



Report Date	25th March 2025	Agenda Item	
Name of Meeting	Performance and Finance Committee		
Report Title	Integrated Performance Report		
Report Author	Meghann Protheroe, Head of Health Board Performance		
Report Sponsor	Darren Griffiths, Executive Director of Finance and Performance		
Presented by	Darren Griffiths, Executive Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (February 2024) in delivering key local performance measures as well as the national measures outlined in the 2024/25 NHS Wales Performance Framework.		
Key Issues	<p>Note: during the drafting of this report the Health Board was notified by Welsh Government that it has been de-escalated from Targeted Intervention to Enhanced Monitoring for Planned Care and CAMHS.</p> <p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>Key high level issues to highlight this month are as follows:</p> <p>-</p> <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> • Performance against the 4-hour access has deteriorated 76.39% in January 2025 to 72.67% in February 2025. • Performance against the 12-hour wait has deteriorated in February to 1,237 from January to 1,090. • In February 2025, there were 554 ambulance to hospital handovers taking over 1 hour; this is a reduction of 40 compared with the previous month. • There was a slight increase in the average number of patients who were deemed clinically optimised in February 2025 (Pathway of care delays). The average number of clinically optimised patients increased from 260 in the previous month to 268. <p><u>Planned Care</u></p>		



- There were no patients waiting over 52 weeks for a first outpatient appointment in February 2025.
- At the end of February 2025, there were 291 patients waiting over 104 weeks for treatment, which is an improvement of 406 from the previous month.
- In February 2025, 97.92% of patients were waiting less than 14 weeks for therapy services; this is an improvement when compared with the figure reported in January 2025. There are 113 patients waiting over 14 weeks, the majority of which are in podiatry.
- In February 2025, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. The position improved from 2,839 to 2,447. The breakdown is as follows: -
 - Endoscopy= 2,084
 - Cardiac tests= 328
 - Other Diagnostics = 35^

Cancer

- The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in January 2025 was 52%, which is lower than the figure reported in December 2024 (this measure is always reported a month in arrears due to data validation).
- 192 patients were waiting in excess of 63 days as of 16/03/2025.

Mental Health

- Performance against the Mental Health Measures continues to be maintained at above target levels in February 2025 with the exception of psychological therapies.
- In January 2025, 52% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

Child and Adolescent Mental Health Services (CAMHS)

- Access times for crisis performance has been maintained at 100% in December 2024.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, performance deteriorated to 26% in the month of February 2025.
- Note: S-CAMHS now included with P-CAMHS measure. Access to therapeutic interventions remains strong at 100% within 28 days. Access to assessment has improved in February 2025 to 74% which is now below target levels.



Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • ACKNOWLEDGE and DISCUSS the Health Board performance against key measures and targets. • ACKNOWLEDGE the de-escalation of planned care and CAMHS to enhanced monitoring 			

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.
- **ACKNOWLEDGE** the de-escalation of planned care and CAMHS to enhanced monitoring



Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		
Financial Implications		
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein.		
Legal Implications (including equality and diversity assessment)		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		
Staffing Implications		
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <ul style="list-style-type: none"> • Long term – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. 		



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

Report History	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in February 2025. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report



Appendix 1- Integrated Performance Report March 2025



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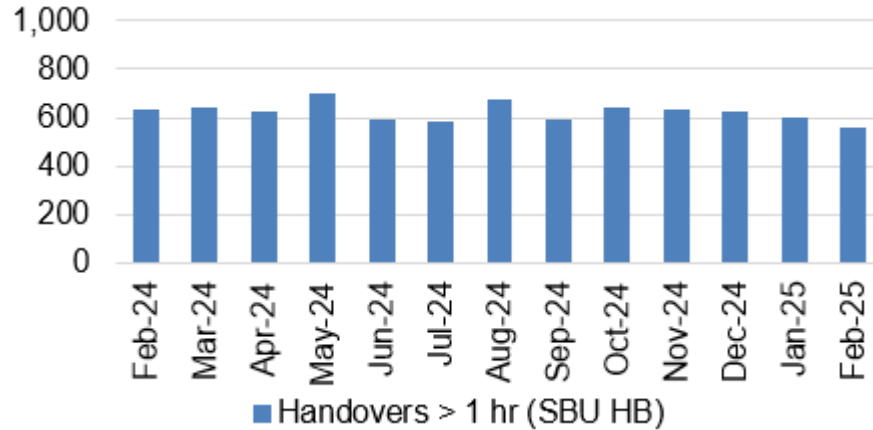
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1. TARGETED INTERVENTION METRICS PERFORMANCE

NOTE: DURING DRAFTING OF THIS REPORT THE HEALTH BOARD HAS BEEN DE-ESCALATED TO ENHANCED MONITORING FOR PLANNED CARE AND CAMHS

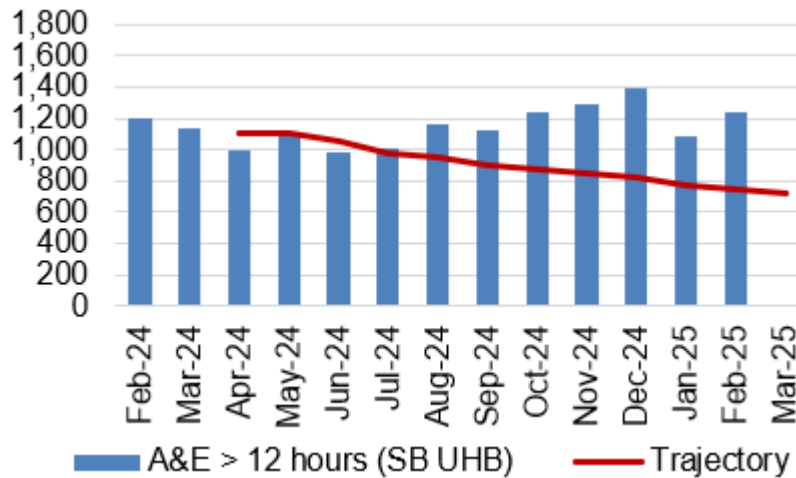
URGENT AND EMERGENCY CARE

1. Ambulance handovers over 1 hour



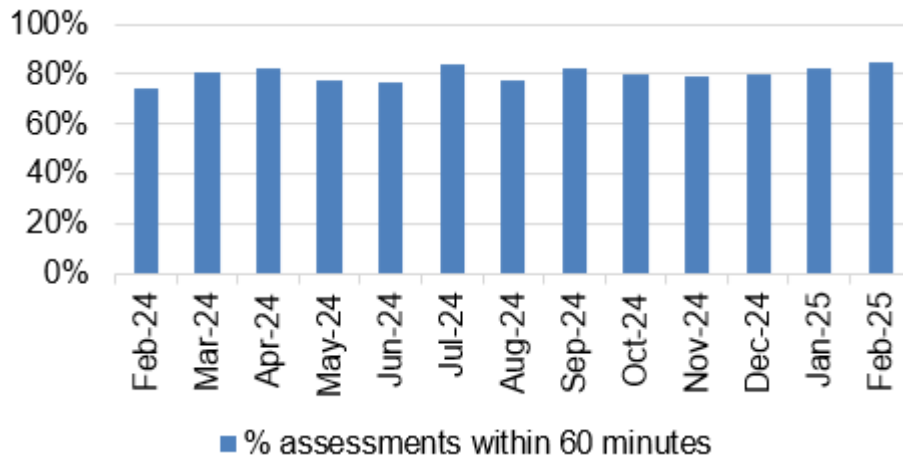
1. The number of ambulance handovers over 1 hour has reduced slightly in February 2025. The number of handovers over 1 hour decreased from 594 in January 2025 to 554 in February 2025, which is above the outlined trajectory.

2. A&E waits over 12 hours



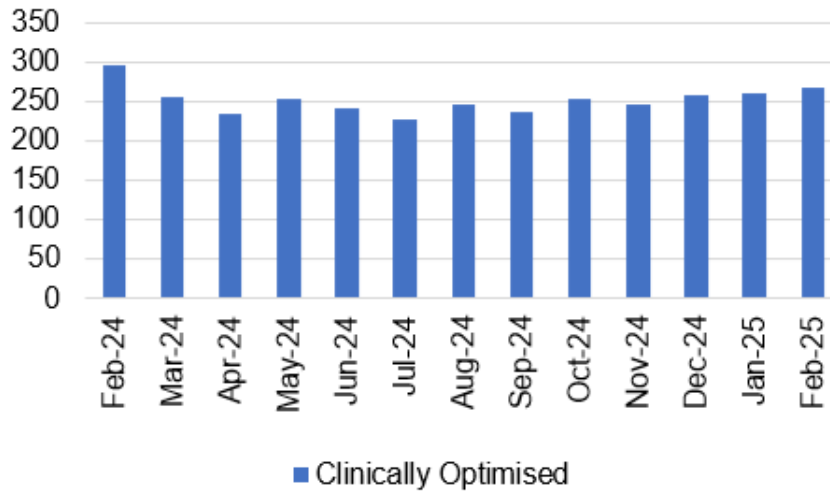
2. Performance against the 12-hour wait has improved in-month, and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 1,237 in February 2025 from 1,090 in January 2025.

3. Median time from arrival to assessment within 60 mins



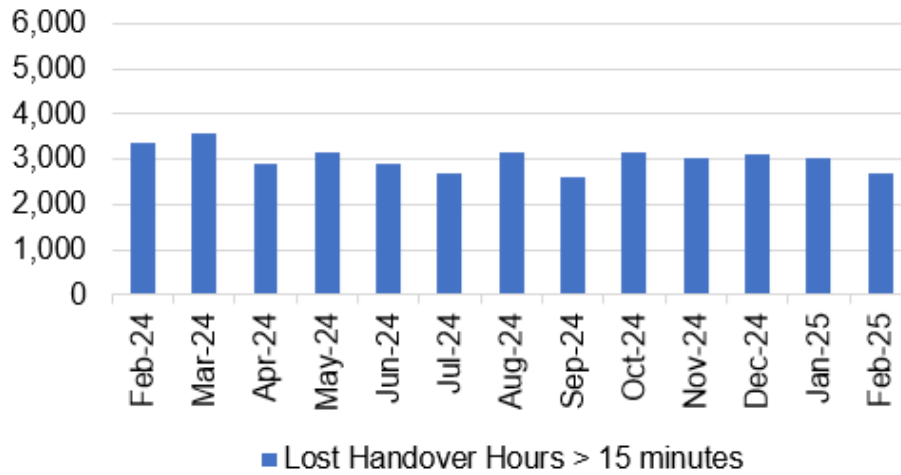
3. In February 2025 84.57% of patients received their first assessment within 60 minutes of their arrival at the Emergency Department. This is an increase of 2.5% on the figure reported in January 2025 (82.11%).

4. Continuing reduction in pathway of care delays



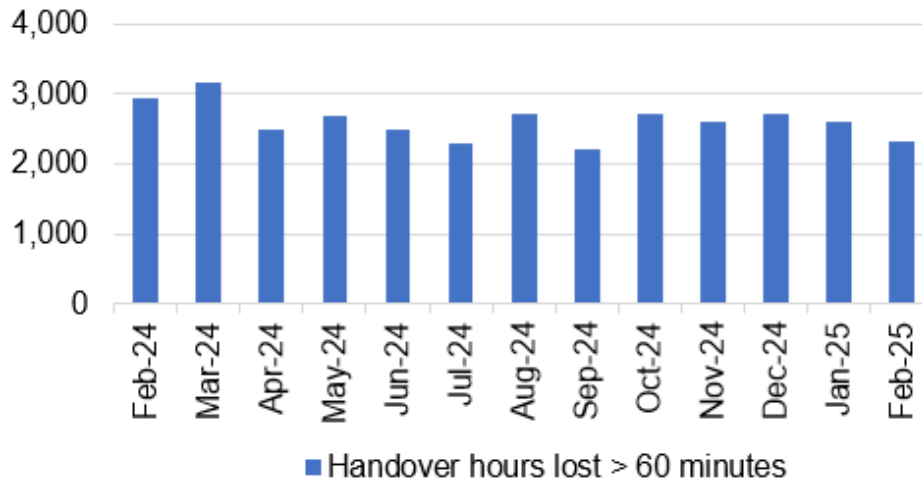
4. There was an increase in the average number of patients who were deemed clinically optimised in February 2025. The average number of clinically optimised patients increased slightly from 260 in January 2025 to 268 in February 2025.

5. Lost Ambulance Hours Total



5. The ambulance handover lost hours rate has seen a slight reduction in February 2025. The ambulance handover lost hours decreased from 3,014 in January 2025 to 2,687 in February 2025.

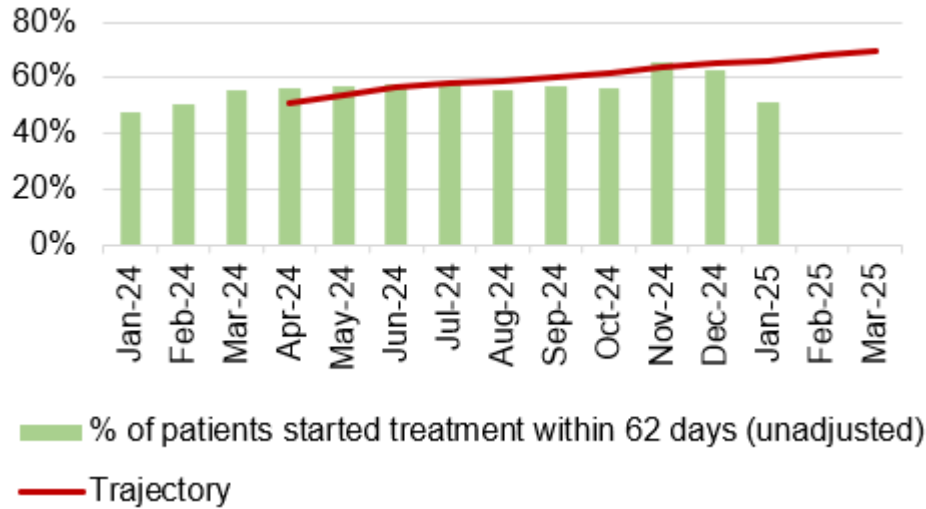
6. Lost Ambulance Hours over 1 hour



6. There has been a reduction in the number of lost ambulance hours over 1 hour in February 2025. There were 2,314 lost hours over 1 hour in February 2025 which is a reduction of 295 compared with 2,608 in January 2025.

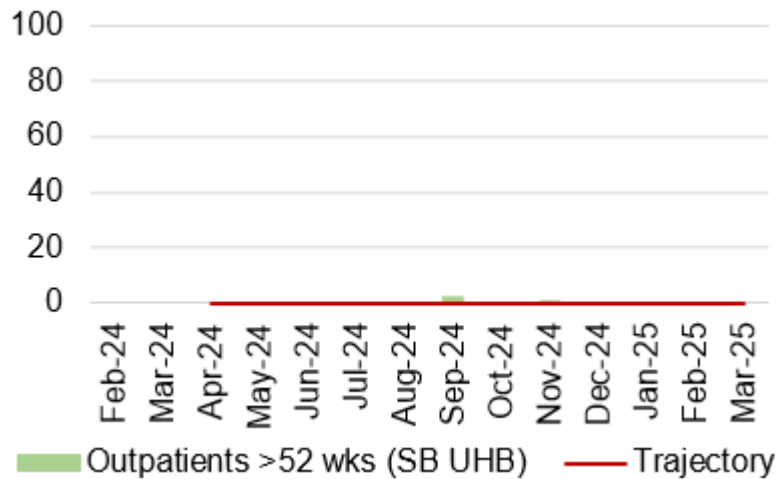
PLANNED CARE & CANCER

1. Single Cancer Pathway



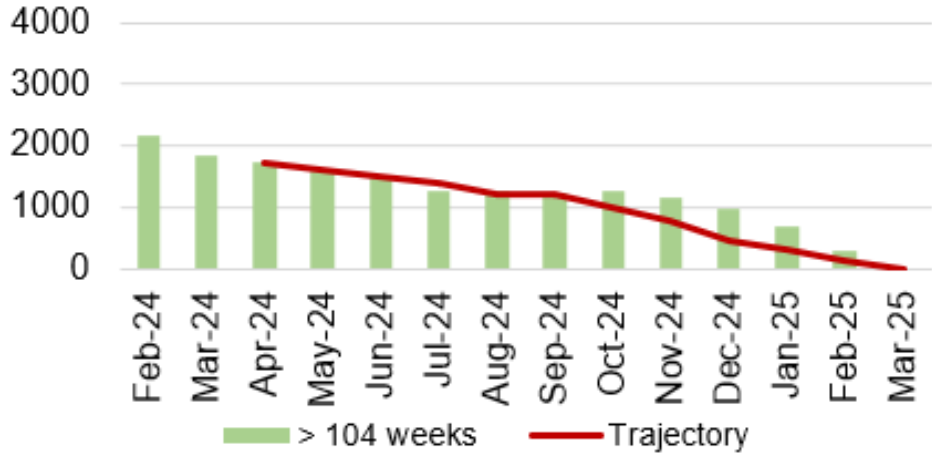
1. The final SCP performance for January 2025 was 52%, which is lower than the figure reported in December 2024. Performance is currently below the submitted trajectory (66%).

2. Outpatients waiting over 52 weeks



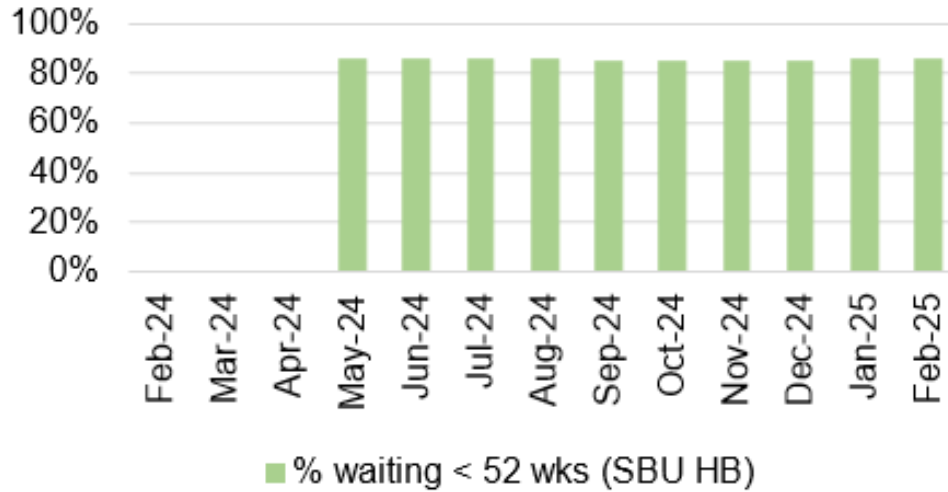
2. There were no patients waiting over 52 weeks for a first outpatient appointment in February 2025.

3. 104 week waits – all pathways



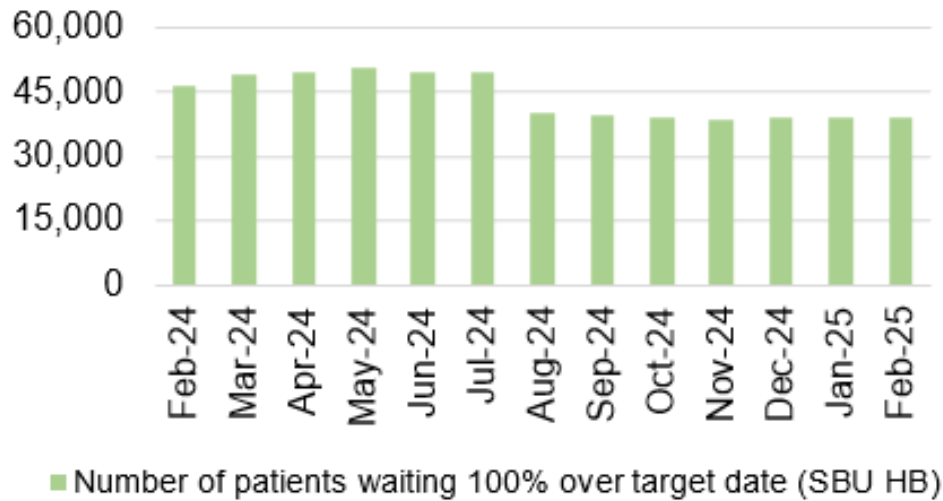
3. February 2025 saw an in-month reduction of 58% in the number of patients waiting over 104 weeks for treatment. The number decreased from 697 in January 2025 to 291 in February 2025.

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



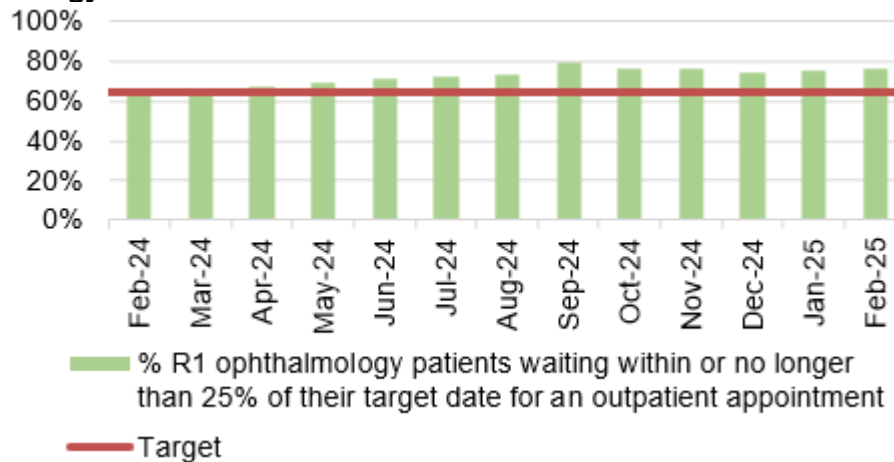
4. The percentage of patients waiting under 52 weeks for treatment increased slightly in-month. In February 2025 86% of patients were waiting under 52 weeks, compared with 85.7% in January 2025.

5. Delayed follow ups over 100%



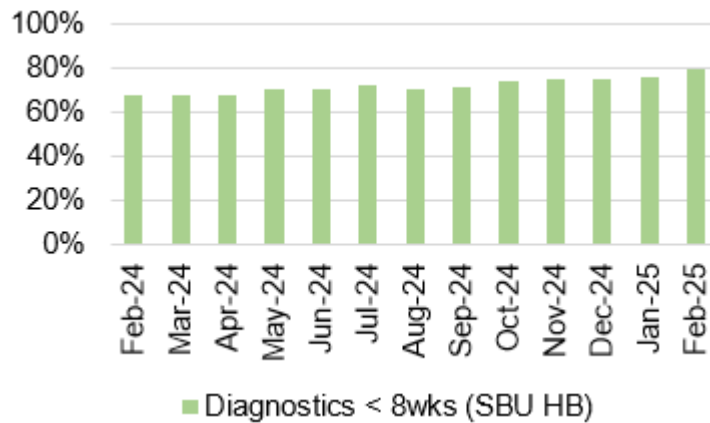
5. There were 38,841 patients waiting 100% over their target date in February 2025 which is a reduction when compared with January 2025.

6. R1 Ophthalmology



6. In February 2025, 76.1% of Ophthalmology RI patients were waiting within their clinical target date or within 25% of their target date. This is a 0.5% improvement on the figure reported in January 2025.

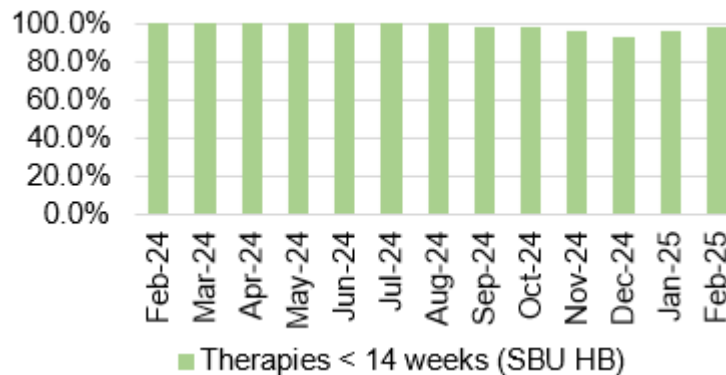
7. Percentage of Patients waiting 8 weeks for a diagnostic test



7. In February 2025, there was an increase in the percentage of patients waiting less than 8 weeks for a diagnostic test. It was reported at 80%.

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 February 2025, 97.92% of patients were waiting less than 14 weeks for therapy services; this is an improvement when compared with the figure reported in January 2025. The majority of the breaches were within Podiatry – the team are currently working through a recovery plan.

CAMHS

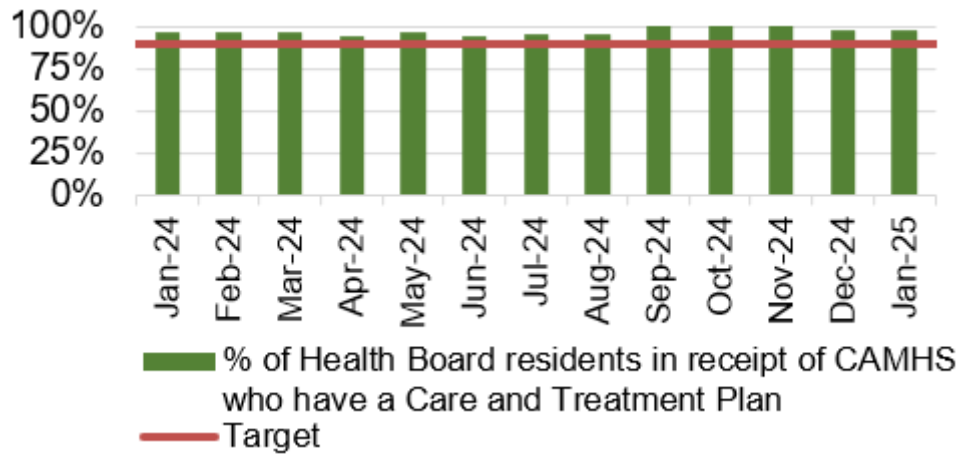
1. LPMHSS assessments with 28 days and therapeutic assessment within 28 days



1. The percentage of routine assessments undertaken within 28 days increased to 74% in February from 42% in January 2025.

In February 2025, 100% of therapeutic assessments were undertaken within 28 days. This is above the outlined trajectory for February 2025.

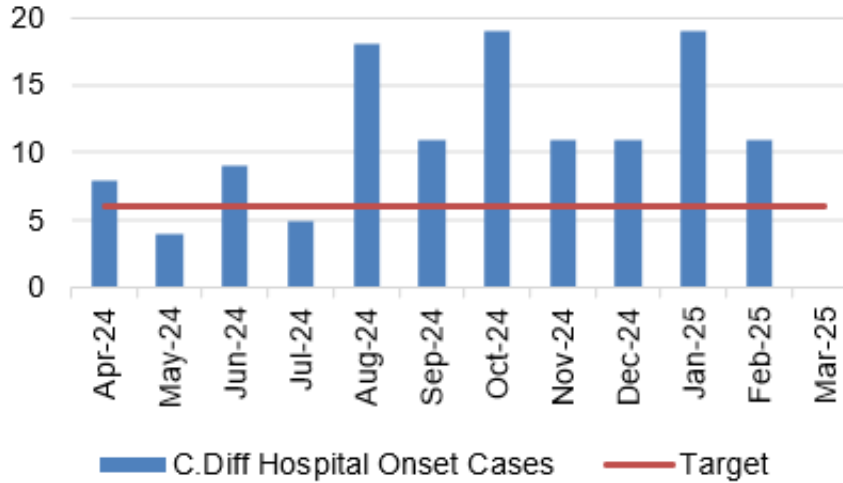
2. Residents in receipt of a valid care and treatment plan



2. The percentage of residents in receipt of a valid care and treatment plan remained above the 90% target, achieving 98% in January 2025.

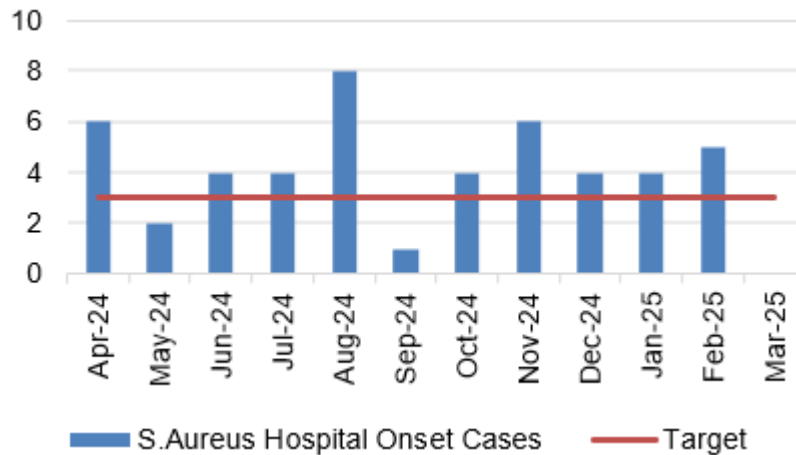
HEALTHCARE ACQUIRED INFECTIONS (HOSPITAL ONSET)

1. C. Difficile



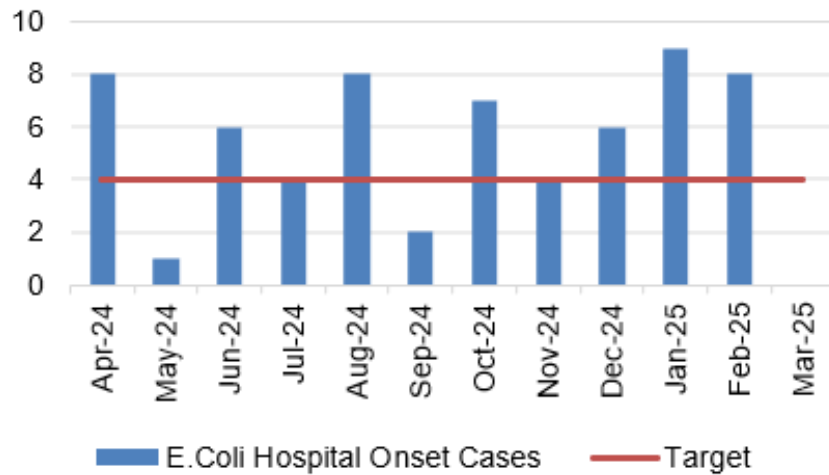
1. There were 11 hospital onset cases of C. Difficile reported in February 2025. This is lower than the figure reported in January 2025 and is above the target of a maximum of 6 cases per month.

2. Staph aureus



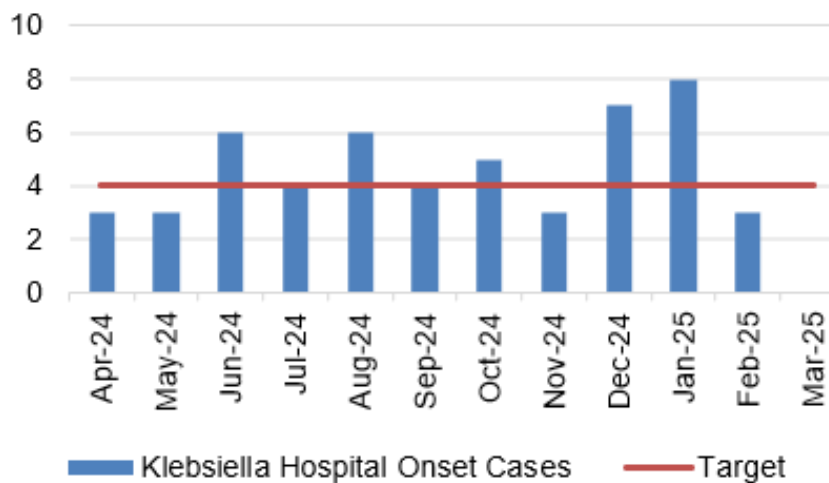
2. There were 5 hospital onset cases of Staph aureus reported in February 2025. This is the same figure reported in January 2025 and is above the target of a maximum of 3 cases per month.

3. E-coli



3. There were 8 hospital onset cases of E.Coli reported in February 2025. This is one less than the figure reported in January 2025 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 decreased to 3 in February 2025 from 8 in January 2025. This is below the target of a maximum of 4 cases per month.

2. UPDATES ON KEY SERVICE AREAS

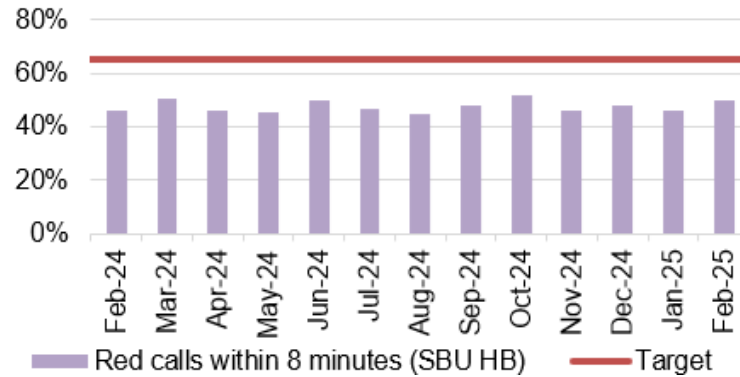
COVID Data																																																						
Description	Current Performance	Trend																																																				
1. Number of new COVID19 cases in Swansea Bay population area	<p>Number of new COVID cases</p> <p>In February 2025, there were an additional 25 positive cases recorded bringing the cumulative total to 121,984 in Swansea Bay since March 2020.</p>	<p>Number of new COVID19 cases for Swansea Bay population</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>Feb-23</td><td>240</td></tr> <tr><td>Mar-23</td><td>380</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>50</td></tr> <tr><td>Jul-23</td><td>80</td></tr> <tr><td>Aug-23</td><td>130</td></tr> <tr><td>Sep-23</td><td>140</td></tr> <tr><td>Oct-23</td><td>170</td></tr> <tr><td>Nov-23</td><td>80</td></tr> <tr><td>Dec-23</td><td>210</td></tr> <tr><td>Jan-24</td><td>170</td></tr> <tr><td>Feb-24</td><td>70</td></tr> <tr><td>Mar-24</td><td>40</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>70</td></tr> <tr><td>Jul-24</td><td>70</td></tr> <tr><td>Aug-24</td><td>40</td></tr> <tr><td>Sep-24</td><td>60</td></tr> <tr><td>Oct-24</td><td>70</td></tr> <tr><td>Nov-24</td><td>20</td></tr> <tr><td>Dec-24</td><td>10</td></tr> <tr><td>Jan-25</td><td>20</td></tr> <tr><td>Feb-25</td><td>25</td></tr> </tbody> </table> <p>■ New positive COVID19 cases</p>	Month	New positive COVID19 cases	Feb-23	240	Mar-23	380	Apr-23	150	May-23	80	Jun-23	50	Jul-23	80	Aug-23	130	Sep-23	140	Oct-23	170	Nov-23	80	Dec-23	210	Jan-24	170	Feb-24	70	Mar-24	40	Apr-24	50	May-24	60	Jun-24	70	Jul-24	70	Aug-24	40	Sep-24	60	Oct-24	70	Nov-24	20	Dec-24	10	Jan-25	20	Feb-25	25
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UNSCHEDULED CARE

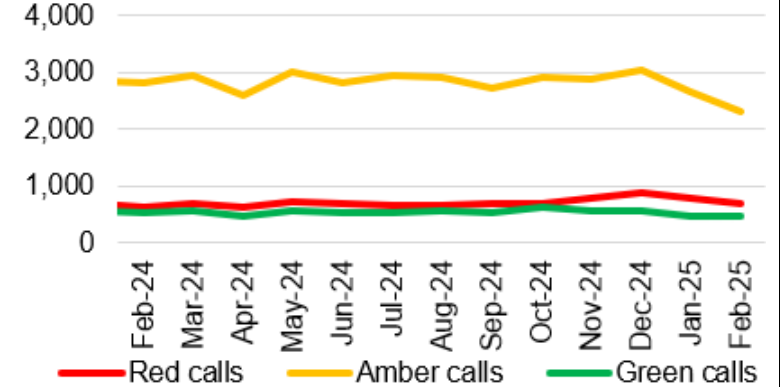
Description	Current Performance	Actions of Improvement
<p>Ambulance responses</p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In February 2025, the number of red calls responded to within 8 minutes improved to 50.1% from 46.1% in January 2025. In February 2025, the number of green calls decreased by 3%, amber calls decreased by 13%, and red calls decreased by 14% compared with January 2025.</p>	<p>Ambulance response rates have seen a small improvement in performance in February 2025. Red and amber release escalation protocols are in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.</p>

Trend

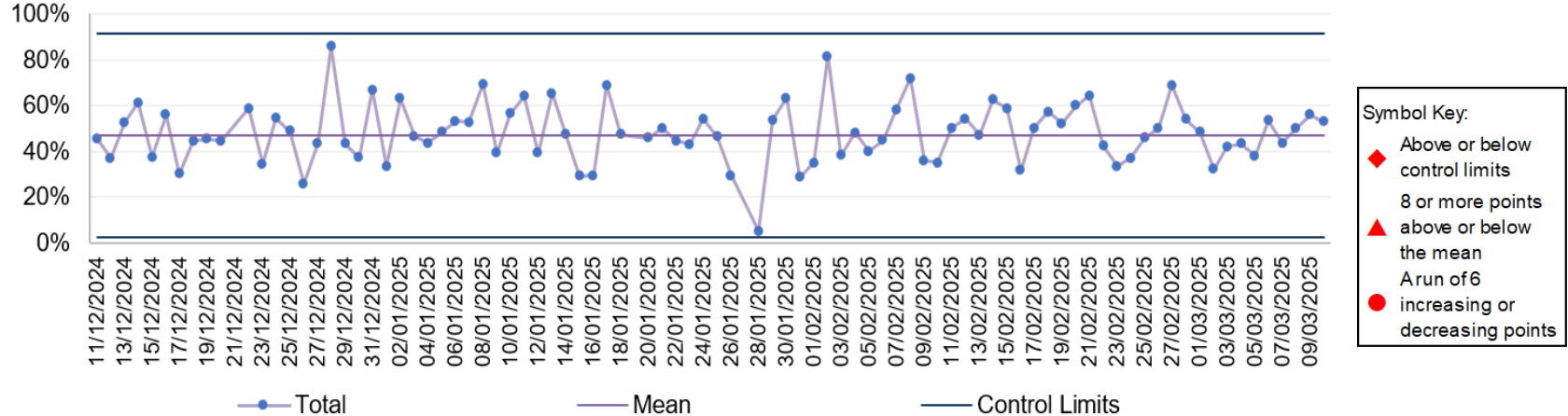
1. % of red calls responded to within 8 minutes



2. Number of ambulance call responses



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



UNSCHEDULED CARE																																																																																																																																										
Description	Current Performance	Actions of Improvement																																																																																																																																								
<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 February 2025, there were 554 ambulance to hospital handovers taking over 1 hour; this is a reduction of 40 compared with 594 in January 2025. In February 2025, 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>																																																																																																																																								
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A&E Attendances 1. The number of attendances at emergency departments in the Health Board 2. The number of attendances at emergency departments in the Health Board – Hospital level 3. The number of attendances at emergency departments in the Health Board (last 90 days)	In February 2025, there were 9,969 A&E attendances, which is a reduction of 1,021 when compared to January 2025. There were 6,026 attendances to A&E at Morriston hospital and 3,943 attendances to MIU at Neath Port Talbot hospital.	There is currently a medical SDEC model in place consisting of medics, GP's, therapies, plus co-location of OPAS, ACT, virtual wards, paramedics (WAST stack review and direct access) – pull & push model from ED.																																																																					
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Description	Current Performance	Actions of Improvement
<p>A&E waiting times</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&E- Hospital level</p> <p>3. % of patients who spend less than 4 hours in A&E (last 90 days)</p>	<p>The Health Board's performance against the 4-hour measure deteriorated to 72.67% in February 2025 from 76.39% in January 2025. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 98.30% in February 2025. Morriston Hospital's performance improved between January 2025 and February 2025, achieving 55.90% 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>1. % Patients waiting under 4 hours in A&E- HB total</p> <p>■ A&E % < 4 hours (SB UHB)</p>	<p>2. % Patients waiting under 4 hours in A&E- Hospital level</p> <p>— Morriston — NPTH</p>
<p>3. % Patients waiting under 4 hours in A&E- HB total last 90 days</p> <p>● Total — Mean — Control Limits</p> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean ▲ Arun of 6 ● increasing or decreasing points 		

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Description	Current Performance	Actions of Improvement
A&E waiting times 1. Number of patients who spend 12 hours or more in A&E 2. Number of patients who spend 12 hours or more in A&E- Hospital level 3. Number of patients who spend 12 hours or more in A&E (last 90 days)	In February 2025, performance against the 12-hour measure deteriorated when compared with January 2024, increasing from 1,090 to 1,237. This is an increase of 147 compared to January 2025. All of the patients waiting over 12 hours in February 2025 were attributed to Morriston Hospital.	A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.
	Trend	
	1. Number of patients waiting over 12 hours in A&E- HB total	2. Number of patients waiting over 12 hours in A&E- Hospital level
3. Number of patients waiting over 12 hours in A&E – HB total last 90 days		
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UNSCHEDULED CARE

Description	Current Performance	Actions of Improvement
<p>Emergency admissions</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>
	Trend	
	<div style="display: flex; justify-content: space-around;"> <div data-bbox="521 467 1182 499"> <p>1. Number of emergency admissions- HB total</p> </div> <div data-bbox="1417 467 2078 499"> <p>2. Number of emergency admissions- Hospital level</p> </div> </div> <div style="text-align: center; margin-top: 20px;"> <p>3. Number of emergency admissions- HB total last 90 days</p> </div>	

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Critical Care-Delayed Transfers of Care (DIOC)-Morrison Hospital 1.Total Critical Care delayed discharges (hours) 2. Average lost bed days per day 3.Percentage of patients delayed: Up to 8 hours Between 8 and 24 hours Over 24 hours	<p>In February 2025, there were a total of 86 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is an increase when compared with 78 admissions in January 2025. February 2025, saw an increase in the number of delayed discharge hours from 3860.45 in January 2025 to 3930.15 in February 2025. The average lost bed days increased to 5.85 per day. The percentage of patients delayed over 24 hours increased to 61.90% in February 2025 from 59.68% in January 2025.</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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<p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In February 2025, there were on average 268 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In February, Morriston Hospital had the largest proportion of clinically optimised patients with 168, followed by Neath Port Talbot Hospital with 59.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital. The implementation of the frailty model with further increase opportunities for reductions in delays.</p>	<p>The number of clinically optimised patients by site</p> <table border="1"> <caption>Data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Feb-24</td><td>168</td><td>35</td><td>55</td><td>25</td></tr> <tr><td>Mar-24</td><td>110</td><td>50</td><td>55</td><td>30</td></tr> <tr><td>Apr-24</td><td>120</td><td>45</td><td>50</td><td>25</td></tr> <tr><td>May-24</td><td>155</td><td>25</td><td>50</td><td>25</td></tr> <tr><td>Jun-24</td><td>135</td><td>25</td><td>55</td><td>25</td></tr> <tr><td>Jul-24</td><td>135</td><td>15</td><td>55</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>15</td><td>55</td><td>35</td></tr> <tr><td>Oct-24</td><td>130</td><td>35</td><td>65</td><td>25</td></tr> <tr><td>Nov-24</td><td>110</td><td>45</td><td>70</td><td>25</td></tr> <tr><td>Dec-24</td><td>125</td><td>45</td><td>60</td><td>25</td></tr> <tr><td>Jan-25</td><td>155</td><td>30</td><td>55</td><td>25</td></tr> <tr><td>Feb-25</td><td>168</td><td>25</td><td>55</td><td>25</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Feb-24	168	35	55	25	Mar-24	110	50	55	30	Apr-24	120	45	50	25	May-24	155	25	50	25	Jun-24	135	25	55	25	Jul-24	135	15	55	25	Aug-24	135	20	65	30	Sep-24	135	15	55	35	Oct-24	130	35	65	25	Nov-24	110	45	70	25	Dec-24	125	45	60	25	Jan-25	155	30	55	25	Feb-25	168	25	55	25
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<p>Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p>	<p>In February 2025, there were 23 elective procedures cancelled due to lack of beds on the day of surgery. This is 6 less cancellations than those seen in January 2025.</p> <p>Of the 23 cancelled procedures, 21 were attributed to Morriston Hospital and 2 were attributed to Neath Port Talbot Hospital.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Feb-24</td><td>25</td><td>0</td><td>23</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>20</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>30</td><td>0</td><td>0</td></tr> <tr><td>Jan-25</td><td>28</td><td>0</td><td>0</td></tr> <tr><td>Feb-25</td><td>20</td><td>0</td><td>3</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Feb-24	25	0	23	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	20	0	0	Sep-24	20	0	0	Oct-24	30	0	0	Nov-24	15	0	0	Dec-24	30	0	0	Jan-25	28	0	0	Feb-25	20	0	3														
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HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																													
<p>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i></p>	<ul style="list-style-type: none"> • 18 cases of <i>E. coli</i> bacteraemia were identified in February 2025, of which 11 were hospital acquired and 7 were community acquired. • The Health Board total is currently below the Welsh Government Profile target of 18 cases for February 2025. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>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>21</td><td>18</td></tr> <tr><td>Feb-25</td><td>18</td><td>18</td></tr> <tr><td>Mar-25</td><td>17</td><td>18</td></tr> </tbody> </table> <p>Legend: ■ Number E.Coli cases (SBU) — Trajectory</p>	Month	Number E.Coli cases (SBU)	Trajectory	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	21	18	Feb-25	18	18	Mar-25	17	18
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<p>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i></p>	<ul style="list-style-type: none"> • There were 12 cases of <i>Staph. aureus</i> bacteraemia in February 2025, of which 10 were hospital acquired and 2 were community acquired. • The Health Board total is currently above the Welsh Government Profile target of 5 cases for February 2025 <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Feb-24</td><td>8</td><td>8</td></tr> <tr><td>Mar-24</td><td>8</td><td>8</td></tr> <tr><td>Apr-24</td><td>13</td><td>8</td></tr> <tr><td>May-24</td><td>7</td><td>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>11</td><td>5</td></tr> <tr><td>Feb-25</td><td>12</td><td>5</td></tr> <tr><td>Mar-25</td><td>12</td><td>5</td></tr> </tbody> </table> <p>Legend: ■ Number of S.Aureus cases (SBU) — Trajectory</p>	Month	Number of S.Aureus cases (SBU)	Trajectory	Feb-24	8	8	Mar-24	8	8	Apr-24	13	8	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	11	5	Feb-25	12	5	Mar-25	12	5
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HEALTHCARE ACQUIRED INFECTIONS

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<p>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i> Number of laboratory confirmed <i>C.difficile</i> cases</p>	<ul style="list-style-type: none"> There were 17 <i>Clostridium difficile</i> toxin positive cases in February 2025, of which 15 were hospital acquired and 2 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 7 cases for February 2025. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> </tr> </thead> <tbody> <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>31</td></tr> <tr><td>Feb-25</td><td>17</td></tr> <tr><td>Mar-25</td><td>6</td></tr> </tbody> </table> <p style="text-align: center;"> ■ Number of C.diff cases (SBU) — Trajectory </p>	Month	Number of C.diff cases (SBU)	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	31	Feb-25	17	Mar-25	6
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Feb-25	17																															
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<p>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i> Number of laboratory confirmed <i>Klebsiella sp</i> cases</p>	<ul style="list-style-type: none"> There were 10 cases of <i>Klebsiella sp</i> in February 2025, of which 3 were hospital acquired and 7 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 5 cases for February 2025. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> </tr> </thead> <tbody> <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>9</td></tr> <tr><td>Feb-25</td><td>10</td></tr> <tr><td>Mar-25</td><td>4</td></tr> </tbody> </table> <p style="text-align: center;"> ■ Number of Klebsiella cases (SBU) — Trajectory </p>	Month	Number of Klebsiella cases (SBU)	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	9	Feb-25	10	Mar-25	4
Month	Number of Klebsiella cases (SBU)																															
Feb-24	9																															
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Mar-25	4																															

HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																													
<p>Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> • There were 2 cases of <i>P.Aeruginosa</i> reported in February 2025. • The Health Board total is currently in line with the Welsh Government Profile target of 2 cases for February 2025. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <caption>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>Feb-24</td><td>0</td><td>0</td></tr> <tr><td>Mar-24</td><td>0</td><td>0</td></tr> <tr><td>Apr-24</td><td>3</td><td>3</td></tr> <tr><td>May-24</td><td>1</td><td>1</td></tr> <tr><td>Jun-24</td><td>2</td><td>2</td></tr> <tr><td>Jul-24</td><td>2</td><td>2</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>2</td><td>2</td></tr> <tr><td>Dec-24</td><td>5</td><td>1</td></tr> <tr><td>Jan-25</td><td>2</td><td>1</td></tr> <tr><td>Feb-25</td><td>2</td><td>2</td></tr> <tr><td>Mar-25</td><td>3</td><td>3</td></tr> </tbody> </table> <p>Legend: ■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Feb-24	0	0	Mar-24	0	0	Apr-24	3	3	May-24	1	1	Jun-24	2	2	Jul-24	2	2	Aug-24	3	2	Sep-24	1	2	Oct-24	1	2	Nov-24	2	2	Dec-24	5	1	Jan-25	2	1	Feb-25	2	2	Mar-25	3	3
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Mar-25	3	3																																													

PLANNED CARE		
Description	Current Performance	Actions of Improvement
Referrals and shape of the waiting list 1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Outpatient activity undertaken <i>Total number of patients seen each month</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as a February 2025.</i>	<p>In February 2025, there were 12,514 referrals received. This is lower than the number that was received in January 2025 (13,759). 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>
	Trend	
	<p>1. Number of GP referrals received by SBU Health Board</p> <p>2. Number of stage 1 additions per week</p> <p>3. Outpatient activity undertaken</p> <p>4. Total size of the waiting list (February 2025)</p>	

PLANNED CARE

Description	Current Performance	Actions of Improvement																																																																																																																																																																	
<p>Outpatient waiting times</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. February 2025 saw a minor in-month reduction of the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 16,178 in January 2025 to 15,507 in February 2025. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, followed by Orthopaedics and ENT. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has improved slightly to 60.1%.</p> <p style="text-align: center;">Trend</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. Number of stage 1 over 26 weeks- HB total</p> <table border="1"> <caption>1. 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4. Percentage of patient waiting less than 26 weeks

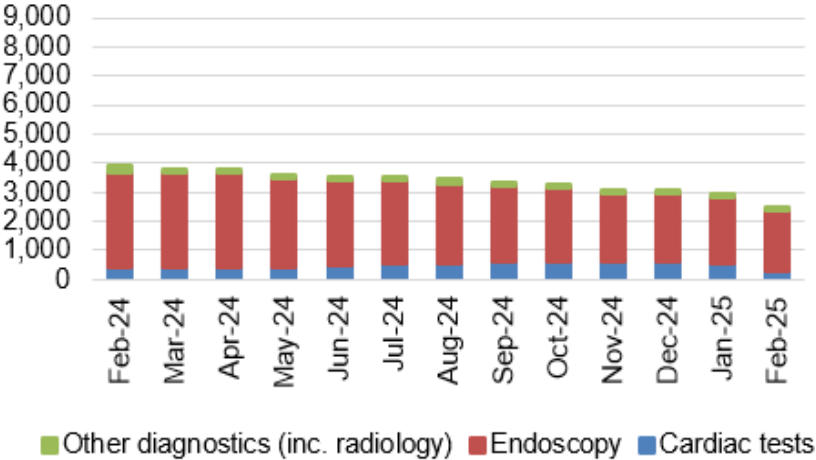
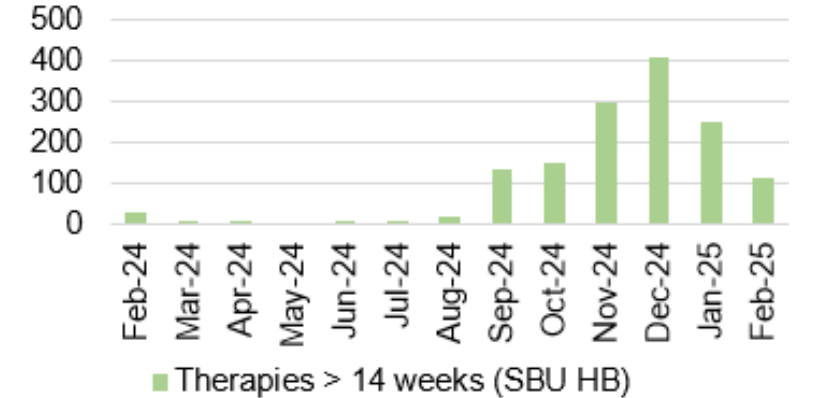
Month	% waiting < 26 wks (SBU HB)
Feb-24	60%
Mar-24	60%
Apr-24	60%
May-24	60%
Jun-24	60%
Jul-24	60%
Aug-24	60%
Sep-24	60%
Oct-24	60%
Nov-24	60%
Dec-24	60%
Jan-25	60%
Feb-25	60.1%

PLANNED CARE																																																																										
Description	Current Performance	Actions of Improvement																																																																								
<p>Patients waiting over 36 weeks for treatment</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 February 2025, there were 7,676 patients waiting over 36 weeks at Stage 1, which is a 5% in-month reduction from January 2025. 13,258 patients were waiting over 52 weeks at all stages in February 2025. In February 2024, there were 291 patients waiting over 104 weeks for treatment, which is a 58% reduction from January 2025.</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>Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In February 2025, there were 803 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in January 2024, which was 843.</p>	<p>Number of referrals into secondary care Ophthalmology service</p> <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Number of referrals</th> </tr> </thead> <tbody> <tr><td>Feb-24</td><td>700</td></tr> <tr><td>Mar-24</td><td>920</td></tr> <tr><td>Apr-24</td><td>930</td></tr> <tr><td>May-24</td><td>780</td></tr> <tr><td>Jun-24</td><td>790</td></tr> <tr><td>Jul-24</td><td>830</td></tr> <tr><td>Aug-24</td><td>780</td></tr> <tr><td>Sep-24</td><td>700</td></tr> <tr><td>Oct-24</td><td>850</td></tr> <tr><td>Nov-24</td><td>750</td></tr> <tr><td>Dec-24</td><td>580</td></tr> <tr><td>Jan-25</td><td>830</td></tr> <tr><td>Feb-25</td><td>800</td></tr> </tbody> </table> <p align="center">■ Number of referrals</p>	Month	Number of referrals	Feb-24	700	Mar-24	920	Apr-24	930	May-24	780	Jun-24	790	Jul-24	830	Aug-24	780	Sep-24	700	Oct-24	850	Nov-24	750	Dec-24	580	Jan-25	830	Feb-25	800
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<p>Ophthalmology waiting times <i>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target</i></p>	<p>In February 2025, 58.8% of Ophthalmology R1 appointments attended were within their clinical target date or within 25% of the target date.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target date</p> <table border="1"> <caption>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target date</caption> <thead> <tr> <th>Month</th> <th>% of appointments</th> </tr> </thead> <tbody> <tr><td>Feb-24</td><td>62%</td></tr> <tr><td>Mar-24</td><td>58%</td></tr> <tr><td>Apr-24</td><td>55%</td></tr> <tr><td>May-24</td><td>58%</td></tr> <tr><td>Jun-24</td><td>60%</td></tr> <tr><td>Jul-24</td><td>58%</td></tr> <tr><td>Aug-24</td><td>57%</td></tr> <tr><td>Sep-24</td><td>57%</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%</td></tr> <tr><td>Jan-25</td><td>57%</td></tr> <tr><td>Feb-25</td><td>59%</td></tr> </tbody> </table> <p align="center">■ % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date. — Target</p>	Month	% of appointments	Feb-24	62%	Mar-24	58%	Apr-24	55%	May-24	58%	Jun-24	60%	Jul-24	58%	Aug-24	57%	Sep-24	57%	Oct-24	61%	Nov-24	61%	Dec-24	62%	Jan-25	57%	Feb-25	59%
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<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In February 2025 there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 2,839 in January 2025 to 2,447 in February 2025.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for February 2025:</p> <ul style="list-style-type: none"> • Endoscopy= 2,054 • Cardiac tests= 328 • Other Diagnostics = 35^ <p>Actions of Improvement; Demand and capacity work has enabled significant improvement in access times for non-endoscopic diagnostics.</p> <p>Detailed demand and capacity model for endoscopy has been commissioned to ensure sustained improvement across all aspects of endoscopic diagnostics.</p>	<p>Number of patients waiting longer than 8 weeks for Diagnostics</p>  <table border="1"> <caption>Number of patients waiting longer than 8 weeks for Diagnostics</caption> <thead> <tr> <th>Month</th> <th>Other diagnostics (inc. radiology)</th> <th>Endoscopy</th> <th>Cardiac tests</th> </tr> </thead> <tbody> <tr><td>Feb-24</td><td>~1,000</td><td>~2,800</td><td>~200</td></tr> <tr><td>Mar-24</td><td>~1,000</td><td>~2,700</td><td>~200</td></tr> <tr><td>Apr-24</td><td>~1,000</td><td>~2,600</td><td>~200</td></tr> <tr><td>May-24</td><td>~1,000</td><td>~2,500</td><td>~200</td></tr> <tr><td>Jun-24</td><td>~1,000</td><td>~2,400</td><td>~200</td></tr> <tr><td>Jul-24</td><td>~1,000</td><td>~2,300</td><td>~200</td></tr> <tr><td>Aug-24</td><td>~1,000</td><td>~2,200</td><td>~200</td></tr> <tr><td>Sep-24</td><td>~1,000</td><td>~2,100</td><td>~200</td></tr> <tr><td>Oct-24</td><td>~1,000</td><td>~2,000</td><td>~200</td></tr> <tr><td>Nov-24</td><td>~1,000</td><td>~1,900</td><td>~200</td></tr> <tr><td>Dec-24</td><td>~1,000</td><td>~1,800</td><td>~200</td></tr> <tr><td>Jan-25</td><td>~1,000</td><td>~1,700</td><td>~200</td></tr> <tr><td>Feb-25</td><td>~1,000</td><td>~1,600</td><td>~200</td></tr> </tbody> </table>	Month	Other diagnostics (inc. radiology)	Endoscopy	Cardiac tests	Feb-24	~1,000	~2,800	~200	Mar-24	~1,000	~2,700	~200	Apr-24	~1,000	~2,600	~200	May-24	~1,000	~2,500	~200	Jun-24	~1,000	~2,400	~200	Jul-24	~1,000	~2,300	~200	Aug-24	~1,000	~2,200	~200	Sep-24	~1,000	~2,100	~200	Oct-24	~1,000	~2,000	~200	Nov-24	~1,000	~1,900	~200	Dec-24	~1,000	~1,800	~200	Jan-25	~1,000	~1,700	~200	Feb-25	~1,000	~1,600	~200
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<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In February 2025, there were 113 patients waiting over 14 weeks for specified Therapies, which is 135 less than seen in January 2025.</p> <ul style="list-style-type: none"> - The majority of breaches are currently in Podiatry, the service continue to implement a recovery plan to help support the reduction of the waiting list. 	<p>Number of patients waiting longer than 14 weeks for therapies</p>  <table border="1"> <caption>Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Therapies > 14 weeks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Feb-24</td><td>~20</td></tr> <tr><td>Mar-24</td><td>~10</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>~10</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>~280</td></tr> <tr><td>Dec-24</td><td>~400</td></tr> <tr><td>Jan-25</td><td>~250</td></tr> <tr><td>Feb-25</td><td>113</td></tr> </tbody> </table>	Month	Therapies > 14 weeks (SBU HB)	Feb-24	~20	Mar-24	~10	Apr-24	~10	May-24	~10	Jun-24	~10	Jul-24	~10	Aug-24	~10	Sep-24	~130	Oct-24	~150	Nov-24	~280	Dec-24	~400	Jan-25	~250	Feb-25	113																												
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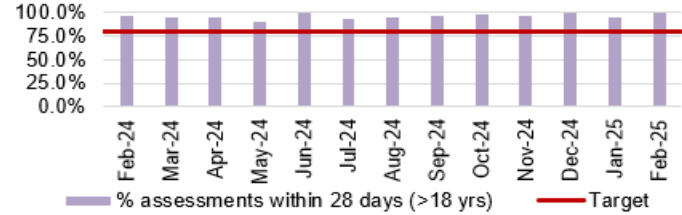
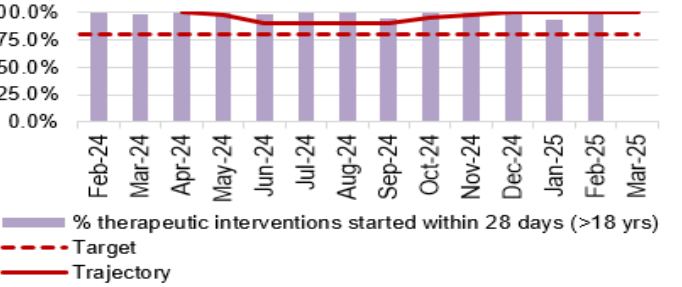
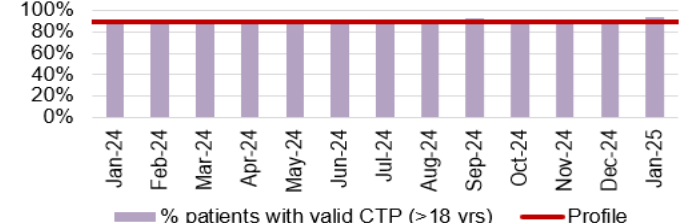
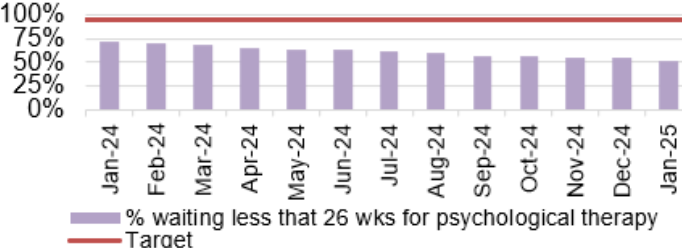
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<p>Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i></p>	<p>Early March 2025 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>63 - 103 days</th> <th>≥104 days</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>2</td></tr> <tr><td>Breast</td><td>7</td><td>0</td></tr> <tr><td>Children's cancer</td><td>0</td><td>0</td></tr> <tr><td>Gynaecological</td><td>10</td><td>6</td></tr> <tr><td>Haematological</td><td>3</td><td>6</td></tr> <tr><td>Head and neck</td><td>4</td><td>2</td></tr> <tr><td>Lower GI (Exl. BSW)</td><td>15</td><td>9</td></tr> <tr><td>BSW</td><td>11</td><td>4</td></tr> <tr><td>Lung</td><td>9</td><td>8</td></tr> <tr><td>Other</td><td>3</td><td>0</td></tr> <tr><td>Sarcoma</td><td>2</td><td>3</td></tr> <tr><td>Skin(c)</td><td>18</td><td>15</td></tr> <tr><td>Upper Gastrointestinal</td><td>13</td><td>10</td></tr> <tr><td>Urological</td><td>17</td><td>15</td></tr> <tr><td>Grand Total</td><td>112</td><td>80</td></tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	0	Brain/CNS	0	2	Breast	7	0	Children's cancer	0	0	Gynaecological	10	6	Haematological	3	6	Head and neck	4	2	Lower GI (Exl. BSW)	15	9	BSW	11	4	Lung	9	8	Other	3	0	Sarcoma	2	3	Skin(c)	18	15	Upper Gastrointestinal	13	10	Urological	17	15	Grand Total	112	80	<p>Number of patients with a wait status of more than 62 days</p> <p>Legend: ■ 63-103 days, ▨ ≥ 104 days</p>
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<p>Single Cancer Pathway backlog-patients waiting over 63 days</p>	<p>February 2025 saw a reduction 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"> - Continued focus on front end of pathway for all specialties - Assess impact on capacity of agreed actions from skin workshop (including super clinics, locum consultant interviews and job plan reviews) - Continued focus on cellular pathology - Identify additional surgical (upper GI in particular) and chemotherapy capacity - Radiology cancer performance review underway - Further actions/improvement in Skin, LGI, Urology and Lung. Progress against actions to be monitored through Cancer Performance Improvement Group 	<p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p> <p>Legend: ■ Actual %, — Target %, — Trajectory %</p>																																																			

CANCER																																		
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>Early March 2025 figures show total wait volumes for first outpatient appointment remain low.</p> <p>Of the total number of patients waiting within the backlog, the majority of patients are waiting for diagnostic results, closely followed by treatment.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early March 2025</p> <table border="1"> <thead> <tr> <th></th> <th>First OPA</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td></tr> <tr><td>Breast</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>0</td></tr> <tr><td>Gynaecological</td><td>0</td></tr> <tr><td>Haematological</td><td>0</td></tr> <tr><td>Head and Neck</td><td>0</td></tr> <tr><td>Lower Gastrointestinal</td><td>0</td></tr> <tr><td>Lung</td><td>0</td></tr> <tr><td>Other</td><td>0</td></tr> <tr><td>Sarcoma</td><td>0</td></tr> <tr><td>Skin</td><td>1</td></tr> <tr><td>Upper Gastrointestinal</td><td>1</td></tr> <tr><td>Urological</td><td>0</td></tr> <tr><td>Grand Total</td><td>2</td></tr> </tbody> </table>		First OPA	Acute Leukaemia	0	Brain/CNS	0	Breast	0	Children's Cancer	0	Gynaecological	0	Haematological	0	Head and Neck	0	Lower Gastrointestinal	0	Lung	0	Other	0	Sarcoma	0	Skin	1	Upper Gastrointestinal	1	Urological	0	Grand Total	2
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times continue to be a challenge, with only the 7 day Elective Delay target being met in February 2025.</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>Feb-25</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>27%</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>35%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>68%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>80%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>96%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	Feb-25	Scheduled (14 Day Target)	80%	27%	Scheduled (21 Day Target)	100%	81%	Urgent SC (2 Day Target)	80%	35%	Urgent SC (7 Day Target)	100%	68%	Emergency (within 1 day)	80%	80%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	96%	Elective Delay (14 Day Target)	100%	100%	<p>Radiotherapy waiting times</p>					
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Description	Current Performance	Trend																																																								
<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In February 2025, there was a total of 150,598 patients waiting for a follow up outpatient appointment.</p> <p>There was a total of 66,407 patients waiting for a follow-up past their target date in February 2025.</p> <p>Of the 66,407 delayed follow-ups in February 2025, 13,000 had appointment dates and 53,407 were still waiting for an appointment.</p> <p>In addition, 38,841 patients were waiting 100%+ over target date in February 2025.</p> <ul style="list-style-type: none"> A significant reduction was noted in August 2024 due to a change in reporting where some specialties are excluded from monitoring going forward. Future trends will be assessed from the August 2024 position. 	<p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Feb-24</td><td>165,000</td></tr> <tr><td>Mar-24</td><td>165,000</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>165,000</td></tr> <tr><td>Jul-24</td><td>165,000</td></tr> <tr><td>Aug-24</td><td>140,000</td></tr> <tr><td>Sep-24</td><td>140,000</td></tr> <tr><td>Oct-24</td><td>140,000</td></tr> <tr><td>Nov-24</td><td>140,000</td></tr> <tr><td>Dec-24</td><td>140,000</td></tr> <tr><td>Jan-25</td><td>140,000</td></tr> <tr><td>Feb-25</td><td>140,000</td></tr> </tbody> </table> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Feb-24</td><td>45,000</td></tr> <tr><td>Mar-24</td><td>45,000</td></tr> <tr><td>Apr-24</td><td>45,000</td></tr> <tr><td>May-24</td><td>45,000</td></tr> <tr><td>Jun-24</td><td>45,000</td></tr> <tr><td>Jul-24</td><td>45,000</td></tr> <tr><td>Aug-24</td><td>35,000</td></tr> <tr><td>Sep-24</td><td>35,000</td></tr> <tr><td>Oct-24</td><td>35,000</td></tr> <tr><td>Nov-24</td><td>35,000</td></tr> <tr><td>Dec-24</td><td>35,000</td></tr> <tr><td>Jan-25</td><td>35,000</td></tr> <tr><td>Feb-25</td><td>35,000</td></tr> </tbody> </table>	Month	Number of patients	Feb-24	165,000	Mar-24	165,000	Apr-24	165,000	May-24	165,000	Jun-24	165,000	Jul-24	165,000	Aug-24	140,000	Sep-24	140,000	Oct-24	140,000	Nov-24	140,000	Dec-24	140,000	Jan-25	140,000	Feb-25	140,000	Month	Number of patients	Feb-24	45,000	Mar-24	45,000	Apr-24	45,000	May-24	45,000	Jun-24	45,000	Jul-24	45,000	Aug-24	35,000	Sep-24	35,000	Oct-24	35,000	Nov-24	35,000	Dec-24	35,000	Jan-25	35,000	Feb-25	35,000
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STROKE		
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.	<p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p>
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.	<p>2. % of patients who received a CT Scan within 1 hour</p>
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.	<p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p>
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.	<p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p>

ADULT MENTAL HEALTH

Description	Current Performance	Trend
<p>Adult Mental Health Measures:</p> <ol style="list-style-type: none"> <i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i> <i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i> <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> <i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i> 	<ol style="list-style-type: none"> In February 2025, 100% of assessments were undertaken within 28 days of referral for patients 18 years and over. In February 2025, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 99%. 94% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in January 2025. In January 2025, 52% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%. 	<ol style="list-style-type: none"> % Mental Health assessments undertaken within 28 days from receipt of referral  % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment  % residents with a valid Care and Treatment Plan (CTP)  % waiting less than 26 weeks for Psychology Therapy 

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 December 2024, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 42% of routine assessments were undertaken within 28 days from referral in January 2025 against a target of 80%.</p> <p>3. 100% of therapeutic interventions were started within 28 days following assessment by LPMHSS in February 2025.</p> <p>4. 22% of NDD patients received a diagnostic assessment within 26 weeks in January 2025 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 align="center">1. Crisis- assessment within 48 hours</p> <p align="center">2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p align="center">4. NDD- assessment within 26 weeks</p>

4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES

FRACTURED NECK OF FEMUR (#NOF)

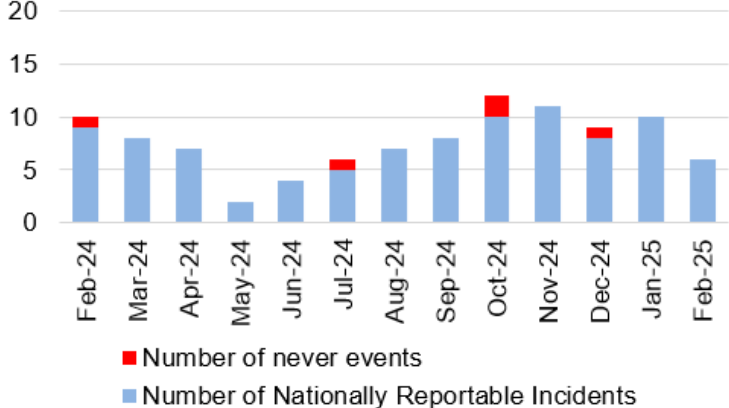
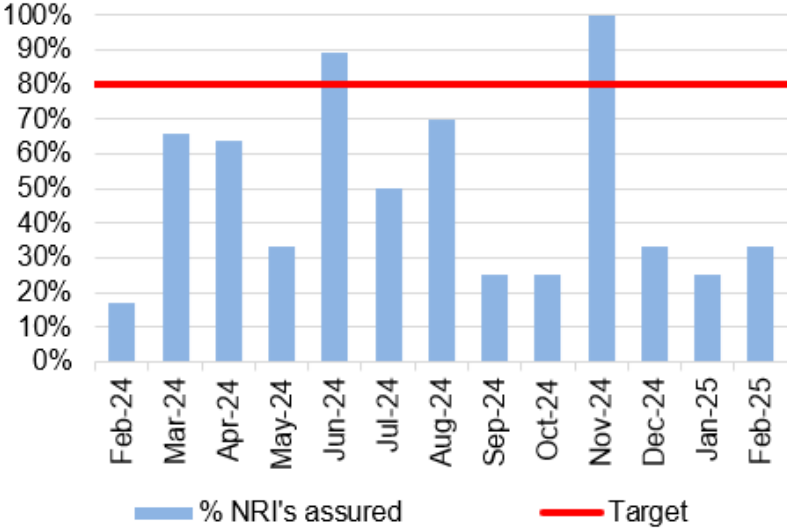
Description	Current Performance	Trend
<p>Fractured Neck of Femur (#NOF)</p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p>1. Prompt orthogeriatric assessment- In January 2025, 97.2% of patients in Morryston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In January 2025, 32.8% of patients had surgery the day following presentation with a hip fracture. This is a 1.0% deterioration from January 2024 which was 33.8%.</p> <p>3. NICE compliant surgery- 69.5% of operations were consistent with the NICE recommendations in January 2025. This is 0.2% less than in January 2024.</p> <p>4. Prompt mobilisation- In January 2025, 84.2% of patients were out of bed the day after surgery. This is 0.3% more than in January 2024.</p>	<div style="text-align: center;"> <p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p> </div>

FRACTURED NECK OF FEMUR (#NOF)

Description	Current Performance	Trend																																																								
<p>5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i></p>	<p>5. Not delirious when tested- 75.2% of patients were not delirious in the week after their operation in January 2025.</p>	<p align="center">5. Not delirious when tested</p> <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jan-24</td><td>75.2</td><td>65</td><td>65</td></tr> <tr><td>Feb-24</td><td>75.2</td><td>65</td><td>65</td></tr> <tr><td>Mar-24</td><td>75.2</td><td>65</td><td>65</td></tr> <tr><td>Apr-24</td><td>75.2</td><td>65</td><td>65</td></tr> <tr><td>May-24</td><td>75.2</td><td>65</td><td>65</td></tr> <tr><td>Jun-24</td><td>75.2</td><td>65</td><td>65</td></tr> <tr><td>Jul-24</td><td>75.2</td><td>65</td><td>65</td></tr> <tr><td>Aug-24</td><td>75.2</td><td>65</td><td>65</td></tr> <tr><td>Sep-24</td><td>75.2</td><td>65</td><td>65</td></tr> <tr><td>Oct-24</td><td>75.2</td><td>65</td><td>65</td></tr> <tr><td>Nov-24</td><td>75.2</td><td>65</td><td>65</td></tr> <tr><td>Dec-24</td><td>75.2</td><td>65</td><td>65</td></tr> <tr><td>Jan-25</td><td>75.2</td><td>65</td><td>65</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-24	75.2	65	65	Feb-24	75.2	65	65	Mar-24	75.2	65	65	Apr-24	75.2	65	65	May-24	75.2	65	65	Jun-24	75.2	65	65	Jul-24	75.2	65	65	Aug-24	75.2	65	65	Sep-24	75.2	65	65	Oct-24	75.2	65	65	Nov-24	75.2	65	65	Dec-24	75.2	65	65	Jan-25	75.2	65	65
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<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>6. Return to original residence- 71.0% of patients in October 2025 were discharged back to their original residence. This is 2.1% less than was reported in October 2024.</p>	<p align="center">6. Return to original residence</p> <table border="1"> <caption>6. Return to original residence - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>71.0</td><td>73</td><td>73</td></tr> <tr><td>Nov-23</td><td>71.0</td><td>73</td><td>73</td></tr> <tr><td>Dec-23</td><td>71.0</td><td>73</td><td>73</td></tr> <tr><td>Jan-24</td><td>71.0</td><td>73</td><td>73</td></tr> <tr><td>Feb-24</td><td>71.0</td><td>73</td><td>73</td></tr> <tr><td>Mar-24</td><td>71.0</td><td>73</td><td>73</td></tr> <tr><td>Apr-24</td><td>71.0</td><td>73</td><td>73</td></tr> <tr><td>May-24</td><td>71.0</td><td>73</td><td>73</td></tr> <tr><td>Jun-24</td><td>71.0</td><td>73</td><td>73</td></tr> <tr><td>Jul-24</td><td>71.0</td><td>73</td><td>73</td></tr> <tr><td>Aug-24</td><td>71.0</td><td>73</td><td>73</td></tr> <tr><td>Sep-24</td><td>71.0</td><td>73</td><td>73</td></tr> <tr><td>Oct-24</td><td>71.0</td><td>73</td><td>73</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Oct-23	71.0	73	73	Nov-23	71.0	73	73	Dec-23	71.0	73	73	Jan-24	71.0	73	73	Feb-24	71.0	73	73	Mar-24	71.0	73	73	Apr-24	71.0	73	73	May-24	71.0	73	73	Jun-24	71.0	73	73	Jul-24	71.0	73	73	Aug-24	71.0	73	73	Sep-24	71.0	73	73	Oct-24	71.0	73	73
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<p>7. <i>30 day mortality rate (Case mix Adjusted)</i></p>	<p>7. 30 day mortality rate- In Q3 24-25 the mortality rate for Morryston Hospital was 5.6%, which is 0.4% lower than the figure reported in the same period in the previous year and is 0.3% above the national average for the quarter.</p>	<p align="center">7. 30 day mortality rate</p> <table border="1"> <caption>7. 30 day mortality rate - Trend Data</caption> <thead> <tr> <th>Quarter</th> <th>Morryston (Casemix Adjusted) (%)</th> <th>National Average (%)</th> </tr> </thead> <tbody> <tr><td>Q1 21-22</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q2 21-22</td><td>6.5</td><td>7.5</td></tr> <tr><td>Q3 21-22</td><td>6.8</td><td>7.8</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>7.0</td></tr> <tr><td>Q2 22-23</td><td>5.8</td><td>6.8</td></tr> <tr><td>Q3 22-23</td><td>5.8</td><td>6.5</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>6.0</td></tr> <tr><td>Q2 23-24</td><td>6.5</td><td>5.5</td></tr> <tr><td>Q3 23-24</td><td>6.0</td><td>5.5</td></tr> <tr><td>Q4 23-24</td><td>5.0</td><td>5.5</td></tr> <tr><td>Q1 24-25</td><td>5.5</td><td>5.5</td></tr> <tr><td>Q2 24-25</td><td>5.5</td><td>5.5</td></tr> <tr><td>Q3 24-25</td><td>5.6</td><td>5.5</td></tr> </tbody> </table>	Quarter	Morryston (Casemix Adjusted) (%)	National Average (%)	Q1 21-22	7.0	8.0	Q2 21-22	6.5	7.5	Q3 21-22	6.8	7.8	Q4 21-22	6.5	7.5	Q1 22-23	6.5	7.0	Q2 22-23	5.8	6.8	Q3 22-23	5.8	6.5	Q4 22-23	6.0	6.5	Q1 23-24	5.8	6.0	Q2 23-24	6.5	5.5	Q3 23-24	6.0	5.5	Q4 23-24	5.0	5.5	Q1 24-25	5.5	5.5	Q2 24-25	5.5	5.5	Q3 24-25	5.6	5.5								
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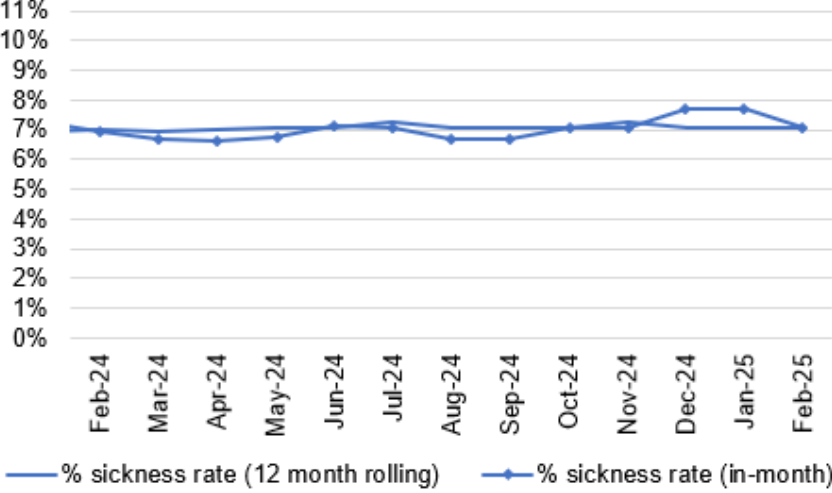
PRESSURE ULCERS		
Description	Current Performance	Trend
<p>Number of pressure ulcers</p> <p>1. Total number of pressure ulcers developed in hospital and in the community</p> <p>2. Rate of pressure ulcers per 100,000 admission</p>	<p>1. In January 2025 there were 138 cases of healthcare acquired pressure ulcers, 61 of which were community acquired and 77 were hospital acquired.</p> <p>There were 20 grade 3+ pressure ulcers in January 2025, 11 of which were community acquired and 9 were hospital acquired.</p> <p>2. The rate per 100,000 admissions was 1289 in January 2025.</p>	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <p>*March 24 data not available</p>
INPATIENT FALLS		
Description	Current Performance	Trend
<p>Inpatient Falls</p> <p>The total number of inpatient falls</p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 195 in February 2025. This is 3.7% more than January 2025 where 188 falls were recorded. 	<p>Number of inpatient Falls</p>

NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p>Nationally Reportable Incidents (NRI's)- 1. <i>The number of Nationally reportable incidents</i></p> <p>2. <i>The number of Never Events</i></p> <p>3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 6 Nationally Reportable Incidents for the month of February 2025 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - Morriston – 3 - PCT -1 - Singleton - 1 <p>2. There were no new Never Events reported in February 2025.</p> <p>3. In February 2025, 33% of the NRI's were closed within the agreed timescale.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p>  <p>3. % of nationally reportable incidents closed within the agreed timescales</p> 

DISCHARGE SUMMARIES																																																																								
Description	Current Performance	Trend																																																																						
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in February 2025, the percentage of completed discharge summaries was 76%.</p> <p>In February 2025, compliance ranged from 83% in Morriston Hospital to 63% in Singleton Hospital.</p>	<p>% discharge summaries approved and sent</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>Feb-24</td><td>72%</td></tr> <tr><td>Mar-24</td><td>68%</td></tr> <tr><td>Apr-24</td><td>78%</td></tr> <tr><td>May-24</td><td>78%</td></tr> <tr><td>Jun-24</td><td>78%</td></tr> <tr><td>Jul-24</td><td>78%</td></tr> <tr><td>Aug-24</td><td>82%</td></tr> <tr><td>Sep-24</td><td>80%</td></tr> <tr><td>Oct-24</td><td>78%</td></tr> <tr><td>Nov-24</td><td>78%</td></tr> <tr><td>Dec-24</td><td>75%</td></tr> <tr><td>Jan-25</td><td>80%</td></tr> <tr><td>Feb-25</td><td>76%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	Feb-24	72%	Mar-24	68%	Apr-24	78%	May-24	78%	Jun-24	78%	Jul-24	78%	Aug-24	82%	Sep-24	80%	Oct-24	78%	Nov-24	78%	Dec-24	75%	Jan-25	80%	Feb-25	76%																																										
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Crude Mortality Rate	<p>January 2025 reports the crude mortality rate for the Health Board at 0.69%, which is 0.01% higher than the figure reported in December 2024.</p> <p>A breakdown by Hospital for January 2025</p> <ul style="list-style-type: none"> • Morriston – 1.21% • Singleton – 0.20% • NPT – 0.03% 	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Jan-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.69%</td></tr> <tr><td>Feb-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.69%</td></tr> <tr><td>Mar-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.69%</td></tr> <tr><td>Apr-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.69%</td></tr> <tr><td>May-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.69%</td></tr> <tr><td>Jun-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.69%</td></tr> <tr><td>Jul-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.69%</td></tr> <tr><td>Aug-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.69%</td></tr> <tr><td>Sep-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.69%</td></tr> <tr><td>Oct-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.69%</td></tr> <tr><td>Nov-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.69%</td></tr> <tr><td>Dec-24</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.69%</td></tr> <tr><td>Jan-25</td><td>1.21%</td><td>0.20%</td><td>0.03%</td><td>0.70%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jan-24	1.21%	0.20%	0.03%	0.69%	Feb-24	1.21%	0.20%	0.03%	0.69%	Mar-24	1.21%	0.20%	0.03%	0.69%	Apr-24	1.21%	0.20%	0.03%	0.69%	May-24	1.21%	0.20%	0.03%	0.69%	Jun-24	1.21%	0.20%	0.03%	0.69%	Jul-24	1.21%	0.20%	0.03%	0.69%	Aug-24	1.21%	0.20%	0.03%	0.69%	Sep-24	1.21%	0.20%	0.03%	0.69%	Oct-24	1.21%	0.20%	0.03%	0.69%	Nov-24	1.21%	0.20%	0.03%	0.69%	Dec-24	1.21%	0.20%	0.03%	0.69%	Jan-25	1.21%	0.20%	0.03%	0.70%
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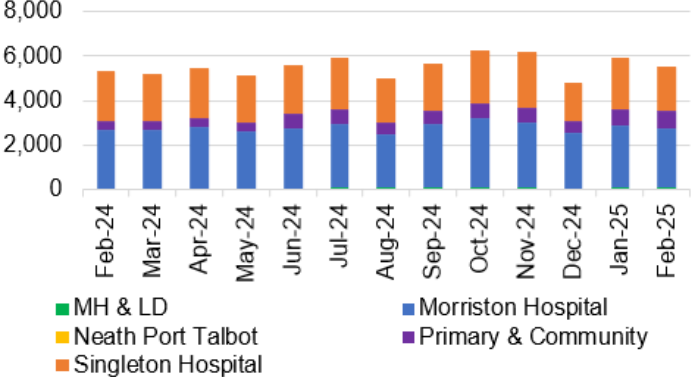
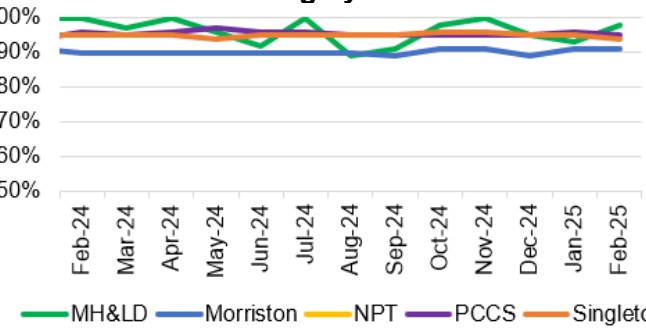
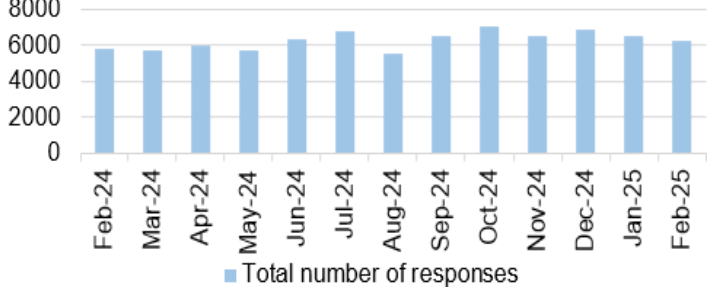
WORKFORCE

Description	Current Performance	Trend																		
<p>Staff sickness rates- <i>Percentage of sickness absence rate of staff</i></p>	<p>Our in-month sickness performance improved to 7.06% in February 2025.</p> <p>The 12-month rolling performance figure reported in February 2025 was 7.08%, which was the same figure reported in January 2025.</p> <p>The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in February 2025.</p> <table border="1" data-bbox="517 671 1200 1297"> <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>10,381.00</td> <td>34.5%</td> </tr> <tr> <td>Cold, Cough, Flu – Influenza</td> <td>3,348.00</td> <td>11.1%</td> </tr> <tr> <td>Other musculoskeletal problems</td> <td>3,072.00</td> <td>10.2%</td> </tr> <tr> <td>Gastrointestinal problems</td> <td>2,126.00</td> <td>7.1%</td> </tr> <tr> <td>Injury, Fracture</td> <td>1,434.00</td> <td>4.8%</td> </tr> </tbody> </table>	Absence Reason	FTE Days Lost	%	Anxiety/Stress/Depression/Other psychiatric illnesses	10,381.00	34.5%	Cold, Cough, Flu – Influenza	3,348.00	11.1%	Other musculoskeletal problems	3,072.00	10.2%	Gastrointestinal problems	2,126.00	7.1%	Injury, Fracture	1,434.00	4.8%	<p>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)</p>  <p>Legend: — % sickness rate (12 month rolling) ◆ % sickness rate (in-month)</p>
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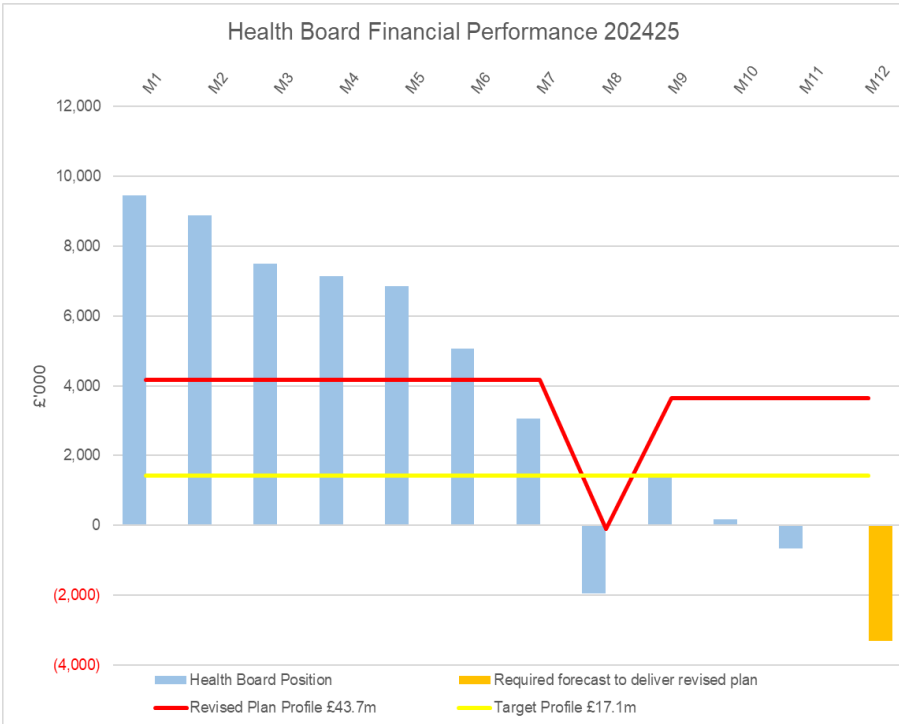
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<p>Theatre Efficiency</p> <p><i>1. Theatre Utilisation Rates</i></p> <p><i>2. % of theatre sessions starting late</i></p> <p><i>3. % of theatre sessions finishing early</i></p> <p><i>4. % of theatre sessions cancelled at short notice (<28 days)</i></p> <p><i>5. % of operations cancelled on the day</i></p>	<p>In February 2025 the Theatre Utilisation rate was 55%. This is 2% higher than the figure reported in January 2025 and is 2% higher than the figure reported in January 2024 (53%).</p> <p>43% of theatre sessions started late in February 2025. This is 2% higher than the figure reported in January 2025.</p> <p>In February 2025, 33% of theatre sessions finished early. This is 5% lower than the figure seen in January 2025 and 4% lower than those seen in February 2024.</p> <p>11% of theatre sessions were cancelled at short notice in February 2025. This is 1% higher than the figures reported in January 2025.</p> <p>Of the operations cancelled in February 2025, 37% of them were cancelled on the day.</p>	<p style="text-align: center;">1. Theatre Utilisation Rate</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>Feb-24</td><td>55</td></tr> <tr><td>Mar-24</td><td>50</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>50</td></tr> <tr><td>Jul-24</td><td>52</td></tr> <tr><td>Aug-24</td><td>50</td></tr> <tr><td>Sep-24</td><td>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>50</td></tr> <tr><td>Jan-25</td><td>53</td></tr> <tr><td>Feb-25</td><td>55</td></tr> </tbody> </table> <p style="text-align: center;">2. And 3. % theatre sessions starting late/finishing</p> <table border="1"> <caption>2. 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PATIENT EXPERIENCE

Description	Current Performance	Trend
<p>Patient experience</p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p> <p>3. Number of Service User feedback experience responses completed and recorded on CIVICA</p>	<p>Health Board Friends & Family patient satisfaction level in February 2025 was 93% and 5,456 surveys were completed.</p> <ul style="list-style-type: none"> ➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 2,018 surveys in February 2025, with a recommended score of 94%. ➢ Morriston Hospital completed 2,651 surveys in February 2025, with a recommended score of 91%. ➢ Primary & Community Care completed 783 surveys for February 2025, with a recommended score of 95%. ➢ The Mental Health Service Group completed 99 surveys for February 2025, with a recommended score of 98%. <p>There were 6,253 feedback experience responses completed and recorded on CIVICA in February 2025. This is 282 less than the figure reported in January 2025. Of the responses recorded, 5,206 were targeted and 1,047 were passive.</p>	<p>1. Number of friends and family surveys completed</p>  <p>2. % of patients/ service users who would recommend and highly recommend</p>  <p>3. Number of Service User experience responses</p> 

FINANCE UPDATES

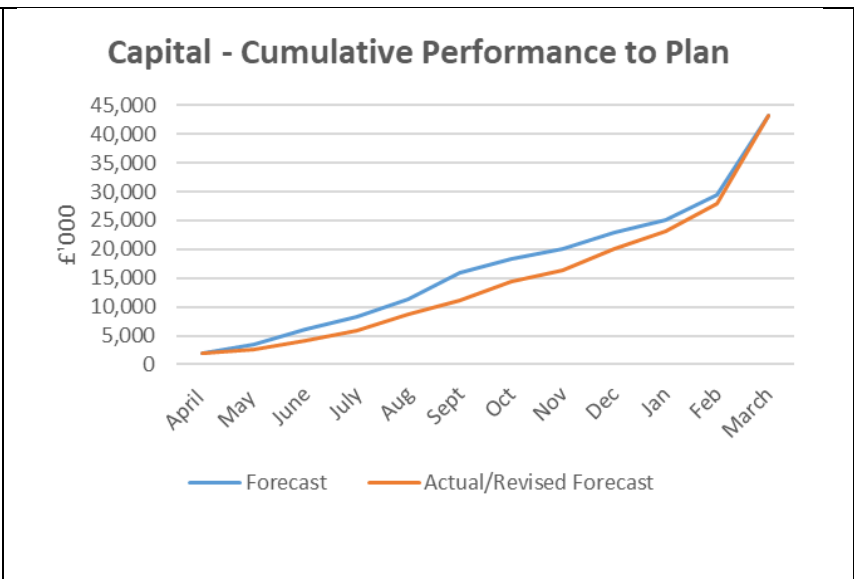
This section of the report provides further detail on key workforce measures.

Description	Current Performance	Trend																																																																	
<p>Revenue Financial Position – expenditure incurred against revenue resource limit</p>	<ul style="list-style-type: none"> On the 2nd December the Health Board were notified that WG will issue £6.4m of funding to reduce our planned deficit to £43.7m, noting that the control total for 2025/26 set by Welsh Government remains £17.1m. In Month 11 there is an in-month underspend of £0.7m. YTD at Month 11 is an overspend of £47m. This is in excess of the £43.7m 2024/25 revised plan. Overall, the Health Board YTD position is £7m off the delivery of the revised plan deficit figure of £43.7m. 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. The yellow line depicts the level required if the HB were to achieve the £17.1m 2025/26 control total. To hit the £43.7m revised Plan the HB needs to underspend in March by a total of £3.3m 	 <p>The chart, titled 'Health Board Financial Performance 202425', displays monthly performance from Month 1 (M1) to Month 12 (M12). The vertical axis represents expenditure in thousands of pounds (£'000), ranging from (4,000) to 12,000. The horizontal axis lists the months. The chart includes four data series: 'Health Board Position' (blue bars), 'Revised Plan Profile £43.7m' (red line), 'Required forecast to deliver revised plan' (orange bars), and 'Target Profile £17.1m' (yellow line). The Health Board Position starts at approximately £9,500 in M1 and generally decreases, crossing the Revised Plan Profile in M8 and ending at approximately £47,000 in M12. The Revised Plan Profile is constant at £43,700 until M7, then drops to £0 in M8 and rises to £36,000 from M9 onwards. The Target Profile is constant at £17,100. The Required forecast to deliver revised plan is shown as orange bars, with a significant negative value of approximately £3,300 in M12.</p> <table border="1"> <caption>Health Board Financial Performance 202425 Data</caption> <thead> <tr> <th>Month</th> <th>Health Board Position (£'000)</th> <th>Revised Plan Profile (£'000)</th> <th>Target Profile (£'000)</th> <th>Required forecast to deliver revised plan (£'000)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>9,500</td><td>43,700</td><td>17,100</td><td>0</td></tr> <tr><td>M2</td><td>8,800</td><td>43,700</td><td>17,100</td><td>0</td></tr> <tr><td>M3</td><td>7,500</td><td>43,700</td><td>17,100</td><td>0</td></tr> <tr><td>M4</td><td>7,100</td><td>43,700</td><td>17,100</td><td>0</td></tr> <tr><td>M5</td><td>6,800</td><td>43,700</td><td>17,100</td><td>0</td></tr> <tr><td>M6</td><td>5,000</td><td>43,700</td><td>17,100</td><td>0</td></tr> <tr><td>M7</td><td>3,000</td><td>43,700</td><td>17,100</td><td>0</td></tr> <tr><td>M8</td><td>(2,000)</td><td>0</td><td>17,100</td><td>0</td></tr> <tr><td>M9</td><td>1,500</td><td>36,000</td><td>17,100</td><td>0</td></tr> <tr><td>M10</td><td>500</td><td>36,000</td><td>17,100</td><td>0</td></tr> <tr><td>M11</td><td>(500)</td><td>36,000</td><td>17,100</td><td>0</td></tr> <tr><td>M12</td><td>(47,000)</td><td>36,000</td><td>17,100</td><td>(3,300)</td></tr> </tbody> </table>	Month	Health Board Position (£'000)	Revised Plan Profile (£'000)	Target Profile (£'000)	Required forecast to deliver revised plan (£'000)	M1	9,500	43,700	17,100	0	M2	8,800	43,700	17,100	0	M3	7,500	43,700	17,100	0	M4	7,100	43,700	17,100	0	M5	6,800	43,700	17,100	0	M6	5,000	43,700	17,100	0	M7	3,000	43,700	17,100	0	M8	(2,000)	0	17,100	0	M9	1,500	36,000	17,100	0	M10	500	36,000	17,100	0	M11	(500)	36,000	17,100	0	M12	(47,000)	36,000	17,100	(3,300)
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Description	Current Performance	Trend
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Capital Financial Position – expenditure incurred against capital resource limit

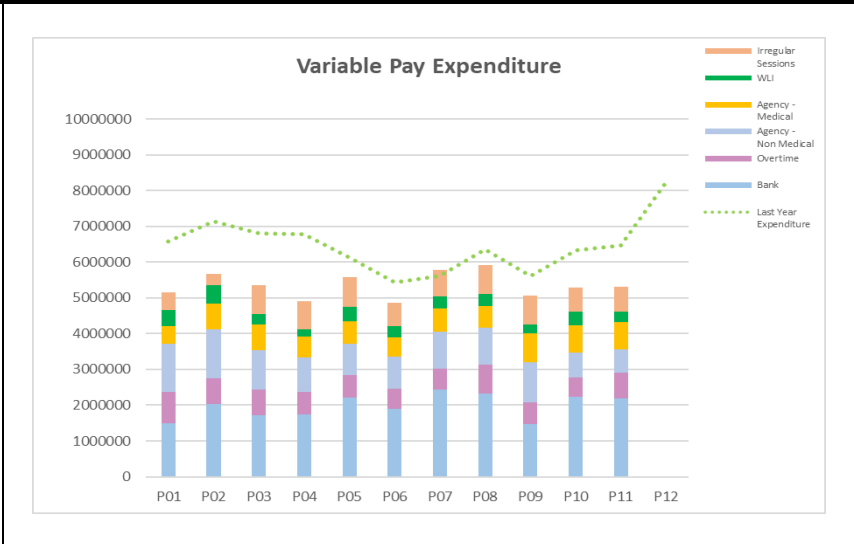
- The balanced forecast outturn capital position for 2024/25 assumes income from disposals of £0.275m.
- Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government.

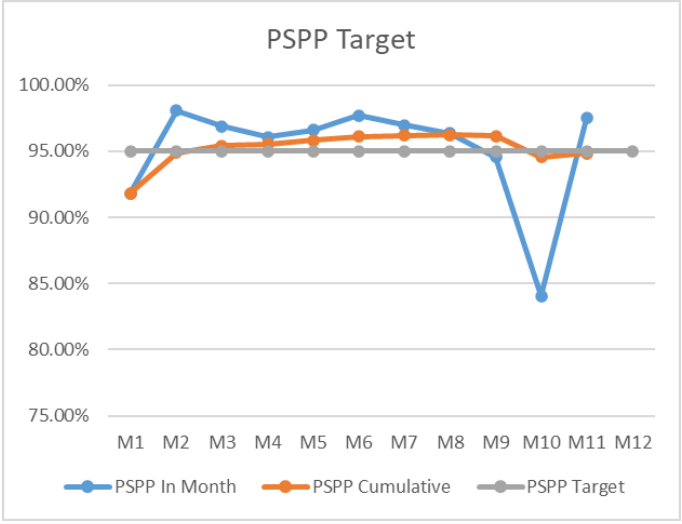


Description	Current Performance	Trend
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Workforce Spend – workforce expenditure profile

- The pay budgets are overspent by £2.1m in February.
- Variable pay has increased in January by circa. £33k. Broken down as follows; Overtime was overspent by £161k, & Irregular Sessions £47k offset by an underspend in WLI of £87k, Agency £53k and Bank £35k.
- Work is required to bring spend down in line with the current year budget.



Description	Current Performance	Trend																																																				
<p>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> The cumulative PSPP compliance has increased slightly this month, however it is still below target at 94.83%. In February compliance was above target at 97.51% (January – 84.06%). Although the PSPP was achieved this month, there were still delays in receipting and in authorisation. 	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p>  <table border="1"> <caption>PSPP Target</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>92.00</td><td>92.00</td><td>95.00</td></tr> <tr><td>M2</td><td>98.00</td><td>95.00</td><td>95.00</td></tr> <tr><td>M3</td><td>97.00</td><td>95.50</td><td>95.00</td></tr> <tr><td>M4</td><td>96.00</td><td>95.80</td><td>95.00</td></tr> <tr><td>M5</td><td>97.00</td><td>96.00</td><td>95.00</td></tr> <tr><td>M6</td><td>98.00</td><td>96.20</td><td>95.00</td></tr> <tr><td>M7</td><td>97.00</td><td>96.40</td><td>95.00</td></tr> <tr><td>M8</td><td>96.00</td><td>96.50</td><td>95.00</td></tr> <tr><td>M9</td><td>95.00</td><td>96.60</td><td>95.00</td></tr> <tr><td>M10</td><td>84.06</td><td>96.70</td><td>95.00</td></tr> <tr><td>M11</td><td>98.00</td><td>96.80</td><td>95.00</td></tr> <tr><td>M12</td><td>95.00</td><td>94.83</td><td>95.00</td></tr> </tbody> </table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	92.00	92.00	95.00	M2	98.00	95.00	95.00	M3	97.00	95.50	95.00	M4	96.00	95.80	95.00	M5	97.00	96.00	95.00	M6	98.00	96.20	95.00	M7	97.00	96.40	95.00	M8	96.00	96.50	95.00	M9	95.00	96.60	95.00	M10	84.06	96.70	95.00	M11	98.00	96.80	95.00	M12	95.00	94.83	95.00
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5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

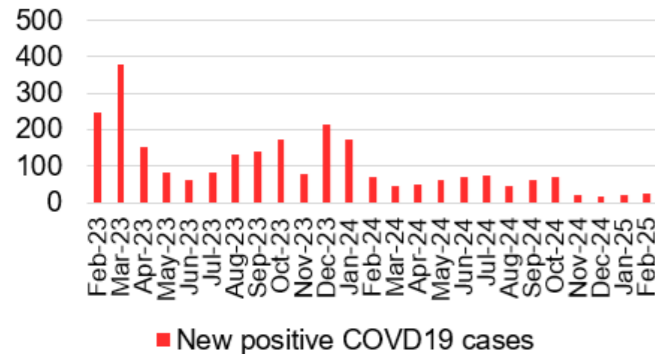


Chart 2: Number of new COVID19 cases (cumulative)

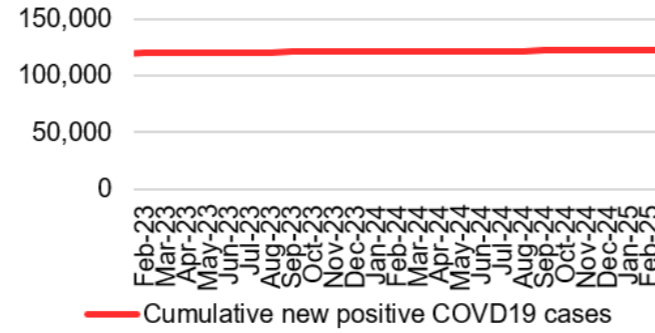


Chart 3: Number of COVID19 tests completed and positivity rate

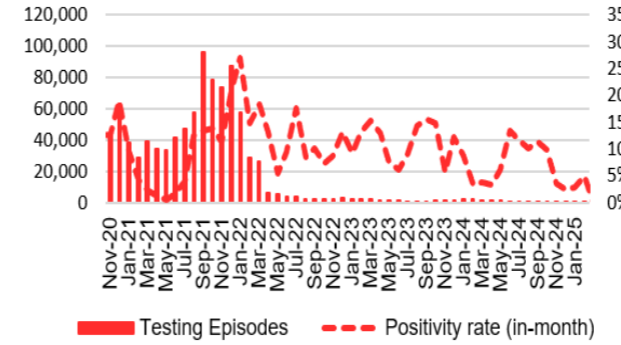


Chart 4: Number of staff referred for Antigen testing

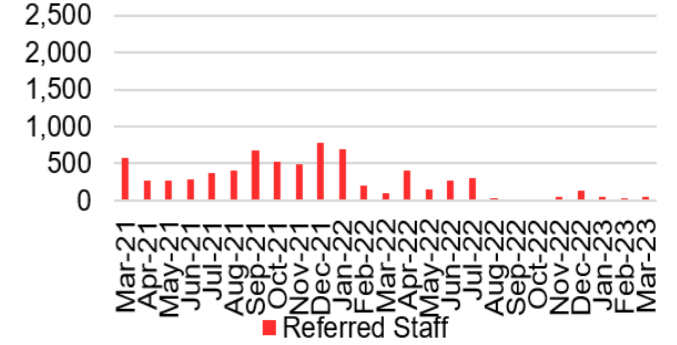


Chart 5: Outcome of staff COVID19/ antigen tests

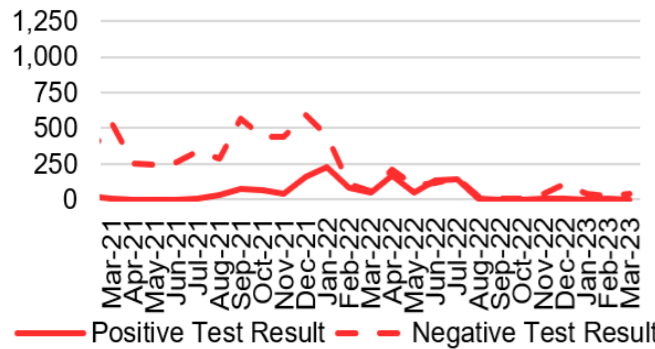


Chart 6: Number of COVID19 related incidents

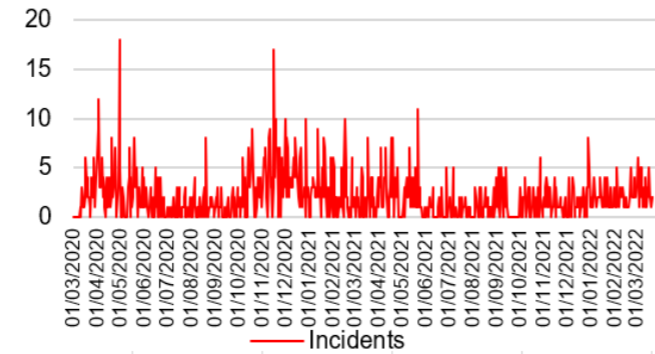


Chart 7: Number of COVID19 related serious incidents

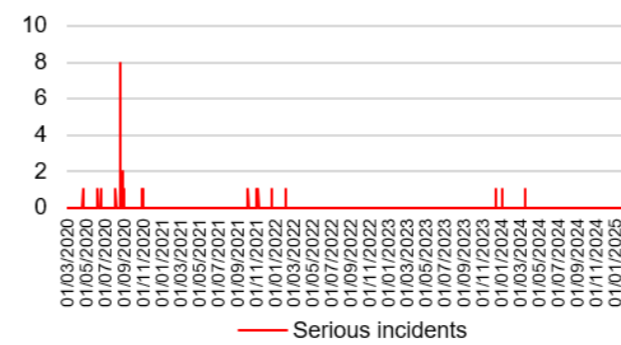


Chart 8: Number of COVID19 related complaints

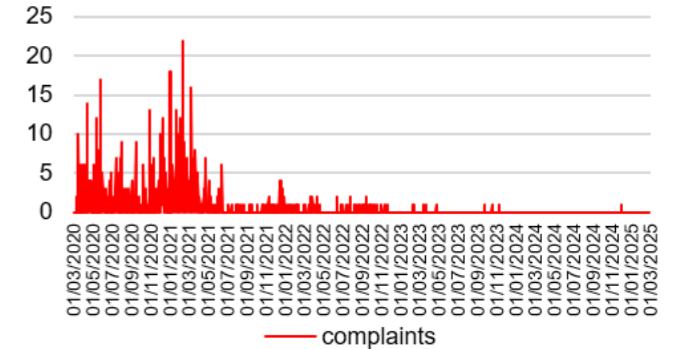


Chart 9: Number of COVID19 related risks

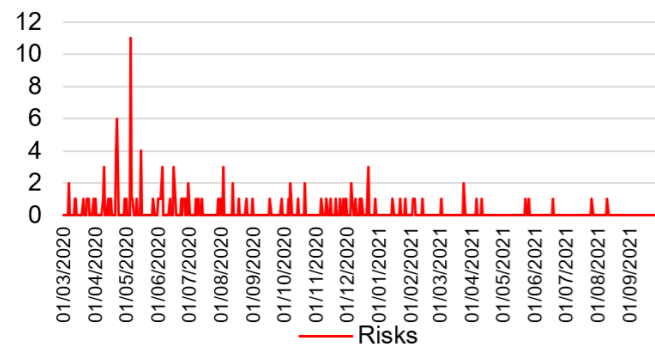


Chart 10: Number of staff self-isolating (asymptomatic)

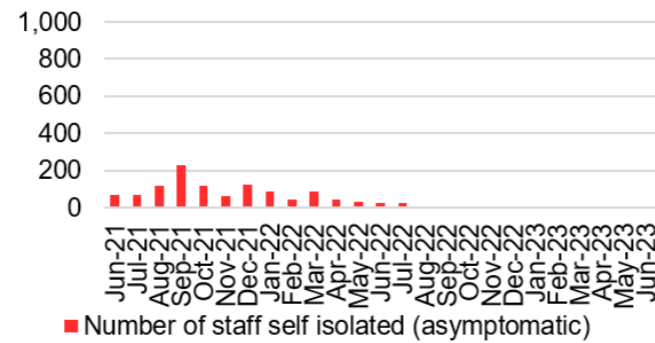


Chart 11: Number of staff self isolating (symptomatic)

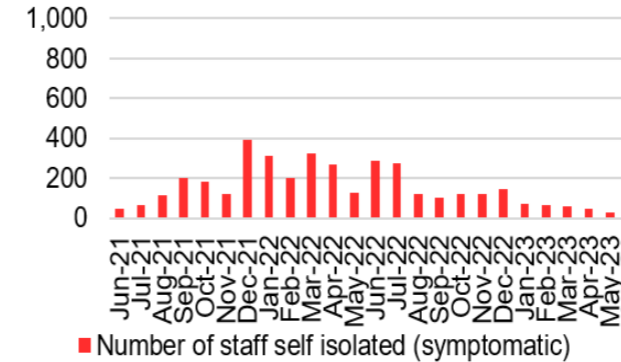


Chart 12: % staff sickness

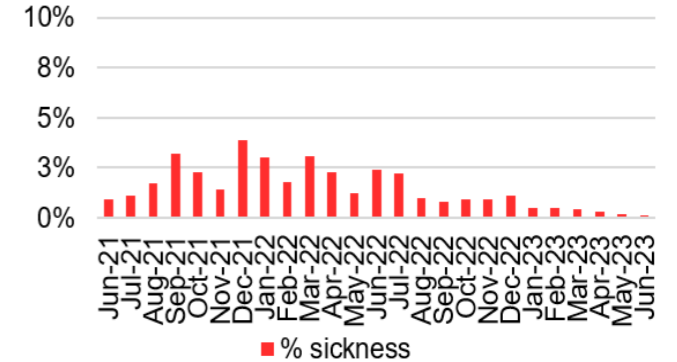


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

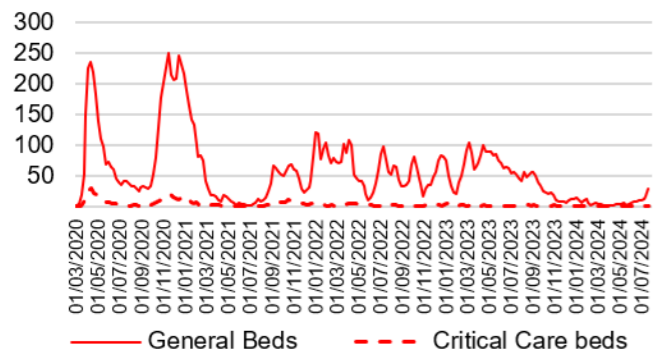


Chart 14: Number of hospital deaths with any mention of COVID19



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

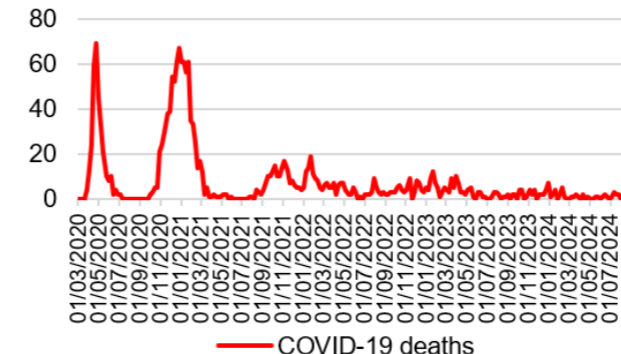
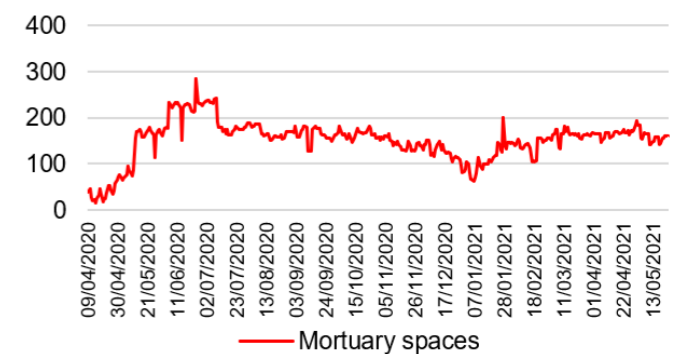


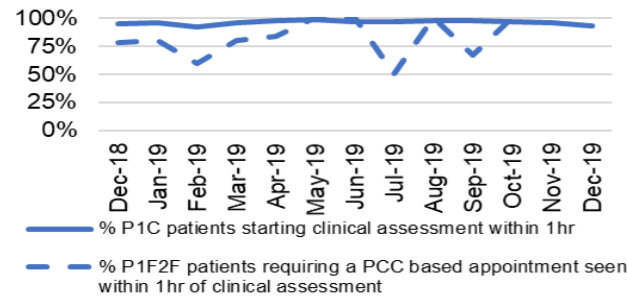
Chart 16: Number of mortuary spaces



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

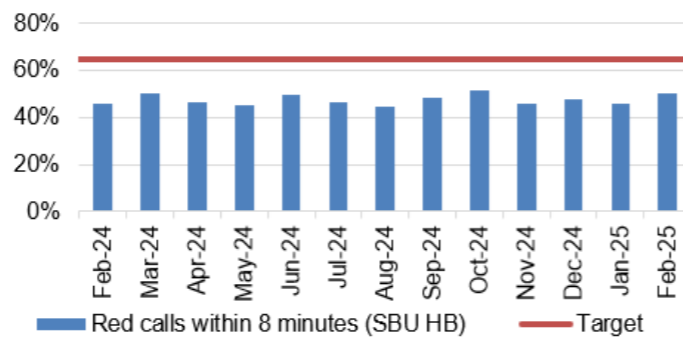


Chart 3: Number of ambulance handovers over 1 hour

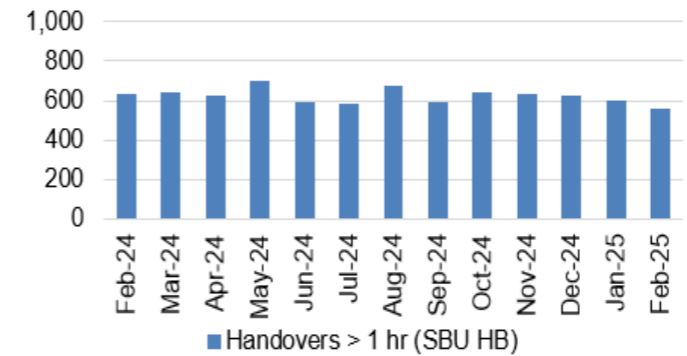


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

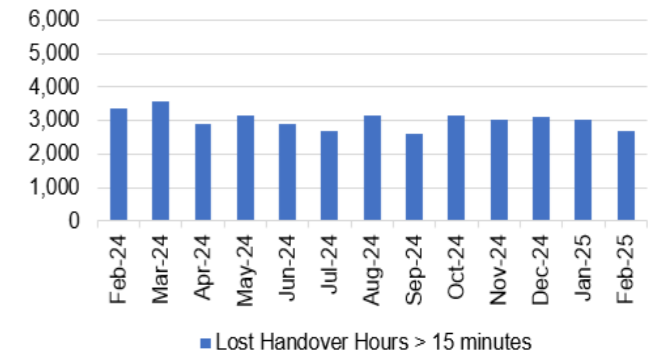


Chart 5: A&E Attendances

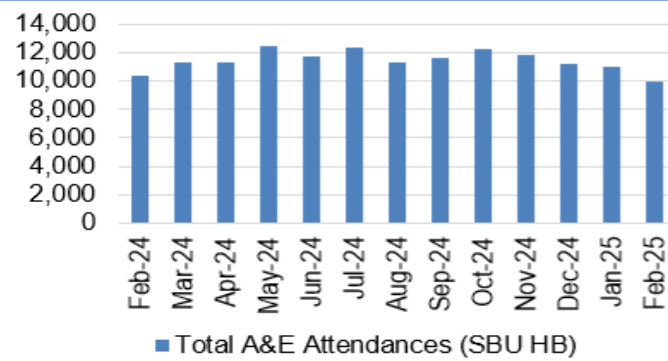


Chart 6: % patients who spend less than 4 hours in A&E

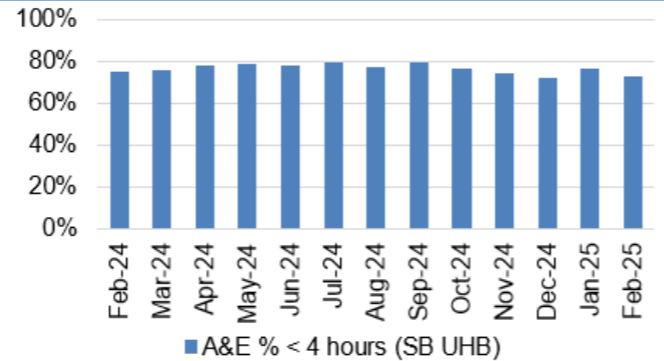


Chart 7: Number of patients waiting over 12 hours in A&E

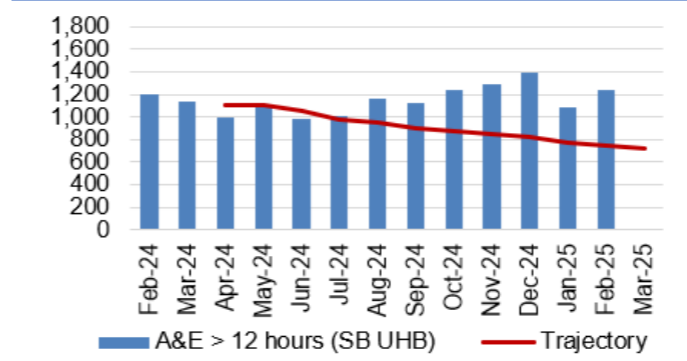


Chart 8: Number of emergency admissions

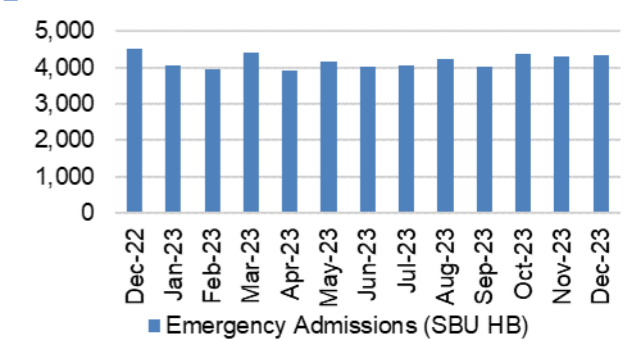


Chart 9: Elective procedures cancelled due to lack of beds

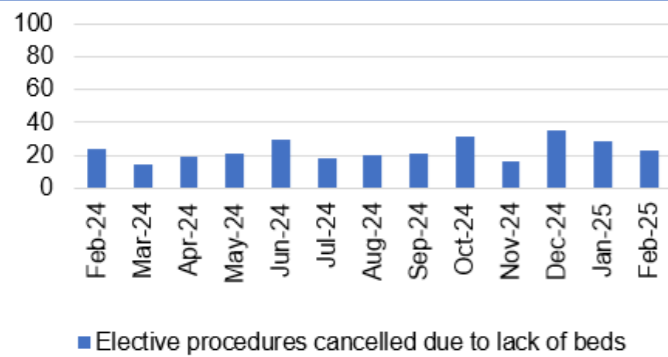


Chart 10: Number of clinically optimised patients

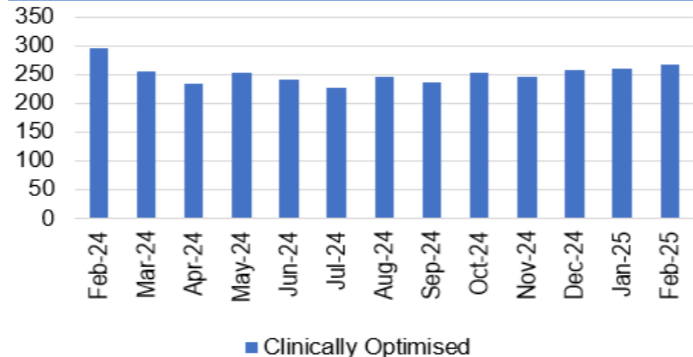


Chart 11: Delay reason for clinically optimised patients

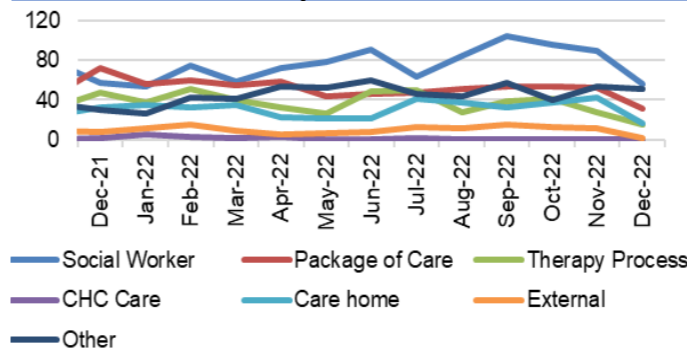


Chart 12: Average lost bed days (per day)

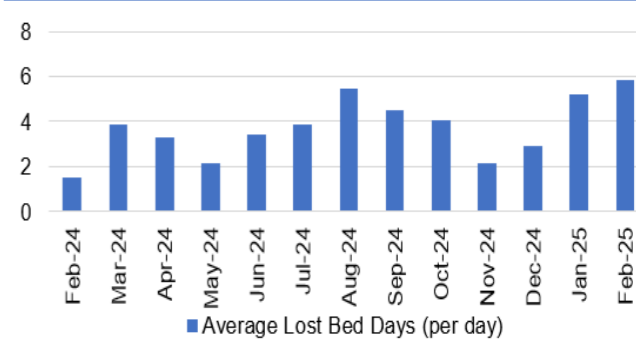


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

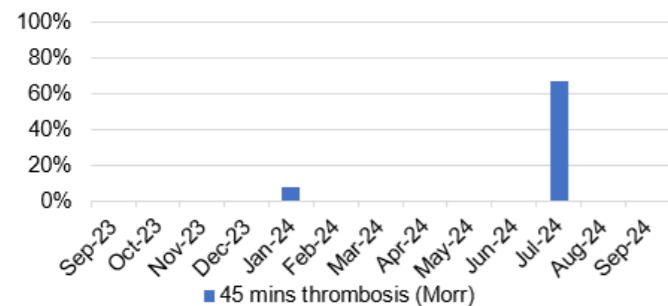


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

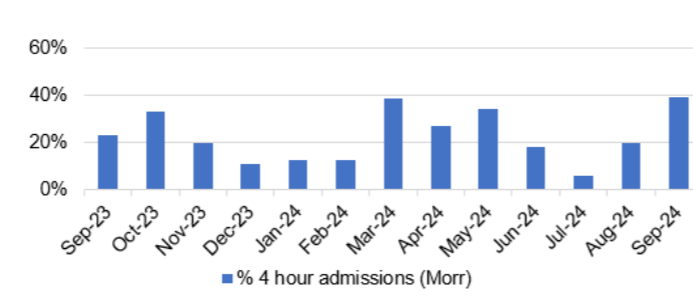


Chart 15: % of stroke patients receiving CT scan with 1 hour

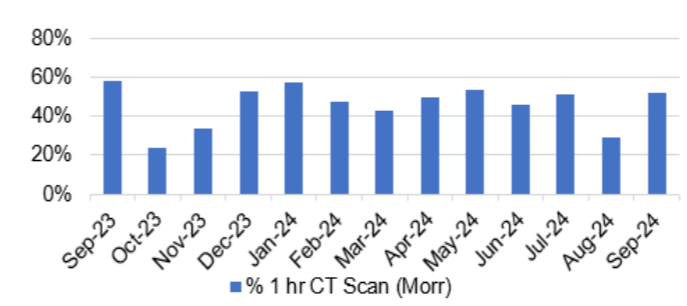
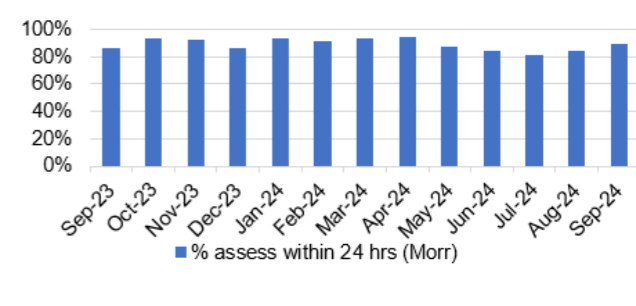


Chart 16: % stroke patients receiving consultant assessment within 24 hours



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)

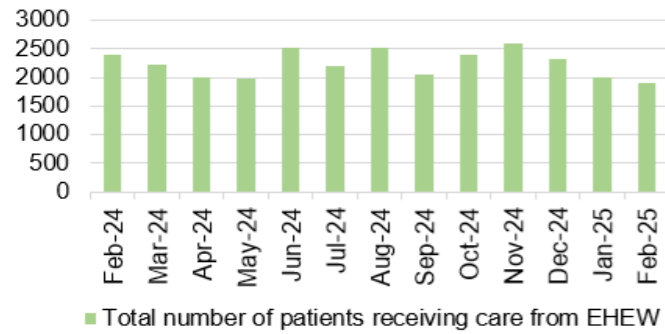


Chart 2: GMS - Escalation Levels



Chart 3: GMS - Sustainability

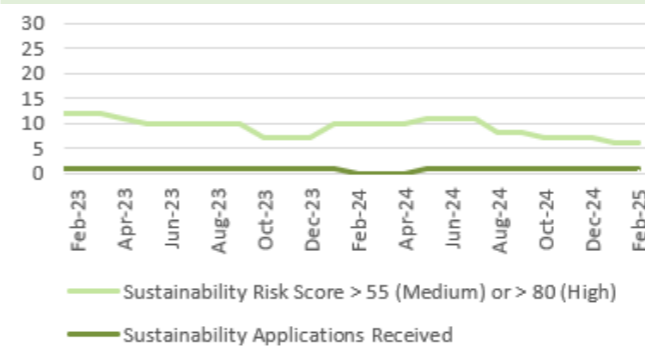


Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months

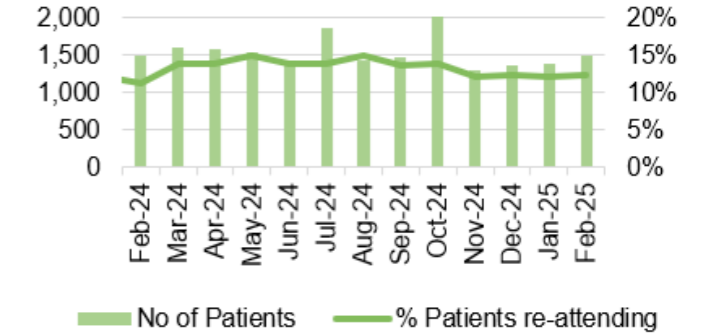


Chart 5: General Dental Services - Activity

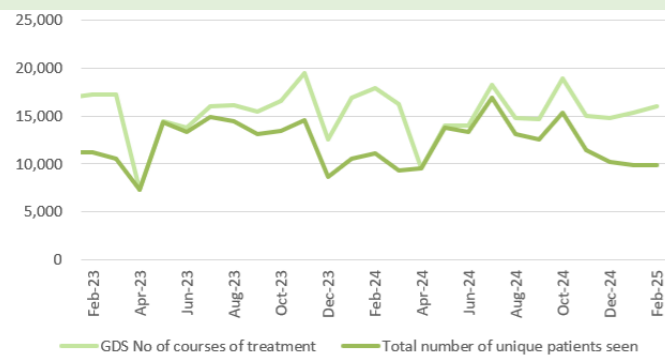


Chart 6: General Dental Services - New Patients

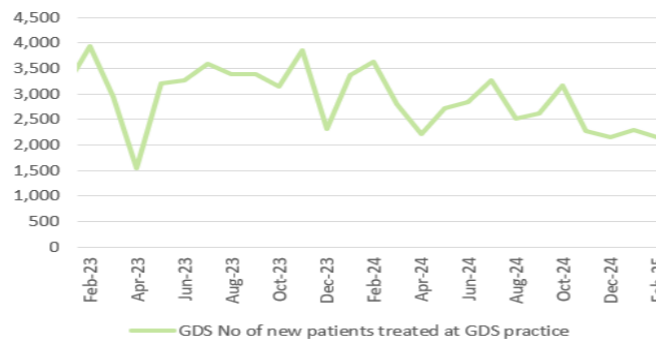


Chart 7: General Dental Services - ACORNs/FV

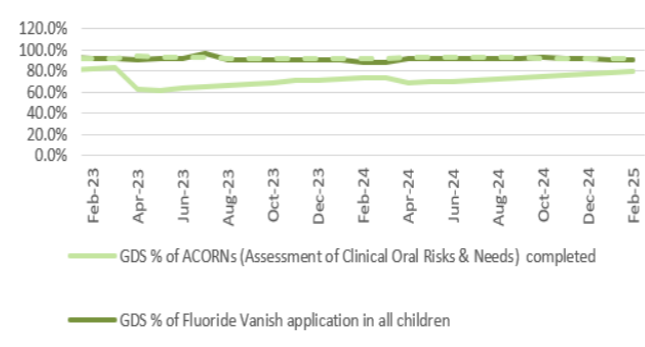


Chart 8: Optometry Activity – sight tests

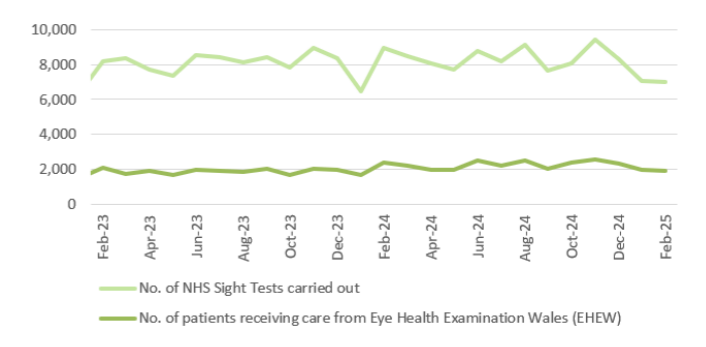


Chart 9: Optometry Activity – low vision care

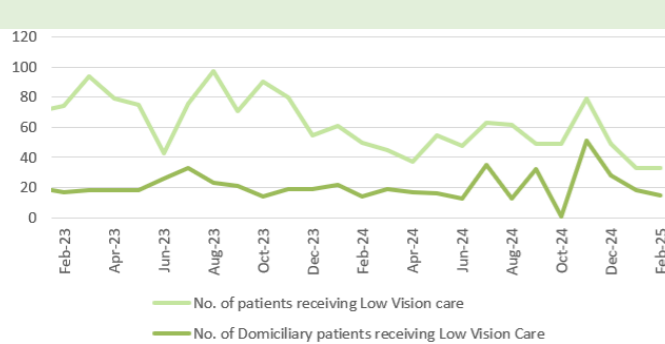


Chart 10: Community Pharmacy – Escalation levels



Chart 11: Common Ailment Scheme – No. consultations provided

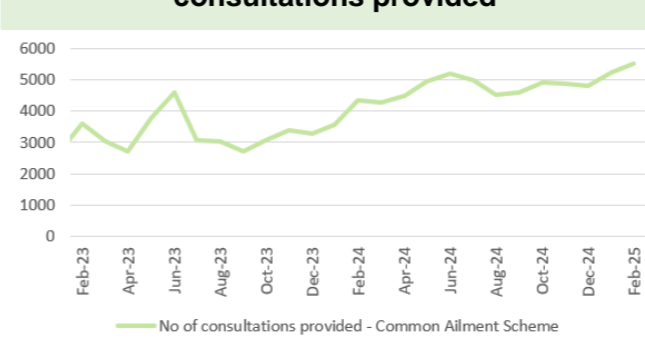


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

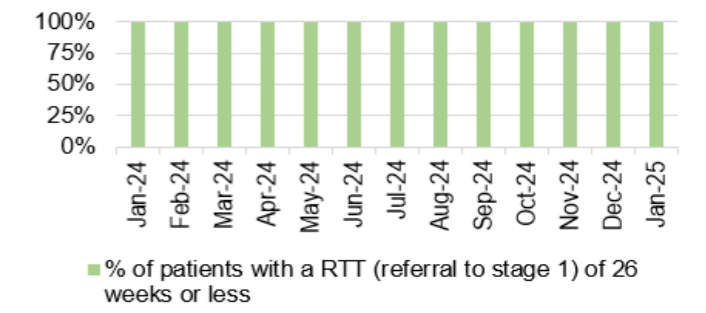


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

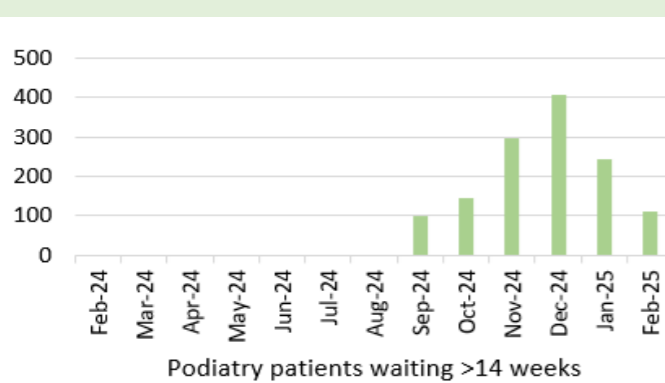


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

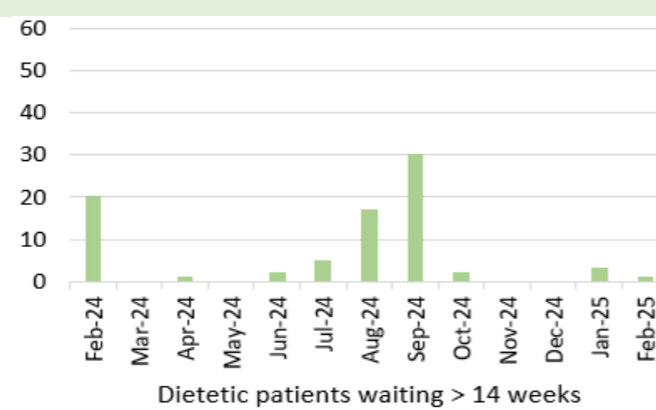


Chart 15: Audiology- Total number of patients waiting > 14 weeks

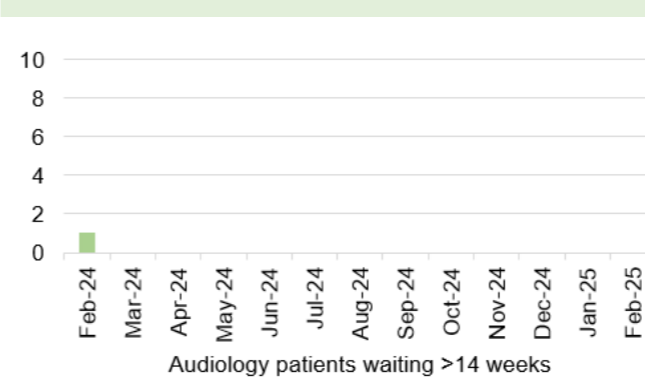
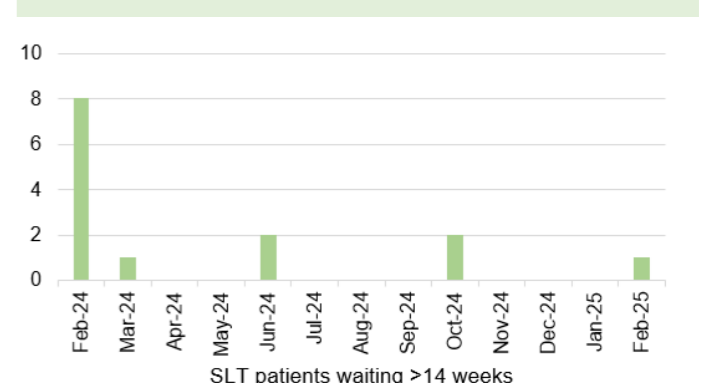


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

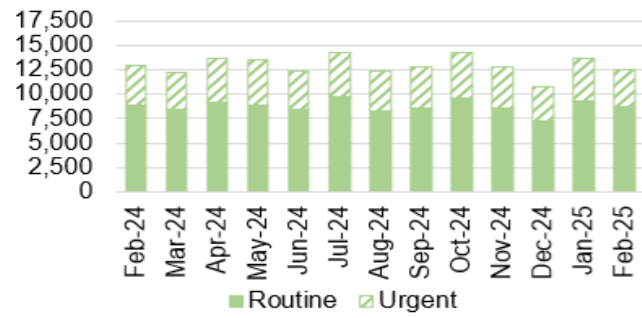


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

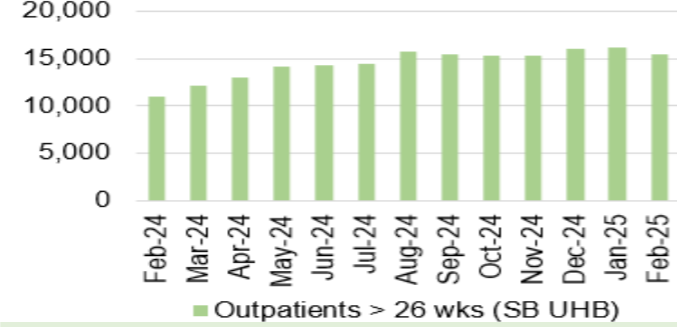


Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1

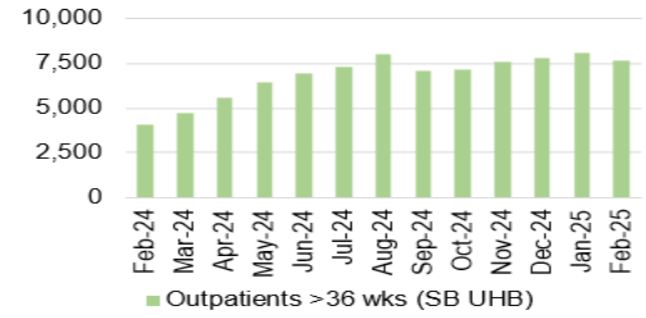


Chart 4: Number of patients waiting over 52 weeks for treatment

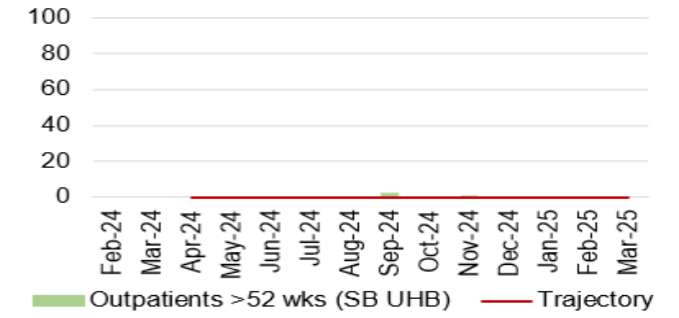


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

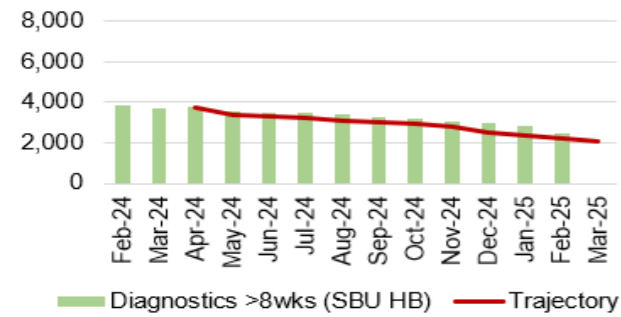


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

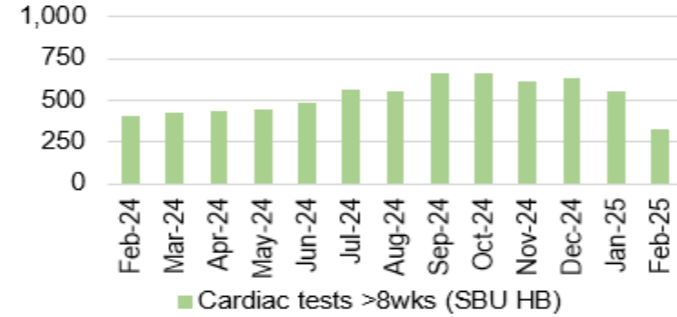


Chart 7: Number of patients waiting more than 14 weeks for Therapies

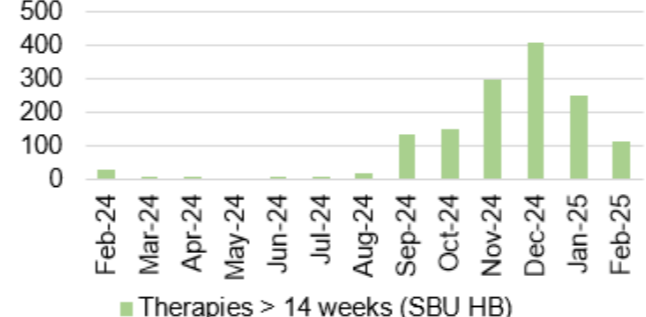


Chart 8: Cancer referrals

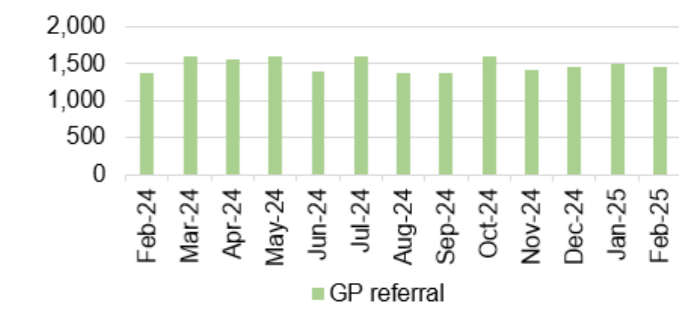


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

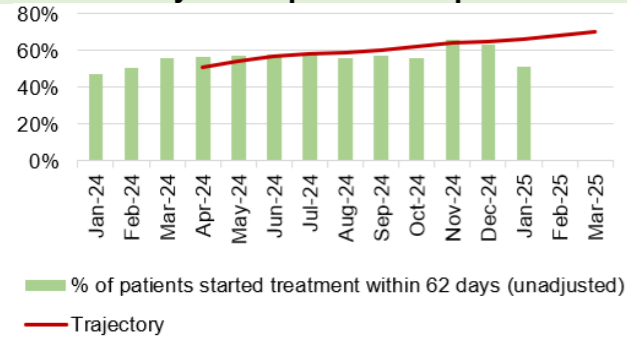


Chart 10: Number of new cancer patients starting definitive treatment



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

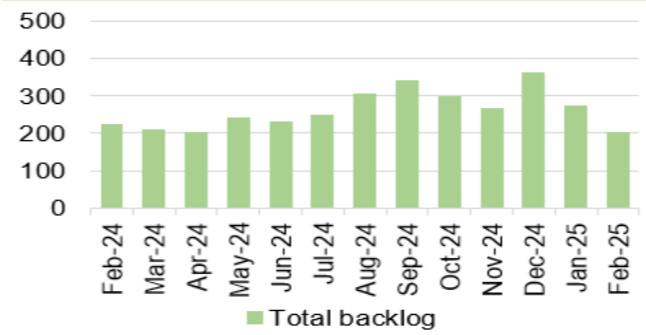


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

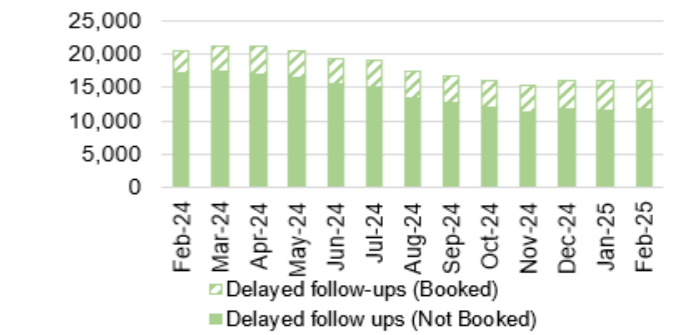


Chart 13: Number of patients without a documented clinical review date

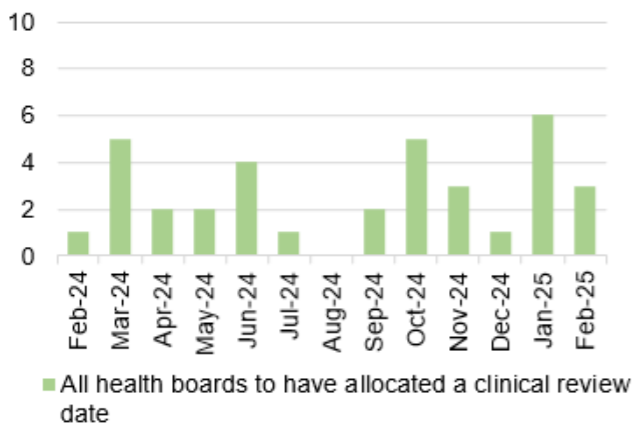


Chart 14: Ophthalmology patients without an allocated health risk factor

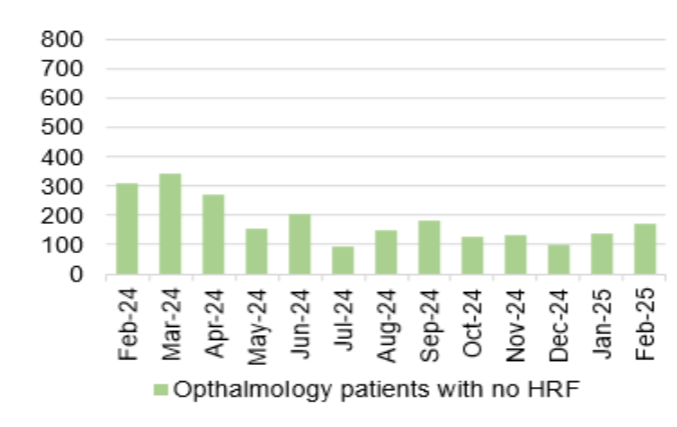


Chart 15: Total number of patients on the follow-up waiting list

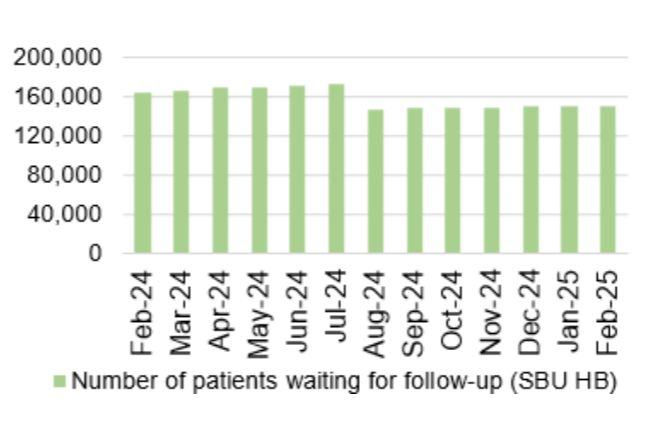
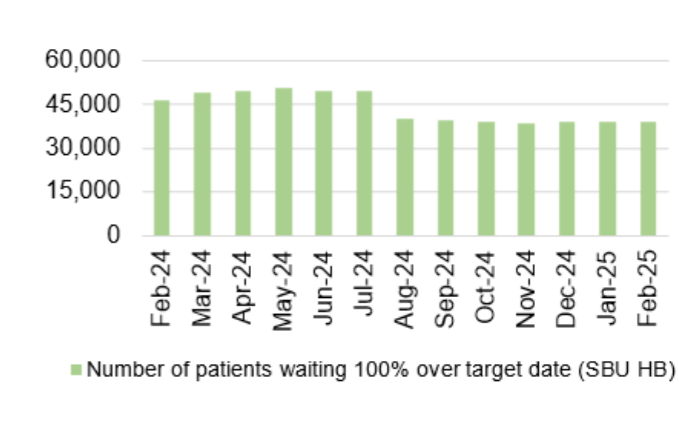


Chart 16: Number of patients delayed by over 100%



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

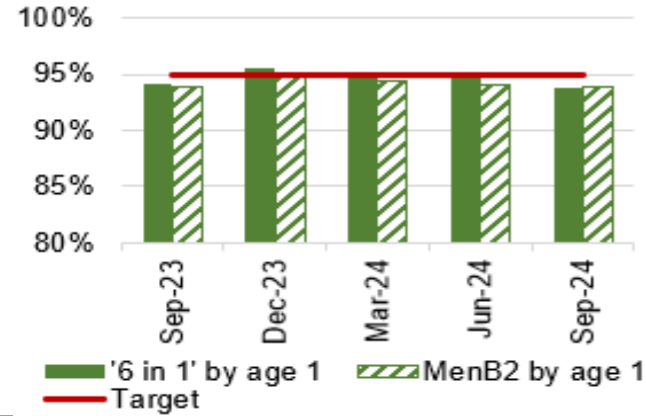


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

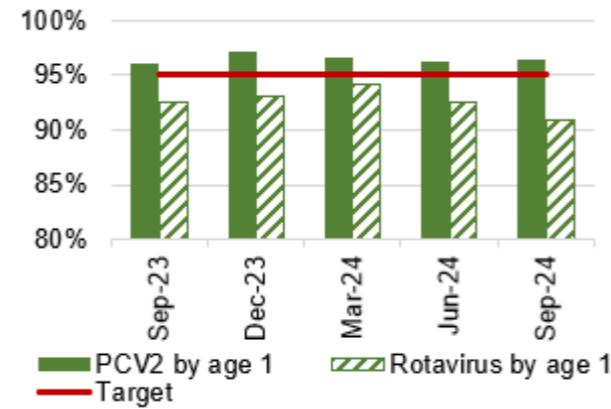


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

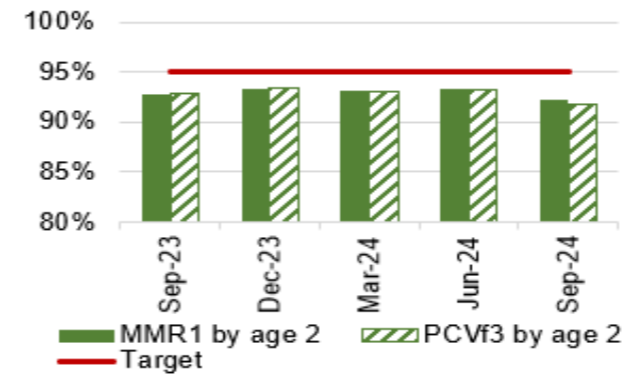


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

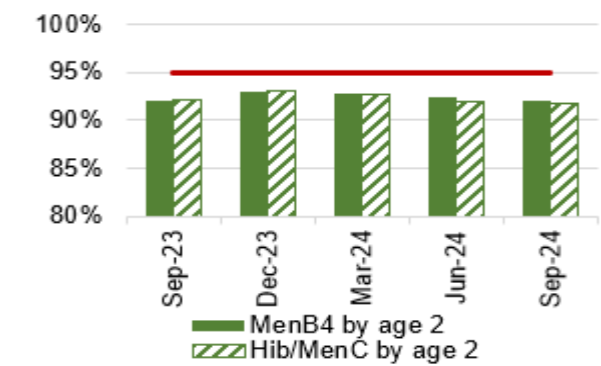


Chart 5: % children who are up to date in schedule by age 4

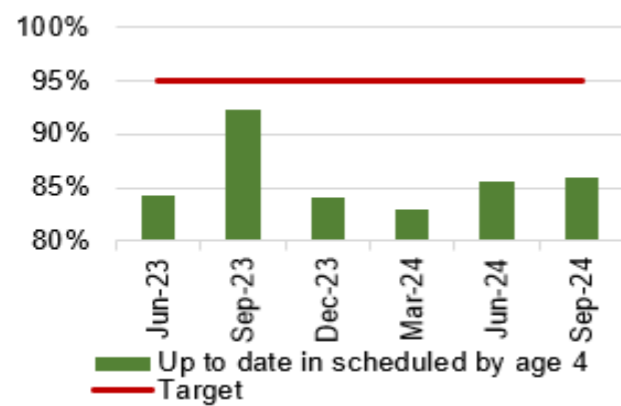


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

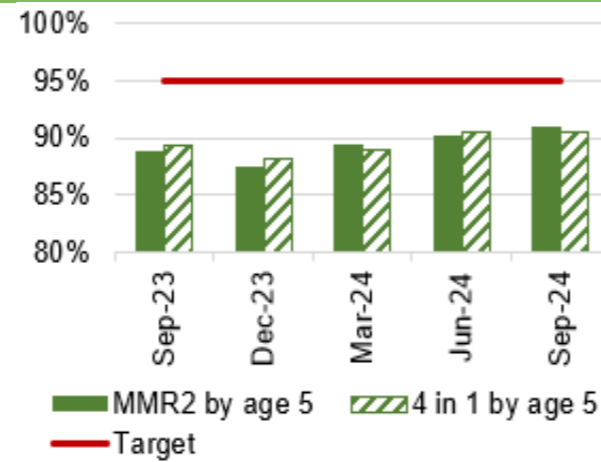


Chart 7: % children who received MMR vaccine and teenage booster by age 16



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

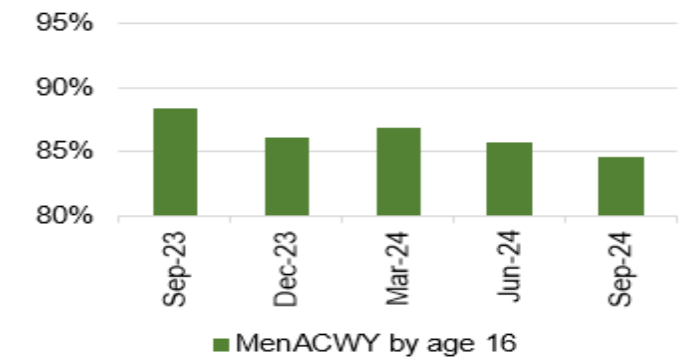
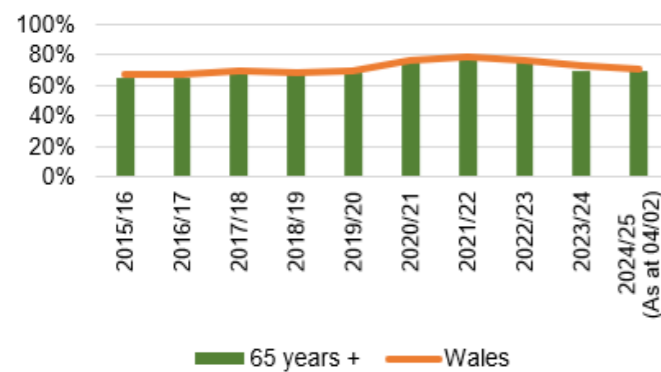
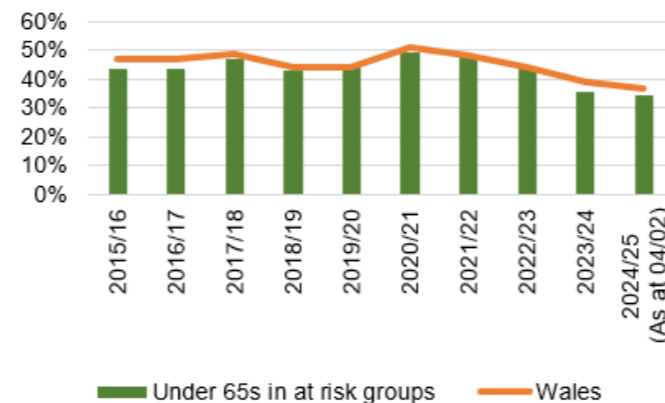


Chart 9: Influenza uptake for amongst 65 year olds and over



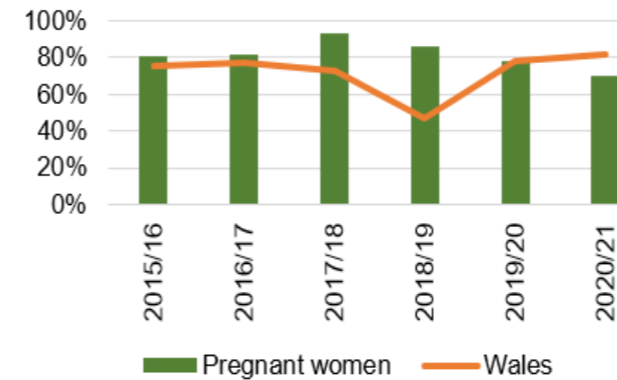
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



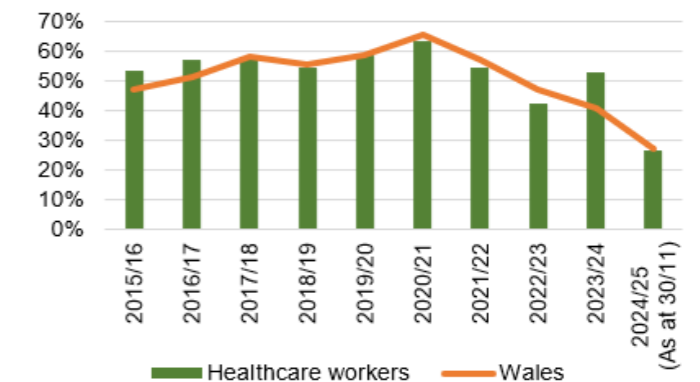
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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

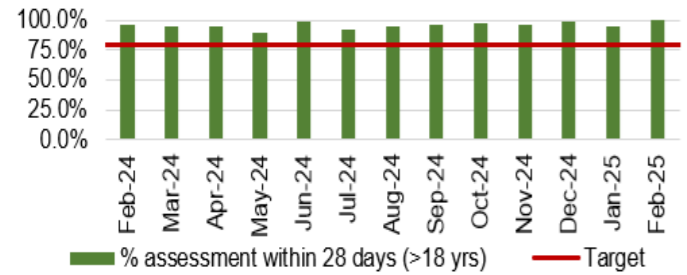


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

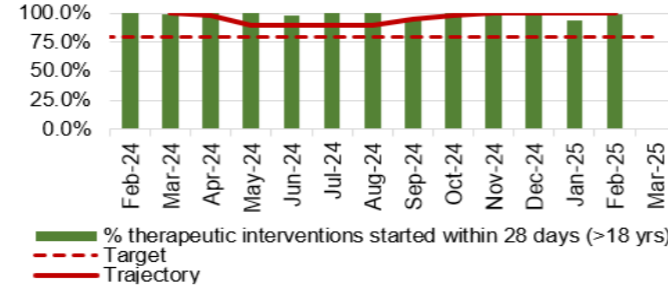


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

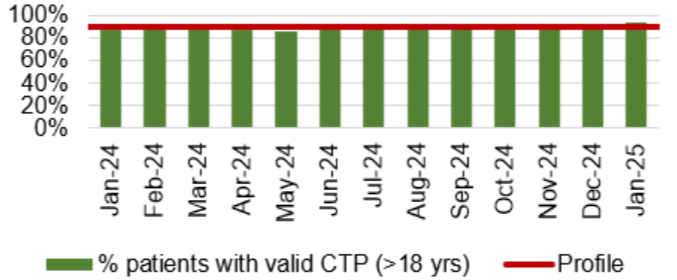


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

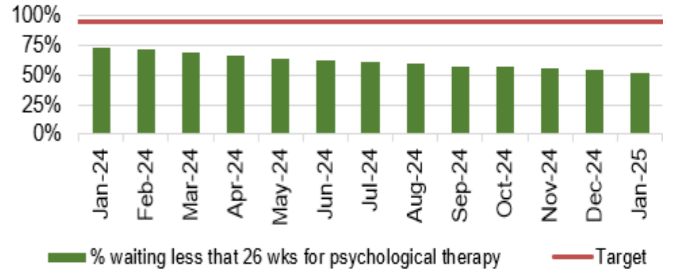


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

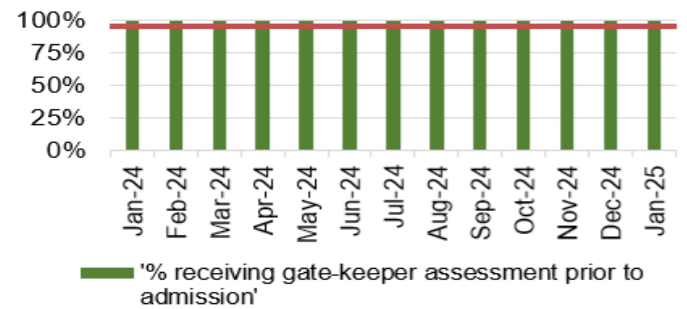


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

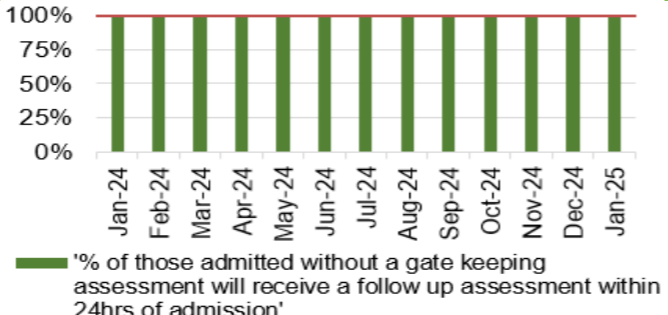


Chart 7: % of patients waiting under 14 weeks for Therapies

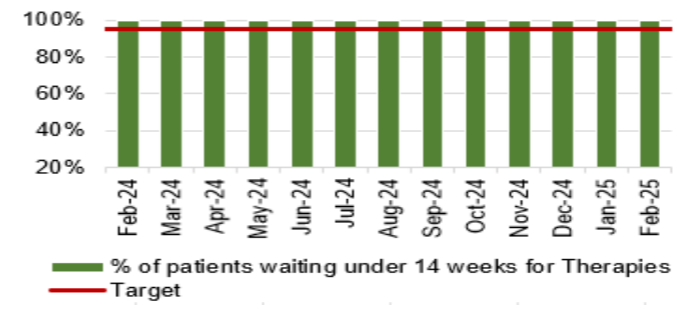


Chart 8: Number of Mental Health Delayed Transfers of Care (DTCOs)

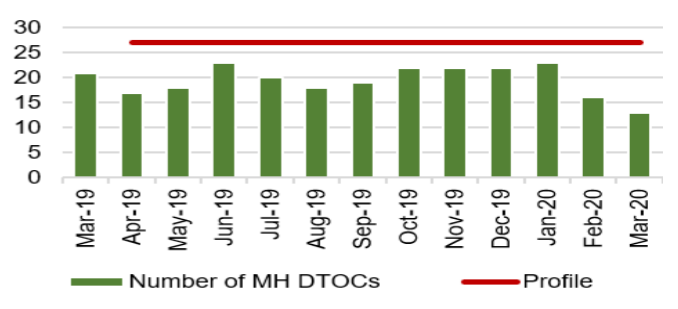


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

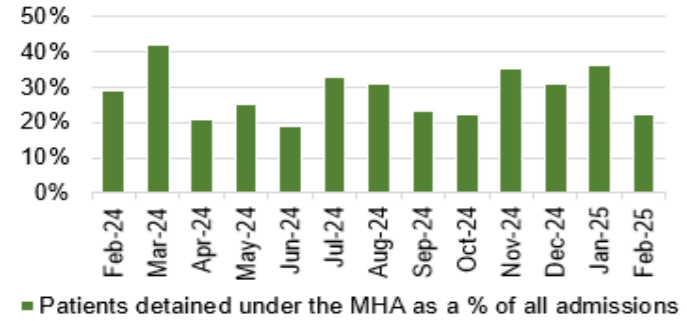


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

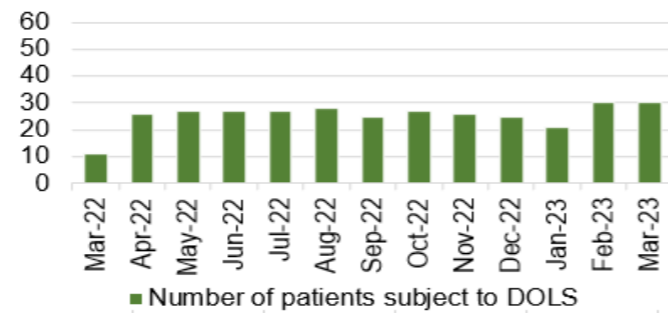


Chart 11: Number of Nationally Reportable Incidents

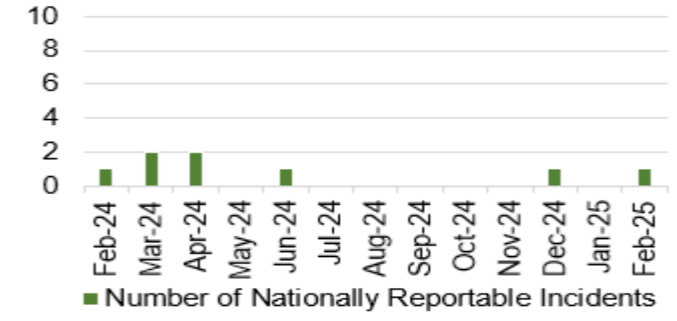
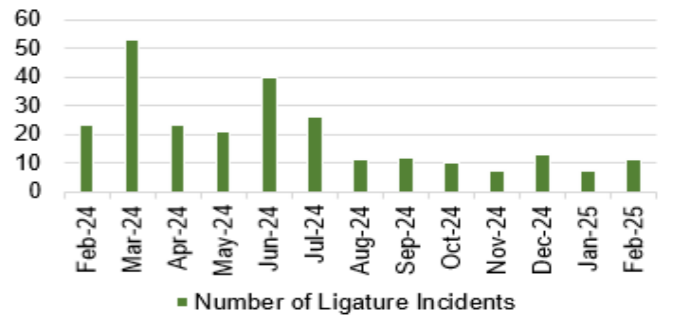


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

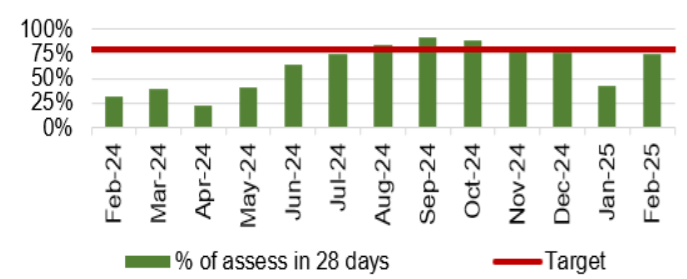


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

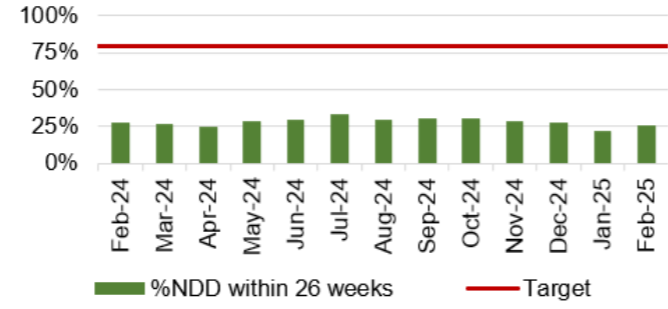


Chart 15: Assessment and intervention within 28 days

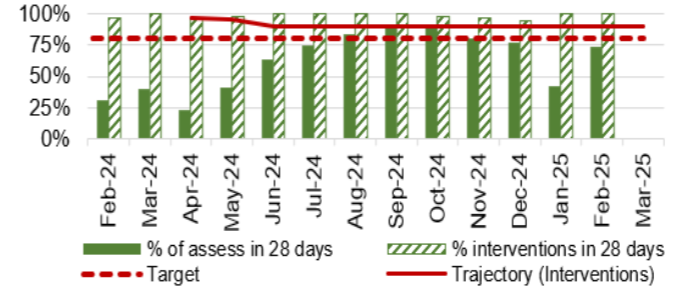
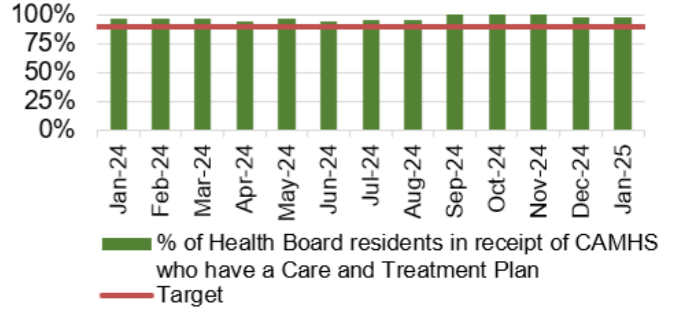


Chart 16: % of residents with a Care and Treatment Plan



APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/Local Profile	Profile Status	Welsh Average/Total	SBU's all-Wales rank	Performance Trend	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	
COVID19 related measures	Number of new COVID19 cases	Local	Feb-25	25		Reduce					70	45	51	64	70	73	47	61	72	19	16	21	25	
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce																		
	Number of staff awaiting results of COVID19 test	Local	Feb-25	0		Reduce						0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Feb-25	1		Reduce						21	17	28	24	25	6	5	4	7	3	3	2	1
	Number of COVID19 related serious incidents	Local	Feb-25	0		Reduce						0	1	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Feb-25	0		Reduce						0	0	0	0	0	0	0	0	0	1	0	0	0
	Number of COVID19 related risks	Local	Nov-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Jun-23	0		Reduce																		
	Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce																		
% sickness	Local	Jun-23	0.1%		Reduce																			
Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/Local Profile	Profile Status	Welsh Average/Total	SBU's all-Wales rank	Performance Trend	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Feb-25	59.0	<67		✓	67.80 (Dec-22)	3rd (Dec-22)		68.1	67.0	60.3	54.6	54.4	52.3	59.7	60.9	61.8	60.1	58.9	59.4	59.0	
	Number of E.Coli bacteraemia cases (Hospital)		Feb-25	11	≤ 234 (Cumulative)	9	✗				7	8	12	6	9	5	12	7	10	7	8	9	11	
	Number of E.Coli bacteraemia cases (Community)		Feb-25	7		9	✓				10	11	7	10	9	9	17	14	12	8	8	12	7	
	Total number of E.Coli bacteraemia cases		Feb-25	18		18	✓				17	19	19	16	18	14	29	21	22	15	16	21	18	
	Cumulative cases of S.aureus bacteraemias per 100k pop		Feb-25	33.6	<20		✗	27.76 (Dec-22)	6th (Dec-22)		37.9	36.8	38.1	29.7	27.2	29.7	32.4	30.7	32.5	33.2	33.6	33.3	33.6	
	Number of S.aureus bacteraemias cases (Hospital)		Feb-25	10	≤ 71 (Cumulative)	3	✗				5	5	9	4	4	8	9	4	6	7	8	8	10	
	Number of S.aureus bacteraemias cases (Community)		Feb-25	2		2	✓				2	3	4	3	3	4	5	3	8	5	4	3	2	
	Total number of S.aureus bacteraemias cases		Feb-25	12		5	✗				7	8	13	7	7	12	14	7	14	12	12	11	12	
	Cumulative cases of C.difficile per 100k pop		Feb-25	72.1	<25		✗	36.68 (Dec-22)	5th (Dec-22)		64.7	65.2	63.5	60.9	63.8	58.5	68.4	68.7	71.2	71.0	70.7	73.4	72.1	
	Number of C.difficile cases (Hospital)		Feb-25	15	≤ 95 (Cumulative)	5	✗				15	19	14	10	17	10	30	15	20	16	20	23	15	
	Number of C.difficile cases (Community)		Feb-25	2		2	✓				5	3	6	9	5	4	5	7	9	6	3	8	2	
	Total number of C.difficile cases		Feb-25	17		7	✗				20	22	20	19	22	14	35	22	29	22	23	31	17	
	Cumulative cases of Klebsiella per 100k pop		Feb-25	31.1							25.4	24.5	31.7	32.8	35.6	32.8	33.0	31.2	32.0	30.4	31.2	30.8	31.1	
	Number of Klebsiella cases (Hospital)		Feb-25	3	≤ 71 (Cumulative)	3	✓				2	3	5	6	8	5	9	5	10	5	8	8	3	
	Number of Klebsiella cases (Community)		Feb-25	7		2	!				7	2	5	5	5	3	3	1	2	1	4	1	7	
	Total number of Klebsiella cases		Feb-25	10		5	✗	63 Total (Dec-22)	2nd (Dec-22)		9	5	10	11	13	8	12	6	12	6	12	9	10	
	Cumulative cases of Aeruginosa per 100k pop		Feb-25	4.9							5.7	5.2	0.0	1.6	1.1	2.3	3.7	3.6	3.6	3.1	4.5	4.7	4.9	
	Number of Aeruginosa cases (Hospital)		Feb-25	1	≤ 21 (Cumulative)	2	✓				0	0	0	1	0	2	2	1	1	0	3	1	1	
	Number of Aeruginosa cases (Community)		Feb-25	1		0	✗				0	0	0	0	0	0	1	0	0	0	2	1	1	
	Total number of Aeruginosa cases		Feb-25	2		2	✓	8 Total (Dec-22)	4th (Dec-22)		0	0	0	1	0	2	3	1	1	0	5	2	2	
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Feb-25	98.0%		95%		✓				97%	88%	90%	91%	86%	91%	94%	94%	91%	97%	100%	97%	98%	
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Feb-25	33.0%		80%	✗				17%	66%	64%	33%	89%	50%	70%	25%	25%	100%	33%	25%	33%	
	Number of new Never Events	Local	Feb-25	0		0	✓				1	0	0	0	0	1	0	0	2	0	1	0	0	
	Number of risks with a score greater than 20	Local	Feb-25	141		12 month ↓	✓				147	149	152	153	154	153	149	143	140	145	136	139	141	
	Number of risks with a score greater than 16	Local	Feb-25	315		12 month ↓	✓				310	318	316	311	309	320	320	301	306	313	311	315	315	

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/Local Profile	Profile Status	Welsh Average/Total	SBU's all-Wales rank	Performance Trend	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Feb-25	50%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		46%	50%	46%	46%	50%	47%	45%	48%	52%	46%	48%	46%	50%
	Number of ambulance handovers over one hour	National	Feb-25	554	↑ trajectory	410	✘	6,798 (Dec-22)	1st (Dec-22)		629	638	625	695	590	578	670	591	638	632	617	594	554
	Handover hours lost over 15 minutes	Local	Feb-25	2687							3,344	3,573	2,905	3,158	2,890	2,678	3,147	2,609	3,140	3,028	3,112	3,014	2,687
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Feb-25	73%	Month on month improvement		✘	63.1% (Dec-22)	4th (Dec-22)		74%	76%	77%	78%	78%	79%	77%	79%	76%	74%	72%	76%	73%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Feb-25	1237	↑ trajectory	750	✘	12,099 (Dec-22)	4th (Dec-22)		1,197	1,132	994	1,115	980	1,013	1,167	1,129	1,234	1,297	1,391	1,090	1,237
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Sep-24	39.2%							12.5%	38.5%	26.9%	34.5%	18.4%	5.9%	20.0%	39.2%					
	CT Scan (<1 hrs) (local)	Local	Sep-24	51.8%							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)	Local	Sep-24	89.3%							91.5%	92.9%	94.4%	87.5%	84.6%	81.1%	84.5%	89.3%					
	Thrombolysis door to needle <= 45 mins	Local	Sep-24	0.0%							0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%					
	% stroke patients who receive mechanical thrombectomy	Local	Sep-24	3.7%	10%		✘	2.1% (Nov-22)	4th (Nov-22)		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	Local	Sep-24	41.6%	12 month ↑		✘	50.7% (Nov-22)	4th (Nov-22)		35.2%	31.3%	41.5%	45.7%	40.4%	23.8%	38.4%	41.6%						
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Jan-25	77		12 month ↓	✘				60		42	66	56	40	52	49	66	73	82	77	
	Number of pressure ulcers developed in the community			61		12 month ↓	✘				33		49	41	49	44	47	44	38	38	42	61	
	Total number of pressure ulcers		Jan-25	138		12 month ↓	✘				93		91	107	105	84	99	93	104	111	124	138	
	Number of grade 3+ pressure ulcers acquired in hospital			9		12 month ↓	✘				1		3	4	2	6	4	2	3	4	5	9	
	Number of grade 3+ pressure ulcers acquired in community		Jan-25	11		12 month ↓	✘				7		9	9	11	8	11	11	4	7	7	11	
	Total number of grade 3+ pressure ulcers		0101/25	20		12 month ↓	✘				8		12	13	13	14	15	13	7	11	12	20	
Inpatient Falls	Number of Inpatient Falls	Local	Feb-25	195		12 month ↓	✘				203	201	146	155	158	176	173	163	198	188	174	188	195
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Feb-25	100%		98%	✘				85.5%	93.5%	81.6%	90.3%	87.3%	82.0%	81.7%	87.0%	75.2%	89.0%	89.6%	88.2%	100.0%
Coding	% of episodes clinically coded within 1 month of discharge	National	Jan-25	50%	12 month ↑		✘				70%	64%	48%	59%	70%	69%	75%	79%	67%	59%	66%	50%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Feb-25	76%		100%	✘				72%	69%	76%	76%	76%	76%	79%	78%	76%	76%	75%	78%	76%
Work force	Agency spend as a % of the total pay bill	Local	Feb-25	2.1%	12 month ↓		✓	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		3.7%	3.8%	2.9%	3.5%	2.9%	2.4%	2.3%	2.0%	2.6%		2.8%	2.1%	2.1%
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Feb-25	72%	85%		✘	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		69%	70%	73%	73%	72%	73%	74%	75%	72%	74%	74%	73%	72%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Feb-25	85%	85%		✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		90%	87%	90%	90%	90%	90%	89%	89%	89%	89%	89%	89%	85%
	% workforce sickness absence (12 month rolling)	National	Feb-25	7.08%	12 month ↓		✘	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		6.99%	6.96%	7.00%	7.05%	7.09%	7.27%	7.07%	7.07%	7.05%	7.24%	7.06%	7.08%	7.08%

Harm from reduction in non-Covid activity																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Feb-25	12.5%							11.4%	13.9%	13.9%	15.0%	14.0%	13.9%	15.0%	13.6%	14.0%	12.2%	12.4%	12.1%	12.5%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jan-25	51.5%	↑ trajectory	66%	✘	53.9% (Nov-22)	4th (Nov-22)		50.4%	55.8%	56.4%	57.0%	57.9%	58.6%	55.7%	57.0%	56.0%	66.0%	63.0%	51.5%		
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Feb-25	27%	80%		✘				28%	15%	17%	15%	7%	16%	10%	30%	25%	31%	35%	21%	27%	
	Scheduled (21 Day Target)	Local	Feb-25	81%	100%		✘				81%	59%	62%	51%	49%	64%	55%	78%	75%	86%	81%	72%	81%	
	Urgent SC (2 Day Target)	Local	Feb-25	35%	80%		✘				52%	50%	15%	20%	3%	28%	30%	37%	26%	28%	47%	17%	35%	
	Urgent SC (7 Day Target)	Local	Feb-25	68%	100%		✘				79%	82%	64%	49%	58%	75%	70%	67%	74%	88%	88%	67%	68%	
	Emergency (within 1 day)	Local	Feb-25	80%	80%		✓				67%	91%	88%	75%	80%	100%	67%	100%	100%	96%	90%	100%	80%	
	Emergency (within 2 days)	Local	Feb-25	100%	100%		✓				100%	96%	100%	100%	100%	100%	92%	100%	100%	96%	90%	100%	100%	
	Elective Delay (7 Day Target)	Local	Feb-25	96%	80%		✓				98%	98%	94%	85%	83%	92%	94%	89%	89%	95%	100%	97%	96%	
	Elective Delay (14 Day Target)	Local	Feb-25	100%	100%		✓				100%	100%	98%	94%	100%	99%	98%	100%	98%	100%	100%	100%	100%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Feb-25	2,084				15,517 (Nov-22)	7th (Nov-22)		3,311	3,238	3,281	3,066	2,963	2,865	2,756	2,604	2,488	2,376	2,328	2,276	2,084	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Feb-25	2,447	↑ trajectory	2,233	✘	42,566 (Nov-22)	4th (Nov-22)		3,870	3,687	3,746	3,576	3,493	3,490	3,425	3,296	3,156	3,017	2,969	2,839	2,447	
	Number of patients waiting > 14 weeks for a specified therapy	National	Feb-25	113	↑ trajectory			9,584 (Nov-22)	2nd (Nov-22)		29	1	1	0	4	5	17	130	147	297	407	407	248	113
	% of patients waiting < 26 weeks for treatment	Local	Feb-25	60.15%	95%			56% (Nov-22)	6th (Nov-22)		61.3%	60.6%	60.3%	59.9%	60.3%	60.9%	59.5%	59.5%	59.2%	60.0%	58.7%	59.0%	60.1%	
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Feb-25	15,507							10,938	12,095	13,045	14,205	14,262	14,392	15,745	15,442	15,292	15,280	15,988	16,178	15,507	
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Feb-25	7,676	↑ trajectory						4,102	4,739	5,575	6,420	6,949	7,324	8,015	7,051	7,150	7,617	7,810	8,114	7,676	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Feb-25	0	↑ trajectory	0	✓	85,301 (Nov-22)	3rd (Nov-22)		0	0	0	0	0	0	0	0	2	0	1	0	0	0
	Number of patients waiting > 52 weeks for treatment	National	Feb-25	13,258	↑ trajectory						13,211	13,181	12,898	13,259	13,623	13,622	13,905	14,000	14,447	14,241	13,906	13,420	13,258	
	Number of patients waiting > 104 weeks for treatment	National	Feb-25	291	↑ trajectory	132	✘	49,594 (Nov-22)	5th (Nov-22)		2,175	1,831	1,725	1,579	1,477	1,284	1,278	1,241	1,285	1,145	981	697	291	
	The number of patients waiting for a follow-up outpatient appointment	Local	Feb-25	150,598							164,581	166,438	169,049	170,254	171,913	172,898	147,509	148,525	149,220	149,380	150,165	150,255	150,598	
The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Feb-25	38,841	↑ trajectory			224,552 (Nov-22)	5th (Nov-22)		46,482	48,969	49,837	50,646	49,585	49,591	39,908	39,502	39,137	38,437	39,141	38,895	38,841		
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Feb-25	59%	95%			64.9% (Nov-22)	1st (Nov-22)		62.9%	57.3%	54.6%	56.7%	61.3%	59.1%	56.8%	57.3%	61.8%	62.0%	62.5%	56.5%	58.8%		
Activity	Number of GP referrals	Local	Feb-25	12,514	12 month ↓		✘				12,976	12,269	13,687	13,540	12,365	14,282	12,326	12,826	14,244	12,759	10,766	13,759	12,514	
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Feb-25	803	↑ trajectory						721	936	932	783	794	838	785	714	865	757	590	843	803	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Feb-25	8%	12 month ↓		✓				8.9%	9.5%	8.9%	8.7%	8.5%	7.8%	8.7%	8.6%	8.4%	8.5%	9.4%	9.1%	8.0%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Feb-25	6%	12 month ↓		✓				7.2%	7.3%	7.3%	7.9%	7.4%	7.1%	7.6%	7.3%	6.7%	6.6%	7.0%	6.5%	6.3%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Feb-25	55%		90%	✘				53%	49%	55%	52%	52%	54%	52%	55%	55%	55%	49%	53%	55%	
	% of theatre sessions starting late	Local	Feb-25	43%		<25%	✘				41%	38%	41%	41%	40%	41%	38%	44%	43%	41%	39%	42%	43%	
	% of theatre sessions finishing early	Local	Feb-25	33%		<20%	✘				33%	29%	33%	32%	34%	32%	32%	33%	33%	36%	30%	38%	33%	
Patient experience	Number of friends and family surveys completed	National	Feb-25	5,456	↑ trajectory		✓				5,232	5,427	5,579	5,344	5,535	5,853	4,913	5,556	6,208	5,766	4,747	5,794	5,456	
	% of who would recommend and highly recommend	Local	Feb-25	93%		90%	✓				92%	92%	93%	92%	93%	93%	93%	92%	93%	93%	92%	94%	93%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Feb-25	93%		90%	✓				93%	92%	93%	93%	93%	94%	93%	93%	93%	93%	92%	93%	93%	
Complaints	Number of new formal complaints received	Local	Dec-24	119		12 month trend ↓	✓				168	167	140	145	130	152	142	130	141	154	119			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Dec-24	72%		80%	✘				71%	71%	74%	73%	70%	66%	61%	62%	70%	64%	72%			
	% of acknowledgements sent within 2 working days	Local	Dec-24	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			

		Harm from wider societal actions/lockdown																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	
	% 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)			95.0%			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)			89.5%			90.2%		91.1%							
Influenza	% uptake of influenza among 65 year olds and over	National	Feb-25	68.3%	75%			78.0% (Mar-22)	3rd (Mar-22)		69.4%	69.5%	Data collection restarts October 2024							53.4%	63.5%	66.6%	69.5%	68.3%
	% uptake of influenza among under 65s in risk groups	Local	Feb-25	33.7%	55%			48.2% (Mar-22)	4th (Mar-22)		35.4%	35.5%	Data collection restarts October 2024							21.0%	27.7%	30.6%	34.2%	33.7%
	% uptake of influenza among children 2 to 3 years old	Local	Feb-25	36.6%	50%			47.6% (Mar-22)	5th (Mar-22)		38.0%	38.0%	Data collection restarts October 2024							26.6%	32.9%	35.3%	37.9%	36.6%
	% uptake of influenza among healthcare workers	Local	Jan-25	32.9%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		38.6%	52.7%	Data collection restarts October 2024							17.4%	26.3%	26.3%	32.9%	
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	Feb-25	40.9%	75%		✘				50.5%	50.5%	Available Oct-24						27.5%	38.0%	40.7%	40.7%	40.9%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Dec-24	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Feb-25	26%	80%		✘	31.4% (Nov-22)	3rd (Nov-22)	↘	28%	26%	25%	29%	29%	33%	30%	31%	31%	29%	27%	22%	26%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Feb-25	74%	80%		✘	83.2% (Nov-22)	5th (Nov-22)	↗	31%	40%	23%	41%	64%	75%	84%	91%	89%	80%	77%	42%	74%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Feb-25	74%	80%		✘	66.8% (Nov-22)	5th (Nov-22)	↗	31%	40%	23%	41%	64%	75%	84%	91%	89%	80%	77%	42%	74%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Feb-25	100%	80%	90%	✔	34.4% (Nov-22)	4th (Nov-22)	↗	96%	100%	97%	98%	100%	100%	100%	100%	98%	97%	94%	100%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	89%	80%																			
Mental Health	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Jan-25	98%	90%		✔	63.8% (Nov-22)	1st (Nov-22)	▬	97%	97%	94%	97%	94%	95%	95%	100%	100%	100%	98%	98%		
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Feb-25	100%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)	↘	96%	95%	95%	90%	99%	93%	95%	97%	98%	97%	99%	95%	100%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Feb-25	99%	80%	100%	✘	73.1% (Nov-22)	2nd (Nov-22)	↘	100%	99%	100%	100%	98%	100%	100%	95%	100%	100%	99%	94%	99%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jan-25	52%	80%		✘	73.9% (Nov-22)	2nd (Nov-22)	↘	71%	69%	66%	64%	63%	61%	59%	57%	57%	55%	54%	52%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jan-25	94%	90%		✔	84.2% (Nov-22)	2nd (Nov-22)	↘	89%	89%	88%	87%	90%	92%	92%	93%	91%	91%	92%	94%		
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTservice prior to % 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	Jan-25	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)	▬	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

