

<b>Report Date</b>	<b>17<sup>th</sup> December 2024</b>	<b>Agenda Item</b>	
<b>Report Title</b>	<b>Integrated Performance Report</b>		
<b>Report Author</b>	Meghann Protheroe, Head of Health Board Performance		
<b>Report Sponsor</b>	Darren Griffiths, Executive Director of Finance and Performance, Acting Deputy Chief Executive		
<b>Presented by</b>	Darren Griffiths, Executive Director of Finance and Performance, Acting Deputy Chief Executive		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (November 2024) in delivering key local performance measures as well as the national measures outlined in the 2024/25 NHS Wales Performance Framework.		
<b>Key Issues</b>	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p><b>Key high level issues to highlight this month are as follows:</b></p> <p>-</p> <p><b><u>Unscheduled Care</u></b></p> <ul style="list-style-type: none"> <li>• Performance against the 4-hour access has deteriorated from 75.73% in October 2024 to 73.95% in November 2024.</li> <li>• Performance against the 12-hour wait has deteriorated in November to 1,297 from 1,234 in October 2024.</li> <li>• In November 2024, there were 632 ambulance to hospital handovers taking over 1 hour; this is a reduction of 6 compared with the previous month.</li> <li>• There was a slight reduction in the average number of patients who were deemed clinically optimised in November 2024 (Pathway of care delays). The average number of clinically optimised patients decreased from 254 in the previous month to 246.</li> </ul> <p><b><u>Planned Care</u></b></p> <ul style="list-style-type: none"> <li>• There was one patients waiting over 52 weeks for a first outpatient appointment remained in November 2024.</li> <li>• At the end of November 2024, there were 1,145 patients waiting over 104 weeks for treatment, which is an improvement of 140 from the previous month.</li> </ul>		

	<ul style="list-style-type: none"> <li>In November 2024, 94.99% of patients were waiting less than 14 weeks for therapy services; this is a deterioration when compared with the figure reported in October 2024. There are 297 patients waiting over 14 weeks, all of which are in podiatry.</li> <li>In November 2024, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. The position improved from 3,156 to 3,017. The breakdown is as follows: - <ul style="list-style-type: none"> <li>Endoscopy= 2,362</li> <li>Cardiac tests= 616</li> <li>Other Diagnostics = 25^</li> </ul> </li> </ul> <p><b><u>Cancer</u></b></p> <ul style="list-style-type: none"> <li>The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in October 2024 was 56%, which is 1% lower than the figure reported in September 2024 (this measure is always reported a month in arrears due to data validation).</li> <li>280 patients were waiting in excess of 63 days as of 08/12/2024.</li> </ul> <p><b><u>Mental Health</u></b></p> <ul style="list-style-type: none"> <li>Performance against the Mental Health Measures continues to be maintained at above target levels in October 2024 with the exception of psychological therapies.</li> <li>In October 2024, 56.7% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.</li> </ul> <p><b><u>Child and Adolescent Mental Health Services (CAMHS)</u></b></p> <ul style="list-style-type: none"> <li>Access times for crisis performance has been maintained at 100% in October 2024.</li> <li>Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, performance was maintained at 31% in the month of October 2024.</li> <li>Note: S-CAMHS now included with P-CAMHS measure. Access to therapeutic interventions remains strong at 98% within 28 days. Access to assessment has improved against in October 2024 to 89% which is now above target levels.</li> </ul>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li><b>ACKNOWLEDGE</b> and <b>DISCUSS</b> the Health Board performance against key measures and targets.</li> </ul>			

## INTEGRATED PERFORMANCE REPORT

### 1. INTRODUCTION

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

### 2. BACKGROUND

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

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

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

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

<b>Governance and Assurance</b>		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
<b>Quality, Safety and Patient Experience</b>		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		
<b>Financial Implications</b>		
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.		
<b>Legal Implications (including equality and diversity assessment)</b>		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		
<b>Staffing Implications</b>		
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.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <ul style="list-style-type: none"> <li>• <b>Long term</b> – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.</li> </ul>		

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

<b>Report History</b>	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in November 2024. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Integrated Performance Report



# Appendix 1- Integrated Performance Report December 2024



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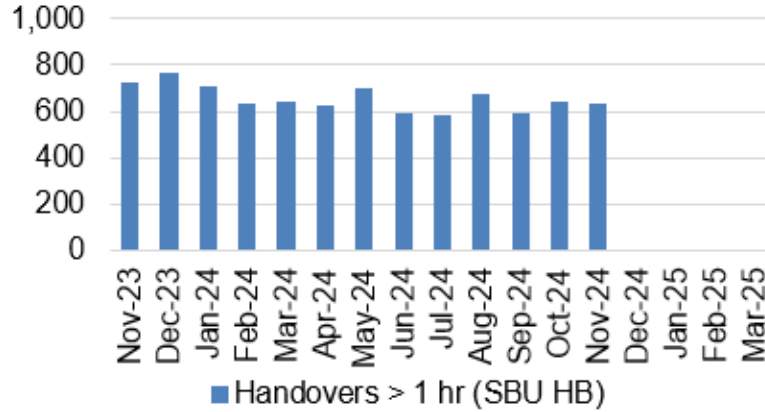
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## **1. TARGETED INTERVENTION METRICS PERFORMANCE**

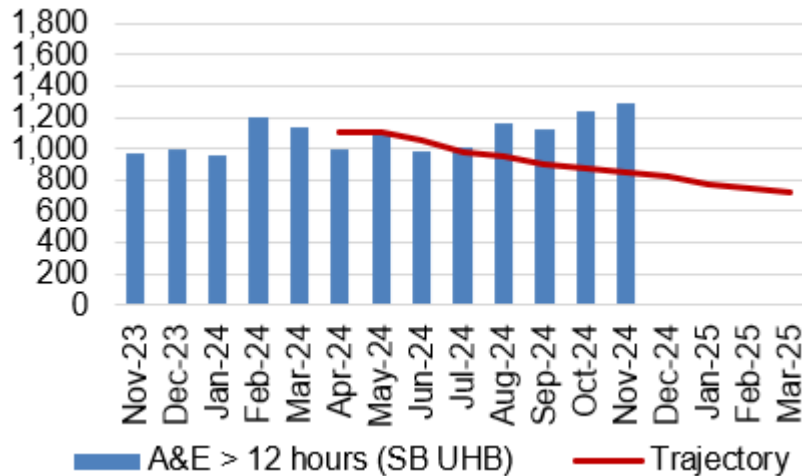
## URGENT AND EMERGENCY CARE

### 1. Ambulance handovers over 1 hour



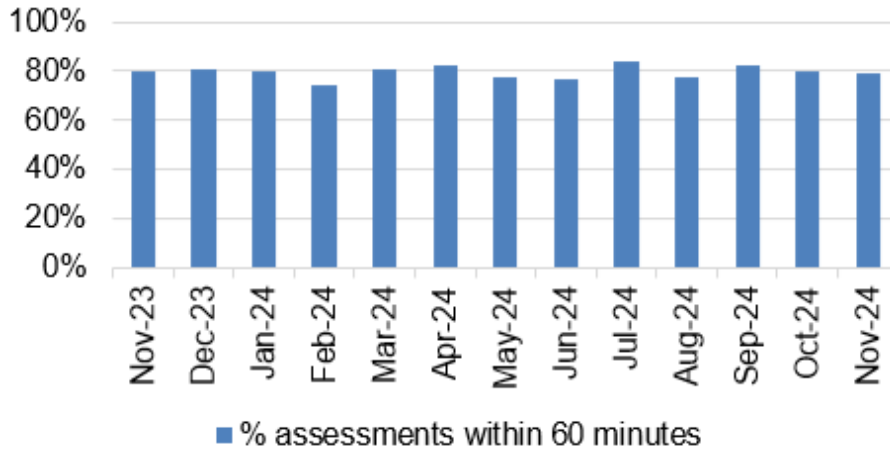
1. The number of ambulance handovers over 1 hour has reduced slightly in November 2024. The number of handovers over 1 hour decreased from 638 in October 2024 to 632 in November 2024, which is above the outlined trajectory.

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



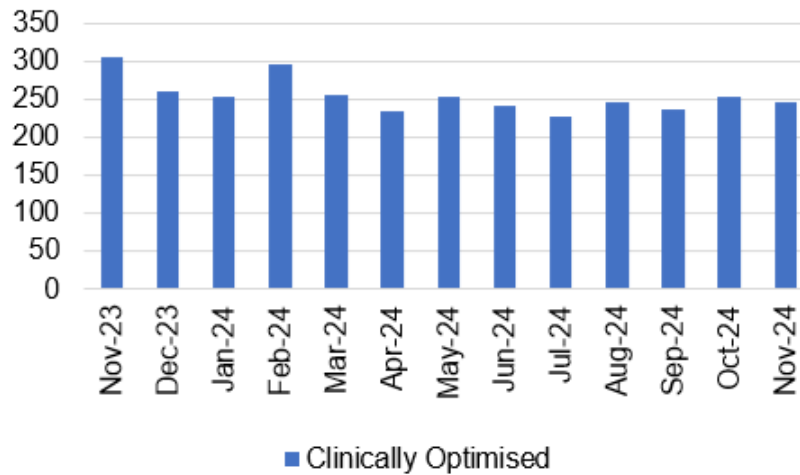
2. Performance against the 12-hour wait has deteriorated in-month, and it is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 1,297 in November from 1,234 in October 2024.

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



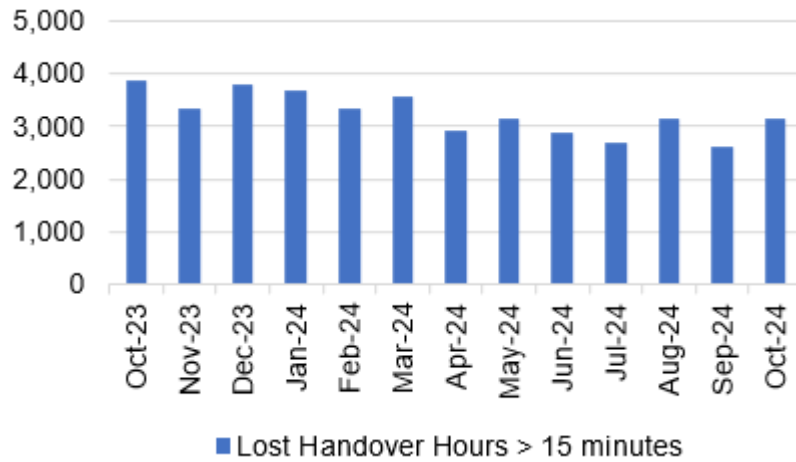
3. In November 2024 78.72% of patients received their first assessment within 60 minutes of their arrival at the Emergency Department. This is a reduction of 1.4% on the figure reported in September 2024 (80.16%).

**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 November 2024. The average number of clinically optimised patients decreased slightly from 254 in October 2024 to 246 in November 2024.

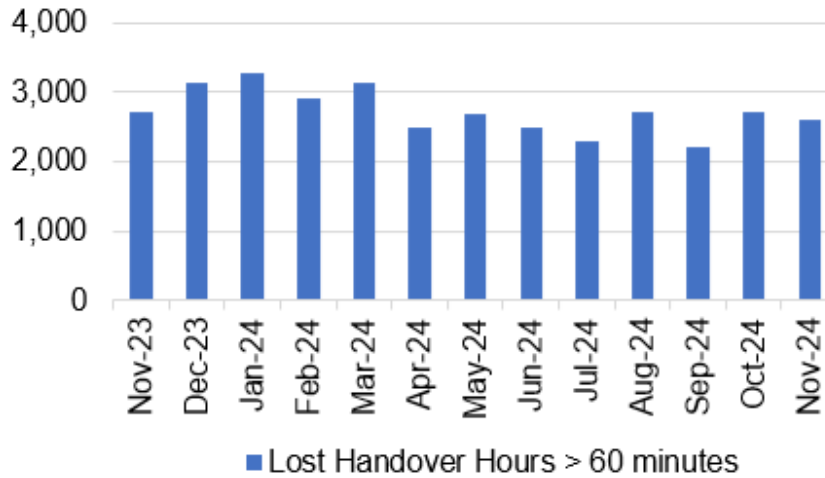
**5. Lost Ambulance Hours Total**



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

\*Data not updated for November 2024\*

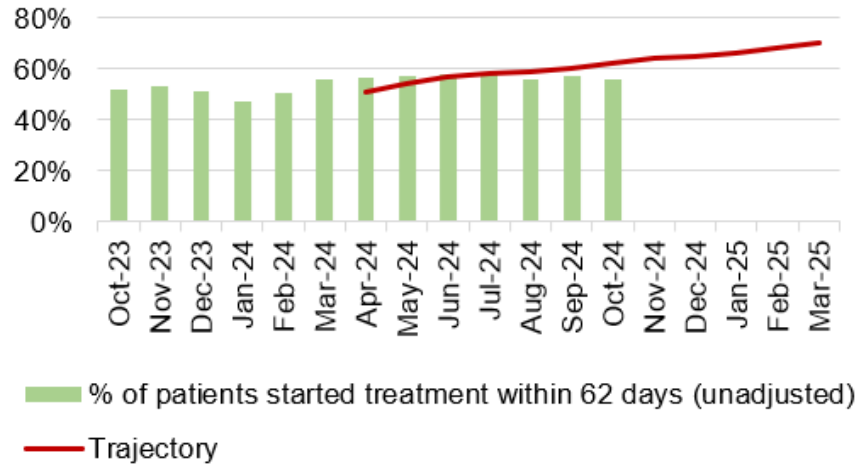
**6. Lost Ambulance Hours over 1 hour**



6. There has been a reduction in the number of lost ambulance hours over 1 hour in November 2024. There were 2,605 lost hours over 1 hour in November 2024 which is a reduction of 102 compared with 2,707 in October 2024.

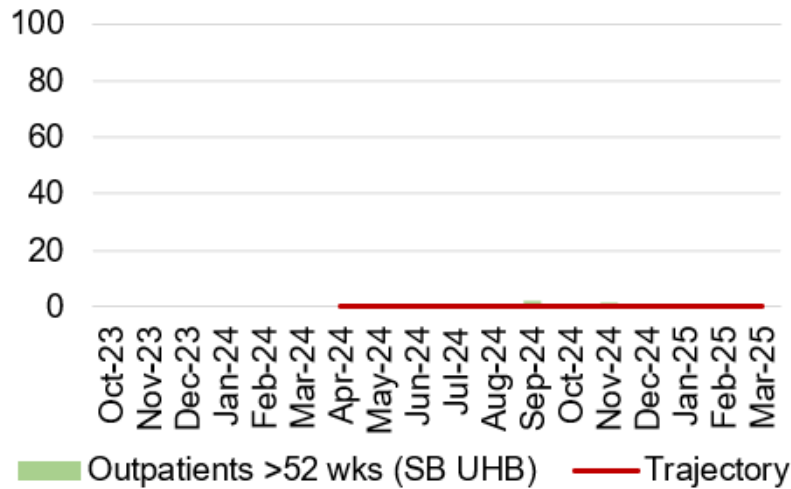
## PLANNED CARE & CANCER

### 1. Single Cancer Pathway



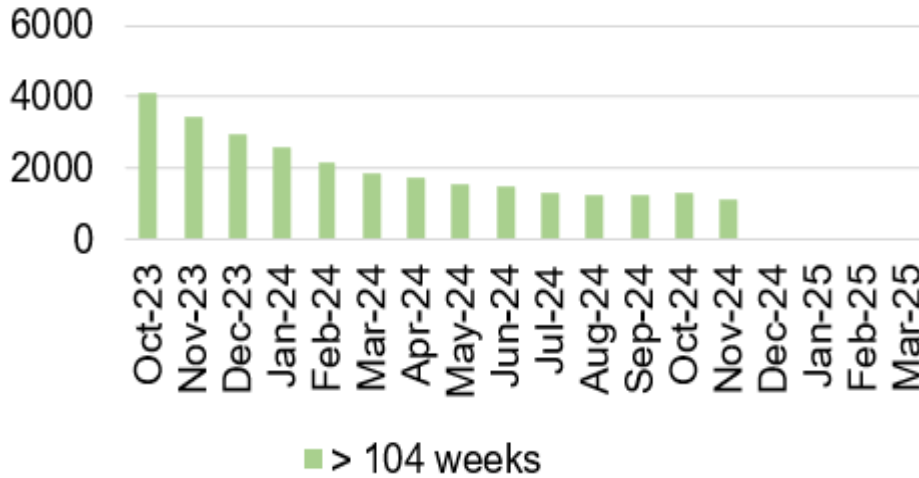
1. The final SCP performance for October 2024 was 56%, which is slightly lower than the figure reported in September 2024. Performance is currently below the submitted trajectory (62%).

### 2. Outpatients waiting over 52 weeks



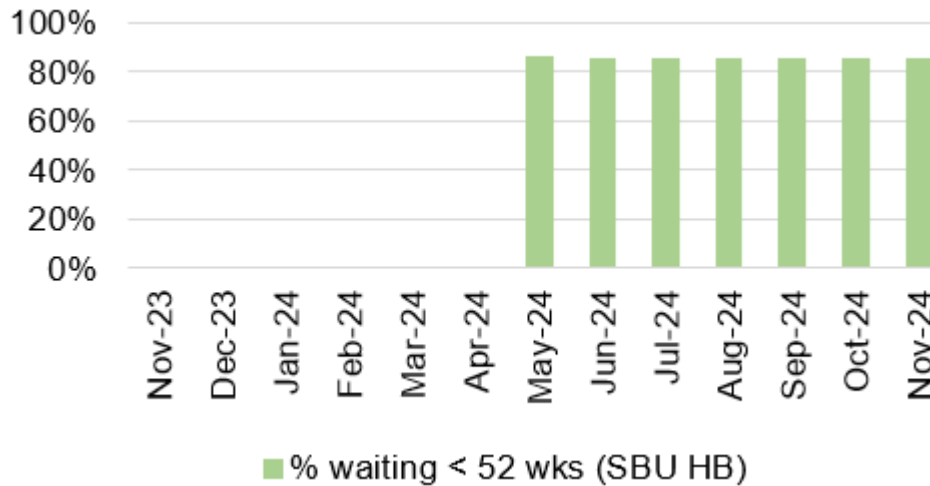
2. There was one patients waiting over 52 weeks for a first outpatient appointment in November 2024.

**3. 104 week waits – all pathways**



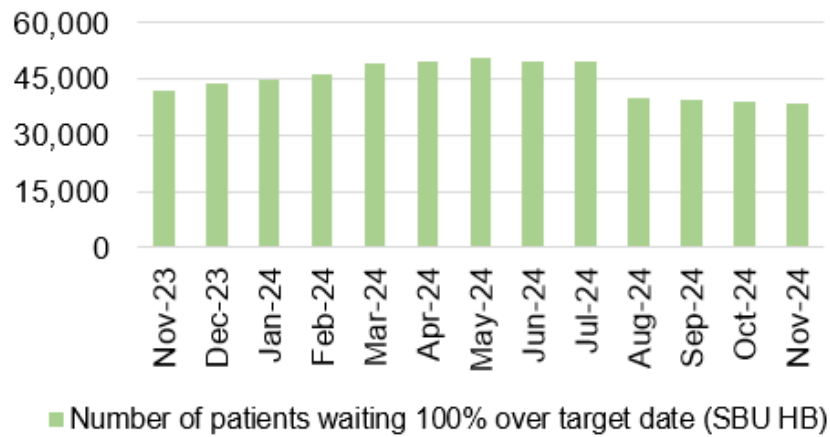
3. November 2024 saw an in-month reduction of 11% in the number of patients waiting over 104 weeks for treatment. The number decreased from 1,285 in October 2024 to 1,145 in November 2024.

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



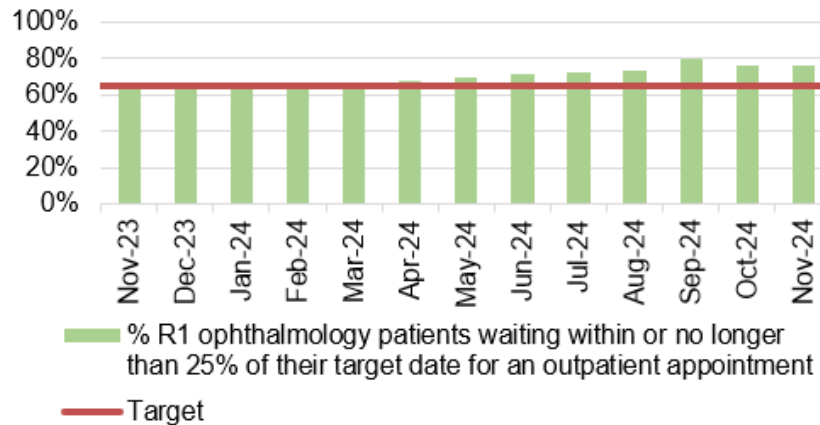
4. The percentage of patients waiting under 52 weeks for treatment increased slightly in-month. In November 85.1% of patients were waiting under 52 weeks, compared with 84.8% in December 2024.

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



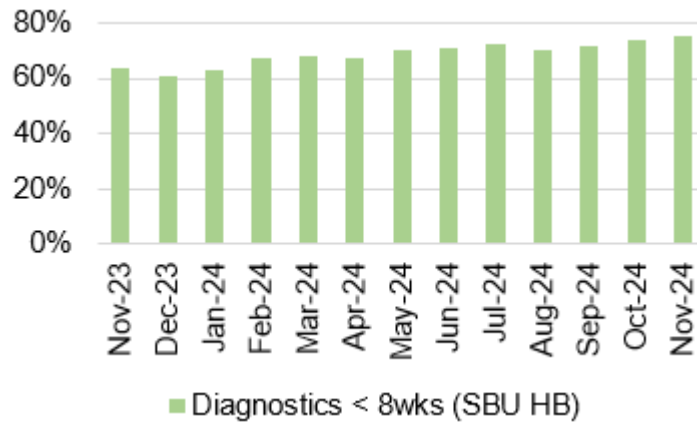
5. There were 38,437 patients waiting 100% over their target date in November 2024 which is a reduction when compared with October 2024. A significant improvement was seen in August 2024 due to a change in reporting requirements – all future trends will be built from August 2024.

**6. R1 Ophthalmology**



6. In November 2024 75.9% of Ophthalmology RI patients were waiting within their clinical target date or within 25% of their target date. This is a 0.1% reduction on the figure reported in October 2024.

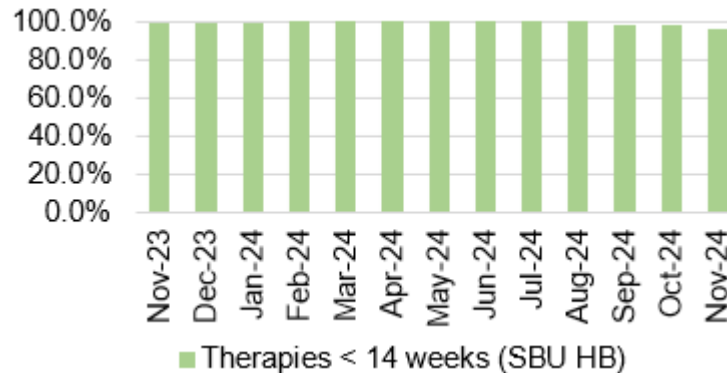
**7. Percentage of Patients waiting 8 weeks for a diagnostic test**



7. In November 2024, there was an increase in the percentage of patients waiting less than 8 weeks for a diagnostic test. It increased from 74% in October 2024 to 75% in November 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 November 2024, 94.99% of patients were waiting less than 14 weeks for therapy services; this is a deterioration when compared with the figure reported in October 2024. All of the breaches were within Podiatry – the team are currently working through a recovery plan.

## CAMHS

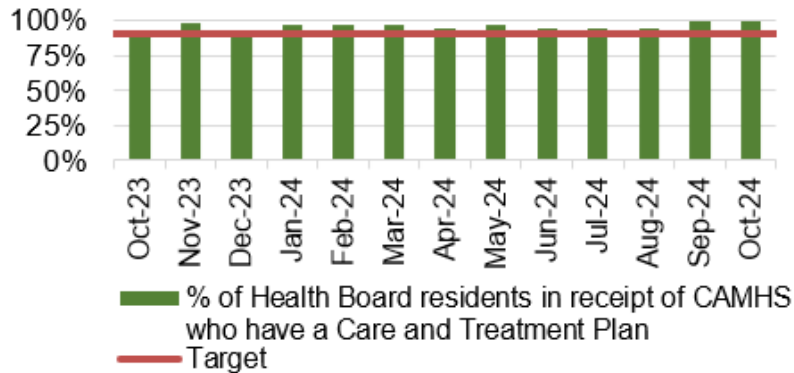
### 1. LPMHSS assessments with 28 days and therapeutic assessment within 28 days



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

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

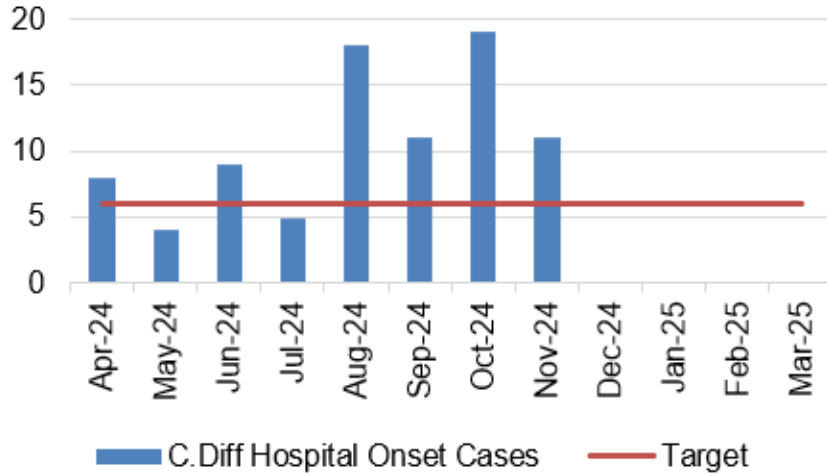
### 2. Residents in receipt of a valid care and treatment plan



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

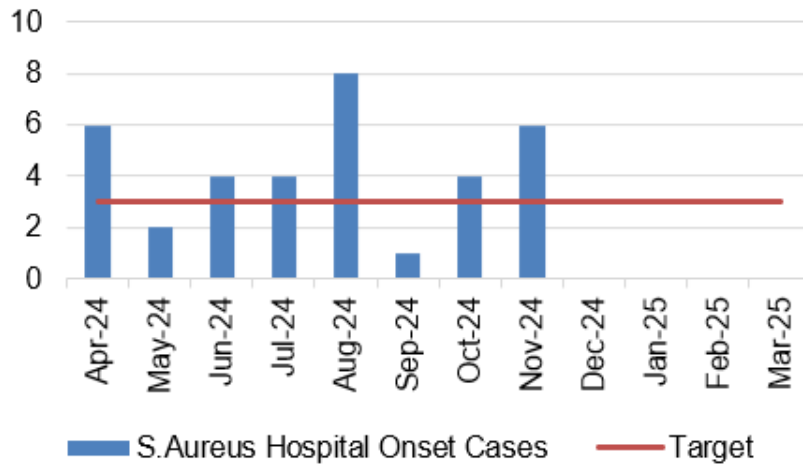
## HEALTHCARE ACQUIRED INFECTIONS (HOSPITAL ONSET)

### 1. C. Difficile



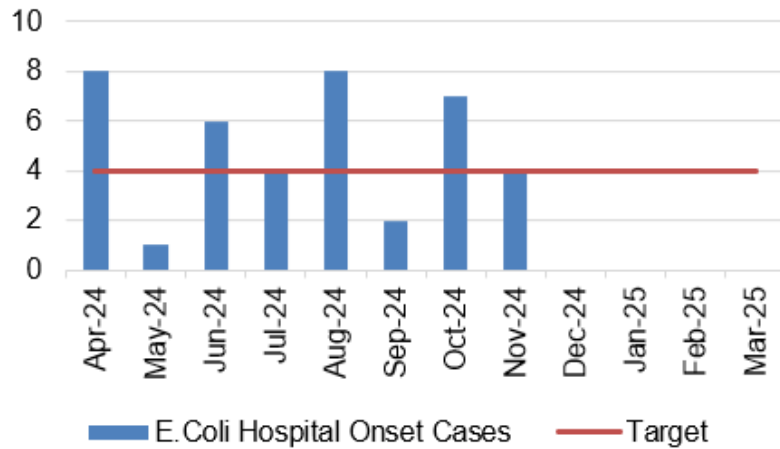
1. There were 11 hospital onset cases of C. Difficile reported in November 2024. This is 8 less than reported in October 2024 and is above the target of a maximum of 6 cases per month.

### 2. Staph aureus



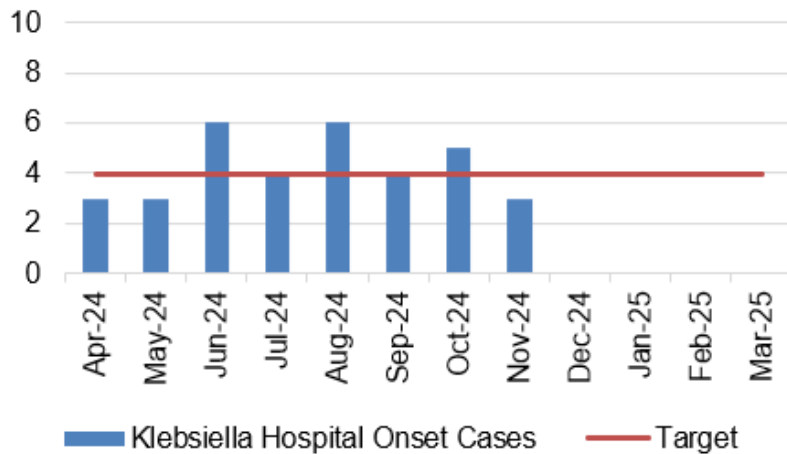
2. There were 6 hospital onset cases of Staph aureus reported in November 2024. This is the 2 more than reported in October 2024 and is above the target of a maximum of 3 cases per month.

**3. E-coli**



3. There were 4 hospital onset cases of E.Coli reported in November 2024. This is 3 less than the figure reported in October 2024 and is in line with the target of a maximum of 4 cases per month.

**4. Klebsiella**



4. The number of hospital onset cases of Klebsiella reported decreased to 3 in November 2024 from 5 in October 2024. This is below the target of a maximum of 4 cases per month.

## **2. UPDATES ON KEY SERVICE AREAS**


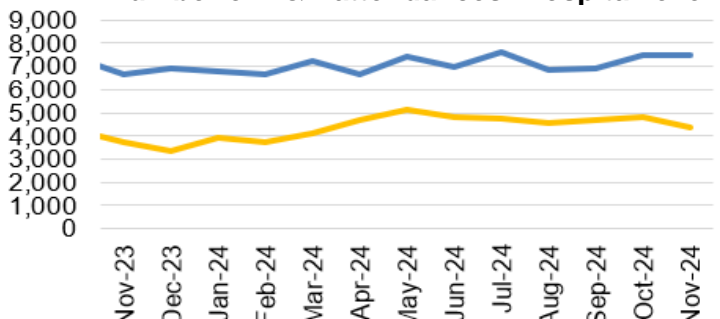
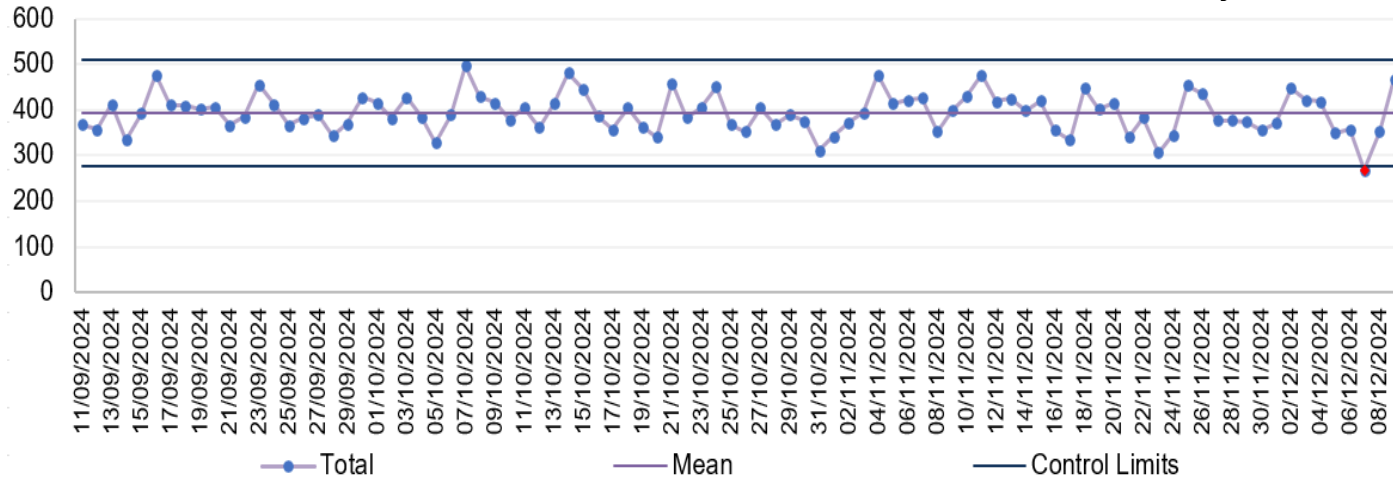
COVID Data																																																						
Description	Current Performance	Trend																																																				
1. Number of new COVID19 cases in Swansea Bay population area	<p><b>Number of new COVID cases</b></p> <p>In November 2024, there were an additional 19 positive cases recorded bringing the cumulative total to 121,922 in Swansea Bay since March 2020.</p>	<p><b>Number of new COVID19 cases for Swansea Bay population</b></p> <table border="1"> <caption>Estimated data for the bar chart</caption> <thead> <tr> <th>Month</th> <th>New positive COVID19 cases</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>150</td></tr> <tr><td>Dec-22</td><td>400</td></tr> <tr><td>Jan-23</td><td>200</td></tr> <tr><td>Feb-23</td><td>250</td></tr> <tr><td>Mar-23</td><td>350</td></tr> <tr><td>Apr-23</td><td>150</td></tr> <tr><td>May-23</td><td>80</td></tr> <tr><td>Jun-23</td><td>50</td></tr> <tr><td>Jul-23</td><td>80</td></tr> <tr><td>Aug-23</td><td>120</td></tr> <tr><td>Sep-23</td><td>150</td></tr> <tr><td>Oct-23</td><td>180</td></tr> <tr><td>Nov-23</td><td>80</td></tr> <tr><td>Dec-23</td><td>200</td></tr> <tr><td>Jan-24</td><td>180</td></tr> <tr><td>Feb-24</td><td>80</td></tr> <tr><td>Mar-24</td><td>50</td></tr> <tr><td>Apr-24</td><td>50</td></tr> <tr><td>May-24</td><td>80</td></tr> <tr><td>Jun-24</td><td>80</td></tr> <tr><td>Jul-24</td><td>80</td></tr> <tr><td>Aug-24</td><td>50</td></tr> <tr><td>Sep-24</td><td>50</td></tr> <tr><td>Oct-24</td><td>80</td></tr> <tr><td>Nov-24</td><td>19</td></tr> </tbody> </table> <p>■ New positive COVID19 cases</p>	Month	New positive COVID19 cases	Nov-22	150	Dec-22	400	Jan-23	200	Feb-23	250	Mar-23	350	Apr-23	150	May-23	80	Jun-23	50	Jul-23	80	Aug-23	120	Sep-23	150	Oct-23	180	Nov-23	80	Dec-23	200	Jan-24	180	Feb-24	80	Mar-24	50	Apr-24	50	May-24	80	Jun-24	80	Jul-24	80	Aug-24	50	Sep-24	50	Oct-24	80	Nov-24	19
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**UNSCHEDULED CARE**

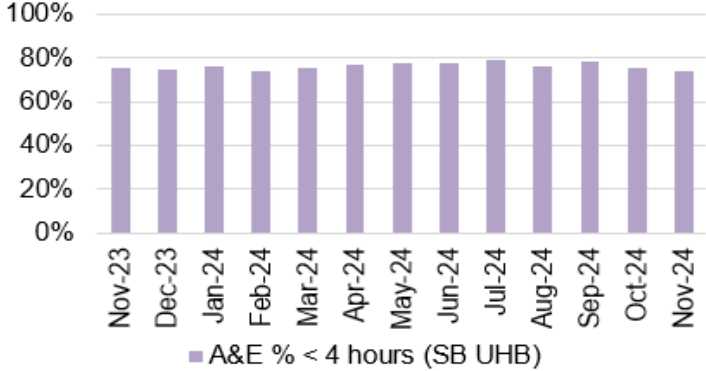
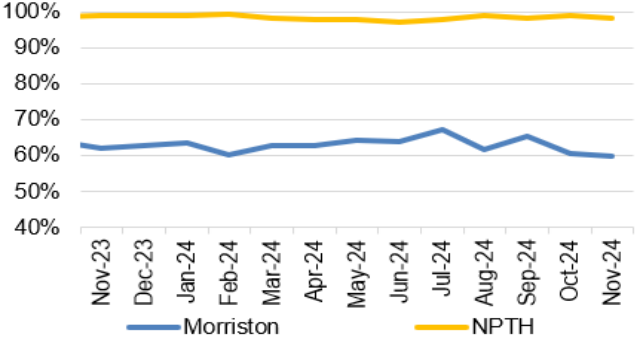
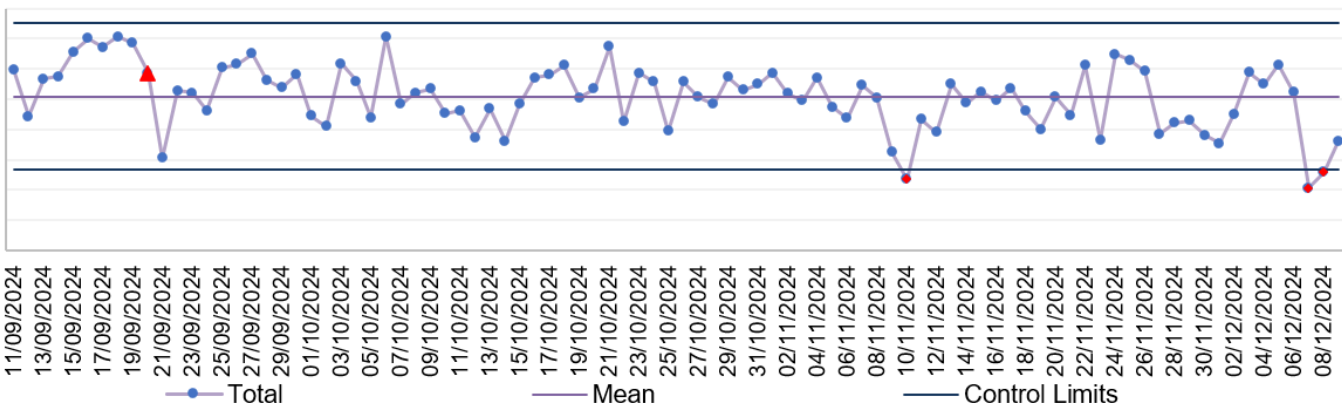
Description	Current Performance	Actions of Improvement																																																																																																																																								
<p><b>Ambulance responses</b></p> <p>1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes.</p> <p>2. The number of ambulance calls by category.</p> <p>3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)</p>	<p>In November 2024, the number of red calls responded to within 8 minutes deteriorated to 46.1% in November 2024 from 51.5% in October 2024. In November 2024, the number of green calls decreased by 9%, amber calls decreased by 1%, and red calls increased by 12% compared with October 2024.</p>	<p>Ambulance response rates have seen a small improvement in performance in October 2024. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.</p>																																																																																																																																								
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<p>Ambulance handovers</p> <p>1.The number of ambulance handovers over one hour</p> <p>2. The number of ambulance handovers over one hour- Hospital level</p> <p>3.The number of ambulance handovers over one hour (last 90 days)</p>	<p>In November 2024, there were 632 ambulance to hospital handovers taking over 1 hour; this is a reduction of 6 compared with 638 in October 2024. In November 2024, all handovers over 1 hour were attributed to Morriston Hospital. Additional work is currently underway to incorporate the AMU data in the ambulance handover figures.</p>	<p>Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction. Changes to medical staff rotas are being enacted and the first phases of the frailty model have been accelerated and implemented in July 2024 to reduce conveyance and admission where appropriate</p>																																																																																																																																									
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**UNSCHEDULED CARE**

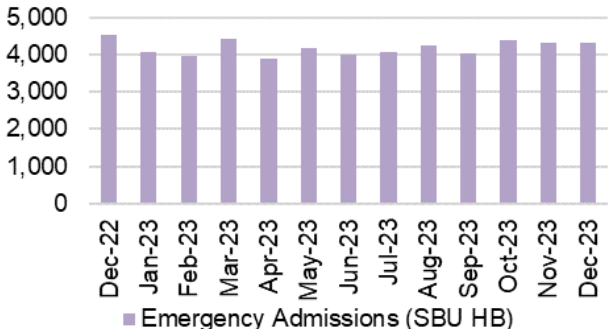
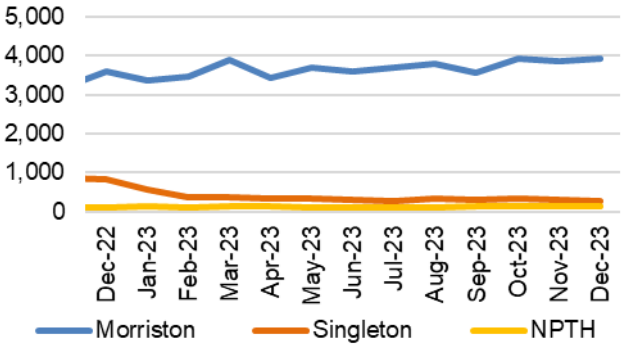
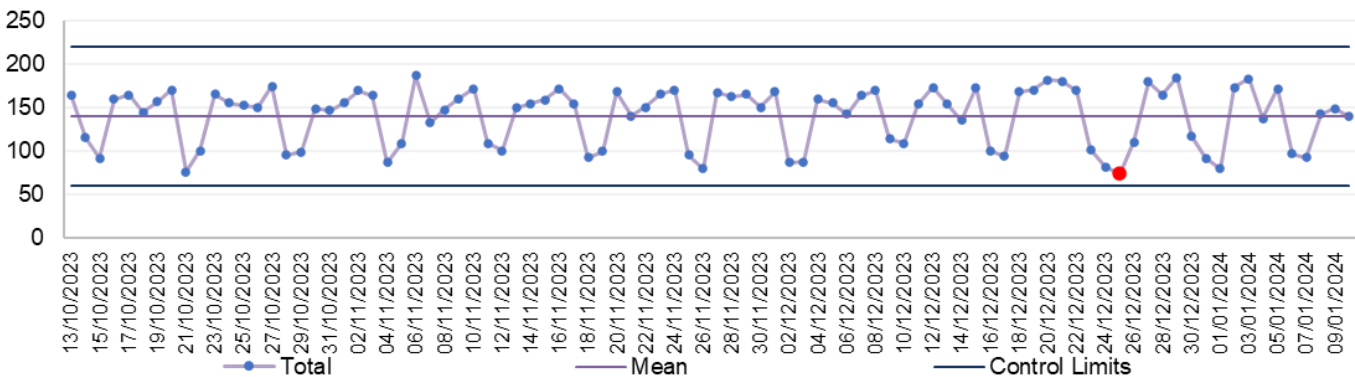
Description	Current Performance	Actions of Improvement
<p><b>A&amp;E Attendances</b></p> <p>1. The number of attendances at emergency departments in the Health Board</p> <p>2. The number of attendances at emergency departments in the Health Board – Hospital level</p> <p>3. The number of attendances at emergency departments in the Health Board (last 90 days)</p>	<p>In November 2024, there were 11,865 A&amp;E attendances, which is a reduction of 407 when compared to October 2024. There were 7,498 attendances to A&amp;E at Morriston hospital and 4,367 attendances to MIU at Neath Port Talbot hospital.</p>	<p>There is currently a medical SDEC model in place consisting of medics, GP's, therapies, plus co-location of OPAS, ACT, virtual wards, paramedics (WAST stack review and direct access) – pull &amp; push model from ED.</p>
	<b>Trend</b>	
	<p><b>1. Number of A&amp;E attendances- HB total</b></p>  <p>■ Total A&amp;E Attendances (SBU HB)</p>	<p><b>2. Number of A&amp;E attendances- Hospital level</b></p>  <p>— Morriston — NPTH</p>
<p><b>3. Number of A&amp;E attendances -HB total last 90 days</b></p>  <p>● Total — Mean — Control Limits</p> <p><b>Symbol Key:</b></p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>▲ above or below the mean</li> <li>— Arun of 6</li> <li>● increasing or decreasing points</li> </ul>		

**UNSCHEDULED CARE**

Description	Current Performance	Actions of Improvement
<p><b>A&amp;E waiting times</b></p> <p><i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i></p> <p><i>2. % of patients who spend less than 4 hours in A&amp;E- Hospital level</i></p> <p><i>3. % of patients who spend less than 4 hours in A&amp;E (last 90 days)</i></p>	<p>The Health Board's performance against the 4-hour measure deteriorated from 75.73% in October 2024 to 73.95% in November 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 98.26% in November 2024. Morriston Hospital's performance deteriorated between October 2024 and November 2024, achieving 59.76% against the target.</p>	<p>A frailty model design has been agreed which anticipates a reduction in attendances and improved length of stay; this has been accelerated and implementation commenced in July ahead of September 2024 as scheduled. Implementation and additional recruitment is ongoing.</p>
	<b>Trend</b>	
	<p><b>1. % Patients waiting under 4 hours in A&amp;E- HB total</b></p>  <p>■ A&amp;E % &lt; 4 hours (SB UHB)</p>	<p><b>2. % Patients waiting under 4 hours in A&amp;E- Hospital level</b></p>  <p>— Morriston — NPTH</p>
<p><b>3. % Patients waiting under 4 hours in A&amp;E- HB total last 90 days</b></p>  <div data-bbox="1877 1070 2101 1353" style="border: 1px solid black; padding: 5px;"> <p>Symbol Key:</p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>8 or more points above or below the mean</li> <li>▲ Arun of 6</li> <li>● increasing or decreasing points</li> </ul> </div>		

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<b>A&amp;E waiting times</b>  1. Number of patients who spend 12 hours or more in A&E  2. Number of patients who spend 12 hours or more in A&E- Hospital level  3. Number of patients who spend 12 hours or more in A&E (last 90 days)	In October 2024, performance against the 12-hour measure deteriorated when compared with October 2024, increasing from 1,234 to 1,297. This is an increase of 63 compared to October 2024. All of the patients waiting over 12 hours in October 2024 were attributed to Morriston Hospital, apart from one which was in Neath Port Talbot Hospital.	A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.
	<b>Trend</b>	
	<b>1. Number of patients waiting over 12 hours in A&amp;E- HB total</b>	<b>2. Number of patients waiting over 12 hours in A&amp;E- Hospital level</b>
	<b>3. Number of patients waiting over 12 hours in A&amp;E – HB total last 90 days</b>	

**UNSCHEDULED CARE**

Description	Current Performance	Actions of Improvement
<p><b>Emergency admissions</b></p> <p>1. The number of emergency inpatient admissions</p> <p>2. The number of emergency inpatient admissions- Hospital level</p> <p>3. The number of emergency inpatient admissions (last 90 days)</p>	<p>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.</p>	<p>The increased number of emergency admissions is directly linked to the pressure within the system and the reduced flow from ED – this will be addressed by the previously referenced occupancy actions</p>
	<b>Trend</b>	
	<p><b>1. Number of emergency admissions- HB total</b></p> 	<p><b>2. Number of emergency admissions- Hospital level</b></p> 
<p><b>3. Number of emergency admissions- HB total last 90 days</b></p>  <div data-bbox="1861 1034 2101 1305" style="border: 1px solid black; padding: 5px;"> <p><b>Symbol Key:</b></p> <ul style="list-style-type: none"> <li>◆ Above or below control limits</li> <li>▲ 8 or more points above or below the mean</li> <li>○ Arun of 6</li> <li>● increasing or decreasing points</li> </ul> </div>		

**UNSCHEDULED CARE**

Description	Current Performance	Actions of Improvement
<p><b>Critical Care-Delayed Transfers of Care (DIOC)-Morrison Hospital</b></p> <p>1. Total Critical Care delayed discharges (hours)</p> <p>2. Average lost bed days per day</p> <p>3. Percentage of patients delayed: Up to 8 hours Between 8 and 24 hours Over 24 hours</p>	<p>In November 2024, there were a total of 89 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is a slight increase when compared with 84 admissions in October 2024. November 2024, saw a reduction in the number of delayed discharge hours from 3041.3 in October 2024 to 1568.15 in November 2024. The average lost bed days decreased to 2.18 per day. The percentage of patients delayed over 24 hours decreased to 41.27% in November from 59.70% in October 2024.</p>	<p>Delayed discharges from ICU are linked to capacity and flow constraints within the general wards and health/social-care system in general. Increased focus on flow through ICU as a result of capital works underway to meet burns requirements.</p>
	<b>Trend</b>	
	<div style="display: flex; justify-content: space-around;"> <div data-bbox="515 504 1254 853"> <p><b>1. Total Critical Care delayed discharges (hours)</b></p> <p align="center">■ Total Delayed Discharges (hours)</p> </div> <div data-bbox="1366 504 2105 853"> <p><b>2. Average lost bed days per day</b></p> <p align="center">■ Average Lost Bed Days (per day)</p> </div> </div> <div style="text-align: center; margin-top: 20px;"> <p><b>3. Percentage of Critical Care patients delayed</b></p> <p align="center"> <span style="color: green;">■</span> % delayed up to 8 hours                  <span style="color: yellow;">■</span> % delayed between 8 and 24 hours                  <span style="color: red;">■</span> % delayed over 24 hours         </p> </div>	

**UNSCHEDULED CARE**

Description	Current Performance	Trend																																																																						
<p><b>Clinically Optimised</b>  <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i></p>	<p>In November 2024, there were on average 246 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals.</p> <p>In November, Morriston Hospital had the largest proportion of clinically optimised patients with 112, followed by Neath Port Talbot Hospital with 70.</p> <p><b>Actions of Improvement;</b>                      Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital. The implementation of the frailty model with further increase opportunities for reductions in delays.</p>	<p align="center"><b>The number of clinically optimised patients by site</b></p> <table border="1"> <caption>Estimated data for Clinically Optimised Patients by Site</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> <th>Gorseinon</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>180</td><td>10</td><td>100</td><td>15</td></tr> <tr><td>Dec-23</td><td>150</td><td>10</td><td>80</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>20</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>120</td><td>30</td><td>50</td><td>20</td></tr> <tr><td>May-24</td><td>150</td><td>25</td><td>55</td><td>20</td></tr> <tr><td>Jun-24</td><td>135</td><td>25</td><td>60</td><td>20</td></tr> <tr><td>Jul-24</td><td>135</td><td>15</td><td>60</td><td>20</td></tr> <tr><td>Aug-24</td><td>135</td><td>20</td><td>65</td><td>25</td></tr> <tr><td>Sep-24</td><td>135</td><td>20</td><td>55</td><td>30</td></tr> <tr><td>Oct-24</td><td>130</td><td>35</td><td>65</td><td>20</td></tr> <tr><td>Nov-24</td><td>112</td><td>40</td><td>70</td><td>20</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Nov-23	180	10	100	15	Dec-23	150	10	80	20	Jan-24	130	35	60	20	Feb-24	170	35	60	20	Mar-24	110	50	60	25	Apr-24	120	30	50	20	May-24	150	25	55	20	Jun-24	135	25	60	20	Jul-24	135	15	60	20	Aug-24	135	20	65	25	Sep-24	135	20	55	30	Oct-24	130	35	65	20	Nov-24	112	40	70	20
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<p><b>Elective procedures cancelled due to lack of beds</b>  <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i></p>	<p>In November 2024, there were 16 elective procedures cancelled due to lack of beds on the day of surgery. This is 15 less cancellations than those seen in October 2024.</p> <p>Of the 16 cancelled procedures, all were attributed to Morriston Hospital.</p>	<p align="center"><b>Total number of elective procedures cancelled due to lack of beds</b></p> <table border="1"> <caption>Estimated data for Elective Procedures Cancelled due to Lack of Beds</caption> <thead> <tr> <th>Month</th> <th>Morriston</th> <th>Singleton</th> <th>NPTH</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>15</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>20</td><td>0</td><td>0</td></tr> <tr><td>Oct-24</td><td>30</td><td>0</td><td>0</td></tr> <tr><td>Nov-24</td><td>16</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Nov-23	15	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	20	0	0	Oct-24	30	0	0	Nov-24	16	0	0														
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## HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																																						
<p><b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b>  <i>Number of laboratory confirmed E.coli bacteraemia cases</i></p>	<ul style="list-style-type: none"> <li>15 cases of <i>E. coli</i> bacteraemia were identified in November 2024, of which 7 were hospital acquired and 8 were community acquired.</li> <li>The Health Board total is currently below the Welsh Government Profile target of 17 cases for November 2024.</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired E.coli bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired E.coli bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number E.Coli cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>32</td><td>17</td></tr> <tr><td>Dec-23</td><td>12</td><td>17</td></tr> <tr><td>Jan-24</td><td>19</td><td>17</td></tr> <tr><td>Feb-24</td><td>17</td><td>17</td></tr> <tr><td>Mar-24</td><td>19</td><td>17</td></tr> <tr><td>Apr-24</td><td>19</td><td>17</td></tr> <tr><td>May-24</td><td>16</td><td>17</td></tr> <tr><td>Jun-24</td><td>18</td><td>17</td></tr> <tr><td>Jul-24</td><td>14</td><td>17</td></tr> <tr><td>Aug-24</td><td>29</td><td>17</td></tr> <tr><td>Sep-24</td><td>21</td><td>17</td></tr> <tr><td>Oct-24</td><td>22</td><td>17</td></tr> <tr><td>Nov-24</td><td>15</td><td>17</td></tr> <tr><td>Dec-24</td><td>18</td><td>17</td></tr> <tr><td>Jan-25</td><td>17</td><td>17</td></tr> <tr><td>Feb-25</td><td>18</td><td>17</td></tr> <tr><td>Mar-25</td><td>17</td><td>17</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Nov-23	32	17	Dec-23	12	17	Jan-24	19	17	Feb-24	17	17	Mar-24	19	17	Apr-24	19	17	May-24	16	17	Jun-24	18	17	Jul-24	14	17	Aug-24	29	17	Sep-24	21	17	Oct-24	22	17	Nov-24	15	17	Dec-24	18	17	Jan-25	17	17	Feb-25	18	17	Mar-25	17	17
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<p><b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b>  <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</i></p>	<ul style="list-style-type: none"> <li>There were 12 cases of <i>Staph. aureus</i> bacteraemia in November 2024, of which 7 were hospital acquired and 5 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 6 cases for November 2024</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired S.aureus bacteraemia cases</b></p> <table border="1"> <caption>Number of healthcare acquired S.aureus bacteraemia cases</caption> <thead> <tr> <th>Month</th> <th>Number of S.Aureus cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>14</td><td>6</td></tr> <tr><td>Dec-23</td><td>18</td><td>6</td></tr> <tr><td>Jan-24</td><td>11</td><td>6</td></tr> <tr><td>Feb-24</td><td>8</td><td>6</td></tr> <tr><td>Mar-24</td><td>8</td><td>6</td></tr> <tr><td>Apr-24</td><td>13</td><td>6</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>14</td><td>6</td></tr> <tr><td>Nov-24</td><td>12</td><td>6</td></tr> <tr><td>Dec-24</td><td>6</td><td>6</td></tr> <tr><td>Jan-25</td><td>5</td><td>6</td></tr> <tr><td>Feb-25</td><td>5</td><td>6</td></tr> <tr><td>Mar-25</td><td>5</td><td>6</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Nov-23	14	6	Dec-23	18	6	Jan-24	11	6	Feb-24	8	6	Mar-24	8	6	Apr-24	13	6	May-24	7	6	Jun-24	7	6	Jul-24	12	6	Aug-24	14	6	Sep-24	7	6	Oct-24	14	6	Nov-24	12	6	Dec-24	6	6	Jan-25	5	6	Feb-25	5	6	Mar-25	5	6
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<p><b>Healthcare Acquired Infections (HCAI)-<i>C.difficile</i></b>                      Number of laboratory confirmed <i>C.difficile</i> cases</p>	<ul style="list-style-type: none"> <li>There were 22 <i>Clostridium difficile</i> toxin positive cases in November 2024, of which 16 were hospital acquired and 6 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 7 cases for November 2024.</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;"><b>Number of healthcare acquired <i>C.difficile</i> cases</b></p> <table border="1"> <caption>Number of healthcare acquired <i>C.difficile</i> cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>33</td><td></td></tr> <tr><td>Dec-23</td><td>21</td><td></td></tr> <tr><td>Jan-24</td><td>22</td><td></td></tr> <tr><td>Feb-24</td><td>20</td><td></td></tr> <tr><td>Mar-24</td><td>22</td><td></td></tr> <tr><td>Apr-24</td><td>20</td><td>10</td></tr> <tr><td>May-24</td><td>19</td><td>9.5</td></tr> <tr><td>Jun-24</td><td>22</td><td>9</td></tr> <tr><td>Jul-24</td><td>14</td><td>8.5</td></tr> <tr><td>Aug-24</td><td>35</td><td>8</td></tr> <tr><td>Sep-24</td><td>22</td><td>7.5</td></tr> <tr><td>Oct-24</td><td>29</td><td>7</td></tr> <tr><td>Nov-24</td><td>22</td><td>6.5</td></tr> <tr><td>Dec-24</td><td></td><td>6.5</td></tr> <tr><td>Jan-25</td><td></td><td>6.5</td></tr> <tr><td>Feb-25</td><td></td><td>6.5</td></tr> <tr><td>Mar-25</td><td></td><td>6</td></tr> </tbody> </table>	Month	Number of C.diff cases (SBU)	Trajectory	Nov-23	33		Dec-23	21		Jan-24	22		Feb-24	20		Mar-24	22		Apr-24	20	10	May-24	19	9.5	Jun-24	22	9	Jul-24	14	8.5	Aug-24	35	8	Sep-24	22	7.5	Oct-24	29	7	Nov-24	22	6.5	Dec-24		6.5	Jan-25		6.5	Feb-25		6.5	Mar-25		6
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<p><b>Healthcare Acquired Infections (HCAI)-<i>Klebsiella sp</i></b>                      Number of laboratory confirmed <i>Klebsiella sp</i> cases</p>	<ul style="list-style-type: none"> <li>There were 6 cases of <i>Klebsiella sp</i> in November 2024, of which 5 were hospital acquired and 1 was community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 5 cases for October 2024.</li> </ul> <p><b>Actions of Improvement;</b>                      Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p style="text-align: center;"><b>Number of healthcare acquired <i>Klebsiella</i> cases</b></p> <table border="1"> <caption>Number of healthcare acquired <i>Klebsiella</i> cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>8</td><td></td></tr> <tr><td>Dec-23</td><td>6</td><td></td></tr> <tr><td>Jan-24</td><td>11</td><td></td></tr> <tr><td>Feb-24</td><td>9</td><td></td></tr> <tr><td>Mar-24</td><td>5</td><td></td></tr> <tr><td>Apr-24</td><td>10</td><td>9</td></tr> <tr><td>May-24</td><td>11</td><td>7</td></tr> <tr><td>Jun-24</td><td>13</td><td>7</td></tr> <tr><td>Jul-24</td><td>8</td><td>7</td></tr> <tr><td>Aug-24</td><td>12</td><td>7</td></tr> <tr><td>Sep-24</td><td>6</td><td>6</td></tr> <tr><td>Oct-24</td><td>12</td><td>5</td></tr> <tr><td>Nov-24</td><td>6</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	Nov-23	8		Dec-23	6		Jan-24	11		Feb-24	9		Mar-24	5		Apr-24	10	9	May-24	11	7	Jun-24	13	7	Jul-24	8	7	Aug-24	12	7	Sep-24	6	6	Oct-24	12	5	Nov-24	6	4	Dec-24		5	Jan-25		5	Feb-25		5	Mar-25		4
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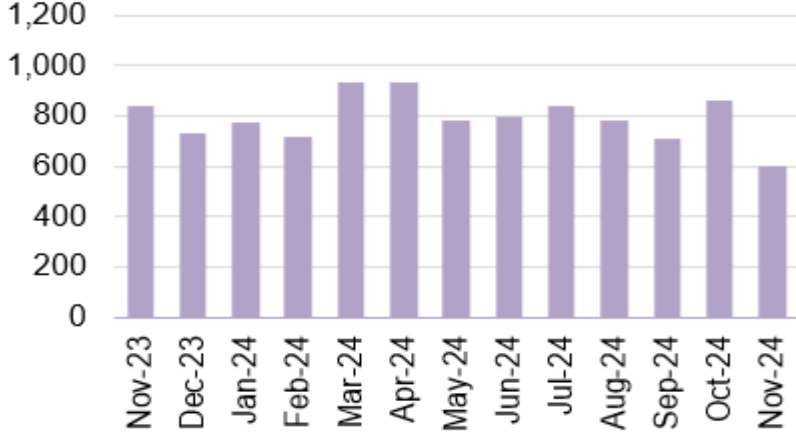
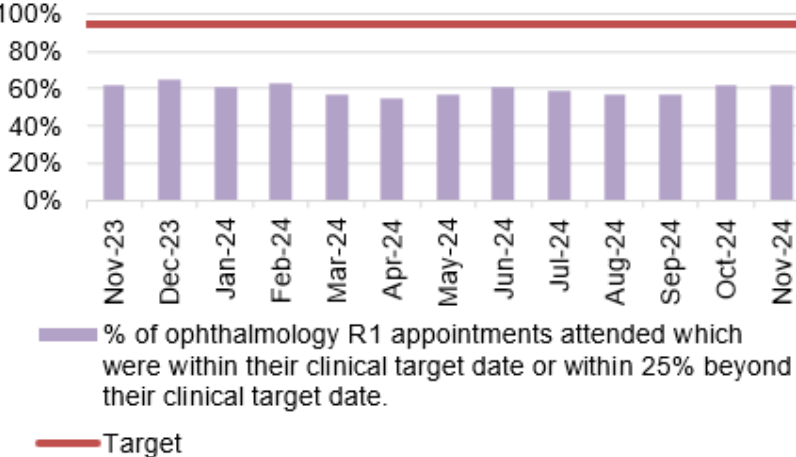
Description	Current Performance	Trend																																																						
<p><b>Healthcare Acquired Infections (HCAI)- Aeruginosa-</b> <i>Number of laboratory confirmed Aeruginosa cases</i></p>	<ul style="list-style-type: none"> <li>There were no cases of <i>P.Aeruginosa</i> reported in November 2024.</li> <li>The Health Board total is currently below the Welsh Government Profile target of 2 cases for November 2024.</li> </ul> <p><b>Actions of Improvement;</b> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p><b>Number of healthcare acquired Pseudomonas cases</b></p> <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>Nov-23</td><td>2</td><td>2</td></tr> <tr><td>Dec-23</td><td>3</td><td>3</td></tr> <tr><td>Jan-24</td><td>2</td><td>2</td></tr> <tr><td>Feb-24</td><td>0</td><td>0</td></tr> <tr><td>Mar-24</td><td>0</td><td>0</td></tr> <tr><td>Apr-24</td><td>0</td><td>3</td></tr> <tr><td>May-24</td><td>0</td><td>0</td></tr> <tr><td>Jun-24</td><td>0</td><td>2</td></tr> <tr><td>Jul-24</td><td>0</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>1</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> <p>Legend: <span style="color: purple;">■</span> Number of Pseudomonas cases (SBU) <span style="color: red;">—</span> Trajectory</p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Nov-23	2	2	Dec-23	3	3	Jan-24	2	2	Feb-24	0	0	Mar-24	0	0	Apr-24	0	3	May-24	0	0	Jun-24	0	2	Jul-24	0	1	Aug-24	3	2	Sep-24	1	2	Oct-24	1	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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PLANNED CARE		
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<b>Referrals and shape of the waiting list</b>  <b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>  <b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>  <b>3. Outpatient activity undertaken</b> <i>Total number of patients seen each month</i>  <b>4. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at November 2024.</i>	<p>In October 2024, there were 10,592 referrals received. This is lower than the number that was received in October 2024 (14,244). Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.</p>	<p>The number of referrals received has remained steady in recent months and is now showing a consistent pattern of demand.</p>
	<b>Trend</b>	
	<p><b>1. Number of GP referrals received by SBU Health Board</b></p>	<p><b>2. Number of stage 1 additions per week</b></p>
	<p><b>3. Outpatient activity undertaken</b></p>	<p><b>4. Total size of the waiting list (November 2024)</b></p>

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<p><b>Outpatient waiting times</b></p> <p>1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total</p> <p>2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level</p> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty</p> <p>4. Percentage of patients waiting less than 26 weeks</p>	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. November 2024 saw a minor in-month reduction of the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 15,292 in October 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 improved to 60%.</p>	<p>Service Group specific delivery trajectories have been developed to further support recovery and these are monitored by the Chief Operating Officer to ensure core capacity maximisation.</p>																																																																																																		
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<p><b>Patients waiting over 36 weeks for treatment</b></p> <p>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</p> <p>2. Number of patients waiting more than 52 weeks for treatment at Stage 1</p> <p>3. Number of elective admissions</p> <p>4. Number of patients waiting more than 104 weeks for treatment</p>	<p>In November 2024, there were 7,617 patients waiting over 36 weeks at Stage 1, which is a 7% in-month increase from October 2024. 14,241 patients were waiting over 52 weeks at all stages in November 2024. In November 2024, there were 1,145 patients waiting over 104 weeks for treatment, which is an 11% reduction from October 2024.</p>	<p>Focus is now on reducing the numbers of longest waiting patients and improving the productivity and efficiency of existing theatres to increase capacity within existing resources.</p>																																																																																	
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**PLANNED CARE**

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<p><b>Ophthalmology Referrals</b>  <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In November 2024, there were 603 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in October 2024, which was 865.</p>	<p><b>Number of referrals into secondary care Ophthalmology service</b></p>  <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Number of referrals</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>820</td></tr> <tr><td>Dec-23</td><td>720</td></tr> <tr><td>Jan-24</td><td>760</td></tr> <tr><td>Feb-24</td><td>710</td></tr> <tr><td>Mar-24</td><td>920</td></tr> <tr><td>Apr-24</td><td>930</td></tr> <tr><td>May-24</td><td>770</td></tr> <tr><td>Jun-24</td><td>790</td></tr> <tr><td>Jul-24</td><td>830</td></tr> <tr><td>Aug-24</td><td>770</td></tr> <tr><td>Sep-24</td><td>710</td></tr> <tr><td>Oct-24</td><td>850</td></tr> <tr><td>Nov-24</td><td>603</td></tr> </tbody> </table> <p>■ Number of referrals</p>	Month	Number of referrals	Nov-23	820	Dec-23	720	Jan-24	760	Feb-24	710	Mar-24	920	Apr-24	930	May-24	770	Jun-24	790	Jul-24	830	Aug-24	770	Sep-24	710	Oct-24	850	Nov-24	603
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<p><b>Ophthalmology waiting times</b>  <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 November 2024, 62% of Ophthalmology R1 appointments attended were within their clinical target date or within 25% of the target date.</p> <p><b>Actions of Improvement;</b>                      A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p><b>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target date</b></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>Nov-23</td><td>62%</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>63%</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>57%</td></tr> <tr><td>Jun-24</td><td>60%</td></tr> <tr><td>Jul-24</td><td>59%</td></tr> <tr><td>Aug-24</td><td>57%</td></tr> <tr><td>Sep-24</td><td>56%</td></tr> <tr><td>Oct-24</td><td>61%</td></tr> <tr><td>Nov-24</td><td>62%</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	Nov-23	62%	Dec-23	65%	Jan-24	60%	Feb-24	63%	Mar-24	58%	Apr-24	55%	May-24	57%	Jun-24	60%	Jul-24	59%	Aug-24	57%	Sep-24	56%	Oct-24	61%	Nov-24	62%
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**PLANNED CARE**

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<p><b>Diagnostics waiting times</b>  <i>The number of patients waiting more than 8 weeks for specified diagnostics</i></p>	<p>In November there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 3,156 in October 2024 to 3,017 in November 2024.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for November 2024:</p> <ul style="list-style-type: none"> <li>• Endoscopy= 2,362</li> <li>• Cardiac tests= 616</li> <li>• Other Diagnostics = 25^</li> </ul> <p><b>Actions of Improvement;</b>                      Demand and capacity work has enabled significant improvement in access times for non-endoscopic diagnostics.</p> <p>Detailed demand and capacity model for endoscopy has been commissioned to ensure sustained improvement across all aspects of endoscopic diagnostics.</p>	<p align="center"><b>Number of patients waiting longer than 8 weeks for Diagnostics</b></p> <table border="1"> <caption>Number of patients waiting longer than 8 weeks for Diagnostics</caption> <thead> <tr> <th>Month</th> <th>Cardiac tests</th> <th>Endoscopy</th> <th>Other diagnostics (inc. radiology)</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>~500</td><td>~3,000</td><td>~1,000</td></tr> <tr><td>Dec-23</td><td>~500</td><td>~3,000</td><td>~1,000</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>~3,000</td><td>~1,000</td></tr> <tr><td>Mar-24</td><td>~500</td><td>~3,000</td><td>~1,000</td></tr> <tr><td>Apr-24</td><td>~500</td><td>~3,000</td><td>~1,000</td></tr> <tr><td>May-24</td><td>~500</td><td>~3,000</td><td>~1,000</td></tr> <tr><td>Jun-24</td><td>~500</td><td>~3,000</td><td>~1,000</td></tr> <tr><td>Jul-24</td><td>~500</td><td>~3,000</td><td>~1,000</td></tr> <tr><td>Aug-24</td><td>~500</td><td>~3,000</td><td>~1,000</td></tr> <tr><td>Sep-24</td><td>~500</td><td>~3,000</td><td>~1,000</td></tr> <tr><td>Oct-24</td><td>~500</td><td>~3,000</td><td>~1,000</td></tr> <tr><td>Nov-24</td><td>~500</td><td>~2,362</td><td>~25</td></tr> </tbody> </table>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Nov-23	~500	~3,000	~1,000	Dec-23	~500	~3,000	~1,000	Jan-24	~500	~3,000	~1,000	Feb-24	~500	~3,000	~1,000	Mar-24	~500	~3,000	~1,000	Apr-24	~500	~3,000	~1,000	May-24	~500	~3,000	~1,000	Jun-24	~500	~3,000	~1,000	Jul-24	~500	~3,000	~1,000	Aug-24	~500	~3,000	~1,000	Sep-24	~500	~3,000	~1,000	Oct-24	~500	~3,000	~1,000	Nov-24	~500	~2,362	~25
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<p><b>Therapy waiting times</b>  <i>The number of patients waiting more than 14 weeks for specified therapies</i></p>	<p>In November 2024, there were 297 patients waiting over 14 weeks for specified Therapies, which is 150 more than seen in October 2024.</p> <ul style="list-style-type: none"> <li>- All of the breaches are currently associated with Podiatry. The service are in the process of finalising a recovery plan to manage the waiting list position.</li> </ul>	<p align="center"><b>Number of patients waiting longer than 14 weeks for therapies</b></p> <table border="1"> <caption>Number of patients waiting longer than 14 weeks for therapies</caption> <thead> <tr> <th>Month</th> <th>Therapies &gt; 14 weeks (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>~80</td></tr> <tr><td>Dec-23</td><td>~70</td></tr> <tr><td>Jan-24</td><td>~80</td></tr> <tr><td>Feb-24</td><td>~30</td></tr> <tr><td>Mar-24</td><td>~10</td></tr> <tr><td>Apr-24</td><td>~10</td></tr> <tr><td>May-24</td><td>~10</td></tr> <tr><td>Jun-24</td><td>~10</td></tr> <tr><td>Jul-24</td><td>~10</td></tr> <tr><td>Aug-24</td><td>~20</td></tr> <tr><td>Sep-24</td><td>~120</td></tr> <tr><td>Oct-24</td><td>~150</td></tr> <tr><td>Nov-24</td><td>~297</td></tr> </tbody> </table>	Month	Therapies > 14 weeks (SBU HB)	Nov-23	~80	Dec-23	~70	Jan-24	~80	Feb-24	~30	Mar-24	~10	Apr-24	~10	May-24	~10	Jun-24	~10	Jul-24	~10	Aug-24	~20	Sep-24	~120	Oct-24	~150	Nov-24	~297																												
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<b>Single Cancer Pathway backlog-patients waiting over 63 days</b>	October 2024 saw a slight increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction; <ul style="list-style-type: none"> <li>- Targeted work is underway to prioritise patients waiting &gt;104 days</li> <li>- Milestone targets for OP access (10 days) and Decision to Treat (31 days) have also been set to reduce overall pathway waits.</li> <li>- Tumour site specific plans have been developed and will be enacted through TI governance.</li> </ul> <p>Note: backlog increased in May 2024 to reflect new reporting requirements for Bowel Screening Wales patients</p>	<b>Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion</b> 																																																			

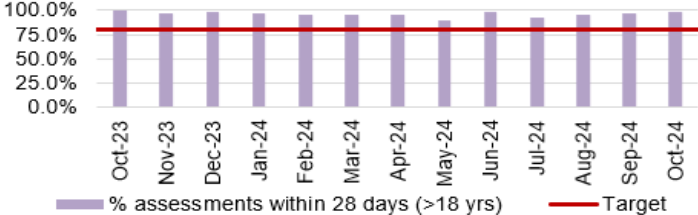
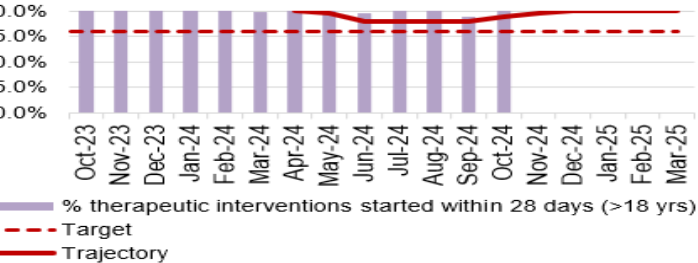
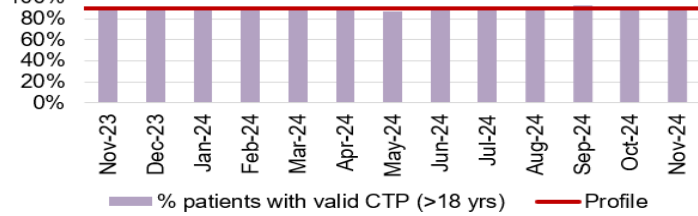
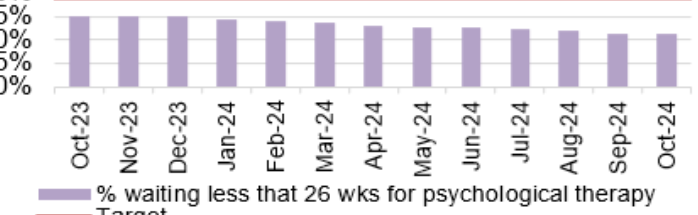
**CANCER**

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<p><b>USC First Outpatient Appointments</b>  <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>Early December 2024 figures show total wait volumes for first outpatient appointment remain at zero.</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 align="center"><b>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early December 2024</b></p> <table border="1" data-bbox="1491 312 1827 831"> <thead> <tr> <th></th> <th>First OPA</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td></tr> <tr><td>Breast</td><td>0</td></tr> <tr><td>Children's Cancer</td><td>0</td></tr> <tr><td>Gynaecological</td><td>0</td></tr> <tr><td>Haematological</td><td>0</td></tr> <tr><td>Head and Neck</td><td>0</td></tr> <tr><td>Lower Gastrointestinal</td><td>0</td></tr> <tr><td>Lung</td><td>0</td></tr> <tr><td>Other</td><td>0</td></tr> <tr><td>Sarcoma</td><td>0</td></tr> <tr><td>Skin</td><td>0</td></tr> <tr><td>Upper Gastrointestinal</td><td>0</td></tr> <tr><td>Urological</td><td>0</td></tr> <tr><td><b>Grand Total</b></td><td><b>0</b></td></tr> </tbody> </table>		First OPA	Acute Leukaemia	0	Brain/CNS	0	Breast	0	Children's Cancer	0	Gynaecological	0	Haematological	0	Head and Neck	0	Lower Gastrointestinal	0	Lung	0	Other	0	Sarcoma	0	Skin	0	Upper Gastrointestinal	0	Urological	0	<b>Grand Total</b>	<b>0</b>
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<p><b>Radiotherapy waiting times</b>  <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 November 2024.</p> <table border="1" data-bbox="546 970 1193 1369"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>Nov-24</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>31%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>86%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>28%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>88%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>96%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>96%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>95%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr> </tbody> </table>	Measure	Target	Nov-24	Scheduled (14 Day Target)	80%	31%	Scheduled (21 Day Target)	100%	86%	Urgent SC (2 Day Target)	80%	28%	Urgent SC (7 Day Target)	100%	88%	Emergency (within 1 day)	80%	96%	Emergency (within 2 days)	100%	96%	Elective Delay (7 Day Target)	80%	95%	Elective Delay (14 Day Target)	100%	100%	<p align="center"><b>Radiotherapy waiting times</b></p>					
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<p><b>Follow-up appointments</b></p> <p>1. The total number of patients on the follow-up waiting list</p> <p>2. The number of patients waiting 100% over target for a follow-up appointment</p>	<p>In November 2024, there was a total of 149,380 patients waiting for a follow up outpatient appointment.</p> <p>There was a total of 64,671 patients waiting for a follow-up past their target date in November 2024.</p> <p>Of the 64,671 delayed follow-ups in November 2024, 12,026 had appointment dates and 52,645 were still waiting for an appointment.</p> <p>In addition, 38,437 patients were waiting 100%+ over target date in November 2024.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<p><b>1. Total number of patients waiting for a follow-up</b></p> <table border="1"> <caption>1. Total number of patients waiting for a follow-up (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>160,000</td></tr> <tr><td>Dec-23</td><td>160,000</td></tr> <tr><td>Jan-24</td><td>160,000</td></tr> <tr><td>Feb-24</td><td>160,000</td></tr> <tr><td>Mar-24</td><td>160,000</td></tr> <tr><td>Apr-24</td><td>160,000</td></tr> <tr><td>May-24</td><td>160,000</td></tr> <tr><td>Jun-24</td><td>160,000</td></tr> <tr><td>Jul-24</td><td>160,000</td></tr> <tr><td>Aug-24</td><td>140,000</td></tr> <tr><td>Sep-24</td><td>140,000</td></tr> <tr><td>Oct-24</td><td>140,000</td></tr> <tr><td>Nov-24</td><td>140,000</td></tr> </tbody> </table> <p><b>2. Delayed follow-ups: Number of patients waiting 100% over target</b></p> <table border="1"> <caption>2. Delayed follow-ups: Number of patients waiting 100% over target (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Number of patients</th> </tr> </thead> <tbody> <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>35,000</td></tr> <tr><td>Sep-24</td><td>35,000</td></tr> <tr><td>Oct-24</td><td>35,000</td></tr> <tr><td>Nov-24</td><td>35,000</td></tr> </tbody> </table>	Month	Number of patients	Nov-23	160,000	Dec-23	160,000	Jan-24	160,000	Feb-24	160,000	Mar-24	160,000	Apr-24	160,000	May-24	160,000	Jun-24	160,000	Jul-24	160,000	Aug-24	140,000	Sep-24	140,000	Oct-24	140,000	Nov-24	140,000	Month	Number of patients	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	35,000	Sep-24	35,000	Oct-24	35,000	Nov-24	35,000
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STROKE		
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Stroke Measures		
1. % of patients who have a direct admission to an acute stroke unit within 4 hours	1. In September 2024, 39% of patients had a direct admission to an acute stroke unit within 4 hours. This is an improvement on the performance reported in August 2024.	<p>1. % of patients who have a direct admission to an acute stroke unit within 4 hours</p>
2. % of patients who received a CT Scan within 1 hour	2. In September 2024, 52% of patients received a CT scan within 1 hour of being admitted, this is an improvement on the figure reported in August 2024.	<p>2. % of patients who received a CT Scan within 1 hour</p>
3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours	3. 89.3% of patients were assessed by a stroke specialist consultant physician within 24 hours in September 2024, which is an increase of 4.8% from August 2024.	<p>3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours</p>
4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	4. In September 2024, 0% of patients were thrombolysed in a time of less than or equal to 45 minutes.	<p>4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes</p>

**ADULT MENTAL HEALTH**

Description	Current Performance	Trend
<p>Adult Mental Health Measures:</p> <ol style="list-style-type: none"> <li><i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i></li> <li><i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i></li> <li><i>% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</i></li> <li><i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i></li> </ol>	<ol style="list-style-type: none"> <li>In October 2024, 98% of assessments were undertaken within 28 days of referral for patients 18 years and over.</li> <li>In October 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</li> <li>91% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in November 2024.</li> <li>In October 2024, 56.7% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</li> </ol>	<ol style="list-style-type: none"> <li><b>% Mental Health assessments undertaken within 28 days from receipt of referral</b>   </li> <li><b>% Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</b>   </li> <li><b>% residents with a valid Care and Treatment Plan (CTP)</b>   </li> <li><b>% waiting less than 26 weeks for Psychology Therapy</b>   </li> </ol>

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

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

## **4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES**

## FRACTURED NECK OF FEMUR (#NOF)

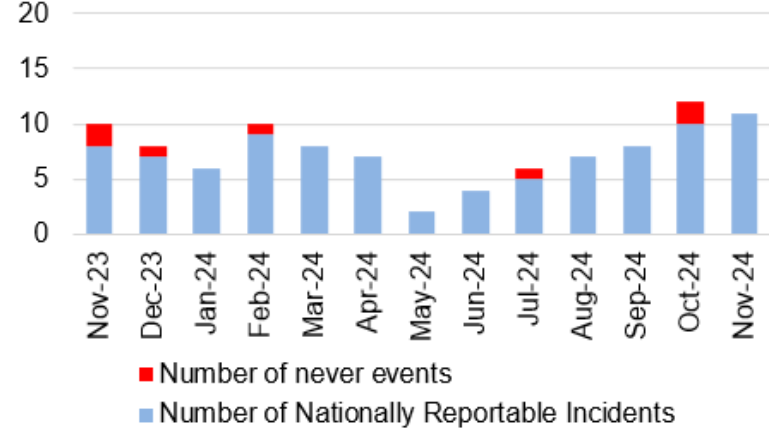
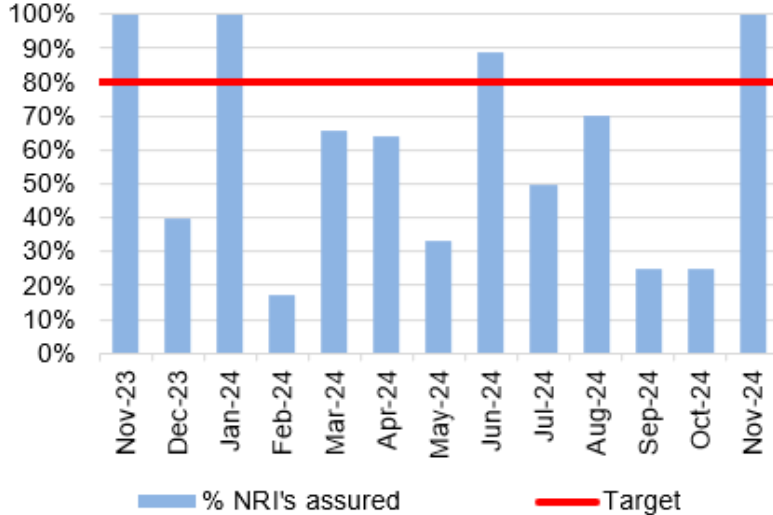
Description	Current Performance	Trend
<p><b>Fractured Neck of Femur (#NOF)</b></p> <p>1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation</p> <p>2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture</p> <p>3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124</p> <p>4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation</p>	<p><b>1. Prompt orthogeriatric assessment-</b> In October 2024, 97.3% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p><b>2. Prompt surgery-</b> In October 2024, 33.8% of patients had surgery the day following presentation with a hip fracture. This is a 3.2% improvement from October 2023 which was 30.6%.</p> <p><b>3. NICE compliant surgery-</b> 70.2% of operations were consistent with the NICE recommendations in October 2024. This is 4% less than in October 2023.</p> <p><b>4. Prompt mobilisation-</b> In October 2024, 85.6% of patients were out of bed the day after surgery. This is 3.2% more than in October 2023.</p>	<div style="text-align: center;"> <p><b>1. Prompt orthogeriatric assessment</b></p> <p><b>2. Prompt surgery</b></p> <p><b>3. NICE compliant Surgery</b></p> <p><b>4. Prompt mobilisation</b></p> </div>

**FRACTURED NECK OF FEMUR (#NOF)**

Description	Current Performance	Trend																																																								
<p>5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i></p>	<p>5. <b>Not delirious when tested-</b> 76.3% of patients were not delirious in the week after their operation in October 2024.</p>	<p><b>5. Not delirious when tested</b></p> <table border="1"> <caption>5. Not delirious when tested - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>76.3</td><td>65</td><td>65</td></tr> <tr><td>Nov-23</td><td>76.3</td><td>65</td><td>65</td></tr> <tr><td>Dec-23</td><td>76.3</td><td>65</td><td>65</td></tr> <tr><td>Jan-24</td><td>76.3</td><td>65</td><td>65</td></tr> <tr><td>Feb-24</td><td>76.3</td><td>65</td><td>65</td></tr> <tr><td>Mar-24</td><td>76.3</td><td>65</td><td>65</td></tr> <tr><td>Apr-24</td><td>76.3</td><td>65</td><td>65</td></tr> <tr><td>May-24</td><td>76.3</td><td>65</td><td>65</td></tr> <tr><td>Jun-24</td><td>76.3</td><td>65</td><td>65</td></tr> <tr><td>Jul-24</td><td>76.3</td><td>65</td><td>65</td></tr> <tr><td>Aug-24</td><td>76.3</td><td>65</td><td>65</td></tr> <tr><td>Sep-24</td><td>76.3</td><td>65</td><td>65</td></tr> <tr><td>Oct-24</td><td>76.3</td><td>65</td><td>65</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Oct-23	76.3	65	65	Nov-23	76.3	65	65	Dec-23	76.3	65	65	Jan-24	76.3	65	65	Feb-24	76.3	65	65	Mar-24	76.3	65	65	Apr-24	76.3	65	65	May-24	76.3	65	65	Jun-24	76.3	65	65	Jul-24	76.3	65	65	Aug-24	76.3	65	65	Sep-24	76.3	65	65	Oct-24	76.3	65	65
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<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>6. <b>Return to original residence-</b> 71.5% of patients in July 2024 were discharged back to their original residence. This is 1.6% less than was reported in June 2023.</p>	<p><b>6. Return to original residence</b></p> <table border="1"> <caption>6. Return to original residence - Trend Data</caption> <thead> <tr> <th>Month</th> <th>Morryston (%)</th> <th>All-Wales (%)</th> <th>Eng, Wal &amp; N. Ire (%)</th> </tr> </thead> <tbody> <tr><td>Jul-23</td><td>71.5</td><td>73</td><td>73</td></tr> <tr><td>Aug-23</td><td>71.5</td><td>73</td><td>73</td></tr> <tr><td>Sep-23</td><td>71.5</td><td>73</td><td>73</td></tr> <tr><td>Oct-23</td><td>71.5</td><td>73</td><td>73</td></tr> <tr><td>Nov-23</td><td>71.5</td><td>73</td><td>73</td></tr> <tr><td>Dec-23</td><td>71.5</td><td>73</td><td>73</td></tr> <tr><td>Jan-24</td><td>71.5</td><td>73</td><td>73</td></tr> <tr><td>Feb-24</td><td>71.5</td><td>73</td><td>73</td></tr> <tr><td>Mar-24</td><td>71.5</td><td>73</td><td>73</td></tr> <tr><td>Apr-24</td><td>71.5</td><td>73</td><td>73</td></tr> <tr><td>May-24</td><td>71.5</td><td>73</td><td>73</td></tr> <tr><td>Jun-24</td><td>71.5</td><td>73</td><td>73</td></tr> <tr><td>Jul-24</td><td>71.5</td><td>73</td><td>73</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jul-23	71.5	73	73	Aug-23	71.5	73	73	Sep-23	71.5	73	73	Oct-23	71.5	73	73	Nov-23	71.5	73	73	Dec-23	71.5	73	73	Jan-24	71.5	73	73	Feb-24	71.5	73	73	Mar-24	71.5	73	73	Apr-24	71.5	73	73	May-24	71.5	73	73	Jun-24	71.5	73	73	Jul-24	71.5	73	73
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<p>7. <i>30 day mortality rate (Case mix Adjusted)</i></p>	<p>7. <b>30 day mortality rate-</b> In Q2 24-25 the mortality rate for Morryston Hospital was 5.3%, which is 1.4% lower than the figure reported in the same period in the previous year and is the same as the national average for the quarter.</p>	<p><b>7. 30 day mortality rate</b></p> <table border="1"> <caption>7. 30 day mortality rate - Trend Data</caption> <thead> <tr> <th>Quarter</th> <th>Morryston (Casemix Adjusted) (%)</th> <th>National Average (%)</th> </tr> </thead> <tbody> <tr><td>Q1 21-22</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q2 21-22</td><td>6.8</td><td>7.8</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>7.2</td></tr> <tr><td>Q2 22-23</td><td>6.0</td><td>7.0</td></tr> <tr><td>Q3 22-23</td><td>6.0</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>5.8</td><td>6.2</td></tr> <tr><td>Q2 23-24</td><td>5.5</td><td>6.0</td></tr> <tr><td>Q3 23-24</td><td>5.5</td><td>5.8</td></tr> <tr><td>Q4 23-24</td><td>5.3</td><td>5.5</td></tr> <tr><td>Q1 24-25</td><td>5.3</td><td>5.3</td></tr> </tbody> </table>	Quarter	Morryston (Casemix Adjusted) (%)	National Average (%)	Q1 21-22	7.0	8.0	Q2 21-22	6.8	7.8	Q3 21-22	6.8	7.8	Q4 21-22	6.5	7.5	Q1 22-23	6.5	7.2	Q2 22-23	6.0	7.0	Q3 22-23	6.0	6.8	Q4 22-23	6.0	6.5	Q1 23-24	5.8	6.2	Q2 23-24	5.5	6.0	Q3 23-24	5.5	5.8	Q4 23-24	5.3	5.5	Q1 24-25	5.3	5.3														
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PRESSURE ULCERS		
Description	Current Performance	Trend
<p><b>Number of pressure ulcers</b> 1. Total number of pressure ulcers developed in hospital and in the community</p> <p>2. Rate of pressure ulcers per 100,000 admission</p>	<p>1. In October 2024 there were 104 cases of healthcare acquired pressure ulcers, 38 of which were community acquired and 66 were hospital acquired.</p> <p>There were 7 grade 3+ pressure ulcers in October 2024, 4 of which were community acquired and 3 were hospital acquired.</p> <p>2. The rate per 100,000 admissions was 1063 in October 2024.</p>	<p><b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b></p> <p>*March 24 data not available</p>
INPATIENT FALLS		
Description	Current Performance	Trend
<p><b>Inpatient Falls</b> The total number of inpatient falls</p>	<ul style="list-style-type: none"> <li>The number of Falls reported via Datix web for Swansea Bay UHB was 188 in November 2024. This is 5.1% less than October 2024 where 166 falls were recorded.</li> </ul>	<p><b>Number of inpatient Falls</b></p> <p>■ Hospital Falls</p>

## NATIONALLY REPORTABLE INCIDENTS

Description	Current Performance	Trend
<p><b>Nationally Reportable Incidents (NRI's)-</b>                      1. <i>The number of Nationally reportable incidents</i></p> <p>2. <i>The number of Never Events</i></p> <p>3. <i>Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i></p>	<p>1. The Health Board reported 11 Nationally Reportable Incidents for the month of November 2024 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> <li>- Morryston – 1</li> <li>- NPTH – 1</li> <li>- PCT -2</li> <li>- Singleton - 7</li> </ul> <p>2. There were no new Never Events reported in November 2024.</p> <p>3. In November 2024, 100% of the NRI's were closed within the agreed timescale.</p>	<p><b>1. and 2. Number of nationally reportable incidents and never events</b></p>  <p><b>3. % of nationally reportable incidents closed within the agreed timescales</b></p> 

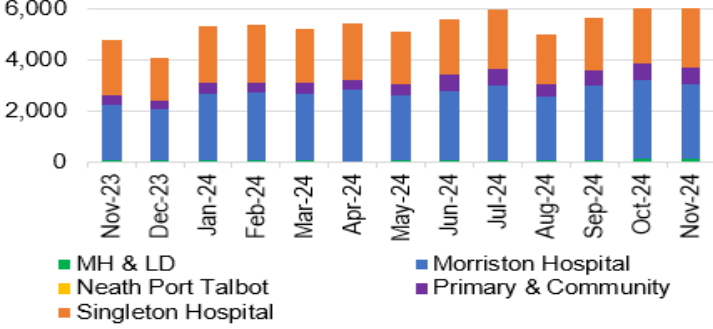
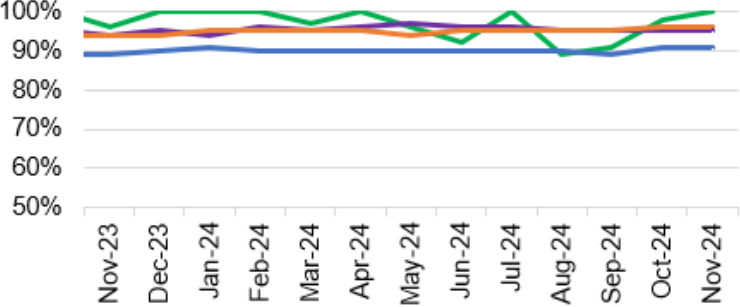
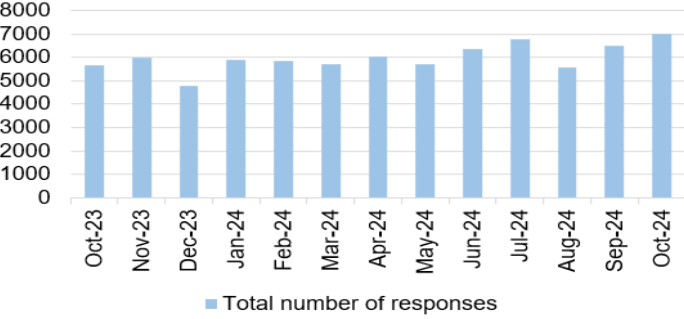
DISCHARGE SUMMARIES																																																																								
Description	Current Performance	Trend																																																																						
<b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	<p>The latest data shows that in November 2024, the percentage of completed discharge summaries was 76%.</p> <p>In November 2024, compliance ranged from 83% in Morriston Hospital to 63% in Singleton Hospital.</p>	<p><b>% discharge summaries approved and sent</b></p> <table border="1"> <caption>% of completed discharge summaries</caption> <thead> <tr> <th>Month</th> <th>% of completed discharge summaries</th> </tr> </thead> <tbody> <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> <tr><td>Oct-24</td><td>75%</td></tr> <tr><td>Nov-24</td><td>76%</td></tr> </tbody> </table>	Month	% of completed discharge summaries	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%	Oct-24	75%	Nov-24	76%																																										
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<b>Crude Mortality Rate</b>	<p>October 2024 reports the crude mortality rate for the Health Board at 0.65%, which is 0.01% lower than the figure reported in September 2024.</p> <p>A breakdown by Hospital for October 2024:</p> <ul style="list-style-type: none"> <li>• Morriston – 1.17%</li> <li>• Singleton – 0.16%</li> <li>• NPT – 0.08%</li> </ul>	<p><b>Crude hospital mortality rate by Hospital (74 years of age or less)</b></p> <table border="1"> <caption>Crude hospital mortality rate by Hospital (74 years of age or less)</caption> <thead> <tr> <th>Month</th> <th>Morriston Hospital</th> <th>Singleton Hospital</th> <th>NPT Hospital</th> <th>HB Total</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>1.20%</td><td>0.15%</td><td>0.08%</td><td>0.65%</td></tr> <tr><td>Nov-23</td><td>1.20%</td><td>0.15%</td><td>0.08%</td><td>0.65%</td></tr> <tr><td>Dec-23</td><td>1.20%</td><td>0.15%</td><td>0.08%</td><td>0.65%</td></tr> <tr><td>Jan-24</td><td>1.20%</td><td>0.15%</td><td>0.08%</td><td>0.65%</td></tr> <tr><td>Feb-24</td><td>1.20%</td><td>0.15%</td><td>0.08%</td><td>0.65%</td></tr> <tr><td>Mar-24</td><td>1.20%</td><td>0.15%</td><td>0.08%</td><td>0.65%</td></tr> <tr><td>Apr-24</td><td>1.20%</td><td>0.15%</td><td>0.08%</td><td>0.65%</td></tr> <tr><td>May-24</td><td>1.20%</td><td>0.15%</td><td>0.08%</td><td>0.65%</td></tr> <tr><td>Jun-24</td><td>1.20%</td><td>0.15%</td><td>0.08%</td><td>0.65%</td></tr> <tr><td>Jul-24</td><td>1.20%</td><td>0.15%</td><td>0.08%</td><td>0.65%</td></tr> <tr><td>Aug-24</td><td>1.20%</td><td>0.15%</td><td>0.08%</td><td>0.65%</td></tr> <tr><td>Sep-24</td><td>1.20%</td><td>0.15%</td><td>0.08%</td><td>0.65%</td></tr> <tr><td>Oct-24</td><td>1.17%</td><td>0.16%</td><td>0.08%</td><td>0.65%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Oct-23	1.20%	0.15%	0.08%	0.65%	Nov-23	1.20%	0.15%	0.08%	0.65%	Dec-23	1.20%	0.15%	0.08%	0.65%	Jan-24	1.20%	0.15%	0.08%	0.65%	Feb-24	1.20%	0.15%	0.08%	0.65%	Mar-24	1.20%	0.15%	0.08%	0.65%	Apr-24	1.20%	0.15%	0.08%	0.65%	May-24	1.20%	0.15%	0.08%	0.65%	Jun-24	1.20%	0.15%	0.08%	0.65%	Jul-24	1.20%	0.15%	0.08%	0.65%	Aug-24	1.20%	0.15%	0.08%	0.65%	Sep-24	1.20%	0.15%	0.08%	0.65%	Oct-24	1.17%	0.16%	0.08%	0.65%
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WORKFORCE																		
Description	Current Performance	Trend																
<p><b>Staff sickness rates-</b> <i>Percentage of sickness absence rate of staff</i></p>	<p>Our in-month sickness performance increased slightly to 7.06% in November 2024.</p> <p>The 12-month rolling performance figure reported in November 2024 was 7.24%, which was 0.19% higher than the figure reported in October 2024.</p> <p>The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in November 2024.</p>	<p><b>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month)</b></p> <p>Legend: — % sickness rate (12 month rolling)    ◆ % sickness rate (in-month)</p>																
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Description	Current Performance	Trend																																																																																																																																																										
<p><b>Theatre Efficiency</b></p> <p><i>1. Theatre Utilisation Rates</i></p> <p><i>2. % of theatre sessions starting late</i></p> <p><i>3. % of theatre sessions finishing early</i></p> <p><i>4. % of theatre sessions cancelled at short notice (&lt;28 days)</i></p> <p><i>5. % of operations cancelled on the day</i></p>	<p>In November 2024 the Theatre Utilisation rate was 55%. This is the same as the figure reported in October 2024 and is 3% lower than the figure reported in November 2023 (58%).</p> <p>41% of theatre sessions started late in November 2024. This is 2% lower than the figure reported in October 2024.</p> <p>In November 2024, 36% of theatre sessions finished early. This is higher than the figure seen in October 2024 and 4% higher than those seen in November 2023.</p> <p>11% of theatre sessions were cancelled at short notice in November 2024. This is 1% higher than the figures reported in October 2024.</p> <p>Of the operations cancelled in November 2024, 36% of them were cancelled on the day.</p>	<p><b>1. Theatre Utilisation Rate</b></p> <table border="1"> <caption>1. Theatre Utilisation Rate (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>58</td></tr> <tr><td>Dec-23</td><td>50</td></tr> <tr><td>Jan-24</td><td>48</td></tr> <tr><td>Feb-24</td><td>50</td></tr> <tr><td>Mar-24</td><td>48</td></tr> <tr><td>Apr-24</td><td>55</td></tr> <tr><td>May-24</td><td>50</td></tr> <tr><td>Jun-24</td><td>50</td></tr> <tr><td>Jul-24</td><td>52</td></tr> <tr><td>Aug-24</td><td>50</td></tr> <tr><td>Sep-24</td><td>52</td></tr> <tr><td>Oct-24</td><td>52</td></tr> <tr><td>Nov-24</td><td>55</td></tr> </tbody> </table> <p><b>2. And 3. % theatre sessions starting late/finishing</b></p> <table border="1"> <caption>2. 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**PATIENT EXPERIENCE**

Description	Current Performance	Trend
<p><b>Patient experience</b></p> <p>1. Number of friends and family surveys completed</p> <p>2. Percentage of patients/ service users who would recommend and highly recommend</p> <p>3. Number of Service User feedback experience responses completed and recorded on CIVICA</p>	<p>Health Board Friends &amp; Family patient satisfaction level in November 2024 was 93% and 5,766 surveys were completed.</p> <ul style="list-style-type: none"> <li>➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 2,465 surveys in November 2024, with a recommended score of 96%.</li> <li>➢ Morriston Hospital completed 2,923 surveys in November 2024, with a recommended score of 91%.</li> <li>➢ Primary &amp; Community Care completed 681 surveys for November 2024, with a recommended score of 95%.</li> <li>➢ The Mental Health Service Group completed 109 surveys for November 2024, with a recommended score of 100%.</li> </ul> <p>There were 7,022 feedback experience responses completed and recorded on CIVICA in October 2024. This is 511 more than the figure reported in September 2024. Of the responses recorded, 5,740 were targeted and 1,282 were passive.</p>	<p><b>1. Number of friends and family surveys completed</b></p>  <p><b>2. % of patients/ service users who would recommend and highly recommend</b></p>  <p><b>3. Number of Service User experience responses</b></p> 



## FINANCE UPDATES

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

Description	Current Performance	Trend																																																																	
<p><b>Revenue Financial Position –</b> expenditure incurred against revenue resource limit</p>	<ul style="list-style-type: none"> <li>On the 2<sup>nd</sup> December the Health Board were notified that WG will issue £6.4m of funding to reduce our planned deficit to <b>£43.7m</b>, noting that the control total for 2025/26 set by Welsh Government remains <b>£17.1m</b>.</li> <li>In Month 8 there is an in-month underspend of <b>(£1.9m)</b>, due to 8/12<sup>th</sup> of the £6.4m being brought into the position.</li> <li>YTD at Month 8 is an overspend of <b>£46.0m</b> and is now in excess of the <b>£43.7m</b> 2024/25 revised plan.</li> <li>Overall, the Health Board YTD position is <b>£16.9m</b> off the delivery of the revised plan deficit figure of <b>£43.7m</b>.</li> <li>In the graph above the orange bars illustrate the potential financial change required to be able to deliver the revised plan deficit of £43.7m.</li> <li>The yellow line depicts the level required if the HB were to achieve the £17.1m 2025/26 control total.</li> <li>In Mth 8 whilst graph demonstrates an underspent, as per comments above this reflects £4.3m of the £6.4m WG funding. Had this funding not been received the Mth 8 position would have been an overspend of £2.3m.</li> </ul>	<p style="text-align: center;">Financial Performance 2024/25</p> <table border="1"> <caption>Financial Performance 2024/25 Data</caption> <thead> <tr> <th>Month</th> <th>Health Board Position</th> <th>Required to Hit revised Plan £43.7m</th> <th>WG Target Profile £17.1m</th> <th>Revised Plan £50.1m</th> </tr> </thead> <tbody> <tr><td>M1</td><td>9,500</td><td>1,500</td><td>1,500</td><td>4,000</td></tr> <tr><td>M2</td><td>8,800</td><td>1,500</td><td>1,500</td><td>4,000</td></tr> <tr><td>M3</td><td>7,500</td><td>1,500</td><td>1,500</td><td>4,000</td></tr> <tr><td>M4</td><td>7,000</td><td>1,500</td><td>1,500</td><td>4,000</td></tr> <tr><td>M5</td><td>6,800</td><td>1,500</td><td>1,500</td><td>4,000</td></tr> <tr><td>M6</td><td>5,000</td><td>1,500</td><td>1,500</td><td>4,000</td></tr> <tr><td>M7</td><td>3,000</td><td>1,500</td><td>1,500</td><td>4,000</td></tr> <tr><td>M8</td><td>(2,000)</td><td>1,500</td><td>1,500</td><td>0</td></tr> <tr><td>M9</td><td>(500)</td><td>1,500</td><td>1,500</td><td>3,500</td></tr> <tr><td>M10</td><td>(500)</td><td>1,500</td><td>1,500</td><td>3,500</td></tr> <tr><td>M11</td><td>(500)</td><td>1,500</td><td>1,500</td><td>3,500</td></tr> <tr><td>M12</td><td>(500)</td><td>1,500</td><td>1,500</td><td>3,500</td></tr> </tbody> </table>	Month	Health Board Position	Required to Hit revised Plan £43.7m	WG Target Profile £17.1m	Revised Plan £50.1m	M1	9,500	1,500	1,500	4,000	M2	8,800	1,500	1,500	4,000	M3	7,500	1,500	1,500	4,000	M4	7,000	1,500	1,500	4,000	M5	6,800	1,500	1,500	4,000	M6	5,000	1,500	1,500	4,000	M7	3,000	1,500	1,500	4,000	M8	(2,000)	1,500	1,500	0	M9	(500)	1,500	1,500	3,500	M10	(500)	1,500	1,500	3,500	M11	(500)	1,500	1,500	3,500	M12	(500)	1,500	1,500	3,500
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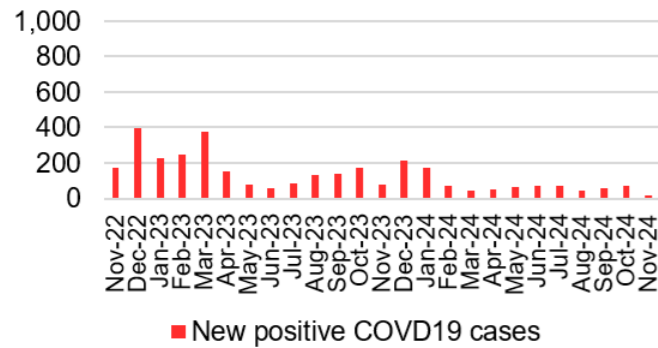
Description	Current Performance	Trend
<b>Capital Financial Position – expenditure incurred against capital resource limit</b>	<ul style="list-style-type: none"> <li>The balanced forecast outturn capital position for 2024/25 assumes income from disposals of £0.650m.</li> <li>Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government.</li> </ul>	<p style="text-align: center;"><b>Capital - Cumulative Performance to Plan</b></p>
<b>Workforce Spend – workforce expenditure profile</b>	<ul style="list-style-type: none"> <li>The pay budgets are overspent by £837k in November.</li> <li>Variable pay has increased in November by circa. £151k. Broken down as follows; Overtime was overspent by £241k, Irregular Sessions £80k, and WLI £10k, offset by an underspend in Bank £113k, Agency Medical £46k and Agency Non-Medical £21k.</li> <li>Work is required to bring spend down in line with the current year budget.</li> </ul>	<p style="text-align: center;"><b>Variable Pay Expenditure</b></p>

Description	Current Performance	Trend																																																				
<p><b>PSPP</b> – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice</p>	<ul style="list-style-type: none"> <li>The cumulative PSPP compliance has improved this month and is above target at 96.22%. In November compliance was above target at 96.36% (October – 96.96%).</li> <li>Although the PSPP was achieved this month, there were still delays receipting and in authorisation.</li> </ul>	<p><b>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</b></p> <table border="1"> <caption>PSPP Target Data</caption> <thead> <tr> <th>Month</th> <th>PSPP In Month (%)</th> <th>PSPP Cumulative (%)</th> <th>PSPP Target (%)</th> </tr> </thead> <tbody> <tr><td>M1</td><td>91.8</td><td>91.8</td><td>95.0</td></tr> <tr><td>M2</td><td>98.0</td><td>94.8</td><td>95.0</td></tr> <tr><td>M3</td><td>97.0</td><td>95.5</td><td>95.0</td></tr> <tr><td>M4</td><td>96.0</td><td>95.8</td><td>95.0</td></tr> <tr><td>M5</td><td>96.8</td><td>96.0</td><td>95.0</td></tr> <tr><td>M6</td><td>97.8</td><td>96.2</td><td>95.0</td></tr> <tr><td>M7</td><td>97.0</td><td>96.3</td><td>95.0</td></tr> <tr><td>M8</td><td>96.5</td><td>96.4</td><td>95.0</td></tr> <tr><td>M9</td><td></td><td></td><td>95.0</td></tr> <tr><td>M10</td><td></td><td></td><td>95.0</td></tr> <tr><td>M11</td><td></td><td></td><td>95.0</td></tr> <tr><td>M12</td><td></td><td></td><td>95.0</td></tr> </tbody> </table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	91.8	91.8	95.0	M2	98.0	94.8	95.0	M3	97.0	95.5	95.0	M4	96.0	95.8	95.0	M5	96.8	96.0	95.0	M6	97.8	96.2	95.0	M7	97.0	96.3	95.0	M8	96.5	96.4	95.0	M9			95.0	M10			95.0	M11			95.0	M12			95.0
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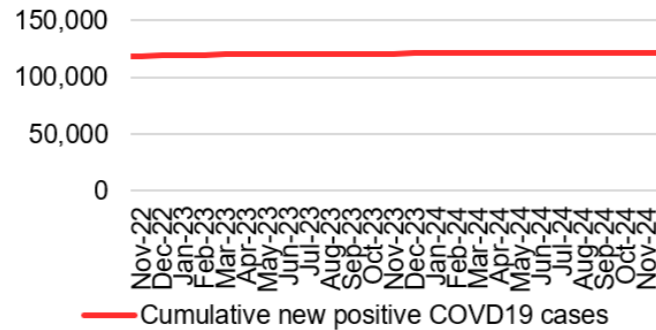
## **5. TABLE OF ALL MEASURES**

# HARM FROM COVID ITSELF

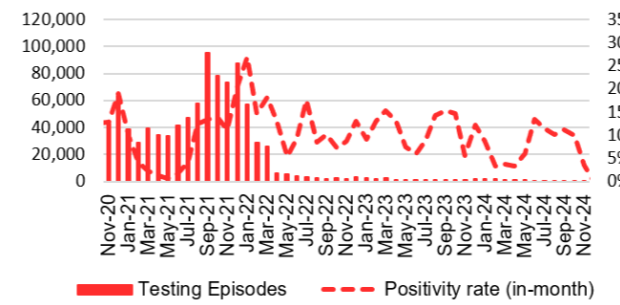
**Chart 1: Number of new COVID19 cases**



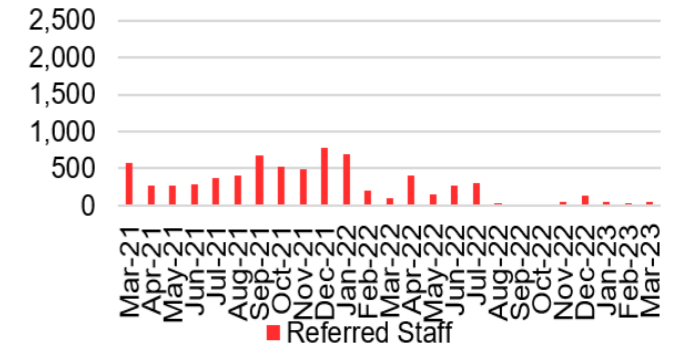
**Chart 2: Number of new COVID19 cases (cumulative)**



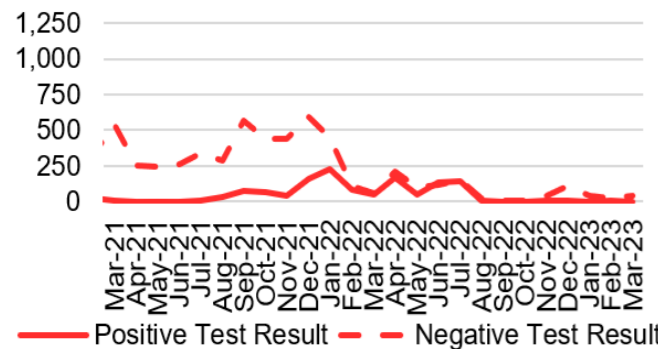
**Chart 3: Number of COVID19 tests completed and positivity rate**



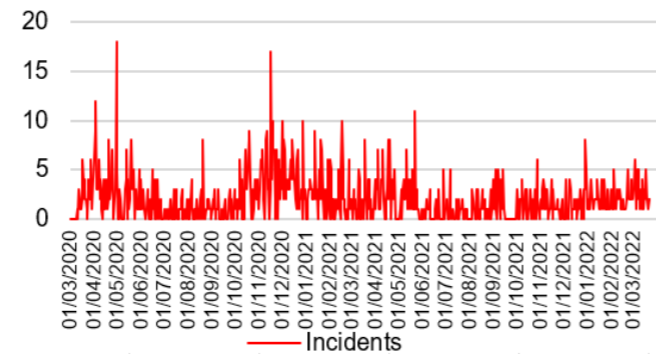
**Chart 4: Number of staff referred for Antigen testing**



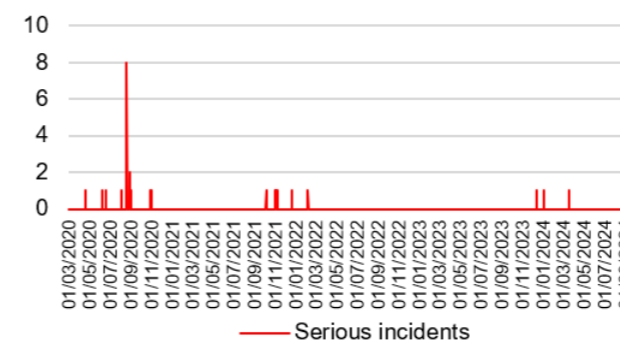
**Chart 5: Outcome of staff COVID19/ antigen tests**



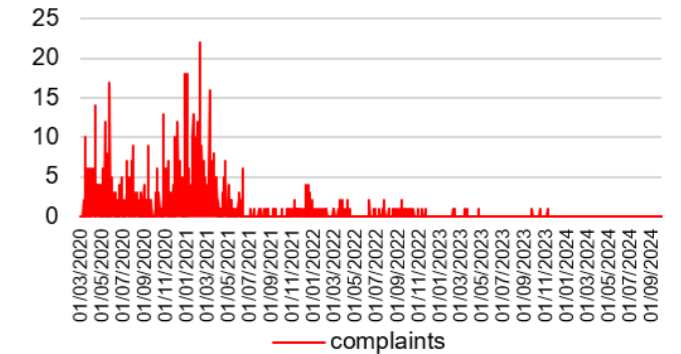
**Chart 6: Number of COVID19 related incidents**



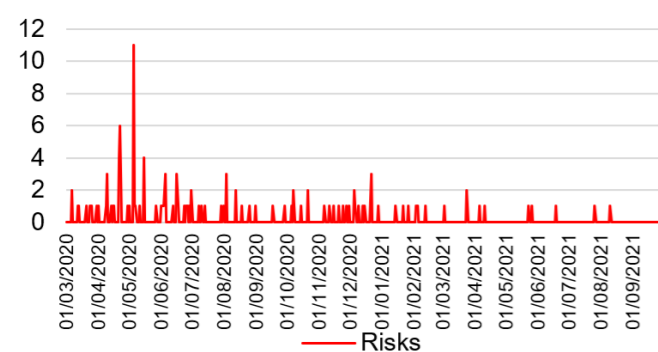
**Chart 7: Number of COVID19 related serious incidents**



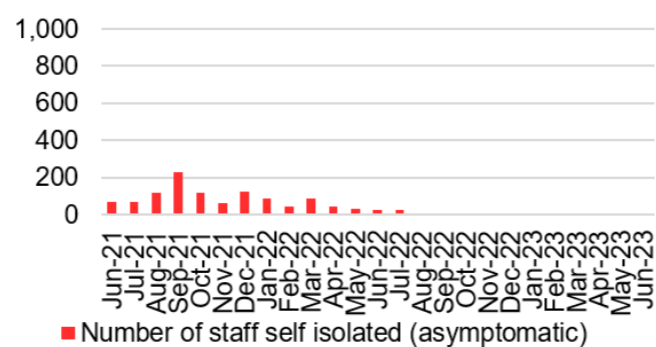
**Chart 8: Number of COVID19 related complaints**



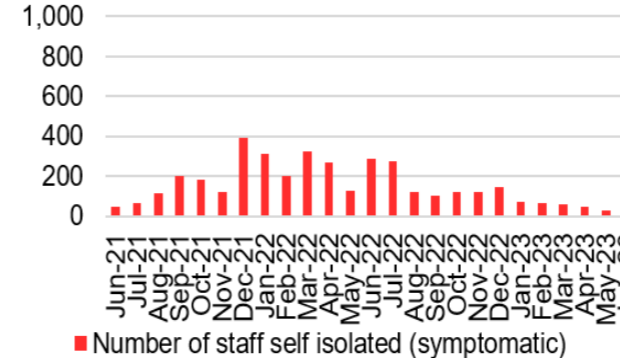
**Chart 9: Number of COVID19 related risks**



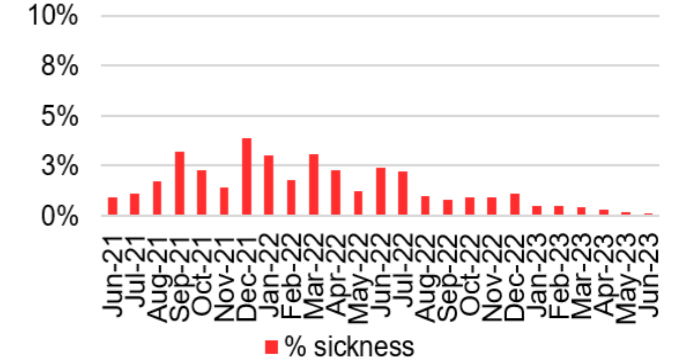
**Chart 10: Number of staff self-isolating (asymptomatic)**



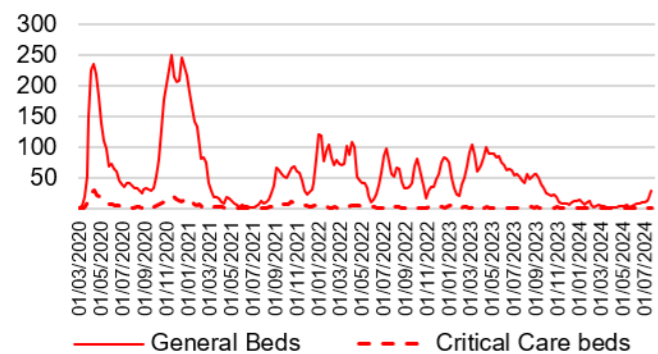
**Chart 11: Number of staff self isolating (symptomatic)**



**Chart 12: % staff sickness**



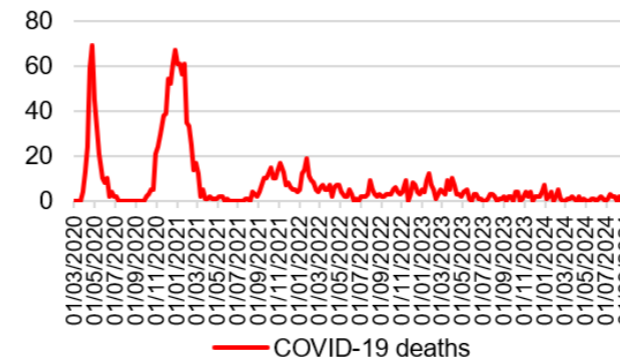
**Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases**



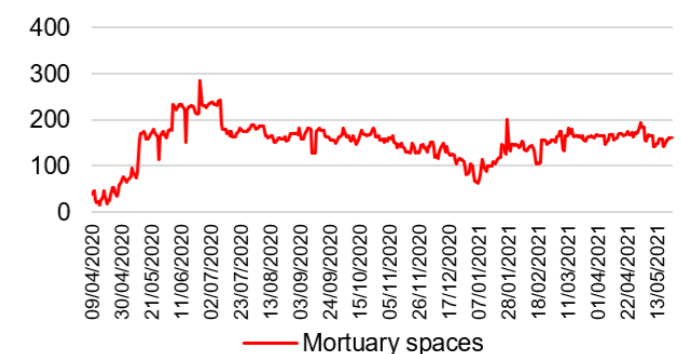
**Chart 14: Number of hospital deaths with any mention of COVID19**



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



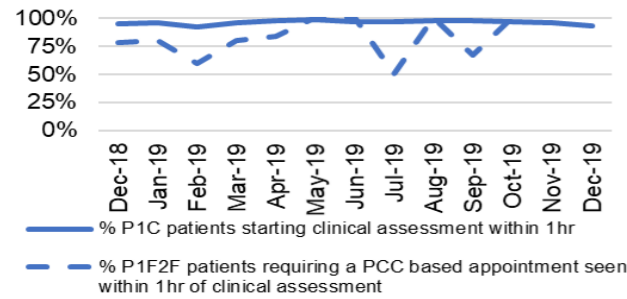
**Chart 16: Number of mortuary spaces**



# HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

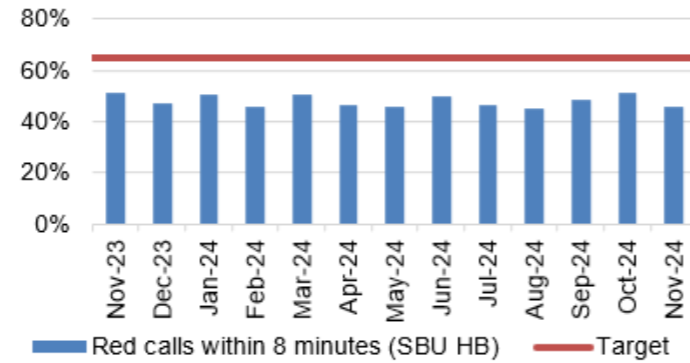
## Unscheduled Care- Overview

**Chart 1: GP Out of Hours/ 111**

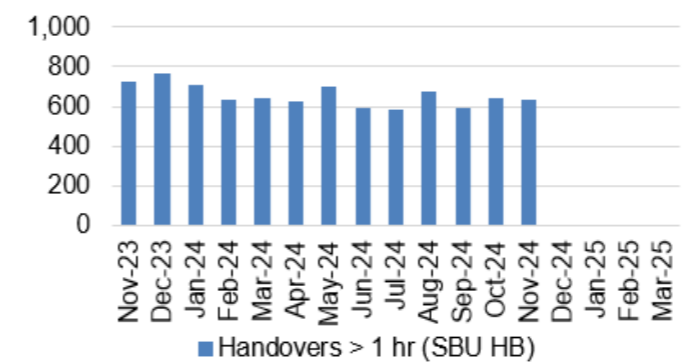


Service continues to experience issues with data reporting. It is anticipated that up to date accurate data will be available shortly.

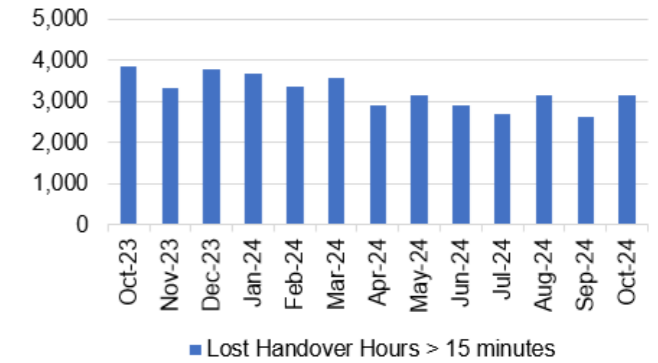
**Chart 2: % red calls responded to within 8 minutes**



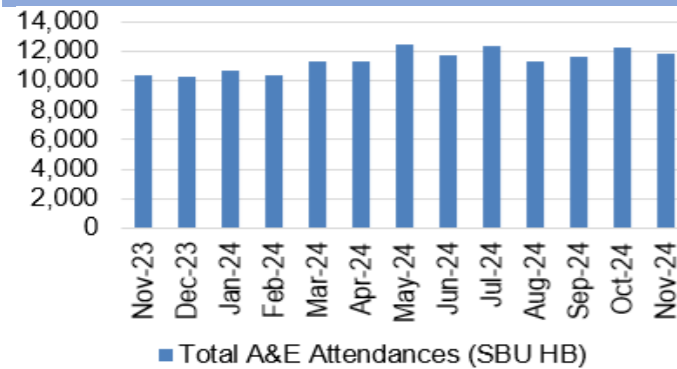
**Chart 3: Number of ambulance handovers over 1 hour**



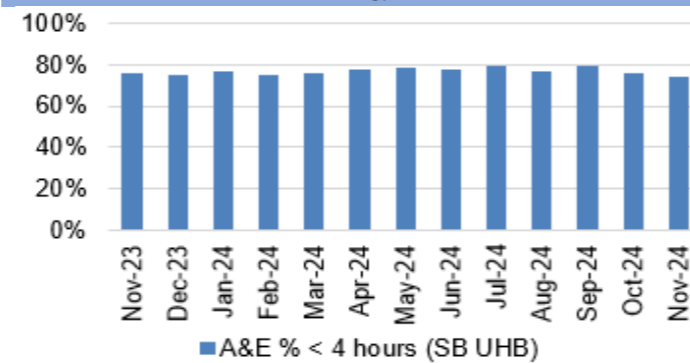
**Chart 4: Lost hours- notification to ambulance handover over 15 minutes**



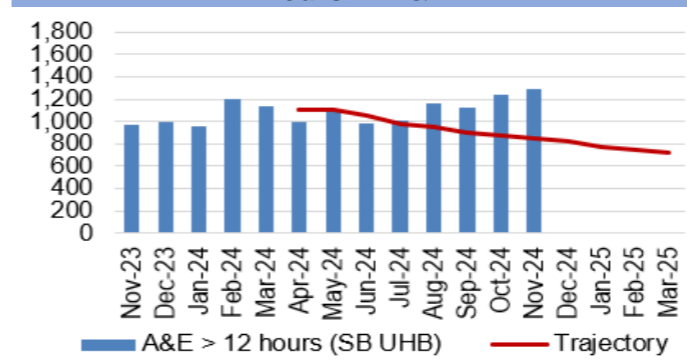
**Chart 5: A&E Attendances**



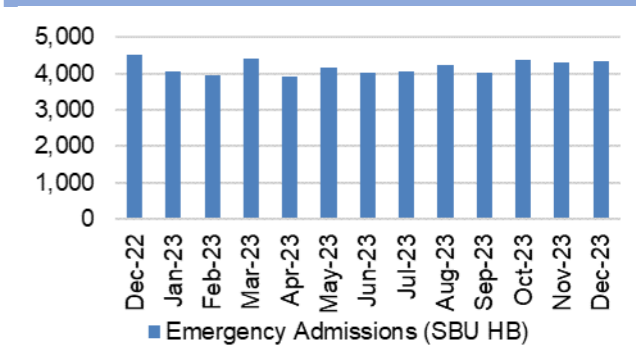
**Chart 6: % patients who spend less than 4 hours in A&E**



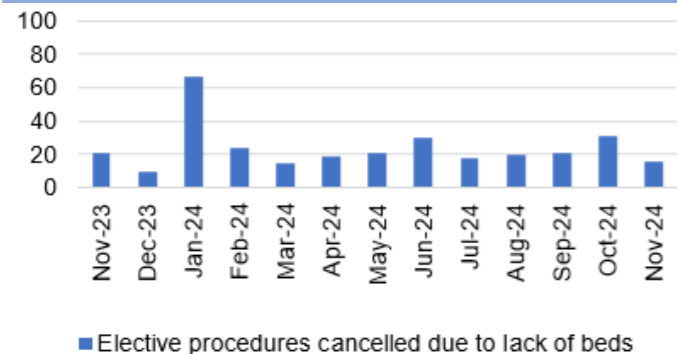
**Chart 7: Number of patients waiting over 12 hours in A&E**



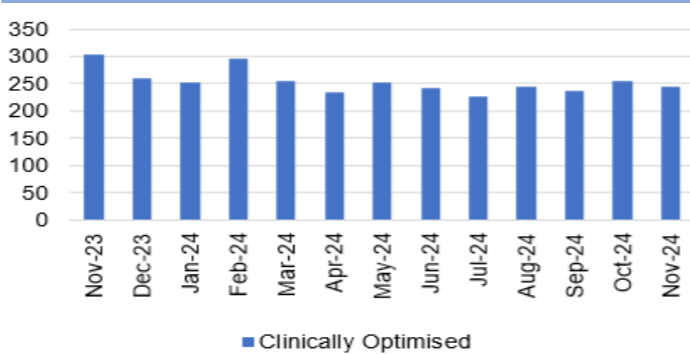
**Chart 8: Number of emergency admissions**



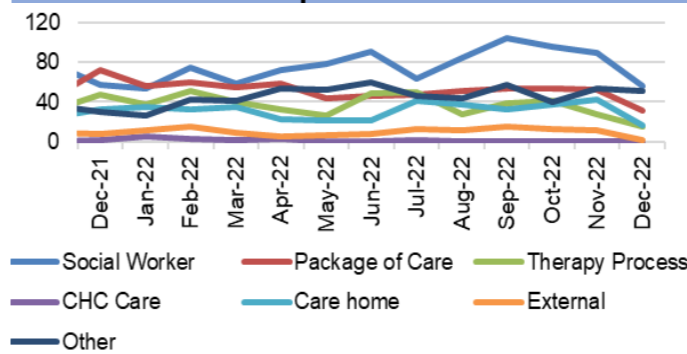
**Chart 9: Elective procedures cancelled due to lack of beds**



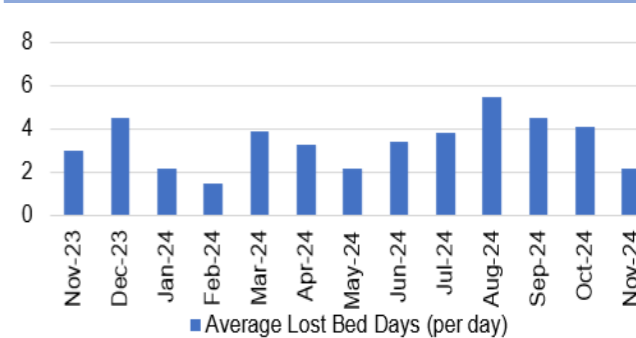
**Chart 10: Number of clinically optimised patients**



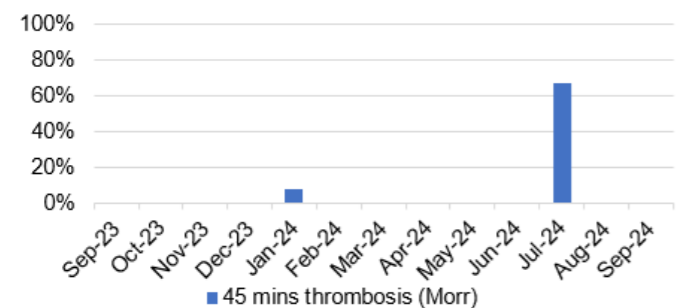
**Chart 11: Delay reason for clinically optimised patients**



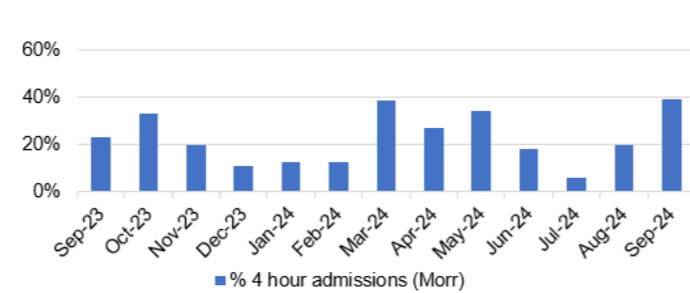
**Chart 12: Average lost bed days (per day)**



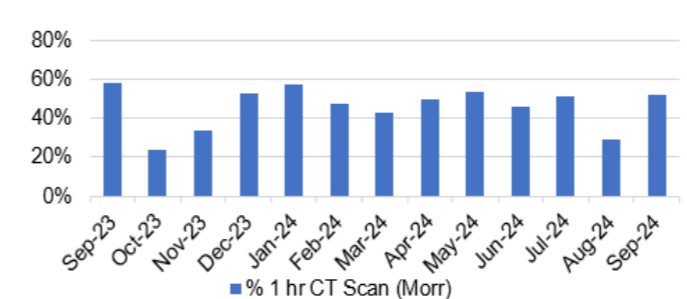
**Chart 13; % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes**



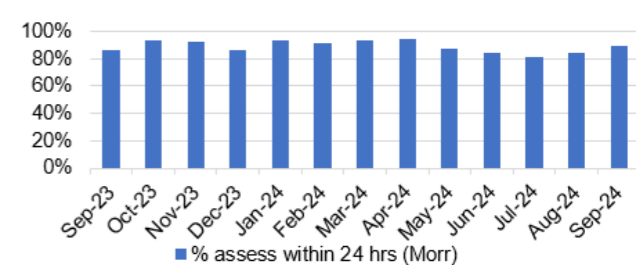
**Chart 14: Direct admission to Acute Stroke Unit within 4 hours**



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



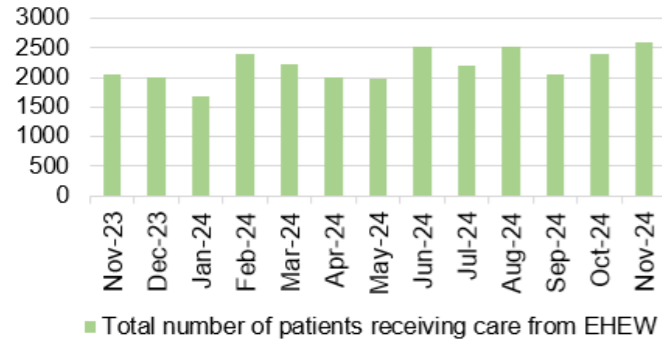
**Chart 16: % stroke patients receiving consultant assessment within 24 hours**



# HARM FROM REDUCTION IN NON-COVID ACTIVITY

## Primary and Community Care Overview

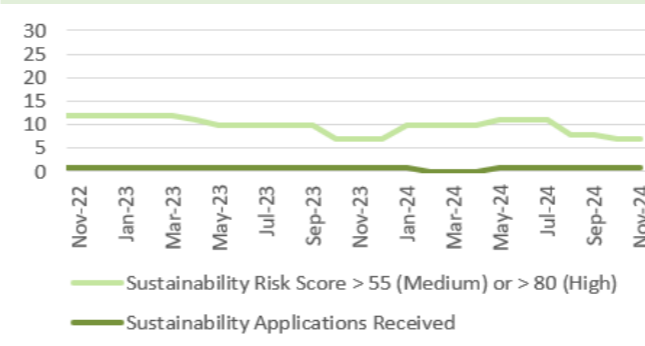
**Chart 1: Total Number of patients receiving care from Eye Health Examination Wales (EHEW)**



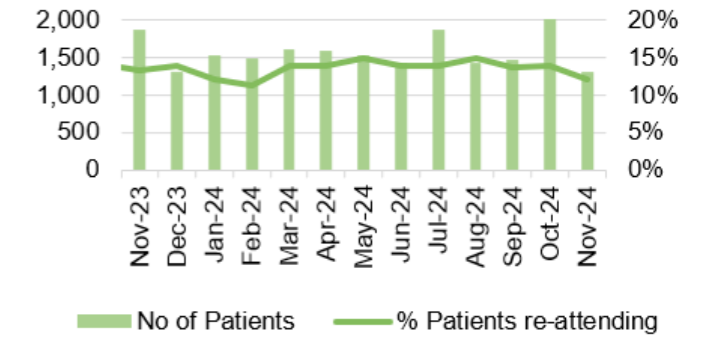
**Chart 2: GMS - Escalation Levels**



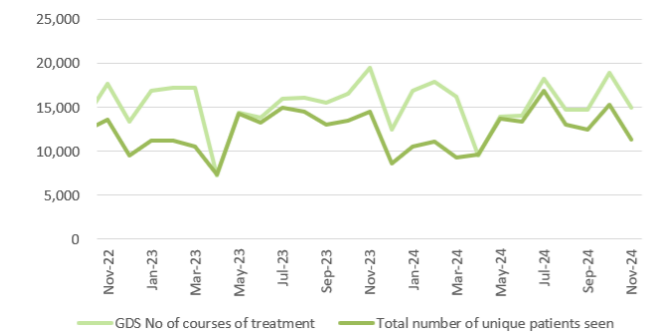
**Chart 3: GMS - Sustainability**



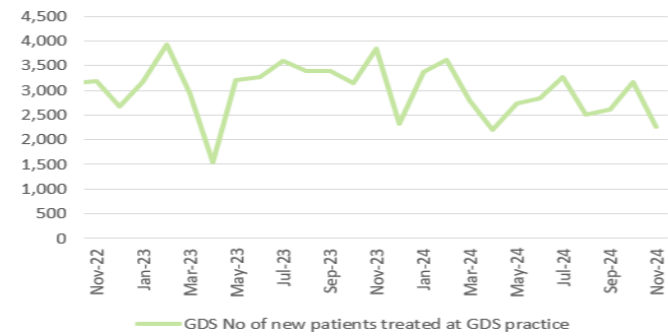
**Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months**



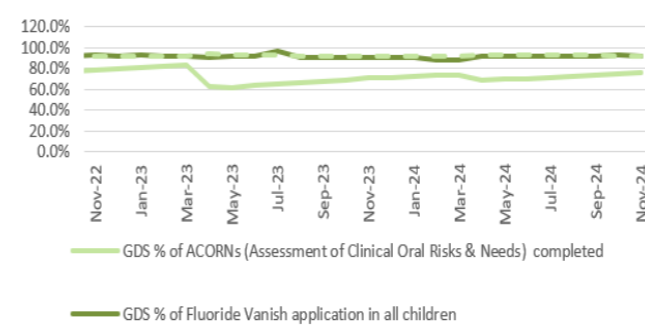
**Chart 5: General Dental Services - Activity**



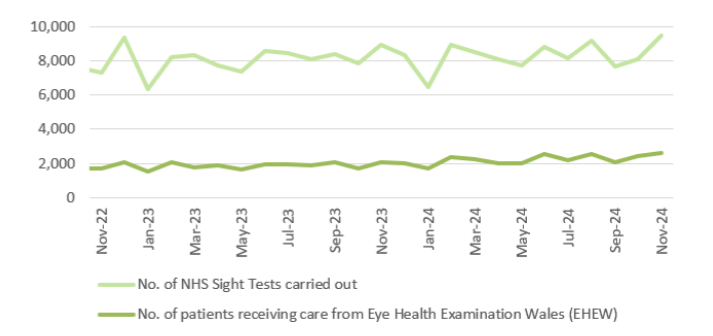
**Chart 6: General Dental Services - New Patients**



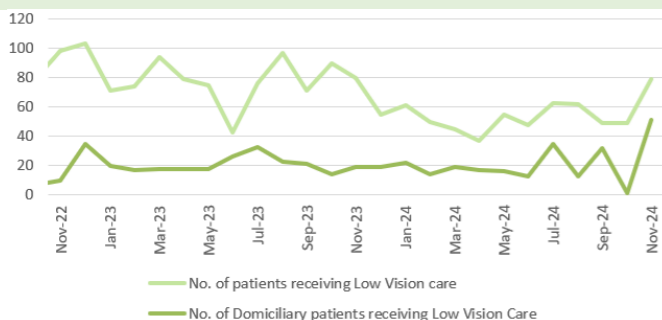
**Chart 7: General Dental Services - ACORNs/FV**



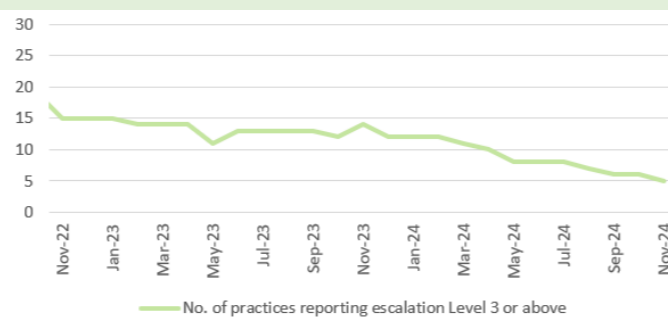
**Chart 8: Optometry Activity – sight tests**



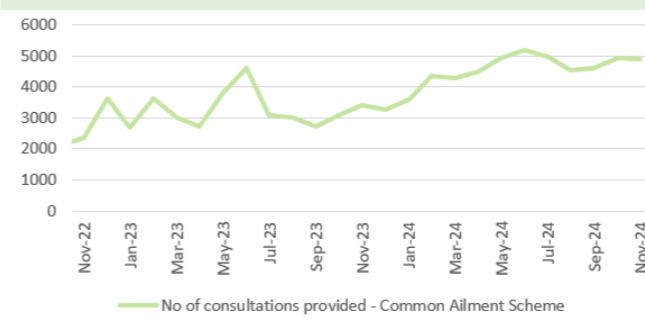
**Chart 9: Optometry Activity – low vision care**



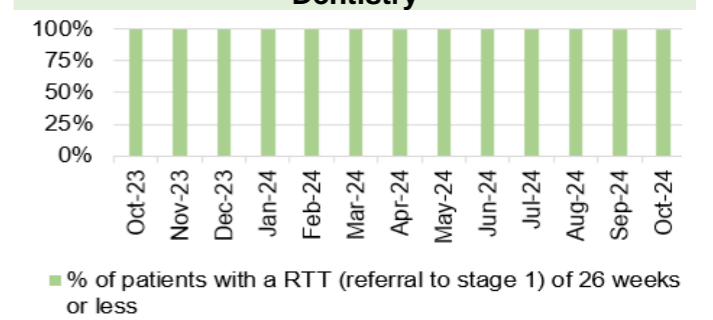
**Chart 10: Community Pharmacy – Escalation levels**



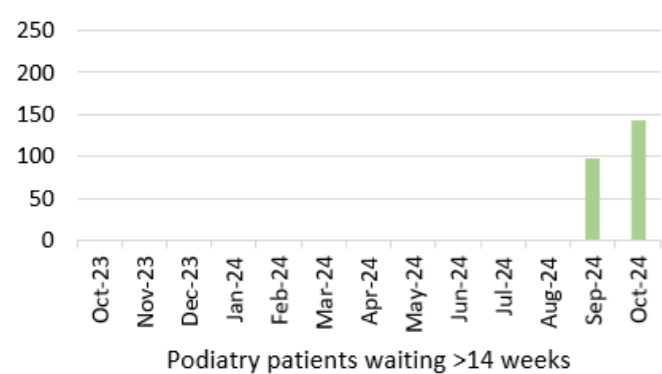
**Chart 11: Common Ailment Scheme – No. consultations provided**



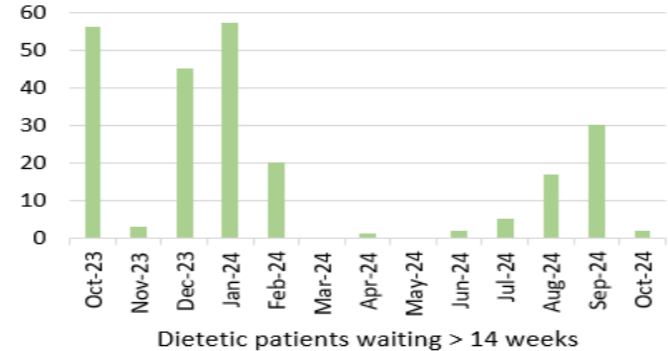
**Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry**



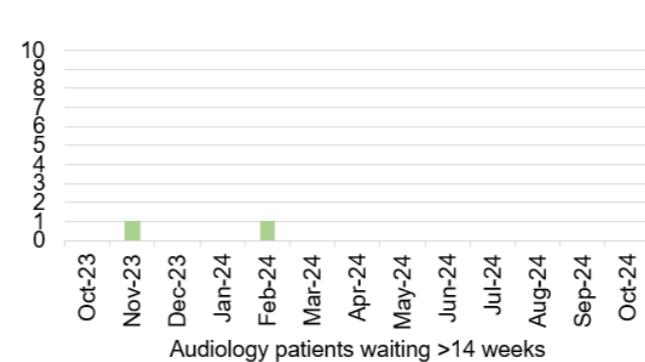
**Chart 13: Podiatry - Total number of patients waiting > 14 weeks**



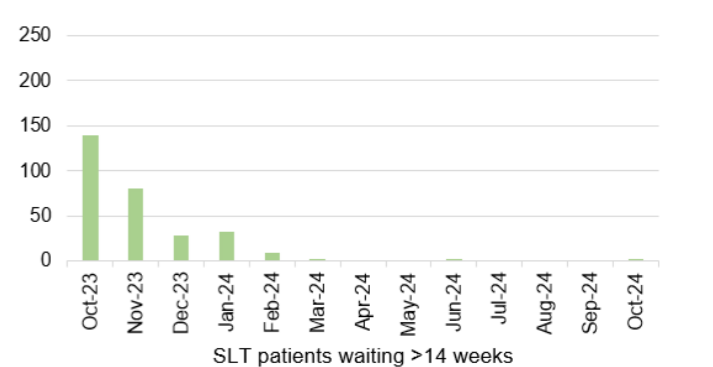
**Chart 14: Dietetics - Total number of patients waiting > 14 weeks**



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

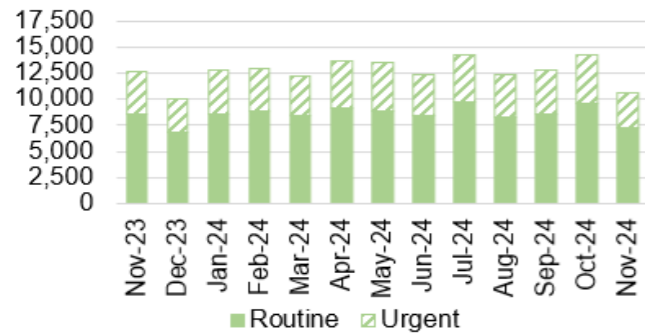


**Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks**

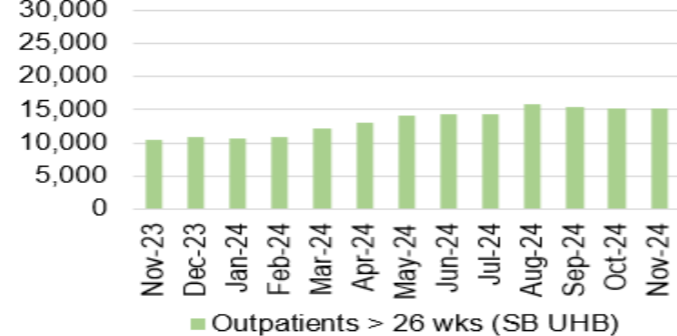


## Harm from reduction in non-Covid activity Planned Care Overview

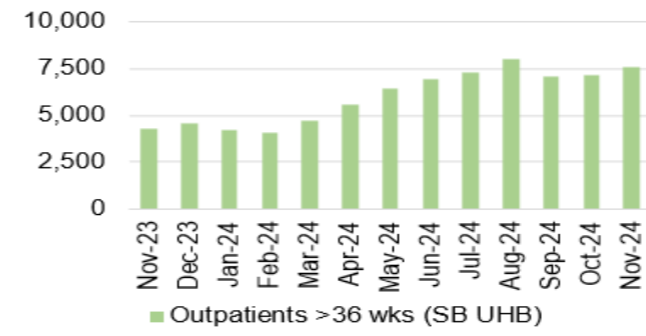
**Chart 1: Number of GP Referrals into secondary care**



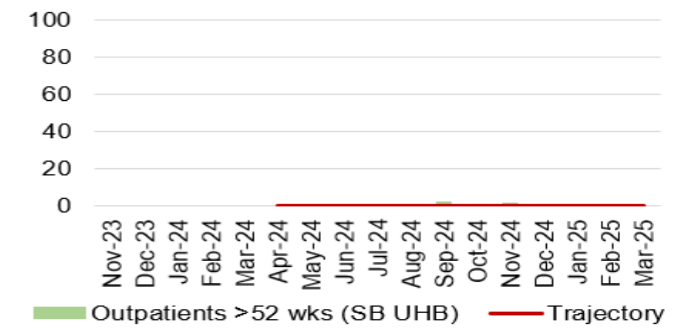
**Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment**



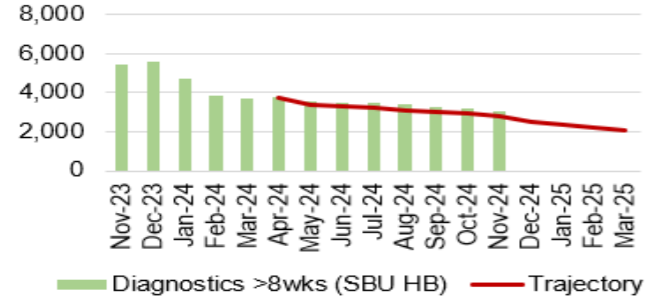
**Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1**



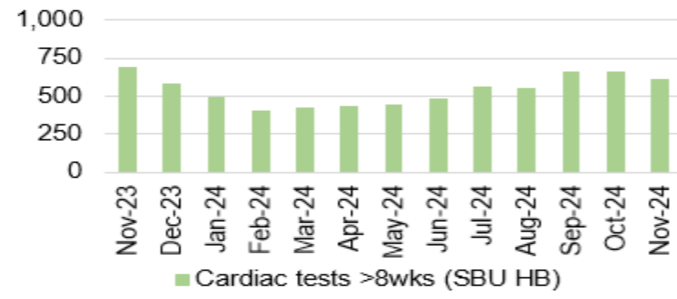
**Chart 4: Number of patients waiting over 52 weeks for treatment**



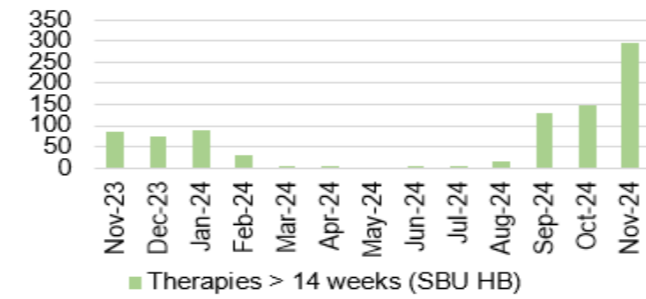
**Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks**



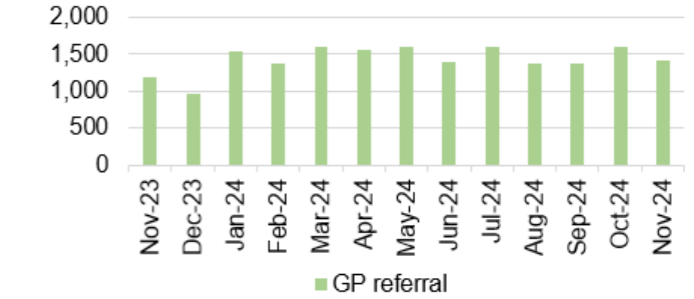
**Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks**



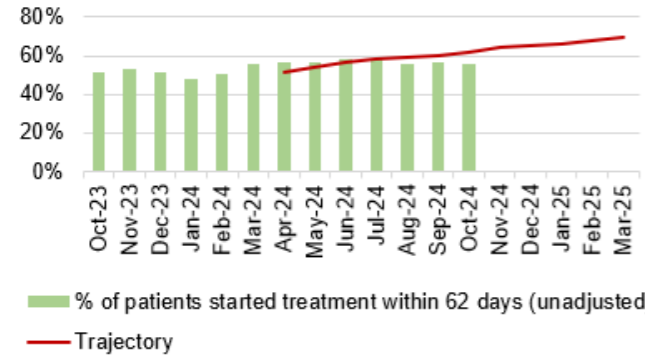
**Chart 7: Number of patients waiting more than 14 weeks for Therapies**



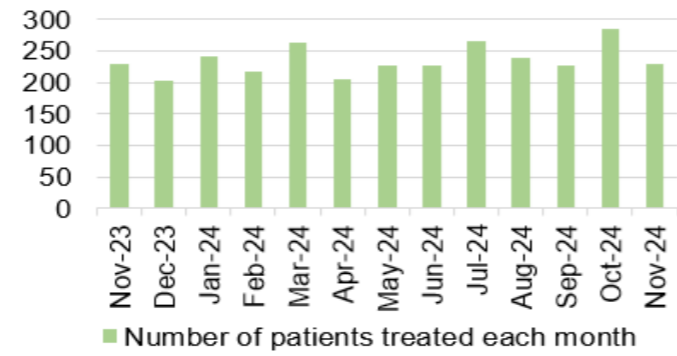
**Chart 8: Cancer referrals**



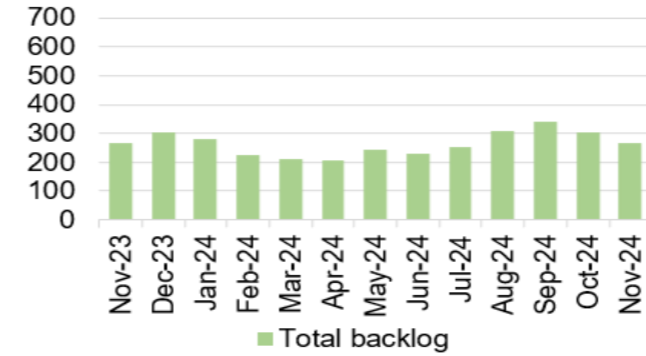
**Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion**



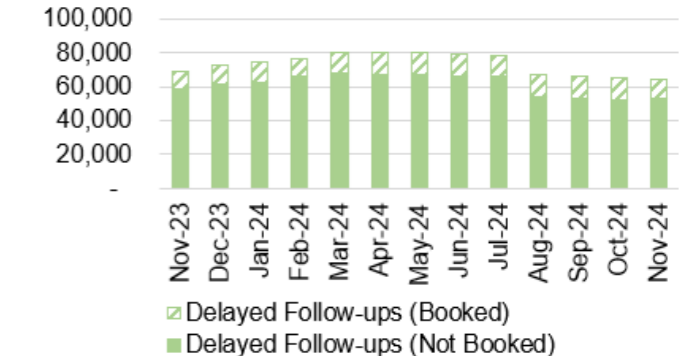
**Chart 10: Number of new cancer patients starting definitive treatment**



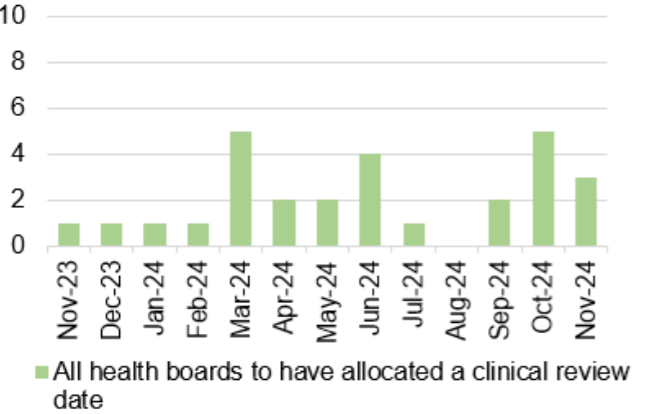
**Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days**



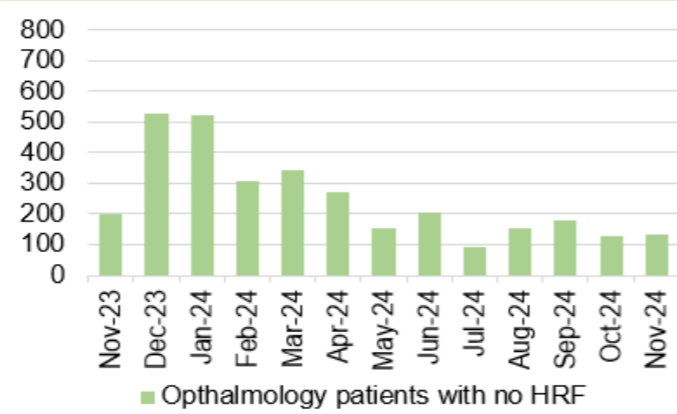
**Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date**



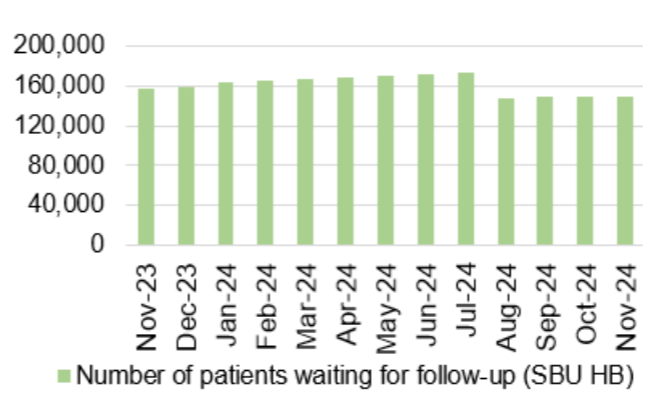
**Chart 13: Number of patients without a documented clinical review date**



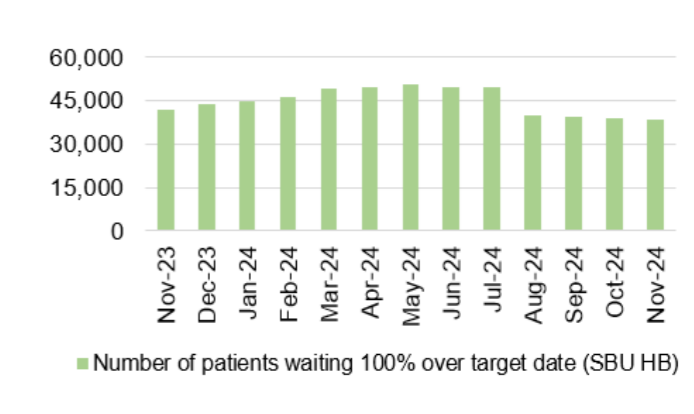
**Chart 14: Ophthalmology patients without an allocated health risk factor**



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



**Chart 16: Number of patients delayed by over 100%**



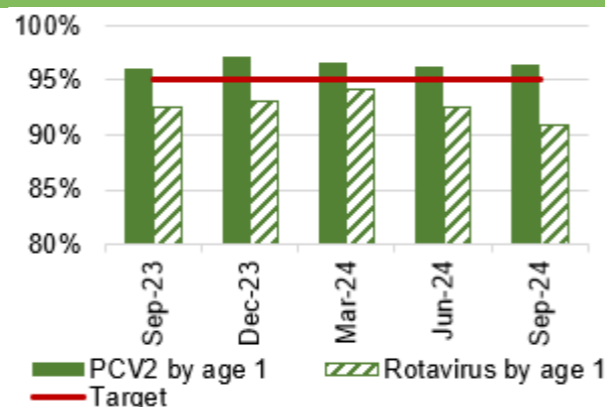
# HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

## Vaccinations and Immunisations

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



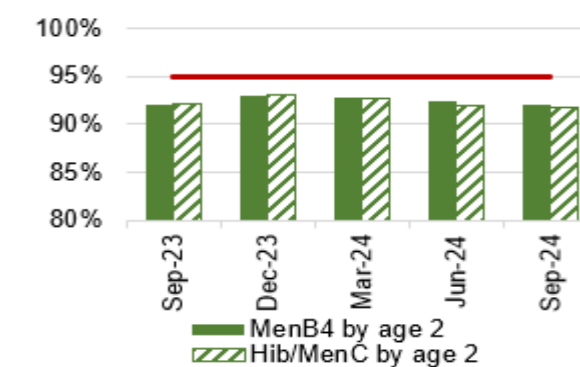
**Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1**



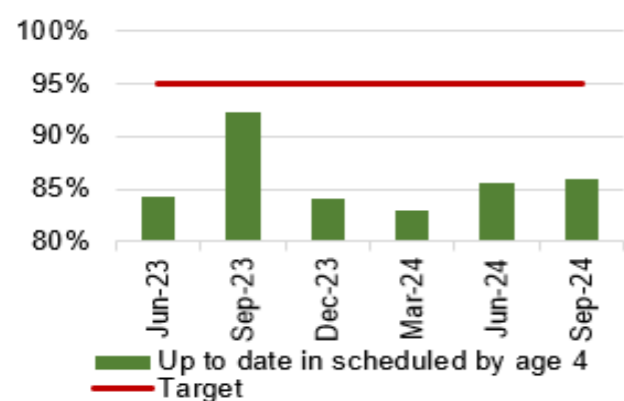
**Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2**



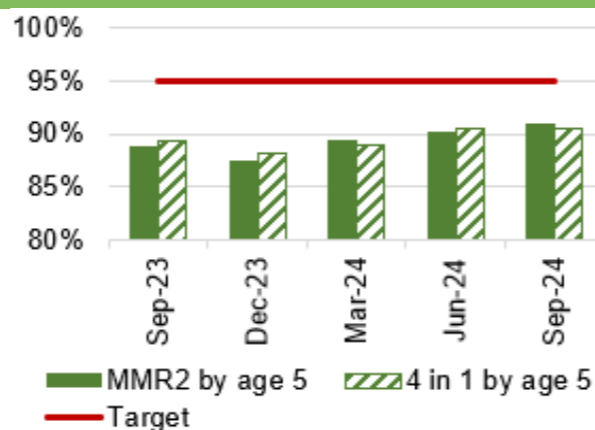
**Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2**



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



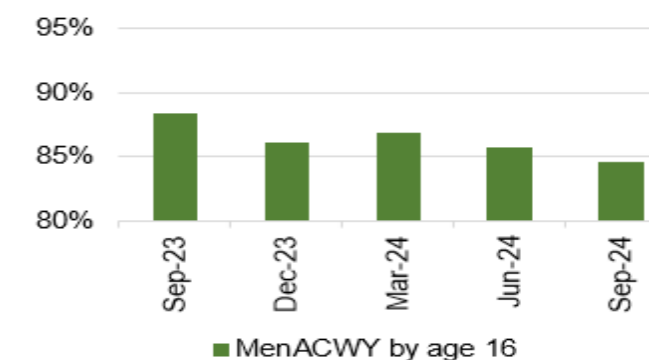
**Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5**



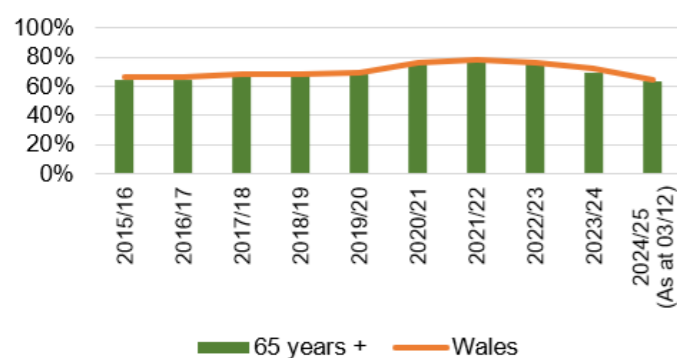
**Chart 7: % children who received MMR vaccine and teenage booster by age 16**



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



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



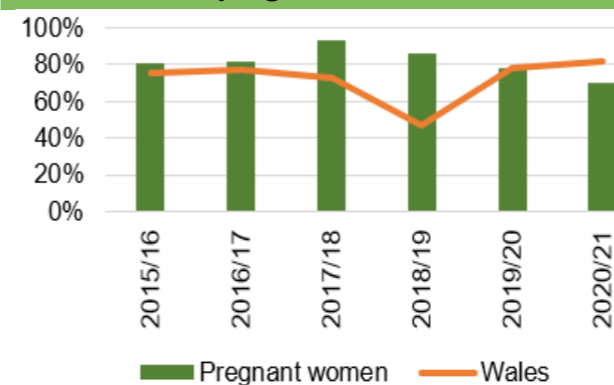
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



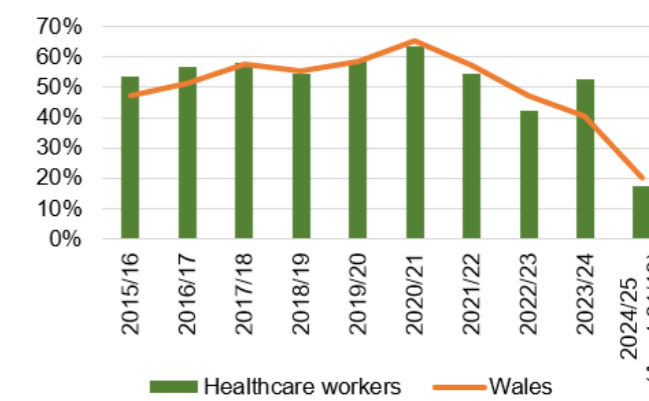
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

**Chart 11: Influenza uptake for amongst pregnant women**



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

**Chart 12: Influenza uptake for amongst healthcare workers**

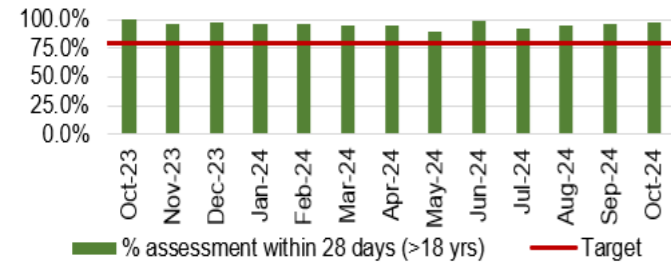


Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board.

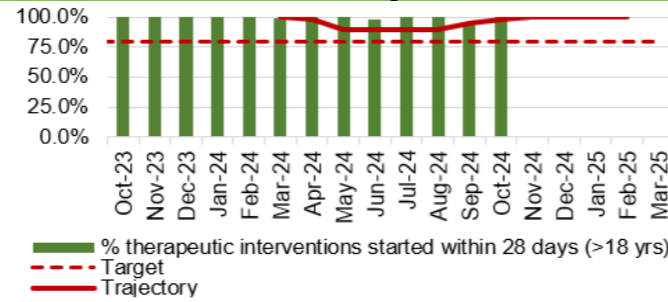
# HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

## Mental Health Overview

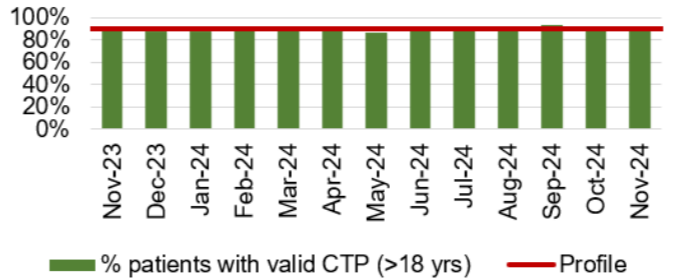
**Chart 1: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral**



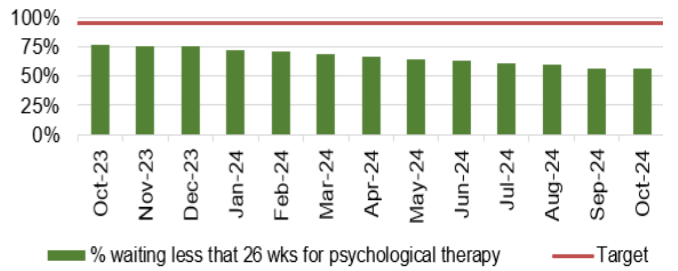
**Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS**



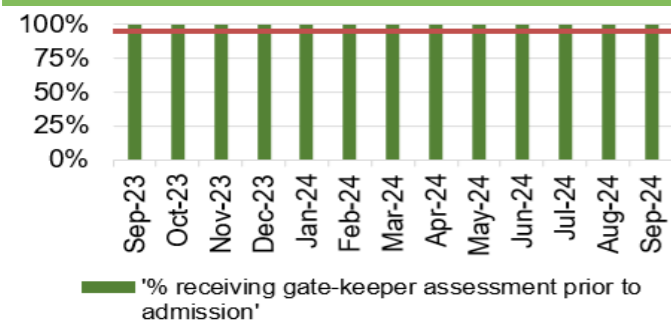
**Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan**



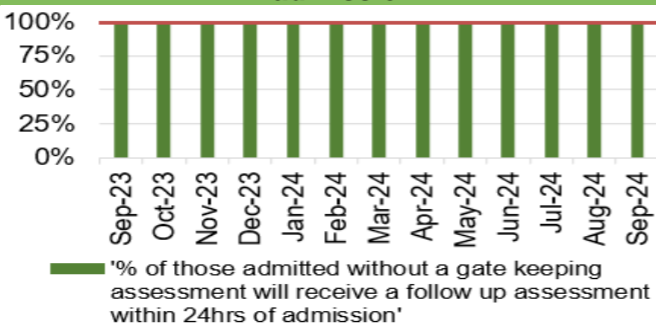
**Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**



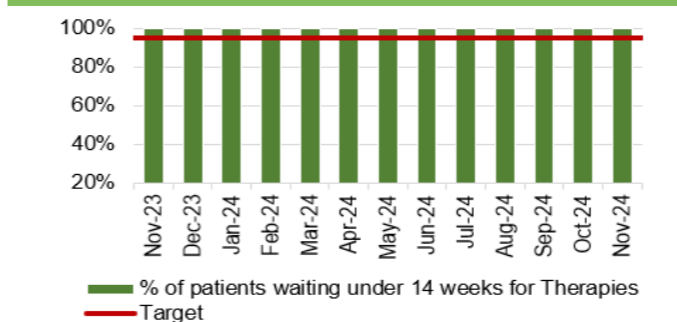
**Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission**



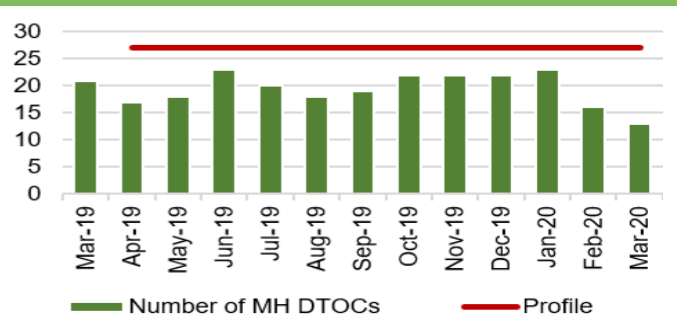
**Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission**



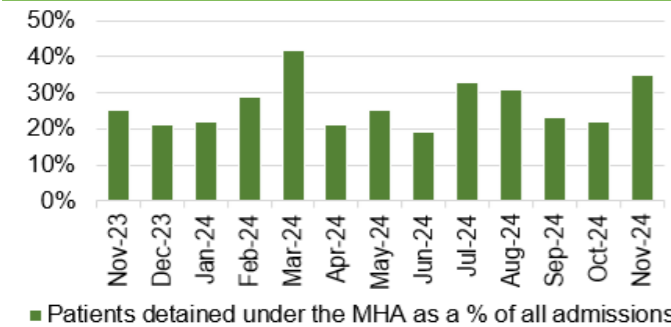
**Chart 7: % of patients waiting under 14 weeks for Therapies**



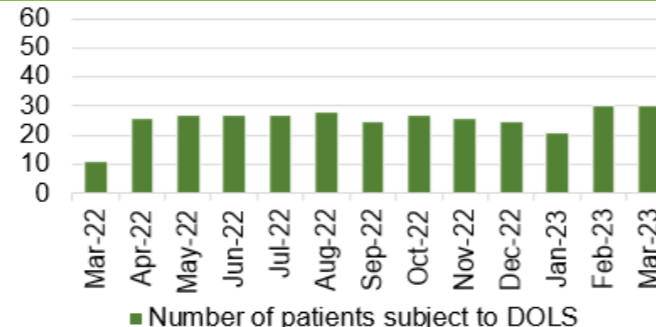
**Chart 8: Number of Mental Health Delayed Transfers of Care (DTCOs)**



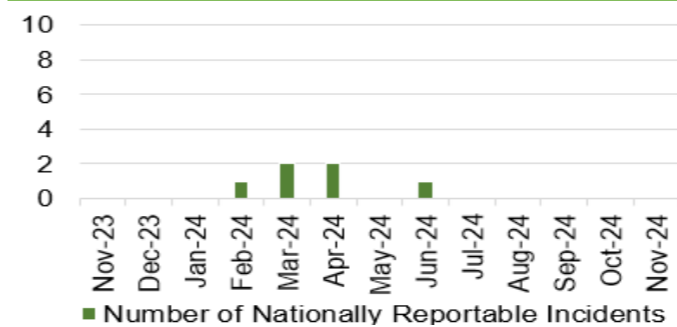
**Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions**



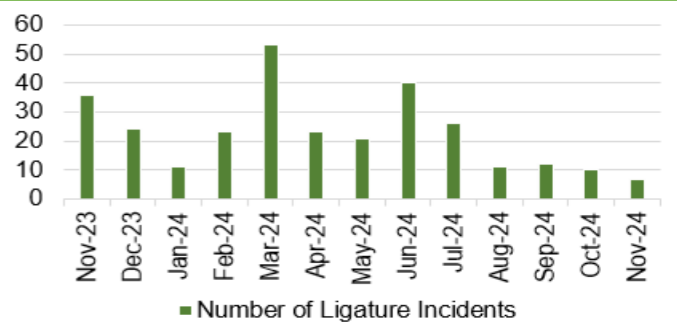
**Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)**



**Chart 11: Number of Nationally Reportable Incidents**

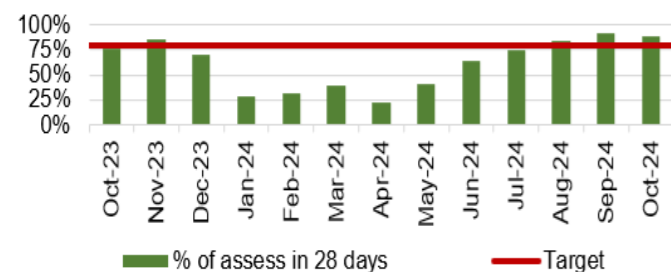


**Chart 12: Number of ligature incidents**

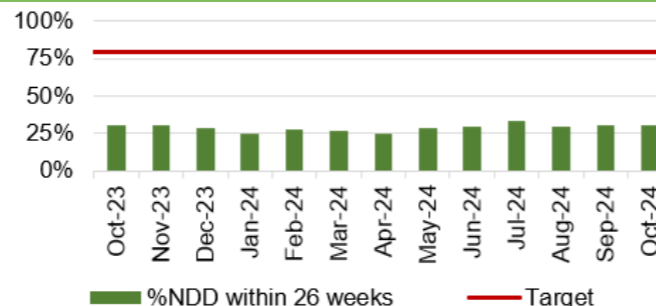


## Child & Adolescent Mental Health Services (CAMHS)

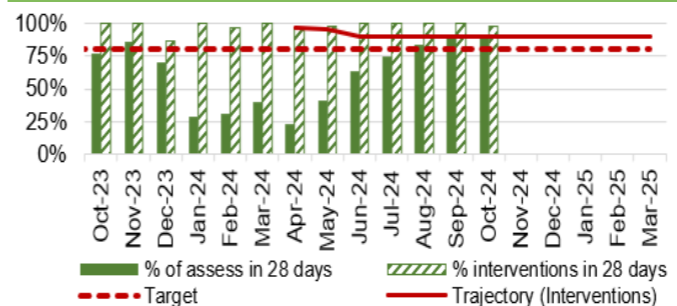
**Chart 13: Urgent assessments undertaken within 48 hours from receipt of referral**



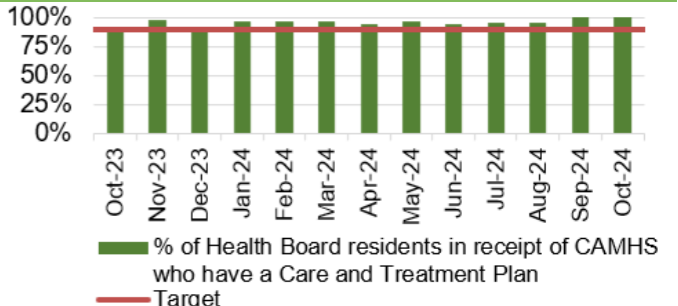
**Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks**



**Chart 15: Assessment and intervention within 28 days**



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



**APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD**

Harm from Covid itself																								
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/Local Profile	Profile Status	Welsh Average/Total	SBU's all-Wales rank	Performance Trend	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	
COVID19 related measures	Number of new COVID19 cases	Local	Nov-24	19		Reduce					80	214	174	70	45	51	64	70	73	47	61	72	19	
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce																		
	Number of staff awaiting results of COVID19 test	Local	Nov-24	0		Reduce						0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Nov-24	3		Reduce					21	43	35	21	17	28	24	25	6	5	4	7	3	
	Number of COVID19 related serious incidents	Local	Nov-24	0		Reduce					0	1	1	0	1	0	0	0	0	0	0	0	0	0
	Number of COVID19 related complaints	Local	Nov-24	1		Reduce					1	0	0	0	0	0	0	0	0	0	0	0	0	1
	Number of COVID19 related risks	Local	Nov-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	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Nov-24	46%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		52%	47%	50%	46%	50%	46%	50%	47%	45%	48%	52%	46%		
	Number of ambulance handovers over one hour	National	Nov-24	632	↑ trajectory	450	✘	6,798 (Dec-22)	1st (Dec-22)		724	762	704	629	638	625	695	590	578	670	591	638	632	
	Handover hours lost over 15 minutes	Local	Nov-24	0							3,343	3,787	3,693	3,344	3,573	2,905	3,158	2,890	2,678	3,147	2,609	3,140		
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Nov-24	74%	Month on month improvement			✘	63.1% (Dec-22)	4th (Dec-22)		75%	75%	77%	74%	76%	77%	78%	78%	79%	77%	79%	76%	74%
	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	Nov-24	1297	↑ trajectory	850		✘	12,099 (Dec-22)	4th (Dec-22)		969	994	959	1,197	1,132	994	1,115	980	1,013	1,167	1,129	1,234	1,297
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Sep-24	39.2%							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%							34.0%	52.8%	57.6%	47.5%	42.9%	50.0%	53.6%	46.2%	51.4%	29.3%	51.8%			
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Sep-24	89.3%							92.0%	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%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%		
	% stroke patients who receive mechanical thrombectomy	Local	Sep-24	3.7%	10%			✘	2.1% (Nov-22)	4th (Nov-22)		6.7%	4.5%	0.0%	0.0%	2.0%	11.0%	0.0%	2.6%	2.8%	3.6%	3.7%		
Nationally Reportable Incidents and risks	% 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)		69.5%	57.0%	49.4%	35.2%	31.3%	41.5%	45.7%	40.4%	23.8%	38.4%	41.6%		
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Nov-24	100.0%		80%		✓				100%	40%	100%	17%	66%	64%	33%	89%	50%	70%	25%	25%	100%
	Number of new Never Events	Local		0		0		✓				2	1	0	1	0	0	0	0	1	0	0	2	0
	Number of risks with a score greater than 20	Local	Nov-24	145		12 month ↓		✓				170	146	141	147	149	152	153	154	153	149	143	140	145
Number of risks with a score greater than 16	Local		313		12 month ↓		✘				363	305	296	310	318	316	311	309	320	320	301	306	313	

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	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Nov-24	60.1	<67		✓	67.80 (Dec-22)	3rd (Dec-22)		73.3	69.1	69.3	68.1	67.0	60.3	54.6	54.4	52.3	59.7	60.9	61.8	60.1	
	Number of E.Coli bacteraemia cases (Hospital)		7	≤ 234	8	✓					21	6	9	7	8	12	6	9	5	12	7	10	7	
	Number of E.Coli bacteraemia cases (Community)		8		9	✓					11	6	10	10	11	7	10	9	9	17	14	12	8	
	Total number of E.Coli bacteraemia cases		15		17	✓					32	12	19	17	19	19	16	18	14	29	21	22	15	
	Cumulative cases of S.aureus bacteraemias per 100k pop		Nov-24	33.2	<20		✗	27.76 (Dec-22)	6th (Dec-22)		37.2	38.8	39.0	37.9	36.8	38.1	29.7	27.2	29.7	32.4	30.7	32.5	33.2	
	Number of S.aureus bacteraemias cases (Hospital)		7	≤ 71	4	✗					8	9	7	5	5	9	4	4	8	9	4	6	7	
	Number of S.aureus bacteraemias cases (Community)		5		2	✗					6	8	4	2	3	4	3	3	4	5	3	8	5	
	Total number of S.aureus bacteraemias cases		12		6	✗					14	17	11	7	8	13	7	7	12	14	7	14	12	
	Cumulative cases of C.difficile per 100k pop		Nov-24	71.0	<25		✗	36.68 (Dec-22)	5th (Dec-22)		62.5	62.6	64.3	64.7	65.2	63.5	60.9	63.8	58.5	68.4	68.7	71.2	71.0	
	Number of C.difficile cases (Hospital)		16	≤ 95	6	✗					15	13	15	15	19	14	10	17	10	30	15	20	16	
	Number of C.difficile cases (Community)		6		2	✗					19	8	7	5	3	6	9	5	4	5	7	9	6	
	Total number of C.difficile cases		22		7	✗					33	21	22	20	22	20	19	22	14	35	22	29	22	
	Cumulative cases of Klebsiella per 100k pop		Nov-24	30.4								24.2	23.5	25.0	25.4	24.5	31.7	32.8	35.6	32.8	33.0	31.2	32.0	30.4
	Number of Klebsiella cases (Hospital)		5	≤ 71	2	✗					4	1	6	2	2	3	5	6	8	5	9	5	10	5
	Number of Klebsiella cases (Community)		1		2	✓					4	5	5	7	2	5	5	5	3	3	1	2	1	
	Total number of Klebsiella cases		6		4	✗		63 Total (Dec-22)	2nd (Dec-22)		8	6	11	9	5	10	11	13	8	12	6	12	6	
	Cumulative cases of Aeruginosa per 100k pop		Nov-24	3.1								6.1	6.5	6.2	5.7	5.2	0.0	1.6	1.1	2.3	3.7	3.6	3.6	3.1
	Number of Aeruginosa cases (Hospital)		0	≤ 21	2	✓					2	3	2	0	0	0	1	0	2	2	1	1	0	
Number of Aeruginosa cases (Community)	0		0	✓					0	0	0	0	0	0	0	0	0	0	1	0	0			
Total number of Aeruginosa cases	0		2	✓		8 Total (Dec-22)	4th (Dec-22)		2	3	2	0	0	0	1	0	2	3	1	1	0			
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Nov-24	97.1%		95%		✓				95%	97%	98%	97%	88%	90%	91%	86%	91%	94%	94%	91%	97%	
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Oct-24	66		12 month ↓	✓				69	60	83	60		42	66	56	40	52	49	66		
	Number of pressure ulcers developed in the community		38		12 month ↓	✗				45	51	46	33		49	41	49	44	47	44	38			
	Total number of pressure ulcers		104		12 month ↓	✓				114	111	129	93		91	107	105	84	99	93	104			
	Number of grade 3+ pressure ulcers acquired in hospital		3		12 month ↓	✓				5	5	2	1		3	4	2	6	4	2	3			
	Number of grade 3+ pressure ulcers acquired in community		4		12 month ↓	✗				13	10	3	7		9	9	11	8	11	11	4			
	Total number of grade 3+ pressure ulcers		7		12 month ↓	✗				18	15	5	8		12	13	13	14	15	13	7			
Inpatient Falls	Local	Nov-24	188		12 month ↓	✗					166	158	192	203	201	146	155	158	176	173	163	198	188	
NEWS	Local	Nov-24	89%		98%		✗				89.9%	85.7%	91.6%	85.5%	93.5%	81.6%	90.3%	87.3%	82.0%	81.7%	87.0%	75.2%	89.0%	
Coding	National	Oct-24	67%		12 month ↑		✗				66%	76%	78%	70%	64%	48%	59%	70%	69%	75%	79%	67%		
E-TOC	Local	Nov-24	76%		100%		✗				69%	70%	68%	72%	69%	76%	76%	76%	76%	79%	78%	76%	76%	
Workforce	Agency spend as a % of the total pay bill	Local	Oct-24	2.6%		12 month ↓	✓	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		4.6%	4.1%	3.9%	3.7%	3.8%	2.9%	3.5%	2.9%	2.4%	2.3%	2.0%	2.6%		
	% of headcount by organisation who have had a PADRI/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Nov-24	74%		85%		63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		66%	67%	69%	69%	70%	73%	73%	72%	73%	74%	75%	72%	74%	
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Nov-24	89%		85%		81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		89%	88%	86%	90%	87%	90%	90%	90%	90%	89%	89%	89%	89%	
	% workforce sickness absence (12 month rolling)	National	Nov-24	7.24%		12 month ↓		7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.09%	6.96%	6.96%	6.99%	6.96%	7.00%	7.05%	7.09%	7.27%	7.07%	7.07%	7.05%	7.24%	

		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	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Nov-24	12.2%							13.3%	13.9%	12.2%	11.4%	13.9%	13.9%	15.0%	14.0%	13.9%	15.0%	13.6%	14.0%	12.2%	
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Oct-24	56.0%	↑ trajectory	62%	✘	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		53.3%	51.0%	47.5%	50.4%	55.8%	56.4%	57.0%	57.9%	58.6%	55.7%	57.0%	56.0%		
Radiology waiting times	Scheduled (14 Day Target)	Local	Nov-24	31%	80%		✘				12%	17%	25%	28%	15%	17%	15%	7%	16%	10%	30%	25%	31%	
	Scheduled (21 Day Target)	Local	Nov-24	86%	100%		✘				61%	77%	67%	81%	59%	62%	51%	49%	64%	55%	78%	75%	86%	
	Urgent SC (2 Day Target)	Local	Nov-24	28%	80%		✘				31%	39%	26%	52%	50%	15%	20%	3%	28%	30%	37%	26%	28%	
	Urgent SC (7 Day Target)	Local	Nov-24	88%	100%		✘				77%	65%	85%	79%	82%	64%	49%	58%	75%	70%	67%	74%	88%	
	Emergency (within 1 day)	Local	Nov-24	96%	80%		✔				100%	100%	100%	67%	80%	88%	75%	80%	100%	67%	100%	100%	96%	
	Emergency (within 2 days)	Local	Nov-24	96%	100%		✘				100%	100%	100%	100%	96%	100%	100%	100%	100%	100%	92%	100%	100%	96%
	Elective Delay (7 Day Target)	Local	Nov-24	95%	80%		✔				95%	97%	99%	98%	98%	94%	85%	89%	92%	94%	91%	89%	95%	
	Elective Delay (14 Day Target)	Local	Nov-24	100%	100%		✔				100%	97%	100%	100%	100%	98%	94%	100%	99%	98%	100%	98%	100%	
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Nov-24	2,376				15,517 (Nov-22)	7th (Nov-22)		3,427	3,553	3,509	3,311	3,238	3,281	3,066	2,963	2,865	2,756	2,604	2,488	2,376	
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Nov-24	3,017	↑ trajectory	2,777	✘	42,566 (Nov-22)	4th (Nov-22)		5,429	5,616	4,705	3,870	3,687	3,746	3,576	3,493	3,490	3,425	3,296	3,156	3,017	
	Number of patients waiting > 14 weeks for a specified therapy	National	Nov-24	297	↑ trajectory			9,584 (Nov-22)	2nd (Nov-22)		84	73	88	29	1	1	0	4	5	17	130	147	297	
	% of patients waiting < 26 weeks for treatment	Local	Nov-24	59.98%	95%			56% (Nov-22)	6th (Nov-22)		62.6%	61.0%	60.8%	61.3%	60.6%	60.3%	59.9%	60.3%	60.9%	59.5%	59.5%	59.2%	60.0%	
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Nov-24	15,280							10,425	10,889	10,722	10,938	12,095	13,045	14,205	14,262	14,392	15,745	15,442	15,292	15,280	
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Nov-24	7,617	↑ trajectory						4,282	4,546	4,184	4,102	4,739	5,575	6,420	6,949	7,324	8,015	7,051	7,150	7,617	
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Nov-24	1	↑ trajectory	0	✘	85,301 (Nov-22)	3rd (Nov-22)		0	0	0	0	0	0	0	0	0	0	0	2	0	1
	Number of patients waiting > 52 weeks for treatment	National	Nov-24	14,241	↑ trajectory						13,453	13,386	13,318	13,211	13,181	12,898	13,259	13,623	13,622	13,905	14,000	14,447	14,241	
	Number of patients waiting > 104 weeks for treatment	National	Nov-24	1,145	↑ trajectory	277	✘	49,594 (Nov-22)	5th (Nov-22)		3,460	2,969	2,566	2,175	1,831	1,725	1,579	1,477	1,284	1,278	1,241	1,285	1,145	
	The number of patients waiting for a follow-up outpatient appointment	Local	Nov-24	149,380							157,285	159,226	162,964	164,581	166,438	163,049	170,254	171,913	172,898	147,509	148,525	149,220	149,380	
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Nov-24	38,437	↑ trajectory			224,552 (Nov-22)	5th (Nov-22)		41,727	43,784	44,976	46,482	48,969	49,837	50,646	49,585	49,591	39,908	39,502	39,137	38,437	
	% of ophthalmology RI appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Nov-24	62%	95%			64.9% (Nov-22)	1st (Nov-22)		61.5%	64.7%	61.3%	62.9%	57.3%	54.6%	56.7%	61.3%	59.1%	56.8%	57.3%	61.8%	62.0%	
	Activity	Number of GP referrals	Local	Nov-24	10,592	12 month ↓		✔				12,622	10,102	12,876	12,976	12,269	13,687	13,540	12,365	14,282	12,326	12,826	14,244	10,592
Number of patients referred from primary care into secondary care Ophthalmology Services		National	Nov-24	603	↑ trajectory						843	735	775	721	936	932	783	794	838	785	714	865	603	
DNAs	% of patients who did not attend a new outpatient appointment	Local	Nov-24	8%	12 month ↓		✔				10.0%	9.7%	9.3%	8.9%	9.5%	8.9%	8.7%	8.5%	7.8%	8.7%	8.6%	8.4%	8.5%	
	% of patients who did not attend a follow-up outpatient appointment	Local	Nov-24	7%	12 month ↓		✔				7.6%	8.0%	8.2%	7.2%	7.3%	7.3%	7.9%	7.4%	7.1%	7.6%	7.3%	6.7%	6.6%	
Theatre Efficiencies	Theatre Utilisation rates	Local	Nov-24	55%		90%	✘				58%	52%	49%	53%	49%	55%	52%	52%	54%	52%	55%	55%	55%	
	% of theatre sessions starting late	Local	Nov-24	41%		<25%	✘				44%	41%	39%	41%	38%	41%	41%	40%	41%	38%	44%	43%	41%	
	% of theatre sessions finishing early	Local	Nov-24	36%		<20%	✘				32%	31%	32%	33%	29%	33%	32%	34%	32%	32%	33%	33%	36%	
Patient experience	Number of friends and family surveys completed	National	Nov-24	5,766	↑ trajectory		✔				5,792	4,004	5,211	5,232	5,427	5,579	5,344	5,535	5,853	4,913	5,556	6,208	5,766	
	% of who would recommend and highly recommend	Local	Nov-24	93%		90%	✔				92%	92%	93%	92%	92%	93%	92%	93%	93%	93%	92%	93%	93%	
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Nov-24	93%		90%	✔				93%	93%	93%	93%	92%	93%	93%	93%	94%	93%	93%	93%	93%	
Complaints	Number of new formal complaints received	Local	Sep-24	130		12 month trend ↓	✔				171	108	181	168	167	140	145	130	152	142	130			
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Sep-24	62%		80%	✘				55%	69%	72%	71%	71%	74%	73%	70%	66%	61%	62%			
	% of acknowledgements sent within 2 working days	Local	Sep-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	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q2 24/25	93.8%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)			95.6%			95.0%			94.6%		93.8%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q2 24/25	91.1%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)			87.6%			89.5%			90.2%		91.1%				
Influenza	% uptake of influenza among 65 year olds and over	National	Nov-24	63.5%	75%			78.0% (Mar-22)	3rd (Mar-22)			68.0%	69.1%	69.4%	69.5%	Data collection restarts October 2024						53.4%	63.5%	
	% uptake of influenza among under 65s in risk groups	Local	Nov-24	27.7%	55%			48.2% (Mar-22)	4th (Mar-22)			33.5%	34.8%	35.4%	35.5%							21.0%	27.7%	
	% uptake of influenza among children 2 to 3 years old	Local	Nov-24	32.9%	50%			47.6% (Mar-22)	5th (Mar-22)			35.1%	38.9%	38.0%	38.0%							26.6%	32.9%	
	% uptake of influenza among healthcare workers	Local	Oct-24	17.4%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)			38.6%	38.6%	38.6%	52.7%							17.4%		
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-24	59.9%	75%		✘				Data collection restarts Apr-24					43.2%	57.1%	59.9%	Available Apr-2025					
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	Nov-24	38.0%	75%		✘				45.8%	50.0%	50.6%	50.5%	50.5%	Available Oct-24					27.5%	38.0%		
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Nov-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	Nov-24	29%	80%		✘	31.4% (Nov-22)	3rd (Nov-22)		30%	29%	24%	28%	26%	25%	29%	29%	33%	30%	31%	31%	29%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Nov-24	80%	80%		✔	83.2% (Nov-22)	5th (Nov-22)		86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	80%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Nov-24	80%	80%		✔	66.8% (Nov-22)	5th (Nov-22)		86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	91%	89%	80%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Nov-24	97%	80%	90%	✔	34.4% (Nov-22)	4th (Nov-22)		100%	86%	100%	96%	100%	97%	98%	100%	100%	100%	100%	98%	97%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%																			
% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Nov-24	100%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		98%	92%	97%	97%	97%	94%	97%	94%	95%	95%	100%	100%	100%	100%	
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Nov-24	97%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		97%	98%	97%	96%	95%	95%	90%	99%	93%	95%	97%	98%	97%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Nov-24	100%	80%	98%	✔	73.1% (Nov-22)	2nd (Nov-22)		100%	100%	100%	100%	99%	100%	100%	98%	100%	100%	95%	100%	100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Nov-24	57%	80%		✘	73.9% (Nov-22)	2nd (Nov-22)		76%	76%	73%	71%	69%	66%	64%	63%	61%	59%	57%	57%	55%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Nov-24	91%	90%		✔	84.2% (Nov-22)	2nd (Nov-22)		90%	88%	88%	89%	89%	90%	87%	90%	92%	92%	93%	91%	91%	
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTservice prior to	Local	Oct-24	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Local	Oct-24	100%	100%		✔	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

