



<b>Meeting Date</b>	<b>25<sup>th</sup> June 2024</b>	<b>Agenda Item</b>	
<b>Report Title</b>	<b>Quality &amp; Safety Performance Report</b>		
<b>Report Author</b>	Charlotte Angell, Health Board Performance Support Officer Performance		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance and Performance, Acting Deputy Chief Executive		
<b>Presented by</b>	Darren Griffiths, Director of Finance and Performance, Acting Deputy Chief Executive		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (March 2024) in delivering key local performance measures as well as the national measures outlined in the 2024/25 NHS Wales Performance Framework.		
<b>Key Issues</b>	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>Following revision in May 2024 reporting to give focus on the measures to be monitored as part of Targeted Intervention (TI) escalation for performance and outcomes additional charts have been added where previously indicated.</p> <p><b>Key high level issues to highlight this month are as follows: -</b></p> <p><b><u>Unscheduled Care</u></b></p> <ul style="list-style-type: none"> <li>- Performance against the 4-hour access has improved by 0.8% to 78.1% in May 2024.</li> <li>- Performance against the 12-hour wait has declined in May 2024 to 1,115 from 994.</li> <li>- In May 2024, there were 695 ambulance to hospital handovers taking over 1 hour; this is an increase of 70 compared with the previous month.</li> <li>- In May 2024, 3,158 ambulance hours were lost in handover delays compared to 2,905 in the previous month.</li> <li>- There was an increase in the average number of patients who were deemed clinically optimised in May 2024. The average number of clinically optimised patients increased from 235 in April 2024 to 252 in May 2024.</li> </ul>		



**Planned Care**

- OP waits remain under the 52 week Ministerial target level in May 2024, a position sustained since October 2023.
- At the end of May 2024, there were 1,579 patients waiting over 104 weeks for treatment an improvement of 146 from the previous month.
- In May there were no patients waiting over 14 weeks for a therapy service.
- In May 2024, there was a decrease in the number of patients waiting over 8 weeks for specified diagnostics. The position improved from 3,746 to 3,576. The breakdown is as follows:
  - 
  - Endoscopy= 3,066
  - Cardiac tests= 441
  - Other Diagnostics = 69

**Cancer**

- The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in April 2024 was 57%, which is 1% higher than the figure reported in March 2024.
- Backlog figures have increased in the reporting period due to a new requirement for all Health Boards to report Bowel Screening Wales patients in their SCP reporting. 242 patients were waiting in excess of 63 days at the end of May 2024.

**Mental Health**

- Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in April 2024.
- In April 2024, 66.1% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

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

- Access times for crisis performance has been maintained at 100% in March 2024.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance remains static at 25% in April 2024.
- Note: S-CAMHS now included with P-CAMHS measure. Access to therapeutic interventions remains strong at 97% within 28 days, however access to assessment remains a challenge at 23% (within 28 days) in month.

**Nationally Reportable Incidents**

- In May 2024, there were 2 Nationally Reportable Incidents reported.
- There were no new Never Events reported in May 2024.



	<b>Patient Experience</b>			
	- May 2024 data is included in this report showing 92% satisfaction through 5,344 surveys.			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Health Board performance against key measures and targets.</li> <li>• <b>NOTE</b> that the report will evolve to include more information on the Target Intervention section.</li> <li>• <b>NOTE</b> that work has commenced to develop and add key reporting measures for Primary and Community Care Services</li> </ul>			



## QUALITY & SAFETY PERFORMANCE REPORT

### 1. INTRODUCTION

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

### 2. BACKGROUND

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

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

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

### 3. GOVERNANCE AND RISK ISSUES

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

### 4. FINANCIAL IMPLICATIONS

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

### 5. RECOMMENDATION

Members are asked to:

- **NOTE** the Health Board performance against key measures and targets.
- **NOTE** that the report will evolve to include more information on the Targeted Intervention section.



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Un Bae Ar y Cyd

One Bay Way

- **NOTE** that work has commenced to develop and add key reporting measures for Primary and Community Care Services



<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives (please choose)</b>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
<b>(please choose)</b>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		
<b>Financial Implications</b>		
<p>At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein.</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.</p>		
<b>Staffing Implications</b>		
<p>A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.</p>		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p>		



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

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



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# Appendix 1- Quality & Safety Performance Report

## June 2024



## CONTENTS PAGE

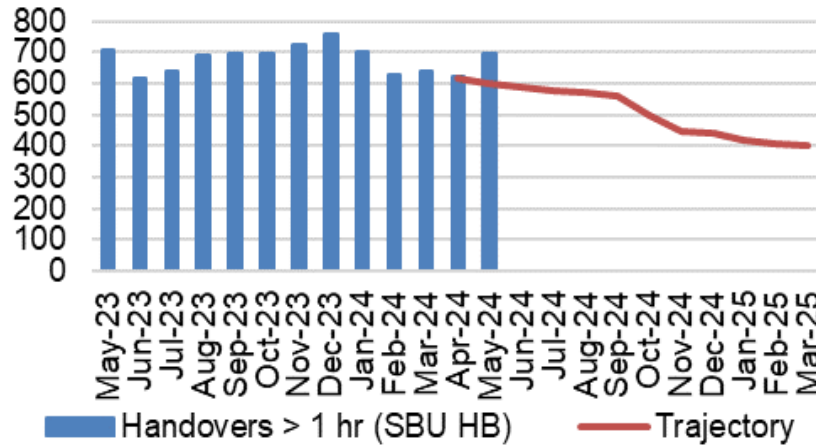
		Page numbers:
<b>1. <u>TARGETED INTERVENTION METRICS PERFORMANCE</u></b>		11-21
• <u>Unscheduled Care</u>		12-14
• <u>Planned Care and Cancer</u>		15-18
• <u>CAMHS</u>		19
• <u>INFECTION CONTROL</u>		20-21
<b>2. HARM QUADRANT- HARM FROM COVID ITSELF</b>		
2.1 <u>Overview</u>		22
2.2 Updates on key measures:		23
• COVID cases		23
<b>3. HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM</b>		
3.1 <u>Overview</u>		24-26
3.2 Updates on key measures:		
• <u>Unscheduled care</u>		27-34
• <u>Fractured Neck of Femur (#NOF)</u>		35-36
• <u>Healthcare Acquired Infections</u>		37-39
• <u>Pressure Ulcers</u>		39
• <u>Serious Incidents</u>		40
• <u>Inpatient Falls</u>		41
• <u>Discharge Summaries</u>		41
• <u>Crude Mortality</u>		42
<b>4. HARM QUADRANT- REDUCTION IN NON-COVID ACTIVITY</b>		
4.1 Overview		43-44
4.2 Updates on key measures:		
• <u>Planned care</u>		45-48
• <u>Theatre Efficiency</u>		49

•	<u>Diagnostics &amp; Therapies</u>	50
•	<u>Cancer</u>	51-52
•	<u>Follow-up appointments</u>	53
•	<u>Patient Experience</u>	54
•	<u>Complaints</u>	55
<b>5.</b>	<b>HARM QUADRANT- HARM FROM WIDER SOCIETAL ACTIONS/ LOCKDOWN</b>	
5.1	<u>Overview</u>	56-57
5.2	Updates on key measures:	
•	<u>Adult Mental Health</u>	58
•	<u>Child and Adolescent Mental Health</u>	59
	<b><u>APPENDIX 2: SUMMARY OF KEY MEASURES BY SERVICE GROUP</u></b>	60-64
	<b><u>APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD</u></b>	65-68

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

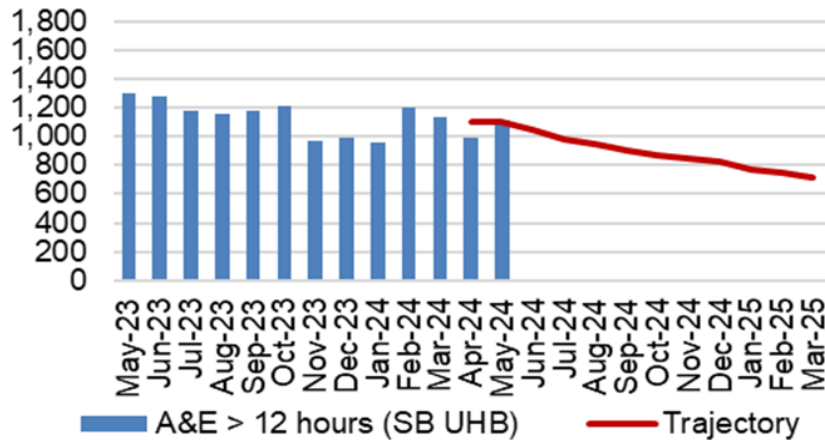
## URGENT AND EMERGENCY CARE

### 1. Ambulance handovers over 1 hour



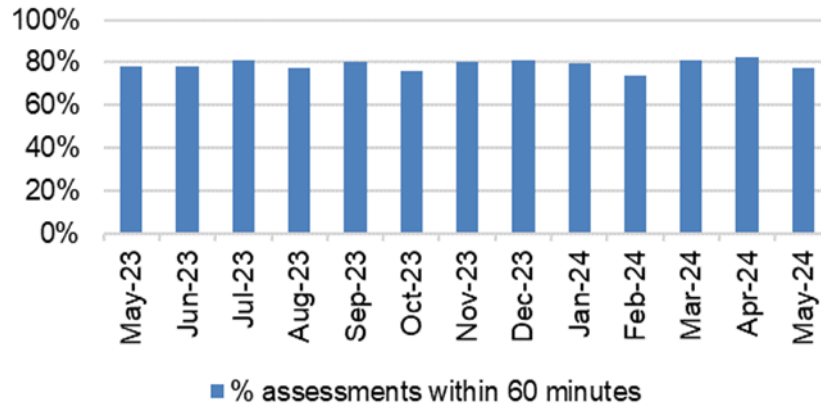
1. The number ambulance handovers over 1 hour has seen an increase in May 2024. The number of handovers over 1 hour increased from 625 in April 2024 to 695 in May 2024, which is above the outlined trajectory of 600.

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



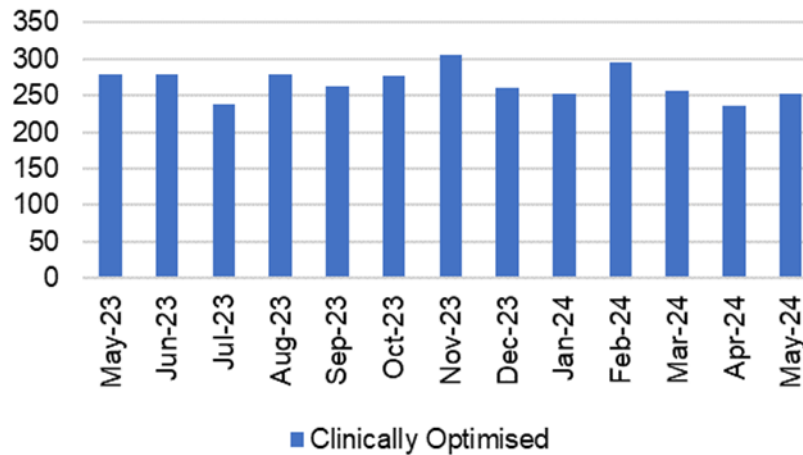
2. Performance against the 12-hour wait has deteriorated in-month and is currently performing slightly above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 1,115 in May 2024 from 994 in April 2024.

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



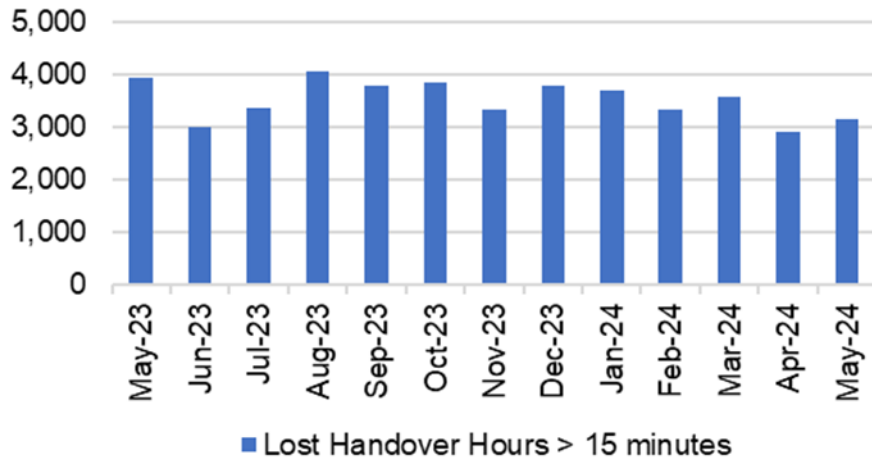
3. In May 2024 77.53% of patients received their first assessment within 60 minutes of their arrival at the Emergency Department. This is a 4.8% reduction on the figure reported in April 2024 (77.53%).

**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 May 2024. The average number of clinically optimised patients increased from 235 in April 2024 to 252 in May 2024.

**5. Lost Ambulance Hours Total**



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

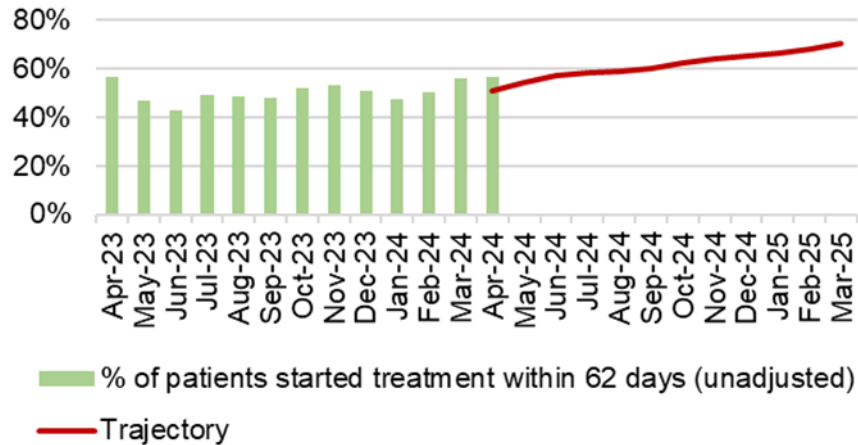


5. The ambulance handover lost hours rate has seen an increase in May 2024. The ambulance handover lost hours increased from 2,905 in April 2024 to 3,158 in May 2024.

6. There has been an increase in the number of lost ambulance hours over 1 hour in May 2024. There were 2694 lost hours over 1 hour in May 2024 which is an increase of 204 compared with 2490 in April 2024.

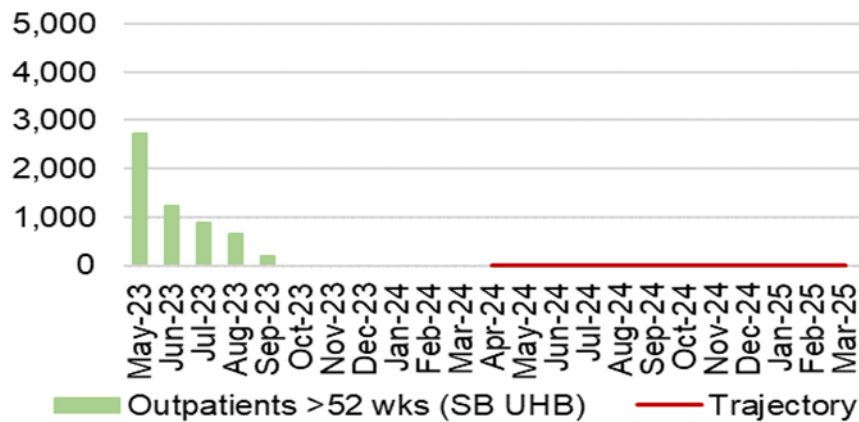
## PLANNED CARE & CANCER

### 1. Single Cancer Pathway



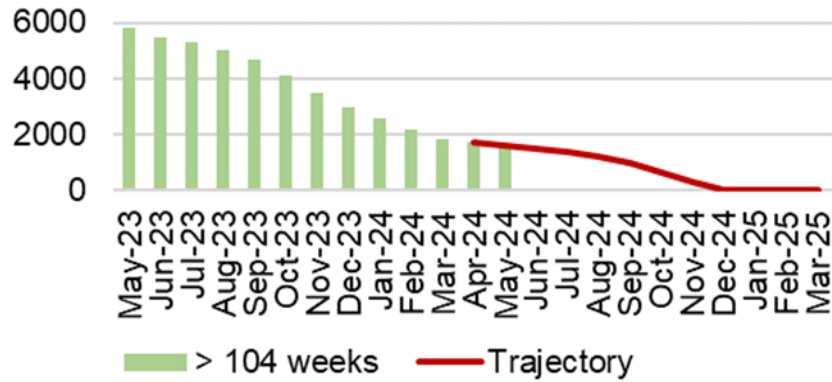
1. The final SCP performance for April 2024 was 57%, which is higher than the figure reported in March 2024. Performance is currently above the submitted trajectory (51%).

### 2. Outpatients waiting over 52 weeks



2. The number of patients waiting over 52 weeks for a first outpatient appointment remained below the Ministerial target level of 0 in May 2024. This position has been sustained since October 2023.

**3. 104 week waits – all pathways**



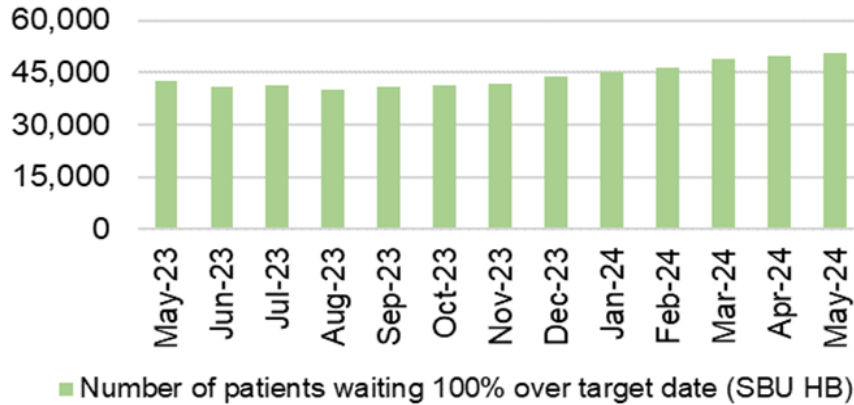
3. May 2024 saw an in-month reduction of 8% in the number of patients waiting over 104 weeks for treatment. The number decreased from 1,725 in April 2024 to 1,579 in May 2024.

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

UNDER DEVELOPMENT

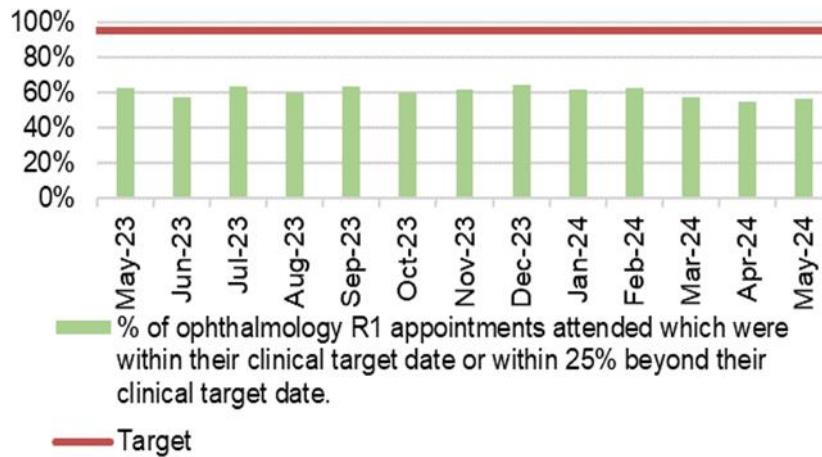
4. Narrative to be developed once measure in place

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



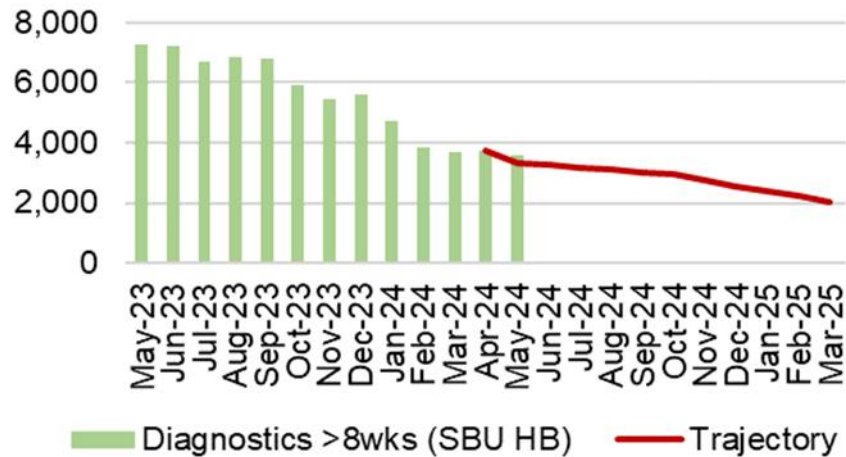
5. The number of patients waiting 100% over target for a follow-up appointment increased in May 2024. There were 50,646 patients waiting 100% over their target date in May, an increase of 809 when compared to April 2024 (49,837).

**6. R1 Ophthalmology**



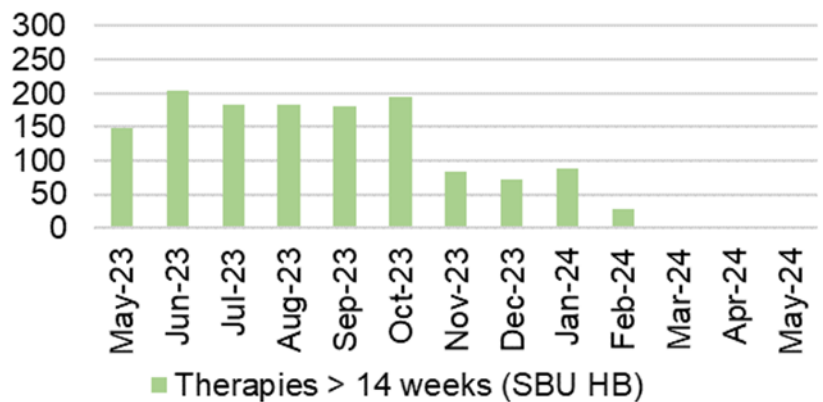
6. In May 2024 56.7% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of their target date. This is a 2.1% increase on the figure reported in April 2024.

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



7. In May 2024, there was a reduction in the number of patients waiting over 8 weeks for a diagnostic test. It decreased from 3,746 in April 2024 to 3,576 in May 2024. This is above the outlined trajectory of 3,343.

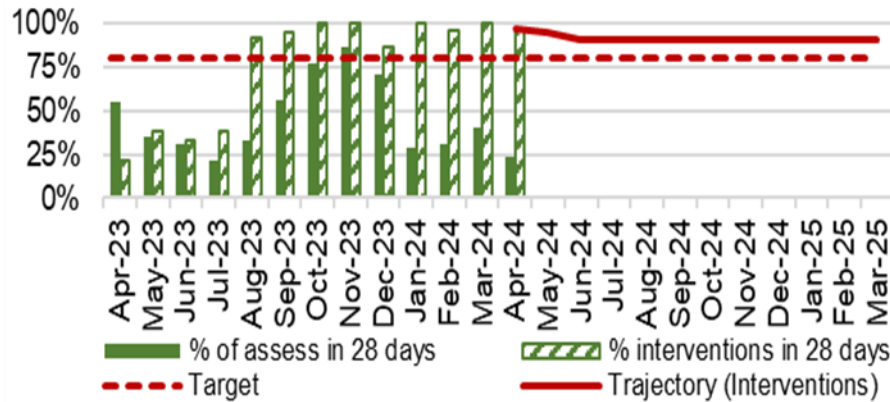
**8. Patients waiting 14 weeks for therapy services**



8. In May 2024, there were 0 patients waiting over 14 weeks for therapy services; this is a reduction of 1 when compared with April 2024.

## CAMHS

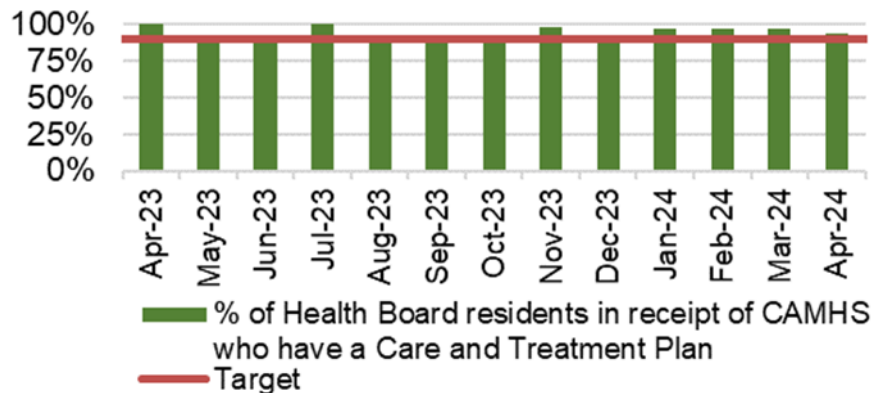
### 1. LPMHSS assessments with 28 days and therapeutic assessment within 28 days



1. The percentage of routine assessments undertaken within 28 days decreased to 23% in April 2024 from 40% in March 2024.

In April 2024, 97% of therapeutic assessments were undertaken within 28 days. This is in line with the trajectory for April 2024.

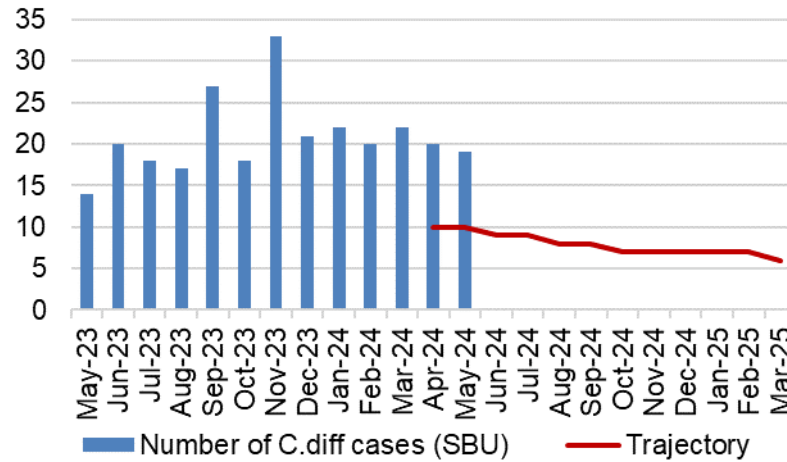
### 2. Residents in receipt of a valid care and treatment plan



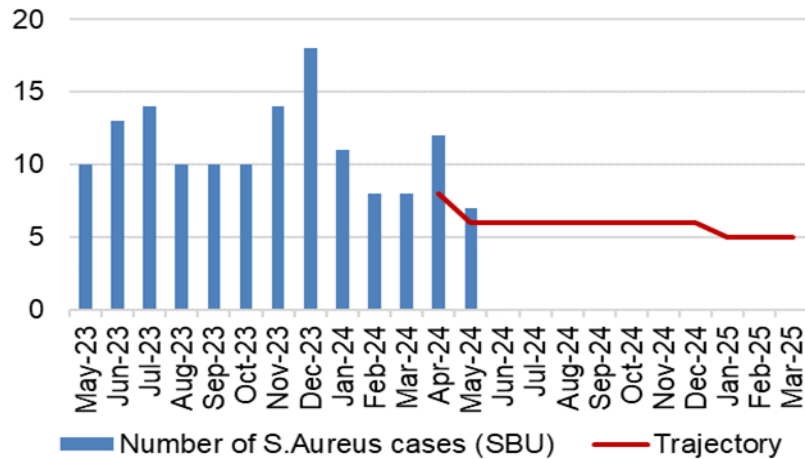
2. The percentage of residents in receipt of a valid care and treatment plan remained above the 80% target, achieving 94% in April 2024.

## HEALTHCARE ACQUIRED INFECTIONS

### 1. C. Difficile



### 2. Staph aureus

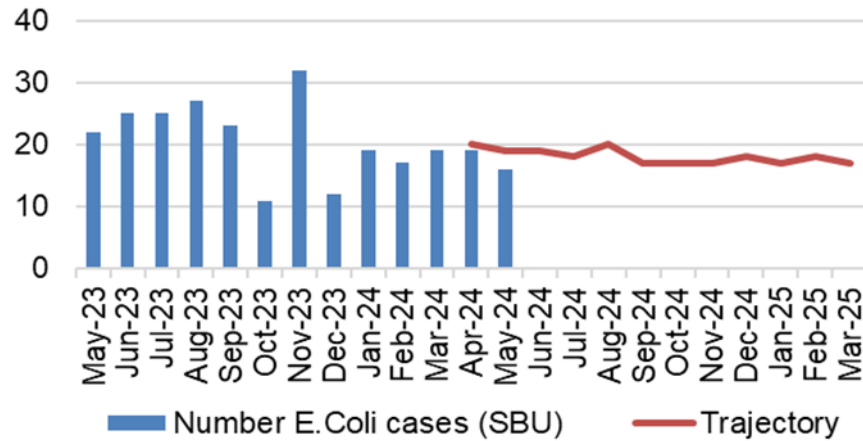


1. There were 19 cases of C. Difficile reported in May 2024. This is 1 less than reported in April 2024 and is above the trajectory of 10 cases for the month.

**NOTE: de-escalation is related to hospital acquired only and the measure will be developed to report this in coming months.**

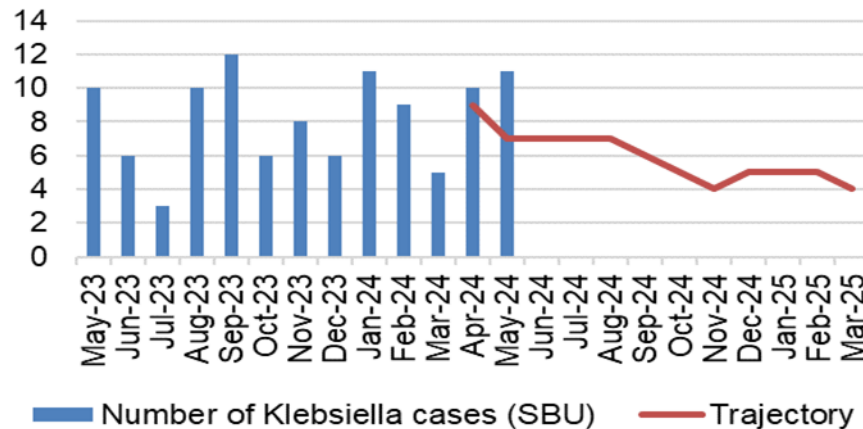
2. There was a reduction in the number of cases of Staph aureus reported in May 2024. The number of cases reported decreased to 7 in May 2024 compared to 12 in April 2024. This is above the trajectory of 6 cases for the month.

**3. E-coli**








3. There were 16 cases of E.Coli reported in May 2024. This is 3 less than the figure reported in April 2024 (19) and is below the trajectory of 19 cases for the month.

**4. Klebsiella**



4. The number of cases of Klebsiella reported increased to 11 in May 2024 from 10 in April 2024. This is above the trajectory of 7 cases for May 2024.

Harm quadrant- Harm from Covid itself																	
Measure	Locality	National/ Local Target	HB Trajectory	Trend													
					May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Number of new COVID19 cases*	HB Total				81	60	84	132	139	175	80	214	174	70	45	51	64
Number of staff referred for Antigen Testing	HB Total																
Number of staff awaiting results of COVID19 test*	HB Total				0	0	0	0	0	0	0	0	0	0	0	0	0
Number of COVID19 related incidents*	HB Total				61	90	23	33	37	35	21	43	35	21	17	28	24
Number of COVID19 related serious incidents*	HB Total				0	0	0	0	0	0	0	1	1	0	1	0	0
Number of COVID19 related complaints*	HB Total				0	0	0	0	1	1	1	0	0	0	0	0	0
Number of COVID19 related risks*	HB Total																
Number of staff self isolated (asymptomatic)*	Medical		-	-	0	0											
	Nursing Registered		-	-	0	0											
	Nursing Non Registered		-	-	0	0											
	Other		-	-	0	0											
Number of staff self isolated (symptomatic)*	Medical		\	\	1	0											
	Nursing Registered		\	\	15	3											
	Nursing Non Registered		\	\	4	0											
	Other		\	\	7	4											
% sickness*	Medical		\	\	0.1%	0.0%											
	Nursing Registered		\	\	0.4%	0.1%											
	Nursing Non Registered		\	\	0.2%	0.0%											
	Other		-	-	0.1%	0.1%											
All		\	\	0.2%	0.1%												

### 3.1 Updates on key measures

COVID TESTING																																																						
Description	Current Performance	Trend																																																				
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p><b>1. Number of new COVID cases</b>                      In May 2024, there were an additional 64 positive cases recorded bringing the cumulative total to 121,630 in Swansea Bay since March 2020.</p>	<p><b>1. Number of new COVID19 cases for Swansea Bay population</b></p> <p>The bar chart displays the monthly count of new positive COVID-19 cases in Swansea Bay. The vertical axis (y-axis) is scaled from 0 to 1,000 in increments of 200. The horizontal axis (x-axis) lists months from May-22 to May-24. The data shows several peaks, with the highest being in July 2022 (approximately 600 cases). Other notable peaks occur in December 2022 (around 400 cases) and March 2023 (around 380 cases). For the year 2024, the number of cases remains very low, with only a few small bars visible in January, February, and May.</p> <table border="1"> <caption>Estimated data for New positive COVID19 cases</caption> <thead> <tr> <th>Month</th> <th>Number of cases</th> </tr> </thead> <tbody> <tr><td>May-22</td><td>300</td></tr> <tr><td>Jun-22</td><td>350</td></tr> <tr><td>Jul-22</td><td>600</td></tr> <tr><td>Aug-22</td><td>250</td></tr> <tr><td>Sep-22</td><td>220</td></tr> <tr><td>Oct-22</td><td>180</td></tr> <tr><td>Nov-22</td><td>150</td></tr> <tr><td>Dec-22</td><td>400</td></tr> <tr><td>Jan-23</td><td>250</td></tr> <tr><td>Feb-23</td><td>280</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>100</td></tr> <tr><td>Jun-23</td><td>120</td></tr> <tr><td>Jul-23</td><td>150</td></tr> <tr><td>Aug-23</td><td>180</td></tr> <tr><td>Sep-23</td><td>200</td></tr> <tr><td>Oct-23</td><td>150</td></tr> <tr><td>Nov-23</td><td>220</td></tr> <tr><td>Dec-23</td><td>180</td></tr> <tr><td>Jan-24</td><td>100</td></tr> <tr><td>Feb-24</td><td>80</td></tr> <tr><td>Mar-24</td><td>60</td></tr> <tr><td>Apr-24</td><td>50</td></tr> <tr><td>May-24</td><td>64</td></tr> </tbody> </table>	Month	Number of cases	May-22	300	Jun-22	350	Jul-22	600	Aug-22	250	Sep-22	220	Oct-22	180	Nov-22	150	Dec-22	400	Jan-23	250	Feb-23	280	Mar-23	380	Apr-23	150	May-23	100	Jun-23	120	Jul-23	150	Aug-23	180	Sep-23	200	Oct-23	150	Nov-23	220	Dec-23	180	Jan-24	100	Feb-24	80	Mar-24	60	Apr-24	50	May-24	64
Month	Number of cases																																																					
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Dec-22	400																																																					
Jan-23	250																																																					
Feb-23	280																																																					
Mar-23	380																																																					
Apr-23	150																																																					
May-23	100																																																					
Jun-23	120																																																					
Jul-23	150																																																					
Aug-23	180																																																					
Sep-23	200																																																					
Oct-23	150																																																					
Nov-23	220																																																					
Dec-23	180																																																					
Jan-24	100																																																					
Feb-24	80																																																					
Mar-24	60																																																					
Apr-24	50																																																					
May-24	64																																																					

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

### 4.1 Overview

Measure	Locality	National/ Local Target	HB	Trend	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
<b>Unscheduled Care</b>																	
Number of ambulance handovers over one hour	Morrison	Improvement trajectory towards 0 by Mar 24	600		708	615	643	693	695	696	723	762	701	629	638	623	694
	Singleton				0	0	0	1	0	0	1	0	3	0	0	2	1
	<b>Total</b>				<b>708</b>	<b>615</b>	<b>643</b>	<b>694</b>	<b>695</b>	<b>696</b>	<b>724</b>	<b>762</b>	<b>704</b>	<b>629</b>	<b>638</b>	<b>625</b>	<b>695</b>
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Morrison	Improvement compared to same month in 22/23			60.5%	62.0%	62.0%	62.3%	63.8%	63.9%	62.0%	62.8%	63.5%	60.1%	62.8%	62.9%	64.4%
	NPTH			97.1%	97.2%	99.3%	99.0%	98.3%	98.8%	99.1%	99.2%	99.2%	99.4%	98.4%	97.8%	97.9%	
	<b>Total</b>			<b>75.3%</b>	<b>76.1%</b>	<b>76.0%</b>	<b>76.2%</b>	<b>77.0%</b>	<b>76.6%</b>	<b>75.3%</b>	<b>74.7%</b>	<b>76.6%</b>	<b>74.3%</b>	<b>75.7%</b>	<b>77.3%</b>	<b>78.1%</b>	
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Morrison	Improvement trajectory towards 0 by Mar 24	1100		1,303	1,274	1,175	1,154	1,177	1,206	969	994	959	1,197	1,132	990	1,114
	NPTH				0	0	4	2	3	1	0	0	0	0	4	1	
	<b>Total</b>				<b>1,303</b>	<b>1,274</b>	<b>1,179</b>	<b>1,156</b>	<b>1,180</b>	<b>1,207</b>	<b>969</b>	<b>994</b>	<b>959</b>	<b>1,197</b>	<b>1,132</b>	<b>994</b>	<b>1,115</b>
<b>Stroke</b>																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%	
	<b>Total</b>	(UK SNAP average)			18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%	
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			39.5%	42.9%	52.1%	34.1%	58.1%	23.8%	34.0%	52.8%	57.6%	47.5%	42.9%	50.0%	
	<b>Total</b>	(UK SNAP average)			39.5%	42.9%	52.1%	34.1%	58.1%	23.8%	34.0%	52.8%	57.6%	47.5%	42.9%	50.0%	
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			90.7%	92.9%	91.7%	97.7%	86.0%	92.9%	92.0%	86.1%	93.2%	91.5%	92.9%	94.4%	
	<b>Total</b>	(UK SNAP average)			90.7%	92.9%	91.7%	97.7%	86.0%	92.9%	92.0%	86.1%	93.2%	91.5%	92.9%	94.4%	
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month improvement trend			0.0%	12.5%	11.1%	75.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	
	<b>Total</b>				0.0%	12.5%	11.1%	75.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			62.9%	66.7%	65.1%	47.3%	72.0%	71.6%	69.5%	57.0%	49.4%	35.2%	31.3%	41.5%	
<b>Fractured Neck of Femur (NOF)</b>																	
<b>Prompt orthogeriatric assessment</b> - % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			95.0%	95.9%	95.9%	96.8%	97.0%	97.0%	97.0%	97.0%	97.0%	97.4%	97.2%	97.8%	
<b>Prompt surgery</b> - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			27.8%	28.9%	31.6%	31.3%	31.1%	30.6%	30.8%	32.4%	33.8%	35.0%	34.1%	33.9%	
<b>NICE compliant surgery</b> - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			72.1%	72.5%	72.9%	73.7%	74.6%	74.2%	73.4%	72.9%	69.7%	66.9%	69.4%	69.8%	
<b>Prompt mobilisation after surgery</b> - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			79.7%	81.1%	81.4%	81.8%	82.2%	82.4%	81.6%	83.0%	83.9%	83.6%	83.5%	84.6%	
<b>Not delirious when tested</b> - % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			74.2%	74.3%	74.2%	73.4%	72.7%	72.5%	73.9%	74.8%	75.4%	75.2%	75.5%	76.1%	
<b>Return to original residence</b> - % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			68.9%	71.5%	73.1%	72.9%	72.5%	73.1%	72.9%	73.2%					
<b>30 day mortality rate</b> - Casemix Adjusted	Morrison	Monitor			5.6%			6.7%			6.0%			4.8%			

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	
<b>Healthcare Acquired Infections</b>																		
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	9		10	12	13	9	15	6	11	6	10	10	11	7	10	
	PCCS Hospital		0		0	0	1	1	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Morrison		7		8	7	6	11	6	3	11	5	6	2	4	5	4	
	NPTH		0		1	2	0	2	0	0	1	0	1	1	0	3	0	
	Singleton		3		3	2	4	2	2	2	9	1	1	2	0	4	1	
	<b>Total</b>		19		22	25	25	27	23	11	32	12	19	17	19	19	16	
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		2	5	13	4	3	4	6	8	4	2	3	4	3	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		3		4	6	0	3	4	4	5	3	4	3	4	3		
	NPTH		0		0	1	0	0	0	0	0	1	1	1	0	0	0	
	Singleton		1		4	1	1	2	3	2	3	4	2	1	1	4	1	
	<b>Total</b>		6		10	13	14	10	10	10	14	17	11	7	8	12	7	
Number of C.difficile cases	PCCS Community	12 month reduction trend	3		4	7	6	3	7	4	18	8	7	5	3	6	9	
	PCCS Hospital		0		0	0	0	1	0	1	0	0	0	0	1	1	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	1	0	0	0	
	Morrison		5		6	10	10	11	16	12	11	10	13	12	14	9	6	
	NPTH		1		1	0	0	0	1	0	2	1	1	0	0	1	1	
	Singleton		1		2	3	2	2	3	1	2	2	1	2	2	2	1	
	<b>Total</b>		10		14	20	18	17	27	18	33	21	22	20	22	20	19	
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		6	5	0	6	5	1	4	5	5	7	2	5	5	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	1	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	1	
	Morrison		3		2	0	3	2	7	4	1	1	4	2	2	3	3	
	NPTH		0		1	1	0	0	0	0	0	0	1	0	0	0	0	
	Singleton		1		1	0	0	2	0	1	3	0	0	0	0	2	1	
	<b>Total</b>		7		10	6	3	10	12	6	8	6	11	9	5	10	11	
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	0		0	1	0	1	1	0	0	0	0	0	0	0	0	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		0		1	1	2	0	1	0	1	2	1	0	0	0	1	
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton		0		0	1	0	0	0	2	1	1	0	0	0	0	0	
	<b>Total</b>		0		1	4	2	1	2	2	2	3	2	0	0	0	1	
Compliance with hand hygiene audits	PCCS	95%			-	-	100.0%	100.0%	-	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	MH&LD		99.6%	98.5%	99.3%	99.0%	100.0%	99.5%	96.8%	97.4%	98.2%	94.3%	97.5%	100.0%	95.8%			
	Morrison		95.2%	96.7%	93.6%	97.2%	94.0%	96.2%	92.6%	95.7%	96.0%	96.6%	81.8%	79.5%	81.4%			
	NPTH		89.2%	90.0%	100.0%	95.2%	100.0%	77.3%	93.9%	80.0%	-	100.0%	90.0%	100.0%	71.4%			
	Singleton		89.0%	85.7%	100.0%	88.4%	91.9%	96.8%	98.7%	97.3%	100.0%	96.6%	100.0%	100.0%	97.8%			
	<b>Total</b>		95.2%	94.8%	96.8%	95.5%	96.0%	96.6%	95.3%	96.8%	97.6%	96.7%	88.2%	90.1%	91.0%			

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
<b>Serious Incidents &amp; Risks</b>																	
Number of Nationally Reportable Incidents	PCCS	Monitor			0	1	2	4	1	0	3	1	0	0	2	0	2
	MH&LD				0	0	0	2	0	1	0	0	0	1	2	2	0
	Morrison				4	2	3	1	3	2	4	2	4	1	3	2	0
	NPTH				1	0	0	0	0	2	0	1	0	0	1	1	0
	Singleton				2	1	1	2	1	0	1	3	2	7	0	2	0
	<b>Total</b>				<b>7</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>2</b>
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	<b>Total</b>	80%			67%	-	40%	83%	50%	33%	100%	40%	100%	17%	66%	64%	33%
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison				1	0	1	0	0	2	1	0	0	1	0	0	0
	NPTH				0	0	0	0	0	0	0	1	0	0	0	0	0
	Singleton				0	0	0	1	0	0	1	0	0	0	0	0	0
	<b>Total</b>				<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pressure Ulcers</b>																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			41	39	33	38	44	37	45	51	46	33		49	
	PCCS Hospital				0	1	1	1	0	2	0	0	2	1		0	
	MH&LD				0	0	0	0	2	0	1	0	0	1		1	
	Morrison				69	58	55	52	52	59	59	47	74	50		34	
	NPTH				3	4	6	2	6	4	3	9	4	5		3	
	Singleton				11	4	5	5	3	5	6	4	3	3		4	
<b>Total</b>		<b>124</b>	<b>106</b>	<b>100</b>	<b>98</b>	<b>107</b>	<b>107</b>	<b>114</b>	<b>111</b>	<b>129</b>	<b>93</b>		<b>91</b>				
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			9	9	6	7	11	5	13	10	3	7		9	
	PCCS Hospital				0	0	0	0	0	0	0	0	0	0		0	
	MH&LD				0	0	0	0	1	0	1	0	0	1		0	
	Morrison				8	4	0	3	2	5	4	1	2	0		3	
	NPTH				0	1	1	0	1	1	0	3	0	0		0	
	Singleton				2	1	0	1	0	0	0	1	0	0		0	
<b>Total</b>		<b>19</b>	<b>15</b>	<b>7</b>	<b>11</b>	<b>15</b>	<b>11</b>	<b>18</b>	<b>15</b>	<b>5</b>	<b>8</b>		<b>12</b>				
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			1,105	923	904	803	880	942	881	788	1,068	810		553	
Total number of Inpatient Falls	PCCS	12 month reduction trend			12	10	6	4	6	10	5	7	3	6	8	5	10
	MH&LD				25	23	30	29	28	30	23	21	31	60	47	34	30
	Morrison				93	79	97	132	94	117	109	89	114	99	95	65	71
	NPTH				23	16	15	21	11	20	21	27	32	30	33	24	27
	Singleton				31	15	16	14	18	13	8	14	12	8	18	18	17
	<b>Total</b>				<b>184</b>	<b>143</b>	<b>164</b>	<b>200</b>	<b>157</b>	<b>190</b>	<b>166</b>	<b>158</b>	<b>192</b>	<b>203</b>	<b>201</b>	<b>146</b>	<b>155</b>
Inpatient Falls per 1,000 beddays	<b>HB Total</b>	Between 3.0 & 5.0			4.46	3.57	4.07	5.14	4.16	4.78	4.22	4.01	4.77	9.41	5.01	3.77	3.95
<b>Mortality</b>																	
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.29%	1.31%	1.29%	1.26%	1.23%	1.22%	1.21%	1.23%	1.20%	1.21%	1.20%		
	Singleton				0.26%	0.24%	0.23%	0.20%	0.20%	0.18%	0.17%	0.14%	0.14%	0.15%	0.16%		
	NPTH				0.04%	0.05%	0.06%	0.07%	0.07%	0.05%	0.07%	0.07%	0.06%	0.06%	0.09%		
	<b>Total (SBU)</b>				<b>0.70%</b>	<b>0.70%</b>	<b>0.69%</b>	<b>0.67%</b>	<b>0.68%</b>	<b>0.66%</b>	<b>0.65%</b>	<b>0.65%</b>	<b>0.66%</b>	<b>0.65%</b>	<b>0.66%</b>		

## 4.2 Updates on key measures

UNSCHEDULED CARE																																																																																																		
Description	Current Performance																																																																																																	
<p><b>Ambulance responses</b></p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In May 2024, the number of red calls responded to within 8 minutes deteriorated to 45.5% from 46.3% in April 2024. In May 2024, the number of green calls increased by 20%, amber calls increased by 16%, and red calls increased by 11% compared with April 2024.</p>																																																																																																	
	<p><b>Trend</b></p>																																																																																																	
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**UNSCHEDULED CARE**

**Description**

**Current Performance**

**Ambulance handovers**

1. The number of ambulance handovers over one hour

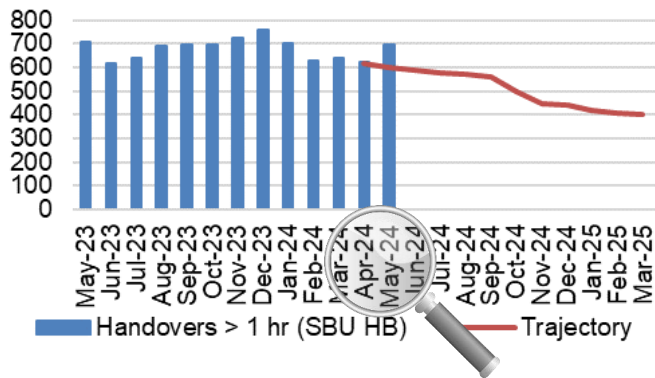
2. The number of ambulance handovers over one hour- Hospital level

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

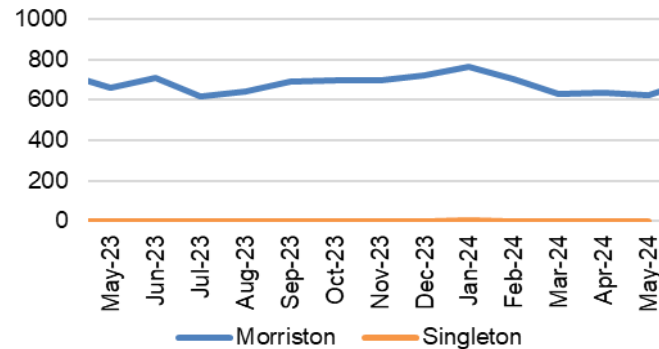
In May 2024, there were 695 ambulance to hospital handovers taking over 1 hour; this is an increase of 70 compared with 625 in April 2024. In May 2024, 694 handovers over 1 hour were attributed to Morriston Hospital and 1 was attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have increased from 2,905 in April 2024 to 3,158 in May 2024.

**Trend**

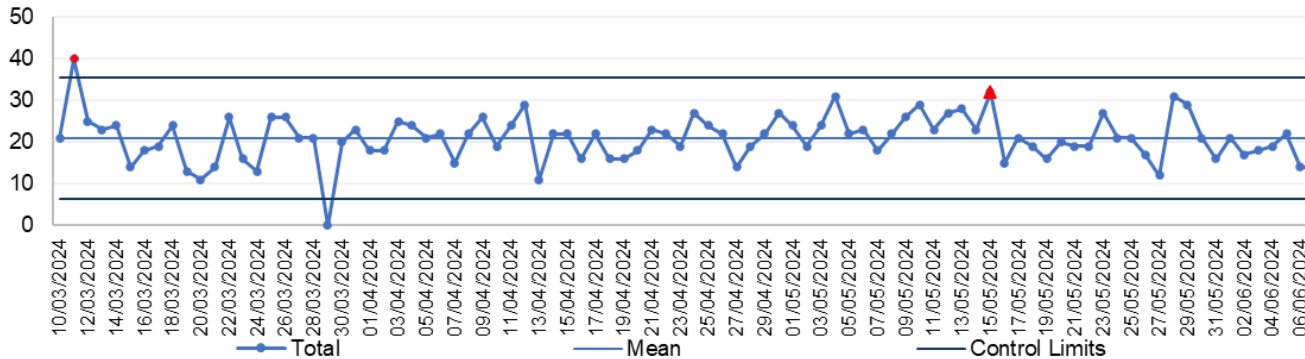
**1. Number of ambulance handovers- HB total**



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



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



**Symbol Key:**

- ◆ Above or below control limits
- 8 or more points above or below the mean
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**UNSCHEDULED CARE**

**Description**

**A&E Attendances**

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

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

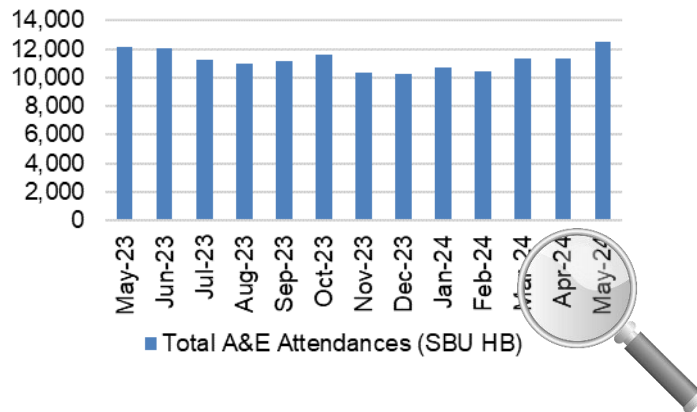
3. The number of attendances at emergency departments in the Health Board (last 90 days)

**Current Performance**

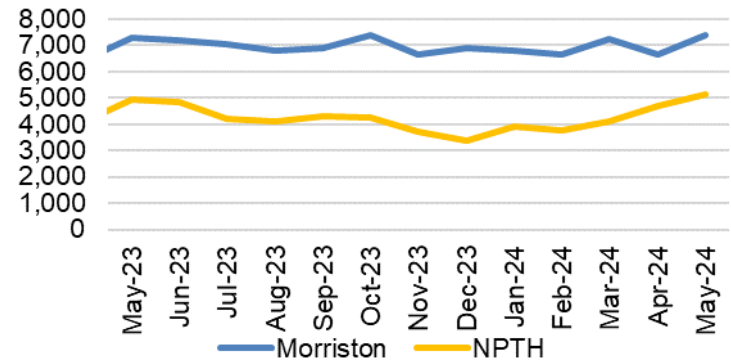
In May 2024, there were 12,518 A&E attendances, which is an increase of 1173 when compared to April 2024. There were 7,397 attendances to A&E at Morriston hospital and 5,121 attendances to MIU at Neath Port Talbot hospital.

**Trend**

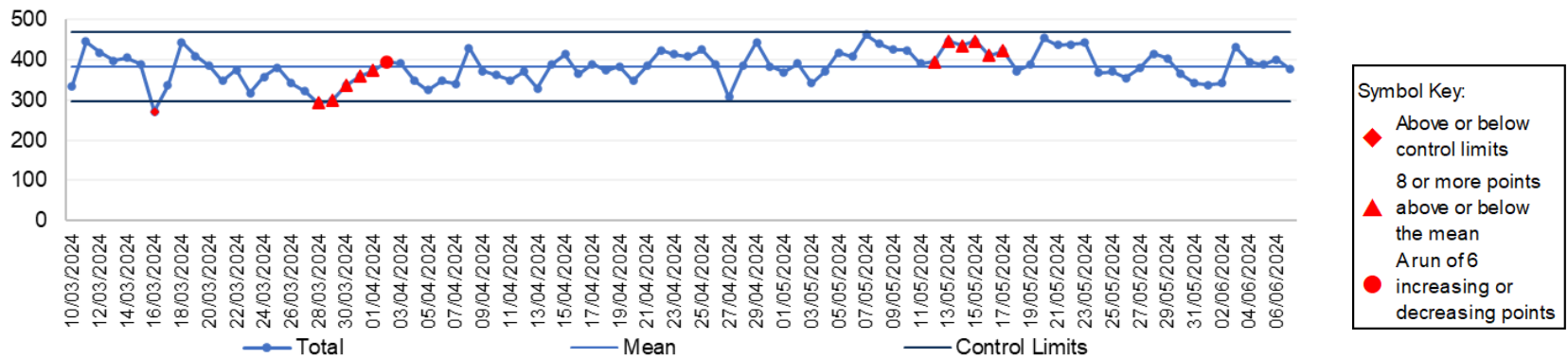
**1. Number of A&E attendances- HB total**



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



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



UNSCHEDULED CARE																																																																						
Description	Current Performance																																																																					
<p><b>A&amp;E waiting times</b></p> <p><i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i></p> <p><i>2. % of patients who spend less than 4 hours in A&amp;E- Hospital level</i></p> <p><i>3. % of patients who spend less than 4 hours in A&amp;E (last 90 days)</i></p>	<p>The Health Board's performance against the 4-hour measure improved from 77.25% in April 2024 to 78.10% in May 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 97.93% in May 2024. Morriston Hospital's performance improved between April 2024 and May 2024, achieving 64.43% against the target.</p>																																																																					
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**UNSCHEDULED CARE**

**Description**

**Current Performance**

**A&E waiting times**

In May 2024, performance against the 12-hour measure deteriorated when compared with April 2024, increasing from 994 to 1,115. This is an increase of 121 compared to April 2024. 1,114 patients waiting over 12 hours in May 2024 were attributed to Morryston Hospital and 1 was attributed to Neath Port Talbot Hospital.

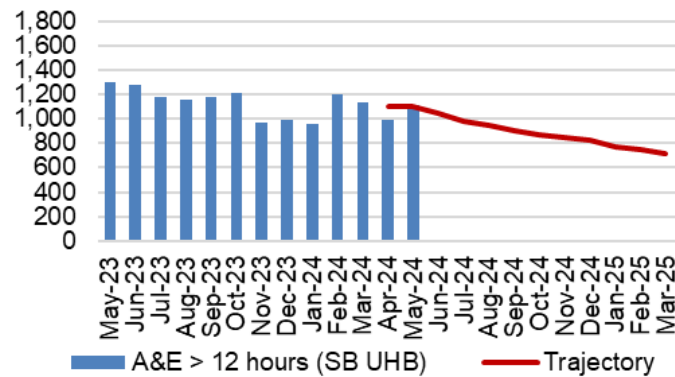
1. Number of patients who spend 12 hours or more in A&E

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

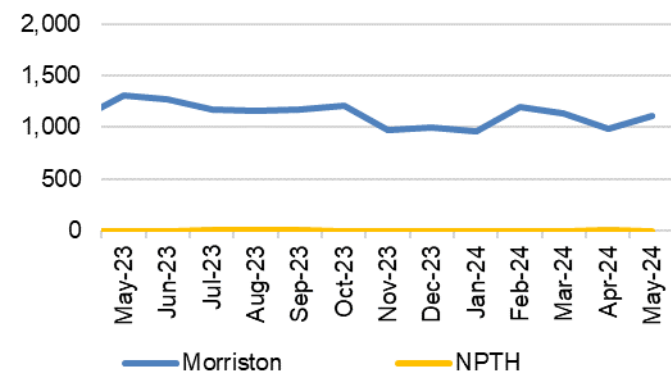
3. Number of patients waiting over 12 hours in A&E (last 90 days)

**Trend**

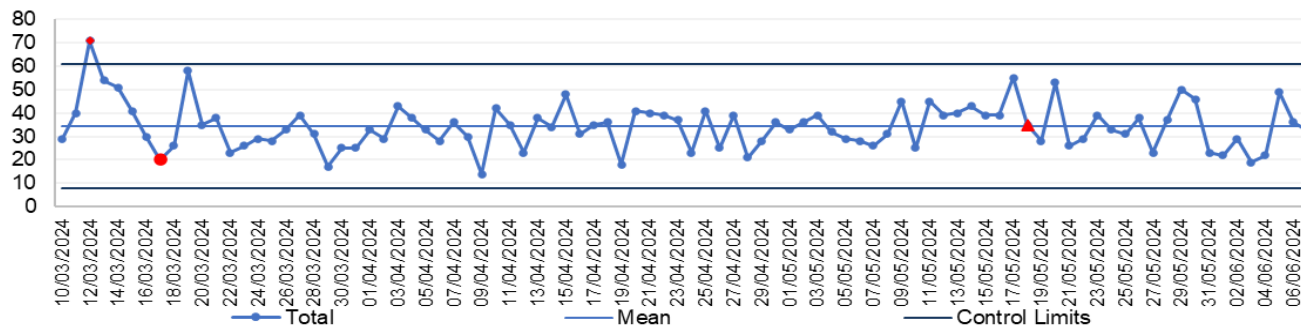
**1. Number of patients waiting over 12 hours in A&E- HB total**



**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**



**Symbol Key:**

- ◆ Above or below control limits
- ▲ above or below the mean
- Arund of 6
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**UNSCHEDULED CARE**

**Description**

**Current Performance**

**Emergency admissions**

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

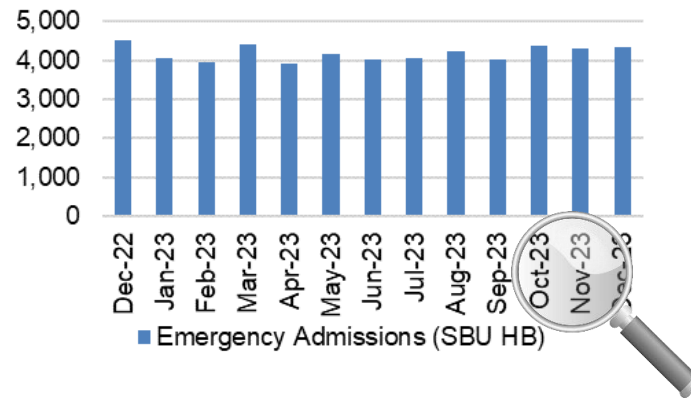
1. The number of emergency inpatient admissions

2. The number of emergency inpatient admissions- Hospital level

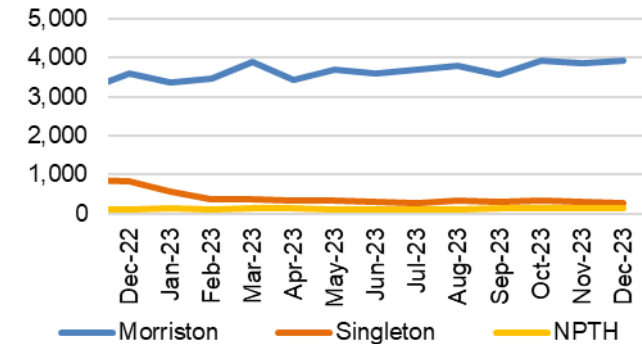
3. The number of emergency inpatient admissions (last 90 days)

**Trend**

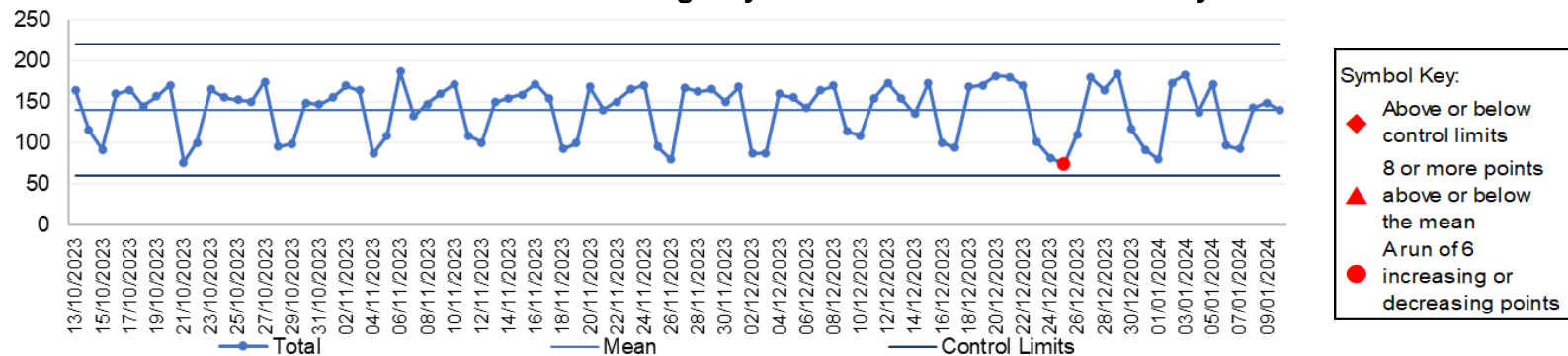
**1. Number of emergency admissions- HB total**



**2. Number of emergency admissions- Hospital level**



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



UNSCHEDULED CARE																																																								
Description	Current Performance																																																							
<b>Critical Care-Delayed Transfers of Care (DTC)-Morrison Hospital</b> 1. Total Critical Care delayed discharges (hours) 2. Average lost bed days per day 3. Percentage of patients delayed: <ul style="list-style-type: none"> <li>• Up to 8 hours</li> <li>• Between 8 and 24 hours</li> <li>• Over 24 hours</li> </ul>	<p>In March 2024, there were a total of 76 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is an increase when compared with 70 admissions in February 2024. March 2024, saw an increase in the number of delayed discharge hours from 1049.25 in February 2024 to 2903.1 in March 2024. The average lost bed days increased to 3.9 per day. The percentage of patients delayed over 24 hours increased to 52.73% in March from 26.53% in February 2024.</p>																																																							
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<p><b>Clinically Optimised</b> <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In May 2024, there were on average 252 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In May, Morriston Hospital had the largest proportion of clinically optimised patients with 155, followed by Neath Port Talbot Hospital with 51.</p> <p><b>Actions of Improvement;</b> Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital. The implementation of the frailty model with further increase opportunities for reductions in delays.</p>	<p><b>The number of clinically optimised patients by site</b></p> <table border="1"> <caption>Estimated data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>110</td><td>70</td><td>75</td><td>20</td></tr> <tr><td>Jun-23</td><td>120</td><td>60</td><td>80</td><td>25</td></tr> <tr><td>Jul-23</td><td>115</td><td>35</td><td>75</td><td>20</td></tr> <tr><td>Aug-23</td><td>155</td><td>25</td><td>80</td><td>25</td></tr> <tr><td>Sep-23</td><td>145</td><td>10</td><td>95</td><td>15</td></tr> <tr><td>Oct-23</td><td>155</td><td>10</td><td>95</td><td>20</td></tr> <tr><td>Nov-23</td><td>180</td><td>10</td><td>95</td><td>20</td></tr> <tr><td>Dec-23</td><td>145</td><td>10</td><td>65</td><td>25</td></tr> <tr><td>Jan-24</td><td>130</td><td>35</td><td>60</td><td>25</td></tr> <tr><td>Feb-24</td><td>170</td><td>45</td><td>60</td><td>30</td></tr> <tr><td>Mar-24</td><td>110</td><td>55</td><td>55</td><td>30</td></tr> <tr><td>Apr-24</td><td>115</td><td>45</td><td>50</td><td>25</td></tr> <tr><td>May-24</td><td>155</td><td>25</td><td>55</td><td>20</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	May-23	110	70	75	20	Jun-23	120	60	80	25	Jul-23	115	35	75	20	Aug-23	155	25	80	25	Sep-23	145	10	95	15	Oct-23	155	10	95	20	Nov-23	180	10	95	20	Dec-23	145	10	65	25	Jan-24	130	35	60	25	Feb-24	170	45	60	30	Mar-24	110	55	55	30	Apr-24	115	45	50	25	May-24	155	25	55	20
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<p><b>Elective procedures cancelled due to lack of beds</b> <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p>	<p>In May 2024, there were 21 elective procedures cancelled due to lack of beds on the day of surgery. This is 2 more cancellations than those seen in April 2024.</p> <p>Of the 20 cancelled procedures, 16 were attributed to Morriston Hospital and 5 to Neath Port Talbot Hospital.</p>	<p><b>Total number of elective procedures cancelled due to lack of beds</b></p> <table border="1"> <caption>Estimated data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>28</td><td>2</td><td>2</td></tr> <tr><td>Jun-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Jul-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Aug-23</td><td>2</td><td>0</td><td>0</td></tr> <tr><td>Sep-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Oct-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Nov-23</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Dec-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Jan-24</td><td>25</td><td>0</td><td>42</td></tr> <tr><td>Feb-24</td><td>25</td><td>0</td><td>0</td></tr> <tr><td>Mar-24</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Apr-24</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>May-24</td><td>16</td><td>0</td><td>5</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	May-23	28	2	2	Jun-23	10	0	0	Jul-23	10	0	0	Aug-23	2	0	0	Sep-23	15	0	0	Oct-23	15	0	0	Nov-23	20	0	0	Dec-23	10	0	0	Jan-24	25	0	42	Feb-24	25	0	0	Mar-24	15	0	0	Apr-24	18	0	0	May-24	16	0	5														
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**FRACTURED NECK OF FEMUR (#NOF)**

Description	Current Performance	Trend
<p><b>Fractured Neck of Femur (#NOF)</b></p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p><b>1. Prompt orthogeriatric assessment-</b> In April 2024, 97.8% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p><b>2. Prompt surgery-</b> In April 2024, 33.9% of patients had surgery the day following presentation with a hip fracture. This is a 7% improvement from April 2023 which was 26.9%.</p> <p><b>3. NICE compliant surgery-</b> 69.8% of operations were consistent with the NICE recommendations in April 2024. This is 3% less than in April 2023.</p> <p><b>4. Prompt mobilisation-</b> In April 2024, 84.6% of patients were out of bed the day after surgery. This is 5.7% more than in April 2023.</p>	<p><b>1. Prompt orthogeriatric assessment</b></p> <p><b>2. Prompt surgery</b></p> <p><b>3. NICE compliant Surgery</b></p> <p><b>4. Prompt mobilisation</b></p>

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i>	<b>5. Not delirious when tested-</b> - 76.1% of patients were not delirious in the week after their operation in April 2024.	<p><b>5. Not delirious when tested</b></p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	<b>6. Return to original residence</b> - 73.6% of patients in January 2024 were discharged back to their original residence. This is 2.7% more than in January 2023.	<p><b>6. Return to original residence</b></p>
7. <i>30 day mortality rate (Casemix adjusted)</i>	<b>7. 30 day mortality rate-</b> In Q4 23-24 the mortality rate for Morriston Hospital was 4.8%, which is 1.3% lower than the same period in the previous year and is 0.6% lower than the national average for the quarter.	<p><b>7. 30 day mortality rate</b></p>

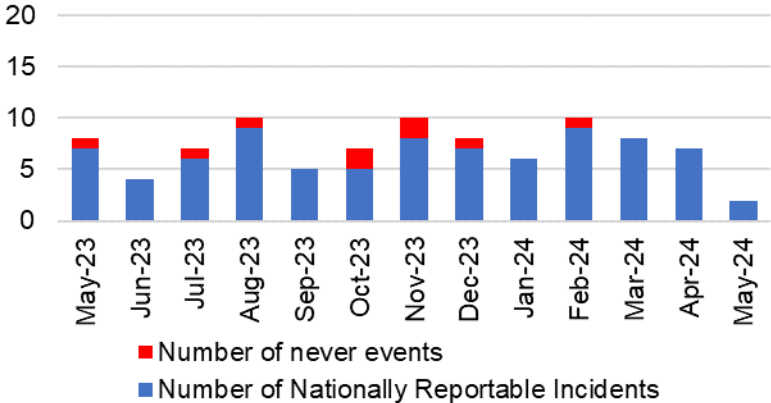
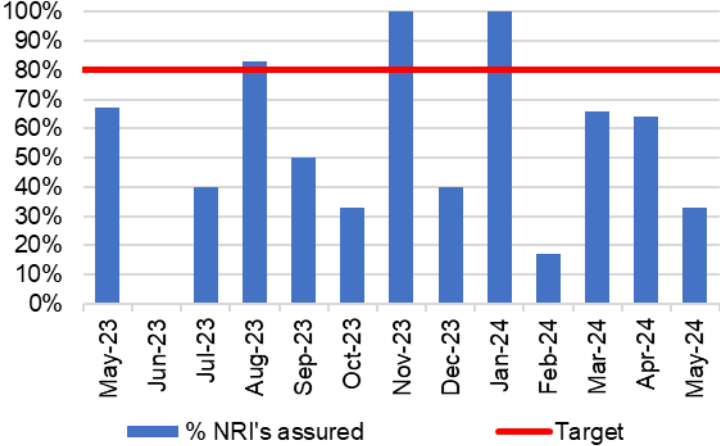
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<b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> <li>16 cases of <i>E. coli</i> bacteraemia were identified in May 2024, of which 6 were hospital acquired and 7 were community acquired.</li> <li>The Health Board total is currently below the Welsh Government Profile target of 19 cases for May 2024.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>22</td><td>19</td></tr> <tr><td>Jun-23</td><td>25</td><td>19</td></tr> <tr><td>Jul-23</td><td>25</td><td>19</td></tr> <tr><td>Aug-23</td><td>27</td><td>19</td></tr> <tr><td>Sep-23</td><td>23</td><td>19</td></tr> <tr><td>Oct-23</td><td>10</td><td>19</td></tr> <tr><td>Nov-23</td><td>32</td><td>19</td></tr> <tr><td>Dec-23</td><td>12</td><td>19</td></tr> <tr><td>Jan-24</td><td>19</td><td>19</td></tr> <tr><td>Feb-24</td><td>17</td><td>19</td></tr> <tr><td>Mar-24</td><td>19</td><td>19</td></tr> <tr><td>Apr-24</td><td>19</td><td>19</td></tr> <tr><td>May-24</td><td>16</td><td>19</td></tr> <tr><td>Jun-24</td><td></td><td>18</td></tr> <tr><td>Jul-24</td><td></td><td>17</td></tr> <tr><td>Aug-24</td><td></td><td>20</td></tr> <tr><td>Sep-24</td><td></td><td>17</td></tr> <tr><td>Oct-24</td><td></td><td>17</td></tr> <tr><td>Nov-24</td><td></td><td>17</td></tr> <tr><td>Dec-24</td><td></td><td>18</td></tr> <tr><td>Jan-25</td><td></td><td>17</td></tr> <tr><td>Feb-25</td><td></td><td>18</td></tr> <tr><td>Mar-25</td><td></td><td>17</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	May-23	22	19	Jun-23	25	19	Jul-23	25	19	Aug-23	27	19	Sep-23	23	19	Oct-23	10	19	Nov-23	32	19	Dec-23	12	19	Jan-24	19	19	Feb-24	17	19	Mar-24	19	19	Apr-24	19	19	May-24	16	19	Jun-24		18	Jul-24		17	Aug-24		20	Sep-24		17	Oct-24		17	Nov-24		17	Dec-24		18	Jan-25		17	Feb-25		18	Mar-25		17
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<b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i>	<ul style="list-style-type: none"> <li>There were 7 cases of <i>Staph. aureus</i> bacteraemia in May 2024, of which 4 were hospital acquired and 3 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 6 cases for May 2024</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired S.aureus bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>10</td><td>6</td></tr> <tr><td>Jun-23</td><td>13</td><td>6</td></tr> <tr><td>Jul-23</td><td>14</td><td>6</td></tr> <tr><td>Aug-23</td><td>10</td><td>6</td></tr> <tr><td>Sep-23</td><td>10</td><td>6</td></tr> <tr><td>Oct-23</td><td>10</td><td>6</td></tr> <tr><td>Nov-23</td><td>14</td><td>6</td></tr> <tr><td>Dec-23</td><td>18</td><td>6</td></tr> <tr><td>Jan-24</td><td>11</td><td>6</td></tr> <tr><td>Feb-24</td><td>8</td><td>6</td></tr> <tr><td>Mar-24</td><td>8</td><td>6</td></tr> <tr><td>Apr-24</td><td>12</td><td>6</td></tr> <tr><td>May-24</td><td>7</td><td>6</td></tr> <tr><td>Jun-24</td><td></td><td>6</td></tr> <tr><td>Jul-24</td><td></td><td>6</td></tr> <tr><td>Aug-24</td><td></td><td>6</td></tr> <tr><td>Sep-24</td><td></td><td>6</td></tr> <tr><td>Oct-24</td><td></td><td>6</td></tr> <tr><td>Nov-24</td><td></td><td>6</td></tr> <tr><td>Dec-24</td><td></td><td>6</td></tr> <tr><td>Jan-25</td><td></td><td>5</td></tr> <tr><td>Feb-25</td><td></td><td>5</td></tr> <tr><td>Mar-25</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	May-23	10	6	Jun-23	13	6	Jul-23	14	6	Aug-23	10	6	Sep-23	10	6	Oct-23	10	6	Nov-23	14	6	Dec-23	18	6	Jan-24	11	6	Feb-24	8	6	Mar-24	8	6	Apr-24	12	6	May-24	7	6	Jun-24		6	Jul-24		6	Aug-24		6	Sep-24		6	Oct-24		6	Nov-24		6	Dec-24		6	Jan-25		5	Feb-25		5	Mar-25		5
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## HEALTHCARE ACQUIRED INFECTIONS

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<p><b>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i></b>  <i>Number of laboratory confirmed C.difficile cases</i></p>	<ul style="list-style-type: none"> <li>There were 19 <i>Clostridium difficile</i> toxin positive cases in May 2024, of which 10 were hospital acquired and 9 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 10 cases for May 2024.</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;"><b>Number of healthcare acquired C.difficile cases</b></p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>14</td><td></td></tr> <tr><td>Jun-23</td><td>20</td><td></td></tr> <tr><td>Jul-23</td><td>18</td><td></td></tr> <tr><td>Aug-23</td><td>17</td><td></td></tr> <tr><td>Sep-23</td><td>27</td><td></td></tr> <tr><td>Oct-23</td><td>18</td><td></td></tr> <tr><td>Nov-23</td><td>33</td><td></td></tr> <tr><td>Dec-23</td><td>21</td><td></td></tr> <tr><td>Jan-24</td><td>22</td><td></td></tr> <tr><td>Feb-24</td><td>20</td><td></td></tr> <tr><td>Mar-24</td><td>22</td><td></td></tr> <tr><td>Apr-24</td><td>20</td><td>10</td></tr> <tr><td>May-24</td><td>19</td><td>9</td></tr> <tr><td>Jun-24</td><td></td><td>9</td></tr> <tr><td>Jul-24</td><td></td><td>8</td></tr> <tr><td>Aug-24</td><td></td><td>8</td></tr> <tr><td>Sep-24</td><td></td><td>7</td></tr> <tr><td>Oct-24</td><td></td><td>7</td></tr> <tr><td>Nov-24</td><td></td><td>7</td></tr> <tr><td>Dec-24</td><td></td><td>7</td></tr> <tr><td>Jan-25</td><td></td><td>7</td></tr> <tr><td>Feb-25</td><td></td><td>7</td></tr> <tr><td>Mar-25</td><td></td><td>6</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	May-23	14		Jun-23	20		Jul-23	18		Aug-23	17		Sep-23	27		Oct-23	18		Nov-23	33		Dec-23	21		Jan-24	22		Feb-24	20		Mar-24	22		Apr-24	20	10	May-24	19	9	Jun-24		9	Jul-24		8	Aug-24		8	Sep-24		7	Oct-24		7	Nov-24		7	Dec-24		7	Jan-25		7	Feb-25		7	Mar-25		6
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<p><b>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i></b>  <i>Number of laboratory confirmed Klebsiella sp cases</i></p>	<ul style="list-style-type: none"> <li>There were 11 cases of <i>Klebsiella sp</i> in May 2024, of which 6 were hospital acquired and 5 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 7 cases for May 2024.</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;"><b>Number of healthcare acquired Klebsiella cases</b></p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>10</td><td></td></tr> <tr><td>Jun-23</td><td>6</td><td></td></tr> <tr><td>Jul-23</td><td>3</td><td></td></tr> <tr><td>Aug-23</td><td>10</td><td></td></tr> <tr><td>Sep-23</td><td>12</td><td></td></tr> <tr><td>Oct-23</td><td>6</td><td></td></tr> <tr><td>Nov-23</td><td>8</td><td></td></tr> <tr><td>Dec-23</td><td>6</td><td></td></tr> <tr><td>Jan-24</td><td>11</td><td></td></tr> <tr><td>Feb-24</td><td>9</td><td></td></tr> <tr><td>Mar-24</td><td>5</td><td></td></tr> <tr><td>Apr-24</td><td>10</td><td>9</td></tr> <tr><td>May-24</td><td>11</td><td>7</td></tr> <tr><td>Jun-24</td><td></td><td>7</td></tr> <tr><td>Jul-24</td><td></td><td>7</td></tr> <tr><td>Aug-24</td><td></td><td>7</td></tr> <tr><td>Sep-24</td><td></td><td>6</td></tr> <tr><td>Oct-24</td><td></td><td>4</td></tr> <tr><td>Nov-24</td><td></td><td>4</td></tr> <tr><td>Dec-24</td><td></td><td>5</td></tr> <tr><td>Jan-25</td><td></td><td>5</td></tr> <tr><td>Feb-25</td><td></td><td>5</td></tr> <tr><td>Mar-25</td><td></td><td>4</td></tr> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	Trajectory	May-23	10		Jun-23	6		Jul-23	3		Aug-23	10		Sep-23	12		Oct-23	6		Nov-23	8		Dec-23	6		Jan-24	11		Feb-24	9		Mar-24	5		Apr-24	10	9	May-24	11	7	Jun-24		7	Jul-24		7	Aug-24		7	Sep-24		6	Oct-24		4	Nov-24		4	Dec-24		5	Jan-25		5	Feb-25		5	Mar-25		4
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HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
<p><b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> <li>There was 1 case of <i>P.Aeruginosa</i> reported in May 2024.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 0 cases for May 2024.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired Pseudomonas cases</b></p> <p>Number of Pseudomonas cases (SBU) — Trajectory</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
<p><b>Number of pressure ulcers</b> <i>1. Total number of pressure ulcers developed in hospital and in the community</i></p> <p><i>2. Rate of pressure ulcers per 100,000 admissions</i></p>	<ul style="list-style-type: none"> <li>In April 2024 there were 91 cases of healthcare acquired pressure ulcers, 49 of which were community acquired and 42 were hospital acquired.</li> <li>There were 12 grade 3+ pressure ulcers in April 2024, 9 of which were community acquired and 3 were hospital acquired.</li> <li>The rate per 100,000 admissions was 553 in April 2024.</li> </ul> <p><i>*March 24 data not available at the time of writing this report</i></p>	<p><b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b></p> <p>Pressure Ulcers (Community)</p>

## NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend																																																																																				
<p><b>Nationally Reportable Incidents (NRI's)-</b>                      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 2 Nationally Reportable Incidents for the month of May 2024 to Welsh Government. The Service Group breakdown is as follows;                      - PCT - 2</p> <p>2. There were no new Never Events reported in May 2024.</p> <p>3. In May 2024, 33% of the NRI's were closed within the agreed timescale.</p>	<p><b>1. and 2. Number of nationally reportable incidents and never events</b></p>  <table border="1"> <caption>Number of nationally reportable incidents and never events</caption> <thead> <tr> <th>Month</th> <th>Number of Nationally Reportable Incidents</th> <th>Number of never events</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>7</td><td>1</td></tr> <tr><td>Jun-23</td><td>4</td><td>0</td></tr> <tr><td>Jul-23</td><td>6</td><td>1</td></tr> <tr><td>Aug-23</td><td>9</td><td>1</td></tr> <tr><td>Sep-23</td><td>5</td><td>0</td></tr> <tr><td>Oct-23</td><td>5</td><td>2</td></tr> <tr><td>Nov-23</td><td>8</td><td>2</td></tr> <tr><td>Dec-23</td><td>7</td><td>1</td></tr> <tr><td>Jan-24</td><td>6</td><td>0</td></tr> <tr><td>Feb-24</td><td>9</td><td>1</td></tr> <tr><td>Mar-24</td><td>8</td><td>0</td></tr> <tr><td>Apr-24</td><td>7</td><td>0</td></tr> <tr><td>May-24</td><td>2</td><td>0</td></tr> </tbody> </table> <p>■ Number of never events                      ■ Number of Nationally Reportable Incidents</p> <p><b>3. % of nationally reportable incidents closed within the agreed timescales</b></p>  <table border="1"> <caption>% of nationally reportable incidents closed within the agreed timescales</caption> <thead> <tr> <th>Month</th> <th>% NRI's assured</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>68%</td><td>80%</td></tr> <tr><td>Jun-23</td><td>0%</td><td>80%</td></tr> <tr><td>Jul-23</td><td>40%</td><td>80%</td></tr> <tr><td>Aug-23</td><td>82%</td><td>80%</td></tr> <tr><td>Sep-23</td><td>50%</td><td>80%</td></tr> <tr><td>Oct-23</td><td>33%</td><td>80%</td></tr> <tr><td>Nov-23</td><td>100%</td><td>80%</td></tr> <tr><td>Dec-23</td><td>40%</td><td>80%</td></tr> <tr><td>Jan-24</td><td>100%</td><td>80%</td></tr> <tr><td>Feb-24</td><td>18%</td><td>80%</td></tr> <tr><td>Mar-24</td><td>65%</td><td>80%</td></tr> <tr><td>Apr-24</td><td>63%</td><td>80%</td></tr> <tr><td>May-24</td><td>33%</td><td>80%</td></tr> </tbody> </table> <p>■ % NRI's assured                      — Target</p>	Month	Number of Nationally Reportable Incidents	Number of never events	May-23	7	1	Jun-23	4	0	Jul-23	6	1	Aug-23	9	1	Sep-23	5	0	Oct-23	5	2	Nov-23	8	2	Dec-23	7	1	Jan-24	6	0	Feb-24	9	1	Mar-24	8	0	Apr-24	7	0	May-24	2	0	Month	% NRI's assured	Target	May-23	68%	80%	Jun-23	0%	80%	Jul-23	40%	80%	Aug-23	82%	80%	Sep-23	50%	80%	Oct-23	33%	80%	Nov-23	100%	80%	Dec-23	40%	80%	Jan-24	100%	80%	Feb-24	18%	80%	Mar-24	65%	80%	Apr-24	63%	80%	May-24	33%	80%
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








INPATIENT FALLS																														
Description	Current Performance	Trend																												
<b>Inpatient Falls</b> <i>The total number of inpatient falls</i>	<ul style="list-style-type: none"> <li>The number of Falls reported via Datix web for Swansea Bay UHB was 155 in May 2024. This is 6.2% more than April 2024 where 146 falls were recorded.</li> </ul>	<p><b>Number of inpatient Falls</b></p> <table border="1"> <caption>Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Number of Falls</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>180</td></tr> <tr><td>Jun-23</td><td>140</td></tr> <tr><td>Jul-23</td><td>160</td></tr> <tr><td>Aug-23</td><td>200</td></tr> <tr><td>Sep-23</td><td>155</td></tr> <tr><td>Oct-23</td><td>185</td></tr> <tr><td>Nov-23</td><td>165</td></tr> <tr><td>Dec-23</td><td>155</td></tr> <tr><td>Jan-24</td><td>190</td></tr> <tr><td>Feb-24</td><td>200</td></tr> <tr><td>Mar-24</td><td>200</td></tr> <tr><td>Apr-24</td><td>146</td></tr> <tr><td>May-24</td><td>155</td></tr> </tbody> </table> <p>■ Hospital Falls</p>	Month	Number of Falls	May-23	180	Jun-23	140	Jul-23	160	Aug-23	200	Sep-23	155	Oct-23	185	Nov-23	165	Dec-23	155	Jan-24	190	Feb-24	200	Mar-24	200	Apr-24	146	May-24	155
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DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in May 2024, the percentage of completed discharge summaries was 76%.</p> <p>In May 2024, compliance ranged from 83% in Morriston Hospital to 61% in Singleton Hospital.</p>	<p><b>% discharge summaries approved and sent</b></p> <table border="1"> <caption>% discharge summaries approved and sent</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>65%</td></tr> <tr><td>Jun-23</td><td>65%</td></tr> <tr><td>Jul-23</td><td>65%</td></tr> <tr><td>Aug-23</td><td>65%</td></tr> <tr><td>Sep-23</td><td>61%</td></tr> <tr><td>Oct-23</td><td>65%</td></tr> <tr><td>Nov-23</td><td>68%</td></tr> <tr><td>Dec-23</td><td>68%</td></tr> <tr><td>Jan-24</td><td>68%</td></tr> <tr><td>Feb-24</td><td>70%</td></tr> <tr><td>Mar-24</td><td>68%</td></tr> <tr><td>Apr-24</td><td>75%</td></tr> <tr><td>May-24</td><td>76%</td></tr> </tbody> </table> <p>■ % of completed discharge summaries</p>	Month	% of completed discharge summaries	May-23	65%	Jun-23	65%	Jul-23	65%	Aug-23	65%	Sep-23	61%	Oct-23	65%	Nov-23	68%	Dec-23	68%	Jan-24	68%	Feb-24	70%	Mar-24	68%	Apr-24	75%	May-24	76%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
<b>Crude Mortality Rate</b>	<p>March 2024 reports the crude mortality rate for the Health Board at 0.66%, which is 0.01% higher than the figure reported in February 2024.</p> <p>A breakdown by Hospital for March 2024:</p> <ul style="list-style-type: none"> <li>• Morriston – 1.20%</li> <li>• Singleton – 0.16%</li> <li>• NPT – 0.09%</li> </ul>	<p><b>Crude hospital mortality rate by Hospital (74 years of age or less)</b></p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>1.30%</td><td>0.30%</td><td>0.10%</td><td>0.70%</td></tr> <tr><td>Apr-23</td><td>1.30%</td><td>0.30%</td><td>0.10%</td><td>0.70%</td></tr> <tr><td>May-23</td><td>1.30%</td><td>0.30%</td><td>0.10%</td><td>0.70%</td></tr> <tr><td>Jun-23</td><td>1.30%</td><td>0.30%</td><td>0.10%</td><td>0.70%</td></tr> <tr><td>Jul-23</td><td>1.30%</td><td>0.30%</td><td>0.10%</td><td>0.70%</td></tr> <tr><td>Aug-23</td><td>1.30%</td><td>0.30%</td><td>0.10%</td><td>0.70%</td></tr> <tr><td>Sep-23</td><td>1.30%</td><td>0.30%</td><td>0.10%</td><td>0.70%</td></tr> <tr><td>Oct-23</td><td>1.30%</td><td>0.30%</td><td>0.10%</td><td>0.70%</td></tr> <tr><td>Nov-23</td><td>1.30%</td><td>0.30%</td><td>0.10%</td><td>0.70%</td></tr> <tr><td>Dec-23</td><td>1.30%</td><td>0.30%</td><td>0.10%</td><td>0.70%</td></tr> <tr><td>Jan-24</td><td>1.30%</td><td>0.30%</td><td>0.10%</td><td>0.70%</td></tr> <tr><td>Feb-24</td><td>1.30%</td><td>0.30%</td><td>0.10%</td><td>0.70%</td></tr> <tr><td>Mar-24</td><td>1.30%</td><td>0.30%</td><td>0.10%</td><td>0.70%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Mar-23	1.30%	0.30%	0.10%	0.70%	Apr-23	1.30%	0.30%	0.10%	0.70%	May-23	1.30%	0.30%	0.10%	0.70%	Jun-23	1.30%	0.30%	0.10%	0.70%	Jul-23	1.30%	0.30%	0.10%	0.70%	Aug-23	1.30%	0.30%	0.10%	0.70%	Sep-23	1.30%	0.30%	0.10%	0.70%	Oct-23	1.30%	0.30%	0.10%	0.70%	Nov-23	1.30%	0.30%	0.10%	0.70%	Dec-23	1.30%	0.30%	0.10%	0.70%	Jan-24	1.30%	0.30%	0.10%	0.70%	Feb-24	1.30%	0.30%	0.10%	0.70%	Mar-24	1.30%	0.30%	0.10%	0.70%
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Description	Current Performance	Trend																																																																						
<b>Readmission Rates</b>	<p>In May 2024, 8.25% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 0.12% higher than the figure reported in April 2024.</p>	<p><b>Emergencies readmitted within 28 days of previous discharge</b></p> <table border="1"> <caption>Emergencies readmitted within 28 days of previous discharge</caption> <thead> <tr> <th>Month</th> <th>28 day readmission rate (SBUHB)</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>8.25%</td></tr> <tr><td>Jun-23</td><td>7.50%</td></tr> <tr><td>Jul-23</td><td>7.50%</td></tr> <tr><td>Aug-23</td><td>7.80%</td></tr> <tr><td>Sep-23</td><td>7.80%</td></tr> <tr><td>Oct-23</td><td>8.25%</td></tr> <tr><td>Nov-23</td><td>7.80%</td></tr> <tr><td>Dec-23</td><td>9.00%</td></tr> <tr><td>Jan-24</td><td>7.50%</td></tr> <tr><td>Feb-24</td><td>8.25%</td></tr> <tr><td>Mar-24</td><td>8.50%</td></tr> <tr><td>Apr-24</td><td>8.13%</td></tr> <tr><td>May-24</td><td>8.25%</td></tr> </tbody> </table>	Month	28 day readmission rate (SBUHB)	May-23	8.25%	Jun-23	7.50%	Jul-23	7.50%	Aug-23	7.80%	Sep-23	7.80%	Oct-23	8.25%	Nov-23	7.80%	Dec-23	9.00%	Jan-24	7.50%	Feb-24	8.25%	Mar-24	8.50%	Apr-24	8.13%	May-24	8.25%																																										
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## 5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

### 5.1 Overview

Harm from reduction in non-Covid																	
Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
<b>Cancer</b>																	
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	<b>Total</b>	Improvement Trajectory towards 80% by Mar 26	51.0%		46.6%	42.8%	49.0%	48.6%	47.9%	51.7%	53.3%	51.0%	47.5%	50.4%	55.8%	56.4%	
<b>Planned Care</b>																	
Number of patients waiting > 26 weeks for first outpatient appointment*	Morrison	0			10,114	8,969	8,313	7,958	7,459	6,165	5,735	5,968	5,703	5,806	6,565	7,162	8,055
	NPTH				5	4	1	1	7	32	16	15	30	45	92	87	143
	Singleton				4,610	4,454	4,623	5,156	5,320	4,972	4,674	4,906	4,989	5,087	5,438	5,795	6,007
	PC&CS				4	0	0	6	0	0	0	0	0	0	0	1	0
	<b>Total</b>				<b>14,733</b>	<b>13,427</b>	<b>12,937</b>	<b>13,121</b>	<b>12,786</b>	<b>11,169</b>	<b>10,425</b>	<b>10,889</b>	<b>10,722</b>	<b>10,938</b>	<b>12,095</b>	<b>13,045</b>	<b>14,205</b>
Number of patients waiting > 36 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0			5,641	4,867	4,446	3,876	2,837	2,088	2,034	2,245	2,001	1,986	2,294	2,712	3,413
	NPTH				1	0	0	0	0	0	1	3	1	4	2	8	21
	Singleton				2,031	2,026	2,283	2,682	2,490	2,420	2,247	2,298	2,182	2,112	2,443	2,855	2,986
	PC&CS				2	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>				<b>7,675</b>	<b>6,893</b>	<b>6,729</b>	<b>6,558</b>	<b>5,327</b>	<b>4,508</b>	<b>4,282</b>	<b>4,546</b>	<b>4,184</b>	<b>4,102</b>	<b>4,739</b>	<b>5,575</b>	<b>6,420</b>
Number of patients waiting > 52 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0			2,447	1,234	892	663	163	0	0	0	0	0	0	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				271	0	2	2	17	0	0	0	0	0	0	0	
	PC&CS				1	0	0	0	0	0	0	0	0	0	0	0	
	<b>Total</b>				<b>2,719</b>	<b>1,234</b>	<b>894</b>	<b>665</b>	<b>180</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Number of patients waiting > 52 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			12,795	11,620	11,561	11,418	10,911	10,464	9,881	9,588	9,423	9,159	8,962	8,465	8,477
	NPTH				1	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				4,179	3,826	3,559	3,459	3,506	3,478	3,572	3,798	3,895	4,052	4,219	4,433	4,782
	PC&CS				1	0	0	0	0	0	0	0	0	0	0	0	
	<b>Total</b>				<b>16,976</b>	<b>15,446</b>	<b>15,120</b>	<b>14,877</b>	<b>14,417</b>	<b>13,942</b>	<b>13,453</b>	<b>13,386</b>	<b>13,318</b>	<b>13,211</b>	<b>13,181</b>	<b>12,898</b>	<b>13,259</b>
Number of patients waiting > 104 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			4,772	4,470	4,409	4,121	3,826	3,341	2,772	2,311	1,923	1,579	1,299	1,186	1,065
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				1,020	1,004	890	878	819	756	688	658	643	596	532	539	514
	PC&CS				0	0	0	0	0	0	0	0	0	0	0	0	
	<b>Total</b>				<b>5,792</b>	<b>5,474</b>	<b>5,299</b>	<b>4,999</b>	<b>4,645</b>	<b>4,097</b>	<b>3,460</b>	<b>2,969</b>	<b>2,566</b>	<b>2,175</b>	<b>1,831</b>	<b>1,725</b>	<b>1,579</b>
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	Improvement Trajectory towards 0 by Mar 24			4,826	2,484	2,214	2,451	2,676	2,218	2,017	2,087	1,229	592	501	527	567
	Singleton				4,826	4,737	4,499	4,410	4,124	3,721	3,412	3,529	3,476	3,278	3,186	3,219	3,009
	<b>Total</b>				<b>7,255</b>	<b>7,221</b>	<b>6,713</b>	<b>6,861</b>	<b>6,800</b>	<b>5,939</b>	<b>5,429</b>	<b>5,616</b>	<b>4,705</b>	<b>3,870</b>	<b>3,687</b>	<b>3,746</b>	<b>3,576</b>
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	Improvement Trajectory towards 0 by Mar 24			0	0	0	0	0	0	0	0	0	0	0	0	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	
	PC&CS				149	203	183	183	182	195	84	73	88	29	1	1	0
	<b>Total</b>				<b>149</b>	<b>203</b>	<b>183</b>	<b>183</b>	<b>182</b>	<b>195</b>	<b>84</b>	<b>73</b>	<b>88</b>	<b>29</b>	<b>1</b>	<b>1</b>	<b>0</b>

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
<b>Planned Care</b>																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	12 month reduction trend			150,109	149,529	150,416	150,060	152,025	154,704	157,285	159,226	162,964	164,581	166,438	169,049	170,254
Number of patients delayed by over 100% past their target date	Total	Improvement Trajectory towards target of 0			42,534	40,807	41,123	39,938	41,048	41,188	41,727	43,784	44,976	46,482	48,969	49,837	50,646
Number of patients delayed past their agreed target date (booked and not booked) *	Total	12 month reduction trend			71,519	68,286	67,748	66,683	68,292	67,996	68,767	72,790	74,878	76,796	80,190	80,656	80,503
Number of Ophthalmology patients without an allocated health risk factor	Total	0			698	395	475	248	133	265	200	527	522	309	343	270	155
Number of patients without a documented clinical review date	Total	0			3	2	2	2	4	2	1	1	1	1	5	2	2
<b>Activity</b>																	
Number of GP referrals	Total	12 month reduction trend			13,341	13,984	12,623	12,698	12,383	12,644	12,622	10,102	12,876	12,976	12,269	13,687	13,540
Number of patients referred from primary care into secondary care Ophthalmology services	Total	Improvement Trajectory towards reduction by Mar 24			803	890	824	812	815	851	843	735	775	721	936	932	783
<b>Patient Experience/ Feedback</b>																	
Number of friends and family surveys completed	PCCS	Month on month improvement			360	255	321	361	379	475	390	303	418	406	430	398	401
	MH&LD				44	44	39	38	28	34	56	45	60	63	66	36	49
	Morrison				1,873	1,512	1,755	2,580	2,303	2,085	2,157	2,047	2,600	2,644	2,606	2,776	2,584
	NPTH																
	Singleton																
<b>Total</b>					1,243	731	1,171	1,583	1,763	2,063	2,158	1,671	2,229	2,237	2,118	2,234	2,081
<b>Total</b>					3,477	2,503	3,401	5,188	4,084	5,738	5,792	4,004	5,211	5,232	5,427	5,579	5,344
% of patients who would recommend and highly recommend	PCCS	90%			95%	96%	95%	92%	97%	95%	94%	95%	94%	96%	95%	96%	97%
	MH&LD				100%	100%	100%	100%	100%	100%	96%	100%	100%	100%	97%	100%	96%
	Morrison				87%	85%	88%	90%	90%	89%	89%	90%	91%	90%	90%	90%	90%
	NPTH																
	Singleton																
<b>Total</b>					93%	95%	94%	96%	95%	94%	94%	94%	95%	95%	95%	94%	
<b>Total</b>					90%	89%	91%	92%	92%	92%	92%	92%	93%	92%	92%	93%	92%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%			97%	95%	93%	95%	98%	98%	98%	93%	91%	96%	96%	96%	94%
	MH&LD																
	Morrison				92%	89%	90%	93%	94%	94%	92%	92%	92%	92%	91%	92%	92%
	NPTH																
	Singleton																
<b>Total</b>					96%	92%	92%	98%	97%	97%	93%	93%	94%	93%	95%	94%	
<b>Total</b>					95%	90%	91%	92%	92%	93%	93%	93%	93%	92%	93%	93%	
Number of new complaints received	PCCS	12 month reduction trend			36	46	33	31	18	49	42	20	35	31	36		
	MH&LD				18	18	21	9	21	17	17	13	21	19	22		
	Morrison				72	101	62	67	74	66	56	35	53	55	46		
	NPTH				7	10	3	5	7	3	27	12	33	27	23		
	Singleton				42	33	23	39	43	24	22	12	31	31	36		
<b>Total</b>					182	217	147	155	171	164	171	108	181	168	167		
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	80%			97%	91%	76%	90%	83%	86%	64%	95%	89%	74%	81%		
	MH&LD				61%	69%	67%	56%	52%	53%	76%	69%	57%	53%	68%		
	Morrison				78%	71%	73%	67%	58%	77%	46%	66%	72%	85%	87%		
	NPTH				29%	50%	33%	100%	67%	67%	44%	75%	82%	81%	69%		
	Singleton				52%	67%	22%	59%	56%	50%	50%	45%	52%	39%	44%		
<b>Total</b>					71%	71%	64%	71%	62%	74%	55%	69%	72%	71%	71%		

### 5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
<b>Referrals and shape of the waiting list</b>	In May 2024, there were 13,540 referrals received. This is lower than the number that was received in April 2024 (13,687). Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.
<b>Trend</b>	
<b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>	<b>1. Number of GP referrals received by SBU Health Board</b> 
<b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>	<b>2. Number of stage 1 additions per week</b> 
<b>3. Outpatient activity undertaken</b> <i>Total number of patients seen each month</i>	<b>3. Outpatient activity undertaken</b> 
<b>4. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at May 24</i>	<b>4. Total size of the waiting list and movement (May 2024)</b> 

**PLANNED CARE**

**Description**

**Outpatient waiting times**

1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total

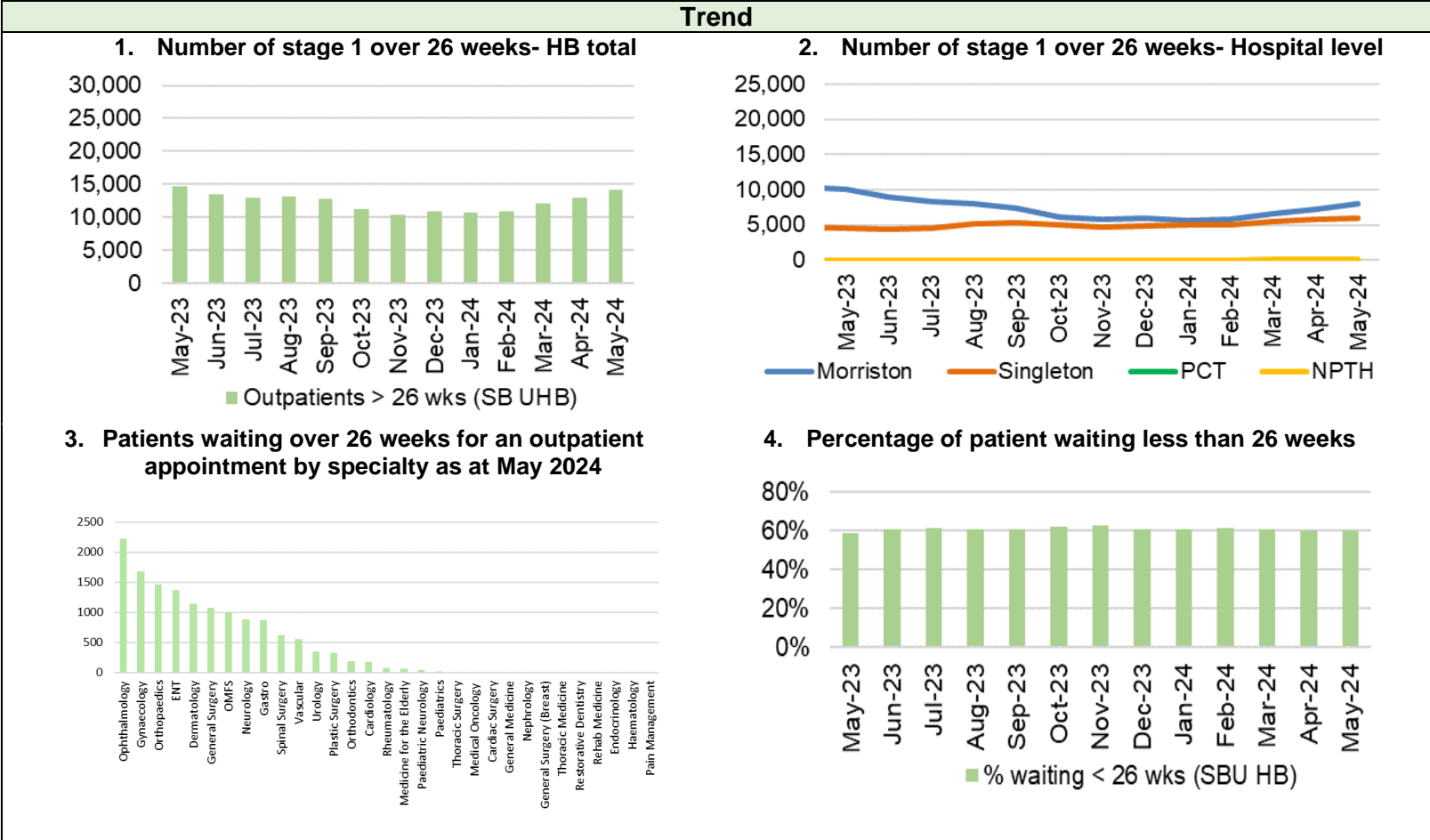
2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level

3. Patients waiting over 26 weeks for an outpatient appointment by specialty

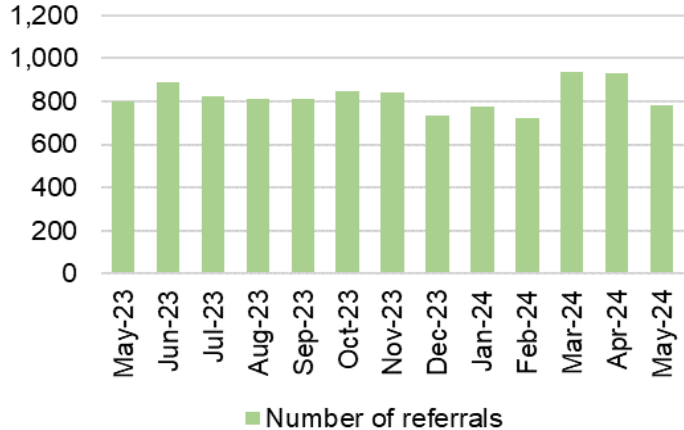
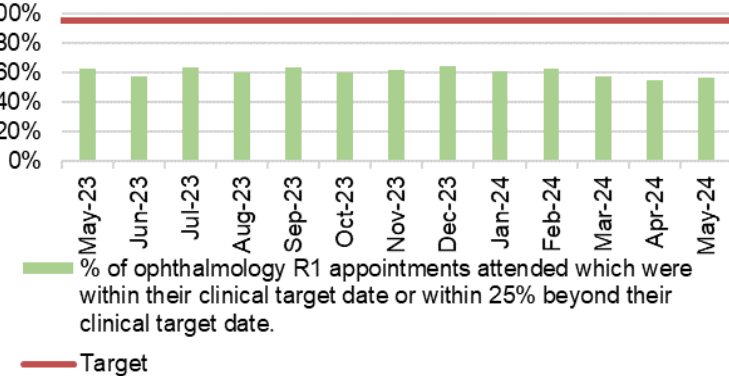
4. Percentage of patients waiting less than 26 weeks

**Current Performance**

The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. May 2024 saw an in-month increase of 9% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 13,045 in May 2024. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, followed by Gynaecology and Orthopaedics. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has decreased to 59.9%.



PLANNED CARE																																																																														
Description	Current Performance																																																																													
<p><b>Patients waiting over 36 weeks for treatment</b></p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 36 weeks for treatment</p> <p>3. Number of elective admissions</p> <p>4. Number of patients waiting more than 104 weeks for treatment</p>	<p>In May 2024, there were 6,420 patients waiting over 36 weeks at Stage 1, which is a 15% in-month increase from April 2024. 13,259 patients were waiting over 52 weeks at all stages in May 2024. In May 2024, there were 1,579 patients waiting over 104 weeks for treatment, which is a 8% reduction from April 2024.</p>																																																																													
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<p><b>Ophthalmology Referrals</b> <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In May 2024, there were 783 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in April 2024, which was 932.</p>	<p><b>Number of referrals into secondary care Ophthalmology service</b></p>  <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Number of referrals</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>800</td></tr> <tr><td>Jun-23</td><td>880</td></tr> <tr><td>Jul-23</td><td>820</td></tr> <tr><td>Aug-23</td><td>800</td></tr> <tr><td>Sep-23</td><td>800</td></tr> <tr><td>Oct-23</td><td>850</td></tr> <tr><td>Nov-23</td><td>850</td></tr> <tr><td>Dec-23</td><td>720</td></tr> <tr><td>Jan-24</td><td>780</td></tr> <tr><td>Feb-24</td><td>700</td></tr> <tr><td>Mar-24</td><td>950</td></tr> <tr><td>Apr-24</td><td>932</td></tr> <tr><td>May-24</td><td>783</td></tr> </tbody> </table>	Month	Number of referrals	May-23	800	Jun-23	880	Jul-23	820	Aug-23	800	Sep-23	800	Oct-23	850	Nov-23	850	Dec-23	720	Jan-24	780	Feb-24	700	Mar-24	950	Apr-24	932	May-24	783
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<p><b>Ophthalmology waiting times</b> <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i></p>	<p>In May 2024, 56.7% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p><b>Actions of Improvement;</b> A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p><b>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</b></p>  <table border="1"> <caption>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>62%</td></tr> <tr><td>Jun-23</td><td>58%</td></tr> <tr><td>Jul-23</td><td>62%</td></tr> <tr><td>Aug-23</td><td>60%</td></tr> <tr><td>Sep-23</td><td>62%</td></tr> <tr><td>Oct-23</td><td>60%</td></tr> <tr><td>Nov-23</td><td>62%</td></tr> <tr><td>Dec-23</td><td>62%</td></tr> <tr><td>Jan-24</td><td>60%</td></tr> <tr><td>Feb-24</td><td>62%</td></tr> <tr><td>Mar-24</td><td>58%</td></tr> <tr><td>Apr-24</td><td>55%</td></tr> <tr><td>May-24</td><td>56.7%</td></tr> </tbody> </table>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	May-23	62%	Jun-23	58%	Jul-23	62%	Aug-23	60%	Sep-23	62%	Oct-23	60%	Nov-23	62%	Dec-23	62%	Jan-24	60%	Feb-24	62%	Mar-24	58%	Apr-24	55%	May-24	56.7%
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This is 1% lower than the figure reported in April 2024 (35%).</p>	<p><b>1. Theatre Utilisation Rates</b></p> <table border="1"> <caption>1. 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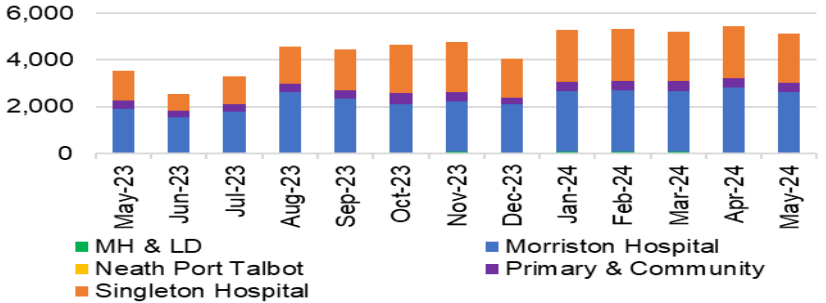
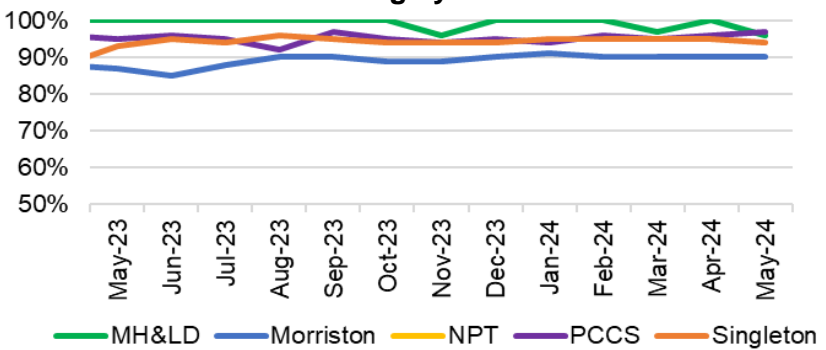
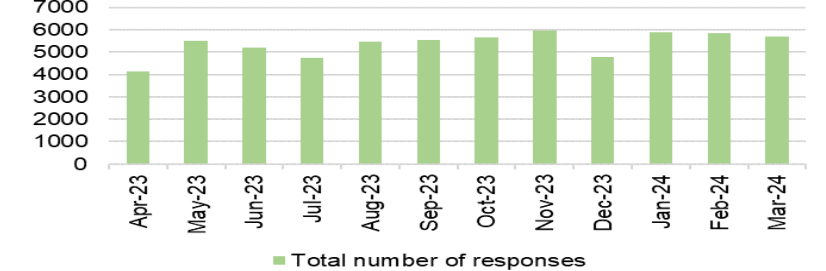
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<p><b>Diagnostics waiting times</b>  <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In May there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 3,746 in April 2024 to 3,576 in May 2024.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for May 2024:</p> <ul style="list-style-type: none"> <li>• Endoscopy= 3,066</li> <li>• Cardiac tests= 441</li> <li>• Other Diagnostics = 69</li> </ul> <p><b>Actions of Improvement;</b>  Demand and capacity work has enabled significant improvement in access times for non-endoscopic diagnostics.</p> <p>Detailed demand and capacity model for endoscopy has been commissioned to ensure sustained improvement across all aspects of endoscopic diagnostics.</p>	<p><b>Number of patients waiting longer than 8 weeks for Diagnostics</b></p> <table border="1"> <caption>Number of patients waiting longer than 8 weeks for Diagnostics</caption> <thead> <tr> <th>Month</th> <th>Cardiac tests</th> <th>Endoscopy</th> <th>Other diagnostics (inc. radiology)</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>~200</td><td>~4,800</td><td>~2,000</td></tr> <tr><td>Jun-23</td><td>~200</td><td>~4,800</td><td>~2,000</td></tr> <tr><td>Jul-23</td><td>~200</td><td>~4,500</td><td>~1,800</td></tr> <tr><td>Aug-23</td><td>~200</td><td>~4,500</td><td>~1,800</td></tr> <tr><td>Sep-23</td><td>~200</td><td>~4,500</td><td>~1,800</td></tr> <tr><td>Oct-23</td><td>~200</td><td>~4,000</td><td>~1,500</td></tr> <tr><td>Nov-23</td><td>~200</td><td>~3,800</td><td>~1,200</td></tr> <tr><td>Dec-23</td><td>~200</td><td>~3,800</td><td>~1,200</td></tr> <tr><td>Jan-24</td><td>~200</td><td>~3,500</td><td>~1,000</td></tr> <tr><td>Feb-24</td><td>~200</td><td>~3,200</td><td>~800</td></tr> <tr><td>Mar-24</td><td>~200</td><td>~3,200</td><td>~800</td></tr> <tr><td>Apr-24</td><td>~200</td><td>~3,500</td><td>~1,000</td></tr> <tr><td>May-24</td><td>~200</td><td>~3,000</td><td>~400</td></tr> </tbody> </table> <p>■ Other diagnostics (inc. radiology) ■ Endoscopy ■ Cardiac tests</p>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	May-23	~200	~4,800	~2,000	Jun-23	~200	~4,800	~2,000	Jul-23	~200	~4,500	~1,800	Aug-23	~200	~4,500	~1,800	Sep-23	~200	~4,500	~1,800	Oct-23	~200	~4,000	~1,500	Nov-23	~200	~3,800	~1,200	Dec-23	~200	~3,800	~1,200	Jan-24	~200	~3,500	~1,000	Feb-24	~200	~3,200	~800	Mar-24	~200	~3,200	~800	Apr-24	~200	~3,500	~1,000	May-24	~200	~3,000	~400
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<p><b>Therapy waiting times</b>  <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In May 2024, there were no patients waiting over 14 weeks for specified Therapies, which is 1 less than seen in April 2024.</p>	<p><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <table border="1"> <caption>Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Therapies &gt; 14 weeks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>~150</td></tr> <tr><td>Jun-23</td><td>~200</td></tr> <tr><td>Jul-23</td><td>~180</td></tr> <tr><td>Aug-23</td><td>~180</td></tr> <tr><td>Sep-23</td><td>~180</td></tr> <tr><td>Oct-23</td><td>~200</td></tr> <tr><td>Nov-23</td><td>~100</td></tr> <tr><td>Dec-23</td><td>~80</td></tr> <tr><td>Jan-24</td><td>~100</td></tr> <tr><td>Feb-24</td><td>~30</td></tr> <tr><td>Mar-24</td><td>0</td></tr> <tr><td>Apr-24</td><td>0</td></tr> <tr><td>May-24</td><td>0</td></tr> </tbody> </table> <p>■ Therapies &gt; 14 weeks (SBU HB)</p>	Month	Therapies > 14 weeks (SBU HB)	May-23	~150	Jun-23	~200	Jul-23	~180	Aug-23	~180	Sep-23	~180	Oct-23	~200	Nov-23	~100	Dec-23	~80	Jan-24	~100	Feb-24	~30	Mar-24	0	Apr-24	0	May-24	0																												
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<p>Single Cancer Pathway backlog- patients waiting over 63 days</p>	<p>May 2024 saw a slight increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none"> <li>- Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog.</li> <li>- Targeted work is underway to prioritise patients waiting &gt;104 days</li> <li>- Milestone targets for OP access (10 days) and Decision to Treat (31 days) have also been set to reduce overall pathway waits.</li> <li>- Tumour site specific plans have been developed and will be enacted through TI governance.</li> </ul> <p>Note: backlog increased in May 2024 to reflect new reporting requirements for Bowel Screening Wales patients</p>	<p><b>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</b></p>																																																

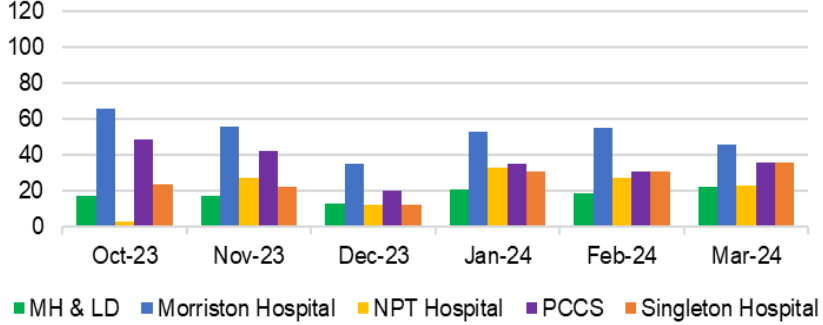
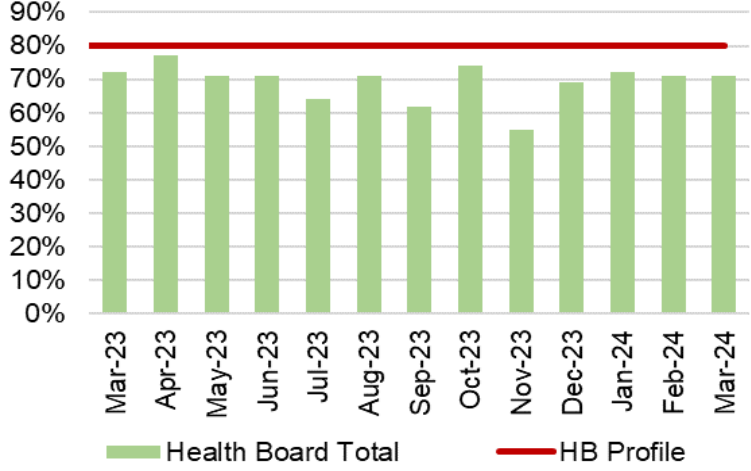
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<b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>Early June 2024 figures show total wait volumes for first outpatient appointment have decreased by 2% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 41% have been booked, which is lower than figures seen in the previous months' performance.</p>	<p><b>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early June 2024</b></p> <table border="1"> <thead> <tr> <th>FIRST OPA</th> <th>02-June</th> <th>09-June</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>1</td><td>0</td></tr> <tr><td>Breast</td><td>36</td><td>16</td></tr> <tr><td>Children's Cancer</td><td>2</td><td>3</td></tr> <tr><td>Gynaecological</td><td>44</td><td>44</td></tr> <tr><td>Haematological</td><td>3</td><td>3</td></tr> <tr><td>Head and Neck</td><td>112</td><td>55</td></tr> <tr><td>Lower GI</td><td>41</td><td>55</td></tr> <tr><td>Lung</td><td>4</td><td>3</td></tr> <tr><td>Other</td><td>194</td><td>289</td></tr> <tr><td>Sarcoma</td><td>6</td><td>1</td></tr> <tr><td>Skin</td><td>393</td><td>336</td></tr> <tr><td>Upper GI</td><td>26</td><td>23</td></tr> <tr><td>Urological</td><td>29</td><td>41</td></tr> <tr><td></td><td><b>891</b></td><td><b>869</b></td></tr> </tbody> </table>	FIRST OPA	02-June	09-June	Acute Leukaemia	0	0	Brain/CNS	1	0	Breast	36	16	Children's Cancer	2	3	Gynaecological	44	44	Haematological	3	3	Head and Neck	112	55	Lower GI	41	55	Lung	4	3	Other	194	289	Sarcoma	6	1	Skin	393	336	Upper GI	26	23	Urological	29	41		<b>891</b>	<b>869</b>
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<b>Radiotherapy waiting times</b> <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 2 days has hit its target.</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>May-24</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>15%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>51%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>20%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>49%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>75%</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>85%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>94%</td></tr> </tbody> </table>	Measure	Target	May-24	Scheduled (14 Day Target)	80%	15%	Scheduled (21 Day Target)	100%	51%	Urgent SC (2 Day Target)	80%	20%	Urgent SC (7 Day Target)	100%	49%	Emergency (within 1 day)	80%	75%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	85%	Elective Delay (14 Day Target)	100%	94%	<p><b>Radiotherapy waiting times</b></p> <p>The chart displays the percentage of patients meeting various radiotherapy targets over time. The 'Emergency (within 2 days)' target consistently meets or exceeds 100%. The 'Scheduled (14 Day Target)' shows a significant drop in May-24 to 15%. The 'Elective Delay (14 Day Target)' shows a slight improvement in May-24 to 94%.</p>																					
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FOLLOW-UP APPOINTMENTS																																																										
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<p><b>Follow-up appointments</b></p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In May 2024, the overall size of the follow-up waiting list increased by 1,205 patients compared with March April (from 169,049 to 170,254).</p> <p>In May 2024, there was a total of 80,503 patients waiting for a follow-up past their target date. This is a reduction of 0.2% in-month (from 80,656 in April 2024).</p> <p>Of the 80,503 delayed follow-ups in May 2024, 13,111 had appointment dates and 67,392 were still waiting for an appointment.</p> <p>In addition, 50,646 patients were waiting 100%+ over target date in May 2024. This is a 1.6% increase when compared with April 2024.</p>	<p><b>1. Total number of patients waiting for a follow-up</b></p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>160,000</td></tr> <tr><td>Jun-23</td><td>160,000</td></tr> <tr><td>Jul-23</td><td>160,000</td></tr> <tr><td>Aug-23</td><td>160,000</td></tr> <tr><td>Sep-23</td><td>160,000</td></tr> <tr><td>Oct-23</td><td>160,000</td></tr> <tr><td>Nov-23</td><td>160,000</td></tr> <tr><td>Dec-23</td><td>160,000</td></tr> <tr><td>Jan-24</td><td>160,000</td></tr> <tr><td>Feb-24</td><td>160,000</td></tr> <tr><td>Mar-24</td><td>160,000</td></tr> <tr><td>Apr-24</td><td>160,000</td></tr> <tr><td>May-24</td><td>170,254</td></tr> </tbody> </table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>40,000</td></tr> <tr><td>Jun-23</td><td>40,000</td></tr> <tr><td>Jul-23</td><td>40,000</td></tr> <tr><td>Aug-23</td><td>40,000</td></tr> <tr><td>Sep-23</td><td>40,000</td></tr> <tr><td>Oct-23</td><td>40,000</td></tr> <tr><td>Nov-23</td><td>40,000</td></tr> <tr><td>Dec-23</td><td>40,000</td></tr> <tr><td>Jan-24</td><td>40,000</td></tr> <tr><td>Feb-24</td><td>40,000</td></tr> <tr><td>Mar-24</td><td>40,000</td></tr> <tr><td>Apr-24</td><td>40,000</td></tr> <tr><td>May-24</td><td>50,646</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB)</p>	Month	Number of patients	May-23	160,000	Jun-23	160,000	Jul-23	160,000	Aug-23	160,000	Sep-23	160,000	Oct-23	160,000	Nov-23	160,000	Dec-23	160,000	Jan-24	160,000	Feb-24	160,000	Mar-24	160,000	Apr-24	160,000	May-24	170,254	Month	Number of patients	May-23	40,000	Jun-23	40,000	Jul-23	40,000	Aug-23	40,000	Sep-23	40,000	Oct-23	40,000	Nov-23	40,000	Dec-23	40,000	Jan-24	40,000	Feb-24	40,000	Mar-24	40,000	Apr-24	40,000	May-24	50,646
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**PATIENT EXPERIENCE**

Description	Current Performance	Trend
<p><b>Patient experience</b></p> <p><i>1. Number of friends and family surveys completed</i></p> <p><i>2. Percentage of patients/ service users who would recommend and highly recommend</i></p> <p><i>3. Number of Service User feedback experience responses completed and recorded on CIVICA</i></p>	<p>Health Board Friends &amp; Family patient satisfaction level in May 2024 was 92% and 5,344 surveys were completed.</p> <ul style="list-style-type: none"> <li>➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 2,081 surveys in May 2024, with a recommended score of 94%.</li> <li>➢ Morriston Hospital completed 2,584 surveys in May 2024, with a recommended score of 90%.</li> <li>➢ Primary &amp; Community Care completed 401 surveys for May 2024, with a recommended score of 97%.</li> <li>➢ The Mental Health Service Group completed 49 surveys for May 2024, with a recommended score of 96%.</li> </ul> <p>There were 5,700 feedback experience responses completed and recorded on CIVICA in March 2024. This is 143 less than the figure reported in February 2024. Of the responses recorded, 4,375 were targeted and 1,325 were passive.</p>	<p><b>1. Number of friends and family surveys completed</b></p>  <p><b>2. % of patients/ service users who would recommend and highly recommend</b></p>  <p><b>3. Number of feedback experience responses</b></p> 

**COMPLAINTS**

Description	Current Performance	Trend												
<p><b>Patient concerns</b></p> <p><i>1. Number of formal complaints received</i></p> <p><i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p>	<p>1. In March 2024, the Health Board received 167 formal complaints; this is a reduction of 9% when compared with March 2023 figures (183).</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 71% in March 2024, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1" data-bbox="510 976 1218 1295"> <thead> <tr> <th></th> <th>30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td>69%</td> </tr> <tr> <td>Morrison Hospital</td> <td>87%</td> </tr> <tr> <td>Mental Health &amp; Learning Disabilities</td> <td>68%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td>81%</td> </tr> <tr> <td>Singleton Hospital</td> <td>44%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	69%	Morrison Hospital	87%	Mental Health & Learning Disabilities	68%	Primary, Community and Therapies	81%	Singleton Hospital	44%	<p><b>1. Number of formal complaints received</b></p>  <p><b>2. Response rate for concerns within 30 days</b></p> 
	30 day response rate													
Neath Port Talbot Hospital	69%													
Morrison Hospital	87%													
Mental Health & Learning Disabilities	68%													
Primary, Community and Therapies	81%													
Singleton Hospital	44%													

## 6.1 Overview

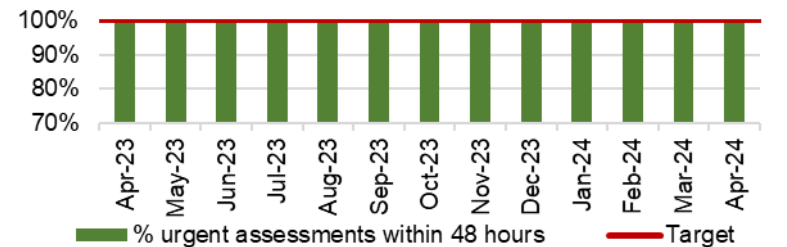
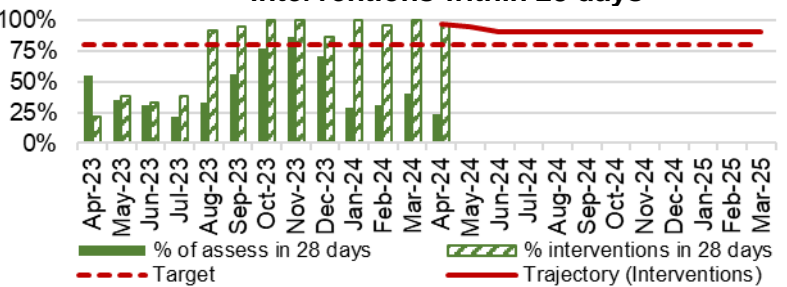
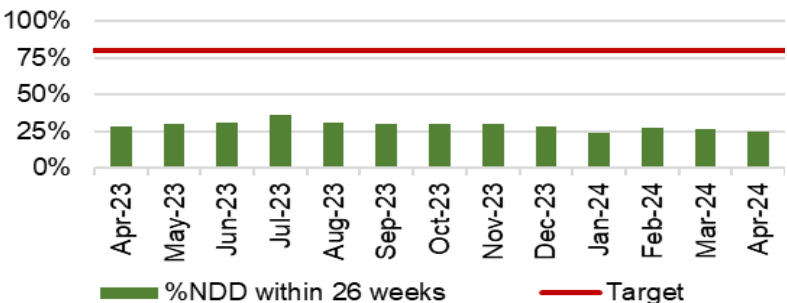
		Harm from wider societal actions/lockdown				SBU											
Measure	Locality	National/ Local Target	Internal Profile	Trend	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
					Childhood immunisations												
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		90.9%			94.9%			95.8%						
	Swansea				97.0%			93.6%			95.4%						
	<b>HB Total</b>				<b>94.6%</b>			<b>94.1%</b>			<b>95.6%</b>						
% children who received MenB2 vaccine by age 1	NPT	95%	90%		90.9%			95.2%			95.5%						
	Swansea				95.1%			92.9%			94.5%						
	<b>HB Total</b>				<b>93.4%</b>			<b>93.8%</b>			<b>94.9%</b>						
% children who received PCV2 vaccine by age 1	NPT	95%	90%		95.5%			97.3%			97.6%						
	Swansea				98.1%			95.4%			96.9%						
	<b>HB Total</b>				<b>97.0%</b>			<b>96.1%</b>			<b>97.2%</b>						
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		91.6%			92.8%			93.8%						
	Swansea				95.9%			92.3%			92.5%						
	<b>HB Total</b>				<b>94.2%</b>			<b>92.5%</b>			<b>93.0%</b>						
% children who received MMR1 vaccine by age 2	NPT	95%	90%		90.9%			93.6%			93.8%						
	Swansea				92.8%			92.2%			93.0%						
	<b>HB Total</b>				<b>92.1%</b>			<b>92.7%</b>			<b>93.3%</b>						
% children who received PCVF3 vaccine by age 2	NPT	95%	90%		90.6%			94.6%			94.4%						
	Swansea				91.0%			92.0%			92.8%						
	<b>HB Total</b>				<b>91.0%</b>			<b>92.9%</b>			<b>93.4%</b>						
% children who received MenB4 vaccine by age 2	NPT	95%	90%		91.6%			93.6%			94.1%						
	Swansea				92.1%			91.3%			92.3%						
	<b>HB Total</b>				<b>91.9%</b>			<b>92.1%</b>			<b>93.0%</b>						
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		91.6%			93.6%			94.1%						
	Swansea				92.1%			91.5%			92.3%						
	<b>HB Total</b>				<b>91.9%</b>			<b>92.2%</b>			<b>93.0%</b>						
% children who are up to date in schedule by age 4	NPT	95%	90%		84.0%			93.6%			83.0%						
	Swansea				84.5%			91.5%			84.6%						
	<b>HB Total</b>				<b>84.3%</b>			<b>92.2%</b>			<b>84.1%</b>						
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		87.0%			89.1%			88.3%						
	Swansea				89.0%			88.8%			87.1%						
	<b>HB Total</b>				<b>88.3%</b>			<b>88.9%</b>			<b>87.6%</b>						
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		87.3%			89.9%			88.8%						
	Swansea				88.7%			89.1%			87.6%						
	<b>HB Total</b>				<b>88.2%</b>			<b>89.3%</b>			<b>88.1%</b>						
% children who received MMR vaccination by age 16	NPT	95%	90%		94.4%			93.7%			94.7%						
	Swansea				91.6%			88.3%			89.1%						
	<b>HB Total</b>				<b>92.6%</b>			<b>90.3%</b>			<b>91.1%</b>						
% children who received teenage booster by age 16	NPT	90%	85%		89.9%			89.2%			84.6%						
	Swansea				90.4%			87.4%			86.0%						
	<b>HB Total</b>				<b>90.2%</b>			<b>88.1%</b>			<b>85.5%</b>						
% children who received MenACWY vaccine by age 16	NPT	Improve			89.9%			89.2%			85.1%						
	Swansea				89.4%			87.9%			86.8%						
	<b>HB Total</b>				<b>89.6%</b>			<b>88.4%</b>			<b>86.1%</b>						

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU																		
					May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24						
<b>COVID-19 Boosters</b>																							
% uptake of the Spring COVID-19 vaccination for those eligible	NPT	75%			66.3%	Reporting begins Apr-24 for Spring 24 booster										39.7%	53.0%						
	Swansea				68.6%											45.2%	59.5%						
	HB Total				67.8%											43.2%	57.1%						
% uptake of the Autumn COVID-19 vaccination for those eligible	NPT	75%			Reporting begins Sep-23 for Autumn 23 booster										Reporting begins Sep-24								
	Swansea																17.9%	40.6%	46.6%	49.0%	49.8%	49.7%	49.7%
	HB Total																15.1%	36.7%	45.3%	50.5%	51.2%	51.0%	51.0%
<b>Mental Health Services</b>																							
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%							
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			31%	31%	21%	33%	56%	77%	86%	70%	29%	31%	40%	23%							
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			35%	31%	21%	33%	56%	77%	86%	70%	29%	31%	40%	23%							
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%																					
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	> 18 years old	80%			94%	93%	98%	96%	94%	100%	97%	98%	97%	96%	95%	95%							
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%	97%		38%	33%	38%	91%	95%	100%	100%	86%	100%	96%	100%	97%							
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%	100%		98%	100%	100%	100%	97%	100%	100%	100%	100%	100%	99%	100%							
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	80%			84%	82%	82%	81%	77%	76%	76%	76%	73%	71%	69%	66%							
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			30%	31%	36%	31%	30%	30%	30%	29%	24%	28%	26%	25%							
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%			93%	90%	100%	93%	92%	92%	98%	92%	97%	97%	97%	94%							
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%			88%	87%	87%	87%	88%	89%	90%	88%	88%	89%	89%	90%							

### 6.3 Updates on key measures

ADULT MENTAL HEALTH		
Description	Current Performance	Trend
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In April 2024, 95% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In April 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 90% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in April 2024.</p> <p>4. In April 2024, 66.1% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p><b>1. % Mental Health assessments undertaken within 28 days from receipt of referral</b></p> <p><b>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</b></p> <p><b>3. % residents with a valid Care and Treatment Plan (CTP)</b></p> <p><b>4. % waiting less than 26 weeks for Psychology Therapy</b></p>

**CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)**

Description	Current Performance	Trend																																																																																																																																																																																								
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In April 2024, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 23% of routine assessments were undertaken within 28 days from referral in April 2024 against a target of 80%.</p> <p>3. 97% of therapeutic interventions were started within 28 days following assessment by LPMHSS in April 2024.</p> <p>4. 25% of NDD patients received a diagnostic assessment within 26 weeks in April 2024 against a target of 80%.</p> <p>5. SCAMHS figures now included in illustration 2 and 3 combined.</p> <p><i>*All routine assessments are now under PCAMHS*</i></p>	<p><b>1. Crisis- assessment within 48 hours</b></p>  <table border="1"> <caption>1. Crisis- assessment within 48 hours</caption> <thead> <tr> <th>Month</th> <th>% urgent assessments within 48 hours</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>100%</td><td>100%</td></tr> <tr><td>May-23</td><td>100%</td><td>100%</td></tr> <tr><td>Jun-23</td><td>100%</td><td>100%</td></tr> <tr><td>Jul-23</td><td>100%</td><td>100%</td></tr> <tr><td>Aug-23</td><td>100%</td><td>100%</td></tr> <tr><td>Sep-23</td><td>100%</td><td>100%</td></tr> <tr><td>Oct-23</td><td>100%</td><td>100%</td></tr> <tr><td>Nov-23</td><td>100%</td><td>100%</td></tr> <tr><td>Dec-23</td><td>100%</td><td>100%</td></tr> <tr><td>Jan-24</td><td>100%</td><td>100%</td></tr> <tr><td>Feb-24</td><td>100%</td><td>100%</td></tr> <tr><td>Mar-24</td><td>100%</td><td>100%</td></tr> <tr><td>Apr-24</td><td>100%</td><td>100%</td></tr> </tbody> </table> <p><b>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</b></p>  <table border="1"> <caption>2. and 3. 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## APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 relate	Number of new COVID19 cases*	Local			May-24						64
	Number of staff referred for Antigen Testing*	Local			Feb-23						43
	Number of staff awaiting results of COVID19 test*	Local			May-24						0
	Number of COVID19 related incidents*	Local			May-24						24
	Number of COVID19 related serious incidents*	Local			May-24						0
	Number of COVID19 related complaints*	Local			May-24						0
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Jun-23						0
	Number of staff self isolated (symptomatic)*	Local			Jun-23						7
	% sickness*	Local			Jun-23						0.1%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour	National	Improvement trajectory towards 0 by Mar 24	600	May-24	694		1			695
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Improvement compared to same month in 22/23		May-24	64.4%	97.9%				78%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Improvement trajectory towards 0 by Mar 24	1100	May-24	1,114	1				1,115
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	Local	59.8% (UK SNAP average)		Apr-24	27%					27%
	% of patients who receive a CT scan within 1 hour*	Local	54.5% (UK SNAP average)		Apr-24	50%					50%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Local	84.2% (UK SNAP average)		Apr-24	94%					94%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	Local	12 month improvement trend		Apr-24	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	Local	12 month improvement trend		Apr-24	42%					42%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	0	19	May-24	4	0	1	10	1	16
	Number of S.aureus bacteraemia cases	National	0	6	May-24	3	0	1	3	0	7
	Number of C.difficile cases	National	0	10	May-24	6	1	1	9	0	19
	Number of Klebsiella cases	National	0	7	May-24	3	0	1	5	1	11
	Number of Aeruginosa cases	National	0	0	May-24	1	0	0	0	0	1
	Compliance with hand hygiene audits	Local	95%		May-24	81%		98%	100%	96%	91%

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

Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		May-24	97.8%					97.8%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		May-24	33.9%					33.9%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		May-24	69.8%					69.8%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		May-24	84.6%					84.6%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		May-24	76.1%					76.1%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Jan-24	73.2%					73.2%
	30 day mortality rate - Casemix adjusted	Local	Monitor		Q4 23/24	4.8%					4.8%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		May-24	0	0	0	2	0	2
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	80%		May-24						33%
	Number of Never Events	Local	0		May-24	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Apr-24	34	3	4	49	1	91
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Apr-24	3	0	0	9	0	12
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Apr-24						553
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		May-24	71	27	17	10	30	155
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		May-24						3.95
Mortality	Crude hospital mortality rate by Delivery Unit (74 years of	Local	12 month reduction trend		Mar-24	1.20%	0.09%	0.16%			0.66%

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Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	Improvement Trajectory towards 80% by Mar 26	51.0%	Apr-24						56%
Planned Care	Number of patients waiting > 26 weeks for first outpatient appointment	Local	0		May-24	8,055	143	6,007	0		14,205
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		May-24	3,413	21	2,986	0		6,420
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		May-24	0	0	0	0		0
	Number of patients waiting > 52 weeks for treatment	National	Improvement Trajectory towards target of 0	0	May-24	8,477	0	4,782	0		13,259
	Number of patients waiting > 104 weeks for treatment	National	Improvement Trajectory towards target of 0	1,612	May-24	1,065	0	514	0		1,579
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Improvement Trajectory towards 0 by Mar 24	3,343	May-24	567		3,009			3,576
	Number of patients waiting > 14 weeks for a specified therapy	National	Improvement Trajectory towards 0 by Mar 24		May-24				0	0	0
	Total number of patients waiting for a follow-up outpatient appointment	Local	0		May-24						170,254
	Number of patients delayed by over 100% past their target date	National	Improvement Trajectory towards target of 0		May-24						50,646
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		May-24						80,503
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		May-24						155
	Number of patients without a documented clinical review date	Local	0		May-24						2
Activity	Number of GP referrals	Local	12 month reduction trend		May-24						13,540
	Number of patients referred from primary care into secondary care Ophthalmology services	National	Improvement Trajectory towards reduction by Mar 24		May-24						783
Patient Experience/ Feedback	Number of friends and family surveys completed	National	Month on month improvement		May-24	2,584	Now reported under Singleton	2,081	401	49	5,344
	% of patients who would recommend and highly recommend	Local	90%		May-24	90%		94%	97%	96%	92%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%		May-24	92%		94%	94%		93%
	Number of new complaints received	Local	12 month reduction trend		Mar-24	46	23	36	36	22	167
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	Local	80%		Mar-24	87%	69%	44%	81%	68%	71%

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Harm Quadrant- Harm from wider societal actions/lockdown												
Category	Measure	Target Type	Target	HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total	
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Local	95%	90%	Q3 2023/24						95.6%	
	% children who received MenB2 vaccine by age 1		95%	90%	Q3 2023/24						94.9%	
	% children who received PCV2 vaccine by age 1		95%	90%	Q3 2023/24							97.2%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q3 2023/24							93.0%
	% children who received MMR1 vaccine by age 2		95%	90%	Q3 2023/24							93.3%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q3 2023/24							93.4%
	% children who received MenB4 vaccine by age 2		95%	90%	Q3 2023/24							93.0%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q3 2023/24							93.0%
	% children who are up to date in schedule by age 4		95%	90%	Q3 2023/24							84.1%
	% of children who received 2 doses of the MMR vaccine by age 5		95%	90%	Q3 2023/24							87.6%
	% children who received 4 in 1 vaccine by age 5		95%	90%	Q3 2023/24							88.1%
	% children who received MMR vaccination by age 16		95%	90%	Q3 2023/24							91.1%
	% children who received teenage booster by age 16		90%	85%	Q3 2023/24							85.5%
	% children who received MenACWY vaccine by age 16		Improve		Q3 2023/24							86.1%
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	75%		May-22						57.1%	
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	75%		Mar-24						50.5%	
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Apr-24						100%	
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Apr-24						23%	
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Apr-24						23%	
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Feb-23						82%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Apr-24					95%	95%	
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%	97%	Apr-24						97%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%	100%	Apr-24					100%	100%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	80%		Apr-24					66%	66%	
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Apr-24						25%	
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Apr-24						94%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Apr-24					90%	90%		

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

### APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	
COVID-19 related measures	Number of new COVID19 cases	Local	May-24	64		Reduce					81	60	84	132	139	175	80	214	174	70	45	51	64	
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce																		
	Number of staff awaiting results of COVID19 test	Local	May-24	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	May-24	24		Reduce					61	90	23	33	37	35	21	43	35	21	17	28	24	
	Number of COVID19 related serious incidents	Local	May-24	0		Reduce					0	0	0	0	0	0	0	0	1	1	0	1	0	0
	Number of COVID19 related complaints	Local	May-24	0		Reduce					0	0	0	0	0	1	1	0	0	0	0	0	0	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Jun-23	0		Reduce					0	0												
Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce					27	7													
% sickness	Local	Jun-23	0.1%		Reduce					0.2%	0.1%													
Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	May-24	46%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		56%	64%	55%	56%	49%	46%	52%	47%	50%	46%	50%	46%	46%	
	Number of ambulance handovers over one hour	National	May-24	695	↑ trajectory	600	✘	6,798 (Dec-22)	1st (Dec-22)		708	615	643	694	695	696	724	762	704	629	638	625	695	
	Handover hours lost over 15 minutes	Local	May-24	3158							3,952	3,018	3,383	4,075	3,807	3,868	3,343	3,787	3,693	3,344	3,573	2,905	3,158	
	% 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	May-24	78%	Month on month improvement		✓	63.1% (Dec-22)	4th (Dec-22)		75%	76%	76%	76%	77%	77%	75%	75%	77%	74%	76%	77%	78%	
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	May-24	1115	↑ trajectory	1100	✘	12,099 (Dec-22)	4th (Dec-22)		1,303	1,274	1,179	1,156	1,180	1,207	969	994	959	1,197	1,132	994	1,115		
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Apr-24	26.9%							18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%		
	CT Scan (<1hrs) (local)	Local	Apr-24	50.0%							39.5%	42.9%	52.1%	34.1%	58.1%	23.8%	34.0%	52.8%	57.6%	47.5%	42.9%	50.0%		
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Apr-24	94.4%							90.7%	92.9%	91.7%	97.7%	86.0%	92.9%	92.0%	86.1%	93.2%	91.5%	92.9%	94.4%		
	Thrombolysis door to needle <= 45 mins	Local	Apr-24	0.0%							0.0%	12.5%	11.1%	75.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	
	% stroke patients who receive mechanical thrombectomy	Local	Apr-24	11.0%	10%		✓	2.1% (Nov-22)	4th (Nov-22)		7.1%	5.0%	3.6%	6.3%	9.1%	0.0%	6.7%	4.5%	0.0%	0.0%	2.0%	11.0%		
% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	Local	Apr-24	41.5%	12 month ↑		✘	50.7% (Nov-22)	4th (Nov-22)		62.9%	66.7%	65.1%	47.3%	72.0%	71.6%	69.5%	57.0%	49.4%	35.2%	31.3%	41.5%			
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	May-24	33.0%		80%	✘				67%	-	40%	83%	50%	33%	100%	40%	100%	17%	66%	64%	33%	
	Number of new Never Events	Local		0		0	✓				1	0	1	1	0	2	2	1	0	1	0	0	0	
	Number of risks with a score greater than 20	Local	May-24	153		12 month ↓	✘				135	143	142	146	152	140	170	146	141	147	149	152	153	
Number of risks with a score greater than 16	Local	May-24	311		12 month ↓	✘				289	300	303	316	322	304	363	305	296	310	318	316	311		
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Apr-24	42		12 month ↓	✓				83	67	67	60	63	70	63	60	63	60		42		
	Number of pressure ulcers developed in the community		Apr-24	49		12 month ↓	✓				41	39	33	38	44	37	45	51	46	33		49		
	Total number of pressure ulcers		Apr-24	91		12 month ↓	✓				124	106	100	98	107	107	114	111	129	93		91		
	Number of grade 3+ pressure ulcers acquired in hospital		Apr-24	3		12 month ↓	✓				10	6	7	4	4	6	5	5	2	1		3		
	Number of grade 3+ pressure ulcers acquired in community		Apr-24	9		12 month ↓	✓				9	9	6	7	11	5	13	10	3	7		9		
	Total number of grade 3+ pressure ulcers		Apr-24	12		12 month ↓	✓				19	15	7	11	15	11	18	15	5	8		12		

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	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	May-24	54.6	<67		✓	67.80 (Dec-22)	3rd (Dec-22)		73.7	75.1	75.2	76.5	75.7	69.6	73.3	69.1	69.3	68.1	67.0	60.3	54.6	
	Number of E.Coli bacteraemia cases (Hospital)		May-24	6	≤234	10	✓				12	13	12	18	8	5	21	6	9	7	8	12	6	
	Number of E.Coli bacteraemia cases (Community)		May-24	10	(Cumulative)	9	✗				10	12	13	9	15	6	11	6	10	10	11	7	10	
	Total number of E.Coli bacteraemia cases		May-24	16		19	✓				22	25	25	27	23	11	32	12	19	17	19	19	16	
	Cumulative cases of S.aureus bacteraemias per 100k pop	National	May-24	29.7	<20		✗	27.76 (Dec-22)	6th (Dec-22)		43.0	42.2	42.2	40.4	38.9	37.6	37.2	38.8	39.0	37.9	36.8	38.1	29.7	
	Number of S.aureus bacteraemias cases (Hospital)		May-24	4	≤71	4	✓				8	8	1	6	7	6	8	9	7	5	5	8	4	
	Number of S.aureus bacteraemias cases (Community)		May-24	3	(Cumulative)	2	✗				2	5	13	4	3	4	6	8	4	2	3	4	3	
	Total number of S.aureus bacteraemias cases		May-24	7		6	✗				10	13	14	10	10	10	14	17	11	7	8	12	7	
	Cumulative cases of C.difficile per 100k pop	National	May-24	60.9	<25		✗	36.68 (Dec-22)	5th (Dec-22)		46.0	51.4	52.2	52.0	57.3	56.9	62.5	62.6	64.3	64.7	65.2	63.5	60.9	
	Number of C.difficile cases (Hospital)		May-24	10	≤95	8	✗				10	13	12	14	20	14	15	13	15	15	19	14	10	
	Number of C.difficile cases (Community)		May-24	9	(Cumulative)	3	✗				4	7	6	3	7	4	18	8	7	5	3	6	9	
	Total number of C.difficile cases		May-24	19		10	✗				14	20	18	17	27	18	33	21	22	20	22	20	19	
	Cumulative cases of Klebsiella per 100k pop	National	May-24	32.8								27.6	24.7	20.7	22.6	25.1	24.1	24.2	23.5	25.0	25.4	24.5	31.7	32.8
	Number of Klebsiella cases (Hospital)		May-24	6	≤71	4	✗				4	1	3	4	7	5	4	1	6	2	3	5	6	
	Number of Klebsiella cases (Community)		May-24	5	(Cumulative)	3	✗				6	5	0	6	5	1	4	5	5	7	2	5	5	
	Total number of Klebsiella cases		May-24	11		4	✗	63 Total (Dec-22)	2nd (Dec-22)		10	6	3	10	12	6	8	6	11	9	5	10	11	
	Cumulative cases of Aeruginosa per 100k pop	National	May-24	1.6								4.6	7.2	6.1	6.1	6.1	6.1	6.1	6.5	6.2	5.7	5.2	0.0	1.6
	Number of Aeruginosa cases (Hospital)		May-24	1	≤21	0	✗					1	3	2	0	1	2	2	3	2	0	0	0	1
	Number of Aeruginosa cases (Community)		May-24	0	(Cumulative)	0	✓					0	1	0	1	1	0	0	0	0	0	0	0	0
	Total number of Aeruginosa cases		May-24	1		0	✗	8 Total (Dec-22)	4th (Dec-22)		1	4	2	1	2	2	2	3	2	0	0	0	0	1
Hand Hygiene Audits- compliance with WHO 5 moments	Local	May-24	91.0%		95%		✗				95%	95%	97%	95%	96%	97%	95%	97%	98%	97%	88%	90%	91%	
Inpatient Falls	Local	May-24	155		12 month ↓		✗				164	143	164	200	157	190	166	158	192	203	201	146	155	
NEWS	Local	May-24	90%		98%		✗				91.3%	81.6%	84.1%	85.2%	82.0%	89.6%	89.9%	85.7%	91.6%	85.5%	93.5%	81.6%	90.3%	
Coding	National	Apr-24	48%		12 month ↑		✓				55%	68%	71%	61%	69%	76%	66%	76%	78%	70%	64%	48%		
E-TOC	Local	May-24	76%		100%		✗				65%	65%	64%	66%	61%	66%	69%	70%	68%	72%	69%	76%	76%	
Workforce	Agency spend as a % of the total pay bill	Local	Feb-24	3.7%		12 month ↓		5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		5.8%	5.2%	4.9%	5.3%	4.1%	3.4%	4.6%	4.1%	3.9%	3.7%				
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	May-24	73%		85%		63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		68%	67%	67%	67%	66%	66%	66%	67%	69%	63%	70%	73%	73%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	May-24	90%		85%		81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		87%	87%	88%	88%	87%	88%	89%	88%	86%	90%	87%	90%	90%	
	% workforce sickness absence (12 month rolling)	National	Apr-24	7.00%		12 month ↓		7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.37%	7.28%	7.11%	7.08%	7.08%	7.05%	7.09%	6.96%	6.96%	6.99%	6.96%	7.00%		

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	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	May-24	15.0%							13.0%	13.9%	13.0%	13.9%	12.2%	14.0%	13.3%	13.9%	12.2%	11.4%	13.9%	13.9%	15.0%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Apr-24	56.4%	↑ trajectory	51%	✓	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		46.6%	42.8%	49.0%	48.6%	47.9%	51.7%	53.3%	51.0%	47.5%	50.4%	55.8%	56.4%		
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	May-24	15%	80%		✗				35%	18%	33%	44%	20%	10%	12%	17%	25%	28%	15%	17%	15%	
	Scheduled (21 Day Target)	Local	May-24	51%	100%		✗				81%	63%	68%	83%	76%	42%	61%	77%	67%	81%	59%	62%	51%	
	Urgent SC (2 Day Target)	Local	May-24	20%	80%		✗				50%	24%	42%	27%	33%	53%	31%	39%	26%	52%	50%	15%	20%	
	Urgent SC (7 Day Target)	Local	May-24	49%	100%		✗				73%	52%	90%	91%	78%	73%	77%	65%	85%	79%	82%	64%	49%	
	Emergency (within 1 day)	Local	May-24	75%	80%		✗				100%	71%	100%	92%	100%	100%	100%	100%	100%	100%	67%	91%	88%	75%
	Emergency (within 2 days)	Local	May-24	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	100%	100%
	Elective Delay (7 Day Target)	Local	May-24	85%	80%		✓				93%	93%	91%	96%	98%	98%	95%	97%	99%	99%	98%	98%	94%	85%
	Elective Delay (14 Day Target)	Local	May-24	94%	100%		✗				100%	95%	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	98%	94%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	May-24	3,066				15,517 (Nov-22)	7th (Nov-22)		4,847	4,745	4,505	4,415	4,148	3,737	3,427	3,553	3,509	3,311	3,238	3,281	3,066	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	May-24	3,576	↑ trajectory	3,343	✗	42,566 (Nov-22)	4th (Nov-22)		7,255	7,221	6,713	6,861	6,800	5,939	5,429	5,616	4,705	3,870	3,687	3,746	3,576	
	Number of patients waiting > 14 weeks for a specified therapy	National	May-24	0	↑ trajectory			9,584 (Nov-22)	2nd (Nov-22)		149	203	183	183	182	195	84	73	88	29	1	1	0	
	% of patients waiting < 26 weeks for treatment	Local	May-24	59.85%	95%			56% (Nov-22)	6th (Nov-22)		58.8%	60.9%	61.7%	61.0%	60.7%	62.0%	62.6%	61.0%	60.8%	61.3%	60.6%	60.3%	59.9%	
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	May-24	14,205							14,733	13,427	12,937	13,121	12,786	11,169	10,425	10,889	10,722	10,938	12,095	13,045	14,205	
	Number of patients waiting > 36 weeks for first outpatient appointment	National	May-24	6,420	↑ trajectory						7,675	6,893	6,729	6,558	5,327	4,508	4,282	4,546	4,184	4,102	4,739	5,575	6,420	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	May-24	0	↑ trajectory	0	✓	85,301 (Nov-22)	3rd (Nov-22)		2,719	1,234	894	665	180	0	0	0	0	0	0	0	0	0
	Number of patients waiting > 52 weeks for treatment	National	May-24	13,259	↑ trajectory						16,976	15,446	15,120	14,877	14,417	13,942	13,453	13,386	13,318	13,211	13,181	12,898	13,259	
	Number of patients waiting > 104 weeks for treatment	National	May-24	1,579	↑ trajectory	1,612	✓	49,594 (Nov-22)	5th (Nov-22)		5,792	5,474	5,299	4,999	4,645	4,097	3,460	2,969	2,566	2,175	1,831	1,725	1,579	
	The number of patients waiting for a follow-up outpatient appointment	Local	May-24	170,254							150,109	149,529	150,416	150,060	152,025	154,704	157,285	159,226	162,964	164,581	166,438	169,049	170,254	
The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	May-24	50,646	↑ trajectory			224,552 (Nov-22)	5th (Nov-22)		42,534	40,807	41,123	39,938	41,048	41,188	41,727	43,784	44,976	46,482	48,969	49,837	50,646		
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	May-24	57%	95%		✗	64.9% (Nov-22)	1st (Nov-22)		62.3%	57.5%	63.8%	60.3%	63.7%	60.2%	61.5%	64.7%	61.3%	62.9%	57.3%	54.6%	56.7%		
Activity	Number of GP referrals	Local	May-24	13,540	12 month ↓		✓				13,341	13,984	12,623	12,698	12,383	12,644	12,622	10,102	12,876	12,976	12,269	13,687	13,540	
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	May-24	783	↑ trajectory						803	890	824	812	815	851	843	735	775	721	936	932	783	
DNAs	% of patients who did not attend a new outpatient appointment	Local	May-24	9%	12 month ↓		✓				10.1%	10.6%	10.0%	9.6%	10.6%	9.7%	10.0%	9.7%	9.3%	8.9%	9.5%	8.9%	8.7%	
	% of patients who did not attend a follow-up outpatient appointment	Local	May-24	8%	12 month ↓		✓				8.2%	8.4%	8.1%	8.0%	8.1%	7.7%	7.6%	8.0%	8.2%	7.2%	7.3%	7.3%	7.9%	
Theatre Efficiency	Theatre Utilisation rates	Local	May-24	73%		90%	✗				76%	69%	73%	66%	73%	76%	72%	63%	63%	69%	65%	78%	73%	
	% of theatre sessions starting late	Local	May-24	33%		<25%	✗				37%	36%	42%	36%	38%	40%	39%	40%	37%	37%	31%	35%	33%	
	% of theatre sessions finishing early	Local	May-24	49%		<20%	✗				51%	47%	44%	51%	50%	47%	44%	49%	52%	50%	45%	47%	49%	
Patient experience	Number of friends and family surveys completed	National	May-24	5,344	Month on month improvement		✗				3,477	2,503	3,401	5,188	4,084	5,738	5,792	4,004	5,211	5,232	5,427	5,579	5,344	
	% of who would recommend and highly recommend	Local	May-24	92%		90%	✓				90%	89%	91%	92%	92%	92%	92%	92%	93%	92%	92%	93%	92%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	May-24	93%		90%	✓				95%	90%	91%	92%	92%	93%	93%	93%	93%	93%	92%	93%	93%	
Complaints	Number of new formal complaints received	Local	Mar-24	167	12 month trend ↓		✓				182	217	147	155	171	164	171	108	181	168	167			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Mar-24	71%		80%	✗				71%	71%	64%	71%	62%	74%	55%	69%	72%	71%	71%			
	% of acknowledgements sent within 2 working days	Local	Mar-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	Mag-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q3 23/24	95.6%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)			94.6%			94.1%			95.6%						
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q3 23/24	68.0%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)			88.3%			88.9%			87.6%						
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-24	69.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2023						58.1%		68.0%	69.1%	69.4%	69.5%	Data collection restarts October 2024	
	% uptake of influenza among under 65s in risk groups	Local	Mar-24	35.5%	55%			48.2% (Mar-22)	4th (Mar-22)								25.3%		33.5%	34.8%	35.4%	35.5%		
	% uptake of influenza among children 2 to 3 years old	Local	Mar-24	38.0%	50%			47.6% (Mar-22)	5th (Mar-22)								22.7%		35.1%	38.9%	38.0%	38.0%		
	% uptake of influenza among healthcare workers	Local	Mar-24	52.7%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)								13.8%		38.6%	38.6%	38.6%	52.7%		
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	May-24	57.1%	75%		✘				Historical data not available	67.8%	Data collection restarts Apr-24										43.2%	57.1%
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	Mar-24	50.5%	75%		✘				Data collection for Autumn booster 23 begins Sep-23					16.1%	38.1%	45.8%	50.0%	50.6%	50.5%	50.5%	Available Sep-24	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Apr-24	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Apr-24	25%	80%		✘	31.4% (Nov-22)	3rd (Nov-22)		30%	31%	36%	31%	30%	30%	30%	29%	24%	28%	26%	25%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Apr-24	23%	80%		✘	83.2% (Nov-22)	5th (Nov-22)		31%	31%	21%	33%	56%	77%	86%	70%	29%	31%	40%	23%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Apr-24	23%	80%		✘	66.8% (Nov-22)	5th (Nov-22)		35%	31%	21%	33%	56%	77%	86%	70%	29%	31%	40%	23%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Apr-24	97%	80%	97%	✔	34.4% (Nov-22)	4th (Nov-22)		38%	33%	38%	91%	95%	100%	100%	86%	100%	96%	100%	97%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%																			
% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Apr-24	94%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		93%	90%	100%	93%	92%	92%	98%	92%	97%	97%	97%	94%			
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Apr-24	95%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		94%	93%	98%	96%	94%	100%	97%	98%	97%	96%	95%	95%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Apr-24	100%	80%	100%	✔	73.1% (Nov-22)	2nd (Nov-22)		98%	100%	100%	100%	97%	100%	100%	100%	100%	100%	99%	100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Apr-24	66%	80%		✘	73.9% (Nov-22)	2nd (Nov-22)		84%	82%	82%	81%	77%	76%	76%	76%	73%	71%	69%	66%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Apr-24	90%	90%		✔	84.2% (Nov-22)	2nd (Nov-22)		88%	87%	87%	87%	88%	89%	90%	88%	88%	89%	89%	90%		
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to	Local	Apr-24	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Local	Apr-24	100%	100%		✔	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			