



Meeting Date	29th October 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, Acting Deputy Chief Executive		
Presented by	Darren Griffiths, Director of Finance and Performance, Acting Deputy Chief Executive		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (September 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 improved from 76.6% in August 2024 to 78.7% in September 2024. • Performance against the 12-hour wait has improved in September 2024 to 1,129 from 1,167 in August 2024. • In September 2024, there were 591 ambulance to hospital handovers taking over 1 hour; this is a reduction of 79 compared with the previous month. • In September 2024, 2,609 ambulance hours were lost in handover delays compared to 3,147 in the previous month. • There was a reduction in the average number of patients who were deemed clinically optimised in September 2024 (Pathway of care delays). The average number of clinically optimised patients decreased from 246 in the previous month to 237. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> • There were two patients waiting over 52 weeks for a first outpatient appointment remained in September 2024 as a result of the unexpected cancellation of a clinic. • At the end of September 2024, there were 1,241 patients waiting over 104 weeks for treatment an improvement of 37 from the previous month. • In September 2024, 97.79% of patients were waiting less than 14 weeks for therapy services; this is a deterioration when compared with the figure reported in August 2024. 		



The 1.92% equates to 130 patients, the majority of which were in podiatry (98) and dietetics (30).

- In September 2024, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. The position improved from 3,425 to 3,296. The breakdown is as follows: -
 - Endoscopy= 2,567
 - Cardiac tests= 658^
 - Other Diagnostics = 34

Cancer

- The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in August 2024 was 56%, which is 3% lower than the figure reported in July 2024 (this measure is always reported a month in arrears due to data validation).
- 290 patients were waiting in excess of 63 days as of 18/10/2024, 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 August 2024 with the exception of psychological therapies.
- In August 2024, 59.4% 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 September 2024.
- Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance showed a modest improvement of 1% in the month of September 2024 to 31%.
- Note: S-CAMHS now included with P-CAMHS measure. Access to therapeutic interventions remains strong at 100% within 28 days. Access to assessment has improved against in September 2024 to 91% which is now above target levels; the fifth month of continuous improvement.

Nationally Reportable Incidents

- In September 2024, there were 8 Nationally Reportable Incidents reported.
- There were no new Never Events reported in September 2024.



	Patient Experience			
	<ul style="list-style-type: none"> September 2024 data is included in this report showing 92% satisfaction through 5,556 surveys. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE the Health Board performance against key measures and targets. NOTE that the report will evolve to include more information on the Target Intervention section. NOTE that work has commenced to develop and add key reporting measures for Primary and Community Care Services 			



QUALITY & SAFETY PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

Members are asked to:

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



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Un Bae Ar y Cyd
One Bay Way

- **NOTE** that the report will evolve to include more information on the Targeted Intervention section.
- **NOTE** that work has commenced to develop and add key reporting measures for Primary and Community Care Services



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



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

Report History	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in August 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 October 2024



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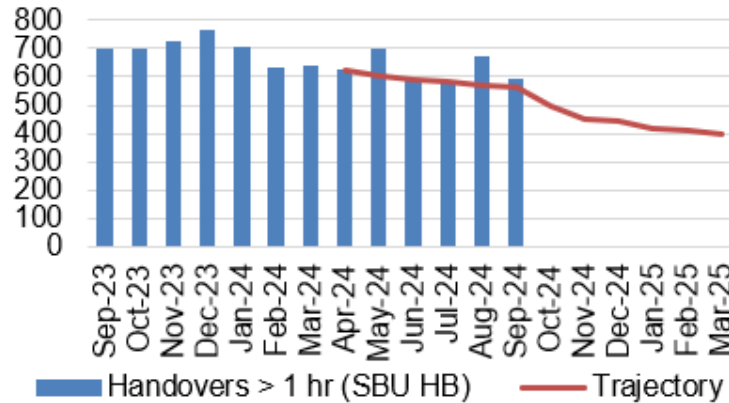
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1. TARGETED INTERVENTION METRICS PERFORMANCE

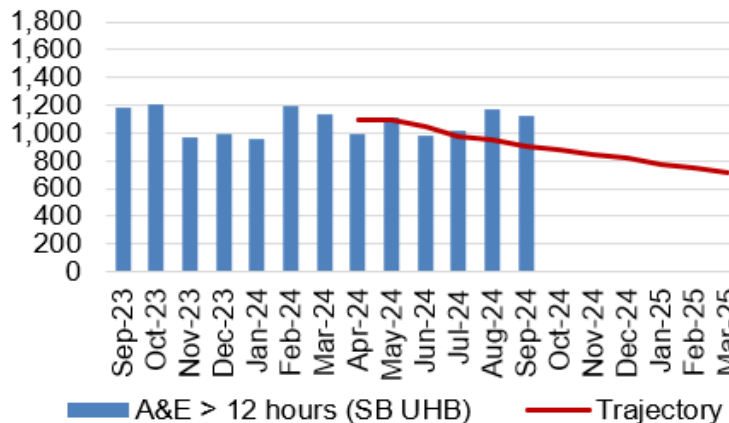
URGENT AND EMERGENCY CARE

1. Ambulance handovers over 1 hour



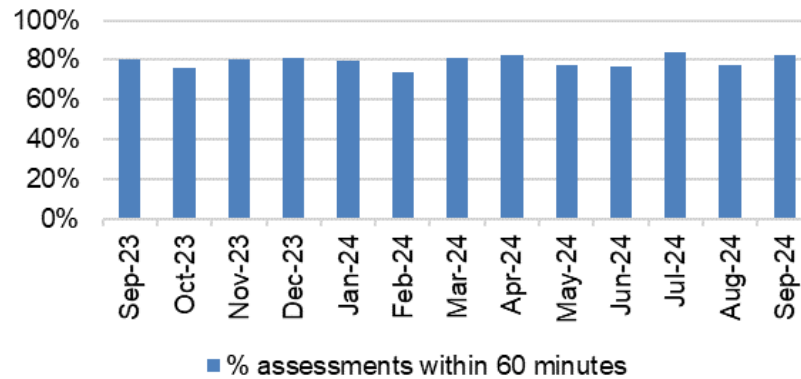
1. The number ambulance handovers over 1 hour has seen a reduction in September 2024. The number of handovers over 1 hour decreased from 670 in August 2024 to 591 in September 2024, which is slightly above the outlined trajectory.

2. A&E waits over 12 hours



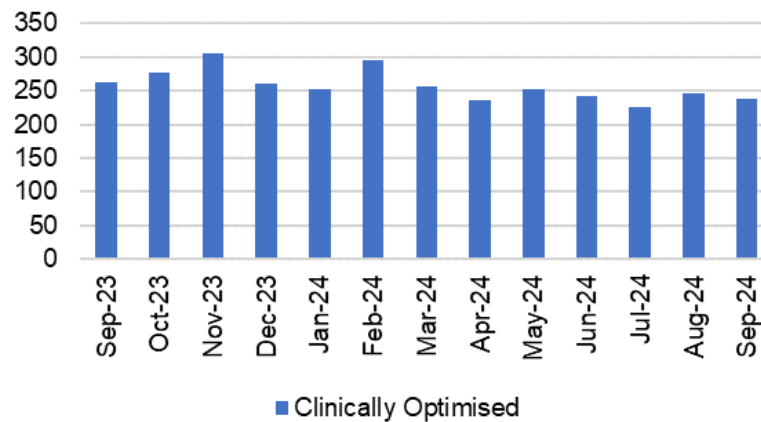
2. Performance against the 12-hour wait has improved in-month, however it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department decreased to 1,129 in September 2024, from 1,167 in August 2024.

3. Median time from arrival to assessment within 60 mins



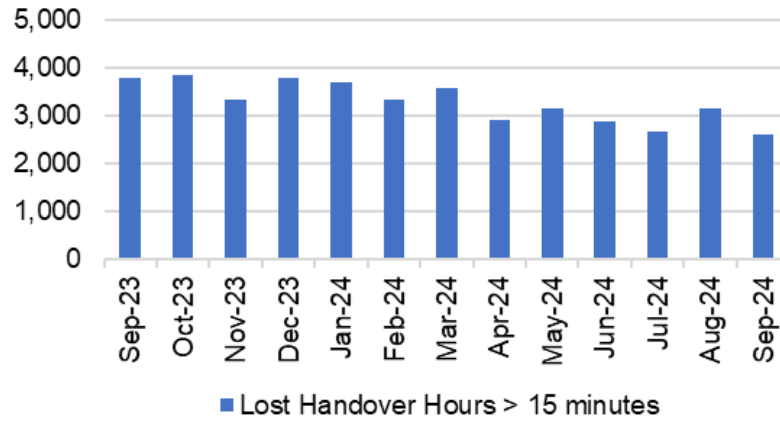
3. In September 2024 82.36% of patients received their first assessment within 60 minutes of their arrival at the Emergency Department. This is an increase of 4.7% on the figure reported in August 2024 (77.7%).

4. Continuing reduction in pathway of care delays



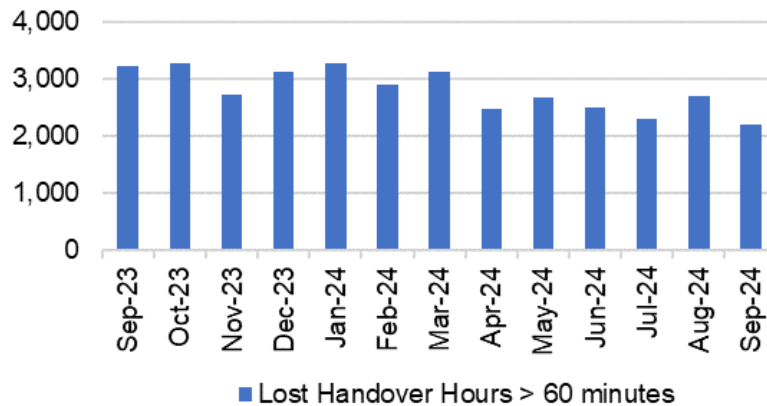
4. There was a reduction in the average number of patients who were deemed clinically optimised in September 2024. The average number of clinically optimised patients decreased from 246 in August 2024 to 237 in September 2024.

5. Lost Ambulance Hours Total



5. The ambulance handover lost hours rate has seen a reduction in September 2024. The ambulance handover lost hours decreased from 3,147 in August 2024 to 2,609 in September 2024.

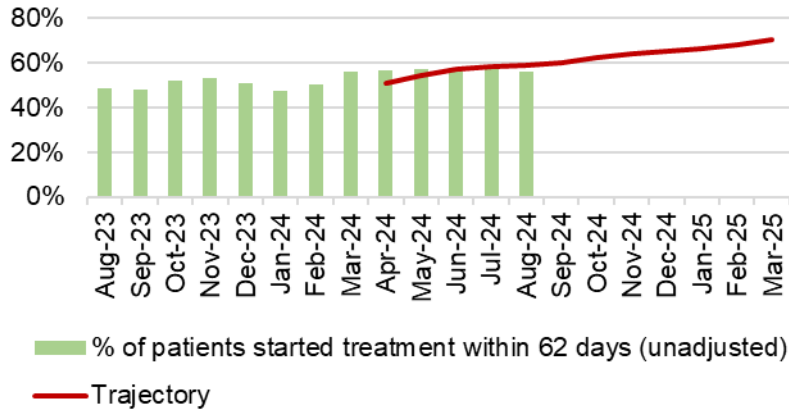
6. Lost Ambulance Hours over 1 hour



6. There has been a reduction in the number of lost ambulance hours over 1 hour in September 2024. There were 2,209 lost hours over 1 hour in September 2024 which is a reduction of 498 compared with 2,707 in August 2024.

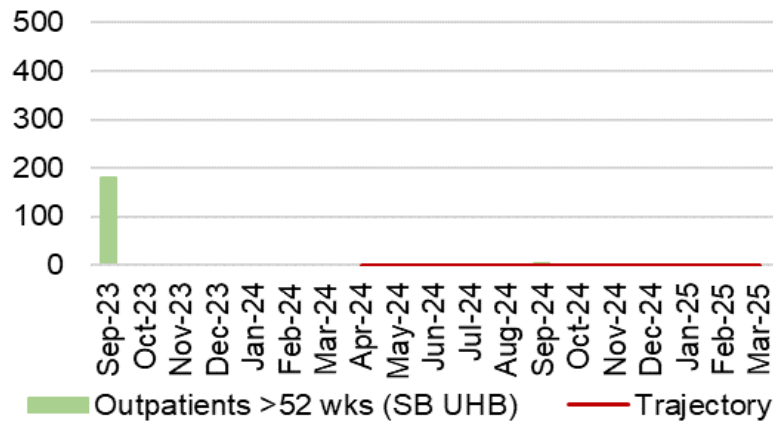
PLANNED CARE & CANCER

1. Single Cancer Pathway



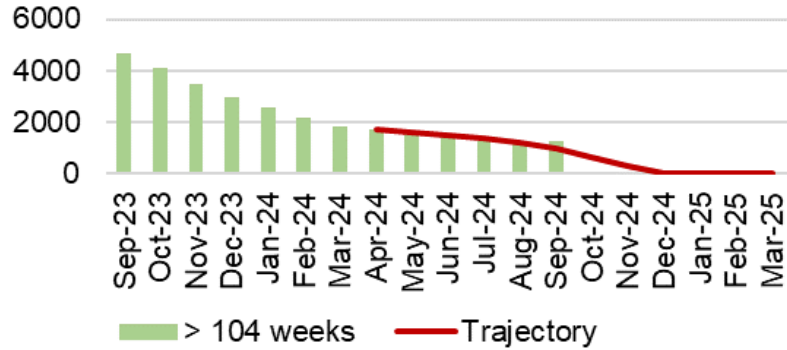
1. The final SCP performance for August 2024 was 56%, which is lower than the figure reported in July 2024. Performance is currently below the submitted trajectory (59%).

2. Outpatients waiting over 52 weeks



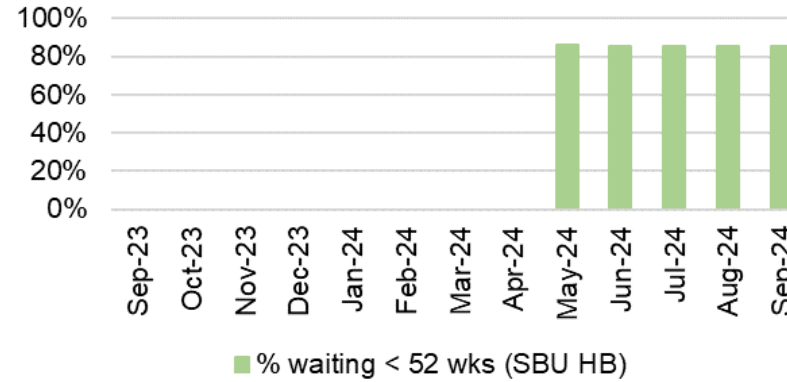
2. There were two patients waiting over 52 weeks for a first outpatient appointment remained in September 2024 as a result of the unexpected cancellation of a clinic.

3. 104 week waits – all pathways



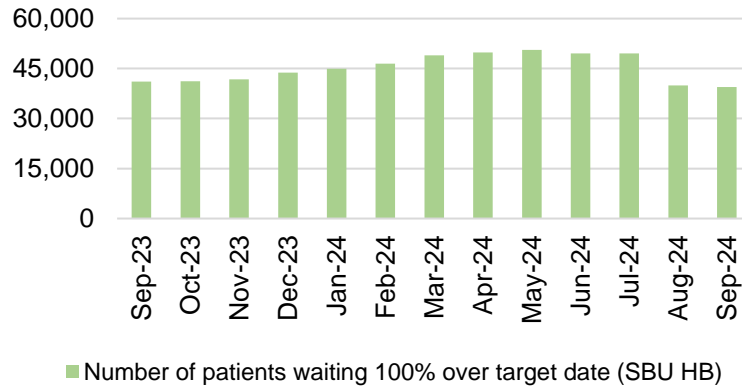
3. September 2024 saw a slight in-month reduction of 3% in the number of patients waiting over 104 weeks for treatment. The number decreased from 1,278 in August 2024 to 1,241 in September 2024.

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



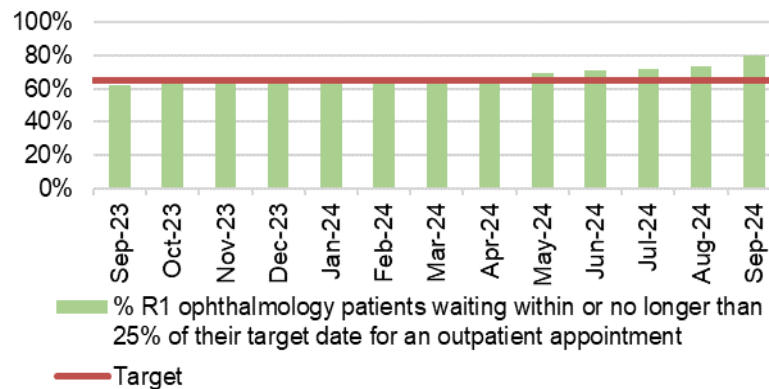
4. The percentage of patients waiting under 52 weeks for treatment decreased slightly in-month. In September 85.1% of patients were waiting under 52 weeks, compared with 85.3% in August 2024.

5. Delayed follow ups over 100%



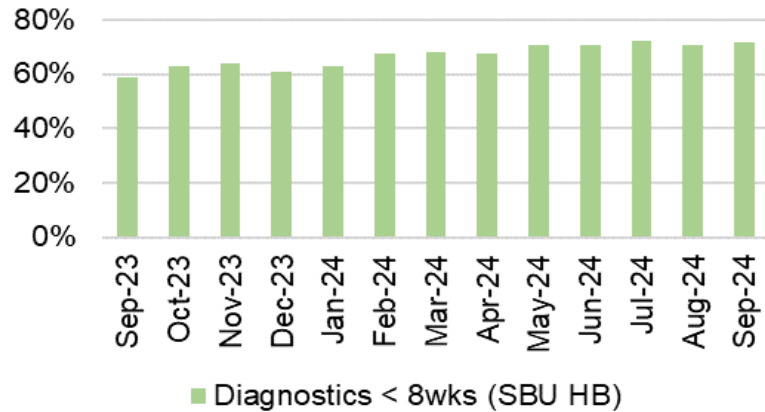
5. There were 39,502 patients waiting 100% over their target date in September 2024 which is a reduction when compared with August 2024. A significant improvement was seen in August 2024 due to a change in reporting requirements – all future trends will be built from August 2024.

6. R1 Ophthalmology



6. In September 2024 79.6% of Ophthalmology RI patients were waiting within their clinical target date or within 25% of their target date. This is a 6.3% increase on the figure reported in August 2024.

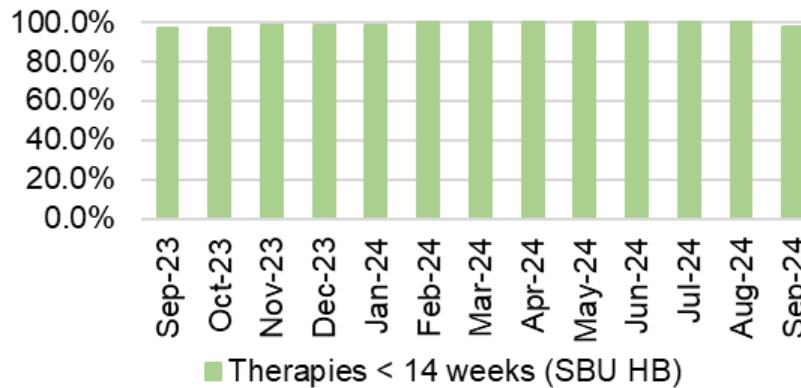
7. Percentage of Patients waiting 8 weeks for a diagnostic test



7. In September 2024, there was an increase in the percentage of patients waiting less than 8 weeks for a diagnostic test. It increased from 70.5% in August 2024 to 72% in September 2024.

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

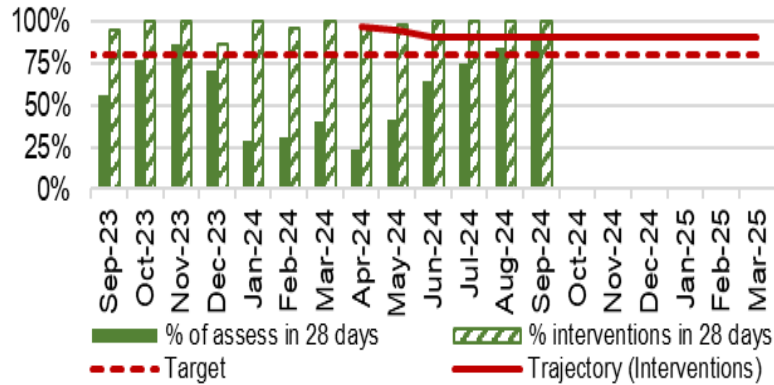
8. Patients waiting 14 weeks for therapy services



8. In September 2024, 97.79% of patients were waiting less than 14 weeks for therapy services; this is a deterioration when compared with the figure reported in August 2024. The 1.92% equates to 130 patients, the majority of which were in podiatry (98) and dietetics (30).

CAMHS

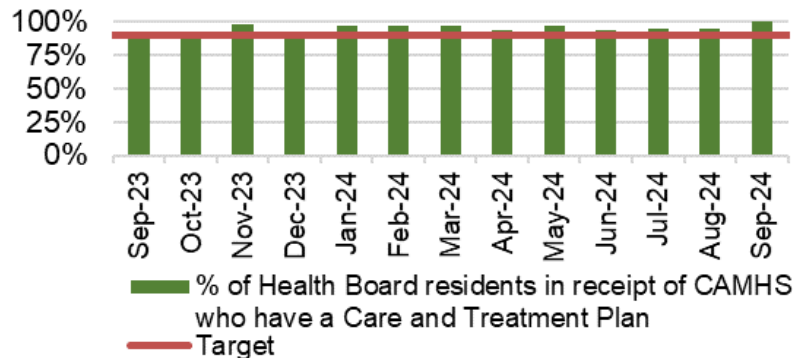
1. LPMHSS assessments with 28 days and therapeutic assessment within 28 days



1. The percentage of routine assessments undertaken within 28 days increased to 91% in September 2024 from 84% in August 2024.

In September 2024, 100% of therapeutic assessments were undertaken within 28 days. This is above the outlined trajectory for September 2024.

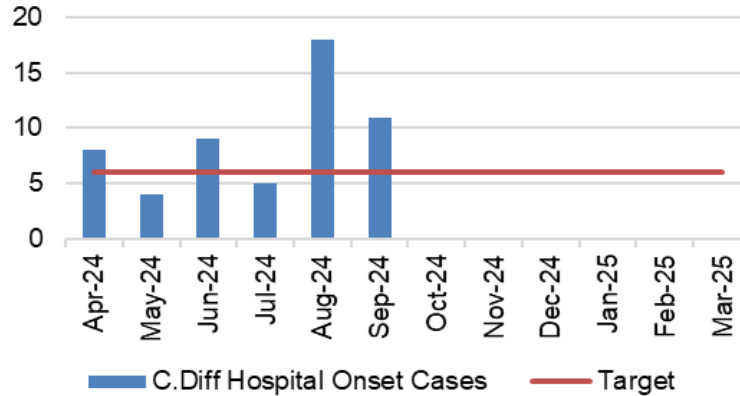
2. Residents in receipt of a valid care and treatment plan



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

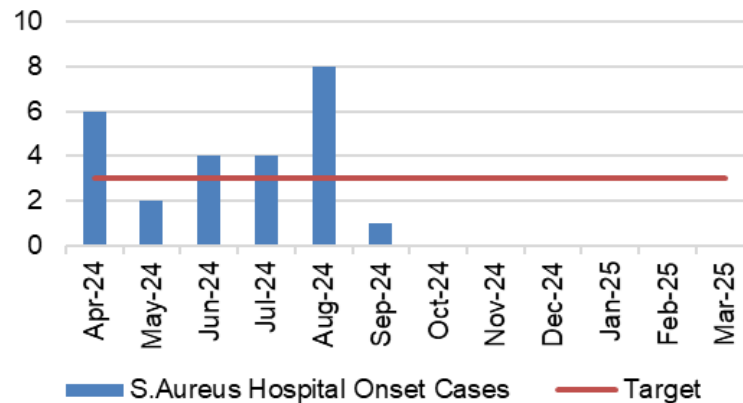
HEALTHCARE ACQUIRED INFECTIONS

1. C. Difficile



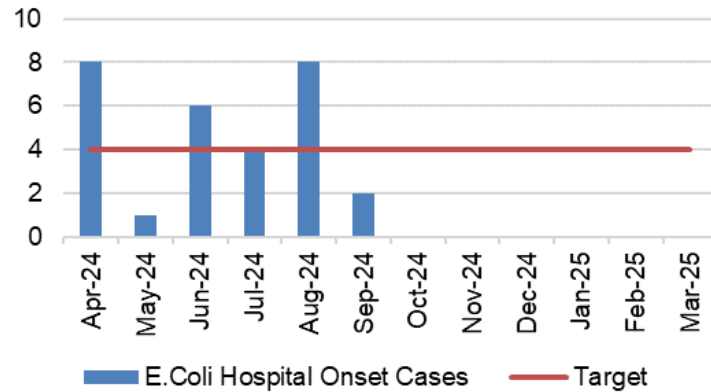
1. There were 11 hospital onset cases of C.Difficile reported in September 2024. This is 7 less than reported in August 2024 and is above the target of a maximum of 6 cases per month.

2. Staph aureus



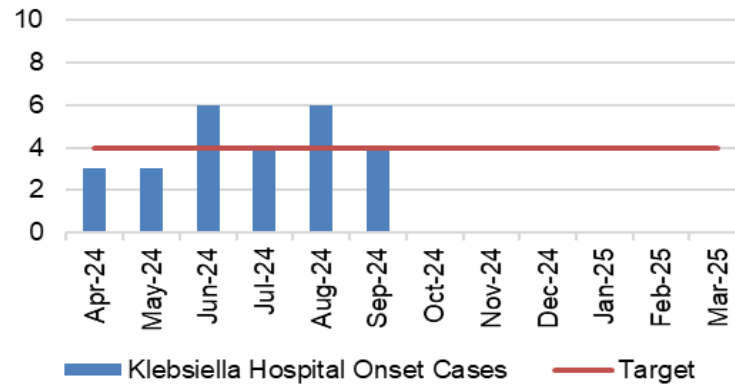
2. There was 1 hospital onset case of Staph aureus reported in September 2024. This is 7 less than reported in August 2024 and is below the target of a maximum of 3 cases per month.

3. E-coli



3. There were 2 hospital onset cases of E.Coli reported in September 2024. This is 6 less than the figure reported in August 2024 and is below the target of a maximum of 4 cases per month.

4. Klebsiella



4. The number of hospital onset cases of Klebsiella reported decreased to 4 in September 2024 from 6 in August 2024. This is in line with the target of a maximum of 4 cases per month.

Harm quadrant- Harm from Covid itself																	
Measure	Locality	National/ Local Target	HB Trajectory	Trend													
					Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Number of new COVID19 cases*	HB Total				139	175	80	214	174	70	45	51	64	70	73	47	61
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				37	35	21	43	35	21	17	28	24	25	6	5	4
Number of COVID19 related serious incidents*	HB Total				0	0	0	1	1	0	1	0	0	0	0	0	0
Number of COVID19 related complaints*	HB Total				1	1	1	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 September 2024, there were an additional 61 positive cases recorded bringing the cumulative total to 121,831 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 New positive COVID19 cases in Swansea Bay</caption> <thead> <tr> <th>Month</th> <th>Number of New Positive Cases</th> </tr> </thead> <tbody> <tr><td>Sep-22</td><td>200</td></tr> <tr><td>Oct-22</td><td>150</td></tr> <tr><td>Nov-22</td><td>150</td></tr> <tr><td>Dec-22</td><td>400</td></tr> <tr><td>Jan-23</td><td>250</td></tr> <tr><td>Feb-23</td><td>250</td></tr> <tr><td>Mar-23</td><td>380</td></tr> <tr><td>Apr-23</td><td>150</td></tr> <tr><td>May-23</td><td>100</td></tr> <tr><td>Jun-23</td><td>100</td></tr> <tr><td>Jul-23</td><td>100</td></tr> <tr><td>Aug-23</td><td>150</td></tr> <tr><td>Sep-23</td><td>150</td></tr> <tr><td>Oct-23</td><td>100</td></tr> <tr><td>Nov-23</td><td>200</td></tr> <tr><td>Dec-23</td><td>180</td></tr> <tr><td>Jan-24</td><td>100</td></tr> <tr><td>Feb-24</td><td>100</td></tr> <tr><td>Mar-24</td><td>100</td></tr> <tr><td>Apr-24</td><td>100</td></tr> <tr><td>May-24</td><td>100</td></tr> <tr><td>Jun-24</td><td>100</td></tr> <tr><td>Jul-24</td><td>100</td></tr> <tr><td>Aug-24</td><td>100</td></tr> <tr><td>Sep-24</td><td>61</td></tr> </tbody> </table>	Month	Number of New Positive Cases	Sep-22	200	Oct-22	150	Nov-22	150	Dec-22	400	Jan-23	250	Feb-23	250	Mar-23	380	Apr-23	150	May-23	100	Jun-23	100	Jul-23	100	Aug-23	150	Sep-23	150	Oct-23	100	Nov-23	200	Dec-23	180	Jan-24	100	Feb-24	100	Mar-24	100	Apr-24	100	May-24	100	Jun-24	100	Jul-24	100	Aug-24	100	Sep-24	61
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Sep-24	61																																																					

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

4.1 Overview

Measure	Locality	National/ Local	HB	Trend	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
					Unscheduled Care												
Number of ambulance handovers over one hour	Morrison	30% reduction by Dec 24	560		695	696	723	762	701	629	638	623	694	589	574	670	591
	Singleton				0	0	1	0	3	0	0	2	1	1	4	0	0
	Total				695	696	724	762	704	629	638	625	695	590	578	670	591
% 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			63.8%	63.9%	62.0%	62.8%	63.5%	60.1%	62.8%	62.9%	64.4%	64.0%	67.4%	61.8%	65.4%
	NPTH				98.3%	98.8%	99.1%	99.2%	99.2%	99.4%	98.4%	97.8%	97.9%	97.1%	97.8%	99.0%	98.4%
	Total				77.0%	76.6%	75.3%	74.7%	76.6%	74.3%	75.7%	77.3%	78.1%	77.6%	79.1%	76.6%	78.7%
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	900		1,177	1,206	969	994	959	1,197	1,132	990	1,114	978	1,012	1,166	1,128
	NPTH				3	1	0	0	0	0	0	4	1	2	1	1	
	Total				1,180	1,207	969	994	959	1,197	1,132	994	1,115	980	1,013	1,167	1,129
Stroke																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			23.3%	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)			23.3%	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%			58.1%	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)			58.1%	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%			86.0%	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)			86.0%	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%	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%	0.0%	7.7%	0.0%	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			72.0%	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%	97.0%	97.4%	97.2%	97.8%	97.6%	97.6%	97.5%	97.1%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			31.1%	30.6%	30.8%	32.4%	33.8%	35.0%	34.1%	33.9%	33.1%	31.9%	30.7%	32.4%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			74.6%	74.2%	73.4%	72.9%	69.7%	66.9%	69.4%	69.8%	70.6%	70.8%	70.0%	68.3%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			82.2%	82.4%	81.6%	83.0%	83.9%	83.6%	83.5%	84.6%	85.0%	84.9%	85.4%	86.4%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			72.7%	72.5%	73.9%	74.8%	75.4%	75.2%	75.5%	76.1%	75.4%	76.1%	76.2%	77.0%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			72.5%	73.1%	72.9%	73.2%	73.6%	73.4%	74.0%	74.0%	72.6%				
30 day mortality rate - Casemix Adjusted	Morrison	Monitor			6.7%	6.0%			4.8%			5.6%					

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	
Healthcare Acquired Infections																		
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	9		15	6	11	6	10	10	11	7	10	9	9	17	14	
	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	0	1	0	0	0	0	0
	Morrison		6		6	3	11	5	6	2	4	5	4	5	3	6	4	4
	NPTH		0		0	0	1	0	1	1	0	3	0	0	1	2	0	0
	Singleton		2		2	2	9	1	1	2	0	4	1	3	1	3	1	1
	Total		17		23	11	32	12	19	17	19	19	16	18	14	29	21	21
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		3	4	6	8	4	2	3	4	3	3	4	5	3	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	1	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		3		4	4	5	3	4	3	3	4	3	2	7	7	4	4
	NPTH		0		0	0	0	1	1	1	0	0	0	0	0	0	0	0
	Singleton		1		3	2	3	4	2	1	1	5	1	1	0	2	0	0
	Total		6		10	10	14	17	11	7	8	13	7	7	12	14	7	7
Number of C.difficile cases	PCCS Community	12 month reduction trend	2		7	4	18	8	7	5	3	6	9	5	4	5	7	
	PCCS Hospital		0		0	1	0	0	0	0	1	1	0	0	0	1	0	
	MH&LD		0		0	0	0	0	0	1	0	0	0	0	0	0	0	0
	Morrison		4		16	12	11	10	13	12	14	9	6	11	7	23	9	9
	NPTH		1		1	0	2	1	1	0	0	1	1	2	1	2	3	3
	Singleton		1		3	1	2	2	1	2	2	2	1	4	2	4	3	3
	Total		8		27	18	33	21	22	20	22	20	19	22	14	35	22	22
Number of Klebsiella cases	PCCS Community	12 month reduction trend	2		5	1	4	5	5	7	2	5	5	5	3	3	1	
	PCCS Hospital		0		0	0	0	0	1	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	1	0	0	0	0	
	Morrison		3		7	4	1	1	4	2	2	3	3	3	5	7	3	3
	NPTH		0		0	0	0	0	1	0	0	0	0	3	0	0	0	0
	Singleton		1		0	1	3	0	0	0	0	2	1	2	0	1	2	2
	Total		6		12	6	8	6	11	9	5	10	11	13	8	12	6	6
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	0		1	0	0	0	0	0	0	0	0	0	0	1	0	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	
	Morrison		1		1	0	1	2	1	0	0	0	1	0	1	2	1	1
	NPTH		0		0	0	0	0	0	0	0	0	0	0	1	0	0	
	Singleton		1		0	2	1	1	0	0	0	0	0	0	0	0	0	
	Total		2		2	2	2	3	2	0	0	0	1	0	2	3	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%	-	
	MH&LD		100.0%	99.5%	96.8%	97.4%	98.2%	94.3%	97.5%	100.0%	95.8%	96.7%	98.0%	83.9%	83.2%			
	Morrison		94.0%	96.2%	92.6%	95.7%	96.0%	96.6%	81.8%	79.5%	81.4%	78.2%	80.4%	97.9%	95.9%			
	NPTH		100.0%	77.3%	93.9%	80.0%	-	100.0%	90.0%	100.0%	71.4%	100.0%	100.0%	100.0%	100.0%			
	Singleton		91.9%	96.8%	98.7%	97.3%	100.0%	96.6%	100.0%	100.0%	97.8%	97.0%	98.0%	98.2%	100.0%			
	Total		96.0%	96.6%	95.3%	96.8%	97.6%	96.7%	88.2%	90.1%	91.0%	85.9%	90.8%	93.9%	94.0%			

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Serious Incidents & Risks																	
Number of Nationally Reportable Incidents	PCCS	Monitor			1	0	3	1	0	0	2	0	2	2	1	1	1
	MH&LD				0	1	0	0	0	1	2	2	0	1	0	0	0
	Morrison				3	2	4	2	4	1	3	2	0	1	1	4	1
	NPTH				0	2	0	1	0	0	1	1	0	0	2	0	0
	Singleton				1	0	1	3	2	7	0	2	0	0	1	2	6
	Total				5	5	8	7	6	9	8	7	2	4	5	7	8
Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Total	80%			50%	33%	100%	40%	100%	17%	66%	64%	33%	89%	50%	70%	25%
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD				0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison				0	2	1	0	0	1	0	0	0	0	0	0	0
	NPTH				0	0	0	1	0	0	0	0	0	0	1	0	0
	Singleton				0	0	1	0	0	0	0	0	0	0	0	0	0
	Total				0	2	2	1	0	1	0	0	0	0	0	1	0
Pressure Ulcers																	
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			44	37	45	51	48	33		49	41	49	44		
	PCCS Hospital				0	2	0	0	2	1		0	0	0	0		
	MH&LD				2	0	1	0	0	1		1	0	0	0		
	Morrison				52	59	59	47	74	50		34	54	45	29		
	NPTH				6	4	3	9	4	5		3	7	6	7		
	Singleton				3	5	6	4	3	3		4	5	5	4		
	Total				107	107	114	111	129	93		91	107	105	84		
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			11	5	13	10	3	7		9	9	11	8		
	PCCS Hospital				0	0	0	0	0	0		0	0	0	0		
	MH&LD				1	0	1	0	0	1		0	0	0	0		
	Morrison				2	5	4	1	2	0		3	3	0	3		
	NPTH				1	1	0	3	0	0		0	1	2	3		
	Singleton				0	0	0	1	0	0		0	0	0	0		
	Total				15	11	18	15	5	8		12	13	13	14		
Pressure Ulcer (Hosp) patients per 100,000 admissions	Total	12 month reduction trend			880	942	881	1,002	1,388	1,072		709	1,105	1,012	625		
Total number of Inpatient Falls	PCCS	12 month reduction trend			6	10	5	7	3	6	8	5	10	13	13	9	11
	MH&LD				28	30	23	21	31	60	47	34	30	26	42	48	30
	Morrison				94	117	109	89	114	99	95	65	71	84	81	83	86
	NPTH				11	20	21	27	32	30	33	24	27	24	28	21	31
	Singleton				18	13	8	14	12	8	18	18	17	11	12	12	5
	Total				157	190	166	158	192	203	201	146	155	158	176	173	163
Inpatient Falls per 1,000 beddays	HB Total	Between 3.0 & 5.0			4.16	4.78	4.22	4.01	4.77	9.41	5.01	3.86	4.01	4.21	4.55	4.49	4.30
Mortality																	
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.23%	1.22%	1.21%	1.23%	1.20%	1.21%	1.20%	1.18%	1.17%	1.17%	1.21%	1.25%	
	Singleton				0.20%	0.18%	0.17%	0.14%	0.14%	0.15%	0.16%	0.16%	0.16%	0.15%	0.17%		
	NPTH				0.07%	0.05%	0.07%	0.07%	0.06%	0.06%	0.09%	0.09%	0.05%	0.08%	0.07%	0.04%	
	Total (SBU)				0.68%	0.66%	0.65%	0.65%	0.66%	0.65%	0.66%	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 September 2024, the number of red calls responded to within 8 minutes improved to 48.2% from 44.9% in August 2024. In September 2024, the number of green calls decreased by 5%, amber calls decreased by 7%, and red calls increased by 4% compared with August 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>Percentage</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>48.2%</td></tr> <tr><td>Oct-23</td><td>44.9%</td></tr> <tr><td>Nov-23</td><td>48.2%</td></tr> <tr><td>Dec-23</td><td>44.9%</td></tr> <tr><td>Jan-24</td><td>48.2%</td></tr> <tr><td>Feb-24</td><td>44.9%</td></tr> <tr><td>Mar-24</td><td>48.2%</td></tr> <tr><td>Apr-24</td><td>44.9%</td></tr> <tr><td>May-24</td><td>48.2%</td></tr> <tr><td>Jun-24</td><td>44.9%</td></tr> <tr><td>Jul-24</td><td>48.2%</td></tr> <tr><td>Aug-24</td><td>44.9%</td></tr> <tr><td>Sep-24</td><td>48.2%</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>Sep-23</td><td>500</td><td>2,800</td><td>500</td></tr> <tr><td>Oct-23</td><td>500</td><td>2,900</td><td>500</td></tr> <tr><td>Nov-23</td><td>500</td><td>2,800</td><td>500</td></tr> <tr><td>Dec-23</td><td>500</td><td>2,900</td><td>500</td></tr> <tr><td>Jan-24</td><td>500</td><td>2,800</td><td>500</td></tr> <tr><td>Feb-24</td><td>500</td><td>2,900</td><td>500</td></tr> <tr><td>Mar-24</td><td>500</td><td>2,800</td><td>500</td></tr> <tr><td>Apr-24</td><td>500</td><td>2,700</td><td>500</td></tr> <tr><td>May-24</td><td>500</td><td>2,900</td><td>500</td></tr> <tr><td>Jun-24</td><td>500</td><td>2,800</td><td>500</td></tr> <tr><td>Jul-24</td><td>500</td><td>2,900</td><td>500</td></tr> <tr><td>Aug-24</td><td>500</td><td>2,800</td><td>500</td></tr> <tr><td>Sep-24</td><td>500</td><td>2,700</td><td>500</td></tr> </tbody> </table> </div> </div>	Month	Percentage	Sep-23	48.2%	Oct-23	44.9%	Nov-23	48.2%	Dec-23	44.9%	Jan-24	48.2%	Feb-24	44.9%	Mar-24	48.2%	Apr-24	44.9%	May-24	48.2%	Jun-24	44.9%	Jul-24	48.2%	Aug-24	44.9%	Sep-24	48.2%	Month	Red calls	Amber calls	Green calls	Sep-23	500	2,800	500	Oct-23	500	2,900	500	Nov-23	500	2,800	500	Dec-23	500	2,900	500	Jan-24	500	2,800	500	Feb-24	500	2,900	500	Mar-24	500	2,800	500	Apr-24	500	2,700	500	May-24	500	2,900	500	Jun-24	500	2,800	500	Jul-24	500	2,900	500	Aug-24	500	2,800	500	Sep-24	500	2,700
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	<p>3. % of red calls responded to within 8 minutes – HB total last 90 days</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <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 </div>																																																																																			

UNSCHEDULED CARE

Description

Current Performance

Ambulance handovers

1. The number of ambulance handovers over one hour

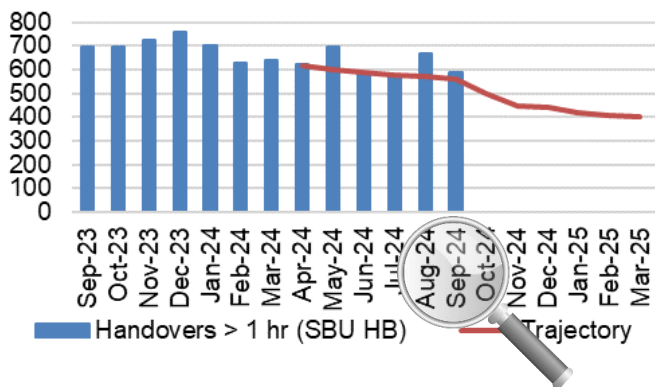
2. The number of ambulance handovers over one hour- Hospital level

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

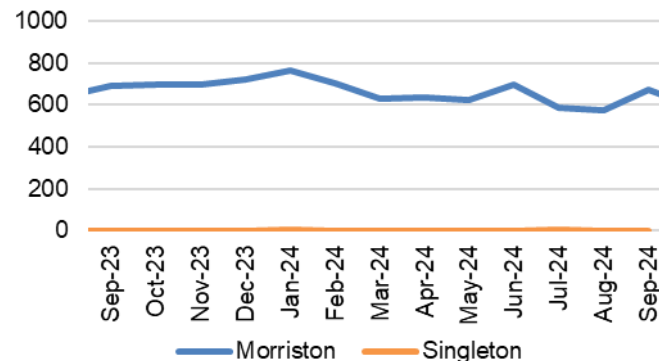
In September 2024, there were 591 ambulance to hospital handovers taking over 1 hour; this is a reduction of 72 compared with 670 in August 2024. In September 2024, all 591 handovers over 1 hour were attributed to Morriston Hospital. The number of handover hours lost over 15 minutes have decreased from 3,147 in August 2024 to 2,609 in September 2024.

Trend

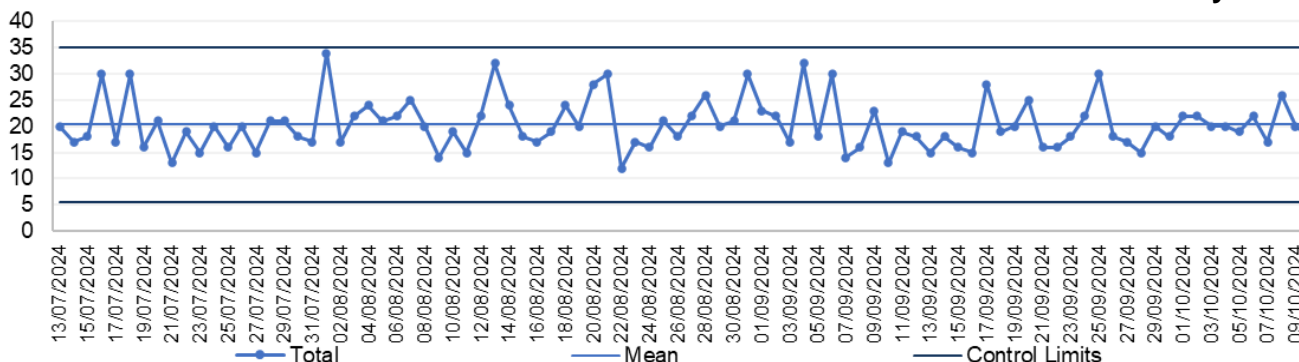
1. Number of ambulance handovers- HB total



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



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



Symbol Key:

- ◆ Above or below control limits
- ▲ 8 or more points above or below the mean
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UNSCHEDULED CARE																																																																						
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<p>A&E Attendances</p> <p>1. The number of attendances at emergency departments in the Health Board</p> <p>2. The number of attendances at emergency departments in the Health Board – Hospital level</p> <p>3. The number of attendances at emergency departments in the Health Board (last 90 days)</p>	<p>In September 2024, there were 11,633 A&E attendances, which is an increase of 279 when compared to August 2024. There were 6,941 attendances to A&E at Morryston hospital and 4,692 attendances to MIU at Neath Port Talbot hospital.</p>																																																																					
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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

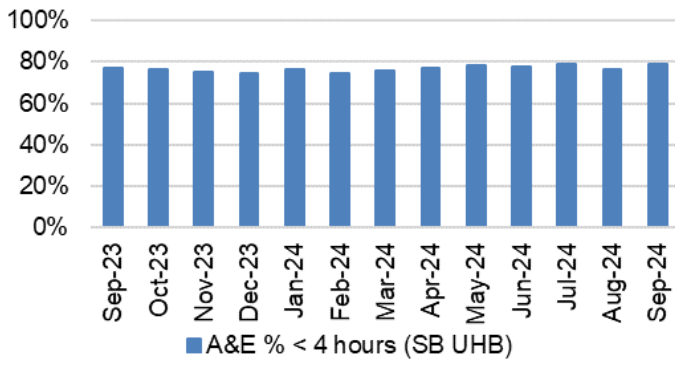
3. % of patients who spend less than 4 hours in A&E (last 90 days)

Current Performance

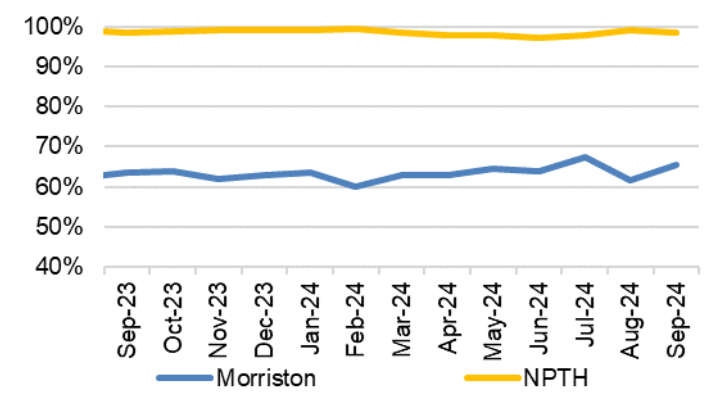
The Health Board's performance against the 4-hour measure improved from 76.61% in August 2024 to 78.7% September 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 98.38% in September 2024. Morriston Hospital's performance improved between August 2024 and September 2024, achieving 65.41% against the target.

Trend

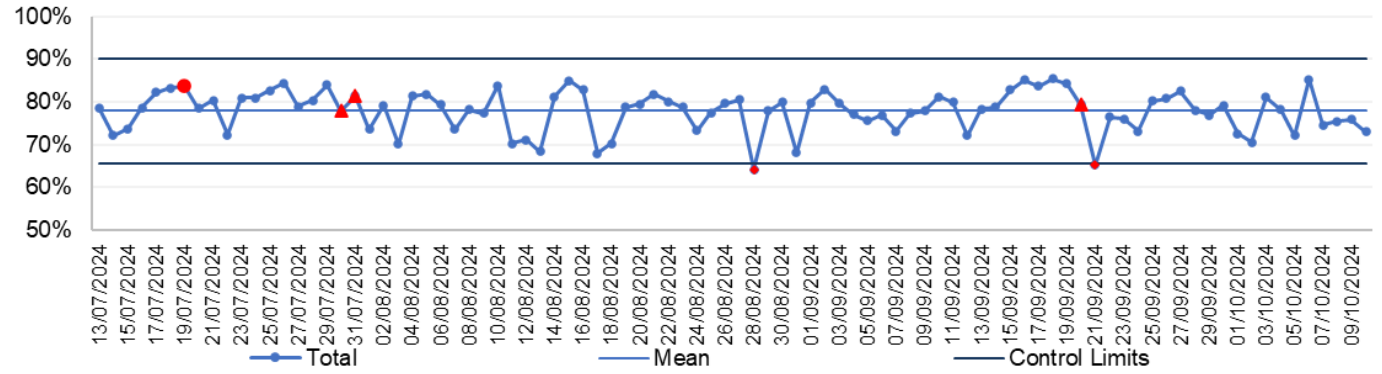
1. % Patients waiting under 4 hours in A&E- HB total



2. % Patients waiting under 4 hours in A&E- Hospital level



3. % Patients waiting under 4 hours in A&E- HB total last 90 days



Symbol Key:

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

UNSCHEDULED CARE

Description

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

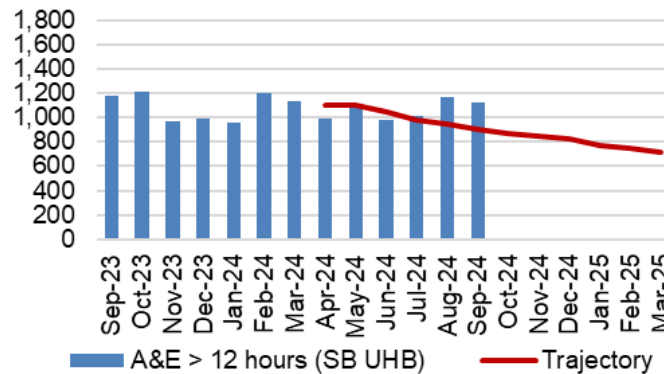
3. Number of patients waiting over 12 hours in A&E (last 90 days)

Current Performance

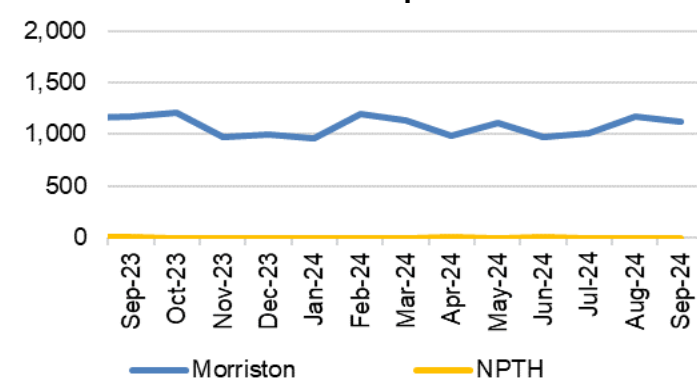
In September 2024, performance against the 12-hour measure improved when compared with August 2024, decreasing from 1,167 to 1,129. This is a reduction of 38 compared to August 2024. 1,128 patients waiting over 12 hours in September 2024 were attributed to Morriston Hospital and 1 was attributed to Neath Port Talbot Hospital.

Trend

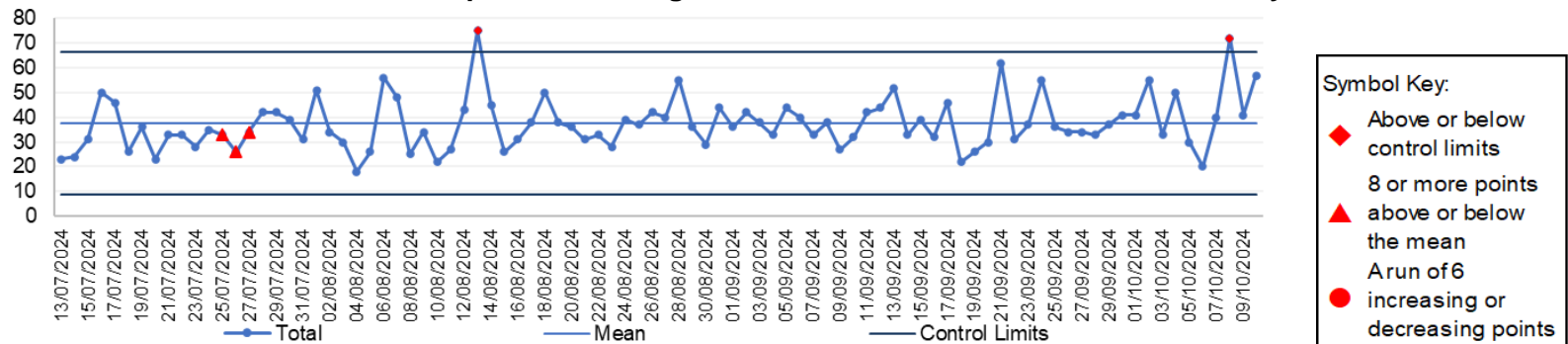
1. Number of patients waiting over 12 hours in A&E- HB total



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), Morriston Hospital saw an in-month increase from 3,871 admissions in November 2023 to 3,923 admissions in December 2023.

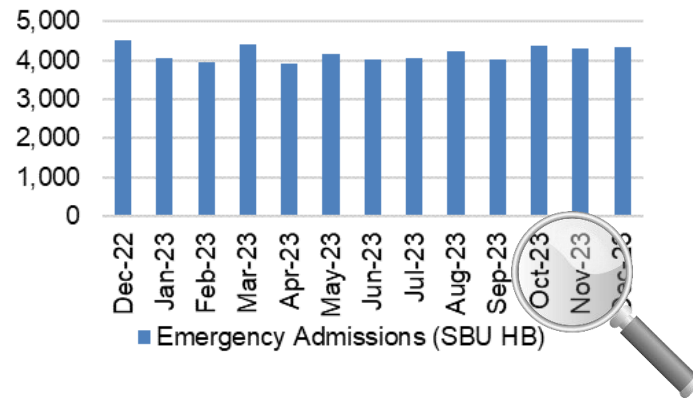
1. The number of emergency inpatient admissions

2. The number of emergency inpatient admissions- Hospital level

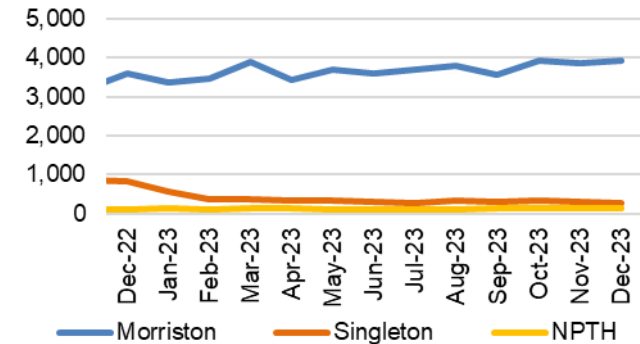
3. The number of emergency inpatient admissions (last 90 days)

Trend

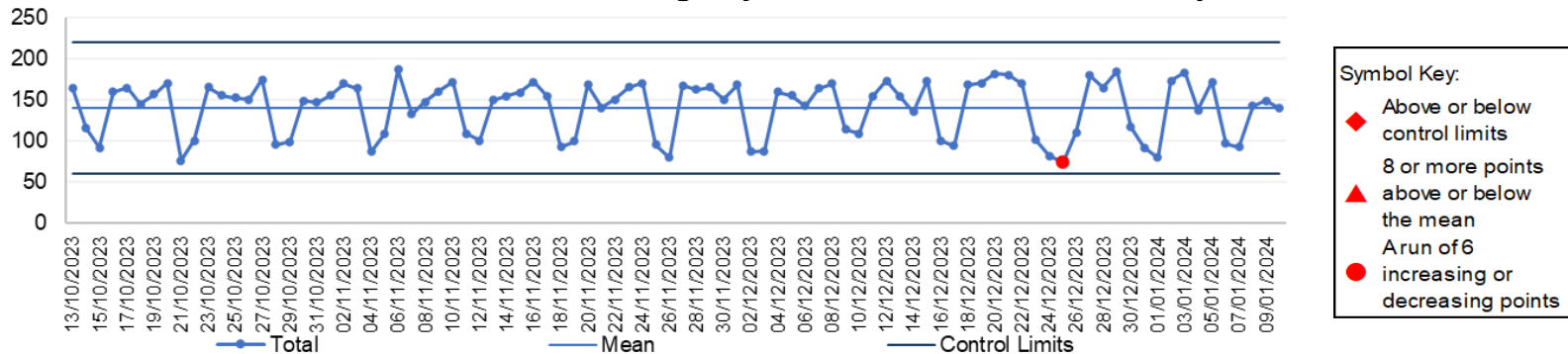
1. Number of emergency admissions- HB total



2. Number of emergency admissions- Hospital level



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



UNSCHEDULED CARE																																																								
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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: <ul style="list-style-type: none"> • Up to 8 hours • Between 8 and 24 hours • Over 24 hours 	<p>In September March 2024, there were a total of 87 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is an increase when compared with 77 admissions in August 2024. September 2024, saw a reduction in the number of delayed discharge hours from 4082.1 in August 2024 to 3242.5 in September 2024. The average lost bed days decreased to 4.5 per day. The percentage of patients delayed over 24 hours decreased to 54.69% in September from 67.80% in August 2024.</p>																																																							
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<p>Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In September 2024, there were on average 237 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.</p> <p>In September, Morriston Hospital had the largest proportion of clinically optimised patients with 138, followed by Neath Port Talbot Hospital with 55.</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>Gorseion</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>145</td><td>5</td><td>90</td><td>10</td></tr> <tr><td>Oct-23</td><td>140</td><td>5</td><td>95</td><td>15</td></tr> <tr><td>Nov-23</td><td>180</td><td>5</td><td>100</td><td>20</td></tr> <tr><td>Dec-23</td><td>150</td><td>5</td><td>70</td><td>20</td></tr> <tr><td>Jan-24</td><td>130</td><td>35</td><td>60</td><td>20</td></tr> <tr><td>Feb-24</td><td>170</td><td>35</td><td>60</td><td>25</td></tr> <tr><td>Mar-24</td><td>110</td><td>50</td><td>60</td><td>25</td></tr> <tr><td>Apr-24</td><td>115</td><td>25</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>135</td><td>15</td><td>55</td><td>20</td></tr> <tr><td>Jul-24</td><td>135</td><td>10</td><td>55</td><td>15</td></tr> <tr><td>Aug-24</td><td>135</td><td>15</td><td>65</td><td>20</td></tr> <tr><td>Sep-24</td><td>138</td><td>15</td><td>55</td><td>25</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseion	Sep-23	145	5	90	10	Oct-23	140	5	95	15	Nov-23	180	5	100	20	Dec-23	150	5	70	20	Jan-24	130	35	60	20	Feb-24	170	35	60	25	Mar-24	110	50	60	25	Apr-24	115	25	50	20	May-24	150	20	50	20	Jun-24	135	15	55	20	Jul-24	135	10	55	15	Aug-24	135	15	65	20	Sep-24	138	15	55	25
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<p>Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p>	<p>In September 2024, there were 21 elective procedures cancelled due to lack of beds on the day of surgery. This is 1 more cancellation than those seen in August 2024.</p> <p>Of the 21 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>Sep-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Oct-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Nov-23</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Dec-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Jan-24</td><td>25</td><td>0</td><td>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>18</td><td>0</td><td>0</td></tr> <tr><td>Sep-24</td><td>21</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Sep-23	10	0	0	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	18	0	0	Sep-24	21	0	0														
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Oct-23	15	0	0																																																																					
Nov-23	20	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 August 2024, 97.1% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p>2. Prompt surgery- In August 2024, 32.4% of patients had surgery the day following presentation with a hip fracture. This is a 1.1% improvement from August 2023 which was 31.3%.</p> <p>3. NICE compliant surgery- 68.3% of operations were consistent with the NICE recommendations in August 2024. This is 5.4% less than in August 2023.</p> <p>4. Prompt mobilisation- In August 2024, 86.4% of patients were out of bed the day after surgery. This is 4.6% more than in August 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																																																								
<p>5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i></p>	<p>1. Not delirious when tested- 77% of patients were not delirious in the week after their operation in August 2024.</p>	<p align="center">5. Not delirious when tested</p> <table border="1"> <caption>Data for Chart 5: Not delirious when tested</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>75</td><td>65</td><td>65</td></tr> <tr><td>Sep-23</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Oct-23</td><td>70</td><td>65</td><td>65</td></tr> <tr><td>Nov-23</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Dec-23</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Jan-24</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Feb-24</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Mar-24</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Apr-24</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>May-24</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Jun-24</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Jul-24</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Aug-24</td><td>77</td><td>65</td><td>65</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Aug-23	75	65	65	Sep-23	72	65	65	Oct-23	70	65	65	Nov-23	72	65	65	Dec-23	72	65	65	Jan-24	72	65	65	Feb-24	72	65	65	Mar-24	72	65	65	Apr-24	72	65	65	May-24	72	65	65	Jun-24	72	65	65	Jul-24	72	65	65	Aug-24	77	65	65
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Jul-24	72	65	65																																																							
Aug-24	77	65	65																																																							
<p>6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i></p>	<p>2. Return to original residence- 72.6% of patients in May 2024 were discharged back to their original residence. This is 3.7% more than in May 2023.</p>	<p align="center">6. Return to original residence</p> <table border="1"> <caption>Data for Chart 6: Return to original residence</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal & N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Jun-23</td><td>70</td><td>72</td><td>72</td></tr> <tr><td>Jul-23</td><td>70</td><td>73</td><td>73</td></tr> <tr><td>Aug-23</td><td>70</td><td>74</td><td>74</td></tr> <tr><td>Sep-23</td><td>70</td><td>75</td><td>75</td></tr> <tr><td>Oct-23</td><td>70</td><td>76</td><td>76</td></tr> <tr><td>Nov-23</td><td>70</td><td>77</td><td>77</td></tr> <tr><td>Dec-23</td><td>70</td><td>78</td><td>78</td></tr> <tr><td>Jan-24</td><td>70</td><td>79</td><td>79</td></tr> <tr><td>Feb-24</td><td>70</td><td>80</td><td>80</td></tr> <tr><td>Mar-24</td><td>70</td><td>81</td><td>81</td></tr> <tr><td>Apr-24</td><td>70</td><td>82</td><td>82</td></tr> <tr><td>May-24</td><td>72.6</td><td>83</td><td>83</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	May-23	68	70	70	Jun-23	70	72	72	Jul-23	70	73	73	Aug-23	70	74	74	Sep-23	70	75	75	Oct-23	70	76	76	Nov-23	70	77	77	Dec-23	70	78	78	Jan-24	70	79	79	Feb-24	70	80	80	Mar-24	70	81	81	Apr-24	70	82	82	May-24	72.6	83	83
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<p>7. <i>30 day mortality rate (Casemix adjusted)</i></p>	<p>3. 30 day mortality rate- In Q1 24-25 the mortality rate for Morryston Hospital was 5.6%, which is consistent with the figure reported in the same period in the previous year and is 0.2% higher than the national average for the quarter.</p>	<p align="center">7. 30 day mortality rate</p> <table border="1"> <caption>Data for Chart 7: 30 day mortality rate</caption> <thead> <tr> <th>Quarter</th> <th>Morryston (Casemix Adjusted) (%)</th> <th>National Average (%)</th> </tr> </thead> <tbody> <tr><td>Q1 21-22</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q2 21-22</td><td>6.5</td><td>7.5</td></tr> <tr><td>Q3 21-22</td><td>6.8</td><td>7.8</td></tr> <tr><td>Q4 21-22</td><td>6.5</td><td>7.5</td></tr> <tr><td>Q1 22-23</td><td>6.5</td><td>7.0</td></tr> <tr><td>Q2 22-23</td><td>5.8</td><td>6.8</td></tr> <tr><td>Q3 22-23</td><td>5.8</td><td>6.8</td></tr> <tr><td>Q4 22-23</td><td>6.0</td><td>6.5</td></tr> <tr><td>Q1 23-24</td><td>5.6</td><td>6.0</td></tr> <tr><td>Q2 23-24</td><td>6.5</td><td>5.8</td></tr> <tr><td>Q3 23-24</td><td>5.8</td><td>5.5</td></tr> <tr><td>Q4 23-24</td><td>5.0</td><td>5.5</td></tr> <tr><td>Q1 24-25</td><td>5.6</td><td>5.5</td></tr> </tbody> </table>	Quarter	Morryston (Casemix Adjusted) (%)	National Average (%)	Q1 21-22	7.0	8.0	Q2 21-22	6.5	7.5	Q3 21-22	6.8	7.8	Q4 21-22	6.5	7.5	Q1 22-23	6.5	7.0	Q2 22-23	5.8	6.8	Q3 22-23	5.8	6.8	Q4 22-23	6.0	6.5	Q1 23-24	5.6	6.0	Q2 23-24	6.5	5.8	Q3 23-24	5.8	5.5	Q4 23-24	5.0	5.5	Q1 24-25	5.6	5.5														
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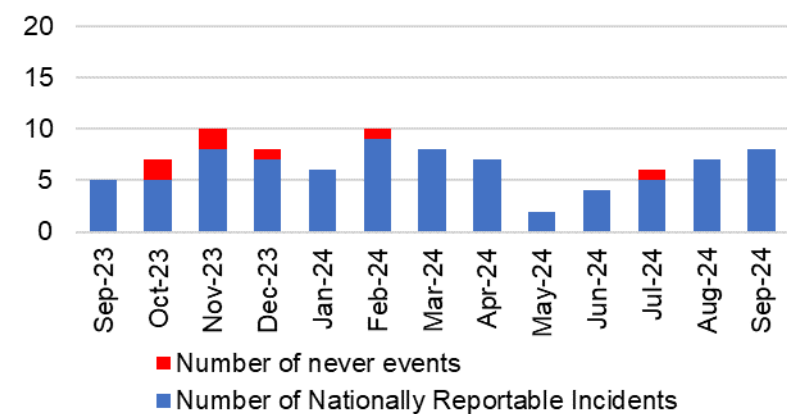
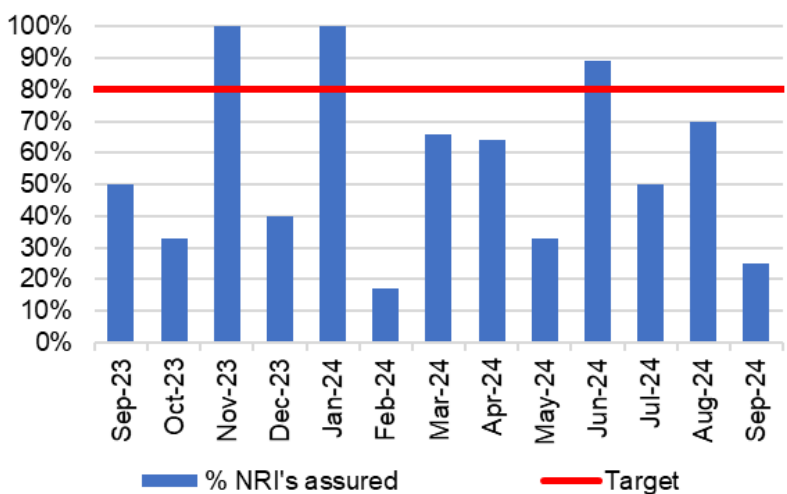
HEALTHCARE ACQUIRED INFECTIONS																																																														
Description	Current Performance	Trend																																																												
<p>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i></p>	<ul style="list-style-type: none"> 21 cases of <i>E. coli</i> bacteraemia were identified in September 2024, of which 7 were hospital acquired and 14 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 17 cases for September 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>23</td><td></td></tr> <tr><td>Oct-23</td><td>11</td><td></td></tr> <tr><td>Nov-23</td><td>32</td><td></td></tr> <tr><td>Dec-23</td><td>12</td><td></td></tr> <tr><td>Jan-24</td><td>19</td><td></td></tr> <tr><td>Feb-24</td><td>17</td><td></td></tr> <tr><td>Mar-24</td><td>19</td><td></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>18</td></tr> <tr><td>Jul-24</td><td>14</td><td>17</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></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	Sep-23	23		Oct-23	11		Nov-23	32		Dec-23	12		Jan-24	19		Feb-24	17		Mar-24	19		Apr-24	19	20	May-24	16	19	Jun-24	18	18	Jul-24	14	17	Aug-24	29	20	Sep-24	21	17	Oct-24		17	Nov-24		17	Dec-24		18	Jan-25		17	Feb-25		18	Mar-25		17
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<p>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i></p>	<ul style="list-style-type: none"> There were 7 cases of <i>Staph. aureus</i> bacteraemia in September 2024, of which 4 were hospital acquired and 3 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for September 2024 <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>10</td><td></td></tr> <tr><td>Oct-23</td><td>10</td><td></td></tr> <tr><td>Nov-23</td><td>14</td><td></td></tr> <tr><td>Dec-23</td><td>18</td><td></td></tr> <tr><td>Jan-24</td><td>11</td><td></td></tr> <tr><td>Feb-24</td><td>8</td><td></td></tr> <tr><td>Mar-24</td><td>8</td><td></td></tr> <tr><td>Apr-24</td><td>13</td><td>8</td></tr> <tr><td>May-24</td><td>7</td><td>6</td></tr> <tr><td>Jun-24</td><td>7</td><td>6</td></tr> <tr><td>Jul-24</td><td>12</td><td>6</td></tr> <tr><td>Aug-24</td><td>14</td><td>6</td></tr> <tr><td>Sep-24</td><td>7</td><td>6</td></tr> <tr><td>Oct-24</td><td></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	Sep-23	10		Oct-23	10		Nov-23	14		Dec-23	18		Jan-24	11		Feb-24	8		Mar-24	8		Apr-24	13	8	May-24	7	6	Jun-24	7	6	Jul-24	12	6	Aug-24	14	6	Sep-24	7	6	Oct-24		6	Nov-24		6	Dec-24		6	Jan-25		5	Feb-25		5	Mar-25		5
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HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																																												
<p>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i> <i>Number of laboratory confirmed C.difficile cases</i></p>	<ul style="list-style-type: none"> There were 22 <i>Clostridium difficile</i> toxin positive cases in September 2024, of which 15 were hospital acquired and 7 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 8 cases for September 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p align="center">Number of healthcare acquired C.difficile cases</p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>27</td><td>-</td></tr> <tr><td>Oct-23</td><td>18</td><td>-</td></tr> <tr><td>Nov-23</td><td>33</td><td>-</td></tr> <tr><td>Dec-23</td><td>21</td><td>-</td></tr> <tr><td>Jan-24</td><td>22</td><td>-</td></tr> <tr><td>Feb-24</td><td>20</td><td>-</td></tr> <tr><td>Mar-24</td><td>22</td><td>-</td></tr> <tr><td>Apr-24</td><td>20</td><td>10</td></tr> <tr><td>May-24</td><td>19</td><td>9</td></tr> <tr><td>Jun-24</td><td>22</td><td>8</td></tr> <tr><td>Jul-24</td><td>14</td><td>8</td></tr> <tr><td>Aug-24</td><td>35</td><td>7</td></tr> <tr><td>Sep-24</td><td>22</td><td>7</td></tr> <tr><td>Oct-24</td><td>-</td><td>6</td></tr> <tr><td>Nov-24</td><td>-</td><td>6</td></tr> <tr><td>Dec-24</td><td>-</td><td>6</td></tr> <tr><td>Jan-25</td><td>-</td><td>6</td></tr> <tr><td>Feb-25</td><td>-</td><td>6</td></tr> <tr><td>Mar-25</td><td>-</td><td>6</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	Sep-23	27	-	Oct-23	18	-	Nov-23	33	-	Dec-23	21	-	Jan-24	22	-	Feb-24	20	-	Mar-24	22	-	Apr-24	20	10	May-24	19	9	Jun-24	22	8	Jul-24	14	8	Aug-24	35	7	Sep-24	22	7	Oct-24	-	6	Nov-24	-	6	Dec-24	-	6	Jan-25	-	6	Feb-25	-	6	Mar-25	-	6
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<p>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i> <i>Number of laboratory confirmed Klebsiella sp cases</i></p>	<ul style="list-style-type: none"> There were 6 cases of <i>Klebsiella sp</i> in September 2024, of which 5 were hospital acquired and 1 was community acquired. The Health Board total is currently in line with the Welsh Government Profile target of 6 cases for September 2024. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p align="center">Number of healthcare acquired Klebsiella cases</p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>12</td><td>-</td></tr> <tr><td>Oct-23</td><td>6</td><td>-</td></tr> <tr><td>Nov-23</td><td>8</td><td>-</td></tr> <tr><td>Dec-23</td><td>6</td><td>-</td></tr> <tr><td>Jan-24</td><td>11</td><td>-</td></tr> <tr><td>Feb-24</td><td>9</td><td>-</td></tr> <tr><td>Mar-24</td><td>5</td><td>-</td></tr> <tr><td>Apr-24</td><td>10</td><td>10</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>6</td><td>6</td></tr> <tr><td>Oct-24</td><td>-</td><td>4</td></tr> <tr><td>Nov-24</td><td>-</td><td>4</td></tr> <tr><td>Dec-24</td><td>-</td><td>5</td></tr> <tr><td>Jan-25</td><td>-</td><td>5</td></tr> <tr><td>Feb-25</td><td>-</td><td>5</td></tr> <tr><td>Mar-25</td><td>-</td><td>4</td></tr> </tbody> </table>	Month	Number of Klebsiella cases (SBU)	Trajectory	Sep-23	12	-	Oct-23	6	-	Nov-23	8	-	Dec-23	6	-	Jan-24	11	-	Feb-24	9	-	Mar-24	5	-	Apr-24	10	10	May-24	11	7	Jun-24	13	7	Jul-24	8	7	Aug-24	12	7	Sep-24	6	6	Oct-24	-	4	Nov-24	-	4	Dec-24	-	5	Jan-25	-	5	Feb-25	-	5	Mar-25	-	4
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HEALTHCARE ACQUIRED INFECTIONS																																																														
Description	Current Performance	Trend																																																												
<p>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 September 2024. The Health Board total is currently below the Welsh Government Profile target of 2 cases for September 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> <table border="1"> <caption>Data for Healthcare Acquired Pseudomonas Cases</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>2</td><td>2</td></tr> <tr><td>Oct-23</td><td>2</td><td>2</td></tr> <tr><td>Nov-23</td><td>2</td><td>2</td></tr> <tr><td>Dec-23</td><td>3</td><td>2</td></tr> <tr><td>Jan-24</td><td>2</td><td>2</td></tr> <tr><td>Feb-24</td><td>0</td><td>2</td></tr> <tr><td>Mar-24</td><td>0</td><td>2</td></tr> <tr><td>Apr-24</td><td>0</td><td>3</td></tr> <tr><td>May-24</td><td>1</td><td>0</td></tr> <tr><td>Jun-24</td><td>2</td><td>2</td></tr> <tr><td>Jul-24</td><td>2</td><td>1</td></tr> <tr><td>Aug-24</td><td>3</td><td>2</td></tr> <tr><td>Sep-24</td><td>1</td><td>2</td></tr> <tr><td>Oct-24</td><td>0</td><td>2</td></tr> <tr><td>Nov-24</td><td>0</td><td>2</td></tr> <tr><td>Dec-24</td><td>0</td><td>1</td></tr> <tr><td>Jan-25</td><td>0</td><td>1</td></tr> <tr><td>Feb-25</td><td>0</td><td>2</td></tr> <tr><td>Mar-25</td><td>0</td><td>3</td></tr> </tbody> </table>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Sep-23	2	2	Oct-23	2	2	Nov-23	2	2	Dec-23	3	2	Jan-24	2	2	Feb-24	0	2	Mar-24	0	2	Apr-24	0	3	May-24	1	0	Jun-24	2	2	Jul-24	2	1	Aug-24	3	2	Sep-24	1	2	Oct-24	0	2	Nov-24	0	2	Dec-24	0	1	Jan-25	0	1	Feb-25	0	2	Mar-25	0	3
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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 July 2024 there were 84 cases of healthcare acquired pressure ulcers, 44 of which were community acquired and 40 were hospital acquired. There were 14 grade 3+ pressure ulcers in July 2024, 8 of which were community acquired and 6 were hospital acquired. The rate per 100,000 admissions was 625 in July 2024. 	<p>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</p> <table border="1"> <caption>Data for Pressure Ulcers and Rate</caption> <thead> <tr> <th>Month</th> <th>Pressure Ulcers (Community)</th> <th>Pressure Ulcers (Hospital)</th> <th>Rate per 100,00 admissions</th> </tr> </thead> <tbody> <tr><td>Jul-23</td><td>80</td><td>100</td><td>1,100</td></tr> <tr><td>Aug-23</td><td>60</td><td>90</td><td>1,000</td></tr> <tr><td>Sep-23</td><td>60</td><td>100</td><td>1,050</td></tr> <tr><td>Oct-23</td><td>70</td><td>110</td><td>1,100</td></tr> <tr><td>Nov-23</td><td>70</td><td>110</td><td>1,100</td></tr> <tr><td>Dec-23</td><td>60</td><td>100</td><td>1,000</td></tr> <tr><td>Jan-24</td><td>80</td><td>120</td><td>1,300</td></tr> <tr><td>Feb-24</td><td>60</td><td>90</td><td>1,000</td></tr> <tr><td>Mar-24</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Apr-24</td><td>40</td><td>90</td><td>1,000</td></tr> <tr><td>May-24</td><td>60</td><td>100</td><td>1,100</td></tr> <tr><td>Jun-24</td><td>60</td><td>100</td><td>1,000</td></tr> <tr><td>Jul-24</td><td>40</td><td>80</td><td>625</td></tr> </tbody> </table>	Month	Pressure Ulcers (Community)	Pressure Ulcers (Hospital)	Rate per 100,00 admissions	Jul-23	80	100	1,100	Aug-23	60	90	1,000	Sep-23	60	100	1,050	Oct-23	70	110	1,100	Nov-23	70	110	1,100	Dec-23	60	100	1,000	Jan-24	80	120	1,300	Feb-24	60	90	1,000	Mar-24	0	0	0	Apr-24	40	90	1,000	May-24	60	100	1,100	Jun-24	60	100	1,000	Jul-24	40	80	625				
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NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p>Nationally Reportable Incidents (NRI's)- 1. <i>The number of Nationally reportable incidents</i></p> <p>2. <i>The number of Never Events</i></p> <p>3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 8 Nationally Reportable Incidents for the month of September 2024 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> - Morryston – 1 - NPTS – 6 - PCT -1 <p>2. There were no new Never Events reported in September 2024.</p> <p>3. In September 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>  <p>3. % of nationally reportable incidents closed within the agreed timescales</p> 

INPATIENT FALLS																														
Description	Current Performance	Trend																												
<p>Inpatient Falls <i>The total number of inpatient falls</i></p>	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 163 in September 2024. This is 5.8% less than August 2024 where 173 falls were recorded. 	<p>Number of inpatient Falls</p> <table border="1"> <caption>Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Number of Falls</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>155</td></tr> <tr><td>Oct-23</td><td>185</td></tr> <tr><td>Nov-23</td><td>165</td></tr> <tr><td>Dec-23</td><td>155</td></tr> <tr><td>Jan-24</td><td>190</td></tr> <tr><td>Feb-24</td><td>200</td></tr> <tr><td>Mar-24</td><td>195</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>160</td></tr> </tbody> </table> <p>■ Hospital Falls</p>	Month	Number of Falls	Sep-23	155	Oct-23	185	Nov-23	165	Dec-23	155	Jan-24	190	Feb-24	200	Mar-24	195	Apr-24	145	May-24	155	Jun-24	155	Jul-24	175	Aug-24	170	Sep-24	160
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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 September 2024, the percentage of completed discharge summaries was 78%.</p> <p>In September 2024, compliance ranged from 85% in Morriston Hospital to 65% 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>Sep-23</td><td>60%</td></tr> <tr><td>Oct-23</td><td>65%</td></tr> <tr><td>Nov-23</td><td>68%</td></tr> <tr><td>Dec-23</td><td>68%</td></tr> <tr><td>Jan-24</td><td>65%</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> </tbody> </table> <p>■ % of completed discharge summaries</p>	Month	% of completed discharge summaries	Sep-23	60%	Oct-23	65%	Nov-23	68%	Dec-23	68%	Jan-24	65%	Feb-24	70%	Mar-24	68%	Apr-24	75%	May-24	75%	Jun-24	75%	Jul-24	75%	Aug-24	78%	Sep-24	78%
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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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Readmission Rates	<p>In September 2024, 8.11% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 0.57% lower than the figure reported in August 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>Sep-23</td><td>8.11%</td></tr> <tr><td>Oct-23</td><td>8.11%</td></tr> <tr><td>Nov-23</td><td>8.11%</td></tr> <tr><td>Dec-23</td><td>8.11%</td></tr> <tr><td>Jan-24</td><td>8.11%</td></tr> <tr><td>Feb-24</td><td>8.11%</td></tr> <tr><td>Mar-24</td><td>8.11%</td></tr> <tr><td>Apr-24</td><td>8.11%</td></tr> <tr><td>May-24</td><td>8.11%</td></tr> <tr><td>Jun-24</td><td>8.11%</td></tr> <tr><td>Jul-24</td><td>8.11%</td></tr> <tr><td>Aug-24</td><td>8.11%</td></tr> <tr><td>Sep-24</td><td>8.11%</td></tr> </tbody> </table>	Month	28 day readmission rate (SBUHB)	Sep-23	8.11%	Oct-23	8.11%	Nov-23	8.11%	Dec-23	8.11%	Jan-24	8.11%	Feb-24	8.11%	Mar-24	8.11%	Apr-24	8.11%	May-24	8.11%	Jun-24	8.11%	Jul-24	8.11%	Aug-24	8.11%	Sep-24	8.11%																																										
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5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

5.1 Overview

Harm from reduction in non-Covid																		
Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	
Cancer																		
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	Improvement Trajectory towards 80% by Mar 26	59.0%		47.9%	51.7%	53.3%	51.0%	47.5%	50.4%	55.8%	56.4%	57.0%	57.9%	58.6%	55.7%		
Planned Care																		
Number of patients waiting > 26 weeks for first outpatient appointment*	Morrison	0			7,459	6,165	5,735	5,968	5,703	5,806	6,565	5,247	5,958	5,948	6,171	6,869	6,716	
	NPTH			7	32	16	15	30	45	92	2,002	2,240	2,278	2,341	2,602	2,588		
	Singleton			5,320	4,972	4,674	4,906	4,989	5,087	5,438	5,795	6,007	6,036	5,880	6,274	6,135		
	PC&CS			0	0	0	0	0	0	1	0	0	0	0	0	3		
	Total			12,786	11,169	10,425	10,889	10,722	10,938	12,095	13,045	14,205	14,262	14,392	15,745	15,442		
Number of patients waiting > 36 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0			2,837	2,088	2,034	2,245	2,001	1,986	2,294	1,959	2,514	2,809	3,096	3,424	3,068	
	NPTH			0	0	1	3	1	4	2	761	920	1,042	1,164	1,330	1,204		
	Singleton			2,490	2,420	2,247	2,298	2,182	2,112	2,443	2,855	2,986	3,098	3,064	3,261	2,777		
	PC&CS			0	0	0	0	0	0	0	0	0	0	0	0	2		
	Total			5,327	4,508	4,282	4,546	4,184	4,102	4,739	5,575	6,420	6,949	7,324	8,015	7,051		
Number of patients waiting > 52 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0	0		163	0	0	0	0	0	0	0	0	0	0	0	2	
	NPTH			0	0	0	0	0	0	0	0	0	0	0	0	0		
	Singleton			17	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			180	0	0	0	0	0	0	0	0	0	0	0	0	2	
Number of patients waiting > 52 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			10,911	10,464	9,881	9,588	9,423	9,159	8,962	4,236	4,191	4,103	4,177	4,256	4,302	
	NPTH			0	0	0	0	0	0	0	0	0	4,229	4,286	4,404	4,351	4,485	4,564
	Singleton			3,506	3,478	3,572	3,798	3,895	4,052	4,219	4,433	4,782	5,116	5,094	5,164	5,134		
	PC&CS			0	0	0	0	0	0	0	0	0	0	0	0	0		
	Total			14,417	13,942	13,453	13,386	13,318	13,211	13,181	12,898	13,259	13,623	13,622	13,905	14,000		
Number of patients waiting > 104 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0	965		3,826	3,341	2,772	2,311	1,923	1,579	1,299	490	424	387	353	365	386	
	NPTH			0	0	0	0	0	0	0	0	696	641	607	554	563	523	
	Singleton			819	756	688	658	643	596	532	539	514	483	377	350	332		
	PC&CS			0	0	0	0	0	0	0	0	0	0	0	0	0		
	Total			4,645	4,097	3,460	2,969	2,566	2,175	1,831	1,725	1,579	1,477	1,284	1,278	1,241		
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	Improvement Trajectory towards 0 by Mar 24	3,020		2,676	2,218	2,017	2,087	1,229	592	501	527	567	587	701	725	729	
	Singleton			4,124	3,721	3,412	3,529	3,476	3,278	3,186	3,219	3,009	2,906	2,789	2,700	2,567		
	Total			6,800	5,939	5,429	5,616	4,705	3,870	3,687	3,746	3,576	3,493	3,490	3,425	3,296		
Number of patients waiting > 14 weeks for a specified therapy*	MH&LD	Improvement Trajectory towards 0 by Mar 24			0	0	0	0	0	0	0	0	0	0	0	0		
	NPTH			0	0	0	0	0	0	0	0	0	0	0	0			
	PC&CS			182	195	84	73	88	29	1	1	0	4	5	17	130		
	Total			182	195	84	73	88	29	1	1	0	4	5	17	130		

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												
					Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Planned Care																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	12 month reduction trend			152,025	154,704	157,285	159,226	162,964	164,581	166,438	169,049	170,254	171,913	172,898	147,509	148,525
Number of patients delayed by over 100% past their target date	Total	Improvement Trajectory towards target of 0			41,048	41,188	41,727	43,784	44,976	46,482	48,969	49,837	50,646	49,585	49,591	39,908	39,502
Number of patients delayed past their agreed target date (booked and not booked) *	Total	12 month reduction trend			68,292	67,996	68,767	72,790	74,878	76,796	80,190	80,856	80,503	78,946	78,579	67,051	66,422
Number of Ophthalmology patients without an allocated health risk factor	Total	0			133	265	200	527	522	309	343	270	155	203	94	152	182
Number of patients without a documented clinical review date	Total	0			4	2	1	1	1	1	5	2	2	4	1	0	2
Activity																	
Number of GP referrals	Total	12 month reduction trend			12,383	12,644	12,622	10,102	12,876	12,976	12,269	13,687	13,540	12,365	14,282	12,326	12,826
Number of patients referred from primary care into secondary care Ophthalmology services	Total	Improvement Trajectory towards reduction by Mar 24			815	851	843	735	775	721	936	932	783	794	838	785	714
Patient Experience/ Feedback																	
Number of friends and family surveys completed	PCCS	Month on month improvement			379	475	390	303	418	406	430	398	401	625	648	518	590
	MH&LD				28	34	56	45	60	63	66	36	49	71	84	83	91
	Morrison				2,303	2,085	2,157	2,047	2,600	2,644	2,606	2,776	2,584	2,716	2,879	2,445	2,885
	NPTH																
	Singleton				1,763	2,063	2,158	1,671	2,229	2,237	2,118	2,234	2,081	2,193	2,326	1,945	2,077
	Total				4,084	5,738	5,792	4,004	5,211	5,232	5,427	5,579	5,344	5,535	5,853	4,913	5,556
% of patients who would recommend and highly recommend	PCCS	90%			97%	95%	94%	95%	94%	96%	95%	96%	97%	96%	97%	95%	95%
	MH&LD				100%	100%	96%	100%	100%	100%	97%	100%	96%	92%	100%	89%	91%
	Morrison				90%	89%	89%	90%	91%	90%	90%	90%	90%	90%	90%	90%	89%
	NPTH																
	Singleton				95%	94%	94%	94%	95%	95%	95%	95%	94%	95%	95%	95%	95%
	Total				92%	92%	92%	92%	93%	92%	92%	93%	92%	93%	93%	92%	
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%			98%	98%	98%	93%	91%	96%	96%	96%	94%	96%	95%	94%	94%
	MH&LD																
	Morrison				94%	94%	92%	92%	92%	92%	91%	92%	92%	92%	93%	92%	92%
	NPTH																
	Singleton				97%	97%	97%	93%	93%	94%	93%	95%	94%	94%	94%	95%	94%
	Total				92%	93%	93%	93%	93%	93%	92%	93%	93%	94%	93%	93%	
Number of new complaints received	PCCS	12 month reduction trend			18	49	42	20	35	31	36	24	20	15	19		
	MH&LD				21	17	17	13	21	19	22	17	14	22	27		
	Morrison				74	66	56	35	53	55	46	51	53	38	61		
	NPTH				7	3	27	12	33	27	23	24	22	20	18		
	Singleton				43	24	22	12	31	31	36	22	28	27	21		
	Total				171	164	171	108	181	168	167	140	145	130	152		
% 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%			83%	86%	64%	95%	89%	74%	81%	79%	85%	80%	74%		
	MH&LD				52%	53%	76%	69%	57%	53%	68%	82%	79%	64%	78%		
	Morrison				58%	77%	46%	66%	72%	85%	87%	76%	83%	66%	72%		
	NPTH				67%	67%	44%	75%	82%	81%	69%	67%	64%	85%	61%		
	Singleton				56%	50%	50%	45%	52%	39%	44%	57%	39%	63%	38%		
	Total				62%	74%	55%	69%	72%	71%	71%	74%	73%	70%	66%		

5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
Referrals and shape of the waiting list	In September 2024, there were 12,826 referrals received. This is higher than the number that was received in August 2024 (12,326). 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 style="text-align: center;">1. Number of GP referrals received by SBU Health Board</p> <p style="text-align: center;">■ Routine ■ Urgent</p> </div> <div style="width: 45%;"> <p style="text-align: center;">2. Number of stage 1 additions per week</p> <p style="text-align: center;">— Additions to outpatients (stage 1) waiting list</p> </div> </div>
3. Outpatient activity undertaken <i>Total number of patients seen each month</i>	<p style="text-align: center;">3. Outpatient activity undertaken</p> <p style="text-align: center;">— 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 September 24</i>	<p style="text-align: center;">4. Total size of the waiting list and movement (Sept 2024)</p> <p style="text-align: center;">■ 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

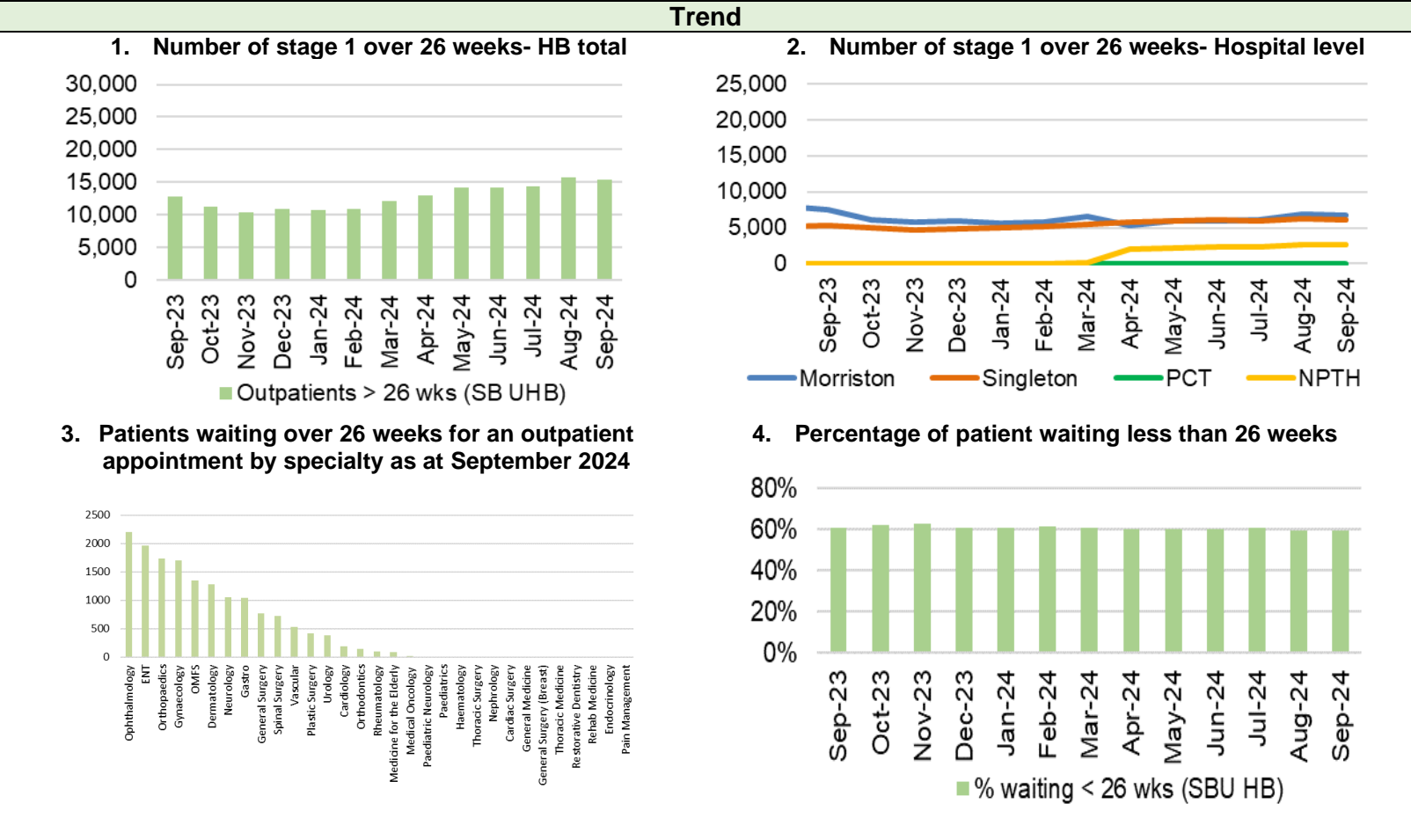
2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level

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. September 2024 saw an in-month reduction of 2% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 15,745 in August 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 59.5%.



PLANNED CARE

Description	Current Performance																																																																																																																																																																																	
<p>Patients waiting over 36 weeks for treatment</p>	<p>In September 2024, there were 7,051 patients waiting over 36 weeks at Stage 1, which is a 12% in-month reduction from August 2024. 14,000 patients were waiting over 52 weeks at all stages in September 2024. In September 2024, there were 1,241 patients waiting over 104 weeks for treatment, which is a 3% reduction from August 2024.</p>																																																																																																																																																																																	
<p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 36 weeks for treatment</p> <p>3. Number of elective admissions</p> <p>4. Number of patients waiting more than 104 weeks for treatment</p>	<p style="text-align: center;">Trend</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. Number of patients waiting over 36 weeks at Stage 1</p> <table border="1"> <caption>1. 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<p>Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In September 2024, there were 714 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in August 2024, which was 785.</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>Sep-23</td><td>800</td></tr> <tr><td>Oct-23</td><td>850</td></tr> <tr><td>Nov-23</td><td>850</td></tr> <tr><td>Dec-23</td><td>750</td></tr> <tr><td>Jan-24</td><td>780</td></tr> <tr><td>Feb-24</td><td>750</td></tr> <tr><td>Mar-24</td><td>950</td></tr> <tr><td>Apr-24</td><td>950</td></tr> <tr><td>May-24</td><td>780</td></tr> <tr><td>Jun-24</td><td>800</td></tr> <tr><td>Jul-24</td><td>850</td></tr> <tr><td>Aug-24</td><td>780</td></tr> <tr><td>Sep-24</td><td>714</td></tr> </tbody> </table> <p>■ Number of referrals</p>	Month	Number of referrals	Sep-23	800	Oct-23	850	Nov-23	850	Dec-23	750	Jan-24	780	Feb-24	750	Mar-24	950	Apr-24	950	May-24	780	Jun-24	800	Jul-24	850	Aug-24	780	Sep-24	714
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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 September 2024, 57.3% 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>Sep-23</td><td>65%</td></tr> <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>57.3%</td></tr> </tbody> </table> <p>■ % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date. — Target</p>	Month	% of appointments	Sep-23	65%	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	57.3%
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<p>Theatre Efficiency</p> <p>1. <i>Theatre Utilisation Rates</i></p> <p>2. <i>% of theatre sessions starting late</i></p> <p>3. <i>% of theatre sessions finishing early</i></p> <p>4. <i>% of theatre sessions cancelled at short notice (<28 days)</i></p> <p>5. <i>% of operations cancelled on the day</i></p>	<p>In September 2024 the Theatre Utilisation rate was 55%. This is 3% higher than August 2024 and is 2% higher than the figure reported in September 2023 (53%).</p> <p>44% of theatre sessions started late in September 2024. This is 6% higher than the figure reported for in August 2024.</p> <p>In September 2024, 33% of theatre sessions finished early. This is 1% higher than figure seen in August 2024 and 2% lower than those seen in September 2023.</p> <p>9% of theatre sessions were cancelled at short notice in September 2024. This is 2% lower than the figures reported in August 2024.</p> <p>Of the operations cancelled in September 2024, 41% of them were cancelled on the day. This is 3% higher than the figure reported in August 2024 (37%).</p>	<p>1. Theatre Utilisation Rates</p> <table border="1"> <caption>1. Theatre Utilisation Rates (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>53</td></tr> <tr><td>Oct-23</td><td>58</td></tr> <tr><td>Nov-23</td><td>58</td></tr> <tr><td>Dec-23</td><td>52</td></tr> <tr><td>Jan-24</td><td>48</td></tr> <tr><td>Feb-24</td><td>52</td></tr> <tr><td>Mar-24</td><td>48</td></tr> <tr><td>Apr-24</td><td>58</td></tr> <tr><td>May-24</td><td>52</td></tr> <tr><td>Jun-24</td><td>52</td></tr> <tr><td>Jul-24</td><td>55</td></tr> <tr><td>Aug-24</td><td>52</td></tr> <tr><td>Sep-24</td><td>55</td></tr> </tbody> </table> <p>2. and 3. % theatre sessions starting late/finishing</p> <table border="1"> <caption>2. and 3. % theatre sessions starting late/finishing</caption> <thead> <tr> <th>Month</th> <th>Late Starts (%)</th> <th>Early Finishes (%)</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>45</td><td>35</td></tr> <tr><td>Oct-23</td><td>48</td><td>32</td></tr> <tr><td>Nov-23</td><td>45</td><td>30</td></tr> <tr><td>Dec-23</td><td>42</td><td>32</td></tr> <tr><td>Jan-24</td><td>40</td><td>32</td></tr> <tr><td>Feb-24</td><td>40</td><td>30</td></tr> <tr><td>Mar-24</td><td>38</td><td>28</td></tr> <tr><td>Apr-24</td><td>40</td><td>32</td></tr> <tr><td>May-24</td><td>40</td><td>32</td></tr> <tr><td>Jun-24</td><td>40</td><td>32</td></tr> <tr><td>Jul-24</td><td>40</td><td>32</td></tr> <tr><td>Aug-24</td><td>38</td><td>32</td></tr> <tr><td>Sep-24</td><td>42</td><td>33</td></tr> </tbody> </table> <p>4. % theatre sessions cancelled at short notice (<28 days)</p> <table border="1"> <caption>4. % theatre sessions cancelled at short notice (<28 days)</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>NPTH (%)</th> <th>Singleton (%)</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Oct-23</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>Nov-23</td><td>10</td><td>15</td><td>10</td></tr> <tr><td>Dec-23</td><td>10</td><td>25</td><td>10</td></tr> <tr><td>Jan-24</td><td>10</td><td>35</td><td>10</td></tr> <tr><td>Feb-24</td><td>10</td><td>30</td><td>10</td></tr> <tr><td>Mar-24</td><td>10</td><td>35</td><td>10</td></tr> <tr><td>Apr-24</td><td>10</td><td>25</td><td>10</td></tr> <tr><td>May-24</td><td>10</td><td>25</td><td>10</td></tr> <tr><td>Jun-24</td><td>10</td><td>25</td><td>10</td></tr> <tr><td>Jul-24</td><td>10</td><td>25</td><td>10</td></tr> <tr><td>Aug-24</td><td>10</td><td>20</td><td>10</td></tr> <tr><td>Sep-24</td><td>10</td><td>15</td><td>10</td></tr> </tbody> </table> <p>5. % of operations cancelled on the day</p> <table border="1"> <caption>5. % of operations cancelled on the day</caption> <thead> <tr> <th>Month</th> <th>% operations cancelled on the day (%)</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>35</td></tr> <tr><td>Oct-23</td><td>35</td></tr> <tr><td>Nov-23</td><td>35</td></tr> <tr><td>Dec-23</td><td>38</td></tr> <tr><td>Jan-24</td><td>30</td></tr> <tr><td>Feb-24</td><td>28</td></tr> <tr><td>Mar-24</td><td>32</td></tr> <tr><td>Apr-24</td><td>32</td></tr> <tr><td>May-24</td><td>32</td></tr> <tr><td>Jun-24</td><td>38</td></tr> <tr><td>Jul-24</td><td>35</td></tr> <tr><td>Aug-24</td><td>35</td></tr> <tr><td>Sep-24</td><td>41</td></tr> </tbody> </table>	Month	Utilisation Rate (%)	Sep-23	53	Oct-23	58	Nov-23	58	Dec-23	52	Jan-24	48	Feb-24	52	Mar-24	48	Apr-24	58	May-24	52	Jun-24	52	Jul-24	55	Aug-24	52	Sep-24	55	Month	Late Starts (%)	Early Finishes (%)	Sep-23	45	35	Oct-23	48	32	Nov-23	45	30	Dec-23	42	32	Jan-24	40	32	Feb-24	40	30	Mar-24	38	28	Apr-24	40	32	May-24	40	32	Jun-24	40	32	Jul-24	40	32	Aug-24	38	32	Sep-24	42	33	Month	Morriston (%)	NPTH (%)	Singleton (%)	Sep-23	10	10	10	Oct-23	10	10	10	Nov-23	10	15	10	Dec-23	10	25	10	Jan-24	10	35	10	Feb-24	10	30	10	Mar-24	10	35	10	Apr-24	10	25	10	May-24	10	25	10	Jun-24	10	25	10	Jul-24	10	25	10	Aug-24	10	20	10	Sep-24	10	15	10	Month	% operations cancelled on the day (%)	Sep-23	35	Oct-23	35	Nov-23	35	Dec-23	38	Jan-24	30	Feb-24	28	Mar-24	32	Apr-24	32	May-24	32	Jun-24	38	Jul-24	35	Aug-24	35	Sep-24	41
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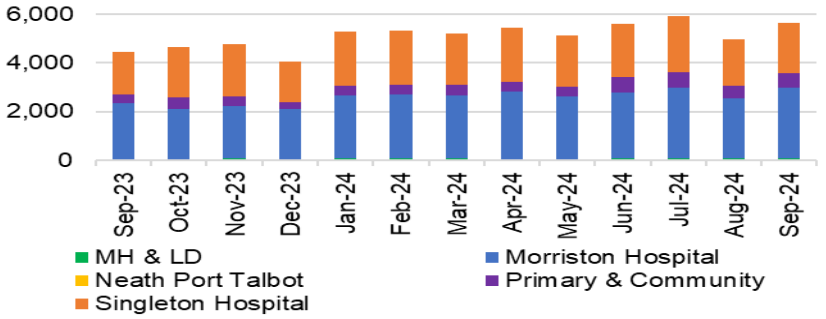
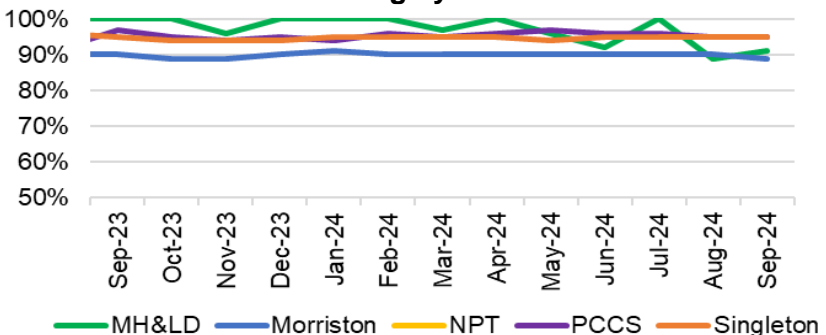
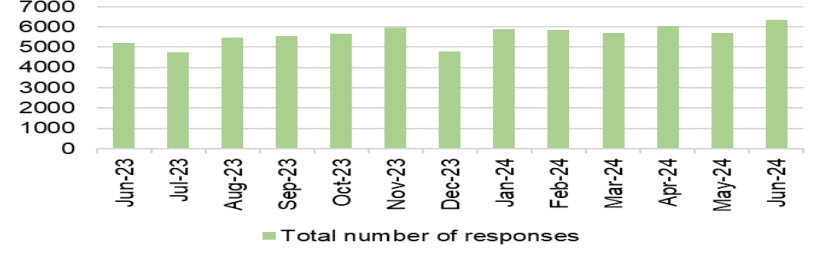
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<p>Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In September there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 3,425 in August 2024 to 3,296 in September 2024.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for September 2024:</p> <ul style="list-style-type: none"> • Endoscopy= 2,567 • Cardiac tests= 658 • Other Diagnostics = 34 <p>Actions of Improvement; Demand and capacity work has enabled significant improvement in access times for non-endoscopic diagnostics.</p> <p>Detailed demand and capacity model for endoscopy has been commissioned to ensure sustained improvement across all aspects of endoscopic diagnostics.</p>	<p>Number of patients waiting longer than 8 weeks for Diagnostics</p> <table border="1"> <caption>Number of patients waiting longer than 8 weeks for Diagnostics</caption> <thead> <tr> <th>Month</th> <th>Cardiac tests</th> <th>Endoscopy</th> <th>Other diagnostics (inc. radiology)</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>~500</td><td>~4,000</td><td>~1,500</td></tr> <tr><td>Oct-23</td><td>~500</td><td>~3,500</td><td>~1,500</td></tr> <tr><td>Nov-23</td><td>~500</td><td>~3,000</td><td>~1,500</td></tr> <tr><td>Dec-23</td><td>~500</td><td>~3,000</td><td>~1,500</td></tr> <tr><td>Jan-24</td><td>~500</td><td>~3,000</td><td>~1,000</td></tr> <tr><td>Feb-24</td><td>~500</td><td>~2,500</td><td>~500</td></tr> <tr><td>Mar-24</td><td>~500</td><td>~2,500</td><td>~500</td></tr> <tr><td>Apr-24</td><td>~500</td><td>~2,500</td><td>~500</td></tr> <tr><td>May-24</td><td>~500</td><td>~2,500</td><td>~500</td></tr> <tr><td>Jun-24</td><td>~500</td><td>~2,500</td><td>~500</td></tr> <tr><td>Jul-24</td><td>~500</td><td>~2,500</td><td>~500</td></tr> <tr><td>Aug-24</td><td>~500</td><td>~2,500</td><td>~500</td></tr> <tr><td>Sep-24</td><td>~500</td><td>~2,500</td><td>~500</td></tr> </tbody> </table> <p>■ Other diagnostics (inc. radiology) ■ Endoscopy ■ Cardiac tests</p>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Sep-23	~500	~4,000	~1,500	Oct-23	~500	~3,500	~1,500	Nov-23	~500	~3,000	~1,500	Dec-23	~500	~3,000	~1,500	Jan-24	~500	~3,000	~1,000	Feb-24	~500	~2,500	~500	Mar-24	~500	~2,500	~500	Apr-24	~500	~2,500	~500	May-24	~500	~2,500	~500	Jun-24	~500	~2,500	~500	Jul-24	~500	~2,500	~500	Aug-24	~500	~2,500	~500	Sep-24	~500	~2,500	~500
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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 September 2024, there were 130 patients waiting over 14 weeks for specified Therapies, which is 113 more than seen in August 2024.</p> <p>The breakdown of breaches are;</p> <ul style="list-style-type: none"> - Dietetics – 30 - Podiatry – 98 - Physiotherapy - 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>Sep-23</td><td>~180</td></tr> <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>~85</td></tr> <tr><td>Feb-24</td><td>~30</td></tr> <tr><td>Mar-24</td><td>0</td></tr> <tr><td>Apr-24</td><td>0</td></tr> <tr><td>May-24</td><td>0</td></tr> <tr><td>Jun-24</td><td>0</td></tr> <tr><td>Jul-24</td><td>0</td></tr> <tr><td>Aug-24</td><td>~113</td></tr> <tr><td>Sep-24</td><td>~130</td></tr> </tbody> </table> <p>■ Therapies > 14 weeks (SBU HB)</p>	Month	Therapies > 14 weeks (SBU HB)	Sep-23	~180	Oct-23	~190	Nov-23	~80	Dec-23	~70	Jan-24	~85	Feb-24	~30	Mar-24	0	Apr-24	0	May-24	0	Jun-24	0	Jul-24	0	Aug-24	~113	Sep-24	~130																												
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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 September 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>5</td><td>0</td></tr> <tr><td>Children's cancer</td><td>2</td><td>0</td></tr> <tr><td>Gynaecological</td><td>21</td><td>7</td></tr> <tr><td>Haematological</td><td>5</td><td>3</td></tr> <tr><td>Head and neck</td><td>10</td><td>3</td></tr> <tr><td>Lower GI (Exl. BSW)</td><td>16</td><td>12</td></tr> <tr><td>BSW</td><td>10</td><td>7</td></tr> <tr><td>Lung</td><td>16</td><td>6</td></tr> <tr><td>Other</td><td>2</td><td>1</td></tr> <tr><td>Sarcoma</td><td>0</td><td>0</td></tr> <tr><td>Skin(c)</td><td>104</td><td>4</td></tr> <tr><td>Upper Gastrointestinal</td><td>11</td><td>13</td></tr> <tr><td>Urological</td><td>19</td><td>12</td></tr> <tr><td>Grand Total</td><td>222</td><td>68</td></tr> </tbody> </table>	Tumour Site	63 - 103 days	≥104 days	Acute Leukaemia	0	0	Brain/CNS	1	0	Breast	5	0	Children's cancer	2	0	Gynaecological	21	7	Haematological	5	3	Head and neck	10	3	Lower GI (Exl. BSW)	16	12	BSW	10	7	Lung	16	6	Other	2	1	Sarcoma	0	0	Skin(c)	104	4	Upper Gastrointestinal	11	13	Urological	19	12	Grand Total	222	68	<p>Number of patients with a wait status of more than 62 days</p> <table border="1"> <caption>Number of patients with a wait status of more than 62 days</caption> <thead> <tr> <th>Month</th> <th>63-103 days</th> <th>≥ 104 days</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>350</td><td>100</td></tr> <tr><td>Oct-23</td><td>300</td><td>100</td></tr> <tr><td>Nov-23</td><td>250</td><td>100</td></tr> <tr><td>Dec-23</td><td>280</td><td>100</td></tr> <tr><td>Jan-24</td><td>280</td><td>100</td></tr> <tr><td>Feb-24</td><td>220</td><td>100</td></tr> <tr><td>Mar-24</td><td>200</td><td>100</td></tr> <tr><td>Apr-24</td><td>200</td><td>100</td></tr> <tr><td>May-24</td><td>220</td><td>100</td></tr> <tr><td>Jun-24</td><td>220</td><td>100</td></tr> <tr><td>Jul-24</td><td>250</td><td>100</td></tr> <tr><td>Aug-24</td><td>300</td><td>100</td></tr> <tr><td>Sep-24</td><td>350</td><td>100</td></tr> </tbody> </table>	Month	63-103 days	≥ 104 days	Sep-23	350	100	Oct-23	300	100	Nov-23	250	100	Dec-23	280	100	Jan-24	280	100	Feb-24	220	100	Mar-24	200	100	Apr-24	200	100	May-24	220	100	Jun-24	220	100	Jul-24	250	100	Aug-24	300	100	Sep-24	350	100
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<p>Single Cancer Pathway backlog-patients waiting over 63 days</p>	<p>August 2024 saw a reduction in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;</p> <ul style="list-style-type: none"> - 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>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</p> <table border="1"> <caption>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> <th>Trajectory %</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>49%</td><td>75%</td><td>49%</td></tr> <tr><td>Sep-23</td><td>48%</td><td>75%</td><td>48%</td></tr> <tr><td>Oct-23</td><td>52%</td><td>75%</td><td>52%</td></tr> <tr><td>Nov-23</td><td>53%</td><td>75%</td><td>53%</td></tr> <tr><td>Dec-23</td><td>51%</td><td>75%</td><td>51%</td></tr> <tr><td>Jan-24</td><td>48%</td><td>75%</td><td>48%</td></tr> <tr><td>Feb-24</td><td>50%</td><td>75%</td><td>50%</td></tr> <tr><td>Mar-24</td><td>56%</td><td>75%</td><td>56%</td></tr> <tr><td>Apr-24</td><td>56%</td><td>75%</td><td>56%</td></tr> <tr><td>May-24</td><td>57%</td><td>75%</td><td>57%</td></tr> <tr><td>Jun-24</td><td>58%</td><td>75%</td><td>58%</td></tr> <tr><td>Jul-24</td><td>59%</td><td>75%</td><td>59%</td></tr> <tr><td>Aug-24</td><td>56%</td><td>75%</td><td>56%</td></tr> <tr><td>Sep-24</td><td></td><td>75%</td><td></td></tr> <tr><td>Oct-24</td><td></td><td>75%</td><td></td></tr> <tr><td>Nov-24</td><td></td><td>75%</td><td></td></tr> <tr><td>Dec-24</td><td></td><td>75%</td><td></td></tr> <tr><td>Jan-25</td><td></td><td>75%</td><td></td></tr> <tr><td>Feb-25</td><td></td><td>75%</td><td></td></tr> <tr><td>Mar-25</td><td></td><td>75%</td><td></td></tr> </tbody> </table>	Month	Actual %	Target %	Trajectory %	Aug-23	49%	75%	49%	Sep-23	48%	75%	48%	Oct-23	52%	75%	52%	Nov-23	53%	75%	53%	Dec-23	51%	75%	51%	Jan-24	48%	75%	48%	Feb-24	50%	75%	50%	Mar-24	56%	75%	56%	Apr-24	56%	75%	56%	May-24	57%	75%	57%	Jun-24	58%	75%	58%	Jul-24	59%	75%	59%	Aug-24	56%	75%	56%	Sep-24		75%		Oct-24		75%		Nov-24		75%		Dec-24		75%		Jan-25		75%		Feb-25		75%		Mar-25		75%										
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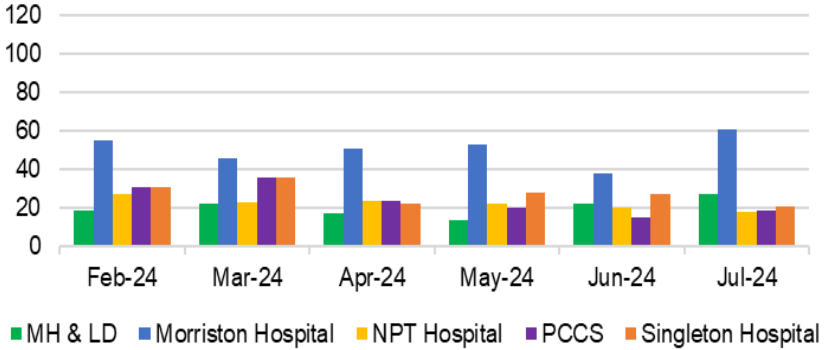
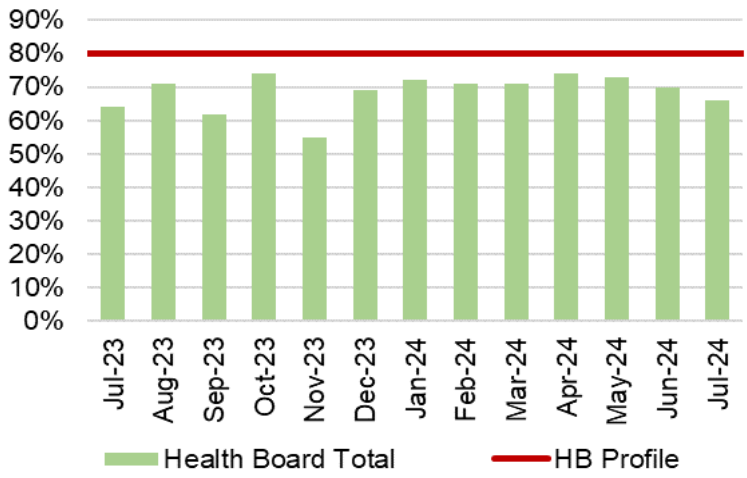
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<p>USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>Early October 2024 figures show total wait volumes for first outpatient appointment have decreased.</p> <p>Of the total 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) October 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>1</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>1</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>0</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>2</td></tr> </tbody> </table>		First OPA	Acute Leukaemia	0	Brain/CNS	0	Breast	0	Children's Cancer	1	Gynaecological	0	Haematological	0	Head and Neck	0	Lower Gastrointestinal	1	Lung	0	Other	0	Sarcoma	0	Skin	0	Upper Gastrointestinal	0	Urological	0	Grand Total	2
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<p>Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i></p>	<p>Radiotherapy waiting times continue to be a challenge, with only the 7 day Elective Delay target being met in August 24.</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>Sept-24</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>30%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>78%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>37%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>67%</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>91%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	Sept-24	Scheduled (14 Day Target)	80%	30%	Scheduled (21 Day Target)	100%	78%	Urgent SC (2 Day Target)	80%	37%	Urgent SC (7 Day Target)	100%	67%	Emergency (within 1 day)	80%	100%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	91%	Elective Delay (14 Day Target)	100%	100%	<p>Radiotherapy waiting times</p>					
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<p>Follow-up appointments</p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In September 2024, there was a total of 148,525 patients waiting for a follow up outpatient appointment.</p> <p>There was a total of 66,422 patients waiting for a follow-up past their target date in September 2024.</p> <p>Of the 66,422 delayed follow-ups in September 2024, 13,392 had appointment dates and 53,030 were still waiting for an appointment.</p> <p>In addition, 39,502 patients were waiting 100%+ over target date in September 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</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>150,000</td></tr> <tr><td>Oct-23</td><td>150,000</td></tr> <tr><td>Nov-23</td><td>150,000</td></tr> <tr><td>Dec-23</td><td>150,000</td></tr> <tr><td>Jan-24</td><td>150,000</td></tr> <tr><td>Feb-24</td><td>150,000</td></tr> <tr><td>Mar-24</td><td>150,000</td></tr> <tr><td>Apr-24</td><td>150,000</td></tr> <tr><td>May-24</td><td>150,000</td></tr> <tr><td>Jun-24</td><td>150,000</td></tr> <tr><td>Jul-24</td><td>150,000</td></tr> <tr><td>Aug-24</td><td>140,000</td></tr> <tr><td>Sep-24</td><td>148,525</td></tr> </tbody> </table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <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</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>40,000</td></tr> <tr><td>Oct-23</td><td>40,000</td></tr> <tr><td>Nov-23</td><td>40,000</td></tr> <tr><td>Dec-23</td><td>40,000</td></tr> <tr><td>Jan-24</td><td>40,000</td></tr> <tr><td>Feb-24</td><td>40,000</td></tr> <tr><td>Mar-24</td><td>40,000</td></tr> <tr><td>Apr-24</td><td>40,000</td></tr> <tr><td>May-24</td><td>40,000</td></tr> <tr><td>Jun-24</td><td>40,000</td></tr> <tr><td>Jul-24</td><td>40,000</td></tr> <tr><td>Aug-24</td><td>39,502</td></tr> <tr><td>Sep-24</td><td>39,502</td></tr> </tbody> </table> <p>■ Number of patients waiting 100% over target date (SBU HB)</p>	Month	Number of patients	Sep-23	150,000	Oct-23	150,000	Nov-23	150,000	Dec-23	150,000	Jan-24	150,000	Feb-24	150,000	Mar-24	150,000	Apr-24	150,000	May-24	150,000	Jun-24	150,000	Jul-24	150,000	Aug-24	140,000	Sep-24	148,525	Month	Number of patients	Sep-23	40,000	Oct-23	40,000	Nov-23	40,000	Dec-23	40,000	Jan-24	40,000	Feb-24	40,000	Mar-24	40,000	Apr-24	40,000	May-24	40,000	Jun-24	40,000	Jul-24	40,000	Aug-24	39,502	Sep-24	39,502
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PATIENT EXPERIENCE

Description	Current Performance	Trend
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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 July 2024, the Health Board received 152 formal complaints; this is an increase of 3% when compared with July 2023 figures (147).</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 66% in July 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" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #c6e0b4;"> <th style="width: 70%;"></th> <th style="width: 30%;">30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td style="text-align: center;">61%</td> </tr> <tr> <td>Morryston Hospital</td> <td style="text-align: center;">72%</td> </tr> <tr> <td>Mental Health & Learning Disabilities</td> <td style="text-align: center;">78%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td style="text-align: center;">74%</td> </tr> <tr> <td>Singleton Hospital</td> <td style="text-align: center;">38%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	61%	Morryston Hospital	72%	Mental Health & Learning Disabilities	78%	Primary, Community and Therapies	74%	Singleton Hospital	38%	<p style="text-align: center;">1. Number of formal complaints received</p>  <p style="text-align: center;">2. Response rate for concerns within 30 days</p> 
	30 day response rate													
Neath Port Talbot Hospital	61%													
Morryston Hospital	72%													
Mental Health & Learning Disabilities	78%													
Primary, Community and Therapies	74%													
Singleton Hospital	38%													

6.1 Overview

Harm from wider societal actions/lockdown																
Measure	Locality	National/ Local Target	Internal Profile	Trend	SBU											
					Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Childhood immunisations																
% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	NPT	95%	90%		94.9%	95.8%		94.5%		93.6%						
	Swansea				93.6%	95.4%		95.3%		95.1%						
	HB Total				94.1%	95.6%		95.0%		94.6%						
% children who received MenB2 vaccine by age 1	NPT	95%	90%		95.2%	95.5%		94.8%		93.9%						
	Swansea				92.9%	94.5%		94.1%		94.0%						
	HB Total				93.8%	94.9%		94.4%		94.0%						
% children who received PCV2 vaccine by age 1	NPT	95%	90%		97.3%	97.6%		97.0%		96.0%						
	Swansea				95.4%	96.9%		96.5%		96.3%						
	HB Total				96.1%	97.2%		96.7%		96.2%						
% children who received Rotavirus vaccine by age 1	NPT	95%	90%		92.8%	93.8%		94.1%		92.0%						
	Swansea				92.3%	92.5%		94.3%		92.7%						
	HB Total				92.5%	93.0%		94.2%		92.5%						
% children who received MMR1 vaccine by age 2	NPT	95%	90%		93.6%	93.8%		92.7%		89.1%						
	Swansea				92.2%	93.0%		93.5%		96.0%						
	HB Total				92.7%	93.3%		93.2%		93.3%						
% children who received PCV3 vaccine by age 2	NPT	95%	90%		94.6%	94.4%		92.4%		89.1%						
	Swansea				92.0%	92.8%		93.3%		96.0%						
	HB Total				92.9%	93.4%		93.0%		93.3%						
% children who received MenB4 vaccine by age 2	NPT	95%	90%		93.6%	94.1%		92.4%		88.5%						
	Swansea				91.3%	92.3%		92.9%		94.9%						
	HB Total				92.1%	93.0%		92.7%		92.4%						
% children who received Hib/MenC vaccine by age 2	NPT	95%	90%		93.6%	94.1%		92.4%		88.5%						
	Swansea				91.5%	92.3%		92.3%		94.3%						
	HB Total				92.2%	93.0%		92.7%		92.0%						
% children who are up to date in schedule by age 4	NPT	95%	90%		93.6%	83.0%		81.3%		85.1%						
	Swansea				91.5%	84.6%		83.9%		85.9%						
	HB Total				92.2%	84.1%		82.9%		85.6%						
% of children who received 2 doses of the MMR vaccine by age 5	NPT	95%	90%		89.1%	88.3%		91.1%		88.3%						
	Swansea				88.8%	87.1%		88.6%		91.3%						
	HB Total				88.9%	87.6%		89.5%		90.2%						
% children who received 4 in 1 vaccine by age 5	NPT	95%	90%		89.9%	88.8%		90.5%		87.7%						
	Swansea				89.1%	87.6%		88.1%		92.1%						
	HB Total				89.3%	88.1%		89.0%		90.5%						
% children who received MMR vaccination by age 16	NPT	95%	90%		93.7%	94.7%		95.5%		94.9%						
	Swansea				88.3%	89.1%		91.8%		94.8%						
	HB Total				90.3%	91.1%		93.1%		94.8%						
% children who received teenage booster by age 16	NPT	90%	85%		89.2%	84.6%		86.9%		83.7%						
	Swansea				87.4%	86.0%		85.8%		86.7%						
	HB Total				88.1%	85.5%		86.2%		85.7%						
% children who received MenACWY vaccine by age 16	NPT	Improve			89.2%	85.1%		87.1%		84.0%						
	Swansea				87.9%	86.8%		86.7%		86.7%						
	HB Total				88.4%	86.1%		86.9%		85.8%						

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU														
					Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-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%			17.9%	40.6%	46.6%	49.0%	49.8%	49.7%	49.7%	Reporting begins Oct-24							
	Swansea				15.1%	36.7%	45.3%	50.5%	51.2%	51.0%	51.0%								
	HB Total				16.1%	38.1%	45.8%	50.0%	50.6%	50.5%	50.5%								
Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU														
					Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24		
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%			56%	77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	91%		
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%			56%	77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	91%		
% 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%			94%	100%	97%	98%	97%	96%	95%	95%	90%	99%	93%	95%	97%		
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%	90%		95%	100%	100%	86%	100%	96%	100%	97%	98%	100%	100%	100%	100%		
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%	90%		97%	100%	100%	100%	100%	100%	99%	100%	100%	98%	100%	100%	95%		
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	80%			77%	76%	76%	76%	73%	71%	69%	66%	64%	63%	61%	59%			
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%			30%	30%	30%	29%	24%	28%	26%	25%	29%	29%	33%	30%	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%	92%	98%	92%	97%	97%	97%	94%	97%	94%	95%	95%	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%			88%	89%	90%	88%	88%	89%	89%	90%	87%	90%	92%	92%	93%		

6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																																																																
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<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 September 2024, 97% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In September 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 95%.</p> <p>3. 93% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in September 2024.</p> <p>4. In August 2024, 59.4 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>Sep-23</td><td>98%</td><td>97%</td></tr> <tr><td>Oct-23</td><td>98%</td><td>97%</td></tr> <tr><td>Nov-23</td><td>98%</td><td>97%</td></tr> <tr><td>Dec-23</td><td>98%</td><td>97%</td></tr> <tr><td>Jan-24</td><td>98%</td><td>97%</td></tr> <tr><td>Feb-24</td><td>98%</td><td>97%</td></tr> <tr><td>Mar-24</td><td>98%</td><td>97%</td></tr> <tr><td>Apr-24</td><td>98%</td><td>97%</td></tr> <tr><td>May-24</td><td>95%</td><td>97%</td></tr> <tr><td>Jun-24</td><td>98%</td><td>97%</td></tr> <tr><td>Jul-24</td><td>98%</td><td>97%</td></tr> <tr><td>Aug-24</td><td>98%</td><td>97%</td></tr> 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yrs)	Target	Trajectory	Sep-23	95%	95%	95%	Oct-23	95%	95%	95%	Nov-23	95%	95%	95%	Dec-23	95%	95%	95%	Jan-24	95%	95%	95%	Feb-24	95%	95%	95%	Mar-24	95%	95%	95%	Apr-24	98%	95%	95%	May-24	95%	95%	95%	Jun-24	95%	95%	95%	Jul-24	95%	95%	95%	Aug-24	95%	95%	95%	Sep-24	95%	95%	95%	Oct-24	95%	95%	95%	Nov-24	95%	95%	95%	Dec-24	95%	95%	95%	Jan-25	95%	95%	95%	Feb-25	95%	95%	95%	Mar-25	95%	95%	95%	Month	% patients with valid CTP (>18 yrs)	Profile	Sep-23	93%	93%	Oct-23	93%	93%	Nov-23	93%	93%	Dec-23	93%	93%	Jan-24	93%	93%	Feb-24	93%	93%	Mar-24	93%	93%	Apr-24	93%	93%	May-24	90%	93%	Jun-24	93%	93%	Jul-24	93%	93%	Aug-24	93%	93%	Sep-24	93%	93%	Month	% waiting less than 26 wks for psychological therapy	Target	Aug-23	60%	95%	Sep-23	60%	95%	Oct-23	60%	95%	Nov-23	60%	95%	Dec-23	60%	95%	Jan-24	60%	95%	Feb-24	60%	95%	Mar-24	60%	95%	Apr-24	60%	95%	May-24	60%	95%	Jun-24	60%	95%	Jul-24	60%	95%	Aug-24	59.4%	95%
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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 September 2024, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 91% of routine assessments were undertaken within 28 days from referral in September 2024 against a target of 80%.</p> <p>3. 100% of therapeutic interventions were started within 28 days following assessment by LPMHSS in September 2024.</p> <p>4. 31% of NDD patients received a diagnostic assessment within 26 weeks in September 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>1. Crisis- assessment within 48 hours</p> <table border="1"> <caption>1. 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APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 relat	Number of new COVID19 cases*	Local			Sep-24						61
	Number of staff referred for Antigen Testing*	Local			Feb-23						43
	Number of staff awaiting results of COVID19 test*	Local			Sep-24						0
	Number of COVID19 related incidents*	Local			Sep-24						4
	Number of COVID19 related serious incidents*	Local			Sep-24						0
	Number of COVID19 related complaints*	Local			Sep-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	560	Sep-24	591		0			591
	% 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		Sep-24	65.4%	98.4%				79%
	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	900	Sep-24	1,128	1				1,129
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	Sep-24	4	0	1	14	0	21
	Number of S.aureus bacteraemia cases	National	Reduction	6	Sep-24	4	0	0	3	0	7
	Number of C.difficile cases	National	Reduction	8	Sep-24	9	3	3	7	0	22
	Number of Klebsiella cases	National	Reduction	6	Sep-24	3	0	2	1	0	6
	Number of Aeruginosa cases	National	Reduction	2	Sep-24	1	0	0	0	0	1
	Compliance with hand hygiene audits	Local	95%		Sep-24	96%	100%	100%	-	83%	94%

* 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%		Aug-24	97.1%					97.1%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Aug-24	32.4%					32.4%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Aug-24	68.3%					68.3%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Aug-24	86.4%					86.4%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Aug-24	77.0%					77.0%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		May-24	74.0%					74.0%
	30 day mortality rate - Casemix adjusted	Local	Monitor		Q1 24/25	5.6%					5.6%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		Sep-24	1	0	6	1	0	8
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	80%		Sep-24						25%
	Number of Never Events	Local	0		Sep-24	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Jul-24	29	7	4	44	0	84
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Jul-24	3	3	0	8	0	14
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Jun-24						625
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Sep-24	86	31	5	11	30	163
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Sep-24						4.30
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	59.0%	Aug-24						56%
Planned Care	Number of patients waiting > 26 weeks for first outpatient appointment	Local	0		Sep-24	6,716	2,588	6,135	3		15,442
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		Sep-24	3,068	1,204	2,777	2		7,051
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		Sep-24	2	0	0	0		2
	Number of patients waiting > 52 weeks for treatment	National	Improvement Trajectory towards target of 0	0	Sep-24	4,302	4,564	5,134	0		14,000
	Number of patients waiting > 104 weeks for treatment	National	Improvement Trajectory towards target of 0	965	Sep-24	386	523	332	0		1,241
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Improvement Trajectory towards 0 by Mar 24	3,020	Sep-24	729		2,567			3,296
	Number of patients waiting > 14 weeks for a specified therapy	National	Improvement Trajectory towards 0 by Mar 24		Sep-24				130	0	130
	Total number of patients waiting for a follow-up outpatient appointment	Local	0		Sep-24						148,525
	Number of patients delayed by over 100% past their target date	National	Improvement Trajectory towards target of 0		Sep-24						39,502
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Sep-24						66,422
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Sep-24						182
Number of patients without a documented clinical review date	Local	0		Sep-24						2	
Activity	Number of GP referrals	Local	12 month reduction trend		Sep-24						12,826
	Number of patients referred from primary care into secondary care Ophthalmology services	National	Improvement Trajectory towards reduction by Mar 24		Sep-24						714
Patient Experience/ Feedback	Number of friends and family surveys completed	National	Month on month improvement		Sep-24	2,885	Now reported under Singleton	2,077	590	91	5,556
	% of patients who would recommend and highly recommend	Local	90%		Sep-24	89%		95%	95%	91%	92%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%		Sep-24	92%		94%	94%		93%
	Number of new complaints received	Local	12 month reduction trend		Jul-24	61	18	21	19	27	152
	% 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%		Jul-24	72%	61%	38%	74%	78%	66%

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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						57.1%	
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	75%		Mar-24						50.5%	
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Sep-24						100%	
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Sep-24						91%	
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Sep-24						91%	
	% 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%		Sep-24					97%	97%	
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%	90%	Sep-24						100%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%	90%	Sep-24					95%	95%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	80%		Aug-24					59%	59%	
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Sep-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%		Sep-24						100%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Sep-24					93%	93%		

* 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	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24		
COVID19 related measures	Number of new COVID19 cases	Local	Sep-24	47		Reduce					139	175	80	214	174	70	45	51	64	70	73	47	61		
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce																			
	Number of staff awaiting results of COVID19 test	Local	Sep-24	0		Reduce						0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of COVID19 related incidents	Local	Sep-24	5		Reduce					37	35	21	43	35	21	17	28	24	25	6	5	4		
	Number of COVID19 related serious incidents	Local	Sep-24	0		Reduce					0	0	0	1	1	0	1	0	0	0	0	0	0	0	
	Number of COVID19 related complaints	Local	Sep-24	0		Reduce					1	1	1	0	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	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24		
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Sep-24	48%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		49%	46%	52%	47%	50%	46%	50%	46%	46%	50%	47%	45%	48%		
	Number of ambulance handovers over one hour	National	Sep-24	591	↑ trajectory	560	✘	6,798 (Dec-22)	1st (Dec-22)		695	696	724	762	704	629	638	625	695	590	578	670	591		
	Handover hours lost over 15 minutes	Local	Sep-24	2609							3,807	3,868	3,343	3,787	3,693	3,344	3,573	2,905	3,158	2,890	2,678	3,147	2,609		
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Sep-24	79%	Month on month improvement		✓	63.1% (Dec-22)	4th (Dec-22)		77%	77%	75%	75%	77%	74%	76%	77%	78%	78%	79%	77%	79%		
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Sep-24	1129	↑ trajectory	900	✘	12,099 (Dec-22)	4th (Dec-22)		1,180	1,207	969	994	959	1,197	1,132	994	1,115	980	1,013	1,167	1,129		
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Sep-24	39.2%							23.3%	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%							58.1%	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%							86.0%	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%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%	
	% stroke patients who receive mechanical thrombectomy	Local	Sep-24	3.7%	10%		✘	2.1% (Nov-22)	4th (Nov-22)		9.1%	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)		72.0%	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	National	Sep-24	25.0%		80%	✘				50%	33%	100%	40%	100%	17%	66%	64%	33%	89%	50%	70%	25%		
	Number of new Never Events	Local		0		0	✓				0	2	2	1	0	1	0	0	0	0	1	0	0		
	Number of risks with a score greater than 20	Local	Sep-24	143		12 month ↓	✘				152	140	170	146	141	147	149	152	153	154	153	149	143		
	Number of risks with a score greater than 16	Local	Sep-24	301		12 month ↓	✓				322	304	363	305	296	310	318	316	311	309	320	320	320	301	
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Jul-24	40		12 month ↓	✓				63	70	69	60	83	60		42	66	56	40				
	Number of pressure ulcers developed in the		Jul-24	44		12 month ↓	✓				44	37	45	51	46	33		49	41	49	44				
	Total number of pressure ulcers		Jul-24	84		12 month ↓	✓				107	107	114	111	129	93		91	107	105	84				
	Number of grade 3+ pressure ulcers acquired in hospital		Jul-24	6		12 month ↓	✓				4	6	5	5	2	1		3	4	2	6				
	Number of grade 3+ pressure ulcers acquired in community		Jul-24	8		12 month ↓	✓				11	5	13	10	3	7		9	9	11	8				
	Total number of grade 3+ pressure ulcers		Jul-24	14		12 month ↓	✓				15	11	18	15	5	8		12	13	13	14				

Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Sep-24	60.9	<67		✓	67.80 (Dec-22)	3rd (Dec-22)		75.7	69.6	73.3	69.1	69.3	68.1	67.0	60.3	54.6	54.4	52.3	59.7	60.9
	Number of E.Coli bacteraemia cases (Hospital)		Sep-24	7	≤ 234 (Cumulative)	8	✓				8	5	21	6	9	7	8	12	6	9	5	12	7
	Number of E.Coli bacteraemia cases (Community)		Sep-24	14		9	✗				15	6	11	6	10	10	11	7	10	9	9	17	14
	Total number of E.Coli bacteraemia cases		Sep-24	21		17	✗				23	11	32	12	19	17	19	19	19	16	18	14	29
	Cumulative cases of S.aureus bacteraemias per 100k pop		Sep-24	30.7	<20		✗	27.76 (Dec-22)	6th (Dec-22)		38.9	37.6	37.2	38.8	39.0	37.9	36.8	38.1	29.7	27.2	29.7	32.4	30.7
	Number of S.aureus bacteraemias cases (Hospital)		Sep-24	4	≤ 71 (Cumulative)	4	✓				7	6	8	9	7	5	5	9	4	4	8	9	4
	Number of S.aureus bacteraemias cases (Community)		Sep-24	3		2	✗				3	4	6	8	4	2	3	4	3	3	4	5	3
	Total number of S.aureus bacteraemias cases		Sep-24	7		6	✗				10	10	14	17	11	7	8	13	7	7	12	14	7
	Cumulative cases of C.difficile per 100k pop		Sep-24	68.7	<25		✗	36.68 (Dec-22)	5th (Dec-22)		57.3	56.9	62.5	62.6	64.3	64.7	65.2	63.5	60.9	63.8	58.5	68.4	68.7
	Number of C.difficile cases (Hospital)		Sep-24	15	≤ 95 (Cumulative)	6	✗				20	14	15	13	15	15	19	14	10	17	10	30	15
	Number of C.difficile cases (Community)			7		2	✗				7	4	18	8	7	5	3	6	9	5	4	5	7
	Total number of C.difficile cases			22		8	✗				27	18	33	21	22	22	20	22	20	19	22	14	35
	Cumulative cases of Klebsiella per 100k pop		Sep-24	31.2			✗				25.1	24.1	24.2	23.5	25.0	25.4	24.5	31.7	32.8	35.6	32.8	33.0	31.2
	Number of Klebsiella cases (Hospital)		Sep-24	5	≤ 71 (Cumulative)	4	✗				7	5	4	1	6	2	3	5	6	8	5	9	5
	Number of Klebsiella cases (Community)			1		2	✓				5	1	4	5	5	7	2	5	5	5	3	3	1
	Total number of Klebsiella cases			6		6	✓	63 Total (Dec-22)	2nd (Dec-22)		12	6	8	6	11	9	5	10	11	13	8	12	6
	Cumulative cases of Aeruginosa per 100k pop		Sep-24	3.6			✓				6.1	6.1	6.1	6.5	6.2	5.7	5.2	0.0	1.6	1.1	2.3	3.7	3.6
	Number of Aeruginosa cases (Hospital)		Sep-24	1	≤ 21 (Cumulative)	2	✓				1	2	2	3	2	0	0	0	0	1	0	2	2
Number of Aeruginosa cases (Community)	0	0		✓					1	0	0	0	0	0	0	0	0	0	0	1	0		
Total number of Aeruginosa cases	1	2		✓		8 Total (Dec-22)	4th (Dec-22)		2	2	2	3	2	0	0	0	1	0	2	3	1		
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Sep-24	94.0%		95%	✗				96%	97%	95%	97%	98%	97%	88%	90%	91%	86%	91%	94%	94%	
Inpatient Falls	Number of Inpatient Falls	Local	Sep-24	163		12 month ↓	✓				157	190	166	158	192	203	201	146	155	158	176	173	163
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Sep-24	87%		98%	✗				82.0%	89.6%	89.9%	85.7%	91.6%	85.5%	93.5%	81.6%	90.3%	87.3%	82.0%	81.7%	87.0%
Coding	% of episodes clinically coded within 1 month of discharge	National	Jul-24	75%		12 month ↑	✗				69%	76%	66%	76%	78%	70%	64%	48%	59%	70%	69%	75%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Sep-24	78%		100%	✗				61%	66%	69%	70%	68%	72%	69%	76%	76%	76%	76%	79%	78%
Workforce	Agency spend as a % of the total pay bill	Local	Sep-24	2.0%		12 month ↓	✓	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		4.1%	3.4%	4.6%	4.1%	3.9%	3.7%	3.8%	2.9%	3.5%	2.9%	2.4%	2.3%	2.0%
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Sep-24	75%		85%	✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		66%	66%	66%	67%	69%	69%	70%	73%	73%	72%	73%	74%	75%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Sep-24	89%		85%	✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		87%	88%	89%	88%	86%	90%	87%	90%	90%	90%	90%	89%	89%
	% workforce sickness absence (12 month rolling)	National	Sep-24	7.07%		12 month ↓	✗	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.08%	7.05%	7.09%	6.96%	6.96%	6.99%	6.96%	7.00%	7.05%	7.09%	7.27%	7.07%	7.07%

Harm from reduction in non-Covid activity																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Sep-24	13.6%							12.2%	14.0%	13.3%	13.9%	12.2%	11.4%	13.9%	13.9%	15.0%	14.0%	13.9%	15.0%	13.6%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Aug-24	55.7%	↑ trajectory	59%	✘	53.9% (Nov-22)	4th (Nov-22)		47.9%	51.7%	53.3%	51.0%	47.5%	50.4%	55.8%	56.4%	57.0%	57.9%	58.6%	55.7%		
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Sep-24	30%	80%		✘				20%	10%	12%	17%	25%	28%	15%	17%	15%	7%	16%	10%	30%	
	Scheduled (21 Day Target)	Local	Sep-24	78%	100%		✘				76%	42%	61%	77%	67%	81%	59%	62%	51%	49%	64%	55%	78%	
	Urgent SC (2 Day Target)	Local	Sep-24	37%	80%		✘				33%	53%	31%	39%	26%	52%	50%	15%	20%	3%	28%	30%	37%	
	Urgent SC (7 Day Target)	Local	Sep-24	67%	100%		✘				78%	73%	77%	65%	85%	79%	82%	64%	49%	58%	75%	70%	67%	
	Emergency (within 1 day)	Local	Sep-24	100%	80%		✓				100%	100%	100%	100%	100%	67%	91%	88%	75%	80%	100%	67%	100%	
	Emergency (within 2 days)	Local	Sep-24	100%	100%		✓				100%	100%	100%	100%	100%	100%	96%	100%	100%	100%	100%	100%	92%	100%
	Elective Delay (7 Day Target)	Local	Sep-24	91%	80%		✓				98%	98%	95%	97%	99%	98%	98%	94%	85%	83%	92%	94%	91%	
	Elective Delay (14 Day Target)	Local	Sep-24	100%	100%		✓				100%	100%	100%	97%	100%	100%	100%	98%	94%	100%	99%	98%	100%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Sep-24	2,604				15,517 (Nov-22)	7th (Nov-22)		4,148	3,737	3,427	3,553	3,509	3,311	3,238	3,281	3,066	2,963	2,865	2,756	2,604	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Sep-24	3,296	↑ trajectory	3,020	✘	42,566 (Nov-22)	4th (Nov-22)		6,800	5,939	5,429	5,616	4,705	3,870	3,687	3,746	3,576	3,493	3,490	3,425	3,296	
	Number of patients waiting > 14 weeks for a specified therapy	National	Sep-24	130	↑ trajectory			9,584 (Nov-22)	2nd (Nov-22)		182	195	84	73	88	29	1	1	0	4	5	17	130	
	% of patients waiting < 26 weeks for treatment	Local	Sep-24	59.53%	95%			56% (Nov-22)	6th (Nov-22)		60.7%	62.0%	62.6%	61.0%	60.8%	61.3%	60.6%	60.3%	59.9%	60.3%	60.9%	59.5%	59.5%	
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Sep-24	15,442							12,786	11,169	10,425	10,889	10,722	10,938	12,095	13,045	14,205	14,262	14,392	15,745	15,442	
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Sep-24	7,051	↑ trajectory						5,327	4,508	4,282	4,546	4,184	4,102	4,739	5,575	6,420	6,949	7,324	8,015	7,051	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Sep-24	2	↑ trajectory	0	✘	85,301 (Nov-22)	3rd (Nov-22)		180	0	0	0	0	0	0	0	0	0	0	0	0	2
	Number of patients waiting > 52 weeks for treatment	National	Sep-24	14,000	↑ trajectory						14,417	13,942	13,453	13,386	13,318	13,211	13,181	12,898	13,259	13,623	13,622	13,905	14,000	
	Number of patients waiting > 104 weeks for treatment	National	Sep-24	1,241	↑ trajectory	965	✘	49,594 (Nov-22)	5th (Nov-22)		4,645	4,097	3,460	2,969	2,566	2,175	1,831	1,725	1,579	1,477	1,284	1,278	1,241	
	The number of patients waiting for a follow-up outpatient appointment	Local	Sep-24	148,525							152,025	154,704	157,285	159,226	162,964	164,581	166,438	169,049	170,254	171,913	172,898	147,509	148,525	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Sep-24	39,502	↑ trajectory			224,552 (Nov-22)	5th (Nov-22)		41,048	41,188	41,727	43,784	44,976	46,482	48,969	49,837	50,646	49,585	49,591	39,908	39,502	
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Sep-24	57%	95%			64.9% (Nov-22)	1st (Nov-22)		63.7%	60.2%	61.5%	64.7%	61.3%	62.9%	57.3%	54.6%	56.7%	61.3%	59.1%	56.8%	57.3%		
Activity	Number of GP referrals	Local	Sep-24	12,826	12 month ↓		✘				12,383	12,644	12,622	10,102	12,876	12,976	12,269	13,687	13,540	12,365	14,282	12,326	12,826	
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Sep-24	714	↑ trajectory						815	851	843	735	775	721	936	932	783	794	838	785	714	
DN/As	% of patients who did not attend a new outpatient appointment	Local	Sep-24	9%	12 month ↓		✓				10.6%	9.7%	10.0%	9.7%	9.3%	8.9%	9.5%	8.9%	8.7%	8.5%	7.8%	8.7%	8.6%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Sep-24	7%	12 month ↓		✓				8.1%	7.7%	7.6%	8.0%	8.2%	7.2%	7.3%	7.3%	7.9%	7.4%	7.1%	7.6%	7.3%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Sep-24	54%		90%	✘				53%	58%	58%	52%	49%	53%	49%	55%	52%	52%	54%	52%	55%	
	% of theatre sessions starting late	Local	Sep-24	41%	<25%		✘				41%	47%	44%	41%	39%	41%	38%	41%	41%	40%	41%	38%	44%	
	% of theatre sessions finishing early	Local	Sep-24	32%	<20%		✘				35%	35%	32%	31%	32%	33%	29%	33%	32%	34%	32%	32%	33%	
Patient experience	Number of friends and family surveys completed	National	Sep-24	5,556	12 month improvement		✓				4,084	5,738	5,792	4,004	5,211	5,232	5,427	5,579	5,344	5,535	5,853	4,913	5,556	
	% of who would recommend and highly recommend	Local	Sep-24	92%		90%	✓				92%	92%	92%	92%	93%	92%	92%	93%	92%	93%	93%	93%	92%	
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Sep-24	93%		90%	✓				92%	93%	93%	93%	93%	93%	92%	93%	93%	93%	94%	93%	93%	
Complaints	Number of new formal complaints received	Local	Jul-24	152		12 month trend ↓	✓				171	164	171	108	181	168	167	140	145	130	152			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Jul-24	66%		80%	✘				62%	74%	55%	69%	72%	71%	71%	74%	73%	70%	66%			
	% of acknowledgements sent within 2 working days	Local	Jul-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	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-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)		94.1%			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)		88.9%			87.6%			89.5%			90.2%					
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-24	69.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2023	58.1%			68.0%	69.1%	69.4%	69.5%	Data collection restarts October 2024						
	% uptake of influenza among under 65s in risk groups	Local	Mar-24	35.5%	55%			48.2% (Mar-22)	4th (Mar-22)			25.3%			33.5%	34.8%	35.4%	35.5%							
	% uptake of influenza among children 2 to 3 years old	Local	Mar-24	38.0%	50%			47.6% (Mar-22)	5th (Mar-22)			22.7%			35.1%	38.9%	38.0%	38.0%							
	% uptake of influenza among healthcare workers	Local	Mar-24	52.7%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)			13.8%			38.6%	38.6%	38.6%	52.7%							
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-24	59.9%	75%		✘				Data collection restarts Apr-24							43.2%	57.1%	59.9%	Avilabale Apr 2025				
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	Mar-24	50.5%	75%		✘				16.1%	38.1%	45.8%	50.0%	50.6%	50.5%	50.5%	Available Oct-24							
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Sep-24	100%	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	Sep-24	31%	80%		✘	31.4% (Nov-22)	3rd (Nov-22)		30%	30%	30%	29%	24%	28%	26%	25%	29%	29%	33%	30%	31%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Sep-24	91%	80%		✔	83.2% (Nov-22)	5th (Nov-22)		56%	77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	91%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Sep-24	91%	80%		✔	66.8% (Nov-22)	5th (Nov-22)		56%	77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	91%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Sep-24	100%	80%	90%	✔	34.4% (Nov-22)	4th (Nov-22)		95%	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	Sep-24	100%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		92%	92%	98%	92%	97%	97%	97%	97%	94%	97%	94%	95%	95%	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	Sep-24	97%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		94%	100%	97%	98%	97%	96%	95%	95%	90%	99%	93%	95%	97%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Sep-24	95%	80%	90%	✔	73.1% (Nov-22)	2nd (Nov-22)		97%	100%	100%	100%	100%	100%	99%	100%	100%	98%	100%	100%	95%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Aug-24	59%	80%		✘	73.9% (Nov-22)	2nd (Nov-22)		77%	76%	76%	76%	73%	71%	69%	66%	64%	63%	61%	59%			
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Sep-24	93%	90%		✔	84.2% (Nov-22)	2nd (Nov-22)		88%	89%	90%	88%	88%	89%	89%	90%	87%	90%	92%	92%	93%		
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTservice prior to % service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Local	Aug-24	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		