



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Report Date	24th October 2023	Agenda Item	3.1
Report Title	Integrated Performance Report		
Report Author	Meghann Protheroe, Head of Health Board Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (September 2023) 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 Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in June 2023, and the measures have been updated accordingly in line with current data availability.</p> <p>The report format has been altered to align with key areas of focus within the Performance and Finance Committee</p> <p>Key high level issues to highlight this month are as follows:</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 has saw a further increase in September 2023 to 139 cases, compared with 132 reported in August 2023. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Emergency Department (ED) attendances have increased in September 2023 to 11,196 from 10,947 in August 2023. - Performance against the 4-hour access is currently above the outlined trajectory in September 2023. ED 4-hour performance has improved slightly by 0.85% in September 2023 to 77.04% from 76.19% in August 2023. 		

Integrated Performance Report – Tuesday 24th October 2023

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	<ul style="list-style-type: none"> - Performance against the 12-hour wait has deteriorated slightly in-month, however it is currently above the outlined trajectory. The number of patients waiting over 12-hours in ED increased to 1,180 in September 2023 from 1,156 in August 2023. - Unscheduled care performance has seen an improvement throughout Quarter 1 as a result of developing and implementing a new on-boarding/escalation operational policy to support more timely ambulance handovers. - The number of emergency admissions has decreased slightly in September 2023 to 4,027 from 4,236 in August 2023. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> - September 2023 saw a 3% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment. - Additionally, the number of patients waiting over 36 weeks at stage 1 decreased by 19% to 5,327. - The number of patients waiting over 104 weeks for treatment decreased, with 4,645 patients waiting at this point in September 2023. - In September, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 180 patients waiting at this stage. - As a Health Board, updated ministerial priority trajectories for the 2023/24 planned care position have been developed and submitted to Welsh Government. - Therapy waiting times have slightly improved, there are 182 patients waiting over 14 weeks in September 2023, which is above the outlined trajectory. - The number of patients waiting over 8 weeks for an Endoscopy has decreased in September 2023 to 4,148 from 4,415 in August 2023. The Endoscopy team also continue to maintain their compliance for all cancer waits. <p><u>Cancer</u></p> <ul style="list-style-type: none"> - August 2023 saw 49% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). - Backlog figures have seen a reduction in recent weeks and are almost in line with the submitted trajectory. The total backlog at 08/10/2023 was 329. <p><u>Mental Health</u></p>
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	<ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in August 2023. - In August 2023, 81% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%. <p><u>Child and Adolescent Mental Health Services (CAMHS)</u></p> <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% August 2023. - Updated CAMHS performance trajectories have recently been submitted to Welsh Government which show a more realistic delivery position for 2023/24. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has deteriorated to 31% in August 2023 against a target of 80%. 			
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: the inclusion of updated NHS Wales Performance Framework 2023/24 measures • NOTE: inclusion of updated national 2023/24 recovery trajectories recently submitted to Welsh Government • NOTE: Inclusion of updated UEC 2023/24 Trajectories • NOTE: The introduction of the Continuous Flow Model in October 2023 • NOTE: the development and implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery • NOTE: Inclusion of updated CAMHS performance trajectories • NOTE the actions being taken to improve performance: - <ul style="list-style-type: none"> - Updated tumour site specific action plans have been developed to support the SCP performance. - The cancer tracking facility has now been centralised to support focussed tracking with a whole system approach. - Detailed plans being developed to maximise the productivity and efficiency of planned care capacity to maintain improvements in planned care access. - The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity. 			

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	<ul style="list-style-type: none"> - A planned care operational performance team have recently been appointed in order to support planned care performance improvement. - As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity. - Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.
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INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

In recent years, performance management against the Performance Framework targets has been undertaken by reviewing the previous months' performance, to reduce the reporting function during the COVID-19 pandemic. Welsh Government have now deemed it appropriate to move away from reporting performance against the 'Quadrants of Harm' and focus will return to providing comprehensive performance updates in line with the All-Wales Performance Management Framework 2023/24.

3. GOVERNANCE AND RISK ISSUES

Integrated Performance Report – Tuesday 24th October 2023

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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:** the inclusion of updated NHS Wales Performance Framework 2023/24 measures
- **NOTE:** inclusion of updated national 2023/24 recovery trajectories recently submitted to Welsh Government
- **NOTE:** Inclusion of updated UEC 2023/24 Trajectories
- **NOTE:** The introduction of the Continuous Flow Model in October 2023
- **NOTE:** the development and implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery
- **NOTE:** Inclusion of updated CAMHS performance trajectories
- **NOTE** the actions being taken to improve performance: -
 - Updated tumour site specific action plans have been developed to support the SCP performance.
 - The cancer tracking facility has now been centralised to support focussed tracking with a whole system approach.
 - Detailed plans being developed to maximise the productivity and efficiency of planned care capacity to maintain improvements in planned care access.
 - The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity.
 - A planned care operational performance team have recently been appointed in order to support planned care performance improvement.
 - As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity.

Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.

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		
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.		

Integrated Performance Report – Tuesday 24th October 2023

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There are no directly related Equality and Diversity implications as a result of this report.	
Financial Implications	
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein.	
Legal Implications (including equality and diversity assessment)	
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.	
Staffing Implications	
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <ul style="list-style-type: none"> • Long term – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. • Prevention – the NHS Wales Delivery framework provides a measurable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being. • Integration – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015. • Collaboration – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Service Groups as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards. • Involvement – Corporate and Service Group leads are key in identifying performance issues and identifying actions to take forward. 	
Report History	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in September 2023. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report



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Appendix 1- Integrated Performance Report October 2023



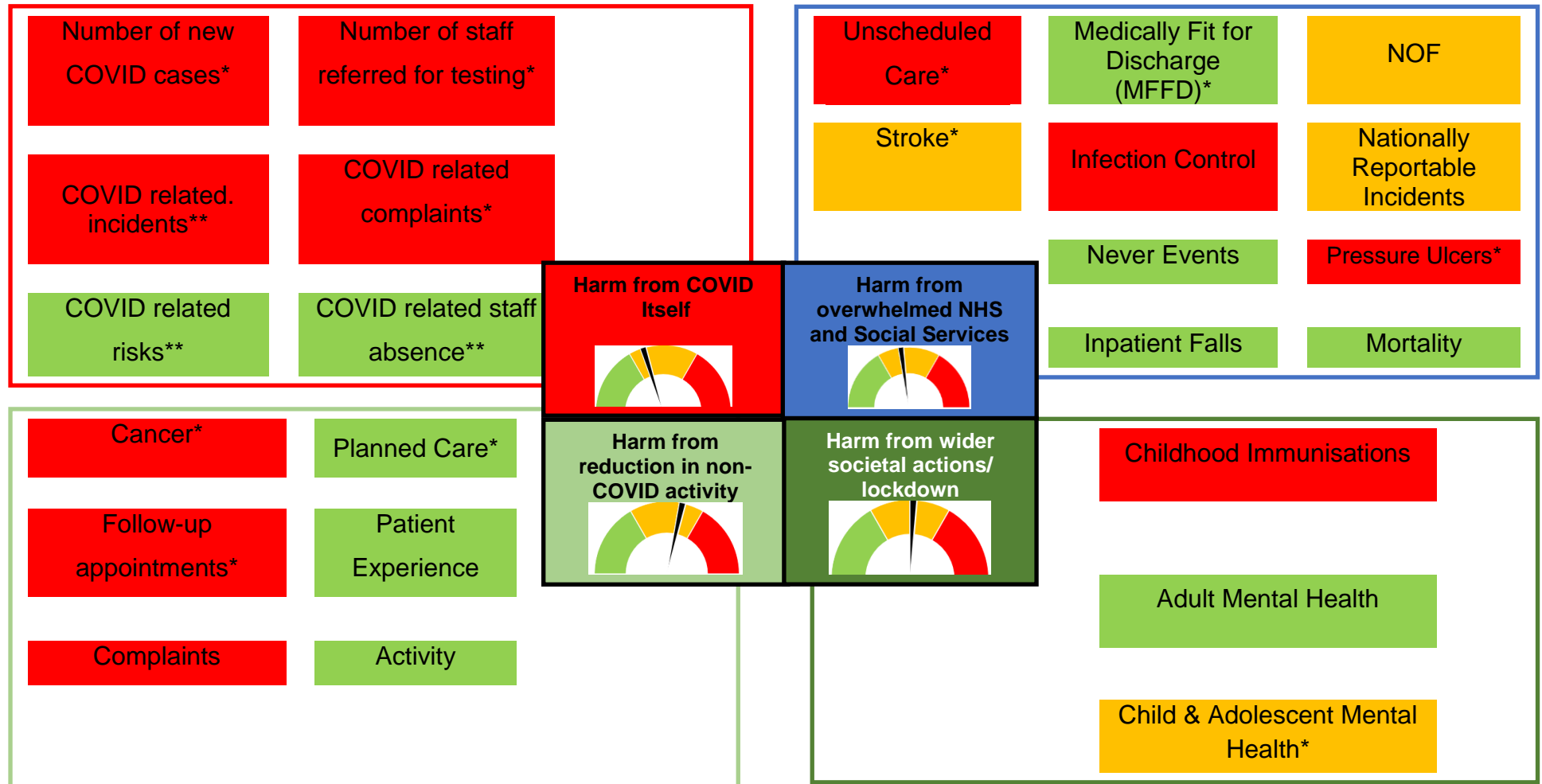
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1. QUADRANTS OF HARM SUMMARY

The following is a summary of all the key performance indicators included in this report.



NB- RAG status is against national or local target

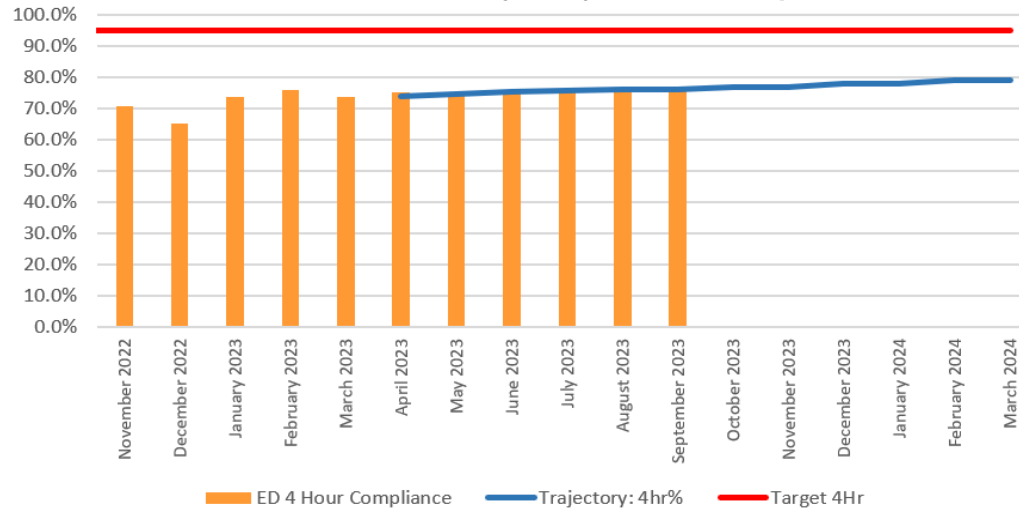
** Data not available

*RAG status based on in-month movement in the absence of local profiles

2. ESCALATED SERVICE UPDATE TRAJECTORIES

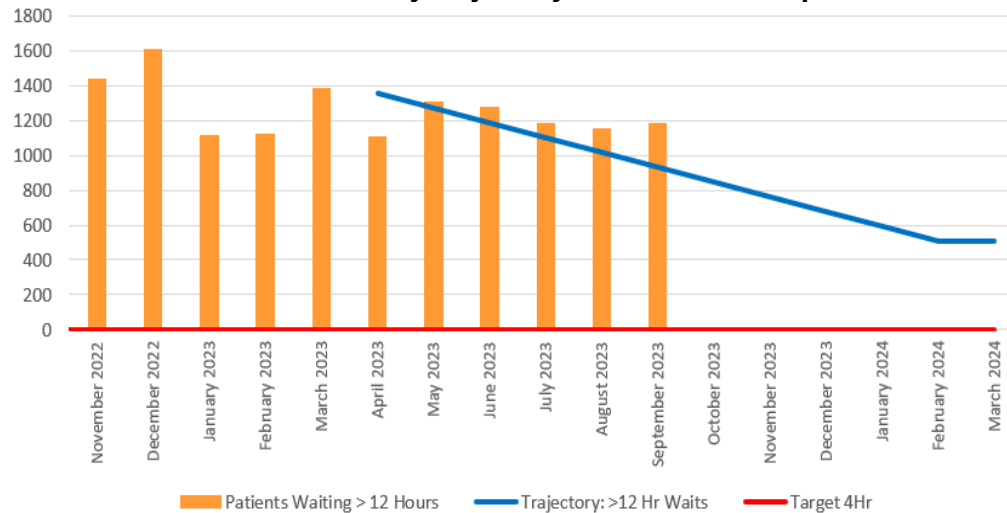
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

1. Submitted recover trajectory for A&E 4hr performance



1. Performance against the 4-hour access is currently outperforming the Health Board trajectory in September 2023. Emergency Department 4-hour performance has seen a minor improvement of 0.85% in September 2023 to 77.04% from 76.19% in August 2023.

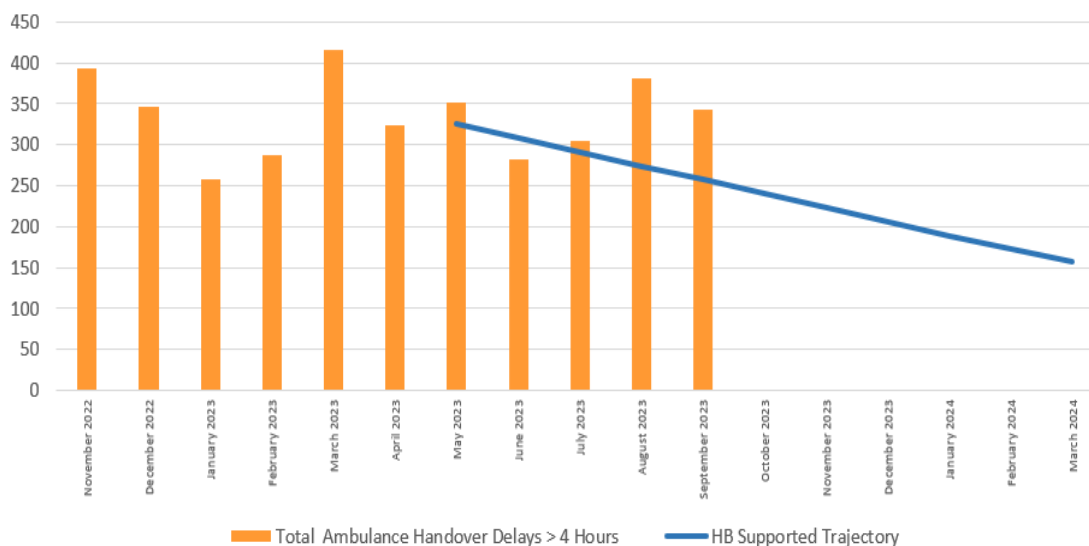
2. Submitted recovery trajectory for A&E 12-hour performance



2. Performance against the 12-hour wait has slightly deteriorated in-month and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 1,180 in September 2023 from 1,155 in August.

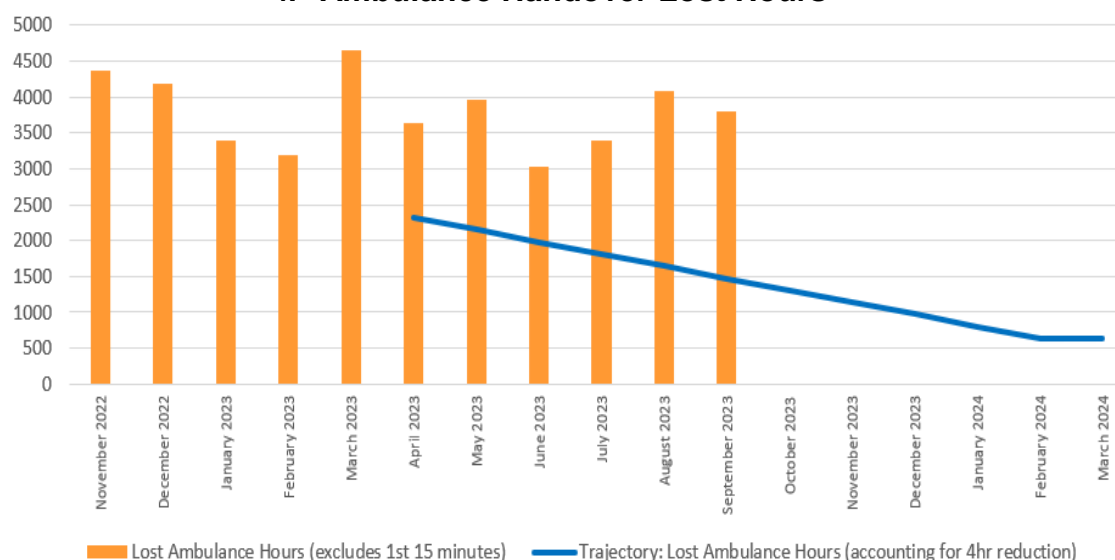
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours have decreased in September 2023. The handover times over four hours decreased to 342 in September 2023 from 381 in August 2023. The figures are above the outlined trajectory for September 2023 which was 0.

4. Ambulance Handover Lost Hours

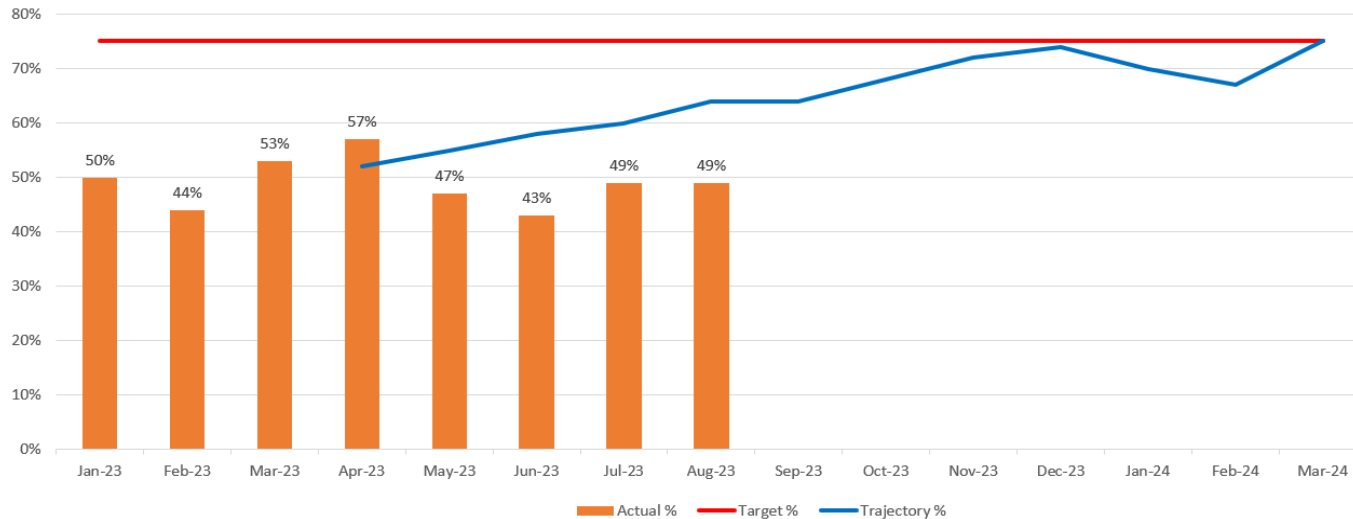


4. The ambulance handover lost hours rate has seen a reduction in September 2023. The ambulance handover lost hours decreased from 4,075 in August 2023 to 3,807 in September 2023, which is above the outlined trajectory for September 2023 (1,475).

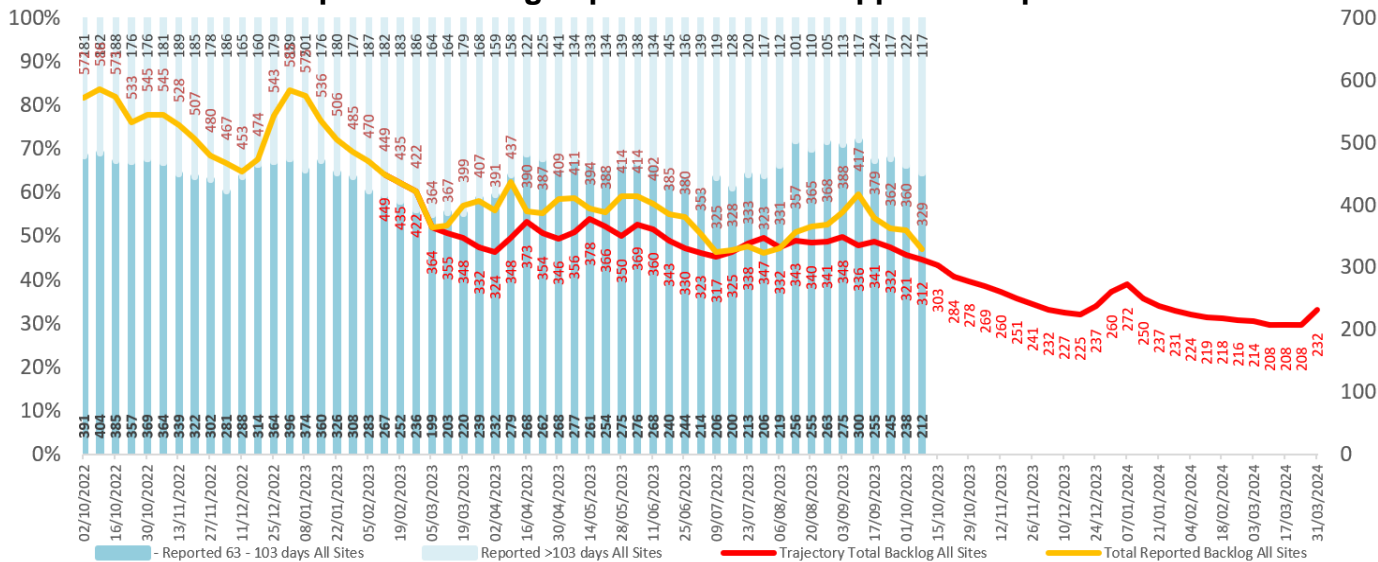
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory

SCP 2023/24 Performance



2. Proposed backlog improvements to support SCP performance



1. The final SCP performance for August 2023 was 49%, which is the same figure reported in July 2023. Performance is below the submitted trajectory (64%).

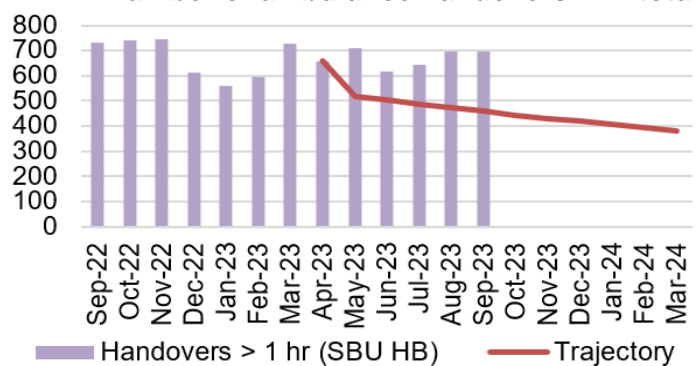
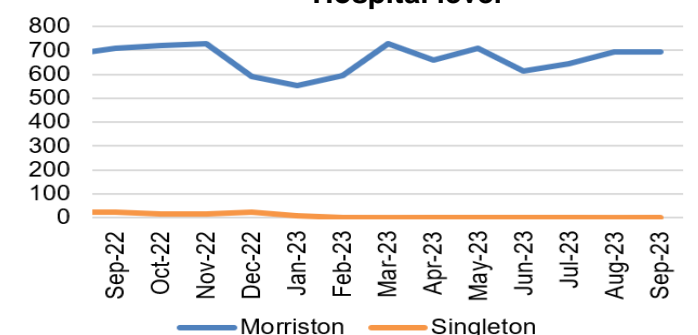
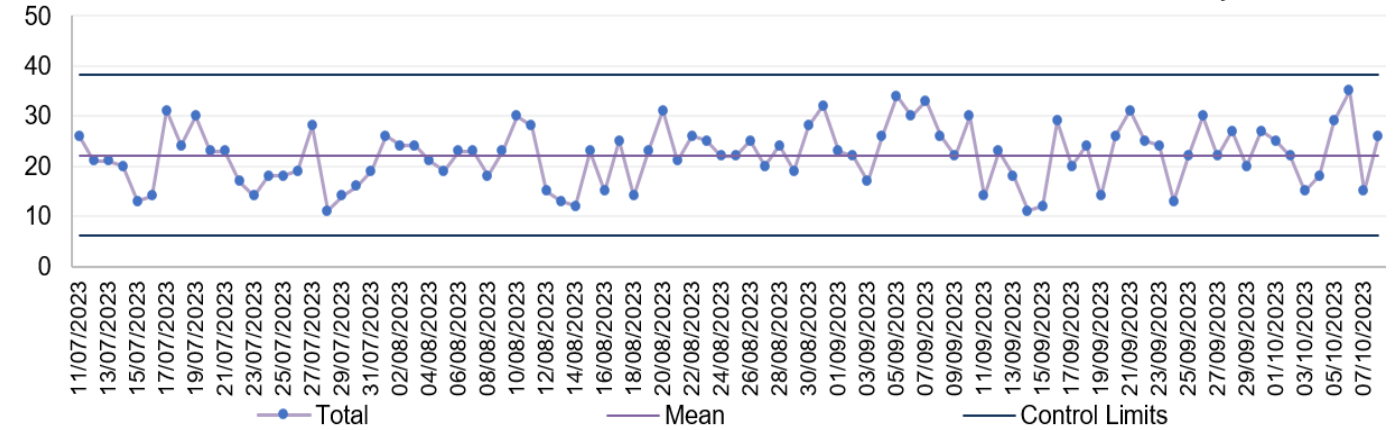
2. Backlog figures have seen a reduction in recent weeks and have almost returned in line with the submitted trajectory. The total backlog at 08/10/2023 was 329.

3. UPDATES ON KEY SERVICE AREAS

COVID Data		
Description	Current Performance	Trend
1. Number of new COVID19 cases in Swansea Bay population area	<p>Number of new COVID cases</p> <p>In September 2023, there were an additional 139 positive cases recorded bringing the cumulative total to 120,757 in Swansea Bay since March 2020.</p>	<p>Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
2. Number of staff referred for Antigen testing	<p>Staff referred for Antigen testing</p> <p>The cumulative number of staff referred for COVID testing between March 2020 and March 2023 is 18,230 of which 19% have been positive (Cumulative total).</p> <p>*WG have now ceased data collection for staff testing centres*</p>	<p>Outcome of staff referred for Antigen testing</p> <p>■ Positive ▨ Negative ▤ In Progress □ Unknown/blank</p>

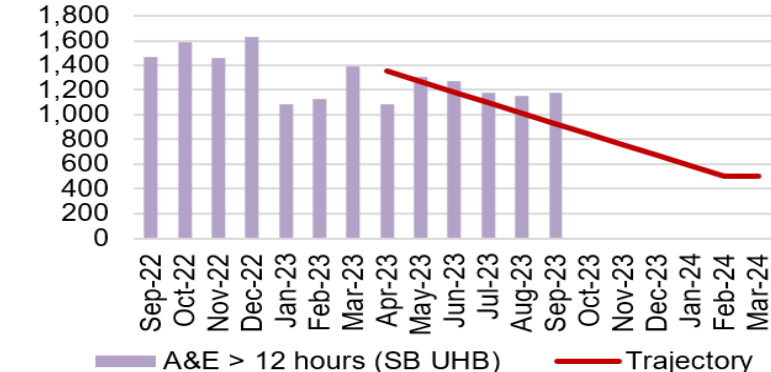
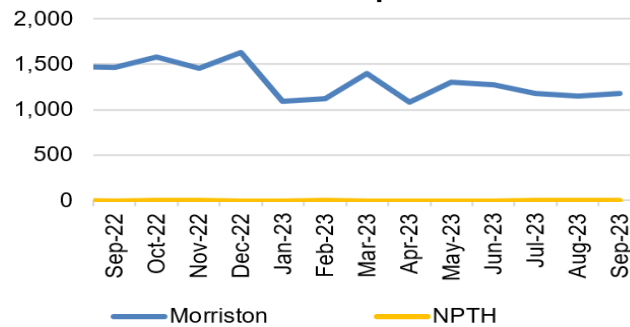
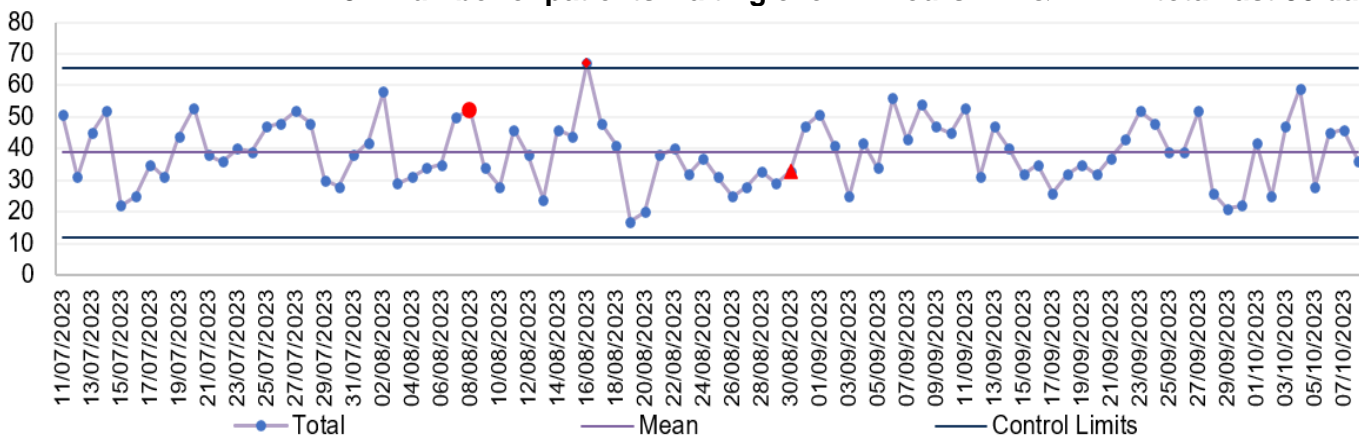
COVID RELATED STAFF ABSENCE																																																																																																
Description	Current Performance	Trend																																																																																														
Staff absence due to COVID19 1. Number of staff self-isolating (asymptomatic) 2. Number of staff self-isolating (symptomatic)	<p>The following data is based on the mid-month position and broken down into the categories requested by Welsh Government.</p> <p>1. & 2. Number of staff self-isolating (asymptomatic and symptomatic) Between May 2023 and June 2023, the number of staff self-isolating (asymptomatic) remained at 0 and the number of staff self-isolating (symptomatic) decreased from 27 to 7. In June 2023, the “other” staff group had the largest number of self-isolating staff who were symptomatic.</p> <p>*WG have now ceased data collection*</p>	<p>1. Number of staff self isolating (asymptomatic)</p> <p>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</p> <p>2. Number of staff self isolating (symptomatic)</p> <p>■ Medical ■ Nursing Reg ■ Nursing Non Reg ■ Other</p>																																																																																														
	<p>% Staff sickness The percentage of staff sickness absence due to COVID19 in June 2023 has reduced to 0.1% from 0.2% in May 2023. *WG have now ceased data collection*</p>	<p>% staff sickness</p> <table> <tr> <th></th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th><th>Mar-23</th><th>Apr-23</th><th>May-23</th><th>Jun-23</th></tr> <tr> <td>Medical</td><td>3.5%</td><td>4.9%</td><td>1.8%</td><td>0.2%</td><td>1.1%</td><td>0.7%</td><td>1.2%</td><td>0.5%</td><td>0.3%</td><td>0.1%</td><td>0.1%</td><td>0.1%</td><td>0.0%</td></tr> <tr> <td>Nursing Reg</td><td>2.8%</td><td>2.4%</td><td>1.3%</td><td>1.1%</td><td>1.2%</td><td>0.9%</td><td>1.1%</td><td>0.7%</td><td>0.6%</td><td>0.7%</td><td>0.4%</td><td>0.4%</td><td>0.1%</td></tr> <tr> <td>Nursing Non Reg</td><td>2.7%</td><td>2.7%</td><td>1.2%</td><td>1.1%</td><td>1.3%</td><td>1.6%</td><td>1.5%</td><td>0.6%</td><td>0.6%</td><td>0.5%</td><td>0.7%</td><td>0.2%</td><td>0.0%</td></tr> <tr> <td>Other</td><td>1.8%</td><td>1.6%</td><td>0.5%</td><td>0.6%</td><td>0.6%</td><td>0.7%</td><td>0.9%</td><td>0.4%</td><td>0.4%</td><td>0.2%</td><td>0.2%</td><td>0.1%</td><td>0.1%</td></tr> <tr> <td>All</td><td>2.4%</td><td>2.2%</td><td>1.0%</td><td>0.8%</td><td>0.9%</td><td>0.9%</td><td>1.1%</td><td>0.5%</td><td>0.5%</td><td>0.4%</td><td>0.3%</td><td>0.2%</td><td>0.1%</td></tr> </table>													Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Medical	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%	0.1%	0.0%	Nursing Reg	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	0.4%	0.4%	0.1%	Nursing Non Reg	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%	0.2%	0.0%	Other	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	0.1%	0.1%	All	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%
	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23																																																																																			
Medical	3.5%	4.9%	1.8%	0.2%	1.1%	0.7%	1.2%	0.5%	0.3%	0.1%	0.1%	0.1%	0.0%																																																																																			
Nursing Reg	2.8%	2.4%	1.3%	1.1%	1.2%	0.9%	1.1%	0.7%	0.6%	0.7%	0.4%	0.4%	0.1%																																																																																			
Nursing Non Reg	2.7%	2.7%	1.2%	1.1%	1.3%	1.6%	1.5%	0.6%	0.6%	0.5%	0.7%	0.2%	0.0%																																																																																			
Other	1.8%	1.6%	0.5%	0.6%	0.6%	0.7%	0.9%	0.4%	0.4%	0.2%	0.2%	0.1%	0.1%																																																																																			
All	2.4%	2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%																																																																																			

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
Ambulance responses 1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. 2. The number of ambulance calls by category. 3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)	In September 2023, the number of red calls responded to within 8 minutes deteriorated to 49.1% from 55.7% in August 2023. In September 2023, the number of green calls decreased by 1%, amber calls increased by 8%, and red calls increased by 21% compared with August 2023.	Ambulance response rates have seen a deterioration in performance in September 2023. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.
	Trend	
	<div> <div> 1. % of red calls responded to within 8 minutes </div> <div> 2. Number of ambulance call responses </div> </div> <div> 3. % of red calls responded to within 8 minutes – HB total last 90 days </div>	

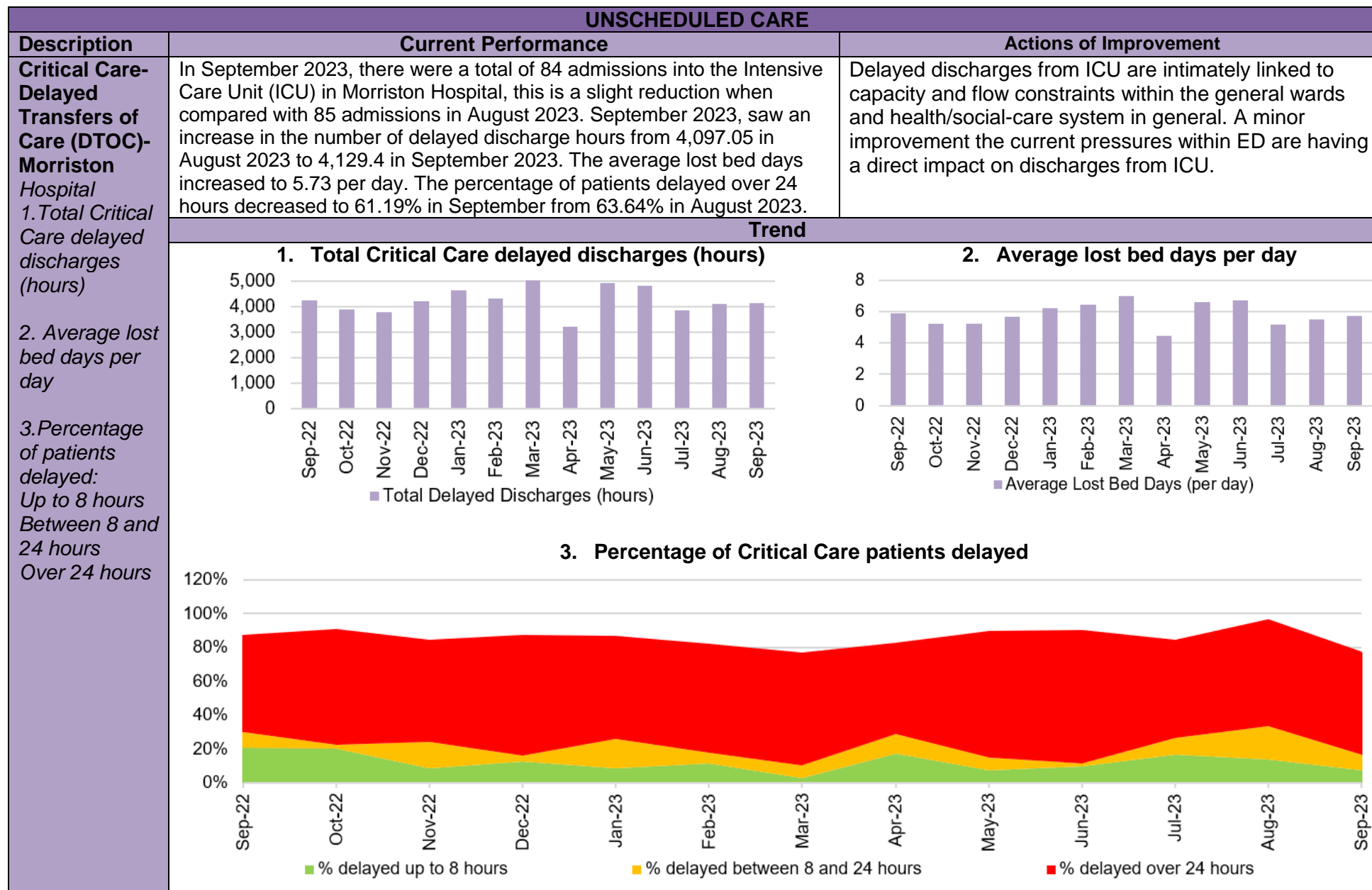
UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
Ambulance handovers	In September 2023, there were 695 ambulance to hospital handovers taking over 1 hour; this is a minor increase in figures compared with 694 in August 2023. In September 2023, all handovers over 1 hour were attributed to Morriston Hospital.	Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction.
1.The number of ambulance handovers over one hour	The number of handover hours lost over 15 minutes have decreased from 4,075 in August 2023 to 3,807 in September 2023.	
Trend		
2. The number of ambulance handovers over one hour- Hospital level	<p>1. Number of ambulance handovers- HB total</p>  <p>2. Number of ambulance handovers over 1 hour- Hospital level</p> 	
3.The number of ambulance handovers over one hour (last 90 days)	<p>3. Number of ambulance handovers- HB total last 90 days</p>  <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits 8 or more points above or below the mean ▲ Arun of 6 ● increasing or decreasing points 	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E Attendances 1. The number of attendances at emergency departments in the Health Board 2. The number of attendances at emergency departments in the Health Board – Hospital level 3. The number of attendances at emergency departments in the Health Board (last 90 days)	ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In September 2023, there were 11,196 A&E attendances, this is 2% higher than August 2023.	There is currently a medical SDEC model in place consisting of medics, GP's, therapies, plus co-location of OPAS, ACT, virtual wards, paramedics (WAST stack review and direct access) – pull & push model from ED.
	Trend	
	<div> <div> 1. Number of A&E attendances- HB total <p>■ Total A&E Attendances (SBU HB)</p> </div> <div> 2. Number of A&E attendances- Hospital level <p>— Morriston — NPTH</p> </div> <div> 3. Number of A&E attendances -HB total last 90 days <p>● Total — Mean — Control Limits</p> <p>Symbol Key: ◆ Above or below control limits ▲ 8 or more points above or below the mean ● Arun of 6 ● increasing or decreasing points </p> </div> </div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E waiting times <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> <i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i> <i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i>	<p>The Health Board's performance against the 4-hour measure improved slightly from 76.19% in August 2023 to 77.04% in September 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 98.31% in September 2023. Morriston Hospital's performance improved between August and September 2023, achieving 63.75% against the target.</p>	<p>The continuous flow model has been introduced in October 2023 to support reduced occupancy and to improve flow throughout the day. Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with WAST colleagues to implement further pathways.</p>
	Trend	
	<div> <div> 1. % Patients waiting under 4 hours in A&E- HB total </div> <div> 2. % Patients waiting under 4 hours in A&E- Hospital level </div> <div> 3. % Patients waiting under 4 hours in A&E- HB total last 90 days </div> </div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E waiting times <i>1.Number of patients who spend 12 hours or more in A&E</i> <i>2.Number of patients who spend 12 hours or more in A&E- Hospital level</i> <i>3.Number of patients who spend 12 hours or more in A&E (last 90 days)</i>	<p>In September 2023, performance against the 12-hour measure slightly deteriorated when compared with August 2023, increasing from 1,156 to 1,180. This is an increase of 24 compared to August 2023. 1,177 patients waiting over 12 hours in September 2023 were attributed to Morriston Hospital, with 3 attributed to Neath Port Talbot Hospital.</p>	<p>A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.</p>
	Trend	
	<div><div><p>1. Number of patients waiting over 12 hours in A&E- HB total</p><p>— A&E > 12 hours (SB UHB) — Trajectory</p></div><div><p>2. Number of patients waiting over 12 hours in A&E- Hospital level</p><p>— Morriston — NPTH</p></div><div><p>3. Number of patients waiting over 12 hours in A&E – HB total last 90 days</p><div><p>Symbol Key:</p><ul style="list-style-type: none">◆ Above or below control limits8 or more points▲ above or below the meanArun of 6● increasing or decreasing points</div></div></div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
Emergency admissions 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)	<p>In September 2023, there were 4,027 emergency admissions across the Health Board, which is 209 lower than August 2023.</p> <p>Singleton Hospital saw an in-month reduction, with 5 less admissions (from 323 in August 2023), Morriston Hospital saw an in-month reduction from 3,797 admissions in August 2023 to 3,579 admissions in September 2023.</p>	<p>The increased number of emergency admissions is directly linked to the pressure within the system and the reduced flow from ED – this will be addressed by the previously referenced occupancy actions</p>
	Trend	
	<div> <div> 1. Number of emergency admissions- HB total <p>■ Emergency Admissions (SBU HB)</p> </div> <div> 2. Number of emergency admissions- Hospital level <p>— Morriston — Singleton — NPTH</p> </div> <div> 3. Number of emergency admissions- HB total last 90 days <p>● Total — Mean — Control Limits</p> <p>Symbol Key: ◆ Above or below control limits ▲ above or below the mean Arun of 6 ● increasing or decreasing points</p> </div> </div>	

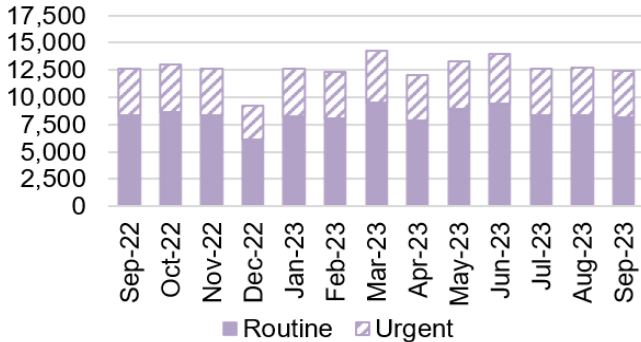
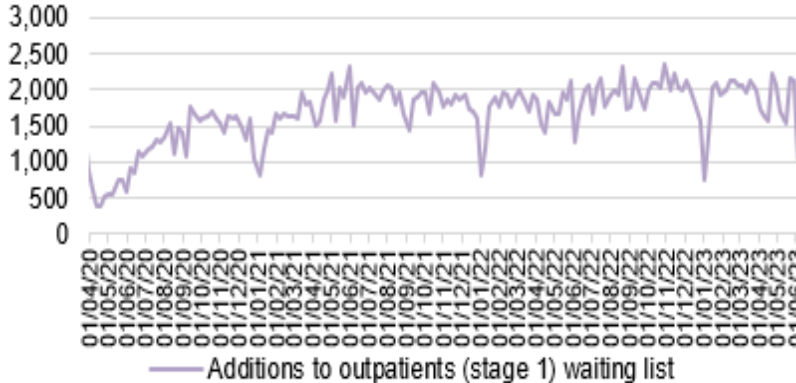
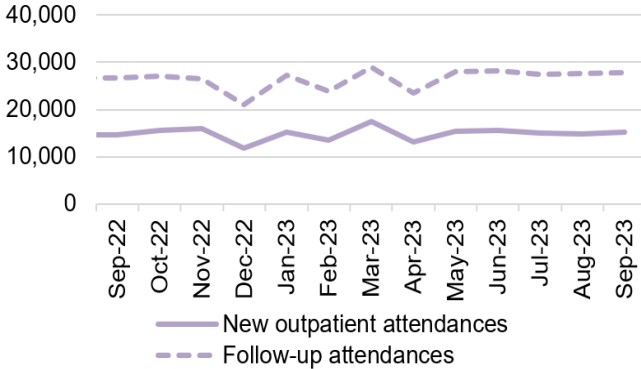
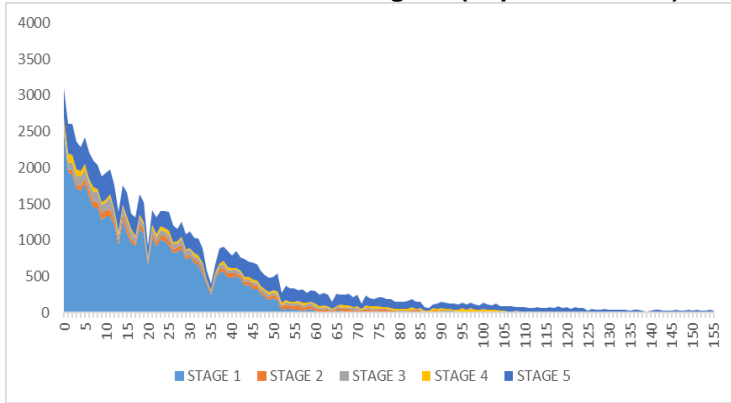


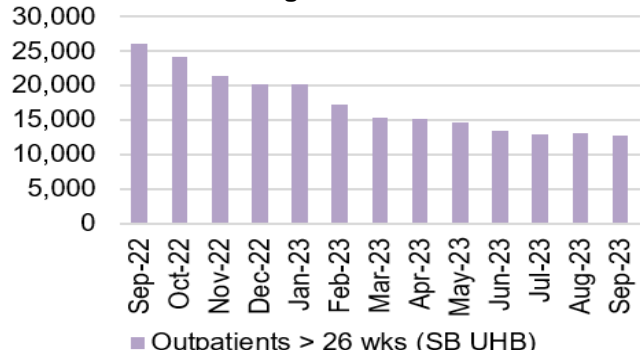
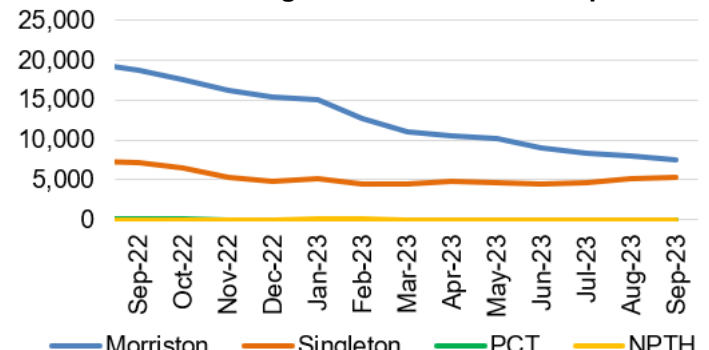
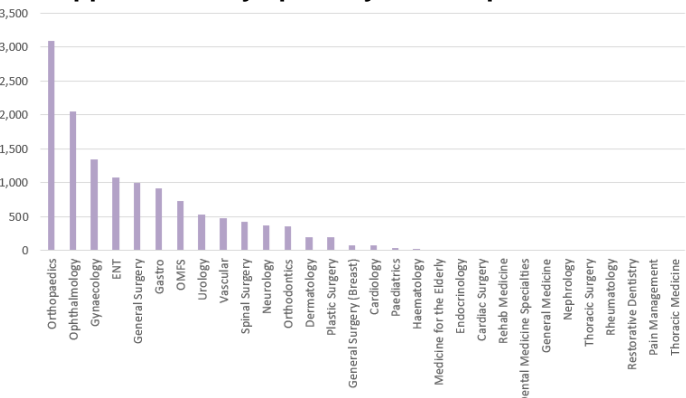
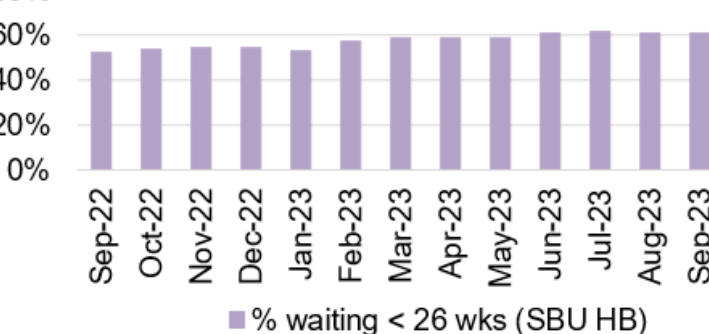
UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	<p>In September 2023, there were on average 262 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals.</p>	The number of clinically optimised patients by site <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Sep-22</td><td>120</td><td>80</td><td>95</td><td>15</td></tr><tr><td>Oct-22</td><td>110</td><td>70</td><td>100</td><td>20</td></tr><tr><td>Nov-22</td><td>110</td><td>65</td><td>90</td><td>15</td></tr><tr><td>Dec-22</td><td>105</td><td>60</td><td>80</td><td>10</td></tr><tr><td>Jan-23</td><td>120</td><td>70</td><td>85</td><td>12</td></tr><tr><td>Feb-23</td><td>105</td><td>95</td><td>90</td><td>15</td></tr><tr><td>Mar-23</td><td>110</td><td>90</td><td>75</td><td>10</td></tr><tr><td>Apr-23</td><td>110</td><td>75</td><td>75</td><td>20</td></tr><tr><td>May-23</td><td>115</td><td>65</td><td>80</td><td>15</td></tr><tr><td>Jun-23</td><td>120</td><td>55</td><td>80</td><td>20</td></tr><tr><td>Jul-23</td><td>115</td><td>30</td><td>70</td><td>15</td></tr><tr><td>Aug-23</td><td>155</td><td>25</td><td>75</td><td>20</td></tr><tr><td>Sep-23</td><td>148</td><td>10</td><td>97</td><td>10</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Sep-22	120	80	95	15	Oct-22	110	70	100	20	Nov-22	110	65	90	15	Dec-22	105	60	80	10	Jan-23	120	70	85	12	Feb-23	105	95	90	15	Mar-23	110	90	75	10	Apr-23	110	75	75	20	May-23	115	65	80	15	Jun-23	120	55	80	20	Jul-23	115	30	70	15	Aug-23	155	25	75	20	Sep-23	148	10	97	10
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<p>In September 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 148, closely followed by Neath Port Talbot Hospital with 97.</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>																																																																								
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>In September 2023, there were 17 elective procedures cancelled due to lack of beds on the day of surgery. This is 15 more cancellations than those seen in August 2023.</p>	Total number of elective procedures cancelled due to lack of beds <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Sep-22</td><td>18</td><td>0</td><td>0</td></tr><tr><td>Oct-22</td><td>35</td><td>2</td><td>0</td></tr><tr><td>Nov-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Dec-22</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Jan-23</td><td>68</td><td>2</td><td>12</td></tr><tr><td>Feb-23</td><td>32</td><td>0</td><td>0</td></tr><tr><td>Mar-23</td><td>25</td><td>0</td><td>0</td></tr><tr><td>Apr-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>May-23</td><td>28</td><td>0</td><td>2</td></tr><tr><td>Jun-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Jul-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Aug-23</td><td>2</td><td>0</td><td>0</td></tr><tr><td>Sep-23</td><td>17</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Sep-22	18	0	0	Oct-22	35	2	0	Nov-22	25	0	0	Dec-22	25	0	0	Jan-23	68	2	12	Feb-23	32	0	0	Mar-23	25	0	0	Apr-23	10	0	0	May-23	28	0	2	Jun-23	10	0	0	Jul-23	10	0	0	Aug-23	2	0	0	Sep-23	17	0	0														
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<p>Of the cancelled procedures, 16 were attributed to Morriston Hospital and 1 was attributed to Neath Port Talbot Hospital in August 2023.</p>																																																																								

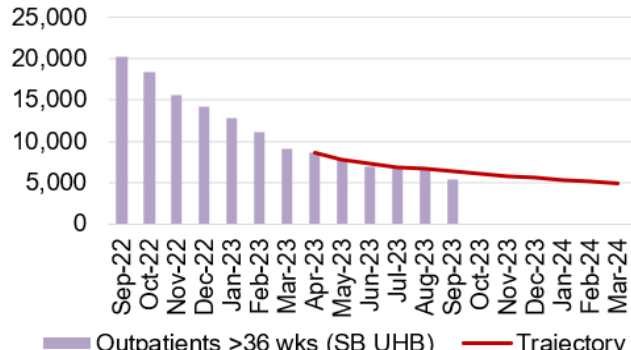
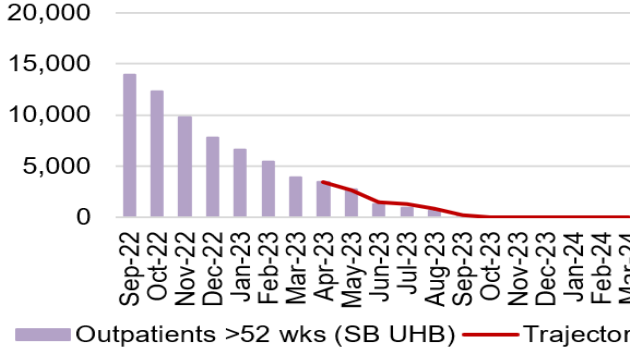
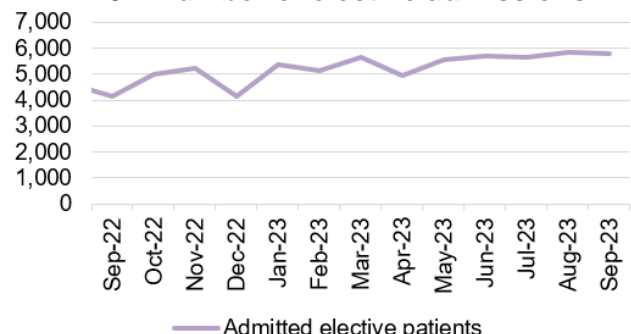
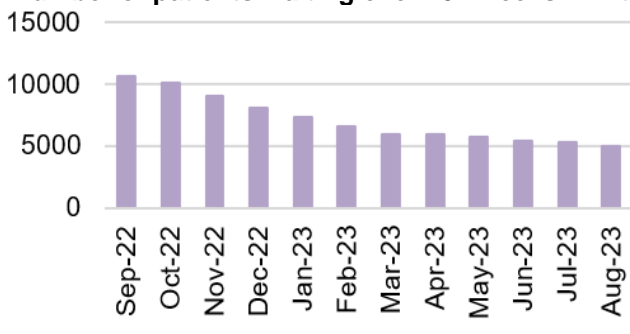
HEALTHCARE ACQUIRED INFECTIONS																																																														
Description	Current Performance	Trend																																																												
Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 23 cases of <i>E. coli</i> bacteraemia were identified in September 2023, of which 8 were hospital acquired and 15 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 19 cases for September 2023. <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"> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-22</td><td>15</td><td>15</td></tr> <tr><td>Oct-22</td><td>22</td><td>18</td></tr> <tr><td>Nov-22</td><td>23</td><td>19</td></tr> <tr><td>Dec-22</td><td>22</td><td>19</td></tr> <tr><td>Jan-23</td><td>20</td><td>19</td></tr> <tr><td>Feb-23</td><td>17</td><td>19</td></tr> <tr><td>Mar-23</td><td>19</td><td>19</td></tr> <tr><td>Apr-23</td><td>25</td><td>19</td></tr> <tr><td>May-23</td><td>22</td><td>19</td></tr> <tr><td>Jun-23</td><td>25</td><td>19</td></tr> <tr><td>Jul-23</td><td>25</td><td>19</td></tr> <tr><td>Aug-23</td><td>27</td><td>19</td></tr> <tr><td>Sep-23</td><td>23</td><td>19</td></tr> <tr><td>Oct-23</td><td>20</td><td>19</td></tr> <tr><td>Nov-23</td><td>21</td><td>19</td></tr> <tr><td>Dec-23</td><td>21</td><td>19</td></tr> <tr><td>Jan-24</td><td>20</td><td>19</td></tr> <tr><td>Feb-24</td><td>20</td><td>19</td></tr> <tr><td>Mar-24</td><td>20</td><td>19</td></tr> </tbody> </table> <p>Number E.Coli cases (SBU) Trajectory</p>	Month	Number E.Coli cases (SBU)	Trajectory	Sep-22	15	15	Oct-22	22	18	Nov-22	23	19	Dec-22	22	19	Jan-23	20	19	Feb-23	17	19	Mar-23	19	19	Apr-23	25	19	May-23	22	19	Jun-23	25	19	Jul-23	25	19	Aug-23	27	19	Sep-23	23	19	Oct-23	20	19	Nov-23	21	19	Dec-23	21	19	Jan-24	20	19	Feb-24	20	19	Mar-24	20	19
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Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none"> There were 10 cases of <i>Staph. aureus</i> bacteraemia in September 2023, of which 7 were hospital acquired and 3 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for September 2023. <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"> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-22</td><td>14</td><td>14</td></tr> <tr><td>Oct-22</td><td>17</td><td>14</td></tr> <tr><td>Nov-22</td><td>8</td><td>14</td></tr> <tr><td>Dec-22</td><td>13</td><td>14</td></tr> <tr><td>Jan-23</td><td>10</td><td>14</td></tr> <tr><td>Feb-23</td><td>11</td><td>14</td></tr> <tr><td>Mar-23</td><td>10</td><td>14</td></tr> <tr><td>Apr-23</td><td>16</td><td>14</td></tr> <tr><td>May-23</td><td>10</td><td>14</td></tr> <tr><td>Jun-23</td><td>13</td><td>14</td></tr> <tr><td>Jul-23</td><td>14</td><td>14</td></tr> <tr><td>Aug-23</td><td>10</td><td>14</td></tr> <tr><td>Sep-23</td><td>10</td><td>14</td></tr> <tr><td>Oct-23</td><td>10</td><td>14</td></tr> <tr><td>Nov-23</td><td>10</td><td>14</td></tr> <tr><td>Dec-23</td><td>10</td><td>14</td></tr> <tr><td>Jan-24</td><td>10</td><td>14</td></tr> <tr><td>Feb-24</td><td>10</td><td>14</td></tr> <tr><td>Mar-24</td><td>10</td><td>14</td></tr> </tbody> </table> <p>Number of S.Aureus cases (SBU) Trajectory</p>	Month	Number of S.Aureus cases (SBU)	Trajectory	Sep-22	14	14	Oct-22	17	14	Nov-22	8	14	Dec-22	13	14	Jan-23	10	14	Feb-23	11	14	Mar-23	10	14	Apr-23	16	14	May-23	10	14	Jun-23	13	14	Jul-23	14	14	Aug-23	10	14	Sep-23	10	14	Oct-23	10	14	Nov-23	10	14	Dec-23	10	14	Jan-24	10	14	Feb-24	10	14	Mar-24	10	14
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Description	Current Performance	Trend																																								
Healthcare Acquired Infections (HCAI)-<i>C.difficile</i> <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 27 <i>Clostridium difficile</i> toxin positive cases in September 2023, of which 20 were hospital acquired and 7 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 8 cases for September 2023. <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 C.difficile cases</p> <table><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Sep-22</td><td>14</td></tr><tr><td>Oct-22</td><td>21</td></tr><tr><td>Nov-22</td><td>21</td></tr><tr><td>Dec-22</td><td>14</td></tr><tr><td>Jan-23</td><td>22</td></tr><tr><td>Feb-23</td><td>12</td></tr><tr><td>Mar-23</td><td>19</td></tr><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>25</td></tr><tr><td>Oct-23</td><td>7</td></tr><tr><td>Nov-23</td><td>7</td></tr><tr><td>Dec-23</td><td>7</td></tr><tr><td>Jan-24</td><td>7</td></tr><tr><td>Feb-24</td><td>7</td></tr><tr><td>Mar-24</td><td>7</td></tr></tbody></table> <p>Number of C.diff cases (SBU) Trajectory</p>	Month	Number of C.diff cases (SBU)	Sep-22	14	Oct-22	21	Nov-22	21	Dec-22	14	Jan-23	22	Feb-23	12	Mar-23	19	Apr-23	18	May-23	14	Jun-23	20	Jul-23	18	Aug-23	17	Sep-23	25	Oct-23	7	Nov-23	7	Dec-23	7	Jan-24	7	Feb-24	7	Mar-24	7
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Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i> <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none">There were 12 cases of <i>Klebsiella sp</i> in September 2023, of which 7 were hospital acquired and 5 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 6 cases for September 2023. <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 Klebsiella cases</p> <table><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Sep-22</td><td>10</td></tr><tr><td>Oct-22</td><td>7</td></tr><tr><td>Nov-22</td><td>11</td></tr><tr><td>Dec-22</td><td>8</td></tr><tr><td>Jan-23</td><td>11</td></tr><tr><td>Feb-23</td><td>8</td></tr><tr><td>Mar-23</td><td>11</td></tr><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>4</td></tr><tr><td>Dec-23</td><td>5</td></tr><tr><td>Jan-24</td><td>5</td></tr><tr><td>Feb-24</td><td>5</td></tr><tr><td>Mar-24</td><td>4</td></tr></tbody></table> <p>Number of Klebsiella cases (SBU) Trajectory</p>	Month	Number of Klebsiella cases (SBU)	Sep-22	10	Oct-22	7	Nov-22	11	Dec-22	8	Jan-23	11	Feb-23	8	Mar-23	11	Apr-23	8	May-23	10	Jun-23	6	Jul-23	3	Aug-23	10	Sep-23	12	Oct-23	6	Nov-23	4	Dec-23	5	Jan-24	5	Feb-24	5	Mar-24	4
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HEALTHCARE ACQUIRED INFECTIONS																																																														
Description	Current Performance	Trend																																																												
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There were 2 cases of <i>P.Aeruginosa</i> in September 2023, 1 of which was community acquired and 1 of which was hospital acquired. The Health Board total is currently in line with the Welsh Government Profile target of 2 cases for September 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-22</td><td>5</td><td>5.0</td></tr> <tr><td>Oct-22</td><td>6</td><td>5.8</td></tr> <tr><td>Nov-22</td><td>5</td><td>5.0</td></tr> <tr><td>Dec-22</td><td>3</td><td>3.0</td></tr> <tr><td>Jan-23</td><td>4</td><td>3.8</td></tr> <tr><td>Feb-23</td><td>2</td><td>2.0</td></tr> <tr><td>Mar-23</td><td>4</td><td>4.0</td></tr> <tr><td>Apr-23</td><td>2</td><td>3.0</td></tr> <tr><td>May-23</td><td>1</td><td>2.0</td></tr> <tr><td>Jun-23</td><td>4</td><td>2.0</td></tr> <tr><td>Jul-23</td><td>2</td><td>2.0</td></tr> <tr><td>Aug-23</td><td>1</td><td>2.0</td></tr> <tr><td>Sep-23</td><td>2</td><td>2.0</td></tr> <tr><td>Oct-23</td><td>2</td><td>1.8</td></tr> <tr><td>Nov-23</td><td>1</td><td>1.0</td></tr> <tr><td>Dec-23</td><td>3</td><td>3.0</td></tr> <tr><td>Jan-24</td><td>2</td><td>2.0</td></tr> <tr><td>Feb-24</td><td>2</td><td>2.0</td></tr> <tr><td>Mar-24</td><td>1</td><td>1.0</td></tr> </tbody> </table> <p>■ Number of Pseudomonas cases (SBU) — Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Sep-22	5	5.0	Oct-22	6	5.8	Nov-22	5	5.0	Dec-22	3	3.0	Jan-23	4	3.8	Feb-23	2	2.0	Mar-23	4	4.0	Apr-23	2	3.0	May-23	1	2.0	Jun-23	4	2.0	Jul-23	2	2.0	Aug-23	1	2.0	Sep-23	2	2.0	Oct-23	2	1.8	Nov-23	1	1.0	Dec-23	3	3.0	Jan-24	2	2.0	Feb-24	2	2.0	Mar-24	1	1.0
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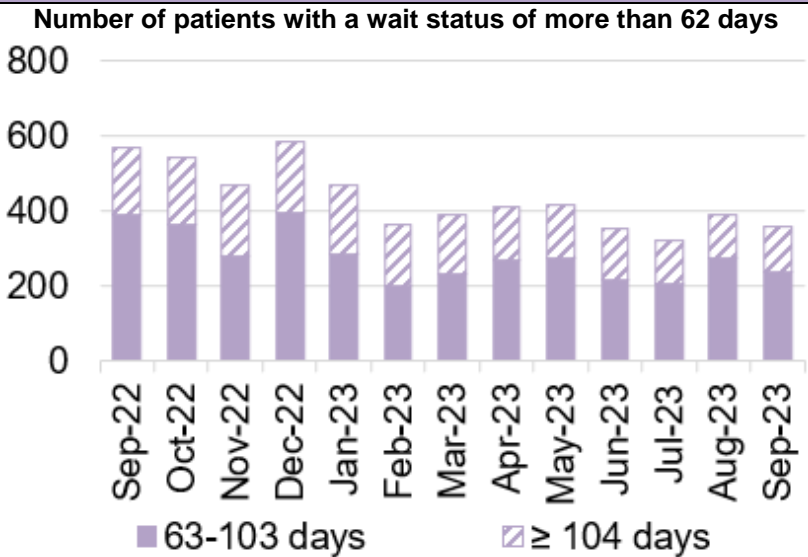
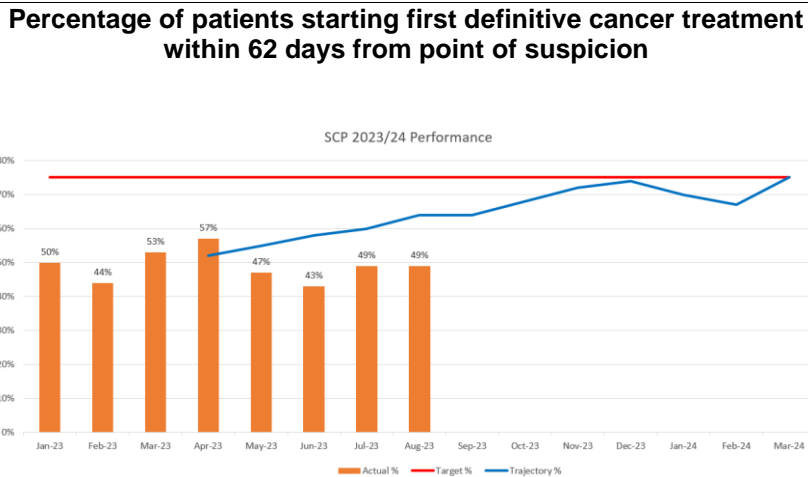
PLANNED CARE		
Description	Current Performance	Actions of Improvement
Referrals and shape of the waiting list 1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Outpatient activity undertaken <i>Total number of patients seen each month</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at September 2023</i>	<p>September 2023 has seen a minor reduction in referral figures compared with August 2023 (12,698). Referral rates have continued to rise slowly since December 2021, with 12,383 received in September 2023. Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.</p> <p>Trend</p> <p>1. Number of GP referrals received by SBU Health Board</p>  <p>2. Number of stage 1 additions per week</p>  <p>3. Outpatient activity undertaken</p>  <p>4. Total size of the waiting list (September 2023)</p> 	<p>The number of referrals received has remained steady in recent months and is now showing a consistent pattern of demand.</p>

PLANNED CARE		
Description	Current Performance	Actions of Improvement
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	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. September 2023 saw an in-month reduction of 3% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 13,121 in August 2023. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and Gynaecology. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has slightly deteriorated to 60.7%.</p>	<p>Administrative validation is currently taking place to further cleanse the waiting list position and reduce the number of patients on the waiting list inappropriately.</p> <p>Service Group specific recovery trajectories have been developed to further support recovery</p>
	Trend	
	<p>1. Number of stage 1 over 26 weeks- HB total</p>  <p>■ Outpatients > 26 wks (SB UHB)</p>	<p>2. Number of stage 1 over 26 weeks- Hospital level</p>  <p>— Morriston — Singleton — PCT — NPTH</p>
	<p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at September 2023</p> 	<p>4. Percentage of patient waiting less than 26 weeks</p>  <p>■ % waiting < 26 wks (SBU HB)</p>

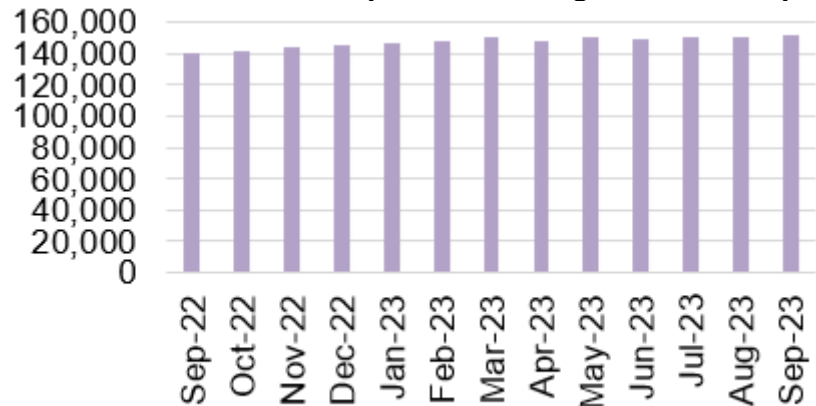
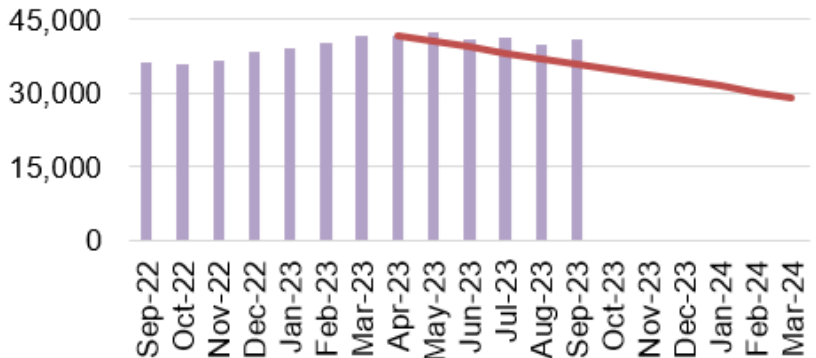
PLANNED CARE		
Description	Current Performance	Actions of Improvement
Patients waiting over 36 weeks for treatment 1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total 2. Number of patients waiting more than 52 weeks for treatment at Stage 1 3. Number of elective admissions 4. Number of patients waiting more than 104 weeks for treatment	<p>In September 2023, there were 5,327 patients waiting over 36 weeks at Stage 1, which is a 19% in-month reduction from August 2023. 14,417 patients were waiting over 52 weeks at all stages in September 2023. In September 2023, there were 4,645 patients waiting over 104 weeks for treatment, which is a 7% reduction from August 2023. The Health Board are currently out-performing all submitted recovery trajectories for 2023/24.</p>	<p>An updated 104-week trajectory is currently being developed for finalisation in October 2023. Currently implementing planned care efficiency measures which include; over-booking clinics, improving treat in turn rates, increasing capacity, validation of pathways and internal administrative and clinical validation.</p>
	Trend	
	<p>1. Number of patients waiting over 36 weeks at Stage 1- HB total</p>  <p>■ Outpatients >36 wks (SB UHB) — Trajectory</p>	<p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p>  <p>■ Outpatients >52 wks (SB UHB) — Trajectory</p>
	<p>3. Number of elective admissions</p>  <p>— Admitted elective patients</p>	<p>4. Number of patients waiting over 104 weeks- HB total</p>  <p>■ > 104 weeks</p>

PLANNED CARE																																																														
Description	Current Performance																																																													
Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i>	<p>In September 2023, there were 815 patients referred from Primary Care into secondary care ophthalmology services. This is a slight increase on the number of patients referred in August 2023, which was 812.</p> <p>The figures reported are outperforming the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in September 2023 (950).</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> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-22</td><td>880</td><td>880</td></tr> <tr><td>Oct-22</td><td>800</td><td>800</td></tr> <tr><td>Nov-22</td><td>800</td><td>800</td></tr> <tr><td>Dec-22</td><td>720</td><td>720</td></tr> <tr><td>Jan-23</td><td>850</td><td>850</td></tr> <tr><td>Feb-23</td><td>820</td><td>820</td></tr> <tr><td>Mar-23</td><td>950</td><td>950</td></tr> <tr><td>Apr-23</td><td>720</td><td>880</td></tr> <tr><td>May-23</td><td>800</td><td>950</td></tr> <tr><td>Jun-23</td><td>880</td><td>950</td></tr> <tr><td>Jul-23</td><td>820</td><td>880</td></tr> <tr><td>Aug-23</td><td>812</td><td>950</td></tr> <tr><td>Sep-23</td><td>815</td><td>950</td></tr> <tr><td>Oct-23</td><td></td><td>950</td></tr> <tr><td>Nov-23</td><td></td><td>800</td></tr> <tr><td>Dec-23</td><td></td><td>800</td></tr> <tr><td>Jan-24</td><td></td><td>950</td></tr> <tr><td>Feb-24</td><td></td><td>950</td></tr> <tr><td>Mar-24</td><td></td><td>950</td></tr> </tbody> </table>	Month	Number of referrals	Trajectory	Sep-22	880	880	Oct-22	800	800	Nov-22	800	800	Dec-22	720	720	Jan-23	850	850	Feb-23	820	820	Mar-23	950	950	Apr-23	720	880	May-23	800	950	Jun-23	880	950	Jul-23	820	880	Aug-23	812	950	Sep-23	815	950	Oct-23		950	Nov-23		800	Dec-23		800	Jan-24		950	Feb-24		950	Mar-24		950
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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>In September 2023, 63.7% 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> <th>Target</th> </tr> </thead> <tbody> <tr><td>Sep-22</td><td>60%</td><td>100%</td></tr> <tr><td>Oct-22</td><td>65%</td><td>100%</td></tr> <tr><td>Nov-22</td><td>65%</td><td>100%</td></tr> <tr><td>Dec-22</td><td>70%</td><td>100%</td></tr> <tr><td>Jan-23</td><td>55%</td><td>100%</td></tr> <tr><td>Feb-23</td><td>65%</td><td>100%</td></tr> <tr><td>Mar-23</td><td>60%</td><td>100%</td></tr> <tr><td>Apr-23</td><td>65%</td><td>100%</td></tr> <tr><td>May-23</td><td>65%</td><td>100%</td></tr> <tr><td>Jun-23</td><td>60%</td><td>100%</td></tr> <tr><td>Jul-23</td><td>65%</td><td>100%</td></tr> <tr><td>Aug-23</td><td>60%</td><td>100%</td></tr> <tr><td>Sep-23</td><td>63.7%</td><td>100%</td></tr> </tbody> </table>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.	Target	Sep-22	60%	100%	Oct-22	65%	100%	Nov-22	65%	100%	Dec-22	70%	100%	Jan-23	55%	100%	Feb-23	65%	100%	Mar-23	60%	100%	Apr-23	65%	100%	May-23	65%	100%	Jun-23	60%	100%	Jul-23	65%	100%	Aug-23	60%	100%	Sep-23	63.7%	100%																		
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Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In September 2023, there was a slight reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 6,861 in August 2023 to 6,800 in September 2023.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for September 2023:</p> <ul style="list-style-type: none">Endoscopy= 4,148Cardiac tests= 712^Other Diagnostics = 1,940^ <p>Actions of Improvement; Detailed demand and capacity work is currently underway to develop a diagnostic recovery trajectory which works towards the ministerial target of 0 by March 2024.</p>	<p>Number of patients waiting longer than 8 weeks for Diagnostics</p> <p>Legend: Other diagnostics (inc. radiology) Endoscopy</p> <table><thead><tr><th>Month</th><th>Endoscopy</th><th>Other diagnostics (inc. radiology)</th><th>Total</th></tr></thead><tbody><tr><td>Sep-22</td><td>4,500</td><td>1,500</td><td>6,000</td></tr><tr><td>Oct-22</td><td>4,000</td><td>1,500</td><td>5,500</td></tr><tr><td>Nov-22</td><td>4,000</td><td>1,500</td><td>5,500</td></tr><tr><td>Dec-22</td><td>4,500</td><td>1,500</td><td>6,000</td></tr><tr><td>Jan-23</td><td>4,500</td><td>1,500</td><td>6,000</td></tr><tr><td>Feb-23</td><td>4,500</td><td>1,500</td><td>6,000</td></tr><tr><td>Mar-23</td><td>4,500</td><td>1,500</td><td>6,000</td></tr><tr><td>Apr-23</td><td>4,500</td><td>1,500</td><td>6,000</td></tr><tr><td>May-23</td><td>5,000</td><td>1,500</td><td>6,500</td></tr><tr><td>Jun-23</td><td>5,000</td><td>1,500</td><td>6,500</td></tr><tr><td>Jul-23</td><td>4,500</td><td>1,500</td><td>6,000</td></tr><tr><td>Aug-23</td><td>4,500</td><td>1,500</td><td>6,000</td></tr><tr><td>Sep-23</td><td>4,148</td><td>1,940</td><td>6,800</td></tr></tbody></table>	Month	Endoscopy	Other diagnostics (inc. radiology)	Total	Sep-22	4,500	1,500	6,000	Oct-22	4,000	1,500	5,500	Nov-22	4,000	1,500	5,500	Dec-22	4,500	1,500	6,000	Jan-23	4,500	1,500	6,000	Feb-23	4,500	1,500	6,000	Mar-23	4,500	1,500	6,000	Apr-23	4,500	1,500	6,000	May-23	5,000	1,500	6,500	Jun-23	5,000	1,500	6,500	Jul-23	4,500	1,500	6,000	Aug-23	4,500	1,500	6,000	Sep-23	4,148	1,940	6,800
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Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In September 2023 there were 182 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in September 2023 are:</p> <ul style="list-style-type: none">Speech & Language Therapy= 160^Dietetics = 22 <p>Actions of Improvement; The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <p>Legend: Therapies > 14 weeks (SBU HB)</p> <table><thead><tr><th>Month</th><th>Therapies > 14 weeks (SBU HB)</th></tr></thead><tbody><tr><td>Sep-22</td><td>750</td></tr><tr><td>Oct-22</td><td>700</td></tr><tr><td>Nov-22</td><td>450</td></tr><tr><td>Dec-22</td><td>500</td></tr><tr><td>Jan-23</td><td>200</td></tr><tr><td>Feb-23</td><td>150</td></tr><tr><td>Mar-23</td><td>200</td></tr><tr><td>Apr-23</td><td>150</td></tr><tr><td>May-23</td><td>200</td></tr><tr><td>Jun-23</td><td>200</td></tr><tr><td>Jul-23</td><td>200</td></tr><tr><td>Aug-23</td><td>150</td></tr><tr><td>Sep-23</td><td>182</td></tr><tr><td>Oct-23</td><td>100</td></tr><tr><td>Nov-23</td><td>50</td></tr><tr><td>Dec-23</td><td>50</td></tr><tr><td>Jan-24</td><td>20</td></tr><tr><td>Feb-24</td><td>10</td></tr><tr><td>Mar-24</td><td>0</td></tr></tbody></table>	Month	Therapies > 14 weeks (SBU HB)	Sep-22	750	Oct-22	700	Nov-22	450	Dec-22	500	Jan-23	200	Feb-23	150	Mar-23	200	Apr-23	150	May-23	200	Jun-23	200	Jul-23	200	Aug-23	150	Sep-23	182	Oct-23	100	Nov-23	50	Dec-23	50	Jan-24	20	Feb-24	10	Mar-24	0																
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CANCER			
Description	Current Performance	Trend	
Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i>	October 2023 backlog by tumour site:		
	Tumour Site	63 - 103 days	≥104 days
	Acute Leukaemia	0	0
	Brain/CNS	1	1
	Breast	18	2
	Children's cancer	0	0
	Gynaecological	33	26
	Haematological	8	5
	Head and neck	13	6
	Lower Gastrointestinal	29	20
	Lung	12	7
	Other	3	0
	Sarcoma	3	1
	Skin(c)	37	8
	Upper Gastrointestinal	23	20
Urological	32	21	
Grand Total	212	117	
Single Cancer Pathway backlog-patients waiting over 63 days	September 2023 saw an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;		
	<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		
	Number of patients with a wait status of more than 62 days		
			
	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion		
			

CANCER																																																		
Description	Current Performance	Trend																																																
USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	To date, early October 2023 figures show total wait volumes for first outpatient appointment have decreased by 3% when compared with the previous week.	The number of patients waiting for a first outpatient appointment (by total days waiting) – Early October 2023 <table><tr><th>FIRST OPA</th><th>01-Oct</th><th>08-Oct</th></tr><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>66</td><td>1</td></tr><tr><td>Children's Cancer</td><td>2</td><td>2</td></tr><tr><td>Gynaecological</td><td>65</td><td>66</td></tr><tr><td>Haematological</td><td>8</td><td>8</td></tr><tr><td>Head and Neck</td><td>109</td><td>108</td></tr><tr><td>Lower GI</td><td>65</td><td>100</td></tr><tr><td>Lung</td><td>11</td><td>7</td></tr><tr><td>Other</td><td>276</td><td>318</td></tr><tr><td>Sarcoma</td><td>14</td><td>10</td></tr><tr><td>Skin</td><td>354</td><td>303</td></tr><tr><td>Upper GI</td><td>23</td><td>31</td></tr><tr><td>Urological</td><td>60</td><td>64</td></tr><tr><td></td><td>1053</td><td>1018</td></tr></table>	FIRST OPA	01-Oct	08-Oct	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	66	1	Children's Cancer	2	2	Gynaecological	65	66	Haematological	8	8	Head and Neck	109	108	Lower GI	65	100	Lung	11	7	Other	276	318	Sarcoma	14	10	Skin	354	303	Upper GI	23	31	Urological	60	64		1053	1018
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	Of the total number of patients awaiting a first outpatient appointment, 49% have been booked, which is higher than figures seen in the previous months' performance.																																																	
Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%	Radiotherapy waiting times <table><tr><td>Scheduled (14 Day Target)</td><td>Scheduled (21 Day Target)</td></tr><tr><td>Urgent SC (2 Day Target)</td><td>Urgent SC (7 Day Target)</td></tr><tr><td>Emergency (within 1 day)</td><td>Emergency (within 2 days)</td></tr><tr><td>Elective Delay (7 Day Target)</td><td>Elective Delay (14 Day Target)</td></tr></table>	Scheduled (14 Day Target)	Scheduled (21 Day Target)	Urgent SC (2 Day Target)	Urgent SC (7 Day Target)	Emergency (within 1 day)	Emergency (within 2 days)	Elective Delay (7 Day Target)	Elective Delay (14 Day Target)																																								
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FOLLOW-UP APPOINTMENTS																																									
Description	Current Performance	Trend																																							
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	In September 2023, the overall size of the follow-up waiting list increased by 1,965 patients compared with August 2023 (from 150,060 to 152,025).	1. Total number of patients waiting for a follow-up  <table><caption>Data for Chart 1: Total number of patients waiting for a follow-up</caption><thead><tr><th>Month</th><th>Number of patients waiting for follow-up (SBU HB)</th></tr></thead><tbody><tr><td>Sep-22</td><td>140,000</td></tr><tr><td>Oct-22</td><td>140,000</td></tr><tr><td>Nov-22</td><td>140,000</td></tr><tr><td>Dec-22</td><td>140,000</td></tr><tr><td>Jan-23</td><td>140,000</td></tr><tr><td>Feb-23</td><td>140,000</td></tr><tr><td>Mar-23</td><td>140,000</td></tr><tr><td>Apr-23</td><td>140,000</td></tr><tr><td>May-23</td><td>140,000</td></tr><tr><td>Jun-23</td><td>140,000</td></tr><tr><td>Jul-23</td><td>140,000</td></tr><tr><td>Aug-23</td><td>150,060</td></tr><tr><td>Sep-23</td><td>152,025</td></tr></tbody></table> <p>■ Number of patients waiting for follow-up (SBU HB)</p>	Month	Number of patients waiting for follow-up (SBU HB)	Sep-22	140,000	Oct-22	140,000	Nov-22	140,000	Dec-22	140,000	Jan-23	140,000	Feb-23	140,000	Mar-23	140,000	Apr-23	140,000	May-23	140,000	Jun-23	140,000	Jul-23	140,000	Aug-23	150,060	Sep-23	152,025											
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In September 2023, there was a total of 68,292 patients waiting for a follow-up past their target date. This is a slight in-month increase of 2.4% (from 66,683 in August 2023 to 68,292).	2. Delayed follow-ups: Number of patients waiting 100% over target  <table><caption>Data for Chart 2: Delayed follow-ups: Number of patients waiting 100% over target</caption><thead><tr><th>Month</th><th>Number of patients waiting 100% over target date (SBU HB)</th></tr></thead><tbody><tr><td>Sep-22</td><td>35,000</td></tr><tr><td>Oct-22</td><td>35,000</td></tr><tr><td>Nov-22</td><td>35,000</td></tr><tr><td>Dec-22</td><td>35,000</td></tr><tr><td>Jan-23</td><td>35,000</td></tr><tr><td>Feb-23</td><td>35,000</td></tr><tr><td>Mar-23</td><td>35,000</td></tr><tr><td>Apr-23</td><td>40,000</td></tr><tr><td>May-23</td><td>40,000</td></tr><tr><td>Jun-23</td><td>40,000</td></tr><tr><td>Jul-23</td><td>40,000</td></tr><tr><td>Aug-23</td><td>40,000</td></tr><tr><td>Sep-23</td><td>40,000</td></tr><tr><td>Oct-23</td><td>35,000</td></tr><tr><td>Nov-23</td><td>35,000</td></tr><tr><td>Dec-23</td><td>35,000</td></tr><tr><td>Jan-24</td><td>30,000</td></tr><tr><td>Feb-24</td><td>30,000</td></tr><tr><td>Mar-24</td><td>30,000</td></tr></tbody></table> <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>	Month	Number of patients waiting 100% over target date (SBU HB)	Sep-22	35,000	Oct-22	35,000	Nov-22	35,000	Dec-22	35,000	Jan-23	35,000	Feb-23	35,000	Mar-23	35,000	Apr-23	40,000	May-23	40,000	Jun-23	40,000	Jul-23	40,000	Aug-23	40,000	Sep-23	40,000	Oct-23	35,000	Nov-23	35,000	Dec-23	35,000	Jan-24	30,000	Feb-24	30,000	Mar-24	30,000
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Of the 68,292 delayed follow-ups in September 2023, 11,430 had appointment dates and 56,862 were still waiting for an appointment.																																									
In addition, 41,048 patients were waiting 100%+ over target date in September 2023. This is a 2.8% increase when compared with August 2023.																																									

STROKE																														
Description	Current Performance	Trend																												
Stroke Measures																														
1. % of patients who have a direct admission to an acute stroke unit within 4 hours	1. In September 2023, 23% of patients had a direct admission to an acute stroke unit within 4 hours. This is the same performance reported in August 2023.	<div>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</div> <table><caption>% 4 hour admissions (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Sep-22</td><td>5</td></tr><tr><td>Oct-22</td><td>5</td></tr><tr><td>Nov-22</td><td>12</td></tr><tr><td>Dec-22</td><td>5</td></tr><tr><td>Jan-23</td><td>2</td></tr><tr><td>Feb-23</td><td>10</td></tr><tr><td>Mar-23</td><td>10</td></tr><tr><td>Apr-23</td><td>5</td></tr><tr><td>May-23</td><td>18</td></tr><tr><td>Jun-23</td><td>22</td></tr><tr><td>Jul-23</td><td>22</td></tr><tr><td>Aug-23</td><td>20</td></tr><tr><td>Sep-23</td><td>20</td></tr></tbody></table>	Month	%	Sep-22	5	Oct-22	5	Nov-22	12	Dec-22	5	Jan-23	2	Feb-23	10	Mar-23	10	Apr-23	5	May-23	18	Jun-23	22	Jul-23	22	Aug-23	20	Sep-23	20
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2. % of patients who received a CT Scan within 1 hour	2. In September 2023, 58% of patients received a CT scan within 1 hour of being admitted, this is an improvement on the figure reported in August 2023	<div>2. % of patients who received a CT Scan within 1 hour</div> <table><caption>% 1 hr CT Scan (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Sep-22</td><td>55</td></tr><tr><td>Oct-22</td><td>30</td></tr><tr><td>Nov-22</td><td>35</td></tr><tr><td>Dec-22</td><td>30</td></tr><tr><td>Jan-23</td><td>30</td></tr><tr><td>Feb-23</td><td>45</td></tr><tr><td>Mar-23</td><td>45</td></tr><tr><td>Apr-23</td><td>45</td></tr><tr><td>May-23</td><td>40</td></tr><tr><td>Jun-23</td><td>40</td></tr><tr><td>Jul-23</td><td>50</td></tr><tr><td>Aug-23</td><td>35</td></tr><tr><td>Sep-23</td><td>58</td></tr></tbody></table>	Month	%	Sep-22	55	Oct-22	30	Nov-22	35	Dec-22	30	Jan-23	30	Feb-23	45	Mar-23	45	Apr-23	45	May-23	40	Jun-23	40	Jul-23	50	Aug-23	35	Sep-23	58
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3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours	3. 86% of patients were assessed by a stroke specialist consultant physician within 24 hours in September 2023, which is a deterioration of 11.7% from August 2023.	<div>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</div> <table><caption>% assess within 24 hrs (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Sep-22</td><td>90</td></tr><tr><td>Oct-22</td><td>90</td></tr><tr><td>Nov-22</td><td>90</td></tr><tr><td>Dec-22</td><td>90</td></tr><tr><td>Jan-23</td><td>90</td></tr><tr><td>Feb-23</td><td>90</td></tr><tr><td>Mar-23</td><td>90</td></tr><tr><td>Apr-23</td><td>90</td></tr><tr><td>May-23</td><td>85</td></tr><tr><td>Jun-23</td><td>85</td></tr><tr><td>Jul-23</td><td>85</td></tr><tr><td>Aug-23</td><td>90</td></tr><tr><td>Sep-23</td><td>86</td></tr></tbody></table>	Month	%	Sep-22	90	Oct-22	90	Nov-22	90	Dec-22	90	Jan-23	90	Feb-23	90	Mar-23	90	Apr-23	90	May-23	85	Jun-23	85	Jul-23	85	Aug-23	90	Sep-23	86
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4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	<div>4. In September 2023, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes.</div> <div>Actions of Improvement; The lack of ring fenced beds on all wards across the hospital sites is challenging as bed capacity is limited by the pressures of unscheduled care demand. The lack of dedicated stroke beds is directly impacting the stroke related performance measures. Work is underway to focus on future stroke performance improvement.</div>	<div>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</div> <table><caption>45 mins thrombolysis (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Sep-22</td><td>0</td></tr><tr><td>Oct-22</td><td>5</td></tr><tr><td>Nov-22</td><td>5</td></tr><tr><td>Dec-22</td><td>0</td></tr><tr><td>Jan-23</td><td>0</td></tr><tr><td>Feb-23</td><td>0</td></tr><tr><td>Mar-23</td><td>5</td></tr><tr><td>Apr-23</td><td>20</td></tr><tr><td>May-23</td><td>0</td></tr><tr><td>Jun-23</td><td>5</td></tr><tr><td>Jul-23</td><td>5</td></tr><tr><td>Aug-23</td><td>70</td></tr><tr><td>Sep-23</td><td>0</td></tr></tbody></table>	Month	%	Sep-22	0	Oct-22	5	Nov-22	5	Dec-22	0	Jan-23	0	Feb-23	0	Mar-23	5	Apr-23	20	May-23	0	Jun-23	5	Jul-23	5	Aug-23	70	Sep-23	0
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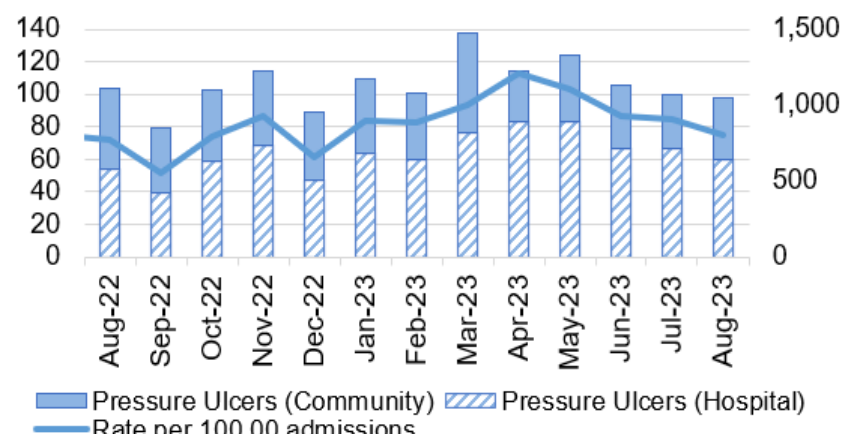
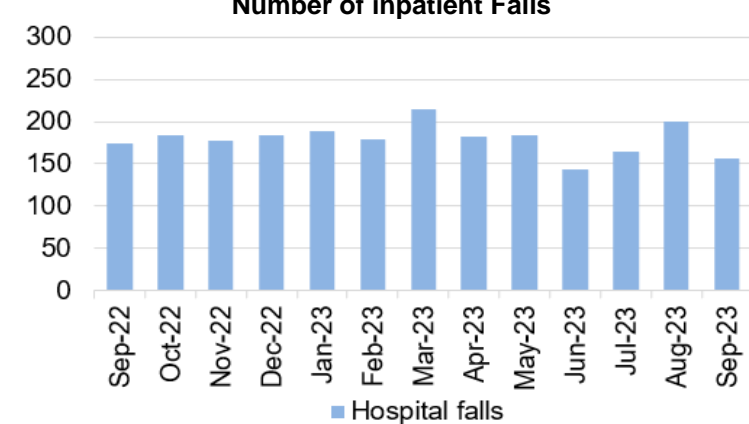
ADULT MENTAL HEALTH																																																																																																																																																																										
Description	Current Performance	Trend																																																																																																																																																																								
<p>Adult Mental Health Measures:</p> <p>1. <i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i></p> <p>2. <i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i></p> <p>3. <i>% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</i></p> <p>4. <i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i></p>	<p>1. In August 2023, 96% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In August 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 87% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in August 2023.</p> <p>4. In August 2023, 81% 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>Data for Chart 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Aug-22</td><td>100%</td><td>75%</td></tr> <tr><td>Sep-22</td><td>100%</td><td>75%</td></tr> <tr><td>Oct-22</td><td>100%</td><td>75%</td></tr> <tr><td>Nov-22</td><td>100%</td><td>75%</td></tr> <tr><td>Dec-22</td><td>100%</td><td>75%</td></tr> <tr><td>Jan-23</td><td>100%</td><td>75%</td></tr> <tr><td>Feb-23</td><td>100%</td><td>75%</td></tr> <tr><td>Mar-23</td><td>100%</td><td>75%</td></tr> <tr><td>Apr-23</td><td>100%</td><td>75%</td></tr> <tr><td>May-23</td><td>100%</td><td>75%</td></tr> <tr><td>Jun-23</td><td>100%</td><td>75%</td></tr> <tr><td>Jul-23</td><td>100%</td><td>75%</td></tr> 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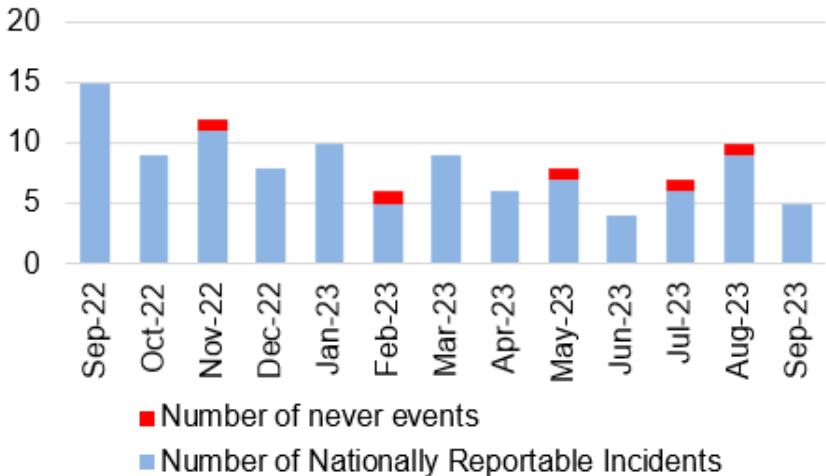
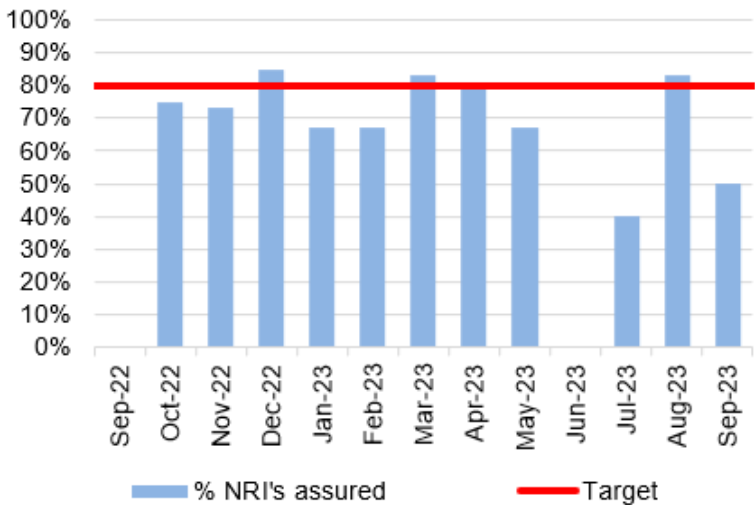
CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)																																																																	
Description	Current Performance	Trend																																																															
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In August 2023, 100% of CAMHS patients received an assessment within 48 hours.	<div>1. Crisis- assessment within 48 hours</div> <table><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th><th>Target</th></tr></thead><tbody><tr><td>Aug-22</td><td>100%</td><td>100%</td></tr><tr><td>Sep-22</td><td>100%</td><td>100%</td></tr><tr><td>Oct-22</td><td>100%</td><td>100%</td></tr><tr><td>Nov-22</td><td>100%</td><td>100%</td></tr><tr><td>Dec-22</td><td>100%</td><td>100%</td></tr><tr><td>Jan-23</td><td>100%</td><td>100%</td></tr><tr><td>Feb-23</td><td>100%</td><td>100%</td></tr><tr><td>Mar-23</td><td>100%</td><td>100%</td></tr><tr><td>Apr-23</td><td>100%</td><td>100%</td></tr><tr><td>May-23</td><td>100%</td><td>100%</td></tr><tr><td>Jun-23</td><td>100%</td><td>100%</td></tr><tr><td>Jul-23</td><td>100%</td><td>100%</td></tr><tr><td>Aug-23</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	Target	Aug-22	100%	100%	Sep-22	100%	100%	Oct-22	100%	100%	Nov-22	100%	100%	Dec-22	100%	100%	Jan-23	100%	100%	Feb-23	100%	100%	Mar-23	100%	100%	Apr-23	100%	100%	May-23	100%	100%	Jun-23	100%	100%	Jul-23	100%	100%	Aug-23	100%	100%																					
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2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 33% of routine assessments were undertaken within 28 days from referral in August 2023 against a target of 80%.	<div>2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</div> <table><thead><tr><th>Month</th><th>% of assess in 28 days</th><th>% interventions in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Aug-22</td><td>25%</td><td>30%</td><td>80%</td></tr><tr><td>Sep-22</td><td>30%</td><td>35%</td><td>80%</td></tr><tr><td>Oct-22</td><td>40%</td><td>45%</td><td>80%</td></tr><tr><td>Nov-22</td><td>35%</td><td>40%</td><td>80%</td></tr><tr><td>Dec-22</td><td>30%</td><td>35%</td><td>80%</td></tr><tr><td>Jan-23</td><td>25%</td><td>30%</td><td>80%</td></tr><tr><td>Feb-23</td><td>35%</td><td>40%</td><td>80%</td></tr><tr><td>Mar-23</td><td>40%</td><td>45%</td><td>80%</td></tr><tr><td>Apr-23</td><td>30%</td><td>35%</td><td>80%</td></tr><tr><td>May-23</td><td>25%</td><td>30%</td><td>80%</td></tr><tr><td>Jun-23</td><td>20%</td><td>25%</td><td>80%</td></tr><tr><td>Jul-23</td><td>25%</td><td>30%</td><td>80%</td></tr><tr><td>Aug-23</td><td>33%</td><td>35%</td><td>80%</td></tr></tbody></table>	Month	% of assess in 28 days	% interventions in 28 days	Target	Aug-22	25%	30%	80%	Sep-22	30%	35%	80%	Oct-22	40%	45%	80%	Nov-22	35%	40%	80%	Dec-22	30%	35%	80%	Jan-23	25%	30%	80%	Feb-23	35%	40%	80%	Mar-23	40%	45%	80%	Apr-23	30%	35%	80%	May-23	25%	30%	80%	Jun-23	20%	25%	80%	Jul-23	25%	30%	80%	Aug-23	33%	35%	80%							
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3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 91% of therapeutic interventions were started within 28 days following assessment by LPMHSS in August 2023.																																																																
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 31% of NDD patients received a diagnostic assessment within 26 weeks in August 2023 against a target of 80%.	<div>4. NDD- assessment within 26 weeks</div> <table><thead><tr><th>Month</th><th>%NDD within 26 weeks</th><th>Target</th></tr></thead><tbody><tr><td>Aug-22</td><td>40%</td><td>80%</td></tr><tr><td>Sep-22</td><td>35%</td><td>80%</td></tr><tr><td>Oct-22</td><td>40%</td><td>80%</td></tr><tr><td>Nov-22</td><td>35%</td><td>80%</td></tr><tr><td>Dec-22</td><td>30%</td><td>80%</td></tr><tr><td>Jan-23</td><td>25%</td><td>80%</td></tr><tr><td>Feb-23</td><td>25%</td><td>80%</td></tr><tr><td>Mar-23</td><td>25%</td><td>80%</td></tr><tr><td>Apr-23</td><td>25%</td><td>80%</td></tr><tr><td>May-23</td><td>25%</td><td>80%</td></tr><tr><td>Jun-23</td><td>25%</td><td>80%</td></tr><tr><td>Jul-23</td><td>30%</td><td>80%</td></tr><tr><td>Aug-23</td><td>25%</td><td>80%</td></tr><tr><td>Sep-23</td><td>30%</td><td>80%</td></tr><tr><td>Oct-23</td><td>35%</td><td>80%</td></tr><tr><td>Nov-23</td><td>40%</td><td>80%</td></tr><tr><td>Dec-23</td><td>45%</td><td>80%</td></tr><tr><td>Jan-24</td><td>45%</td><td>80%</td></tr><tr><td>Feb-24</td><td>45%</td><td>80%</td></tr><tr><td>Mar-24</td><td>45%</td><td>80%</td></tr></tbody></table>	Month	%NDD within 26 weeks	Target	Aug-22	40%	80%	Sep-22	35%	80%	Oct-22	40%	80%	Nov-22	35%	80%	Dec-22	30%	80%	Jan-23	25%	80%	Feb-23	25%	80%	Mar-23	25%	80%	Apr-23	25%	80%	May-23	25%	80%	Jun-23	25%	80%	Jul-23	30%	80%	Aug-23	25%	80%	Sep-23	30%	80%	Oct-23	35%	80%	Nov-23	40%	80%	Dec-23	45%	80%	Jan-24	45%	80%	Feb-24	45%	80%	Mar-24	45%	80%
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 82% of routine assessments by SCAMHS were undertaken within 28 days in February 2023. <i>*Updated data is not currently available to report*</i>	<div>5. S-CAMHS % assessments within 28 days</div> <table><thead><tr><th>Month</th><th>% S-CAMHS assessments in 28 days</th><th>Target</th></tr></thead><tbody><tr><td>Feb-22</td><td>20%</td><td>80%</td></tr><tr><td>Mar-22</td><td>25%</td><td>80%</td></tr><tr><td>Apr-22</td><td>20%</td><td>80%</td></tr><tr><td>May-22</td><td>30%</td><td>80%</td></tr><tr><td>Jun-22</td><td>35%</td><td>80%</td></tr><tr><td>Jul-22</td><td>30%</td><td>80%</td></tr><tr><td>Aug-22</td><td>25%</td><td>80%</td></tr><tr><td>Sep-22</td><td>82%</td><td>80%</td></tr><tr><td>Oct-22</td><td>80%</td><td>80%</td></tr><tr><td>Nov-22</td><td>80%</td><td>80%</td></tr><tr><td>Dec-22</td><td>75%</td><td>80%</td></tr><tr><td>Jan-23</td><td>60%</td><td>80%</td></tr><tr><td>Feb-23</td><td>82%</td><td>80%</td></tr></tbody></table>	Month	% S-CAMHS assessments in 28 days	Target	Feb-22	20%	80%	Mar-22	25%	80%	Apr-22	20%	80%	May-22	30%	80%	Jun-22	35%	80%	Jul-22	30%	80%	Aug-22	25%	80%	Sep-22	82%	80%	Oct-22	80%	80%	Nov-22	80%	80%	Dec-22	75%	80%	Jan-23	60%	80%	Feb-23	82%	80%																					
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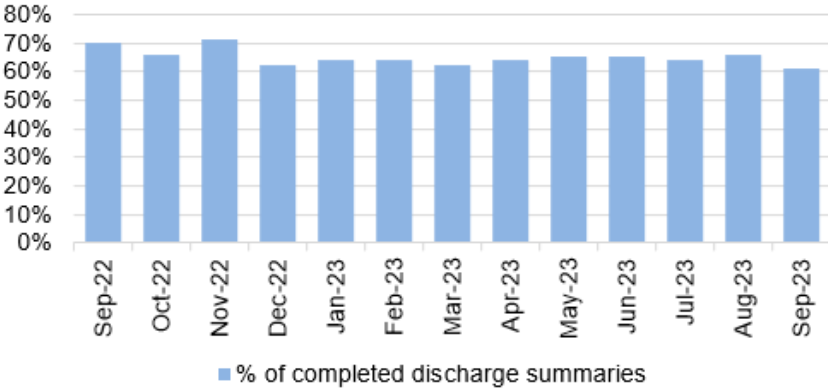
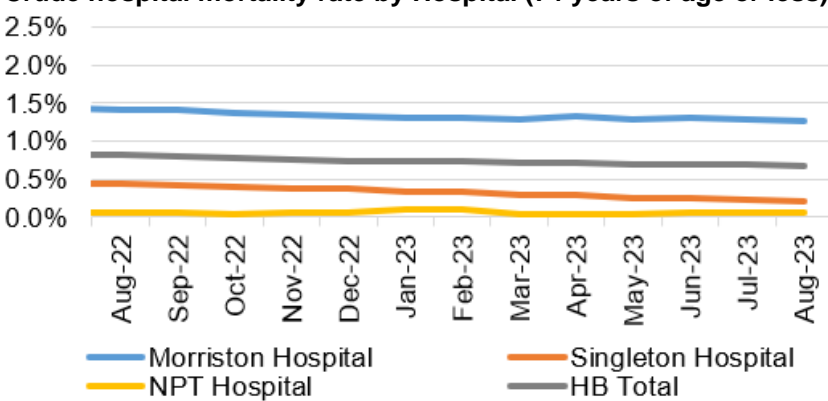
4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES

FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	1. Prompt orthogeriatric assessment- In August 2023, 96.8% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.	1. Prompt orthogeriatric assessment
	2. Prompt surgery- In August 2023, 31.3% of patients had surgery the day following presentation with a hip fracture. This is a 4.8% improvement from August 2022 which was 26.5%	2. Prompt surgery
	3. NICE compliant surgery- 73.7% of operations were consistent with the NICE recommendations in August 2023. This is 2.1% more than in August 2022.	3. NICE compliant Surgery
	4. Prompt mobilisation- In August 2023, 81.8% of patients were out of bed the day after surgery. This is 11.6% more than in August 2022.	4. Prompt mobilisation

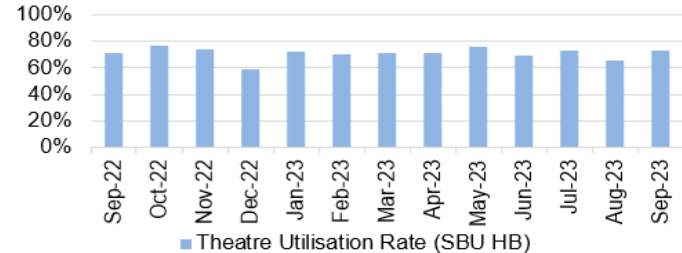
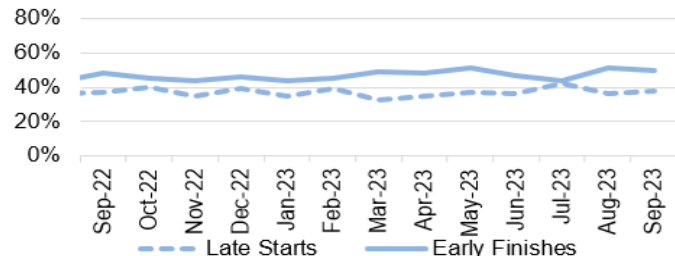
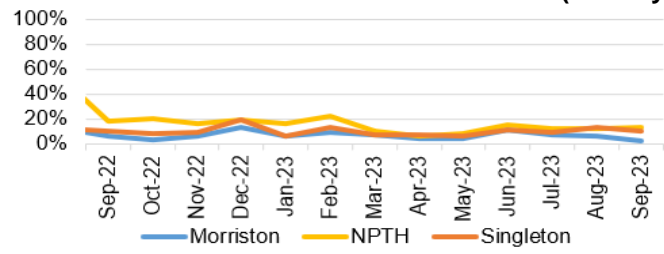
FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 73.4% of patients were not delirious in the week after their operation in August 2023.	<p>5. Not delirious when tested</p> <table><caption>5. Not delirious when tested (Estimated Data)</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Aug-22</td><td>75</td><td>60</td><td>65</td></tr><tr><td>Sep-22</td><td>75</td><td>60</td><td>65</td></tr><tr><td>Oct-22</td><td>75</td><td>60</td><td>65</td></tr><tr><td>Nov-22</td><td>75</td><td>60</td><td>65</td></tr><tr><td>Dec-22</td><td>75</td><td>60</td><td>65</td></tr><tr><td>Jan-23</td><td>75</td><td>60</td><td>65</td></tr><tr><td>Feb-23</td><td>75</td><td>60</td><td>65</td></tr><tr><td>Mar-23</td><td>75</td><td>60</td><td>65</td></tr><tr><td>Apr-23</td><td>75</td><td>60</td><td>65</td></tr><tr><td>May-23</td><td>75</td><td>60</td><td>65</td></tr><tr><td>Jun-23</td><td>75</td><td>60</td><td>65</td></tr><tr><td>Jul-23</td><td>75</td><td>60</td><td>65</td></tr><tr><td>Aug-23</td><td>75</td><td>60</td><td>65</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Aug-22	75	60	65	Sep-22	75	60	65	Oct-22	75	60	65	Nov-22	75	60	65	Dec-22	75	60	65	Jan-23	75	60	65	Feb-23	75	60	65	Mar-23	75	60	65	Apr-23	75	60	65	May-23	75	60	65	Jun-23	75	60	65	Jul-23	75	60	65	Aug-23	75	60	65
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Aug-23	75	60	65																																																							
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- 68.9% of patients in May 2023 were discharged back to their original residence. This is 1% less than in May 2022.	<p>6. Return to original residence</p> <table><caption>6. Return to original residence (Estimated Data)</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>May-22</td><td>65</td><td>70</td><td>70</td></tr><tr><td>Jun-22</td><td>65</td><td>70</td><td>70</td></tr><tr><td>Jul-22</td><td>65</td><td>70</td><td>70</td></tr><tr><td>Aug-22</td><td>65</td><td>70</td><td>70</td></tr><tr><td>Sep-22</td><td>65</td><td>70</td><td>70</td></tr><tr><td>Oct-22</td><td>65</td><td>70</td><td>70</td></tr><tr><td>Nov-22</td><td>65</td><td>70</td><td>70</td></tr><tr><td>Dec-22</td><td>65</td><td>70</td><td>70</td></tr><tr><td>Jan-23</td><td>65</td><td>70</td><td>70</td></tr><tr><td>Feb-23</td><td>65</td><td>70</td><td>70</td></tr><tr><td>Mar-23</td><td>65</td><td>70</td><td>70</td></tr><tr><td>Apr-23</td><td>65</td><td>70</td><td>70</td></tr><tr><td>May-23</td><td>65</td><td>70</td><td>70</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	May-22	65	70	70	Jun-22	65	70	70	Jul-22	65	70	70	Aug-22	65	70	70	Sep-22	65	70	70	Oct-22	65	70	70	Nov-22	65	70	70	Dec-22	65	70	70	Jan-23	65	70	70	Feb-23	65	70	70	Mar-23	65	70	70	Apr-23	65	70	70	May-23	65	70	70
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May-23	65	70	70																																																							
7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morryston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morryston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p> <table><caption>7. 30 day mortality rate (Estimated Data)</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jan-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Feb-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Mar-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Apr-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>May-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Jun-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Jul-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Aug-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Sep-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Oct-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Nov-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Dec-20</td><td>7.5</td><td>7.0</td><td>7.5</td></tr><tr><td>Jan-21</td><td>7.5</td><td>7.0</td><td>7.5</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.5	7.0	7.5	Feb-20	7.5	7.0	7.5	Mar-20	7.5	7.0	7.5	Apr-20	7.5	7.0	7.5	May-20	7.5	7.0	7.5	Jun-20	7.5	7.0	7.5	Jul-20	7.5	7.0	7.5	Aug-20	7.5	7.0	7.5	Sep-20	7.5	7.0	7.5	Oct-20	7.5	7.0	7.5	Nov-20	7.5	7.0	7.5	Dec-20	7.5	7.0	7.5	Jan-21	7.5	7.0	7.5
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PRESSURE ULCERS																																																										
Description	Current Performance	Trend																																																								
Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i> <i>2. Rate of pressure ulcers per 100,000 admission</i>	<p>1. In August 2023 there were 98 cases of healthcare acquired pressure ulcers, 38 of which were community acquired and 60 were hospital acquired.</p> <p>There were 11 grade 3+ pressure ulcers in August 2023, 7 of which were community acquired and 4 were hospital acquired.</p>	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p>  <table><thead><tr><th>Month</th><th>Community PU</th><th>Hospital PU</th><th>Rate per 100,000</th></tr></thead><tbody><tr><td>Aug-22</td><td>55</td><td>50</td><td>750</td></tr><tr><td>Sep-22</td><td>40</td><td>40</td><td>600</td></tr><tr><td>Oct-22</td><td>50</td><td>50</td><td>700</td></tr><tr><td>Nov-22</td><td>60</td><td>55</td><td>800</td></tr><tr><td>Dec-22</td><td>45</td><td>45</td><td>650</td></tr><tr><td>Jan-23</td><td>50</td><td>55</td><td>750</td></tr><tr><td>Feb-23</td><td>45</td><td>55</td><td>700</td></tr><tr><td>Mar-23</td><td>65</td><td>70</td><td>850</td></tr><tr><td>Apr-23</td><td>55</td><td>60</td><td>1100</td></tr><tr><td>May-23</td><td>50</td><td>55</td><td>1000</td></tr><tr><td>Jun-23</td><td>45</td><td>55</td><td>850</td></tr><tr><td>Jul-23</td><td>40</td><td>60</td><td>900</td></tr><tr><td>Aug-23</td><td>38</td><td>60</td><td>803</td></tr></tbody></table>	Month	Community PU	Hospital PU	Rate per 100,000	Aug-22	55	50	750	Sep-22	40	40	600	Oct-22	50	50	700	Nov-22	60	55	800	Dec-22	45	45	650	Jan-23	50	55	750	Feb-23	45	55	700	Mar-23	65	70	850	Apr-23	55	60	1100	May-23	50	55	1000	Jun-23	45	55	850	Jul-23	40	60	900	Aug-23	38	60	803
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	<p>2. The rate per 100,000 admissions decreased from 904 in July 2023 to 803 in August 2023.</p>																																																									
INPATIENT FALLS																																																										
Description	Current Performance	Trend																																																								
Inpatient Falls <i>The total number of inpatient falls</i>	<ul style="list-style-type: none">The number of Falls reported via Datix web for Swansea Bay UHB was 157 in September 2023. This is 27% more than August 2023 where 200 falls were recorded.	<p>Number of inpatient Falls</p>  <table><thead><tr><th>Month</th><th>Hospital falls</th></tr></thead><tbody><tr><td>Sep-22</td><td>175</td></tr><tr><td>Oct-22</td><td>185</td></tr><tr><td>Nov-22</td><td>175</td></tr><tr><td>Dec-22</td><td>185</td></tr><tr><td>Jan-23</td><td>190</td></tr><tr><td>Feb-23</td><td>175</td></tr><tr><td>Mar-23</td><td>215</td></tr><tr><td>Apr-23</td><td>180</td></tr><tr><td>May-23</td><td>185</td></tr><tr><td>Jun-23</td><td>140</td></tr><tr><td>Jul-23</td><td>165</td></tr><tr><td>Aug-23</td><td>200</td></tr><tr><td>Sep-23</td><td>157</td></tr></tbody></table>	Month	Hospital falls	Sep-22	175	Oct-22	185	Nov-22	175	Dec-22	185	Jan-23	190	Feb-23	175	Mar-23	215	Apr-23	180	May-23	185	Jun-23	140	Jul-23	165	Aug-23	200	Sep-23	157																												
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NATIONALLY REPORTABLE INCIDENTS		
Description	Current Performance	Trend
Nationally Reportable Incidents (NRI's)- 1. <i>The number of Nationally reportable incidents</i> 2. <i>The number of Never Events</i> 3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 5 Nationally Reportable Incidents for the month of September 2023 to Welsh Government. The Service Group breakdown is as follows; - Morriston – 3 - Singleton – 1 - Primary Care – 1	1. and 2. Number of nationally reportable incidents and never events  <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p>
	2. There were no new Never Event reported in September 2023.	3. % of nationally reportable incidents closed within the agreed timescales  <p>■ % NRI's assured — Target</p>
	3. In September 2023, 50% of the NRI's were closed within the agreed timescale.	

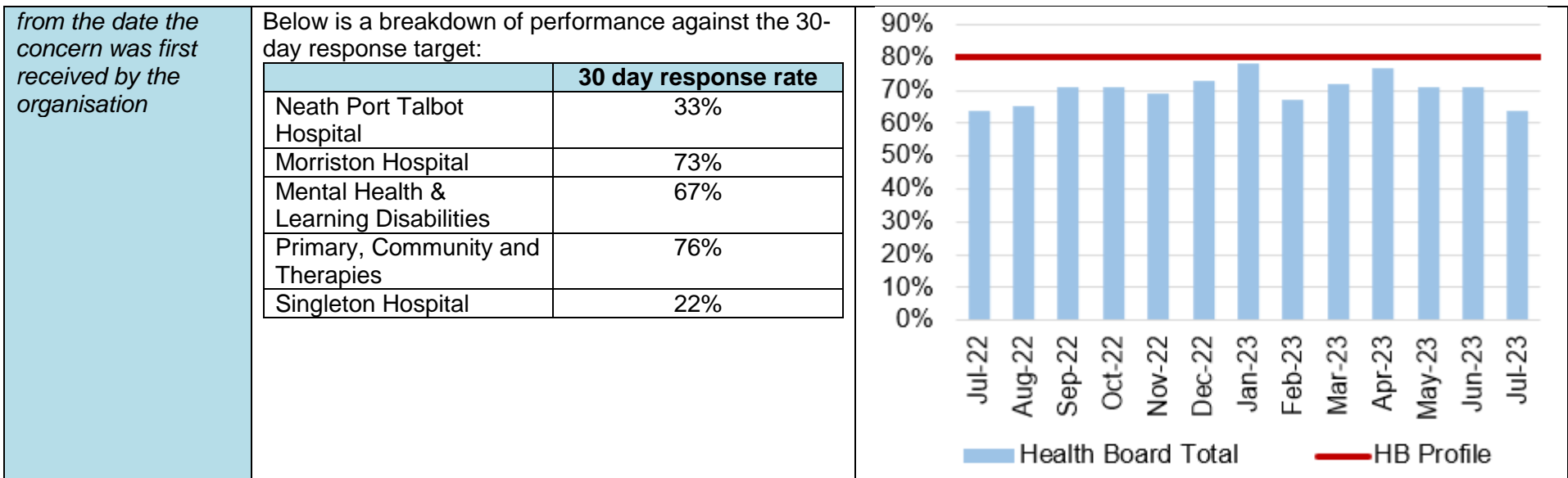
DISCHARGE SUMMARIES		
Description	Current Performance	Trend
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	The latest data shows that in September 2023, the percentage of completed discharge summaries was 61%.	% discharge summaries approved and sent 
	In September 2023, compliance ranged from 43% in Singleton Hospital to 70% in Mental Health & Learning Disabilities.	
CRUDE MORTALITY		
Description	Current Performance	Trend
Crude Mortality Rate	August 2023 reports the crude mortality rate for the Health Board at 0.67%, which is slightly below the figure reported in July 2023 (0.69%).	Crude hospital mortality rate by Hospital (74 years of age or less) 
	A breakdown by Hospital for August 2023: <ul style="list-style-type: none">• Morriston – 1.26%• Singleton – 0.20%• NPT – 0.07%	

WORKFORCE																																												
Description	Current Performance	Trend																																										
Staff sickness rates- <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none">Our in-month sickness performance improved slightly from 6.76% in July 2023 to 6.68% in August 2023.The 12-month rolling performance improved slightly from 7.11% in July 2023 to 7.08% August 2023.The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in August 2023.	% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month) <table><thead><tr><th>Month</th><th>% sickness rate (12 month rolling)</th><th>% sickness rate (in-month)</th></tr></thead><tbody><tr><td>Aug-22</td><td>8.5%</td><td>8.5%</td></tr><tr><td>Sep-22</td><td>8.2%</td><td>7.8%</td></tr><tr><td>Oct-22</td><td>8.0%</td><td>7.2%</td></tr><tr><td>Nov-22</td><td>7.8%</td><td>6.8%</td></tr><tr><td>Dec-22</td><td>8.0%</td><td>8.5%</td></tr><tr><td>Jan-23</td><td>7.8%</td><td>7.5%</td></tr><tr><td>Feb-23</td><td>7.6%</td><td>6.8%</td></tr><tr><td>Mar-23</td><td>7.4%</td><td>6.8%</td></tr><tr><td>Apr-23</td><td>7.2%</td><td>6.2%</td></tr><tr><td>May-23</td><td>7.0%</td><td>5.8%</td></tr><tr><td>Jun-23</td><td>7.0%</td><td>6.2%</td></tr><tr><td>Jul-23</td><td>7.1%</td><td>6.8%</td></tr><tr><td>Aug-23</td><td>7.08%</td><td>6.68%</td></tr></tbody></table>	Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Aug-22	8.5%	8.5%	Sep-22	8.2%	7.8%	Oct-22	8.0%	7.2%	Nov-22	7.8%	6.8%	Dec-22	8.0%	8.5%	Jan-23	7.8%	7.5%	Feb-23	7.6%	6.8%	Mar-23	7.4%	6.8%	Apr-23	7.2%	6.2%	May-23	7.0%	5.8%	Jun-23	7.0%	6.2%	Jul-23	7.1%	6.8%	Aug-23	7.08%	6.68%
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	Nov-22		7.8%	6.8%																																								
Dec-22	8.0%	8.5%																																										
Jan-23	7.8%	7.5%																																										
Feb-23	7.6%	6.8%																																										
Mar-23	7.4%	6.8%																																										
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May-23	7.0%	5.8%																																										
Jun-23	7.0%	6.2%																																										
Jul-23	7.1%	6.8%																																										
Aug-23	7.08%	6.68%																																										
<table><thead><tr><th>Absence Reason</th><th>FTE Days Lost</th><th>%</th></tr></thead><tbody><tr><td>Anxiety/ stress/ depression/ other psychiatric illnesses</td><td>9,287.72</td><td>36.9%</td></tr><tr><td>Other musculoskeletal problems</td><td>2,517.20</td><td>10.0%</td></tr><tr><td>Other known causes – not elsewhere classified</td><td>2,121.18</td><td>8.4%</td></tr><tr><td>Gastrointestinal problems</td><td>1,846.51</td><td>7.3%</td></tr><tr><td>Injury, Fracture</td><td>1,271.11</td><td>5.0%</td></tr></tbody></table>	Absence Reason	FTE Days Lost	%	Anxiety/ stress/ depression/ other psychiatric illnesses	9,287.72	36.9%	Other musculoskeletal problems	2,517.20	10.0%	Other known causes – not elsewhere classified	2,121.18	8.4%	Gastrointestinal problems	1,846.51	7.3%	Injury, Fracture	1,271.11	5.0%																										
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THEATRE EFFICIENCY																																																									
Description	Current Performance	Trend																																																							
Theatre Efficiency 1. Theatre Utilisation Rates 2. % of theatre sessions starting late 3. % of theatre sessions finishing early 4. % of theatre sessions cancelled at short notice (<28 days) 5. % of operations cancelled on the day	<p>In September 2023 the Theatre Utilisation rate was 73%. This is 7% higher than the figure's reported in August 2023 and are 2% higher than those seen in August 2022 (71%).</p>	<p>1. Theatre Utilisation Rates</p>  <table><caption>Theatre Utilisation Rate (SBU HB)</caption><thead><tr><th>Month</th><th>Utilisation Rate (%)</th></tr></thead><tbody><tr><td>Sep-22</td><td>65</td></tr><tr><td>Oct-22</td><td>70</td></tr><tr><td>Nov-22</td><td>68</td></tr><tr><td>Dec-22</td><td>58</td></tr><tr><td>Jan-23</td><td>68</td></tr><tr><td>Feb-23</td><td>68</td></tr><tr><td>Mar-23</td><td>68</td></tr><tr><td>Apr-23</td><td>68</td></tr><tr><td>May-23</td><td>72</td></tr><tr><td>Jun-23</td><td>68</td></tr><tr><td>Jul-23</td><td>68</td></tr><tr><td>Aug-23</td><td>65</td></tr><tr><td>Sep-23</td><td>73</td></tr></tbody></table>	Month	Utilisation Rate (%)	Sep-22	65	Oct-22	70	Nov-22	68	Dec-22	58	Jan-23	68	Feb-23	68	Mar-23	68	Apr-23	68	May-23	72	Jun-23	68	Jul-23	68	Aug-23	65	Sep-23	73																											
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<p>38% of theatre sessions started late in September 2023. This is a 2% deterioration on performance seen in August 2023 (36%).</p>	<p>2. And 3. % theatre sessions starting late/finishing</p>  <table><caption>% theatre sessions starting late/finishing</caption><thead><tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr></thead><tbody><tr><td>Sep-22</td><td>38</td><td>45</td></tr><tr><td>Oct-22</td><td>38</td><td>42</td></tr><tr><td>Nov-22</td><td>35</td><td>42</td></tr><tr><td>Dec-22</td><td>38</td><td>42</td></tr><tr><td>Jan-23</td><td>35</td><td>42</td></tr><tr><td>Feb-23</td><td>35</td><td>42</td></tr><tr><td>Mar-23</td><td>35</td><td>45</td></tr><tr><td>Apr-23</td><td>35</td><td>45</td></tr><tr><td>May-23</td><td>35</td><td>48</td></tr><tr><td>Jun-23</td><td>35</td><td>42</td></tr><tr><td>Jul-23</td><td>35</td><td>42</td></tr><tr><td>Aug-23</td><td>35</td><td>50</td></tr><tr><td>Sep-23</td><td>36</td><td>50</td></tr></tbody></table>	Month	Late Starts (%)	Early Finishes (%)	Sep-22	38	45	Oct-22	38	42	Nov-22	35	42	Dec-22	38	42	Jan-23	35	42	Feb-23	35	42	Mar-23	35	45	Apr-23	35	45	May-23	35	48	Jun-23	35	42	Jul-23	35	42	Aug-23	35	50	Sep-23	36	50														
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<p>In September 2023, 50% of theatre sessions finished early. This is 1% lower than figures seen in August 2023 and 2% higher than those seen in September 2022</p>																																																									
<p>7% of theatre sessions were cancelled at short notice in September 2023. This is 3% higher than the figure reported in August 2023 and is 2% lower than figures seen in September 2022.</p>	<p>4. % theatre sessions cancelled at short notice (<28 days)</p>  <table><caption>% 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>Sep-22</td><td>10</td><td>40</td><td>10</td></tr><tr><td>Oct-22</td><td>10</td><td>20</td><td>10</td></tr><tr><td>Nov-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Dec-22</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Jan-23</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Feb-23</td><td>10</td><td>20</td><td>10</td></tr><tr><td>Mar-23</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Apr-23</td><td>10</td><td>10</td><td>10</td></tr><tr><td>May-23</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Jun-23</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Jul-23</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Aug-23</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Sep-23</td><td>10</td><td>15</td><td>10</td></tr></tbody></table>	Month	Morriston (%)	NPTH (%)	Singleton (%)	Sep-22	10	40	10	Oct-22	10	20	10	Nov-22	10	15	10	Dec-22	10	15	10	Jan-23	10	15	10	Feb-23	10	20	10	Mar-23	10	15	10	Apr-23	10	10	10	May-23	10	10	10	Jun-23	10	15	10	Jul-23	10	15	10	Aug-23	10	15	10	Sep-23	10	15	10
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<p>Of the operations cancelled in September 2023, 38% of them were cancelled on the day. These are the same figures reported in August 2023.</p>	<p>5. % of operations cancelled on the day</p>																																																								

		<p>% operations cancelled on the day</p>
PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in September 2023 was 92% and 4,084 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,763 surveys in September 2023, with a recommended score of 95%. Morrison Hospital completed 2,303 surveys in September 2023, with a recommended score of 90%. Primary & Community Care completed 379 surveys for September 2023, with a recommended score of 97%. The Mental Health Service Group completed 28 surveys for September 2023, with a recommended score of 100%. 	1. Number of friends and family surveys completed <p> ■ MH & LD ■ Neath Port Talbot ■ Singleton Hospital ■ Morrison Hospital ■ Primary & Community </p> 2. % of patients/ service users who would recommend and highly recommend

		<p>Line chart showing performance trends for MH&LD, Morriston, NPT, PCCS, and Singleton from Sep-22 to Sep-23. The y-axis ranges from 50% to 100%. PCCS consistently shows the highest performance, while Morriston shows the lowest.</p>
COMPLAINTS		
Description	Current Performance	Trend
Patient concerns 1. <i>Number of formal complaints received</i> 2. <i>Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days</i>	1. In July 2023, the Health Board received 147 formal complaints; this is a reduction when compared with June 2023 figures (217) and this is a 4% reduction on the number seen in July 2022. 2. The overall Health Board rate for responding to concerns within 30 working days was 64% in July 2023, against the Welsh Government target of 75% and Health Board target of 80%.	<div> 1. Number of formal complaints received <p>Bar chart showing the number of formal complaints received by MH & LD, Morriston Hospital, NPT Hospital, PCCS, and Singleton Hospital from Feb-23 to Jul-23. Morriston Hospital consistently receives the highest number of complaints.</p> </div> <div> 2. Response rate for concerns within 30 days </div>



FINANCE UPDATES

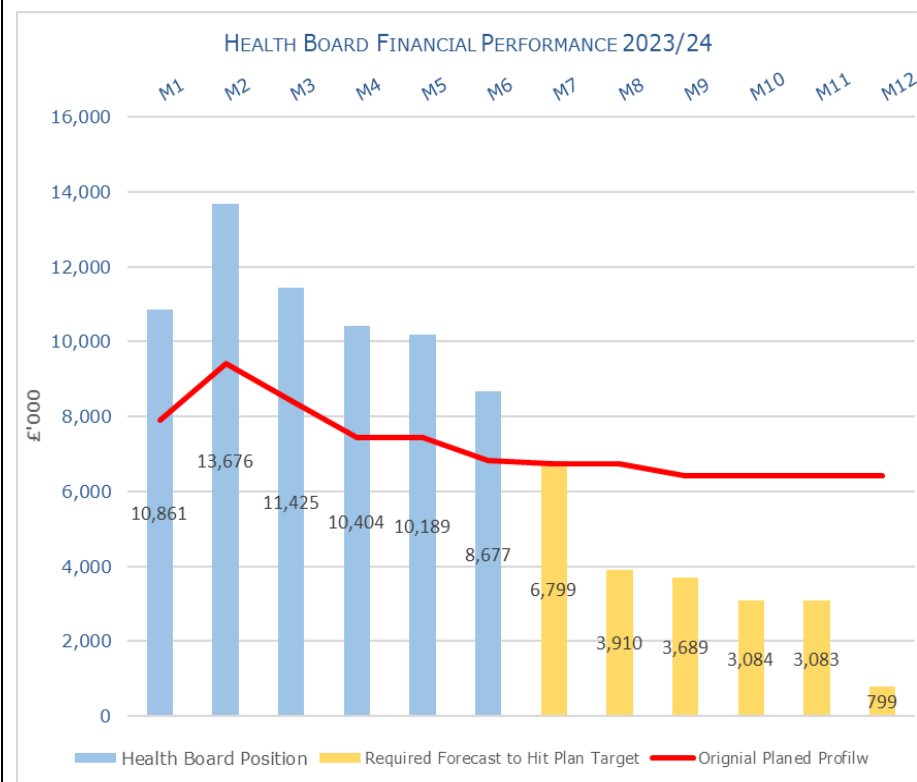
This section of the report provides further detail on key workforce measures.

Description	Current Performance	Trend
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Revenue Financial Position – expenditure incurred against revenue resource limit

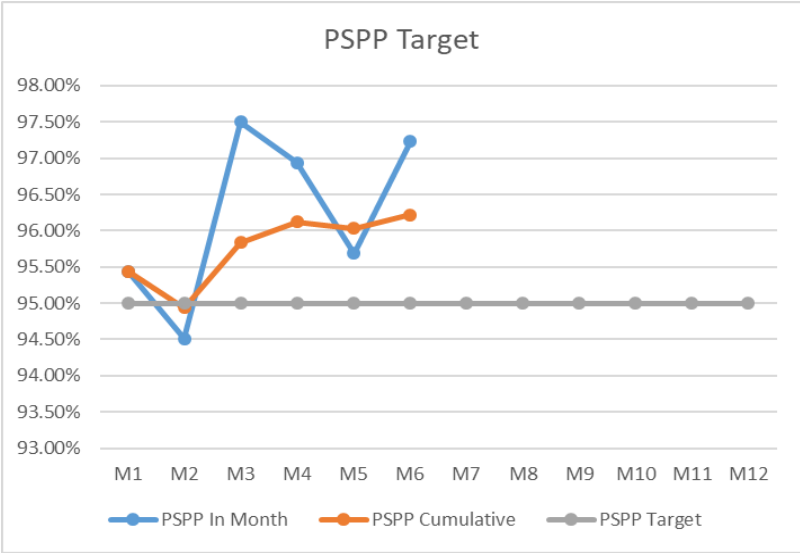
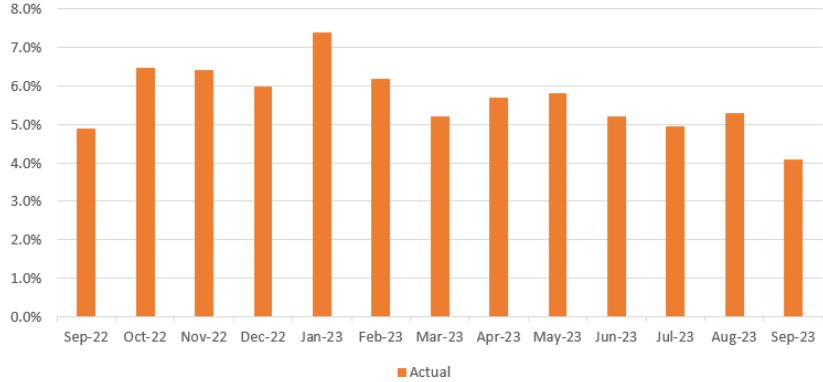
Key assumptions underpinning the plan:

- No unmet b/f savings from 2022/23 = **£0m**
- Run rate to remain within the envelope provided = **£11m**
- Savings requirement = **£22.2m**
- The actual month variance is an overspend in month of £8.677m and a cumulative overspend position of £65.231m.



Description	Current Performance	Trend
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<p>Capital Financial Position – expenditure incurred against capital resource limit</p>	<ul style="list-style-type: none"> The forecast outturn capital position for 2023/24 is an overspend of £2.783m. Allocations are anticipated from Welsh Government, which will balance this position. Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government. 	<p>Capital - Cumulative Performance to Plan</p> <p>£'000</p> <p>Forecast Actual/Revised Forecast</p>
<p>Workforce Spend – workforce expenditure profile</p>	<ul style="list-style-type: none"> The pay budgets are overspent by £848k in September. Variable pay has decreased again in September by circa. £690k. WLI was overspent by £121k and Irregular Sessions by £28k, this was offset by underspends in Agency – Non Medical of £517k, Agency – Medical of £215k and Bank of £114k. Whilst variable pay continues to fall, further work is required to bring spend down in line with the current year budget. 	<p>Variable Pay Expenditure</p> <p>Bank Overtime Agency - Non Medical Agency - Medical WLI Irregular Sessions Current Year Budget Last Year Expenditure</p>
<p>Description</p>	<p>Current Performance</p>	<p>Trend</p>

<p>PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> The cumulative PSPP compliance has increased this month and remains above target at 96.22%. In September the compliance increased and now stands above target at 97.23% (August - 95.69%). Although the PSPP was achieved this month, there were still delays in receipting and Authorising. 	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p>  <p>The chart displays three data series over 12 months (M1 to M12). The 'PSPP Target' is a constant horizontal line at 95.00%. The 'PSPP In Month' (blue line) starts at 95.00% in M1, drops to 94.50% in M2, rises to 97.50% in M3, drops to 97.00% in M4, drops to 95.50% in M5, and rises to 97.23% in M6. The 'PSPP Cumulative' (orange line) starts at 95.00% in M1, drops to 94.50% in M2, rises to 95.80% in M3, rises to 96.22% in M4, drops to 96.00% in M5, and rises to 96.22% in M6.</p>
<p>Agency spend as a of the total pay bill</p>	<ul style="list-style-type: none"> The agency spend as a percentage of the total pay bill has decreased in September 2023 to 4.1% compared to 5.3% in August 2023. 	<p>Agency spend as a percentage of the total pay bill</p>  <p>The bar chart shows the actual agency spend as a percentage of the total pay bill for each month from September 2022 to September 2023. The values are: Sep-22 (4.9%), Oct-22 (6.4%), Nov-22 (6.3%), Dec-22 (5.9%), Jan-23 (7.3%), Feb-23 (6.1%), Mar-23 (5.2%), Apr-23 (5.6%), May-23 (5.7%), Jun-23 (5.2%), Jul-23 (4.9%), Aug-23 (5.3%), and Sep-23 (4.1%).</p>

5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

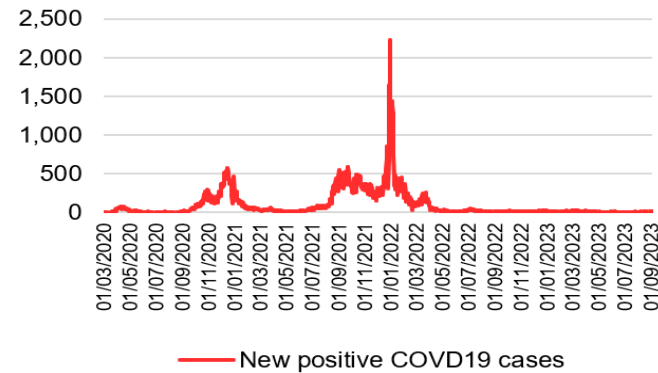


Chart 2: Number of new COVID19 cases (cumulative)

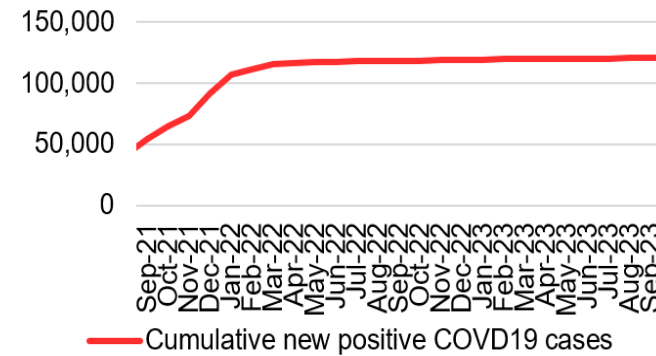


Chart 3: Number of COVID19 tests completed and positivity rate

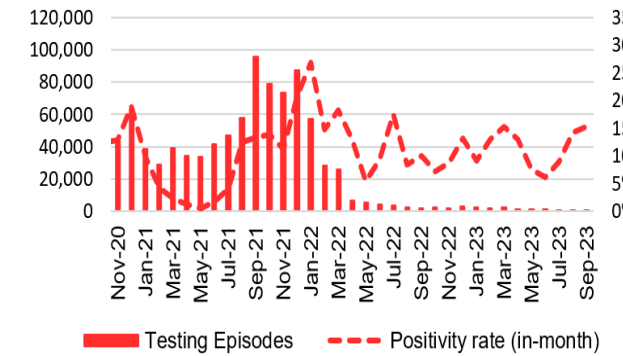


Chart 4: Number of staff referred for Antigen testing

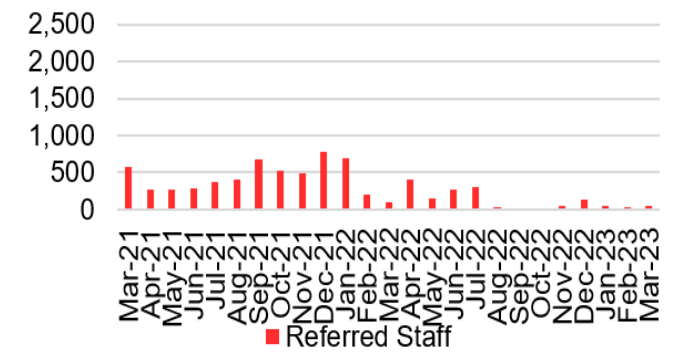


Chart 5: Outcome of staff COVID19/ antigen tests

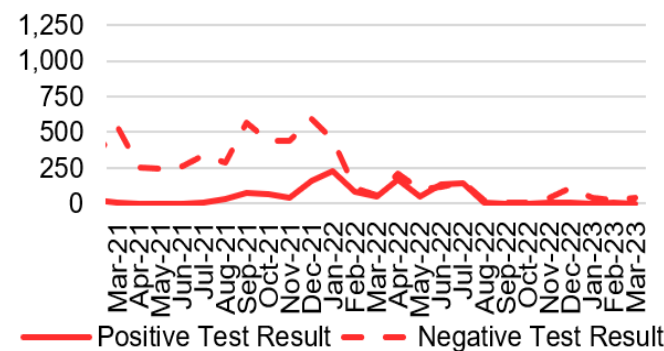


Chart 6: Number of COVID19 related incidents

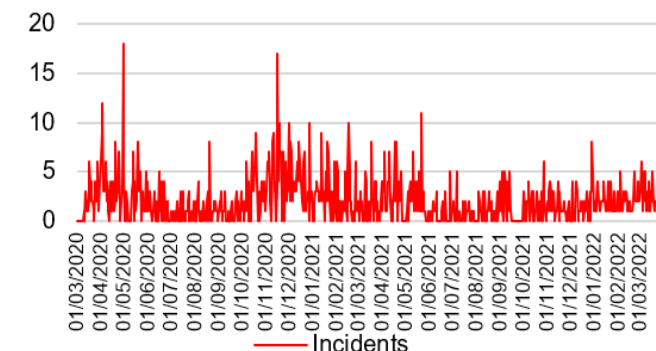


Chart 7: Number of COVID19 related serious incidents

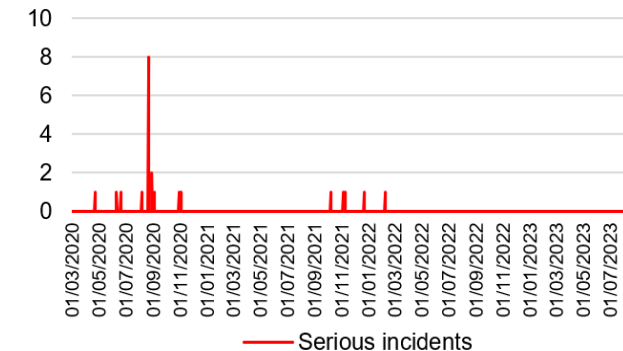


Chart 8: Number of COVID19 related complaints

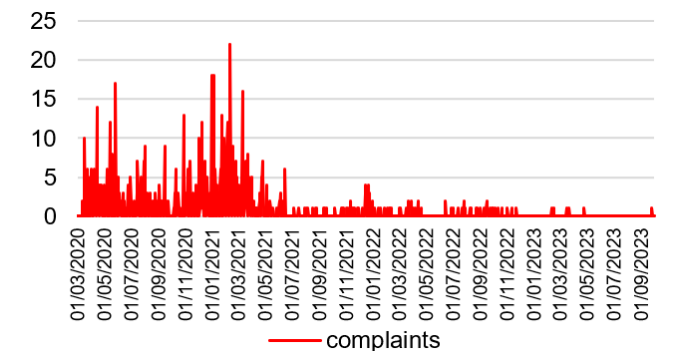


Chart 9: Number of COVID19 related risks

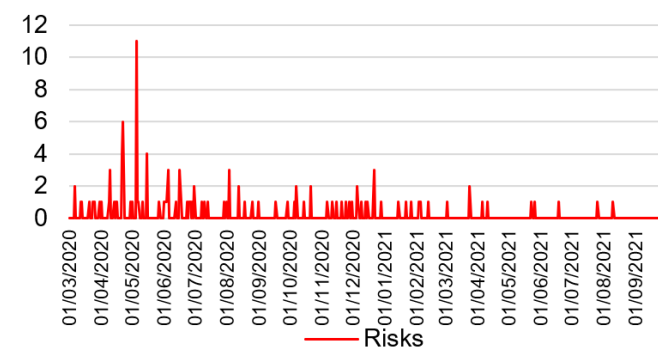


Chart 10: Number of staff self-isolating (asymptomatic)

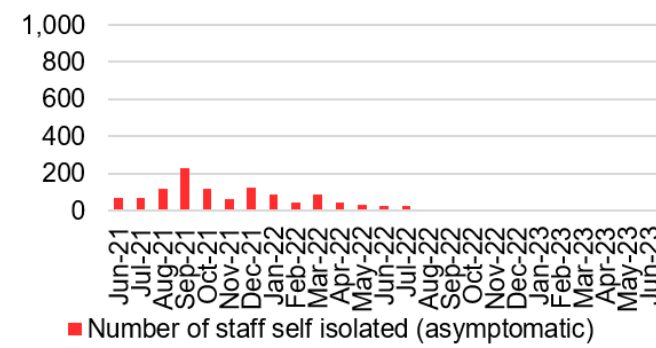


Chart 11: Number of staff self isolating (symptomatic)

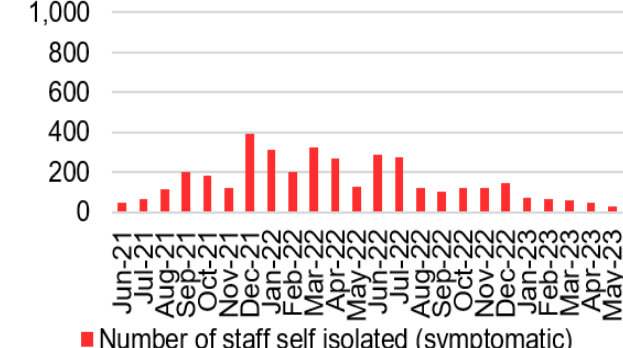


Chart 12: % staff sickness

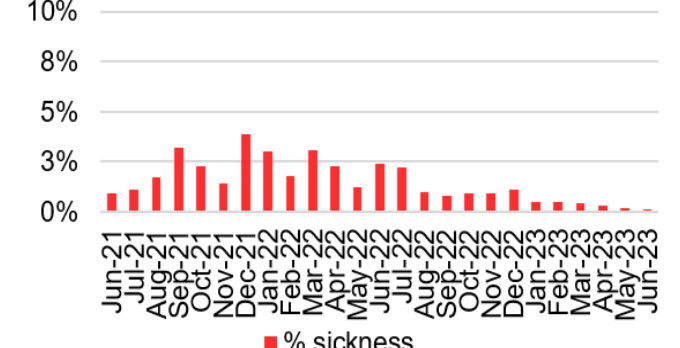


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

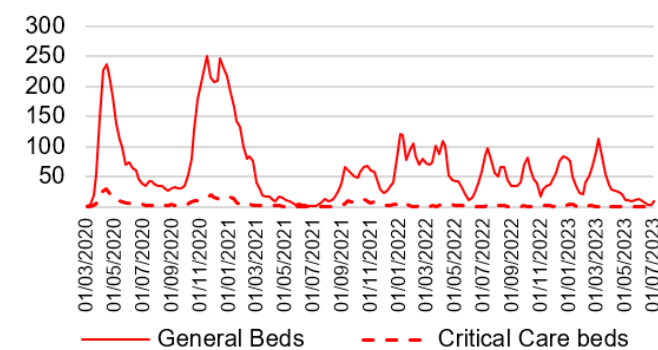


Chart 14: Number of hospital deaths with any mention of COVID19



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

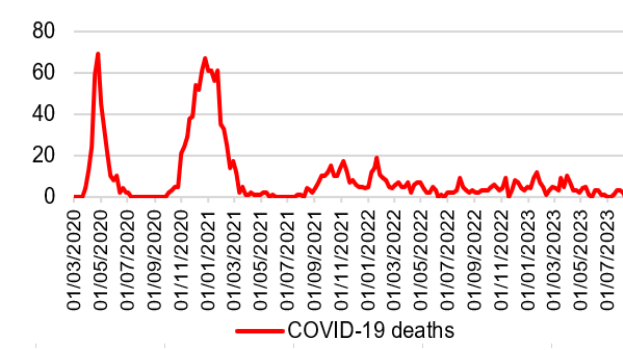
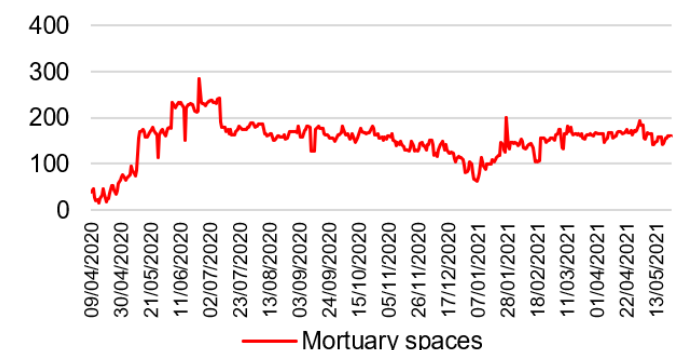


Chart 16: Number of mortuary spaces



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111

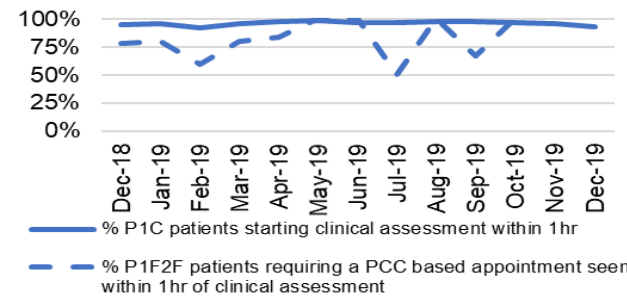


Chart 2: % red calls responded to within 8 minutes

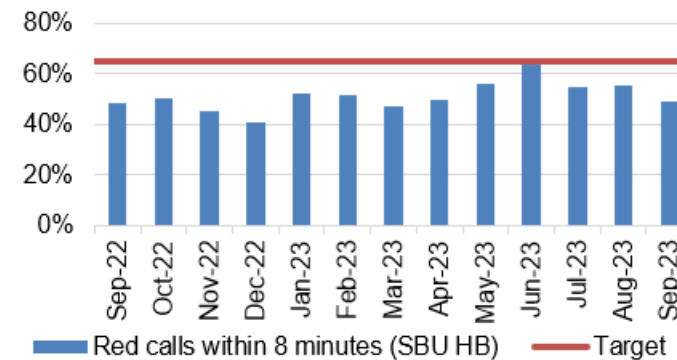


Chart 3: Number of ambulance handovers over 1 hour

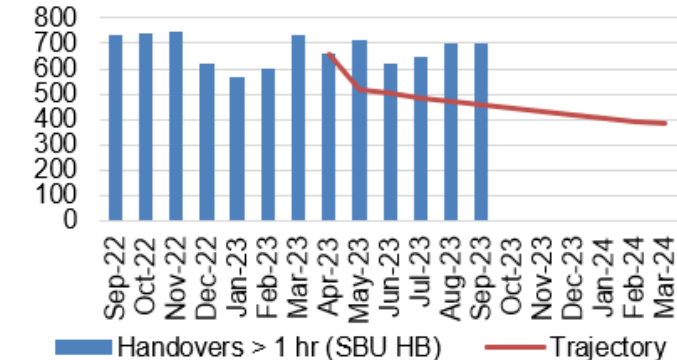


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

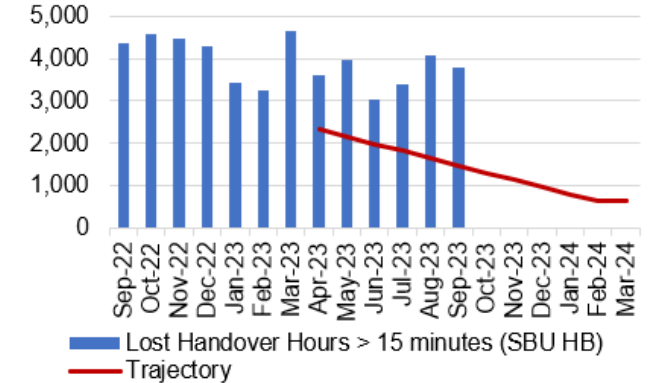


Chart 5: A&E Attendances

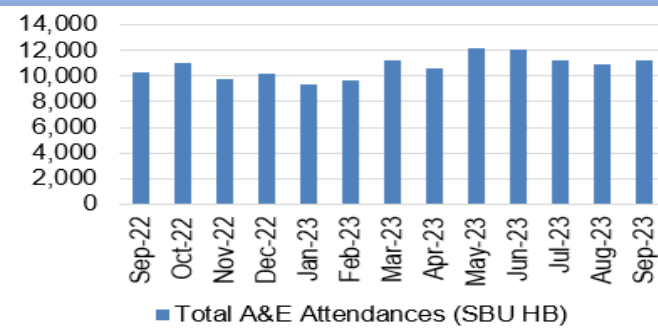


Chart 6: % patients who spend less than 4 hours in A&E

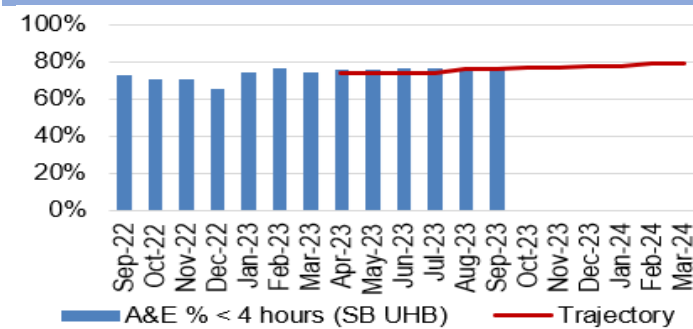


Chart 7: Number of patients waiting over 12 hours in A&E

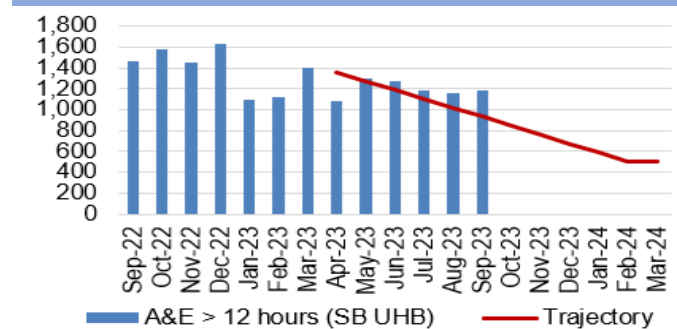


Chart 8: Number of emergency admissions

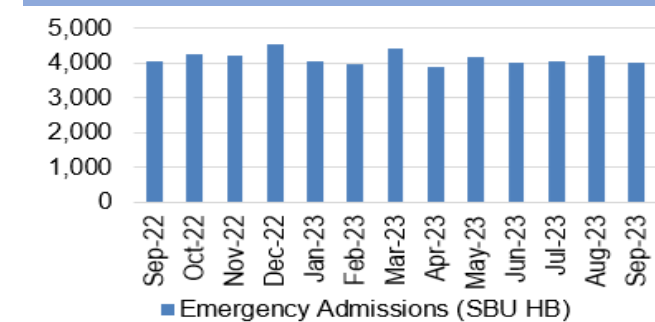


Chart 9: Elective procedures cancelled due to lack of beds

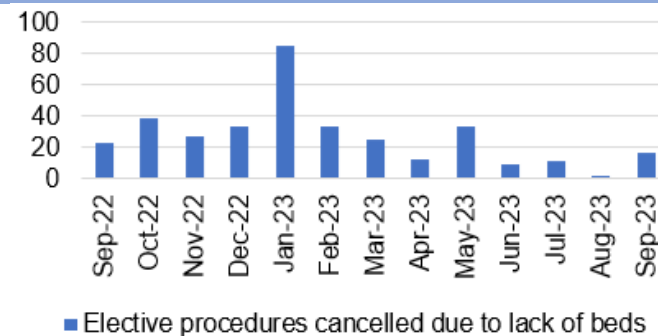


Chart 10: Number of clinically optimised patients



Chart 11: Delay reason for clinically optimised patients

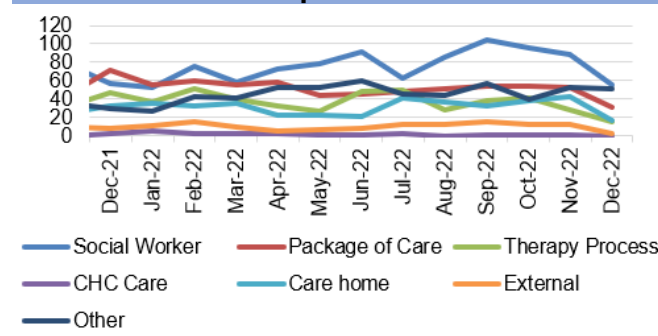


Chart 12: Average lost bed days (per day)

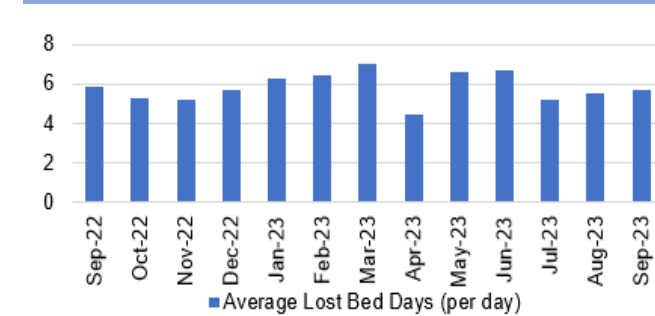


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

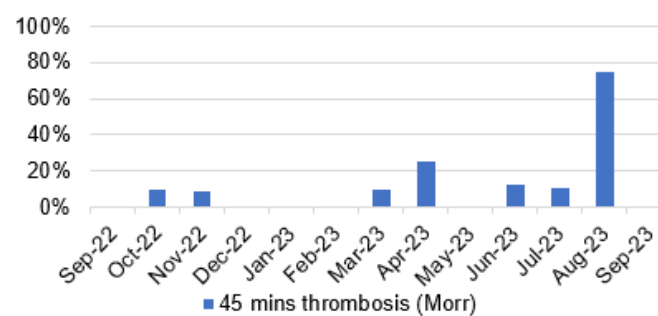


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

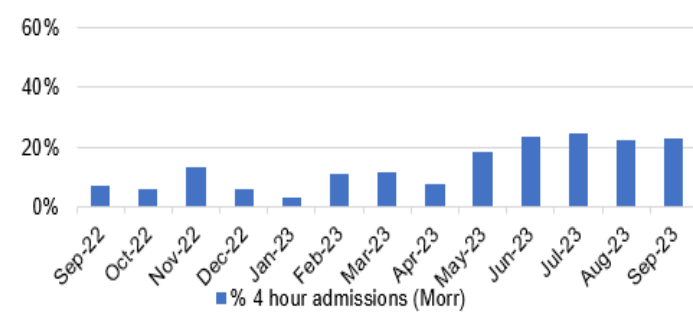


Chart 15: % of stroke patients receiving CT scan with 1 hour

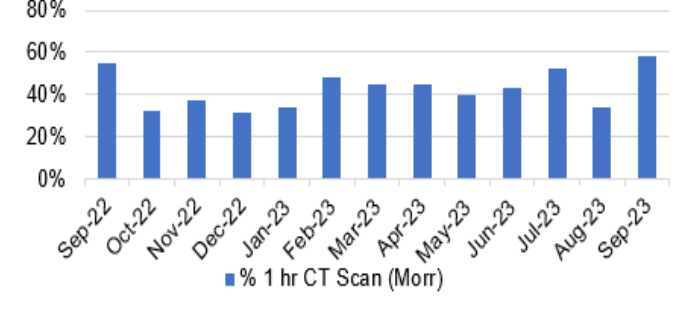
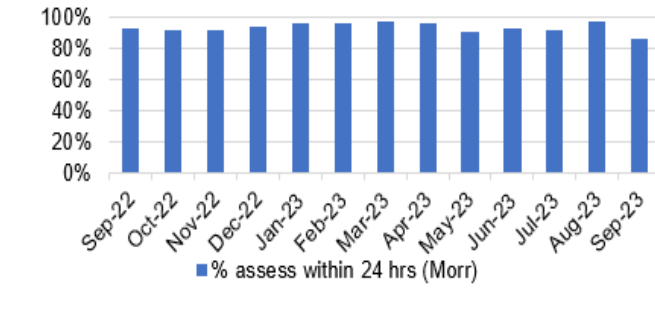


Chart 16: % stroke patients receiving consultant assessment within 24 hours



HARM FROM REDUCTION IN NON-COVID ACTIVITY

Primary and Community Care Overview

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

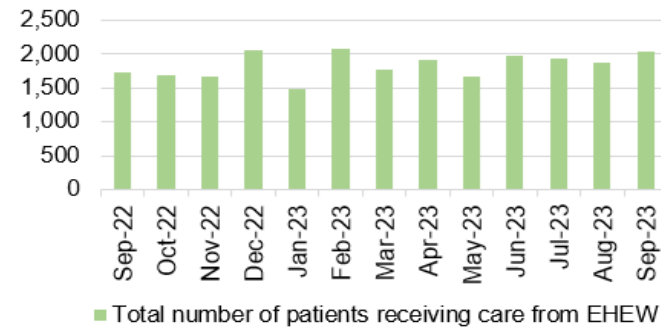


Chart 2: GMS - Escalation Levels



Chart 3: GMS - Sustainability



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

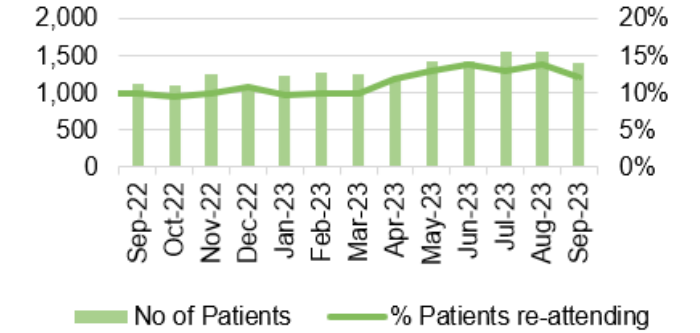


Chart 5: General Dental Services - Activity

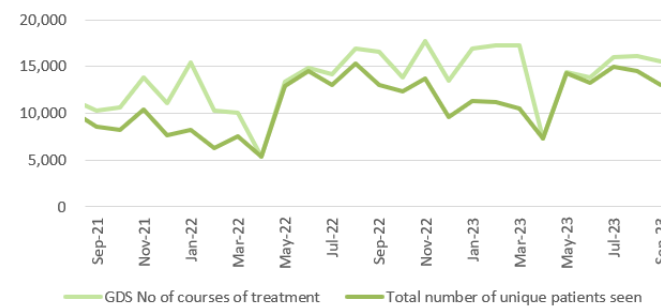


Chart 6: General Dental Services - New Patients

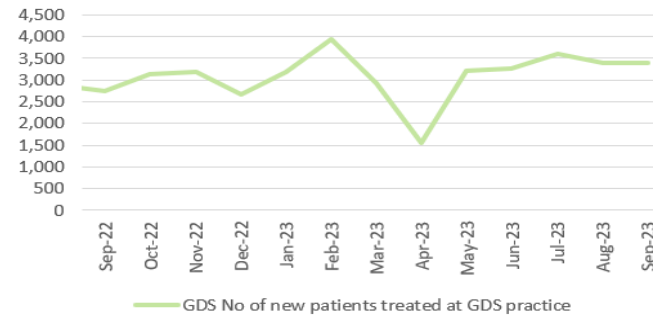


Chart 7: General Dental Services - ACORNs/FV

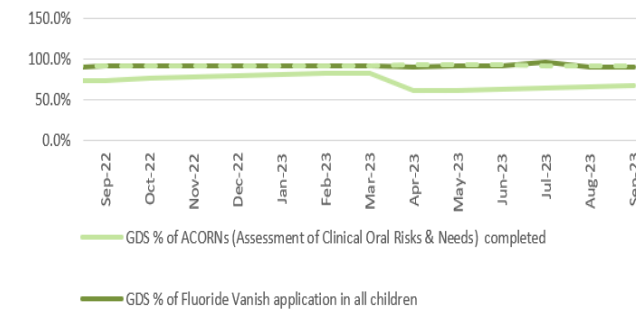


Chart 8: Optometry Activity – sight tests

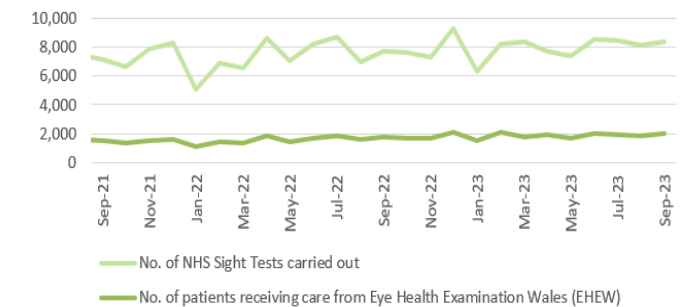


Chart 9: Optometry Activity – low vision care

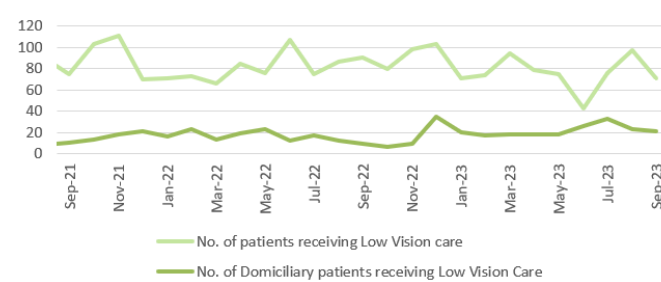


Chart 10: Community Pharmacy – Escalation levels

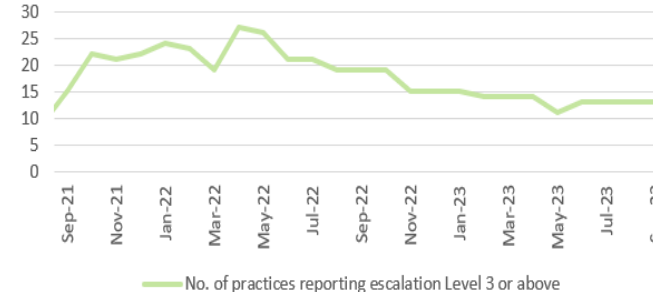


Chart 11: Common Ailment Scheme – No. consultations provided

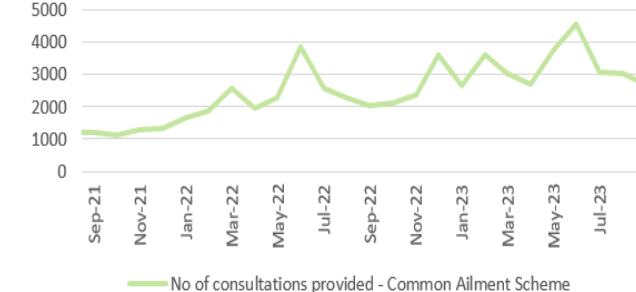


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

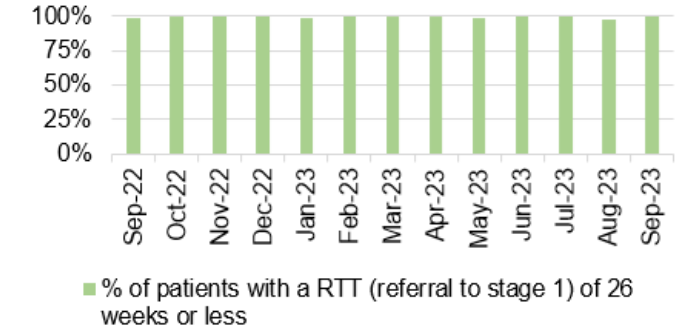


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

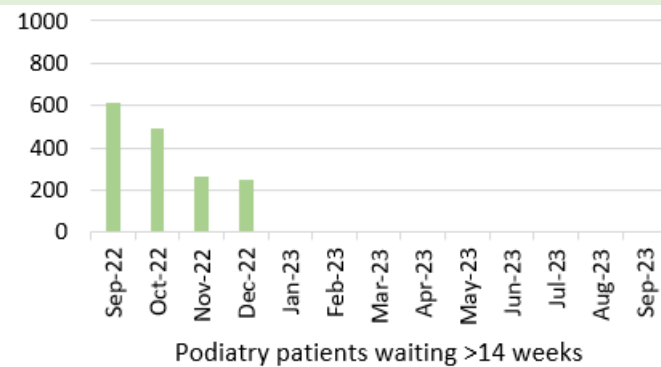


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

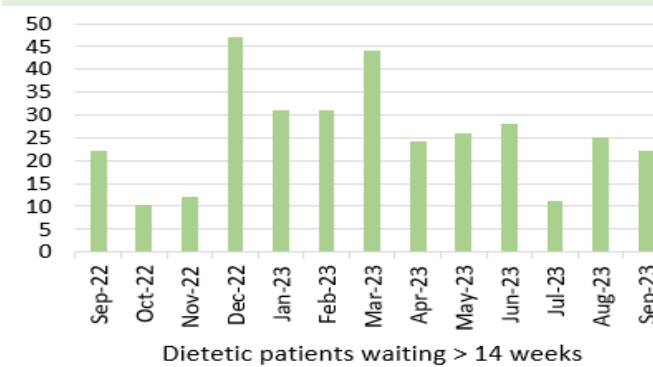


Chart 15: Audiology- Total number of patients waiting > 14 weeks

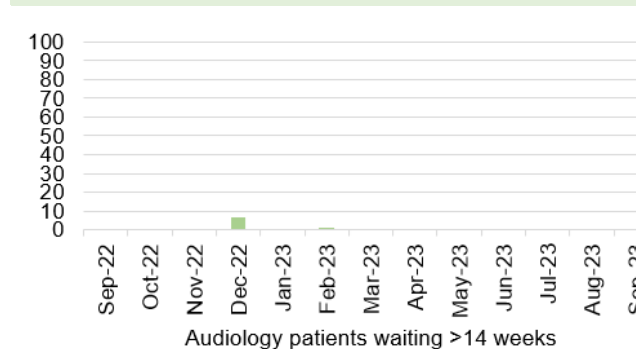
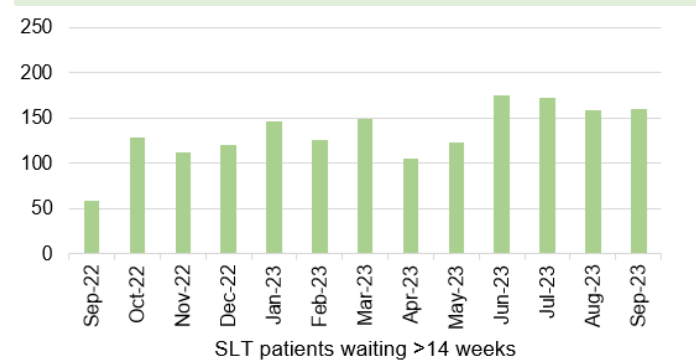


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity

Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

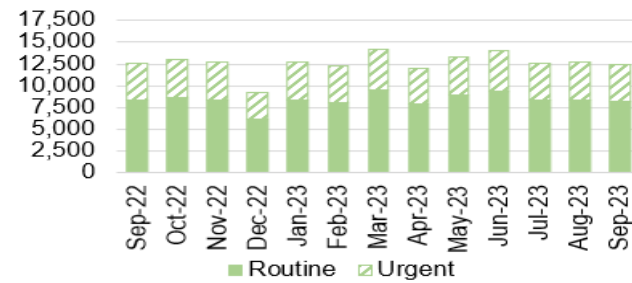


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

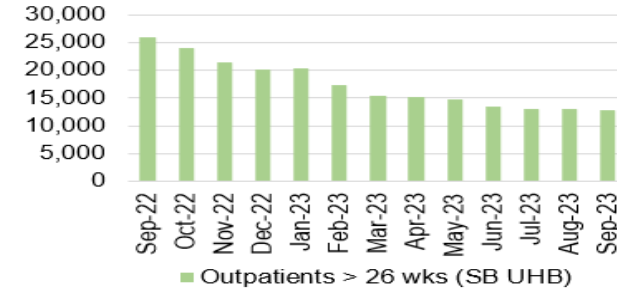


Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1

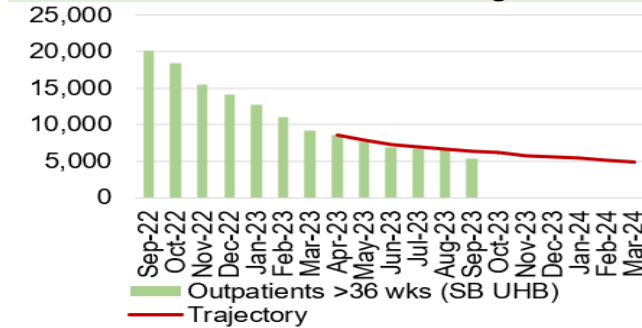


Chart 4: Number of patients waiting over 52 weeks for treatment

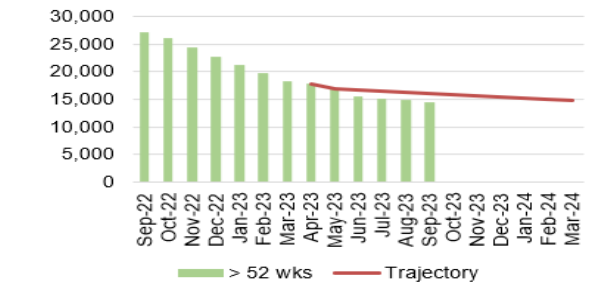


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

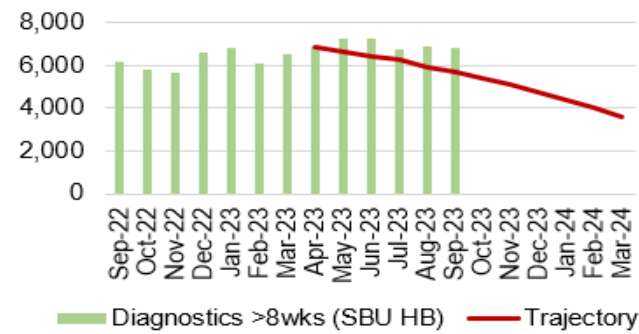


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

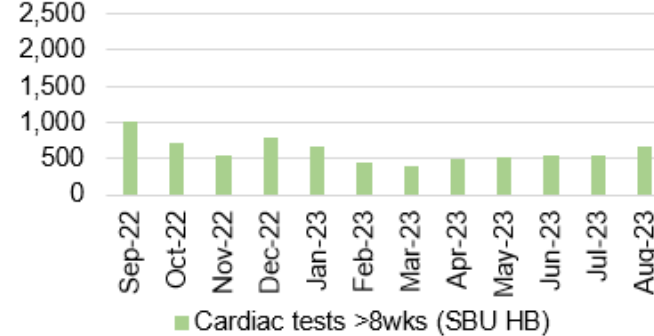


Chart 7: Number of patients waiting more than 14 weeks for Therapies

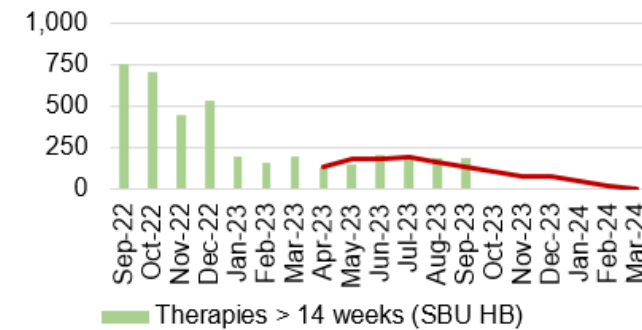


Chart 8: Cancer referrals

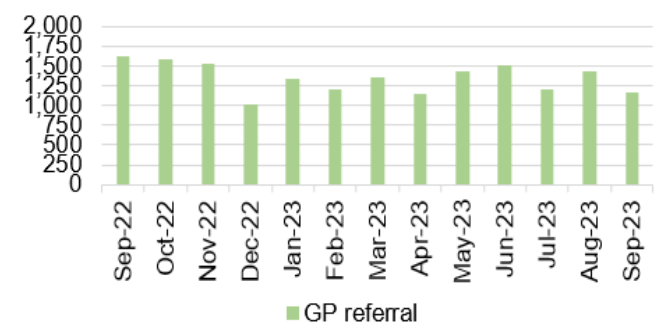


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

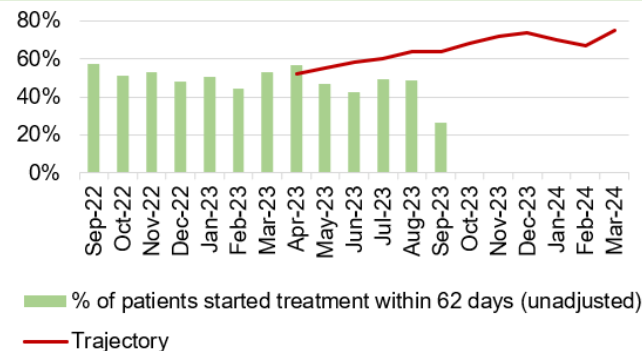


Chart 10: Number of new cancer patients starting definitive treatment



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

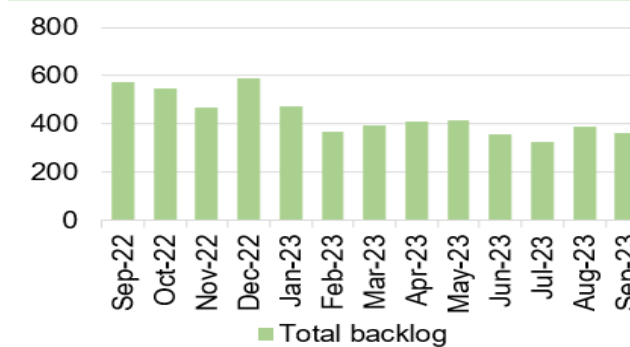


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

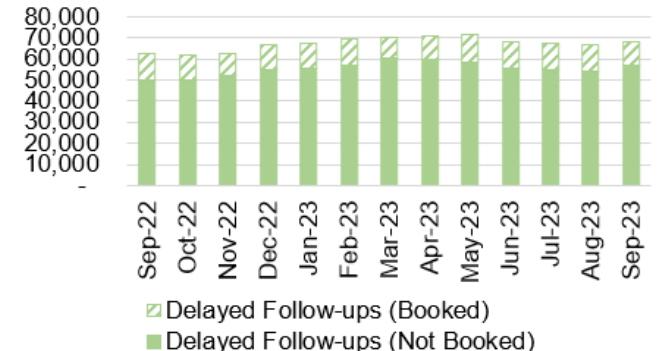


Chart 13: Number of patients without a documented clinical review date



Chart 14: Ophthalmology patients without an allocated health risk factor

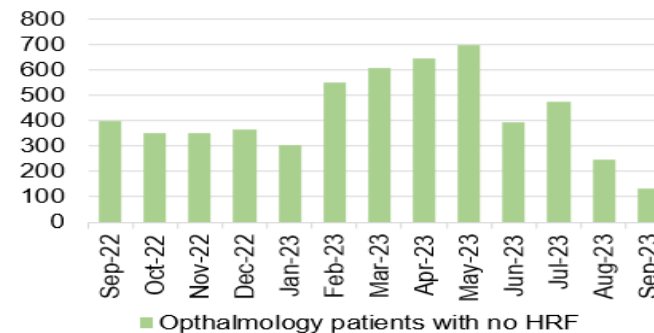


Chart 15: Total number of patients on the follow-up waiting list

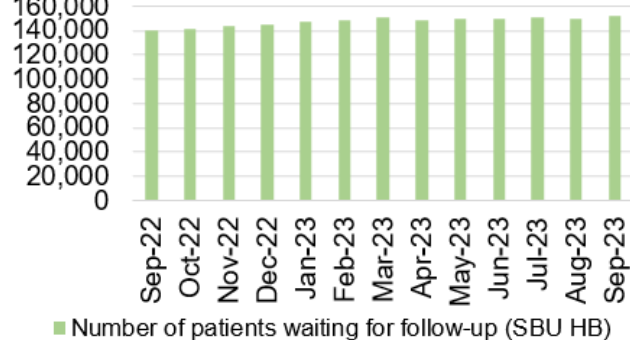
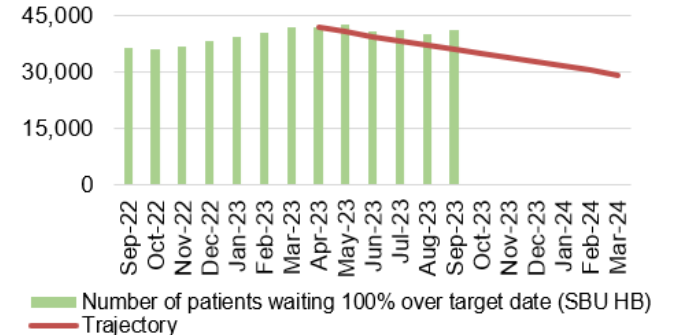


Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

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



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

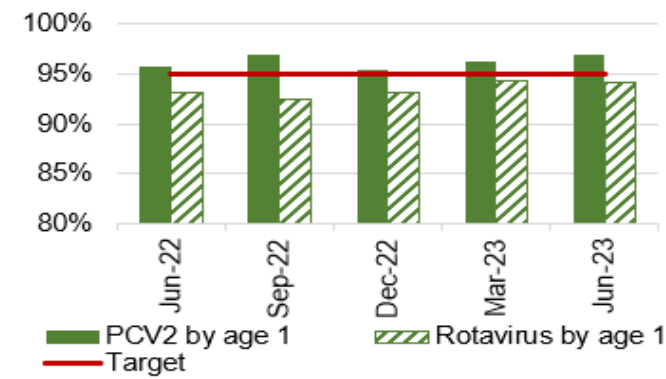


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

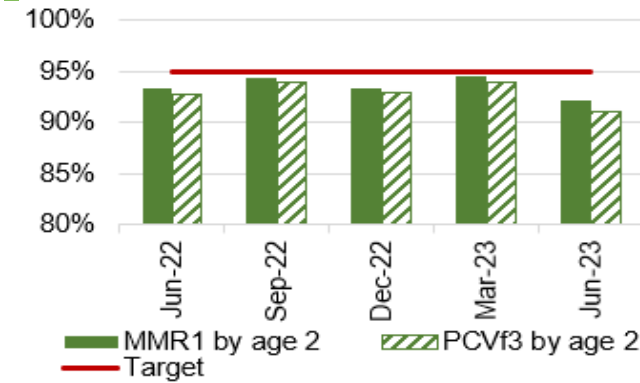


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

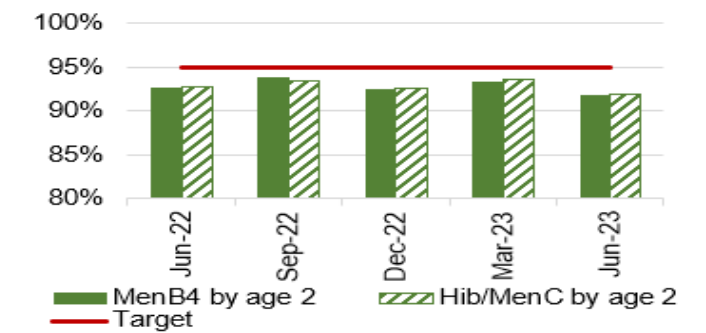


Chart 5: % children who are up to date in schedule by age 4

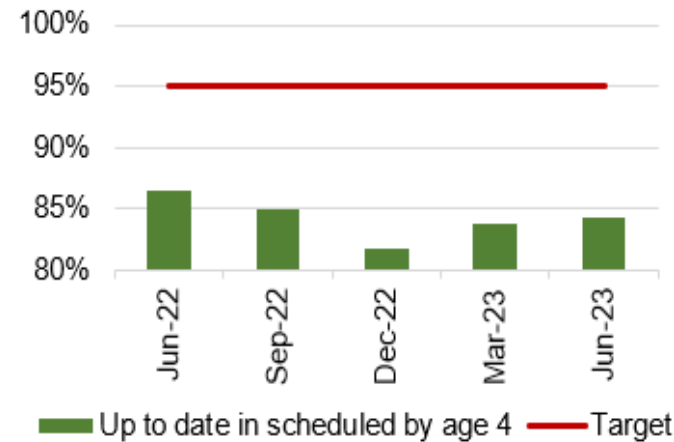


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

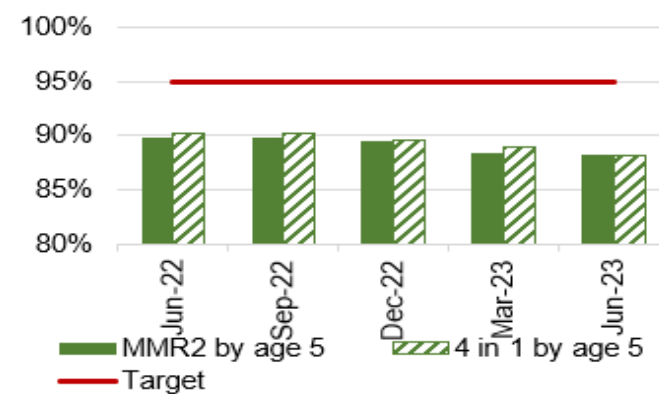


Chart 7: % children who received MMR vaccine and teenage booster by age 16

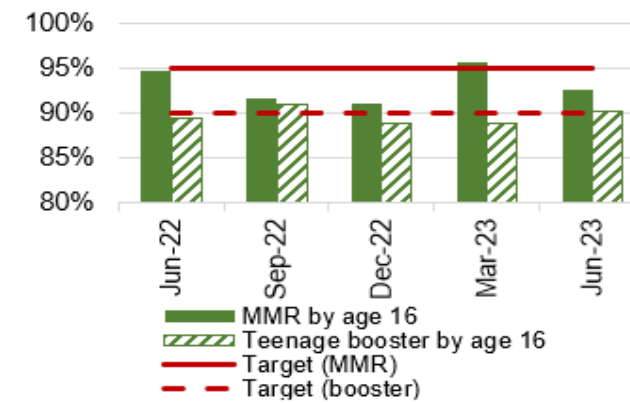


Chart 8: % children who received MenACWY vaccine by age 16

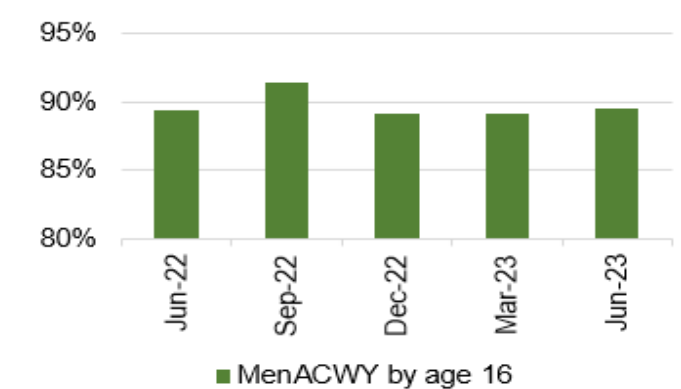
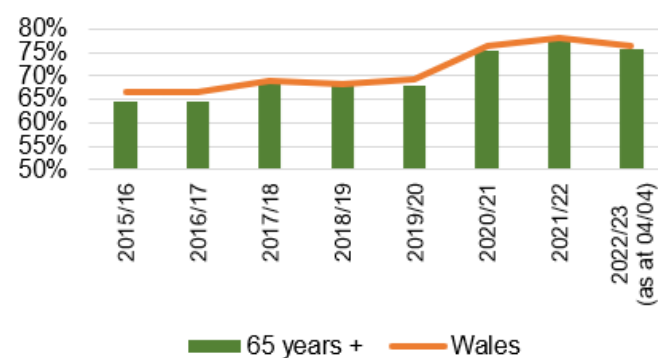
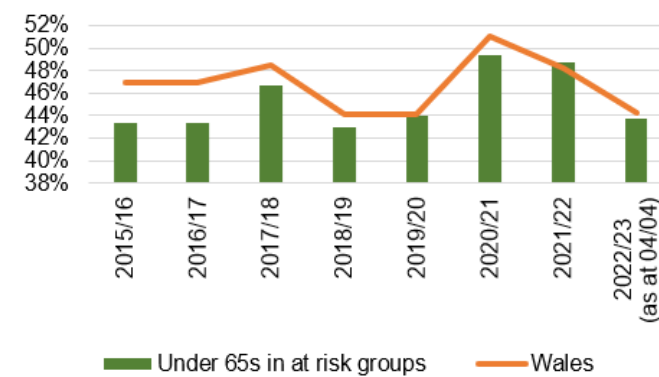


Chart 9: Influenza uptake for amongst 65 year olds and over



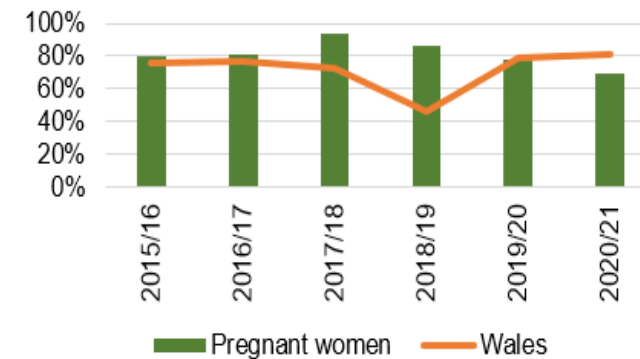
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



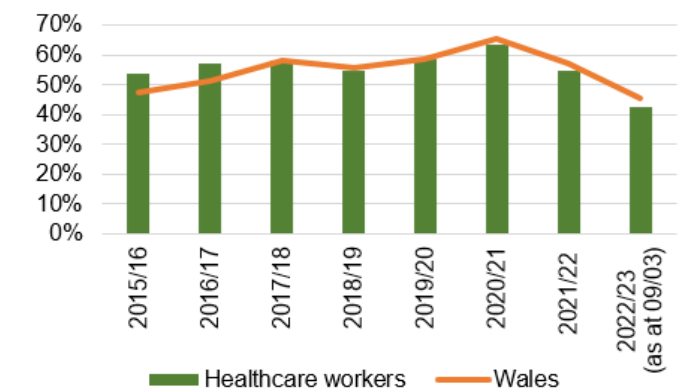
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

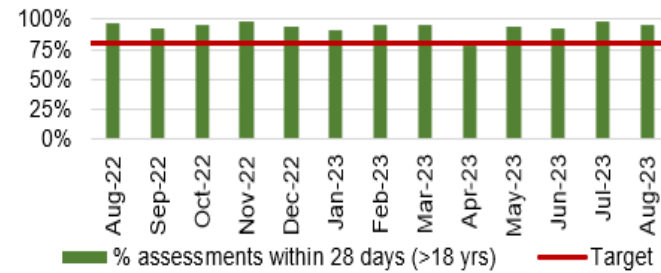


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

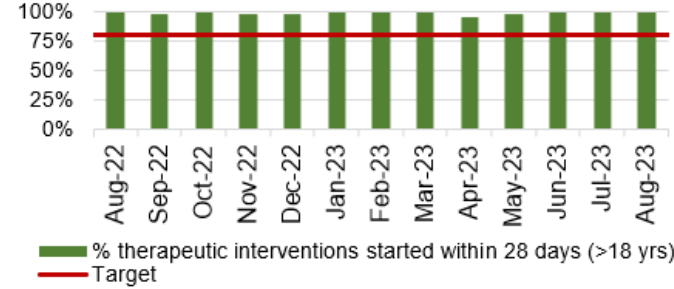


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

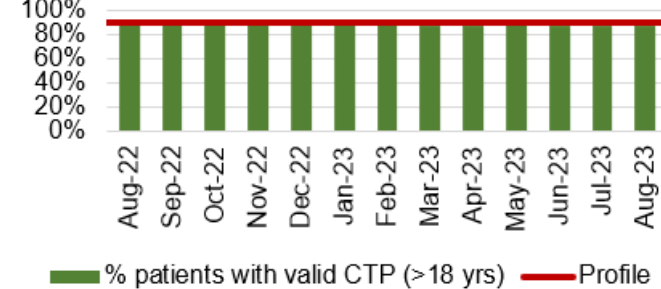


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

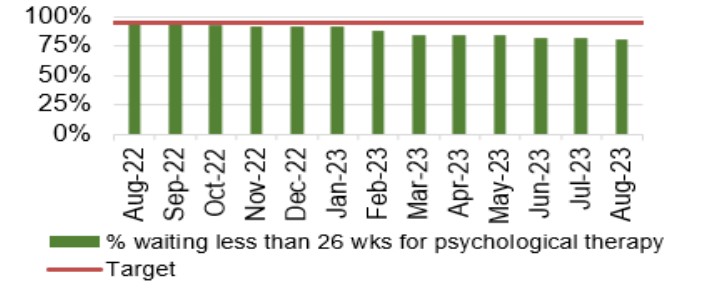


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

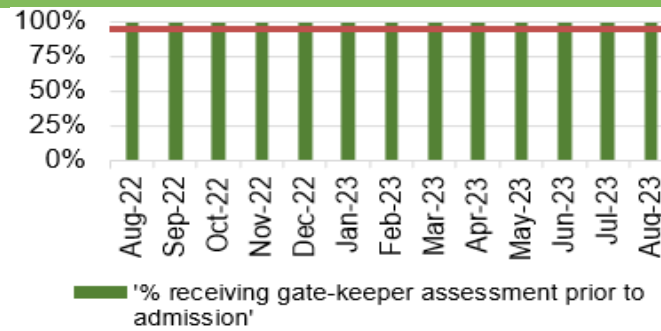


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

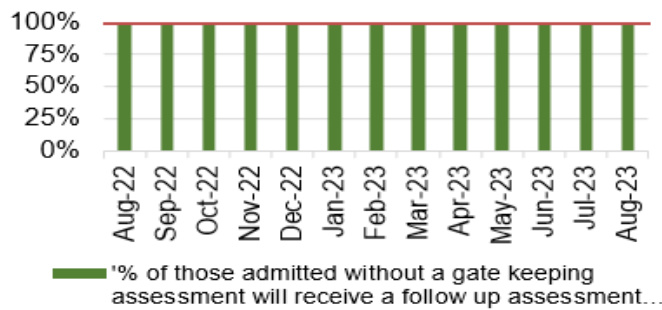


Chart 7: % of patients waiting under 14 weeks for Therapies

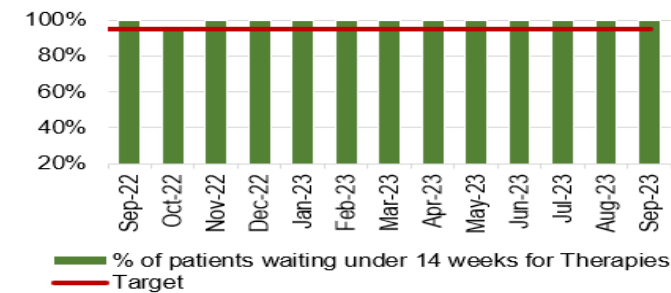


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

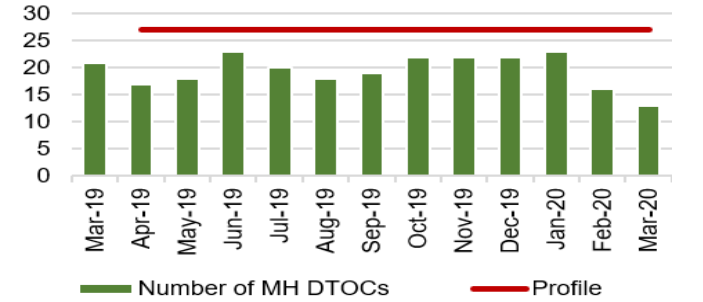


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

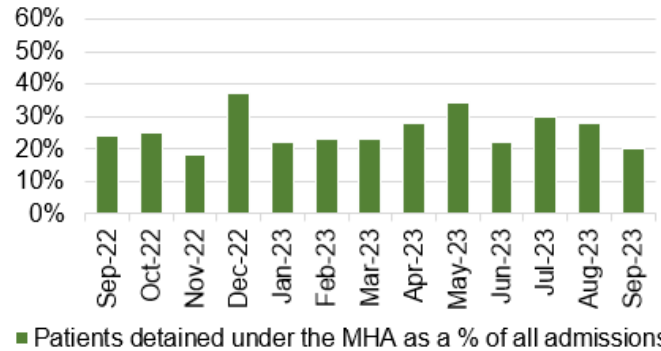


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

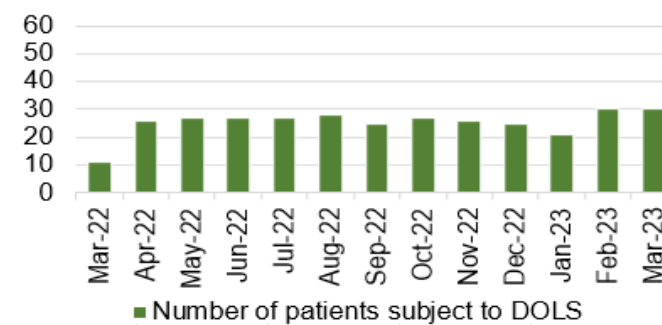


Chart 11: Number of Nationally Reportable Incidents

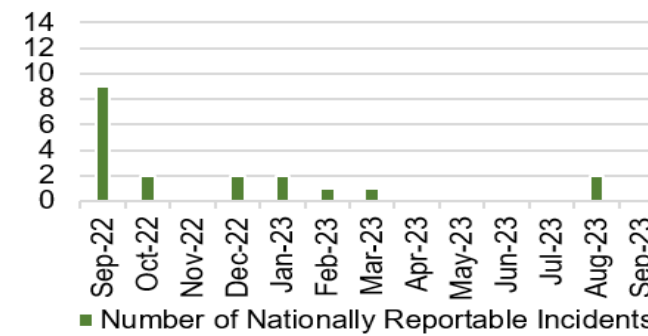
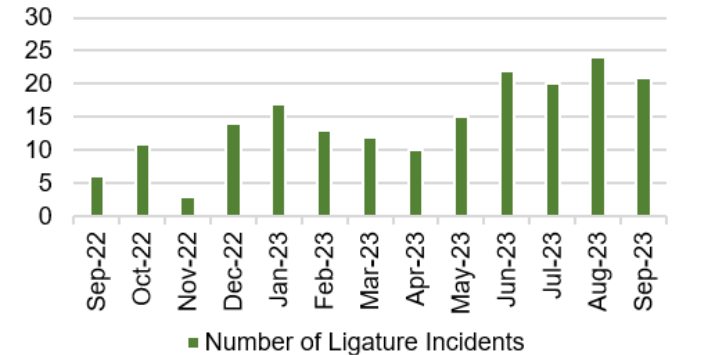


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

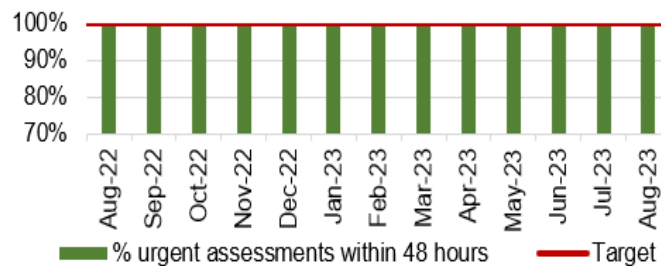


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks



Chart 15: Assessment and intervention within 28 days

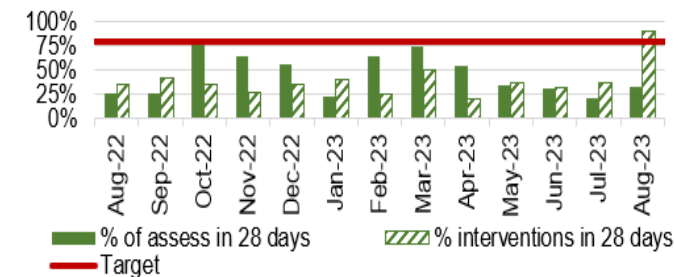
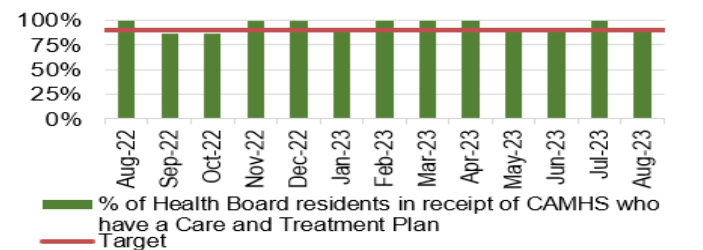


Chart 16: % of residents with a Care and Treatment Plan








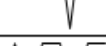

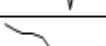


APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

		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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
COVID19 related measures	Number of new COVID19 cases	Local	Sep-23	139		Reduce					218	171	171	395	230	249	378	153	81	60	84	132	139	
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce					17,926	17,934	17,981	18,108	18,157	18,187	18,230							
	Number of staff awaiting results of COVID19 test	Local	Sep-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of COVID19 related incidents	Local	Sep-23	37		Reduce					84	61	51	61	34	33	57	29	61	90	23	33	37	
	Number of COVID19 related serious incidents	Local	Sep-23	0		Reduce					1	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of COVID19 related complaints	Local	Sep-23	1		Reduce					11	3	3	0	0	2	2	1	0	0	0	0	1	
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Jun-23	0		Reduce					5	1	0	0	0	1	0	0	0	0				
	Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce					100	121	124	144	70	63	57	45	27	7				
% sickness	Local	Jun-23	0.1%		Reduce						0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Sep-23	49%	65%	65%	✗	39.5% (Dec-22)	3rd (Dec-22)		49%	50%	46%	41%	52%	52%	48%	50%	56%	64%	55%	56%	49%	
	Number of ambulance handovers over one hour	National	Sep-23	695	↑ trajectory	458	✗	6,798 (Dec-22)	1st (Dec-22)		732	739	744	614	561	594	729	658	708	615	643	694	695	
	Handover hours lost over 15 minutes	Local	Sep-23	3807							4,378	4,599	4,456	4,289	3,440	3,245	4,659	3,627	3,952	3,018	3,383	4,075	3,807	
	% 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	Sep-23	77%	Month on month improvement		✓	63.1% (Dec-22)	4th (Dec-22)		73%	71%	70%	65%	74%	76%	74%	75%	75%	76%	76%	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	Sep-23	1180	↑ trajectory	930	✗	12,099 (Dec-22)	4th (Dec-22)		1,470	1,584	1,456	1,632	1,089	1,125	1,395	1,083	1,303	1,274	1,179	1,156	1,180	
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Sep-23	23.3%							7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	23.8%	25.0%	22.7%	23.3%	
	CT Scan (<1 hrs) (local)	Local	Sep-23	58.1%							55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	42.9%	52.1%	34.1%	58.1%	
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Sep-23	86.0%							92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	92.9%	91.7%	97.7%	86.0%	
	Thrombolysis door to needle <= 45 mins	Local	Sep-23	0.0%							0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%	0.0%	12.5%	11.1%	75.0%	0.0%	
	% stroke patients who receive mechanical thrombectomy	Local	Sep-23	9.1%	10%		✗	2.1% (Nov-22)	4th (Nov-22)		0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	6.5%	2.0%	7.1%	5.0%	3.6%	6.3%	9.1%	
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	Local	Sep-23	72.0%	12 month ↑		✓	50.7% (Nov-22)	4th (Nov-22)		35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%	68.6%	62.9%	66.7%	65.1%	47.3%	72.0%	
	Of the nationally reportable incidents due for assurance, the % which were assured within the	National	Sep-23	0.0%		80%	✗				-	75%	73%	85%	67%	67%	83%	80%	67%	-	40%	83%	50%	
	Number of new Never Events	Local	Sep-23	0		0	✓				0	0	1	0	0	1	0	0	1	0	1	1	0	
	Number of risks with a score greater than 20	Local	Sep-23	152		12 month ↓	✗				133	134	136	137	141	143	148	138	135	143	142	146	152	
	Number of risks with a score greater than 16	Local	Sep-23	322		12 month ↓	✗				270	268	278	280	290	295	307	296	289	300	303	316	322	
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Aug-23	60		12 month ↓	✗				39	59	69	47	64	60	76	83	83	67	67	60		
	Number of pressure ulcers developed in the		Aug-23	38		12 month ↓	✓				40	44	45	42	45	41	62	31	41	39	33	38		
	Total number of pressure ulcers		Aug-23	98		12 month ↓	✗				79	103	114	89	109	101	138	114	124	106	100	98		
	Number of grade 3+ pressure ulcers acquired in hospital		Aug-23	4		12 month ↓	✗				0	1	7	8	4	4	7	5	10	6	1	4		
	Number of grade 3+ pressure ulcers acquired in community		Aug-23	7		12 month ↓	✗				6	2	7	13	4	9	14	7	9	9	6	7		
	Total number of grade 3+ pressure ulcers		Aug-23	11		12 month ↓	✗				6	3	14	21	8	13	21	12	19	15	7	11		
	Inpatient Falls		Local	Sep-23	157		12 month ↓	✓				175	184	178	184	189	179	214	183	184	143	164	200	157

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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Sep-23	75.7	<67		✗	67.80 (Dec-22)	3rd (Dec-22)		70.4	69.4	70.0	69.6	68.7	67.9	67.5	81.1	73.7	75.1	75.2	76.5	75.7
	Number of E.Coli bacteraemia cases (Hospital)		Sep-23	8	≤ 234 (Cumulative)	10	✓				7	12	11	8	8	9	9	14	12	13	12	18	8
	Number of E.Coli bacteraemia cases (Community)			15		10	✗				8	10	12	14	12	8	10	12	10	12	13	9	15
	Total number of E.Coli bacteraemia cases			23		20	✗				15	22	23	22	20	17	19	26	22	25	25	27	23
	Cumulative cases of S.aureus bacteraemias per 100k pop		Sep-23	38.9	<20		✗	27.76 (Dec-22)	6th (Dec-22)		39.3	41.0	39.0	39.4	38.4	38.6	38.6	53.1	43.0	42.2	42.2	40.4	38.9
	Number of S.aureus bacteraemias cases (Hospital)		Sep-23	7	≤ 71 (Cumulative)	4	✗				8	13	3	10	8	9	5	7	8	8	1	6	7
	Number of S.aureus bacteraemias cases			3		2	✗				6	4	5	3	2	2	5	9	2	5	13	4	3
	Total number of S.aureus bacteraemias cases			10		6	✗				14	17	8	13	10	11	10	16	10	13	14	10	10
	Cumulative cases of C.difficile per 100k pop		Sep-23	57.3	<25		✗	36.68 (Dec-22)	5th (Dec-22)		46.9	48.9	50.9	49.6	51.3	50.6	51.4	56.2	46.0	51.4	52.2	52.0	57.3
	Number of C.difficile cases (Hospital)		Sep-23	20	≤ 95 (Cumulative)	6	✗				11	15	10	8	15	10	13	7	10	13	12	14	20
	Number of C.difficile cases (Community)			7		2	✗				3	6	11	6	7	2	6	8	4	7	6	3	7
	Total number of C.difficile cases			27		8	✗				14	21	21	14	22	12	19	15	14	20	18	17	27
	Cumulative cases of Klebsiella per 100k pop		Sep-23	25.1							25.5	24.9	26.0	26.1	26.9	26.8	27.4	25.0	27.6	24.7	20.7	22.6	25.1
	Number of Klebsiella cases (Hospital)		Sep-23	7	≤ 71 (Cumulative)	4	✗				1	3	6	5	5	7	4	7	4	1	3	4	7
	Number of Klebsiella cases (Community)			5		2	✗				9	4	5	3	6	1	7	1	6	5	0	6	5
	Total number of Klebsiella cases			12		6	✗	63 Total (Dec-22)	2nd (Dec-22)		10	7	11	8	11	8	11	8	10	6	3	10	12
	Cumulative cases of Aeruginosa per 100k pop		Sep-23	6.1							10.2	11.3	11.9	11.5	11.6	11.2	11.3	6.2	4.6	7.2	6.1	6.1	6.1
	Number of Aeruginosa cases (Hospital)		Sep-23	1	≤ 24 (Cumulative)	0	✗				4	3	5	1	2	2	2	1	1	3	2	0	1
	Number of Aeruginosa cases (Community)			1		2	✓				1	3	0	2	2	0	2	1	0	1	0	1	1
	Total number of Aeruginosa cases			2		2	✓	8 Total (Dec-22)	4th (Dec-22)		5	6	5	3	4	2	4	2	1	4	2	1	2
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Sep-23	96.0%		95%	✓				97%	96%	96%	95%	97%	95%	93%	99%	95%	95%	97%	95%	96%
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Sep-23	82%		98%	✗				87.6%	87.5%	88.2%	97.2%	91.8%	98.3%	85.1%	96.6%	91.9%	81.6%	84.1%	85.2%	82.0%
Coding	% of episodes clinically coded within 1 month of discharge	National	Aug-23	61%	12 month ↓		✗				81%	84%	67%	78%	71%	76%	67%	55%	55%	68%	71%	61%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Sep-23	61%		100%	✗				70%	66%	71%	62%	64%	64%	62%	64%	65%	65%	64%	66%	61%
Work force	Agency spend as a % of the total pay bill	Local	Jul-23	4.94%	12 month ↓		✓	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		4.9%	6.5%	6.4%	6.0%	7.4%	6.2%	5.2%	5.7%	5.8%	5.2%	4.9%		
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Sep-23	66%	85%		✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		64%	67%	68%	68%	69%	69%	69%	72%	68%	67%	67%	67%	66%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Sep-23	87%	85%		✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		82%	83%	84%	84%	85%	85%	82%	86%	87%	87%	88%	88%	87%
	% workforce sickness absence (12 month rolling)	National	Aug-23	7.08%	12 month ↓		✓	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		8.25%	8.08%	7.99%	8.02%	7.89%	7.78%	7.65%	7.46%	7.37%	7.28%	7.11%	7.08%	

		Harm from reduction in non-Covid activity																					
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Sep-23	12.2%							10.0%	9.6%	9.9%	10.9%	9.7%	9.9%	9.9%	11.8%	13.0%	13.9%	13.0%	13.9%	12.2%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Sep-23	26.2%	↑ trajectory	60%	✗	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	53.2%	56.5%	46.6%	42.8%	49.0%	48.6%	26.2%
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Sep-23	20%	80%		✗				5%	18%	19%	26%	32%	31%	32%	22%	35%	18%	33%	44%	20%
	Scheduled (21 Day Target)	Local	Sep-23	76%	100%		✗				34%	65%	82%	83%	82%	86%	81%	70%	81%	63%	68%	83%	76%
	Urgent SC (2 Day Target)	Local	Sep-23	33%	80%		✗				31%	33%	17%	37%	31%	19%	30%	22%	50%	24%	42%	27%	33%
	Urgent SC (7 Day Target)	Local	Sep-23	78%	100%		✗				54%	70%	77%	70%	85%	69%	84%	70%	73%	52%	90%	91%	78%
	Emergency (within 1 day)	Local	Sep-23	100%	80%		✓				100%	70%	100%	83%	100%	100%	91%	100%	100%	71%	100%	92%	100%
	Emergency (within 2 days)	Local	Sep-23	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Sep-23	98%	80%		✓				70%	81%	91%	85%	82%	93%	94%	87%	93%	93%	91%	96%	98%
	Elective Delay (14 Day Target)	Local	Sep-23	100%	100%		✓				79%	91%	100%	100%	98%	100%	100%	93%	100%	95%	100%	100%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Sep-23	4,148				15,517 (Nov-22)	7th (Nov-22)		4,205	4,170	4,136	4,289	4,372	4,408	4,554	4,677	4,647	4,745	4,505	4,415	4,148
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Sep-23	6,800	↑ trajectory	5,664	✗	42,566 (Nov-22)	4th (Nov-22)		6,177	5,833	5,627	6,607	6,829	6,116	6,514	6,867	7,255	7,221	6,713	6,861	6,800
	Number of patients waiting > 14 weeks for a specified therapy	National	Sep-23	182	↑ trajectory	135	✗	9,584 (Nov-22)	2nd (Nov-22)		755	707	441	527	194	157	193	129	149	203	183	183	182
	% of patients waiting < 26 weeks for treatment	Local	Sep-23	60.65%	95%			56% (Nov-22)	6th (Nov-22)		52.1%	53.5%	54.4%	54.2%	52.8%	56.9%	58.4%	58.2%	58.7%	60.3%	61.6%	61.0%	60.7%
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Sep-23	12,786							26,065	24,112	21,400	20,174	20,288	17,257	15,385	15,184	14,733	13,427	12,937	13,121	12,786
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Sep-23	5,327	↑ trajectory	6,451	✓				20,151	18,379	15,537	14,140	12,767	11,115	9,163	8,561	7,675	6,893	6,729	6,558	5,327
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Sep-23	180	↑ trajectory	913	✓	85,301 (Nov-22)	3rd (Nov-22)		13,980	12,352	9,774	7,779	6,630	5,475	3,895	3,456	2,719	1,234	894	665	180
	Number of patients waiting > 52 weeks for treatment	National	Sep-23	14,417	↑ trajectory	16,036	✓				27,077	26,147	24,308	22,634	21,306	19,707	18,181	17,823	16,976	15,446	15,120	14,877	14,417
	Number of patients waiting > 104 weeks for treatment	National	Sep-23	4,645	↑ trajectory	5,559	✓	49,594 (Nov-22)	5th (Nov-22)		10,623	10,090	9,048	8,066	7,331	6,656	6,015	5,952	5,792	5,474	5,299	4,999	4,645
	The number of patients waiting for a follow-up outpatient appointment	Local	Sep-23	152,025							139,989	141,643	143,899	144,780	146,632	148,070	150,860	147,864	150,109	149,529	150,416	150,060	152,025
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Sep-23	41,048	↑ trajectory	35,936	✗	224,552 (Nov-22)	5th (Nov-22)		36,144	35,968	36,769	38,252	39,056	40,146	41,710	41,611	42,534	40,807	41,123	39,938	41,048
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Sep-23	64%	95%		✗	64.9% (Nov-22)	1st (Nov-22)		60.3%	65.2%	67.1%	69.9%	53.1%	64.6%	59.4%	62.7%	62.3%	57.5%	63.8%	60.3%	63.7%
Activity	Number of GP referrals	Local	Sep-23	12,383	12 month ↓		✗				12,572	13,014	12,663	9,231	12,658	12,347	14,220	12,012	13,341	13,984	12,623	12,698	12,383
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Sep-23	815	↑ trajectory	950	✓				886	799	807	731	870	841	969	737	803	890	824	812	815
DNAs	% of patients who did not attend a new outpatient appointment	Local	Sep-23	11%	12 month ↓		✗				7.8%	8.3%	9.5%	11.1%	8.9%	9.2%	8.2%	7.9%	10.1%	10.6%	10.0%	9.6%	10.6%
	% of patients who did not attend a follow-up outpatient appointment	Local	Sep-23	8%	12 month ↓		✗				7.8%	7.7%	8.5%	8.7%	7.8%	7.9%	7.9%	8.0%	8.2%	8.4%	8.1%	8.0%	8.1%
Theatre Efficiencies	Theatre Utilisation rates	Local	Sep-23	73%		90%	✗				71%	77%	74%	59%	72%	70%	71%	71%	76%	69%	73%	66%	73%
	% of theatre sessions starting late	Local	Sep-23	38%		<25%	✗				37%	40%	35%	39%	35%	39%	33%	35%	37%	36%	42%	36%	38%
	% of theatre sessions finishing early	Local	Sep-23	50%		<20%	✗				48%	45%	44%	46%	44%	45%	49%	48%	51%	47%	44%	51%	50%
Patient experience	Number of friends and family surveys completed	National	Sep-23	4,084	Month on month improvement		✗				3,914	4,358	4,287	3,569	5,073	4,425	5,358	2,704	3,477	2,503	3,401	5,188	4,084
	% of who would recommend and highly recommend	Local	Sep-23	92%		90%	✓				88%	90%	91%	89%	92%	92%	92%	92%	90%	89%	91%	92%	92%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Sep-23	92%		90%	✓				92%	93%	91%	92%	92%	95%	95%	95%	95%	90%	91%	92%	92%
Complaints	Number of new formal complaints received	Local	Jul-23	147		12 month trend ↓	✗				120	140	113	120	127	135	183	149	182	217	147		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Jul-23	64%		80%	✗				71%	71%	69%	73%	78%	67%	72%	77%	71%	71%	64%		
	% of acknowledgements sent within 2 working days	Local	Jul-23	100%		100%	✓				99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

		Harm from wider societal actions/lockdown																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q1 23/24	94.6%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)		94.9%			94.6%			95.4%			94.6%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q1 23/24	88.3%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)		89.8%			89.5%			88.4%			88.3%				
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-23	75.9%	75%			78.0% (Mar-22)	3rd (Mar-22)	Data collection restarts October 2022		62.2%	72.4%	74.4%	75.6%	76.0%	75.9%	Data collection restarts October 2023						
	% uptake of influenza among under 65s in risk groups	Local	Mar-23	43.8%	55%			48.2% (Mar-22)	4th (Mar-22)			30.2%	37.7%	40.4%	42.1%	43.4%	43.8%							
	% uptake of influenza among children 2 to 3 years old	Local	Mar-23	38.8%	50%			47.6% (Mar-22)	5th (Mar-22)			23.6%	34.6%	37.9%	39.2%	39.3%	38.8%							
	% uptake of influenza among healthcare workers	Local	Mar-23	42.4%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)				34.4%	40.9%	40.9%	42.4%	42.4%							
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-23	67.8%	75%		✗				Historical data not available										67.8%	Data collection restarts Apr-24		
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	Sep-23	16.1%	75%		✗				Data collection for Autumn booster 23 begins Sep-23												16.1%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Aug-23	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	Aug-23	31%	80%	30%	✓	31.4% (Nov-22)	3rd (Nov-22)		36%	40%	39%	37%	29%	29%	29%	28%	30%	31%	36%	31%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Aug-23	33%	80%		✗	83.2% (Nov-22)	5th (Nov-22)		91%	91%	89%	79%	62%	82%	74%	55%	31%	31%	21%	33%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Aug-23	33%	80%		✗	66.8% (Nov-22)	5th (Nov-22)		27%	83%	65%	56%	24%	64%	74%	55%	35%	31%	21%	33%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Aug-23	91%	80%		✓	34.4% (Nov-22)	4th (Nov-22)		43%	36%	27%	35%	40%	26%	50%	21%	38%	33%	38%	91%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%						91%	90%	89%	79%	62%	82%								
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Aug-23	93%	90%		✓	63.8% (Nov-22)	1st (Nov-22)		87%	87%	99%	99%	91%	100%	100%	100%	93%	90%	100%	93%		
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Aug-23	96%	80%		✓	86.9% (Nov-22)	3rd (Nov-22)		93%	95%	98%	94%	91%	95%	96%	78%	94%	93%	98%	96%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Aug-23	100%	80%		✓	73.1% (Nov-22)	2nd (Nov-22)		98%	100%	98%	98%	100%	100%	100%	96%	98%	100%	100%	100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Aug-23	81%	80%		✓	73.9% (Nov-22)	2nd (Nov-22)		96%	93%	92%	92%	91%	88%	85%	85%	84%	82%	82%	81%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Aug-23	87%	90%		✗	84.2% (Nov-22)	2nd (Nov-22)		89%	90%	90%	90%	89%	89%	87%	87%	88%	87%	87%	87%		
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTService prior to	Local	Aug-23	100%	100%		✓	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Local	Aug-23	100%	100%		✓	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		