



<b>Meeting Date</b>	<b>24<sup>th</sup> September 2024</b>	<b>Agenda Item</b>	
<b>Report Title</b>	<b>Quality &amp; Safety Performance Report</b>		
<b>Report Author</b>	Charlotte Angell, Health Board Performance Support Officer Performance		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance and Performance, Acting Deputy Chief Executive		
<b>Presented by</b>	Darren Griffiths, 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 (August 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><b><u>Unscheduled Care</u></b></p> <ul style="list-style-type: none"> <li>• Performance against the 4-hour access has deteriorated from 79.1% to 76.6% in August 2024.</li> <li>• Performance against the 12-hour wait has deteriorated in August 2024 to 1,167 from 1,013.</li> <li>• In August 2024, there were 670 ambulance to hospital handovers taking over 1 hour; this is an increase of 92 compared with the previous month.</li> <li>• In August 2024, 3,147 ambulance hours were lost in handover delays compared to 2,678 in the previous month.</li> <li>• There was an increase in the average number of patients who were deemed clinically optimised in July 2024 (Pathway of care delays). The average number of clinically optimised patients increased from 226 in the previous month to 246.</li> </ul> <p><b><u>Planned Care</u></b></p> <ul style="list-style-type: none"> <li>• OP waits remain under the 52 week Ministerial target level in August 2024, a position sustained since October 2023.</li> <li>• At the end of August 2024, there were 1,278 patients waiting over 104 weeks for treatment an improvement of 6 from the previous month.</li> <li>• In August 2024 there were 17 patients waiting over 14 weeks for a therapy service, all 17 were waiting for Dietetics.</li> <li>• In August 2024, there was a decrease in the number of patients waiting over 8 weeks for specified diagnostics. The position improved from 3,490 to 3,425. The breakdown is as follows: -</li> </ul>		



	<ul style="list-style-type: none"> <li>• Endoscopy= 2,756</li> <li>• Cardiac tests= 555</li> <li>• Other Diagnostics = 114</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 July 2024 was 59%, which is 1% higher than the figure reported in June 2024 (this measure is always reported a month in arrears due to data validation).</li> <li>• 305 patients were waiting in excess of 63 days at the end of August 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 July 2024 with the exception of psychological therapies.</li> <li>• In July 2024, 61% 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 July 2024.</li> <li>• Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance showed a modest deterioration of 3% in the month of August 2024 to 30%.</li> <li>• Note: S-CAMHS now included with P-CAMHS measure. Access to therapeutic interventions remains strong at 100% within 28 days. Access to assessment has improved against in August 2024 to 84% which is now above target levels; the fourth month of continuous improvement</li> </ul> <p><b><u>Nationally Reportable Incidents</u></b></p> <ul style="list-style-type: none"> <li>• In August 2024, there were 7 Nationally Reportable Incidents reported.</li> <li>• There were no new Never Events reported in August 2024.</li> </ul> <p><b><u>Patient Experience</u></b></p> <ul style="list-style-type: none"> <li>• August 2024 data is included in this report showing 93% satisfaction through 4,913 surveys.</li> </ul>			
<p><b>Specific Action Required</b></p>	<p><b>Information</b></p> <p>✓</p>	<p><b>Discussion</b></p>	<p><b>Assurance</b></p> <p>✓</p>	<p><b>Approval</b></p>
<p><b>Recommendations</b></p>	<p>Members are asked to:</p> <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>			



## QUALITY & SAFETY PERFORMANCE REPORT

### 1. INTRODUCTION

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

### 2. BACKGROUND

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

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

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

### 3. GOVERNANCE AND RISK ISSUES

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

### 4. FINANCIAL IMPLICATIONS

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

### 5. RECOMMENDATION

Members are asked to:

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



<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives (please choose)</b>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
<b>(please choose)</b>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<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>		
The '5 Ways of Working' are demonstrated in the report as follows:		



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

<b>Report History</b>	The last iteration of the Quality & Safety Performance Report was presented to Quality & Safety committee in June 2024. This is a routine monthly report.
<b>Appendices</b>	Appendix 1: Quality & Safety performance report



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



# Appendix 1- Quality & Safety Performance Report

## September 2024



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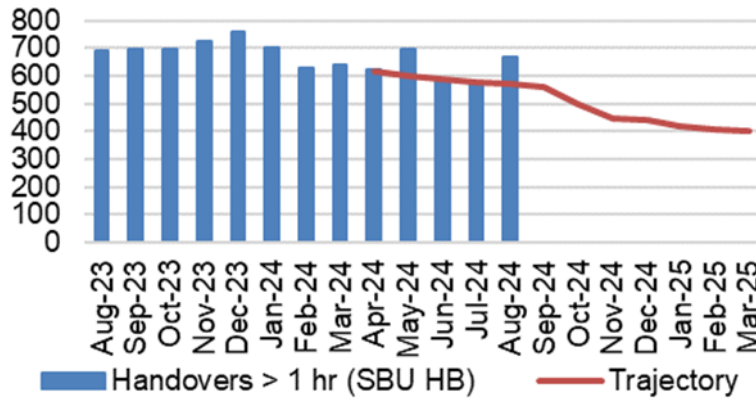
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## **1. TARGETED INTERVENTION METRICS PERFORMANCE**

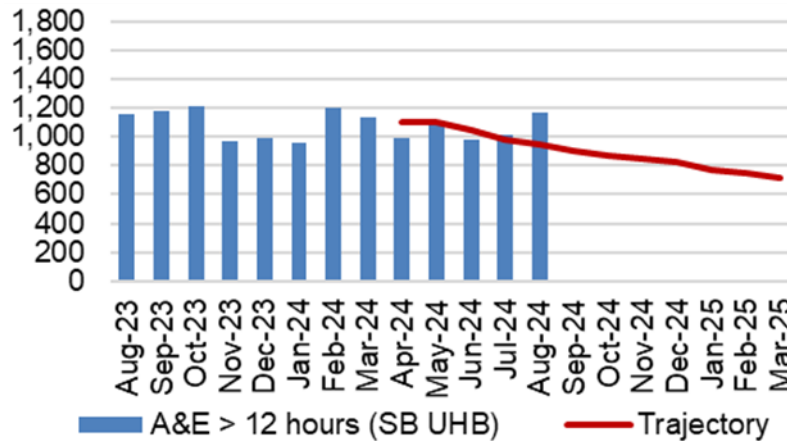
## URGENT AND EMERGENCY CARE

### 1. Ambulance handovers over 1 hour



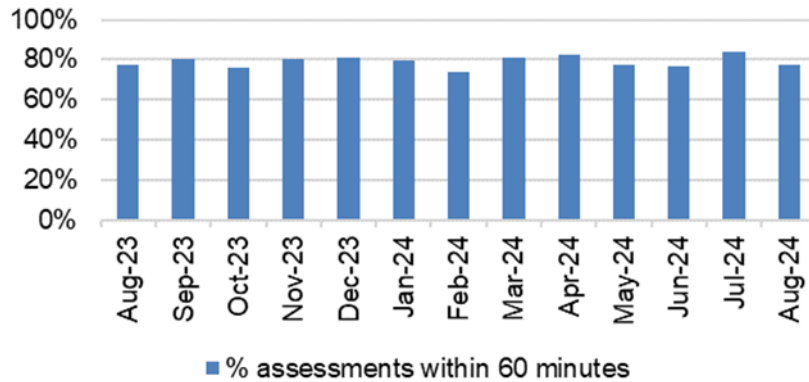
1. The number ambulance handovers over 1 hour has seen an increase in August 2024. The number of handovers over 1 hour increased from 578 in July 2024 to 670 in August 2024, which is above the outlined trajectory.

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



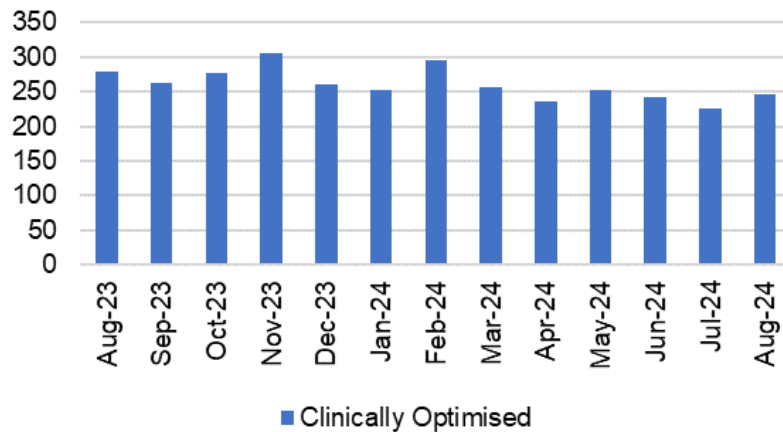
2. Performance against the 12-hour wait has deteriorated in-month and is currently performing above the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department increased to 1,167 in August 2024, from 1,013 in July 2024.

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



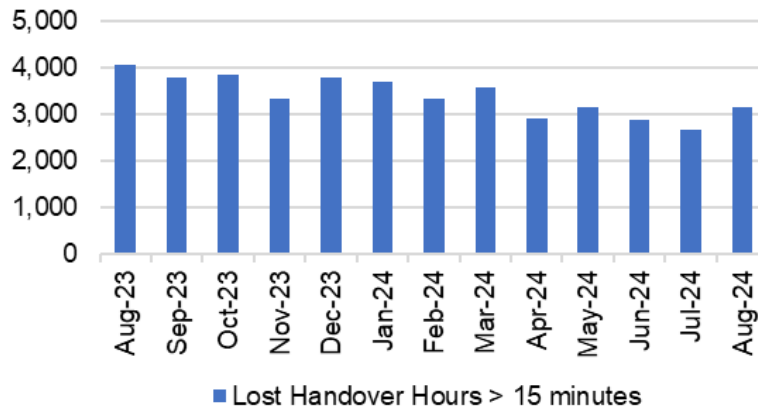
3. In August 2024 77.70% of patients received their first assessment within 60 minutes of their arrival at the Emergency Department. This is a reduction of 6.2% on the figure reported in July 2024 (83.94%).

**4. Continuing reduction in pathway of care delays**



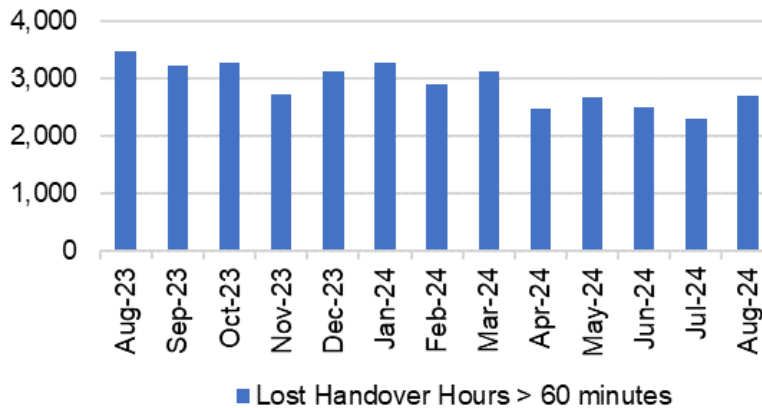
4. There was an increase in the average number of patients who were deemed clinically optimised in August 2024. The average number of clinically optimised patients increased from 226 in July 2024 to 246 in August 2024.

**5. Lost Ambulance Hours Total**



5. The ambulance handover lost hours rate has seen an increase in August 2024. The ambulance handover lost hours increased from 2,678 in July 2024 to 3,147 in August 2024.

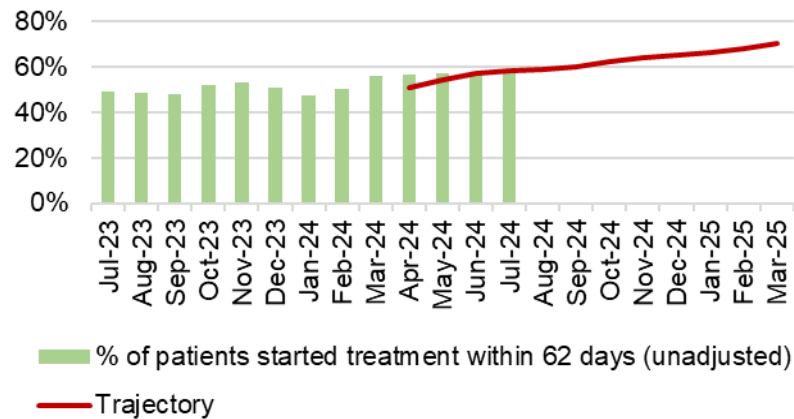
**6. Lost Ambulance Hours over 1 hour**



6. There has been an increase in the number of lost ambulance hours over 1 hour in August 2024. There were 2,707 lost hours over 1 hour in August 2024 which is an increase of 413 compared with 2,294 in July 2024.

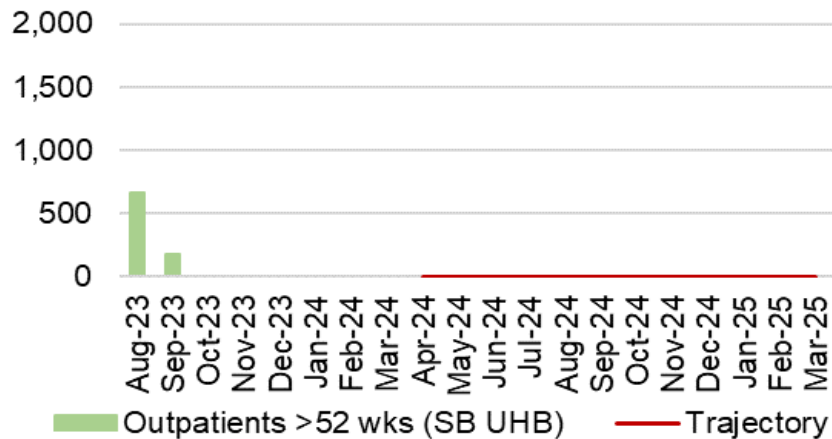
## PLANNED CARE & CANCER

### 1. Single Cancer Pathway



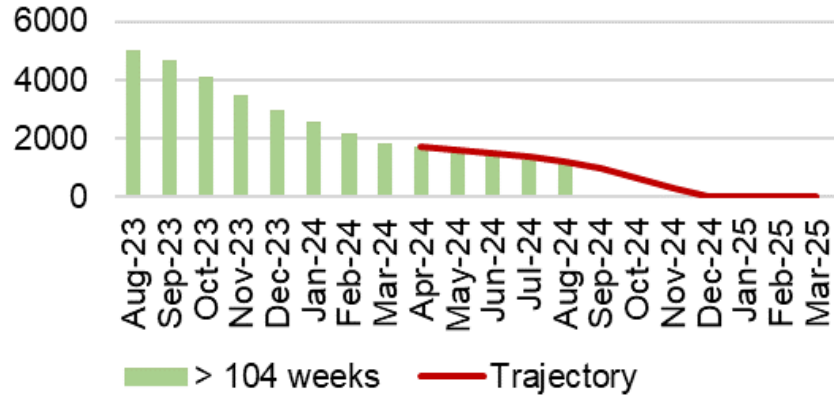
1. The final SCP performance for July 2024 was 59%, which is higher than the figure reported in June 2024. Performance is currently above the submitted trajectory (58%).

### 2. Outpatients waiting over 52 weeks



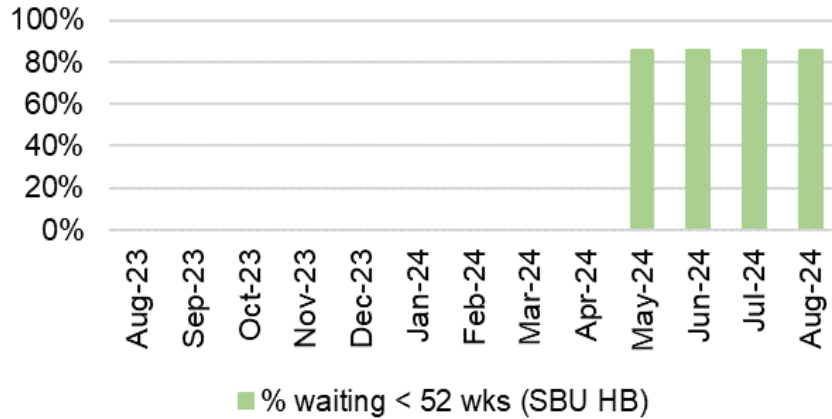
2. The number of patients waiting over 52 weeks for a first outpatient appointment remained below the Ministerial target level of 0 in August 2024. This position has been sustained since October 2023.

**3. 104 week waits – all pathways**



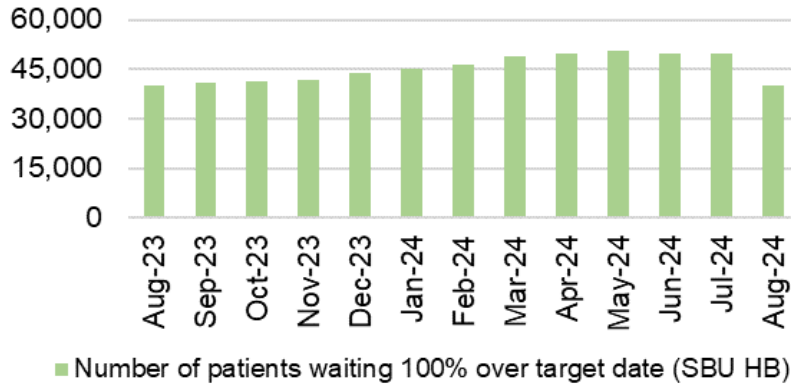
3. August 2024 saw a slight in-month reduction of 0.05% in the number of patients waiting over 104 weeks for treatment. The number decreased from 1,284 in July 2024 to 1,278 in August 2024.

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



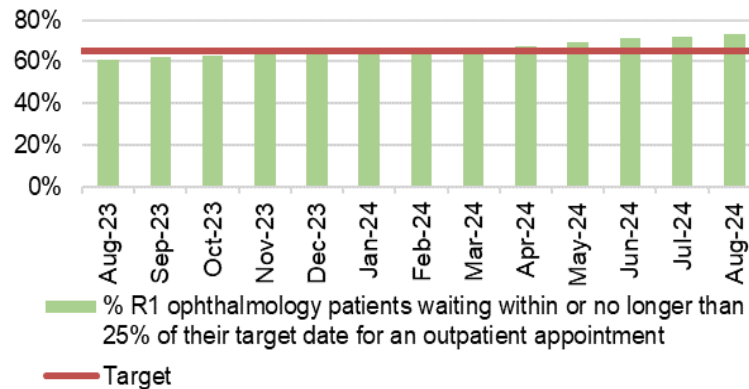
4. The percentage of patients waiting under 52 weeks for treatment decreased slightly in-month. In August 85.3% of patients were waiting under 52 weeks, compared with 85.4% in July 2024.

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



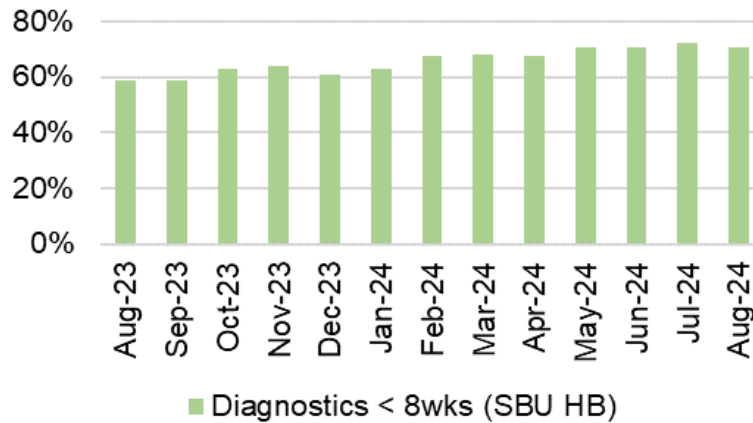
5. There were 39,908 patients waiting 100% over their target date in August 2024. The improvement is due to a change in reporting requirements and future trends will be built from August 2024.

**6. R1 Ophthalmology**



6. In August 2024 73.3% of Ophthalmology RI patients were waiting within their clinical target date or within 25% of their target date. This is a 1.1% increase on the figure reported in July 2024.

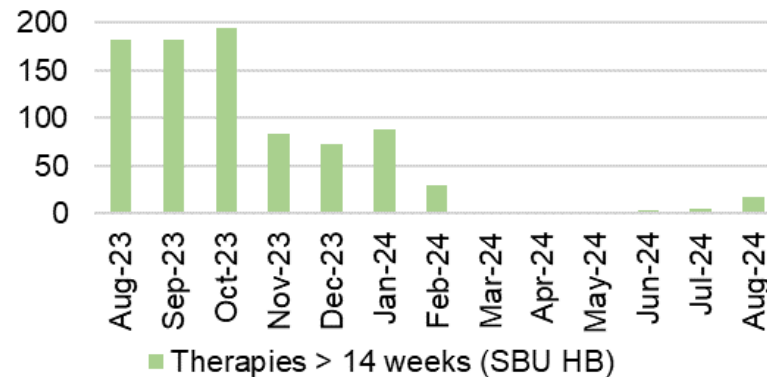
**7. Percentage of Patients waiting 8 weeks for a diagnostic test**



7. In August 2024, there was a reduction in the percentage of patients waiting less than 8 weeks for a diagnostic test. It decreased from 72.1% in July 2024 to 70.5% in August 2024.

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

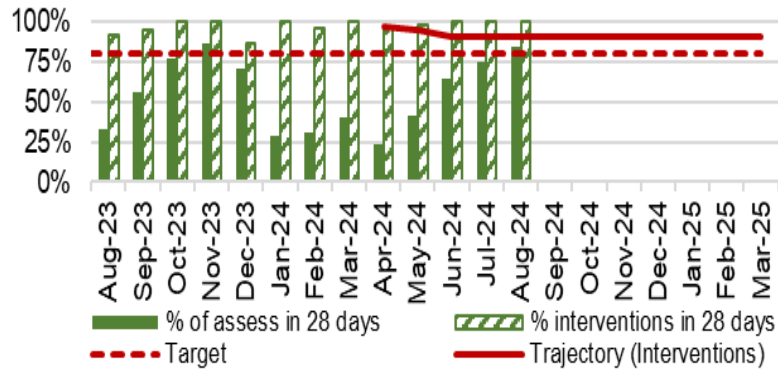
**8. Patients waiting 14 weeks for therapy services**



8. In August 2024, 99.71% of patients were waiting less than 14 weeks for therapy services; this is a deterioration when compared with the figure reported in July 2024. The 0.29% equates to 17 patients, all of which were in dietetics.

## CAMHS

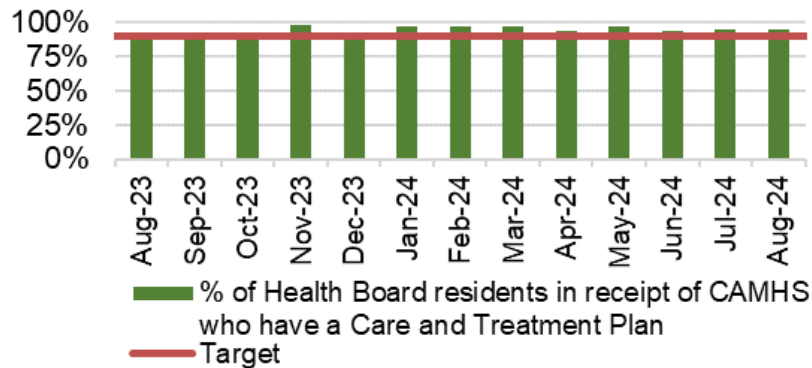
### 1. LPMHSS assessments with 28 days and therapeutic assessment within 28 days



1. The percentage of routine assessments undertaken within 28 days increased to 84% in August 2024 from 75% in July 2024.

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

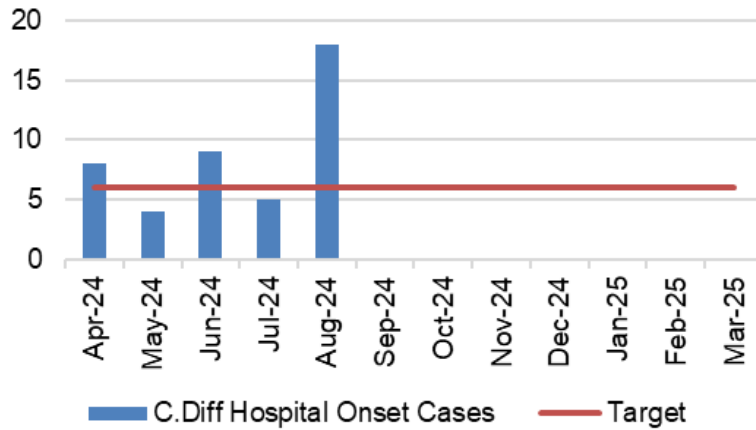
### 2. Residents in receipt of a valid care and treatment plan



2. The percentage of residents in receipt of a valid care and treatment plan remained above the 90% target, achieving 95% in August 2024.

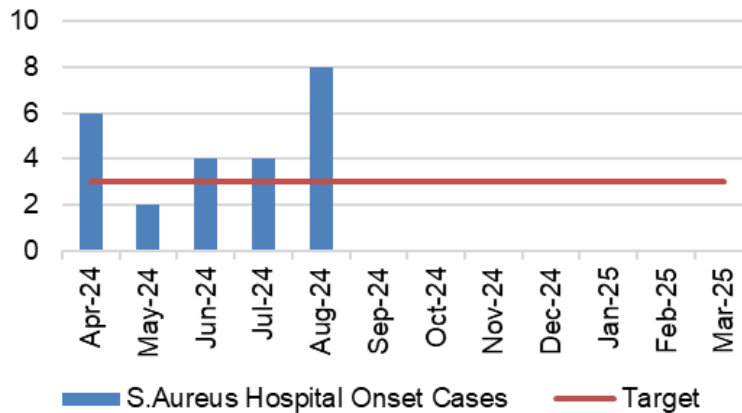
## HEALTHCARE ACQUIRED INFECTIONS

### 1. C. Difficile



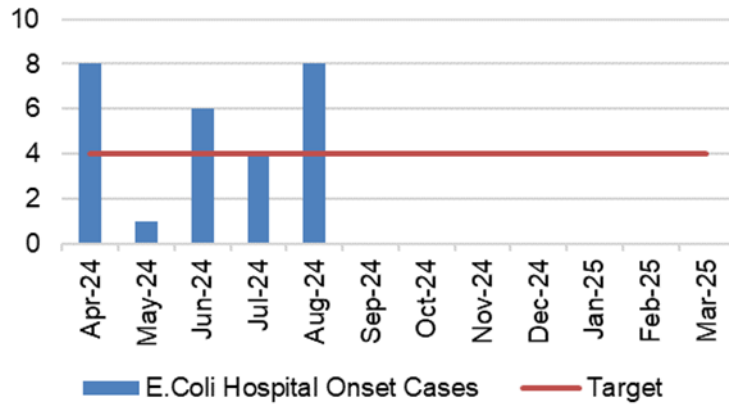
1. There were 18 hospital onset cases of C. Difficile reported in August 2024. This is 13 more than reported in July 2024 and is above the target of a maximum of 6 cases per month.

### 2. Staph aureus



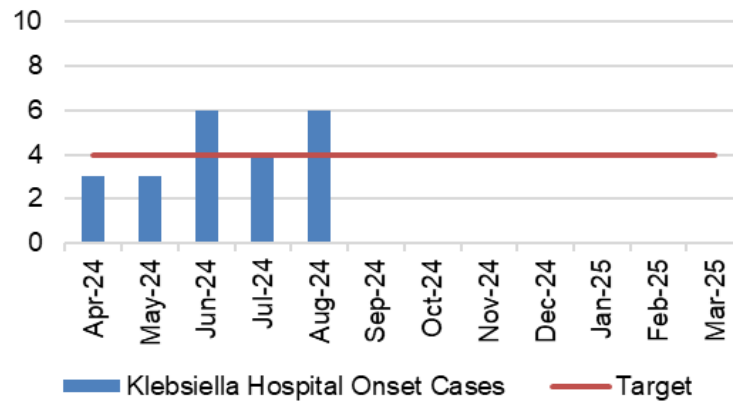
2. There were 8 hospital onset cases of Staph aureus reported in August 2024. This is 4 more than reported in July 2024 and is above the target of a maximum of 3 cases per month.

**3. E-coli**



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

**4. Klebsiella**



4. The number of hospital onset cases of Klebsiella reported increased to 6 in August 2024 from 4 in July 2024. This is above the target of a maximum of 4 cases per month.

Harm quadrant- Harm from Covid itself																	
Measure	Locality	National/ Local Target	HB Trajectory	Trend	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
					Number of new COVID19 cases*	HB Total				132	139	175	80	214	174	70	45
Number of staff referred for Antigen Testing	HB Total																
Number of staff awaiting results of COVID19 test*	HB Total				0	0	0	0	0	0	0	0	0	0	0	0	0
Number of COVID19 related incidents*	HB Total				33	37	35	21	43	35	21	17	28	24	25	6	5
Number of COVID19 related serious incidents*	HB Total				0	0	0	0	1	1	0	1	0	0	0	0	0
Number of COVID19 related complaints*	HB Total				0	1	1	1	0	0	0	0	0	0	0	0	0
Number of COVID19 related risks*	HB Total																
Number of staff self isolated (asymptomatic)*	Medical																
	Nursing Registered																
	Nursing Non Registered																
	Other																
Number of staff self isolated (symptomatic)*	Medical																
	Nursing Registered																
	Nursing Non Registered																
	Other																
% sickness*	Medical																
	Nursing Registered																
	Nursing Non Registered																
	Other																
	All																

### 3.1 Updates on key measures

COVID TESTING																																																						
Description	Current Performance	Trend																																																				
<p>1. Number of new COVID19 cases in Swansea Bay population area</p>	<p><b>1. Number of new COVID cases</b>            In August 2024, there were an additional 47 positive cases recorded bringing the cumulative total to 121,820 in Swansea Bay since March 2020.</p>	<p><b>1. Number of new COVID19 cases for Swansea Bay population</b></p> <table border="1"> <caption>Estimated data for New positive COVID19 cases</caption> <thead> <tr> <th>Month</th> <th>New positive COVID19 cases</th> </tr> </thead> <tbody> <tr><td>Aug-22</td><td>200</td></tr> <tr><td>Sep-22</td><td>200</td></tr> <tr><td>Oct-22</td><td>150</td></tr> <tr><td>Nov-22</td><td>180</td></tr> <tr><td>Dec-22</td><td>400</td></tr> <tr><td>Jan-23</td><td>220</td></tr> <tr><td>Feb-23</td><td>250</td></tr> <tr><td>Mar-23</td><td>380</td></tr> <tr><td>Apr-23</td><td>150</td></tr> <tr><td>May-23</td><td>50</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>100</td></tr> <tr><td>Dec-23</td><td>220</td></tr> <tr><td>Jan-24</td><td>180</td></tr> <tr><td>Feb-24</td><td>50</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>50</td></tr> <tr><td>Jun-24</td><td>50</td></tr> <tr><td>Jul-24</td><td>50</td></tr> <tr><td>Aug-24</td><td>47</td></tr> </tbody> </table> <p>■ New positive COVID19 cases</p>	Month	New positive COVID19 cases	Aug-22	200	Sep-22	200	Oct-22	150	Nov-22	180	Dec-22	400	Jan-23	220	Feb-23	250	Mar-23	380	Apr-23	150	May-23	50	Jun-23	50	Jul-23	80	Aug-23	120	Sep-23	150	Oct-23	180	Nov-23	100	Dec-23	220	Jan-24	180	Feb-24	50	Mar-24	50	Apr-24	50	May-24	50	Jun-24	50	Jul-24	50	Aug-24	47
Month	New positive COVID19 cases																																																					
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Apr-24	50																																																					
May-24	50																																																					
Jun-24	50																																																					
Jul-24	50																																																					
Aug-24	47																																																					

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

### 4.1 Overview

Measure	Locality	National/ Local Target	HB	Trend	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
<b>Unscheduled Care</b>																	
Number of ambulance handovers over one hour	Morrison	Improvement trajectory towards 0 by Mar 24	570		693	695	696	723	762	701	629	638	623	694	589	574	670
	Singleton				1	0	0	1	0	3	0	0	2	1	1	4	0
	<b>Total</b>				<b>694</b>	<b>695</b>	<b>696</b>	<b>724</b>	<b>762</b>	<b>704</b>	<b>629</b>	<b>638</b>	<b>625</b>	<b>695</b>	<b>590</b>	<b>578</b>	<b>670</b>
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Morrison	Improvement compared to same month in 22/23			62.3%	63.8%	63.9%	62.0%	62.8%	63.5%	60.1%	62.8%	62.9%	64.4%	64.0%	67.4%	61.8%
	NPTH			99.0%	98.3%	98.8%	99.1%	99.2%	99.2%	99.4%	98.4%	97.8%	97.9%	97.1%	97.8%	99.0%	
	<b>Total</b>			<b>76.2%</b>	<b>77.0%</b>	<b>76.6%</b>	<b>75.3%</b>	<b>74.7%</b>	<b>76.6%</b>	<b>74.3%</b>	<b>75.7%</b>	<b>77.3%</b>	<b>78.1%</b>	<b>77.6%</b>	<b>79.1%</b>	<b>76.6%</b>	
Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Morrison	Improvement trajectory towards 0 by Mar 24	950		1,154	1,177	1,206	969	994	959	1,197	1,132	990	1,114	978	1,012	1,166
	NPTH				2	3	1	0	0	0	0	4	1	2	1	1	
	<b>Total</b>				<b>1,156</b>	<b>1,180</b>	<b>1,207</b>	<b>969</b>	<b>994</b>	<b>959</b>	<b>1,197</b>	<b>1,132</b>	<b>994</b>	<b>1,115</b>	<b>980</b>	<b>1,013</b>	<b>1,167</b>
<b>Stroke</b>																	
% of patients who have a direct admission to an acute stroke unit within 4 hours*	Morrison	59.8%			22.7%	23.3%	33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%	34.5%	18.4%	5.9%	20.0%
	<b>Total</b>	(UK SNAP average)			22.7%	23.3%	33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%	34.5%	18.4%	5.9%	20.0%
% of patients who receive a CT scan within 1 hour*	Morrison	54.5%			34.1%	58.1%	23.8%	34.0%	52.8%	57.6%	47.5%	42.9%	50.0%	53.6%	46.2%	51.4%	29.3%
	<b>Total</b>	(UK SNAP average)			34.1%	58.1%	23.8%	34.0%	52.8%	57.6%	47.5%	42.9%	50.0%	53.6%	46.2%	51.4%	29.3%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Morrison	84.2%			97.7%	86.0%	92.9%	92.0%	86.1%	93.2%	91.5%	92.9%	94.4%	87.5%	84.6%	81.1%	84.5%
	<b>Total</b>	(UK SNAP average)			97.7%	86.0%	92.9%	92.0%	86.1%	93.2%	91.5%	92.9%	94.4%	87.5%	84.6%	81.1%	84.5%
% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 *minutes	Morrison	12 month improvement trend			75.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%
	<b>Total</b>				75.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%
% of patients receiving the required minutes for speech and language therapy	Morrison	12 month improvement trend			47.3%	72.0%	71.6%	69.5%	57.0%	49.4%	35.2%	31.3%	41.5%	45.7%	40.4%	23.8%	38.4%
<b>Fractured Neck of Femur (NOF)</b>																	
Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Morrison	75%			96.8%	97.0%	97.0%	97.0%	97.0%	97.0%	97.4%	97.2%	97.8%	97.6%	97.6%	97.5%	
Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Morrison	75%			31.3%	31.1%	30.6%	30.8%	32.4%	33.8%	35.0%	34.1%	33.9%	33.1%	31.9%	30.7%	
NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Morrison	75%			73.7%	74.6%	74.2%	73.4%	72.9%	69.7%	66.9%	69.4%	69.8%	70.6%	70.8%	70.0%	
Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Morrison	75%			81.8%	82.2%	82.4%	81.6%	83.0%	83.9%	83.6%	83.5%	84.6%	85.0%	84.9%	85.4%	
Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Morrison	75%			73.4%	72.7%	72.5%	73.9%	74.8%	75.4%	75.2%	75.5%	76.1%	75.4%	76.1%	76.2%	
Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Morrison	75%			72.9%	72.5%	73.1%	72.9%	73.2%	73.6%	73.4%	74.0%	74.0%				
30 day mortality rate - Casemix Adjusted	Morrison	Monitor			6.7%			6.0%			4.8%			5.6%			

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	
Healthcare Acquired Infections																		
Number of E.Coli bacteraemia cases	PCCS Community	12 month reduction trend	9		9	15	6	11	6	10	10	11	7	10	9	9	17	
	PCCS Hospital		1		1	0	0	0	0	0	0	0	0	0	0	0	0	0
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrison		6		11	6	3	11	5	6	2	4	5	4	5	3	6	
	NPTH		1		2	0	0	1	0	1	1	0	3	0	0	1	2	
	Singleton		3		2	2	2	9	1	1	2	0	4	1	3	1	3	
	<b>Total</b>		<b>20</b>	<b>27</b>	<b>23</b>	<b>11</b>	<b>32</b>	<b>12</b>	<b>19</b>	<b>17</b>	<b>19</b>	<b>19</b>	<b>16</b>	<b>18</b>	<b>14</b>	<b>29</b>		
Number of S.aureus bacteraemia cases	PCCS Community	12 month reduction trend	2		4	3	4	6	8	4	2	3	4	3	4	5		
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0		
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0		
	Morrison		3		3	4	4	5	3	4	3	3	4	3	2	7	7	
	NPTH		0		0	0	0	0	1	1	1	0	0	0	0	0		
	Singleton		1		2	3	2	3	4	2	1	1	5	1	1	0	2	
	<b>Total</b>		<b>6</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>14</b>	<b>17</b>	<b>11</b>	<b>7</b>	<b>8</b>	<b>13</b>	<b>7</b>	<b>7</b>	<b>12</b>	<b>14</b>		
Number of C.difficile cases	PCCS Community	12 month reduction trend	3		3	7	4	18	8	7	5	3	6	9	5	4	5	
	PCCS Hospital		0		1	0	1	0	0	0	0	1	1	0	0	0	1	
	MH&LD		0		0	0	0	0	0	0	0	1	0	0	0	0	0	
	Morrison		4		11	16	12	11	10	13	12	14	9	6	11	7	23	
	NPTH		0		0	1	0	2	1	1	0	0	1	1	2	1	2	
	Singleton		1		2	3	1	2	2	1	2	2	2	1	4	2	4	
	<b>Total</b>		<b>8</b>	<b>17</b>	<b>27</b>	<b>18</b>	<b>33</b>	<b>21</b>	<b>22</b>	<b>20</b>	<b>22</b>	<b>20</b>	<b>19</b>	<b>22</b>	<b>14</b>	<b>35</b>		
Number of Klebsiella cases	PCCS Community	12 month reduction trend	3		6	5	1	4	5	5	7	2	5	5	3	3		
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0		
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0		
	Morrison		3		2	7	4	1	1	4	2	2	3	3	3	5	7	
	NPTH		1		0	0	0	0	0	1	0	0	0	0	3	0	0	
	Singleton		0		2	0	1	3	0	0	0	0	2	1	2	0	1	
	<b>Total</b>		<b>7</b>	<b>10</b>	<b>12</b>	<b>6</b>	<b>8</b>	<b>6</b>	<b>11</b>	<b>9</b>	<b>5</b>	<b>10</b>	<b>11</b>	<b>13</b>	<b>8</b>	<b>12</b>		
Number of Aeruginosa cases	PCCS Community	12 month reduction trend	1		1	1	0	0	0	0	0	0	0	0	0	0	1	
	PCCS Hospital		0		0	0	0	0	0	0	0	0	0	0	0	0		
	MH&LD		0		0	0	0	0	0	0	0	0	0	0	0	0		
	Morrison		1		0	1	0	1	2	1	0	0	0	1	0	1	2	
	NPTH		0		0	0	0	0	0	0	0	0	0	0	0	1	0	
	Singleton		0		0	0	0	2	1	0	0	0	0	0	0	0	0	
	<b>Total</b>		<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>3</b>		
Compliance with hand hygiene audits	PCCS	95%		100.0%	-	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	MH&LD			99.0%	100.0%	99.5%	96.8%	97.4%	98.2%	94.3%	97.5%	100.0%	95.8%	96.7%	98.0%	83.9%		
	Morrison			97.2%	94.0%	96.2%	92.6%	95.7%	96.0%	96.6%	81.8%	79.5%	81.4%	78.2%	80.4%	97.9%		
	NPTH			95.2%	100.0%	77.3%	93.9%	80.0%	-	100.0%	90.0%	100.0%	71.4%	100.0%	100.0%	100.0%		
	Singleton			88.4%	91.9%	96.8%	98.7%	97.3%	100.0%	96.6%	100.0%	100.0%	97.8%	97.0%	98.0%	98.2%		
	<b>Total</b>			95.5%	96.0%	96.6%	95.3%	96.8%	97.6%	96.7%	88.2%	90.1%	91.0%	85.9%	90.8%	93.9%		

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												Jul-24	Aug-24
					Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24			
<b>Serious Incidents &amp; Risks</b>																		
Number of Nationally Reportable Incidents	PCCS	Monitor			4	1	0	3	1	0	0	2	0	2	2	1	1	
	MH&LD			2	0	1	0	0	0	1	2	2	0	1	0	0		
	Morrison			1	3	2	4	2	4	1	3	2	0	1	1	4		
	NPTH			0	0	2	0	1	0	1	1	1	0	0	2	0		
	Singleton			2	1	0	1	3	2	7	0	2	0	0	1	2		
<b>Total</b>	<b>9</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>2</b>	<b>4</b>	<b>5</b>	<b>7</b>					
Of the nationally reportable incidents due for assurance, the % which were assured within the	<b>Total</b>	80%			83%	50%	33%	100%	40%	100%	17%	66%	64%	33%	89%	50%	70%	
Number of Never Events	PCCS	0			0	0	0	0	0	0	0	0	0	0	0	0	0	
	MH&LD			0	0	0	0	0	0	0	0	0	0	0	0			
	Morrison			0	0	2	1	0	0	1	0	0	0	0	0			
	NPTH			0	0	0	0	1	0	0	0	0	0	0	1			
	Singleton			1	0	0	1	0	0	0	0	0	0	0	0			
<b>Total</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>				
<b>Pressure Ulcers</b>																		
Total number of Pressure Ulcers	PCCS Community	12 month reduction trend			38	44	37	45	51	46	33		49	41	49	44		
	PCCS Hospital			1	0	2	0	0	2	1		0	0	0				
	MH&LD			0	2	0	1	0	0	1		1	0	0				
	Morrison			52	52	59	59	47	74	50		34	54	45	29			
	NPTH			2	6	4	3	9	4	5		3	7	6	7			
	Singleton			5	3	5	6	4	3	3		4	5	5	4			
<b>Total</b>	<b>98</b>	<b>107</b>	<b>107</b>	<b>114</b>	<b>111</b>	<b>129</b>	<b>93</b>		<b>91</b>	<b>107</b>	<b>105</b>	<b>84</b>						
Total number of Grade 3+ Pressure Ulcers	PCCS Community	12 month reduction trend			7	11	5	13	10	3	7		9	9	11	8		
	PCCS Hospital			0	0	0	0	0	0	0		0	0	0				
	MH&LD			0	1	0	1	0	0	1		0	0	0				
	Morrison			3	2	5	4	1	2	0		3	3	0	3			
	NPTH			0	1	1	0	3	0	0		0	1	2	3			
	Singleton			1	0	0	0	1	0	0		0	0	0	0			
<b>Total</b>	<b>11</b>	<b>15</b>	<b>11</b>	<b>18</b>	<b>15</b>	<b>5</b>	<b>8</b>		<b>12</b>	<b>13</b>	<b>13</b>	<b>14</b>						
Pressure Ulcer (Hosp) patients per 100,000 admissions	<b>Total</b>	12 month reduction trend			803	880	942	881	1,002	1,388	1,072		709	1,105	1,012	625		
Total number of Inpatient Falls	PCCS	12 month reduction trend			4	6	10	5	7	3	6	8	5	10	13	13	9	
	MH&LD			29	28	30	23	21	31	60	47	34	30	26	42	48		
	Morrison			132	94	117	109	89	114	99	95	65	71	84	81	83		
	NPTH			21	11	20	21	27	32	30	33	24	27	24	28	21		
	Singleton			14	18	13	8	14	12	8	18	18	17	11	12	12		
<b>Total</b>	<b>200</b>	<b>157</b>	<b>190</b>	<b>166</b>	<b>158</b>	<b>192</b>	<b>203</b>	<b>201</b>	<b>146</b>	<b>155</b>	<b>158</b>	<b>176</b>	<b>173</b>					
Inpatient Falls per 1,000 beddays	<b>HB Total</b>	Between 3.0 & 5.0			5.14	4.16	4.78	4.22	4.01	4.77	9.41	5.01	3.86	4.01	4.21	4.55	4.49	
<b>Mortality</b>																		
Crude hospital mortality rate by Delivery Unit (74 years of age or less)	Morrison	12 month reduction trend			1.26%	1.23%	1.22%	1.21%	1.23%	1.20%	1.21%	1.20%	1.18%	1.17%	1.17%	1.21%		
	Singleton			0.20%	0.20%	0.18%	0.17%	0.14%	0.14%	0.15%	0.16%	0.16%	0.17%	0.16%	0.15%			
	NPTH			0.07%	0.07%	0.05%	0.07%	0.07%	0.06%	0.06%	0.09%	0.09%	0.05%	0.08%	0.07%			
	<b>Total (SBU)</b>			<b>0.67%</b>	<b>0.68%</b>	<b>0.66%</b>	<b>0.65%</b>	<b>0.65%</b>	<b>0.66%</b>	<b>0.65%</b>	<b>0.66%</b>	<b>0.65%</b>	<b>0.66%</b>	<b>0.64%</b>	<b>0.64%</b>	<b>0.65%</b>		

## 4.2 Updates on key measures

UNSCHEDULED CARE																																																																																																			
Description	Current Performance																																																																																																		
<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 August 2024, the number of red calls responded to within 8 minutes deteriorated to 44.9% from 46.5% in July 2024. In August 2024, the number of green calls increased by 4%, amber calls decreased by 1%, and red calls decreased by 0.5% compared with July 2024.</p> <p style="text-align: center;"><b>Trend</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;"><b>1. % of red calls responded to within 8 minutes</b></p> <table border="1"> <caption>1. % of red calls responded to within 8 minutes</caption> <thead> <tr> <th>Month</th> <th>Red calls within 8 minutes (SBU HB)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>55%</td><td>65%</td></tr> <tr><td>Sep-23</td><td>48%</td><td>65%</td></tr> <tr><td>Oct-23</td><td>45%</td><td>65%</td></tr> <tr><td>Nov-23</td><td>50%</td><td>65%</td></tr> <tr><td>Dec-23</td><td>48%</td><td>65%</td></tr> <tr><td>Jan-24</td><td>50%</td><td>65%</td></tr> <tr><td>Feb-24</td><td>45%</td><td>65%</td></tr> <tr><td>Mar-24</td><td>50%</td><td>65%</td></tr> <tr><td>Apr-24</td><td>45%</td><td>65%</td></tr> <tr><td>May-24</td><td>45%</td><td>65%</td></tr> <tr><td>Jun-24</td><td>48%</td><td>65%</td></tr> <tr><td>Jul-24</td><td>46.5%</td><td>65%</td></tr> <tr><td>Aug-24</td><td>44.9%</td><td>65%</td></tr> </tbody> </table> </div> <div style="width: 48%;"> <p style="text-align: center;"><b>2. Number of ambulance call responses</b></p> <table border="1"> <caption>2. Number of ambulance call responses</caption> <thead> <tr> <th>Month</th> <th>Red calls</th> <th>Amber calls</th> <th>Green calls</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>500</td><td>2800</td><td>500</td></tr> <tr><td>Sep-23</td><td>500</td><td>3000</td><td>500</td></tr> <tr><td>Oct-23</td><td>500</td><td>3000</td><td>500</td></tr> <tr><td>Nov-23</td><td>500</td><td>2800</td><td>500</td></tr> <tr><td>Dec-23</td><td>600</td><td>3200</td><td>500</td></tr> <tr><td>Jan-24</td><td>500</td><td>2800</td><td>500</td></tr> <tr><td>Feb-24</td><td>500</td><td>2800</td><td>500</td></tr> <tr><td>Mar-24</td><td>500</td><td>2800</td><td>500</td></tr> <tr><td>Apr-24</td><td>500</td><td>2500</td><td>500</td></tr> <tr><td>May-24</td><td>600</td><td>3000</td><td>500</td></tr> <tr><td>Jun-24</td><td>500</td><td>2800</td><td>500</td></tr> <tr><td>Jul-24</td><td>500</td><td>2800</td><td>500</td></tr> <tr><td>Aug-24</td><td>450</td><td>2800</td><td>600</td></tr> </tbody> </table> </div> </div> <p style="text-align: center;"><b>3. % of red calls responded to within 8 minutes – HB total last 90 days</b></p> <p style="text-align: center;"> <span style="color: blue;">◆</span> Total      <span style="color: blue;">—</span> Mean      <span style="color: blue;">—</span> Control Limits     </p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Symbol Key:</b></p> <ul style="list-style-type: none"> <li><span style="color: red;">◆</span> Above or below control limits</li> <li><span style="color: blue;">◆</span> 8 or more points above or below the mean</li> <li><span style="color: red;">●</span> A run of 6 increasing or decreasing points</li> </ul> </div>	Month	Red calls within 8 minutes (SBU HB)	Target	Aug-23	55%	65%	Sep-23	48%	65%	Oct-23	45%	65%	Nov-23	50%	65%	Dec-23	48%	65%	Jan-24	50%	65%	Feb-24	45%	65%	Mar-24	50%	65%	Apr-24	45%	65%	May-24	45%	65%	Jun-24	48%	65%	Jul-24	46.5%	65%	Aug-24	44.9%	65%	Month	Red calls	Amber calls	Green calls	Aug-23	500	2800	500	Sep-23	500	3000	500	Oct-23	500	3000	500	Nov-23	500	2800	500	Dec-23	600	3200	500	Jan-24	500	2800	500	Feb-24	500	2800	500	Mar-24	500	2800	500	Apr-24	500	2500	500	May-24	600	3000	500	Jun-24	500	2800	500	Jul-24	500	2800	500	Aug-24	450	2800	600
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UNSCHEDULED CARE	
Description	Current Performance
<b>Ambulance handovers</b> 1. The number of ambulance handovers over one hour  2. The number of ambulance handovers over one hour- Hospital level  3. The number of ambulance handovers over one hour (last 90 days)	<p>In August 2024, there were 670 ambulance to hospital handovers taking over 1 hour; this is an increase of 92 compared with 578 in July 2024. In August 2024, all 670 handovers over 1 hour were attributed to Morriston Hospital. The number of handover hours lost over 15 minutes have increased from 2,678 in July 2024 to 3,147 in August 2024.</p>
	<b>Trend</b>
	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p><b>1. Number of ambulance handovers- HB total</b></p> <p>Legend: Handovers &gt; 1 hr (SBU HB) (Blue bars), Trajectory (Red line)</p> </div> <div style="width: 45%;"> <p><b>2. Number of ambulance handovers over 1 hour- Hospital level</b></p> <p>Legend: Morriston (Blue line), Singleton (Orange line)</p> </div> </div> <div style="margin-top: 20px;"> <p><b>3. Number of ambulance handovers- HB total last 90 days</b></p> <p>Legend: Total (Blue line), Mean (Blue line), Control Limits (Horizontal lines)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <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>

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Limits	10/06/2024	450	350	300-500	12/06/2024	350	350	300-500	14/06/2024	300	350	300-500	16/06/2024	300	350	300-500	18/06/2024	450	350	300-500	20/06/2024	400	350	300-500	22/06/2024	380	350	300-500	24/06/2024	480	350	300-500	26/06/2024	420	350	300-500	28/06/2024	350	350	300-500	30/06/2024	400	350	300-500	02/07/2024	420	350	300-500	04/07/2024	350	350	300-500	06/07/2024	380	350	300-500	08/07/2024	450	350	300-500	10/07/2024	380	350	300-500	12/07/2024	350	350	300-500	14/07/2024	450	350	300-500	16/07/2024	480	350	300-500	18/07/2024	420	350	300-500	20/07/2024	380	350	300-500	22/07/2024	420	350	300-500	24/07/2024	380	350	300-500	26/07/2024	350	350	300-500	28/07/2024	420	350	300-500	30/07/2024	380	350	300-500	01/08/2024	420	350	300-500	03/08/2024	350	350	300-500	05/08/2024	450	350	300-500	07/08/2024	380	350	300-500	09/08/2024	320	350	300-500	11/08/2024	350	350	300-500	13/08/2024	420	350	300-500	15/08/2024	380	350	300-500	17/08/2024	350	350	300-500	19/08/2024	420	350	300-500	21/08/2024	380	350	300-500	23/08/2024	350	350	300-500	25/08/2024	320	350	300-500	27/08/2024	420	350	300-500	29/08/2024	380	350	300-500	31/08/2024	350	350	300-500	02/09/2024	420	350	300-500	04/09/2024	380	350	300-500	06/09/2024	350	350
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UNSCHEDULED CARE	
Description	Current Performance
<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 79.12% in July 2024 to 76.61% in August 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 99.01% in August 2024. Morriston Hospital's performance deteriorated between July 2024 and August 2024, achieving 61.81% against the target.</p>
	Trend
	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <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> </div> <div style="width: 45%;"> <p><b>2. % Patients waiting under 4 hours in A&amp;E- Hospital level</b></p> <p>— Morriston — NPTH</p> </div> </div> <div style="margin-top: 20px;"> <p><b>3. % Patients waiting under 4 hours in A&amp;E- HB total last 90 days</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <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>Arund of 6</li> <li>● increasing or decreasing points</li> </ul> </div> </div>

## UNSCHEDULED CARE

### Description

### Current Performance

#### A&E waiting times

In August 2024, performance against the 12-hour measure deteriorated when compared with July 2024, increasing from 1,013 to 1,167. This is an increase of 154 compared to July 2024. 1,166 patients waiting over 12 hours in August 2024 were attributed to Morrision Hospital and 1 was attributed to Neath Port Talbot Hospital.

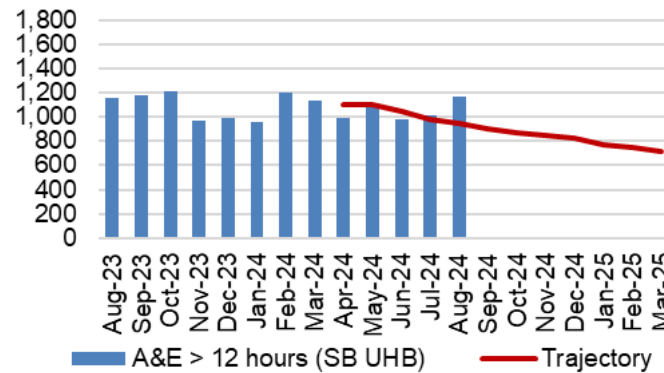
1. Number of patients who spend 12 hours or more in A&E

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

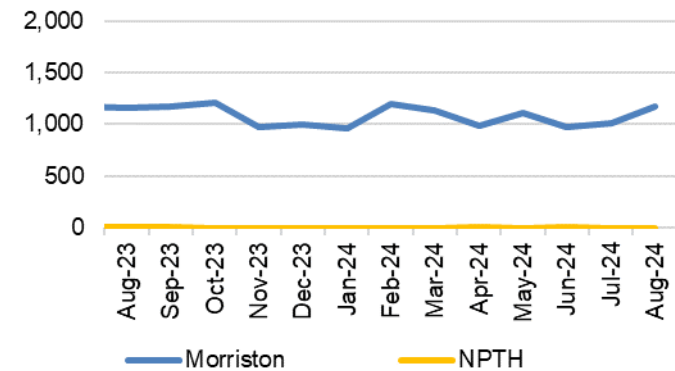
3. Number of patients waiting over 12 hours in A&E (last 90 days)

### Trend

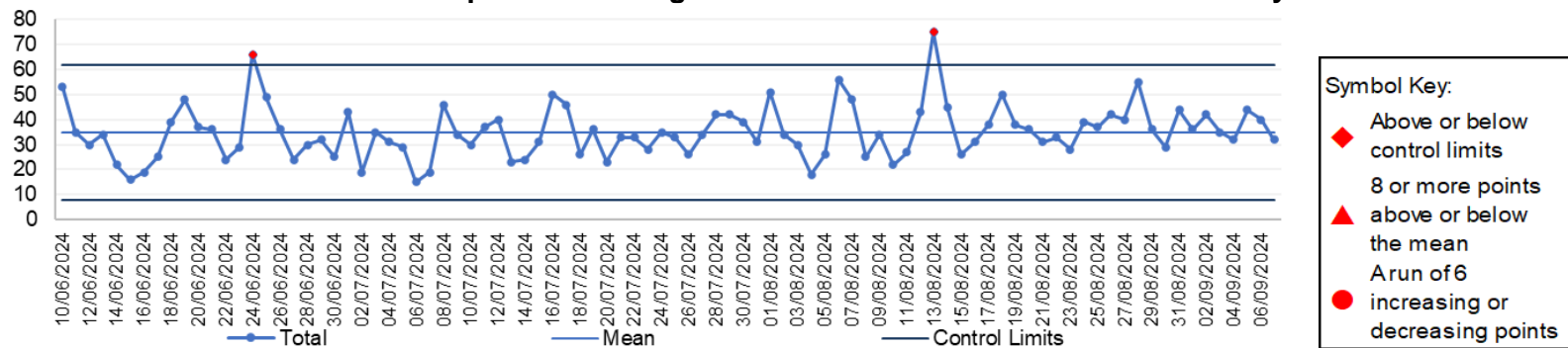
**1. Number of patients waiting over 12 hours in A&E- HB total**



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



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



## UNSCHEDULED CARE

### Description

### Current Performance

#### Emergency admissions

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

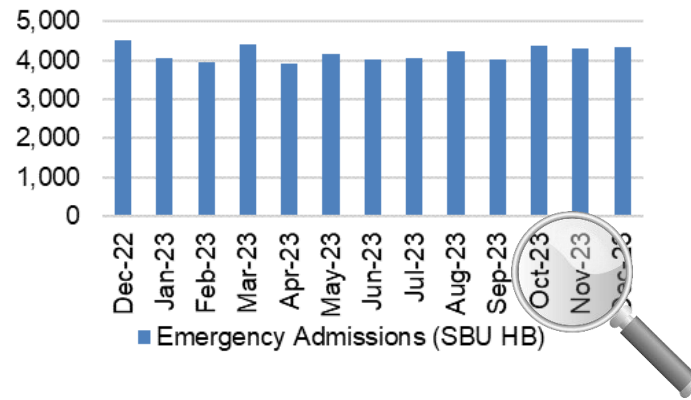
1. The number of emergency inpatient admissions

2. The number of emergency inpatient admissions- Hospital level

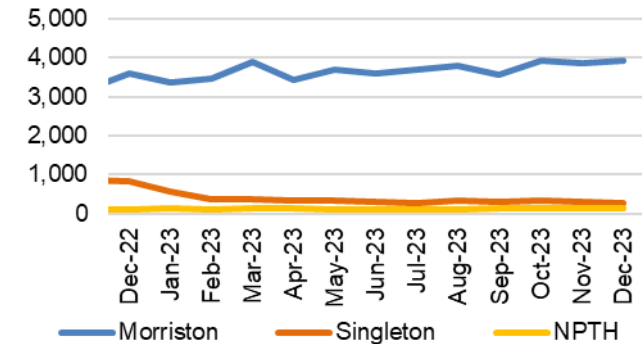
3. The number of emergency inpatient admissions (last 90 days)

### Trend

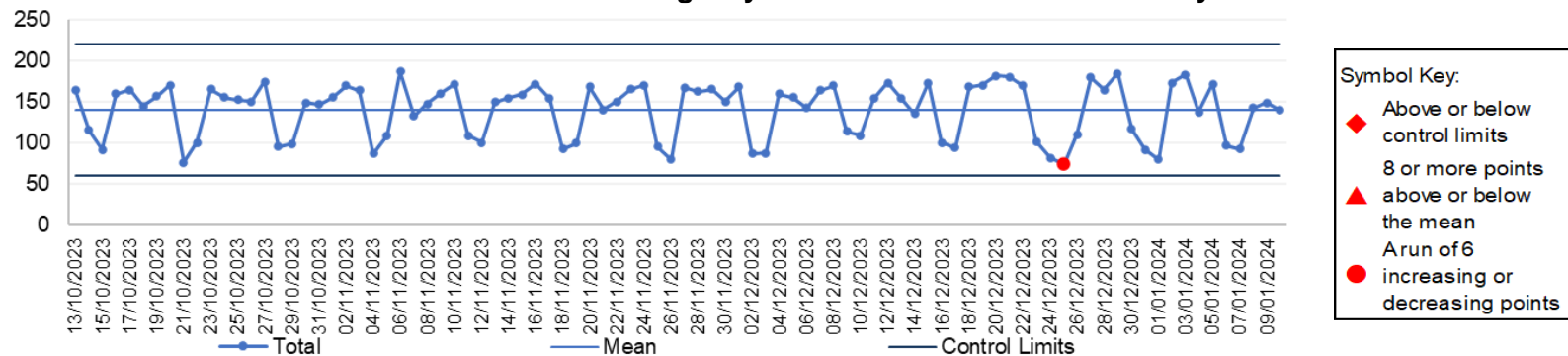
**1. Number of emergency admissions- HB total**



**2. Number of emergency admissions- Hospital level**



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



**UNSCHEDULED CARE**

**Description**

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

1. Total Critical Care delayed discharges (hours)

2. Average lost bed days per day

3. Percentage of patients delayed:

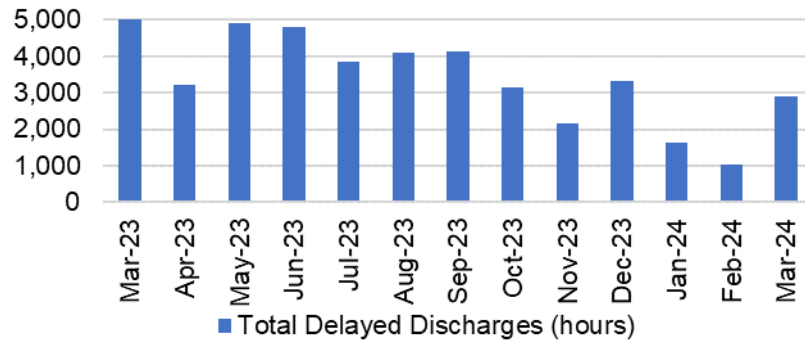
- Up to 8 hours
- Between 8 and 24 hours
- Over 24 hours

**Current Performance**

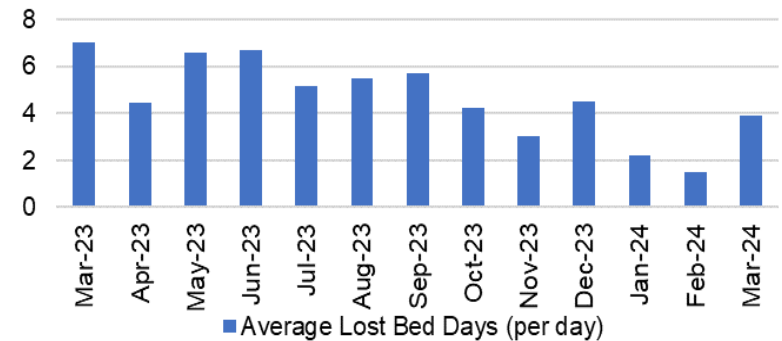
In March 2024, there were a total of 76 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is an increase when compared with 70 admissions in February 2024. March 2024, saw an increase in the number of delayed discharge hours from 1049.25 in February 2024 to 2903.1 in March 2024. The average lost bed days increased to 3.9 per day. The percentage of patients delayed over 24 hours increased to 52.73% in March from 26.53% in February 2024.

**Trend**

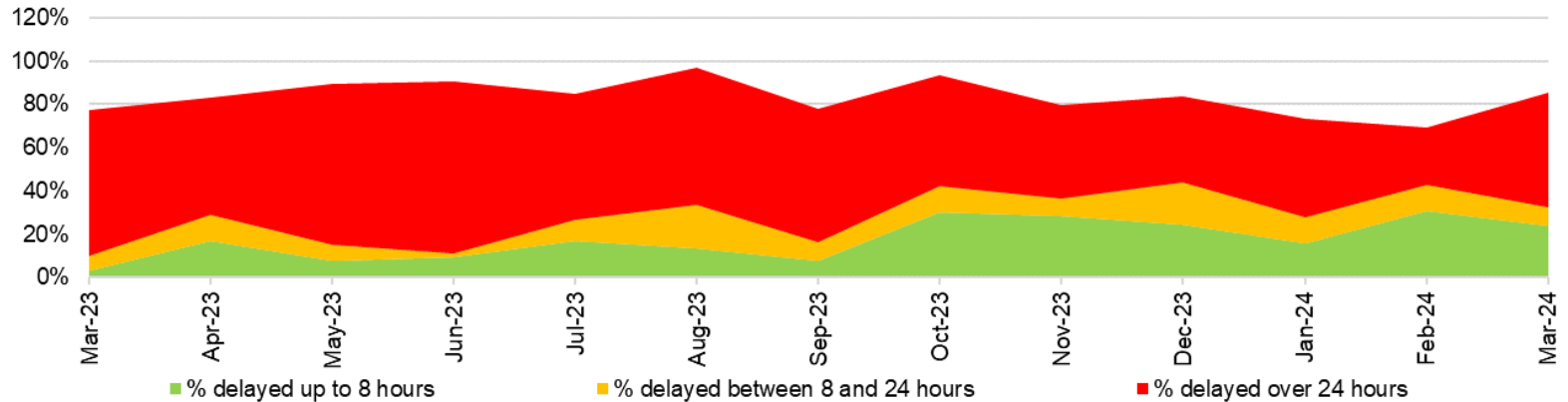
**1. Total Critical Care delayed discharges (hours)**



**2. Average lost bed days per day**



**3. Percentage of Critical Care patients delayed**



UNSCHEDULED CARE																																																																								
Description	Current Performance	Trend																																																																						
<p><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 August 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 August, Morriston Hospital had the largest proportion of clinically optimised patients with 138, followed by Neath Port Talbot Hospital with 69.</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><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>Aug-23</td><td>140</td><td>10</td><td>75</td><td>20</td></tr> <tr><td>Sep-23</td><td>145</td><td>5</td><td>100</td><td>10</td></tr> <tr><td>Oct-23</td><td>175</td><td>5</td><td>100</td><td>15</td></tr> <tr><td>Nov-23</td><td>180</td><td>5</td><td>100</td><td>15</td></tr> <tr><td>Dec-23</td><td>150</td><td>5</td><td>75</td><td>20</td></tr> <tr><td>Jan-24</td><td>130</td><td>35</td><td>65</td><td>20</td></tr> <tr><td>Feb-24</td><td>170</td><td>35</td><td>65</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>115</td><td>45</td><td>55</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>10</td><td>65</td><td>20</td></tr> <tr><td>Aug-24</td><td>138</td><td>15</td><td>69</td><td>25</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Gorseinon	Aug-23	140	10	75	20	Sep-23	145	5	100	10	Oct-23	175	5	100	15	Nov-23	180	5	100	15	Dec-23	150	5	75	20	Jan-24	130	35	65	20	Feb-24	170	35	65	20	Mar-24	110	50	60	25	Apr-24	115	45	55	20	May-24	150	25	55	20	Jun-24	135	25	60	20	Jul-24	135	10	65	20	Aug-24	138	15	69	25
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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 August 2024, there were 19 elective procedures cancelled due to lack of beds on the day of surgery. This is 2 more cancellations than those seen in July 2024.</p> <p>Of the 19 cancelled procedures, 18 were attributed to Morriston Hospital and 1 was attributed to Neath Port Talbot Hospital.</p>	<p><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>Aug-23</td><td>5</td><td>0</td><td>0</td></tr> <tr><td>Sep-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Oct-23</td><td>15</td><td>0</td><td>0</td></tr> <tr><td>Nov-23</td><td>20</td><td>0</td><td>0</td></tr> <tr><td>Dec-23</td><td>10</td><td>0</td><td>0</td></tr> <tr><td>Jan-24</td><td>25</td><td>0</td><td>42</td></tr> <tr><td>Feb-24</td><td>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>10</td></tr> <tr><td>Jun-24</td><td>28</td><td>0</td><td>0</td></tr> <tr><td>Jul-24</td><td>18</td><td>0</td><td>0</td></tr> <tr><td>Aug-24</td><td>18</td><td>0</td><td>1</td></tr> </tbody> </table>	Month	Morriston	Singleton	NPTH	Aug-23	5	0	0	Sep-23	15	0	0	Oct-23	15	0	0	Nov-23	20	0	0	Dec-23	10	0	0	Jan-24	25	0	42	Feb-24	20	0	0	Mar-24	15	0	0	Apr-24	18	0	0	May-24	15	0	10	Jun-24	28	0	0	Jul-24	18	0	0	Aug-24	18	0	1														
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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 July 2024, 97.5% of patients in Morryston hospital received an assessment by a senior geriatrician within 72 hours.</p> <p><b>2. Prompt surgery-</b> In July 2024, 30.7% of patients had surgery the day following presentation with a hip fracture. This is a 0.9% deterioration from July 2023 which was 31.6%.</p> <p><b>3. NICE compliant surgery-</b> 70.0% of operations were consistent with the NICE recommendations in July 2024. This is 2.9% less than in July 2023.</p> <p><b>4. Prompt mobilisation-</b> In July 2024, 85.4% of patients were out of bed the day after surgery. This is 4% more than in July 2023.</p>	<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>

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5. <i>Not delirious when tested- % patients (&lt;4 on 4AT test) when tested in the week after operation</i>	<b>5 Not delirious when tested-</b> 76.2% of patients were not delirious in the week after their operation in July 2024.	<p><b>5. Not delirious when tested</b></p> <table border="1"> <caption>5. Not delirious when tested (Estimated 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>72</td><td>65</td><td>65</td></tr> <tr><td>Aug-23</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Sep-23</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Oct-23</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Nov-23</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Dec-23</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Jan-24</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Feb-24</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Mar-24</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Apr-24</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>May-24</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Jun-24</td><td>72</td><td>65</td><td>65</td></tr> <tr><td>Jul-24</td><td>76.2</td><td>65</td><td>65</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jul-23	72	65	65	Aug-23	72	65	65	Sep-23	72	65	65	Oct-23	72	65	65	Nov-23	72	65	65	Dec-23	72	65	65	Jan-24	72	65	65	Feb-24	72	65	65	Mar-24	72	65	65	Apr-24	72	65	65	May-24	72	65	65	Jun-24	72	65	65	Jul-24	76.2	65	65
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6. <i>Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up</i>	<b>6 Return to original residence-</b> 74.0% of patients in April 2024 were discharged back to their original residence. This is 6.2% more than in April 2023.	<p><b>6. Return to original residence</b></p> <table border="1"> <caption>6. Return to original residence (Estimated 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>Apr-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>May-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Jun-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Jul-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Aug-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Sep-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Oct-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Nov-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Dec-23</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Jan-24</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Feb-24</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Mar-24</td><td>68</td><td>70</td><td>70</td></tr> <tr><td>Apr-24</td><td>74.0</td><td>70</td><td>70</td></tr> </tbody> </table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Apr-23	68	70	70	May-23	68	70	70	Jun-23	68	70	70	Jul-23	68	70	70	Aug-23	68	70	70	Sep-23	68	70	70	Oct-23	68	70	70	Nov-23	68	70	70	Dec-23	68	70	70	Jan-24	68	70	70	Feb-24	68	70	70	Mar-24	68	70	70	Apr-24	74.0	70	70
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Apr-24	74.0	70	70																																																							
7. <i>30 day mortality rate (Casemix adjusted)</i>	<b>7. 30 day mortality rate-</b> In Q1 24-25 the mortality rate for Morryston Hospital was 5.6%, which is consistent with the figure reported in the same period in the previous year and is 0.2% higher than the national average for the quarter.	<p><b>7. 30 day mortality rate</b></p> <table border="1"> <caption>7. 30 day mortality rate (Estimated Data)</caption> <thead> <tr> <th>Quarter</th> <th>Morryston (Casemix Adjusted) (%)</th> <th>National Average (%)</th> </tr> </thead> <tbody> <tr><td>Q1 21-22</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q2 21-22</td><td>6.5</td><td>7.5</td></tr> <tr><td>Q3 21-22</td><td>6.8</td><td>7.8</td></tr> <tr><td>Q4 21-22</td><td>6.5</td><td>7.5</td></tr> <tr><td>Q1 22-23</td><td>6.5</td><td>7.0</td></tr> <tr><td>Q2 22-23</td><td>6.0</td><td>6.8</td></tr> <tr><td>Q3 22-23</td><td>6.0</td><td>6.5</td></tr> <tr><td>Q4 22-23</td><td>6.0</td><td>6.2</td></tr> <tr><td>Q1 23-24</td><td>5.8</td><td>6.0</td></tr> <tr><td>Q2 23-24</td><td>6.5</td><td>5.8</td></tr> <tr><td>Q3 23-24</td><td>6.0</td><td>5.5</td></tr> <tr><td>Q4 23-24</td><td>5.0</td><td>5.2</td></tr> <tr><td>Q1 24-25</td><td>5.6</td><td>5.4</td></tr> </tbody> </table>	Quarter	Morryston (Casemix Adjusted) (%)	National Average (%)	Q1 21-22	7.0	8.0	Q2 21-22	6.5	7.5	Q3 21-22	6.8	7.8	Q4 21-22	6.5	7.5	Q1 22-23	6.5	7.0	Q2 22-23	6.0	6.8	Q3 22-23	6.0	6.5	Q4 22-23	6.0	6.2	Q1 23-24	5.8	6.0	Q2 23-24	6.5	5.8	Q3 23-24	6.0	5.5	Q4 23-24	5.0	5.2	Q1 24-25	5.6	5.4														
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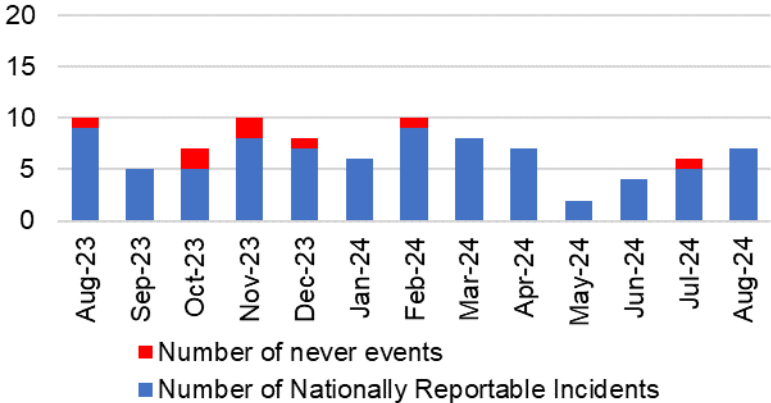
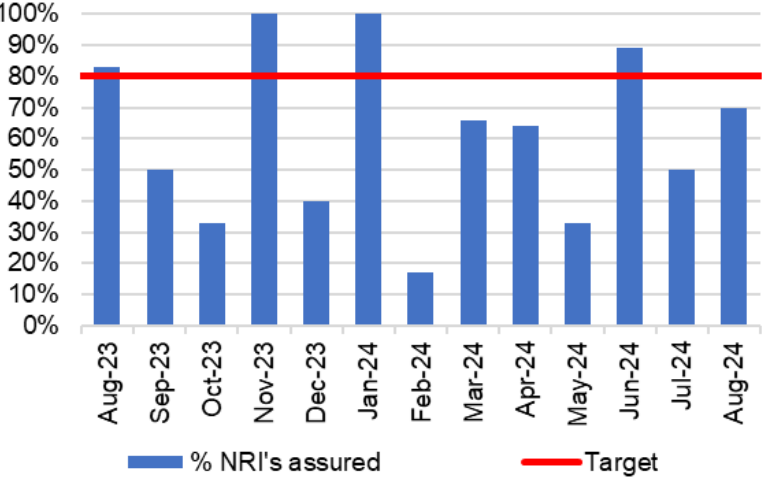
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<p><b>Healthcare Acquired Infections (HCAI) - E.coli bacteraemia-</b> Number of laboratory confirmed E.coli bacteraemia cases</p>	<ul style="list-style-type: none"> <li>29 cases of E. coli bacteraemia were identified in August 2024, of which 12 were hospital acquired and 17 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 20 cases for August 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>Aug-23</td><td>27</td><td>18</td></tr> <tr><td>Sep-23</td><td>23</td><td>18</td></tr> <tr><td>Oct-23</td><td>11</td><td>18</td></tr> <tr><td>Nov-23</td><td>32</td><td>18</td></tr> <tr><td>Dec-23</td><td>12</td><td>18</td></tr> <tr><td>Jan-24</td><td>19</td><td>18</td></tr> <tr><td>Feb-24</td><td>17</td><td>18</td></tr> <tr><td>Mar-24</td><td>19</td><td>18</td></tr> <tr><td>Apr-24</td><td>19</td><td>18</td></tr> <tr><td>May-24</td><td>16</td><td>18</td></tr> <tr><td>Jun-24</td><td>18</td><td>18</td></tr> <tr><td>Jul-24</td><td>14</td><td>18</td></tr> <tr><td>Aug-24</td><td>29</td><td>20</td></tr> <tr><td>Sep-24</td><td></td><td>17</td></tr> <tr><td>Oct-24</td><td></td><td>17</td></tr> <tr><td>Nov-24</td><td></td><td>17</td></tr> <tr><td>Dec-24</td><td></td><td>18</td></tr> <tr><td>Jan-25</td><td></td><td>17</td></tr> <tr><td>Feb-25</td><td></td><td>18</td></tr> <tr><td>Mar-25</td><td></td><td>17</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Aug-23	27	18	Sep-23	23	18	Oct-23	11	18	Nov-23	32	18	Dec-23	12	18	Jan-24	19	18	Feb-24	17	18	Mar-24	19	18	Apr-24	19	18	May-24	16	18	Jun-24	18	18	Jul-24	14	18	Aug-24	29	20	Sep-24		17	Oct-24		17	Nov-24		17	Dec-24		18	Jan-25		17	Feb-25		18	Mar-25		17
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<p><b>Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia-</b> Number of laboratory confirmed S.aureus bacteraemias (MRSA &amp; MSSA) cases</p>	<ul style="list-style-type: none"> <li>There were 14 cases of Staph. aureus bacteraemia in August 2024, of which 9 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 August 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>Aug-23</td><td>10</td><td>8</td></tr> <tr><td>Sep-23</td><td>10</td><td>8</td></tr> <tr><td>Oct-23</td><td>10</td><td>8</td></tr> <tr><td>Nov-23</td><td>14</td><td>8</td></tr> <tr><td>Dec-23</td><td>18</td><td>8</td></tr> <tr><td>Jan-24</td><td>11</td><td>8</td></tr> <tr><td>Feb-24</td><td>8</td><td>8</td></tr> <tr><td>Mar-24</td><td>8</td><td>8</td></tr> <tr><td>Apr-24</td><td>13</td><td>8</td></tr> <tr><td>May-24</td><td>6</td><td>6</td></tr> <tr><td>Jun-24</td><td>7</td><td>6</td></tr> <tr><td>Jul-24</td><td>12</td><td>6</td></tr> <tr><td>Aug-24</td><td>14</td><td>6</td></tr> <tr><td>Sep-24</td><td></td><td>6</td></tr> <tr><td>Oct-24</td><td></td><td>6</td></tr> <tr><td>Nov-24</td><td></td><td>6</td></tr> <tr><td>Dec-24</td><td></td><td>6</td></tr> <tr><td>Jan-25</td><td></td><td>5</td></tr> <tr><td>Feb-25</td><td></td><td>5</td></tr> <tr><td>Mar-25</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Aug-23	10	8	Sep-23	10	8	Oct-23	10	8	Nov-23	14	8	Dec-23	18	8	Jan-24	11	8	Feb-24	8	8	Mar-24	8	8	Apr-24	13	8	May-24	6	6	Jun-24	7	6	Jul-24	12	6	Aug-24	14	6	Sep-24		6	Oct-24		6	Nov-24		6	Dec-24		6	Jan-25		5	Feb-25		5	Mar-25		5
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## HEALTHCARE ACQUIRED INFECTIONS

Description	Current Performance	Trend																																										
<b>Healthcare Acquired Infections (HCAI)- C.difficile-</b> <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none"> <li>There were 35 <i>Clostridium difficile</i> toxin positive cases in August 2024, of which 30 were hospital acquired and 5 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 8 cases for August 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 C.difficile cases</b></p> <table border="1"> <caption>Number of healthcare acquired C.difficile cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of C.diff cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>17</td></tr> <tr><td>Sep-23</td><td>27</td></tr> <tr><td>Oct-23</td><td>18</td></tr> <tr><td>Nov-23</td><td>33</td></tr> <tr><td>Dec-23</td><td>21</td></tr> <tr><td>Jan-24</td><td>22</td></tr> <tr><td>Feb-24</td><td>20</td></tr> <tr><td>Mar-24</td><td>22</td></tr> <tr><td>Apr-24</td><td>20</td></tr> <tr><td>May-24</td><td>19</td></tr> <tr><td>Jun-24</td><td>22</td></tr> <tr><td>Jul-24</td><td>14</td></tr> <tr><td>Aug-24</td><td>35</td></tr> <tr><td>Sep-24</td><td>8</td></tr> <tr><td>Oct-24</td><td>7</td></tr> <tr><td>Nov-24</td><td>7</td></tr> <tr><td>Dec-24</td><td>7</td></tr> <tr><td>Jan-25</td><td>7</td></tr> <tr><td>Feb-25</td><td>7</td></tr> <tr><td>Mar-25</td><td>6</td></tr> </tbody> </table> <p style="text-align: center;"> <span style="color: blue;">■</span> Number of C.diff cases (SBU)     <span style="color: red;">—</span> Trajectory                 </p>	Month	Number of C.diff cases (SBU)	Aug-23	17	Sep-23	27	Oct-23	18	Nov-23	33	Dec-23	21	Jan-24	22	Feb-24	20	Mar-24	22	Apr-24	20	May-24	19	Jun-24	22	Jul-24	14	Aug-24	35	Sep-24	8	Oct-24	7	Nov-24	7	Dec-24	7	Jan-25	7	Feb-25	7	Mar-25	6
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<b>Healthcare Acquired Infections (HCAI)- Klebsiella sp-</b> <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none"> <li>There were 12 cases of Klebsiella sp in August 2024, of which 9 were hospital acquired and 3 were community acquired.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 7 cases for August 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 Klebsiella cases</b></p> <table border="1"> <caption>Number of healthcare acquired Klebsiella cases (SBU)</caption> <thead> <tr> <th>Month</th> <th>Number of Klebsiella cases (SBU)</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>10</td></tr> <tr><td>Sep-23</td><td>12</td></tr> <tr><td>Oct-23</td><td>6</td></tr> <tr><td>Nov-23</td><td>8</td></tr> <tr><td>Dec-23</td><td>6</td></tr> <tr><td>Jan-24</td><td>11</td></tr> <tr><td>Feb-24</td><td>9</td></tr> <tr><td>Mar-24</td><td>5</td></tr> <tr><td>Apr-24</td><td>10</td></tr> <tr><td>May-24</td><td>11</td></tr> <tr><td>Jun-24</td><td>13</td></tr> <tr><td>Jul-24</td><td>8</td></tr> <tr><td>Aug-24</td><td>12</td></tr> <tr><td>Sep-24</td><td>7</td></tr> <tr><td>Oct-24</td><td>4</td></tr> <tr><td>Nov-24</td><td>5</td></tr> <tr><td>Dec-24</td><td>5</td></tr> <tr><td>Jan-25</td><td>5</td></tr> <tr><td>Feb-25</td><td>5</td></tr> <tr><td>Mar-25</td><td>4</td></tr> </tbody> </table> <p style="text-align: center;"> <span style="color: blue;">■</span> Number of Klebsiella cases (SBU)     <span style="color: red;">—</span> Trajectory                 </p>	Month	Number of Klebsiella cases (SBU)	Aug-23	10	Sep-23	12	Oct-23	6	Nov-23	8	Dec-23	6	Jan-24	11	Feb-24	9	Mar-24	5	Apr-24	10	May-24	11	Jun-24	13	Jul-24	8	Aug-24	12	Sep-24	7	Oct-24	4	Nov-24	5	Dec-24	5	Jan-25	5	Feb-25	5	Mar-25	4
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HEALTHCARE ACQUIRED INFECTIONS		
Description	Current Performance	Trend
<p><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 3 cases of <i>P.Aeruginosa</i> reported in August 2024.</li> <li>The Health Board total is currently above the Welsh Government Profile target of 2 cases for August 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> <p>Legend: ■ Number of Pseudomonas cases (SBU) — Trajectory</p>
PRESSURE ULCERS		
Description	Current Performance	Trend
<p><b>Number of pressure ulcers</b> <i>1. Total number of pressure ulcers developed in hospital and in the community</i></p> <p><i>2. Rate of pressure ulcers per 100,000 admissions</i></p>	<ul style="list-style-type: none"> <li>In July 2024 there were 84 cases of healthcare acquired pressure ulcers, 44 of which were community acquired and 40 were hospital acquired.</li> <li>There were 14 grade 3+ pressure ulcers in July 2024, 8 of which were community acquired and 6 were hospital acquired.</li> <li>The rate per 100,000 admissions was 625 in July 2024.</li> </ul> <p><i>*March 24 data not available</i></p>	<p><b>Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions</b></p> <p>Legend: ■ Pressure Ulcers (Community) ▨ Pressure Ulcers (Hospital) — Rate per 100,00 admissions</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 7 Nationally Reportable Incidents for the month of August 2024 to Welsh Government. The Service Group breakdown is as follows;</p> <ul style="list-style-type: none"> <li>- Morryston – 4</li> <li>- NPTS – 2</li> <li>- PCT -1</li> </ul> <p>2. There were no new Never Events reported in August 2024.</p> <p>3. In August 2024, 70% 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> 

INPATIENT FALLS																														
Description	Current Performance	Trend																												
<p><b>Inpatient Falls</b> <i>The total number of inpatient falls</i></p>	<ul style="list-style-type: none"> <li>The number of Falls reported via Datix web for Swansea Bay UHB was 173 in August 2024. This is 1.7% less than July 2024 where 176 falls were recorded.</li> </ul>	<p><b>Number of inpatient Falls</b></p> <table border="1"> <caption>Number of inpatient Falls</caption> <thead> <tr> <th>Month</th> <th>Number of Falls</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>200</td></tr> <tr><td>Sep-23</td><td>155</td></tr> <tr><td>Oct-23</td><td>190</td></tr> <tr><td>Nov-23</td><td>165</td></tr> <tr><td>Dec-23</td><td>155</td></tr> <tr><td>Jan-24</td><td>190</td></tr> <tr><td>Feb-24</td><td>200</td></tr> <tr><td>Mar-24</td><td>200</td></tr> <tr><td>Apr-24</td><td>145</td></tr> <tr><td>May-24</td><td>155</td></tr> <tr><td>Jun-24</td><td>155</td></tr> <tr><td>Jul-24</td><td>175</td></tr> <tr><td>Aug-24</td><td>173</td></tr> </tbody> </table> <p>■ Hospital Falls</p>	Month	Number of Falls	Aug-23	200	Sep-23	155	Oct-23	190	Nov-23	165	Dec-23	155	Jan-24	190	Feb-24	200	Mar-24	200	Apr-24	145	May-24	155	Jun-24	155	Jul-24	175	Aug-24	173
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DISCHARGE SUMMARIES																														
Description	Current Performance	Trend																												
<p><b>Discharge Summaries</b> <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i></p>	<p>The latest data shows that in August 2024, the percentage of completed discharge summaries was 79%.</p> <p>In August 2024, compliance ranged from 85% in Morriston Hospital to 66% in Singleton Hospital.</p>	<p><b>% discharge summaries approved and sent</b></p> <table border="1"> <caption>% discharge summaries approved and sent</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>65%</td></tr> <tr><td>Sep-23</td><td>60%</td></tr> <tr><td>Oct-23</td><td>65%</td></tr> <tr><td>Nov-23</td><td>68%</td></tr> <tr><td>Dec-23</td><td>68%</td></tr> <tr><td>Jan-24</td><td>66%</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>79%</td></tr> </tbody> </table> <p>■ % of completed discharge summaries</p>	Month	Percentage	Aug-23	65%	Sep-23	60%	Oct-23	65%	Nov-23	68%	Dec-23	68%	Jan-24	66%	Feb-24	70%	Mar-24	68%	Apr-24	75%	May-24	75%	Jun-24	75%	Jul-24	75%	Aug-24	79%
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CRUDE MORTALITY																																																																								
Description	Current Performance	Trend																																																																						
<b>Crude Mortality Rate</b>	<p>July 2024 reports the crude mortality rate for the Health Board at 0.65%, which is 0.1% higher than the figure reported in June 2024.</p> <p>A breakdown by Hospital for July 2024:</p> <ul style="list-style-type: none"> <li>• Morriston – 1.21%</li> <li>• Singleton – 0.15%</li> <li>• NPT – 0.07%</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>Jul-23</td><td>1.21%</td><td>0.15%</td><td>0.07%</td><td>0.65%</td></tr> <tr><td>Aug-23</td><td>1.21%</td><td>0.15%</td><td>0.07%</td><td>0.65%</td></tr> <tr><td>Sep-23</td><td>1.21%</td><td>0.15%</td><td>0.07%</td><td>0.65%</td></tr> <tr><td>Oct-23</td><td>1.21%</td><td>0.15%</td><td>0.07%</td><td>0.65%</td></tr> <tr><td>Nov-23</td><td>1.21%</td><td>0.15%</td><td>0.07%</td><td>0.65%</td></tr> <tr><td>Dec-23</td><td>1.21%</td><td>0.15%</td><td>0.07%</td><td>0.65%</td></tr> <tr><td>Jan-24</td><td>1.21%</td><td>0.15%</td><td>0.07%</td><td>0.65%</td></tr> <tr><td>Feb-24</td><td>1.21%</td><td>0.15%</td><td>0.07%</td><td>0.65%</td></tr> <tr><td>Mar-24</td><td>1.21%</td><td>0.15%</td><td>0.07%</td><td>0.65%</td></tr> <tr><td>Apr-24</td><td>1.21%</td><td>0.15%</td><td>0.07%</td><td>0.65%</td></tr> <tr><td>May-24</td><td>1.21%</td><td>0.15%</td><td>0.07%</td><td>0.65%</td></tr> <tr><td>Jun-24</td><td>1.21%</td><td>0.15%</td><td>0.07%</td><td>0.65%</td></tr> <tr><td>Jul-24</td><td>1.21%</td><td>0.15%</td><td>0.07%</td><td>0.65%</td></tr> </tbody> </table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jul-23	1.21%	0.15%	0.07%	0.65%	Aug-23	1.21%	0.15%	0.07%	0.65%	Sep-23	1.21%	0.15%	0.07%	0.65%	Oct-23	1.21%	0.15%	0.07%	0.65%	Nov-23	1.21%	0.15%	0.07%	0.65%	Dec-23	1.21%	0.15%	0.07%	0.65%	Jan-24	1.21%	0.15%	0.07%	0.65%	Feb-24	1.21%	0.15%	0.07%	0.65%	Mar-24	1.21%	0.15%	0.07%	0.65%	Apr-24	1.21%	0.15%	0.07%	0.65%	May-24	1.21%	0.15%	0.07%	0.65%	Jun-24	1.21%	0.15%	0.07%	0.65%	Jul-24	1.21%	0.15%	0.07%	0.65%
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<b>Readmission Rates</b>	<p>In August 2024, 8.68% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 0.54% lower than the figure reported in July 2024.</p>	<p><b>Emergencies readmitted within 28 days of previous discharge</b></p> <table border="1"> <caption>Emergencies readmitted within 28 days of previous discharge</caption> <thead> <tr> <th>Month</th> <th>28 day readmission rate (SBUHB)</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>7.8%</td></tr> <tr><td>Sep-23</td><td>7.8%</td></tr> <tr><td>Oct-23</td><td>8.2%</td></tr> <tr><td>Nov-23</td><td>7.8%</td></tr> <tr><td>Dec-23</td><td>8.8%</td></tr> <tr><td>Jan-24</td><td>7.5%</td></tr> <tr><td>Feb-24</td><td>8.2%</td></tr> <tr><td>Mar-24</td><td>8.5%</td></tr> <tr><td>Apr-24</td><td>8.0%</td></tr> <tr><td>May-24</td><td>8.2%</td></tr> <tr><td>Jun-24</td><td>8.0%</td></tr> <tr><td>Jul-24</td><td>9.2%</td></tr> <tr><td>Aug-24</td><td>8.68%</td></tr> </tbody> </table>	Month	28 day readmission rate (SBUHB)	Aug-23	7.8%	Sep-23	7.8%	Oct-23	8.2%	Nov-23	7.8%	Dec-23	8.8%	Jan-24	7.5%	Feb-24	8.2%	Mar-24	8.5%	Apr-24	8.0%	May-24	8.2%	Jun-24	8.0%	Jul-24	9.2%	Aug-24	8.68%																																										
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## 5 HARM QUADRANT- HARM FROM REDUCTION IN NON-COVID ACTIVITY

### 5.1 Overview

Harm from reduction in non-Covid																		
Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	
					Cancer													
Single Cancer Pathway- % of patients started treatment within 62 days (without suspensions)	Total	Improvement Trajectory towards 80% by Mar 26	58.0%		48.6%	47.9%	51.7%	53.3%	51.0%	47.5%	50.4%	55.8%	56.4%	57.0%	57.9%	58.6%		
					Planned Care													
Number of patients waiting > 26 weeks for first outpatient appointment*	Morrison	0			7,958	7,459	6,165	5,735	5,968	5,703	5,806	6,565	7,162	8,055	8,084	8,387	6,869	
	NPTH				1	7	32	16	15	30	45	92	87	143	162	125	2,602	
	Singleton				5,156	5,320	4,972	4,674	4,906	4,989	5,087	5,438	5,795	6,007	6,036	5,880	6,274	
	PC&CS				6	0	0	0	0	0	0	1	0	0	0	0	0	
	Total				13,121	12,786	11,169	10,425	10,889	10,722	10,938	12,095	13,045	14,205	14,262	14,392	15,745	
Number of patients waiting > 36 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0			3,876	2,837	2,088	2,034	2,245	2,001	1,986	2,294	2,712	3,413	3,815	4,230	3,424	
	NPTH				0	0	0	1	3	1	4	2	8	21	36	30	1,330	
	Singleton				2,682	2,490	2,420	2,247	2,298	2,182	2,112	2,443	2,855	2,986	3,098	3,064	3,261	
	PC&CS				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total				6,558	5,327	4,508	4,282	4,546	4,184	4,102	4,739	5,575	6,420	6,949	7,324	8,015	
Number of patients waiting > 52 weeks for first outpatient appointment*	Morrison	Improvement Trajectory towards target of 0	0		663	163	0	0	0	0	0	0	0	0	0	0	0	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Singleton				2	17	0	0	0	0	0	0	0	0	0	0	0	
	PC&CS				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total				665	180	0	0	0	0	0	0	0	0	0	0	0	
Number of patients waiting > 52 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			11,418	10,911	10,464	9,881	9,588	9,423	9,159	8,962	8,465	8,477	8,507	8,528	4,256	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	0	4,485
	Singleton				3,459	3,506	3,478	3,572	3,798	3,895	4,052	4,219	4,433	4,782	5,116	5,094	5,164	
	PC&CS				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total				14,877	14,417	13,942	13,453	13,386	13,318	13,211	13,181	12,898	13,259	13,623	13,622	13,905	
Number of patients waiting > 104 weeks for treatment*	Morrison	Improvement Trajectory towards target of 0			4,121	3,826	3,341	2,772	2,311	1,923	1,579	1,299	1,186	1,065	994	907	365	
	NPTH				0	0	0	0	0	0	0	0	0	0	0	0	563	
	Singleton				878	819	756	688	658	643	596	532	539	514	483	377	350	
	PC&CS				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total				4,999	4,645	4,097	3,460	2,969	2,566	2,175	1,831	1,725	1,579	1,477	1,284	1,278	
Number of patients waiting > 8 weeks for a specified diagnostics*	Morrison	Improvement Trajectory towards 0 by Mar 24			2,451	2,676	2,218	2,017	2,087	1,229	592	501	527	567	587	701	725	
	Singleton				4,410	4,124	3,721	3,412	3,529	3,476	3,278	3,186	3,219	3,009	2,906	2,789	2,700	
	PC&CS				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total				6,861	6,800	5,939	5,429	5,616	4,705	3,870	3,687	3,746	3,576	3,493	3,490	3,425	
	Number of patients waiting > 14 weeks for a specified therapy*				MH&LD	Improvement Trajectory towards 0 by Mar 24			0	0	0	0	0	0	0	0	0	0
NPTH		0	0	0	0				0	0	0	0	0	0	0	0	0	
PC&CS		183	182	195	84				73	88	29	1	1	0	4	5	17	
Total		183	182	195	84				73	88	29	1	1	0	4	5	17	

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU												Aug-24
					Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	
<b>Planned Care</b>																	
Total number of patients waiting for a follow-up outpatient appointment *	Total	12 month reduction trend			150,060	152,025	154,704	157,285	159,226	162,964	164,581	166,438	169,049	170,254	171,913	172,898	147,509
Number of patients delayed by over 100% past their target date	Total	Improvement Trajectory towards target of 0			39,938	41,048	41,188	41,727	43,784	44,976	46,482	48,969	49,837	50,646	49,585	49,591	39,908
Number of patients delayed past their agreed target date (booked and not booked) *	Total	12 month reduction trend			66,683	68,292	67,996	68,767	72,790	74,878	76,796	80,190	80,656	80,503	78,946	78,579	67,051
Number of Ophthalmology patients without an allocated health risk factor	Total	0			248	133	265	200	527	522	309	343	270	155	203	94	152
Number of patients without a documented clinical review date	Total	0			2	4	2	1	1	1	1	5	2	2	4	1	0
<b>Activity</b>																	
Number of GP referrals	Total	12 month reduction trend			12,698	12,383	12,644	12,622	10,102	12,876	12,976	12,269	13,687	13,540	12,365	14,282	12,326
Number of patients referred from primary care into secondary care Ophthalmology services	Total	Improvement Trajectory towards reduction by Mar 24			812	815	851	843	735	775	721	936	932	783	794	838	785
<b>Patient Experience/ Feedback</b>																	
Number of friends and family surveys completed	PCCS	Month on month improvement			361	379	475	390	303	418	406	430	398	401	625	648	518
	MH&LD				38	28	34	56	45	60	63	66	36	49	71	84	83
	Morrison				2,580	2,303	2,085	2,157	2,047	2,600	2,644	2,606	2,776	2,584	2,716	2,879	2,445
	NPTH																
	<b>Total</b>				1,583	1,763	2,063	2,158	1,671	2,229	2,237	2,118	2,234	2,081	2,193	2,326	1,945
% of patients who would recommend and highly recommend	PCCS	90%			92%	97%	95%	94%	95%	94%	96%	95%	96%	97%	96%	96%	95%
	MH&LD				100%	100%	100%	96%	100%	100%	100%	97%	100%	96%	92%	100%	89%
	Morrison				90%	90%	89%	89%	90%	91%	90%	90%	90%	90%	90%	90%	90%
	NPTH																
	<b>Total</b>				96%	95%	94%	94%	94%	95%	95%	95%	95%	94%	95%	95%	95%
% of all-Wales surveys scoring 9 or 10 on overall satisfaction	PCCS	90%			92%	92%	93%	93%	93%	93%	93%	92%	93%	93%	93%	94%	93%
	MH&LD				95%	98%	98%	98%	93%	91%	96%	96%	96%	94%	96%	95%	94%
	Morrison				93%	94%	94%	92%	92%	92%	92%	91%	92%	92%	92%	93%	92%
	NPTH																
	<b>Total</b>				98%	97%	97%	97%	93%	93%	94%	93%	95%	94%	94%	94%	95%
Number of new complaints received	PCCS	12 month reduction trend			31	18	49	42	20	35	31	36	24	20	15		
	MH&LD				9	21	17	17	13	21	19	22	17	14	22		
	Morrison				67	74	66	56	35	53	55	46	51	53	38		
	NPTH				5	7	3	27	12	33	27	23	24	22	20		
	<b>Total</b>				39	43	24	22	12	31	31	36	22	28	27		
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	PCCS	80%			90%	83%	86%	64%	95%	89%	74%	81%	79%	85%	80%		
	MH&LD				56%	52%	53%	76%	89%	57%	53%	68%	82%	79%	64%		
	Morrison				67%	58%	77%	46%	66%	72%	85%	87%	76%	83%	66%		
	NPTH				100%	67%	67%	44%	75%	82%	81%	69%	67%	64%	85%		
	<b>Total</b>				59%	56%	50%	50%	45%	52%	39%	44%	57%	39%	63%		
					71%	62%	74%	55%	69%	72%	71%	71%	74%	73%	70%		

### 5.3 Updates on key measures

PLANNED CARE	
Description	Current Performance
<b>Referrals and shape of the waiting list</b>	In August 2024, there were 12,326 referrals received. This is lower than the number that was received in July 2024 (14,282). Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.
<b>1. GP Referrals</b> <i>The number of Stage 1 additions per week</i>	<b>Trend</b>
<b>2. Stage 1 additions</b> <i>The number of new patients that have been added to the outpatient waiting list</i>	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p><b>1. Number of GP referrals received by SBU Health Board</b></p> </div> <div style="width: 45%;"> <p><b>2. Number of stage 1 additions per week</b></p> </div> </div>
<b>3. Outpatient activity undertaken</b> <i>Total number of patients seen each month</i>	<p><b>3. Outpatient activity undertaken</b></p>
<b>4. Size of the waiting list</b> <i>Total number of patients on the waiting list by stage as at August 24</i>	<p><b>4. Total size of the waiting list and movement (August 2024)</b></p>

**PLANNED CARE**

**Description**

**Outpatient waiting times**

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

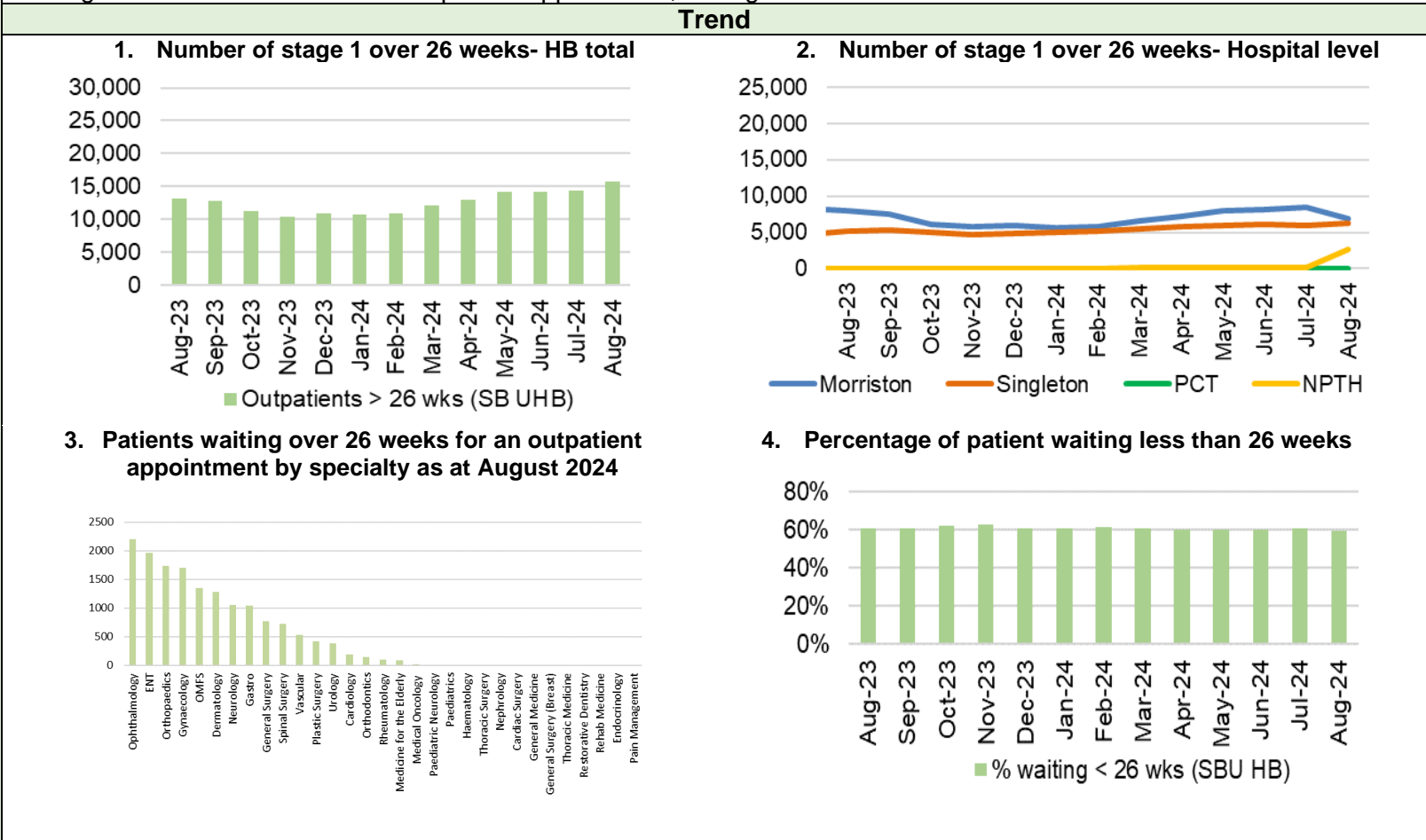
2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level

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

4. Percentage of patients waiting less than 26 weeks

**Current Performance**

The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. August 2024 saw an in-month increase of 9% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 14,392 in July 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 decreased to 59.5%.



**PLANNED CARE**

**Description**

**Patients waiting over 36 weeks for treatment**

1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total

2. Number of patients waiting more than 36 weeks for treatment

3. Number of elective admissions

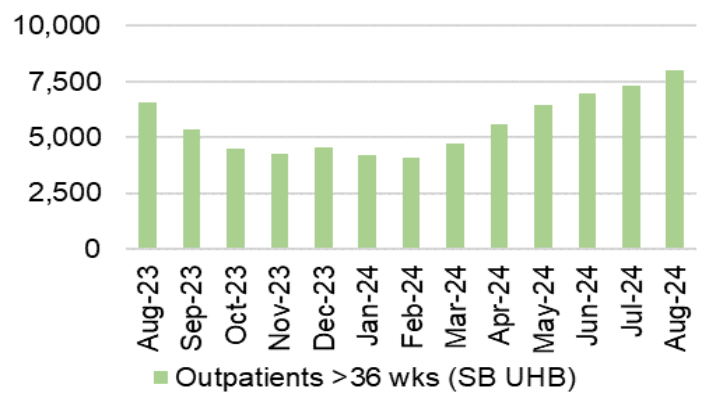
4. Number of patients waiting more than 104 weeks for treatment

**Current Performance**

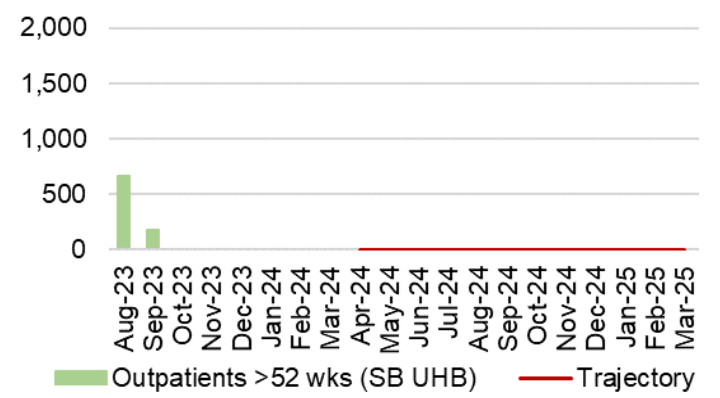
In August 2024, there were 8,015 patients waiting over 36 weeks at Stage 1, which is a 9% in-month increase from July 2024. 13,905 patients were waiting over 52 weeks at all stages in August 2024. In August 2024, there were 1,278 patients waiting over 104 weeks for treatment, which is a 0.5% reduction from July 2024.

**Trend**

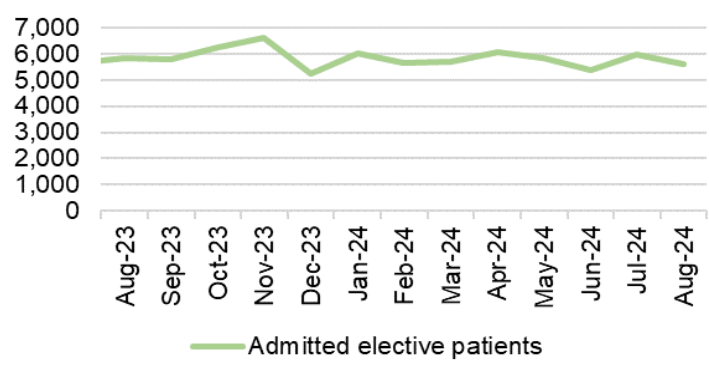
**1. Number of patients waiting over 36 weeks at Stage 1**



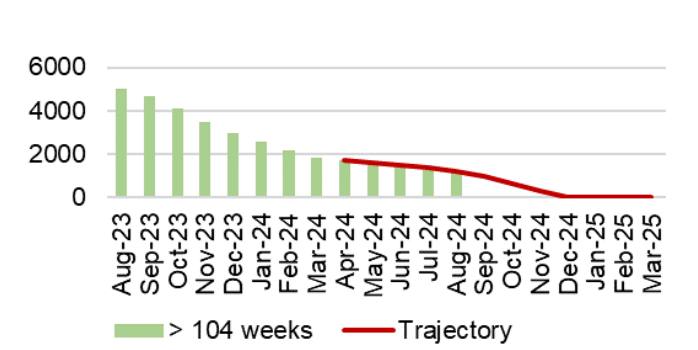
**2. Number of patients waiting over 52 weeks at Stage 1- HB total**



**3. Number of elective admissions**



**4. Number of patients waiting over 104 weeks- HB total**



PLANNED CARE																														
Description	Current Performance																													
<p><b>Ophthalmology Referrals</b> <i>Number of patients referred into secondary care Ophthalmology services</i></p>	<p>In August 2024, there were 785 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in July 2024, which was 838.</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>Aug-23</td><td>800</td></tr> <tr><td>Sep-23</td><td>800</td></tr> <tr><td>Oct-23</td><td>850</td></tr> <tr><td>Nov-23</td><td>850</td></tr> <tr><td>Dec-23</td><td>720</td></tr> <tr><td>Jan-24</td><td>780</td></tr> <tr><td>Feb-24</td><td>720</td></tr> <tr><td>Mar-24</td><td>920</td></tr> <tr><td>Apr-24</td><td>920</td></tr> <tr><td>May-24</td><td>780</td></tr> <tr><td>Jun-24</td><td>780</td></tr> <tr><td>Jul-24</td><td>838</td></tr> <tr><td>Aug-24</td><td>785</td></tr> </tbody> </table> <p>■ Number of referrals</p>	Month	Number of referrals	Aug-23	800	Sep-23	800	Oct-23	850	Nov-23	850	Dec-23	720	Jan-24	780	Feb-24	720	Mar-24	920	Apr-24	920	May-24	780	Jun-24	780	Jul-24	838	Aug-24	785
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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 August 2024, 56.8% 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>Aug-23</td><td>60%</td></tr> <tr><td>Sep-23</td><td>62%</td></tr> <tr><td>Oct-23</td><td>60%</td></tr> <tr><td>Nov-23</td><td>60%</td></tr> <tr><td>Dec-23</td><td>62%</td></tr> <tr><td>Jan-24</td><td>60%</td></tr> <tr><td>Feb-24</td><td>62%</td></tr> <tr><td>Mar-24</td><td>58%</td></tr> <tr><td>Apr-24</td><td>55%</td></tr> <tr><td>May-24</td><td>58%</td></tr> <tr><td>Jun-24</td><td>60%</td></tr> <tr><td>Jul-24</td><td>60%</td></tr> <tr><td>Aug-24</td><td>56.8%</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	Aug-23	60%	Sep-23	62%	Oct-23	60%	Nov-23	60%	Dec-23	62%	Jan-24	60%	Feb-24	62%	Mar-24	58%	Apr-24	55%	May-24	58%	Jun-24	60%	Jul-24	60%	Aug-24	56.8%
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<p><b>Theatre Efficiency</b></p> <p>1. <i>Theatre Utilisation Rates</i></p> <p>2. <i>% of theatre sessions starting late</i></p> <p>3. <i>% of theatre sessions finishing early</i></p> <p>4. <i>% of theatre sessions cancelled at short notice (&lt;28 days)</i></p> <p>5. <i>% of operations cancelled on the day</i></p>	<p>In July 2024 the Theatre Utilisation rate was 77%. This is 11% higher than June 2024 and is 8% higher than the figure reported in July 2023 (69%).</p> <p>34% of theatre sessions started late in July 2024. This is 4% lower than the figure reported for in June 2024.</p> <p>In July 2024, 48% of theatre sessions finished early. This is 5% lower than figure seen in June 2024 and 1% higher than those seen in July 2023.</p> <p>11% of theatre sessions were cancelled at short notice in July 2024. This is 2% higher than the figures reported in both June 2024 and July 2023.</p> <p>Of the operations cancelled in July 2024, 38% of them were cancelled on the day. This is 4% lower than the figure reported in June 2024 (42%).</p>	<p><b>1. Theatre Utilisation Rates</b></p> <table border="1"> <caption>1. Theatre Utilisation Rates (SBU HB)</caption> <thead> <tr> <th>Month</th> <th>Utilisation Rate (%)</th> </tr> </thead> <tbody> <tr><td>Jul-23</td><td>69</td></tr> <tr><td>Aug-23</td><td>65</td></tr> <tr><td>Sep-23</td><td>72</td></tr> <tr><td>Oct-23</td><td>75</td></tr> <tr><td>Nov-23</td><td>70</td></tr> <tr><td>Dec-23</td><td>62</td></tr> <tr><td>Jan-24</td><td>60</td></tr> <tr><td>Feb-24</td><td>68</td></tr> <tr><td>Mar-24</td><td>65</td></tr> <tr><td>Apr-24</td><td>78</td></tr> <tr><td>May-24</td><td>72</td></tr> <tr><td>Jun-24</td><td>65</td></tr> <tr><td>Jul-24</td><td>77</td></tr> </tbody> </table> <p><b>2. and 3. % theatre sessions starting late/finishing</b></p> <table border="1"> <caption>2. and 3. % theatre sessions starting late/finishing</caption> <thead> <tr> <th>Month</th> <th>Late Starts (%)</th> <th>Early Finishes (%)</th> </tr> </thead> <tbody> <tr><td>Jul-23</td><td>38</td><td>42</td></tr> <tr><td>Aug-23</td><td>35</td><td>50</td></tr> <tr><td>Sep-23</td><td>38</td><td>45</td></tr> <tr><td>Oct-23</td><td>38</td><td>42</td></tr> <tr><td>Nov-23</td><td>38</td><td>42</td></tr> <tr><td>Dec-23</td><td>38</td><td>48</td></tr> <tr><td>Jan-24</td><td>35</td><td>50</td></tr> <tr><td>Feb-24</td><td>35</td><td>45</td></tr> <tr><td>Mar-24</td><td>30</td><td>42</td></tr> <tr><td>Apr-24</td><td>32</td><td>45</td></tr> <tr><td>May-24</td><td>32</td><td>52</td></tr> <tr><td>Jun-24</td><td>35</td><td>55</td></tr> <tr><td>Jul-24</td><td>34</td><td>48</td></tr> </tbody> </table> <p><b>4. % theatre sessions cancelled at short notice (&lt;28 days)</b></p> <table border="1"> <caption>4. % theatre sessions cancelled at short notice (&lt;28 days)</caption> <thead> <tr> <th>Month</th> <th>Morriston (%)</th> <th>NPTH (%)</th> <th>Singleton (%)</th> </tr> </thead> <tbody> <tr><td>Jul-23</td><td>10</td><td>12</td><td>10</td></tr> <tr><td>Aug-23</td><td>8</td><td>12</td><td>10</td></tr> <tr><td>Sep-23</td><td>5</td><td>10</td><td>10</td></tr> <tr><td>Oct-23</td><td>8</td><td>10</td><td>10</td></tr> <tr><td>Nov-23</td><td>8</td><td>10</td><td>10</td></tr> <tr><td>Dec-23</td><td>8</td><td>10</td><td>10</td></tr> <tr><td>Jan-24</td><td>15</td><td>32</td><td>15</td></tr> <tr><td>Feb-24</td><td>10</td><td>28</td><td>10</td></tr> <tr><td>Mar-24</td><td>15</td><td>28</td><td>15</td></tr> <tr><td>Apr-24</td><td>5</td><td>20</td><td>5</td></tr> <tr><td>May-24</td><td>10</td><td>18</td><td>10</td></tr> <tr><td>Jun-24</td><td>8</td><td>22</td><td>8</td></tr> <tr><td>Jul-24</td><td>8</td><td>25</td><td>8</td></tr> </tbody> </table> <p><b>5. % of operations cancelled on the day</b></p> <table border="1"> <caption>5. % of operations cancelled on the day</caption> <thead> <tr> <th>Month</th> <th>% operations cancelled on the day (%)</th> </tr> </thead> <tbody> <tr><td>Jul-23</td><td>38</td></tr> <tr><td>Aug-23</td><td>38</td></tr> <tr><td>Sep-23</td><td>38</td></tr> <tr><td>Oct-23</td><td>38</td></tr> <tr><td>Nov-23</td><td>42</td></tr> <tr><td>Dec-23</td><td>40</td></tr> <tr><td>Jan-24</td><td>30</td></tr> <tr><td>Feb-24</td><td>28</td></tr> <tr><td>Mar-24</td><td>32</td></tr> <tr><td>Apr-24</td><td>32</td></tr> <tr><td>May-24</td><td>32</td></tr> <tr><td>Jun-24</td><td>42</td></tr> <tr><td>Jul-24</td><td>38</td></tr> </tbody> </table>	Month	Utilisation Rate (%)	Jul-23	69	Aug-23	65	Sep-23	72	Oct-23	75	Nov-23	70	Dec-23	62	Jan-24	60	Feb-24	68	Mar-24	65	Apr-24	78	May-24	72	Jun-24	65	Jul-24	77	Month	Late Starts (%)	Early Finishes (%)	Jul-23	38	42	Aug-23	35	50	Sep-23	38	45	Oct-23	38	42	Nov-23	38	42	Dec-23	38	48	Jan-24	35	50	Feb-24	35	45	Mar-24	30	42	Apr-24	32	45	May-24	32	52	Jun-24	35	55	Jul-24	34	48	Month	Morriston (%)	NPTH (%)	Singleton (%)	Jul-23	10	12	10	Aug-23	8	12	10	Sep-23	5	10	10	Oct-23	8	10	10	Nov-23	8	10	10	Dec-23	8	10	10	Jan-24	15	32	15	Feb-24	10	28	10	Mar-24	15	28	15	Apr-24	5	20	5	May-24	10	18	10	Jun-24	8	22	8	Jul-24	8	25	8	Month	% operations cancelled on the day (%)	Jul-23	38	Aug-23	38	Sep-23	38	Oct-23	38	Nov-23	42	Dec-23	40	Jan-24	30	Feb-24	28	Mar-24	32	Apr-24	32	May-24	32	Jun-24	42	Jul-24	38
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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 August there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 3,490 in July 2024 to 3,425 in August 2024.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for August 2024:</p> <ul style="list-style-type: none"> <li>• Endoscopy= 2,756</li> <li>• Cardiac tests= 555</li> <li>• Other Diagnostics = 114</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><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>Aug-23</td><td>500</td><td>4,000</td><td>1,500</td></tr> <tr><td>Sep-23</td><td>500</td><td>4,000</td><td>1,500</td></tr> <tr><td>Oct-23</td><td>500</td><td>3,500</td><td>1,500</td></tr> <tr><td>Nov-23</td><td>500</td><td>3,000</td><td>1,500</td></tr> <tr><td>Dec-23</td><td>500</td><td>3,000</td><td>1,500</td></tr> <tr><td>Jan-24</td><td>500</td><td>3,000</td><td>1,000</td></tr> <tr><td>Feb-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>Mar-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>Apr-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>May-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>Jun-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>Jul-24</td><td>500</td><td>3,000</td><td>500</td></tr> <tr><td>Aug-24</td><td>500</td><td>2,756</td><td>114</td></tr> </tbody> </table>	Month	Cardiac tests	Endoscopy	Other diagnostics (inc. radiology)	Aug-23	500	4,000	1,500	Sep-23	500	4,000	1,500	Oct-23	500	3,500	1,500	Nov-23	500	3,000	1,500	Dec-23	500	3,000	1,500	Jan-24	500	3,000	1,000	Feb-24	500	3,000	500	Mar-24	500	3,000	500	Apr-24	500	3,000	500	May-24	500	3,000	500	Jun-24	500	3,000	500	Jul-24	500	3,000	500	Aug-24	500	2,756	114
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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 August 2024, there were 17 patients waiting over 14 weeks for specified Therapies, which is 12 more than seen in July 2024.</p> <p>All 17 breaches were attributed to Dietetics.</p>	<p><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>Aug-23</td><td>180</td></tr> <tr><td>Sep-23</td><td>180</td></tr> <tr><td>Oct-23</td><td>190</td></tr> <tr><td>Nov-23</td><td>80</td></tr> <tr><td>Dec-23</td><td>70</td></tr> <tr><td>Jan-24</td><td>90</td></tr> <tr><td>Feb-24</td><td>30</td></tr> <tr><td>Mar-24</td><td>0</td></tr> <tr><td>Apr-24</td><td>0</td></tr> <tr><td>May-24</td><td>0</td></tr> <tr><td>Jun-24</td><td>0</td></tr> <tr><td>Jul-24</td><td>10</td></tr> <tr><td>Aug-24</td><td>17</td></tr> </tbody> </table>	Month	Therapies > 14 weeks (SBU HB)	Aug-23	180	Sep-23	180	Oct-23	190	Nov-23	80	Dec-23	70	Jan-24	90	Feb-24	30	Mar-24	0	Apr-24	0	May-24	0	Jun-24	0	Jul-24	10	Aug-24	17																												
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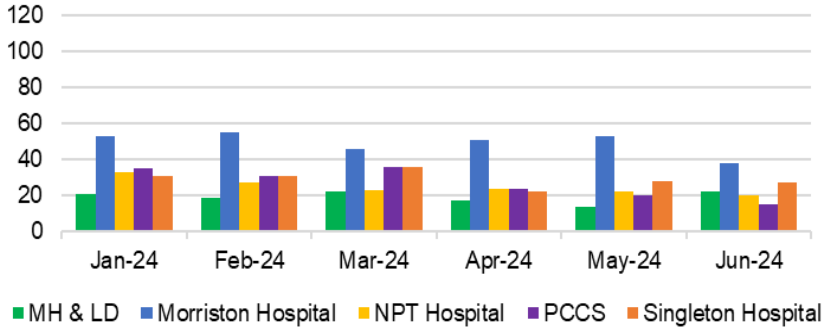
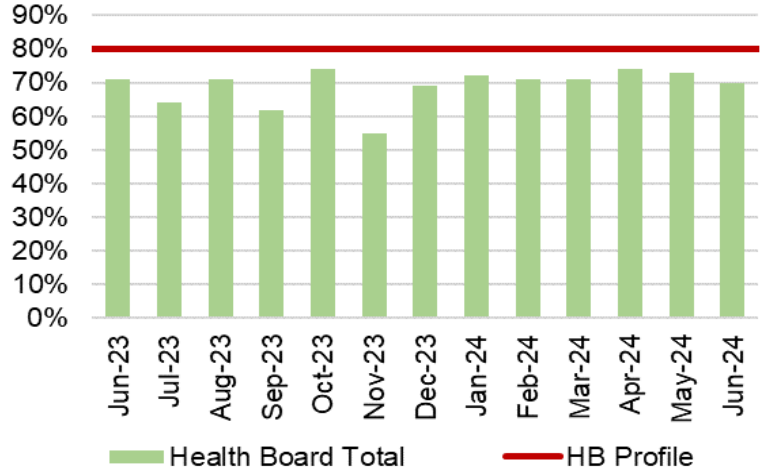
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<p><b>USC First Outpatient Appointments</b> <i>The number of patients at first outpatient appointment stage by days waiting</i></p>	<p>Early September 2024 figures show total wait volumes for first outpatient appointment have decreased by 20% when compared with the previous week.</p> <p>Of the total number of patients awaiting a first outpatient appointment, 29% have been booked, which is lower than figures seen in the previous months' performance.</p>	<p><b>The number of patients waiting for a first outpatient appointment (by total days waiting) – Early September 2024</b></p> <table border="1"> <thead> <tr> <th>FIRST OPA</th> <th>25-Aug</th> <th>01-Sep</th> </tr> </thead> <tbody> <tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr> <tr><td>Brain/CNS</td><td>0</td><td>0</td></tr> <tr><td>Breast</td><td>10</td><td>2</td></tr> <tr><td>Children's Cancer</td><td>4</td><td>7</td></tr> <tr><td>Gynaecological</td><td>60</td><td>42</td></tr> <tr><td>Haematological</td><td>5</td><td>5</td></tr> <tr><td>Head and Neck</td><td>73</td><td>54</td></tr> <tr><td>Lower GI</td><td>54</td><td>50</td></tr> <tr><td>Lung</td><td>6</td><td>2</td></tr> <tr><td>Other</td><td>249</td><td>149</td></tr> <tr><td>Sarcoma</td><td>0</td><td>0</td></tr> <tr><td>Skin</td><td>484</td><td>462</td></tr> <tr><td>Upper GI</td><td>33</td><td>3</td></tr> <tr><td>Urological</td><td>27</td><td>29</td></tr> <tr><td></td><td><b>1005</b></td><td><b>805</b></td></tr> </tbody> </table>	FIRST OPA	25-Aug	01-Sep	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	10	2	Children's Cancer	4	7	Gynaecological	60	42	Haematological	5	5	Head and Neck	73	54	Lower GI	54	50	Lung	6	2	Other	249	149	Sarcoma	0	0	Skin	484	462	Upper GI	33	3	Urological	27	29		<b>1005</b>	<b>805</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 August 24.</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>Target</th> <th>Aug-24</th> </tr> </thead> <tbody> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>10%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>55%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>30%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>70%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>67%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>92%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>94%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>98%</td></tr> </tbody> </table>	Measure	Target	Aug-24	Scheduled (14 Day Target)	80%	10%	Scheduled (21 Day Target)	100%	55%	Urgent SC (2 Day Target)	80%	30%	Urgent SC (7 Day Target)	100%	70%	Emergency (within 1 day)	80%	67%	Emergency (within 2 days)	100%	92%	Elective Delay (7 Day Target)	80%	94%	Elective Delay (14 Day Target)	100%	98%	<p><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 August 2024, there was a total of 147,509 patients waiting for a follow up outpatient appointment.</p> <p>There was a total of 67,051 patients waiting for a follow-up past their target date in August 2024.</p> <p>Of the 67,051 delayed follow-ups in August 2024, 13,072 had appointment dates and 53,979 were still waiting for an appointment.</p> <p>In addition, 39,908 patients were waiting 100%+ over target date in August 2024.</p> <p>The improvement is due to a change in reporting requirements and future trends will be built form August 2024.</p>	<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>Aug-23</td><td>150,000</td></tr> <tr><td>Sep-23</td><td>150,000</td></tr> <tr><td>Oct-23</td><td>150,000</td></tr> <tr><td>Nov-23</td><td>155,000</td></tr> <tr><td>Dec-23</td><td>155,000</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>165,000</td></tr> <tr><td>May-24</td><td>165,000</td></tr> <tr><td>Jun-24</td><td>165,000</td></tr> <tr><td>Jul-24</td><td>170,000</td></tr> <tr><td>Aug-24</td><td>147,509</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>Aug-23</td><td>40,000</td></tr> <tr><td>Sep-23</td><td>40,000</td></tr> <tr><td>Oct-23</td><td>40,000</td></tr> <tr><td>Nov-23</td><td>40,000</td></tr> <tr><td>Dec-23</td><td>45,000</td></tr> <tr><td>Jan-24</td><td>45,000</td></tr> <tr><td>Feb-24</td><td>45,000</td></tr> <tr><td>Mar-24</td><td>50,000</td></tr> <tr><td>Apr-24</td><td>50,000</td></tr> <tr><td>May-24</td><td>50,000</td></tr> <tr><td>Jun-24</td><td>50,000</td></tr> <tr><td>Jul-24</td><td>50,000</td></tr> <tr><td>Aug-24</td><td>39,908</td></tr> </tbody> </table>	Month	Number of patients	Aug-23	150,000	Sep-23	150,000	Oct-23	150,000	Nov-23	155,000	Dec-23	155,000	Jan-24	160,000	Feb-24	160,000	Mar-24	160,000	Apr-24	165,000	May-24	165,000	Jun-24	165,000	Jul-24	170,000	Aug-24	147,509	Month	Number of patients	Aug-23	40,000	Sep-23	40,000	Oct-23	40,000	Nov-23	40,000	Dec-23	45,000	Jan-24	45,000	Feb-24	45,000	Mar-24	50,000	Apr-24	50,000	May-24	50,000	Jun-24	50,000	Jul-24	50,000	Aug-24	39,908
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**PATIENT EXPERIENCE**

Description	Current Performance	Trend
<p><b>Patient experience</b></p> <p><i>1. Number of friends and family surveys completed</i></p> <p><i>2. Percentage of patients/ service users who would recommend and highly recommend</i></p> <p><i>3. Number of Service User feedback experience responses completed and recorded on CIVICA</i></p>	<p>Health Board Friends &amp; Family patient satisfaction level in August 2024 was 93% and 4,913 surveys were completed.</p> <ul style="list-style-type: none"> <li>➢ Singleton/ Neath Port Talbot Hospitals Service Group completed 1,945 surveys in August 2024, with a recommended score of 95%.</li> <li>➢ Morriston Hospital completed 2,445 surveys in August 2024, with a recommended score of 90%.</li> <li>➢ Primary &amp; Community Care completed 518 surveys for August 2024, with a recommended score of 95%.</li> <li>➢ The Mental Health Service Group completed 83 surveys for August 2024, with a recommended score of 89%.</li> </ul> <p>There were 6,340 feedback experience responses completed and recorded on CIVICA in June 2024. This is 638 more than the figure reported in May 2024. Of the responses recorded, 5,111 were targeted and 1,229 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 feedback experience responses</b></p>

**COMPLAINTS**

Description	Current Performance	Trend												
<p><b>Patient concerns</b></p> <p><i>1. Number of formal complaints received</i></p> <p><i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i></p>	<p>1. In June 2024, the Health Board received 130 formal complaints; this is a reduction of 40% when compared with June 2023 figures (217).</p> <p>2. The overall Health Board rate for responding to concerns within 30 working days was 70% in June 2024, against the Welsh Government target of 75% and Health Board target of 80%.</p> <p>Below is a breakdown of performance against the 30-day response target:</p> <table border="1" data-bbox="510 1010 1211 1324"> <thead> <tr> <th></th> <th>30 day response rate</th> </tr> </thead> <tbody> <tr> <td>Neath Port Talbot Hospital</td> <td>85%</td> </tr> <tr> <td>Morryston Hospital</td> <td>66%</td> </tr> <tr> <td>Mental Health &amp; Learning Disabilities</td> <td>64%</td> </tr> <tr> <td>Primary, Community and Therapies</td> <td>80%</td> </tr> <tr> <td>Singleton Hospital</td> <td>63%</td> </tr> </tbody> </table>		30 day response rate	Neath Port Talbot Hospital	85%	Morryston Hospital	66%	Mental Health & Learning Disabilities	64%	Primary, Community and Therapies	80%	Singleton Hospital	63%	<p align="center"><b>1. Number of formal complaints received</b></p>  <p align="center"><b>2. Response rate for concerns within 30 days</b></p> 
	30 day response rate													
Neath Port Talbot Hospital	85%													
Morryston Hospital	66%													
Mental Health & Learning Disabilities	64%													
Primary, Community and Therapies	80%													
Singleton Hospital	63%													

## 6.1 Overview

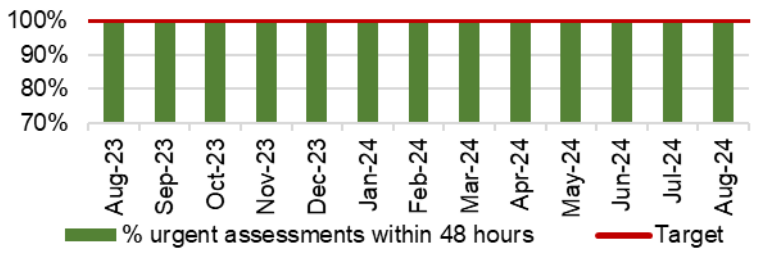
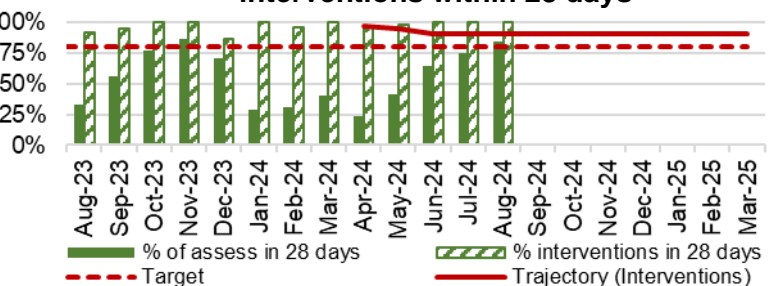
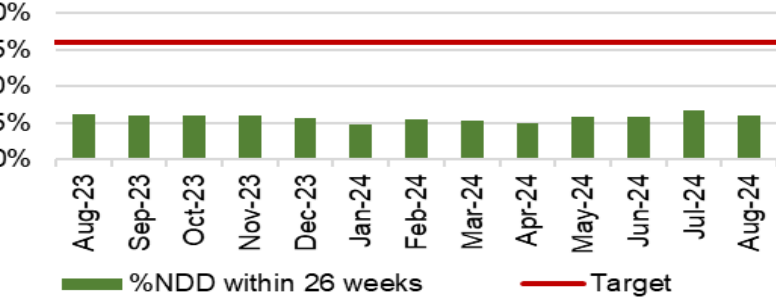
Harm from wider societal actions/lockdown															
Measure	Locality	National/ Local Target	Internal Profile	Trend	SBU										
					Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Childhood immunisations															
% children who received 3 doses of the hexavalent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

Measure	Locality	National/ Local Target	HB Trajectory	Trend	SBU													
					Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	
<b>COVID-19 Boosters</b>																		
% uptake of the Spring COVID-19 vaccination for those eligible	NPT	75%			Reporting begins Apr-24 for Spring 24 booster									39.7%	53.0%	53.0%	Reporting begins Apr-25	
	Swansea													45.2%	59.5%	59.5%		
	HB Total													43.2%	57.1%	57.1%		
% uptake of the Autumn COVID-19 vaccination for those eligible	NPT	75%			ep-23 for	17.9%	40.6%	46.6%	49.0%	49.8%	49.7%	49.7%	Reporting begins Sep-24					
	Swansea				15.1%	36.7%	45.3%	50.5%	51.2%	51.0%	51.0%							
	HB Total				16.1%	38.1%	45.8%	50.0%	50.6%	50.5%	50.5%							
<b>Mental Health Services</b>																		
% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	< 18 years old (CAMHS)	100%				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	< 18 years old (CAMHS)	80%				33%	56%	77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%
% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%				33%	56%	77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%
% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	< 18 years old (CAMHS)	80%																
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	> 18 years old	80%				96%	94%	100%	97%	98%	97%	96%	95%	95%	90%	99%	93%	95%
% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	< 18 years old (CAMHS)	80%	90%			91%	95%	100%	100%	86%	100%	96%	100%	97%	98%	100%	100%	100%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	> 18 years old	80%	90%			100%	97%	100%	100%	100%	100%	100%	99%	100%	100%	98%	100%	100%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	> 18 years old	80%				81%	77%	76%	76%	76%	73%	71%	69%	66%	64%	63%	61%	
% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	< 18 years old (CAMHS)	80%				31%	30%	30%	30%	29%	24%	28%	26%	25%	29%	29%	33%	30%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	< 18 years old (CAMHS)	90%				93%	92%	92%	98%	92%	97%	97%	97%	94%	97%	94%	95%	95%
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	> 18 years old	90%				87%	88%	89%	90%	88%	88%	89%	89%	90%	87%	90%	92%	92%

### 6.3 Updates on key measures

ADULT MENTAL HEALTH																																																																																																																																																																																															
Description	Current Performance	Trend																																																																																																																																																																																													
<p>Adult Mental Health Measures:</p> <p>1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</p> <p>2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</p> <p>3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</p> <p>4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p>	<p>1. In August 2024, 95% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In August 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 92% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in August 2024.</p> <p>4. In July 2024, 61% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p><b>1. % Mental Health assessments undertaken within 28 days from receipt of referral</b></p> <table border="1"> <caption>Data for Measure 1 Trend</caption> <thead> <tr> <th>Month</th> <th>% assessment within 28 days (&gt; 18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-23</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-23</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-23</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-23</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-24</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-24</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-24</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-24</td><td>95%</td><td>95%</td></tr> <tr><td>May-24</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-24</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-24</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-24</td><td>95%</td><td>95%</td></tr> </tbody> </table> <p><b>2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment</b></p> <table border="1"> <caption>Data for Measure 2 Trend</caption> <thead> <tr> <th>Month</th> <th>% therapeutic interventions started within 28 days (&gt; 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**CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)**

Description	Current Performance	Trend																																																																																																																																																																																													
<p>1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral</p> <p>2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral</p> <p>3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS</p> <p>4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks</p> <p>5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral</p>	<p>1. In August 2024, 100% of CAMHS patients received an assessment within 48 hours.</p> <p>2. 84% of routine assessments were undertaken within 28 days from referral in August 2024 against a target of 80%.</p> <p>3. 100% of therapeutic interventions were started within 28 days following assessment by LPMHSS in August 2024.</p> <p>4. 30% of NDD patients received a diagnostic assessment within 26 weeks in August 2024 against a target of 80%.</p> <p>SCAMHS figures now included in illustration 2 and 3 combined.</p> <p><i>*All routine assessments are now under PCAMHS*</i></p>	<p><b>1. Crisis- assessment within 48 hours</b></p>  <table border="1"> <caption>1. 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## APPENDIX 2: Summary

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

Harm quadrant- Harm from Covid itself											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
COVID19 relat	Number of new COVID19 cases*	Local			Aug-24						47
	Number of staff referred for Antigen Testing*	Local			Feb-23						43
	Number of staff awaiting results of COVID19 test*	Local			Aug-24						0
	Number of COVID19 related incidents*	Local			Aug-24						5
	Number of COVID19 related serious incidents*	Local			Aug-24						0
	Number of COVID19 related complaints*	Local			Aug-24						0
	Number of COVID19 related risks*	Local			Oct-21						0
	Number of staff self isolated (asymptomatic)*	Local			Jun-23						0
	Number of staff self isolated (symptomatic)*	Local			Jun-23						7
	% sickness*	Local			Jun-23						0.1%

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

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

Harm quadrant- Harm from overwhelmed NHS and social care system											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
Unscheduled Care	Number of ambulance handovers over one hour	National	Improvement trajectory towards 0 by Mar 24	570	Aug-24	670		0			670
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	National	Improvement compared to same month in 22/23		Aug-24	61.8%	99.0%				77%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Improvement trajectory towards 0 by Mar 24	950	Aug-24	1,166	1				1,167
Stroke	% of patients who have a direct admission to an acute stroke unit within 4 hours*	Local	59.8% (UK SNAP average)		Aug-24	20%					20%
	% of patients who receive a CT scan within 1 hour*	Local	54.5% (UK SNAP average)		Aug-24	29%					29%
	% of patients who are assessed by a stroke specialist consultant physician within 24 hours*	Local	84.2% (UK SNAP average)		Aug-24	85%					85%
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes*	Local	12 month improvement trend		Aug-24	0%					0%
	% of patients receiving the required minutes for speech and language therapy*	Local	12 month improvement trend		Aug-24	38%					38%
Healthcare acquired infections	Number of E.Coli bacteraemia cases	National	Reduction	20	Aug-24	6	2	3	17	0	29
	Number of S.aureus bacteraemia cases	National	Reduction	6	Aug-24	7	0	2	5	0	14
	Number of C.difficile cases	National	Reduction	8	Aug-24	23	2	4	6	0	35
	Number of Klebsiella cases	National	Reduction	7	Aug-24	7	0	1	3	0	12
	Number of Aeruginosa cases	National	Reduction	2	Aug-24	2	0	0	1	0	3
	Compliance with hand hygiene audits	Local	95%		Aug-24	98%	100%	98%	100%	84%	94%

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Fractured Neck of Femur (#NOF)	Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation	Local	75%		Jul-24	97.5%					97.5%
	Prompt surgery - % patients undergoing surgery by the day following presentation with hip fracture	Local	75%		Jul-24	30.7%					30.7%
	NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124	Local	75%		Jul-24	70.0%					70.0%
	Prompt mobilisation after surgery - % of patients out of bed (standing or hoisted) by the day after operation	Local	75%		Jul-24	85.4%					85.4%
	Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation	Local	75%		Jul-24	76.2%					76.2%
	Return to original residence- % patients discharged back to original residence, or in that residence at 120 day follow-up	Local	75%		Apr-24	74.0%					74.0%
	30 day mortality rate - Casemix adjusted	Local	Monitor		Q1 24/25	5.6%					5.6%
	% of survival within 30 days of emergency admission for a hip fracture	Local	12 month improvement trend		Feb-22	81.4%					81.4%
Serious incidents	Number of Nationally Reportable Incidents	Local	Monitor		Aug-24	4	0	2	1	0	7
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	Local	80%		Aug-24						70%
	Number of Never Events	Local	0		Aug-24	0	0	0	0	0	0
Pressure Ulcers	Total number of Pressure Ulcers	Local	12 month reduction trend		Jul-24	29	7	4	44	0	84
	Total number of Grade 3+ Pressure Ulcers	Local	12 month reduction trend		Jul-24	3	3	0	8	0	14
	Pressure Ulcer (Hosp) patients per 100,000 admissions	Local	12 month reduction trend		Jun-24						625
Inpatient Falls	Total number of Inpatient Falls	Local	12 month reduction trend		Aug-24	83	21	12	9	48	173
	Inpatient Falls per 1,000 beddays	Local	Between 3.0 & 5.0		Aug-24						4.49
Mortality	Crude hospital mortality rate by Delivery Unit (74 years)	Local	12 month reduction trend		Jul-24	1.21%	0.07%	0.15%			0.65%

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Harm quadrant- Harm from reduction in non-Covid activity											
Category	Measure	Target Type	Target	HB Trajectory	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total
	Single Cancer Pathway- % of patients started treatment within 62 days (with suspensions)*	National	Improvement Trajectory towards 80% by Mar 26	58.0%	Jul-24						59%
Planned Care	Number of patients waiting > 26 weeks for first outpatient appointment	Local	0		Aug-24	6,869	2,602	6,274	0		15,745
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		Aug-24	3,424	1,330	3,261	0		8,015
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Improvement Trajectory towards target of 0		Aug-24	0	0	0	0		0
	Number of patients waiting > 52 weeks for treatment	National	Improvement Trajectory towards target of 0	0	Aug-24	4,256	4,485	5,164	0		13,905
	Number of patients waiting > 104 weeks for treatment	National	Improvement Trajectory towards target of 0	1,223	Aug-24	365	563	350	0		1,278
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Improvement Trajectory towards 0 by Mar 24	3,115	Aug-24	725		2,700			3,425
	Number of patients waiting > 14 weeks for a specified therapy	National	Improvement Trajectory towards 0 by Mar 24		Aug-24				17	0	17
	Total number of patients waiting for a follow-up outpatient appointment	Local	0		Aug-24						147,509
	Number of patients delayed by over 100% past their target date	National	Improvement Trajectory towards target of 0		Aug-24						39,908
	Number of patients delayed past their agreed target date (booked and not booked)	Local	0		Aug-24						67,051
	Number of Ophthalmology patients without an allocated health risk factor	Local	0		Aug-24						152
	Number of patients without a documented clinical review date	Local	0		Aug-24						0
Activity	Number of GP referrals	Local	12 month reduction trend		Aug-24						12,326
	Number of patients referred from primary care into secondary care Ophthalmology services	National	Improvement Trajectory towards reduction by Mar 24		Aug-24						785
Patient Experience/ Feedback	Number of friends and family surveys completed	National	Month on month improvement		Aug-24	2,445	Now reported under Singleton	1,945	518	83	4,913
	% of patients who would recommend and highly recommend	Local	90%		Aug-24	90%		95%	95%	89%	93%
	% of all-Wales surveys scoring 9 or 10 on overall satisfaction	Local	90%		Aug-24	92%		95%	94%		93%
	Number of new complaints received	Local	12 month reduction trend		Jun-24	38	20	27	15	22	130
	% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the	Local	80%		Jun-24	66%	85%	63%	80%	64%	70%

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Harm Quadrant- Harm from wider societal actions/lockdown												
Category	Measure	Target Type	Target	HB Profile	Reporting period	Morrison	NPTH	Singleton	Primary & Community	MH & LD	HB Total	
Childhood immunisations	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Local	95%	90%	Q4 2023/24						95.0%	
	% children who received MenB2 vaccine by age 1		95%	90%	Q4 2023/24						94.4%	
	% children who received PCV2 vaccine by age 1		95%	90%	Q4 2023/24							96.7%
	% children who received Rotavirus vaccine by age 1		95%	90%	Q4 2023/24							94.2%
	% children who received MMR1 vaccine by age 2		95%	90%	Q4 2023/24							93.2%
	% children who received PCVf3 vaccine by age 2		95%	90%	Q4 2023/24							93.0%
	% children who received MenB4 vaccine by age 2		95%	90%	Q4 2023/24							92.7%
	% children who received Hib/MenC vaccine by age 2		95%	90%	Q4 2023/24							92.7%
	% children who are up to date in schedule by age 4		95%	90%	Q4 2023/24							82.9%
	% of children who received 2 doses of the MMR vaccine by age 5		95%	90%	Q4 2023/24							89.5%
	% children who received 4 in 1 vaccine by age 5		95%	90%	Q4 2023/24							89.0%
	% children who received MMR vaccination by age 16		95%	90%	Q4 2023/24							93.1%
	% children who received teenage booster by age 16		90%	85%	Q4 2023/24							86.2%
	% children who received MenACWY vaccine by age 16		Improve		Q4 2023/24							86.9%
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	75%		Jun-22						57.1%	
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	75%		Mar-24						50.5%	
Mental Health (Adult and Children)	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis) (< 18 yrs)	Local	100%		Aug-24						100%	
	% of patients waiting less than 28 days for 1st outpatient appointment (< 18 yrs)	National	80%		Aug-24						84%	
	% of routine assessments undertaken within 28 days from receipt of referral (PCAMHS) (< 18 yrs)	National	80%		Aug-24						84%	
	% of routine assessments undertaken within 28 days from receipt of referral (SCAMHS) (< 18 yrs)	Local	80%		Feb-23						82%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (> 18 yrs)	National	80%		Aug-24					95%	95%	
	% of therapeutic interventions started within 28 days following assessment by LPMHSS (< 18 yrs)	National	80%	90%	Aug-24						100%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (> 18 yrs)	National	80%	90%	Aug-24					100%	100%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health (> 18 yrs)	National	80%		Jul-24					61%	61%	
	% of patients with NDD receiving diagnostic assessment and intervention within 26 weeks (< 18 yrs)	National	80%		Aug-24						30%	
	% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (< 18 yrs)	National	90%		Aug-24						95%	
% residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) (> 18 yrs)	National	90%		Aug-24					92%	92%		

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

### APPENDIX 3: INTEGRATED PERFORMANCE DASHBOARD

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	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24		
COVID19 related measures	Number of new COVID19 cases	Local	Aug-24	47		Reduce					132	139	175	80	214	174	70	45	51	64	70	73	47		
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce																			
	Number of staff awaiting results of COVID19 test	Local	Aug-24	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of COVID19 related incidents	Local	Aug-24	5		Reduce					33	37	35	21	43	35	21	17	28	24	25	6	5		
	Number of COVID19 related serious incidents	Local	Aug-24	0		Reduce					0	0	0	0	1	1	0	1	0	0	0	0	0	0	
	Number of COVID19 related complaints	Local	Aug-24	0		Reduce					0	1	1	1	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																			
	Number of staff self isolated (asymptomatic)	Local	Jun-23	0		Reduce																			
	Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce																			
% sickness	Local	Jun-23	0.1%		Reduce																				
Harm from overwhelmed NHS and social care system																									
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24		
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Aug-24	45%	65%	65%	✘	39.5% (Dec-22)	3rd (Dec-22)		56%	49%	46%	52%	47%	50%	46%	50%	46%	46%	50%	47%	45%		
	Number of ambulance handovers over one hour	National	Aug-24	670	↑ trajectory	570	✘	6,798 (Dec-22)	1st (Dec-22)		694	695	696	724	762	704	629	638	625	695	590	578	670		
	Handover hours lost over 15 minutes	Local	Aug-24	3147							4,075	3,807	3,868	3,343	3,787	3,693	3,344	3,573	2,905	3,158	2,890	2,678	3,147		
	% 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	Aug-24	77%	Month on month improvement			✘	63.1% (Dec-22)	4th (Dec-22)		76%	77%	77%	75%	75%	77%	74%	76%	77%	78%	78%	79%	77%	
Stroke	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	Aug-24	1167	↑ trajectory	950	✘	12,099 (Dec-22)	4th (Dec-22)		1,156	1,180	1,207	969	994	959	1,197	1,132	994	1,115	980	1,013	1,167		
	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Aug-24	20.0%							22.7%	23.3%	33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%	34.5%	18.4%	5.9%	20.0%		
	CT Scan (<1 hrs) (local)	Local	Aug-24	29.3%							34.1%	58.1%	23.8%	34.0%	52.8%	57.6%	47.5%	42.9%	50.0%	53.6%	46.2%	51.4%	29.3%		
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Aug-24	84.5%							97.7%	86.0%	92.9%	92.0%	86.1%	93.2%	91.5%	92.9%	94.4%	87.5%	84.6%	81.1%	84.5%		
	Thrombolysis door to needle <= 45 mins	Local	Aug-24	0.0%							75.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	
% stroke patients who receive mechanical thrombectomy	Local	Aug-24	3.6%	10%			✘	2.1% (Nov-22)	4th (Nov-22)		6.3%	9.1%	0.0%	6.7%	4.5%	0.0%	0.0%	2.0%	11.0%	0.0%	2.6%	2.8%	3.6%		
% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	Local	Aug-24	38.4%	12 month ↑			✘	50.7% (Nov-22)	4th (Nov-22)		47.3%	72.0%	71.6%	69.5%	57.0%	49.4%	35.2%	31.3%	41.5%	45.7%	40.4%	23.8%	38.4%		
Nationally Reportable Incidents and risks	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Aug-24	70.0%		80%	✘				83%	50%	33%	100%	40%	100%	17%	66%	64%	33%	89%	50%	70%		
	Number of new Never Events	Local		0		0	✔				1	0	2	2	1	0	1	0	0	0	0	1	0		
	Number of risks with a score greater than 20	Local	Aug-24	149		12 month ↓	✘				146	152	140	170	146	141	147	149	140	152	153	154	153	149	
Pressure Ulcers	Number of risks with a score greater than 16	Local		320		12 month ↓	✔				316	322	304	363	305	296	310	318	316	311	309	320	320		
	Number of pressure ulcers acquired in hospital	Local	Jul-24	40		12 month ↓	✔				60	63	70	69	60	83	60		42	66	56	40			
	Number of pressure ulcers developed in the community		Jul-24	44		12 month ↓	✔				38	44	37	45	51	46	33		49	41	49	44			
	Total number of pressure ulcers		Jul-24	84		12 month ↓	✔				98	107	107	114	111	129	93		91	107	105	84			
	Number of grade 3+ pressure ulcers acquired in hospital		Jul-24	6		12 month ↓	✔				4	4	6	5	5	2	1		3	4	2	6			
	Number of grade 3+ pressure ulcers acquired in community		Jul-24	8		12 month ↓	✔				7	11	5	13	10	3	7		9	9	11	8			
Total number of grade 3+ pressure ulcers	Jul-24		14		12 month ↓	✔				11	15	11	18	15	5	8		12	13	13	14				

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	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24					
infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Aug-24	59.7	<67		✔	67.80 (Dec-22)	3rd (Dec-22)		76.5	75.7	69.6	73.3	69.1	69.3	68.1	67.0	60.3	54.6	54.4	52.3	59.7					
	Number of E.Coli bacteraemia cases (Hospital)		Aug-24	12	≤ 234 (Cumulative)	11	✘					18	8	5	21	6	9	7	8	12	6	9	5	12				
	Number of E.Coli bacteraemia cases (Community)			17		9	✘						9	15	6	11	6	10	10	11	7	10	9	9	17			
	Total number of E.Coli bacteraemia cases			29		20	✘						27	23	11	32	12	19	17	19	19	16	18	14	29			
	Cumulative cases of S.aureus bacteraemias per 100k pop		National	Aug-24	32.4	<20		✘	27.76 (Dec-22)	6th (Dec-22)		40.4	38.9	37.6	37.2	38.8	39.0	37.9	36.8	38.1	29.7	27.2	29.7	32.4				
	Number of S.aureus bacteraemias cases (Hospital)			Aug-24	9	≤ 71 (Cumulative)	4	✘						6	7	6	8	9	7	5	9	4	4	8	9			
	Number of S.aureus bacteraemias cases (Community)				5		2	✘						4	3	4	6	8	4	2	3	4	3	3	4	5		
	Total number of S.aureus bacteraemias cases				14		6	✘						10	10	10	14	17	11	7	8	13	7	7	12	14		
	Cumulative cases of C.difficile per 100k pop			National	Aug-24	68.4	<25		✘	36.68 (Dec-22)	5th (Dec-22)		52.0	57.3	56.9	62.5	62.6	64.3	64.7	65.2	63.5	60.9	63.8	58.5	68.4			
	Number of C.difficile cases (Hospital)				Aug-24	30	≤ 95 (Cumulative)	5	✘						14	20	14	15	13	15	19	14	10	17	10	30		
	Number of C.difficile cases (Community)					5		3	✘						3	7	4	18	8	7	5	3	6	9	5	4	5	
	Total number of C.difficile cases					35		8	✘						17	27	18	33	21	22	20	22	20	19	22	14	35	
	Cumulative cases of Klebsiella per 100k pop				National	Aug-24	33.0			✘					22.6	25.1	24.1	24.2	23.5	25.0	25.4	24.5	31.7	32.8	35.6	32.8	33.0	
	Number of Klebsiella cases (Hospital)					Aug-24	9	≤ 71 (Cumulative)	4	✘						4	7	5	4	1	6	2	3	5	6	8	5	9
	Number of Klebsiella cases (Community)						3		3	✔						6	5	1	4	5	5	7	2	5	5	5	3	3
	Total number of Klebsiella cases						12		7	✘	63 Total (Dec-22)	2nd (Dec-22)		10	12	6	8	6	11	9	5	10	11	13	8	12		
	Cumulative cases of Aeruginosa per 100k pop					National	Aug-24	3.7			✘					6.1	6.1	6.1	6.1	6.5	6.2	5.7	5.2	0.0	1.6	1.1	2.3	3.7
	Number of Aeruginosa cases (Hospital)						Aug-24	2	≤ 21 (Cumulative)	1	✘						0	1	2	2	3	2	0	0	0	1	0	2
Number of Aeruginosa cases (Community)	1	1						✔							1	1	0	0	0	0	0	0	0	0	0	0	1	
Total number of Aeruginosa cases	3	2						✘		8 Total (Dec-22)	4th (Dec-22)		1	2	2	2	3	2	0	0	0	0	1	0	2	3		
Hand Hygiene Audits- compliance with WHO 5 moments	Local	Aug-24					93.9%		95%	✘					95%	96%	97%	95%	97%	98%	97%	88%	90%	91%	86%	91%	94%	
Inpatient Falls	Local	Aug-24					173		12 month ↓	✔					200	157	190	166	158	192	203	201	146	155	158	176	173	
NEWS	Local	Aug-24	82%					98%	✘					85.2%	82.0%	89.6%	89.9%	85.7%	91.6%	85.5%	93.5%	81.6%	90.3%	87.3%	82.0%	81.7%		
Coding	National	Jun-24	70%					12 month ↑	✘					61%	69%	76%	66%	76%	78%	70%	64%	48%	59%	70%	69%			
E-TOC	Local	Aug-24	79%					100%	✘					66%	61%	66%	69%	70%	68%	72%	69%	76%	76%	76%	76%	79%		
Workforce	Agency spend as a % of the total pay bill	Local	Aug-24				2.3%		12 month ↓	✔	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		5.3%	4.1%	3.4%	4.6%	4.1%	3.9%	3.7%			3.5%	2.9%	2.4%	2.3%		
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Aug-24	74%				85%	✘	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		67%	66%	66%	66%	67%	69%	69%	70%	73%	73%	72%	73%	74%			
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Aug-24	89%				85%	✔	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		88%	87%	88%	89%	88%	86%	90%	87%	90%	90%	90%	90%	89%			
	% workforce sickness absence (12 month rolling)	National	Aug-24	7.07%				12 month ↓	✘	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.08%	7.08%	7.05%	7.09%	6.96%	6.96%	6.99%	6.96%	7.00%	7.05%	7.09%	7.27%	7.07%			

		Harm from reduction in non-Covid activity																					
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Aug-24	15.0%							13.9%	12.2%	14.0%	13.3%	13.9%	12.2%	11.4%	13.9%	13.9%	15.0%	14.0%	13.9%	15.0%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jun-24	58.6%	↑ trajectory	58%	✓	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		48.6%	47.9%	51.7%	53.3%	51.0%	47.5%	50.4%	55.8%	56.4%	57.0%	57.9%	58.6%	
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Aug-24	10%	80%		✗				44%	20%	10%	12%	17%	25%	28%	15%	17%	15%	7%	16%	10%
	Scheduled (21 Day Target)	Local	Aug-24	55%	100%		✗				83%	76%	42%	61%	77%	67%	81%	59%	62%	51%	49%	64%	55%
	Urgent SC (2 Day Target)	Local	Aug-24	30%	80%		✗				27%	33%	53%	31%	39%	26%	52%	50%	15%	20%	3%	28%	30%
	Urgent SC (7 Day Target)	Local	Aug-24	70%	100%		✗				91%	78%	73%	77%	65%	85%	79%	82%	64%	49%	58%	75%	70%
	Emergency (within 1 day)	Local	Aug-24	67%	80%		✗				92%	100%	100%	100%	100%	100%	67%	91%	88%	75%	80%	100%	67%
	Emergency (within 2 days)	Local	Aug-24	92%	100%		✗				100%	100%	100%	100%	100%	100%	100%	96%	100%	100%	100%	100%	92%
	Elective Delay (7 Day Target)	Local	Aug-24	94%	80%		✓				96%	98%	98%	95%	97%	99%	98%	98%	94%	85%	89%	92%	94%
	Elective Delay (14 Day Target)	Local	Aug-24	98%	100%		✗				100%	100%	100%	100%	97%	100%	100%	100%	98%	94%	100%	99%	98%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Aug-24	2,756				15,517 (Nov-22)	7th (Nov-22)		4,415	4,148	3,737	3,427	3,553	3,509	3,311	3,238	3,281	3,066	2,963	2,865	2,756
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Aug-24	3,425	↑ trajectory	3,115	✗	42,566 (Nov-22)	4th (Nov-22)		6,861	6,800	5,939	5,429	5,616	4,705	3,870	3,687	3,746	3,576	3,493	3,490	3,425
	Number of patients waiting > 14 weeks for a specified therapy	National	Aug-24	17	↑ trajectory			9,584 (Nov-22)	2nd (Nov-22)		183	182	195	84	73	88	29	1	1	0	4	5	17
	% of patients waiting < 26 weeks for treatment	Local	Aug-24	59.55%	95%			56% (Nov-22)	6th (Nov-22)		61.0%	60.7%	62.0%	62.6%	61.0%	60.8%	61.3%	60.6%	60.3%	59.9%	60.3%	60.9%	59.5%
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Aug-24	15,745							13,121	12,786	11,169	10,425	10,889	10,722	10,938	12,095	13,045	14,205	14,262	14,392	15,745
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Aug-24	8,015	↑ trajectory						6,558	5,327	4,508	4,282	4,546	4,184	4,102	4,739	5,575	6,420	6,949	7,324	8,015
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Aug-24	0	↑ trajectory	0	✓	85,301 (Nov-22)	3rd (Nov-22)		665	180	0	0	0	0	0	0	0	0	0	0	0
	Number of patients waiting > 52 weeks for treatment	National	Aug-24	13,905	↑ trajectory						14,877	14,417	13,942	13,453	13,386	13,318	13,211	13,181	12,898	13,259	13,623	13,622	13,905
	Number of patients waiting > 104 weeks for treatment	National	Aug-24	1,278	↑ trajectory	1,223	✗	49,594 (Nov-22)	5th (Nov-22)		4,999	4,645	4,097	3,460	2,969	2,566	2,175	1,831	1,725	1,579	1,477	1,284	1,278
	The number of patients waiting for a follow-up outpatient appointment	Local	Aug-24	147,509							150,060	152,025	154,704	157,285	159,226	162,964	164,581	166,438	169,049	170,254	171,913	172,898	147,509
The number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	National	Aug-24	39,908	↑ trajectory			224,552 (Nov-22)	5th (Nov-22)		39,938	41,048	41,188	41,727	43,784	44,976	46,482	48,969	49,837	50,646	49,585	49,591	39,908	
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Aug-24	57%	95%			64.9% (Nov-22)	1st (Nov-22)		60.3%	63.7%	60.2%	61.5%	64.7%	61.3%	62.9%	57.3%	54.6%	56.7%	61.3%	59.1%	56.8%	
Activity	Number of GP referrals	Local	Aug-24	12,326	12 month ↓		✓				12,698	12,383	12,644	12,622	10,102	12,876	12,976	12,269	13,687	13,540	12,365	14,282	12,326
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Aug-24	785	↑ trajectory						812	815	851	843	735	775	721	936	932	783	794	838	785
DNAs	% of patients who did not attend a new outpatient appointment	Local	Aug-24	9%	12 month ↓		✓				9.6%	10.6%	9.7%	10.0%	9.7%	9.3%	8.9%	9.5%	8.9%	8.7%	8.5%	7.8%	8.7%
	% of patients who did not attend a follow-up outpatient appointment	Local	Aug-24	8%	12 month ↓		✓				8.0%	8.1%	7.7%	7.6%	8.0%	8.2%	7.2%	7.3%	7.3%	7.9%	7.4%	7.1%	7.6%
Theatre Efficiencies	Theatre Utilisation rates	Local	Aug-24	77%		90%	✗				66%	73%	76%	72%	63%	63%	69%	65%	78%	73%	66%	77%	
	% of theatre sessions starting late	Local	Aug-24	34%		<25%	✗				36%	38%	40%	39%	40%	37%	31%	35%	33%	38%	34%		
	% of theatre sessions finishing early	Local	Aug-24	48%		<20%	✗				51%	50%	47%	44%	49%	52%	50%	45%	47%	49%	53%	48%	
Patient experience	Number of friends and family surveys completed	National	Aug-24	4,913	Month on month improvement		✗				5,188	4,084	5,738	5,792	4,004	5,211	5,232	5,427	5,579	5,344	5,535	5,853	4,913
	% of who would recommend and highly recommend	Local	Aug-24	93%		90%	✓				92%	92%	92%	92%	92%	93%	92%	92%	93%	92%	93%	93%	93%
	% of all-Wales surveys scoring 9 out of 10 on overall satisfaction	Local	Aug-24	93%		90%	✓				92%	92%	93%	93%	93%	93%	93%	92%	93%	93%	93%	94%	93%
Complaints	Number of new formal complaints received	Local	Jun-24	130		12 month ↓ trend	✓				155	171	164	171	108	181	168	167	140	145	130		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Jun-24	70%		80%	✗				71%	62%	74%	55%	69%	72%	71%	71%	74%	73%	70%		
	% of acknowledgements sent within 2 working days	Local	Jun-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	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 23/24	95.0%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)			94.1%			95.6%			95.0%						
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 23/24	69.5%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)			88.9%			87.6%			89.5%						
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-24	69.5%	75%			78.0% (Mar-22)	3rd (Mar-22)		Data collection restarts October 2023			58.1%		68.0%	69.1%	69.4%	69.5%	Data collection restarts October 2024				
	% uptake of influenza among under 65s in risk groups	Local	Mar-24	35.5%	55%			48.2% (Mar-22)	4th (Mar-22)					25.3%		33.5%	34.8%	35.4%	35.5%					
	% uptake of influenza among children 2 to 3 years old	Local	Mar-24	38.0%	50%			47.6% (Mar-22)	5th (Mar-22)					22.7%		35.1%	38.9%	38.0%	38.0%					
	% uptake of influenza among healthcare workers	Local	Mar-24	52.7%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)					13.8%		38.6%	38.6%	38.6%	52.7%					
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-24	59.9%	75%		✘				Data collection restarts Apr-24								43.2%	57.1%	59.9%	Available Apr 2025		
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	Mar-24	50.5%	75%		✘				Data collection for Autumn	16.1%	38.1%	45.8%	50.0%	50.6%	50.5%	50.5%	Available Sep-24					
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Aug-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	Aug-24	30%	80%		✘	31.4% (Nov-22)	3rd (Nov-22)		31%	30%	30%	30%	29%	24%	28%	26%	25%	29%	29%	33%	30%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Aug-24	84%	80%		✘	83.2% (Nov-22)	5th (Nov-22)		33%	56%	77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Aug-24	84%	80%		✘	66.8% (Nov-22)	5th (Nov-22)		33%	56%	77%	86%	70%	29%	31%	40%	23%	41%	64%	75%	84%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Aug-24	100%	80%	90%	✔	34.4% (Nov-22)	4th (Nov-22)		91%	95%	100%	100%	86%	100%	96%	100%	97%	98%	100%	100%	100%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%																			
Mental Health	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Aug-24	95%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		93%	92%	92%	98%	92%	97%	97%	97%	94%	97%	94%	95%	95%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Aug-24	95%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		96%	94%	100%	97%	98%	97%	96%	95%	95%	90%	99%	93%	95%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Aug-24	100%	80%	90%	✔	73.1% (Nov-22)	2nd (Nov-22)		100%	97%	100%	100%	100%	100%	100%	99%	100%	100%	98%	100%	100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jul-24	61%	80%		✘	73.9% (Nov-22)	2nd (Nov-22)		81%	77%	76%	76%	76%	73%	71%	69%	66%	64%	63%	61%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Aug-24	92%	90%		✔	84.2% (Nov-22)	2nd (Nov-22)		87%	88%	89%	90%	88%	88%	89%	89%	90%	87%	90%	92%	92%	
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTService prior to service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Local	Jul-24	100%	100%		✔	95.8% (Nov-22)	1st (Nov-22)			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	