



Meeting Date	21st May 2024	Agenda Item	
Report Title	Quality & Safety Performance Report		
Report Author	Charlotte Angell, Health Board Performance Support Officer Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance, Acting Deputy Chief Executive		
Presented by	Darren Griffiths, Director of Finance and Performance, Acting Deputy Chief Executive		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (March 2024) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	<p>The Quality and Safety 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>The report has been adjusted for May 2024 reporting to give clear focus on the measures to be monitored as part of Targeted Intervention (TI) escalation for performance and outcomes. This section will be further enhanced to show recovery trajectories and de-escalation criteria over coming months.</p> <p>Key high level issues to highlight this month are as follows: -</p> <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Performance against the 4-hour access has improved by 1.5% to 77.3% in April 2024. - Performance against the 12-hour wait has improved in April 2024 to 994 from 1,132. - In April 2024, there were 625 ambulance to hospital handovers taking over 1 hour; this is a decrease of 13 compared with the previous month. - In April 2024, 2,905 ambulance hours were lost in handover delays compared to 3,573 in the previous month. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> - OP waits remain under the 52 week Ministerial target level in April 2024, a position sustained since October 2023. 		



- At the end of April 2024, there were 1,725 patients waiting over 104 weeks for treatment, which is a 6% reduction from the previous month.
- In April 2024 there was 1 patient waiting over 14 weeks for a therapy service and that was in dietetics with Speech & Language Therapy now clear of the 14 week target.
- In April 2024, there was a slight increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 3,687 to 3,746. The breakdown is as follows:
 -
 - Endoscopy= 3,281
 - Cardiac tests= 434
 - Other Diagnostics = 31

Cancer

- The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in March 2024 was 56%, which is 6% higher than the figure reported in February 2024.
- Backlog figures have seen a reduction in recent weeks to 202 at the date of reporting.

Mental Health

- Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in December 2023.
- In March 2024, 69% 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 26% in March 2024.
- Note: S-CAMHS now included with P-CAMHS measure and performance substantially improved.

Nationally Reportable Incidents

- In April 2024, there were 7 Nationally Reportable Incidents reported.
- There were no new Never Events reported in March 2024.

Patient Experience

- April 2024 data is included in this report showing 93% satisfaction through 5,579 surveys.



	Work has commenced with colleagues in Primary and Community Care services to enhance performance reporting in this important area for the Health Board.			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. • NOTE that the report will evolve to include more information on the Target Intervention section. • NOTE that work has commenced to develop and add key reporting measures for Primary and Community Care Services 			



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 2023/24.

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



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



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

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



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Appendix 1- Quality & Safety Performance Report May 2024



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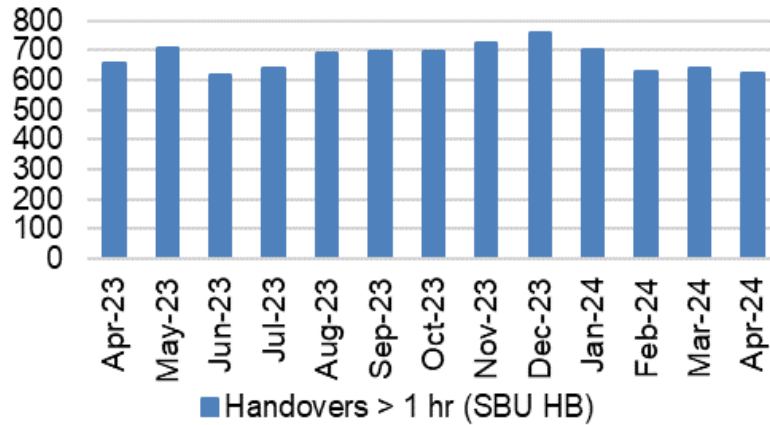
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1. TARGETED INTERVENTION METRICS PERFORMANCE

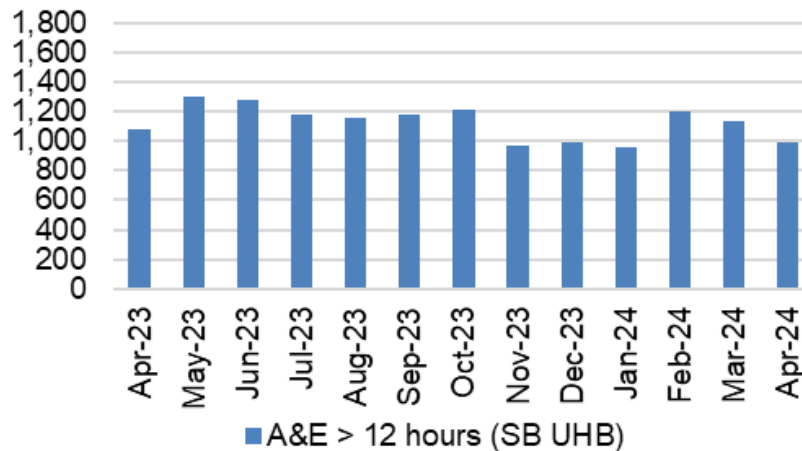
URGENT AND EMERGENCY CARE

1. Ambulance handovers over 1 hour



1. The number ambulance handovers over 1 hour has seen a slight reduction in April 2024. The number of handovers over 1 hour decreased from 638 in March 2024 to 625 in April 2024.

2. A&E waits over 12 hours



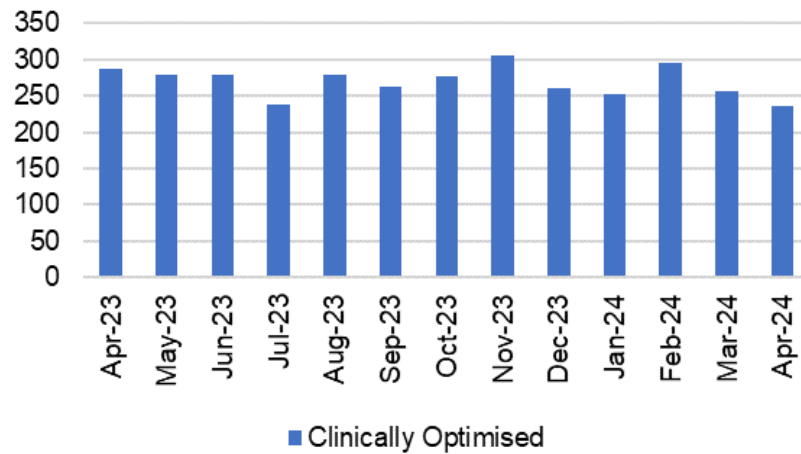
2. Performance against the 12-hour wait has improved in-month. The number of patients waiting over 12-hours in the Emergency Department decreased to 994 in April 2024 from 1,132 in March 2024.

3. Median time from arrival to assessment within 60 mins

UNDER DEVELOPMENT

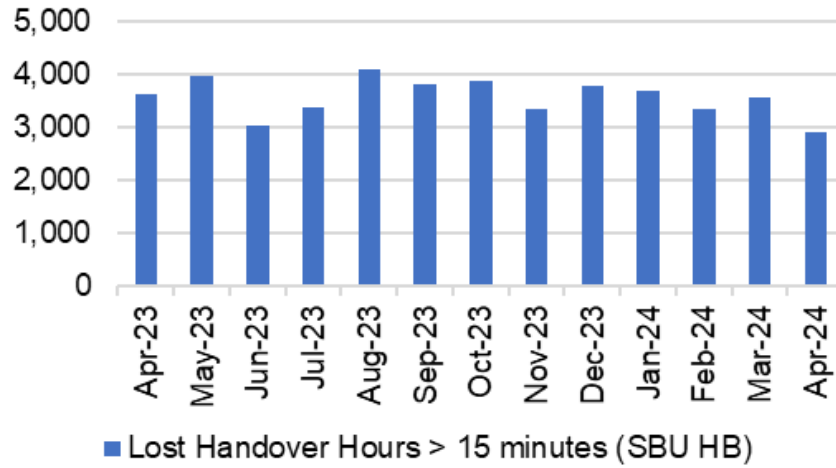
3. Narrative to be developed once measure in place

4. Continuing reduction in pathway of care delays



4. There was a reduction in the average number of patients who were deemed clinically optimised in April 2024. The average number of clinically optimised patients decreased from 256 in March 2024 to 235 in April 2024.

5. Lost Ambulance Hours Total



5. The ambulance handover lost hours rate has seen a reduction in April 2024. The ambulance handover lost hours decreased from 3,573 in March 2024 to 2,905 in April 2024.

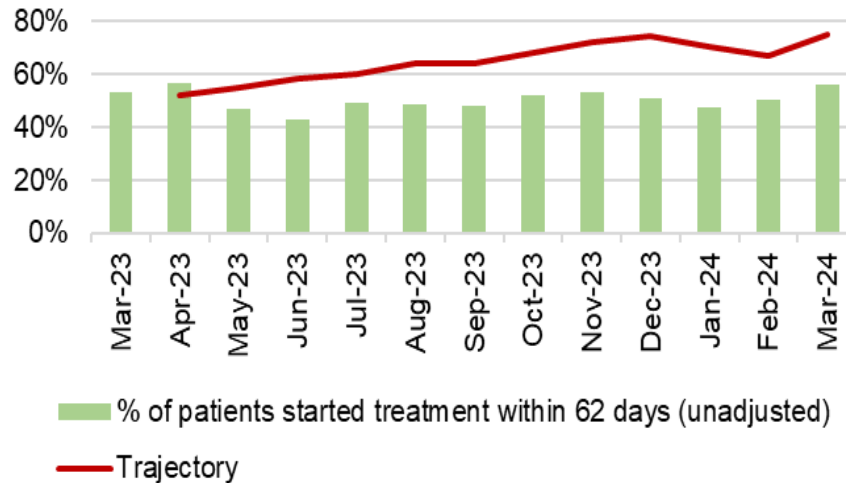
6. Lost Ambulance Hours over 1 hour

UNDER DEVELOPMENT

6. Narrative to be developed once measure in place

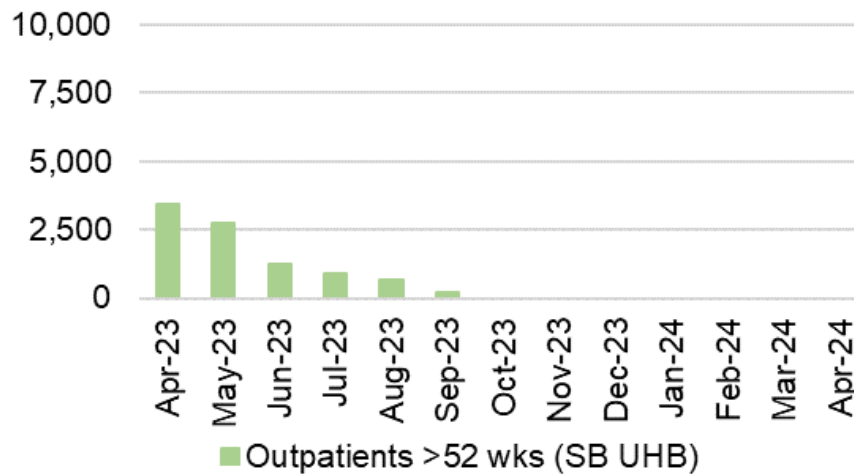
PLANNED CARE & CANCER

1. Single Cancer Pathway



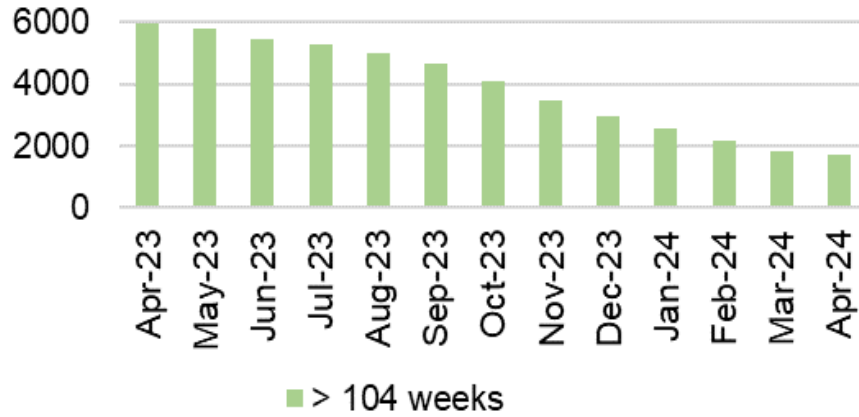
1. The final SCP performance for March 2024 was 56%, which is higher than the figure reported in February 2024. Performance is below the submitted trajectory (75%).

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 April 2024. This position has been sustained since October 2023.

3. 104 week waits – all pathways



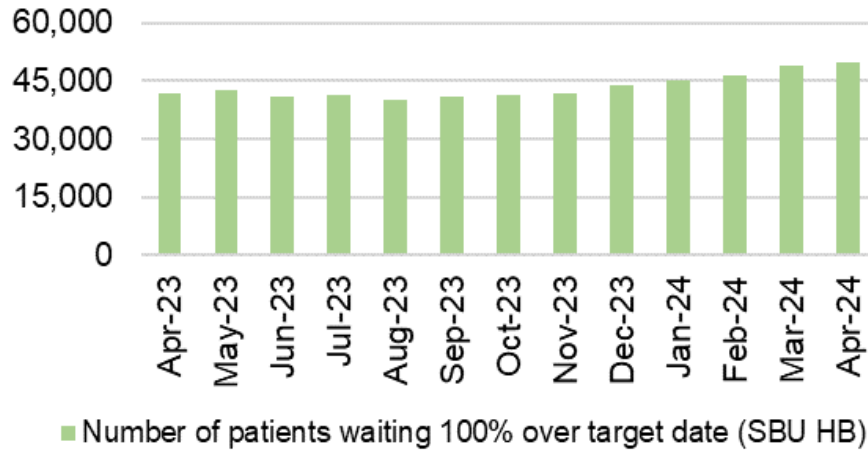
3. April 2024 saw an in-month reduction of 6% in the number of patients waiting over 104 weeks for treatment. The number decreased from 1,831 in March 2024 to 1,725 in April 2024.

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

UNDER DEVELOPMENT

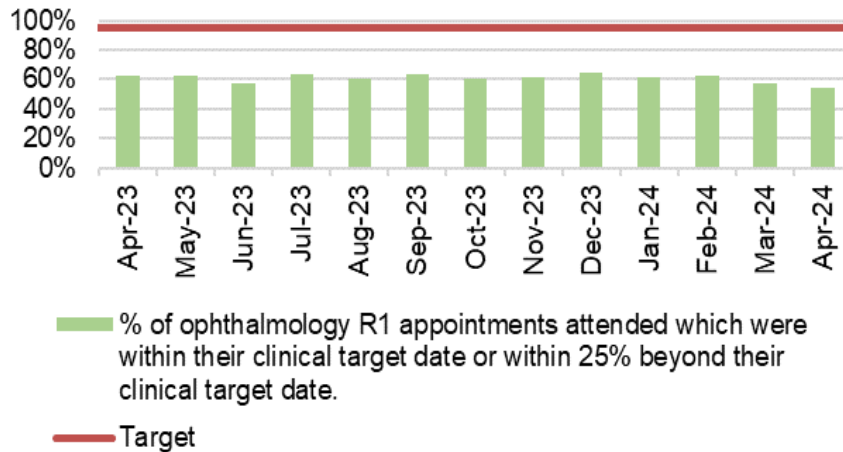
4. Narrative to be developed once measure in place

5. Delayed follow ups over 100%



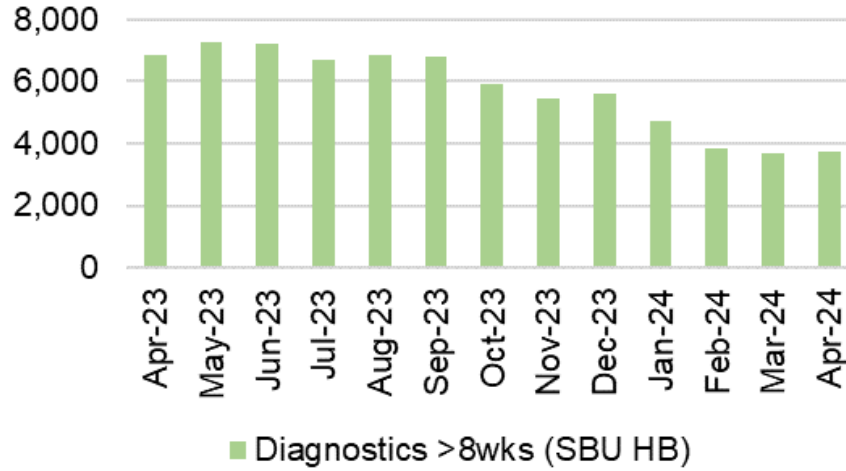
5. The number of patients waiting 100% over target for a follow-up appointment increased in April 2024. There were 49,837 patients waiting 100% over their target date in April, an increase of 868 when compared to March 2024 (48,969).

6. R1 Ophthalmology



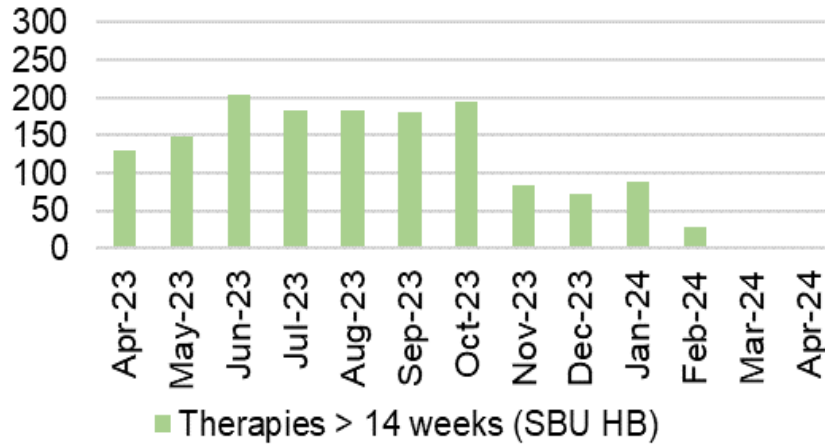
6. In April 2024 54.6% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of their target date. This is a 2.6% reduction on the figure reported in March 2024.

7. Patients waiting 8 weeks for a diagnostic test



7. In April there was a slight increase in the number of patients waiting over 8 weeks for a diagnostic test. It increased from 3,687 in March 2024 to 3,746 in April 2024.

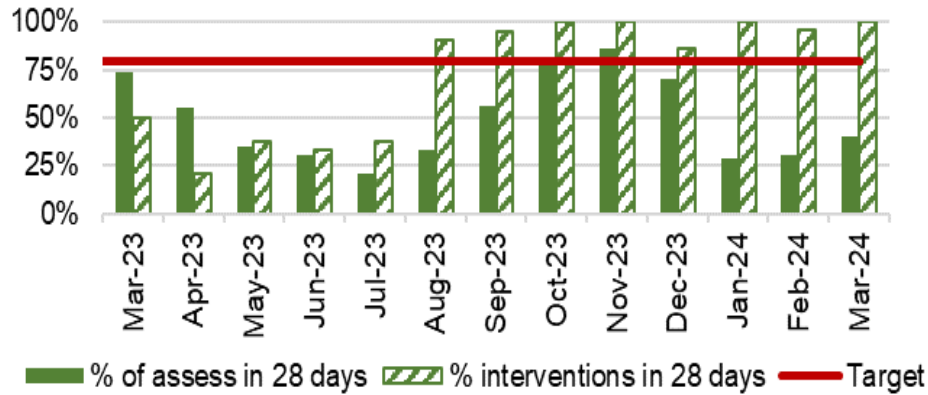
8. Patients waiting 14 weeks for therapy services



8. There was one patient waiting over 14 weeks for specified therapies in April 2024. This is the same figure are reported in March 2024.

CAMHS

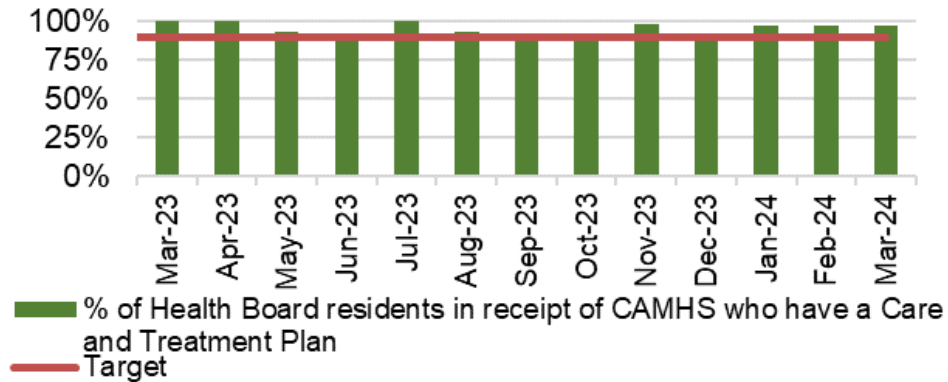
1. LPMHSS assessments with 28 days and therapeutic assessment within 28 days



1. The percentage of routine assessments undertaken within 28 days increased to 40% in March 2024 from 31% in February 2024.

In March 2024, 100% of therapeutic assessments were undertaken within 28 days.

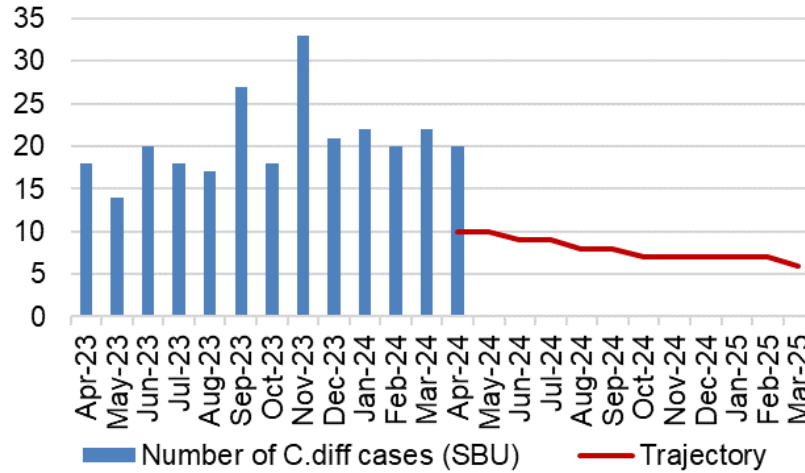
2. Residents in receipt of a valid care and treatment plan



2. The percentage of residents in receipt of a valid care and treatment plan remained above the 80% target, achieving 97% in April 2024.

HEALTHCARE ACQUIRED INFECTIONS

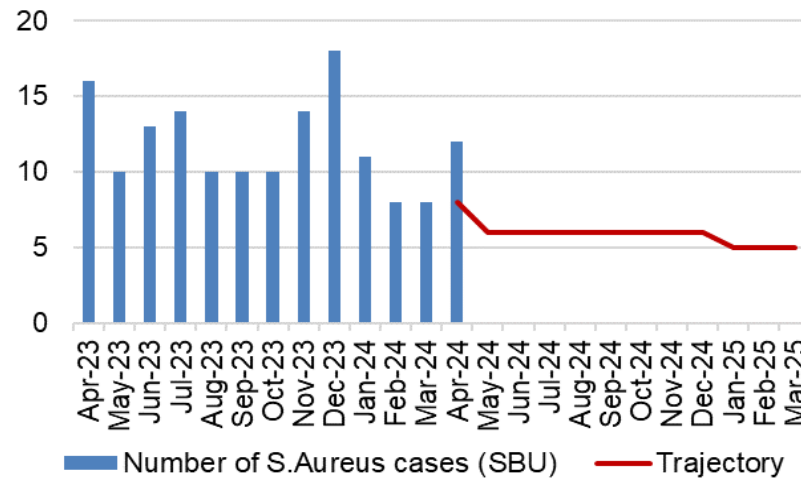
1. C. Difficile



1. There were 20 cases of C.Difficile reported in April 2024. This is 2 less than reported in March 2024 and is above the trajectory of 10 cases for the month.

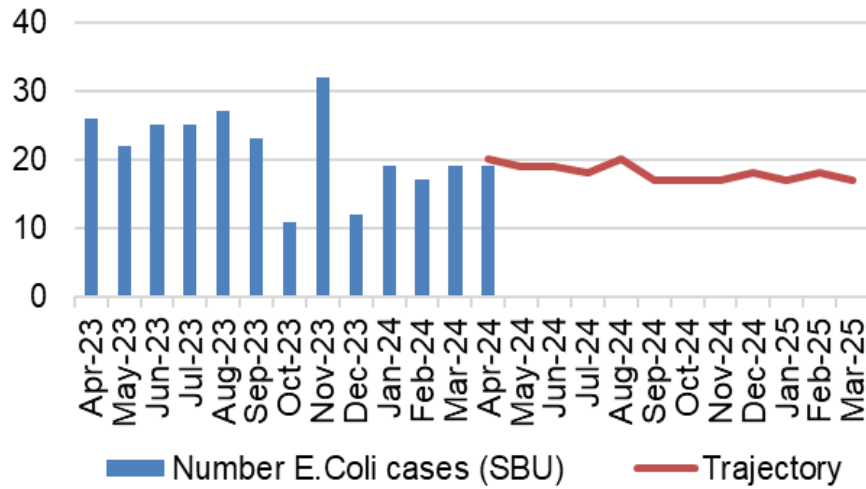
NOTE: de-escalation is related to hospital acquired only and the measure will be developed to report this in coming months.

2. Staph aureus



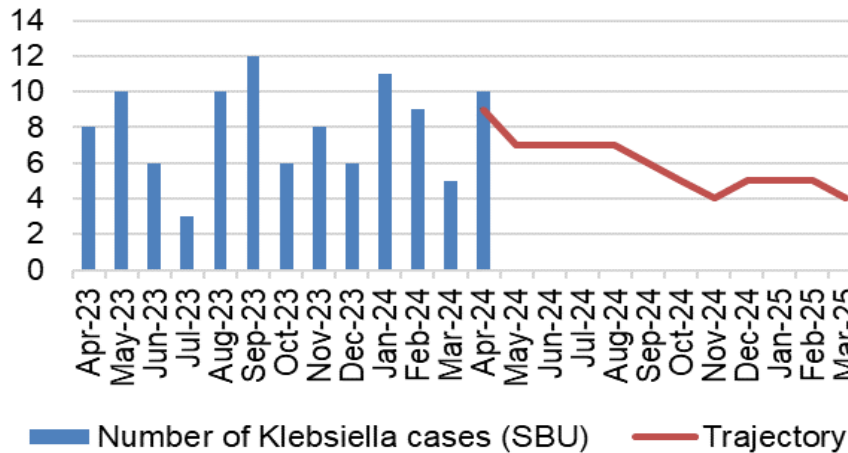
2. There was an increase in the number of cases of Staph aureus reported in April 2024. The number of cases reported increased to 12 in April 2024 compared to 8 in March 2024. This is above the trajectory of 8 cases for the month.

3. E-coli



3. There were 19 cases of E.Coli reported in April 2024. This is the same number as reported in March 2024 and is below the trajectory of 20 cases for the month.

4. Klebsiella



4. The number of cases of Klebsiella reported increased to 10 in April 2024 from 5 in March 2024. This is above the trajectory of 9 cases for April 2024.

Harm quadrant- Harm from Covid itself																	
Measure	Locality	National/ Local Target	HB Trajectory	Trend	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
					Number of new COVID19 cases*	HB Total				153	81	60	84	132	139	175	80
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				29	61	90	23	33	37	35	21	43	35	21	17	28
Number of COVID19 related serious incidents*	HB Total				0	0	0	0	0	0	0	0	1	1	0	1	0
Number of COVID19 related complaints*	HB Total				1	0	0	0	0	1	1	1	0	0	0	0	0
Number of COVID19 related risks*	HB Total																
Number of staff self isolated (asymptomatic)*	Medical			—	0	0	0										
	Nursing Registered			—	0	0	0										
	Nursing Non Registered			—	0	0	0										
	Other			—	0	0	0										
Number of staff self isolated (symptomatic)*	Medical			∩	1	1	0										
	Nursing Registered			∩	18	15	3										
	Nursing Non Registered			∩	14	4	0										
	Other			∩	12	7	4										
% sickness*	Medical			∩	0.1%	0.1%	0.0%										
	Nursing Registered			∩	0.4%	0.4%	0.1%										
	Nursing Non Registered			∩	0.7%	0.2%	0.0%										
	Other			∩	0.2%	0.1%	0.1%										
	All			∩	0.3%	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>1. Number of new COVID cases In April 2024, there were an additional 51 positive cases recorded bringing the cumulative total to 121,566 in Swansea Bay since March 2020.</p>	<p>1. Number of new COVID19 cases for Swansea Bay population</p> <table border="1"> <caption>Estimated data for New positive COVID19 cases in Swansea Bay</caption> <thead> <tr> <th>Month</th> <th>Number of New Positive Cases</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>850</td></tr> <tr><td>May-22</td><td>300</td></tr> <tr><td>Jun-22</td><td>380</td></tr> <tr><td>Jul-22</td><td>600</td></tr> <tr><td>Aug-22</td><td>220</td></tr> <tr><td>Sep-22</td><td>200</td></tr> <tr><td>Oct-22</td><td>180</td></tr> <tr><td>Nov-22</td><td>400</td></tr> <tr><td>Dec-22</td><td>250</td></tr> <tr><td>Jan-23</td><td>280</td></tr> <tr><td>Feb-23</td><td>380</td></tr> <tr><td>Mar-23</td><td>150</td></tr> <tr><td>Apr-23</td><td>80</td></tr> <tr><td>May-23</td><td>60</td></tr> <tr><td>Jun-23</td><td>100</td></tr> <tr><td>Jul-23</td><td>120</td></tr> <tr><td>Aug-23</td><td>180</td></tr> <tr><td>Sep-23</td><td>150</td></tr> <tr><td>Oct-23</td><td>220</td></tr> <tr><td>Nov-23</td><td>180</td></tr> <tr><td>Dec-23</td><td>150</td></tr> <tr><td>Jan-24</td><td>80</td></tr> <tr><td>Feb-24</td><td>60</td></tr> <tr><td>Mar-24</td><td>50</td></tr> <tr><td>Apr-24</td><td>51</td></tr> </tbody> </table> <p>■ New positive COVID19 cases</p>	Month	Number of New Positive Cases	Apr-22	850	May-22	300	Jun-22	380	Jul-22	600	Aug-22	220	Sep-22	200	Oct-22	180	Nov-22	400	Dec-22	250	Jan-23	280	Feb-23	380	Mar-23	150	Apr-23	80	May-23	60	Jun-23	100	Jul-23	120	Aug-23	180	Sep-23	150	Oct-23	220	Nov-23	180	Dec-23	150	Jan-24	80	Feb-24	60	Mar-24	50	Apr-24	51
Month	Number of New Positive Cases																																																					
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4. HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

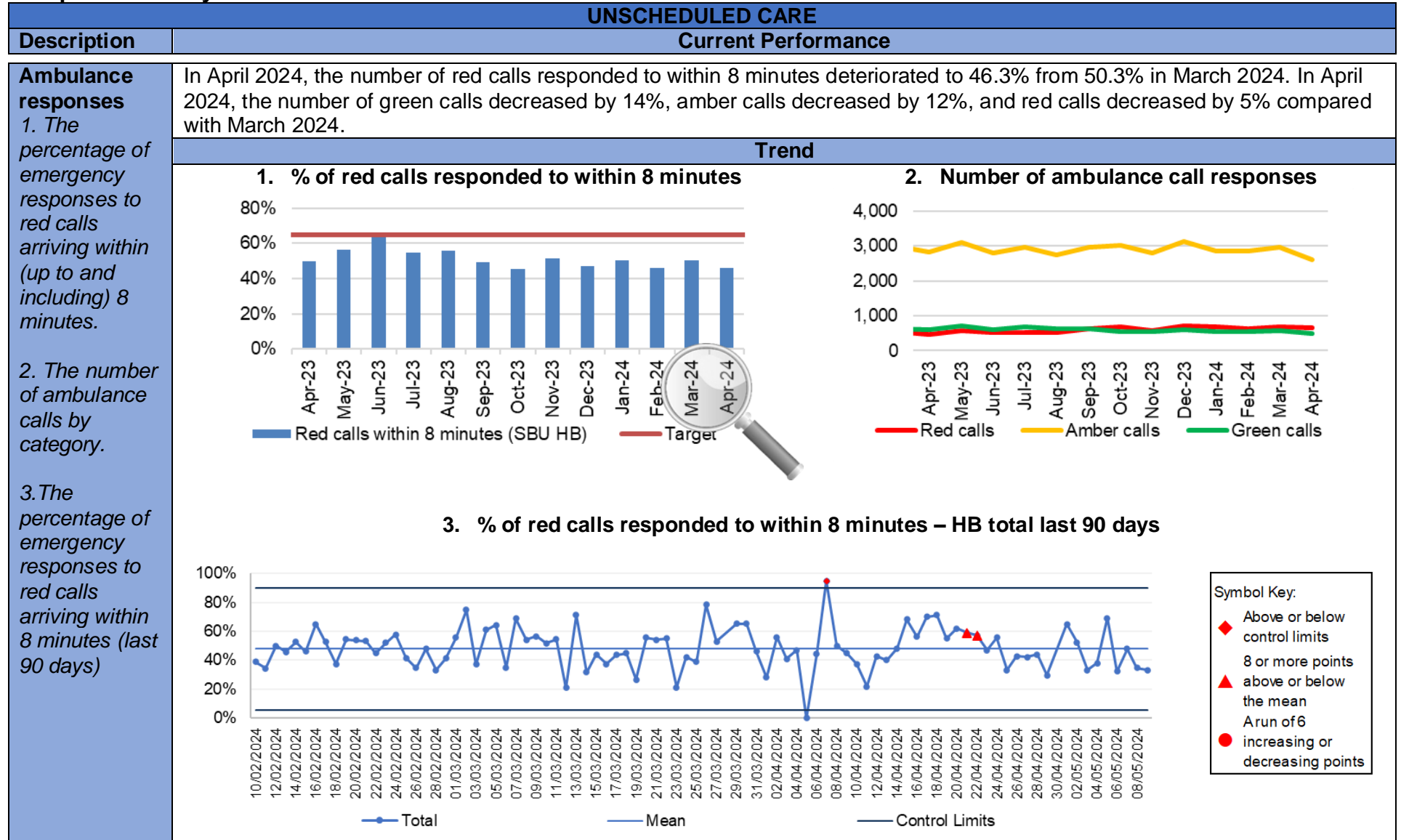
4.1 Overview

Measure	Locality	National/ Local Target	HB	Trend	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Unscheduled Care																	
Number of ambulance handovers over one hour	Morrison	Improvement trajectory towards 0 by Mar 24			658	708	615	643	693	695	696	723	762	701	629	638	623
	Singleton				0	0	0	0	1	0	0	1	0	3	0	0	2
	Total				658	708	615	643	694	695	696	724	762	704	629	638	625
% 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%	60.5%	62.0%	62.0%	62.3%	63.8%	63.9%	62.0%	62.8%	63.5%	60.1%	62.8%	62.9%
	NPTH				98.2%	97.1%	97.2%	99.3%	99.0%	98.3%	98.8%	99.1%	99.2%	99.2%	99.4%	98.4%	97.8%
	Total				75.2%	75.3%	76.1%	76.0%	76.2%	77.0%	76.6%	75.3%	74.7%	76.6%	74.3%	75.7%	77.3%
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			1,083	1,303	1,274	1,175	1,154	1,177	1,206	969	994	959	1,197	1,132	990
	NPTH				0	0	0	4	2	3	1	0	0	0	0	4	
	Total				1,083	1,303	1,274	1,179	1,156	1,180	1,207	969	994	959	1,197	1,132	994
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			7.8%	18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%
	Total	(UK SNAP average)			7.8%	18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			45.1%	39.5%	42.9%	52.1%	34.1%	58.1%	23.8%	34.0%	52.8%	57.6%	47.5%	42.9%	50.0%
	Total	(UK SNAP average)			45.1%	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%			96.1%	90.7%	92.9%	91.7%	97.7%	86.0%	92.9%	92.0%	86.1%	93.2%	91.5%	92.9%	94.4%
	Total	(UK SNAP average)			96.1%	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			25.0%	0.0%	12.5%	11.1%	75.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%
	Total				25.0%	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			68.6%	62.9%	66.7%	65.1%	47.3%	72.0%	71.6%	69.5%	57.0%	49.4%	35.2%	31.3%	41.5%
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			95.5%	95.0%	95.9%	95.9%	96.8%	97.0%	97.0%	97.0%	97.0%	97.0%	97.4%	97.2%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			26.9%	27.8%	28.9%	31.6%	31.3%	31.1%	30.6%	30.8%	32.4%	33.8%	35.0%	34.1%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			72.8%	72.1%	72.5%	72.9%	73.7%	74.6%	74.2%	73.4%	72.9%	69.7%	66.9%	69.4%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			78.9%	79.7%	81.1%	81.4%	81.8%	82.2%	82.4%	81.6%	83.0%	83.9%	83.6%	83.5%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			73.3%	74.2%	74.3%	74.2%	73.4%	72.7%	72.5%	73.9%	74.8%	75.4%	75.2%	75.5%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			67.8%	68.9%	71.5%	73.1%	72.9%	72.5%	73.1%	72.9%					
30 day mortality rate - Casemix Adjusted	Morrison	Monitor			5.6%			6.7%			6.0%			4.8%			
% of survival within 30 days of emergency admission for a hip fracture	HB Total	12 month improvement trend															

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	
Healthcare Acquired Infections																		
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	9		12	10	12	13	9	15	6	11	6	10	10	11	7	
	PCCS Hospital		0		0	0	0	1	1	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	0
	Morrison		7		12	8	7	6	11	6	3	11	5	6	2	4	5	
	NPTH		1		0	1	2	0	2	0	0	1	0	1	1	0	3	
	Singleton		3		2	3	2	4	2	2	2	9	1	1	2	0	4	
	Total		20		26	22	25	25	27	23	11	32	12	19	17	19	19	
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		9	2	5	13	4	3	4	6	8	4	2	3	4	
	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		4		4	4	6	0	3	4	4	5	3	4	3	3	4	
	NPTH		1		0	0	1	0	0	0	0	1	1	1	0	0		
	Singleton		1		3	4	1	1	2	3	2	3	4	2	1	1	4	
	Total		8		16	10	13	14	10	10	10	14	17	11	7	8	12	
Number of C.difficile cases	PCCS Community	12 month reduction trend	3		8	4	7	6	3	7	4	18	8	7	5	3	6	
	PCCS Hospital		0		0	0	0	0	1	0	1	0	0	0	0	1	1	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	1	0	0	
	Morrison		5		6	6	10	10	11	16	12	11	10	13	12	14	9	
	NPTH		0		0	1	0	0	0	1	0	2	1	1	0	0	1	
	Singleton		2		1	2	3	2	2	3	1	2	2	1	2	2	2	
	Total		10		18	14	20	18	17	27	18	33	21	22	20	22	20	
Number of Klebsiella cases	PCCS Community	12 month reduction trend	4		1	6	5	0	6	5	1	4	5	5	7	2	5	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	1	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		3		6	2	0	3	2	7	4	1	1	4	2	2	3	
	NPTH		1		0	1	1	0	0	0	0	0	0	1	0	0	0	
	Singleton		1		1	1	0	0	2	0	1	3	0	0	0	0	2	
	Total		9		8	10	6	3	10	12	6	8	6	11	9	5	10	
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		1	0	1	0	1	1	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		1		1	1	1	2	0	1	0	1	2	1	0	0	0	
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton		1		0	0	1	0	0	0	2	1	1	0	0	0	0	
	Total		3		2	1	4	2	1	2	2	2	3	2	0	0	0	
Compliance with hand hygiene audits	PCCS	95%			100.0%	-	-	100.0%	100.0%	-	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	MH&LD		98.0%	99.6%	98.5%	99.3%	99.0%	100.0%	99.5%	96.8%	97.4%	98.2%	94.3%	97.5%	100.0%			
	Morrison		93.7%	95.2%	96.7%	93.6%	97.2%	94.0%	96.2%	92.6%	95.7%	96.0%	96.6%	81.8%	79.5%			
	NPTH		100.0%	89.2%	90.0%	100.0%	95.2%	100.0%	77.3%	93.9%	80.0%		100.0%	90.0%	100.0%			
	Singleton		91.3%	89.0%	85.7%	100.0%	88.4%	91.9%	96.8%	98.7%	97.3%	100.0%	96.6%	100.0%	100.0%			
	Total		98.8%	95.2%	94.8%	96.8%	95.5%	96.0%	96.6%	95.3%	96.8%	97.6%	96.7%	88.2%	90.1%			

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Serious Incidents & Risks																	
Number of Nationally Reportable Incidents	PCCS	Monitor			0	0	1	2	4	1	0	3	1	0	0	0	
	MH&LD			0	0	0	0	2	0	1	0	0	0	1	2	2	
	Morrison			5	4	2	3	1	3	2	4	2	4	1	3	2	
	NPTH			0	1	0	0	0	0	2	0	1	0	0	1	1	
	Singleton			1	2	1	1	2	1	0	1	3	2	7	0	2	
	Total			6	7	4	6	9	5	5	8	7	6	9	8	7	
Of the nationally reportable incidents due for assurance, the % which were assured within the	Total	80%			80%	67%	-	40%	83%	50%	33%	100%	40%	100%	17%	66%	64%
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison			0	1	0	1	0	0	2	1	0	0	1	0	0	
	NPTH			0	0	0	0	0	0	0	0	1	0	0	0	0	
	Singleton			0	0	0	0	1	0	0	1	0	0	0	0	0	
	Total			0	1	0	1	1	0	2	2	1	0	1	0	0	
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			31	41	39	33	38	44	37	45	51	46	33		
	PCCS Hospital			0	0	1	1	1	0	2	0	0	2	1			
	MH&LD			1	0	0	0	0	2	0	1	0	0	1			
	Morrison			73	89	58	55	52	52	59	59	47	74	50			
	NPTH			2	3	4	6	2	6	4	3	9	4	5			
	Singleton			7	11	4	5	5	3	5	6	4	3	3			
	Total			114	124	106	100	98	107	107	114	111	129	93			
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			7	9	9	6	7	11	5	13	10	3	7		
	PCCS Hospital			0	0	0	0	0	0	0	0	0	0	0			
	MH&LD			0	0	0	0	0	1	0	1	0	0	1			
	Morrison			4	8	4	0	3	2	5	4	1	2	0			
	NPTH			0	0	1	1	0	1	1	0	3	0	0			
	Singleton			1	2	1	0	1	0	0	0	1	0	0			
	Total			12	19	15	7	11	15	11	18	15	5	8			
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			1,204	1,105	923	904	803	880	942	881	788	1,068	810		
Total number of Inpatient Falls	PCCS	12 month reduction trend			10	12	10	6	4	6	10	5	7	3	6	8	5
	MH&LD			36	25	23	30	29	28	30	23	21	31	60	47	34	
	Morrison			92	93	79	97	132	94	117	109	89	114	99	95	65	
	NPTH			17	23	16	15	21	11	20	21	27	32	30	33	24	
	Singleton			28	31	15	16	14	18	13	8	14	12	8	18	18	
	Total			183	184	143	164	200	157	190	166	158	192	203	201	146	
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			4.55	4.46	3.57	4.07	5.14	4.16	4.78	4.22	4.01	4.77	9.41	5.01	
Mortality																	
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.32%	1.29%	1.31%	1.29%	1.26%	1.23%	1.22%	1.21%	1.23%	1.20%	1.21%	1.20%	
	Singleton			0.29%	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%	0.04%	0.05%	0.06%	0.07%	0.07%	0.05%	0.07%	0.07%	0.06%	0.06%	0.09%		
	Total (SBU)			0.72%	0.70%	0.70%	0.69%	0.67%	0.68%	0.66%	0.65%	0.65%	0.66%	0.65%	0.66%		

4.2 Updates on key measures



UNSCHEDULED CARE

Description

Current Performance

Ambulance handovers

1. The number of ambulance handovers over one hour

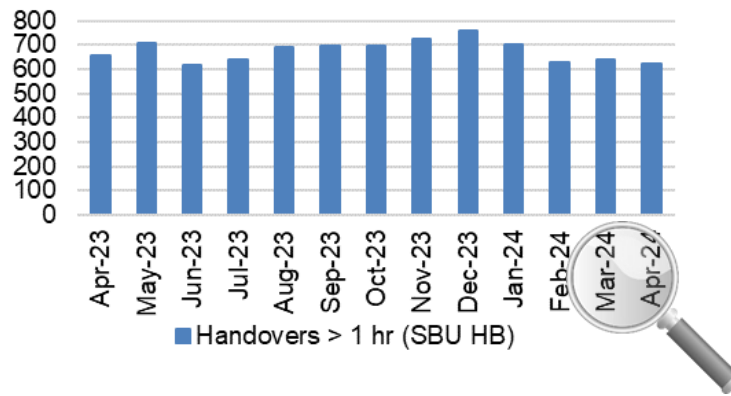
2. The number of ambulance handovers over one hour- Hospital level

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

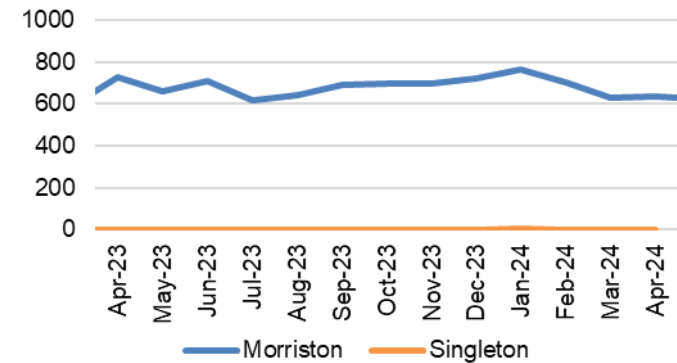
In April 2024, there were 625 ambulance to hospital handovers taking over 1 hour; this is a reduction of 13 compared with 638 in March 2024. In April 2024, 623 handovers over 1 hour were attributed to Morriston Hospital and 2 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have reduced from 3,573 in March 2024 to 32,905 in April 2024.

Trend

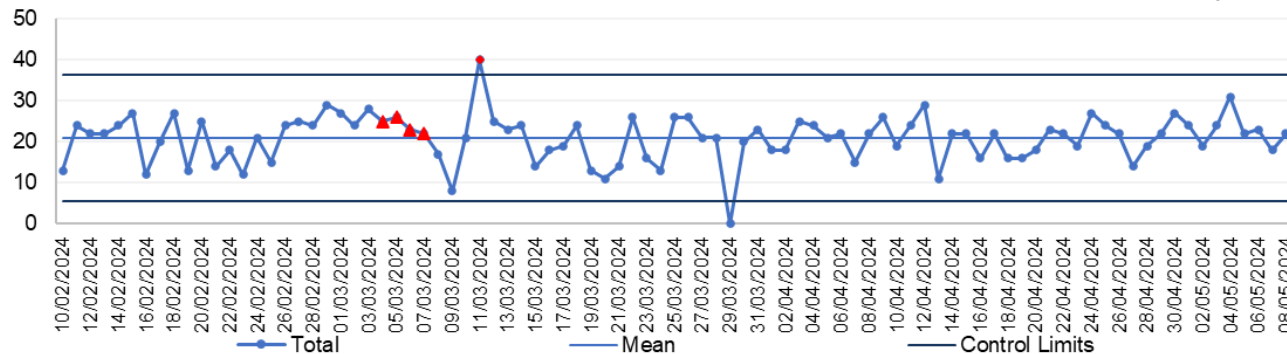
1. Number of ambulance handovers- HB total



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
- ▲ above or below the mean
- Arun of 6
- increasing or decreasing points

UNSCHEDULED CARE

Description

Current Performance

A&E Attendances

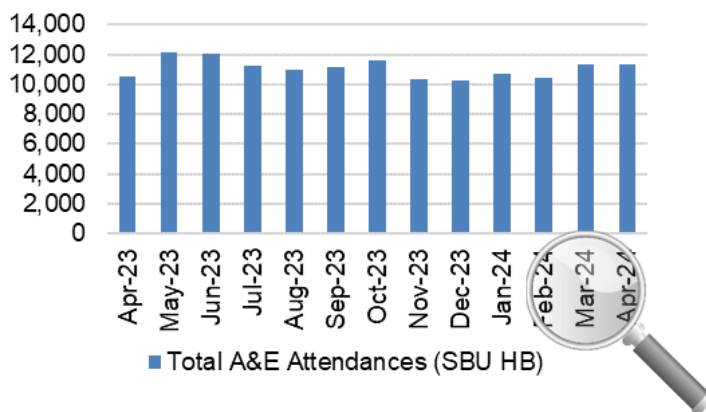
In April 2024, there were 11,345 A&E attendances, which is an increase of 33 when compared to March 2024. There were 6,667 attendances to A&E at Morriston hospital and 4,678 attendances to MIU at Neath Port Talbot hospital.

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

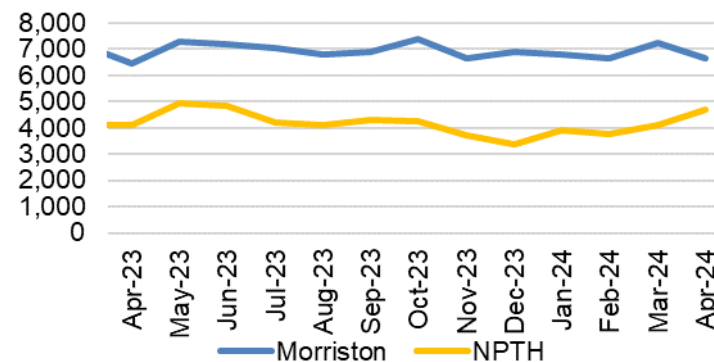
2. The number of attendances at emergency departments in the Health Board – Hospital level

Trend

1. Number of A&E attendances- HB total

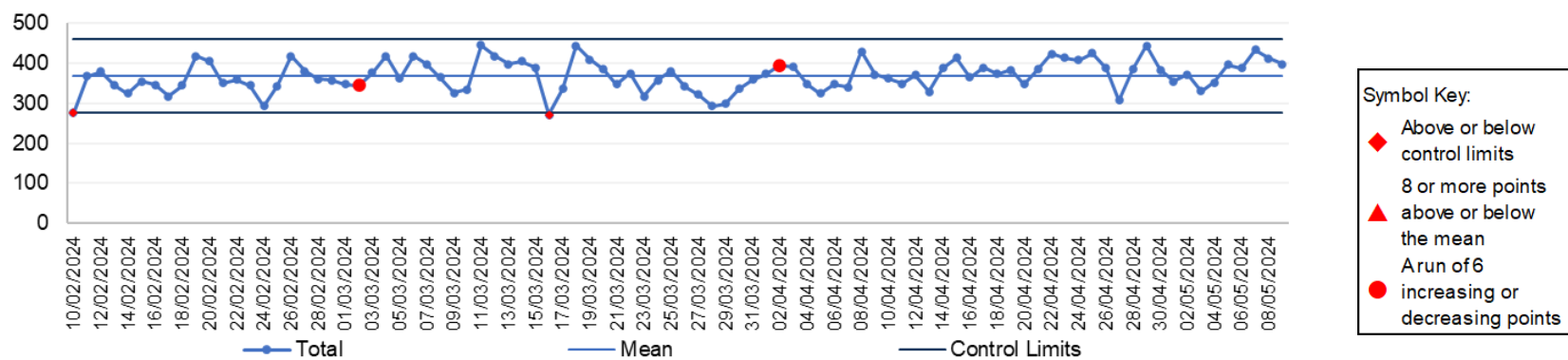


2. Number of A&E attendances- Hospital level



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

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



UNSCHEDULED CARE																																																																																																																																																																																																																
Description	Current Performance																																																																																																																																																																																																															
<p>A&E waiting times</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&E- Hospital level</i></p> <p><i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i></p>	<p>The Health Board's performance against the 4-hour measure improved from 75.72% in March 2024 to 77.25% in April 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 97.76% in April 2024. Morriston Hospital's performance improved slightly between March 2024 and April 2024, achieving 62.86% against the target</p>																																																																																																																																																																																																															
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UNSCHEDULED CARE

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<p>A&E waiting times</p> <p>1. Number of patients who spend 12 hours or more in A&E</p> <p>2. Number of patients who spend 12 hours or more in A&E-Hospital level</p> <p>3. Number of patients who spend 12 hours or more in A&E (last 90 days)</p>	<p>In April 2024, performance against the 12-hour measure improved when compared with March 2024, decreasing from 1,132 to 994. This is a reduction of 138 compared to March 2024. 990 patients waiting over 12 hours in April 2024 were attributed to Morriston Hospital and 4 were attributed to Neath Port Talbot Hospital.</p>																																																																					
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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.

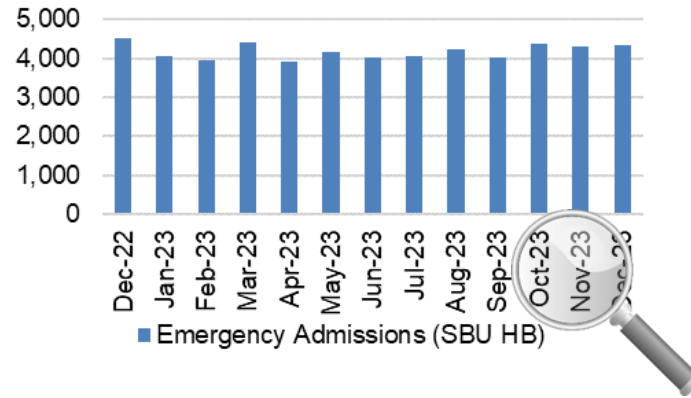
1. The number of emergency inpatient admissions

2. The number of emergency inpatient admissions- Hospital level

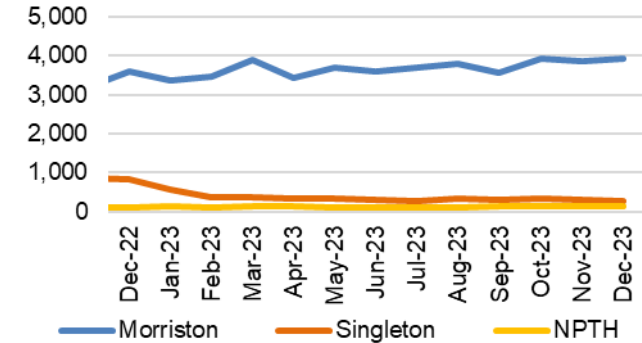
3. The number of emergency inpatient admissions (last 90 days)

Trend

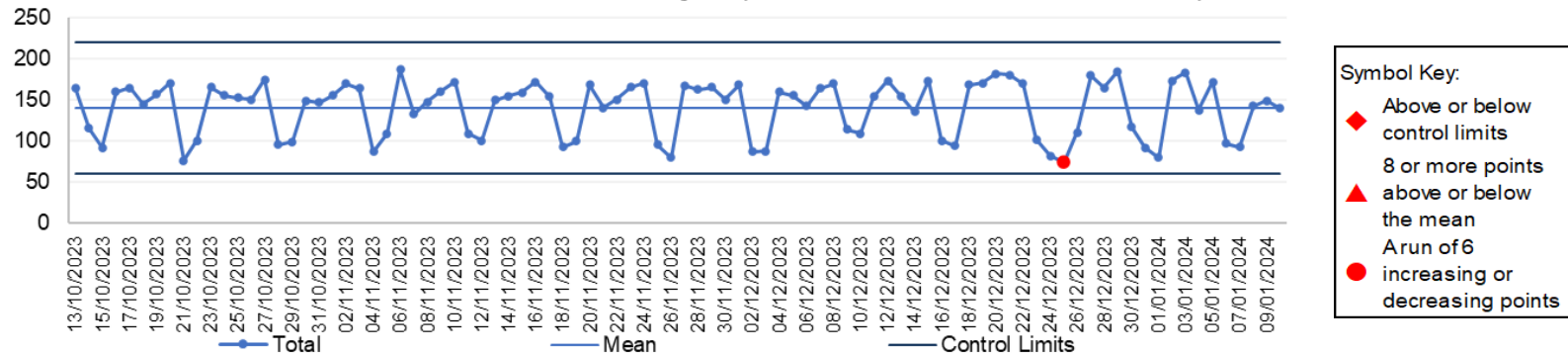
1. Number of emergency admissions- HB total

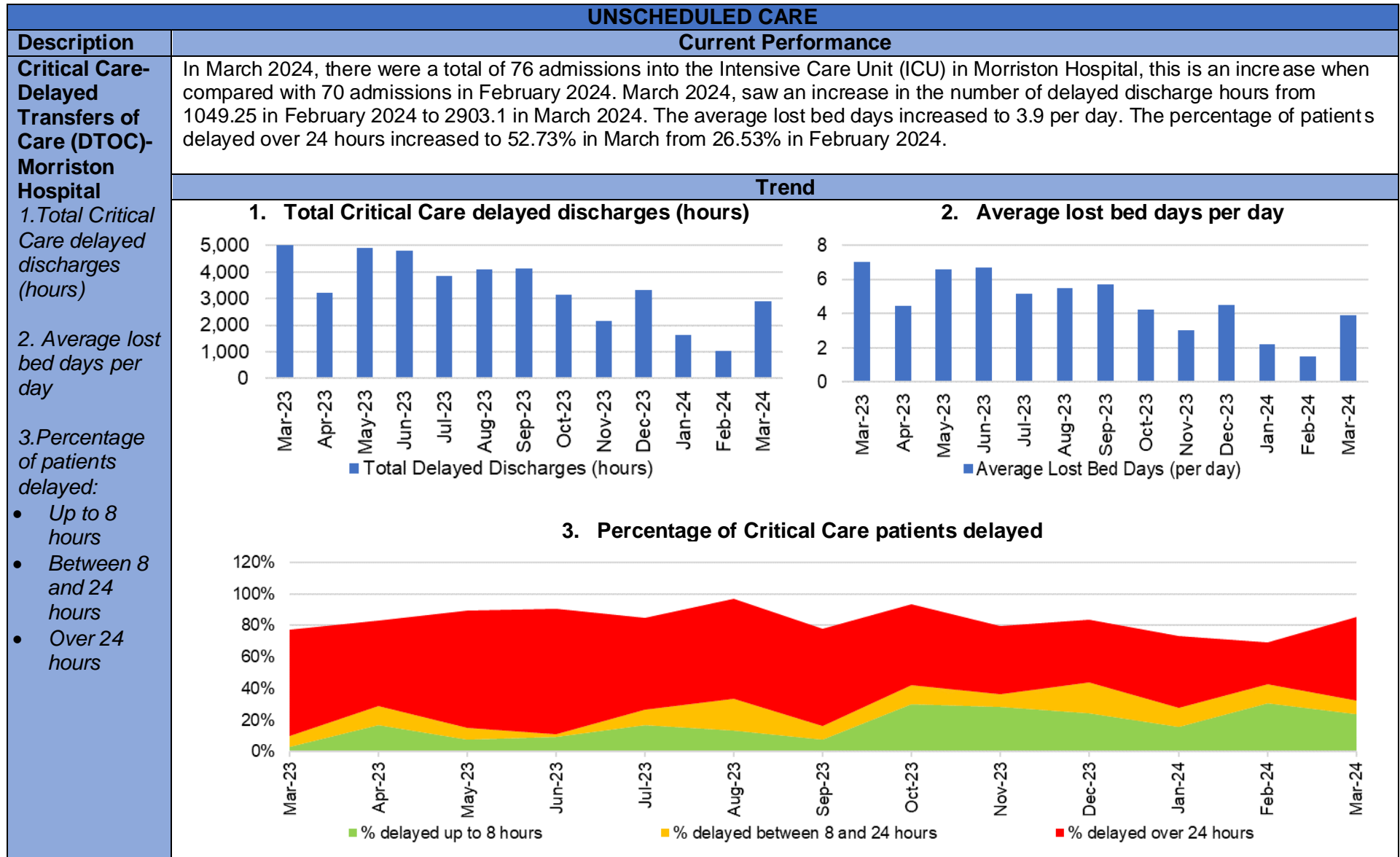


2. Number of emergency admissions- Hospital level



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





UNSCHEDULED CARE

Description	Current Performance	Trend																																																																						
<p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In April 2024, there were on average 235 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In April, Morriston Hospital had the largest proportion of clinically optimised patients with 119, followed by Neath Port Talbot Hospital with 50.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital.</p> <p>Work is also underway to review the definitions of Clinically Optimised Patients within the Health Board, this work is expected to lead to improvements in the reported figures.</p>	<p align="center">The number of clinically optimised patients by site</p> <table border="1"> <caption>Estimated data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>100</td><td>80</td><td>80</td><td>20</td></tr> <tr><td>May-23</td><td>105</td><td>70</td><td>85</td><td>15</td></tr> <tr><td>Jun-23</td><td>115</td><td>50</td><td>80</td><td>20</td></tr> <tr><td>Jul-23</td><td>110</td><td>30</td><td>75</td><td>15</td></tr> <tr><td>Aug-23</td><td>155</td><td>25</td><td>80</td><td>20</td></tr> <tr><td>Sep-23</td><td>145</td><td>10</td><td>100</td><td>10</td></tr> <tr><td>Oct-23</td><td>155</td><td>5</td><td>95</td><td>15</td></tr> <tr><td>Nov-23</td><td>180</td><td>5</td><td>100</td><td>20</td></tr> <tr><td>Dec-23</td><td>145</td><td>5</td><td>75</td><td>20</td></tr> <tr><td>Jan-24</td><td>125</td><td>35</td><td>65</td><td>20</td></tr> <tr><td>Feb-24</td><td>170</td><td>40</td><td>65</td><td>25</td></tr> <tr><td>Mar-24</td><td>105</td><td>50</td><td>60</td><td>30</td></tr> <tr><td>Apr-24</td><td>115</td><td>45</td><td>55</td><td>25</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Apr-23	100	80	80	20	May-23	105	70	85	15	Jun-23	115	50	80	20	Jul-23	110	30	75	15	Aug-23	155	25	80	20	Sep-23	145	10	100	10	Oct-23	155	5	95	15	Nov-23	180	5	100	20	Dec-23	145	5	75	20	Jan-24	125	35	65	20	Feb-24	170	40	65	25	Mar-24	105	50	60	30	Apr-24	115	45	55	25
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<p>Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p>	<p>In April 2024, there were 19 elective procedures cancelled due to lack of beds on the day of surgery. This is 4 more cancellations than those seen in March 2024.</p> <p>All 19 of the cancelled procedures were attributed to Morriston Hospital.</p>	<p align="center">Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Estimated data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>May-23</td><td>28</td><td>0</td><td>0</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>0</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>22</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>19</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Apr-23	18	0	0	May-23	28	0	0	Jun-23	10	0	0	Jul-23	10	0	0	Aug-23	0	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	22	0	0	Mar-24	15	0	0	Apr-24	19	0	0														
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FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
<p>Fractured Neck of Femur (#NOF)</p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p>1. Prompt orthogeriatric assessment- In March 2024, 97.2% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In March 2024, 34.1.0% of patients had surgery the day following presentation with a hip fracture. This is a 9.6% improvement from March 2023 which was 24.5%.</p> <p>3. NICE compliant surgery- 69.4% of operations were consistent with the NICE recommendations in March 2024. This is 3.5% less than in March 2023.</p> <p>4. Prompt mobilisation- In March 2024, 83.5% of patients were out of bed the day after surgery. This is 4.9% more than in March 2023.</p>	<p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p>

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 75.5% of patients were not delirious in the week after their operation in March 2024.	<p>5. Not delirious when tested</p>
6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	6. Return to original residence - 73.2% of patients in December 2023 were discharged back to their original residence. This is 2.9% more than in December 2022.	<p>6. Return to original residence</p>
7. <i>30 day mortality rate (Casemix adjusted)</i>	7. 30 day mortality rate- 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>7. 30 day mortality rate</p>

HEALTHCARE ACQUIRED INFECTIONS

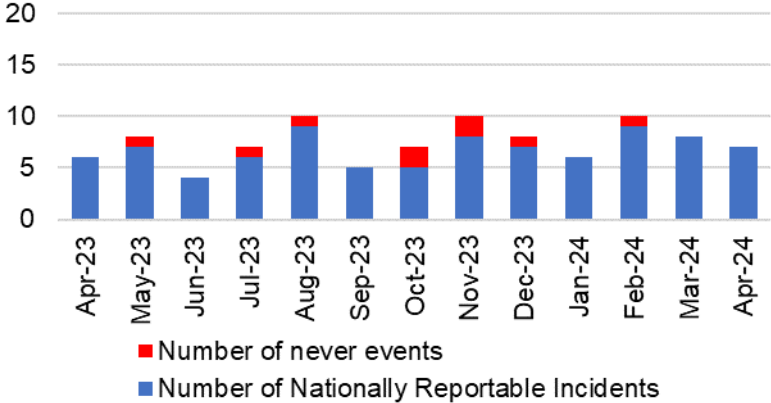
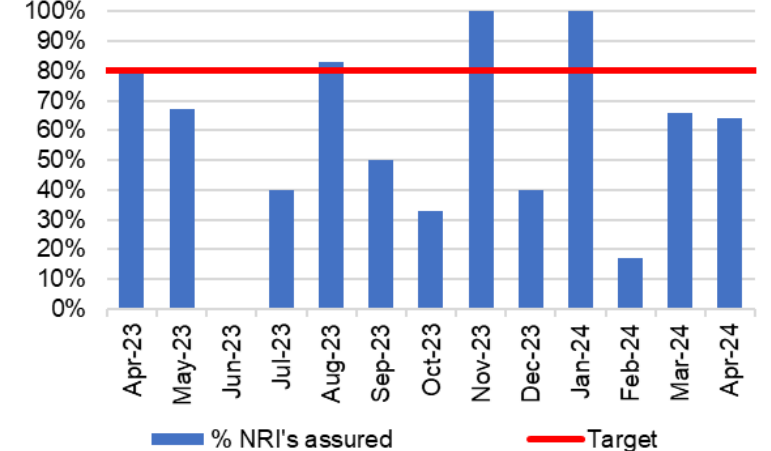
Description	Current Performance	Trend																																																																											
<p>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i></p>	<ul style="list-style-type: none"> 19 cases of <i>E. coli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

Description	Current Performance	Trend																																																		
<p>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i> <i>Number of laboratory confirmed C.difficile cases</i></p>	<ul style="list-style-type: none"> There were 20 <i>Clostridium difficile</i> toxin positive cases in April 2024, of which 14 were hospital acquired and 6 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 10 cases for April 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p align="center">Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>18</td></tr> <tr><td>May-23</td><td>14</td></tr> <tr><td>Jun-23</td><td>20</td></tr> <tr><td>Jul-23</td><td>18</td></tr> <tr><td>Aug-23</td><td>17</td></tr> <tr><td>Sep-23</td><td>27</td></tr> <tr><td>Oct-23</td><td>18</td></tr> <tr><td>Nov-23</td><td>33</td></tr> <tr><td>Dec-23</td><td>21</td></tr> <tr><td>Jan-24</td><td>22</td></tr> <tr><td>Feb-24</td><td>20</td></tr> <tr><td>Mar-24</td><td>22</td></tr> <tr><td>Apr-24</td><td>20</td></tr> <tr><td>May-24</td><td>10</td></tr> <tr><td>Jun-24</td><td>9</td></tr> <tr><td>Jul-24</td><td>9</td></tr> <tr><td>Aug-24</td><td>8</td></tr> <tr><td>Sep-24</td><td>7</td></tr> <tr><td>Oct-24</td><td>7</td></tr> <tr><td>Nov-24</td><td>7</td></tr> <tr><td>Dec-24</td><td>7</td></tr> <tr><td>Jan-25</td><td>7</td></tr> <tr><td>Feb-25</td><td>7</td></tr> <tr><td>Mar-25</td><td>6</td></tr> </tbody> </table> <p align="center"> ■ Number of C.diff cases (SBU) — Trajectory </p>	Month	Number of C.diff cases (SBU)	Apr-23	18	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	May-24	10	Jun-24	9	Jul-24	9	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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Mar-25	6																																																			
<p>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i> <i>Number of laboratory confirmed Klebsiella sp cases</i></p>	<ul style="list-style-type: none"> There were 10 cases of <i>Klebsiella sp</i> in April 2024, of which 5 were hospital acquired and 5 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 9 cases for April 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p align="center">Number of healthcare acquired Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>8</td></tr> <tr><td>May-23</td><td>10</td></tr> <tr><td>Jun-23</td><td>6</td></tr> <tr><td>Jul-23</td><td>3</td></tr> <tr><td>Aug-23</td><td>10</td></tr> <tr><td>Sep-23</td><td>12</td></tr> <tr><td>Oct-23</td><td>6</td></tr> <tr><td>Nov-23</td><td>8</td></tr> <tr><td>Dec-23</td><td>6</td></tr> <tr><td>Jan-24</td><td>11</td></tr> <tr><td>Feb-24</td><td>9</td></tr> <tr><td>Mar-24</td><td>5</td></tr> <tr><td>Apr-24</td><td>10</td></tr> <tr><td>May-24</td><td>7</td></tr> <tr><td>Jun-24</td><td>7</td></tr> <tr><td>Jul-24</td><td>7</td></tr> <tr><td>Aug-24</td><td>7</td></tr> <tr><td>Sep-24</td><td>6</td></tr> <tr><td>Oct-24</td><td>5</td></tr> <tr><td>Nov-24</td><td>4</td></tr> <tr><td>Dec-24</td><td>5</td></tr> <tr><td>Jan-25</td><td>5</td></tr> <tr><td>Feb-25</td><td>5</td></tr> <tr><td>Mar-25</td><td>4</td></tr> </tbody> </table> <p align="center"> ■ Number of Klebsiella cases (SBU) — Trajectory </p>	Month	Number of Klebsiella cases (SBU)	Apr-23	8	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	May-24	7	Jun-24	7	Jul-24	7	Aug-24	7	Sep-24	6	Oct-24	5	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>Healthcare Acquired Infections (HCAI)-Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> There were no cases of <i>P.Aeruginosa</i> reported in April 2024. The Health Board total is currently below the Welsh Government Profile target of 3 cases for April 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <p>Legend: ■ Number of Pseudomonas cases (SBU) — Trajectory</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
<p>Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i></p> <p><i>2. Rate of pressure ulcers per 100,000 admissions</i></p>	<ul style="list-style-type: none"> In February 2024 there were 93 cases of healthcare acquired pressure ulcers, 33 of which were community acquired and 60 were hospital acquired. There were 8 grade 3+ pressure ulcers in February 2024, 7 of which were community acquired and 1 was hospital acquired. The rate per 100,000 admissions decreased from 1068 in January 2024 to 810 in February 2024. 	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <p>Legend: ■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>

NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p>Nationally Reportable Incidents (NRI's)-</p> <p><i>1. The number of Nationally reportable incidents</i></p> <p><i>2. The number of Never Events</i></p> <p><i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 7 Nationally Reportable Incidents for the month of April 2024 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - NPTS - 3 - Morriston - 2 - MH&LD – 2 <p>2. There were no new Never Events reported in April 2024.</p> <p>3. In April 2024, 64% of the NRI's were closed within the agreed timescale.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p>  <p>3. % of nationally reportable incidents closed within the agreed timescales</p> 

INPATIENT FALLS																														
Description	Current Performance	Trend																												
<p>Inpatient Falls <i>The total number of inpatient falls</i></p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 146 in April 2024. This is 27.4% less than March 2024 where 201 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Number of Falls</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>180</td></tr> <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>150</td></tr> <tr><td>Oct-23</td><td>180</td></tr> <tr><td>Nov-23</td><td>160</td></tr> <tr><td>Dec-23</td><td>150</td></tr> <tr><td>Jan-24</td><td>180</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>140</td></tr> </tbody> </table> <p>■ Hospital Falls</p>	Month	Number of Falls	Apr-23	180	May-23	180	Jun-23	140	Jul-23	160	Aug-23	200	Sep-23	150	Oct-23	180	Nov-23	160	Dec-23	150	Jan-24	180	Feb-24	200	Mar-24	200	Apr-24	140
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DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<p>Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i></p>	<p>The latest data shows that in April 2024, the percentage of completed discharge summaries was 76%.</p> <p>In April 2024, compliance ranged from 83% in Morriston Hospital to 63% in MH&LD and NPTS.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% discharge summaries approved and sent</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>65%</td></tr> <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>60%</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>76%</td></tr> </tbody> </table> <p>■ % of completed discharge summaries</p>	Month	Percentage	Apr-23	65%	May-23	65%	Jun-23	65%	Jul-23	65%	Aug-23	65%	Sep-23	60%	Oct-23	65%	Nov-23	68%	Dec-23	68%	Jan-24	68%	Feb-24	70%	Mar-24	68%	Apr-24	76%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	<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"> • Morriston – 1.20% • Singleton – 0.16% • NPT – 0.09% 	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>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>1.35%</td><td>0.30%</td><td>0.10%</td><td>0.75%</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>1.35%</td><td>0.30%</td><td>0.10%</td><td>0.75%</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>1.25%</td><td>0.30%</td><td>0.10%</td><td>0.65%</td></tr> <tr><td>Sep-23</td><td>1.25%</td><td>0.30%</td><td>0.10%</td><td>0.65%</td></tr> <tr><td>Oct-23</td><td>1.25%</td><td>0.30%</td><td>0.10%</td><td>0.65%</td></tr> <tr><td>Nov-23</td><td>1.25%</td><td>0.30%</td><td>0.10%</td><td>0.65%</td></tr> <tr><td>Dec-23</td><td>1.25%</td><td>0.30%</td><td>0.10%</td><td>0.65%</td></tr> <tr><td>Jan-24</td><td>1.25%</td><td>0.30%</td><td>0.10%</td><td>0.65%</td></tr> <tr><td>Feb-24</td><td>1.25%</td><td>0.30%</td><td>0.10%</td><td>0.65%</td></tr> <tr><td>Mar-24</td><td>1.20%</td><td>0.16%</td><td>0.09%</td><td>0.66%</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	1.35%	0.30%	0.10%	0.75%	May-23	1.30%	0.30%	0.10%	0.70%	Jun-23	1.35%	0.30%	0.10%	0.75%	Jul-23	1.30%	0.30%	0.10%	0.70%	Aug-23	1.25%	0.30%	0.10%	0.65%	Sep-23	1.25%	0.30%	0.10%	0.65%	Oct-23	1.25%	0.30%	0.10%	0.65%	Nov-23	1.25%	0.30%	0.10%	0.65%	Dec-23	1.25%	0.30%	0.10%	0.65%	Jan-24	1.25%	0.30%	0.10%	0.65%	Feb-24	1.25%	0.30%	0.10%	0.65%	Mar-24	1.20%	0.16%	0.09%	0.66%
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Readmission Rates	<p>In April 2024, 8.13% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 0.50% lower than the figure reported in March 2024.</p>	<p>Emergencies readmitted within 28 days of previous discharge</p> <table border="1"> <caption>Emergencies readmitted within 28 days of previous discharge</caption> <thead> <tr> <th>Month</th> <th>28 day readmission rate (SBUHB)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>7.8%</td></tr> <tr><td>May-23</td><td>8.2%</td></tr> <tr><td>Jun-23</td><td>7.6%</td></tr> <tr><td>Jul-23</td><td>7.4%</td></tr> <tr><td>Aug-23</td><td>7.8%</td></tr> <tr><td>Sep-23</td><td>8.0%</td></tr> <tr><td>Oct-23</td><td>8.2%</td></tr> <tr><td>Nov-23</td><td>7.8%</td></tr> <tr><td>Dec-23</td><td>8.8%</td></tr> <tr><td>Jan-24</td><td>7.6%</td></tr> <tr><td>Feb-24</td><td>8.2%</td></tr> <tr><td>Mar-24</td><td>8.6%</td></tr> <tr><td>Apr-24</td><td>8.13%</td></tr> </tbody> </table>	Month	28 day readmission rate (SBUHB)	Apr-23	7.8%	May-23	8.2%	Jun-23	7.6%	Jul-23	7.4%	Aug-23	7.8%	Sep-23	8.0%	Oct-23	8.2%	Nov-23	7.8%	Dec-23	8.8%	Jan-24	7.6%	Feb-24	8.2%	Mar-24	8.6%	Apr-24	8.13%																																										
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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												
					Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Cancer																	
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	Improvement Trajectory towards 80% by Mar 26	75.0%		56.5%	46.6%	42.8%	49.0%	48.6%	47.9%	51.7%	53.3%	51.0%	47.5%	50.4%	55.8%	
Planned Care																	
Number of patients waiting > 26 weeks for first outpatient appointment*	Morrison	0			10,446	10,114	8,969	8,313	7,958	7,459	6,165	5,735	5,988	5,703	5,806	6,565	7,162
	NPTH				6	5	4	1	1	7	32	16	15	30	45	92	87
	Singleton				4,731	4,610	4,454	4,623	5,156	5,320	4,972	4,674	4,906	4,989	5,087	5,438	5,795
	PC&CS				1	4	0	0	6	0	0	0	0	0	0	0	1
	Total				15,184	14,733	13,427	12,937	13,121	12,786	11,169	10,425	10,889	10,722	10,938	12,095	13,045
Number of patients waiting > 36 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0			6,253	5,641	4,867	4,446	3,876	2,837	2,088	2,034	2,245	2,001	1,986	2,294	2,712
	NPTH				0	1	0	0	0	0	1	3	1	4	2	8	
	Singleton				2,308	2,031	2,026	2,283	2,682	2,490	2,420	2,247	2,298	2,182	2,112	2,443	2,855
	PC&CS				0	2	0	0	0	0	0	0	0	0	0	0	
	Total				8,561	7,675	6,893	6,729	6,558	5,327	4,508	4,282	4,546	4,184	4,102	4,739	5,575
Number of patients waiting > 52 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0			3,167	2,447	1,234	892	663	163	0	0	0	0	0	0	0
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				289	271	0	2	2	17	0	0	0	0	0	0	
	PC&CS				0	1	0	0	0	0	0	0	0	0	0	0	
	Total				3,456	2,719	1,234	894	665	180	0	0	0	0	0	0	
Number of patients waiting > 52 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			13,627	12,795	11,620	11,561	11,418	10,911	10,464	9,881	9,588	9,423	9,159	8,962	8,465
	NPTH				0	1	0	0	0	0	0	0	0	0	0	0	
	Singleton				4,196	4,179	3,826	3,559	3,459	3,506	3,478	3,572	3,798	3,895	4,052	4,219	4,433
	PC&CS				0	1	0	0	0	0	0	0	0	0	0	0	
	Total				17,823	16,976	15,446	15,120	14,877	14,417	13,942	13,453	13,386	13,318	13,211	13,181	12,898
Number of patients waiting > 104 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			4,926	4,772	4,470	4,409	4,121	3,826	3,341	2,772	2,311	1,923	1,579	1,299	1,186
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				1,026	1,020	1,004	890	878	819	756	688	658	643	596	532	539
	PC&CS				0	0	0	0	0	0	0	0	0	0	0	0	
	Total				5,952	5,792	5,474	5,299	4,999	4,645	4,097	3,460	2,969	2,566	2,175	1,831	1,725
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	Improvement Trajectory towards 0 by Mar 24			2,204	2,429	2,484	2,214	2,451	2,676	2,218	2,017	2,087	1,229	592	501	527
	Singleton				4,663	4,826	4,737	4,499	4,410	4,124	3,721	3,412	3,529	3,476	3,278	3,186	3,219
	Total				6,867	7,255	7,221	6,713	6,861	6,800	5,939	5,429	5,616	4,705	3,870	3,687	3,746
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		
	Total				129	149	203	183	183	182	195	84	73	88	29	1	1

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	12 month reduction trend			147,864	150,109	149,529	150,416	150,060	152,025	154,704	157,285	159,226	162,964	164,581	166,438	169,049
Number of patients delayed by over 100% past their target date	Total	Improvement Trajectory towards target of 0			41,611	42,534	40,807	41,123	39,938	41,048	41,188	41,727	43,784	44,976	46,482	48,969	49,837
Number of patients delayed past their agreed target date (booked and not booked) *	Total	12 month reduction trend			70,891	71,519	68,286	67,748	66,683	68,292	67,996	68,767	72,790	74,878	76,796	80,190	80,656
Number of Ophthalmology patients without an allocated health risk factor	Total	0			647	698	395	475	248	133	265	200	527	522	309	343	270
Number of patients without a documented clinical review date	Total	0			5	3	2	2	2	4	2	1	1	1	1	5	2
Activity																	
Number of GP referrals	Total	12 month reduction trend			12,012	13,341	13,984	12,623	12,698	12,383	12,644	12,622	10,102	12,876	12,976	12,269	13,687
Number of patients referred from primary care into secondary care Ophthalmology services	Total	Improvement Trajectory towards reduction by Mar 24			737	803	890	824	812	815	851	843	735	775	721	936	932
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	Month on month improvement			303	360	255	321	361	379	475	390	303	418	406	430	398
	MH&LD				7	44	44	39	38	28	34	56	45	60	63	66	36
	Morrison				1,121	1,873	1,512	1,755	2,580	2,303	2,085	2,157	2,047	2,600	2,644	2,606	2,776
	NPTH				1,280	1,243	731	1,171	1,583	1,763	2,063	2,158	1,671	2,229	2,237	2,118	2,234
	Total				2,704	3,477	2,503	3,401	5,188	4,084	5,738	5,792	4,004	5,211	5,232	5,427	5,579
% of patients who would recommend and highly recommend	PCCS	90%			96%	95%	96%	95%	92%	97%	95%	94%	95%	94%	96%	95%	96%
	MH&LD				100%	100%	100%	100%	100%	100%	100%	96%	100%	100%	100%	97%	100%
	Morrison				88%	87%	85%	88%	90%	90%	89%	89%	90%	91%	90%	90%	90%
	NPTH				88%	93%	95%	94%	96%	95%	94%	94%	94%	95%	95%	95%	95%
	Total				92%	90%	89%	91%	92%	92%	92%	92%	92%	93%	92%	92%	93%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%			98%	97%	95%	93%	95%	98%	98%	98%	98%	93%	91%	96%	96%
	MH&LD				92%	92%	89%	90%	93%	94%	94%	92%	92%	92%	92%	91%	92%
	Morrison				97%	96%	92%	92%	98%	97%	97%	97%	93%	93%	94%	93%	95%
	NPTH				95%	95%	90%	91%	92%	92%	93%	93%	93%	93%	93%	92%	93%
	Total				95%	95%	90%	91%	92%	92%	93%	93%	93%	93%	93%	92%	93%
Number of new complaints received	PCCS	12 month reduction trend			33	36	46	33	31	18	49	42	20	35	31		
	MH&LD				11	18	18	21	9	21	17	17	13	21	19		
	Morrison				63	72	101	62	67	74	66	56	35	53	55		
	NPTH				8	7	10	3	5	7	3	27	12	33	27		
	Total				29	42	33	23	39	43	24	22	12	31	31		
% 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%			91%	97%	91%	76%	90%	83%	86%	64%	95%	89%	74%		
	MH&LD				73%	61%	69%	67%	58%	52%	53%	76%	69%	57%	53%		
	Morrison				71%	78%	71%	73%	67%	58%	77%	46%	66%	72%	85%		
	NPTH				50%	29%	50%	33%	100%	67%	67%	44%	75%	82%	81%		
	Total				83%	52%	67%	22%	59%	56%	50%	50%	45%	52%	39%		
					77%	71%	71%	64%	71%	62%	74%	55%	69%	72%	71%		

5.3 Updates on key measures

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Description	Current Performance
Referrals and shape of the waiting list	In April 2024, there were 13,687 referrals received. This is higher than the number that was received in March 2024 (12,269). Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.
1. GP Referrals <i>The number of Stage 1 additions per week</i>	<p style="background-color: #c6e0b4; margin: 0;">Trend</p> <div style="display: flex; justify-content: space-around;"> <div style="width: 48%;"> <p style="text-align: center;">1. Number of GP referrals received by SBU Health Board</p> </div> <div style="width: 48%;"> <p style="text-align: center;">2. Number of stage 1 additions per week</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="width: 48%;"> <p style="text-align: center;">3. Outpatient activity undertaken</p> </div> <div style="width: 48%;"> <p style="text-align: center;">4. Total size of the waiting list and movement (April 2024)</p> </div> </div>
2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i>	
3. Outpatient activity undertaken <i>Total number of patients seen each month</i>	
4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at October 2023</i>	

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

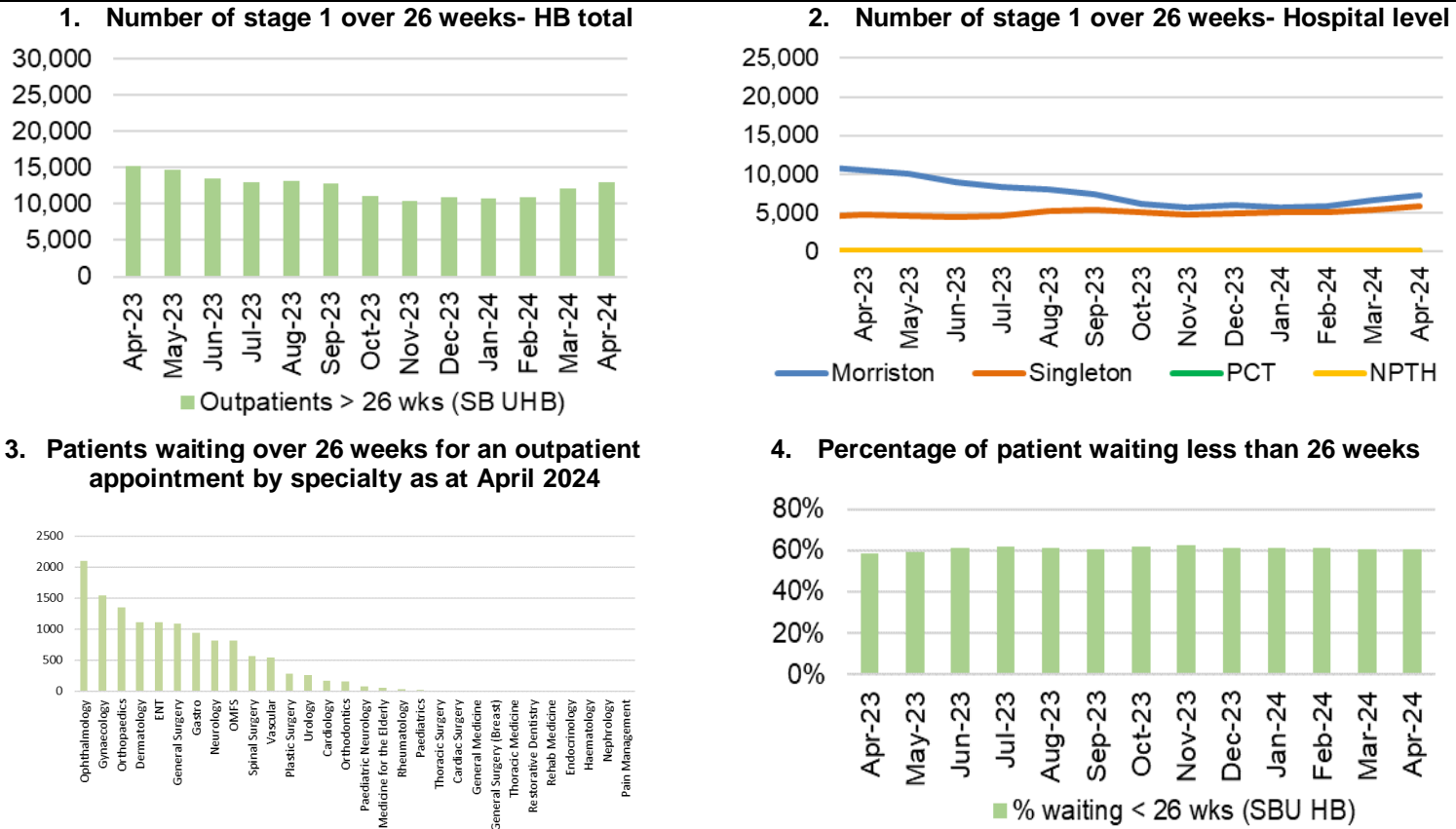
3. Patients waiting over 26 weeks for an outpatient appointment by specialty

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. April 2024 saw an in-month increase of 8% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 12,095 in March 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 60.3%.

Trend



PLANNED CARE																																																										
Description	Current Performance																																																									
<p>Patients waiting over 36 weeks for treatment</p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 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 April 2024, there were 5,575 patients waiting over 36 weeks at Stage 1, which is a 18% in-month increase from March 2024. 12,898 patients were waiting over 52 weeks at all stages in April 2024. In April 2024, there were 1,725 patients waiting over 104 weeks for treatment, which is a 6% reduction from March 2024.</p>																																																									
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<p>Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In April 2024, there were 932 patients referred from Primary Care into secondary care ophthalmology services. This is a slight reduction on the number of patients referred in March 2024, which was 936.</p>	<p>Number of referrals into secondary care Ophthalmology service</p> <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Number of referrals</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>720</td></tr> <tr><td>May-23</td><td>780</td></tr> <tr><td>Jun-23</td><td>880</td></tr> <tr><td>Jul-23</td><td>800</td></tr> <tr><td>Aug-23</td><td>780</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>750</td></tr> <tr><td>Feb-24</td><td>700</td></tr> <tr><td>Mar-24</td><td>936</td></tr> <tr><td>Apr-24</td><td>932</td></tr> </tbody> </table> <p>■ Number of referrals</p>	Month	Number of referrals	Apr-23	720	May-23	780	Jun-23	880	Jul-23	800	Aug-23	780	Sep-23	800	Oct-23	850	Nov-23	850	Dec-23	720	Jan-24	750	Feb-24	700	Mar-24	936	Apr-24	932
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<p>Ophthalmology waiting times <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 April 2024, 54.6% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>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</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>Apr-23</td><td>60%</td></tr> <tr><td>May-23</td><td>60%</td></tr> <tr><td>Jun-23</td><td>55%</td></tr> <tr><td>Jul-23</td><td>60%</td></tr> <tr><td>Aug-23</td><td>58%</td></tr> <tr><td>Sep-23</td><td>60%</td></tr> <tr><td>Oct-23</td><td>58%</td></tr> <tr><td>Nov-23</td><td>58%</td></tr> <tr><td>Dec-23</td><td>60%</td></tr> <tr><td>Jan-24</td><td>58%</td></tr> <tr><td>Feb-24</td><td>60%</td></tr> <tr><td>Mar-24</td><td>55%</td></tr> <tr><td>Apr-24</td><td>54.6%</td></tr> </tbody> </table> <p>■ % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date. — Target</p>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Apr-23	60%	May-23	60%	Jun-23	55%	Jul-23	60%	Aug-23	58%	Sep-23	60%	Oct-23	58%	Nov-23	58%	Dec-23	60%	Jan-24	58%	Feb-24	60%	Mar-24	55%	Apr-24	54.6%
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<p>Theatre Efficiency</p> <p>1. <i>Theatre Utilisation Rates</i></p> <p>2. <i>% of theatre sessions starting late</i></p> <p>3. <i>% of theatre sessions finishing early</i></p> <p>4. <i>% of theatre sessions cancelled at short notice (<28 days)</i></p> <p>5. <i>% of operations cancelled on the day</i></p>	<p>In April 2024 the Theatre Utilisation rate was 78%. This is 13% higher than March 2024 and is 7% higher than the figure reported in April 2023 (71%).</p> <p>35% of theatre sessions started late in April 2024. This is 4% higher than the figure reported for in March 2024.</p> <p>In April 2024, 47% of theatre sessions finished early. This is 2% higher than figure seen in March 2024 and 1% lower than those seen in April 2023.</p> <p>8% of theatre sessions were cancelled at short notice in April 2024. This is 11% lower than the figure reported in March 2024 and is 2% higher than figures seen in April 2023.</p> <p>Of the operations cancelled in April 2024, 35% of them were cancelled on the day. This is 1% higher than the figure reported in March 2024 (34%).</p>	<p>1. Theatre Utilisation Rates</p> <table border="1"> <caption>1. Theatre Utilisation Rates (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>71</td></tr> <tr><td>May-23</td><td>75</td></tr> <tr><td>Jun-23</td><td>68</td></tr> <tr><td>Jul-23</td><td>72</td></tr> <tr><td>Aug-23</td><td>65</td></tr> <tr><td>Sep-23</td><td>73</td></tr> <tr><td>Oct-23</td><td>76</td></tr> <tr><td>Nov-23</td><td>70</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>68</td></tr> <tr><td>Mar-24</td><td>65</td></tr> <tr><td>Apr-24</td><td>78</td></tr> </tbody> </table> <p>2. and 3. % theatre sessions starting late/finishing</p> <table border="1"> <caption>2. and 3. % theatre sessions starting late/finishing</caption> <thead> <tr> <th>Month</th> <th>Late Starts (%)</th> <th>Early Finishes (%)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>35</td><td>48</td></tr> <tr><td>May-23</td><td>38</td><td>50</td></tr> <tr><td>Jun-23</td><td>35</td><td>45</td></tr> <tr><td>Jul-23</td><td>40</td><td>48</td></tr> <tr><td>Aug-23</td><td>35</td><td>50</td></tr> <tr><td>Sep-23</td><td>38</td><td>48</td></tr> <tr><td>Oct-23</td><td>38</td><td>45</td></tr> <tr><td>Nov-23</td><td>38</td><td>45</td></tr> <tr><td>Dec-23</td><td>40</td><td>50</td></tr> <tr><td>Jan-24</td><td>38</td><td>52</td></tr> <tr><td>Feb-24</td><td>35</td><td>48</td></tr> <tr><td>Mar-24</td><td>30</td><td>45</td></tr> <tr><td>Apr-24</td><td>35</td><td>47</td></tr> </tbody> </table> <p>4. % theatre sessions cancelled at short notice (<28 days)</p> <table border="1"> <caption>4. % theatre sessions cancelled at short notice (<28 days)</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>NPTH (%)</th> <th>Singleton (%)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>5</td><td>8</td><td>5</td></tr> <tr><td>May-23</td><td>5</td><td>10</td><td>5</td></tr> <tr><td>Jun-23</td><td>10</td><td>15</td><td>10</td></tr> <tr><td>Jul-23</td><td>5</td><td>10</td><td>5</td></tr> <tr><td>Aug-23</td><td>5</td><td>10</td><td>5</td></tr> <tr><td>Sep-23</td><td>5</td><td>10</td><td>5</td></tr> <tr><td>Oct-23</td><td>5</td><td>10</td><td>5</td></tr> <tr><td>Nov-23</td><td>5</td><td>10</td><td>5</td></tr> <tr><td>Dec-23</td><td>5</td><td>10</td><td>5</td></tr> <tr><td>Jan-24</td><td>15</td><td>35</td><td>15</td></tr> <tr><td>Feb-24</td><td>10</td><td>30</td><td>10</td></tr> <tr><td>Mar-24</td><td>15</td><td>30</td><td>15</td></tr> <tr><td>Apr-24</td><td>5</td><td>20</td><td>5</td></tr> </tbody> </table> <p>5. % of operations cancelled on the day</p> <table border="1"> <caption>5. % of operations cancelled on the day</caption> <thead> <tr> <th>Month</th> <th>% operations cancelled on the day (%)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>35</td></tr> <tr><td>May-23</td><td>35</td></tr> <tr><td>Jun-23</td><td>35</td></tr> <tr><td>Jul-23</td><td>38</td></tr> <tr><td>Aug-23</td><td>38</td></tr> <tr><td>Sep-23</td><td>38</td></tr> <tr><td>Oct-23</td><td>38</td></tr> <tr><td>Nov-23</td><td>42</td></tr> <tr><td>Dec-23</td><td>42</td></tr> <tr><td>Jan-24</td><td>30</td></tr> <tr><td>Feb-24</td><td>28</td></tr> <tr><td>Mar-24</td><td>35</td></tr> <tr><td>Apr-24</td><td>35</td></tr> </tbody> </table>	Month	Utilisation Rate (%)	Apr-23	71	May-23	75	Jun-23	68	Jul-23	72	Aug-23	65	Sep-23	73	Oct-23	76	Nov-23	70	Dec-23	62	Jan-24	60	Feb-24	68	Mar-24	65	Apr-24	78	Month	Late Starts (%)	Early Finishes (%)	Apr-23	35	48	May-23	38	50	Jun-23	35	45	Jul-23	40	48	Aug-23	35	50	Sep-23	38	48	Oct-23	38	45	Nov-23	38	45	Dec-23	40	50	Jan-24	38	52	Feb-24	35	48	Mar-24	30	45	Apr-24	35	47	Month	Morriston (%)	NPTH (%)	Singleton (%)	Apr-23	5	8	5	May-23	5	10	5	Jun-23	10	15	10	Jul-23	5	10	5	Aug-23	5	10	5	Sep-23	5	10	5	Oct-23	5	10	5	Nov-23	5	10	5	Dec-23	5	10	5	Jan-24	15	35	15	Feb-24	10	30	10	Mar-24	15	30	15	Apr-24	5	20	5	Month	% operations cancelled on the day (%)	Apr-23	35	May-23	35	Jun-23	35	Jul-23	38	Aug-23	38	Sep-23	38	Oct-23	38	Nov-23	42	Dec-23	42	Jan-24	30	Feb-24	28	Mar-24	35	Apr-24	35
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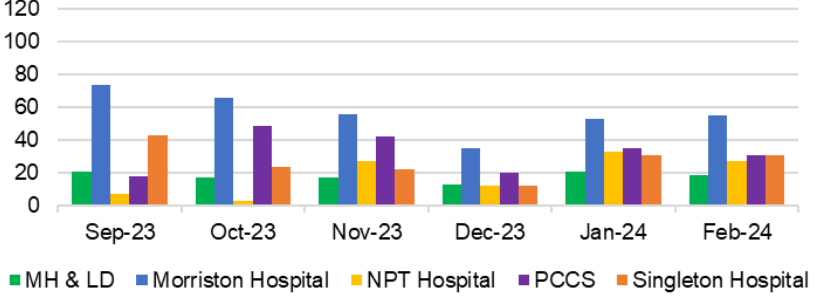
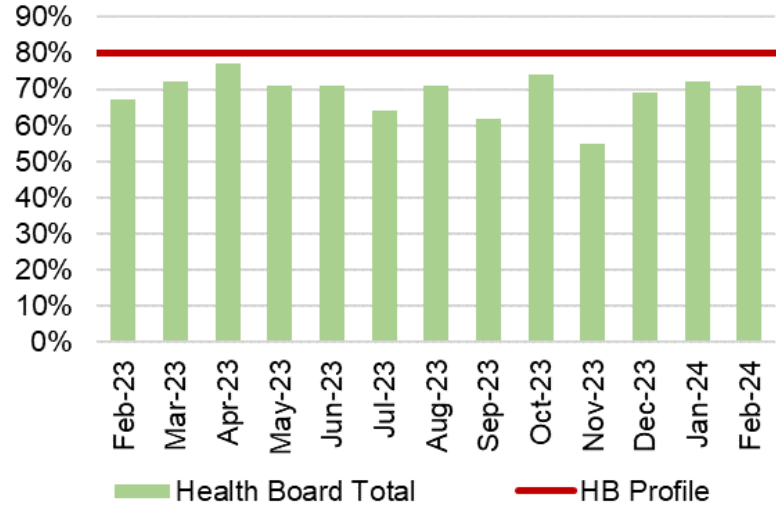
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<p>Cancer demand and shape of the waiting list</p> <p>Single Cancer Pathway Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</p>	<p>April 2024 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>63 - 103 days</th> <th>≥104 days</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>1</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>8</td><td>0</td></tr> <tr><td>Children's cancer</td><td>1</td><td>0</td></tr> <tr><td>Gynaecological</td><td>31</td><td>9</td></tr> <tr><td>Haematological</td><td>4</td><td>3</td></tr> <tr><td>Head and neck</td><td>9</td><td>3</td></tr> <tr><td>Lower Gastrointestinal</td><td>21</td><td>9</td></tr> <tr><td>Lung</td><td>13</td><td>8</td></tr> <tr><td>Other</td><td>1</td><td>0</td></tr> <tr><td>Sarcoma</td><td>1</td><td>0</td></tr> <tr><td>Skin(c)</td><td>17</td><td>3</td></tr> <tr><td>Upper Gastrointestinal</td><td>13</td><td>11</td></tr> <tr><td>Urological</td><td>17</td><td>19</td></tr> <tr><td>Grand Total</td><td>136</td><td>66</td></tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	1	Brain/CNS	0	0	Breast	8	0	Children's cancer	1	0	Gynaecological	31	9	Haematological	4	3	Head and neck	9	3	Lower Gastrointestinal	21	9	Lung	13	8	Other	1	0	Sarcoma	1	0	Skin(c)	17	3	Upper Gastrointestinal	13	11	Urological	17	19	Grand Total	136	66	<p>Number of patients with a wait status of more than 62 days</p>
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<p>Single Cancer Pathway backlog- patients waiting over 63 days</p> <ul style="list-style-type: none"> - Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog. - The cancer tracking facility has now been centralised (October 2023) to support focussed tracking with a whole system approach - Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority - Milestone targets for OP access (10 days) and Decision to Treat times (31 days) have also been set to reduce overall pathway waits. 	<p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p>																																																	

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<p>USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>April 2024 figures show total wait volumes for first outpatient appointment have decreased by 36% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 60% have been booked, which is higher than figures seen in the previous months' performance.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – April 2024</p> <table border="1"> <thead> <tr> <th>FIRST OPA</th> <th>21-Apr</th> <th>28-Apr</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>23</td><td>20</td></tr> <tr><td>Children's Cancer</td><td>1</td><td>2</td></tr> <tr><td>Gynaecological</td><td>63</td><td>61</td></tr> <tr><td>Haematological</td><td>9</td><td>2</td></tr> <tr><td>Head and Neck</td><td>103</td><td>76</td></tr> <tr><td>Lower GI</td><td>58</td><td>60</td></tr> <tr><td>Lung</td><td>11</td><td>2</td></tr> <tr><td>Other</td><td>180</td><td>144</td></tr> <tr><td>Sarcoma</td><td>0</td><td>4</td></tr> <tr><td>Skin</td><td>261</td><td>47</td></tr> <tr><td>Upper GI</td><td>23</td><td>25</td></tr> <tr><td>Urological</td><td>34</td><td>48</td></tr> <tr><td></td><td>766</td><td>491</td></tr> </tbody> </table>	FIRST OPA	21-Apr	28-Apr	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	23	20	Children's Cancer	1	2	Gynaecological	63	61	Haematological	9	2	Head and Neck	103	76	Lower GI	58	60	Lung	11	2	Other	180	144	Sarcoma	0	4	Skin	261	47	Upper GI	23	25	Urological	34	48		766	491
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<p>Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i></p>	<p>Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days have both hit their target.</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>Apr-24</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>17%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>62%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>15%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>64%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>88%</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>94%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>98%</td></tr> </tbody> </table>	Measure	Target	Apr-24	Scheduled (14 Day Target)	80%	17%	Scheduled (21 Day Target)	100%	62%	Urgent SC (2 Day Target)	80%	15%	Urgent SC (7 Day Target)	100%	64%	Emergency (within 1 day)	80%	88%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	94%	Elective Delay (14 Day Target)	100%	98%	<p>Radiotherapy waiting times</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 'Urgent SC (7 Day Target)' and 'Elective Delay (14 Day Target)' targets also show high compliance, generally above 80%. The 'Scheduled (14 Day Target)' and 'Urgent SC (2 Day Target)' targets show the lowest compliance, with the 14-day target dropping to 17% in April 2024.</p>																					
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<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In April 2024, the overall size of the follow-up waiting list increased by 2,611 patients compared with March 2024 (from 166,438 to 169,049).</p> <p>In April 2024, there was a total of 80,656 patients waiting for a follow-up past their target date. This is an increase of 0.6% in-month (from 80,190 in March 2024).</p> <p>Of the 80,656 delayed follow-ups in April 2024, 13,703 had appointment dates and 66,953 were still waiting for an appointment.</p> <p>In addition, 49,837 patients were waiting 100%+ over target date in April 2024. This is a 1.8% increase when compared with March 2024.</p>	<p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>145,000</td></tr> <tr><td>May-23</td><td>148,000</td></tr> <tr><td>Jun-23</td><td>145,000</td></tr> <tr><td>Jul-23</td><td>148,000</td></tr> <tr><td>Aug-23</td><td>148,000</td></tr> <tr><td>Sep-23</td><td>148,000</td></tr> <tr><td>Oct-23</td><td>150,000</td></tr> <tr><td>Nov-23</td><td>150,000</td></tr> <tr><td>Dec-23</td><td>155,000</td></tr> <tr><td>Jan-24</td><td>158,000</td></tr> <tr><td>Feb-24</td><td>160,000</td></tr> <tr><td>Mar-24</td><td>165,000</td></tr> <tr><td>Apr-24</td><td>169,049</td></tr> </tbody> </table> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target date (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>42,000</td></tr> <tr><td>May-23</td><td>43,000</td></tr> <tr><td>Jun-23</td><td>41,000</td></tr> <tr><td>Jul-23</td><td>42,000</td></tr> <tr><td>Aug-23</td><td>40,000</td></tr> <tr><td>Sep-23</td><td>41,000</td></tr> <tr><td>Oct-23</td><td>42,000</td></tr> <tr><td>Nov-23</td><td>42,000</td></tr> <tr><td>Dec-23</td><td>44,000</td></tr> <tr><td>Jan-24</td><td>45,000</td></tr> <tr><td>Feb-24</td><td>46,000</td></tr> <tr><td>Mar-24</td><td>48,000</td></tr> <tr><td>Apr-24</td><td>49,837</td></tr> </tbody> </table>	Month	Number of patients	Apr-23	145,000	May-23	148,000	Jun-23	145,000	Jul-23	148,000	Aug-23	148,000	Sep-23	148,000	Oct-23	150,000	Nov-23	150,000	Dec-23	155,000	Jan-24	158,000	Feb-24	160,000	Mar-24	165,000	Apr-24	169,049	Month	Number of patients	Apr-23	42,000	May-23	43,000	Jun-23	41,000	Jul-23	42,000	Aug-23	40,000	Sep-23	41,000	Oct-23	42,000	Nov-23	42,000	Dec-23	44,000	Jan-24	45,000	Feb-24	46,000	Mar-24	48,000	Apr-24	49,837
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PATIENT EXPERIENCE		
Description	Current Performance	Trend
<p>Patient experience</p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p> <p>3. Number of Service User feedback experience responses completed and recorded on CIVICA</p>	<p>Health Board Friends & Family patient satisfaction level in April 2024 was 93% and 5,579 surveys were completed.</p> <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 2,234 surveys in April 2024, with a recommended score of 95%. Morrison Hospital completed 2,776 surveys in April 2024, with a recommended score of 90%. Primary & Community Care completed 398 surveys for April 2024, with a recommended score of 96%. The Mental Health Service Group completed 36 surveys for April 2024, with a recommended score of 100%. <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>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p> <p>3. Number of feedback experience responses</p>

COMPLAINTS

Description	Current Performance	Trend												
<p>Patient concerns</p> <p><i>1. Number of formal complaints received</i></p> <p><i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p>	<p>1. In February 2024, the Health Board received 168 formal complaints; this is an increase of 24% when compared with February 2023 figures (135).</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 71% in February 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="510 975 1218 1294"> <thead> <tr> <th></th> <th>30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td>81%</td> </tr> <tr> <td>Morrison Hospital</td> <td>85%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td>53%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td>74%</td> </tr> <tr> <td>Singleton Hospital</td> <td>39%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	81%	Morrison Hospital	85%	Mental Health & Learning Disabilities	53%	Primary, Community and Therapies	74%	Singleton Hospital	39%	<p>1. Number of formal complaints received</p>  <p>2. Response rate for concerns within 30 days</p> 
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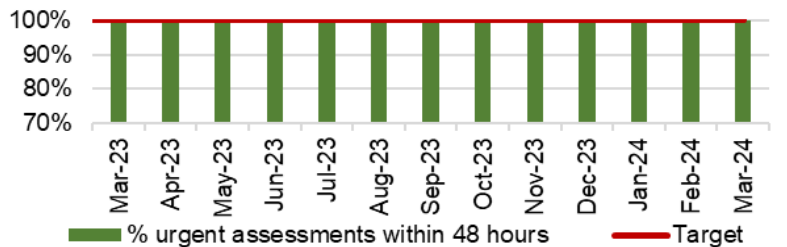
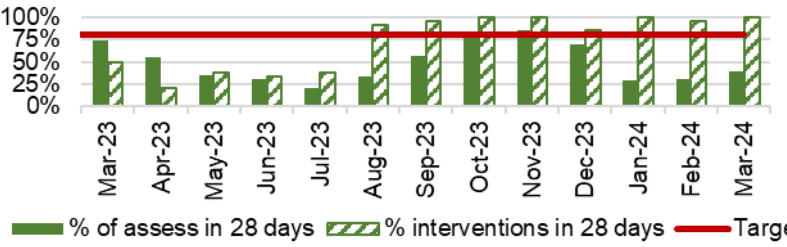
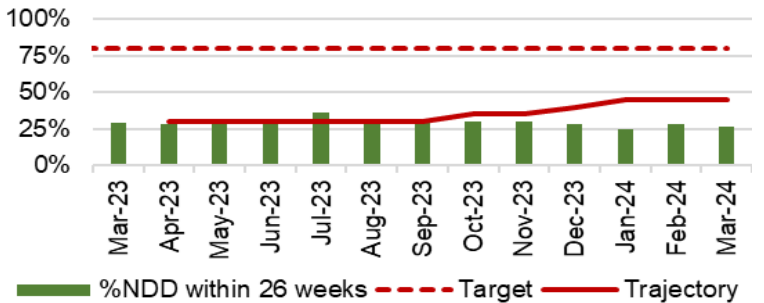
6.1 Overview

Harm from wider societal actions/lockdown																
Measure	Locality	National/ Local Target	Internal Profile	Trend	SBU											
					Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-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%							
	HB Total			94.6%		94.1%		95.6%								
% children who received MenB2 vaccine by age 1	NPT	95%	90%		90.9%			95.2%				95.5%				
	Swansea			95.1%		92.9%		94.5%								
	HB Total			93.4%		93.8%		94.9%								
% children who received PCV2 vaccine by age 1	NPT	95%	90%		95.5%			97.3%				97.6%				
	Swansea			98.1%		95.4%		96.9%								
	HB Total			97.0%		96.1%		97.2%								
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		91.6%			92.8%				93.8%				
	Swansea			95.9%		92.3%		92.5%								
	HB Total			94.2%		92.5%		93.0%								
% children who received MMR1 vaccine by age 2	NPT	95%	90%		90.9%			93.6%				93.8%				
	Swansea			92.8%		92.2%		93.0%								
	HB Total			92.1%		92.7%		93.3%								
% children who received PCVf3 vaccine by age 2	NPT	95%	90%		90.6%			94.6%				94.4%				
	Swansea			91.0%		92.0%		92.8%								
	HB Total			91.0%		92.9%		93.4%								
% children who received MenB4 vaccine by age 2	NPT	95%	90%		91.6%			93.6%				94.1%				
	Swansea			92.1%		91.3%		92.3%								
	HB Total			91.9%		92.1%		93.0%								
% 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%								
	HB Total			91.9%		92.2%		93.0%								
% 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%								
	HB Total			84.3%		92.2%		84.1%								
% 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%								
	HB Total			88.3%		88.9%		87.6%								
% 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%								
	HB Total			88.2%		89.3%		88.1%								
% children who received MMR vaccination by age 16	NPT	95%	90%		94.4%			93.7%				94.7%				
	Swansea			91.6%		88.3%		89.1%								
	HB Total			92.6%		90.3%		91.1%								
% children who received teenage booster by age 16	NPT	90%	85%		89.9%			89.2%				84.6%				
	Swansea			90.4%		87.4%		86.0%								
	HB Total			90.2%		88.1%		85.5%								
% children who received MenACWY vaccine by age 16	NPT	Improve			89.9%			89.2%				85.1%				
	Swansea			89.4%		87.9%		86.8%								
	HB Total			89.6%		88.4%		86.1%								

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 March 2024, 95% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In March 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 99%.</p> <p>3. 89% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in March 2024.</p> <p>4. In March 2024, 69.0% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessment within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>95.0%</td><td>95.0%</td></tr> <tr><td>Apr-23</td><td>75.0%</td><td>95.0%</td></tr> <tr><td>May-23</td><td>95.0%</td><td>95.0%</td></tr> <tr><td>Jun-23</td><td>95.0%</td><td>95.0%</td></tr> <tr><td>Jul-23</td><td>95.0%</td><td>95.0%</td></tr> <tr><td>Aug-23</td><td>95.0%</td><td>95.0%</td></tr> <tr><td>Sep-23</td><td>95.0%</td><td>95.0%</td></tr> <tr><td>Oct-23</td><td>95.0%</td><td>95.0%</td></tr> <tr><td>Nov-23</td><td>95.0%</td><td>95.0%</td></tr> <tr><td>Dec-23</td><td>95.0%</td><td>95.0%</td></tr> <tr><td>Jan-24</td><td>95.0%</td><td>95.0%</td></tr> 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yrs)	Profile	Mar-23	89.0%	89.0%	Apr-23	89.0%	89.0%	May-23	89.0%	89.0%	Jun-23	89.0%	89.0%	Jul-23	89.0%	89.0%	Aug-23	89.0%	89.0%	Sep-23	89.0%	89.0%	Oct-23	89.0%	89.0%	Nov-23	89.0%	89.0%	Dec-23	89.0%	89.0%	Jan-24	89.0%	89.0%	Feb-24	89.0%	89.0%	Mar-24	89.0%	89.0%	Month	% waiting less than 26 wks for psychological therapy	Target	Mar-23	69.0%	95.0%	Apr-23	69.0%	95.0%	May-23	69.0%	95.0%	Jun-23	69.0%	95.0%	Jul-23	69.0%	95.0%	Aug-23	69.0%	95.0%	Sep-23	69.0%	95.0%	Oct-23	69.0%	95.0%	Nov-23	69.0%	95.0%	Dec-23	69.0%	95.0%	Jan-24	69.0%	95.0%	Feb-24	69.0%	95.0%	Mar-24	69.0%	95.0%
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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 March 2024, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 40% of routine assessments were undertaken within 28 days from referral in March 2024 against a target of 80%.</p> <p>3. 100% of therapeutic interventions were started within 28 days following assessment by LPMHSS in March 2024.</p> <p>4. 26% of NDD patients received a diagnostic assessment within 26 weeks in March 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 align="center">1. Crisis- assessment within 48 hours</p>  <p align="center">2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p>  <p align="center">4. NDD- assessment within 26 weeks</p> 

APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 relat	Number of new COVID19 cases*	Local			Apr-24						51
	Number of staff referred for Antigen Testing*	Local			Feb-23						43
	Number of staff awaiting results of COVID19 test*	Local			Apr-24						0
	Number of COVID19 related incidents*	Local			Apr-24						28
	Number of COVID19 related serious incidents*	Local			Apr-24						0
	Number of COVID19 related complaints*	Local			Apr-24						0
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Jun-23						0
	Number of staff self isolated (symptomatic)*	Local			Jun-23						7
	% sickness*	Local			Jun-23						0.1%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour	National	Improvement trajectory towards 0 by Mar 24		Apr-24	623		2			625
	% 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		Apr-24	62.9%	97.8%				77%
	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		Apr-24	990	4				994
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	20	Apr-24	5	3	4	7	0	19
	Number of S.aureus bacteraemia cases	National	0	8	Apr-24	4	0	4	4	0	12
	Number of C.difficile cases	National	0	10	Apr-24	9	1	2	7	0	20
	Number of Klebsiella cases	National	0	9	Apr-24	3	0	2	5	0	10
	Number of Aeruginosa cases	National	0	3	Apr-24	0	0	0	0	0	0
	Compliance with hand hygiene audits	Local	95%		Apr-24	79%		100%	100%	100%	90%

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Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Mar-24	97.2%					97.2%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Mar-24	34.1%					34.1%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Mar-24	69.4%					69.4%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Mar-24	83.5%					83.5%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Mar-24	75.5%					75.5%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Nov-23	72.9%					72.9%
	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		Apr-24	2	1	2	0	2	7
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	80%		Apr-24						64%
	Number of Never Events	Local	0		Apr-24	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Feb-24	50	5	3	34	1	93
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Feb-24	0	0	0	7	1	8
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Feb-24						810
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Apr-24	65	24	18	5	34	146
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Mar-24						5.01
Mortality	Crude hospital mortality rate by Delivery Unit (74 years	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	75.0%	Mar-24						56%
Planned Care	Number of patients waiting > 26 weeks for first outpatient appointment	Local	0		Apr-24	7,162	87	5,795	1		13,045
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		Apr-24	2,712	8	2,855	0		5,575
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		Apr-24	0	0	0	0		0
	Number of patients waiting > 52 weeks for treatment	National	Improvement Trajectory towards target of 0		Apr-24	8,465	0	4,433	0		12,898
	Number of patients waiting > 104 weeks for treatment	National	Improvement Trajectory towards target of 0		Apr-24	1,186	0	539	0		1,725
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Improvement Trajectory towards 0 by Mar 24		Apr-24	527		3,219			3,746
	Number of patients waiting > 14 weeks for a specified therapy	National	Improvement Trajectory towards 0 by Mar 24		Apr-24				1	0	1
	Total number of patients waiting for a follow-up outpatient appointment	Local	0		Apr-24						169,049
	Number of patients delayed by over 100% past their target date	National	Improvement Trajectory towards target of 0		Apr-24						49,837
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Apr-24						80,656
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Apr-24						270
	Number of patients without a documented clinical review date	Local	0		Apr-24						2
Activity	Number of GP referrals	Local	12 month reduction trend		Apr-24						13,687
	Number of patients referred from primary care into secondary care Ophthalmology services	National	Improvement Trajectory towards reduction by Mar 24		Apr-24						932
Patient Experience/ Feedback	Number of friends and family surveys completed	National	Month on month improvement		Apr-24	2,776	Now reported under Singleton	2,234	398	36	5,579
	% of patients who would recommend and highly recommend	Local	90%		Apr-24	90%		95%	96%	100%	93%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%		Apr-24	92%		95%	96%		93%
	Number of new complaints received	Local	12 month reduction trend		Feb-24	55	27	31	31	19	168
	% 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	Local	80%		Feb-24	85%	81%	39%	74%	53%	71%

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

Harm Quadrant- Harm from wider societal actions/lockdown												
Category	Measure	Target Type	Target	HB Profile	Reporting period	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%		Apr-22						43.2%	
	% 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%		Mar-24						100%	
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Mar-24						40%	
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Mar-24						40%	
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Feb-23						82%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Mar-24					95%	95%	
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%		Mar-24						100%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%		Mar-24					99%	99%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	80%		Mar-24					69%	69%	
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Mar-24						26%	
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Mar-24						97%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Mar-24					89%	89%		

* 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	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	
COVID19 related measures	Number of new COVID19 cases	Local	Apr-24	51		Reduce					153	81	60	84	132	139	175	80	214	174	70	45	51	
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce																		
	Number of staff awaiting results of COVID19 test	Local	Apr-24	0		Reduce						0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Apr-24	28		Reduce						29	61	90	23	33	37	35	21	43	35	21	17	28
	Number of COVID19 related serious incidents	Local	Apr-24	0		Reduce						0	0	0	0	0	0	0	0	1	1	0	1	0
	Number of COVID19 related complaints	Local	Apr-24	0		Reduce						1	0	0	0	0	1	1	1	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	0										
Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce						45	27	7											
% sickness	Local	Jun-23	0.1%		Reduce						0.3%	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	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Apr-24	46%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		50%	56%	64%	55%	56%	49%	46%	52%	47%	50%	46%	50%	46%	
	Number of ambulance handovers over one hour	National	Apr-24	625	↑ trajectory			6,798 (Dec-22)	1st (Dec-22)		658	708	615	643	694	695	696	724	762	704	629	638	625	
	Handover hours lost over 15 minutes	Local	Apr-24	2905							3,627	3,952	3,018	3,383	4,075	3,807	3,868	3,343	3,787	3,693	3,344	3,573	2,905	
	% 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	Apr-24	77%	Month on month improvement		✓	63.1% (Dec-22)	4th (Dec-22)		75%	75%	76%	76%	76%	77%	77%	75%	75%	77%	74%	76%	77%	
	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	Apr-24	994	↑ trajectory			12,099 (Dec-22)	4th (Dec-22)		1,083	1,303	1,274	1,179	1,156	1,180	1,207	969	994	959	1,197	1,132	994	
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Apr-24	26.9%							7.8%	18.6%	23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%	
	CT Scan (<1 hrs) (local)	Local	Apr-24	50.0%							45.1%	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%							96.1%	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%							25.0%	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	Mar-24	2.0%	10%		✘	2.1% (Nov-22)	4th (Nov-22)		2.0%	7.1%	5.0%	3.6%	6.3%	9.1%	0.0%	6.7%	4.5%	0.0%	0.0%	2.0%		
% 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)		68.6%	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	Apr-24	64.0%		80%	✘				80%	67%	-	40%	83%	50%	33%	100%	40%	100%	17%	66%	64%	
	Number of new Never Events	Local		0		0	✓				0	1	0	1	1	0	2	2	1	0	1	0	0	
	Number of risks with a score greater than 20	Local	Apr-24	152		12 month ↓	✘				138	135	143	142	146	152	140	170	146	141	147	149	152	
Pressure Ulcers	Number of risks with a score greater than 16	Local		316		12 month ↓	✘				296	289	300	303	316	322	304	363	305	296	310	318	316	
	Number of pressure ulcers acquired in hospital	Local	Feb-24	60		12 month ↓	✓				67	67	67	67	60	67	70	69	60	67	60			
	Number of pressure ulcers developed in the community		Feb-24	33		12 month ↓	✓					37	41	39	37	38	44	37	45	57	46	37		
	Total number of pressure ulcers		Feb-24	93		12 month ↓	✓					114	124	106	100	98	107	107	114	111	129	93		
	Number of grade 3+ pressure ulcers acquired in hospital		Feb-24	1		12 month ↓	✓					5	10	6	1	4	4	6	5	5	2	1		
	Number of grade 3+ pressure ulcers acquired in community		Feb-24	7		12 month ↓	✓					7	9	9	6	7	11	5	12	10	3	7		
	Total number of grade 3+ pressure ulcers		Feb-24	8		12 month ↓	✓					12	19	15	7	11	15	11	18	15	5	8		

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	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Apr-24	60.3	<67		✓	67.80 (Dec-22)	3rd (Dec-22)		81.1	73.7	75.1	75.2	76.5	75.7	69.6	73.3	69.1	69.3	68.1	67.0	60.3	
	Number of E.Coli bacteraemia cases (Hospital)		12	≤ 234	11	✗						14	12	13	12	18	8	5	21	6	9	7	8	12
	Number of E.Coli bacteraemia cases (Community)		7		9	✓						12	10	12	13	9	15	6	11	6	10	10	11	7
	Total number of E.Coli bacteraemia cases		19	(Cumulative)	20	✓						26	22	25	25	27	23	11	32	12	19	17	19	19
	Cumulative cases of S.aureus bacteraemias per 100k pop		Apr-24	38.1	<20		✗	27.76 (Dec-22)	6th (Dec-22)		53.1	43.0	42.2	42.2	40.4	38.9	37.6	37.2	38.8	39.0	37.9	37.9	36.8	38.1
	Number of S.aureus bacteraemias cases (Hospital)		8	≤ 71	6	✗						7	8	8	1	6	7	6	8	9	7	5	5	8
	Number of S.aureus bacteraemias cases (Community)		4		2	✗						9	2	5	13	4	3	4	6	8	4	2	3	4
	Total number of S.aureus bacteraemias cases		12	(Cumulative)	8	✗						16	10	13	14	10	10	10	14	17	11	7	8	12
	Cumulative cases of C.difficile per 100k pop		Apr-24	63.5	<25		✗	36.68 (Dec-22)	5th (Dec-22)		56.2	46.0	51.4	52.2	52.0	57.3	56.9	62.5	62.6	64.3	64.7	65.2	63.5	
	Number of C.difficile cases (Hospital)		14	≤ 95	7	✗						7	10	13	12	14	20	14	15	13	15	15	19	14
	Number of C.difficile cases (Community)		6		3	✗						8	4	7	6	3	7	4	18	8	7	5	3	6
	Total number of C.difficile cases		20	(Cumulative)	10	✗						15	14	20	18	17	27	18	33	21	22	20	22	20
	Cumulative cases of Klebsiella per 100k pop		Apr-24	31.7			✓					25.0	27.6	24.7	20.7	22.6	25.1	24.1	24.2	23.5	25.0	25.4	24.5	31.7
	Number of Klebsiella cases (Hospital)		5	≤ 71	5	✓						7	4	1	3	4	7	5	4	1	6	2	3	5
	Number of Klebsiella cases (Community)		5		4	✓						1	6	5	0	6	5	1	4	5	5	7	2	5
	Total number of Klebsiella cases		10	(Cumulative)	9	✓	63 Total (Dec-22)	2nd (Dec-22)		8	10	6	3	10	12	6	8	6	11	9	5	10		
	Cumulative cases of Aeruginosa per 100k pop		Apr-24	0.0			✓					6.2	4.6	7.2	6.1	6.1	6.1	6.1	6.1	6.5	6.2	5.7	5.2	0.0
	Number of Aeruginosa cases (Hospital)		0	≤ 21	2	✓						1	1	3	2	0	1	2	2	3	2	0	0	0
	Number of Aeruginosa cases (Community)		0		1	✓						1	0	1	0	1	1	0	0	0	0	0	0	0
	Total number of Aeruginosa cases		0	(Cumulative)	3	✓	8 Total (Dec-22)	4th (Dec-22)		2	1	4	2	1	2	2	2	2	3	2	0	0	0	
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Apr-24	90.1%		95%	✗				99%	95%	95%	97%	95%	96%	97%	95%	97%	98%	97%	88%	90%		
Inpatient Falls	Local	Apr-24	146		12 month ↓	✗				183	184	143	164	200	157	190	166	158	192	203	201	146		
NEWS	Local	Apr-24	82%		98%	✗				96.6%	91.9%	81.6%	84.1%	85.2%	82.0%	89.6%	89.9%	85.7%	91.6%	85.5%	93.5%	81.6%		
Coding	National	Mar-24	64%		12 month ↑	✓				55%	55%	68%	71%	61%	69%	76%	66%	76%	78%	70%	64%			
E-TOC	Local	Apr-24	76%		100%	✗				64%	65%	65%	64%	66%	61%	66%	69%	70%	68%	72%	69%	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)		5.7%	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	Apr-24	73%		85%	✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		72%	68%	67%	67%	67%	66%	66%	66%	67%	69%	69%	70%	73%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Apr-24	90%		85%	✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		86%	87%	87%	88%	88%	87%	88%	89%	88%	86%	90%	87%	90%	
	% workforce sickness absence (12 month rolling)	National	Mar-24	6.96%		12 month ↓	✓	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.46%	7.37%	7.28%	7.11%	7.08%	7.08%	7.05%	7.09%	6.96%	6.96%	6.99%	6.96%		

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 Tread	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Apr-24	13.9%							11.8%	13.0%	13.9%	13.0%	13.9%	12.2%	14.0%	13.3%	13.9%	12.2%	11.4%	13.9%	13.9%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Feb-24	55.8%	↑ trajectory			53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		56.5%	46.6%	42.8%	49.0%	48.6%	47.9%	51.7%	53.3%	51.0%	47.5%	50.4%	55.8%		
Randomly waiting times	Scheduled (14 Day Target)	Local	Apr-24	17%	80%						22%	35%	18%	33%	44%	20%	10%	12%	17%	25%	28%	15%	17%	
	Scheduled (21 Day Target)	Local	Apr-24	62%	100%						70%	81%	63%	68%	83%	76%	42%	61%	77%	67%	81%	59%	62%	
	Urgent SC (2 Day Target)	Local	Apr-24	15%	80%						22%	50%	24%	42%	27%	33%	53%	31%	39%	26%	52%	50%	15%	
	Urgent SC (7 Day Target)	Local	Apr-24	64%	100%						70%	73%	52%	90%	91%	78%	73%	77%	65%	85%	79%	82%	64%	
	Emergency (within 1 day)	Local	Apr-24	88%	80%						100%	100%	71%	100%	92%	100%	100%	100%	100%	100%	100%	67%	91%	88%
	Emergency (within 2 days)	Local	Apr-24	100%	100%						100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	100%
	Elective Delay (7 Day Target)	Local	Apr-24	94%	80%						87%	93%	93%	91%	96%	98%	98%	95%	97%	99%	98%	98%	94%	
	Elective Delay (14 Day Target)	Local	Apr-24	98%	100%						93%	100%	95%	100%	100%	100%	100%	100%	97%	100%	100%	100%	98%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Apr-24	3,281				15,517 (Nov-22)	7th (Nov-22)		4,677	4,847	4,745	4,505	4,415	4,148	3,737	3,427	3,553	3,509	3,311	3,238	3,281	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Apr-24	3,746	↑ trajectory			42,566 (Nov-22)	4th (Nov-22)		6,867	7,255	7,221	6,713	6,861	6,800	5,939	5,429	5,616	4,705	3,870	3,687	3,746	
	Number of patients waiting > 14 weeks for a specified therapy	National	Apr-24	1	↑ trajectory			9,584 (Nov-22)	2nd (Nov-22)		129	149	203	183	183	182	195	84	73	88	29	1	1	
	% of patients waiting < 26 weeks for treatment	Local	Apr-24	60.29%	95%			56% (Nov-22)	6th (Nov-22)		58.3%	58.8%	60.9%	61.7%	61.0%	60.7%	62.0%	62.6%	61.0%	60.8%	61.3%	60.6%	60.3%	
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Apr-24	13,045							15,184	14,733	13,427	12,937	13,121	12,786	11,169	10,425	10,889	10,722	10,938	12,095	13,045	
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Apr-24	5,575	↑ trajectory						8,561	7,675	6,893	6,729	6,558	5,327	4,508	4,282	4,546	4,184	4,102	4,739	5,575	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Apr-24	0	↑ trajectory			85,301 (Nov-22)	3rd (Nov-22)		3,456	2,719	1,234	894	665	180	0	0	0	0	0	0	0	0
	Number of patients waiting > 52 weeks for treatment	National	Apr-24	12,898	↑ trajectory						17,823	16,976	15,446	15,120	14,877	14,417	13,942	13,453	13,386	13,318	13,211	13,181	12,898	
	Number of patients waiting > 104 weeks for treatment	National	Apr-24	1,725	↑ trajectory			49,594 (Nov-22)	5th (Nov-22)		5,952	5,792	5,474	5,299	4,999	4,645	4,097	3,460	2,969	2,566	2,175	1,831	1,725	
	The number of patients waiting for a follow-up outpatient appointment	Local	Apr-24	169,049							147,864	150,109	149,529	150,416	150,060	152,025	154,704	157,285	159,226	162,964	164,581	166,438	169,049	
The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Apr-24	49,837	↑ trajectory			224,552 (Nov-22)	5th (Nov-22)		41,611	42,534	40,807	41,123	39,938	41,048	41,188	41,727	43,784	44,976	46,482	48,969	49,837		
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Apr-24	55%	95%			64.9% (Nov-22)	1st (Nov-22)		62.7%	62.3%	57.5%	63.8%	60.3%	63.7%	60.2%	61.5%	64.7%	61.3%	62.9%	57.3%	54.6%		
Activity	Number of GP referrals	Local	Apr-24	13,687	12 month ↓						12,012	13,341	13,984	12,623	12,698	12,383	12,644	12,622	10,102	12,876	12,976	12,269	13,687	
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Apr-24	932	↑ trajectory						737	803	890	824	812	815	851	843	735	775	721	936	932	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Apr-24	9%	12 month ↓						7.9%	10.1%	10.6%	10.0%	9.6%	10.6%	9.7%	10.0%	9.7%	9.3%	8.9%	9.5%	8.9%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Apr-24	7%	12 month ↓						8.0%	8.2%	8.4%	8.1%	8.0%	8.1%	7.7%	7.6%	8.0%	8.2%	7.2%	7.3%	7.3%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Apr-24	78%		90%					71%	76%	69%	73%	66%	73%	76%	72%	63%	63%	69%	65%	78%	
	% of theatre sessions starting late	Local	Apr-24	35%		<25%					35%	37%	36%	42%	36%	38%	40%	39%	40%	37%	37%	31%	35%	
	% of theatre sessions finishing early	Local	Apr-24	47%		<20%					48%	51%	47%	44%	51%	50%	47%	44%	49%	52%	50%	45%	47%	
Patient experience	Number of friends and family surveys completed	National	Apr-24	5,579	Month on month improvement						2,704	3,477	2,503	3,401	5,188	4,084	5,738	5,792	4,004	5,211	5,232	5,427	5,579	
	% of who would recommend and highly recommend	Local	Apr-24	93%		90%					92%	90%	89%	91%	92%	92%	92%	92%	92%	93%	92%	92%	93%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Apr-24	93%		90%					95%	95%	90%	91%	92%	92%	93%	93%	93%	93%	93%	92%	93%	
Complaints	Number of new formal complaints received	Local	Feb-24	168		12 month trend ↓					149	182	217	147	155	171	164	171	108	181	168			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Feb-24	71%		80%					77%	71%	71%	64%	71%	62%	74%	55%	69%	72%	71%			
	% of acknowledgements sent within 2 working days	Local	Feb-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 Tread	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-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													
	% uptake of influenza among under 65s in risk groups	Local	Mar-24	35.5%	55%			48.2% (Mar-22)	4th (Mar-22)									58.1%		68.0%	69.1%	69.4%	69.5%	Data collection restarts October 2024
	% uptake of influenza among children 2 to 3 years old	Local	Mar-24	38.0%	50%			47.6% (Mar-22)	5th (Mar-22)									25.3%		33.5%	34.8%	35.4%	35.5%	
	% uptake of influenza among healthcare workers	Local	Mar-24	52.7%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)									22.7%		35.1%	38.9%	38.0%	38.0%	
																	13.8%		38.6%	38.6%	38.6%	52.7%		
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Apr-24	43.2%	75%		✘				Historical data not available		61.8%	Data collection restarts Apr-24										43.2%
	% 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	Mar-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	Mar-24	26%	80%		✘	31.4% (Nov-22)	3rd (Nov-22)		28%	30%	31%	36%	31%	30%	30%	30%	29%	24%	28%	26%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Mar-24	40%	80%		✘	83.2% (Nov-22)	5th (Nov-22)		55%	31%	31%	21%	33%	56%	77%	86%	70%	29%	31%	40%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Mar-24	40%	80%		✘	66.8% (Nov-22)	5th (Nov-22)		55%	35%	31%	21%	33%	56%	77%	86%	70%	29%	31%	40%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Mar-24	100%	80%		✔	34.4% (Nov-22)	4th (Nov-22)		21%	38%	33%	38%	91%	95%	100%	100%	86%	100%	96%	100%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%																			
Mental Health	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Mar-24	97%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		100%	93%	90%	100%	93%	92%	92%	98%	92%	97%	97%	97%		
	% 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	Mar-24	95%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		78%	94%	93%	98%	96%	94%	100%	97%	98%	97%	96%	95%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Mar-24	99%	80%		✔	73.1% (Nov-22)	2nd (Nov-22)		96%	98%	100%	100%	100%	97%	100%	100%	100%	100%	100%	99%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Mar-24	69%	80%		✘	73.9% (Nov-22)	2nd (Nov-22)		85%	84%	82%	82%	81%	77%	76%	76%	76%	73%	71%	69%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Mar-24	89%	90%		✘	84.2% (Nov-22)	2nd (Nov-22)		87%	88%	87%	87%	87%	88%	89%	90%	88%	88%	89%	89%		
	% 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 admission	Local	Mar-24	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CHRHTS within 24 hours of admission	Local	Mar-24	100%	100%		✔	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		