



**GIG
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WALES**

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Report Date	29th August 2023	Agenda Item	2.1
Report Title	Integrated Performance Report		
Report Author	Meghann Protheroe, Head of Health Board Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (July 2023) in delivering key local performance measures as well as the national measures outlined in the 2022/23 NHS Wales Performance Framework.		
Key Issues	<p>The Integrated Performance Report is a routine report that provides an overview of how the Health Board is performing against the National Delivery measures and key local quality and safety measures.</p> <p>The Performance Delivery Framework 2022/23 was published in June 2023, and the measures have been updated accordingly in line with current data availability.</p> <p>The report format has been altered to align with key areas of focus within the Performance and Finance Committee</p> <p>Key high level issues to highlight this month are as follows:</p> <p><u>COVID19</u></p> <ul style="list-style-type: none"> - The number of new cases of COVID19 has saw a slight increase in July 2023 to 84 case, 60 in June 2023. <p><u>Unscheduled Care</u></p> <ul style="list-style-type: none"> - Emergency Department (ED) attendances have decreased in July 2023 to 11,278 from 12,026 in June 2023. - Performance against the 4-hour access is currently above the outlined trajectory in July 2023. ED 4-hour performance has deteriorated slightly by 0.08% in July 2023 to 76.03% from 76.11% in June 2023. - Performance against the 12-hour wait has improved in-month, however it is currently performing above the outlined trajectory. The number of patients waiting over 12- 		

	<p>hours in ED decreased to 1,179 in July 2023 from 1,274 in June 2023.</p> <ul style="list-style-type: none"> - Unscheduled care performance has seen an improvement throughout Quarter 1 as a result of developing and implementing a new on-boarding/escalation operational policy to support more timely ambulance handovers. - The number of emergency admissions has increased slightly in July 2023 to 4,070 from 4,007 in June 2023. <p><u>Planned Care</u></p> <ul style="list-style-type: none"> - July 2023 saw a 4% in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment. - Additionally, the number of patients waiting over 36 weeks at stage 1 decreased by 2% to 6,729. - The number of patients waiting over 104 weeks for treatment decreased, with 5,299 patients waiting at this point in July 2023. - In July, there was a further reduction in the number of patients waiting over 52 weeks at Stage 1, with 894 patients waiting at this stage. - As a Health Board, updated ministerial priority trajectories for the 2023/24 planned care position have been developed and submitted to Welsh Government and are awaiting feedback. - Therapy waiting times have improved, there are 183 patients waiting over 14 weeks in July 2023 compared with 203 in June 2023. - The number of patients waiting over 8 weeks for an Endoscopy has decreased in July 2023 to 4,505 from 4,745 in June 2023. The Endoscopy team also continue to maintain their compliance for all cancer waits. <p><u>Cancer</u></p> <ul style="list-style-type: none"> - June 2023 saw 43% performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days (measure reported a month in arrears). - Backlog figures have seen a reduction in recent weeks and are in line with the submitted trajectory. The total backlog at 13/08/2023 was 357. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> - Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in June 2023. - In June 2023, 82.4% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.
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	Child and Adolescent Mental Health Services (CAMHS) <ul style="list-style-type: none"> - Access times for crisis performance has been maintained at 100% June 2023. - Further work is currently being undertaken on the Welsh Government CAMHS trajectories. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance has improved slightly to 31% in June 2023 against a target of 80%. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the Health Board performance against key measures and targets. • NOTE: the inclusion of updated NHS Wales Performance Framework 2023/24 measures • NOTE: inclusion of updated national 2023/24 recovery trajectories recently submitted to Welsh Government • NOTE: Inclusion of updated UEC 2023/24 Trajectories • NOTE: the development and implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery • ACTION: Development of updated CAMHS performance trajectories for submission to Welsh Government in September 2023. • NOTE the actions being taken to improve performance: - <ul style="list-style-type: none"> ○ Updated tumour site specific action plans have been developed to support the SCP performance ○ Detailed plans being developed to maximise the productivity and efficiency of planned care capacity to maintain improvements in planned care access ○ The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity ○ A planned care operational performance team have recently been appointed in order to support planned care performance improvement. ○ Focussed work is ongoing to increase Treat in Turn rates. ○ As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity. ○ Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework. 			

INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION:

Members are asked to:

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

- **NOTE:** the inclusion of updated NHS Wales Performance Framework 2023/24 measures
- **NOTE:** inclusion of updated national 2023/24 recovery trajectories recently submitted to Welsh Government
- **NOTE:** Inclusion of updated UEC 2023/24 Trajectories
- **NOTE:** the development and implementation of Tumour site specific recovery plans to support Single Cancer Pathway performance recovery
- **ACTION:** Development of updated CAMHS performance trajectories for submission to Welsh Government in September 2023.
- **NOTE** the actions being taken to improve performance: -
 - Updated tumour site specific action plans have been developed to support the SCP performance
 - Detailed plans being developed to maximise the productivity and efficiency of planned care capacity to maintain improvements in planned care access
 - The Endoscopy team have implemented several actions to support future improvement, which include; administrative validation, along with an increase in endoscopist sessions which will increase weekly capacity
 - A planned care operational performance team have recently been appointed in order to support planned care performance improvement.
 - Focussed work is ongoing to increase Treat in Turn rates.
 - As part of the plan to increase Orthopaedics activity, templates are consistently under review to support maximising capacity.
 - Both UEC and cancer performance remain under escalation as part of the Health Board's performance escalation framework.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement. Quality, safety and patient experience are central principles underpinning the National Delivery Framework and this report is aligned to the domains within that framework.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		
Financial Implications		
At this stage in the financial year there are no direct impacts on the Health Board's financial bottom line resulting from the performance reported herein.		
Legal Implications (including equality and diversity assessment)		
A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.		
Staffing Implications		
A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates. Specific issues relating to staffing are also addressed individually in this report.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <ul style="list-style-type: none"> • Long term – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. • Prevention – the NHS Wales Delivery framework provides a measurable mechanism to evidence how the NHS is positively influencing the health and well-being of the 		

citizens of Wales with a particular focus upon maximising people's physical and mental well-being.

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

Report History	The last iteration of the Integrated Performance Report was presented to Performance & Finance Committee in July 2023. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report



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Appendix 1- Integrated Performance Report August 2023



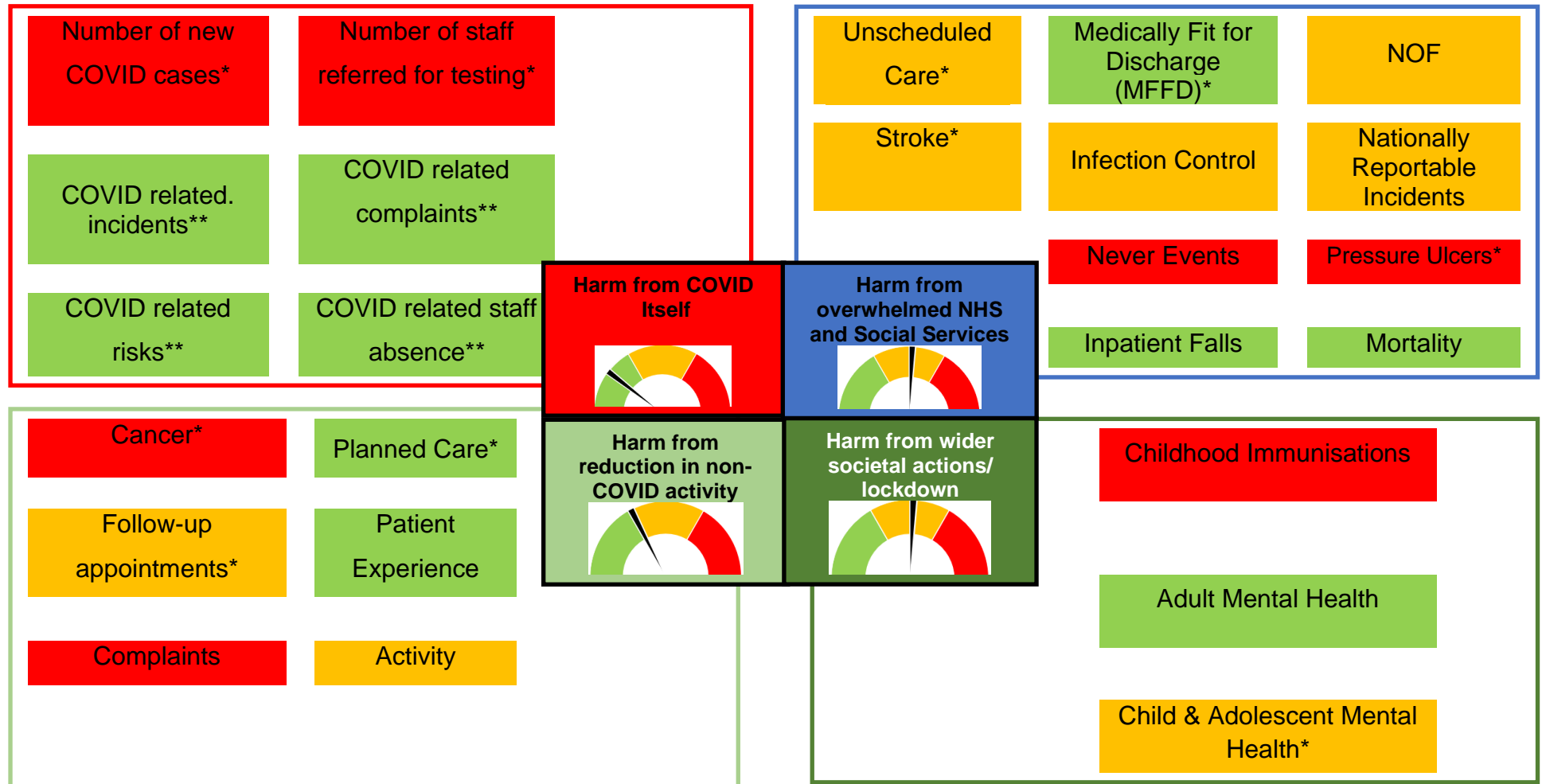
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1. QUADRANTS OF HARM SUMMARY

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



NB- RAG status is against national or local target

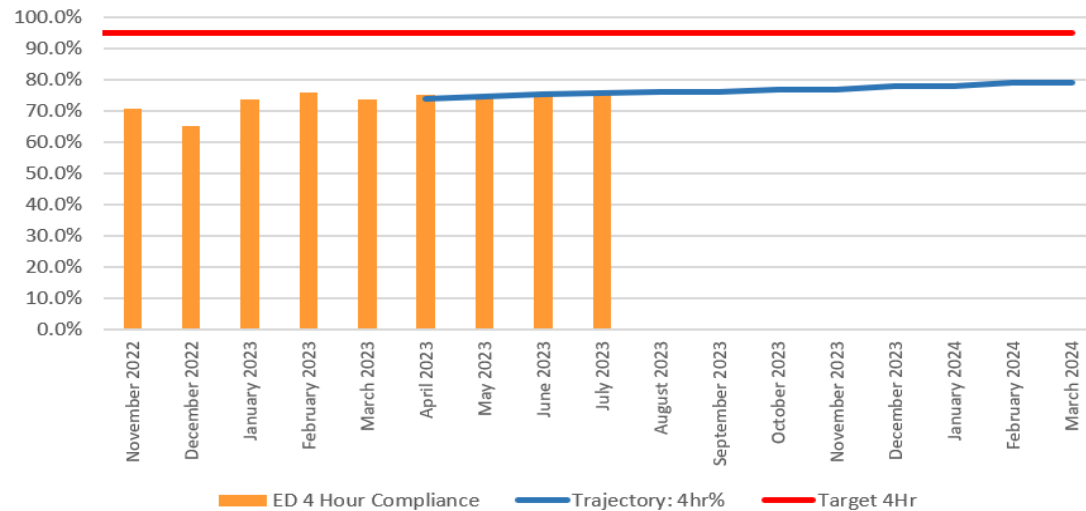
** Data not available

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

2. ESCALATED SERVICE UPDATE TRAJECTORIES

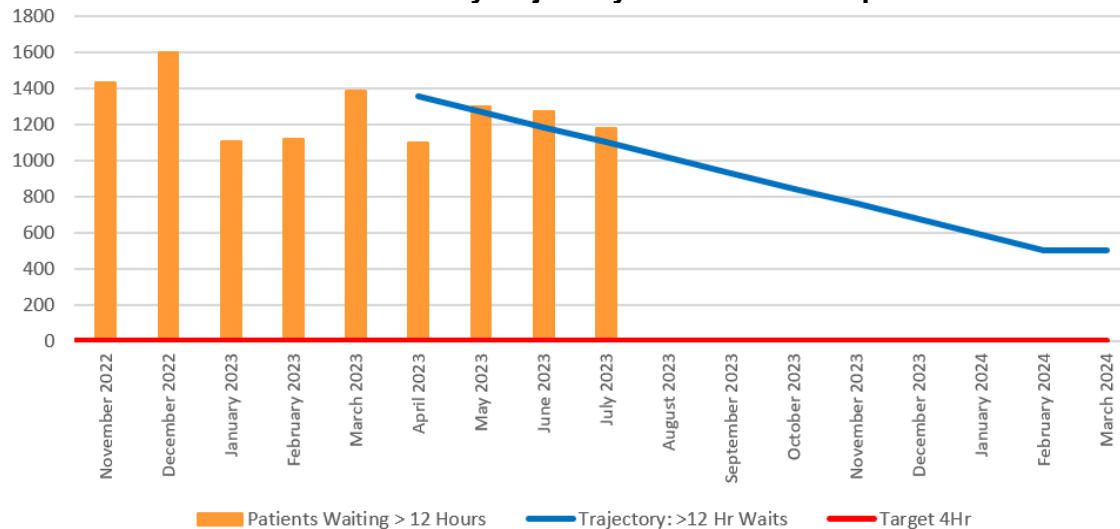
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

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



1. Performance against the 4-hour access is performing above in line with the trajectory for July 2023. Emergency Department (ED) 4-hour performance decreased by 0.08% in July 2023 to 76.03% from 76.11% in June 2023.

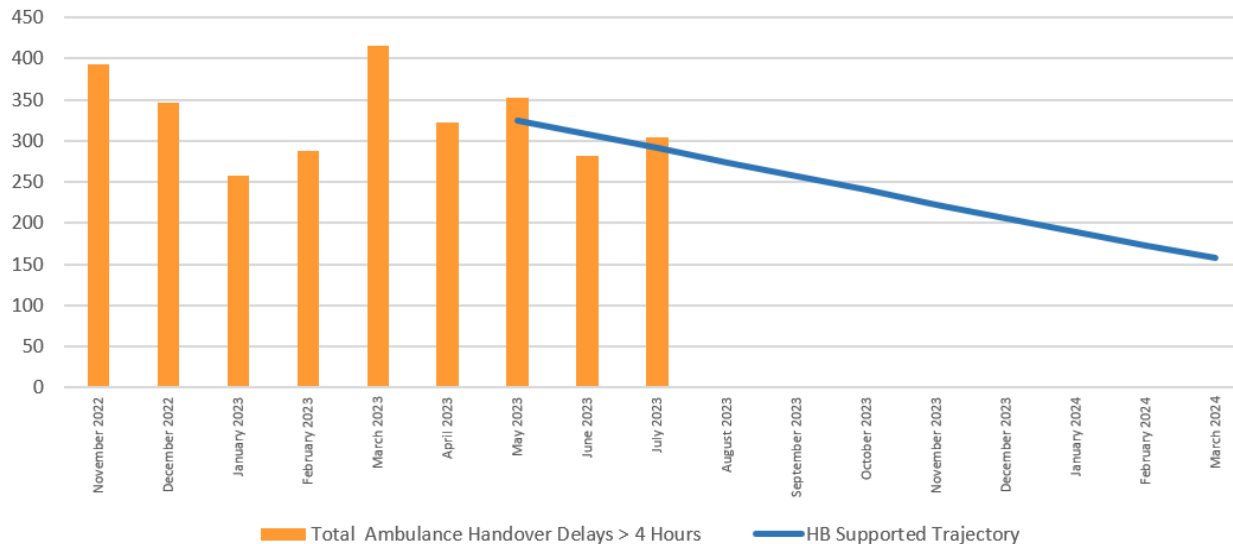
2. Submitted recovery trajectory for A&E12-hour performance



2. Performance against the 12-hour waits improved in July and is currently slightly above the outlined trajectory. The number of patients waiting over 12-hours in ED decreased to 1,179 in July 2023 from 1,274 in June 2023.

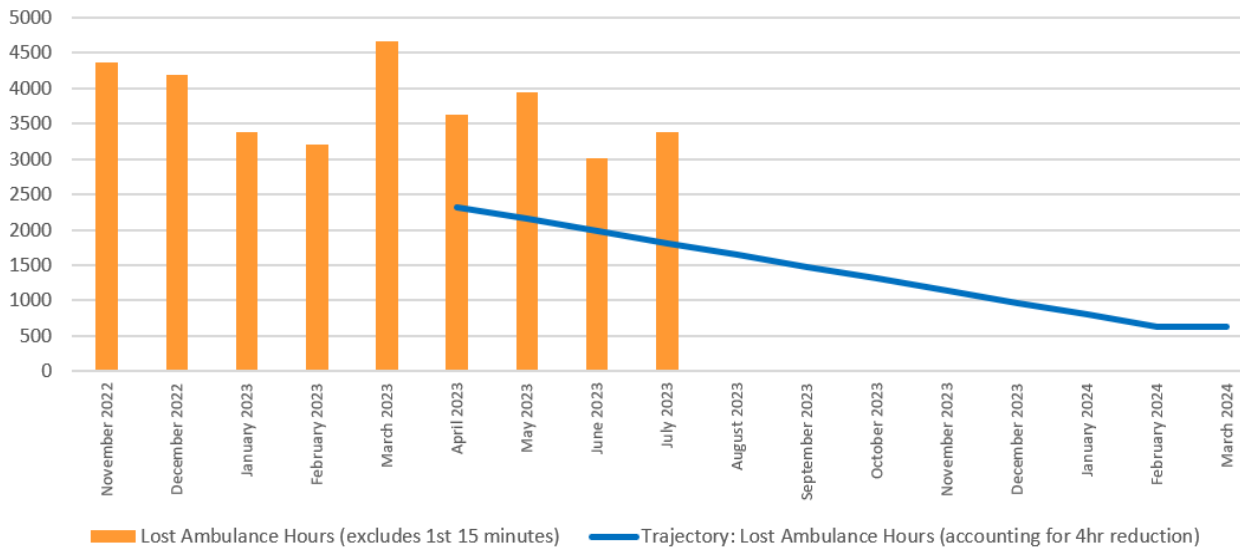
UNSCHEDULED CARE – PERFORMANCE ESCALATION UPDATES

3. Ambulance Handover over 4 hours



3. The Ambulance handover rate over 4 hours have increased in July 2023. The handover times over four hours increased to 304 in July 2023 from 282 in June 2023. The figures are above the outlined trajectory for July 2023 which was 79.

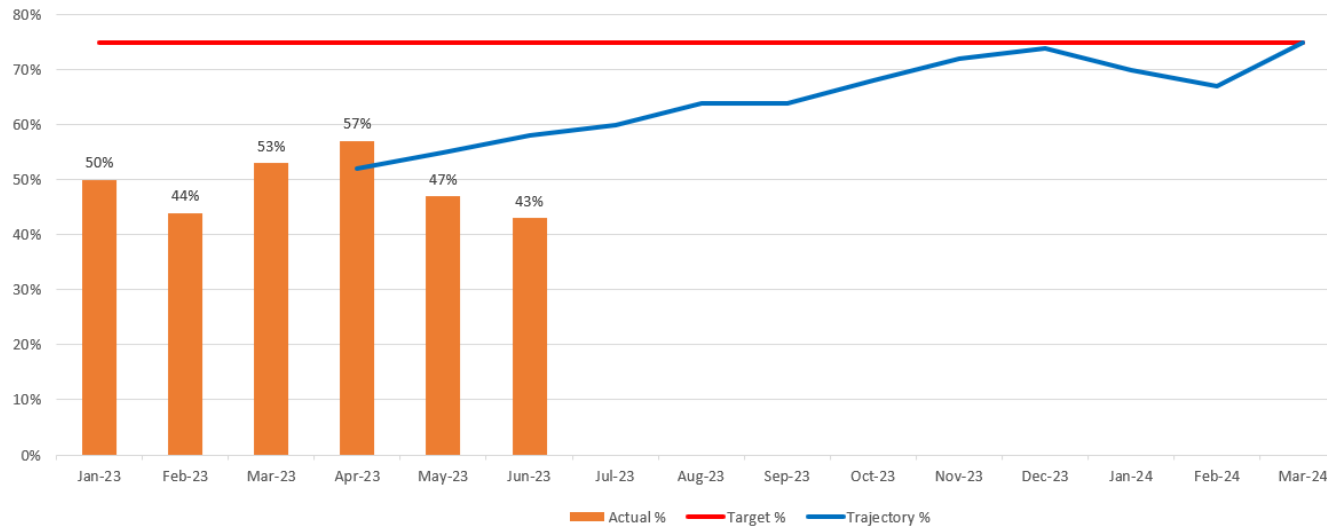
4. Ambulance Handover Lost Hours



4. The ambulance handover lost hours rate has seen an increase in July 2023. The ambulance handover lost hours increased from 3,018 in June 2023 to 3,383 in July 2023, which is above the outlined trajectory for July 2023 (1,813).

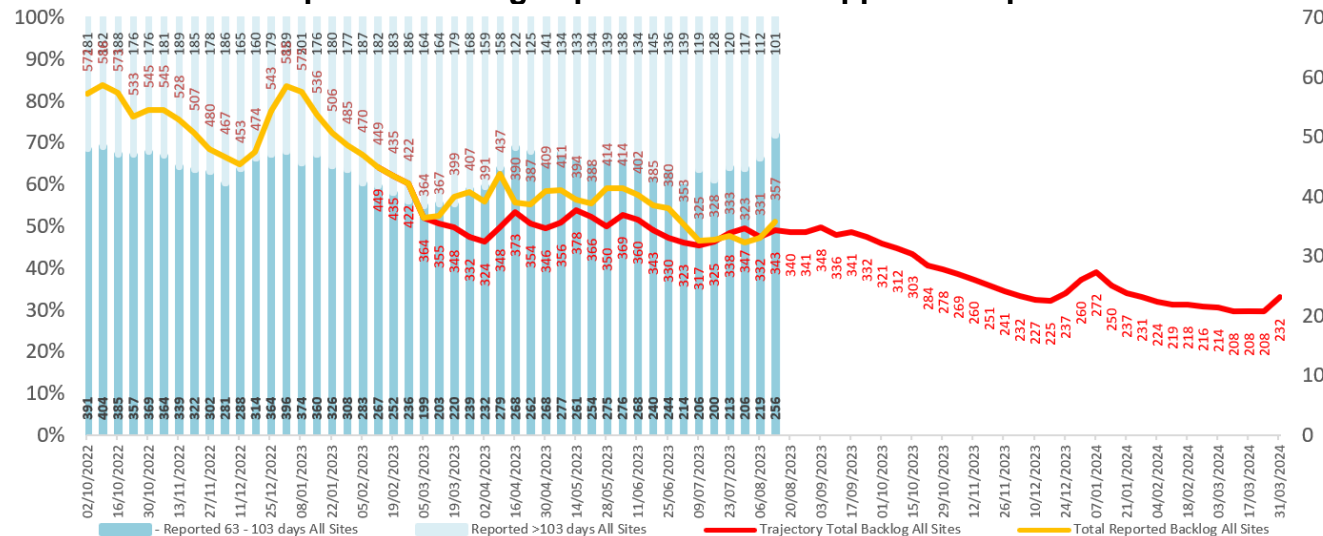
CANCER SERVICES – PERFORMANCE ESCALATION UPDATES

1. SCP performance trajectory



1. The final SCP performance for June 2023 was 43%, which is a deterioration on the performance reported in May 2023. Performance is below the submitted trajectory (58%).

2. Proposed backlog improvements to support SCP performance



2. Backlog figures have seen a reduction in recent weeks and are in line with the submitted trajectory. The total backlog at 13/08/2023 was 357.

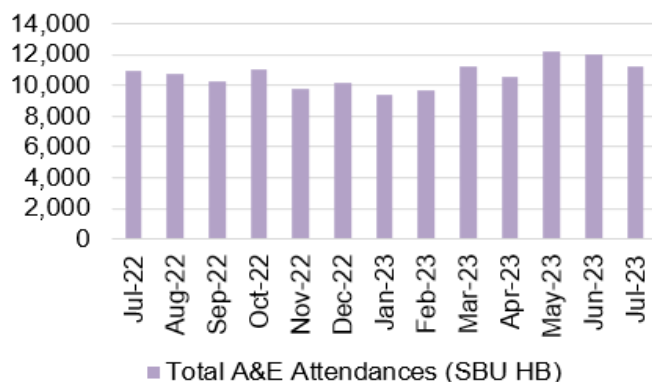
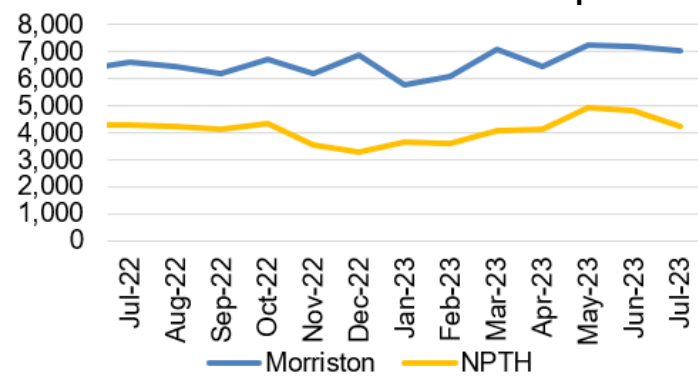
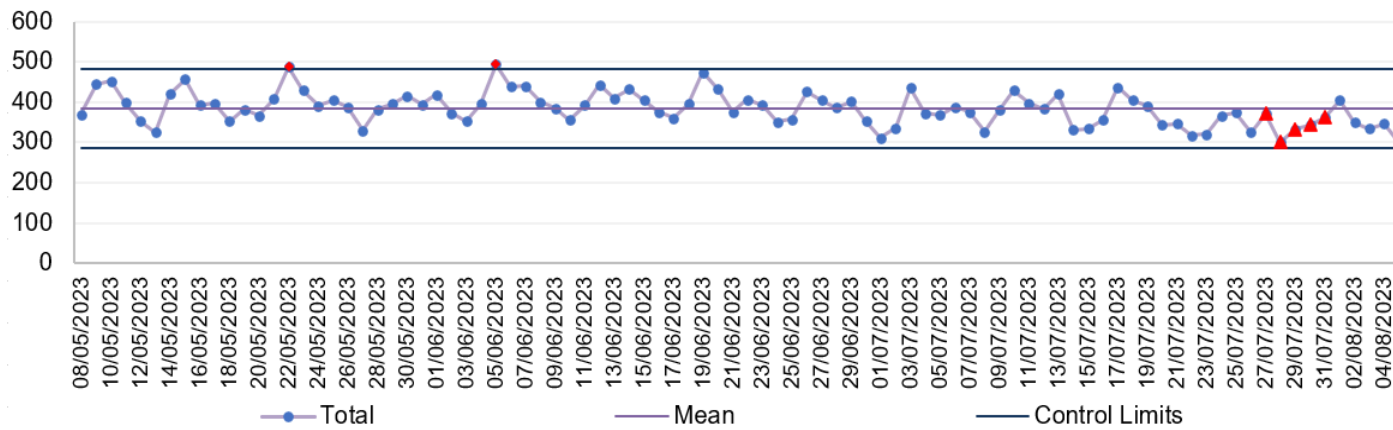
3. UPDATES ON KEY SERVICE AREAS

COVID Data		
Description	Current Performance	Trend
1. Number of new COVID19 cases in Swansea Bay population area	<p>Number of new COVID cases</p> <p>In July 2023, there were an additional 84 positive cases recorded bringing the cumulative total to 120,486 in Swansea Bay since March 2020.</p>	<p>Number of new COVID19 cases for Swansea Bay population</p> <p>■ New positive COVID19 cases</p>
2. Number of staff referred for Antigen testing	<p>Staff referred for Antigen testing</p> <p>The cumulative number of staff referred for COVID testing between March 2020 and March 2023 is 18,230 of which 19% have been positive (Cumulative total).</p> <p>*WG have now ceased data collection for staff testing centres*</p>	<p>Outcome of staff referred for Antigen testing</p> <p>■ Positive ■ Negative ■ In Progress ■ Unknown/blank</p>

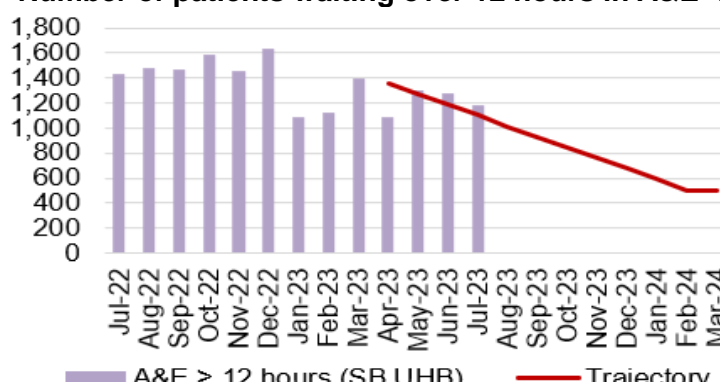
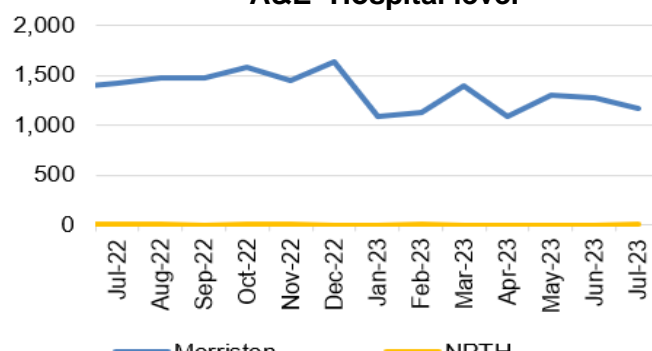
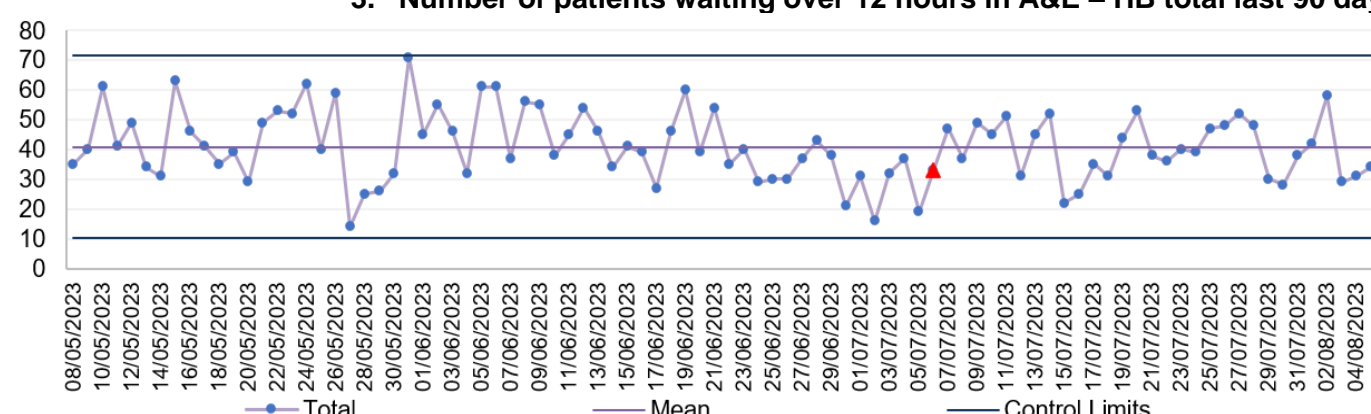
COVID RELATED STAFF ABSENCE																																																																																																	
Description	Current Performance	Trend																																																																																															
Staff absence due to COVID19 1. Number of staff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

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
Ambulance responses 1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. 2. The number of ambulance calls by category. 3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)	<p>In July 2023, the number of red calls responded to within 8 minutes decreased to 54.9%, from 63.63% in June 2023. In July 2023, the number of green calls increased by 12%, amber calls increased by 6%, and red calls decreased by 1% compared with June 2023.</p>	<p>Ambulance response rates have seen an deterioration in performance in July 2023. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.</p>
	Trend	
	<div> <div> <p>1. % of red calls responded to within 8 minutes</p> <p>Red calls within 8 minutes (SBU HB) Target</p> </div> <div> <p>2. Number of ambulance call responses</p> <p>Red calls Amber calls Green calls</p> </div> <div> <p>3. % of red calls responded to within 8 minutes – HB total last 90 days</p> <p>Total Mean Control Limits</p> <div> <p>Symbol Key:</p> <ul style="list-style-type: none"> Above or below control limits 8 or more points above or below the mean Arun of 6 increasing or decreasing points </div> </div> </div>	

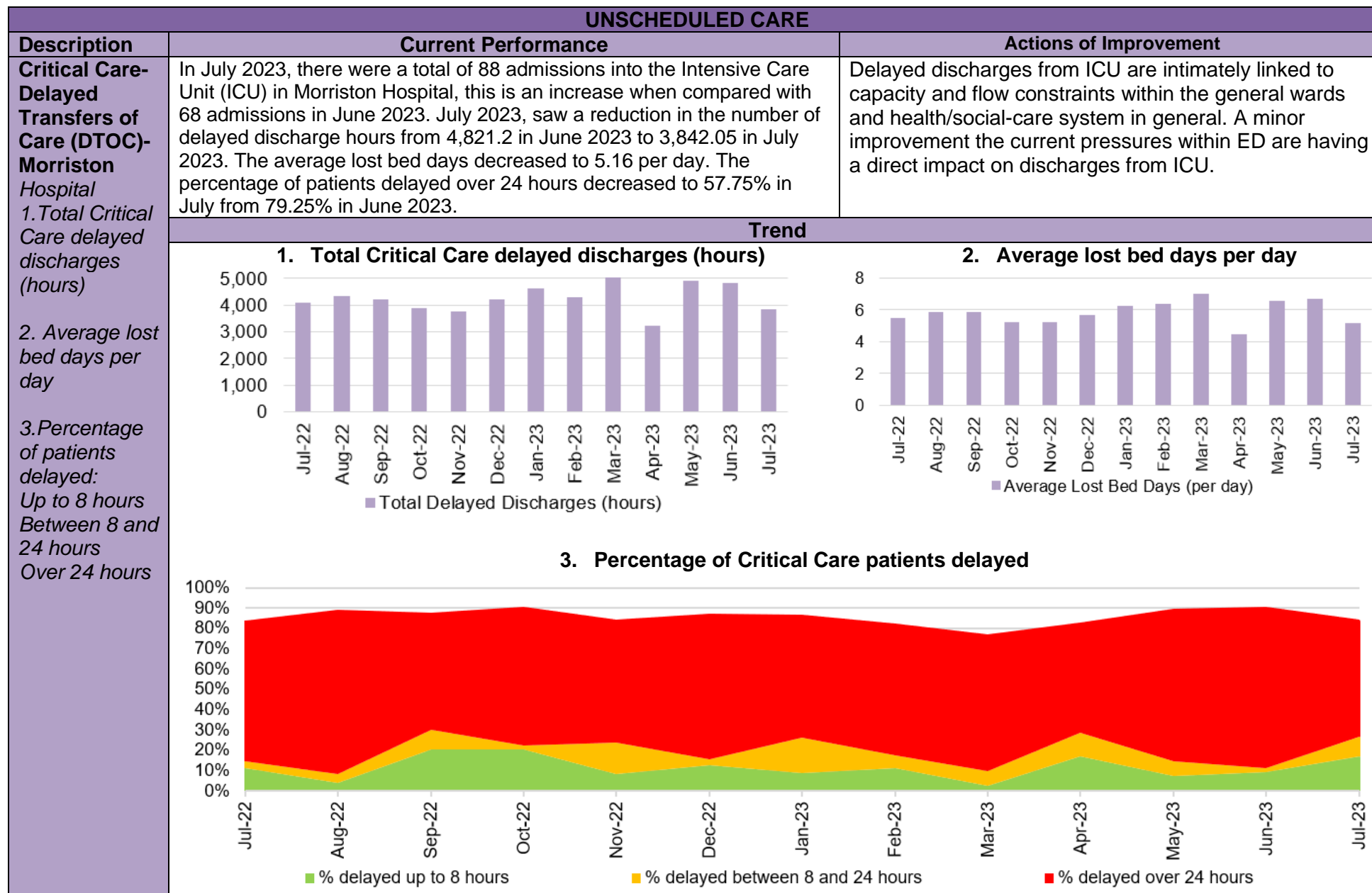
UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
<p>Ambulance handovers</p> <p>1.The number of ambulance handovers over one hour</p> <p>2. The number of ambulance handovers over one hour- Hospital level</p> <p>3.The number of ambulance handovers over one hour (last 90 days)</p>	<p>In July 2023, there were 643 ambulance to hospital handovers taking over 1 hour; this is an increase in figures compared with 615 in June 2023. In June 2023, all handovers over 1 hour were attributed to Morriston Hospital.</p> <p>The number of handover hours lost over 15 minutes have increased from 3,018 in June 2023 to 3,383 in July 2023.</p>	<p>Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction.</p>
	Trend	
	<div> <div> <p>1. Number of ambulance handovers- HB total</p> <p>Handovers > 1 hr (SBU HB) Trajectory</p> </div> <div> <p>2. Number of ambulance handovers over 1 hour- Hospital level</p> <p>Morriston Singleton</p> </div> <div> <p>3. Number of ambulance handovers- HB total last 90 days</p> <p>Total Mean Control Limits</p> <div> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ 8 or more points above or below the mean ● Arun of 6 ● increasing or decreasing points </div> </div> </div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E Attendances 1. The number of attendances at emergency departments in the Health Board 2. The number of attendances at emergency departments in the Health Board – Hospital level 3. The number of attendances at emergency departments in the Health Board (last 90 days)	ED/MIU attendances significantly reduced in April 2020 during the COVID19 first wave but have been steadily increasing month on month until September 2020 when attendances started to reduce. In July 2023, there were 11,278 A&E attendances, this is 6% lower than June 2023.	There are several admission avoidance schemes in place in order to reduce the number of patients presenting at the A&E department which include; Rapid response therapies 7 day working, the WAST stack review and home first in-reach.
	Trend	
	<p>1. Number of A&E attendances- HB total</p>  <p>■ Total A&E Attendances (SBU HB)</p>	<p>2. Number of A&E attendances- Hospital level</p>  <p>— Morriston — NPTH</p>
	<p>3. Number of A&E attendances -HB total last 90 days</p>  <p>● Total — Mean — Control Limits</p> <p>Symbol Key: ◆ Above or below control limits ▲ 8 or more points above or below the mean ● Arun of 6 ● increasing or decreasing points </p>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E waiting times <i>1. % of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge</i> <i>2. % of patients who spend less than 4 hours in A&E- Hospital level</i> <i>3. % of patients who spend less than 4 hours in A&E (last 90 days)</i>	<p>The Health Board's performance against the 4-hour measure deteriorated slightly from 76.11% in June 2023 to 76.03% in July 2023. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 99.31% in July 2023. Morriston Hospital's performance improved between June and July 2023, achieving 62.03% against the target.</p>	<p>Internal flow activities to support reduced occupancy and to improve flow throughout the day are being put in place, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with WAST colleagues to implement further pathways.</p>
	Trend	
	<div> <div> 1. % Patients waiting under 4 hours in A&E- HB total </div> <div> 2. % Patients waiting under 4 hours in A&E- Hospital level </div> </div> <div> 3. % Patients waiting under 4 hours in A&E- HB total last 90 days </div>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E waiting times <i>1.Number of patients who spend 12 hours or more in A&E</i> <i>2.Number of patients who spend 12 hours or more in A&E- Hospital level</i> <i>3.Number of patients who spend 12 hours or more in A&E (last 90 days)</i>	<p>In July 2023, performance against the 12-hour measure improved when compared with June 2023, decreasing from 1,274 to 1,179. This is a reduction of 95 compared to June 2023. 1,175 patients waiting over 12 hours in June 2023 were attributed to Morriston Hospital, with 4 attributed to Neath Port Talbot Hospital.</p>	<p>A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.</p>
	Trend	
	<p>1. Number of patients waiting over 12 hours in A&E- HB total</p>  <p>2. Number of patients waiting over 12 hours in A&E- Hospital level</p>  <p>3. Number of patients waiting over 12 hours in A&E – HB total last 90 days</p>  <p>Symbol Key: ◆ Above or below control limits ▲ 8 or more points above or below the mean ● Arun of 6 ● increasing or decreasing points </p>	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
Emergency admissions 1. The number of emergency inpatient admissions 2. The number of emergency inpatient admissions- Hospital level 3. The number of emergency inpatient admissions (last 90 days)	<p>In July 2023, there were 4,070 emergency admissions across the Health Board, which is 63 higher than June 2023.</p> <p>Singleton Hospital saw an in-month reduction, with 18 less admissions (from 301 in June 2023), Morriston Hospital saw an in-month increase from 3,681 admissions in June 2023 to 3,681 admissions in July 2023.</p>	<p>The increased number of emergency admissions is directly linked to the pressure within the system and the reduced flow from ED – this will be addressed by the previously referenced occupancy actions</p>
	Trend	
	<div> <div> 1. Number of emergency admissions- HB total <p>■ Emergency Admissions (SBU HB)</p> </div> <div> 2. Number of emergency admissions- Hospital level <p>— Morriston — Singleton — NPTH</p> </div> <div> 3. Number of emergency admissions- HB total last 90 days <p>● Total — Mean — Control Limits</p> <div> <p>Symbol Key:</p> <ul style="list-style-type: none"> ◆ Above or below control limits ▲ above or below the mean ● Arun of 6 ● increasing or decreasing points </div> </div> </div>	



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Clinically Optimised <i>The number of patients waiting at each site in the Health Board that are clinically optimised</i>	In July 2023, there were on average 237 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals.	The number of clinically optimised patients by site <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Jul-22</td><td>130</td><td>65</td><td>90</td><td>20</td></tr><tr><td>Aug-22</td><td>115</td><td>70</td><td>100</td><td>15</td></tr><tr><td>Sep-22</td><td>120</td><td>90</td><td>90</td><td>18</td></tr><tr><td>Oct-22</td><td>110</td><td>75</td><td>100</td><td>22</td></tr><tr><td>Nov-22</td><td>110</td><td>65</td><td>90</td><td>15</td></tr><tr><td>Dec-22</td><td>100</td><td>60</td><td>80</td><td>10</td></tr><tr><td>Jan-23</td><td>120</td><td>70</td><td>85</td><td>15</td></tr><tr><td>Feb-23</td><td>100</td><td>100</td><td>90</td><td>15</td></tr><tr><td>Mar-23</td><td>110</td><td>90</td><td>75</td><td>10</td></tr><tr><td>Apr-23</td><td>110</td><td>75</td><td>75</td><td>25</td></tr><tr><td>May-23</td><td>115</td><td>70</td><td>80</td><td>18</td></tr><tr><td>Jun-23</td><td>120</td><td>55</td><td>80</td><td>22</td></tr><tr><td>Jul-23</td><td>117</td><td>30</td><td>72</td><td>18</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Jul-22	130	65	90	20	Aug-22	115	70	100	15	Sep-22	120	90	90	18	Oct-22	110	75	100	22	Nov-22	110	65	90	15	Dec-22	100	60	80	10	Jan-23	120	70	85	15	Feb-23	100	100	90	15	Mar-23	110	90	75	10	Apr-23	110	75	75	25	May-23	115	70	80	18	Jun-23	120	55	80	22	Jul-23	117	30	72	18
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In July 2023, Morriston Hospital had the largest proportion of clinically optimised patients with 117, closely followed by Neath Port Talbot Hospital with 72.																																																																								
Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital.																																																																								
Work is also underway to review the definitions of Clinically Optimised Patients within the Health Board, this work is expected to lead to improvements in the reported figures.																																																																								
Elective procedures cancelled due to lack of beds <i>The number of elective procedure cancelled across the hospital where the main cancellation reasons was lack of beds</i>	In July 2023, there were 11 elective procedures cancelled due to lack of beds on the day of surgery. This is 3 more cancellations than those seen in June 2023.	Total number of elective procedures cancelled due to lack of beds <table><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jul-22</td><td>32</td><td>2</td><td>1</td></tr><tr><td>Aug-22</td><td>12</td><td>1</td><td>0</td></tr><tr><td>Sep-22</td><td>25</td><td>1</td><td>0</td></tr><tr><td>Oct-22</td><td>35</td><td>2</td><td>1</td></tr><tr><td>Nov-22</td><td>25</td><td>1</td><td>0</td></tr><tr><td>Dec-22</td><td>25</td><td>1</td><td>0</td></tr><tr><td>Jan-23</td><td>68</td><td>2</td><td>12</td></tr><tr><td>Feb-23</td><td>32</td><td>1</td><td>0</td></tr><tr><td>Mar-23</td><td>25</td><td>1</td><td>0</td></tr><tr><td>Apr-23</td><td>10</td><td>1</td><td>0</td></tr><tr><td>May-23</td><td>28</td><td>1</td><td>4</td></tr><tr><td>Jun-23</td><td>8</td><td>1</td><td>0</td></tr><tr><td>Jul-23</td><td>11</td><td>1</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Jul-22	32	2	1	Aug-22	12	1	0	Sep-22	25	1	0	Oct-22	35	2	1	Nov-22	25	1	0	Dec-22	25	1	0	Jan-23	68	2	12	Feb-23	32	1	0	Mar-23	25	1	0	Apr-23	10	1	0	May-23	28	1	4	Jun-23	8	1	0	Jul-23	11	1	0														
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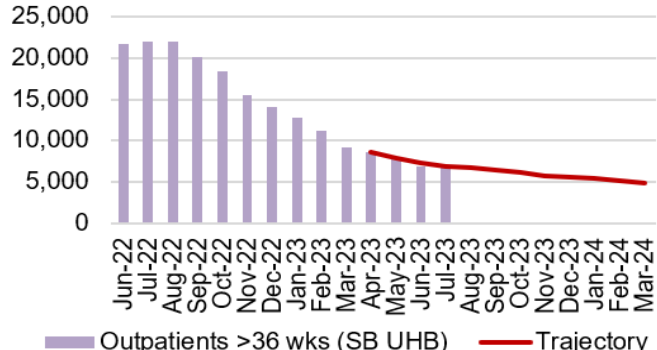
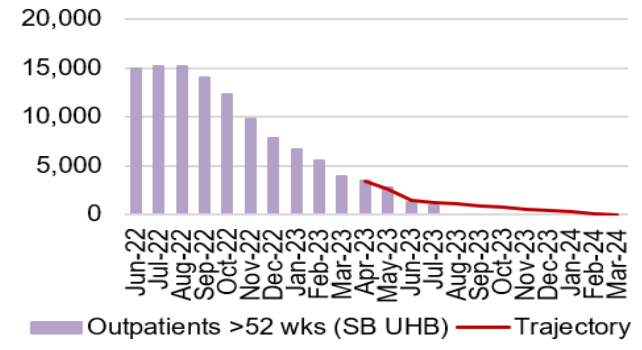
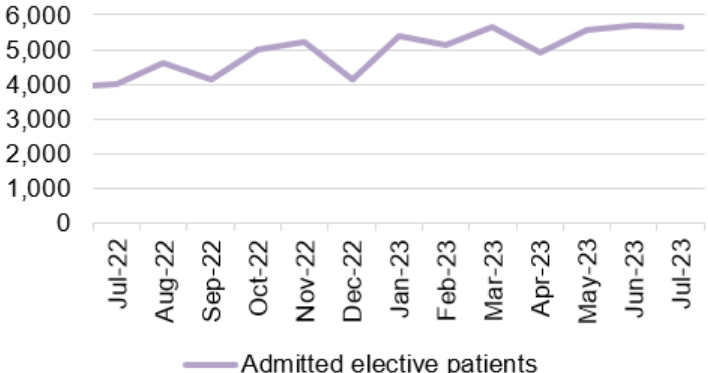
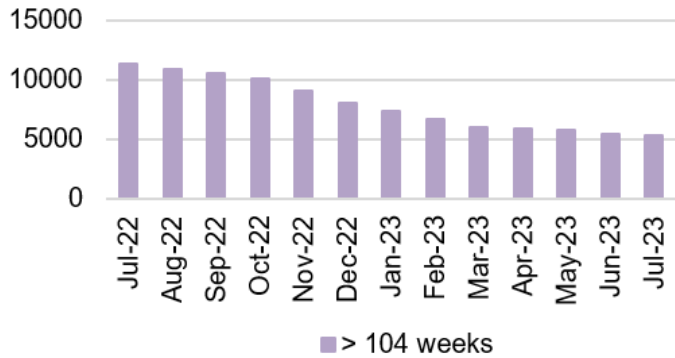
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Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	<ul style="list-style-type: none"> 25 cases of <i>E. coli</i> bacteraemia were identified in July 2023, of which 12 were hospital acquired and 13 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 20 cases for July 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired E.coli bacteraemia cases</p> <table border="1"> <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>Jul-22</td><td>21</td><td></td></tr> <tr><td>Aug-22</td><td>32</td><td></td></tr> <tr><td>Sep-22</td><td>15</td><td></td></tr> <tr><td>Oct-22</td><td>22</td><td></td></tr> <tr><td>Nov-22</td><td>23</td><td></td></tr> <tr><td>Dec-22</td><td>22</td><td></td></tr> <tr><td>Jan-23</td><td>20</td><td></td></tr> <tr><td>Feb-23</td><td>17</td><td></td></tr> <tr><td>Mar-23</td><td>19</td><td></td></tr> <tr><td>Apr-23</td><td>25</td><td>20</td></tr> <tr><td>May-23</td><td>22</td><td>19</td></tr> <tr><td>Jun-23</td><td>24</td><td>20</td></tr> <tr><td>Jul-23</td><td>24</td><td>20</td></tr> <tr><td>Aug-23</td><td></td><td>19</td></tr> <tr><td>Sep-23</td><td></td><td>19</td></tr> <tr><td>Oct-23</td><td></td><td>19</td></tr> <tr><td>Nov-23</td><td></td><td>20</td></tr> <tr><td>Dec-23</td><td></td><td>21</td></tr> <tr><td>Jan-24</td><td></td><td>19</td></tr> <tr><td>Feb-24</td><td></td><td>19</td></tr> <tr><td>Mar-24</td><td></td><td>19</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Jul-22	21		Aug-22	32		Sep-22	15		Oct-22	22		Nov-22	23		Dec-22	22		Jan-23	20		Feb-23	17		Mar-23	19		Apr-23	25	20	May-23	22	19	Jun-23	24	20	Jul-23	24	20	Aug-23		19	Sep-23		19	Oct-23		19	Nov-23		20	Dec-23		21	Jan-24		19	Feb-24		19	Mar-24		19
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Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	<ul style="list-style-type: none"> There were 14 cases of <i>Staph. aureus</i> bacteraemia in July 2023, of which 1 was hospital acquired and 13 were community acquired. The Health Board total is currently above the Welsh Government Profile target of 6 cases for July 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired S.aureus bacteraemia cases</p> <table border="1"> <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>Jul-22</td><td>12</td><td></td></tr> <tr><td>Aug-22</td><td>12</td><td></td></tr> <tr><td>Sep-22</td><td>14</td><td></td></tr> <tr><td>Oct-22</td><td>17</td><td></td></tr> <tr><td>Nov-22</td><td>8</td><td></td></tr> <tr><td>Dec-22</td><td>13</td><td></td></tr> <tr><td>Jan-23</td><td>10</td><td></td></tr> <tr><td>Feb-23</td><td>11</td><td></td></tr> <tr><td>Mar-23</td><td>10</td><td></td></tr> <tr><td>Apr-23</td><td>16</td><td>8</td></tr> <tr><td>May-23</td><td>10</td><td>6</td></tr> <tr><td>Jun-23</td><td>13</td><td>6</td></tr> <tr><td>Jul-23</td><td>14</td><td>6</td></tr> <tr><td>Aug-23</td><td></td><td>6</td></tr> <tr><td>Sep-23</td><td></td><td>6</td></tr> <tr><td>Oct-23</td><td></td><td>6</td></tr> <tr><td>Nov-23</td><td></td><td>6</td></tr> <tr><td>Dec-23</td><td></td><td>6</td></tr> <tr><td>Jan-24</td><td></td><td>5</td></tr> <tr><td>Feb-24</td><td></td><td>5</td></tr> <tr><td>Mar-24</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Jul-22	12		Aug-22	12		Sep-22	14		Oct-22	17		Nov-22	8		Dec-22	13		Jan-23	10		Feb-23	11		Mar-23	10		Apr-23	16	8	May-23	10	6	Jun-23	13	6	Jul-23	14	6	Aug-23		6	Sep-23		6	Oct-23		6	Nov-23		6	Dec-23		6	Jan-24		5	Feb-24		5	Mar-24		5
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Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	<ul style="list-style-type: none">There were 18 <i>Clostridium difficile</i> toxin positive cases in July 2023, of which 12 were hospital acquired and 6 were community acquired.The Health Board total is currently above the Welsh Government Profile target of 8 cases for July 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired C.difficile cases</p> <table><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Jul-22</td><td>16</td></tr><tr><td>Aug-22</td><td>22</td></tr><tr><td>Sep-22</td><td>14</td></tr><tr><td>Oct-22</td><td>21</td></tr><tr><td>Nov-22</td><td>21</td></tr><tr><td>Dec-22</td><td>14</td></tr><tr><td>Jan-23</td><td>22</td></tr><tr><td>Feb-23</td><td>12</td></tr><tr><td>Mar-23</td><td>19</td></tr><tr><td>Apr-23</td><td>18</td></tr><tr><td>May-23</td><td>14</td></tr><tr><td>Jun-23</td><td>20</td></tr><tr><td>Jul-23</td><td>18</td></tr><tr><td>Aug-23</td><td>0</td></tr><tr><td>Sep-23</td><td>0</td></tr><tr><td>Oct-23</td><td>0</td></tr><tr><td>Nov-23</td><td>0</td></tr><tr><td>Dec-23</td><td>0</td></tr><tr><td>Jan-24</td><td>0</td></tr><tr><td>Feb-24</td><td>0</td></tr><tr><td>Mar-24</td><td>0</td></tr></tbody></table> <p>Number of C.diff cases (SBU) Trajectory</p>	Month	Number of C.diff cases (SBU)	Jul-22	16	Aug-22	22	Sep-22	14	Oct-22	21	Nov-22	21	Dec-22	14	Jan-23	22	Feb-23	12	Mar-23	19	Apr-23	18	May-23	14	Jun-23	20	Jul-23	18	Aug-23	0	Sep-23	0	Oct-23	0	Nov-23	0	Dec-23	0	Jan-24	0	Feb-24	0	Mar-24	0
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Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	<ul style="list-style-type: none">There were 3 cases of Klebsiella sp in July 2023, all of which were hospital acquired.The Health Board total is currently below the Welsh Government Profile target of 7 cases for July 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Klebsiella cases</p> <table><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Jul-22</td><td>11</td></tr><tr><td>Aug-22</td><td>8</td></tr><tr><td>Sep-22</td><td>10</td></tr><tr><td>Oct-22</td><td>7</td></tr><tr><td>Nov-22</td><td>11</td></tr><tr><td>Dec-22</td><td>8</td></tr><tr><td>Jan-23</td><td>11</td></tr><tr><td>Feb-23</td><td>8</td></tr><tr><td>Mar-23</td><td>11</td></tr><tr><td>Apr-23</td><td>8</td></tr><tr><td>May-23</td><td>10</td></tr><tr><td>Jun-23</td><td>6</td></tr><tr><td>Jul-23</td><td>3</td></tr><tr><td>Aug-23</td><td>0</td></tr><tr><td>Sep-23</td><td>0</td></tr><tr><td>Oct-23</td><td>0</td></tr><tr><td>Nov-23</td><td>0</td></tr><tr><td>Dec-23</td><td>0</td></tr><tr><td>Jan-24</td><td>0</td></tr><tr><td>Feb-24</td><td>0</td></tr><tr><td>Mar-24</td><td>0</td></tr></tbody></table> <p>Number of Klebsiella cases (SBU) Trajectory</p>	Month	Number of Klebsiella cases (SBU)	Jul-22	11	Aug-22	8	Sep-22	10	Oct-22	7	Nov-22	11	Dec-22	8	Jan-23	11	Feb-23	8	Mar-23	11	Apr-23	8	May-23	10	Jun-23	6	Jul-23	3	Aug-23	0	Sep-23	0	Oct-23	0	Nov-23	0	Dec-23	0	Jan-24	0	Feb-24	0	Mar-24	0
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HEALTHCARE ACQUIRED INFECTIONS																																																																				
Description	Current Performance	Trend																																																																		
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	<ul style="list-style-type: none"> There was 1 case of <i>P.Aeruginosa</i> in July 2023, all of which were hospital acquired. The Health Board total is currently below the Welsh Government Profile target of 2 cases for July 2023. <p>Actions of Improvement; Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates</p>	<p>Number of healthcare acquired Pseudomonas cases</p> <table border="1"> <caption>Number of healthcare acquired Pseudomonas cases (SBU) and Trajectory</caption> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>4</td><td>3.0</td></tr> <tr><td>Aug-22</td><td>3</td><td>2.5</td></tr> <tr><td>Sep-22</td><td>5</td><td>2.0</td></tr> <tr><td>Oct-22</td><td>6</td><td>2.0</td></tr> <tr><td>Nov-22</td><td>5</td><td>2.0</td></tr> <tr><td>Dec-22</td><td>3</td><td>2.0</td></tr> <tr><td>Jan-23</td><td>4</td><td>2.0</td></tr> <tr><td>Feb-23</td><td>2</td><td>2.0</td></tr> <tr><td>Mar-23</td><td>4</td><td>2.0</td></tr> <tr><td>Apr-23</td><td>2</td><td>2.0</td></tr> <tr><td>May-23</td><td>1</td><td>2.0</td></tr> <tr><td>Jun-23</td><td>4</td><td>2.0</td></tr> <tr><td>Jul-23</td><td>1</td><td>2.0</td></tr> <tr><td>Aug-23</td><td>0</td><td>2.0</td></tr> <tr><td>Sep-23</td><td>0</td><td>2.0</td></tr> <tr><td>Oct-23</td><td>0</td><td>2.0</td></tr> <tr><td>Nov-23</td><td>0</td><td>1.0</td></tr> <tr><td>Dec-23</td><td>0</td><td>3.0</td></tr> <tr><td>Jan-24</td><td>0</td><td>2.0</td></tr> <tr><td>Feb-24</td><td>0</td><td>2.0</td></tr> <tr><td>Mar-24</td><td>0</td><td>1.0</td></tr> </tbody> </table> <p> ■ Number of Pseudomonas cases (SBU) — Trajectory </p>	Month	Number of Pseudomonas cases (SBU)	Trajectory	Jul-22	4	3.0	Aug-22	3	2.5	Sep-22	5	2.0	Oct-22	6	2.0	Nov-22	5	2.0	Dec-22	3	2.0	Jan-23	4	2.0	Feb-23	2	2.0	Mar-23	4	2.0	Apr-23	2	2.0	May-23	1	2.0	Jun-23	4	2.0	Jul-23	1	2.0	Aug-23	0	2.0	Sep-23	0	2.0	Oct-23	0	2.0	Nov-23	0	1.0	Dec-23	0	3.0	Jan-24	0	2.0	Feb-24	0	2.0	Mar-24	0	1.0
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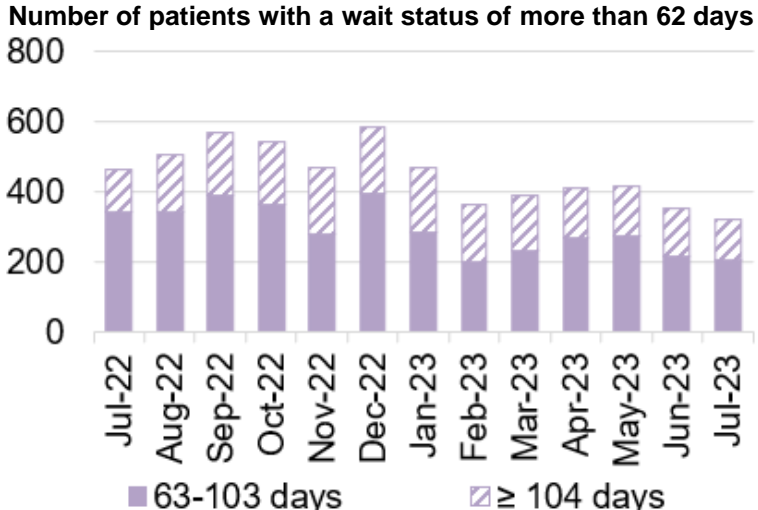
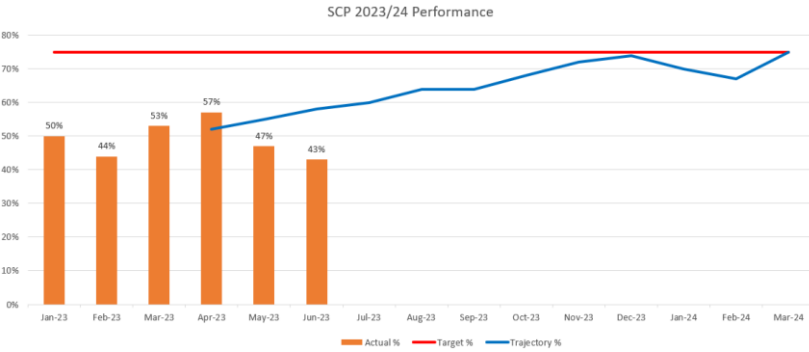
PLANNED CARE		
Description	Current Performance	Actions of Improvement
Referrals and shape of the waiting list 1. GP Referrals <i>The number of Stage 1 additions per week</i> 2. Stage 1 additions <i>The number of new patients that have been added to the outpatient waiting list</i> 3. Outpatient activity undertaken <i>Total number of patients seen each month</i> 4. Size of the waiting list <i>Total number of patients on the waiting list by stage as at July 2023</i>	<p>July 2023 has seen a reduction in referral figures compared with June 2023 (13,984). Referral rates have continued to rise slowly since December 2021, with 12,623 received in July 2023. Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.</p> <p style="text-align: center;">Trend</p> <div> <div> 1. Number of GP referrals received by SBU Health Board </div> <div> 2. Number of stage 1 additions per week </div> <div> 3. Outpatient activity undertaken </div> <div> 4. Total size of the waiting list (July 2023) </div> </div>	<p>The number of referrals received has remained steady in recent months, and is now showing a consistent pattern of demand.</p>

PLANNED CARE		
Description	Current Performance	Actions of Improvement
Outpatient waiting times 1. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Health Board Total 2. Number of patients waiting more than 26 weeks for an outpatient appointment (stage 1)- Hospital Level 3. Patients waiting over 26 weeks for an outpatient appointment by specialty 4. Percentage of patients waiting less than 26 weeks	<p>The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, July 2023 saw an in-month reduction of 4% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 13,427 in June 2023 to 12,937 in July 2023. Orthopaedics has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, closely followed by Ophthalmology and Gynaecology. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has improved to 61.6%.</p>	<p>Administrative validation is currently taking place to further cleanse the waiting list position and reduce the number of patients on the waiting list inappropriately.</p> <p>Service Group specific recovery trajectories have been developed to further support recovery</p>
	Trend	
	<p>1. Number of stage 1 over 26 weeks- HB total</p> <p>■ Outpatients > 26 wks (SB UHB)</p> <p>2. Number of stage 1 over 26 weeks- Hospital level</p> <p>— Morriston — Singleton — PCT — NPTH</p> <p>3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at July 2023</p> <p>4. Percentage of patient waiting less than 26 weeks</p> <p>■ % waiting < 26 wks (SBU HB)</p>	

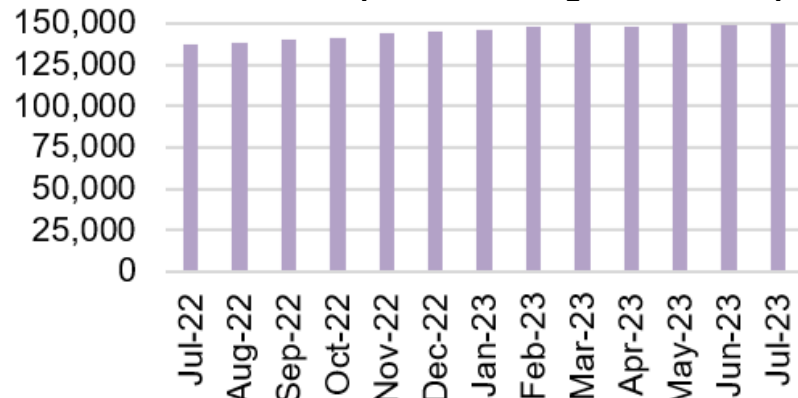
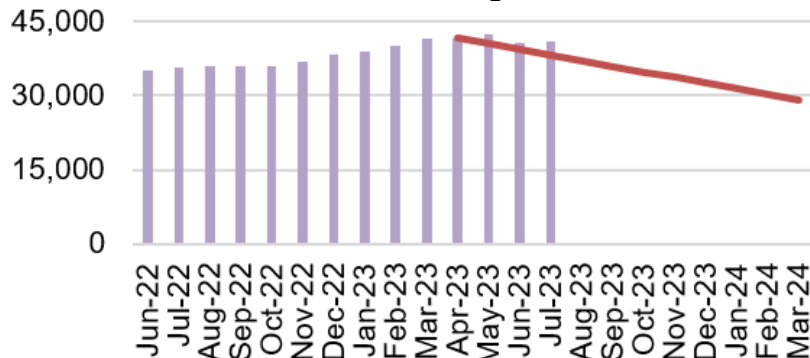
PLANNED CARE		
Description	Current Performance	Actions of Improvement
Patients waiting over 36 weeks for treatment 1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total 2. Number of patients waiting more than 52 weeks for treatment at Stage 1 3. Number of elective admissions 4. Number of patients waiting more than 104 weeks for treatment	<p>In July 2023, there were 6,729 patients waiting over 36 weeks at Stage 1, which is a 2% in-month reduction from June 2023. 15,120 patients were waiting over 52 weeks at all stages in July 2023. In July 2023, there were 5,299 patients waiting over 104 weeks for treatment, which is a 3% reduction from June 2023. The Health Board are currently out-performing all submitted recovery trajectories for 2023/24.</p>	<p>Updated national recovery trajectories have been submitted to Welsh Government for 2023/24 and are under review. Currently implementing planned care efficiency measures which include; over-booking clinics, improving treat in turn rates, increasing capacity, validation of pathways and internal administrative and clinical validation.</p>
	Trend	
	<p>1. Number of patients waiting over 36 weeks at Stage 1- HB total</p>  <p>■ Outpatients >36 wks (SB UHB) — Trajectory</p> <p>2. Number of patients waiting over 52 weeks at Stage 1- HB total</p>  <p>■ Outpatients >52 wks (SB UHB) — Trajectory</p> <p>3. Number of elective admissions</p>  <p>— Admitted elective patients</p> <p>4. Number of patients waiting over 104 weeks- HB total</p>  <p>■ > 104 weeks</p>	

PLANNED CARE																																																																				
Description	Current Performance																																																																			
Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i>	<p>In July 2023, there were 824 patients referred from Primary Care into secondary care ophthalmology services. This is a reduction on the number of patients referred in June 2023, which was 890.</p> <p>The figures reported are outperforming the submitted Ophthalmology referrals trajectory to Welsh Government for 2023/24 in July 2023 (850).</p>	<p>Number of referrals into secondary care Ophthalmology service</p> <table border="1"> <caption>Number of referrals into secondary care Ophthalmology service</caption> <thead> <tr> <th>Month</th> <th>Number of referrals</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>750</td><td>800</td></tr> <tr><td>Aug-22</td><td>850</td><td>850</td></tr> <tr><td>Sep-22</td><td>880</td><td>900</td></tr> <tr><td>Oct-22</td><td>800</td><td>850</td></tr> <tr><td>Nov-22</td><td>800</td><td>800</td></tr> <tr><td>Dec-22</td><td>720</td><td>850</td></tr> <tr><td>Jan-23</td><td>850</td><td>900</td></tr> <tr><td>Feb-23</td><td>850</td><td>850</td></tr> <tr><td>Mar-23</td><td>950</td><td>900</td></tr> <tr><td>Apr-23</td><td>720</td><td>900</td></tr> <tr><td>May-23</td><td>800</td><td>950</td></tr> <tr><td>Jun-23</td><td>880</td><td>900</td></tr> <tr><td>Jul-23</td><td>824</td><td>850</td></tr> <tr><td>Aug-23</td><td></td><td>950</td></tr> <tr><td>Sep-23</td><td></td><td>950</td></tr> <tr><td>Oct-23</td><td></td><td>950</td></tr> <tr><td>Nov-23</td><td></td><td>800</td></tr> <tr><td>Dec-23</td><td></td><td>800</td></tr> <tr><td>Jan-24</td><td></td><td>950</td></tr> <tr><td>Feb-24</td><td></td><td>950</td></tr> <tr><td>Mar-24</td><td></td><td>950</td></tr> </tbody> </table>	Month	Number of referrals	Trajectory	Jul-22	750	800	Aug-22	850	850	Sep-22	880	900	Oct-22	800	850	Nov-22	800	800	Dec-22	720	850	Jan-23	850	900	Feb-23	850	850	Mar-23	950	900	Apr-23	720	900	May-23	800	950	Jun-23	880	900	Jul-23	824	850	Aug-23		950	Sep-23		950	Oct-23		950	Nov-23		800	Dec-23		800	Jan-24		950	Feb-24		950	Mar-24		950
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Ophthalmology waiting times <i>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</i>	<p>In July 2023, 63.8% of Ophthalmology R1 patients were waiting within their clinical target date or within 25% of the target date.</p> <p>Actions of Improvement; A detailed Ophthalmology action plan is currently being executed which focusses on performance improvement schemes using insourcing and outsourcing resources, administrative validation and active recruitment to fill any current vacancies impacting capacity</p>	<p>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</p> <table border="1"> <caption>Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments</caption> <thead> <tr> <th>Month</th> <th>% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>65%</td><td>100%</td></tr> <tr><td>Aug-22</td><td>62%</td><td>100%</td></tr> <tr><td>Sep-22</td><td>60%</td><td>100%</td></tr> <tr><td>Oct-22</td><td>65%</td><td>100%</td></tr> <tr><td>Nov-22</td><td>68%</td><td>100%</td></tr> <tr><td>Dec-22</td><td>70%</td><td>100%</td></tr> <tr><td>Jan-23</td><td>55%</td><td>100%</td></tr> <tr><td>Feb-23</td><td>65%</td><td>100%</td></tr> <tr><td>Mar-23</td><td>60%</td><td>100%</td></tr> <tr><td>Apr-23</td><td>62%</td><td>100%</td></tr> <tr><td>May-23</td><td>62%</td><td>100%</td></tr> <tr><td>Jun-23</td><td>58%</td><td>100%</td></tr> <tr><td>Jul-23</td><td>63.8%</td><td>100%</td></tr> </tbody> </table>	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.	Target	Jul-22	65%	100%	Aug-22	62%	100%	Sep-22	60%	100%	Oct-22	65%	100%	Nov-22	68%	100%	Dec-22	70%	100%	Jan-23	55%	100%	Feb-23	65%	100%	Mar-23	60%	100%	Apr-23	62%	100%	May-23	62%	100%	Jun-23	58%	100%	Jul-23	63.8%	100%																								
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PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	<p>In July 2023, there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 7,221 in June 2023 to 6,713 in July 2023.</p> <p>The following is a breakdown for the 8-week breaches by diagnostic test for July 2023:</p> <ul style="list-style-type: none"> Endoscopy= 4,505 Cardiac tests= 544 Other Diagnostics = 1,664 <p>Actions of Improvement; Detailed demand and capacity work is currently underway to develop a diagnostic recovery trajectory which works towards the ministerial target of 0 by March 2024.</p>	<p>Number of patients waiting longer than 8 weeks for Diagnostics</p> <p>Legend: Other diagnostics (inc. radiology) (green), Endoscopy (red)</p>
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	<p>In July 2023 there were 183 patients waiting over 14 weeks for specified Therapies.</p> <p>The breakdown for breaches in July 2023 are:</p> <ul style="list-style-type: none"> Speech & Language Therapy= 172 Dietetics = 11 <p>Actions of Improvement; The Service Group have already identified the previous declining position in Dietetics and SLT and have developed detailed recovery trajectories in both areas.</p>	<p>Number of patients waiting longer than 14 weeks for therapies</p> <p>Legend: Therapies > 14 weeks (SBU HB) (green)</p>

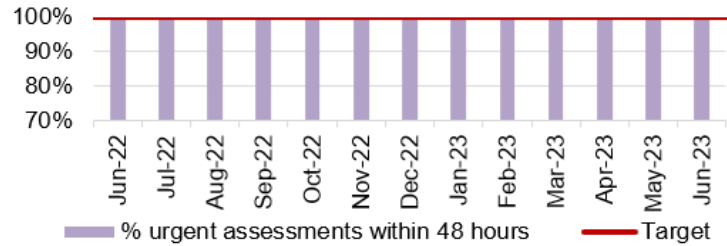
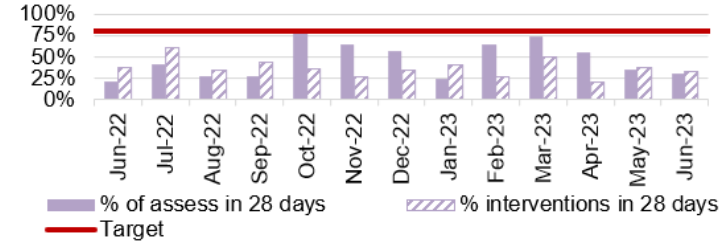
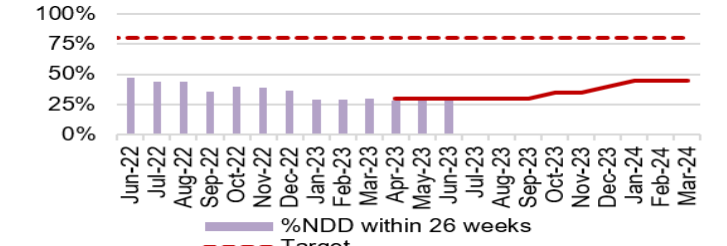
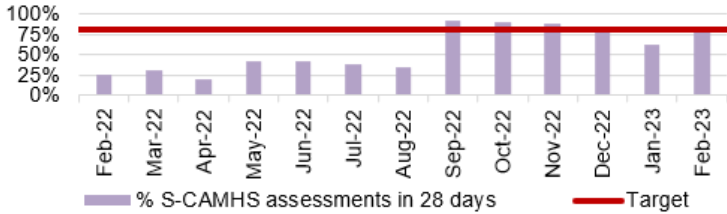
CANCER				
Description	Current Performance		Trend	
Single Cancer Pathway backlog <i>The number of patients with an active wait status of more than 63 days</i>	August 2023 backlog by tumour site:		Number of patients with a wait status of more than 62 days 	
	Tumour Site	63 - 103 days		≥104 days
	Acute Leukaemia	0		0
	Brain/CNS	1		1
	Breast	13		1
	Children's cancer	0		0
	Gynaecological	73		17
	Haematological	8		4
	Head and neck	7		5
	Lower Gastrointestinal	47		28
	Lung	17		10
	Other	1		1
	Sarcoma	2		3
	Skin(c)	27		2
	Upper Gastrointestinal	20		13
	Urological	40		16
	Grand Total	256		101
Single Cancer Pathway backlog-patients waiting over 63 days	July 2023 saw an increase in the number of patients waiting over 63 days. The following actions have been outlined to support backlog reduction;		Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion 	
	<ul style="list-style-type: none">- Individual meetings have taken place with tumour sites to explore additional work to support a further reduction in the backlog- Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority- Focussed validation work is being undertaken each month to support the end of month position being as up to date as possible.			

CANCER																																																		
Description	Current Performance	Trend																																																
USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	To date, early August 2023 figures show total wait volumes for first outpatient appointment have decreased by 6% when compared with the previous week.	The number of patients waiting for a first outpatient appointment (by total days waiting) – Early August 2023 <table><tr><th>FIRST OPA</th><th>06-Aug</th><th>13-Aug</th></tr><tr><td>Acute Leukaemia</td><td>0</td><td>0</td></tr><tr><td>Brain/CNS</td><td>0</td><td>0</td></tr><tr><td>Breast</td><td>7</td><td>0</td></tr><tr><td>Children's Cancer</td><td>5</td><td>5</td></tr><tr><td>Gynaecological</td><td>56</td><td>95</td></tr><tr><td>Haematological</td><td>7</td><td>4</td></tr><tr><td>Head and Neck</td><td>119</td><td>118</td></tr><tr><td>Lower GI</td><td>68</td><td>57</td></tr><tr><td>Lung</td><td>5</td><td>2</td></tr><tr><td>Other</td><td>104</td><td>85</td></tr><tr><td>Sarcoma</td><td>0</td><td>2</td></tr><tr><td>Skin</td><td>368</td><td>344</td></tr><tr><td>Upper GI</td><td>39</td><td>29</td></tr><tr><td>Urological</td><td>66</td><td>49</td></tr><tr><td></td><td>844</td><td>790</td></tr></table>	FIRST OPA	06-Aug	13-Aug	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	7	0	Children's Cancer	5	5	Gynaecological	56	95	Haematological	7	4	Head and Neck	119	118	Lower GI	68	57	Lung	5	2	Other	104	85	Sarcoma	0	2	Skin	368	344	Upper GI	39	29	Urological	66	49		844	790
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	Of the total number of patients awaiting a first outpatient appointment, 36% have been booked, which is slightly higher than figures seen in the previous months' performance.																																																	
Radiotherapy waiting times <i>The percentage of patients receiving radiotherapy treatment</i>	Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100%	Radiotherapy waiting times <table><tr><td>Scheduled (14 Day Target)</td><td>Scheduled (21 Day Target)</td></tr><tr><td>Urgent SC (2 Day Target)</td><td>Urgent SC (7 Day Target)</td></tr><tr><td>Emergency (within 1 day)</td><td>Emergency (within 2 days)</td></tr><tr><td>Elective Delay (7 Day Target)</td><td>Elective Delay (14 Day Target)</td></tr></table>	Scheduled (14 Day Target)	Scheduled (21 Day Target)	Urgent SC (2 Day Target)	Urgent SC (7 Day Target)	Emergency (within 1 day)	Emergency (within 2 days)	Elective Delay (7 Day Target)	Elective Delay (14 Day Target)																																								
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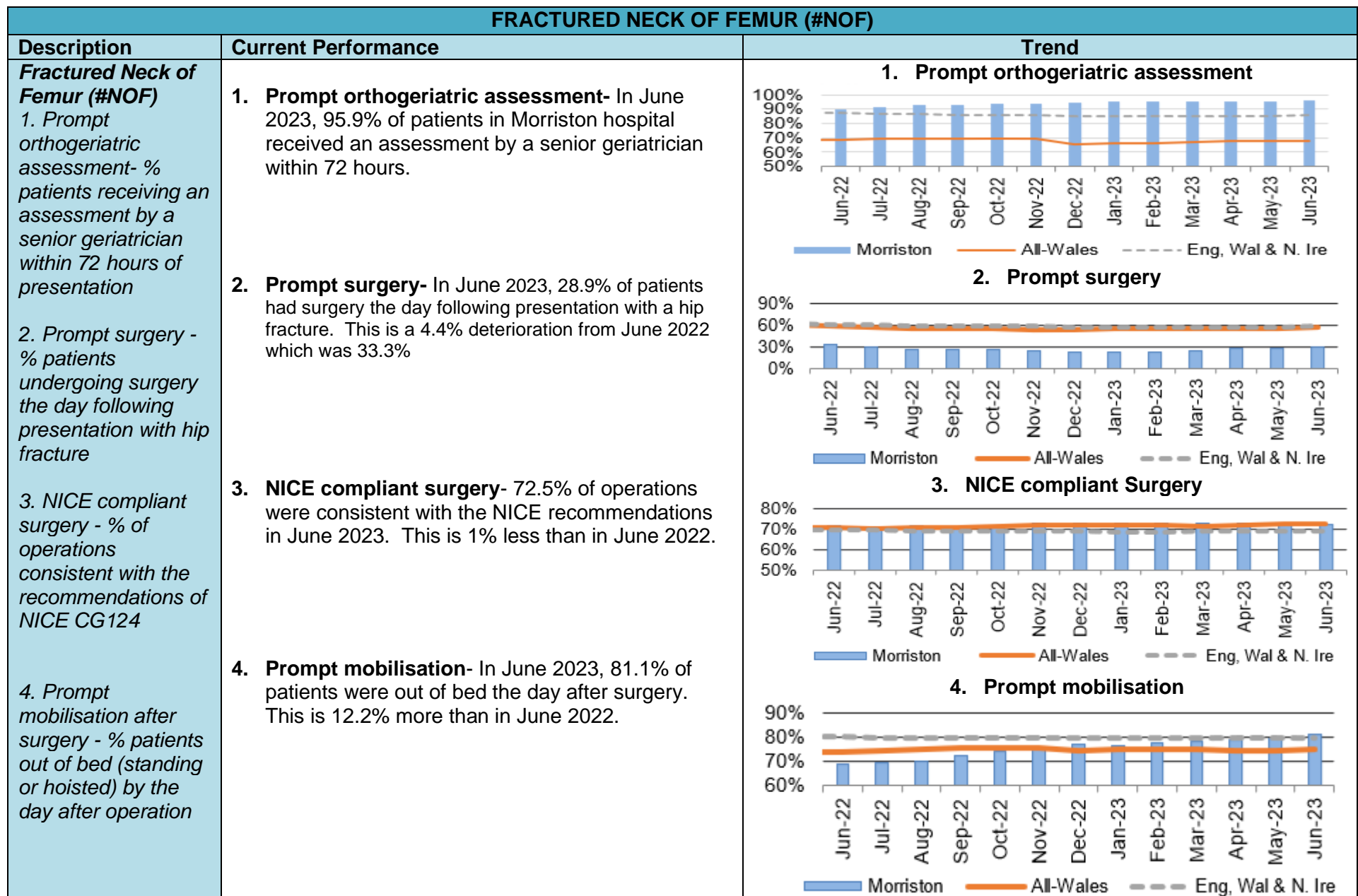
FOLLOW-UP APPOINTMENTS																																																																												
Description	Current Performance	Trend																																																																										
Follow-up appointments 1. The total number of patients on the follow-up waiting list 2. The number of patients waiting 100% over target for a follow-up appointment	<p>In July 2023, the overall size of the follow-up waiting list increased by 887 patients compared with June 2023 (from 149,529 to 150,416).</p>	<p>1. Total number of patients waiting for a follow-up</p>  <table><caption>1. Total number of patients waiting for a follow-up</caption><thead><tr><th>Month</th><th>Number of patients waiting for follow-up (SBU HB)</th></tr></thead><tbody><tr><td>Jul-22</td><td>140,000</td></tr><tr><td>Aug-22</td><td>140,000</td></tr><tr><td>Sep-22</td><td>140,000</td></tr><tr><td>Oct-22</td><td>140,000</td></tr><tr><td>Nov-22</td><td>140,000</td></tr><tr><td>Dec-22</td><td>140,000</td></tr><tr><td>Jan-23</td><td>140,000</td></tr><tr><td>Feb-23</td><td>140,000</td></tr><tr><td>Mar-23</td><td>140,000</td></tr><tr><td>Apr-23</td><td>140,000</td></tr><tr><td>May-23</td><td>140,000</td></tr><tr><td>Jun-23</td><td>140,000</td></tr><tr><td>Jul-23</td><td>150,416</td></tr></tbody></table> <p>■ Number of patients waiting for follow-up (SBU HB)</p> <p>2. Delayed follow-ups: Number of patients waiting 100% over target</p>  <table><caption>2. Delayed follow-ups: Number of patients waiting 100% over target</caption><thead><tr><th>Month</th><th>Number of patients waiting 100% over target date (SBU HB)</th></tr></thead><tbody><tr><td>Jun-22</td><td>35,000</td></tr><tr><td>Jul-22</td><td>35,000</td></tr><tr><td>Aug-22</td><td>35,000</td></tr><tr><td>Sep-22</td><td>35,000</td></tr><tr><td>Oct-22</td><td>35,000</td></tr><tr><td>Nov-22</td><td>35,000</td></tr><tr><td>Dec-22</td><td>35,000</td></tr><tr><td>Jan-23</td><td>35,000</td></tr><tr><td>Feb-23</td><td>35,000</td></tr><tr><td>Mar-23</td><td>35,000</td></tr><tr><td>Apr-23</td><td>35,000</td></tr><tr><td>May-23</td><td>35,000</td></tr><tr><td>Jun-23</td><td>35,000</td></tr><tr><td>Jul-23</td><td>35,000</td></tr><tr><td>Aug-23</td><td>35,000</td></tr><tr><td>Sep-23</td><td>35,000</td></tr><tr><td>Oct-23</td><td>35,000</td></tr><tr><td>Nov-23</td><td>35,000</td></tr><tr><td>Dec-23</td><td>35,000</td></tr><tr><td>Jan-24</td><td>35,000</td></tr><tr><td>Feb-24</td><td>35,000</td></tr><tr><td>Mar-24</td><td>35,000</td></tr></tbody></table> <p>■ Number of patients waiting 100% over target date (SBU HB) — Trajectory</p>	Month	Number of patients waiting for follow-up (SBU HB)	Jul-22	140,000	Aug-22	140,000	Sep-22	140,000	Oct-22	140,000	Nov-22	140,000	Dec-22	140,000	Jan-23	140,000	Feb-23	140,000	Mar-23	140,000	Apr-23	140,000	May-23	140,000	Jun-23	140,000	Jul-23	150,416	Month	Number of patients waiting 100% over target date (SBU HB)	Jun-22	35,000	Jul-22	35,000	Aug-22	35,000	Sep-22	35,000	Oct-22	35,000	Nov-22	35,000	Dec-22	35,000	Jan-23	35,000	Feb-23	35,000	Mar-23	35,000	Apr-23	35,000	May-23	35,000	Jun-23	35,000	Jul-23	35,000	Aug-23	35,000	Sep-23	35,000	Oct-23	35,000	Nov-23	35,000	Dec-23	35,000	Jan-24	35,000	Feb-24	35,000	Mar-24	35,000
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	<p>In July 2023, there was a total of 67,748 patients waiting for a follow-up past their target date. This is a slight in-month reduction of 0.8% (from 68,286 in June 2023 to 67,748).</p>																																																																											
	<p>Of the 67,748 delayed follow-ups in July 2023, 13,141 had appointment dates and 54,607 were still waiting for an appointment.</p>																																																																											
	<p>In addition, 41,123 patients were waiting 100%+ over target date in July 2023. This is a 0.8% increase when compared with June 2023.</p>																																																																											
	<p>Actions of Improvement; An internal SBUHB validation is in place to support validation work. Alongside this, Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach. This work has begun and is focussing on services with the longest waits</p>																																																																											

STROKE																														
Description	Current Performance	Trend																												
Stroke Measures																														
1. % of patients who have a direct admission to an acute stroke unit within 4 hours	1. In July 2023, 25% of patients had a direct admission to an acute stroke unit within 4 hours. This is an improvement on the performance in June 2023 (24%).	1. % of patients who have a direct admission to an acute stroke unit within 4 hours <table><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Jul-22</td><td>5%</td></tr><tr><td>Aug-22</td><td>5%</td></tr><tr><td>Sep-22</td><td>5%</td></tr><tr><td>Oct-22</td><td>5%</td></tr><tr><td>Nov-22</td><td>10%</td></tr><tr><td>Dec-22</td><td>5%</td></tr><tr><td>Jan-23</td><td>2%</td></tr><tr><td>Feb-23</td><td>10%</td></tr><tr><td>Mar-23</td><td>10%</td></tr><tr><td>Apr-23</td><td>5%</td></tr><tr><td>May-23</td><td>15%</td></tr><tr><td>Jun-23</td><td>20%</td></tr><tr><td>Jul-23</td><td>25%</td></tr></tbody></table>	Month	%	Jul-22	5%	Aug-22	5%	Sep-22	5%	Oct-22	5%	Nov-22	10%	Dec-22	5%	Jan-23	2%	Feb-23	10%	Mar-23	10%	Apr-23	5%	May-23	15%	Jun-23	20%	Jul-23	25%
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2. % of patients who received a CT Scan within 1 hour	2. In July 2023, 52% of patients received a CT scan within 1 hour of being admitted, this is an improvement on the figure reported in June 2023	2. % of patients who received a CT Scan within 1 hour <table><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Jul-22</td><td>35%</td></tr><tr><td>Aug-22</td><td>40%</td></tr><tr><td>Sep-22</td><td>55%</td></tr><tr><td>Oct-22</td><td>35%</td></tr><tr><td>Nov-22</td><td>40%</td></tr><tr><td>Dec-22</td><td>35%</td></tr><tr><td>Jan-23</td><td>35%</td></tr><tr><td>Feb-23</td><td>45%</td></tr><tr><td>Mar-23</td><td>45%</td></tr><tr><td>Apr-23</td><td>45%</td></tr><tr><td>May-23</td><td>40%</td></tr><tr><td>Jun-23</td><td>45%</td></tr><tr><td>Jul-23</td><td>52%</td></tr></tbody></table>	Month	%	Jul-22	35%	Aug-22	40%	Sep-22	55%	Oct-22	35%	Nov-22	40%	Dec-22	35%	Jan-23	35%	Feb-23	45%	Mar-23	45%	Apr-23	45%	May-23	40%	Jun-23	45%	Jul-23	52%
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3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours	3. 91.7% of patients were assessed by a stroke specialist consultant physician within 24 hours in July 2023, which is a deterioration of 1.2% from June 2023.	3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours <table><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Jul-22</td><td>95%</td></tr><tr><td>Aug-22</td><td>95%</td></tr><tr><td>Sep-22</td><td>95%</td></tr><tr><td>Oct-22</td><td>95%</td></tr><tr><td>Nov-22</td><td>95%</td></tr><tr><td>Dec-22</td><td>95%</td></tr><tr><td>Jan-23</td><td>95%</td></tr><tr><td>Feb-23</td><td>95%</td></tr><tr><td>Mar-23</td><td>95%</td></tr><tr><td>Apr-23</td><td>95%</td></tr><tr><td>May-23</td><td>95%</td></tr><tr><td>Jun-23</td><td>95%</td></tr><tr><td>Jul-23</td><td>91.7%</td></tr></tbody></table>	Month	%	Jul-22	95%	Aug-22	95%	Sep-22	95%	Oct-22	95%	Nov-22	95%	Dec-22	95%	Jan-23	95%	Feb-23	95%	Mar-23	95%	Apr-23	95%	May-23	95%	Jun-23	95%	Jul-23	91.7%
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4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	4. In July 2023, 11% of patients were thrombolysed in a time of less than or equal to 45 minutes. Actions of Improvement; The lack of ring fenced beds on all wards across the hospital sites is challenging as bed capacity is limited by the pressures of unscheduled care demand. The lack of dedicated stroke beds is directly impacting the stroke related performance measures. Work is underway to focus on future stroke performance improvement.	4. % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes <table><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Jul-22</td><td>0%</td></tr><tr><td>Aug-22</td><td>35%</td></tr><tr><td>Sep-22</td><td>0%</td></tr><tr><td>Oct-22</td><td>5%</td></tr><tr><td>Nov-22</td><td>5%</td></tr><tr><td>Dec-22</td><td>0%</td></tr><tr><td>Jan-23</td><td>0%</td></tr><tr><td>Feb-23</td><td>0%</td></tr><tr><td>Mar-23</td><td>5%</td></tr><tr><td>Apr-23</td><td>20%</td></tr><tr><td>May-23</td><td>0%</td></tr><tr><td>Jun-23</td><td>10%</td></tr><tr><td>Jul-23</td><td>11%</td></tr></tbody></table>	Month	%	Jul-22	0%	Aug-22	35%	Sep-22	0%	Oct-22	5%	Nov-22	5%	Dec-22	0%	Jan-23	0%	Feb-23	0%	Mar-23	5%	Apr-23	20%	May-23	0%	Jun-23	10%	Jul-23	11%
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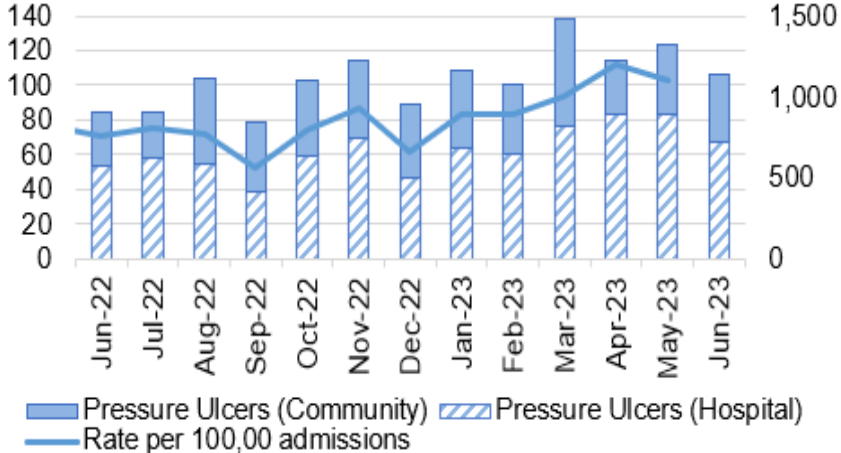
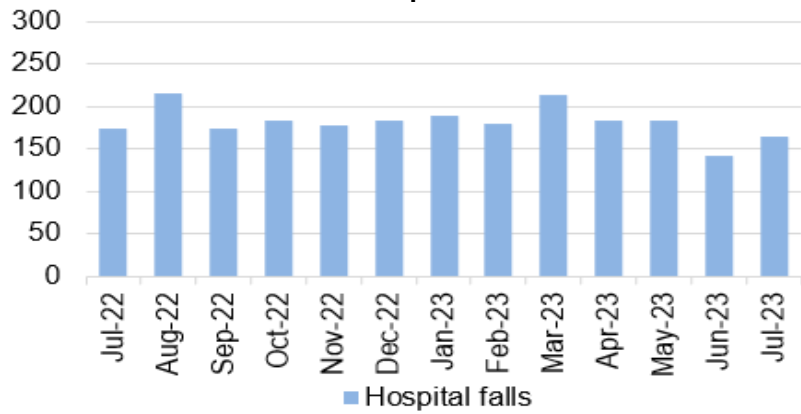
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<p>Adult Mental Health Measures:</p> <p>1. <i>% of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)</i></p> <p>2. <i>% of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)</i></p> <p>3. <i>% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)</i></p> <p>4. <i>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</i></p>	<p>1. In June 2023, 93% of assessments were undertaken within 28 days of referral for patients 18 years and over.</p> <p>2. In June 2023, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.</p> <p>3. 87% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in June 2023.</p> <p>4. In June 2023, 82.4% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.</p>	<p>1. % Mental Health assessments undertaken within 28 days from receipt of referral</p> <table border="1"> <caption>Data for Chart 1: % Mental Health assessments undertaken within 28 days from receipt of referral</caption> <thead> <tr> <th>Month</th> <th>% assessments within 28 days (>18 yrs)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jun-22</td><td>93%</td><td>95%</td></tr> <tr><td>Jul-22</td><td>93%</td><td>95%</td></tr> <tr><td>Aug-22</td><td>93%</td><td>95%</td></tr> <tr><td>Sep-22</td><td>93%</td><td>95%</td></tr> <tr><td>Oct-22</td><td>93%</td><td>95%</td></tr> <tr><td>Nov-22</td><td>93%</td><td>95%</td></tr> <tr><td>Dec-22</td><td>93%</td><td>95%</td></tr> <tr><td>Jan-23</td><td>93%</td><td>95%</td></tr> <tr><td>Feb-23</td><td>93%</td><td>95%</td></tr> <tr><td>Mar-23</td><td>93%</td><td>95%</td></tr> <tr><td>Apr-23</td><td>93%</td><td>95%</td></tr> <tr><td>May-23</td><td>93%</td><td>95%</td></tr> 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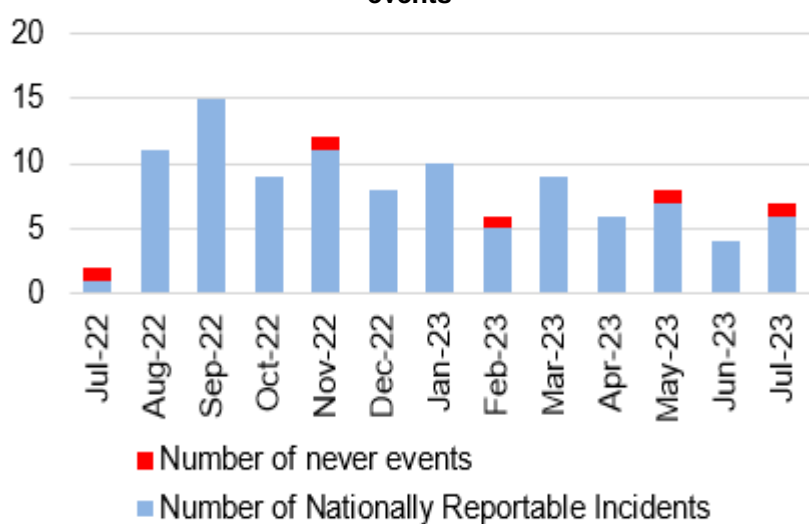
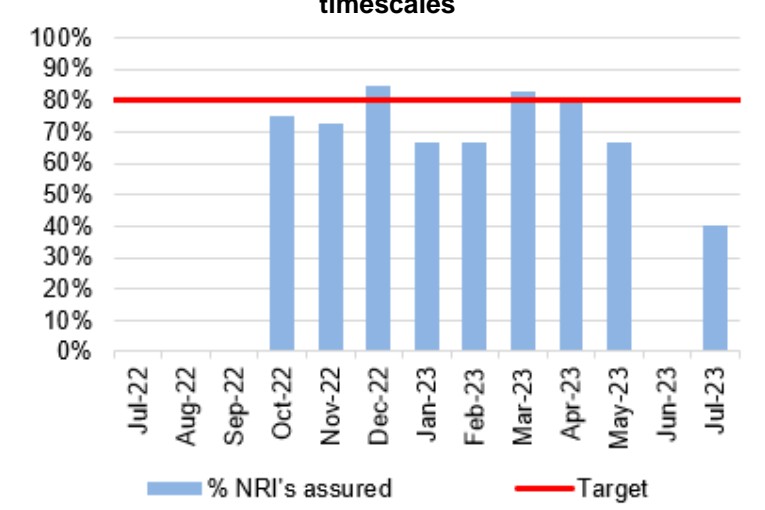
CHILD & ADOLESCENT MENTAL HEALTH (CAMHS)		
Description	Current Performance	Trend
1. Crisis - % Urgent Assessment by CAMHS undertaken within 48 Hours from receipt of referral	1. In June 2023, 100% of CAMHS patients received an assessment within 48 hours.	1. Crisis- assessment within 48 hours  <p>100% 90% 80% 70%</p> <p>Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23</p> <p>% urgent assessments within 48 hours Target</p>
2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 31% of routine assessments were undertaken within 28 days from referral in June 2023 against a target of 80%.	2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days  <p>100% 75% 50% 25% 0%</p> <p>Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23</p> <p>% of assess in 28 days % interventions in 28 days Target</p>
3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 33% of therapeutic interventions were started within 28 days following assessment by LPMHSS in June 2023.	
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 31% of NDD patients received a diagnostic assessment within 26 weeks in June 2023 against a target of 80%.	4. NDD- assessment within 26 weeks  <p>100% 75% 50% 25% 0%</p> <p>Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24</p> <p>%NDD within 26 weeks Target</p>
5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. 82% of routine assessments by SCAMHS were undertaken within 28 days in February 2023. <i>*Updated data is not currently available to report*</i>	5. S-CAMHS % assessments within 28 days  <p>100% 75% 50% 25% 0%</p> <p>Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23</p> <p>% S-CAMHS assessments in 28 days Target</p>

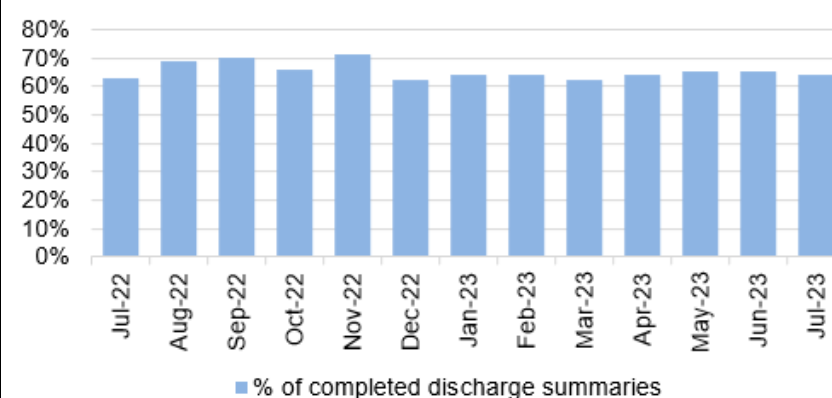
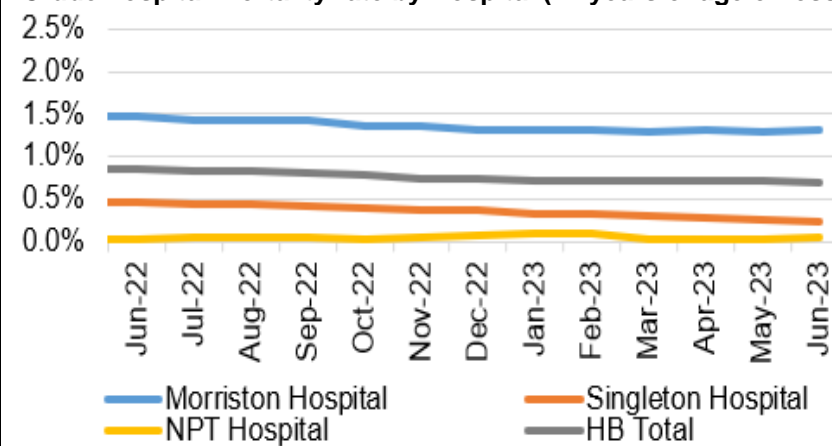
4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES



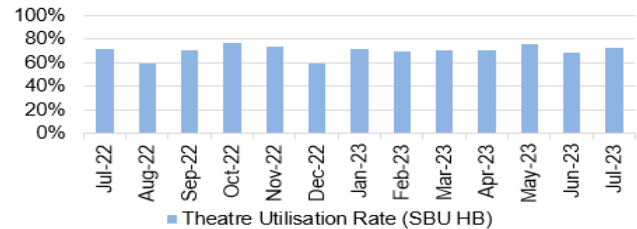
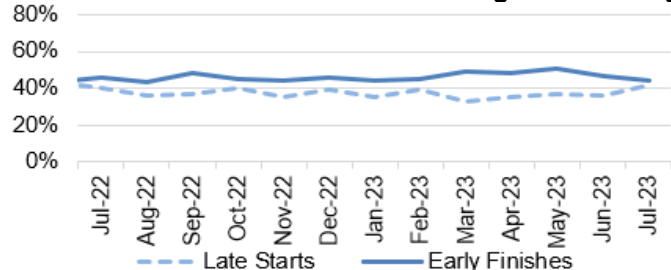
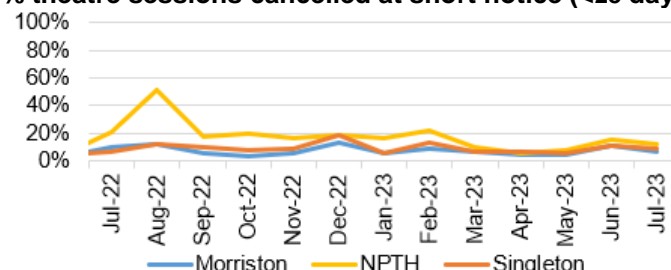
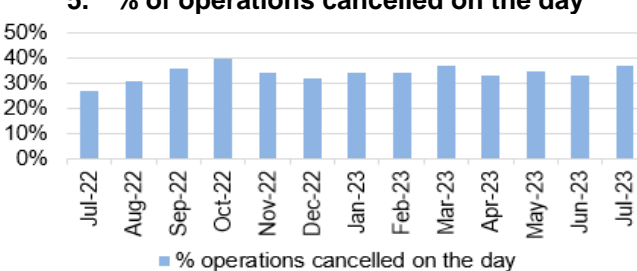
FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
5. <i>Not delirious when tested- % patients (<4 on 4AT test) when tested in the week after operation</i>	5. Not delirious when tested- 74.3% of patients were not delirious in the week after their operation in June 2023.	<p>5. Not delirious when tested</p> <table><caption>5. Not delirious when tested (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jun-22</td><td>75</td><td>65</td><td>65</td></tr><tr><td>Jul-22</td><td>75</td><td>65</td><td>65</td></tr><tr><td>Aug-22</td><td>75</td><td>65</td><td>65</td></tr><tr><td>Sep-22</td><td>75</td><td>65</td><td>65</td></tr><tr><td>Oct-22</td><td>75</td><td>65</td><td>65</td></tr><tr><td>Nov-22</td><td>75</td><td>65</td><td>65</td></tr><tr><td>Dec-22</td><td>75</td><td>65</td><td>65</td></tr><tr><td>Jan-23</td><td>75</td><td>65</td><td>65</td></tr><tr><td>Feb-23</td><td>75</td><td>65</td><td>65</td></tr><tr><td>Mar-23</td><td>75</td><td>65</td><td>65</td></tr><tr><td>Apr-23</td><td>75</td><td>65</td><td>65</td></tr><tr><td>May-23</td><td>75</td><td>65</td><td>65</td></tr><tr><td>Jun-23</td><td>74.3</td><td>65</td><td>65</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jun-22	75	65	65	Jul-22	75	65	65	Aug-22	75	65	65	Sep-22	75	65	65	Oct-22	75	65	65	Nov-22	75	65	65	Dec-22	75	65	65	Jan-23	75	65	65	Feb-23	75	65	65	Mar-23	75	65	65	Apr-23	75	65	65	May-23	75	65	65	Jun-23	74.3	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>	6. Return to original residence- 68.9% of patients in May 2023 were discharged back to their original residence. This is 1% less than in May 2022.	<p>6. Return to original residence</p> <table><caption>6. Return to original residence (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>May-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Jun-22</td><td>65</td><td>70</td><td>70</td></tr><tr><td>Jul-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Aug-22</td><td>68</td><td>70</td><td>70</td></tr><tr><td>Sep-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Oct-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Nov-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Dec-22</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Jan-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Feb-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Mar-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Apr-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>May-23</td><td>68.9</td><td>70</td><td>70</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	May-22	70	70	70	Jun-22	65	70	70	Jul-22	70	70	70	Aug-22	68	70	70	Sep-22	70	70	70	Oct-22	70	70	70	Nov-22	70	70	70	Dec-22	70	70	70	Jan-23	70	70	70	Feb-23	70	70	70	Mar-23	70	70	70	Apr-23	70	70	70	May-23	68.9	70	70
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7. <i>30 day mortality rate</i>	<p>7. 30 day mortality rate- In January 2021 the mortality rate for Morriston Hospital was 7.5% which is 0.5% less than January 2020. The mortality rate in Morriston Hospital in January 2021 is higher than the all-Wales average of 6.9% but lower than the national average of 7.6%.</p> <p>* Updated data is currently not available, but is being reviewed.</p>	<p>7. 30 day mortality rate</p> <table><caption>7. 30 day mortality rate (Estimated Data)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>Jan-20</td><td>7.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Feb-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Mar-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Apr-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>May-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Jun-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Jul-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Aug-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Sep-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Oct-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Nov-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Dec-20</td><td>8.0</td><td>7.0</td><td>7.0</td></tr><tr><td>Jan-21</td><td>7.5</td><td>6.9</td><td>7.6</td></tr></tbody></table>	Month	Morriston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Jan-20	7.5	7.0	7.0	Feb-20	8.0	7.0	7.0	Mar-20	8.0	7.0	7.0	Apr-20	8.0	7.0	7.0	May-20	8.0	7.0	7.0	Jun-20	8.0	7.0	7.0	Jul-20	8.0	7.0	7.0	Aug-20	8.0	7.0	7.0	Sep-20	8.0	7.0	7.0	Oct-20	8.0	7.0	7.0	Nov-20	8.0	7.0	7.0	Dec-20	8.0	7.0	7.0	Jan-21	7.5	6.9	7.6
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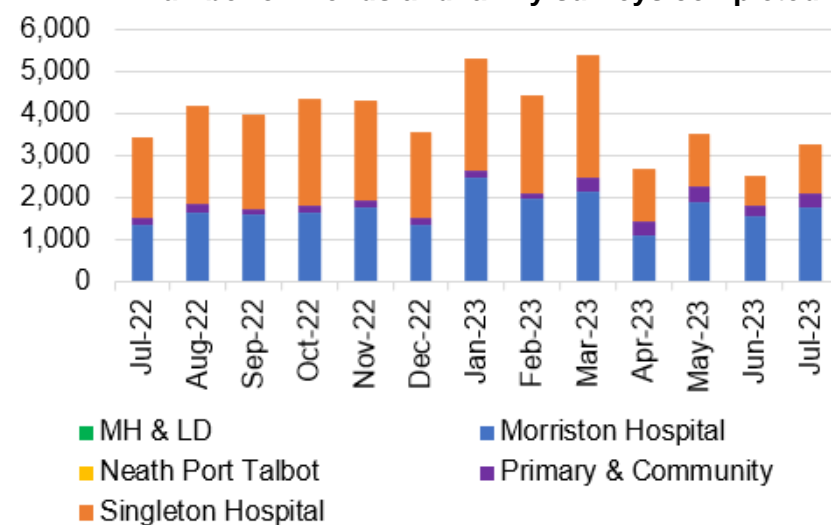
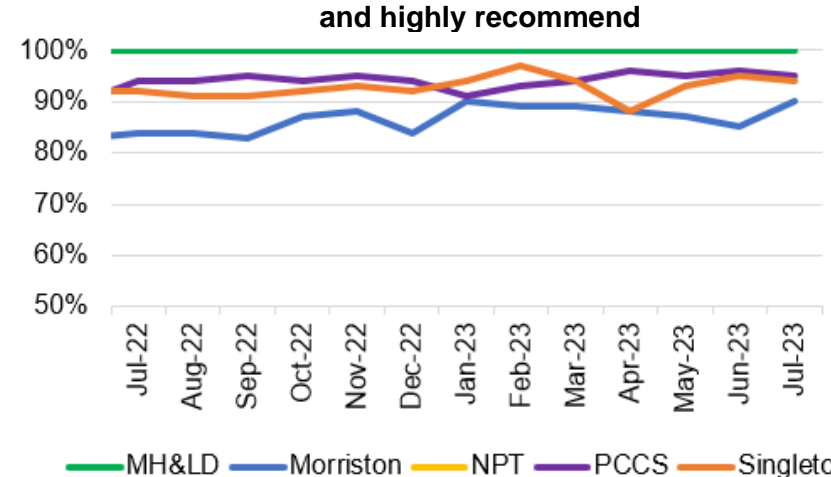
PRESSURE ULCERS		
Description	Current Performance	Trend
Number of pressure ulcers 1. Total number of pressure ulcers developed in hospital and in the community 2. Rate of pressure ulcers per 100,000 admission	1. In June 2023 there were 106 cases of healthcare acquired pressure ulcers, 39 of which were community acquired and 67 were hospital acquired. There were 15 grade 3+ pressure ulcers in June 2023, 9 of which were community acquired and 6 were hospital acquired. 2. The rate per 100,000 admissions decreased from 1,204 in April 2023 to 1,105 in May 2023.	Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions  <p> ■ Pressure Ulcers (Community) ■ Pressure Ulcers (Hospital) — Rate per 100,000 admissions </p>
INPATIENT FALLS		
Description	Current Performance	Trend
Inpatient Falls The total number of inpatient falls	<ul style="list-style-type: none"> The number of Falls reported via Datix web for Swansea Bay UHB was 164 in July 2023. This is 12.8% more than June 2023 where 143 falls were recorded. 	Number of inpatient Falls  <p>■ Hospital falls</p>

NATIONALLY REPORTABLE INCIDENTS		
Description	Current Performance	Trend
Nationally Reportable Incidents (NRI's)- <i>1. The number of Nationally reportable incidents</i> <i>2. The number of Never Events</i> <i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 6 Nationally Reportable Incidents for the month of July 2023 to Welsh Government. The Service Group breakdown is as follows; - Morriston – 3 - Singleton – 1 - Primary Care - 2	1. and 2. Number of nationally reportable incidents and never events  <p>■ Number of never events ■ Number of Nationally Reportable Incidents</p>
	2. There was one new Never Event reported in July 2023.	
	3. In July 2023, 40% of the NRI's were closed within the agreed timescale.	3. % of nationally reportable incidents closed within the agreed timescales  <p>■ % NRI's assured — Target</p>

DISCHARGE SUMMARIES																																																																								
Description	Current Performance	Trend																																																																						
Discharge Summaries <i>Percentage of discharge summaries approved and sent to patients' doctor following discharge</i>	The latest data shows that in July 2023, the percentage of completed discharge summaries was 64%.	% discharge summaries approved and sent  <table><caption>% of completed discharge summaries</caption><thead><tr><th>Month</th><th>% of completed discharge summaries</th></tr></thead><tbody><tr><td>Jul-22</td><td>61%</td></tr><tr><td>Aug-22</td><td>68%</td></tr><tr><td>Sep-22</td><td>69%</td></tr><tr><td>Oct-22</td><td>66%</td></tr><tr><td>Nov-22</td><td>71%</td></tr><tr><td>Dec-22</td><td>62%</td></tr><tr><td>Jan-23</td><td>64%</td></tr><tr><td>Feb-23</td><td>64%</td></tr><tr><td>Mar-23</td><td>62%</td></tr><tr><td>Apr-23</td><td>64%</td></tr><tr><td>May-23</td><td>65%</td></tr><tr><td>Jun-23</td><td>65%</td></tr><tr><td>Jul-23</td><td>64%</td></tr></tbody></table>	Month	% of completed discharge summaries	Jul-22	61%	Aug-22	68%	Sep-22	69%	Oct-22	66%	Nov-22	71%	Dec-22	62%	Jan-23	64%	Feb-23	64%	Mar-23	62%	Apr-23	64%	May-23	65%	Jun-23	65%	Jul-23	64%																																										
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Description	Current Performance	Trend																																																																						
Crude Mortality Rate	June 2023 reports the crude mortality rate for the Health Board at 0.70%, which is slightly lower than the figure reported in May 2023.	Crude hospital mortality rate by Hospital (74 years of age or less)  <table><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>Jun-22</td><td>1.45%</td><td>0.45%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Jul-22</td><td>1.40%</td><td>0.40%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Aug-22</td><td>1.40%</td><td>0.40%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Sep-22</td><td>1.40%</td><td>0.40%</td><td>0.05%</td><td>0.85%</td></tr><tr><td>Oct-22</td><td>1.35%</td><td>0.35%</td><td>0.05%</td><td>0.75%</td></tr><tr><td>Nov-22</td><td>1.35%</td><td>0.35%</td><td>0.05%</td><td>0.75%</td></tr><tr><td>Dec-22</td><td>1.30%</td><td>0.35%</td><td>0.05%</td><td>0.70%</td></tr><tr><td>Jan-23</td><td>1.30%</td><td>0.30%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>Feb-23</td><td>1.30%</td><td>0.30%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>Mar-23</td><td>1.25%</td><td>0.25%</td><td>0.05%</td><td>0.55%</td></tr><tr><td>Apr-23</td><td>1.25%</td><td>0.25%</td><td>0.05%</td><td>0.55%</td></tr><tr><td>May-23</td><td>1.25%</td><td>0.25%</td><td>0.05%</td><td>0.55%</td></tr><tr><td>Jun-23</td><td>1.31%</td><td>0.24%</td><td>0.05%</td><td>0.70%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Jun-22	1.45%	0.45%	0.05%	0.85%	Jul-22	1.40%	0.40%	0.05%	0.85%	Aug-22	1.40%	0.40%	0.05%	0.85%	Sep-22	1.40%	0.40%	0.05%	0.85%	Oct-22	1.35%	0.35%	0.05%	0.75%	Nov-22	1.35%	0.35%	0.05%	0.75%	Dec-22	1.30%	0.35%	0.05%	0.70%	Jan-23	1.30%	0.30%	0.05%	0.65%	Feb-23	1.30%	0.30%	0.05%	0.65%	Mar-23	1.25%	0.25%	0.05%	0.55%	Apr-23	1.25%	0.25%	0.05%	0.55%	May-23	1.25%	0.25%	0.05%	0.55%	Jun-23	1.31%	0.24%	0.05%	0.70%
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WORKFORCE																																												
Description	Current Performance	Trend																																										
Staff sickness rates- <i>Percentage of sickness absence rate of staff</i>	<ul style="list-style-type: none">Our in-month sickness performance deteriorated from 5.85% in May to 6.3% in June 2023.The 12-month rolling performance improved slightly from 7.37% in May 2023 to 7.28% in June 2023.The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in June 2023.	% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month) <table><caption>Approximate data points from the graph</caption><thead><tr><th>Month</th><th>% sickness rate (12 month rolling)</th><th>% sickness rate (in-month)</th></tr></thead><tbody><tr><td>Jun-22</td><td>8.2%</td><td>5.85%</td></tr><tr><td>Jul-22</td><td>9.5%</td><td>9.8%</td></tr><tr><td>Aug-22</td><td>8.5%</td><td>8.2%</td></tr><tr><td>Sep-22</td><td>8.2%</td><td>7.2%</td></tr><tr><td>Oct-22</td><td>8.0%</td><td>7.8%</td></tr><tr><td>Nov-22</td><td>7.8%</td><td>7.0%</td></tr><tr><td>Dec-22</td><td>8.0%</td><td>8.8%</td></tr><tr><td>Jan-23</td><td>7.8%</td><td>7.5%</td></tr><tr><td>Feb-23</td><td>7.5%</td><td>6.8%</td></tr><tr><td>Mar-23</td><td>7.3%</td><td>6.8%</td></tr><tr><td>Apr-23</td><td>7.2%</td><td>6.2%</td></tr><tr><td>May-23</td><td>7.2%</td><td>5.85%</td></tr><tr><td>Jun-23</td><td>7.28%</td><td>6.3%</td></tr></tbody></table>	Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Jun-22	8.2%	5.85%	Jul-22	9.5%	9.8%	Aug-22	8.5%	8.2%	Sep-22	8.2%	7.2%	Oct-22	8.0%	7.8%	Nov-22	7.8%	7.0%	Dec-22	8.0%	8.8%	Jan-23	7.8%	7.5%	Feb-23	7.5%	6.8%	Mar-23	7.3%	6.8%	Apr-23	7.2%	6.2%	May-23	7.2%	5.85%	Jun-23	7.28%	6.3%
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THEATRE EFFICIENCY		
Description	Current Performance	Trend
Theatre Efficiency 1. Theatre Utilisation Rates 2. % of theatre sessions starting late 3. % of theatre sessions finishing early 4. % of theatre sessions cancelled at short notice (<28 days) 5. % of operations cancelled on the day	<p>In July 2023 the Theatre Utilisation rate was 73%. This is 4% higher than the figure's reported in June 2023 and are 1% higher than those seen in July 2022 (72%).</p> <p>42% of theatre sessions started late in July 2023. This is a 6% improvement on performance seen in June 2023 (36%).</p> <p>In July 2023, 44% of theatre sessions finished early. This is 3% lower than figures seen in June 2023 and 1% higher than those seen in June 2022</p> <p>9% of theatre sessions were cancelled at short notice in July 2023. This is 2% lower than the figure reported in June 2023 and is 2% lower than figures seen in July 2022.</p> <p>Of the operations cancelled in July 2023, 37% of them were cancelled on the day. This is the 4% higher than figures reported in June 2023.</p>	<p>1. Theatre Utilisation Rates</p>  <p>2. And 3. % theatre sessions starting late/finishing</p>  <p>4. % theatre sessions cancelled at short notice (<28 days)</p>  <p>5. % of operations cancelled on the day</p> 

PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience 1. Number of friends and family surveys completed 2. Percentage of patients/ service users who would recommend and highly recommend	<ul style="list-style-type: none"> Health Board Friends & Family patient satisfaction level in July 2023 was 91% and 3,401 surveys were completed. <ul style="list-style-type: none"> Singleton/ Neath Port Talbot Hospitals Service Group completed 1,171 surveys in July 2023, with a recommended score of 94%. Morrison Hospital completed 1,755 surveys in July 2023, with a recommended score of 90%. Primary & Community Care completed 321 surveys for July 2023, with a recommended score of 95%. The Mental Health Service Group completed 39 surveys for July 2023, with a recommended score of 100%. 	1. Number of friends and family surveys completed  <p>Legend: MH & LD, Neath Port Talbot, Singleton Hospital, Morrison Hospital, Primary & Community</p>
		2. % of patients/ service users who would recommend and highly recommend  <p>Legend: MH&LD, Morrison, NPT, PCCS, Singleton</p>

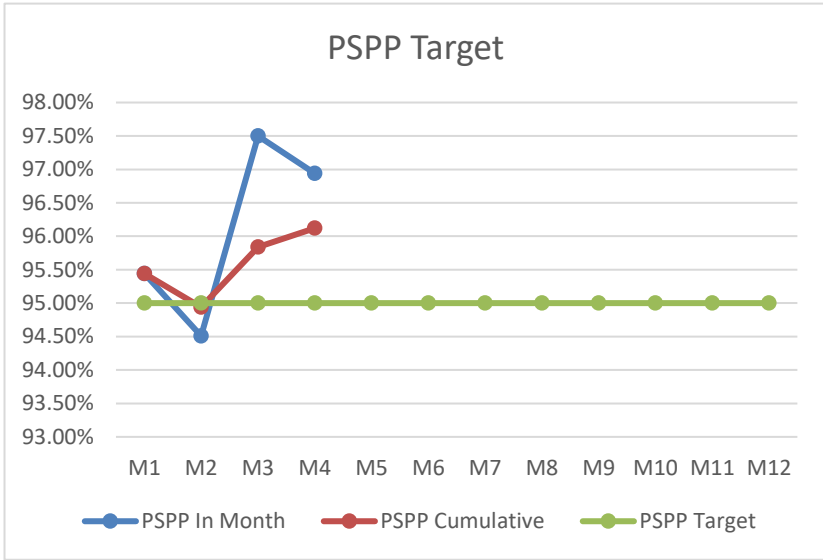
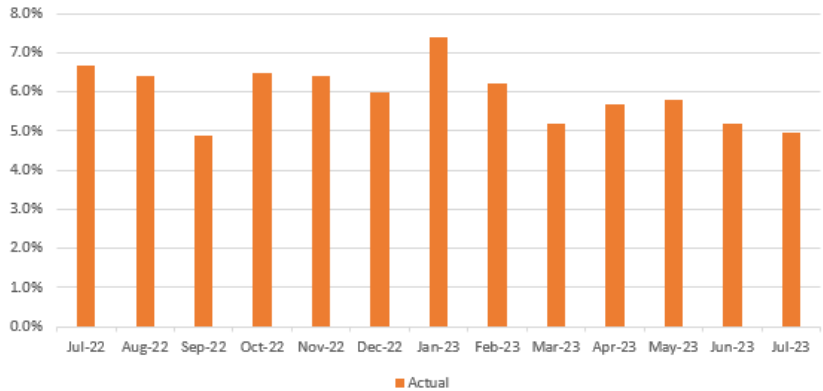
COMPLAINTS													
Description	Current Performance	Trend											
Patient concerns <i>1. Number of formal complaints received</i> <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	<p>1. In May 2023, the Health Board received 182 formal complaints; this is an increase when compared with April 2023 figures (149) and this is a 3% increase on the number seen in May 2022.</p>	<p>1. Number of formal complaints received</p> <p>■ MH & LD ■ Morriston Hospital ■ NPT Hospital ■ PCCS ■ Singleton Hospital</p>											
	<p>2. The overall Health Board rate for responding to concerns within 30 working days was 71% in May 2023, 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><tr><th></th><th>30 day response rate</th></tr><tr><td>Neath Port Talbot Hospital</td><td>29%</td></tr><tr><td>Morriston Hospital</td><td>78%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>61%</td></tr><tr><td>Primary, Community and Therapies</td><td>97%</td></tr><tr><td>Singleton Hospital</td><td>52%</td></tr></table>		30 day response rate	Neath Port Talbot Hospital	29%	Morriston Hospital	78%	Mental Health & Learning Disabilities	61%	Primary, Community and Therapies	97%	Singleton Hospital	52%
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FINANCE UPDATES

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

Description	Current Performance	Trend																																																				
Revenue Financial Position – expenditure incurred against revenue resource limit	Key assumptions underpinning the plan: <ul style="list-style-type: none">No unmet b/f savings from 2022/23 = £0mRun rate to remain within the envelope provided = £11mSavings requirement = £22.2m	<table border="1"><caption>HEALTH BOARD FINANCIAL PERFORMANCE 2023/24</caption><thead><tr><th>Month</th><th>Health Board Position (£'000)</th><th>Required Forecast to Hit Plan Target (£'000)</th><th>Original Planed Profilw (£'000)</th></tr></thead><tbody><tr><td>M1</td><td>10,861</td><td></td><td>8,000</td></tr><tr><td>M2</td><td>13,676</td><td></td><td>9,500</td></tr><tr><td>M3</td><td>11,425</td><td></td><td>8,500</td></tr><tr><td>M4</td><td>10,404</td><td></td><td>7,500</td></tr><tr><td>M5</td><td></td><td>6,179</td><td>7,500</td></tr><tr><td>M6</td><td></td><td>4,188</td><td>6,800</td></tr><tr><td>M7</td><td></td><td>5,812</td><td>6,800</td></tr><tr><td>M8</td><td></td><td>5,949</td><td>6,800</td></tr><tr><td>M9</td><td></td><td>5,530</td><td>6,500</td></tr><tr><td>M10</td><td></td><td>5,604</td><td>6,500</td></tr><tr><td>M11</td><td></td><td>5,604</td><td>6,500</td></tr><tr><td>M12</td><td></td><td>5,286</td><td>6,500</td></tr></tbody></table>	Month	Health Board Position (£'000)	Required Forecast to Hit Plan Target (£'000)	Original Planed Profilw (£'000)	M1	10,861		8,000	M2	13,676		9,500	M3	11,425		8,500	M4	10,404		7,500	M5		6,179	7,500	M6		4,188	6,800	M7		5,812	6,800	M8		5,949	6,800	M9		5,530	6,500	M10		5,604	6,500	M11		5,604	6,500	M12		5,286	6,500
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M7		5,812	6,800																																																			
M8		5,949	6,800																																																			
M9		5,530	6,500																																																			
M10		5,604	6,500																																																			
M11		5,604	6,500																																																			
M12		5,286	6,500																																																			
	<ul style="list-style-type: none">The actual month variance is an overspend in month of £10.404m and a cumulative overspend position of £46.364m.																																																					

Description	Current Performance	Trend
Capital Financial Position – expenditure incurred against capital resource limit	<ul style="list-style-type: none"> The forecast outturn capital position for 2023/24 is an overspend of £3.257m. Allocations are anticipated from Welsh Government which will balance this position. Any All Wales Capital schemes where a high/medium risk is reported are closely monitored and discussed at the Capital Review progress meetings with Welsh Government. 	<p>Capital - Cumulative Performance to Plan</p> <p>£'000</p> <p>Forecast Actual/Revised Forecast</p>
Workforce Spend – workforce expenditure profile	<ul style="list-style-type: none"> The pay budgets are overspent by £2.453m in July. Variable pay has decreased in July by circa. £12.7k. Overtime was overspent by £296k, along with Bank £113k and WLI £31k, these were offset by underspends in Agency – Non Medical of £353k and Irregular Sessions of £81k. Further work is needed to bring spend down in line with the current year budget. 	<p>Variable Pay Expenditure</p> <p>Bank Overtime Agency - Non Medical Agency - Medical WLI Irregular Sessions Current Year Budget Last Year Expenditure</p>

Description	Current Performance	Trend																																																				
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	<ul style="list-style-type: none">The cumulative PSPP compliance has increased slightly this month and remains above target at 96.12%. In July the compliance decreased slightly and now stands above target at 96.94% (June - 97.50%).Although the PSPP was achieved this month, there were still delays in receipting.	<p>Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice</p>  <table border="1"><caption>PSPP Target Data</caption><thead><tr><th>Month</th><th>PSPP In Month</th><th>PSPP Cumulative</th><th>PSPP Target</th></tr></thead><tbody><tr><td>M1</td><td>95.45%</td><td>95.45%</td><td>95.00%</td></tr><tr><td>M2</td><td>94.50%</td><td>95.00%</td><td>95.00%</td></tr><tr><td>M3</td><td>97.50%</td><td>95.80%</td><td>95.00%</td></tr><tr><td>M4</td><td>96.94%</td><td>96.12%</td><td>95.00%</td></tr><tr><td>M5</td><td></td><td></td><td>95.00%</td></tr><tr><td>M6</td><td></td><td></td><td>95.00%</td></tr><tr><td>M7</td><td></td><td></td><td>95.00%</td></tr><tr><td>M8</td><td></td><td></td><td>95.00%</td></tr><tr><td>M9</td><td></td><td></td><td>95.00%</td></tr><tr><td>M10</td><td></td><td></td><td>95.00%</td></tr><tr><td>M11</td><td></td><td></td><td>95.00%</td></tr><tr><td>M12</td><td></td><td></td><td>95.00%</td></tr></tbody></table>	Month	PSPP In Month	PSPP Cumulative	PSPP Target	M1	95.45%	95.45%	95.00%	M2	94.50%	95.00%	95.00%	M3	97.50%	95.80%	95.00%	M4	96.94%	96.12%	95.00%	M5			95.00%	M6			95.00%	M7			95.00%	M8			95.00%	M9			95.00%	M10			95.00%	M11			95.00%	M12			95.00%
	Month	PSPP In Month	PSPP Cumulative	PSPP Target																																																		
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M10			95.00%																																																			
M11			95.00%																																																			
M12			95.00%																																																			
Agency spend as a of the total pay bill	<ul style="list-style-type: none">The agency spend as a percentage of the total pay bill has decreased in July 2023 to 4.9% compared to 5.2% in June 2023.	<p>Agency spend as a percentage of the total pay bill</p>  <table border="1"><caption>Agency spend as a percentage of the total pay bill Data</caption><thead><tr><th>Month</th><th>Actual</th></tr></thead><tbody><tr><td>Jul-22</td><td>6.6%</td></tr><tr><td>Aug-22</td><td>6.3%</td></tr><tr><td>Sep-22</td><td>4.8%</td></tr><tr><td>Oct-22</td><td>6.4%</td></tr><tr><td>Nov-22</td><td>6.3%</td></tr><tr><td>Dec-22</td><td>5.9%</td></tr><tr><td>Jan-23</td><td>7.4%</td></tr><tr><td>Feb-23</td><td>6.1%</td></tr><tr><td>Mar-23</td><td>5.1%</td></tr><tr><td>Apr-23</td><td>5.6%</td></tr><tr><td>May-23</td><td>5.7%</td></tr><tr><td>Jun-23</td><td>5.2%</td></tr><tr><td>Jul-23</td><td>4.9%</td></tr></tbody></table>	Month	Actual	Jul-22	6.6%	Aug-22	6.3%	Sep-22	4.8%	Oct-22	6.4%	Nov-22	6.3%	Dec-22	5.9%	Jan-23	7.4%	Feb-23	6.1%	Mar-23	5.1%	Apr-23	5.6%	May-23	5.7%	Jun-23	5.2%	Jul-23	4.9%																								
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Jun-23	5.2%																																																					
Jul-23	4.9%																																																					

5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1: Number of new COVID19 cases

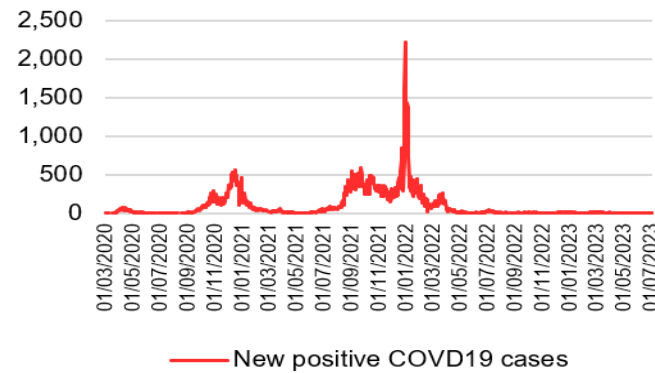


Chart 2: Number of new COVID19 cases (cumulative)

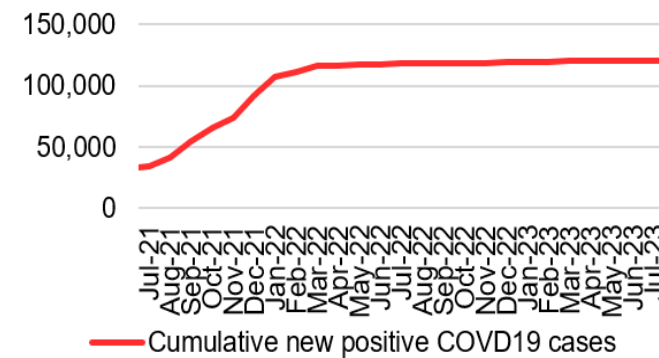


Chart 3: Number of COVID19 tests completed and positivity rate

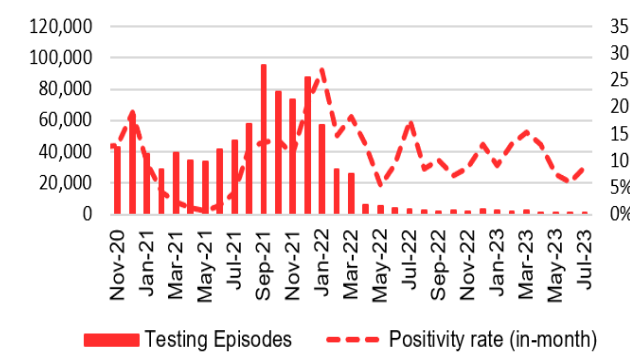


Chart 4: Number of staff referred for Antigen testing

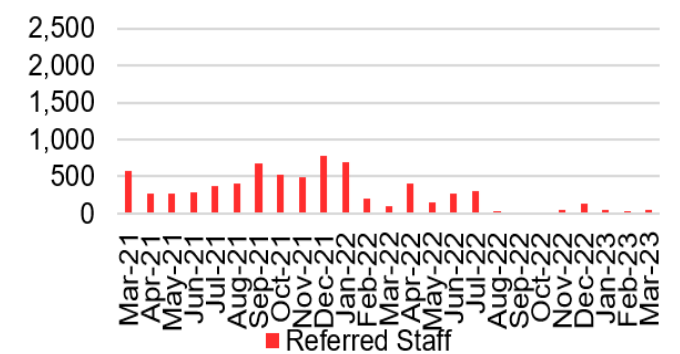


Chart 5: Outcome of staff COVID19/ antigen tests

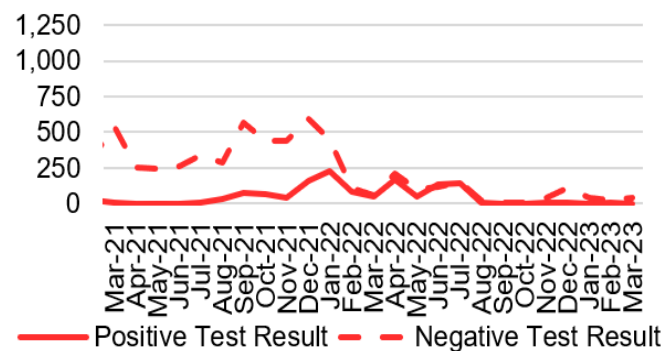


Chart 6: Number of COVID19 related incidents

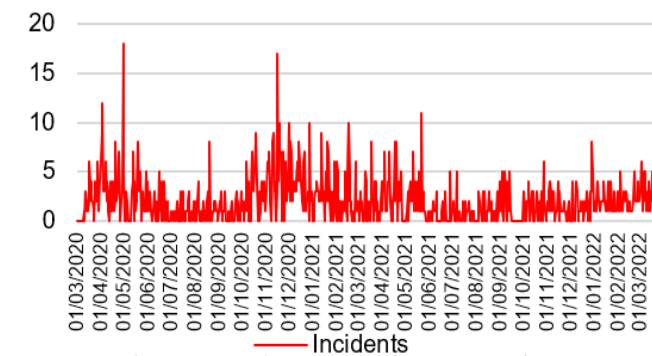


Chart 7: Number of COVID19 related serious incidents

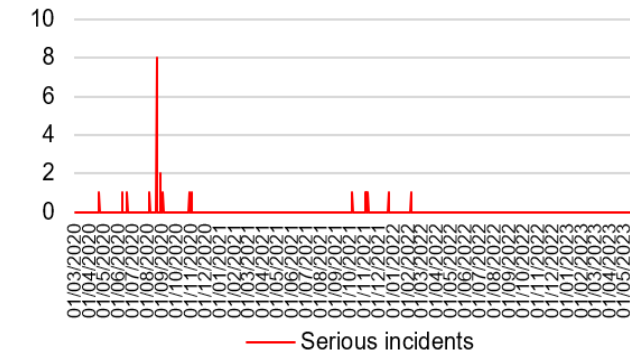


Chart 8: Number of COVID19 related complaints

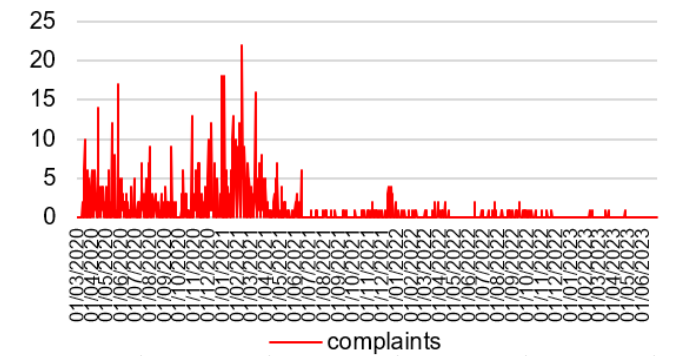


Chart 9: Number of COVID19 related risks

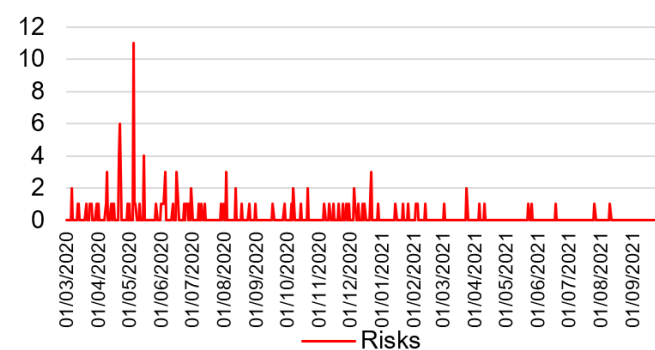


Chart 10: Number of staff self-isolating (asymptomatic)

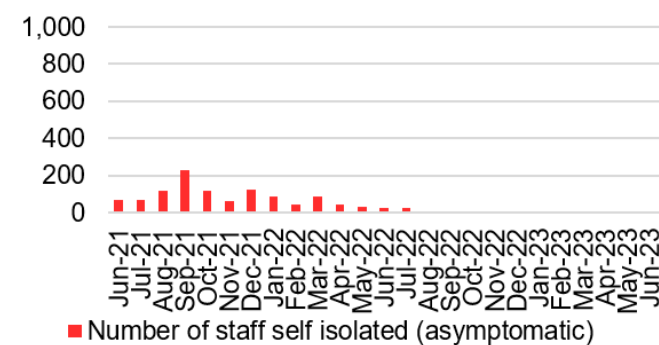


Chart 11: Number of staff self isolating (symptomatic)

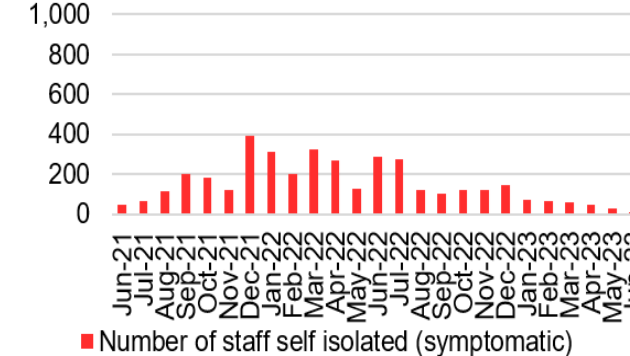


Chart 12: % staff sickness

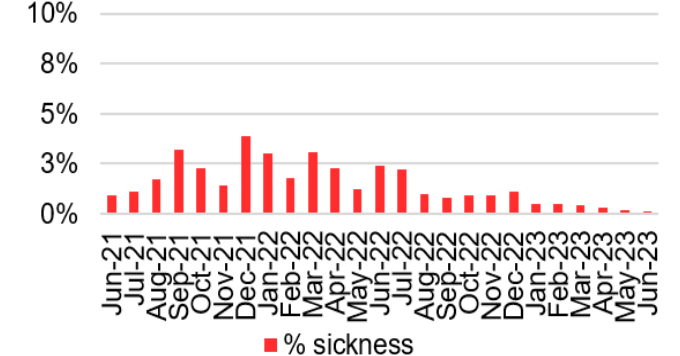


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

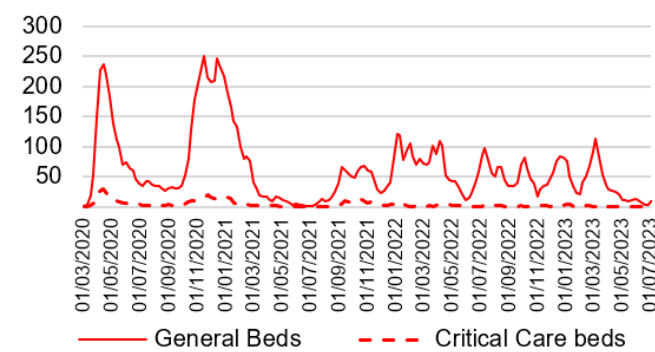


Chart 14: Number of hospital deaths with any mention of COVID19



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

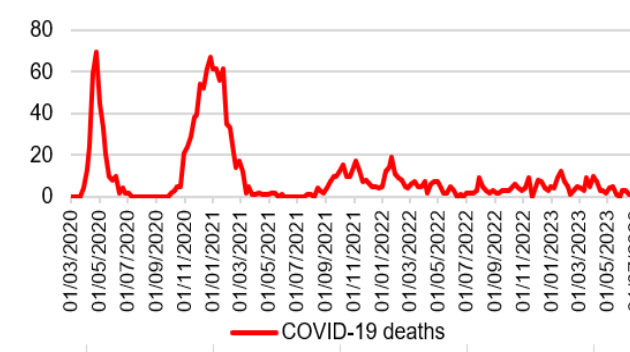
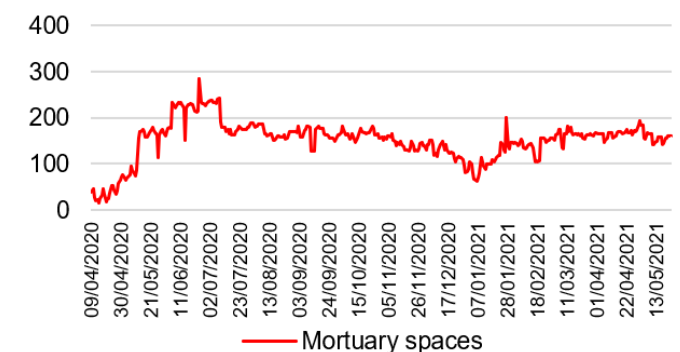


Chart 16: Number of mortuary spaces



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111

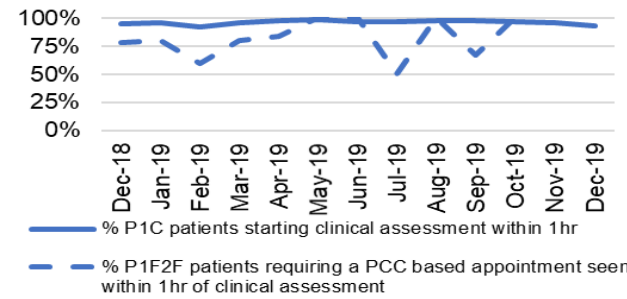


Chart 2: % red calls responded to within 8 minutes

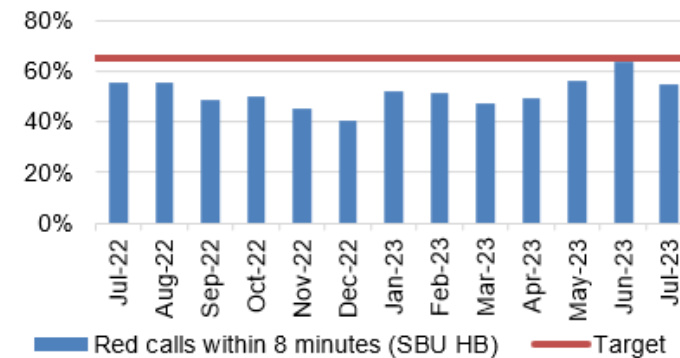


Chart 3: Number of ambulance handovers over 1 hour

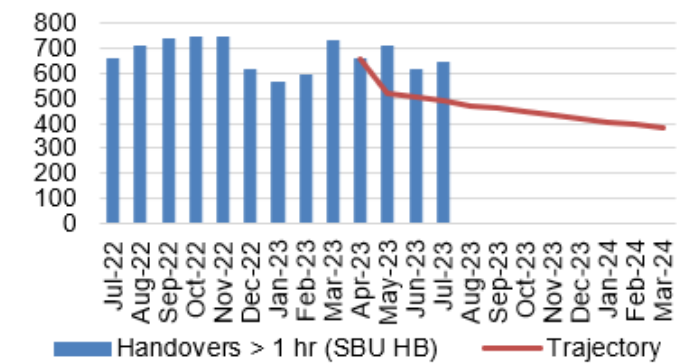


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

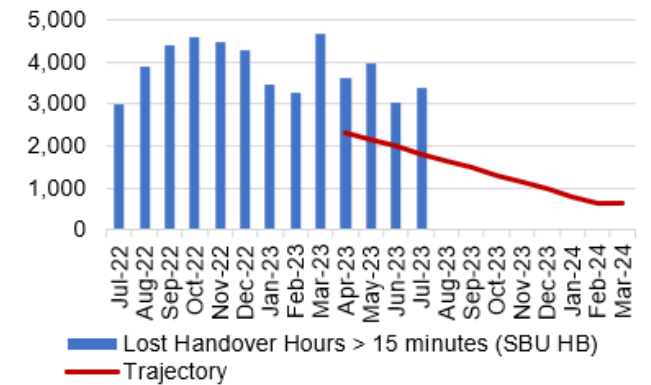


Chart 5: A&E Attendances

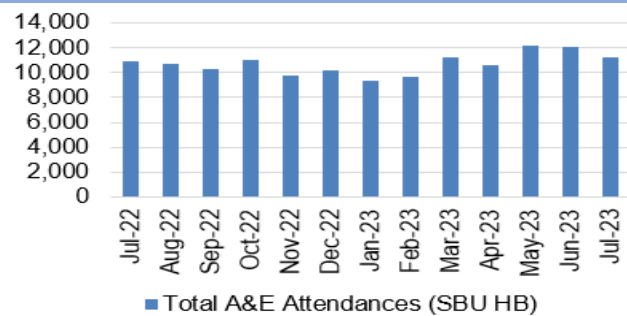


Chart 6: % patients who spend less than 4 hours in A&E

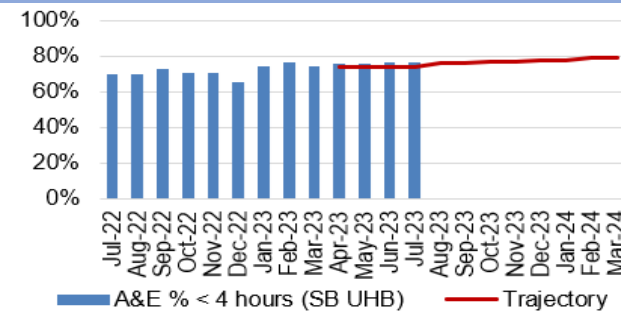


Chart 7: Number of patients waiting over 12 hours in A&E

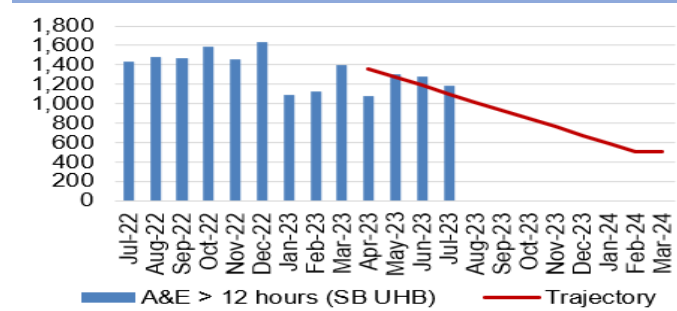


Chart 8: Number of emergency admissions

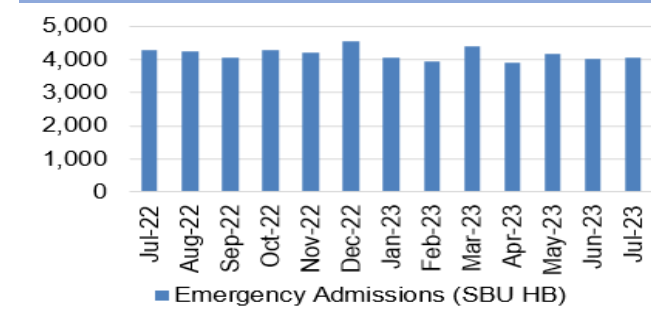


Chart 9: Elective procedures cancelled due to lack of beds

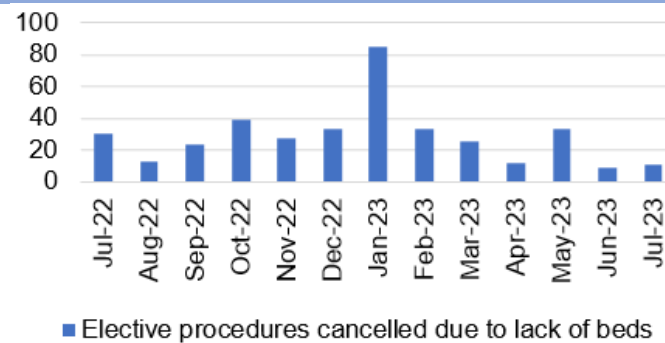


Chart 10: Number of clinically optimised patients

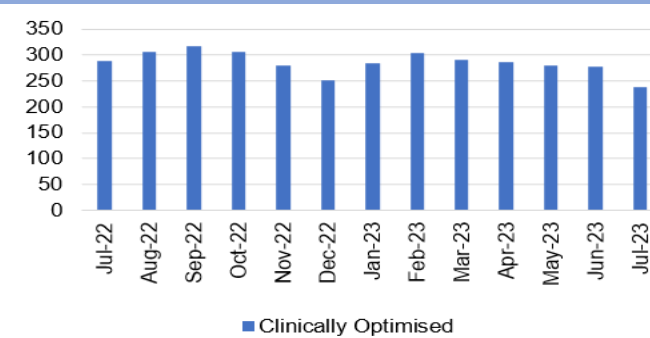


Chart 11: Delay reason for clinically optimised patients

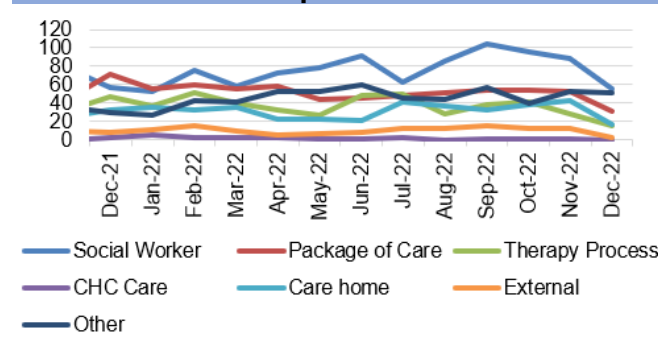


Chart 12: Average lost bed days (per day)

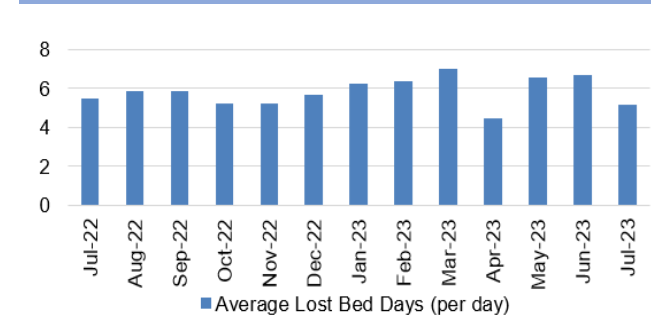


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

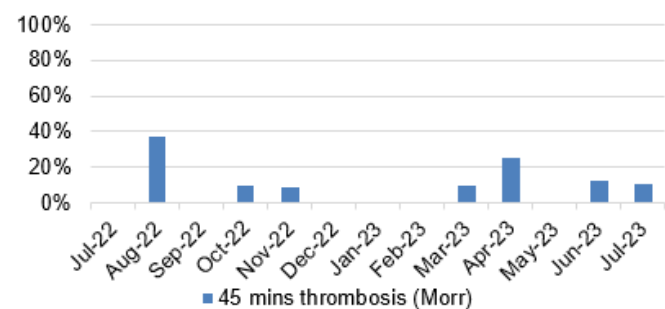


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

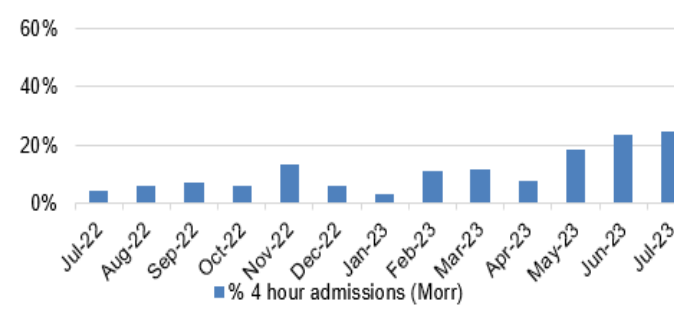


Chart 15: % of stroke patients receiving CT scan with 1 hour

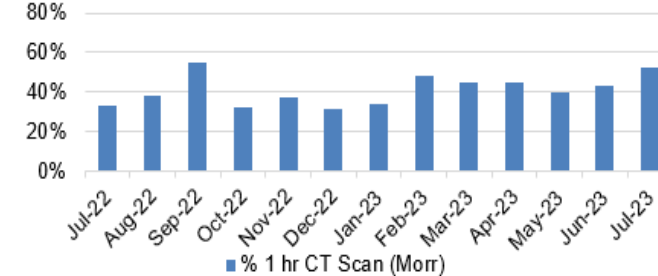
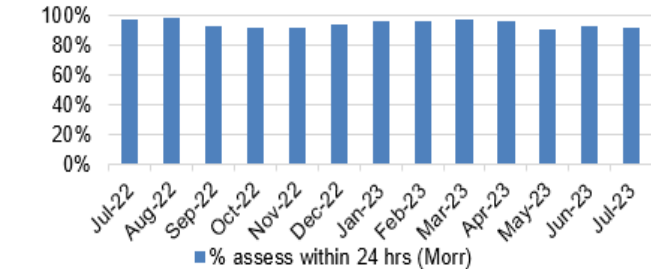


Chart 16: % stroke patients receiving consultant assessment within 24 hours



HARM FROM REDUCTION IN NON-COVID ACTIVITY

Primary and Community Care Overview

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

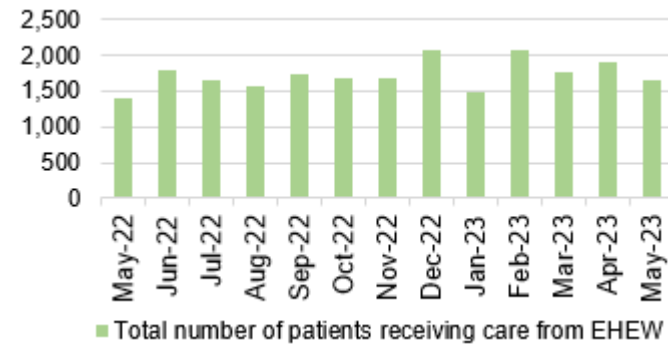


Chart 2: GMS - Escalation Levels



Chart 3: GMS - Sustainability



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

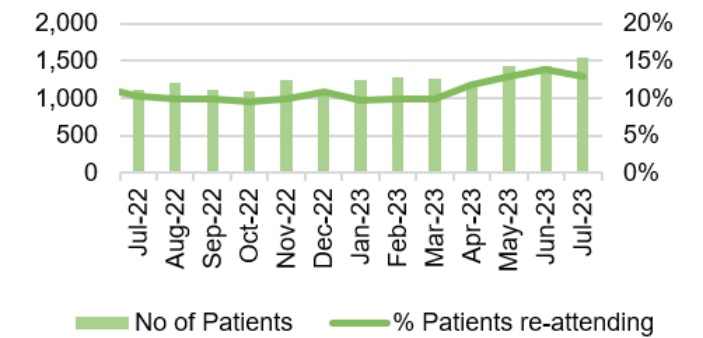


Chart 5: General Dental Services - Activity

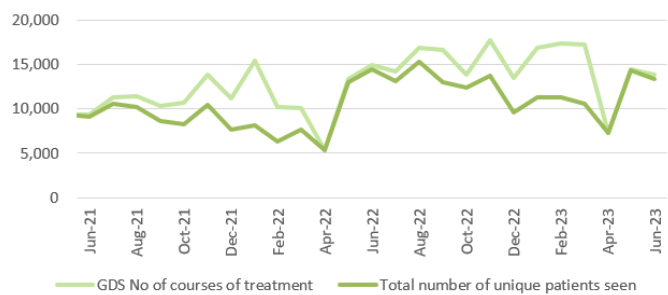


Chart 6: General Dental Services - New Patients

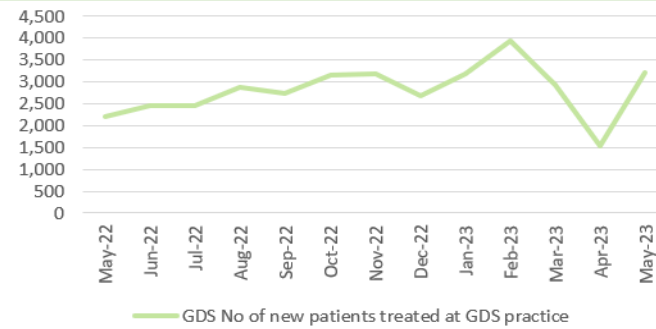


Chart 7: General Dental Services - ACORNs/FV

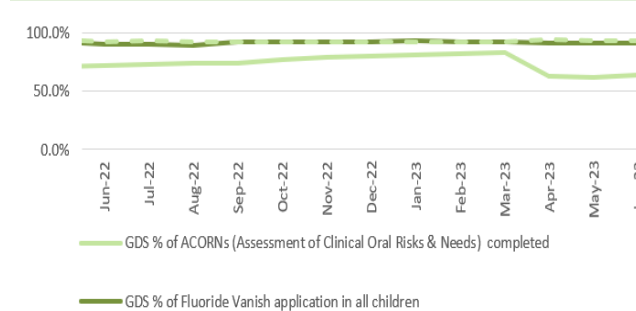


Chart 8: Optometry Activity – sight tests

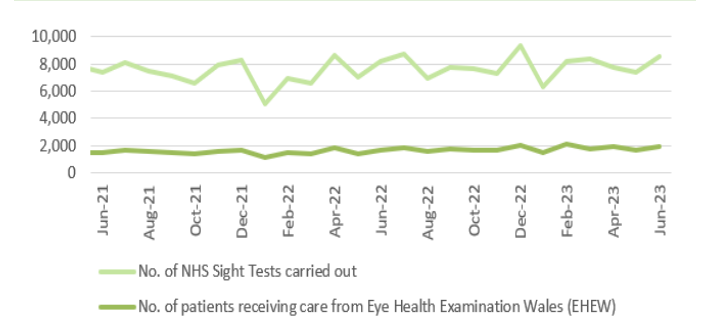


Chart 9: Optometry Activity – low vision care

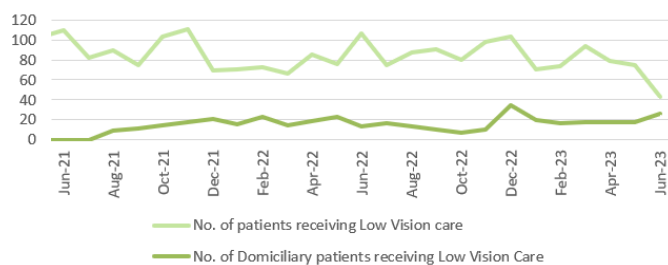


Chart 10: Community Pharmacy – Escalation levels

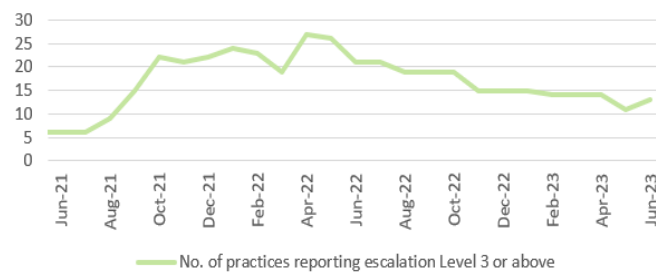


Chart 11: Common Ailment Scheme – No. consultations provided

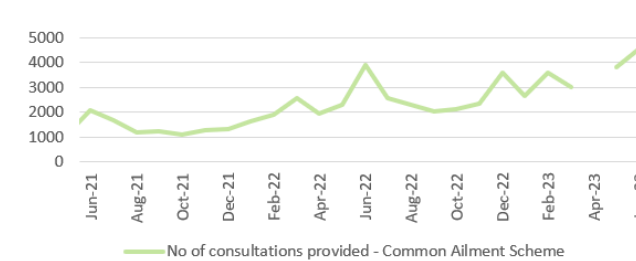


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

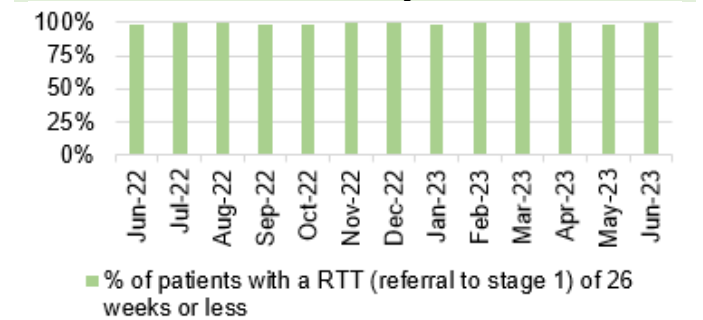


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

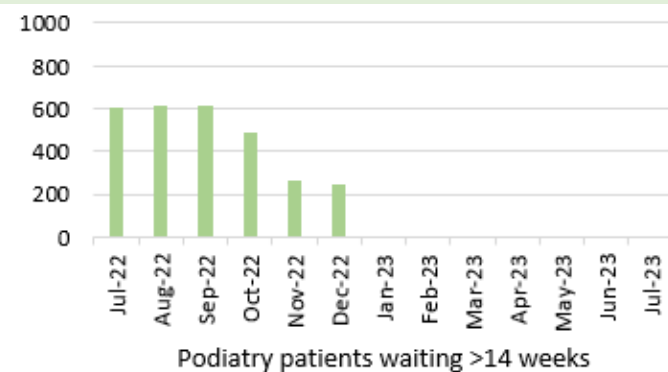


Chart 14: Dietetics - Total number of patients waiting > 14 weeks



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

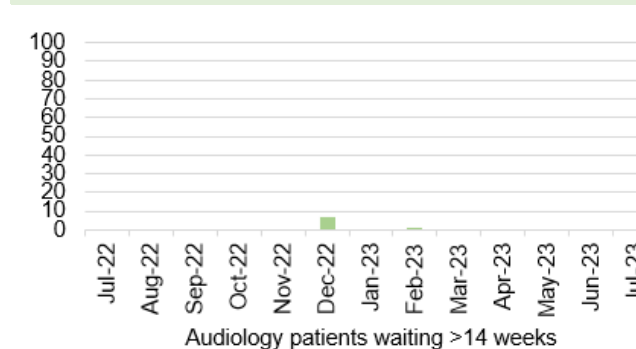
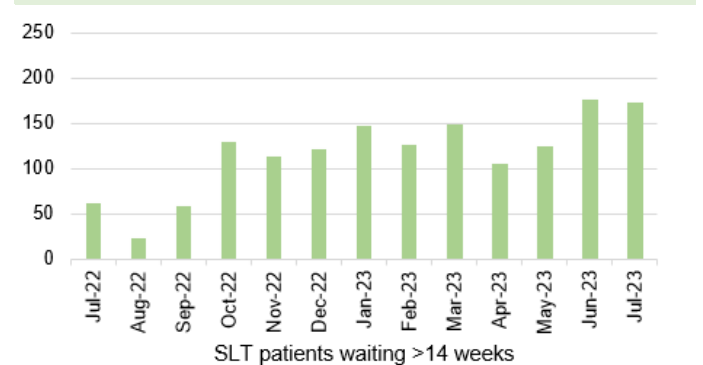


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity

Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

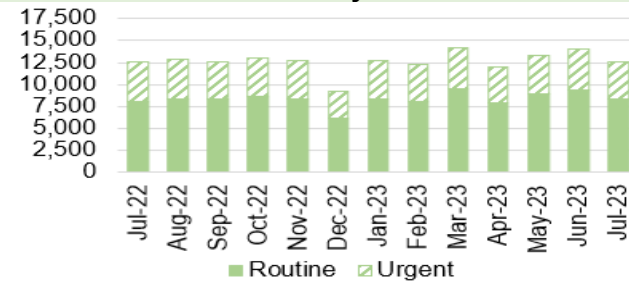


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

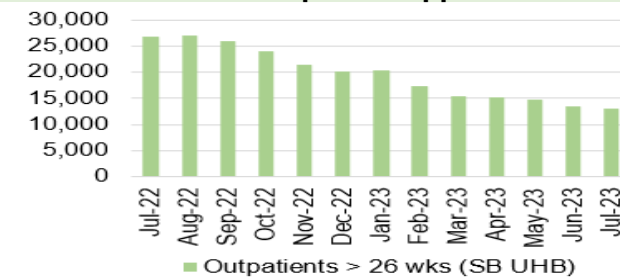


Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1

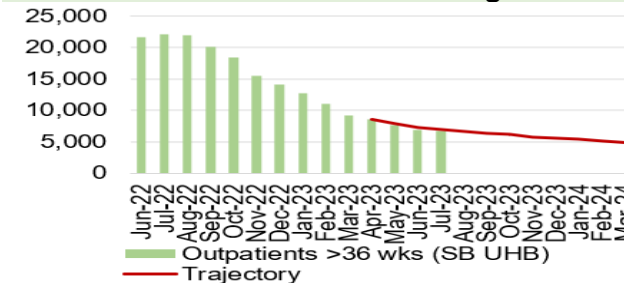


Chart 4: Number of patients waiting over 52 weeks for treatment

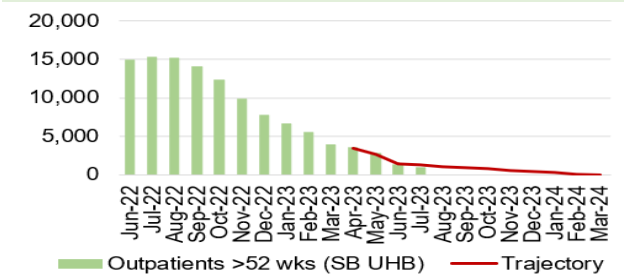


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

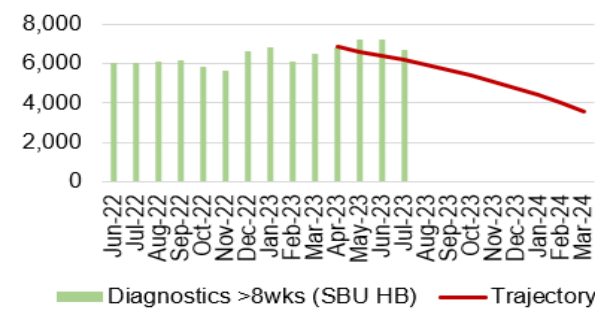


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

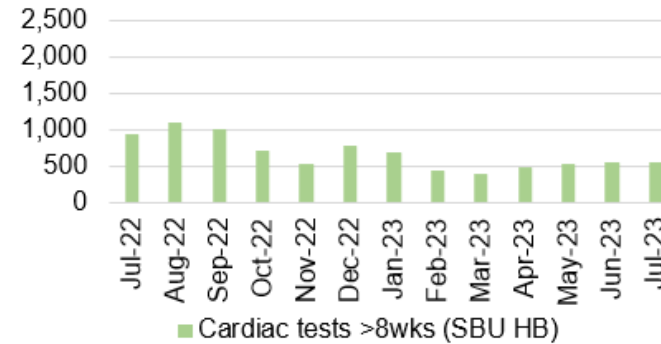


Chart 7: Number of patients waiting more than 14 weeks for Therapies

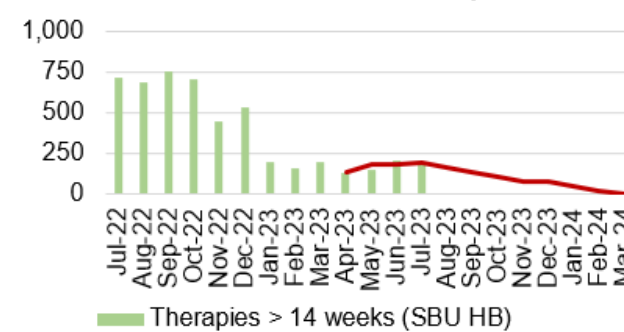


Chart 8: Cancer referrals

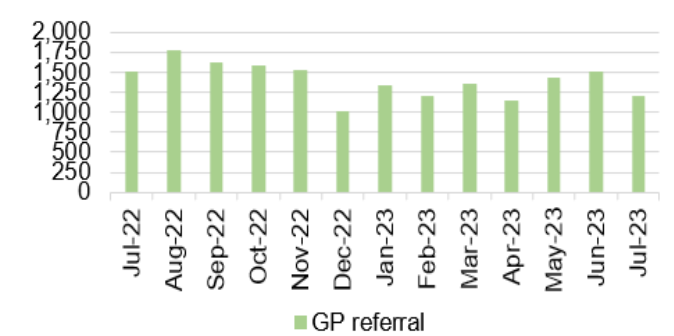


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

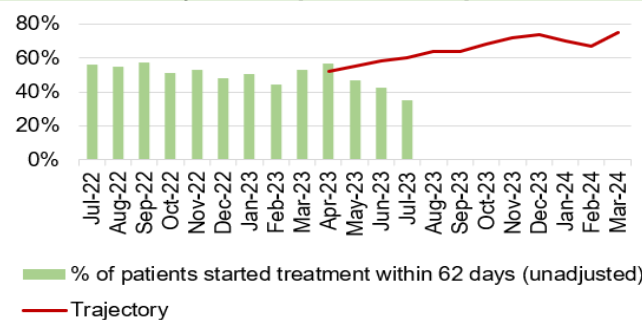


Chart 10: Number of new cancer patients starting definitive treatment

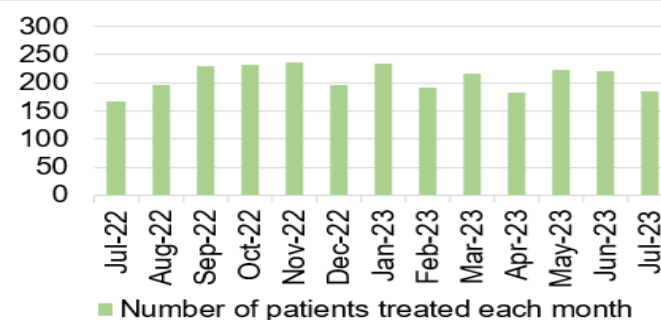


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

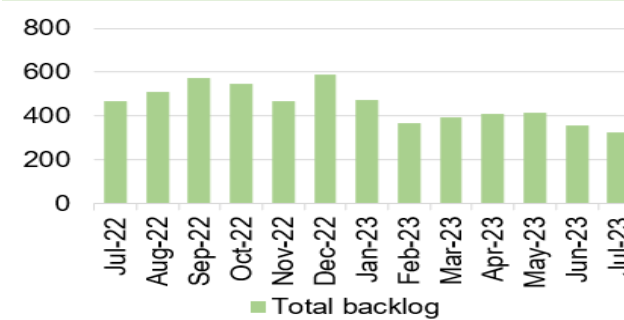


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

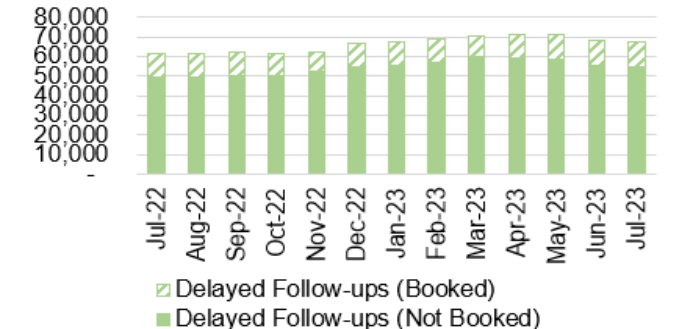


Chart 13: Number of patients without a documented clinical review date

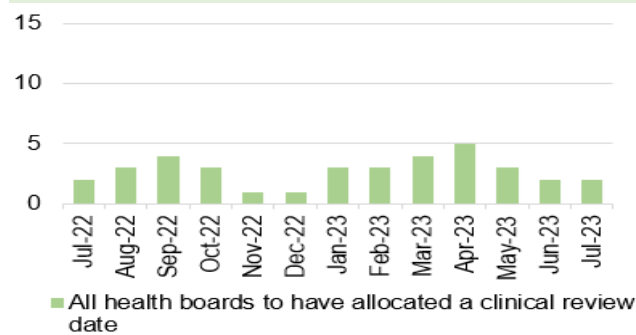


Chart 14: Ophthalmology patients without an allocated health risk factor

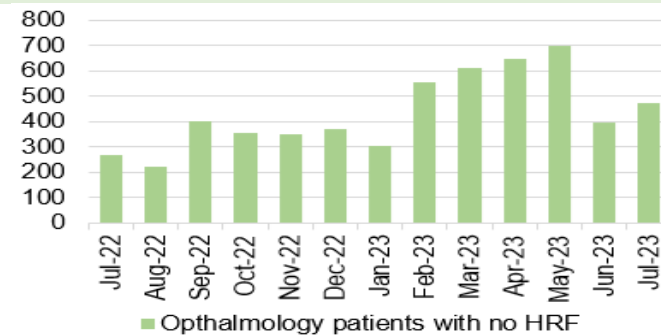


Chart 15: Total number of patients on the follow-up waiting list

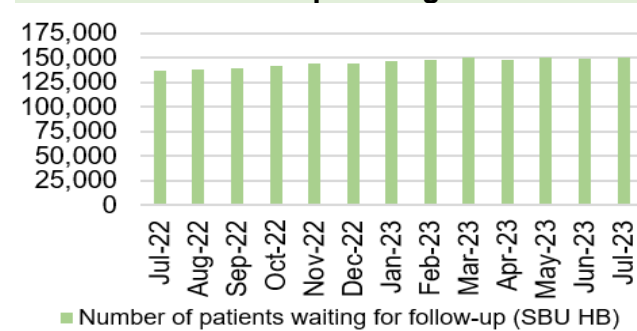
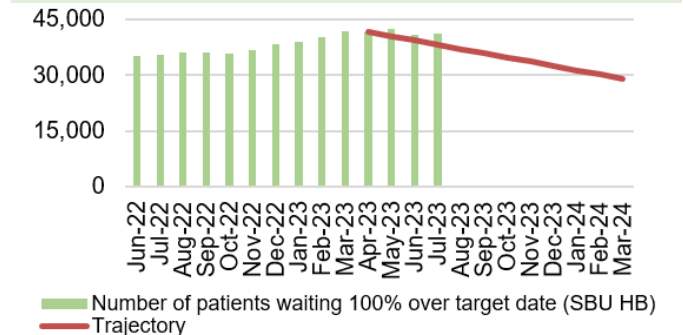


Chart 16: Number of patients delayed by over 100%



HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Vaccinations and Immunisations

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

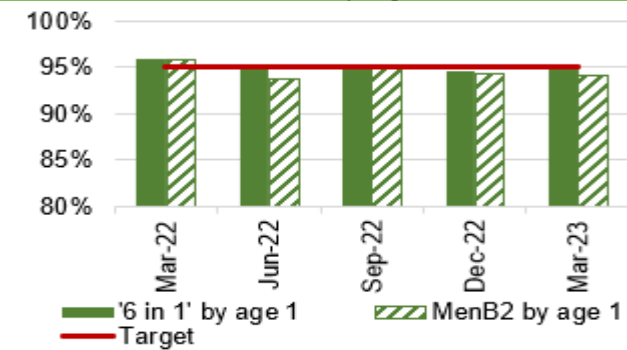


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

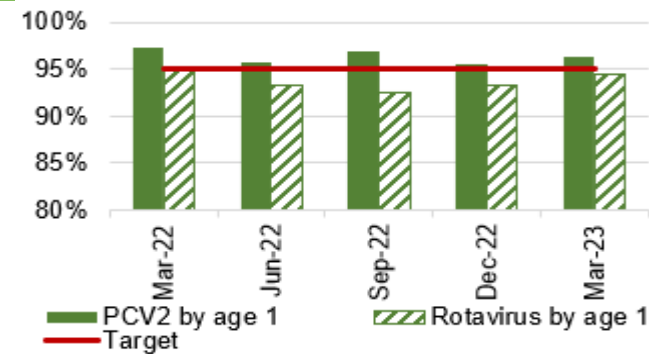


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

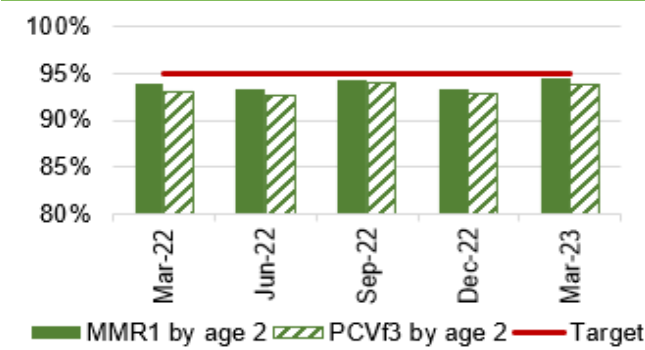


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2

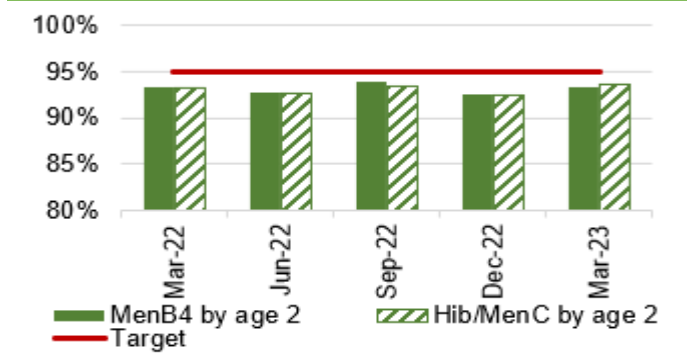


Chart 5: % children who are up to date in schedule by age 4

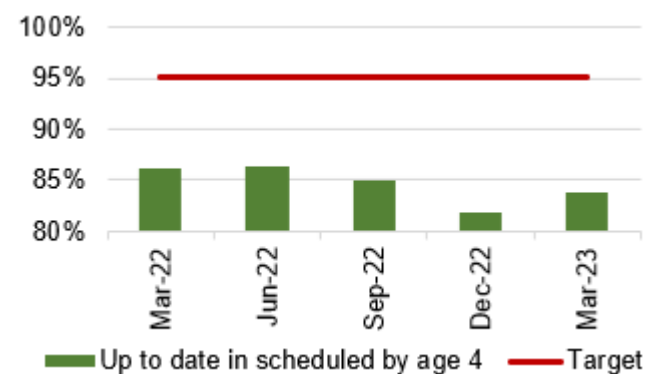


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

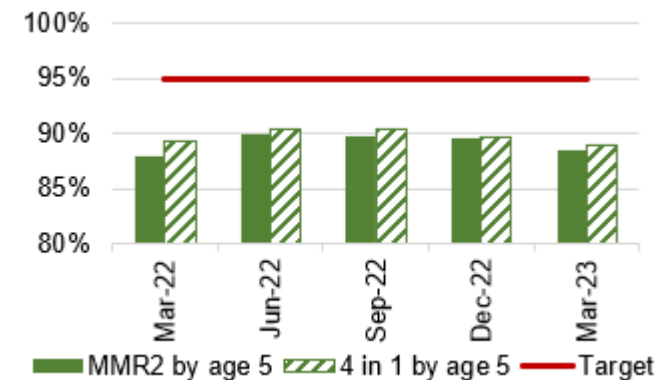


Chart 7: % children who received MMR vaccine and teenage booster by age 16

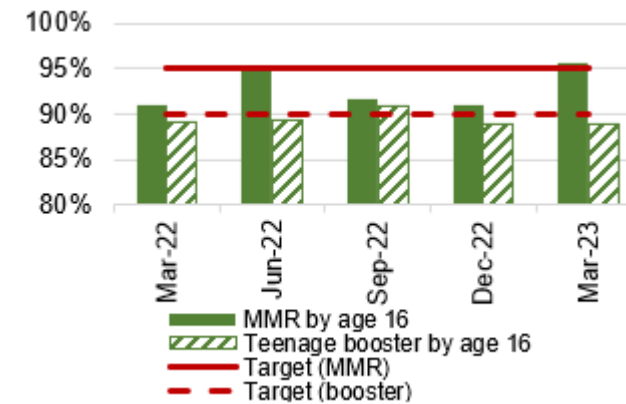


Chart 8: % children who received MenACWY vaccine by age 16

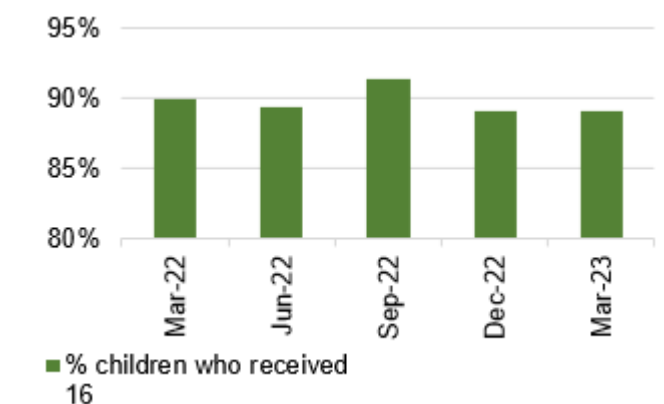
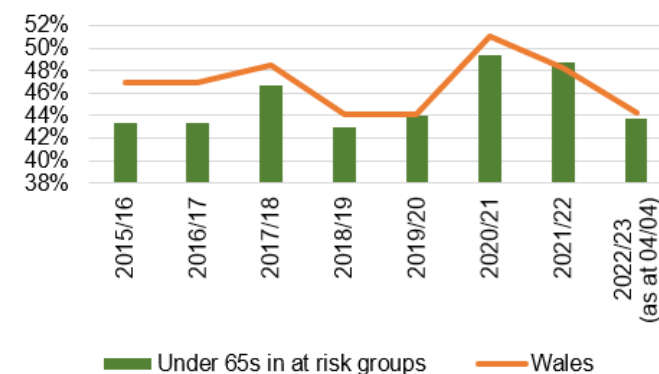


Chart 9: Influenza uptake for amongst 65 year olds and over



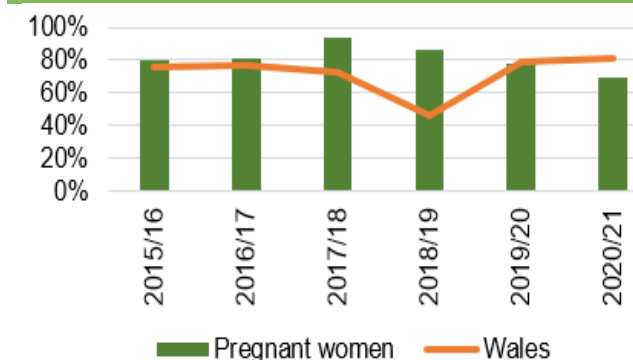
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



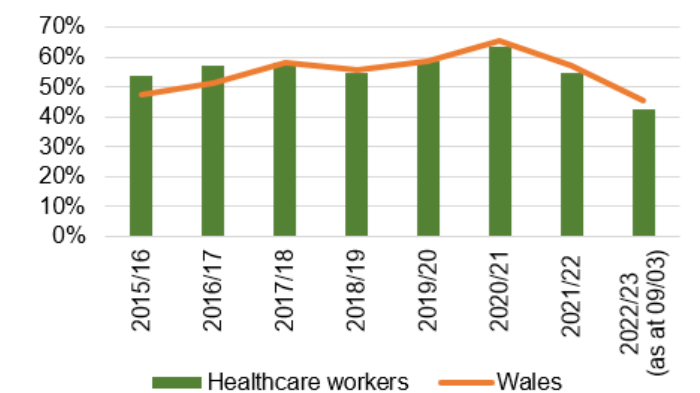
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

Chart 11: Influenza uptake for amongst pregnant women



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

Chart 12: Influenza uptake for amongst healthcare workers



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

HARM FROM WIDER SOCIETAL ACTIONS/LOCKDOWN

Mental Health Overview

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

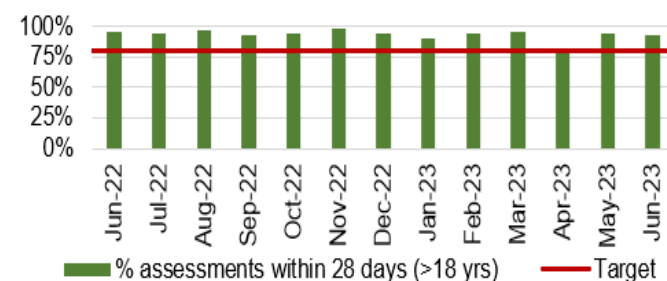


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

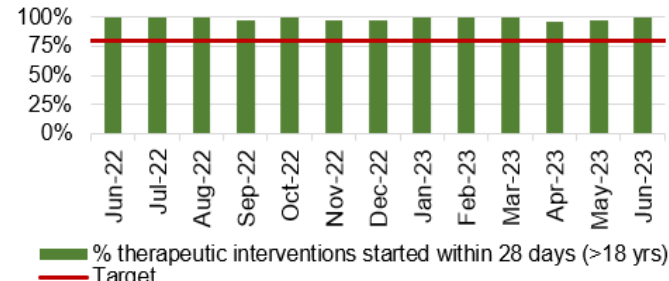


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

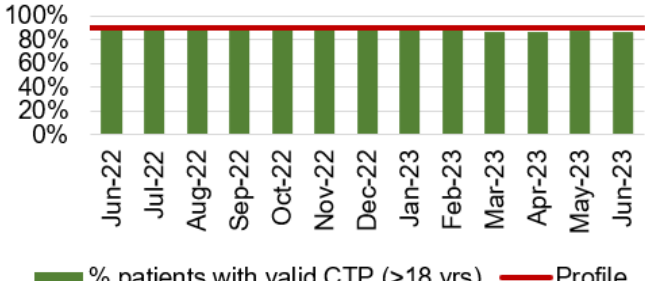


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

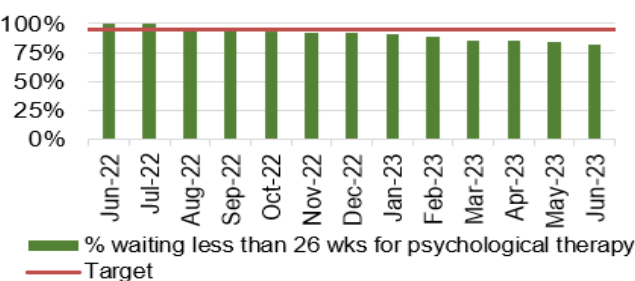


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

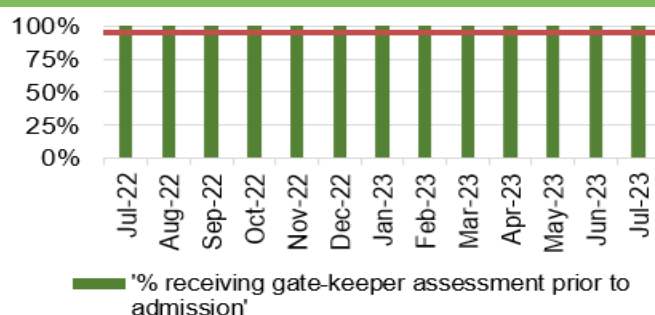


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

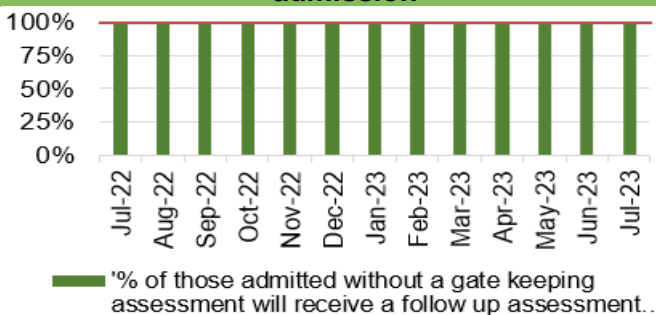


Chart 7: % of patients waiting under 14 weeks for Therapies

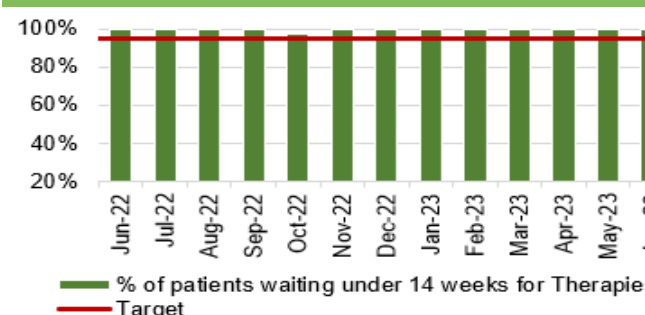


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

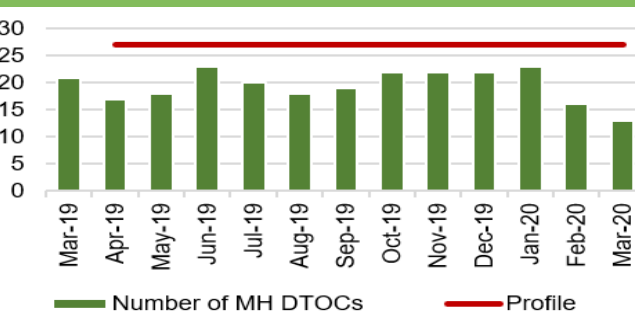


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

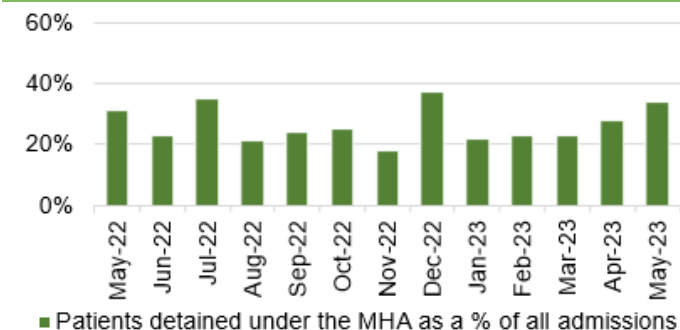


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

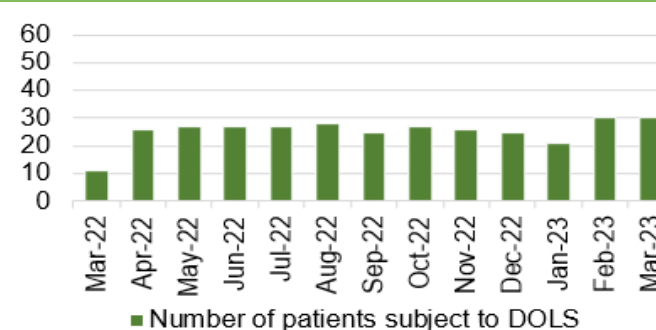


Chart 11: Number of Nationally Reportable Incidents

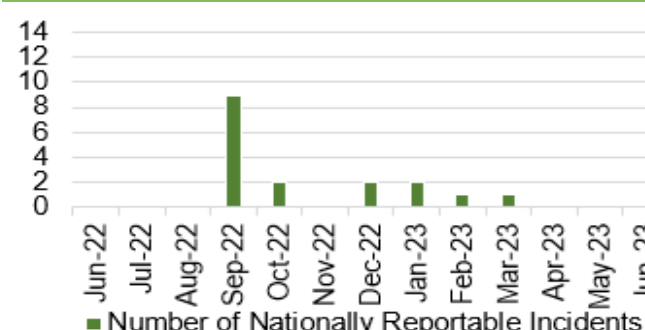
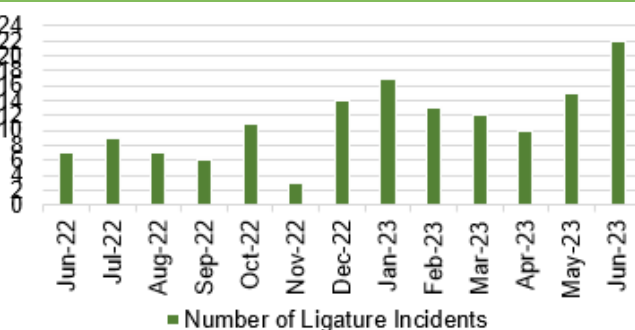


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

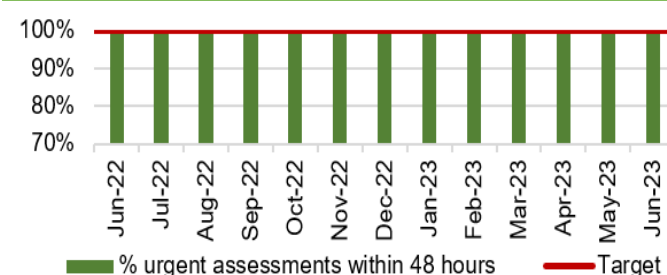


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

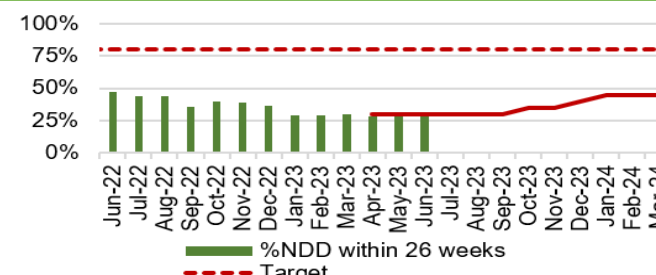


Chart 15: Assessment and intervention within 28 days

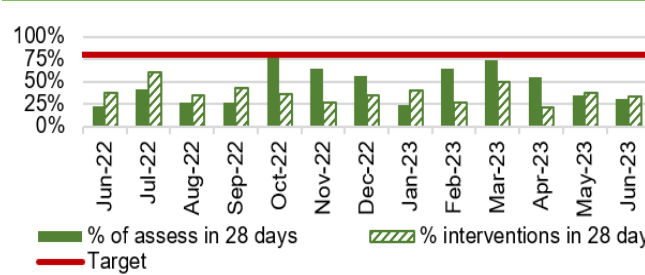
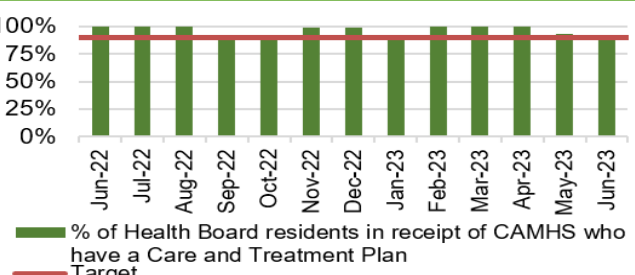


Chart 16: % of residents with a Care and Treatment Plan



APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

		Harm from Covid itself																					
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
COVID19 related measures	Number of new COVID19 cases	Local	Jul-23	84		Reduce					600	217	218	171	171	395	230	249	378	153	81	60	84
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce					17,878	17,916	17,926	17,934	17,981	18,108	18,157	18,187	18,230				
	Number of staff awaiting results of COVID19 test	Local	Jul-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Jul-23	23		Reduce					91	46	84	61	51	61	34	33	57	29	61	90	23
	Number of COVID19 related serious incidents	Local	Jun-23	0		Reduce					0	0	1	0	0	0	0	0	0	0	0	0	
	Number of COVID19 related complaints	Local	Jun-23	0		Reduce					5	6	11	3	3	0	0	2	2	1	0	0	
	Number of COVID19 related risks	Local	Oct-21	0		Reduce																	
	Number of staff self isolated (asymptomatic)	Local	Jun-23	0		Reduce					26	8	5	1	0	0	0	1	0	0	0	0	
	Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce					272	121	100	121	124	144	70	63	57	45	27	7	
	% sickness	Local	Jun-23	0.1%		Reduce					2.2%	1.0%	0.8%	0.9%	0.9%	1.1%	0.5%	0.5%	0.4%	0.3%	0.2%	0.1%	
Harm from overwhelmed NHS and social care system																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jul-23	55%	65%	65%	✗	39.5% (Dec-22)	3rd (Dec-22)		56%	55%	49%	50%	46%	41%	52%	52%	48%	50%	56%	64%	55%
	Number of ambulance handovers over one hour	National	Jul-23	643	↑ trajectory	487	✗	6,798 (Dec-22)	1st (Dec-22)		659	705	732	739	744	614	561	594	729	658	708	615	643
	Handover hours lost over 15 minutes	Local	Jul-23	3383							2,976	3,870	4,378	4,599	4,456	4,289	3,440	3,245	4,659	3,627	3,952	3,018	3,383
	% 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	Jul-23	76%	Month on month improvement		✓	63.1% (Dec-22)	4th (Dec-22)		69%	70%	73%	71%	70%	65%	74%	76%	74%	75%	75%	76%	76%
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	National	Jul-23	1179	↑ trajectory	1100	✗	12,099 (Dec-22)	4th (Dec-22)		1,429	1,474	1,470	1,584	1,456	1,632	1,089	1,125	1,395	1,083	1,303	1,274	1,179
NOF	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	Local	Sep-22	93.0%	12 month ↑			70% (Oct-22)	1st (Oct-22)		91.0%	93.0%	93.0%										
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Jul-23	25.0%							4.2%	6.0%	7.5%	6.2%	13.7%	5.9%	3.4%	11.1%	11.9%	7.8%	18.6%	23.8%	25.0%
	CT Scan (<1 hrs) (local)	Local	Jul-23	52.1%							33.3%	38.0%	55.0%	32.3%	37.3%	31.4%	33.9%	48.1%	45.2%	45.1%	39.5%	42.9%	52.1%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Jul-23	91.7%							97.9%	98.0%	92.5%	92.3%	92.2%	94.1%	96.6%	96.3%	97.6%	96.1%	90.7%	92.9%	91.7%
	Thrombolysis door to needle <= 45 mins	Local	Jul-23	11.1%							0.0%	37.5%	0.0%	10.0%	9.1%	0.0%	0.0%	0.0%	10.0%	25.0%	0.0%	12.5%	11.1%
	% stroke patients who receive mechanical thrombectomy	Local	Jun-23	5.0%	10%		✗	2.1% (Nov-22)	4th (Nov-22)		0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	6.5%	2.0%	7.1%	5.0%	
	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	Local	Jul-23	65.1%	12 month ↑		✓	50.7% (Nov-22)	4th (Nov-22)		29.1%	30.7%	35.2%	38.7%	37.9%	34.1%	43.9%	48.0%	64.3%	68.6%	62.9%	66.7%	65.1%
DTCs	Number of mental health HB DTCs	National	Mar-20	13	12 month ↓	27	✓				DTC reporting temporarily suspended												
	Number of non-mental health HB DTCs	National	Mar-20	60	12 month ↓	50	✗				DTC reporting temporarily suspended												
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	Jun-23	67	12 month ↓	✗					58	54	39	59	69	47	64	60	76	83	83	67	
	Number of pressure ulcers developed in the community		Jun-23	39	12 month ↓	✗					27	50	40	44	45	42	45	41	62	31	41	39	
	Total number of pressure ulcers		Jun-23	106	12 month ↓	✗					85	104	79	103	114	89	109	101	138	114	124	106	
	Number of grade 3+ pressure ulcers acquired in hospital		Jun-23	6	12 month ↓	✗					5	3	0	1	7	8	4	4	7	5	10	6	
	Number of grade 3+ pressure ulcers acquired in community		Jun-23	9	12 month ↓	✗					2	11	6	2	7	13	4	9	14	7	9	9	
	Total number of grade 3+ pressure ulcers		Jun-23	15	12 month ↓	✗					7	14	6	3	14	21	8	13	21	12	19	15	

Threat 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	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jul-23	75.2	<67		✗	67.80 (Dec-22)	3rd (Dec-22)		68.9	74.5	70.4	69.4	70.0	69.6	68.7	67.9	67.5	81.1	73.7	75.1	75.2
	Number of E.Coli bacteraemia cases (Hospital)		Jul-23	12	≤ 234 (Cumulative)	10	✗				3	11	7	12	11	8	8	9	9	14	12	13	12
	Number of E.Coli bacteraemia cases (Community)			13		10	✗				18	21	8	10	12	14	12	8	10	12	10	12	13
	Total number of E.Coli bacteraemia cases			25		20	✗				21	32	15	22	23	22	20	17	19	26	22	25	25
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jul-23	42.2	<20		✗	27.76 (Dec-22)	6th (Dec-22)		39.8	38.4	39.3	41.0	39.0	39.4	38.4	38.6	38.6	53.1	43.0	42.2	42.2
	Number of S.aureus bacteraemias cases (Hospital)		Jul-23	1	≤ 71 (Cumulative)	4	✓				6	6	8	13	3	10	8	9	5	7	8	8	1
	Number of S.aureus bacteraemias cases (Community)			13		2	✗				6	6	6	4	5	3	2	2	5	9	2	5	13
	Total number of S.aureus bacteraemias cases			14		6	✗				12	12	14	17	8	13	10	11	10	16	10	13	14
	Cumulative cases of C.difficile per 100k pop		Jul-23	52.2	<25		✗	36.68 (Dec-22)	5th (Dec-22)		42.9	47.6	46.9	48.9	50.9	49.6	51.3	50.6	51.4	56.2	46.0	51.4	52.2
	Number of C.difficile cases (Hospital)		Jul-23	12	≤ 95 (Cumulative)	5	✗				10	16	11	15	10	8	15	10	13	7	10	13	12
	Number of C.difficile cases (Community)			6		3	✗				6	6	3	6	11	6	7	2	6	8	4	7	6
	Total number of C.difficile cases			18		8	✗				16	22	14	21	21	14	22	12	19	15	14	20	18
	Cumulative cases of Klebsiella per 100k pop		Jul-23	20.7							24.5	25.0	25.5	24.9	26.0	26.1	26.9	26.8	27.4	25.0	27.6	24.7	20.7
	Number of Klebsiella cases (Hospital)		Jul-23	3	≤ 71 (Cumulative)	4	✓				4	4	1	3	6	5	5	7	4	7	4	1	3
	Number of Klebsiella cases (Community)			0		3	✓				7	4	9	4	5	3	6	1	7	1	6	5	0
	Total number of Klebsiella cases			3		7	✓	63 Total (Dec-22)	2nd (Dec-22)		11	8	10	7	11	8	11	8	11	8	10	6	3
	Cumulative cases of Aeruginosa per 100k pop		Jul-23	6.1							9.2	9.2	10.2	11.3	11.9	11.5	11.6	11.2	11.3	6.2	4.6	7.2	6.1
	Number of Aeruginosa cases (Hospital)		Jul-23	1	≤ 24 (Cumulative)	1	✓				2	3	4	3	5	1	2	2	2	1	1	3	1
	Number of Aeruginosa cases (Community)			0		1	✓				2	0	1	3	0	2	2	0	2	1	0	1	0
	Total number of Aeruginosa cases			1		2	✓	8 Total (Dec-22)	4th (Dec-22)		4	3	5	6	5	3	4	2	4	2	1	4	1
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jun-23	96.8%		95%	✓				96%	90%	97%	96%	96%	95%	97%	95%	93%	99%	95%	95%	97%
Inpatient Falls	Number of Inpatient Falls	Local	Jul-23	164		12 month ↓	✓				174	216	175	184	178	184	189	179	214	183	184	143	164
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jul-23	82%		98%	✗				90.5%	86.2%	87.6%	87.5%	88.2%	97.2%	91.8%	98.3%	85.1%	96.6%	91.9%	81.6%	84.1%
Coding	% of episodes clinically coded within 1 month of discharge	National	Jun-23	68%	12 month ↓		✗				82%	77%	81%	84%	67%	78%	71%	76%	67%	55%	55%	68%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Jul-23	64%		100%	✗				63%	69%	70%	66%	71%	62%	64%	64%	62%	64%	65%	65%	64%
Work force	Agency spend as a % of the total pay bill	Local	Jun-23	5.80%	12 month ↓		✓	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		6.7%	6.4%	4.9%	6.5%	6.4%	6.0%	7.4%	6.2%	5.2%	5.7%	5.8%	5.2%	
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jul-23	67%	85%		✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		58%	61%	64%	67%	68%	68%	69%	69%	69%	72%	68%	67%	67%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Jul-23	88%	85%		✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		81%	81%	82%	83%	84%	84%	85%	85%	82%	86%	87%	87%	88%
	% workforce sickness absence (12 month rolling)	National	Jun-23	7.28%	12 month ↓		✓	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		8.46%	8.44%	8.25%	8.08%	7.99%	8.02%	7.89%	7.78%	7.65%	7.46%	7.37%	7.28%	

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	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Jul-23	13.0%							10.4%	10.0%	10.0%	9.6%	9.9%	10.9%	9.7%	9.9%	9.9%	11.8%	13.0%	13.9%	13.0%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	Jul-23	34.8%	↑ trajectory	58%	✗	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		55.9%	54.9%	57.3%	51.2%	52.9%	48.3%	50.4%	44.1%	53.2%	56.5%	46.6%	42.8%	34.8%
Radiotherapy waiting times	Scheduled (14 Day Target)	Local	Jul-23	33%	80%		✗				2%	10%	5%	18%	19%	26%	32%	31%	32%	22%	35%	18%	33%
	Scheduled (21 Day Target)	Local	Jul-23	68%	100%		✗				29%	35%	34%	65%	82%	83%	82%	86%	81%	70%	81%	63%	68%
	Urgent SC (2 Day Target)	Local	Jul-23	42%	80%		✗				18%	11%	31%	33%	17%	37%	31%	19%	30%	22%	50%	24%	42%
	Urgent SC (7 Day Target)	Local	Jul-23	90%	100%		✗				64%	48%	54%	70%	77%	70%	85%	69%	84%	70%	73%	52%	90%
	Emergency (within 1 day)	Local	Jul-23	100%	80%		✓				58%	65%	100%	70%	100%	83%	100%	100%	91%	100%	100%	71%	100%
	Emergency (within 2 days)	Local	Jul-23	100%	100%		✓				92%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Jul-23	91%	80%		✓				66%	91%	70%	81%	91%	85%	82%	93%	94%	87%	93%	93%	91%
Planned Care	Elective Delay (14 Day Target)	Local	Jul-23	100%	100%		✓				70%	98%	79%	91%	100%	100%	98%	100%	100%	93%	100%	95%	100%
	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Jul-23	4,499				15,517 (Nov-22)	7th (Nov-22)		4,407	4,257	4,205	4,170	4,136	4,289	4,372	4,408	4,554	4,677	4,847	4,745	4,499
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jul-23	6,713	↑ trajectory	6,239	✗	42,566 (Nov-22)	4th (Nov-22)		6,032	6,108	6,177	5,833	5,627	6,607	6,829	6,116	6,514	6,867	7,255	7,221	6,713
	Number of patients waiting > 14 weeks for a specified therapy	National	Jul-23	183	↑ trajectory	186	✗	9,584 (Nov-22)	2nd (Nov-22)		714	682	755	707	441	527	194	157	193	129	149	203	183
	% of patients waiting < 26 weeks for treatment	Local	Jul-23	62%	95%			56% (Nov-22)	6th (Nov-22)		51.8%	52.0%	52.1%	53.5%	54.4%	54.2%	52.8%	56.9%	58.4%	58.2%	58.7%	60.3%	61.6%
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Jul-23	12,937							26,811	27,019	26,065	24,112	21,400	20,174	20,288	17,257	15,385	15,184	14,733	13,427	12,937
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Jul-23	6,729	↑ trajectory	6,915	✓				22,071	21,940	20,151	18,379	15,537	14,140	12,767	11,115	9,163	8,561	7,675	6,893	6,729
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Jul-23	894	↑ trajectory	1,253	✓	85,301 (Nov-22)	3rd (Nov-22)		15,232	15,122	13,980	12,352	9,774	7,779	6,630	5,475	3,895	3,456	2,719	1,234	894
	Number of patients waiting > 52 weeks for treatment	National	Jul-23	15,120	↑ trajectory	16,489	✓				27,681	27,570	27,077	26,147	24,308	22,634	21,306	19,707	18,181	17,823	16,976	15,446	15,120
	Number of patients waiting > 104 weeks for treatment	National	Jul-23	5,299	↑ trajectory	5,690	✓	49,594 (Nov-22)	5th (Nov-22)		11,400	10,960	10,623	10,090	9,048	8,066	7,331	6,656	6,015	5,952	5,792	5,474	5,299
	The number of patients waiting for a follow-up outpatient appointment	Local	Jul-23	150,416							136,982	138,736	139,989	141,643	143,899	144,780	146,632	148,070	150,860	147,864	150,109	149,529	150,416
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jul-23	41,123	↑ trajectory	38,206	✗	224,552 (Nov-22)	5th (Nov-22)		35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	41,710	41,611	42,534	40,807	41,123
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Jul-23	64%	95%		✗	64.9% (Nov-22)	1st (Nov-22)		65.6%	62.4%	60.3%	65.2%	67.1%	69.9%	53.1%	64.6%	59.4%	62.7%	62.3%	57.5%	63.8%
Activity	Number of GP referrals	Local	Jul-23	12,623	12 month ↓		✗				12,548	12,930	12,572	13,014	12,663	9,231	12,658	12,347	14,220	12,012	13,341	13,984	12,623
	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Jul-23	824	↑ trajectory	850	✓				761	844	886	799	807	731	870	841	969	737	803	890	824
DNAs	% of patients who did not attend a new outpatient appointment	Local	Jul-23	10%	12 month ↓		✗				8.2%	8.0%	7.8%	8.3%	9.5%	11.1%	8.9%	9.2%	8.2%	7.9%	10.1%	10.6%	10.0%
	% of patients who did not attend a follow-up outpatient appointment	Local	Jul-23	8%	12 month ↓		✗				7.7%	7.6%	7.8%	7.7%	8.5%	8.7%	7.8%	7.9%	7.9%	8.0%	8.2%	8.4%	8.1%
Theatre Efficiencies	Theatre Utilisation rates	Local	Jul-23	73%		90%	✗				72%	59%	71%	77%	74%	59%	72%	70%	71%	71%	76%	69%	73%
	% of theatre sessions starting late	Local	Jul-23	42%		<25%	✗				40%	36%	37%	40%	35%	39%	35%	39%	33%	35%	37%	36%	42%
	% of theatre sessions finishing early	Local	Jul-23	44%		<20%	✗				46%	43%	48%	45%	44%	46%	44%	45%	43%	48%	51%	47%	44%
Patient experience	Number of friends and family surveys completed	National	Jul-23	3,401	Month on month improvement		✗				3,391	3,950	3,914	4,358	4,287	3,569	5,073	4,425	5,358	2,704	3,477	2,503	3,401
	% of who would recommend and highly recommend	Local	Jul-23	91%		90%	✗				89%	89%	88%	90%	91%	89%	92%	92%	92%	92%	90%	89%	91%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jul-23	91%		90%	✓				90%	93%	92%	93%	91%	92%	92%	95%	95%	95%	95%	90%	91%
Complaints	Number of new formal complaints received	Local	May-23	182		12 month trend ↓	✗				153	124	120	140	113	120	127	135	183	149	182		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	May-23	71%		80%	✗				64%	65%	71%	71%	69%	73%	78%	67%	72%	77%	71%		
	% of acknowledgements sent within 2 working days	Local	May-23	100%		100%	✓				100%	100%	99%	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	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 22/23	95.4%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)				94.9%			94.6%			95.4%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 22/23	88.4%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)				89.8%			89.5%			88.4%				
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-23	75.9%	75%			78.0% (Mar-22)	3rd (Mar-22)	Data collection restarts October 2022				62.2%	72.4%	74.4%	75.6%	76.0%	75.9%	Data collection restarts October 2023			
	% uptake of influenza among under 65s in risk groups	Local	Mar-23	43.8%	55%			48.2% (Mar-22)	4th (Mar-22)					30.2%	37.7%	40.4%	42.1%	43.4%	43.8%				
	% uptake of influenza among children 2 to 3 years old	Local	Mar-23	38.8%	50%			47.6% (Mar-22)	5th (Mar-22)					23.6%	34.6%	37.9%	39.2%	39.3%	38.8%				
	% uptake of influenza among healthcare workers	Local	Mar-23	42.4%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)						34.4%	40.9%	40.9%	42.4%	42.4%				
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-23	67.8%	75%		✗				Historical data not available											67.8%	
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	Jun-23	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% Patients with Neurodevelopmental Disorders (NDD) receiving a Diagnostic Assessment within 26 weeks	National	Jun-23	31%	80%	30%	✓	31.4% (Nov-22)	3rd (Nov-22)		44%	44%	36%	40%	39%	37%	29%	29%	29%	28%	30%	31%	
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	Jun-23	31%	80%		✗	83.2% (Nov-22)	5th (Nov-22)		38%	34%	91%	91%	89%	79%	62%	82%	74%	55%	31%	31%	
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	Jun-23	31%	80%		✗	66.8% (Nov-22)	5th (Nov-22)		42%	27%	27%	83%	65%	56%	24%	64%	74%	55%	35%	31%	
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	Jun-23	33%	80%		✗	34.4% (Nov-22)	4th (Nov-22)		61%	35%	43%	36%	27%	35%	40%	26%	50%	21%	38%	33%	
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%						38%	34%	91%	90%	89%	79%	62%	82%					
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	Jun-23	90%	90%		✓	63.8% (Nov-22)	1st (Nov-22)		100%	100%	87%	87%	99%	99%	91%	100%	100%	100%	100%	93%	90%
Mental Health	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (over 18 years of age)	National	Jun-23	93%	80%		✗	86.9% (Nov-22)	3rd (Nov-22)		94%	97%	93%	95%	98%	94%	91%	95%	96%	78%	94%	93%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	Jun-23	100%	80%		✓	73.1% (Nov-22)	2nd (Nov-22)		100%	100%	98%	100%	98%	98%	100%	100%	100%	96%	98%	100%	
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	Jun-23	82%	80%		✓	73.9% (Nov-22)	2nd (Nov-22)		100%	97%	96%	93%	92%	92%	91%	88%	85%	85%	84%	82%	
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	Jun-23	87%	90%		✗	84.2% (Nov-22)	2nd (Nov-22)		89%	90%	89%	90%	90%	90%	89%	89%	87%	87%	88%	87%	
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHTservice prior to	Local	Jun-23	100%	100%		✓	95.8% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	% service users admitted to a psychiatric hospital who have not received a gate keeping assessment by the CHRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Local	Jun-23	100%	100%		✓	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	