



Meeting Date	26th November 2024	Agenda Item	
Report Title	Quality & Safety 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 (October 2024) in delivering key local performance measures as well as the national measures outlined in the 2024/25 NHS Wales Performance Framework.		
Key Issues	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>Key high level issues to highlight this month are as follows:</p> <p>-</p> <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> • Performance against the 4-hour access has deteriorated from 78.7% in September 2024 to 75.73% in October 2024. • Performance against the 12-hour wait has deteriorated in October 2024 to 1,234 from 1,129 in September 2024. • In October 2024, there were 638 ambulance to hospital handovers taking over 1 hour; this is an increase of 47 compared with the previous month. • In October 2024, 3,140 ambulance hours were lost in handover delays compared to 2,609 in the previous month. • There was an increase in the average number of patients who were deemed clinically optimised in October 2024 (Pathway of care delays). The average number of clinically optimised patients increased from 237 in the previous month to 254. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> • There were no patients waiting over 52 weeks for a first outpatient appointment remained in October 2024. • At the end of October 2024, there were 1,285 patients waiting over 104 weeks for treatment, which is a deterioration of 44 from the previous month. • In October 2024, 97.54% of patients were waiting less than 14 weeks for therapy services; this is a deterioration when compared with the figure reported in September 2024. 		



There are 147 patients waiting over 14 weeks, the majority of which are in podiatry (143).

- In October 2024, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. The position improved from 3,296 to 3,156. The breakdown is as follows: -
 - Endoscopy= 2,469
 - Cardiac tests= 663^
 - Other Diagnostics = 5

Cancer

- The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in September 2024 was 57%, which is 1.3% higher than the figure reported in August 2024 (this measure is always reported a month in arrears due to data validation).
- 299 patients were waiting in excess of 63 days as of 13/11/2024, this has been a noticeable reduction on previous weeks.

Mental Health

- Performance against the Mental Health Measures continues to be maintained at above target levels in October 2024 with the exception of psychological therapies.
- In October 2024, 56.7% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.

Child and Adolescent Mental Health Services (CAMHS)

- Access times for crisis performance has been maintained at 100% in October 2024.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, performance was maintained at 31% in the month of October 2024.
- Note: S-CAMHS now included with P-CAMHS measure. Access to therapeutic interventions remains strong at 98% within 28 days. Access to assessment has improved against in October 2024 to 89% which is now above target levels.

Nationally Reportable Incidents

- In October 2024, there were 10 Nationally Reportable Incidents reported.
- There were two new Never Events reported in October 2024.



	Patient Experience			
	<ul style="list-style-type: none"> October 2024 data is included in this report showing 93% satisfaction through 6,208 surveys. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> ACKNOWLEDGE and DISCUSS the Health Board performance against key measures and targets. 			



QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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



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Un Bae Ar y Cyd

One Bay Way

5. RECOMMENDATION

Members are asked to:

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



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



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

Report History	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in September 2024. This is a routine bi-monthly report.
Appendices	Appendix 1: Quality & Safety performance report



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Appendix 1- Quality & Safety Performance Report

November 2024



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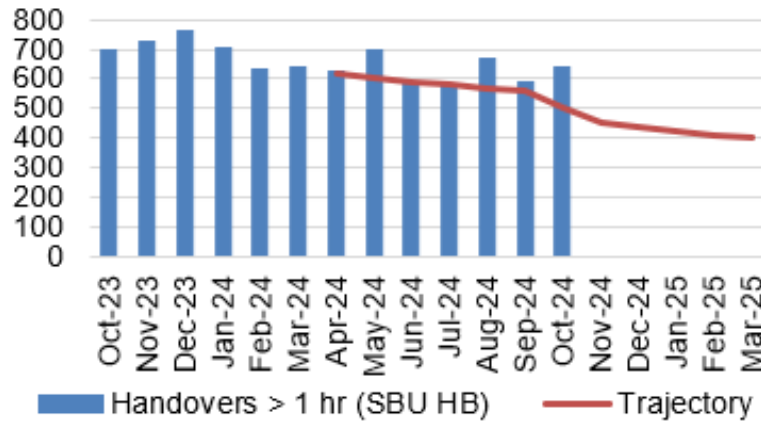
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1. TARGETED INTERVENTION METRICS PERFORMANCE

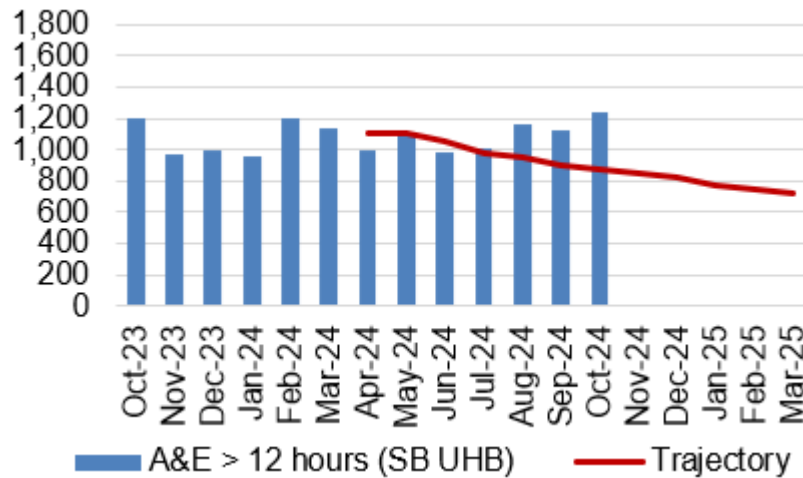
URGENT AND EMERGENCY CARE

1. Ambulance handovers over 1 hour



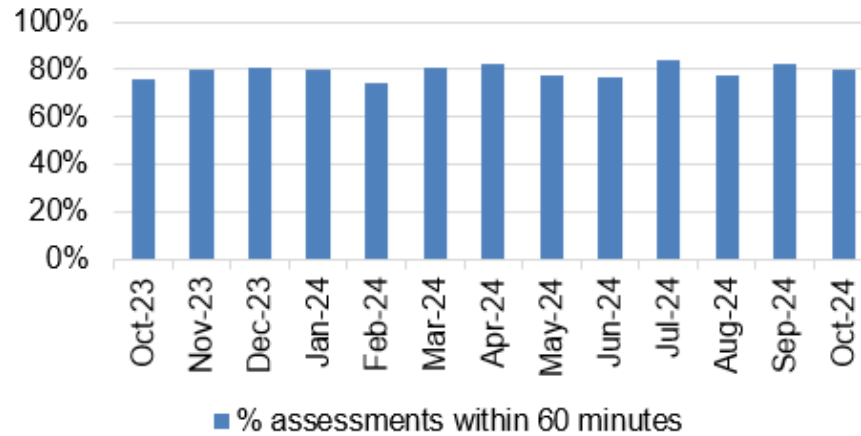
1. The number of ambulance handovers over 1 hour has seen an increase in October 2024. The number of handovers over 1 hour increased from 591 in September 2024 to 638 in October 2024, which is above the outlined trajectory.

2. A&E waits over 12 hours



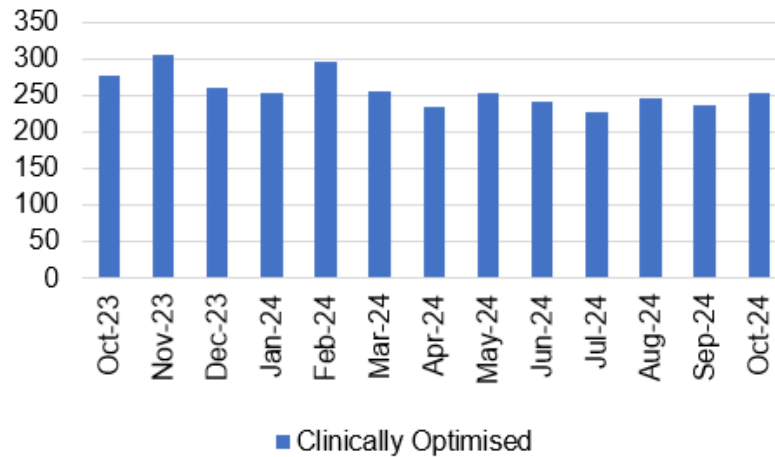
2. Performance against the 12-hour wait has deteriorated in-month, however it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 1,234 in October 2024, from 1,129 in September 2024.

3. Median time from arrival to assessment within 60 mins



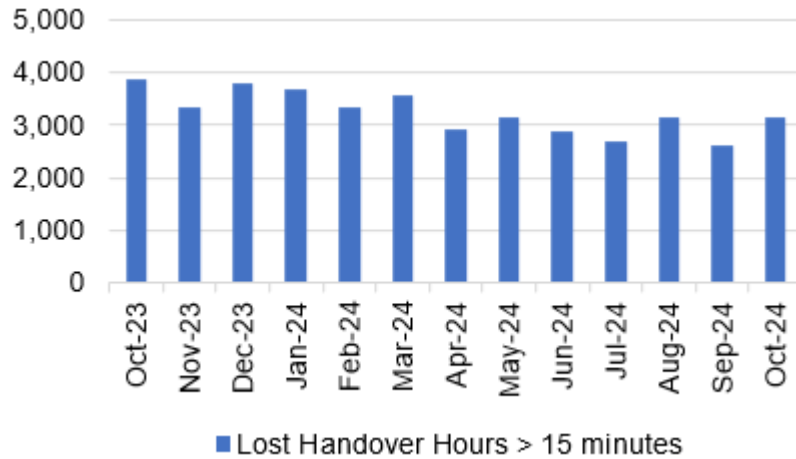
3. In October 2024 80.05% of patients received their first assessment within 60 minutes of their arrival at the Emergency Department. This is an reduction of 2.3% on the figure reported in September 2024 (82.36%).

4. Continuing reduction in pathway of care delays



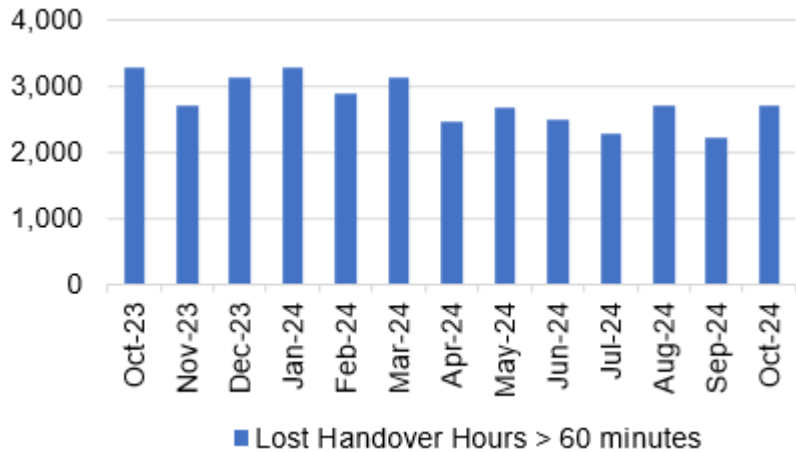
4. There was an increase in the average number of patients who were deemed clinically optimised in October 2024. The average number of clinically optimised patients increased from 237 in September 2024 to 254 in October 2024.

5. Lost Ambulance Hours Total



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

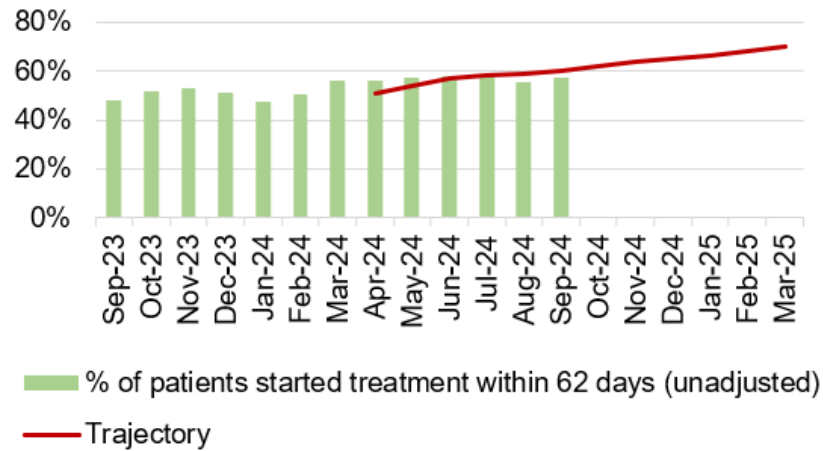
6. Lost Ambulance Hours over 1 hour



6. There has been an increase in the number of lost ambulance hours over 1 hour in October 2024. There were 2,707 lost hours over 1 hour in October 2024 which is an increase of 499 compared with 2,209 in September 2024.

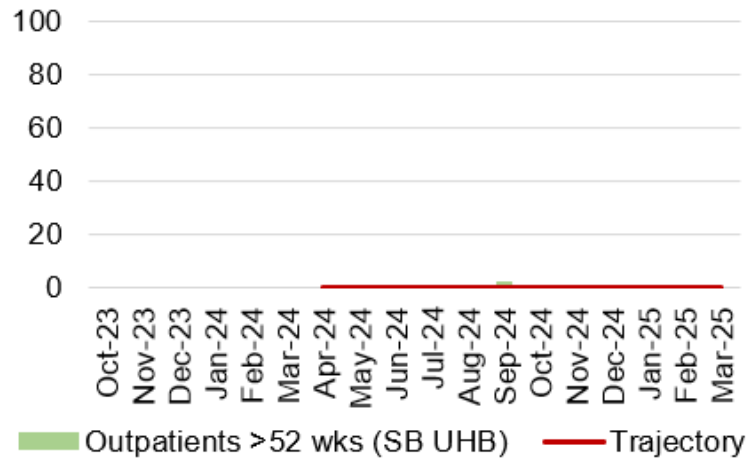
PLANNED CARE & CANCER

1. Single Cancer Pathway



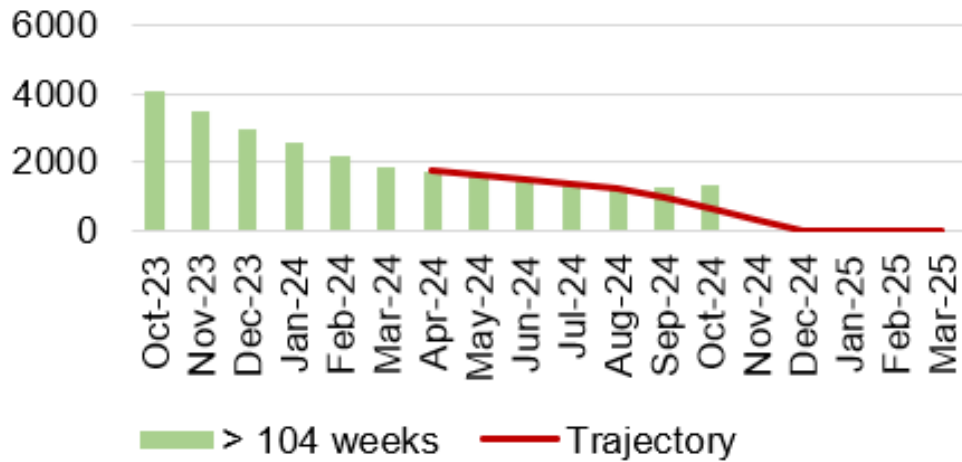
1. The final SCP performance for September 2024 was 57%, which is higher than the figure reported in August 2024. Performance is currently below the submitted trajectory (60%).

2. Outpatients waiting over 52 weeks



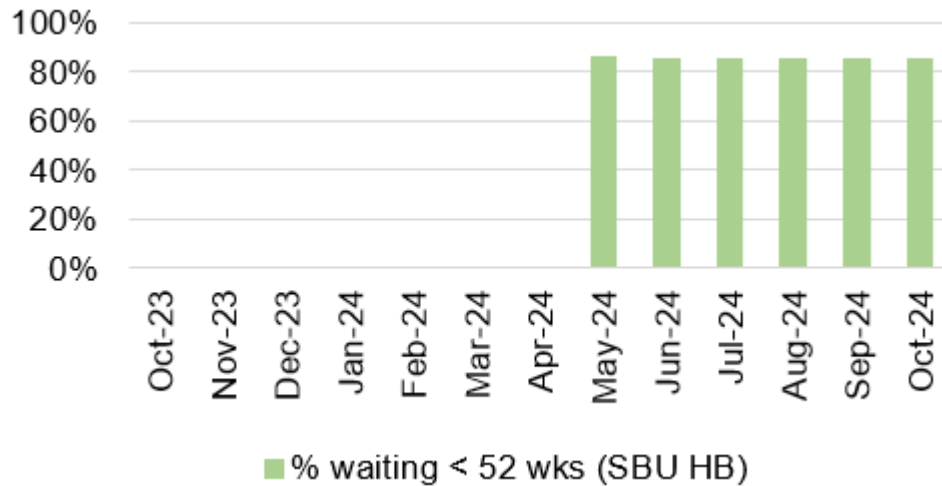
2. There were no patients waiting over 52 weeks for a first outpatient appointment in October 2024.

3. 104 week waits – all pathways



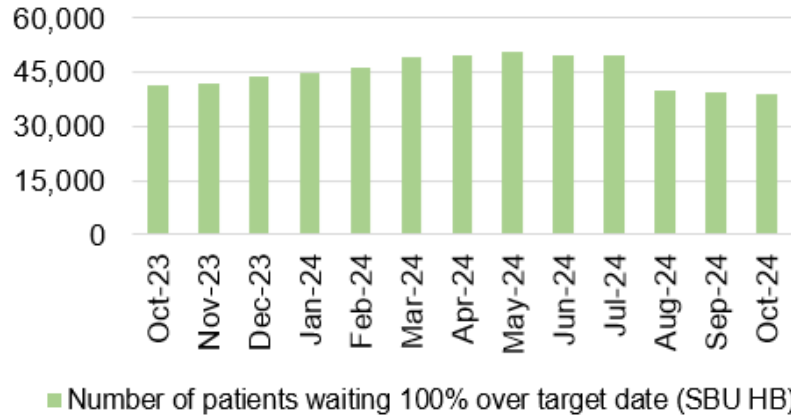
3. October 2024 saw a slight in-month increase of 4% in the number of patients waiting over 104 weeks for treatment. The number increased from 1,241 in September 2024 to 1,285 in October 2024.

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



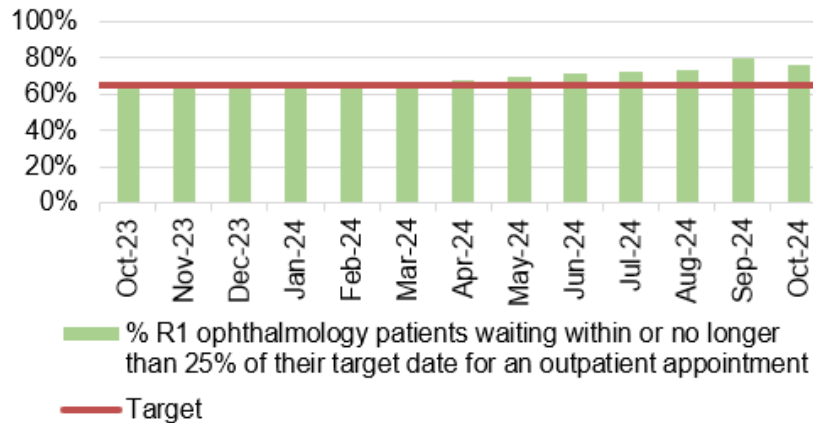
4. The percentage of patients waiting under 52 weeks for treatment decreased slightly in-month. In October 84.8% of patients were waiting under 52 weeks, compared with 85.1% in September 2024.

5. Delayed follow ups over 100%



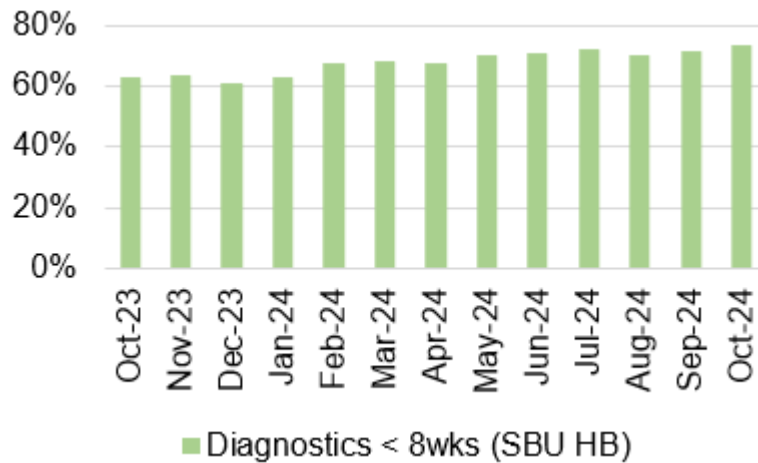
5. There were 39,137 patients waiting 100% over their target date in October 2024 which is a reduction when compared with September 2024. A significant improvement was seen in August 2024 due to a change in reporting requirements – all future trends will be built from August 2024.

6. R1 Ophthalmology



6. In October 2024 76% of Ophthalmology RI patients were waiting within their clinical target date or within 25% of their target date. This is a 3.6% reduction on the figure reported in September 2024.

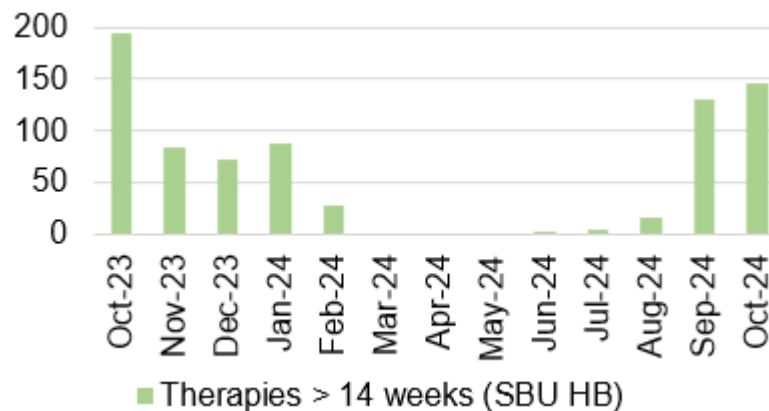
7. Percentage of Patients waiting 8 weeks for a diagnostic test



7. In October 2024, there was an increase in the percentage of patients waiting less than 8 weeks for a diagnostic test. It increased from 72% in September 2024 to 74% in October 2024.

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

8. Patients waiting 14 weeks for therapy services



8. In October 2024, 97.54% of patients were waiting less than 14 weeks for therapy services; this is a deterioration when compared with the figure reported in September 2024. The majority of which were in podiatry (143).

CAMHS

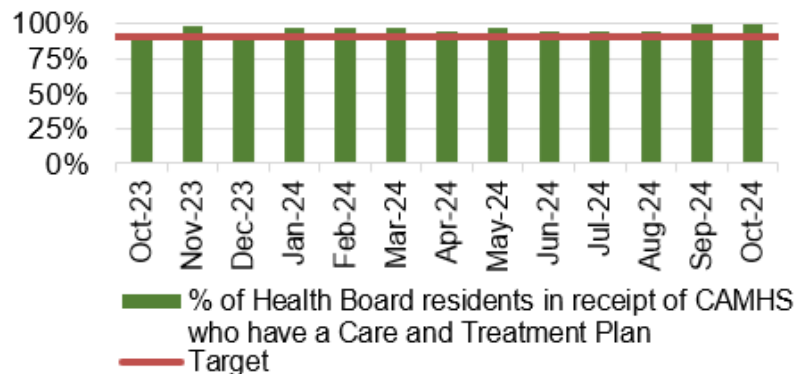
1. LPMHSS assessments with 28 days and therapeutic assessment within 28 days



1. The percentage of routine assessments undertaken within 28 days decreased to 89% in October 2024 from 91% in September 2024.

In October 2024, 98% of therapeutic assessments were undertaken within 28 days. This is above the outlined trajectory for October 2024.

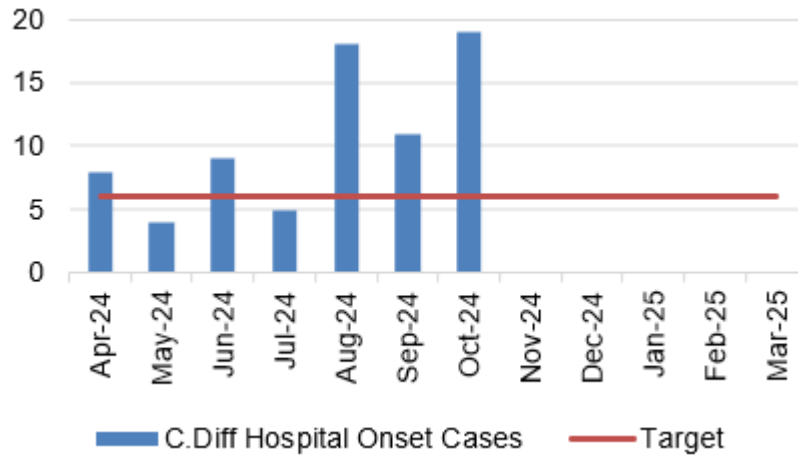
2. Residents in receipt of a valid care and treatment plan



2. The percentage of residents in receipt of a valid care and treatment plan remained above the 90% target, achieving 100% in October 2024.

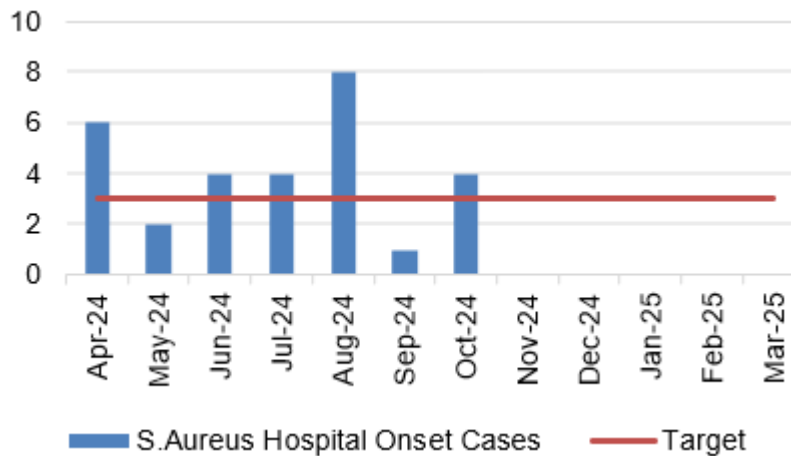
HEALTHCARE ACQUIRED INFECTIONS (HOSPITAL ONSET)

1. C. Difficile



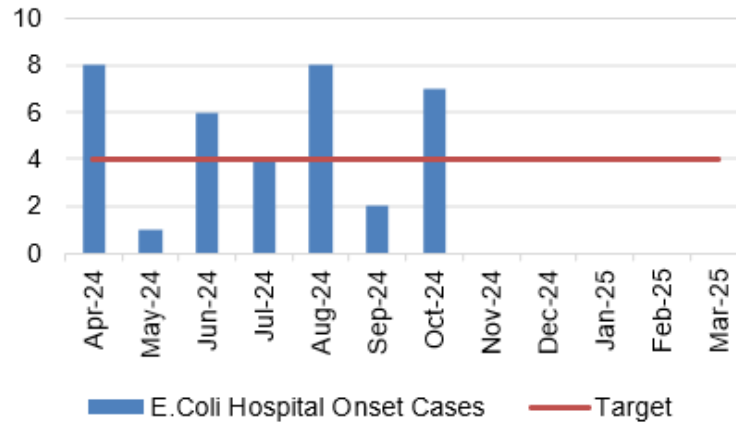
1. There were 19 hospital onset cases of C.Difficile reported in October 2024. This is 8 more than reported in September 2024 and is above the target of a maximum of 6 cases per month.

2. Staph aureus



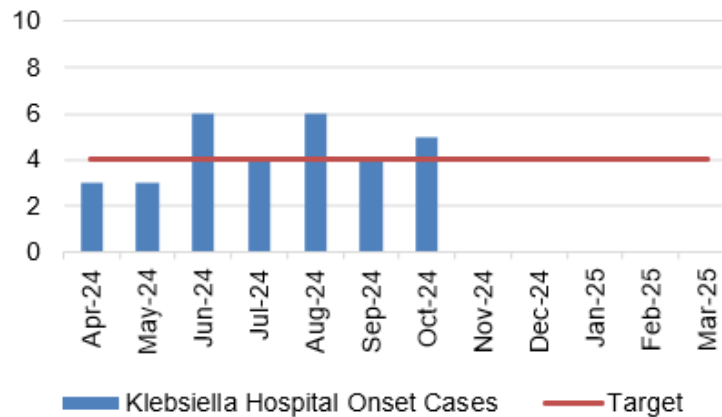
2. There were 4 hospital onset cases of Staph aureus reported in October 2024. This is 3 more than reported in September 2024 and is above the target of a maximum of 3 cases per month.

3. E-coli



3. There were 7 hospital onset cases of E.Coli reported in October 2024. This is 5 more than the figure reported in September 2024 and is above the target of a maximum of 4 cases per month.

4. Klebsiella



4. The number of hospital onset cases of Klebsiella reported increased to 5 in October 2024 from 4 in September 2024. This is above the target of a maximum of 4 cases per month.

Harm quadrant- Harm from Covid itself																	
Measure	Locality	National/ Local Target	HB Trajectory	Trend	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
					Number of new COVID19 cases*	HB Total				175	80	214	174	70	45	51	64
Number of staff referred for Antigen Testing	HB Total																
Number of staff awaiting results of COVID19 test*	HB Total				0	0	0	0	0	0	0	0	0	0	0	0	0
Number of COVID19 related incidents*	HB Total				35	21	43	35	21	17	28	24	25	6	5	4	7
Number of COVID19 related serious incidents*	HB Total				0	0	1	1	0	1	0	0	0	0	0	0	0
Number of COVID19 related complaints*	HB Total				1	1	0	0	0	0	0	0	0	0	0	0	0
Number of COVID19 related risks*	HB Total																
Number of staff self isolated (asymptomatic)*	Medical																
	Nursing Registered																
	Nursing Non Registered																
	Other																
Number of staff self isolated (symptomatic)*	Medical																
	Nursing Registered																
	Nursing Non Registered																
	Other																
% sickness*	Medical																
	Nursing Registered																
	Nursing Non Registered																
	Other																
	All																

3.1 Updates on key measures

COVID TESTING																																																						
Description	Current Performance	Trend																																																				
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p>1. Number of new COVID cases In October 2024, there were an additional 72 positive cases recorded bringing the cumulative total to 121,903 in Swansea Bay since March 2020.</p>	<p>1. Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p> <table border="1"> <caption>Estimated data for the bar chart</caption> <thead> <tr> <th>Month</th> <th>New positive COVID19 cases</th> </tr> </thead> <tbody> <tr><td>Oct-22</td><td>150</td></tr> <tr><td>Nov-22</td><td>180</td></tr> <tr><td>Dec-22</td><td>400</td></tr> <tr><td>Jan-23</td><td>250</td></tr> <tr><td>Feb-23</td><td>280</td></tr> <tr><td>Mar-23</td><td>380</td></tr> <tr><td>Apr-23</td><td>150</td></tr> <tr><td>May-23</td><td>80</td></tr> <tr><td>Jun-23</td><td>100</td></tr> <tr><td>Jul-23</td><td>120</td></tr> <tr><td>Aug-23</td><td>150</td></tr> <tr><td>Sep-23</td><td>180</td></tr> <tr><td>Oct-23</td><td>100</td></tr> <tr><td>Nov-23</td><td>220</td></tr> <tr><td>Dec-23</td><td>180</td></tr> <tr><td>Jan-24</td><td>80</td></tr> <tr><td>Feb-24</td><td>60</td></tr> <tr><td>Mar-24</td><td>70</td></tr> <tr><td>Apr-24</td><td>80</td></tr> <tr><td>May-24</td><td>90</td></tr> <tr><td>Jun-24</td><td>100</td></tr> <tr><td>Jul-24</td><td>110</td></tr> <tr><td>Aug-24</td><td>120</td></tr> <tr><td>Sep-24</td><td>130</td></tr> <tr><td>Oct-24</td><td>72</td></tr> </tbody> </table>	Month	New positive COVID19 cases	Oct-22	150	Nov-22	180	Dec-22	400	Jan-23	250	Feb-23	280	Mar-23	380	Apr-23	150	May-23	80	Jun-23	100	Jul-23	120	Aug-23	150	Sep-23	180	Oct-23	100	Nov-23	220	Dec-23	180	Jan-24	80	Feb-24	60	Mar-24	70	Apr-24	80	May-24	90	Jun-24	100	Jul-24	110	Aug-24	120	Sep-24	130	Oct-24	72
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4. HARM QUADRANT- HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

4.1 Overview

Measure	Locality	National/ Local	HB	Trend	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Unscheduled Care																	
Number of ambulance handovers over one hour	Morrison	30% reduction by Dec 24			696	723	762	701	629	638	623	694	589	574	670	591	636
	Singleton				0	1	0	3	0	0	2	1	1	4	0	0	2
	Total		500	696	724	762	704	629	638	625	695	590	578	670	591	638	
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Morrison	Improvement compared to same month in 23/24			63.9%	62.0%	62.8%	63.5%	60.1%	62.8%	62.9%	64.4%	64.0%	67.4%	61.8%	65.4%	60.8%
	NPTH				98.8%	99.1%	99.2%	99.2%	99.4%	98.4%	97.8%	97.9%	97.1%	97.8%	99.0%	98.4%	99.1%
	Total		76.6%	75.3%	74.7%	76.6%	74.3%	75.7%	77.3%	78.1%	77.6%	79.1%	76.6%	78.7%	75.7%		
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Morrison	20% reduction by Sep 24			1,206	969	994	959	1,197	1,132	990	1,114	978	1,012	1,166	1,128	1,234
	NPTH				1	0	0	0	0	0	4	1	2	1	1	1	0
	Total		875	1,207	969	994	959	1,197	1,132	994	1,115	980	1,013	1,167	1,129	1,234	
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%	34.5%	18.4%	5.9%	20.0%	39.2%	
	Total	(UK SNAP average)			33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%	34.5%	18.4%	5.9%	20.0%	39.2%	
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			23.8%	34.0%	52.8%	57.6%	47.5%	42.9%	50.0%	53.6%	46.2%	51.4%	29.3%	51.8%	
	Total	(UK SNAP average)			23.8%	34.0%	52.8%	57.6%	47.5%	42.9%	50.0%	53.6%	46.2%	51.4%	29.3%	51.8%	
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			92.9%	92.0%	86.1%	93.2%	91.5%	92.9%	94.4%	87.5%	84.6%	81.1%	84.5%	89.3%	
	Total	(UK SNAP average)			92.9%	92.0%	86.1%	93.2%	91.5%	92.9%	94.4%	87.5%	84.6%	81.1%	84.5%	89.3%	
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month improvement trend			0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%	
	Total				0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%	
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			71.6%	69.5%	57.0%	49.4%	35.2%	31.3%	41.5%	45.7%	40.4%	23.8%	38.4%	41.6%	
Fractured Neck of Femur (NOF)																	
Prompt orthogeriatric assessment - % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			97.0%	97.0%	97.0%	97.0%	97.4%	97.2%	97.8%	97.6%	97.6%	97.5%	97.1%	97.3%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			30.6%	30.8%	32.4%	33.8%	35.0%	34.1%	33.9%	33.1%	31.9%	30.7%	32.4%	32.1%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			74.2%	73.4%	72.9%	69.7%	66.9%	69.4%	69.8%	70.6%	70.8%	70.0%	68.3%	69.1%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			82.4%	81.6%	83.0%	83.9%	83.6%	83.5%	84.6%	85.0%	84.9%	85.4%	86.4%	85.7%	
Not delirious when tested - % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			72.5%	73.9%	74.8%	75.4%	75.2%	75.5%	76.1%	75.4%	76.1%	76.2%	77.0%	76.5%	
Return to original residence - % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			73.1%	72.9%	73.2%	73.6%	73.4%	74.0%	74.0%	72.6%	71.5%				
30 day mortality rate - Casemix Adjusted	Morrison	Monitor			6.0%			4.8%			5.6%			5.3%			

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	
Healthcare Acquired Infections																		
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	9		6	11	6	10	10	11	7	10	9	9	17	14	12	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	1	0	0	0	0	0	0
	Morrison		6		3	11	5	6	2	4	5	4	5	3	6	4	8	
	NPTH		0		0	1	0	1	1	0	3	0	0	1	2	0	0	
	Singleton		2		2	9	1	1	2	0	4	1	3	1	3	1	2	
	Total		17		11	32	12	19	17	19	19	16	18	14	29	21	22	
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		4	6	8	4	2	3	4	3	3	4	5	3	8	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	1	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		3		4	5	3	4	3	3	4	3	2	7	7	4	4	
	NPTH		0		0	0	1	1	1	0	0	0	0	0	0	0	0	
	Singleton		1		2	3	4	2	1	1	5	1	1	0	2	2	0	2
	Total		6		10	14	17	11	7	8	13	7	7	12	14	7	14	
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		4	18	8	7	5	3	6	9	5	4	5	7	9	
	PCCS Hospital		0		1	0	0	0	0	1	1	0	0	0	1	0	1	
	MH&LD		0		0	0	0	0	1	0	0	0	0	0	0	0	0	
	Morrison		4		12	11	10	13	12	14	9	6	11	7	23	9	16	
	NPTH		0		0	2	1	1	0	0	1	1	2	1	2	3	0	
	Singleton		1		1	2	2	1	2	2	2	1	4	2	4	3	3	
	Total		7		18	33	21	22	20	22	20	19	22	14	35	22	29	
Number of Klebsiella cases	PCCS Community	12 month reduction trend	2		1	4	5	5	7	2	5	5	5	3	3	1	2	
	PCCS Hospital		0		0	0	0	1	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	1	0	0	0	0	0	
	Morrison		2		4	1	1	4	2	2	3	3	5	7	3	7		
	NPTH		0		0	0	0	1	0	0	0	0	3	0	0	0	0	
	Singleton		1		1	3	0	0	0	0	2	1	2	0	1	2	3	
	Total		5		6	8	6	11	9	5	10	11	13	8	12	6	12	
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		0	0	0	0	0	0	0	0	0	0	1	0	0	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		1		0	1	2	1	0	0	0	1	0	1	2	1	0	
	NPTH		0		0	0	0	0	0	0	0	0	0	1	0	0	0	
	Singleton		0		2	1	1	0	0	0	0	0	0	0	0	0	1	
	Total		2		2	2	3	2	0	0	0	1	0	2	3	1	1	
Compliance with hand hygiene audits	PCCS	95%		100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	
	MH&LD			99.5%	96.8%	97.4%	98.2%	94.3%	97.5%	100.0%	95.8%	96.7%	98.0%	83.9%	83.2%	98.2%		
	Morrison			96.2%	92.6%	95.7%	96.0%	96.6%	81.8%	79.5%	81.4%	78.2%	80.4%	97.9%	95.9%	87.2%		
	NPTH			77.3%	93.9%	80.0%	-	100.0%	90.0%	100.0%	71.4%	100.0%	100.0%	100.0%	100.0%	100.0%		
	Singleton			96.8%	98.7%	97.3%	100.0%	96.6%	100.0%	100.0%	97.8%	97.0%	98.0%	98.2%	100.0%	100.0%		
	Total			96.6%	95.3%	96.8%	97.6%	96.7%	88.2%	90.1%	91.0%	85.9%	90.8%	93.9%	94.0%	91.1%		

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Serious Incidents & Risks																	
Number of Nationally Reportable Incidents	PCCS	Monitor			0	3	1	0	0	2	0	2	2	1	1	1	1
	MH&LD				1	0	0	0	1	2	2	0	1	0	0	0	0
	Morrison				2	4	2	4	1	3	2	0	1	1	4	1	3
	NPTH				2	0	1	0	0	1	1	0	0	2	0	0	0
	Singleton				0	1	3	2	7	0	2	0	0	1	2	6	6
	Total				5	8	7	6	9	8	7	2	4	5	7	8	10
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	80%			33%	100%	40%	100%	17%	66%	64%	33%	89%	50%	70%	25%	25%
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison				2	1	0	0	1	0	0	0	0	0	0	0	0
	NPTH				0	0	1	0	0	0	0	0	0	1	0	0	0
	Singleton				0	1	0	0	0	0	0	0	0	0	0	0	2
	Total				2	2	1	0	1	0	0	0	0	1	0	0	2
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			37	45	51	46	33		49	41	49	44	47	44	
	PCCS Hospital				2	0	0	2	1		0	0	0	0	4	1	
	MH&LD				0	1	0	0	1		1	0	0	0	0	0	
	Morrison				59	59	47	74	50		34	54	45	29	40	44	
	NPTH				4	3	9	4	5		3	7	6	7	7	3	
	Singleton				5	6	4	3	3		4	5	5	4	1	1	
Total		107	114	111	129	93		91	107	105	84	99	93				
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			5	13	10	3	7		9	9	11	8	11	11	
	PCCS Hospital				0	0	0	0	0		0	0	0	0	0	0	
	MH&LD				0	1	0	0	1		0	0	0	0	0	0	
	Morrison				5	4	1	2	0		3	3	0	3	4	2	
	NPTH				1	0	3	0	0		0	1	2	3	0	0	
	Singleton				0	0	1	0	0		0	0	0	0	0	0	
Total		11	18	15	5	8		12	13	13	14	15	13				
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			942	881	1,002	1,388	1,072		709	1,105	1,012	625	884	836	
Total number of Inpatient Falls	PCCS	12 month reduction trend			10	5	7	3	6	8	5	10	13	13	9	11	9
	MH&LD				30	23	21	31	60	47	34	30	26	42	48	30	47
	Morrison				117	109	89	114	99	95	65	71	84	81	83	86	101
	NPTH				20	21	27	32	30	33	24	27	24	28	21	31	32
	Singleton				13	8	14	12	8	18	18	17	11	12	12	5	9
	Total				190	166	158	192	203	201	146	155	158	176	173	163	198
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			4.78	4.22	4.01	4.77	9.41	5.01	3.86	4.01	4.21	4.55	4.49	4.30	4.91
Mortality																	
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.22%	1.21%	1.23%	1.20%	1.21%	1.20%	1.18%	1.17%	1.17%	1.21%	1.25%		
	Singleton				0.18%	0.17%	0.14%	0.14%	0.15%	0.16%	0.16%	0.17%	0.16%	0.15%	0.17%		
	NPTH				0.05%	0.07%	0.07%	0.06%	0.06%	0.09%	0.09%	0.05%	0.08%	0.07%	0.04%		
	Total (SBU)				0.66%	0.65%	0.65%	0.66%	0.65%	0.66%	0.66%	0.64%	0.64%	0.65%	0.69%		

4.2 Updates on key measures

UNSCHEDULED CARE																																																																																																		
Description	Current Performance																																																																																																	
<p>Ambulance responses</p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In October 2024, the number of red calls responded to within 8 minutes improved to 51.5% in October 2024 from 48.2% in September 2024. In October 2024, the number of green calls increased by 22%, amber calls increased by 7%, and red calls increased by 2% compared with September 2024.</p>																																																																																																	
	<p>Trend</p>																																																																																																	
	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>1. % of red calls responded to within 8 minutes</p> <table border="1"> <caption>1. % of red calls responded to within 8 minutes</caption> <thead> <tr> <th>Month</th> <th>Red calls within 8 minutes (SBU HB)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>45%</td><td>65%</td></tr> <tr><td>Nov-23</td><td>50%</td><td>65%</td></tr> <tr><td>Dec-23</td><td>48%</td><td>65%</td></tr> <tr><td>Jan-24</td><td>50%</td><td>65%</td></tr> <tr><td>Feb-24</td><td>45%</td><td>65%</td></tr> <tr><td>Mar-24</td><td>50%</td><td>65%</td></tr> <tr><td>Apr-24</td><td>45%</td><td>65%</td></tr> <tr><td>May-24</td><td>45%</td><td>65%</td></tr> <tr><td>Jun-24</td><td>50%</td><td>65%</td></tr> <tr><td>Jul-24</td><td>45%</td><td>65%</td></tr> <tr><td>Aug-24</td><td>45%</td><td>65%</td></tr> <tr><td>Sep-24</td><td>48.2%</td><td>65%</td></tr> <tr><td>Oct-24</td><td>51.5%</td><td>65%</td></tr> </tbody> </table> </div> <div style="width: 45%;"> <p>2. Number of ambulance call responses</p> <table border="1"> <caption>2. Number of ambulance call responses</caption> <thead> <tr> <th>Month</th> <th>Red calls</th> <th>Amber calls</th> <th>Green calls</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>600</td><td>3000</td><td>500</td></tr> <tr><td>Nov-23</td><td>600</td><td>2800</td><td>500</td></tr> <tr><td>Dec-23</td><td>600</td><td>3000</td><td>500</td></tr> <tr><td>Jan-24</td><td>600</td><td>2800</td><td>500</td></tr> <tr><td>Feb-24</td><td>600</td><td>2800</td><td>500</td></tr> <tr><td>Mar-24</td><td>600</td><td>2800</td><td>500</td></tr> <tr><td>Apr-24</td><td>600</td><td>2600</td><td>500</td></tr> <tr><td>May-24</td><td>600</td><td>2800</td><td>500</td></tr> <tr><td>Jun-24</td><td>600</td><td>2800</td><td>500</td></tr> <tr><td>Jul-24</td><td>600</td><td>2800</td><td>500</td></tr> <tr><td>Aug-24</td><td>600</td><td>2800</td><td>500</td></tr> <tr><td>Sep-24</td><td>600</td><td>2800</td><td>500</td></tr> <tr><td>Oct-24</td><td>650</td><td>2850</td><td>600</td></tr> </tbody> </table> </div> </div>	Month	Red calls within 8 minutes (SBU HB)	Target	Oct-23	45%	65%	Nov-23	50%	65%	Dec-23	48%	65%	Jan-24	50%	65%	Feb-24	45%	65%	Mar-24	50%	65%	Apr-24	45%	65%	May-24	45%	65%	Jun-24	50%	65%	Jul-24	45%	65%	Aug-24	45%	65%	Sep-24	48.2%	65%	Oct-24	51.5%	65%	Month	Red calls	Amber calls	Green calls	Oct-23	600	3000	500	Nov-23	600	2800	500	Dec-23	600	3000	500	Jan-24	600	2800	500	Feb-24	600	2800	500	Mar-24	600	2800	500	Apr-24	600	2600	500	May-24	600	2800	500	Jun-24	600	2800	500	Jul-24	600	2800	500	Aug-24	600	2800	500	Sep-24	600	2800	500	Oct-24	650	2850
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	<p>3. % of red calls responded to within 8 minutes – 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 ▲ above or below the mean ● A run of 6 ● increasing or decreasing points 																																																																																																	

UNSCHEDULED CARE

Description

Current Performance

Ambulance handovers

1. The number of ambulance handovers over one hour

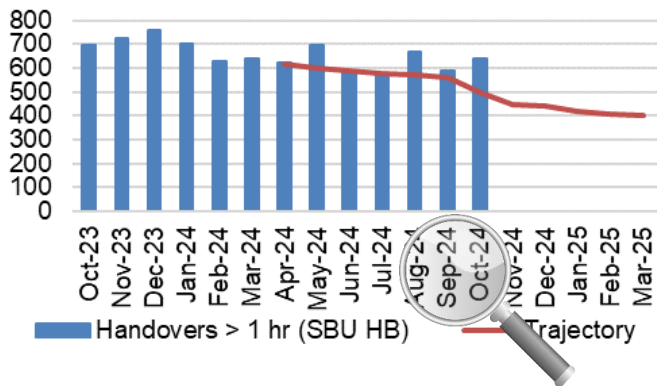
2. The number of ambulance handovers over one hour- Hospital level

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

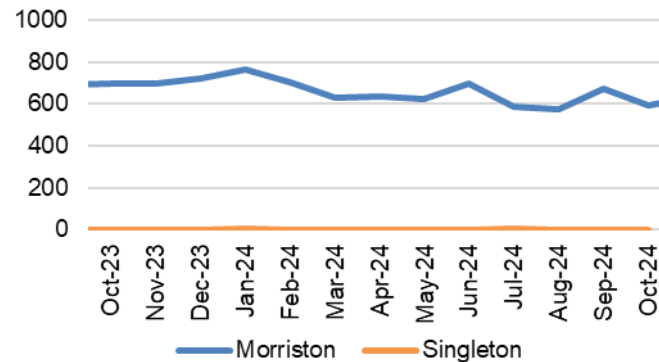
In October 2024, there were 638 ambulance to hospital handovers taking over 1 hour; this is an increase of 47 compared with 591 in September 2024. In October 2024, 636 handovers over 1 hour were attributed to Morriston Hospital and 2 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have increased from 2,609 in September 2024 to 3,140 in October 2024.

Trend

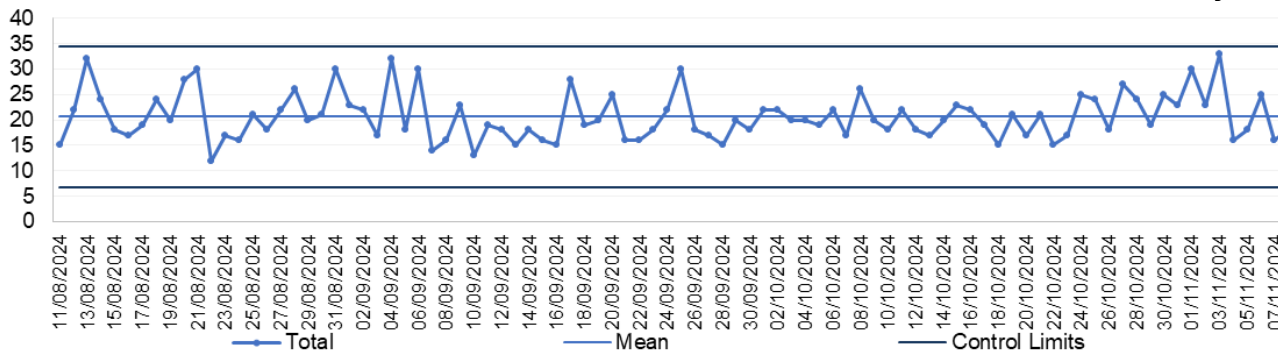
1. Number of ambulance handovers- HB total



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



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



Symbol Key:

- ◆ Above or below control limits
- 8 or more points above or below the mean
- ▲ Arun of 6
- increasing or decreasing points

UNSCHEDULED CARE

Description

A&E Attendances

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

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

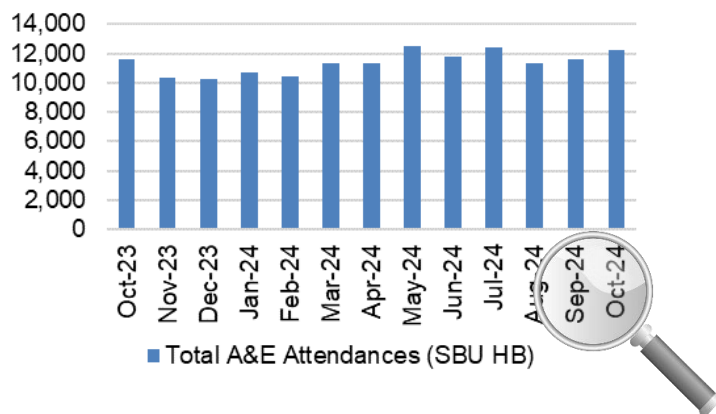
3. The number of attendances at emergency departments in the Health Board (last 90 days)

Current Performance

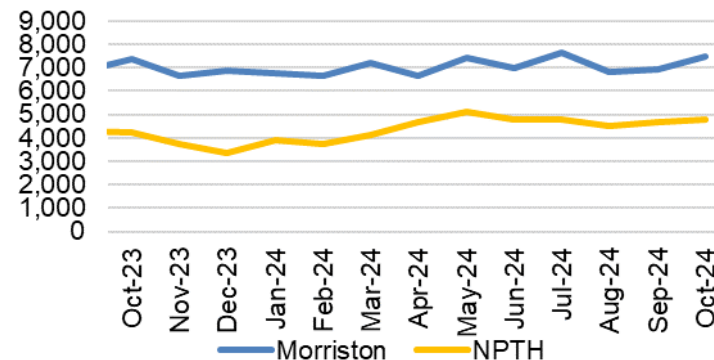
In October 2024, there were 12,272 A&E attendances, which is an increase of 639 when compared to September 2024. There were 7,481 attendances to A&E at Morriston hospital and 4,791 attendances to MIU at Neath Port Talbot hospital.

Trend

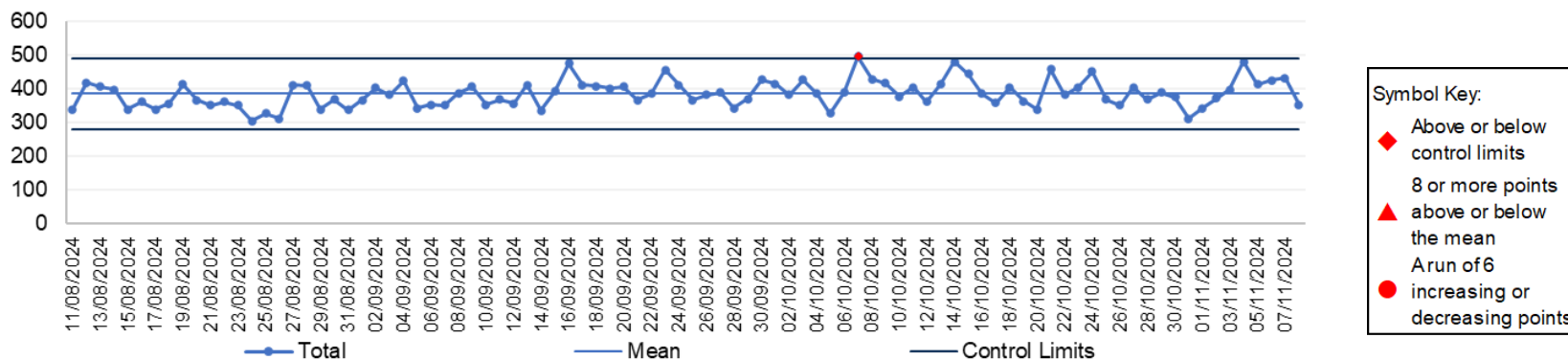
1. Number of A&E attendances- HB total



2. Number of A&E attendances- Hospital level



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



UNSCHEDULED CARE

Description

A&E waiting times

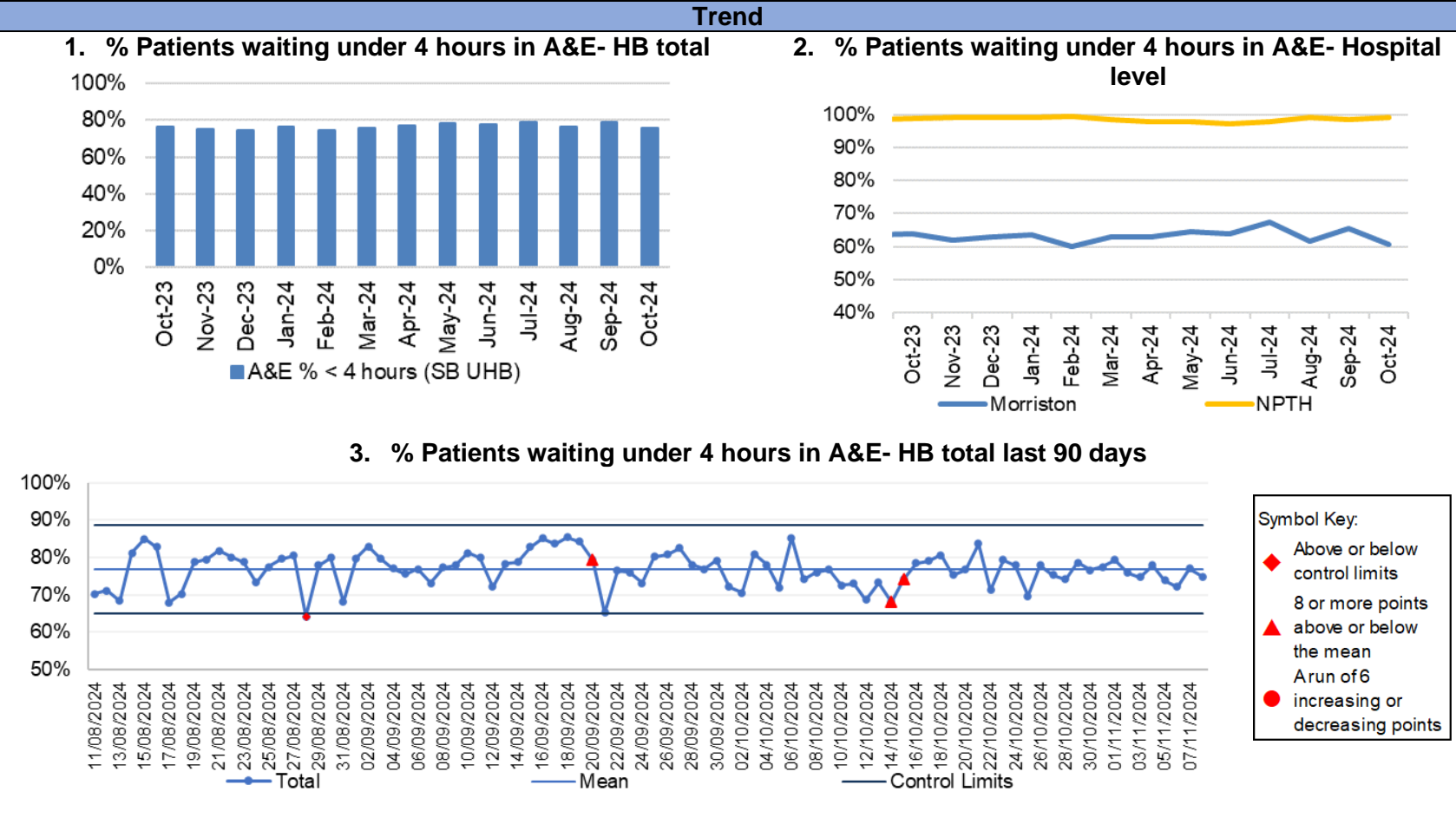
1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge

2. % of patients who spend less than 4 hours in A&E- Hospital level

3. % of patients who spend less than 4 hours in A&E (last 90 days)

Current Performance

The Health Board's performance against the 4-hour measure deteriorated from 78.7% September 2024 to 75.73% in October 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 99.10% in October 2024. Morriston Hospital's performance deteriorated between September 2024 and October 2024, achieving 60.77% against the target.



UNSCHEDULED CARE

Description

A&E waiting times

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

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

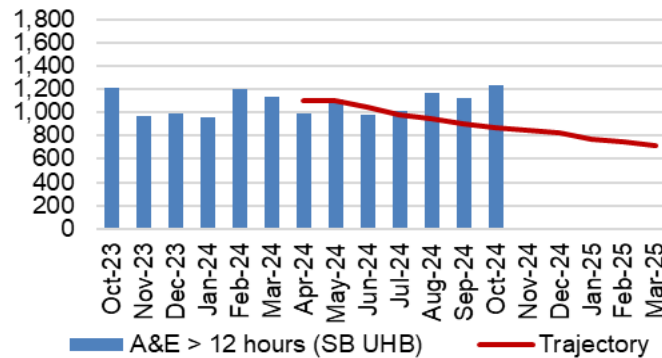
3. Number of patients who spend 12 hours or more in A&E (last 90 days)

Current Performance

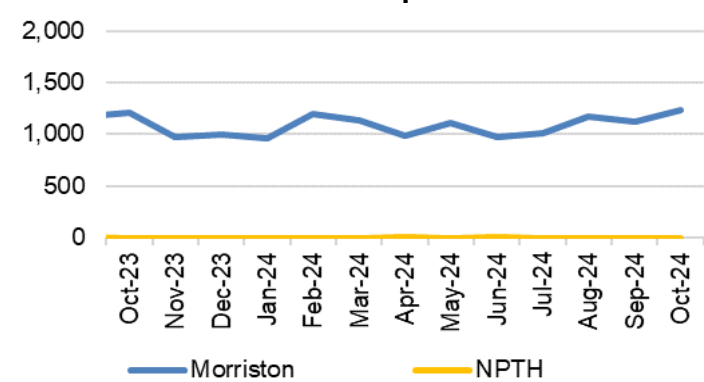
In October 2024, performance against the 12-hour measure deteriorated when compared with September 2024, increasing from 1,129 to 1,234. This is an increase of 105 compared to September 2024. All of the patients waiting over 12 hours in October 2024 were attributed to Morriston Hospital.

Trend

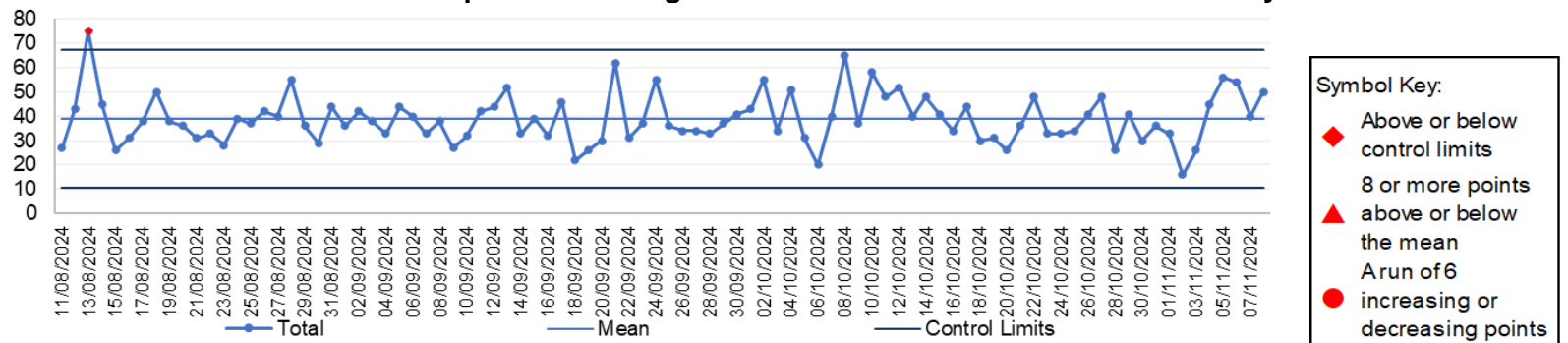
1. Number of patients waiting over 12 hours in A&E- HB total



2. Number of patients waiting over 12 hours in A&E- Hospital level



3. Number of patients waiting over 12 hours in A&E – HB total last 90 days



UNSCHEDULED CARE

Description

Current Performance

Emergency admissions

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

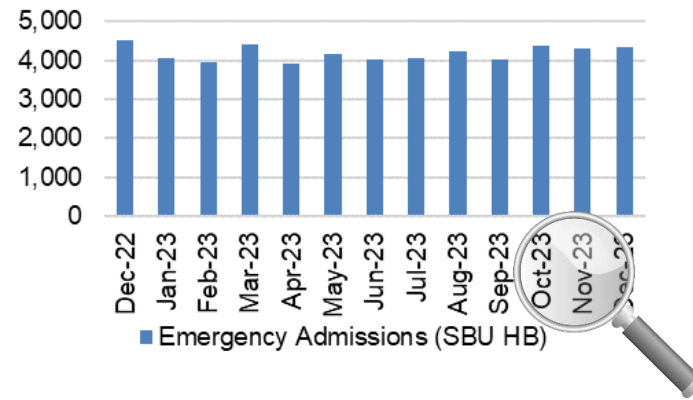
1. The number of emergency inpatient admissions

2. The number of emergency inpatient admissions- Hospital level

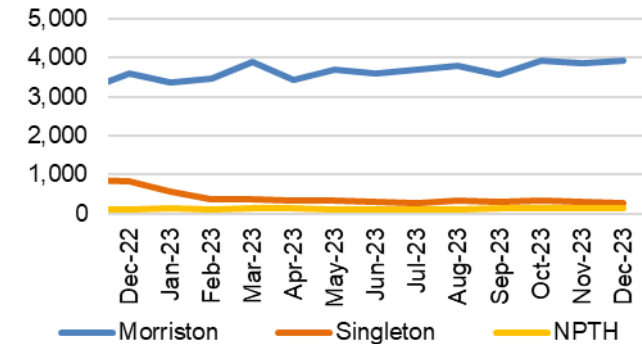
3. The number of emergency inpatient admissions (last 90 days)

Trend

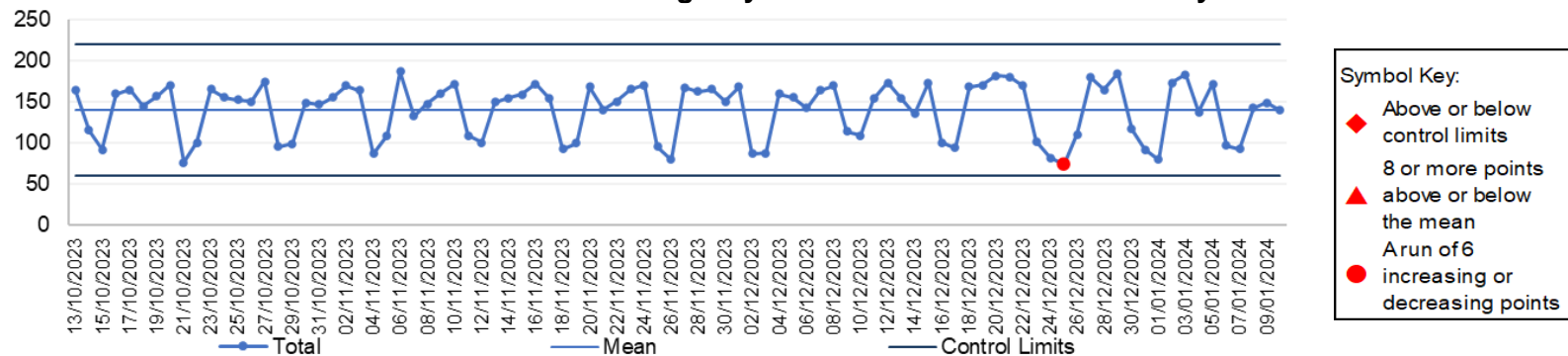
1. Number of emergency admissions- HB total



2. Number of emergency admissions- Hospital level



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



UNSCHEDULED CARE

Description

Critical Care-Delayed Transfers of Care (DTC)-Morrison Hospital

1. Total Critical Care delayed discharges (hours)

2. Average lost bed days per day

3. Percentage of patients delayed:

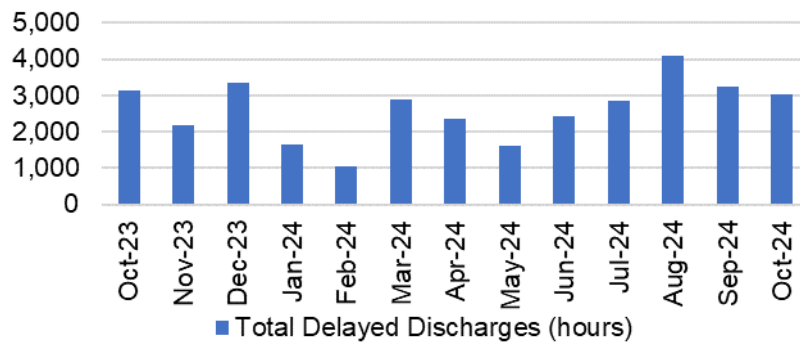
- Up to 8 hours
- Between 8 and 24 hours
- Over 24 hours

Current Performance

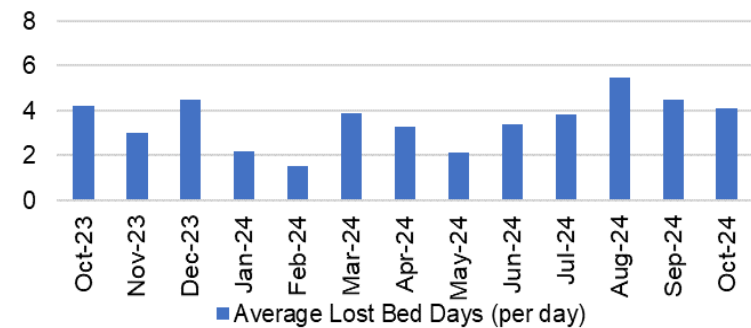
In October 2024, there were a total of 84 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is a reduction when compared with 87 admissions in September 2024. October 2024, saw a reduction in the number of delayed discharge hours from 3242.5 in September 2024 to 3041.3 in October 2024. The average lost bed days decreased to 4.09 per day. The percentage of patients delayed over 24 hours increased to 59.70% in October from 54.69% in September 2024.

Trend

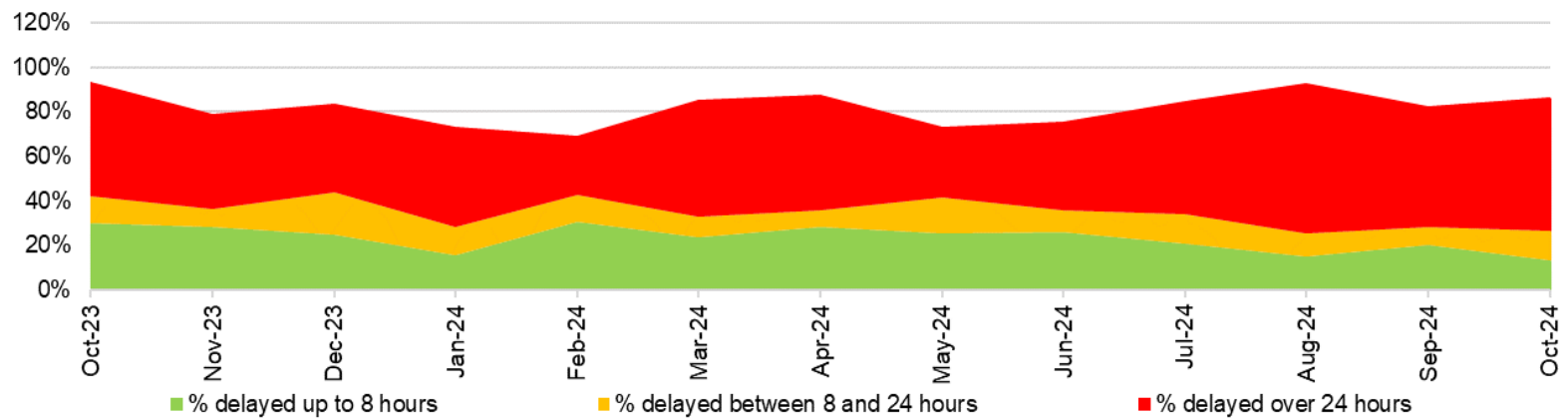
1. Total Critical Care delayed discharges (hours)



2. Average lost bed days per day



3. Percentage of Critical Care patients delayed



UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
<p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In October 2024, there were on average 254 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In October, Morriston Hospital had the largest proportion of clinically optimised patients with 134, followed by Neath Port Talbot Hospital with 64.</p> <p>Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital. The implementation of the frailty model with further increase opportunities for reductions in delays.</p>	<p>The number of clinically optimised patients by site</p> <table border="1"> <caption>Estimated data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>150</td><td>10</td><td>90</td><td>10</td></tr> <tr><td>Nov-23</td><td>180</td><td>10</td><td>100</td><td>20</td></tr> <tr><td>Dec-23</td><td>150</td><td>10</td><td>70</td><td>20</td></tr> <tr><td>Jan-24</td><td>130</td><td>40</td><td>60</td><td>20</td></tr> <tr><td>Feb-24</td><td>170</td><td>40</td><td>60</td><td>20</td></tr> <tr><td>Mar-24</td><td>110</td><td>50</td><td>60</td><td>20</td></tr> <tr><td>Apr-24</td><td>120</td><td>40</td><td>50</td><td>20</td></tr> <tr><td>May-24</td><td>150</td><td>20</td><td>50</td><td>20</td></tr> <tr><td>Jun-24</td><td>130</td><td>10</td><td>60</td><td>20</td></tr> <tr><td>Jul-24</td><td>135</td><td>10</td><td>60</td><td>20</td></tr> <tr><td>Aug-24</td><td>135</td><td>10</td><td>70</td><td>20</td></tr> <tr><td>Sep-24</td><td>135</td><td>10</td><td>50</td><td>30</td></tr> <tr><td>Oct-24</td><td>134</td><td>30</td><td>64</td><td>20</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Oct-23	150	10	90	10	Nov-23	180	10	100	20	Dec-23	150	10	70	20	Jan-24	130	40	60	20	Feb-24	170	40	60	20	Mar-24	110	50	60	20	Apr-24	120	40	50	20	May-24	150	20	50	20	Jun-24	130	10	60	20	Jul-24	135	10	60	20	Aug-24	135	10	70	20	Sep-24	135	10	50	30	Oct-24	134	30	64	20
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<p>Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p>	<p>In October 2024, there were 31 elective procedures cancelled due to lack of beds on the day of surgery. This is 10 more cancellations than those seen in September 2024.</p> <p>Of the 31 cancelled procedures, all were attributed to Morriston Hospital.</p>	<p>Total number of elective procedures cancelled due to lack of beds</p> <table border="1"> <caption>Estimated data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Nov-23</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Dec-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Jan-24</td><td>25</td><td>0</td><td>40</td></tr> <tr><td>Feb-24</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Mar-24</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Apr-24</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>May-24</td><td>15</td><td>0</td><td>5</td></tr> <tr><td>Jun-24</td><td>28</td><td>0</td><td>0</td></tr> <tr><td>Jul-24</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Aug-24</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Sep-24</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Oct-24</td><td>31</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Oct-23	15	0	0	Nov-23	20	0	0	Dec-23	10	0	0	Jan-24	25	0	40	Feb-24	20	0	0	Mar-24	15	0	0	Apr-24	18	0	0	May-24	15	0	5	Jun-24	28	0	0	Jul-24	15	0	0	Aug-24	20	0	0	Sep-24	20	0	0	Oct-24	31	0	0														
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FRACTURED NECK OF FEMUR (#NOF)		
Description	Current Performance	Trend
<p>Fractured Neck of Femur (#NOF)</p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p>1. Prompt orthogeriatric assessment- In September 2024, 97.3% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In September 2024, 32.1% of patients had surgery the day following presentation with a hip fracture. This is a 1.0% improvement from September 2023 which was 31.1%.</p> <p>3. NICE compliant surgery- 69.1% of operations were consistent with the NICE recommendations in September 2024. This is 5.5% less than in September 2023.</p> <p>4. Prompt mobilisation- In September 2024, 85.7% of patients were out of bed the day after surgery. This is 3.5% more than in September 2023.</p>	<p>1. Prompt orthogeriatric assessment</p> <p>2. Prompt surgery</p> <p>3. NICE compliant Surgery</p> <p>4. Prompt mobilisation</p>

FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 76.5% of patients were not delirious in the week after their operation in September 2024.	<p>5. Not delirious when tested</p> <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>70</td><td>65</td><td>68</td></tr> <tr><td>Oct-23</td><td>70</td><td>65</td><td>68</td></tr> <tr><td>Nov-23</td><td>70</td><td>65</td><td>68</td></tr> <tr><td>Dec-23</td><td>70</td><td>65</td><td>68</td></tr> <tr><td>Jan-24</td><td>70</td><td>65</td><td>68</td></tr> <tr><td>Feb-24</td><td>70</td><td>65</td><td>68</td></tr> <tr><td>Mar-24</td><td>70</td><td>65</td><td>68</td></tr> <tr><td>Apr-24</td><td>70</td><td>65</td><td>68</td></tr> <tr><td>May-24</td><td>70</td><td>65</td><td>68</td></tr> <tr><td>Jun-24</td><td>70</td><td>65</td><td>68</td></tr> <tr><td>Jul-24</td><td>70</td><td>65</td><td>68</td></tr> <tr><td>Aug-24</td><td>70</td><td>65</td><td>68</td></tr> <tr><td>Sep-24</td><td>76.5</td><td>65</td><td>68</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Sep-23	70	65	68	Oct-23	70	65	68	Nov-23	70	65	68	Dec-23	70	65	68	Jan-24	70	65	68	Feb-24	70	65	68	Mar-24	70	65	68	Apr-24	70	65	68	May-24	70	65	68	Jun-24	70	65	68	Jul-24	70	65	68	Aug-24	70	65	68	Sep-24	76.5	65	68
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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- 71.5% of patients in June 2024 were discharged back to their original residence. This is the same figure reported in June 2023.	<p>6. Return to original residence</p> <table border="1"> <caption>6. Return to original residence - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>71.5</td><td>70</td><td>72</td></tr> <tr><td>Jul-23</td><td>71.5</td><td>70</td><td>72</td></tr> <tr><td>Aug-23</td><td>71.5</td><td>70</td><td>72</td></tr> <tr><td>Sep-23</td><td>71.5</td><td>70</td><td>72</td></tr> <tr><td>Oct-23</td><td>71.5</td><td>70</td><td>72</td></tr> <tr><td>Nov-23</td><td>71.5</td><td>70</td><td>72</td></tr> <tr><td>Dec-23</td><td>71.5</td><td>70</td><td>72</td></tr> <tr><td>Jan-24</td><td>71.5</td><td>70</td><td>72</td></tr> <tr><td>Feb-24</td><td>71.5</td><td>70</td><td>72</td></tr> <tr><td>Mar-24</td><td>71.5</td><td>70</td><td>72</td></tr> <tr><td>Apr-24</td><td>71.5</td><td>70</td><td>72</td></tr> <tr><td>May-24</td><td>71.5</td><td>70</td><td>72</td></tr> <tr><td>Jun-24</td><td>71.5</td><td>70</td><td>72</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jun-23	71.5	70	72	Jul-23	71.5	70	72	Aug-23	71.5	70	72	Sep-23	71.5	70	72	Oct-23	71.5	70	72	Nov-23	71.5	70	72	Dec-23	71.5	70	72	Jan-24	71.5	70	72	Feb-24	71.5	70	72	Mar-24	71.5	70	72	Apr-24	71.5	70	72	May-24	71.5	70	72	Jun-24	71.5	70	72
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7. <i>30 day mortality rate (Casemix adjusted)</i>	7. 30 day mortality rate- In Q2 24-25 the mortality rate for Morryston Hospital was 5.3%, which is 1.4% lower than the figure reported in the same period in the previous year and is the same as the national average for the quarter.	<p>7. 30 day mortality rate</p> <table border="1"> <caption>7. 30 day mortality rate - Trend Data</caption> <thead> <tr> <th>Quarter</th> <th>Morryston (Casemix Adjusted) (%)</th> <th>National Average (%)</th> </tr> </thead> <tbody> <tr><td>Q1 21-22</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q2 21-22</td><td>6.5</td><td>7.5</td></tr> <tr><td>Q3 21-22</td><td>6.8</td><td>7.8</td></tr> <tr><td>Q4 21-22</td><td>6.5</td><td>7.5</td></tr> <tr><td>Q1 22-23</td><td>6.5</td><td>7.0</td></tr> <tr><td>Q2 22-23</td><td>6.0</td><td>6.8</td></tr> <tr><td>Q3 22-23</td><td>6.0</td><td>6.5</td></tr> <tr><td>Q4 22-23</td><td>6.0</td><td>6.2</td></tr> <tr><td>Q1 23-24</td><td>5.5</td><td>5.8</td></tr> <tr><td>Q2 23-24</td><td>6.7</td><td>6.7</td></tr> <tr><td>Q3 23-24</td><td>6.0</td><td>6.2</td></tr> <tr><td>Q4 23-24</td><td>5.0</td><td>5.8</td></tr> <tr><td>Q1 24-25</td><td>5.3</td><td>5.5</td></tr> <tr><td>Q2 24-25</td><td>5.3</td><td>6.7</td></tr> </tbody> </table>	Quarter	Morryston (Casemix Adjusted) (%)	National Average (%)	Q1 21-22	7.0	8.0	Q2 21-22	6.5	7.5	Q3 21-22	6.8	7.8	Q4 21-22	6.5	7.5	Q1 22-23	6.5	7.0	Q2 22-23	6.0	6.8	Q3 22-23	6.0	6.5	Q4 22-23	6.0	6.2	Q1 23-24	5.5	5.8	Q2 23-24	6.7	6.7	Q3 23-24	6.0	6.2	Q4 23-24	5.0	5.8	Q1 24-25	5.3	5.5	Q2 24-25	5.3	6.7											
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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"> 22 cases of <i>E. coli</i> bacteraemia were identified in October 2024, of which 10 were hospital acquired and 12 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 17 cases for October 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired <i>E.coli</i> bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>10</td><td>17</td></tr> <tr><td>Nov-23</td><td>32</td><td>17</td></tr> <tr><td>Dec-23</td><td>12</td><td>17</td></tr> <tr><td>Jan-24</td><td>19</td><td>17</td></tr> <tr><td>Feb-24</td><td>17</td><td>17</td></tr> <tr><td>Mar-24</td><td>19</td><td>17</td></tr> <tr><td>Apr-24</td><td>19</td><td>20</td></tr> <tr><td>May-24</td><td>16</td><td>19</td></tr> <tr><td>Jun-24</td><td>18</td><td>19</td></tr> <tr><td>Jul-24</td><td>14</td><td>18</td></tr> <tr><td>Aug-24</td><td>29</td><td>20</td></tr> <tr><td>Sep-24</td><td>21</td><td>17</td></tr> <tr><td>Oct-24</td><td>22</td><td>17</td></tr> <tr><td>Nov-24</td><td></td><td>17</td></tr> <tr><td>Dec-24</td><td></td><td>18</td></tr> <tr><td>Jan-25</td><td></td><td>17</td></tr> <tr><td>Feb-25</td><td></td><td>18</td></tr> <tr><td>Mar-25</td><td></td><td>17</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Oct-23	10	17	Nov-23	32	17	Dec-23	12	17	Jan-24	19	17	Feb-24	17	17	Mar-24	19	17	Apr-24	19	20	May-24	16	19	Jun-24	18	19	Jul-24	14	18	Aug-24	29	20	Sep-24	21	17	Oct-24	22	17	Nov-24		17	Dec-24		18	Jan-25		17	Feb-25		18	Mar-25		17
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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 14 cases of <i>Staph. aureus</i> bacteraemia in October 2024, of which 6 were hospital acquired and 8 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for October 2024 <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired <i>S.aureus</i> bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>10</td><td>8</td></tr> <tr><td>Nov-23</td><td>14</td><td>8</td></tr> <tr><td>Dec-23</td><td>18</td><td>8</td></tr> <tr><td>Jan-24</td><td>11</td><td>8</td></tr> <tr><td>Feb-24</td><td>8</td><td>8</td></tr> <tr><td>Mar-24</td><td>8</td><td>8</td></tr> <tr><td>Apr-24</td><td>13</td><td>8</td></tr> <tr><td>May-24</td><td>6</td><td>6</td></tr> <tr><td>Jun-24</td><td>7</td><td>6</td></tr> <tr><td>Jul-24</td><td>12</td><td>6</td></tr> <tr><td>Aug-24</td><td>14</td><td>6</td></tr> <tr><td>Sep-24</td><td>7</td><td>6</td></tr> <tr><td>Oct-24</td><td>14</td><td>6</td></tr> <tr><td>Nov-24</td><td></td><td>6</td></tr> <tr><td>Dec-24</td><td></td><td>6</td></tr> <tr><td>Jan-25</td><td></td><td>5</td></tr> <tr><td>Feb-25</td><td></td><td>5</td></tr> <tr><td>Mar-25</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Oct-23	10	8	Nov-23	14	8	Dec-23	18	8	Jan-24	11	8	Feb-24	8	8	Mar-24	8	8	Apr-24	13	8	May-24	6	6	Jun-24	7	6	Jul-24	12	6	Aug-24	14	6	Sep-24	7	6	Oct-24	14	6	Nov-24		6	Dec-24		6	Jan-25		5	Feb-25		5	Mar-25		5
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<p>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i> Number of laboratory confirmed <i>C.difficile</i> cases</p>	<ul style="list-style-type: none"> There were 29 <i>Clostridium difficile</i> toxin positive cases in October 2024, of which 20 were hospital acquired and 9 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 7 cases for October 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>18</td><td></td></tr> <tr><td>Nov-23</td><td>33</td><td></td></tr> <tr><td>Dec-23</td><td>21</td><td></td></tr> <tr><td>Jan-24</td><td>22</td><td></td></tr> <tr><td>Feb-24</td><td>20</td><td></td></tr> <tr><td>Mar-24</td><td>22</td><td></td></tr> <tr><td>Apr-24</td><td>20</td><td>10</td></tr> <tr><td>May-24</td><td>19</td><td>9.5</td></tr> <tr><td>Jun-24</td><td>22</td><td>9</td></tr> <tr><td>Jul-24</td><td>14</td><td>8.5</td></tr> <tr><td>Aug-24</td><td>35</td><td>8</td></tr> <tr><td>Sep-24</td><td>22</td><td>7.5</td></tr> <tr><td>Oct-24</td><td>29</td><td>7</td></tr> <tr><td>Nov-24</td><td></td><td>6.8</td></tr> <tr><td>Dec-24</td><td></td><td>6.6</td></tr> <tr><td>Jan-25</td><td></td><td>6.5</td></tr> <tr><td>Feb-25</td><td></td><td>6.4</td></tr> <tr><td>Mar-25</td><td></td><td>6.2</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	Oct-23	18		Nov-23	33		Dec-23	21		Jan-24	22		Feb-24	20		Mar-24	22		Apr-24	20	10	May-24	19	9.5	Jun-24	22	9	Jul-24	14	8.5	Aug-24	35	8	Sep-24	22	7.5	Oct-24	29	7	Nov-24		6.8	Dec-24		6.6	Jan-25		6.5	Feb-25		6.4	Mar-25		6.2
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<p>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i> Number of laboratory confirmed <i>Klebsiella sp</i> cases</p>	<ul style="list-style-type: none"> There were 12 cases of <i>Klebsiella sp</i> in October 2024, of which 10 were hospital acquired and 2 were community acquired. The Health Board total is currently in line with the Welsh Government Profile target of 5 cases for October 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;">Number of healthcare acquired Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>6</td><td></td></tr> <tr><td>Nov-23</td><td>8</td><td></td></tr> <tr><td>Dec-23</td><td>6</td><td></td></tr> <tr><td>Jan-24</td><td>11</td><td></td></tr> <tr><td>Feb-24</td><td>9</td><td></td></tr> <tr><td>Mar-24</td><td>5</td><td></td></tr> <tr><td>Apr-24</td><td>10</td><td>9</td></tr> <tr><td>May-24</td><td>11</td><td>7</td></tr> <tr><td>Jun-24</td><td>13</td><td>7</td></tr> <tr><td>Jul-24</td><td>8</td><td>7</td></tr> <tr><td>Aug-24</td><td>12</td><td>7</td></tr> <tr><td>Sep-24</td><td>5</td><td>6</td></tr> <tr><td>Oct-24</td><td>12</td><td>4</td></tr> <tr><td>Nov-24</td><td></td><td>4.5</td></tr> <tr><td>Dec-24</td><td></td><td>5</td></tr> <tr><td>Jan-25</td><td></td><td>5</td></tr> <tr><td>Feb-25</td><td></td><td>5</td></tr> <tr><td>Mar-25</td><td></td><td>4</td></tr> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	Trajectory	Oct-23	6		Nov-23	8		Dec-23	6		Jan-24	11		Feb-24	9		Mar-24	5		Apr-24	10	9	May-24	11	7	Jun-24	13	7	Jul-24	8	7	Aug-24	12	7	Sep-24	5	6	Oct-24	12	4	Nov-24		4.5	Dec-24		5	Jan-25		5	Feb-25		5	Mar-25		4
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HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
<p>Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> There was 1 case of <i>P.Aeruginosa</i> reported in October 2024. The Health Board total is currently below the Welsh Government Profile target of 2 cases for October 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <p>■ Number of Pseudomonas cases (SBU) — Trajectory</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
<p>Number of pressure ulcers <i>1. Total number of pressure ulcers developed in hospital and in the community</i></p> <p><i>2. Rate of pressure ulcers per 100,000 admissions</i></p>	<ul style="list-style-type: none"> In September 2024 there were 93 cases of healthcare acquired pressure ulcers, 44 of which were community acquired and 49 were hospital acquired. There were 13 grade 3+ pressure ulcers in September 2024, 11 of which were community acquired and 2 were hospital acquired. The rate per 100,000 admissions was 836 in September 2024. 	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <p>■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</p>

NATIONALLY REPORTABLE INCIDENTS

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<p>Nationally Reportable Incidents (NRI's)-</p> <p><i>1. The number of Nationally reportable incidents</i></p> <p><i>2. The number of Never Events</i></p> <p><i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 10 Nationally Reportable Incidents for the month of October 2024 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - Morryston – 3 - NPTS – 6 - PCT -1 <p>2. There were two new Never Events reported in October 2024.</p> <p>3. In October 2024, 25% of the NRI's were closed within the agreed timescale.</p>	<p>1. and 2. Number of nationally reportable incidents and never events</p> <table border="1"> <caption>Number of nationally reportable incidents and never events</caption> <thead> <tr> <th>Month</th> <th>Number of Nationally Reportable Incidents</th> <th>Number of never events</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>5</td><td>2</td></tr> <tr><td>Nov-23</td><td>8</td><td>2</td></tr> <tr><td>Dec-23</td><td>7</td><td>1</td></tr> <tr><td>Jan-24</td><td>6</td><td>0</td></tr> <tr><td>Feb-24</td><td>9</td><td>1</td></tr> <tr><td>Mar-24</td><td>8</td><td>0</td></tr> <tr><td>Apr-24</td><td>7</td><td>0</td></tr> <tr><td>May-24</td><td>2</td><td>0</td></tr> <tr><td>Jun-24</td><td>4</td><td>0</td></tr> <tr><td>Jul-24</td><td>5</td><td>1</td></tr> <tr><td>Aug-24</td><td>7</td><td>0</td></tr> <tr><td>Sep-24</td><td>8</td><td>0</td></tr> <tr><td>Oct-24</td><td>10</td><td>2</td></tr> </tbody> </table> <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p> <p>3. % of nationally reportable incidents closed within the agreed timescales</p> <table border="1"> <caption>% of nationally reportable incidents closed within the agreed timescales</caption> <thead> <tr> <th>Month</th> <th>% NRI's assured</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>32%</td><td>80%</td></tr> <tr><td>Nov-23</td><td>100%</td><td>80%</td></tr> <tr><td>Dec-23</td><td>40%</td><td>80%</td></tr> <tr><td>Jan-24</td><td>100%</td><td>80%</td></tr> <tr><td>Feb-24</td><td>18%</td><td>80%</td></tr> <tr><td>Mar-24</td><td>65%</td><td>80%</td></tr> <tr><td>Apr-24</td><td>63%</td><td>80%</td></tr> <tr><td>May-24</td><td>32%</td><td>80%</td></tr> <tr><td>Jun-24</td><td>88%</td><td>80%</td></tr> <tr><td>Jul-24</td><td>50%</td><td>80%</td></tr> <tr><td>Aug-24</td><td>70%</td><td>80%</td></tr> <tr><td>Sep-24</td><td>25%</td><td>80%</td></tr> <tr><td>Oct-24</td><td>25%</td><td>80%</td></tr> </tbody> </table> <p>■ % NRI's assured — Target</p>	Month	Number of Nationally Reportable Incidents	Number of never events	Oct-23	5	2	Nov-23	8	2	Dec-23	7	1	Jan-24	6	0	Feb-24	9	1	Mar-24	8	0	Apr-24	7	0	May-24	2	0	Jun-24	4	0	Jul-24	5	1	Aug-24	7	0	Sep-24	8	0	Oct-24	10	2	Month	% NRI's assured	Target	Oct-23	32%	80%	Nov-23	100%	80%	Dec-23	40%	80%	Jan-24	100%	80%	Feb-24	18%	80%	Mar-24	65%	80%	Apr-24	63%	80%	May-24	32%	80%	Jun-24	88%	80%	Jul-24	50%	80%	Aug-24	70%	80%	Sep-24	25%	80%	Oct-24	25%	80%
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






























INPATIENT FALLS																														
Description	Current Performance	Trend																												
<p>Inpatient Falls <i>The total number of inpatient falls</i></p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 198 in October 2024. This is 21.5% more than September 2024 where 153 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Hospital Falls</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>190</td></tr> <tr><td>Nov-23</td><td>165</td></tr> <tr><td>Dec-23</td><td>155</td></tr> <tr><td>Jan-24</td><td>190</td></tr> <tr><td>Feb-24</td><td>200</td></tr> <tr><td>Mar-24</td><td>200</td></tr> <tr><td>Apr-24</td><td>145</td></tr> <tr><td>May-24</td><td>155</td></tr> <tr><td>Jun-24</td><td>155</td></tr> <tr><td>Jul-24</td><td>175</td></tr> <tr><td>Aug-24</td><td>170</td></tr> <tr><td>Sep-24</td><td>155</td></tr> <tr><td>Oct-24</td><td>195</td></tr> </tbody> </table>	Month	Hospital Falls	Oct-23	190	Nov-23	165	Dec-23	155	Jan-24	190	Feb-24	200	Mar-24	200	Apr-24	145	May-24	155	Jun-24	155	Jul-24	175	Aug-24	170	Sep-24	155	Oct-24	195
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DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<p>Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i></p>	<p>The latest data shows that in October 2024, the percentage of completed discharge summaries was 76%.</p> <p>In October 2024, compliance ranged from 83% in Morriston Hospital to 61% in Singleton Hospital.</p>	<p>% discharge summaries approved and sent</p> <table border="1"> <caption>% discharge summaries approved and sent</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>65%</td></tr> <tr><td>Nov-23</td><td>68%</td></tr> <tr><td>Dec-23</td><td>68%</td></tr> <tr><td>Jan-24</td><td>67%</td></tr> <tr><td>Feb-24</td><td>70%</td></tr> <tr><td>Mar-24</td><td>68%</td></tr> <tr><td>Apr-24</td><td>75%</td></tr> <tr><td>May-24</td><td>75%</td></tr> <tr><td>Jun-24</td><td>75%</td></tr> <tr><td>Jul-24</td><td>75%</td></tr> <tr><td>Aug-24</td><td>78%</td></tr> <tr><td>Sep-24</td><td>78%</td></tr> <tr><td>Oct-24</td><td>76%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	Oct-23	65%	Nov-23	68%	Dec-23	68%	Jan-24	67%	Feb-24	70%	Mar-24	68%	Apr-24	75%	May-24	75%	Jun-24	75%	Jul-24	75%	Aug-24	78%	Sep-24	78%	Oct-24	76%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
Crude Mortality Rate	<p>August 2024 reports the crude mortality rate for the Health Board at 0.69%, which is 0.04% higher than the figure reported in July 2024.</p> <p>A breakdown by Hospital for August 2024:</p> <ul style="list-style-type: none"> • Morriston – 1.25% • Singleton – 0.17% • NPT – 0.04% 	<p>Crude hospital mortality rate by Hospital (74 years of age or less)</p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Sep-23</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Oct-23</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Nov-23</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Dec-23</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Jan-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Feb-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Mar-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Apr-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>May-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Jun-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Jul-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> <tr><td>Aug-24</td><td>1.25%</td><td>0.17%</td><td>0.04%</td><td>0.69%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Aug-23	1.25%	0.17%	0.04%	0.69%	Sep-23	1.25%	0.17%	0.04%	0.69%	Oct-23	1.25%	0.17%	0.04%	0.69%	Nov-23	1.25%	0.17%	0.04%	0.69%	Dec-23	1.25%	0.17%	0.04%	0.69%	Jan-24	1.25%	0.17%	0.04%	0.69%	Feb-24	1.25%	0.17%	0.04%	0.69%	Mar-24	1.25%	0.17%	0.04%	0.69%	Apr-24	1.25%	0.17%	0.04%	0.69%	May-24	1.25%	0.17%	0.04%	0.69%	Jun-24	1.25%	0.17%	0.04%	0.69%	Jul-24	1.25%	0.17%	0.04%	0.69%	Aug-24	1.25%	0.17%	0.04%	0.69%
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Description	Current Performance	Trend																																																																						
Readmission Rates	<p>In October 2024, 8.26% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 0.15% higher than the figure reported in September 2024.</p>	<p>Emergencies readmitted within 28 days of previous discharge</p> <table border="1"> <caption>Emergencies readmitted within 28 days of previous discharge</caption> <thead> <tr> <th>Month</th> <th>28 day readmission rate (SBUHB)</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>8.26%</td></tr> <tr><td>Nov-23</td><td>7.8%</td></tr> <tr><td>Dec-23</td><td>8.8%</td></tr> <tr><td>Jan-24</td><td>7.5%</td></tr> <tr><td>Feb-24</td><td>8.2%</td></tr> <tr><td>Mar-24</td><td>8.5%</td></tr> <tr><td>Apr-24</td><td>8.0%</td></tr> <tr><td>May-24</td><td>8.2%</td></tr> <tr><td>Jun-24</td><td>8.0%</td></tr> <tr><td>Jul-24</td><td>9.0%</td></tr> <tr><td>Aug-24</td><td>8.5%</td></tr> <tr><td>Sep-24</td><td>8.0%</td></tr> <tr><td>Oct-24</td><td>8.26%</td></tr> </tbody> </table>	Month	28 day readmission rate (SBUHB)	Oct-23	8.26%	Nov-23	7.8%	Dec-23	8.8%	Jan-24	7.5%	Feb-24	8.2%	Mar-24	8.5%	Apr-24	8.0%	May-24	8.2%	Jun-24	8.0%	Jul-24	9.0%	Aug-24	8.5%	Sep-24	8.0%	Oct-24	8.26%																																										
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5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

Harm from reduction in non-Covid				SBU													
Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Cancer																	
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	Improvement Trajectory towards 80% by Mar 26	60.0%		51.7%	53.3%	51.0%	47.5%	50.4%	55.8%	56.4%	57.0%	57.9%	58.6%	55.7%	57.0%	
Planned Care																	
Number of patients waiting > 26 weeks for first outpatient appointment*	Morrison	0			6,165	5,735	5,968	5,703	5,806	6,565	5,247	5,958	5,948	6,171	6,869	6,716	6,573
	NPTH			32	16	15	30	45	92	2,002	2,240	2,278	2,341	2,602	2,588	2,579	
	Singleton			4,972	4,674	4,906	4,989	5,087	5,438	5,795	6,007	6,036	5,880	6,274	6,135	6,139	
	PC&CS			0	0	0	0	0	0	1	0	0	0	0	3	1	
	Total			11,169	10,425	10,889	10,722	10,938	12,095	13,045	14,205	14,262	14,392	15,745	15,442	15,292	
Number of patients waiting > 36 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0			2,088	2,034	2,245	2,001	1,986	2,294	1,959	2,514	2,809	3,096	3,424	3,068	3,113
	NPTH			0	1	3	1	4	2	761	920	1,042	1,164	1,330	1,204	1,166	
	Singleton			2,420	2,247	2,298	2,182	2,112	2,443	2,855	2,986	3,098	3,064	3,261	2,777	2,870	
	PC&CS			0	0	0	0	0	0	0	0	0	0	0	2	1	
	Total			4,508	4,282	4,546	4,184	4,102	4,739	5,575	6,420	6,949	7,324	8,015	7,051	7,150	
Number of patients waiting > 52 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0	0		0	0	0	0	0	0	0	0	0	0	0	2	0
	NPTH			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton			0	0	0	0	0	0	0	0	0	0	0	0	0	
	PC&CS			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total			0	0	0	0	0	0	0	0	0	0	0	0	2	0
Number of patients waiting > 52 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			10,464	9,881	9,588	9,423	9,159	8,962	4,236	4,191	4,103	4,177	4,256	4,302	4,418
	NPTH			0	0	0	0	0	0	4,229	4,286	4,404	4,351	4,485	4,564	4,590	
	Singleton			3,478	3,572	3,798	3,895	4,052	4,219	4,433	4,782	5,116	5,094	5,164	5,134	5,439	
	PC&CS			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total			13,942	13,453	13,386	13,318	13,211	13,181	12,898	13,259	13,623	13,622	13,905	14,000	14,447	
Number of patients waiting > 104 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0	625		3,341	2,772	2,311	1,923	1,579	1,299	490	424	387	353	365	386	431
	NPTH			0	0	0	0	0	0	696	641	607	554	563	523	520	
	Singleton			756	688	658	643	596	532	539	514	483	377	350	332	334	
	PC&CS			0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total			4,097	3,460	2,969	2,566	2,175	1,831	1,725	1,579	1,477	1,284	1,278	1,241	1,285	
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	Improvement Trajectory towards 0 by Mar 24	2,944		5,939	5,429	5,616	4,705	3,870	3,687	3,746	3,576	3,493	3,490	3,425	3,296	3,156
	Total			5,939	5,429	5,616	4,705	3,870	3,687	3,746	3,576	3,493	3,490	3,425	3,296	3,156	
Number of patients waiting > 14 weeks for a specified therapy*	PC&CS	Improvement Trajectory towards 0 by Mar 24			195	84	73	88	29	1	1	0	4	5	17	130	147
	Total			195	84	73	88	29	1	1	0	4	5	17	130	147	

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	
Planned Care																		
Total number of patients waiting for a follow-up outpatient appointment *	Total	12 month reduction trend			154,704	157,285	159,226	162,964	164,581	166,438	169,049	170,254	171,913	172,898	147,509	148,525	149,220	
Number of patients delayed by over 100% past their target date	Total	Improvement Trajectory towards target of 0			41,188	41,727	43,784	44,976	46,482	48,969	49,837	50,646	49,585	49,591	39,908	39,502	39,137	
Number of patients delayed past their agreed target date (booked and not booked) *	Total	12 month reduction trend			67,996	68,767	72,790	74,878	76,796	80,190	80,656	80,503	78,946	78,579	67,051	66,422	65,359	
Number of Ophthalmology patients without an allocated health risk factor	Total	0			265	200	527	522	309	343	270	155	203	94	152	182	126	
Number of patients without a documented clinical review date	Total	0			2	1	1	1	1	5	2	2	4	1	0	2	5	
Activity																		
Number of GP referrals	Total	12 month reduction trend			12,644	12,622	10,102	12,876	12,976	12,269	13,687	13,540	12,365	14,282	12,326	12,826	14,244	
Number of patients referred from primary care into secondary care Ophthalmology services	Total	Improvement Trajectory towards reduction by Mar 24			851	843	735	775	721	936	932	783	794	838	785	714	865	
Patient Experience/ Feedback																		
Number of friends and family surveys completed	PCCS	Month on month improvement			475	390	303	418	406	430	398	401	625	648	518	590	680	
	MH&LD				34	56	45	60	63	66	36	49	71	84	83	91	112	
	Morrison				2,085	2,157	2,047	2,600	2,644	2,606	2,776	2,584	2,716	2,879	2,445	2,885	3,081	
	NPTH																	
	Singleton				2,063	2,158	1,671	2,229	2,237	2,118	2,234	2,081	2,193	2,326	1,945	2,077	2,402	
Total		5,738	5,792	4,004	5,211	5,232	5,427	5,579	5,344	5,535	5,853	4,913	5,556	6,208				
% of patients who would recommend and highly recommend	PCCS	90%			95%	94%	95%	94%	96%	95%	96%	97%	96%	96%	95%	95%	95%	
	MH&LD				100%	96%	100%	100%	100%	97%	100%	96%	92%	100%	89%	91%	98%	
	Morrison				89%	89%	90%	91%	90%	90%	90%	90%	90%	90%	90%	89%	91%	
	NPTH																	
	Singleton				94%	94%	94%	95%	95%	95%	95%	94%	95%	95%	95%	95%	96%	
Total		92%	92%	92%	93%	92%	92%	93%	92%	93%	93%	93%	93%	92%	93%			
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%			98%	98%	93%	91%	96%	96%	96%	94%	96%	95%	94%	94%	95%	
	MH&LD				94%	92%	92%	92%	92%	91%	92%	92%	92%	93%	92%	92%	92%	
	Morrison																	
	NPTH				97%	97%	93%	93%	94%	93%	95%	94%	94%	94%	95%	94%	95%	
	Singleton				93%	93%	93%	93%	93%	92%	93%	93%	93%	94%	93%	93%	93%	
Total		93%	93%	93%	93%	93%	92%	93%	92%	93%	93%	94%	93%	93%				
Number of new complaints received	PCCS	12 month reduction trend			49	42	20	35	31	36	24	20	15	19	22			
	MH&LD				17	17	13	21	19	22	17	14	22	27	24			
	Morrison				66	56	35	53	55	46	51	53	38	61	59			
	NPTH				3	27	12	33	27	23	24	22	20	18	15			
	Singleton				24	22	12	31	31	36	22	28	27	21	16			
Total		164	171	108	181	168	167	140	145	130	152	142						
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	80%			86%	64%	95%	89%	74%	81%	79%	85%	80%	74%	50%			
	MH&LD				53%	76%	69%	57%	53%	68%	82%	79%	64%	78%	54%			
	Morrison				77%	46%	66%	72%	85%	87%	76%	83%	66%	72%	68%			
	NPTH				67%	44%	75%	82%	81%	69%	67%	64%	85%	61%	67%			
	Singleton				50%	50%	45%	52%	39%	44%	57%	39%	63%	38%	50%			
Total		74%	55%	69%	72%	71%	71%	74%	73%	70%	66%	61%						

5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	In October 2024, there were 14,244 referrals received. This is higher than the number that was received in September 2024 (12,826). Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.
1. GP Referrals <i>The number of Stage 1 additions per week</i>	Trend
2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i>	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>1. Number of GP referrals received by SBU Health Board</p> <p>■ Routine ■ Urgent</p> </div> <div style="width: 45%;"> <p>2. Number of stage 1 additions per week</p> <p>— Additions to outpatients (stage 1) waiting list</p> </div> </div>
3. Outpatient activity undertaken <i>Total number of patients seen each month</i>	<p>3. Outpatient activity undertaken</p> <p>— New outpatient attendances - - - Follow-up attendances</p>
4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at October 24</i>	<p>4. Total size of the waiting list and movement (Oct 2024)</p> <p>■ STAGE 1 ■ STAGE 2 ■ STAGE 3 ■ STAGE 4 ■ STAGE 5</p>

PLANNED CARE

Description

Outpatient waiting times

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

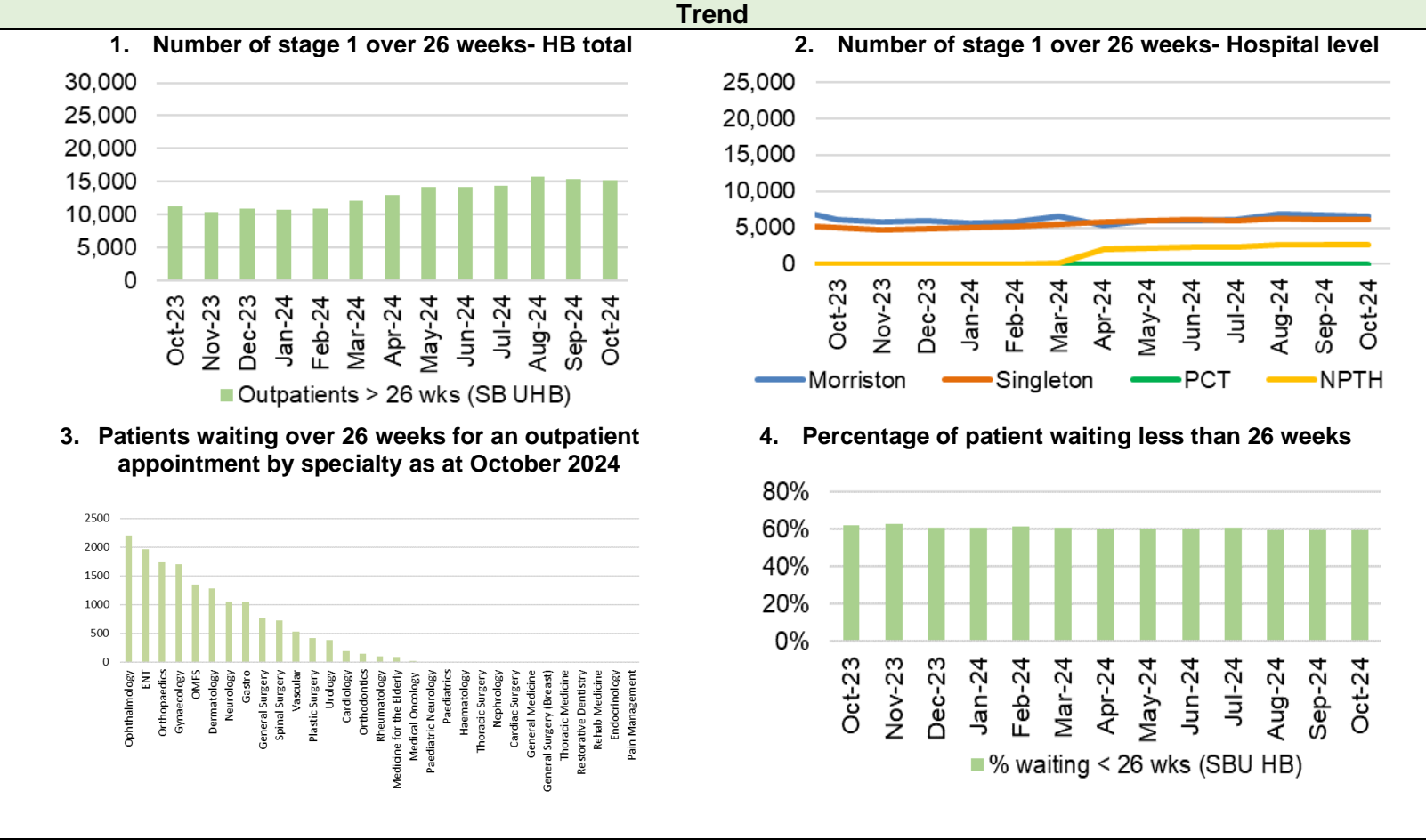
2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level

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

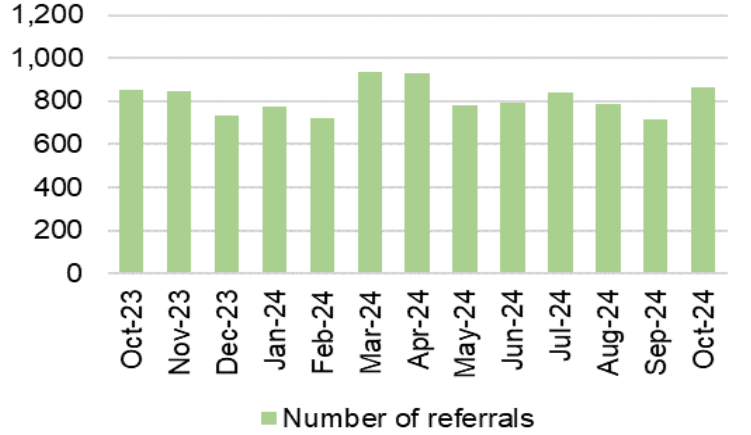
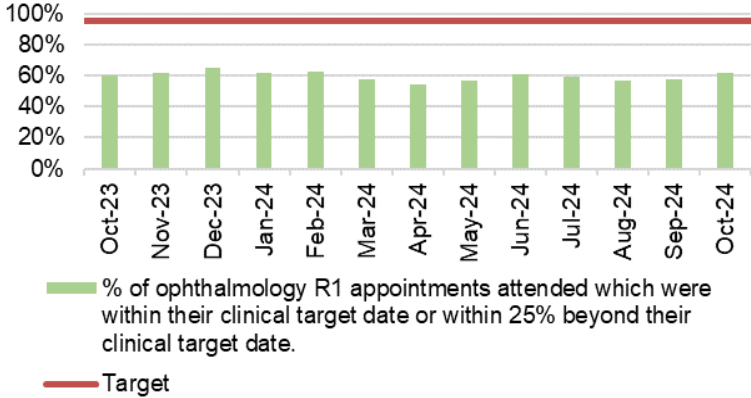
4. Percentage of patients waiting less than 26 weeks

Current Performance

The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. October 2024 saw an in-month reduction of 1% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 15,442 in September 2024. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, followed by ENT and Orthopaedics. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has remained at 59.2%.



PLANNED CARE																																																																																							
Description	Current Performance																																																																																						
<p>Patients waiting over 36 weeks for treatment</p> <p><i>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</i></p> <p><i>2. Number of patients waiting more than 36 weeks for treatment</i></p> <p><i>3. Number of elective admissions</i></p> <p><i>4. Number of patients waiting more than 104 weeks for treatment</i></p>	<p>In October 2024, there were 7,150 patients waiting over 36 weeks at Stage 1, which is a 1% in-month increase from September 2024. 14,447 patients were waiting over 52 weeks at all stages in October 2024. In October 2024, there were 1,285 patients waiting over 104 weeks for treatment, which is a 4% increase from September 2024.</p>																																																																																						
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<p>Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In October 2024, there were 865 patients referred from Primary Care into secondary care ophthalmology services. This is an increase on the number of patients referred in September 2024, which was 714.</p>	<p>Number of referrals into secondary care Ophthalmology service</p>  <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Number of referrals</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>850</td></tr> <tr><td>Nov-23</td><td>850</td></tr> <tr><td>Dec-23</td><td>720</td></tr> <tr><td>Jan-24</td><td>780</td></tr> <tr><td>Feb-24</td><td>710</td></tr> <tr><td>Mar-24</td><td>950</td></tr> <tr><td>Apr-24</td><td>920</td></tr> <tr><td>May-24</td><td>780</td></tr> <tr><td>Jun-24</td><td>790</td></tr> <tr><td>Jul-24</td><td>840</td></tr> <tr><td>Aug-24</td><td>780</td></tr> <tr><td>Sep-24</td><td>710</td></tr> <tr><td>Oct-24</td><td>865</td></tr> </tbody> </table>	Month	Number of referrals	Oct-23	850	Nov-23	850	Dec-23	720	Jan-24	780	Feb-24	710	Mar-24	950	Apr-24	920	May-24	780	Jun-24	790	Jul-24	840	Aug-24	780	Sep-24	710	Oct-24	865
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<p>Ophthalmology waiting times <i>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target</i></p>	<p>In October 2024, 61.8% of Ophthalmology R1 appointments attended were within their clinical target date or within 25% of the target date.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target date</p>  <table border="1"> <caption>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target date</caption> <thead> <tr> <th>Month</th> <th>% of appointments</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>60%</td></tr> <tr><td>Nov-23</td><td>60%</td></tr> <tr><td>Dec-23</td><td>65%</td></tr> <tr><td>Jan-24</td><td>60%</td></tr> <tr><td>Feb-24</td><td>60%</td></tr> <tr><td>Mar-24</td><td>58%</td></tr> <tr><td>Apr-24</td><td>55%</td></tr> <tr><td>May-24</td><td>58%</td></tr> <tr><td>Jun-24</td><td>60%</td></tr> <tr><td>Jul-24</td><td>60%</td></tr> <tr><td>Aug-24</td><td>58%</td></tr> <tr><td>Sep-24</td><td>58%</td></tr> <tr><td>Oct-24</td><td>61.8%</td></tr> </tbody> </table>	Month	% of appointments	Oct-23	60%	Nov-23	60%	Dec-23	65%	Jan-24	60%	Feb-24	60%	Mar-24	58%	Apr-24	55%	May-24	58%	Jun-24	60%	Jul-24	60%	Aug-24	58%	Sep-24	58%	Oct-24	61.8%
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<p>Theatre Efficiency</p> <p><i>1. Theatre Utilisation Rates</i></p> <p><i>2. % of theatre sessions starting late</i></p> <p><i>3. % of theatre sessions finishing early</i></p> <p><i>4. % of theatre sessions cancelled at short notice (<28 days)</i></p> <p><i>5. % of operations cancelled on the day</i></p>	<p>In October 2024 the Theatre Utilisation rate was 55%. This is the same as the figure reported in September 2024 and is 3% lower than the figure reported in October 2023 (58%).</p> <p>43% of theatre sessions started late in October 2024. This is 2% lower than the figure reported for in September 2024.</p> <p>In October 2024, 33% of theatre sessions finished early. This is the same figure seen in September 2024 and 2% lower than those seen in October 2023.</p> <p>10% of theatre sessions were cancelled at short notice in October 2024. This is 1% lower than the figures reported in September 2024.</p> <p>Of the operations cancelled in October 2024, 40% of them were cancelled on the day.</p>	<p>1. Theatre Utilisation Rates</p> <table border="1"> <caption>1. 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<p>Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In October 2024, there were 147 patients waiting over 14 weeks for specified Therapies, which is 17 more than seen in September 2024.</p> <p>The breakdown of breaches are;</p> <ul style="list-style-type: none"> - Dietetics – 2 - Podiatry – 143 - SALT - 2. 	<p>Number of patients waiting longer than 14 weeks for therapies</p> <table border="1"> <caption>Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Therapies > 14 weeks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>~190</td></tr> <tr><td>Nov-23</td><td>~80</td></tr> <tr><td>Dec-23</td><td>~70</td></tr> <tr><td>Jan-24</td><td>~90</td></tr> <tr><td>Feb-24</td><td>~30</td></tr> <tr><td>Mar-24</td><td>~5</td></tr> <tr><td>Apr-24</td><td>~5</td></tr> <tr><td>May-24</td><td>~5</td></tr> <tr><td>Jun-24</td><td>~5</td></tr> <tr><td>Jul-24</td><td>~5</td></tr> <tr><td>Aug-24</td><td>~15</td></tr> <tr><td>Sep-24</td><td>~130</td></tr> <tr><td>Oct-24</td><td>147</td></tr> </tbody> </table>	Month	Therapies > 14 weeks (SBU HB)	Oct-23	~190	Nov-23	~80	Dec-23	~70	Jan-24	~90	Feb-24	~30	Mar-24	~5	Apr-24	~5	May-24	~5	Jun-24	~5	Jul-24	~5	Aug-24	~15	Sep-24	~130	Oct-24	147																												
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<p>Cancer demand and shape of the waiting list</p> <p>Single Cancer Pathway Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</p>	<p>Early October 2024 backlog by tumour site:</p> <table border="1"> <thead> <tr> <th>Tumour Site</th> <th>63 - 103 days</th> <th>≥104 days</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>1</td><td>0</td></tr> <tr><td>Breast</td><td>6</td><td>0</td></tr> <tr><td>Children's cancer</td><td>1</td><td>0</td></tr> <tr><td>Gynaecological</td><td>24</td><td>10</td></tr> <tr><td>Haematological</td><td>3</td><td>1</td></tr> <tr><td>Head and neck</td><td>6</td><td>1</td></tr> <tr><td>Lower GI (Exl. BSW)</td><td>23</td><td>11</td></tr> <tr><td>BSW</td><td>9</td><td>8</td></tr> <tr><td>Lung</td><td>12</td><td>5</td></tr> <tr><td>Other</td><td>2</td><td>1</td></tr> <tr><td>Sarcoma</td><td>2</td><td>0</td></tr> <tr><td>Skin(c)</td><td>120</td><td>8</td></tr> <tr><td>Upper Gastrointestinal</td><td>10</td><td>8</td></tr> <tr><td>Urological</td><td>13</td><td>14</td></tr> <tr><td>Grand Total</td><td>232</td><td>67</td></tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	0	Brain/CNS	1	0	Breast	6	0	Children's cancer	1	0	Gynaecological	24	10	Haematological	3	1	Head and neck	6	1	Lower GI (Exl. BSW)	23	11	BSW	9	8	Lung	12	5	Other	2	1	Sarcoma	2	0	Skin(c)	120	8	Upper Gastrointestinal	10	8	Urological	13	14	Grand Total	232	67	<p>Number of patients with a wait status of more than 62 days</p>
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<p>Single Cancer Pathway backlog- patients waiting over 63 days</p> <ul style="list-style-type: none"> - Targeted work is underway to prioritise patients waiting >104 days - Milestone targets for OP access (10 days) and Decision to Treat (31 days) have also been set to reduce overall pathway waits. - Tumour site specific plans have been developed and will be enacted through TI governance. <p>Note: backlog increased in May 2024 to reflect new reporting requirements for Bowel Screening Wales patients</p>	<p>September 2024 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p>	<p>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p>																																																			

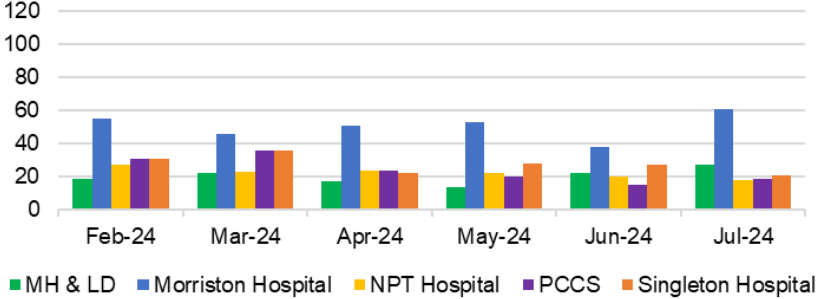
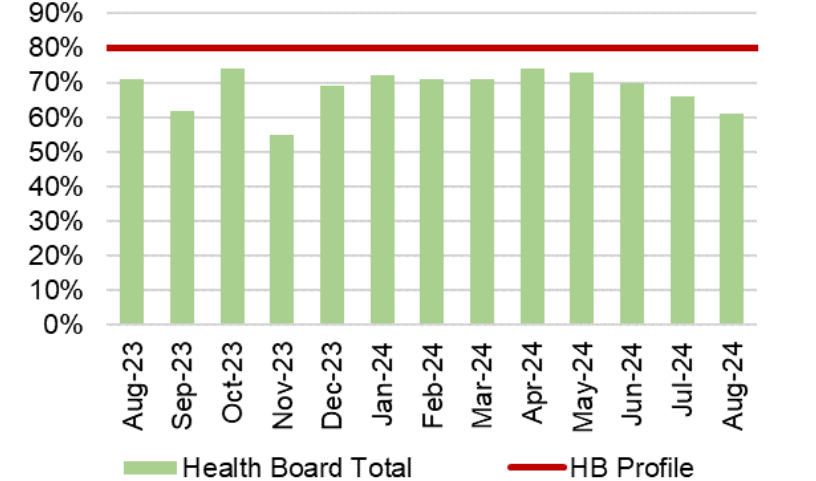
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USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	<p>Early November 2024 figures show total wait volumes for first outpatient appointment have decreased.</p> <p>Of the total number of patients waiting within the backlog, the majority of patients are waiting for diagnostic results, closely followed by those waiting for treatment.</p>	<p>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early) November 2024</p> <table border="1"> <thead> <tr> <th></th> <th>First OPA</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td></tr> <tr><td>Breast</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>0</td></tr> <tr><td>Gynaecological</td><td>0</td></tr> <tr><td>Haematological</td><td>0</td></tr> <tr><td>Head and Neck</td><td>0</td></tr> <tr><td>Lower Gastrointestinal</td><td>0</td></tr> <tr><td>Lung</td><td>0</td></tr> <tr><td>Other</td><td>0</td></tr> <tr><td>Sarcoma</td><td>0</td></tr> <tr><td>Skin</td><td>1</td></tr> <tr><td>Upper Gastrointestinal</td><td>0</td></tr> <tr><td>Urological</td><td>0</td></tr> <tr><td>Grand Total</td><td>1</td></tr> </tbody> </table>		First OPA	Acute Leukaemia	0	Brain/CNS	0	Breast	0	Children's Cancer	0	Gynaecological	0	Haematological	0	Head and Neck	0	Lower Gastrointestinal	0	Lung	0	Other	0	Sarcoma	0	Skin	1	Upper Gastrointestinal	0	Urological	0	Grand Total	1
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Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	<p>Radiotherapy waiting times continue to be a challenge, with only the 7 day Elective Delay target being met in October 2024.</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>Oct-24</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>25%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>75%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>26%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>74%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>100%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>89%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>98%</td></tr> </tbody> </table>	Measure	Target	Oct-24	Scheduled (14 Day Target)	80%	25%	Scheduled (21 Day Target)	100%	75%	Urgent SC (2 Day Target)	80%	26%	Urgent SC (7 Day Target)	100%	74%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	89%	Elective Delay (14 Day Target)	100%	98%	<p>Radiotherapy waiting times</p>					
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FOLLOW-UP APPOINTMENTS																																																										
Description	Current Performance	Trend																																																								
<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In October 2024, there was a total of 149,220 patients waiting for a follow up outpatient appointment.</p> <p>There was a total of 65,359 patients waiting for a follow-up past their target date in October 2024.</p> <p>Of the 65,359 delayed follow-ups in October 2024, 13,206 had appointment dates and 52,153 were still waiting for an appointment.</p> <p>In addition, 39,137 patients were waiting 100%+ over target date in October 2024.</p> <ul style="list-style-type: none"> A significant reduction was noted in August 2024 due to a change in reporting where some specialties are excluded from monitoring going forward. Future trends will be assessed from the August 2024 position. 	<p>1. Total number of patients waiting for a follow-up</p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>150,000</td></tr> <tr><td>Nov-23</td><td>155,000</td></tr> <tr><td>Dec-23</td><td>150,000</td></tr> <tr><td>Jan-24</td><td>155,000</td></tr> <tr><td>Feb-24</td><td>155,000</td></tr> <tr><td>Mar-24</td><td>155,000</td></tr> <tr><td>Apr-24</td><td>160,000</td></tr> <tr><td>May-24</td><td>160,000</td></tr> <tr><td>Jun-24</td><td>165,000</td></tr> <tr><td>Jul-24</td><td>170,000</td></tr> <tr><td>Aug-24</td><td>140,000</td></tr> <tr><td>Sep-24</td><td>145,000</td></tr> <tr><td>Oct-24</td><td>145,000</td></tr> </tbody> </table> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target date (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>40,000</td></tr> <tr><td>Nov-23</td><td>40,000</td></tr> <tr><td>Dec-23</td><td>45,000</td></tr> <tr><td>Jan-24</td><td>45,000</td></tr> <tr><td>Feb-24</td><td>45,000</td></tr> <tr><td>Mar-24</td><td>50,000</td></tr> <tr><td>Apr-24</td><td>50,000</td></tr> <tr><td>May-24</td><td>55,000</td></tr> <tr><td>Jun-24</td><td>50,000</td></tr> <tr><td>Jul-24</td><td>50,000</td></tr> <tr><td>Aug-24</td><td>35,000</td></tr> <tr><td>Sep-24</td><td>35,000</td></tr> <tr><td>Oct-24</td><td>35,000</td></tr> </tbody> </table>	Month	Number of patients	Oct-23	150,000	Nov-23	155,000	Dec-23	150,000	Jan-24	155,000	Feb-24	155,000	Mar-24	155,000	Apr-24	160,000	May-24	160,000	Jun-24	165,000	Jul-24	170,000	Aug-24	140,000	Sep-24	145,000	Oct-24	145,000	Month	Number of patients	Oct-23	40,000	Nov-23	40,000	Dec-23	45,000	Jan-24	45,000	Feb-24	45,000	Mar-24	50,000	Apr-24	50,000	May-24	55,000	Jun-24	50,000	Jul-24	50,000	Aug-24	35,000	Sep-24	35,000	Oct-24	35,000
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PATIENT EXPERIENCE

Description	Current Performance	Trend
<p>Patient experience</p> <p><i>1. Number of friends and family surveys completed</i></p> <p><i>2. Percentage of patients/ service users who would recommend and highly recommend</i></p> <p><i>3. Number of Service User feedback experience responses completed and recorded on CIVICA</i></p>	<p>Health Board Friends & Family patient satisfaction level in October 2024 was 93% and 6,208 surveys were completed.</p> <ul style="list-style-type: none"> ➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 2,402 surveys in October 2024, with a recommended score of 96%. ➢ Morriston Hospital completed 3,081 surveys in October 2024, with a recommended score of 91%. ➢ Primary & Community Care completed 680 surveys for October 2024, with a recommended score of 95%. ➢ The Mental Health Service Group completed 112 surveys for October 2024, with a recommended score of 98%. <p>There were 7,022 feedback experience responses completed and recorded on CIVICA in October 2024. This is 511 more than the figure reported in September 2024. Of the responses recorded, 5,740 were targeted and 1,282 were passive.</p>	<p>1. Number of friends and family surveys completed</p> <p>2. % of patients/ service users who would recommend and highly recommend</p> <p>3. Number of feedback experience responses</p>

COMPLAINTS

Description	Current Performance	Trend												
<p>Patient concerns</p> <p><i>1. Number of formal complaints received</i></p> <p><i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p>	<p>1. In August 2024, the Health Board received 142 formal complaints; this is a reduction of 8% when compared with August 2023 figures (155).</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 61% in August 2024, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1" data-bbox="510 976 1218 1292"> <thead> <tr> <th></th> <th>30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td>67%</td> </tr> <tr> <td>Morrison Hospital</td> <td>68%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td>54%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td>50%</td> </tr> <tr> <td>Singleton Hospital</td> <td>50%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	67%	Morrison Hospital	68%	Mental Health & Learning Disabilities	54%	Primary, Community and Therapies	50%	Singleton Hospital	50%	<p>1. Number of formal complaints received</p>  <p>2. Response rate for concerns within 30 days</p> 
	30 day response rate													
Neath Port Talbot Hospital	67%													
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Primary, Community and Therapies	50%													
Singleton Hospital	50%													

6.1 Overview

Measure	Locality	Harm from wider societal actions/lockdown		Trend	SBU												
		National/ Local Target	Internal Profile		Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
					Childhood immunisations												
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		95.8%		94.5%		93.6%								
	Swansea			95.4%		95.3%		95.1%									
	HB Total			95.6%		95.0%		94.6%									
% children who received MenB2 vaccine by age 1	NPT	95%	90%		95.5%		94.8%		93.9%								
	Swansea			94.5%		94.1%		94.0%									
	HB Total			94.9%		94.4%		94.0%									
% children who received PCV2 vaccine by age 1	NPT	95%	90%		97.6%		97.0%		96.0%								
	Swansea			96.9%		96.5%		96.3%									
	HB Total			97.2%		96.7%		96.2%									
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		93.8%		94.1%		92.0%								
	Swansea			92.5%		94.3%		92.7%									
	HB Total			93.0%		94.2%		92.5%									
% children who received MMR1 vaccine by age 2	NPT	95%	90%		93.8%		92.7%		89.1%								
	Swansea			93.0%		93.5%		96.0%									
	HB Total			93.3%		93.2%		93.3%									
% children who received PCVf3 vaccine by age 2	NPT	95%	90%		94.4%		92.4%		89.1%								
	Swansea			92.8%		93.3%		96.0%									
	HB Total			93.4%		93.0%		93.3%									
% children who received MenB4 vaccine by age 2	NPT	95%	90%		94.1%		92.4%		88.5%								
	Swansea			92.3%		92.9%		94.9%									
	HB Total			93.0%		92.7%		92.4%									
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		94.1%		92.4%		88.5%								
	Swansea			92.3%		92.9%		94.3%									
	HB Total			93.0%		92.7%		92.0%									
% children who are up to date in schedule by age 4	NPT	95%	90%		83.0%		81.3%		85.1%								
	Swansea			84.6%		83.9%		85.9%									
	HB Total			84.1%		82.9%		85.6%									
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		88.3%		91.1%		88.3%								
	Swansea			87.1%		88.6%		91.3%									
	HB Total			87.6%		89.5%		90.2%									
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		88.8%		90.5%		87.7%								
	Swansea			87.6%		88.1%		92.1%									
	HB Total			88.1%		89.0%		90.5%									
% children who received MMR vaccination by age 16	NPT	95%	90%		94.7%		95.5%		94.9%								
	Swansea			89.1%		91.8%		94.8%									
	HB Total			91.1%		93.1%		94.8%									
% children who received teenage booster by age 16	NPT	90%	85%		84.6%		86.9%		83.7%								
	Swansea			86.0%		85.8%		86.7%									
	HB Total			85.5%		86.2%		85.7%									
% children who received MenACWY vaccine by age 16	NPT	Improve			85.1%		87.1%		84.0%								
	Swansea			86.8%		86.7%		86.7%									
	HB Total			86.1%		86.9%		85.8%									

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	
COVID-19 Boosters																		
% uptake of the Spring COVID-19 vaccination for those eligible	NPT	75%			Reporting begins Apr-24 for Spring 24 booster						39.7%	53.0%	53.0%	Reporting begins Apr-25				
	Swansea										45.2%	59.5%	59.5%					
	HB Total										43.2%	57.1%	57.1%					
% uptake of the Autumn COVID-19 vaccination for those eligible	NPT	75%			40.6%	46.6%	49.0%	49.8%	49.7%	49.7%	Reporting begins Oct-24					26.3%		
	Swansea				36.7%	45.3%	50.5%	51.2%	51.0%	51.0%								
	HB Total				38.1%	45.8%	50.0%	50.6%	50.5%	50.5%								
Mental Health Services																		
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%			77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			Reported under PCAMHS													
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	> 18 years old	80%			100%	97%	98%	97%	96%	95%	95%	90%	99%	93%	95%	97%	98%	
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%	90%		100%	100%	86%	100%	96%	100%	97%	98%	100%	100%	100%	100%	98%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%	95%		100%	100%	100%	100%	100%	99%	100%	100%	98%	100%	100%	95%	100%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	80%			76%	76%	76%	73%	71%	69%	66%	64%	63%	61%	59%	57%	57%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			30%	30%	29%	24%	28%	26%	25%	29%	29%	33%	30%	31%	31%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%			92%	98%	92%	97%	97%	97%	94%	97%	94%	95%	95%	100%	100%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%			89%	90%	88%	88%	89%	89%	90%	87%	90%	92%	92%	93%	91%	

6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																																									
Description	Current Performance	Trend																																																																																																																																																																																							
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In October 2024, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In October 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 91% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in October 2024.</p> <p>4. In October 2024, 56.7% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>1. % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessment within 28 days (> 18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-23</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-23</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-24</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-24</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-24</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-24</td><td>95%</td><td>95%</td></tr> <tr><td>May-24</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-24</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-24</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-24</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-24</td><td>95%</td><td>95%</td></tr> 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CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)

Description	Current Performance	Trend
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In October 2024, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 89% of routine assessments were undertaken within 28 days from referral in October 2024 against a target of 80%.</p> <p>3. 98% of therapeutic interventions were started within 28 days following assessment by LPMHSS in October 2024.</p> <p>4. 31% of NDD patients received a diagnostic assessment within 26 weeks in October 2024 against a target of 80%.</p> <p>5. SCAMHS figures now included in illustration 2 and 3 combined.</p> <p><i>*All routine assessments are now under PCAMHS*</i></p>	<p align="center">1. Crisis- assessment within 48 hours</p> <p align="center">2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days</p> <p align="center">4. NDD- assessment within 26 weeks</p>

APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 relat	Number of new COVID19 cases*	Local			Oct-24						72
	Number of staff referred for Antigen Testing*	Local			Feb-23						43
	Number of staff awaiting results of COVID19 test*	Local			Oct-24						0
	Number of COVID19 related incidents*	Local			Oct-24						7
	Number of COVID19 related serious incidents*	Local			Oct-24						0
	Number of COVID19 related complaints*	Local			Oct-24						0
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Jun-23						0
	Number of staff self isolated (symptomatic)*	Local			Jun-23						7
	% sickness*	Local			Jun-23						0.1%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour	National	30% reduction by Dec 24	500	Oct-24	636		2			638
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Improvement compared to same month in 23/24		Oct-24	60.8%	99.1%				76%
	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	20% reduction by Sep 24	875	Oct-24	1,234	0				1,234
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	Local	59.8% (UK SNAP average)		Sep-24	39%					39%
	% of patients who receive a CT scan within 1 hour*	Local	54.5% (UK SNAP average)		Sep-24	52%					52%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Local	84.2% (UK SNAP average)		Sep-24	89%					89%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	Local	12 month improvement trend		Sep-24	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	Local	12 month improvement trend		Sep-24	42%					42%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	Reduction	17	Oct-24	8	0	2	12	0	22
	Number of S.aureus bacteraemia cases	National	Reduction	6	Oct-24	4	0	2	8	0	14
	Number of C.difficile cases	National	Reduction	7	Oct-24	16	0	3	10	0	29
	Number of Klebsiella cases	National	Reduction	5	Oct-24	7	0	3	2	0	12
	Number of Aeruginosa cases	National	Reduction	2	Oct-24	0	0	1	0	0	1
	Compliance with hand hygiene audits	Local	95%		Oct-24	87%	100%	100%	-	98%	91%
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		Oct-24	3	0	6	1	0	10
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	80%		Oct-24						25%
	Number of Never Events	Local	0		Oct-24	0	0	2	0	0	2

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Sep-24	97.3%					97.3%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Sep-24	32.1%					32.1%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Sep-24	69.1%					69.1%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Sep-24	85.7%					85.7%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Sep-24	76.5%					76.5%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Jun-24	72.6%					72.6%
	30 day mortality rate - Casemix adjusted	Local	Monitor		Q2 24/25	5.3%					5.3%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Sep-24	44	3	1	45	0	93
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Sep-24	2	0	0	11	0	13
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Sep-24						836
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Oct-24	101	32	9	9	47	198
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Oct-24						4.91
Mortality	Crude hospital mortality rate by Delivery Unit (74 years	Local	12 month reduction trend		Aug-24	1.25%	0.04%	0.17%			0.69%

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Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	Improvement Trajectory towards 80% by Mar 26	60.0%	Sep-24						57%
Planned Care	Number of patients waiting > 26 weeks for first outpatient appointment	Local	0		Oct-24	6,573	2,579	6,139	1		15,292
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		Oct-24	3,113	1,166	2,870	1		7,150
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		Oct-24	0	0	0	0		0
	Number of patients waiting > 52 weeks for treatment	National	Improvement Trajectory towards target of 0	0	Oct-24	4,418	4,590	5,439	0		14,447
	Number of patients waiting > 104 weeks for treatment	National	Improvement Trajectory towards target of 0	625	Oct-24	431	520	334	0		1,285
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Improvement Trajectory towards 0 by Mar 24	2,944	Oct-24	3,156					3,156
	Number of patients waiting > 14 weeks for a specified therapy	National	Improvement Trajectory towards 0 by Mar 24		Oct-24				147		147
	Total number of patients waiting for a follow-up outpatient appointment	Local	0		Oct-24						149,220
	Number of patients delayed by over 100% past their target date	National	Improvement Trajectory towards target of 0		Oct-24						39,137
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Oct-24						65,359
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Oct-24						126
	Number of patients without a documented clinical review date	Local	0		Oct-24						5
Activity	Number of GP referrals	Local	12 month reduction trend		Oct-24						14,244
	Number of patients referred from primary care into secondary care Ophthalmology services	National	Improvement Trajectory towards reduction by Mar 24		Oct-24						865
Patient Experience/ Feedback	Number of friends and family surveys completed	National	Month on month improvement		Oct-24	3,081	Now reported under Singleton	2,402	680	112	6,208
	% of patients who would recommend and highly recommend	Local	90%		Oct-24	91%		96%	95%	98%	93%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%		Oct-24	92%		95%	95%		93%
	Number of new complaints received	Local	12 month reduction trend		Aug-24	59	15	16	22	24	142
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	Local	80%		Aug-24	68%	67%	50%	50%	54%	61%

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

Harm Quadrant- Harm from wider societal actions/lockdown												
Category	Measure	Target Type	Target	HB Profile	Reporting period	Morriston	NPTH	Singleton	Primary & Community	MH & LD	HB Total	
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Local	95%	90%	Q1 2024/25						94.6%	
	% children who received MenB2 vaccine by age 1		95%	90%	Q1 2024/25						94.0%	
	% children who received PCV2 vaccine by age 1		95%	90%	Q1 2024/25							96.2%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q1 2024/25							92.5%
	% children who received MMR1 vaccine by age 2		95%	90%	Q1 2024/25							93.3%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q1 2024/25							93.3%
	% children who received MenB4 vaccine by age 2		95%	90%	Q1 2024/25							92.4%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q1 2024/25							92.0%
	% children who are up to date in schedule by age 4		95%	90%	Q1 2024/25							85.6%
	% of children who received 2 doses of the MMR vaccine by age 5		95%	90%	Q1 2024/25							90.2%
	% children who received 4 in 1 vaccine by age 5		95%	90%	Q1 2024/25							90.5%
	% children who received MMR vaccination by age 16		95%	90%	Q1 2024/25							94.8%
	% children who received teenage booster by age 16		90%	85%	Q1 2024/25							85.7%
	% children who received MenACWY vaccine by age 16		Improve		Q1 2024/25							85.8%
	Covid Booster		% uptake of the Spring COVID-19 vaccination for those eligible	National	75%		Jun-22					
% uptake of the Autumn COVID-19 vaccination for those eligible		National	75%		Oct-24						27.5%	
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Oct-24						100%	
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Oct-24						89%	
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Oct-24						89%	
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Feb-23						82%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Oct-24					98%	98%	
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%	90%	Oct-24						98%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%	95%	Oct-24					100%	100%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	80%		Oct-24					57%	57%	
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Oct-24						31%	
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Oct-24						100%	
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* In the absence of local profiles, RAG is based on in-month movement

APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	
COVID19 related measures	Number of new COVID19 cases	Local	Oct-24	72		Reduce					175	80	214	174	70	45	51	64	70	73	47	61	72	
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce																		
	Number of staff awaiting results of COVID19 test	Local	Oct-24	0		Reduce						0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Oct-24	7		Reduce						35	21	43	35	21	17	28	24	25	6	5	4	7
	Number of COVID19 related serious incidents	Local	Oct-24	0		Reduce						0	0	1	1	0	1	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Oct-24	0		Reduce						1	1	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																		
	Number of staff self isolated (asymptomatic)	Local	Jun-23	0		Reduce																		
	Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce																		
% sickness	Local	Jun-23	0.1%		Reduce																			
Harm from overwhelmed NHS and social care system																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Oct-24	52%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		46%	52%	47%	50%	46%	50%	46%	46%	50%	47%	45%	48%	52%	
	Number of ambulance handovers over one hour	National	Oct-24	638	↑ trajectory	500	✘	6,798 (Dec-22)	1st (Dec-22)		696	724	762	704	629	638	625	695	590	578	670	591	638	
	Handover hours lost over 15 minutes	Local	Oct-24	3140							3,868	3,343	3,787	3,693	3,344	3,573	2,905	3,158	2,890	2,678	3,147	2,609	3,140	
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Oct-24	76%	Month on month improvement			63.1% (Dec-22)	4th (Dec-22)		77%	75%	75%	77%	74%	76%	77%	78%	78%	79%	77%	79%	76%	
	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	Oct-24	1234	↑ trajectory	875	✘	12,099 (Dec-22)	4th (Dec-22)		1,207	969	994	959	1,197	1,132	994	1,115	980	1,013	1,167	1,129	1,234	
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Sep-24	39.2%							33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%	34.5%	18.4%	5.9%	20.0%	39.2%		
	CT Scan (<1 hrs) (local)	Local	Sep-24	51.8%							23.8%	34.0%	52.8%	57.6%	47.5%	42.9%	50.0%	53.6%	46.2%	51.4%	29.3%	51.8%		
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Sep-24	89.3%								92.9%	92.0%	86.1%	93.2%	91.5%	92.9%	94.4%	87.5%	84.6%	81.1%	84.5%	89.3%	
	Thrombolysis door to needle <= 45 mins	Local	Sep-24	0.0%								0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%	
	% stroke patients who receive mechanical thrombectomy	Local	Sep-24	3.7%	10%		✘	2.1% (Nov-22)	4th (Nov-22)		0.0%	6.7%	4.5%	0.0%	0.0%	2.0%	11.0%	0.0%	2.6%	2.8%	3.6%	3.7%		
% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	Local	Sep-24	41.6%	12 month ↑		✘	50.7% (Nov-22)	4th (Nov-22)		71.6%	69.5%	57.0%	49.4%	35.2%	31.3%	41.5%	45.7%	40.4%	23.8%	38.4%	41.6%			
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Oct-24	25.0%		80%	✘				33%	100%	40%	100%	17%	66%	64%	33%	89%	50%	70%	25%	25%	
	Number of new Never Events	Local		2		0	✔				2	2	1	0	1	0	0	0	0	1	0	0	2	
	Number of risks with a score greater than 20	Local	Oct-24	140		12 month ↓	✘				140	170	146	141	147	149	152	153	154	153	149	143	140	
	Number of risks with a score greater than 16	Local		306		12 month ↓	✔				304	363	305	296	310	318	316	311	309	320	320	301	306	

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	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Oct-24	61.8	<67		✓	67.60 (Dec-22)	3rd (Dec-22)		69.6	73.3	69.1	69.3	68.1	67.0	60.3	54.6	54.4	52.3	59.7	60.9	61.8
	Number of E.Coli bacteraemia cases (Hospital)		Oct-24	10	≤ 234 (Cumulative)	8	✓				5	21	6	9	7	8	12	6	9	5	12	7	10
	Number of E.Coli bacteraemia cases (Community)		Oct-24	12		9	✗				6	11	6	10	10	11	7	10	9	9	17	14	12
	Total number of E.Coli bacteraemia cases		Oct-24	22		17	✗				11	32	12	19	17	19	19	16	18	14	29	21	22
	Cumulative cases of S.aureus bacteraemias per 100k pop		Oct-24	32.5	<20		✗	27.76 (Dec-22)	6th (Dec-22)		37.6	37.2	38.8	39.0	37.9	36.8	38.1	29.7	27.2	29.7	32.4	30.7	32.5
	Number of S.aureus bacteraemias cases (Hospital)		Oct-24	6	≤ 71 (Cumulative)	4	✗				6	8	9	7	5	5	9	4	4	8	9	4	6
	Number of S.aureus bacteraemias cases (Community)		Oct-24	8		2	✗				4	6	8	4	2	3	4	3	3	4	5	3	8
	Total number of S.aureus bacteraemias cases		Oct-24	14		6	✗				10	14	17	11	7	8	13	7	7	12	14	7	14
	Cumulative cases of C.difficile per 100k pop		Oct-24	71.2	<25		✗	36.68 (Dec-22)	5th (Dec-22)		56.9	62.5	62.6	64.3	64.7	65.2	63.5	60.9	63.8	58.5	68.4	68.7	71.2
	Number of C.difficile cases (Hospital)		Oct-24	20	≤ 95 (Cumulative)	6	✗				14	15	13	15	15	19	14	10	17	10	30	15	20
	Number of C.difficile cases (Community)		Oct-24	9		2	✗				4	18	8	7	5	3	6	9	5	4	5	7	9
	Total number of C.difficile cases		Oct-24	29		8	✗				18	33	21	22	20	22	20	19	22	14	35	22	29
	Cumulative cases of Klebsiella per 100k pop		Oct-24	32.0							24.1	24.2	23.5	25.0	25.4	24.5	31.7	32.8	35.6	32.8	33.0	31.2	32.0
	Number of Klebsiella cases (Hospital)		Oct-24	10	≤ 71 (Cumulative)	4	✗				5	4	7	6	2	3	5	6	8	5	9	5	10
	Number of Klebsiella cases (Community)		Oct-24	2		2	✓				1	4	5	5	7	2	5	5	5	3	3	1	2
	Total number of Klebsiella cases		Oct-24	12		6	✗	63 Total (Dec-22)	2nd (Dec-22)		6	8	6	11	9	5	10	11	13	8	12	6	12
	Cumulative cases of Aeruginosa per 100k pop		Oct-24	3.6							6.1	6.1	6.5	6.2	5.7	5.2	0.0	1.6	1.1	2.3	3.7	3.6	3.6
	Number of Aeruginosa cases (Hospital)		Oct-24	1	≤ 21 (Cumulative)	2	✓				2	2	3	2	0	0	0	1	0	2	2	1	1
Number of Aeruginosa cases (Community)	Oct-24	0		0	✓				0	0	0	0	0	0	0	0	0	0	0	1	0	0	
Total number of Aeruginosa cases	Oct-24	1		2	✓	8 Total (Dec-22)	4th (Dec-22)		2	2	3	2	0	0	0	1	0	2	3	1	1		
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Local	Oct-24	91.1%		95%	✗				97%	95%	97%	98%	97%	88%	90%	91%	86%	91%	94%	94%	91%
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Sep-24	49		12 month ↓	✓				70	69	60	83	60		42	66	56	40	52	49	
	Number of pressure ulcers developed in the community		Sep-24	44		12 month ↓	✗				37	45	51	46	33		49	41	49	44	47	44	
	Total number of pressure ulcers		Sep-24	93		12 month ↓	✓				107	114	111	129	93		91	107	105	84	99	93	
	Number of grade 3+ pressure ulcers acquired in hospital		Sep-24	2		12 month ↓	✓				6	5	5	2	1		3	4	2	6	4	2	
	Number of grade 3+ pressure ulcers acquired in community		Sep-24	11		12 month ↓	✗				5	13	10	3	7		9	9	11	8	11	11	
	Total number of grade 3+ pressure ulcers		Sep-24	13		12 month ↓	✗				11	18	15	5	8		12	13	13	14	15	13	
Inpatient Falls	Local	Local	Oct-24	198		12 month ↓	✗				190	166	158	192	203	201	146	155	158	176	173	163	198
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Oct-24	75%		98%	✗				89.6%	89.9%	85.7%	91.6%	85.5%	93.5%	81.6%	90.3%	87.3%	82.0%	81.7%	87.0%	75.2%
Coding	% of episodes clinically coded within 1 month of discharge	National	Sep-24	79%	12 month ↑		✗				76%	66%	76%	78%	70%	64%	48%	59%	70%	69%	75%	79%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Oct-24	76%		100%	✗				66%	69%	70%	68%	72%	69%	76%	76%	76%	76%	79%	78%	76%
Workforce	Agency spend as a % of the total pay bill	Local	Oct-24	2.6%	12 month ↓		✓	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		3.4%	4.6%	4.1%	3.9%	3.7%	3.8%	2.9%	3.5%	2.9%	2.4%	2.3%	2.0%	2.6%
	% of headcount by organisation who have had a PADRI medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Oct-24	72%	85%		✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		66%	66%	67%	69%	69%	70%	73%	73%	72%	73%	74%	75%	72%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Oct-24	89%	85%		✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		88%	89%	88%	86%	90%	87%	90%	90%	90%	90%	89%	89%	89%
	% workforce sickness absence (12 month rolling)	National	Oct-24	7.05%	12 month ↓		✗	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.05%	7.09%	6.96%	6.96%	6.99%	6.96%	7.00%	7.05%	7.09%	7.27%	7.07%	7.07%	7.05%

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 (Nov-22)	Performance Trend	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Oct-24	14.0%							14.0%	13.3%	13.9%	12.2%	11.4%	13.9%	13.9%	15.0%	14.0%	13.9%	15.0%	13.6%	14.0%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Sep-24	57.0%	↑ trajectory	60%	✘	53.9% (Nov-22)	4th out of 10 organisations (Nov-22)		51.7%	53.3%	51.0%	47.5%	50.4%	55.8%	56.4%	57.0%	57.9%	58.6%	55.7%	57.0%		
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Oct-24	25%	80%		✘				10%	12%	17%	25%	28%	15%	17%	15%	7%	16%	10%	30%	25%	
	Scheduled (21 Day Target)	Local	Oct-24	75%	100%		✘				42%	61%	77%	67%	81%	59%	62%	51%	49%	64%	55%	78%	75%	
	Urgent SC (2 Day Target)	Local	Oct-24	26%	80%		✘				53%	31%	39%	26%	52%	50%	15%	20%	3%	28%	30%	37%	26%	
	Urgent SC (7 Day Target)	Local	Oct-24	74%	100%		✘				73%	77%	65%	85%	79%	82%	64%	43%	58%	75%	70%	67%	74%	
	Emergency (within 1 day)	Local	Oct-24	100%	80%		✓				100%	100%	100%	100%	67%	91%	88%	75%	80%	100%	67%	100%	100%	
	Emergency (within 2 days)	Local	Oct-24	100%	100%		✓				100%	100%	100%	100%	100%	96%	100%	100%	100%	100%	92%	100%	100%	
	Elective Delay (7 Day Target)	Local	Oct-24	89%	80%		✓				98%	95%	97%	99%	98%	98%	94%	85%	89%	92%	94%	91%	89%	
	Elective Delay (14 Day Target)	Local	Oct-24	98%	100%		✘				100%	100%	97%	100%	100%	100%	98%	94%	100%	99%	98%	100%	98%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Oct-24	2,488				15,517 (Nov-22)	7th (Nov-22)		3,737	3,427	3,553	3,509	3,311	3,238	3,281	3,066	2,963	2,865	2,756	2,604	2,488	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Oct-24	3,156	↑ trajectory	2,944	✘	42,566 (Nov-22)	4th (Nov-22)		5,939	5,429	5,616	4,705	3,870	3,687	3,746	3,576	3,493	3,490	3,425	3,296	3,156	
	Number of patients waiting > 14 weeks for a specified therapy	National	Oct-24	147	↑ trajectory			9,584 (Nov-22)	2nd (Nov-22)		195	84	73	88	29	1	1	0	4	5	17	130	147	
	% of patients waiting < 26 weeks for treatment	Local	Oct-24	59.17%	95%			56% (Nov-22)	6th (Nov-22)		62.0%	62.6%	61.0%	60.8%	61.3%	60.6%	60.3%	59.9%	60.3%	60.9%	59.5%	59.5%	59.2%	
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Oct-24	15,292							11,169	10,425	10,889	10,722	10,938	12,095	13,045	14,205	14,262	14,392	15,745	15,442	15,292	
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Oct-24	7,150	↑ trajectory						4,508	4,282	4,546	4,184	4,102	4,739	5,575	6,420	6,949	7,324	8,015	7,051	7,150	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Oct-24	0	↑ trajectory	0	✓	85,301 (Nov-22)	3rd (Nov-22)		0	0	0	0	0	0	0	0	0	0	0	0	2	0
	Number of patients waiting > 52 weeks for treatment	National	Oct-24	14,447	↑ trajectory						13,942	13,453	13,386	13,318	13,211	13,181	12,898	13,259	13,623	13,622	13,905	14,000	14,447	
	Number of patients waiting > 104 weeks for treatment	National	Oct-24	1,285	↑ trajectory	965	✘	49,594 (Nov-22)	5th (Nov-22)		4,097	3,460	2,969	2,566	2,175	1,831	1,725	1,579	1,477	1,284	1,278	1,241	1,285	
	The number of patients waiting for a follow-up outpatient appointment	Local	Oct-24	149,220							154,704	157,285	159,226	162,964	164,581	166,438	169,049	170,254	171,913	172,898	147,509	148,525	149,220	
The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Oct-24	39,137	↑ trajectory			224,552 (Nov-22)	5th (Nov-22)		41,188	41,727	43,784	44,976	46,482	48,969	49,837	50,646	49,585	49,591	39,908	39,502	39,137		
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Oct-24	62%	95%			64.9% (Nov-22)	1st (Nov-22)		60.2%	61.5%	64.7%	61.3%	62.9%	57.3%	54.6%	56.7%	61.3%	59.1%	56.8%	57.3%	61.8%		
Activity	Number of GP referrals	Local	Oct-24	14,244	12 month ↓		✘				12,644	12,622	10,102	12,876	12,976	12,269	13,687	13,540	12,365	14,282	12,326	12,826	14,244	
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Oct-24	865	↑ trajectory						851	843	735	775	721	936	932	783	794	838	785	714	865	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Oct-24	8%	12 month ↓		✓				9.7%	10.0%	9.7%	9.3%	8.9%	9.5%	8.9%	8.7%	8.5%	7.8%	8.7%	8.6%	8.4%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Oct-24	7%	12 month ↓		✓				7.7%	7.6%	8.0%	8.2%	7.2%	7.3%	7.3%	7.9%	7.4%	7.1%	7.6%	7.3%	6.7%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Oct-24	54%		90%	✘				58%	58%	52%	49%	53%	49%	55%	52%	52%	54%	52%	55%	55%	
	% of theatre sessions starting late	Local	Oct-24	41%		<25%	✘				47%	44%	41%	39%	41%	38%	41%	41%	40%	41%	38%	44%	43%	
	% of theatre sessions finishing early	Local	Oct-24	32%		<20%	✘				35%	32%	31%	32%	33%	29%	33%	32%	34%	32%	32%	33%	33%	
Patient experience	Number of friends and family surveys completed	National	Oct-24	6,208	12 month improvement		✓				5,738	5,792	4,004	5,211	5,232	5,427	5,579	5,344	5,535	5,853	4,913	5,556	6,208	
	% of who would recommend and highly recommend	Local	Oct-24	93%		90%	✓				92%	92%	92%	93%	92%	92%	93%	92%	93%	93%	93%	92%	93%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Oct-24	93%		90%	✓				93%	93%	93%	93%	93%	92%	93%	93%	93%	94%	93%	93%	93%	
Complaints	Number of new formal complaints received	Local	Aug-24	142		12 month trend ↓	✓				164	171	108	181	168	167	140	145	130	152	142			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Aug-24	61%		80%	✘				74%	55%	69%	72%	71%	71%	74%	73%	70%	66%	61%			
	% of acknowledgements sent within 2 working days	Local	Aug-24	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			

Harm from wider societal actions/lockdown																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	
	% children who received 3 doses of the hexavalent 6 in 1 vaccine by age 1	National	Q1 24/25	94.6%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)				95.6%			95.0%			94.6%					
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q1 24/25	90.2%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)				87.6%			89.5%			90.2%					
Influenza	% uptake of influenza among 65 year olds and over	National	Oct-24	69.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		58.1%		68.0%	69.1%	69.4%	69.5%	Data collection restarts October 2024						53.4%	
	% uptake of influenza among under 65s in risk groups	Local	Oct-24	35.5%	55%			48.2% (Mar-22)	4th (Mar-22)		25.3%		33.5%	34.8%	35.4%	35.5%							21.0%	
	% uptake of influenza among children 2 to 3 years old	Local	Oct-24	38.0%	50%			47.6% (Mar-22)	5th (Mar-22)		22.7%		35.1%	38.9%	38.0%	38.0%							26.6%	
	% uptake of influenza among healthcare workers	Local	Mar-24	52.7%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)		13.8%		38.6%	38.6%	38.6%	52.7%								
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-24	59.9%	75%		✘				Data collection restarts Apr-24						43.2%	57.1%	59.9%	Available Apr-2025				
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	Oct-24	50.5%	75%		✘				38.1%	45.8%	50.0%	50.6%	50.5%	50.5%	Available Oct-24				27.5%			
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Oct-24	100%	100%		✔				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Oct-24	31%	80%		✘	31.4% (Nov-22)	3rd (Nov-22)		30%	30%	29%	24%	28%	26%	25%	29%	29%	33%	30%	31%	31%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Oct-24	89%	80%		✔	83.2% (Nov-22)	5th (Nov-22)		77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Oct-24	89%	80%		✔	66.8% (Nov-22)	5th (Nov-22)		77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Oct-24	98%	80%	90%	✔	34.4% (Nov-22)	4th (Nov-22)		100%	100%	86%	100%	96%	100%	97%	98%	100%	100%	100%	100%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%																			
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Oct-24	100%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		92%	98%	92%	97%	97%	97%	94%	97%	94%	95%	95%	100%	100%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Oct-24	98%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		100%	97%	98%	97%	96%	95%	95%	90%	99%	93%	95%	97%	98%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Oct-24	100%	80%	95%	✔	73.1% (Nov-22)	2nd (Nov-22)		100%	100%	100%	100%	100%	99%	100%	100%	98%	100%	100%	95%	100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Sep-24	57%	80%		✘	73.9% (Nov-22)	2nd (Nov-22)		76%	76%	76%	73%	71%	69%	66%	64%	63%	61%	59%	57%	57%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Oct-24	91%	90%		✔	84.2% (Nov-22)	2nd (Nov-22)		89%	90%	88%	88%	89%	89%	90%	87%	90%	92%	92%	93%	91%	
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTservice prior to admission	Local	Sep-24	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Local	Sep-24	100%	100%		✔	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		