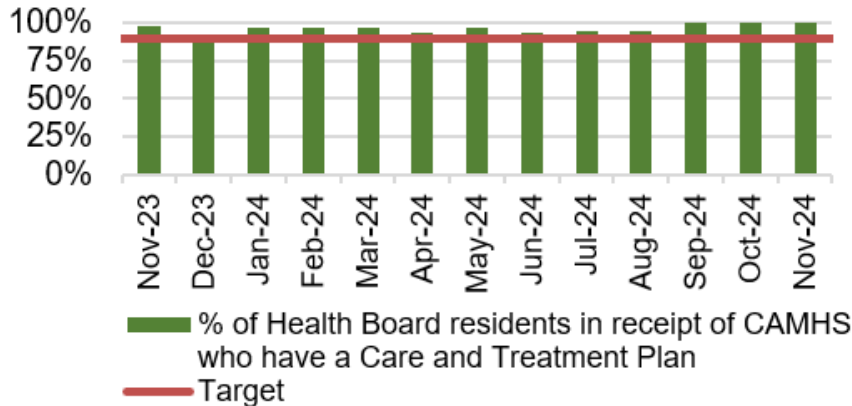
### 1. LPMHSS assessments with 28 days and therapeutic assessment within 28 days



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

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

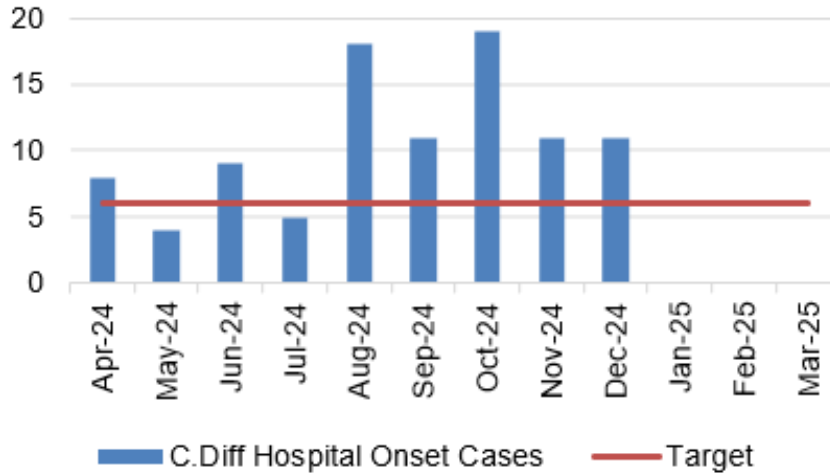
### 2. Residents in receipt of a valid care and treatment plan



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

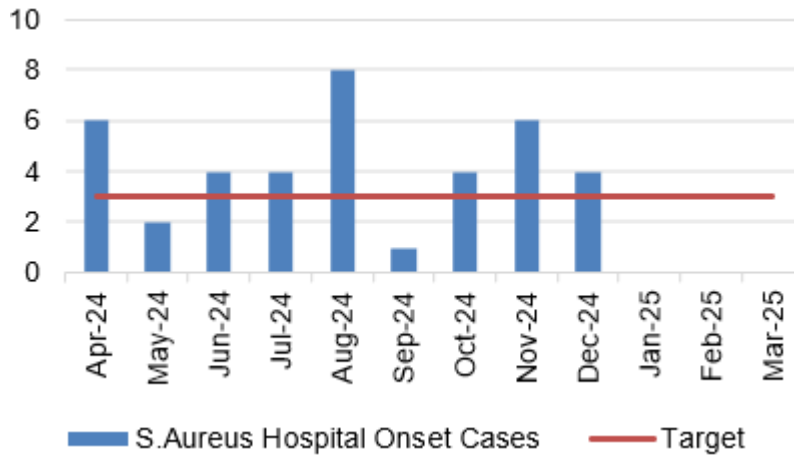
## HEALTHCARE ACQUIRED INFECTIONS (HOSPITAL ONSET)

### 1. C. Difficile



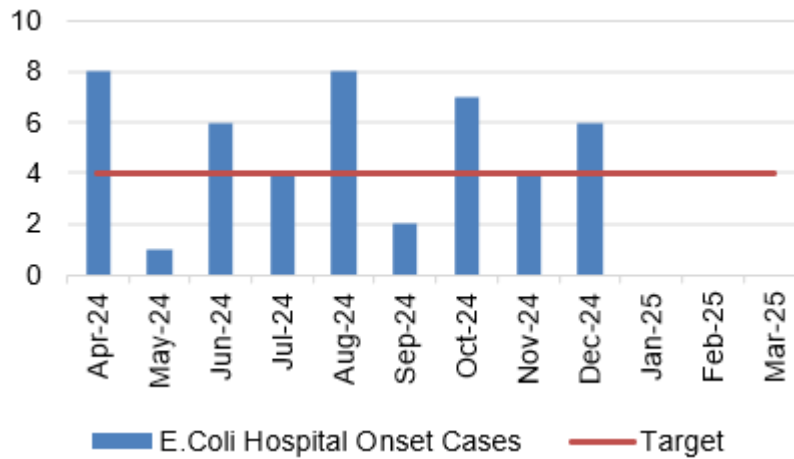
1. There were 11 hospital onset cases of C. Difficile reported in December 2024. This is the same figure reported in November 2024 and is above the target of a maximum of 6 cases per month.

### 2. Staph aureus



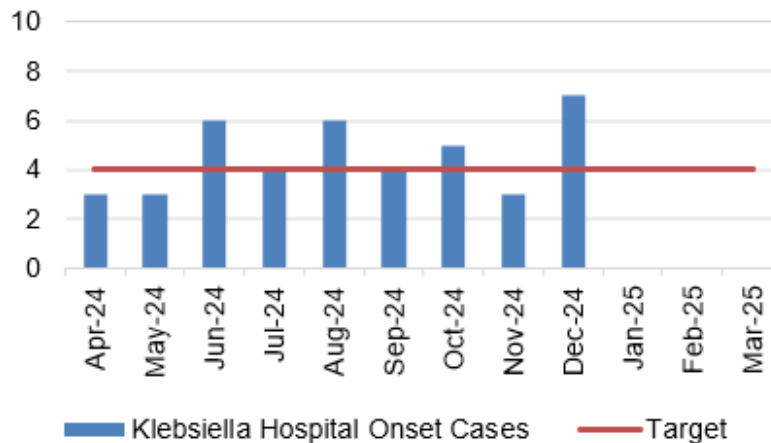
2. There were 4 hospital onset cases of Staph aureus reported in December 2024. This is 2 less than reported in November 2024 and is above the target of a maximum of 3 cases per month.

**3. E-coli**



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

**4. Klebsiella**



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

## **2. UPDATES ON KEY SERVICE AREAS**

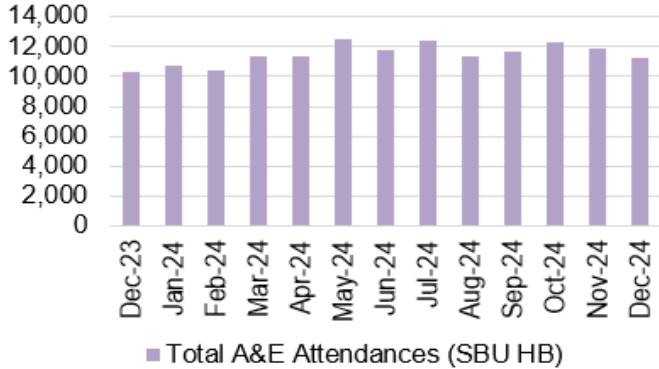
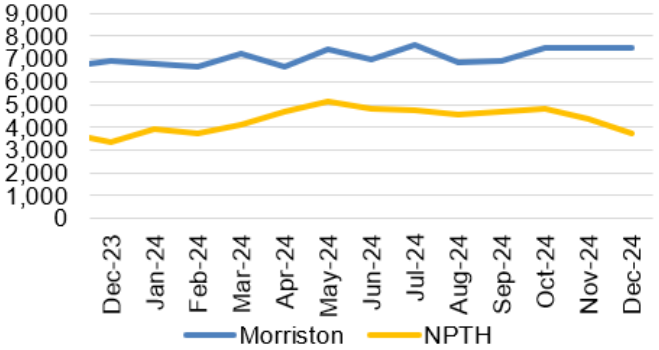
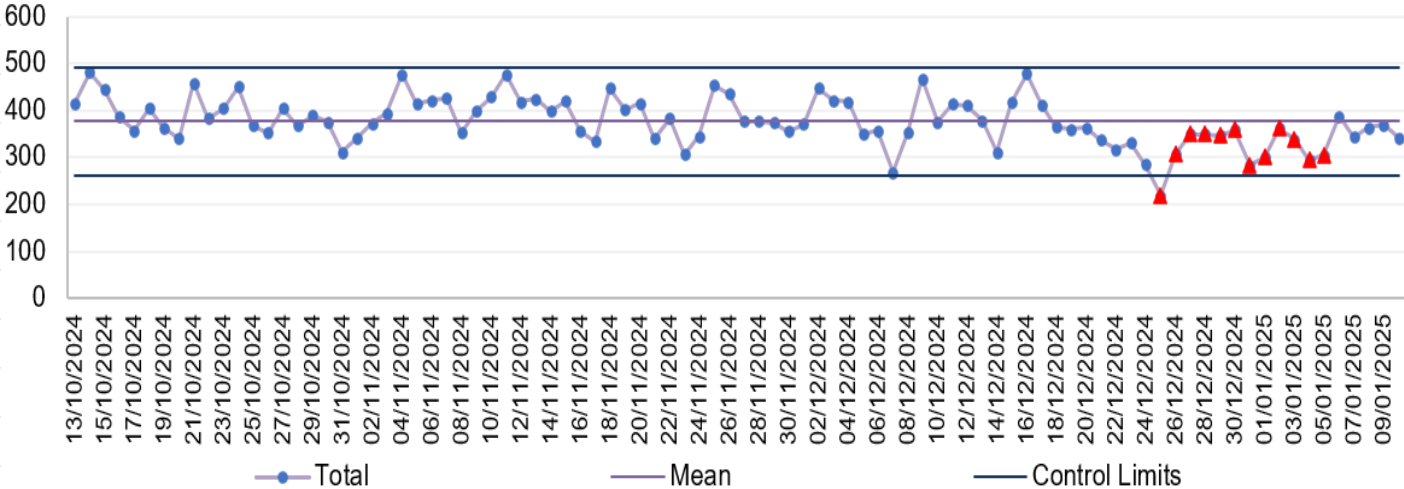
COVID Data																																																						
Description	Current Performance	Trend																																																				
1. Number of new COVID19 cases in Swansea Bay population area	<p><b>Number of new COVID cases</b></p> <p>In December 2024, there were an additional 16 positive cases recorded bringing the cumulative total to 121,938 in Swansea Bay since March 2020.</p>	<p><b>Number of new COVID19 cases for Swansea Bay population</b></p> <table border="1"> <caption>Estimated data for the bar chart</caption> <thead> <tr> <th>Month</th> <th>New positive COVID19 cases</th> </tr> </thead> <tbody> <tr><td>Dec-22</td><td>400</td></tr> <tr><td>Jan-23</td><td>220</td></tr> <tr><td>Feb-23</td><td>250</td></tr> <tr><td>Mar-23</td><td>350</td></tr> <tr><td>Apr-23</td><td>150</td></tr> <tr><td>May-23</td><td>80</td></tr> <tr><td>Jun-23</td><td>60</td></tr> <tr><td>Jul-23</td><td>80</td></tr> <tr><td>Aug-23</td><td>120</td></tr> <tr><td>Sep-23</td><td>130</td></tr> <tr><td>Oct-23</td><td>180</td></tr> <tr><td>Nov-23</td><td>80</td></tr> <tr><td>Dec-23</td><td>200</td></tr> <tr><td>Jan-24</td><td>180</td></tr> <tr><td>Feb-24</td><td>80</td></tr> <tr><td>Mar-24</td><td>50</td></tr> <tr><td>Apr-24</td><td>50</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>80</td></tr> <tr><td>Aug-24</td><td>50</td></tr> <tr><td>Sep-24</td><td>60</td></tr> <tr><td>Oct-24</td><td>80</td></tr> <tr><td>Nov-24</td><td>10</td></tr> <tr><td>Dec-24</td><td>16</td></tr> </tbody> </table> <p>■ New positive COVID19 cases</p>	Month	New positive COVID19 cases	Dec-22	400	Jan-23	220	Feb-23	250	Mar-23	350	Apr-23	150	May-23	80	Jun-23	60	Jul-23	80	Aug-23	120	Sep-23	130	Oct-23	180	Nov-23	80	Dec-23	200	Jan-24	180	Feb-24	80	Mar-24	50	Apr-24	50	May-24	60	Jun-24	60	Jul-24	80	Aug-24	50	Sep-24	60	Oct-24	80	Nov-24	10	Dec-24	16
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**UNSCHEDULED CARE**

Description	Current Performance	Actions of Improvement																																																																																																																																								
<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 December 2024, the number of red calls responded to within 8 minutes improved to 47.6% from 46.1% in November 2024. In December 2024, the number of green calls decreased by 4%, amber calls increased by 6%, and red calls increased by 15% compared with November 2024.</p>	<p>Ambulance response rates have seen a small improvement in performance in December 2024. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.</p>																																																																																																																																								
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UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<p>Ambulance handovers</p> <p>1.The number of ambulance handovers over one hour</p> <p>2. The number of ambulance handovers over one hour- Hospital level</p> <p>3.The number of ambulance handovers over one hour (last 90 days)</p>	<p>In December 2024, there were 616 ambulance to hospital handovers taking over 1 hour; this is a reduction of 16 compared with 632 in November 2024. In December 2024, all handovers over 1 hour were attributed to Morriston Hospital. Additional work is currently underway to incorporate the AMU data in the ambulance handover figures.</p>	<p>Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction. Changes to medical staff rotas are being enacted and the first phases of the frailty model have been accelerated and implemented in July 2024 to reduce conveyance and admission where appropriate</p>
	Trend	
	<p><b>1. Number of ambulance handovers- HB total</b></p> <p>■ Handovers &gt; 1 hr (SBU HB)</p>	<p><b>2. Number of ambulance handovers over 1 hour- Hospital level</b></p> <p>— Morriston — Singleton</p>
<p><b>3. Number of ambulance handovers- HB total last 90 days</b></p> <p>● Total — Mean — Control Limits</p> <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>Arund of 6</li> <li>● increasing or decreasing points</li> </ul>		

**UNSCHEDULED CARE**

Description	Current Performance	Actions of Improvement
<p><b>A&amp;E Attendances</b></p> <p>1. The number of attendances at emergency departments in the Health Board</p> <p>2. The number of attendances at emergency departments in the Health Board – Hospital level</p> <p>3. The number of attendances at emergency departments in the Health Board (last 90 days)</p>	<p>In December 2024, there were 11,221 A&amp;E attendances, which is a reduction of 644 when compared to November 2024. There were 7,507 attendances to A&amp;E at Morriston hospital and 3,714 attendances to MIU at Neath Port Talbot hospital.</p>	<p>There is currently a medical SDEC model in place consisting of medics, GP's, therapies, plus co-location of OPAS, ACT, virtual wards, paramedics (WAST stack review and direct access) – pull &amp; push model from ED.</p>
	<b>Trend</b>	
	<p><b>1. Number of A&amp;E attendances- HB total</b></p>  <p>■ Total A&amp;E Attendances (SBU HB)</p>	<p><b>2. Number of A&amp;E attendances- Hospital level</b></p>  <p>— Morriston — NPTH</p>
<p><b>3. Number of A&amp;E attendances -HB total last 90 days</b></p>  <p>● Total — Mean — Control Limits</p> <p><b>Symbol Key:</b></p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>▲ 8 or more points above or below the mean</li> <li>● Arun of 6 increasing or decreasing points</li> </ul>		

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<p><b>A&amp;E waiting times</b></p> <p>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</p> <p>2. % of patients who spend less than 4 hours in A&amp;E- Hospital level</p> <p>3. % of patients who spend less than 4 hours in A&amp;E (last 90 days)</p>	<p>The Health Board's performance against the 4-hour measure deteriorated from 73.95% in November 2024 to 71.78% in December 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 98.20% in December 2024. Morriston Hospital's performance deteriorated between November and December 2024, achieving 58.74% against the target.</p>	<p>A frailty model design has been agreed which anticipates a reduction in attendances and improved length of stay; this has been accelerated and implementation commenced in July ahead of September 2024 as scheduled. Implementation and additional recruitment is ongoing.</p>
	Trend	
	<p><b>1. % Patients waiting under 4 hours in A&amp;E- HB total</b></p> <p>■ A&amp;E % &lt; 4 hours (SB UHB)</p>	<p><b>2. % Patients waiting under 4 hours in A&amp;E- Hospital level</b></p> <p>— Morriston — NPTH</p>
<p><b>3. % Patients waiting under 4 hours in A&amp;E- HB total last 90 days</b></p> <p>● Total — Mean — Control Limits</p> <p><b>Symbol Key:</b></p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>8 or more points above or below the mean</li> <li>▲ Arun of 6</li> <li>● increasing or decreasing points</li> </ul>		

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<b>A&amp;E waiting times</b>  1. Number of patients who spend 12 hours or more in A&E  2. Number of patients who spend 12 hours or more in A&E- Hospital level  3. Number of patients who spend 12 hours or more in A&E (last 90 days)	In December 2024, performance against the 12-hour measure deteriorated when compared with November 2024, increasing from 1,297 to 1,391. This is an increase of 94 compared to November 2024. All of the patients waiting over 12 hours in December 2024 were attributed to Morriston Hospital, apart from three which were in Neath Port Talbot Hospital.	A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.
	<b>Trend</b>	
	<b>1. Number of patients waiting over 12 hours in A&amp;E- HB total</b>	<b>2. Number of patients waiting over 12 hours in A&amp;E- Hospital level</b>
<b>3. Number of patients waiting over 12 hours in A&amp;E – HB total last 90 days</b>		

**UNSCHEDULED CARE**

Description	Current Performance	Actions of Improvement
<p><b>Emergency admissions</b></p> <p>1. The number of emergency inpatient admissions</p> <p>2. The number of emergency inpatient admissions- Hospital level</p> <p>3. The number of emergency inpatient admissions (last 90 days)</p>	<p>In December 2023, there were 4,328 emergency admissions across the Health Board, which is 26 higher than November 2023. Singleton Hospital saw an in-month reduction, with 33 less admissions (from 308 in November 2023), Morriston Hospital saw an in-month increase from 3,871 admissions in November 2023 to 3,923 admissions in December 2023.</p>	<p>The increased number of emergency admissions is directly linked to the pressure within the system and the reduced flow from ED – this will be addressed by the previously referenced occupancy actions</p>
	<b>Trend</b>	
	<div style="display: flex; justify-content: space-around;"> <div data-bbox="521 467 1182 499"> <p><b>1. Number of emergency admissions- HB total</b></p> </div> <div data-bbox="1417 467 2078 499"> <p><b>2. Number of emergency admissions- Hospital level</b></p> </div> </div> <div style="text-align: center; margin-top: 20px;"> <p><b>3. Number of emergency admissions- HB total last 90 days</b></p> </div>	

**UNSCHEDULED CARE**

Description	Current Performance	Actions of Improvement																																																																																																														
<p><b>Critical Care-Delayed Transfers of Care (DIOC)-Morrison Hospital</b></p> <p>1. Total Critical Care delayed discharges (hours)</p> <p>2. Average lost bed days per day</p> <p>3. Percentage of patients delayed: Up to 8 hours Between 8 and 24 hours Over 24 hours</p>	<p>In December 2024, there were a total of 107 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is an increase when compared with 89 admissions in November 2024. December 2024, saw an increase in the number of delayed discharge hours from 1568.15 in November 2024 to 2150.25 in December 2024. The average lost bed days increased to 2.89 per day. The percentage of patients delayed over 24 hours decreased to 41.09% in December 2024 from 41.27% in November 2024.</p>	<p>Delayed discharges from ICU are linked to capacity and flow constraints within the general wards and health/social-care system in general. Increased focus on flow through ICU as a result of capital works underway to meet burns requirements.</p>																																																																																																														
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**UNSCHEDULED CARE**

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<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 December 2024, there were on average 257 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals.</p> <p>In December, Morriston Hospital had the largest proportion of clinically optimised patients with 127, followed by Neath Port Talbot Hospital with 62.</p> <p><b>Actions of Improvement;</b>                      Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital. The implementation of the frailty model with further increase opportunities for reductions in delays.</p>	<p align="center"><b>The number of clinically optimised patients by site</b></p> <table border="1"> <caption>Estimated data for Clinically Optimised Patients</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>165</td><td>10</td><td>85</td><td>20</td></tr> <tr><td>Jan-24</td><td>130</td><td>35</td><td>60</td><td>25</td></tr> <tr><td>Feb-24</td><td>170</td><td>40</td><td>60</td><td>30</td></tr> <tr><td>Mar-24</td><td>110</td><td>50</td><td>60</td><td>25</td></tr> <tr><td>Apr-24</td><td>120</td><td>40</td><td>55</td><td>25</td></tr> <tr><td>May-24</td><td>150</td><td>25</td><td>55</td><td>25</td></tr> <tr><td>Jun-24</td><td>135</td><td>25</td><td>60</td><td>25</td></tr> <tr><td>Jul-24</td><td>135</td><td>15</td><td>60</td><td>25</td></tr> <tr><td>Aug-24</td><td>135</td><td>20</td><td>65</td><td>30</td></tr> <tr><td>Sep-24</td><td>135</td><td>20</td><td>55</td><td>30</td></tr> <tr><td>Oct-24</td><td>130</td><td>35</td><td>60</td><td>25</td></tr> <tr><td>Nov-24</td><td>110</td><td>40</td><td>65</td><td>25</td></tr> <tr><td>Dec-24</td><td>125</td><td>45</td><td>60</td><td>25</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Dec-23	165	10	85	20	Jan-24	130	35	60	25	Feb-24	170	40	60	30	Mar-24	110	50	60	25	Apr-24	120	40	55	25	May-24	150	25	55	25	Jun-24	135	25	60	25	Jul-24	135	15	60	25	Aug-24	135	20	65	30	Sep-24	135	20	55	30	Oct-24	130	35	60	25	Nov-24	110	40	65	25	Dec-24	125	45	60	25
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<p><b>Elective procedures cancelled due to lack of beds</b>                      The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</p>	<p>In December 2024, there were 35 elective procedures cancelled due to lack of beds on the day of surgery. This is 19 more cancellations than those seen in November 2024.</p> <p>Of the 35 cancelled procedures, 32 were attributed to Morriston Hospital, 2 were attributed to Neath Port Talbot Hospital and 1 was attributed to Singleton Hospital.</p>	<p align="center"><b>Total number of elective procedures cancelled due to lack of beds</b></p> <table border="1"> <caption>Estimated data for Elective Procedures Cancelled</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Jan-24</td><td>25</td><td>0</td><td>40</td></tr> <tr><td>Feb-24</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Mar-24</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Apr-24</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>May-24</td><td>15</td><td>0</td><td>5</td></tr> <tr><td>Jun-24</td><td>28</td><td>0</td><td>0</td></tr> <tr><td>Jul-24</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Aug-24</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>Sep-24</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Oct-24</td><td>30</td><td>0</td><td>0</td></tr> <tr><td>Nov-24</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Dec-24</td><td>32</td><td>1</td><td>2</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Dec-23	15	0	0	Jan-24	25	0	40	Feb-24	20	0	0	Mar-24	15	0	0	Apr-24	18	0	0	May-24	15	0	5	Jun-24	28	0	0	Jul-24	15	0	0	Aug-24	18	0	0	Sep-24	20	0	0	Oct-24	30	0	0	Nov-24	15	0	0	Dec-24	32	1	2														
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## HEALTHCARE ACQUIRED INFECTIONS

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<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>16 cases of <i>E. coli</i> bacteraemia were identified in December 2024, of which 8 were hospital acquired and 8 were community acquired.</li> <li>The Health Board total is currently below the Welsh Government Profile target of 18 cases for December 2024.</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 E.coli bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E. Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>12</td><td>18</td></tr> <tr><td>Jan-24</td><td>19</td><td>18</td></tr> <tr><td>Feb-24</td><td>17</td><td>18</td></tr> <tr><td>Mar-24</td><td>19</td><td>18</td></tr> <tr><td>Apr-24</td><td>19</td><td>18</td></tr> <tr><td>May-24</td><td>16</td><td>18</td></tr> <tr><td>Jun-24</td><td>18</td><td>18</td></tr> <tr><td>Jul-24</td><td>14</td><td>18</td></tr> <tr><td>Aug-24</td><td>29</td><td>18</td></tr> <tr><td>Sep-24</td><td>21</td><td>18</td></tr> <tr><td>Oct-24</td><td>22</td><td>18</td></tr> <tr><td>Nov-24</td><td>15</td><td>18</td></tr> <tr><td>Dec-24</td><td>16</td><td>18</td></tr> <tr><td>Jan-25</td><td>-</td><td>18</td></tr> <tr><td>Feb-25</td><td>-</td><td>18</td></tr> <tr><td>Mar-25</td><td>-</td><td>18</td></tr> </tbody> </table> <p>Legend: <span style="color: purple;">■</span> Number E. Coli cases (SBU)    <span style="color: red;">—</span> Trajectory</p>	Month	Number E. Coli cases (SBU)	Trajectory	Dec-23	12	18	Jan-24	19	18	Feb-24	17	18	Mar-24	19	18	Apr-24	19	18	May-24	16	18	Jun-24	18	18	Jul-24	14	18	Aug-24	29	18	Sep-24	21	18	Oct-24	22	18	Nov-24	15	18	Dec-24	16	18	Jan-25	-	18	Feb-25	-	18	Mar-25	-	18
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<p><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 12 cases of <i>Staph. aureus</i> bacteraemia in December 2024, of which 8 were hospital acquired and 4 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 6 cases for December 2024</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 S.aureus bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>18</td><td>8</td></tr> <tr><td>Jan-24</td><td>11</td><td>6</td></tr> <tr><td>Feb-24</td><td>8</td><td>6</td></tr> <tr><td>Mar-24</td><td>8</td><td>6</td></tr> <tr><td>Apr-24</td><td>13</td><td>6</td></tr> <tr><td>May-24</td><td>7</td><td>6</td></tr> <tr><td>Jun-24</td><td>7</td><td>6</td></tr> <tr><td>Jul-24</td><td>12</td><td>6</td></tr> <tr><td>Aug-24</td><td>14</td><td>6</td></tr> <tr><td>Sep-24</td><td>7</td><td>6</td></tr> <tr><td>Oct-24</td><td>14</td><td>6</td></tr> <tr><td>Nov-24</td><td>12</td><td>6</td></tr> <tr><td>Dec-24</td><td>12</td><td>6</td></tr> <tr><td>Jan-25</td><td>-</td><td>6</td></tr> <tr><td>Feb-25</td><td>-</td><td>6</td></tr> <tr><td>Mar-25</td><td>-</td><td>6</td></tr> </tbody> </table> <p>Legend: <span style="color: purple;">■</span> Number of S.Aureus cases (SBU)    <span style="color: red;">—</span> Trajectory</p>	Month	Number of S.Aureus cases (SBU)	Trajectory	Dec-23	18	8	Jan-24	11	6	Feb-24	8	6	Mar-24	8	6	Apr-24	13	6	May-24	7	6	Jun-24	7	6	Jul-24	12	6	Aug-24	14	6	Sep-24	7	6	Oct-24	14	6	Nov-24	12	6	Dec-24	12	6	Jan-25	-	6	Feb-25	-	6	Mar-25	-	6
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## HEALTHCARE ACQUIRED INFECTIONS

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<p><b>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i></b>                      Number of laboratory confirmed <i>C.difficile</i> cases</p>	<ul style="list-style-type: none"> <li>There were 23 <i>Clostridium difficile</i> toxin positive cases in December 2024, of which 20 were hospital acquired and 3 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 7 cases for December 2024.</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 style="text-align: center;"><b>Number of healthcare acquired <i>C.difficile</i> cases</b></p> <table border="1"> <caption>Number of healthcare acquired <i>C.difficile</i> cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of C. diff cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>21</td></tr> <tr><td>Jan-24</td><td>22</td></tr> <tr><td>Feb-24</td><td>20</td></tr> <tr><td>Mar-24</td><td>22</td></tr> <tr><td>Apr-24</td><td>20</td></tr> <tr><td>May-24</td><td>19</td></tr> <tr><td>Jun-24</td><td>22</td></tr> <tr><td>Jul-24</td><td>14</td></tr> <tr><td>Aug-24</td><td>35</td></tr> <tr><td>Sep-24</td><td>22</td></tr> <tr><td>Oct-24</td><td>29</td></tr> <tr><td>Nov-24</td><td>22</td></tr> <tr><td>Dec-24</td><td>23</td></tr> <tr><td>Jan-25</td><td>23</td></tr> <tr><td>Feb-25</td><td>23</td></tr> <tr><td>Mar-25</td><td>23</td></tr> </tbody> </table> <p style="text-align: center;"> <span style="color: purple;">■</span> Number of <i>C. diff</i> cases (SBU)     <span style="color: red;">—</span> Trajectory                 </p>	Month	Number of C. diff cases (SBU)	Dec-23	21	Jan-24	22	Feb-24	20	Mar-24	22	Apr-24	20	May-24	19	Jun-24	22	Jul-24	14	Aug-24	35	Sep-24	22	Oct-24	29	Nov-24	22	Dec-24	23	Jan-25	23	Feb-25	23	Mar-25	23
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<p><b>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i></b>                      Number of laboratory confirmed <i>Klebsiella sp</i> cases</p>	<ul style="list-style-type: none"> <li>There were 12 cases of <i>Klebsiella sp</i> in December 2024, of which 8 were hospital acquired and 4 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 5 cases for December 2024.</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 style="text-align: center;"><b>Number of healthcare acquired <i>Klebsiella</i> cases</b></p> <table border="1"> <caption>Number of healthcare acquired <i>Klebsiella</i> cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>6</td></tr> <tr><td>Jan-24</td><td>11</td></tr> <tr><td>Feb-24</td><td>9</td></tr> <tr><td>Mar-24</td><td>5</td></tr> <tr><td>Apr-24</td><td>10</td></tr> <tr><td>May-24</td><td>11</td></tr> <tr><td>Jun-24</td><td>13</td></tr> <tr><td>Jul-24</td><td>8</td></tr> <tr><td>Aug-24</td><td>12</td></tr> <tr><td>Sep-24</td><td>6</td></tr> <tr><td>Oct-24</td><td>12</td></tr> <tr><td>Nov-24</td><td>6</td></tr> <tr><td>Dec-24</td><td>12</td></tr> <tr><td>Jan-25</td><td>12</td></tr> <tr><td>Feb-25</td><td>12</td></tr> <tr><td>Mar-25</td><td>12</td></tr> </tbody> </table> <p style="text-align: center;"> <span style="color: purple;">■</span> Number of <i>Klebsiella</i> cases (SBU)     <span style="color: red;">—</span> Trajectory                 </p>	Month	Number of Klebsiella cases (SBU)	Dec-23	6	Jan-24	11	Feb-24	9	Mar-24	5	Apr-24	10	May-24	11	Jun-24	13	Jul-24	8	Aug-24	12	Sep-24	6	Oct-24	12	Nov-24	6	Dec-24	12	Jan-25	12	Feb-25	12	Mar-25	12
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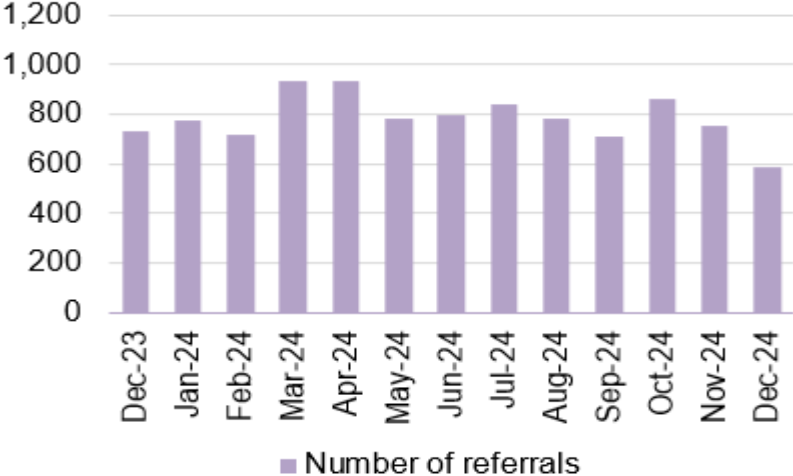
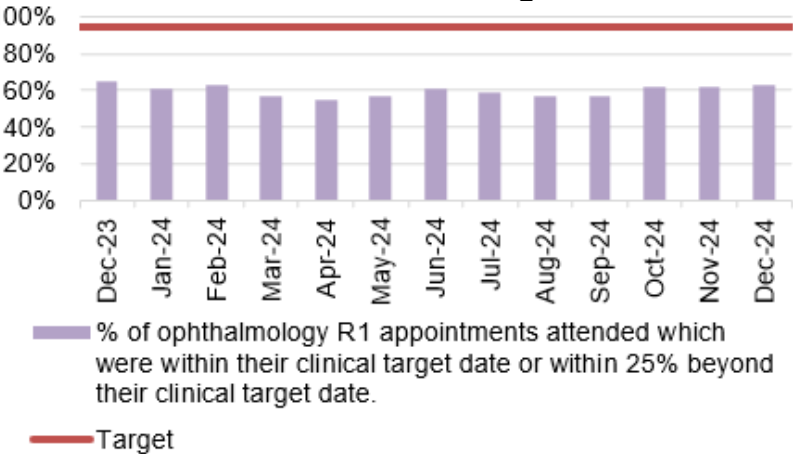
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<p><b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> <li>• There were 5 cases of <i>P.Aeruginosa</i> reported in December 2024.</li> <li>• The Health Board total is currently above the Welsh Government Profile target of 1 case for December 2024.</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" style="display: none;"> <caption>Data for Healthcare Acquired Pseudomonas Cases</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>3</td><td>2</td></tr> <tr><td>Jan-24</td><td>2</td><td>2</td></tr> <tr><td>Feb-24</td><td>0</td><td>2</td></tr> <tr><td>Mar-24</td><td>0</td><td>2</td></tr> <tr><td>Apr-24</td><td>0</td><td>2</td></tr> <tr><td>May-24</td><td>1</td><td>0</td></tr> <tr><td>Jun-24</td><td>0</td><td>2</td></tr> <tr><td>Jul-24</td><td>2</td><td>1</td></tr> <tr><td>Aug-24</td><td>3</td><td>2</td></tr> <tr><td>Sep-24</td><td>1</td><td>2</td></tr> <tr><td>Oct-24</td><td>1</td><td>2</td></tr> <tr><td>Nov-24</td><td>0</td><td>2</td></tr> <tr><td>Dec-24</td><td>5</td><td>1</td></tr> <tr><td>Jan-25</td><td>0</td><td>1</td></tr> <tr><td>Feb-25</td><td>0</td><td>2</td></tr> <tr><td>Mar-25</td><td>0</td><td>3</td></tr> </tbody> </table> <p> <span style="color: purple;">■</span> Number of Pseudomonas cases (SBU)                <span style="color: red;">—</span> Trajectory         </p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Dec-23	3	2	Jan-24	2	2	Feb-24	0	2	Mar-24	0	2	Apr-24	0	2	May-24	1	0	Jun-24	0	2	Jul-24	2	1	Aug-24	3	2	Sep-24	1	2	Oct-24	1	2	Nov-24	0	2	Dec-24	5	1	Jan-25	0	1	Feb-25	0	2	Mar-25	0	3
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PLANNED CARE		
Description	Current Performance	Actions of Improvement
<b>Referrals and shape of the waiting list</b>  <b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>  <b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>  <b>3. Outpatient activity undertaken</b> <i>Total number of patients seen each month</i>  <b>4. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as a December 2024.</i>	<p>In December 2024, there were 10,766 referrals received. This is lower than the number that was received in November 2024 (12,759). Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.</p>	<p>The number of referrals received has remained steady in recent months and is now showing a consistent pattern of demand.</p>
	<b>Trend</b>	
	<p><b>1. Number of GP referrals received by SBU Health Board</b></p>	<p><b>2. Number of stage 1 additions per week</b></p>
	<p><b>3. Outpatient activity undertaken</b></p>	<p><b>4. Total size of the waiting list (December 2024)</b></p>

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<p><b>Outpatient waiting times</b></p> <p>1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total</p> <p>2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level</p> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty</p> <p>4. Percentage of patients waiting less than 26 weeks</p>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. December 2024 saw a minor in-month increase of the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 15,280 in November 2024 to 15,988 in December 2024. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, followed by ENT and Orthopaedics. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has deteriorated slightly to 58.7%.</p>	<p>Service Group specific delivery trajectories have been developed to further support recovery and these are monitored by the Chief Operating Officer to ensure core capacity maximisation.</p>																																																																																																		
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<p><b>Patients waiting over 36 weeks for treatment</b></p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 52 weeks for treatment at Stage 1</p> <p>3. Number of elective admissions</p> <p>4. Number of patients waiting more than 104 weeks for treatment</p>	<p>In December 2024, there were 7,810 patients waiting over 36 weeks at Stage 1, which is a 3% in-month increase from November 2024. 13,906 patients were waiting over 52 weeks at all stages in December 2024. In December 2024, there were 1,145 patients waiting over 981 weeks for treatment, which is a 14% reduction from November 2024.</p>	<p>Focus is now on reducing the numbers of longest waiting patients and improving the productivity and efficiency of existing theatres to increase capacity within existing resources.</p>																																																																															
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<p><b>Ophthalmology Referrals</b>  <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In December 2024, there were 590 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in November 2024, which was 757.</p>	<p><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>Dec-23</td><td>720</td></tr> <tr><td>Jan-24</td><td>760</td></tr> <tr><td>Feb-24</td><td>710</td></tr> <tr><td>Mar-24</td><td>920</td></tr> <tr><td>Apr-24</td><td>940</td></tr> <tr><td>May-24</td><td>770</td></tr> <tr><td>Jun-24</td><td>780</td></tr> <tr><td>Jul-24</td><td>830</td></tr> <tr><td>Aug-24</td><td>770</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>590</td></tr> </tbody> </table>	Month	Number of referrals	Dec-23	720	Jan-24	760	Feb-24	710	Mar-24	920	Apr-24	940	May-24	770	Jun-24	780	Jul-24	830	Aug-24	770	Sep-24	700	Oct-24	850	Nov-24	750	Dec-24	590
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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 December 2024, 62.5% 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>Dec-23</td><td>65%</td></tr> <tr><td>Jan-24</td><td>60%</td></tr> <tr><td>Feb-24</td><td>63%</td></tr> <tr><td>Mar-24</td><td>57%</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>60%</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>55%</td></tr> <tr><td>Oct-24</td><td>61%</td></tr> <tr><td>Nov-24</td><td>61%</td></tr> <tr><td>Dec-24</td><td>62.5%</td></tr> </tbody> </table>	Month	% of appointments	Dec-23	65%	Jan-24	60%	Feb-24	63%	Mar-24	57%	Apr-24	53%	May-24	56%	Jun-24	60%	Jul-24	58%	Aug-24	56%	Sep-24	55%	Oct-24	61%	Nov-24	61%	Dec-24	62.5%
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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 December there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 3,017 in November 2024 to 2,969 in December 2024.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for December 2024:</p> <ul style="list-style-type: none"> <li>• Endoscopy= 2,317</li> <li>• Cardiac tests= 636</li> <li>• Other Diagnostics = 5</li> </ul> <p><b>Actions of Improvement;</b>                      Demand and capacity work has enabled significant improvement in access times for non-endoscopic diagnostics.</p> <p>Detailed demand and capacity model for endoscopy has been commissioned to ensure sustained improvement across all aspects of endoscopic diagnostics.</p>	<p><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>Dec-23</td><td>~500</td><td>~3,500</td><td>~500</td></tr> <tr><td>Jan-24</td><td>~500</td><td>~3,500</td><td>~400</td></tr> <tr><td>Feb-24</td><td>~500</td><td>~3,000</td><td>~400</td></tr> <tr><td>Mar-24</td><td>~500</td><td>~3,000</td><td>~400</td></tr> <tr><td>Apr-24</td><td>~500</td><td>~3,000</td><td>~400</td></tr> <tr><td>May-24</td><td>~500</td><td>~3,000</td><td>~400</td></tr> <tr><td>Jun-24</td><td>~500</td><td>~3,000</td><td>~400</td></tr> <tr><td>Jul-24</td><td>~500</td><td>~3,000</td><td>~400</td></tr> <tr><td>Aug-24</td><td>~500</td><td>~3,000</td><td>~400</td></tr> <tr><td>Sep-24</td><td>~500</td><td>~3,000</td><td>~400</td></tr> <tr><td>Oct-24</td><td>~500</td><td>~3,000</td><td>~400</td></tr> <tr><td>Nov-24</td><td>~500</td><td>~3,000</td><td>~400</td></tr> <tr><td>Dec-24</td><td>~500</td><td>~2,300</td><td>~169</td></tr> </tbody> </table> <p>Legend: ■ Other diagnostics (inc. radiology) ■ Endoscopy ■ Cardiac tests</p>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Dec-23	~500	~3,500	~500	Jan-24	~500	~3,500	~400	Feb-24	~500	~3,000	~400	Mar-24	~500	~3,000	~400	Apr-24	~500	~3,000	~400	May-24	~500	~3,000	~400	Jun-24	~500	~3,000	~400	Jul-24	~500	~3,000	~400	Aug-24	~500	~3,000	~400	Sep-24	~500	~3,000	~400	Oct-24	~500	~3,000	~400	Nov-24	~500	~3,000	~400	Dec-24	~500	~2,300	~169
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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 December 2024, there were 407 patients waiting over 14 weeks for specified Therapies, which is 110 more than seen in November 2024.</p> <ul style="list-style-type: none"> <li>- All of the breaches are currently associated with Podiatry. The service are in the process of finalising a recovery plan to manage the waiting list position.</li> </ul>	<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>Dec-23</td><td>~80</td></tr> <tr><td>Jan-24</td><td>~100</td></tr> <tr><td>Feb-24</td><td>~50</td></tr> <tr><td>Mar-24</td><td>~20</td></tr> <tr><td>Apr-24</td><td>~10</td></tr> <tr><td>May-24</td><td>~10</td></tr> <tr><td>Jun-24</td><td>~10</td></tr> <tr><td>Jul-24</td><td>~10</td></tr> <tr><td>Aug-24</td><td>~20</td></tr> <tr><td>Sep-24</td><td>~130</td></tr> <tr><td>Oct-24</td><td>~150</td></tr> <tr><td>Nov-24</td><td>~300</td></tr> <tr><td>Dec-24</td><td>~407</td></tr> </tbody> </table> <p>Legend: ■ Therapies &gt; 14 weeks (SBU HB)</p>	Month	Therapies > 14 weeks (SBU HB)	Dec-23	~80	Jan-24	~100	Feb-24	~50	Mar-24	~20	Apr-24	~10	May-24	~10	Jun-24	~10	Jul-24	~10	Aug-24	~20	Sep-24	~130	Oct-24	~150	Nov-24	~300	Dec-24	~407																												
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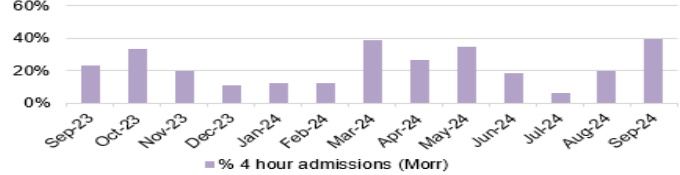
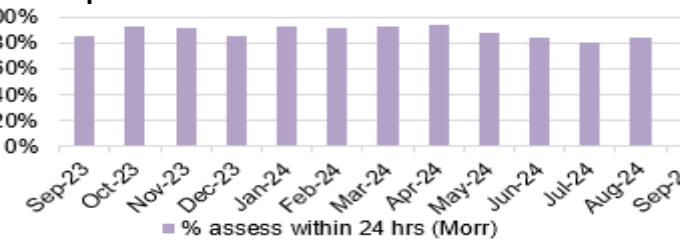
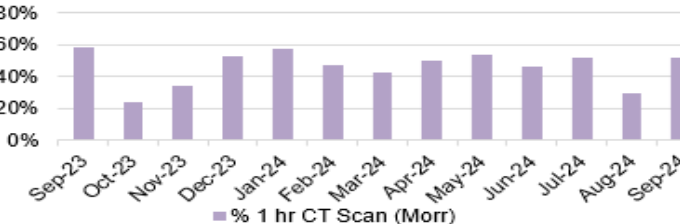
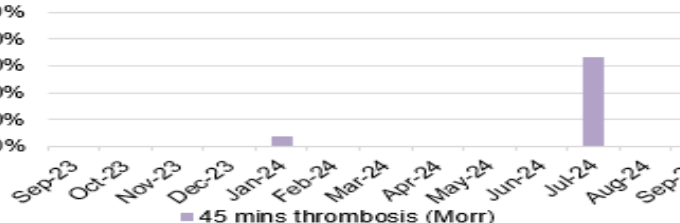
**CANCER**

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<p><b>Single Cancer Pathway backlog</b>  <i>The number of patients with an active wait status of more than 63 days</i></p>	<p>Early January 2025 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>63 - 103 days</th> <th>≥104 days</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>1</td><td>0</td></tr> <tr><td>Breast</td><td>4</td><td>0</td></tr> <tr><td>Children's cancer</td><td>0</td><td>1</td></tr> <tr><td>Gynaecological</td><td>17</td><td>10</td></tr> <tr><td>Haematological</td><td>7</td><td>6</td></tr> <tr><td>Head and neck</td><td>11</td><td>1</td></tr> <tr><td>Lower GI (Exl. BSW)</td><td>30</td><td>12</td></tr> <tr><td>BSW</td><td>9</td><td>2</td></tr> <tr><td>Lung</td><td>18</td><td>4</td></tr> <tr><td>Other</td><td>4</td><td>1</td></tr> <tr><td>Sarcoma</td><td>3</td><td>1</td></tr> <tr><td>Skin(c)</td><td>110</td><td>18</td></tr> <tr><td>Upper Gastrointestinal</td><td>12</td><td>13</td></tr> <tr><td>Urological</td><td>29</td><td>12</td></tr> <tr><td><b>Grand Total</b></td><td><b>255</b></td><td><b>81</b></td></tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	0	Brain/CNS	1	0	Breast	4	0	Children's cancer	0	1	Gynaecological	17	10	Haematological	7	6	Head and neck	11	1	Lower GI (Exl. BSW)	30	12	BSW	9	2	Lung	18	4	Other	4	1	Sarcoma	3	1	Skin(c)	110	18	Upper Gastrointestinal	12	13	Urological	29	12	<b>Grand Total</b>	<b>255</b>	<b>81</b>	<p><b>Number of patients with a wait status of more than 62 days</b></p>
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<p>Single Cancer Pathway backlog-patients waiting over 63 days</p>	<p>November 2024 saw a slight increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none"> <li>- Targeted work is underway to prioritise patients waiting &gt;104 days</li> <li>- Milestone targets for OP access (10 days) and Decision to Treat (31 days) have also been set to reduce overall pathway waits.</li> <li>- Tumour site specific plans have been developed and will be enacted through TI governance.</li> <li>- Continued focus on cellular pathology</li> </ul> <p>Note: backlog increased in May 2024 to reflect new reporting requirements for Bowel Screening Wales patients</p>	<p><b>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</b></p>																																																			

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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 December 2024 figures show total wait volumes for first outpatient appointment remain low.</p> <p>Of the total number of patients waiting within the backlog, the majority of patients are waiting for treatment , closely followed by diagnostic results.</p>	<p align="center"><b>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early January 2025</b></p> <table border="1" data-bbox="1464 312 1861 836"> <thead> <tr> <th></th> <th>First OPA</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td></tr> <tr><td>Breast</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>0</td></tr> <tr><td>Gynaecological</td><td>0</td></tr> <tr><td>Haematological</td><td>1</td></tr> <tr><td>Head and Neck</td><td>0</td></tr> <tr><td>Lower Gastrointestinal</td><td>0</td></tr> <tr><td>Lung</td><td>0</td></tr> <tr><td>Other</td><td>0</td></tr> <tr><td>Sarcoma</td><td>0</td></tr> <tr><td>Skin</td><td>0</td></tr> <tr><td>Upper Gastrointestinal</td><td>0</td></tr> <tr><td>Urological</td><td>0</td></tr> <tr><td><b>Grand Total</b></td><td><b>1</b></td></tr> </tbody> </table>		First OPA	Acute Leukaemia	0	Brain/CNS	0	Breast	0	Children's Cancer	0	Gynaecological	0	Haematological	1	Head and Neck	0	Lower Gastrointestinal	0	Lung	0	Other	0	Sarcoma	0	Skin	0	Upper Gastrointestinal	0	Urological	0	<b>Grand Total</b>	<b>1</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 December 2024.</p> <table border="1" data-bbox="546 975 1193 1374"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>Dec-24</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>35%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>81%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>47%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>88%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>90%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>90%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>100%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	Dec-24	Scheduled (14 Day Target)	80%	35%	Scheduled (21 Day Target)	100%	81%	Urgent SC (2 Day Target)	80%	47%	Urgent SC (7 Day Target)	100%	88%	Emergency (within 1 day)	80%	90%	Emergency (within 2 days)	100%	90%	Elective Delay (7 Day Target)	80%	100%	Elective Delay (14 Day Target)	100%	100%	<p align="center"><b>Radiotherapy waiting times</b></p>					
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<p><b>Follow-up appointments</b></p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In December 2024, there was a total of 150,165 patients waiting for a follow up outpatient appointment.</p> <p>There was a total of 66,629 patients waiting for a follow-up past their target date in December 2024.</p> <p>Of the 66,629 delayed follow-ups in December 2024, 13,880 had appointment dates and 52,749 were still waiting for an appointment.</p> <p>In addition, 39,141 patients were waiting 100%+ over target date in December 2024.</p> <ul style="list-style-type: none"> <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>Dec-23</td><td>160,000</td></tr> <tr><td>Jan-24</td><td>160,000</td></tr> <tr><td>Feb-24</td><td>160,000</td></tr> <tr><td>Mar-24</td><td>160,000</td></tr> <tr><td>Apr-24</td><td>165,000</td></tr> <tr><td>May-24</td><td>165,000</td></tr> <tr><td>Jun-24</td><td>170,000</td></tr> <tr><td>Jul-24</td><td>170,000</td></tr> <tr><td>Aug-24</td><td>140,000</td></tr> <tr><td>Sep-24</td><td>140,000</td></tr> <tr><td>Oct-24</td><td>145,000</td></tr> <tr><td>Nov-24</td><td>145,000</td></tr> <tr><td>Dec-24</td><td>145,000</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>Dec-23</td><td>45,000</td></tr> <tr><td>Jan-24</td><td>45,000</td></tr> <tr><td>Feb-24</td><td>45,000</td></tr> <tr><td>Mar-24</td><td>48,000</td></tr> <tr><td>Apr-24</td><td>48,000</td></tr> <tr><td>May-24</td><td>50,000</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> </tbody> </table>	Month	Number of patients	Dec-23	160,000	Jan-24	160,000	Feb-24	160,000	Mar-24	160,000	Apr-24	165,000	May-24	165,000	Jun-24	170,000	Jul-24	170,000	Aug-24	140,000	Sep-24	140,000	Oct-24	145,000	Nov-24	145,000	Dec-24	145,000	Month	Number of patients	Dec-23	45,000	Jan-24	45,000	Feb-24	45,000	Mar-24	48,000	Apr-24	48,000	May-24	50,000	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
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Description	Current Performance	Trend
Stroke Measures 1. <i>% of patients who have a direct admission to an acute stroke unit within 4 hours</i>	1. In September 2024, 39% of patients had a direct admission to an acute stroke unit within 4 hours. This is an improvement on the performance reported in August 2024.	1. <b>% of patients who have a direct admission to an acute stroke unit within 4 hours</b> 
2. <i>% of patients who received a CT Scan within 1 hour</i>	2. In September 2024, 52% of patients received a CT scan within 1 hour of being admitted, this is an improvement on the figure reported in August 2024.	2. <b>% of patients who received a CT Scan within 1 hour</b> 
3. <i>% of patients who are assessed by a stroke specialist consultant physician within 24 hours</i>	3. 89.3% of patients were assessed by a stroke specialist consultant physician within 24 hours in September 2024, which is an increase of 4.8% from August 2024.	3. <b>% of patients who are assessed by a stroke specialist consultant physician within 24 hours</b> 
4. <i>% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</i>	4. In September 2024, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes.	4. <b>% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</b> 

**ADULT MENTAL HEALTH**

Description	Current Performance	Trend
<p>Adult Mental Health Measures:</p> <p>1. <i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i></p> <p>2. <i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i></p> <p>3. <i>% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</i></p> <p>4. <i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i></p>	<p>1. In December 2024, 99% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In December 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 99%.</p> <p>3. 91% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in November 2024.</p> <p>4. In December 2024, 54.1% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p><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																																																																																																																																																																									
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In November 2024, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 77% of routine assessments were undertaken within 28 days from referral in December 2024 against a target of 80%.</p> <p>3. 94% of therapeutic interventions were started within 28 days following assessment by LPMHSS in November 2024.</p> <p>4. 27% of NDD patients received a diagnostic assessment within 26 weeks in December 2024 against a target of 80%.</p> <p>5. SCAMHS figures now included in illustration 2 and 3 combined.</p> <p><i>*All routine assessments are now under PCAMHS*</i></p>	<p><b>1. Crisis- assessment within 48 hours</b></p> <table border="1"> <caption>1. 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## **4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES**

## FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend
<p><b>Fractured Neck of Femur (#NOF)</b></p> <p>1. <i>Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</i></p> <p>2. <i>Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</i></p> <p>3. <i>NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</i></p> <p>4. <i>Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</i></p>	<p><b>1. Prompt orthogeriatric assessment-</b> In November 2024, 97.2% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p><b>2. Prompt surgery-</b> In November 2024, 33.4% of patients had surgery the day following presentation with a hip fracture. This is a 2.6% improvement from November 2023 which was 30.8%.</p> <p><b>3. NICE compliant surgery-</b> 69.6% of operations were consistent with the NICE recommendations in November 2024. This is 3.8% less than in November 2023.</p> <p><b>4. Prompt mobilisation-</b> In November 2024, 85.5% of patients were out of bed the day after surgery. This is 3.9% more than in November 2023.</p>	<div style="text-align: center;"> <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> </div>

**FRACTURED NECK OF FEMUR (#NOF)**

Description	Current Performance	Trend																																																								
<p>5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i></p>	<p><b>5. Not delirious when tested-</b> 75.3% of patients were not delirious in the week after their operation in November 2024.</p>	<p align="center"><b>5. Not delirious when tested</b></p> <table border="1"> <caption>5. Not delirious when tested (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>75.3</td><td>65</td><td>65</td></tr> <tr><td>Dec-23</td><td>75.3</td><td>65</td><td>65</td></tr> <tr><td>Jan-24</td><td>75.3</td><td>65</td><td>65</td></tr> <tr><td>Feb-24</td><td>75.3</td><td>65</td><td>65</td></tr> <tr><td>Mar-24</td><td>75.3</td><td>65</td><td>65</td></tr> <tr><td>Apr-24</td><td>75.3</td><td>65</td><td>65</td></tr> <tr><td>May-24</td><td>75.3</td><td>65</td><td>65</td></tr> <tr><td>Jun-24</td><td>75.3</td><td>65</td><td>65</td></tr> <tr><td>Jul-24</td><td>75.3</td><td>65</td><td>65</td></tr> <tr><td>Aug-24</td><td>75.3</td><td>65</td><td>65</td></tr> <tr><td>Sep-24</td><td>75.3</td><td>65</td><td>65</td></tr> <tr><td>Oct-24</td><td>75.3</td><td>65</td><td>65</td></tr> <tr><td>Nov-24</td><td>75.3</td><td>65</td><td>65</td></tr> </tbody> </table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Nov-23	75.3	65	65	Dec-23	75.3	65	65	Jan-24	75.3	65	65	Feb-24	75.3	65	65	Mar-24	75.3	65	65	Apr-24	75.3	65	65	May-24	75.3	65	65	Jun-24	75.3	65	65	Jul-24	75.3	65	65	Aug-24	75.3	65	65	Sep-24	75.3	65	65	Oct-24	75.3	65	65	Nov-24	75.3	65	65
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Nov-24	75.3	65	65																																																							
<p>6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i></p>	<p><b>6. Return to original residence-</b> 71.9% of patients in August 2024 were discharged back to their original residence. This is 1.0% less than was reported in August 2023.</p>	<p align="center"><b>6. Return to original residence</b></p> <table border="1"> <caption>6. Return to original residence (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>72.9</td><td>73</td><td>73</td></tr> <tr><td>Sep-23</td><td>72.9</td><td>73</td><td>73</td></tr> <tr><td>Oct-23</td><td>72.9</td><td>73</td><td>73</td></tr> <tr><td>Nov-23</td><td>72.9</td><td>73</td><td>73</td></tr> <tr><td>Dec-23</td><td>72.9</td><td>73</td><td>73</td></tr> <tr><td>Jan-24</td><td>72.9</td><td>73</td><td>73</td></tr> <tr><td>Feb-24</td><td>72.9</td><td>73</td><td>73</td></tr> <tr><td>Mar-24</td><td>72.9</td><td>73</td><td>73</td></tr> <tr><td>Apr-24</td><td>72.9</td><td>73</td><td>73</td></tr> <tr><td>May-24</td><td>72.9</td><td>73</td><td>73</td></tr> <tr><td>Jun-24</td><td>72.9</td><td>73</td><td>73</td></tr> <tr><td>Jul-24</td><td>72.9</td><td>73</td><td>73</td></tr> <tr><td>Aug-24</td><td>71.9</td><td>73</td><td>73</td></tr> </tbody> </table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Aug-23	72.9	73	73	Sep-23	72.9	73	73	Oct-23	72.9	73	73	Nov-23	72.9	73	73	Dec-23	72.9	73	73	Jan-24	72.9	73	73	Feb-24	72.9	73	73	Mar-24	72.9	73	73	Apr-24	72.9	73	73	May-24	72.9	73	73	Jun-24	72.9	73	73	Jul-24	72.9	73	73	Aug-24	71.9	73	73
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<p>7. <i>30 day mortality rate (Case mix Adjusted)</i></p>	<p><b>7. 30 day mortality rate-</b> In Q3 24-25 the mortality rate for Morriston 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 align="center"><b>7. 30 day mortality rate</b></p> <table border="1"> <caption>7. 30 day mortality rate (Estimated Data)</caption> <thead> <tr> <th>Quarter</th> <th>Morriston (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>6.8</td><td>7.8</td></tr> <tr><td>Q3 21-22</td><td>6.8</td><td>7.8</td></tr> <tr><td>Q4 21-22</td><td>6.5</td><td>7.5</td></tr> <tr><td>Q1 22-23</td><td>6.5</td><td>7.2</td></tr> <tr><td>Q2 22-23</td><td>6.0</td><td>7.0</td></tr> <tr><td>Q3 22-23</td><td>5.8</td><td>6.8</td></tr> <tr><td>Q4 22-23</td><td>6.0</td><td>6.5</td></tr> <tr><td>Q1 23-24</td><td>5.8</td><td>6.2</td></tr> <tr><td>Q2 23-24</td><td>6.8</td><td>6.0</td></tr> <tr><td>Q3 23-24</td><td>6.0</td><td>5.8</td></tr> <tr><td>Q4 23-24</td><td>5.0</td><td>5.5</td></tr> <tr><td>Q1 24-25</td><td>5.2</td><td>5.5</td></tr> <tr><td>Q2 24-25</td><td>5.2</td><td>5.5</td></tr> <tr><td>Q3 24-25</td><td>5.6</td><td>5.5</td></tr> </tbody> </table>	Quarter	Morriston (Casemix Adjusted) (%)	National Average (%)	Q1 21-22	7.0	8.0	Q2 21-22	6.8	7.8	Q3 21-22	6.8	7.8	Q4 21-22	6.5	7.5	Q1 22-23	6.5	7.2	Q2 22-23	6.0	7.0	Q3 22-23	5.8	6.8	Q4 22-23	6.0	6.5	Q1 23-24	5.8	6.2	Q2 23-24	6.8	6.0	Q3 23-24	6.0	5.8	Q4 23-24	5.0	5.5	Q1 24-25	5.2	5.5	Q2 24-25	5.2	5.5	Q3 24-25	5.6	5.5								
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PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
<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 admission</p>	<p>1. In November 2024 there were 111 cases of healthcare acquired pressure ulcers, 38 of which were community acquired and 73 were hospital acquired.</p> <p>There were 11 grade 3+ pressure ulcers in November 2024, 7 of which were community acquired and 4 were hospital acquired.</p> <p>2. The rate per 100,000 admissions was 1189 in November 2024.</p>	<p><b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b></p> <table border="1"> <caption>Pressure Ulcers and Rate Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Community PU</th> <th>Hospital PU</th> <th>Rate per 100,000 admissions</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>70</td><td>40</td><td>1100</td></tr> <tr><td>Dec-23</td><td>60</td><td>40</td><td>900</td></tr> <tr><td>Jan-24</td><td>80</td><td>50</td><td>1300</td></tr> <tr><td>Feb-24</td><td>60</td><td>30</td><td>1000</td></tr> <tr><td>Mar-24</td><td>-</td><td>-</td><td>-</td></tr> <tr><td>Apr-24</td><td>40</td><td>40</td><td>700</td></tr> <tr><td>May-24</td><td>60</td><td>40</td><td>1000</td></tr> <tr><td>Jun-24</td><td>50</td><td>50</td><td>1000</td></tr> <tr><td>Jul-24</td><td>40</td><td>40</td><td>600</td></tr> <tr><td>Aug-24</td><td>50</td><td>40</td><td>800</td></tr> <tr><td>Sep-24</td><td>40</td><td>40</td><td>700</td></tr> <tr><td>Oct-24</td><td>60</td><td>40</td><td>1000</td></tr> <tr><td>Nov-24</td><td>70</td><td>40</td><td>1189</td></tr> </tbody> </table> <p>*March 24 data not available</p>	Month	Community PU	Hospital PU	Rate per 100,000 admissions	Nov-23	70	40	1100	Dec-23	60	40	900	Jan-24	80	50	1300	Feb-24	60	30	1000	Mar-24	-	-	-	Apr-24	40	40	700	May-24	60	40	1000	Jun-24	50	50	1000	Jul-24	40	40	600	Aug-24	50	40	800	Sep-24	40	40	700	Oct-24	60	40	1000	Nov-24	70	40	1189
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INPATIENT FALLS																																																										
Description	Current Performance	Trend																																																								
<p><b>Inpatient Falls</b> The total number of inpatient falls</p>	<ul style="list-style-type: none"> <li>The number of Falls reported via Datix web for Swansea Bay UHB was 174 in December 2024. This is 7.4% less than November 2024 where 188 falls were recorded.</li> </ul>	<p><b>Number of inpatient Falls</b></p> <table border="1"> <caption>Inpatient Falls Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Hospital Falls</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>160</td></tr> <tr><td>Jan-24</td><td>190</td></tr> <tr><td>Feb-24</td><td>200</td></tr> <tr><td>Mar-24</td><td>200</td></tr> <tr><td>Apr-24</td><td>150</td></tr> <tr><td>May-24</td><td>160</td></tr> <tr><td>Jun-24</td><td>160</td></tr> <tr><td>Jul-24</td><td>180</td></tr> <tr><td>Aug-24</td><td>175</td></tr> <tr><td>Sep-24</td><td>165</td></tr> <tr><td>Oct-24</td><td>200</td></tr> <tr><td>Nov-24</td><td>190</td></tr> <tr><td>Dec-24</td><td>174</td></tr> </tbody> </table>	Month	Hospital Falls	Dec-23	160	Jan-24	190	Feb-24	200	Mar-24	200	Apr-24	150	May-24	160	Jun-24	160	Jul-24	180	Aug-24	175	Sep-24	165	Oct-24	200	Nov-24	190	Dec-24	174																												
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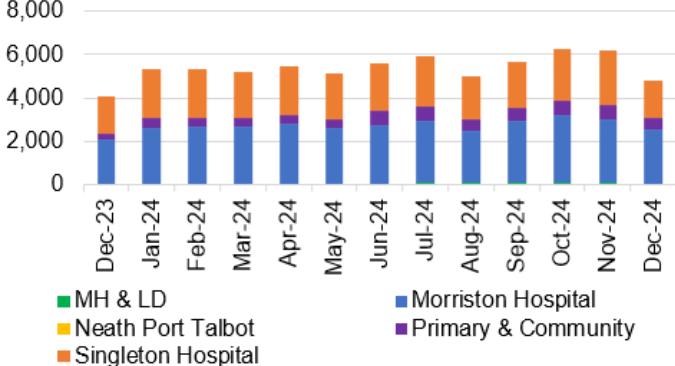
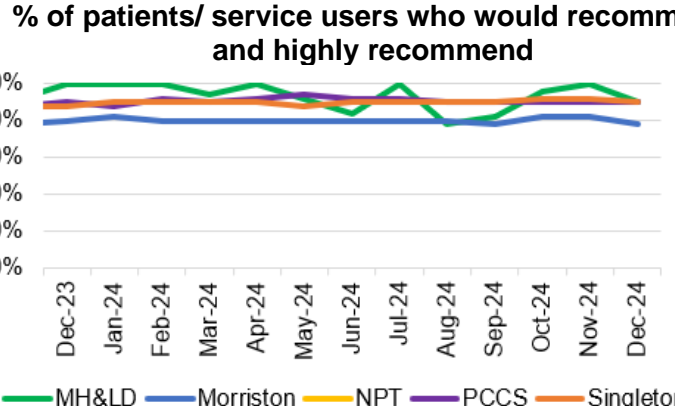
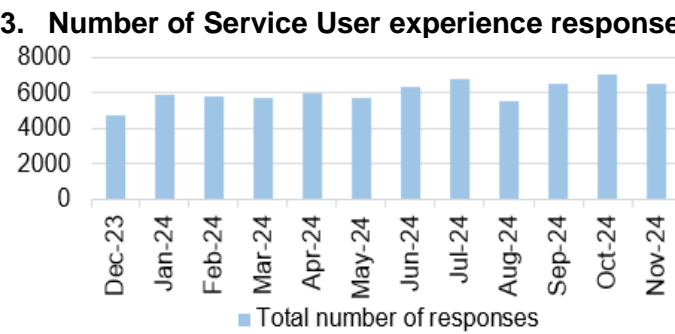
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<p><b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i></p>	<p>The latest data shows that in December 2024, the percentage of completed discharge summaries was 75%.</p> <p>In December 2024, compliance ranged from 81% in Morriston Hospital to 65% in Neath Port Talbot Hospital.</p>	<p><b>% discharge summaries approved and sent</b></p> <table border="1"> <caption>% of completed discharge summaries</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>70%</td></tr> <tr><td>Jan-24</td><td>68%</td></tr> <tr><td>Feb-24</td><td>72%</td></tr> <tr><td>Mar-24</td><td>69%</td></tr> <tr><td>Apr-24</td><td>75%</td></tr> <tr><td>May-24</td><td>75%</td></tr> <tr><td>Jun-24</td><td>75%</td></tr> <tr><td>Jul-24</td><td>75%</td></tr> <tr><td>Aug-24</td><td>78%</td></tr> <tr><td>Sep-24</td><td>78%</td></tr> <tr><td>Oct-24</td><td>75%</td></tr> <tr><td>Nov-24</td><td>75%</td></tr> <tr><td>Dec-24</td><td>75%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	Dec-23	70%	Jan-24	68%	Feb-24	72%	Mar-24	69%	Apr-24	75%	May-24	75%	Jun-24	75%	Jul-24	75%	Aug-24	78%	Sep-24	78%	Oct-24	75%	Nov-24	75%	Dec-24	75%																																										
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<p><b>Crude Mortality Rate</b></p>	<p>November 2024 reports the crude mortality rate for the Health Board at 0.67%, which is 0.02% higher than the figure reported in October 2024.</p> <p>A breakdown by Hospital for November 2024:</p> <ul style="list-style-type: none"> <li>• Morriston – 1.19%</li> <li>• Singleton – 0.19%</li> <li>• NPT – 0.08%</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>Nov-23</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Dec-23</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Jan-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Feb-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Mar-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Apr-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>May-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Jun-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Jul-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Aug-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Sep-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Oct-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> <tr><td>Nov-24</td><td>1.19%</td><td>0.19%</td><td>0.08%</td><td>0.67%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Nov-23	1.19%	0.19%	0.08%	0.67%	Dec-23	1.19%	0.19%	0.08%	0.67%	Jan-24	1.19%	0.19%	0.08%	0.67%	Feb-24	1.19%	0.19%	0.08%	0.67%	Mar-24	1.19%	0.19%	0.08%	0.67%	Apr-24	1.19%	0.19%	0.08%	0.67%	May-24	1.19%	0.19%	0.08%	0.67%	Jun-24	1.19%	0.19%	0.08%	0.67%	Jul-24	1.19%	0.19%	0.08%	0.67%	Aug-24	1.19%	0.19%	0.08%	0.67%	Sep-24	1.19%	0.19%	0.08%	0.67%	Oct-24	1.19%	0.19%	0.08%	0.67%	Nov-24	1.19%	0.19%	0.08%	0.67%
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WORKFORCE																				
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<b>Staff sickness rates-</b> <i>Percentage of sickness absence rate of staff</i>	<p>Our in-month sickness performance increased slightly to 7.73% in December 2024.</p> <p>The 12-month rolling performance figure reported in December 2024 was 7.06%, which was 0.18% lower than the figure reported in November 2024.</p> <p>The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in December 2024.</p> <table border="1"> <thead> <tr> <th>Absence Reason</th> <th>FTE Days Lost</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Anxiety/Stress/Depression/Other psychiatric illnesses</td> <td>12,348</td> <td>33.9%</td> </tr> <tr> <td>Cold, Cough, Flu – Influenza</td> <td>5,287</td> <td>14.5%</td> </tr> <tr> <td>Other musculoskeletal problems</td> <td>3,005</td> <td>8.2%</td> </tr> <tr> <td>Gastrointestinal problems</td> <td>2,619</td> <td>7.2%</td> </tr> <tr> <td>Other known causes - not elsewhere classified</td> <td>1,672</td> <td>4.6%</td> </tr> </tbody> </table>	Absence Reason	FTE Days Lost	%	Anxiety/Stress/Depression/Other psychiatric illnesses	12,348	33.9%	Cold, Cough, Flu – Influenza	5,287	14.5%	Other musculoskeletal problems	3,005	8.2%	Gastrointestinal problems	2,619	7.2%	Other known causes - not elsewhere classified	1,672	4.6%	<p><b>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)</b></p> <p>Legend: — % sickness rate (12 month rolling)    ◆ % sickness rate (in-month)</p>
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<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 December 2024 the Theatre Utilisation rate was 49%. This is 6% lower than the figure reported in November 2024 and is 3% lower than the figure reported in December 2023 (52%).</p> <p>39% of theatre sessions started late in December 2024. This is 2% lower than the figure reported in November 2024.</p> <p>In December 2024, 30% of theatre sessions finished early. This is lower than the figure seen in November 2024 and 2% lower than those seen in December 2023.</p> <p>13% of theatre sessions were cancelled at short notice in December 2024. This is 2% higher than the figures reported in November 2024.</p> <p>Of the operations cancelled in December 2024, 36% of them were cancelled on the day.</p>	<p style="text-align: center;"><b>1. Theatre Utilisation Rate</b></p> <table border="1"> <caption>1. Theatre Utilisation Rate (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Dec-23</td><td>52</td></tr> <tr><td>Jan-24</td><td>48</td></tr> <tr><td>Feb-24</td><td>52</td></tr> <tr><td>Mar-24</td><td>48</td></tr> <tr><td>Apr-24</td><td>55</td></tr> <tr><td>May-24</td><td>52</td></tr> <tr><td>Jun-24</td><td>52</td></tr> <tr><td>Jul-24</td><td>55</td></tr> <tr><td>Aug-24</td><td>52</td></tr> <tr><td>Sep-24</td><td>55</td></tr> <tr><td>Oct-24</td><td>55</td></tr> <tr><td>Nov-24</td><td>55</td></tr> <tr><td>Dec-24</td><td>49</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. 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**PATIENT EXPERIENCE**

Description	Current Performance	Trend
<p><b>Patient experience</b></p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p> <p>3. Number of Service User feedback experience responses completed and recorded on CIVICA</p>	<p>Health Board Friends &amp; Family patient satisfaction level in December 2024 was 92% and 4,747 surveys were completed.</p> <ul style="list-style-type: none"> <li>➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 1,725 surveys in December 2024, with a recommended score of 95%.</li> <li>➢ Morriston Hospital completed 2,461 surveys in December 2024, with a recommended score of 89%.</li> <li>➢ Primary &amp; Community Care completed 561 surveys for December 2024, with a recommended score of 95%.</li> <li>➢ The Mental Health Service Group completed 82 surveys for December 2024, with a recommended score of 95%.</li> </ul> <p>There were 6,876 feedback experience responses completed and recorded on CIVICA in December 2024. This is 385 more than the figure reported in November 2024. Of the responses recorded, 4,182 were targeted and 2,694 were passive.</p>	<p><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 Service User experience responses</b></p> 

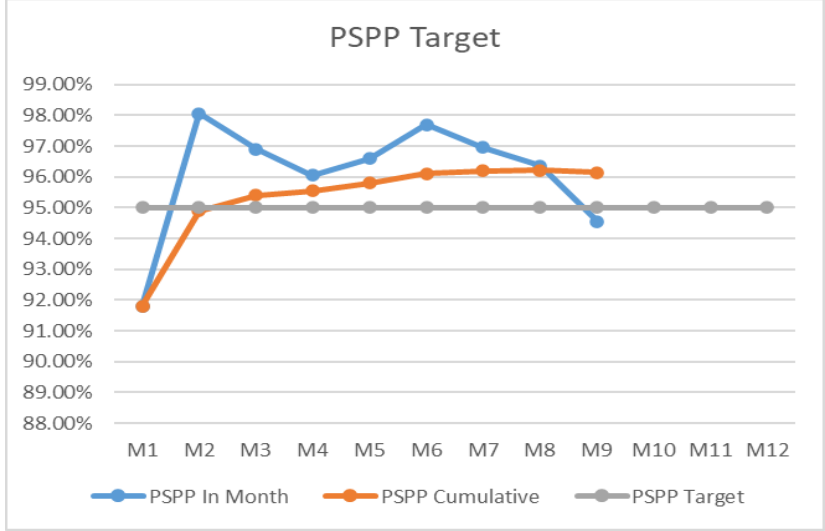


## FINANCE UPDATES

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

Description	Current Performance	Trend																																																																	
<p><b>Revenue Financial Position –</b> expenditure incurred against revenue resource limit</p>	<ul style="list-style-type: none"> <li>On the 2<sup>nd</sup> December the Health Board were notified that WG will issue £6.4m of funding to reduce our planned deficit to <b>£43.7m</b>, noting that the control total for 2025/26 set by Welsh Government remains <b>£17.1m</b>.</li> <li>In Month 9 there is an in-month overspend of <b>£1.5m</b>.</li> <li>YTD at Month 9 is an overspend of <b>£47.5m</b>. This is in excess of the <b>£43.7m</b> 2024/25 revised plan.</li> <li>Overall, the Health Board YTD position is <b>£14.7m</b> off the delivery of the revised plan deficit figure of <b>£43.7m</b>.</li> <li>In the graph opposite the orange bars illustrate the potential financial change required to be able to deliver the revised plan deficit of £43.7m.</li> <li>The yellow line depicts the level required if the HB were to achieve the £17.1m 2025/26 control total.</li> <li>To hit the £43.7m revised Plan the HB needs to underspend in Q4 by a total of £3.8m</li> </ul>	<p>Financial Performance 2024/25</p> <table border="1"> <caption>Estimated Data from Financial Performance 2024/25 Chart</caption> <thead> <tr> <th>Month</th> <th>Health Board Position</th> <th>Required to Hit revised Plan £43.7m</th> <th>WG Target Profile £17.1m</th> <th>Revised Plan £43.7m</th> </tr> </thead> <tbody> <tr><td>M1</td><td>9,500</td><td></td><td>1,500</td><td>4,200</td></tr> <tr><td>M2</td><td>8,800</td><td></td><td>1,500</td><td>4,200</td></tr> <tr><td>M3</td><td>7,500</td><td></td><td>1,500</td><td>4,200</td></tr> <tr><td>M4</td><td>7,100</td><td></td><td>1,500</td><td>4,200</td></tr> <tr><td>M5</td><td>6,800</td><td></td><td>1,500</td><td>4,200</td></tr> <tr><td>M6</td><td>5,000</td><td></td><td>1,500</td><td>4,200</td></tr> <tr><td>M7</td><td>3,000</td><td></td><td>1,500</td><td>4,200</td></tr> <tr><td>M8</td><td>(1,500)</td><td></td><td>1,500</td><td>0</td></tr> <tr><td>M9</td><td>1,500</td><td></td><td>1,500</td><td>3,800</td></tr> <tr><td>M10</td><td></td><td>(1,000)</td><td>1,500</td><td>3,800</td></tr> <tr><td>M11</td><td></td><td>(1,000)</td><td>1,500</td><td>3,800</td></tr> <tr><td>M12</td><td></td><td>(1,000)</td><td>1,500</td><td>3,800</td></tr> </tbody> </table>	Month	Health Board Position	Required to Hit revised Plan £43.7m	WG Target Profile £17.1m	Revised Plan £43.7m	M1	9,500		1,500	4,200	M2	8,800		1,500	4,200	M3	7,500		1,500	4,200	M4	7,100		1,500	4,200	M5	6,800		1,500	4,200	M6	5,000		1,500	4,200	M7	3,000		1,500	4,200	M8	(1,500)		1,500	0	M9	1,500		1,500	3,800	M10		(1,000)	1,500	3,800	M11		(1,000)	1,500	3,800	M12		(1,000)	1,500	3,800
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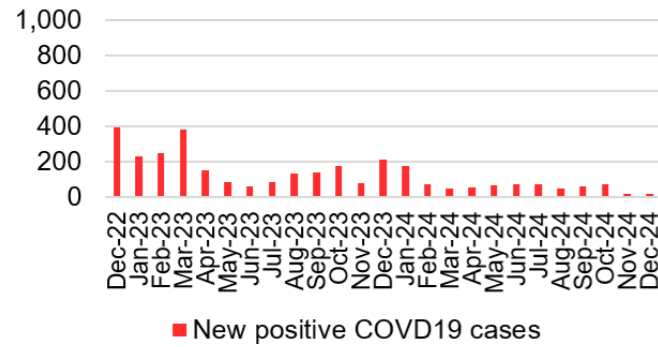
Description	Current Performance	Trend
<b>Capital Financial Position – expenditure incurred against capital resource limit</b>	<ul style="list-style-type: none"> <li>The balanced forecast outturn capital position for 2024/25 assumes income from disposals of £0.650m.</li> <li>Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government.</li> </ul>	<p style="text-align: center;"><b>Capital - Cumulative Performance to Plan</b></p> <p style="text-align: center;">— Forecast    — Actual/Revised Forecast</p>
<b>Description</b>	<b>Current Performance</b>	<b>Trend</b>
<b>Workforce Spend – workforce expenditure profile</b>	<ul style="list-style-type: none"> <li>The pay budgets are overspent by £1,210k in December.</li> <li>Variable pay has decreased in December by circa. £859k. Broken down as follows; Agency Medical was overspent by £189k, Agency Non-Medical £95k and Irregular Sessions £10k, offset by an underspend in Bank £860k, Overtime £191k and WLI £102k.</li> <li>Work is required to bring spend down in line with the current year budget.</li> </ul>	<p style="text-align: center;"><b>Variable Pay Expenditure</b></p> <p style="text-align: right;"> <span style="color: orange;">■</span> Irregular Sessions  <span style="color: green;">■</span> WLI  <span style="color: yellow;">■</span> Agency - Medical  <span style="color: lightblue;">■</span> Agency - Non Medical  <span style="color: purple;">■</span> Overtime  <span style="color: darkblue;">■</span> Bank  <span style="color: green;">⋯</span> Last Year Expenditure </p>

Description	Current Performance	Trend																																																				
<p><b>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</b></p>	<ul style="list-style-type: none"> <li>The cumulative PSPP compliance has declined this month but is still above target at 96.14%. In December compliance was below target at 94.55% (November – 96.36%).</li> <li>PSPP was not achieved this month, with delays in Receipting and Authorising.</li> </ul>	<p><b>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</b></p>  <table border="1"> <caption>PSPP Target Data</caption> <thead> <tr> <th>Month</th> <th>PSPP In Month (%)</th> <th>PSPP Cumulative (%)</th> <th>PSPP Target (%)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>91.8</td><td>91.8</td><td>95.0</td></tr> <tr><td>M2</td><td>98.0</td><td>95.0</td><td>95.0</td></tr> <tr><td>M3</td><td>97.0</td><td>95.5</td><td>95.0</td></tr> <tr><td>M4</td><td>96.0</td><td>95.8</td><td>95.0</td></tr> <tr><td>M5</td><td>97.0</td><td>96.0</td><td>95.0</td></tr> <tr><td>M6</td><td>97.8</td><td>96.2</td><td>95.0</td></tr> <tr><td>M7</td><td>97.0</td><td>96.3</td><td>95.0</td></tr> <tr><td>M8</td><td>96.5</td><td>96.4</td><td>95.0</td></tr> <tr><td>M9</td><td>94.5</td><td>96.1</td><td>95.0</td></tr> <tr><td>M10</td><td>-</td><td>-</td><td>95.0</td></tr> <tr><td>M11</td><td>-</td><td>-</td><td>95.0</td></tr> <tr><td>M12</td><td>-</td><td>-</td><td>95.0</td></tr> </tbody> </table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	91.8	91.8	95.0	M2	98.0	95.0	95.0	M3	97.0	95.5	95.0	M4	96.0	95.8	95.0	M5	97.0	96.0	95.0	M6	97.8	96.2	95.0	M7	97.0	96.3	95.0	M8	96.5	96.4	95.0	M9	94.5	96.1	95.0	M10	-	-	95.0	M11	-	-	95.0	M12	-	-	95.0
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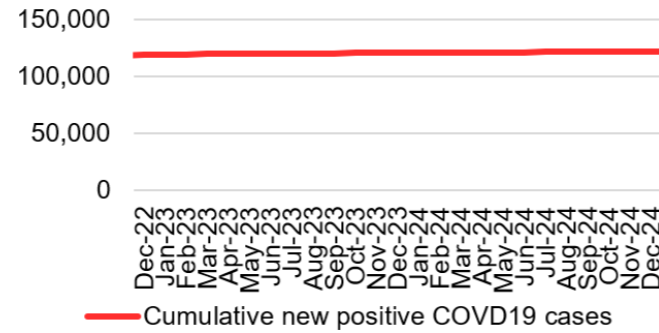
## **5. TABLE OF ALL MEASURES**

# HARM FROM COVID ITSELF

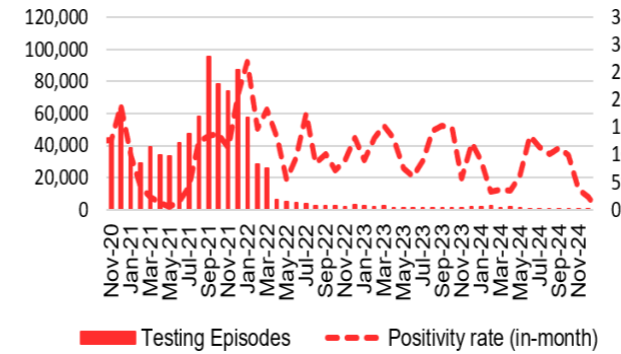
**Chart 1: Number of new COVID19 cases**



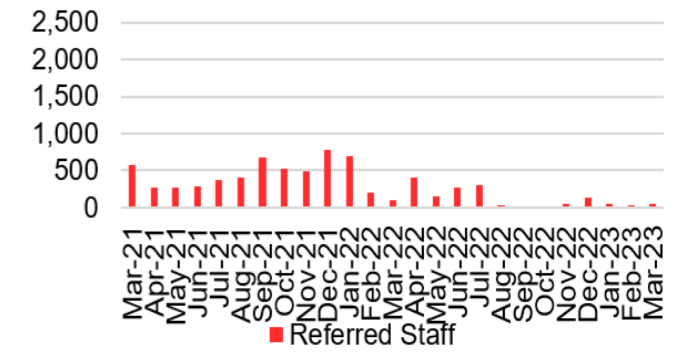
**Chart 2: Number of new COVID19 cases (cumulative)**



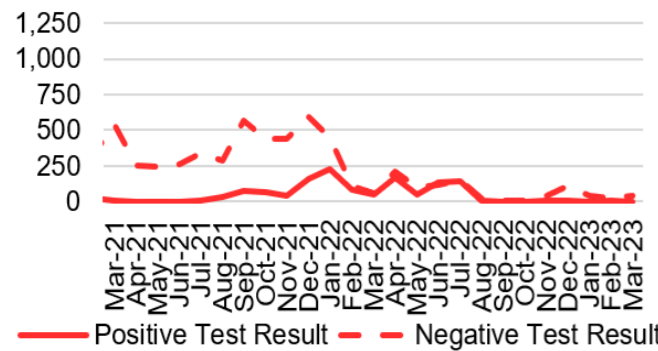
**Chart 3: Number of COVID19 tests completed and positivity rate**



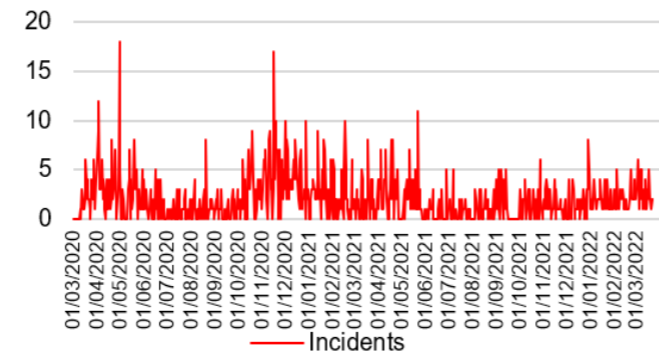
**Chart 4: Number of staff referred for Antigen testing**



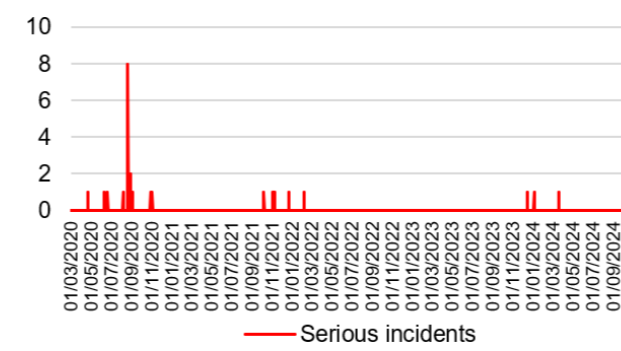
**Chart 5: Outcome of staff COVID19/ antigen tests**



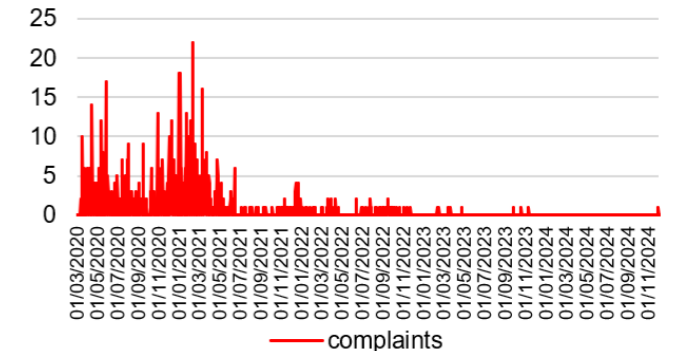
**Chart 6: Number of COVID19 related incidents**



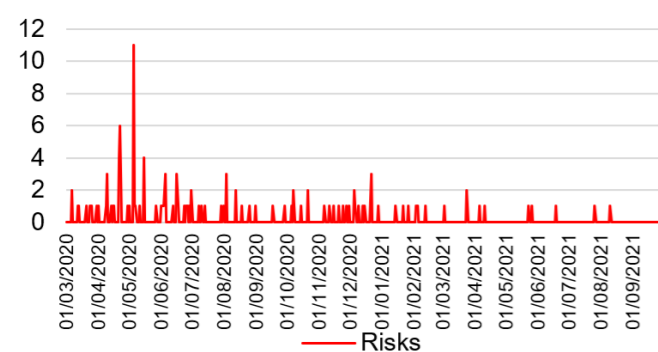
**Chart 7: Number of COVID19 related serious incidents**



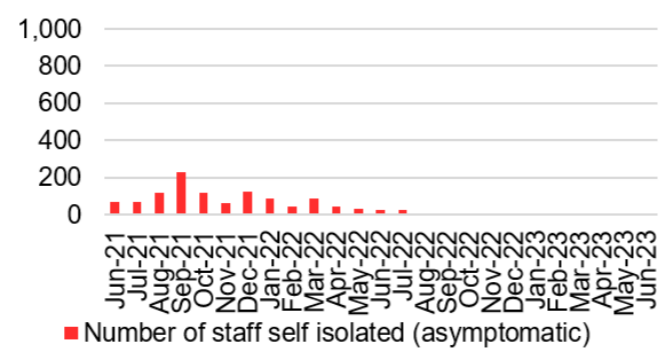
**Chart 8: Number of COVID19 related complaints**



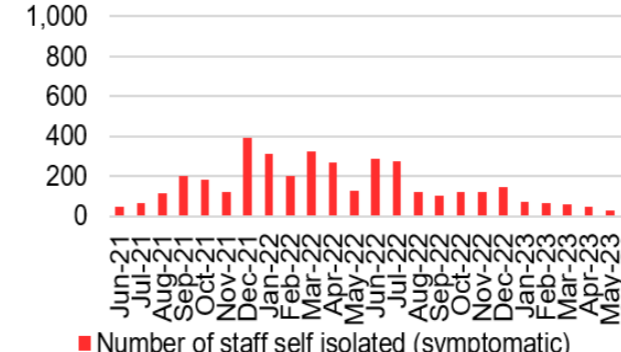
**Chart 9: Number of COVID19 related risks**



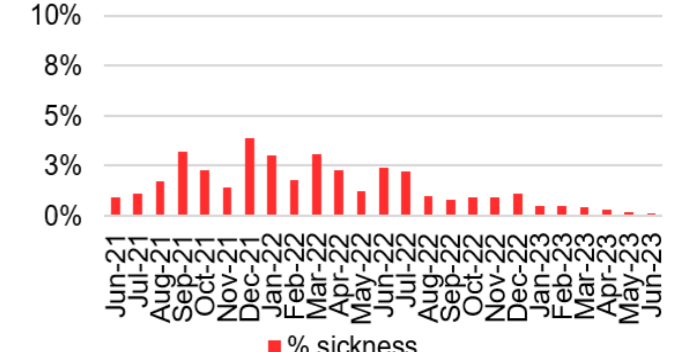
**Chart 10: Number of staff self-isolating (asymptomatic)**



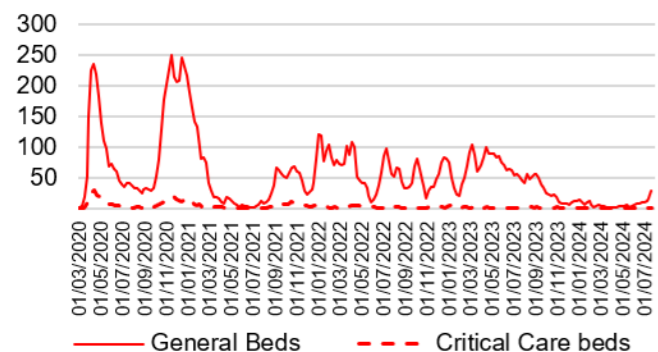
**Chart 11: Number of staff self isolating (symptomatic)**



**Chart 12: % staff sickness**



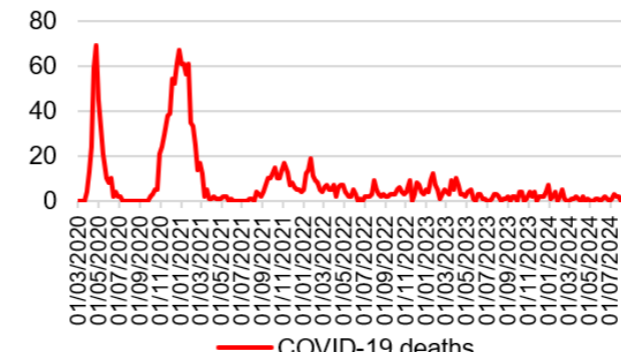
**Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases**



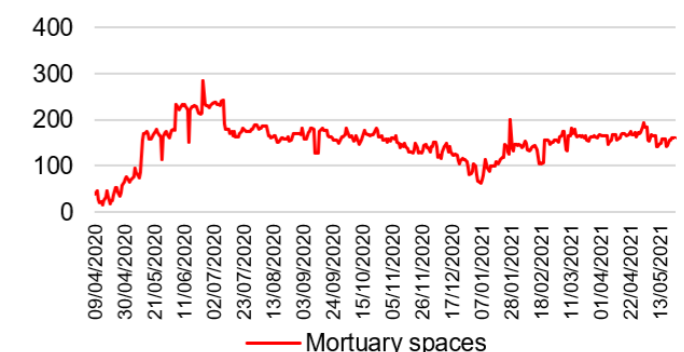
**Chart 14: Number of hospital deaths with any mention of COVID19**



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



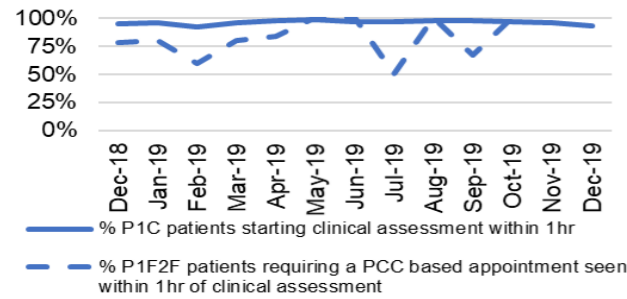
**Chart 16: Number of mortuary spaces**



# HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

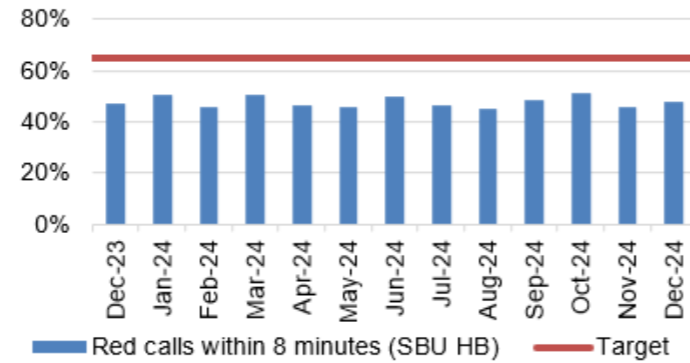
## Unscheduled Care- Overview

**Chart 1: GP Out of Hours/ 111**

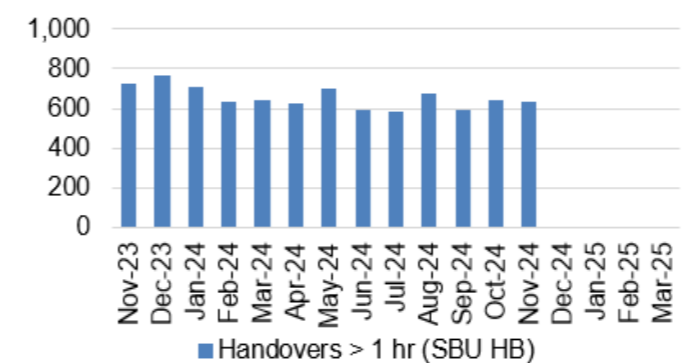


Service continues to experience issues with data reporting. It is anticipated that up to date accurate data will be available shortly.

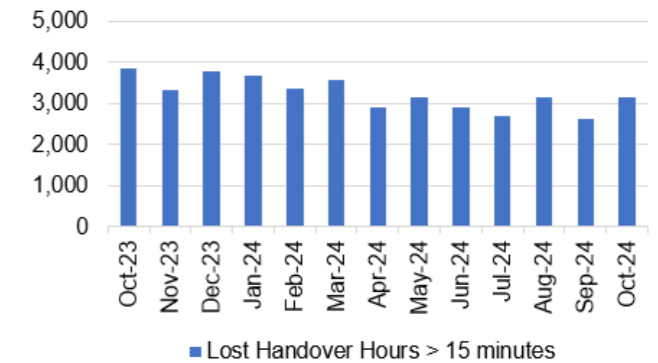
**Chart 2: % red calls responded to within 8 minutes**



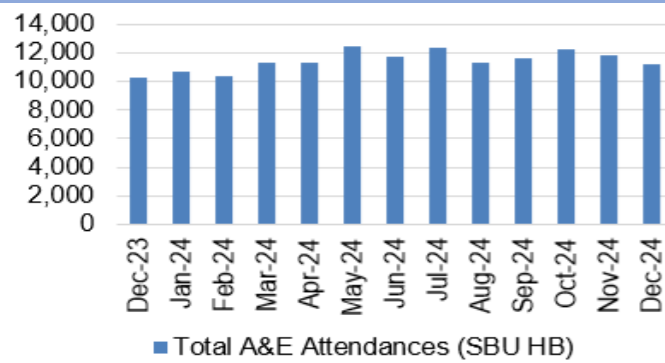
**Chart 3: Number of ambulance handovers over 1 hour**



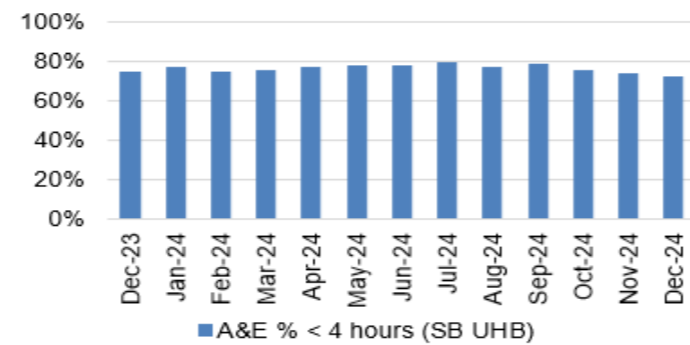
**Chart 4: Lost hours- notification to ambulance handover over 15 minutes**



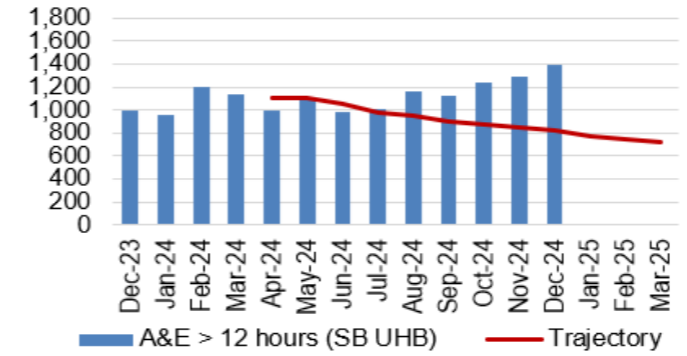
**Chart 5: A&E Attendances**



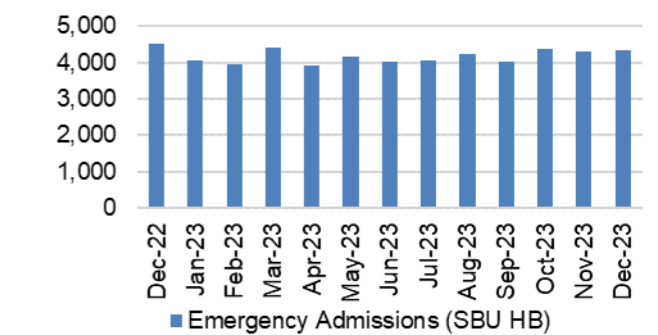
**Chart 6: % patients who spend less than 4 hours in A&E**



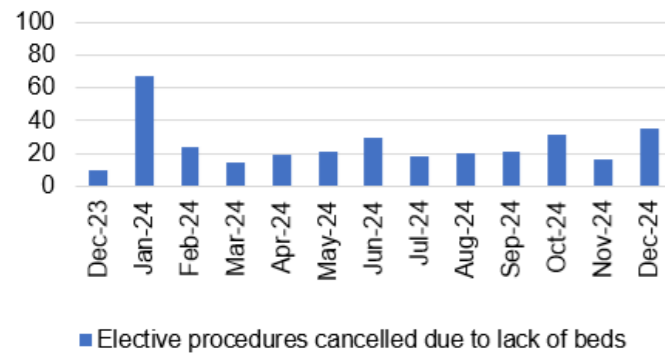
**Chart 7: Number of patients waiting over 12 hours in A&E**



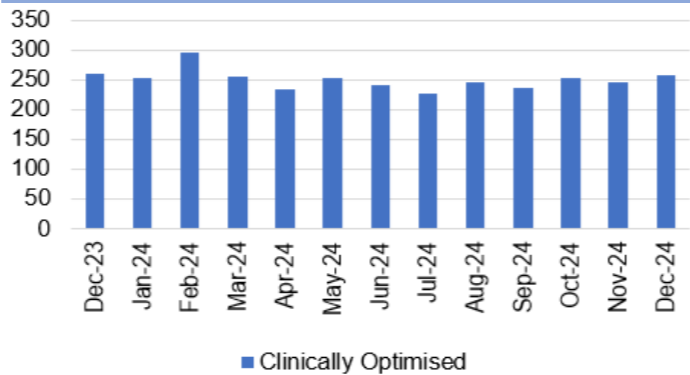
**Chart 8: Number of emergency admissions**



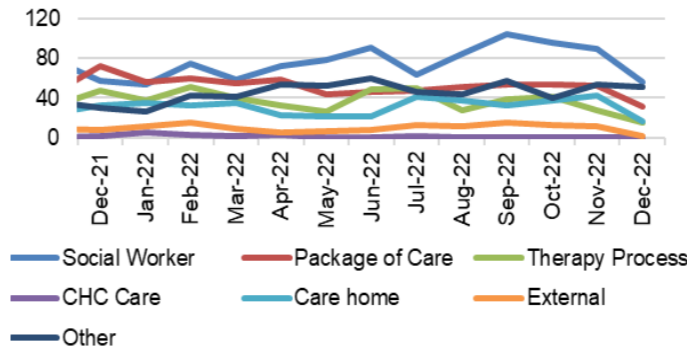
**Chart 9: Elective procedures cancelled due to lack of beds**



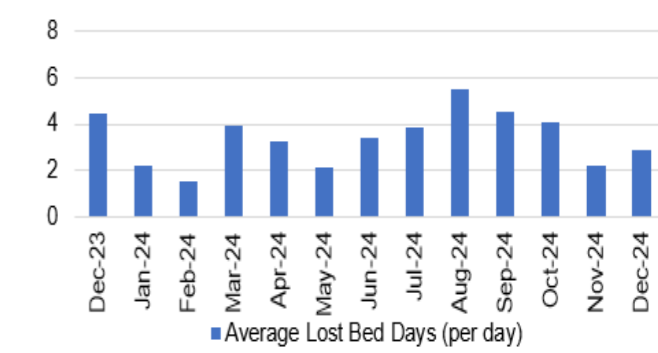
**Chart 10: Number of clinically optimised patients**



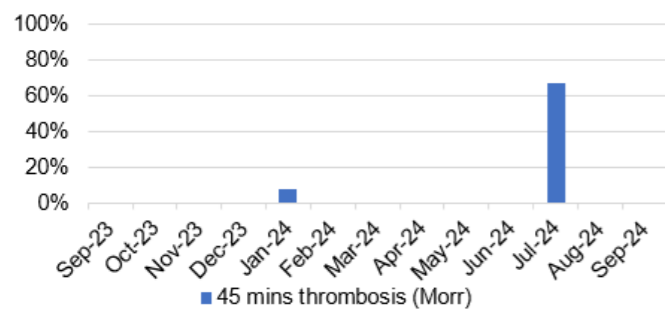
**Chart 11: Delay reason for clinically optimised patients**



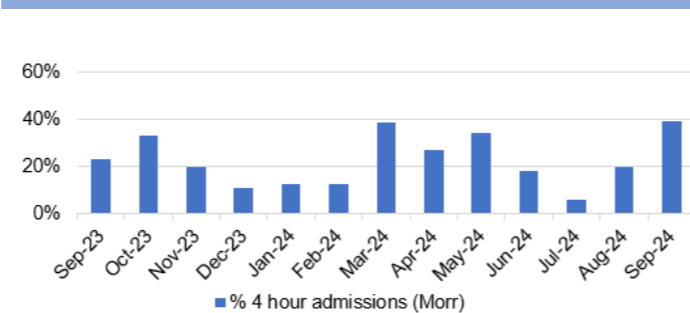
**Chart 12: Average lost bed days (per day)**



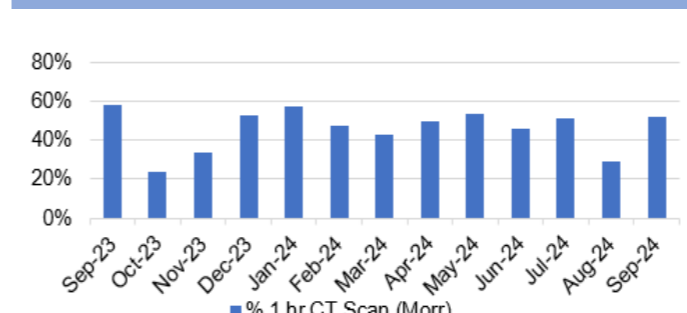
**Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes**



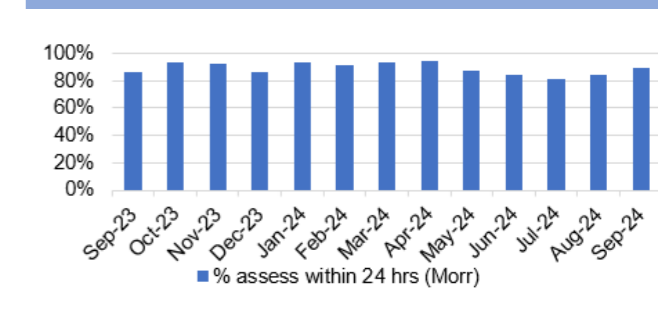
**Chart 14: Direct admission to Acute Stroke Unit within 4 hours**



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



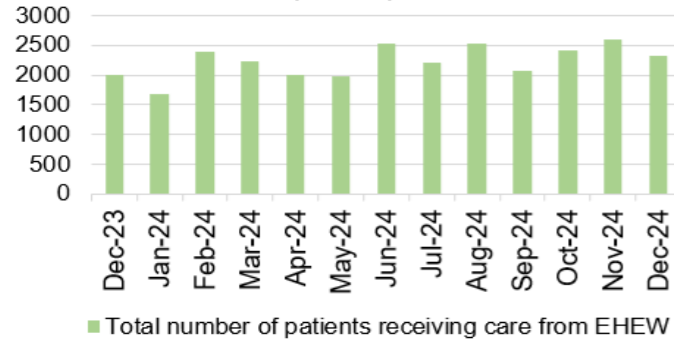
**Chart 16: % stroke patients receiving consultant assessment within 24 hours**



# HARM FROM REDUCTION IN NON-COVID ACTIVITY

## Primary and Community Care Overview

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



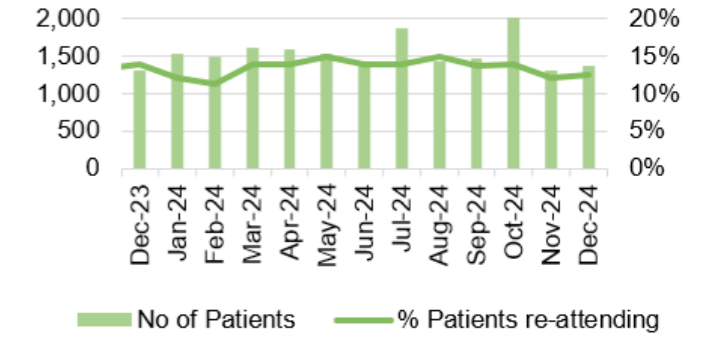
**Chart 2: GMS - Escalation Levels**



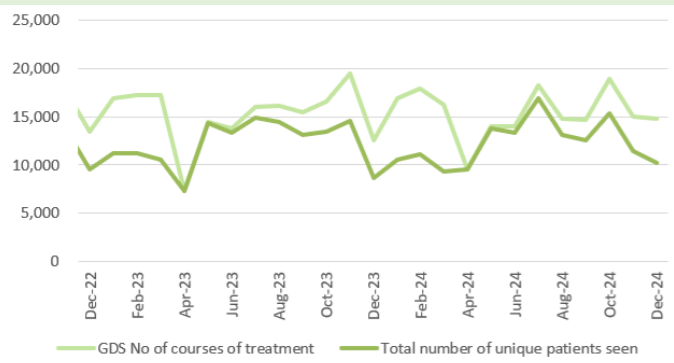
**Chart 3: GMS - Sustainability**



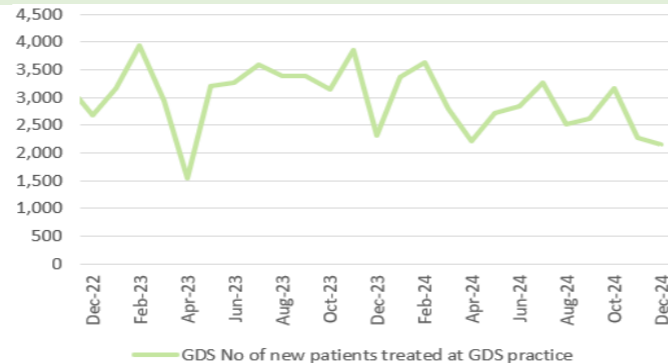
**Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months**



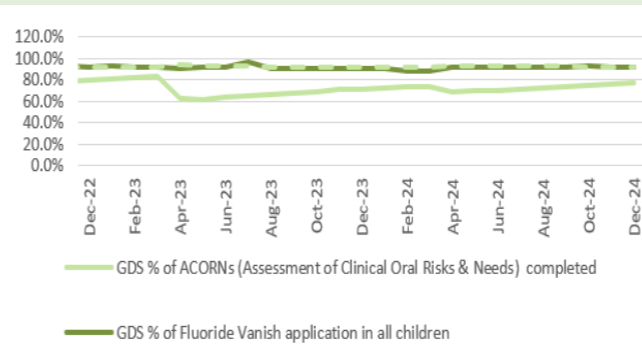
**Chart 5: General Dental Services - Activity**



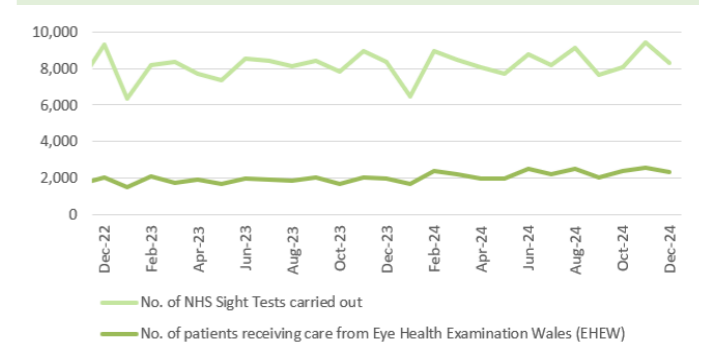
**Chart 6: General Dental Services - New Patients**



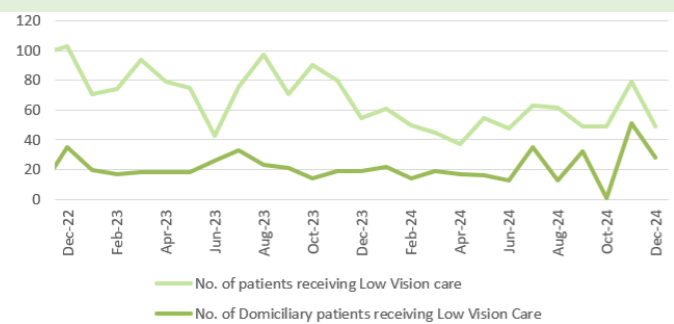
**Chart 7: General Dental Services - ACORNs/FV**



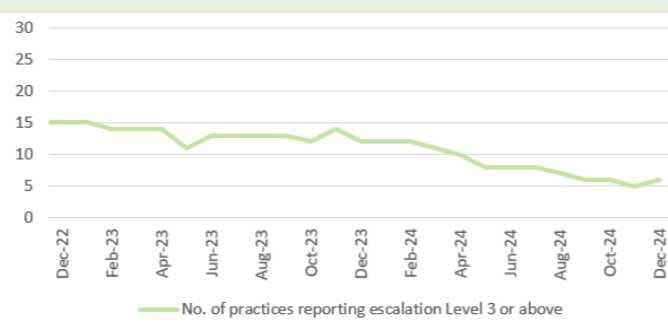
**Chart 8: Optometry Activity – sight tests**



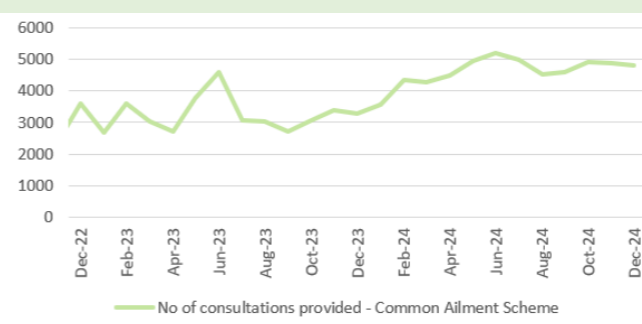
**Chart 9: Optometry Activity – low vision care**



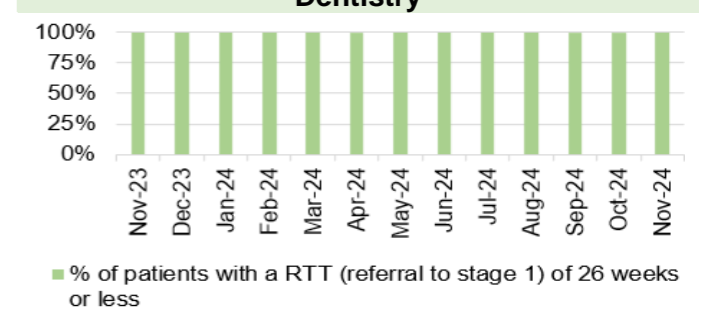
**Chart 10: Community Pharmacy – Escalation levels**



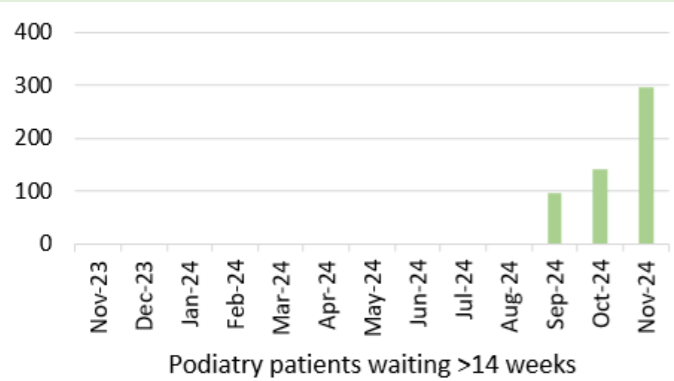
**Chart 11: Common Ailment Scheme – No. consultations provided**



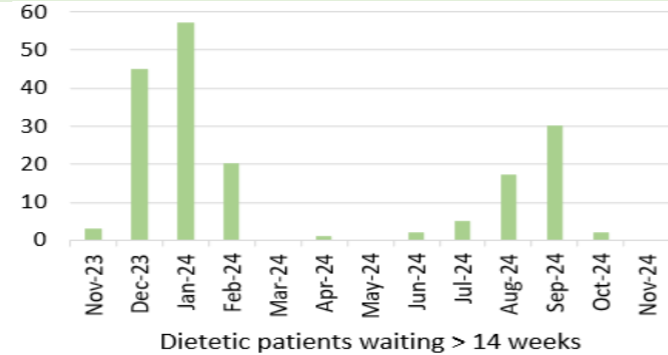
**Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



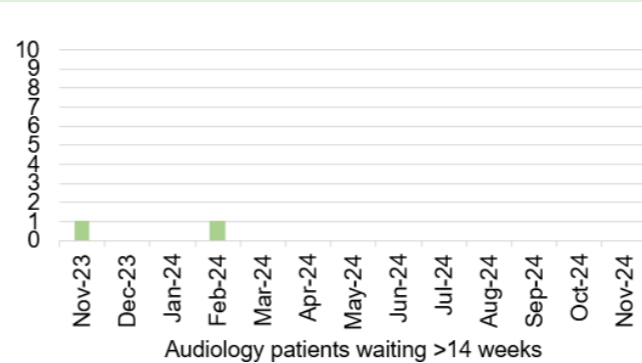
**Chart 13: Podiatry - Total number of patients waiting > 14 weeks**



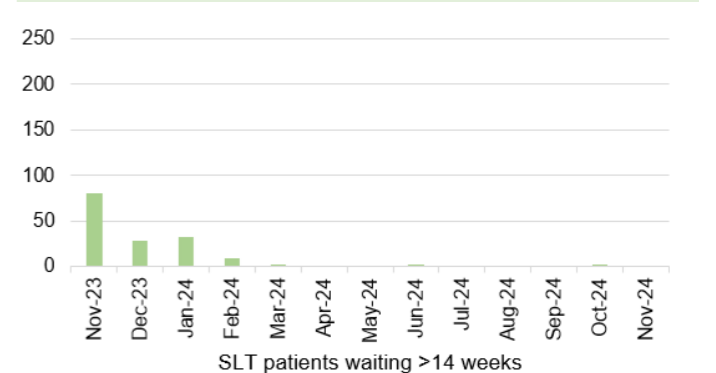
**Chart 14: Dietetics - Total number of patients waiting > 14 weeks**



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

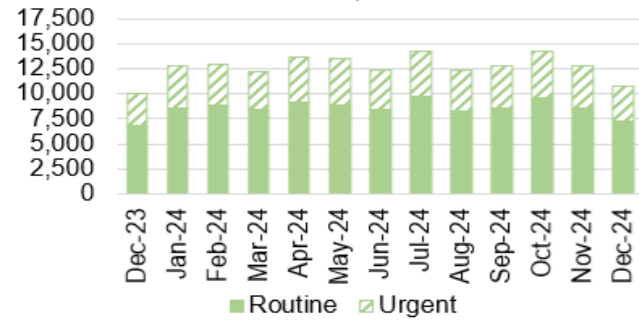


**Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks**

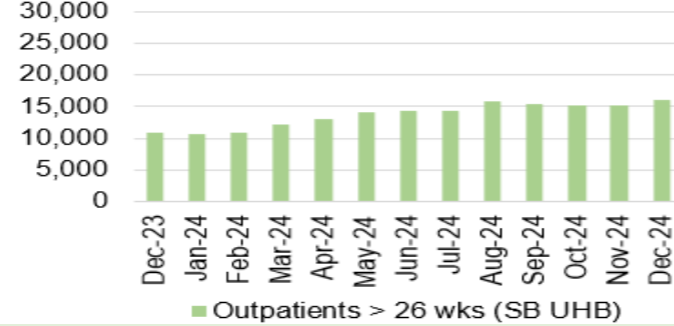


## Harm from reduction in non-Covid activity Planned Care Overview

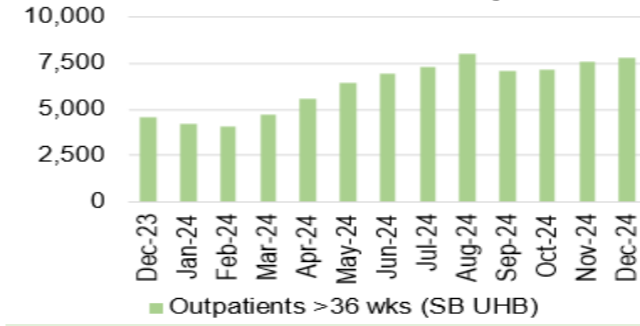
**Chart 1: Number of GP Referrals into secondary care**



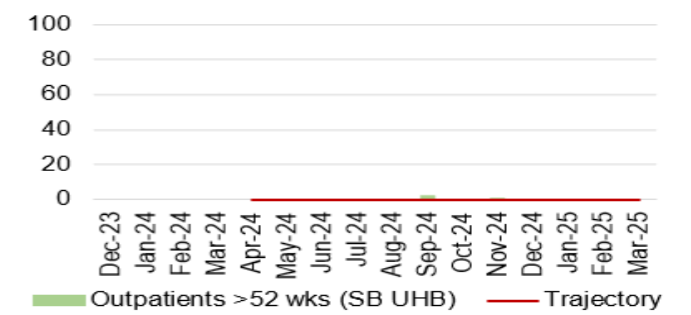
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



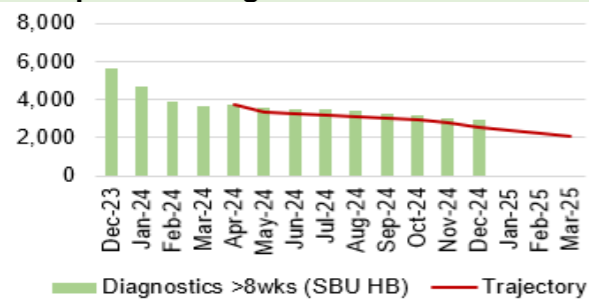
**Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1**



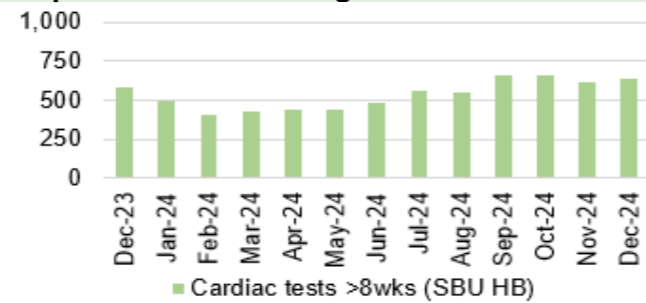
**Chart 4: Number of patients waiting over 52 weeks for treatment**



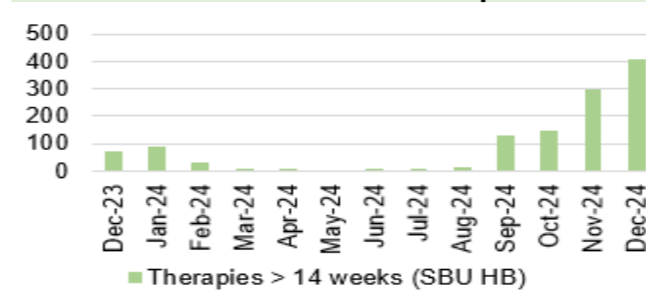
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



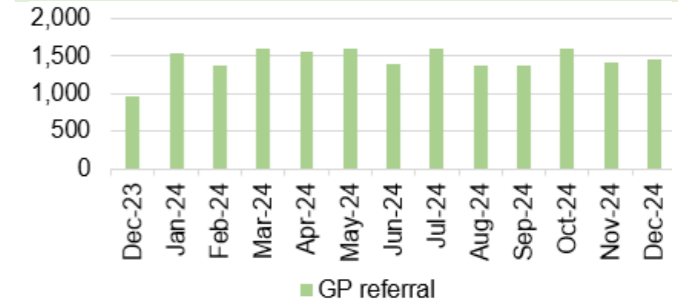
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



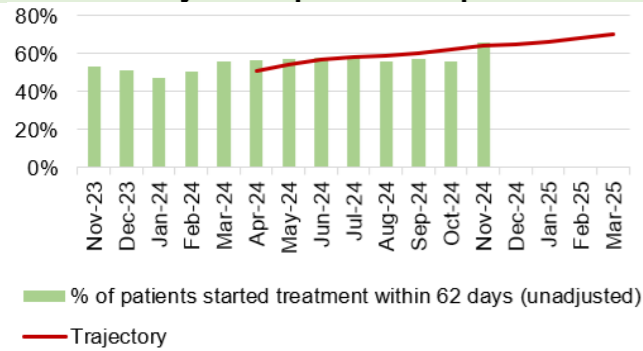
**Chart 7: Number of patients waiting more than 14 weeks for Therapies**



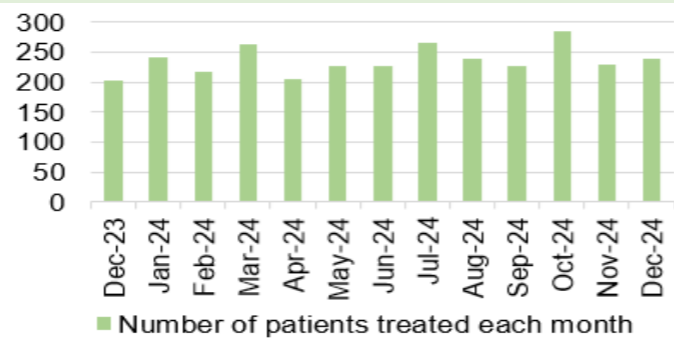
**Chart 8: Cancer referrals**



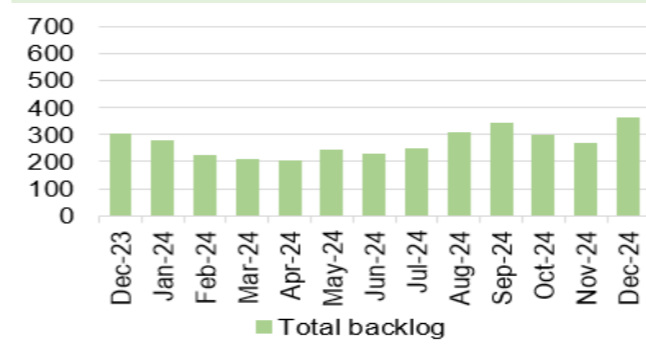
**Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion**



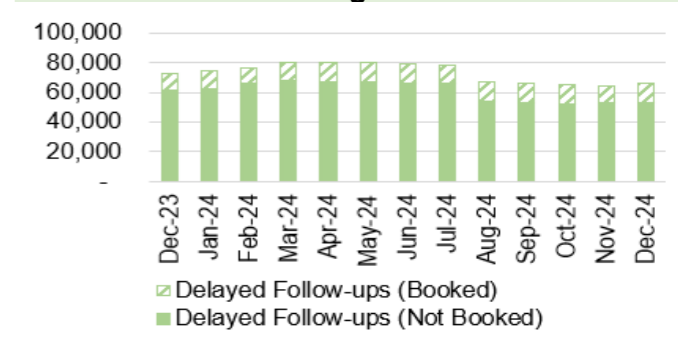
**Chart 10: Number of new cancer patients starting definitive treatment**



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



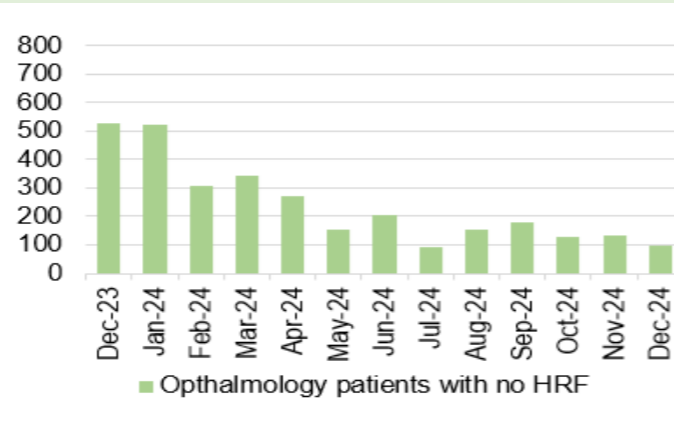
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date**



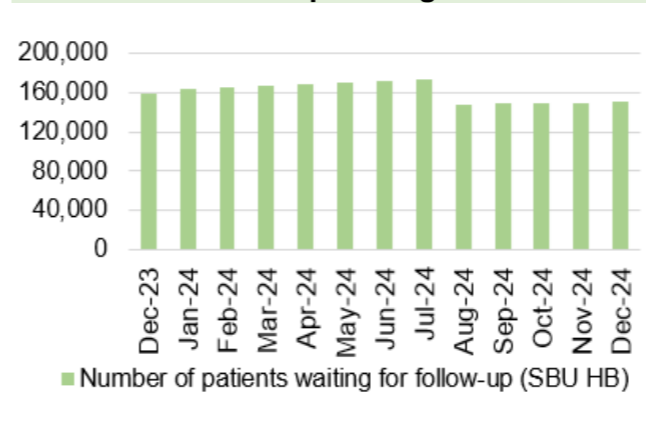
**Chart 13: Number of patients without a documented clinical review date**



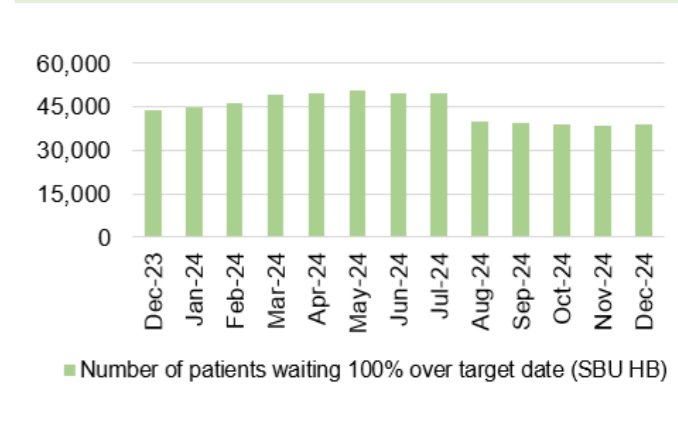
**Chart 14: Ophthalmology patients without an allocated health risk factor**



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



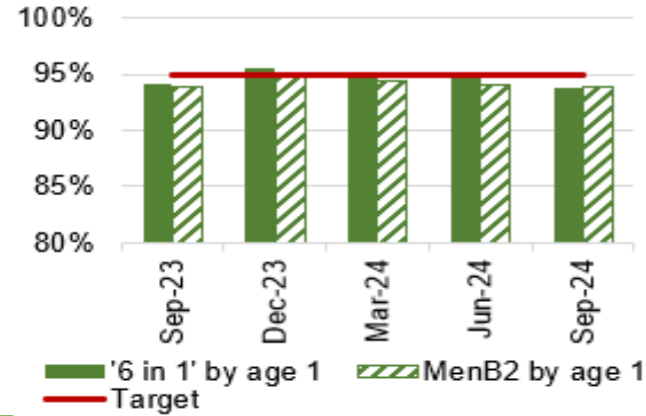
**Chart 16: Number of patients delayed by over 100%**



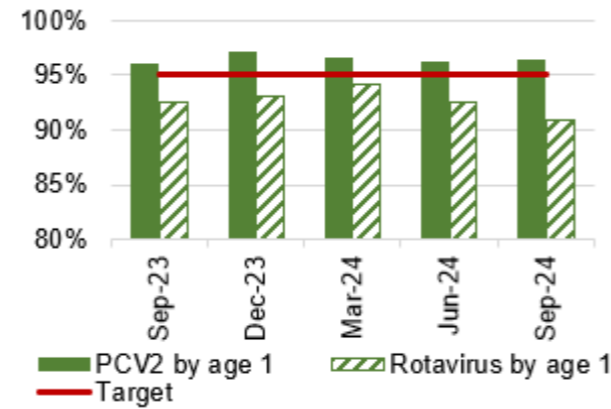
# HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

## Vaccinations and Immunisations

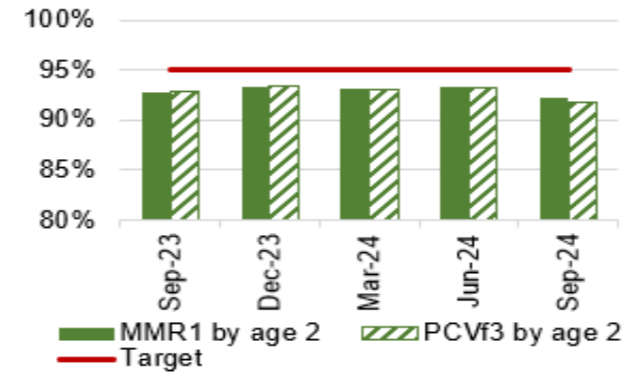
**Chart 1: % children who received 3 doses of the hexavalent '6 in 1' vaccine and MenB2 vaccine by age 1**



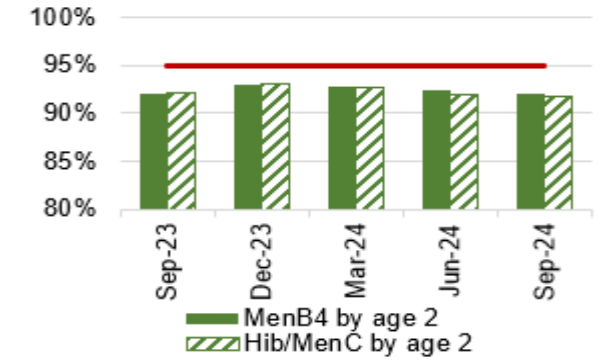
**Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1**



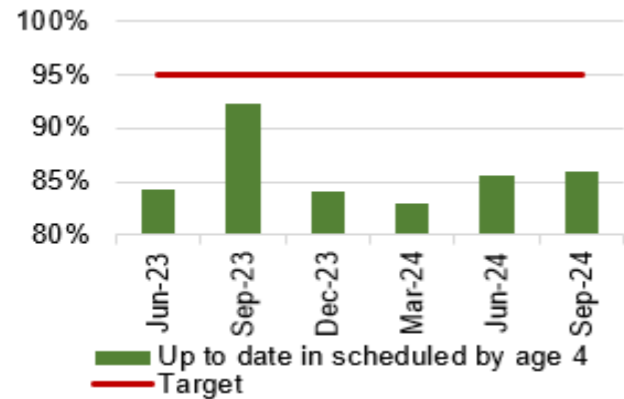
**Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2**



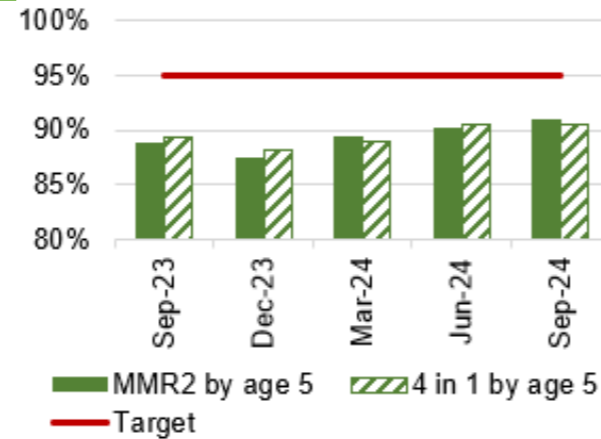
**Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2**



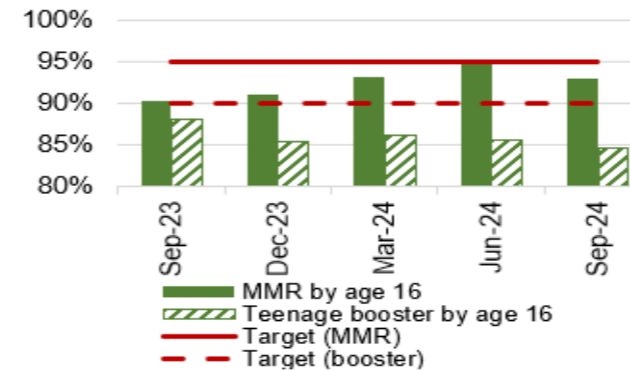
**Chart 5: % children who are up to date in schedule by age 4**



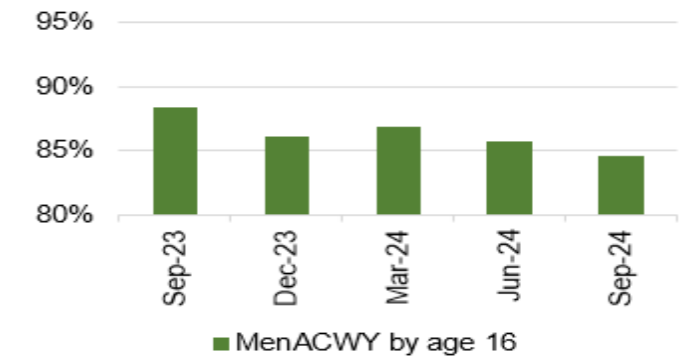
**Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5**



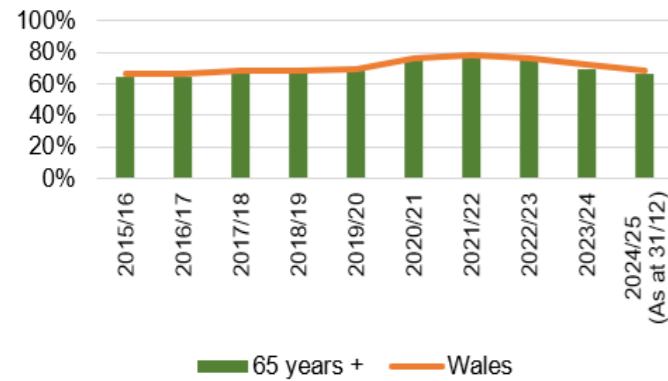
**Chart 7: % children who received MMR vaccine and teenage booster by age 16**



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

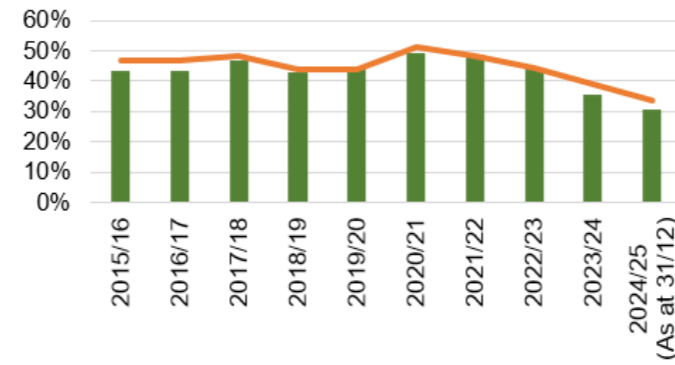


**Chart 9: Influenza uptake for amongst 65 year olds and over**



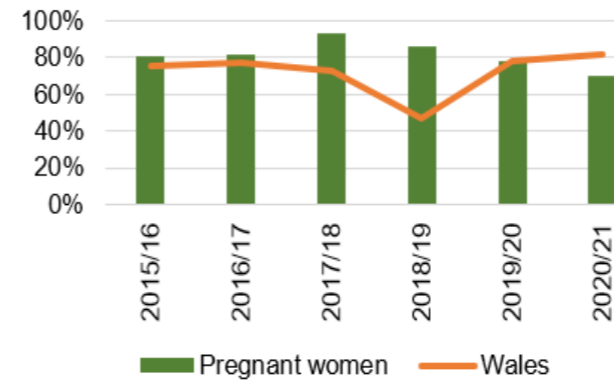
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



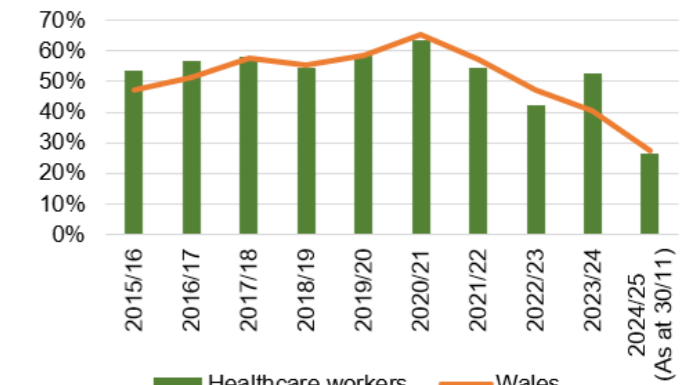
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

**Chart 11: Influenza uptake for amongst pregnant women**



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

**Chart 12: Influenza uptake for amongst healthcare workers**

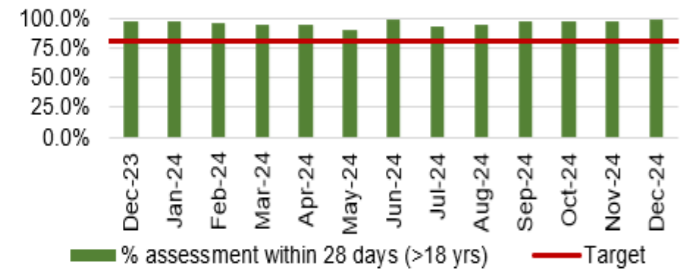


Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board.

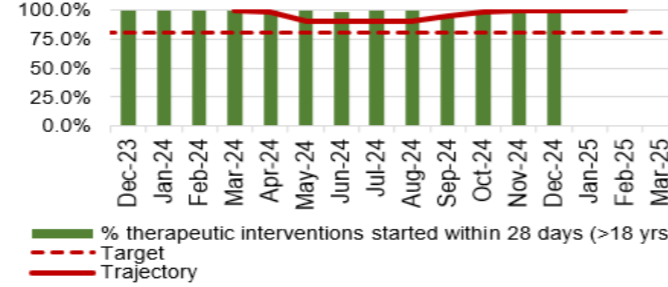
# HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

## Mental Health Overview

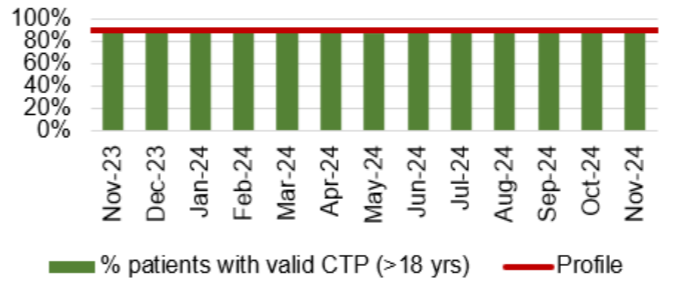
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



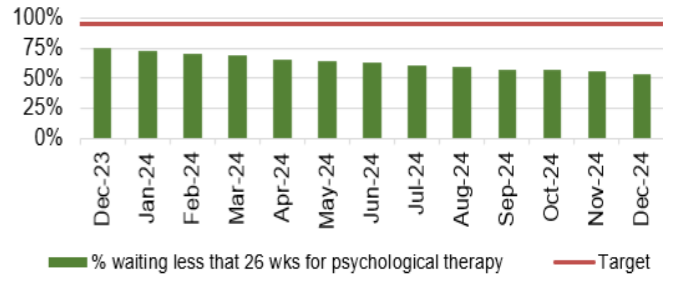
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



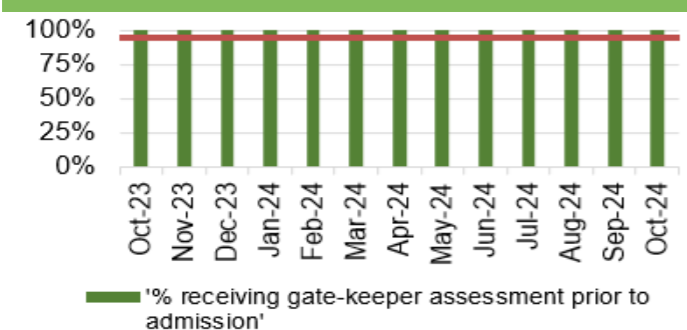
**Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan**



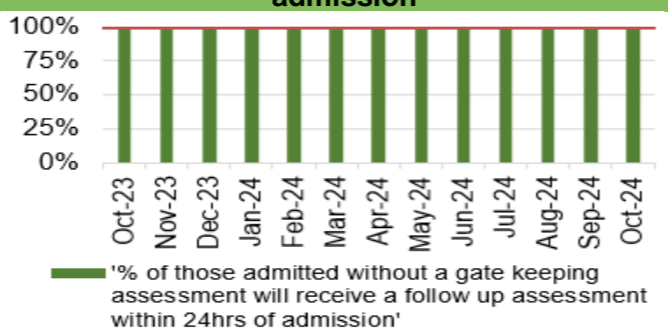
**Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**



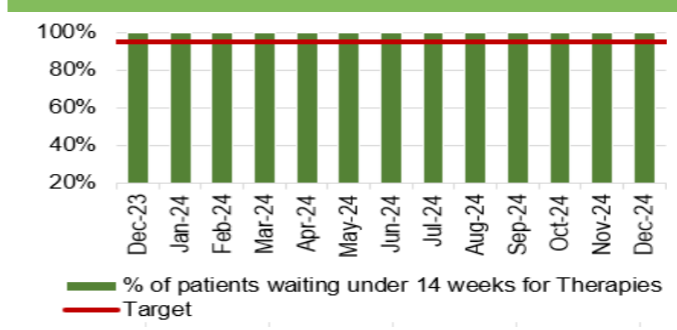
**Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission**



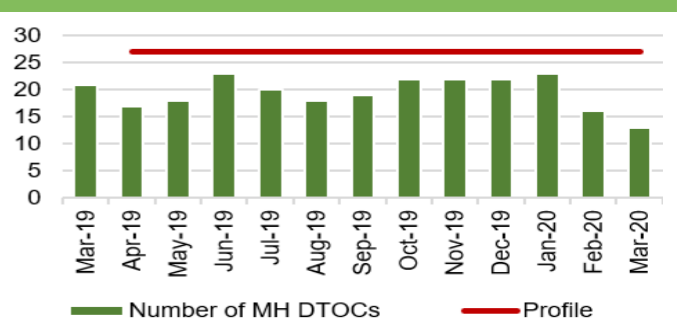
**Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



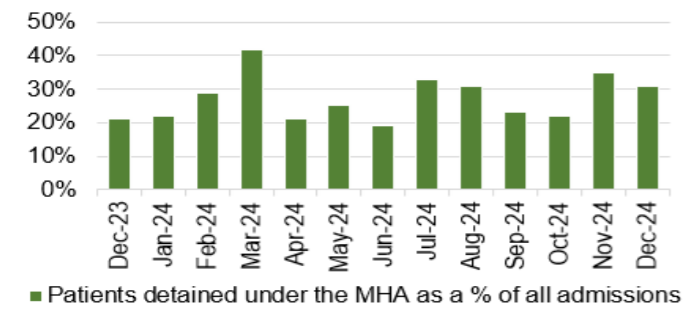
**Chart 7: % of patients waiting under 14 weeks for Therapies**



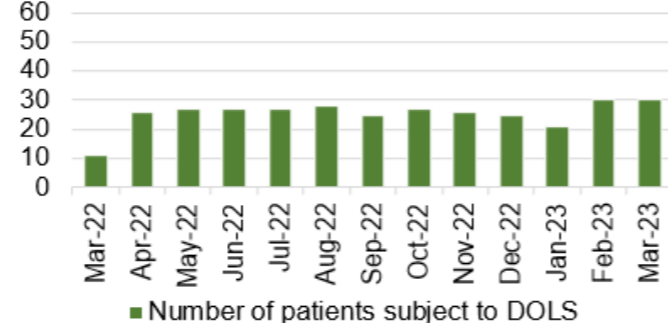
**Chart 8: Number of Mental Health Delayed Transfers of Care (DTCs)**



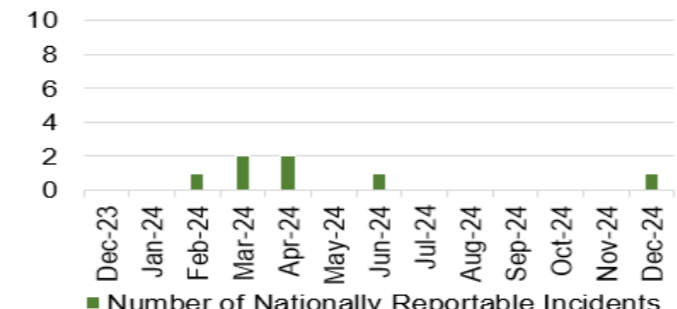
**Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions**



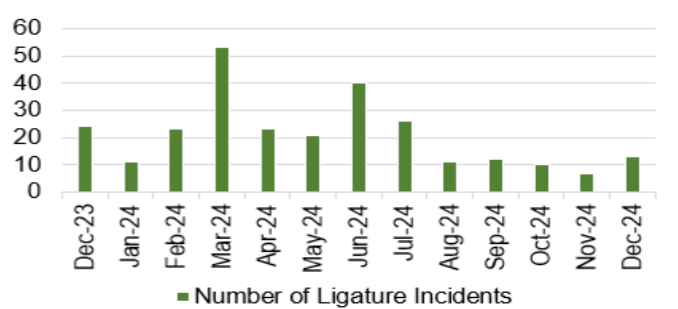
**Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)**



**Chart 11: Number of Nationally Reportable Incidents**

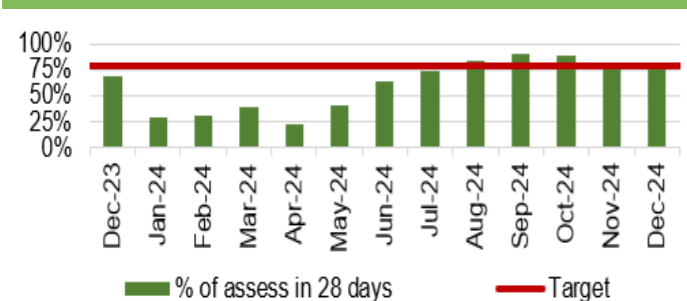


**Chart 12: Number of ligature incidents**

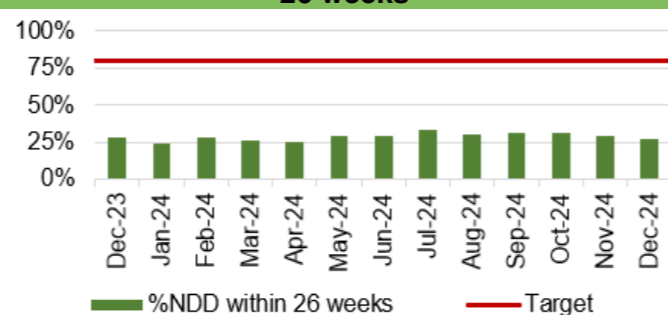


## Child & Adolescent Mental Health Services (CAMHS)

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



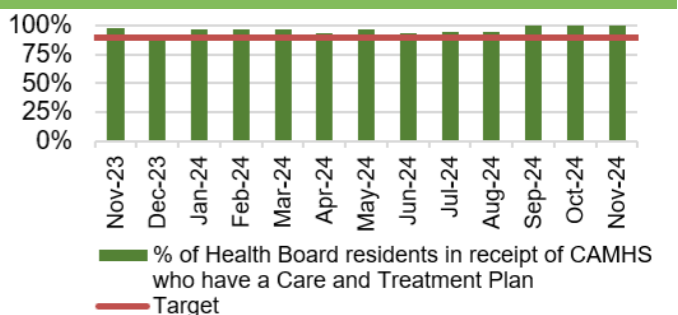
**Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks**



**Chart 15: Assessment and intervention within 28 days**



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



**APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD**

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

H																
Sub Domain	Measure	BU's all-les rank	Performance Trend	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	3rd Dec-22		69.1	69.3	68.1	67.0	60.3	54.6	54.4	52.3	59.7	60.9	61.8	60.1	58.9
	Number of E.Coli bacteraemia cases (Hospital)			6	9	7	8	12	6	9	5	12	7	10	7	8
	Number of E.Coli bacteraemia cases (Community)			6	10	10	11	7	10	9	9	17	14	12	8	8
	Total number of E.Coli bacteraemia cases			12	19	17	19	19	16	18	14	29	21	22	15	16
	Cumulative cases of S.aureus bacteraemias per 100k pop	6th Dec-22		38.8	39.0	37.9	36.8	38.1	29.7	27.2	29.7	32.4	30.7	32.5	33.2	33.6
	Number of S.aureus bacteraemias cases (Hospital)			9	7	5	5	9	4	4	8	9	4	6	7	8
	Number of S.aureus bacteraemias cases (Community)			8	4	2	3	4	3	3	4	5	3	8	5	4
	Total number of S.aureus bacteraemias cases			17	11	7	8	13	7	7	12	14	7	14	12	12
	Cumulative cases of C.difficile per 100k pop	5th Dec-22		62.6	64.3	64.7	65.2	63.5	60.9	63.8	58.5	68.4	68.7	71.2	71.0	70.7
	Number of C.difficile cases (Hospital)			13	15	15	19	14	10	17	10	30	15	20	16	20
	Number of C.difficile cases (Community)			8	7	5	3	6	9	5	4	5	7	9	6	3
	Total number of C.difficile cases			21	22	20	22	20	19	22	14	35	22	29	22	23
	Cumulative cases of Klebsiella per 100k pop			23.5	25.0	25.4	24.5	31.7	32.8	35.6	32.8	33.0	31.2	32.0	30.4	31.2
	Number of Klebsiella cases (Hospital)			1	6	2	3	5	6	8	5	9	5	10	5	8
	Number of Klebsiella cases (Community)			5	5	7	2	5	5	5	3	3	1	2	1	4
	Total number of Klebsiella cases	2nd Dec-22		6	11	9	5	10	11	13	8	12	6	12	6	12
	Cumulative cases of Aeruginosa per 100k pop			6.5	6.2	5.7	5.2	0.0	1.6	1.1	2.3	3.7	3.6	3.6	3.1	4.5
Number of Aeruginosa cases (Hospital)			3	2	0	0	0	1	0	2	2	1	1	0	3	
Number of Aeruginosa cases (Community)			0	0	0	0	0	0	0	0	1	0	0	0	2	
Total number of Aeruginosa cases	4th Dec-22		3	2	0	0	0	1	0	2	3	1	1	0	5	
Hand Hygiene Audits- compliance with WHO 5 moments				97%	98%	97%	88%	90%	91%	86%	91%	94%	94%	91%	97%	100%
Pressure Ulcers	Number of pressure ulcers acquired in hospital			60	83	60		42	66	56	40	52	49	66	73	
	Number of pressure ulcers developed in the community			51	46	33		49	41	49	44	47	44	38	38	
	Total number of pressure ulcers			111	129	93		91	107	105	84	99	93	104	111	
	Number of grade 3+ pressure ulcers acquired in hospital			5	2	1		3	4	2	6	4	2	3	4	
	Number of grade 3+ pressure ulcers acquired in community			10	3	7		9	9	11	8	11	11	4	7	
	Total number of grade 3+ pressure ulcers			15	5	8		12	13	13	14	15	13	7	11	
Inpatient Falls	Number of Inpatient Falls			158	192	203	201	146	155	158	176	173	163	198	188	174
NEWS	% patients with completed NEWS scores & appropriate responses actioned			85.7%	91.6%	85.5%	93.5%	81.6%	90.3%	87.3%	82.0%	81.7%	87.0%	75.2%	89.0%	89.6%
Coding	% of episodes clinically coded within 1 month of discharge			76%	78%	70%	64%	48%	59%	70%	69%	75%	79%	67%	59%	
E-TOC	% of completed discharge summaries (total signed and sent)			70%	68%	72%	69%	76%	76%	76%	76%	79%	78%	76%	76%	75%
Workforce	Agency spend as a % of the total pay bill	11 out of 12 organisations Sep-22		4.1%	3.9%	3.7%	3.8%	2.9%	3.5%	2.9%	2.4%	2.3%	2.0%	2.6%		2.8%
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	11 out of 12 organisations Sep-22		67%	69%	69%	70%	73%	73%	72%	73%	74%	75%	72%	74%	74%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	11 out of 12 organisations Sep-22		88%	86%	90%	87%	90%	90%	90%	90%	89%	89%	89%	89%	89%
	% workforce sickness absence (12 month rolling)	11 out of 12 organisations Sep-22		6.96%	6.96%	6.99%	6.96%	7.00%	7.05%	7.09%	7.27%	7.07%	7.07%	7.05%	7.24%	7.06%

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

		Harm from wider societal actions/lockdown																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 24/25	93.8%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)		95.6%			95.0%			94.6%		93.8%					
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 24/25	91.1%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)		87.6%			89.5%			90.2%		91.1%					
Influenza	% uptake of influenza among 65 year olds and over	National	Dec-24	66.6%	75%			78.0% (Mar-22)	3rd (Mar-22)		68.0%	69.1%	69.4%	69.5%	Data collection restarts October 2024						53.4%	63.5%	66.6%	
	% uptake of influenza among under 65s in risk groups	Local	Dec-24	30.6%	55%			48.2% (Mar-22)	4th (Mar-22)		33.5%	34.8%	35.4%	35.5%							21.0%	27.7%	30.6%	
	% uptake of influenza among children 2 to 3 years old	Local	Dec-24	35.3%	50%			47.6% (Mar-22)	5th (Mar-22)		35.1%	38.9%	38.0%	38.0%							26.6%	32.9%	35.3%	
	% uptake of influenza among healthcare workers	Local	Nov-24	26.3%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		38.6%	38.6%	38.6%	52.7%							17.4%	26.3%		
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-24	59.9%	75%		✘				Data collection restarts Apr-24				43.2%	57.1%	59.9%	Available Apr-2025						
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	Dec-24	40.7%	75%		✘				50.0%	50.6%	50.5%	50.5%	Available Oct-24						27.5%	38.0%	40.7%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Nov-24	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Dec-24	27%	80%		✘	31.4% (Nov-22)	3rd (Nov-22)		29%	24%	28%	26%	25%	29%	29%	33%	30%	31%	31%	29%	27%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Dec-24	77%	80%		✔	83.2% (Nov-22)	5th (Nov-22)		70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	80%	77%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Dec-24	77%	80%		✔	66.8% (Nov-22)	5th (Nov-22)		70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	80%	77%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Dec-24	94%	80%	90%	✔	34.4% (Nov-22)	4th (Nov-22)		86%	100%	96%	100%	97%	98%	100%	100%	100%	100%	98%	97%	94%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%																			
% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Nov-24	100%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		92%	97%	97%	97%	94%	97%	94%	95%	95%	100%	100%	100%	100%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Dec-24	99%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		98%	97%	96%	95%	95%	90%	99%	93%	95%	97%	98%	97%	99%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Dec-24	99%	80%	100%	✘	73.1% (Nov-22)	2nd (Nov-22)		100%	100%	100%	99%	100%	100%	98%	100%	100%	95%	100%	100%	99%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Dec-24	54%	80%		✘	73.9% (Nov-22)	2nd (Nov-22)		76%	73%	71%	69%	66%	64%	63%	61%	59%	57%	57%	55%	54%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Nov-24	91%	90%		✔	84.2% (Nov-22)	2nd (Nov-22)		88%	88%	89%	89%	90%	87%	90%	92%	92%	93%	91%	91%		
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTservice prior to % service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Local	Dec-24	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Local	Dec-24	100%	100%		✔	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

